



Surgical Pathology Consultation Report

Patient Name:

MRN:

DOB:

Gender:

Ordering MD:

Copy To:

Service:

Visit #:

Location:

Facility:

Accession #:

Collected:

Received:

Reported:

1CA-0-3
carcinoma, papillary, thyroid 8260/3

Site: thyroid, NOS C 73.9 1w 11/22/11

Criteria	Yes	No
Diagnosis Discrepancy		X
Primary Tumor Site Discrepancy		X
HIPAA Discrepancy		X
Prior Malignancy History		X
Dual/Synchronous Primary Noted		X
Case is (circle):	QUALIFIED	DISQUALIFIED
Review by (initials):	1w 11/22/11	Reviewed:

Specimen(s) Received

1. Nck: RIGHT UPPER POSTERIOR TRIANGLE
2. Nck: RIGHT LOWER POSTERIOR TRIANGLE
3. Nck: RIGHT JUGULAR CHAIN OF NODES - STITCH MARKS APEX
4. pre-tracheal node
5. right paratracheal node
6. total thyroid + left paratracheal nodes stitch marks upper pole left lobe

Diagnosis

1. Metastatic papillary thyroid carcinoma: Lymph nodes, 2 of 10 (right posterior triangle) dissection specimen
2. Metastatic papillary thyroid carcinoma with focal extranodal extension: Lymph nodes, 4 of 8 (right lower posterior triangle) dissection specimen
3. Metastatic papillary thyroid carcinoma: Lymph nodes, 3 of 14 (right jugular chain) dissection specimen
4. Metastatic papillary thyroid carcinoma: Lymph node, 1 of 1
No pathological diagnosis: Thyroid
- (Pretracheal) excisional biopsy
5. Metastatic papillary thyroid carcinoma with focal extranodal extension: Lymph nodes, 12 of 12 (right paratracheal) dissection specimen
6. Multifocal papillary carcinoma, dominant widely invasive classical variant with cribriform and morular growth, 4.8 cm, right lobe; chronic lymphocytic thyroiditis and remnants of thyroglossal duct with mucous glands: Thyroid
Metastatic papillary thyroid carcinoma: Lymph nodes, 3 of 3, isthmic
Metastatic papillary thyroid carcinoma: Lymph nodes, 16 of 18, left inferior
-Total thyroidectomy specimen with left (paratracheal) dissection. See Comment.

Comment

The specimen reveals a widely invasive classical variant papillary carcinoma that exhibits areas cribriform and morular growth and extensive intrathyroidal dissemination. There is lymphatic invasion, but no evidence of angioinvasion is seen. There is also a 0.9 cm follicular variant papillary microcarcinoma that exhibits focal capsular invasion. Although the dominant tumor is described grossly as a 1.6 cm nodule, the extent of malignancy throughout the right lobe warrants classification of the entire lobe as papillary carcinoma. There is no definitive surgical margin involvement by tumor; however, the tumor comes within less than 0.1 mm of the painted resection margin in numerous locations. There is no evidence of extrathyroidal extension.

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It is of note that the patient has a family history of colon cancer. Moreover, the dominant tumor exhibits areas of cribriform and morular growth. This architecture is characteristic of lesions that have been reported in association with the Familial Adenomatous Polyposis (FAP) syndrome. Although this is not diagnostic of this entity, further clinical evaluation is recommended.

Synoptic Data

Clinical History:	Other: family history of colon cancer
Procedure:	Other: Total thyroidectomy with right neck and left paratracheal dissection
Received:	Fresh
Specimen Integrity:	Intact
Specimen Size:	Right lobe: 4.8 cm 3.1 cm 1.6 cm Left lobe: 3.9 cm 2.0 cm 1.1 cm Isthmus +/- pyramidal lobe: 3.4 cm 1.8 cm 0.9 cm Additional specimen: left paratracheal dissection 2.8 cm 2.5 cm 0.7 cm
Specimen Weight:	19.3 g
Tumor Focality:	Multifocal, ipsilateral
----- DOMINANT TUMOR -----	
Tumor Laterality:	Right lobe
Tumor Size:	Greatest dimension: 4.8cm
Histologic Type:	Papillary carcinoma, classical (usual) Papillary carcinoma, cribriform-morular variant Classical (papillary) architecture Cribriform-morular architecture Classical cytomorphology
Histologic Grade:	Not applicable
Margins:	Margins uninvolved by carcinoma Distance of invasive carcinoma to closest margin: 0.1mm
Tumor Capsule:	Partially encapsulated
Tumor Capsular Invasion:	Present, extent widely invasive
Lymph-Vascular Invasion:	Not identified
Perineural Invasion:	Not identified
Extrathyroidal Extension:	Not identified
----- SECOND TUMOR -----	
Tumor Laterality:	Right lobe
Tumor Size:	Greatest dimension: 0.9cm Additional dimensions: 0.9 cm
Histologic Type:	Papillary carcinoma, follicular variant Papillary carcinoma, microcarcinoma (occult, small or microscopic) variant Follicular architecture Classical cytomorphology
Histologic Grade:	Not applicable
Margins:	Margins uninvolved by carcinoma
Tumor Capsule:	Totally encapsulated
Tumor Capsular Invasion:	Present, extent minimal
Lymph-Vascular Invasion:	Not identified

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Perineural Invasion: Not identified
Extrathyroidal Extension: Not identified
TNM Descriptors: m (multiple primary tumors)
Primary Tumor (pT): pT3: Tumor more than 4 cm, limited to thyroid or with minimal extrathyroidal extension (eg, extension to sternothyroid muscle or perithyroid soft tissues)
Regional Lymph Nodes (pN): pN1b: Metastases to unilateral, bilateral or contralateral cervical or superior mediastinal lymph nodes
Number of regional lymph nodes examined: 66
Number of regional lymph nodes involved: 41
Lymph Node, Extranodal Extension Present
Distant Metastasis (pM): Not applicable
Additional Pathologic Findings: Thyroiditis
Other: extensive intrathyroidal and intralymphatic spread

*Pathologic Staging is based on AJCC/UICC TNM.

Electronically verified by:

Clinical History

(This information is obtained from the electronic patient record).

Gross Description

1. The specimen labeled with the patient's name and as "Neck: Right upper posterior triangle" consists of a piece of fibroadipose tissue that measures 5.8 x 2.2 x 1.0 cm and contains multiple lymph nodes that range from 0.3 cm to 1.5 cm. Representative sections are submitted.
1A one lymph node bisected
1B multiple lymph nodes
1C one lymph node bisected
1D one lymph node bisected
2. The specimen labeled with the patient's name and as "Neck: Right lower posterior triangle" consists of a piece of fibroadipose tissue that measures 4.8 x 2.7 x 1.8 cm and contains multiple lymph nodes that range from 0.3 to 2.8 cm. Representative sections are submitted.
2A one lymph node bisected
2B one lymph node bisected
2C-E one lymph node trisected
2F multiple lymph nodes
3. The specimen labeled with the patient's name and as "Neck: Right jugular chain lymph nodes- stitch marks apex" consists of a piece of fibroadipose tissue that measures 10.0 x 3.3 x 1.5 cm and contains multiple lymph nodes that range from 0.8 x 0.6 x 0.3 cm to 3.5 x 2.6 x 1.4 cm. Two pieces of largest nodule/1 piece smaller nodule and one piece normal fat stored frozen. The lymph nodes are submitted in toto from apex to base as follows.
3A one lymph node bisected
3B one lymph node bisected
3C two lymph nodes
3D-F one lymph node serially sectioned
3G one lymph node serially sectioned
3H multiple lymph nodes
4. The specimen labeled with the patient's name and as "pretracheal node" consists of two pieces of grey-brown tissue that measure 0.7 x 0.5 x 0.3 cm and 0.8 x 0.6 x 0.5 cm.
4A submitted in toto

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5. The specimen labeled with the patient's name and as "right paratracheal node" consists of a piece of fibroadipose tissue that measures 5.0 x 2.8 x 1.5 cm and contains multiple lymph nodes that range from 0.3 cm to 2.7 cm. Representative sections are submitted.

- 5A multiple lymph nodes
- 5B one lymph node bisected
- 5C-D one lymph node bisected
- 5E one lymph node bisected

6. The specimen labeled with the patient's name and as "total thyroid + left paratracheal nodes stitch marks upper pole left lobe" consists of a thyroid gland that is oriented with a stitch and weighs 19.3 g. The right lobe measures 4.8 cm SI x 3.1 cm ML x 1.6 cm AP, the left lobe measures 3.9 cm SI x 2.0 cm ML x 1.1 cm AP and the isthmus measures 3.4 cm SI x 1.8 cm ML x 0.9 cm AP. The external surfaces have fibrous adhesions and are painted with silver nitrate. No parathyroid glands are identified grossly. Multiple lymph nodes are identified in the soft tissue attached on the inferior aspect of the thyroid measuring 2.5 cm SI x 2.8 cm ML x 0.7 cm AP. The lymph nodes measure from 0.3 cm to 0.8 cm. The mid and lower right lobe contains two well delineated nodules measuring 1.6 cm SI x 1.2 cm ML x 1.2 cm AP and 0.9 cm SI x 0.9 cm ML x 0.9 cm AP, respectively. The remainder of the thyroid tissue is unremarkable. Sections of right lobe nodules and normal tissue are stored frozen. The remainder of the specimen is submitted as follows:

- 6A-F right lobe, superior to inferior
- 6G-I isthmus
- 6J-N left lobe, superior to inferior
- 6O multiple lymph nodes
- 6P soft tissue attached to the inferior aspect of the thyroid submitted in toto