

ROYAL MARSDEN NHS FOUNDATION TRUST - HISTOPATHOLOGY REPORT
747439: [REDACTED] - NHS Number: 486 687 4201

Lab No	5049/20	Reported	20 May 2020	Pathologist	DR HALLIN/DR THWAY
Source	Internal Operation	Sample Received	14 May 2020	Ward	BURDETT COUTTS
Sex	MALE	Age	76	Branch	FULHAM ROAD
Clinical Diagnosis		Operation	13 May 2020	Consultant	HAYES,MR A J

SITE	DIAGNOSIS
A SOFT TISSUE AND OTHER CONNECTIVE TISSUE (T1X005)	FIBROSARCOMA (Malignant) (M88103)
B AXILLA (TY8100)	FIBROSARCOMA (Malignant) (M88103)

76 YEAR-OLD MALE. PRESENTED WITH RIGHT AXILLARY MASS. CORE BIOPSIES FROM MARCH 2020: APPEARANCES MOST IN KEEPING WITH LOW GRADE MYXOFIBROSARCOMA, ALTHOUGH ATYPIA IS MINIMAL AND ARCHITECTURE IS NOT TYPICAL. PAST HISTORY OF BCC AND ECCRINE POROCARCINOMA IN 2018. NO EVIDENCE OF CARCINOMA SEEN IN BIOPSY MATERIAL. THIS SPECIMEN: EXCISION OF RIGHT AXILLA SARCOMA. NO HISTORY OF NEOADJUVANT THERAPY.

MACROSCOPY

Sarcoma right axilla stitch single cranial, double anterior: an orientated ovoid specimen measuring 132mm (cranial to caudal), x100mm (anterior to posterior), x63mm (superficial to deep). The superficial surface bears an unremarkable ellipse of skin which measures 134x62mm. The deep surface is predominantly covered in fragments in skeletal muscles. The specimen has been cranial = blue, caudal = green, anterior = red, posterior = orange, deep = black. Specimen has been serially sliced from cranial to caudal revealing a well circumscribed cream/ myxoid/ heterogeneous tumor mass measuring 98mm (cranial to caudal), x73mm (anterior to posterior), x72mm (superficial to deep). Tumor abuts the deep anterior posterior and cranial resection margins. Tumor lies 23mm from the caudal resection margin. Necrosis equates to approximately 5%. No obvious macroscopic breach is seen. Tumor appears to be completely excised. Blocks 1) Cruciate of cranial resection margin. 2) Cruciate of caudal resection margin. 3) Representative section of tumor to anterior resection margin. 4) Representative section of tumor to posterior resection margin. 5) Representative section of tumor to deep resection margin. 6) Representative section of tumor to superficial skin. 7-10) Representative sections of tumor. Tissue and tumor remains.

HISTOLOGY

Sections show skin and subcutis, with subcutaneous fibroadipose tissue containing extensive, variably cellular, infiltrative tumor, with mildly to moderately atypical spindle and ovoid cells with features essentially similar to those in the previous biopsy. Occasional osteoclast-like giant cells are noted. In many areas, the cells are dispersed in myxocollagenous stroma, with more cellular, solid areas in smaller foci. Focally (eg slide 1 and 3), there is intervening hemorrhage, but no definite vasoformation is seen. Mitotic activity is variable, but focally there are >20 mitotic figures per 10 high power fields. There is extensive necrosis (e.g. slide 9). Focally (slide 1), the tumor is near a large lymph node, this appears to represent an adjacent axillary node, rather than metastatic tumor to node. No tumor is seen in an additional lymph node (no definite metastatic tumor seen in two axillary lymph nodes (0/2)).

The features are consistent with myxofibrosarcoma, with more cellular, high-grade pleomorphic sarcomatous areas, grade 3. The tumor is 2.2mm from the cranial margin, 2.5mm from the anterior margin, 7mm from the deep margin, 8mm from the posterior margin and at least 20mm from the caudal margin. The axillary site is noted, and disease at other sites should be excluded.

Dr Magnus Hallin/Dr Khin Thway