Interesting Case Conference

4/22/2013
HISTORY

• 71 year old male with decreased appetite and 25 – 30 pound weight loss past six months

• Has fatigue but patient states it is similar to what he experiences when has atrial fibrillation

• Felt fatigued recently and it was atrial fibrillation

• Other PMH
  ▪ History of ___________________________
  ▪ Former smoker 1.5 packs/day for 15 years
IMAGING

• Had Chest X-ray
  ▪ 6 x 8.5 cm lobulated right hilar mass likely representing enlarged lymph nodes

• Chest CT
  ▪ Numerous bilateral pulmonary nodules ranging from 0.5 cm – 0.9 cm
  ▪ Enlarged right hilar, subcarinal, right paratracheal, and left hilar lymph nodes

• PET
  ▪ Hypermetabolic right upper lobe mass with extensive mediastinal, supraclavicular, and osseous lesions
DiffQuik low power, right supraclavicular lymph node: Quite cellular
DiffQuik: Eccentric nuclei, vacuolated cytoplasm, prominent nucleoli, variation cell size
Differential Diagnosis

• Metastatic adenocarcinoma
• Metastatic poorly differentiated carcinoma
• Metastatic melanoma

• Relevant history: 1995 prostatic adenocarcinoma (this cytomorphology would be highly unexpected for metastatic prostate cancer, however).
(+ ) pan-cytokeratin cocktail also positive
(- ) PSA, PSMA, S-100
FINAL DIAGNOSIS

- Right supraclavicular lymph node:
  - Positive for poorly differentiated adenocarcinoma, consistent with metastasis from a lung primary.