

~~MDM2-amplification~~ 5278 20 627427

73 YEAR-OLD FEMALE. PREVIOUSLY EXCISION OF RETROPERITONEAL LIPOMA-LIKE WELL-DIFFERENTIATED LIPOSARCOMA, GRADE 1, IN 2014 (0829/14), with MDM2-amplification. THIS SPECIMEN: RESECTION OF RECURRENT LUQ RETROPERITONEAL LIPOSARCOMA, LEFT HEMICOLECTOMY, SMALL BOWEL AND SLEEVE GASTRECTOMY.

MACROSCOPY

HISTOLOGY

A1-6. 'Nodule 1' posterior stomach wall:

Sections show skeletal muscle and fibroadipose tissue, with the latter containing a differentiated adipocytic neoplasm composed of sheets of adipocytes of mature type with relatively intersection by sparsely cellular fibrous septa. No definite cellular atypia is seen. No tumor necrosis or mitotic figures are present. **Focally (slide 1) there is a multivacuolated multinucleate cell with vesicular nuclei; although not typical, this might represent a lipoblast rather than a histiocyte.**

This is a differentiated adipocytic tumor which may represent recurrent lipoma-like atypical lipomatous tumor/ well-differentiated liposarcoma. **FISH for MDM2 amplification status is awaited**, with a further report to follow.

B7-26. Sarcoma, LUQ, with Left colon, small bowel, parts of lesser curve of stomach:

Sections show cellular tumor, composed of loose fascicles or sheets of mildly to focally moderately atypical cells with ovoid or elongated vesicular nuclei, and fibrillary cytoplasm, in collagenous stroma. Focal necrosis is present. Mitotic figures are not especially prominent, with an index of up to 4/10hpf. Focally, tumor shows cavity formation, with spaces lined by tumor cells and containing fibrinoid material. In other areas, there is mature-type adipose tissue with fat necrosis and prominent septation by sparsely cellular fibrous septa, with scattered mild cellular atypia (eg slide 12), consistent with well-differentiated liposarcoma. The macroscopic third tumor nodule between the small bowel segment and gastric mucosa (slide 17) shows well-differentiated liposarcoma.

The features are consistent with well-differentiated and dedifferentiated liposarcoma, grade 2. **FISH for MDM2 amplification status is awaited**, with a further report to follow. Dedifferentiated liposarcoma is focally close to the muscularis propria of the large bowel, although no definite infiltration is seen. Well-differentiated liposarcoma focally abuts the small bowel muscularis propria, without infiltration. Well-differentiated (including sclerosing variant) is close to/ abuts the gastric muscularis propria, without possible focal superficial infiltration of this.

The sections from the stapled gastric mucosal resection margins show gastric mucosa without notable dysplasia or other significant pathology, with muscularis propria, with surrounding moderately cellular fibrous tissue containing some plump cells (slide 20); although no definite atypia is seen, 'low-grade pattern' dedifferentiated liposarcoma abutting the gastric muscularis propria cannot be excluded. Between the gastric mucosa and the gastric muscularis propria, there is fibroadipose tissue, within adipose tissue of mature type, without atypia. **A small gastric hyperplastic polyp is noted (slide 26)(also kindly seen by Dr Terlizzo (consultant skin pathologist), who agrees with the findings); no other significant abnormality is noted in the gastric mucosa.**

The sections labelled 'smaller bowel resection margin' show small bowel mucosa and wall, in which no significant pathology is seen.

The section described as 'bowel resection margin closest to tumor from largest segment' shows unremarkable large bowel mucosa and wall, with surrounding, sparsely to moderately cellular fibrous tissue which abuts the muscularis propria; focally (slide 10), there are occasional cells with enlarged, hyperchromatic, atypical nuclei, and this might represent a 'low-grade pattern' dedifferentiated liposarcoma abutting this margin. The section described as from the 'further resection margin from large bowel segment' shows unremarkable large bowel mucosa and wall; there is surrounding mature adipose tissue without atypia. No significant abnormality is seen in the representative sections from the large bowel. The sections from the omental tissue show lobulated omental fat, without definite liposarcoma or other significant abnormality noted. No lymph nodes are identified.

C27-28. Omentum:

Sections show lobulated adipose tissue without discernible atypia. No conclusive features of well-differentiated liposarcoma are seen, and no other significant pathology is noted. The surface shows focal mild neutrophilic infiltrate.

Dr Magnus Hallin/Dr Khin Thway

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Prof Bakal study slide 11 and 23