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30 year old female, who is 10-weeks post-partum. This specimen: core biopsy from 3x3cm lump from the left abdominal wall, clinically ?fibromatosis. No previous RMH histology.

MACROSCOPY

Biopsy, left abdominal wall: 6 cores ranging from 7-17mm. 1-6) AE.

HISTOLOGY

Cores of fibroadipose tissue, with infiltrative moderately cellular tumor, composed of loose fascicles of essentially uniform spindle cell sarcoma with elongated vesicular nuclei and frequently small nucleoli. No definite cellular atypia is noted. One mitotic figure is noted in nine hpf. No tumor necrosis is seen. There is a patchy mild chronic inflammatory infiltrate perivascularly. The clinical history is noted.

The tumor is diffusely and strongly positive for h-caldesmon, although this marker is often aberrantly overexpressed in this laboratory. Most cells show essentially strong nuclear beta-catenin expression, and there is essentially multifocal SMA expression. There is only some focal, relatively scanty desmin expression. The tumor is negative for myogenin, S100 protein, SOX10, CD34, STAT6, MUC4 and AE1/AE3. The proliferation fraction by MIB1 is low.

The clinical history is noted, and the features would be in keeping with desmoid-type fibromatosis. No atypical features are noted in this biopsy. The morphology is not typical of nodular fasciitis or inflammatory myofibroblastic tumor, but FISH for USP6 and ALK gene rearrangements are awaited to exclude these, with a further report to follow.

Dr Magnus Hallin/Dr Khin Thway

T: soft tissue t abdominal wall
M fibromatosis