

General Pathology

Histogenetic Classification of Neoplasms

Mesenchymal Neoplasms



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Histogenetic Classification of Neoplasms

Mesenchymal Neoplasms - contents

- Histogenetic classification – meaning
- Terminology
- Epidemiology of the mesenchymal tumours
- Pathogenesis
- Most frequent representatives & methods of diagnostics

NEOPLASIA

Definition - pathogenetic:

DNA disease

- Stepwise accumulation
of genetic abnormalities
- Escape of immunological
clearing systems

NEOPLASIA – *classification*

according to various criteria:

- Organ (system)
- Biology behaviour
- Histogenetic (cell of origin) – the main part of tumor definition in TYPING
- ...

COMBINED - *WHO classifications*

Histogenesis

formation of different tissues from undifferentiated cells.

Three primary germ layers

- endoderm

- **mesoderm**  **mesenchyme:** soft tissues, muscles, adipocytes, vessels, bone and cartilage , **blood cells***

- ectoderm

** subject of a separate lecture*

NEOPLASIA – *classification*

HISTOGENETIC (cell of origin)

- mesenchymal
- epithelial
- neuroectodermal
- mixed
- germ cell
- mesothelioma

Mesenchymal tumours

Soft tissue tumours

- ☐ fibroblastic and myofibroblastic differentiation
- ☐ adipocytic differentiation
- ☐ smooth muscle differentiation
- ☐ rhabdomyocellular differentiation
- ☐ vascular tumours

Bone and cartilage tumours

Tumours of uncertain histogenesis

Undifferentiated sarcomas

Blood cells derived tumours*

** subject of a separate lecture*

Mesenchymal tumours – *general characteristics*

□ Epidemiology

- benign – common (*lipoma, leiomyoma, hemangioma...*)
- malignant rare (*1-2% of neoplastic mortality in population*)

□ Location

- superficial (more frequently benign)
- deep (retroperitoneum, intramuscular) – more risky for uncertain biology behaviour or malignancy

Mesenchymal tumours – *general characteristics*

- Etiopathogenesis - mutations
 - translocations (frequent also in haematology malignancies)
 - germ cell mutations of tumor suppressor genes

- Behaviour
 - benign – borderline - low grade sarcomas - high grade sarcomas

- Tendency for haematogenous spread in malignant

Mesenchymal tumours – *growth*

Benign - expansive, complete excision curing

Low grade sarcomas - slowly growing, locally destructive, recurrences

Malignant - locally aggressive, hematogenous

METASTASES

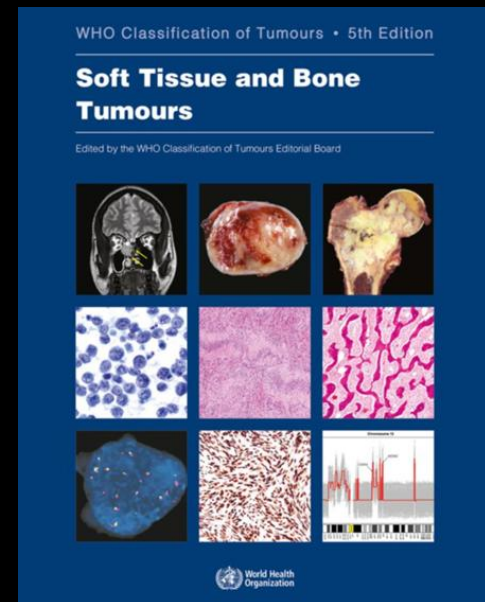
(secondary neoplastic foci in the distant places)

Metastases - pathways

- *seeding (body cavities)*
- *lymphatic spread*
- *haematogenous spread*

Mesenchymal tumours – diagnostics

- Macroscopy (imaging)
- Histopathology / cytopathology
- Immunohisto(cyto)chemistry
- Molecular pathology
- WHO 2022 more than 130 nosology units

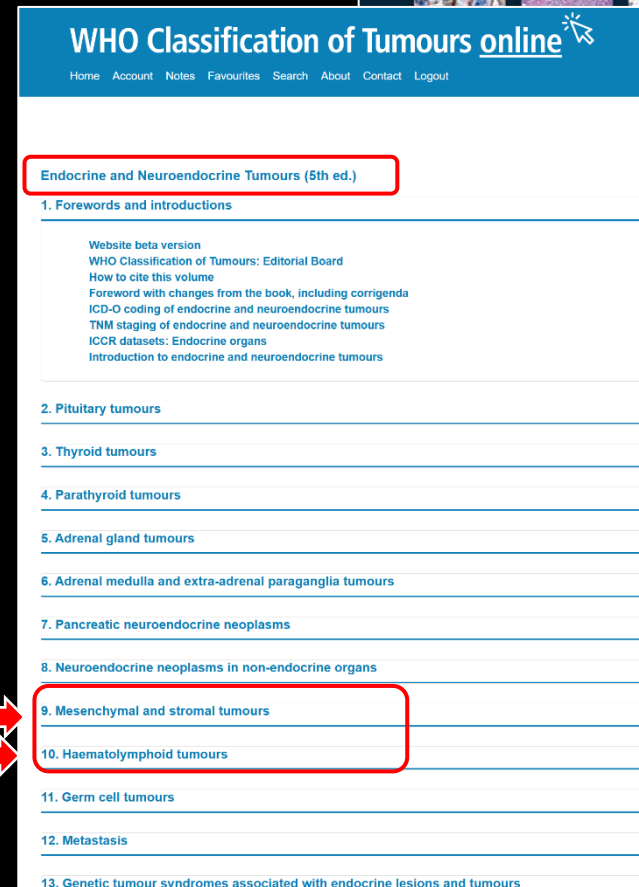


Mesenchymal tumours – diagnostics

- possible location in many other organ systems, like e.g. endocrine **diff. dg. !**

- Histopathology / cytopathology
- **Immunohisto(cyto)chemistry**
- **Molecular pathology**

Chapters on mesenchymal & haematolymphoid tumours in classifications of many other organ systems



Mesenchymal tumors – *macroscopy*

- Whittish / grayish mass
- **yellow nodule** lipoma, ~~clear cell renal cell tumor, adrenocortical adenoma~~
- **red nodule** hemangioma
- ~~brown nodule~~ ~~nevocellular nevus, melanoma, pigm. basaloma~~

- **organ enlargement** leukemia

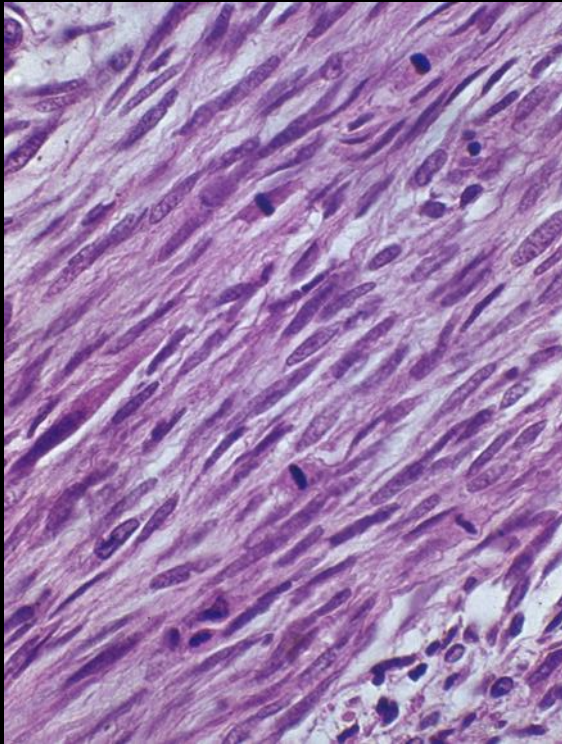
- **organ softening – necrosis** mostly sarcomas
- **organ hardening** - bone and cartilage tumors

- ~~branched outgrowth~~
- ~~cystic (cystopapillary)~~

~~Other histogenesis~~

Mesenchymal tumours – *histological architecture*

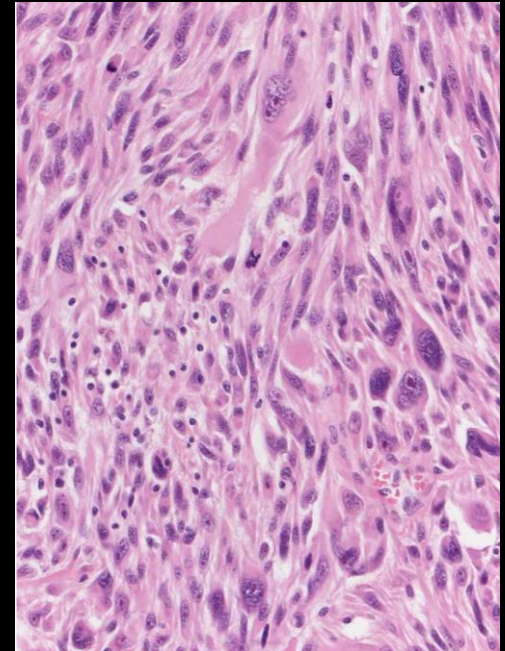
Benign similar to nonneoplastic



solid

~~glandular
papillary
papillary~~

dissociated



Mesenchymal tumours – cytology

Benign similar to nonneoplastic

Malignant cellular pleomorphism

NUCLEAR FEATURES:

- hyperchromasia

- (polyploidy, aneuploidy)

- rough chromatin structure

- irregular nuclear outline

- large and/or multiple nucleoli, mitoses (incl. atypical)

Elongated (fusiform), round, polymorphous cells

or undifferentiated monotonous cellularity or small round cell tumour

Mesenchymal neoplasms

Terminology

Named after the cell of origin

(Greek or Latin)

- *benign* - suffix *-oma*
- *borderline* - suffix *-blastoma*
- *malignant* – suffix *-sarcoma*

exceptions not rare...

Mesenchymal neoplasms

Benign

- fibroma
- lipoma
- leiomyoma
- rhabdomyoma
- hemangioma
- lymphangioma
- chondroma
- chordoma
- osteoma
- !!!

Borderline

- fibromatoses
- lipoblastoma
- atypical smooth muscle cell tumors
- hemangioendotelioma
- chondroblastoma
- osteoid osteoma <2cm
- osteoblastoma >2cm

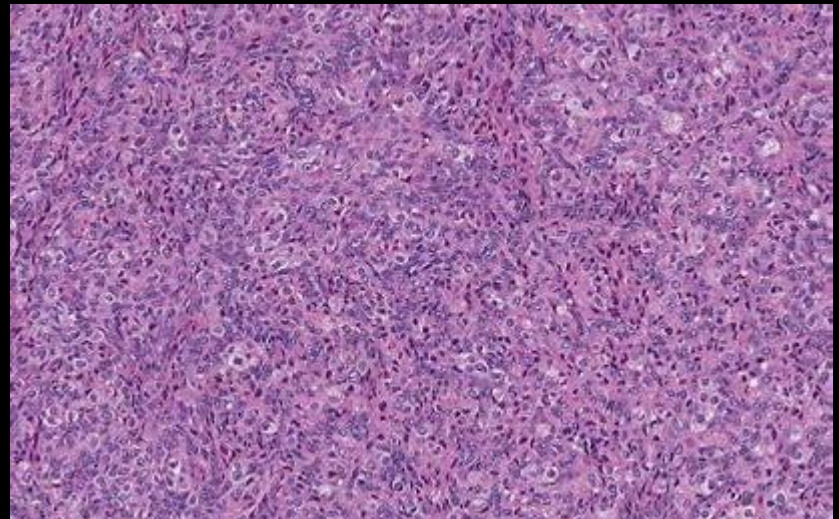
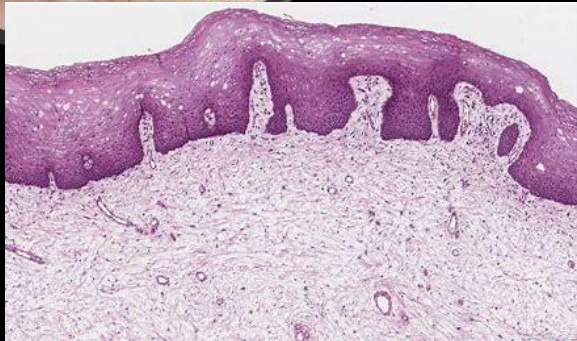
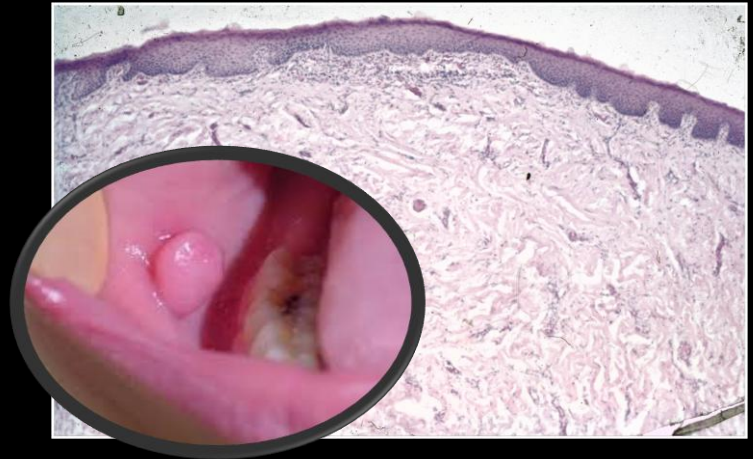
Malignant

- fibrosarcoma
- liposarcoma
- leiomyosarcoma
- rhabdomyosarcoma
- hemangiosarcoma
- lymphangiosarcoma
- chondrosarcoma
- *invasive* chordoma
- osteosarcoma
- lymphoma/leukaemia

Fibroma

True fibroma does not exist – the term is used to denote:

- ❑ reactive lesion in the oral cavity – „irritation fibroma“
- ❑ skin tag
- ❑ skin dermatohistiocytoma
- ❑ ovarian fibrothecoma
- ❑ fibroma of tendon sheet

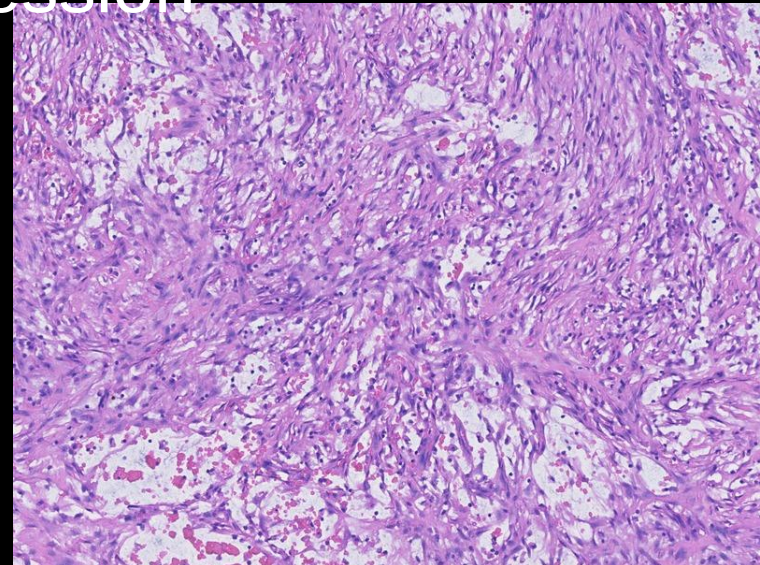


Nodular fasciitis

M 8828/0

- benign clonal – t (17;22) - proliferation of fibroblasts & myofibroblasts
- subcutaneous or deep intramuscular location
- high (regular only) mitotic activity
- sometimes spontaneous regression

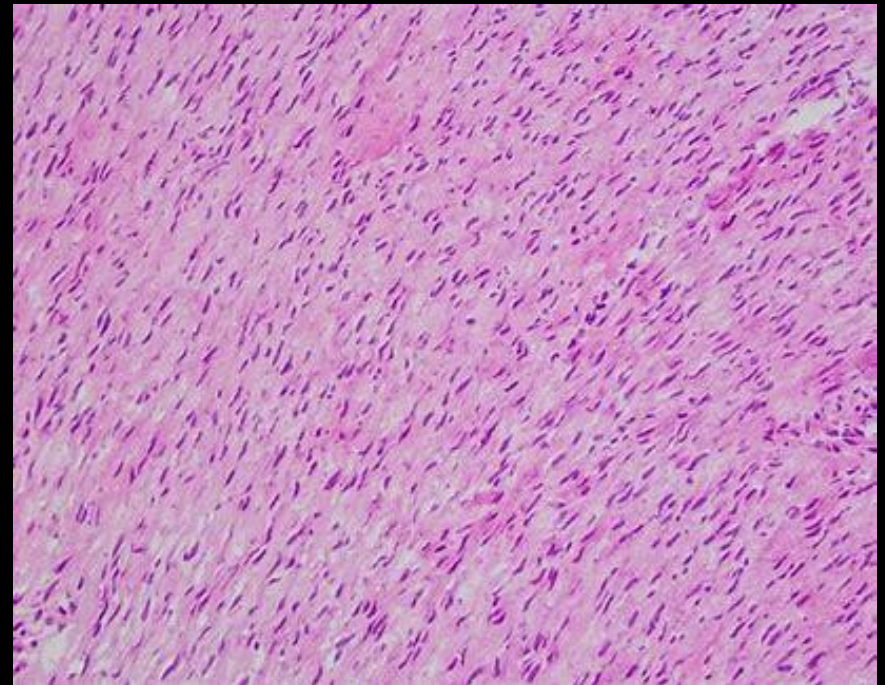
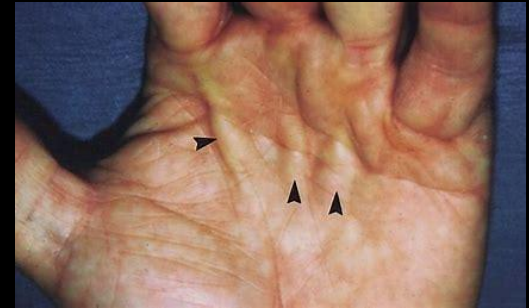
Risk of overdiagnosis!



Fibromatosis 1/2

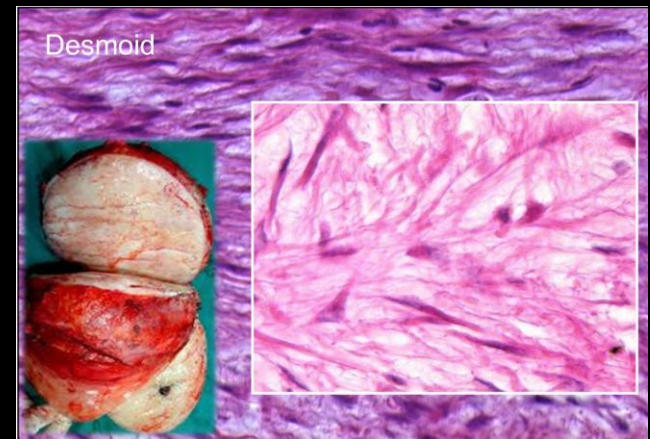
❖ superficial

- palms (Dupuytren contracture),
- soles of feet (both condition can coexist)
- penile - m. Peyronie – induratio penis plastica – curved painful erection & stricture of urethra



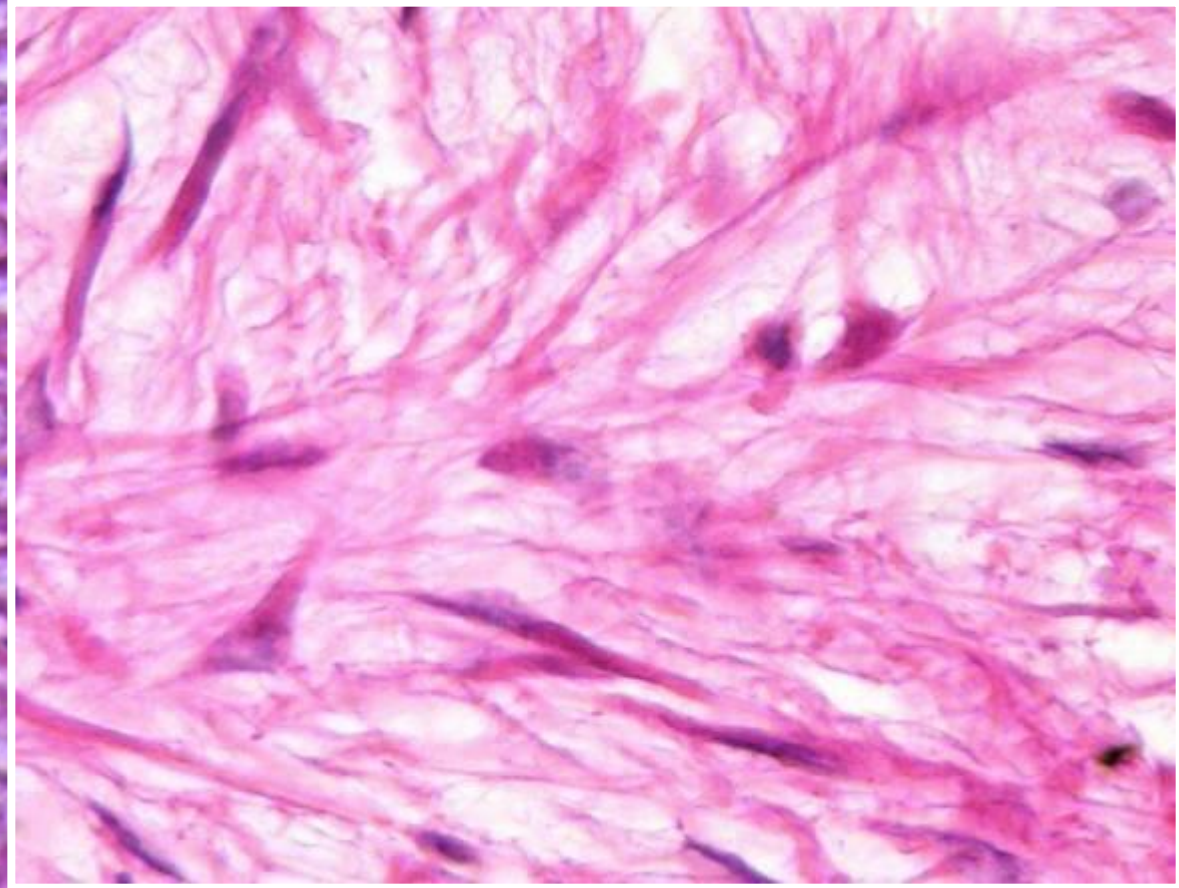
Fibromatosis 2/2

- ❖ **deep:** desmoid fibromatosis M 88211
 - ▣ abdominal, intraabdominal extraabdominal (chest, head / neck, extremities)
 - ▣ infiltrative growth, **propensity for local recurrence**
 - ▣ rare
 - ▣ age/sex predisposition F, middle age
 - ▣ gross level: strictures / large infiltrative masses
 - ▣ fibroblast like fusiform cells (β -catenin)
 - ▣ mass



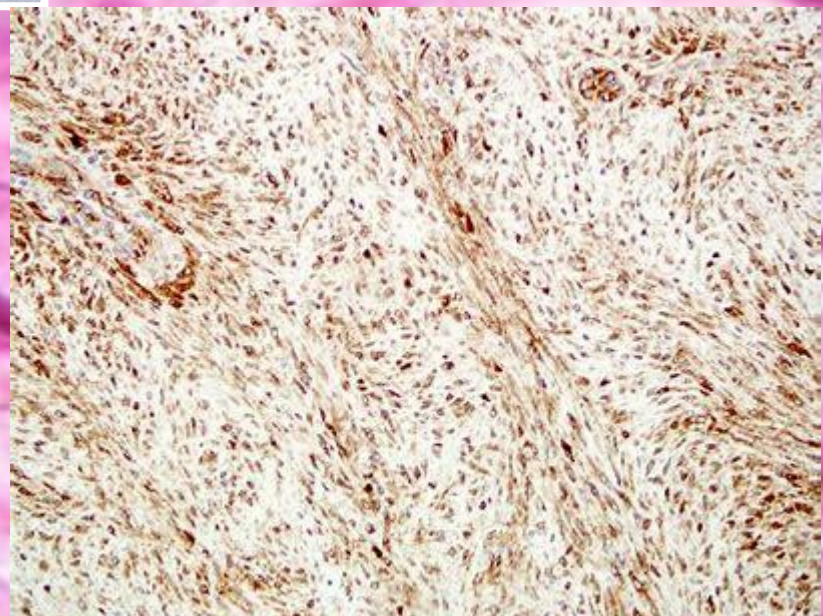
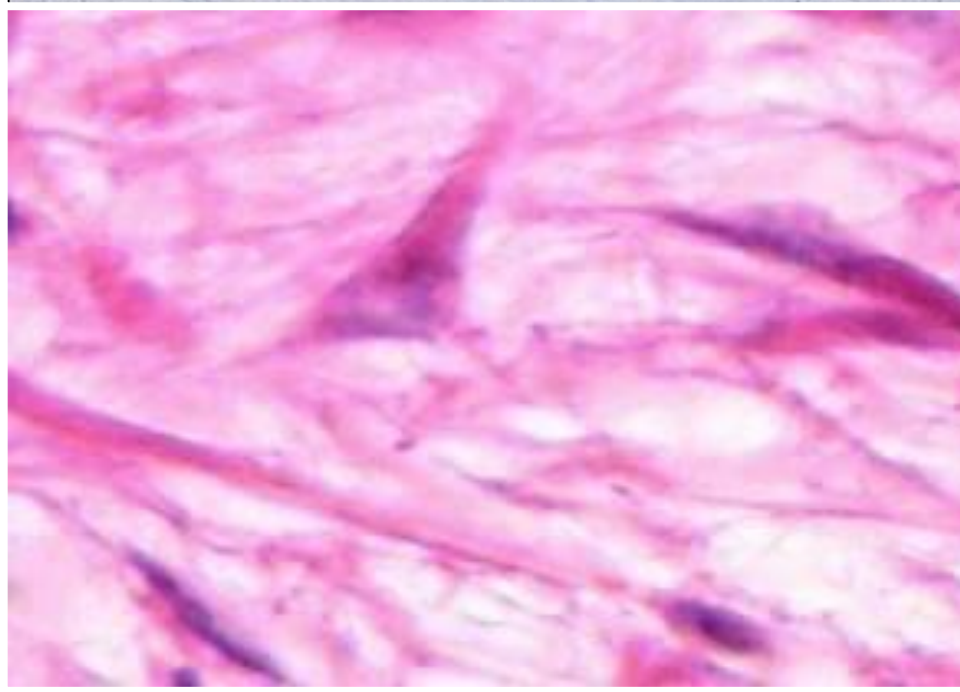
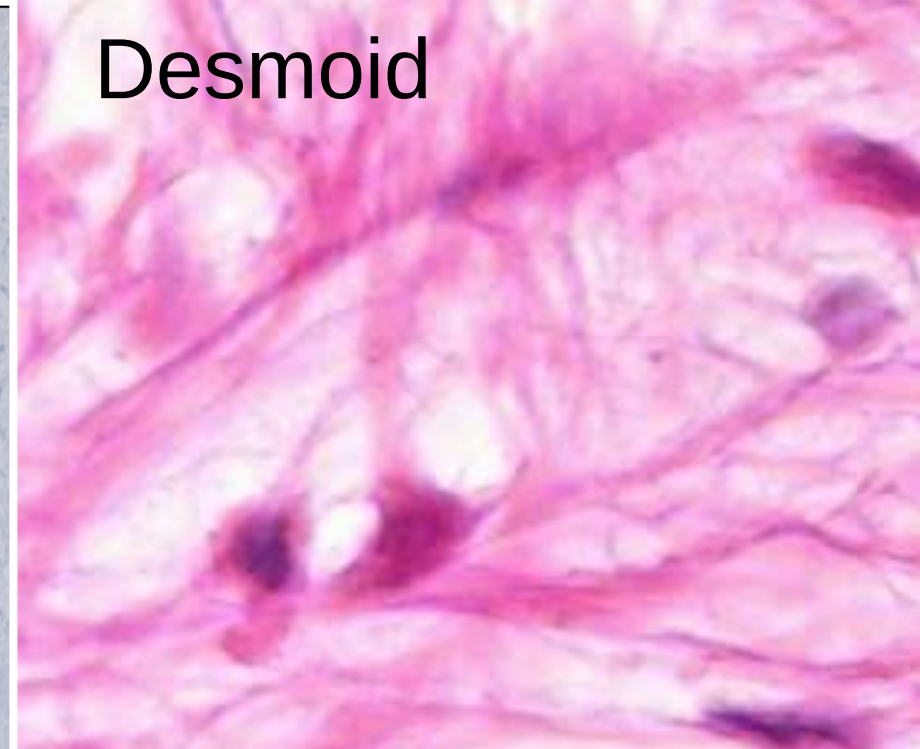
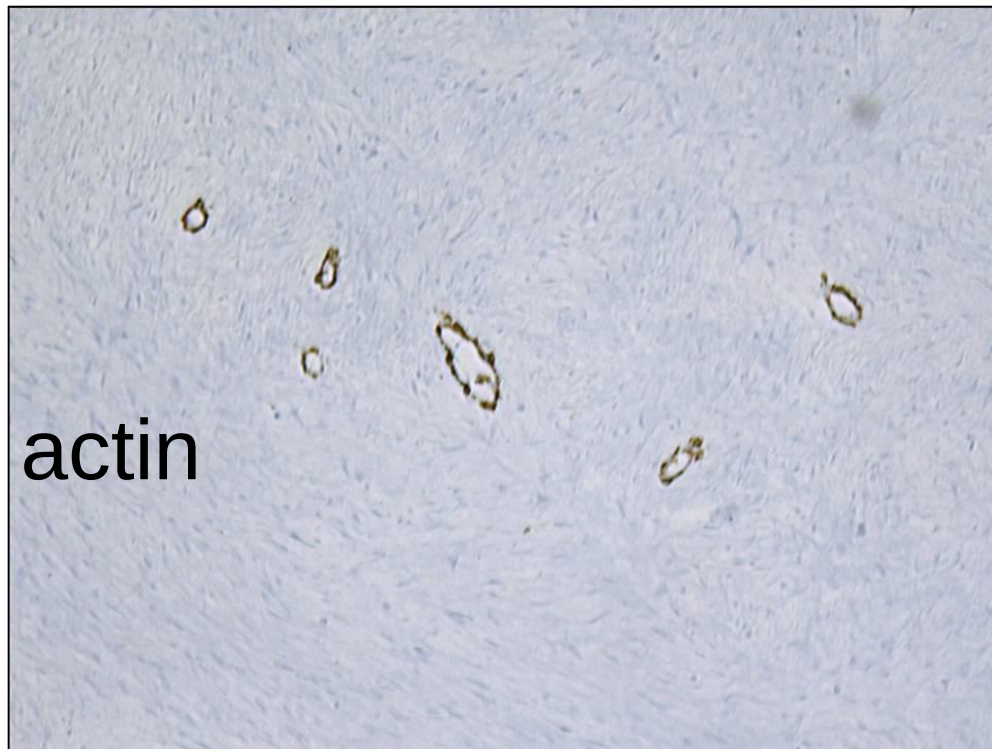
The majority (90–95%) of sporadic desmoid tumours result from three different point mutations in two codons (41 and 45) of exon 3 of the gene that encodes β -catenin (*CTNNB1*).

Desmoid



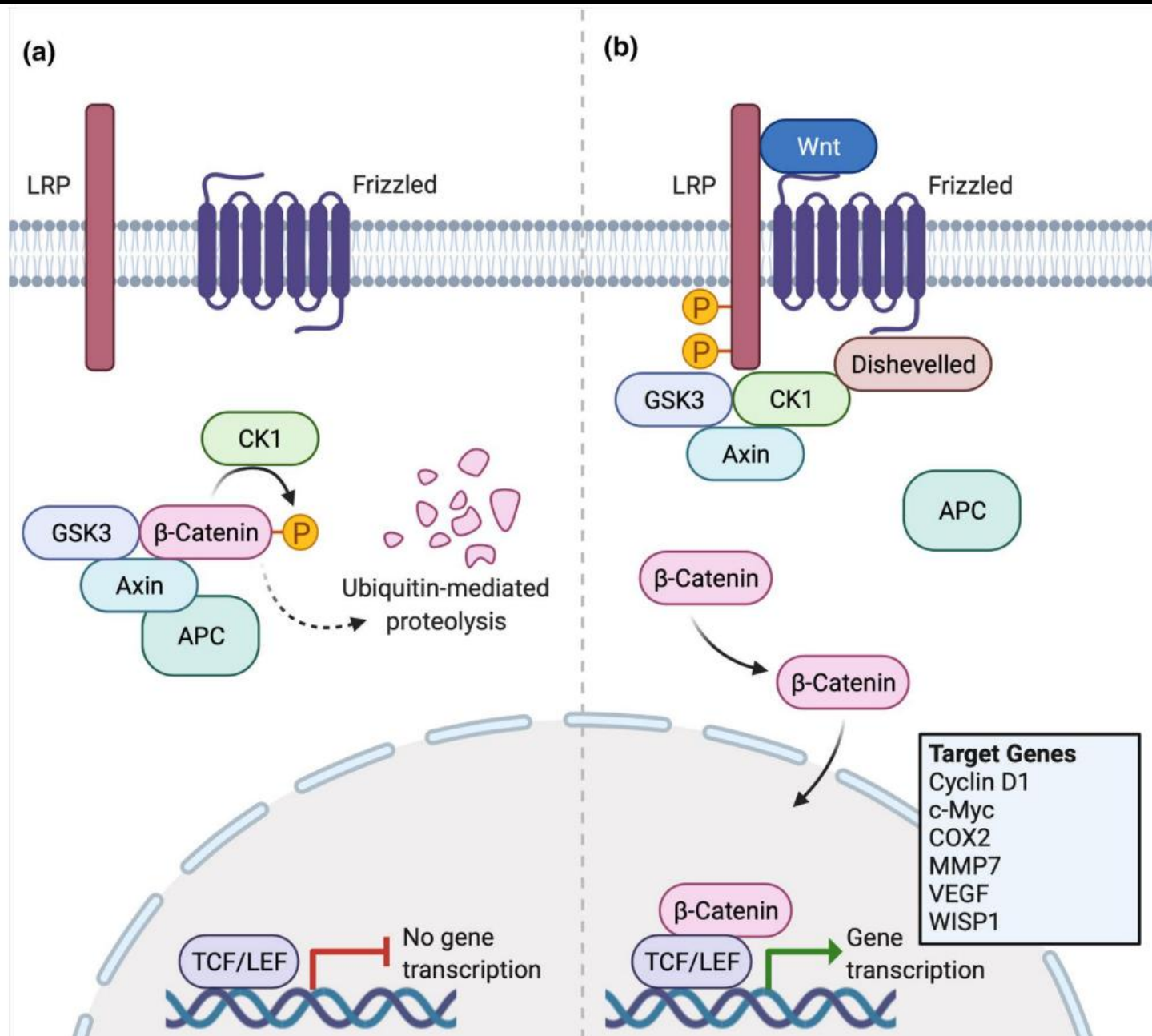
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Desmoid

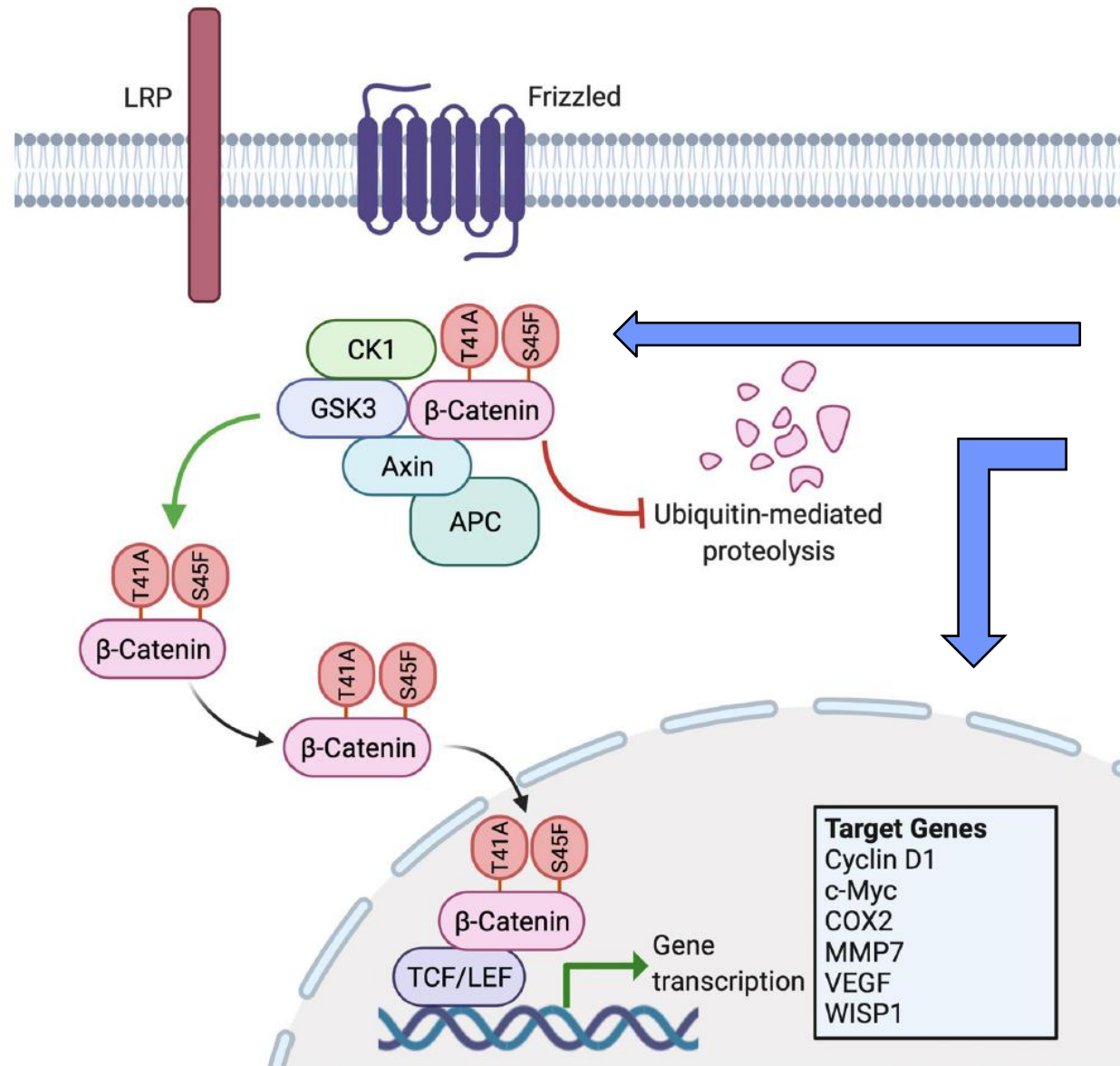


Beta catenin, right leg - 20x: nuclear beta catenin positivity is characteristic

Desmoid pathogenesis



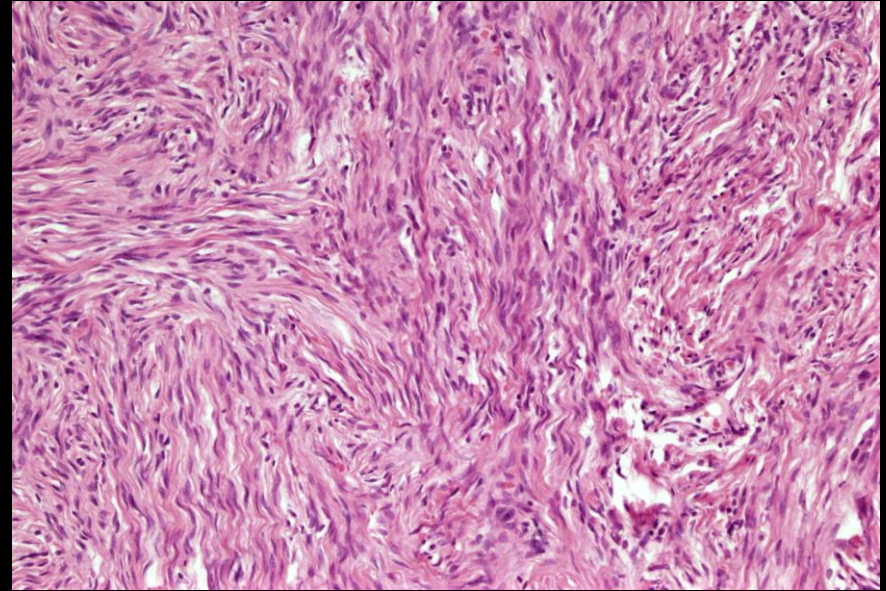
Desmoid pathogenesis



The mutated β -catenin is not marked for degradation, allowing it to accumulate and translocate into the nucleus where it promotes the unregulated transcription of specific target genes.

Solitary fibrous tumour - SFT

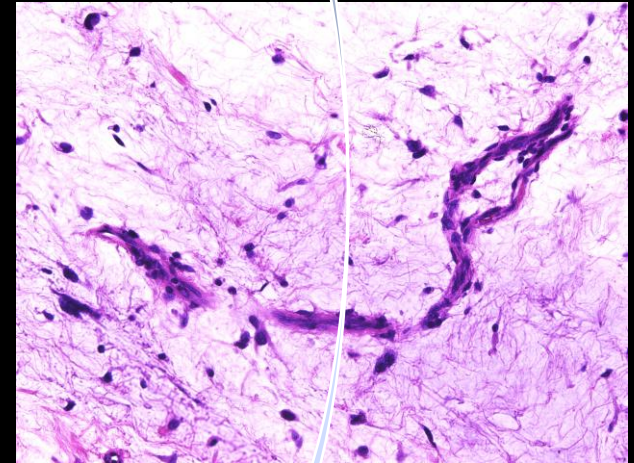
- ❑ Patternless proliferation of fusiform cells with staghorn vasculature
- ❑ CD34 and bcl 2 positivity
- ❑ NAB2::STAT6 fusion - ihch



Uncertain biology
behaviour – mostly
benign , but aggressive /
metastatic forms do exist

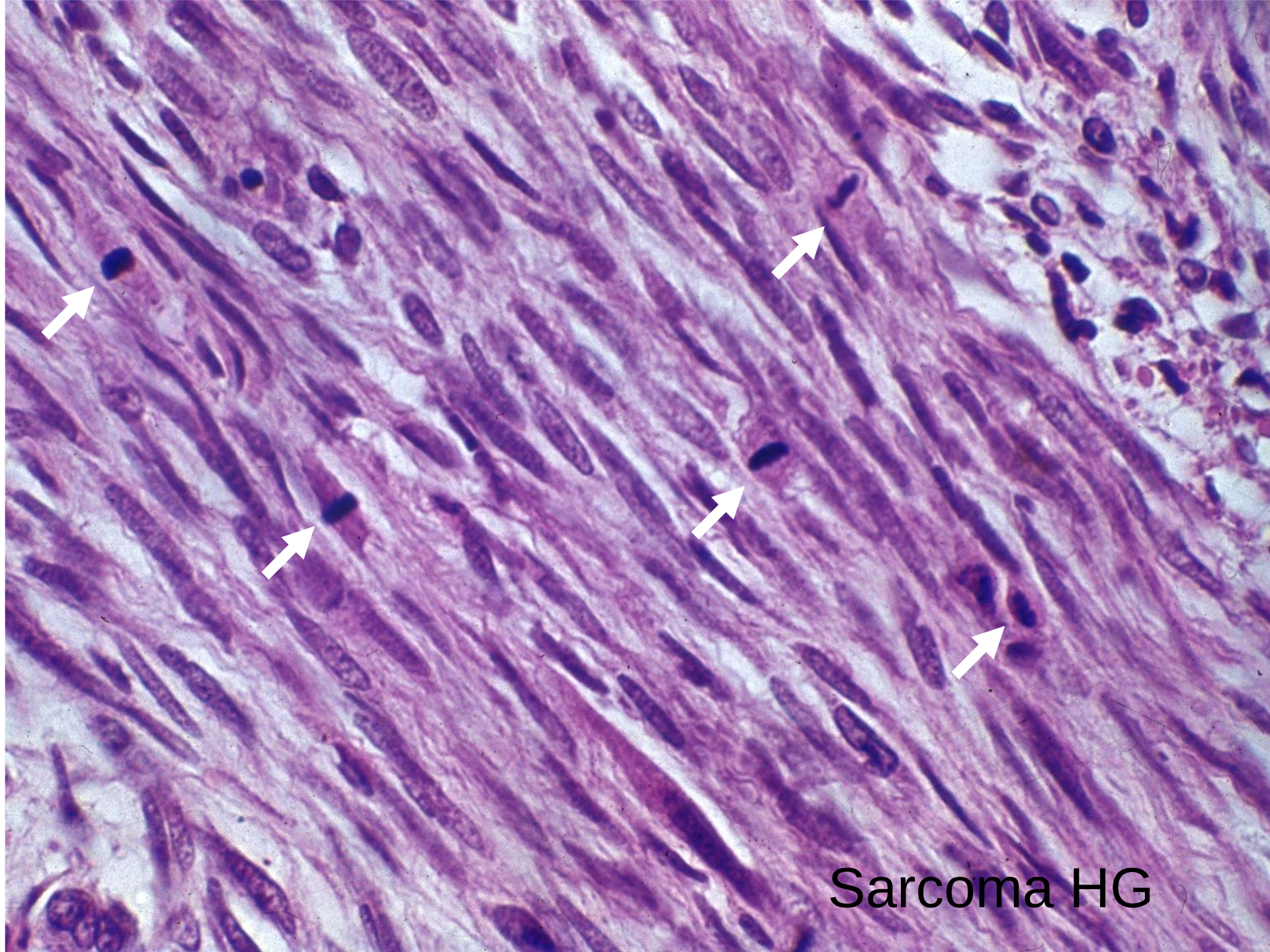
Fibrosarcoma (family)

- derived from fibroblasts & myofibroblasts
- age/sex predisposition M
- soft tissue – deep locations
- clinical symptoms: mass
- gross level view: fish flesh look
- fusiform cells, mitoses,
- hematogenous spread



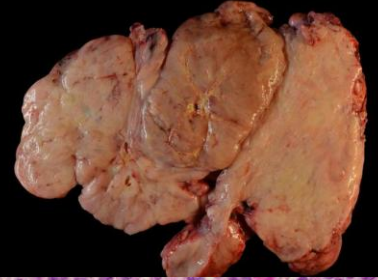
TP53 (46%; most frequently mutated),
RB1 (18%), and *CDKN2A/CDKN2B* (16%)
tumour suppressor gene mutations are more
common
than *CDK6*, *CCND1*, and *MDM2* amplifications

Myxoinflammatory fibroblastic sarcoma
Infantile fibrosarcoma
Adult fibrosarcoma
Myxofibrosarcoma
Low-grade fibromyxoid sarcoma
Sclerosing epithelioid fibrosarcoma



Sarcoma HG

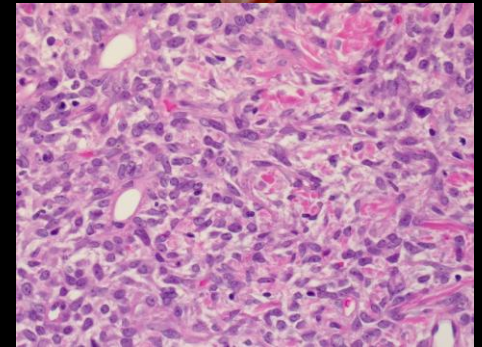
Myofibroblastic tumors



□ solitary fibrous tumor

□ ICD-O coding :

- 8815/0 Solitary fibrous tumour, benign
- 8815/1 Solitary fibrous tumour NOS
- 8815/3 Solitary fibrous tumour, malignant

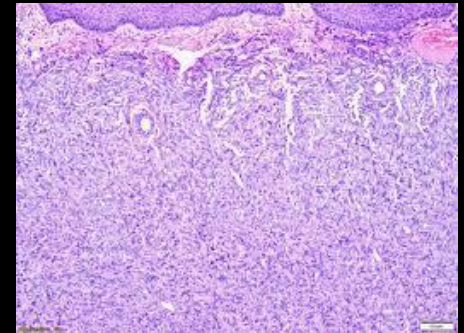


–(CD34+, bcl +, translocation
with a fusion gene - stat 6+)

□ myxofibrosarcoma (LG , HG)

Dermatofibroma

- cutaneous fibrous histiocytoma
- storiform architecture (myofibroblasts)



Dermatofibrosarcoma

protuberans – LG sarcoma

- borderline – ulceration & recurrences
- increased cellularity & atypiae

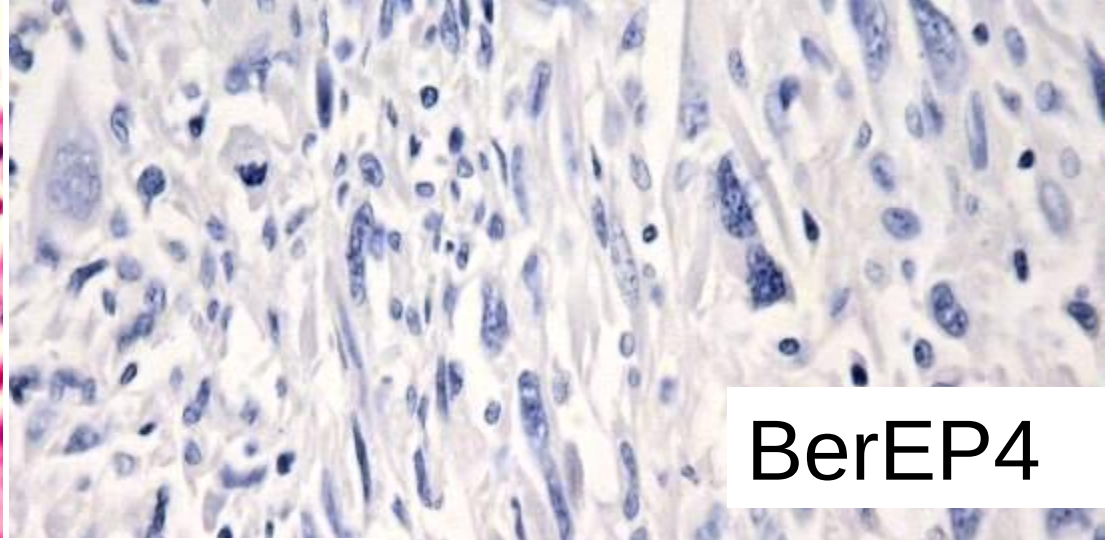
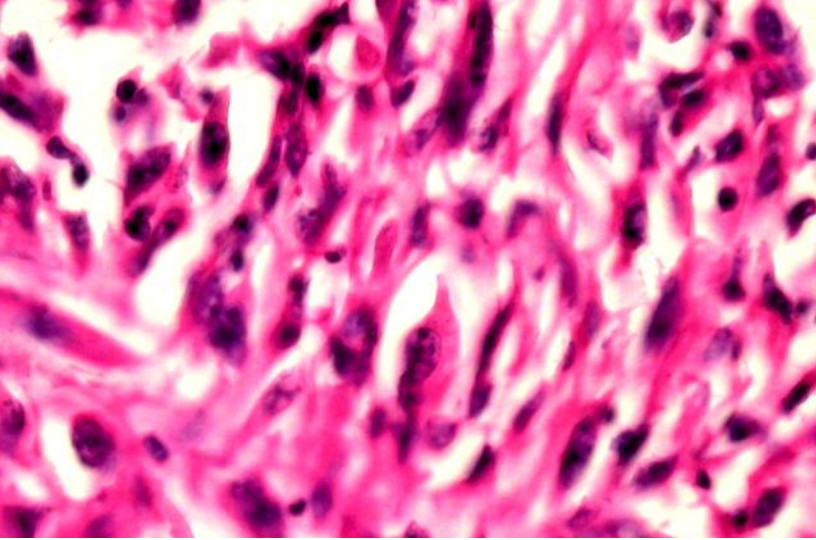
Fibrous Histiocytoma

- benign (pigmented villonodular synovitis)

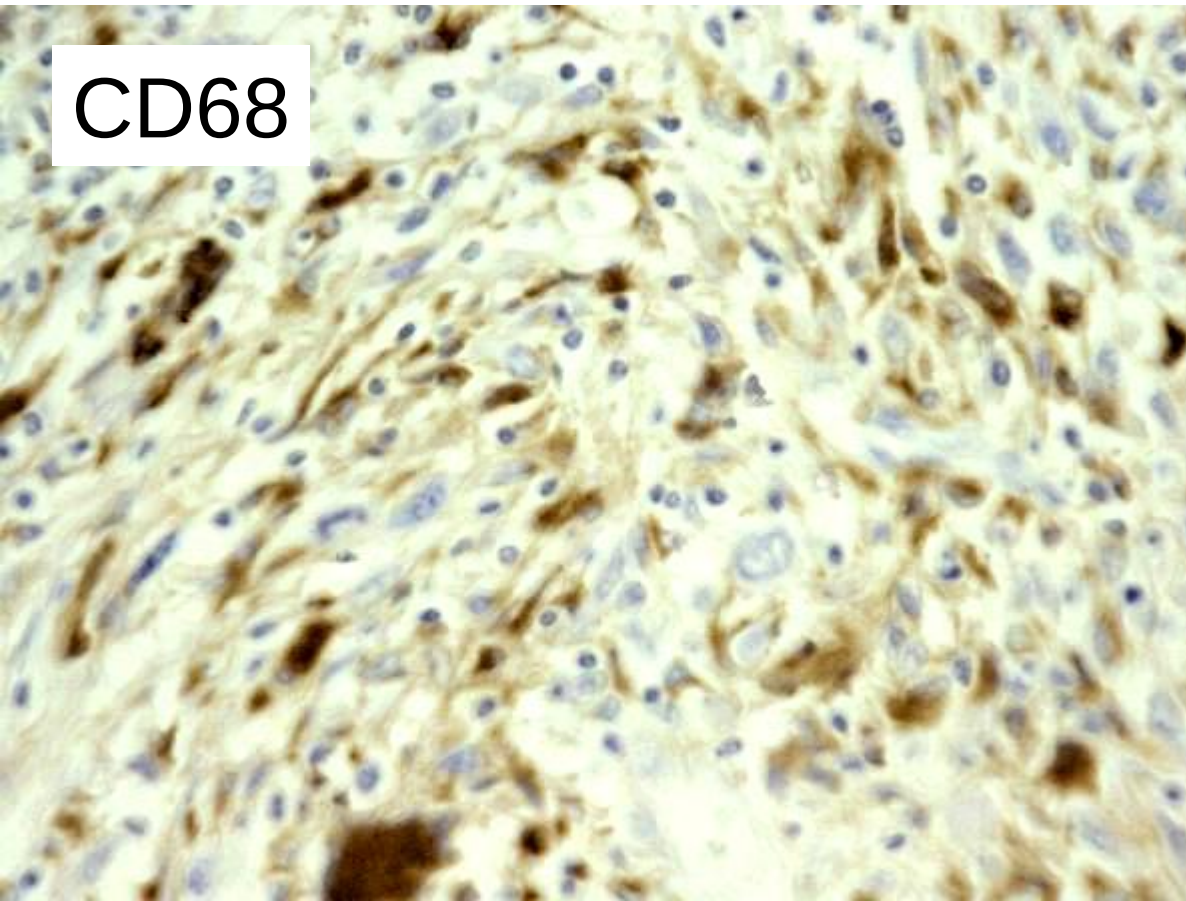
„Malignant Fibrous Histiocytoma“ –
a cancelled unit substituted recently with other
molecular pathology defined

poorly differentiated sarcomas





BerEP4



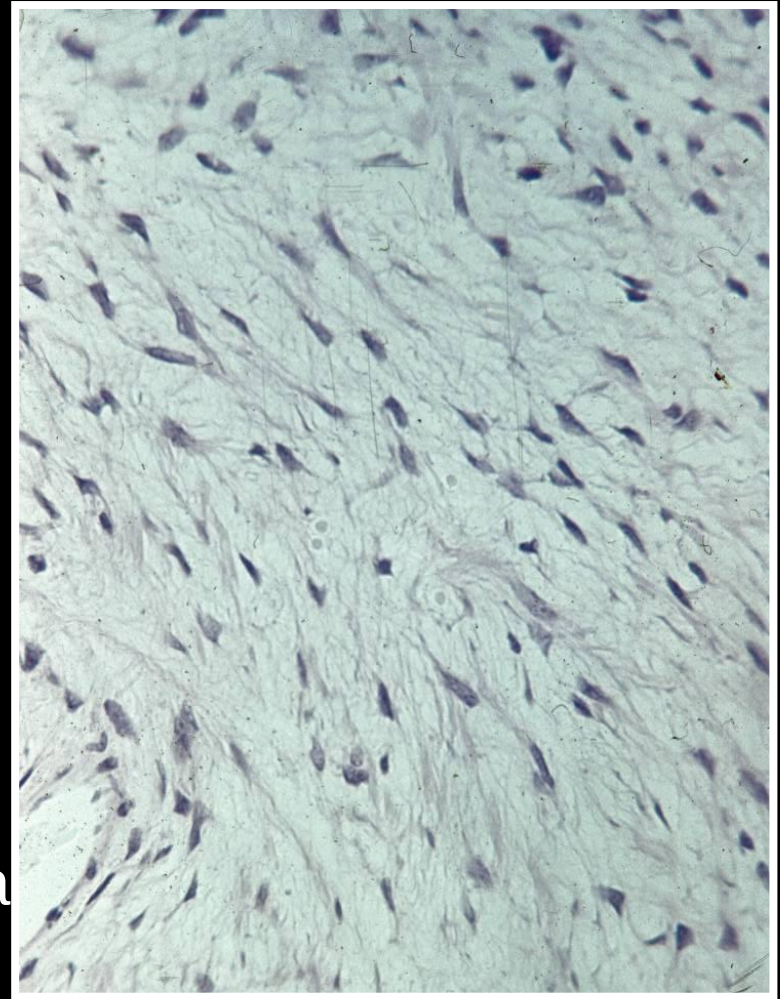
CD68

Poorly
differentiated
sarcoma
(thyroid)

MYXOMA component in:

(WHO Soft tissue tumours 5th. ed.:)

- ❑ acral fibromyxoma
- ❑ dermal nerve sheath myxoma
- ❑ intramuscular myxoma
- ❑ juxta-articular myxoma
- ❑ deep (aggressive) angiomyxoma
- ❑ osteochondromyxoma...

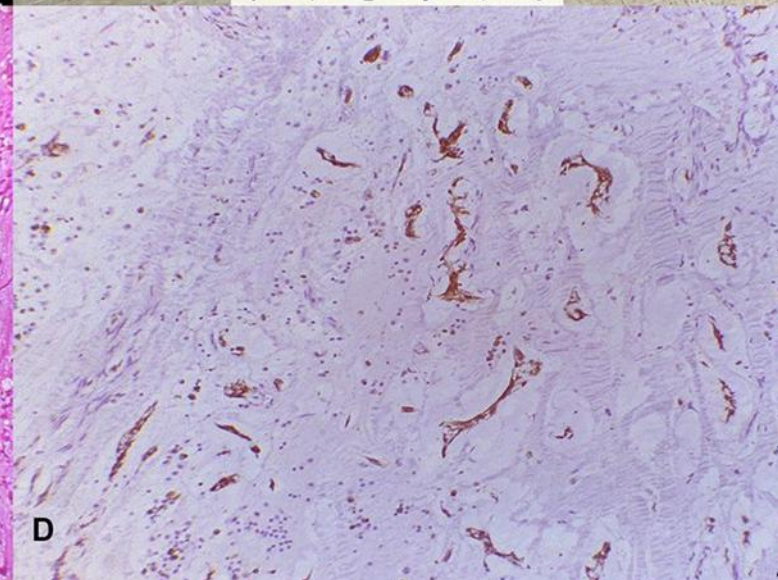
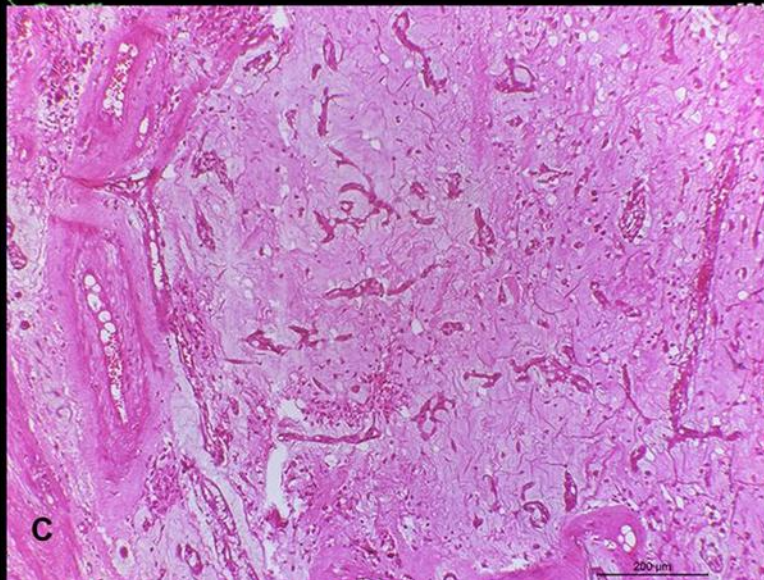
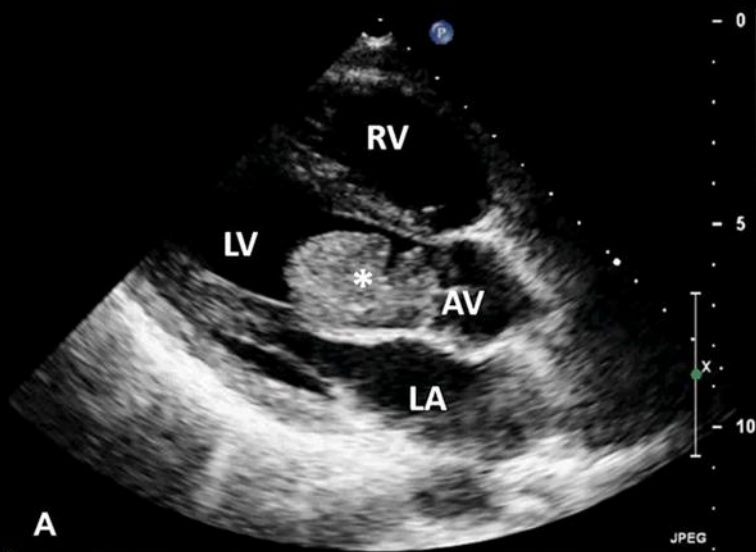


Scanty branching cells irregularly distributed in an abundant clear matrix.

M 88400

Cardiac

M
y
x
o
m
a



Mesenchymal neoplasms

Benign

- fibroma
- lipoma
- leiomyoma
- rhabdomyoma
- hemangioma
- lymphangioma
- chondroma
- chordoma
- osteoma
- !!!

Borderline

- fibromatoses
- lipoblastoma
- atypical smooth muscle cell tumors
- hemangioendotelioma
- chondroblastoma
- osteoid osteoma <2cm
- osteoblastoma >2cm

Malignant

- fibrosarcoma
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- *invasive* chordoma
- osteosarcoma
- lymphoma/leukaemia



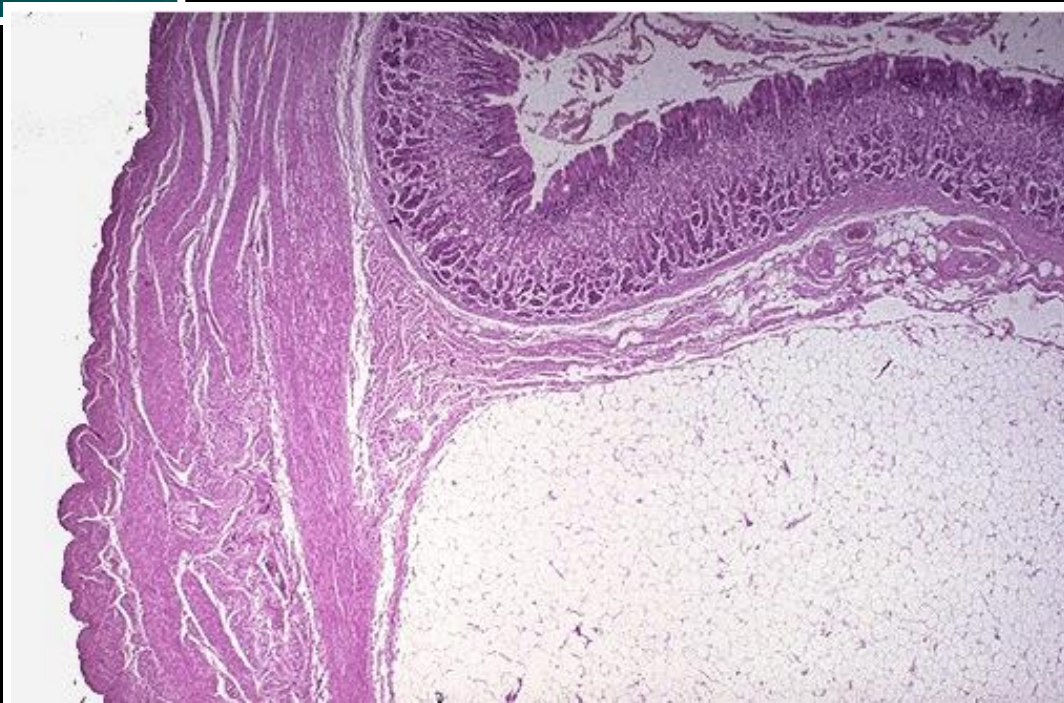
Lipoma – small bowel

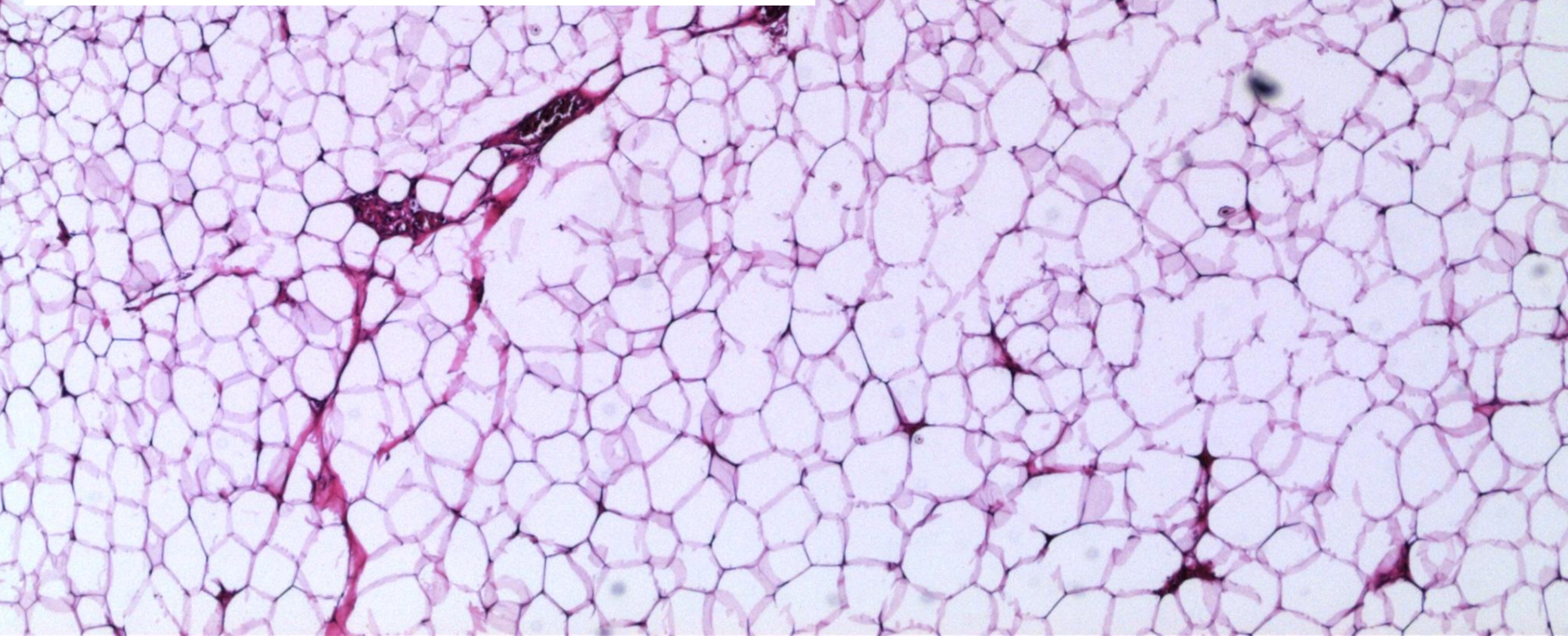
Lipoma - subcutaneous

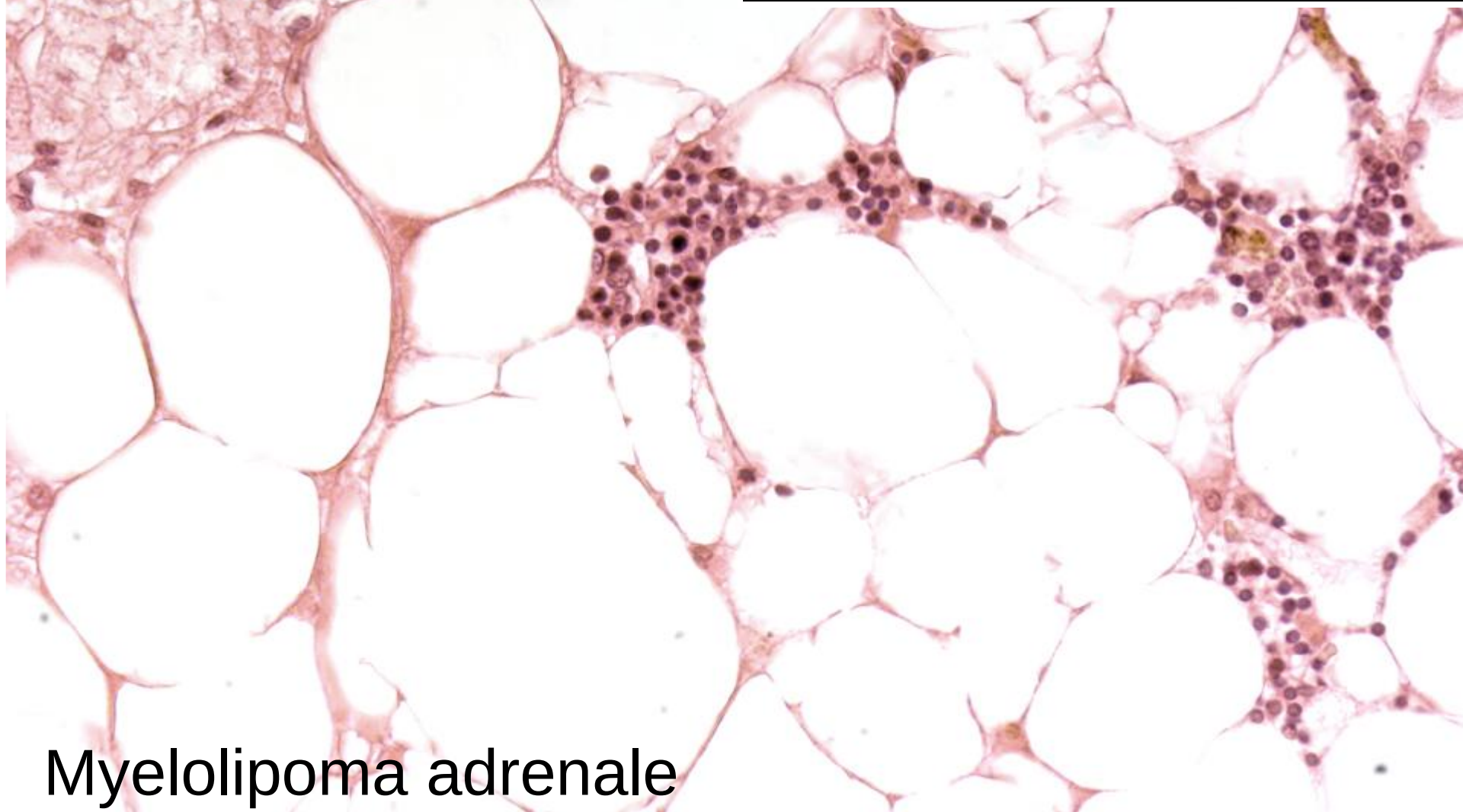
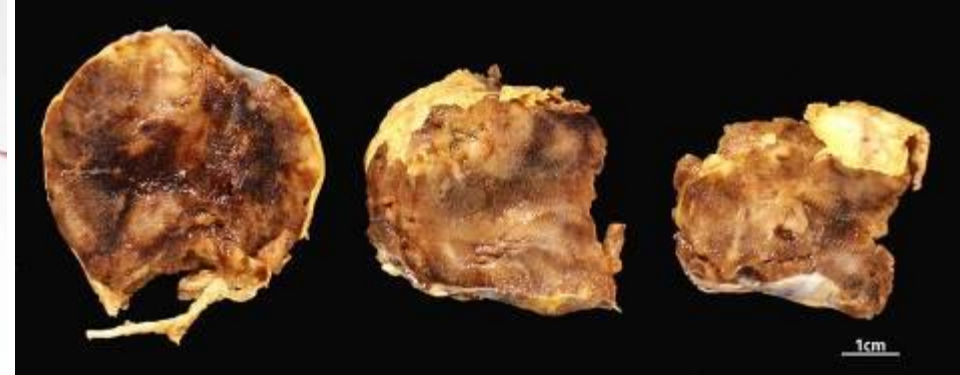
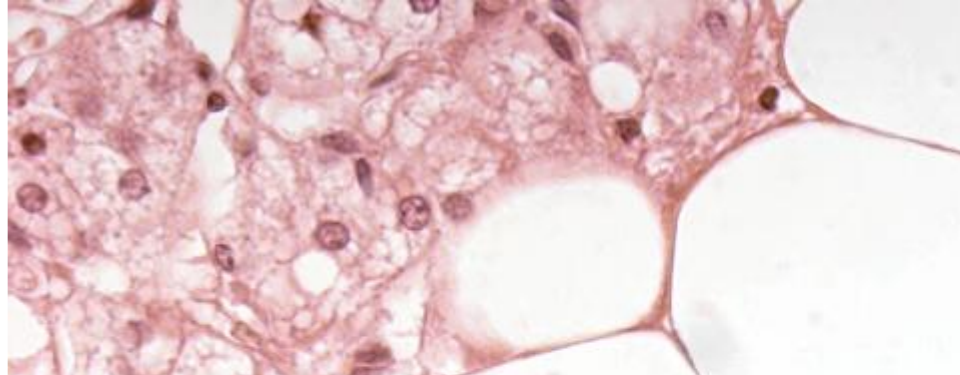


M 88500

Lipoma - stomach

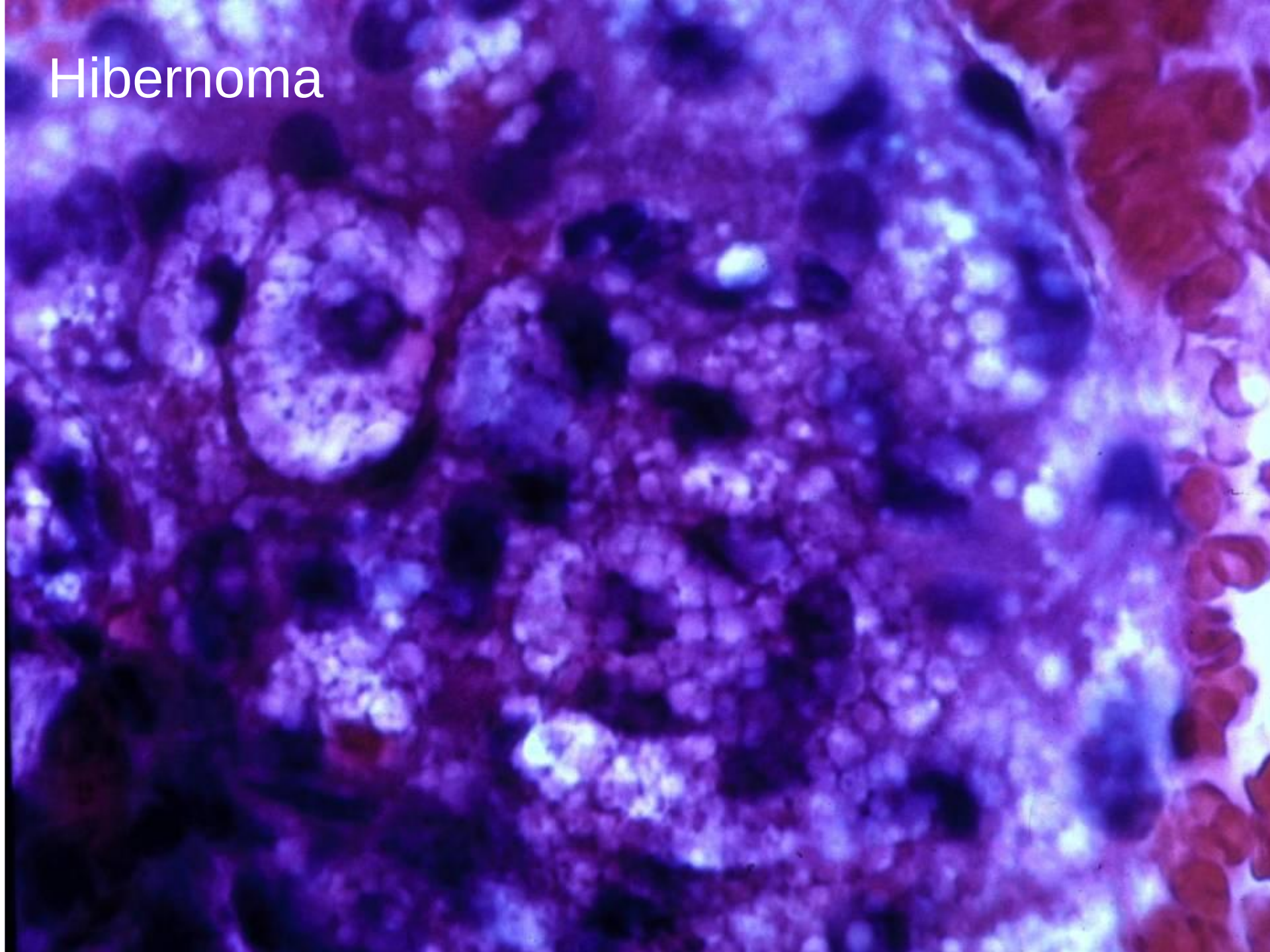






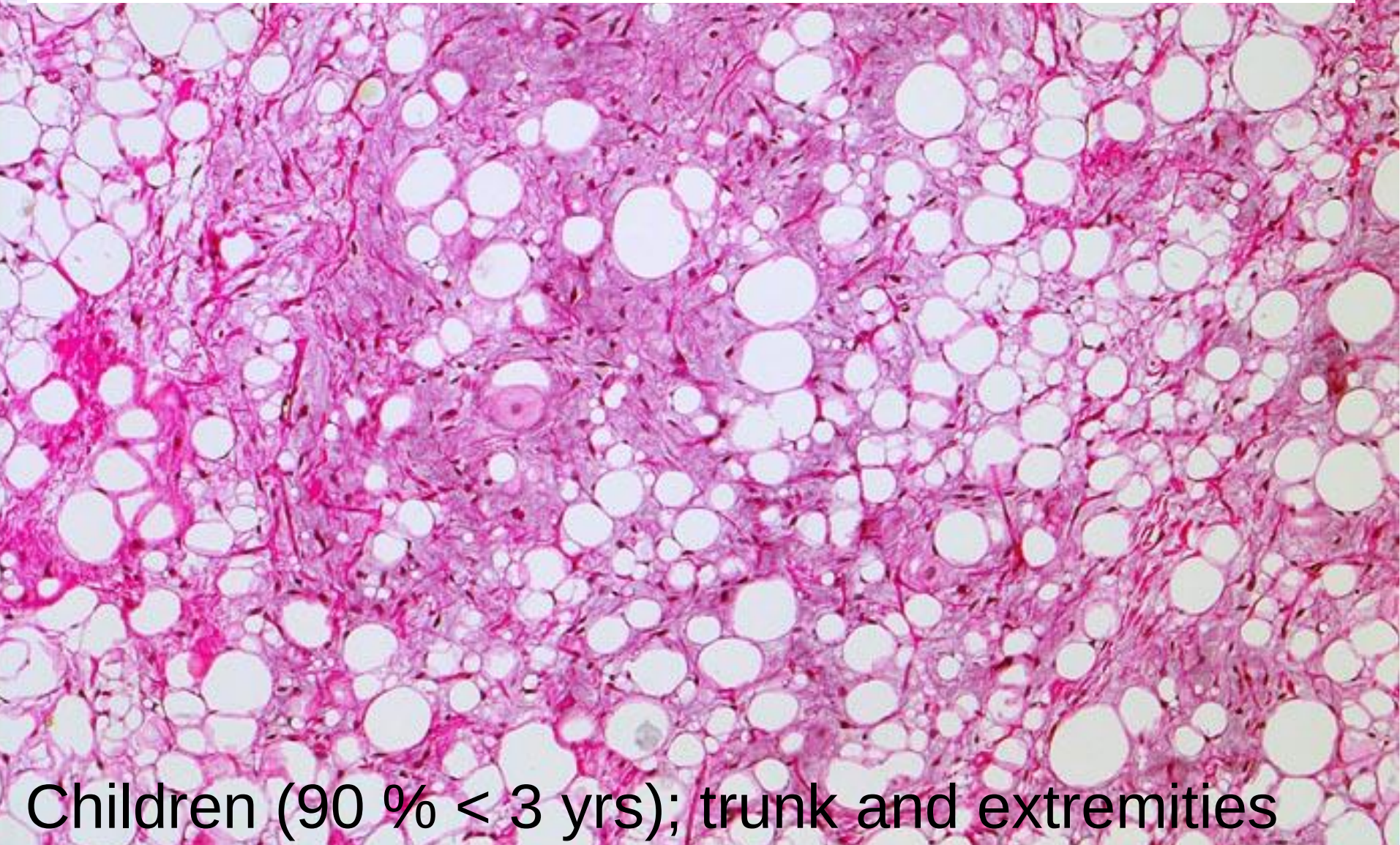
Myelolipoma adrenale

Hibernoma



Lipoblastoma and lipoblastomatosis (diffuse)

Def.: benign neoplasm of embryonal white fat, which may be a localized or diffuse tumour with a tendency for local recurrence if incompletely excised. M 8881/0



Children (90 % < 3 yrs); trunk and extremities

Liposarcoma

- Atypical lipomatous tumour M 8850/1
well-differentiated liposarcoma M 8851/3

- Dedifferentiated liposarcoma M8858/3

- Middle aged adults

- Pathogenesis: both entities are characterized by consistent amplification of MDM2 and CDK4 (12q14-q15)

- Lesions located in surgically amenable anatomical regions do not recur after complete excision.

- Tumours occurring in deep anatomical sites such as retroperitoneum, spermatic cord, or mediastinum tend to recur repeatedly and eventually cause death as a result of uncontrolled local effects or less often as a result of systemic spread subsequent to dedifferentiation.

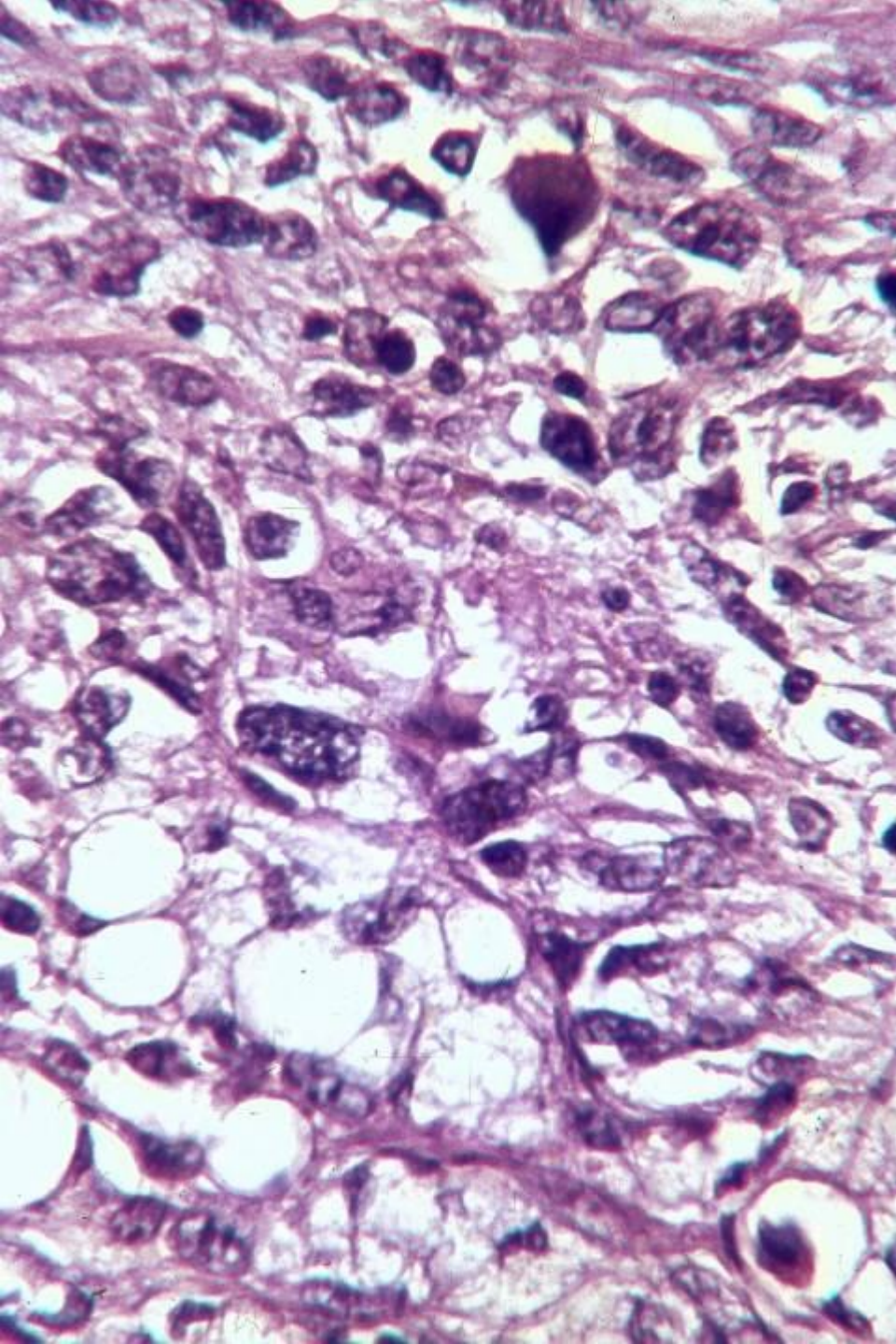
- Myxoid liposarcoma

- Pleomorphic liposarcoma

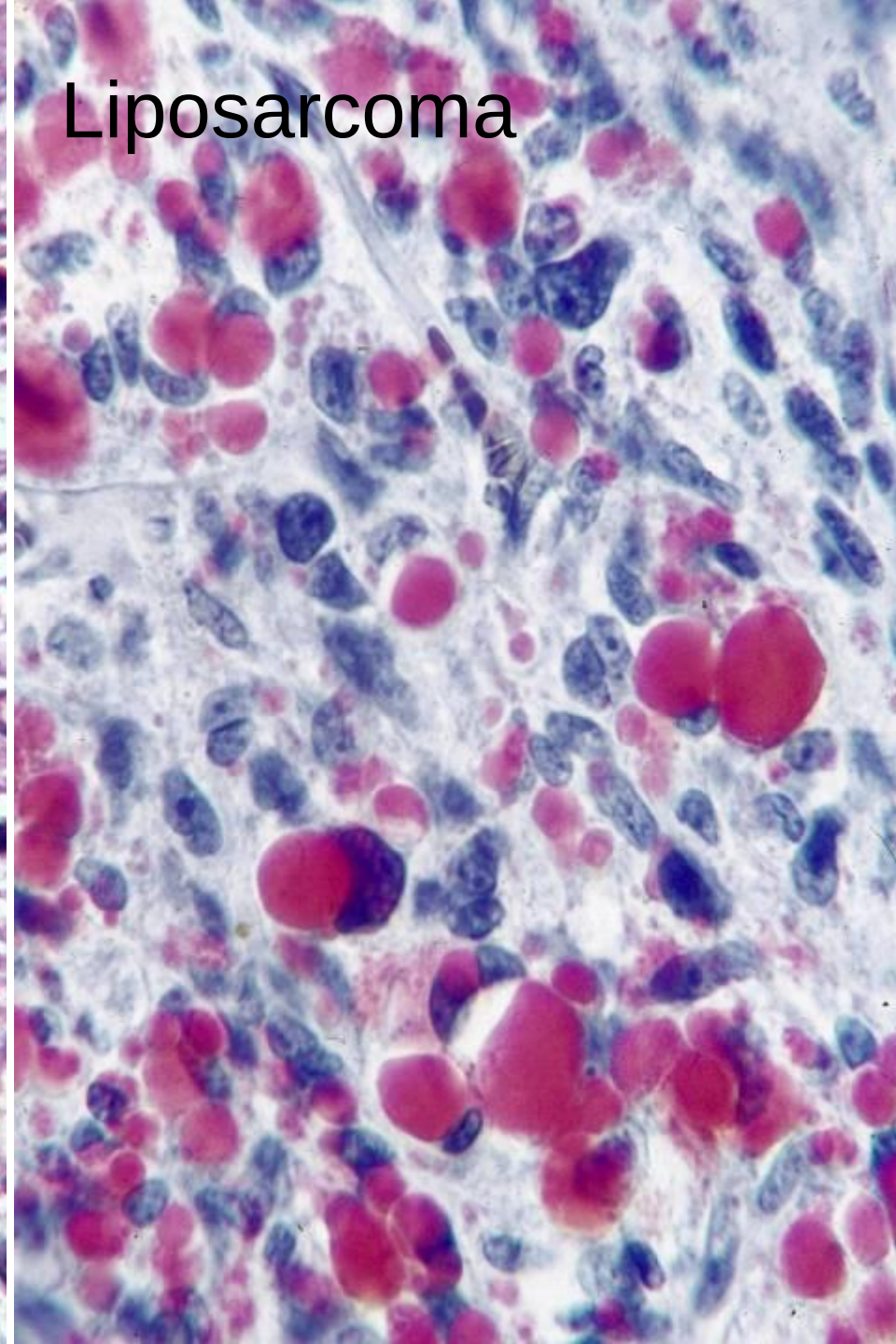


Liposarcoma (recurrence)





Liposarcoma



Mesenchymal neoplasms

Benign

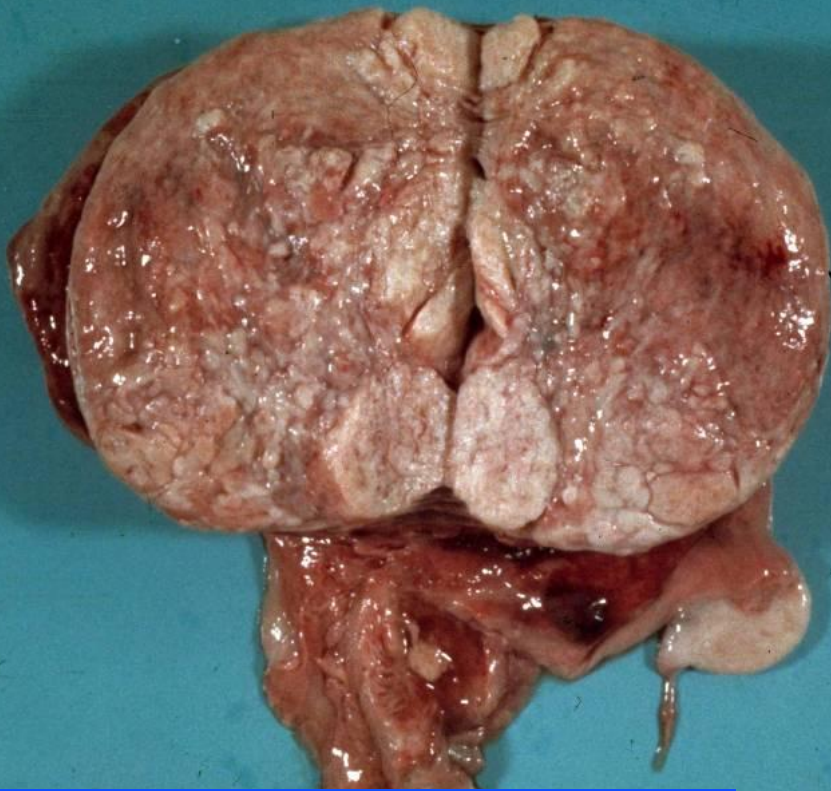
- fibroma
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- hemangioma
- lymphangioma
- chondroma
- chordoma
- osteoma
- !!!

Borderline

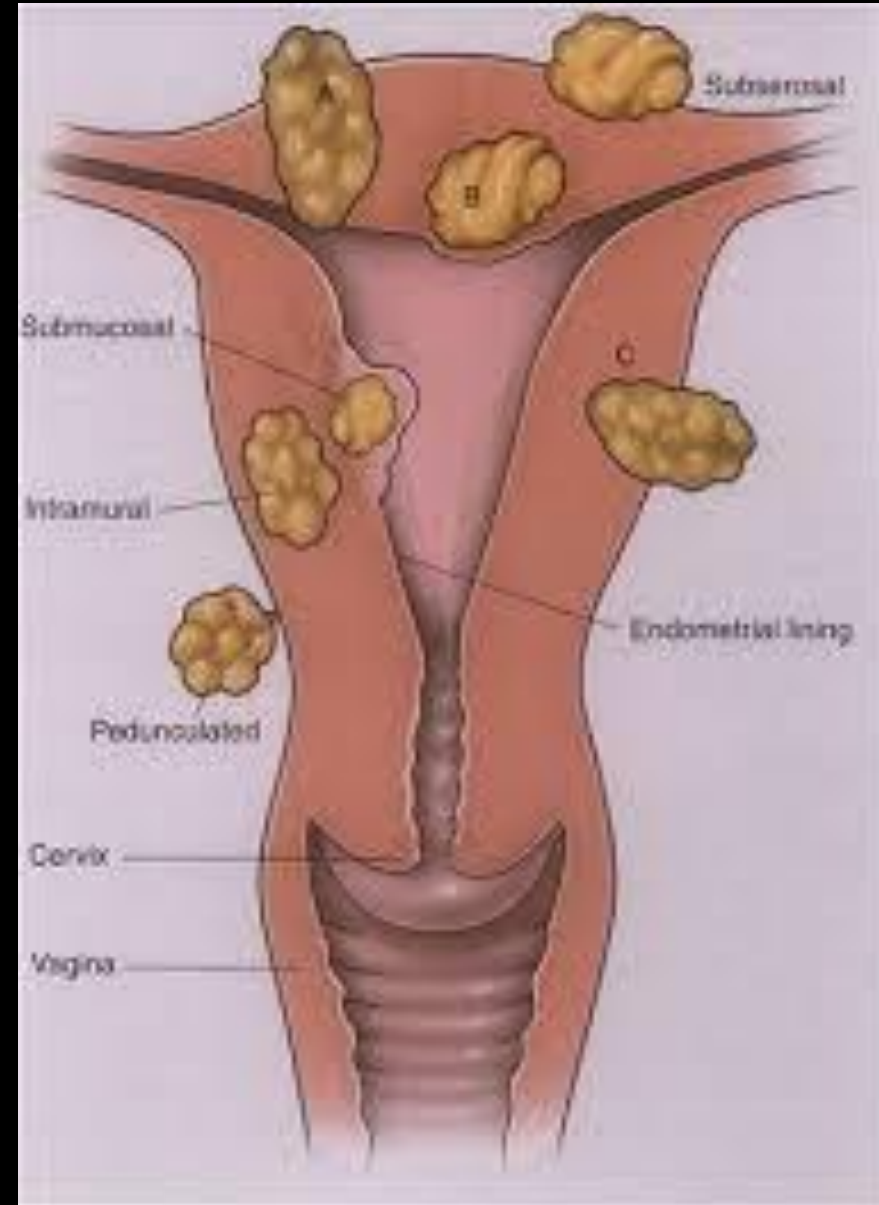
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- atypical smooth muscle cell tumors (STUMP)
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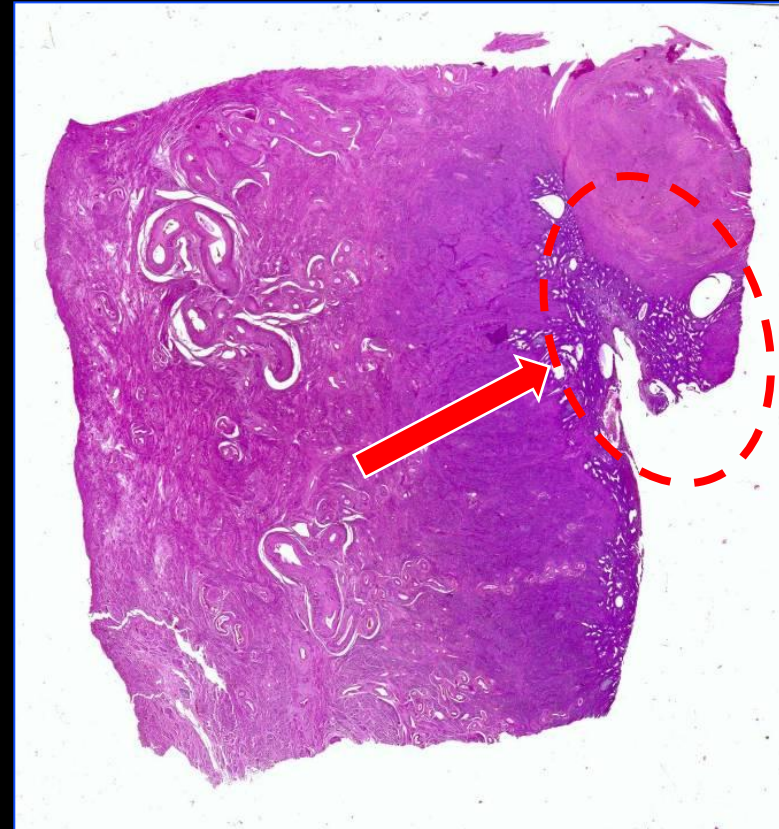


Leiomyoma &
myomatous uterus



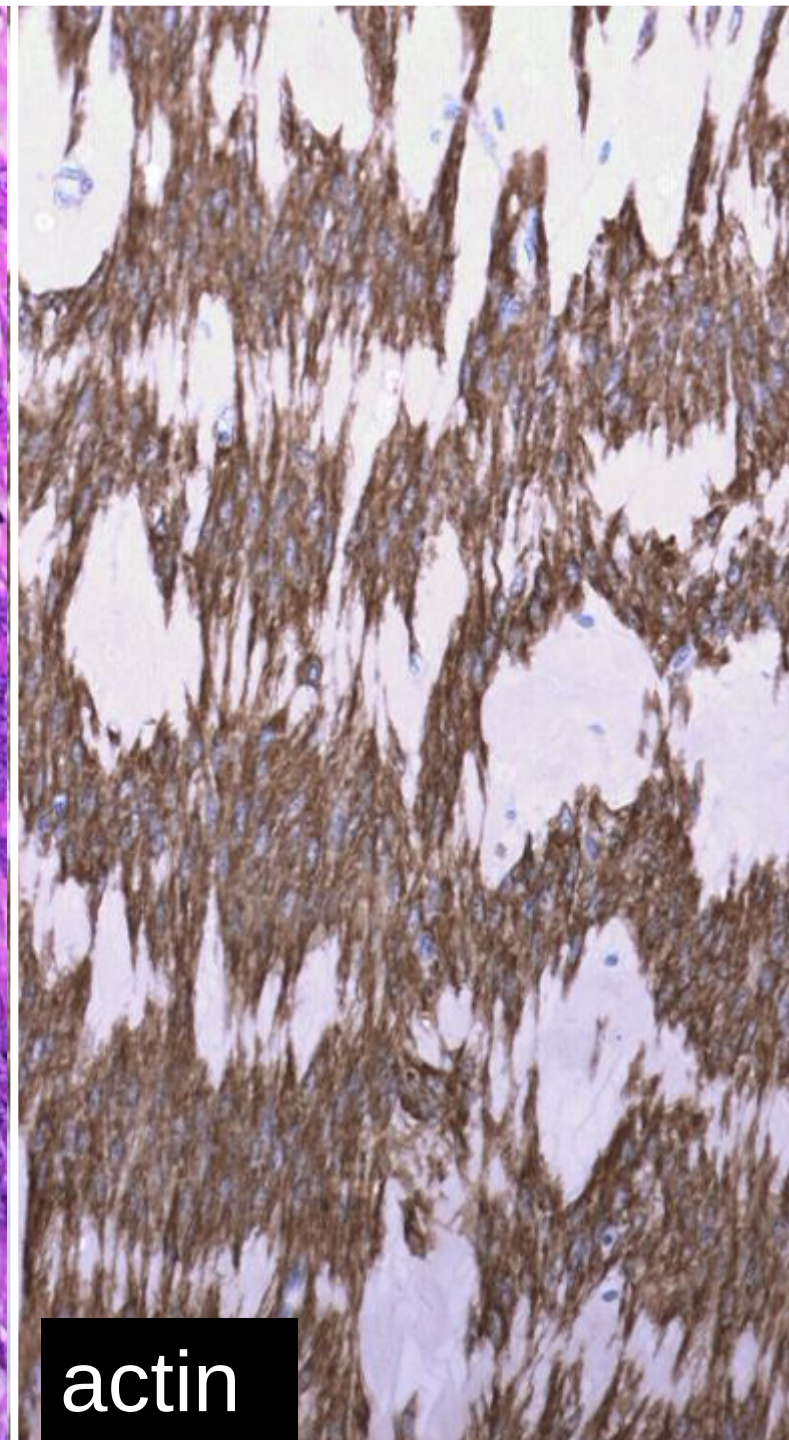
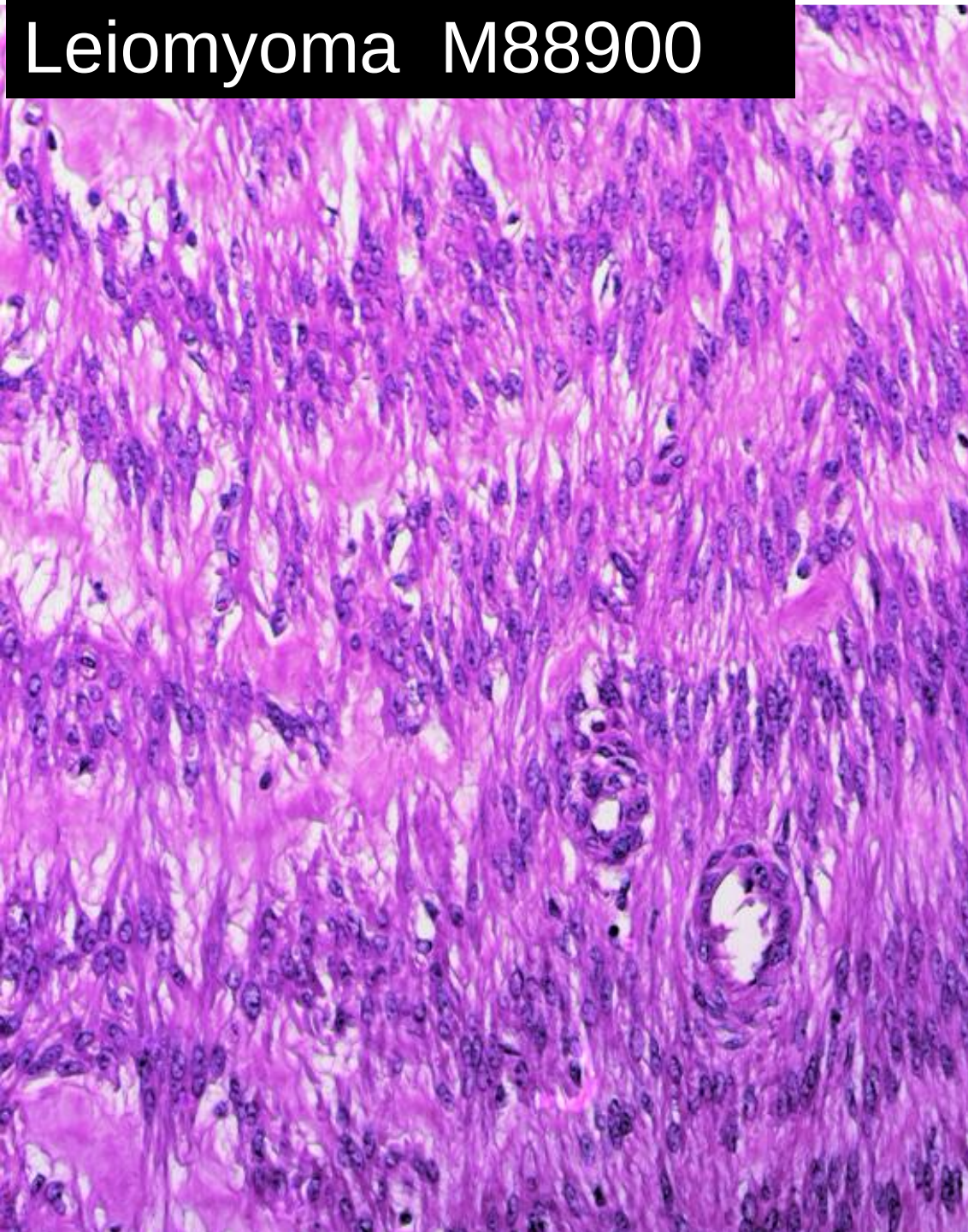


Intramural leiomyoma



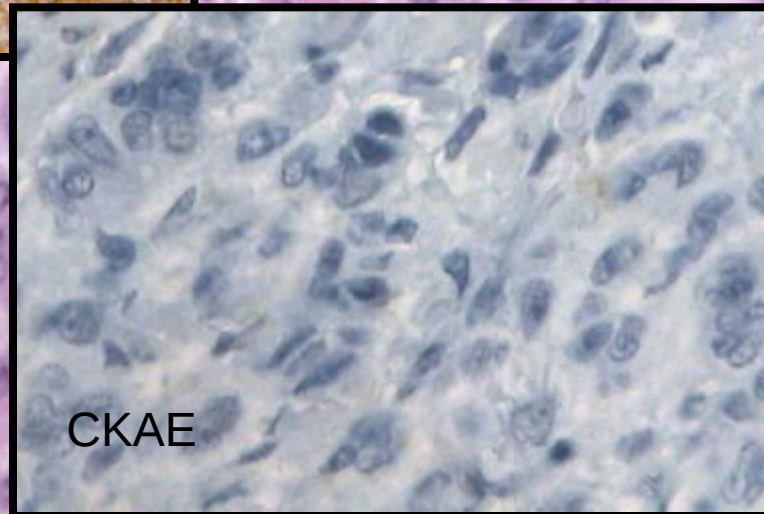
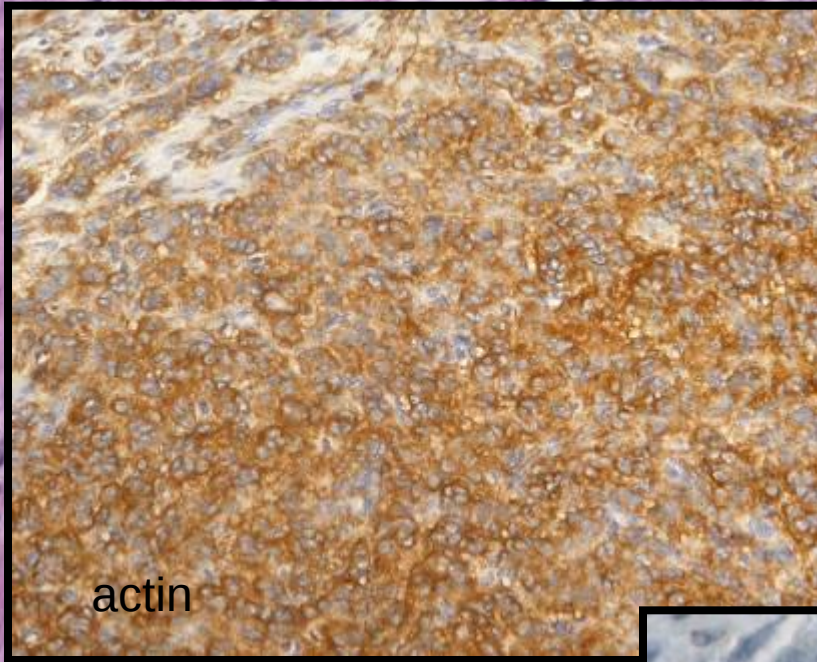
Submucose
leiomyoma

Leiomyoma M88900



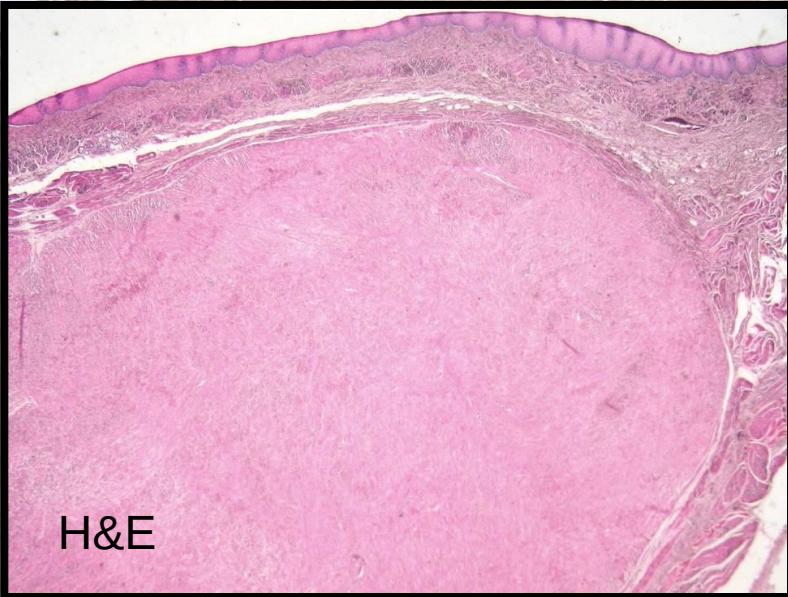
actin

Leiomyoma - epithelioid – and many more histopathology subtypes – *mitotically active, pleomorphic, myxoid...diff. dg.!*



Leiomyoma oesophagi

aktin



aktin



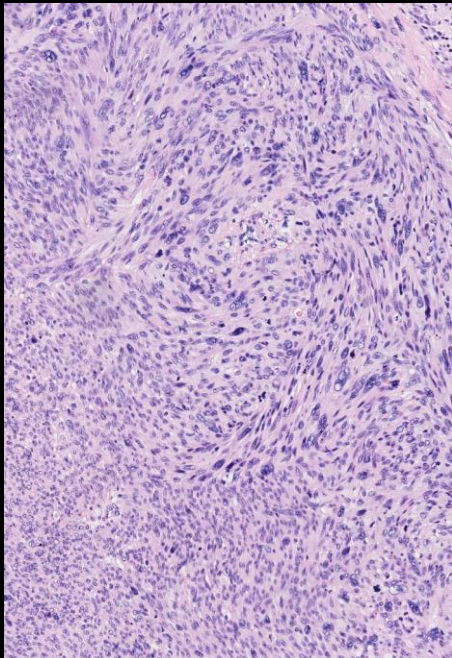
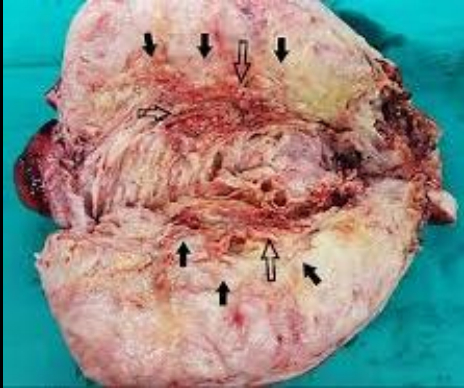
Leiomyoma – large bowel



actin

Leiomyoma intestinalis Case 5 SMA+

Leiomyosarcoma –malignant tumour of smooth muscle cells M88903



- uterus (mostly de novo), deep soft tissues
- large, necrotizing, haemorrhages
- Micro: cytology atypia, mitoses – variable amount needed in relation to the subtypes

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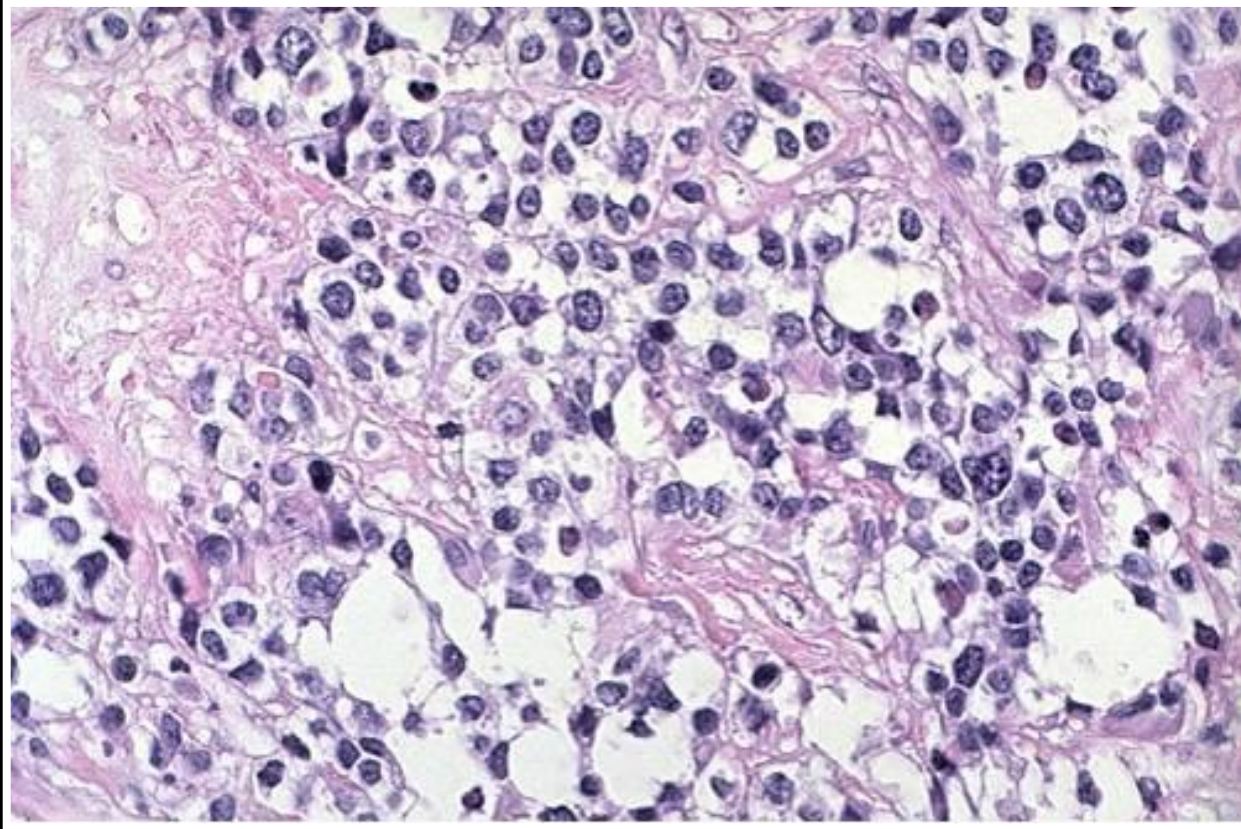
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- lymphangiosarcoma
- chondrosarcoma
- *invasive* chordoma
- osteosarcoma
- lymphoma/leukaemia

Rhabdomyosarcoma - embryonal (mostly children),
alveolar - adolescents, pleomorphic – adults)



grape-like
mass, solid

nasopharyngeal
region
urogenital tract
extremities...

Markers: desmin, actin, MyoD1, myogenin...

Mesenchymal neoplasms

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- osteoma
- !!!

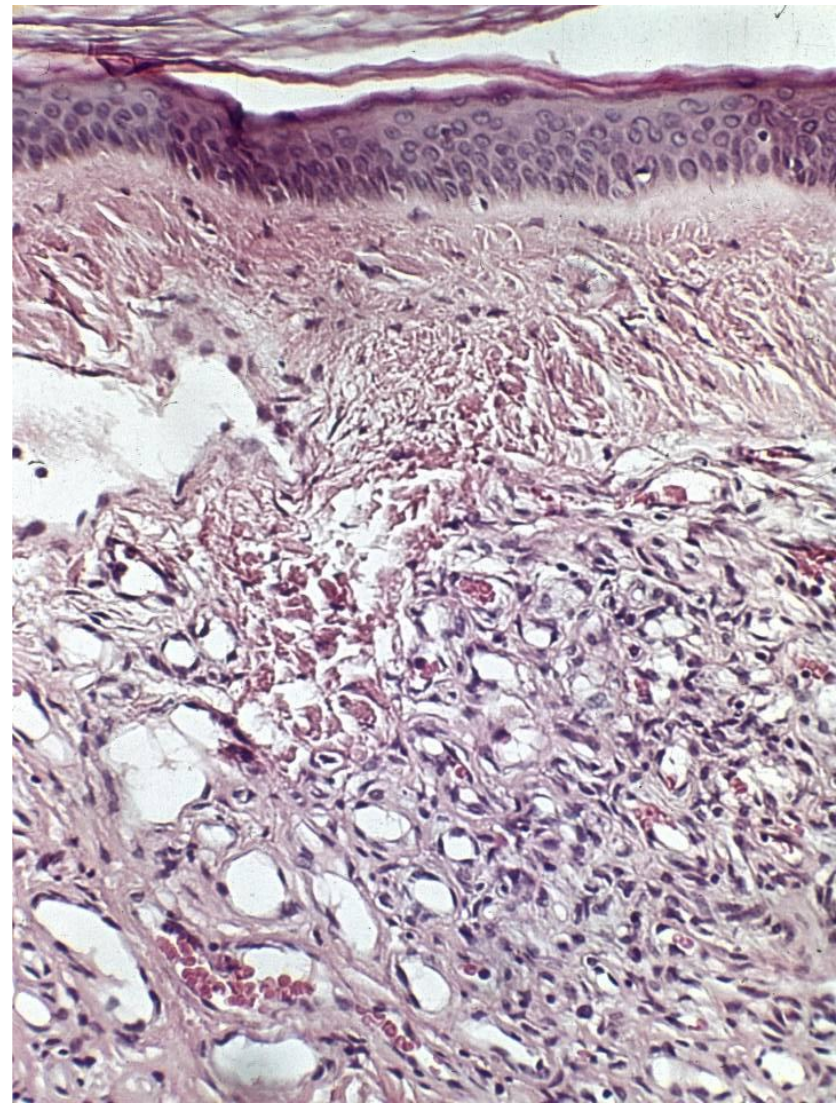
Borderline

- fibromatoses
- lipoblastoma
- atypical smooth muscle cell tumors
- hemangioendotelioma
- chondroblastoma
- osteoid osteoma <2cm
- osteoblastoma >2cm

Malignant

- fibrosarcoma
- liposarcoma
- leiomyosarcoma
- rhabdomyosarcoma
- hemangiosarcoma
- lymphangiosarcoma
- chondrosarcoma
- *invasive* chordoma
- osteosarcoma
- lymphoma/leukaemia

Naevus flammeus – vascular ectasia - pseudotumor



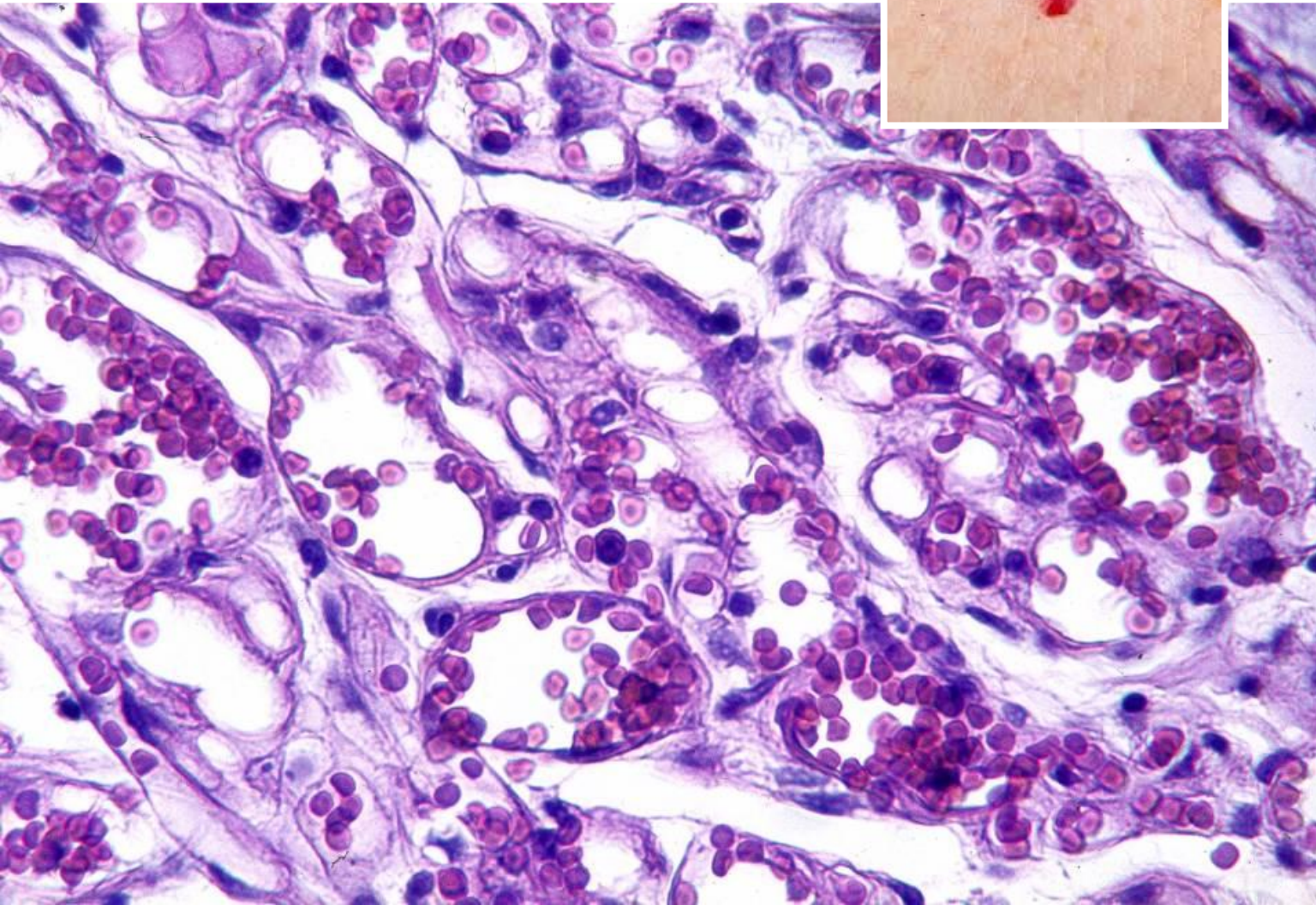


Hemangioma



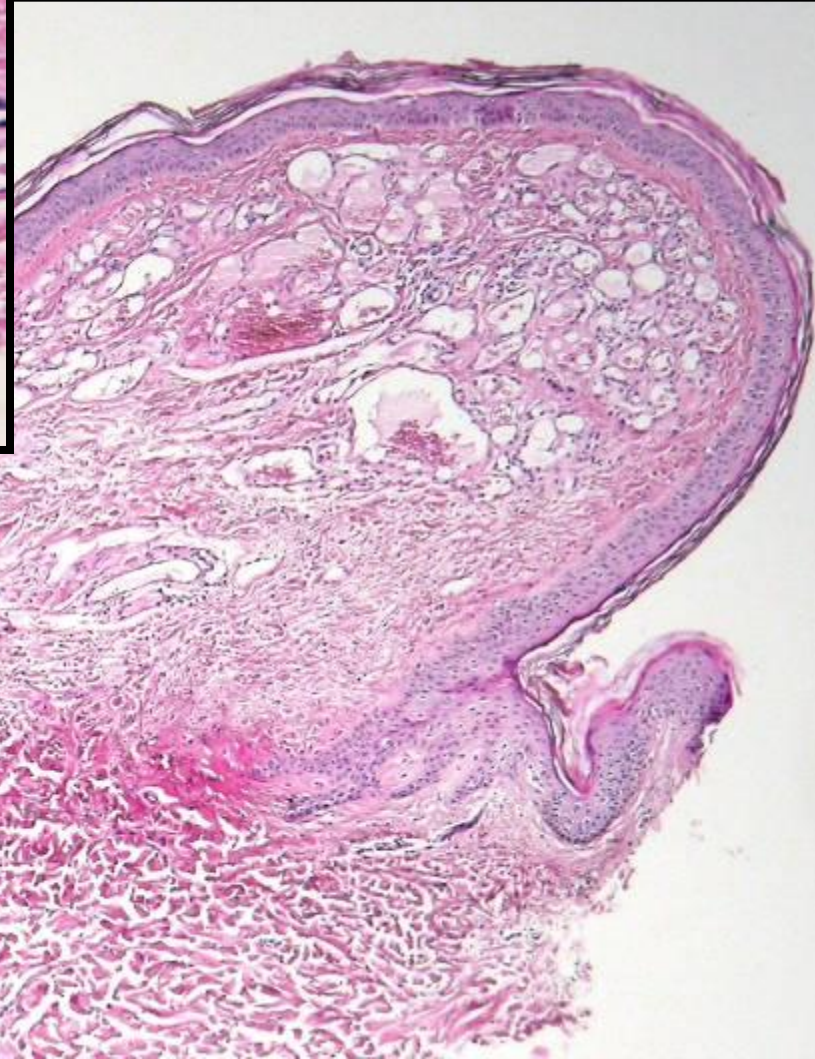
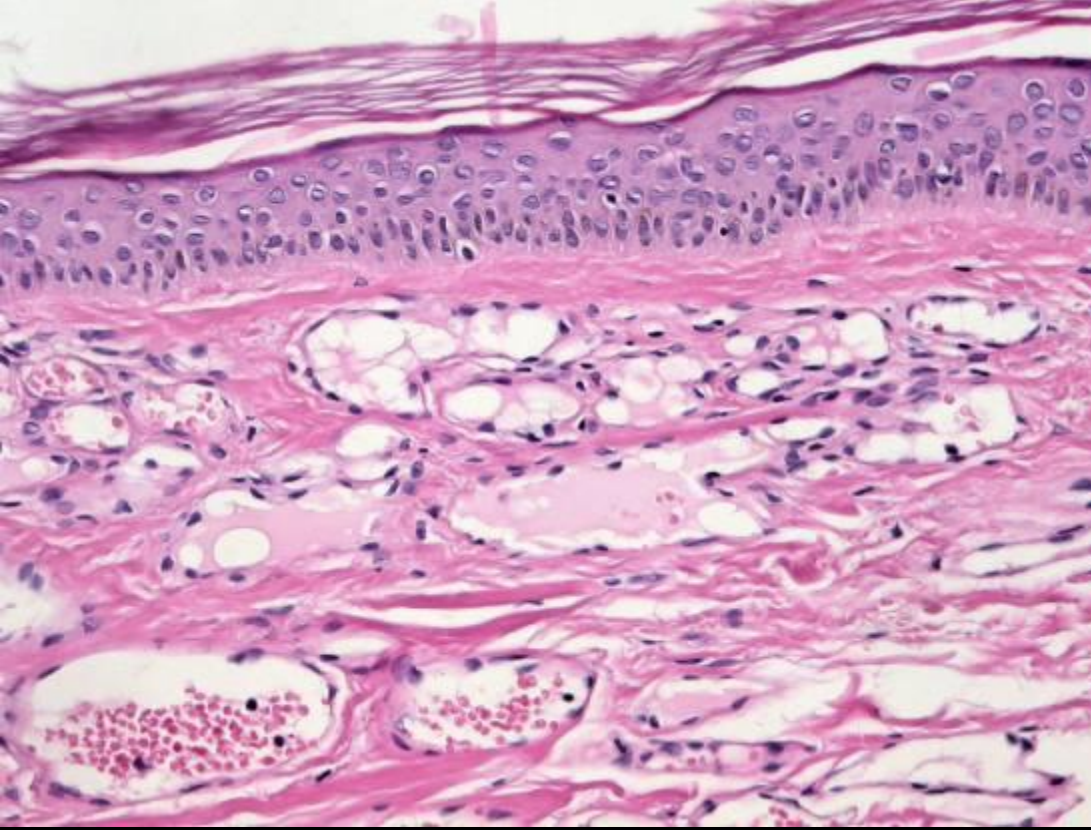
Capillary hemangioma – cherry hemangioma

M 9120/0



WHO – skin
5th ed.
17 subtypes

Capillary ectatic hemangioma



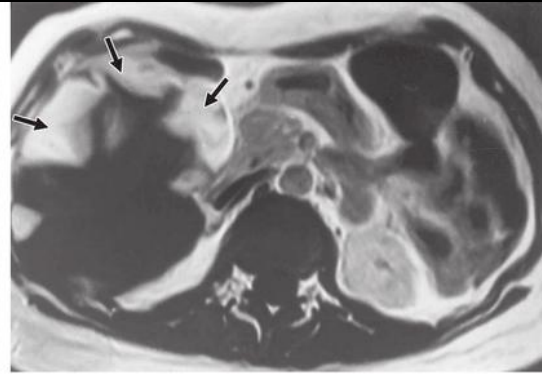
Cavernous hemangioma

liver, mesenterium, orbita, vertebra....

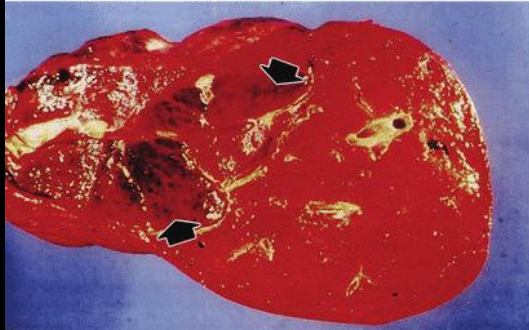
Thin-walled vessels or blood-filled sinuses lined by a single layer of endothelium. Focal thrombi, fibrosis, hyalinization, calcification...



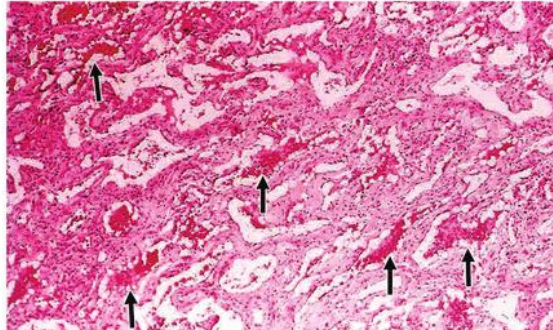
a.



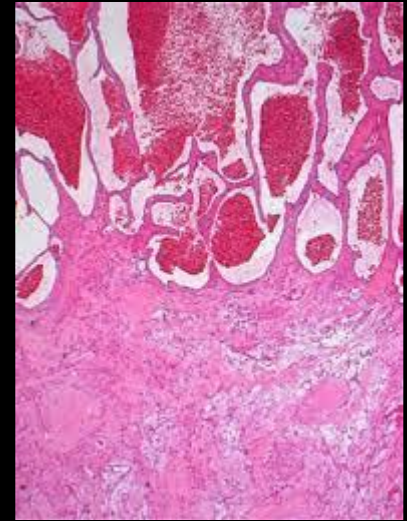
b.



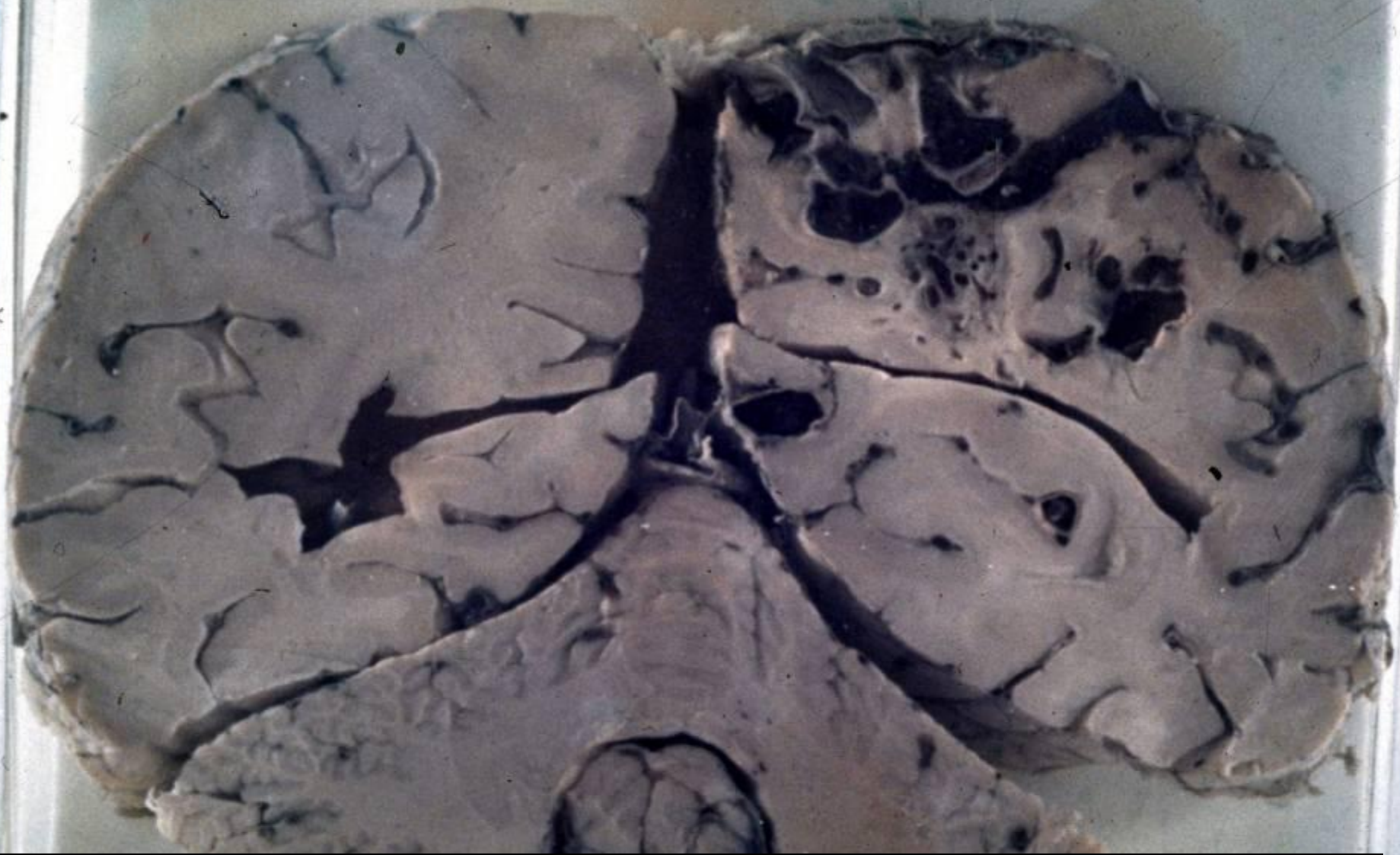
c.



d.



Diff. dg.!
Risk
of bleeding



Racemose angioma of the brain and meninges – arteriovenous malformation

Kaposi Sarcoma – low grade angiosarcoma - locally aggressive
HHV8 - associated, multiple on the skin, lymph nodes and inner organs can be affected

Four clinico-pathological subtypes:

- ☐ classic KS
- ☐ endemic African KS
- ☐ AIDS-associated KS
- ☐ iatrogenic (transplant-related) KS.

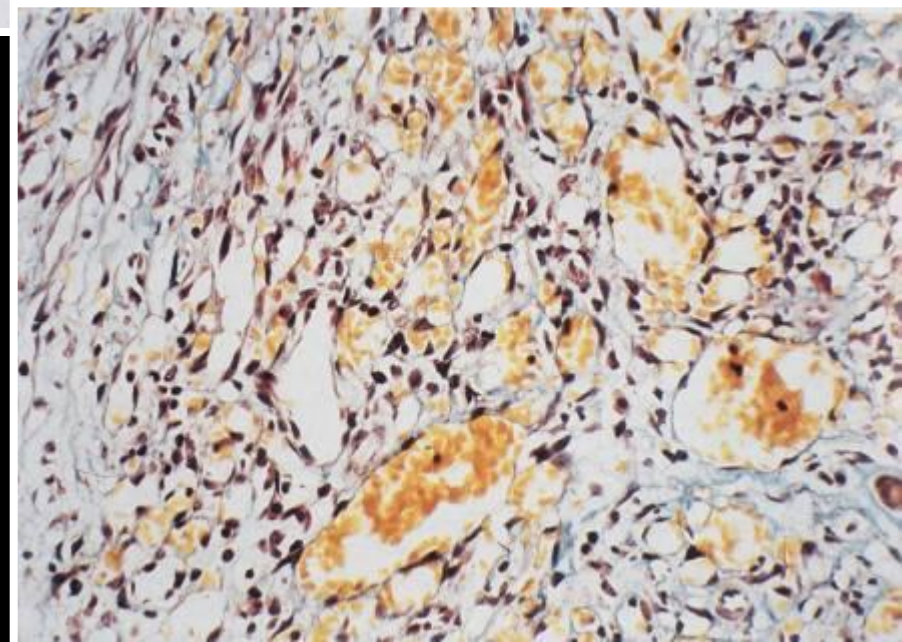




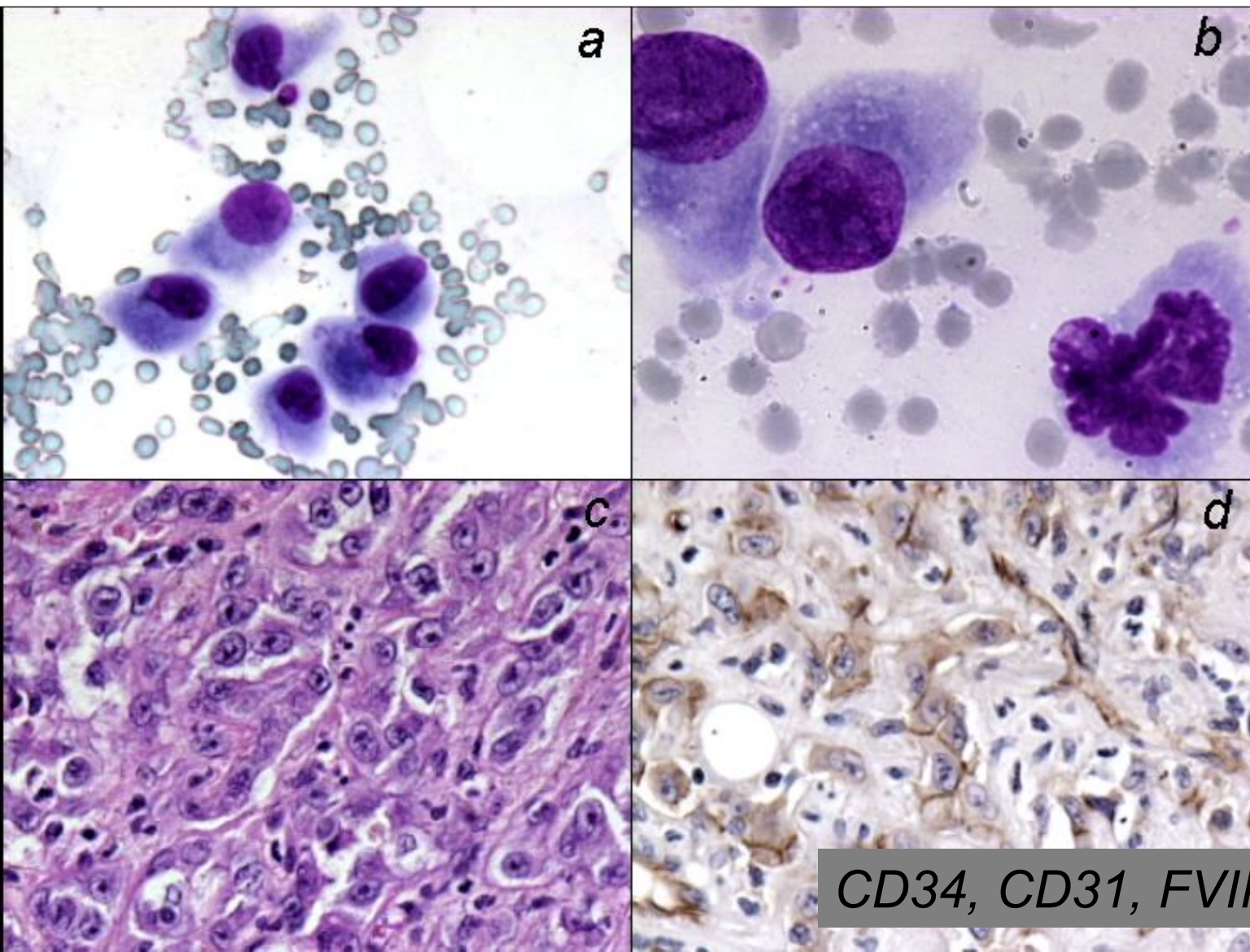
Kaposi sarcoma



HHV-8



Angiosarcoma – high grade endothelial malignancy



CD34, CD31, FVIII...

Mesenchymal neoplasms

Benign

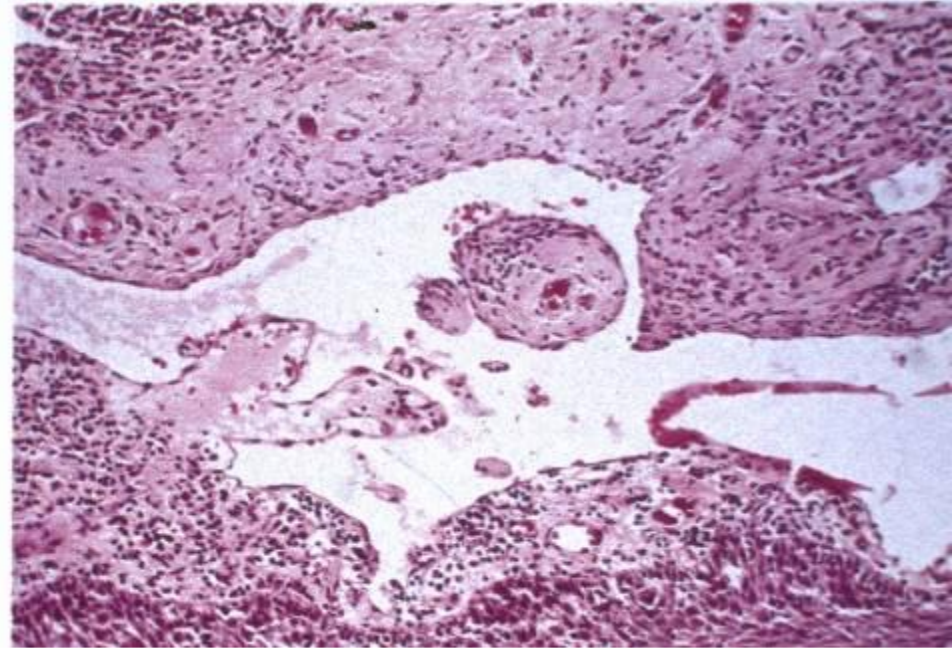
- fibroma
- lipoma
- leiomyoma
- rhabdomyoma
- hemangioma
- lymphangioma
- chondroma
- chordoma
- osteoma
- !!!

Borderline

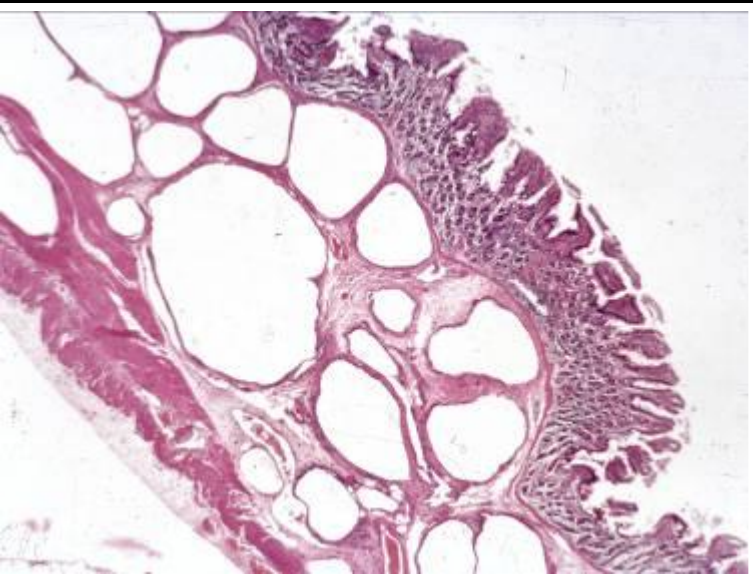
- fibromatoses
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Malignant

- fibrosarcoma
- liposarcoma
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- rhabdomyosarcoma
- hemangiosarcoma
- lymphangiosarcoma
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- *invasive* chordoma
- osteosarcoma
- lymphoma/leukaemia



Congenital lymphangioma

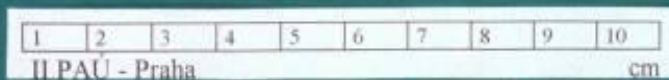


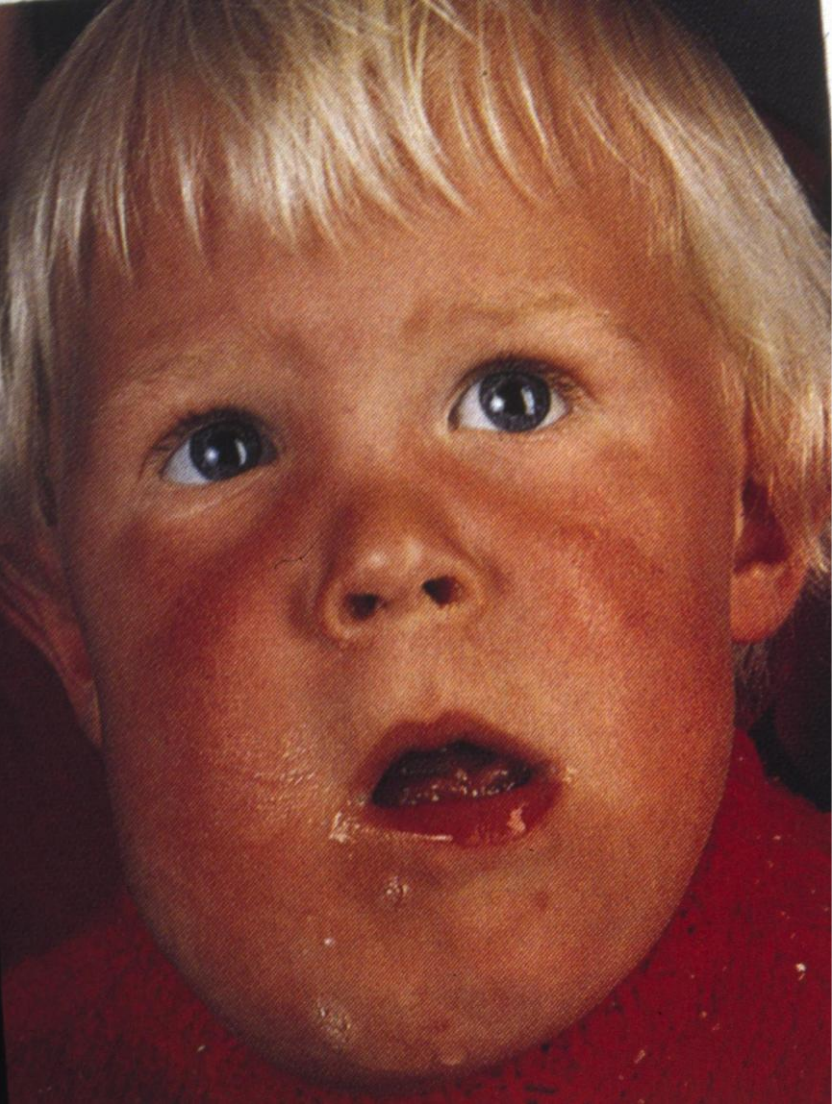
Podoplanin (D2-40) +

Chylangioma of the small
bowel

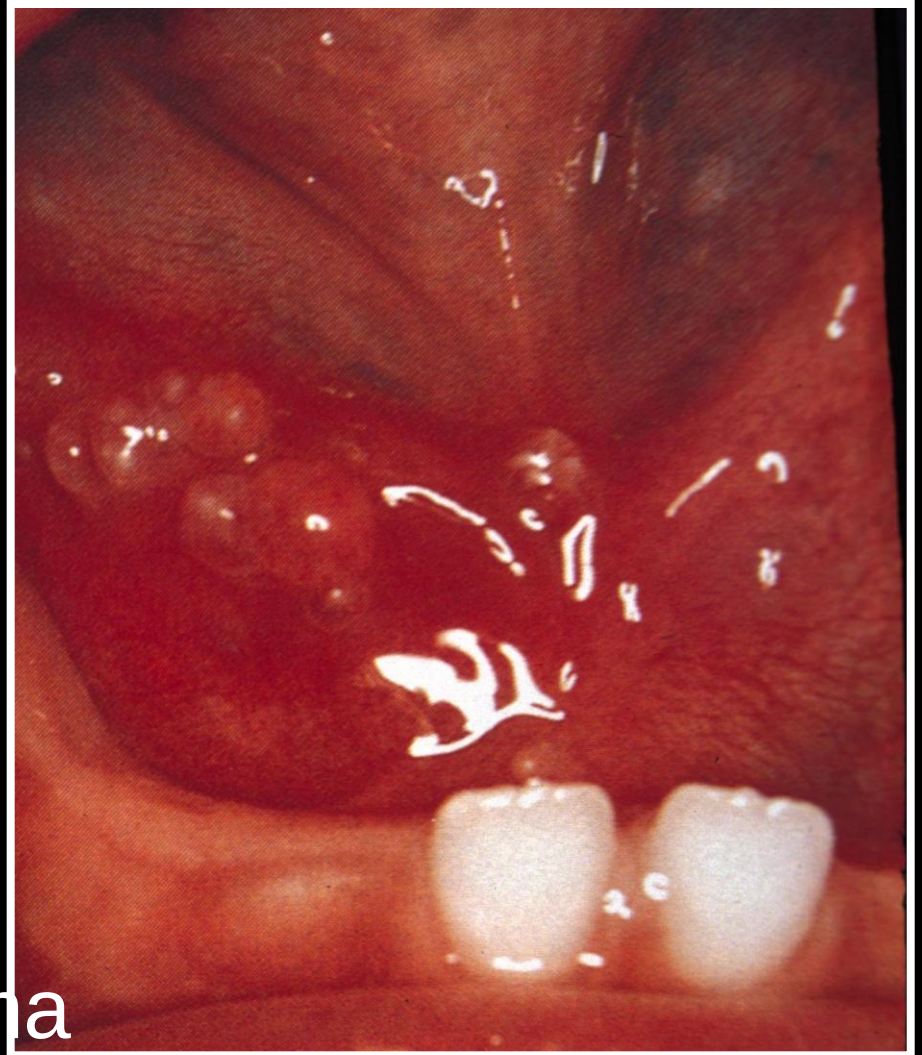


Hygroma coli
cysticum -
congenital
lymphangioma





Hygroma colli
cysticum -



congenital lymphangioma

Mesenchymal neoplasms

Benign

- fibroma
- lipoma
- leiomyoma
- rhabdomyoma
- hemangioma
- lymphangioma
- chondroma
- chordoma
- osteoma
- !!!

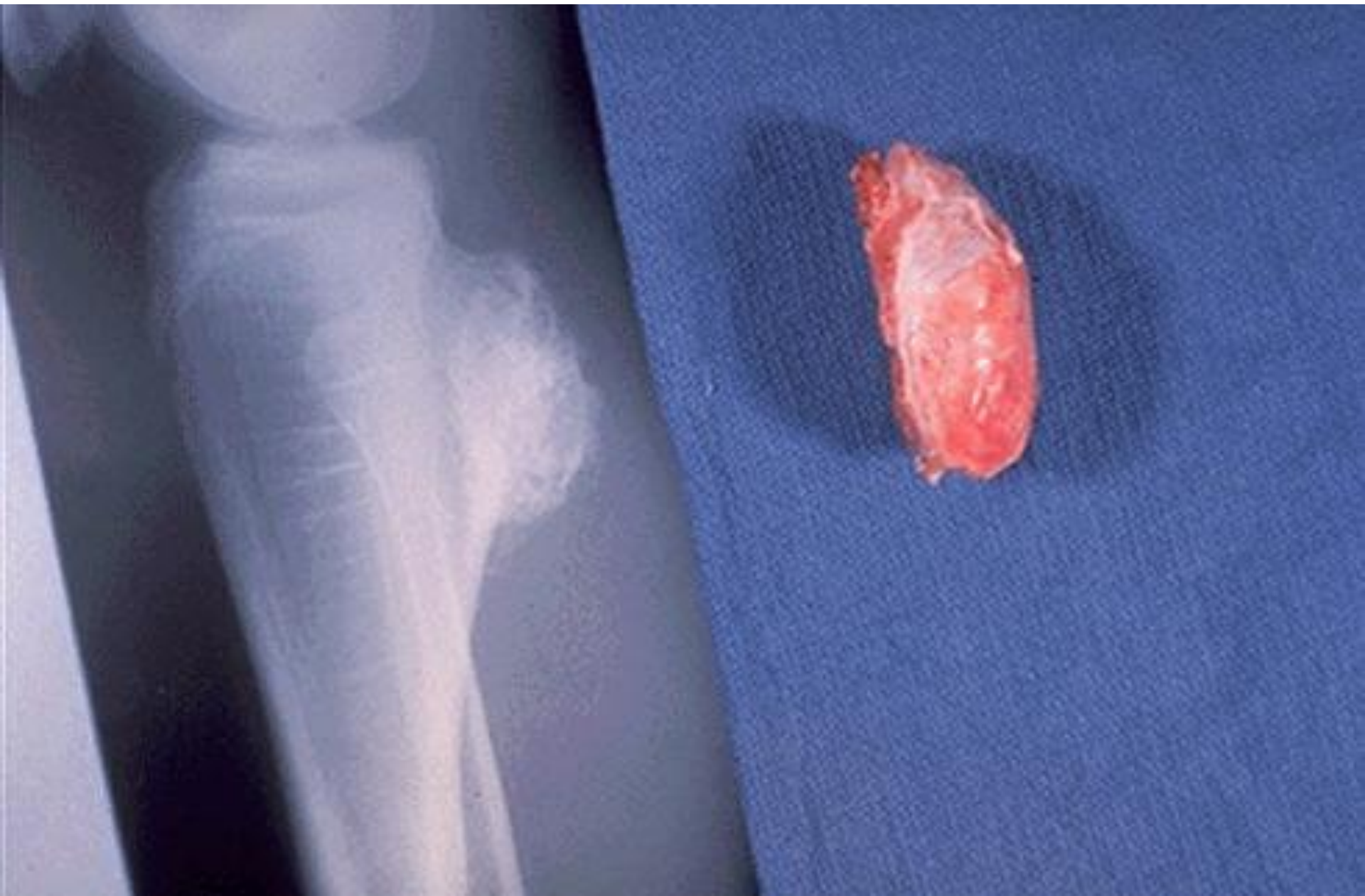
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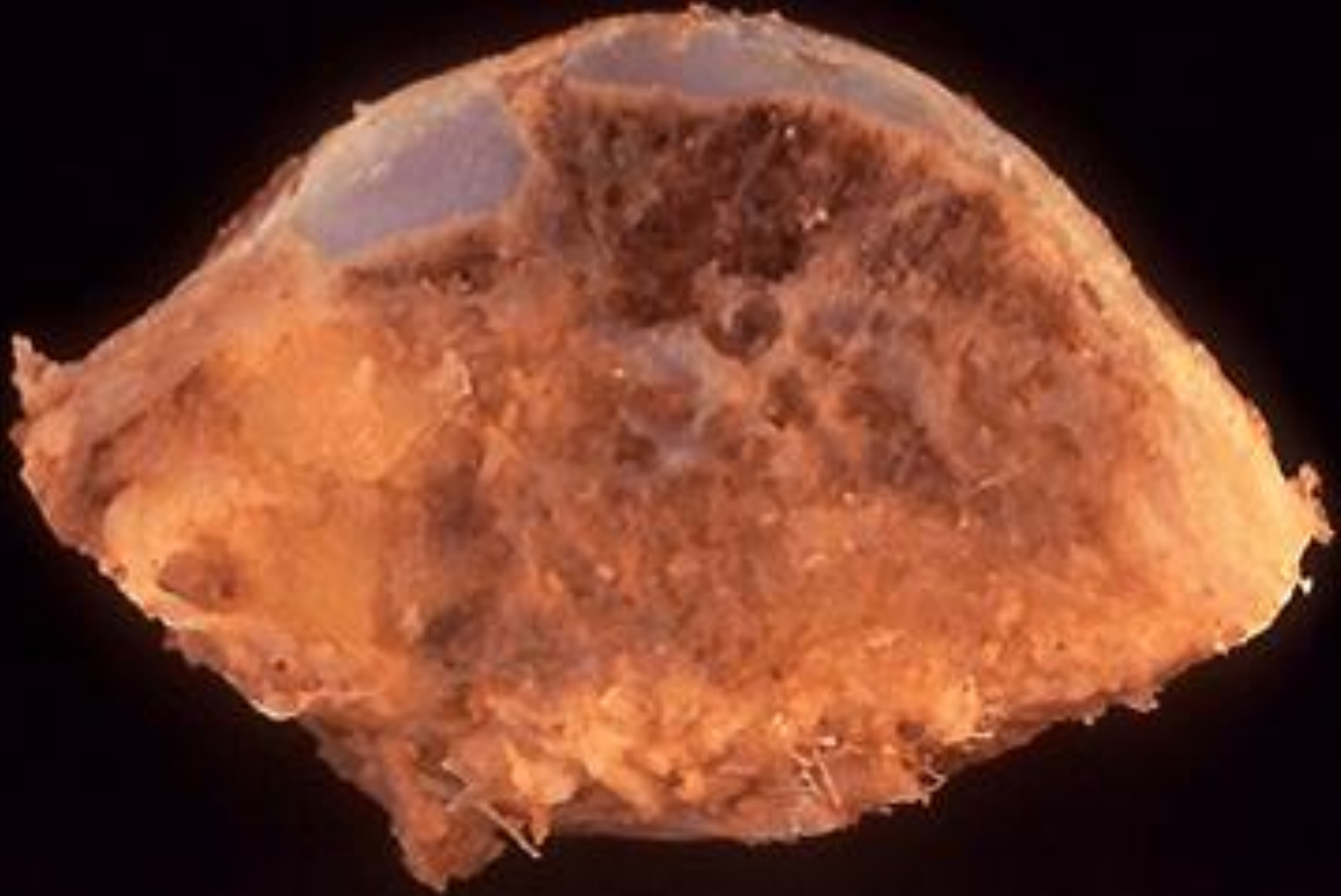
Malignant

- fibrosarcoma
- liposarcoma
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- rhabdomyosarcoma
- hemangiosarcoma
- lymphangiosarcoma
- chondrosarcoma
- *invasive* chordoma
- osteosarcoma
- lymphoma/leukaemia

Osteochondroma

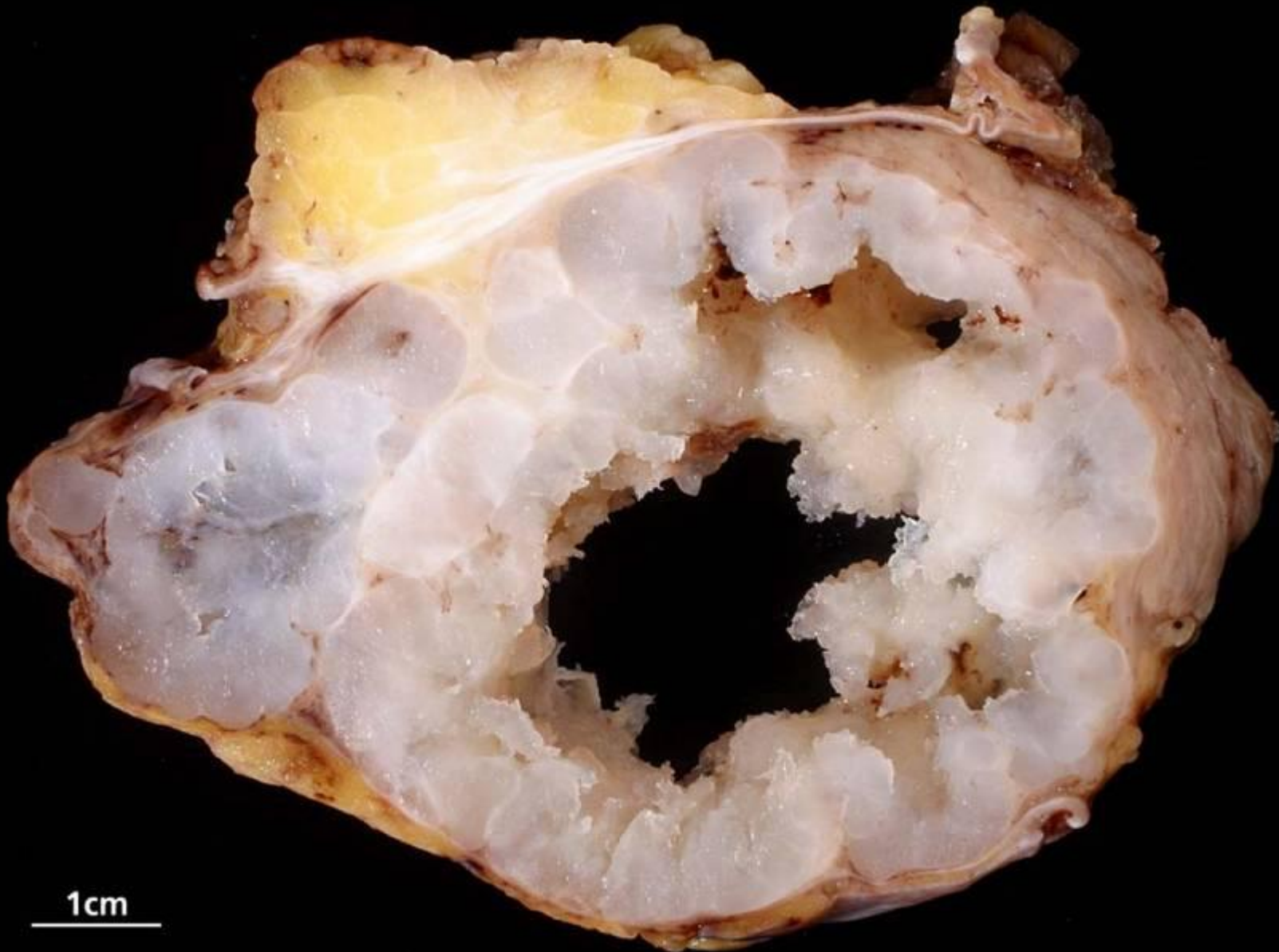


Osteochondroma – benign bone surface tumour of mature bone and cartilaginous cap

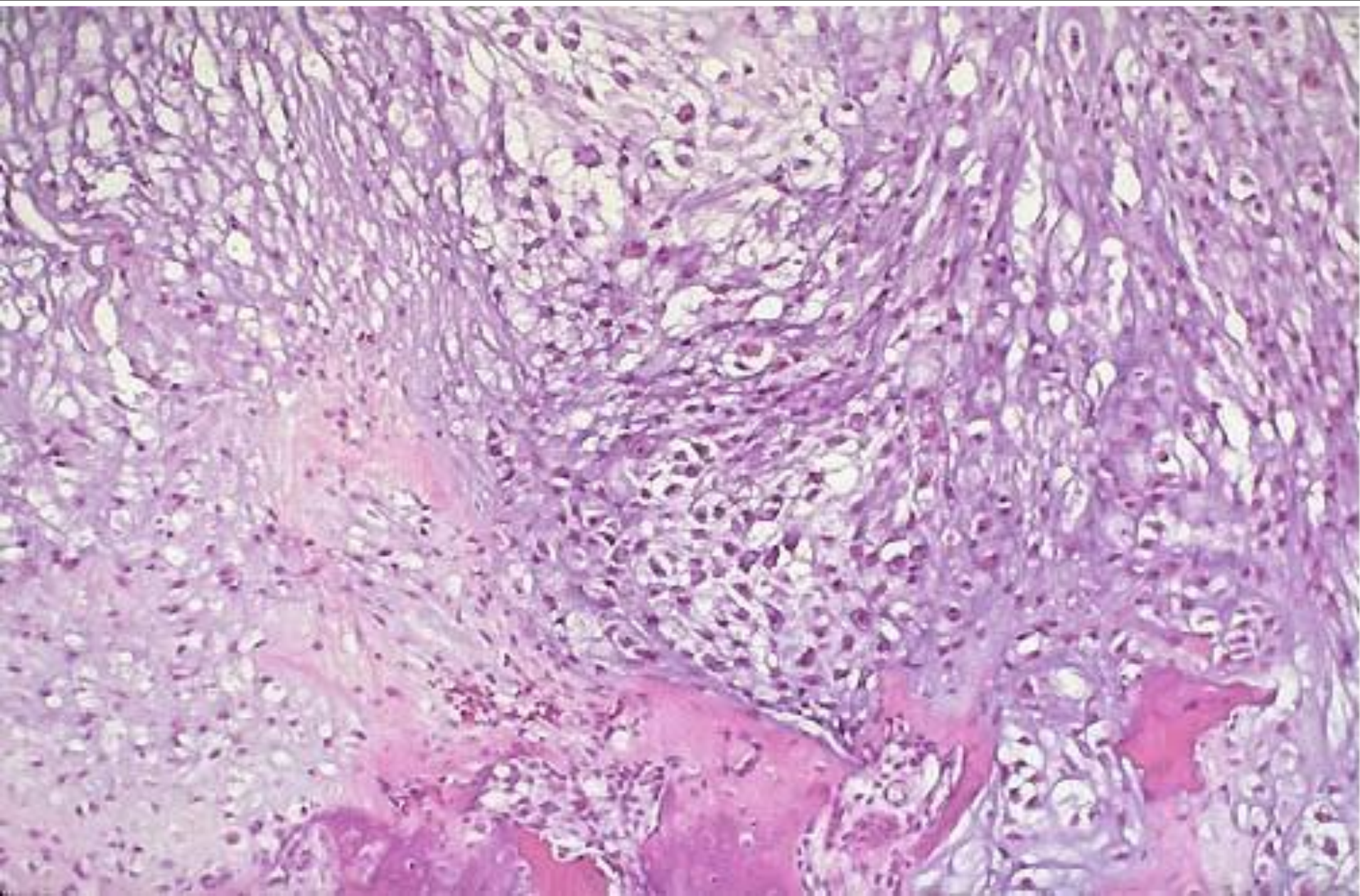


Chondrosarcoma G1 abdominal wall

(PathoPic Basel)



Chondrosarcoma



Mesenchymal neoplasms

Benign

- fibroma
- lipoma
- leiomyoma
- rhabdomyoma
- hemangioma
- lymphangioma
- chondroma
- chordoma
- osteoma
- !!!

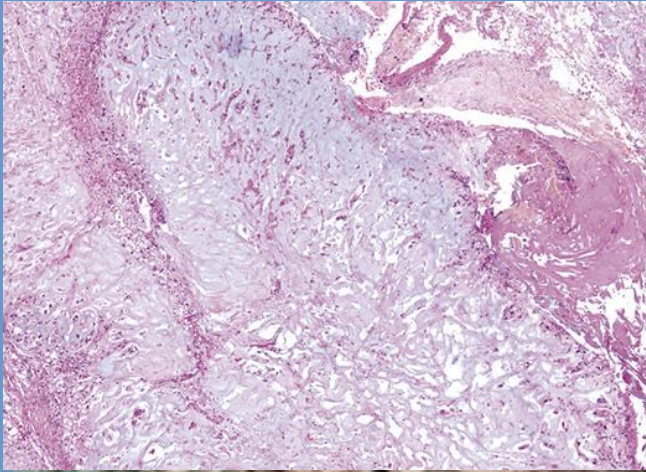
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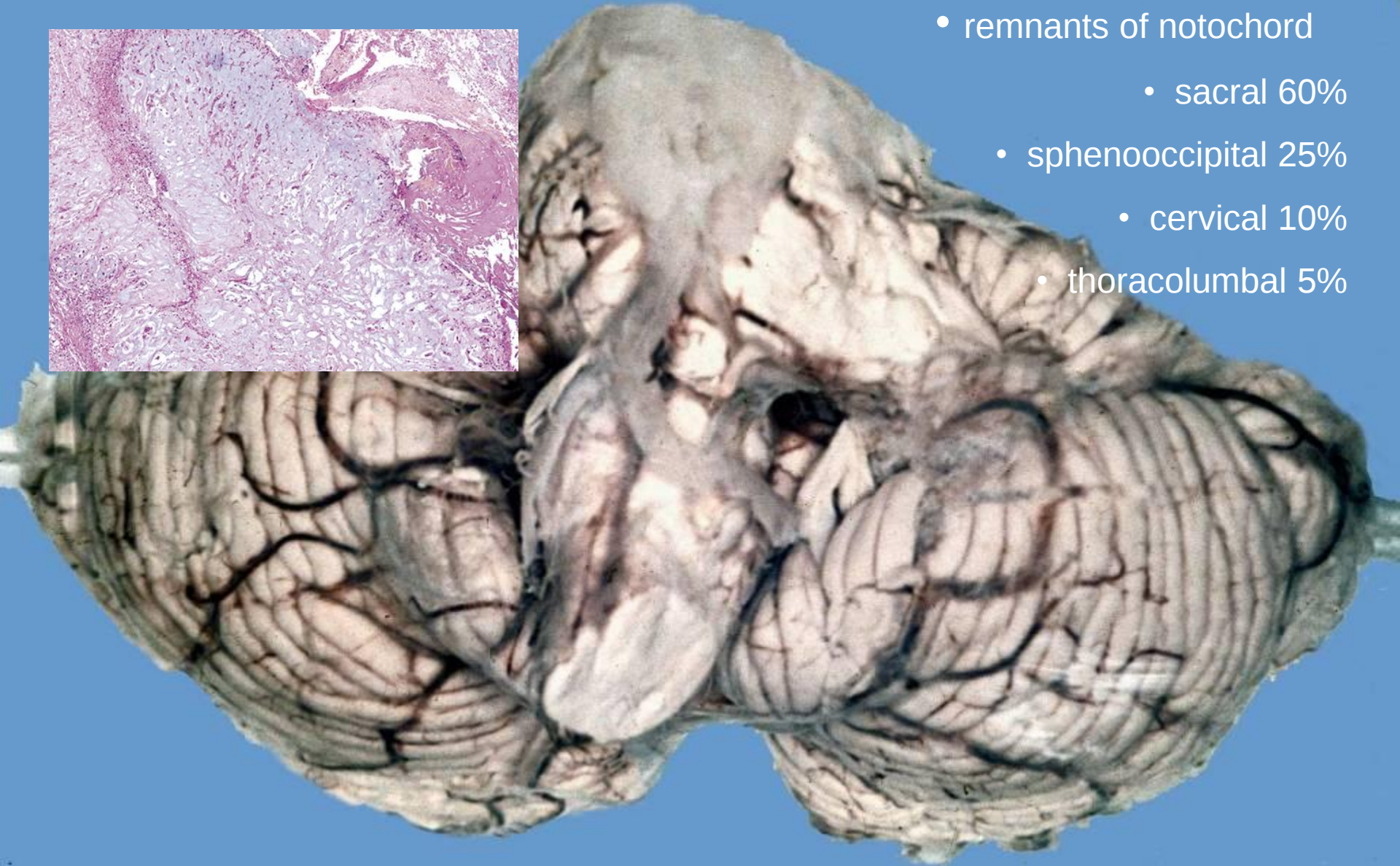
Malignant

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- lymphangiosarcoma
- chondrosarcoma
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- osteosarcoma
- lymphoma/leukaemia

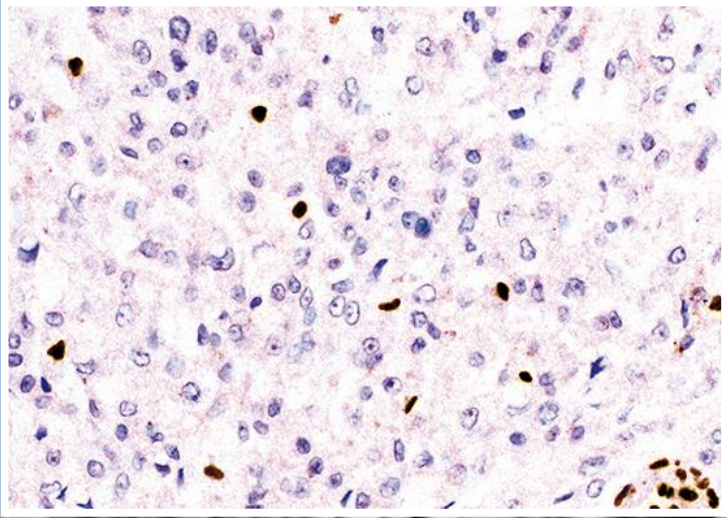
Chordoma M 9370/3



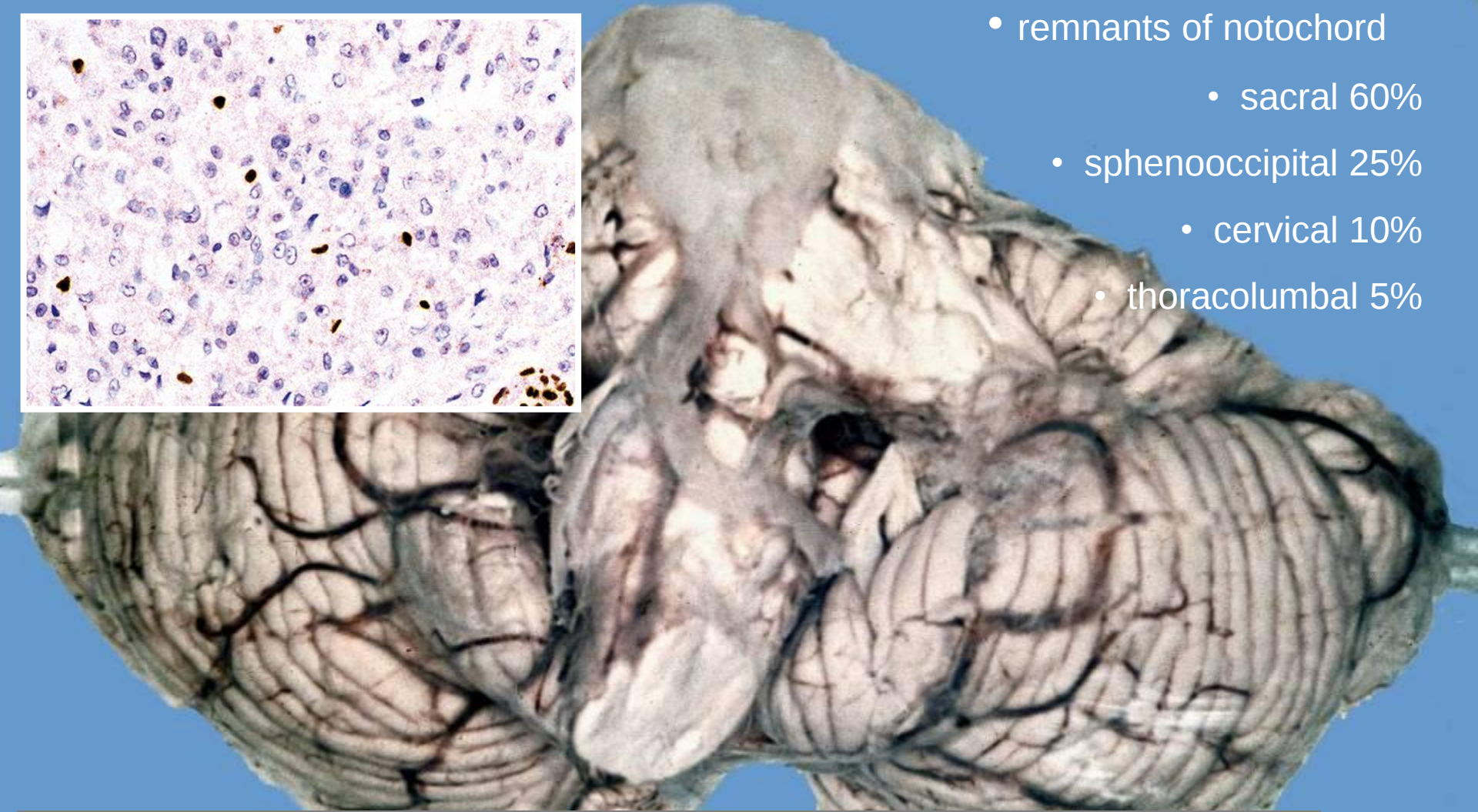
- remnants of notochord
 - sacral 60%
- sphenoccipital 25%
- cervical 10%
- thoracolumbal 5%



Chordoma M 9370/3



- remnants of notochord
 - sacral 60%
- sphenoccipital 25%
- cervical 10%
- thoracolumbal 5%



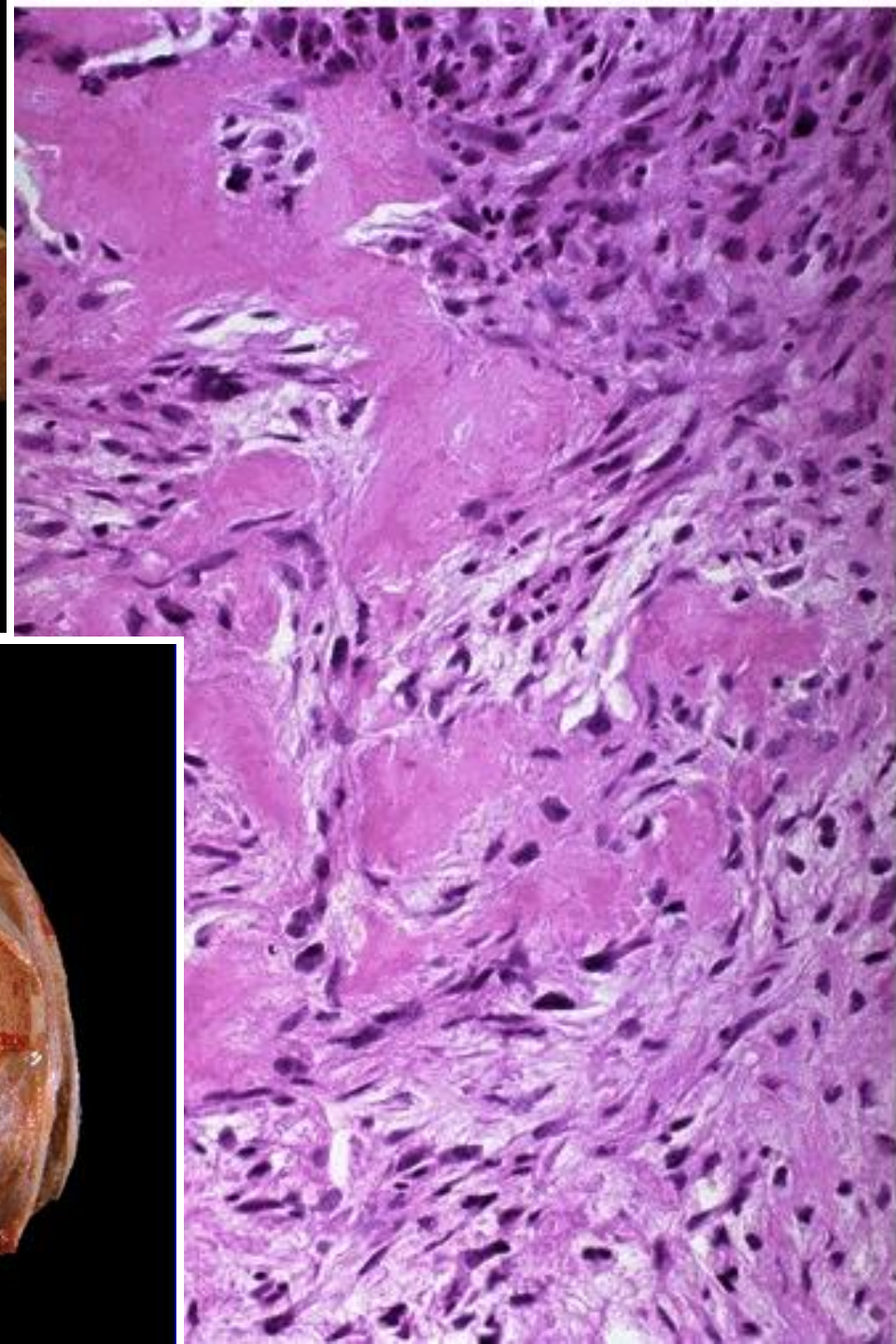
Loss of SMARCB1 (INI1) expression in chordomas results from a homozygous deletion of the *SMARCB1* gene



Osteoma

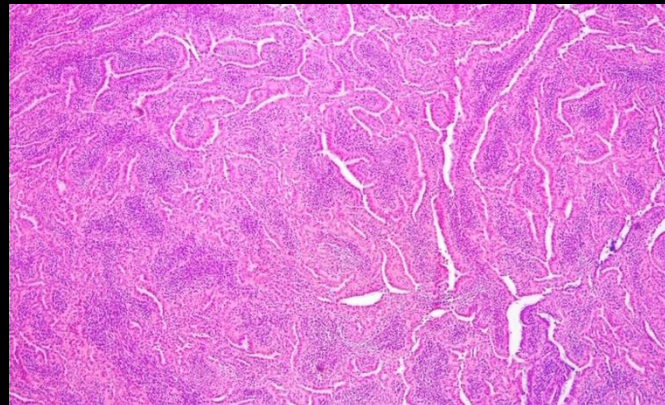
- solitary or multiple
- any age
- associated with **Gardner syndrome**
 - multiple intestinal polyps
 - supernumerary teeth
 - deep located desmoids
 - autosomal dominant - AD
 - **APC gene**

Osteosarcoma



Tumours of uncertain histogenesis

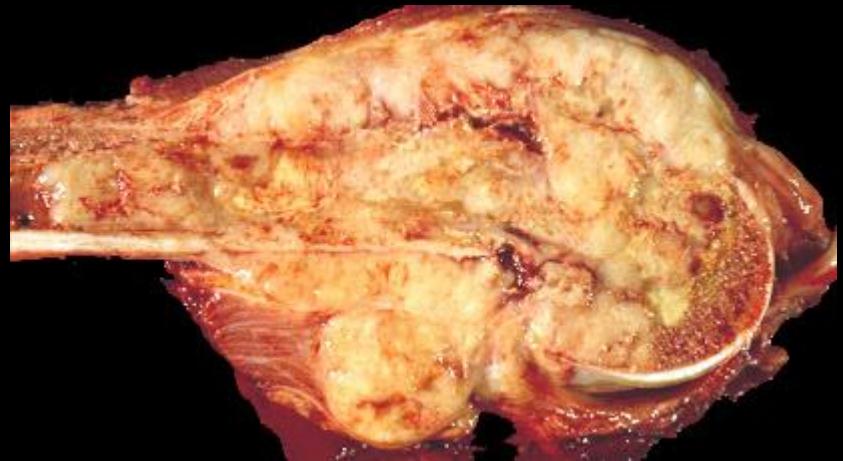
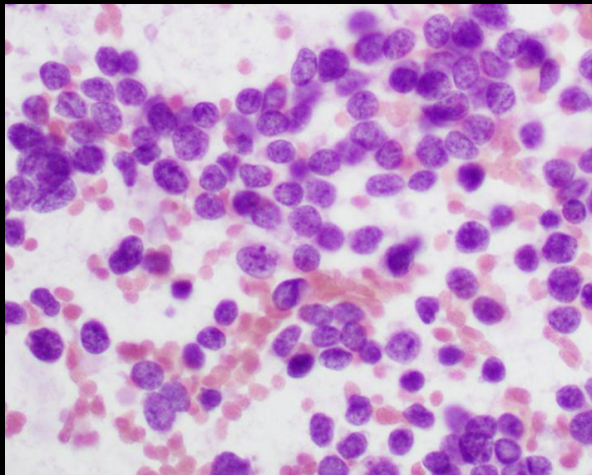
- **Synovial sarcoma** (a misnomer for high grade neoplasia with biphasic fusiform and epithelioid component (less frequently monophasic) and expression of epithelial (EMA, CKs,) and other (BCl2, CD99) markers in both components)
- younger adults, extremities



Tumours of uncertain histogenesis

Ewing sarcoma family of tumours

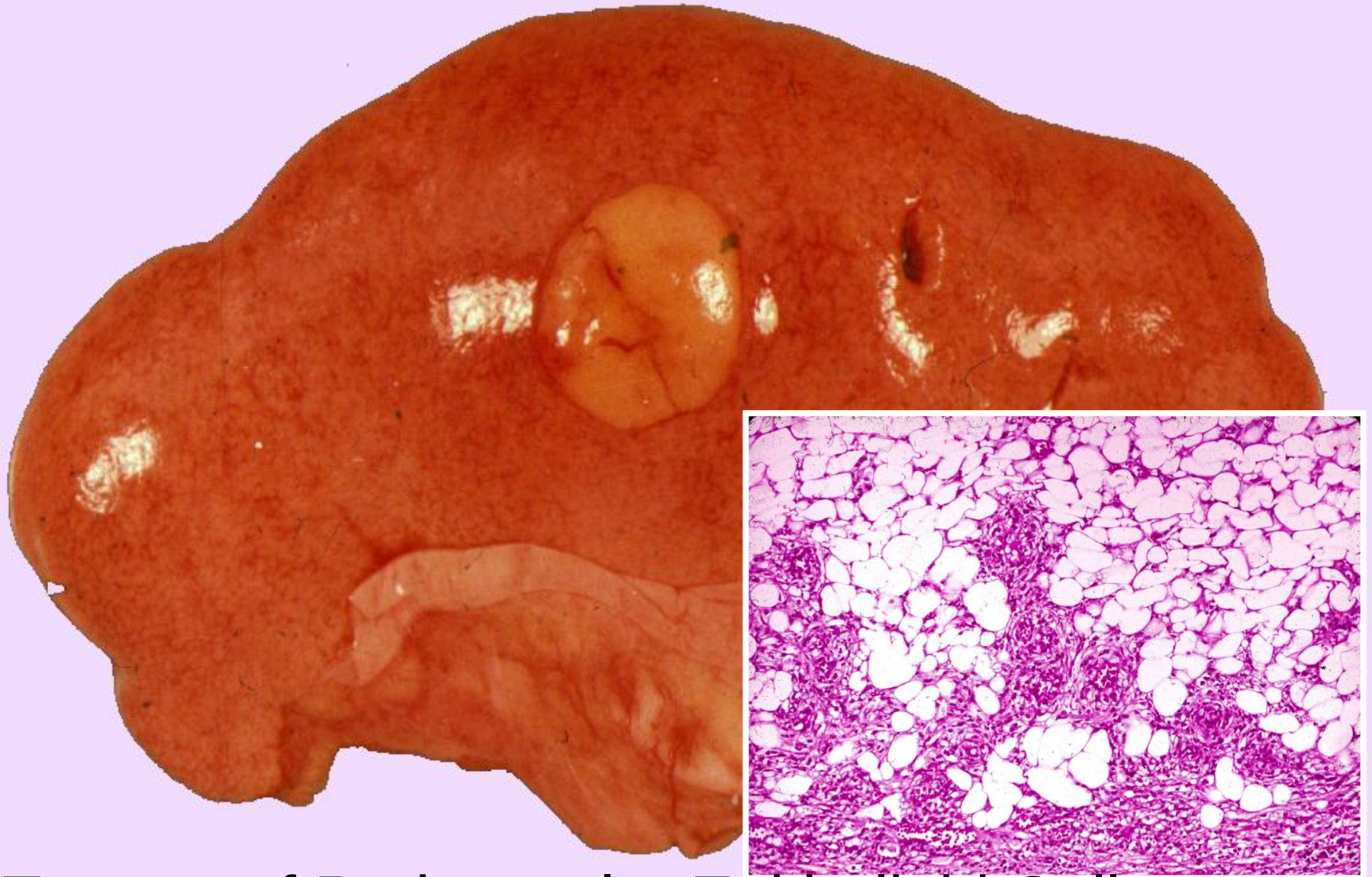
- small round cell tumours with mesenchymal and neuroectodermal features
- young adults, bones and soft tissues
- most frequently translocation $t(11:22)$ - fusion gene EWSR1/FLI1 (and other molecular variants)



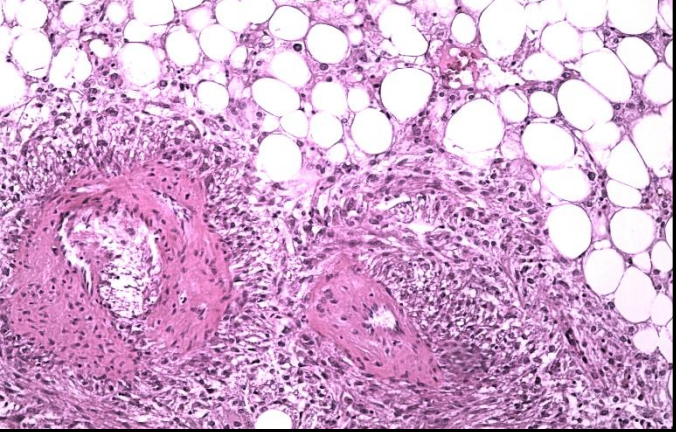
Tumours of uncertain histogenesis

Perivascular epithelioid cells tumours - PEComas

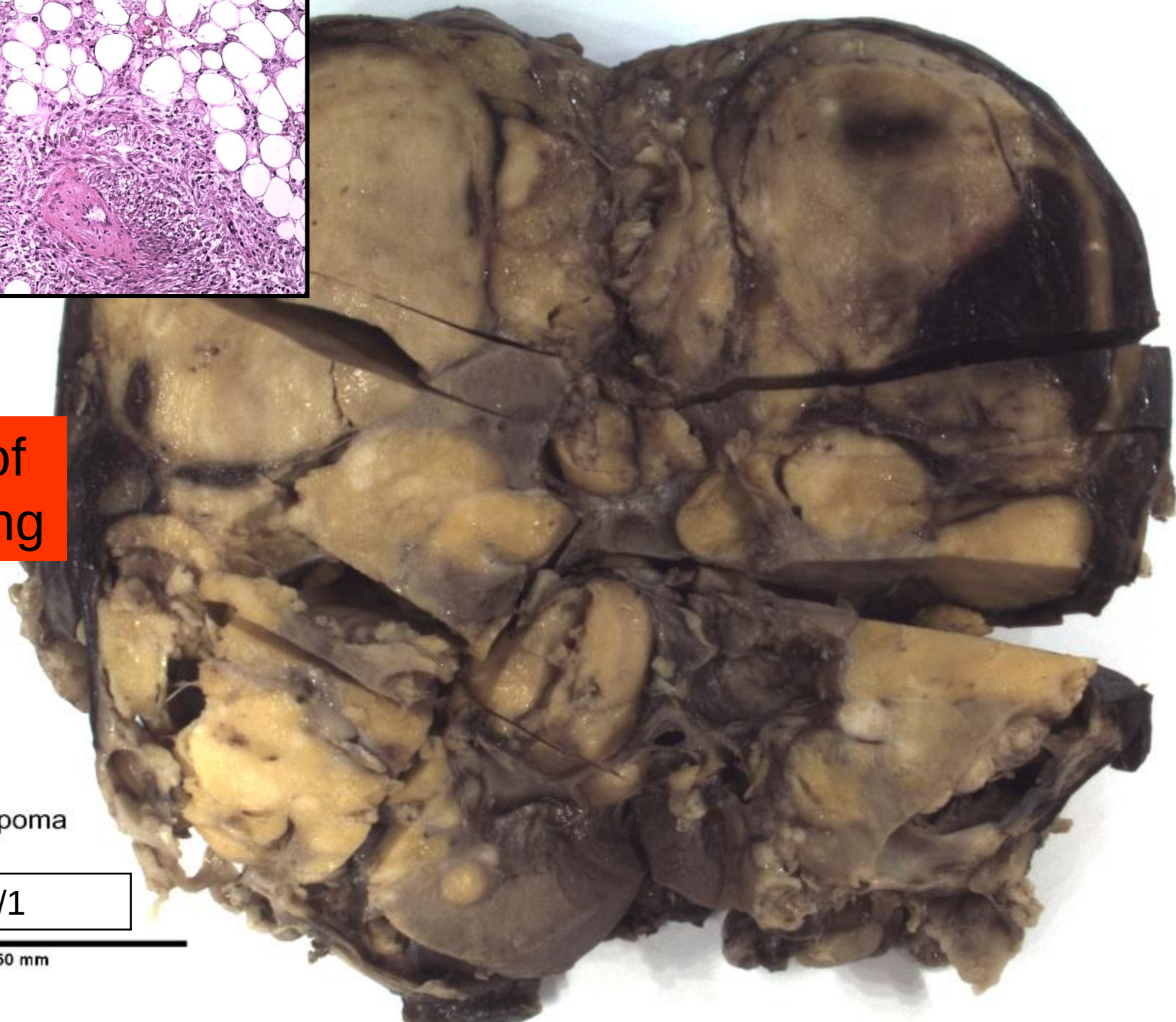
- ❑ Neoplasm with myomelanocytic differentiation from perivascular epithelioid cells
- ❑ clear cell morphology
- ❑ co-expression of muscle and melanocytic markers (actin, HMB45)
- ❑ kidney (angiomyolipoma), lung, uterus...
- ❑ uncertain biology behaviour



Tumour of Perivascular Epithelioid Cells –
„PEComa“



Risk of
bleeding



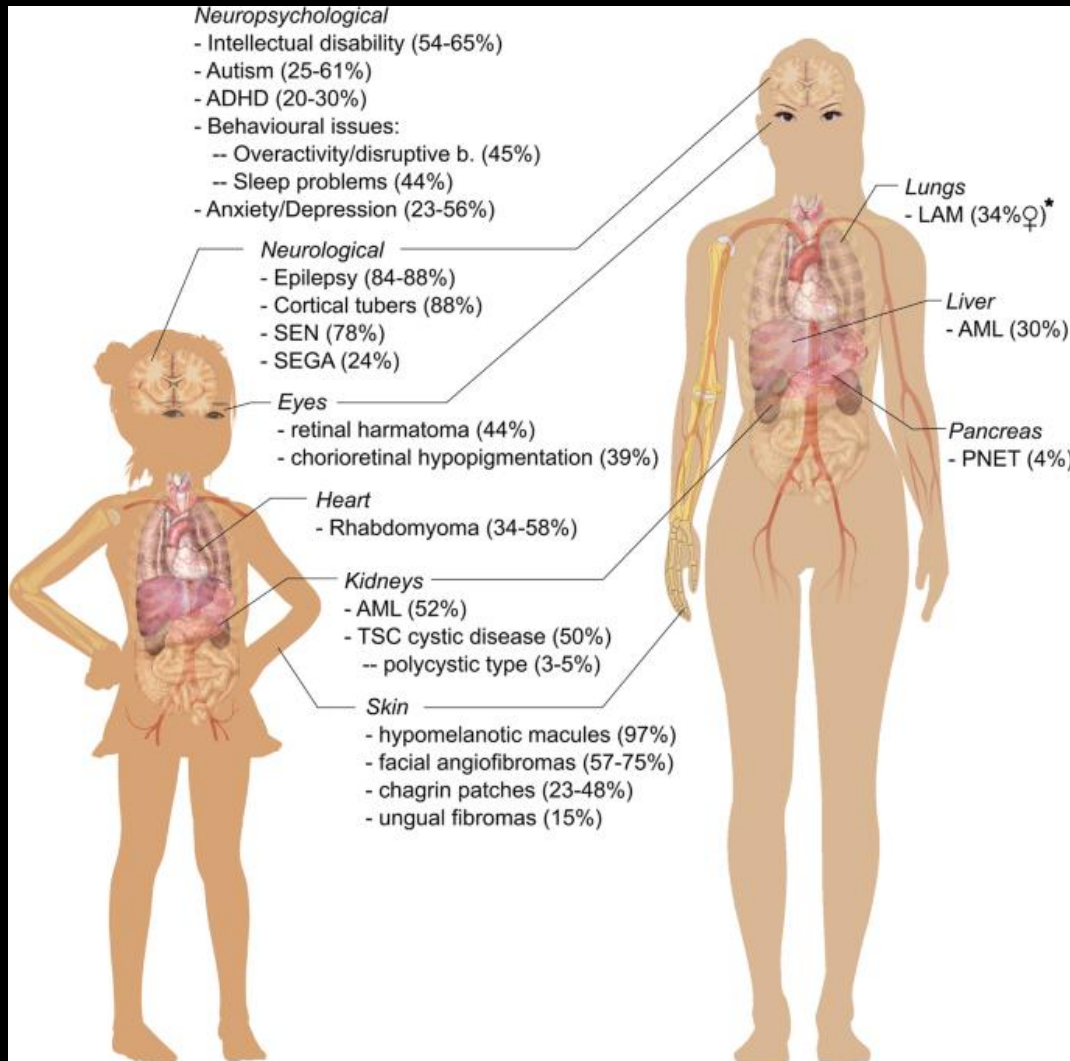
Angiomyolipoma
renis sin.

M 8860/1

50 mm

Mesenchymal tumours
can be a part
of
hereditary syndromes

Tuberous sclerosis

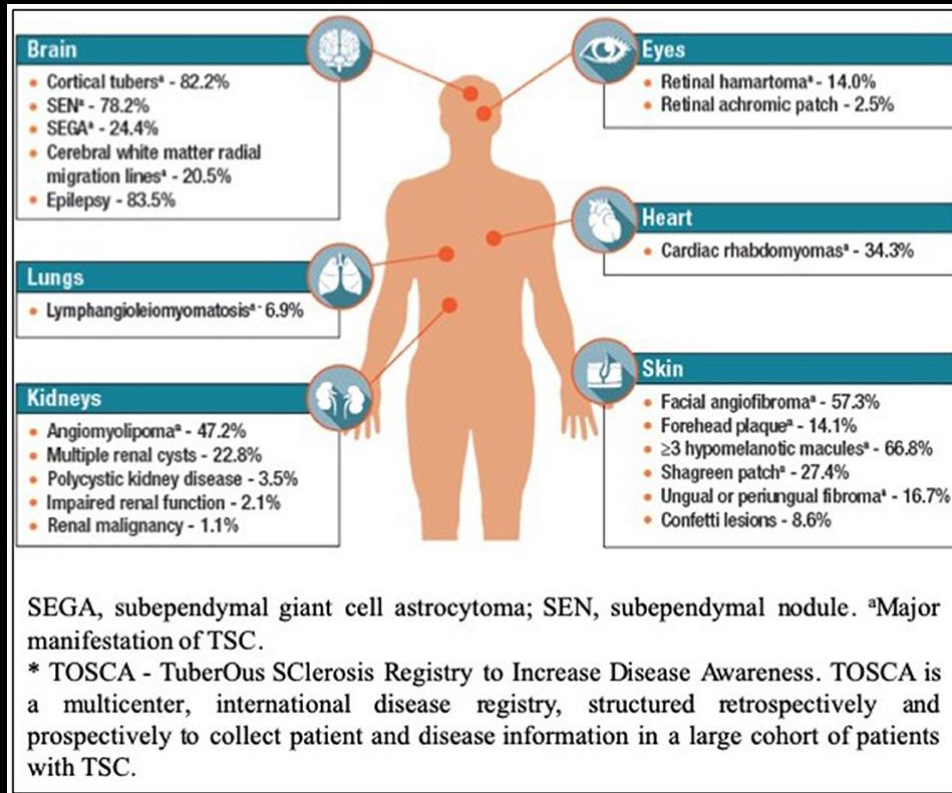


- ❖ AD
- ❖ 2/3 new mutations
- ❖ incidence 1:5800
- ❖ mutation of tumor-suppressor gene (TSC1/hamartin or TSC2/tuberin).
- ❖ clinical manifestation highly variable

Angiomyolipoma
(in TS rather small and multiple, bilat.)

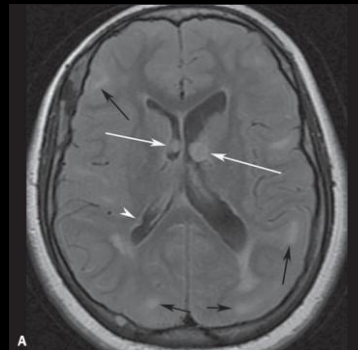


Tuberous sclerosis



Facial angiofibromas

Angiomyolipoma



Subependymal nodules

Sub- & periungual fibromas



Mesenchymal neoplasms

Benign

- fibroma
- lipoma
- leiomyoma
- rhabdomyoma
- hemangioma
- lymphangioma
- chondroma
- chordoma
- osteoma
- !!!

Borderline

- fibromatoses
- lipoblastoma
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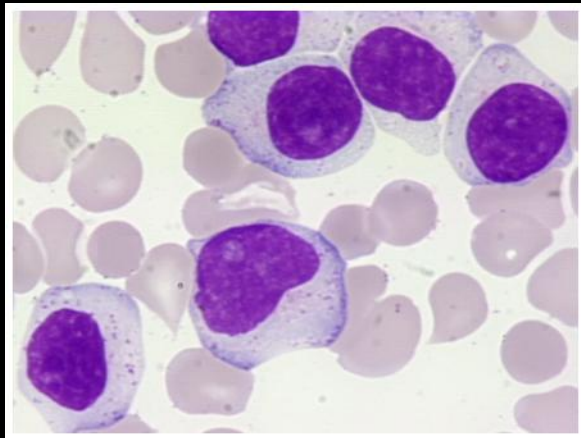
Malignant

- fibrosarcoma
- liposarcoma
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- hemangiosarcoma
- lymphangiosarcoma
- chondrosarcoma
- *invasive* chordoma
- osteosarcoma
- lymphoma/leukaemia

Lymphomas (non Hodgkin, Hodgkin), leukemias



Splenomegalia (CML)



Leukaemia

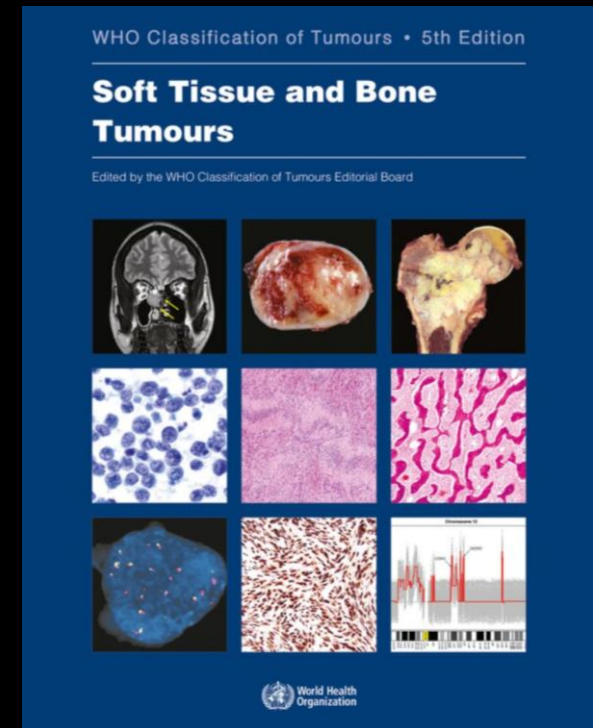
*A special lecture
on general oncology of lymphomas
and leukaemias
will follow ...*

NEOPLASIA – description

2022



- definition & ICD-O code
- prevalence
- age/sex predisposition (if any)
- typical (most frequent) locations
- clinical symptoms
- gross level view
- histopathology / cytopathology
(incl. special diagnostic tools)
- additional methods (esp. if useful for the diagnosis)
- **Essential and desirable diagnostic criteria**
- possible complications, prognosis



(in your study focus on green enhanced items...)



Thank You