

Pathology Report

FINAL

Report Type rt
Date of Event
Sex
Authored by
Hosp/Group
Record Status AL

PATIENT HISTORY:

Laryngeal carcinoma.

PRE-OP DIAGNOSIS: Supraclavicular laryngeal squamous cell carcinoma.

POST-OP DIAGNOSIS: Same.

URE: Total laryngectomy and bilateral neck dissection.

FINAL DIAGNOSIS:

PART 1: PHARYNGEAL MARGIN, LEFT, BIOPSY
SEVERE DYSPLASIA/CARCINOMA IN-SITU.

PART 2: PHARYNGEAL MARGIN, RIGHT, BIOPSY
NO TUMOR PRESENT.

PART 3: LARYNX AND RIGHT THYROID LOBE WITH LYMPH NODES, TOTAL
LARYNGECTOMY
AND BILATERAL
NECK DISSECTION

A. INVASIVE MODERATELY DIFFERENTIATED SQUAMOUS CELL CARCINOMA,
RIGHT
SUPRAGLOTTIS AND PYRIFORM SINUS EXTENDING INTO THE THYROID CARTILAGE
(4.5
CM).

B. PERINEURAL INVASION PRESENT.

C. ANGIOLYMPHATIC INVASION PRESENT.

D. SURGICAL MARGINS OF RESECTION ARE FREE OF TUMOR.

E. PATHOLOGIC STAGE pT4A, N2A, MX.

F. METASTATIC MODERATELY DIFFERENTIATED SQUAMOUS CELL CARCINOMA IN
ONE OF

FIFTY-SIX LYMPH NODES (1/56).

i. POSITIVE LYMPH NODE RIGHT LEVEL 3 (3.1 CM)

ii. NO EXTRACAPSULAR SPREAD PRESENT.

G. THYROID PARENCHYMA, UNREMARKABLE.

H. ONE NORMOCELLULAR PARATHYROID GLAND.

I. TRACHEOSTOMY SITE WITH CHRONIC INFLAMMATION AND FIBROSIS.

J. LEFT VOCAL CORD SACCULAR CYST.

K. RIGHT VOCAL CORD NODULE.

L. HYPERCELLULAR BONE MARROW WITH TRILINEAGE HEMATOPOIESIS,
SLIGHTLY LEFT

D.

My si [REDACTED] tation that I have personally reviewed the submitted material(s) and the final diagnosis reflects that evaluation.

GROSS DESCRIPTION:

The specimen is received in three parts.

Part 1 is received labeled with the patient' s name, initials xx, medical record number and "left pharyngeal margin". It consists of a strip of mucosa measuring 14.0 x 0.5 x 0.5 cm, marked with a stitch. The specimen is bisected

with the stitch inked green and the piece towards the stitch blue. The specimen is entirely submitted after frozen section consultation in cassettes 1AFS and 1BFS.

Part 2 is received labeled with the patient' s name, initials xx, medical record number and "right pharyngeal margin". It consists of a strip of mucosa measuring 10.2 x 0.3 x 0.2 cm, marked with a stitch at the end (inked green).

The specimen is entirely submitted after frozen section consultation in cassette 2AFS.

Part 3 is received labeled with the patient' s name, initials xx, medical record number and "bilateral neck dissection and laryngectomy". It consists of a laryngectomy specimen with bilateral selective neck dissection, measuring 9.5 x 12.0 x 6.0 cm.

It includes the epiglottis, thyroid and cricoid cartilages, potion of trachea with tracheostomy site measuring 1.2 x 1.0 cm.

The attached hyoid bone measures 7.5 x 1.5 x 0.5 cm and appear unremarkable.

The right thyroid gland lobe is identified, measuring 4.2 x 3.0 x 1.2 cm, 9.0grams.

An ulcerated tumor with firm rolled borders measuring 4.5 x 2.6 x 2.7 cm is

identified on the right pyriform sinus and appears to almost obstruct the airway. It is located 1.5 cm from the epiglottis, 0.4 cm from the closest

left mucosal pharyngeal specimen edge, 0.3 cm from the closest right pharyngeal specimen edge, 3.3 cm from tracheal margins, and 0.4 cm from the anterior soft tissue margins (inked blue).

On sectioning the tumor is tan-white, lobulated, firm with involvement of

bilateral aryepiglottic folds. It appears to compress the right epiglottic

fold. The vocal cords appear uninvolved by the tumor. Tumor is less than 0.5

cm from the thyroid cartilage grossly. The soft tissue and the thyroid gland

show no involvement by tumor. The mass appears to push through the mucosa 1.0

cm above the right false vocal cord with nodule formation measuring 0.3cm.

The right lobe of thyroid gland parenchyma appears firm, brown with no gross lesions.

The right selective neck dissection is composed of fibroadipose tissue with portion of skeletal muscle. Thirty-four possible lymph nodes, ranging from

0.4 to 3.0 cm are identified. All of the lymph nodes are submitted for histology. There is a large lymph node located at level 3 measuring 3.1 x 1.5

x 1.0 cm occupied by tan-white firm tissue.

The left neck dissection is composed of fibroadipose with a portion of skeletal muscle. A possible twenty-eight lymph nodes ranging from 0.4 to 1.6

cm in greatest dimension are identified. All the lymph nodes are submitted

for histology.

Digital photos are taken.

Ink Code:

Black: Superior soft tissue margin.

Blue: Anterior soft tissue margin.

Green: Thyroid capsule.

Representative sections are submitted as follows:

3A - tracheal resection margin, shave

3B - epiglottic margin, perpendicular

3C - left vocal cord

3D - right vocal cord

3E - submucosal nodule and right vocal cord

3F-3G - representative sections of the tumor

3H - tumor and the epiglottis

3I-3J - tumor, closest to the thyroid cartilage and anterior soft tissue

margins

3K - stoma site

3L-3N - representative sections of thyroid gland

3O-3R - level 2 right lymph nodes

3S - level 3 right lymph nodes

3T - representative sections of white-tan, firm right level 3 lymph node

3U - right level 4 possible lymph nodes

3V-3Y - left level 2 possible lymph nodes

3Z - left level 3 possible lymph nodes

two possible lymph nodes, left level 4.

IVE CONSULTATION:

PART 1AFS

AND 1BFS: LEFT PHARYNGEAL MARGIN (frozen section)

A. DEFER.

B. AT LEAST MODERATE DYS

C. NO CARCINOMA PRESENT

PART 2AFS: RIGHT PHARYNGEAL MARGIN (frozen section)

A. BENIGN.

NO TUMOR PRESENT ([REDACTED])

[REDACTED] COPIC:

[REDACTED] copic examination substantiates the above diagnosis.

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 [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.

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 - LARYNX RESECTIONS

TYPE OF LARYNGECTOMY: Total

TUMOR LOCATION: Right, Midline

ATTACHED STRUCTURES: Neck dissection, Pyriform sinus, Thyroid

TUMOR LOCATION/SEGMENT: Supraglottic

TUMOR SIZE: Maximum dimension: 4.5 cm

HISTOLOGIC TYPE OF TUMOR: Squamous cell carcinoma

HISTOLOGIC GRADE: Moderately differentiated

STRUCTURES INVOLVED BY TUMOR: A-E Fold, Pyriform sinus, Thyroid cartilage

LYMPH NODES POSITIVE: Number of lymph nodes positive: 1

LYMPH NODES EXAMINED: Total number of lymph nodes examined: 56

METASTASES

No

INTRA-PERINEURAL INVASION: Present

VASCULAR INVASION: Yes

SURGICAL MARGIN INVOLVEMENT: Free (2 mm or more)

T STAGE, PATHOLOGIC: Supraglottis, pT4a

N STAGE, PATHOLOGIC: pN2a

M STAGE, PATHOLOGIC: pMX

HISTO TISSUE SUMMARY/SLIDES REVIEWED:

Part 1: [REDACTED] margin

Taken: [REDACTED] Received: [REDACTED]

Stain/c

H&E x 1 AFS

H&E x 1 BFS

Part 2: [REDACTED] 1 margin

Taken: [REDACTED] Received: [REDACTED]

Stain/cnt Block

H&E x 1 AFS

Part 3: and total larynx

Taken: Received:

Stain/c

H&E x 1 A

H&E x 1 B

H&E x 1 C

RHHENC x 3 D

H&E x 1 D

H&E x 1 E

H&E x 1 F

H&E x 1 G

H&E x 1 H

Decal x 1 I

H&E x 1 I

H&E Recut x 1 J

H&E x 1 J

H&E x 1 K

H&E x 1 L

H&E x 1 M

H&E x 1 N

H&E x 1 O

H&E x 1 P

H&E x 1 Q

H&E x 1 R

H&E x 1 S

H&E x 1 T

H&E x 1 U

H&E x 1 V

H&E x 1 W

H&E x 1 X

H&E x 1 Y

H&E x 1 Z

 x 1 AA

