Janusz Fregin 1195 20 741269 :,Mr
58 YEAR OLD MALE WITH A PERISIGMOID MASS, ?NEUROGENIC TUMOUR.

MACROSCOPY
Parasigmoid mass: Two cores measuring 11 and 12mm. 1-2) AE.

HISTOLOGY
Cores comprising fibrinoid material and cellular tumour composed of loose fascicles of plump, overall minimally atypical spindle cells with elongated vesicular nuclei, and scanty fibrillary cytoplasm. There is only focal mild atypia, with an occasional enlarged nucleus. Focally (slide 2), there is an area of necrosis. Mitotic figures are not prominent, with an index of up to 1-2/10hpf, with no atypical forms seen.

The tumour is diffusely and strongly positive for CD34, with diffuse nuclear STAT6. p16 is essentially negative with only occasional nuclear expression seen. SMA is also essentially negative with only very scanty staining seen. CDK4 shows weak diffuse expression (interpreted as negative). There is multifocal h-caldesmon, although this marker is often aberrantly overexpressed in this laboratory. The tumour is negative for desmin, myogenin, CD117, DOG1, MelanA, HMB45, S100 protein (expression seen in scattered likely dendritic cells only), SOX10, EMA and AE1/AE3. The proliferation fraction by MIB1 is moderate.

The features are consistent with solitary fibrous tumour, with focal necrosis and cellular atypia consistent with malignant potential. STAT6 can be amplified in a subset of dedifferentiated liposarcoma; although the features here do not support DDL, FISH for MDM2 amplification status is awaited, with a further report to follow.

Dr Magnus Hallin/Dr Khin Thway

T: soft tissue T pelvis m solitary fibrous tumour malignant m morphological description only

?what need ihc
Maybe SFT, if so need to add the focal necrosis indicates malignant potential
Need to exclude GIST; schwannoma unlikely due to necrosis