Rose Kane 3064 20 742429
83 YEAR-OLD FEMALE. LONG HISTORY OF TENDER MASS IN THE LEFT DELTOID MUSCLE OF THE ARM, WITH SYMPTOMS WHEN IT IS PRESSED AND WHEN SHE SLEEPS ON IT. MRIS PRESENT FROM JAN 2019 AND 2007 (WHEN THE MASS WAS PRESENT BUT SMALLER). ON IMAGING IT IS INDETERMINATE, BUT LACK OF RATE OF GROWTH REASSURING AND LIKELIHOOD OF IT REPRESENTING SARCOMA IS THOUGHT SMALL. MRI: 1.9 X 2.1 X 1.9 CM OVOID SOLID MASS WITH CENTRAL CYSTIC CHANGES ARISING FROM LATERAL FIBRES OF LEFT DELTOID MUSCLE. THE LESION DOES NOT CONTAIN FAT AND DEMONSTRATES SOME PERITUMORAL OEDEMA. IT WAS PRESENT BUT SMALLER IN 2007 (1.5 CM). ELSEWHERE, DEGENERATIVE CHANGES AROUND LEFT SHOULDER JOINT. NO AXILLARY ADENOPATHY. RADIOLOGIC OPINION: INDETERMINATE, MASS LEFT DELTOID MUSCLE WHICH HAS PROGRESSED OVER PAST 12 YEARS BUT MAY WELL BE BENIGN; BIOPSY APPROPRIATE. PREVIOUS BIOPSY (1480/20) SHOWED FEATURES WHICH COULD REPRESENT LIPOMA, BUT THIS MAY NOT BE REPRESENTATIVE OF THE LESION NOTED CLINICALLY. THIS SPECIMEN: US-GUIDED BIOPSY MASS LEFT DELTOID, ?NERVE SHEATH TUMOUR ?BENIGN ?MALIGNANT.

MACROSCOPY
Left deltoid: 4 cores ranging from 2-14mm. 1-4) AE.

HISTOLOGY
Cores of fragmented fibroadipose tissue and skeletal muscle, with moderately cellular tumor, composed of patternless arrays of minimally to focally mildly atypical cells with spindle to ovoid nuclei, sometimes buckled nuclei. No definite mitotic figures are seen in 6 hpf. No tumor necrosis is seen. **Focally (slide 2), there are well-formed, although slightly angulated medium-sized to large thin-walled vessels, sometimes lined by mildly hyperchromatic endothelial cells with some possible stratification, and without mitotic figures. Some atrophic adjacent skeletal muscle fibers are noted. Although some of these cells likely represent true endothelial lining cells, these are not interpreted as lesional cells or part of a separate neoplasm.**

The tumor is diffusely and strongly positive for S100 protein, with most cells positive for SOX10. There is some possible focal CD34. The tumor is negative for SMA, desmin, myogenin, nuclear beta-catenin, STAT6 and AE1/AE3. The proliferation fraction by MIB1 is low.

The features are consistent with schwannoma. No atypical features are identified.

Dr Magnus Hallin/Dr Khin Thway

T soft tissue t shoulder
m schwannoma