

ROYAL MARSDEN NHS FOUNDATION TRUST - HISTOPATHOLOGY REPORT

751030: [REDACTED] - NHS Number: 482 132 6973

Lab No	6894/20	Reported	9 Jul 2020	Pathologist	DR HALLIN/DR THWAY
Source	Referral	Sample Received	9 Jul 2020	Ward	
Other Hospital				Other Hospital Number	
Sex	FEMALE	Age	56	Branch	FULHAM ROAD
Clinical Diagnosis		Operation		Consultant	BENSON, DR C

SITE	DIAGNOSIS
A SOFT TISSUE AND OTHER CONNECTIVE TISSUE (T1X005)	LEIOMYOSARCOMA (Malignant) (M88903)
B UTERUS (T82000)	LEIOMYOSARCOMA (Malignant) (M88903)

56 YEAR OLD FEMALE, WITH PMB. THIS SPECIMEN: REVIEW OF OUTSIDE HISTOLOGY OF LAPAROSCOPIC TOTAL HYSTERECTOMY FROM MAY 2020. PREVIOUSLY REPORTED BY DR TYLER: LEIOMYOSARCOMA, GRADE 3. NO PREVIOUS RMH HISTOLOGY

MACROSCOPY

Received from Norfolk & Norwich University Hospital NHS Trust; 12 blocks 14 s/s ref 16776/20.

HISTOLOGY

The features are as previously described by Dr Tyler, and show myometrium with infiltrative, cellular tumor (described macroscopically as a fibroid-like mass measuring 3x2x3.5cm, located in the upper two thirds of the uterus, and which lies predominantly within the myometrium, with possible extension into the endometrium; histologically this is described to be a myometrial mass, which protrudes into the uterine cavity, with an ulcerated surface), comprising intersecting fascicles of moderately to markedly atypical cells with ovoid and spindled hyperchromatic or vesicular nuclei and relatively abundant eosinophilic cytoplasm, in collagenous stroma. Bizarre and multinucleate forms are interspersed. The mitotic index focally exceeds 20/10hpf, with prominent atypical forms. There are areas of hyalinization and infarct, and focal necrosis (described in the referring report to constitute >50% of the tumor volume). No morphologic epithelial differentiation is identified; a large well-formed gland is present in close proximity to the tumor (slide 9), and shows no atypia. This likely represents a native gland or a distorted part of the adenomyosis. The features do not support part of adenosarcoma. No definite lymphovascular invasion is noted. Referring immunohistochemistry shows the tumor to be variably (predominantly moderately and focally weakly or strongly) positive for ER, in approximately at least 80% of tumor nuclei. PgR shows predominantly moderate to strong nuclear expression in approximately at least 80% of the tumor nuclei.

This is a high-grade malignant neoplasm with morphology in keeping with leiomyosarcoma, grade 3 (confirmatory immunohistochemistry to follow). The referring report describes the tumor to reach to 4.5mm from the serosal surface. The cervix is unremarkable. The myometrium shows prominent foci of adenomyosis. The fallopian tubes and ovaries appear unremarkable. Please also see the detailed original report for further information.

Dr Magnus Hallin/Dr Khin Thway