

# Interesting Case Conference

01/07/2013

# HISTORY & PHYSICAL EXAM

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- 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

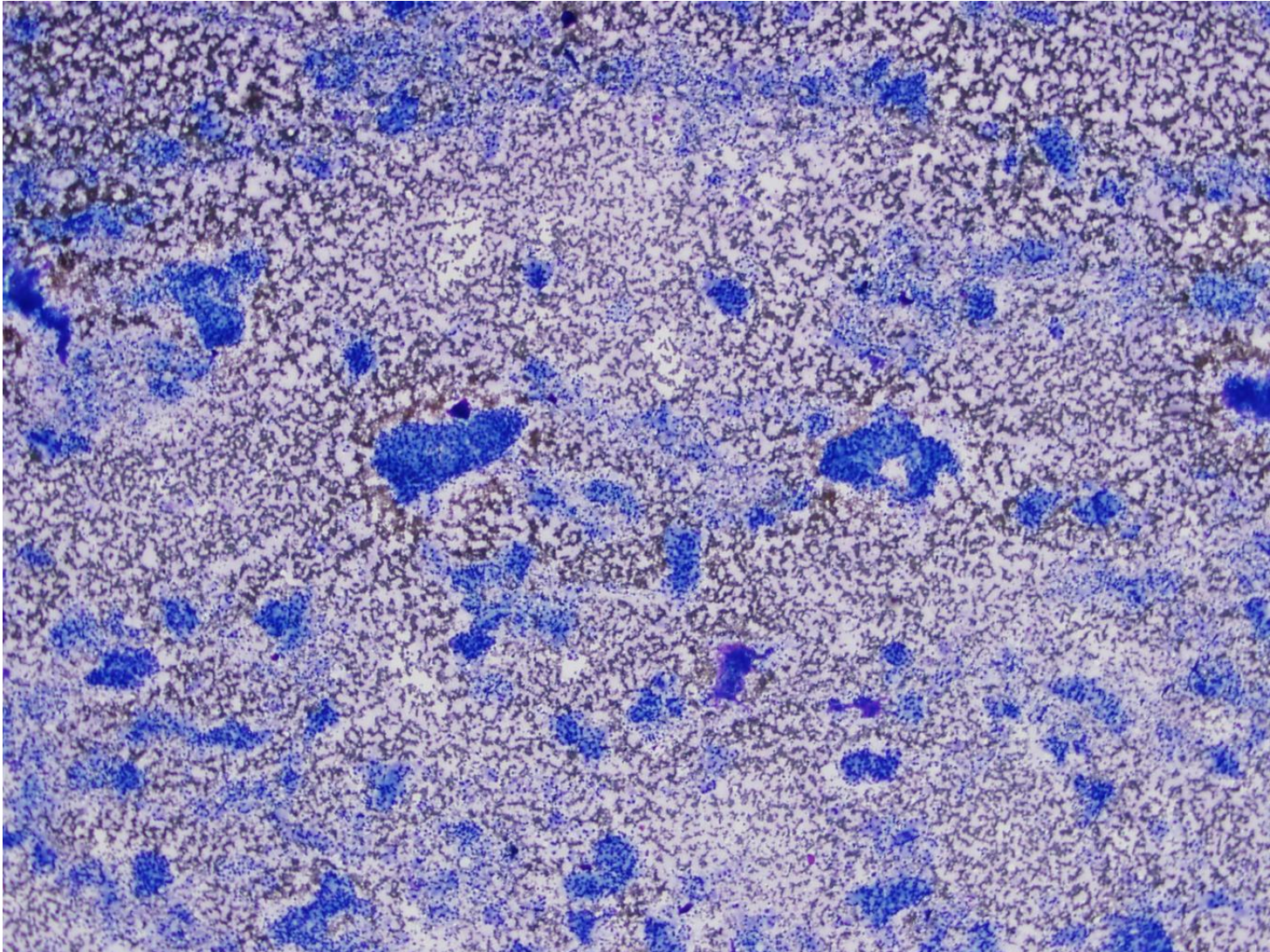
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- Head CT
  - Multiple rim-enhancing lesions within bilateral cerebral hemispheres and right cerebellar hemisphere.
  - Differential includes metastatic disease.
- Chest CT
  - 0.9 cm spiculated nodular opacity in left lung apex with surrounding nodularity, 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.

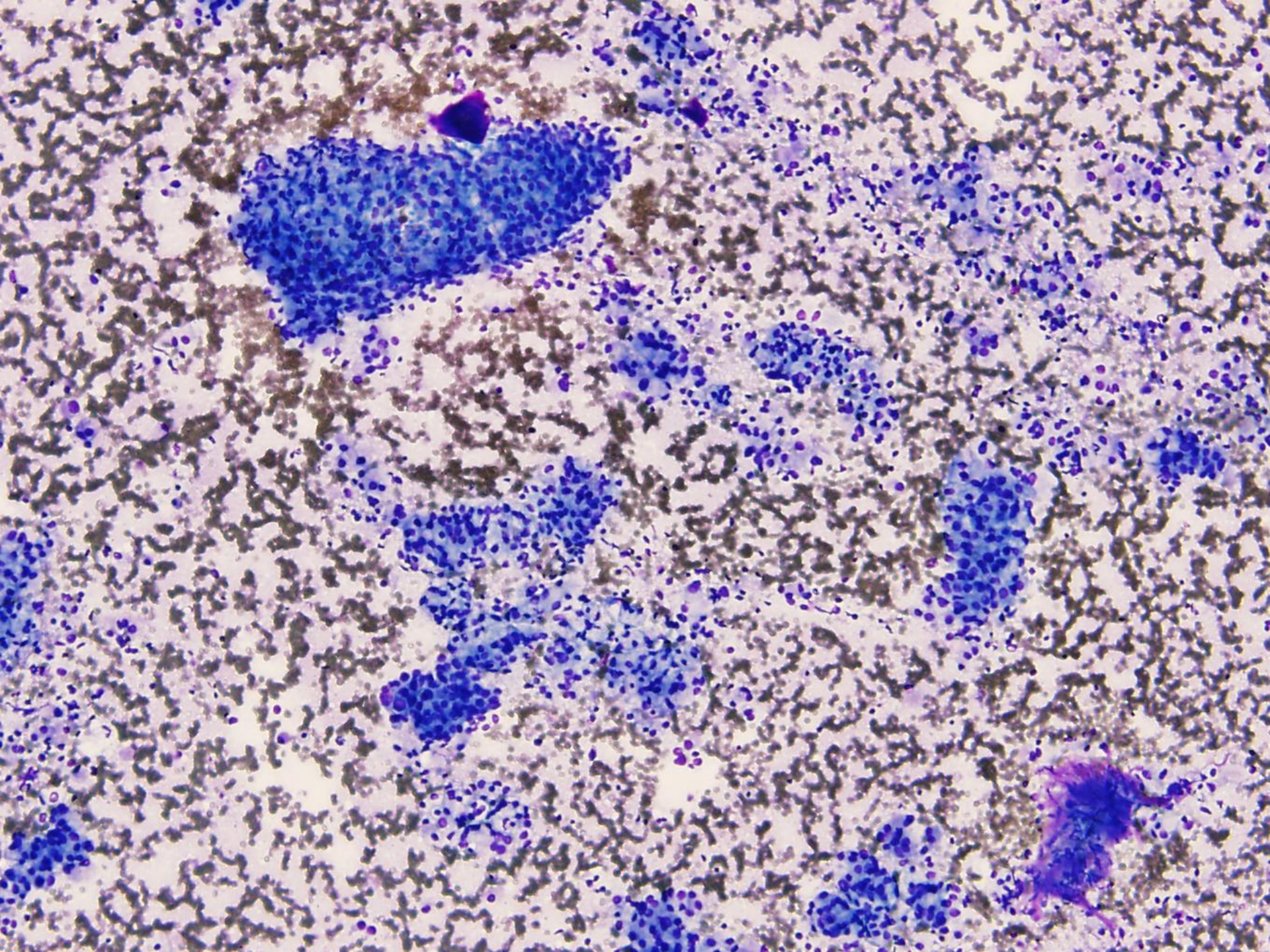
# Diff-Quik: Low Power

## Very cellular

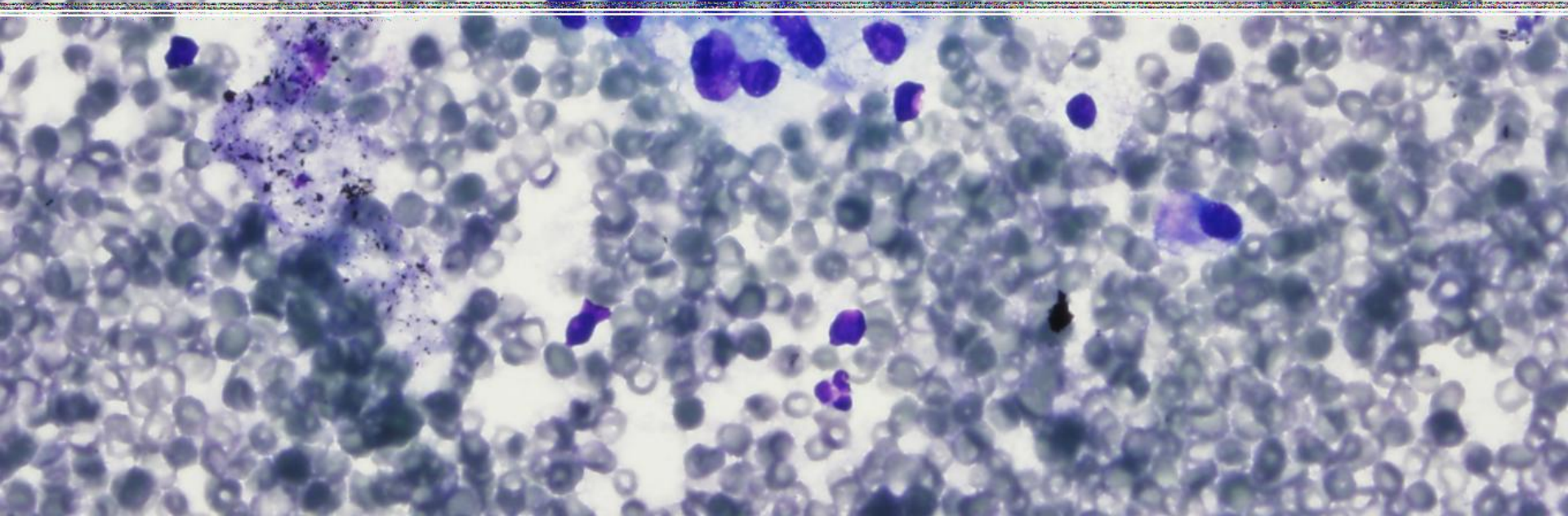
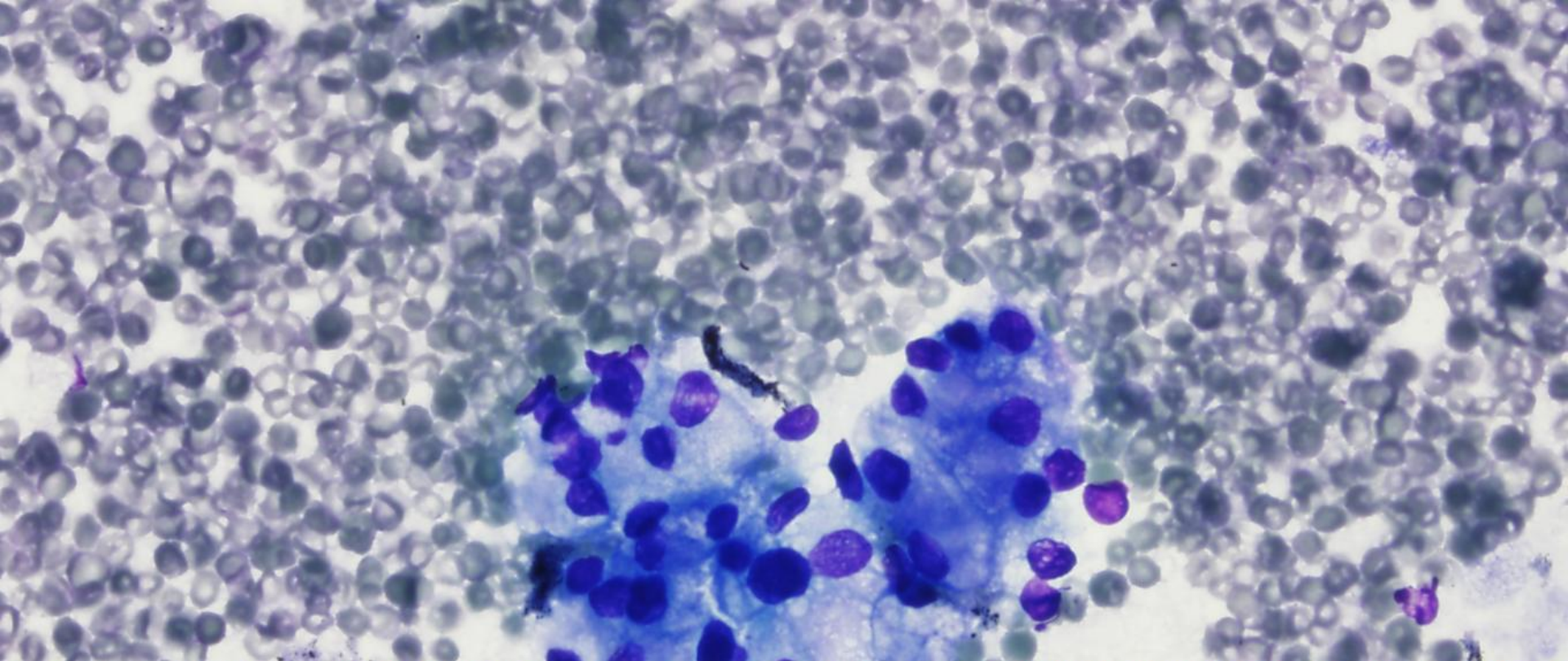
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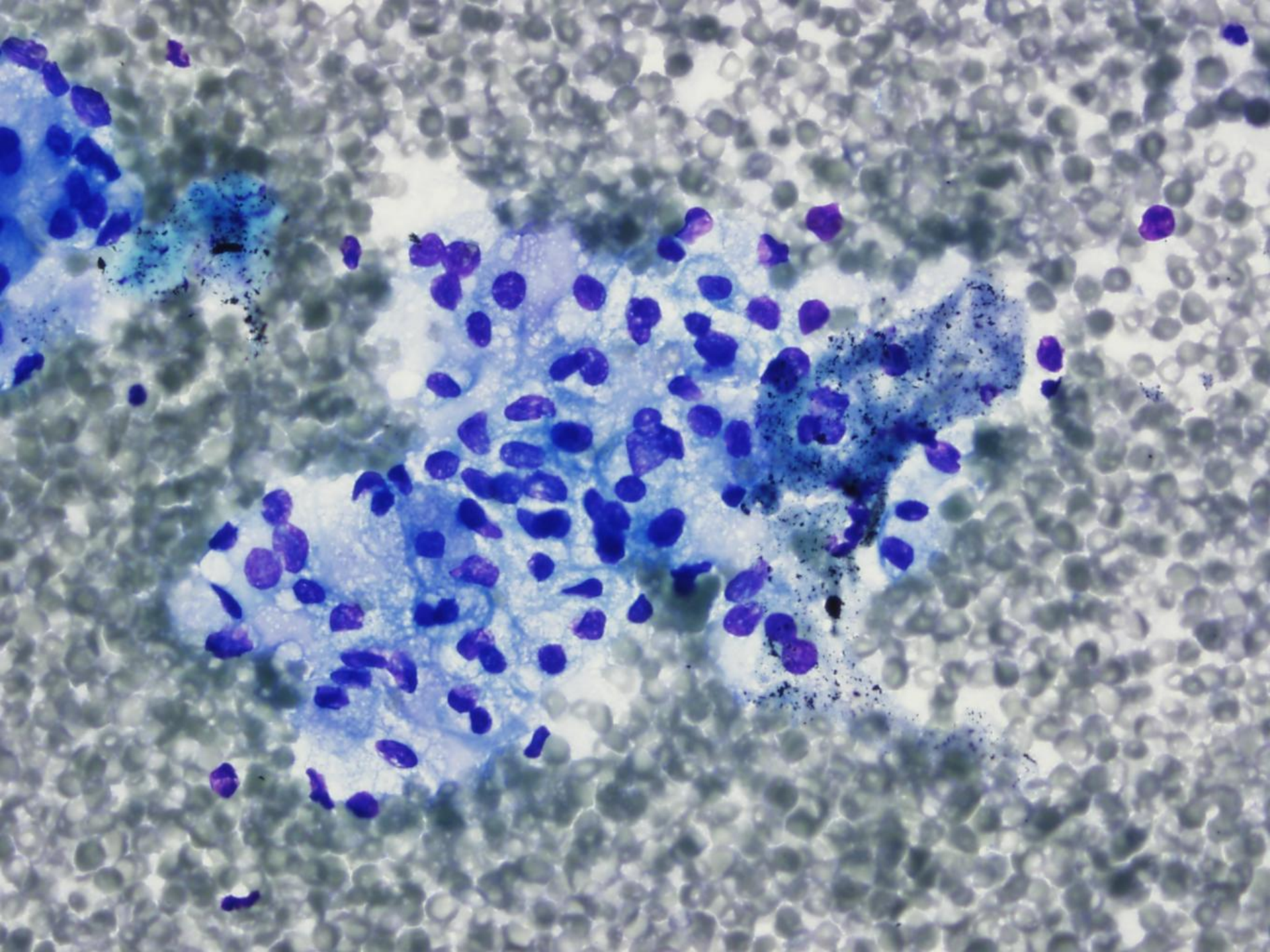




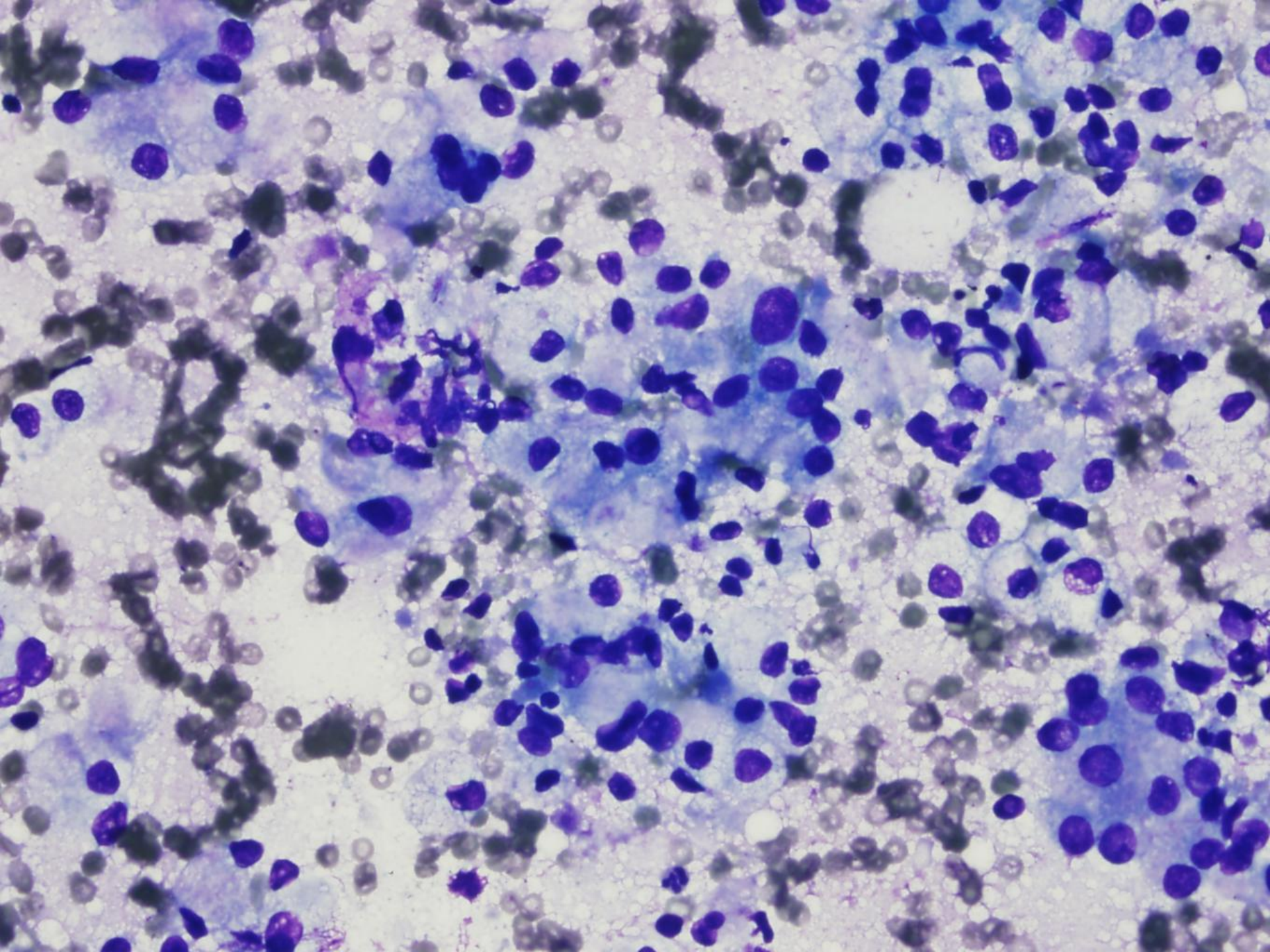




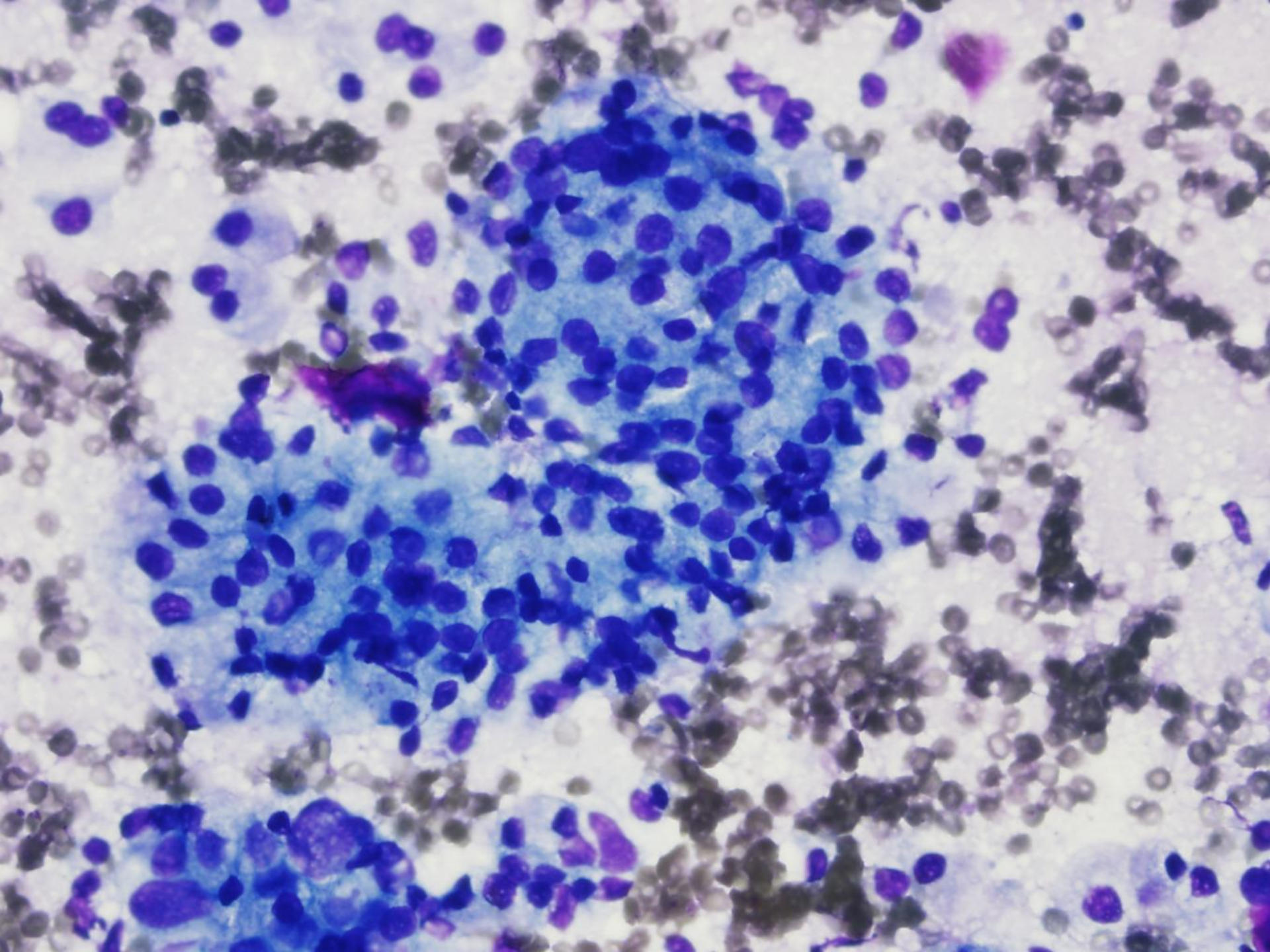














# Differential Diagnosis

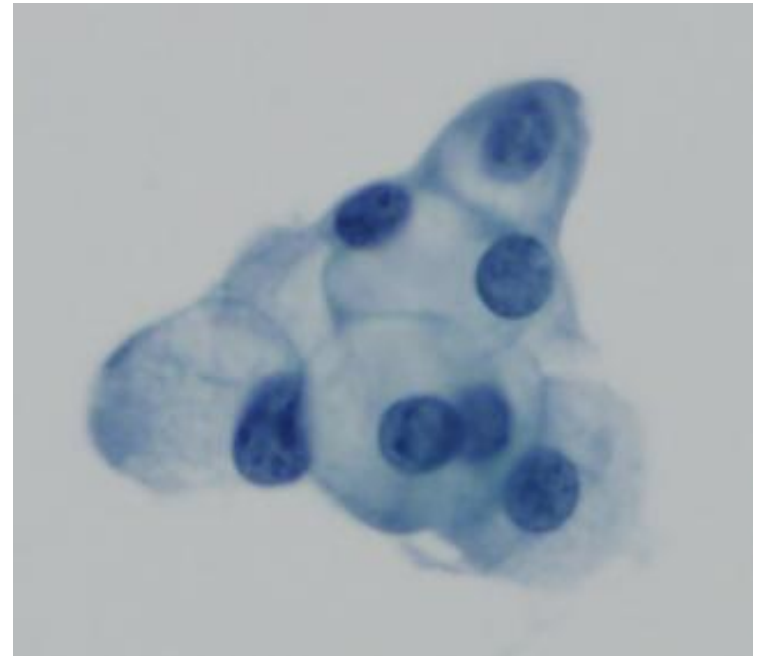
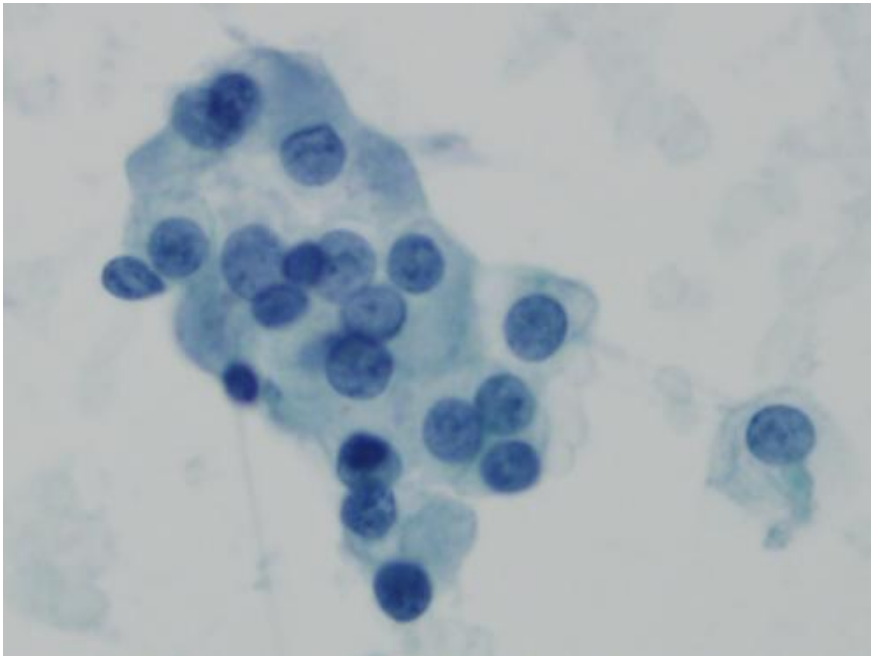
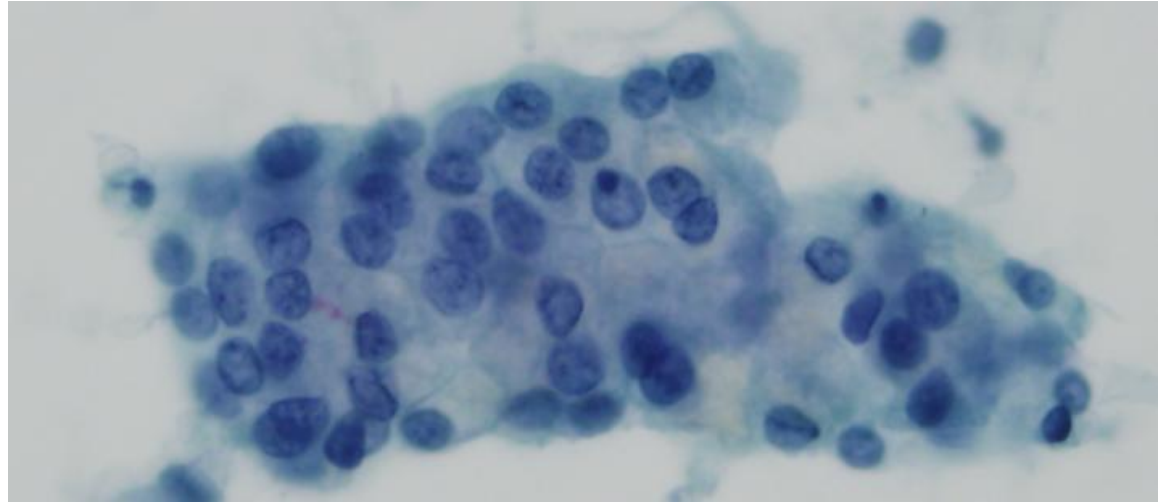
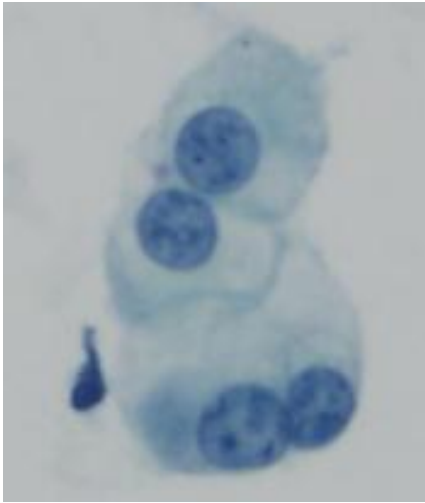
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- Pulmonary adenocarcinoma
- GI adenocarcinoma
- Renal cell carcinoma



# Pap stain: Round nuclei, clear cytoplasm

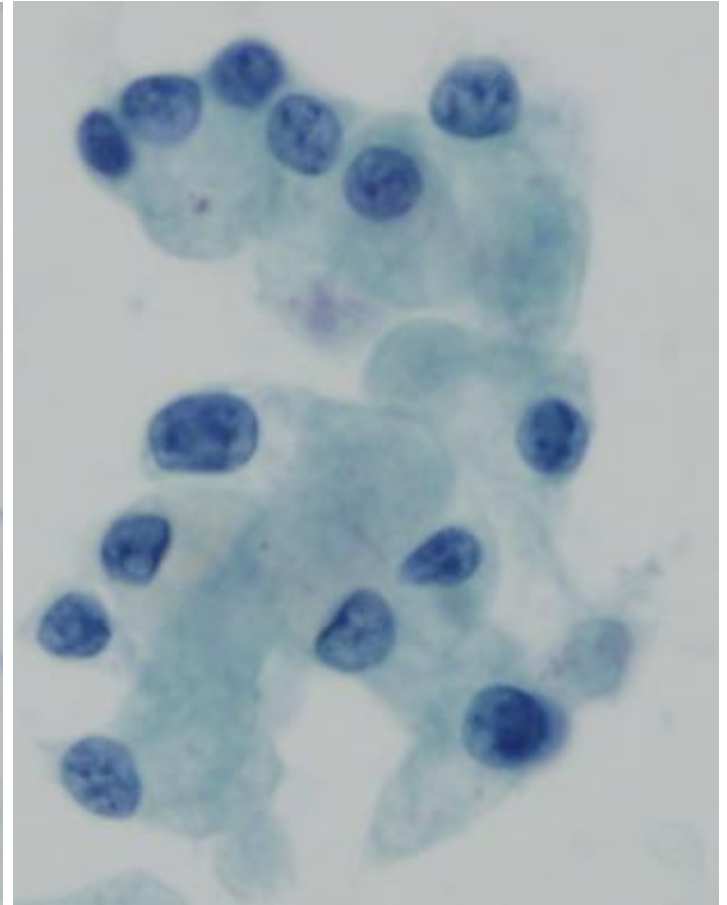
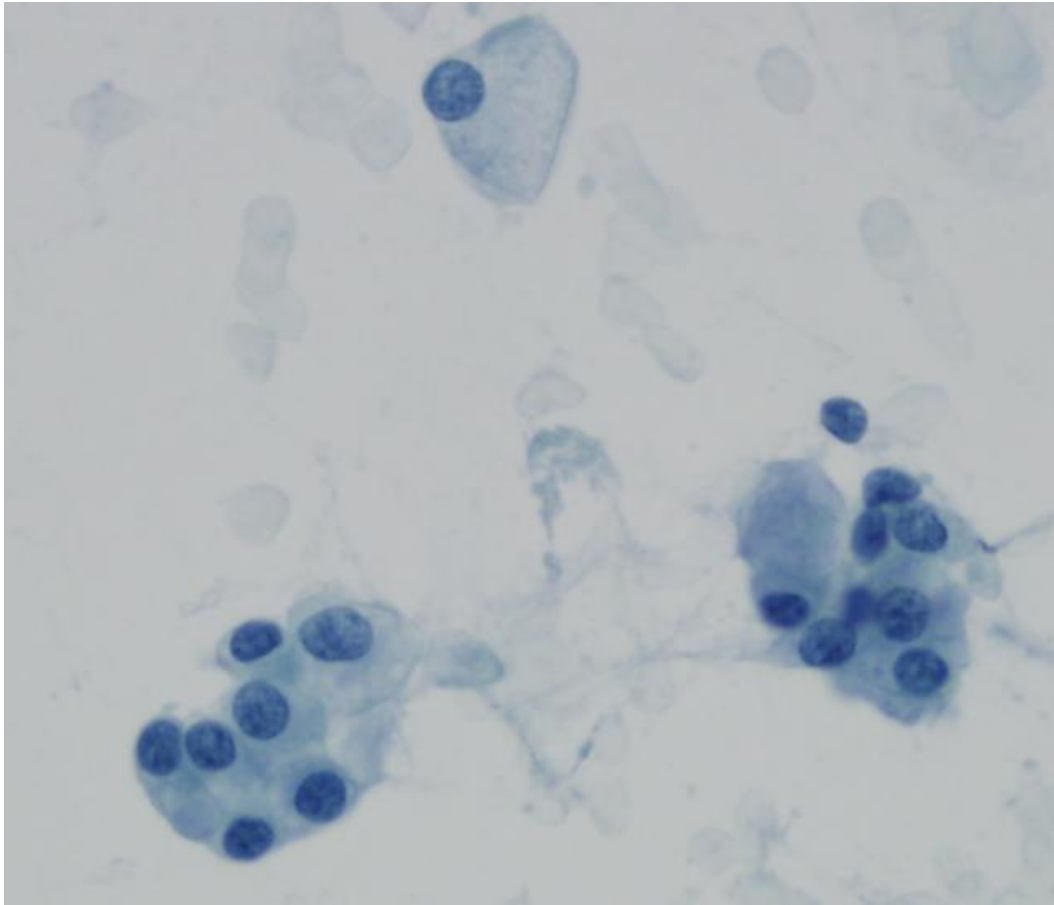
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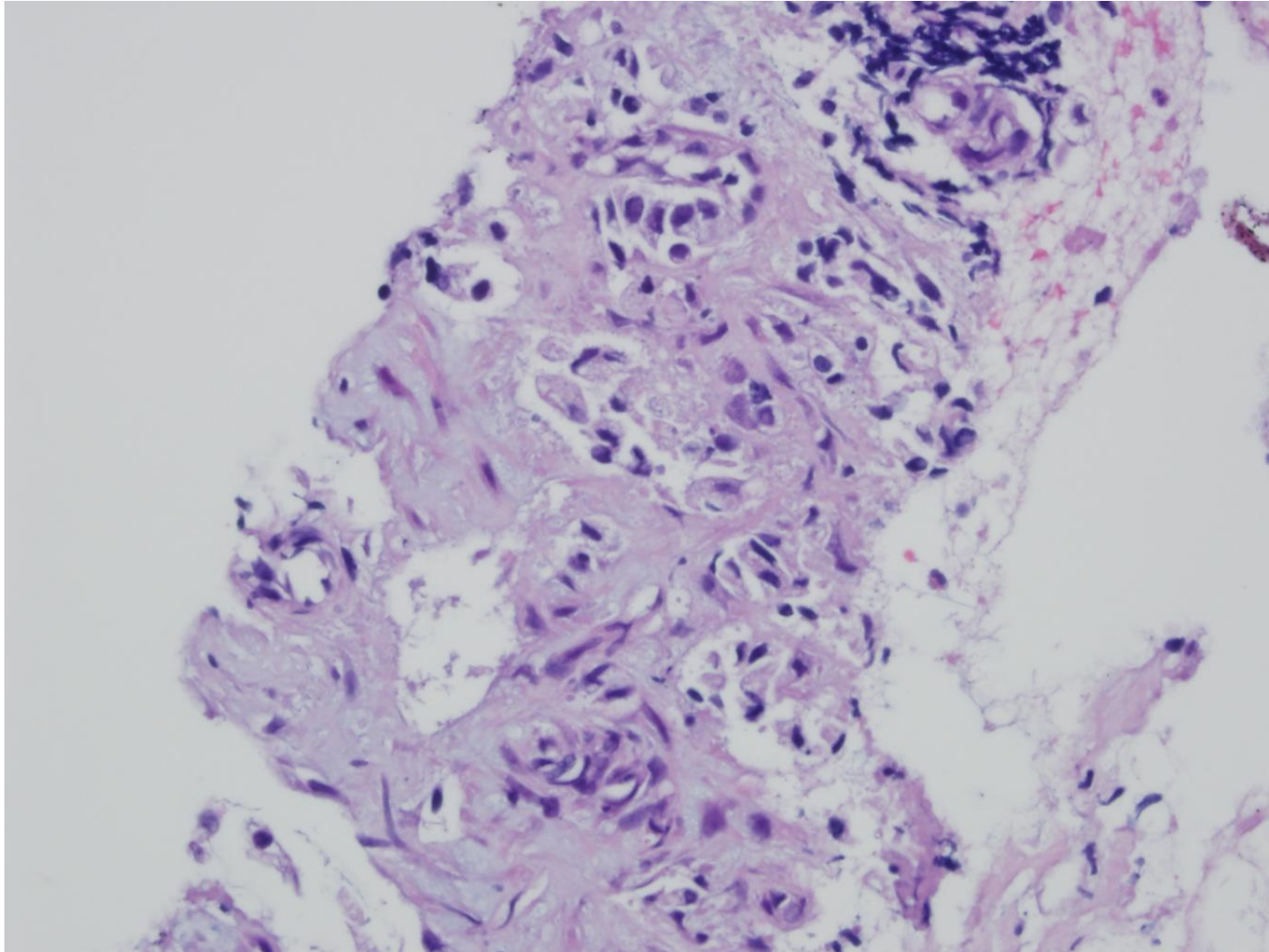
## Pap stain: Some with eccentric nuclei

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# Cell block: ample material

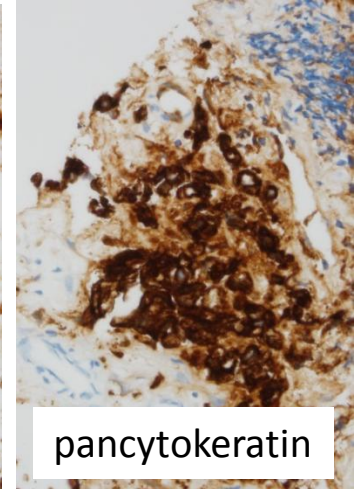
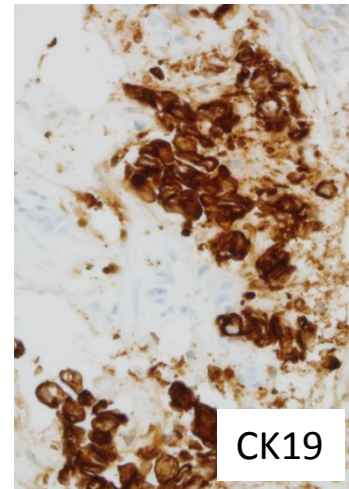
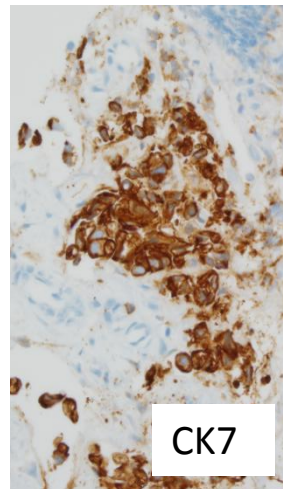
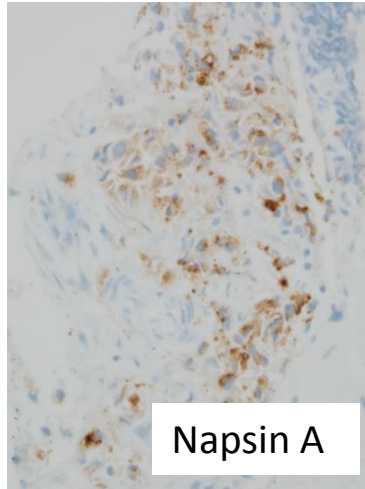
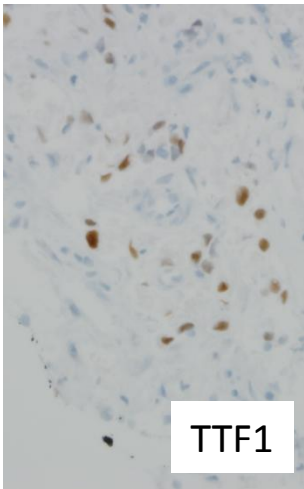
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# IHC

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(-) CK20, CDX-2, PAX-2, and RCC

# FINAL DIAGNOSIS

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



# FOLLOW-UP

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