



Solitary Fibrous Tumor

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Solitary Fibrous Tumor

First described by Wegner in 1870

Rabin and Klemperer in 1931

80 % Benign

20 % Malignant

Age middle age around 50 years

Hypoglycemia

Insulin like Growth Factor

Sex both

Poor Prognosis

Above 10 cms

Mitosis

Atypia

Pleomorphism

Positive cut margins

Gross

Well circumscribed

No capsule

Solitary

Mass

5 to 8 cms

White

Lobulated

Firm

Multinodular

Microscopic

Pattern less architecture

Hypocellular and Hypocellular

Collagen
Staghorn
Blood vessels
Bland oval Cells
Myxoid areas
Mast Cells
Giant Cells
Tangled network of fibroblast like Cells squeezed in between Collagen fibres
Keloid
Degree of cellularity varies from area to area
Hemangiopericytoma like areas
Hyalinised thick blood vessels
No Mitosis
No Atypia

IHC
CD 31 +++
CD 34 +++
STAT 6 +++

EM
Fibroblast
Myofibroblast

DD
Neural tumors
Synovial Sarcoma
GIST
Fibrous Plaque
Fibromatosis
Desmoid
Pseudo Tumor
Fibrosarcoma
Myxofibrosarcoma
MPNST
DFS
Liposarcoma

Associated with
Paraneoplastic Syndrome
Doege Potter Syndrome
IGF 2

Types
Pleural
Extra pleural
Meningeal

Any site

Sites

Pleural

Peritoneal

Retroperitoneal

Kidney

Mediastinum

Nasopharynx

Oral.

Orbit

Soft Tissue

Pancreas

Prostate

Salivary Gland

Breast

Brain

Any site

Genetic / Molecular

Gene fusion

NAB2 gene fuses with STAT6

Chromosome 12q13

STAT6 is also amplified in Dedifferentiated Lipo sarcoma

(Dr. R.G. Wiseman Pinto is a Professor of Pathology, former Head of Department at Goa Medical College, former Dean of Goa University, and the current President of the Asian Society of Cytopathology.)