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.
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

PAX8

TTF-1
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.