Interesting case conference

4/22/13
20-year-old male
-found to have an anterior mediastinal mass with right upper lobe consolidation on work-up for a non-productive cough which he has had since June of 2012
-He has had two courses of antibiotics along with prednisone and inhalers without any changes in symptoms
-A testicular exam was performed by his PCP and was reported to be normal

CT-guided needle core biopsy with touch prep cytology performed of the mediastinal mass
Differential diagnosis:

1. Germ cell tumor (such as seminoma).
3. Thymoma
4. Metastasis
CD15 – difficult to interpret due to background granulocytes that are CD15+
Other immunostaining results:

**POS**
- CD30
- CD15 (likely but difficult to interpret given background staining)

**NEG**
- OCT-4
- CD117
- CD3
- CD20
Final Diagnosis:

-Classical Hodgkin Lymphoma
Hodgkin Lymphoma

- Classical (4 subtypes) and Nodular Lymphocyte Predominant (NLPHL) types
- Classical=> peak at 15-35 yrs with a smaller peak later in life
- NLPHL=> peak at 30-50 yrs
Hodgkin Lymphoma

-Malignant cells => large multinucleated RS cells and their mononuclear variants
-malignant cells admixed with infiltrate of non-neoplastic small lymphocytes, eosinophils, neutrophils, histiocytes, and plasma cells
-Immunoprofile (Classical HL) => +CD30 (nearly all cases), +CD15 (not specific for HL), +CD20 (seen in about 30-40%), +Pax5, -CD45