

ment.

Prostatic rhabdomyosarcoma may cause diagnostic problems in TURP specimens. The histologic pictures of benign lesions such as inflammatory pseudotumor,² postoperative spindle cell nodule, and atypical fibromyxoid tumor may be quite similar to those of embryonal rhabdomyosarcoma. Rhabdomyosarcoma may mimic other malignant neoplasms such as fibrosarcoma, leiomyosarcoma, Ewing's sarcoma, malignant lymphoma, and anaplastic carcinoma. Diagnostic rhabdomyoblasts (Fig. 5) with cytoplasmic cross striation are only found in 50% of cases. Immunohistochemical study is an important tool to classify and diagnose the sarcomas. Vimentin, muscle-specific actin, desmin, and myoglobin are usually positive in rhabdomyosarcomas. Expression of Myo D protein is highly specific for tumors of myogenic lineage. Ultrastructural examination is also helpful.

Pathological Diagnosis

Embryonal rhabdomyosarcoma of the prostate was diagnosed with local invasion to the urinary bladder, rectum, and seminal vesicles; and distant multiple metastases to the bilateral lungs, bilateral pleura, pericardium, spine, meninges, diaphragm, liver, and lymph nodes of the neck and pulmonary hilum.

REFERENCES

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