

Interesting Case Conference

2/18/2013

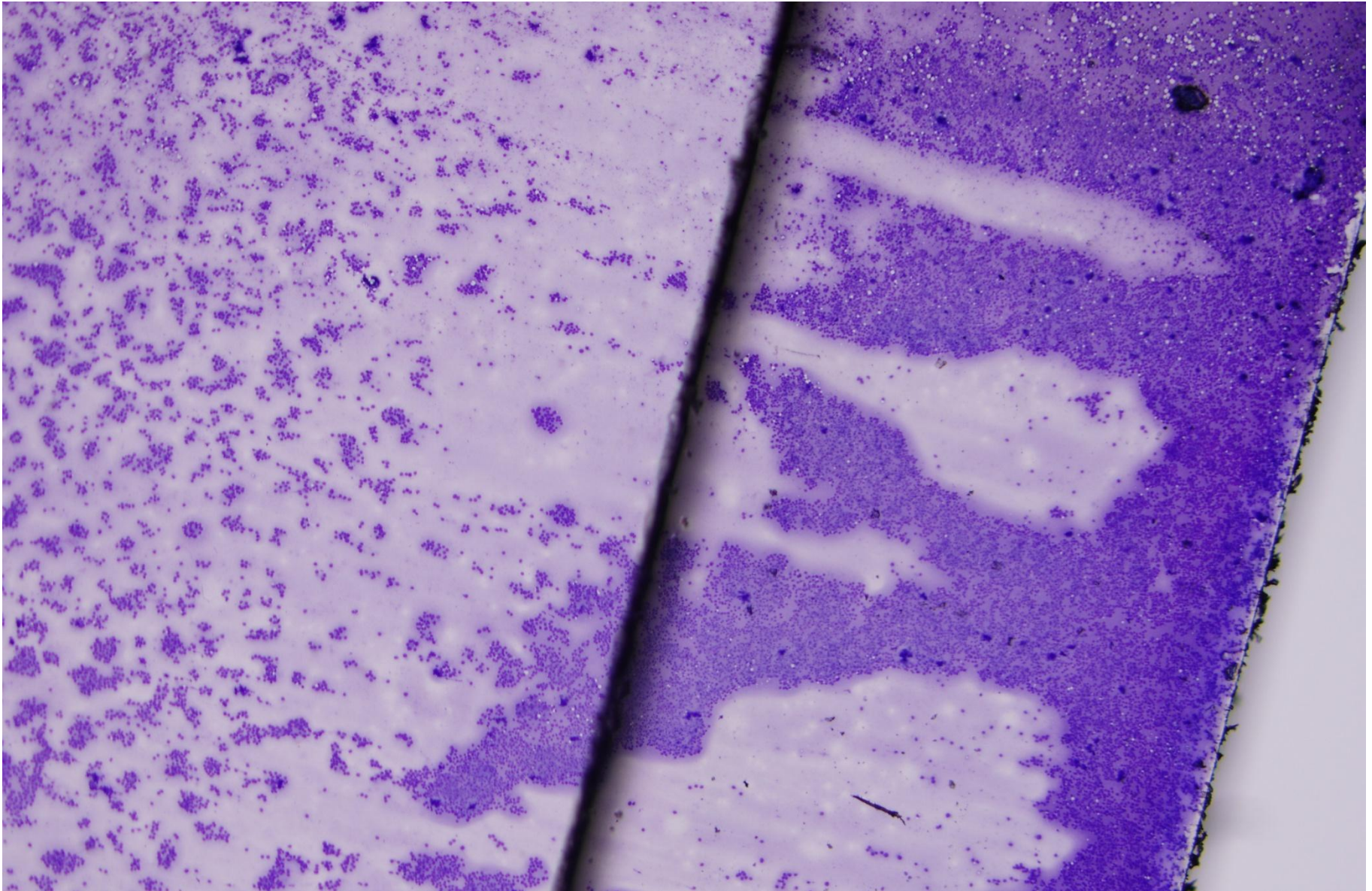
HISTORY & PHYSICAL EXAM

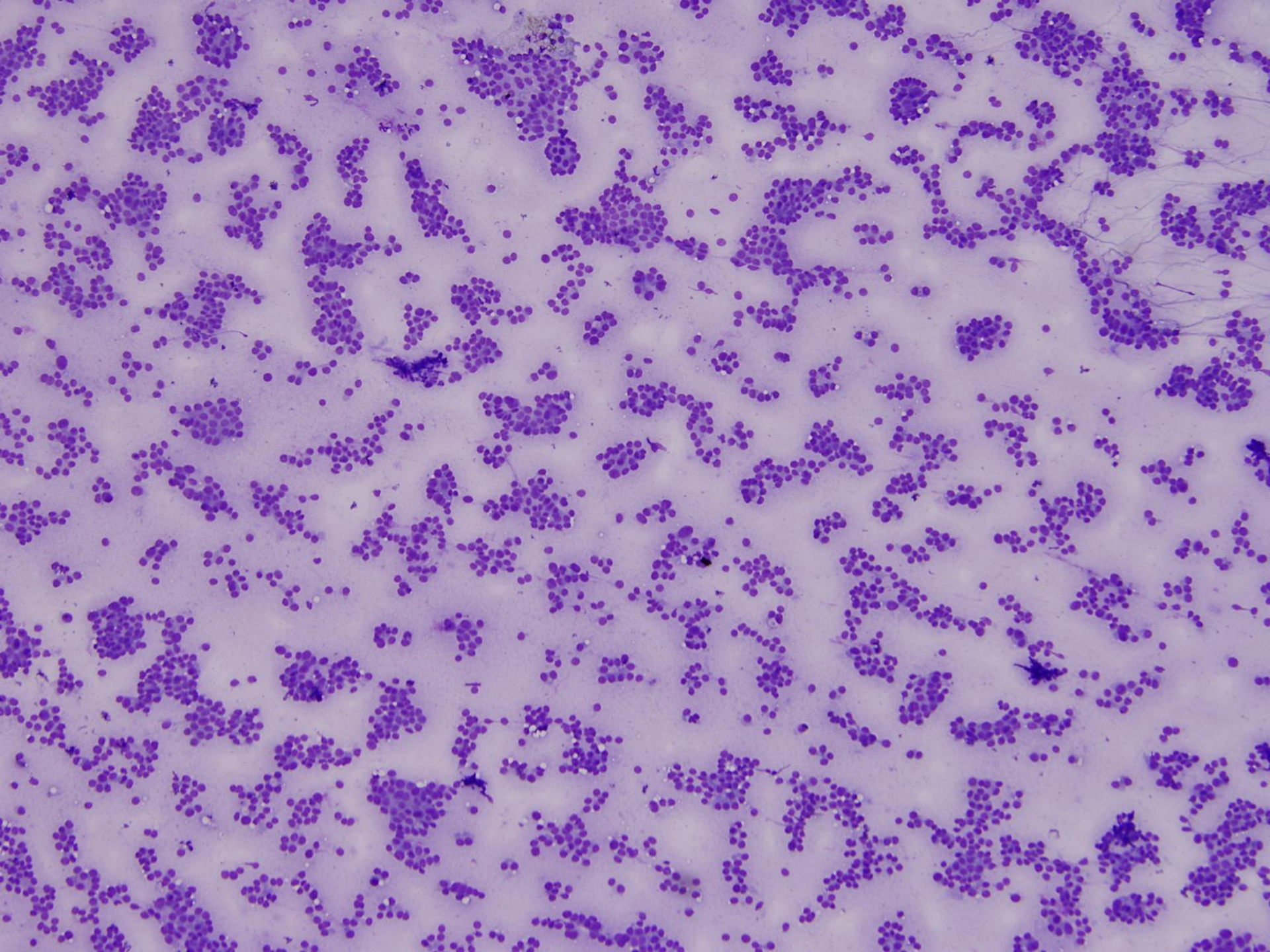
- 63 year old Caucasian male who presents with right cheek and scalp nodules.
 - Right cheek nodule: 1 cm, present for 1-2 months, violaceous, bled when picked on
 - Scalp nodule: 2 cm, violaceous, present since papillary thyroid carcinoma diagnosis

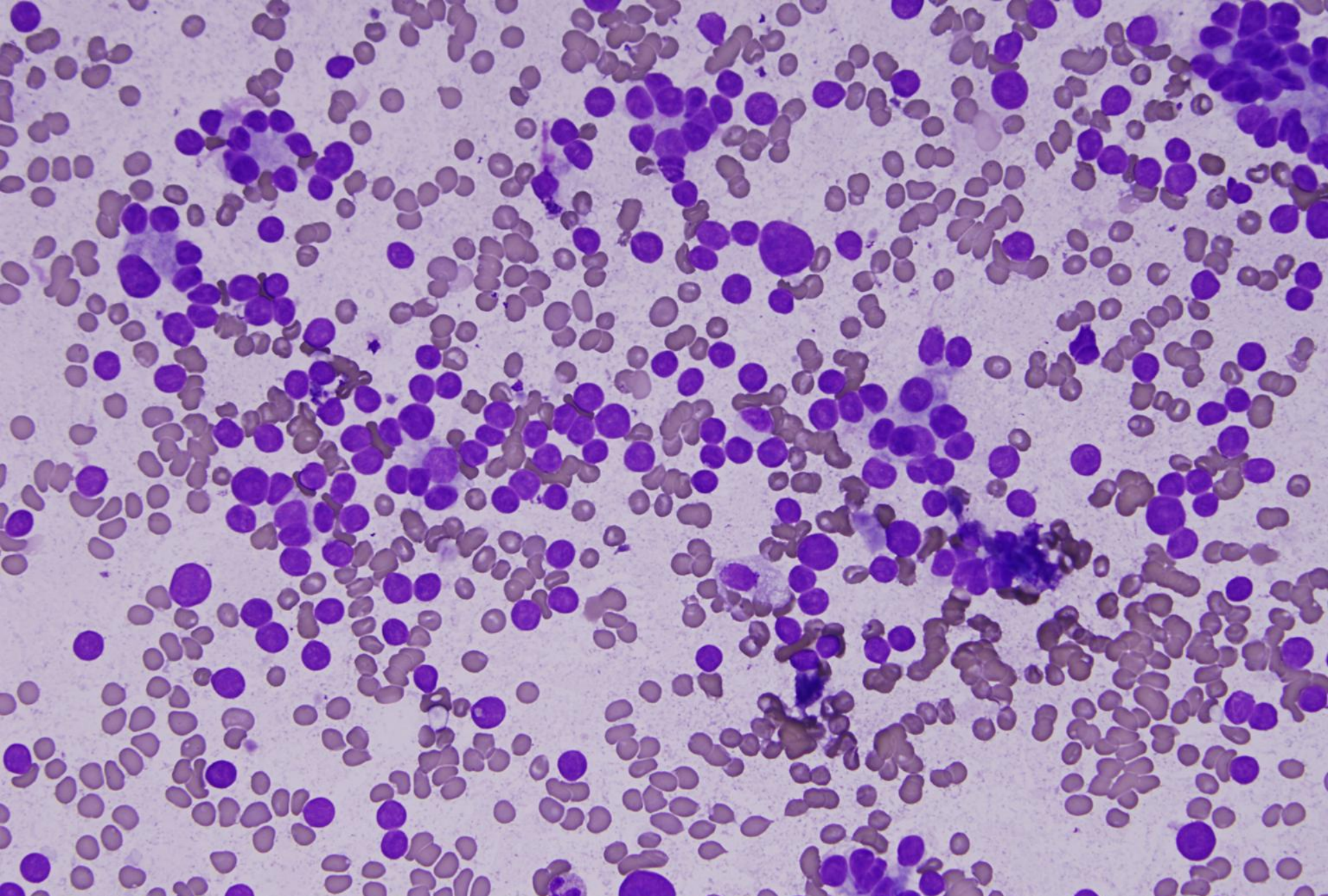
HISTORY & PHYSICAL EXAM

- History of papillary thyroid carcinoma 2009
 - 7 cm, vascular invasion, capsular invasion, extrathyroidal extension, lymph node metastases with extranodal extension
- Subsequent Treatment: I-131, external beam radiation therapy → disease progression so started sorafenib vs placebo clinical trial then rapamune & cytoxan
- 2012 metastases to adrenal gland → placed on pazopanib

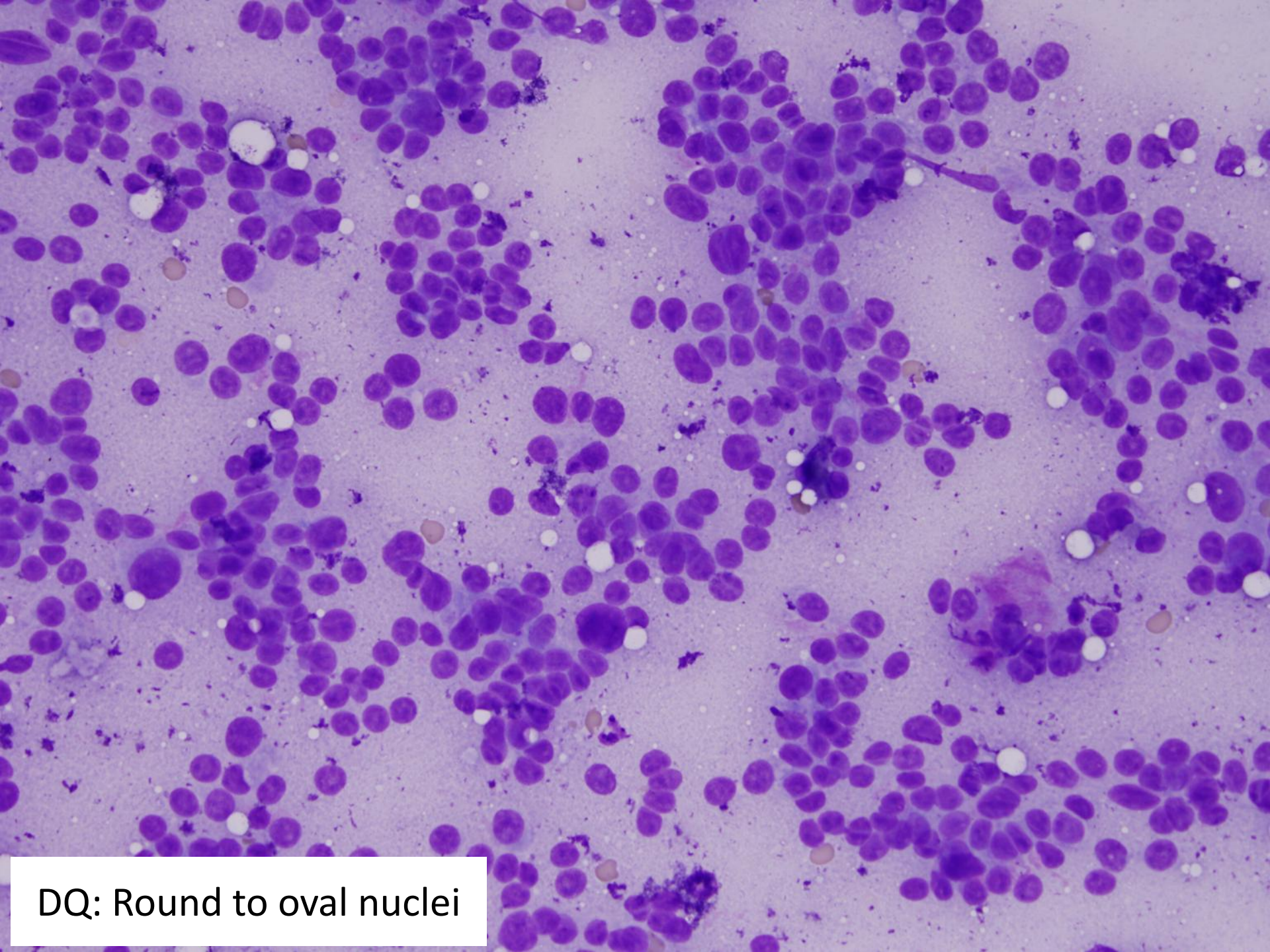
Diff-Quik: Low Power – Very cellular





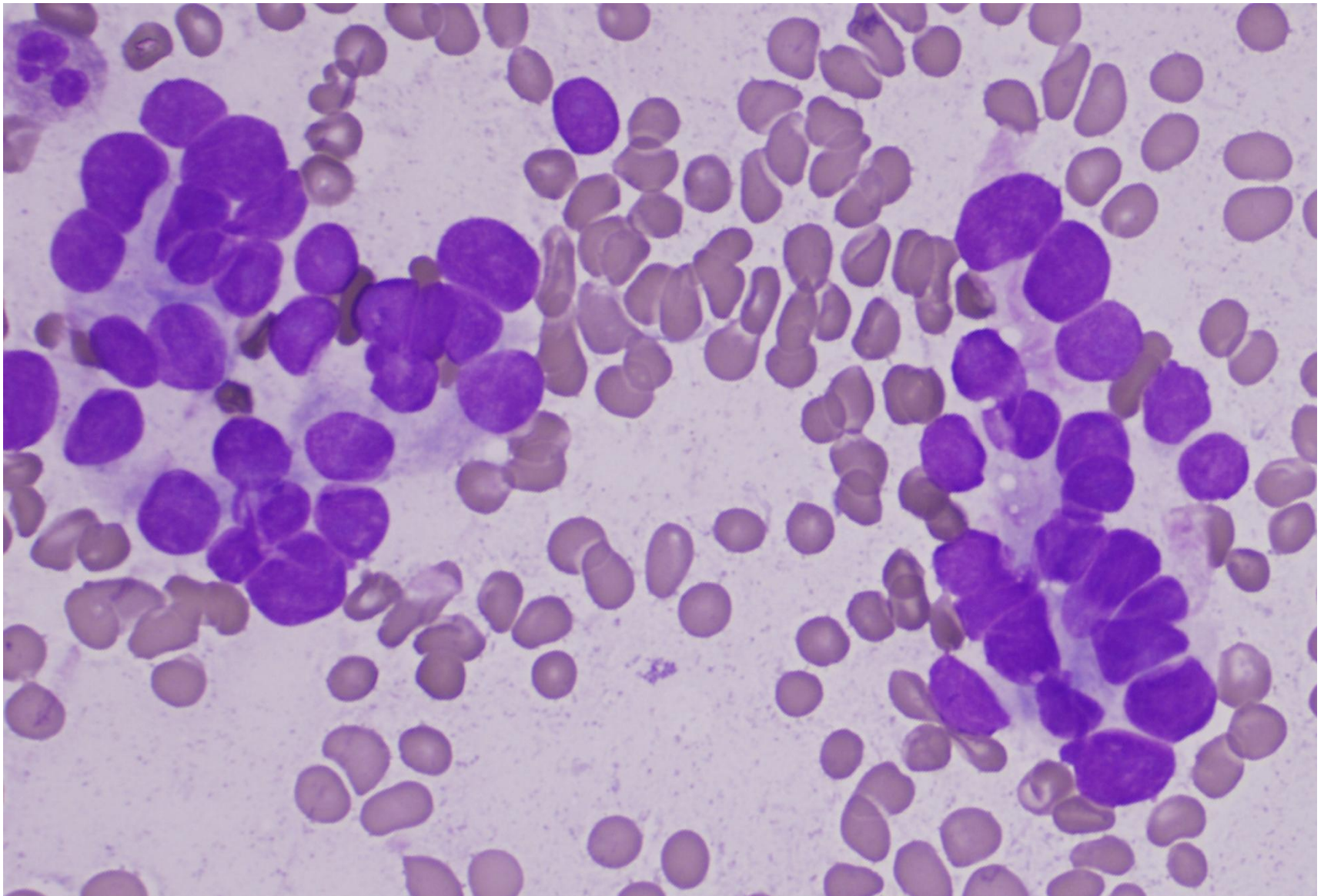


DQ: Single cells, gland-like areas, variation in size

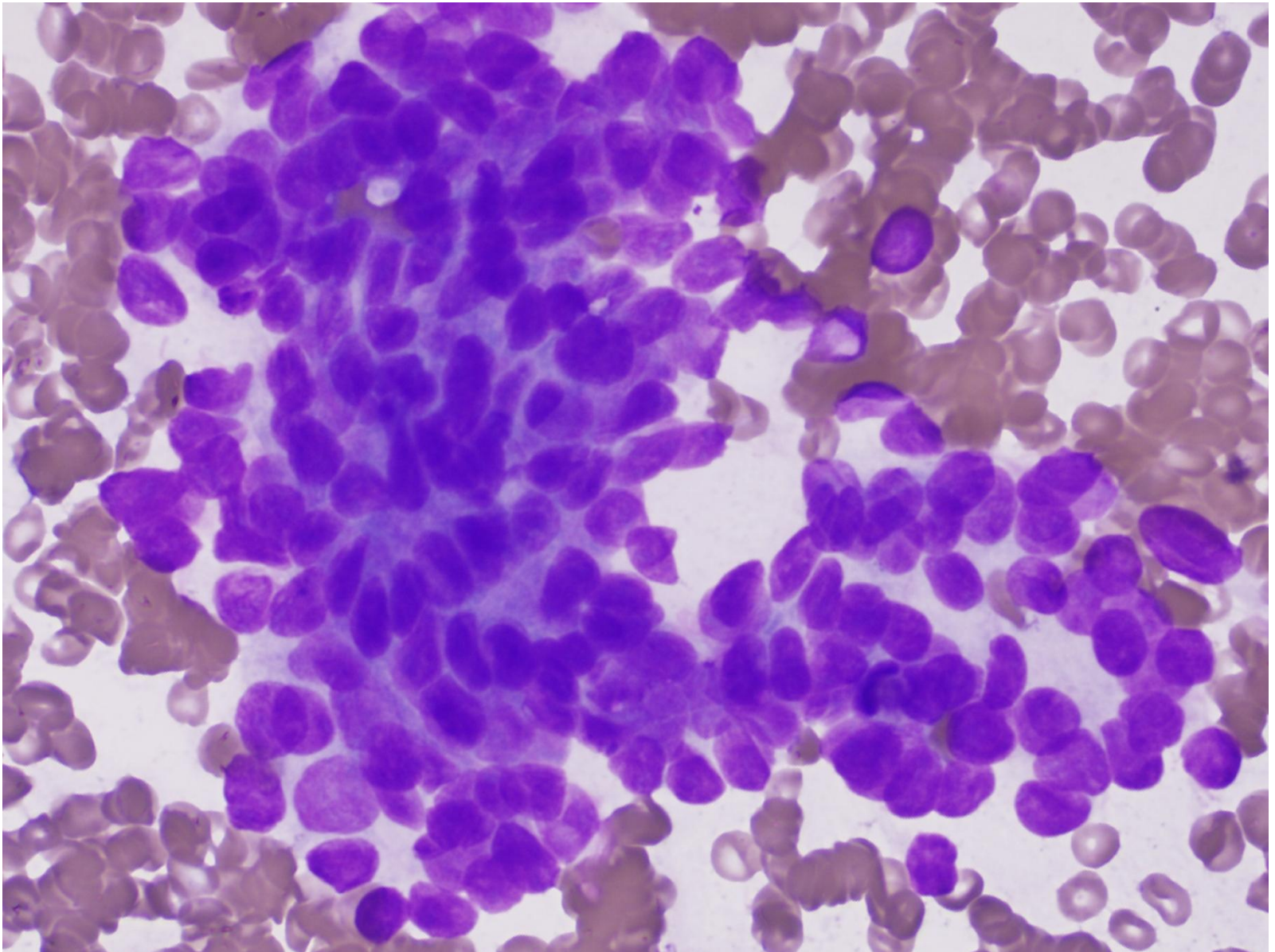


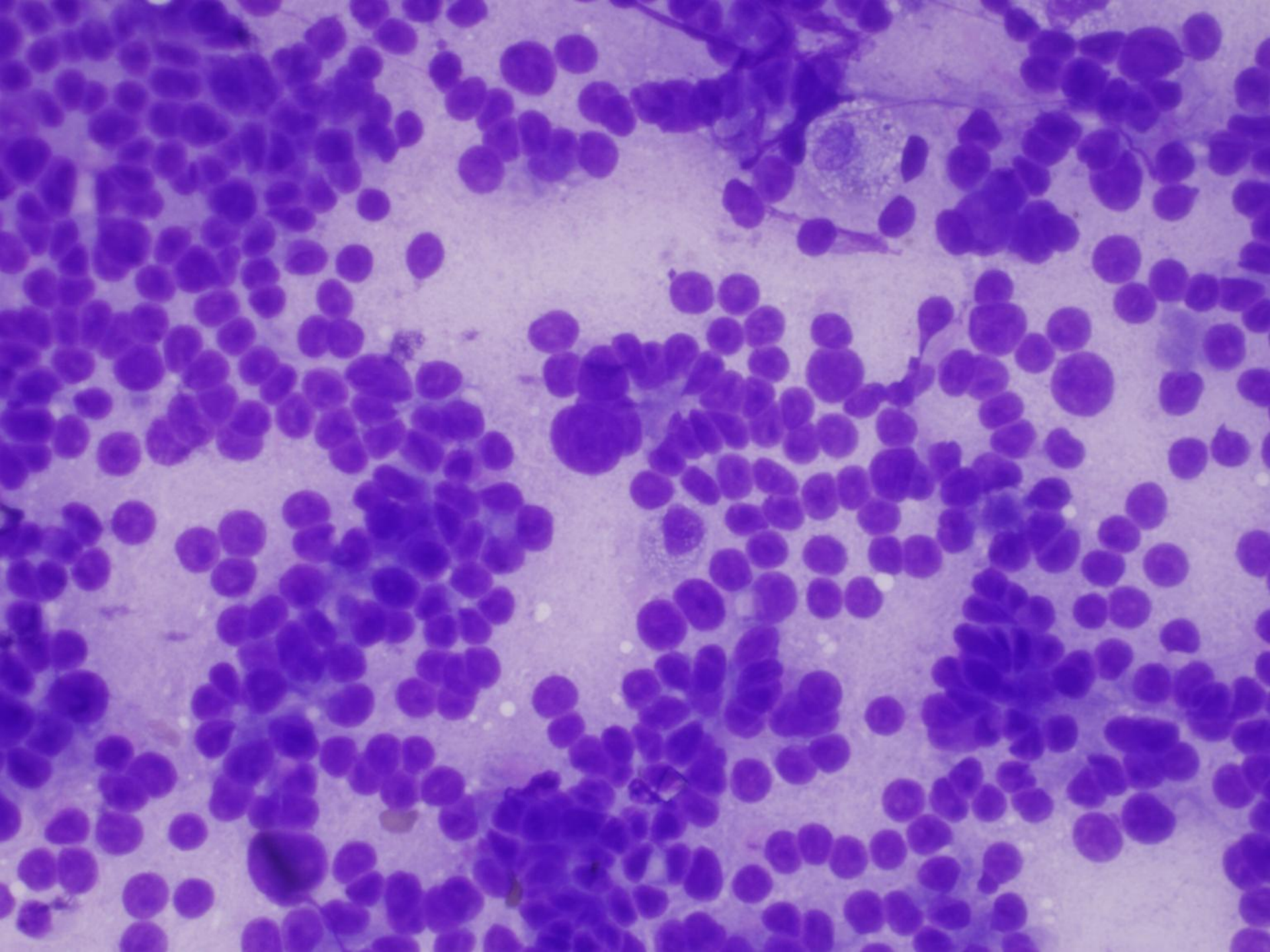
DQ: Round to oval nuclei

Diff-Quik: Gland-like areas/pseudorosettes

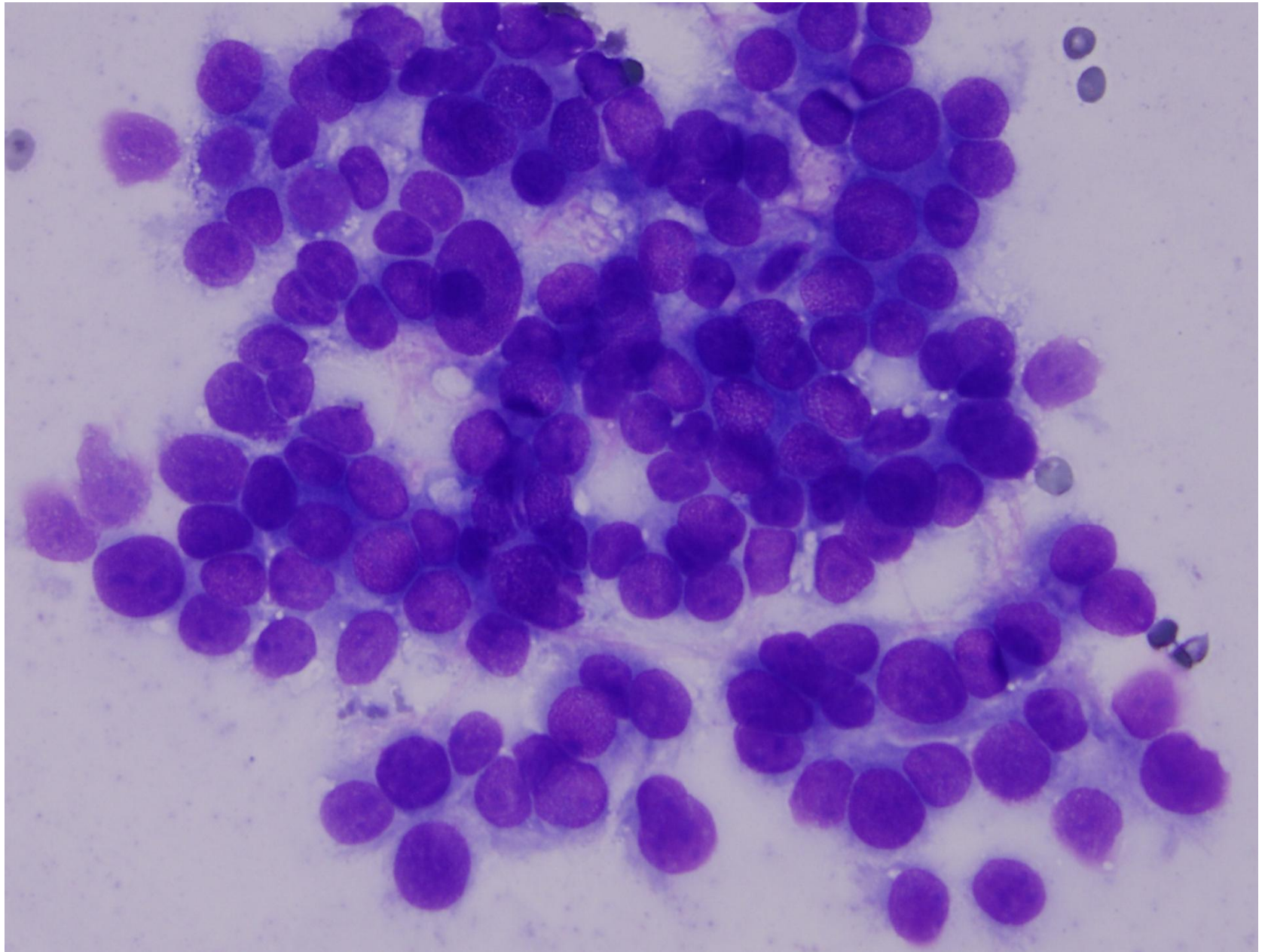


Diff-Quik: Gland-like areas/pseudorosettes





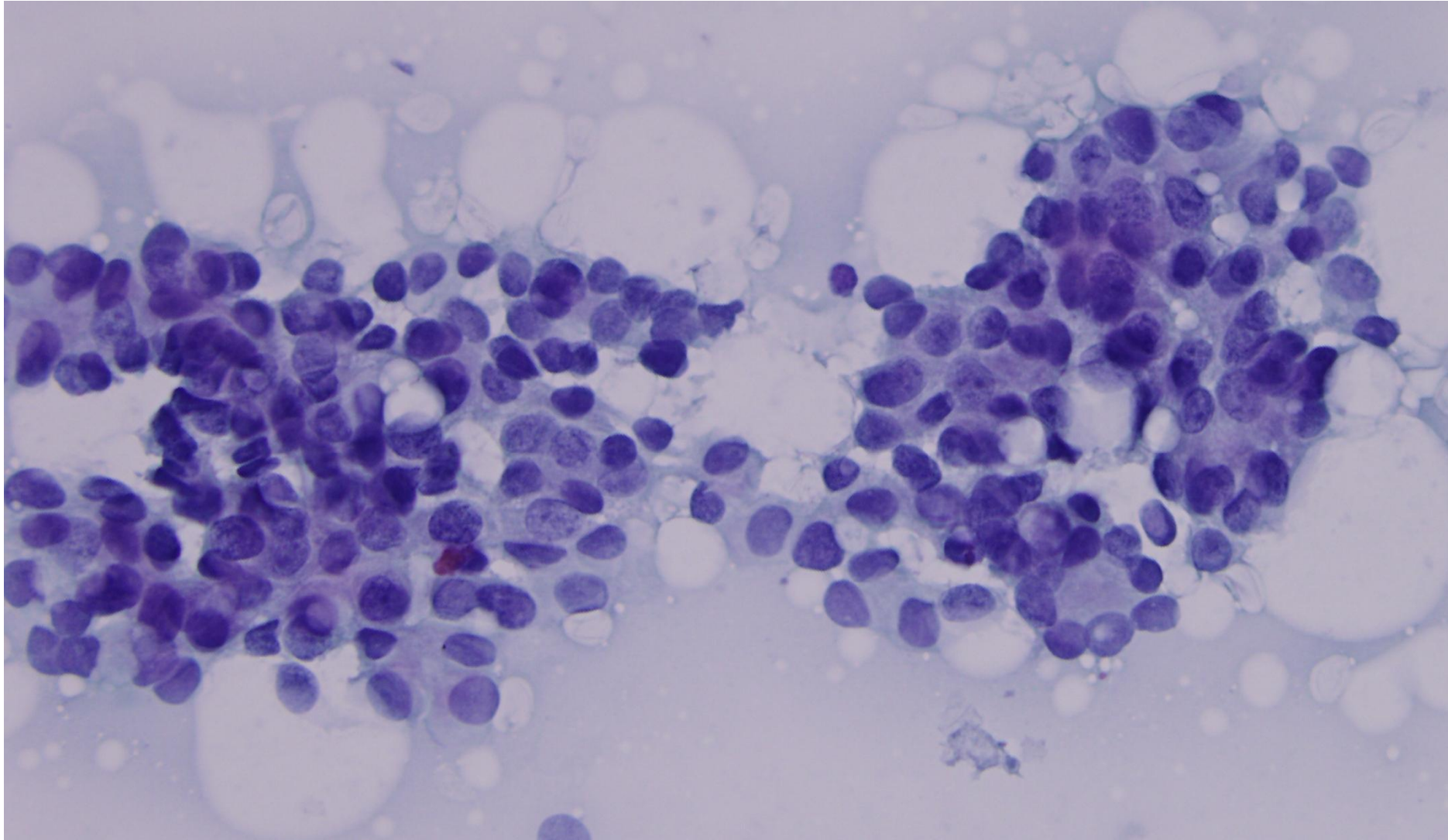
Diff-Quik: Pleomorphism, vacuolated cytoplasm, gland-like areas



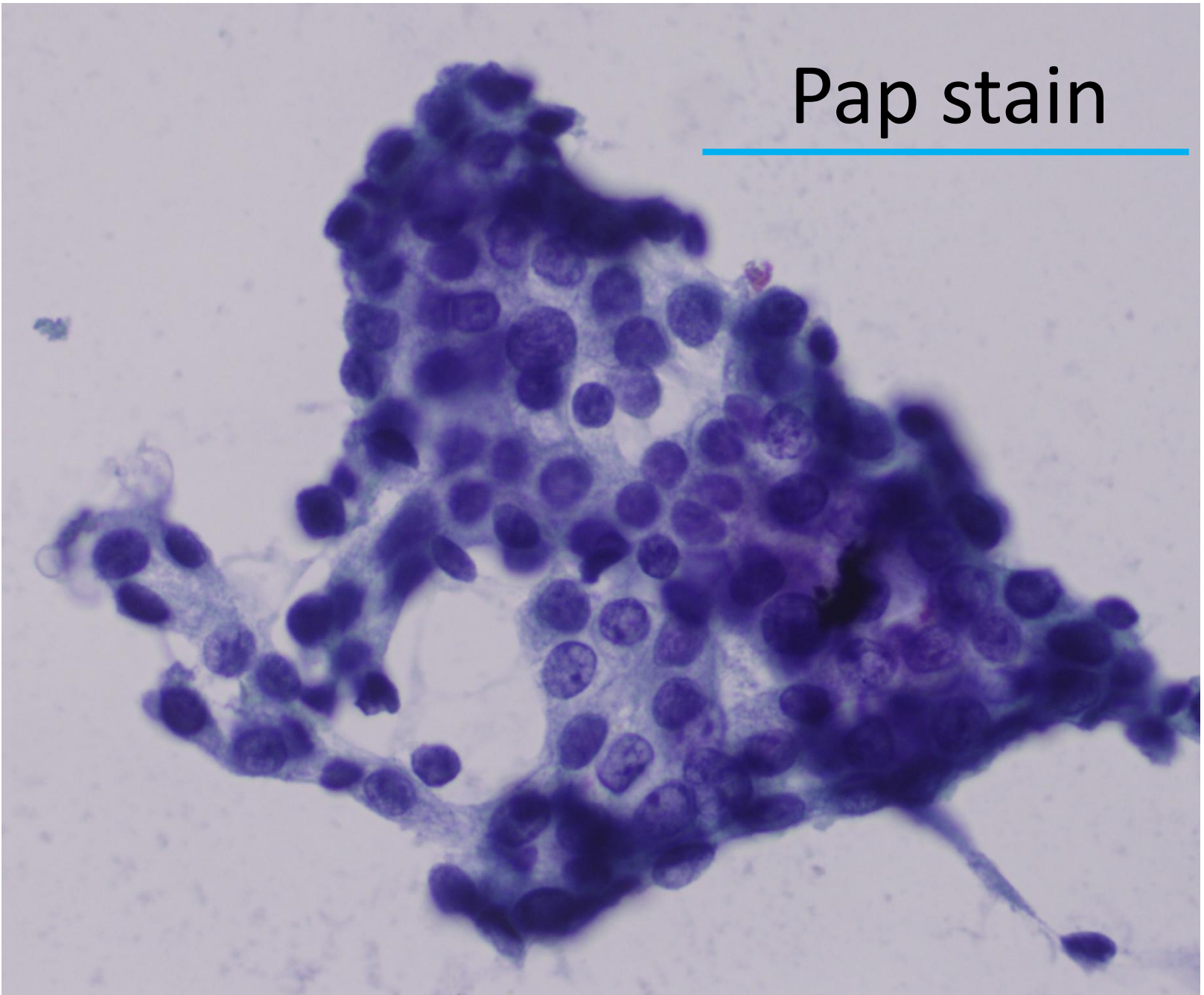
Differential Diagnosis based on DQ

- Metastatic papillary thyroid carcinoma
- Metastatic poorly differentiated carcinoma (not of thyroid origin)
- Metastatic melanoma
- Adnexal tumor
- Squamous cell carcinoma
- Small, round blue cell tumor

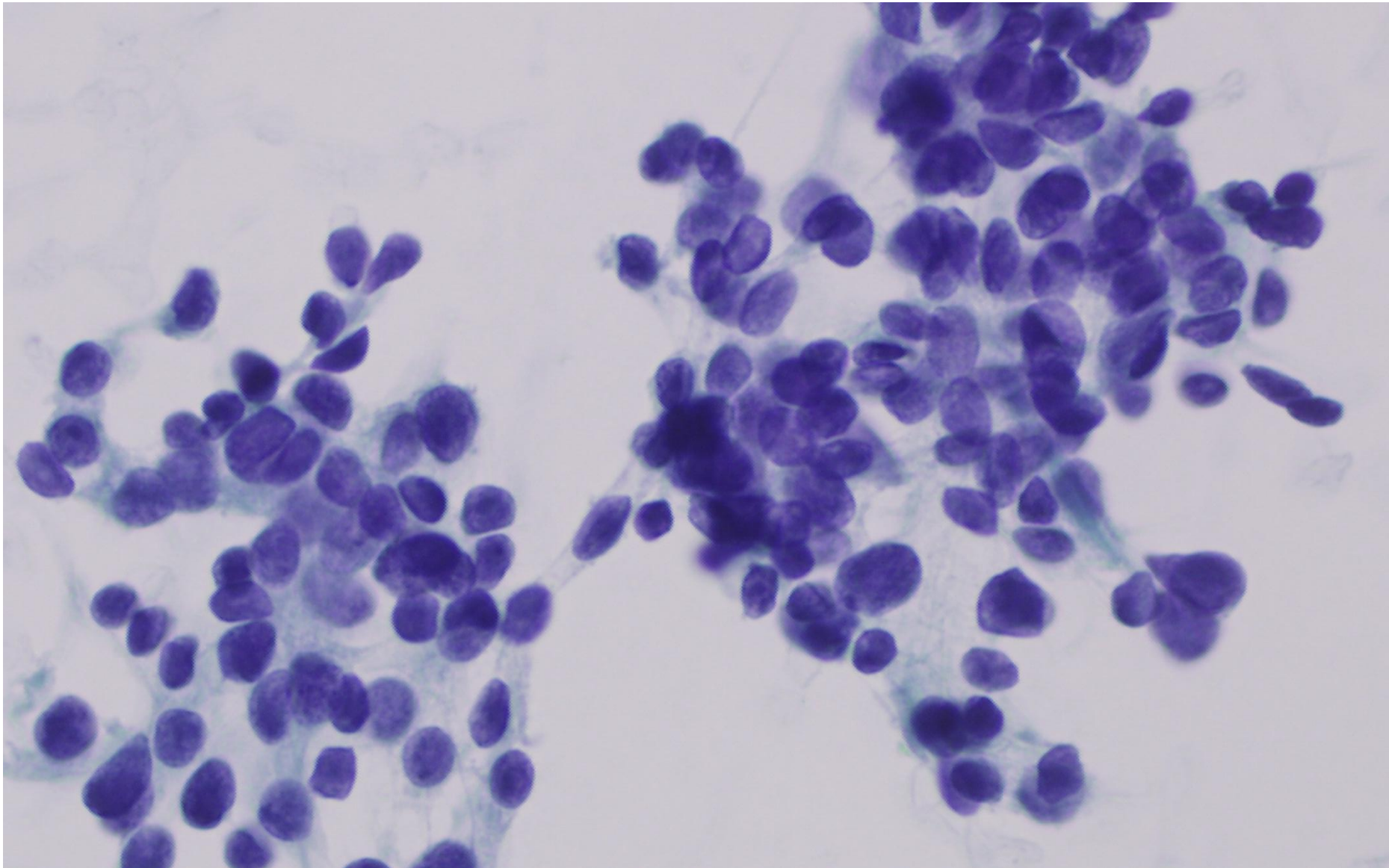
Pap stain



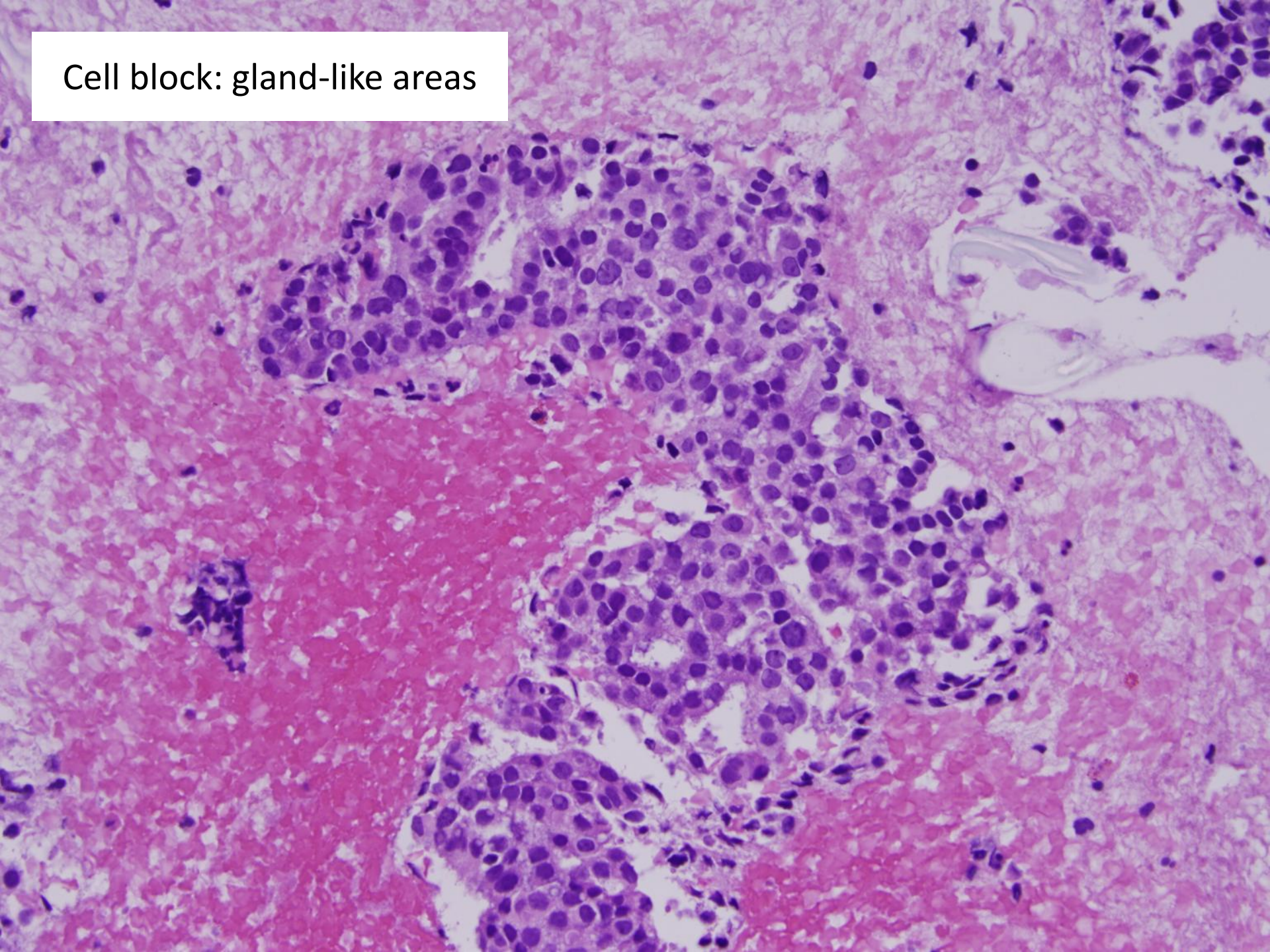
Pap stain



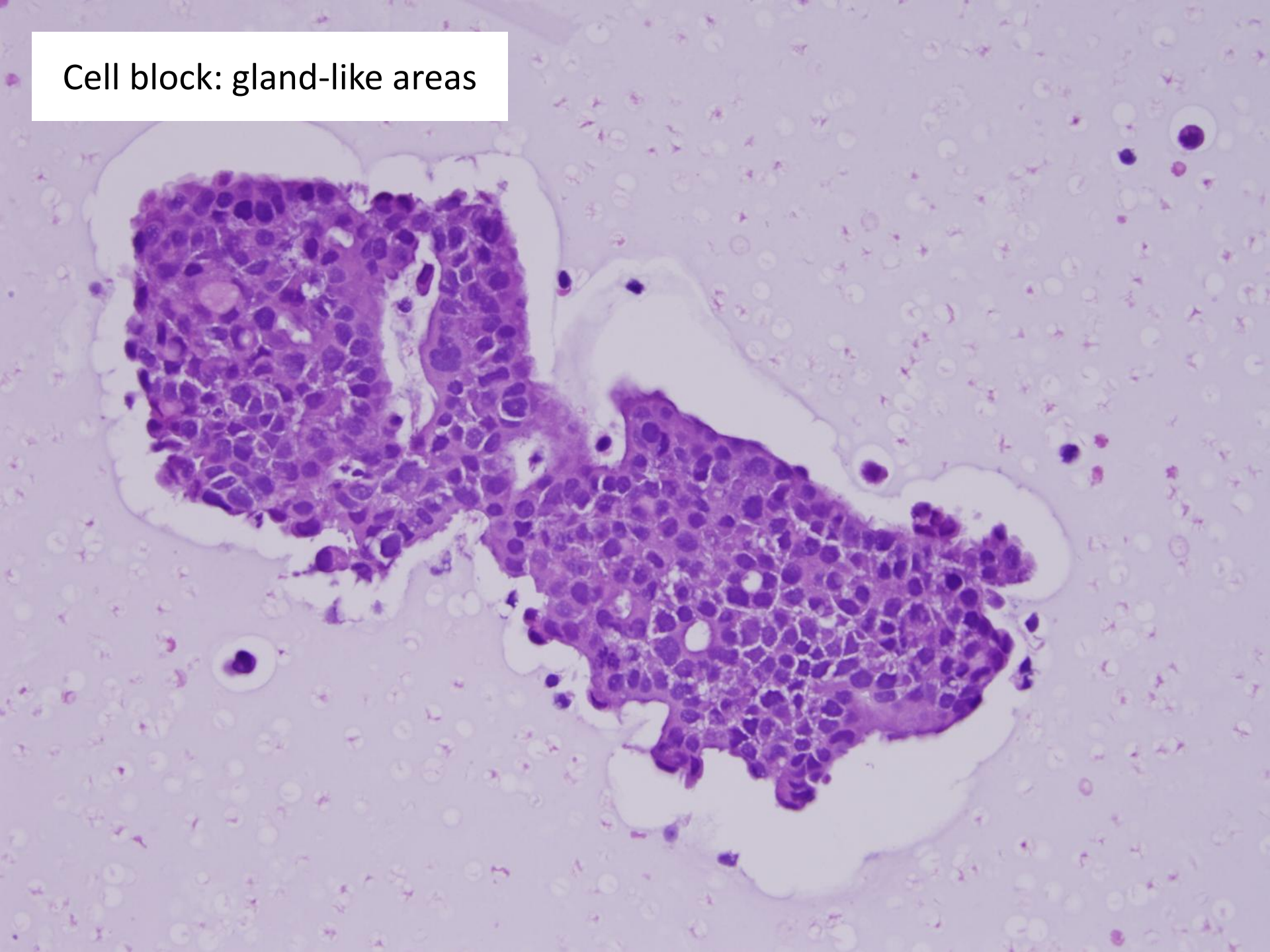
Pap stain



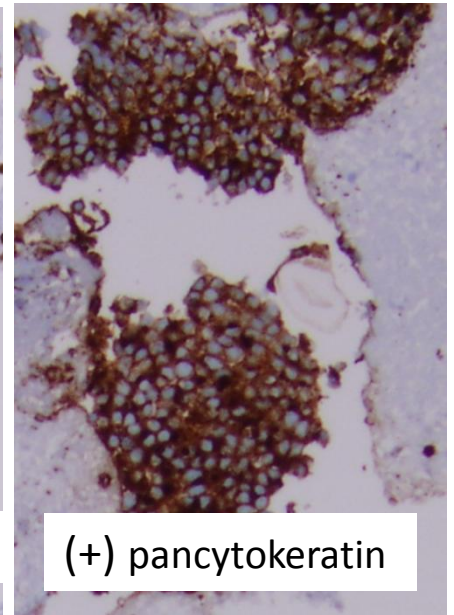
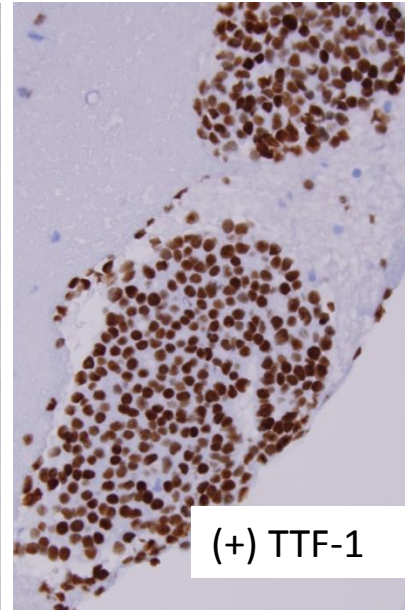
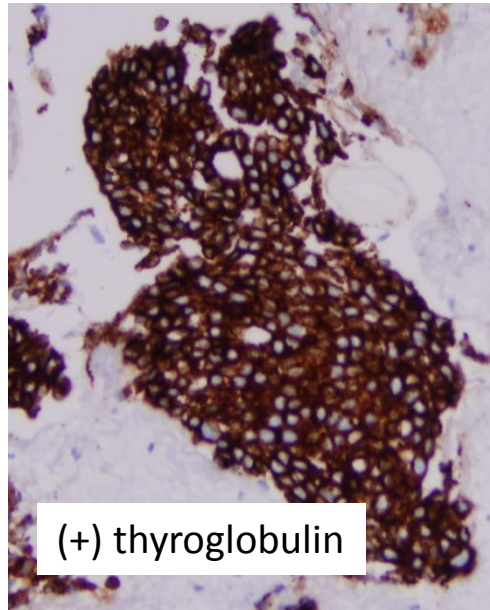
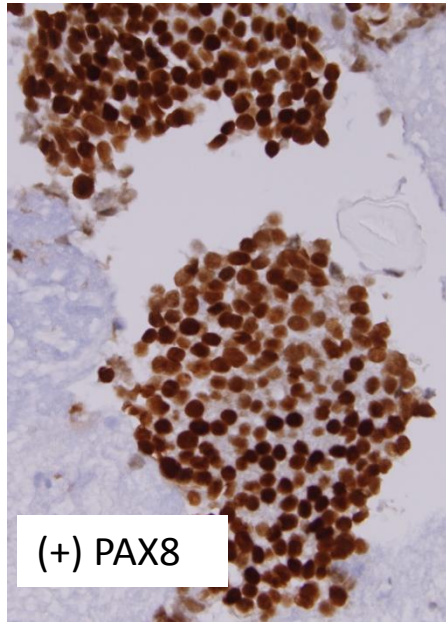
Cell block: gland-like areas



Cell block: gland-like areas



Cell block: IHCs

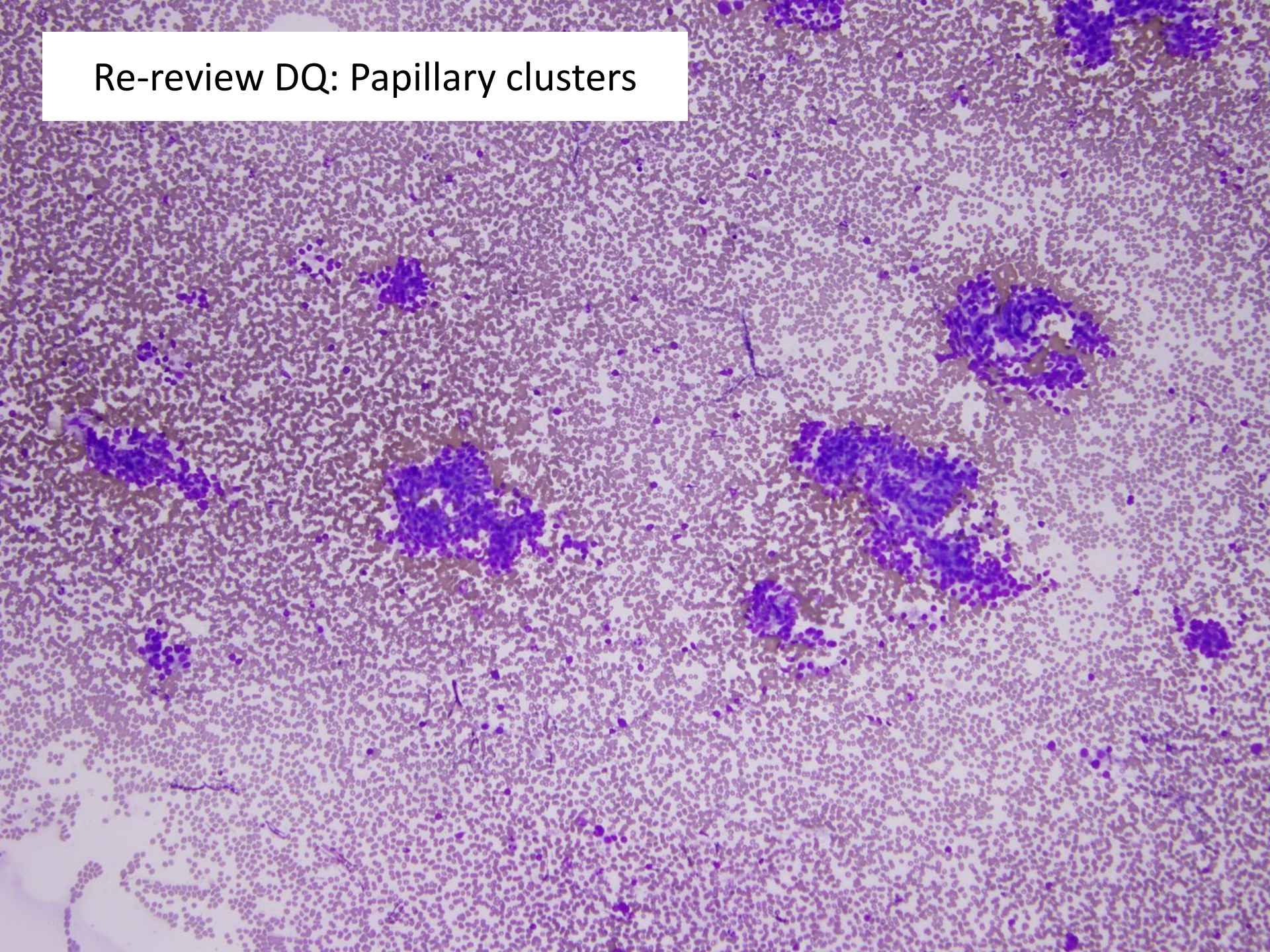


(+) p63 focally

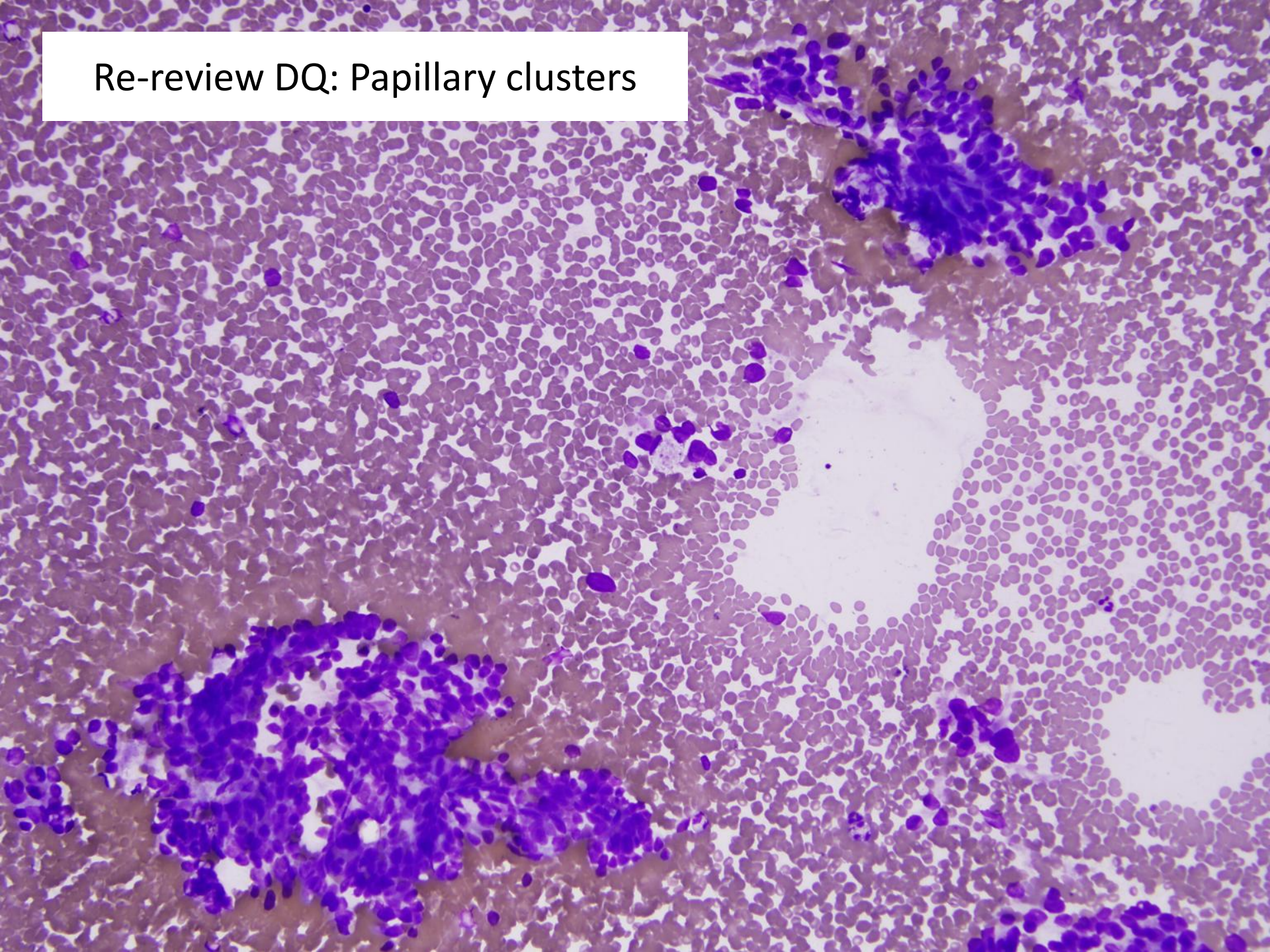
(-) napsin A, S100, MART1, CD31, PAS-D

Time to re-review the slides...

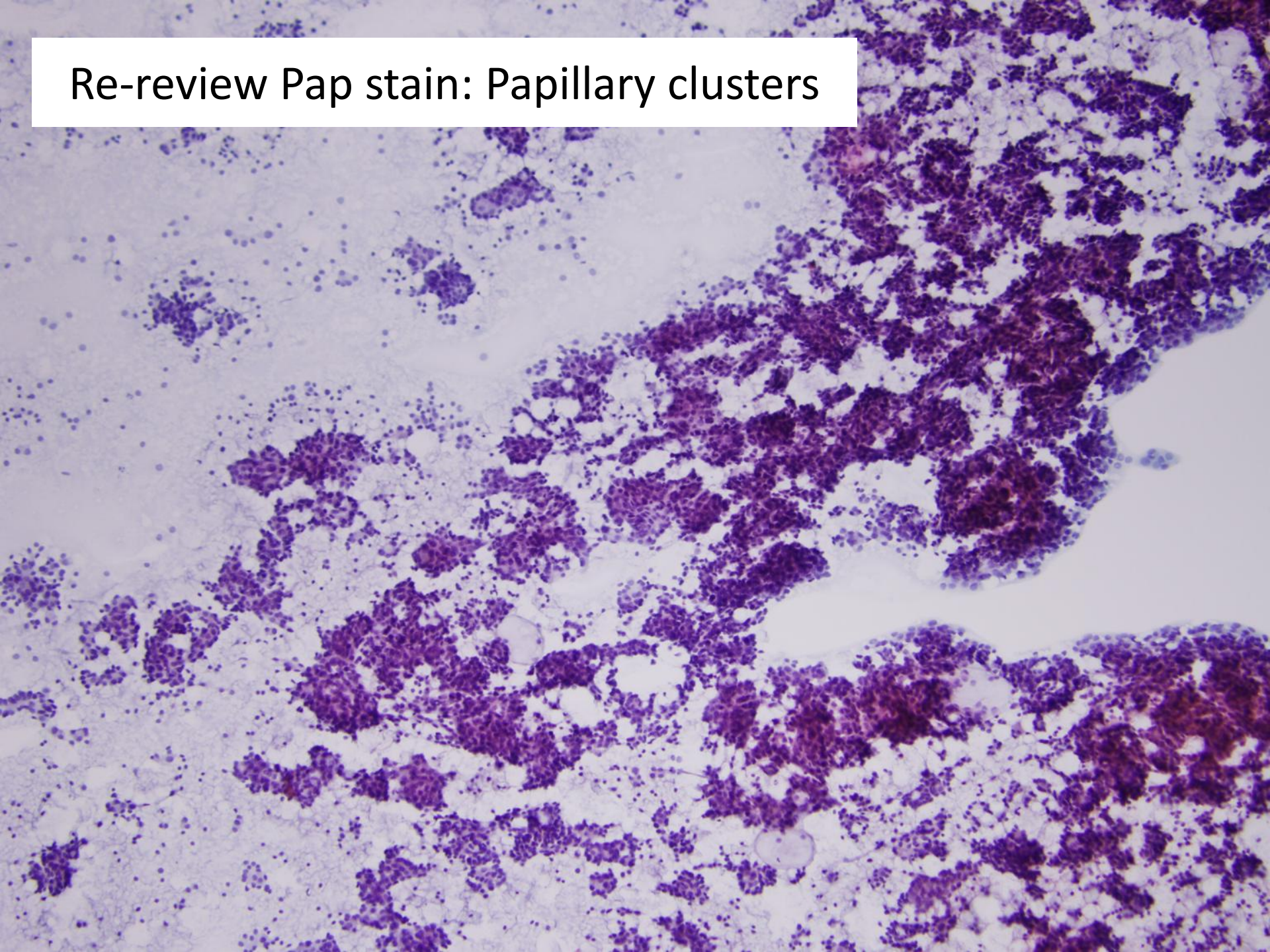
Re-review DQ: Papillary clusters



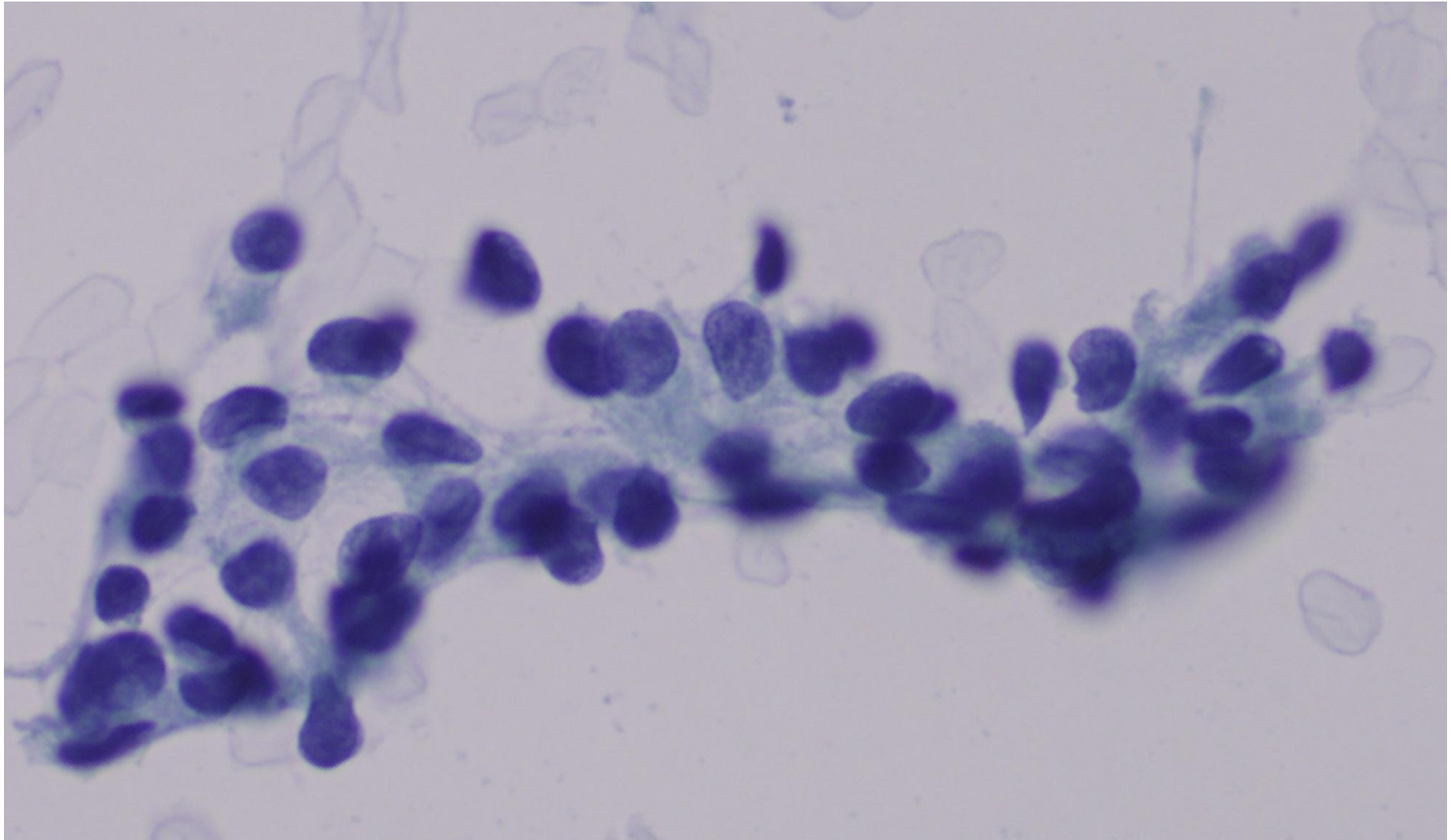
Re-review DQ: Papillary clusters



Re-review Pap stain: Papillary clusters



Re-review: Grooves & powdery chromatin



FINAL DIAGNOSIS

- Right cheek and scalp, FNAs:
 - Positive for metastatic carcinoma, consistent with patient's known history of papillary thyroid carcinoma.

LESSONS

- Remember to get IHCs to rule out metastasis of known malignancy, even if it does not look like it on DQ.
- History is always important. Scalp lesion was there at time of PTC diagnosis.