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44 YEAR OLD MALE, WITH WITH RIGHT PARATESTICULAR/ LOWER ABDOMINAL WALL TUMOR, CORE BIOPSY FROM RIGHT GROIN, JAN 2020: LIKELY MALIGNANT NEOPLASM, IN KEEPING WITH (PREDOMINANTLY) SPINDLE CELL SARCOMA, POSSIBLY MPNST WITH FOCAL HETEROLOGOUS RHABDOMYOSARCOMATOUS DIFFERENTIATION (TRITON TUMOR); DEDIFFERENTIATED LIPOSARCOMA WAS CONSIDERED BUT IMMUNOPROFILE WAS NOT SUPPORTIVE, AND THERE WAS NO EVIDENCE OF MDM2 AMPLIFICATION (0861/20). THIS SPECIMEN: RESECTION OF SARCOMA, RIGHT INGUINAL CANAL + RIGHT ORCHIDECTOMY + MESH RECONSTRUCTION

MACROSCOPY

Sarcoma of inguinal canal and right orchidectomy, single stitch
Cranial=12 o'clock, double stitch=right lateral 9 o'clock: an
orientated resection mass with attached testes. The specimen measures 102mm (medial to lateral), x44mm (from cranial to caudal), x140mm (superficial to deep). The main resection mass has an unremarkable ellipse of skin on the superficial surface which measures 90x12mm. The mass measures 63mm (medial to lateral), x44mm (cranial to caudal), x67mm (superficial to deep). The attached testes measures 52x40x30mm with spermatic cord measuring approximately 37mm in length. The specimen has been orientated with a single stitch representing cranial and a double stitch representing lateral. The specimen has been inked cranial - blue, caudal - green, lateral - red, medial - orange and deep/testes - black. Slicing reveals a macroscopically normal testes lying adjacent to a firm circumscribed heterogeneous tumor nodule with necrotic myxoid and cystic areas (tumor dimension same as above). The tumor lies 31mm from superficial skin margin, 32mm from testes, 3mm from lateral margin, 36mm from medial margin and abuts both cranial and caudal margins. Necrosis is approximately 15-20%. Blocks 1) Slice of normal testis with resection margin. 2) Representative section of spermatic cord lying between tumor and testis. 3) Epididymis and cord. 4) Superficial section of tumor. 5) Tumor to cranial margin. 6) Tumor to caudal margin. 7) Tumor to lateral margin. 8) Section of medial margin. 9-12) Representative sections of tumor. Tissue and tumor remains.

HISTOLOGY

Sections show fibroadipose tissue containing an infiltrative, focally thickly pseudoencapsulated cellular tumor comprising sheets of cells of various morphologies, including focal sheets of epithelioid cells, along with spindle and stellate cells showing moderate to focally marked atypia, with features similar to those described in the previous biopsy (0861/20). There is surrounding hyalinization and fibrosis, with prominent small cystic cavity formation, with cavities lined by tumor cells. No definite necrosis is identified. Very occasional small myxoid areas interspersed. The mitotic index is up to 14/10hpf with atypical forms. No morphologic epithelial differentiation or heterologous elements are identified. In areas, there is artefactual space formation around tumor clusters, but no conclusive lymphovascular invasion is noted.

The features are consistent with pleomorphic sarcoma (NOS), at least grade 2, as previously discussed (0861/20). The testis and associated structures including spermatic cord and vas deferens appear unremarkable; no tumor is seen (also seen by Dr Hazell who agrees with the findings). The tumor is focally 1.5mm from the cranial margin and 3.5mm from the caudal margin, 9mm from the lateral margin, and at least 15mm from the medial margin, all separated by fibrous and adipose tissue.

Dr Khin Thway

T: soft tissue t groin m sarcoma