

ROYAL MARSDEN NHS FOUNDATION TRUST - HISTOPATHOLOGY REPORT
4462713850: SUTHERLAND,MS CHRISTINE - NHS Number: 446 271 3850

Lab No	0482/20	Reported	28 Jan 2020	Pathologist	DR HALLIN/DR THWAY
Source	Second Opinion	Sample Received	13 Jan 2020	Ward	
Other Hospital				Other Hospital Number	55317/19
Sex	FEMALE	Age	62	Branch	FULHAM ROAD
Clinical Diagnosis		Operation		Consultant	FLEMING/KT

SITE	DIAGNOSIS
SOFT TISSUE AND OTHER A CONNECTIVE TISSUE (T1X005)	NEOPLASM UNCERTAIN WHETHER BENIGN OR MALIGNANT / SMOOTH MUSCLE TUMOUR OF UNCERTAIN MALIGNANT POTENTIAL (M80001 / M88971)
B THIGH (TY9100)	NEOPLASM UNCERTAIN WHETHER BENIGN OR MALIGNANT / SMOOTH MUSCLE TUMOUR OF UNCERTAIN MALIGNANT POTENTIAL (M80001 / M88971)

62 YEAR OLD FEMALE. CORE BIOPSY FROM 9CM RIGHT UPPER THIGH MASS, SENT FOR FURTHER OPINION BY DR FLEMING; MYXOID SMOOTH MUSCLE TUMOUR OF UNCERTAIN MALIGNANT POTENTIAL. THE PATIENT ALSO HAS LARGE RIGHT SHOULDER MASS AND ?SUBMENTAL LYMPH NODES, CLINICALLY PROBABLE LYMPHOMA. PET-POSITIVE.

MACROSCOPY

Received from Maidstone and Tunbridge Wells NHS Trust; 1 block 13 s/s ref 55317/19.

HISTOLOGY

The features are as previously described by Dr Fleming, and show fibrous tissue and cellular tumour, composed of loose fascicles of relatively uniform spindle cells with elongated vesicular nuclei, abundant eosinophilic cytoplasm, and focally small amounts of intervening myxocollagenous stroma. Cellular atypia is essentially minimal, with some plump, only possibly mildly atypical cells noted. Mitotic figures are not prominent, with an index of up to 1/10hpf without atypical forms. No necrosis is seen.

Immunohistochemistry from the referring institution shows the tumour to be diffusely and strongly positive for SMA, desmin and h- caldesmon. The tumour is negative for DOG1, CD117, S100 protein, CD34, CD10 and p53. The proliferation fraction by MIB1 is low to in many areas moderate. PgR is moderate to predominantly strong in at least 90% of tumour nuclei. ER is moderate to strongly positive in at least 90% of tumour nuclei.

This is an essentially bland, although cellular smooth muscle tumour with relatively few mitoses and no necrosis, and with diffuse, strong ER and PgR expression. The clinical/ radiologic picture is noted, and the relationship of this neoplasm to the mass in the shoulder and possible submental nodes is not clear. Although the features appear to fall short of leiomyosarcoma, this biopsy may not be representative of the entire 9cm lesion, and it is noted that this is an apparent deep soft tissue mass (right upper thigh). The features are of at least uncertain malignant potential, and low-grade leiomyosarcoma cannot be completely excluded, given the overall features and clinical picture. Close clinical and radiologic correlation are required, including to assess for any history of female genital tract smooth muscle neoplasm, and review at a sarcoma MDT would be contributory.

Letter to Dr Fleming

Dr Magnus Hallin/Dr Khin Thway