

ROYAL MARSDEN NHS FOUNDATION TRUST - HISTOPATHOLOGY REPORT
731672: HALL,MRS PATRICIA M - NHS Number: 420 495 4944

Lab No	3468/20	Reported	18 Mar 2020	Pathologist	DR THWAY
Source	Internal Operation	Sample Received	12 Mar 2020	Ward	
Sex	FEMALE	Age	77	Branch	FULHAM ROAD
Clinical Diagnosis		Operation	11 Mar 2020	Consultant	STRAUSS,MR D C

SITE	DIAGNOSIS
A SOFT TISSUE AND OTHER CONNECTIVE TISSUE (T1X005)	LEIOMYOSARCOMA (Malignant) (M88903)
B THIGH (TY9100)	LEIOMYOSARCOMA (Malignant) (M88903)

77 YEAR OLD FEMALE WITH PREVIOUS EXCISION OF IVC LEIOMYOSARCOMA IN OCT 2019 (13616/19). CORE BIOPSY FROM RECENT RIGHT LATERAL THIGH MASS: FEATURES CONSISTENT WITH METASTATIC LEIOMYOSARCOMA (2275/20). THIS SPECIMEN: EXCISION OF METASTATIC LESION FROM THE RIGHT THIGH

MACROSCOPY

Sarcoma right thigh: an unorientated elliptical excision specimen measuring 58x32mm to a depth of 23mm. The superficial surface bears an ellipse of skin measuring 57x27mm. There is a raised area located centrally which measures 22mm in diameter and lies 6mm from closest peripheral skin margin. The deep margin has been inked black, peripheral margins orange/red. The specimen has been serially sliced across the shortest axis revealing an irregular partially circumscribed cream heterogeneous hemorrhagic tumor nodule measuring 30x28x24mm. The nodule abuts the deep and skin margins and lies 1mm (closest peripheral margin), 11mm (closest to polar end). Necrosis is not seen macroscopically. Blocks 1) Cruciate of closest to polar ends. 2) Cruciate of opposite polar ends. 3) Tumor to closest peripheral margin. 4-6) Representative sections of tumor. Tissue and tumor remains.

HISTOLOGY

Sections show skin and subcutis, with dermis and subcutis showing multilobulated, focally ill-defined cellular tumor with features as described in the core biopsy (2275/20), and composed of intersecting fascicles of moderately to focally markedly atypical spindle cells with areas of prominent myxoid stroma. The mitotic index is focally up to 14/10hpf, and there are areas of incipient necrosis. The overlying squamous epithelium shows focal mild atrophy over the neoplasm, and there are focal early changes of seborrhoeic keratoses, but no significant pathology is noted within it.

The features are consistent with leiomyosarcoma with myxoid changes, in keeping with metastasis from the retroperitoneal primary neoplasm. The tumor appears excised, although is focally <0.5mm from the deep margin, being separated from it by a thin layer of connective tissue. The tumor is approximately 3.5mm from the nearest lateral/ peripheral margin, and at least 8mm from the nearest longitudinal margin.

Dr Khin Thway