

ROYAL MARSDEN NHS FOUNDATION TRUST - HISTOPATHOLOGY REPORT
748001: [REDACTED] NHS Number: 498 286 4934

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|---------------------------|--------------------|------------------------|-------------|--------------------|----------------|
| Lab No | 6356/20 | Reported | 29 Jun 2020 | Pathologist | DR THWAY |
| Source | Internal Operation | Sample Received | 25 Jun 2020 | Ward | |
| Sex | FEMALE | Age | 64 | Branch | FULHAM ROAD |
| Clinical Diagnosis | | Operation | 24 Jun 2020 | Consultant | STRAUSS,MR D C |

| SITE | DIAGNOSIS |
|---|--|
| SOFT TISSUE AND OTHER A CONNECTIVE TISSUE (T1X005) | MORPHOLOGIC DESCRIPTION ONLY / LIPOMA (Benign) / ATYPICAL LIPOMA (Uncertain behaviour) (M09350 / M88500 / M88501) |
| B SHOULDER (TY1220) | MORPHOLOGIC DESCRIPTION ONLY / LIPOMA (Benign) / ATYPICAL LIPOMA (Uncertain behaviour) (M09350 / M88500 / M88501) |

64 YEAR OLD FEMALE. THIS SPECIMEN: RESECTION OF DEEP, INTRAMUSCULAR LIPOMATOUS TUMOR OF LEFT SHOULDER, CLINICALLY LIPOSARCOMA. NO IMAGING AS YET ON EPR. THE PATIENT HAS BEEN AWARE OF A GRADUALLY ENLARGING MASS OF THE LEFT SHOULDER FOR A FEW YEARS. EXTERNAL MRI: LARGE INTRAMUSCULAR LIPOMATOUS TUMOR AFFECTING LEFT DELTOID MUSCLE, WITH FINE FIBROUS STRANDS THROUGH LESION, RAISING POSSIBILITY OF ATYPICAL LIPOMATOUS TUMOR RATHER THAN LIPOMA. NO PREVIOUS RMH HISTOLOGY

MACROSCOPY

Liposarcoma, left shoulder: an unorientated ovoid mass measuring 83x75x42mm. The outer surface is partially covered in skeletal muscle on one side. The surgical resection margins have been inked black. Specimen is serially sliced across the short axis revealing a well- circumscribed homogeneous lipomatous tumor occupying the entire specimen. The tumor abuts the surgical resection margins. No obvious macroscopic necrosis is identified. Block 1&2) Cruciates of ends. 3- 7) Representative sections of tumor. Tissue and tumor remain.

HISTOLOGY

Sections show fibroadipose tissue and skeletal muscle surrounding an adipocytic neoplasm, composed of sheets of adipocytes of mature type, with focal intersection by sparsely cellular fibrous septa. Focal fat necrosis is present. No definite cellular atypia is noted, and no solid/ dedifferentiated areas, tumor necrosis or mitotic figures are seen.

The features are of a differentiated adipocytic neoplasm. Although conclusive features of atypia are not identified, the differential diagnosis is between intramuscular lipoma and lipoma-like atypical lipomatous tumor/ well-differentiated liposarcoma. FISH for MDM2 amplification status is awaited, with a further report to follow. Mature adipose tissue extends to the inked longitudinal and peripheral margins.

Dr Khin Thway