## ROYAL MARSDEN NHS FOUNDATION TRUST - HISTOPATHOLOGY REPORT 749042: - NHS Number: 650 555 6303

Lab No

5992/20

Reported

Operation

17 Jun 2020

12 Jun 2020

Pathologist DR HALLIN/DR THWAY

Source Sex

Internal Operation Sample Received 12 Jun 2020

Age

Ward

**Clinical Diagnosis** 

MALE

22

**Branch** 

**FULHAM ROAD** Consultant SMITH, MR M J F

SITE

SOFT TISSUE AND OTHER CONNECTIVE TISSUE

A (T1X005)

**DIAGNOSIS** 

DERMATOFIBROSARCOMA (Malignant)

(M88323)

**DERMATOFIBROSARCOMA** (Malignant)

(M88323)

B FLANK (TY1310)

22 YEAR OLD MALE, LUMBAR HETEROGENOUS 7.5 BY 5.2 CM LESION WITH CENTRAL ENHANCEMENT, CONCERNING OF SARCOMA. HE PRESENTS WITH A SIX-MONTH HISTORY OF AN ENLARGING SWELLING IN HIS RIGHT FLANK. CLINICALLY, THIS IS WORRYING FOR SARCOMA, SINCE THERE HAS BEEN RAPID ENLARGEMENT, AND THE SURROUNDING SKIN LOOKED CLOSE TO BEING COMPROMISED ON EXAMINATION, OUTSIDE MRI: OVOID RIGHT FLANK SUBCUTANEOUS SOLID ENHANCING TUMOR; THERE IS LIKELY INVOLVEMENT OF THE LATISSIMUS DORSI MUSCLE; APPEARANCES SUSPICIOUS FOR SARCOMA; DFSP SHOULD BE CONSIDERED. THIS SPECIMEN: CORE BIOPSY FROM RIGHT FLANK MASS. NO RMH IMAGING, AND NO PREVIOUS RMH HISTOLOGY

## MACROSCOPY

Right flank biopsy: 5 cores ranging from 2-15mm. 1-3) AE.

Cores comprising small amounts of fibroadipose tissue and cellular tumor, composed of streams or in areas vaguely storiform distributions of plump cells with elongated spindle nuclei with scanty fibrillary cytoplasm in mildly collagenous stroma. Although the cells appear relatively uniform, and atypia is relatively minimal, some focal possible mild atypia is present. The mitotic index is focally up to 10/10hpf; these are plump, but conclusive atypical forms are not noted. No tumor necrosis is seen.

The tumor is diffusely and strongly positive for CD34. It is negative for SMA, desmin, myogenin, S100 protein, SOX10, MUC4, STAT6 and AE1/AE3. The proliferation fraction by MIB1 is high.

The features suggest dermatofibrosarcoma. The focal loosely fascicular architecture and atypia, prominent mitotic activity and high proliferation index suggest focal, at least incipient fibrosarcomatous change.

Dr Magnus Hallin/Dr Khin Thway