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53 YEAR-OLD MALE. WITH AN APPROXIMATELY 1-YEAR HISTORY OF LUMP IN HIS LEFT HAND WITH ASSOCIATED PINS AND NEEDLES IN THREE FINGERS AND THE RADIAL ASPECT OF THE HAND AND MINOR NUMBNESS. ON EXAMINATION THE LUMP WAS SUBCUTANEOUS IN NATURE WITH INTRAMUSCULAR COMPONENTS. OUTSIDE ULTRASOUND: 6.3X3.5X2.5CM WELL CIRCUMSCRIBED NON-VASCULAR SOLID LESION WITHIN THE MUSCLE, ON THE LEFT INNER UPPER ARM. RADIOLOGIC OPINION: SUGGESTS LIPOMA. MRI: HORSESHOE SHAPED, LOBULATED FAT SIGNAL MASS WITHIN THE DEEP ASPECT OF THE TRICEPS. PREDOMINANTLY BLAND WITH A FEW FINE INTERNAL ENHANCING SEPTATIONS. NO DISCRETE MEASURABLE SOLID ELEMENTS. ?NERVES, RELATED TO THE RADIAL NERVE OR POSSIBLY THE ULNAR NERVE, TRAVERSING THE MASS. RADIOLOGIC OPINION: DEEP, LARGE FAT SIGNAL MASS SUSPICIOUS FOR ATYPICAL LIPOMATOUS TUMOUR ALTHOUGH A LIPOMA REMAINS POSSIBLE. THIS SPECIMEN: EXCISION OF LIPOMA, LEFT ARM. THERE IS NO PREVIOUS HISTOLOGY FOR REVIEW AT RMH.

#### MACROSCOPY

#### HISTOLOGY

Sections show an adipocytic neoplasm, composed of lobules and sheets of adipocytes of mature type, with only relatively occasional intersection by sparsely cellular fibrous septa. Focal mild fat necrosis is present. There is some surrounding fibrous tissue, but no skeletal muscle is noted. Within the septa (slide 6) are occasional plump spindle cells, but no definite cellular atypia is noted, and no tumor necrosis or mitotic figures are seen.

This is a differentiated adipocytic neoplasm with features which would be in keeping with lipoma/fibrolipoma. No conclusively atypical features are seen, and lipoma-like atypical lipomatous tumor appears less likely, but **in view of the size and intramuscular location, material will be sent for MDM2 amplification status to assess for atypical lipomatous tumor/well-differentiated liposarcoma, with a further report to follow.** Mature adipose tissue is present at the peripheral and longitudinal margins.

Dr Magnus Hallin/Dr Khin Thway

T soft tissue t arm  
m lipoma neoplasm uncertain whether benign or malignant