

Interesting case conference

1/7/13

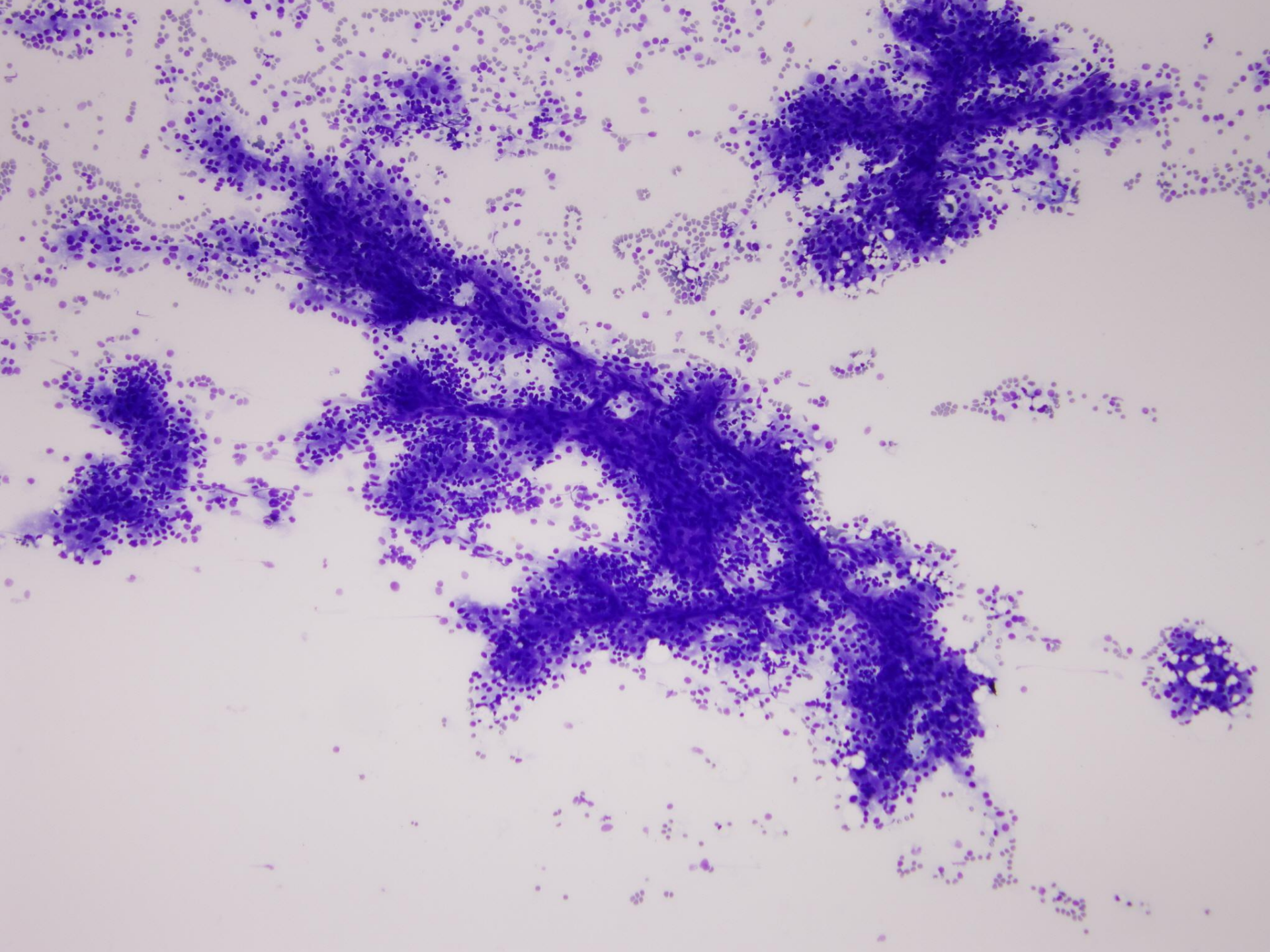
57 year old male

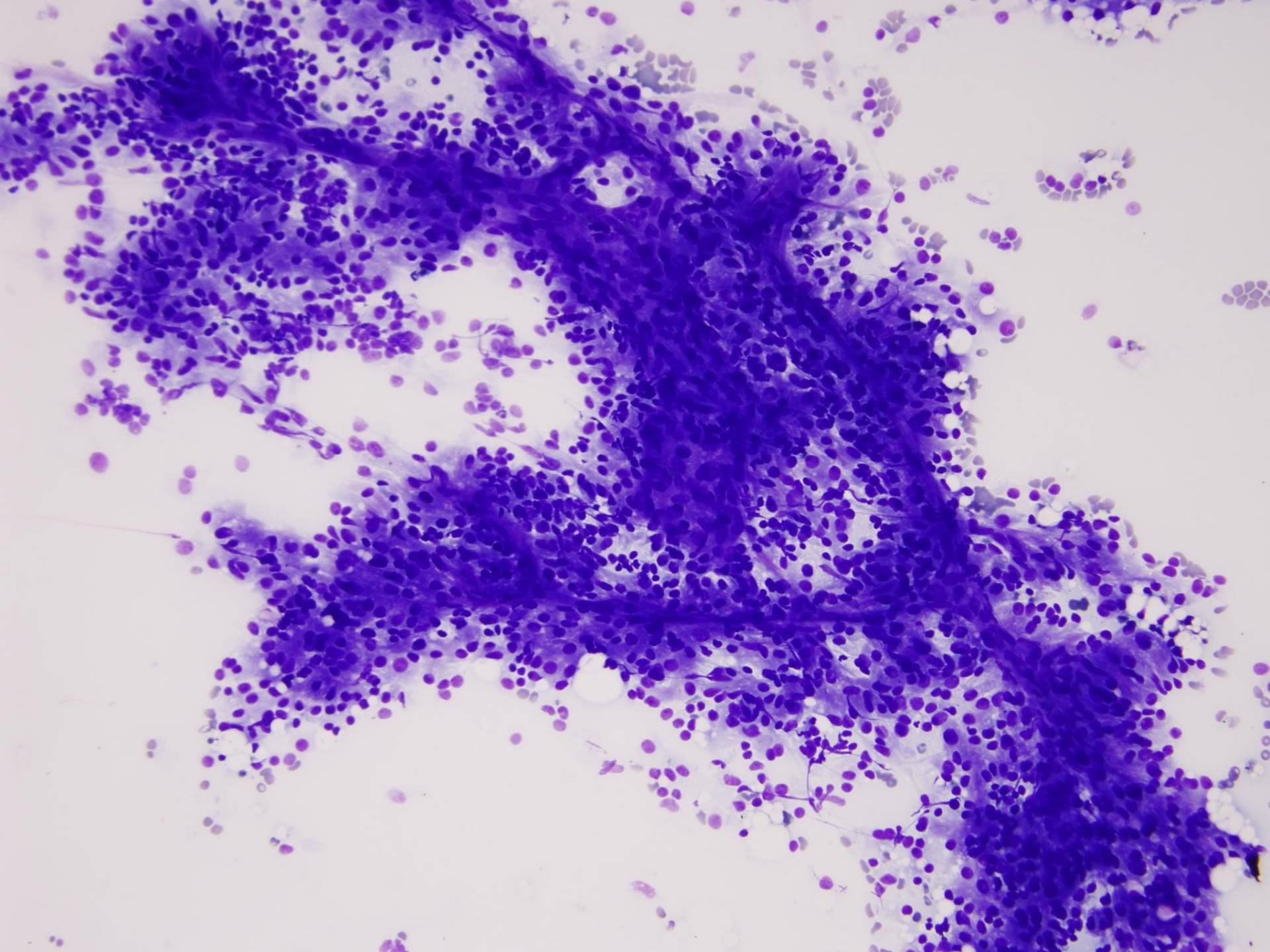
Clinical information: "unspecified disease of pancreas"

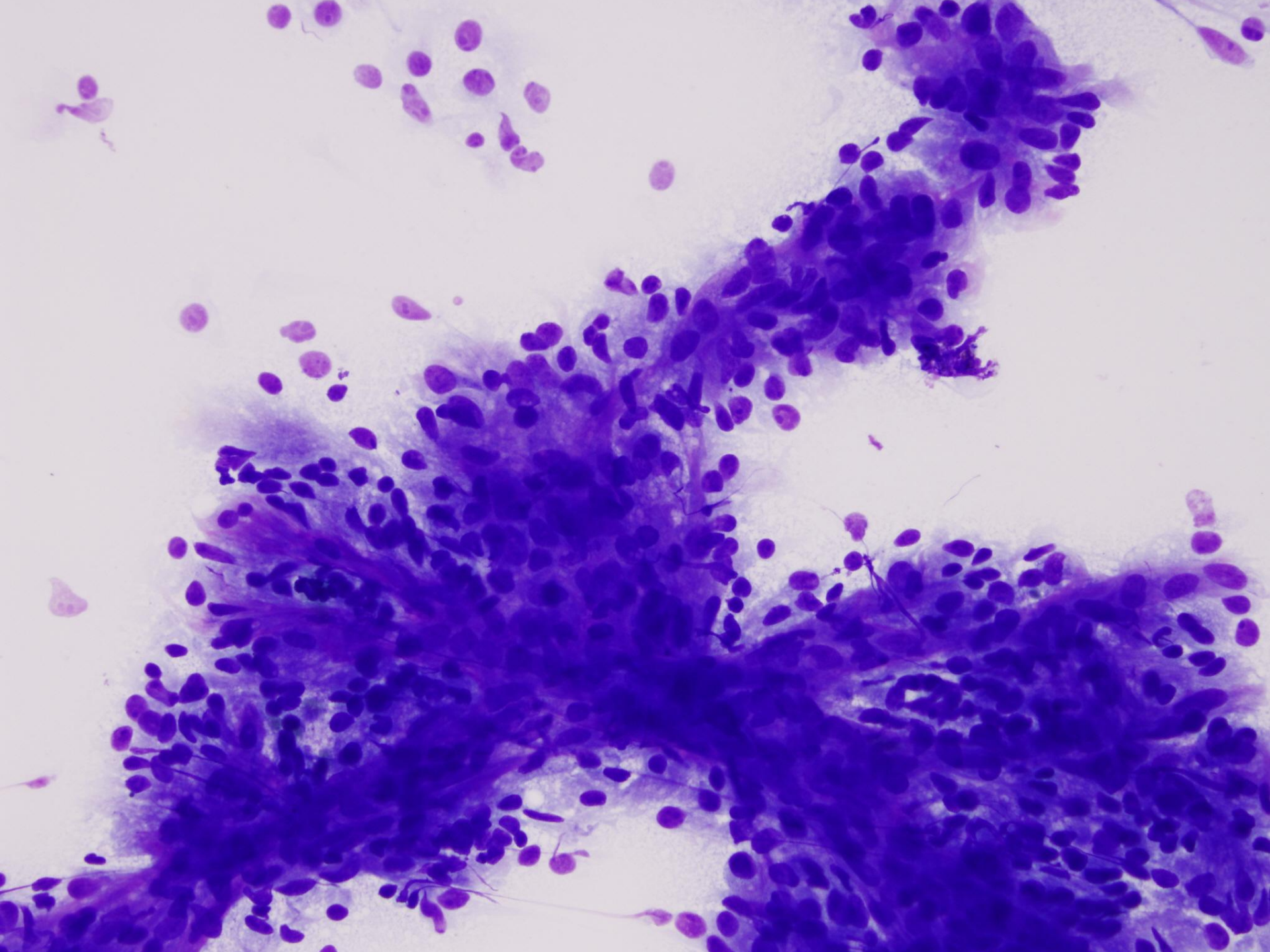
Underwent US-guided FNA of pancreas at an outside hospital

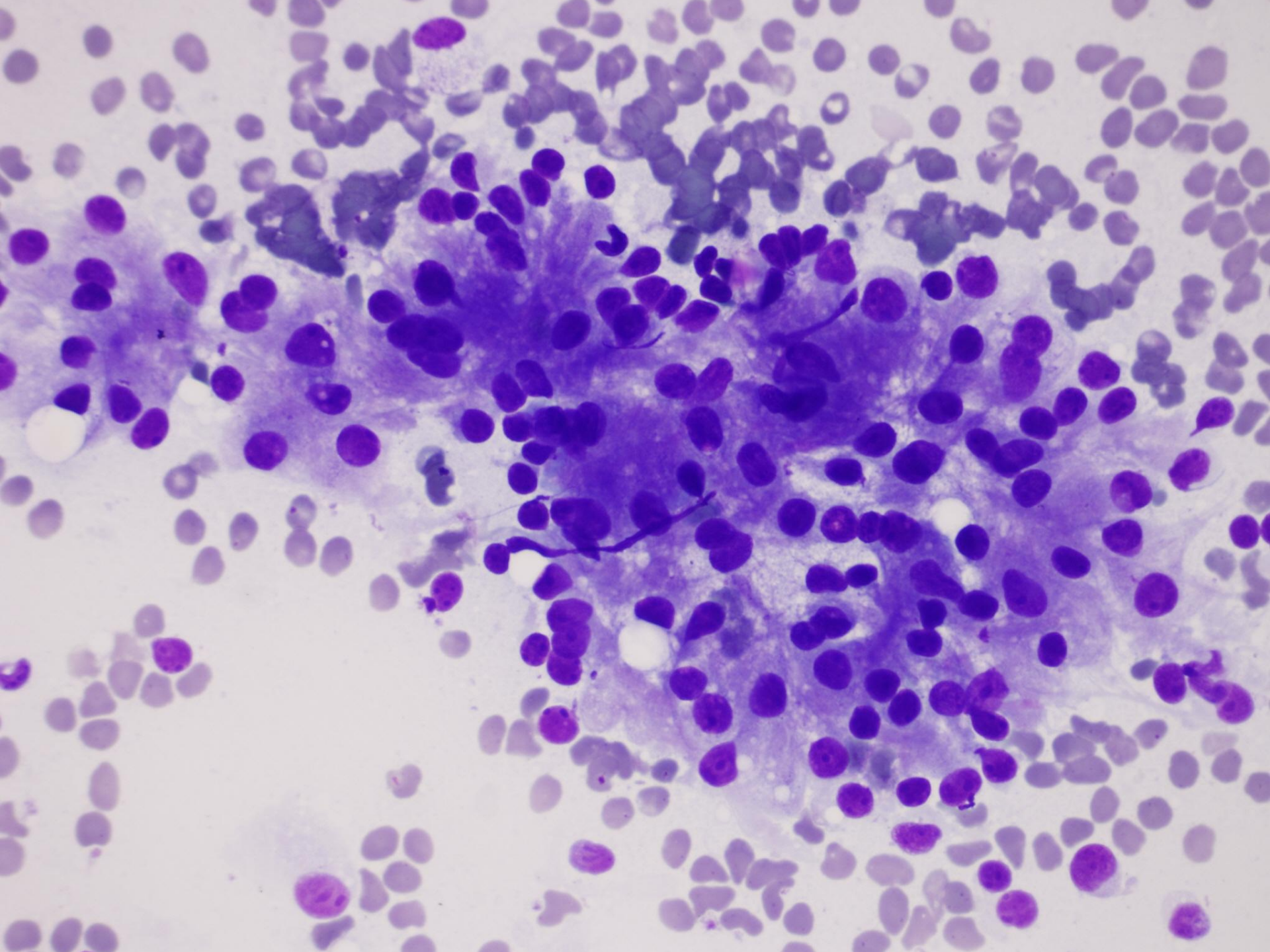
OUTSIDE READ=> Atypical papillary groups of epithelial cells

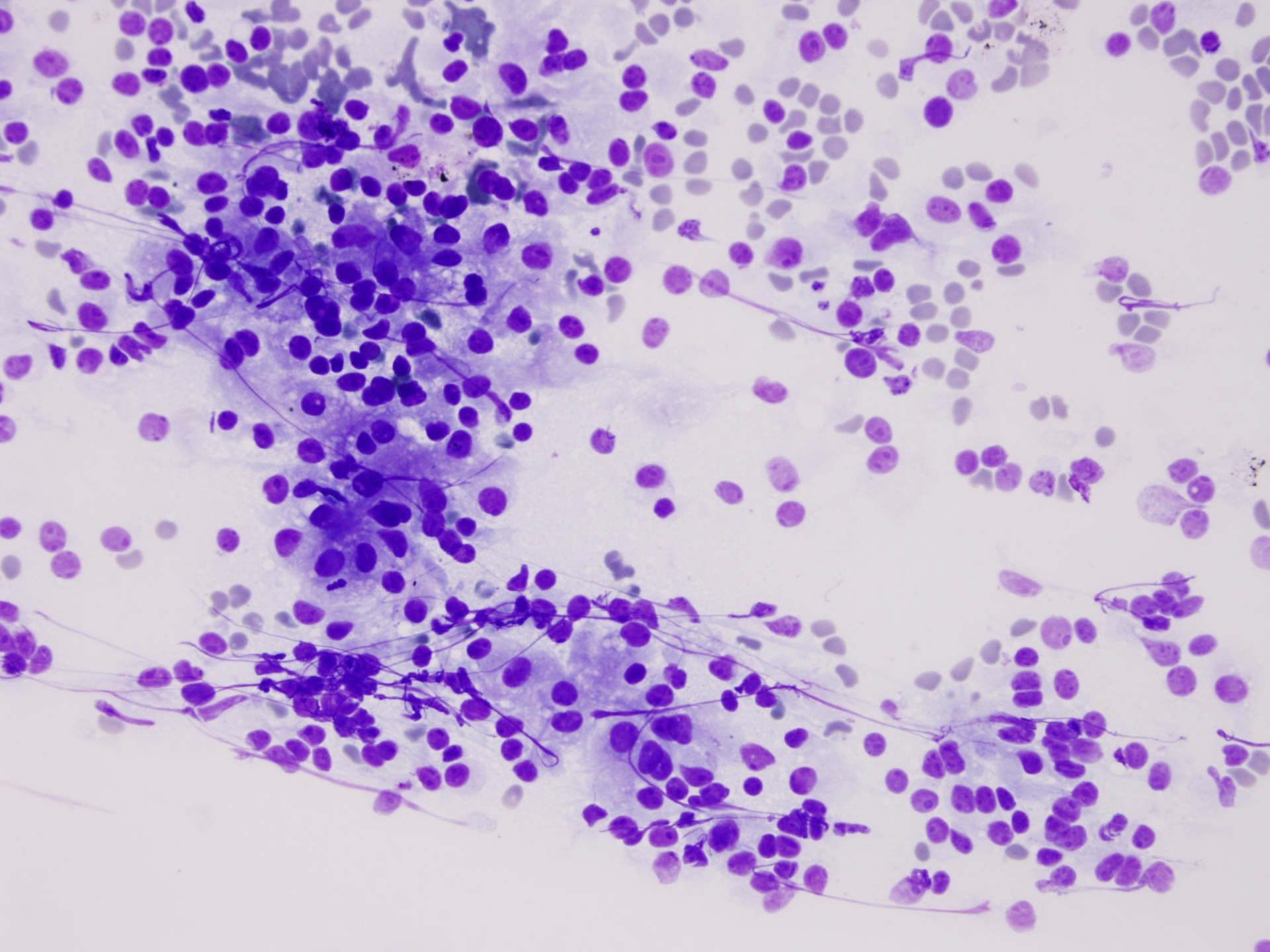
COMMENT: Cytologic material is limited to several air dried smear which demonstrate papillary groups of epithelial cells suspicious for papillary pancreatic neoplasm with differential diagnosis which may include IPMN and papillary carcinoma. Clinical correlation with consideration for more definitive excision is recommended.

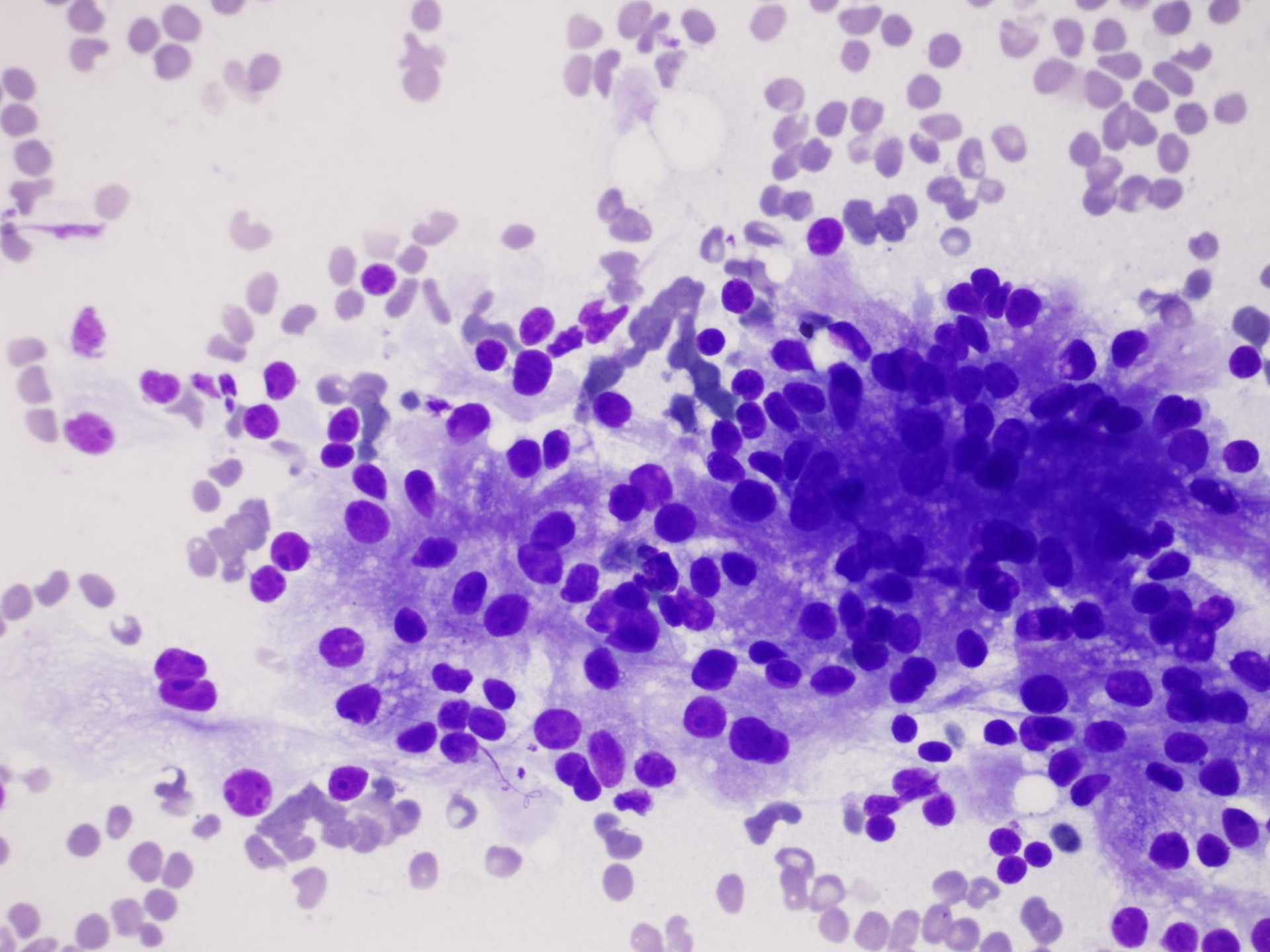


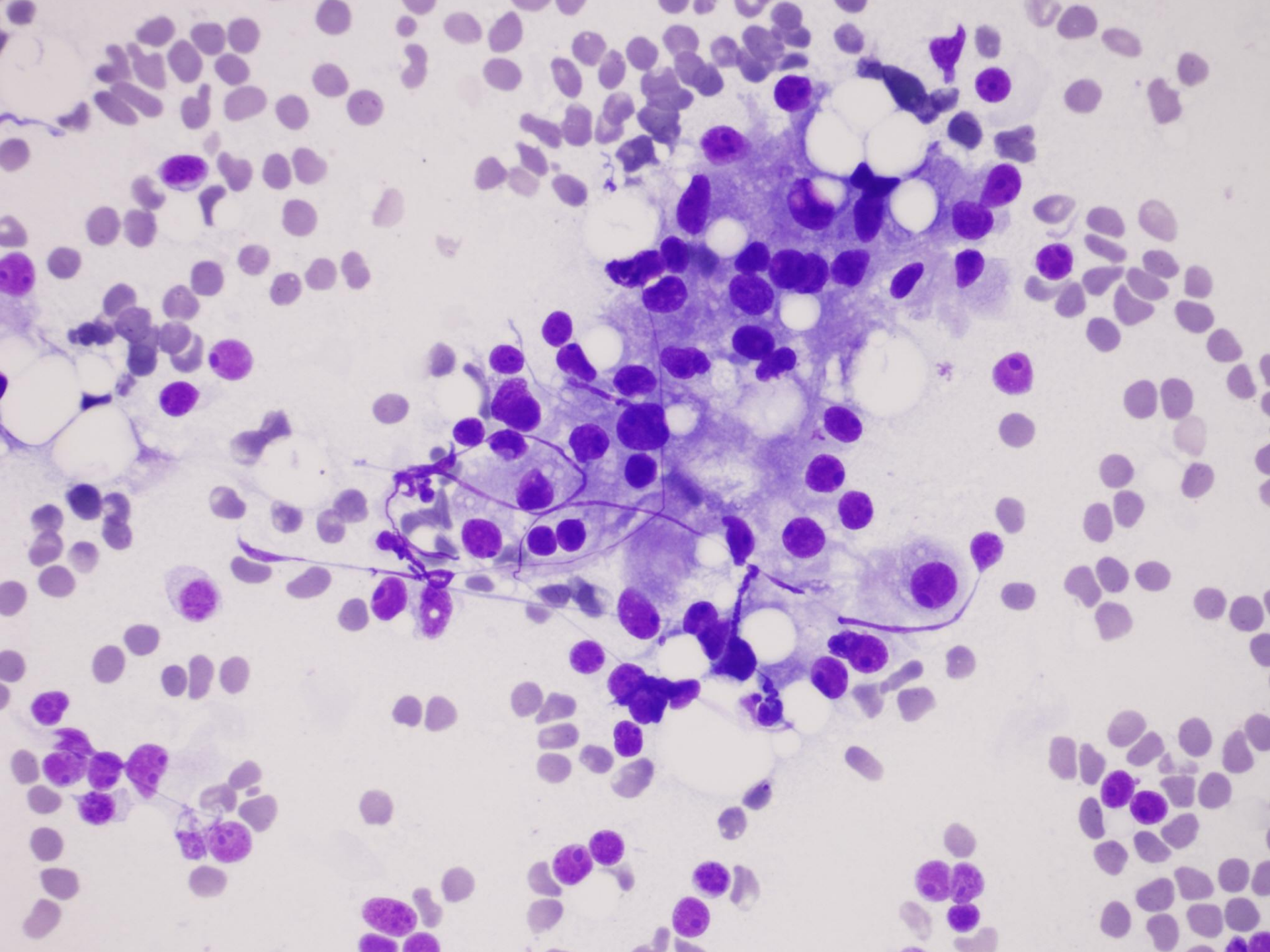












Differential diagnosis:

Pancreatic primary – subtle adenocarcinoma, pancreatic endocrine neoplasm, acinar cell carcinoma, solid pseudopapillary tumor.

Metastatic tumor – the cytomorphology is reminiscent of clear cell renal cell carcinoma (abundant wispy to vacuolated cytoplasm).

Additional clinical history was obtained. The patient has a history of clear cell renal cell carcinoma. The findings on the aspirate material is morphologically consistent with renal cell carcinoma.

MICROSCOPIC DIAGNOSIS: Positive for malignant cells, morphologically consistent with metastatic renal cell carcinoma.

KEY FEATURES OF CLEAR CELL RCC

Large cohesive cell groups and isolated cells

Cells with **low N/C ratio, eccentric nucleus** with prominent nucleolus

Small cytoplasmic vacuoles with irregular distribution (less abundant in higher grade tumors). Poorly defined cytoplasmic membranes.

Metastases to the pancreas are not common; however, renal cell carcinoma is a known culprit to metastasize to the pancreas.

If we had a cell block available, immunohistochemistry for PAX8 would have been performed.