

Northwest Surgical Pathology, P.C.

Department of Anatomic Pathology and Cytology — Seattle, WA

Patient: WEBSTER, Robert J. 58 years, male.
Surgeon: Ivan Quinn, MD (Head & Neck Surgical Oncology)
Source: Harborview Medical Center

Case No. AP-2026-0231
Received 06-Mar-2026
Reported 09-Mar-2026

Specimen received

Resection of floor-of-mouth carcinoma with selective left cervical lymph-node dissection (levels I–III), submitted in three labeled jars:

- A) Primary tumor
- B) Lymph-node dissection, left levels I–III
- C) Deep margin, lingual mucosa (frozen sections previously reported).

Pathologic Diagnosis

A) Moderately differentiated squamous cell carcinoma of the floor of mouth.
Tumor size 2.8 x 2.1 x 1.4 cm. Depth of invasion: 9 mm.
Lymphovascular invasion: present. Perineural invasion: absent.
Surgical margins: deep margin at 1 mm from tumor — considered CLOSE.
Remaining margins clear (>5 mm).

B) Left cervical dissection, levels I–III: 18 lymph nodes examined,
2 positive for metastatic carcinoma. Largest metastatic deposit:
1.1 cm. Extracapsular extension: PRESENT in one level-II node.

C) Deep margin on frozen section, previously reported intraoperatively
as negative at 2 mm; confirmed on permanent sections.

Pathologic stage (AJCC 8th ed.): pT2 pN2b pMx