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26 SEP 2021

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CIRNR -
PSJ*

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Dr. MAHENDRA PERERA
MBBS (Cey), MD (Col), Dip RT
Consultant in Clinical Oncology
& Radiotherapy
Principal Investigator - Clinical Trials

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~~24/9/24~~

Dr. Mohendra Perera

Senior Consultant Oncologist

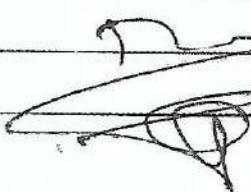
Dear Sir

Re. Mr. D. J. Pathirana.

The patient needs molecular tests,

and mutation studies. C/P possible

C/D/D coverage (Genomic Histological
pulmonary histology (NSCLC),
Syngeneic screens).


Dr. T. SKANDARAJAH
MBBS, MD (Clinical Oncologist)
Consultant Oncologist
Cancer Hospital Maharagama
S.M.C. Reg. No: 12920



Department of Histopathology

National Cancer Institute, Maharagama

PHN : 01370230565
 BHT/File : 08107/2024C
 Ward : Clinic No 205
 Age : 23 Y, 1 M, 5 D
 Gender : Male
 Sp. Id : 00278424
 Path No : IHC/R736/2024

Name : MR B.J.PATHIRANA
 Test : Special Histochemical stains
 Ref.By : Dr.T. Skandarajah
 Collection Date : 2024-09-12 09:01:00
 Date of Receipt : 2024-09-12 09:03:31
 Date of Report : 2024-09-19 15:31:06

Clinical details

: Investigated for incidentally detected positive mantoux test.
 CECT- Large mass like lesion in left lower lobe and near complete collapse of left lower lobe with moderate effusion.
 Left /VATS exploration and biopsy done, histological diagnosis - carcino sarcoma.
 Excision of the mass done, provisional diagnosis - A biphasic malignant tumour , possibilities are

1. Biphasic synovial sarcoma.
2. Carcinosarcoma
3. Pulmonary blastoma

Specimen/Site

: Left chest cavity mass

Specimen Details

: Tissue block from left chest cavity mass

Macroscopy

: Two wax blocks, four H&E slides and twelve IHC slides received. (869 - National Hospital For Respiratory Diseases (Teaching) Welisara - Sri Lanka)

Immuno Profile

: Further IHC shows CD 99 positivity and negativity for EMA, BCL 2 and TTF 1 (repeated numerous times). Beta catenin shows nuclear and cytoplasmic positivity.

Diagnosis -

Malignant biphasic tumour,

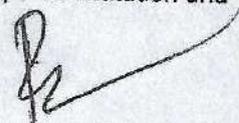
Possibilities ,

- Carcinosarcoma.

- TTF 1 negative pulmonary blastoma.

- Absence of EMA and BCL 2 staining is unfavorable for diagnosis of synovial sarcoma.

Suggest molecular studies for CTNNB1 mutation, P 53 mutation and SS18:SSX fusion for confirmation of diagnosis.


 Dr. Mrs. Priyanka Abeygunasekara
 (MBBS, D Path, MD(Histopath)
 Consultant Histopathologist

DEPARTMENT OF ANATOMICAL PATHOLOGY
NATIONAL HOSPITAL FOR RESPIRATORY DISEASES (TEACHING)
WELISARA – SRI LANKA

TEL: 0112956702 Ext: 121

HISTOLOGY REPORT

Name : - Mr. Binath Jalath.

Age : - 23rs.

Sex : - Male.

Requesting Dr: - Dr. Dhammika Rasnayake.

Date Received: - 27.08.2024.

Ref. No: - RD1039H/24

Hospital: - NHRD – Welisara.

Ward: - 04

BHT/clinic No: - 9455/24.

Date Issued: - 04.09.2024.

Clinical history:- Left chest cavity mass.

CECT – chest – Large mass lesion involving left lower lobe.

DD: Sarcoma.

IHC/R/667/24 Apeksha Hospital – Compatible with carcinosarcoma.

Specimen:- A: Left lung lower lobe with mass for histology.

B: Diaphragm for histology.

C: Upper lobe wedge for histology.

D: Pericardium for histology.

E: Station 11 lymph node for histology.

Macroscopy:- A: Received two masses in left lung lower lobe and a separate mass in multiple fragments. Left lung lower lobe measures – 140 x 135 x 75 mm and the tumor grossly measures – 135 x 125 x 65 mm. Other mass (in fragments) measuring – 160 x 140 x 55 mm. On sectioning of left lung lower lobe, the cut surface a blackish and necrotic. The pleural surface is irregular and hard. The other mass appear necrotic and friable.

(20 blocks, A1:- Bronchial resection margin, A2:- A4:- Hilum, A5 – A20:- Tumour with pleura).

B: Received a fragment of brownish and yellowish tissue measuring – 110 x 70 x 30 mm.

(Passed in 07 blocks).

C: Received three fragments of wedge tissue largest measuring -50 x 15 x 15 mm with stapled margin. 2nd largest fragment measuring – 30 x 05 x 05 mm with stapled margin. The smallest measuring – 10 x 10 x 10 mm without stapled margin.

(C1:- Smallest fragment, C2:- 2nd largest fragment, C3 – C6:- Largest fragment; All passed in 06 blocks, except stapled margin).

D: Received a fragment of yellowish tissue measuring – 30 x 07 x 06 mm.

(All passed in 02 blocks).

E: Received two fragments of tissue each measuring – 06 x 04 x 04 mm.

(All passed in 01 block).

Microscopy:- (A)

The extensively sampled lobectomy specimen reveals a biphasic malignant tumor .It is composed of both malignant glandular structures and spindle cells with scattered mitoses. There is extensive tumor necrosis.

The tumor extends to involve the visceral pleura. The adjacent lung tissue appears congested and inflamed focally.

The bronchial resection margin is free of tumor involvement. The hilar blood vessels are also free of tumor involvement. There are three reactive lymph nodes identified in the peribronchial area.

(B) Sections reveal fibrofatty and muscle tissue with tumor infiltration.

(C) Sections reveal lung tissue containing a single microscopic focus of tumor measuring 4x5mm in size. The tumor focus is located 1mm away the visceral pleura.

(D) Sections reveal fibrofatty tissue containing a focus of tumor as described in (A).

(E)Sections reveal a single reactive lymph node .

Diagnosis:- A: Left lung lower lobe with mass:-

-A biphasic malignant tumor occupying most of the lung lobe with involvement of visceral pleura identified.

-Tumor size 135 x 125 x 65 mm.

-The bronchial resection margin is free of tumor involvement.

-Three reactive lymph nodes identified in the peribronchial region are reactive.(0/3)

B: Diaphragm:-

Contains tumor.

C: Upper lobe wedge:-

Contains a single microscopic tumor focus (4x5mm)

D: Pericardium:-

Contains tumor.

E: Station 11 lymph node:-

A single reactive lymph node (0/1) .

Comment:-

-This tumor was thoroughly examined with immunohistochemistry using the previous biopsy (RD 869H/24).

- Three differential diagnoses were considered as follows,

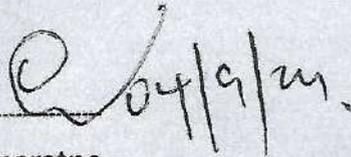
1. Biphasic synovial sarcoma.

2. carcinosarcoma.

3. Pulmonary blastoma.

- Considering the H an E morphology and available immuno markers biphasic synovial sarcoma was considered more likely over the others.(Please refer RD 869H/24)

-Therefore further immunohistochemistry is not performed on this specimen.



DR. Vasana Karunaratne
Consultant Histopathologist

Dr. Vasana Karunaratne
MBBS, Dip. in Pathology,
MD Histopathology
Consultant Histopathologist
National Hospital for
Respiratory Diseases
Wellisara