

# Interesting Case Conference

2/11/2013

# HISTORY

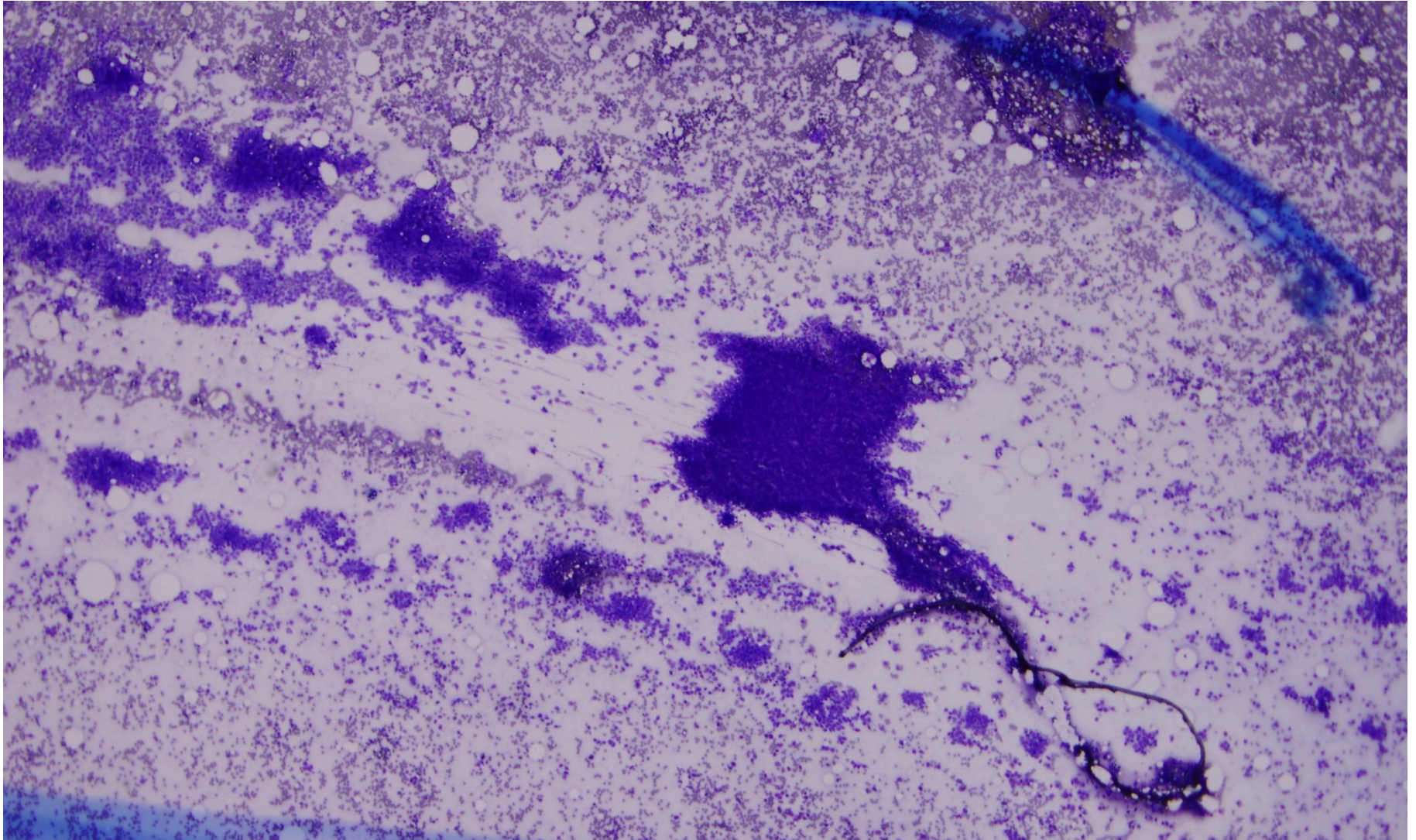
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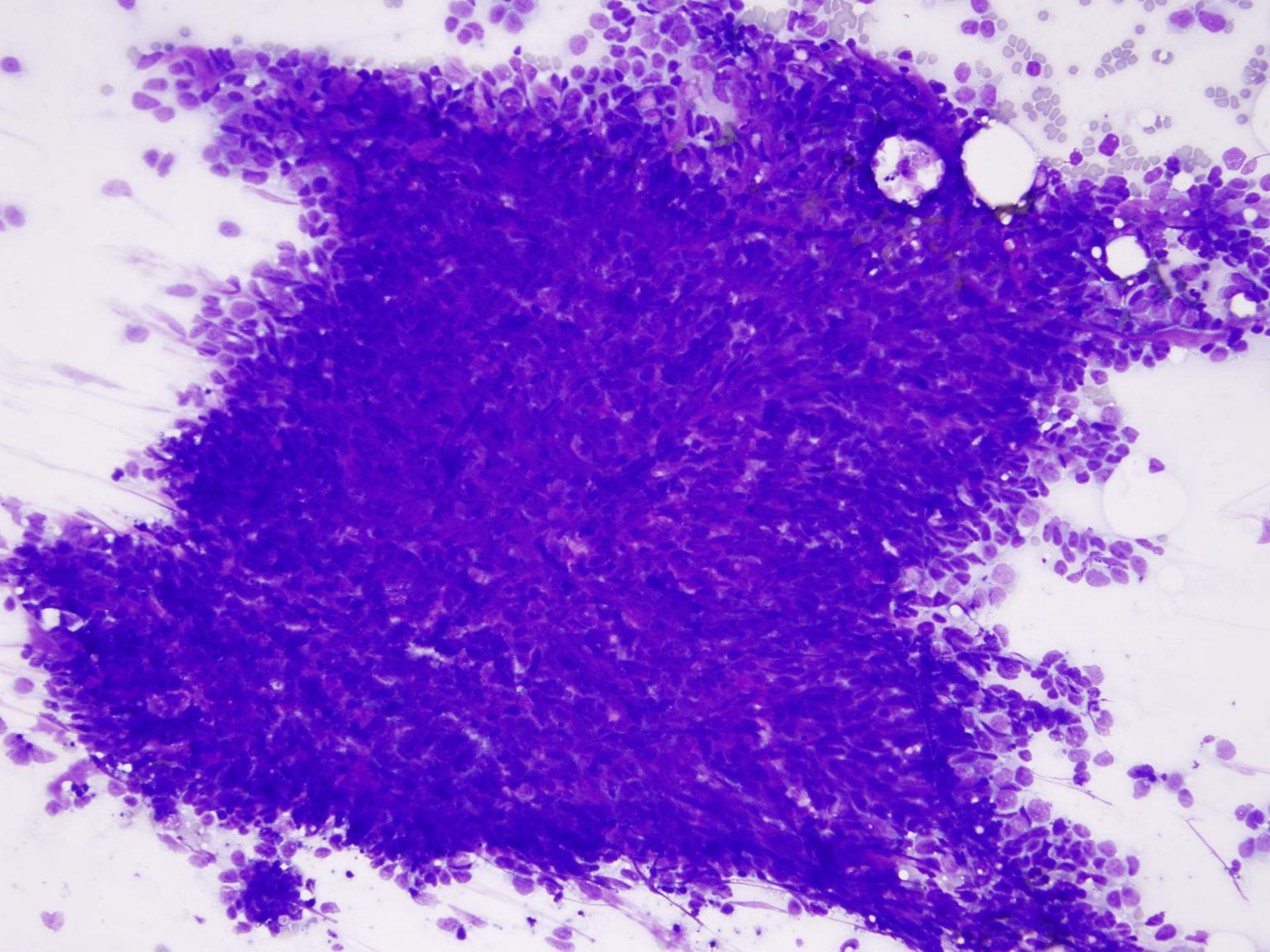
- 46 year old Caucasian male with history of \_\_\_\_\_.
- Non-smoker.
- Chest CT 12/20/12
  - Right middle lobe mass and several other pulmonary nodules.
  - No mediastinal, hilar, axillary, or abdominopelvic lymphadenopathy.

# Right middle lobe mass, CT-guided FNA

## Diff-Quik: Low Power

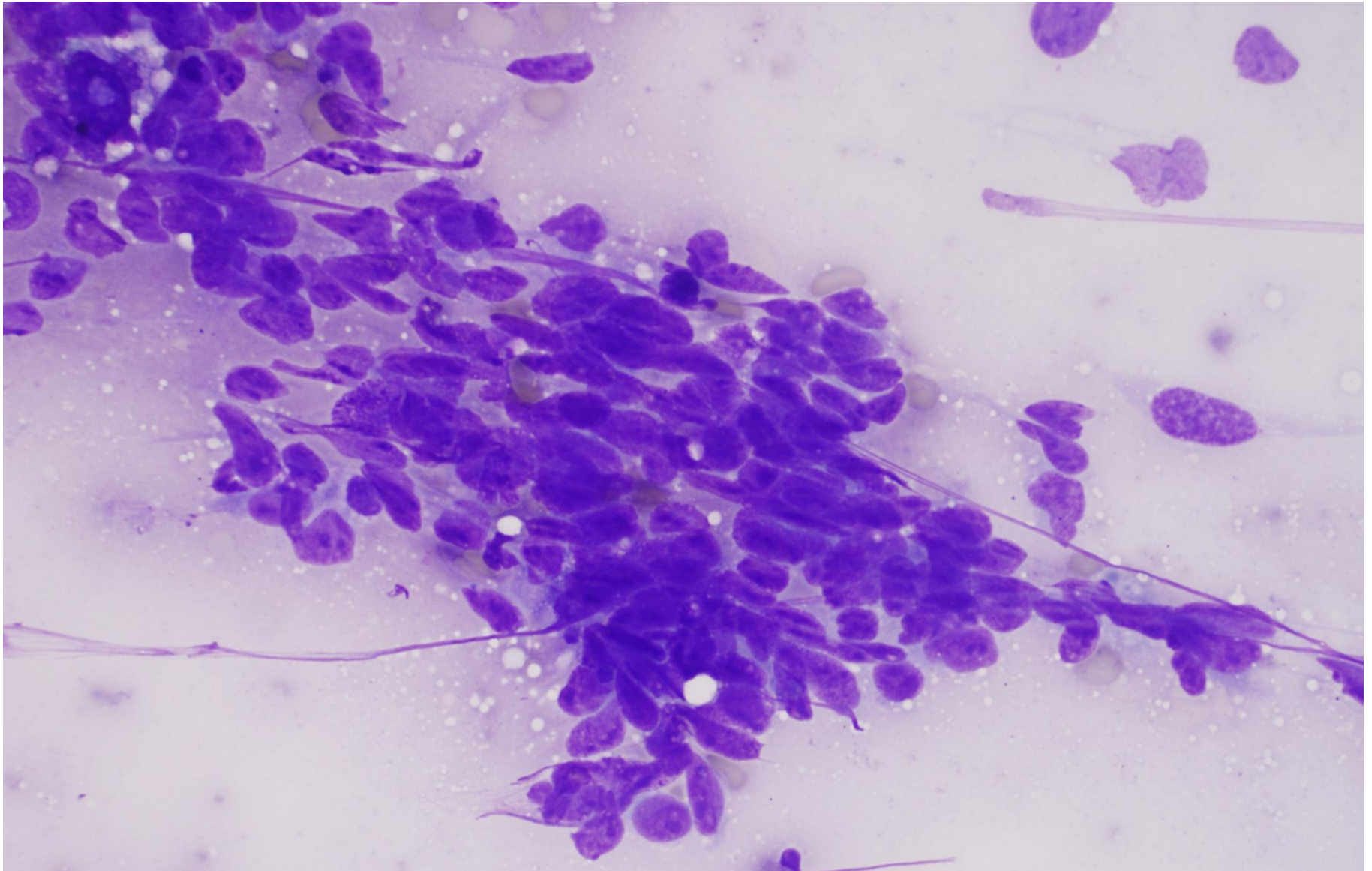
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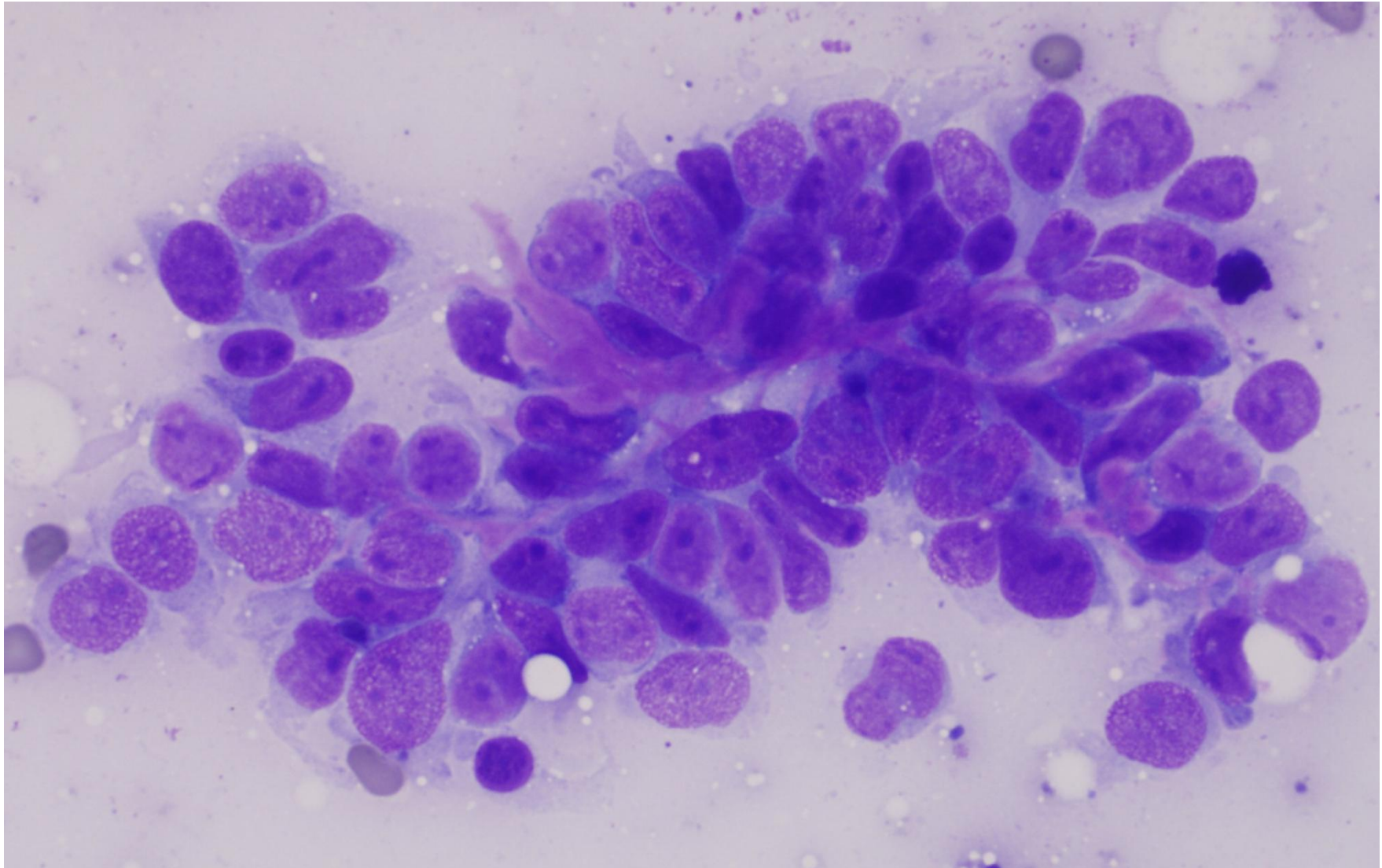
## Diff-Quik: Crush artifact and molding

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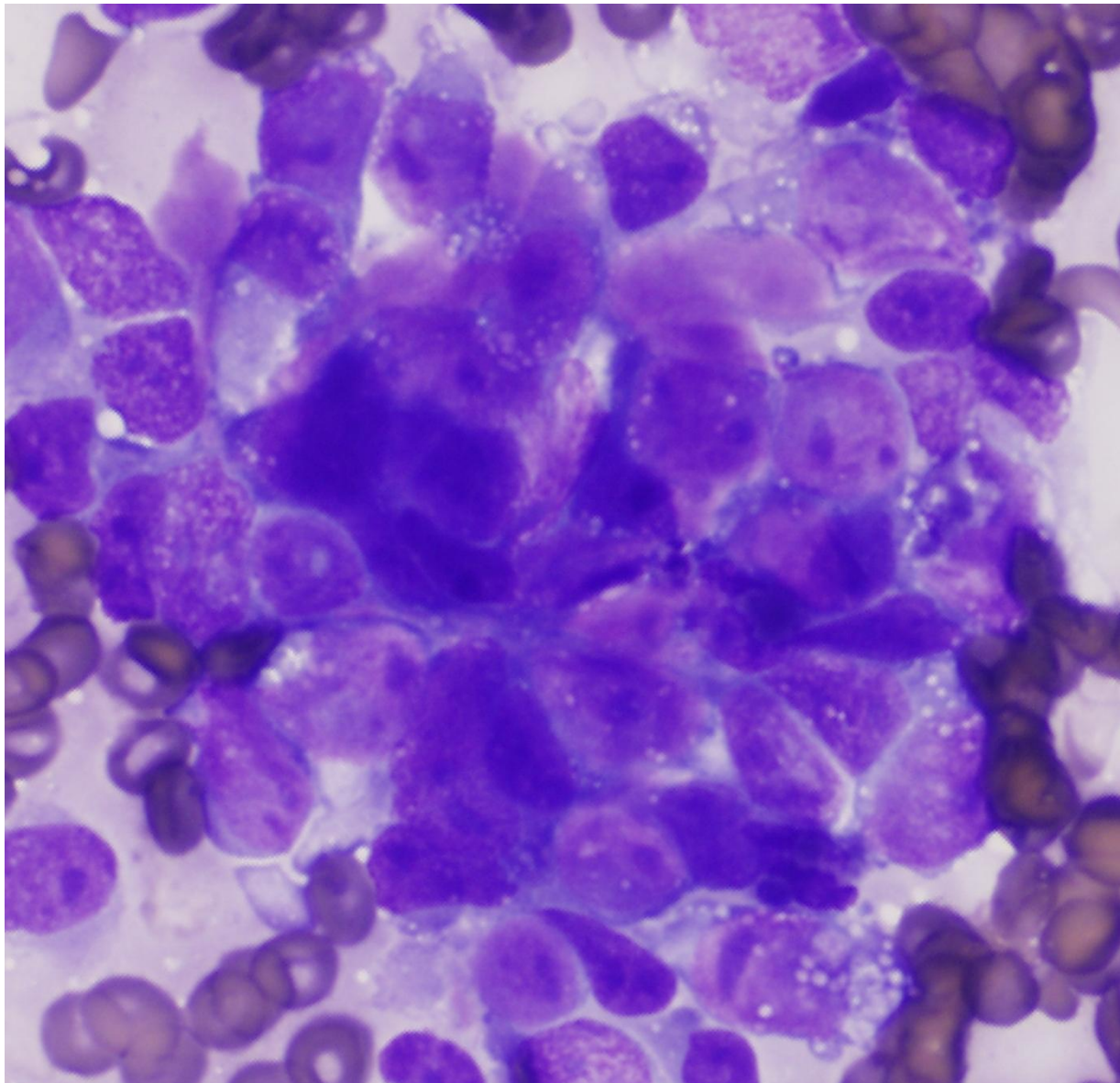
# Diff-Quik: Molding yet nucleoli

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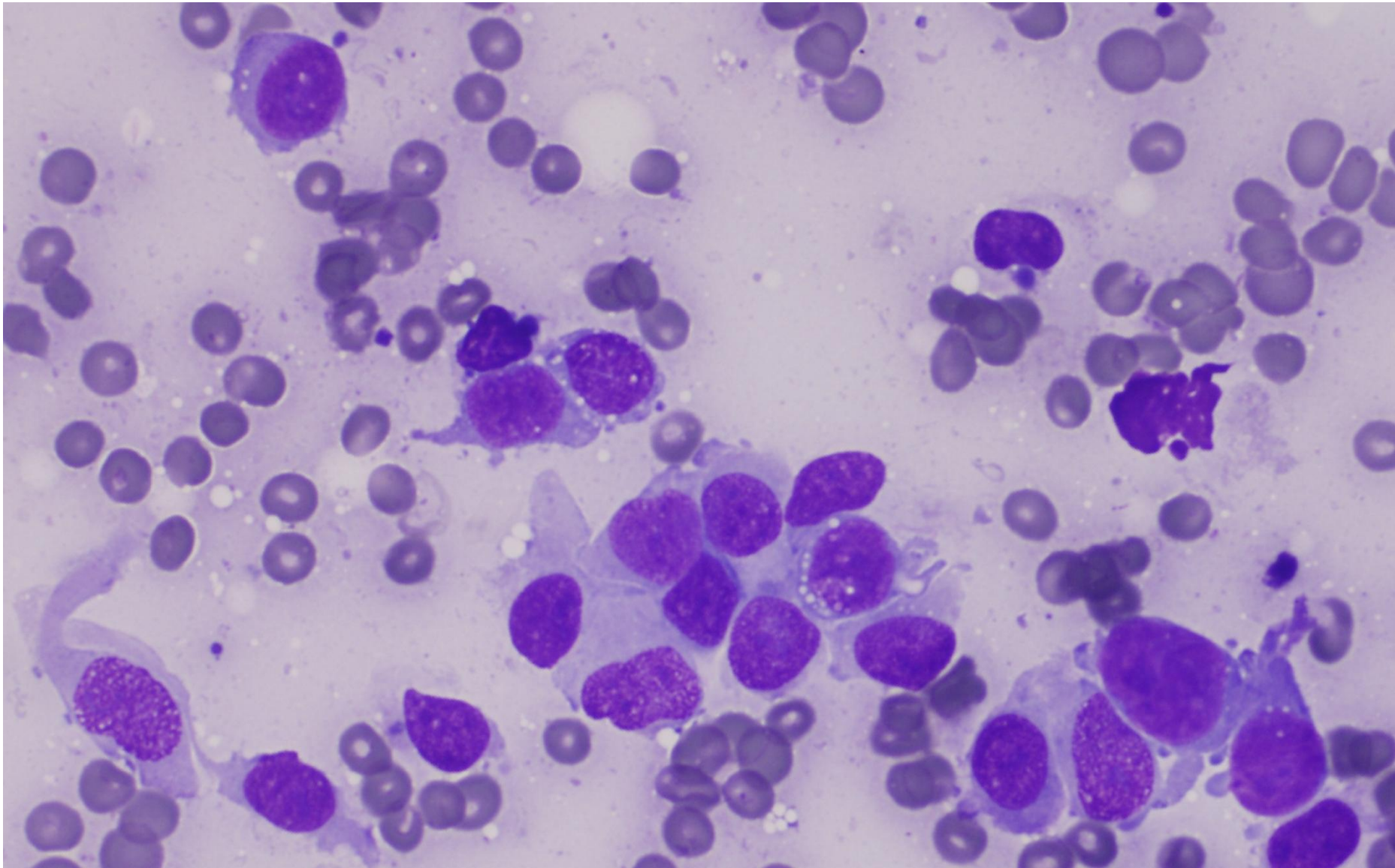
# Diff-Quik: Vacuoles

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# Diff-Quik: Vacuoles

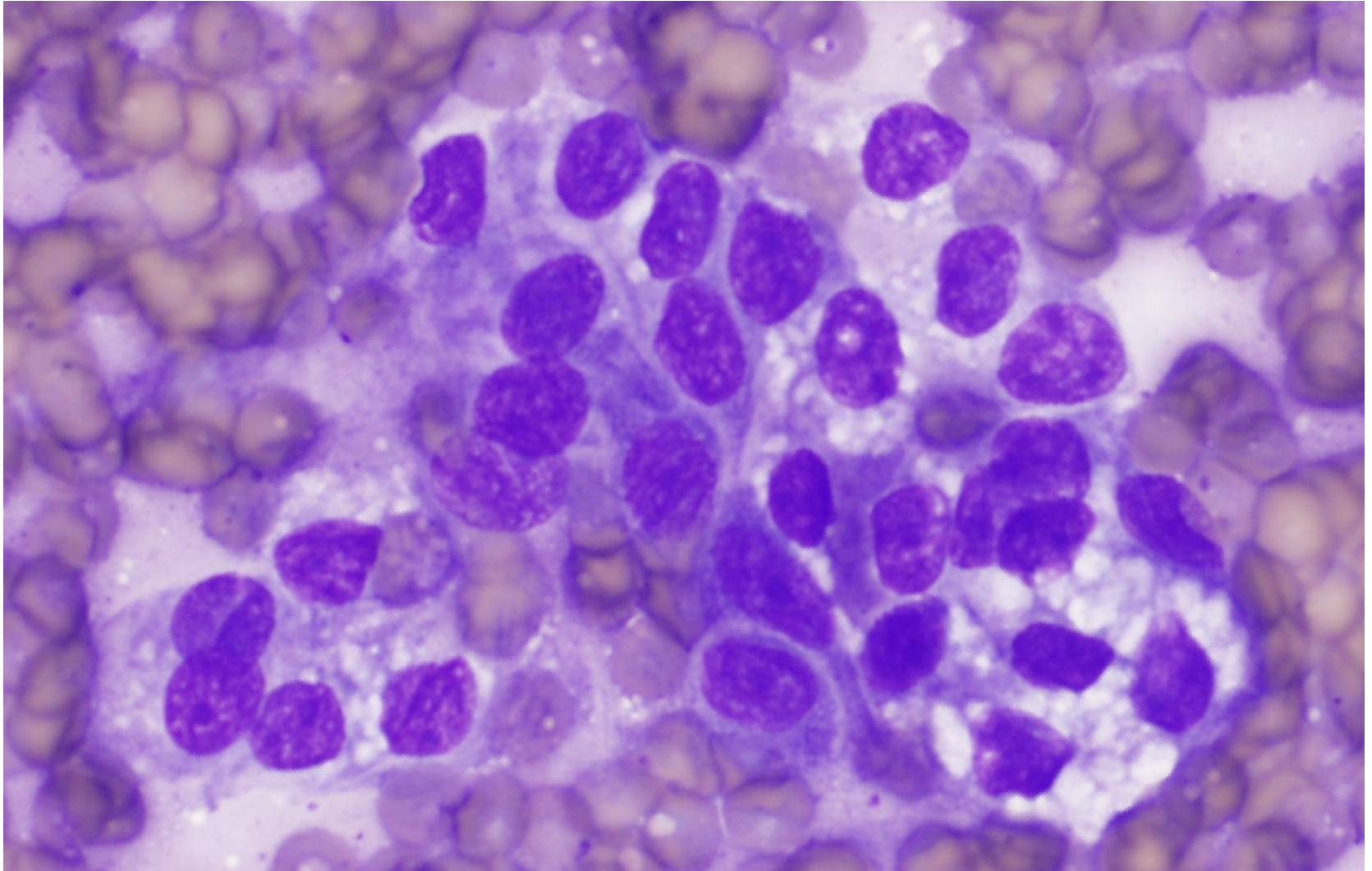
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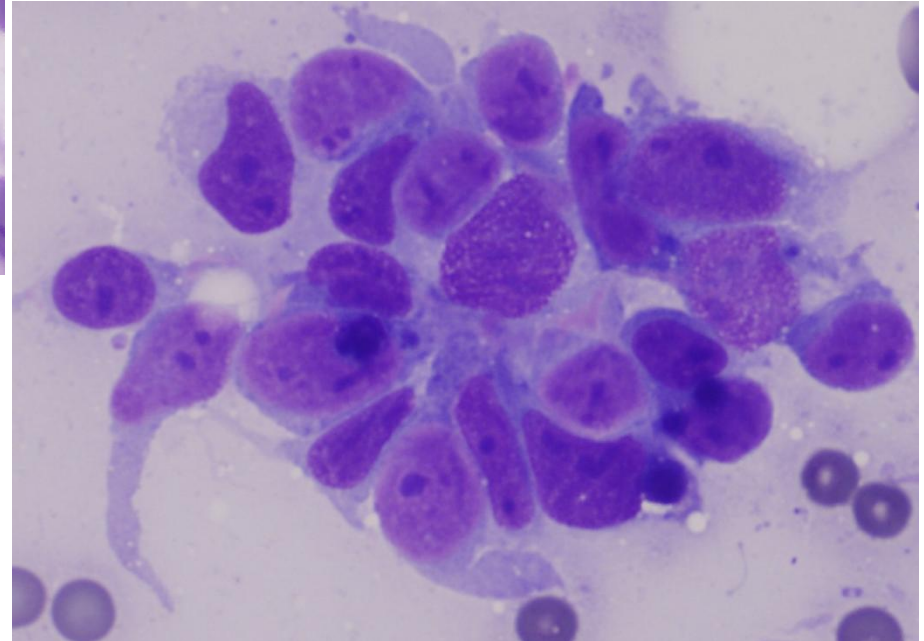
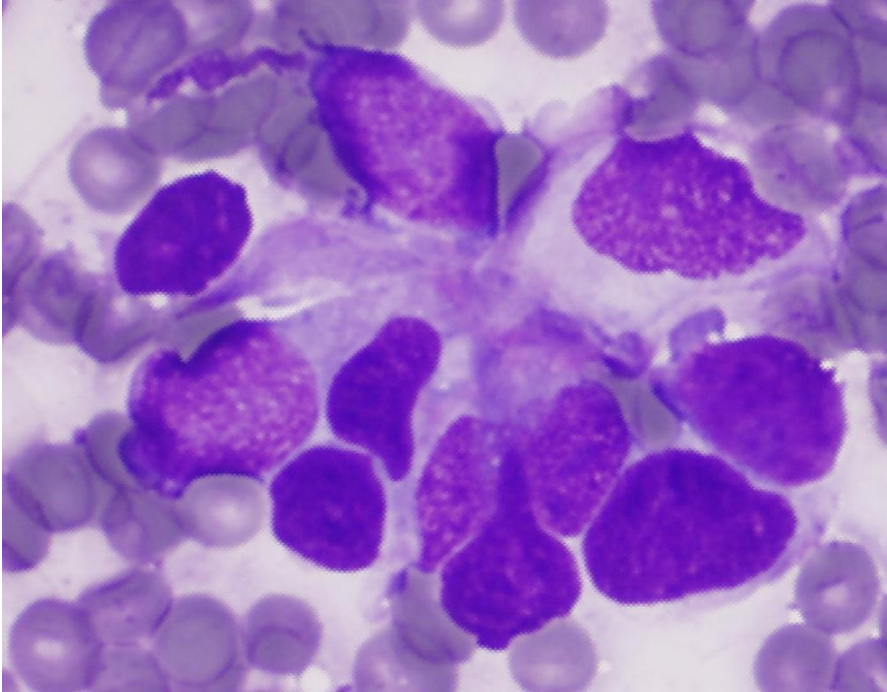
## Diff-Quik: Vacuolated cytoplasm

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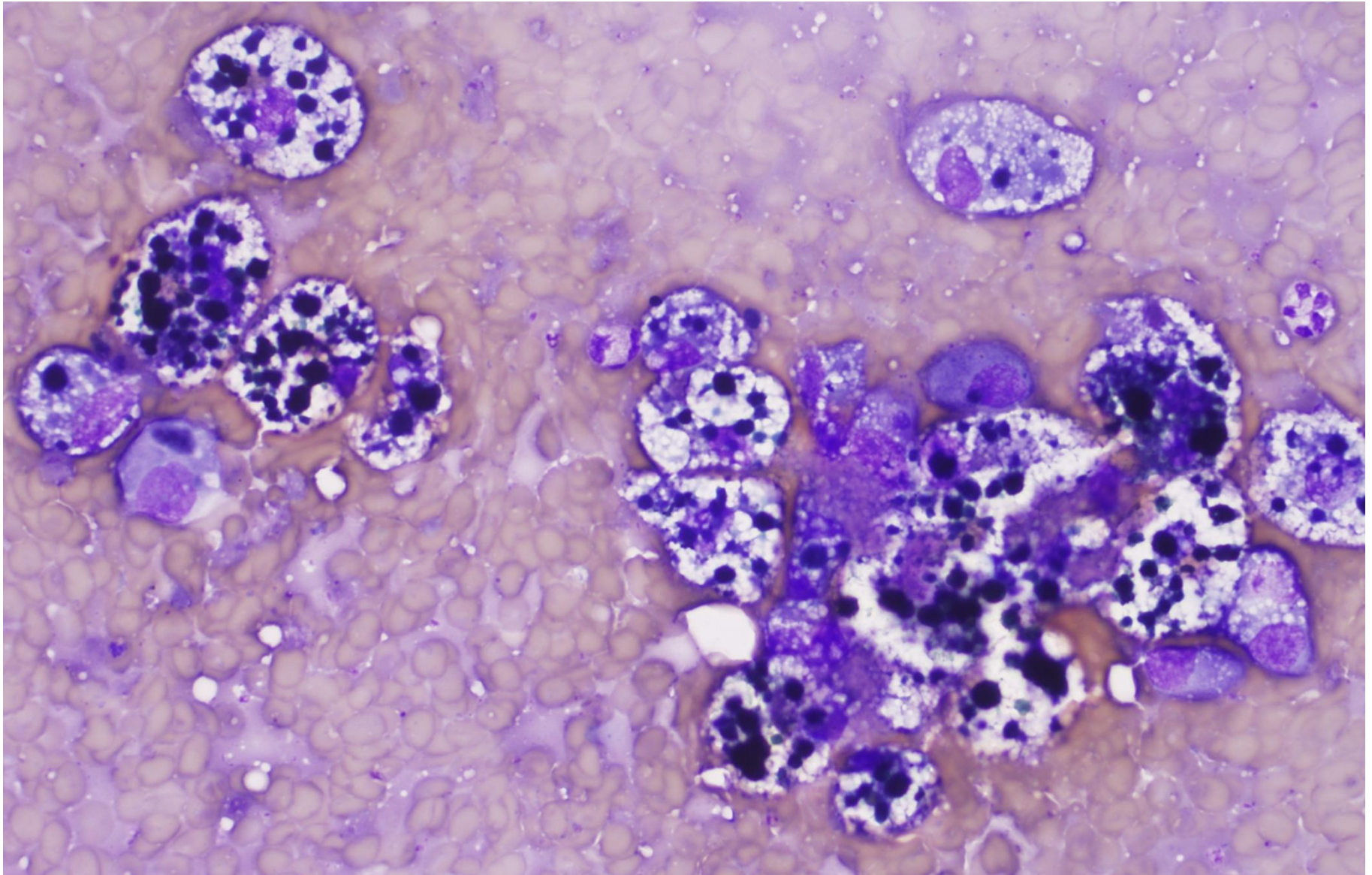
## Diff-Quik: Gland-like areas

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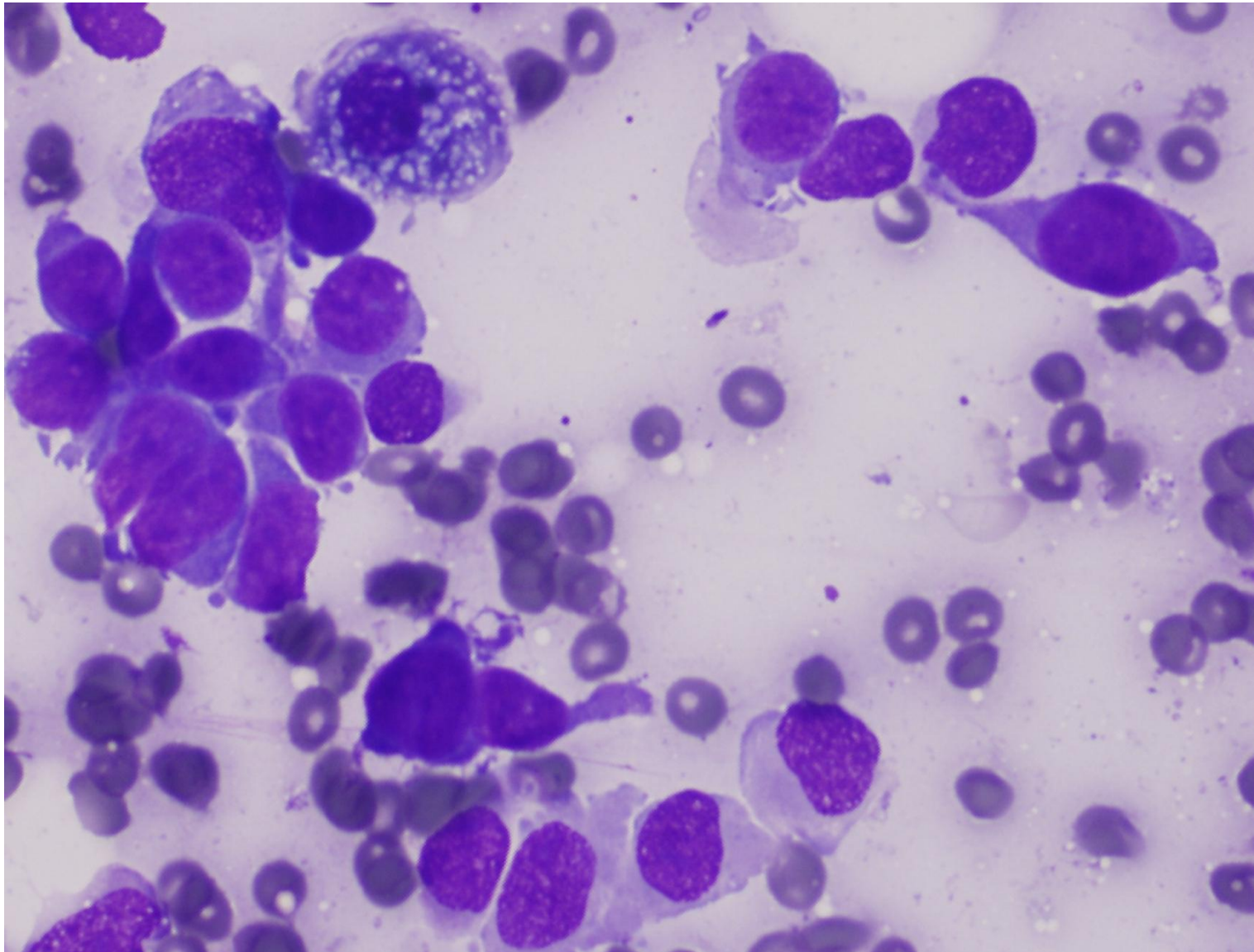
## Diff-Quik: Pigment-laden histiocytes

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## Diff-Quik: Histiocytes & pleomorphism

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# Differential Diagnosis

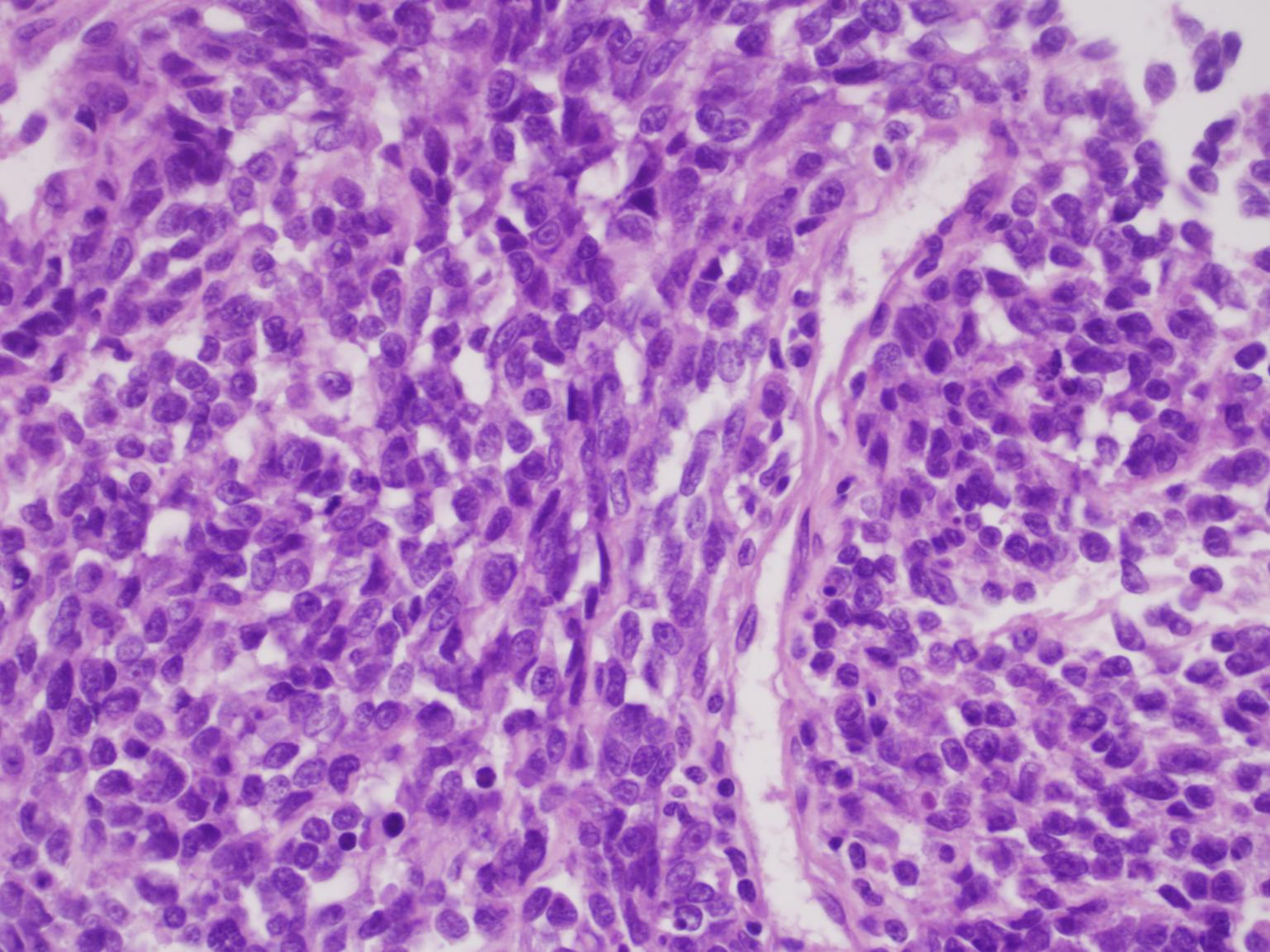
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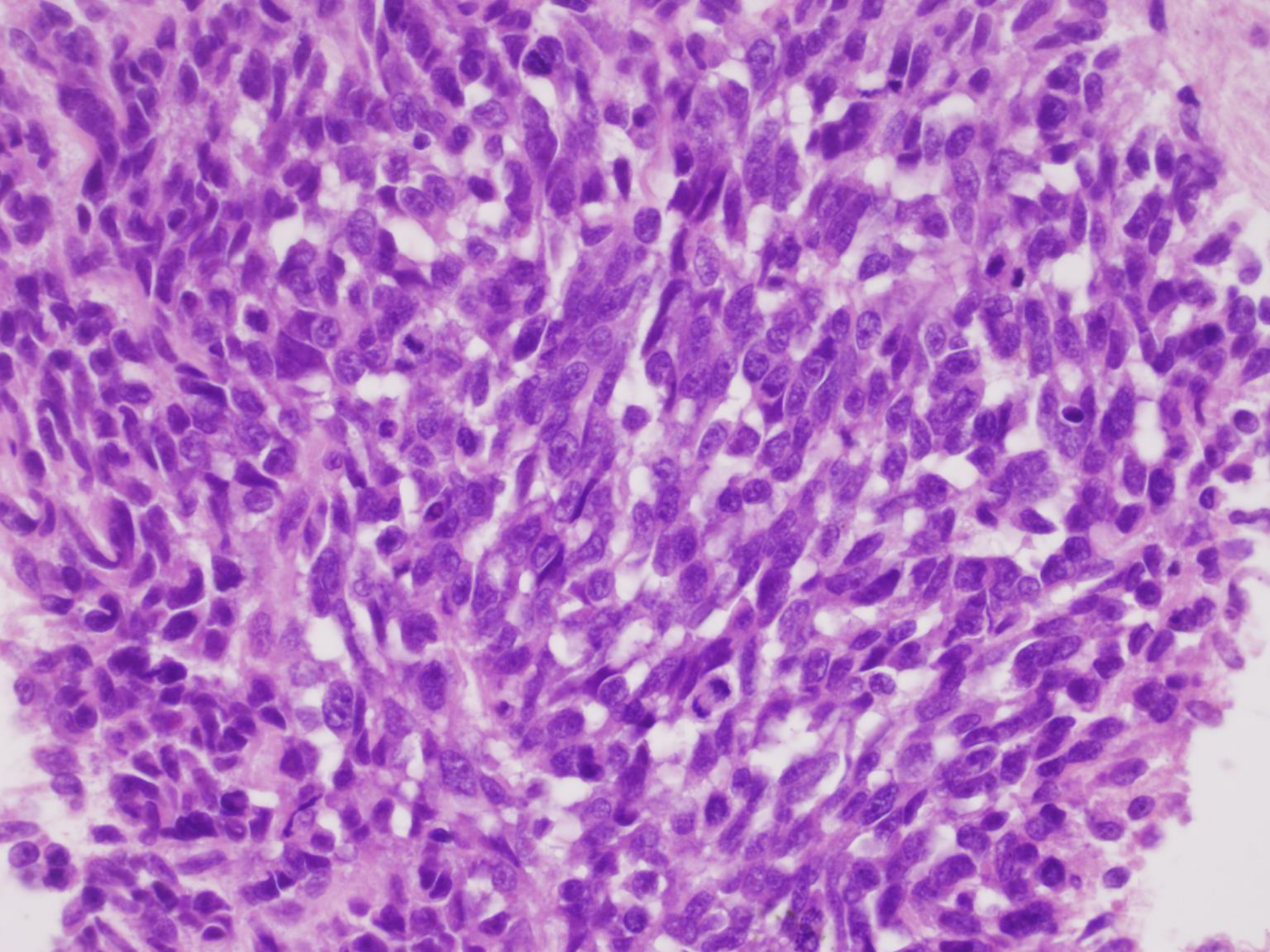
- Squamous cell carcinoma
- Adenocarcinoma
- Poorly differentiated carcinoma
- Melanoma

# Pertinent History

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- July 2011 left chest wall nodular melanoma
  - Wide local excision and axillary lymph node dissection (nodes negative) without a formal sentinel lymph node mapping procedure.
- Patient declined adjuvant interferon therapy after initial diagnosis

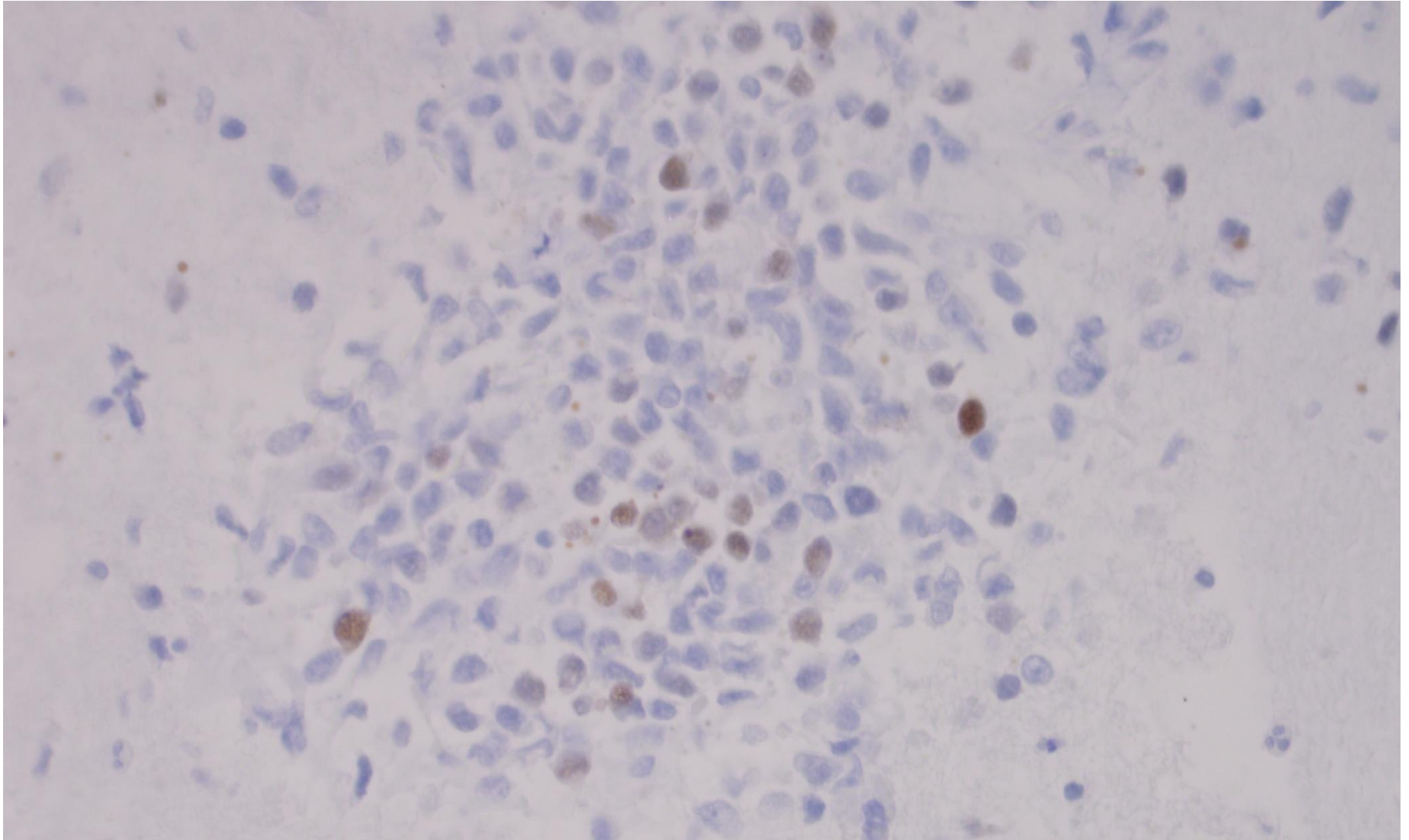






# Cell block: S100

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# Final Diagnosis & Lessons

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- Lung, right middle lobe mass, CT-guided FNA:
  - Positive for malignant cells, consistent with patient's known history of melanoma.
  - (+) S100 (focal)      (-) HMB-45, MART-1, pancytokeratin, synaptophysin
  - BRAF mutation not detected

## LESSONS

- Obviously, history is important.
- Think outside the box.
- Melanoma can look like anything. Think of melanoma when you see a malignancy with a mixed spindle cell and epithelioid morphology.
- Pay attention to the background.

# FOLLOW-UP

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- Review CT scans once available and consider for systemic immunotherapy.