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53 YEAR OLD FEMALE. REVIEW OF OUTSIDE HISTOLOGY OF TAH BSO (CLINICALLY MULTIPLE FIBROIDS) FROM DEC 2019, PREVIOUSLY REPORTED BY DR KAMEL: UTERINE LEIOMYOSARCOMA, GRADE 3. NO PREVIOUS RMH HISTOLOGY

MACROSCOPY

HISTOLOGY

The features are as previously described by Dr Kamel, and show myometrium containing extensively necrotic cellular tumour (macroscopically described to measure 160x150x110mm) with loose fascicles of moderately to markedly atypical spindle and ovoid cells with vesicular or hyperchromatic nuclei, and relatively abundant eosinophilic cytoplasm. The mitotic index is focally exceeds 20/10hpf, with prominent atypical forms. No morphologic epithelial differentiation is noted. Bizarre cells and tumour giant cells are interspersed. Prominent lymphovascular invasion is present (eg slide 11). Immunohistochemistry from the referring institution shows the tumour to be diffusely and strongly positive for desmin and actin, and negative for CD10.

The features are consistent with leiomyosarcoma, grade 3. The referring report describes the tumour to extensively infiltrate myometrium, but to appear confined within the uterus, but with a closest serosal surface of <1mm (0.7mm). The tumour extends to involve lower uterine segment, close to the junction of the lower endometrium with endocervix, and most of the endometrium is described to be obliterated by tumour. Cervix is free of direct tumour involvement. The lower endometrium is of inactive type, with cervical tissue showing junctional inflammation, with microglandular hyperplasia. Both fallopian tubes, ovaries and parametrial tissues show no tumour or other significant pathology. Provisional FIGO stage 1b. Please also see the detailed original report for further information.

Dr Magnus Hallin/Dr Khin Thway

T: soft tissue t uterus m leiomyosarcoma