

# Interesting case conference

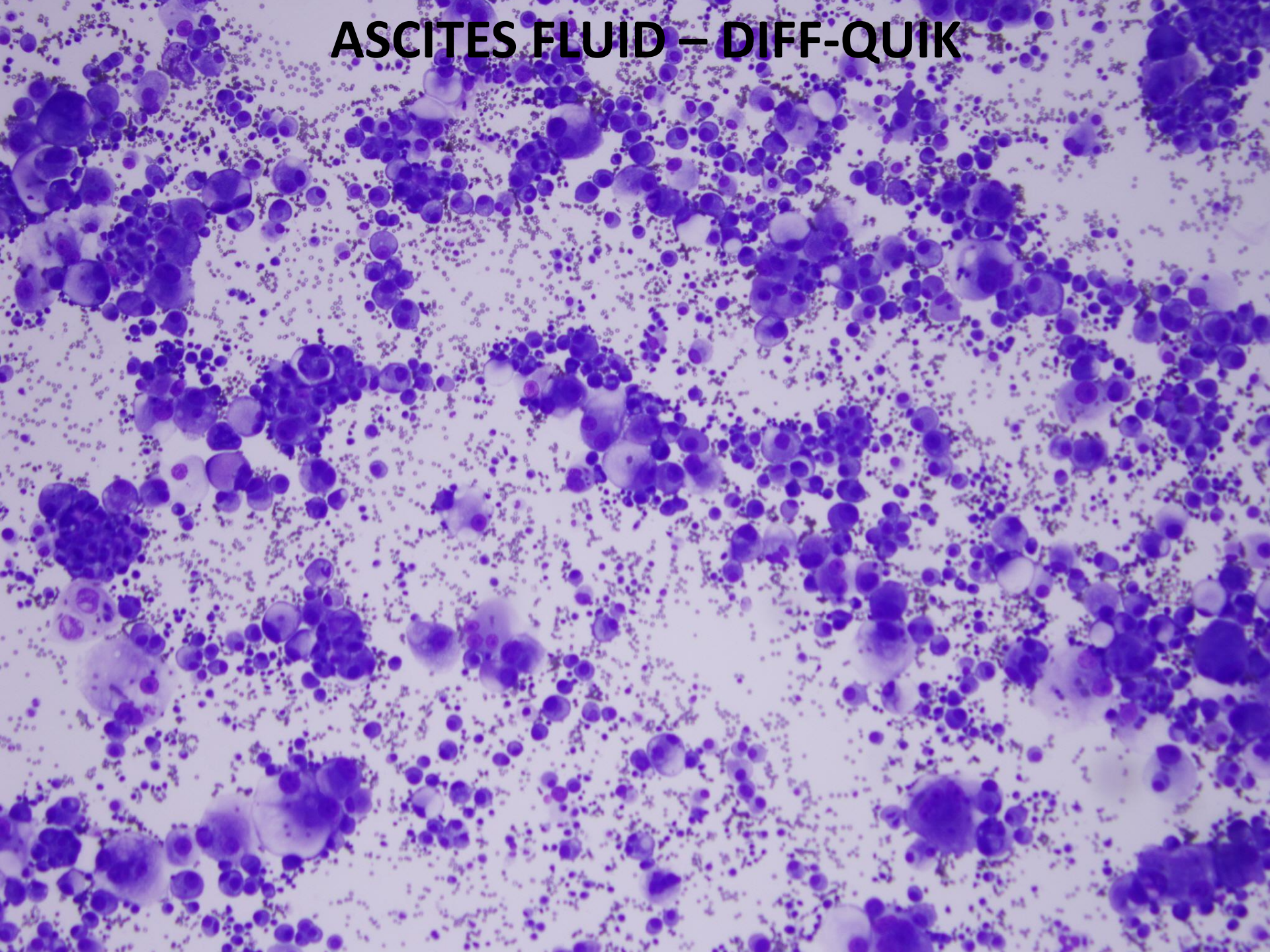
8/27/12

32 y/o male with h/o melanoma

## Interval history:

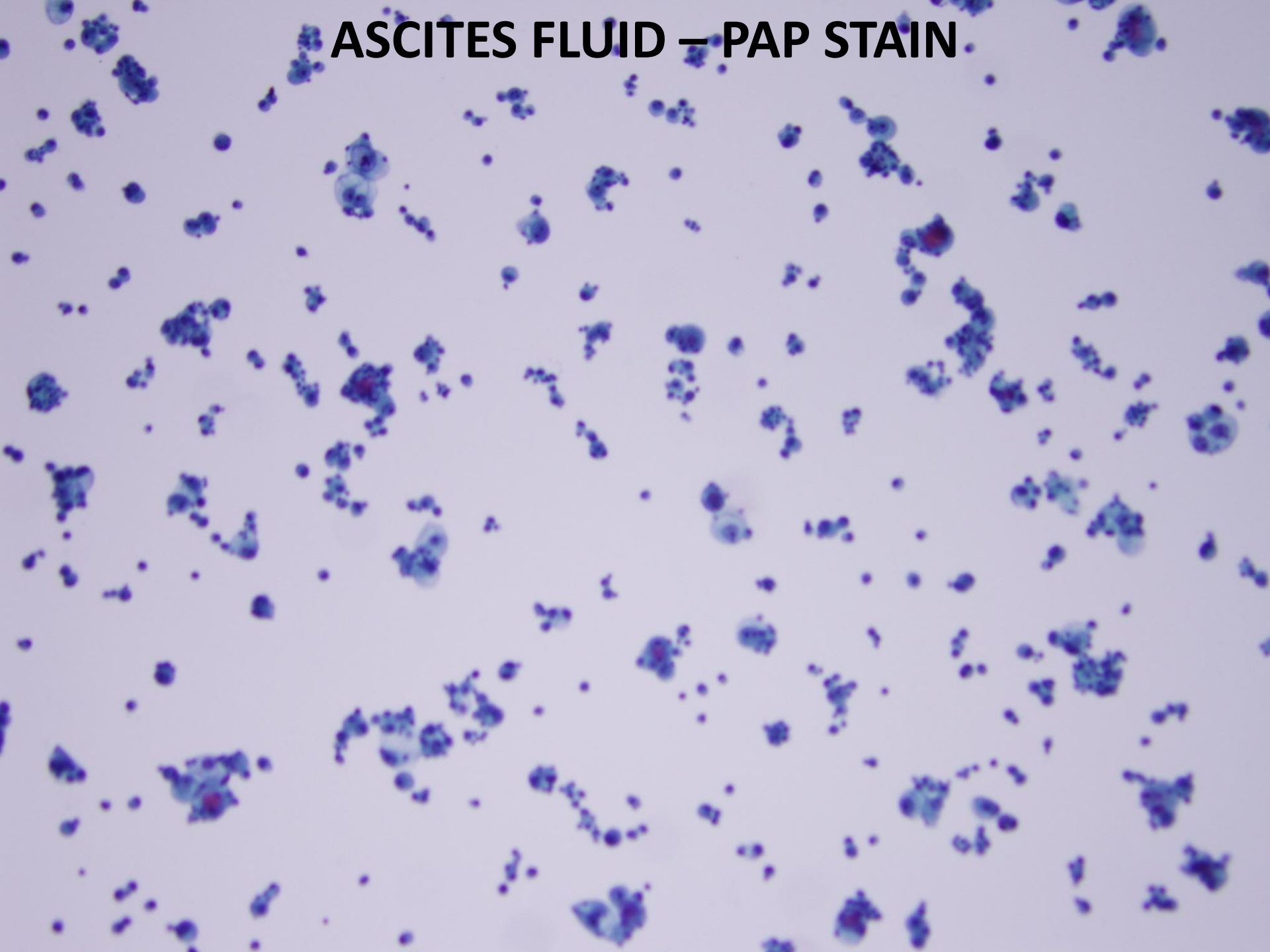
- March, 2011: Primary melanoma excised (pathology read as ulcerated polypoid nodular melanoma of right mid thigh with a positive deep margin)
- No further treatment performed due to insurance issues
- March, 2012: CT scans of the chest, abdomen, and pelvis at U of M 3/2012 identified a heterogeneously enhancing mass within the anterior abdominal wall and right inguinal region. Groin mass positive for metastatic melanoma with BRAF V600E mutation.
- May, 2012: started on Vemurafenib
- August, 2012: Presented to ER with abdominal pain and ascites, CT revealed omental caking and new peritoneal nodules. Paracentesis performed.

# ASCITES FLUID – DIFF-QUIK





# ASCITES FLUID – PAP STAIN

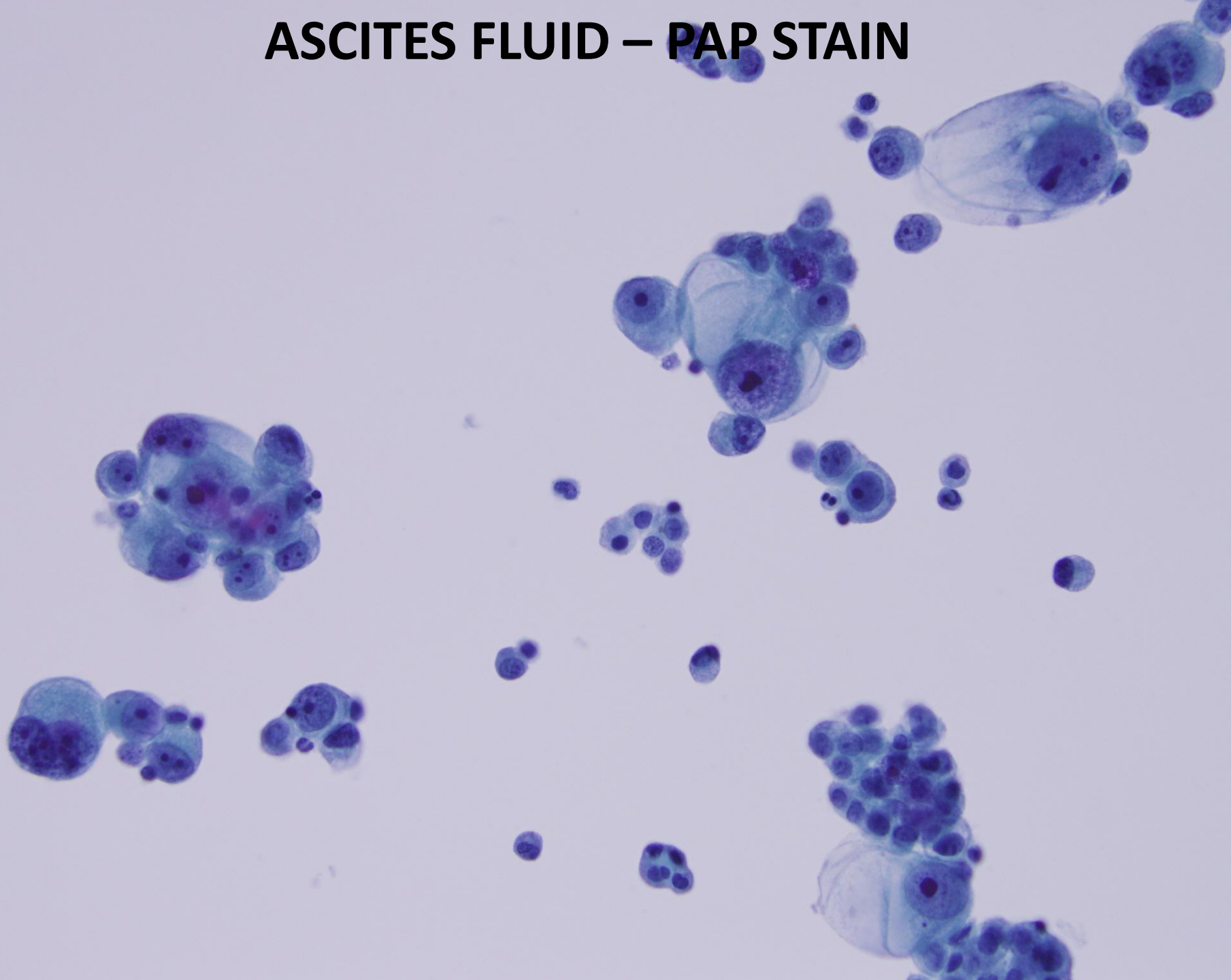




# ASCITES FLUID – DIFF-QUIK

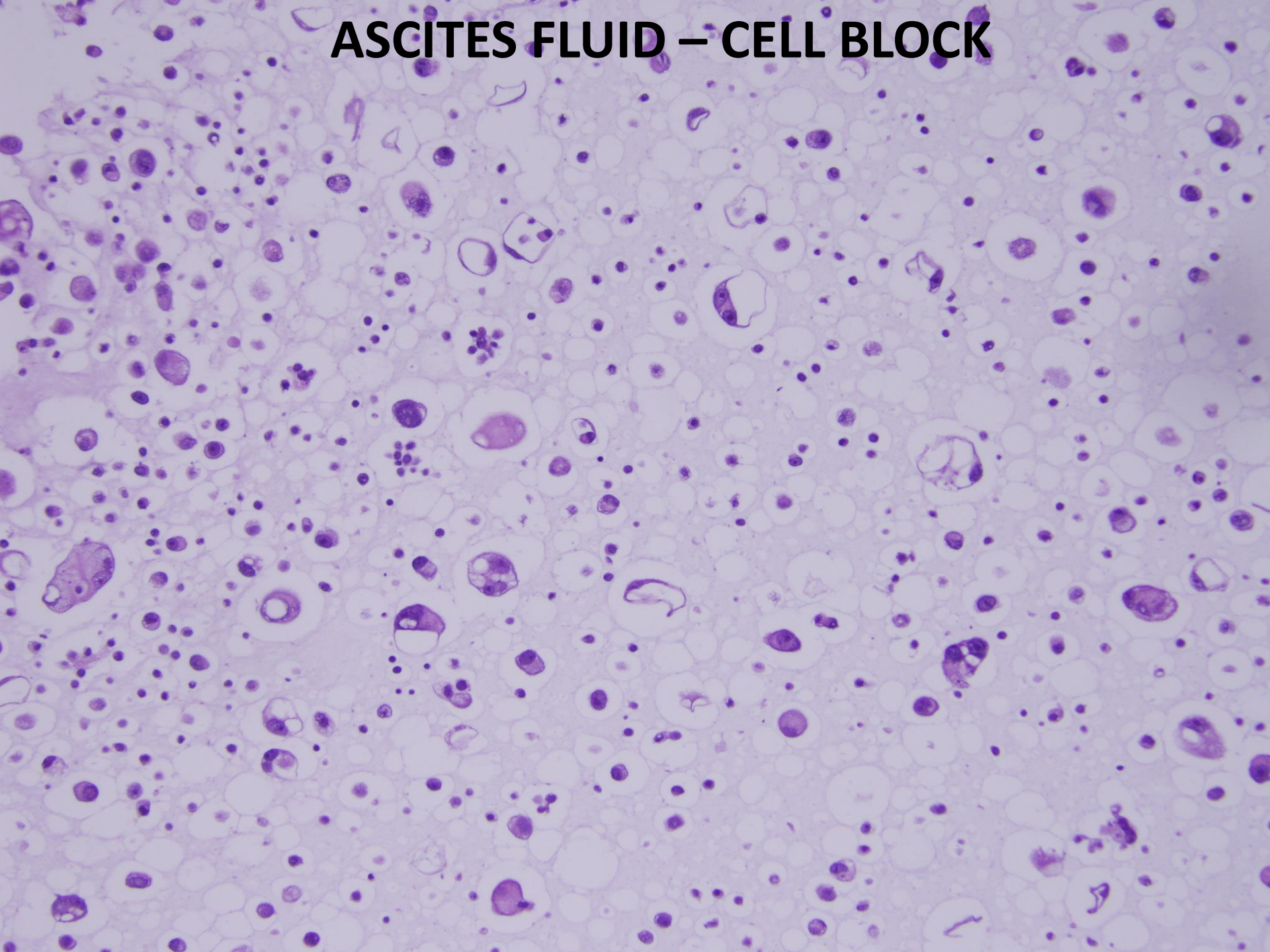


# ASCITES FLUID – PAP STAIN





# ASCITES FLUID – CELL BLOCK



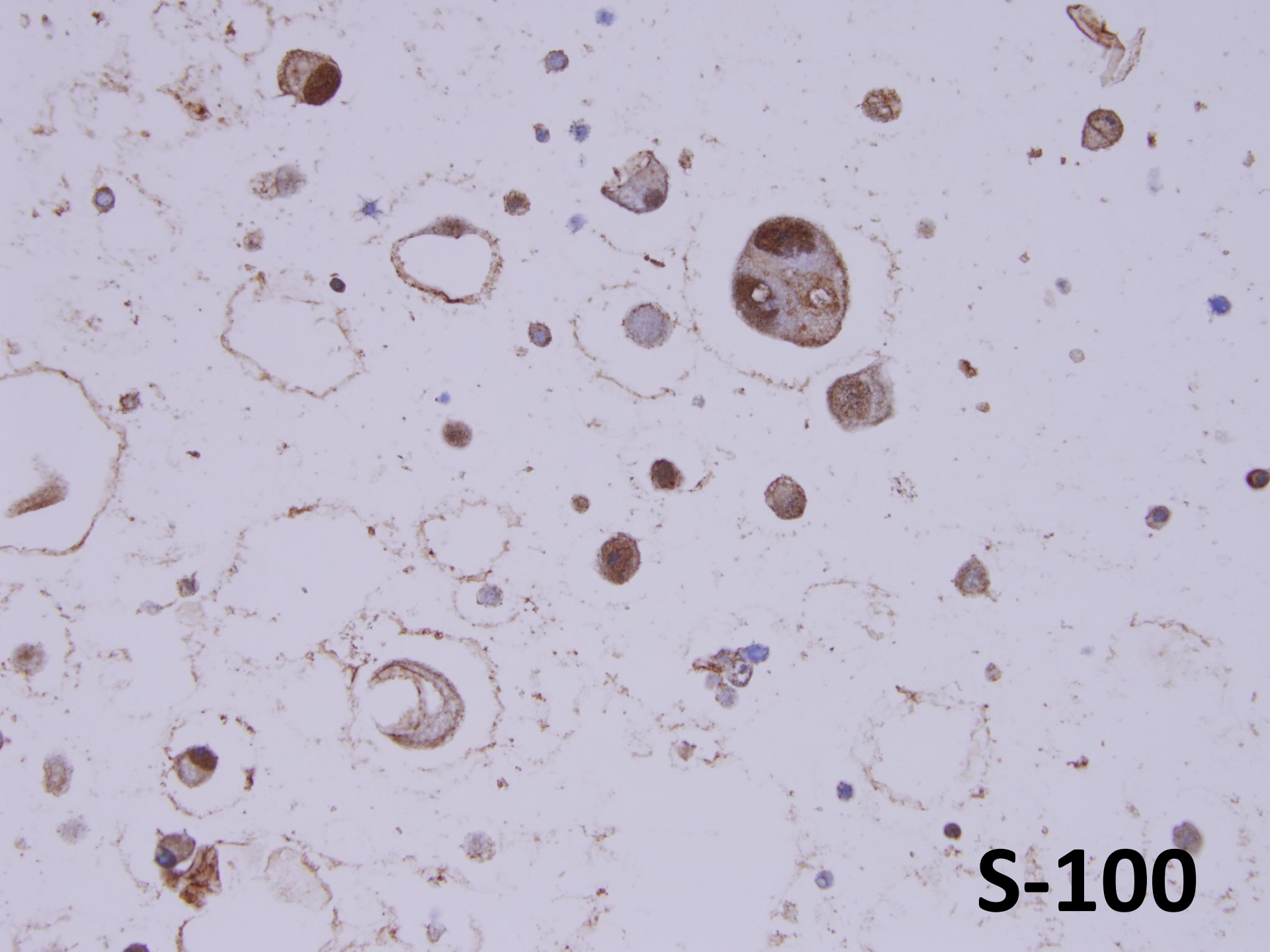


**DIFFERENTIAL DIAGNOSIS:**

**Metastatic melanoma**

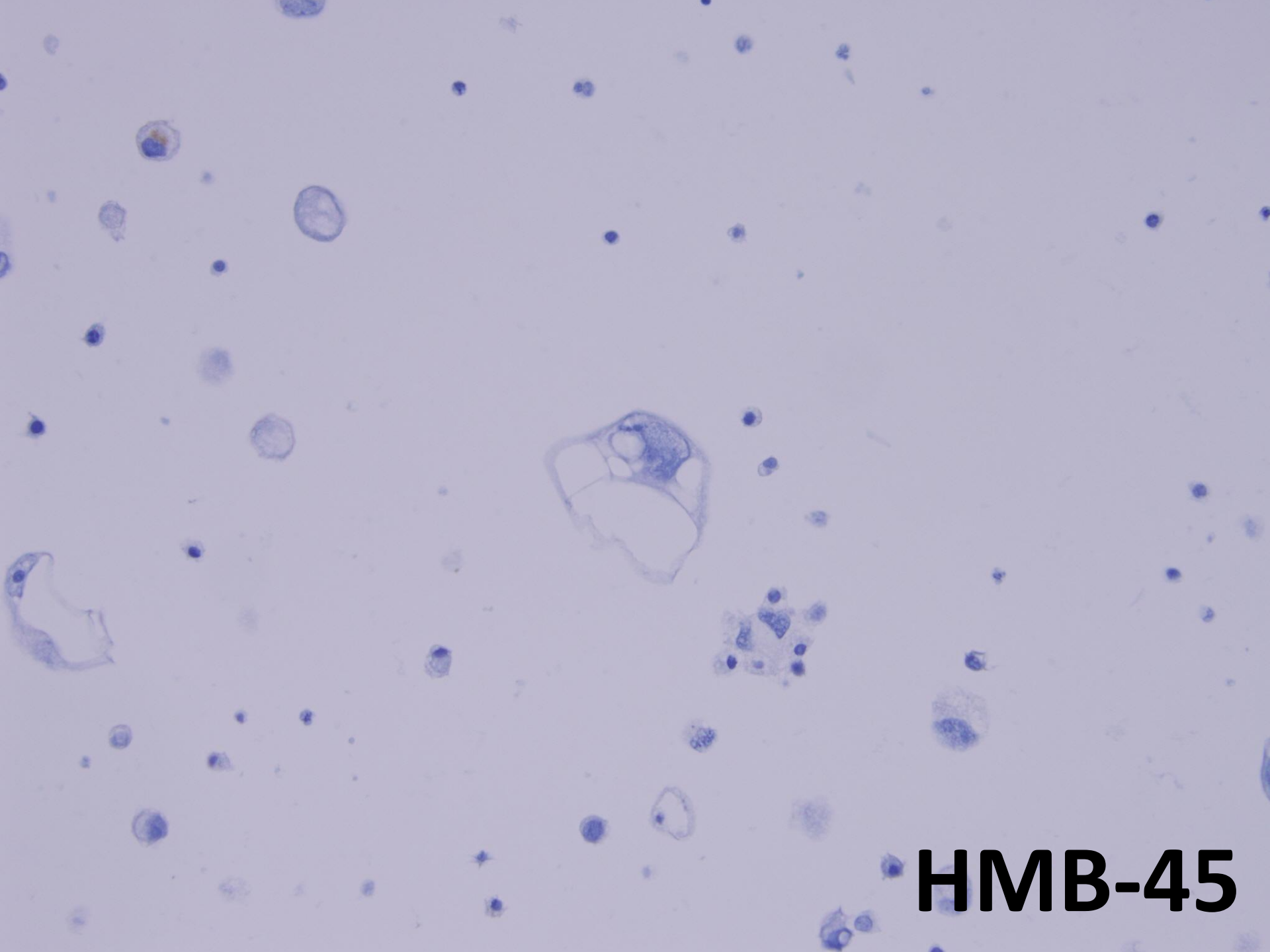
**Metastatic adenocarcinoma**

**Malignant peritoneal mesothelioma**

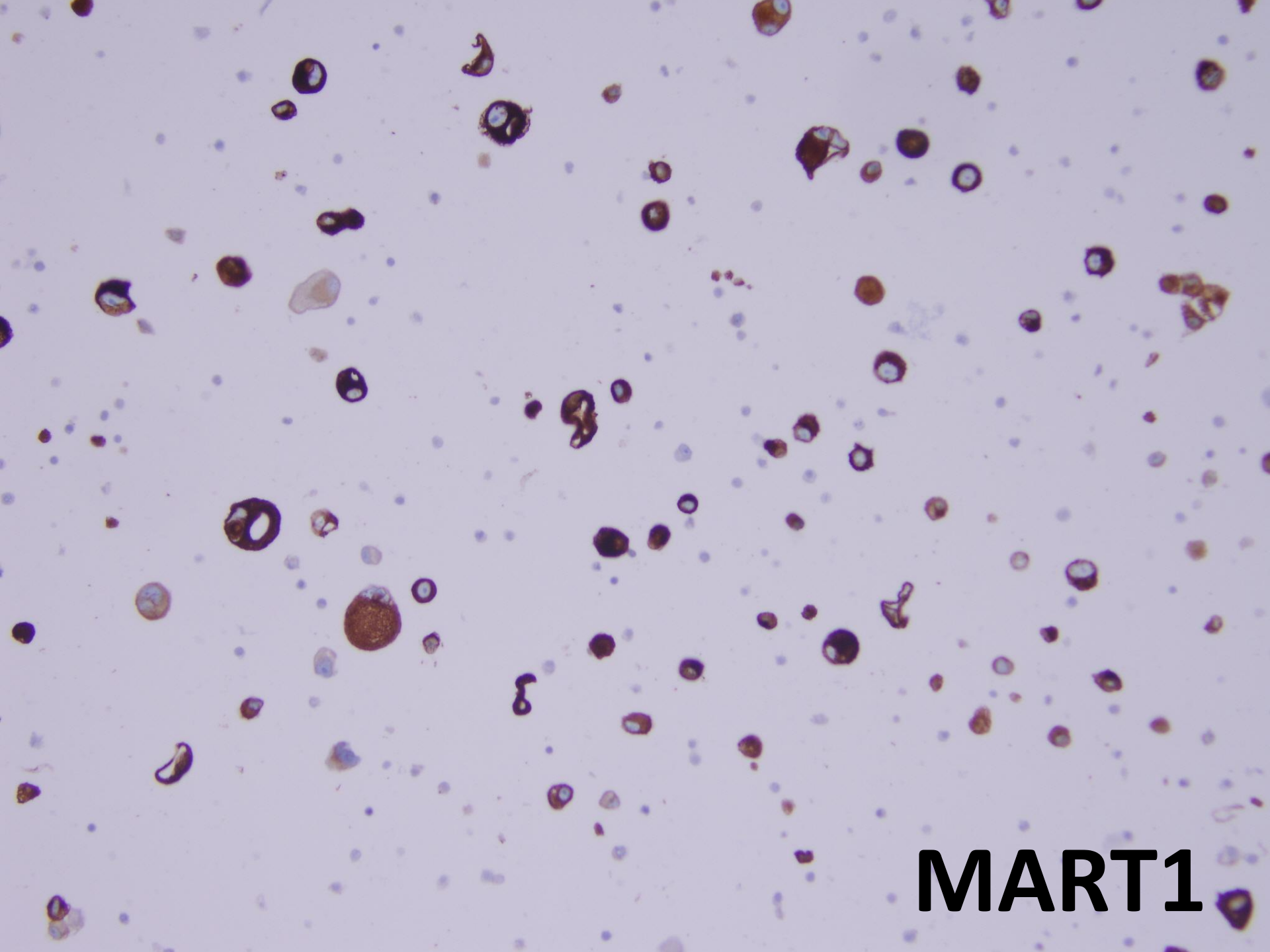


**S-100**





**HMB-45**



**MART1**



# FINAL CYTOLOGY

DIAGNOSIS:

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Positive for malignant cells, consistent with metastatic melanoma.

Immunohistochemistry reveals that the tumor cells are positive for S-100 and Mart1/MelanA while negative for HMB45, EMA, and MOC-31. This immunoprofile supports the above diagnosis.