



BRIGHAM AND
WOMEN'S HOSPITAL



HARVARD
MEDICAL SCHOOL

Christopher D.M. Fletcher, M.D., FRCPath
Vice-Chair, Anatomic Pathology
Department of Pathology

Professor of Pathology
Harvard Medical School

Chief of Onco-Pathology
Dana-Farber Cancer Institute

August 24, 2021

Dr. Pavlos Constantinou M.D., MSc.
Pathologist
Histology & Cytology Laboratory Services
41 Andrea Avraamidi Str.
2024 STROVOLOS
Cyprus

Dear Dr. Constantinou,

Re:

Your ref 5110/2021, Our ref BS21-W50767

Many thanks for asking me to look at the biopsy of this man's mass in the right maxillary sinus. I am returning your block herein.

The specimen shows a moderately cellular spindle cell neoplasm with a fascicular architecture. The lesional cells have pale eosinophilic cytoplasm and ovoid or more tapering nuclei showing just mild nuclear atypia. There is no significant pleomorphism and mitoses are not numerous. Our immunostains mirror your own in showing multifocal positivity for SMA, while desmin, CD34, S-100 protein, β -catenin, pan-keratin, CAM 5.2, p63, PAX-3, caldesmon and ALK are negative. I would not expect an odontogenic fibroma to be as cellular as this nor to show such an orderly fascicular growth pattern and there are usually epithelial nests in the latter. Personally, I can only be descriptive and label this as an **atypical spindle cell neoplasm, possibly myofibroblastic in type**. I do not think that the appearances fit neatly with any clearly defined "entity". I see no overt features of malignancy. However, the tumor involves the excision margin and there therefore maybe some possibility of local recurrence.

With best wishes, apologies for not being more definitive and thanks again.

Yours sincerely,

Christopher D.M. Fletcher, M.D., FRCPath
CDMF:dmm/7;encl.