



## Surgical Pathology Report

DATE OBTAINED:  
DATE RECEIVED:  
DATE REPORTED:

LOCATION:  
SUBMITTING MD:  
CC:

### DIAGNOSIS

- #1- EXCISION, LYMPH NODE (EXTERNAL JUGULAR VEIN): NEGATIVE LYMPH NODE, (0/1).
- #2- RESECTION (MODIFIED), NECK CONTENTS/SUBMANDIBULAR GLAND (RIGHT): TWENTY-THREE NEGATIVE LYMPH NODES, (0/23)- [ LEVEL 1- 0/4 , LEVEL 2- 0/9 , LEVEL 3- 0/6 , LEVEL 4- 0/4]; NEGATIVE SUBMANDIBULAR GLAND; NEGATIVE SKELETAL MUSCLE.
- #3- RESECTION, GINGIVA/ FLOOR OF MOUTH SOFT TISSUE AND MANDIBLE (RIGHT): INVASIVE SQUAMOUS CELL CARCINOMA
- Tumor type: Squamous cell carcinoma  
Histologic grade: Moderately-differentiated-keratinizing type  
Tumor size: Surface 4.1cm; (invasive tumor thickness 1.3 cm)  
Tumor location: Gingival soft tissue with invasion of mandible in tooth socket  
Level of invasion: Gingiva and focally into the sublingual soft tissue/ mandible bone  
Invasion of adjacent structures: Tumor extensively invades mandible/sublingual soft tissue/ mandible  
Vascular invasion: Absent  
Perineural invasion: Absent  
Tumor necrosis: Ulceration present  
Margins: -Radial soft tissue margins- negative  
-Mucosal edge margins-negative  
-Anterior mandible transection margin- negative  
-Posterior mandible transection margin- negative  
-Inferior mandible bone margin- negative  
Lymph nodes: Negative lymph nodes, (0/24)-specimens #1 and #2  
AJCC stage: cT4 cN0 cM0  
pT4 pN0 (Stage IVA)

ICD-O-3  
Carcinoma, squamous cell  
Keratinizing NOS 8071/3  
Site path Gingiva C03.9  
CLF Floor of mouth C04.9  
8/25/13

\*\*\*Electronically Signed Out\*\*\*

#### COMMENT

88311,, 88331x 2, 88309

#### Clinical Diagnosis and History:

Mandible ca  
cT4,cN0,cM0

#### Tissue(s) Submitted:

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	8/25	Date Reviewed: 8/25/13

- 1: LYMPH NODE EXTERNAL JUGULAR VEIN  
 2: RIGHT MODIFIED RADICAL NECK DISSECTION (SHORT SUTURE LEVEL 2B/SPINAL ACCESSORY LYMPH NODE) LONG SUTURE LEVEL 4  
 3: MANDIBLE

**Gross Description:**

Specimen #1 is received fresh for intraoperative consultation labeled lymph node external jugular vein and consists of a 1.0 cm lymph node which is bisected and entirely submitted for frozen section labeled FS1A. The frozen residue is submitted in the corresponding cassette.

Specimen #2 is received fresh for orientation labeled right modified radical neck dissection (the short suture-level 2B/spinal accessory lymph node, long suture-level 4) and consists of a 9.0 x 5.0 x 1.5 cm right modified radical neck dissection to include the 3.0 x 3.0 x 1.6 cm grossly unremarkable submandibular gland, a 2.5 x 1.5 x 0.5 cm segment of muscle and a 1.5 x 0.4 cm unremarkable thin-walled vessel.

Palpating level 1 reveals three grossly unremarkable nodes ranging from 1.2 cm to 2.5 cm in greatest dimension. The lymph nodes are entirely submitted as follows:

- 2A-2B: mid size node serially sectioned  
 2C: smallest node with adjacent grossly unremarkable vessel  
 2D-2G: largest node with adjacent muscle in 2G  
 2H: representative section of submandibular gland with adjacent adipose tissue.

Palpating level 2A reveals five candidate nodes ranging from 0.8 cm to 1.3 cm in greatest dimension. The lymph nodes are entirely submitted as follows:

- 2I-2L: each cassette representing a bisected node  
 2M-2N: one serially sectioned node.

Palpating level 2B (identified by a short suture) reveals two candidate nodes, 1.0 cm and 1.5 cm in greatest dimension. The nodes are entirely submitted as follows:

- 2O: one bisected node  
 2P: one bisected node  
 2Q: the rest of the adipose tissue with possible nodes.

Palpating level 3 reveals six candidate nodes ranging from 0.4 cm to 0.8 cm in greatest dimension. The nodes are entirely submitted as follows:

- 2R-2T: each cassette representing one bisected node  
 2U: three whole nodes.

Level 4 is palpated to reveal two candidate nodes, 0.5 cm and 2.0 cm in greatest dimension. The nodes are entirely submitted as follows:

- 2V: one bisected tissue to include the largest node and the adjacent smaller, possibly matted node  
 2W: adipose tissue with possible additional nodes from level 4.

Specimen #3 is received fresh for intraoperative consultation labeled with the patient's name designated mandible. It consists of a tan-pink oriented mandible and attached soft tissue measuring 3.3 cm lateral to medial, 4.1 cm superior to inferior, and 5.5 cm in depth. The soft tissue and bone margins are inked as follows: anterior-orange, medial/deep-black, lateral-blue, posterior-green and true inferior-red. There are 4 loose discolored teeth in the anterior floor of the mouth and one molar to the far right with the third tooth and molar showing cavities. The mucosal surface is tan-pink with focal areas of involvement by tumor and is left un-inked. The soft tissue appears pink-grey and edematous. Abutting the molar tooth and the underlying mucosa is a lobulated smooth grey mass measuring 4.1 x 3.3 x 1.3 cm. Cut sections through the mass show a homogenous grey pink cut surface with focal areas of necrosis extending to the soft tissue and into the root of a missing tooth which is replaced by tumor. The mass is grossly located 0.2 cm from the lateral margin, 0.3 cm from the medial/deep margin, 0.6 cm from the anterior margin and 0.9 cm from the posterior margin. The mandible is serially sectioned after decalcification and shows an irregular cut surface of the bone with necrotic foci. Representative sections are submitted from anterior to posterior following decalcification as follows:

- 3A-FS: Tumor to closest medial/deep margin.  
 3B-S: Soft tissue and tumor-lateral aspect of mandible  
 3T-OO: Soft tissue and tumor-medial aspect of mandible  
 3PP: Inferior margin  
 3QQ: Anterior margin

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3RR: Posterior margin

**Intraoperative Consult Diagnosis**

1A/SMDX/FSDX: NEGATIVE LYMPH NODE.

2A/FSDX: MEDIAL EDGE MARGIN NEGATIVE; ALL OTHER MARGINS GROSSLY NEGATIVE.