Betty Pretty 1821 20 696401:,Mrs

75 YEAR OLD FEMALE, <u>WITH SLOW GROWING LUMP RIGHT FOREARM FOR 2 YEARS. OUTSIDE USS SUGGESTED A SUSPICIOUS AREA HERE. THERE ARE NO ASSOCIATED NEUROVASCULAR SYMPTOMS. ON EXAMINATION SHE HAD A 4 X 1 CM MASS IN THE CONCERNING AREA. CORE BIOPSY FROM THE RIGHT FOREARM MASS IN 2017: POSSIBLY PART OF A NERVE SHEATH NEOPLASM, OR PERHAPS LIPOMA / FIBROLIPOMA, THE AMOUNT OF TISSUE IS SMALL AND THE MATERIAL IS INSUFFICIENT FOR DIAGNOSIS. THIS SPECIMEN: CORE BIOPSY FROM THE RIGHT FOREARM MASS, CLINICALLY? SCHWANNOMA AS PREVIOUS BIOPSY WAS LIKELY UNREPRESENTATIVE.</u>

MACROSCOPY

Right forearm: 7 cream-coloured cores ranging from 8-17mm. 1-7) AE.

HISTOLOGY

Cores of skeletal muscle and cellular tumor, composed of streams or patternless arrays of minimally to focally mildly atypical spindle cells with elongated, often buckled nuclei and fibrillary cytoplasm in focally mildly myxoid stroma, with some intermingled vessels with hyalinized walls. No mitotic figures are seen in 10 hpf. Some fibrinoid material is present in areas (eg slide 7), but no definite tumor necrosis is seen. Some likely granulation tissue is seen around skeletal muscle, but no definite tumor infiltration is noted.

The tumor is diffusely and strongly positive for S100 protein, with the majority of nuclei expressing strong SOX10. CD34 shows expression in surrounding fibrous tissue but appears negative in the. EMA is expressed in likely subcapsular perineurial cells. The tumor is negative for desmin, SMA, myogenin, STAT6 and AE1/AE3. The proliferation fraction by MIB1 is low.

The features are consistent with schwannoma.

Dr Khin Thway

T: soft tissue t forearm m schwannoma