Valerie Harden 14277 20 731357 :,Mrs
59 year old female. Excision of chondrosarcoma of the left chest wall/abdominal wall, with diaphragm and pericardium. The patient has a left lower chest wall mass; reports from RNOH showed this to be grade 2 chondrosarcoma. MRI at RNOH: 17x15x10cm mass involving lower ribs, which extends into peritoneal cavity under the diaphragm. There is also involvement of the diaphragm, and the full thickness of the left lateral abdominal wall. No previous RMH histology

MACROSCOPY

Resection, left thoraco abdominal chondrosarcoma: The specimen is inked as follows: anterior/superficial red, superior blue, medial ira, inferior green, lateral yellow, deep black> The specimen measures 210 medial-lateral x 175 superior-inferior x 90mm superficial to deep, and comprises an ellipse of skin measuring 70x13mm, with ribs measuring approximately 210 medial-lateral x 145 superior-inferior, with a lobulated tumour deep to the ribs measuring 175 superior-inferior x 175 medial-lateral x approximately 60mm superficial to deep. On slicing, the tumour is partly cystic and has a granular pale surface; it abuts the deep surface, and is >5mm from the lateral margin, and approximately 20mm from the lateral pelural margin. The tumour does not involve the medial ribs, and is 25mm from the medial/pleural margin. It is 7mm from the anterior chest wall margin, 10mm from the inferior margin, and 17mm from the superior margin. Definite tumour necrosis is not seen. 1-2) tumour to posterior 3) anterior and including margin 4) superior margin 5) lateral rib margin 6) lateral pleural margin 7) medial most rib 8) medial pleural margin 9) superior pleural margin 10) further inferior margin 11-14) tumour reps TR

HISTOLOGY

Sections show fibroadipose tissue and skeletal muscle enclosing a relatively sparsely to moderately cellular chondroid neoplasm, composed of chondrocytes with mild to moderate atypia, in prominent myxoid stroma with likely areas of necrosis. Focally (eg slide 4), the tumour appears to be arising from/ connected to the rib. Mitotic activity is not prominent. Focally the tumour is pseudoencapsulated and abuts skeletal muscle (slide 13). In one area (slide 14) a tumour cluster and associated myxoid stroma is present adjacent to large nerves, although it is unclear whether this represents perineurial invasion.

The features are in keeping with chondrosarcoma. However, expert opinion will be sought from Dr Amary and Dr Tirabosco at RNOH, with a further report to follow. The tumour is 4.5mm from the superior margin, at least 5mm from the lateral rib margin, 6.5mm from the lateral pleural margin, 7.2mm from the anterior margin, 8.5mm from the inferior margin, 9mm from the superior margin, 9.2mm from the medial pleural margin, and at least 17.5mm from the medial rib margin.

Dr Magnus Hallin/Dr Khin Thway

T: soft tissue t chest wall m chondrosarcoma