

Subject ID: LM00005

Pathology Report Date: 2/14/2003

Pathology Report Summary

**GROSS DESCRIPTION:**

Two outside slides are received for consultation.

**MICROSCOPIC DESCRIPTION:**

The specimen includes a large tumor mass and attached dermis and epidermis. The sections show a large nodule composed of pleomorphic spindle cells with readily visible mitotic figures; these spindle cells stain negatively with S-100 and positively with muscle-specific actin. The attached dermis and epidermis are unremarkable. All margins are involved by the process.

The findings are those of a high grade leiomyosarcoma that could have clinically mimicked either a lipoma or a cyst.

Subject ID: LM00005

Pathology Report Date: 3/7/2003

Pathology Report Summary

**GROSS DESCRIPTION:**

The specimen consists of two H & E stained slides.

**MICROSCOPIC DESCRIPTION:**

I am in agreement with the submitting pathologist that the tumor represents a high-grade leiomyosarcoma which extends to the peripheral and deep margins. The sarcoma is characterized by spindled cells with atypical nuclei, malignant giant cells and numerous mitoses. The tumor contains geographic zones of necrosis. No skeletal muscle is identified.

**DIAGNOSIS:**

Outside slides said to represent "lesion of left leg" biopsy

Leiomyosarcoma, grade 3, extending to peripheral and deep margins. No skeletal muscle is identified in the biopsies, suggesting that the lesion arose above the fascia.

Subject ID: LM00005

Pathology Report Date 04/03/03

Pathology Report Summary

#### GROSS DESCRIPTION:

- A. Received is a 9.5 x 3.0 x 1.7 cm excision of skin and underlying fibroadipose tissue, including an overlying 8.7 x 2.8 cm ellipse of pale tan skin, with 4.1 x 0.1 cm long scar in the middle and a stitch at one end of the skin. No orientation is provided by the surgeon. The ends of the skin with the stitch is arbitrarily designated as the 12 o'clock position. Upon sectioning, there is a 1.1 x 1.0 x 0.9 cm, slightly irregular, firm, tan, nodular mass located within the soft tissue of the mid portion of the specimen within 0.6 cm of the closest soft tissue margin (3 o'clock position), and within 4.6 cm of the 12 o'clock stitch and 3.6 cm of the 6 o'clock end of the specimen. The remainder of the parenchyma is composed of yellow, lobulated adipose tissue with vessels and is unremarkable. The soft tissue margins of the specimen from the 12-6 o'clock position are inked black, and the soft tissue of the specimen from the 6-12 o'clock position is inked orange. Photographs are taken. A1; 6 o'clock tip: A2, 12 o'clock tip (stitch end): A3, mass with 3 o'clock soft tissue margin and deep margin; A4, mass with 9 o'clock soft tissue margin and deep margin; A5, mass with lateral 3 o'clock and 9 o'clock soft tissue margins; A6, soft tissue inferior to mass at 4 o'clock position; A7, soft tissue inferior to mass at 8 o'clock position; A8, skin and soft tissue at 11 o'clock and 1 o'clock positions; A9, skin and soft tissue at 5 o'clock and 7 o'clock positions; A10, possible small lymph node near 5 o'clock position; A11, additional section with mesa (no margins). Overall, 90% of mass submitted.
- B. Received is a 0.6 x 0.5 x 0.4 cm tan soft tissue fragment submitted entirely in 81.
- C. Received is a 1.1 x 1 x 0.4cm dark brown-tan soft tissue fragment wrapped and submitted in C1.
- D. Received is a 0.7 x 0.5 x 0.3 cm tan soft tissue fragment wrapped and submitted in D1.
- D. Received is a 0.7 x 0.3 x 0.2 cm dark brown-tan soft tissue fragment bagged in E1.
- F. Received is a dark brown-tan 0.5 x 0.4 x 0.2 cm soft tissue fragment, bagged in F1.

#### MICROSCOPIC DESCRIPTION:

A. Sections show mass of pleomorphic spindled cells with frequent mitotic figures. There is a distinct fascicular arrangement. This proliferation does not extend to any of the soft tissue margins. The closest soft tissue margin is 0.6 cm.

B-F. Sections show adipose and fibrous connective tissue. No tumor identified. The histomorphologic features, including marked cellular pleomorphism and frequent mitoses (>20 per 10 hpf), along with the immunohistochemical studies, which reportedly show the tumor cells to be positive for muscle-specific actin and negative for S-100, all support a diagnosis of high grade leiomyosarcoma.

