



Patient ID:

COLLECTED:

RECEIVED:

ICD 0-3  
Carcinoma, squamous cell NOS  
Site Cervix NOS  
C53.9  
8670/3  
9/27/13

CLINICAL DATA:

GROSS DESCRIPTION:

A) Received in formalin designated bladder trigone are two pieces of soft, tan tissue measuring 0.2 and 1.0 x 0.1 cm. These are wrapped and entirely submitted in cassette A1.

B) Received in formalin designated cervical biopsy is a 0.8 x 0.4 x 0.3 cm portion of soft, shiny, tan tissue, with one apparent mucosal surface. The tissue is bisected, wrapped, and entirely submitted in cassette B1.

C) Received in formalin designated right external iliac lymph node #2 is a collection of soft yellow to tan fatty tissue measuring in aggregate 5 x 4 x 1.5 cm. One probable fatty lymph node measuring 1.2 cm in maximum dimension is identified, which appears to be grossly positive. No other definite lymph nodes are identified. The bisected, grossly positive node is submitted in cassette C1, along with a bisected portion of probable fatty tissue. C2 through C5 remaining fibrous tissue.

D) Received in formalin designated right obturator lymph node is a 3 x 3 x 0.8 cm portion of soft yellow fibroadipose tissue. No definite lymph nodes are identified grossly. The firm tissue is submitted in cassette D1, and a lobule of fatty tissue (? fatty lymph node) is bisected and submitted in cassettes D2 and D3.

E) Received fresh for frozen section designated right external femoral iliac lymph node #1 is a 4.2 x 2.4 x 1.4 cm yellow fatty node, which grossly is approximately 70% replaced by firm, white tumor nodule. A representative section is selected for frozen section, and subsequently submitted in cassette EFS1. An additional representative section is submitted in cassette E2.

F) No specimen received.

G) Received in formalin designated right common iliac lymph node is an aggregate of lymphoid and fatty tissue measuring 2.5 x 2.0 x 0.5 cm. Possible small lymph nodes are submitted in cassette G1, remaining tissue in cassette G2.

H) Received in formalin designated para-aortic lymph node is a collection of soft yellow fatty tissue measuring 1.5 x 1.5 x 0.3 cm. Entirely submitted in cassette H1.

I) Received in formalin designated left external iliac lymph node is a collection of soft yellow to firm tan lymphoid and adipose tissue with aggregate dimensions of 7 x 5 x 1.0 cm. Within this tissue are multiple hard nodules, which have a firm, tan/white cut surface within yellow fatty lymph node parenchyma, grossly consistent with carcinoma involving lymph nodes. Many of these are matted and confluent with one another, and it is difficult grossly to determine if this represents one fatty lymph node with multiple metastatic tumor nodules, or multiple discrete lymph nodes. I1 representative sections of two positive lymph nodes, and three apparently matted lymph nodes; I2 cross section through single fatty node with multiple tumor nodules (versus multiple lymph nodes); I3 and I4 additional probable lymphoid tissue.

J) Received in formalin designated left common iliac lymph node is a collection of soft to firm adipose tissue measuring 2 x 1.2 x 0.3 cm. Within this there are multiple small palpable nodules, suggestive of very small possibly positive lymph nodes. This entire piece of tissue is wrapped and submitted intact in cassette J1.

#### INTRAOPERATIVE CONSULTATION:

Lymph node positive for metastatic squamous cell carcinoma

FINAL DIAGNOSIS:

- A) Bladder trigone, biopsy: Bladder mucosa with focal squamous metaplasia; no evidence of neoplasia.
- B) Cervix, biopsy: Invasive squamous cell carcinoma, well to moderately differentiated, in a background of in situ cervical neoplasia.
- C), D) E), I) and J), designated Right external iliac lymph nodes #2, Right obturator lymph node, Right external femoral iliac nodes #1, Left external iliac lymph nodes, and Left common iliac lymph nodes, respectively. dissections:
1. Metastatic squamous cell carcinoma to:
    - a. Two of two right external iliac #2 lymph nodes (2/2).
    - b. Extranodal blood vessels of one (1) right obturator lymph node without definite carcinoma in the nodal section. (0/1). (see slide D1)
    - c. One right external femoral/iliac #1 lymph node (1/1).
    - d. Three of three left external iliac lymph nodes (3/3).
    - e. Two left common iliac lymph nodes (2/2)
  2. Multiple lymphatic and vascular spaces are distended by squamous cell carcinoma, with focal invasion of carcinoma into adjacent adipose tissue.
- G) Designated right common iliac lymph node, dissection:
1. Multiple lymphatic and vascular spaces are distended by squamous cell carcinoma with focal invasion in to surrounding stroma in specimen D.
  2. No lymph nodes identified.
- F) No specimen received. The letter was crossed out on the accompanying requisition form.
- H) Periaortic lymph node, biopsy: Adipose tissue, with no lymph nodes identified; no evidence of carcinoma.

Procedures used to establish the diagnosis:  
Routine

Resident

Pathologist  
Electronically signed  
In compliance with regulations, the pathologist's signature on this report indicates that the case has been personally reviewed, and the diagnosis made or confirmed by, the Attending Pathologist.

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Malignancy		
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	me	
Date Reviewed	8/30/13	