

Interesting case conference

8/6/12

## 64-year-old woman

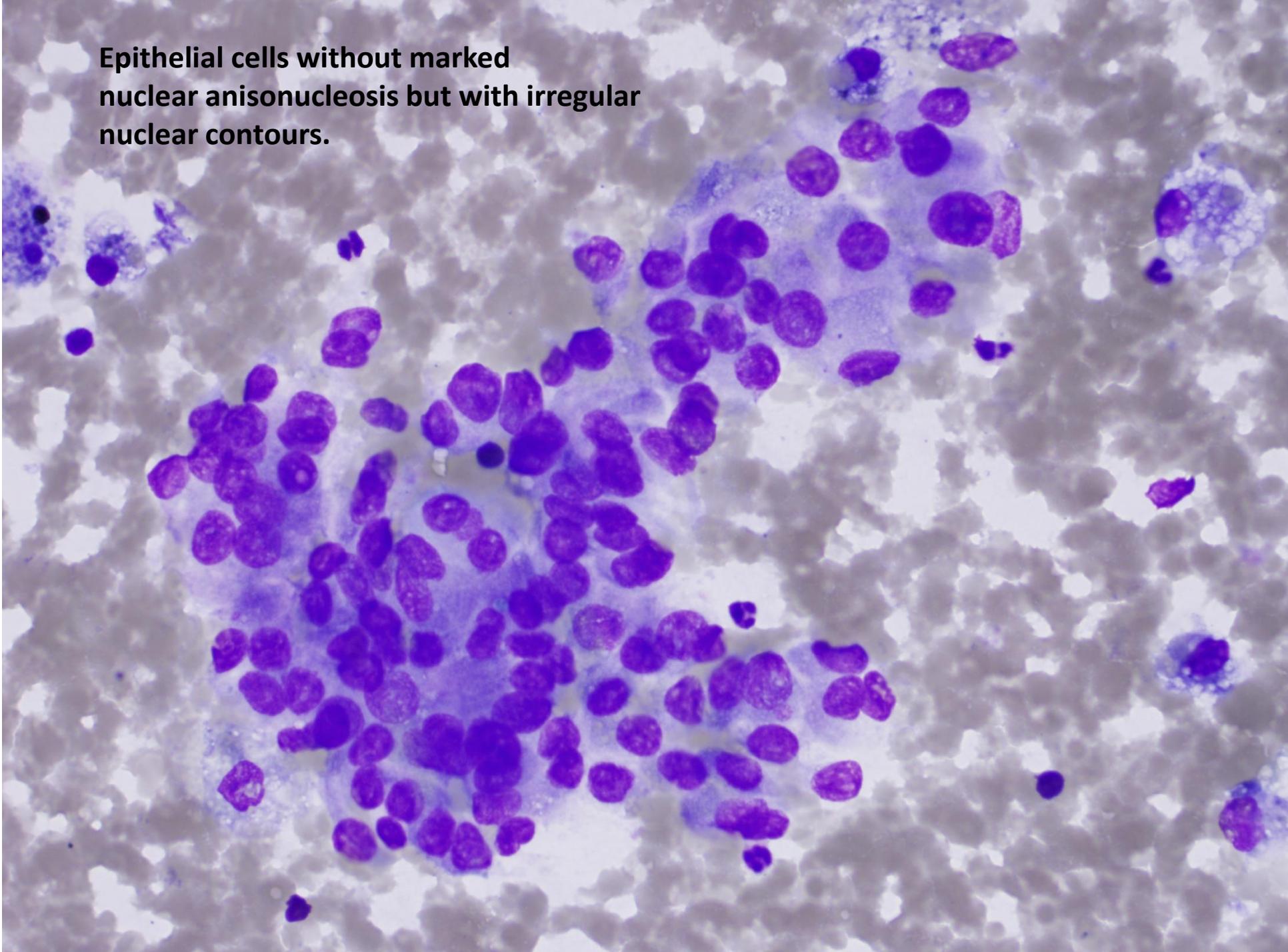
-borderline resectable pancreatic adenocarcinoma (impingement of local vessels)

-completed 5 cycles of neoadjuvant chemo with gemcitabine and cisplatin

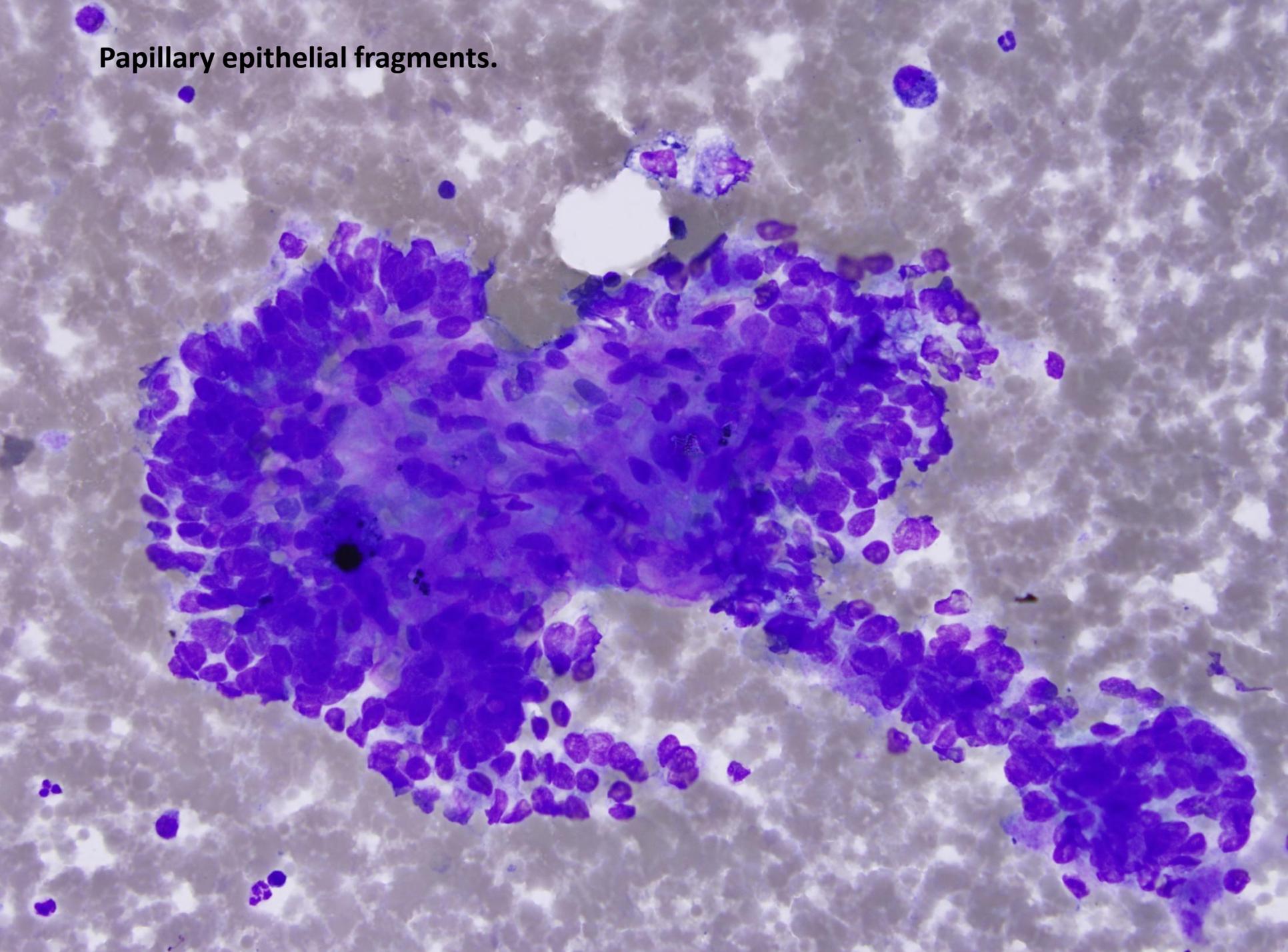
CT Neck 6/1/12=> Nonspecific, heterogeneous lymph node enlargement in level IV bilaterally. Metastatic disease is a possibility

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

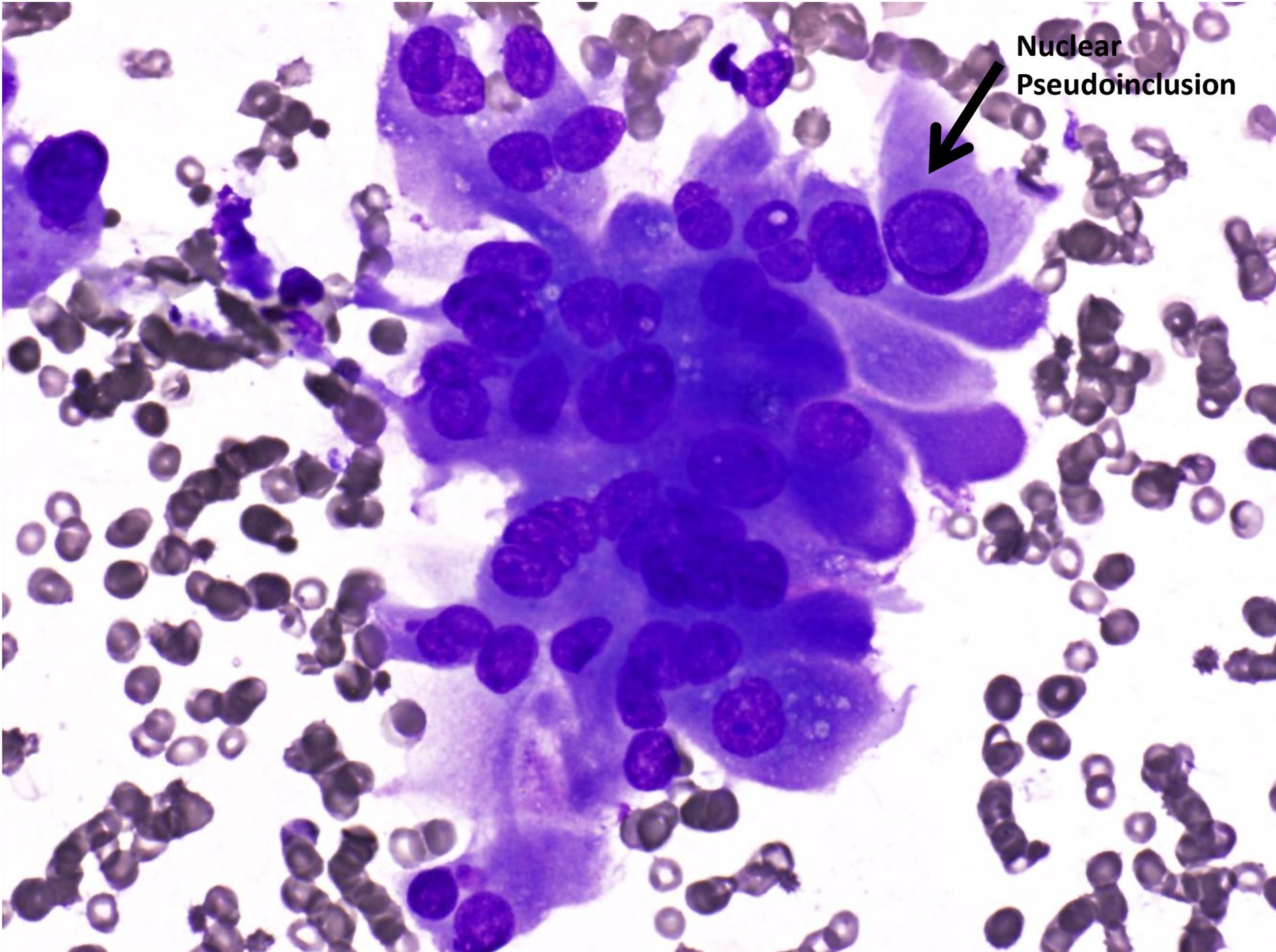
**Epithelial cells without marked nuclear anisonucleosis but with irregular nuclear contours.**



**Papillary epithelial fragments.**

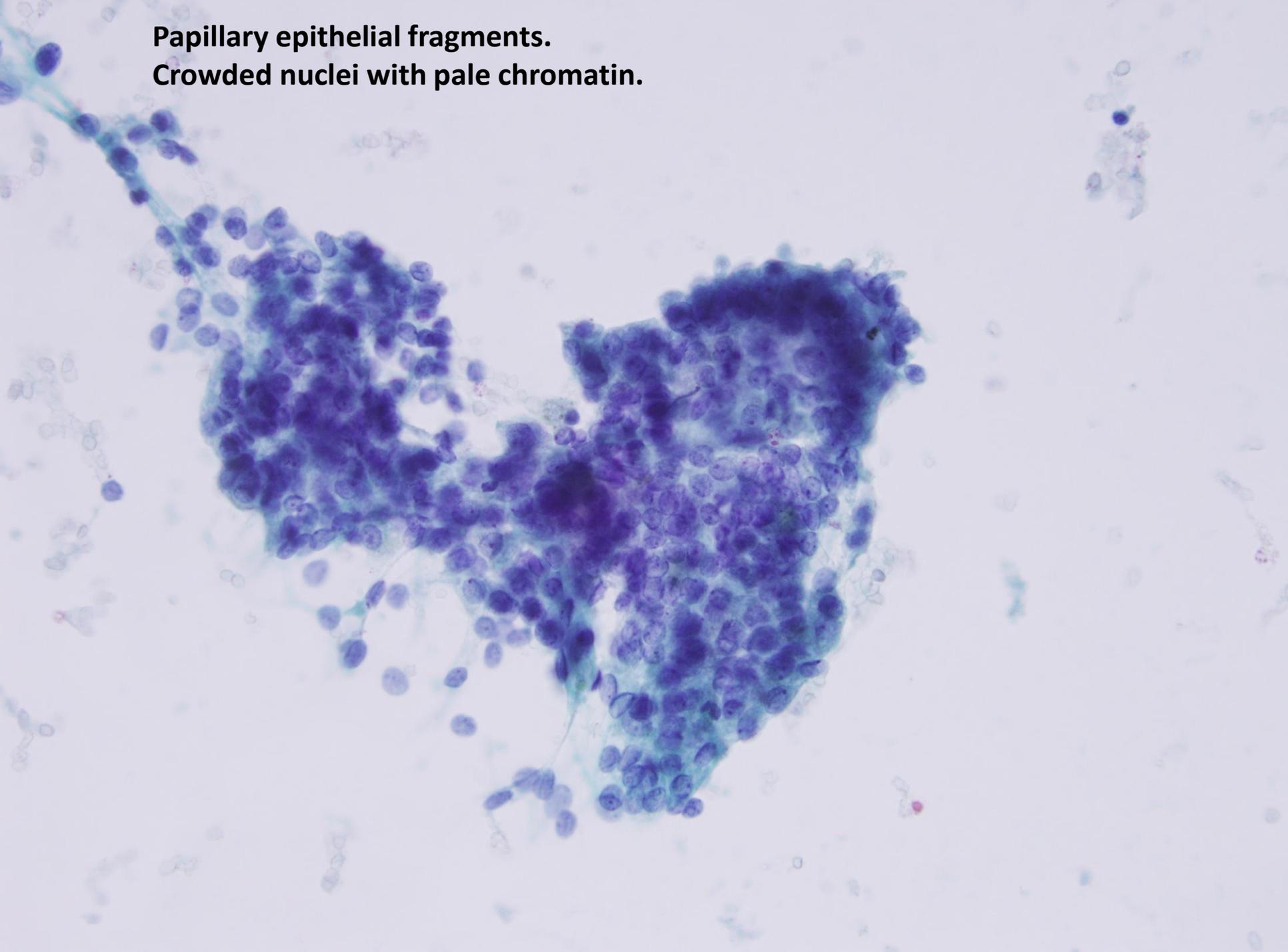


**Nuclear  
Pseudoinclusion**

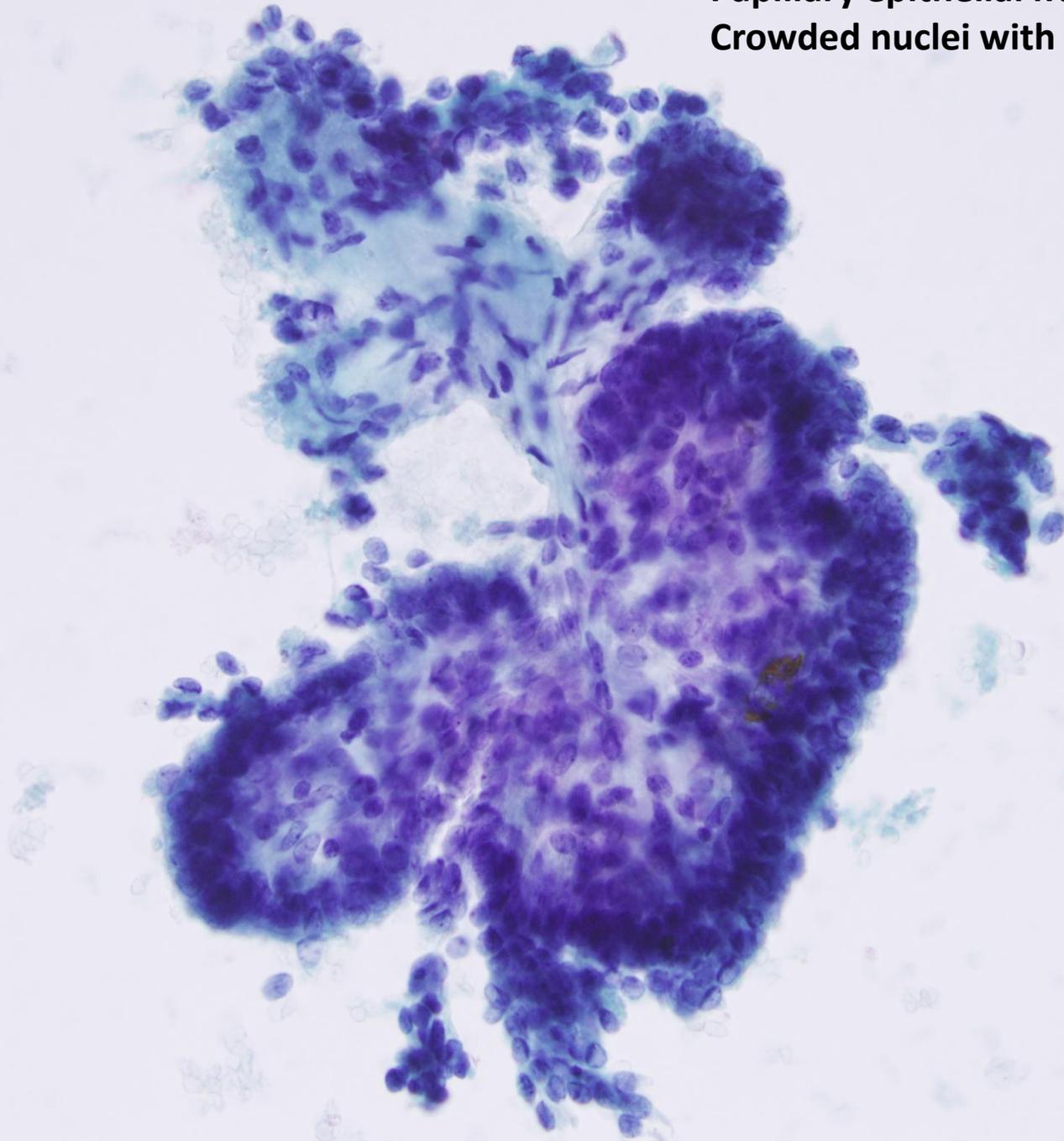


Preliminary Diagnosis: Positive  
for metastatic carcinoma

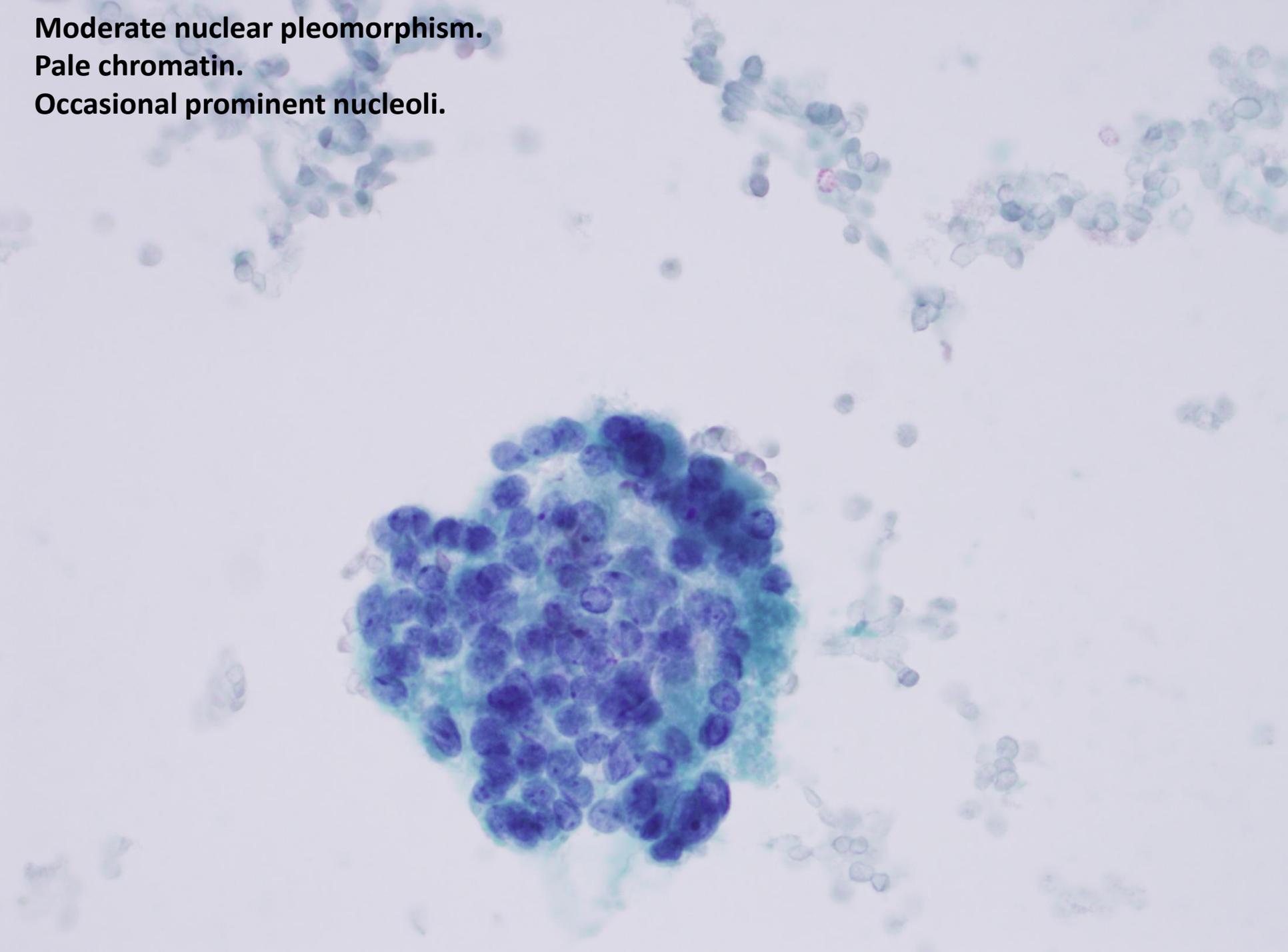
**Papillary epithelial fragments.  
Crowded nuclei with pale chromatin.**



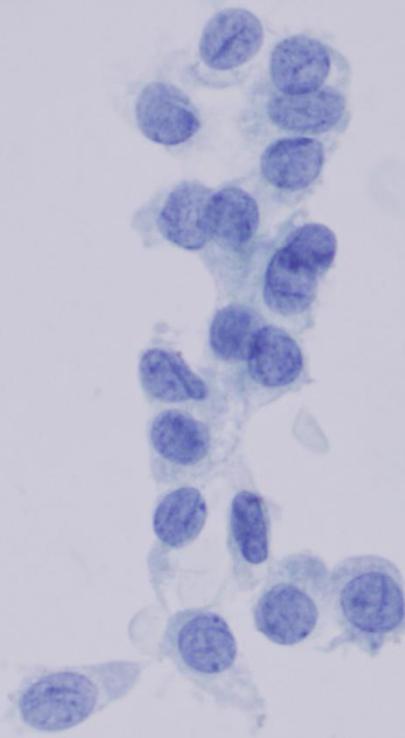
**Papillary epithelial fragments.  
Crowded nuclei with pale chromatin.**



**Moderate nuclear pleomorphism.**  
**Pale chromatin.**  
**Occasional prominent nucleoli.**



**Nuclear grooves present.**

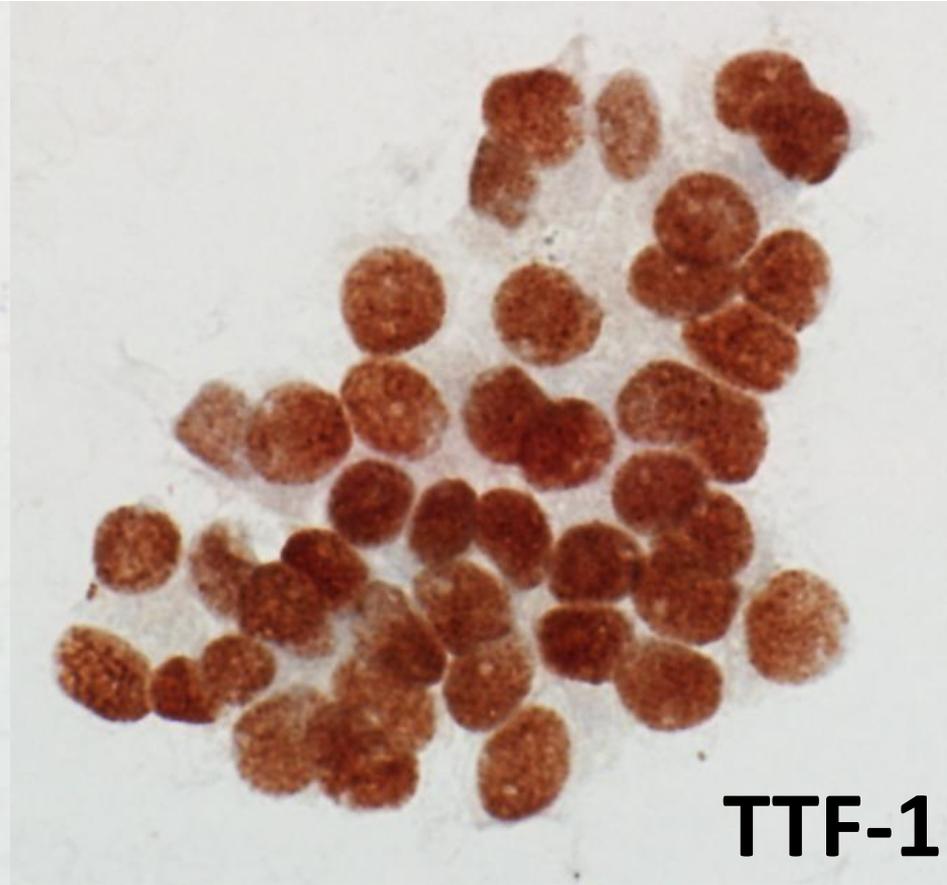
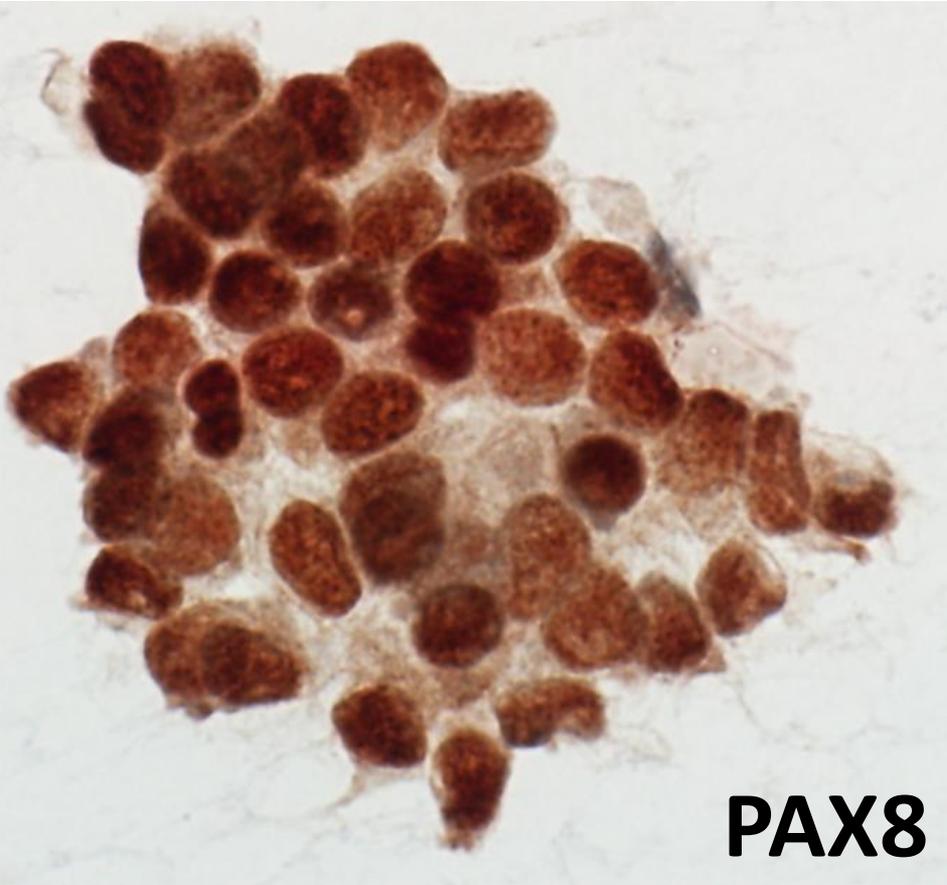


Metastatic pancreatic  
adenocarcinoma?

- 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.