

Interesting Case Conference

7/23/12

HISTORY and PHYSICAL EXAM

- 53 year old Caucasian male
- Lifelong history of mole on left abdomen
- Past 1 - 2 years: change in size, primarily in height
- Past 4 - 6 months: darker in color, raised, occasional bleeding

HISTORY and PHYSICAL EXAM

- Recent biopsy 6/6/12 skin of left abdomen, excisional biopsy:

MELANOMA PROFILE

Body site:	Left abdomen
Classification:	Superficial spreading type
Clark's level:	IV
Breslow depth:	3.1 mm
Host response:	Non-brisk
Regression:	Not identified
Mitoses/mm ² :	7/mm ²
Growth phase:	Vertical
Satellitosis:	Not identified
Ulceration:	Present, focal
Angiolymphatic spread:	Present
Neurotropism:	Not identified
Margins:	Tumor extends focally to fragmented deep edge of sections
Co-existing nevus:	Not identified

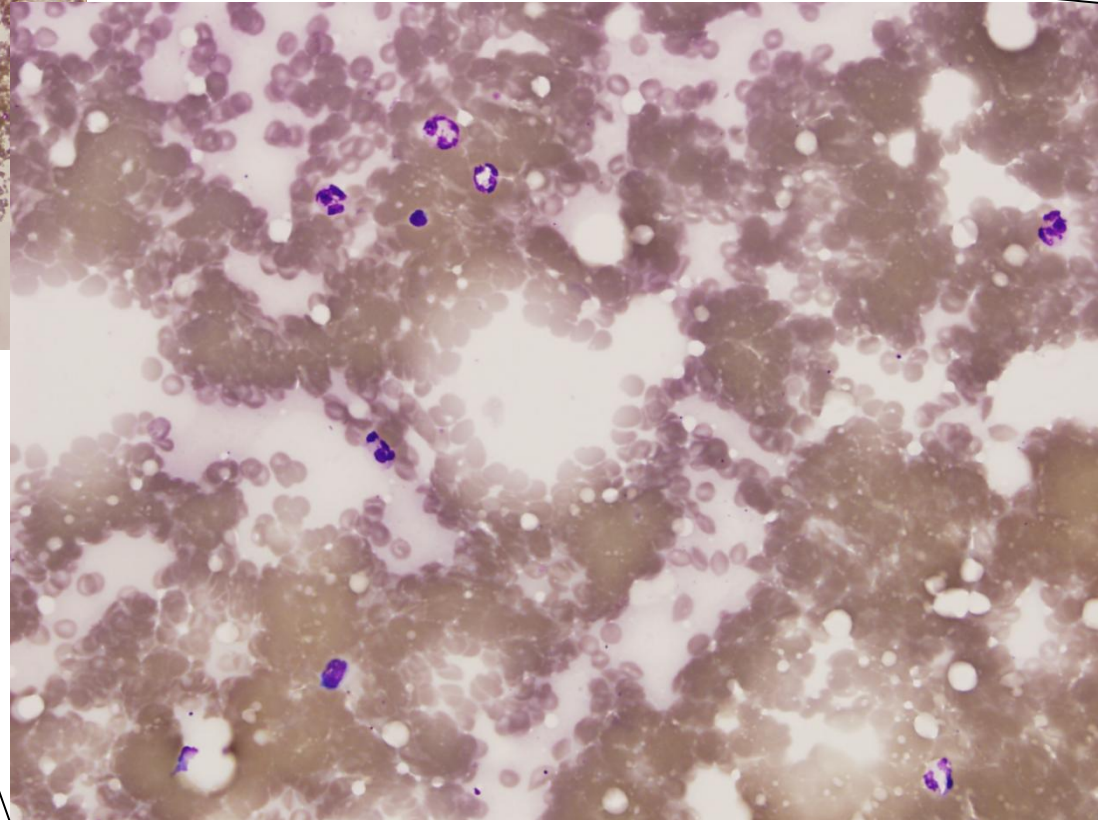
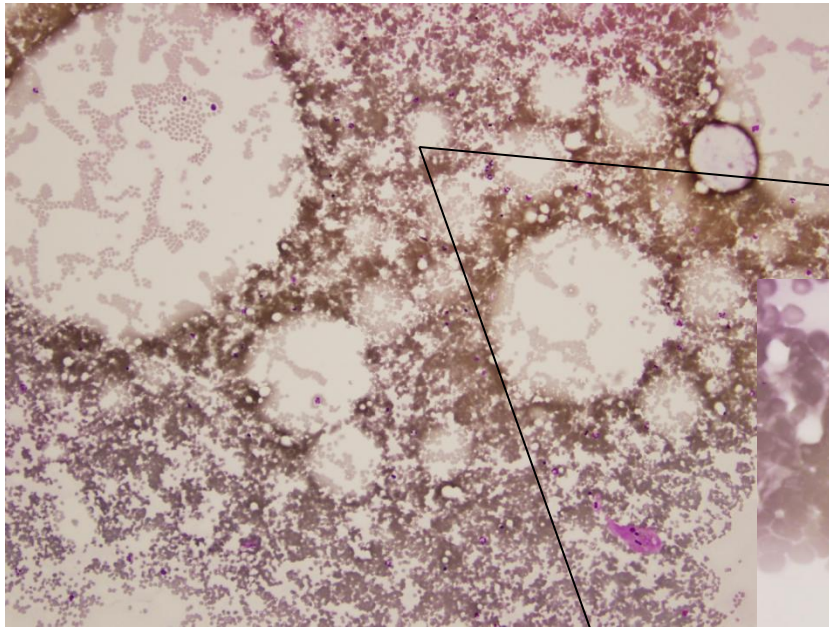
PHYSICAL EXAM AND PLAN

- 1.25 cm firm lymph node within left groin
- PLAN: FNA of left inguinal lymph node

FNA of LEFT GROIN LYMPH NODE

- Lesion is palpable and less than 1.0 cm in size.
- Lesion seems superficial
- 1st FNA attempts with 25 Gauge, 5/8 inch needle

FNA of LEFT GROIN LYMPH NODE: Blood only on first attempts



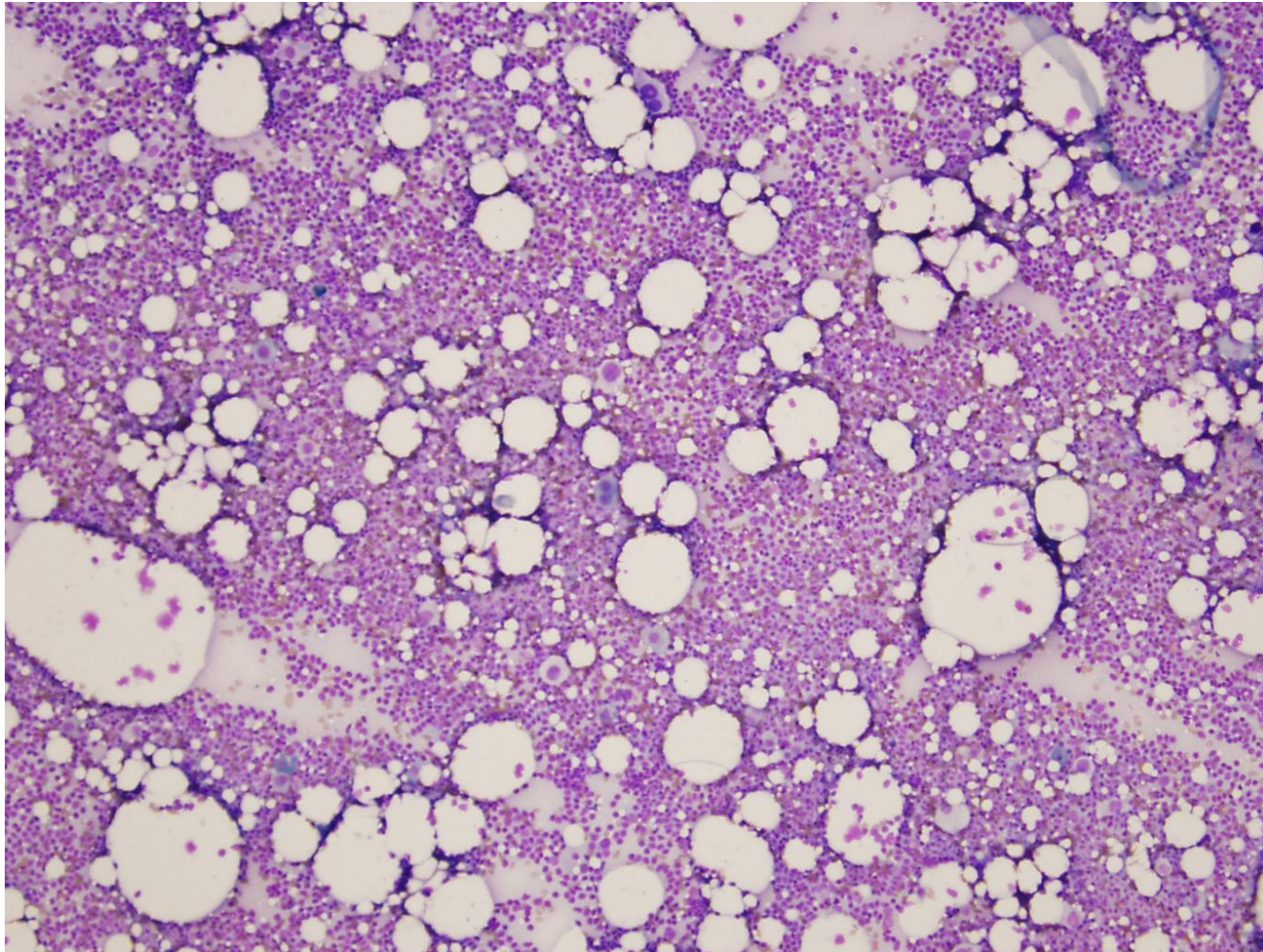
FNA of LEFT GROIN LYMPH NODE: Strategic Considerations

- Remember inguinal anatomy “NAVEL”:
 - Nerve, artery, vein, empty space, lymphatics
- Locate femoral artery so you avoid it with the needle.
- Small mobile nodule: Often difficult to immobilize between fingers; instead, use your fingers to push the nodule to one side (away from the femoral artery).
- Just because a lymph node is palpable, it is not as superficial as you think. This especially applies for axillary and inguinal lymph nodes. You may have to use a longer needle!

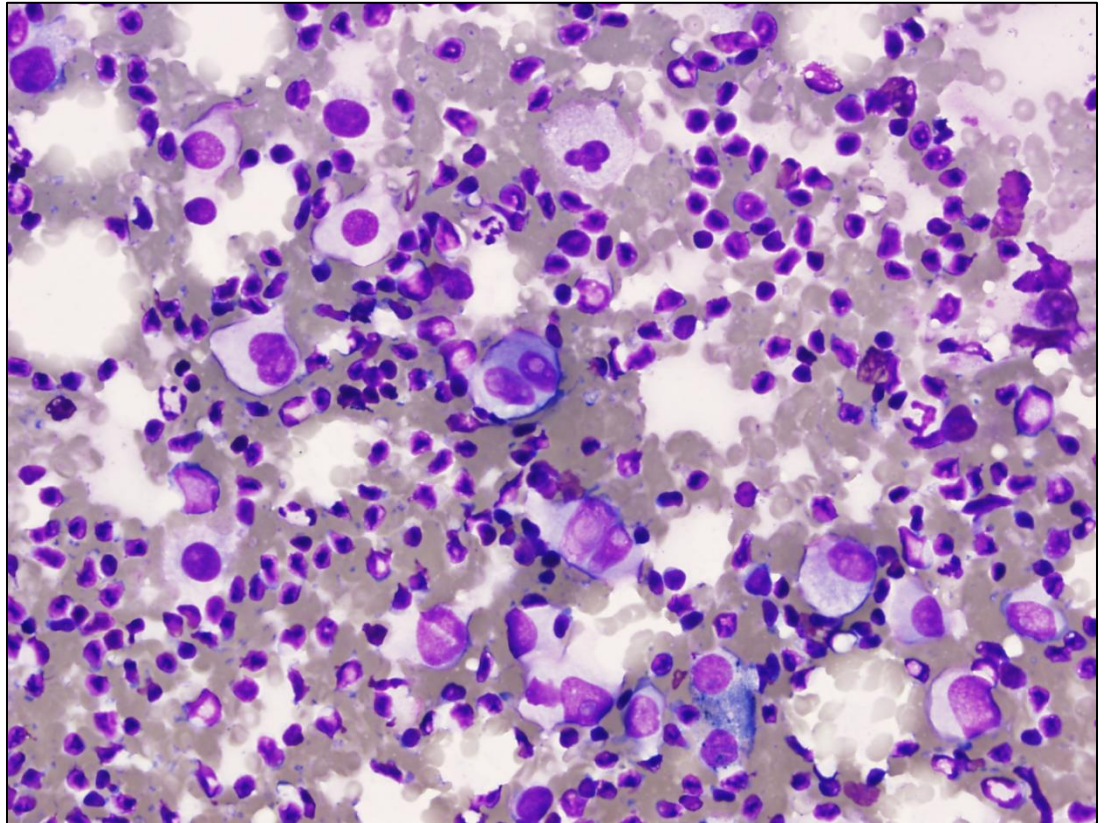
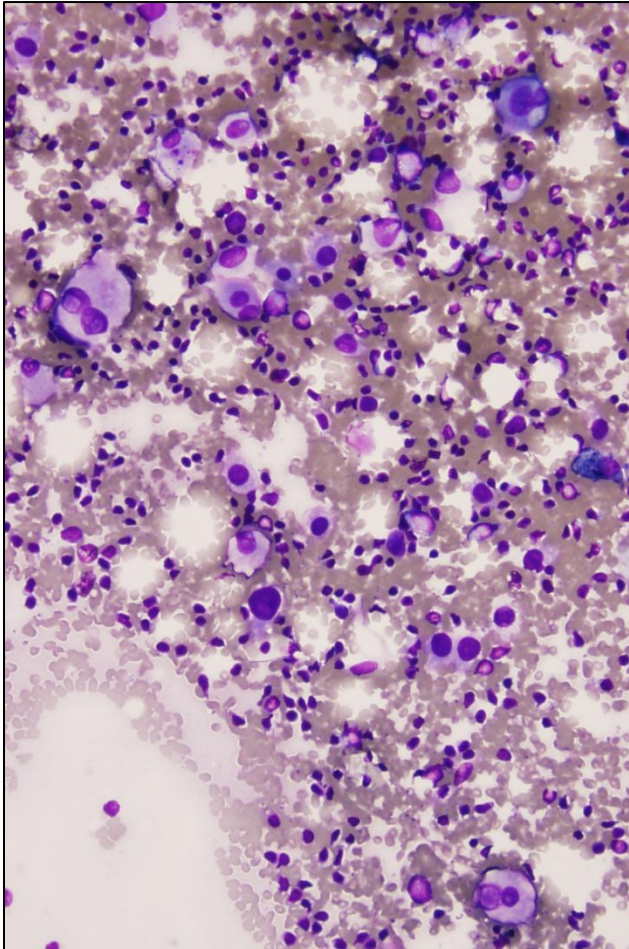
FNA of LEFT GROIN LYMPH NODE

- Attending attempt #1 with 25 Gauge, 1 inch needle
 - Got something but it's just the tip of the iceberg
- Attending attempt #2 with 25 Gauge, 1 ½ inch needle

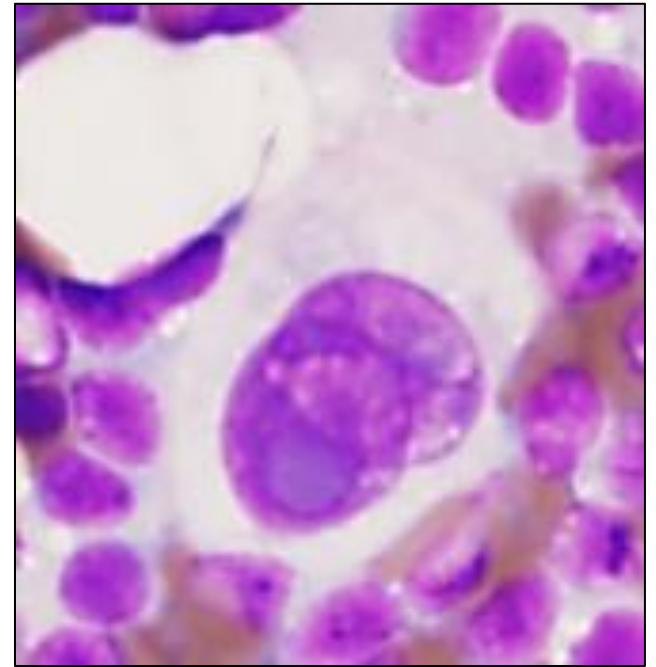
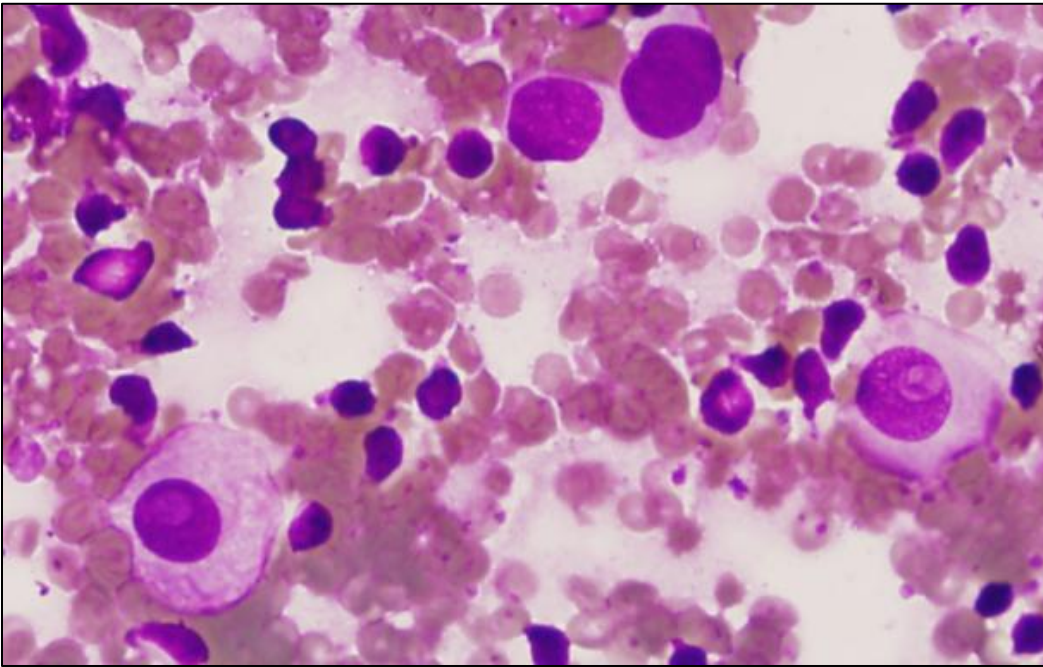
FNA of LEFT GROIN LYMPH NODE: 25 Gauge needle, 1 ½ inch length



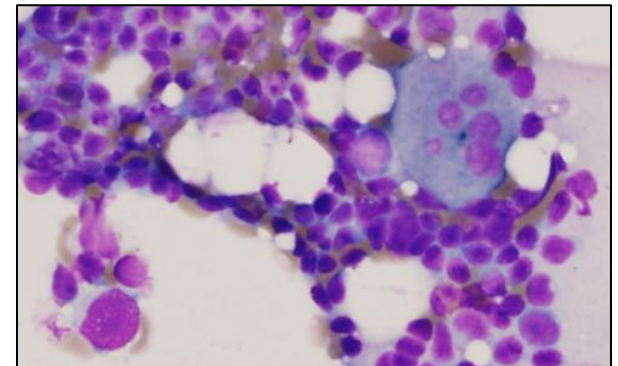
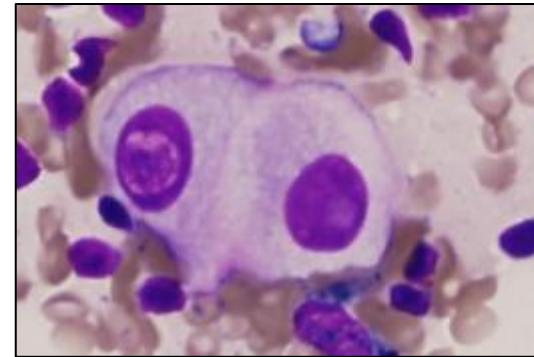
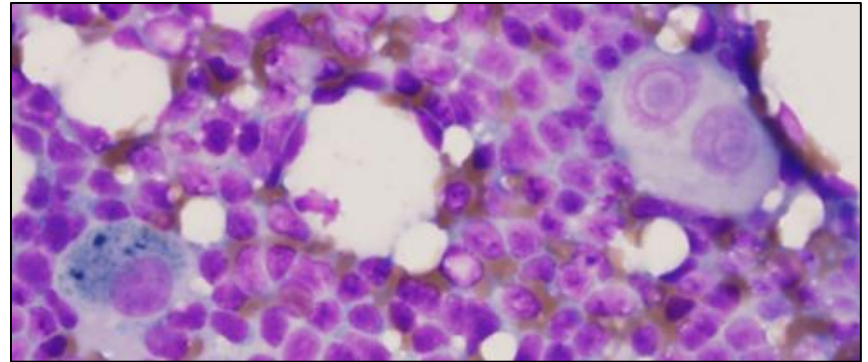
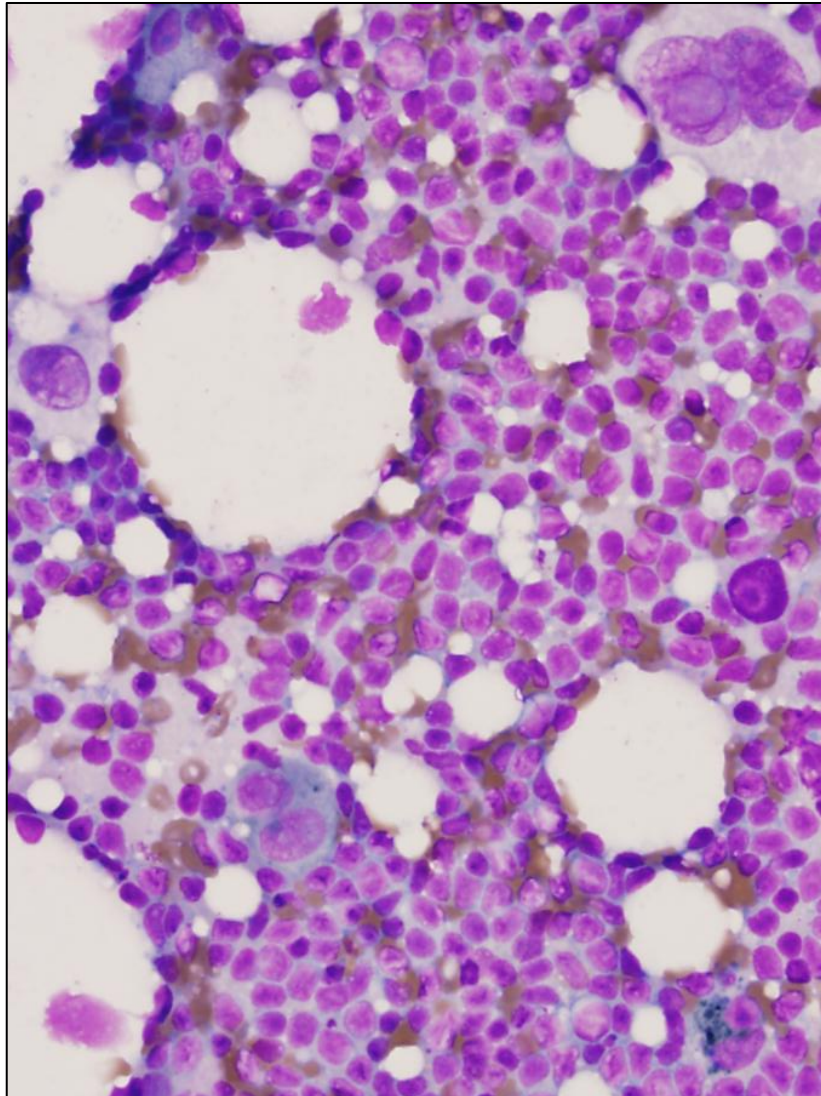
FNA of LEFT GROIN LYMPH NODE



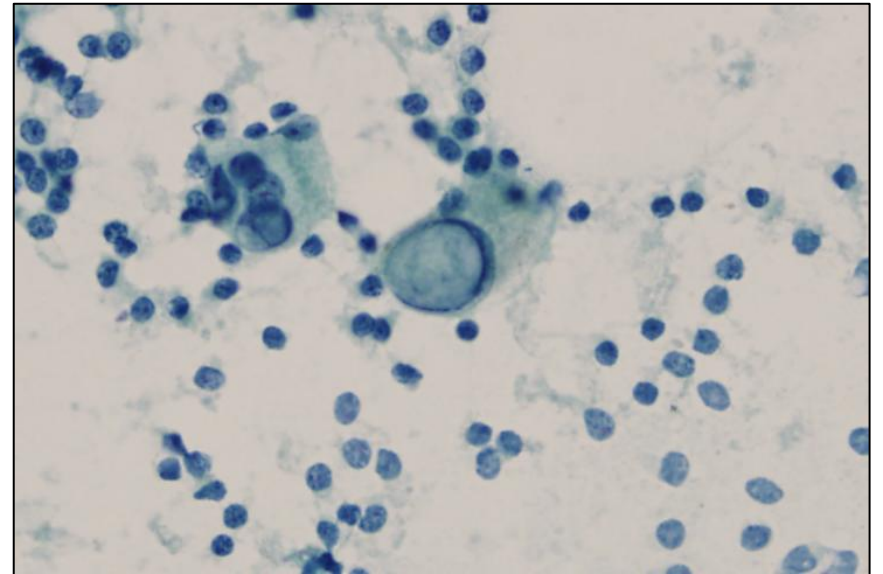
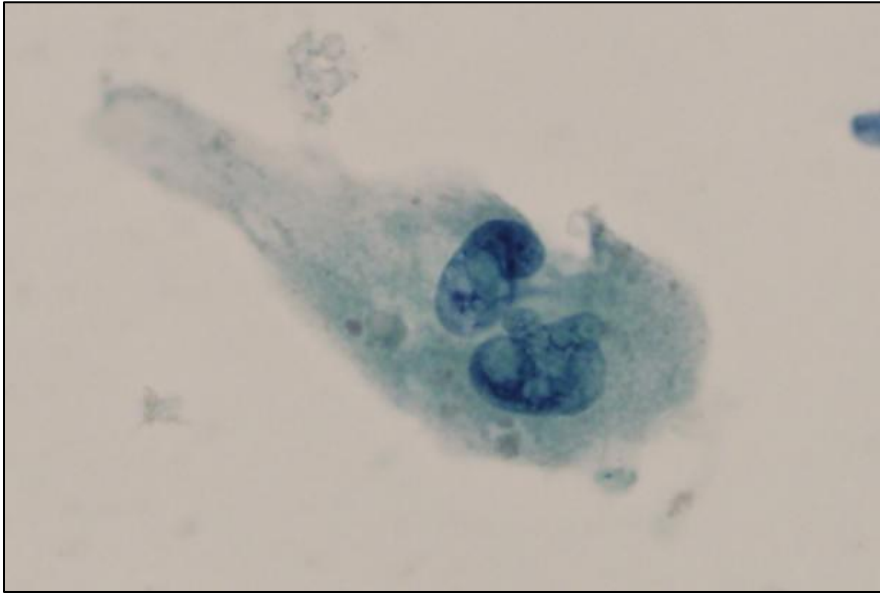
FNA of LEFT GROIN LYMPH NODE



FNA of LEFT GROIN LYMPH NODE



FNA of LEFT GROIN LYMPH NODE



Cytomorphologic Findings

- Scattered, markedly atypical epithelioid cells in a background of polymorphous lymphocytes.
- Melanin pigment is appreciable in a subset of these cells.
 - Dark blue on Diff-Quik; brown on Papanicolaou stains.
- Multinucleation is evident.
- Nuclear pseudo-inclusions are evident.

FINAL DIAGNOSIS

- Positive for malignant cells, consistent with metastasis from the patient's melanoma.

LESSONS

- Just because you can palpate the lesion doesn't mean it's superficial.
- Just because you can palpate the lesion doesn't mean your needle will reach it.
- Don't be afraid to utilize a longer needle.
- Be mindful to palpate nearby arterial pulses.
- Small nodules can be immobilized by pushing it with your fingers to one side. Continuous palpation of the immobilized nodule can guide the needle. But be careful not to injure your fingers with the needle.

FOLLOW-UP

- Chest, abdomen and pelvic CT scans: no evidence of metastatic disease.
- PET scan: to be re-reviewed here.
- Final plan: wide excision of primary melanoma site with left inguinal lymph node dissection.