



Healthcare

HISTOPATHOLOGY REPORT

PATIENT

: AISHAH WILIAMAH ABDULLAH

BIOPSY No.

: H120012449

MR No

: 000000991749

Date Of Birth.

: 05/03/1947

Doctor

: TAN TECK SIN

AGE: 65Y

SEX:F

Date Collected

: 16/10/2012

Location

· Post Natal

Date Received

: 17/10/2012

CLINICAL HISTORY

Ca endometrium

TISSUES

Uterus and both adnexa and vaginal cuff, para-aortic sample, left and right lymph nodes and appendix.

GROSS DESCRIPTION

Specimen labeled - Uterus and both adnexa and vaginal cuff

The specimen consists of the uterus measuring 11 x 5.8 x 4.2cm with both appendages, the parametrium and 2 cm cuff of vagina. On sectioning, the cervix appears unremarkable. The endometrium measures 1cm in thickness. Cut section shows a tumour with ill-defined borders measuring 4.5cm in greatest dimension, apparently confined to the inner half of the myometrium. Cut section of the right and left ovaries and both tube is unremarkable. Serial sections though the parametrium do not reveal any tumour macroscopically. Representative sections submitted into 8 blocks.

- Cervix with vaginal cuff 1.
- Endometrial tumour 2-4.

Myometrium 4.

- Right ovary and tube 5.
- Left ovary and tube 6.
- Right parametrium 7.

- Left parametrium 8.
- Specimen labeled Para-aortic nodes

The specimen consists of a piece of fibrofatty tissue measuring 4cm. Submitted entirely into 2 blocks.

Specimen labeled - Left pelvic nodes

The specimen consists of multiple pieces of fibrofatty tissue in aggregate measuring 5 x 3.5 x 3cm Multiple lymph nodes are palpated and sampled with most of the nodes involved by tumour. Lymph nodes are submitted into 3 blocks.

Specimen labeled - Right pelvic nodes

The specimen consists of multiple pieces of fibrofatty tissue in aggregate measuring 6 x 4.5 x 3cm. Multiple lymph nodes are palpated and sampled with most of the nodes involved by tumour. Lymph nodes are submitted into 3 blocks.

Specimen labeled - Appendix

The specimen consists of short appendix measuring 1.7cm. The specimen is bisected and submitted entirely into 1 block.

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Consultant Pathologist: R. Pathmanathan(DR.) MBBS [Mal], MD [Dist], MPath [UM], FRCPath[UK], FRPCA[Aust], MIAC (MMC Registration No: 22854)

Validate on:18/10/2012



Healthcare

CYTOPATHOLOGY REPORT

PATIENT

: AISHAH WILIAMAH

NG No.

: N120000960

MR No

ABDULLAH : 000000991749

Date Of Birth.

: 05/03/1947

Doctor

: TAN TECK SIN

AGE: 65Y

SEX:F

Location

: Post Natal

Date Collected

: 16/10/2012

Date Received

: 16/10/2012

CLINICAL HISTORY:

Peritoneal washing for Cytology.

NATURE OF SPECIMEN

Peritoneal washing

MICROSCOPIC DESCRIPTION

The smears are moderately cellular and show groups of mesothelial cells admixed with inflammatory cells. No atypical cells are seen.

INTERPRETATION

Peritoneal washing - No malignant cells are seen.

18/10/2012

Consultant Pathologist: Dr. Joshua M. Daniel (DR.)

AMN.BKT. MBBS. M.Path(UM), MIAC, FAMM.

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CLINICAL HISTORY

Ca endometrium

MICROSCOPIC DESCRIPTION

A. The cervix shows mild chronic inflammation, cystic dilatation of endocervical glands and superficial ulceration. There is a focal inflammatory infiltrate of lymphocytes and polymorphs noted. The tumour in the endometrial cavity is poorly, differentiated and partially papillary and is confined to the inner half of the myometrial wall. The cells are columnar in type, with hyperchromatic nuclei. There is moderate pleomorphism present, and multiple foci of lymphatic permeation are seen. The tumour spares the cervical tissue and normal endometrial tissue is not seen. Sections through both the right and left ovaries show atrophic changes only. There is no evidence of metastases. The tubes are unremarkable, but tumour is observed within the right parametrial lymphatic channels. A right parametrial tumour deposit is observed. The left parametrium and vaginal cuff are free of tumour.

- B. 5 nodes are examined; these show reactive changes only
- C. 3 of 12 nodes are invaded by tumour cells
- D. 3 of 7nodes are invaded by tumour cells a
- E. The appendix is partially fibrosed. There is no evidence of malignancy

DIAGNOSIS

A. Uterus, appendages, vaginal cuff and parametria

Poorly differentiated papillary adenocarcinoma of endometrium, confined to the inner half of the uterine wall. Right parametrial tumour deposits are present, and extensive lymphatic permeation by tumour cells is seen.

B Para-aortic nodes

There is no evidence of metastatic disease

C, D Tumour metastases are seen in 6 of 19 nodes (both right and left pelvic nodes are involved)

E. Fibrosed appendix, no evidence of malignancy

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