

Pathology Report

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

PATIENT HISTORY:

Carcinoma of pharynx involving larynx.

PRE-OP DIAGNOSIS: Pharyngeal/laryngeal carcinoma.

POST-OP DIAGNOSIS: Same.

0 URE: Laryngopharyngectomy, bilateral neck dissection.

FINAL DIAGNOSIS:

PART 1: LYMPH NODES OF RIGHT NECK, LEVEL IIB, EXCISION

A. METASTATIC SQUAMOUS CELL CARCINOMA INVOLVING ONE OF THREE LYMPH NODES (1/3).

B. NO EXTRACAPSULAR SPREAD IDENTIFIED.

PART 2: LYMPH NODES OF RIGHT NECK, LEVEL II IV, DISSECTION

A. METASTATIC SQUAMOUS CELL CARCINOMA INVOLVING THREE OF TWELVE LYMPH NODES (3/12).

B. POSITIVE LYMPH NODES ARE IN LEVELS II AND III.

C. EXTRACAPSULAR SPREAD PRESENT IN LEVEL II LYMPH NODE.

PART 3: LYMPH NODES OF LEFT NECK, LEVELS II IV, DISSECTION

A. METASTATIC SQUAMOUS CELL CARCINOMA IN FOUR OF THIRTY LYMPH NODES (4/30).

B. POSITIVE LYMPH NODES IN LEVELS II, III AND IV.

C. EXTRACAPSULAR SPREAD PRESENT IN LEVELS III AND IV.

PART 4: LARYNX, PHARYNX, AND THYROID GLAND, LARYNGOPHARYNGECTOMY AND THYROIDECTOMY

A. INFILTRATING SQUAMOUS CELL CARCINOMA OF RIGHT PYRIFORM SINUS, MODERATELY DIFFERENTIATED, WITH INVASION INTO PARAGLOTTIC SPACE AND THYROID AND CRICOID CARTILAGES. (See comment).

B. PERINEURAL INVASION IS SEEN.

C. THYROID GLAND IS FREE OF TUMOR BUT SHOWS AREAS OF FIBROSIS AND INFLAMMATION.

D. TRACHEOSTOMY SITE WITH NO INVOLVEMENT BY TUMOR.

E. FINAL MARGINS OF RESECTION ARE FREE OF TUMOR.

F. PATHOLOGIC STAGE: pT4a, N2c, Mx.

PART 5: ESOPHAGEAL MARGIN, EXCISION

A. NO TUMOR SEEN.

B. ONE (1) BENIGN LYMPH NODE.

PART 6: RIGHT BASE OF TONGUE, EXCISION

INFILTRATING SQUAMOUS CELL CARCINOMA MODERATELY DIFFERENTIATED (See comment).

PART 7: UPPER PHARYNGEAL WALL, EXCISION

NO TUMOR SEEN.

PART 8: ADDITIONAL RIGHT BASE OF TONGUE, EXCISION

NO TUMOR SEEN.

PART 9: LYMPH NODE OF RIGHT NECK, LEVEL II, EXCISION

A. METASTATIC SQUAMOUS CELL CARCINOMA INVOLVING ONE LYMPH NODE.

EXTRACAPSULAR SPREAD IS SEEN.

cinoma has focal areas with glandular-like differentiation, however, it is negative for mucin utilizing mucicarmine and PAS with and without diastase stains. This indicates that this is a squamous cell carcinoma, acantholytic type.

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 nine parts.

Part 1 is received in formalin labeled with the patient's name, initials xx and "level 2B right neck." The specimen is a 4.0 x 2.5 x 1.0 cm fibroadipose excision with three lymph nodes ranging from 0.2 to 1.2 cm. The lymph nodes are submitted in cassette A (largest inked black and bisected).

Part 2 is received in formalin labeled with the patient's name, initials xx and "level 2, 3, 4, right neck." The specimen is a 15.0 x 5.0 x 2.0 cm modified radical neck dissection. No sternocleidomastoid muscle, external jugular vein or spinal accessory nerve present. In level 2 is a 4.0 x 3.0 x 2.2 cm area of matted, grossly involved lymph nodes. Additionally are multiple

separate lymph nodes, ranging from 0.1 to 1.3 cm. The lymph nodes are submitted as follows:

2A-2B - matted lymph nodes in level 2, full thickness section, bisected  
2C - two level 2 lymph nodes  
2D - six level 3 lymph nodes  
2E - nine level 4 lymph nodes.

Part 3 is received fresh labeled with the patient's name, initials xx and "left neck, level 2, 3, 4." The specimen is a 13.0 x 4.0 x 1.0 cm modified radical neck dissection. No sternocleidomastoid muscle, external jugular vein

or spinal accessory nerve present. Multiple lymph nodes range from 0.1 to 1.7

cm are present, the largest lymph node in level 3. The lymph nodes are submitted as follows:

3A - level 2, node A  
3B - level 3, node A  
3C - level 3, node B  
3D - level 4, node A  
3E - level 4, node B  
3F - level 4, node C  
3G - level 4, node D  
3H - eight level 2 lymph nodes  
3I - multiple level 2 lymph nodes  
3J - one level 3 lymph node, bisected  
3K - six level 3 lymph nodes  
3L - three level 4 lymph nodes  
3M - multiple level 4 lymph nodes.

Part 4 is received fresh and labeled with the patient' s name, initials xx and

"larynx and pharynx." The specimen is a laryngopharyngectomy specimen including a total laryngectomy (11.0 cm epiglottic tip to distal trachea, 6.0 cm right to left and 7.0 cm anterior to posterior" with attached 7.5 cm long segment of pharynx (6.5 cm maximum circumference), 9.0 cm long by 1.5 cm diameter hyoid bone, 5.5 x 3.5 x 1.5 cm thyroid gland with no identified parathyroid glands and a 3.5 cm long tracheostomy site surrounded by a 4.5 x 3.5 cm piece of skin. Five tracheal rings are present in the laryngectomy specimen.

Centered in the right inferior pyriform sinus of the hypopharynx is a 7.0 cm long x 5.0 cm in circumference ulcerated tumor with white solid cut surface. The tumor is up to 2.3 cm in maximum depth with extension very close to the right superior pyriform sinus soft tissue and 0.9 cm from distal esophageal margin. The tumor extensively invades the larynx submucosally involving a large portion on the right, undermining of the right true and false vocal cords and invading through the right anterior thyroid cartilage with extension

into the right and anterior perilaryngeal soft tissues closely approximating the right lateral soft tissue margin. The tumor extends towards the base of the epiglottis and focally involves the pre-epiglottic soft tissue and extends

inferiorly involving the posterior aspect of the cricoid cartilage with extension to, but not into the right superior thyroid gland. Separate from the main tumor is a 0.3 cm mucosal nodule at the inferior right epiglottic base.

The remainder of the laryngeal mucosa is tan without focal abnormalities. Thyroid and cricoid cartilages are moderately-to-severely calcified.

INK CODE:

Pre-epiglottic soft tissue superiorly = green anterior lateral and posterior perilaryngeal and pharyngeal soft tissue = black.

SECTION CODE:

4A - superior pyriform sinus, shave margin (frozen section control)

4B - tracheal margin (right half inked orange), bisected

4C-4D - sagittal section from epiglottis through anterior commissure including pre-epiglottic soft tissue, bisected (4D submitted after decal)

4E - left true and false vocal cords

4F - left aryepiglottic fold (shave) and pyriform sinus (perpendicular) margins (pyriform sinus inked orange)

4G-4H - right true and false vocal cord with underlying submucosal tumor and tumor invading thyroid cartilage with adjacent lateral soft tissue margin,

bisected and submitted after decal

4I - nodule at base of epiglottis in relation to underlying tumor with tumor involving pre-epiglottic space

4J-K - circumferential section through pharyngeal tumor in relation to thyroid cartilage and posterior margin, bisected (posterior margin in K)

4L-4M - circumferential section of tumor in relation to cricoid cartilage, thyroid gland and posterior margin, bisected (posterior margin in M)

4N - tumor to trachea

4O - additional right thyroid gland

4P - right tracheostomy

4Q - left thyroid gland

4R - left tracheostomy

4S - left soft tissue shave margin.

Part 5 is received fresh and labeled with the patient' s name, initials xx and

"esophageal margin, stitch right superior." The specimen is a 2.2 cm in circumferential section of grossly unremarkable mucosa. Deep margin inked blue. The specimen is entirely submitted as follows:

5A - true margin (frozen section control)

5B - remainder of specimen.

Part 6 is received in formalin and labeled with the patient's name, initials xx and "right base of tongue." The specimen is a 1.5 x 0.7 x 0.3 cm strip of mucosa with a 0.9 cm white solid nodule. Deep margin inked blue. The specimen

is entirely submitted in cassette 6A after frozen section examination.

Part 7 is received in formalin and labeled with the patient's name, initials xx and "upper pharyngeal wall." The specimen is a 3.5 x 2.8 cm piece of pharyngeal wall, up to 1.3 cm thick with no grossly identified tumor. The deep margin is inked black. The specimen is entirely submitted in cassettes 7A-7D.

Part 8 is received fresh and labeled with the patient's name, initials xx and

"right base of tongue." The specimen is a 5.0 cm in circumference strip of mucosa. Deep margin inked black and lateral half additionally inked yellow.

8A - true margin (frozen section control)

8B - remainder of specimen.

Part 9 is received in formalin and labeled with the patient's name, initials xx and "right level 2 node." The specimen consists of a 0.9 cm lymph node with surrounding adipose tissue. The specimen is bisected and entirely

ted in cassette A.

**DIAGNOSTIC CONSULTATION:**

PART 4AFS: LARYNX AND PHARYNX, RIGHT SUPERIOR EPIGLOTTIC SHAVE MARGIN (frozen section)

A. MALIGNANT.

B. MICROSCOPIC FOCUS OF INVASIVE SQUAMOUS CELL CARCINOMA (T  
PERIOR-LATERAL RIGHT PIRIFORM SINUS MARGIN (

ESOPHAGEAL MARGIN" (frozen section)

A. BENIGN.

B. NO TUMOR SEEN (

PART 6AFS: RIGHT BASE OF TONGUE (on)

A. MALIGNANT.

B. INVASIVE SQUAMOUS CELL CARCINOMA (

PART 8AFS: RIGHT BASE OF TONGUE, BIOPSY (

A. BENIGN.

B. NO TUMOR SEEN (

**IMMUNOHISTOCHEMISTRY:**

Immunohistochemical examination substantiates the above diagnosis.

The following statement applies to all immunohistochemistry, In situ Hybridization Assays (ISH & FISH), Molecular Anatomic Pathology, and Immunofluorescent Testing:

The [redacted] and its performance characteristics determined by the [redacted], Department of Pathology, as required by the

C.A.

[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.

CASE SYNOPSIS:

SYNOPTIC DATA - PRIMARY UPPER AERODIGESTIVE TRACT AND MINOR SALIVARY GLAND TUMORS

SPECIMEN TYPE: Resection: Laryngopharyngectomy and thyroidectomy

TUMOR SITE: Pharynx, hypopharynx

TUMOR SIZE: Greatest dimension: 7.0 cm

HISTOLOGIC TYPE: Squamous cell carcinoma, conventional

HISTOLOGIC GRADE: G2

PATHOLOGIC STAGING (pTNM): pT4a

pN2c

Number of regional lymph nodes examined: 47

Number of regional lymph nodes involved: 9

Extra-capsular extension of nodal tumor: Present

pMX

MARGINS: Margins uninvolved by tumor

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

Indeterminate

PERINEURAL INVASION: Present

ADDITIONAL PATHOLOGIC FINDINGS: None identified

HISTO TISSUE SUMMARY/SLIDES REVIEWED:

Part 1: T NECK

Taken: Received:

Stain/cn

H&E x 1 A

Part 2: IGH T NECK

Taken: Received:

Stain/c

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

Part 3: EFT NECK

Taken: Received:

Stain/cn

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

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

Part 4: RYNX

Taken: Received:

Stain/c

Decal x 1 B

H&E x 1 B

H&E x 1 C

Decal x 1 D

H&E x 1 D  
H&E x 1 E  
H&E Recut x 3 F  
H&E x 1 F  
Decal x 1 G  
Decal x 1 H  
Mucin x 1 I  
PAS x 1 I  
PASD 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

FRZ Single x 1 AFS  
H&E x 1 AFS

Part 5: GIN

Taken: [REDACTED] Received: [REDACTED]

Stain/c

H&E x 1 B

FRZ Single x 1 AFS

H&E x 1 AFS

Part 6: TONGUE

Taken: [REDACTED] Received: [REDACTED]

Stain/cn

FRZ Single x 1 AFS

H&E x 1 AFS

Part 7: AL WALL

Taken: [REDACTED] Received: [REDACTED]

Stain/c

H&E x 1 A

H&E x 1 B

H&E x 1 C

H&E x 1 D

Part 8: TONGUE

Taken: [REDACTED] Received: [REDACTED]

Stain/c

H&E x 1 B

FRZ Single x 1 AFS

H&E x 1 AFS

Part 9: NODE

Taken: [REDACTED] Received: [REDACTED]

Stain/cn

x 1 A

[REDACTED]