Interesting Case Conference

2/18/2013
HISTORY & PHYSICAL EXAM

• 63 year old Caucasian male who presents with right cheek and scalp nodules.
  ▪ Right cheek nodule: 1 cm, present for 1-2 months, violaceous, bled when picked on
  ▪ Scalp nodule: 2 cm, violaceous, present since papillary thyroid carcinoma diagnosis
HISTORY & PHYSICAL EXAM

• History of papillary thyroid carcinoma 2009
  ▪ 7 cm, vascular invasion, capsular invasion, extrathyroidal extension, lymph node metastases with extranodal extension

• Subsequent Treatment: I-131, external beam radiation therapy → disease progression so started sorafenib vs placebo clinical trial then rapamune & cytoxan

• 2012 metastases to adrenal gland → placed on pazopanib
Diff-Quik: Low Power – Very cellular
DQ: Single cells, gland-like areas, variation in size
DQ: Round to oval nuclei
Diff-Quik: Gland-like areas/pseudorosettes
Diff-Quik: Gland-like areas/pseudorosettes
Diff-Quik: Pleomorphism, vacuolated cytoplasm, gland-like areas
Differential Diagnosis based on DQ

- Metastatic papillary thyroid carcinoma
- Metastatic poorly differentiated carcinoma (not of thyroid origin)
- Metastatic melanoma
- Adnexal tumor
- Squamous cell carcinoma
- Small, round blue cell tumor
Pap stain
Pap stain
Cell block: gland-like areas
Cell block: gland-like areas
Cell block: IHCs

(+) p63 focally
(-) napsin A, S100, MART1, CD31, PAS-D

Time to re-review the slides...
Re-review DQ: Papillary clusters
Re-review DQ: Papillary clusters
Re-review Pap stain: Papillary clusters
Re-review: Grooves & powdery chromatin
FINAL DIAGNOSIS

• Right cheek and scalp, FNAs:
  ▪ Positive for metastatic carcinoma, consistent with patient’s known history of papillary thyroid carcinoma.

LESSONS

• Remember to get IHCs to rule out metastasis of known malignancy, even if it does not look like it on DQ.
• History is always important. Scalp lesion was there at time of PTC diagnosis.