ICL International Clinical Laboratories Ethiopia

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(A Medpharm Holdings Africa Ltd. Company)
www.icladdis.com
+251 114 67 18 18
Addis Ababa
Ethiopia

Laboratory eReport

24109h0146

Patient	**AFERANU MUZMIL YASIN**		*Location*	**HEAD OFFICE**	
Patient ID	**24109h0146**		*Client*		
DOB/Age	**32Y**	*Gender* : **F**			
Sample ID	***24109h0146***	**Routine** *Fasting:* **UNK**	*Doctor*		
Collected on	*Released on*	*Reported on*	*Invoice #*	**H2605**	*Request #*
14 JUN 24 @ 17:34	**25 JUN 24 @ 21:43**	**27 JUN 24 @ 10:36**			

TEST NAME	RESULTS	UNITS	FLAG	REFERENCE RANGE	REFERENCE GRAPH
HISTOPATHOLOGY					
HISTOPATHOLOGY	Done				
See Attached Document.					

Result Authorized by: Dr. Mesfin Negussie
Medical Director

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Laboratory Result
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International Clinical Laboratories

Flag Legend: H=High, L=Low, A=Abnormal potential Life threatening result

Turning Science to Care

24109H0146

SURGICAL PATHOLOGY DIAGNOSTIC REPORT

Patient Details	Specimen Details	Ordering Physician
AFERANU MUZMIL YASIN MRN: 24109H0146 Phone: DOB: 1/1/1992 (32Y) Sex: M Address	Accession: **SP24-4158** Sample ID: **24109H0146** Procedure Date: 14/06/2024 Received Date: 14/06/2024 Reported Date: 25/06/2024	ICL Provider ICL Kerra Bulgaria Mazoria Addis Ababa, AA Phone: +251114671818 No Insurance

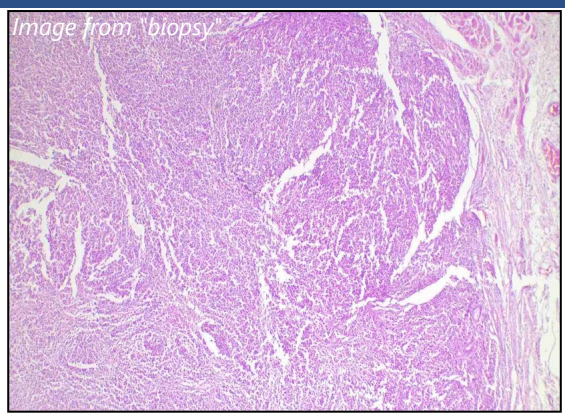
DIAGNOSIS

RIGHT JAW, <MARIGINAL MANDIBULECTOMY >

Right Mandible - Myoepithelial carcinoma, High grade, (pT4a,N2b)
- (see synoptic report and comment)

MICROSCOPIC DESCRIPTION

- Histologic sections show expansile invasive multinodular growth of epitheloid, plasmacytoid and spindle cells in solid sheets, vague nests and fasicular growth, with Increased mitosis and areas of necrosis.
- Extension into adjacent mandibular cortical bone and skeletal muscle invasion noted.
- See synoptic report and comment.



MACROSCOPIC (GROSS) EXAMINATION

The specimen is received in formalin labeled with patient's name (AFERANU MUZMIL YASIN) designated BIOPSY. The specimen consists of intact tan-white bone and fibrous tissue measuring 62 x 48 x mm. The specimen is serially sectioned and representatively submitted in six cassettes as follows:
Cassette A1 - one piece
Cassette A2 - one piece
Cassette A3 - one piece
Cassette A4 - two pieces
Cassette A5 - one piece
Cassette A6 - one piece

SYNOPTIC REPORT

(Specimen 1)

Protocol for the Examination of Specimens From Patients With Cancers of the Lip and Oral Cavity
Version: LipOralCavity 4.0.0.0 Protocol Posting Date: June 2017
Includes pTNM requirements from the 8th Edition, AJCC Staging Manual

Procedure (select all that apply)
Mandibulectomy (specify):

Tumor Site
+ Vestibule of mouth, mandibular
+ Alveolar process, mandibular

Tumor Laterality (select all that apply)
Right

Tumor Focality
Unifocal

Tumor Size
Greatest dimension (centimeters): 7cm
+ Additional dimensions (centimeters): 6cm

Tumor Depth of Invasion (DOI) (millimeters): 12mm

Carcinoma, type cannot be determined
Otherhistologic type not listed (specify): Malignant tumor (see comment)

Specimen Margins (select all that apply)
Uninvolved by invasive tumor
Distance from closest margin (millimeters): <1mm
Specify location of closest margin, per orientation, if possible: Deepest

Lymphovascular Invasion
Present

Perineural Invasion
Not identified

Regional Lymph Nodes (required only if lymph nodes present in the specimen)
Number of Lymph Nodes Involved: 5
Number of Lymph Nodes Examined: 10
- Number cannot be determined (explain):

Laterality of Lymph Nodes Involved
Cannot be determined

Size of Largest Metastatic Deposit (centimeters): 1.5cm

Extranodal Extension (ENE)
Not identified

Pathologic Stage Classification (pTNM, AJCC 8th Edition)

Primary Tumor (pT)
pT4a: Moderately advanced local disease

Regional Lymph Nodes (pN)
pN2b: Metastasis in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension and ENE(−)

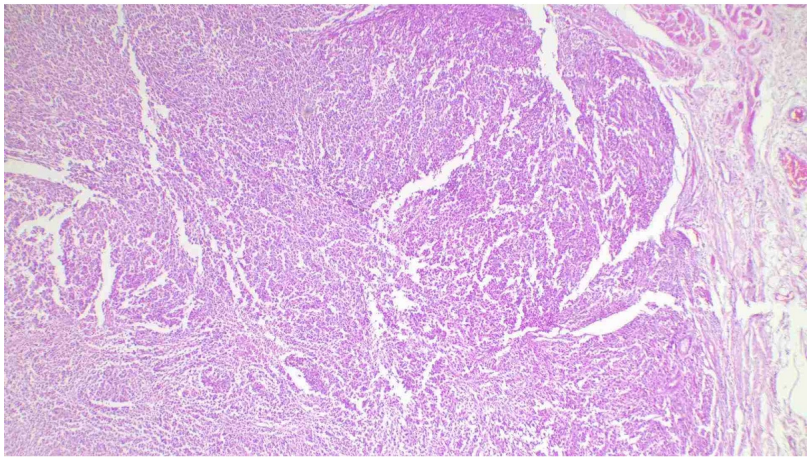
+ Additional Pathologic Findings (select all that apply)
+ None identified

Comment(s):
- This is a High grade malignant tumor, favoring Myoepithelial carcinoma, (pT4a,N2b)
- Odontogenic carcinosarcoma, though rare is possible differential diganosis.
- IHC study can be considered.
- Tumor is staged from lymphnodes submitted on previous biopsy (SP24-3478), 5 out of 10 lymphnodes identified showed tumor deposit.
- The submandibular gland submitted in the previous biopsy is negative for tumor.

SPECIMEN PHOTOGRAPHY



A BIOPSY



A BIOPSY



Demelash Darota, MD, Pathologist

Electronically signed on June 25, 2024 at 12:00 AM

DISCLAIMER

When included, photographs, anatomic sketches, and diagrams are for demonstration purposes only and cannot be used for medical decisions.

Due to the loss of elastic tension and to formalin shrinkage, the measurements in the gross description may be less than those taken at the time of surgical procedure.

END