ROYAL MARSDEN NHS FOUNDATION TRUST - HISTOPATHOLOGY REPORT

Lab No

6756/20

Reported

Operation

10 Jul 2020

6 Jul 2020

Pathologist

Source

Internal Operation Sample Received 7 Jul 2020

Ward

Sex

Clinical Diagnosis

MALE

Age

87

Branch

FULHAM ROAD Consultant STRAUSS, MR D C

SITE

DIAGNOSIS

A SOFT TISSUE AND OTHER CONNECTIVE TISSUE (T1X005)

B FOREARM (TY8500)

FIBROSARCOMA (Malignant) (M88103) FIBROSARCOMA (Malignant) (M88103)

87 YEAR-OLD MALE, WITH A SIX-MONTH HISTORY OF A GROWING MASS IN THE RIGHT FOREARM. ON EXAMINATION, TUMOR IS SOLID AND HARD, AND IS IN THE SUBCUTANEOUS TISSUE. MRI: 7.6 X 4.8 X 10CM RIGHT FOREARM MASS ON THE RADIAL ASPECT, CENTERED IN SUBCUTANEOUS TISSUE AND OVERLYING AND DISPLACING (RATHER THAN INVADING) FLEXOR AND EXTENSOR MUSCLES. MORPHOLOGY AND SIZE INDICATE LIKELY MALIGNANT ETIOLOGY. THERE IS NO PREVIOUS HISTOLOGY FOR REVIEW AT RMH.

MACROSCOPY

Mass right forearm:

9 mucinous cores ranging from 7-25mm. 1-9) AE.

HISTOLOGY

Cores of fibroadipose tissue, with infiltrative, moderately cellular spindle cell tumor, composed of patternless arrays of mildly to focally moderately atypical cells with elongated ovoid or sometimes slightly buckled nuclei with fibrillary cytoplasm, in predominantly myxoid/ myxocollagenous stroma. Occasional multinucleate tumor cells are present. The stroma shows moderate vascularity, predominantly with medium-sized thin-walled, sometimes curvilinear vessels. The mitotic index is up to 6/10hpf, with atypical forms, and focal necrosis is present (slide 6). There is a relatively sparse focal chronic inflammatory infiltrate, and small foci of hemosiderin deposition.

The tumor is diffusely and strongly positive for CD34. STAT6 has an overcooked appearance, with relatively strong nuclear and cytoplasmic staining in many cells; however, there appears to be definite negativity in some tumor nuclei, and this appears to represent aberrant rather than true staining. AE1/AE3 is interpreted as negative, with focal weak background staining only. The tumor is negative for SMA (only possible scanty weak staining seen), desmin, myogenin, SOX10, S100 protein, MUC4 and EMA. The proliferation fraction by MIB1 is low-moderate.

The features are of a malignant spindle cell neoplasm with myxoid stroma, and would be in keeping with myxofibrosarcoma, grade 2 in this material. The features appear insufficient for malignant solitary fibrous tumor.

Dr Magnus Hallin/Dr Khin Thway