

Interesting case conference

7/23/12

72 year old female

-initially developed lower back and anterior right thigh pain December 2011 that was refractory to physical therapy and later laminectomy

-MRI revealed a right psoas muscle mass which was thought to be an abscess. Initiated on antibiotics without benefit

-Repeat imaging revealed a heterogeneously enhancing soft tissue mass again in right medial psoas muscle with bony erosions involving right side of L5 vertebral body and right sacroiliac joint

Underwent CT guided abscess drainage

=> fluid submitted to pathology

1. Psoas mass, FNA with cell block (NG12-128, 1/18/12): Well-differentiated adenocarcinoma (please see comment).

COMMENT:

This is a well-differentiated adenocarcinoma with columnar cell features. Review of outside immunohistochemical stains show the cells to be **positive for CK7** and negative for CDX2. They are reported to be negative for CK20. Additional immunohistochemical stains performed at the University of Michigan show the cells to be positive for CK20, **estrogen receptor and PAX8**. They are negative for napsin and TTF1. Although the fixation and quality of immunostaining on this tissue is not optimal, presence of ER and PAX8 staining in conjunction with the histology are **suggestive of endometrioid differentiation**.

3/8/2012

1. Endometrium, biopsy: Scant strips of atrophic endometrium.

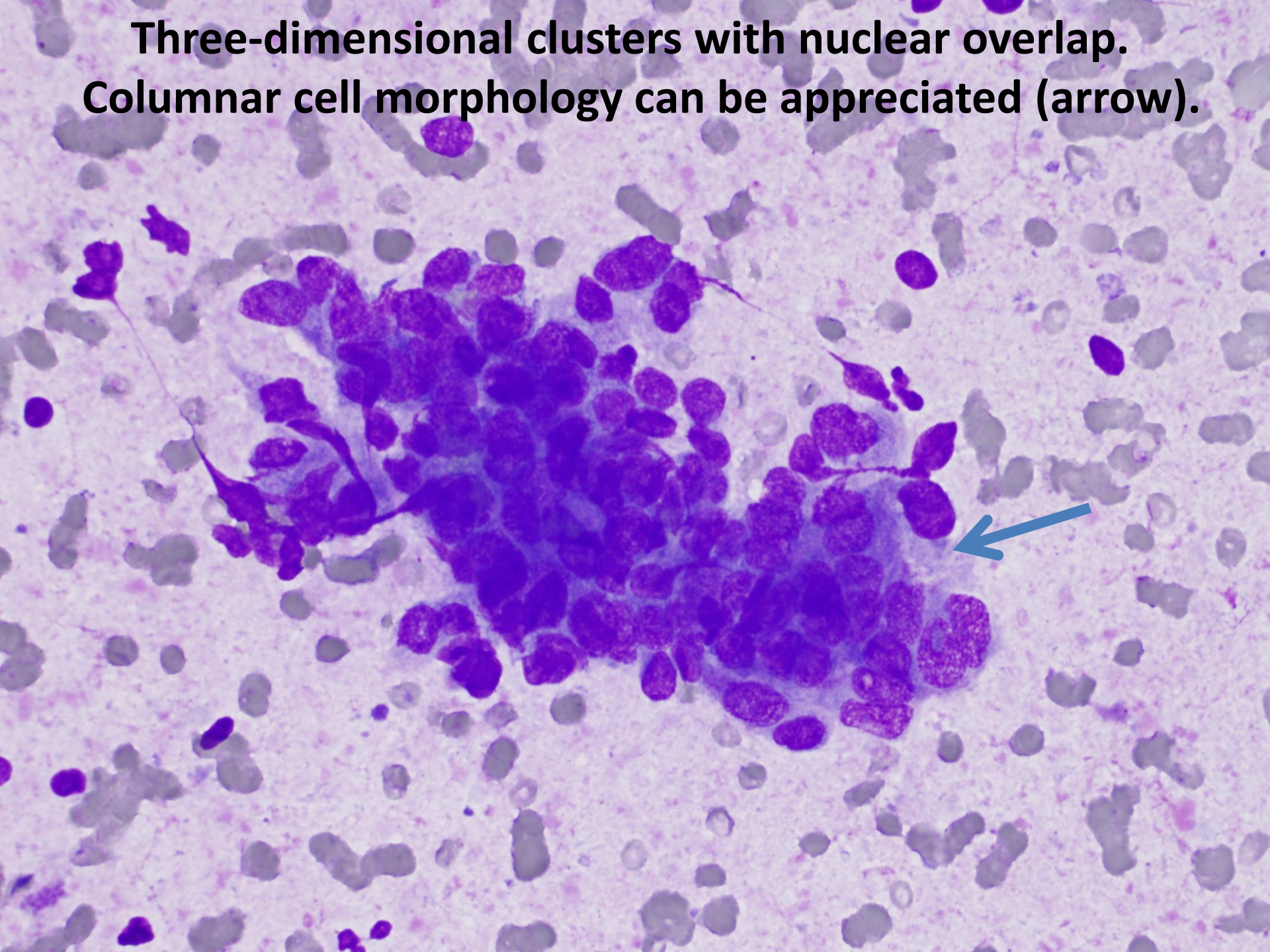
7/18/2012:

Underwent exploratory
laparotomy, total abdominal
hysterectomy, bilateral salpingo-
oophorectomy, omentectomy, right
pelvic lymphadenectomy

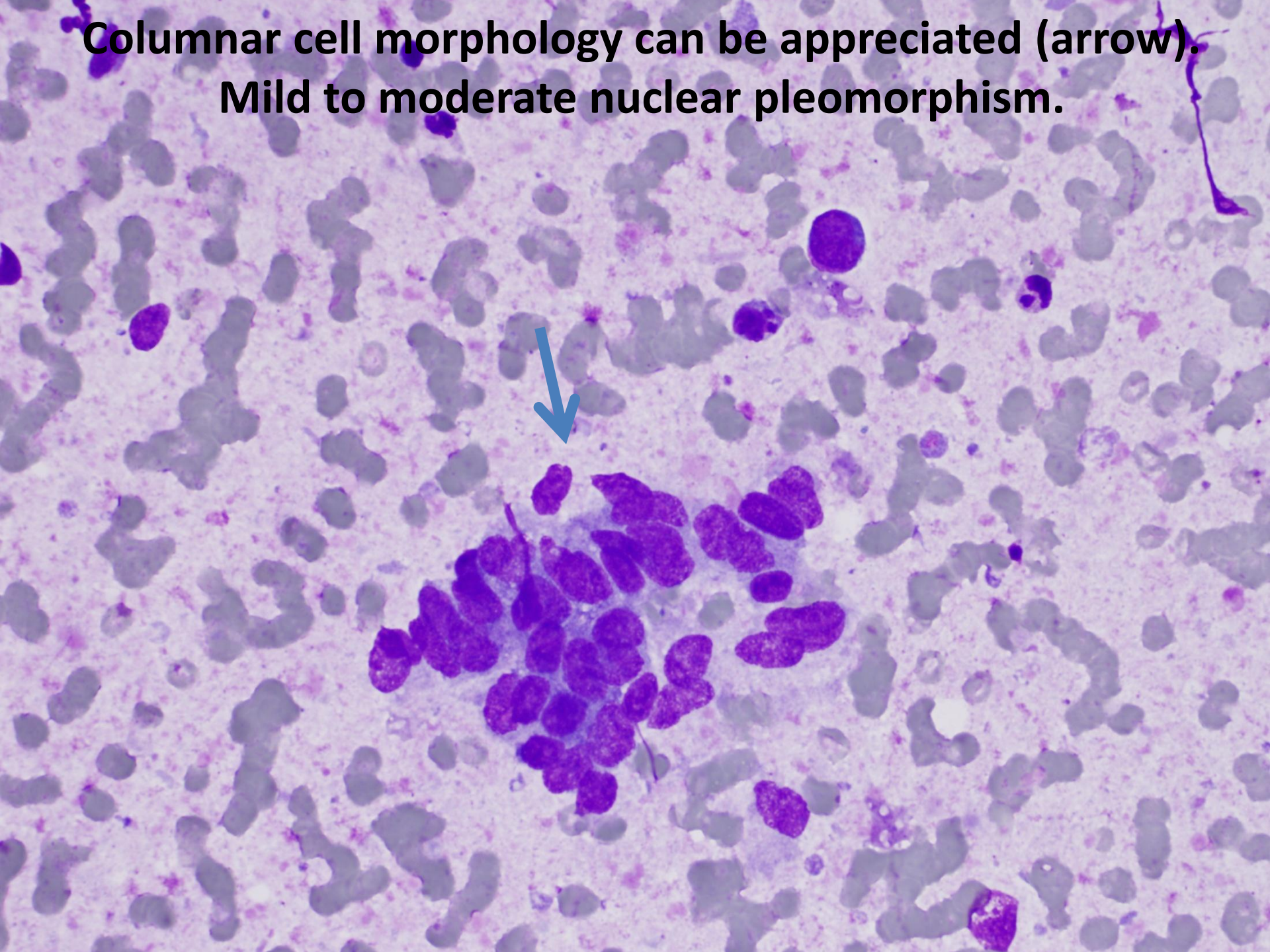
Sectioning of the left ovary reveals a 3.4 x 1.9 x 1.1 cm **unilocular cavity filled with friable blood clot and exudate.**

Scrape smears were prepared from this cystic ovarian mass, air-dried, and stained with Diff-Quik.

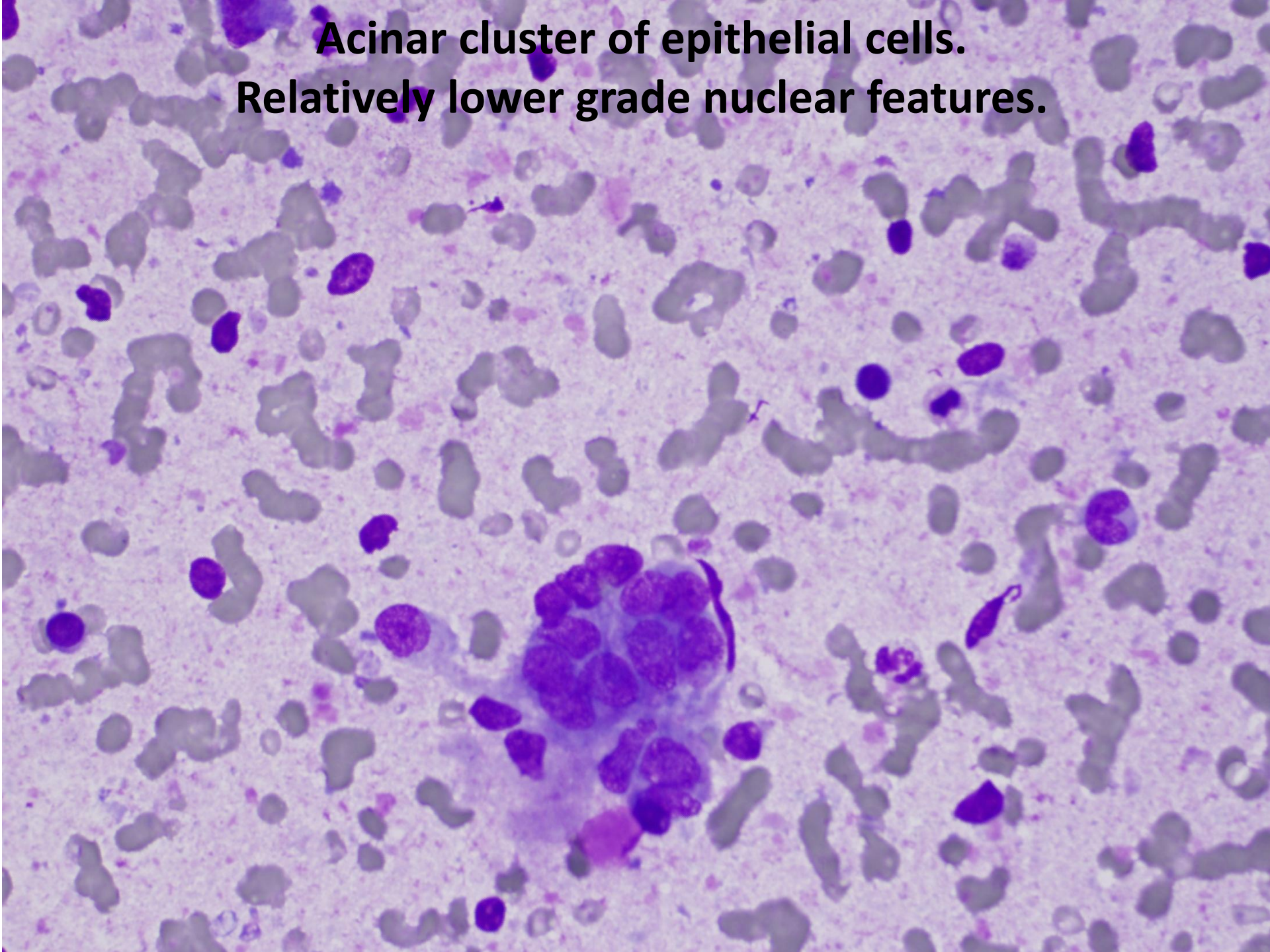
**Three-dimensional clusters with nuclear overlap.
Columnar cell morphology can be appreciated (arrow).**



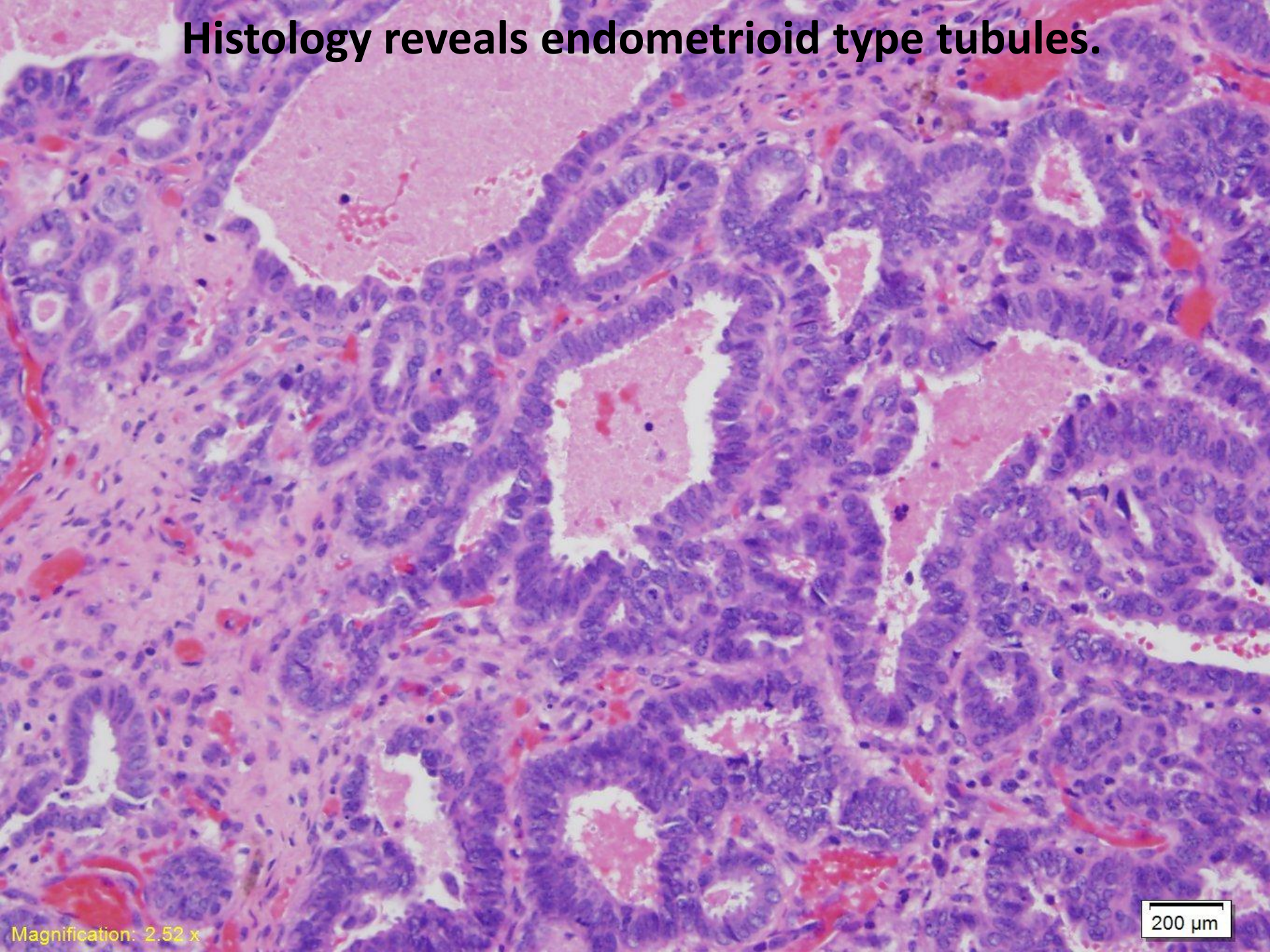
**Columnar cell morphology can be appreciated (arrow).
Mild to moderate nuclear pleomorphism.**



**Acinar cluster of epithelial cells.
Relatively lower grade nuclear features.**



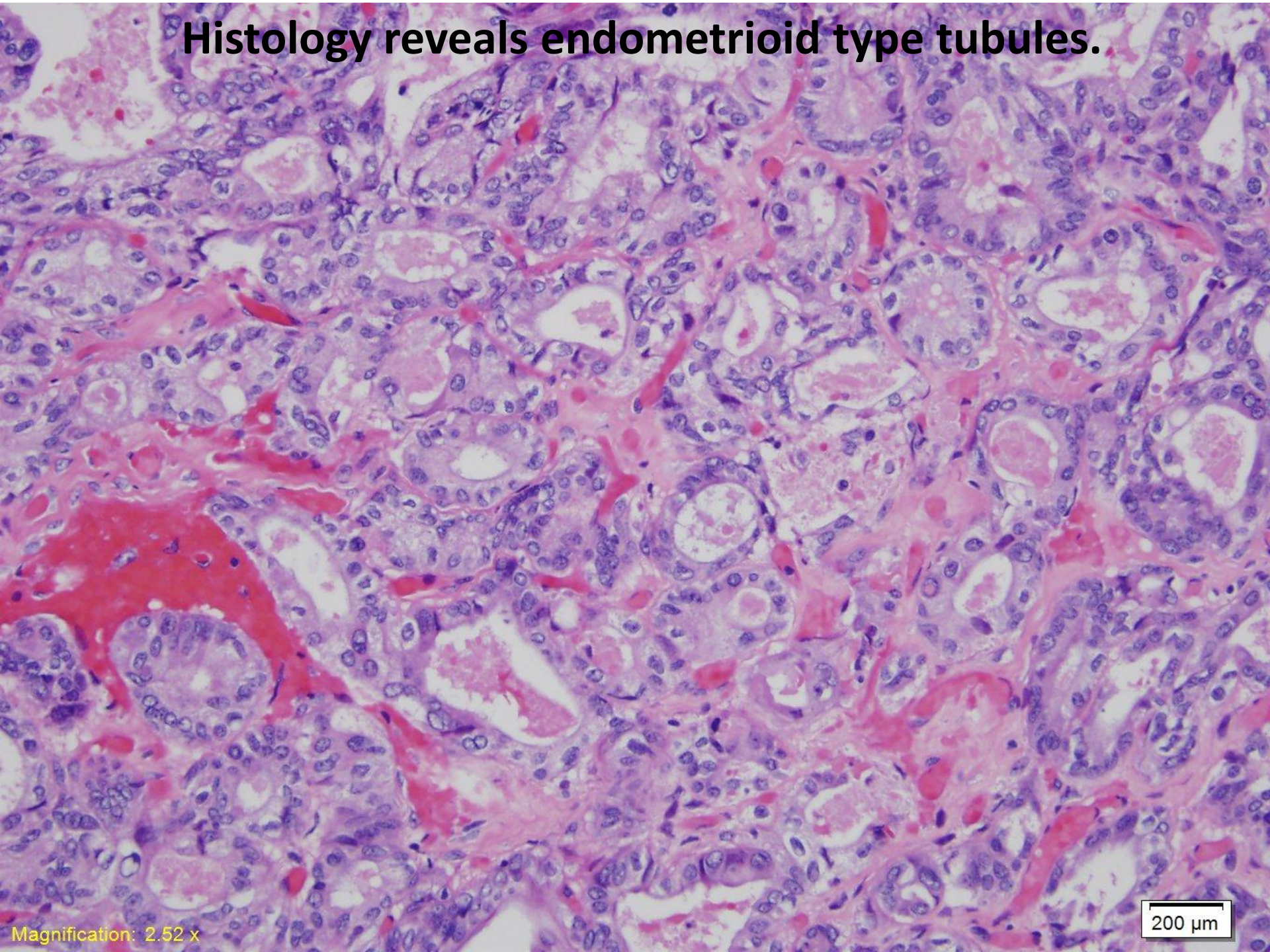
Histology reveals endometrioid type tubules.



Magnification: 2.52 x

200 μ m

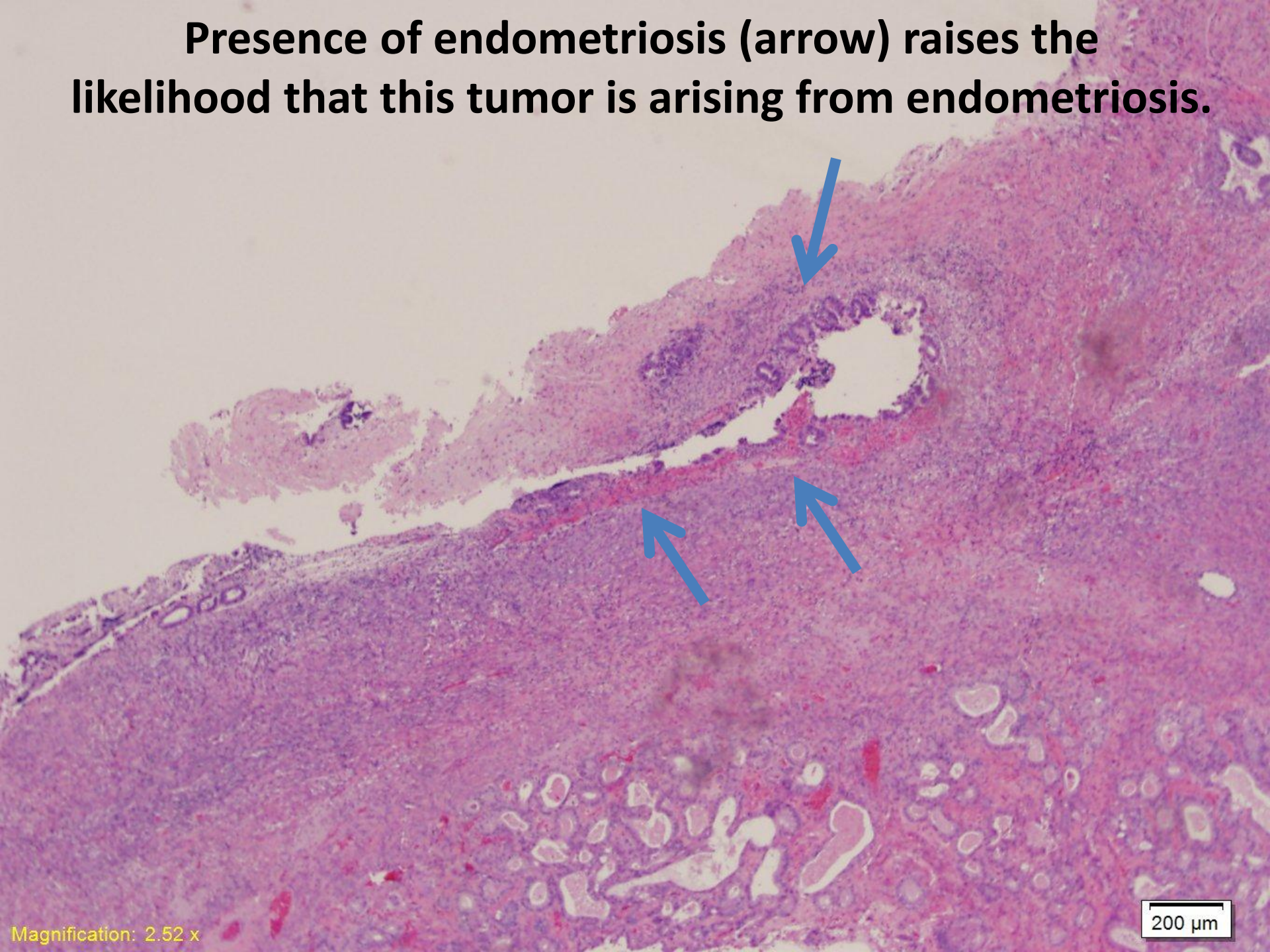
Histology reveals endometrioid type tubules.



Magnification: 2.52 x

200 μ m

Presence of endometriosis (arrow) raises the likelihood that this tumor is arising from endometriosis.



Magnification: 2.52 x

200 μ m

DIAGNOSIS

Uterine corpus, cervix, bilateral fallopian tubes and ovaries, resection:

Well-differentiated (FIGO grade 1) endometrioid adenocarcinoma involving left ovary (3.4 cm), with surface involvement, arising in the setting of endometriosis.