Interesting case conference

Case #2
7/16/12
History

- 49 y.o. G6P4 female.

- No menstrual cycles in the past 8 months.

- However, for the past 2-3 months, she has been experiencing persistent vaginal spotting.
Physical Exam Findings

• 3 cm exophytic, irregular, soft cervical mass.
  – 1 cm portion of mass easily removed with forceps and sent to pathology as a biopsy specimen.

• Pap smear was also performed concurrently.
ThinPrep:
Bloody & few squamous cells
Hyperchromatic crowded groups

Most clusters looked like this
Clinging diathesis
Differential Diagnosis

- HSIL
- Atypical glandular cells, not otherwise specified.
- Atypical glandular cells, favor neoplastic.
- Adenocarcinoma
  - Endocervical
  - Endometrial
  - Extrauterine
Next Steps

• ThinPrep vial contained abundant residual material including tissue fragments.
• Half of the residual material was centrifuged for preparation of a cell block.
• Remaining half of the residual material was treated with glacial acetic acid to prepare an additional ThinPrep slide.
Reprocessed ThinPrep Slide
Reprocessed ThinPrep Slide
Cell Block
FINAL DIAGNOSIS

• Positive for adenocarcinoma.

• Concurrent biopsy was also reviewed and confirmed the diagnosis; an endocervical primary was favored based on the morphology and immunophenotype.
Concurrent Biopsy

Immunostains for CEA, vimentin, ER, and PR were negative.
LESSONS

• Bloody ThinPrep specimens can be reprocessed
  ▪ Results for this case: cleaner ThinPrep AND had a great cell block from which to do immunos if needed

• Always ask how the quality of a specimen can be improved