

Surgical Pathology Consultation Report

* Addended *

SPECIMEN(S) RECEIVED

1. Nck: Right neck Level I
2. Nck: Right neck Level II
3. Nck: Right neck Level III
4. Oral Cavity: Anterior floor of mouth [REDACTED]
5. Oral Cavity: Anterior ventral tongue [REDACTED]
6. Oral Cavity: Middle ventral tongue-[REDACTED]
7. Oral Cavity: Posterior ventral tongue [REDACTED]
8. Oral Cavity: Retromolar trigone-[REDACTED]
9. Oral Cavity: Posterior buccal mucosa-[REDACTED]
10. Oral Cavity: Revision anterior floor of mouth-[REDACTED]
11. Oral Cavity: Right mandibulectomy with resection floor of mouth, suture anterior

DIAGNOSIS

1. Right neck level I.

Six lymph nodes negative for tumor (0/6).

Submandibular gland with no pathologic changes.

2. Right neck level II.

Fourteen lymph nodes negative for tumor (0/14).

3. Right neck level III.

Twelve lymph nodes negative for tumor (0/12).

4. Anterior floor of mouth.

Squamous mucosa with mild keratinizing dysplasia.

Negative for high grade dysplasia or invasive carcinoma.

5. Anterior ventral tongue.

Squamous mucosa with mild dysplasia.

Negative for high grade dysplasia or invasive carcinoma.

6. Middle ventral tongue.

Squamous mucosa with mild dysplasia.

Negative for high grade dysplasia or invasive carcinoma.

7. Posterior ventral tongue.

Squamous mucosa with mild keratinizing dysplasia.

Negative for high grade dysplasia or invasive carcinoma.

8. Retromolar trigone.

Squamous mucosa with mild keratinizing dysplasia.

Negative for high grade dysplasia or invasive carcinoma.

9. Posterior buccal mucosa.

Squamous mucosa with mild keratinizing dysplasia.

Negative for high grade dysplasia or invasive carcinoma.

10. Revision anterior floor of mouth.

Squamous mucosa negative for dysplasia or carcinoma.

11. Oral cavity; right mandibulectomy with resection floor of mouth.

Squamous cell carcinoma, moderately differentiated.

a. Maximum tumor diameter 3.1 cm.

b. Tumor thickness 2.1 cm.

c. No lymphovascular invasion.

d. No perineural invasion.

e. Margins of resection negative for tumor. The tumor is close to the lateral gingival mucosal margin (0.3 cm).

f. Sections of bone are pending. An addendum report will follow.

SYNOPTIC DATA

Specimen Type: Resection:Right mandibulectomy with resection floor of mouth and neck dissection.

Tumor Site: Oral Cavity

Histologic Type: Squamous cell carcinoma, conventional

Tumor Size: Greatest dimension: 3.1 cm

Tumor thickness: 2.1 cm

Histologic Grade: G2: Moderately differentiated

Perineural Invasion: Absent

Additional Pathologic Findings: Epithelial dysplasia

Margins: Margins uninvolved by tumor

Margins uninvolved by tumor - Distance of tumor from closest margin: 0.3 cm

Margins: Lateral gingival mucosal margin..

Pathologic Staging (pTNM): pT2: Tumor of lip or oral cavity more than 2 cm but not more than 4 cm in greatest dimension

pN0: No regional lymph node metastasis

for aerodigestive sites

Number of regional lymph nodes

examined: 32

Number of regional lymph nodes

involved: 0

pMX: Distant metastasis cannot be assessed

*Pathologic Staging is based on AJCC/UICC [REDACTED]

ELECTRONICALLY VERIFIED [REDACTED]

CLINICAL HISTORY

Oral CA

GROSS DESCRIPTION

1. The specimen is labeled with the patient's name and "right neck level I". It consists of fibroadipose tissue measuring 6.3 x 4.5 x 1.8 cm. The submandibular gland is unremarkable and measures 3.1 x 2.2 x 1.2 cm. Multiple lymph nodes ranging from 0.2 x 0.1 x 0.1 to 1.5 x 1.3 x 0.9 cm are identified.

1A submandibular gland

1B two lymph nodes

1C multiple lymph nodes

2. The specimen is labeled with the patient's name and "right neck level II". It consists of two pieces of fibroadipose tissue measuring 2.8 x 2.0 x 1.0 and 4.5 x 2.8 x 1.3 cm. Multiple lymph nodes ranging from 0.1 x 0.1 x 0.1 to 1.3 x 0.6 x 0.8 cm are identified.

2A multiple lymph nodes

2B multiple lymph nodes

2C one lymph node

2D multiple lymph nodes

3. The specimen is labeled with the patient's name and "right neck level II". It consists of fibroadipose tissue measuring 3.0 x 1.5 x 1.3 cm. Multiple lymph nodes ranging from 0.1 x 0.1 x 0.1 to 1.0 x 0.8 x 0.6 cm are identified.

3A multiple lymph nodes

3B multiple lymph nodes

3C one lymph node

4. The specimen is labeled with the patient's name and as "anterior floor of mouth". It consists of a fragment of tissue measuring 0.8 x 0.4 x 0.1 cm. The specimen is submitted in toto for frozen section.

4A frozen section control

5. The specimen is labeled with the patient's name and as "anterior ventral

tongue". It consists of a fragment of tissue measuring 1.0 x 0.3 x 0.2 cm.

The specimen is submitted in toto for frozen section.

5A frozen section control

6. The specimen is labeled with the patient's name and as "middle ventral tongue". It consists of a fragment of tissue measuring 1.5 x 0.4 x 0.1 cm.

The specimen is submitted in toto for frozen section.

6A frozen section control

7. The specimen is labeled with the patient's name and as "posterior ventral tongue". It consists of two fragments of tissue measuring 0.5 x 0.2 x 0.1 and 0.5 x 0.3 x 0.2 cm. The specimen is submitted in toto for frozen section.

7A frozen section control

8. The specimen is labeled with the patient's name and as "retromolar trigone". It consists of a fragment of tissue measuring 0.8 x 0.2 x 0.2 cm.

The specimen is submitted in toto for frozen section.

8A frozen section control

9. The specimen is labeled with the patient's name and as "posterior buccal mucosa". It consists of a fragment of tissue measuring 2.4 x 0.3 x 0.1 cm.

The specimen is submitted in toto for frozen section.

9A frozen section control

10. The specimen is labeled with the patient's name and as "revision anterior floor of mouth". It consists of a fragment of tissue measuring 1.5 x 0.3 x 0.1 cm. The specimen is submitted in toto for frozen section.

10A frozen section control

11. The specimen is labeled with the patient's name and as "right mandibulectomy with resection of floor of mouth suture anterior". It consists of an oriented right partial mandibulectomy with floor of mouth measuring 4.2 SI x 7.3 ML x 2.4 cm AP. The inferior alveolus contains 6 teeth. There is a tumor arising in the alveolus crossing to the alveolar ridge. The tumor measures 2.1 SI x 1.8 ML x 3.1 cm AP. The tumor is white-tan, multinodular and has a soft tan friable consistency. It is located at 0.6 cm from the medial floor of mouth margin, 0.3 cm from the lateral alveolar mucosal margin, 0.5 cm from the anterior alveolar mucosal margin, and 1.0 cm from the posterior of alveolar mucosal margin. There is no involvement of bone by tumor grossly.

Representative sections are submitted.

11A tumor with medial floor of mouth margin

11B tumor with lateral alveolar mucosal margin

11C tumor with anterior alveolar mucosal margin

11D tumor with posterior alveolar mucosal margin

11E-11G tumor (1E-1G tumor with medial floor of mouth margin, 11G tumor taken at the level of the alveolar ridge with lateral alveolar mucosal margin)

11H anterior mandible resection margin en face (decalcification)

11I posterior mandible resection margin en face (decalcification)

11J mid mandible with tumor (decalcification)

QUICK SECTION

4. Anterior floor of mouth: QS4A: Focal area of atypia, ? dysplasia as well as focal inflammatory changes with acanthosis and elongation of rete ridges, no evidence diagnostic of invasive carcinoma
5. Anterior ventral tongue: QS5A: Focal acanthosis and parakeratosis, no evidence diagnostic of invasive carcinoma
6. Middle ventral tongue; QS 6A: No evidence diagnostic of invasive carcinoma
7. Posterior ventral tongue: QS7A: Focal atypia, ? dysplasia, no evidence diagnostic of invasive carcinoma
8. Retromolar trigone: QS8A: No evidence diagnostic of invasive carcinoma
9. Posterior buccal mucosa: QS9A: Focal acanthosis and elongation of rete ridges, no evidence diagnostic of invasive carcinoma.

Case reported to OR at [REDACTED]

10. Revision anterior floor of mouth: QS10A: No evidence diagnostic dysplasia or invasive carcinoma.

Case reported to OR at [REDACTED]

Addendum Status: Signed Out

Date Reported: [REDACTED]

Addendum Comment

Decalcified sections of the mandible show invasion of alveolar bone by squamous cell carcinoma. The bone margins are negative for tumor.