

## ROYAL MARSDEN NHS FOUNDATION TRUST - HISTOPATHOLOGY REPORT

751095: ~~XXXXXXXXXXXX~~ - NHS Number: 468 200 2384

Lab No	6689/20	Reported	9 Jul 2020	Pathologist	DR HALLIN/DR THWAY
Source	Second Opinion	Sample Received	3 Jul 2020	Ward	
Other Hospital				Other Hospital Number	11420/20
Sex	FEMALE	Age	85	Branch	FULHAM ROAD
Clinical Diagnosis		Operation		Consultant	WHIBLEY/KT

<b>SITE</b>	<b>DIAGNOSIS</b>
A SOFT TISSUE AND OTHER CONNECTIVE TISSUE ( T1X005 )	LEIOMYOSARCOMA (Malignant) ( M88903 )
B LIVER ( T56000 )	LEIOMYOSARCOMA (Malignant) ( M88903 )

85 YEAR OLD FEMALE. CLINICAL DETAILS ON REFERRING MRI REPORT: 'LARGE RETROPERITONEAL MASS, PROBABLY ADRENAL IN ORIGIN, 6.5CM, 6 LIVER LESIONS LIKELY METASTATIC, WITH VARIABLE CHARACTERISTICS TO CLARIFY/ DEFINE LIVER LESIONS.' THIS SPECIMEN: MATERIAL FROM LIVER BIOPSY, PREVIOUSLY REPORTED BY DR WHIBLEY: MORPHOLOGY AND IMMUNOPHENOTYPE IN KEEPING WITH LEIOMYOSARCOMA. HE HAS NOW KINDLY FORWARDED THE MATERIAL AND FURTHER CLINICAL INFORMATION, AS IT IS THOUGHT THAT THE PATIENT WILL COME TO THIS HOSPITAL FOR CENTRAL SARCOMA REVIEW. IT IS THOUGHT THAT THE PATIENT PREVIOUSLY HAD A HYSTERECTOMY, BUT THIS WAS NOT PERFORMED LOCALLY AROUND BSUH, AND THE TIME OF THIS WAS NOT KNOWN. EXTERNAL MRI LIVER: MULTIPLE LIVER LESIONS UP TO 3.2CM IN BOTH LOBES, WITH IMAGING CHARACTERISTICS OF MALIGNANCY. NO PREVIOUS RMH HISTOLOGY.

**MACROSCOPY**

Received from Royal Sussex County Hospital; 1 block 6 s/s ref 11420/20.

**HISTOLOGY**

Cores comprising small amounts of fibrous tissue and some fragments of skeletal muscle, with cellular tumor composed of intersecting fascicles of moderately to markedly atypical cells with hyperchromatic spindle to ovoid nuclei and abundant eosinophilic cytoplasm. No morphologic epithelial differentiation is identified. Mitoses are difficult to identify, due to morphologic overlap with hyperchromatic nuclei, but the mitotic index appears focally up to 4- 5/10hpf with atypical forms. No definite tumor necrosis is noted. No definite hepatic parenchyma or other normal structures are identified.

Referring immunohistochemistry shows the tumor to be diffusely and strongly positive for desmin, SMA, and h-caldesmon. There is some multifocal AE1/AE3 expression. The tumor is negative for S100 protein.

As previously described by Dr Whibley, the features are consistent with leiomyosarcoma ('grade 1'), presumably metastatic at this site.

Dr Magnus Hallin/Dr Khin Thway

**SUPPLEMENTARY REPORT 8/7/20**

The tumor is negative for myogenin, SOX10, CD34, STAT6, ER and PgR. The interpretation remains as above.

Dr Magnus Hallin/Dr Khin Thway