ROYAL MARSDEN NHS FOUNDATION TRUST - HISTOPATHOLOGY REPORT 741054: NHS Number:

Lab No

0293/20

Reported

30 Jan 2020

Pathologist DR HALLIN / DR THWAY

Source

Internal Operation Sample Received 9 Jan 2020

WILSON Ward

Sex

FEMALE

Age

FULHAM ROAD Branch

Clinical Diagnosis

Operation

8 Jan 2020

Consultant STRAUSS,MR D C

SITE

SOFT TISSUE AND OTHER CONNECTIVE TISSUE A (T1X005)

DIAGNOSIS

MORPHOLOGIC DESCRIPTION ONLY

(M09350)

65 YEAR-OLD MALE, PREVIOUS HISTORY OF GRAVES DISEASE (2008) BREAST AND CARCINOMA JAN 2014 (TREATED WITH MASTECTOMY). MRI NOV 2019 SHOWED 66X62X50MM LOBULATED SOFT TISSUE MASS ASSOCIATED WITH PATHOLOGIC FRACTURE OF LEFT 10TH RIB. BIOPSY NOV 2019 REPORTED ELSEWHERE AS PREDOMINANTLY LOW GRADE CHONDROID NEOPLASM, BUT WITH AREAS CONCERNING FOR GRADE 2 CHONDROSARCOMA (NO REPORT AVAILABLE). THIS SPECIMEN: RESECTION OF CHONDROSARCOMA, LEFT LOWER CHEST WALL, DIAPHRAGM AND ABDOMINAL WALL. THERE IS NO PREVIOUS HISTOLOGY FOR REVIEW AT RMH.

MACROSCOPY

Left chest wall, sarcoma: pot contains an unorientated chest wall excision measuring 104 x 83 x 62mm. There are three ribs present with adjacent multilobulated mass. Tumour mass measures 72 x 60 x 43mm and is coated in smooth serosal tissue. There are fragment of skeletal muscle adjacent to the ribs. Specimen margins are inked black. Tumour nodules is serially sliced revealing a circumscribed cream mucinous cystic tumour with central haemorrhage and necrosis. Tumour measurements are the same as previous described. Tumour abuts the smooth serosal margin and overlies the ribs. No direct involvement with bone is seen. Necrosis approximately 15%. Blocks: 1-5) Representative sections of tumour with closest resection margins, 6) Representative section of tumour to rib (in decal), 7&8) Rib resection margins (in decal). Tissue and tumour remain.

HISTOLOGY

Sections show a variably cellular tumour, composed of lobules of chondrocytes, focally separated by thick fibrous bands. The chondrocytes have ovoid nuclei, small nucleoli, and scanty eosinophilic cytoplasm, and are distributed in a myxochondroid stroma. Only occasional binucleated cells are seen. The tumour is separated from the bone by a thin layer of fibroadipose tissue in the sections examined. Mitotic activity is not prominent, with 1 mitotic figure per 10 high power fields. Areas of ghost cells are seen, but no frank necrosis.

The features are in keeping with chondrosarcoma; however, expert characterisation will be performed by colleagues at RNOH, with a further report to follow. The tumour is 0.4mm from the closest circumferential margin. Tumour is not seen at the rib end resection margins.

Dr Magnus Hallin/Dr Khin Thway