

ROYAL MARSDEN NHS FOUNDATION TRUST - HISTOPATHOLOGY REPORT

748891: [REDACTED] - NHS Number: 450 345 0271

Lab No	6391/20	Reported	30 Jun 2020	Pathologist	DR HALLIN/DR THWAY
Source	Internal Operation	Sample Received	25 Jun 2020	Ward	
Sex	MALE	Age	62	Branch	FULHAM ROAD
Clinical Diagnosis		Operation	25 Jun 2020	Consultant	HAYES,MR A J

SITE	DIAGNOSIS
SOFT TISSUE AND OTHER CONNECTIVE A TISSUE (T1X005)	MORPHOLOGIC DESCRIPTION ONLY / FIBROLIPOMA (Benign) (M09350 / M88510)
B UPPER EXTREMITY (TY8000)	MORPHOLOGIC DESCRIPTION ONLY / FIBROLIPOMA (Benign) (M09350 / M88510)

62 YEAR OLD MALE. OVER ONE YEAR HISTORY OF 4X3CM LUMP IN LEFT ANTECUBITAL FOSSA; INCIDENTAL FINDING ON HAVING BLOOD TESTS. NOT ENLARGING SINCE. PMH: TONSILLAR SCC, TREATED WITH CHEMOTHERAPY AND RADIOTHERAPY, IN REMISSION FOR 4 YEARS. ON EXAMINATION: SMOOTH MASS, CLEARLY IN MUSCLES OF THE FOREARM, CLOSE TO BRACHIAL ARTERY. OUTSIDE IMAGING: 4.5X4.1X2.7CM LESION BETWEEN RADIUS AND ULNA, JUST DISTAL TO ELBOW JOINT. PREDOMINANTLY FATTY WITH SOME LOW-SIGNAL SEPTA. DISCRETE MARGINS, NO EXTENSION INTO MUSCLE OR INFILTRATION OF BONE. MRI: 4.8 X 4.7 X 3 LESION EXTENDING THROUGH INTEROSSEOUS SPACE JUST BEYOND ELBOW JOINT, INTO POSTERIOR ARM. IT LIES BETWEEN ANTERIOR FLEXOR AND EXTENSOR COMPARTMENTS, MEDIAL TO BRACHIAL TENDON, SUPERFICIAL TO SUPINATOR MUSCLE, AND LIES DEEP AND LATERAL TO BRACHIAL VESSELS. RADIOLOGIC OPINION: APPEARANCES SUGGEST A LIPOMA, BUT LOW GRADE LIPOSARCOMA COULD ALSO GIVE THIS APPEARANCE. THIS SPECIMEN: CORE BIOPSY OF LEFT ANTECUBITAL FOSSA MASS. NO PREVIOUS RMH HISTOLOGY.

MACROSCOPY

Left arm: 3 fatty cores ranging from 13-20mm. 1-3) AE.

HISTOLOGY

Cores of fibroadipose tissue and separate fragments of skeletal muscle. The adipose tissue is the predominant component, and is of mature type, with focal mild fat necrosis. There is relatively prominent intersection by fibrous septa, which is focally relatively densely collagenous. Focally, (slide 3), there is very mild myxoid change within the fibrous tissue, which remains of essentially sparse cellularity, with bland spindle and stellate cells in lightly basophilic stroma. A mast cell infiltrate is not noted. No cellular atypia, tumor necrosis or mitotic figures are seen in the biopsy.

The fibrous tissue shows multifocal CD34 expression. STAT6, MUC4, S100 protein (positive in adipocytic component only), SOX10, SMA, desmin, myogenin and AE1/AE3 are negative.

This could represent part of a differentiated adipocytic neoplasm; the morphology is most suggestive of fibrolipoma (or possibly spindle cell lipoma (slide 3)), and while no definite cellular atypia is seen, in view of the possibility of atypical lipomatous tumor on the clinical request form, FISH for MDM2 amplification status is awaited, with a further report to follow.

Dr Magnus Hallin/Dr Khin Thway