

ROYAL MARSDEN NHS FOUNDATION TRUST - HISTOPATHOLOGY REPORT
742442: MADDOCKS,MR OWEN - NHS Number: 414 027 4913

Lab No	1265/20	Reported	31 Jan 2020	Pathologist	DR THWAY
Source	Referral	Sample Received	28 Jan 2020	Ward	
Other Hospital				Other Hospital Number	
Sex	MALE	Age	33	Branch	FULHAM ROAD
Clinical Diagnosis		Operation		Consultant	JONES,DR R L

SITE	DIAGNOSIS
A SOFT TISSUE AND OTHER CONNECTIVE TISSUE (T1X005)	GIST, MALIGNANT (M89363)
B ABDOMEN (TY4100)	GIST, MALIGNANT (M89363)

33 YEAR OLD MALE. CT: DIFFUSE INTRA-ABDOMINAL MASS. LAPAROSCOPY: CONSISTENT WITH PSEUDOMYXOMA PERITONEI. REVIEW OF OUTSIDE HISTOLOGY OF PRESUMED INCISIONAL BIOPSY OF INTRA-ABDOMINAL MASS FROM NOV 2019. PREVIOUSLY REPORTED BY DR ELAZZABI: GIST

MACROSCOPY

Received from Morriston Hospital Ysbyty Treforys Nhs Trust; 23 s/s ref 7690/19.

HISTOLOGY

The features are as previously described by Dr Elazzabi, and show lobulated fragments of fibrous tissue suggestive of omental tissue, with extensive cellular tumour, composed of sheets and focally streams of variably atypical cells. In the areas with streams or a somewhat reticulated distribution, the cells are relatively bland, uniform and spindled, within focally myxoid stroma. In the sheet-like areas, many cells are polygonal to epithelioid, with focal moderate to relatively marked atypia, with ovoid nuclei and relatively abundant amounts of amphophilic cytoplasm. Mitotic figures are not prominent, with an index of up to 1 per 5 mm squared. No necrosis is seen. Detached fragments of blood, with histiocytes and mixed inflammatory cells, including neutrophils, are present, as well as small bland epithelioid cells likely representing denuded mesothelial cells rather than epithelial cells.

Immunohistochemistry from the referring institution shows the majority of tumour to be moderately to predominantly strongly positive for CD117 and DOG1, with strong, multifocal CD56. There is diffuse, strong expression of WT1. The tumour is negative for AE1/AE3, 'pancytokeratin', CK7, CK20, CK5/6, calretinin (expression seen in mesothelial/ submesothelial cell population only), SOX10, S100 protein, HMB45, MelanA, inhibin, thrombomodulin, CD99, D240, chromogranin and CDX2. No material is available for further investigations at RMH.

Although the morphology is slightly unusual, the features are in keeping with gastrointestinal stromal tumour, with spindle cell and epithelioid morphology. No material is available for mutational analysis at RMH. As noted in Dr Elazzabi's report, the tumour appears to be biopsied from the omentum, and may arise from the gastrointestinal tract or represent the rarer extragastrointestinal GIST; clinical and radiologic correlation are required. Risk assessment cannot be performed in this material. Please also see the detailed original report for further information.

Dr Khin Thway