ROYAL MARSDEN NHS FOUNDATION TRUST - HISTOPATHOLOGY REPORT
4567206215: TURTON,MS JENNIFER - NHS Number: 456 720 6215

Lab No	1290/20	**Reported**	31 Jan 2020	**Pathologist**	DR HALLIN/DR THWAY
Source	Second Opinion	**Sample Received**	29 Jan 2020	**Ward**	
Other Hospital				**Other Hospital Number**	1026/20
Sex	FEMALE	**Age**	62	**Branch**	FULHAM ROAD
Clinical Diagnosis		**Operation**		**Consultant**	THWAY, DR K K Y

SITE	DIAGNOSIS
SOFT TISSUE AND OTHER CONNECTIVE TISSUE A (T1X005)	SPINDLE CELL SARCOMA (Malignant) (M88013)
B GLUTEUS MAXIMUS MUSCLE (T14430)	SPINDLE CELL SARCOMA (Malignant) (M88013)

62 YEAR OLD FEMALE. CORE BIOPSY FROM RIGHT GLUTEAL MASS, FORWARDED FOR REVIEW BY DR COLLINS. FURTHER INFORMATION KINDLY PROVIDED BY HIM: THE PATIENT PRESENTED LAST WEEK WITH LETHARGY, SOB AND FATIGUE. CT: LARGE, 34X28CM LEFT-SIDED ABDOMINAL MASS EXTENDING INTO PELVIS, WITH PERIPHERAL SOLID AREAS, FOCAL CALCIFICATION AND POSSIBLE CENTRAL NECROSIS. IT WAS NOT POSSIBLE TO IDENTIFY THE LEFT ADRENAL, LEFT KIDNEY OR PANCREAS, AND THERE WAS MAJOR MASS EFFECT ON ADJACENT ORGANS WITH DISPLACEMENT OF STOMACH TO RIGHT. SPLEEN, LIVER, GALL BLADDER, RIGHT ADRENAL GLAND AND RIGHT KIDNEY NORMAL. THERE WAS ALSO A 3.9X3.4CM SOFT TISSUE MASS WITHIN THE RIGHT GLUTEAL MUSCLE, LIKELY METASTASIS. ALSO LYTIC AREA IN LEFT CAECUM. BOTH LUNGS SHOWED MULTIPLE NODULES, SUGGESTIVE OF METASTASES. HISTOLOGICALLY, THE GLUTEAL BASS BIOPSY SHOWED PREDOMINANTLY MARKEDLY ATYPICAL SPINDLE CELLS, WITH SOME NUCLEI HAVING A LARGE RHABDOID APPEARANCE. THERE WAS ONLY VERY PATCHY FAINT CD117; ?LIPOSARCOMA.

MACROSCOPY
Received from Queen Elizabeth Hospital Woolwich; 1 block 8 s/s ref 1026/20.

HISTOLOGY
The features are as previously described by Dr Collins, and show fibrous tissue with cellular tumour, composed of loose fascicles of moderately to focally markedly atypical cells with hyperchromatic ovoid to spindle nuclei and fibrillary cytoplasm, in delicately collagenous to focally more myxoid stroma. Occasional bizarre cells are present. The mitotic index is up to 4/10hpf with atypical forms. The stroma appears focally slightly hyalinised or fibrotic. No definite necrosis is seen. No lipoblasts are noted. No morphologic epithelial differentiation or heterologous elements are identified.

Immunohistochemistry from the referring institution shows the tumour to be negative for S100 protein, SMA, desmin (there is some staining in likely atrophic skeletal muscle fibres, but no definite expression within the tumour), MyoD1, CD34 and MNF116. CD117 shows very scanty weak staining only, and is interpreted as negative.

This is a high-grade (at least grade 2) malignant neoplasm, consistent with spindle cell sarcoma. The clinical/ radiologic picture is noted. This could represent primary or metastatic disease at this site; given the presence of the large intra-abdominal mass, it is perhaps more likely that this may be metastatic from the intra- abdominal location, but clinical and radiologic correlation are required. FISH for MDM2 amplification status is awaited, to assess whether this could represent a metastasis of dedifferentiated liposarcoma; although the metastatic picture noted for this patient is generally less likely in DDL, some high-grade DDLs can exhibit this picture. If there is no evidence of MDM2 amplification, this will be interpreted as spindle cell sarcoma (NOS). Although pleomorphic neoplasms of other lineages (e.g. sarcomatoid carcinoma) cannot be entirely excluded, there is no specific evidence of these.

Letter to Dr Collins

Dr Magnus Hallin/Dr Khin Thway