

ROYAL MARSDEN NHS FOUNDATION TRUST - HISTOPATHOLOGY REPORT
746735: [REDACTED] - NHS Number: 464 209 7287

Lab No	5991/20	Reported	17 Jun 2020	Pathologist	DR HALLIN/DR THWAY
Source	Internal Operation	Sample Received	12 Jun 2020	Ward	
Sex	MALE	Age	85	Branch	FULHAM ROAD
Clinical Diagnosis		Operation	12 Jun 2020	Consultant	SMITH,MR M J F

SITE	DIAGNOSIS
SOFT TISSUE AND OTHER CONNECTIVE TISSUE A (T1X005)	MORPHOLOGIC DESCRIPTION ONLY (M09350)
B CHEST WALL (TY2150)	MORPHOLOGIC DESCRIPTION ONLY (M09350)

85 YEAR OLD MALE, WHO PRESENTS WITH AN EIGHT-MONTH HISTORY OF A MASS IN HIS RIGHT CHEST WALL WHICH EXTENDS INTO HIS RIGHT AXILLA. THIS HAS BEEN RAPIDLY INCREASING IN SIZE BUT HAS CAUSED HIM NO PAIN OR DISCOMFORT. HE IS REASONABLY FIT. HE SUFFERED A MINOR STROKE ABOUT TWO YEARS AGO BUT TAKES NO ANTICOAGULANTS. HE HAS INSULIN-DEPENDENT DIABETES, GOUT AND HYPERCHOLESTEROLEMIA, TAKING APPROPRIATE MEDICATIONS FOR THE LATTER CONDITIONS. ON EXAMINATION: THE MASS WAS LARGE AND AFFIXED TO THE CHEST WALL. RMH IMAGING AWAITED. THIS SPECIMEN: CORE BIOPSY FROM RIGHT CHEST WALL/ AXILLARY MASS. NO PREVIOUS RMH HISTOLOGY

MACROSCOPY

Right chest wall/ axillary mass: 4 cores ranging from 15-25mm. 1

HISTOLOGY

These are cores of fibroadipose tissue, with adipose tissue irregularly intersected by a moderately cellular lesion, composed of patternless arrays of mildly to focally moderately atypical cells with enlarged spindle nuclei and fibrillary cytoplasm, in relatively densely collagenous stroma. No definite mitotic figures are seen in 10hpf, and no tumor necrosis is present.

The lesion is diffusely and strongly positive for CDK4 and p16. There is only some relatively scant CD34. There is focal, relatively weak, nuclear and cytoplasmic expression of STAT6 (no diffuse strong clean expression seen). The spindle cell component is negative for SMA, desmin, myogenin, S100 protein, SOX10 and MUC4. The proliferation fraction by MIB1 is relatively high in the spindle cell component.

The features are in keeping with atypical lipomatous tumor/ well- differentiated liposarcoma. The high MIB1 and clinical finding of rapid enlargement is noted; the cellular spindle cell areas may represent either a component of sclerosing atypical lipomatous tumor/ well-differentiated liposarcoma, or of possible dedifferentiation (grade 2 in this setting; STAT6 can also be amplified in a subset of dedifferentiated liposarcomas). FISH for MDM2 amplification status is awaited, with a further report to follow.

Dr Magnus Hallin/Dr Khin Thway