[redacted] 4537 20 740094

73 YEAR-OLD MALE, who PRESENTED WITH TWO LESIONS ON THE LEFT SIDE OF THE NOSE. PREVIOUS INCISIONAL BIOPSY OF LESION LOCATED MORE POSTERIORLY FROM NOV 2019 SHOWED FEATURES SUGGESTIVE OF HIGH-GRADE ANGIOSARCOMA (16679/19), AND PUNCH BIOPSY FROM THE MORE ANTERIOR LESION IN JAN 2020 SHOWED FEATURES WHICH WERE HIGHLY SUSPICIOUS OF WELL-DIFFERENTIATED ANGIOSARCOMA (0092/20). IMAGING SHOWS NO DISEASE AT OTHER SITES. THIS SPECIMEN: EXCISION of ANGIOSARCOMA from the LEFT SIDE of the NOSE (taken to fascia), FOLLOWING CHEMOTHERAPY (PACLITAXEL, LAST DOSE 01/04/2020) WHICH CLINICALLY APPEARS AT LEAST PARTIALLY VERY SUCCESSFUL, CAUSING NECROSIS OF TUMOR TISSUE IN THE LEFT NOSTRIL.

MACROSCOPY

HISTOLOGY

Sections show skin and subcutis, with dermis containing ill-defined, relatively solid, viable tumor, composed of poorly formed vascular channels, lined by moderately atypical spindle to ovoid cells with ovoid vesicular nuclei, prominent medium-sized nucleoli, and moderate amounts of eosinophilic cytoplasm, with occasional mitotic figures, with surrounding moderate lymphoplasmacytic chronic inflammatory infiltrate. Central hemorrhage is seen. The tumor has an moderately exophytic appearance, with hyperplasia of the overlying squamous epithelium; this surface epithelium shows foci of epithelial budding with a 'pseudoepitheliomatous hyperplasia'-appearance interfacing with the tumor. No definite features of dysplasia are noted in the surface epithelium and no features of squamous cell carcinoma are seen. The tumor constitutes one visible focus, and a multifocal appearance is not seen. The dermis shows is prominent solar elastosis.

The features are consistent with residual viable angiosarcoma. The surrounding tissue shows some focal mild fibrosis, with damaged collagen fibers and chronic inflammation as above; some of these changes might be secondary to previous chemotherapy, although discernible post-treatment changes are not marked. The tumor is approximately 1.7mm from the deep margin, at least 3.5mm from the 9 o'clock and 3 o'clock longitudinal margins, 3.8mm from the 6 o'clock margin and approximately 8.5mm from the 12 o'clock margin. There is also a small pT1 basal cell carcinoma of low pathological risk, which appears completely excised (slide 2), also kindly seen by Dr Terlizzo (consultant skin pathologist), who agrees with the findings).

Dr Magnus Hallin/Dr Khin Thway

T soft tissue t nose
m angiosarcoma m bcc

Prof Bakal study (slide 5)