ROYAL MARSDEN NHS FOUNDATION TRUST - HISTOPATHOLOGY REPORT
4109621151: [redacted]A - NHS Number: 410 962 1151

Lab No	7006/20	**Reported**	13 Jul 2020	**Pathologist**	DR HALLIN/DR THWAY
Source	Referral	**Sample Received**	13 Jul 2020	**Ward**	
Other Hospital				**Other Hospital Number**	
Sex	FEMALE	**Age**	80	**Branch**	FULHAM ROAD
Clinical Diagnosis		**Operation**		**Consultant**	JONES,DR R L

SITE	DIAGNOSIS
SOFT TISSUE AND OTHER CONNECTIVE A TISSUE (T1X005)	NEOPLASM MALIGNANT / SARCOMA (Malignant) (M80003 / M88003)
B BREAST (T04000)	NEOPLASM MALIGNANT / SARCOMA (Malignant) (M80003 / M88003)

80 YEAR OLD FEMALE. CLINICAL DETAILS ON REFERRING REPORT: RECENT (LIKELY) RADIATION-INDUCED PLEOMORPHIC SARCOMA. THIS SPECIMEN: (PRESUMED PUNCH) BIOPSY FROM LEFT MASTECTOMY SCAR NODULE FROM JULY 2020, PREVIOUSLY REPORTED BY DR AL-UTAYEM: HIGH-GRADE SPINDLE CELL MALIGNANCY, LIKELY REPRESENTING RADIATION-INDUCED PLEOMORPHIC SARCOMA. NO CASENOTES OR IMAGING AS YET ON EPR, AND NO PREVIOUS RMH HISTOLOGY.

MACROSCOPY
Received from Royal Bournemouth & Christchurch Hospitals NHS Trust; 1 block 8 s/s ref 7706/20.

HISTOLOGY

The features are as previously described by Dr Al-Utayem, and show skin and subcutis, with the dermis and subcutis containing extensive, cellular tumor composed of loose fascicles of moderately to markedly atypical cells with spindle to ovoid vesicular nuclei and abundant, palely eosinophilic cytoplasm. The mitotic index is variable, but focally up to 12/10hpf with atypical forms. No vasoformation or vascular-like morphology is noted. The stroma is more collagenized at the base of the specimen, but no definite tumor necrosis is seen. No morphologic epithelial differentiation is identified. No significant pathology is noted in the overlying squamous epithelium.

Referring immunohistochemistry shows the tumor to be diffusely and strongly positive for SMA with extensive subplasmalemmal accentuation. There is focal F13a positivity, of uncertain significance. The tumor is negative for desmin, CD31, CD34, S100 protein and MNF116.

Dr Al-Utayem's report describes that this appears similar to that in the recent excisions which were concluded as (likely) radiation- induced pleomorphic sarcoma. The previous material is not available for review, but the features here would be in keeping with high-grade pleomorphic/ spindle cell sarcoma with myofibroblastic differentiation, grade 2 in this material. The patient history is not known, and close clinical and radiologic correlation are required. The tumor extends to the lateral and deep edges of this presumed punch biopsy.

Dr Magnus Hallin/Dr Khin Thway