[redacted]

HISTORY
Large cell Ca. Left upper lobe.

MACROSCOPIC
Three specimens received:

1: The specimen is labelled '(R) upper lobe' (note labelling discrepancy regarding side stated on request form and that on specimen container) and consists of a left upper lobe of lung measuring 240 mm SI x 175 mm AP x up to 60 mm ML in the inflated and fixed state. On the medial aspect there are two stapled resection margins. Both of these are linear. One extends superiorly from the hilar margin for a distance of 50 mm and the other extends inferiorly from the hilar margin for a distance of 90 mm. Each of these is trimmed and inked blue. The pleural surface is purple to pink in colour with prominent anthracotic pigment. An area of pleural adhesion is present over the lateral aspect. In the upper pole of the lobe there is a tumour. The tumour measures 80 mm in maximum dimension. The tumour is subpleurally located and focally the pleural surface is distorted and puckered to the underlying tumour. Fibrous adhesions are present overlying this area. The adjacent lung shows emphysema. The tumour is located 20 mm from the bronchial resection margin and 10 mm from the nearest surgical margin. The cut surface of the tumour varies from yellow to pink. Some of the pinker areas have a very "fish flesh" appearance. Focal necrotic areas are also present. [1A, bronchial resection margin; 1B, peribronchial lymph nodes; 1C-D, representative sections of tumour; 1E-H, representative sections of tumour and pleura; 1I, tumour and nearest surgical margin; 1J, pleural adhesion; 1K, distant lung].

2: The specimen is labelled 'lower lobe lymph node' and consists of a black lymph node measuring up to 11 mm in maximum extent. [2A, BIT].

3: The specimen is labelled 'pulmonary vein' and consists of a nubbin of fatty and lymph nodal tissue measuring 15 x 15 x 5 mm. Two anthracotic lymph nodes are identified. [3A, BIT].

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MICROSCOPY
1: Sections show a moderate and poorly differentiated adenocarcinoma with irregular zones of necrosis. The lesion is subpleural and infiltrates the overlying pleura. Vascularised pleural adhesions are present both adjacent to the tumour and away from the tumour. No unequivocal pleural surface involvement is seen and tumour is not present at the pleural margin. Blood vessel invasion is present. No lymphatic invasion or perineural permeation is identified. The tumour is clear of the bronchial and stapled surgical resection margins. The lymph nodes show reactive follicular hyperplasia, sinus histiocytosis and carbon deposition. No tumour is identified within the lymph nodes. The adjacent lung shows emphysema and respiratory bronchiolitis.

2: The sections of lymph node show sinus histiocytosis and carbon deposition. There is no evidence of malignancy.

3: The sections of lymph node show follicular hyperplasia, sinus histiocytosis and carbon deposition. There is no evidence of malignancy.

SUMMARY
1-3: Upper lobe of lung and lymph nodes:
Moderate and poorly differentiated adenocarcinoma.
Tumour size 80mm in maximal dimension (macroscopic).
Pleural invasion present.
Blood vessel invasion present.
No lymphatic invasion or perineural permeation identified.
Resection margins clear.
No lymph node metastases.
Pathological stage T2N0.

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