



Patient ID:

SURGICAL PATHOLOGY REPORT

PATHOLOGY DIVISION

Date Collected:

Date Received:

CLINICAL DATA:

Patient with an invasive squamous cell carcinoma of the uterine cervix. She is now in first trimester gestation.

GROSS DESCRIPTION:

- A) Received fresh intraoperatively designated "para-aortic lymph node" is an approximately 3.0 cm piece of pink-tan, rubbery soft tissue. A representative section is submitted for frozen section. The remainder of the frozen section is submitted in block AFS1, and the remainder of the specimen is submitted in block A2.
- B) Received in formalin designated "para-aortic node #2" are three flat fragments of yellow-tan fibroadipose tissue ranging from 0.5 cm up to 1.5 cm in greatest dimension. Palpation fails to reveal lymph nodes. The specimen is submitted in toto as received in block B1.
- C) Received in formalin designated "cervical mass" is a 0.8 x 0.5 x 0.2 cm piece of white, firm tissue which is submitted in toto as received in block C1.
- D) Received in formalin designated "left tube and ovary" is a specimen consisting of a 3.5 x 2.0 x 1.5 cm unremarkable ovary with a bosselated surface attached to a 5.0 cm in length x 0.7 cm in diameter unremarkable blue-tan fallopian tube with fimbrial end identified. The ovary is bisected revealing a 1.3 x 0.7 x 0.8 cm partially excised corpus luteum with the remainder of the cut surface being light tan to yellow-tan with multiple microcysts. Two representative sections of the entire cut surface of the ovary are submitted in blocks D1 and D2 along with two cross sections of fallopian tube in block D2.
- E) Received fresh intraoperatively designated "left external iliac node" is a 3.5 x 2.0 x 1.5 cm pink-tan, soft lymph node which is bisected revealing, for the most part, a homogeneous red cut surface with areas of nodularity. A representative section is submitted for frozen section. The remainder of

ICD-O-3
Carcinoma, squamous cell,
large cell keratinizing 8071/3

Site CSCF
Cervix C53.9
Path
Uterine Cervix C53.9

9/27/13

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Patient ID: _____

GROSS DESCRIPTION:

- the lymph node is submitted in block E2.
- F) Received in formalin designated "left external iliac node #2" are three flat pieces of yellow-tan fibroadipose tissue containing rubbery lymph nodes. They range from 1.2 up to 1.7 cm in greatest dimension. The specimen is submitted in toto as received in block F1.
- G) Received in formalin designated "left obturator" are three pieces of yellow-tan fibroadipose tissue ranging from 1.2 cm up to 2.6 cm in greatest dimension. The specimen is submitted in toto in block G1.
- H) Received in formalin designated "right external iliac" are four fragments of yellow fibroadipose tissue ranging from 1.0 cm up to 2.2 cm in greatest dimension. Palpation fails to reveal lymph nodes. The specimen is submitted in toto in block H1.
- I) Received in formalin designated "right common" is a 2.5 x 1.0 x 0.7 cm piece of yellow-tan, firm tissue which is submitted in toto as received in block I1.
- J) Received in formalin designated "right parametrium" is a 1.1 x 0.4 x 0.3 cm piece of tan, firm tissue with a smooth surface. The specimen is submitted in toto as received in block J1.
- K) Received in formalin designated "right obturator" are three strips of yellow-tan fibroadipose tissue ranging from 1.7 cm up to 3.7 cm in greatest dimension. Palpation reveals multiple lymph nodes. The lymph nodes are submitted in toto in block K1.
- L) Received fresh intraoperatively designated "uterus and fetus" is a 619 gram, 16.0 x 6.0 x 10.0 (transverse) cm, enlarged uterus with adjacent parametrial tissue and vaginal cuff. The serosal surface is pink-tan, smooth and unremarkable. The specimen is opened in the coronal plane revealing the uterine cavity to be filled by a gestational sac measuring 10.0 x 9.0 x 3.5 cm. It is opened revealing approximately 50 cc of straw colored amniotic fluid and a 46.5 grams well developed fetus measuring 13.2 cm in length (crown-heel) with the diagonal diameter of the left foot measuring 1.3 cm. The eyelids are bilaterally fused. The nares are closed. The oral cavity is opened revealing no gross anomalies. The external auditory meatus is closed. There is no evidence of any skeletal deformity. The anal orifice is probe-patent. The ambiguous genitalia are unremarkable for gestational age. Determination of the gender is impossible. The placental disc measures 8.5 x 7.0 x 1.5 cm. It is entirely implanted on the anterior endometrium. The fetal surface is blue-tan, smooth and glistening. The umbilical cord measures 17.0 cm in length. The gestational endometrium is tan with punctate hemorrhages, measuring approximately 0.8 cm in greatest thickness.

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GROSS DESCRIPTION:

Examination of the cervix and the lower uterine segment reveals a 4.2 x 5.0 cm ulcerated, necrotic lesion involving the entire anterior endocervix and lower uterine segment and most of the posterior endocervix and lower uterine segment. Sectioning through the lesion reveals deep extension into the anterior cervical stroma involving the entire thickness anteriorly and partial thickness posteriorly. The edematous, pink-tan ectocervix is unremarkable with tumor growth beneath the surface which appears uninvolved by tumor posteriorly. The vaginal cuff mucosa is light tan, smooth and wrinkled. The anterior and posterior vaginal cuff mucosal margins are widely free of tumor.

Sections are submitted as follows: L1, anterior vaginal cuff; L2, posterior vaginal cuff; L3, right paracervical/parametrial tissue; L4 and L5, left paracervical/parametrial tissue; L6-L10, five full thickness cross sections of anterior cervical tumor; L11, cervix with tumor anterior, longitudinal section; L12-L14, three full thickness cross sections of posterior cervix tumor; L15, posterior endo- and ectocervix, longitudinal section; L16, posterior endocervix with subjacent tumor, full thickness; L17 and L18, one full thickness section of placental implantation site with subjacent myometrium, divided in half; L19, three cross sections of the three vessel umbilical cord; L20, placental membrane; L21 and L22, a full thickness section of the posterior gestational endometrium with subjacent myometrium, divided in half.

INTRAOPERATIVE CONSULTATION:

AFS) No evidence of metastatic carcinoma.
EFS) No evidence of metastatic carcinoma.

FINAL DIAGNOSIS:

A, B, E-K) Bilateral pelvic lymph nodes, as designated above, excision: 11
benign reactive lymph nodes.

G) Left fallopian tube and ovary, excision:

1. Unremarkable ovary with a gestational corpus luteum and multiple physiologic cysts. No evidence of metastatic carcinoma.
2. Unremarkable left fallopian tube.

L) Uterus (619 grams), excision:

1. Squamous cell carcinoma of the uterine cervix with the following features:
 - a. Maximum tumor size 5 cm, endophytic, circumferential, extending into lower uterine segment.
 - b. Histologic type large cell keratinizing, moderately to poorly differentiated.
 - c. Tumor invades through more than 90% of the thickness of the cervical stroma and is present less than 1mm from inked anterior and posterior paracervical surgical margins, margins are otherwise free of tumor.
 - d. Extensive perineural space and possible vascular space invasion noted at stromal parametrial interface; parametrium otherwise free of tumor.
 - e. Vaginal mucosal margins are widely free of tumor.
2. Grossly unremarkable fetus in situ, adequate for gestational age with the following parameters:
 - a. Weight 46.5 grams.
 - b. Crown-heel length 13.2 cm.
 - c. Foot length 1.3 cm.
3. Unremarkable placental disc with normal-appearing chorionic villi compatible with the gestational age.
4. Unremarkable gestational hypersecretory endometrium.

Performing physician:

Electronically signed:

In compliance with regulations, the pathologist's signature on this report indicates that the case has been personally reviewed, and the diagnosis made or confirmed by, the verifying pathologist.

Criteria	8/30/13	Yes	No
Diagnosis Discrepancy		✓	
Primary Tumor Site Discrepancy		✓	
HIPAA Discrepancy		✓	
Prior Malignancy History		✓	
Dual/Synchronous Primary Noted			
Case is (circle):	QUALIFIED / DISQUALIFIED		
Reviewer Initials	MIC	Date Reviewed:	8/30/13