NHS Ashford and St. Peter's Hospitals NHS Foundation Trust	**Dr Besim Latifaj, MD FRCPath,** **Consultant Cellular Pathologist** **Department of Histopathology** **St Peter's Hospital, Guildford Road** **Chertsey KT16 0PZ** **United Kingdom**

Forename: **RREZON**	Surname: **BEHRAMI**	Request No: **APS-2616**	
Gender: **M**	DOB **2022**	Date Received: **10/11/2024**	Specimen Date: **24/10/2024**
Address: **KOSOVA**		Report to: **DR ARMEND KERVESHI,** **CONSULTANT NEUROSURGEON, KOSOVE**	

Clinical history given:
Second opinion
Presented with right subcutaneous temporal region tumour

MACROSCOPY:
Two paraffin blocks labelled 3702-24 Nucleous kindly sent by Professor Fisnik Kurshumliu, Prishtine, Kosove

MICROSCOPY:
Fibrofatty tissue shows a well circumscribed, un-encapsulate cellular tumour composed of sheets of tumour cells with hyperchromatic nuclei. Scattered large cell with enlarged hyperchromatic nuclei showing marked nuclear pleomorphism are seen. Some tumour cells show prominent macronucleoli.
Mitotic count is 30 mitoses per 10 HPF. No necrosis is seen.
The referring pathologist reported that tumour cells were negative for MNF116, CD68, LCA and expressed vimentin, focally myogenin, SMA, CD99-**the slides were not seen**).
The appearances are those of high-grade sarcoma, suggestive of embryonal rhabdomyosarcoma with anaplasia.
The tumour is focally present at diathermised excision margin.

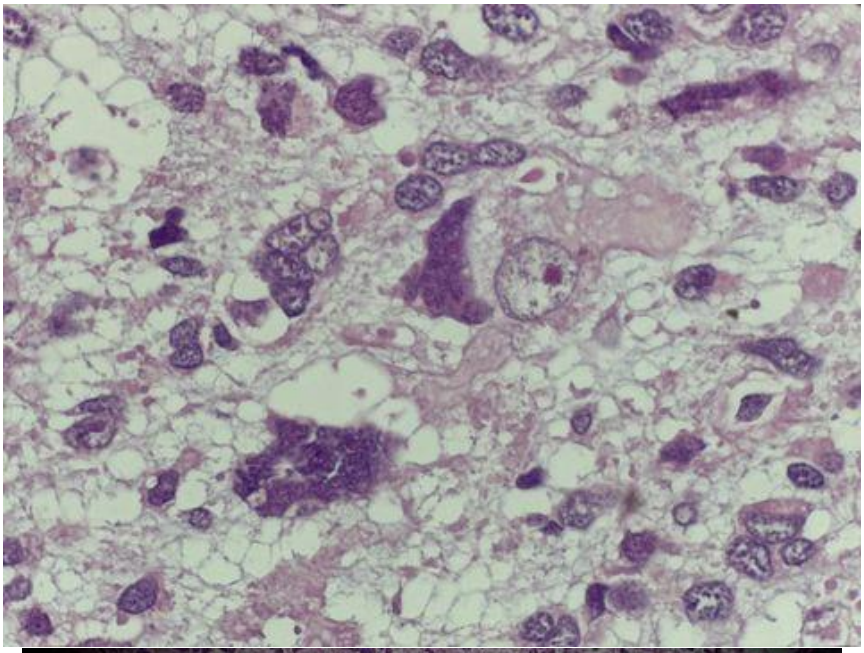
HISTOLOGICAL DIAGNOSIS:
RIGHT EXTRA-AXIAL TEMPORAL REGION TUMOUR:
-HIGH-GRADE SARCOMA, SUGGESTIVE OF EMBRYONAL RHABDOMYOSARCOMA WITH ANAPLASIA FOCALLY PRESENT AT DIATHERMISED EXCISION MARGIN.

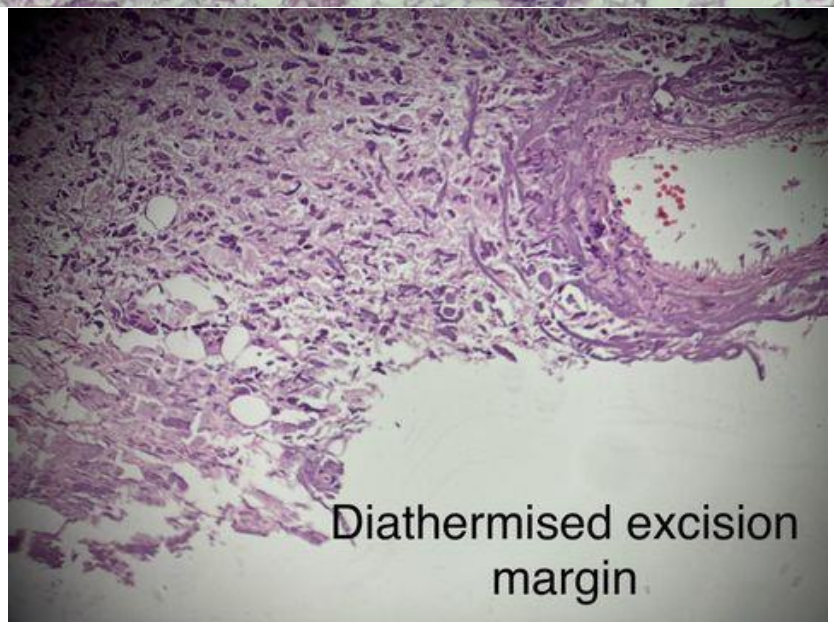
- Immunohistochemistry for Myo-D1 and myogenin are requested and supplementary report to follow

Besim Latifaj

Reported by : DR BESIM F. LATIFAJ, MD FRCPATH, CONSULTANT PATHOLOGIST
Electronically signed by: Dr B Latifaj (Consultant)
Report first printed: 19/11/2024
Authorised by Dr B Latifaj (Consultant)

HISTOPATHOLOGY REPORT




Diathermised excision
margin