“SOFT TISSUE PATHOLOGY”

Study Cases, Subscription B

March 2000

California Tumor Tissue Registry
c/o: Department of Pathology and Human Anatomy
Loma Linda University School of Medicine
11021 Campus Avenue, AH 335
Loma Linda, California 92350
(909) 558-4788
FAX: (909) 558-0188
E-mail: cttr@linkline.com
Case of the Month: www.llu.edu/llu/cttr/cotm
**Target audience:**
Practicing pathologists and pathology residents.

**Goal:**
To acquaint the participant with the histologic features of a variety of benign and malignant neoplasms and tumor-like conditions.

**Objectives:**
The participant will be able to recognize morphologic features of a variety of benign and malignant neoplasms and tumor-like conditions and relate those processes to pertinent references in the medical literature.

**Educational methods and media:**
- Review of representative glass slides with associated histories.
- Feedback on consensus diagnoses from participating pathologists.
- Listing of selected references from the medical literature.

**Principal faculty:**
- Weldon K. Bullock, MD
- Donald R. Chase, MD

**CME Credit:**
Loma Linda University School of Medicine designates this continuing medical education activity for up to 2 hours of Category I of the Physician’s Recognition Award of the American Medical Association.
CME credit is offered for the subscription year only.

**Accreditation:**
Loma Linda University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians.
Contributor: Michelle Meyer, M.D. 
Riverside, CA

Case No. 1 - March 2000

Tissue from: Right knee

Accession #28613

Clinical Abstract:
This 90-year-old female was diagnosed as having prepatellar bursitis and underwent repair of an apparent tear of the quadriceps tendon. The wound did not heal satisfactorily and the patellar tendon continued to retract. She developed drainage from the wound site and over several months the knee became progressively more swollen and painful. An exploratory surgery was performed on the knee. A large amount of mucoid or myxoid material was found about the joint and tendons. It did not form a mass lesion but was diffuse and extensive. The surgeon reported that he scooped the material out with his hand.

Gross Pathology:
The 643 gram specimen consisted of a 20 x 15 x 6 cm aggregate of irregular nodular mucoid pink-gray tissue fragments accompanied by viscid mucinous fluid.

Contributor: LLU Pathology Group (kt) 
Loma Linda, CA

Case No. 2 - March 2000

Tissue from: Left forearm

Accession #27699

Clinical Abstract:
After a six-year history of a slowly growing mass in the left forearm, this 13-year-old female presented for examination. An MRI showed the mass extending from the elbow to the wrist. Motor function was intact.

Gross Pathology:
The 221 gram specimen was a 15.0 x 7.0 x 5.0 cm aggregate of fleshy tan nodules. The cut surfaces were uniformly pale white and somewhat translucent.
Contributor: Pamela Boswell, M.D.  
San Diego, CA

Tissue from: Supraclavicular mass  
Accession #28636

Clinical Abstract:
This 23-year-old male complained of progressive right upper extremity numbness and weakness. Intraoperatively, a mass was identified which appeared to involve the brachial plexus. The tumor was partially excised.

Gross Pathology:
The specimen was received in multiple soft, focally hemorrhagic, red, gray, brown, and yellow fragments.

SPECIAL STUDIES (outside facility):
- Cytokeratin: negative
- S100: negative
- Desmin: negative
- CD34: negative
- EMA: negative

Contributor: LLU Pathology Group (drc)  
Loma Linda, CA

Tissue from: Stomach  
Accession #28366

Clinical Abstract:
During work-up for low back pain, an ultrasound and CT scan showed a mass apparently arising from the left lobe of the liver of this 50 year old female. At surgery, the tumor was found to be arising from the antrum of the stomach along the lesser curvature.

Gross Pathology:
The 170 gram specimen was a 9.1 x 7.2 x 5.1 cm lobulated light red-tan mass with a contiguous 1.5 x 0.5 cm ellipse of mucosa.

SPECIAL STAINS:
- S-100: negative
- Desmin: negative
- CAM 5.2: negative
- GFAP: negative
- Chromogranin: negative
- CD34: positive
Contributor: LLU Pathology Group (drc)  
Loma Linda, CA  

Tissue from: Left arm  

**Clinical Abstract:**  
A mass was noted on the left arm of this 56-year-old female. An excisional biopsy was performed.

**Gross Pathology:**  
The 178 gram 13.1 x 3.9 cm skin ellipse included a central 5.8 x 4.5 x 5.5 cm fibroadipose nodule. The cut surface of the nodule was uniformly tan-yellow.

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Contributor: Nathan B. Friedman, M.D.  
Los Angeles, CA  

Tissue from: Chest wall  

**Clinical Abstract:**  
Nine years earlier this 56-year-old male had had a mass in the right distal thigh excised. A new mass occurred in the right buttock five years later. A mass in the chest wall just inferior to the left breast developed nine years after the original surgery. Your material is from this chest wall mass.

**Gross Pathology:**  
The specimen consisted of a 6.5 x 1.0 cm strip of skin over 3.5 cm deep tissue. Within this was a 2.0 cm hour glass-shaped nodule.
Contributor: LLU Pathology Group
Loma Linda, CA

Tissue from: Right leg

Clinical Abstract:
This 45-year-old male had a right femoral tumor that was nonresectable for limb salvage. Hip disarticulation was performed.

Gross Pathology:
In the superior lateral thigh of this 9 kilogram right leg, within the quadricep muscles, was a 19.0 x 11.5 x 8.5 cm firm white tan mass. The mass had a whorled cut surface with areas of necrosis and cyst formation.

Contributor: Mark Janssen, M.D.
Anaheim, CA

Tissue from: Spermatic cord

Clinical Abstract:
During work-up of left sided orchitis, a 6 x 5 x 4 cm firm but mobile mass was noted in the right hemiscrotum of this 56-year-old male. The mass was above and separate from the right testicle.

Gross Pathology:
The specimen consisted of testis, epididymis, and about 10 cm of spermatic cord. Just proximal to the testis and epididymis was a 7.0 x 7.0 x 3.5 cm mass with a yellow translucent myxoid cut surface.
Contributor: Catherine Odell, M.D.                       Case No. 9 - March 2000
Riverside, CA

Tissue from: Thigh                                          Accession #28532

Clinical Abstract:
This 17-year-old female presented with a mass in the right thigh.

Gross Pathology:
A portion of muscle, partially covered by a hemorrhagic fascia, contained a 6 x 5 x 3 cm tumor composed of friable tissue with a central 4 cm diameter hemorrhagic cyst.

Contributor: LLU Pathology Group (ajh)                    Case No. 10 - March 2000
Loma Linda, CA

Tissue from: Left external ear                             Accession #28370

Clinical Abstract:
A tumor was noted on left pinna of this 9-year-old girl. An excisional biopsy was performed.

Gross Pathology:
The 6 gram, 4.0 x 2.5 x 1.0 cm portion of the pinna of the ear contained a centrally located 1.3 cm diameter subcutaneous nodule.

SPECIAL STUDIES:
Actin         positive
Desmin        positive
SUGGESTED READING (General Topics from Recent Literature):


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Case No. 1, Accession No. 28613

March 2000

Mountain View (El Camino Assoc.) - Juxta-articular myxoma
Orange (UCI Medical Center Residents) - Myxoid chondrosarcoma
San Diego (Naval Medical Center) - Juxta-articular myxoma
Arizona (Phoenix Memorial Hospital) - Extraskeletal myxoid chondrosarcoma
Colorado (Unipath) - Liposarcoma
Texas (Fair Oaks Ranch) - Myxoma
Texas (Lubbock) - Myxoid tumor
Texas (Fort Worth) - Myxoid liposarcoma
Louisiana (River Ridge) - Myxoid liposarcoma
Kansas (Stormont Vail Hospital) - Extraskeletal myxoid chondrosarcoma
Florida (Monroe Regional Medical Center) - Myxoid chondrosarcoma
Florida (Winter Haven) - Juxta-articular myxoma
Florida, Miami (Hospital Pathologist) - Myxoid chondrosarcoma
Michigan (St. Mary’s Hospital) - Malignant fibrous histiocytoma, myxoid variant (2)
Indiana (Fort Wayne) - Extraskeletal synovial myxoid chondrosarcoma, knee
Wisconsin (Middleton) - Proliferative peribursitis
Kentucky (Univ of Louisville Residents) - Chondrosarcoma
Maryland (University of Maryland) - Myxoid synovial chondromatosis
Maryland (National Naval Medical Center) - Juxta-articular myxoma (12)
Pennsylvania (Conemaugh Memorial Medical Center Residents) - Myxoid chondrosarcoma
New York (Impath) - Juxta-articular myxoma
New York (Beth Israel Medical Center Residents) - Myxoma
Massachusetts (Longmeadow) - Juxta-articular myxoma, knee
Massachusetts (Good Samaritan Medical Center) - Reactive-proliferative and inflammatory synovitis
Canada, Calgary (Foothills Hospital) - Myxoid chondrosarcoma (vs. extraskeletal chondroma)
Japan, Kurashiki (Kawasaki Medical School Hospital) - Myxoid sarcoma, NOS (1); Malignant PNST (1): Myxoid chondrosarcoma (1)
Japan (Shimada City) - Myxoid liposarcoma
China (Hubei Cancer Hospital and Institute) - Aggressive angiomyxoma, right knee
Saudi Arabia (King Khalid University Hospital) - Myxoid sarcoma, most likely myxoid extraskeletal chondrosarcoma

DIAGNOSIS:
Juxta-Articular Myxoma, Knee
T-Y9210, M-88400

REFERENCES:
Case No. 2, Accession No. 27699

Mountain View (El Camino Assoc.) - Schwannoma
Orange (UCI Medical Center Residents) - Plexiform Schwannoma
San Diego (Naval Medical Center) - Neurilemmoma
Arizona (Phoenix Memorial Hospital) - Plexiform Schwannoma
Colorado (Unipath) - Neurilemmoma
Texas (Fair Oaks Ranch) - Schwannoma, plexiform
Texas (Lubbock) - Plexiform neurofibroma
Texas (Fort Worth) - Neurofibromatosis
Louisiana (River Ridge) - Plexiform neurilemmoma
Kansas (Stormont Vail Hospital) - Neurilemmoma
Florida (Monroe Regional Medical Center) - Plexiform Schwannoma
Florida (Winter Haven) - Plexiform neurofibroma
Florida, Miami (Hospital Pathologist) - Neurilemmoma
Michigan (St. Mary's Hospital) - Schwannoma (2)
Indiana (Fort Wayne) - Plexiform neurofibroma, soft tissue, left forearm
Wisconsin (Middleton) - Schwannoma
Kentucky (Univ of Louisville Residents) - Plexiform neurofibroma
Maryland (University of Maryland) - Plexiform Schwannoma
Maryland (National Naval Medical Center) - Plexiform neurofibroma (10); Plexiform neurilemmoma (2)
Pennsylvania (Conemaugh Memorial Medical Center Residents) - Peripheral nerve sheath tumor
New York (Impath) - Nerve sheath tumor—plexiform Schwannoma
New York (Beth Israel Medical Center Residents) - Benign Schwannoma
Massachusetts (Longmeadow) - Plexiform Schwannoma
Massachusetts (Good Samaritan Medical Center) - Plexiform neurofibroma with focal increased cellularity
Canada, Calgary (Foothills Hospital) - Plexiform schwannoma
Japan, Kurashiki (Kawasaki Medical School Hospital) - Benign Schwannoma (2); Palisaded myofibroblastoma (1)
Japan (Shimada City) - Plexiform Schwannoma
China (Hubei Cancer Hospital and Institute) - Schwannoma, left forearm
Saudi Arabia (King Khalid University Hospital) - Schwannoma (5); Low grade leiomyosarcoma (1)

DIAGNOSIS:
Plexiform Schwannoma, Forearm
T-Y8700, M-95600

REFERENCES:

CTTR, March 2000 "Minutes" (Subscription B)
Case No. 3, Accession No. 28636  March 2000

Mountain View (El Camino Assoc.) - Malignant peripheral nerve sheath tumor
Orange (UCI Medical Center Residents) - Malignant peripheral nerve sheath tumor (6); Synovial sarcoma (2)
San Diego (Naval Medical Center) - Malignant peripheral nerve sheath tumor
Arizona (Phoenix Memorial Hospital) - Malignant peripheral nerve sheath tumor
Colorado (Unipath) - Sarcoma
Texas (Fair Oaks Ranch) - Spindle cell neoplasm, NOS
Texas (Lubbock) - Synoviosarcoma
Texas (Fort Worth) - Fibrosarcoma
Louisiana (River Ridge) - Fibrosarcoma
Kansas (Stormont Vail Hospital) - Monophasic synovial sarcoma
Florida (Monroe Regional Medical Center) - Malignant peripheral nerve sheath tumor
Florida (Winter Haven) - Synovial sarcoma
Florida, Miami (Hospital Pathologist) - Malignant peripheral nerve sheath tumor
Michigan (St. Mary's Hospital) - Fibrosarcoma (1); Malignant peripheral nerve sheath tumor (1)
Indiana (Fort Wayne) - Spindle cell neoplasm, favor spindled monophasic synovial sarcoma
Wisconsin (Middleton) - Malignant peripheral nerve sheath tumor
Kentucky (Univ of Louisville Residents) - Malignant peripheral nerve sheath tumor (Malignant Schwannoma)
Maryland (University of Maryland) - Malignant peripheral nerve sheath tumor
Maryland (National Naval Medical Center) - Monophasic synovial sarcoma (12); Malignant peripheral nerve sheath tumor (2)
Pennsylvania (Conemaugh Memorial Medical Center Residents) - Monophasic synovial sarcoma
New York (Impath) - Fibrosarcoma
New York (Beth Israel Medical Center Residents) - Malignant peripheral nerve sheath tumor
Massachusetts (Longmeadow) - Fibrosarcoma
Massachusetts (Good Samaritan Medical Center) - Hemangiopericytoma
Canada, Calgary (Foothills Hospital) - Fibrosarcoma
Japan, Kurashiki (Kawasaki Medical School Hospital) - Malignant peripheral nerve sheath tumor (2); Synovial sarcoma (1)
Japan (Shimada City) - Malignant peripheral nerve sheath tumor
China (Hubei Cancer Hospital and Institute) - Malignant fibrous histiocytoma, supraclavicular area
Saudi Arabia (King Khalid University Hospital) - Spindle cell sarcoma, most likely malignant peripheral nerve sheath tumor

DIAGNOSIS:
Spindle Cell Sarcoma, Favor Malignant Peripheral Nerve Sheath Tumor, Supraclavicular Region
T-Y1230, M-95603

REFERENCES:
Case No. 4, Accession No. 28366

March 2000

Mountain View (El Camino Assoc.) - GI stromal tumor
Orange (UCI Medical Center Residents) - Gastrointestinal stromal tumor
San Diego (Naval Medical Center) - Epithelioid gastrointestinal stromal tumor
Arizona (Phoenix Memorial Hospital) - Gastrointestinal stromal tumor (GIST)
Colorado (Unipath) - Vascular neoplasm
Texas (Fair Oaks Ranch) - Gastrointestinal stromal tumor
Texas (Lubbock) - Epithelioid hemangiopericytoma
Texas (Fort Worth) - Epithelioid leiomyosarcoma
Louisiana (River Ridge) - Gastrointestinal stromal tumor
Kansas (Stormont Vail Hospital) - Epithelioid leiomyosarcoma
Florida (Monroe Regional Medical Center) - GIST tumor
Florida (Winter Haven) - GI stromal tumor, malignant potential uncertain
Florida, Miami (Hospital Pathologist) - Epithelioid hemangioendothelioma
Michigan (St. Mary's Hospital) - Epithelioid leiomyosarcoma (1); Gastrointestinal stromal tumor (1)
Indiana (Fort Wayne) - Gastrointestinal stromal tumor, stomach
Wisconsin (Middleton) - Epithelioid stromal tumor (GIST)
Kentucky (Univ of Louisville Residents) - Gastrointestinal stromal tumor of uncertain malignant potential
Maryland (University of Maryland) - Epithelioid GIST, borderline
Maryland (National Naval Medical Center) - Gastrointestinal stromal tumor (GIST) of uncertain malignant potential (16)
Pennsylvania (Conemaugh Memorial Medical Center Residents) - Gastrointestinal stromal tumor, malignant potential
New York (Impath) - Gastrointestinal stromal tumor
New York (Beth Israel Medical Center Residents) - Gastrointestinal stromal tumor
Massachusetts (Longmeadow) - Gastrointestinal stromal tumor, stomach
Massachusetts (Good Samaritan Medical Center) - Gastrointestinal stromal tumor, epithelioid type
Canada, Calgary (Foothills Hospital) - Gastrointestinal stromal tumor
Japan, Kurashiki (Kawasaki Medical School Hospital) - Gastrointestinal stromal tumor (3)
Japan (Shimada City) - Gastric epithelioid stromal tumor, low-grade
China (Hubei Cancer Hospital and Institute) - Hemangiosarcoma, stomach
Saudi Arabia (King Khalid University Hospital) - Gastrointestinal stromal tumor, of borderline malignancy

DIAGNOSIS:
Borderline Gastric Stromal Tumor, Epithelioid Type
T-63000, M-82401

CONSULTATION: Klaus Lewin, M.D., UCLA Center for Health Sciences. “Borderline gastric stromal tumor, epithelioid type.”

REFERENCES:

CTTR, March 2000 "Minutes" (Subscription B)
DIAGNOSIS:
Lipoma with Hibernomatous Features, Left Arm
T-Y8000, M-88500

REFERENCES:
Case No. 6, Accession No. 28211

March 2000

Mountain View (El Camino Assoc.) - Round cell liposarcoma vs. sarcoma, NOS
Orange (UCI Medical Center Residents) - Epithelioid hemangioendothelioma
San Diego (Naval Medical Center) - Metastatic synovial sarcoma (5); Dermatofibrosarcoma protuberance (5)
Arizona (Phoenix Memorial Hospital) - Malignant fibrous histiocytoma
Colorado (Unipath) - Sarcoma
Texas (Fair Oaks Ranch) - Synovial sarcoma
Texas (Lubbock) - Hemangiopericytoma
Texas (Fort Worth) - Metastatic synovial sarcoma
Louisiana (River Ridge) - Dermatofibrosarcoma protuberance
Kansas (Stormont Vail Hospital) - Angiosarcoma
Florida (Monroe Regional Medical Center) - Liposarcoma, high grade
Florida (Winter Haven) - Epithelioid hemangioendothelioma
Florida, Miami (Hospital Pathologist) - Hemangioendothelioma
Michigan (St. Mary's Hospital) - Synovial sarcoma (1); Hemangiopericytoma (1)
Indiana (Fort Wayne) - Hemangiopericytoma, chest wall ? metastatic from thigh
Wisconsin (Middleton) - Malignant hemangiopericytoma
Kentucky (Univ of Louisville Residents) - Round cell liposarcoma vs. hemangiopericytoma, malignant
Maryland (University of Maryland) - Hemangiopericytoma, malignant
Maryland (National Naval Medical Center) - Hemangioendothelioma (12); Angiosarcoma (4)
Pennsylvania (Conemaugh Memorial Medical Center Residents) - Synovial sarcoma
New York (Impath) - Hemangioendothelioma
New York (Beth Israel Medical Center Residents) - Synovial sarcoma
Massachusetts (Longmeadow) - Synovial sarcoma, metastatic
Massachusetts (Good Samaritan Medical Center) - Epithelioid hemangioendothelioma
Canada, Calgary (Foothills Hospital) - Hemangioendothelioma
Japan, Kurashiki (Kawasaki Medical School Hospital) - Malignant solitary fibrous tumor (1); Hemangiopericytoma (1); Malignant mesothelioma (1)
Japan (Shimada City) - Epithelioid hemangioendothelioma
China (Hubei Cancer Hospital and Institute) - Hemangioendothelioma, chest wall
Saudi Arabia (King Khalid University Hospital) - Low grade sarcoma, possibly hemangioendothelioma

**DIAGNOSIS:**

Sarcoma, Chest Wall, Probably Metastatic from Myxoid/Round Cell Liposarcoma of Hip
(AFIP diagnosis on previous tumor, 5 years earlier)

T-Y2150, M-88503

**REFERENCES:**


Pleomorphic Liposarcoma, Leg
T-1X000, M-88503

REFERENCES:
Mountain View (El Camino Assoc.) - Sclerosing liposarcoma, low grade
Orange (UCI Medical Center Residents) - Myxoid liposarcoma, low grade
San Diego (Naval Medical Center) - Myxoid malignant fibrous histiocytoma (myxoid fibrosarcoma)
Arizona (Phoenix Memorial Hospital) - Myxoid liposarcoma
Colorado (Unipath) - Spindle cell neoplasm
Texas (Fair Oaks Ranch) - Atypical neurofibroma
Texas (Lubbock) - Liposarcoma
Texas (Fort Worth) - Liposarcoma
Louisiana (River Ridge) - Myxoma
Kansas (Stormont Vail Hospital) - Myxoid liposarcoma
Florida (Monroe Regional Medical Center) - Liposarcoma, well-differentiated
Florida (Winter Haven) - Myxoid liposarcoma
Florida, Miami (Hospital Pathologist) - Myxoid liposarcoma
Michigan (St. Mary’s Hospital) - Nerve sheath myxoma (1); Myxoma (1)
Indiana (Fort Wayne) - Myxoid liposarcoma, left spermatic cord
Wisconsin (Middleton) - Atypical lipoma
Kentucky (Univ of Louisville Residents) - Angiomyxoma
Maryland (University of Maryland) - Well-differentiated liposarcoma
Maryland (National Naval Medical Center) - Liposarcoma
Pennsylvania (Conemaugh Memorial Medical Center Residents) - Myxosarcoma, low grade/atypical lipoma
New York (Impath) - Sclerosing liposarcoma
New York (Beth Israel Medical Center Residents) - Hemangioendothelioma
Massachusetts (Longmeadow) - Well-differentiated liposarcoma, paratesticular
Massachusetts (Good Samaritan Medical Center) - Myxoid liposarcoma
Canada, Calgary (Foothills Hospital) - (Aggressive) angiomyxoma
Japan, Kurashiki (Kawasaki Medical School Hospital) - Well-differentiated liposarcoma (3)
Japan (Shimada City) - Fibroma
China (Hubei Cancer Hospital and Institute) - Myxoid liposarcoma, spermatic cord
Saudi Arabia (King Khalid University Hospital) - Sclerosing type of well-differentiated liposarcoma

**DIAGNOSIS:**

Low Grade Myxoid Sarcoma ("Myxofibrosarcoma"), Spermatic Cord

T-79300, M-88300

**REFERENCES:**


Case No. 9, Accession No. 28532  

March 2000

Mountain View (El Camino Assoc.) - Synovial sarcoma  
Orange (UCI Medical Center Residents) - Sarcoma, favor hemangiopericytoma  
San Diego (Naval Medical Center) - Synovial sarcoma (cystic)  
Arizona (Phoenix Memorial Hospital) - Rhabdomyosarcoma, spindle cell type  
Colorado (Unipath) - Rhabdomyosarcoma  
Texas (Fair Oaks Ranch) - PNET  
Texas (Lubbock) - Kaposi’s sarcoma  
Texas (Fort Worth) - Angiosarcoma  
Louisiana (River Ridge) - Hemangioendothelioma  
Kansas (Stormont Vail Hospital) - Angiosarcoma  
Florida (Monroe Regional Medical Center) - Angiomatoid malignant fibrous histiocytoma  
Florida (Winter Haven) - Extraskeletal Ewing’s sarcoma  
Michigan (St. Mary’s Hospital) - Kaposi’s sarcoma (2)  
Indiana (Fort Wayne) - Small round cell sarcoma, favor embryonal rhabdomyosarcoma  
Wisconsin (Middleton) - Synovial sarcoma  
Kentucky (Univ of Louisville Residents) - Angiomatoid fibrous histiocytoma  
Maryland (University of Maryland) - Synovial sarcoma vs. hemangioendothelioma  
Maryland (National Naval Medical Center) - Clear cell sarcoma (13); Extraskeletal Ewing sarcoma (4)  
Pennsylvania (Conemaugh Memorial Medical Center Residents) - Angiosarcoma/lymphangiosarcoma  
New York (Impath) - PNET—Ewing’s sarcoma  
New York (Beth Israel Medical Center Residents) - Myxoma  
Massachusetts (Longmeadow) - Synovial cell sarcoma, thigh  
Massachusetts (Good Samaritan Medical Center) - Malignant blue cell tumor  
Canada, Calgary (Foothills Hospital) - Embryonal rhabdomyosarcoma  
Japan, Kurashiki (Kawasaki Medical School Hospital) - Synovial sarcoma (2); Fibrosarcoma (1)  
Japan (Shimada City) - Hemangiopericytoma  
China (Hubei Cancer Hospital and Institute) - Hemangiosarcoma, thigh  
Saudi Arabia (King Khalid University Hospital) - Angiomatoid fibrous histiocytoma

DIAGNOSIS:  
Consistent with Monophasic Synovial Sarcoma, Thigh

Director’s Note: Immunostains for Keratin (cocktail), S-100, Ewing’s marker (CD99), desmin, CD31 and CD34 were negative. There was focal positivity for epithelial membrane antigen (EMA). (drc)  
T-Y9100, M-90403

REFERENCES:  