

**ROYAL MARSDEN NHS FOUNDATION TRUST - HISTOPATHOLOGY REPORT**  
**692634: MAFE,MISS OLUWATOYIN SILIFAT - NHS Number: 639 219 0961**

<b>Lab No</b>	0476/20	<b>Reported</b>	31 Jan 2020	<b>Pathologist</b>	DR THWAY
<b>Source</b>	Internal Operation	<b>Sample Received</b>	13 Jan 2020	<b>Ward</b>	HORDER
<b>Sex</b>	FEMALE	<b>Age</b>	56	<b>Branch</b>	FULHAM ROAD
<b>Clinical Diagnosis</b>		<b>Operation</b>	10 Jan 2020	<b>Consultant</b>	HAYES,MR A J

SITE	DIAGNOSIS
A SOFT TISSUE AND OTHER CONNECTIVE TISSUE ( T1X005 )	LEIOMYOSARCOMA (Malignant) ( M88903 )
B SMALL INTESTINE ( T64000 )	LEIOMYOSARCOMA (Malignant) ( M88903 )

56 YEAR OLD FEMALE. TUMOUR IN LOWER UTERINE SEGMENT IN 2017 (HYSTERECTOMY; PROF CYRIL FISHER SECOND OPINION); FEATURES INTERPRETED AS LEIOMYOSARCOMA. THE PATIENT WAS WELL ON INITIAL SURVEILLANCE, BUT DEVELOPED SOME PULMONARY NODULES. A FEW WEEKS AGO SHE STARTED DEVELOPING ABDOMINAL PAIN ON EATING, WITH PROGRESSIVE SEVERITY AND 4KG WEIGHT LOSS. CT SHOWS A CLEAR SEROSAL DEPOSIT CAUSING INTUSSUSCEPTION. THIS SPECIMEN: ILEAL SMALL BOWEL RESECTION FOR INTUSSUSCEPTION SECONDARY TO INTRALUMINAL METASTATIC LEIOMYOSARCOMA

#### MACROSCOPY

Small bowel resection specimen: Pot contains a single unorientated segment of bowel measuring 112mm in length x 38mm in maximum diameter. There is a small amount of attached omentum measuring 120 x 30 x 30mm. Neither resection margin is stapled; both received open. On opening the bowel, there is a firm raised polypoid tumour arising from the bowel mucosa and measuring 33 x 35 x 24mm, and lying 32mm from the closest bowel resection margin and 19mm from the furthest bowel resection margin. Surrounding mucosa appears macroscopically normal. On slicing, the cut surface of the nodule is cream and irregular with a central haemorrhagic area. The tumour does not infiltrate into the omental tissue. No macroscopic necrosis is seen. Blocks: 1) Closest bowel resection margin; 2) furthest bowel resection margin; 3-5) Representative sections of tumour; 6) representative sections of normal bowel mucosa adjacent to tumour. Tissue and tumour remain.

#### HISTOLOGY

Sections show small bowel wall with extensive, focally nodular tumour, seen to extensively ulcerate the small bowel mucosa and to appear to perforate the full thickness of the small bowel muscularis propria (e.g. slide 4). The tumour is composed of intersecting fascicles of moderately to markedly atypical spindle to ovoid cells with abundant eosinophilic cytoplasm. The mitotic index is 16/10hpf with numerous atypical forms, and there is prominent tumour necrosis.

The features are consistent with metastatic leiomyosarcoma. The tumour shows prominent infiltration of the fibroadipose tissue surrounding the bowel wall, and appears present at the serosal surface. The proximal and distal small bowel resection margins show small bowel wall without tumour, and with mild serositis. Very occasional eosinophils are noted in the muscularis propria (slide 2), but a significant neutrophilic component or features of perforation are not seen here. No significant abnormality is noted in the surrounding small bowel mucosa.

Dr Khin Thway