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78 YEAR OLD MALE. CORE BIOPSY FROM APPROXIMATELY 10CM ABDOMINAL WALL MASS: leiomyosarcoma, grade 1-2. NO MDM2 amplification With FISH. THIS SPECIMEN: EXCISION OF LEIOMYOSARCOMA IN RIGHT COLONIC MESENTERY, With RIGHT HEMICOLECTOMY

MACROSCOPY

Sarcoma arising from hemicolectomy + right colon mesentery: Pot contains an unorientated right hemicolectomy specimen consisting of a large multilobulated firm mass attached to a segment of ileum caecum and right colon. The specimen measures 20 x 198 x 93mm. The segment of ileum measures 123mm in length and 18mm in diameter. The right colon measures 140mm in length and 49mm in diameter. The multilobulated mass is partially covered in smooth connective tissue and the opposite surface is covered in fragments of skeletal muscle and roughened. There is an appendix attached to the caecum measuring 48mm in length and 8mm in diameter. On opening the bowel appears uninvolved with normal mucosal appearance. The firm multilobulated mass measures 103 x 106 x 75mm. on slicing the mass is largely homogenous cream with a whorled fibrous appearance. The margins are well circumscribed and the tumour lies 20mm from the colonic mucosa. The tumour abuts the resection margins but no obvious macroscopic breach is seen. No apparent macroscopic necrosis is present. Blocks: 1) Tip of appendix; 2) Transverse section of appendix x2; 3) Ileal resection margin; 4) Right colon resection margin; 5) Area between bowel and tumour; 6) Tumour to smooth serosal margin; 7) Tumour to roughened margin; 8-10) Representative sections of tumour. Tissue and tumour remains.

HISTOLOGY

Section show adipose tissue with cellular tumour composed of intersecting fascicles of moderately to markedly atypical cells spindle cells as previously described (16499/19). The mitotic index is up to 12/10hpf. Focal necrosis is present (eg slide 8). Focally there is a moderate mixed chronic inflammatory infiltrate, including plasma cells and some loose lymphoid aggregates. The surrounding adipose tissue is of mature type.

The features are consistent with leiomyosarcoma, grade 2. The tumour is approximately 1mm from the inked smooth serosal margin, separated from it by fibroadipose tissue. The tumour is focally also approximately 1mm from the inked 'roughened' resection margin.

The tumour appears separated from the bowel by mature adipose tissue without infiltration of bowel seen. The ileal resection margin shows unremarkable small bowel without tumour. The right colonic resection margin shows large bowel without tumour. There is fibrous obliteration of the appendix, with slightly prominent myenteric plexuses, but no leiomyosarcoma or other abnormality is seen (also kindly seen by Dr Terlizzo (consultant GI pathologist), who agrees with the finding). No lymph nodes are identified.

Dr Magnus Hallin/Dr Khin Thway

T: soft tissue + mesentery in leiomyosarcoma
Colon in morphological description only