

ROYAL MARSDEN NHS FOUNDATION TRUST - HISTOPATHOLOGY REPORT
751013: [REDACTED] - NHS Number: 474 828 2495

Lab No	6892/20	Reported	9 Jul 2020	Pathologist	DR HALLIN/DR THWAY
		Sample			
Source	Referral	Received	9 Jul 2020	Ward	
Other Hospital				Other Hospital Number	
Sex	MALE	Age	81	Branch	FULHAM ROAD
Clinical Diagnosis		Operation		Consultant	HAYES,MR A J

SITE	DIAGNOSIS
A SOFT TISSUE AND OTHER CONNECTIVE TISSUE (T1X005)	LEIOMYOSARCOMA (Malignant) (M88903)
B KNEE (TY9200)	LEIOMYOSARCOMA (Malignant) (M88903)

81 YEAR OLD MALE, WITH 1-YEAR HISTORY OF GRADUALLY ENLARGING SUBCUTANEOUS LESION IN THE RIGHT KNEE. CLINICALLY ?LIPOMA. THIS SPECIMEN: REVIEW OF OUTSIDE HISTOLOGY OF EXCISION OF RIGHT KNEE LESION FROM MAY 2020, PREVIOUSLY REPORTED BY DR IGALI: LEIOMYOSARCOMA. NO PREVIOUS RMH HISTOLOGY.

MACROSCOPY

Received from Norfolk & Norwich University Hospital NHS Trust; 3 blocks 14 s/s ref 16078/20. The macroscopic description from the referring hospital was as follows: Pale yellow firm lobulated and partly encapsulated piece of tissue up to 3.3x2.5x2.2cm. The specimen presents a heterogeneous fibrous cut surface including an off-central ill-defined grayish soft area up to 1.7cm maximum diameter.

HISTOLOGY

The features are as previously described by Dr Igali, and show a lobulated cellular tumor, composed of intersecting fascicles of moderately to markedly atypical spindle cells with ovoid or elongated hyperchromatic or vesicular nuclei and abundant eosinophilic cytoplasm, with bizarre and multinucleate forms. The mitotic index is up to 6-7/10hpf, with atypical forms, and there are areas of prominent necrosis.

Referring immunohistochemistry shows the tumor to be diffusely and strongly positive for desmin, SMA and h-caldesmon. There is focal, predominantly moderate to strong positivity for AE1/AE3. The tumor is negative for S100 protein, CD31, CD34, ERG, F13a and CD68.

The features are consistent with leiomyosarcoma, grade 2. Marginal status is not described in the referring report; the lobulated tumor appears to be shelled out, and although there is a thin fibrous pseudocapsule in many places, in other areas, lobulated tumor is present at the edges of the material examined.

Dr Magnus Hallin/Dr Khin Thway

