# Uterus Quiz 1

## Scenario 1

**PHYSICAL EXAMINATION**

Patient presents for pelvic exam.

Colposcopy: Os wide open with necrotic tissue in cervical os consistent with cervical cancer. The tumor extends to the upper vaginal wall and uterus. Visible tumor measures 5.5cm’s.

**PROCEDURES**

Cervical biopsy and curettage: Examination was performed under anesthesia. The cervical region contains necrotic tissue emanating from the endocervical area.

A bimanual pelvic exam performed under anesthesia revealed a mass extending into the pelvis from the parametrium. The mass is most likely emanating from the cervical tumor. The exam was negative for pelvic or parametrial metastasis.

**PATHOLOGY**

Cervical biopsy: Moderately differentiated adenocarcinoma. Comment: Histologic features suggest origin from the cervix.

**IMAGING**

Chest x-ray: Negative.

CT of abdomen/pelvis: There is a 7 cm mass arising from the cervix and infiltrating the vaginal wall, probable malignant neoplasm. Enlarged pelvic nodes are present, but none measure more than 1cm.

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| Data Item | 7th Edition | 8th Edition |
| Clinical T |  |  |
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## Scenario 2

**HISTORY AND PHYSICAL**

A 76 year old white female presented with recent vaginal bleeding. GYN exam was negative for adenopathy, free fluid, or omental abnormalities. Not anexal masses, no cervical enlargement. CT of the abdomen and pelvis showed a mass limited to the uterus, no evidence of pelvic adenopathy, or distant mets. The patient was found to have a lesion in the endometrium. A biopsy and D&C were peformed and were positive for malignancy. The patient is here today for a Robotic TAH/BSO.

**PATHOLOGY**

Endometrial biopsy and D&C: Endometriod adenocarcinoma, FIGO grade 1, tumor limited to the uterus. No other lesions were identified.

Robotic TAH/BSO: Benign leiomyomas and hyperplasia, no residual cancer found on specimen, no LN removed.

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## Scenario 3

A post-menopausal patient presents with vaginal bleeding. An abdominal ultrasound is performed and she is found to have a 6 cm mass in uterine body. A uterine biopsy shows a leiomyosarcoma. TAH & BSO is performed and the pathology revealed a 6.5cm leiomyosarcoma involving 2/3’s of the myometrium. The tumor was confined to the uterus. 12 pelvic lymph nodes were negative for metastasis.

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# Uterus Quiz 2

1. Patient had D&C done due to abnormal bleeding and abnormal Pap smear. Pathology came pack as invasive cancer. The D&C would be coded as a
	1. Surgery of Primary site Dilatation and Curettage (25)
	2. Surgery of Primary site Excisional biopsy, NOS (26)
	3. Surgical Diagnostic and Staging Procedure Incisional biopsy (02)
	4. None of the above
2. Which surgery is considered “fertility sparing”?
	1. Total Hysterectomy with Bilateral Salpingo Oophorectomy
	2. Trachelecetomy
	3. Radical Hysterectomy
	4. None of the above
3. The use of a thin low-voltage electrified wire loop to cut out abnormal tissue in the cervix uteri is which procedure?
	1. Cone biopsy
	2. Loop Electrocautery Excision Procedure (LEEP)
	3. Dilation and Curettage (D&C)
	4. None of the above

Physical exam: Uterine bleeding. Lymphadenopathy present. All other systems normal. Endometrial biopsy: Moderately differentiated adenocarcinoma. Surgery: TAH-BSO with pelvic nodal dissection.

1. What do you code surgical procedure of primary site?
	1. Total Hysterectomy with Bilateral Salpingo-Oophorectomy (50)
	2. Modified radical hysterectomy (60)
	3. Subtotal hysterectomy with tube and ovary (32)
	4. Hysterectomy, NOS with removal or tubes and ovaries (67)
2. What do you code scope of regional lymph node surgery?
	1. Number of regional nodes removed, unknown or not stated (3)
	2. 1-4 regional lymph nodes removed (4)
	3. 4 or more regional lymph nodes removed (5)
	4. Unknown or not applicable (9)