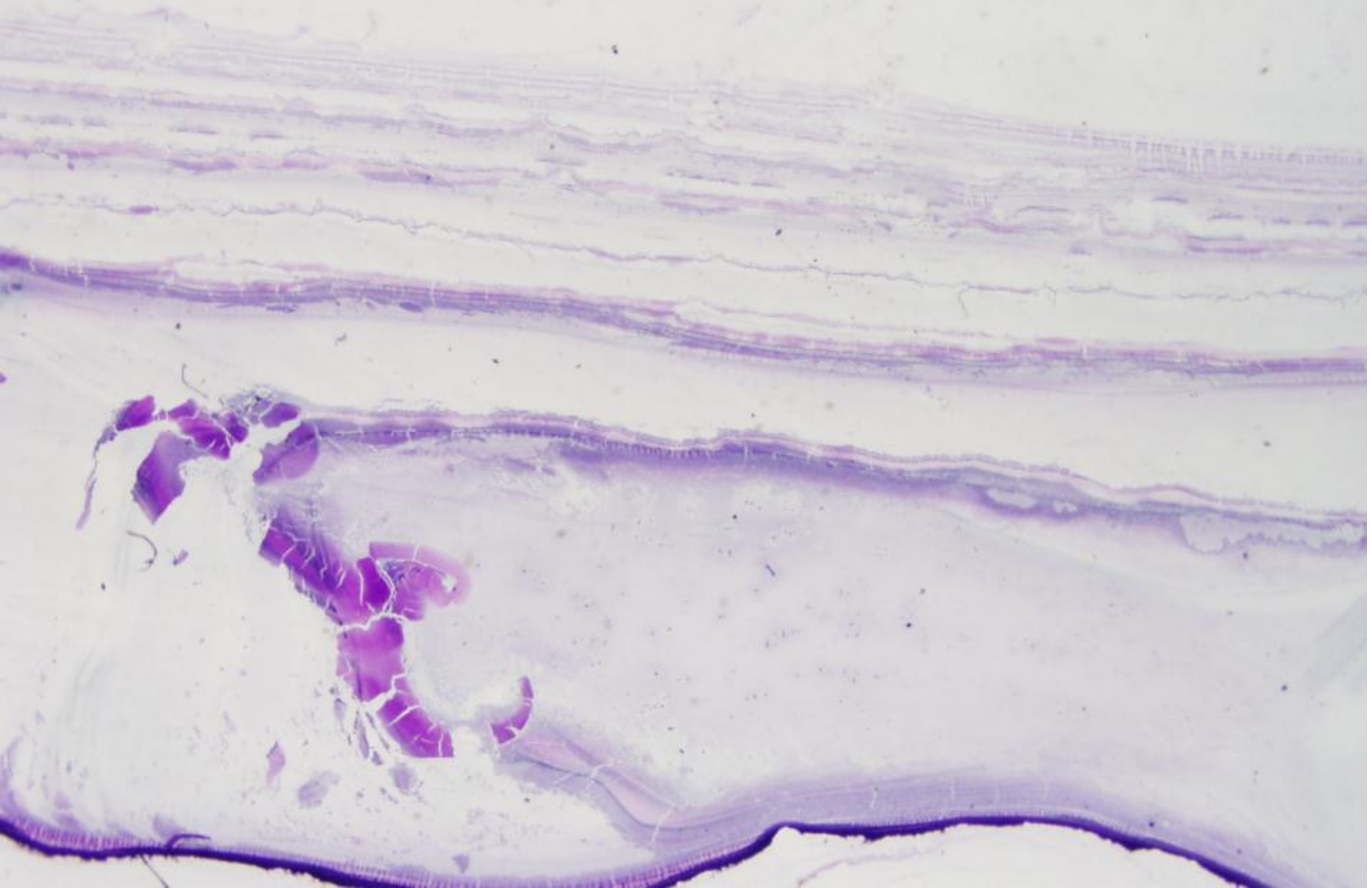


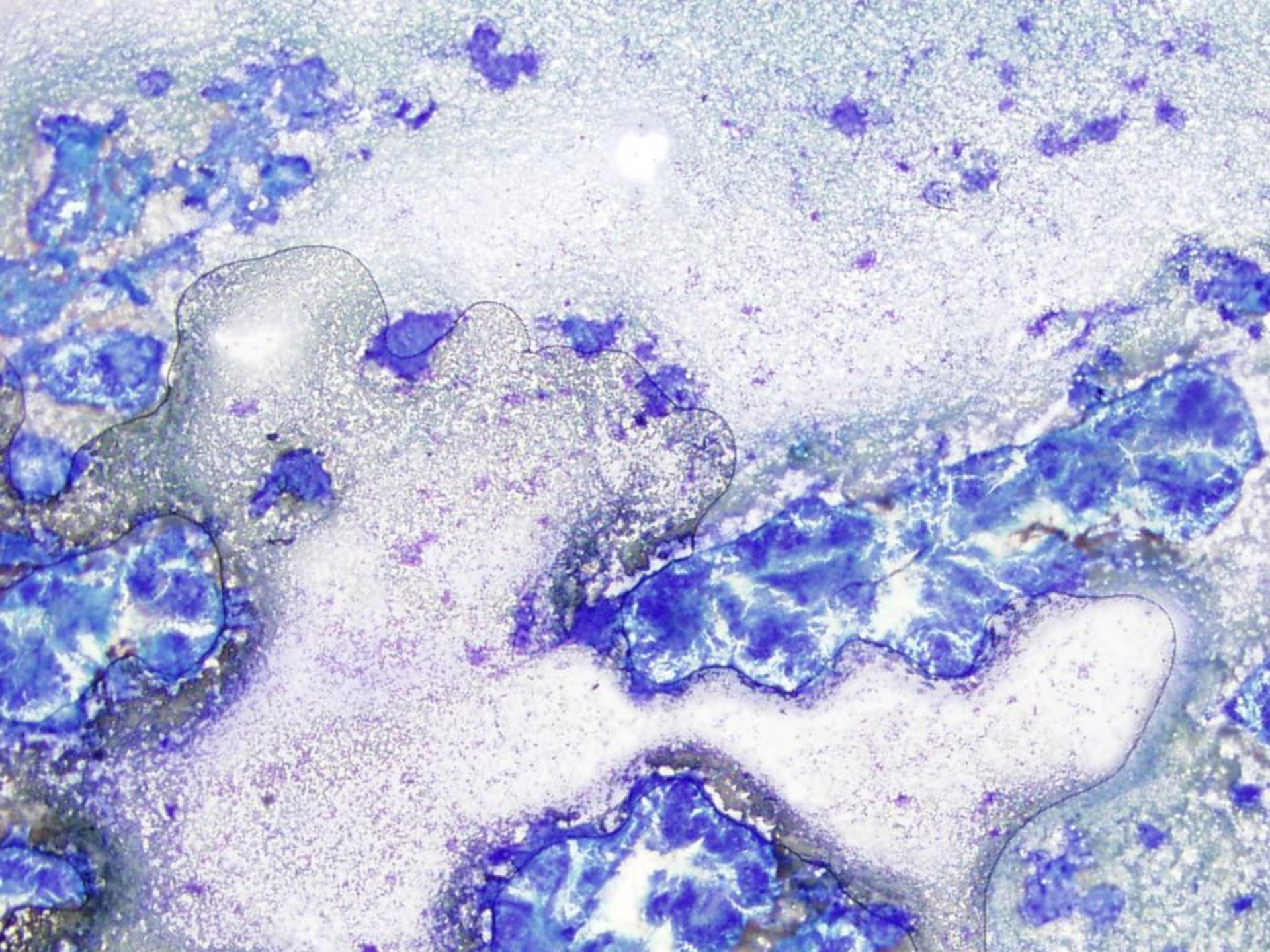
Interesting Case Conference

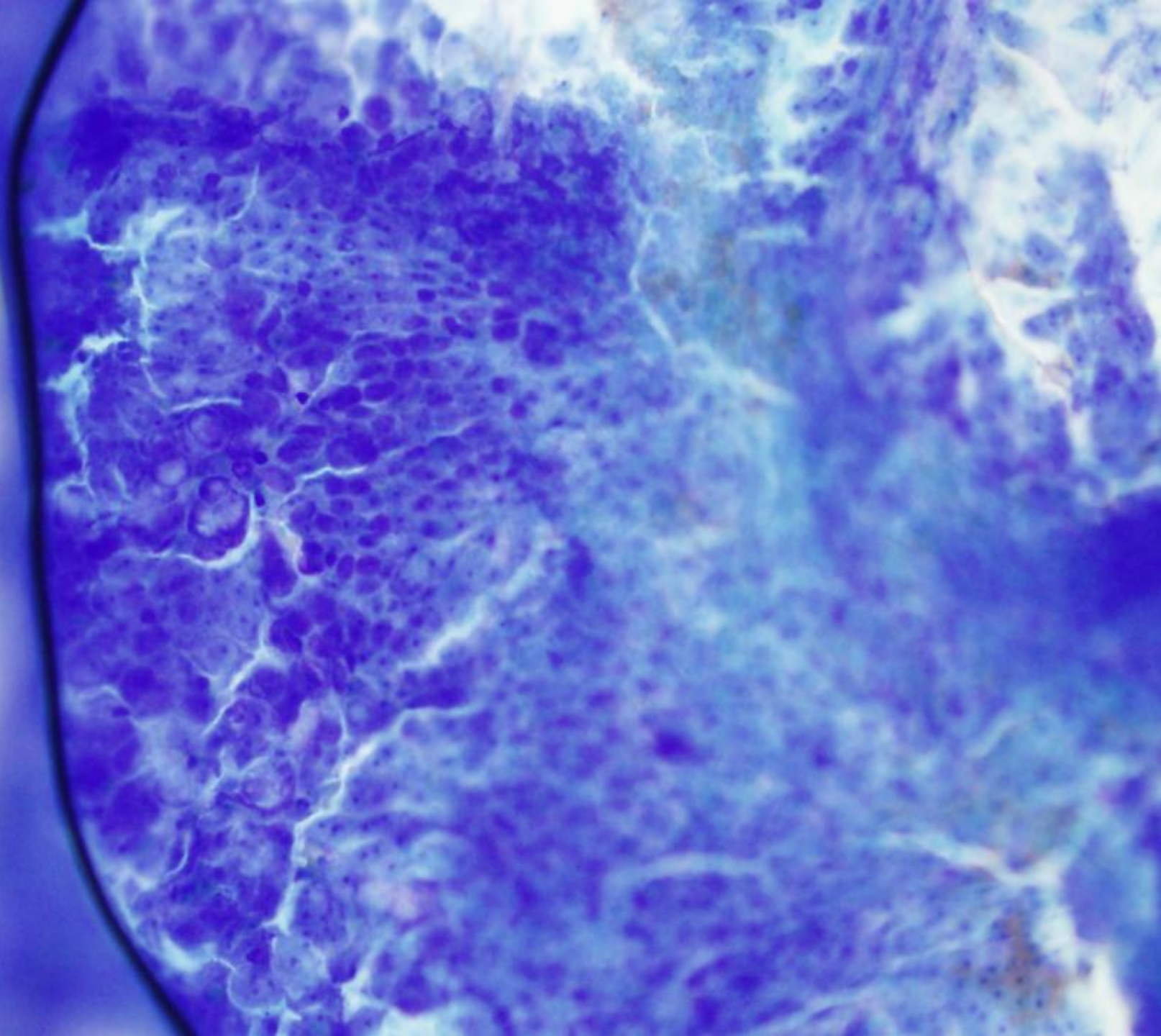
Hx

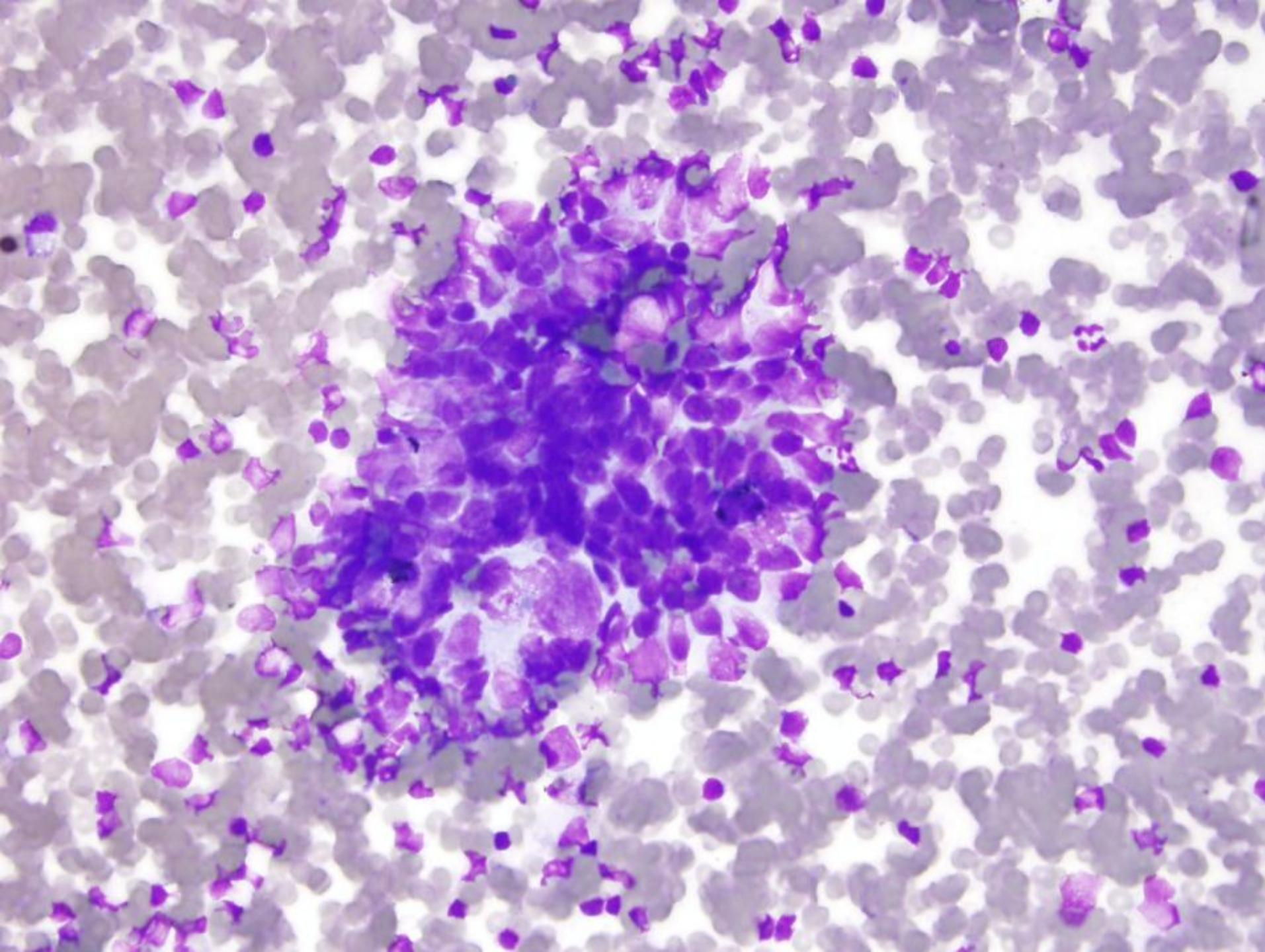
- 75 y/o F pancreatic neck mass (now being targeted by EUS-FNA)
- Hx hysterectomy 1975, no hx malignancies

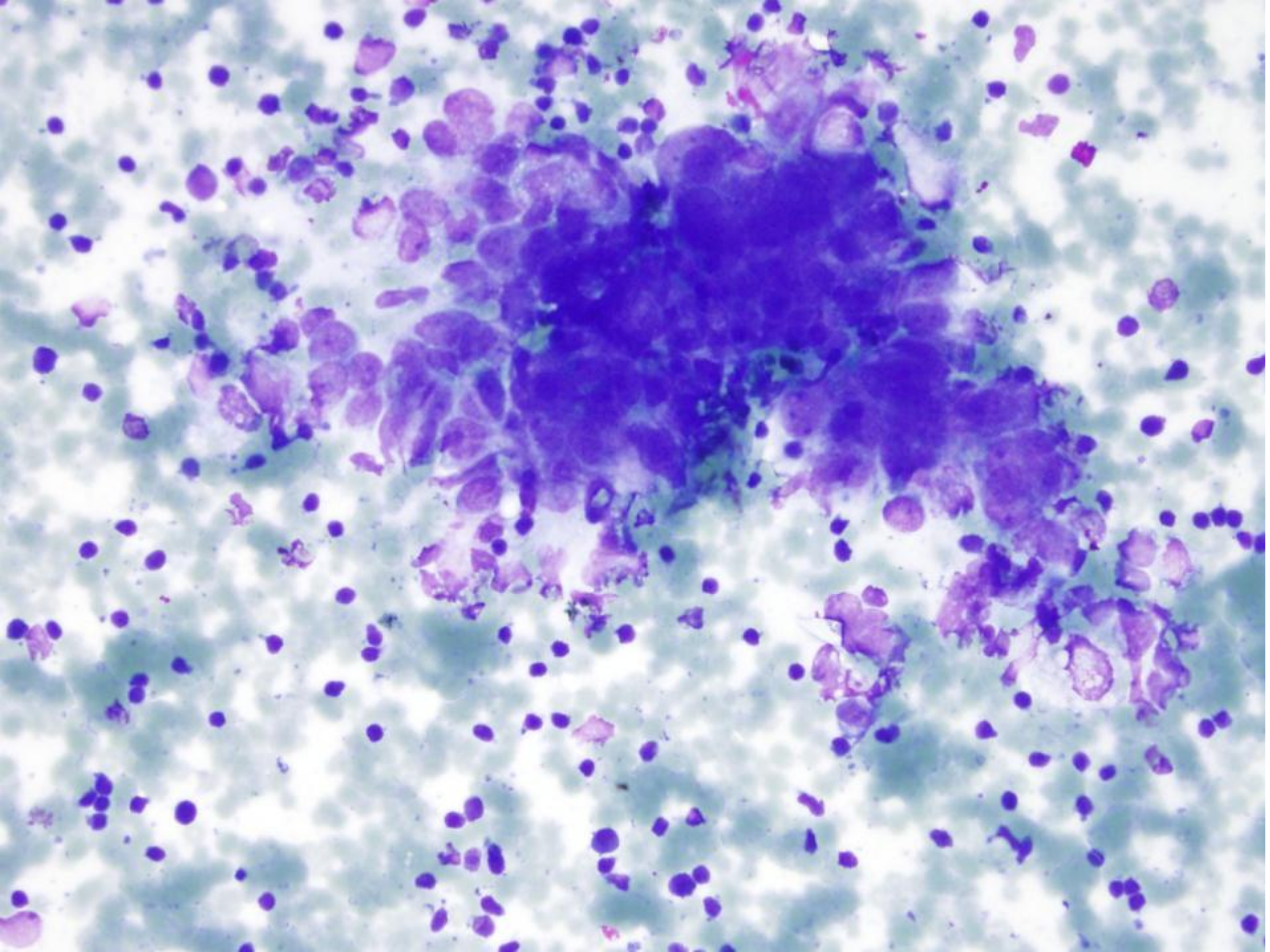
Passes 2-4 (pass 1 blood only)

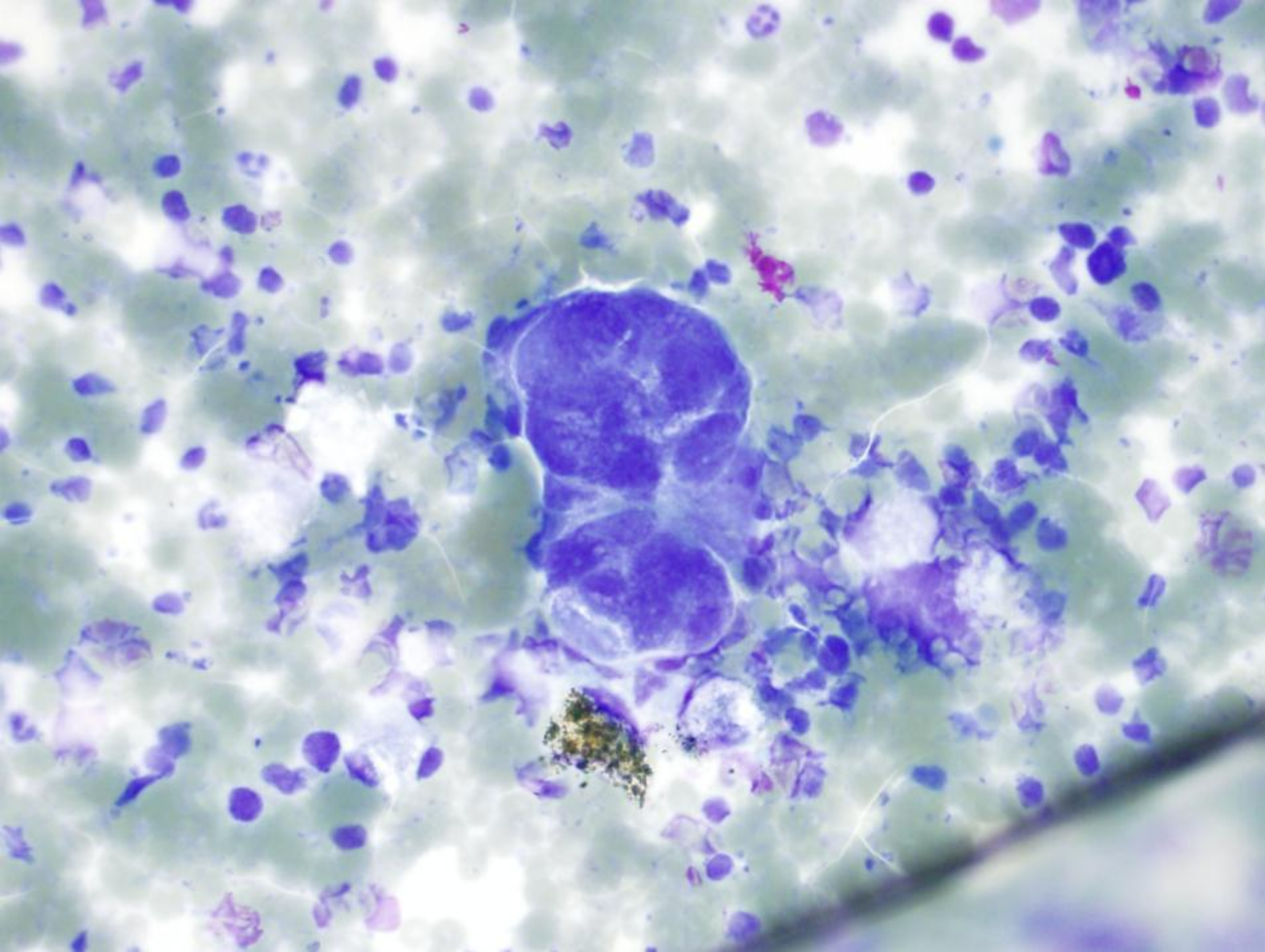


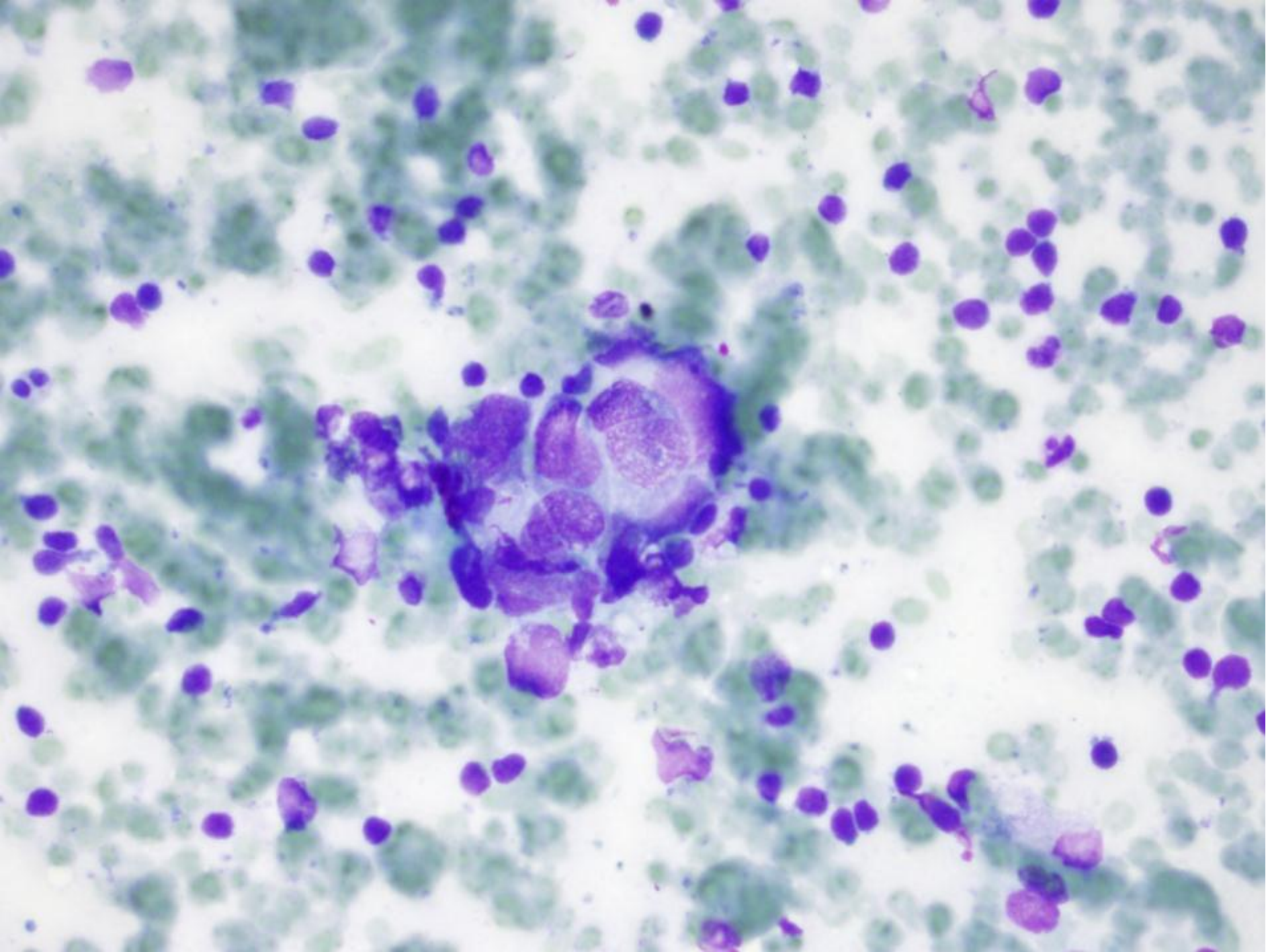


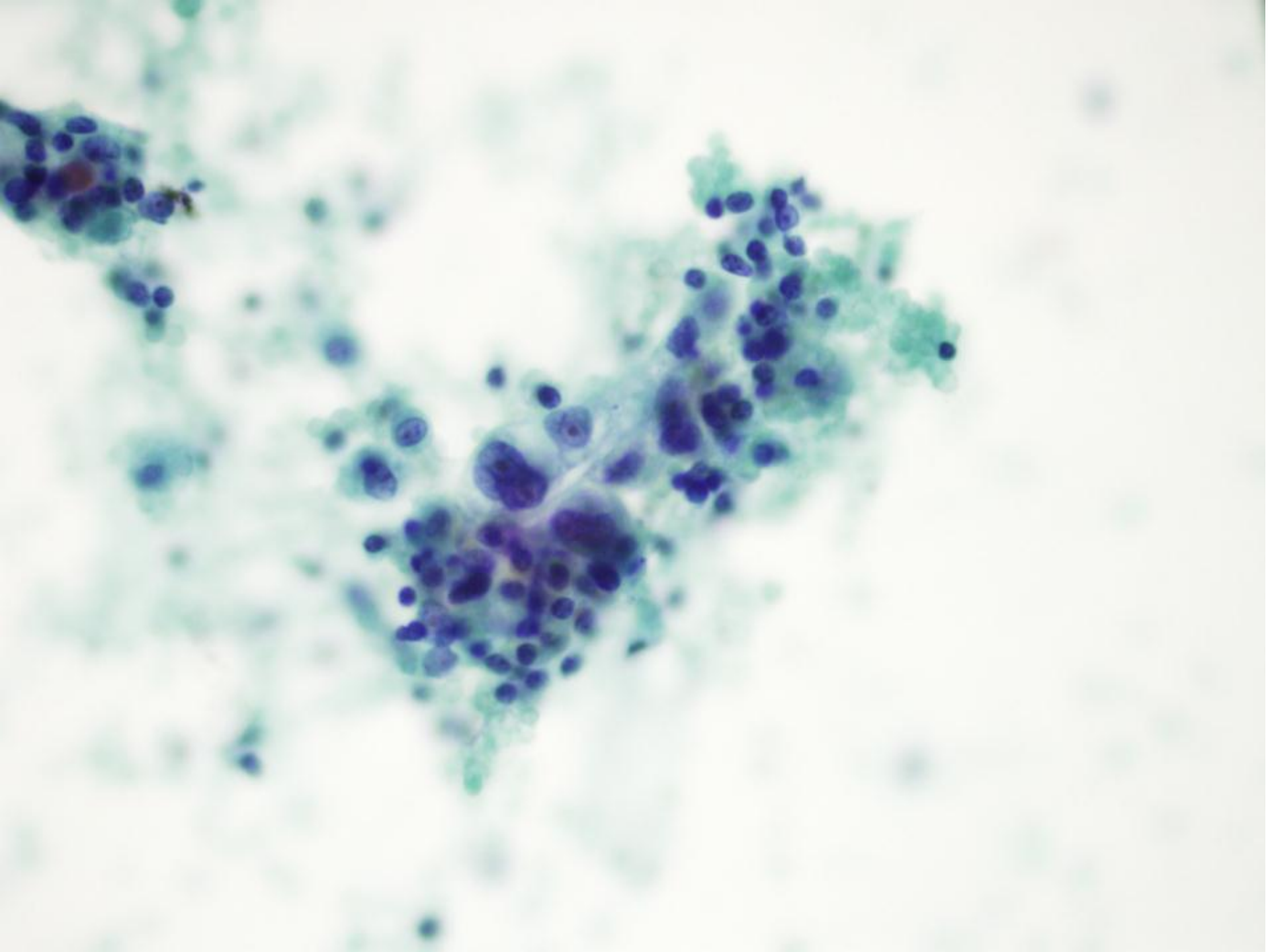


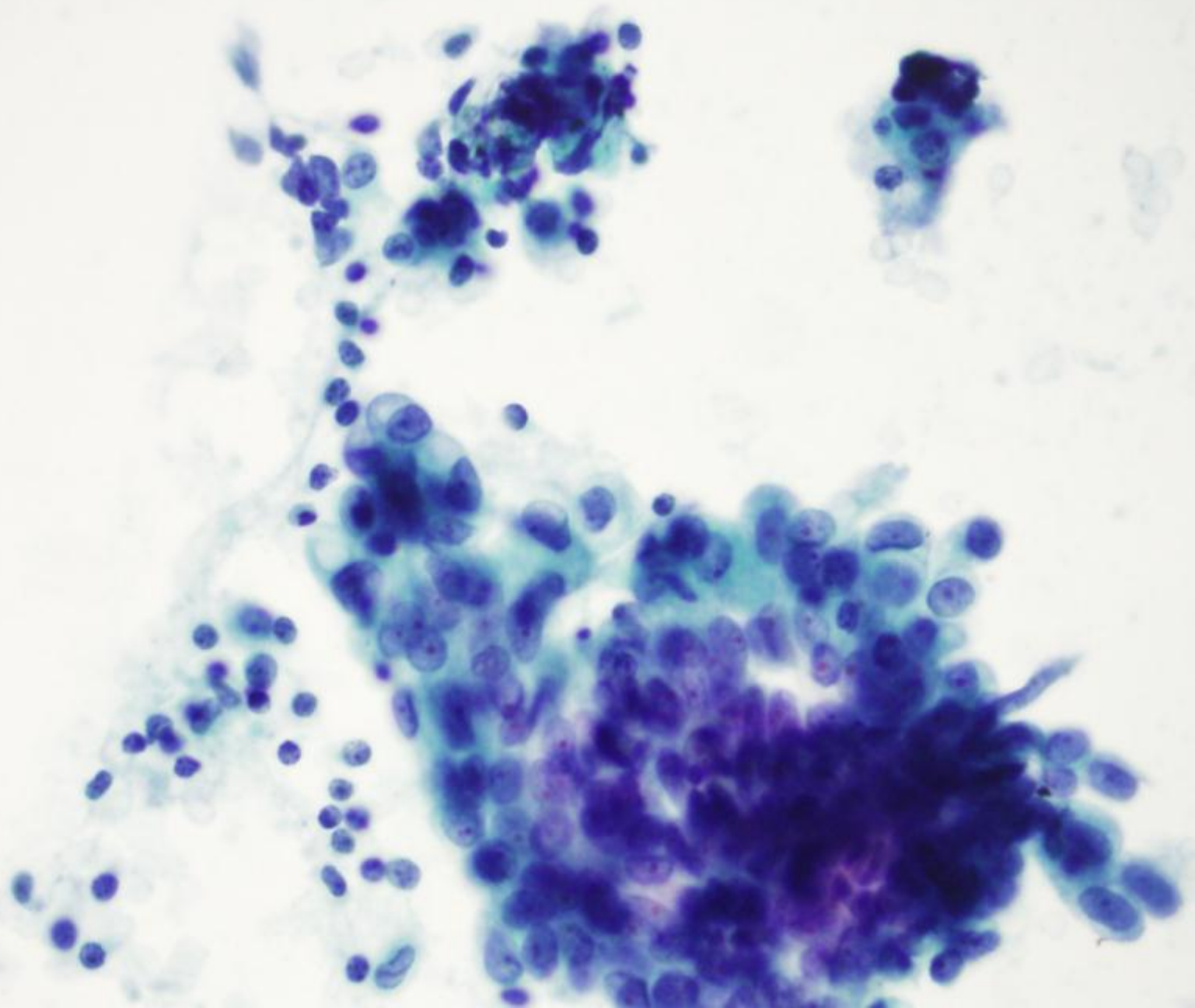


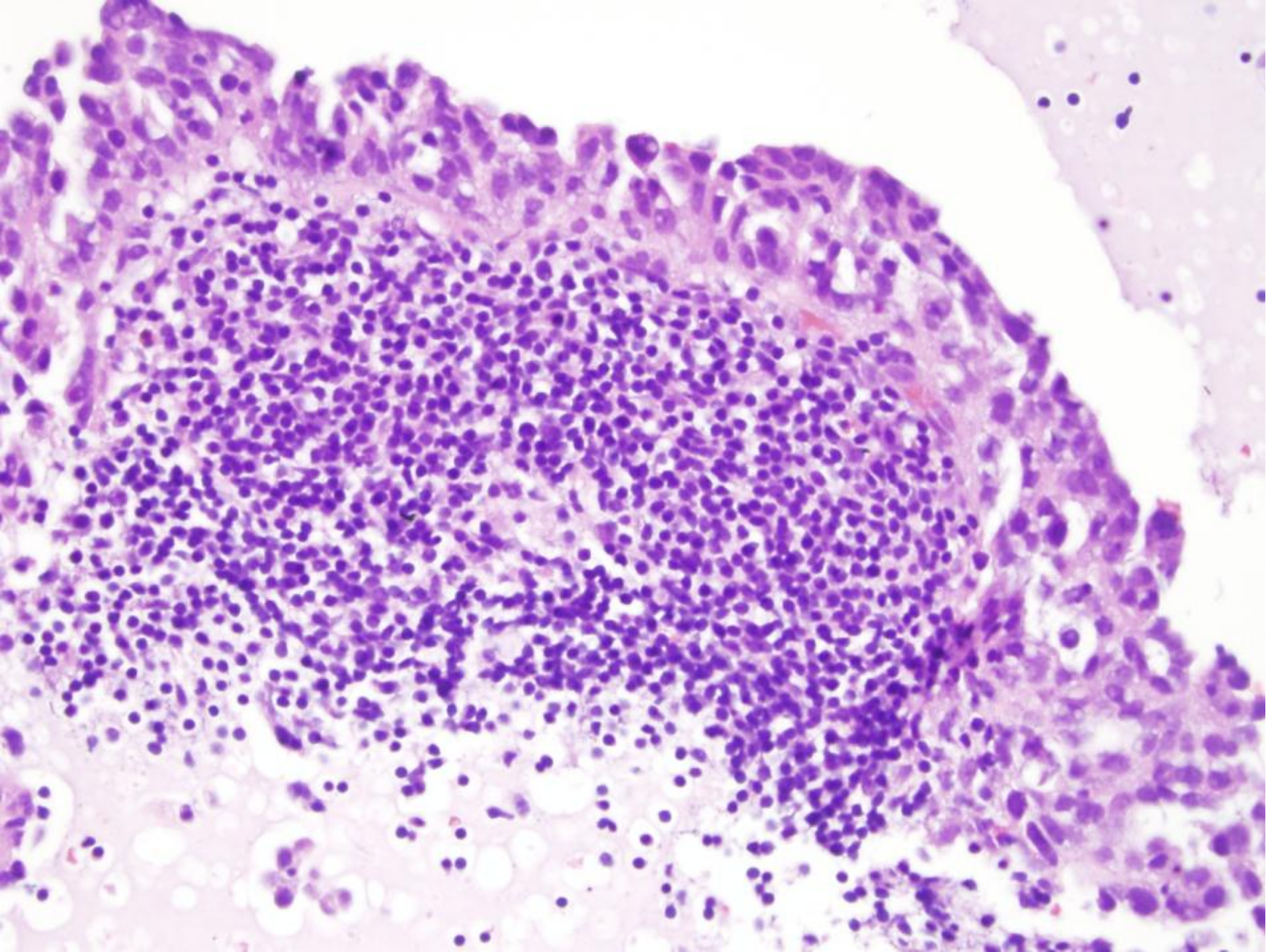


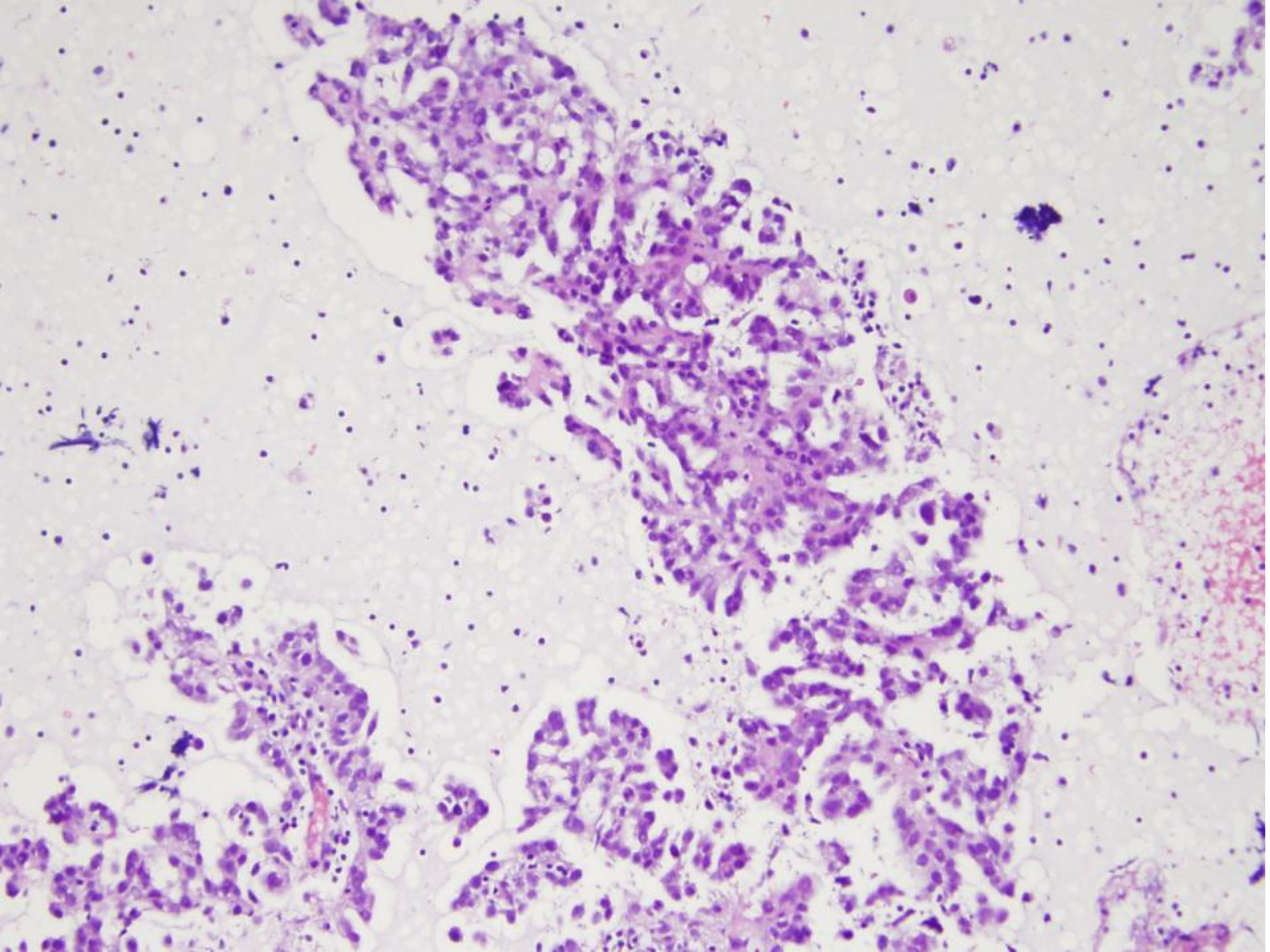


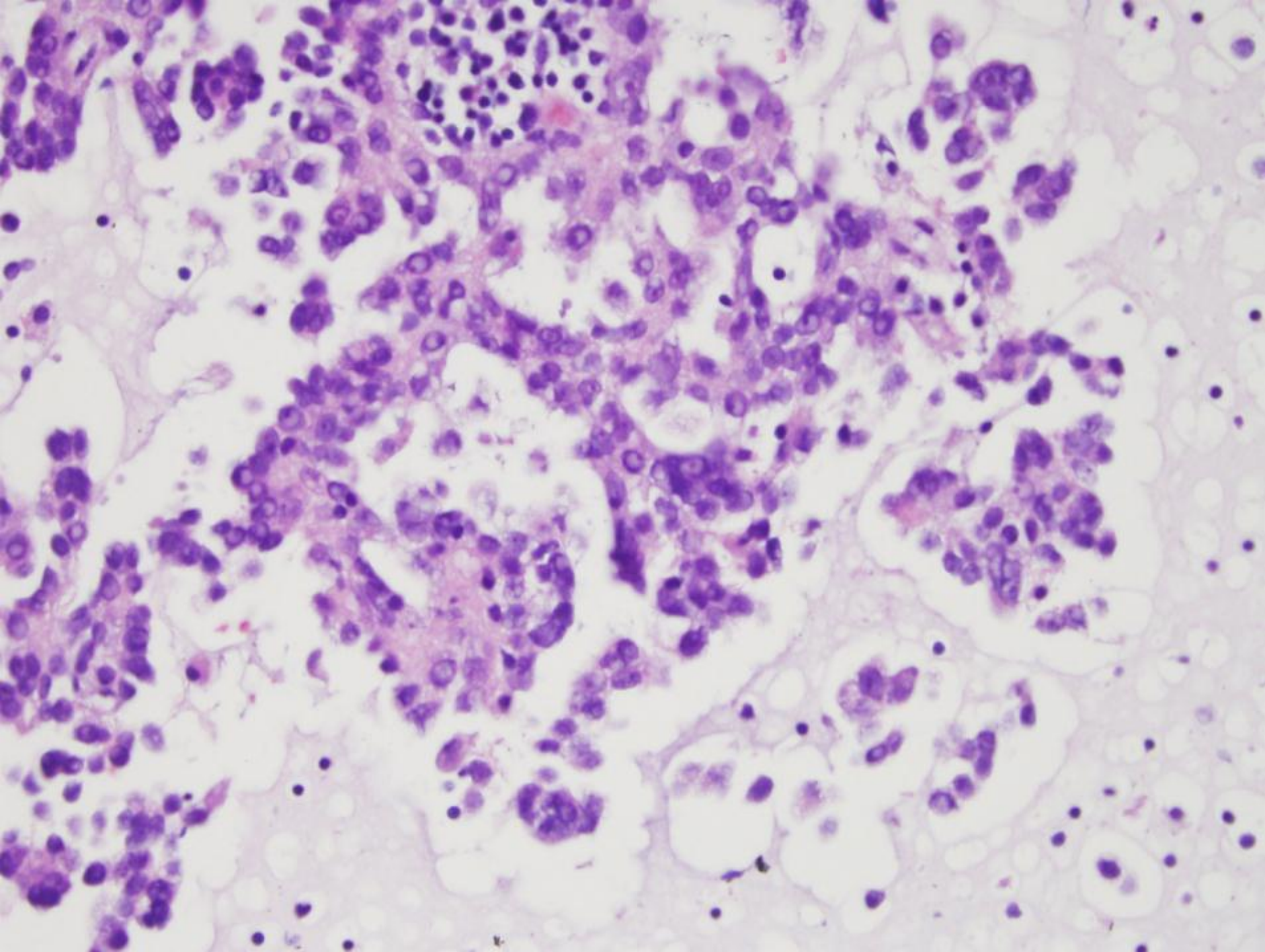




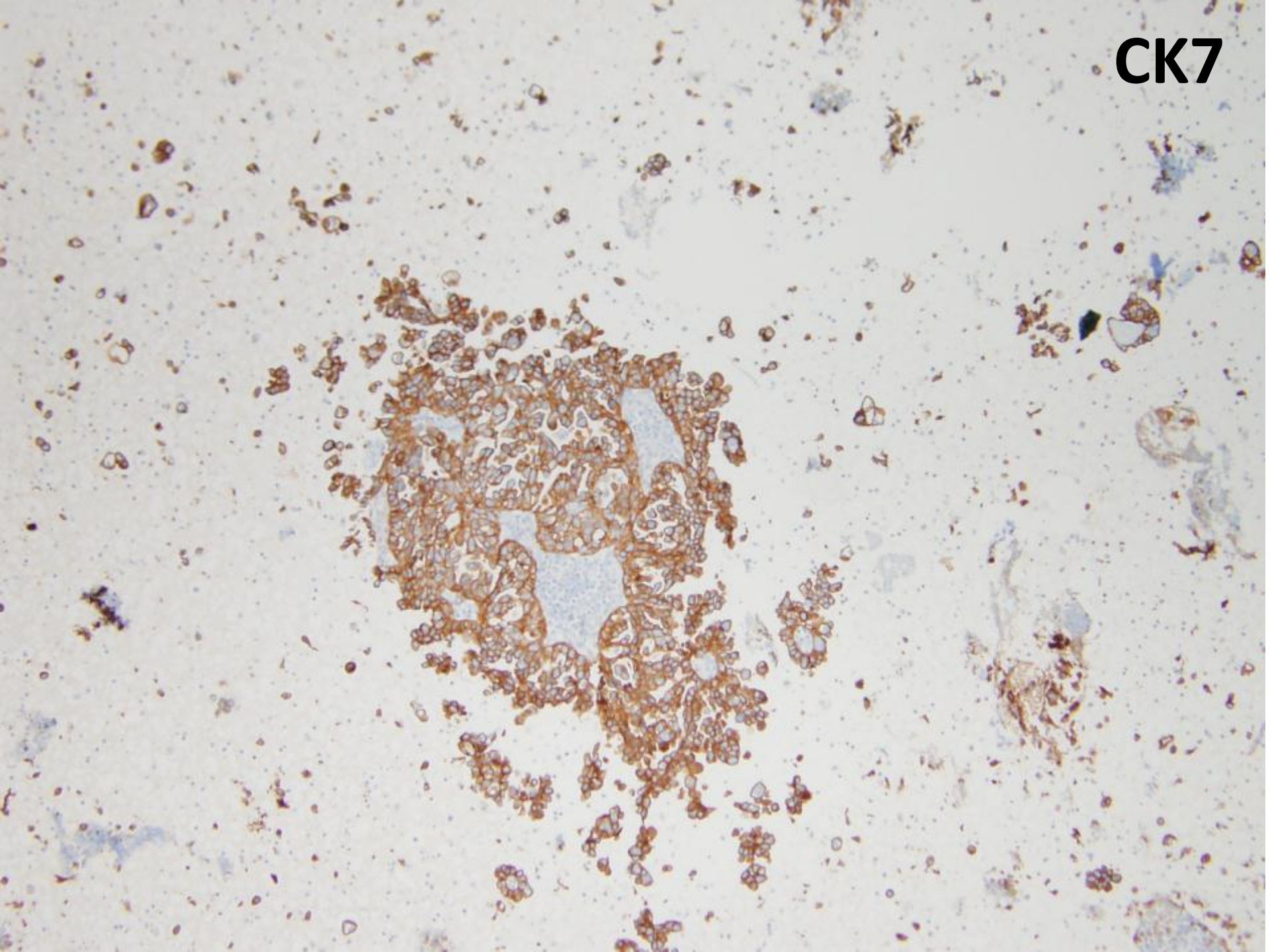




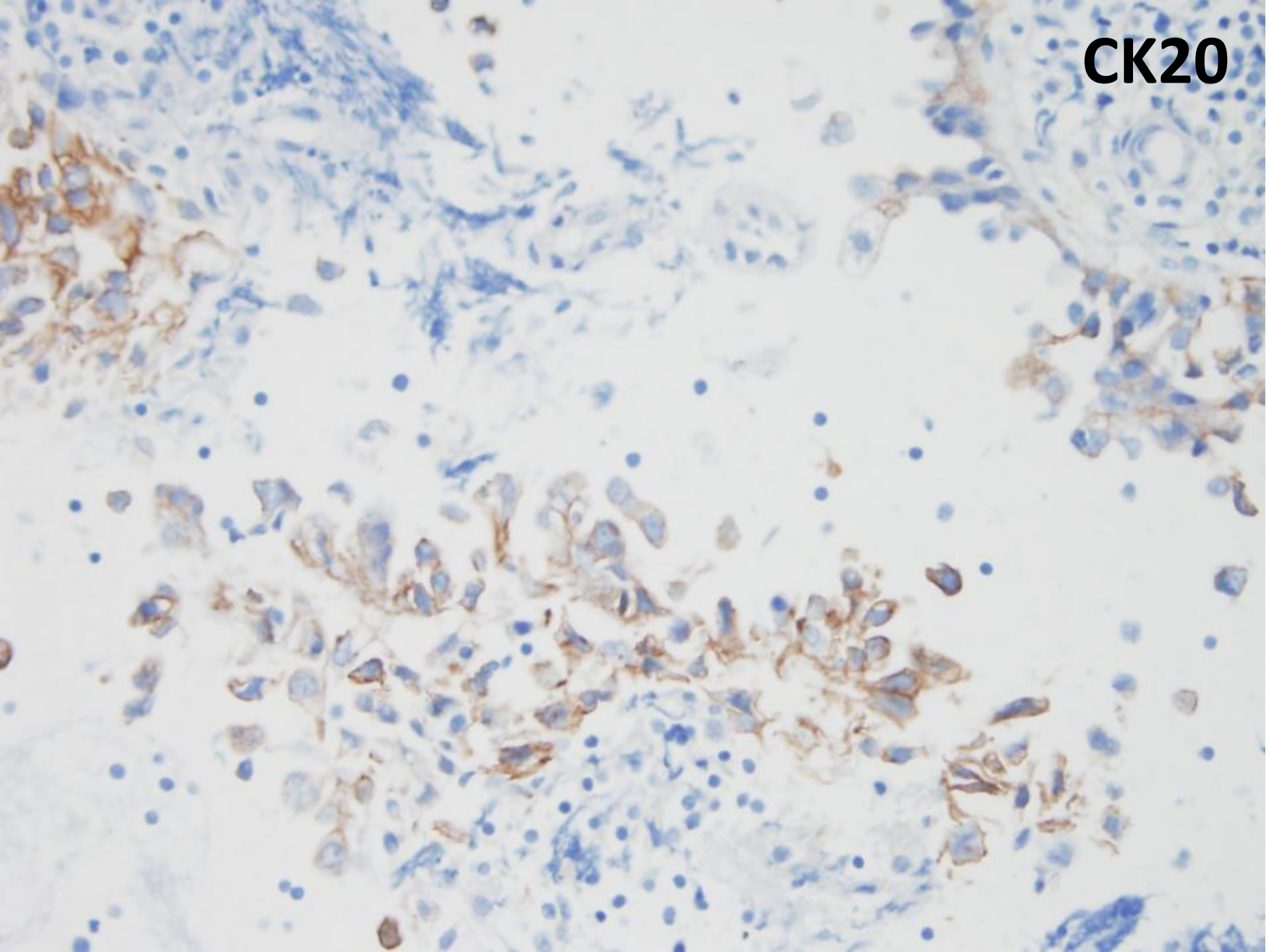




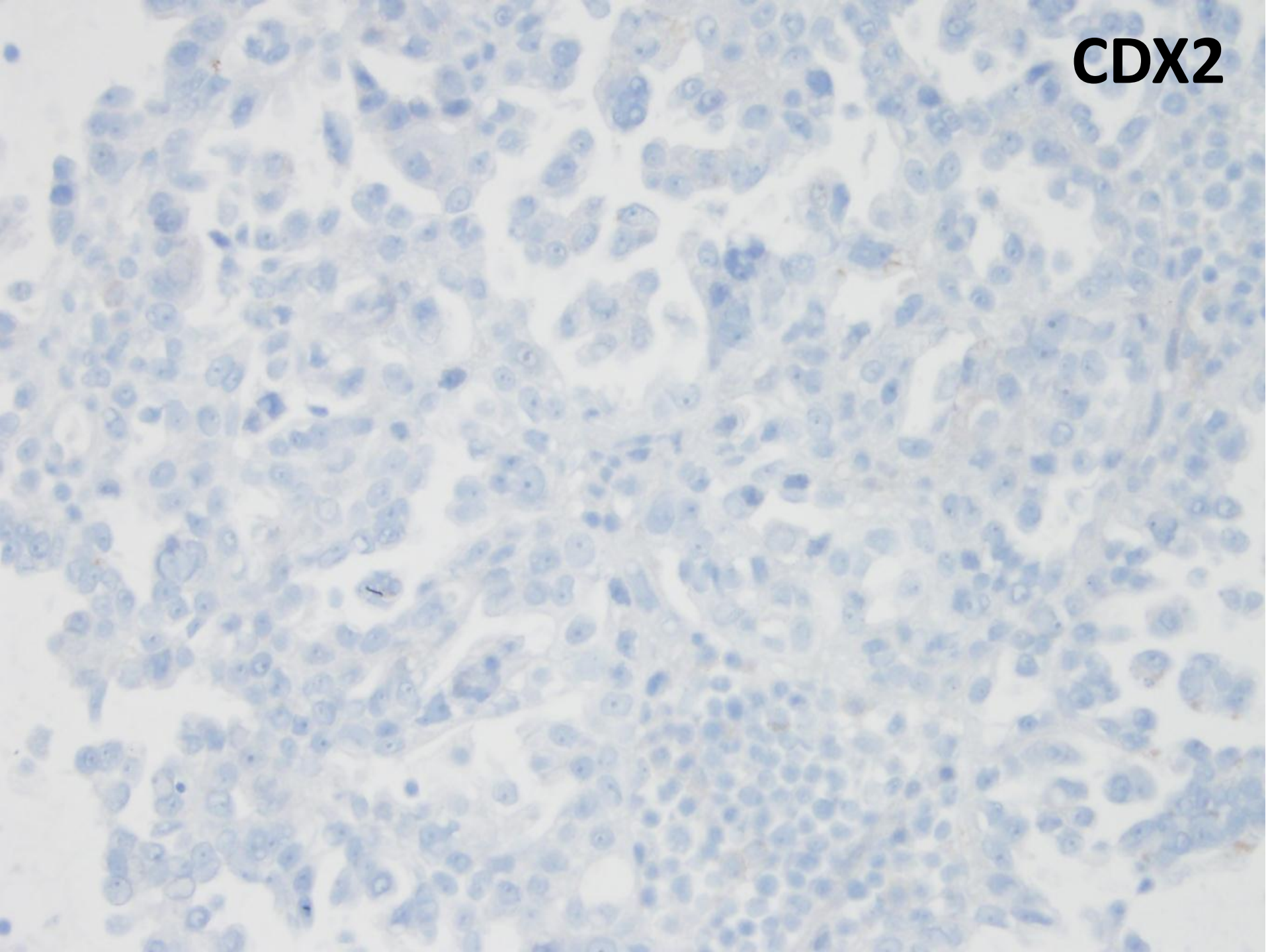
CK7



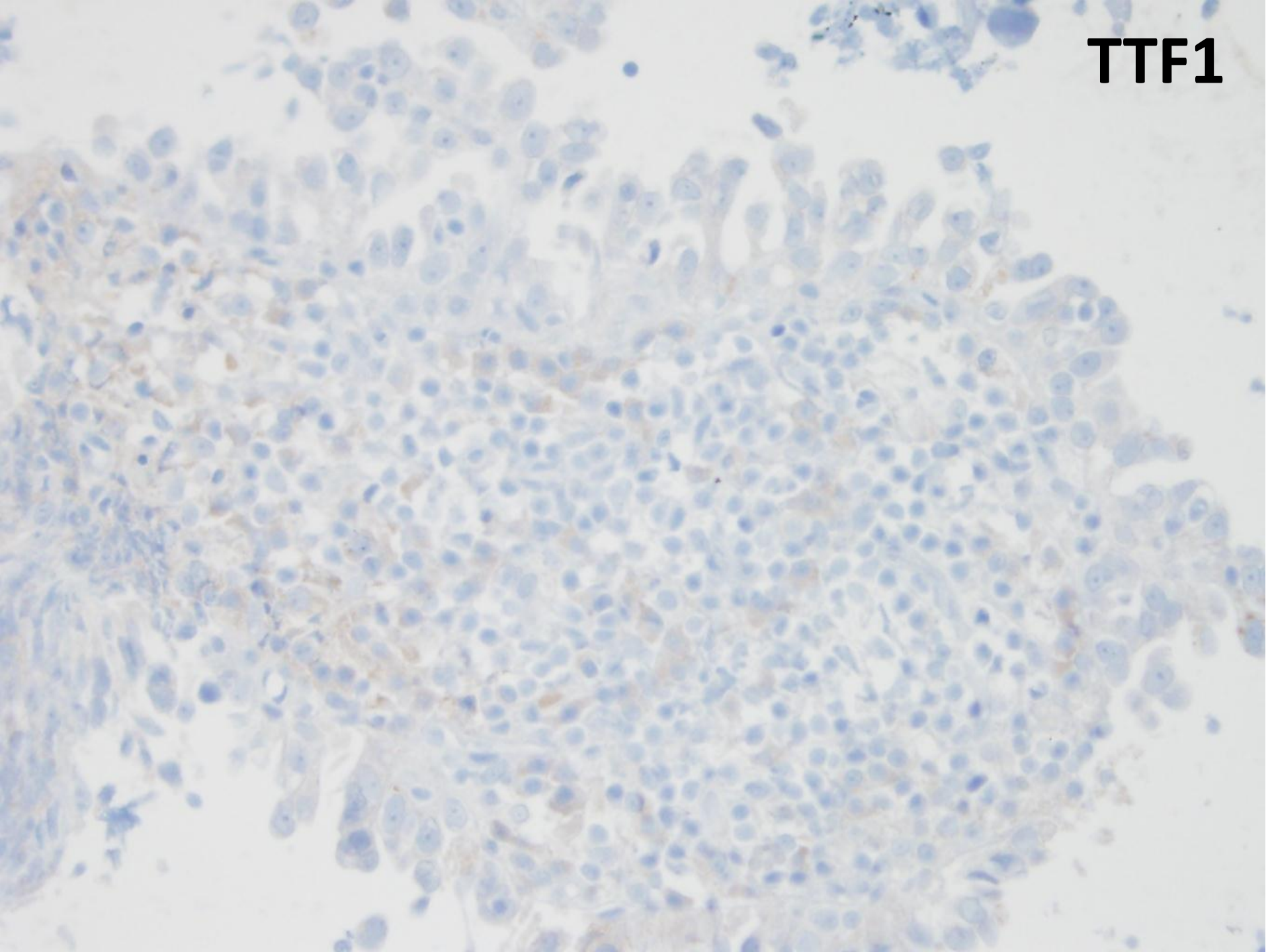
CK20



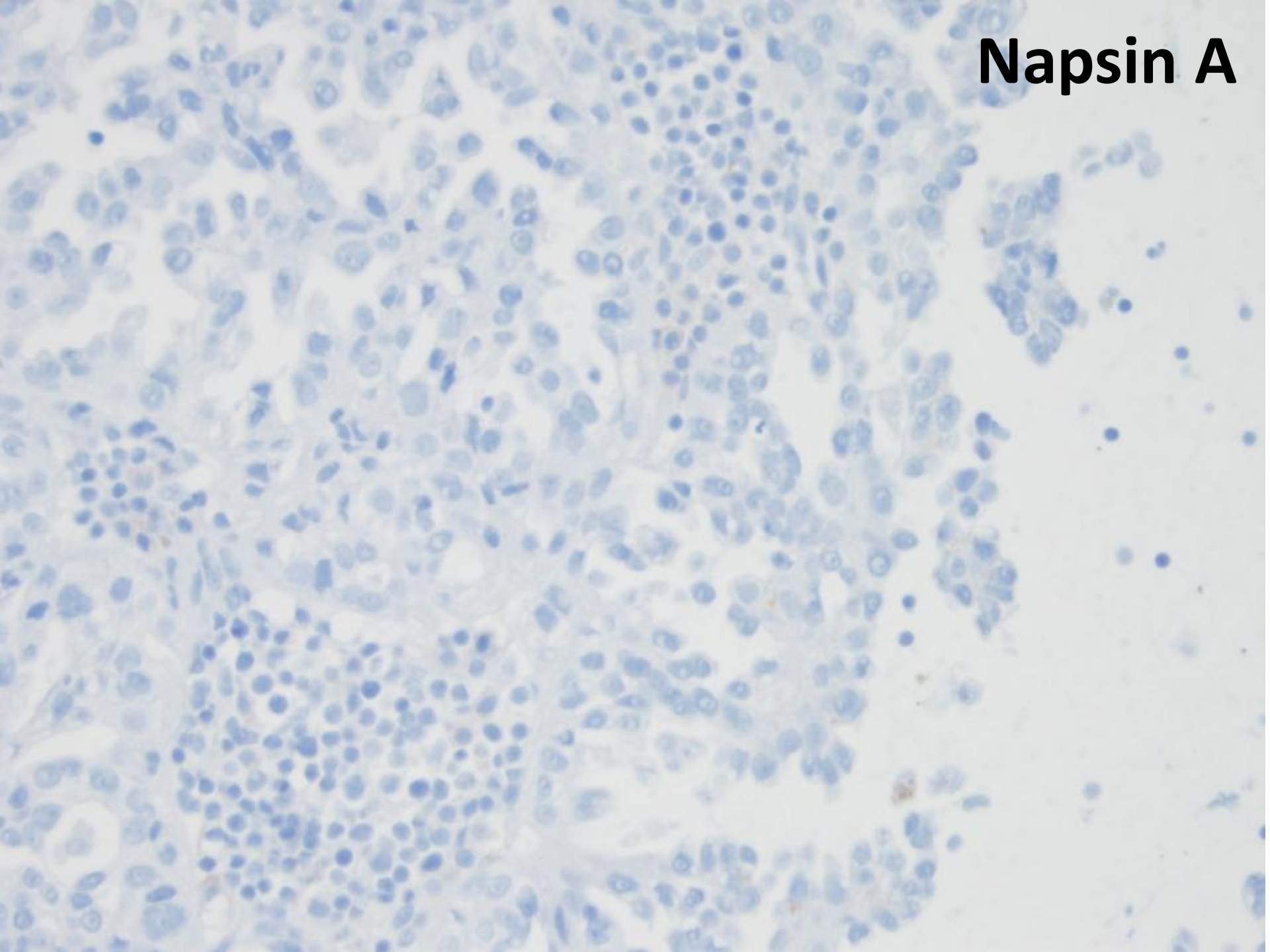
CDX2



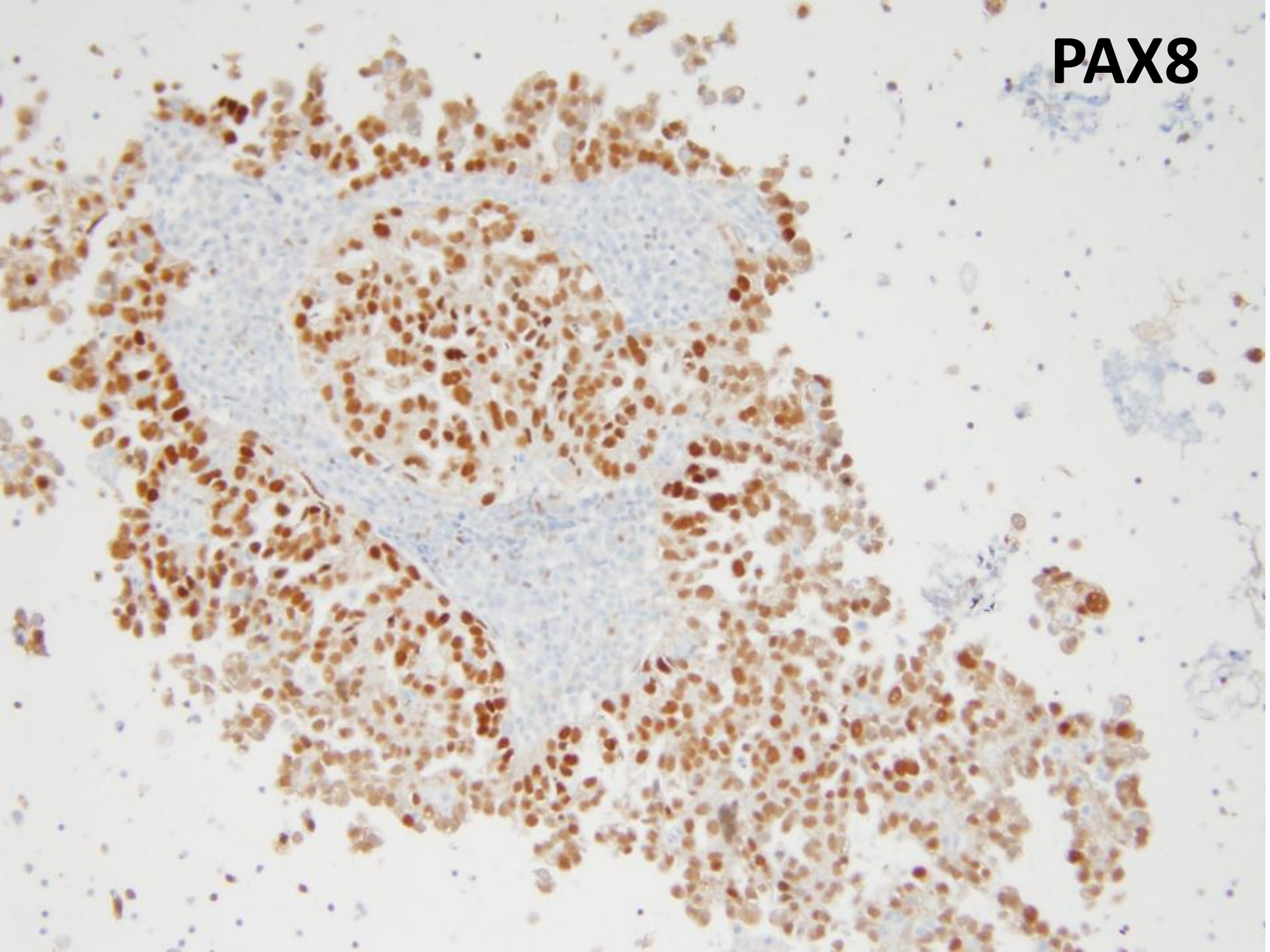
TTF1



Napsin A

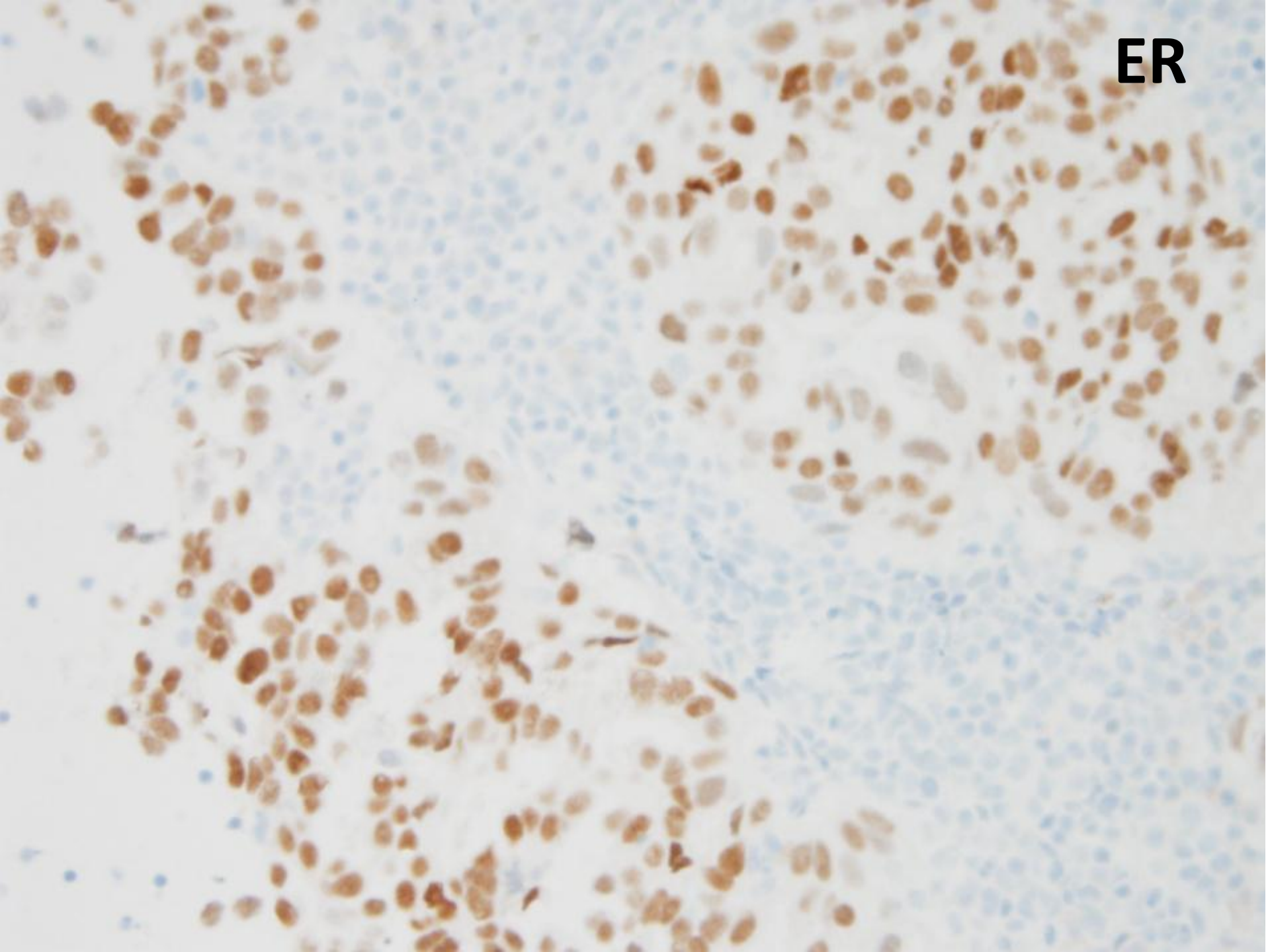


PAX8

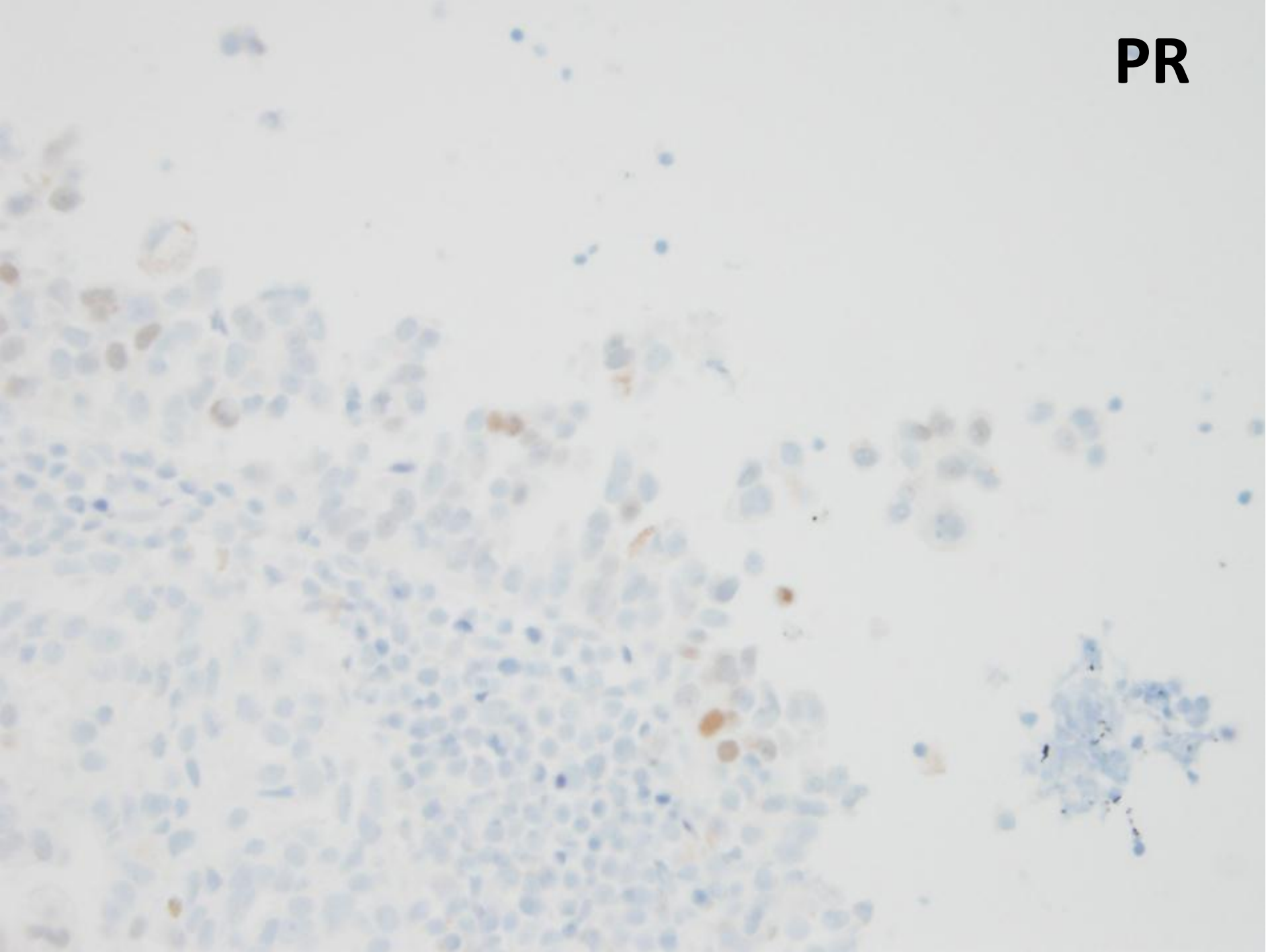


Additional stains

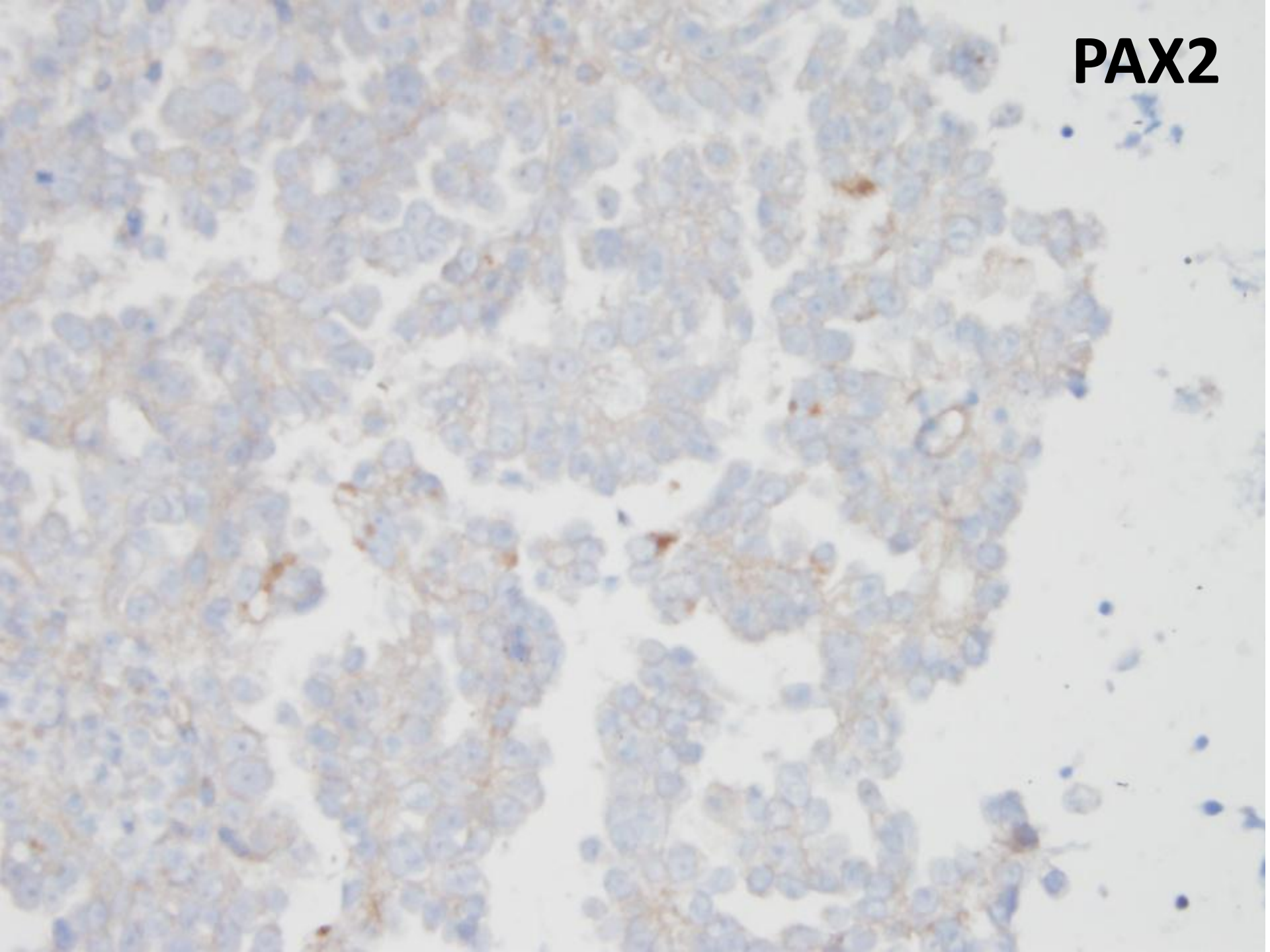
ER



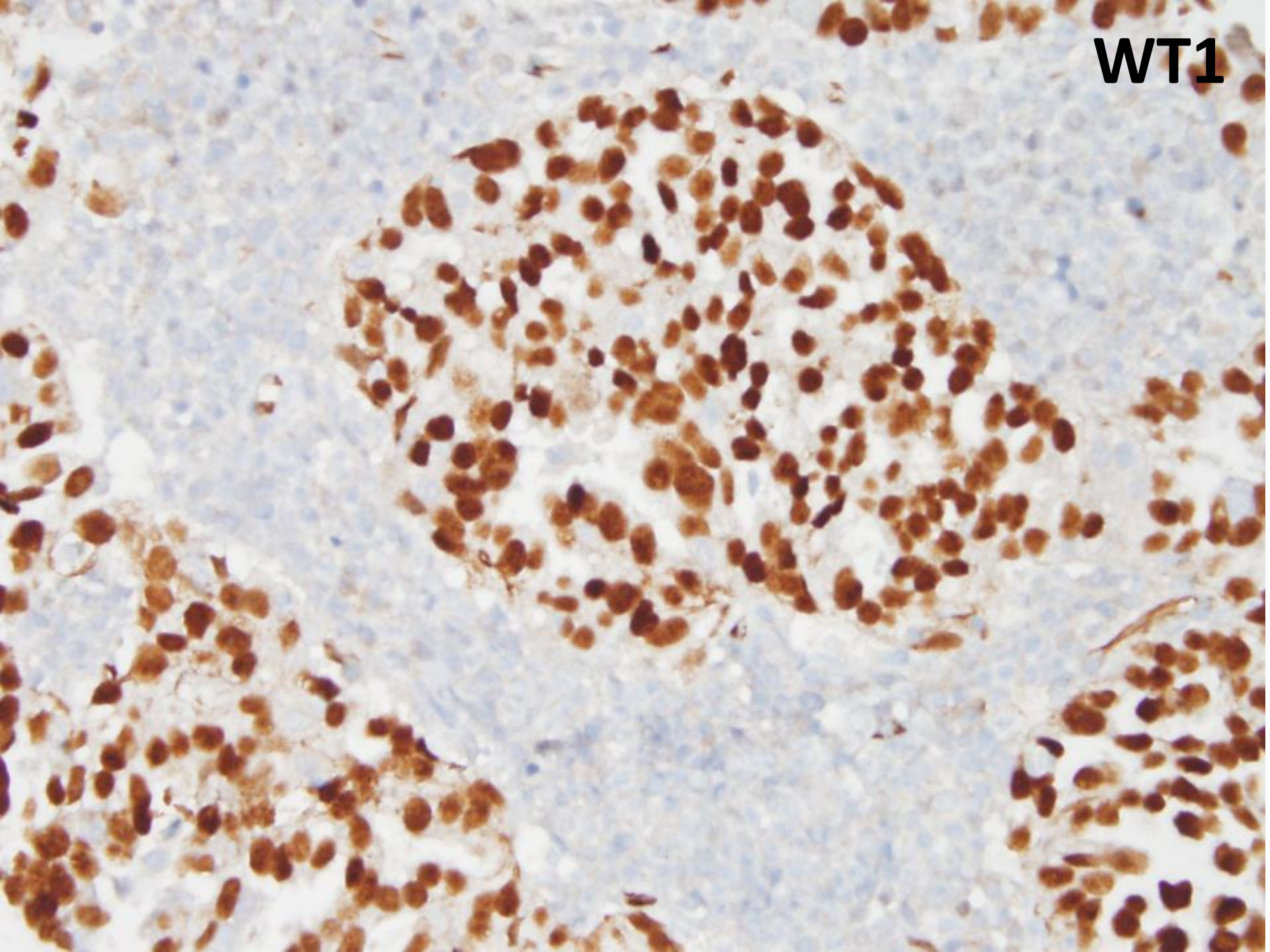
PR



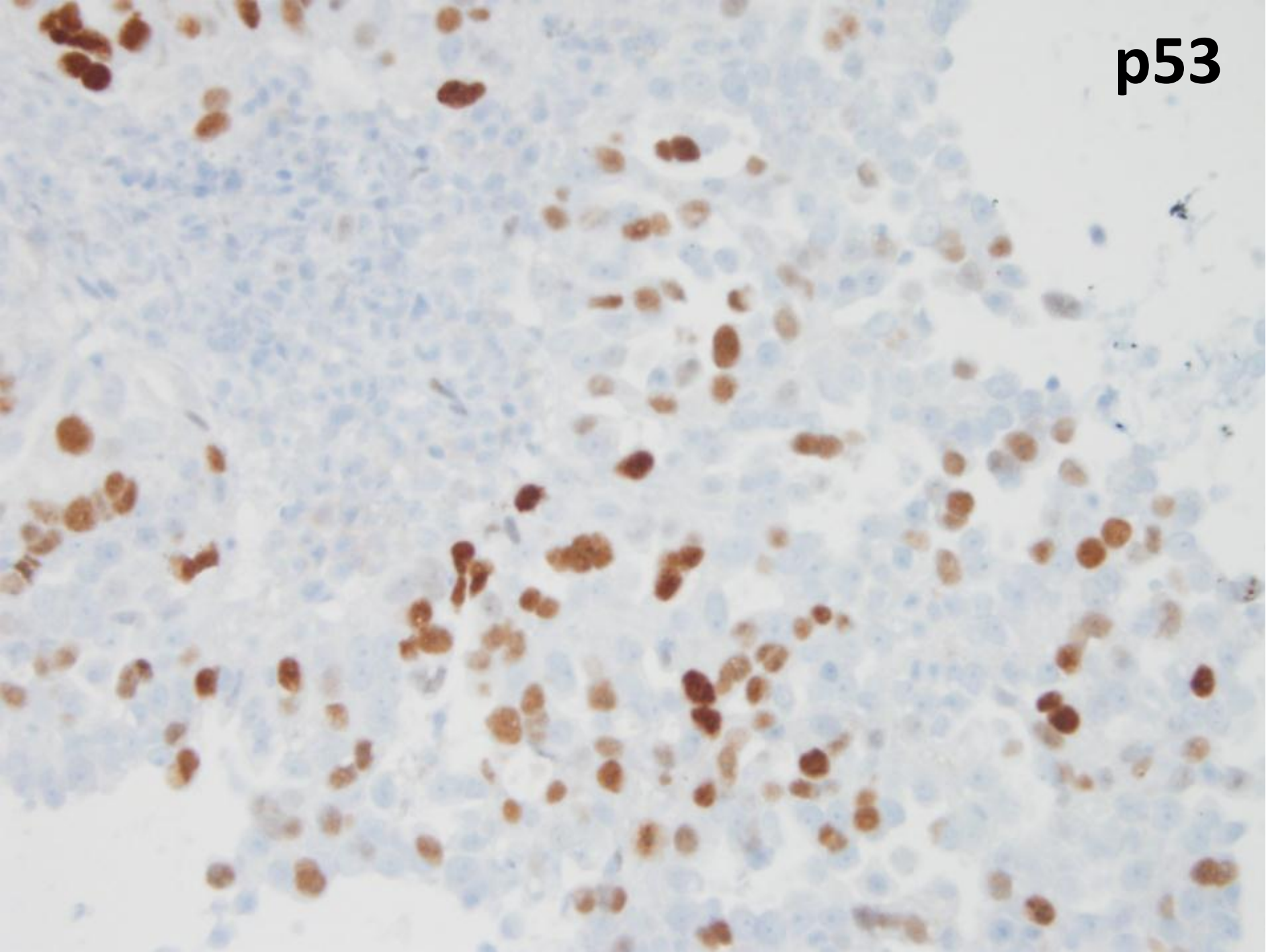
PAX2



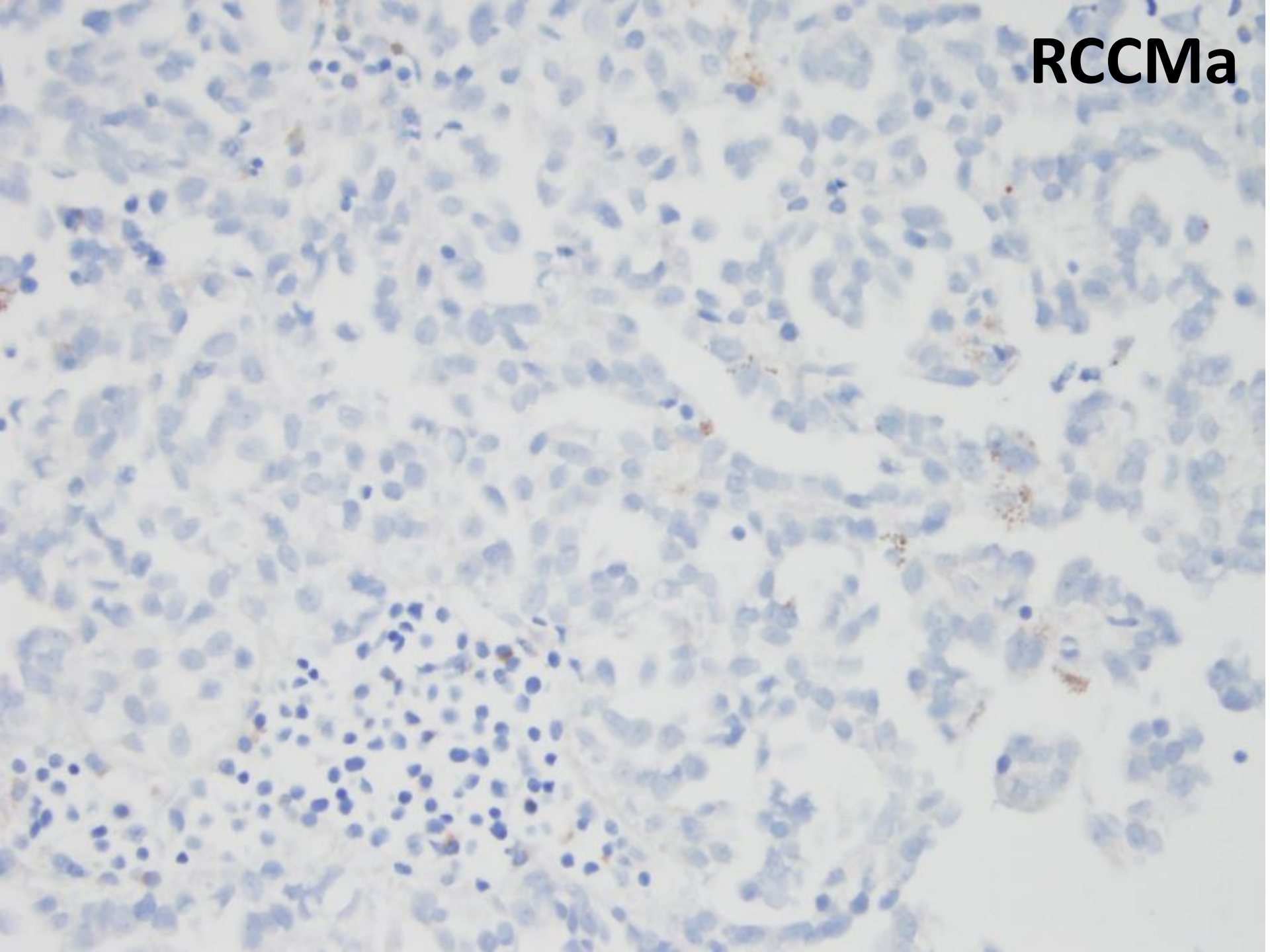
WT1



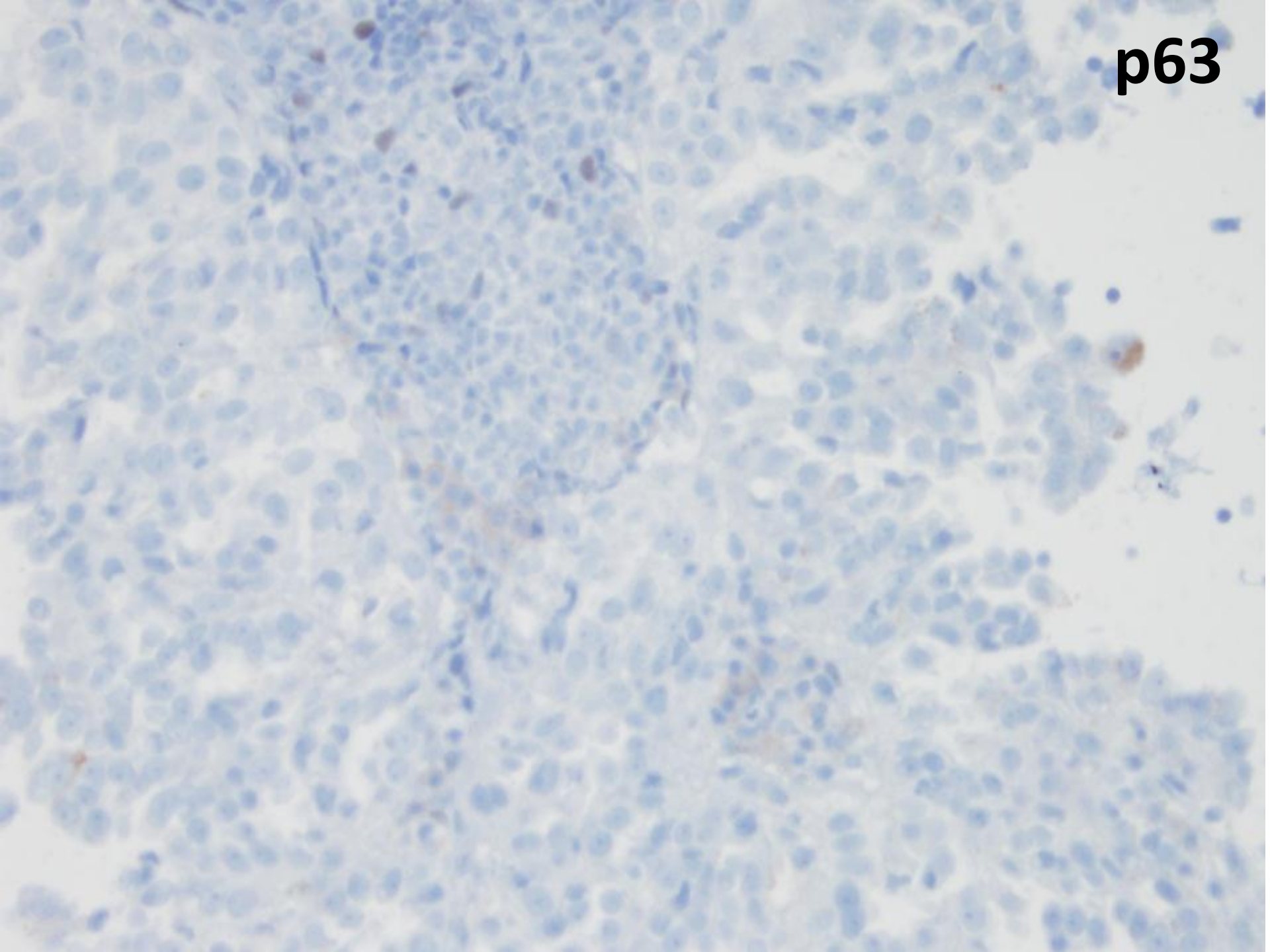
p53



RCCMa



p63



Dx

- Positive for adenocarcinoma, consistent with Mullerian origin.
- Overall findings favor a high-grade papillary serous adenocarcinoma.
- Given the quantity of lymphocytes on this specimen, these findings may represent involvement of a lymph node.

Subsequent CT abd/pelvis

- Exophytic 2.8 cm solid mass with partial cystic change arising along the cephalad pancreatic body
- Several enlarged regional lymph nodes.
- The appearance is atypical for traditional pancreatic cancer. No vascular encasement. No biliary or pancreatic ductal dilation.
- Pelvis - 2.3 x 2.6 cm soft tissue mass in the left external iliac area likely represents enlarged lymph node. No other enlarged lymph nodes identified in the pelvis.
- *”Uterus and ovaries are absent”