Shirley Fisher 2391 20 741276 :, Mrs

82 YEAR OLD FEMALE, WITH LEFT THIGH MASS, AND HISTORY OF MELANOMA EXCISED FROM THE FOREARM IN2010 AND LEFT MASTECTOMY 2013. RMH MRI REVIEW: 2.8 X 1.7 CM LOBULATED SOLID MASS ARISING FROM SUBCUTANEOUS FAT OVERLYING THE LEFT ILIOTIBIAL TRACT AT LEVEL OF GREATER TROCHANTER OF THE LEFT FEMUR, AND DOES NOT CONTAIN FAT. SIGNIFICANT ENHANCEMENT FOLLOWING INTRAVENOUS GADOLINIUM. UNDERLYING LEFT HIP MUSCULATURE IS INTACT AND THE OVERLYING SKIN IS NOT ULCERATED. NO INGUINAL ADENOPATHY. RADIOLOGICAL OPINION: AGGRESSIVE APPEARING MASS LEFT LATERAL HIP, CONSISTENT WITH NEOPLASIA.

THIS SPECIMEN: REPRESENTATIVE BLOCK FROM LEFT LATERAL THIGH TUMOUR, PREVIOUSLY SEEN BY DR LIEBMANN AND SENT TO DR FLEMING FOR FURTHER OPINION: SPINDLE CELL LESION WITH APPEARANCES OF LOW- TO INTERMEDIAT GRADE SARCOMA; THIS HAS BEEN SUBSEQUENTLY FORWARDED BY DR FLEMING TO US FOR FURTHER REVIEW.

NO PREVIOUS RMH HISTOLOGY.

MACROSCOPY

HISTOLOGY

Sections show fibroadipose tissue with adipose tissue of mature type, with an infiltrative tumour (described macroscopically as a circumscribed subcutaneous nodule measuring 21x15x20mm), composed of mildly to focally atypical spindle cells with ovoid or elongated vesicular nuclei and fibrillary cytoplasm in mildly collagenous stroma. There is a mild to moderate interspersed chronic inflammatory infiltrate, of predominantly small lymphocytes with some eosinophils and plasma cells. The mitotic index is up to 12/10hpf with an occasional atypical form. No necrosis is seen in this section.

The referring report describes the tumour to be strongly positive for CD10, and to be negative for S100 protein, as well as for desmin, SMA, HMB45, MelanA, CD34 and EMA.

The features are consistent with spindle cell sarcoma (NOS), grade 2 in this material. There is insufficient evidence of this representing malignant peripheral nerve sheath tumour, although clinical correlation is required. The referring report describes the tumour to extend into dermal fat along widened septa, and to focally extend to the peripheral surgical margin.

Report to Dr Fleming

Dr Magnus Hallin/Dr Khin Thway

T: soft tissue t thigh m spindle cell sarcoma