40 YEAR-OLD FEMALE. PMH CANCER OF THE JAW EXCISED WITH BONE GRAFT FROM HIM (FURTHER INFORMATION, INCLUDING, SUBTYPE ARE NOT KNOWN), EPILEPSY, PREVIOUS BARIATRIC SURGERY. OUTSIDE IMAGING: SHOW A HETEROGENEOUS 8.5X8.4X7.6CM JEJUNAL MESENTERIC/LEFT ILIAC FOSSA MASS WITH NECROTIC AREAS, JUST BELOW BOWEL ANASTOMOTIC SUTURES, FAVOURING GIST OVER DESMOID. LESION IS ANTERIOR TO AND DOES NOT INFILTRATE URETER. UNREMARKABLE MAJOR VISCERA. THIS SPECIMEN: CORE BIOPSIES OF LEFT ABDOMINAL MASS

MACROSCOPY
Left abdominal mass biopsies: 4 cream cores ranging from 14-20mm. 1-4) AE.

HISTOLOGY
Cores of cellular tumor, composed of loose to intersecting fascicles of moderately to markedly atypical cells with hyperchromatic, ovoid to spindle nuclei and abundant eosinophilic cytoplasm, in focally myxoid stroma. Large bizarre forms and multinucleate tumor cells are intermingled. The mitotic index is 17 per nine with prominent atypical forms. There is focal incipient tumor necrosis (slide 1). No morphologic epithelial differentiation is identified.

The tumor is diffusely and strongly positive for desmin, SMA and h-caldesmon. The tumor is negative for myogenin, S100 protein, SOX10, CD34, STAT6, CD117, DOG1, AE1/AE3, ER and PgR (PgR showing slightly non-specific weak to moderate nuclear expression in approximately <3% of tumor cells). The proliferation fraction by MIB1 is high.

The features are consistent with leiomyosarcoma, with myxoid and pleomorphic areas, grade 2-3, which might be primary or metastatic at this site, and clinical and radiologic correlation are required. Disease at other sites (including the gynecologic tract) should be excluded.

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T soft tissue t mesentery
m leiomyosarcoma