

HISTORY:

History of case: Biopsy confirmed squamous cell carcinoma of left lateral tongue. Leukoplakia in [REDACTED] - dysplastic, followed up with negative biopsy, [REDACTED]. Noticed ulcerative friable lesion and nodule. Biopsy [REDACTED] revealed squamous cell carcinoma.

GROSS:

1. "Distal lingual nerve." Received fresh in a small container for frozen section is a 0.2 cm red bit. [REDACTED]s)
Frozen section control.
2. "Midline raphe - deep margin." Received fresh in a small container for frozen section is a 0.6 cm red-pink soft tissue fragment. ([REDACTED])
Frozen section control.
3. "Midline raphe - deep margin 2." Received fresh in a small container is a 0.3 cm red-pink soft tissue fragment. ([REDACTED])
Frozen section control.
4. "Posterior dorsal tongue." Received fresh for frozen section in a small container is a 2.5 cm soft tissue strip. ([REDACTED])
Frozen section control.
5. "Anterior dorsal tongue." Received fresh in a small container for frozen section is a 2.3 cm soft tissue strip. ([REDACTED])
Frozen section control.
6. "Hyoglossus." Received fresh for frozen section in a small container is a 0.7 cm fresh tissue fragment. ([REDACTED])
Frozen section control.
7. "Base of tongue." Received fresh for frozen section in a small container is a 0.9 cm soft tissue fragment. ([REDACTED])
Frozen section control.
8. "Left hemiglossectomy." Received in formalin in a medium container is a 7.6 x 3.4 x 1.8 cm left hemiglossectomy with cross specimen. The specimen is notable for a 3.8 x 2.1 cm area of ulceration with a rim of thick, white discoloration surrounding it. The lesion is located on the lateral surface starting at the most lateral portion of the dorsal surface and extends ventrally. Superior is inked blue, and inferior is inked green. Sectioning reveals firm, white, ill-defined tumor extending to a depth of 1.2 cm, and coming to within 0.3 cm of the deep (medial) margin. The tumor comes to within 0.6 cm of the anterior margin. The tumor comes to within 0.7 cm of the posterior margin.
- 8A. Anterior margin. ([REDACTED])
- 8B. Posterior margin at points of closest tumor (perpendicular) ([REDACTED])
- 8C-H. Representative sections of tumor to deep margin. ([REDACTED] [REDACTED])
9. "Left selective neck dissection, Level I." Received in formalin in a small container is a 9.8 x 5, containing six possible lymph nodes, measuring 0.2 x 0.1 x 0.1 up to 1.7 x 0.9 x 0.5 cm. Also present is a 3.4 x 2.5 x 0.8 cm submandibular gland. Sectioning of the submandibular gland reveals lobulated, tan-yellow, firm cut surfaces. Fat retained.
- 9A. Five possible lymph nodes. ([REDACTED])
- 9B. One possible lymph node bisected. ([REDACTED])
- 9C. Representative sections of submandibular gland. ([REDACTED])
10. "Left selective neck dissection, Level II." Received in formalin in a small container is a 6.2 x 3.6 x 1.8 cm irregular portion of fibrofatty tissue, containing 4 possible lymph nodes, ranging in size from 0.4 x 0.3 x 0.2, up to 4.1 x 2.5 x 1.0 cm. This largest node is sectioned to reveal areas of focal hemorrhage interspersed with firm, white cut surfaces, as well as soft yellow necrotic region.

10A. Three possible lymph nodes. ()
10B. Representative sections of largest lymph node. ()
11. "Left selective neck dissection, Level III." Received in formalin in a small container is a 4.3 x 3.2 x 1.0 cm irregular portion of fibrofatty tissue and muscle containing multiple possible lymph nodes, 0.2 x 0.1 x 0.1 up to 1.2 x 0.8 x 0.5 cm. Fat retained.
11A. Multiple possible lymph nodes. ()
11B. One possible lymph node, bisected. ()
12. "Left selective neck dissection, Level IV." Received in formalin in a small container is a 4.0 x 3.2 x 1.2 cm irregular portion of fibrofatty tissue, containing multiple lymph nodes, measuring 0.3 x 0.2 x 0.2 and 0.9 x 0.5 x 0.3 cm. Also present is a 5.1 x 1.5 x 0.5 cm fragment of grossly unremarkable brown muscle. Fat and muscle retained. ()

MXB

FROZEN SECTION REPORT

- 1) Negative for carcinoma.
2) Negative for carcinoma.
3) Negative for carcinoma.
4) Negative for carcinoma.
5) Negative for carcinoma.
6-7) Negative for carcinoma

Permanent sections confirm frozen section report.

MICROSCOPIC:

SQUAMOUS LESIONS OF HEAD & NECK: RESECTION

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Site: Left tongue

Findings: Squamous cell carcinoma

Differentiation: Poor

Gross: Ulcerating Size 3.8 cm (largest dimension)

Invasion: Present If present: depth 1.5 cm.

Tumor border: Infiltrative

Perineural invasion: Absent

Vascular invasion: Present

Bone/Cartilage invasion: N/A

Lymphocyte infiltration: Present If present: Mild

Margins: Negative

SQUAMOUS LESIONS OF HEAD & NECK: LYMPH NODE DISSECTIONS

LEFT

LEVEL

(or site)

#Positive

#Negative

Extracapsular
extension

I

0

6

N/A

II	1	5	No
III	0	6	N/A
IV	0	2	N/A
TOTAL	1	19	No

MICROSCOPIC DIAGNOSIS:

1. Lingual nerve, biopsy: Negative for carcinoma.

2-8. Left tongue, resection: Invasive, poorly differentiated squamous cell carcinoma. Please see template.

9. Lymph nodes, left neck level I, excision: Six benign lymph nodes (0/6).

10 Lymph nodes, left neck level II, excision: Metastatic squamous cell carcinoma involving one of six lymph nodes (1/6).

11. Lymph nodes, left neck level II, excision: Six benign lymph nodes (0/6).

12. Lymph nodes, left neck level IV, excision: Two benign lymph nodes (0/2).

I [REDACTED], [REDACTED] the signing staff pathologist, have personally examined and interpreted the slides from this case.

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Updated

ADSG

SURGICAL PATHOLOGY ADDENDUM

SURGICAL PATHOLOGY ADDENDUM Source:

MICROSCOPIC:

Addendum report following review of lymph nodes for extranodal extension. At the request of the Attending Surgeon, the lymph nodes of specimen #10 were re-reviewed. See diagnosis below.

SQUAMOUS LESIONS OF HEAD & NECK: LYMPH NODE DISSECTIONS

LEFT LEVEL (or site)	#Positive	#Negative	Extracapsular extension
I	0	6	N/A
II	1	5	Yes-focal
III	0	6	N/A
IV	0	2	N/A
TOTAL	1	19	Yes - focal

Please see diagnosis below.

MICROSCOPIC DIAGNOSIS:

1-9. Please see previous report.

10. Lymph nodes, left neck level II, excision: Metastatic squamous cell carcinoma involving one of six lymph nodes (1/6) with focal extranodal extension.

11-12. Please see diagnosis and previous report.

I, [REDACTED], the signing staff pathologist, have personally examined and interpreted the slides from this case.

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[REDACTED]

(electronic signature)

[REDACTED]

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