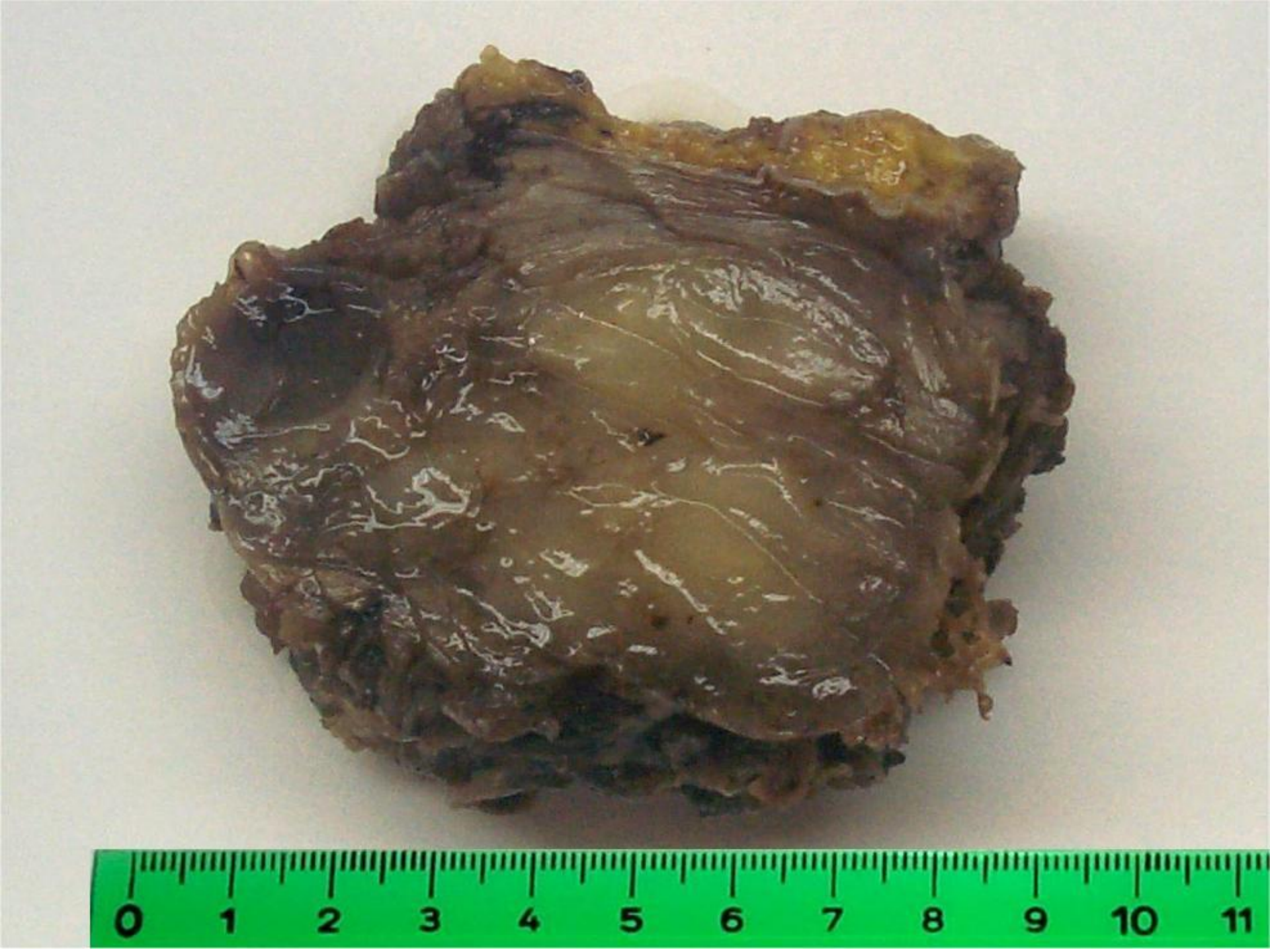
82 Reunión de la Asociación Territorial Valenciana de la Sociedad Española de Anatomía Patológica

Castellón, 21 de Junio de 2002

Caso 13

Luis Alfaro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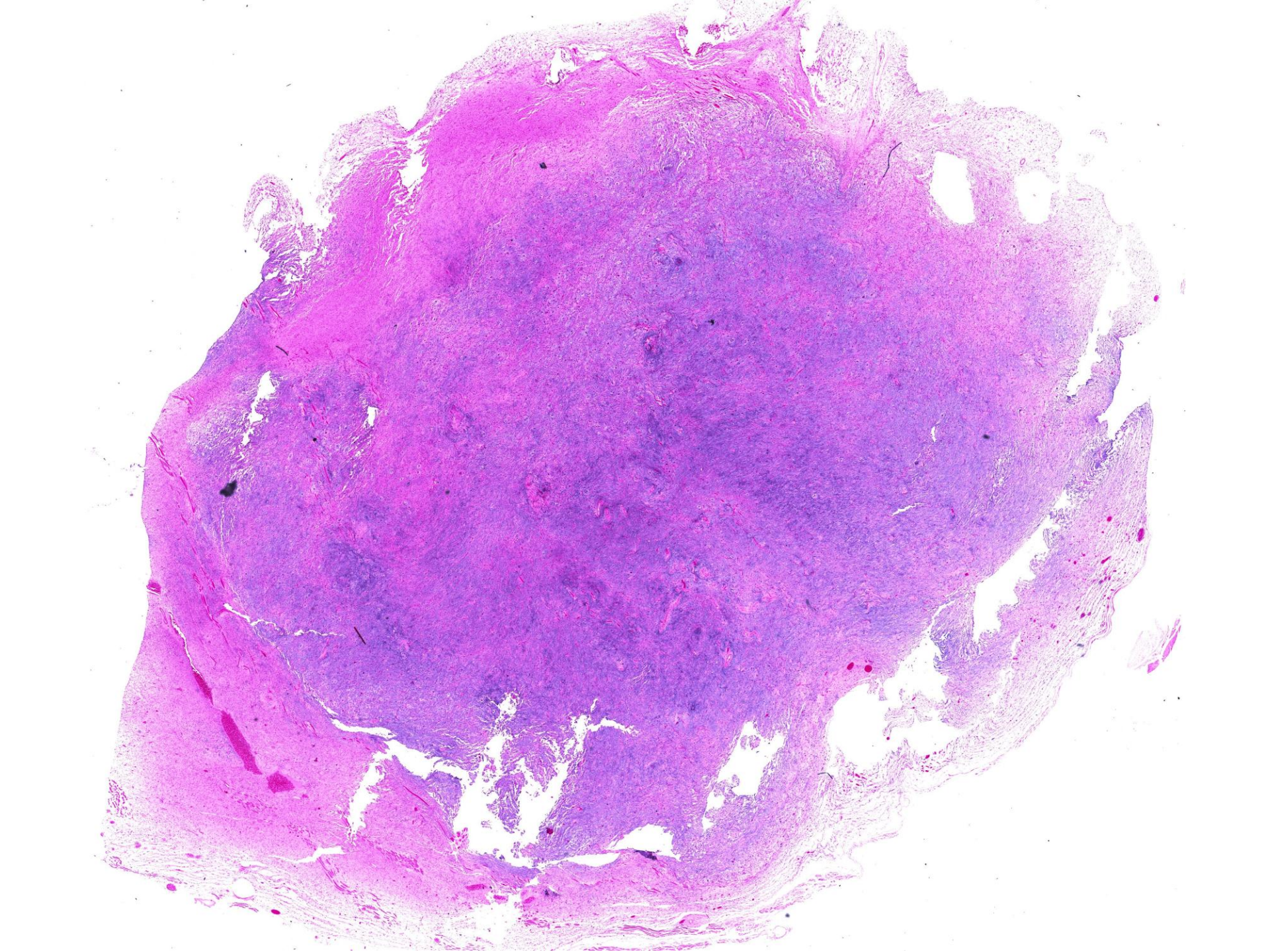

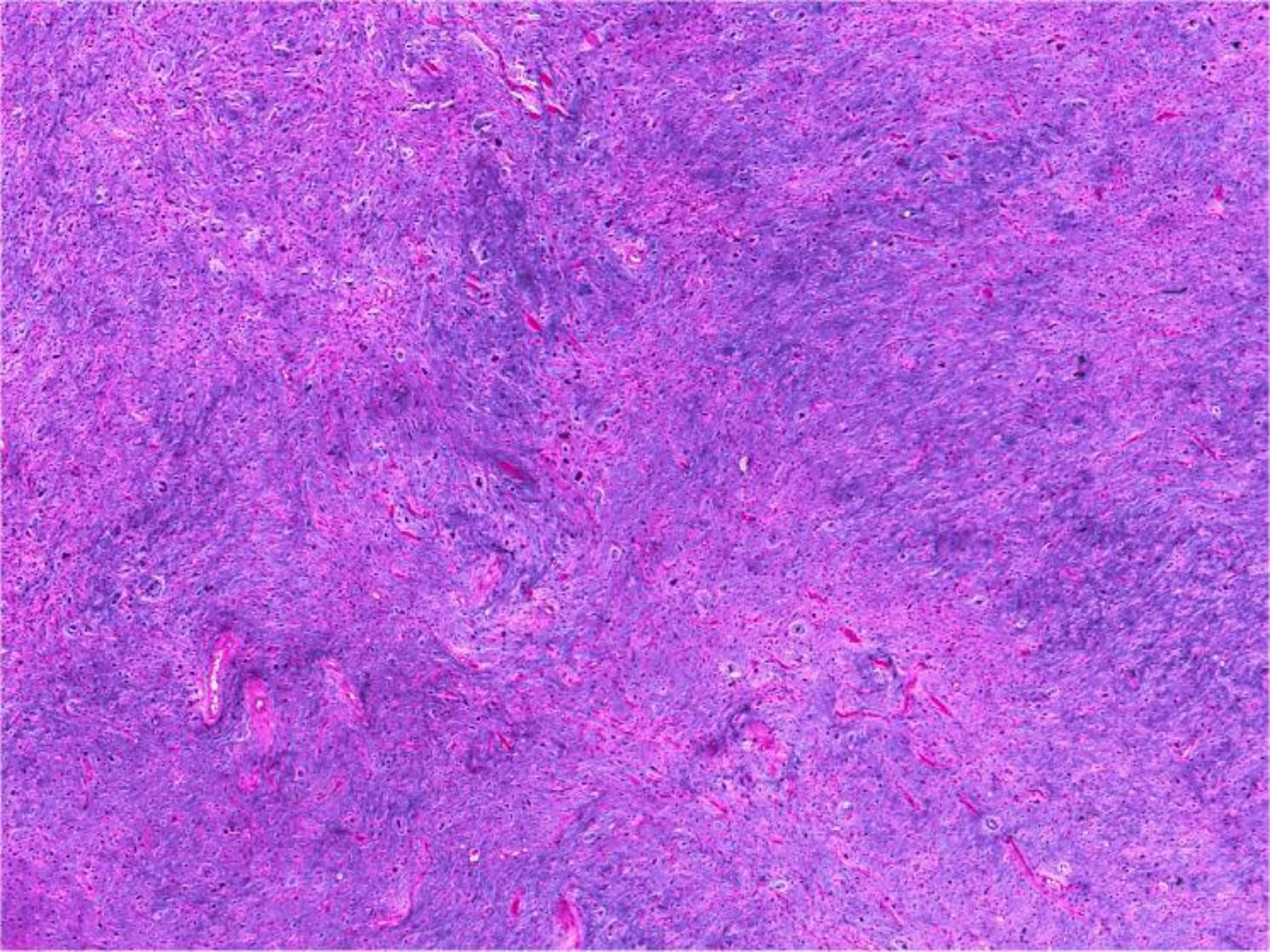

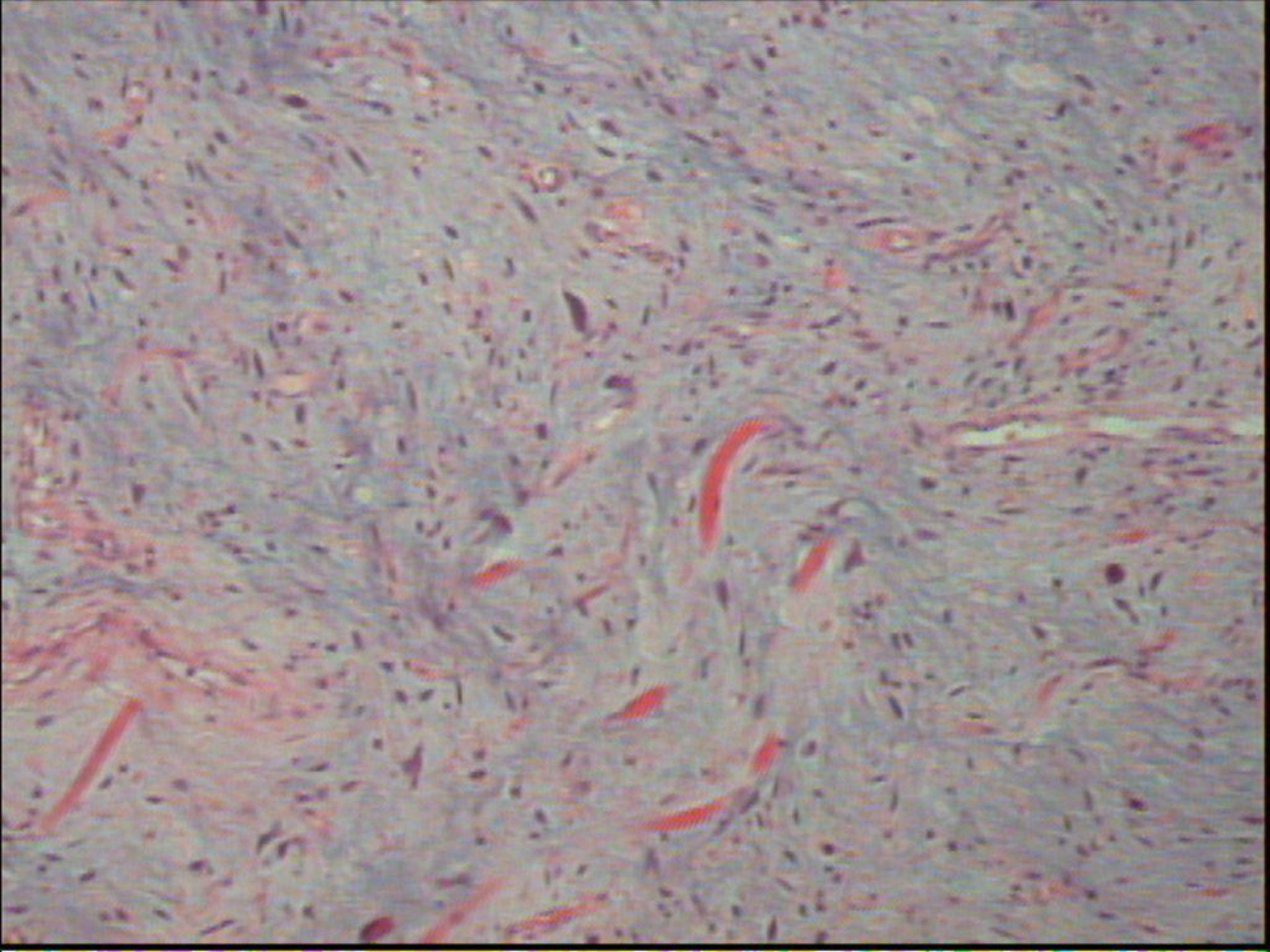

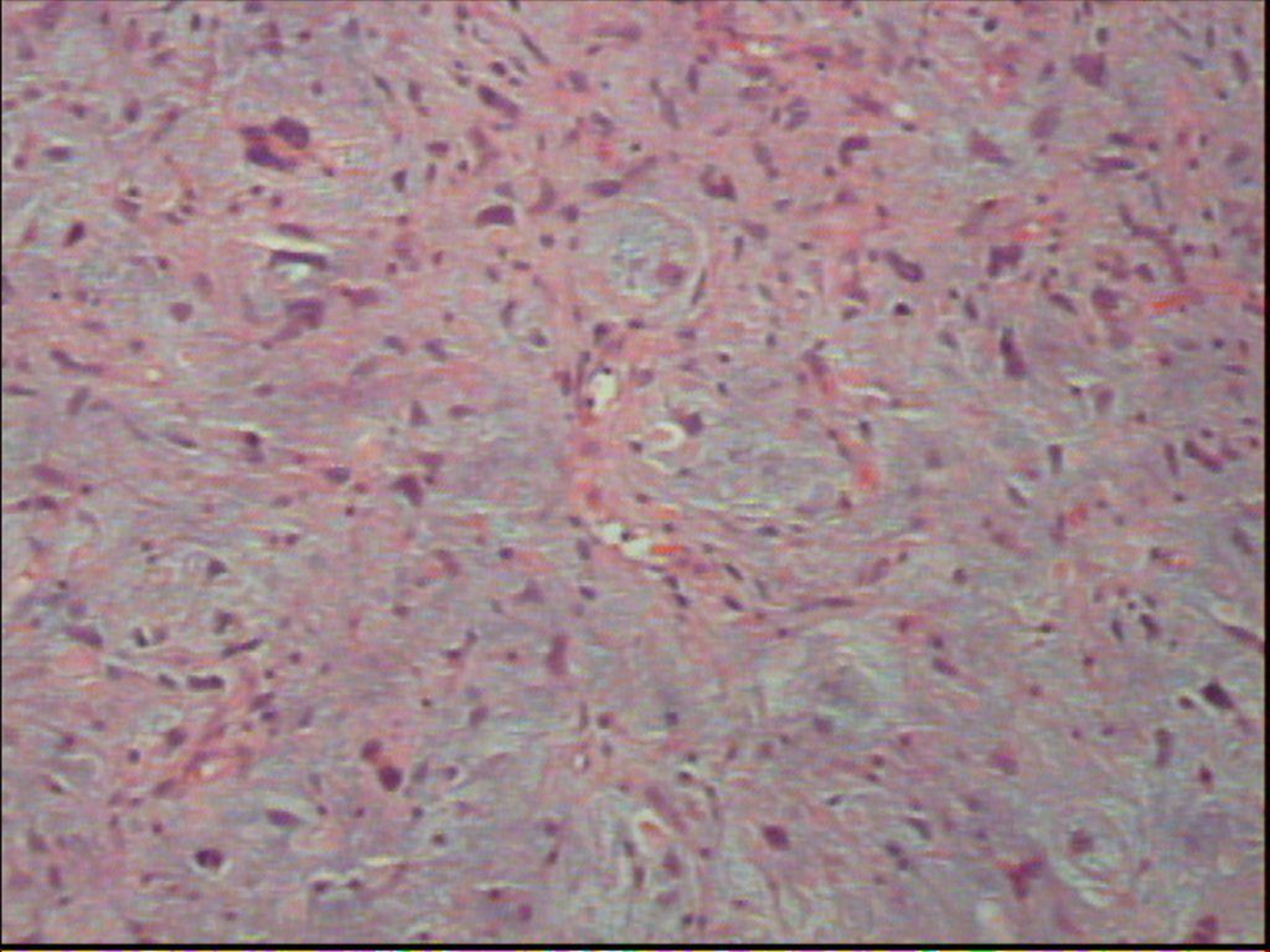

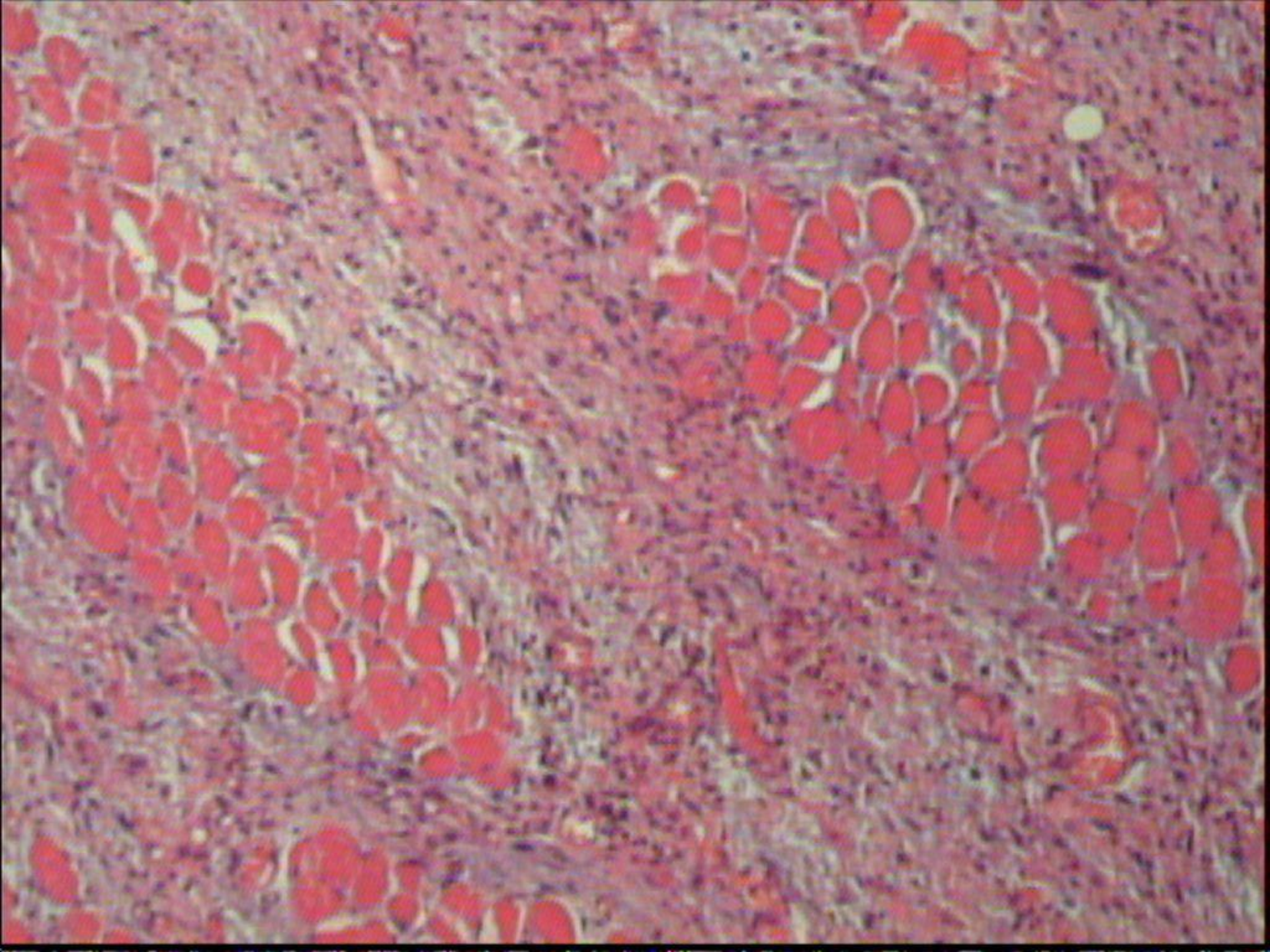

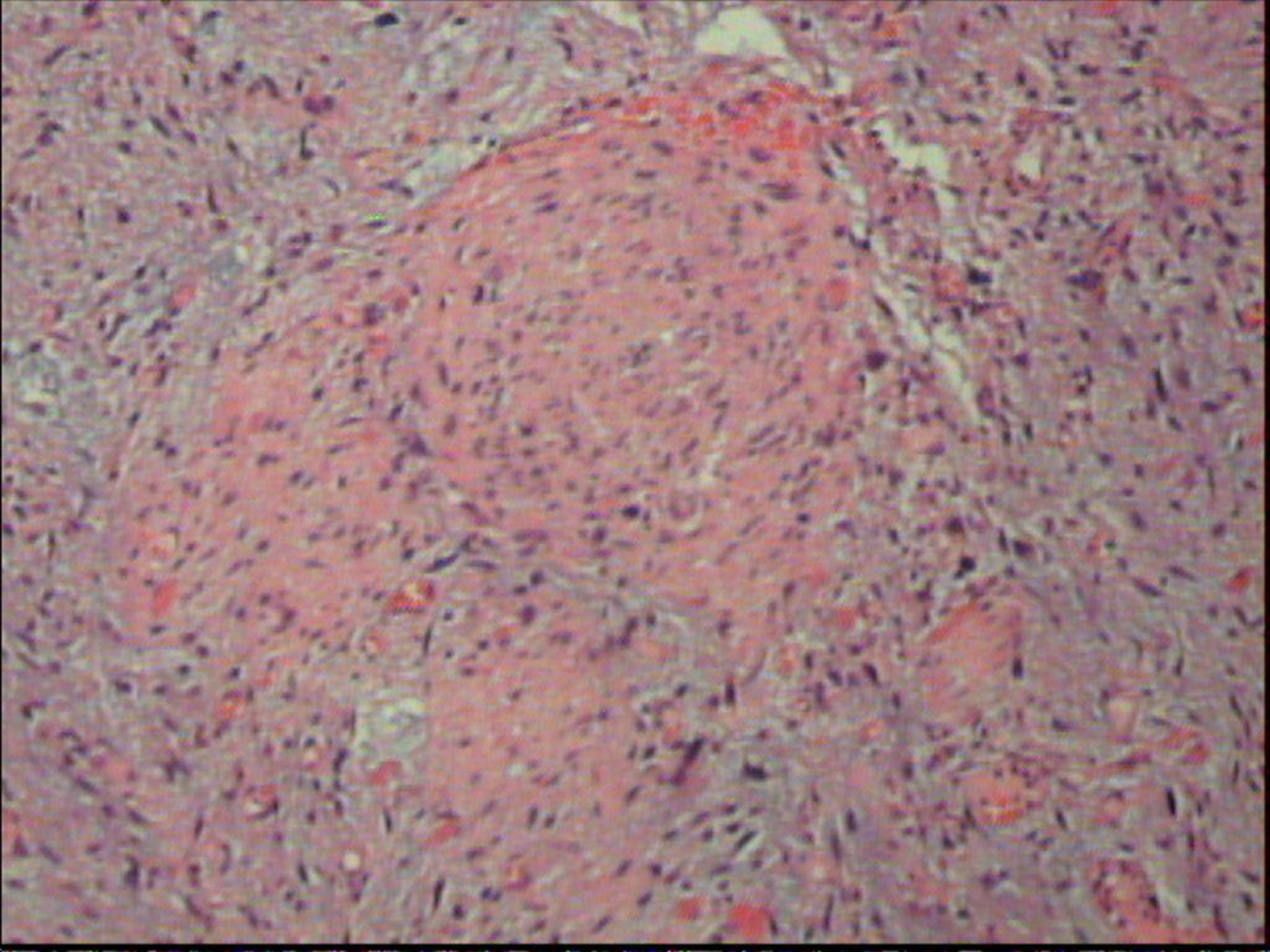

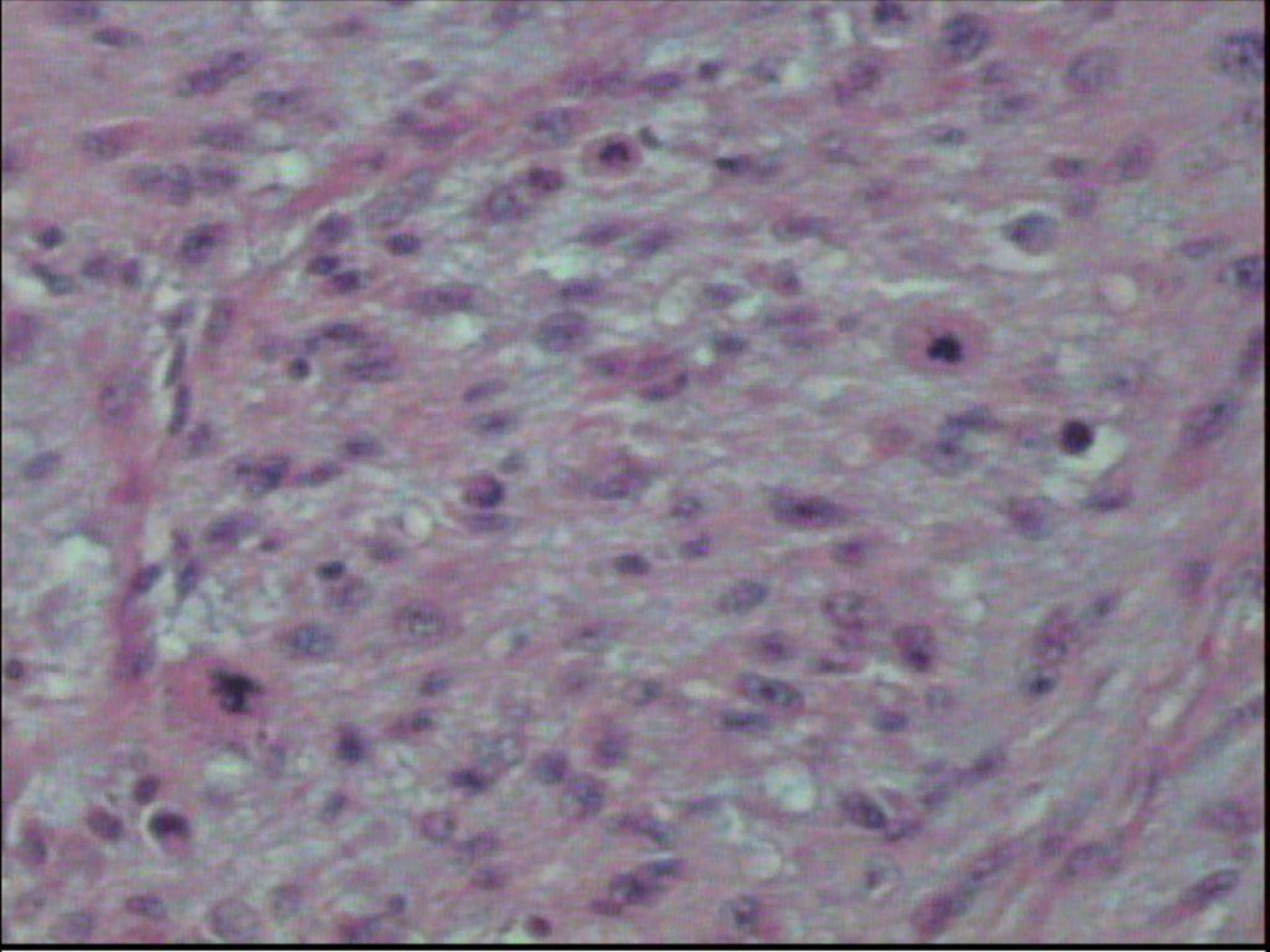

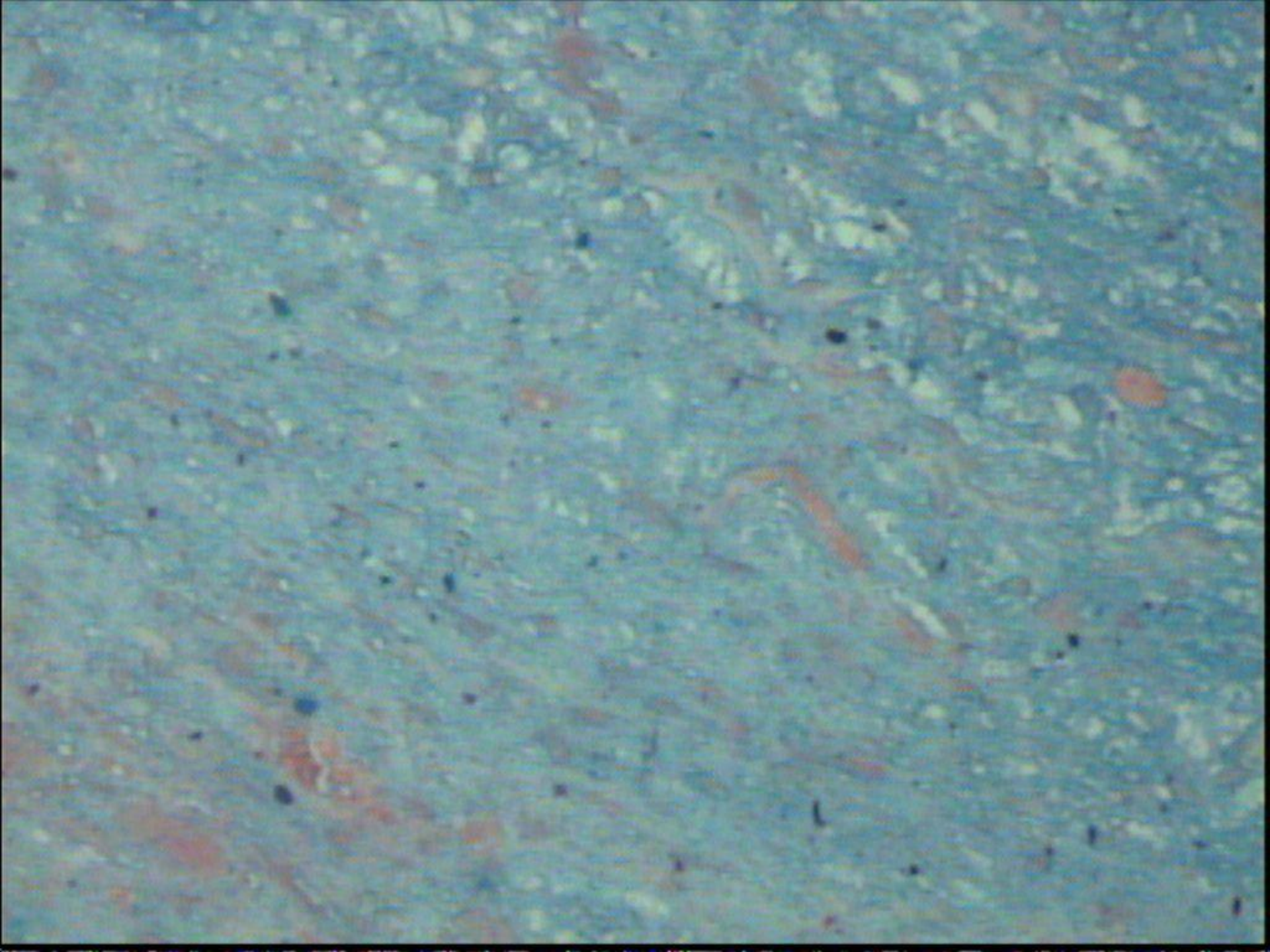

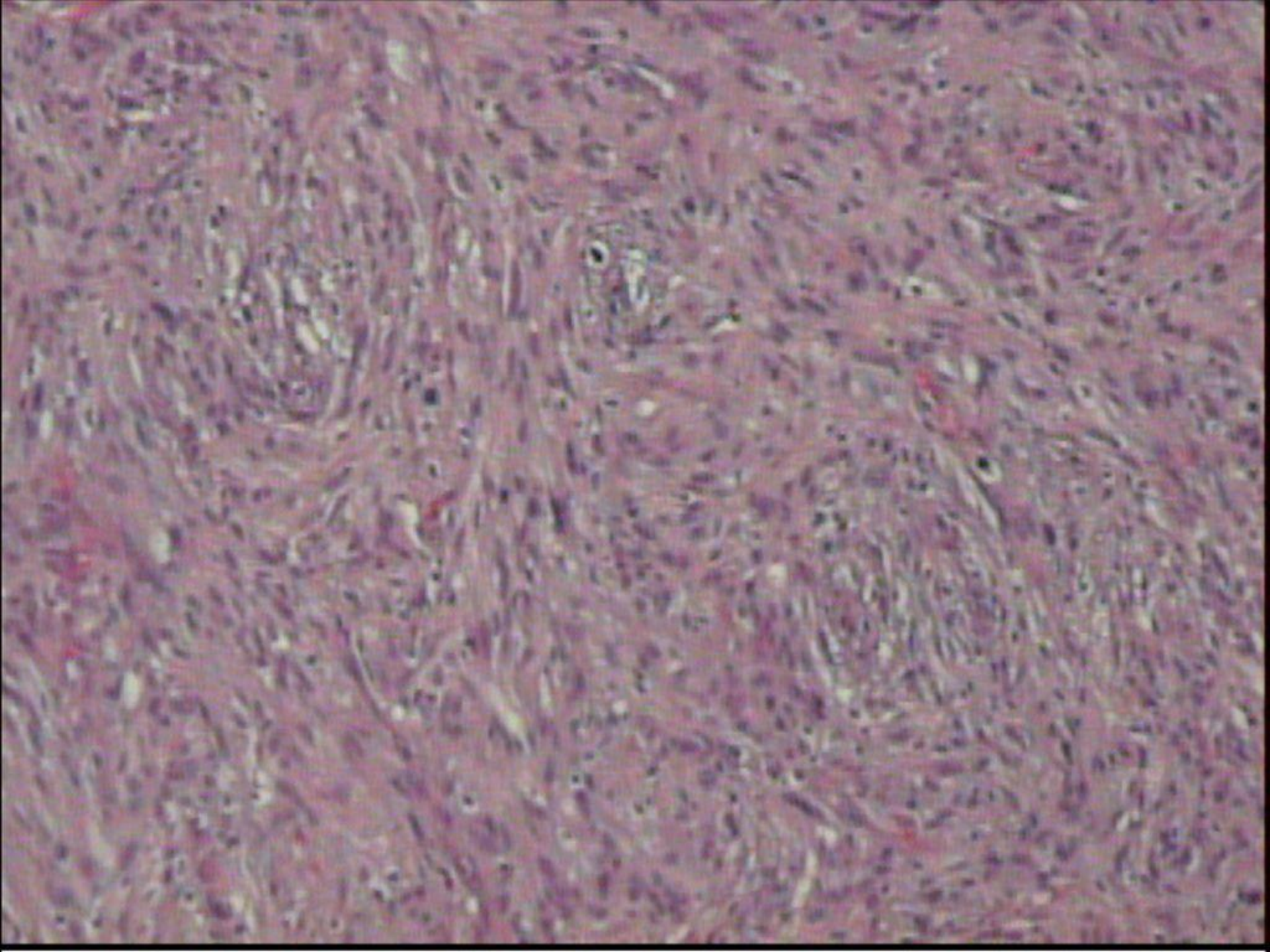

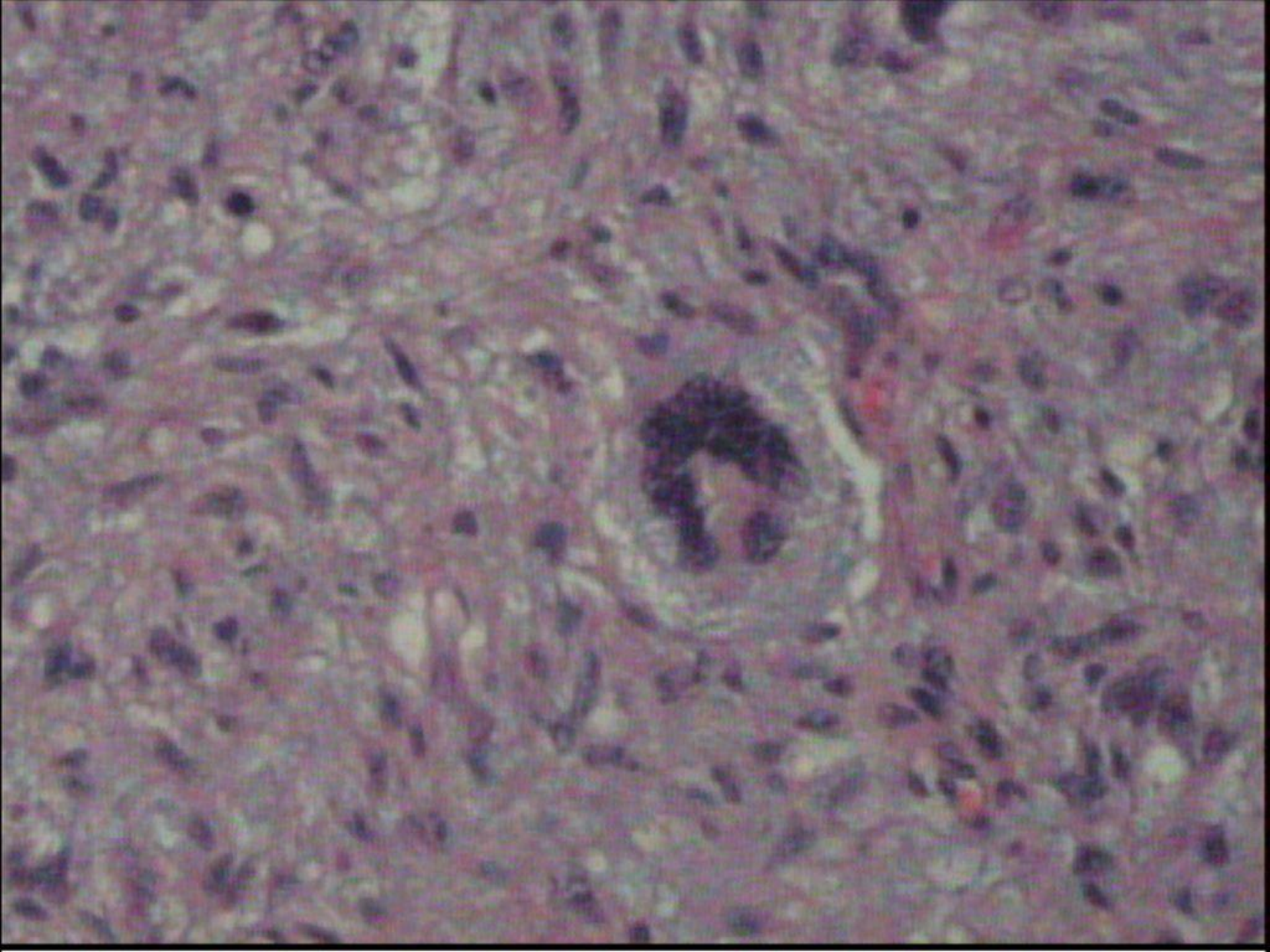

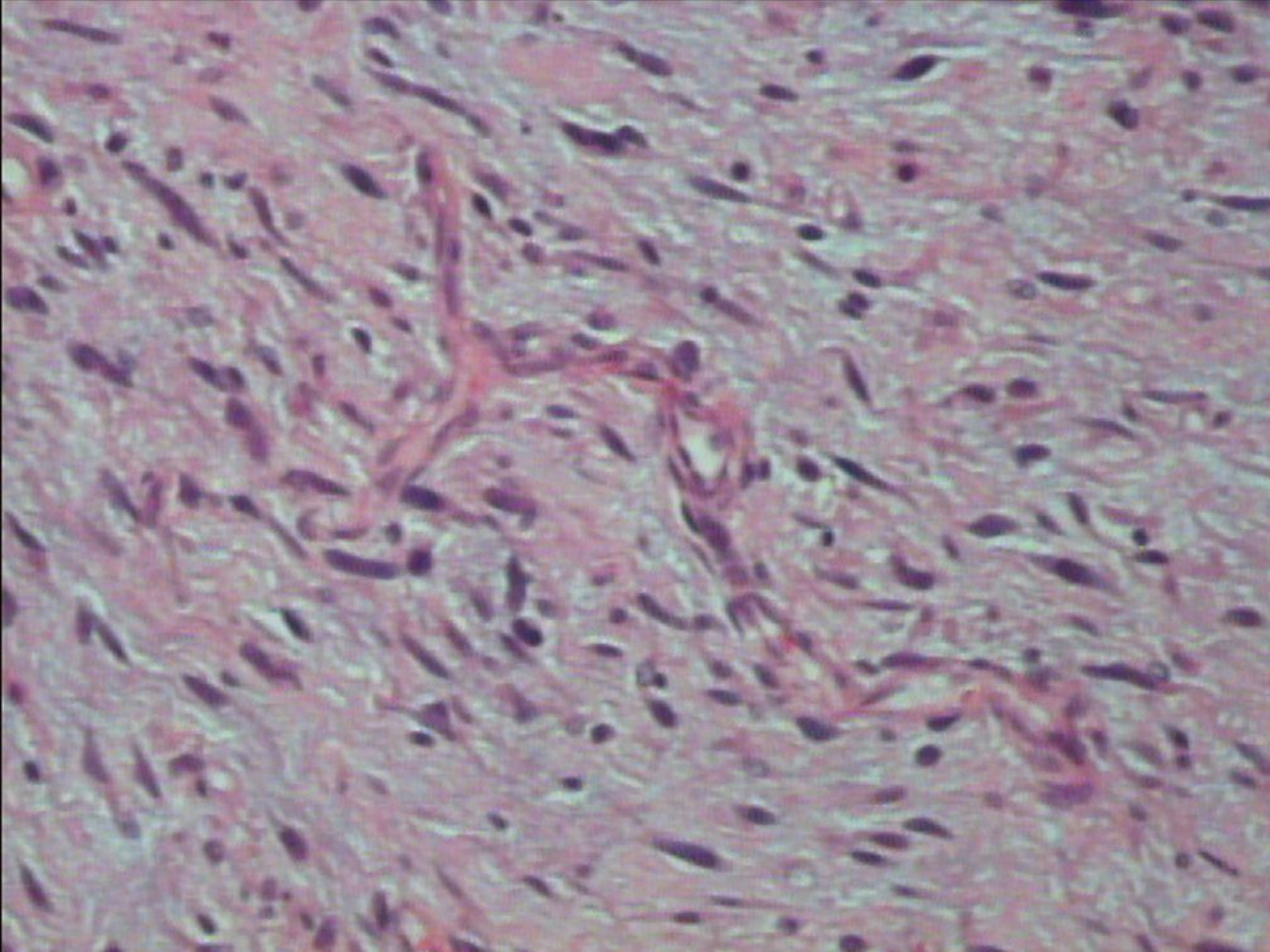

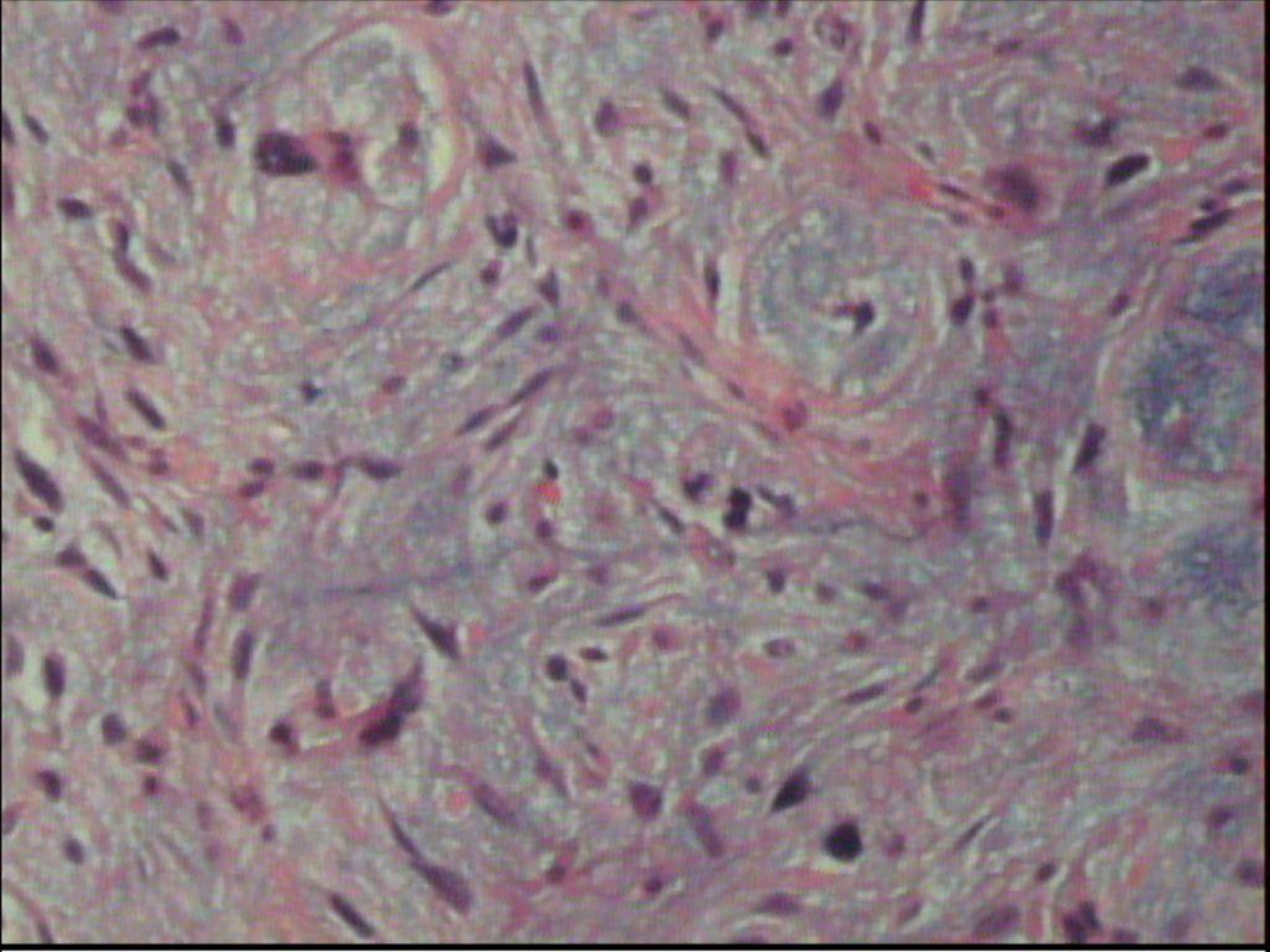

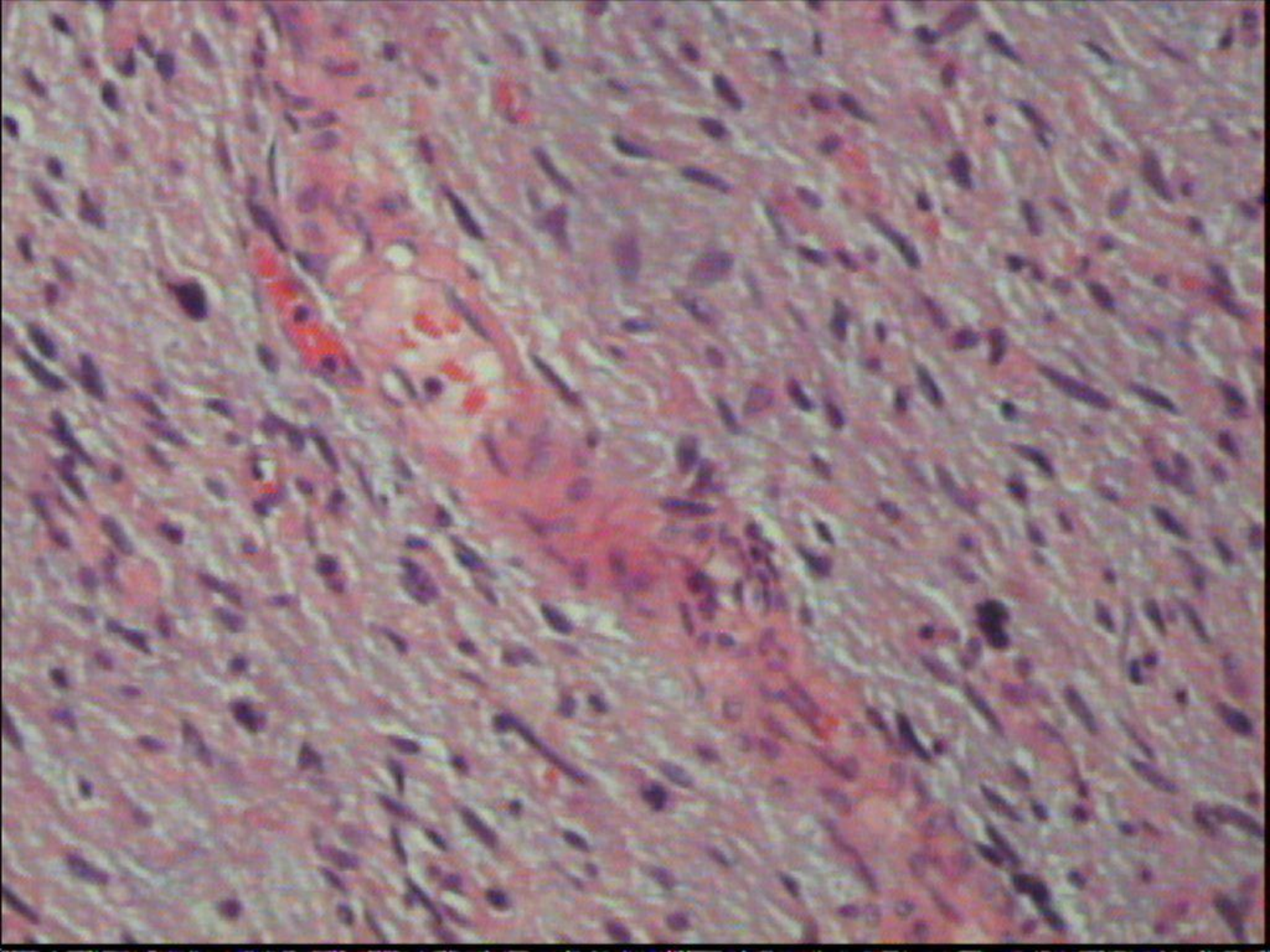

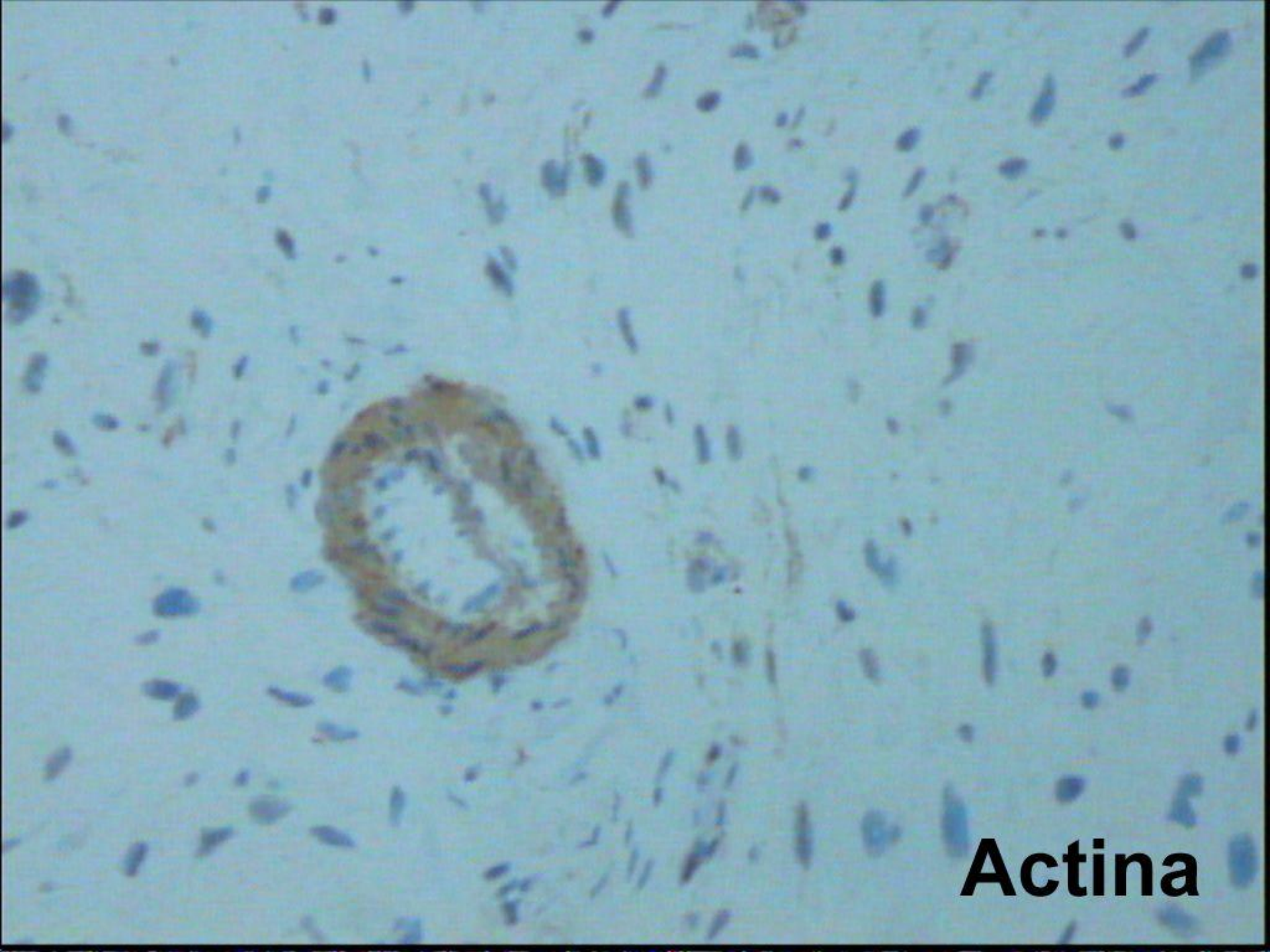
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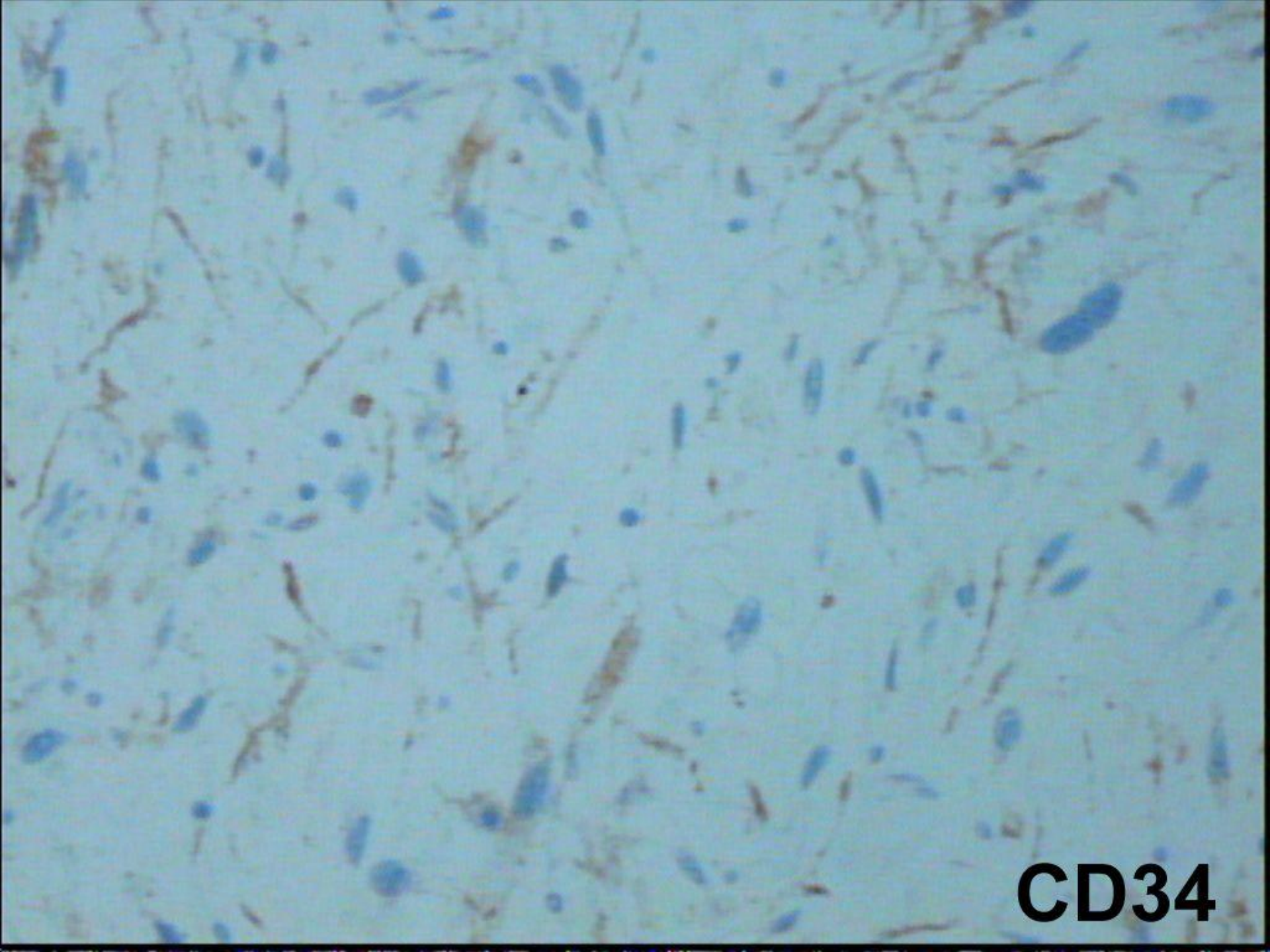
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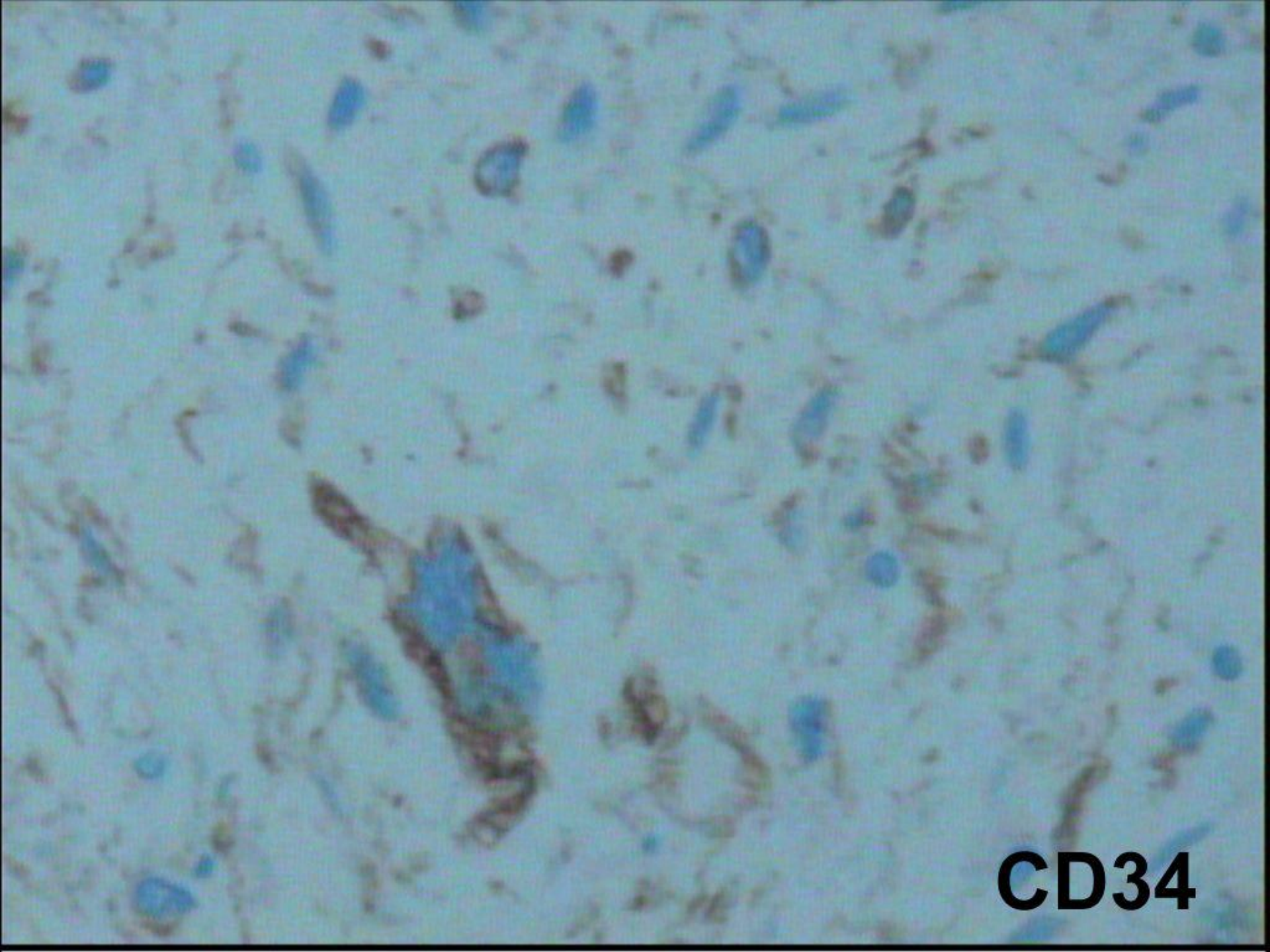
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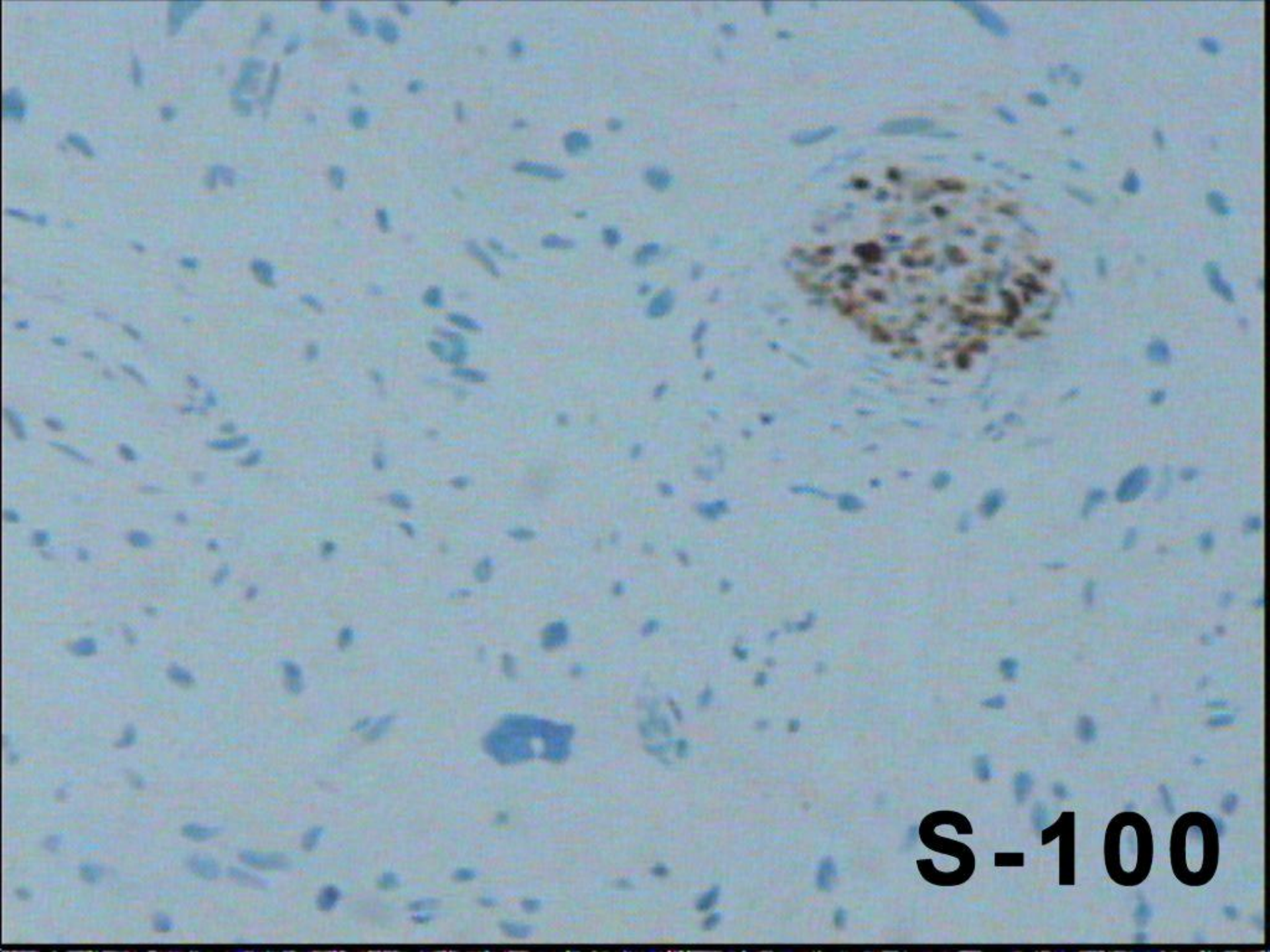
S-100

Mixofibrosarcoma

(Histiocitoma fibroso maligno mixoide)

Cancer 1977 Apr;39(4):1672-85

Myxoid variant of malignant fibrous histiocytoma.

Weiss SW, Enzinger FM.

It has been generally recognized that malignant fibrous histiocytoma (MFH) may assume a highly myxoid, hypocellular appearance. Eighty cases of malignant fibrous histiocytoma having varying degrees of myxoid change were reviewed. These tumors typically arose on the extremities (leg, 61%; arm, 21%) of adults (peak age incidence, 60-69 years). They were usually attached to fascia (31%) or involved skeletal muscle (51%) and had a mucoid or translucent appearance. The myxoid areas consisted of widely spaced spindled and pleomorphic cells embedded in a matrix of acid mucopolysaccharides. The cellular areas were indistinguishable from those of the typical pleomorphic MFH. The rate of local recurrence of these tumors was 61%, and of metastasis, 23%, but metastasis was less likely when the tumor was small, superficially located, or had a prominent myxoid component. In fact, the degree of myxoid change was inversely related to the rate of metastasis. Therefore, because of the more favorable prognosis of the myxoid variant, it seems appropriate to separate it from the usual nonmyxoid form of MFH. The myxoid variant must also be clearly distinguished from benign myxoid lesions such as myxoma or nodular fasciitis, with which it is often confused.

VOL. 103, NUMBER 7–8, JULY–AUGUST 1995

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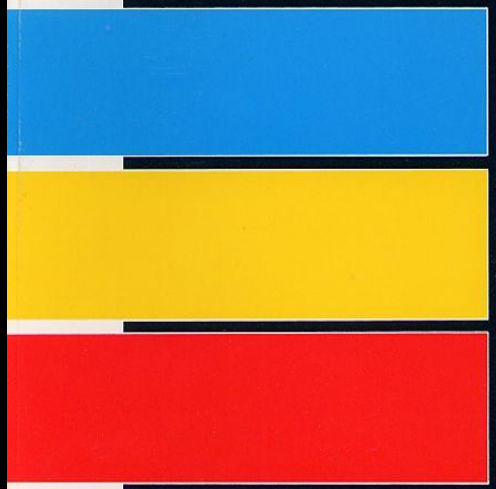

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MUNKSGAARD · COPENHAGEN

Acta Pathol Microbiol Scand [A] 1977 Mar;85A(2):127-40

Myxofibrosarcoma. A study of 30 cases.

Angervall L, Kindblom LG, Merck C.

A series of 30 myxofibrosarcomas is described. These malignant soft tissue tumours are characterized by a mucoid and nodular appearance, a coarse plexiform capillary pattern, and they are mostly seen subcutaneously (26 out of 30) in the extremities (24 out of 30) and trunk (4 out of 30) elderly people. Histochemical studies, comprising staining with Alcian blue and toluidine blue at different pH's with and without preceding digestion with testicular hyaluronidase and with the Scott technique, indicated the presence of hyaluronic acid but not sulphated glycosaminoglycans as chondroitinsulphates. Myxofibrosarcoma is believed to belong to the general category of fibroblastic and histiocytic malignant soft tissue tumours. The median diameter of the tumours was 7 cm. They were divided into 4 grades according to cellularity, cell atypia and mitotic activity. The grade III and IV tumours showed pronounced atypia, often with the bi- and multinucleated giant tumour cells and occasionally with giant cells of Touton's type, suggesting a relationship to malignant fibroxanthoma. All of the patients were treated surgically and one received also pre- and post-operative irradiation. None of the 2

Histopathology 1999 Oct;35(4):291-312

Myxoid tumours of soft tissue.

Graadt van Roggen JF, Hogendoorn PC, Fletcher CD.

Department of Pathology, Leiden University Medical Centre, The Netherlands.

Myxoid tumours of soft tissue encompass a heterogeneous group of lesions characterized by a marked abundance of extracellular mucoid (myxoid) matrix. This group of tumours demonstrate significant variability in their biological behaviour thus including tumours which are entirely harmless, tumours with a tendency to recur locally but not metastasize, and malignant tumours. There appears to be a considerable degree of overlap clinically and morphologically between the various tumour types in this group, generating potential diagnostic problems for the clinician and pathologist alike. While diligent microscopy remains the basis of diagnostic pathology, the continuous developments and refinements within the fields of immunohistochemistry and molecular cytogenetics are providing substantial new information, allowing the development of new diagnostic criteria and hence facilitating an accurate diagnosis. It is the aim of this short review to highlight the most prevalent soft tissue tumours with predominantly myxoid morphology, to describe the features by which the majority of these myxoid lesions may be identified, and to discuss the differential diagnosis where appropriate.