ROYAL MARSDEN NHS FOUNDATION TRUST - HISTOPATHOLOGY REPORT
741861: CHUKWUNONYE,MRS NWAFOR CHIKA CHIEBONAM - NHS Number: unknown

Lab No	0858/20	**Reported**	31 Jan 2020	**Pathologist**	DR HALLIN/DR THWAY
Source	Internal Operation	**Sample Received**	21 Jan 2020	**Ward**	
Sex	FEMALE	**Age**	44	**Branch**	FULHAM ROAD
Clinical Diagnosis		**Operation**	20 Jan 2020	**Consultant**	STRAUSS,MR D C

SITE	DIAGNOSIS
SOFT TISSUE AND OTHER CONNECTIVE A TISSUE (T1X005)	SPINDLE CELL SARCOMA (Malignant) / SYNOVIAL SARCOMA (Malignant) (M88013 / M90403)
B LEG (TY9400)	SPINDLE CELL SARCOMA (Malignant) / SYNOVIAL SARCOMA (Malignant) (M88013 / M90403)

44 YEAR OLD FEMALE. CORE BIOPSY FROM MASS ON THE LEFT LOWER LEG. CLINICALLY ?SARCOMA

MACROSCOPY
Mass, lower leg: 11 fatty cores ranging from 6-20mm. 1-11) AE.

HISTOLOGY
Cores of cellular tumour, composed of loose fascicles of mildly atypical cells with elongated nuclei and scanty fibrillary cytoplasm. The mitotic index is up to 4-5/10hpf, without atypical forms. Focal necrosis is present (eg slides 5 and 7), with preservation of tumour in rounded islands around vessels. No storiform architecture is seen. The stroma shows mild myxoid change in places, and there is a discernable marbled appearance in areas. There are areas of mild hyalinisation and fibrinoid material, but no tumoral osteoid is noted. There is some mild nuclear buckling in places, (eg slide 7), although this is not marked.

The tumour is diffusely and strongly positive for CD99 and bcl-2. There is focal strong expression of AE1/AE3, with scanty focal but strong EMA. There is focal weak h-caldesmon, although this marker is often aberrantly overexpressed in this laboratory. The tumour is negative for SMA, desmin, myogenin, CD34, STAT6, S100 protein and SOX10. The proliferation fraction by MIB1 is predominantly high.

The features are of an essentially high-grade spindle cell sarcoma (at least grade 2), and would be in keeping with synovial sarcoma. Although much of the morphology is resemblant of MPNST, there is insufficient evidence of this. Fibrosarcomatous change in DFSP is not supported. Molecular investigations are awaited to assess for synovial sarcoma, and also to exclude the possibility of a Ewing sarcoma variant, although this is not supported morphologically.

Dr Magnus Hallin/Dr Khin Thway