

**ROYAL MARSDEN NHS FOUNDATION TRUST - HISTOPATHOLOGY REPORT**  
**548844: [REDACTED] - NHS Number: 704 163 2733**

<b>Lab No</b>	7065/20	<b>Reported</b>	16 Jul 2020	<b>Pathologist</b>	DR HALLIN/DR THWAY
<b>Source</b>	Internal Operation	<b>Sample Received</b>	15 Jul 2020	<b>Ward</b>	
<b>Sex</b>	FEMALE	<b>Age</b>	38	<b>Branch</b>	FULHAM ROAD
<b>Clinical Diagnosis</b>		<b>Operation</b>	14 Jul 2020	<b>Consultant</b>	SMITH,MR M J F

SITE	DIAGNOSIS
SOFT TISSUE AND OTHER CONNECTIVE A TISSUE ( T1X005 )	ENDOMETRIAL STROMAL SARCOMA LOW GRADE (Malignant) ( M89313 )
B ABDOMINAL WALL ( TY4300 )	ENDOMETRIAL STROMAL SARCOMA LOW GRADE (Malignant) ( M89313 )

38 YEAR-OLD FEMALE. PREVIOUS TOTAL ABDOMINAL HYSTERECTOMY IN 2005 FOR ESS (NOT SEEN AT RMH). NOV 2014: EXCISION OF NODULE IN SCAR (13290/14) CONSISTENT WITH RECURRENT ENDOMETRIAL STROMAL SARCOMA, GRADE 1 (JAZF1-SUZ12 FUSION TRANSCRIPTS UNDETECTABLE BY RQ-PCR). FEB 2020: EXCISION OF DEPOSIT ON POSTERIOR RECTUS SHEATH AND ?LESION ON ANTERIOR SURFACE OF BLADDER (2002/20) IN KEEPING WITH LG-ESS AND URACHUS RESPECTIVELY. JUNE 2020: CORE BIOPSY OF NODULE, LATERAL LEFT RECTUS SHEATH: CONSISTENT WITH RECURRENT LOW-GRADE ENDOMETRIAL STROMAL SARCOMA. THIS SPECIMEN: EXCISION OF ESS, LEFT LOWER ABDOMINAL WALL.

#### MACROSCOPY

Endometrial stromal sarcoma from left aspect Pfannenstiel wound: an unorientated ovoid specimen measuring 32x23x16mm. The tissue is comprised of normal fatty tissue with attached firm cream nodular mass measuring 20x27x9mm. The surgical resection margins have been inked black. Specimen has been serially sliced across the short axis revealing a well circumscribed homogeneous tumour mass (measurements as above). The tumour mass shows no obvious macroscopic necrosis and abuts the surgical resection margins. No other pathology is seen. Blocks 1) Cruciate of ends. 2-6) Transverse sections. Tissue remains.

#### HISTOLOGY

Sections show fibroadipose tissue and skeletal muscle, with fibrous tissue containing lobulated but focally infiltrative cellular tumor with features as described in the recent core biopsy (5931/20), and composed of sheets of essentially uniform, minimally atypical ovoid to focally slightly more spindled cells, with vesicular nuclei, frequent tiny nucleoli, and moderate amounts of pale eosinophilic cytoplasm, in moderately collagenous stroma. In smaller areas, there are more cellular collections of cells with similar morphology, but slightly trabecular appearances. The mitotic index is up to 4- 5/10hpf, without atypical forms. No tumor necrosis is seen. There is surrounding fibrosis with patchy mild to moderate chronic inflammatory infiltrate, prominent giant cell reaction and some fat necrosis, consistent with previous surgery at this site.

The features are consistent with recurrent, low-grade endometrial stromal sarcoma. The tumor is focally approximately variably 0.6-1mm from the surrounding peripheral margin, and focally 3.5mm from the longitudinal margin.

Dr Magnus Hallin/Dr Khin Thway