

H Freeman

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NAME: SALANTI, ANNA M.

SPECIMEN: S01-2818

MEDICAL RECORD #: MS-5734

DOB: 6/27/22

AGE: 79 SEX: Female

PHYSICIAN(S): William White, MD
Leslie Detrich, MD
Harvey Sternberg, MD —

DATE OF SURGERY:

SOURCE OF SPECIMEN: (A) PERITONEAL IMPLANT (B) LEFT OVARY (C) RIGHT OVARY
(D) R.U.Q. ABDOMINAL WALL NODULE (E) OMENTUM (F)
PERITONEUM, (G) ASCITES

PRE-OP DIAGNOSIS: Acute ascites, fever, UTI

POST-OP DIAGNOSIS:

SURGICAL PATHOLOGY REPORT

GROSS DESCRIPTION:

A. Peritoneal biopsy. Received fresh are multiple fragments of rubbery white to bright yellow soft tissue measuring in aggregate 2 x 2 x 1 cm. Touch preparations and frozen section analysis reveals a well differentiated malignancy, favor adenocarcinoma. The majority of the tissue is submitted.

B. Left ovary. Received fresh is a left ovary and fallopian tube. The fallopian tube measures 4 cm x .5 cm. The surface is covered by delicate fibrous adhesions and small cystic structures varying in size from .1 to .2 cm in greatest dimension. The ovary measures 1.5 x 1 x .8 cm. Sectioning shows a uniform whitish appearance. Frozen section reveals no evidence of malignancy. Multiple representative sections are submitted.

C. Right ovary and fallopian tube. Received in formalin is a segment of fallopian tube measuring 3 cm in length by .8 cm in diameter. The serosal surface is covered by a thickened membrane measuring .1 to .2 cm in thickness. Sectioning reveals a poorly differentiated large cell malignancy. Sectioning shows a normal muscular wall and luminal surface. The thickening appears to be due to extrinsic tumor implantation. The ovary measures 1 x 1.5 x .6 cm. Sectioning shows the stroma to be fibrotic. The surface appears to focally be covered by a slightly thickened membrane. Multiple representative sections are submitted.

D. Right upper quadrant abdominal wall nodule. Received fresh is a nodule of rubbery tan tissue measuring 2.5 x 2 x 1.5 cm. Sectioning shows the tissue to be a thickened fibrous membrane with focal areas of hemorrhage. The majority of the tissue is submitted.

E. Omentum. Fragments of fat consistent with fat from omentum measuring 2 x 2 x 6 cm

Daniel Purzger, MD

Daniel C Purzter, M.D.

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E. Omentum. Fragments of fat consistent with fat from omentum measuring 2 x 2 x .6 cm.

The external surface is covered by a thick hemorrhagic membrane. Sectioned, fixed, and representative sections are submitted, with particular emphasis on the thickened membrane.

F. Peritoneum. Two fragments of fat measuring 5 x 3 x .5 cm. Sectioning shows the normal appearing fat to be covered by a slightly thickened hemorrhagic membrane. Multiple representative sections are submitted.

MICROSCOPIC DESCRIPTION:

A. The tumor forms papillary structures in which are embedded large malignant cells. These large malignant cells exhibit marked variation in size and shape of the nuclei and size and shape of the cells. They have varying amounts of cytoplasm. The majority of the cells have vacuoles within their cytoplasm. There are many fragments of fat which are covered by a thin layer of tumor cells, with characteristics similar to those described above. Rarely, these cells have a spindle shaped appearance.

B. The sections show multiple corpus albicans and rare areas of endosalpingiosis. Evidence of malignancy is not observed.

C. Sections of the ovaries and fallopian tubes have a similar appearance to that described in B. With the additional finding of one microscopic area on the serosal surface which contains tumor cells in similar appearance to those described in A.

D. Embedded within edematous reactive connective tissue are nests and individual malignant cells with characteristics similar to those described above.

E. On the serosal surface of the fat, there are aggregates of tumor cells with characteristics similar to those described above. The tumor nodules range from 0.1 to 0.3 cm in greatest dimension.

F. On the serosal surface of the fat, there are multiple small tumor nodules with characteristics similar to those described above.

G. There are multiple clusters and individual large and malignant cells with characteristics similar to those described above.

DIAGNOSIS:

A. Peritoneal implant: Poorly differentiated large cell malignancy.



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B. Left ovary:

- 1) Corpus albicans.
- 2) Endosalpingiosis, benign.

C. Right ovary:

- 1) Corpus albicans.
- 2) Endosalpingiosis, benign.
- 3) Serosal surface implant of a poorly differentiated large cell malignancy.

D. Right upper quadrant abdominal wall nodule: Poorly differentiated large cell malignancy.

E. Omentum: Poorly differentiated large cell malignancy.

F. Peritoneum: Poorly differentiated large cell malignancy.

G. Peritoneal fluid: Positive for large cell malignancy.

COMMENT: This large cell malignancy most likely represents malignant mesothelioma. One cannot completely exclude the possibility of metastatic adenocarcinoma. However, this tumor exhibits characteristics that are unusual for most adenocarcinomas that metastasize to the abdominal cavity. The most striking finding is the multiple appearances of the tumor, the variation in size and shape of the tumor cells, as well as the finding of giant tumor cells. There are additional special studies which can be performed on the tumor which may help further delineate the etiology of this malignancy. Consultation with an oncologist is recommended. Once an oncologist has been selected, the slides can be forwarded to an adjacent pathology lab that can perform these stains. The slides will be reviewed by Dr. Arvid Magnuson.



Daniel C Purtzer, M.D.