

CLINICAL DIAGNOSIS:

Sigmoid mass

PATHOLOGY DIAGNOSIS:

A01: Colonic mucosa, 15 cm from anal verge, biopsy (OUTSIDE CASE REVIEWED FORM Maha Sarakham Hospital #S66-1752A, APR, 20, 2023):
- Chronic nonspecific inflammation
- No malignancy is seen.

A02: Colonic mucosa, 20 cm from anal verge, biopsy (OUTSIDE CASE REVIEWED FORM Maha Sarakham Hospital #S66-1752B, APR, 20, 2023):
- Adenocarcinoma

A03: Colonic mucosa, 5 cm from anal verge, biopsy (OUTSIDE CASE REVIEWED FORM Maha Sarakham Hospital #S66-1752C, APR, 20, 2023):
- Tubular adenoma, low grade dysplasia
- No malignancy is seen.

B01-B03: Peritoneum, biopsy (OUTSIDE CASE REVIEWED FORM Maha Sarakham Hospital #S-3-66089, MAY, 10, 2023):
- Metastatic adenocarcinoma

B04-B31, B34-B46: Rectosigmoid colon with uterus with adnexa, low anterior resection with total hysterectomy with right salpingo-oophorectomy (OUTSIDE CASE REVIEWED FORM Maha Sarakham Hospital #S-3-66089, MAY, 10, 2023):
- Adenocarcinoma, moderately differentiated
- Tumor focality: 2 foci
- Tumor site: Rectosigmoid colon and rectum
- Tumor size: 4.5x4.5x3.5 cm, and 1.7x1.0x0.4 cm, respectively
- Tumor extent: Tumor directly invades to adjacent right ovary, right fallopian tube, and posterior wall uterus
- Macroscopic tumor perforation: Not identified
- Lymphovascular invasion: Present
- Perineural invasion: Present
- All margins negative for invasive carcinoma with distances from the carcinoma as follows:
 - Proximal margin: Uninvolved, 5.5 cm
 - Distal margin: Uninvolved, 1.5 cm
 - Mesenteric margin: Uninvolved, 5.5 cm
- Regional Lymph Node Status: Metastatic adenocarcinoma in 7 of 15 regional lymph nodes examined (7/15)
- Tumor deposits: Present, numerous
- Right fallopian tube: Involved by adenocarcinoma
- Right ovary: Involved by adenocarcinoma
- Cervix: Chronic inflammation
- Endometrium: Pending (see NOTE)
- Myometrium and uterine serosa: Involved by adenocarcinoma at the posterior wall
- Immunohistochemistry and special stain on block B23 (anterior endocervix) result:
 - P53: Heterogeneous pattern (wide type)
 - P16: Negative
 - ER: Positive
 - Monoclonal CEA: Positive
 - PAS-Alcian blue: Highlight acid and neutral mucin

NOTE: Immunohistochemical studies for CK7, CK20, PAX-8 and CDX-2 (on block B42) are suggested. Please order and send a request form.

B32-B33: Tissue labeled as Ring, biopsy (OUTSIDE CASE REVIEWED FORM Maha Sarakham Hospital #S-3-66089, MAY, 10, 2023):
- Negative for malignancy
Addendum (18/01/2024 15:56:29) :
Immunohistochemical result, performed on S67-00538-B42 (endometrium), focus on tumor:
 - Positive: CK20, CDX-2
 - Negative: CK7, PAX-8

COMMENT: The findings are compatible with involvement by adenocarcinoma at endometrium layer.

GROSS EXAMINATION:

Submitted are 49 paraffin tissue block and 49 outsource slide labelling S66-1752A-C and N23-15865A-T1 from Maha sarakham hospital. 3 surgical report number S66-1752, S-3-660898, S-3-660990 (refer to number N23-15865), the patient name as เรขเรณเรณเนจเรตเรขเรข เรขเรณเรจเรต, are also received. All are relabeled in our laboratory follow as S67-00538A01-A03, B01-B46, respectively.
1 histochemistry slide [slide number N23-15865W : PAS]
4 immunohistochemistry slide [slide number N23-15865W : ER(1), CEA(1), p16(1), p53(1)].

Date:

09/01/2024 14:08:30

MICROSCOPIC EXAMINATION:

A01: The specimen labeled as 25 cm from AV:
The section shows colonic mucosa with lymphoplasmacytic infiltrate in lamina propria. No dysplastic epithelium is observed. No malignancy is seen.
A02: The specimen labeled as 20 cm from AV:
The section shows colonic mucosa with atypical columnar cells which are arranged in glandular configuration with back to back pattern. Cytomorphology shows moderate increase in size and nuclear irregularity of tumor nuclei with prominent eosinophilic nucleoli.
A03: The specimen labeled as 5 cm from AV:
The section reveals fragments of colonic mucosa covered with dysplastic epithelium composed of hyperchromatic, elongated nuclei arranged in a pseudostratified manner. No malignancy is seen.
B01-B03: The specimen labeled as Peritoneum:
The section shows atypical cells which are arranged in glandular configuration with back to back pattern. Cytomorphology shows moderate increase in size and nuclear irregularity of tumor nuclei with prominent eosinophilic nucleoli.
B04-B31, B34-B46 : The specimen labeled as Rectosigmoid colon with uterus with right SO:

The section shows colon with replaced by atypical columnar cells which are arranged in glandular configuration with back to back pattern. The tumor cells admixed with desmoplastic response. Mitosis is seen. Cytomorphology shows moderate increase in size and nuclear irregularity of tumor nuclei with prominent eosinophilic nucleoli. Tumor directly invades to adjacent right ovary, right fallopian tube, and posterior wall uterus. Lymphovascular invasion is seen. Perineural invasion is present. All margins negative for invasive carcinoma. Metastatic adenocarcinoma in 7 of 15 regional lymph nodes examined. Tumor deposit is present. Right fallopian tube and right ovary involved by adenocarcinoma. Cervix show lymphoplasmacytic inflammatory cell infiltration. Myometrium and uterine serosa involved by adenocarcinoma at the posterior wall.
B32-B33: The specimen labeles as "Ring":
The section reveals no malignancy is seen.

ACCREDITED TEST

Histochemistry : HTE, AFB, PAS, GMS, MUCIN, PAM, Reticulin, Masson Trichrome

Immunohistochemistry : ER, PR, HER-2, MMR Protein, Ki-67, Cytokeratin 7, Cytokeratin 20, P40, TTF-1

Molecular pathology : Her-2 gene, EBER, KRAS, NRAS, EGFR

DATE OF REPORT: 18/01/2024 15:56:29