ROYAL MARSDEN NHS FOUNDATION TRUST - HISTOPATHOLOGY REPORT
373805: [redacted] - NHS Number: 456 588 2086

Lab No	6069/20	**Reported**	19 Jun 2020	**Pathologist**	DR HALLIN/DR THWAY
Source	Internal Operation	**Sample Received**	17 Jun 2020	**Ward**	CRITICAL CARE UNIT (CHELSEA)
Sex	MALE	**Age**	65	**Branch**	FULHAM ROAD
Clinical Diagnosis		**Operation**	16 Jun 2020	**Consultant**	STRAUSS,MR D C

	SITE	DIAGNOSIS
A	SOFT TISSUE AND OTHER CONNECTIVE TISSUE (T1X005)	LIPOSARCOMA WELL DIFFERENTIATED (Malignant) / DEDIFFERENTIATED LIPOSARCOMA (Malignant) (M88513 / M88583)
B	PELVIS (TY6000)	LIPOSARCOMA WELL DIFFERENTIATED (Malignant) / DEDIFFERENTIATED LIPOSARCOMA (Malignant) (M88513 / M88583)

65 YEAR OLD MALE, WITH HISTORY OF RESECTION OF WELL-DIFFERENTIATED LIPOSARCOMA WITH PROBABLE LOW-GRADE DEDIFFERENTIATION IN 2002 (2959/02). RESECTION OF RECURRENT WDL AND LOW-GRADE DDL IN 2012 (SHOWING MDM2 AMPLIFICATION; 15736/12). FURTHER RESECTION OF RECURRENT DISEASE IN JULY 2018: WDL AND INFLAMMATORY WDL OR LOW-GRADE DDL, GRADE 2 (6291/18). THIS SPECIMEN: RESECTION OF RECURRENT PELVIC LIPOSARCOMA (TWO SPECIMENS; CLINICALLY LOW-GRADE LEFT ILIAC MASS, AND CLINICALLY HIGHER-GRADE PELVIC MASS).

MACROSCOPY
A. Left iliac mass: an unorientated ovoid mass measuring 27x18x13mm. The outer surface is covered in fibrofatty tissue. The resection margins have been inked black. Specimen has been serially sliced revealing a well circumscribed lipomatous tumor occupying the entire specimen. No macroscopic necrosis is seen. Tumor appears completely excised macroscopically. Blocks 1) Cruciates of ends. 2-4) Transverse sections. Tissue remains. B. Recurrent liposarcoma pelvis: an unorientated ovoid specimen measuring 70x53x43mm. The outer surface is completely encapsulated in thin connective tissue. The resection margins have been inked black. Specimen is serially sliced revealing a multilobulated myxoid tumor occupying the entire specimen. The tumor appears to be completely excised macroscopically and abuts the thin connective tissue. No obvious macroscopic necrosis is identified. Blocks 5&6) Cruciates of ends. 7-10) Representative sections of tumor. Tissue and tumor remain.

HISTOLOGY
1-4) Left iliac mass
Sections show a differentiated adipocytic lesion, composed of lobules of adipocytes of mature type, with focal intersection by sparsely cellular fibrous septa. No cellular atypia, tumor necrosis or mitotic figures are seen.

Although no specific features of atypia are noted, the features would be in keeping with lipoma-like atypical lipomatous tumor/ well- differentiated liposarcoma. Differentiated adipose tissue extends to the edges of the material examined.

B5-10) Recurrent liposarcoma, pelvis
Sections show moderately to relatively sparsely cellular tumor, composed of patternless arrays of cells with hyperchromatic ovoid nuclei and fibrillary cytoplasm, in prominent myxoid stroma. There is a vascular pattern of curvilinear, thin-walled, medium-sized vessels. Although most of the cells show mild atypia, this is focally moderate. There are occasional interspersed mature-type adipocytes, and this myxoid tumor is seen to infiltrate mature adipose tissue, which may represent neoplastic adipose tissue or native fat. Mitotic figures are not prominent, with an index of up to one possible mitotic figure/10hpf. No definite tumor necrosis is seen. A 'pulmonary edema'-like pattern of myxoid pools is noted focally.

The features are consistent with myxoid-pattern dedifferentiated liposarcoma, grade 2. Although this morphologically mimics myxoid liposarcoma, this entity is not supported. FISH for MDM2 amplification status is awaited, along with FISH for FUS, EWSR1 and DDIT3 gene rearrangements. The tumor extends to the peripheral and longitudinal excision margins.

Dr Magnus Hallin/Dr Khin Thway