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75 YEAR-OLD FEMALE, WITH HISTORY OF RIGHT BREAST SPINDLE CELL SARCOMA (GRADE 2) OR PERHAPS MAMMARY-TYPE NOS SARCOMA WITH CD10 EXPRESSION, PREVIOUSLY TREATED WITH MASTECTOMY IN APRIL 2019 (2566/19), AND ADJUVANT CHEST WALL RADIOTHERAPY (60 GY COMPLETED JUN 2019). THIS SPECIMEN: CORE BIOPSIES OF PERSISTENT TENDER ENLARGING LUMP ABOVE THE MASTECTOMY SCAR, MEASURING UP TO 14MM ON US. NO AXILLARY LYMPHADENOPATHY SEEN. CLINICALLY SUSPICIOUS 1 X 1.5CM FIRM DISCRETE MOBILE LUMP INFERIOR TO THE RADIOTHERAPY TATTOO IN UPPER OUTER QUADRANT OF RIGHT BREAST. NO OTHER ABNORMALITIES IDENTIFIED IN THE MASTECTOMY SCAR, CHEST WALL REGION, LEFT BREAST, THE AXILLAE OR SUPRACLAVICULAR FOSSA. TARGET USS OF SYMPTOMATIC REGION: 14 X 11 X 24MM LESION, POSSIBLY SUGGESTIVE OF SARCOMA RECURRENCE. RIGHT AXILLA NORMAL ON ULTRASOUND.

MACROSCOPY

Right chest wall: Two cores measuring 12 and 14mm. 1-2) AE.

HISTOLOGY

Cores of fibroadipose tissue and skeletal muscle, with cellular tumor, focally seen to infiltrate skeletal muscle, composed of loose fascicles of relatively uniform spindle cells with ovoid or sometimes more elongated vesicular nuclei, with fibrillary cytoplasm in moderately collagenous stroma. Cellular atypia is minimal, and focally only mild at most. The mitotic index is variable, but is focally up to 10/10hpf, without definite atypical forms. There is focal tumor necrosis. In areas, there is some mild myxoid change, with the cells in a pseudovascular pattern (slide 1); no definite vasoformation is noted.

The features appear essentially similar to those in the previous material (1895/19 and 2566/19), and would be in keeping with recurrent spindle cell sarcoma (likely grade 2 in this material), as previously described (1895/19 and 2566/19).

Dr Magnus Hallin/Dr Khin Thway

T soft tissue t chest wall
M spindle cell sarcoma

Prof Bakal study 1 and 2