

ICD-O-3

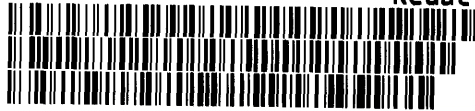
Carcinoma, adrenal cortical
oncocytic type 8370/3

Site ② Adrenal Gland, cortex
074.0

JW 1/30/13

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TCGA-OR-ASK3-01A-PR

Redacted



PROCEDURE: SPHS

year-old with adrenal cancer presenting on with fever, headache, tinnitus and left sided flank pain. CT scan revealed a 15.8 x 16.1 cm adrenal mass with fatty inflammation and borderline enlarged periaortic and paracaval lymphadenopathy. Clinical Diagnosis: Adrenal cancer. Operative Procedure: Left adrenalectomy, possible distal pancreatectomy/splenectomy for Left nephrectomy.

PROCEDURE: SPGD

1. Labeled with patient's name and hospital registration number. Received in an extra large container. A 38 x 28 x 14 cm left adrenalectomy, splenectomy, distal pancreatectomy and nephrectomy specimen consisting of a 16 x 13 cm spleen and 8 cm portion of pancreas and a 9 cm kidney. Inked blue. There is a 16 x 15 x 14.5 cm solid lobulated well-circumscribed orange-yellow adrenal mass with focal areas of necrosis (approximately 40-50% necrosis). The mass is 2.5 cm from the kidney, 4.5 cm from the spleen and is separated from the

PREVIOUS DIAGNOSIS INQUIRY

PAGE #: 5
SEX: M
ADM DATE:

BIRTHDATE:

PAT TYPE:

OPER DATE:

pancreas by a facial plane. Neither the spleen nor the kidney nor the pancreas appear to be grossly involved by neoplasm. Splenic vessels are not grossly involved. Renal vessel is not grossly involved by tumor. The splenic parenchyma is tan, beefy red and grossly unremarkable with a smooth capsule. No abnormalities are seen within the pancreas or spleen.

- 1A-E. Adrenal mass.
- 1F. Renal vessels.
- 1G. Grossly uninvolved kidney.
- 1H. Distal aspect of pancreas.
- 1I. Adrenal mass at kidney.
- 1J. Spleen.
- 1K-L. Tumor.

PROCEDURE: SPDX

1. Adrenal gland, spleen, distal pancreatectomy and nephrectomy, composite resection: Adrenal cortical carcinoma, oncocytic type, with minimal capsular invasion, 16 cm in greatest dimension, low-grade by mitotic activity. No vascular invasion identified. Resection margins negative. Unremarkable pancreas, spleen and kidney. See COMMENT.

COMMENT:

This cortical neoplasm does show significant areas of necrosis, and this raises the possibility, however unlikely, that the necrotic neoplasm represents high-grade carcinoma.

Case discussed at

the signing staff pathologist, have personally examined and interpreted the slides from this case.

Criteria	Yes	No
Diagnosis Discrepancy		
Primary Tumor Site Discrepancy		
HIPAA Discrepancy		
Prior Malignancy History		
Dual/Synchronous Primary Noted		
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	Date Reviewed:	