ROYAL MARSDEN NHS FOUNDATION TRUST - HISTOPATHOLOGY REPORT 690405: N= 3 - NHS Number: 438 851 6422

Lab No	7079/20	Reported Sample	15 Jul 2020	Pathologist	DR HALLIN/DR THWAY
Source	Referral	Received	15 Jul 2020	Ward	GRANARD HOUSE 3
Other Hospital				Other Hospital Number	
Sex	MALE	Age	34	Branch	FULHAM ROAD
Clinical Diagnosis		Operation		Consultant	HAYES,MR A J
SITE SOFT TISSUE AND OTHER CONNECTIVE TISSUE A (T1X005)				DIAGNOSIS SPINDLE CELL SARCOMA (Malignant) (M88013)	
B CHEST WALL (TY2150)				SPINDLE CELL SARCOMA (Malignant) (M88013)	

34 YEAR-OLD MALE, WITH HISTORY OF SPINDLE SARCOMA WITH FOCAL MYOFIBROBLASTIC DIFFERENTIATION, GRADE 3, OF THE RIGHT THIGH IN 2017, TREATED WITH RADIOTHERAPY AND EXCISION (8538/17 AND 13457/17). OCT 2019: LEFT THORACOTOMY AND WEDGE RESECTION OF LINGULA FOR METASTASIS (NOT REVIEWED AT RMH). THIS SPECIMEN: REVIEW OF OUTSIDE HISTOLOGY OF EXCISION OF CHEST WALL TUMOR, PREVIOUSLY REPORTED BY DR ROBERTUS: SPINDLE CELL MALIGNANCY WHICH MAY REPRESENT METASTASIS FROM KNOWN RIGHT THIGH SARCOMA. CT JUNE 2020: NO ENLARGED SUPRACLAVICULAR, AXILLARY, MEDIASTINAL OR HILAR LYMPH NODES. NO PLEURAL OR PERICARDIAL EFFUSION. NEW PLEURALLY BASED 3CM SMOOTH ELLIPTICAL MASS ARISING FROM ANTERIOR ASPECT OF LEFT UPPER LOBE, ADJACENT TO LEFT ANTERIOR FOURTH RIB, WHICH REMAINS INTACT. UNREMARKABLE LIVER, GALLBLADDER, BILIARY SYSTEM, SPLEEN, ADRENAL GLANDS, KIDNEYS AND PANCREAS. NO ENLARGED RETROPERITONEAL OR ABDOMINOPELVIC LYMPH NODES. MULTIPLE SCATTERED DENSE FOCI AGAIN NOTED THROUGHOUT PELVIS AND ARE UNCHANGED COMPARED WITH PREVIOUS IMAGING. NO AGGRESSIVE OSSEOUS LESIONS. RADIOLOGIC OPINION: NEW PLEURAL-BASED METASTASIS ARISING FROM ANTERIOR ASPECT OF LEFT UPPER LOBE. NO OTHER SITE OF DISEASE

MACROSCOPY

Received from Royal Brompton And Harefield NHS Foundation Trust; 12 blocks 19 s/s ref 968/20.

HISTOLOGY

The features are as previously described by Dr Robertus, and show fibroadipose tissue and skeletal muscle containing infiltrative cellular tumor, seen to invade the skeletal muscle, and composed of loose fascicles of moderately to focally relatively markedly atypical cells with ovoid to elongated vesicular nuclei, frequently small nucleoli and abundant eosinophilic cytoplasm. The mitotic index exceeds 20/10hpf with numerous atypical forms, and there is focal necrosis. Immunohistochemistry from the referring institution shows very scanty moderate EMA expression. The tumor is negative for desmin, SMA, S100 protein, CD34 and MNF116.

The features are consistent with high-grade spindle cell sarcoma (NOS), grade 3, and would be in keeping with metastasis from the right thigh neoplasm. The referring report describes the tumor to appear completely excised, with all margins reported to be free of tumor. Focally, the tumor is seen very close to the rib (slide 12), and there is focal superficial infiltration, and invasion of ribs 2 and 3 was noted macroscopically. Please also see the detailed original report for further information.

Dr Magnus Hallin/Dr Khin Thway