Subject ID: LM00006

Pathology Report Date: 1/23/98 Pathology Report Summary

## GROSS DESCRIPTION:

A. Received fresh is a wedge of rubbery white homogenous tissue measuring  $1.8 \times 0.9 \times 0.5$  cm. A portion is frozen as I, remainder in II,

B. There is a right hemicolectomy specimen received in formalin. The segment of terminal ileum measures 18.0 cm in length and 4.5 cm in diameter. The surgical margin of the ileum is unremarkable (I). The remainder of the ileum shows somewhat thickened mucosa with loss of normal folds without evidence of fistulae (II-III). The vermiform appendix measures 4.5 cm in length and 0.5 cm in maximum diameter. It is grossly unremarkable (IV). The segment of colon is 14.8 cm and no lesions are identified on gross examination. Random sections are embedded in V-VI. Situated at the root of the mesentery and extending into the retroperitoneum is a large spherical mass measuring 12.5 cm in diameter. It has a bosselated surface. The cut surface is white. It appears to be circumscribed and is partially covered with peritoneum. There are areas of necrosis and grayish degenerative changes, especially towards the center. This lesion is not attached to the bowel. Representative sections embedded in III-XIX. Lymph nodes from the pericolonic fat are embedded in XX-XXIII. Submitted separately in the same jar is the right kidney, which weighs 242 grams. The perinephric adipose tissue is present over most of the surface, except the upper pole. The segment of ureter included with the specimen is 3.5 cm in length. The ureter has largely dilated lumen with smooth inner lining and thin walls measuring less than 0.5 mm (XXIV). The renal pelvis and calices are dilated and contain clear fluid consistent with urine. The renal cortex and medulla are compressed, consistent with hydronephrosis. No tumor is identified in the kidney (XXV-XXVII).

## FINAL DIAGNOSIS:

A. Leiomyosarcoma: Biopsy retroperitoneal mass.

B. Leiomyosarcoma: Retroperitoneum.

Inflammatory bowel disease consistent with Crohn's disease: terminal ileum, vermiform appendix and colon.

Hydronephrosis and hydroureter: right kidney and proximal ureter

Comment: Multiple sections of the tumor mass in the retroperitoneum shows spindle cells with elongated eosinophilic cytoplasm and blunt-ended (cigar shaped) nuclei. In some of the sections, the smooth muscle nature of the neoplasm is clearer with intersecting bundles of smooth muscle cut longitudinally and transversely. In several sections it forms the characteristic herring-bone pattern. In other areas, the nuclei are more pleomorphic with numerous bizarre cells. Mitoses are frequent and atypical mitoses are seen. There is

tumor necrosis. The grade of the tumor varies from intermediate to high-grade in these sections.

Sections of the ileum and colon show ulcers, crypt abscess, epithelioid granulomas with multinucleated giant cells and lymphoid aggregates in the submucosa. Several of these ulcers have a fissuring appearance. The histology is consistent with Crohn's disease, however, the muscularis does not show significant inflammation as expected in Crohn's disease. In one section of the appendix the mucosa contains epithelioid histiocytes and multinucleated giant cells. Twelve lymph nodes do not show evidence of Crohn's disease or tumor.

The proximal ureter, renal pelvis and calyces are dilated. The renal medulla and cortex show some evidence of compression. There is no evidence of tumor.