Interesting Case Conference

1/28/2013
58 year old Caucasian male who presents with sudden swelling in right supraclavicular area

- History of severe achalasia since 1985
  - Treated with Botox injections
  - Had esophageal rupture treated with esophagectomy August 2008
  - Recovery complicated by mediastinitis and left vocal cord paralysis.

- PMH: former smoker 1 pack/day for 35 years
CT neck and thorax

- Large 5.2 x 4.2 cm necrotic mass within the right supraclavicular fossa.
- Enlarged lymph nodes in bilateral supraclavicular fossas, bilateral paratracheal regions, left lower neck, thoracic inlet, AP window, and subcarinal regions.
- Lungs: Normal.
Diff-Quik: Gland-like areas; Round-oval nuclei
Diff-Quik: Cytoplasmic vacuoles
Diff-Quik: Pleomorphism & multinucleation
Diff-Quik: ? Melanoma
Diff-Quik: ? Squamous cell carcinoma
Differential Diagnosis

- Adenocarcinoma
- Melanoma
- Squamous cell carcinoma
- Poorly differentiated carcinoma
- Sarcoma
Pap stain
Luckily, started to see this on Pap stains.
Pap stain
FINAL DIAGNOSIS

• Right supraclavicular mass, FNA:
  ▪ Positive for malignant cells.
  ▪ Squamous cell carcinoma.
FOLLOW-UP

• 12/11/12 PET scan
  ▪ Widespread metastases to the neck, thorax, abdomen, and bone.

• Clinic note: “Stage IV metastatic squamous cell carcinoma of unknown primary, presumably lung” given smoking history and presence of hilar lymphadenopathy.

• Has completed local radiation therapy of the supraclavicular node.

• Will receive carboplatin and gemcitabine.