

HISTOPATHOLOGY REPORT

Specimen:

- A. Right humeral head lesion #1.
- B. Right humeral head lesion #2.

Conclusion:

A, B. Curettage, right humeral head cystic lesion: Non-specific reactive new bone formation. No significant inflammation and no crystal or amyloid deposition. No evidence of a neoplasm. Please see Comment below.

Comment:

- The unusual presentation of bilateral erosive para-articular lesions involving both shoulders and hips is noted. Although not specific, these reactive changes could be seen in the setting of an erosive arthropathy.
- There is remodelling of host bone and focal prominent osteoclastic activity - although unlikely, hyperparathyroidism should be excluded as a precaution if not already done so.

Clinical:

Cystic lesion, right proximal humerus.

- Further details from ICM: 36 year old female with unusual bilateral erosive para-articular lesions involving both shoulders and hips, thought to represent burnt-out erosive arthropathy or amyloid.
- MRI right shoulder (PRC; 13/07/2022) - Large erosive region at proximal humerus involving metaphyseal peri-articular bone. Given the polyarticular involvement at opposite shoulder and both hips, a systemic process such as a burnt-out inflammatory arthropathy or deposition disease is considered most likely.

Macroscopic:

- A. Two fragments of pale tissue measuring in aggregate 18 x 6 x 4mm. Specimen has been submitted entirely. (2p/1b/nr)
- B. A fragment of pale tissue measuring 10 x 4 x 4mm. Specimen has been submitted entirely. (1p/1b/nr)

Microscopic:

A, B. The samples comprise reactive new bone forming thin interconnecting trabeculae with peripheral mineralisation, maturation and osteoblastic rimming. This is set in fibrous and oedematous stroma containing scattered stromal cells and focal clusters of osteoclasts. Few embedded fragments of detritic bone are noted. Singly dispersed lymphocytes are seen, without plasma cells. There is no suppurative inflammation and no granulomas. A piece of mature host cortical bone is included with osteoblastic rimming and prominent cement lines and there is also a separate piece of mature adipose tissue. There is no crystal or amyloid deposition and no convincing evidence of a neoplasm.