ROYAL MARSDEN NHS FOUNDATION TRUST - HISTOPATHOLOGY REPORT
[redacted] - NHS Number: 400 521 6846

Lab No	6352/20	**Reported**	30 Jun 2020	**Pathologist**	DR THWAY
Source	Internal Operation	**Sample Received**	25 Jun 2020	**Ward**	CRITICAL CARE UNIT (CHELSEA)
Sex	FEMALE	**Age**	76	**Branch**	FULHAM ROAD
Clinical Diagnosis		**Operation**	24 Jun 2020	**Consultant**	HAYES,MR A J

SITE	DIAGNOSIS
A SOFT TISSUE AND OTHER CONNECTIVE TISSUE (T1X005)	LEIOMYOSARCOMA (Malignant) (M88903)
B ABDOMEN (TY4100)	LEIOMYOSARCOMA (Malignant) (M88903)

76 YEAR OLD FEMALE. CORE BIOPSY FROM LARGE, CYSTIC ABDOMINAL MASS IN MAY 2020: LEIOMYOSARCOMA, GRADE 2 (5057/20). THIS SPECIMEN: RESECTION OF INTRA-ABDOMINAL LEIOMYOSARCOMA (LIKELY ARISING FROM LEFT OVARIAN VEIN). NO RECORD OF PRE-OPERATIVE RADIOTHERAPY. OPERATIVE FINDINGS: HUGE, EXTREMELY MOBILE TUMOR LYING PRINCIPALLY IN GREATER OMENTUM, AND THOUGHT TO BE ARISING IN VERY LARGE GONADAL VEINS PASSING FROM LEFT OVARY; UTERUS NOT INVOLVED; EXTENSIVE NEW VESSEL FORMATION IN OMENTUM; TRANSVERSE COLON AND RIGHT COLON WERE CLOSE TO TUMOR BUT COULD CLEARLY BE DISSECTED OFF IT BY TAKING OMENTUM AND ALL OF THE LARGE VESSELS BETWEEN TIES; NO NEED FOR ANY VISCERAL RESECTION

MACROSCOPY
Intra-abdominal sarcoma: an unorientated multilobulated tumor mass with attached omental tissue. The mass measures 222x247x143mm. The attached omental sheet measures 200x90mm. The outer surface of tumor mass is entirely covered in smooth shiny connective tissue. There is no obvious breach of the surgical resection margins noted. There are two tied vessels towards one end. The specimen is serially sliced revealing a large predominantly homogeneous cream multilobulated tumor with walled appearance. There are multiple areas of focal necrosis present throughout. The tumor measurements are as above. No obvious macroscopic breach of the outer connective tissue is identified. Necrosis is approximately 25%. Blocks 1&2) Tied vessel resection margins. 3-6) Representative sections of tumor to resection margins. 7-10) Representative sections of tumor. Tissue and tumor remain.

HISTOLOGY
Sections show cellular tumor with similar features to those described in the previous biopsy (5057/20), and composed of intersecting fascicles of moderately to markedly atypical spindle cells, with mitotic index focally exceeding 20/10hpf, and areas of necrosis.

The features are consistent with leiomyosarcoma, grade 3. The tumor appears excised, although is focally <0.2 mm from the inked circumferential/ peripheral resection margin, being separated from this by a thin layer of fibrous tissue/ a pseudocapsule. Definite origin from an adjacent vessel is not seen, but focally the tumor is adjacent to the fimbrial end of a fallopian tube without atypia (slide 8), and may be present in its wall, suggesting possible adnexal origin. The tied vessel resection margins show variably sized vessels with no tumor or other significant abnormality; some ovarian tissue with occasional benign inclusions and without other significant pathology is also present (slide 1) (case also kindly seen by Dr K Vroobel (consultant gynecologic pathologist), who agrees with the findings).

Dr Khin Thway