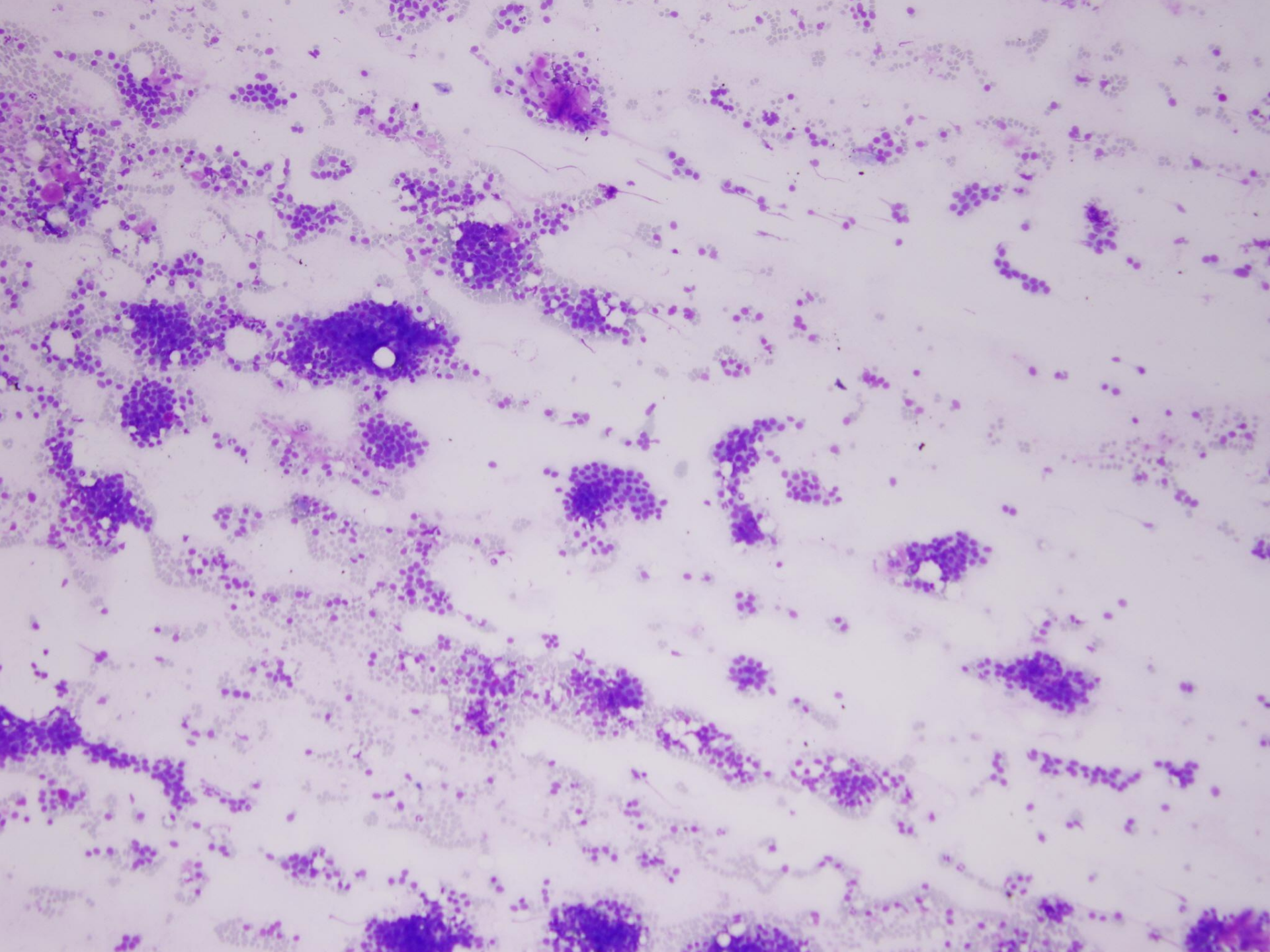


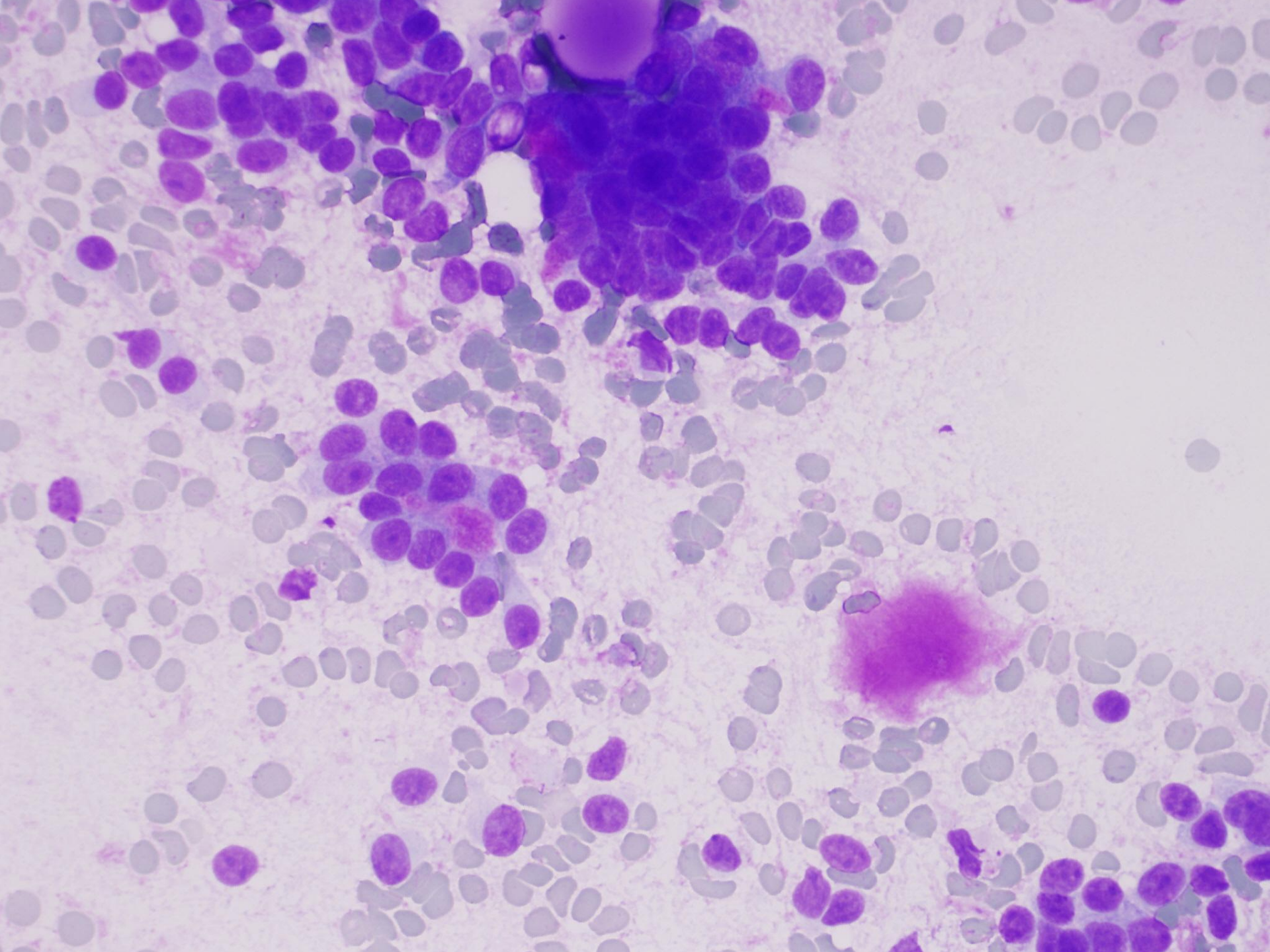
Interesting case conference

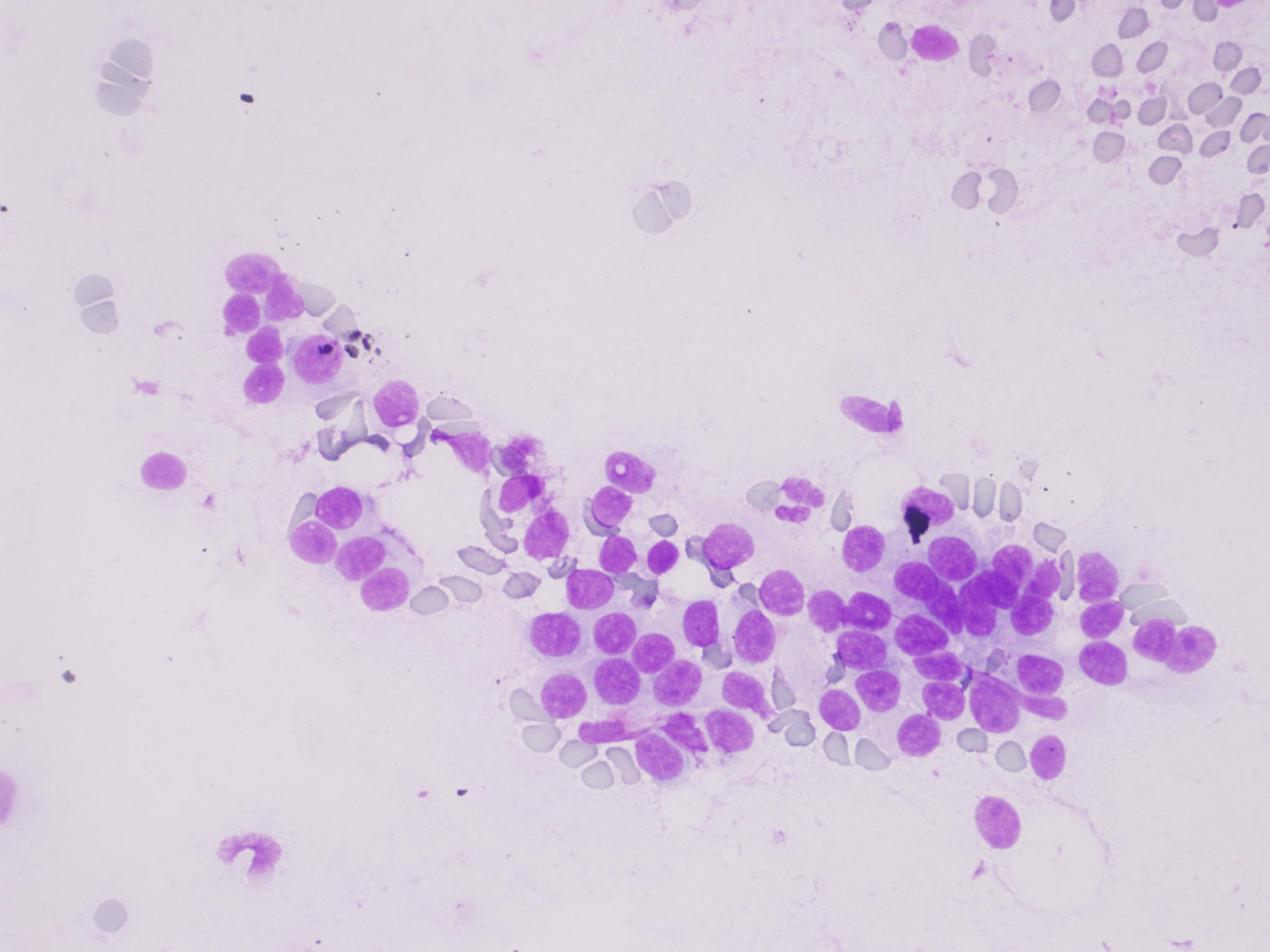
10/15/12

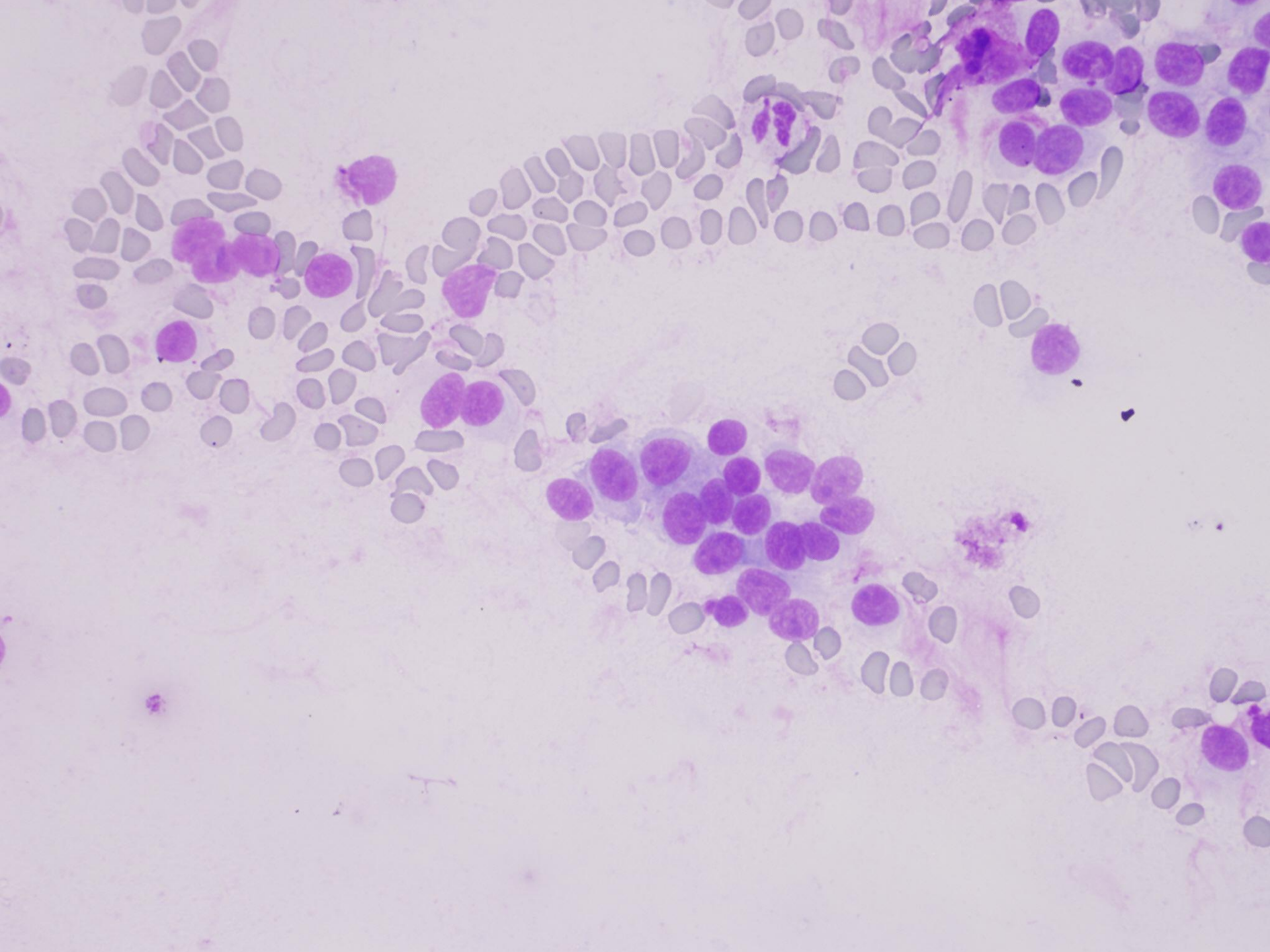
Clinical Background:

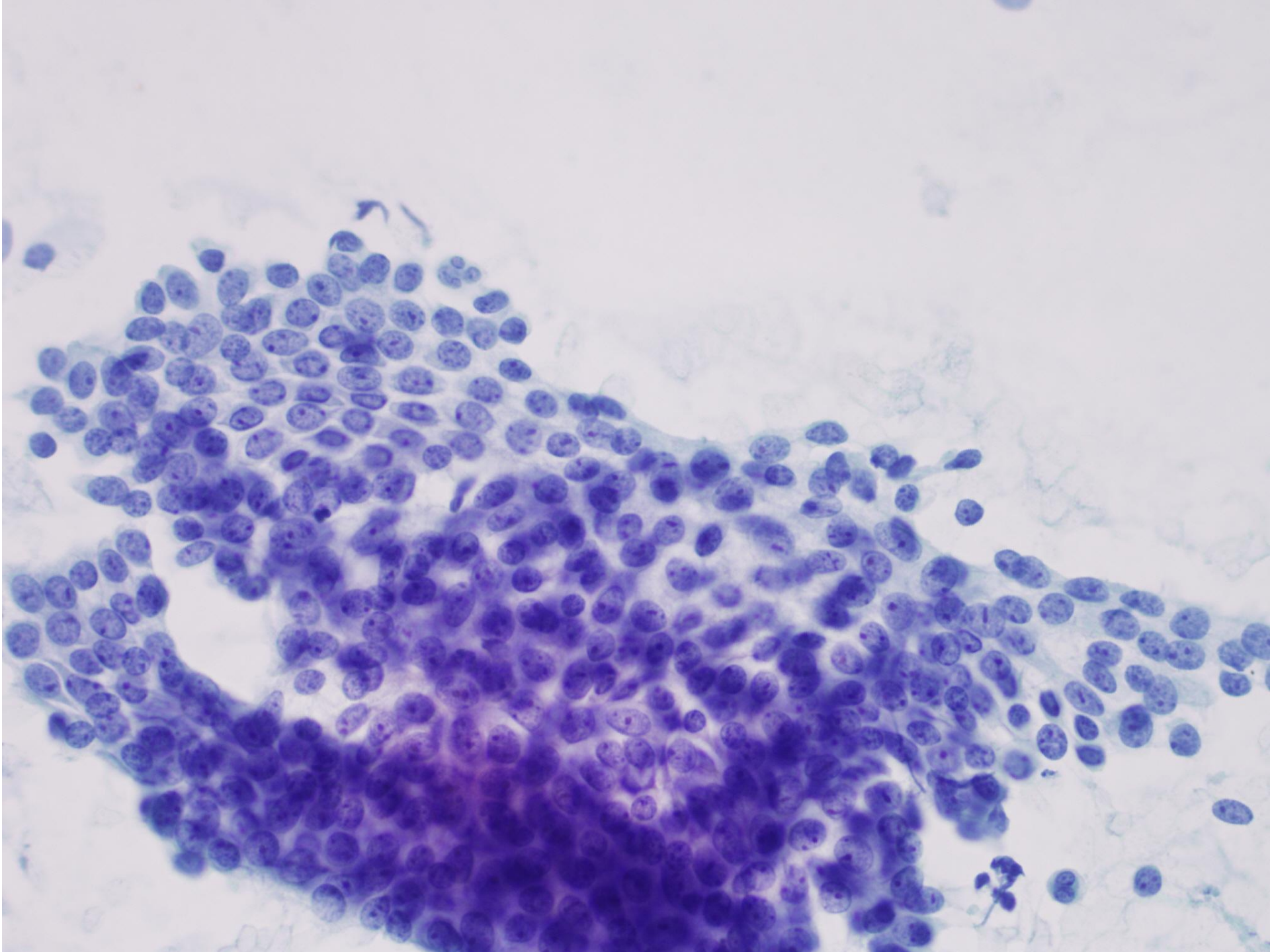
- 71-year-old woman
- History of left sublingual gland neoplasm status post excision in 9/2010.
- Multiple surveillance MRIs since showing no evidence of recurrence
- In October 2012, a 1.4 cm submental mass/lymph node was identified, an image-guided FNA was scheduled to rule out metastasis.

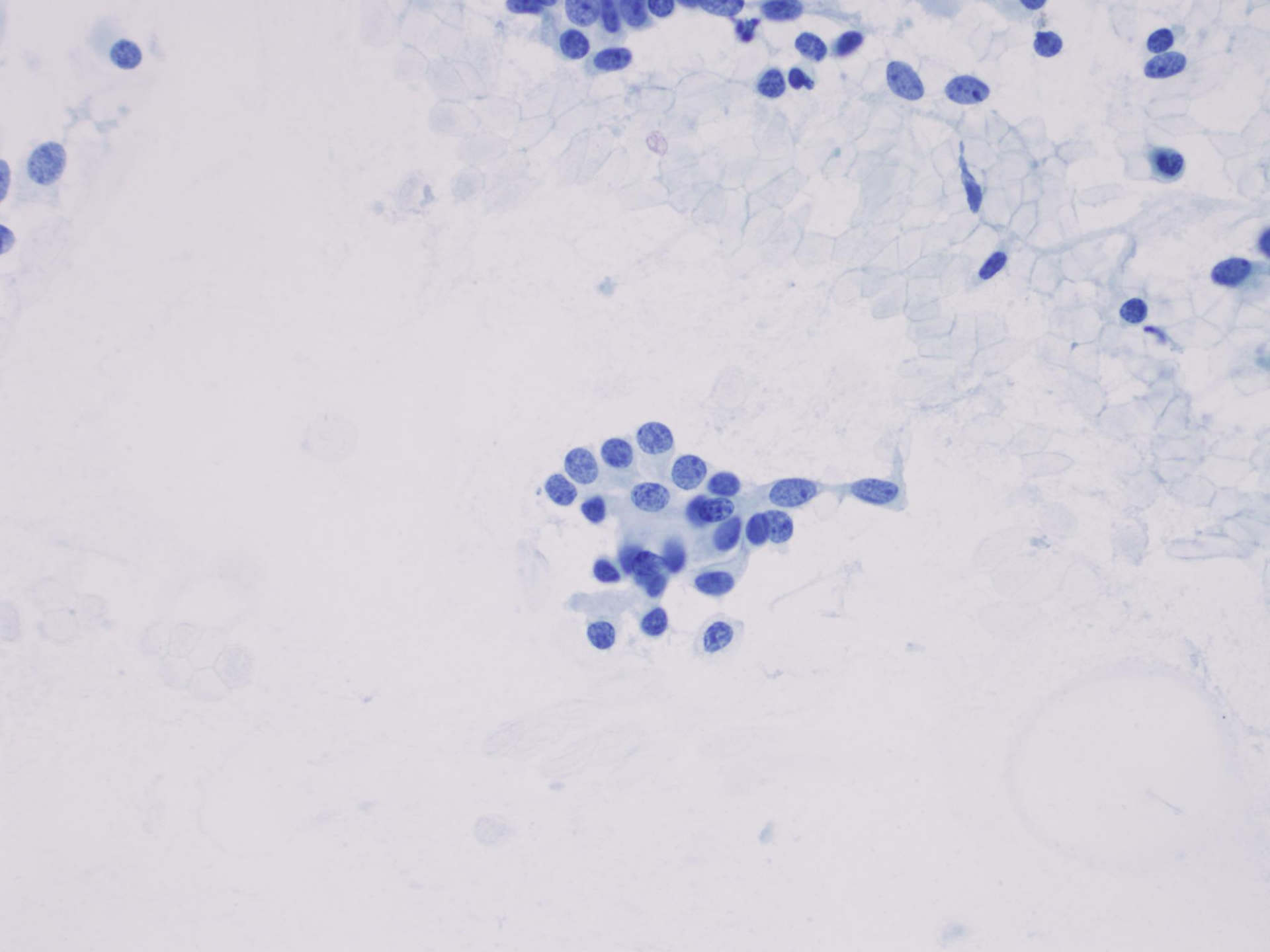


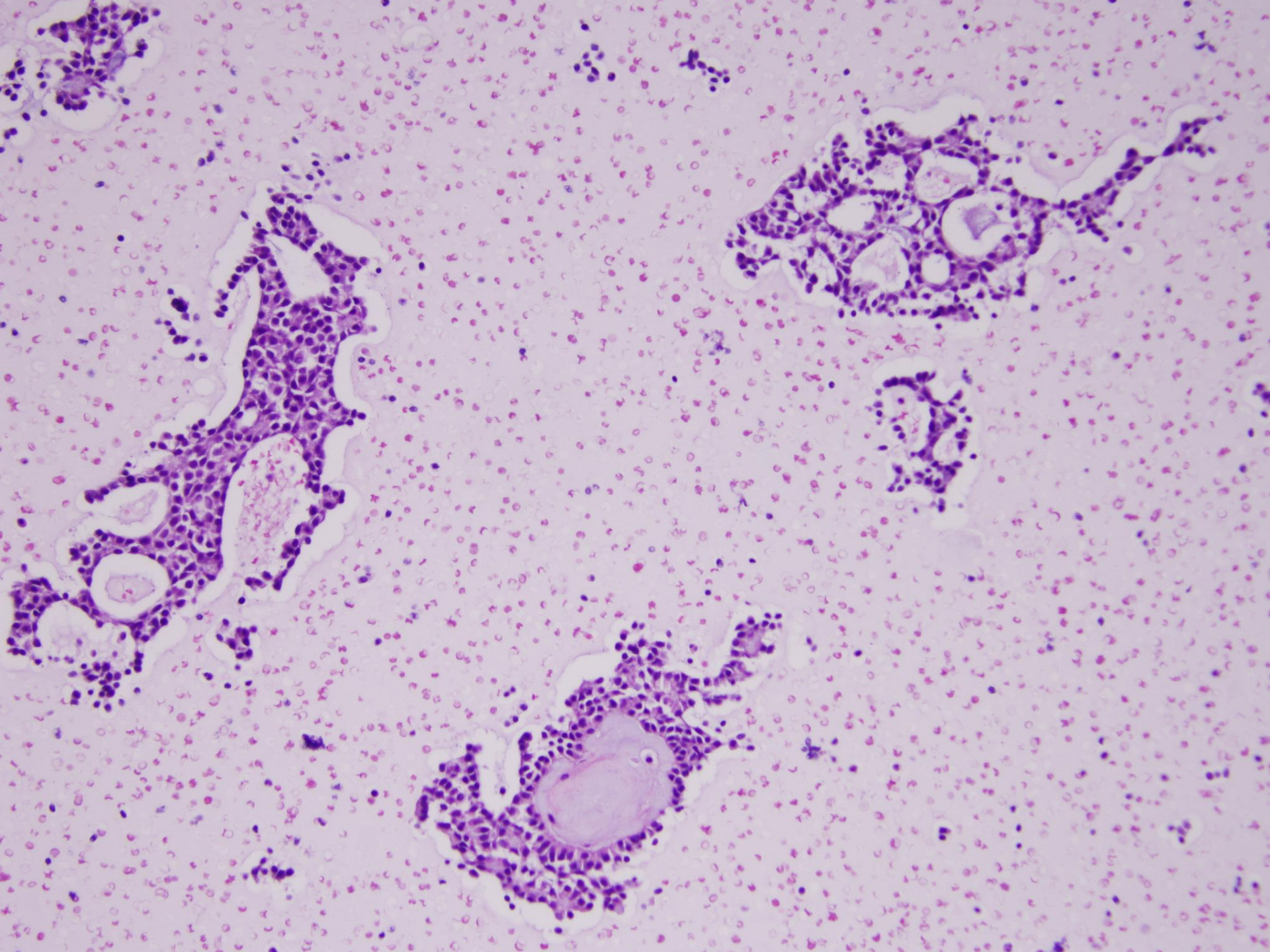


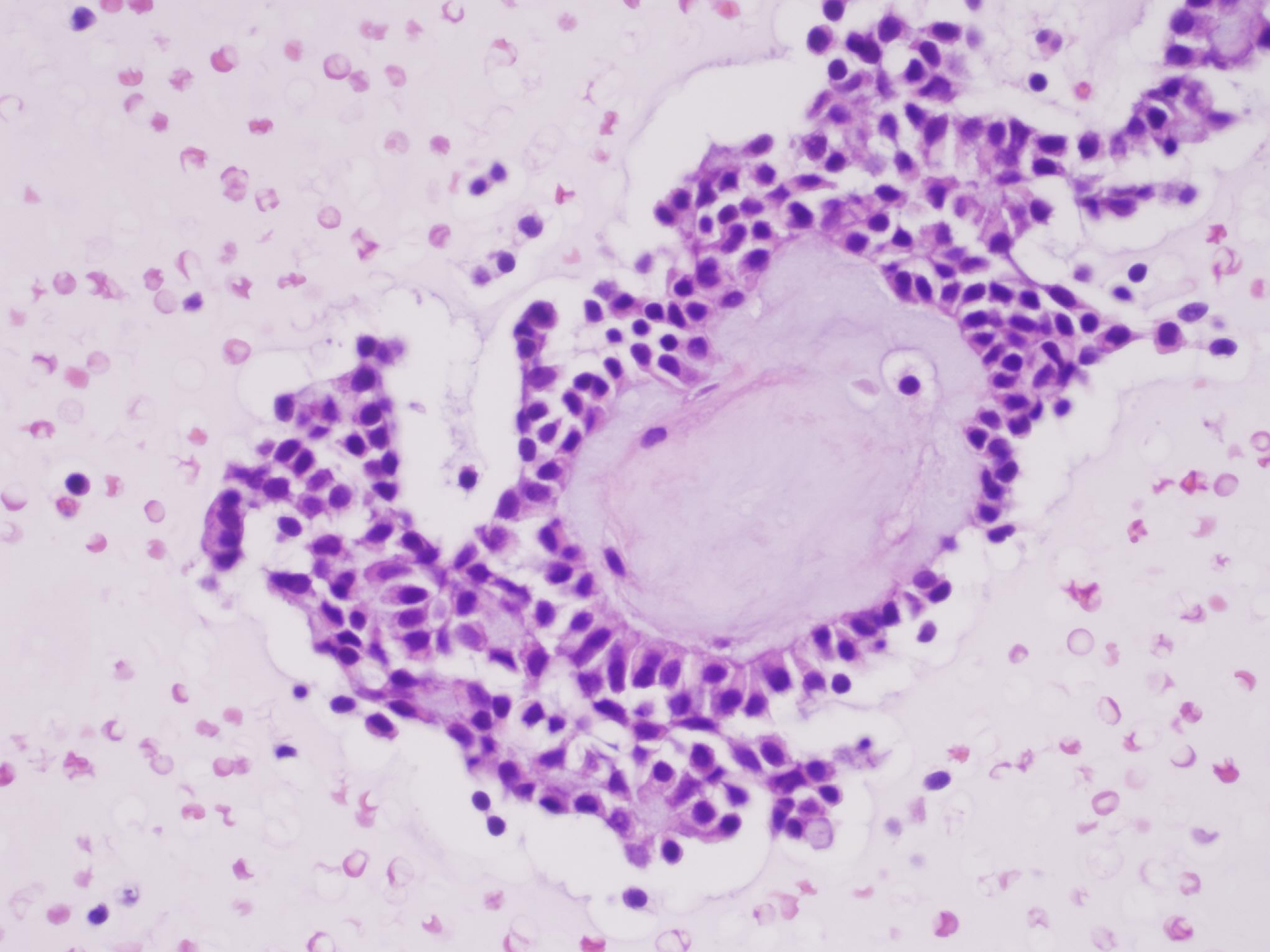












Cytomorphologic Findings:

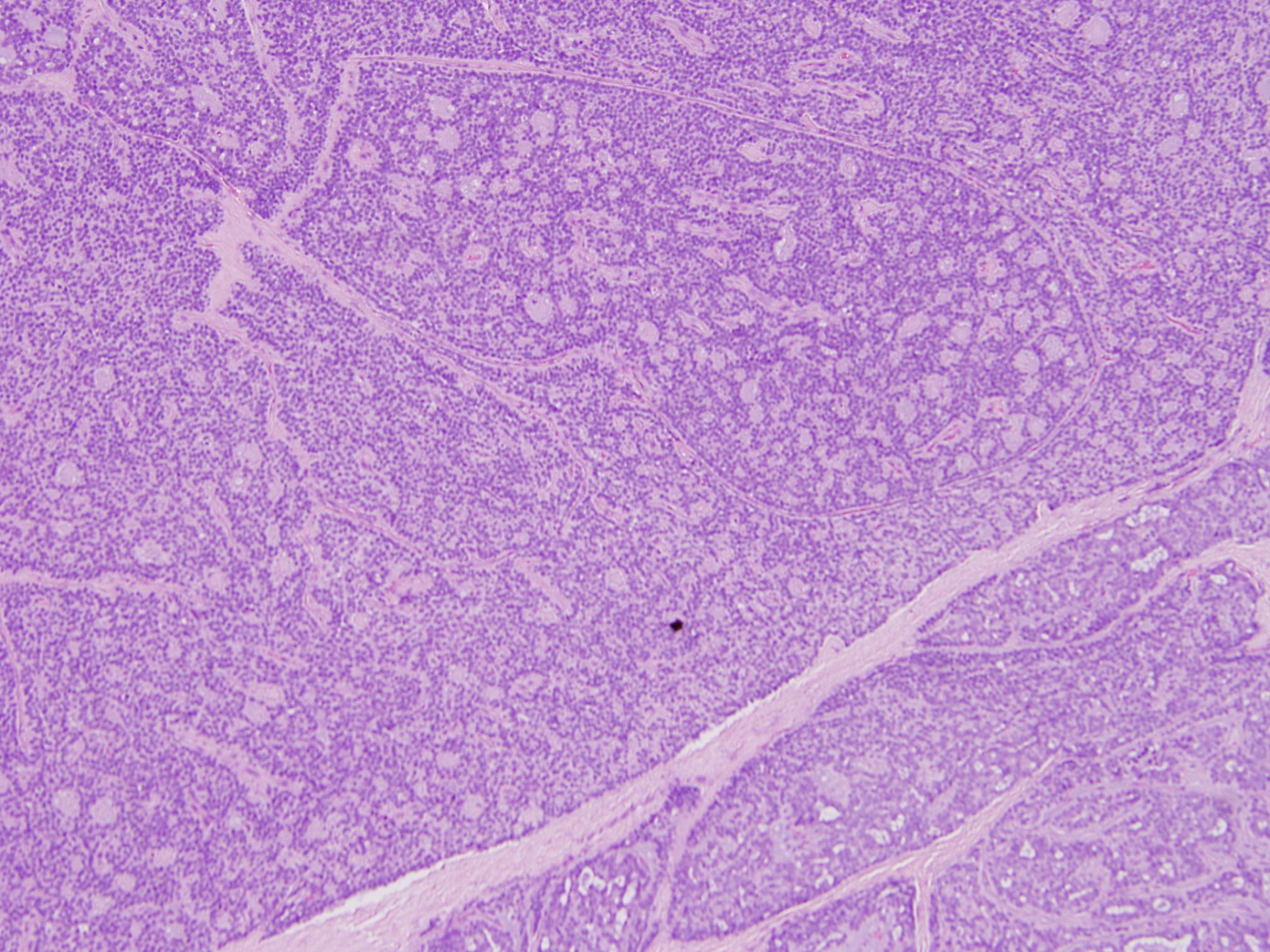
Sheets and irregular clusters of epithelial cells, some showing a glandular configuration

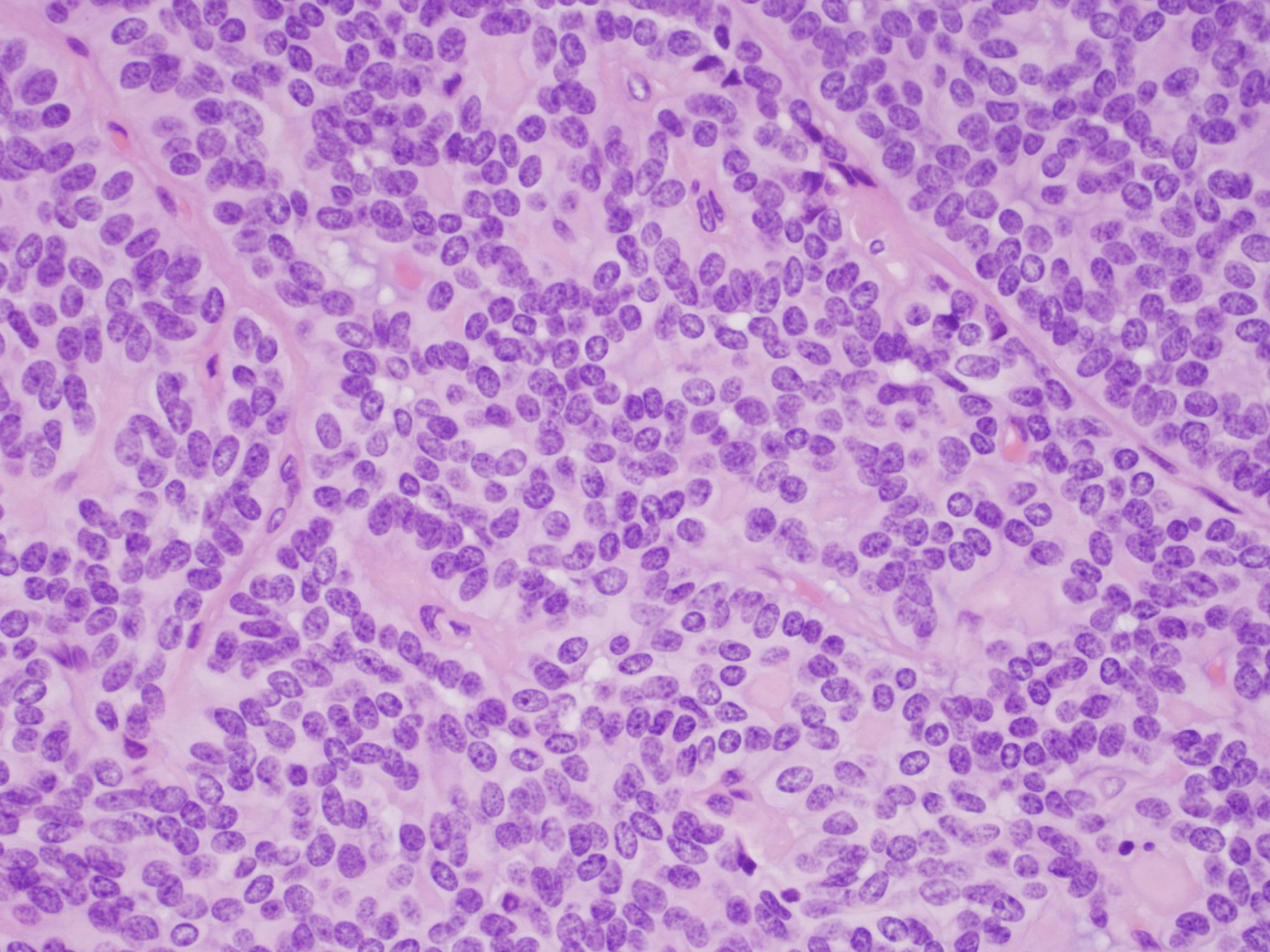
Cells have scant to moderate cytoplasm, some cells have a columnar appearance

Bland cytology, minimal nuclear pleomorphism

Extracellular matrix present, some present as globules reminiscent of adenoid cystic carcinoma

- Previous surgically resected specimen pulled for review.





FINAL DIAGNOSIS

Positive for malignancy.

Consistent with metastasis from the patient's salivary gland primary (**polymorphous low-grade adenocarcinoma**).

Summary of PLGA

- Low-grade malignancy, has an overall favorable prognosis
- Occurs almost exclusively in minor salivary glands (FNAs occasionally encountered)

Cytology

- Cells are very uniform appearing, can be arranged in in tubules, cords, or clusters
- Has the look of a low-grade glandular lesion
- Extracellular matrix can be seen, occasional globules can be seen.

Summary of PLGA

- Differential

1. Adenoid cystic CA: Nuclei of a PLGA are not as hyperchromatic or angular; the cells of PLGA exhibit a more columnar appearance. In contrast, the cells of adenoid cystic CA are basaloid and hyperchromatic with scant cytoplasm.
2. Basal cell adenoma: Usually occurs in major salivary glands (most commonly in parotid) rather than minor salivary glands. Again, the cells in PLGA are less basaloid in appearance.