

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

## PATIENT HISTORY:

Clinical history: Laryngeal cancer.  
PRE-OP DIAGNOSIS: Laryngeal cancer.  
POST-OP DIAGNOSIS: Same.  
RE: None given.

## FINAL DIAGNOSIS:

PART 1: LARYNX, LEFT THYROID LOBE, AND LYMPH NODES, TOTAL LARYNGECTOMY, LEFT

THYROID LOBECTOMY AND BILATERAL NECK DISSECTION

A. INVASIVE SQUAMOUS CELL CARCINOMA (5.0 CM), POORLY DIFFERENTIATED,

LEFT GLOTTIC WITH SUPRAGLOTTIC EXTENSION (TRANSGLOTTIC) INVOLVING:

1. ANTERIOR COMMISSURE

2. PARAGLOTTIC SPACE

3. THYROID CARTILAGE

4. LEFT THYROID LOBE

5. SKELETAL MUSCLE.

B. NO PERINEURAL INVASION.

C. LEFT MODIFIED RADICAL NECK DISSECTION:

1. METASTATIC SQUAMOUS CELL CARCINOMA IN SIX OF SIX NODES (6/6).

2. LARGEST FOCUS OF METASTATIC SQUAMOUS CELL CARCINOMA - 7 CM.

3. POSITIVE LYMPH NODES ARE IN LEVELS 3 AND 4.

4. EXTRACAPSULAR SPREAD IS IDENTIFIED IN LEVEL 3 LYMPH NODE.

5. JUGULAR VEIN ADVENTITIA AND OUTER MEDIA INVOLVED; LUMEN FREE.

D. RIGHT SELECTIVE NECK DISSECTION:

SEVENTEEN LYMPH NODES, NO TUMOR PRESENT (0/17).

E. ALL MARGINS ARE FREE OF CARCINOMA (INCLUDING VASCULAR AND SOFT

TISSUE MARGINS FOR LARGEST FOCUS OF SQUAMOUS CELL CARCINOMA) (SEE PART 3, ALSO).

F. PATHOLOGIC STAGE; T4A, N3, MX.

G. RIGHT GLOTTIS WITH MILD DYSPLASIA AND VOCALIS MUSCLE ABSCESS.

H. LEFT THYROID LOBE WITH OTHERWISE NO SIGNIFICANT ABNORMALITIES.

I. RIGHT ACCESSORY PAROTID WITH NO SIGNIFICANT PATHOLOGIC CHANGES.

PART 2: LYMPH NODES, LEFT NECK, LEVEL 2B, EXCISION

FIVE LYMPH NODES, NO TUMOR PRESENT (0/5).

PART 3: LEFT PHARYNGEAL WALL, EXCISION

NO TUMOR PRESENT.

[REDACTED]

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

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GROSS DESCRIPTION:

The specimen is received in three parts.

Part 1 is labeled with the patient's name, initials xx, medical record number, and "total laryngectomy and bilateral neck dissection" and consists of

a total laryngectomy with three tracheal rings and epiglottis, attached right selective neck dissection and left modified radical neck dissection, hyoid bone, and left thyroid lobe.

In the left side of the larynx there is a 5.0 x 4.0 x 2.0 cm firm grey ulcerated mass, involving left glottis and extending superiorly to paraglottic

space, invading left thyroid cartilage, and penetrating cricothyroidal membrane with extension into anterior strap muscles. The tumor is within 5.0

mm from left anterior soft tissue margin and 0.3 cm from left pyriform sinus.

Left thyroid lobe appears to be unremarkable. See Part 3 for left pyriform

mucosal margin. The tumor is far away from right anterior soft tissue margins,

and superior (base of tongue) margin. Purulent exudate is identified in right glottis.

Left neck dissection consists of 12.0 x 10.0 x 6.0 cm segment of soft tissue

with attached external jugular vein (6.0 cm long, 3.0 cm in open circumference

in inferior segment and 0.6 cm in open circumference in superior segment), and

7.0 cm in largest dimension, multicystic mass with necrotic yellow, granular material.

Right neck dissection consists of a 9.0 x 2.3 x 1.0 cm segment of soft tissue,

containing levels 2 through 4.

Representative sections of the metastatic and primary tumor are banked. Digital images are taken.

Representative sections of laryngectomy are submitted as follows:

1A inferior/tracheal margin

1B left anterior soft tissue margin, radial

1C right pyriform mucosal margin, shave.

1D tumor in paraglottic space

1E tumor penetrating cricothyroid membrane and extending into anterior soft tissue

1F representative section of thyroid gland

1G tumor invading thyroid cartilage  
1H tumor extending through cricothyroid membrane.  
1I midline (anterior commissure)  
1J representative section through right glottic region  
1K additional section through right glottic region.  
1L superior jugular vein margin  
1M inferior jugular vein margin  
1N jugular vein and immediately adjacent tumor  
1O tumor and closest soft tissue margin, inked green, radial  
1P tumor (neck metastasis) and skeletal muscle  
1Q additional left level 4 grossly positive lymph node, 1.5 cm  
1R additional left level 4 lymph nodes.  
1S level 2 right  
1T level 2 right  
1U salivary gland tissue, right  
1V level 3 right  
1W level 3 right  
1X level 4 right  
1Y level 4 right

Part 2 is labeled with the patient' s name, initials xx, medical record number

and "left neck level 2B". It consists of a 2.0 x 1.3 x 1.0 cm fragment of

soft tissue with possible lymph nodes. Part 2 is bisected and entirely submitted in cassettes 2A through 2C.

Part 3 is labeled with the patient' s name, initials xx, medical record number

and "left laryngeal wall, stitch superior". It consists of a single fragment

of mucosa, 3.0 x 0.2 x 0.2 cm. Part 3 is entirely submitted in e 3AFS.

[REDACTED]

VE CONSULTATION:

3A: LEFT LARYNGEAL WALL, 3AFS IN TOTO, SUPERIOR AREA IS INKED BLUE (frozen section)

A. BENIGN.

NO TUMOR PRESENT ([REDACTED])

[REDACTED]

OPIC:

Microscopic 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 - PRIMARY UPPER AERODIGESTIVE TRACT AND SALIVARY GLAND

TUMORS

SPECIMEN TYPE: Resection: total laryngectomy, neck dissection, left thyroid lobectomy

TUMOR SITE: Larynx, glottis

TUMOR SIZE: Greatest dimension: 5 cm

HISTOLOGIC TYPE: Squamous cell carcinoma, conventional

HISTOLOGIC GRADE: G3

PATHOLOGIC STAGING (pTNM): pT4a

pN3

Number of regional lymph nodes examined: 28

Number of regional lymph nodes involved: 6

Extra-capsular extension of nodal tumor: Present

pMX

MARGINS: Margins uninvolved by tumor

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

Absent

PERINEURAL INVASION: Absent

ADDITIONAL PATHOLOGIC FINDINGS: Inflammation (type): acute, abscesses

HISTO TISSUE SUMMARY/SLIDES REVIEWED:

Part 1: omy with bilate ion

Taken: Received:

Stain/chn

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

Decal x 1 G

H&E x 1 G

H&E x 1 H

H&E x 1 I

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

Part 2: 2B

Taken: [REDACTED] Received: [REDACTED]

Stain/cn

H&E x 1 A  
H&E x 1 B  
H&E x 1 C

Part 3: wall

Taken: [REDACTED] Received: [REDACTED]

Stain/c

FRZ Single x [REDACTED]  
[REDACTED] x 1 [REDACTED] [REDACTED]

[REDACTED]