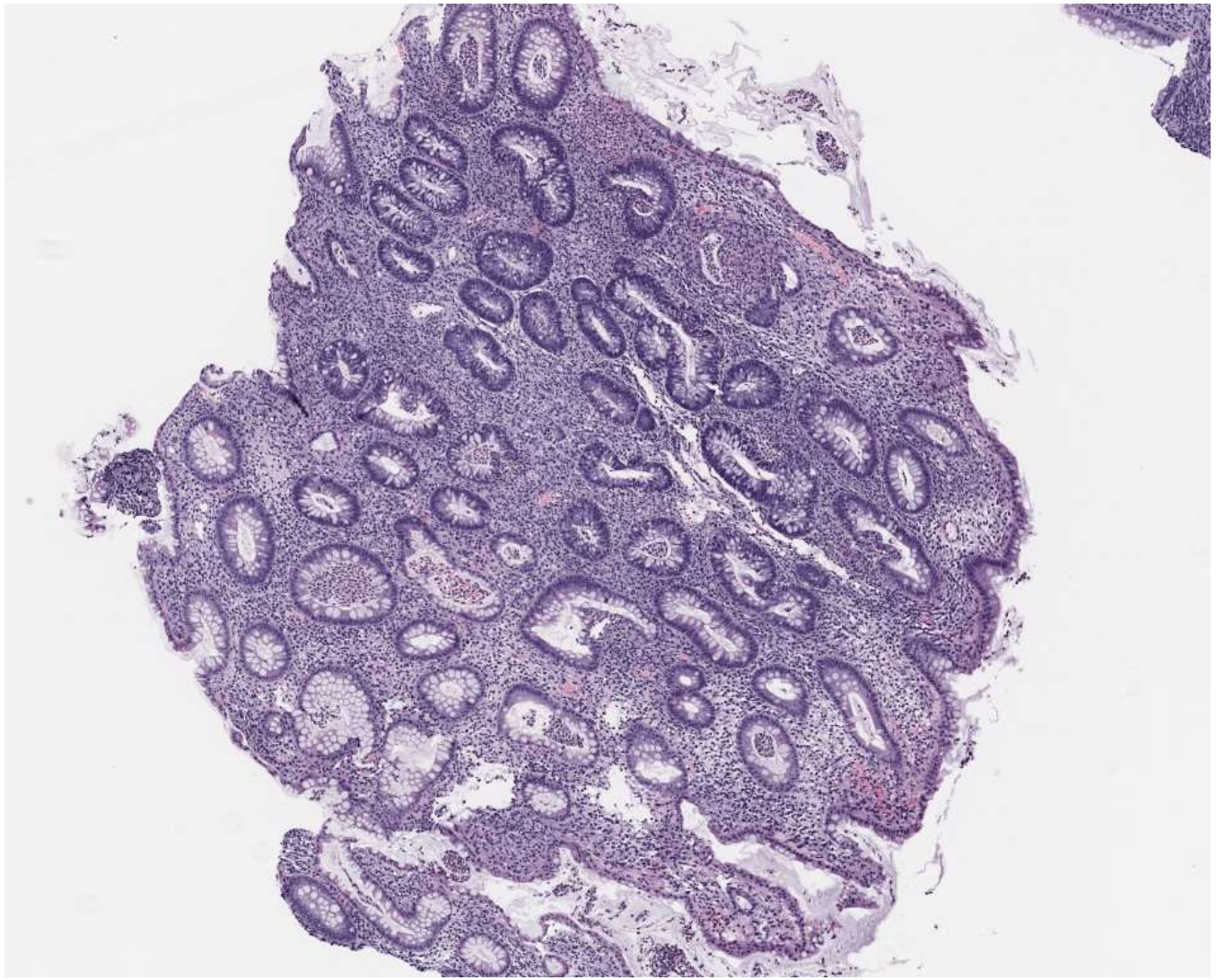
2017 Chicago CAPA meeting
Case Discussion

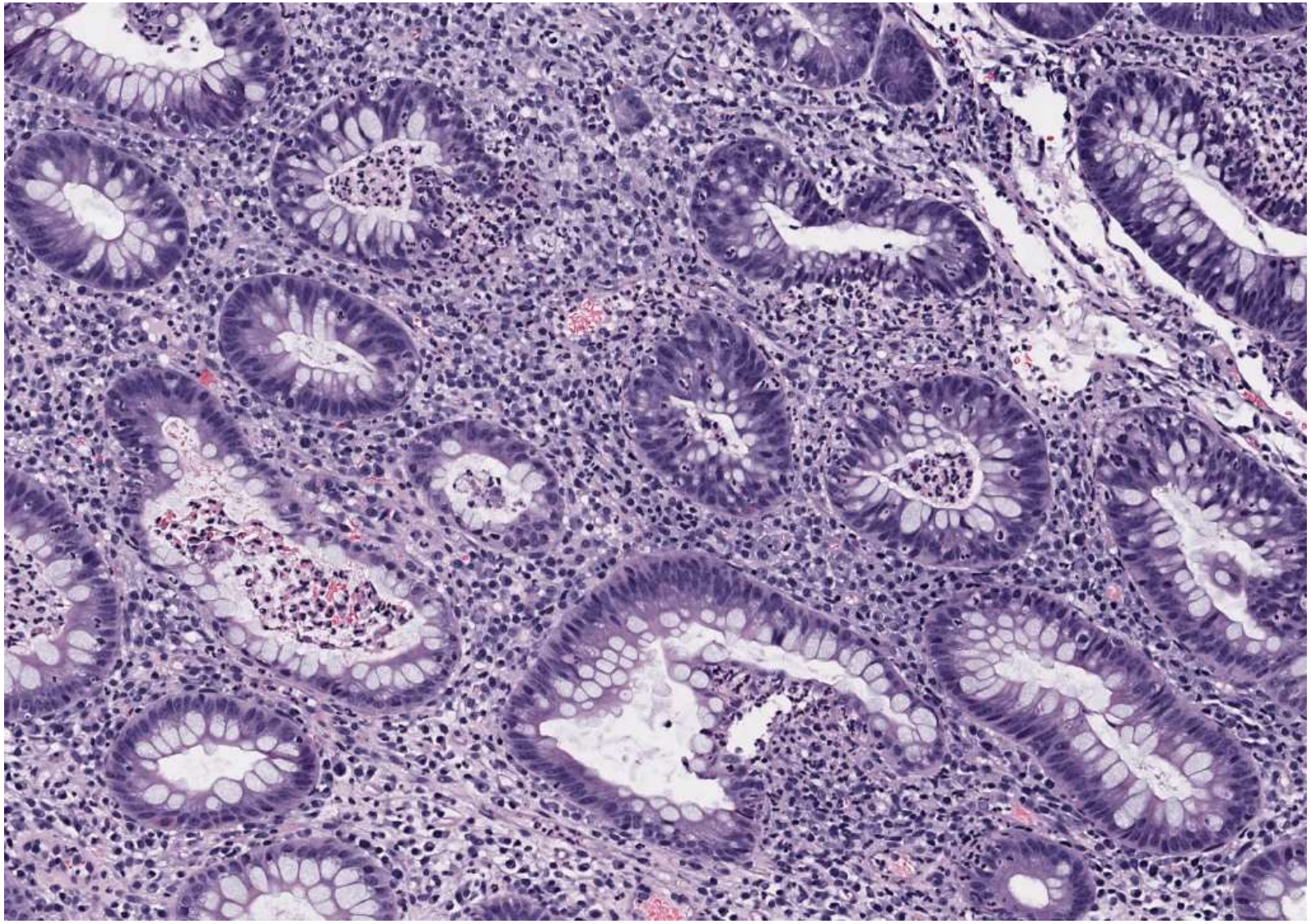
Case 1 (Presented by Haiyan Chen)

- 25 yo M, h/o melanoma diagnosed 2 months ago before presenting severe abdominal pain

Left colon biopsy, low power



Left colon biopsy, high power

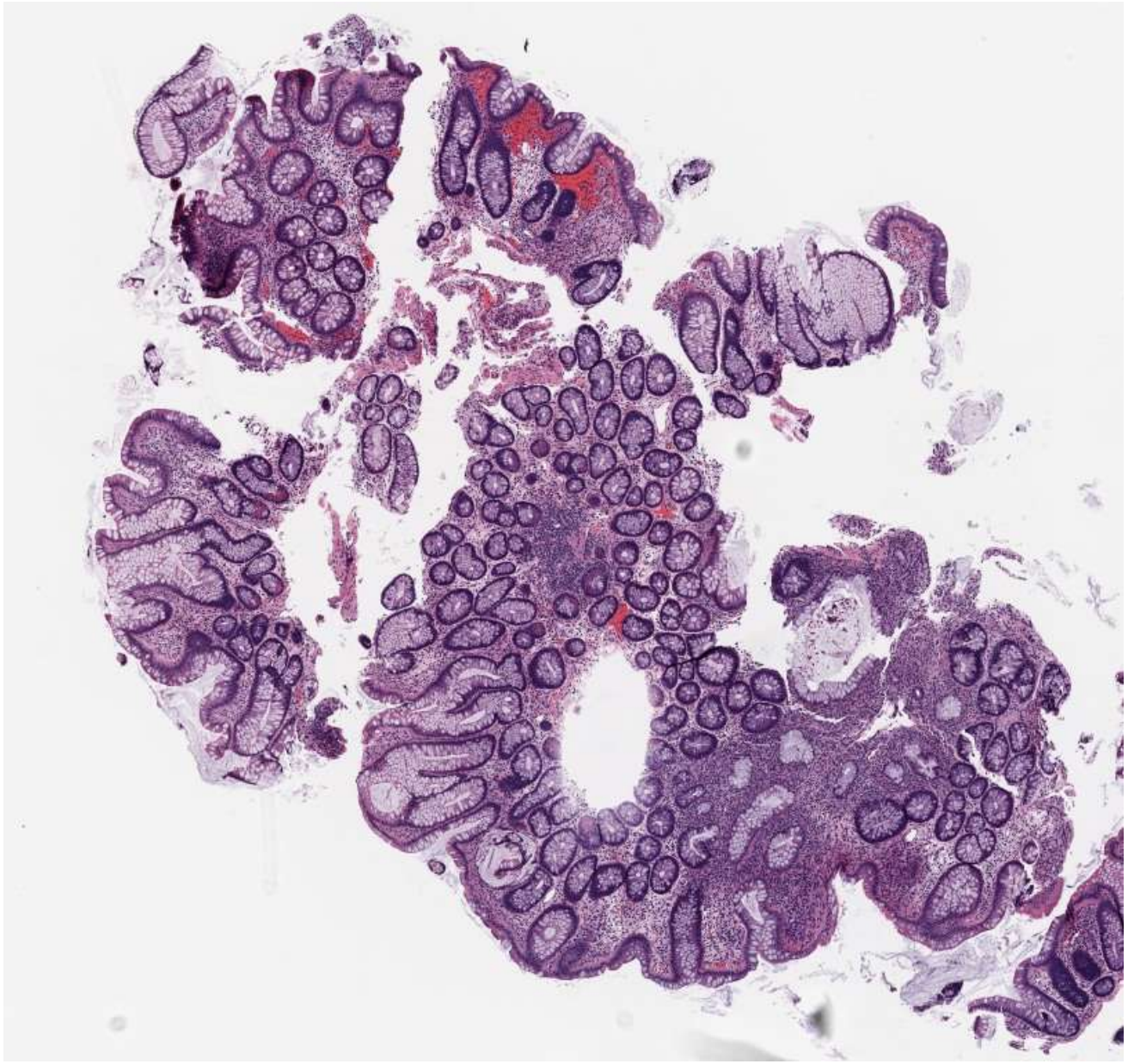


Final diagnosis

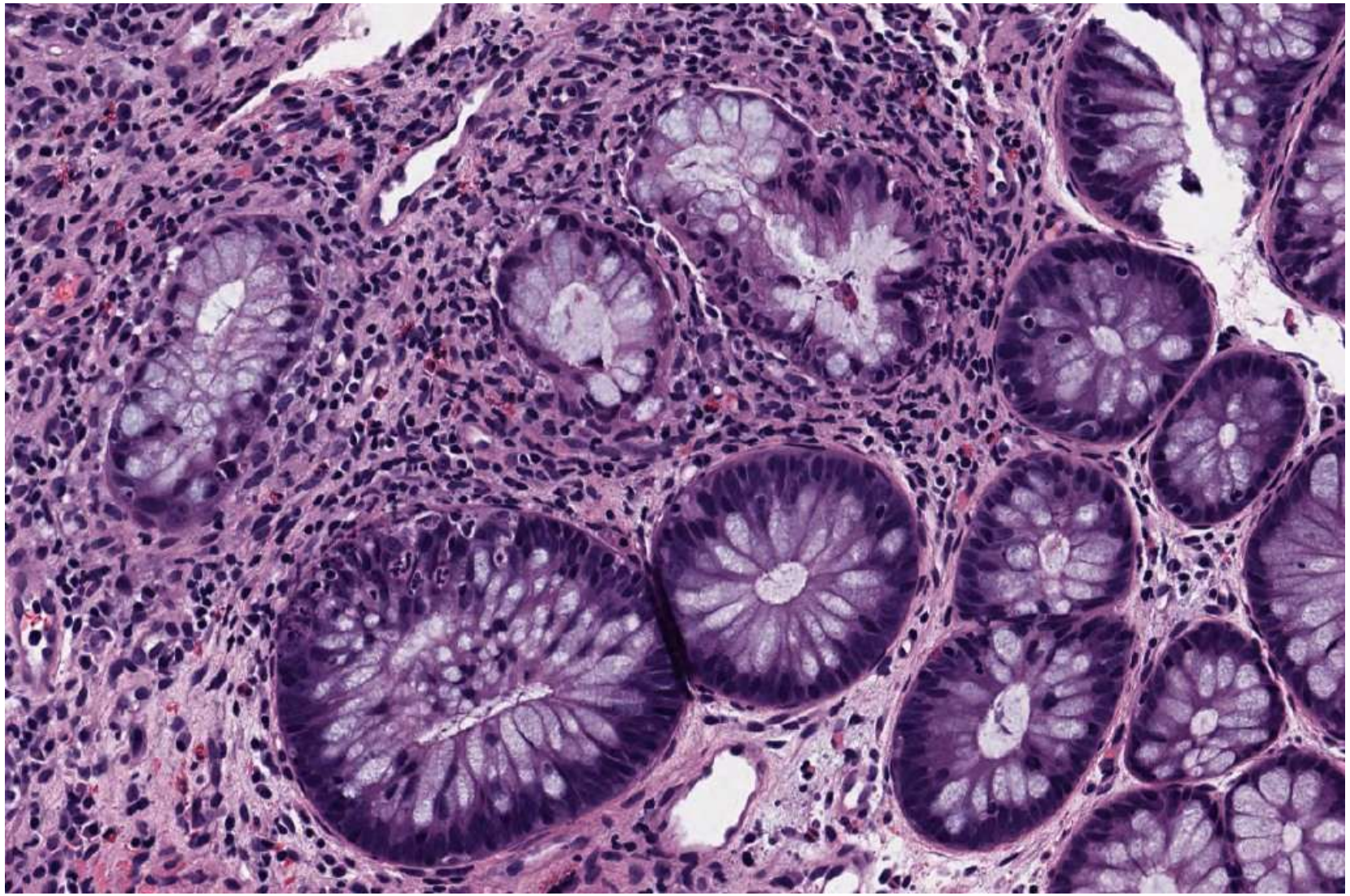
LEFT COLON; BIOPSY:
- ACUTE COLITIS WITH CRYPTITIS, CRYPT ABSCESS AND SCATTERED APOPTOTIC BODIES

4 months later

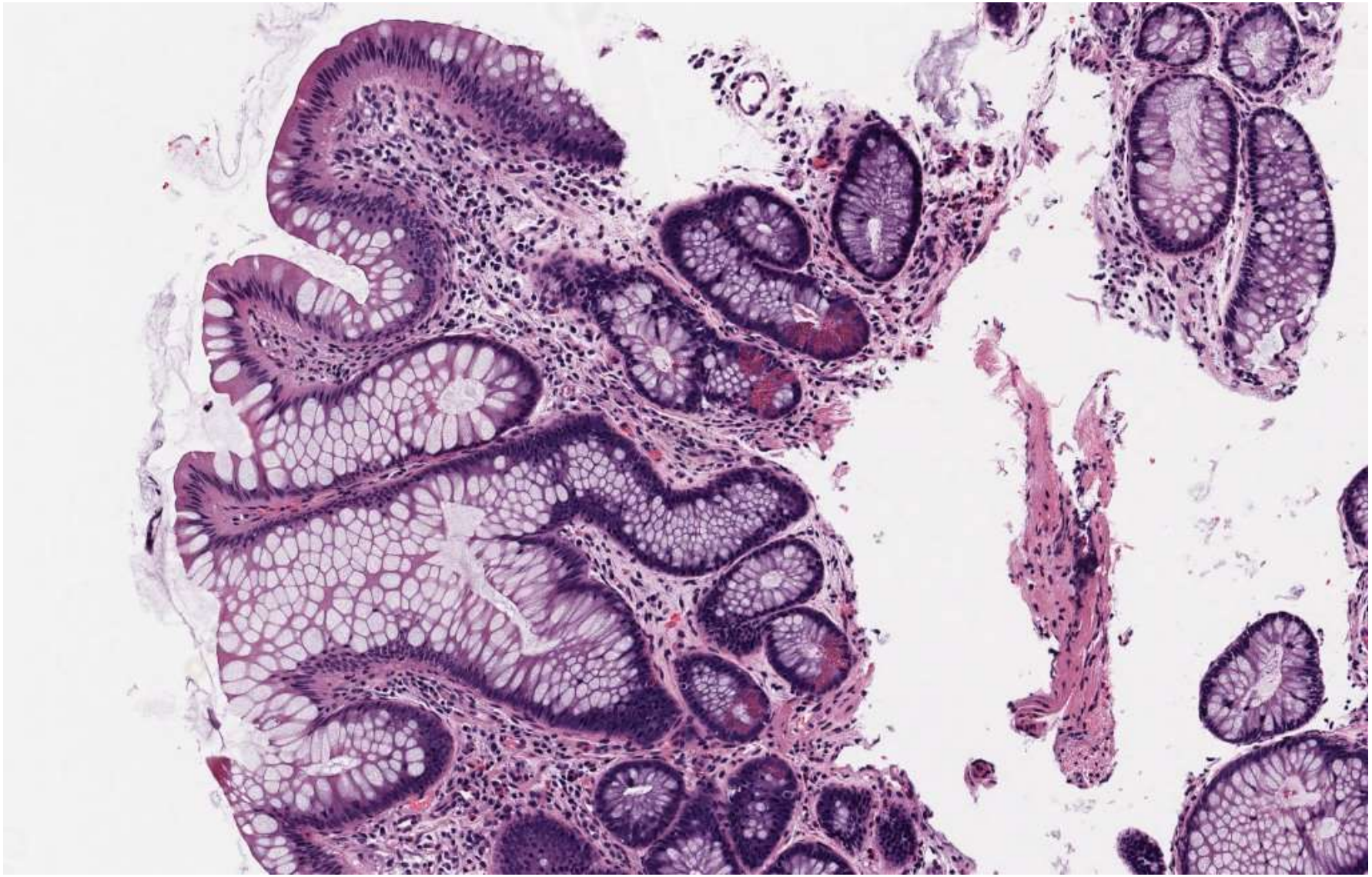
Left colon biopsy, low power



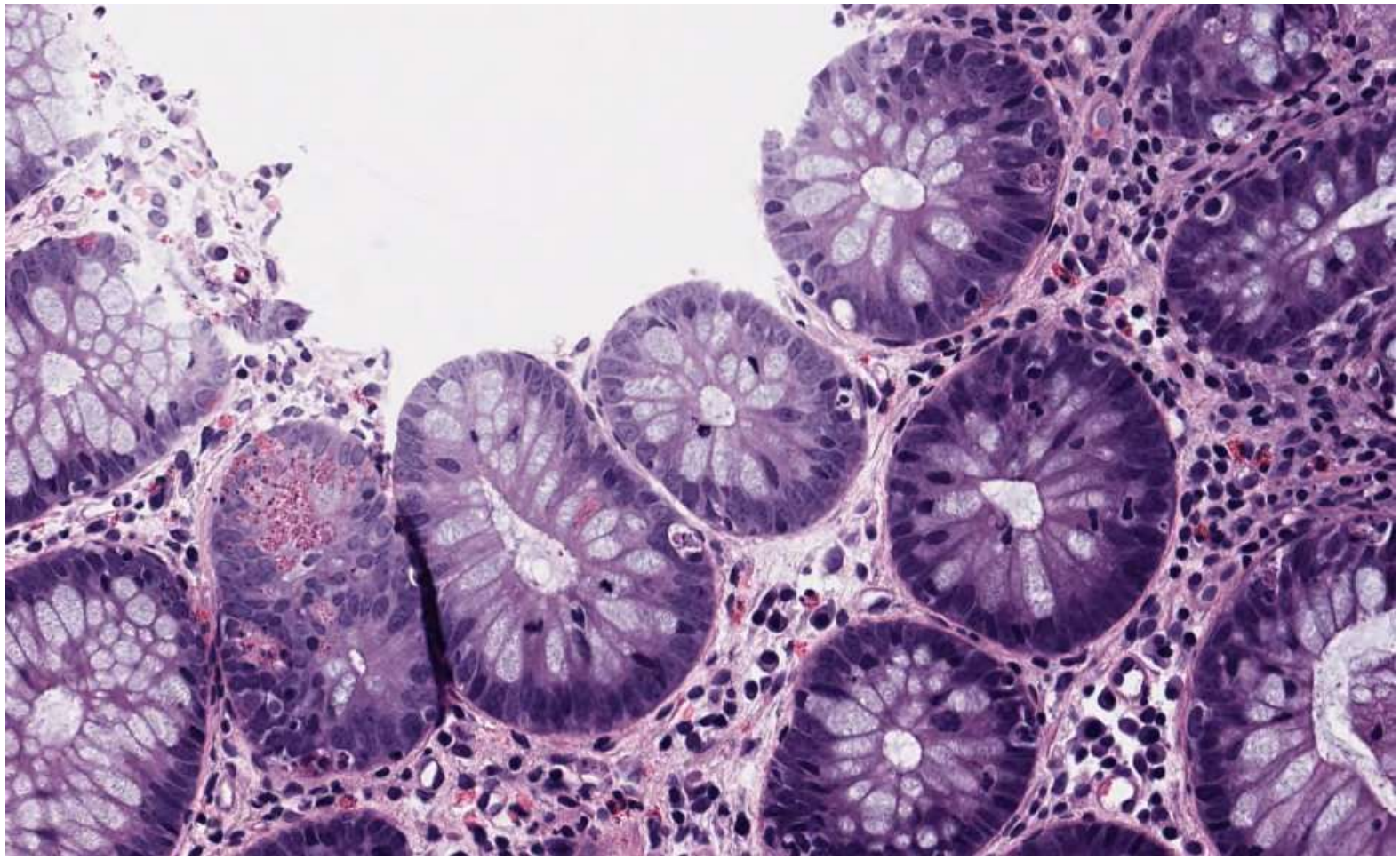
Left colon biopsy, high power



Left colon biopsy, high power



Left colon biopsy, high power



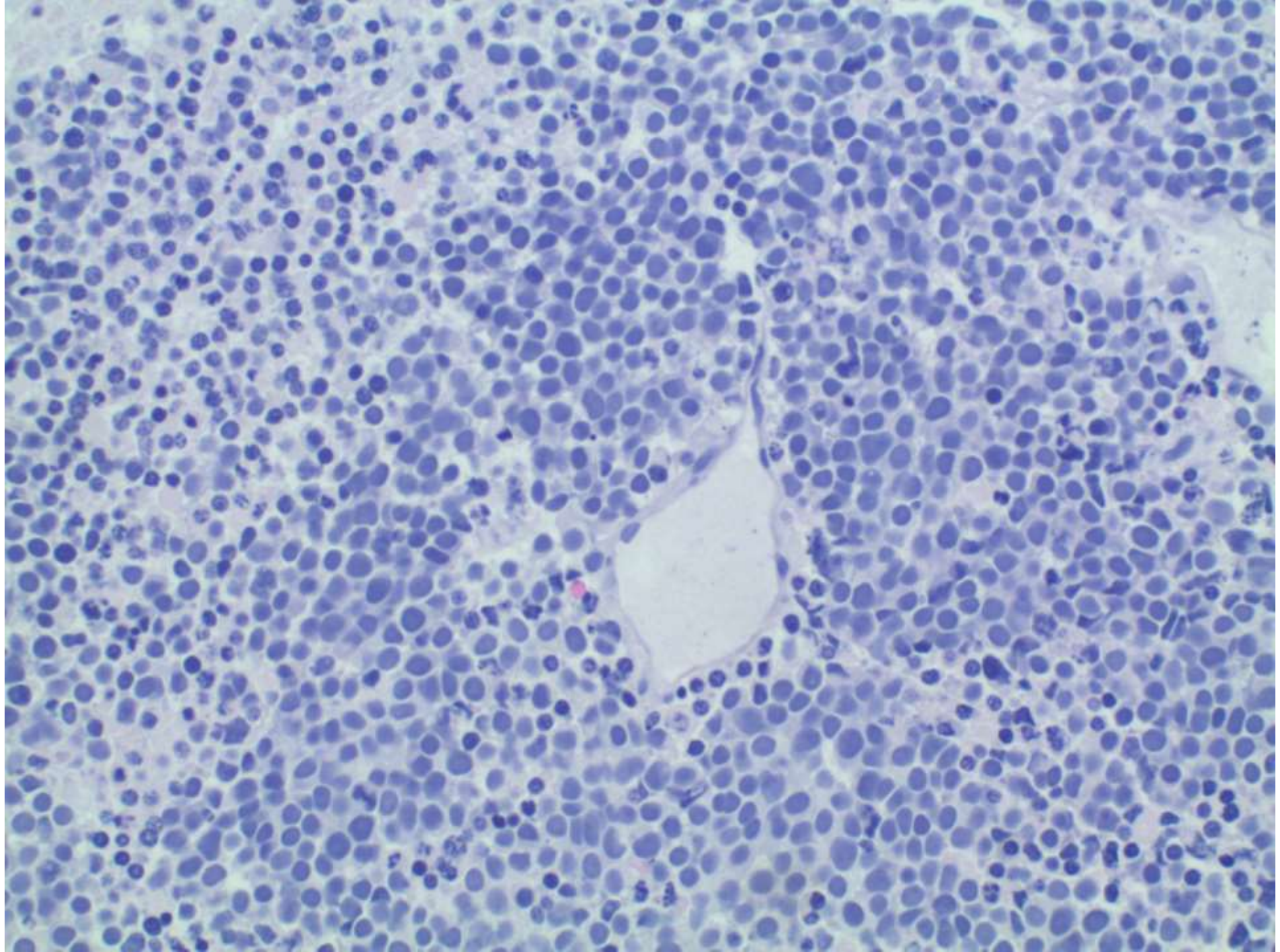
Case 2 (presented by Chunhua Cui)

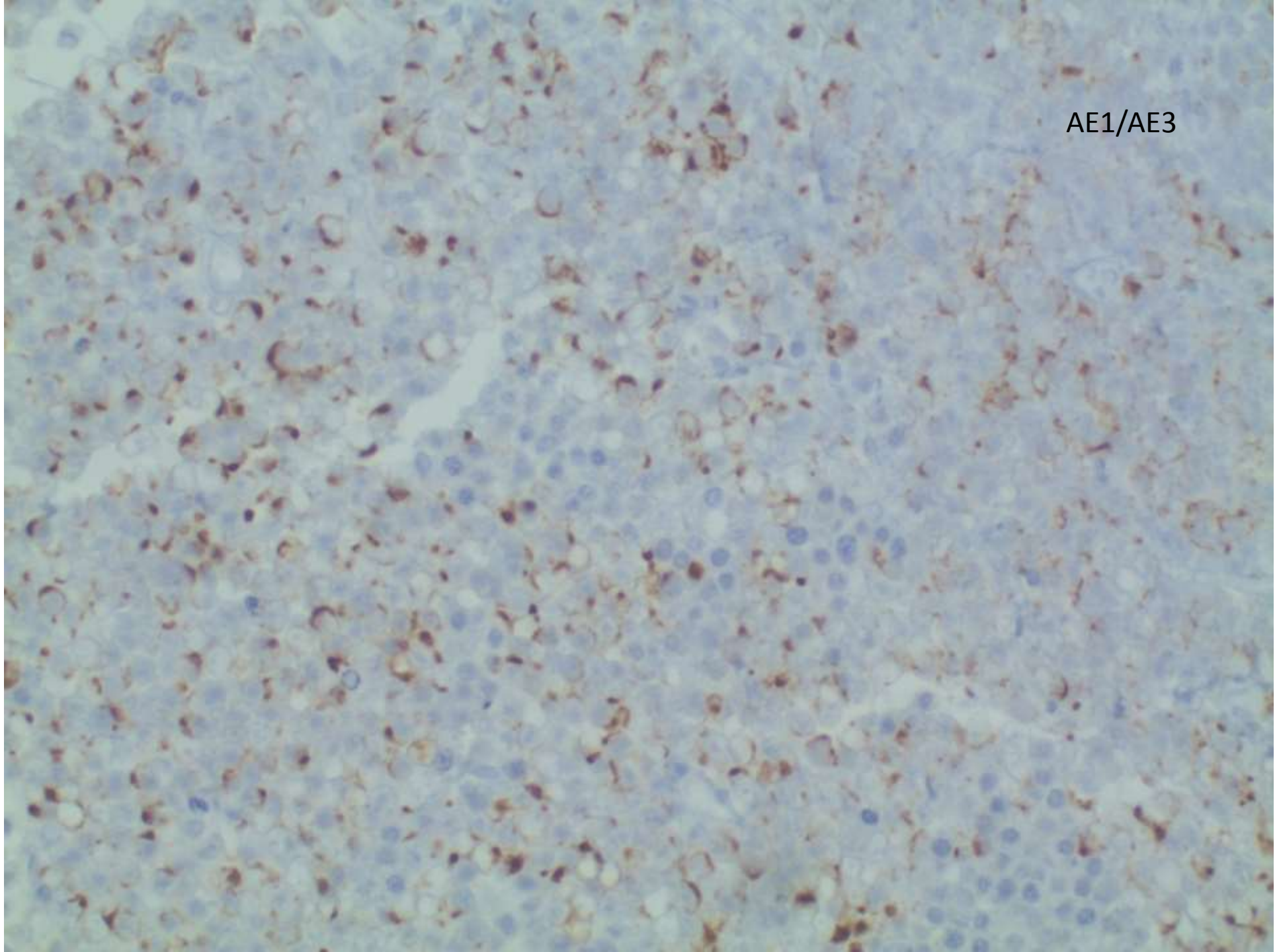
- 76 ym, PMH Prostatic adenocarcinoma (Gleason score 4+3=7) with radiation (XRT) therapy (2008)

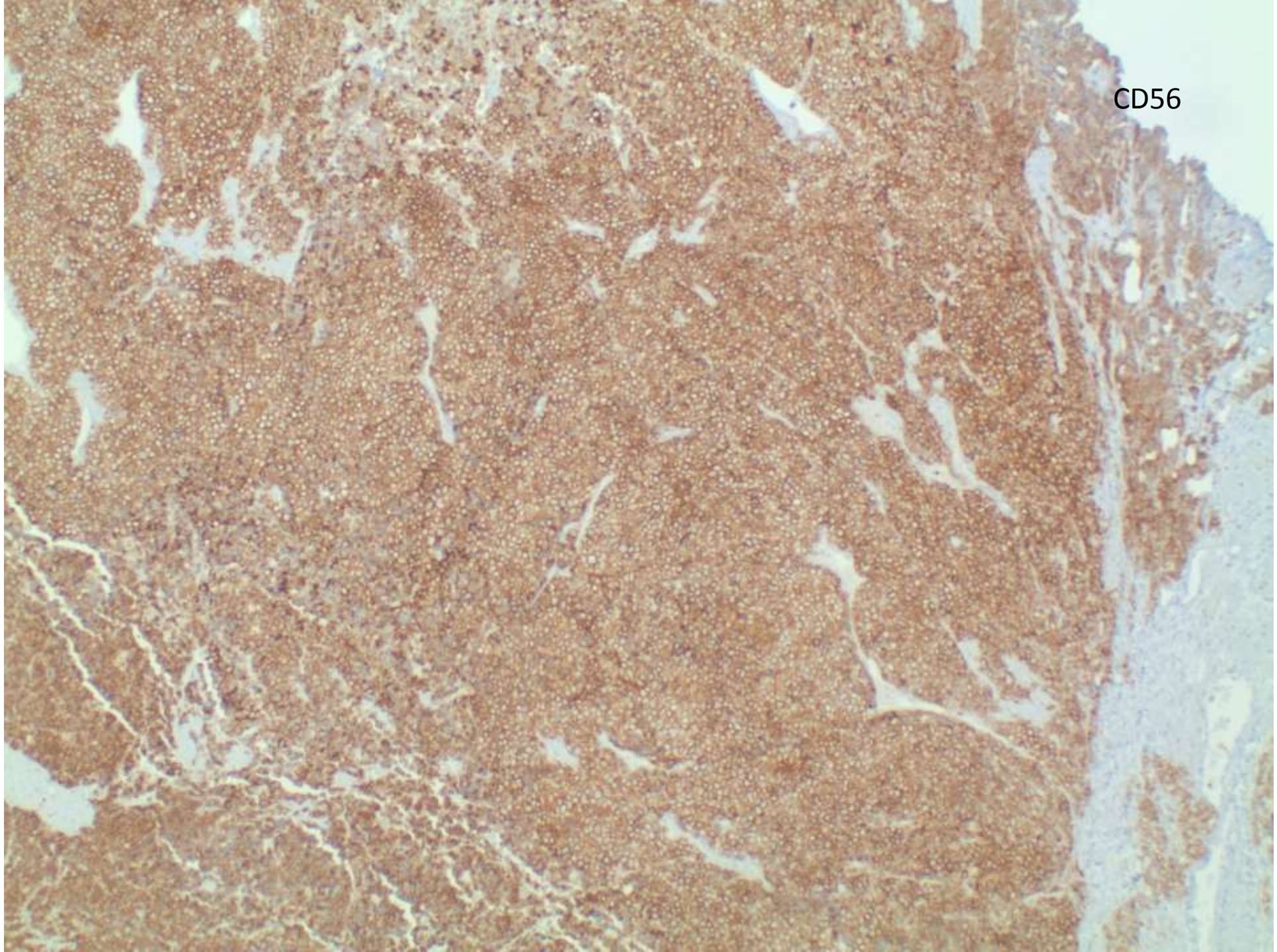
- In 2015, Elevated prostatic specific antigen (PSA), bone metastasis, treated with androgen deprivation followed by Xgeva (preventing bone problem), Eligard (sex hormone suppressor) and immunotherapy

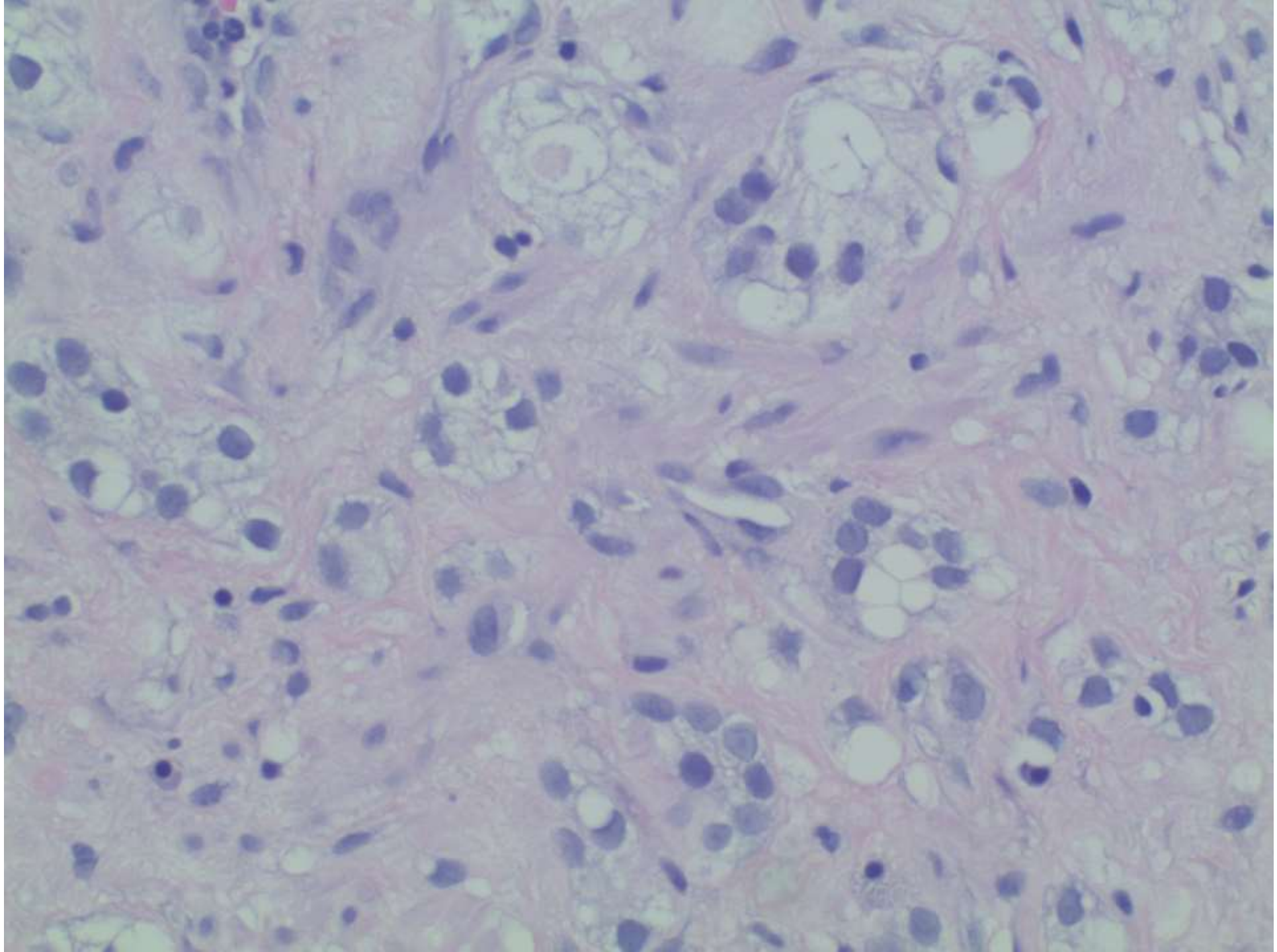
- In 2016, Gross hematuria, worsening with suprapubic discomfort ; CT demonstrated a huge soft tissue mass in bladder; cystoscopy displayed a pale necrotic tumor of prostate extending into bladder and occluding the ureteral orifice

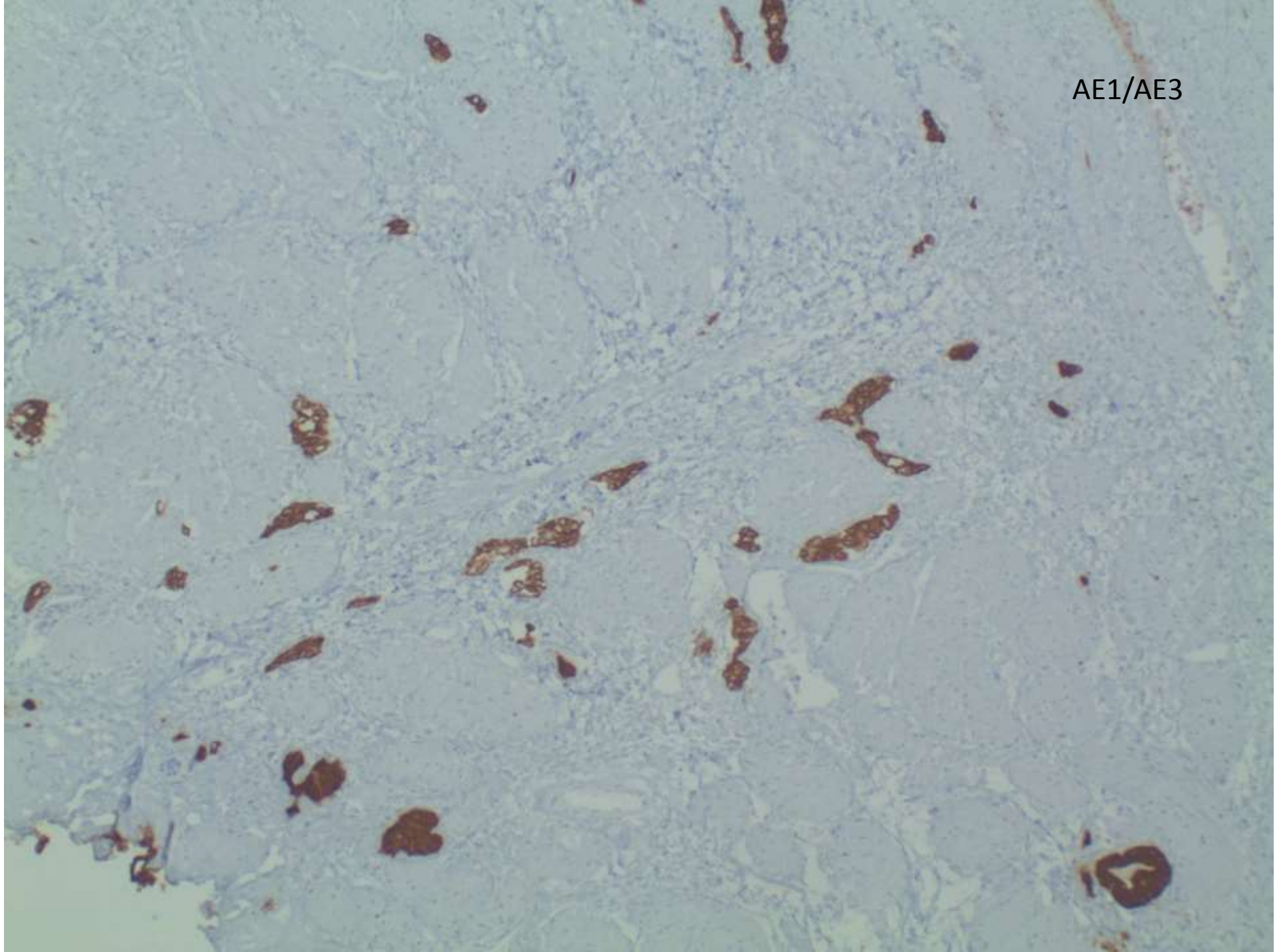
- In 2017, disease rapidly progressed with multiple liver metastases and retroperitoneal lymphadenopathy

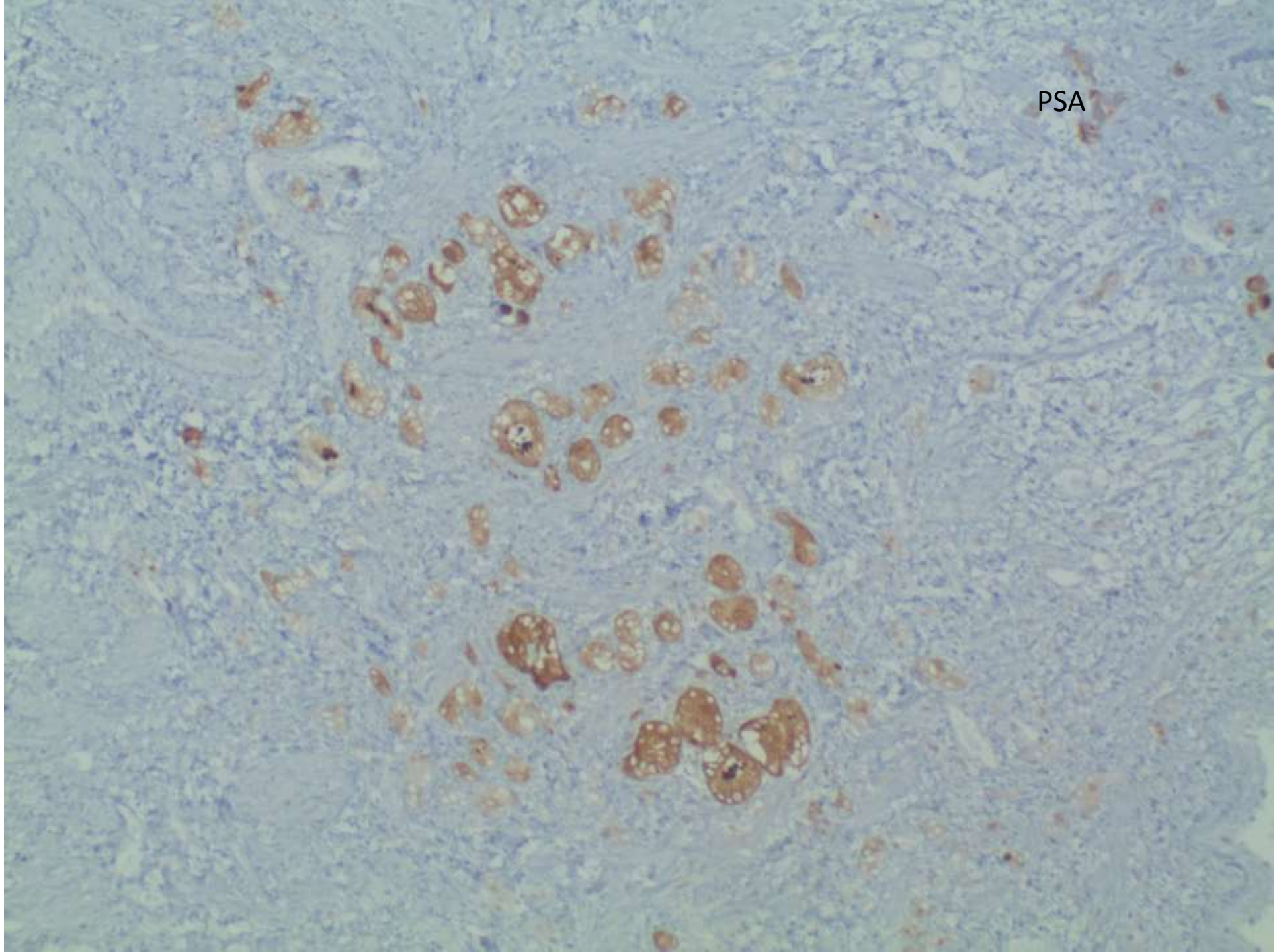


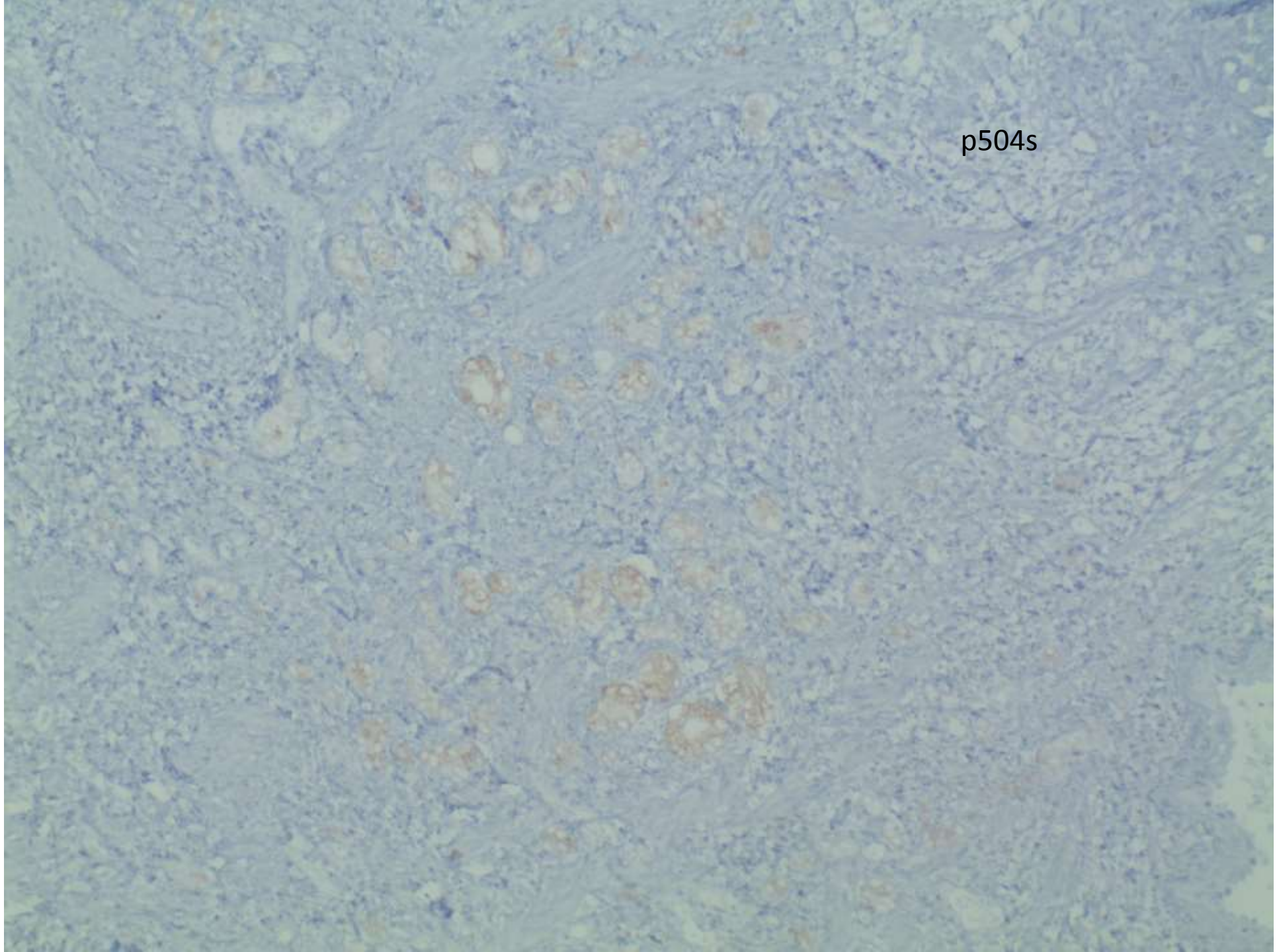

AE1/AE3


CD56




AE1/AE3

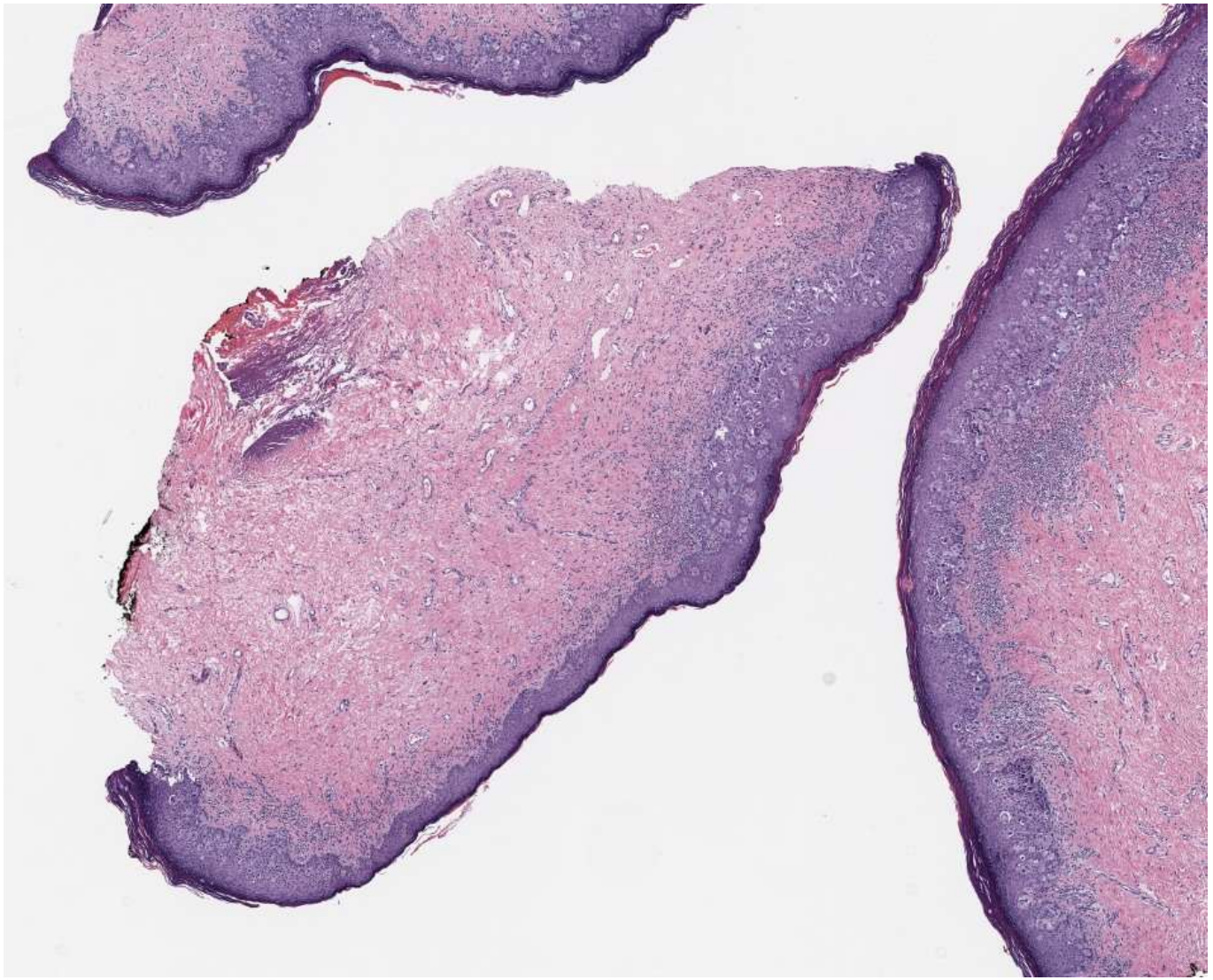

PSA


p504s

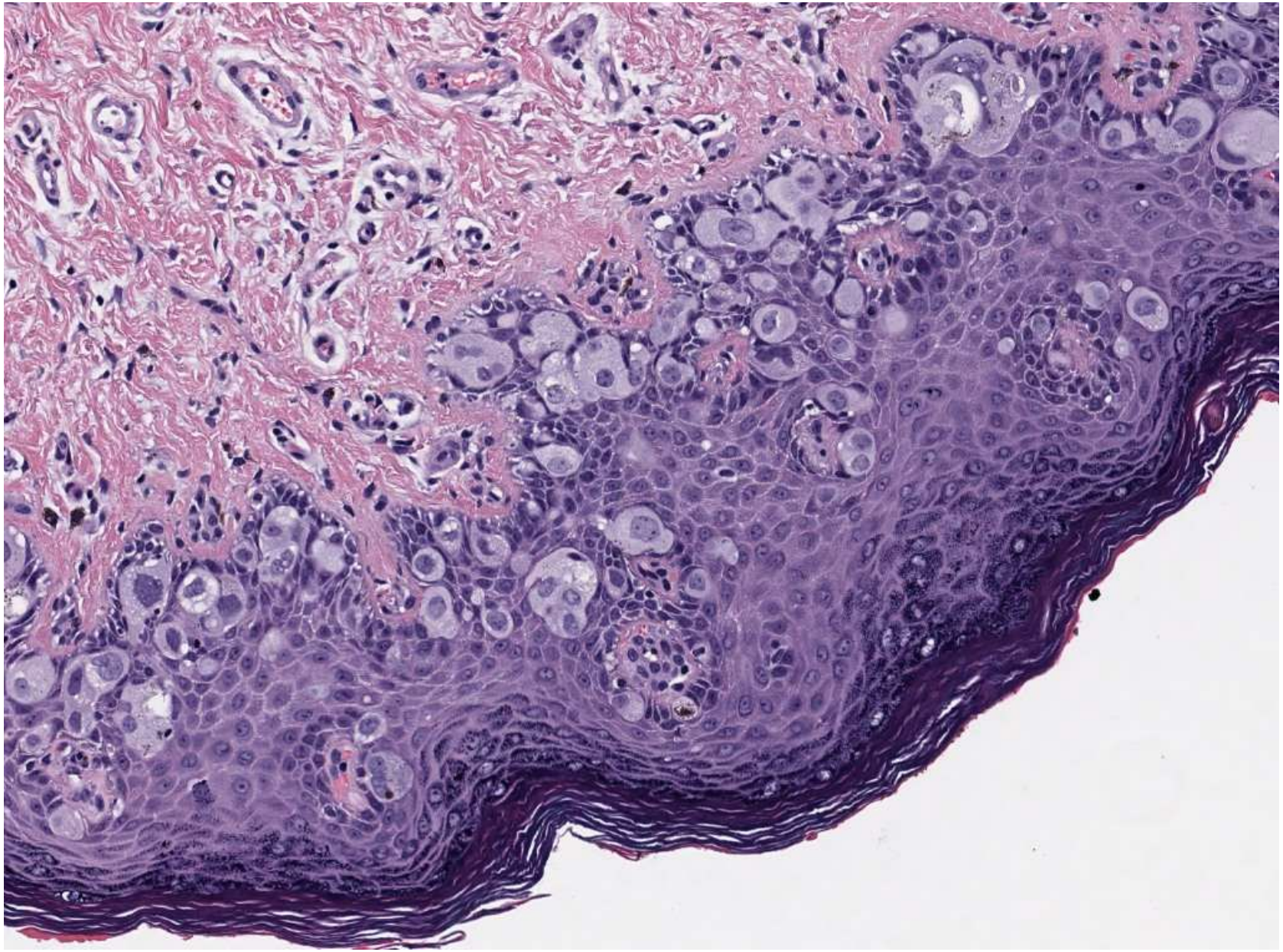
Case 3 (Presented by Xiuzhen Duan)

- 68 yo F with a h/o vulvar Paget's s/p Partial right vulvectomy in 2008, now presenting with a new lesion right side lateral to site of surgery

Vulvar resection, low power



Vulvar resection, high power

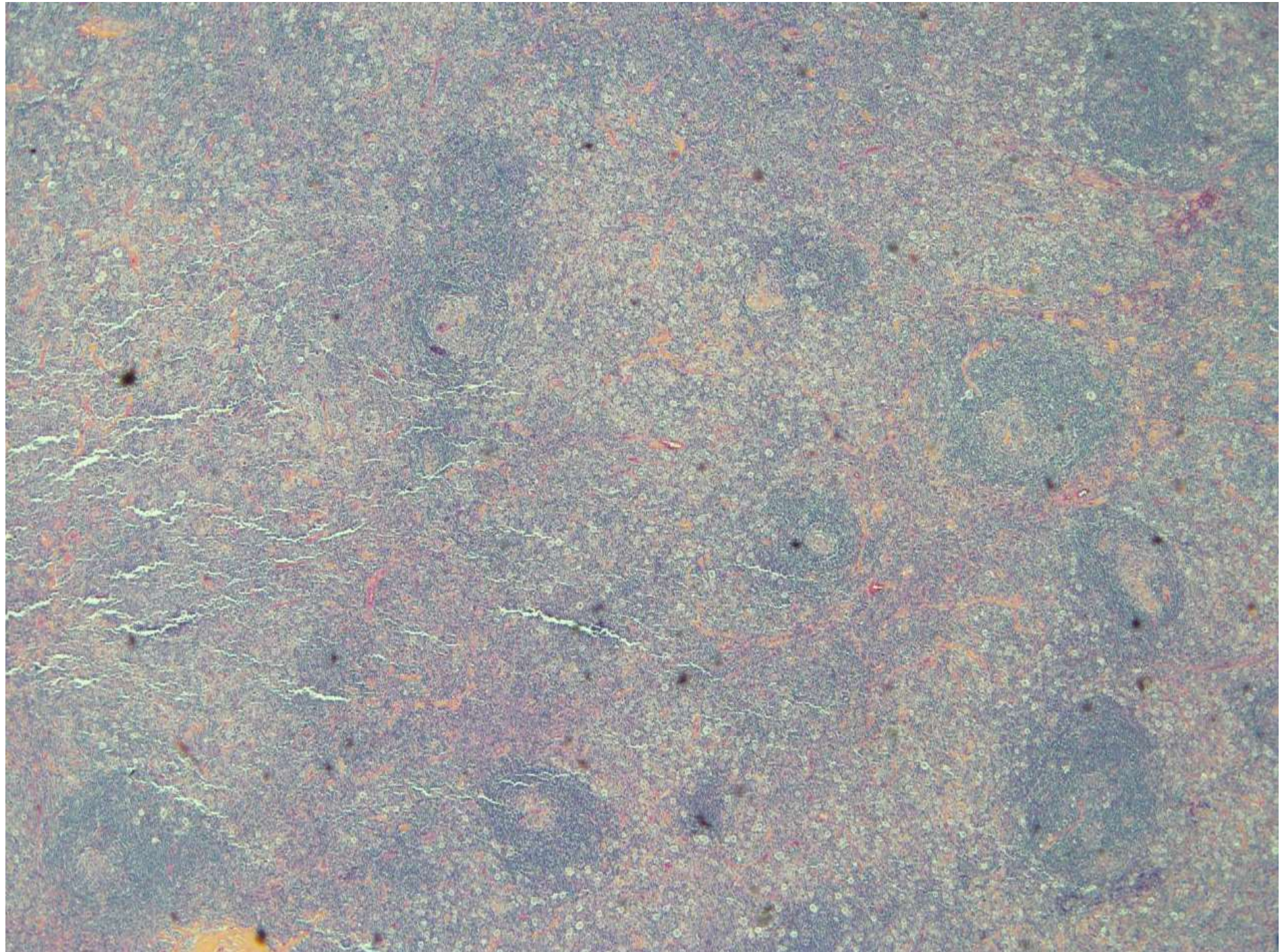


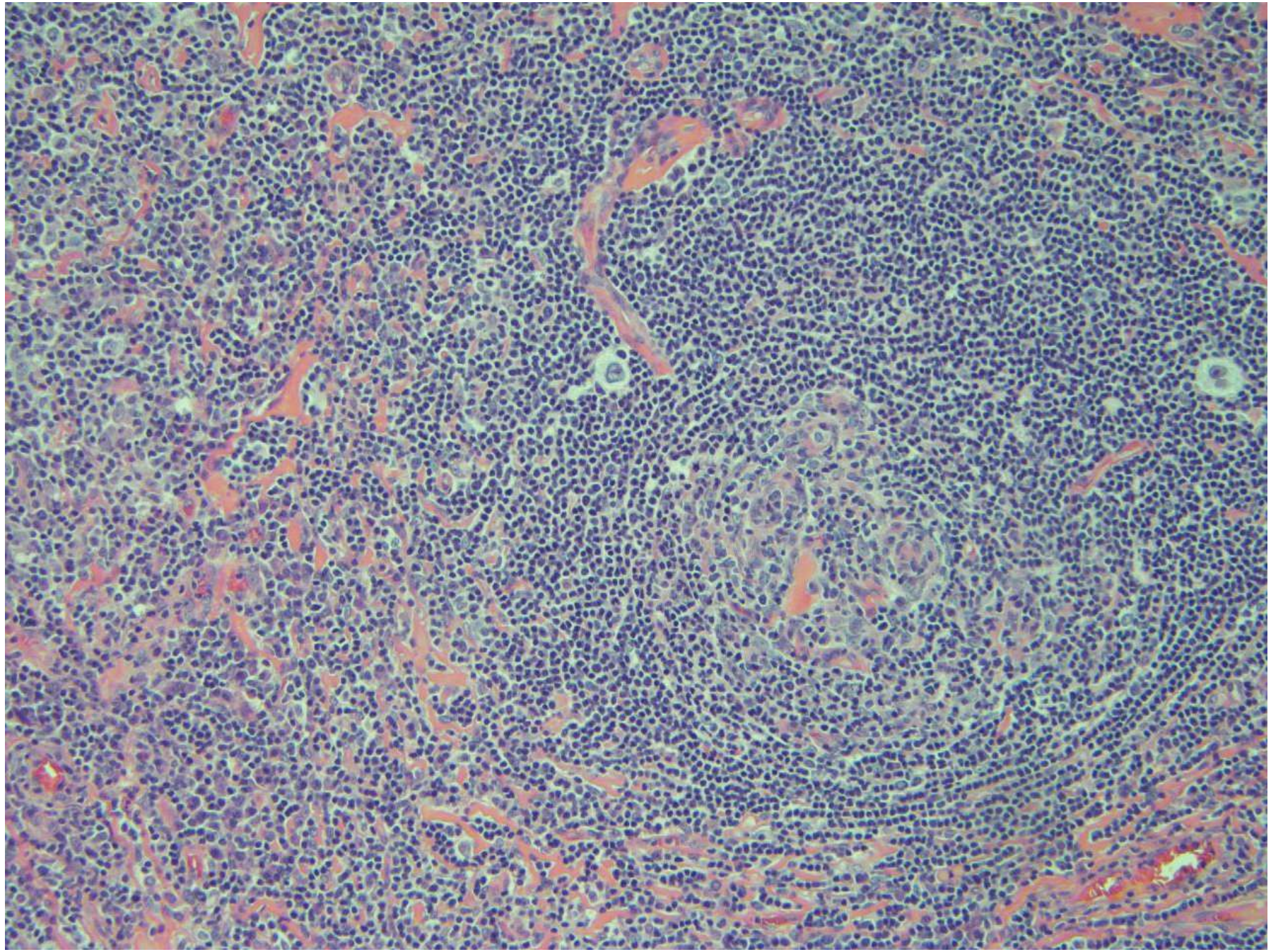
Case 4: (presented by Shunyou Gong)

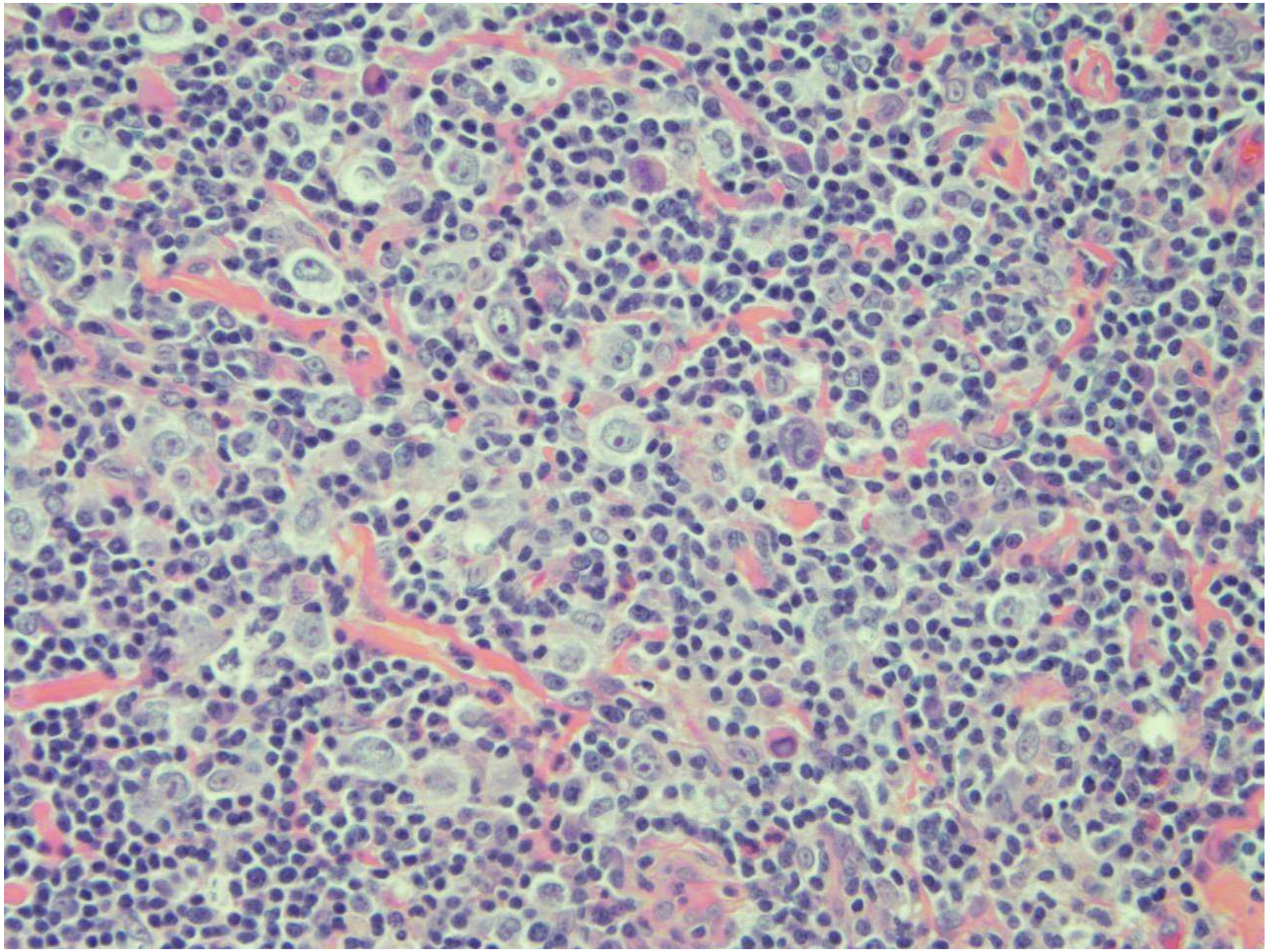
- A 17 ym presented with 2 months of intermittent cough, fatigue, and fever.

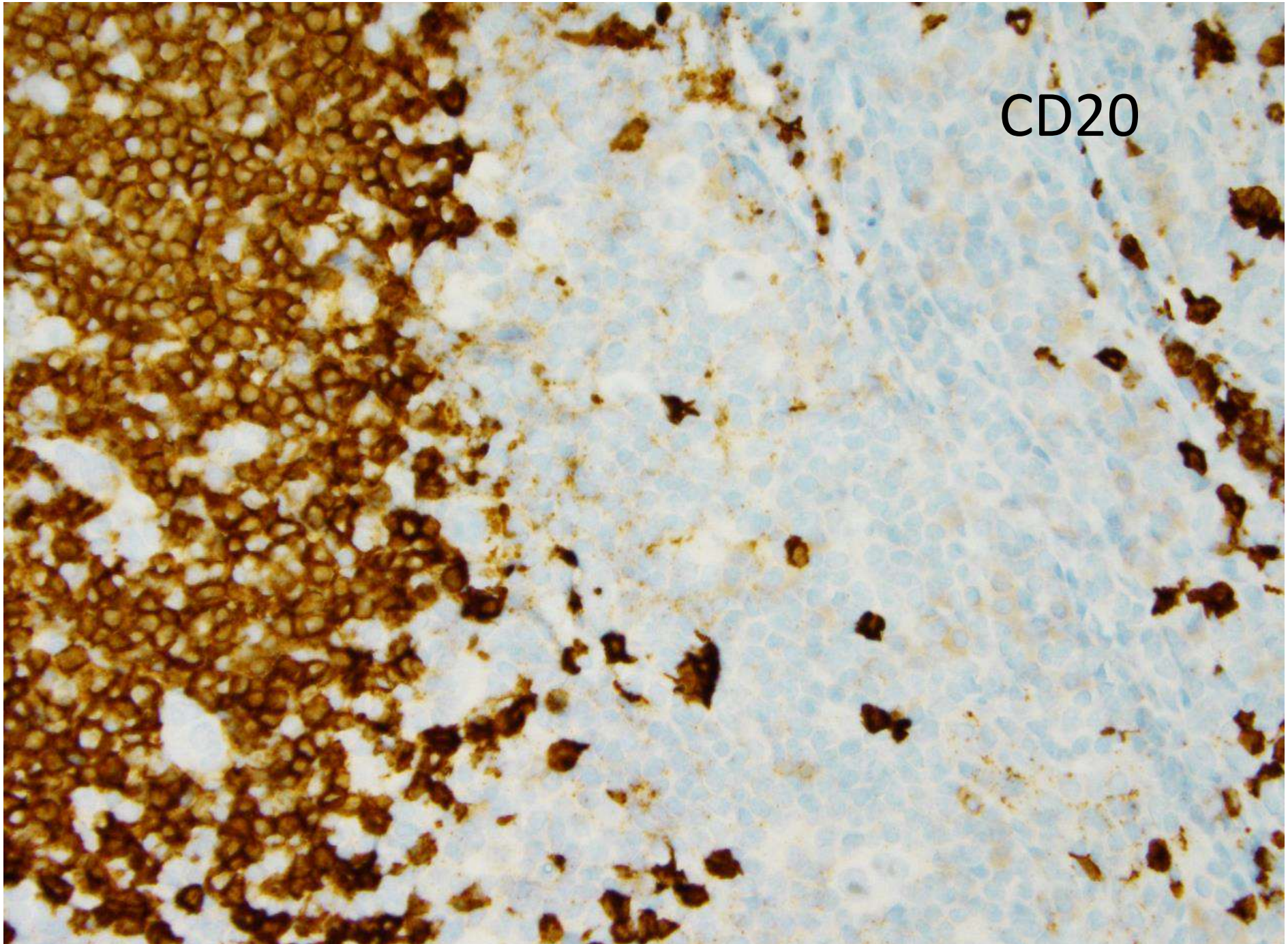
- CT showed a 9-cm mediastinal mass and multiple hypodense splenic lesions.

- Epstein-Barr virus and human herpes virus-8 (HHV-8) tests were negative. Serum interleukin-6 (IL-6) was markedly elevated at 299 pg/ml (normally <5 pg/ml).





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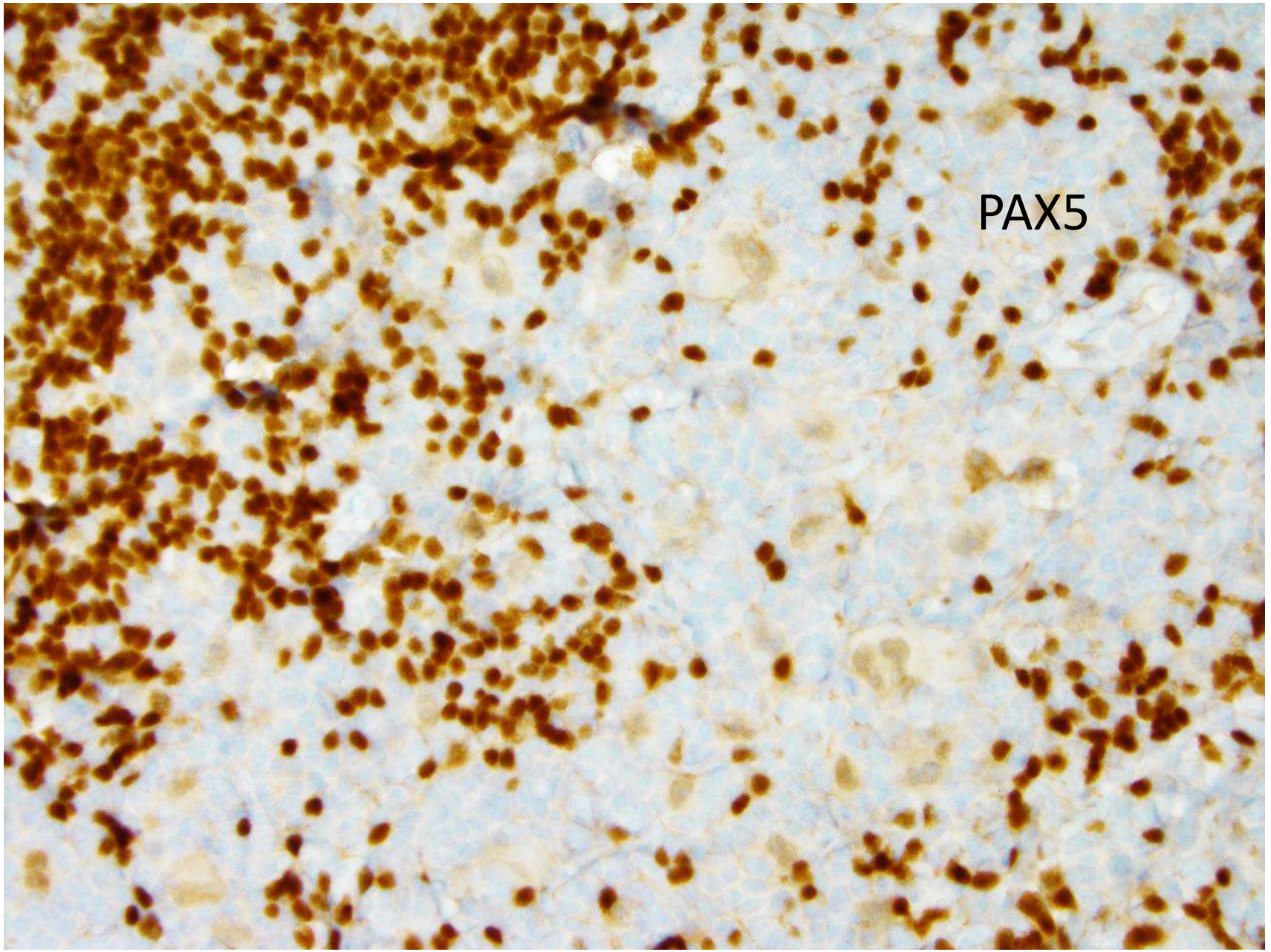
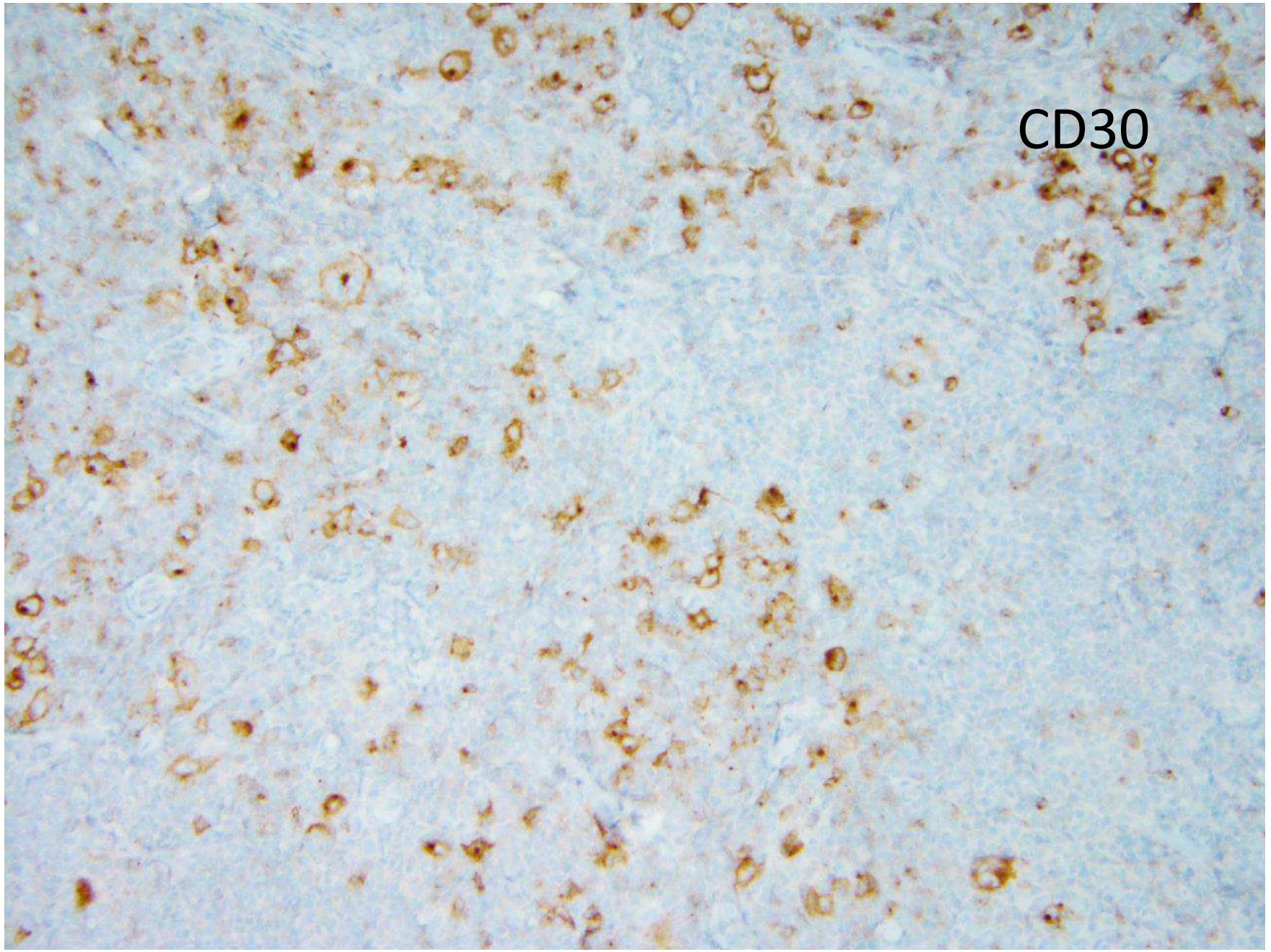

PAX5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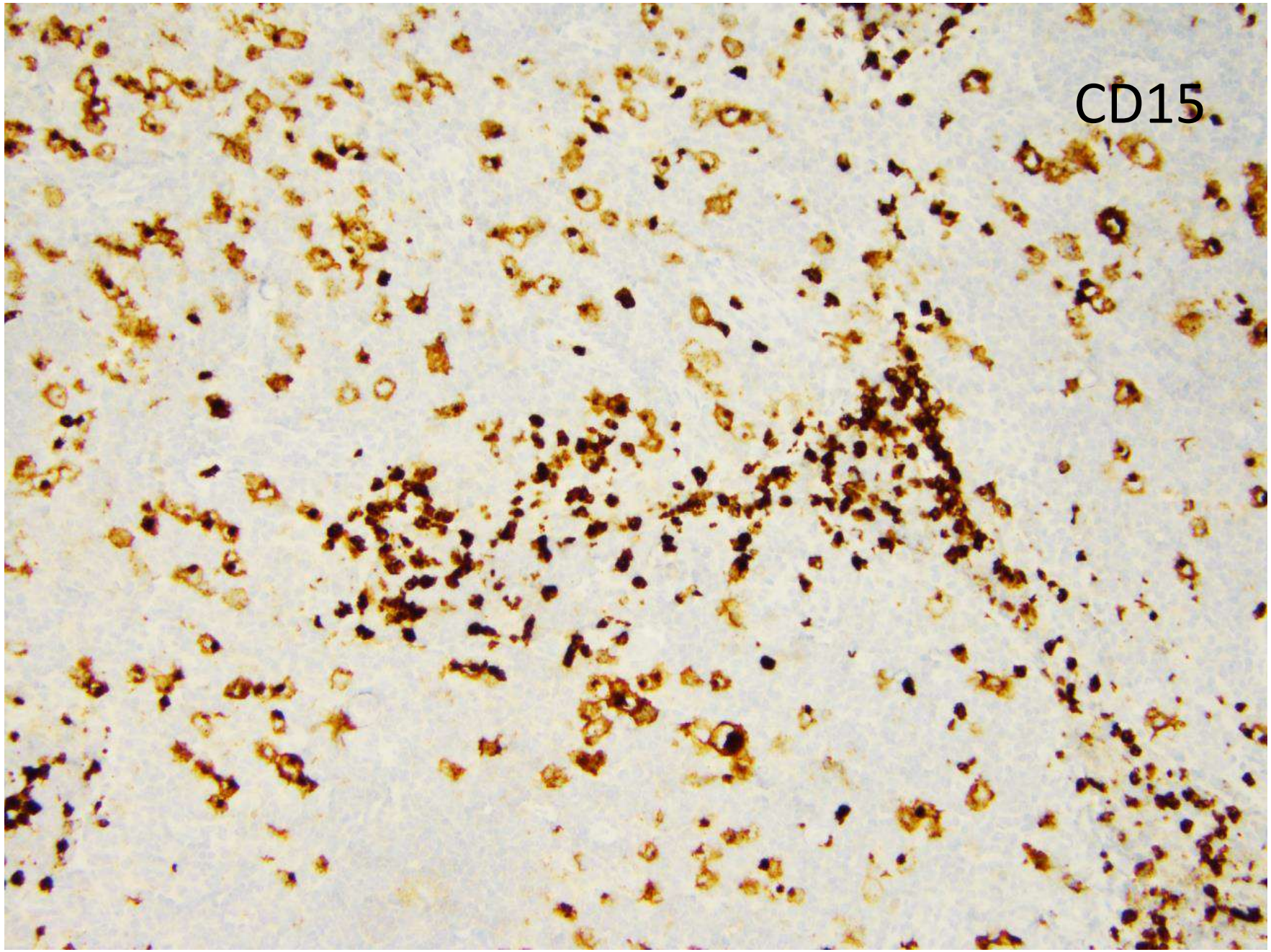
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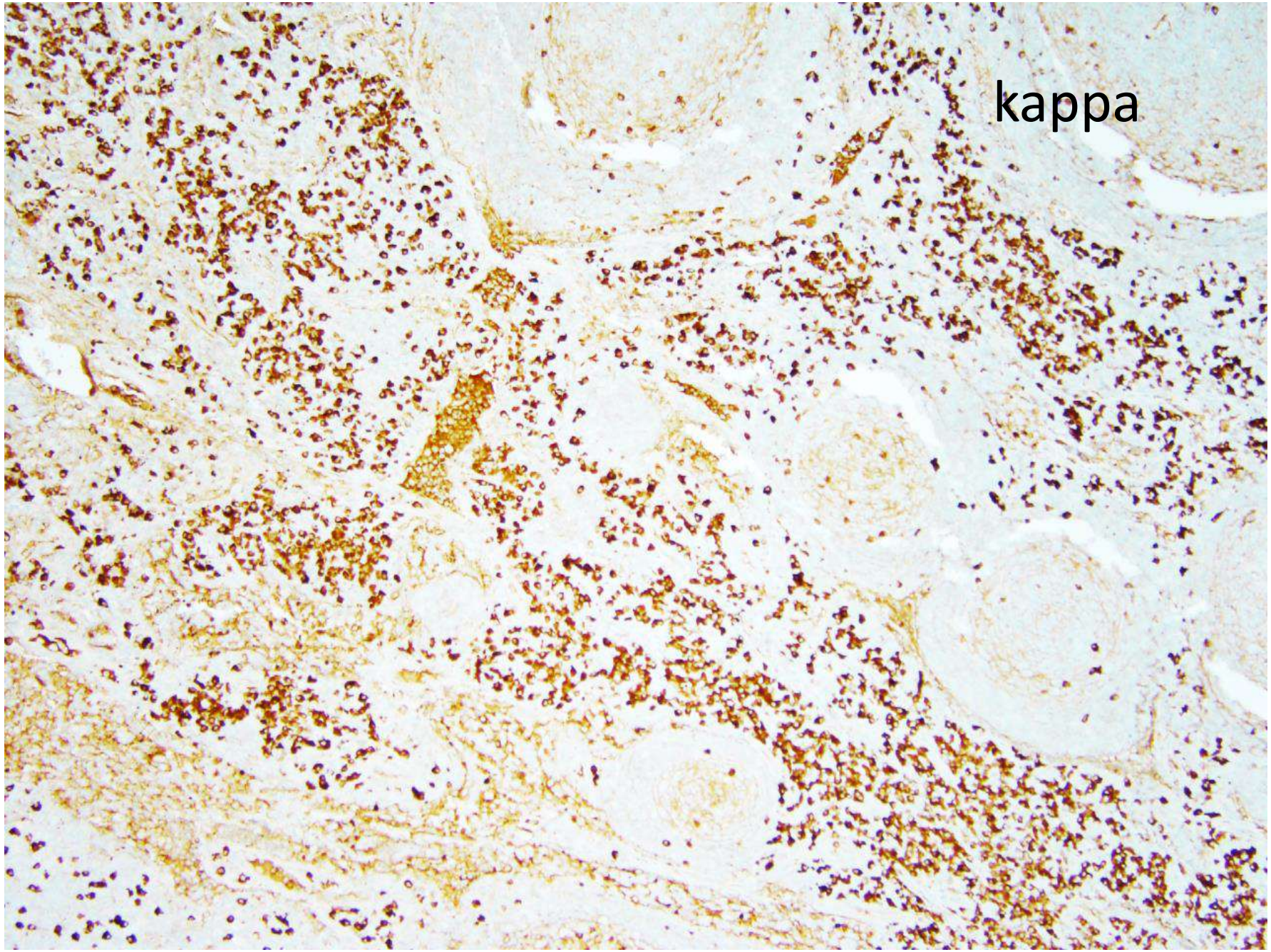
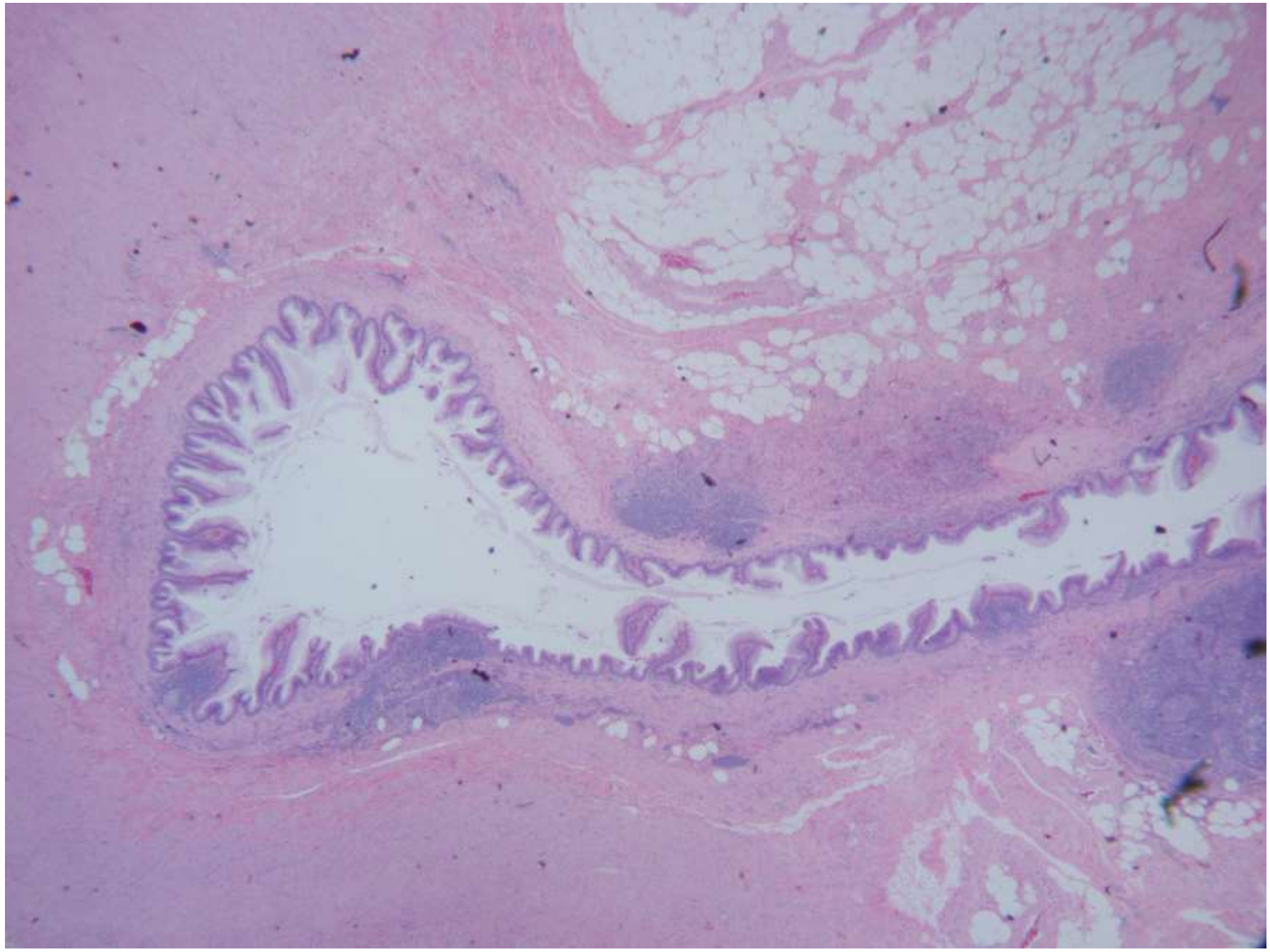
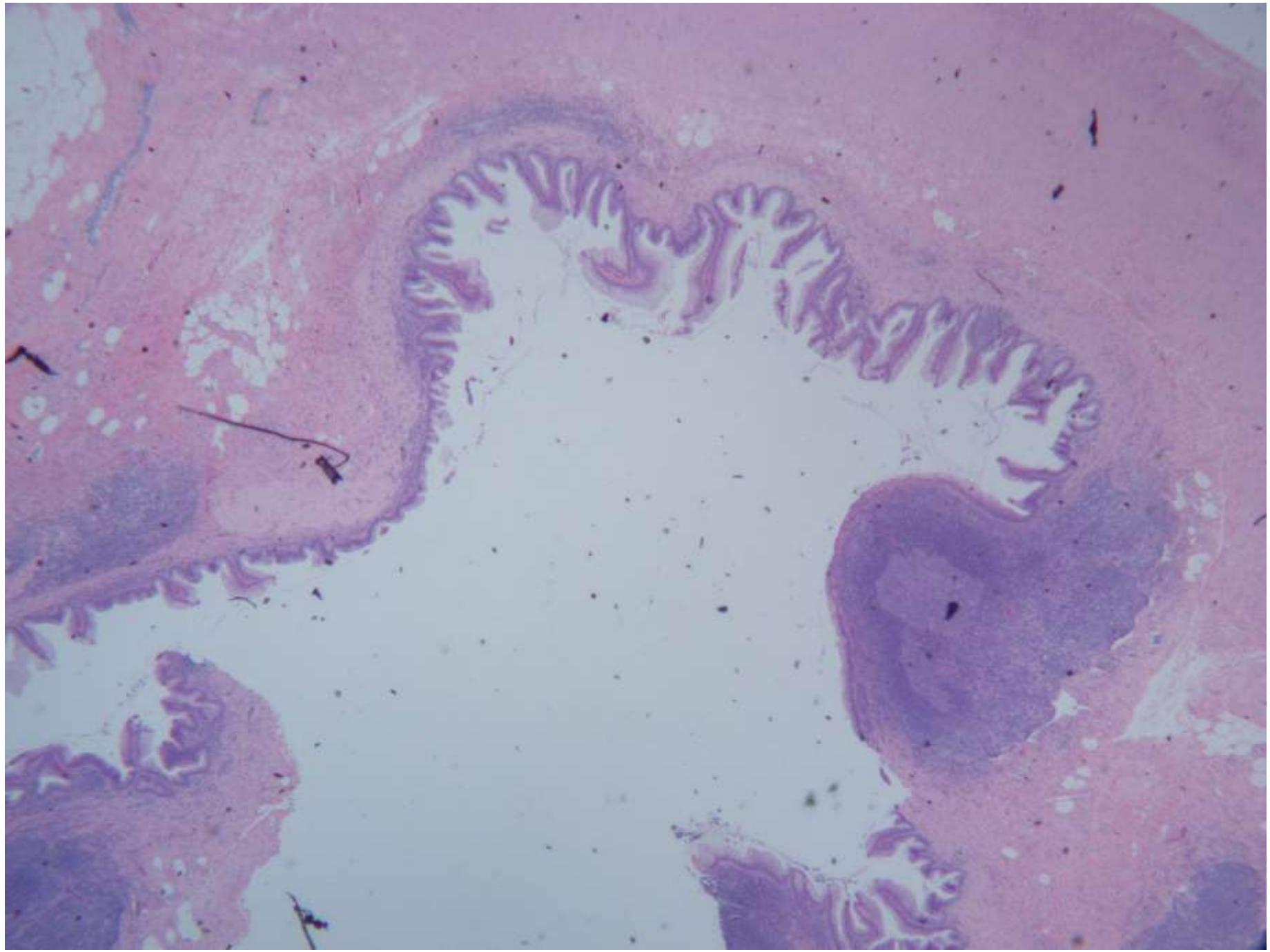

kappa

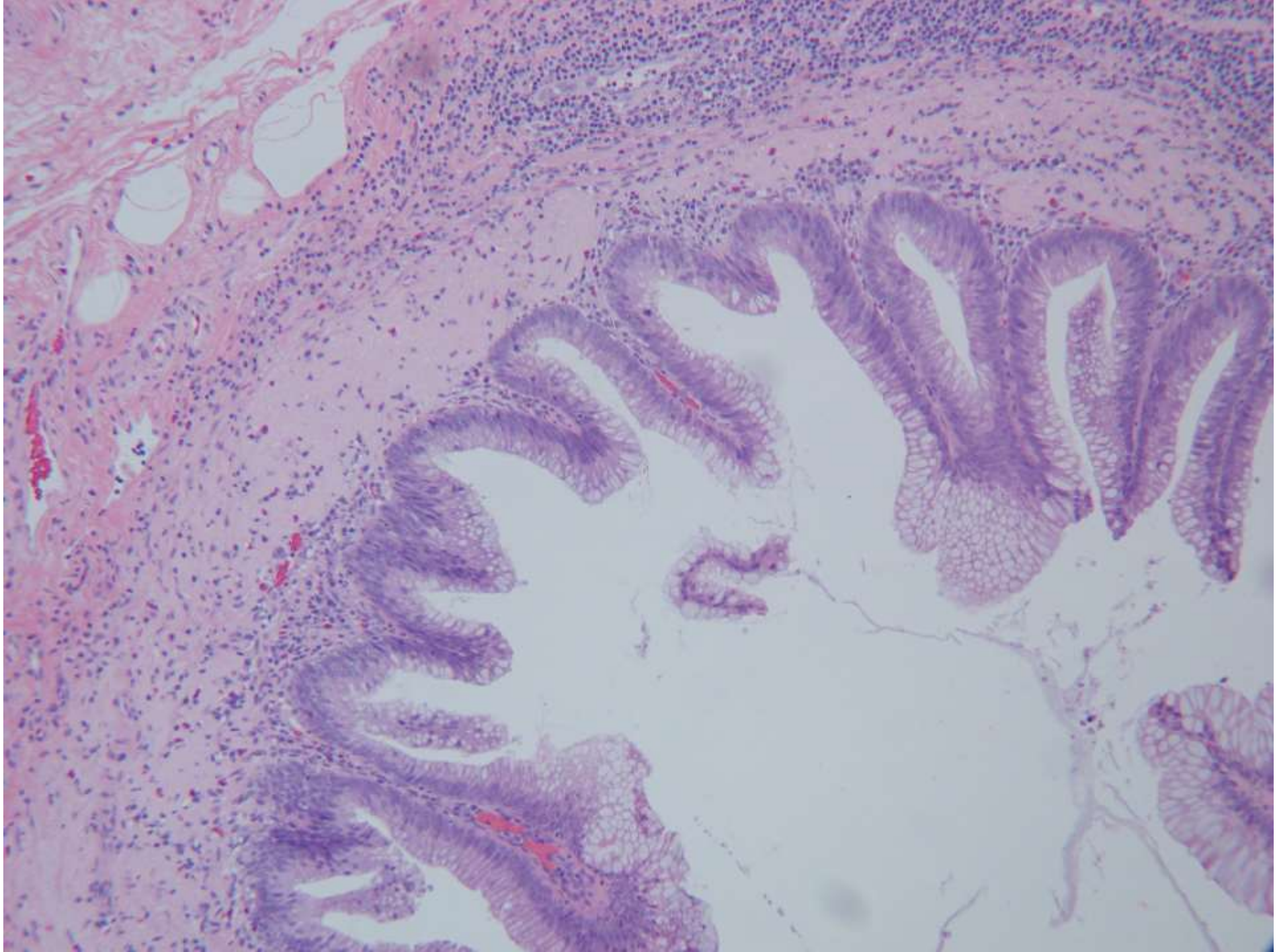
Case 5 (presented by Xueli Hao)

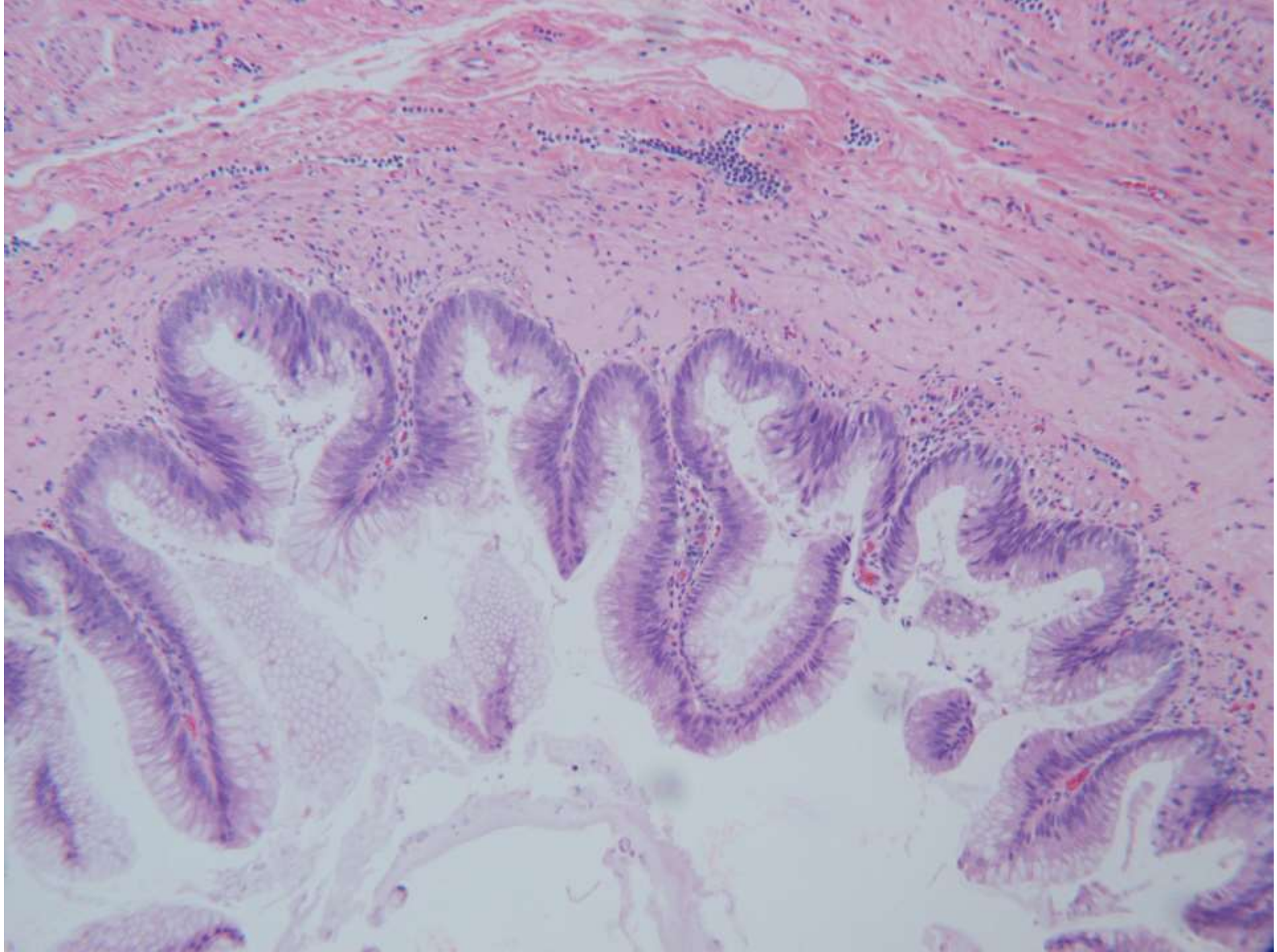
- 51 male with a mass of appendix. An appendectomy with cecal cuff was performed.

- Grossly the appendix measures 2 cm in length. There is budging in the tip, which measures 0.8 cm in greatest dimension and microscopically is a nodular adipose tissue. Lumen is not dilated and no mucin is identified.







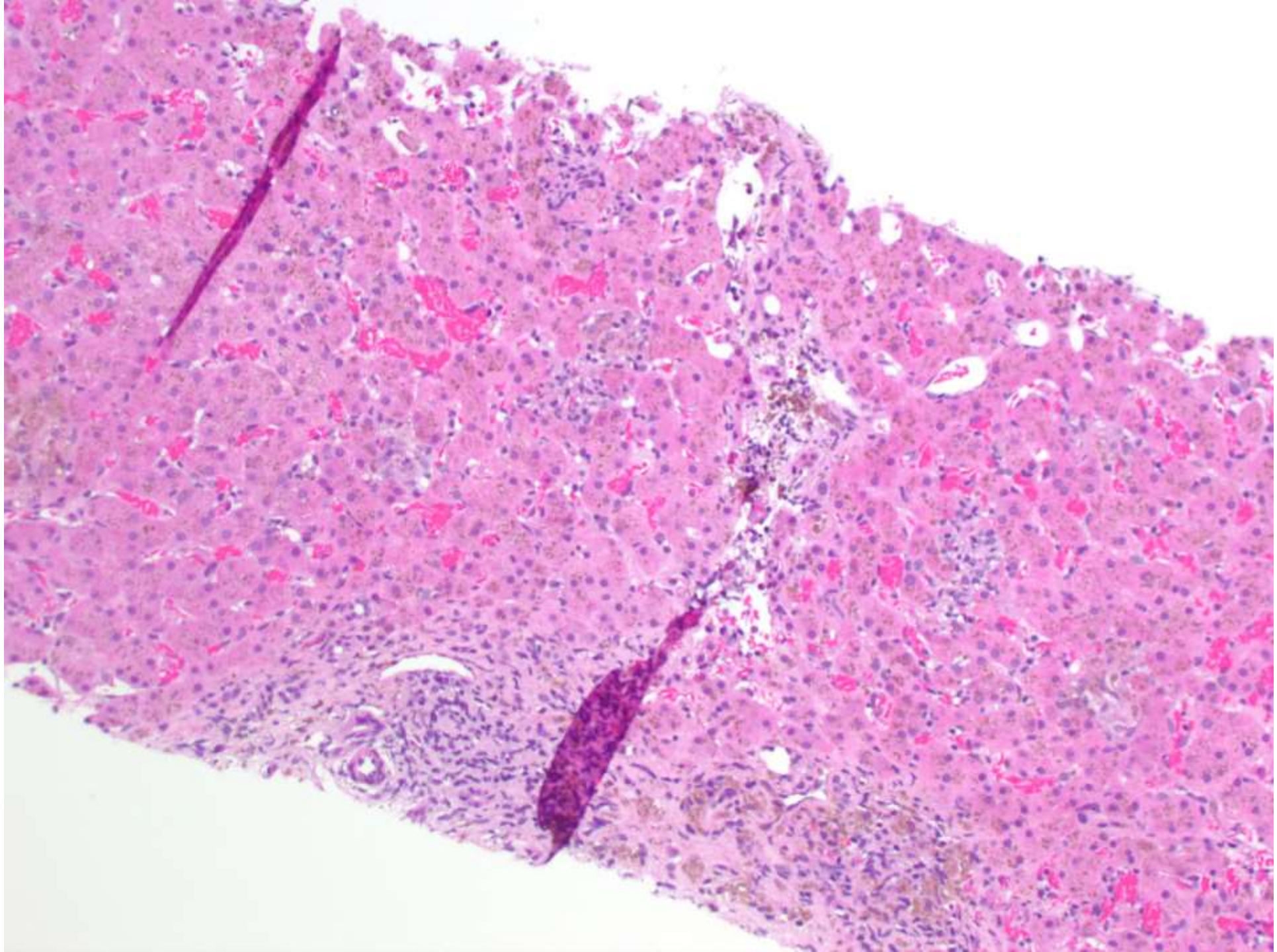


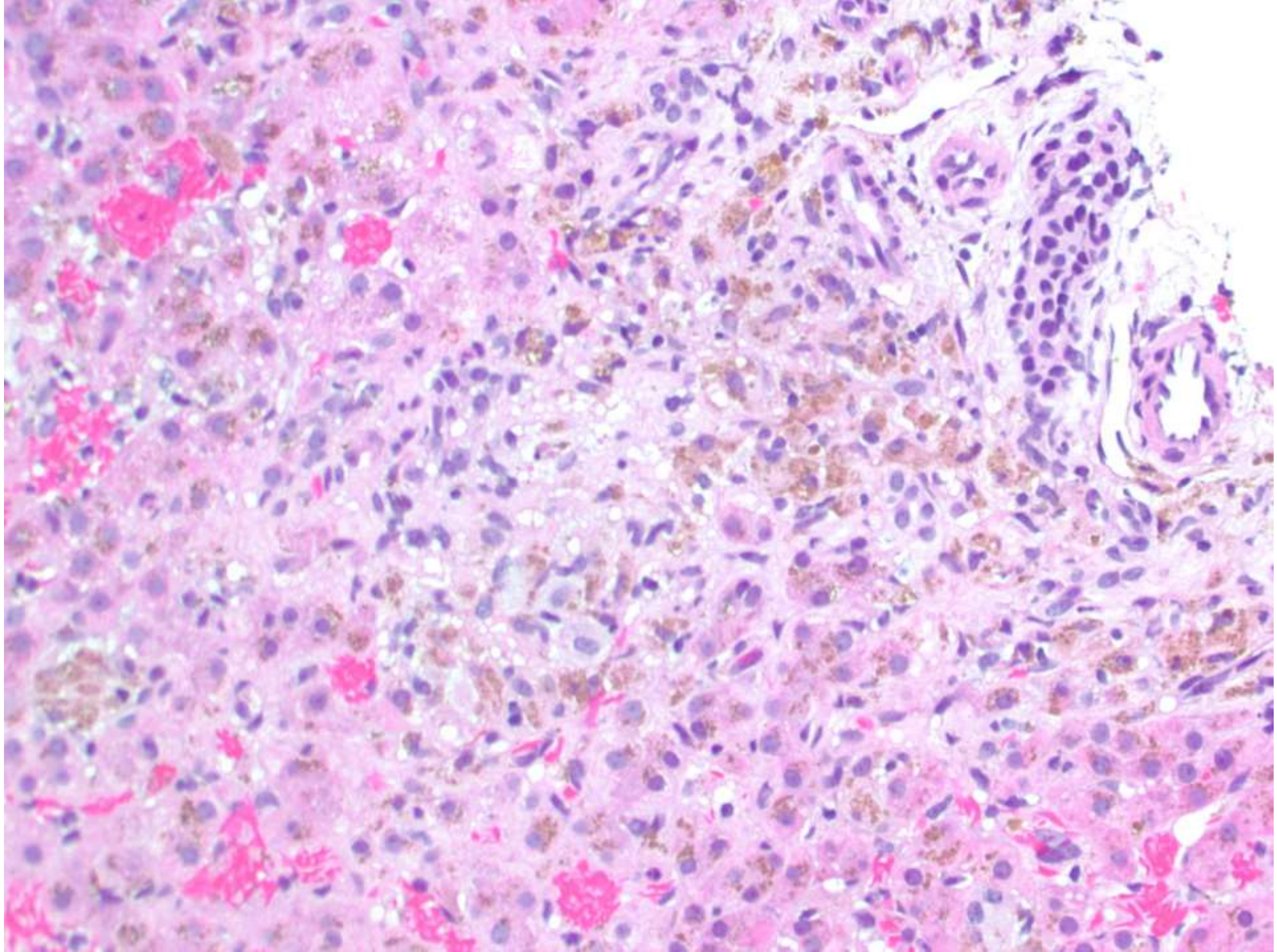
Case 7 (presented by Wendy Liu)

- 28F with a history of pulmonary hypertension, DVT/PE, and seizure disorder.
- Presented with severe leg , back and chest pain; intoratnauseous earlier and unable to tolerate as much per oral, and fever subjectively.

- Also some right upper quadrant abdominal pain, which she was also experiencing throughout her prior admission.

- Liver function: ALT 97 (<54), AST 135 (<37), Alkaline phosphatase 332 (<117). Hepatitis study negative.

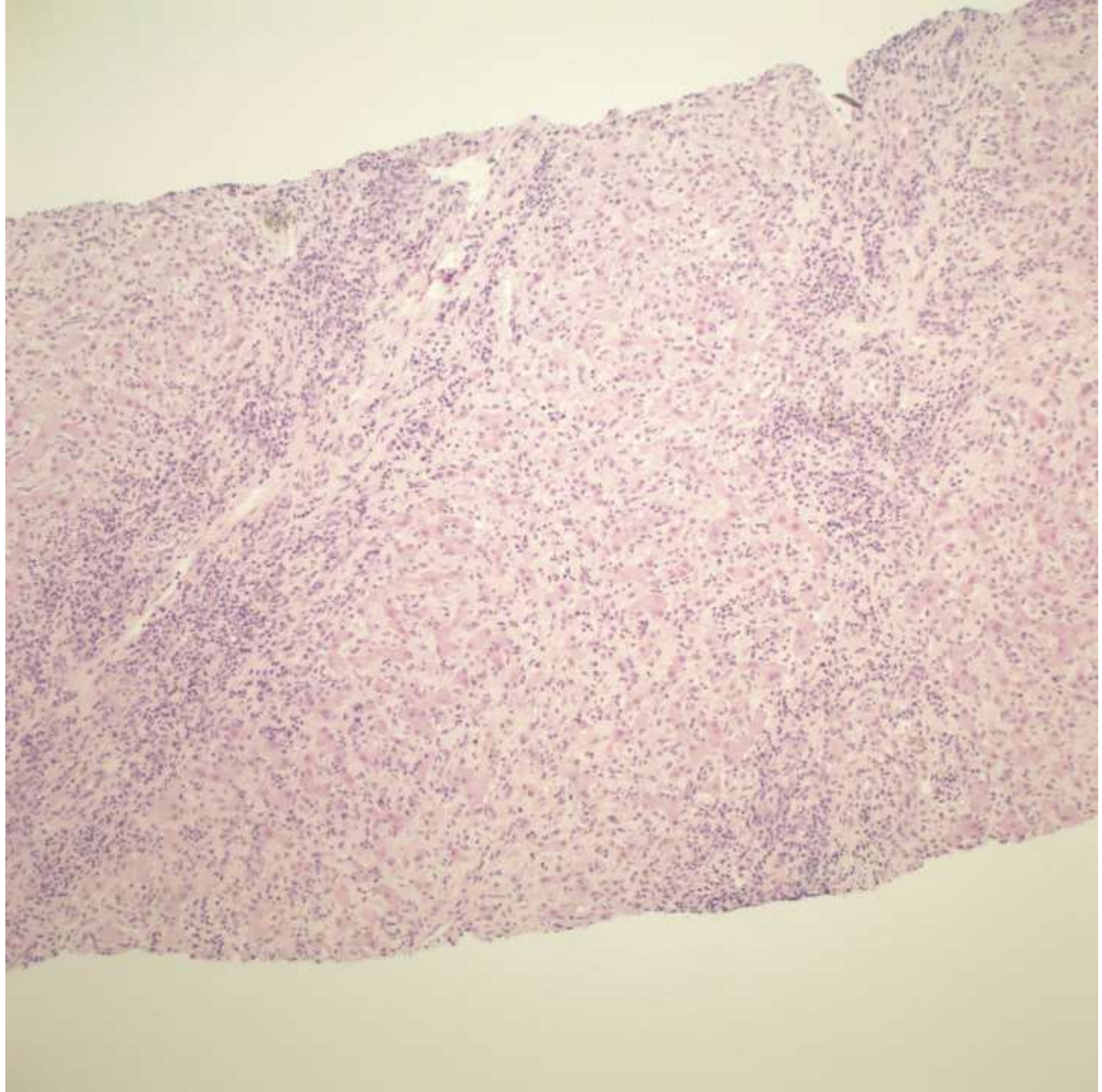


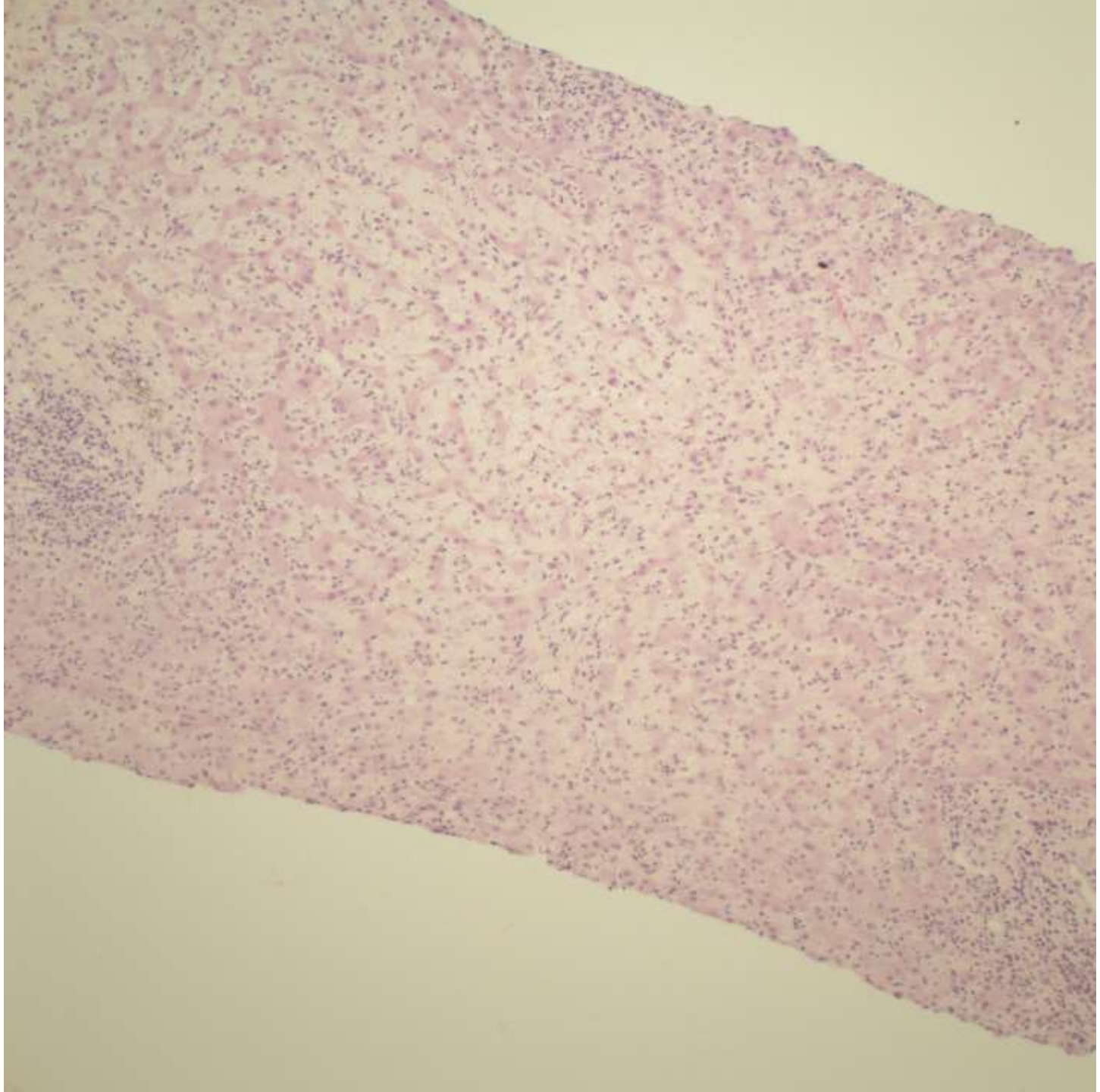


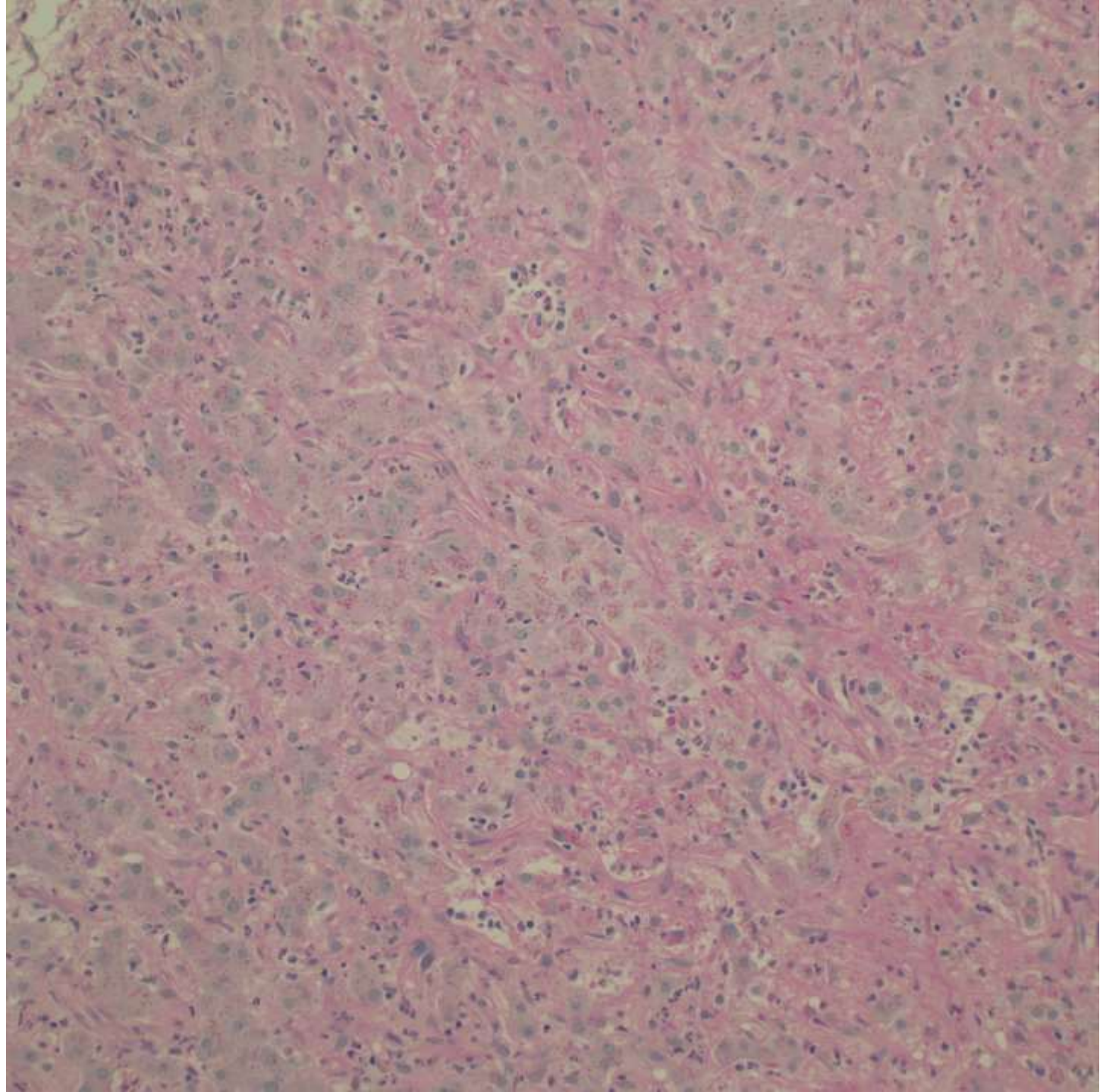
Case 7 (presented by Lijuan Wang)

- 57 yo M PMH HIV, CMV retinitis, COPD, recurrent UTI, depression, presented from home with a 7 day history of abdominal pain and nausea. Patient reports dull, intermittent RUQ pain for several weeks. The pain was associated with nausea and constipation. The pain has steadily progressed, and is now constant and worst after meals. He reports "28 pound" weight loss over the last 6-8 weeks, but available records suggest ~15 pound weight loss since last August. He denies fevers, chills, night sweats, cough, sore throat, dyspnea, chest pain, rash, dysuria, hematuria.

- CT showed periportal lymphadenopathy, dilated gallbladder, and fecal loading. RUQ US showed possible sludge in a distended gallbladder, no cholelithiasis, and negative sonographic Murphy's sign.







Case 8 (presented by Bihong Zhao):

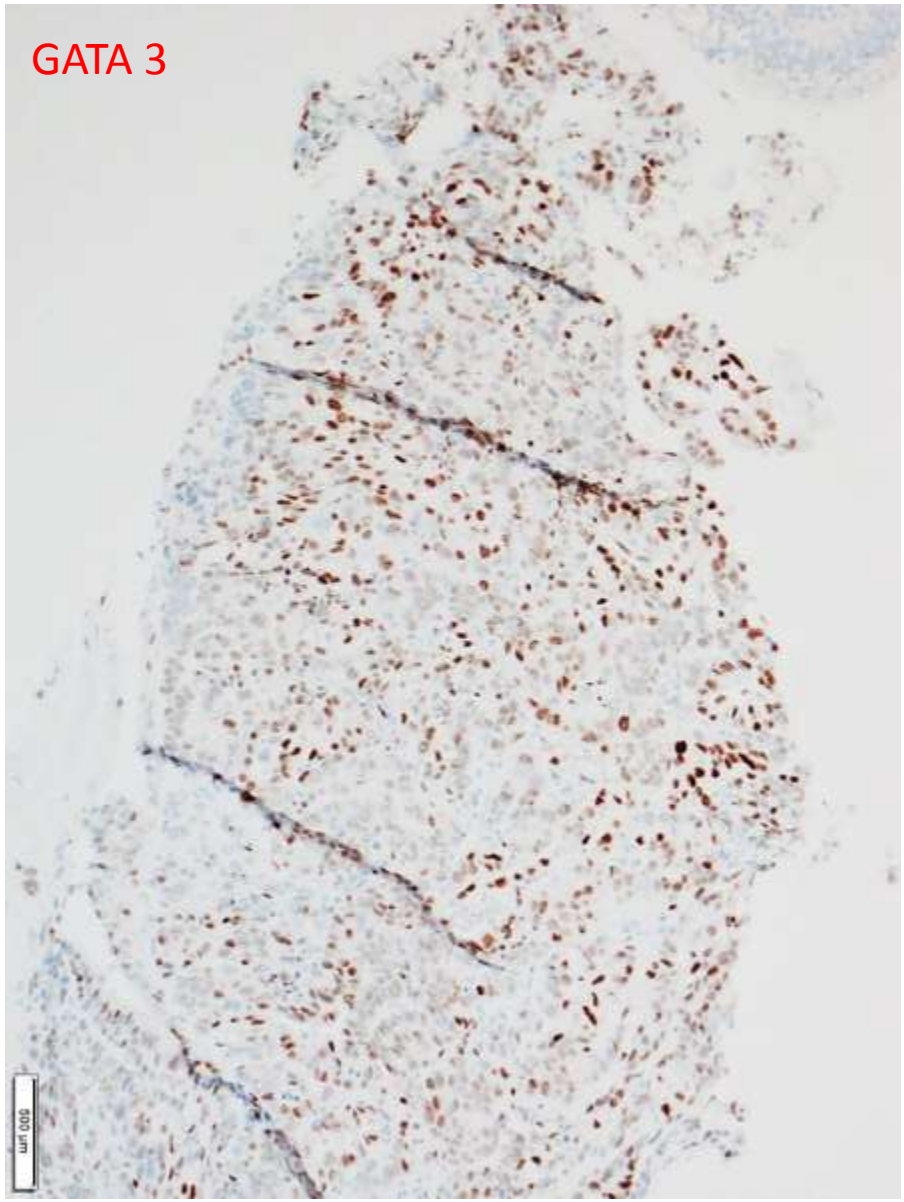
- 75 year old male, long time smoker was diagnosed invasive ductal carcinoma in 12/2016 (2.5 cm).
- Negative ER, PR, Her-2
- Now with SOB, mild chronic cough
- Chest CT: A 5.7 x 5.4 cm right lower lobe mass-like consolidation, with associated multiple adjacent nodules that measure up to 8 mm
- A biopsy was done

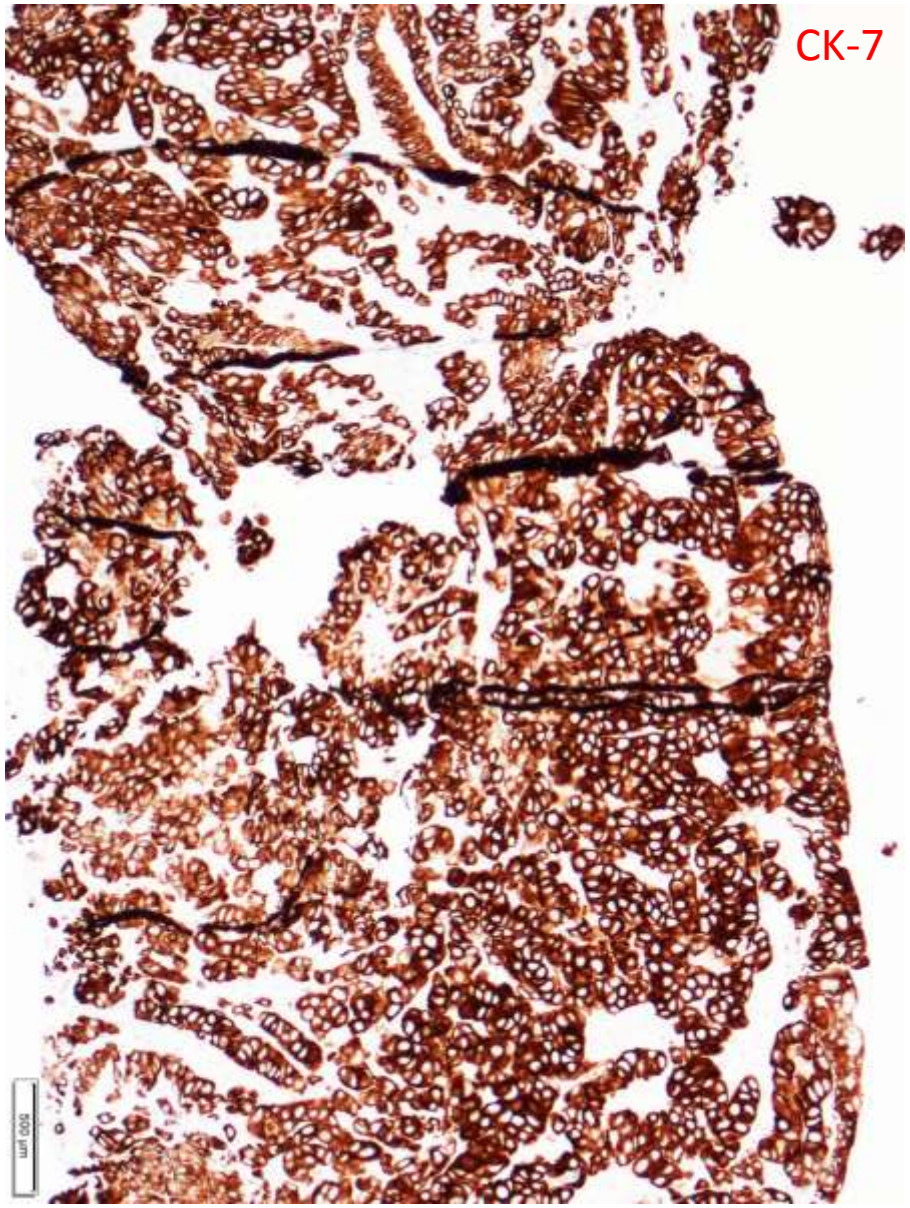
500 µm

500 µm

Immunohistochemistry

- TTF-1, CK-7, Napsin, GATA-3, and mammoglobin were performed on the biopsy
- Positive for GATA-3 and CK-7
- Negative for TTF-1, Napsin and mammoglobin


GATA 3
500 um


CK-7
500 um

By ImmunoQuery

Markers	Breast ductal adenocarcinoma	Lung adenocarcinoma
Napsin A	1% (338)	83% (1394)
GATA-3	82% (1545)	3% (435)
TTF-1	1% (1321)	74% (3895)

Diagnosis

- Most consistent with metastatic breast primary ? Or not?