Emily Archibald 2293 20 4688493924 :,Mrs

36 YEAR OLD FEMALE. REVIEW OF OUTSIDE HISTOLOGY OF CORE BIOPSY FROM 'SOFT TISSUE, RIGHT ARM', PREVIOUSLY REPORTED BY DR AL-UTAYEM, ?FIBROMYXOMA, AND KINDLY FORWARDED BY HIM AND THE TEAM FOR DISCUSSION AT THROUGHOUT RMH SARCOMA MDT. NO PREVIOUS RMH HISTOLOGY

MACROSCOPY

HISTOLOGY

The features are as previously described by Dr Al-Utayem, and show cores of variably cellular tumour, composed of loose fascicles of plump spindle and stellate cells with ovoid to elongated nuclei and fibrillary cytoplasm in variably myxocollagenous to mildly collagenous stroma. No definite cellular atypia is seen. The tumour focally has a mildly irregular interface with the surrounding adipose tissue. There are areas of haemorrhage and extravasated erythrocytes. Mitotic figures are not prominent with an index of up to 2-3/10hpf without atypical forms. No tumour necrosis is seen.

Immunohistochemistry from the referring institution shows the tumour to be diffusely and strongly positive for SMA, with only very weak focal positivity for CD99. The tumour is negative for S100 protein, desmin, CD31, CD34, bcl-2 and CD117. The proliferation fraction by MIB1 varies from low to relatively high/high.

The size and other clinical features such as duration are not known, but the features suggest nodular fasciitis; for which clinical correlation is required. **FISH for USP6 gene rearrangement is awaited,** with a further report to follow.

Report to Dr Al-Utayem

Dr Magnus Hallin/Dr Khin Thway

T: soft tissue t shoulder nodular fasciitis