

[REDACTED]

INTERPRETATION AND DIAGNOSIS: [REDACTED]

1) LARYNX (PARTIAL LARYNGECTOMY):

SPECIMEN TYPE:
Partial Laryngectomy

TUMOR SITE:
Larynx, supraglottis with extension into the glottis

TUMOR SIZE:
Greatest dimension: 3.6cm

HISTOLOGIC TYPE:
Squamous cell carcinoma

HISTOLOGIC GRADE:
G2: Moderately differentiated

EXTENT OF INVASION [REDACTED] EDITION AJCC):
PRIMARY TUMOR, SUPRAGLOTTIS
pT2: Tumor invades the mucosa of region outside the supraglottis.

REGIONAL LYMPH NODES:
pN2c: Metastasis in bilateral lymph nodes, none more than 6 cm in
greatest dimension (see parts 7 and 8)

MARGINS:
The tumor closely approaches but does not involve the anterior soft
tissue margin. The mucosal margins on the right side of the specimen
are uninvolved. See parts 2-6 for additional margins.

VENOUS/LYMPHATIC INVASION:
Present

PERINEURAL INVASION
Present

NOTE: The tumor invades the epiglottic cartilage, but the thyroid
cartilage is uninvolved. This case was shown at the daily quality
assurance conference.

2) LEFT CRICOID MARGIN (EXCISION):

NEGATIVE FOR TUMOR.

3) INTERARYTENOID MARGIN (EXCISION):

NEGATIVE FOR TUMOR.

[REDACTED]

FINAL DOCUMENT

[REDACTED]

4) ANTERIOR TRACHEAL MARGIN (EXCISION):

NEGATIVE FOR TUMOR.

5) LEFT ARYTENOID MARGIN (EXCISION):

NEGATIVE FOR TUMOR.

6) LEFT PHARYNGEAL MARGIN (EXCISION):

NEGATIVE FOR TUMOR.

7) RIGHT TRACHEAL (DISSECTION):

LEVEL 2: METASTATIC SQUAMOUS CELL CARCINOMA (<1MM) INVOLVING ONE (1) OF NINE (9) LYMPH NODES. EXTRANODAL EXTENSION IS NOT PRESENT.

LEVEL 3: FIVE (5) BENIGN LYMPH NODES.

LEVEL 4: THIRTEEN (13) BENIGN LYMPH NODES.

8) LEFT NECK (DISSECTION):

LEVEL 2: METASTATIC SQUAMOUS CELL CARCINOMA (0.6CM) INVOLVING ONE (1) OF TWELVE (12) LYMPH NODES. EXTRANODAL EXTENSION IS NOT PRESENT ADJACENT TO THE INVOLVED LYMPH NODE. A FOCUS OF METASTATIC SQUAMOUS CELL CARCINOMA (1MM) IS PRESENT IN THE SOFT TISSUE AWAY FROM THE INVOLVED LYMPH NODE.

LEVEL 3: METASTATIC SQUAMOUS CELL CARCINOMA (2.2 CM) INVOLVING ONE (1) OF NINE (9) LYMPH NODES. EXTRANODAL EXTENSION IS NOT PRESENT ADJACENT TO THE INVOLVED LYMPH NODE. A FOCUS OF METASTATIC SQUAMOUS CELL CARCINOMA (0.7 CM) IS PRESENT IN SOFT TISSUE WITH ADJACENT VASCULAR INVASION AWAY FROM THE INVOLVED LYMPH NODE.

LEVEL 4: SIX (6) BENIGN LYMPH NODES.

[REDACTED]

*Electronic signature by which I attest that the above diagnosis is based upon my personal examination of the slides (and / or other material indicated in the diagnosis), and that I have reviewed and approved this report.

Clinical History:

SUPRAGLOTTIC SQUAMOUS CELL CARCINOMA

GROSS DESCRIPTION

PART #1: PARTIAL LARYNGECTOMY [REDACTED]

Resident [REDACTED]

Dictated by: [REDACTED]

The specimen is received fresh, labeled with the patient's name, [REDACTED] and designated 'partial laryngectomy.' The specimen consists of one supraglottic partial laryngectomy specimen, and does not contain a cricoid cartilage or hyoid bone. Of note, there is a fungating mass present in the specimen that is 3.6 x 2.7 cm. It is

[REDACTED] FINAL DOCUMENT [REDACTED]

supraglottic and appears to involve the left false cord, the left supraglottis, left aryepiglottic fold, and the surface of the laryngeal epiglottis extending down to the arytenoid on the left side. Some of the tumor also appears to cross the midline over onto the right portion of the specimen, however, the tumor is a good distance away (1.0 cm) from the right aryepiglottic fold. It is difficult to visualize the cords. The tumor is located 1.5 cm away from the inferior specimen margin. This margin is shaved and submitted.

Representative sections of the uninvolved epiglottis at the superior portion of the specimen are taken and submitted. Sections are taken from the right and left aryepiglottic folds with pyriform sinus and submitted. The specimen is then serially sectioned, taking great care to preserve the tumor with relation to the anterior (thyroid cartilage and soft tissue) surgical margins. Of note, these margins have been inked black before sectioning. The tumor does appear to extend into the soft tissue at a length of 1.0 cm. It grossly comes very close (less than 1.0 mm) from the inked anterior soft tissue and thyroid cartilage margins. The tumor is entirely submitted. The left lateral soft tissue margins (from the side of the tumor) are shaved and submitted. Approximately 75% of the entire specimen is submitted.

SUMMARY OF SECTIONS

1 - A - 1 (INFERIOR MARGIN)
1 - B - 3 (EPIGLOTTIS)
1 - C - 2 (RIGHT ARYEPIGLOTTIC FOLD WITH PYRIFORM SINUS)
1 - D - 2 (LEFT ARYEPIGLOTTIC FOLD WITH PYRIFORM SINUS)
12 -E-P - 1 EACH (LEFT SIDE OF LARYNX WITH TUMOR, MEDIAL TO LATERAL)
8 - Q-X - 1 EACH (RIGHT SIDE OF LARYNX WITH TUMOR, MEDIAL TO LATERAL)
1 - Y - 1 (LEFT LATERAL SOFT TISSUE)
2 - Z,AA - 1 EACH (RIGHT PHARYNGEAL MARGIN)
27 - TOTAL - 31

PART #2: LEFT CRICOID MARGIN [REDACTED]

Resident Pathologist: [REDACTED]

FROZEN SECTION DIAGNOSIS:

Staff Pathologist: [REDACTED]

Other Pathologists / [REDACTED]

FS: Left cricoid margin: Negative for tumor.

Dictated by: [REDACTED]

The specimen is received fresh for frozen section, labeled with the patient's name, [REDACTED] and designated 'left cricoid margin.' The specimen consists of two pieces of red-tan to white soft tissue measuring 1.5 x 0.5 cm. 100% of the specimen is submitted for frozen section diagnosis.

SUMMARY OF SECTIONS

1 - FSC - 2 (LEFT CRICOID MARGIN)
1 - TOTAL - 2

[REDACTED] FINAL DOCUMENT [REDACTED]

PART #3: FS: INTRA ARYTENOID MARGIN [REDACTED]

Resident Pathologist: [REDACTED]

FROZEN SECTION DIAGNOSIS:

Staff Pathologist: [REDACTED]

Other Pathologists [REDACTED]
[REDACTED]

FS: INTERARYTENOID MARGIN: Negative for tumor.

Dictated by: [REDACTED]

The specimen is received fresh for frozen section, labeled with the patient's name, [REDACTED] and designated 'interarytenoid.' The specimen consists of one piece of red-tan soft tissue measuring 0.5 x 0.4 cm. 100% of the specimen is submitted for frozen section diagnosis.

SUMMARY OF SECTIONS

1 - FSC - 1 (INTERARYTENOID MARGIN)

1 - TOTAL - 1

PART #4: FS: ANTERIOR TRACHEAL MARGIN [REDACTED]

Resident Pathologist: [REDACTED]

FROZEN SECTION DIAGNOSIS:

Staff Pathologist: [REDACTED]

Other Pathologists / [REDACTED]
[REDACTED]

FS: Anterior tracheal margin: Negative for tumor.

Dictated by: [REDACTED]

The specimen is received fresh for frozen section, labeled with the patient's name, [REDACTED] and designated 'anterior tracheal margin.' The specimen consists of one fragment of red soft tissue measuring 0.8 x 0.3 cm. 100% of the specimen is submitted for frozen section diagnosis.

SUMMARY OF SECTIONS

1 - FSC - 1 (ANTERIOR TRACHEAL MARGIN)

1 - TOTAL - 1

PART #5: FS: LEFT ARYTENOID MARGIN [REDACTED]

Resident Pathologist: [REDACTED]

FROZEN SECTION DIAGNOSIS:

Staff Pathologist: [REDACTED]

Other Pathologists [REDACTED]
[REDACTED]

FS: Left arytenoid margin: Negative for tumor.

Dictated by: [REDACTED]

[REDACTED] FINAL DOCUMENT [REDACTED]

The specimen is received fresh for frozen section, labeled with the patient's name, [REDACTED] and designated 'left arytenoid margin.' The specimen consists of two fragments of pink soft tissue measuring 1.2 x 0.6 cm. 100% of the specimen is submitted for frozen section diagnosis.

SUMMARY OF SECTIONS

1 - FSC - 2 (LEFT ARYTENOID MARGIN)
1 - TOTAL - 2

PART #6: FS: LEFT PHARYNGEAL MARGIN [REDACTED]

Resident Pathologist: [REDACTED]

FROZEN SECTION DIAGNOSIS:

Staff Pathologist: [REDACTED]

Other Pathologists [REDACTED]

FS: Left pharyngeal margin: Negative for tumor.

Dictated by: [REDACTED]

The specimen is received fresh for frozen section, labeled with the patient's name, [REDACTED] and designated 'left pharyngeal margin.' The specimen consists of one piece of red soft tissue measuring 2.0 x 0.1 x 0.1 cm. 100% of the specimen is submitted for frozen section diagnosis.

SUMMARY OF SECTIONS

1 - FSC - 1 (LEFT PHARYNGEAL MARGIN)
1 - TOTAL - 1

PART #7: RIGHT TRACHEAL DISSECTION [REDACTED]

Resident Pathologist: [REDACTED]

Dictated by: [REDACTED]

The specimen is received fresh, labeled with the patient's name, [REDACTED] and designated 'right tracheal dissection level 2 through 4.' The specimen consists of one piece of fibroadipose tissue measuring 15.0 x 4.0 x 1.5 cm. Staples mark levels 2, 3 and 4 respectively. The different levels are dissected away from each other. Level 2 is sectioned, revealing four lymph node candidates (largest 1.4 cm). The largest is bisected and submitted. The other lymph nodes are entirely submitted. The remainder of the fibroadipose tissue is entirely submitted. Within level 3, four lymph node candidates are identified. The largest measures 0.4 cm. These are submitted. The remainder of the fibroadipose tissue is entirely submitted. Within level 4, four lymph node candidates are identified, the largest of which measures 0.7 cm. These are all submitted. The remaining fibroadipose tissue from level 4 is submitted.

SUMMARY OF SECTIONS

1 - A - 2 (1 LN BISECTED, LEVEL 2)
1 - B - 3 (3 LNS LEVEL 2)

[REDACTED] FINAL DOCUMENT [REDACTED]

3 - C-E - MULTIPLE (FFT, LEVEL 2)
1 - F - 4 (4 LNS, LEVEL 3)
1 - G - MULTIPLE (FFT, LEVEL 3)
1 - H - 4 (4 LNS, LEVEL 4)
4 - I-L - MULTIPLE (FFT, LEVEL 4)
12 - TOTAL - M

PART #8: LEFT NECK DISSECTION LEVELS 2,3,4

Resident Pathologist:

Dictated by:

The specimen is received fresh, labeled with the patient's name, and designated 'right tracheal neck dissection.' The specimen consists of levels 2 through 4. The specimen is a neck dissection consisting of fibroadipose tissue measuring 15.0 x 4.0 x 1.5 cm. Staples demarcate the various levels. Of note, three very large lymph nodes are noticed on the specimen that have been cut into prior to arrival. Level 2 is dissected off the rest of the specimen. Two very enlarged lymph nodes have been cut into are identified. These measure approximately 1.3 cm. There is a white mass in one of them, consistent with metastatic disease. These are submitted. Other lymph node candidates are identified and submitted. The remaining fibroadipose tissue is entirely submitted. Within level 3, one very large lymph node measuring 2.2 cm is identified. It has previously been cut open. It appears to have a cystic, partially necrotic mass within it, consistent with metastatic disease, this is submitted. Other lymph node candidates are identified and submitted. The remaining fibroadipose tissue is entirely submitted. Level 4 is dissected to reveal several lymph node candidates which are submitted. The remainder fibroadipose tissue from level 4 is submitted in its entirety.

SUMMARY OF SECTIONS

1 - A - 2 (1 LN BISECTED LEVEL 2)
1 - B - 2 (1 LN BISECTED LEVEL 2)
1 - C - 4 (4 LNS LEVEL 2)
1 - D - 4 (4 LNS LEVEL 2)
1 - E - MULTIPLE (FFT LEVEL 2)
1 - F - MULTIPLE (FFT LEVEL 2)
1 - G - 1 (1/2 LN LEVEL 3)
1 - H - 1 (1/2 LN LEVEL 3)
1 - I - 4 (4 LNS LEVEL 3)
2 - J,K - MULTIPLE (FFT LEVEL 3)
1 - L - 3 (3 LNS LEVEL 4)
1 - M - 4 (4 LNS LEVEL 4)
2 - N,O - MULTIPLE (FFT LEVEL 4)
15 - TOTAL - M

Other Surgical Pathology Specimens known to the computer:

=====

(End of Report)

printed

Note: This note provides information pertaining only to a specific event. A more detailed medical history is available in the Medical Record.

FINAL DOCUMENT