Interesting Case Conference

2/11/2013
HISTORY

• 46 year old Caucasian male with history of ______________.

• Non-smoker.

• Chest CT 12/20/12
  - Right middle lobe mass and several other pulmonary nodules.
  - No mediastinal, hilar, axillary, or abdominiopelvic lymphadenopathy.
Right middle lobe mass, CT-guided FNA
Diff-Quik: Low Power
Diff-Quik: Crush artifact and molding
Diff-Quik: Molding yet nucleoli
Diff-Quik: Vacuoles
Diff-Quik: Vacuoles
Diff-Quik: Vacuolated cytoplasm
Diff-Quik: Gland-like areas
Diff-Quik: Pigment-laden histiocytes
Diff-Quik: Histiocytes & pleomorphism
Differential Diagnosis

• Squamous cell carcinoma
• Adenocarcinoma
• Poorly differentiated carcinoma
• Melanoma
Pertinent History

• July 2011 left chest wall nodular melanoma
  - Wide local excision and axillary lymph node dissection (nodes negative) without a formal sentinel lymph node mapping procedure.

• Patient declined adjuvant interferon therapy after initial diagnosis
Final Diagnosis & Lessons

- Lung, right middle lobe mass, CT-guided FNA:
  - Positive for malignant cells, consistent with patient’s known history of melanoma.
  - (+) S100 (focal)  (-) HMB-45, MART-1, pancytokeratin, synaptophysin
  - BRAF mutation not detected

LESSONS
- Obviously, history is important.
- Think outside the box.
- Melanoma can look like anything. Think of melanoma when you see a malignancy with a mixed spindle cell and epithelioid morphology.
- Pay attention to the background.
FOLLOW-UP

• Review CT scans once available and consider for systemic immunotherapy.