

Interesting case conference

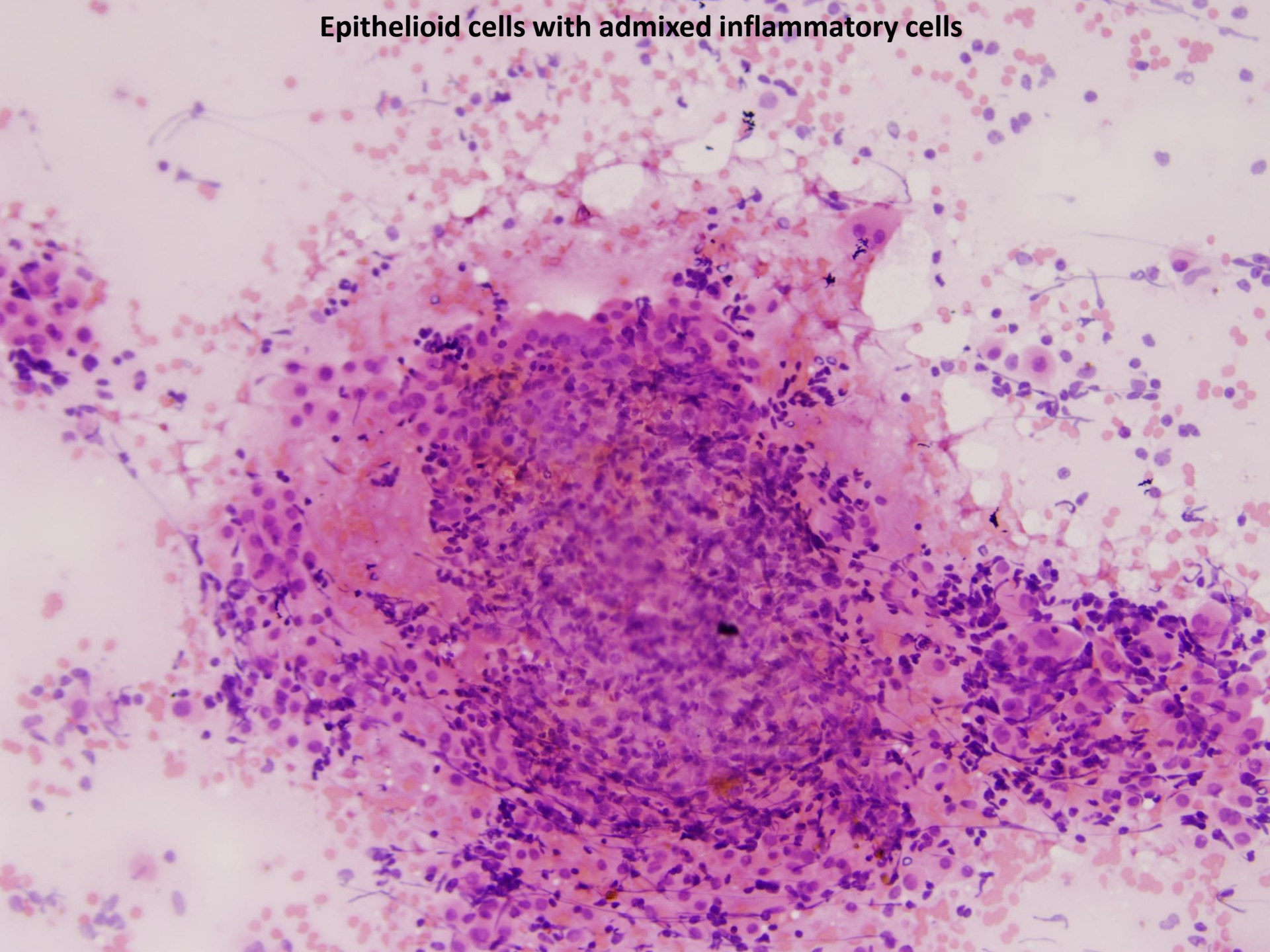
4/8/13

86-year-old female

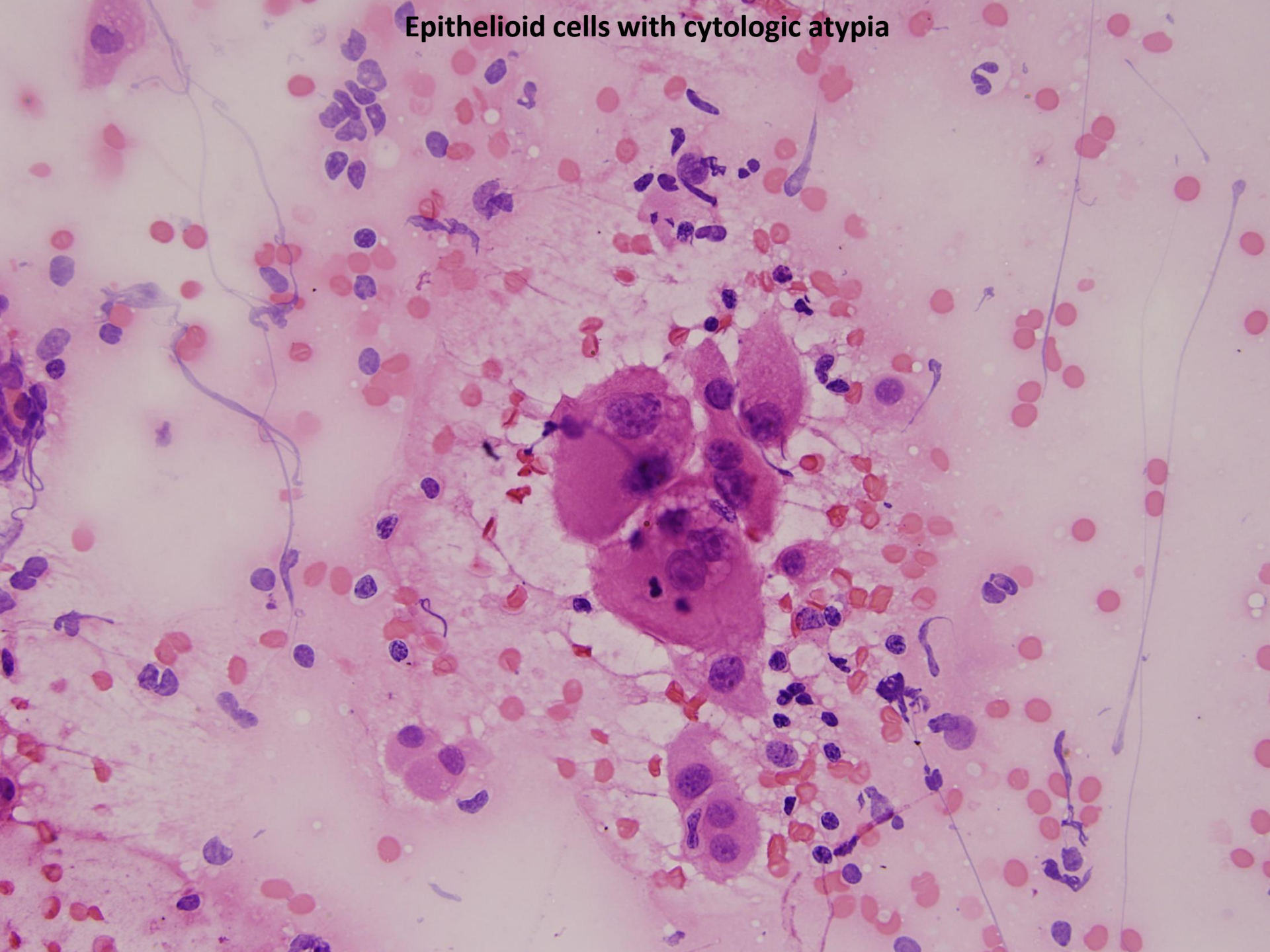
- little available history other than “lung mass on imaging”
- no information about previous cancer history

CT-guided FNA and concurrent needle core biopsy performed of the lung mass

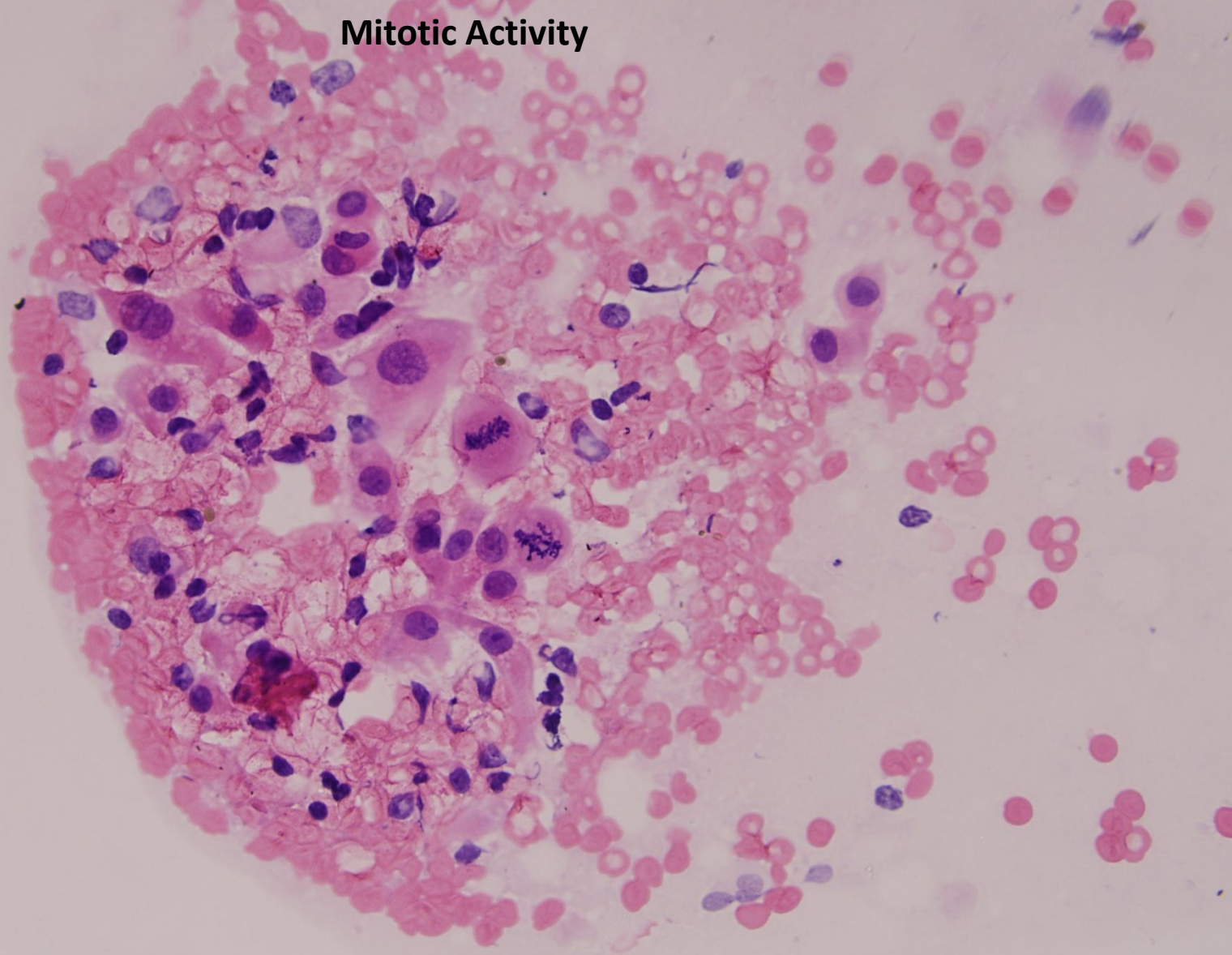
Epithelioid cells with admixed inflammatory cells



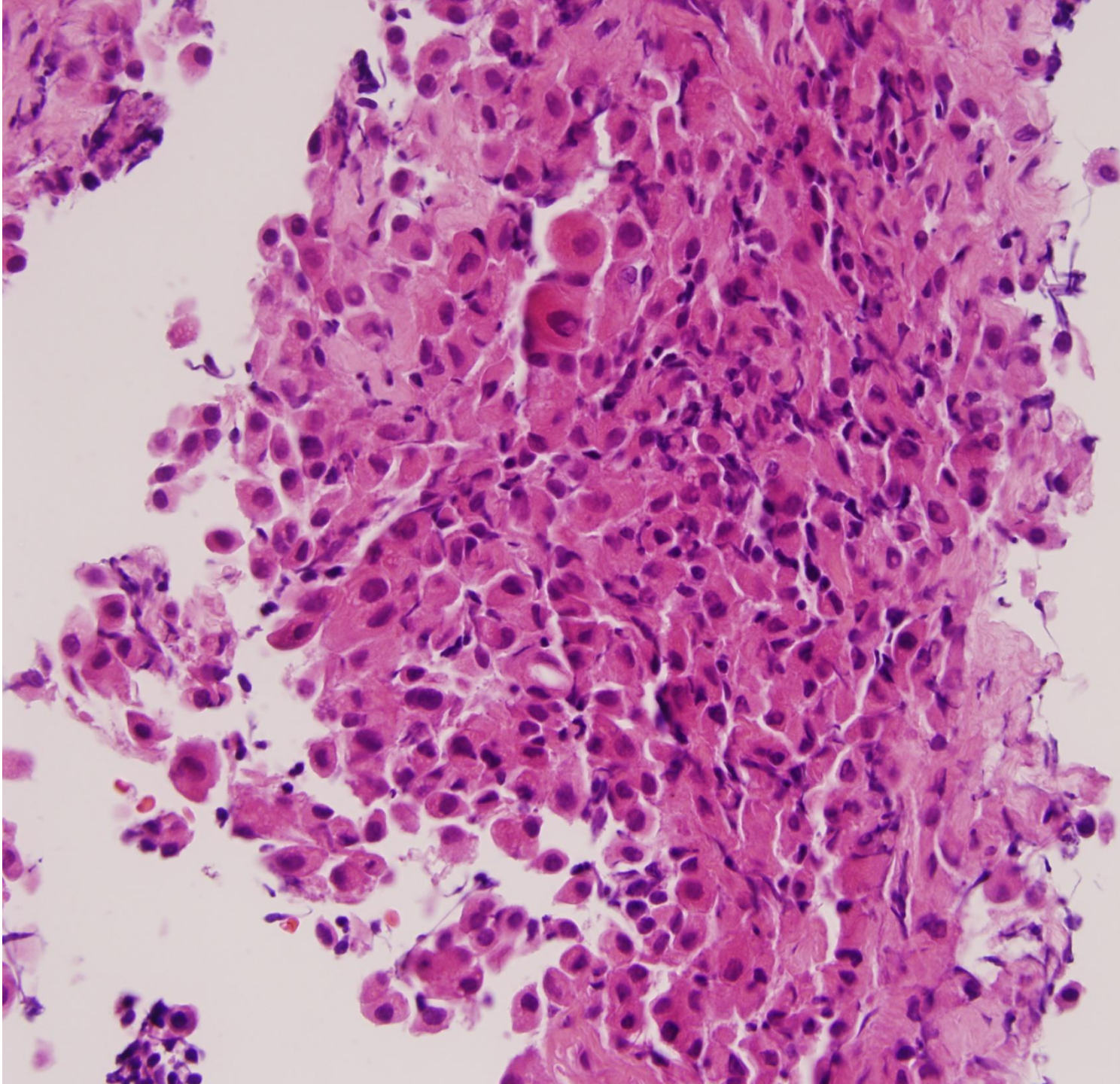
Epithelioid cells with cytologic atypia



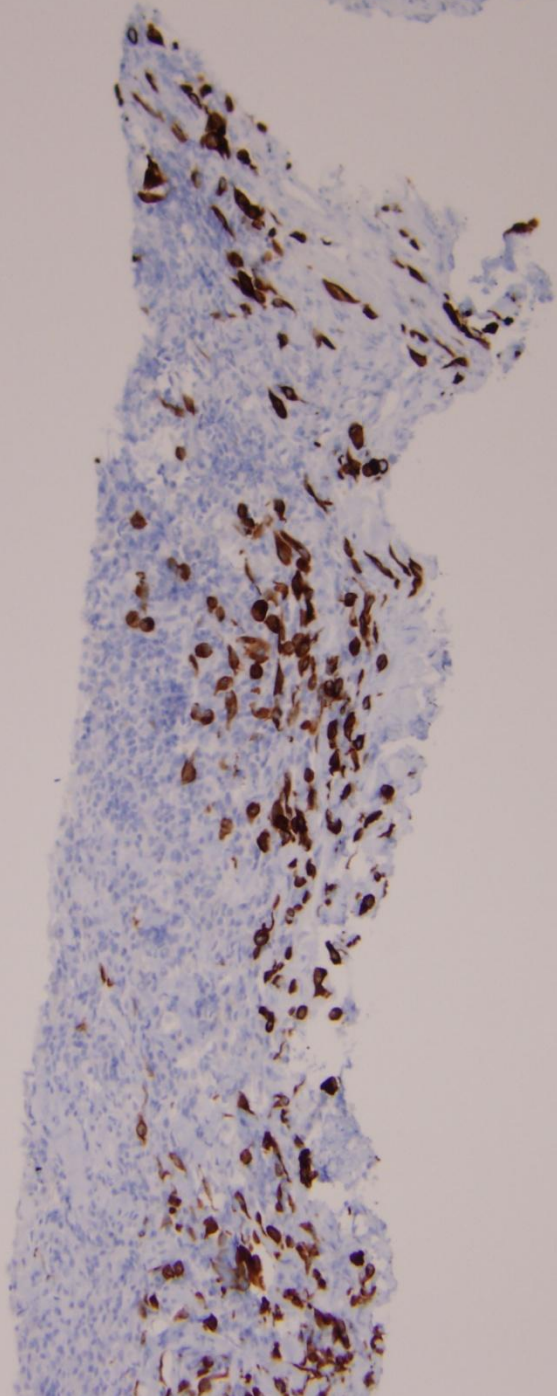
Mitotic Activity



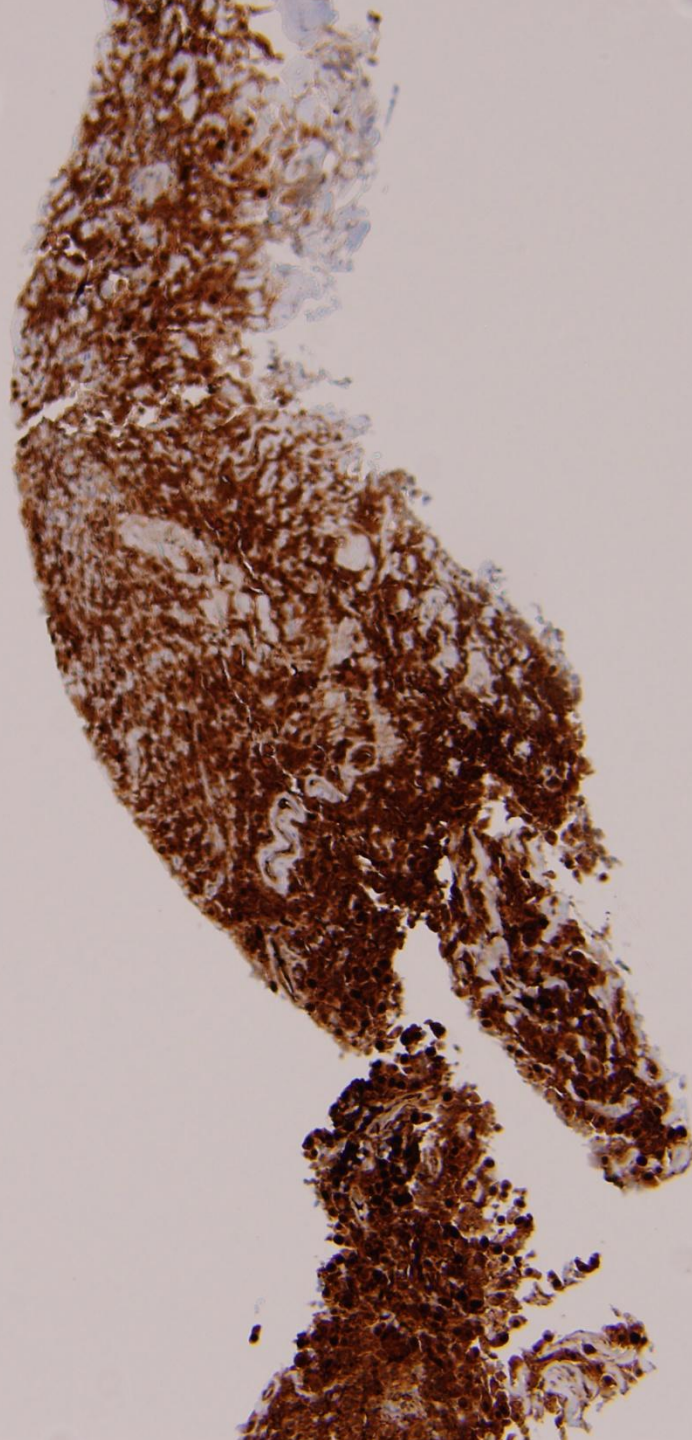
**Core Bx reveals
infiltration**



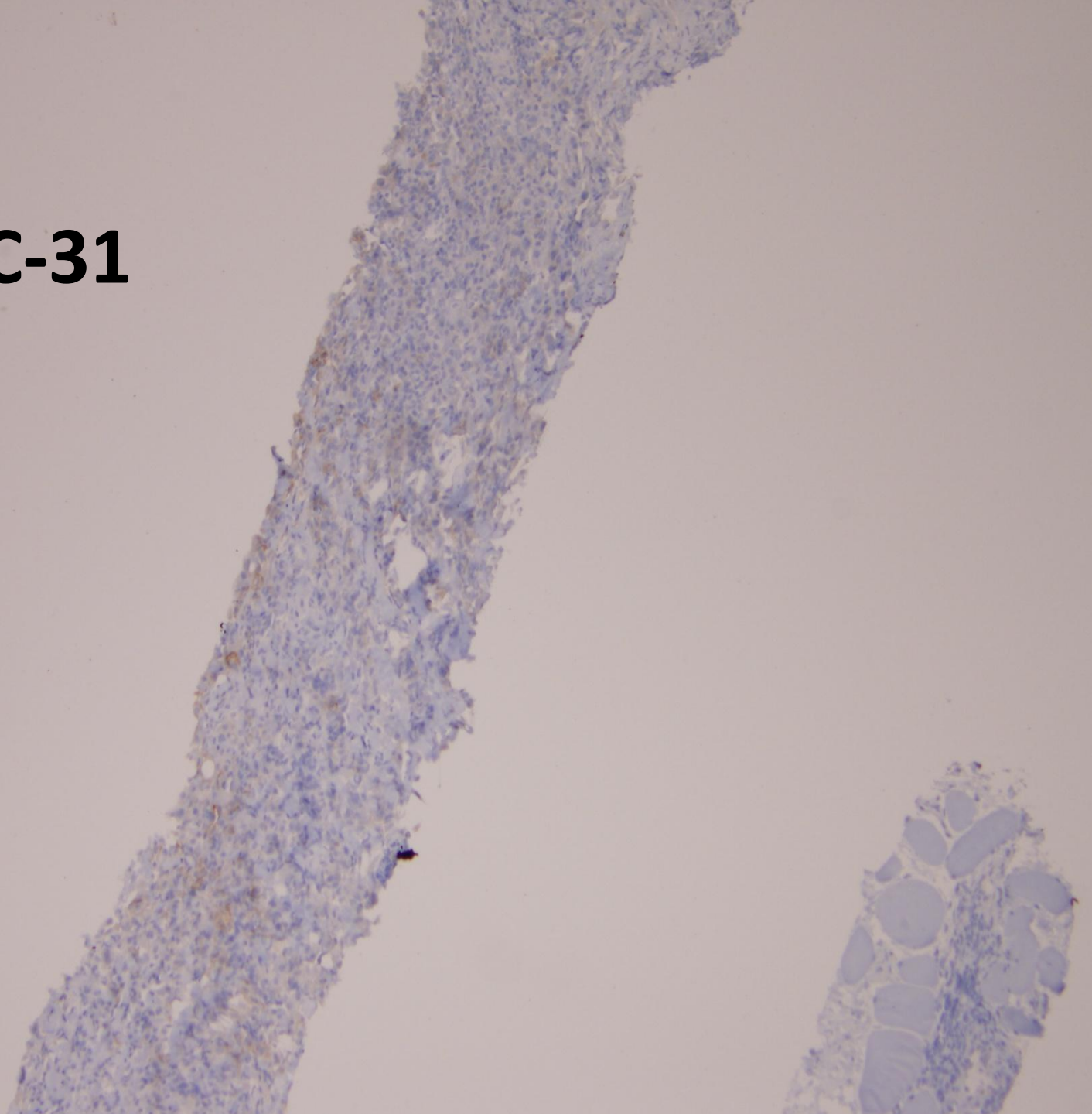
EMA



Calretinin



MOC-31



Other immunostaining results:

POS

- CK7
- CK5/6
- calretinin
- EMA
- WT-1
- MOC-31, BerEP4, TAG-72

NEG

- desmin
- TTF-1
- napsin-A
- p63
- p53

Final Diagnosis:

- Malignant mesothelioma, epithelioid type

Mesothelioma

- less than 2% of malignant effusions
- grossly grow as multiple plaques that coalesce into larger nodules visible on imaging
- histologic subtypes=> epithelial, sarcomatoid, mixed (sarcomatoid meso not likely to exfoliate cells)

Mesothelioma

- large clusters of cells which look mesothelial (round nuclei, two-tone cytoplasm, “knobby” borders)
- cells are larger than normal, N/C deceptively normal, nuclear atypia mild in most cases
- some cases the cells are more individually dispersed rather than cohesive
- diffuse strong positivity for EMA supports neoplastic versus reactive mesothelial proliferations