

**ROYAL MARSDEN NHS FOUNDATION TRUST - HISTOPATHOLOGY REPORT**  
**732812: [REDACTED] - NHS Number: [REDACTED]**

<b>Lab No</b>	0587/20	<b>Reported</b>	21 Jan 2020	<b>Pathologist</b>	DR HALLIN / DR THWAY
	Internal	<b>Sample</b>			
<b>Source</b>	Operation	<b>Received</b>	15 Jan 2020	<b>Ward</b>	CRITICAL CARE UNIT (CHELSEA)
<b>Sex</b>	MALE	<b>Age</b>	68	<b>Branch</b>	FULHAM ROAD
<b>Clinical Diagnosis</b>		<b>Operation</b>	14 Jan 2020	<b>Consultant</b>	STRAUSS, MR D C

**SITE**  
**SOFT TISSUE AND OTHER CONNECTIVE TISSUE**  
**A ( T1X005 )**  
**B RETROPERITONEUM ( TY4600 )**

**DIAGNOSIS**  
**DEDIFFERENTIATED LIPOSARCOMA (Malignant)**  
**( M88583 )**  
**DEDIFFERENTIATED LIPOSARCOMA (Malignant)**  
**( M88583 )**

68 YEAR OLD MALE. PREVIOUS EXCISION OF RETROPERITONEAL DEDIFFERENTIATED LIPOSARCOMA, GRADE 3 (E.G. 9828/19) IN 2017 (CDK4 AND MDM2 AMPLIFICATION WITH FISH AT THE REFERRING INSTITUTION). THIS SPECIMEN: EXCISION OF RECURRENT RETROPERITONEAL LIPOSARCOMA WITH RIGHT COLON.

**MACROSCOPY**

Recurrent retroperitoneal liposarcoma plus right colon: Pot contains a larger unorientated firm retroperitoneal mass measuring 184 x 135 x 140mm. The outer surface has fragments of attached fatty tissue and a segment of colon ileum and caecum. The ileum measures 106mm in length x 25mm diameter. The colon measures 176mm in length x 53mm in diameter. There is also a macroscopically normal appendix which measures 43mm in length x 6mm in diameter. The outer surface of the mass is predominately covered in smooth shiny serosal tissue with one aspect partially covered in fragments of skeletal muscle and fatty tissue. On slicing, the lesion appears heterogenous with multiple cream / necrotic areas and possible myxoid infiltration. Measurements as stated above. The tumour does not appear to breach the outer resection margins and abuts the colonic mucosa. Necrosis approximately 5-10%. Blocks: 1) Ileum resection margin; 2) Right colon resection margin; 3) Tip of appendix; 4) Representative Transverse section of appendix; 5) Bowel mucosa closest to tumour; 6) Tumour to smooth serosal tissue; 7) Tumour to roughened retroperitoneal resection margin; 8-14) Further representative of tumour. Tissue and tumour remains.

**HISTOLOGY**

Sections show cellular tumour, composed of loose fascicles of moderately to markedly atypical cells with elongated or ovoid nuclei, including tumour giant cells, in collagenous stroma. The mitotic index is up to 10/10hpf. Focal slightly more myxoid nodules are present. Focal possible incipient necrosis is noted (eg slide 9). Only small amounts of intermingled mature adipose tissue are present, and these are not conclusive for a definite well-differentiated liposarcomatous component in the main mass, although likely well-differentiated liposarcoma is noted to surround the appendix. Focal patchy mild chronic inflammatory infiltrate is present, including small numbers of eosinophils in areas (eg slide 8).

The features are consistent with dedifferentiated liposarcoma, grade 3 in this material. The tumour extends to the inked serosal surface, as well as to the roughened retroperitoneal resection margin. Focal skeletal muscle infiltration is seen. Sections from the large bowel show muscularis propria with likely superficial infiltration by dedifferentiated liposarcoma. Mature septate adipose tissue is present focally underneath the large bowel mucosa, between this and the muscularis propria, but this is not conclusive for well-differentiated liposarcoma. The ileal and right colonic resection margins show unremarkable small and large bowel wall, abutted by mature-type adipose tissue, without definite infiltration of the walls noted. The appendix shows surrounding likely well- and dedifferentiated liposarcoma, without definite infiltration; no definite abnormality is seen within the appendiceal tissue.

Dr Magnus Hallin/Dr Khin Thway