Interesting Case Conference

01/07/2013
HISTORY & PHYSICAL EXAM

• 47 year old Caucasian female who presented to emergency department with generalized tonic-clonic seizure.

• PMH of mild COPD, migraines, peptic ulcer disease, mild chronic pancreatitis, 2010 basal cell carcinoma of the lip

• Has lost 10 lbs over last couple of months

• Has had cough without sputum production

• Denies chest pain, shortness of breath, and dyspnea on exertion

• 20 pack year current cigarette smoker
HISTORY & PHYSICAL EXAM

• Head CT
  ▪ Multiple rim-enhancing lesions within bilateral cerebral hemispheres and right cerebellar hemisphere.
  ▪ Differential includes metastatic disease.

• Chest CT
  ▪ 0.9 cm spiculated nodular opacity in left lung apex with surrounding nodularity, concerning for malignancy.
  ▪ Two indeterminate RUL nodules (0.4 cm groundglass and 0.3 cm).
  ▪ Enlarged mediastinal and left hilar lymph nodes with central hypoattenuation, likely metastatic.
Diff-Quik: Low Power
Very cellular
Differential Diagnosis

- Pulmonary adenocarcinoma
- GI adenocarcinoma
- Renal cell carcinoma
Pap stain: Round nuclei, clear cytoplasm
Pap stain: Some with eccentric nuclei
Cell block: ample material
(-) CK20, CDX-2, PAX-2, and RCC
FINAL DIAGNOSIS

- 11L lymph node, EBUS-guided FNA:
  - Positive for metastatic lung adenocarcinoma.
FOLLOW-UP

• Received whole brain radiation therapy.
• Negative for EGFR mutation and ALK rearrangement.
• Will receive dual agent platinum-based chemotherapy at outside institution.