

Interesting Case Conference

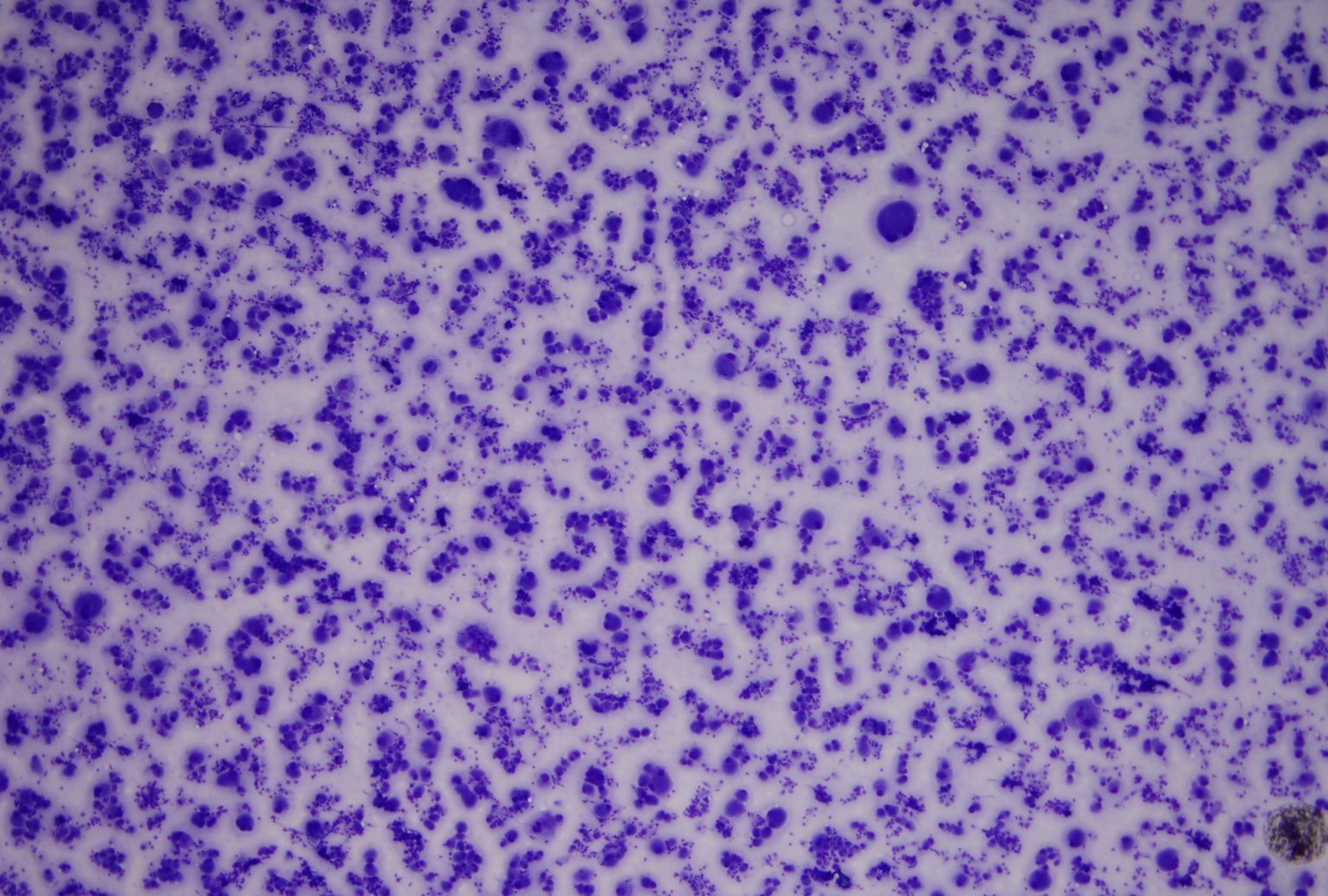
4/22/2013

HISTORY

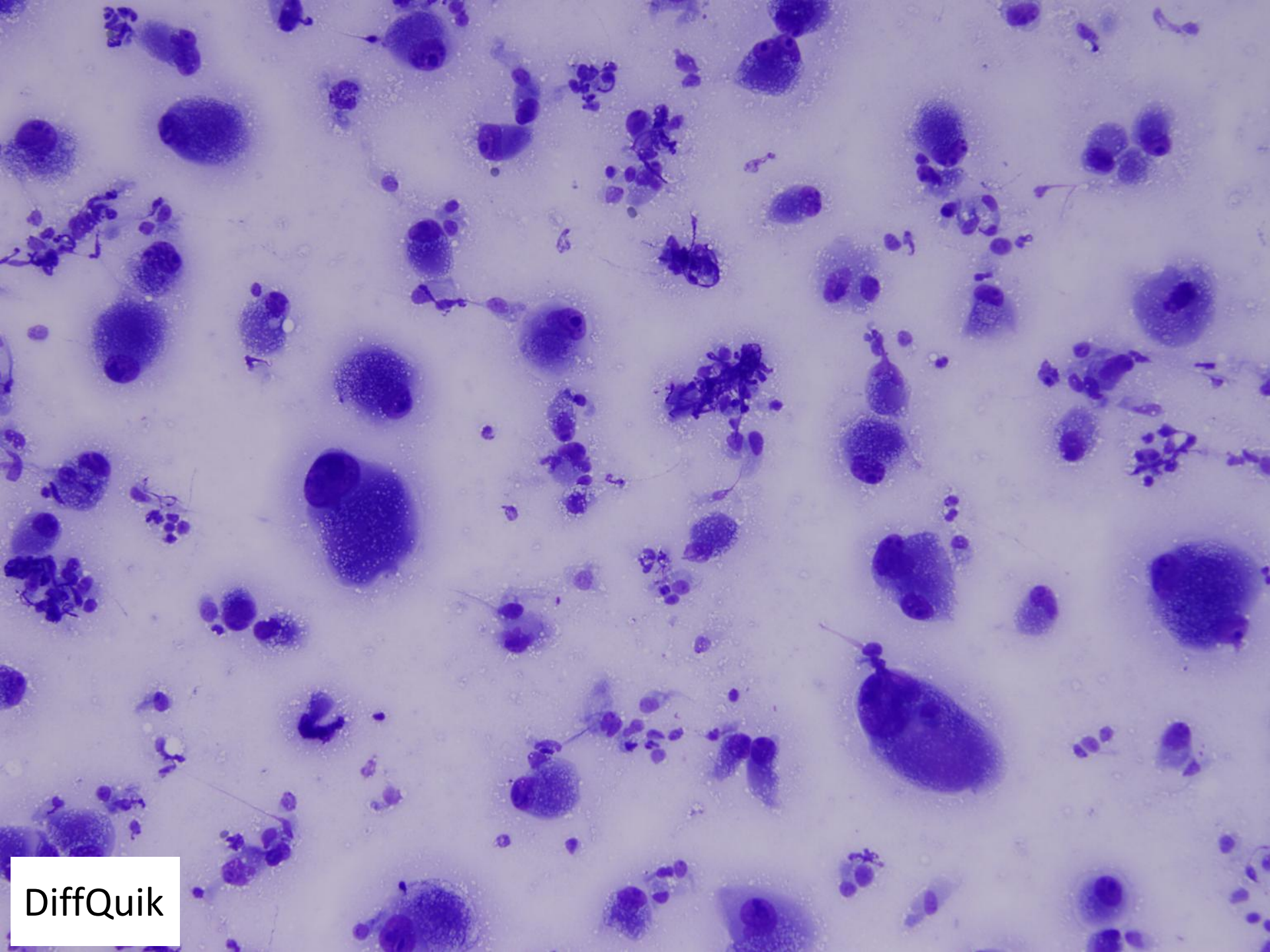
- 71 year old male with decreased appetite and 25 – 30 pound weight loss past six months
- Has fatigue but patient states it is similar to what he experiences when has atrial fibrillation
- Felt fatigued recently and it was atrial fibrillation
- Other PMH
 - History of _____
 - Former smoker 1.5 packs/day for 15 years

IMAGING

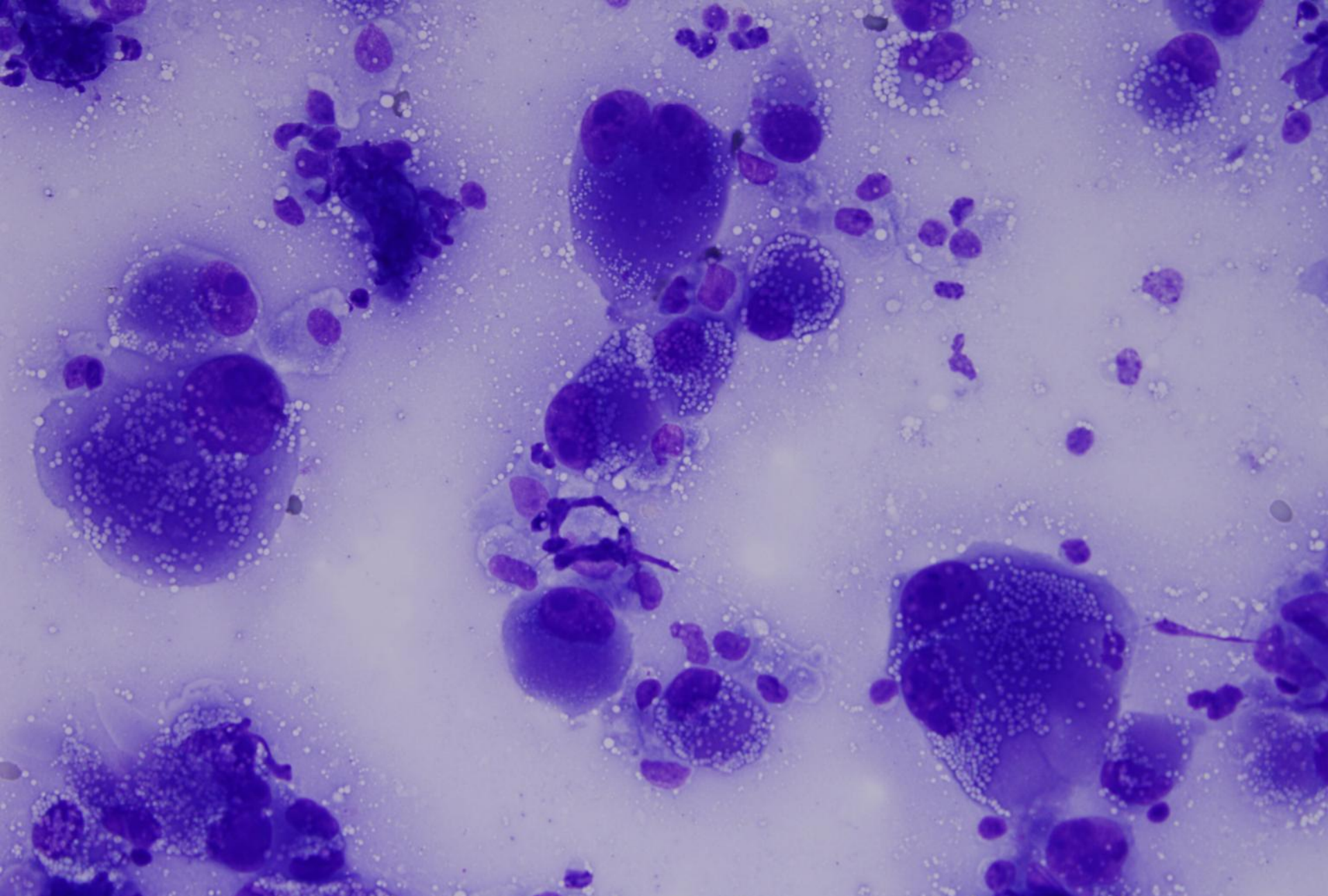
- Had Chest X-ray
 - 6 x 8.5 cm lobulated right hilar mass likely representing enlarged lymph nodes
- Chest CT
 - Numerous bilateral pulmonary nodules ranging from 0.5 cm – 0.9 cm
 - Enlarged right hilar, subcarinal, right paratracheal, and left hilar lymph nodes
- PET
 - Hypermetabolic right upper lobe mass with extensive mediastinal, supraclavicular, and osseous lesions



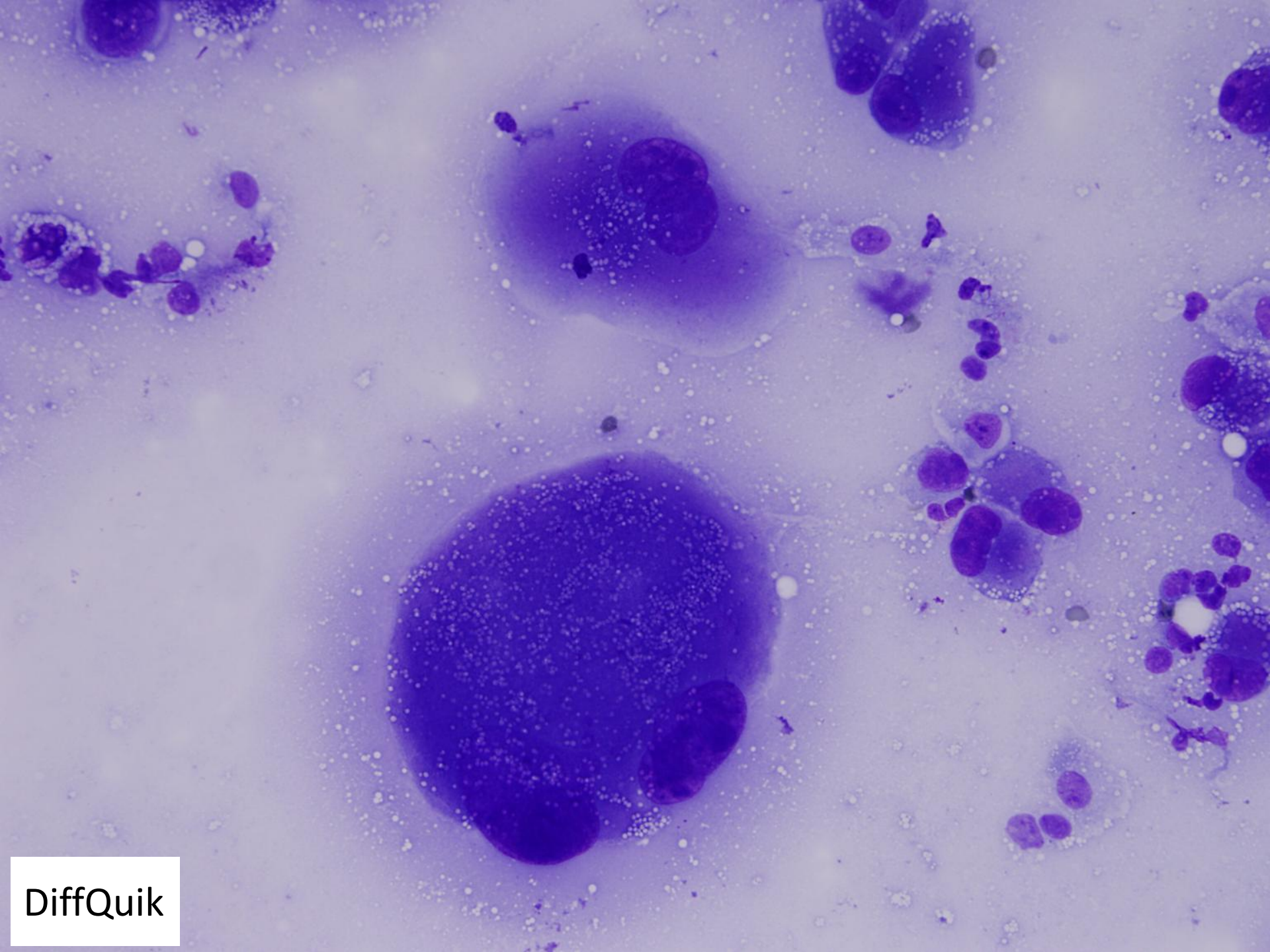
DiffQuik low power, right supraclavicular lymph node: Quite cellular



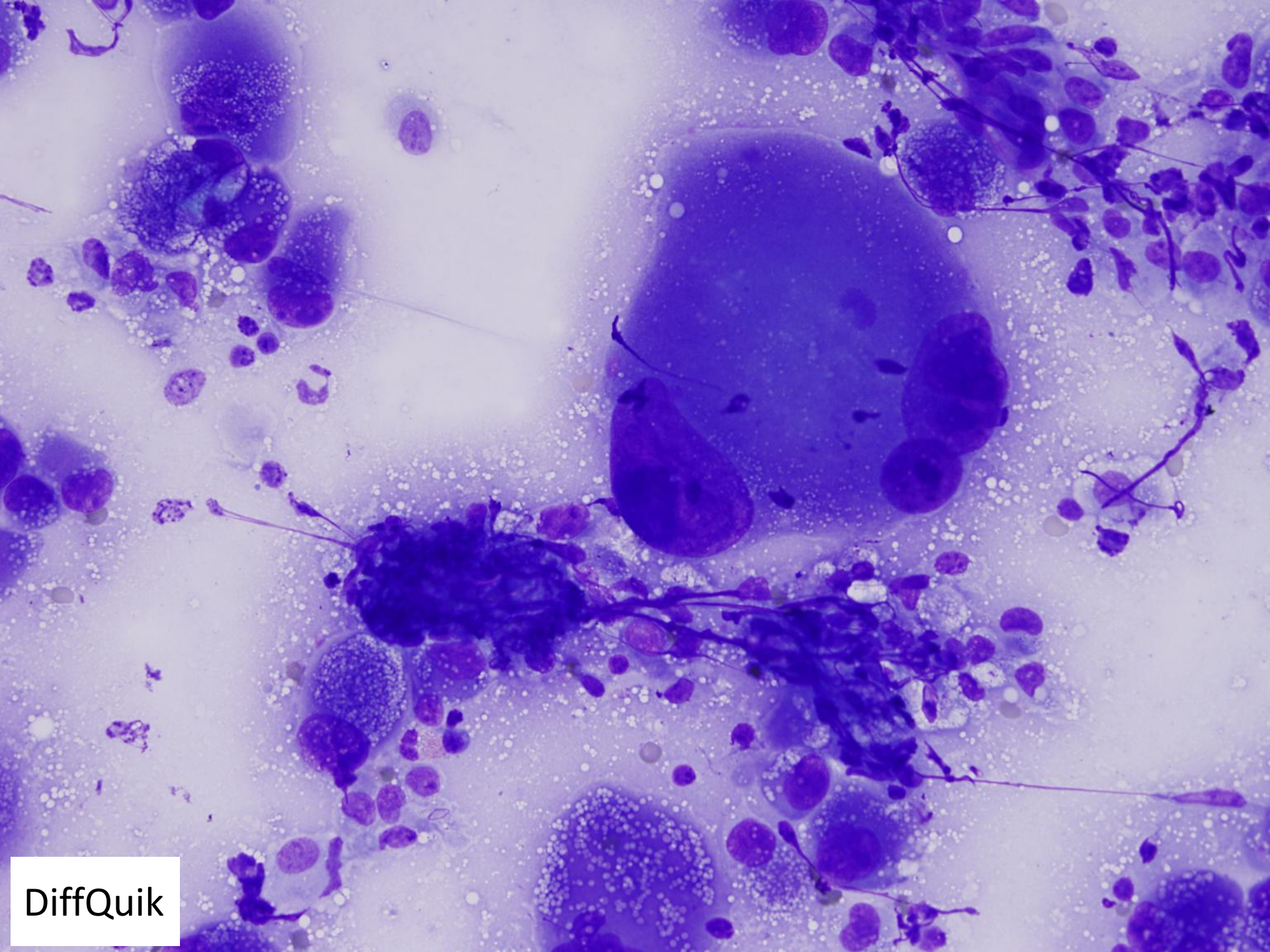
DiffQuik



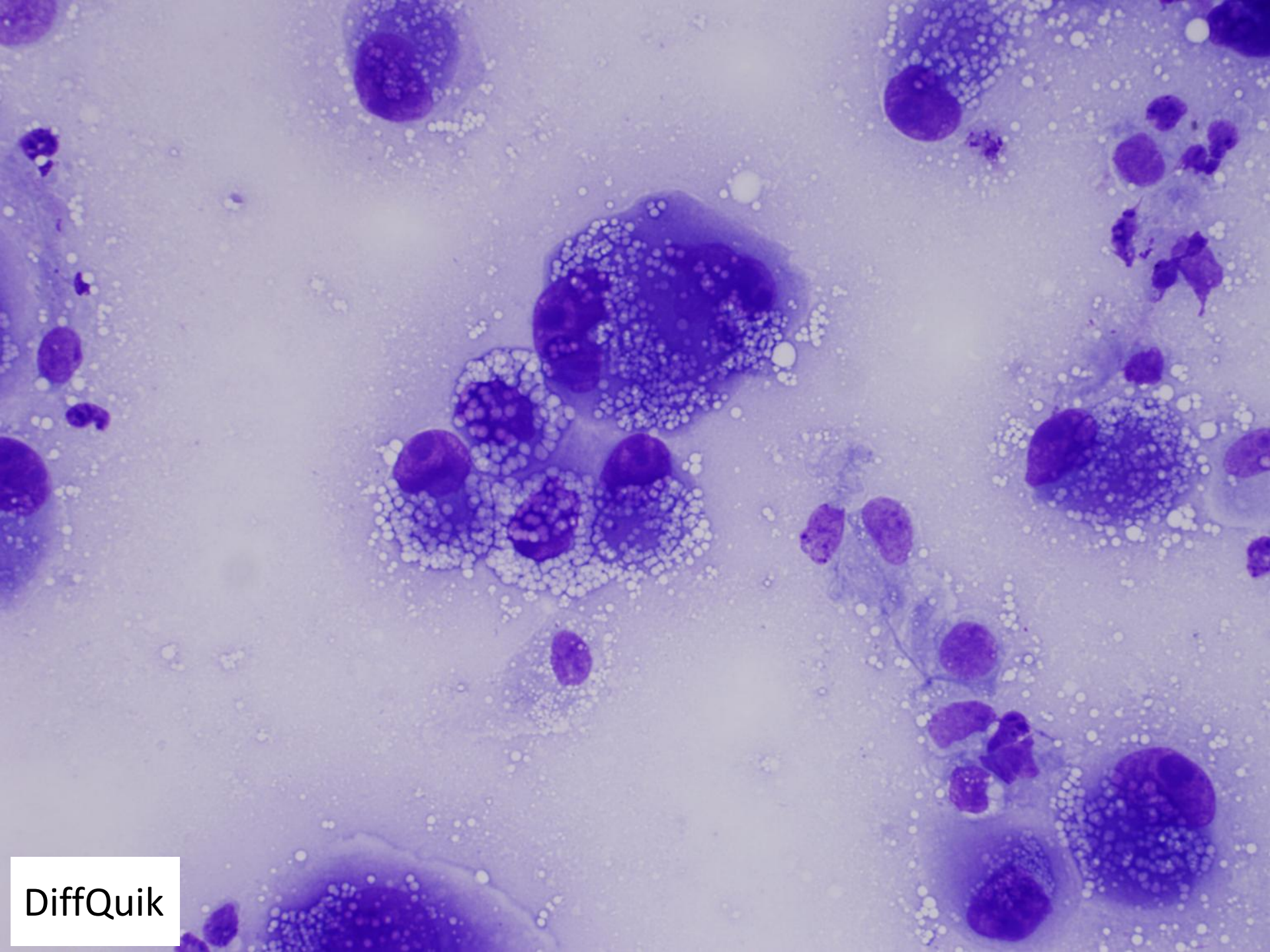
DiffQuik: Eccentric nuclei, vacuolated cytoplasm, prominent nucleoli, variation cell size



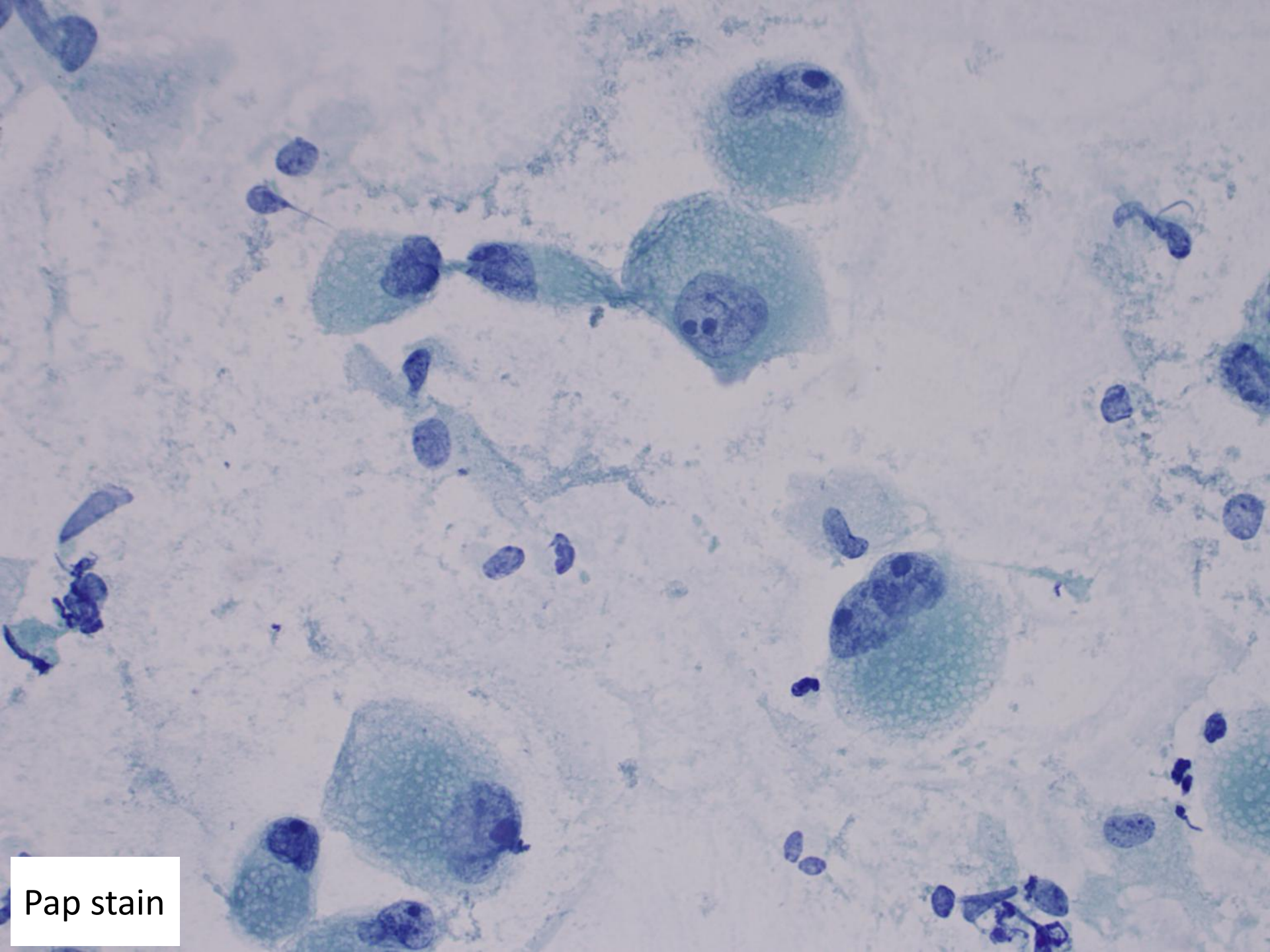
DiffQuik



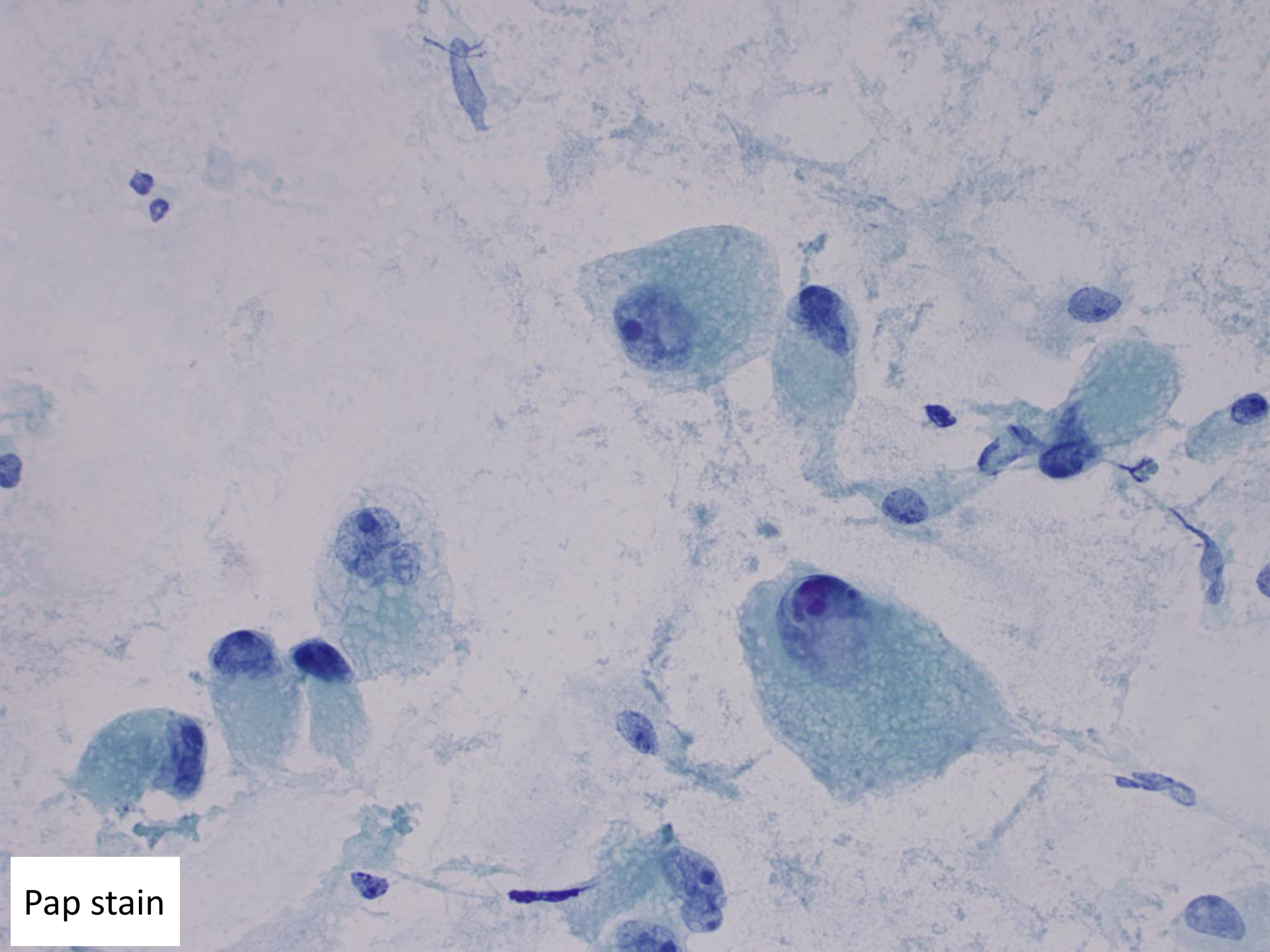
DiffQuik



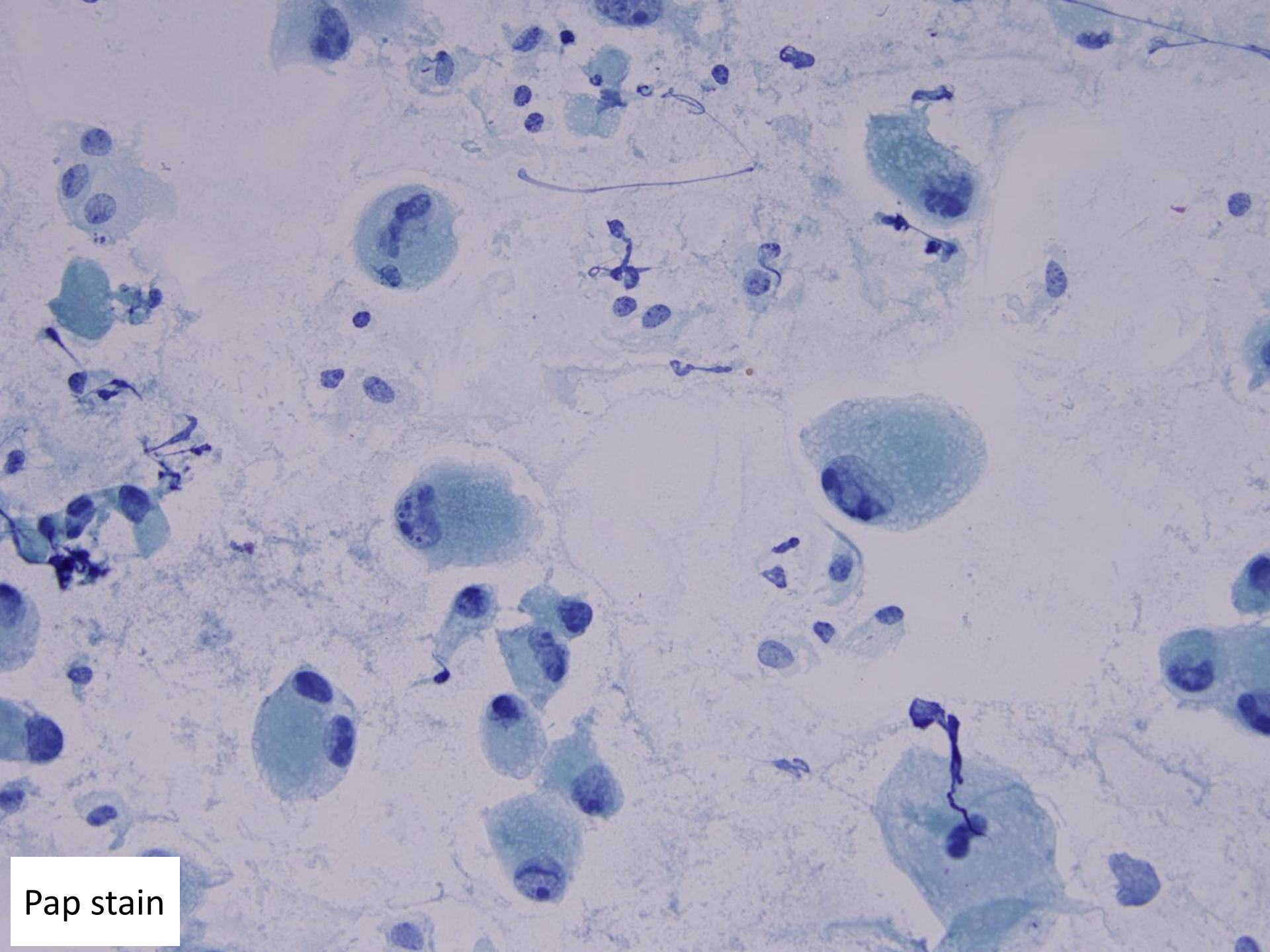
DiffQuik



Pap stain



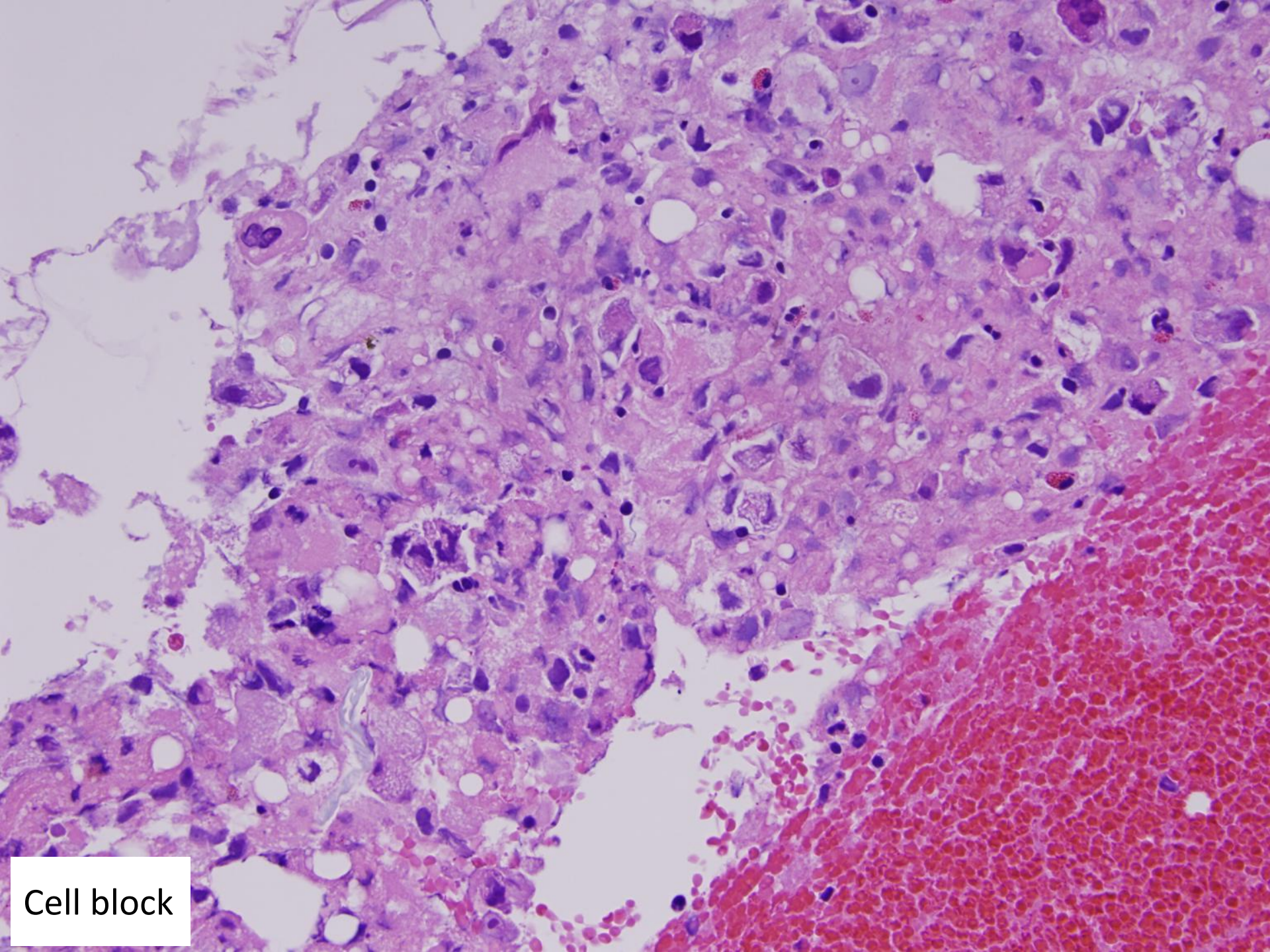
Pap stain



Pap stain

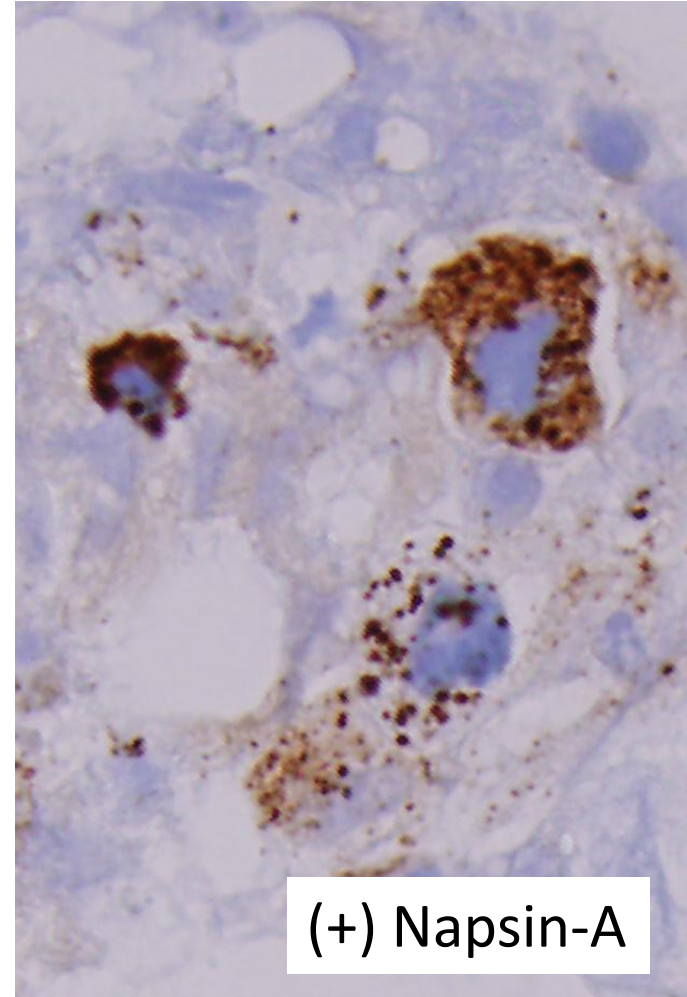
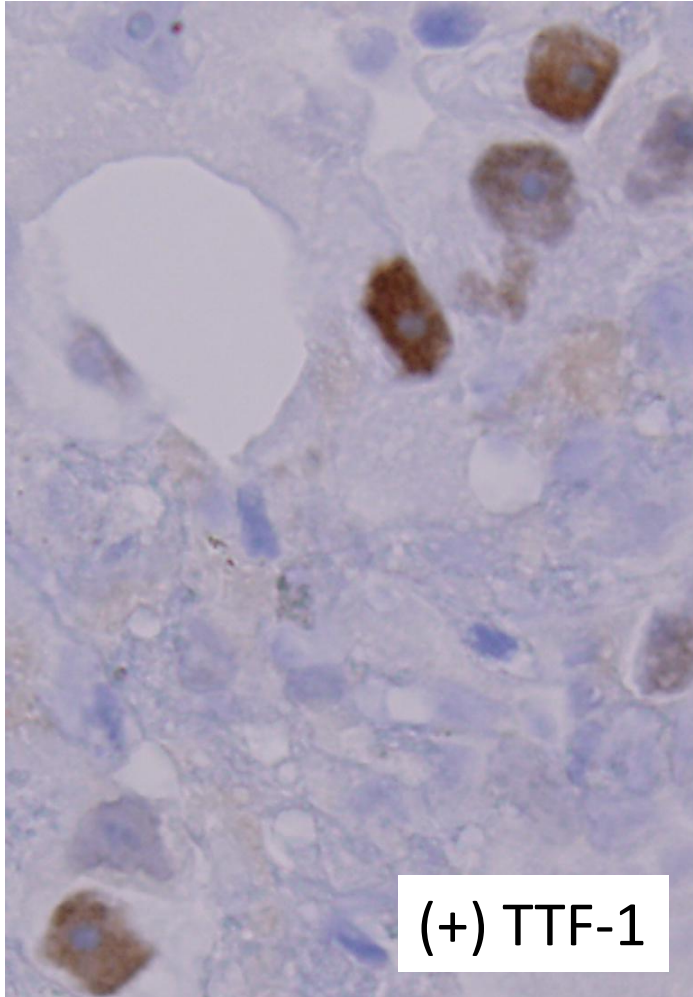
Differential Diagnosis

- Metastatic adenocarcinoma
 - Metastatic poorly differentiated carcinoma
 - Metastatic melanoma
-
- Relevant history: 1995 prostatic adenocarcinoma (this cytomorphology would be highly unexpected for metastatic prostate cancer, however).



Cell block

IHC



(+) pan-cytokeratin cocktail also positive

(-) PSA, PSMA, S-100

FINAL DIAGNOSIS

- Right supraclavicular lymph node:
 - Positive for poorly differentiated adenocarcinoma, consistent with metastasis from a lung primary.