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47 YEAR OLD FEMALE. RECENT CORE BIOPSY FROM ABDOMINAL WALL MASS: solitary fibrous tumor, With presence of focal atypia and infiltrative border suggesting possibility of malignant potential, but amount of lesional material small (15621/19). THIS SPECIMEN: EXCISION OF SFT/ SARCOMA, LEFT ABDOMINAL WALL.

MACROSCOPY

Sarcoma, left abdominal wall. Single stitch deep aspect of tumour; double stitch 12 o'clock cranial; loop 3 o'clock lateral: pot contains an orientated elliptical excision specimen measuring 68 (3-9 o'clock) x 27 (12-6 o'clock) 25mm (superficial to deep). The skin ellipse on the anterior surface measures 63 x 15mm. Skin ellipse is unremarkable. The specimen has been inked 12 o'clock blue; 3 o'clock red; 6 o'clock green; 9 o'clock orange and deep black. Specimen has been serially sliced from 3-9 o'clock revealing a well defined circumscribed homogenous brown/cream tumour nodule which measures 16mm (12-6 o'clock) x 18mm (3-9 o'clock) x 17mm (superficial to deep). The tumour lies 2mm from the 12 o'clock margin; 2mm from the 6 o'clock margin; 20mm from the 3 o'clock margin and 40mm from 9 o'clock margin; 4mm from the superficial margin and 5mm from the deep margin. No obvious macroscopic necrosis is seen. Blocks: 1) 3 o'clock margin cruciate; 2) slice with tumour; 3&4) further representative sections of tumour; 5) cruciate of 9 o'clock margin. Tissue remains.

HISTOLOGY

Sections show skin and subcutis with subcutis containing a lobulated and defined cellular tumour with features similar to the in the previous biopsy. Although the tumour is mostly well-demarcated, peripherally there is an interface/ some possible infiltration into the adjacent fat. The tumour is cellular with most cells being bland and plump, but with focal mild and moderate atypia, including some enlarged nuclei and some multinucleate tumour cells. Focally (eg slide 3), a separate cross cut focus is present in adjacent fat. No tumour necrosis is seen. Mitotic figures are not especially prominent, with an index of up to 2/10hpf, without atypical forms. No significant pathology is noted in the overlying squamous epithelium.

The features are consistent with solitary fibrous tumour. As previously reported, the presence of some focal atypia and mildly infiltrative border suggest possible malignant potential, although features of frank 'sarcoma' are not seen. the tumour is approximately 4mm from the nearest lateral margin, and 4mm from the deep margin. The tumour is at least 14mm from the 3 o'clock cruciate/ longitudinal margin and at least 12mm from the 9 o'clock cruciate/ longitudinal margin.

Dr Magnus Hallin/Dr Khin Thway
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