

Interesting case conference

4/22/13

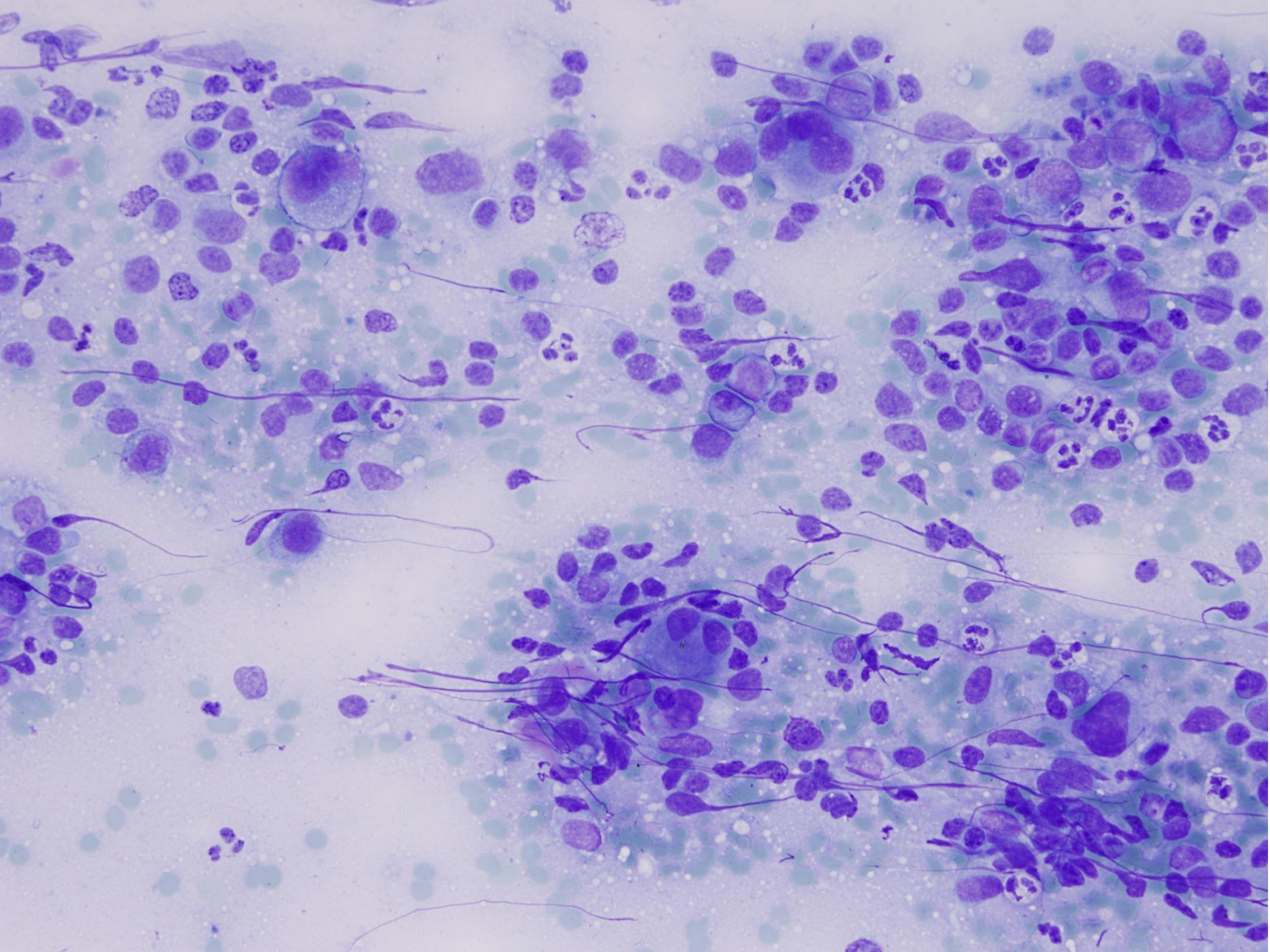
20-year-old male

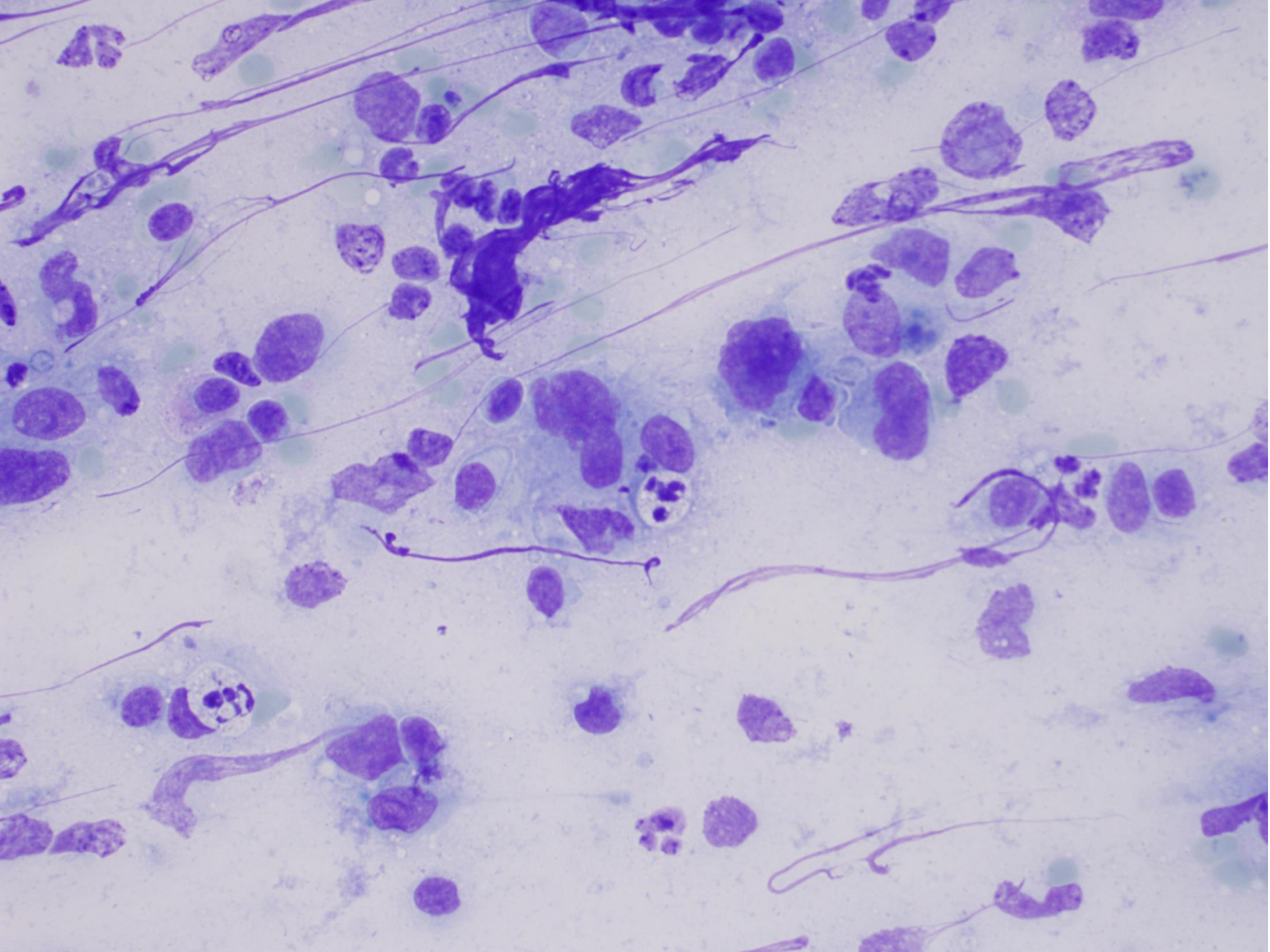
-found to have an anterior mediastinal mass with right upper lobe consolidation on work-up for a non-productive cough which he has had since June of 2012

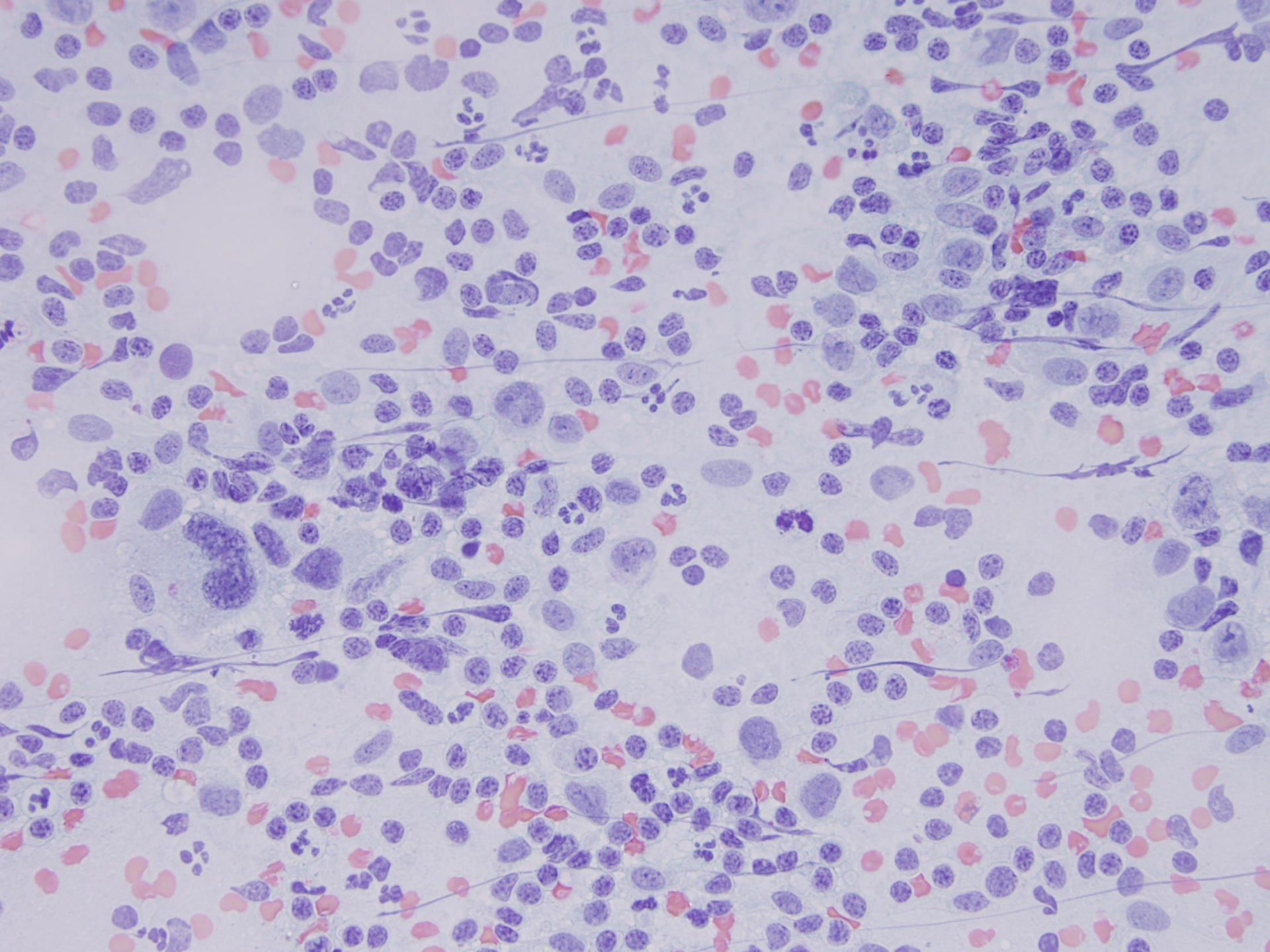
-He has had two courses of antibiotics along with prednisone and inhalers without any changes in symptoms

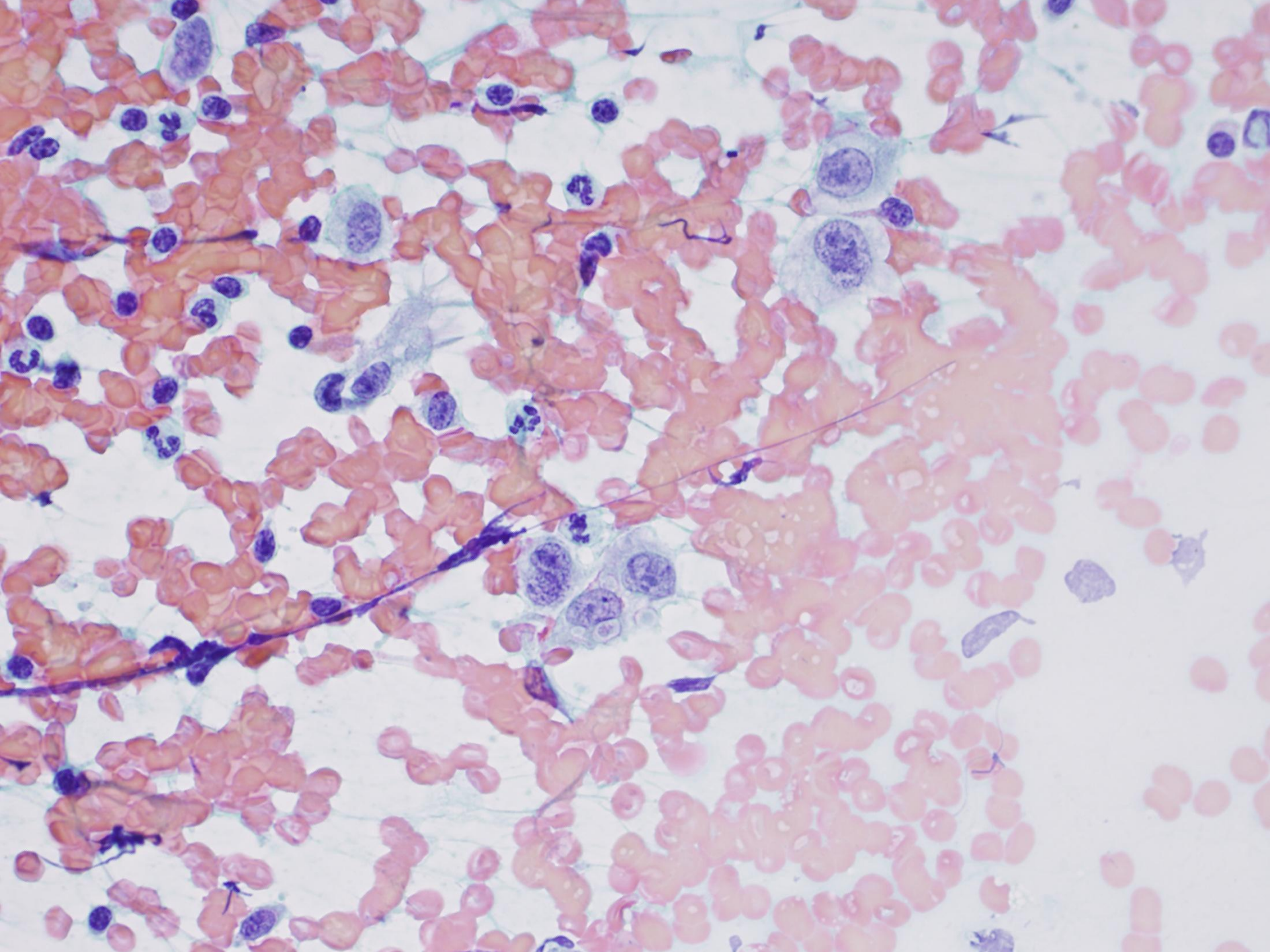
-A testicular exam was performed by his PCP and was reported to be normal

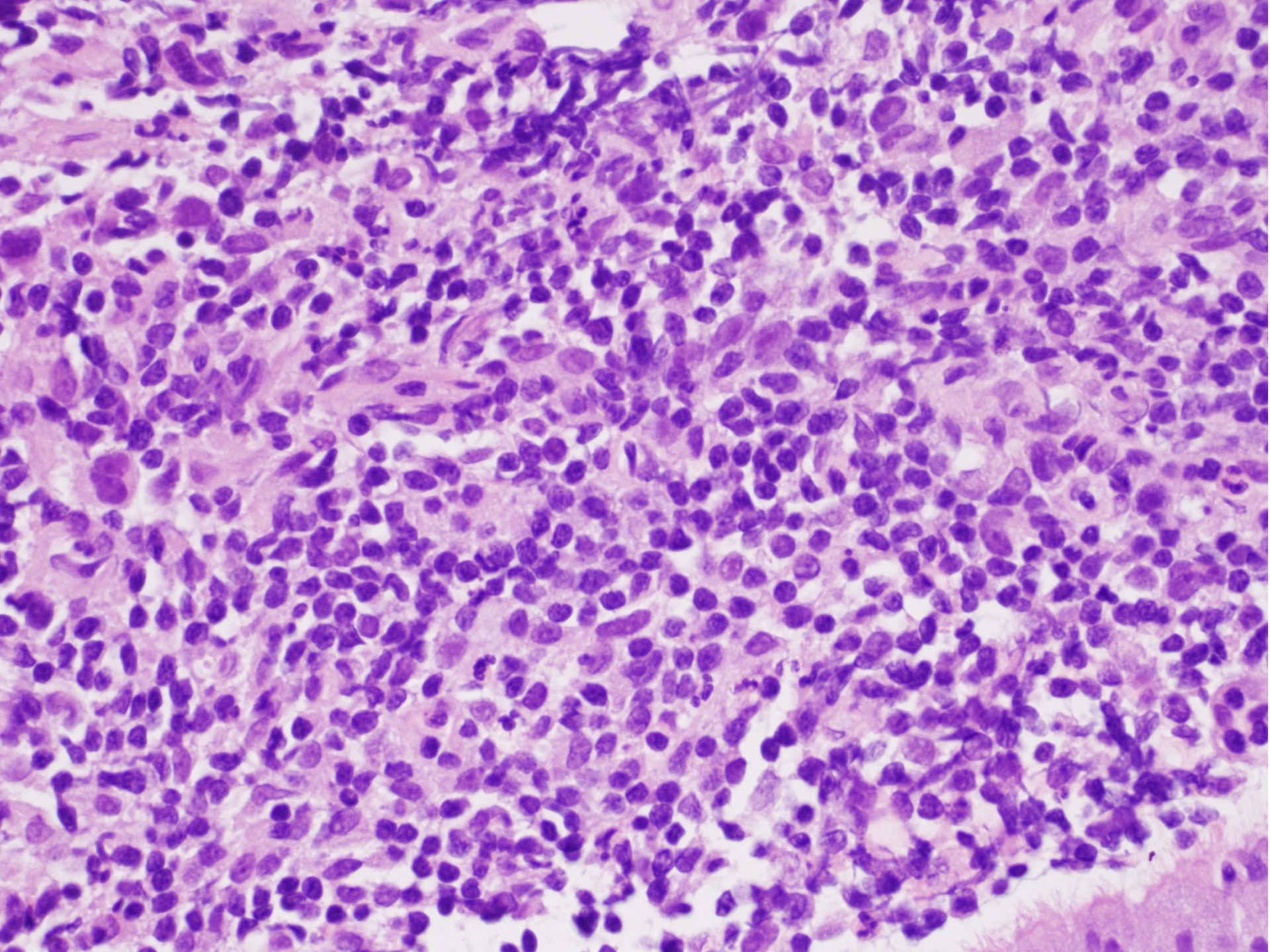
CT-guided needle core biopsy with touch prep cytology performed of the mediastinal mass

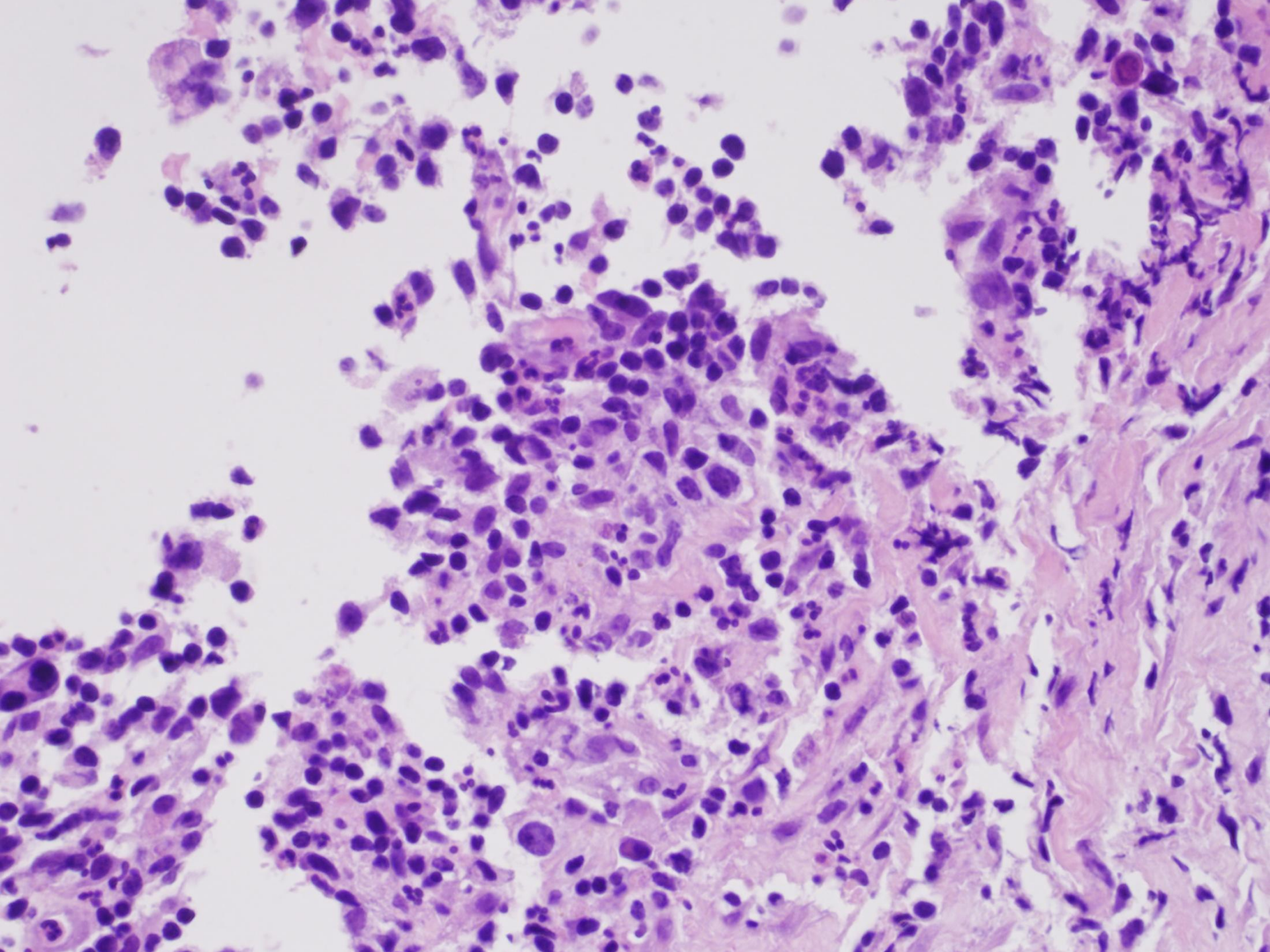








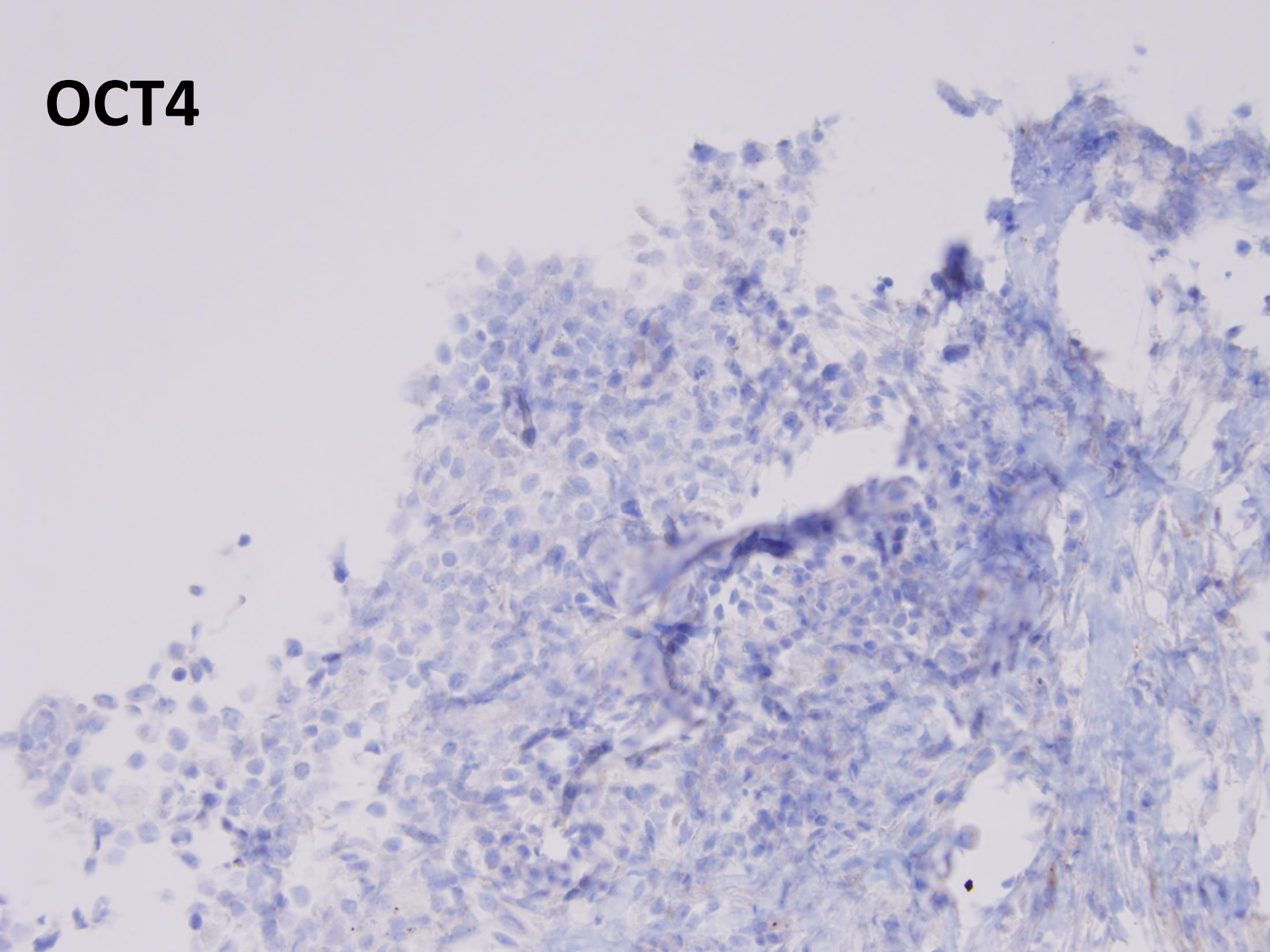




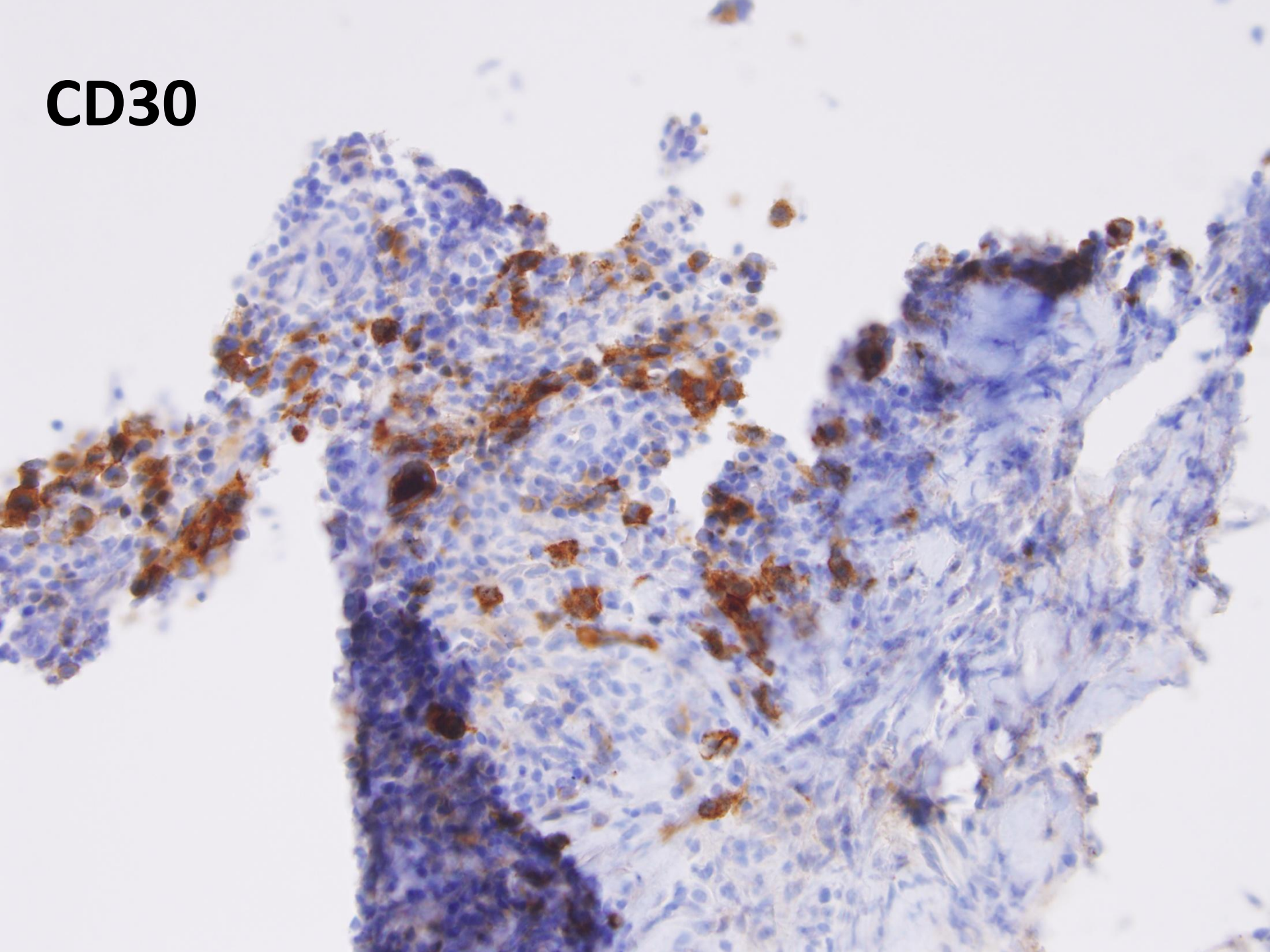
Differential diagnosis:

- 1. Germ cell tumor (such as seminoma).**
- 2. Hodgkin lymphoma.**
- 3. Thymoma**
- 4. Metastasis**

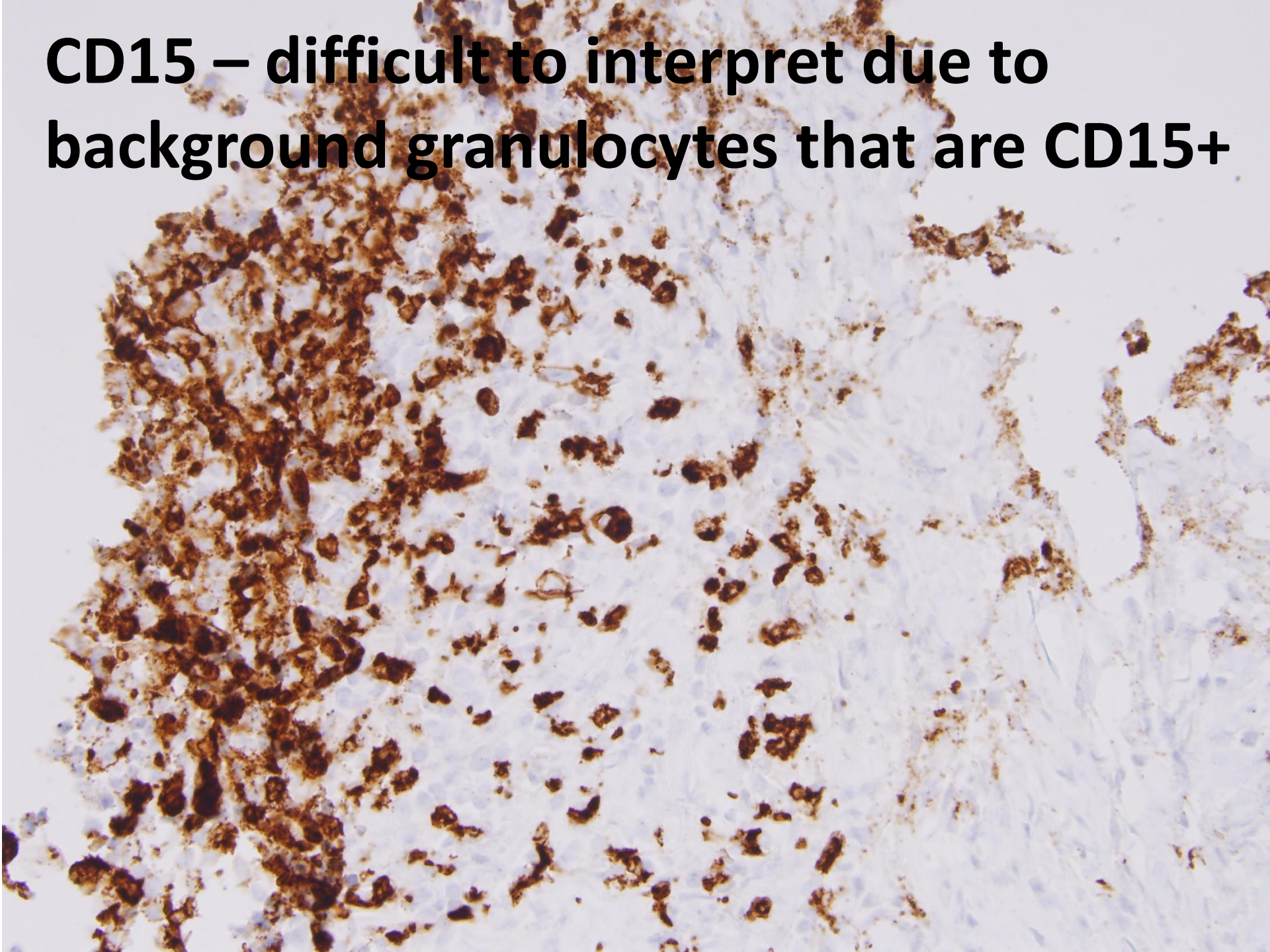
OCT4



CD30



CD15 – difficult to interpret due to background granulocytes that are CD15+



Other immunostaining results:

POS

-CD30

-CD15 (likely but difficult to interpret given background staining)

NEG

-OCT-4

-CD117

-CD3

-CD20

Final Diagnosis:

-Classical Hodgkin Lymphoma

Hodgkin Lymphoma

- Classical (4 subtypes) and Nodular Lymphocyte Predominant (NLPHL) types
- Classical=> peak at 15-35 yrs with a smaller peak later in life
- NLPHL=> peak at 30-50 yrs

Hodgkin Lymphoma

- Malignant cells=> large multinucleated RS cells and their mononuclear variants
- malignant cells admixed with infiltrate of non-neoplastic small lymphocytes, eosinophils, neutrophils, histiocytes, and plasma cells
- Immunoprofile (Classical HL)=> +CD30 (nearly all cases), +CD15 (not specific for HL), +CD20 (seen in about 30-40%), +Pax5, -CD45