
Specimen(s) Received

1. Oral-Cavity: rt.tongue lesion
 2. right glossectomy (stitch = anterior)
 3. floor of mouth margin (stitch = anterior)
 4. superior margin (stitch= anterior)
 5. posterior margin (stitch superior)
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Diagnosis

1-2. Right tongue; resection:

- Squamous cell carcinoma, spindle cell (sarcomatoid) variant, poorly differentiated (see comment).

- a. Maximum tumor dimension 3.2 cm.
- b. Maximum tumor thickness 1.5 cm.
- c. No perineural invasion identified.
- d. No lymphovascular invasion identified.
- e. Tumor is present close (0.3 cm) to lateral and deep resection margins.
- f. All other margins negative for tumor (> 0.5 cm).

3. Floor of mouth margin:

- Squamous mucosa, negative for malignancy.

4. Superior margin:

- Squamous mucosa, negative for malignancy.

5. Posterior margin:

- Squamous mucosa, negative for malignancy.

Synoptic Data

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|------------------|-------------------------|
| Specimen Type: | Resection:Right tongue. |
| Tumor Site: | Tongue |
| Histologic Type: | Spindle cell carcinoma |

Tumor Size: Greatest dimension: 3.2 cm
Tumor thickness: 1.5 cm
Histologic Grade: G3: Poorly differentiated
Vinous/Lymphatic (Large/Small Vessel) Invasion (V/L): Absent
Perineural Invasion: Absent
Additional Pathologic Findings: Epithelial dysplasia
Margins: Margins uninvolved by tumor - Distance of tumor from closest margin: 0.3 cm
Margins: lateral and deep margins
Pathologic Staging (pTNM): pT2: Tumor of lip or oral cavity more than 2 cm but not more than 4 cm in greatest dimension
pNX: Regional lymph nodes cannot be assessed for aerodigestive sites
pMX: Distant metastasis cannot be assessed

Comment

The specimen is received in two parts. There is a polypoid lesion, which is made up of spindled and epithelioid dyscohesive cells that show a high mitotic activity and pleomorphism, consistent with high-grade spindle cell neoplasm. Foci within this polyp also show typical squamous cell carcinoma. The second specimen is made up of a large area of squamous dysplasia with early invasive conventional squamous cell carcinoma, moderately differentiated. The conventional squamous cell carcinoma is seen within 0.3 cm of the lateral and deep margins. The sarcomatoid carcinoma component is largely confined to the exophytic polyp and is not seen near the margins. The tumor thickness of the early invasive component is 0.3 cm, however the total thickness taking into account the polypoid lesion is 1.5 cm.

[REDACTED]

[REDACTED]

Clinical History

oral tongue cancer

Gross Description

1. The specimen is labeled with the patient's name and as " Oral cavity: rt tongue lesion". It consists of an unoriented piece of oval, tan, firm mass with smooth surface, measuring 2.8 x 2.0 x 1.5 cm. On cut surface, tumor is tan white and homogenous. There is a pedicle measuring 0.5 x 0.5 cm. Specimen was cut by [REDACTED] for tumor bank and not painted.
Specimen is submitted in toto in blocks 1A through 1E.

2. The specimen is labeled with the patient's name and as "Rt glossectomy (stitch=anterior)". It consists of a portion of tongue measuring 4.6 x 3.2 x 2.3 cm. There is a stitch on the anterior margin. There is a tumor involving the lateral surface of the tongue. It is grey white in colour, hard in consistency, and has a dull surface. There is a small ulcerated area (? area of pedicle), which is 0.4 cm away from anterior margin and measures 0.5 x 0.5cm. The tumor measures 3.2 (AP) x 2.0 cm (SI) x 0.3 cm (ML/ deep). The tumor is 0.3 cm away from superior, 0.5 cm away from inferior, 0.4 cm away from anterior, 1.0 cm away from posterior, and 1.5 cm away from medial margin. Specimen is painted with silver nitrate and marked with green ink on supero-medial aspect. Representative sections are submitted.

2A- Anterior margin (perpendicular) with tumor

2B- posterior margin (perpendicular) with tumor

2C- full thickness tumor with superior, medial, and inferior margins

2D- 2F tumor

3. The specimen is labeled with the patient's name and as "floor of mouth margin (stitch=anterior)". Submitted in toto for research.

3A frozen section control

4. The specimen is labeled with the patient's name and as "superior margin (stitch anterior)". Submitted in toto for research.

4A frozen section control

5. The specimen is labeled with the patient's name and as "posterior margin (stitch superior)". Submitted in toto for research.

5A frozen section control

Quick Section Diagnosis

3A. Floor of mouth margin (stitch=anterior): Negative for malignancy.

4A. Superior margin (stitch=anterior): Negative for malignancy.

3A. Posterior margin (stitch=superior): Negative for malignancy. [REDACTED]

