

**ROYAL MARSDEN NHS FOUNDATION TRUST - HISTOPATHOLOGY REPORT**  
**743965: BAILEY,MR SHAUN - NHS Number: 420 798 8661**

<b>Lab No</b>	2891/20	<b>Reported</b>	17 Mar 2020	<b>Pathologist</b>	DR THWAY
<b>Source</b>	Referral	<b>Sample Received</b>	28 Feb 2020	<b>Ward</b>	
<b>Other Hospital</b>				<b>Other Hospital Number</b>	
<b>Sex</b>	MALE	<b>Age</b>	72	<b>Branch</b>	FULHAM ROAD
<b>Clinical Diagnosis</b>		<b>Operation</b>		<b>Consultant</b>	GENNATAS,DR S

<b>SITE</b>	<b>DIAGNOSIS</b>
SOFT TISSUE AND OTHER A CONNECTIVE TISSUE ( T1X005 )	NEOPLASM UNCERTAIN WHETHER BENIGN OR MALIGNANT / SOLITARY FIBROUS TUMOUR (Benign) ( M80001 / M88150 )
B LIVER ( T56000 )	NEOPLASM UNCERTAIN WHETHER BENIGN OR MALIGNANT / SOLITARY FIBROUS TUMOUR (Benign) ( M80001 / M88150 )

72 YEAR OLD MALE. REVIEW OF OUTSIDE HISTOLOGY OF EXCISION OF GALLBLADDER AND PEDUNCULATED LESION ON RIGHT LOBE OF LIVER FROM DEC 2019, PREVIOUSLY SEEN BY DR WANG/ DR DU PARCQ. LIVER LESION: FEATURES IN KEEPING WITH SFT. NO PREVIOUS RMH HISTOLOGY

#### MACROSCOPY

Received from St George's Hospital Nhs Trust; 12 blocks ref 54841/19.

#### HISTOLOGY

##### A1-2) Gallbladder

Sections show gallbladder with chronic cholecystitis, with features as described in the referring report. No dysplasia or malignant features are seen.

##### B3-12) Pedunculated lesion from liver

The features are as previously described by colleagues, and show a moderately to focally more hypercellular tumor, composed of patternless arrays or stands of cells with plump, ovoid to sometimes more spindled nuclei with even chromatin and scanty fibrillary cytoplasm, in prominently collagenous stroma. In areas a slightly more sclerotic, storiform appearance is noted. Cellular atypia is minimal, with only occasional scanty cells showing possible mild atypia. The mitotic index is variable, ranging from 0/10hpf in the more sparsely cellular areas, and up to 2-3/10hpf in the cellular foci (eg slide 8), without atypical forms. No necrosis is seen. The lesion is seen to undermine mesothelial cells focally; these appear unremarkable. No background liver parenchyma is noted.

The referring report describes the tumor to be diffusely and strongly positive in nuclei for STAT6, and positive for CD34, CD99 and bcl-2. CD117 shows weak, non-specific staining. The tumor is described to be negative for AE1/AE3, CK8/18, S100 protein, HMB45, MelanA, desmin, actin, h-caldesmon, myogenin, DOG1, calretinin, D240 and CD31. The proliferation fraction by MIB1 is reported to be low (<1-2%).

The features are in keeping with solitary fibrous tumor. Although no specific features of malignancy are seen in this material, the behavior of SFT is unpredictable. The referring report describes the tumor to be present at the diathermied excision margin.

Dr Khin Thway