



Australasian Division of the International Academy of Pathology Limited

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Slide Seminar - Soft tissue pathology cases that you will love

Chair of the session

Alison Cheah

Douglass Hanly Moir Pathology, Sydney, NSW, Australia

Keynote Speaker

Jerad Gardner

Geisinger Medical Centre, Danville, Pennsylvania, USA

Case 1

View Link: [Case 1](#)

Clinical History:

A 70-year-old female presented with a left groin mass and a four-year history of medial thigh pain associated with localized leg swelling. Ultrasound was performed, which suggested a thrombus. However, after persistence of the mass and symptoms, further investigation was performed. MRI showed a soft tissue mass adjacent to the femoral vessels (see MRI findings below). A core biopsy was performed for diagnosis, followed by complete surgical resection with a vascular bypass graft.

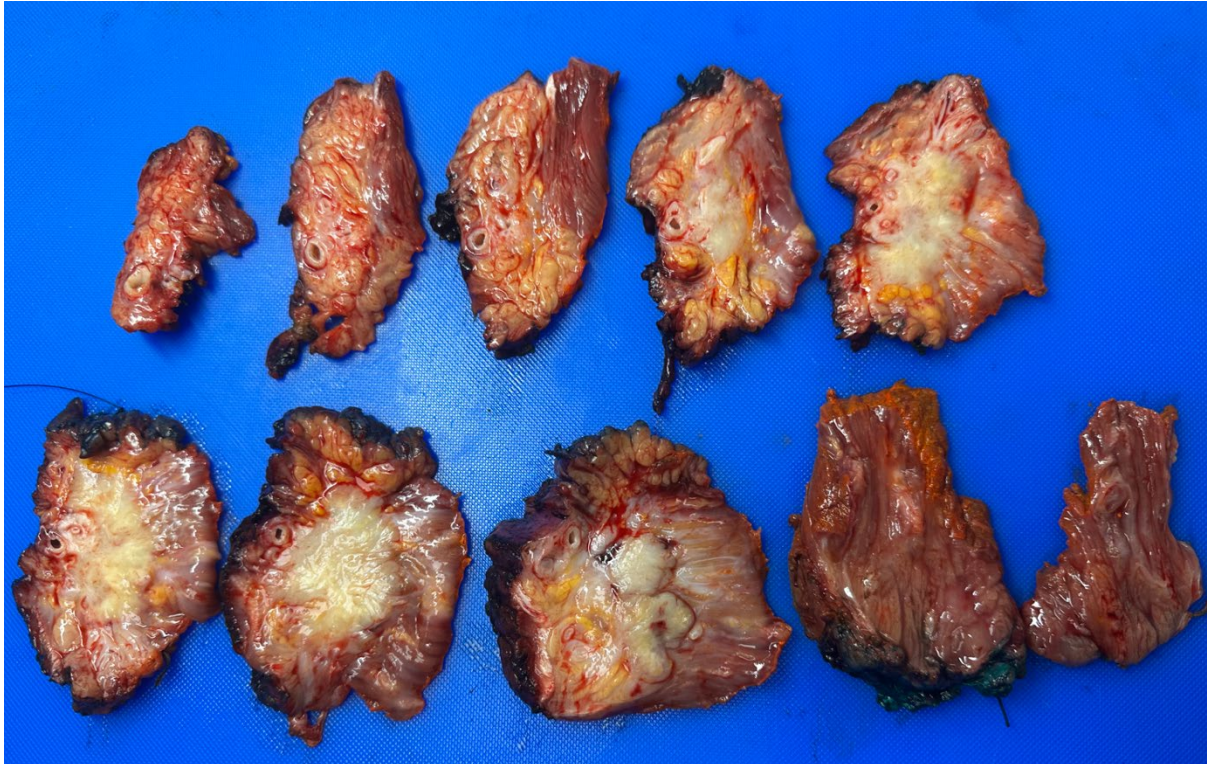
Additional information:

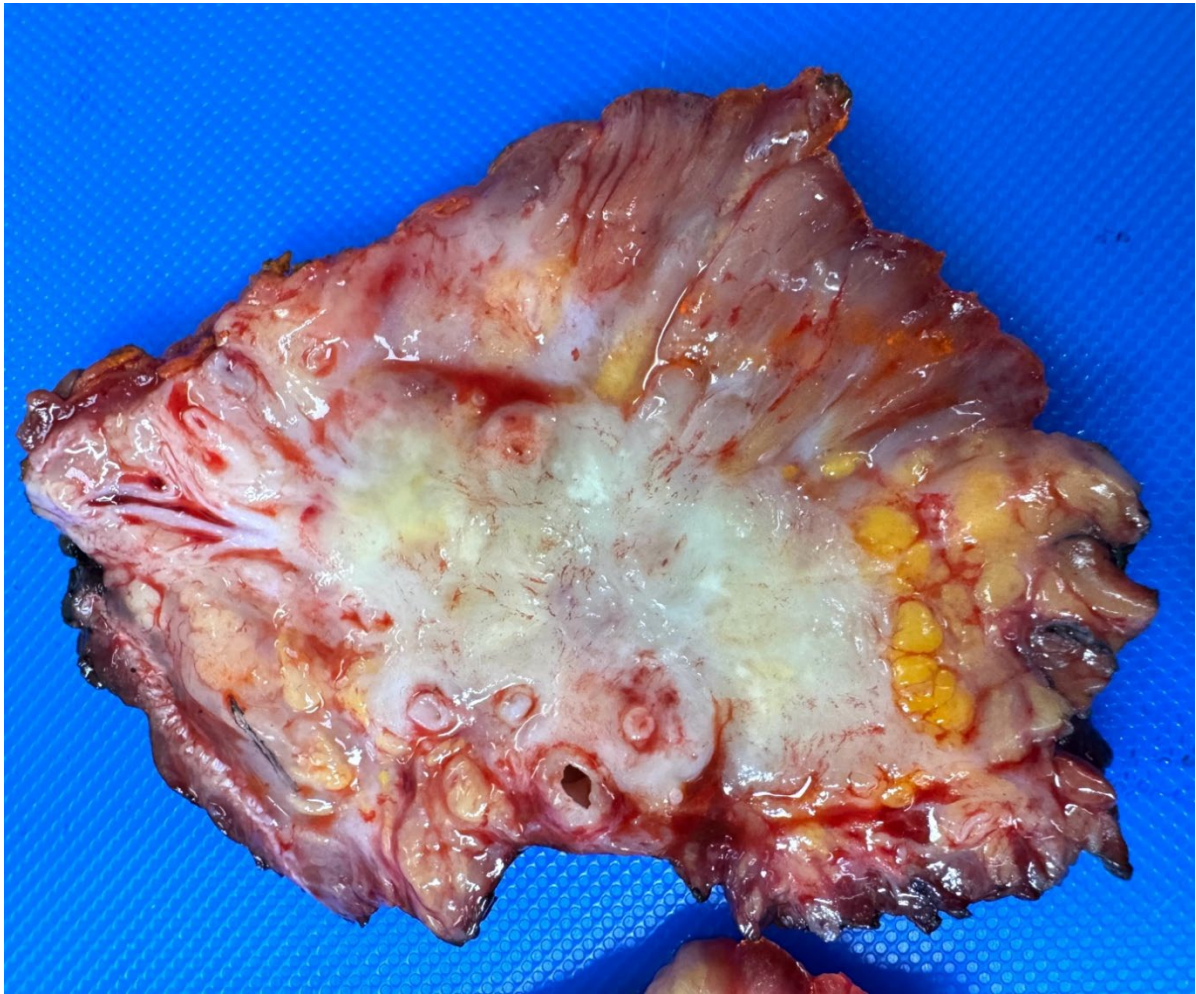
MRI findings:

Peripherally enhancing irregular mass again seen within the anteromedial upper thigh musculature. It measures 4.2 x 3.8 x 2.4 cm. There is adjacent nonspecific signal abnormality within the musculature. Diagnostic considerations for the mass include abscess, neoplasm or organizing hematoma.

Findings again consistent with thrombosis of the superficial femoral and popliteal veins.

Gross photographs of the resection specimen:





Case 2

View link: [Case 2](#)

Clinical History:

A 67-year-old female with a tender subcutaneous nodule on the forearm.

Case 3

View link: [Case 3](#)

Clinical History:

13-year-old male with a left upper arm mass. Patient noticed the mass about 2 months prior to presentation. He says it has grown slightly since then. After imaging studies suggested a benign lesion (see below), a pediatric surgeon performed a simple excision of the mass. Representative H&E sections and a CD34 immunohistochemical stain are provided for your review.

Clinical Findings:

Physical exam:

Very mobile 2 cm nodule in the anterolateral left upper arm.

Ultrasound

A nonspecific 2.1 x 2.6 x 2.3 cm complex cystic intramuscular lesion in the left upper mid arm. Suggested MRI for further evaluation.

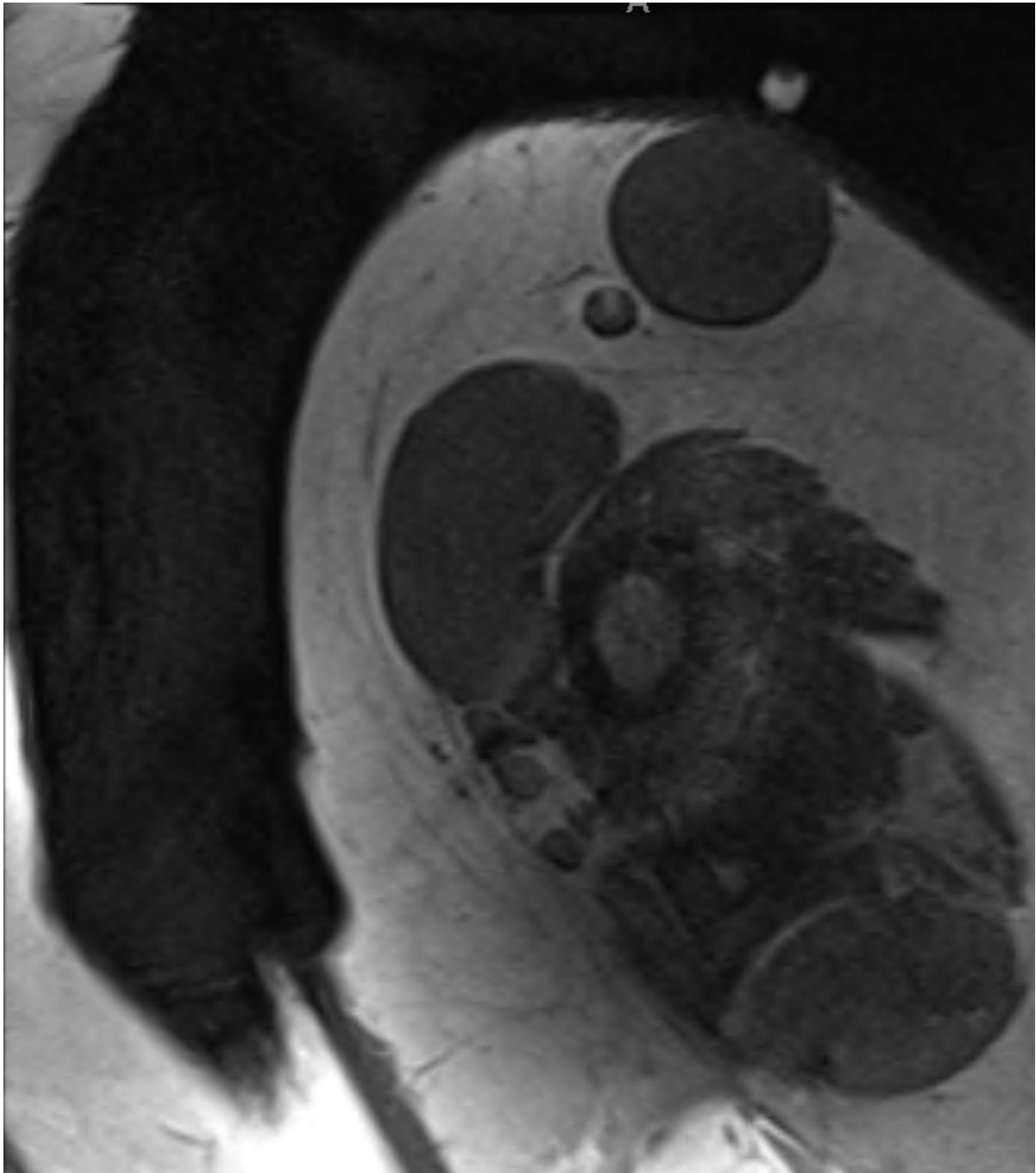
MRI:

Well-circumscribed superficial soft tissue mass measures approximately 2.8 cm. Although evaluation is limited due to lack of intravenous contrast, given MRI and recent sonographic findings, this lesion may represent epidermal inclusion cyst or sebaceous cyst. Hematoma, abscess or peripheral nerve sheath tumor is deemed less likely.

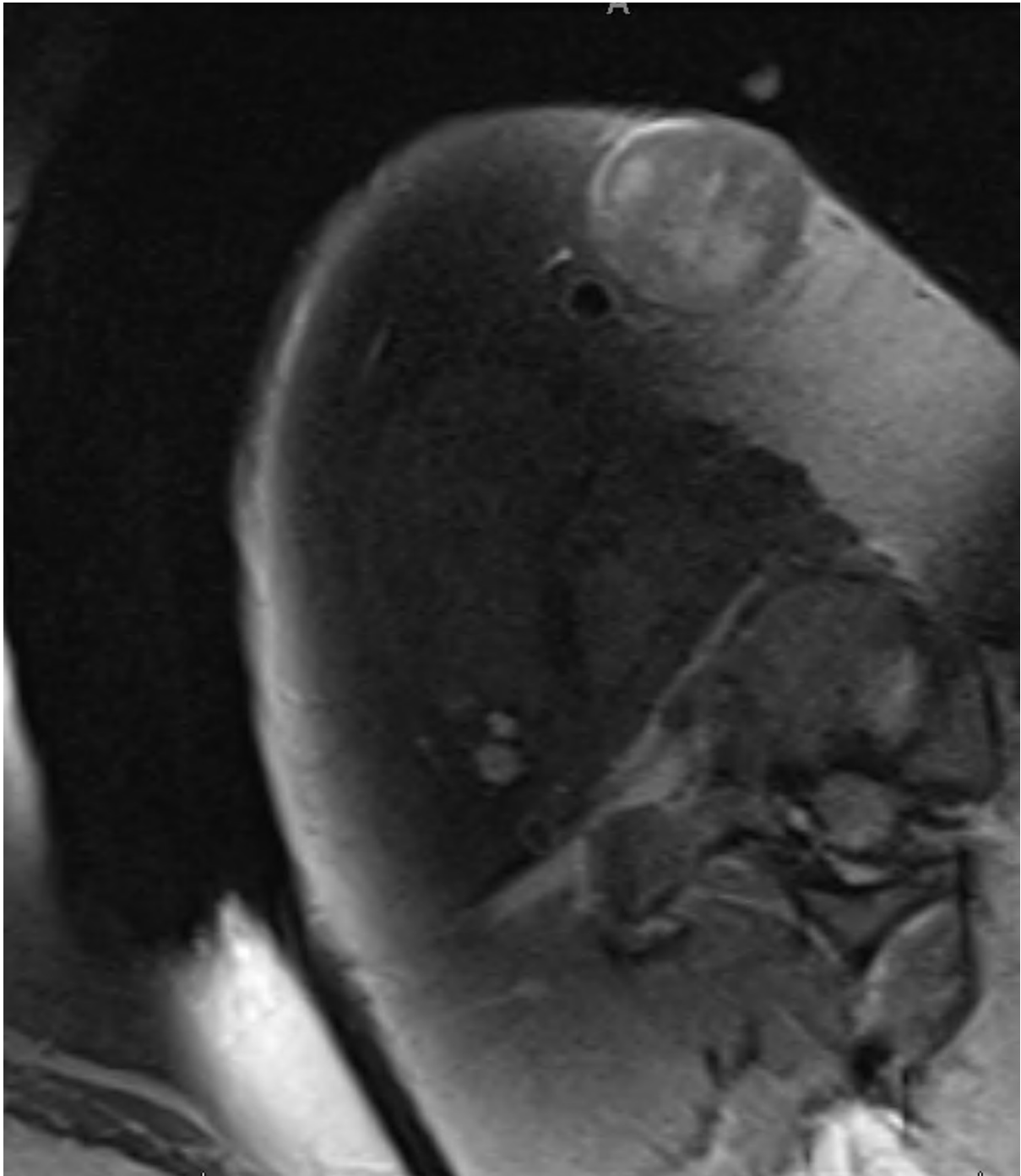
Clinical photo:



MRI T1:



MRI T2:



Additional information:

Immunohistochemistry findings:

CD34: diffusely positive.

EMA: Zone of weak EMA positivity, but majority of tumor is negative.

Negative for MUC4, S100, SOX- 10, GLUT-1, Claudin-1, and STAT-6.

Case 4

View Link: [Case 4](#)

Clinical History:

32-year-old female with skin colored nodule on the buttock. Patient reported that it grew quickly during her recent pregnancy. She wished to have it removed.

Clinical Findings:

Clinical information from the dermatologist submitted with the biopsy specimen:

A. Right medial buttock - 18mm subcutaneous nodule, initially suspected lipoma with attempted removal through incision, mass was grossly very fibrous and apparently continuous with overlying tissue, converted to excision, ? Fibrous tumor vs scar (no known trauma history) vs other

Additional information:

S100 and SOX-10 are positive (see digital slides).
MART-1, HMB-45, and PRAME are negative.

Case 5

View Link: [Case 5](#)

Clinical History:

33-year-old male with a "cyst" on the abdomen. Excision was performed.

Clinical Findings:

No clinical photo available.