## ROYAL MARSDEN NHS FOUNDATION TRUST - HISTOPATHOLOGY REPORT 7080630150: A - NHS Number: 708 063 0150

Clinical Diagnosis		Operation		Consultant	TAYLOR/KT
Sex	FEMALE	Age	52	Branch	FULHAM ROAD
Other Hospital				Other Hospital Number	11041/20
Source	Second Opinion	Sample Received	23 Jun 2020	Ward	
Lab No	6280/20	Reported	25 Jun 2020	Pathologist	DR HALLIN/DR THWAY

SITE DIAGNOSIS

A SOFT TISSUE AND OTHER CONNECTIVE TISSUE ( T1X005 )

B SHOULDER (TY1220)

MYXOMA (Benign) ( M88400 ) MYXOMA (Benign) ( M88400 )

52 YEAR-OLD FEMALE, WITH RIGHT DELTOID MASS. THIS SPECIMEN: CORE\_BIOPSIES FROM RIGHT DELTOID MASS, PREVIOUSLY SEEN BY DR TAYLOR, WHO SENT IT FOR FURTHER OPINION: RELATIVELY PAUCICELLULAR INTRAMUSCULAR MYXOID LESION DEVOID OF CONSPICUOUS VASCULARITY? CONSISTENT WITH INTRAMUSCULAR MYXOMA. FURTHER INFORMATION FROM DR TAYLOR: CLINICAL IMPRESSION OF MYXOMA OR NERVE SHEATH TUMOR. THERE IS NO PREVIOUS HISTOLOGY FOR REVIEW AT RMH.

## **MACROSCOPY**

Received from Royal Sussex County Hospital; 2 blocks 2 s/s ref 11041/20.

## **HISTOLOGY**

Cores comprising skeletal muscle, focally intersected/ infiltrated, in areas with a 'checkerboard' pattern, by moderately to focally relatively sparsely cellular tumor, composed of patternless arrays of spindle and stellate cells with ovoid or more elongated vesicular nuclei and fibrillary cytoplasm, in prominent, relatively hypovascular stroma. The cells are plump, but no definite atypia is seen. No definite mitotic figures are identified in nine hpf. No tumor necrosis is noted. A very sparse patchy chronic inflammatory infiltrate is present.

The tumor shows multifocal strong CD34, and only very scanty focal SMA. The tumor is negative for MUC4, STAT6 (very scanty weak focal background expression only), desmin, myogenin, S100 protein, SOX10 and AE1/AE3. The proliferation fraction by MIB1 is essentially very low.

The features would be in keeping with intramuscular myxoma. No atypical features are noted in this material, and the features are insufficient for myxofibrosarcoma or other sarcoma in this biopsy.

Report to Dr Taylor

Dr Magnus Hallin/Dr Khin Thway