ROYAL MARSDEN NHS FOUNDATION TRUST - HISTOPATHOLOGY REPORT
748831 [redacted] - NHS Number: 604 096 5614

Lab No	6197/20	**Reported**	19 Jun 2020	**Pathologist**	DR HALLIN/DR THWAY
Source	Referral	**Sample Received**	19 Jun 2020	**Ward**	
Other Hospital				**Other Hospital Number**	
Sex	FEMALE	**Age**	75	**Branch**	FULHAM ROAD
Clinical Diagnosis		**Operation**		**Consultant**	HAYES,MR A J

SITE	DIAGNOSIS
A SOFT TISSUE AND OTHER CONNECTIVE TISSUE (T1X005)	SARCOMA (Malignant) (M88003)
B THIGH (TY9100)	SARCOMA (Malignant) (M88003)

75 YEAR-OLD FEMALE, WITH 12 WEEK HISTORY OF PAIN AND SWELLING IN LEFT THIGH. PMH: CLEAR CELL RENAL CARCINOMA. MRI REPORTED TO SHOW WHAT LOOKS LIKE SARCOMA IN HER VASTUS INTERMEDIUS. CTPA REPORTED TO SHOW NO METS. THIS SPECIMEN: CORE BIOPSIES FROM LEFT THIGH SOFT TISSUE SARCOMA, PREVIOUSLY REPORTED BY DR TSIGKA IN JUNE 2020: HIGH-GRADE SARCOMA, MFH-LIKE. THERE IS NO PREVIOUS HISTOLOGY FOR REVIEW AT RMH.

MACROSCOPY
Received from Norfolk & Norwich University Hospital NHS Trust; 1 block 17 s/s ref 18165/20.

HISTOLOGY

The features are as previously described by Dr Tsigka, and show fibroadipose tissue with focally mildly atrophic skeletal muscle and moderately cellular spindle, ovoid and polygonal cell tumor, composed of patternless arrays of moderately to focally relatively markedly atypical cells with ovoid to more elongated nuclei, often with prominent, sometimes large nucleoli, including occasional binucleate forms. There are areas of necrosis with a mixed, including a neutrophilic, inflammatory infiltrate, likely amounting to microabscess formation. The inflammatory infiltrate is in other areas largely composed of small lymphocytes, with scattered neutrophils and occasional likely eosinophils. The stroma is focally mildly hyalinized, but no tumoral osteoid is noted. The mitotic index is variable, but is focally up to 8/10hpf, with some atypical forms.

Immunohistochemistry from the referring institution shows the tumor to be strongly positive for SMA in most cells, frequently with subplasmalemmal accentuation. There is some focal moderate nuclear (as well as cytoplasmic) expression of CDK4, without diffuse strong expression noted. The tumor is negative for desmin, myogenin, MyoD1, h-caldesmon, S100 protein, SOX10, MITF, CD34, ERG, calponin, CK BS5, RCC and LCA.

The features are consistent with pleomorphic and spindle cell sarcoma with myofibroblastic differentiation, likely grade 2 in this material. Although the morphology suggests a possibility of myxoinflammatory fibroblastic sarcoma, there is insufficient architectural or immunohistochemical evidence of this.

Dr Magnus Hallin/Dr Khin Thway