

ROYAL MARSDEN NHS FOUNDATION TRUST - HISTOPATHOLOGY REPORT

739986: [REDACTED] NHS Number: [REDACTED]

Lab No	0456/20	Reported	17 Jan 2020	Pathologist	DR HALLIN / DR THWAY
Source	Internal Operation	Sample Received	13 Jan 2020	Ward	WILSON
Sex	FEMALE	Age	79	Branch	FULHAM ROAD
Clinical Diagnosis		Operation	10 Jan 2020	Consultant	HAYES, MR A J

SITE
SOFT TISSUE AND OTHER CONNECTIVE TISSUE
A (T1X005)

B UPPER EXTREMITY (TY8000)

DIAGNOSIS
MORPHOLOGIC DESCRIPTION ONLY
(M09350)
FIBROUS HISTIOCYTOMA MALIGNANT
(M88303)

79 YEAR OLD FEMALE. RESECTION OF HUGE SUBCUTANEOUS SARCOMA, RIGHT FOREARM. HISTOLOGICALLY, THIS IS A HIGH-GRADE UNDIFFERENTIATED PLEOMORPHIC SARCOMA; CORE BIOPSY REPORTED BY DR MCCORMICK AT PORTSMOUTH, WITH CASE SENT TO PROF CYRIL FISHER OF THE ROH BIRMINGHAM (PLEOMORPHIC SPINDLE AND EPITHELIOID CELL TUMOUR WITHOUT DISCERNIBLE NECROSIS WITH MITOTIC INDEX OF 10/10HPF WITH ATYPICAL FORMS). NO PREVIOUS RMH HISTOLOGY

MACROSCOPY

Sarcoma, right forearm: pot contains an unorientated firm mass with over lying skin. Specimen measures 98 x 110 to a height of 73mm the skin has been stretch and extended by the underlying tumour with a small area ?ulceration measuring 10mm in diameter. Deep surface is partially covered by skeletal muscle with subcutaneous fibrofatty tissue around the periphery. The deep margin has been inked black and the specimen has been serially sliced and revealing a circumscribed heterogeneous cream/ necrotic/ haemorrhagic tumour lesion measuring 87 x 85 x 69mm. The tumour abuts the skin surface and deep margin. Necrosis accounts for approximately 5-10%. Blocks: 1-4) Representative section of tumour to peripheral skin margins; 5) Representative section of tumour to deep margin; 6) Representative section of tumour with overlying ulcer; 7-9) Representative sections of tumour. Tissue and tumour remains.

HISTOLOGY

Sections show skin and subcutis, with skeletal muscle deeply. The subcutaneous tissue contains cellular tumour, which is focally ulcerating, and composed of loose fascicles of moderately to markedly atypical spindle and ovoid cells with ovoid vesicular nuclei and moderate amounts of amphophilic cytoplasm. Bizarre cells and occasional tumour giant cells are present. In many areas, the tumour is dispersed in relatively prominent myxoid stroma (eg slide 3). The mitotic index is up to 12/10hpf with atypical forms, and there is focal incipient necrosis (eg slide 3) away from the ulceration. The tumour abuts fascia adjacent to skeletal muscle, although no definite muscle invasion is seen. No significant abnormality is seen in the overlying squamous epithelium.

The previous core biopsy described the tumour to be negative for AE1/3, CK7, CK20, EMA, S100 protein, Melan A, HMB45, SMA, Desmin, SMM, h-caldesmon, CD31, CD34, Bcl-2, CD99, and CD117.

The features are consistent with undifferentiated pleomorphic and spindle cell sarcoma with myxofibrosarcomatous areas, grade 3. The tumour is focally 2mm from the nearest lateral/ peripheral margin, and focally approximately 0.8mm from the deep margin, being separated by a layer of fibrous tissue.

Dr Magnus Hallin/Dr Khin Thway