Atypical multivacuolated lipoblasts and atypical mitoses are not compatible with the diagnosis of spindle cell/pleomorphic lipoma—reply

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To the Editor,

We thank Dr Creytens et al for their comments on our articles [1,2]. We would like to make some additional comments in response to their letter.

The authors disagree with our notion that atypical multivacuolated lipoblasts, mitotic figures (both atypical and typical) and infiltration of the underlying skeletal muscle are compatible with a histological diagnosis of classical pleomorphic lipoma (PL). For cases showing such features, they propose the term "atypical" pleomorphic lipomatous tumor (APLT) [3].

Typical mitotic figures are a very common feature of PL, found in about half of the lesions. In our study, atypical mitoses were detected in 16% of cases (4/25) of PL. The PL with atypical mitoses and atypical spindle cells illustrated in our paper [2] occurred in the classical clinical setting, showed sharp circumscription, was of a relatively small size (3 cm) and demonstrated no recurrence in 2 years of follow-up (Case 13 of our previous study [1]). Similarly, the remaining 3 PL with atypical mitoses (cases 8, 10, 16 [1]) were also relatively small, circumscribed tumors without recurrence with 3, 10 and 1 years of follow-up. Besides the univacuolated lipoblasts (LPB), occasional PL also contain multivacuolated LPB, a feature with absolutely no impact on the clinical course and prognosis. For example, the PL depicted in figure 1B of our manuscript (Case 2 [1]) showed multivacuolated LPB. However, it was again a sharply circumscribed tumor occurring in the classical setting with no recurrence in 17 years post-removal.

Our study did not specifically focus on the presence of atypical spindle cells with hyperchromatic nuclei. However, even such cells have no impact on the prognosis, as again