



Virtual Slide Congress. Case # 01

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Case Report

Male of 49 years that was hospitalized on Medical Clinic Service, showing multiple adenopathy of 1 month of evolution, pain, fever and protracted sweats in the last 3 weeks. The patient lost 10 kg of weight in the last two months.

Poliadenopathy in right preauricular localization of 1cm., left retroauricular side of 3x4cm., left submaxillary side of 6x5cm., submentonian of 2 cm., supraclavicular of 5x3cm., in right axillar region of 5x8 cm., in left axillar region of 5x7cm. and below of left crural arcade of 5x6cm. All lymph nodes presented smooth surface, hard-elastic consistency, adhered to deep planes, and painful to the palpation.

Laboratory

Hemogram – Hto 28% Hb 10.

Hepatogram – Bilirrubine (normal), Alkaline Phospatase 728 (nv: <270u/l), GOT-GPT (normal), LDH 782 (nv: 207 – 414 u/l). The other laboratory findings were normal.

Chest and abdominal T.A.C.

Lobulated hilar pulmonary right mass. Extensive ganglionar involvement, mediastinal infracarinal and retrocava. Liver without abnormalities.

Neck T.A.C.

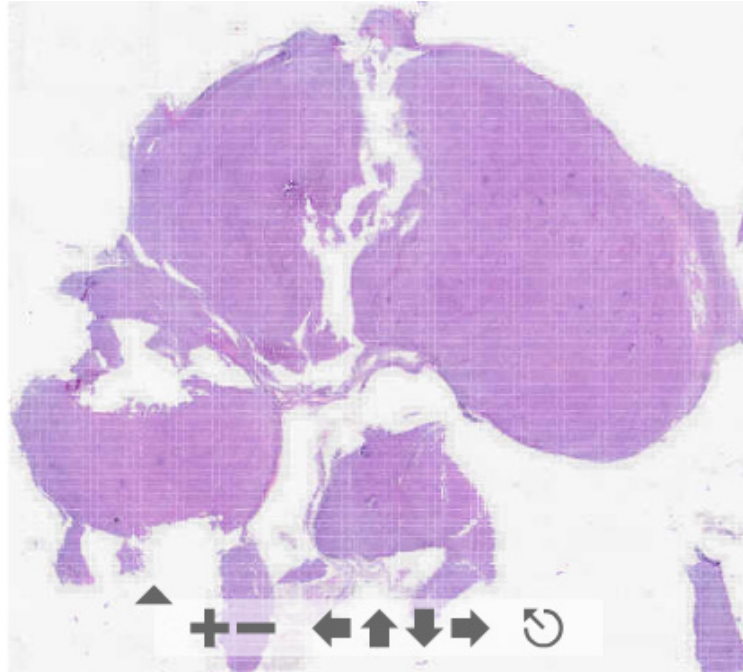
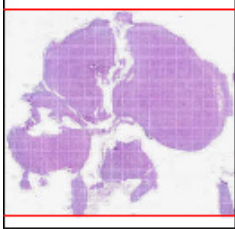
Submaxillary left Adenomegaly, adenopathy conglomerate in left jugulo-carotid chain.



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Diagnosis

- Anaplastic Large Cell (Ki-1/CD30) Lymphoma (Linfoma anaplásico de células grandes Ki-1/CD30)
- True Histiocytic Lymphoma/Histiocytic Sarcoma. (Linfoma histiocítico verdadero/Sarcoma histiocítico)
- Metastatic Amelanotic Malignant Melanoma (Metástasis de melanoma amelanótico)
- Dendritic Cell Sarcoma (Sarcoma de células dendríticas)
- Metastatic Lymphoepithelial Carcinoma of Nasopharynx (Metastatic Lymphoepithelioma-Like Carcinoma)

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DIAGNOSIS

Dendritic Cell Sarcoma NOS

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Pathology

MAIN PATHOLOGIC FINDINGS:

Microscopically, the normal architecture was effaced with diffuse proliferation of large pleomorphic cells arranged in a

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difuse pattern and rarely and scanty spindle cells with light fascicular distribution. The neoplastic cells had smooth nuclear membranes with round-ovoid to irregularly indented form and small central eosinophilic nucleoli. These cells had moderated to abundant cytoplasm, some of theme with slender cytoplasmic extensions. Eventually multinucleatec cells where found. A constant feature was the presence of variable number of small lymphocytes and some plasma cells scattered throughout the tumor. The exceptionally nontumorous area was characterized by reactive germinal center of cortical follicle. Erythrophagocytosis was eventually observed. The mitotic rate was high (30 mitotic figures per 10 high-power fields).

Immunohistochemical studies showed that all of the tumor cells were positive for vimentin, and focal positive for EMA; but uniformly negative for CD45, B and T-cell markers, ALK1, CD30, CD68, Lysozyme, S-100 protein, CD1a, CD21, CD35, Alfa-SMA, Melan-A and AE1-AE3 (CTK Cocktail). In the based on these findings, and the clinic manifestation, the present case was diagnosed as Dendritic Cell Sarcoma not otherwise specified.

Figure 1

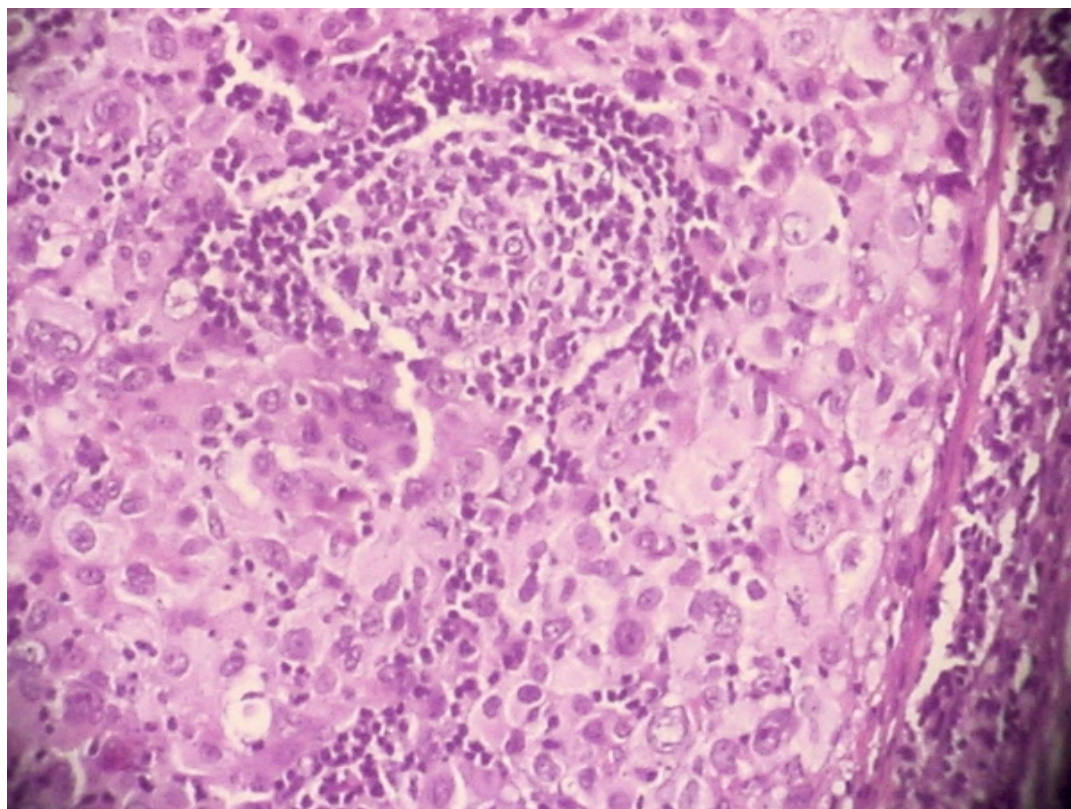


Figure 2

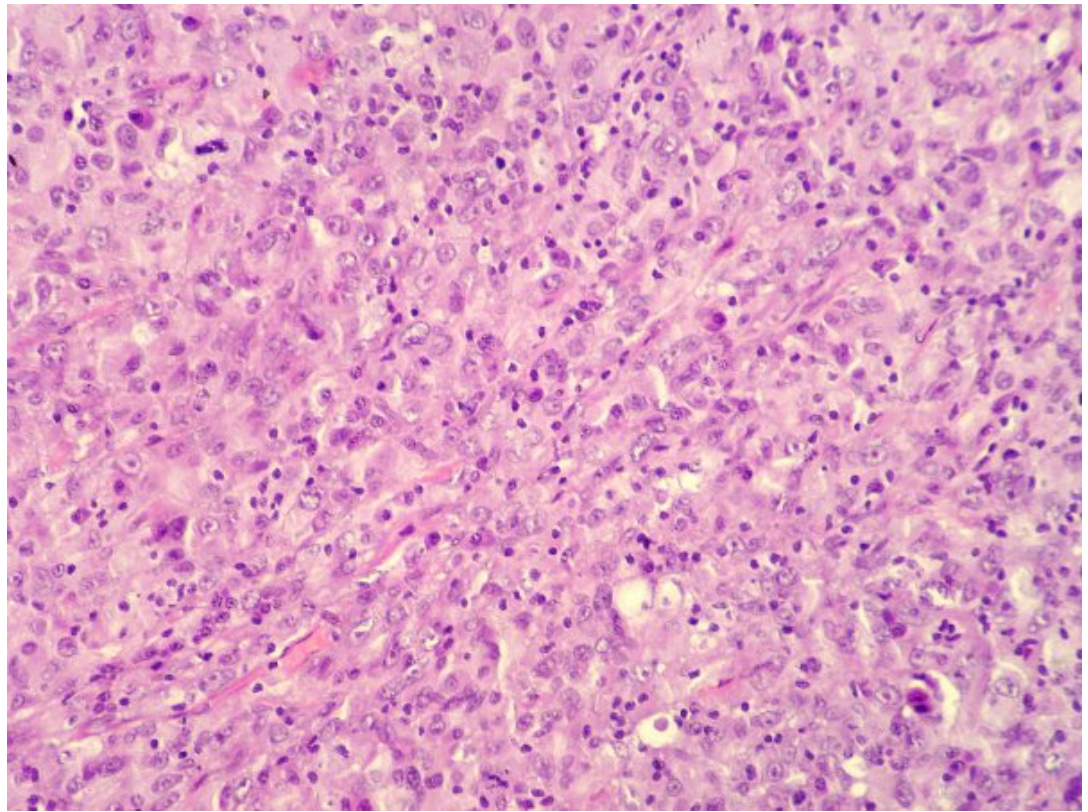
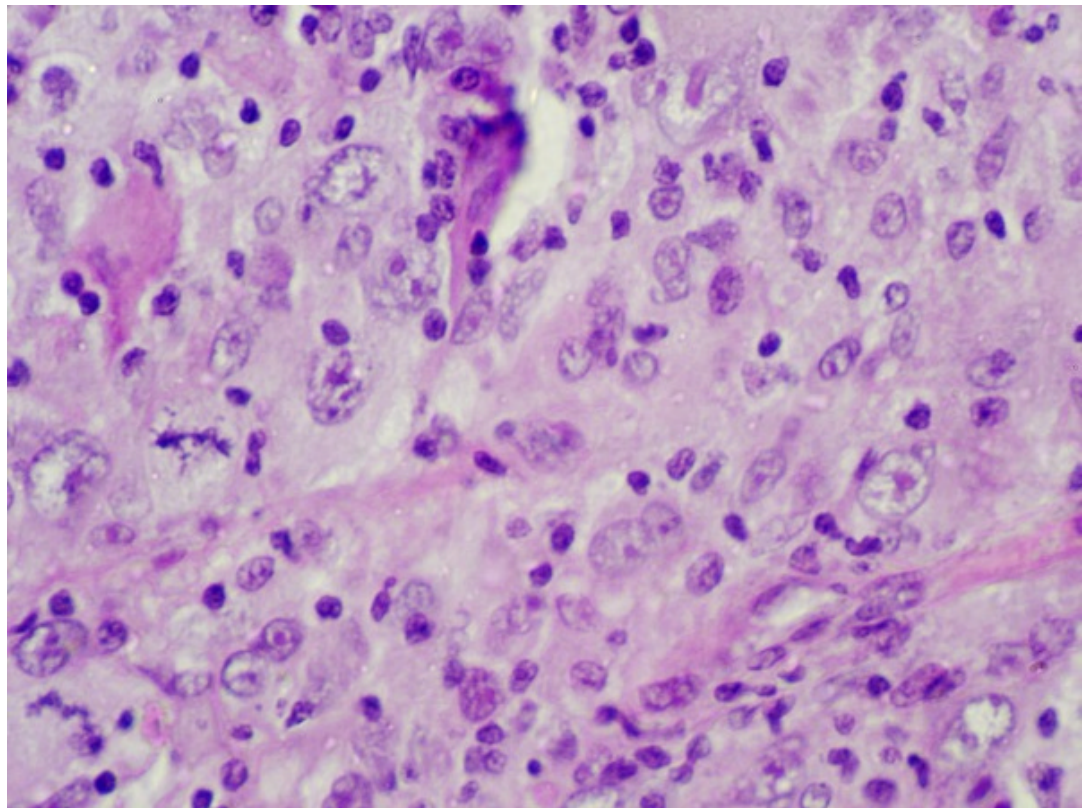


Figure 3



Treatment

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<ul style="list-style-type: none"> - Top - Virtual Slide - Case Report - DIAGNOSIS - Pathology - Treatment - Agradecimientos - References 	<p>Agradecimientos</p> <p>1.- Al Dr. Carlos Omar Robador, Director General del "Hospital Regional Dr. Enrique Vera Barros" y a la Directora Médica, Dra. Alicia Viale; por facilitar al Servicio de Anatomía Patológica del Hospital la realización de los estudios Inmunohistoquímicos.</p> <p>To Dr. Carlos Omar Robador, General Director from "Dr. Enrique Vera Barros Regional Hospital" and to Dra. Alicia Viale, Medical Director; because they facilitate the Immunohistochemistry to the Pathology Department.</p> <p>2.- Al Departamento de Biblioteca de la Fundación H.A. Barceló y por su intermedio al Rector de la Universidad, Prof. Dr. H.A. Barceló, por la obtención de material bibliográfico.</p> <p>To the Library of "H.A. Barceó Fundación" and to Rector of the University, Prof. Dr. H.A. Barceó, by bibliographical material facilitates.</p> <p>3.- A JICA(Agencia Cooperativa Internacional del Japón) y a los Profesores Japoneses, por darme la oportunidad de compartir y hacer la rotación en Patología, en la Universidad de Odontología y Medicina de Tokyo y el Centro Nacional del Cáncer de Japón.</p> <p>To JICA(Japanese International Cooperative Agency) and to Japanese Professors, for give me the opportunity of share and make training in Pathology, in the Dental and Medical University of Tokyo and The National Cancer Center of Japan.</p>
<ul style="list-style-type: none"> - Top - Virtual Slide - Case Report - DIAGNOSIS - Pathology - Treatment - Agradecimientos - References 	<p>References</p> <p>Andriko JW, Kaldjian EP, Tsokos M, Abbondanzo SL, Jaffe ES. Reticulum cell neoplasms of lymph nodes: a clinicopathologic study of 11 cases with recognition of a new subtype derived from fibroblastic reticular cells. <i>Am J Surg Pathol.</i> 1998; 22(9):1048-58.</p> <p>Grogg KL, Lae ME, Kurtin PJ, Macon WR. Clusterin Expression Distinguishes Follicular Dendritic Cell Tumors From Other Dendritic Cell Neoplasms: Report of a Novel Follicular Dendritic Cell Marker and Clinicopathologic Data on 12 Additional Follicular Dendritic Cell Tumors and 6 Additional Interdigitating Dendritic Cell Tumors. <i>Am J Surg Pathol.</i> 2004; 28(8):988-998.</p> <p>Pileri SA, Grogan TM, Harris NL, Banks P, Campo E, Chan JK, Favera RD, Delsol G, De Wolf-Peeters C, Falini B, Gascoyne RD, GAulard P. Gatter KC, Isaacson PG, Jaffe ES, Kluin P, Knowles DM, Mason DY, Mori S, Muller-Hermelink HK. Tumours of histiocytes and accessory dendritic cells: an immunohistochemical approach to classification from the International Lymphoma Study Group based on 61 cases. <i>Histopathology.</i> 2002; 41 (1):1-29.</p> <p>Vos JA, Abbondanzo SL, Barekman CL, Andriko JW, Miettinen M, Aguilera NS. Histiocytic sarcoma: a study of five cases including the histiocyte marker CD163. <i>Mod Pathol.</i> 2005;18:693-704.</p>