

Olayemi Akitoye 2851 20 742799 ;,Mrs

61 YEAR OLD FEMALE, REVIEW OF OUTSIDE HISTOLOGY OF EXCISION OF 7CM PARAADNEXAL MASS, ADHERENT TO BOWEL AND BLADDER FROM NOV 2019, EXCISED WITH UTERUS, CERVIX AND OVARIES, PREVIOUSLY REPORTED BY DR WISE/ DR DEERE: GIST

MACROSCOPY

HISTOLOGY

Sections show small bowel wall containing cellular tumor, composed of loose fascicles of relatively uniform, minimally atypical spindle cells with elongated vesicular nuclei and moderate amounts of eosinophilic cytoplasm. The mitotic index is up to 2/5mm squared. No definite necrosis is seen. The tumor is seen to infiltrate the small bowel mucosa, with focal ulceration (slide 5).

Immunohistochemistry from the referring institution shows the tumor to be diffusely and strongly positive for CD117, DOG1 and SMA, with multifocal CD34. The tumor is negative for desmin, S100 protein and AE1/AE3. The proliferation fraction by MIB1 varies from low to moderate.

The features are consistent with spindle cell gastrointestinal stromal tumor of the small bowel. The size (7cm) and mitotic index indicate placement in the moderate- (if within jejunum/ileum) to high- (if within duodenum) risk category (24% and 34% respectively; please correlate clinically and radiologically). **No material is available for further mutational analysis at RMH.** The referring report describes the tumor to be completely excised, and that the longitudinal resection margins are free of tumor, as is the smooth muscle at the inked diathermied margin, presumed to represent bladder wall. The rest of the features are as described in the referring report, including findings of extensive adenomyosis in the myometrium, a benign endometrial polyp, and a leiomyoma without atypical features. No features of malignancy are noted in the uterus, cervix or ovaries. Four reactive pelvic nodes are present (0/4). The omental biopsy shows no malignant features. Please also see the original report for further information.

Dr Khin Thway

T: soft tissue t pelvis m GIST, malignant