

ROYAL MARSDEN NHS FOUNDATION TRUST - HISTOPATHOLOGY REPORT

749052: ~~MAGNUS HALLIN/DR KHIN THWAY~~ - NHS Number: 723 061 8185

Lab No	6847/20	Reported	10 Jul 2020	Pathologist	DR HALLIN/DR THWAY
Source	Internal Operation	Sample Received	9 Jul 2020	Ward	
Sex	MALE	Age	36	Branch	FULHAM ROAD
Clinical Diagnosis		Operation	8 Jul 2020	Consultant	STRAUSS,MR D C

SITE	DIAGNOSIS
SOFT TISSUE AND OTHER CONNECTIVE A TISSUE (T1X005)	MORPHOLOGIC DESCRIPTION ONLY / LIPOMA (Benign) (M09350 / M88500)
B NECK (TY0600)	MORPHOLOGIC DESCRIPTION ONLY / LIPOMA (Benign) (M09350 / M88500)

36 YEAR OLD MALE. THIS SPECIMEN: EXCISION OF CLINICALLY DEEP LIPOMA OF THE LEFT NECK. NO PREVIOUS RMH HISTOLOGY.

MACROSCOPY

Deep lipoma left neck: an unorientated ovoid lipomatous mass measuring 97x73x42mm. The outer surface is entirely covered in a thin layer of connective tissue with fragments of skeletal muscle on one side. The surgical resection margins have been inked black. Specimen is serially sliced across the short axis revealing a yellow blend homogeneous circumscribed tumor mass occupying the entire specimen. The tumor abuts the surgical resection margins but does not appear to breach. No obvious macroscopic necrosis is identified. Blocks 1&2) Cruciates of ends. 3-6) Representative sections of tumor. Tissue and tumor remain.

HISTOLOGY

Sections show a differentiated adipocytic neoplasm, composed of sheets of adipose tissue of mature type, with frequent intersection by sparsely cellular fibrous septa. There is prominent fat necrosis with some small foci of organizing granulation tissue, and occasional areas of fibrosis with some small collagenous nodules; these would all be in keeping with changes secondary to previous trauma and chronicity. Only very focally (slide 1) within the septa are occasional cells with slightly plump, essentially minimally atypical vesicular nuclei, which appear to represent plump fibroblasts. No definite cellular atypia is noted in the specimen, and no tumor necrosis or mitotic figures are seen.

This is a differentiated adipocytic tumor with features suggestive of lipoma with chronicity, rather than atypical lipomatous tumor. Although conclusive features of atypia are not identified, lipoma- like atypical lipomatous tumor cannot be ruled out, and FISH for MDM2 amplification status is awaited. The features appear insufficient for a spindle cell lipoma variant. Mature adipose tissue extends focally to the peripheral/ circumferential and longitudinal margins.

Dr Magnus Hallin/Dr Khin Thway