

ROYAL MARSDEN NHS FOUNDATION TRUST - HISTOPATHOLOGY REPORT
726249: [REDACTED] - NHS Number: 614 916 2273

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|---------------------------|----------|------------------------|------------|------------------------------|--------------------|
| Lab No | 6790/20 | Reported | 7 Jul 2020 | Pathologist | DR HALLIN/DR THWAY |
| Source | Referral | Sample Received | 7 Jul 2020 | Ward | |
| Other Hospital | | | | Other Hospital Number | |
| Sex | MALE | Age | 81 | Branch | FULHAM ROAD |
| Clinical Diagnosis | | Operation | | Consultant | HAYES,MR A J |

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| SITE | DIAGNOSIS |
| SOFT TISSUE AND OTHER CONNECTIVE TISSUE A (T1X005) | FIBROUS HISTIOCYTOMA MALIGNANT (M88303) |
| B CALF OF LEG (TY9440) | FIBROUS HISTIOCYTOMA MALIGNANT (M88303) |

81 YEAR OLD MALE, WITH PREVIOUS EXCISION (5678/19) OF PLEOMORPHIC SARCOMA WITH EPITHELIOID MYXOFIBROSARCOMATOUS AREAS, GRADE 3 (NO EVIDENCE OF FUS OR EWSR1 GENE REARRANGEMENT, AND NO EWSR1-NR4A3 OR TAF15-NR4A3 FUSION TRANSCRIPTS DETECTED BY RT-PCR. NO FEATURES TO SUGGEST THAT THIS REPRESENTS A HISTIOCYTIC SARCOMA OR OTHER HEMATOPOIETICALLY DERIVED MALIGNANCY). THIS SPECIMEN: REVIEW OF OUTSIDE HISTOLOGY OF CORE BIOPSY OF NEW NODULE FROM THE LEFT CALF FROM JUNE 2020 (PREVIOUSLY REPORTED BY DR FIELDING), CLINICALLY SUSPICIOUS ON USS, ?RECURRENT SARCOMA. HISTOLOGICALLY THIS WAS REPORTED AS CONSISTENT WITH THE CLINICAL SUSPICION OF SARCOMA RECURRENCE.

MACROSCOPY

Received from Royal Bournemouth & Christchurch Hospitals NHS Trust; 1 block 1 s/s ref 6261/20.

HISTOLOGY

The features are as previously described by Dr Fielding, and show cores of variably cellular tumor comprising moderately to markedly atypical cells with ovoid, often hyperchromatic nuclei and moderate amounts of eosinophilic cytoplasm, in cellular distributions or predominantly dispersed in moderately vascular, prominently myxoid stroma. Mitotic figures are difficult to distinguish from hyperchromatic nuclei and apoptotic bodies, with a mitotic index of up to 2-3 per five hpf. No definite tumor necrosis is noted.

The morphology is similar to that described in the previous material (4530/19 and 5678/19), and the features are consistent with recurrent high-grade pleomorphic sarcoma with predominant myxofibrosarcomatous areas (at least grade 2 in this material).

Dr Magnus Hallin/Dr Khin Thway