

Pathology Report [REDACTED] **FINAL**

Report Type Pathology Report

Date of Event [REDACTED]

Sex M

Authored by [REDACTED]

Hosp/Group [REDACTED]

Record Status FINAL

FINAL DIAGNOSIS:

PART 1: LEFT HYPOPHARYNX, BIOPSY

INVASIVE SQUAMOUS CELL CARCINOMA.

PART 2: RIGHT EXTERNAL JUGULAR VEIN AND LYMPH NODE NODE, EXCISION

A. ONE (1) LYMPH NODE WITH INTRA AND PERINODAL PAROTID TISSUE, NO TUMOR PRESENT (0/1).

B. VEIN, NO TUMOR PRESENT.

PART 3: LYMPH NODES, RIGHT NECK, ZONES II, III, IV, SELECTIVE NECK DISSECTION

A. METASTATIC SQUAMOUS CELL CARCINOMA IN ONE OF TEN LYMPH NODES (1/10), LEVEL 4 (0.3 cm).

B. NO EXTRACAPSULAR SPREAD.

PART 4: LYMPH NODES, LEFT EXTERNAL JUGULAR NODE, EXCISION

TWO (2) LYMPH NODES, NO TUMOR PRESENT (0/2).

PART 5: NERVE, LEFT HYPOGLOSSAL, BIOPSY

INVASIVE SQUAMOUS CELL CARCINOMA.

PART 6: LYMPH NODES, LEFT NECK, LEVELS II, III, IV, SELECTIVE NECK DISSECTION

A. METASTATIC SQUAMOUS CELL CARCINOMA INVOLVING SOFT TISSUE (3.2 CM) AT LEVEL 2 WITH ANGIOLYMPHATIC INVASION AND LARGE NERVE PERINEURAL INVASION (see comment).

B. ELEVEN ADDITIONAL LYMPH NODES, NO TUMOR PRESENT (0/11).

PART 7: LARYNX AND LEFT THYROID GLAND, TOTAL LARYNGECTION AND THYROID LOBECTOMY

A. INVASIVE SQUAMOUS CELL CARCINOMA (4.1 CM), POORLY DIFFERENTIATED INVOLVING LEFT HYPOPHARYNX AND SUPRAGLOTTIS (ARYEPIGLOTTIC FOLD AND FALSE VOCAL CORD).

B. ANGIOLYMPHATIC AND PERINEURAL INVASION PRESENT.

C. NO CARTILAGE INVOLVEMENT, NO THYROID GLAND INVOLVEMENT.

D. PATHOLOGIC STAGE: pT3 N2c (see comment).

E. SEPARATE FOCUS OF SUPERFICIALLY INVASIVE SQUAMOUS CELL CARCINOMA (0.4 CM AND 0.1 CM THICK) PRESENT AT VALLELOCULAR MARGIN, NO ANGIOLYMPHATIC OR PERINEURAL INVASION.

F. SEPARATE FOCUS OF CARCINOMA IN SITU ON LINGUAL SURFACE OF EPIGLOTTIS.

G. SEVERE DYSPLASIA ON RIGHT TRUE VOCAL CORD.

H. MODERATE DYSPLASIA PRESENT ON LEFT AND RIGHT FALSE CORDS AND LEFT TRUE CORD.

I. LEFT THYROID GLAND WITH NO SIGNIFICANT ABNORMALITY.

J. ONE NORMOCELLULAR LEFT INFERIOR PARATHYROID GLAND WITH HEMORRHAGE.

PART 8: LEFT PHARYNGEAL MARGIN, BIOPSY

NO TUMOR PRESENT.

PART 9: POST CRICOID MARGIN, BIOPSY

NO TUMOR PRESENT.

[REDACTED]

COMMENT:

For staging and synoptic reporting purposes, the soft tissue deposit in level 2 of the left neck (part 6) is considered a positive lymph node with extensive extracapsular spread, though there is no actual residual lymph node architecture. Additionally, the vallecular margin is considered positive, albeit involved by a separate primary tumor.

Pathologist: [REDACTED]

** Report Electronically Signed Out **

By Pathologist: [REDACTED]
[REDACTED]

My signature is attestation that I have personally reviewed the submitted material(s) and the final diagnosis reflects that evaluation.

GROSS DESCRIPTION:

The specimen is received fixed in nine parts.

Part 1 is labeled with the patient's name, initials, XX and labeled as "left hypopharynx". It consists of fragments of white-tan soft tissue measuring 1.8 x 1.2 x 0.5 cm in aggregate. The specimen is entirely submitted for frozen section consultation and resubmitted in cassette labeled 1AFS.

Part 2 is received fixed labeled with the patient's name, initials, XX and labeled as "right external jugular vein + node". It consists of a 5.0 x 3.0 x 0.6 cm unoriented fibroadipose tissue. A small stitch is tied to a vessel that is next to an enlarged lymph node (1.5 x 1.5 x 0.6 cm). The stitched end of the vessel is inked blue. The large lymph node is bisected and submitted in cassettes labeled 2A and 2B. The vessel is probe patent and both ends with surrounding tissue are submitted in cassette labeled 2C.

Part 3 is labeled with the patient's name, initials, XX and labeled as "right neck levels 2, 3, and 4". It consists of a 10.5 x 3.1 x 1.6 cm unoriented fibroadipose tissue. The specimen is oriented into part 2, 3, and 4.

Possible lymph nodes are identified ranging in greatest dimension from 0.1 to 1.8 cm. Lymph nodes are submitted as follows:

3A one lymph node, 1.8 x 1.4 x 1.2 cm, bisected, level 2

3B one lymph node, bisected level 2

3C possible lymph nodes, level 2

3D two possible lymph nodes, level 3

3E two possible lymph nodes, level 4

3F two possible lymph nodes, level 4.

Part 4 is labeled with the patient's name, initials, XX and labeled as "left external jugular node". It consists of two fragments of unoriented fibroadipose tissue measuring 3.5 x 1.5 x 0.5 cm and 3.6 x 1.7 x 0.7 cm. Two enlarged lymph nodes measuring 1.3 x 0.9 x 0.8 cm and 0.7 x 0.6 x 0.5 cm are identified. Tissue is submitted as follows:

4A one bisected lymph node

4B one bisected lymph node

4C remainder of the tissue, entirely submitted.

Part 5 is labeled with the patient's name, initials, XX and labeled as "left hypoglossal nerve". It consists of four fragments of tissue measuring 1.0 x 0.5 x 0.2 cm in aggregate. The specimen is totally submitted for frozen section consultation and resubmitted in cassette labeled 5AFS.

Part 6 is labeled with the patient's name, initials, XX and labeled as "left neck levels 2, 3, and 4". It consists of a 7.1 x 6.5 x 2.5 cm unoriented fibroadipose tissue. The specimen is oriented based on the radiographic report and divided into levels 2, 3 and 4. One large possible lymph node measuring 3.2 x 2.2 x 1.8 cm is identified on level 2 and serially sectioned, which reveals central necrosis. The possible lymph node was banked for [REDACTED]

tissue bank. Representative sections of the lymph node are submitted in cassettes 6A and 6B. The remainder of the tissue reveals multiple lymph nodes ranging in greatest dimension from 0.1 to 1.4 cm. Lymph nodes are submitted as follows:

6C four possible lymph nodes, level 3

6D two lymph nodes, level 4

6E four lymph nodes, level 4.

Part 7 is labeled with the patient's name, initials, XX and labeled as "total laryngectomy and left thyroid lobectomy". It consists of a total laryngectomy specimen measuring 8.0 x 8.0 x 6.1 cm including 3 trachea rings, hyoid bone, left thyroid lobe (4.0 x 2.0 x 1.1 cm) and a possible parathyroid (2.2 x 0.9 x 0.5 cm) that is attached to the left thyroid gland. Grossly, there is a 4.1 x 3.2 x 1.7 cm, white-tan, firm, hypopharyngeal mass predominantly located in the left pyriform sinus space. The mass has supraglottic extension involving the left false vocal fold. Gross sectioning reveals that the tumor does not involve thyroid cartilage, cricoid cartilage, preepiglottic soft tissue and anterior soft tissue. The tumor is approximately 2.5cm from the anterior soft tissue margin.

The left thyroid lobe is serially sectioned and reveals a homogeneous, fleshy, red, unremarkable parenchyma. The tumor is banked for [REDACTED] tissue bank.

Digital images are taken.

Ink code:

Black anterior soft tissue margin

Blue preepiglottic soft tissue

Orange areas under the hyoid bone

Representative sections are submitted as follows:

7A base of tongue margin, shave

7B right lateral pharyngeal margin, shave

7C tracheal ring margin, shave

7D anterior soft tissue margin, left side, shave

7E representative section of left thyroid

7F possible left parathyroid

7G right true and false vocal folds

7H DR anterior commissure with thyroid cartilage

7I preepiglottic soft tissue, left side, perpendicular

7J 7K representative section of the tumor

7L DR representative section of the tumor

7M DR tumor and left true and false vocal fold and the thyroid cartilage

7N tumor and left true and left vocal fold

7O anterior adipose tissue for possible lymph nodes.

Part 8 is labeled with the patient's name, initials, XX and labeled as "left pharyngeal margin". It consists of a 2.9 x 0.5 x 0.2 cm tan-white tissue. The tissue is entirely submitted for frozen section consultation and resubmitted in cassette labeled 8AFS.

Part 9 is labeled with the patient's name, initials, XX and labeled as "post cricoid margin". It consists of a 1.9 x 0.3 x 0.2 cm white-tan soft tissue.

The specimen is totally submitted in cassette labeled 9AFS.

[REDACTED] F

INTRAOPERATIVE CONSULTATION:

1AFS: LEFT HYPOPHTHARYNX, BIOPSY (frozen section)

A. SUFFICIENT FOR ANCILLARY STUDIES.

B. MALIGNANT.

C. INVASIVE SQUAMOUS CELL CARCINOMA ([REDACTED])

5AFS: LEFT HYPOGLOSSAL NERVE, BIOPSY (frozen section)

A. SUFFICIENT FOR ANCILLARY STUDIES.

B. MALIGNANT.

C. INVASIVE SQUAMOUS CELL CARCINOMA [REDACTED]

8AFS: LEFT HYPOPHARYNGEAL MARGIN, BIOPSY (frozen section)

A. SUFFICIENT FOR ANCILLARY STUDIES.

B. BENIGN.

C. NO TUMOR. [REDACTED]

9AFS: POST CRICOID MARGIN, BIOPSY (frozen section)

A. SUFFICIENT FOR ANCILLARY STUDIES.

B. BENIGN.

C. MILD DYSPLASIA ([REDACTED])

MICROSCOPIC:

Microscopic examination substantiates the above diagnosis.

caa

The following statement applies to all immunohistochemistry, Insitu Hybridization Assays (ISH & FISH), Molecular Anatomic Pathology, and Immunofluorescent Testing:

The testing was developed and its performance characteristics determined by the [REDACTED] Department of Pathology, as required by the CLIA [REDACTED] regulations. The testing has not been cleared or approved for the specific use by the U.S. Food and Drug Administration, but the FDA has determined such approval is not necessary for clinical use. Tissue fixation ranges from a minimum of 2 to a maximum of 84 hours.

This laboratory is certified under the Clinical Laboratory Improvement Amendments of [REDACTED] ("CLIA") as qualified to perform high-complexity clinical testing. Pursuant to the requirements of CLIA, ASR's used in this laboratory have been established and verified for accuracy and precision. Additional information about this type of test is available upon request.

CASE SYNOPSIS:

SYNOPTIC DATA - PRIMARY UPPER AERODIGESTIVE TRACT AND SALIVARY GLAND TUMORS

SPECIMEN TYPE: Resection: Total laryngectomy and bilateral neck dissection

TUMOR SITE: Pharynx, hypopharynx

TUMOR SIZE: Greatest dimension: 4.0 cm

HISTOLOGIC TYPE: Squamous cell carcinoma, conventional

HISTOLOGIC GRADE: G3

PRIMARY TUMOR (pT): pT3

REGIONAL LYMPH NODES (pN): pN2c

Number of regional lymph nodes examined: 25

Number of regional lymph nodes involved: 2

Extra-capsular extension of nodal tumor: Present

DISTANT METASTASIS (pM): pMX

MARGINS: Margin(s) involved by tumor

Location(s): vallecula

VENOUS/LYMPHATIC (LARGE/SMALL VESSEL) INVASION (V/L):

Present

PERINEURAL INVASION: Present

ADDITIONAL PATHOLOGIC FINDINGS: Carcinoma in situ

Epithelial dysplasia

PATIENT HISTORY:

CHIEF COMPLAINT/ PRE-OP/ POST-OP DIAGNOSIS: Laryngeal tumor.

PROCEDURE: Total laryngectomy, bilateral neck dissection.

SPECIFIC CLINICAL QUESTION: Rule out squamous cell carcinoma.

OUTSIDE TISSUE DIAGNOSIS: No.

PRIOR MALIGNANCY: Yes, prior biopsy larynx, squamous cell carcinoma.

CHEMORADIATION THERAPY: No.

ORGAN TRANSPLANT: No.

IMMUNOSUPPRESSION: No.

OTHER DISEASES: No.

CYTOGENETIC STUDIES: No.

HISTO TISSUE SUMMARY/SLIDES REVIEWED:

Part 1: Left Hypopharynx

Taken: [REDACTED] Received: [REDACTED]

Stain/cnt Block

H&E x 1 AFS

Part 2: Right External Jugular Vein and Node

Taken: [REDACTED] Received: [REDACTED]

Stain/cnt Block

H&E x 1 A

H&E x 1 B

H&E x 1 C

Part 3: Right Neck Zone 2-4

Taken: [REDACTED] Received: [REDACTED]

Stain/cnt Block

H&E x 1 A

H&E x 1 B

H&E x 1 C

H&E x 1 D

H&E x 1 E

H&E x 1 F

H&E x 1 (none)

Part 4: Left External Jugular Node

Taken: [REDACTED] Received: [REDACTED]

Stain/cnt Block

H&E x 1 A

H&E x 1 B

H&E x 1 C

Part 5: Left Hypoglossal Nerve

Taken: [REDACTED] Received: [REDACTED]

Stain/cnt Block

H&E x 1 AFS

Part 6: Left Neck 2-4

Taken: [REDACTED] Received: [REDACTED]

Stain/cnt Block

H&E x 1 A

H&E x 1 B

H&E x 1 C

H&E x 1 D

H&E x 1 E

Part 7: Total Laryngectomy and Left Thyroid Lobectomy

Taken: [REDACTED] Received: [REDACTED]

Stain/cnt Block

H&E x 1 A

H&E x 1 B

H&E x 1 C
H&E x 1 D
H&E x 1 E
H&E x 1 F
H&E x 1 G
H&E x 1 I
H&E Recut x 1 J
IEGFR x 1 J
IBNKNC x 1 J
H&E x 1 J
HPV x 1 J
P16 x 1 J
V-EGFR x 1 J

H&E x 1 K
H&E x 1 N
H&E x 1 O
H&E x 1 HDR
H&E x 1 LDR
H&E x 1 MDR

Part 8: Left Pharyngeal Margin

Taken: [REDACTED] Received: [REDACTED]
Stain/cnt Block

H&E x 1 AFS

Part 9: Post Cricoid Margin

Taken: [REDACTED] Received: [REDACTED]
Stain/cnt Block
H&E x 1 AFS
TC1