

PATIENT HISTORY:

PRE OP DIAGNOSIS: Right lung mass, left thyroid nodule

POST OP DIAGNOSIS: Same

PROCEDURE: Bronch, right lung resection, right VATS, left thyroidectomy

FINAL DIAGNOSIS:

PART 1: LYMPH NODE, RIGHT LEVEL 10, EXCISION –

ANTHRACOTIC LYMPH NODE, NEGATIVE FOR METASTATIC CARCINOMA (0/1).

PART 2: LYMPH NODE, RIGHT LEVEL 11, EXCISION –

METASTATIC CARCINOMA IN ONE OF ONE LYMPH NODE (1/1).

PART 3: LUNG, RIGHT UPPER LOBE, RESECTION –

A. MODERATELY TO POORLY DIFFERENTIATED ADENOCARCINOMA WITH SQUAMOUS DIFFERENTIATION, 2.2 CM (see comment).

B. CARCINOMA INVADES THE VISCERAL PLEURA (see comment).

C. ANGIOLYMPHATIC INVASION PRESENT.

D. CENTRILOBULAR EMPHYSEMA.

E. METASTATIC CARCINOMA IN ONE OF TWO PERIBRONCHIAL LYMPH NODES (1/2) WITH EXTRACAPSULAR EXTENSION INTO THE PERIBRONCHIAL CONNECTIVE TISSUE.

F. NEGATIVE RESECTION MARGINS.

PART 4: LUNG, RIGHT UPPER LOBE ORIFICE, BIOPSY –

BENIGN BRONCHIAL MUCOSA.

PART 5: LYMPH NODE, RIGHT LEVEL 4, EXCISION –

LYMPH NODE NEGATIVE FOR METASTATIC CARCINOMA (0/1).

PART 6: LYMPH NODE, RIGHT LEVEL 11, EXCISION –

METASTATIC CARCINOMA IN ONE OF ONE LYMPH NODE (1/1).

PART 7: RIB, RIGHT FIFTH, RESECTION –

UNREMARKABLE SEGMENT OF RIB.

PART 8: LUNG, RIGHT UPPER LOBE MARGIN, EXCISION –

METASTATIC CARCINOMA IN PERIBRONCHIAL LYMPH NODE (1/1) WITH EXTRACAPSULAR EXTENSION INTO THE PERIBRONCHIAL CONNECTIVE TISSUE (see comment).

PART 9: LYMPH NODE, RIGHT LEVEL 7, EXCISION –

SIX LYMPH NODES NEGATIVE FOR METASTATIC CARCINOMA (0/6).

PART 10: LYMPH NODE, RIGHT LEVEL 4 PACKET, EXCISION –

METASTATIC CARCINOMA IN THREE OF THREE LYMPH NODES (3/3) WITH EXTRACAPSULAR EXTENSION.

PART 11: THYROID, LEFT, PARTIAL THYROIDECTOMY –

NODULAR THYROID HYPERPLASIA WITH ADENOMATOID AND HURTHLE CELL NODULES.

COMMENT:

Part 3: Elastic stain highlights the presence of visceral pleura invasion (PL1). The neoplastic cells are positive for TTF-1, and PASD, focally and weakly for p63 and are negative for CK5/6 stains. All controls show appropriate reactivity. The metastatic carcinoma in peribronchial lymph node shows extracapsular extension into the peribronchial connective tissue.

Part 8: The malignant cells are highlighted by pancytokeratin stain while LCA stain highlights the lymphocytes. The carcinoma cells extend into the perinodal connective tissue.

TNM STAGE (AJCC, 7th Edition): pT2a N2 cMO.

CASE SYNOPSIS:**SYNOPTIC DATA - PRIMARY LUNG TUMORS**

TUMOR LOCATION: Right Upper Lobe

PROCEDURE: Lobectomy

TUMOR SIZE: Maximum dimension: 2.2 cm

Minor dimension: 2.0 cm

TUMOR TYPE: Invasive adenocarcinoma, Dominant Pattern: Solid

HISTOLOGIC GRADE: G3, Poorly differentiated

MICROSCOPIC "SATELLITES"/METASTASES: Number of microscopic lesions: 0

EXTRAPULMONARY EXTENSION/INVASION OF TUMOR: Visceral pleura (PL1)

ANGIOLYMPHATIC INVASION: Yes

TUMOR NECROSIS: < or = to 50%

SURGICAL MARGIN INVOLVEMENT: No

SURGICAL MARGIN SITE: Distance of invasive tumor to closest margin: 11 mm, Bronchial margin

INFLAMMATORY(DESMOPLASTIC) REACTION: Mild

N1 LYMPH NODES: Number of N1 lymph nodes positive: 3

Number of N1 lymph nodes examined: 5

EXTRACAPSULAR SPREAD OF N1 METASTASES: Yes

N1 LYMPH NODES INVOLVED: Level 11

N2 LYMPH NODES: Number of N2 lymph nodes positive: 3

Number of N2 lymph nodes examined: 10

EXTRACAPSULAR SPREAD OF N2 METASTASES: Yes

N2 LYMPH NODE GROUPS INVOLVED: Level 4

UNDERLYING DISEASE(S): [REDACTED]

T STAGE, PATHOLOGIC: pT2a

N STAGE, PATHOLOGIC: pN2

M STAGE, PATHOLOGIC: Not applicable