

ROYAL MARSDEN NHS FOUNDATION TRUST - HISTOPATHOLOGY REPORT
625410: [REDACTED] - NHS Number: 464 011 8457

Lab No	6071/20	Reported	19 Jun 2020	Pathologist	DR HALLIN/DR THWAY
Source	Internal Operation	Sample Received	17 Jun 2020	Ward	
Sex	MALE	Age	78	Branch	FULHAM ROAD
Clinical Diagnosis		Operation	16 Jun 2020	Consultant	SMITH,MR M J F

SITE

A SOFT TISSUE AND OTHER CONNECTIVE TISSUE (T1X005)
 B FOREARM (TY8500)

DIAGNOSIS

FIBROSARCOMA (Malignant) (M88103)
 FIBROSARCOMA (Malignant) (M88103)

78 YEAR OLD MALE, WITH HISTORY OF PREVIOUS EXCISIONS OF MYXOFIBROSARCOMA, GRADE 1 IN 2013 (13573/13 AND 14184/13), WITH POST- OPERATIVE RADIOTHERAPY (COMPLETED 2014). EXCISION OF RECURRENCE IN 2016: MYXOFIBROSARCOMA, GRADE 1. RECENT CORE BIOPSY OF RECURRENCE IN SURGICAL WOUND IN JUNE 2020: RECURRENT MYXOFIBROSARCOMA, GRADE 1-2 (5764/20). THIS SPECIMEN: EXCISION OF RECURRENT SARCOMA, RIGHT FOREARM.

MACROSCOPY

Resection of recurrent sarcoma right forearm short = superior, long = lateral: an orientated elliptical excision specimen measuring 68mm (superior to inferior), x32mm (medial to lateral), x9mm (anterior to posterior). The anterior surface bears an ellipse of skin measuring 70x7mm. The deep surface is covered in skeletal muscle. The specimen has been inked superior = blue, inferior = green, medial = orange, lateral = red and deep = black. Specimen is serially sliced from superior to inferior revealing a hemorrhagic brown necrotic mass measuring 30mm (superior to inferior), x16mm (medial to lateral), x7mm (superficial to deep). The mass lies 12mm from superior margin, 17mm from inferior, 3mm to medial, 6mm to lateral, 2mm to superficial (skin) and 3mm to deep. Necrosis is approximately 40%. Tumor appears to be completely excised macroscopically. Blocks 1) Cruciate of superior margin. 2) Cruciate of inferior margin. 3-6) Transverse sections. Tissue and tumor remains.

HISTOLOGY

Sections show skin and subcutis, with skeletal muscle deeply. The subcutis shows markedly ill-defined, infiltrative moderately cellular tumor, with features similar to those in the previous biopsy (5764/20) and composed of patternless arrays of moderately to markedly atypical ovoid and spindle cells, in variably myxoid to myxocollagenous stroma. More solid distributions are noted, although these comprise small areas. The tumor is seen to infiltrate deep fascia, with focal full thickness penetration with likely extension focally into skeletal muscle. Focal hemosiderin deposition is seen. Mitotic figures are not especially prominent, with an index of up to 1/10hpf. There is fibrinoid material without definite necrosis, although possible incipient necrosis was noted in the recent core biopsy. No significant pathology is noted in the overlying squamous epithelium.

The features are consistent with recurrent myxofibrosarcoma, grade 1- 2. The tumor is markedly infiltrative, and is present at the superior, inferior and lateral margins, and approximately <0.3 mm from the medial margin. The tumor is focally 0.8mm from the deep margin where it is bounded by fascia, and is approximately 1mm from this margin where this is composed of skeletal muscle.

Dr Magnus Hallin/Dr Khin Thway