

ROYAL MARSDEN NHS FOUNDATION TRUST - HISTOPATHOLOGY REPORT
742419: [REDACTED]

Lab No	0455/20	Reported	21 Jan 2020	Pathologist	DR HALLIN/DR THWAY
Source		Sample Received	10 Jan 2020	Ward	
Other Hospital				Other Hospital Number	
Sex	MALE	Age	48	Branch	FULHAM ROAD
Clinical Diagnosis		Operation		Consultant	CLARKE, MR P M

SITE	DIAGNOSIS
SOFT TISSUE AND OTHER CONNECTIVE TISSUE A (T1X005)	ADENOID CYSTIC CARCINOMA (Malignant) (M82003)
B NOSE (T21000)	ADENOID CYSTIC CARCINOMA (Malignant) (M82003)

48 YEAR OLD MALE. REVIEW OF OUTSIDE HISTOLOGY OF EXCISION OF POLYP FROM RIGHT NOSE. PREVIOUSLY REPORTED BY DR DIMBLEBY AND DR SPEDDING IN DEC 2019. THERE IS NO PREVIOUS IMAGING ON THE EPR AT TIME OF REPORTING. AND NO PREVIOUS RMH HISTOLOGY.

MACROSCOPY

The macroscopic description from the referring hospital was as follows: 'multiple pieces of cream and pale tissue and blood clot, 45x45x15 in aggregate'. AE. Received from Queen Alexandra Hospital (Portsmouth); 6 blocks 18 s/s ref 38060/19.

HISTOLOGY

Sections show squamous epithelium and subepithelial tissue, the latter containing extensive cellular tumour, composed of nests and cribriform structures of relatively uniform, only mildly atypical cells with ovoid nuclei and relatively sparse amphophilic cytoplasm and lightly amphophilic secretions within the lumina. The cells often have basaloid morphology. Detached fragments of bone are also noted, without definite infiltration by tumour. No definite perineurial invasion is seen.

→ Immunohistochemistry from the referring institution shows the luminal cells to be positive for AE1/AE3, CK5, CK7, EMA and CD117. SMA, p63 and p40 highlights myoepithelial cells. The tumour is negative for S100 protein and TTF1. There is focal expression of p16; as per Dr Dimbleby's and Dr Spedding's report, the features do not support HPV-related carcinoma with adenoid cystic-like features. The proliferation fraction by MIB1 is low to moderate.

The features are consistent with adenoid cystic carcinoma. A solid component does not appear marked, and is less than approximately 20% of the material examined. The tumour is extensively present at the lateral and deep margin of this material.

Dr Magnus Hallin/Dr Khin Thway