[redacted]

HISTORY
FNA->Adenocarcinoma. Incidental finding of CXR.

MACROSCOPIC
Two specimens submitted.

1: The first specimen is labelled "left lower lobe" and consists of a lobectomy specimen of lung measuring 180 x 100 x 30 mm. The bronchial resection margin consists of two bronchi immediately adjacent to each other measuring 14 and 7 mm in diameter each. The main bronchial branches are patent and easily probed. On the ante-hilar surface of the specimen there is puckering of the pleural surface with an underlying relatively well defined firm mass. Sectioning reveals a relatively well circumscribed cream to yellow and focally anthracotic pigmented tumour measuring 27 mm in maximum extent. The tumour does not appear to involve a large bronchus. The tumour is well clear of resection margins. No other focal lesions are identified elsewhere within the specimen. [TS of bronchial resection margin and vascular resection margins-1A; peribronchial lymph nodes 1B-1C; RS of tumour to include overlying serosal surface 1D-1F; RS of normal appearing lung parenchyma distant from tumour-1G; sections of tumour and normal lung taken for lung tumour research projects.]

2: The second specimen is labelled "left hilar lymph node" and consists of two small pieces of pink to cream soft tissue measuring 6 and 10 mm in maximum extent respectively. One small firm lymph node measuring 3 mm in diameter is palpable. [Both pieces of tissue BIT-2A.]

[redacted]

MICROSCOPIC
1: Sections show a moderately differentiated adenocarcinoma. The tumour has a combination of patterns including acinar, papillary and cribriform patterns. Scattered psammoma bodies are seen. Around the edge of the tumour, there is an extensive lepidic component. The lesion is subpleural but pleural invasion is not identified. There is no blood vessel invasion and no lymphatic permeation is seen. No perineural permeation is identified. The lesion is well clear of the bronchial resection margin. No lymph node metastases are seen. The adjacent lung shows evidence of emphysema and focal respiratory bronchiolitis. Distal to the tumour, there is a small area of subpleural interstitial fibrosis with no characteristic features. Within the section of uninvolved lung, there is a well circumscribed non-necrotising granuloma within the interstitium and a few further smaller more poorly formed granulomata. No polarisable material is seen. Special stains for microorganisms will be performed. Similar poorly formed granulomata are also present within the peribronchial lymph nodes.

2: Sections of the lymph nodes show reactive changes only. There are a few poorly defined aggregates of histiocytes in keeping with poorly developed granulomata. There is no evidence of malignancy.

ANATOMICAL PATHOLOGY

[redacted]

SUMMARY
Left lower lobe and left hilar lymph nodes:
1: Moderately differentiated adenocarcinoma; 27 mm in maximal dimension.
2: No blood vessel, lymphatic or perineural invasion present.
3: No pleural invasion identified; clear of bronchial margin.
4: No lymph node metastases.
5: T1N0MX

[redacted]

SUPPLEMENTARY REPORT
No micro-organisms are identified within the sarcoidal granulomata with special stains [redacted] Although these may be representative of sarcoidosis, exclusion of other causes of sarcoidal granulomata may be worthwhile. Clinicopathological correlation is necessary.

[redacted]

[redacted]

c.c. Lung Cancer Registry

ANATOMICAL PATH