ROYAL MARSDEN NHS FOUNDATION TRUST - HISTOPATHOLOGY REPORT
750216: [redacted] - NHS Number: 616 430 4091

Lab No	6893/20	**Reported**	9 Jul 2020	**Pathologist**	DR HALLIN/DR THWAY
Source	Second Opinion	**Sample Received**	9 Jul 2020	**Ward**	
Other Hospital				**Other Hospital Number**	8780/20
Sex	MALE	**Age**	72	**Branch**	FULHAM ROAD
Clinical Diagnosis		**Operation**		**Consultant**	PEREZ/KT

SITE	**DIAGNOSIS**
SOFT TISSUE AND OTHER CONNECTIVE TISSUE A (T1X005)	SPINDLE CELL SARCOMA (Malignant) (M88013)
B UPPER EXTREMITY (TY8000)	SPINDLE CELL SARCOMA (Malignant) (M88013)

72 YEAR OLD MALE, WITH LUMP ON THE LEFT ARM SINCE 2019, BUT WITH AGGRAVATED GROWTH SINCE START OF 2020. OUTSIDE MRI SUGGESTS SOFT TISSUE TUMOR, CLINICALLY SARCOMA. THIS SPECIMEN: CORE BIOPSY FROM LEFT ARM MASS, PREVIOUSLY REPORTED BY DR PEREZ: HIGH-GRADE SPINDLE CELL SARCOMA, AND VERY KINDLY FORWARDED BY HIM AS PART OF THE SARCOMA PATHWAY. NO PREVIOUS RMH HISTOLOGY

MACROSCOPY
Received from Kingston Hospital NHS Trust; 2 blocks 6 s/s ref 8780/20.

HISTOLOGY

The features are as previously described by Dr Perez, and show a relatively cellular spindle cell tumor, composed of loose fascicles of moderately to focally markedly atypical spindle cells with ovoid or elongated, sometimes buckled hyperchromatic or vesicular nuclei and fibrillary cytoplasm, in moderately collagenous stroma. Tumor giant cells are relatively frequent. The mitotic index is focally up to 10/10hpf with atypical forms, and there is prominent necrosis.

Referring immunohistochemistry shows the tumor to be diffusely (moderately to strongly) positive for CD34, and negative for SMA, desmin and S100 protein.

The features are consistent with spindle cell sarcoma NOS, grade 3. The occasional buckled nuclei are noted, but there is insufficient evidence for MPNST. Although there is diffuse CD34 expression, the features do not support malignant solitary fibrous tumor, and there is no evidence for fibrosarcomatous change in DFSP or a vascular neoplasm, but further immunohistochemistry, including STAT6, is awaited.

Report to Dr Perez

Dr Magnus Hallin/Dr Khin Thway