

**Michigan Medicine Laboratories**

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ANATOMIC PATHOLOGY CONSULTATION REPORT

Order Number:	OC-20-8697	Referred by:
First Name:	JEN	DR. BAKER
Last Name:	SMITH	GENERAL HOSPITAL
MRN:	123456789	123 MAIN ST.
Gender:	Female Age: 55 Y DOB: 11/1/1964	ANYWHERE, MI 48001
Date Received:	04/23/2020	
Date Completed:	04/24/2020	

DIAGNOSIS:

Soft tissue tumor, intraabdominal, core needle biopsy (SV20-5353; 4/20/2020): Disseminated peritoneal leiomyomatosis.

Dear Dr. Baker,

This letter confirms our telephone conversation from April 24th regarding the abdominal mass biopsied from 55-year-old patient Jen Smith. Microscopically, the core biopsy shows a histologically benign smooth muscle neoplasm with focal ischemic changes. No mitotic figures or evidence of coagulation tumor necrosis are identified. Your immunohistochemical stains confirm smooth muscle differentiation as the neoplastic cells are positive for smooth muscle actin and smooth muscle myosin, and negative for S100. Your Ki-67 shows a low proliferative index. The CT report you enclosed describes a 10 cm mass anterior to the right psoas muscle that appears contiguous with a component of another mass posterior to the uncinat process. In addition, the report describes a peritoneal nodule anterior to the left abdominal wall (2.7 cm), additional smaller peritoneal and mesenteric nodules, a 1.4 cm nodule anterior to the distal right psoas muscle, and a right pelvic mass along the bladder dome, potentially associated with the right adnexa (5.7 cm). Given this clinical presentation and absence of malignant features on the biopsy, I believe this condition is best classified as disseminated peritoneal leiomyomatosis, which can sometimes present with fairly sizeable masses.

Thank you for sharing this challenging case with us. I hope you find these comments helpful.

Sincerely,

David R. Lucas, M.D.

First Name: JEN
Last Name: SMITH
Order Number: OC-20-8697

Clinic: ABCD
Final

