

Interesting case conference

8/6/12

64-year-old woman

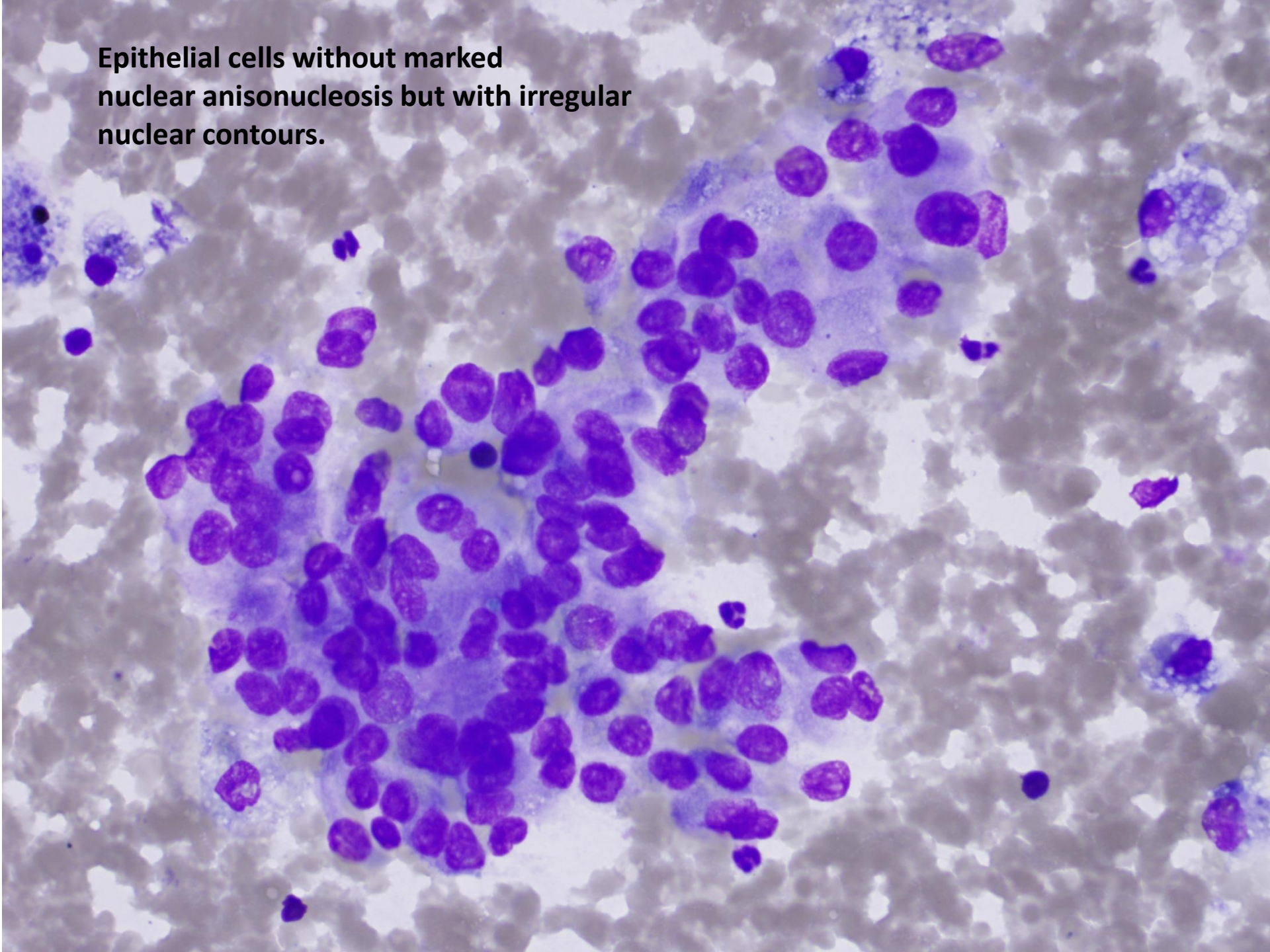
-borderline resectable pancreatic adenocarcinoma (impingement of local vessels)

-completed 5 cycles of neoadjuvant chemo with gemcitabine and cisplatin

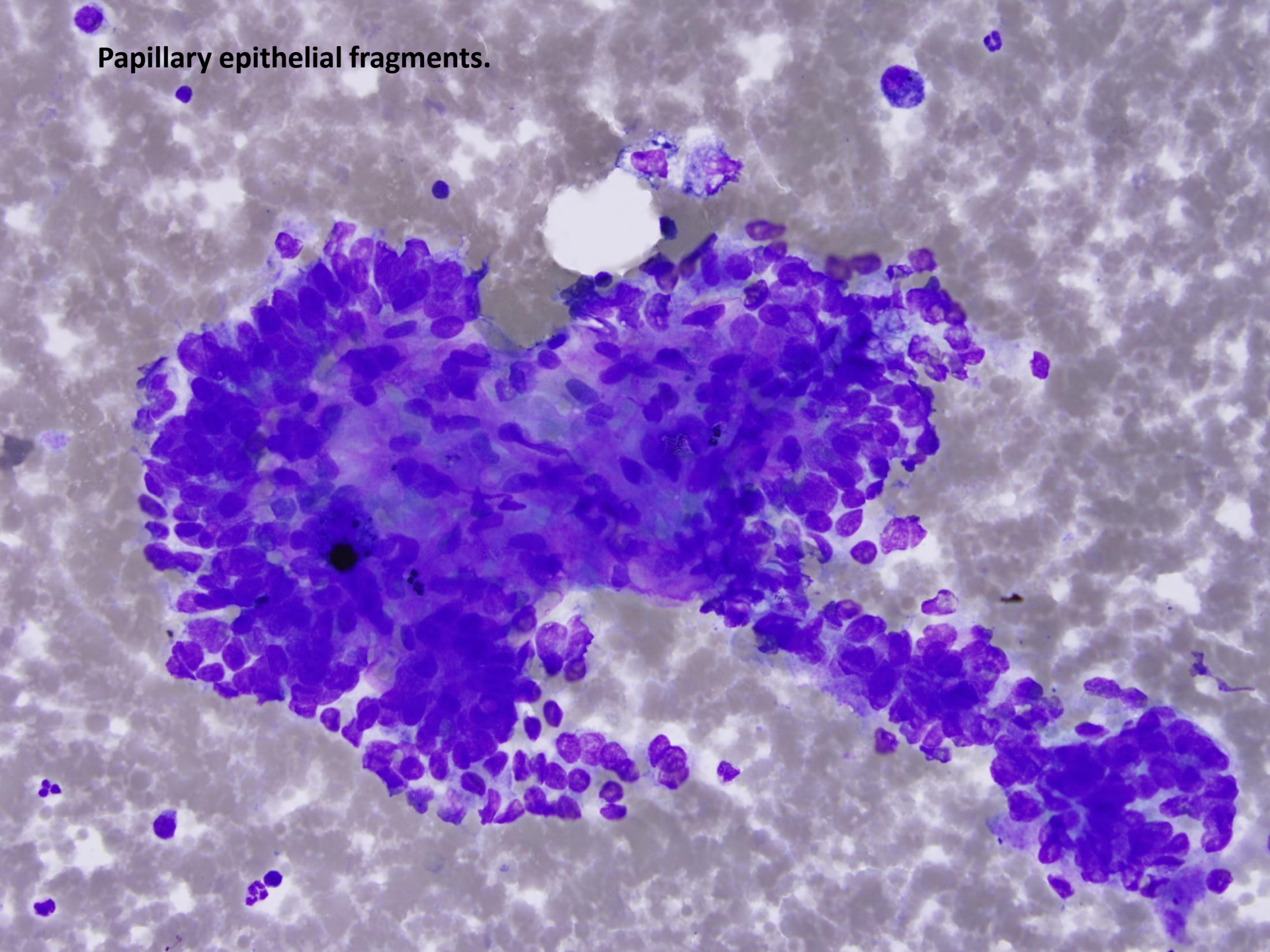
CT Neck 6/1/12=> Nonspecific, heterogeneous lymph node enlargement in level IV bilaterally. Metastatic disease is a possibility

Right neck LN FNA'd=> if benign, pt referred for chemoradiation prior to consideration for surgery

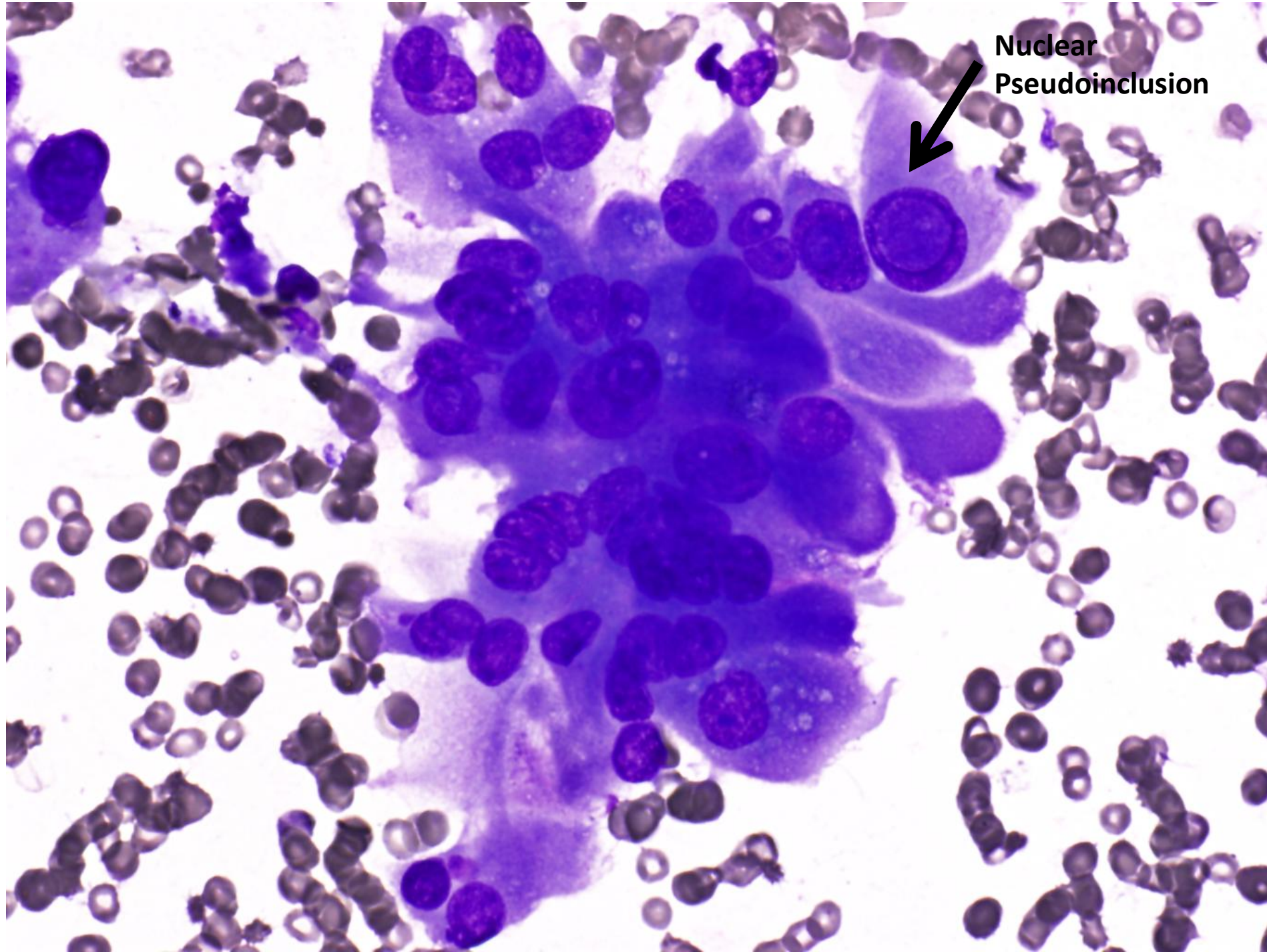
**Epithelial cells without marked
nuclear anisonucleosis but with irregular
nuclear contours.**



Papillary epithelial fragments.

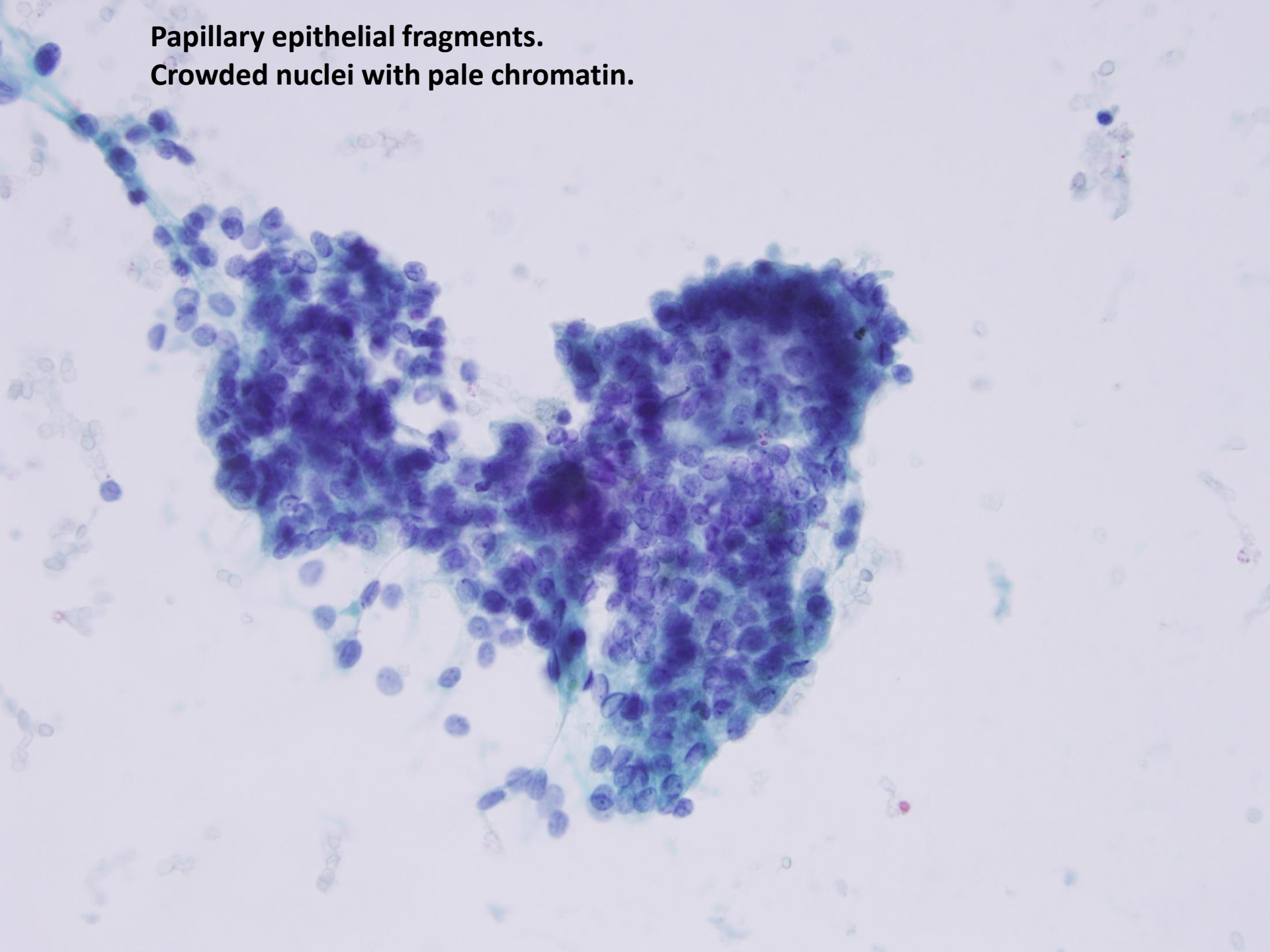


Nuclear
Pseudoinclusion

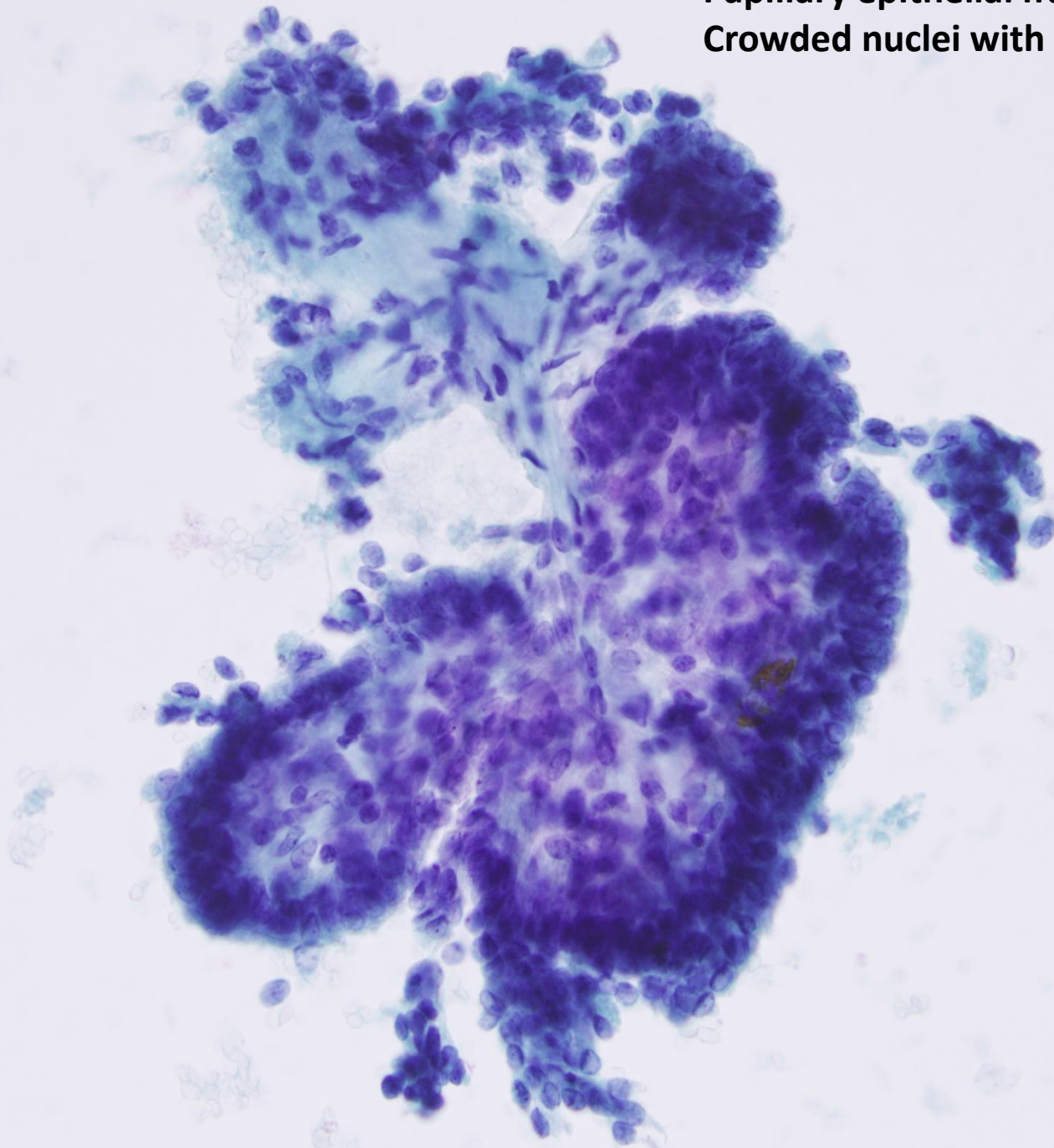


Preliminary Diagnosis: Positive
for metastatic carcinoma

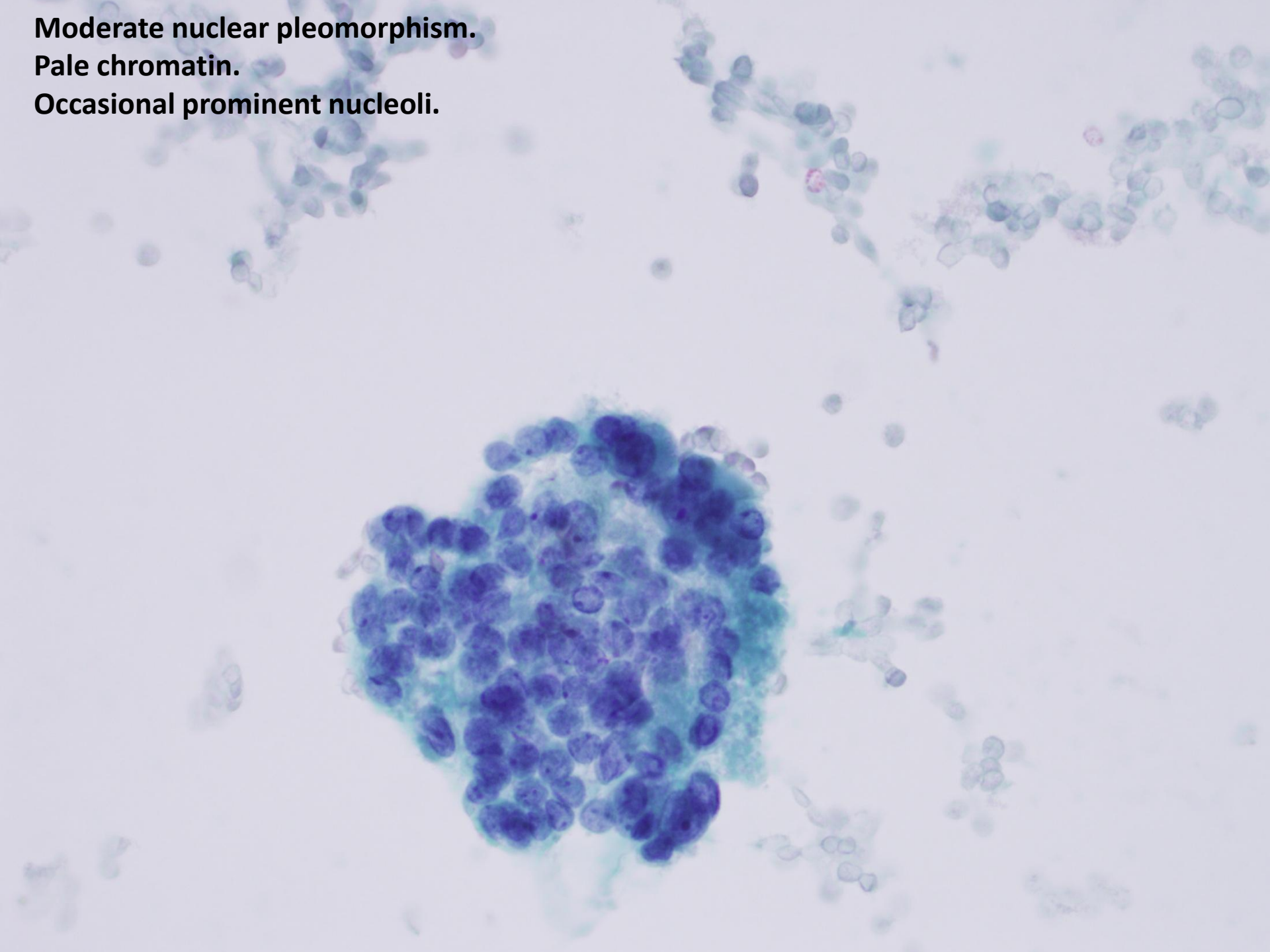
Papillary epithelial fragments.
Crowded nuclei with pale chromatin.



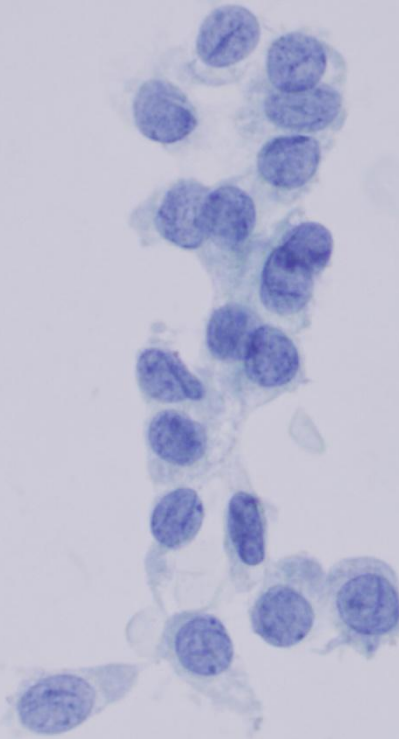
Papillary epithelial fragments.
Crowded nuclei with pale chromatin.



Moderate nuclear pleomorphism.
Pale chromatin.
Occasional prominent nucleoli.



Nuclear grooves present.

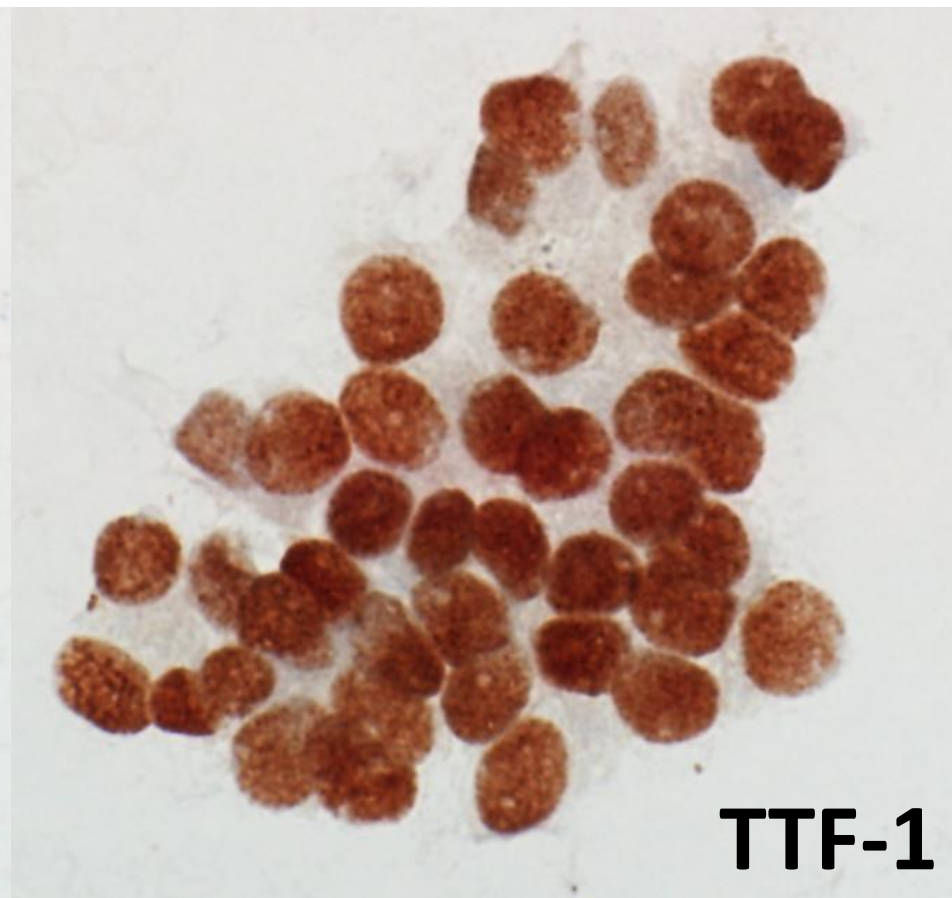
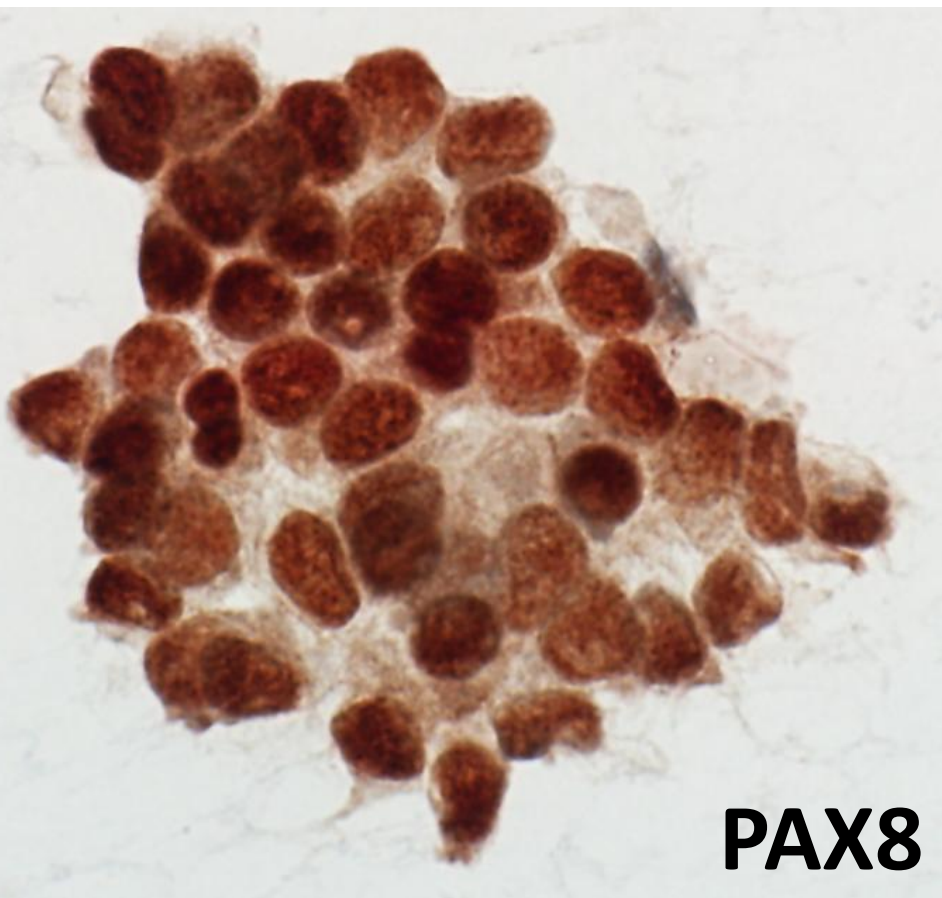


Metastatic pancreatic
adenocarcinoma?

- or -

Metastasis from a second
primary? (i.e., possible
metastatic papillary thyroid
carcinoma?

FNA Findings



Immunocytochemistry performed on direct smears.

Neoplastic cells positive for cytokeratin cocktail, TTF-1, and PAX-8.

TTF-1 will highlight pulmonary adenocarcinomas and thyroid carcinomas.

PAX-8 will highlight carcinomas of thyroid, renal, and female genital tract origin.

Final Diagnosis: Positive for
papillary thyroid carcinoma
carcinoma

Lessons

- Be on the lookout!
- Cytomorphologic features are useful in the diagnosis of metastases, especially those from new, unknown primaries.