

BRIGHAM HEALTH



BRIGHAM AND  
WOMEN'S HOSPITAL



HARVARD  
MEDICAL SCHOOL

Christopher D.M. Fletcher, M.D., FRCPath

Vice Chair, Anatomic Pathology  
Department of Pathology

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Ioanna Themeli, M.D.  
Department of Pathology  
Hygeia Hospital  
4 Erythrou Stavrou Str. and Kifisias Ave.  
151 23 Marousi  
ATHENS  
Greece

Dear Dr. Themeli,

Re:

Your ref 399256, Our new ref BS21-N60688

Many thanks for asking me to look at the excision of this man's tumor in the maxillary sinus, from which I saw a prior biopsy in August (Cyprus ref 5110/2021, Our ref BS21-W50767), at which time I rendered a diagnosis of atypical spindle cell neoplasm, possibly myofibroblastic in type. I am returning your original stained slides and the blocks herein.

As you have rightly described, the specimen shows a variably cellular, predominantly fascicular spindle cell neoplasm consisting of cells with relatively uniform ovoid or tapering nuclei and pale eosinophilic cytoplasm. The tumor has an infiltrative border. There is mucosal ulceration with associated necrosis, but I do not see coagulative tumor necrosis. To be honest, I don't think that mitoses are especially numerous. Immunostains in our hands show multifocal strong positivity for SMA, while desmin, caldesmon and pan-keratin are negative. We stained the prior biopsy for multiple different keratins as well as p63, all of which were negative. I would personally label this as an **atypical myofibroblastic neoplasm, best regarded for treatment purposes as sarcoma, low grade**. By this, I would wish to imply the distinct potential for local recurrence and, in any such recurrence, there is the possibility of an advance in histologic grade. In its present form, I would not expect this lesion to have metastatic potential. I would be interested to hear of any follow up in this patient.

With best wishes and thanks again.

Yours sincerely,

Christopher D.M. Fletcher, M.D., FRCPath  
CDMF:dmm/2;encl.

Professor of Pathology  
Harvard Medical School

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CANCER CENTER



Chief of Onco-Pathology  
Dana-Farber Cancer Institute