Tumour focality (Core)

The presence of multiple or multifocal tumours is an important clue to the presence of hereditary disease.[1] Multifocality is defined as separate foci of tumour in the same organ, in contrast to multiple tumours in separate organs (e.g., two or three removed paragangliomas or a paraganglioma and a phaeochromocytoma). These designations apply to primary tumours, not metastases, and require histologic confirmation that tumour is present. In some cases it may not be possible to determine whether a specimen represents a metatasis or a separate primary (e.g., a suspected lymph node with no residual lymph node architecture or a solitary pulmonary nodule[2]). Similarly, it may not be possible to determine whether a fragmented specimen is multifocal. These examples would be classified as indeterminate. Specimens should be carefully examined both macroscopically and microscopically to determine whether multiple or multifocal tumours are present. In most cases multifocality specifically applies to the adrenal gland. However, occasional adrenal specimens may contain both a phaeochromocytoma and a nearby extraadrenal paraganglioma.

References

1 Tischler AS and deKrijger RR (2015). 15 YEARS OF PARAGANGLIOMA: Pathology of pheochromocytoma and paraganglioma. *Endocr Relat Cancer* 22(4):T123-133.

2 Aubertine CL and Flieder DB (2004). Primary paraganglioma of the lung. *Ann Diagn Pathol* 8(4):237-241.