ROYAL MARSDEN NHS FOUNDATION TRUST - HISTOPATHOLOGY REPORT
746714: [redacted] - NHS Number: 488 404 0392

Lab No	6856/20	**Reported**	13 Jul 2020	**Pathologist**	DR HALLIN/DR THWAY
Source	Internal Operation	**Sample Received**	9 Jul 2020	**Ward**	WILSON
Sex	FEMALE	**Age**	79	**Branch**	FULHAM ROAD
Clinical Diagnosis		**Operation**	8 Jul 2020	**Consultant**	SMITH,MR M J F

SITE	DIAGNOSIS
A SOFT TISSUE AND OTHER CONNECTIVE TISSUE (T1X005)	FIBROSARCOMA (Malignant) (M88103)
B SHOULDER (TY1220)	FIBROSARCOMA (Malignant) (M88103)

79 YEAR OLD FEMALE, WITH MASS ON LEFT UPPER SHOULDER. PREVIOUS BIOPSY IN JUNE 2020 (5754/20): SPINDLE CELL SARCOMA WITH MYXOID STROMA, WITH PRINCIPAL DIFFERENTIAL DIAGNOSIS BETWEEN MYXOFIBROSARCOMA AND MYXOINFLAMMATORY FIBROBLASTIC SARCOMA, FAVORING MYXOINFLAMMATORY FIBROBLASTIC SARCOMA, GRADE 1-2. THIS SPECIMEN: RESECTION OF SARCOMA, LEFT SHOULDER (NO PRE-OPERATIVE TREATMENT)

MACROSCOPY

Left shoulder myxofibrosarcoma stitch long lateral, short superior: an ovoid specimen measuring 132mm (superior to inferior), x143 (medial to lateral), x67mm (superficial to deep). The superficial surface is covered in a disc of skin measuring 143m in diameter. The deep surface is partially covered in fragments of skeletal muscle. The sutures are short superior long lateral. The specimen has been inked superior = blue, inferior = green, medial = orange, lateral = red and posterior = black. Specimen has been serially sliced from medial to lateral revealing a circumscribed heterogeneous myxoid/necrotic tumor mass measuring 113mm (medial to lateral), x97mm (superior to inferior), x52mm (superficial to deep). The tumor lies 8mm from superior, 9mm from inferior, 21mm to medial, 14mm to lateral, 1mm from deep and 1mm from superficial. Necrosis is approximately 5-10%. Blocks 1) Tumor to superior margin. 2) Tumor to inferior margin. 3) Cruciate of medial margin. 4) Cruciate of lateral of margin. 5) Tumor to deep margin. 6) Tumor to overlying skin. 7-10) Representative sections of tumor. Tissue and tumor remain.

HISTOLOGY

Sections show skin and subcutis, with skeletal muscle deeply. The dermis and subcutis contain extensive, lobulated, but focally apparently infiltrative, relatively sparsely to moderately cellular tumor. This is predominantly composed of relatively hypocellular myxoid nodules containing patternless arrays of spindle to ovoid cells. Many of these are quite hypovascular, but other nodules show relatively prominent vascularity, with large, thin-walled curvilinear vessels. In many areas (eg slide 7), there is a prominent chronic inflammatory infiltrate, including sheets of histiocytes, small lymphocytes, mast cells and in areas prominent eosinophils. Occasional relatively large and bizarre cells are interspersed (e.g. slide 7), and focally there are some more cellular areas of similarly atypical cells. The mitotic index is up to 2 to at most 3 per 10 hpf. Some focal necrosis is present (slide 7). Small amounts of hemosiderin deposition are present. The surrounding adipose tissue is of mature type, and no significant pathology is noted in the overlying squamous epithelium.

The morphology is essentially similar to that described in the previous biopsy (5754/20). This is a predominantly myxoid, atypical spindle cell neoplasm with principal differential diagnosis between myxoinflammatory fibroblastic sarcoma and myxofibrosarcoma, with features favoring myxoinflammatory fibroblastic sarcoma, probably grade 2 in this material. The tumor is focally approximately 4.5mm from the deep margin, and separated from this margin by fibroadipose tissue including densely collagenous, likely fascial tissue. The tumor is at least 10.5mm from the superior margin, at least 12mm from the lateral margin, and at least 18mm from the inferior margin. The medial margin is difficult to assess, but tumor appears to be at least 7.5mm from this margin.

Dr Magnus Hallin/Dr Khin Thway