

Interesting Case Conference

1/28/2013

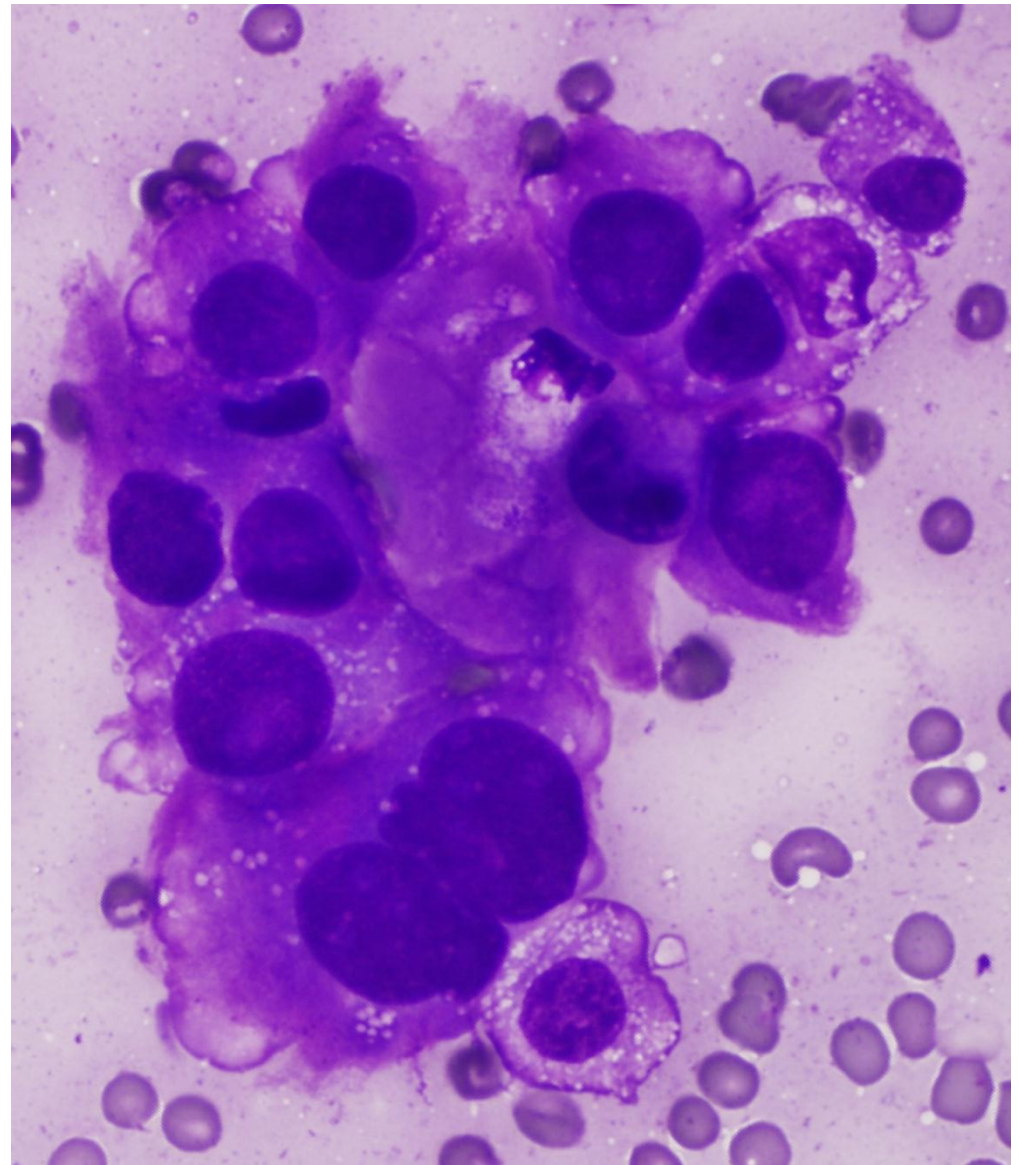
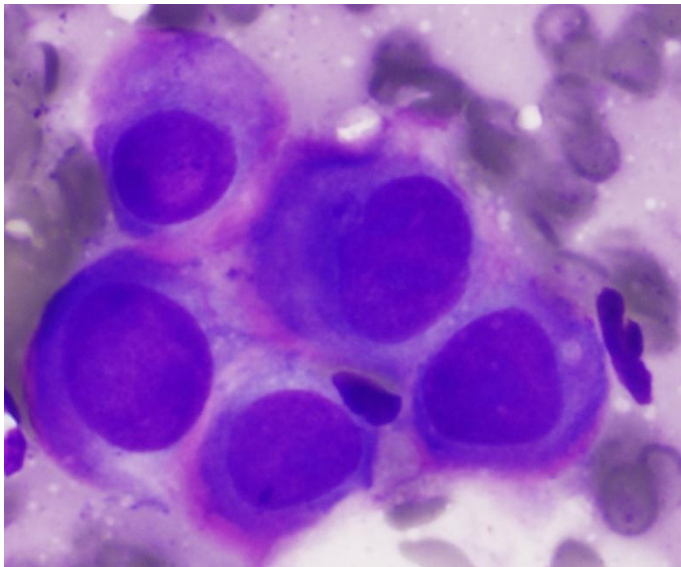
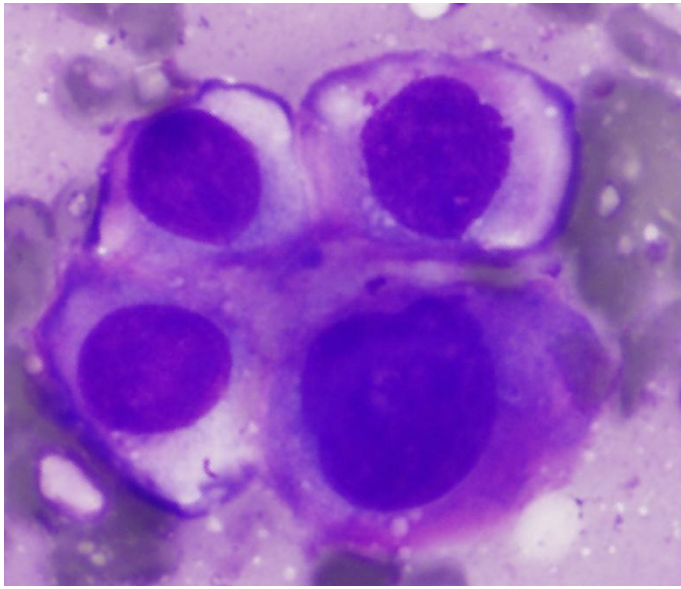
HISTORY & PHYSICAL EXAM

- 58 year old Caucasian male who presents with sudden swelling in right supraclavicular area
 - History of severe achalasia since 1985
 - Treated with Botox injections
 - Had esophageal rupture treated with esophagectomy August 2008
 - Recovery complicated by mediastinitis and left vocal cord paralysis.
 - PMH: former smoker 1 pack/day for 35 years

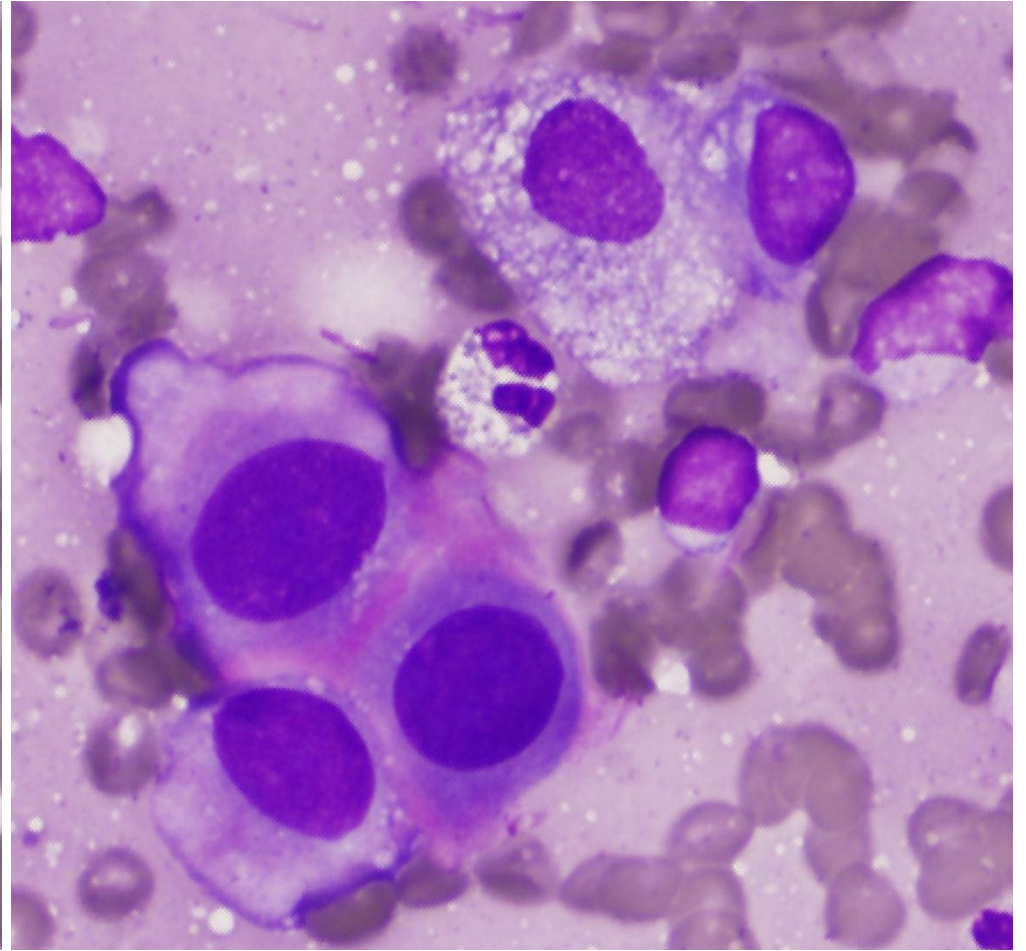
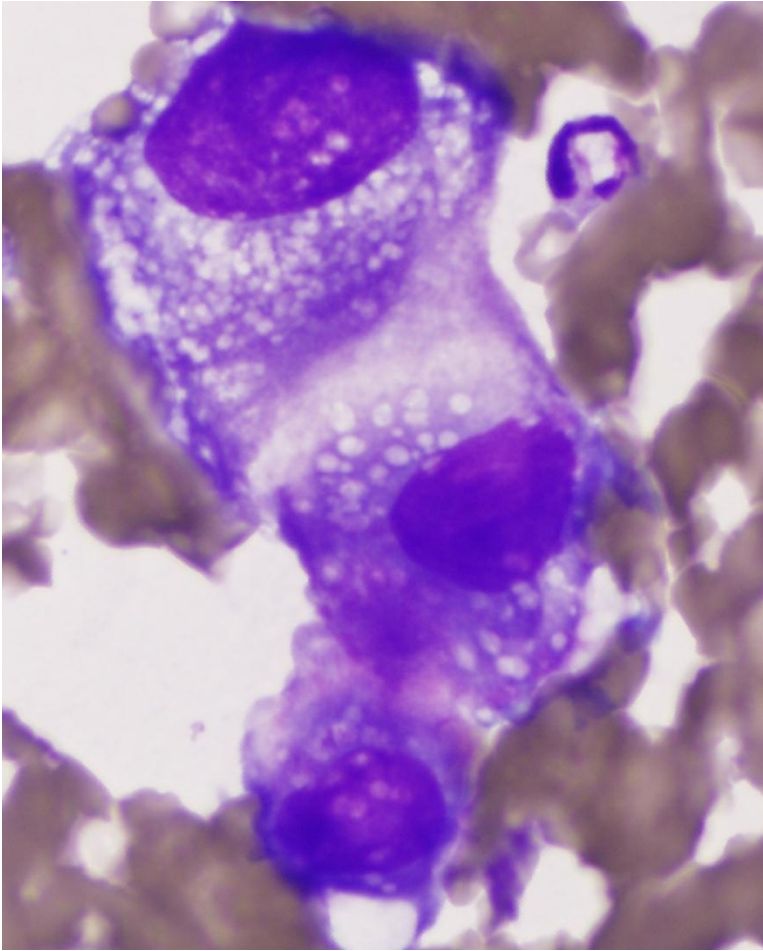
CT neck and thorax

- Large 5.2 x 4.2 cm necrotic mass within the right supraclavicular fossa.
- Enlarged lymph nodes in bilateral supraclavicular fossas, bilateral paratracheal regions, left lower neck, thoracic inlet, AP window, and subcarinal regions.
- Lungs: Normal.

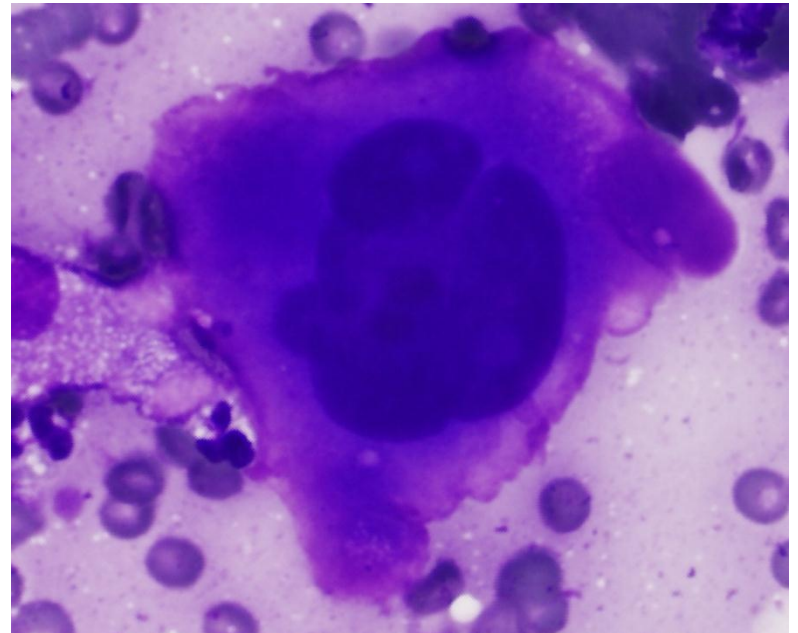
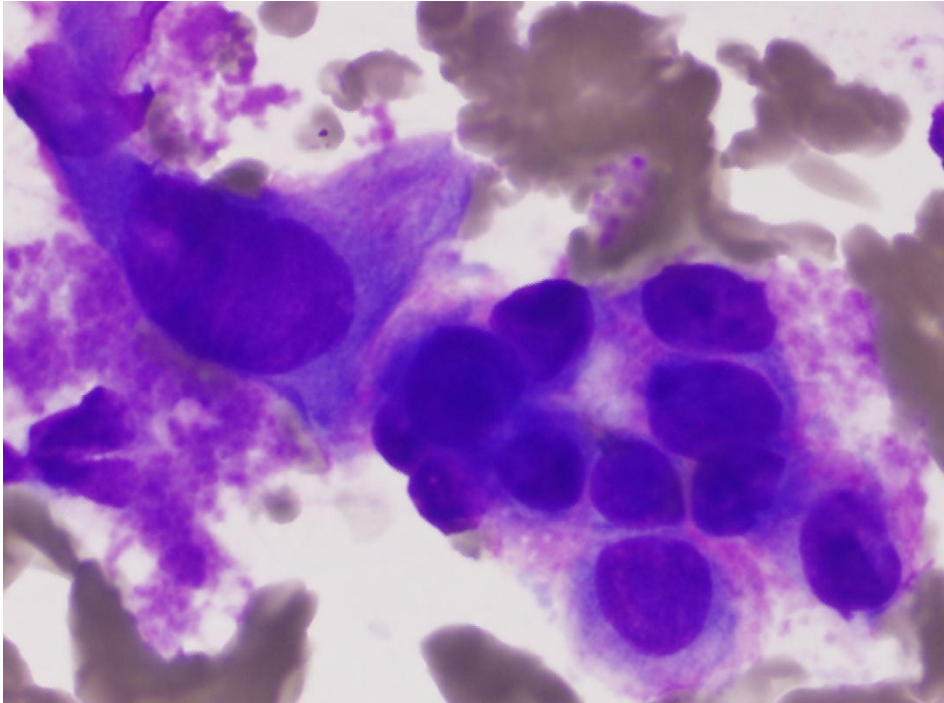
Diff-Quik: Gland-like areas; Round-oval nuclei



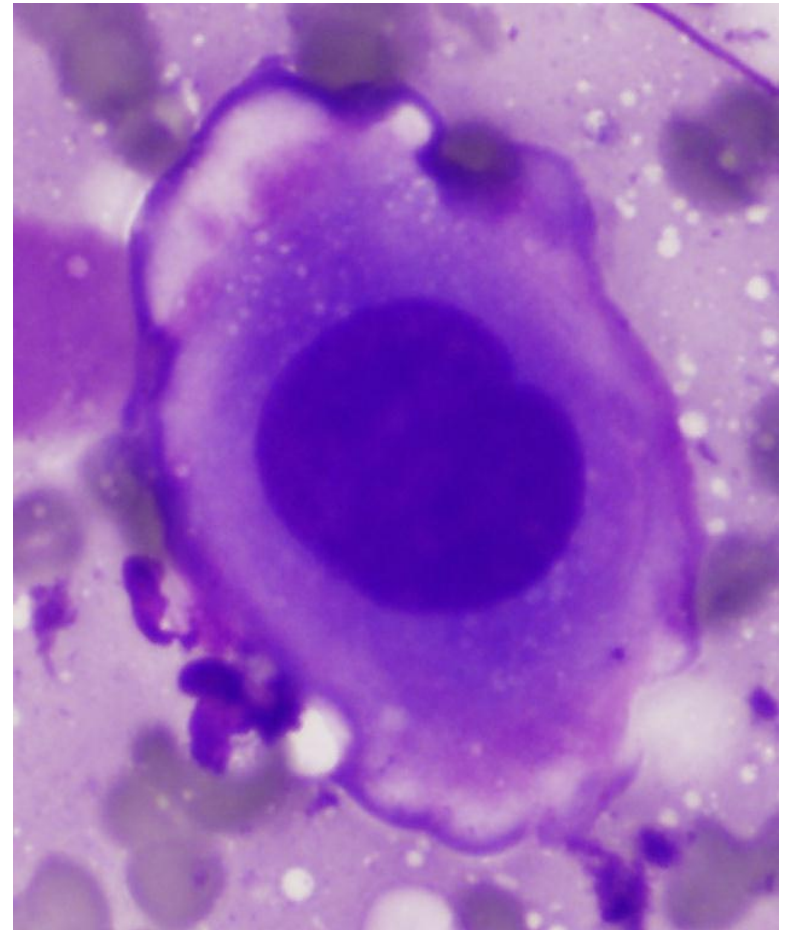
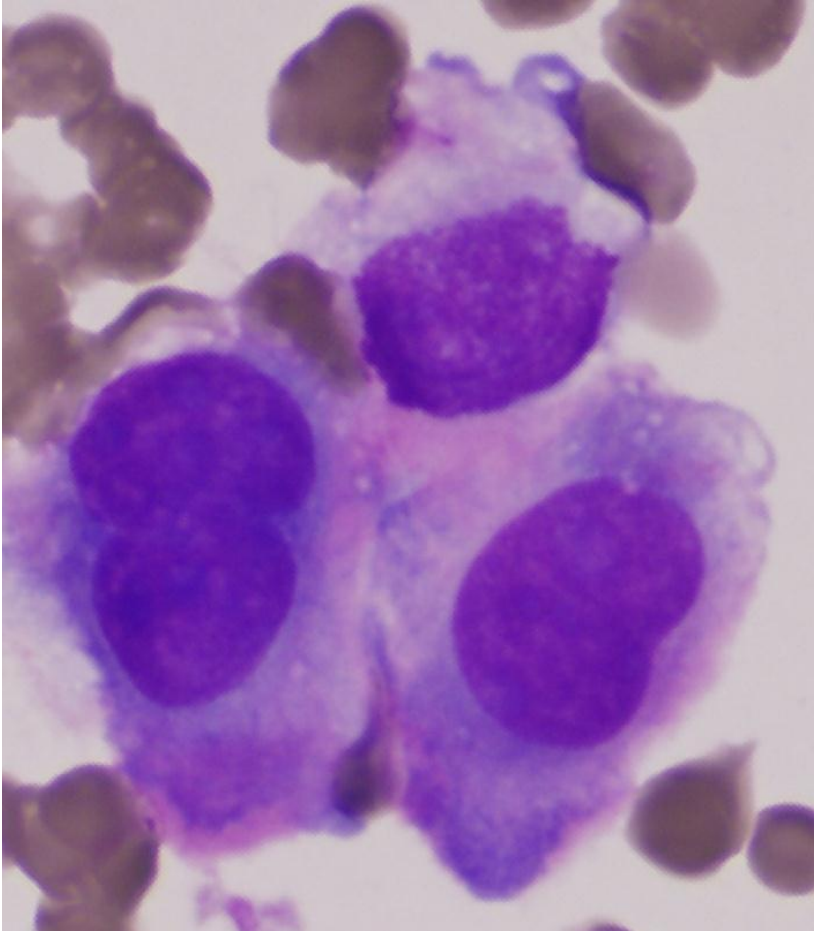
Diff-Quik: Cytoplasmic vacuoles



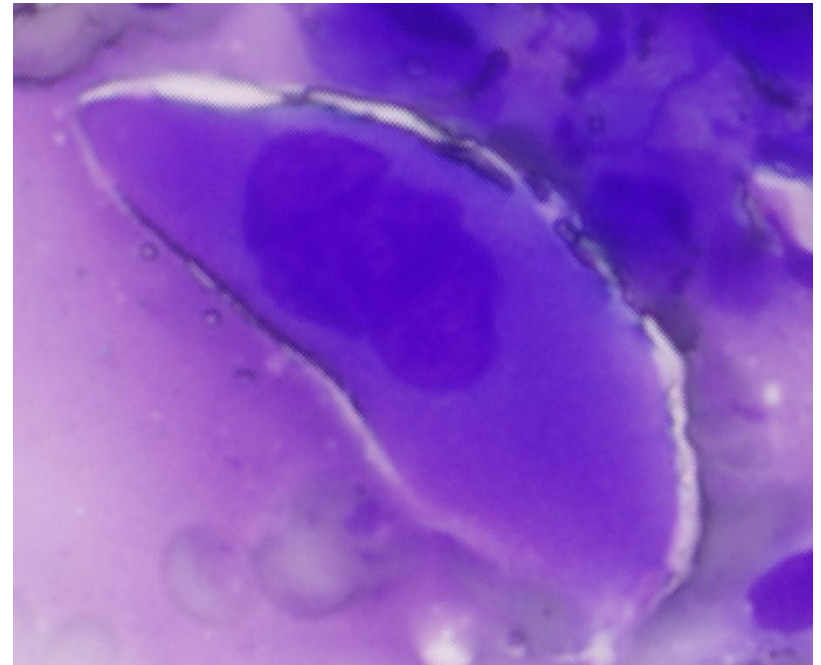
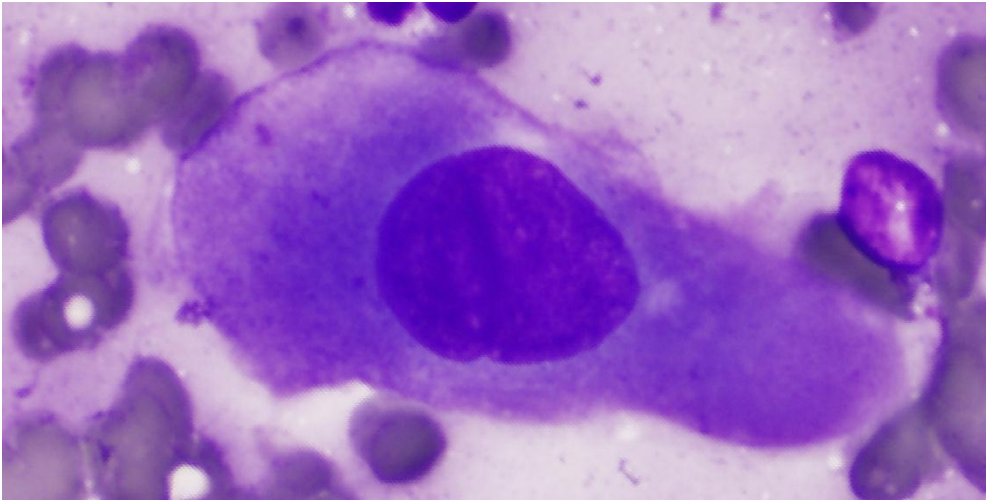
Diff-Quik: Pleomorphism & multinucleation



Diff-Quik: ? Melanoma



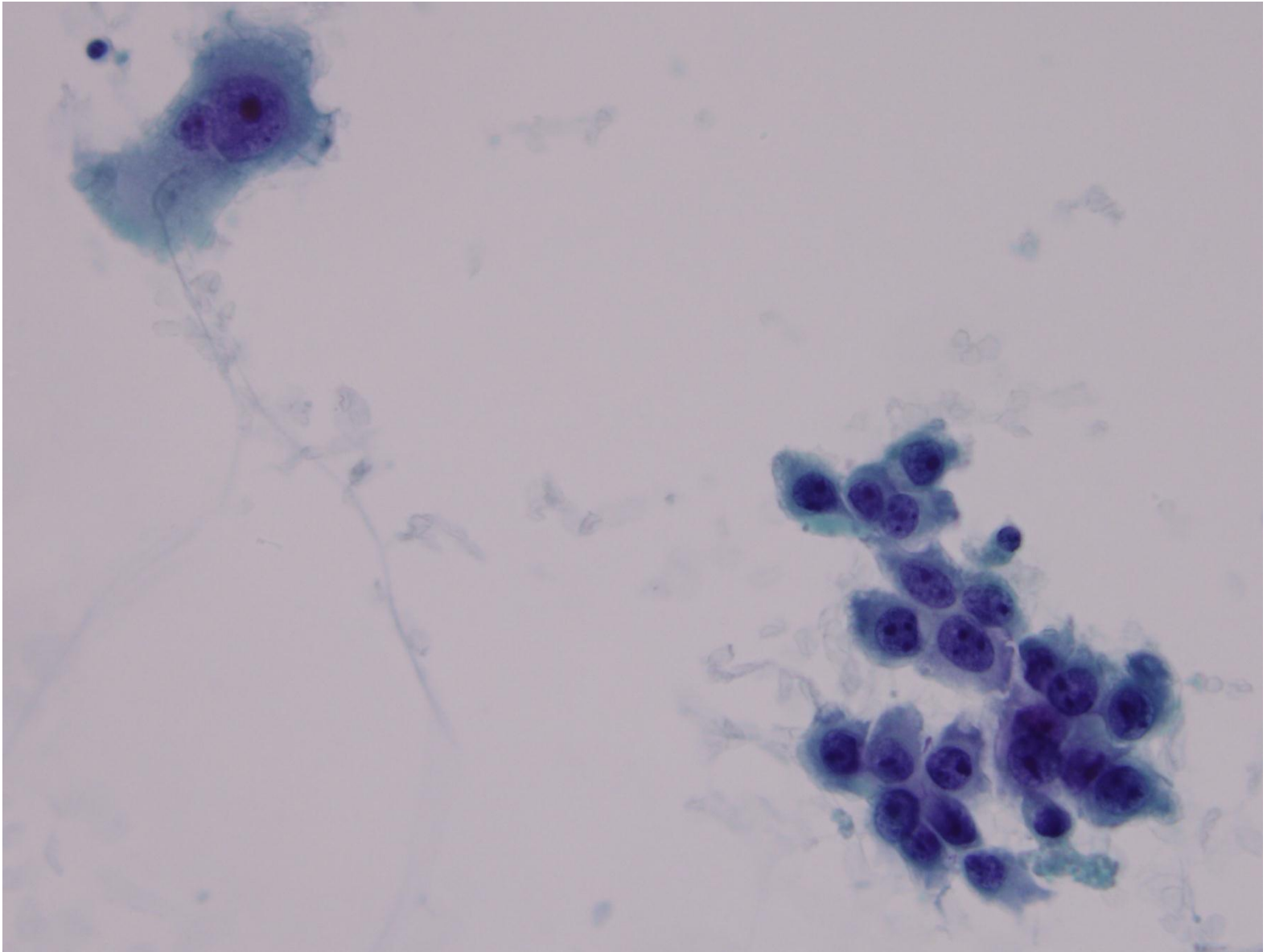
Diff-Quik: ? Squamous cell carcinoma



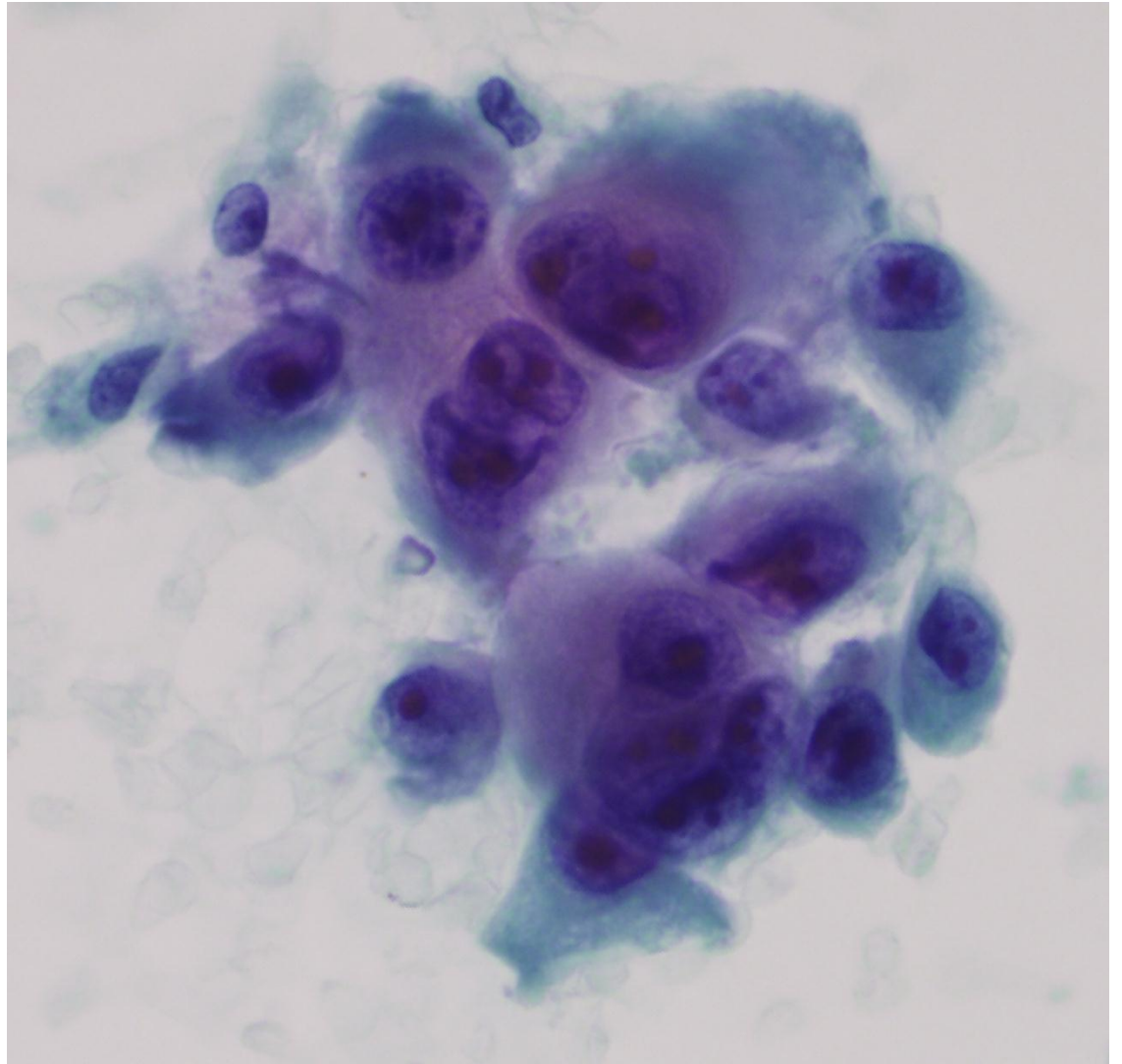
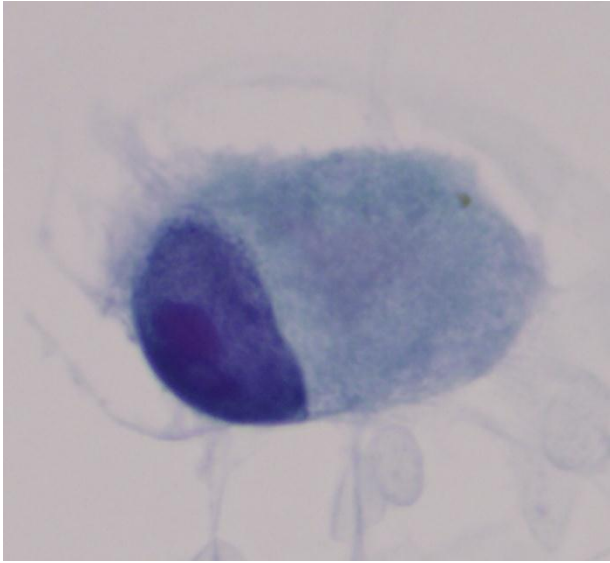
Differential Diagnosis

- Adenocarcinoma
- Melanoma
- Squamous cell carcinoma
- Poorly differentiated carcinoma
- Sarcoma

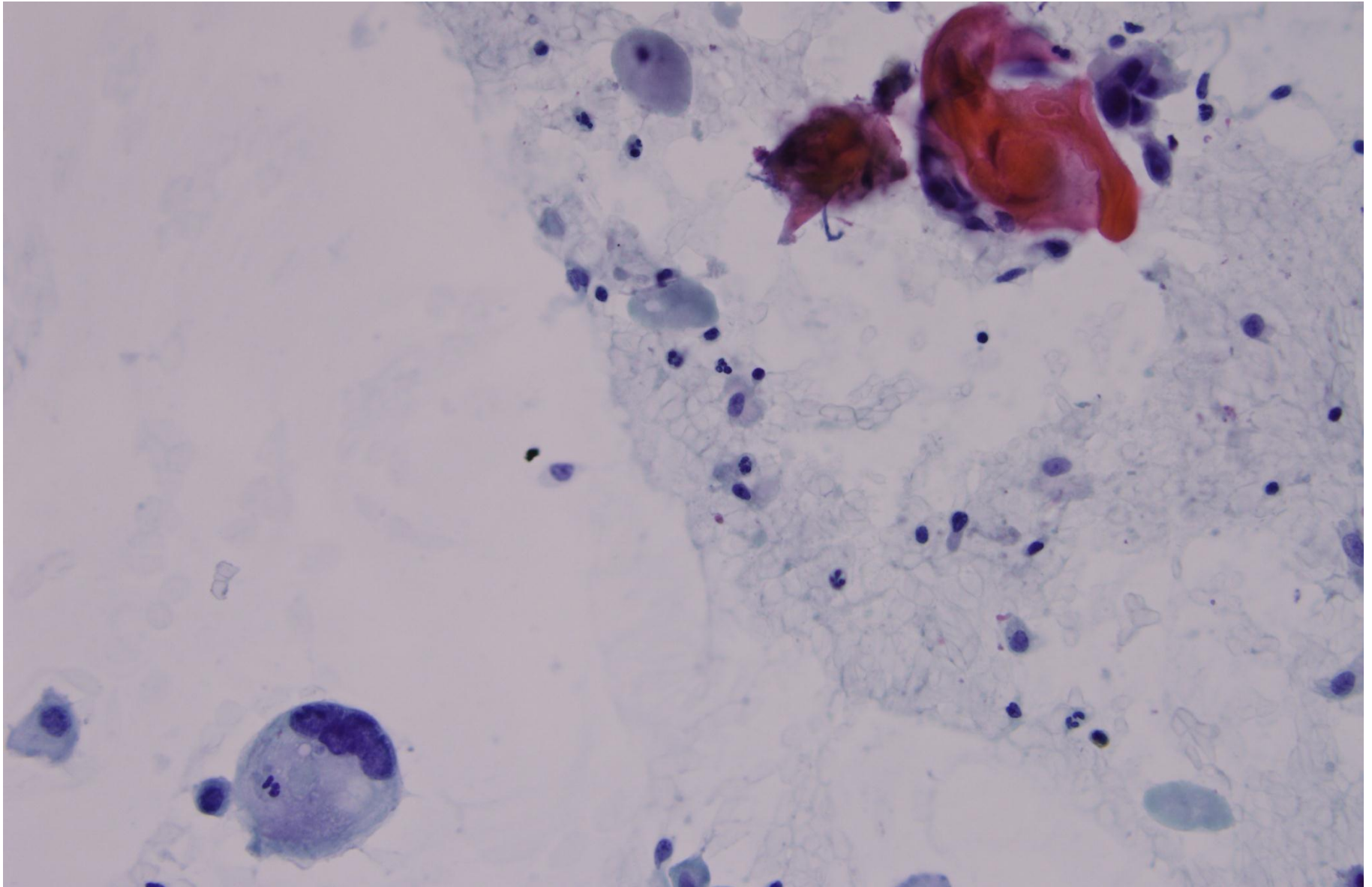
Pap stain



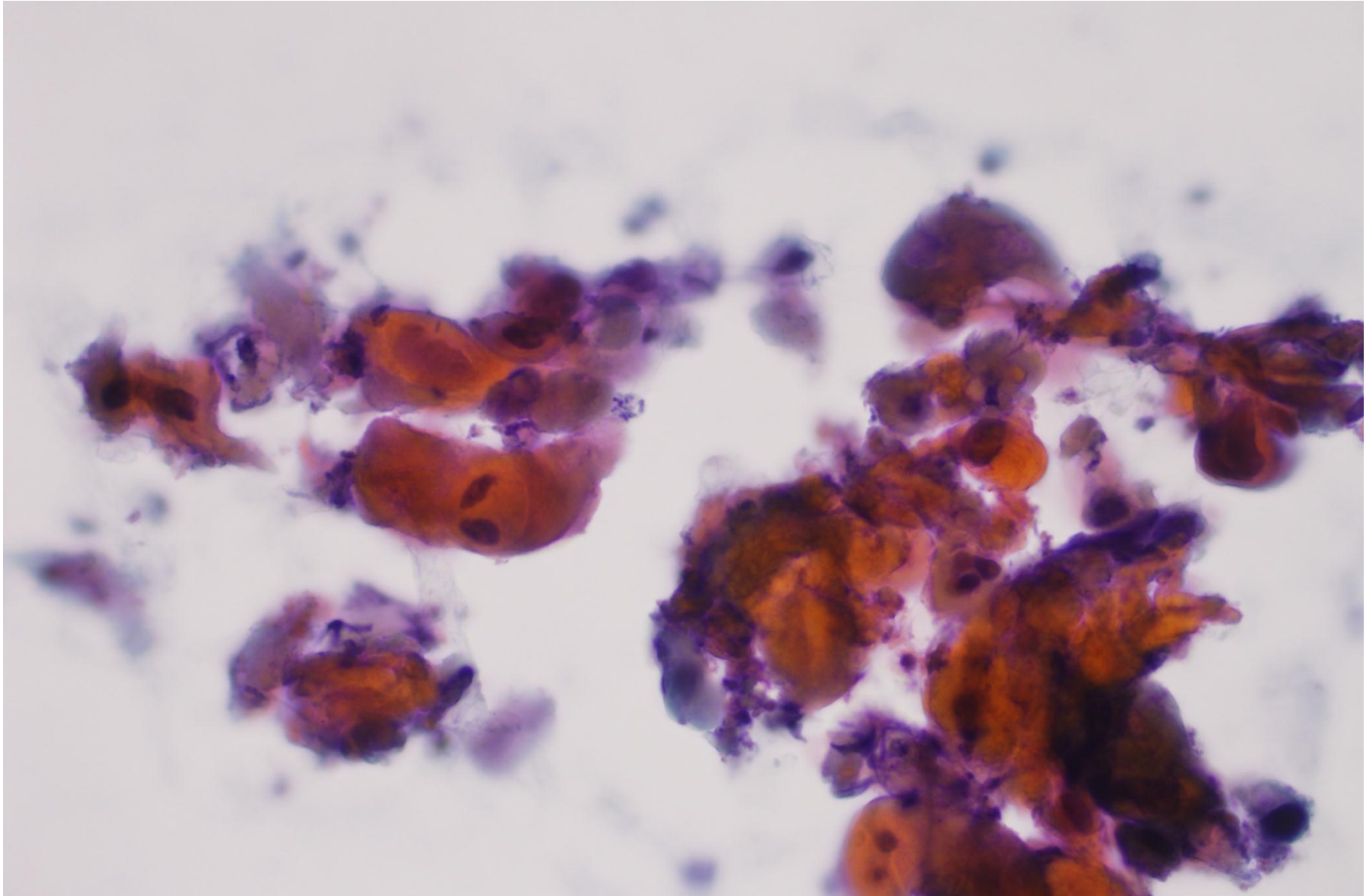
Pap stain



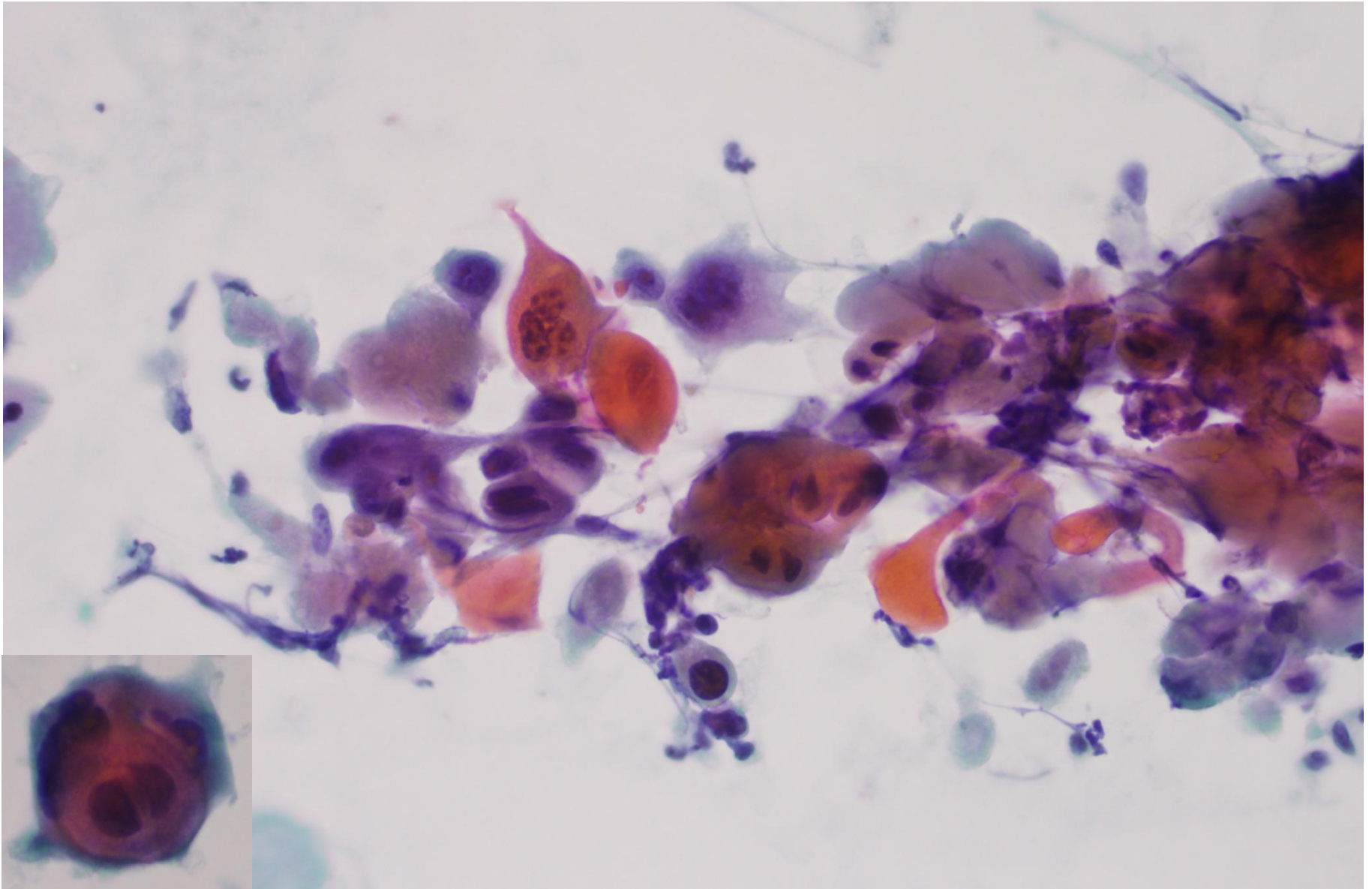
Luckily, started to see this on Pap stains.



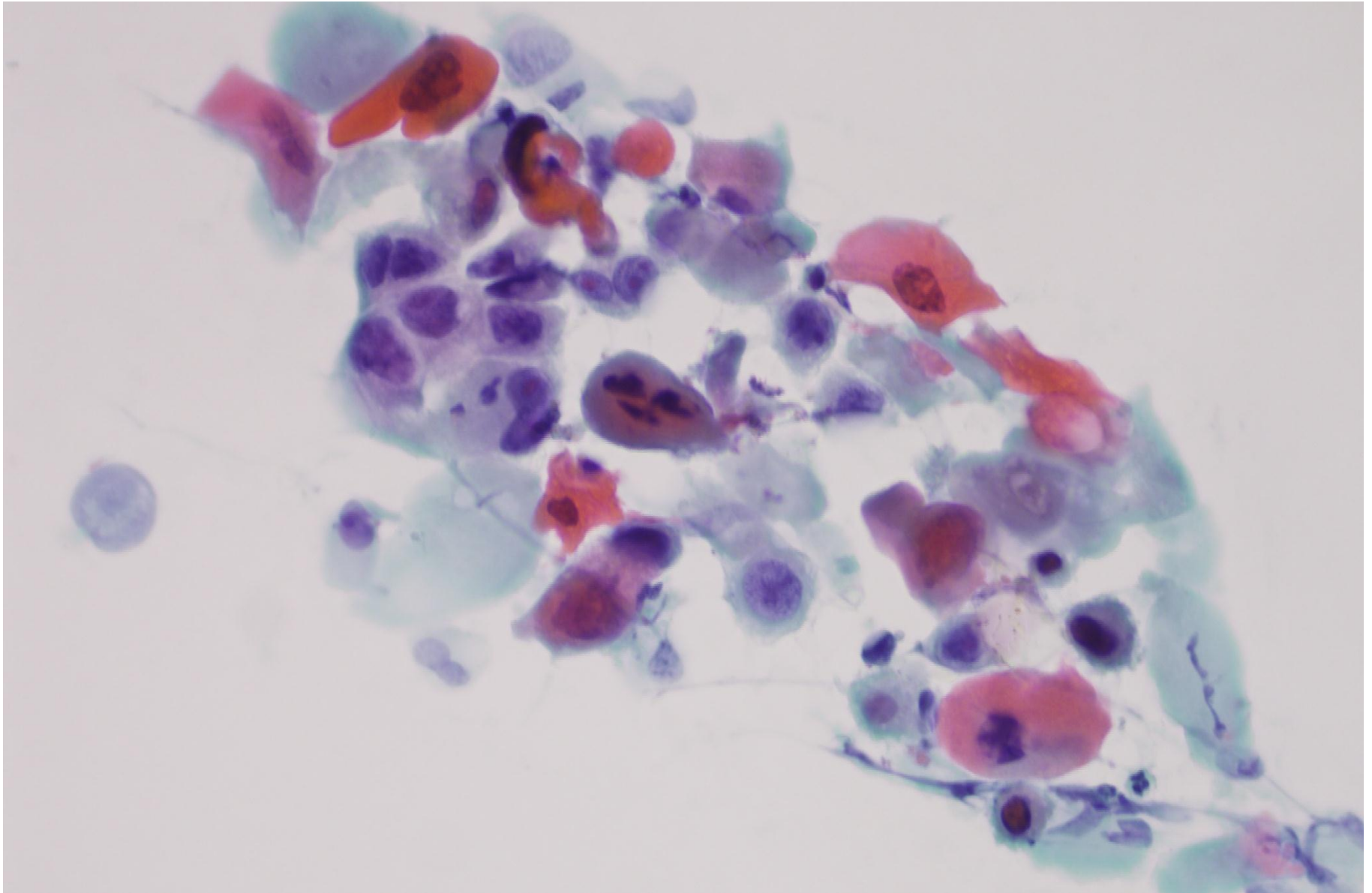
Pap stain



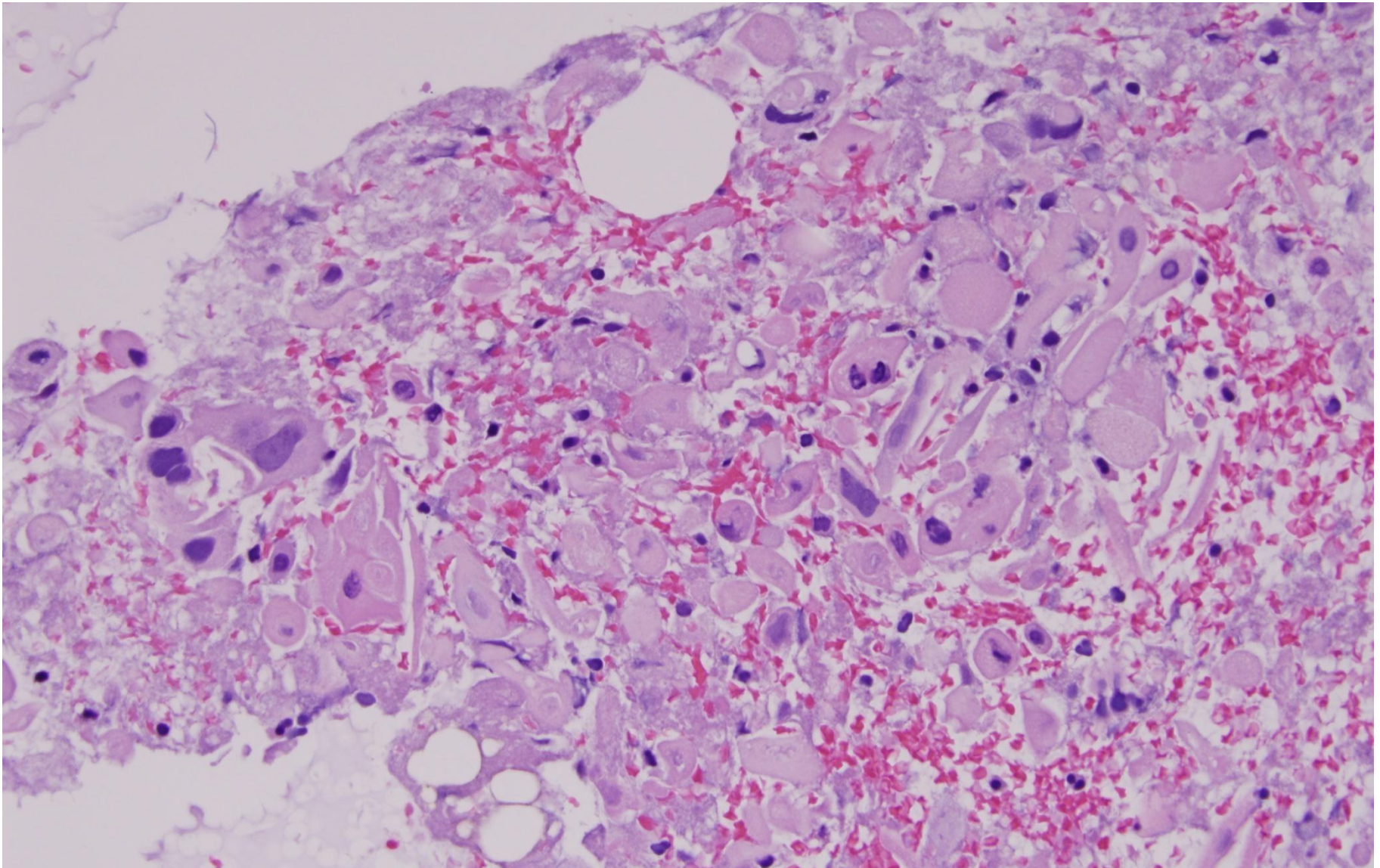
Pap stain



Pap stain



Cell block



FINAL DIAGNOSIS

- Right supraclavicular mass, FNA:
 - Positive for malignant cells.
 - Squamous cell carcinoma.

FOLLOW-UP

- 12/11/12 PET scan
 - Widespread metastases to the neck, thorax, abdomen, and bone.
- Clinic note: “Stage IV metastatic squamous cell carcinoma of unknown primary, presumably lung” given smoking history and presence of hilar lymphadenopathy.
- Has completed local radiation therapy of the supraclavicular node.
- Will receive carboplatin and gemcitabine.