Megan Russell 2937 20 741709 :,Miss Louise
34 YEAR OLD FEMALE. EXCISION OF PALE, FIRM MACROSCOPICALLY 60X40X10MM LESION FROM THE ANTERIOR ABDOMINAL WALL, SENT FOR FURTHER OPINION BY DR KOTHARI, HISTOLOGICALLY ? LOW-GRADE FIBROMYXOID SARCOMA.

MACROSCOPY

HISTOLOGY
The features are as previously described by Dr Kothati, and show a well-demarcated, encapsulated/ pseudoencapsulated, moderately cellular tumor composed of patternless arrays of essentially uniform cells with spindled, ovoid or stellate nuclei, even chromatin, and fibrillary cytoplasm, in variably myxocollagenous stroma. Slightly more cellular areas are noted in places. There is prominent intervening vascularity, of predominantly medium-sized, curvilinear thin-walled vessels. No definite cellular atypia is noted. Mitotic figures are not prominent, with an index of up to 1/10hpf without atypical forms. No necrosis is seen.

Immunohistochemistry from the referring institution shows the tumor to be diffusely and strongly positive for bcl-2, with only very focal weak EMA. The tumor is negative for desmin, SMA, CD34 and S100 protein (positive in dendritic cells only). The proliferation fraction by MIB1 is essentially low. At RMH, the tumor is diffusely and strongly positive for MUC4, and negative for SOX10 and AE1/AE3.

The features are consistent with consistent with low-grade fibromyxoid sarcoma. Molecular investigations are awaited to assess for this (including for EWSR1 gene rearrangement with a further report to follow). The tumor appears to be separated from the margins by its fibrous pseudocapsule, and Dr Kothari's report describes the lesion to appear completely excised.

Report to Dr Kothari

Dr Khin Thway

Either LGFMS or differential diagnosis soft tissue angiofibroma (angiofibroma less likely immunohistocheically, but aw MUC4 and molecular)
T: soft tissue, t abdominal wall m neoplasm uncertain whether benign or malignant