

## DIAGNOSIS

(A) LEFT LEVEL I NECK DISSECTION:

Four reactive lymph nodes, negative for carcinoma (0/4).

Benign salivary gland, no carcinoma present.

(B) TOTAL GLOSSECTOMY, TOTAL LARYNGECTOMY, BILATERAL NECK DISSECTION:

INVASIVE, KERATINIZING SQUAMOUS CELL CARCINOMA, (6.5 cm), INVOLVING RIGHT BASE OF TONGUE AND EXTENDING, SKELETAL AND SUBMANDIBULAR GLAND, RESECTION MARGINS FREE OF CARCINOMA.

METASTATIC SQUAMOUS CELL CARCINOMA WITH EXTRANODAL EXTENSION IN 2 OF 29 LYMPH NODES.

(C) SOFT PALATE MARGIN INFERIOR:

Squamous mucosa with mild atypia.

(D) SUPERIOR SOFT PALATE:

Squamous mucosa with mild atypia.

(E) POSTERIOR PHARYNGEAL MARGIN:

Squamous mucosa with mild to moderate dysplasia.

(F) RIGHT GINGIVAL MARGIN:

Squamous mucosa with mild dysplasia.

Entire report and diagnosis completed by [REDACTED]

## GROSS DESCRIPTION

(A) LEFT LEVEL ONE NECK DISSECTION – Level 1 measuring (5.0 x 3.5 x 2.0 cm). A possible submandibular gland (1.0 x 3.0 x 1.5 cm). Identified four lymph nodes ranging in size from (0.3 x 0.3 x 0.3 cm to 1.4 x 0.9 x 0.9 cm).

SECTION CODE: A1, representative sections of possible submandibular gland; A2, one lymph node bisected; A3, one lymph node bisected; A4, two lymph nodes. [REDACTED]

(B) TOTAL GLOSSECTOMY, TOTAL LARYNGECTOMY, BILATERAL NECK DISSECTION – A 16.0 x 8.0 x 5.5 cm en block dissection of the tongue, larynx with tracheostomy, and by bilateral neck dissection. A 6.5 x 5.0 x 5.0 cm tumor is present in the right base of the tongue extending to the midline and laterally into the deep soft tissue, skeletal muscle and submandibular salivary gland. It approaches to within 0.2 cm from the right epiglottic fold, and to within 0.3 cm from the oropharyngeal mucosal margin. It is focally ulcerated. The tumor has scalloped edges with variegated cut surfaces which are focally necrotic and focally cystic. The deep resection margins are grossly not involved by the tumor. The larynx and thyroid gland are grossly unremarkable. The tracheostomy is rimmed by 0.5 cm white, unremarkable skin. Three encapsulated firm, tan nodules are bisected from number one, averaging from 0.5 to 0.9 cm in maximum dimension. They appear grossly unremarkable. Several encapsulated, firm nodules are dissected from the right level two, averaging from 0.5 to 2.0 cm in greatest dimension. The largest is grossly replaced

by tumor. Several encapsulated lymph nodes are dissected from the right level three, the largest measuring 1.5 cm in greatest dimension, and is grossly replaced by tumor by another mass at the lymph nodes. Several nodes are dissected from level four ranging from 0.5 to 0.6 cm in diameter, and grossly are unremarkable. Several encapsulated nodules are dissected from the surrounding fibroadipose tissue in the left neck ranging from 0.5 up to 1.2 cm in greatest dimension, and all appear grossly unremarkable. Five separate encapsulated nodules ranging from 0.3 to 1.0 cm are submitted separately. Representative sections are submitted as follows.

SECTION CODE: B1-B5, representative sections; frozen sections; B6, B7, sections from the grossly unremarkable tongue mucosa and muscle; B8-B10, representative sections from the tumor progressing from the anterior to the superior aspect of the tongue; B11-B14, representative sections from the tumor flap progressing from the right to the left side; B15-B27, representative sections from the tumor progressing from the anterior to the posterior aspect of the specimen; B28, right glottis; B29, left glottis; B30, representative sections from the thyroid gland; B31, representative sections from the tracheostomy; B32, right side level one lymph node bisected; B33, right side level one lymph node bisected; B34, right side level one lymph node; B35, three right level two lymph nodes; B36, one right level two lymph nodes; B37, three right level three lymph nodes; B38, representative sections from one level three lymph node grossly replaced by the tumor; B39, representative sections from one level three lymph node replaced by tumor; B40, three right level four lymph nodes; B41, three right level four lymph nodes; B42, three left level one lymph nodes; B43, four left level two lymph nodes; B44, one left level three lymph node bisected; B45, two left level three lymph nodes; B46, three left level four lymph nodes; B47, three separate lymph nodes; B48, two separate lymph nodes.

\*FS/DX: B1, RIGHT FLOOR OF MOUTH, NEGATIVE TUMOR.

B2, LEFT FLOOR OF MOUTH, NEGATIVE FOR TUMOR.

B3, B4, LEFT OROPHARYNX – NEGATIVE FOR TUMOR.

B5, RIGHT OROPHARYNX – MILD DYSPLASIA.

(C) SOFT PALATE MARGIN INFERIOR – A 1.0 x 0.3 x 0.2 cm fragment of pink mucosa submitted in toto for frozen section as C.

\*FS/DX: SQUAMOUS MUCOSA WITH MILD DYSPLASIA.

(D) SUPERIOR SOFT PALATE – A 2.2 x 0.4 x 0.2 cm fragment of pink, hemorrhagic soft tissue with ink indicating the true margin, and a stitch indicating the superior tip. It is submitted in toto as cross sections cassettes D1 and D2.

INK CODE: Blue-true margin superior, black-true margin inferior

\*FS/DX: SQUAMOUS MUCOSA WITH MILD DYSPLASIA.

(E) POSTERIOR PHARYNGEAL MARGIN – A 3.0 x 0.3 x 0.2 cm fragment of pink soft tissue with a stitch indicating the superior tip, submitted entirely for frozen section en face after sectioning in two. Submitted as E1 and E2.

INK CODE: Blue-superior tip, black-inferior tip.

\*FS/DX: FOCAL MILD TO MODERATE DYSPLASIA.

(F) RIGHT GINGIVAL MARGIN – A 2.2 x 0.3 x 0.2 cm fragment of pink soft tissue that is not oriented. It is submitted entirely en face for frozen section

\*FS/DX: SQUAMOUS MUCOSA WITH MILD DYSPLASIA

## CLINICAL HISTORY

None given.

## SNOMED CODES