



## 2021 Annual Spring Virtual Meeting | Abstract Submission

### **A rapidly expanding infiltrative mass on the back**

Merrick D. Kozak, M.D.; Virginia Miller, D.O.; Shyam Raghavan, M.D.

*University of Virginia Health System*

A 70-year-old male presented to clinic for urgent evaluation of a mass on the back. It had been present for 4 years but recently began to rapidly expand over the past several months. He noted mild pain, pruritus and drainage of serosanguinous fluid, but denied weight loss, fevers, night sweats, or change in appetite. Physical exam was notable for a large violaceous, infiltrative, firm nodule with central erosion and crust, fixed to the underlying trapezius on the left upper back. Additionally, a fixed non-tender firm subcutaneous mass filled the left axilla. Histopathologic examination revealed a discrete nodule of malignant epithelioid cells arranged in dense sheets with markedly pleomorphic nuclei. Melanocytic markers, epithelial stains, smooth muscle markers, vascular markers were all negative. Nuclear retention of INI-1 and BRG-1 was seen. Substantial PD-L1 expression was present in 80-90% of tumor cells. Computed tomography of the chest abdomen and pelvis revealed a large mass on the back with multiple satellite masses adjacent to the dominant mass along with necrotic mediastinal, hilar, axillary, retro-pectoral and lower cervical lymphadenopathy. Innumerable pleural and parenchymal pulmonary nodules were present. These findings were consistent with a high grade epithelioid neoplasm, with a working diagnosis of a sarcoma. He underwent treatment with pembrolizumab, however, shortly thereafter he succumbed to his illness. This case is unique due to lymph node metastasis, as this is uncommon for sarcomas. PDL-1 expression is also uncommon in soft tissue sarcomas. When present, it is associated with a poorer prognosis.



Figure 1: Large infiltrative exophytic violaceous nodule with central erosion and crusting.



Figure 2: Large fixed axillary lymph node

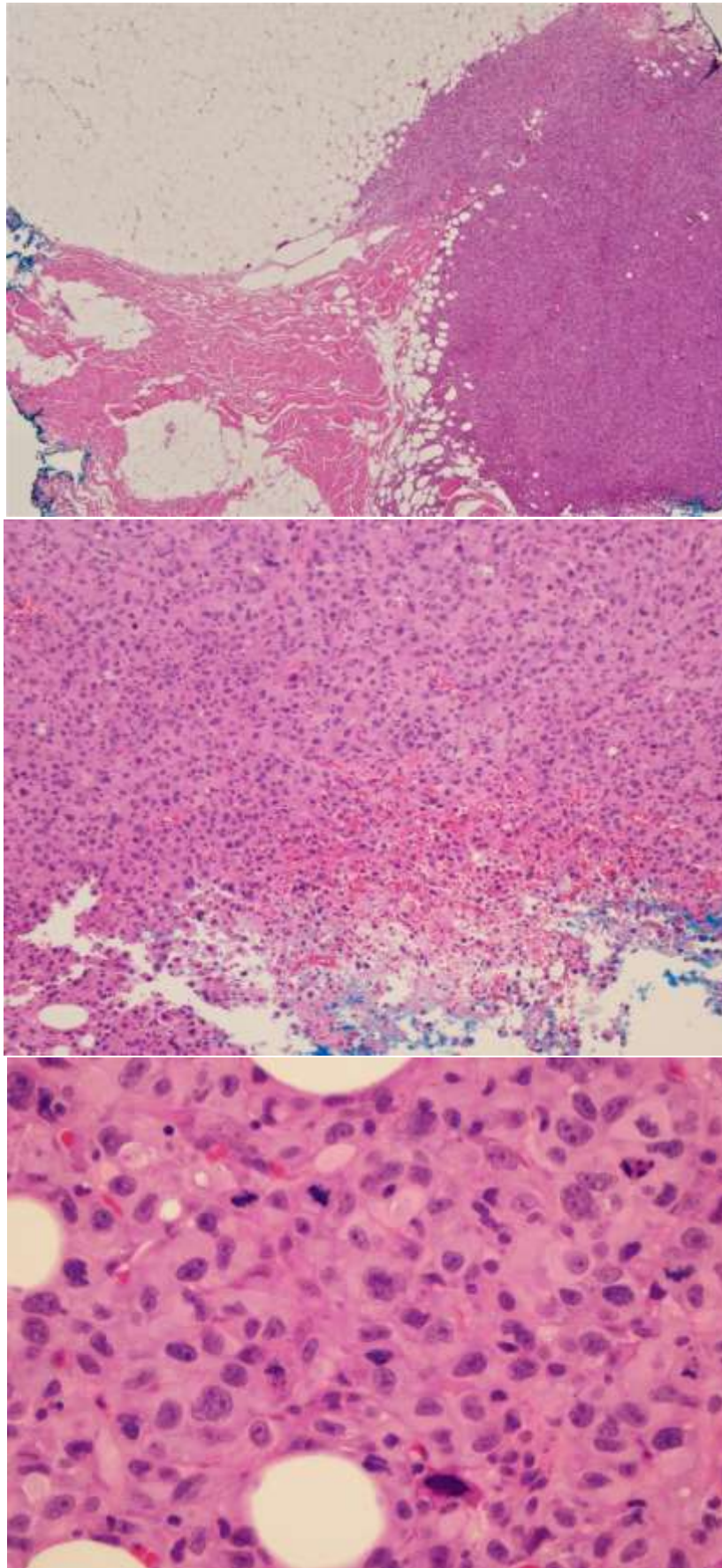


Figure 3'. A) Densely infiltrative tumor in the reticular dermis and subcutaneous tissue H&E (2x). B) Sheets of large epithelioid cells with eosinophilic cytoplasm and notable nuclear pleomorphism H&E (10x). C) Notable nuclear pleomorphism and mitoses H&E (40x).