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22 YEAR OLD FEMALE. THIS SPECIMEN: CORE BIOPSY FROM RIGHT ABDOMINAL WALL/ PELVIC MASS, CLINICALLY ?DESMOID, ? SARCOMA. IMAGING MRI 29/05: MASS RIGHT INGUINAL REGION SURROUNDING SUPERIOR PUBIC RAMUS AND INVOLVING RECTUS MUSCLE. NO EVIDENCE OF ARTERIAL COMPROMISE. HAS APPEARANCE OF FIBROMATOSIS. NO PREVIOUS RMH HISTOLOGY

MACROSCOPY
Pelvic mass: 2 cores measuring 16 and 18mm 1-2) AE

HISTOLOGY
Cores comprising small fragments of mildly atrophic skeletal muscle, the latter with moderately cellular lesion composed of loose fascicles of essentially uniform spindle cells with ovoid and elongated vesicular nuclei, and small amounts of fibrillary cytoplasm in collagenous stroma. the tumor is seen to be present around atrophic skeletal muscle fibers. No definite cellular atypia is noted. The mitotic index is up to 2-3/10hpf; the mitoses are plump but no atypical forms are seen. Thick- and thin-walled vessels are intermingled.

The tumor is focally and strongly positive for SMA, and beta-catenin shows strong expression in most tumor nuclei.

There is some scanty focal desmin expression.
There is diffuse h-caldesmon, although this marker is often aberrantly overexpressed in this laboratory. CDK4 shows essentially weak diffuse expression, interpreted as negative. There is multifocal strong p16 expression, of uncertain significance.
The tumor is negative for myogenin, CD34, STAT6, S100 protein (occasional scanty dendritic cells only), SOX10 (expression in likely mast cells only), MUC4, CD117, DOG1, AE1/AE3,
The proliferation fraction by MIB1 is essentially low.

the features are consistent with desmoid-type fibromatosis. Beta-catenin mutational analysis is awaited, with a further report to follow. In view of the unusual p16 expression, **FISH for MDM2 amplification status is awaited,** but the morphology does not support 'low-grade pattern' dedifferentiated liposarcoma.

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