

Keith Southon 2392 20 741984 ;,Mr David

59 YEAR OLD MALE, WITH CLINICALLY LEFT PELVIC LYMPH NODE. CLINICAL DETAILS ON REFERRING REPORT; LEFT ILIAC NODE, LIKELY MALIGNANT, ? PRIMARY ? LYMPHOMA ? CARCINOMA. THIS SPECIMEN: REVIEW OF OUTSIDE HISTOLOGY OF 30MM ? LYMPH NODE, PREVIOUSLY REPORTED DR ANJARWALLA. NO PREVIOUS RMH HISTOLOGY.

#### MACROSCOPY

#### HISTOLOGY

The features are as previously described by Dr Anjarwalla, and show a lobulated cellular tumour, composed of loose to intersecting fascicles of moderately to markedly atypical cells with elongated or ovoid hyperchromatic or vesicular nuclei, with abundant eosinophilic cytoplasm. The mitotic index is up to 3-4/10hpf. There is focal necrosis

The referring report describes the tumour to be positive for desmin and SMA, and negative for AE1/AE3, S100 protein and CD34.

The features are consistent with leiomyosarcoma, grade 2. The referring report describes that the lesion is well circumscribed, but focally it is seen to involve the resection margin. There is an adjacent, although separate lymph node with sinus histiocytosis and small non-caseating granulomas; no connection of tumour with this node is seen, and there is no specific evidence of this tumour being present within the lymph node. The surrounding adipose tissue shows focal fat necrosis. No definite features of atypia are seen in the mature-type fat.

Dr Magnus Hallin/Dr Khin Thway



T: soft tissue t groin leiomyosarcoma