ROYAL MARSDEN NHS FOUNDATION TRUST - HISTOPATHOLOGY REPORT
749191: [redacted] - NHS Number: 484 023 6135

Lab No	6216/20	**Reported**	25 Jun 2020	**Pathologist**	DR HALLIN/DR THWAY
Source	Internal Operation	**Sample Received**	19 Jun 2020	**Ward**	
Sex	FEMALE	**Age**	59	**Branch**	FULHAM ROAD
Clinical Diagnosis		**Operation**	19 Jun 2020	**Consultant**	HAYES,MR A J

SITE	DIAGNOSIS
SOFT TISSUE AND OTHER CONNECTIVE TISSUE A (T1X005)	SPINDLE CELL SARCOMA (Malignant) (M88013)
B FOREARM (TY8500)	SPINDLE CELL SARCOMA (Malignant) (M88013)

59 YEAR OLD FEMALE, WHO NOTICED LUMP IN RIGHT FOREARM A FEW MONTHS AGO WHEN SHE WAS GARDENING. IT CAUSES HER NO SYMPTOMS AND IS NOT TROUBLESOME IN ANY WAY, BUT SHE HAS BEEN AWARE OF ENLARGEMENT IN THE LAST FEW WEEKS. USS HAS SUGGESTED IT MIGHT BE A BENIGN NERVE SHEATH TUMOR; MRI NOT COMPLETELY CONVINCING OF THAT, DESCRIBING A LARGE, 7 X 3.2 X 3.1CM, AVIDLY ENHANCING SOFT TISSUE MASS DEEP IN FLEXOR COMPARTMENT OF RIGHT FOREARM, INTIMATELY RELATED WITH NEUROVASCULAR BUNDLE INCLUDING ULNAR NERVE; MARGINS SLIGHTLY IRREGULAR; IN BROAD CONTACT WITH ADJACENT ULNA WITH POSSIBLE IRREGULARITY OF OUTER CORTEX. RADIOLOGIC OPINION: ALTHOUGH NERVE SHEATH TUMOR IS POSSIBLE, APPEARANCES ARE NOT ENTIRELY TYPICAL AND BIOPSY ADVISED. THIS SPECIMEN: CORE BIOPSY FROM RIGHT FOREARM MASS, ?NEUROMA. NO PREVIOUS RMH HISTOLOGY

MACROSCOPY
Right forearm: 2 cores, each measuring 20mm. 1-2) AE.

HISTOLOGY
Cores of fibrous tissue and skeletal muscle, with fibrous tissue containing cellular tumor, composed of loose fascicles of moderately to markedly atypical cells with elongated or ovoid hyperchromatic nuclei and fibrillary cytoplasm, in moderately collagenous stroma. many of the cells have a slightly buckled or tapered nuclear appearance. The mitotic index is up to 6-7/10hpf, with atypical forms. No definite tumor necrosis is seen. No morphologic epithelial differentiation is identified. There is a scanty mild chronic inflammatory infiltrate, including small lymphoid aggregates. Skeletal muscle invasion is present focally.

There is multifocal strong expression of h-caldesmon, although this marker is often aberrantly overexpressed in this laboratory. SMA is largely negative, with only very focal granular staining seen, which is largely likely aberrant. The tumor is negative for desmin, myogenin, S100 protein, SOX10, HMB45, MelanA, CD34, STAT6, MUC4 and AE1/AE3. INI1 and BRG1 are retained in nuclei. The proliferation fraction by MIB1 is high.

The features are in keeping with high-grade spindle cell sarcoma (NOS), with possible, but not conclusive focal myoid differentiation, grade 2 in this material. A morphologic possibility is of malignant peripheral nerve sheath tumor, and the site is noted, but this cannot be proven. Clinical and radiologic correlation are required, including for assessment of possible stigmata of NF1.

Dr Magnus Hallin/Dr Khin Thway