



South Bay Pathology Society and California Society of Pathologists Spring Meeting Cases

May 14, 2022

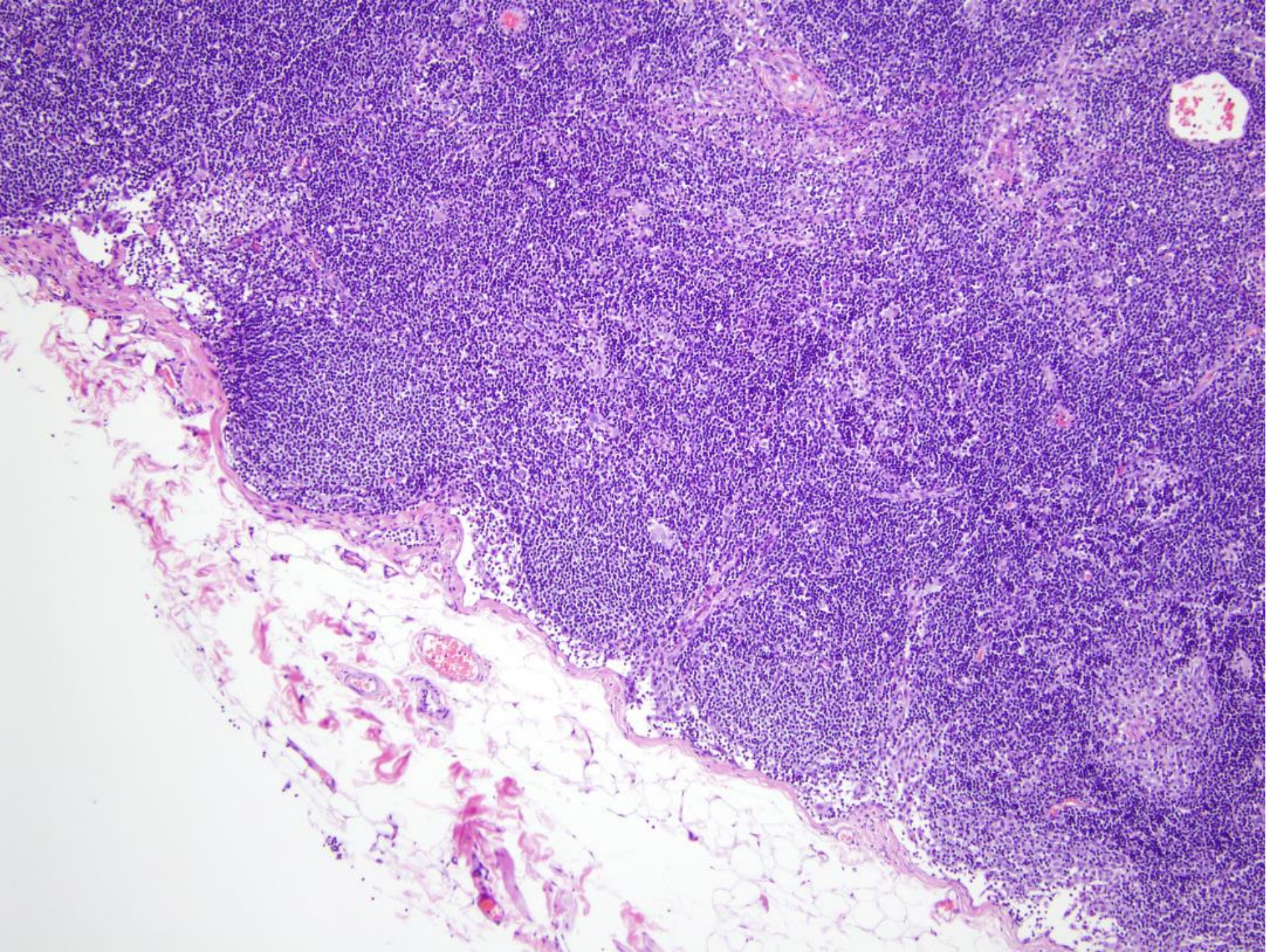
Dr. L. Jeffrey Medeiros

Dr. Dennis O'Malley

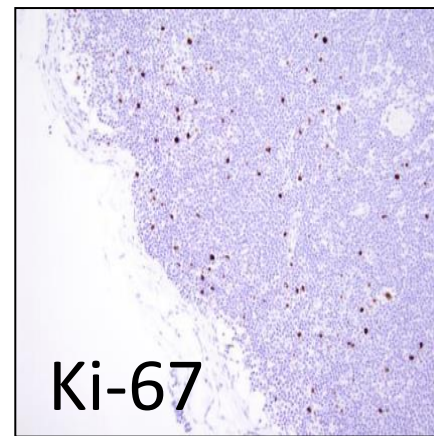
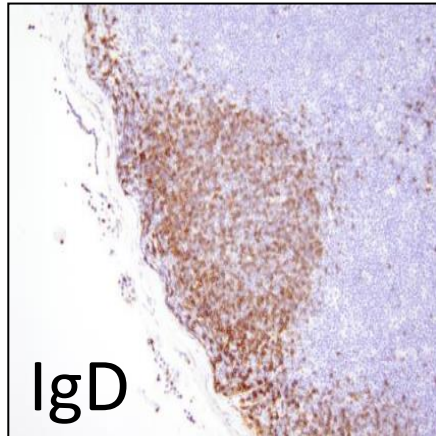
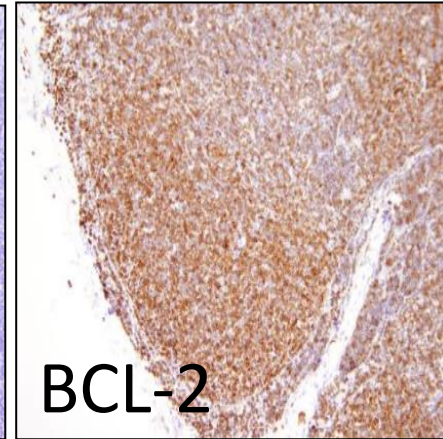
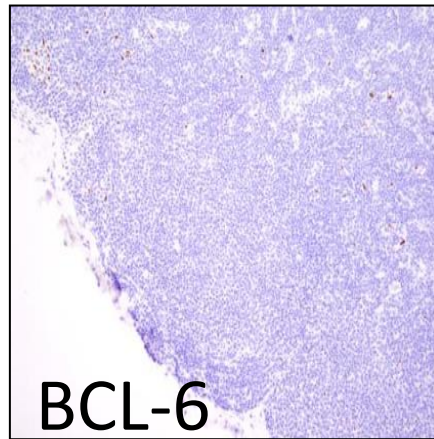
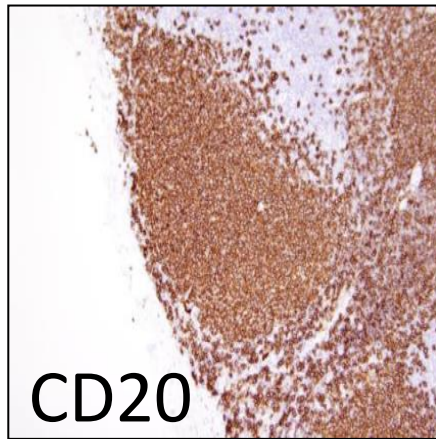
Case 1

55 year old with axillary lymphadenopathy for 2 months.

Excisional biopsy was performed.



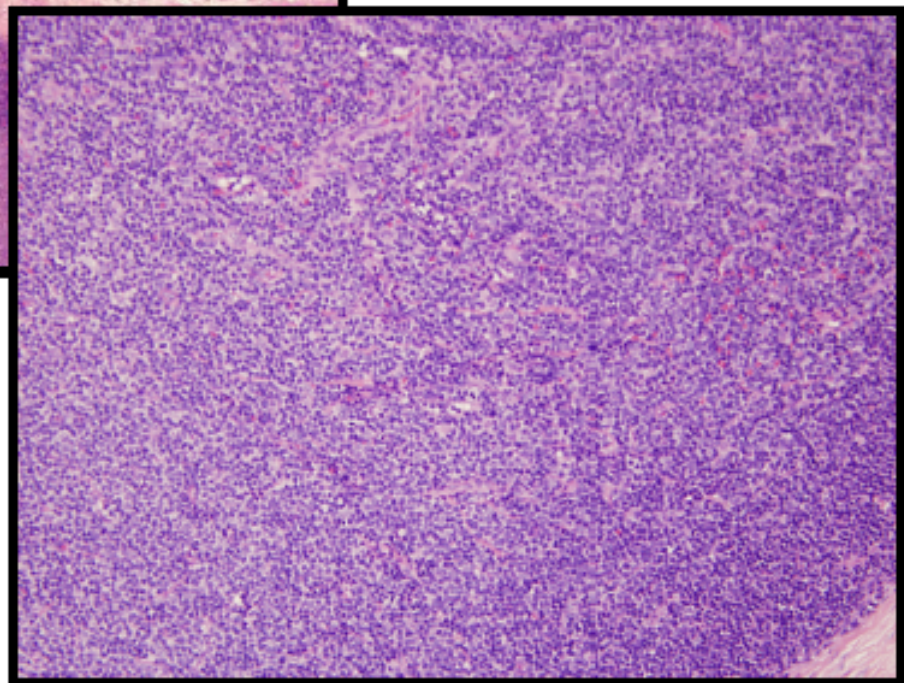
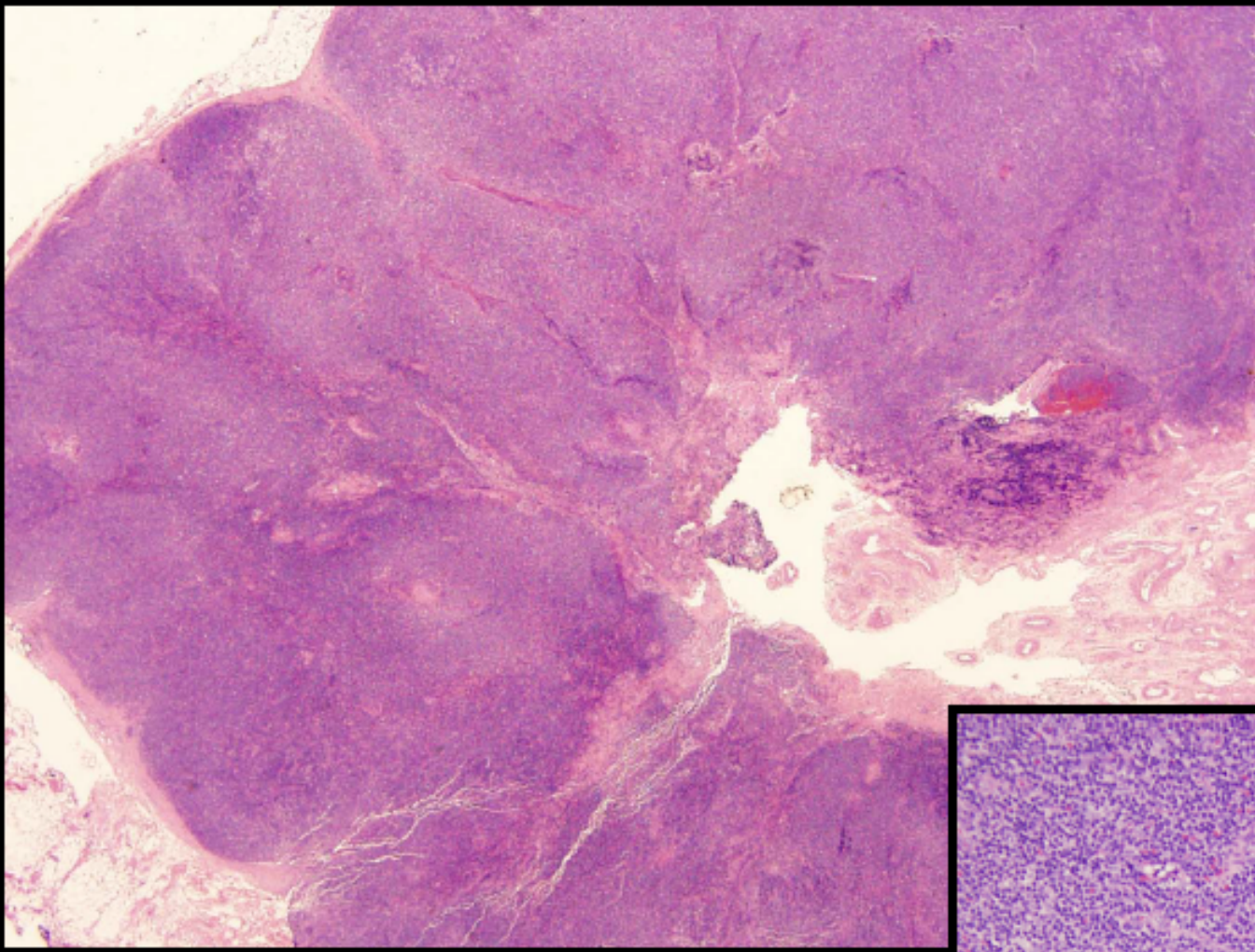
Primary Follicles

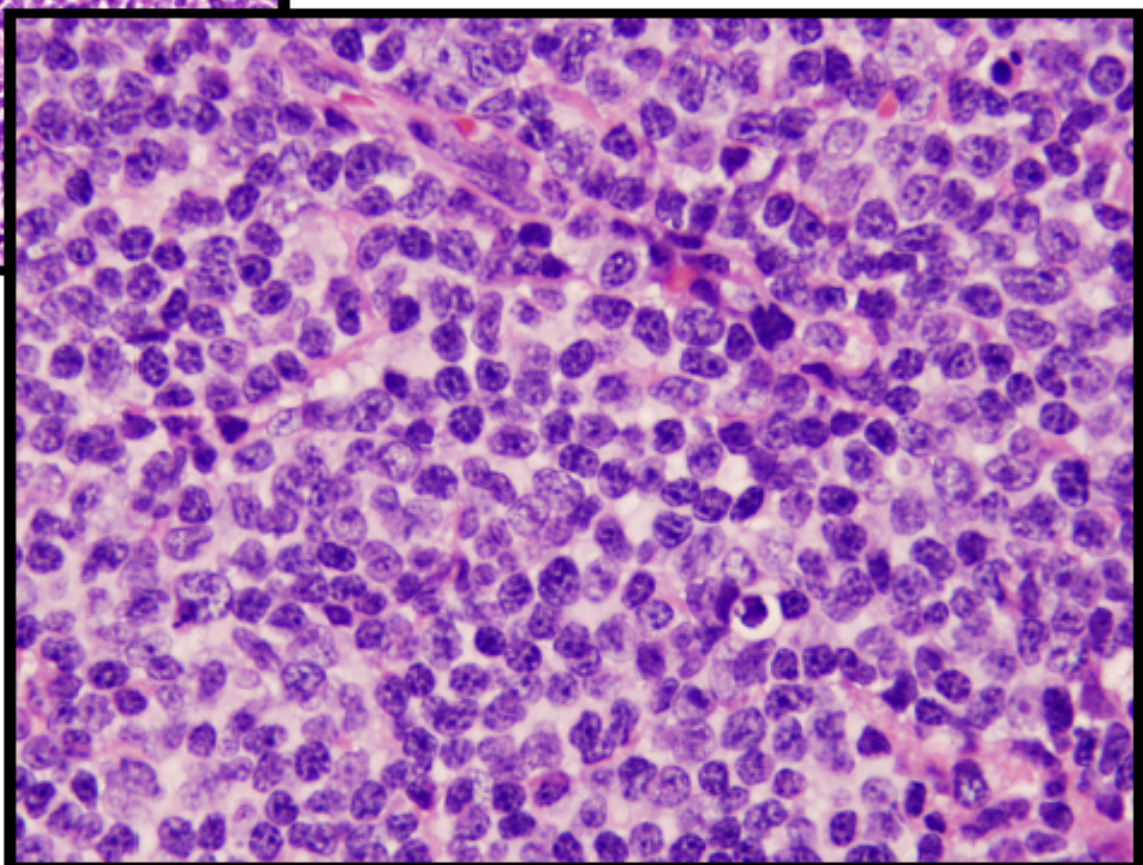
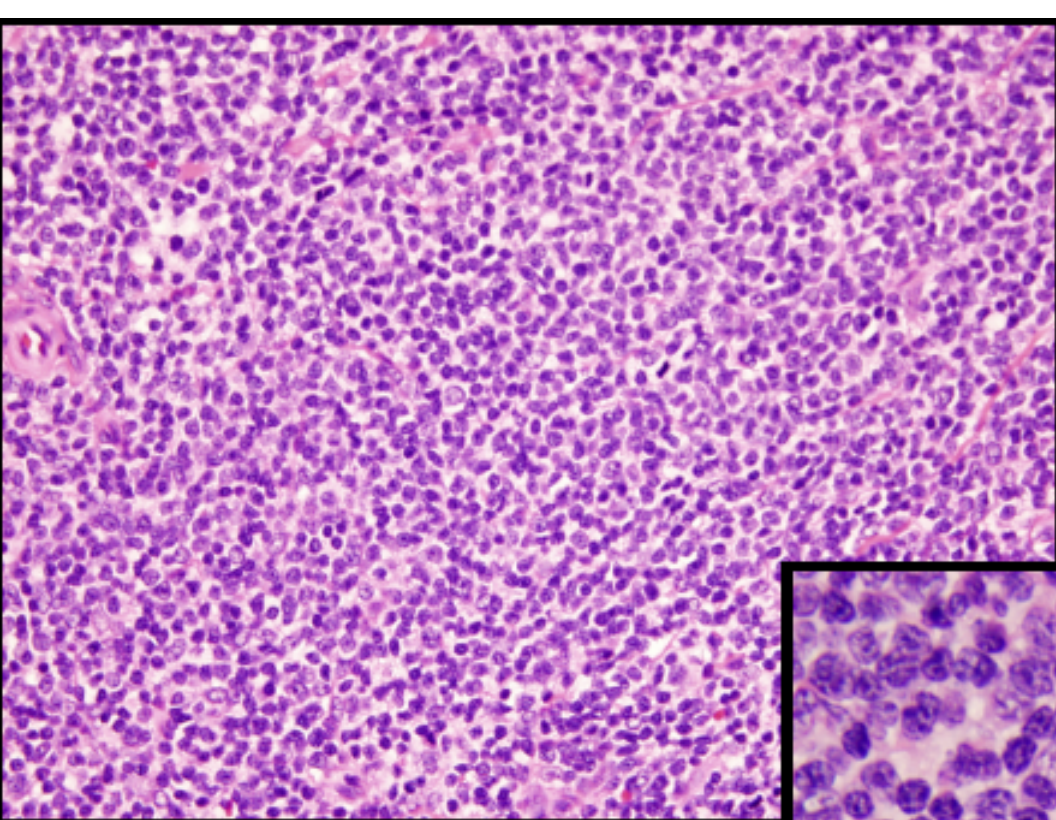


Negative for Cyclin D1: These are *mantle cells* BUT NOT mantle cell lymphoma

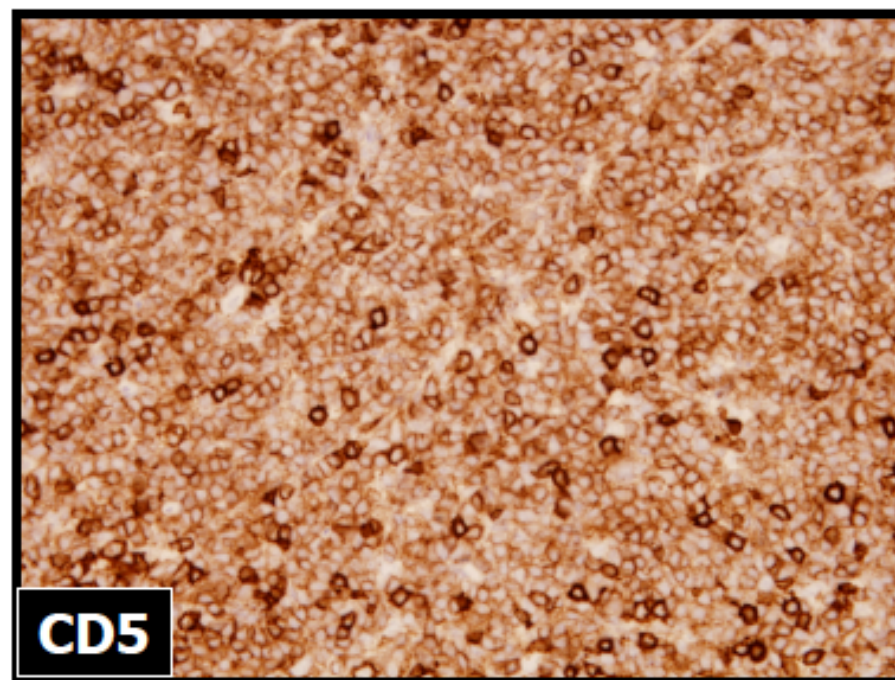
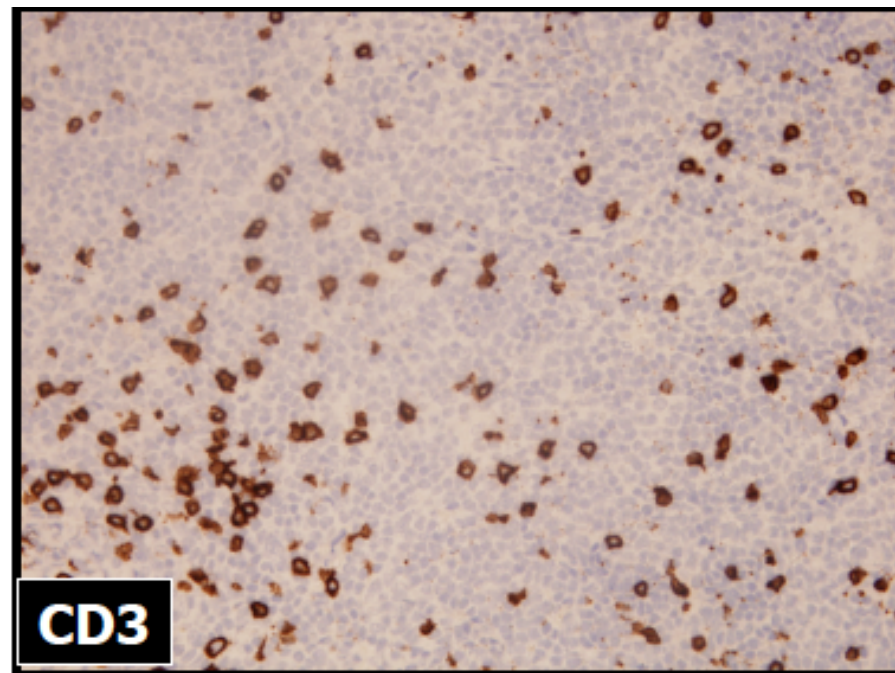
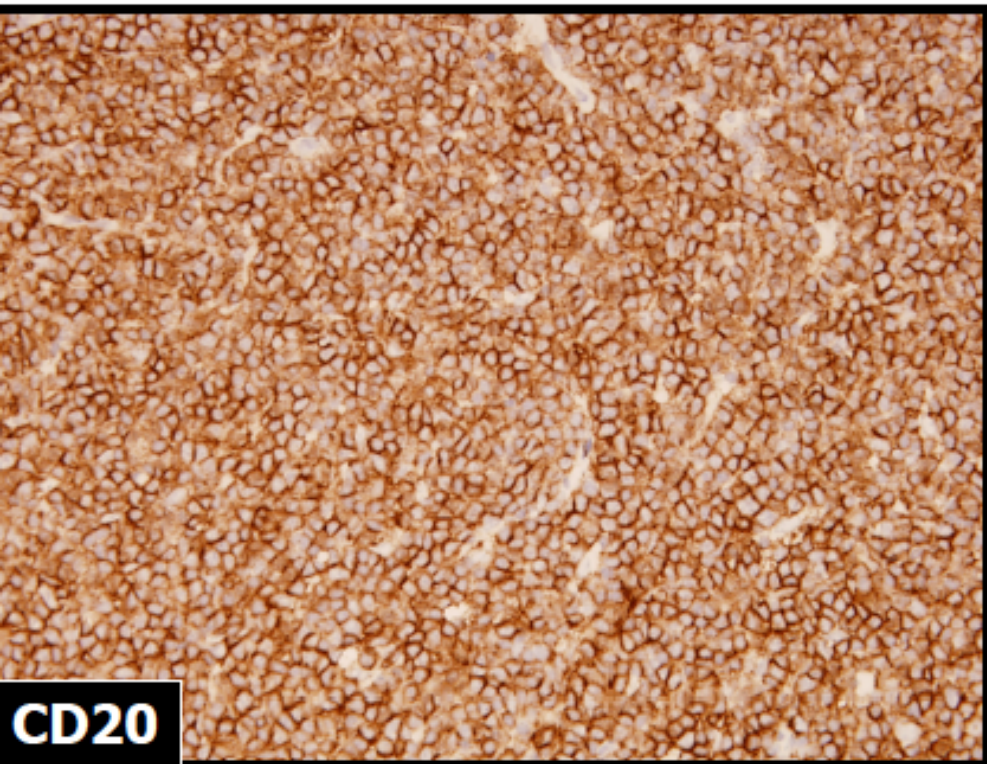
Case 2

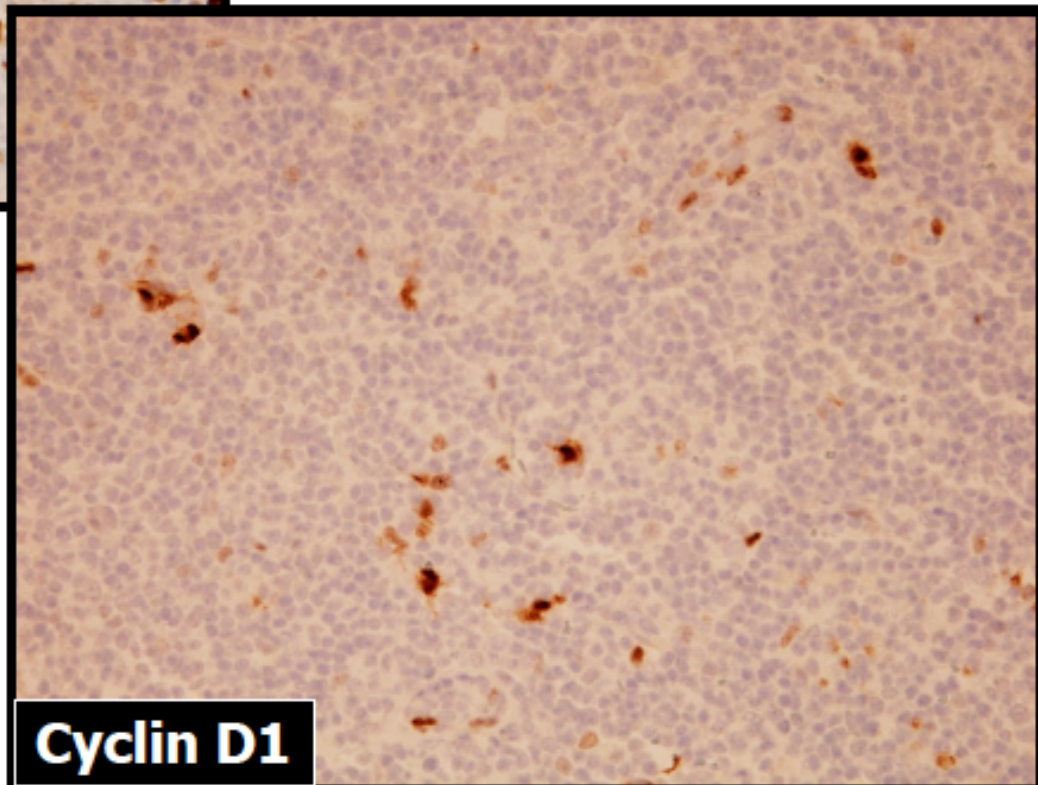
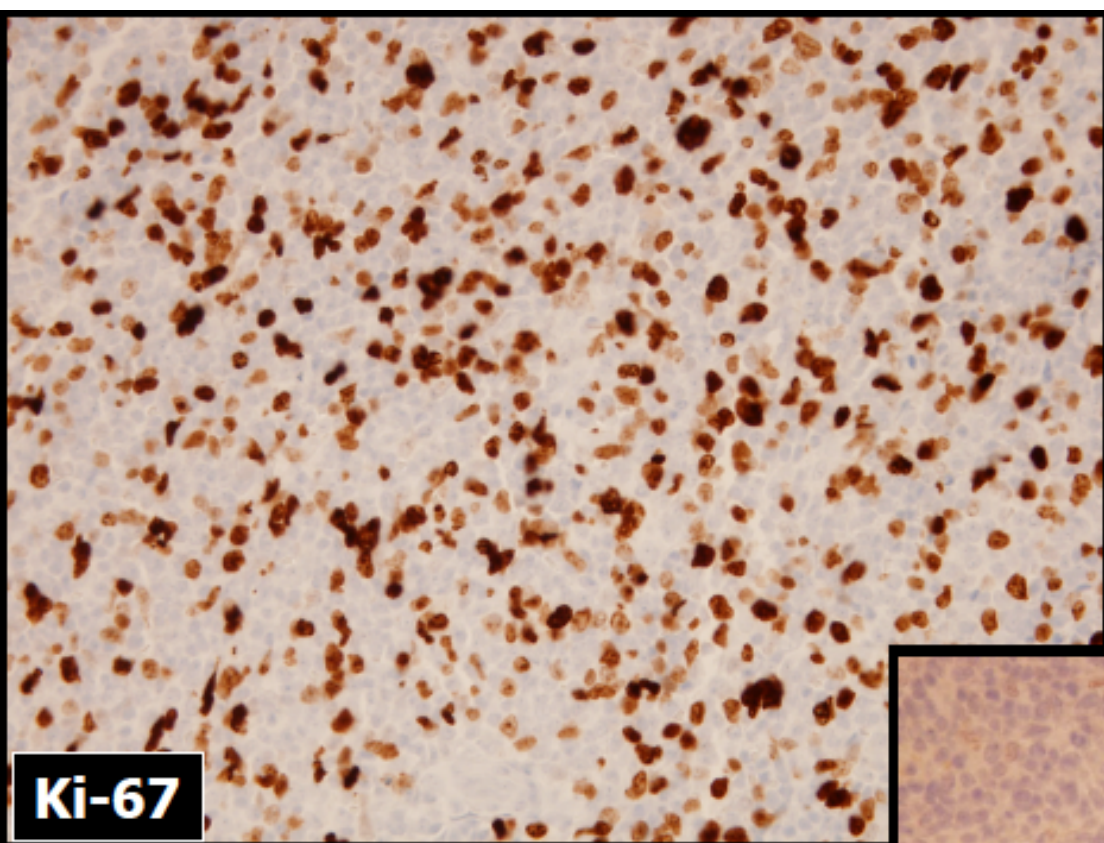
A 38-year-old man developed severe fatigue on mild exertion x 1 month. He also had intermittent night sweats and frontal headache. A CBC showed anemia (Hb, 9.7). CT scans showed bilateral small LNs in the neck, supraclavicular region, mediastinum, and inguinal region. He also had prominent splenomegaly and bulky upper abdominal lymph nodes. This is a biopsy of an inguinal LN.

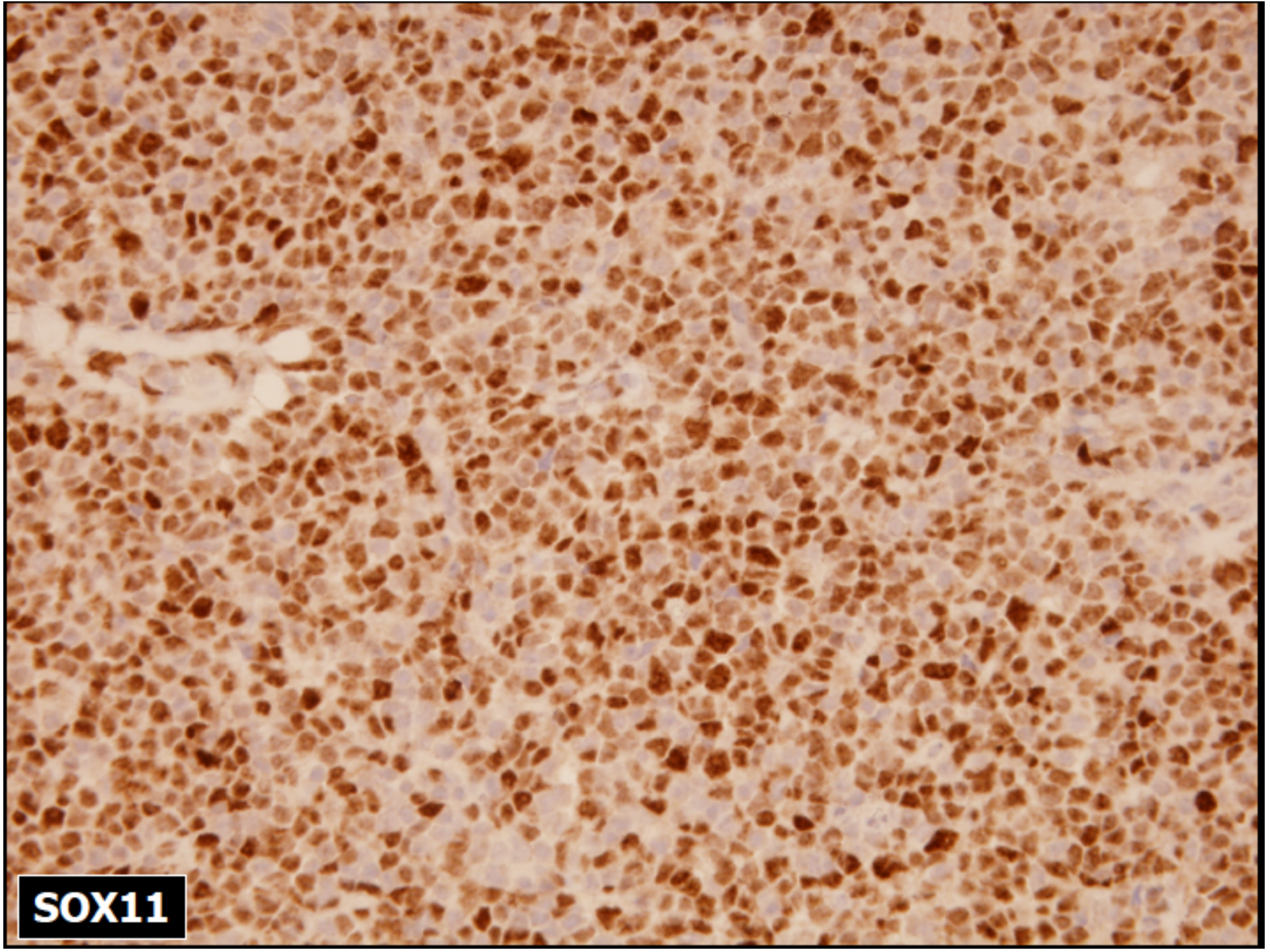




Case 2





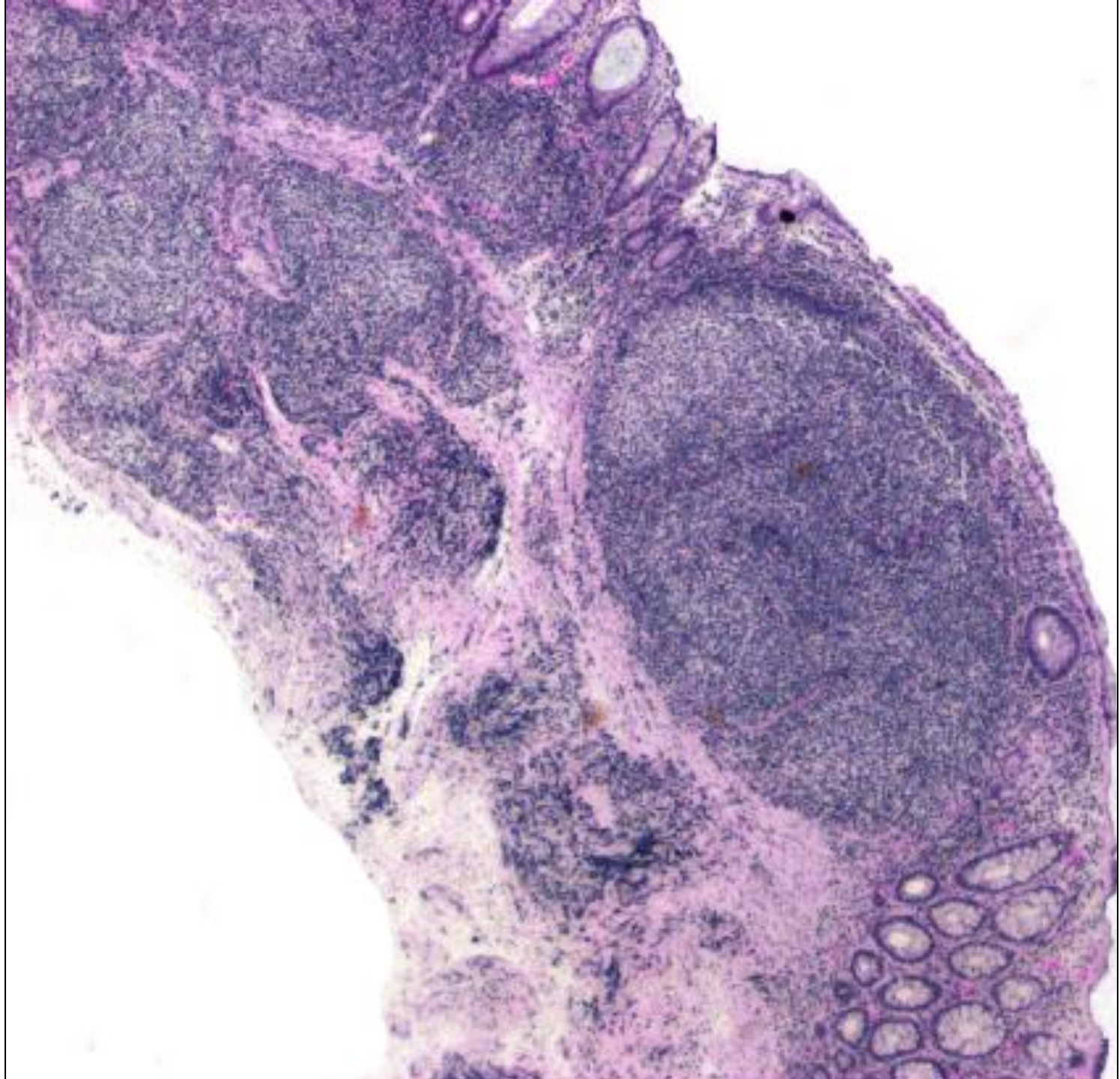


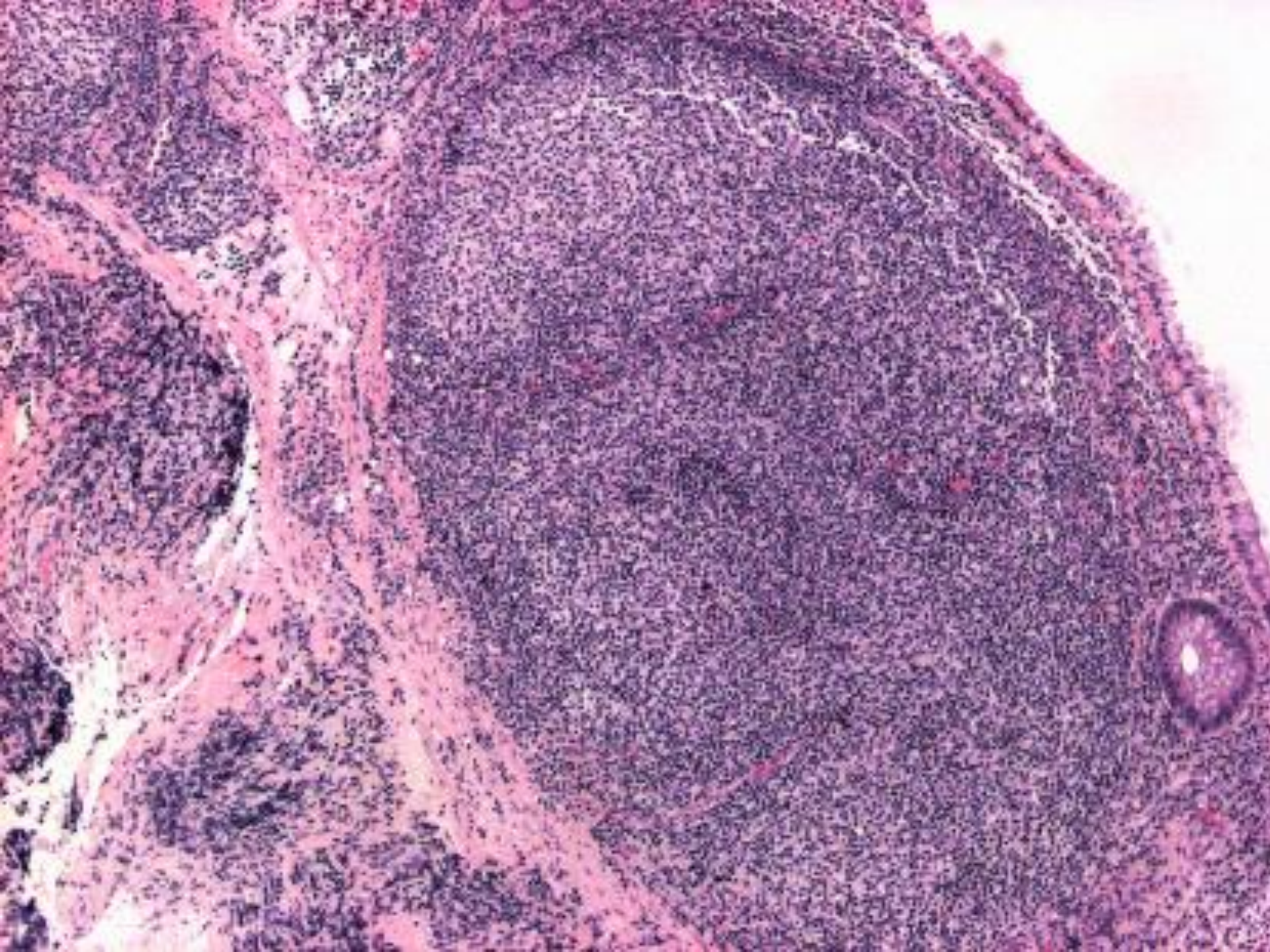
SOX11

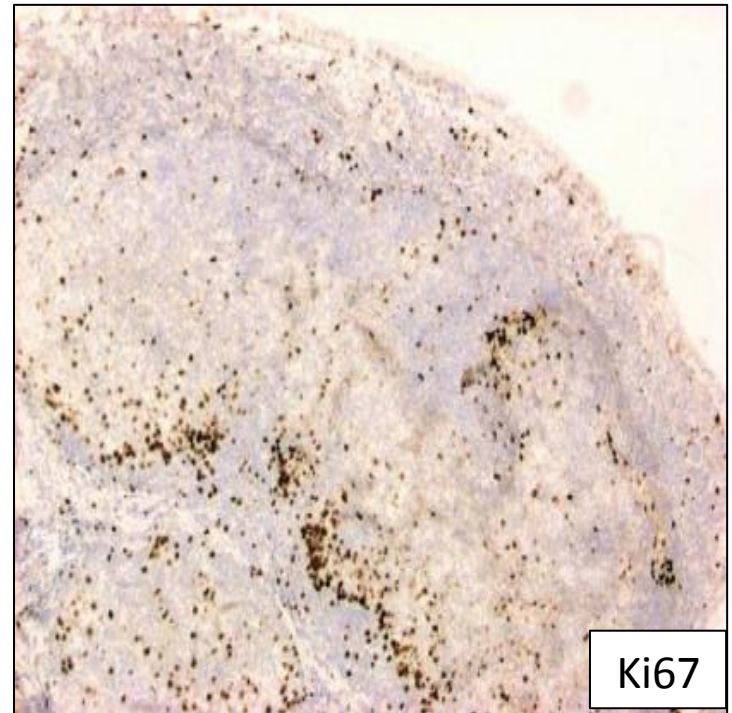
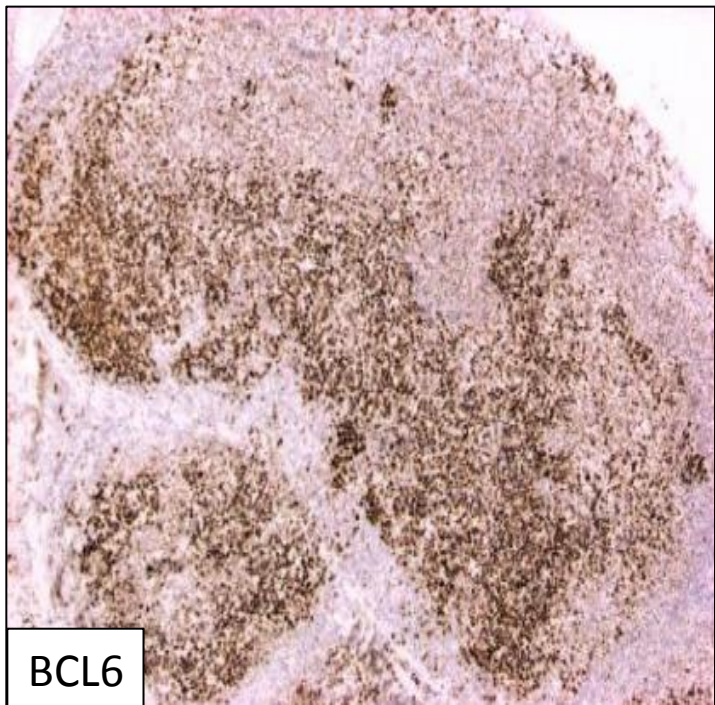
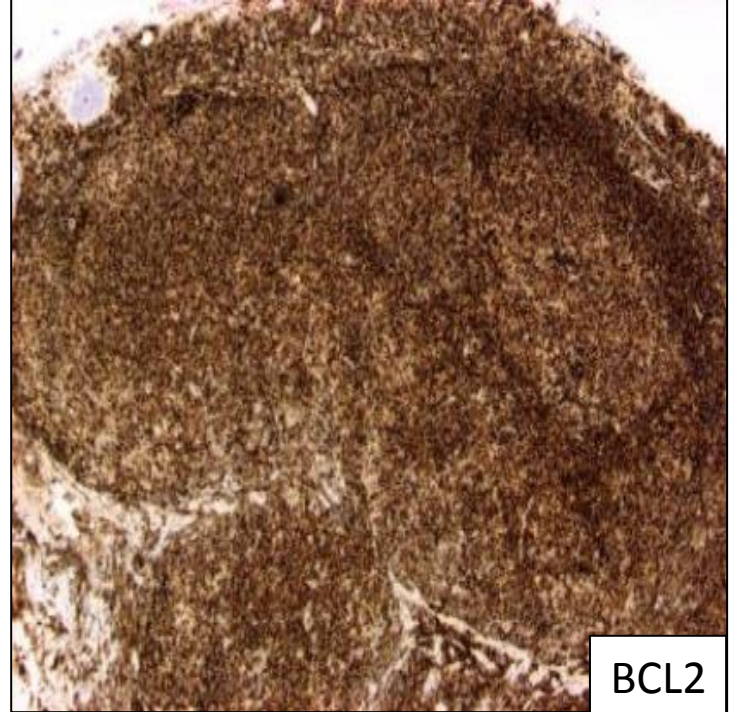
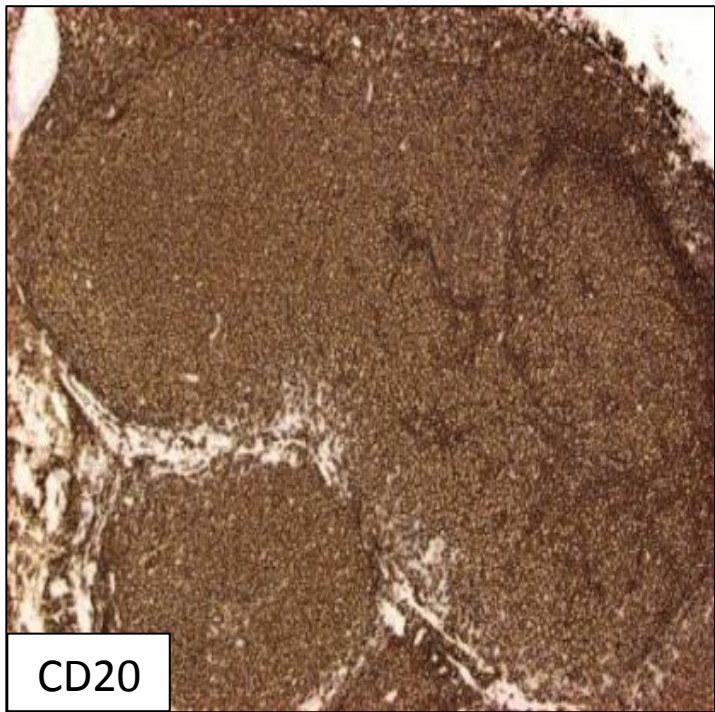
Case 3

61 year old male presented for colonoscopy

2 rectal polyps were removed (0.2 cm each)

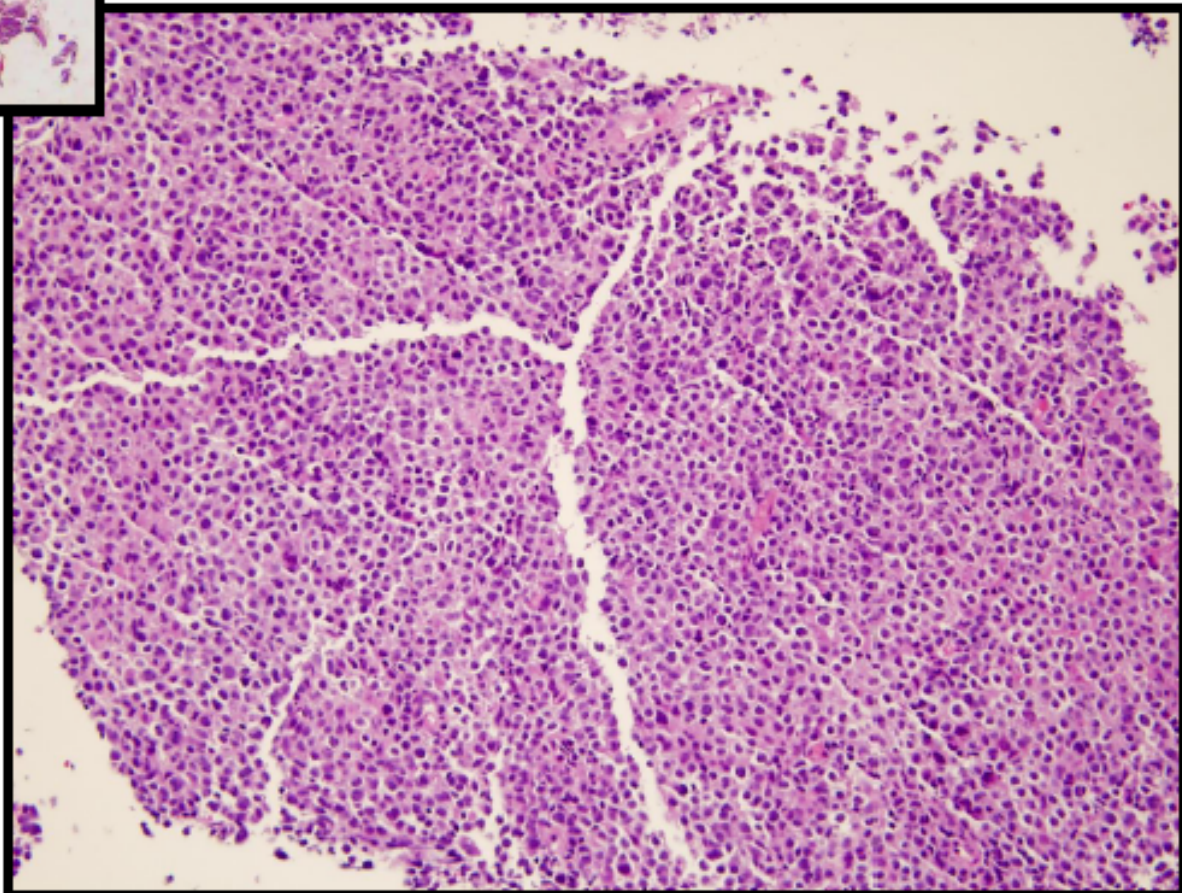


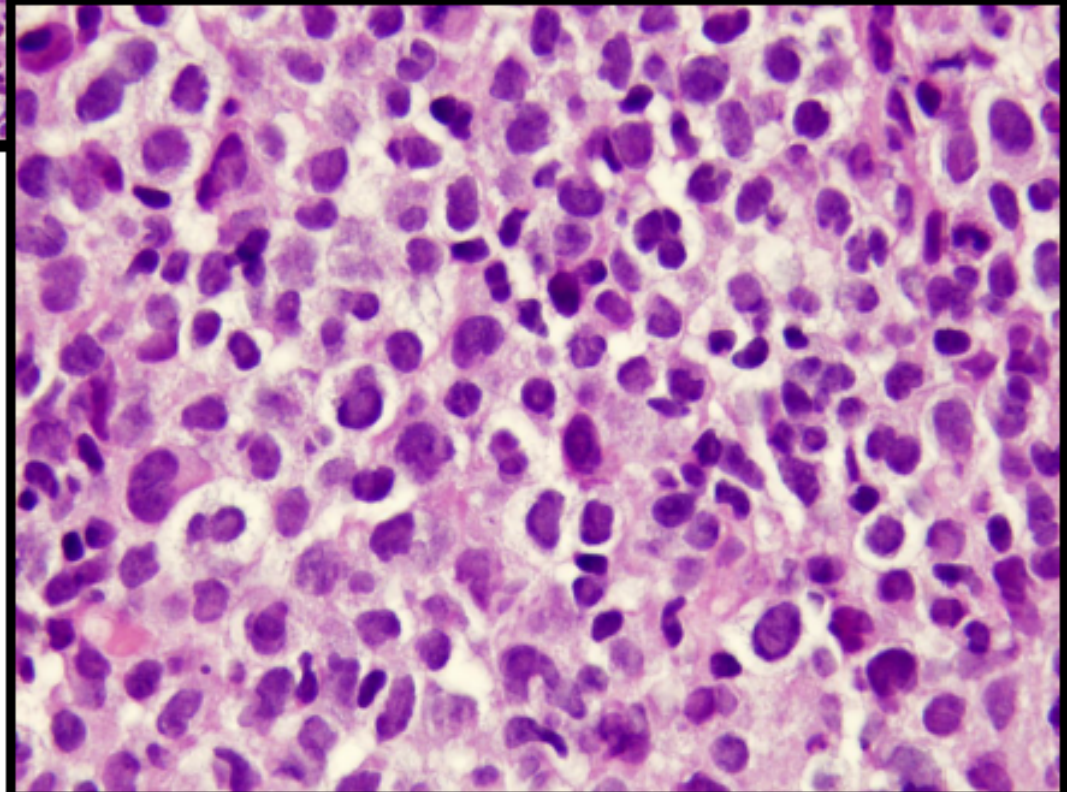
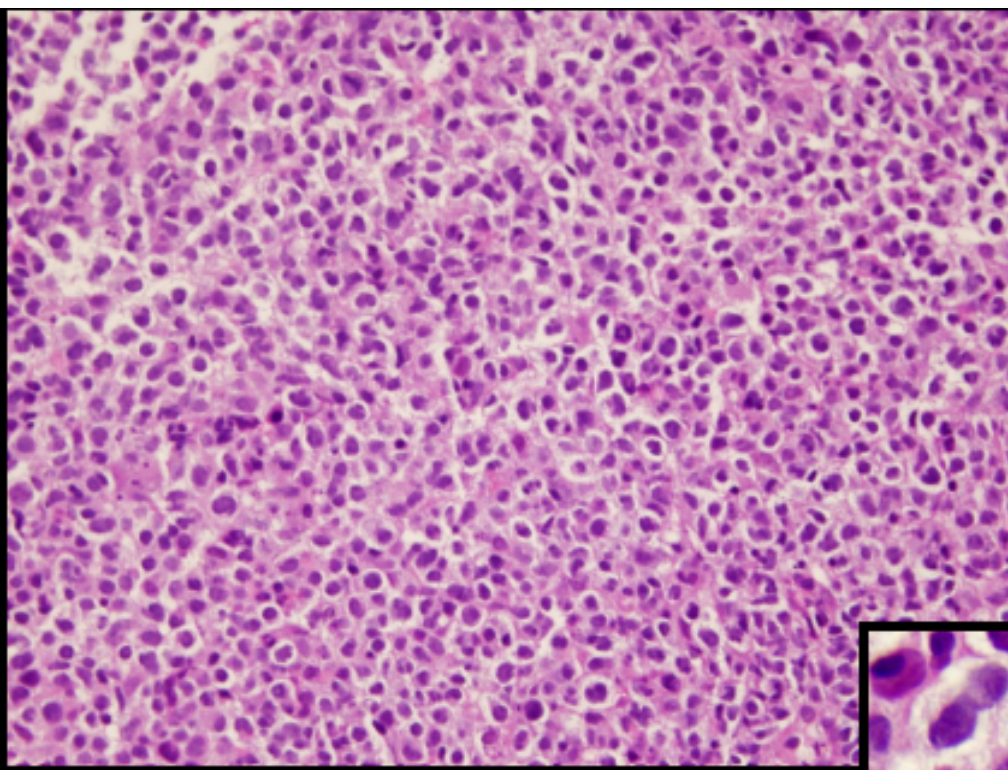




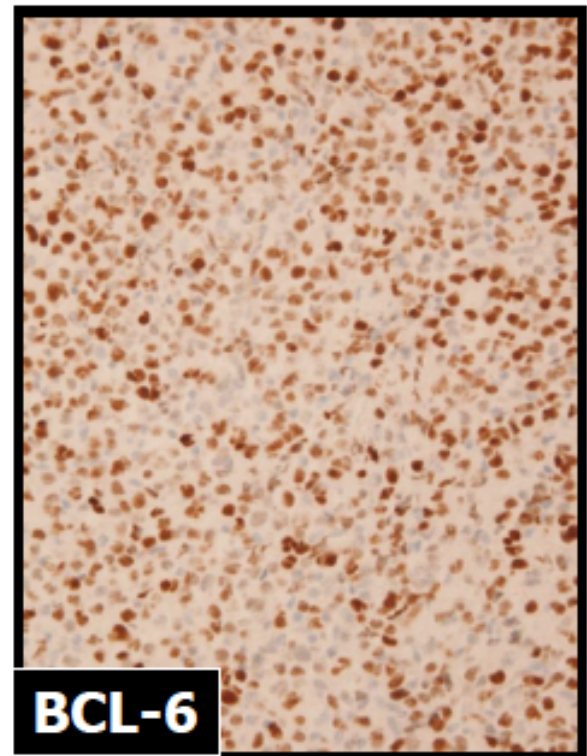
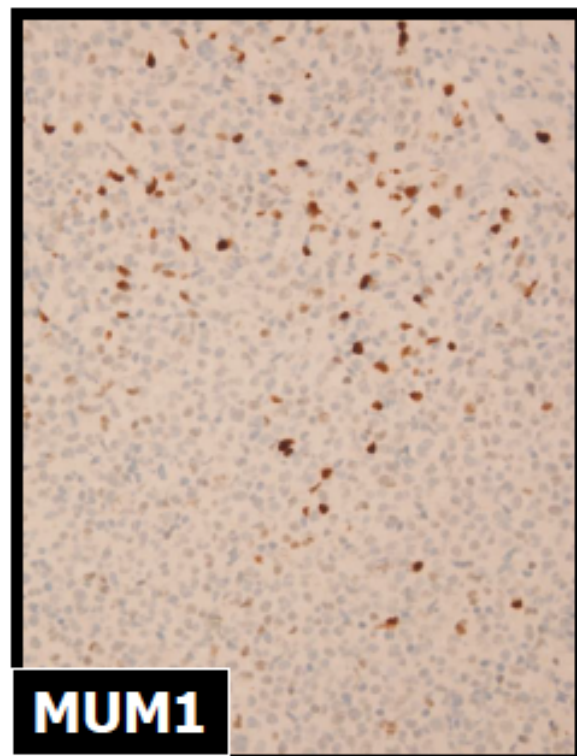
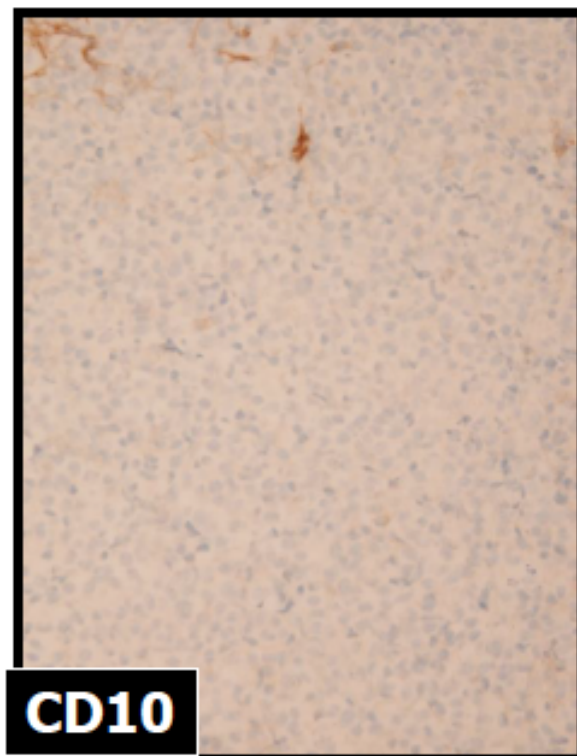
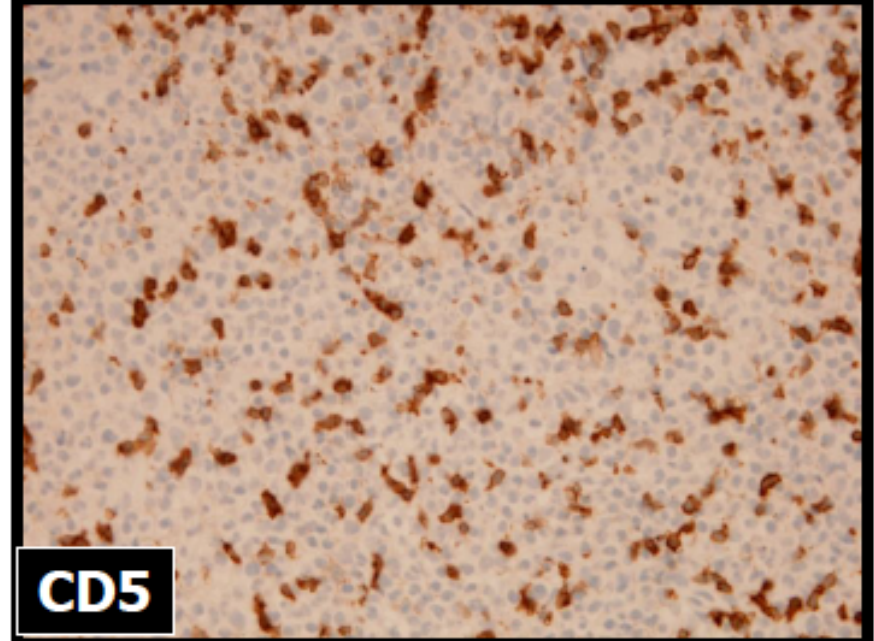
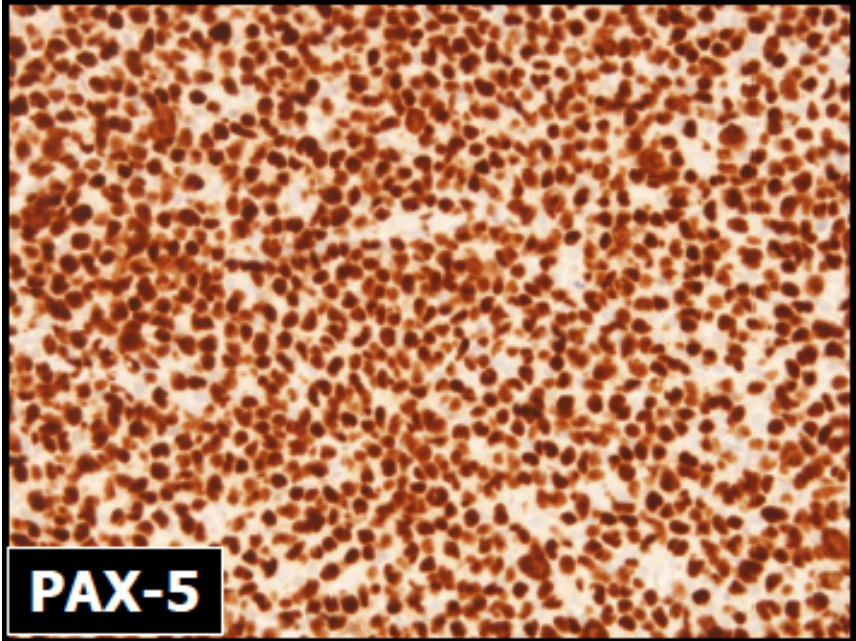
Case 4

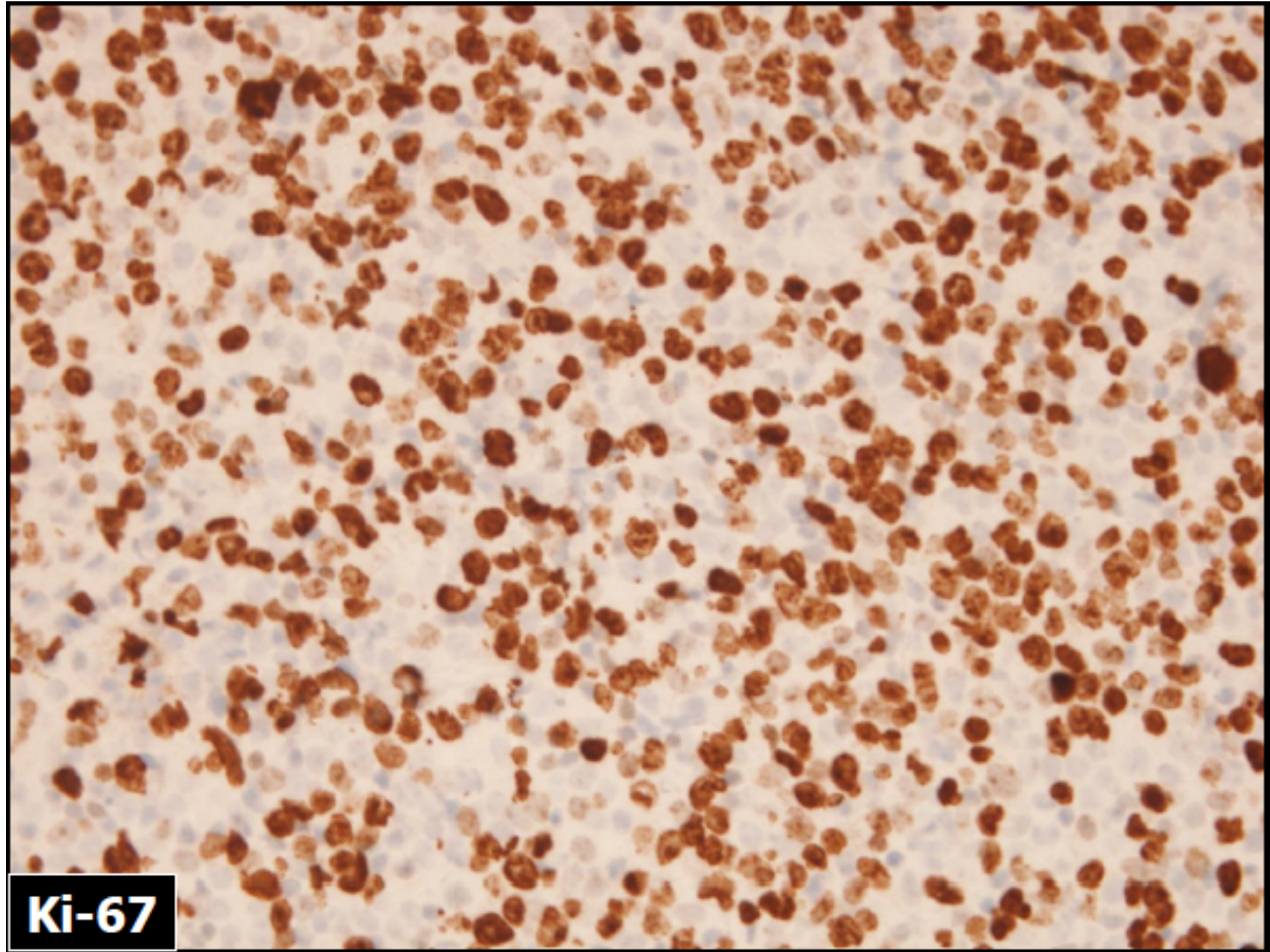
A 70-year-old woman with a history of diabetes, hypertension and kidney failure presented with acute onset of fatigue and dizziness. Physical examination showed B-type symptoms. Laboratory evaluation showed hypercalcemia. PET/CT showed lymphadenopathy, splenomegaly and bone lesions.



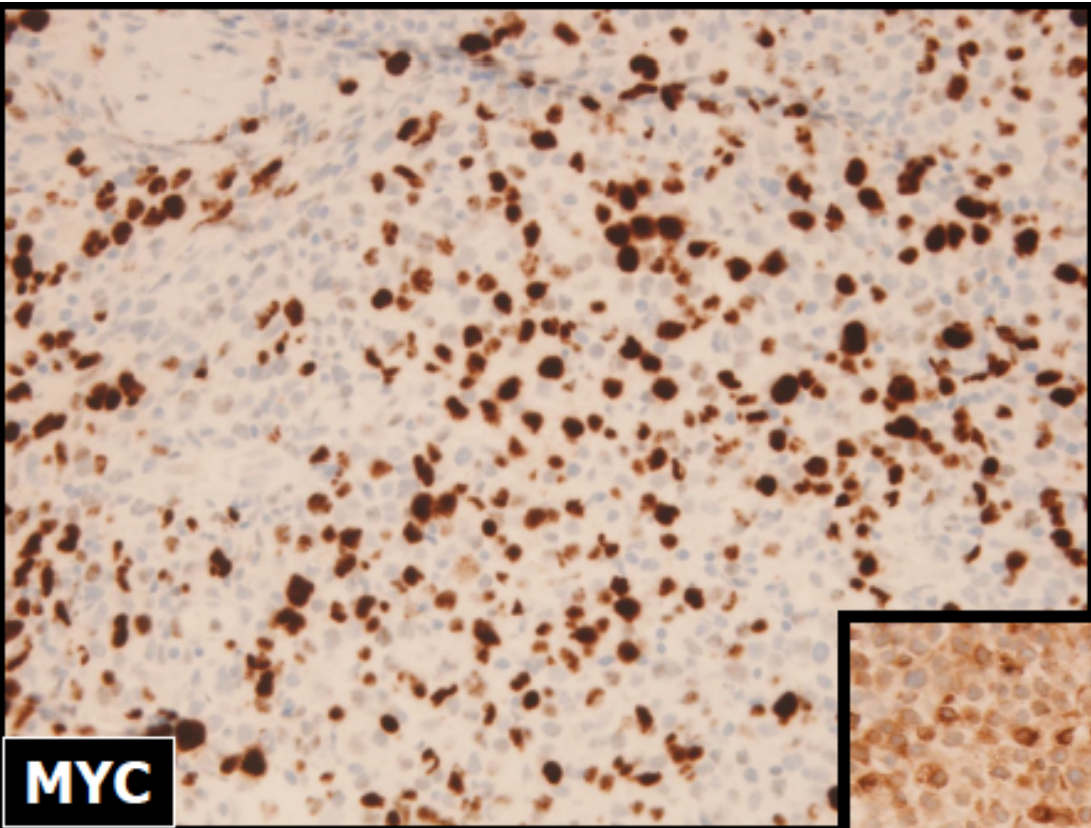


Ca:

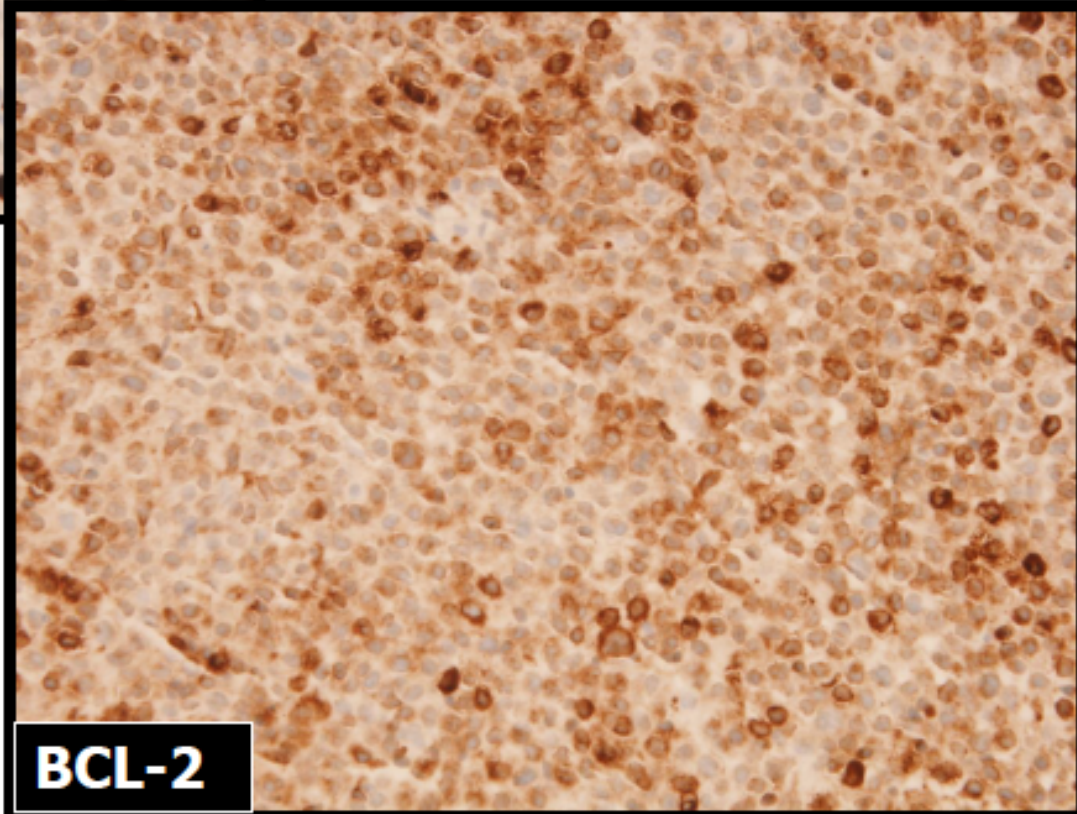




Ki-67



MYC

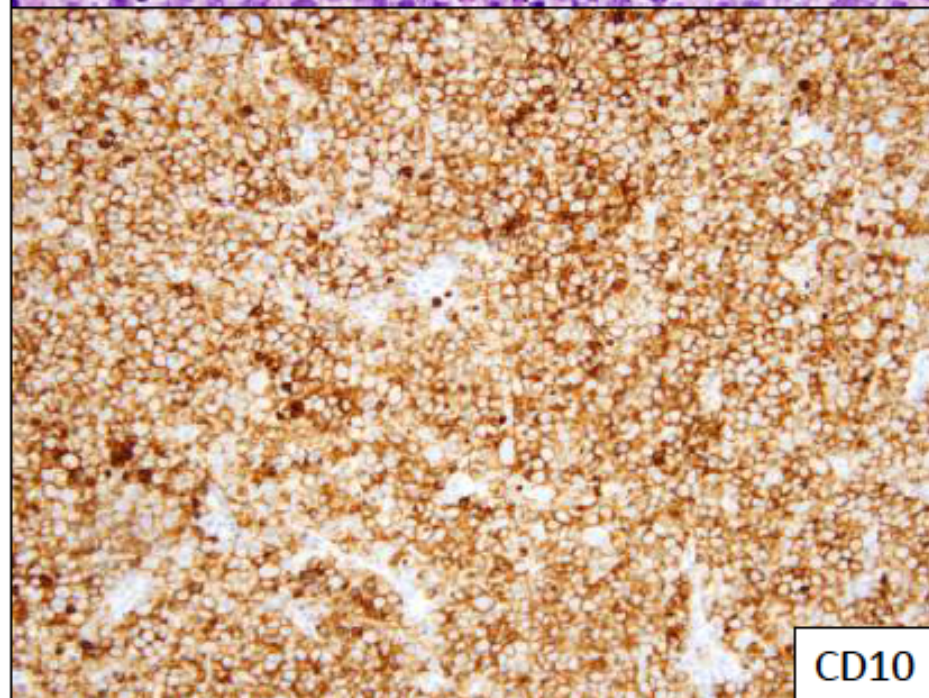
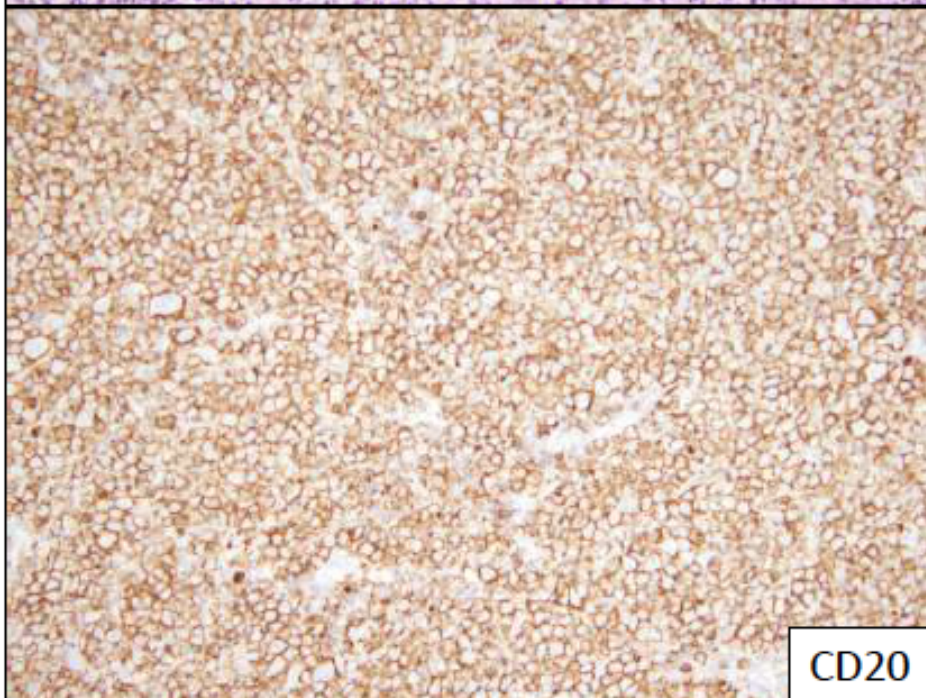
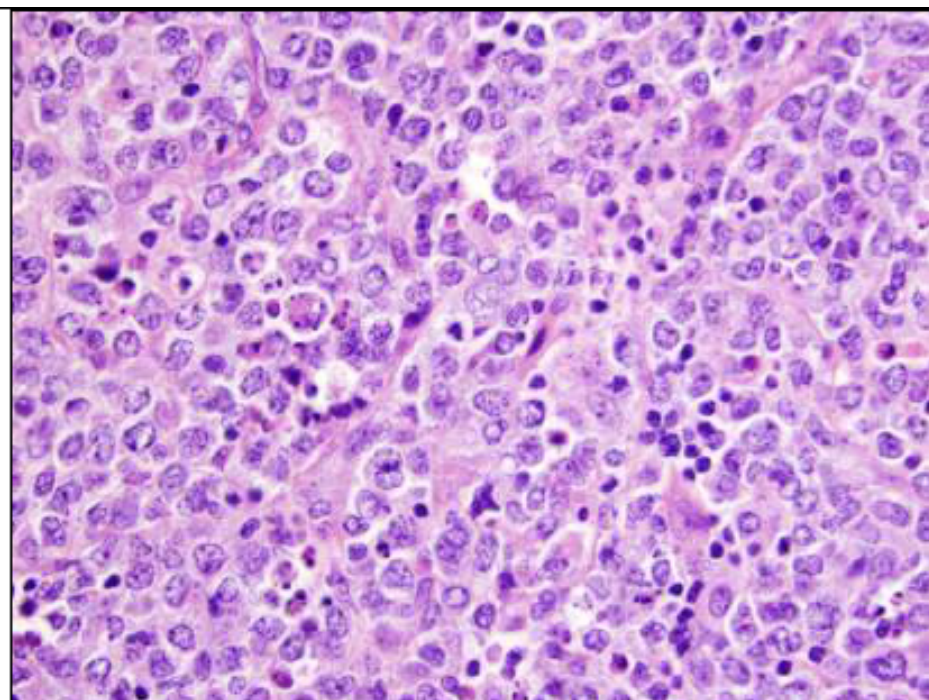
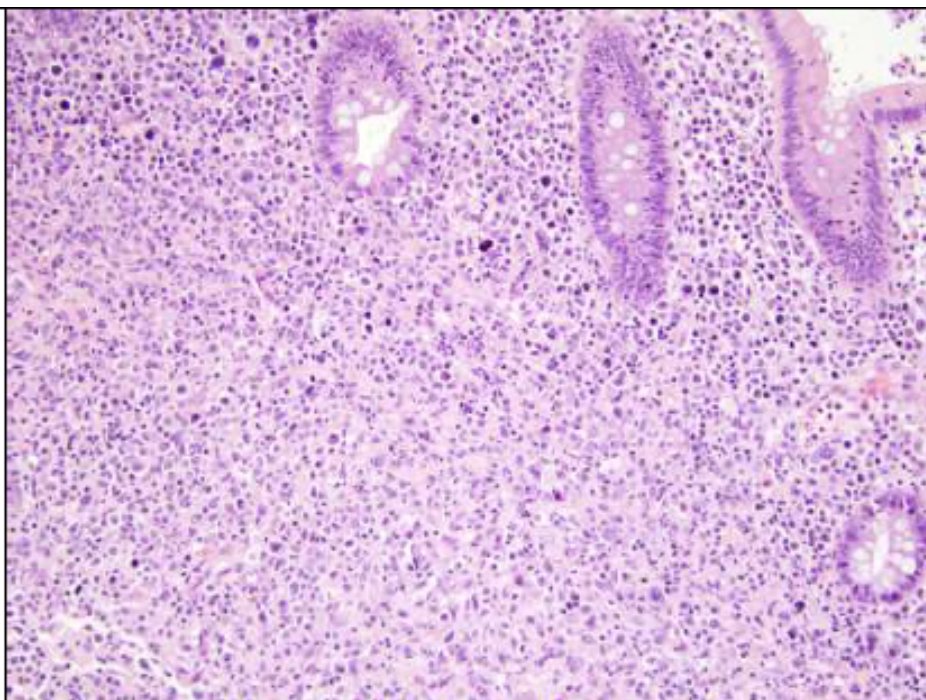


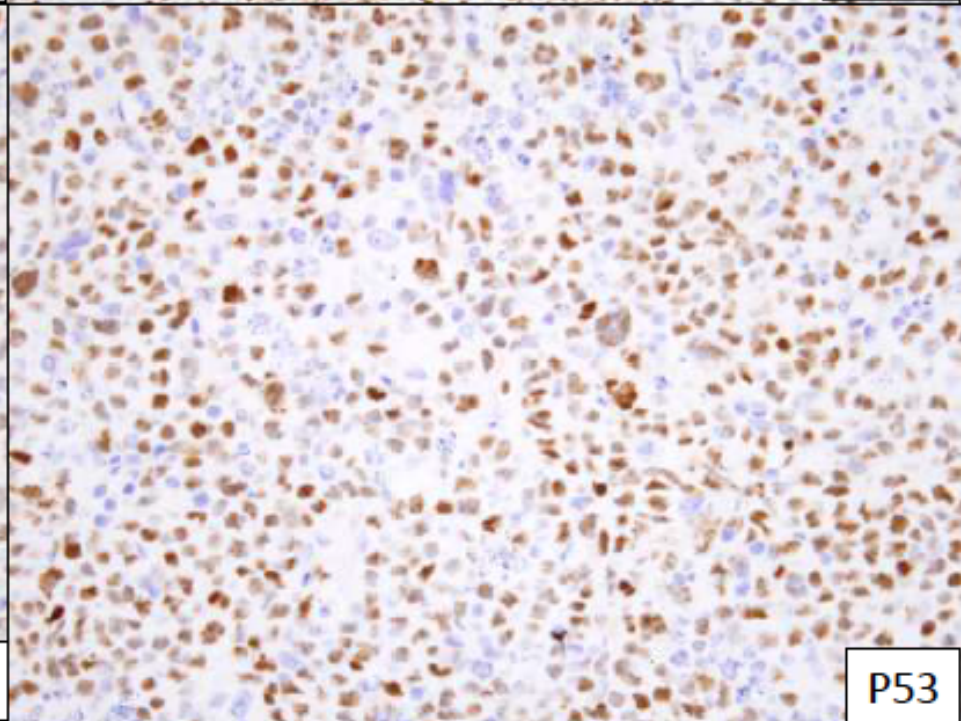
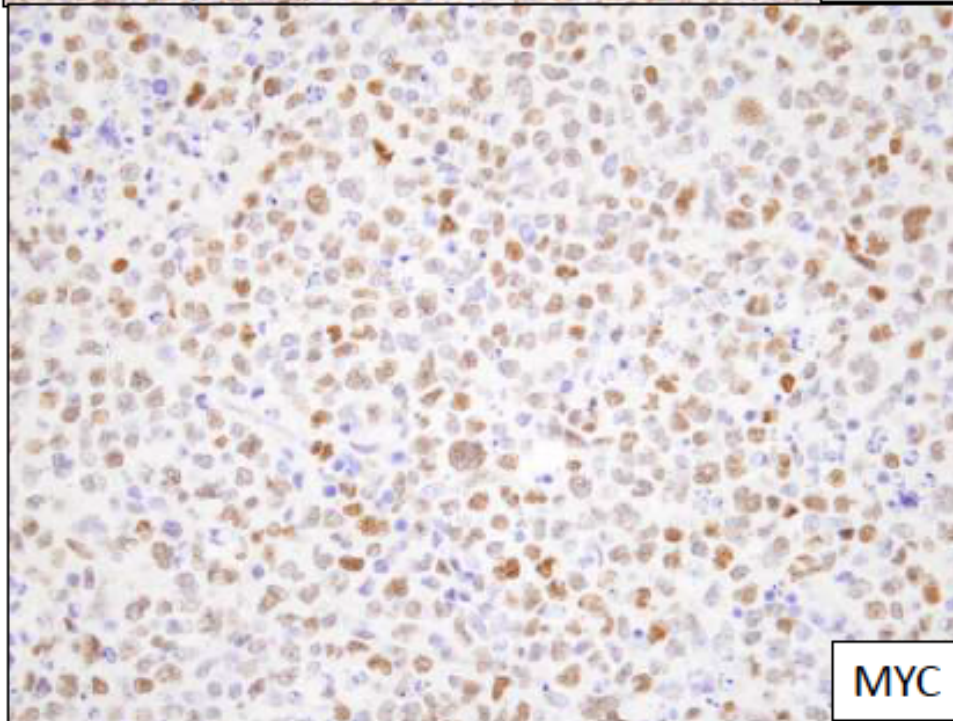
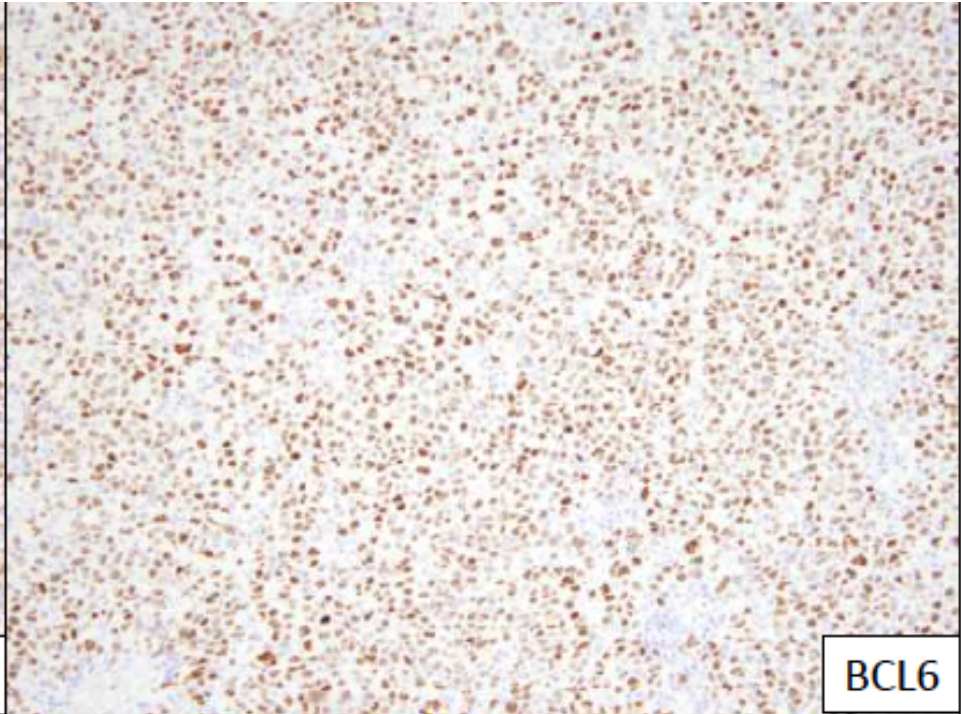
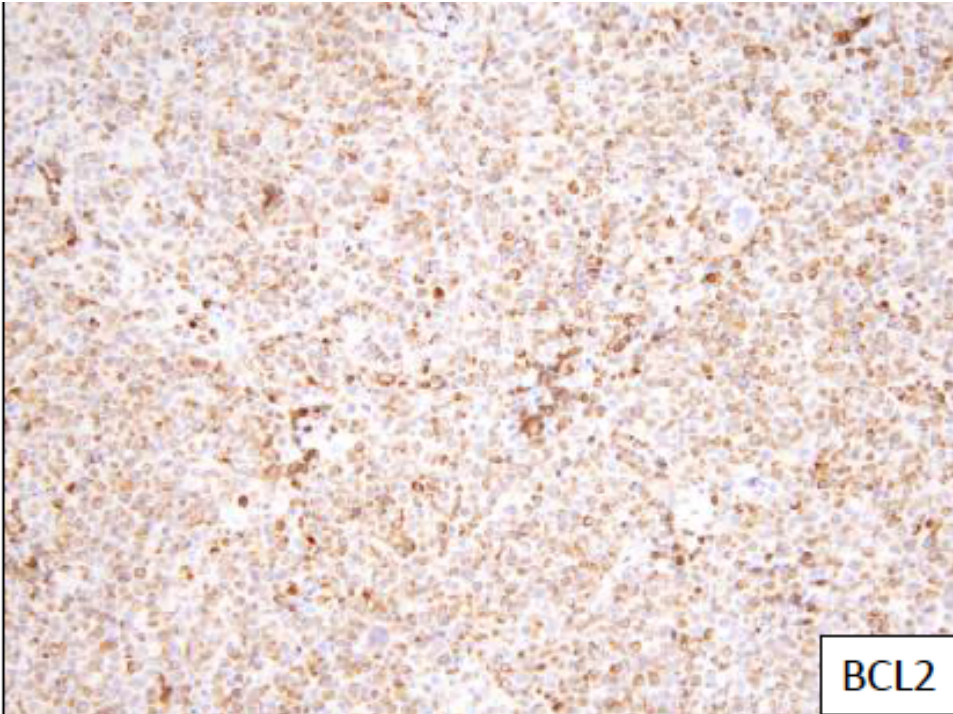
BCL-2

Case 5

63 year old female presented with 2 month history of gastric pain

EGD was performed and a large, partly ulcerated mass was biopsied





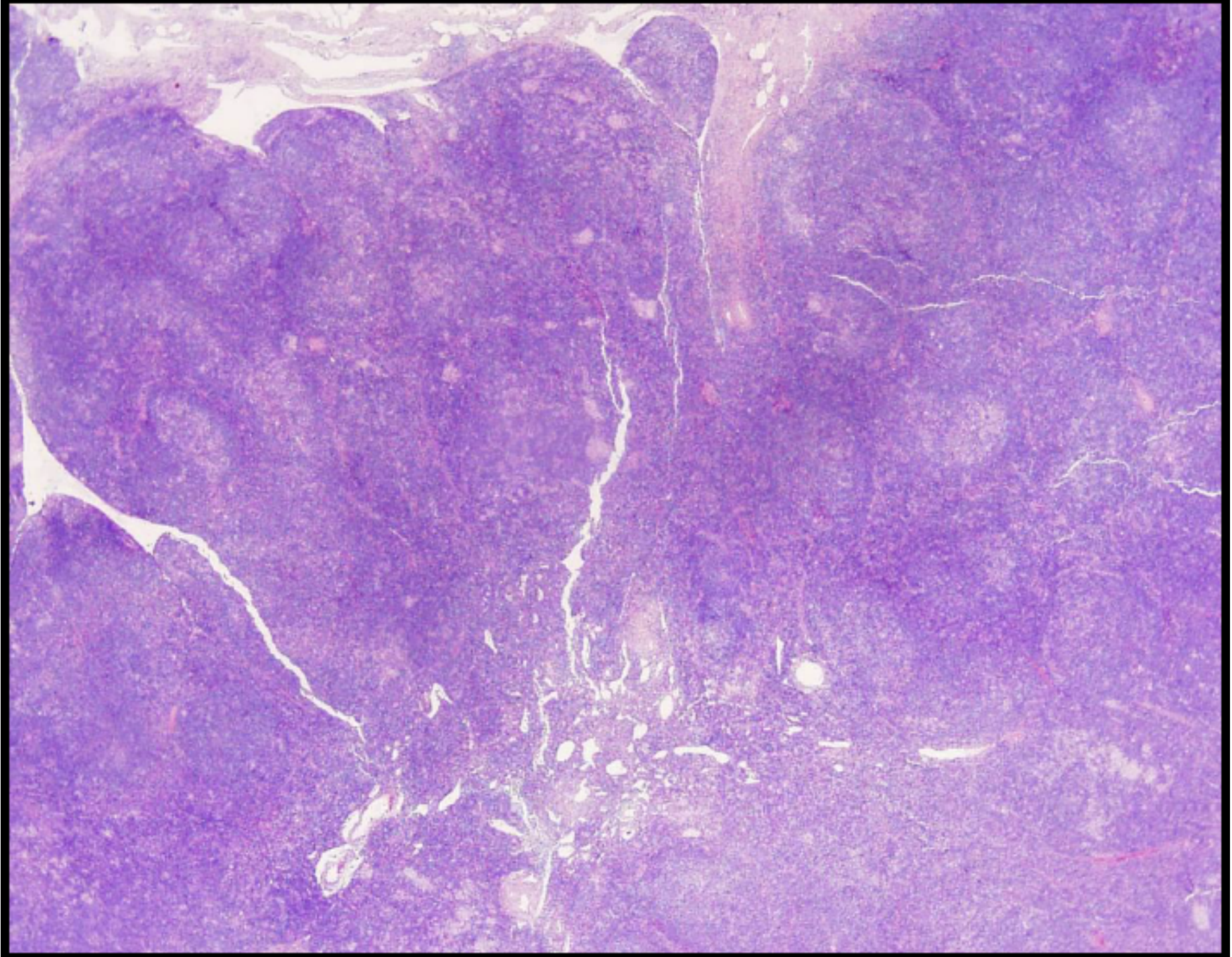
FISH Studies Were Performed

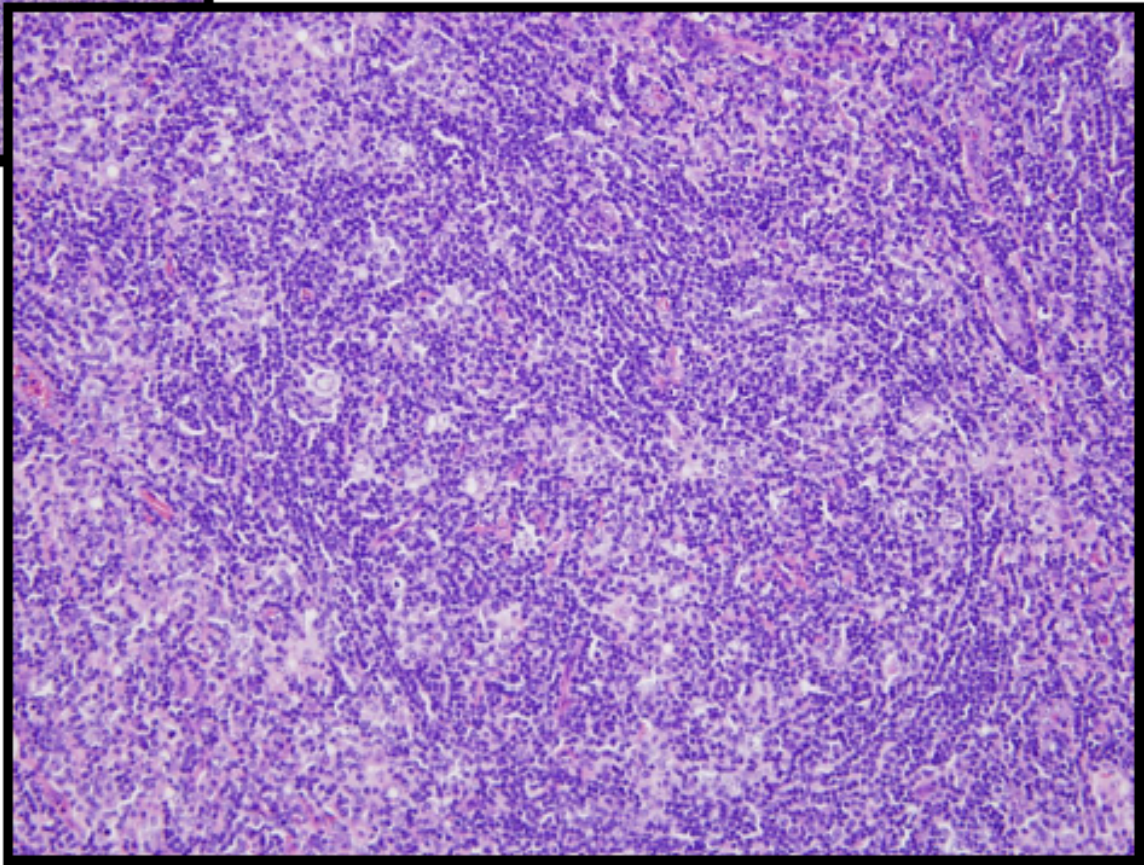
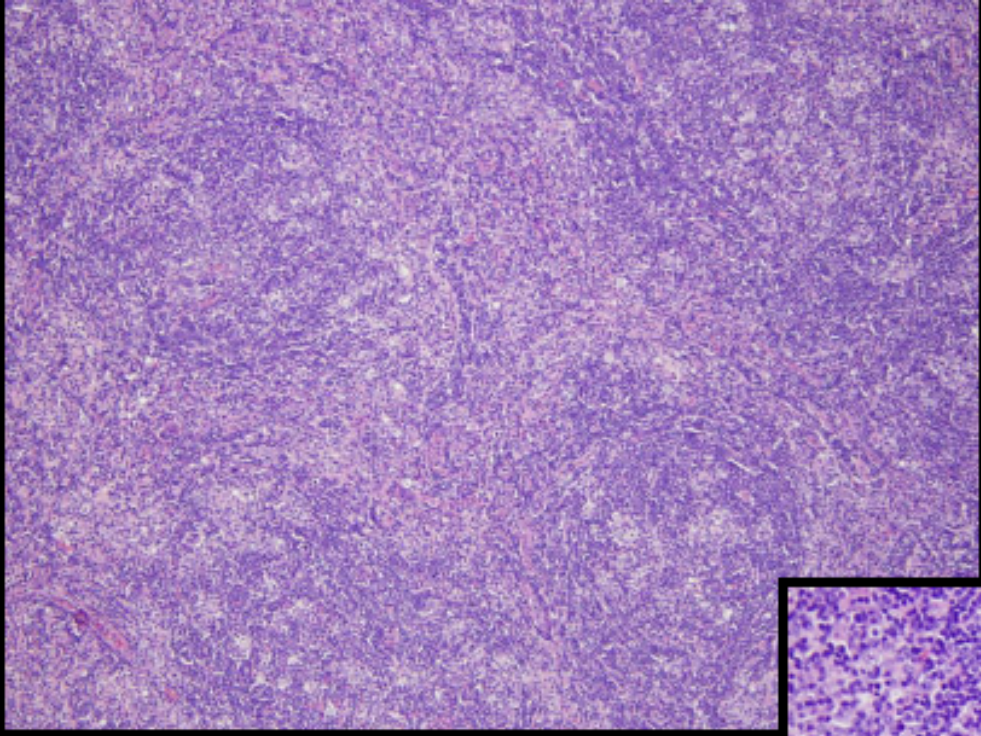
IGH:MYC was identified

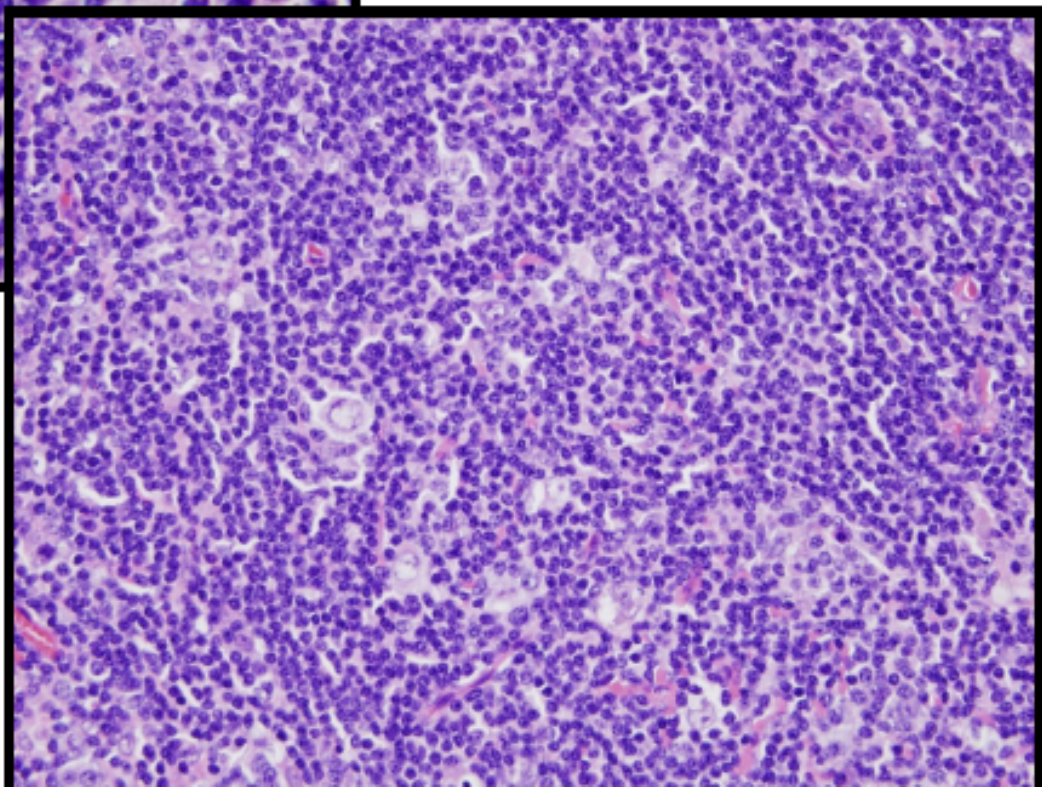
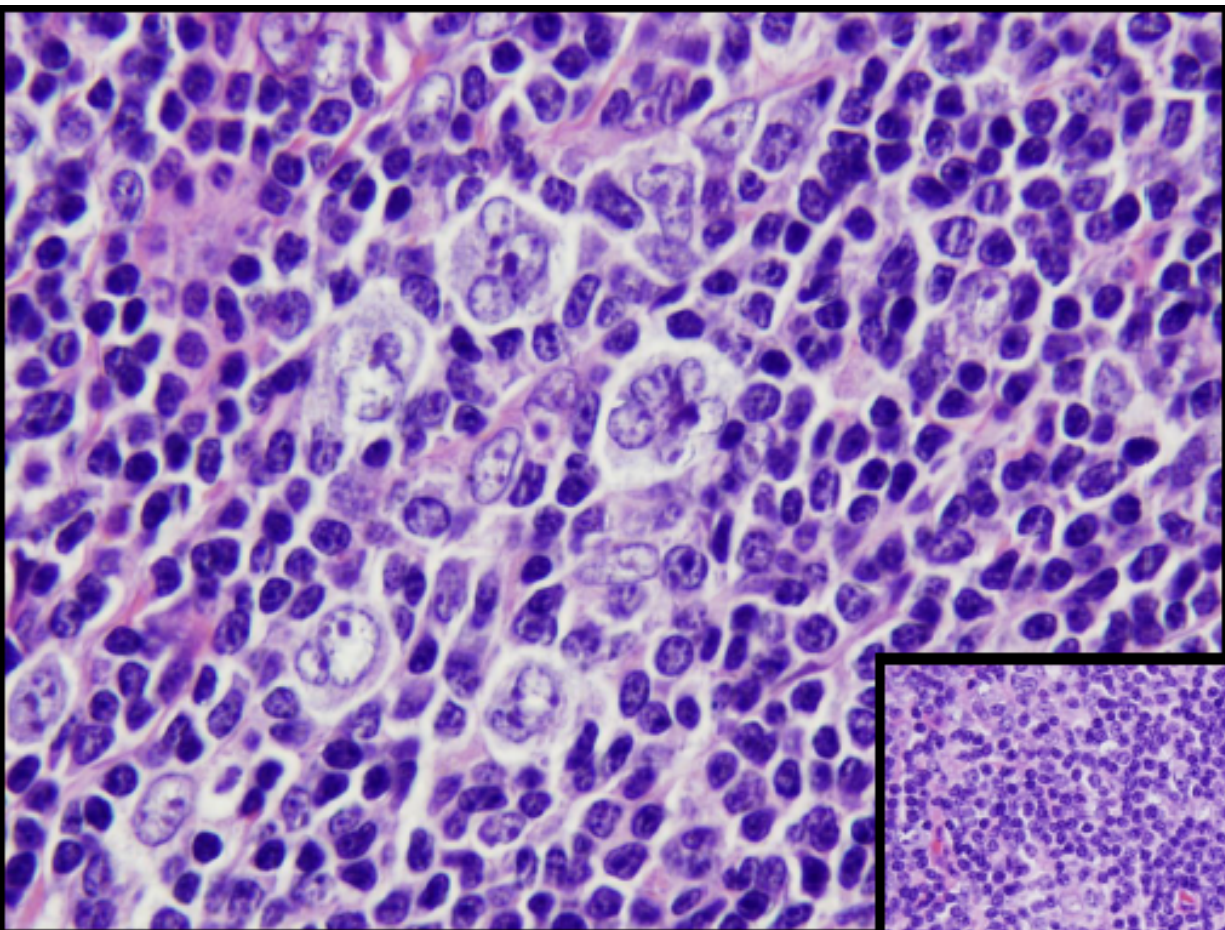
Reflex testing showed additional evidence of
IGH:BCL2

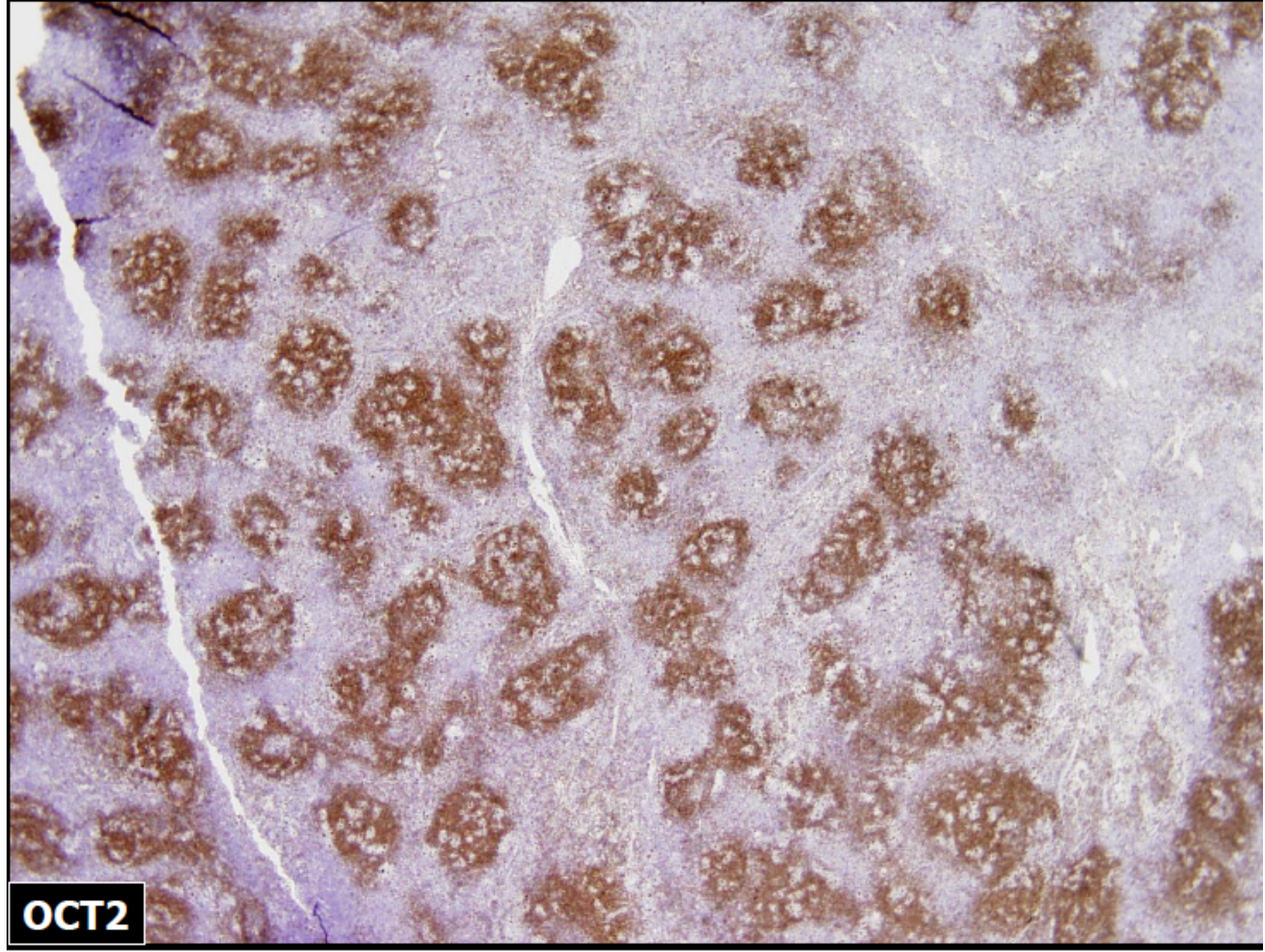
Case 6

A 48-year-old man presented with palpable masses in his neck without B symptoms. Physical examination and PET scan showed multiple left neck LNs with the largest from the submandibular region being 3.1 x 1.9 x 1.5 cm. A FNA was non-diagnostic with negative flow cytometry results. An excisional biopsy was performed.

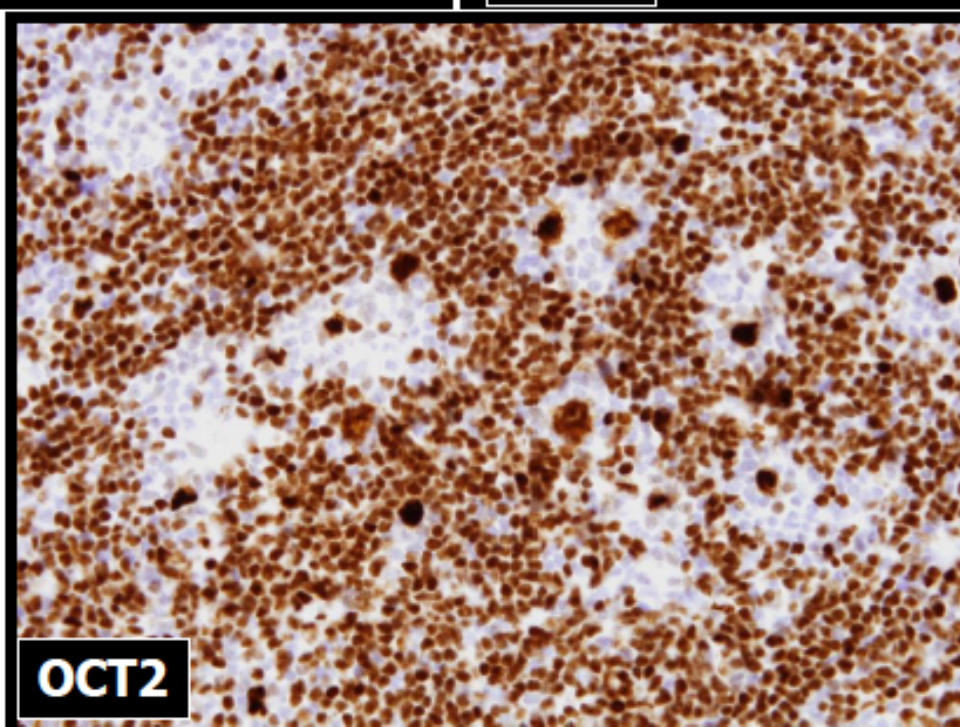
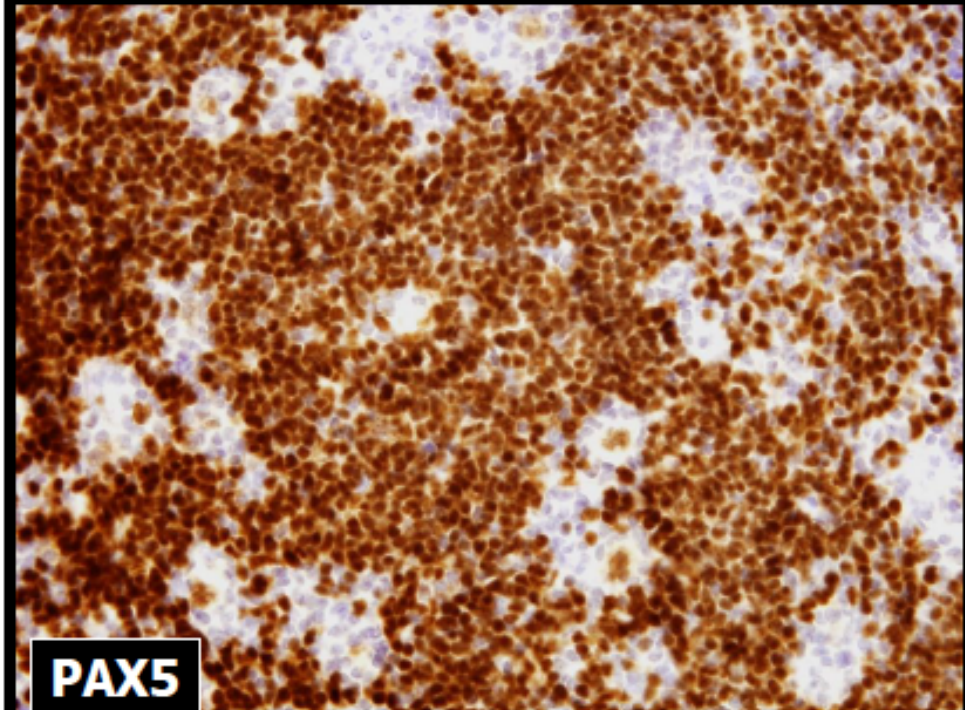
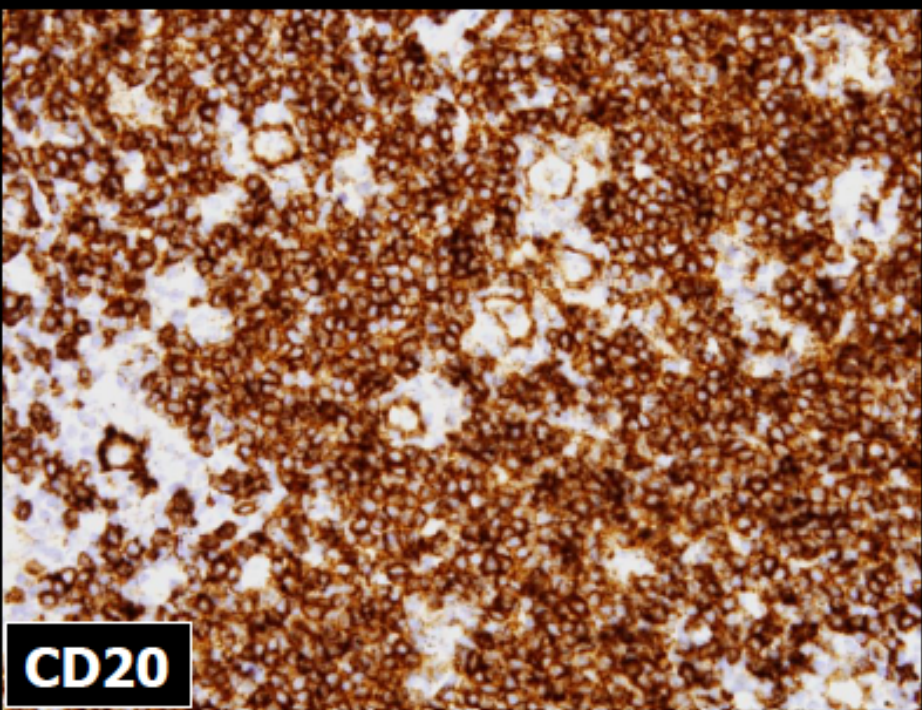


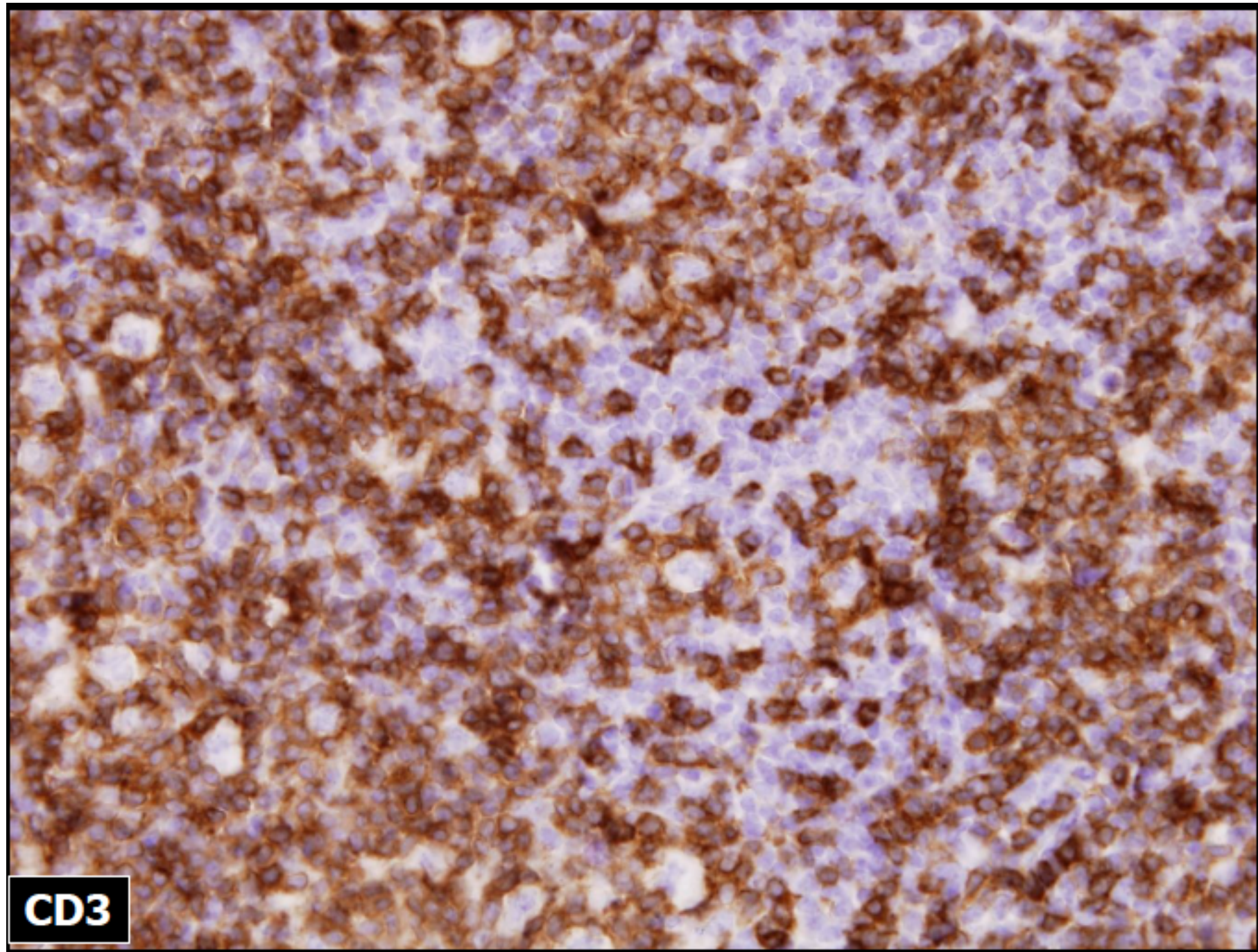






OCT2

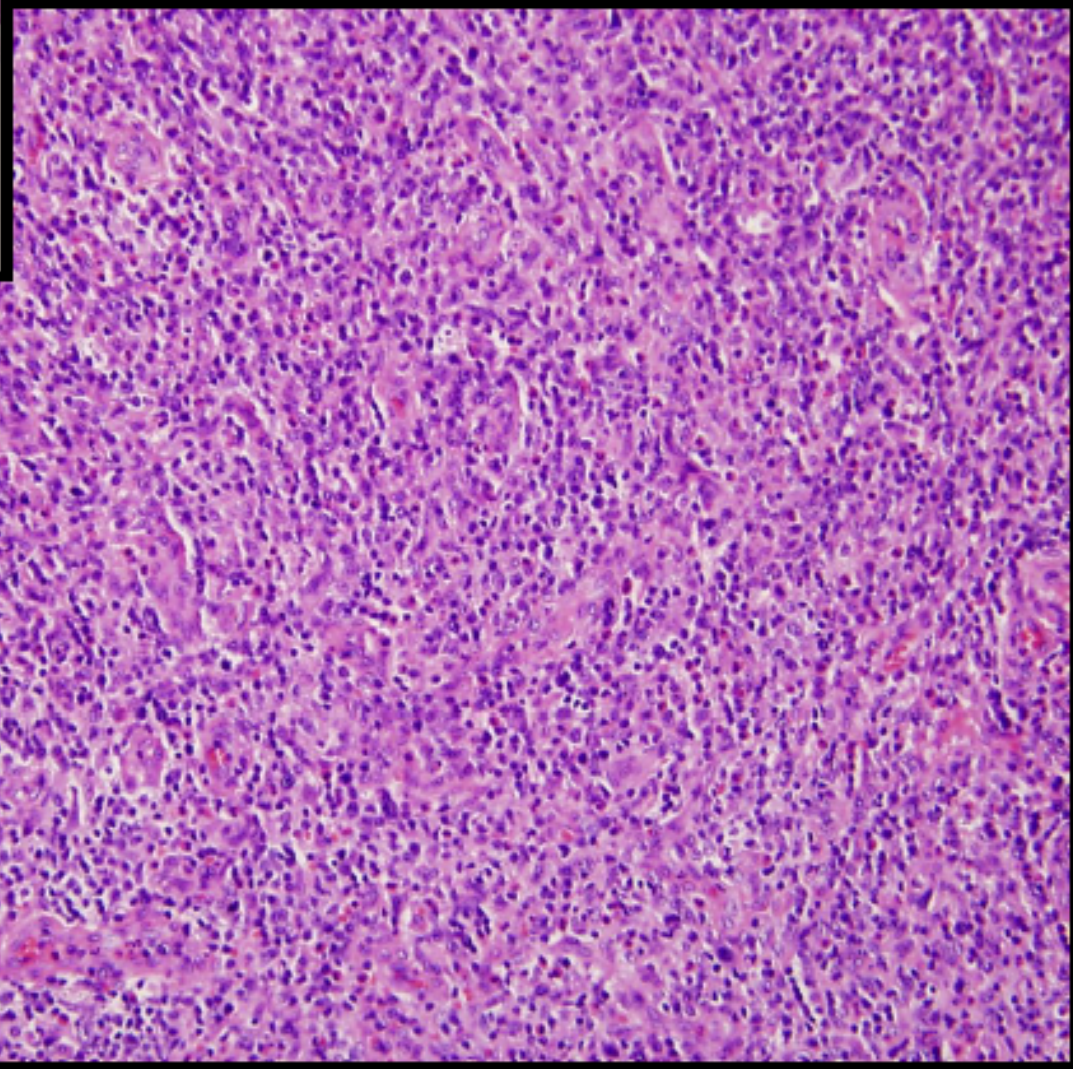
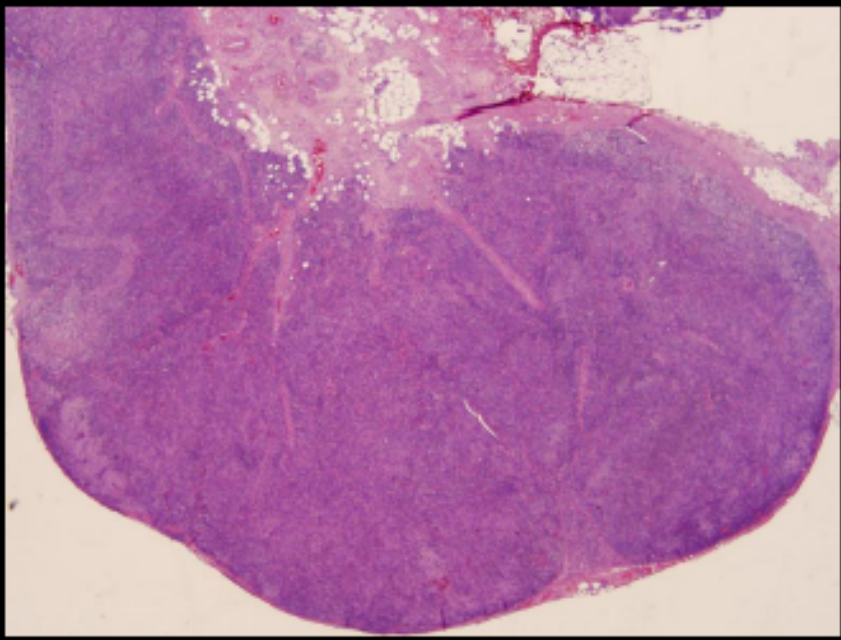


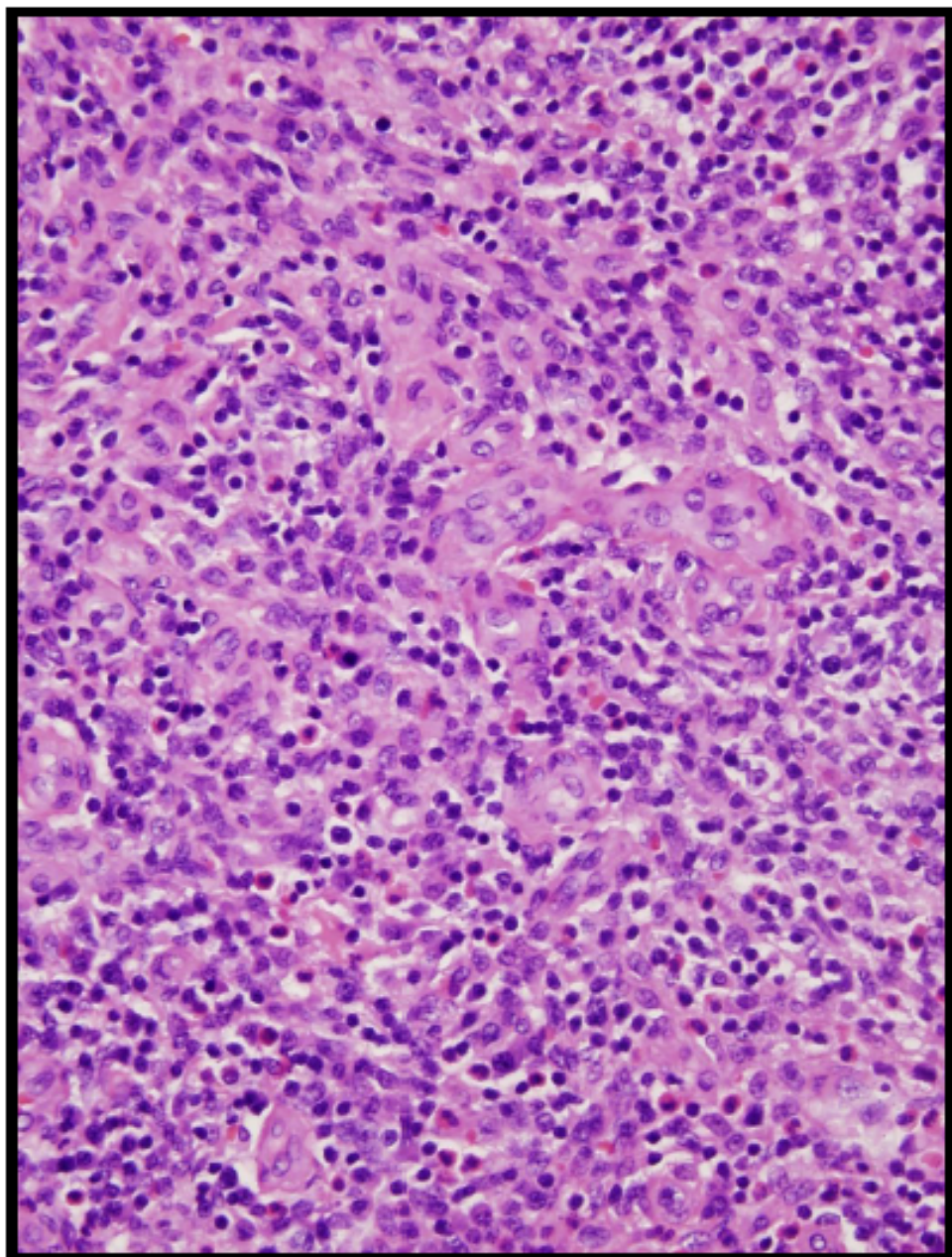
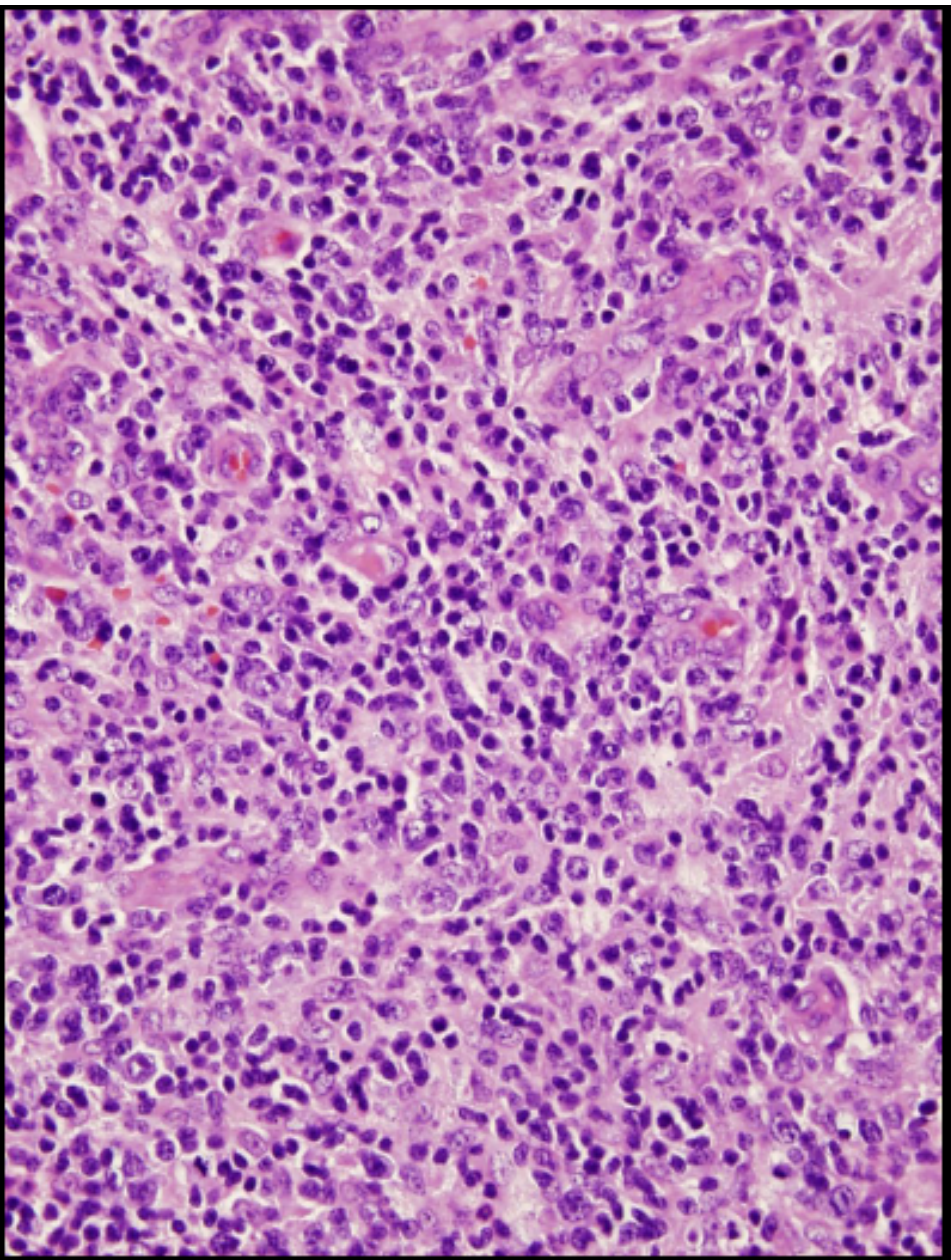


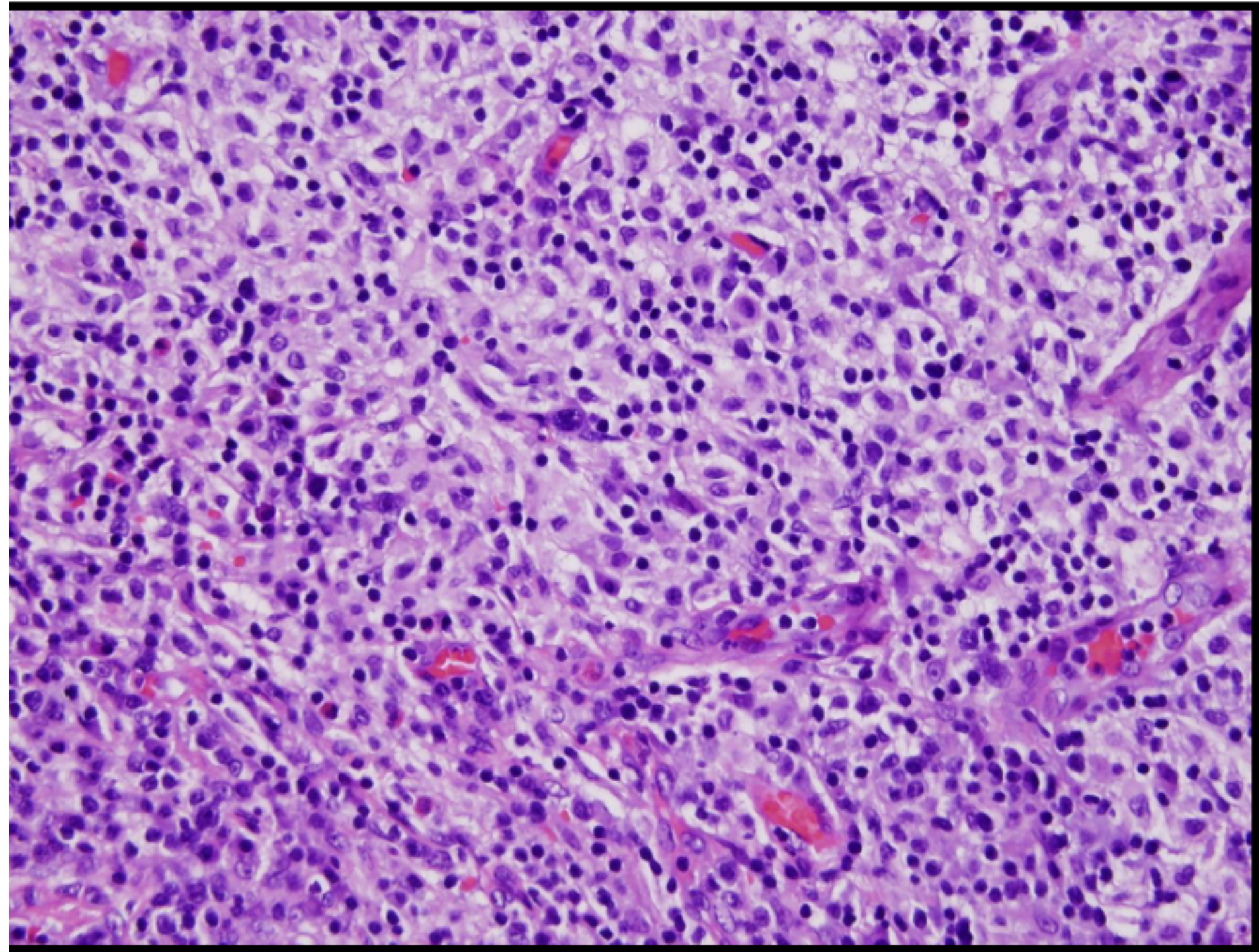
CD3

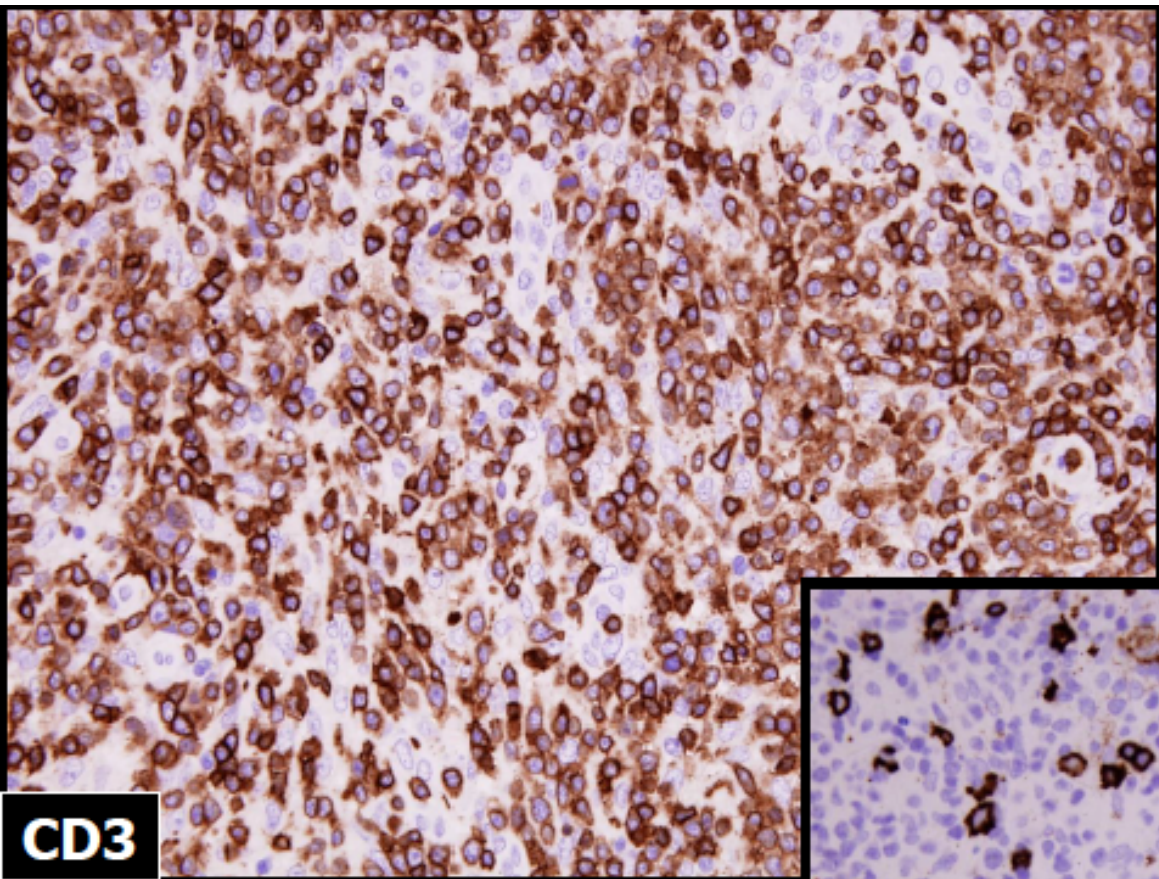
Case 7

A 51-year-old woman with a history of breast cancer developed cervical lymphadenopathy. Needle biopsy showed atypical follicular hyperplasia. She was followed. One year later she developed dyspnea, fatigue and widespread lymphadenopathy. A right inguinal lymph node was excised.

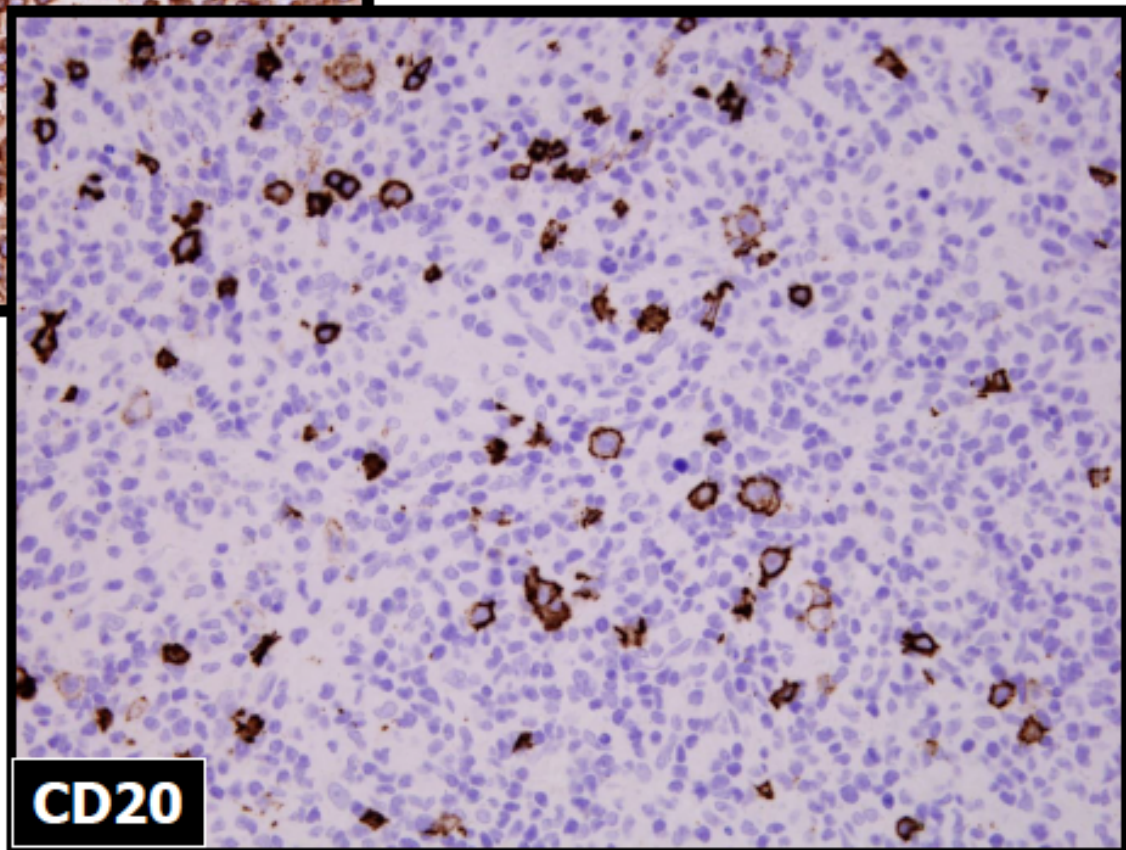




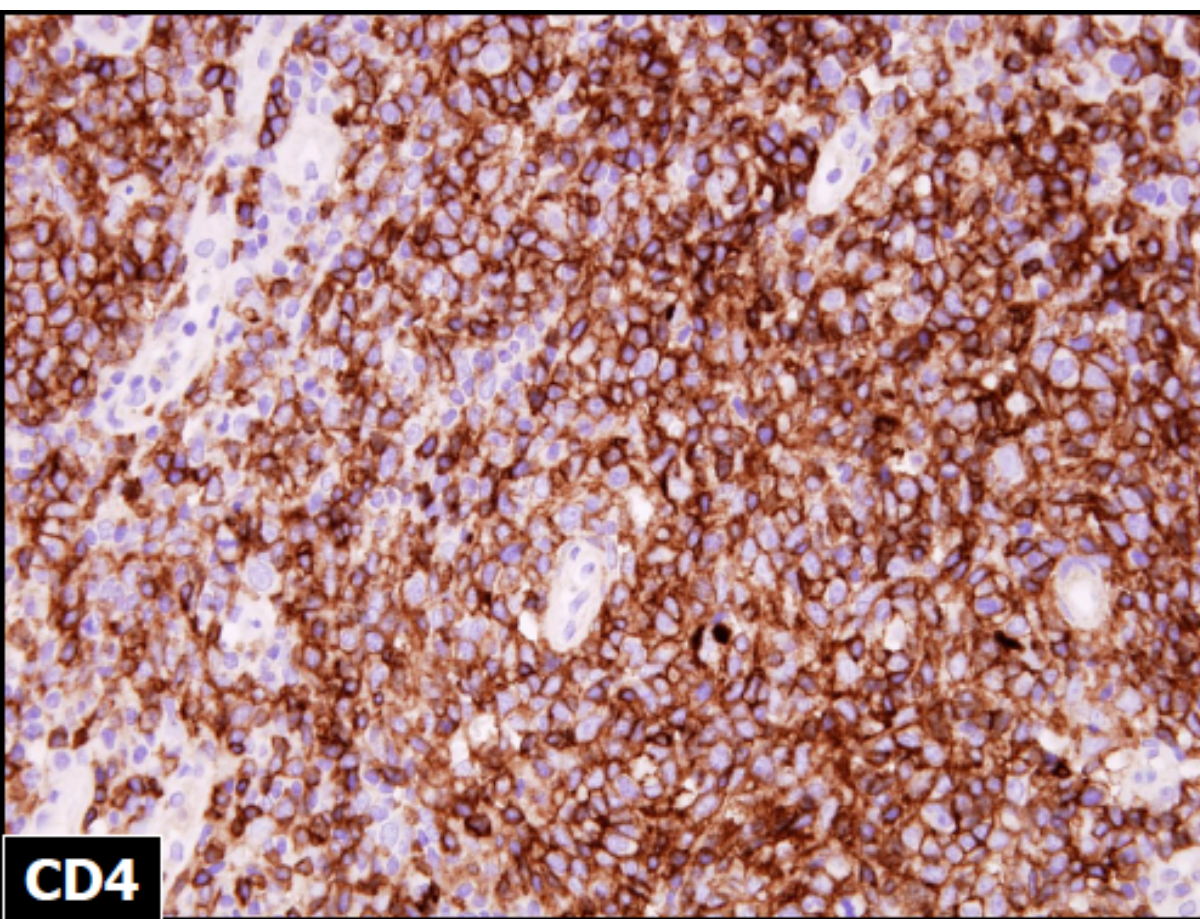




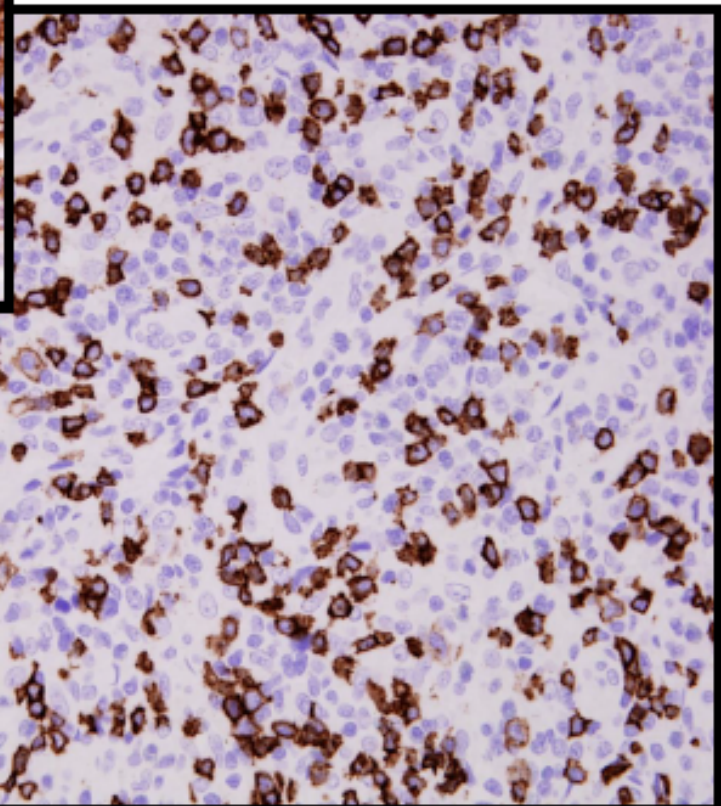
CD3



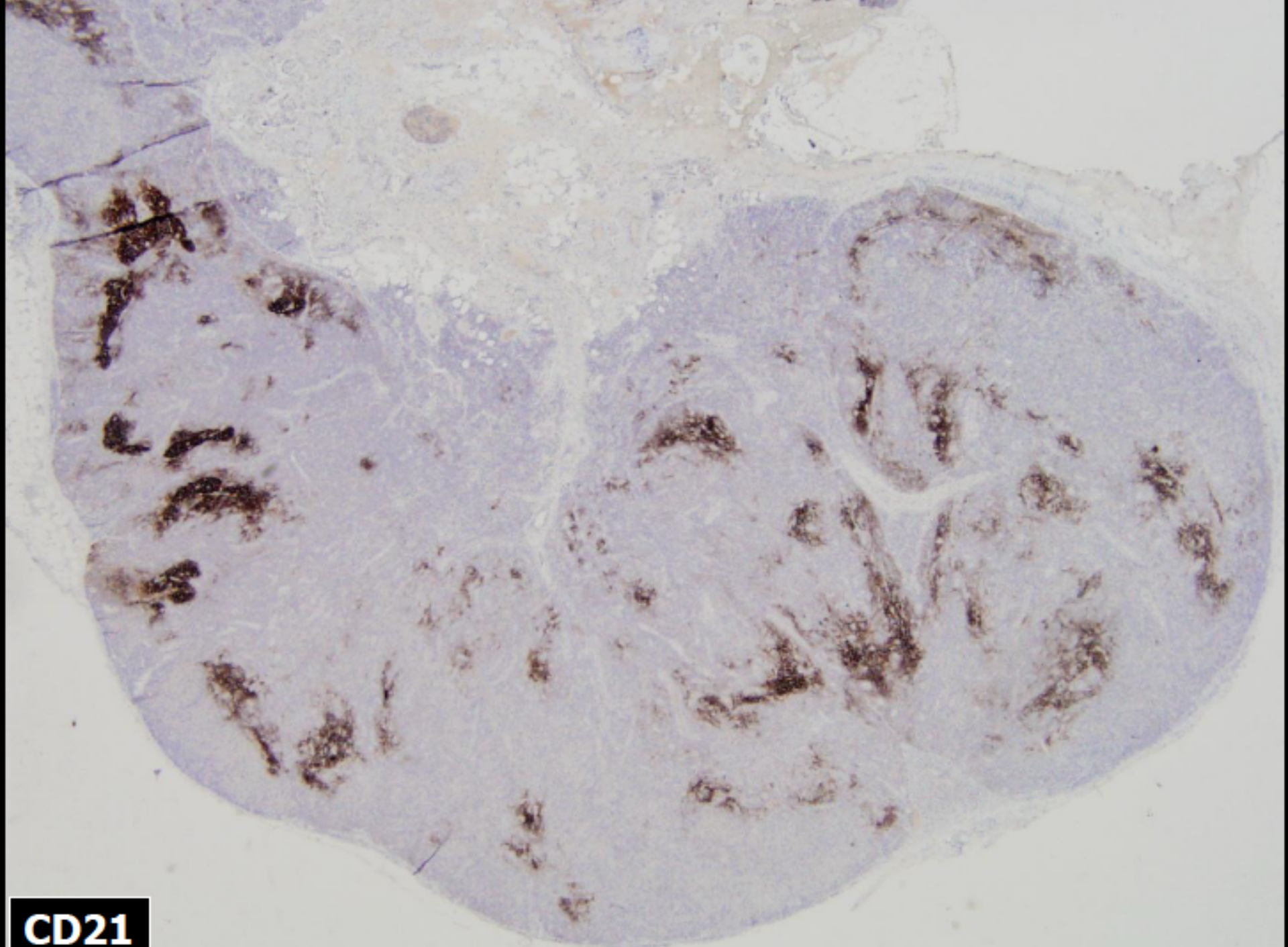
CD20



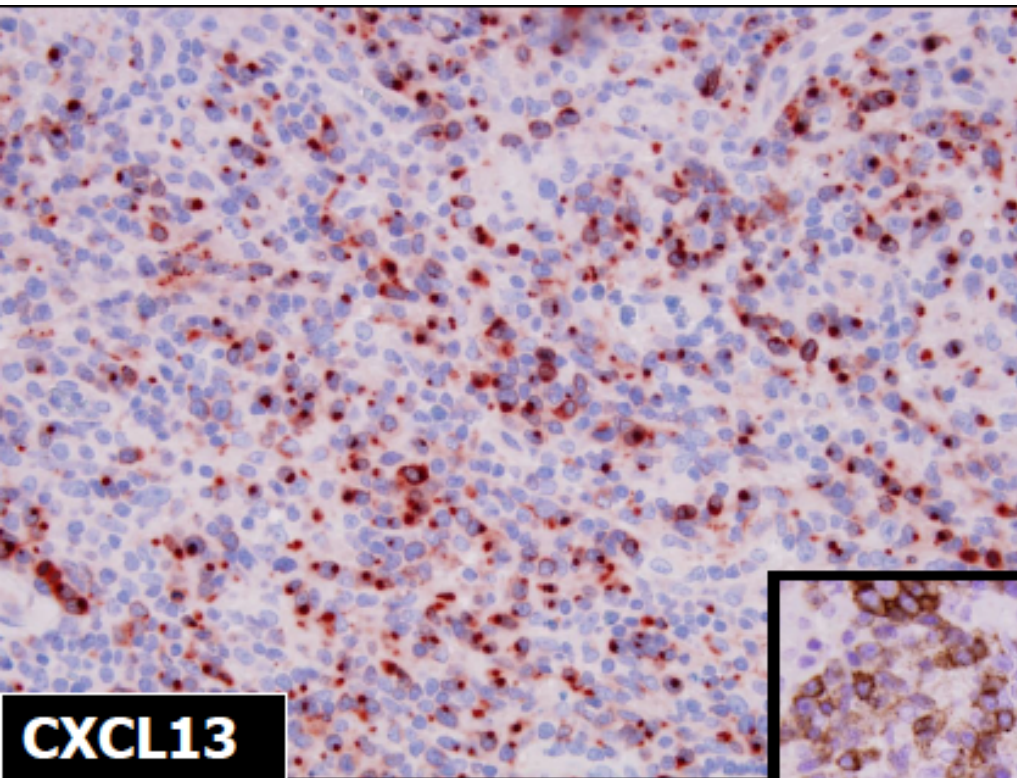
CD4



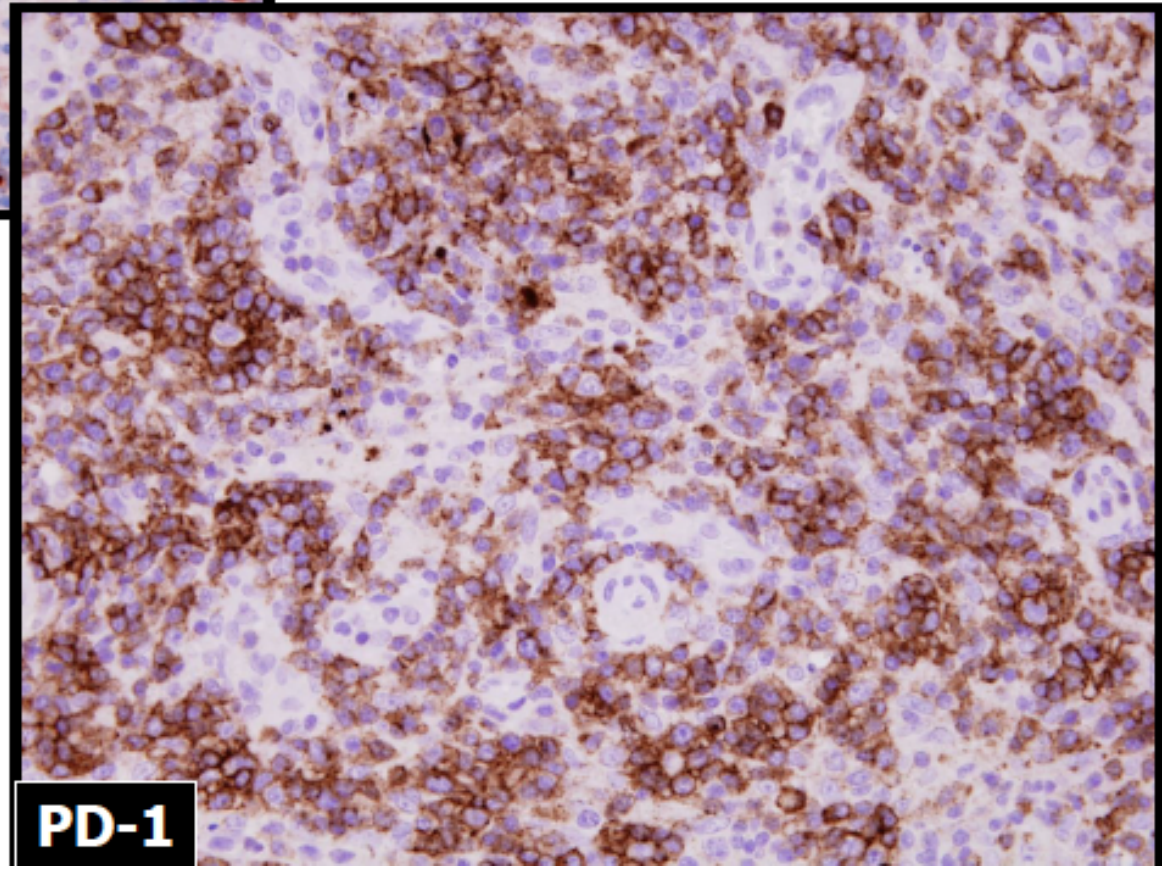
CD8



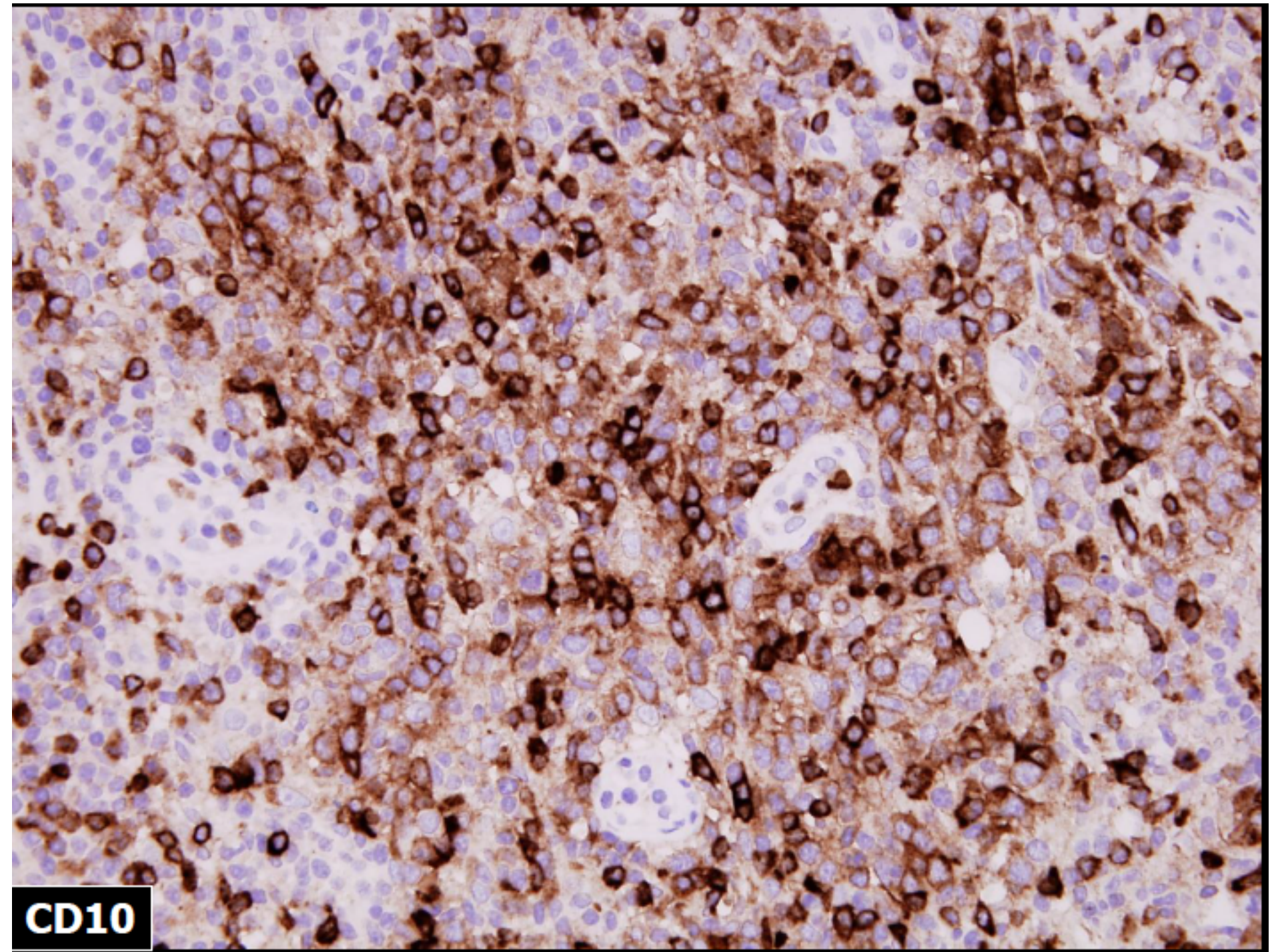
CD21



CXCL13



PD-1



CD10

Case 8

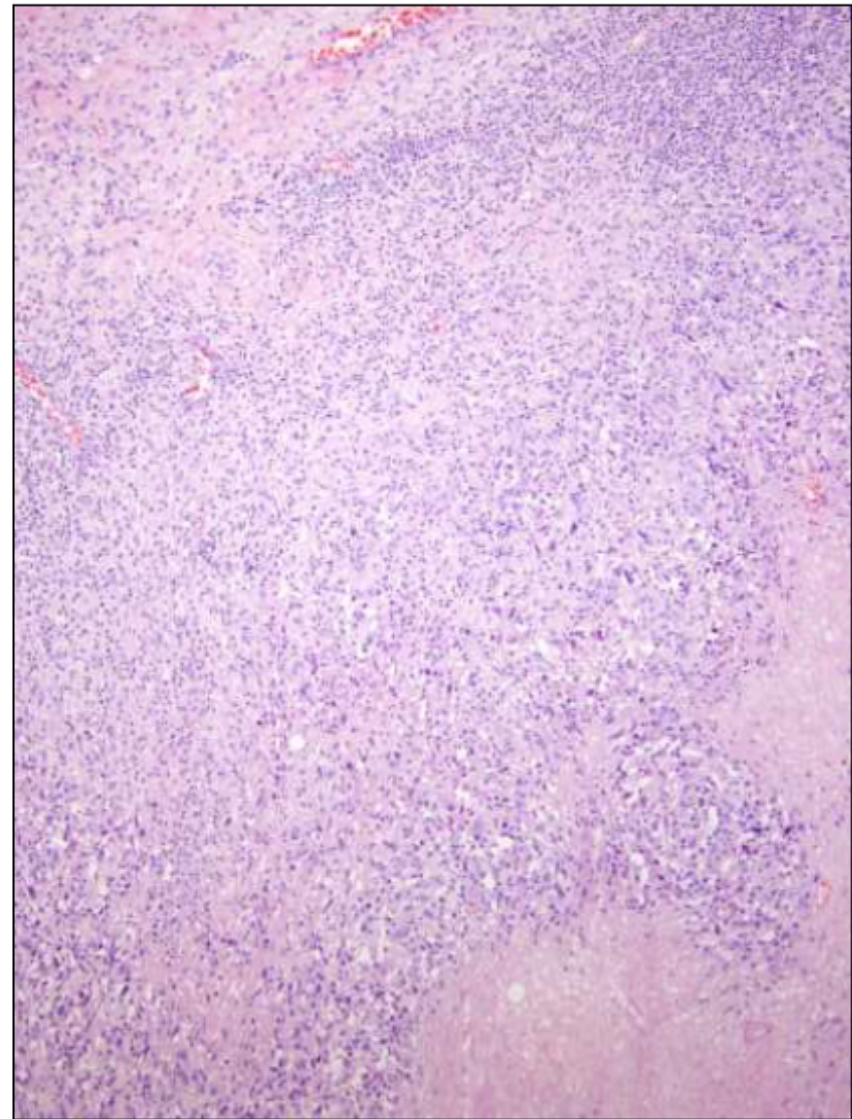
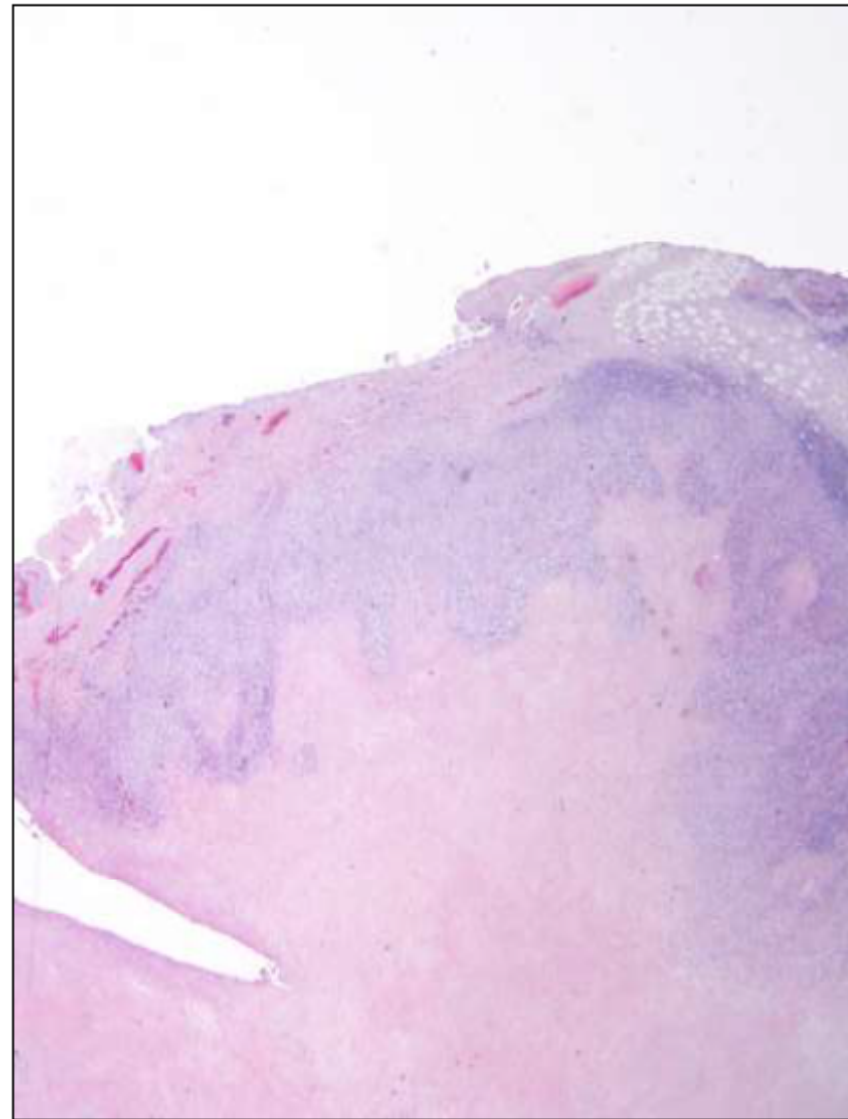
72 y/o female

Breast implant, 27 years previous

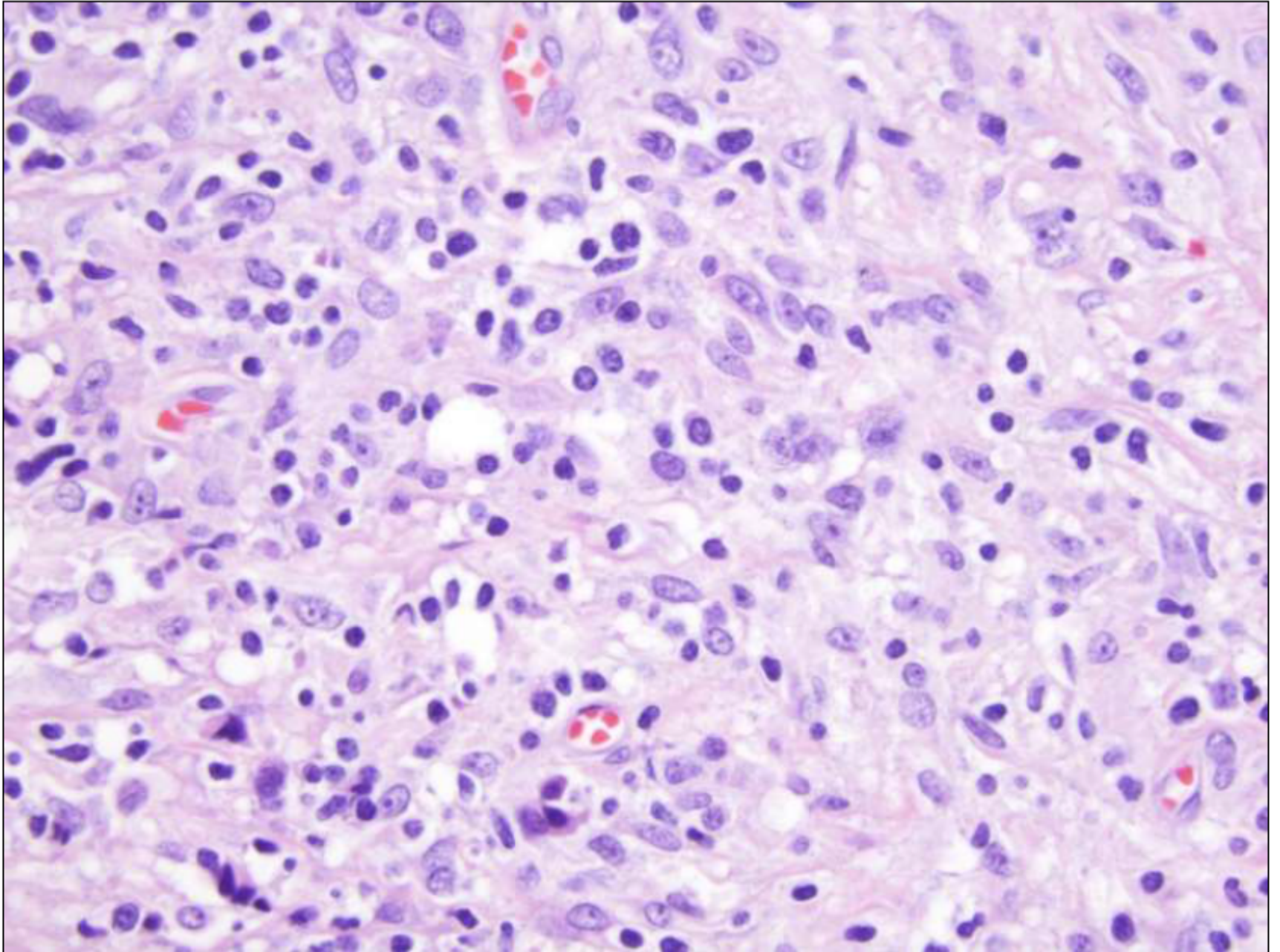
Currently, edema and fluid enlarging breast

Breast implant capsule

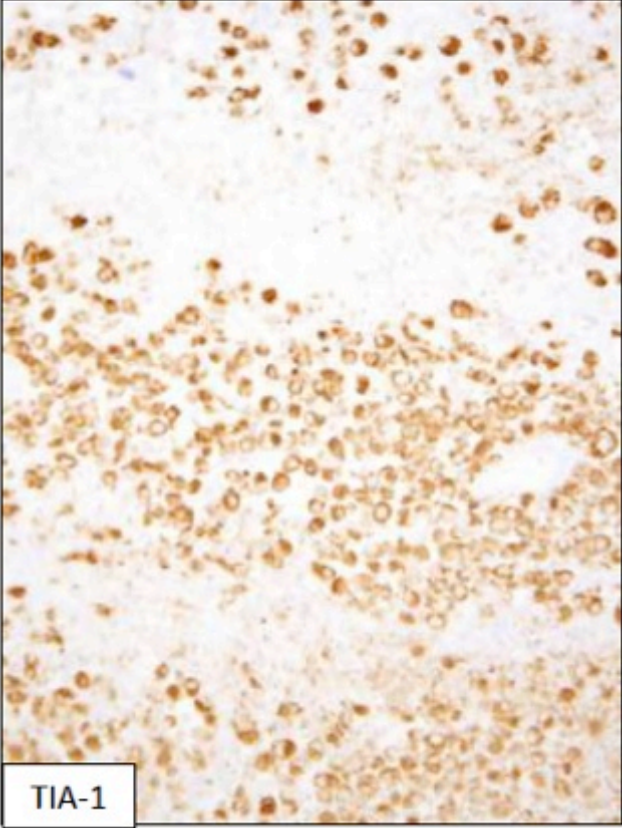
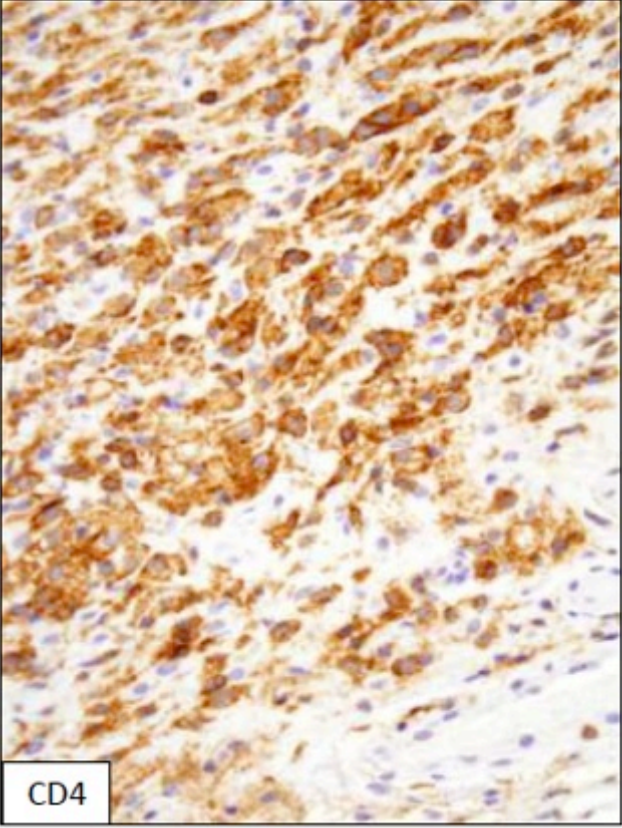
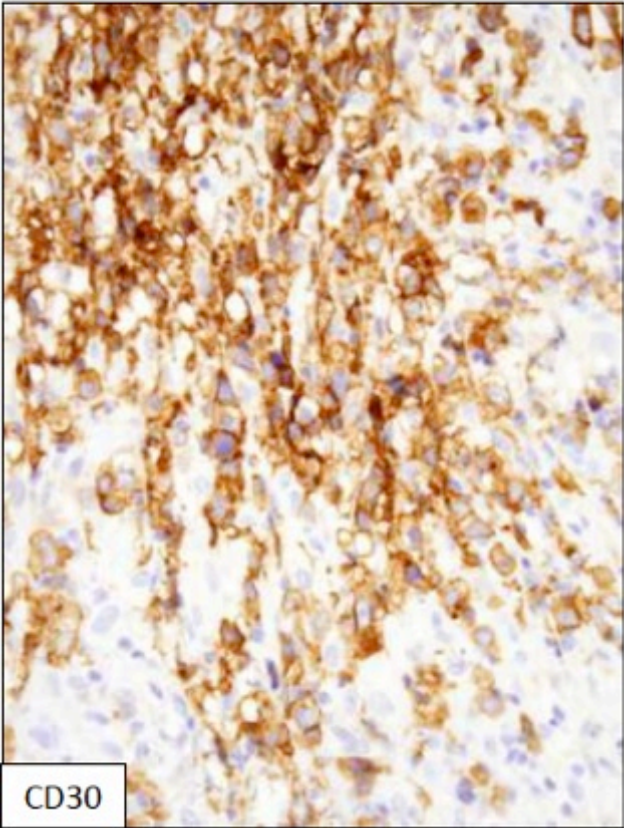
Breast implant capsule



Breast implant capsule

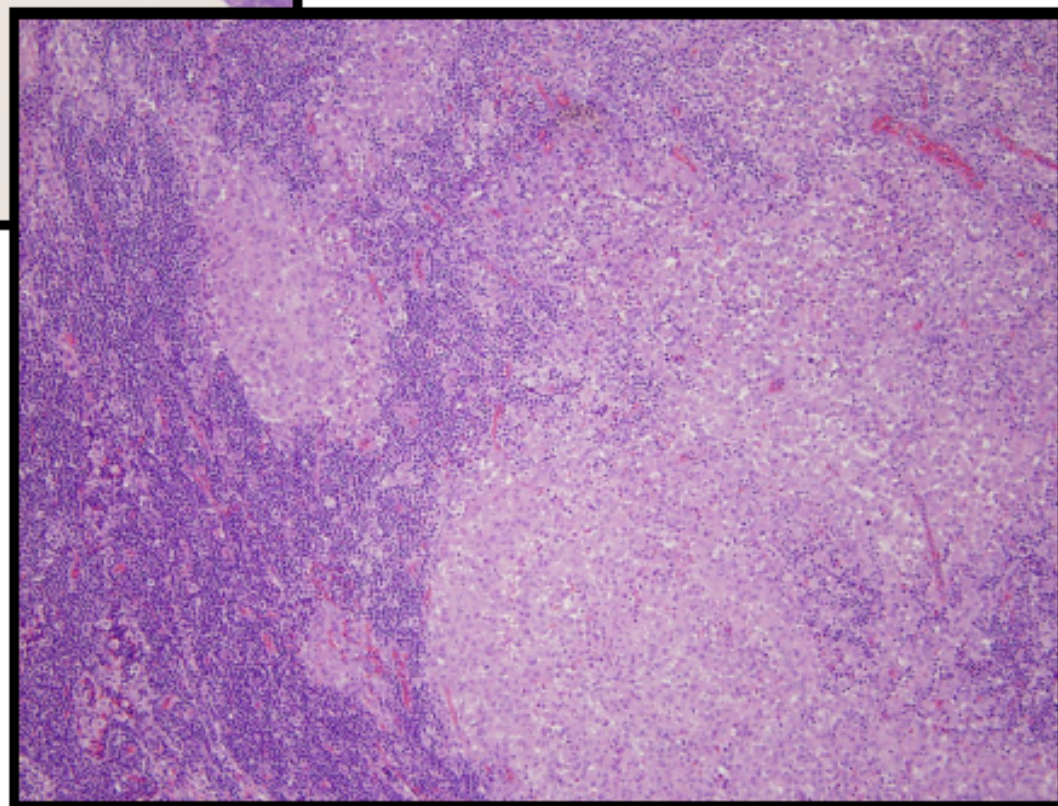
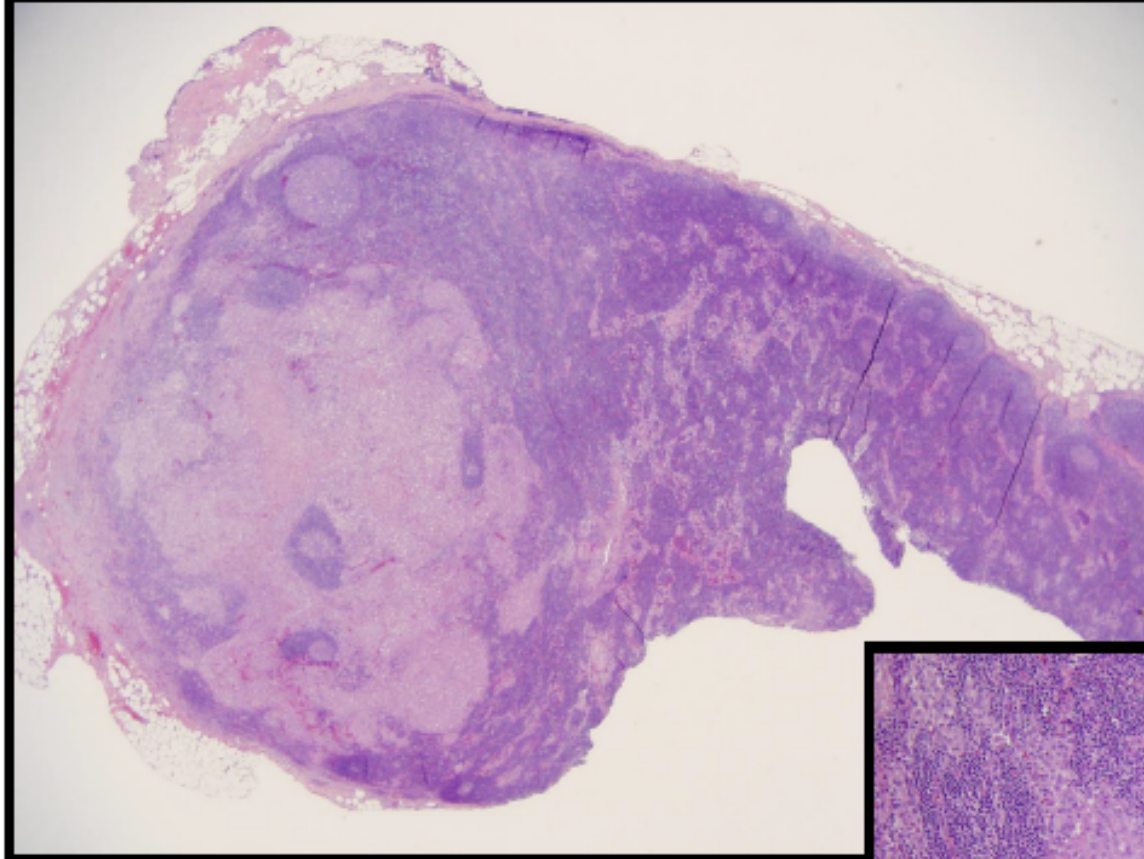


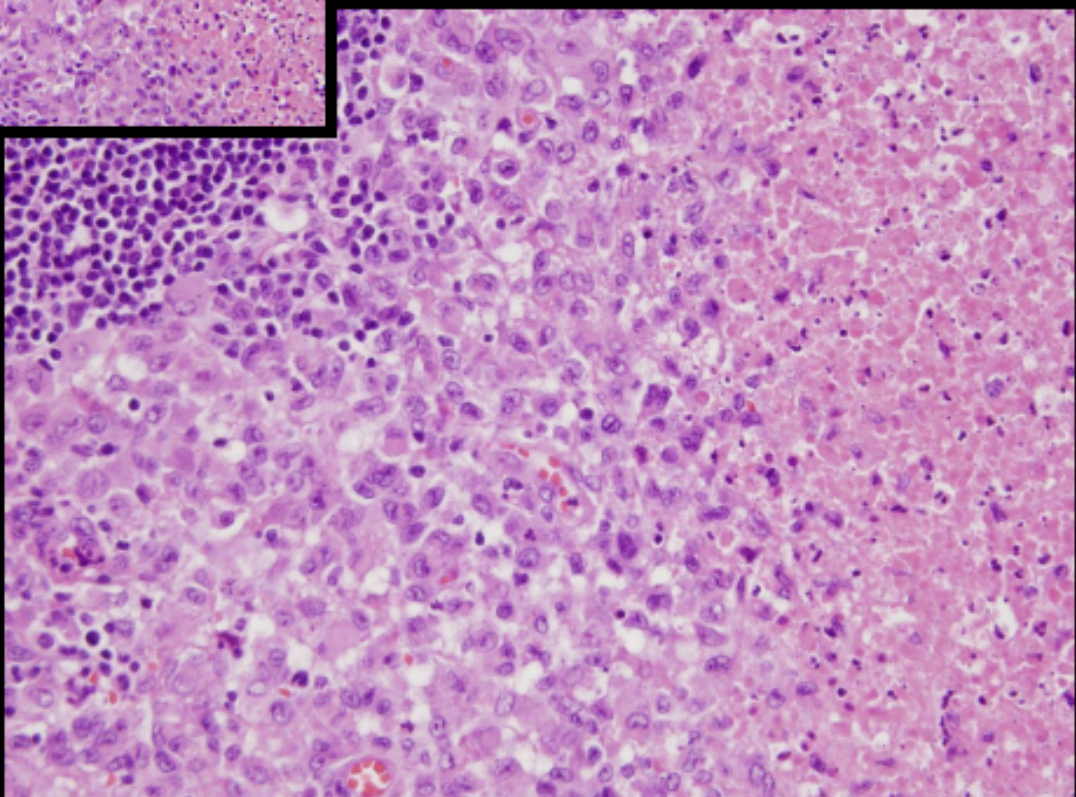
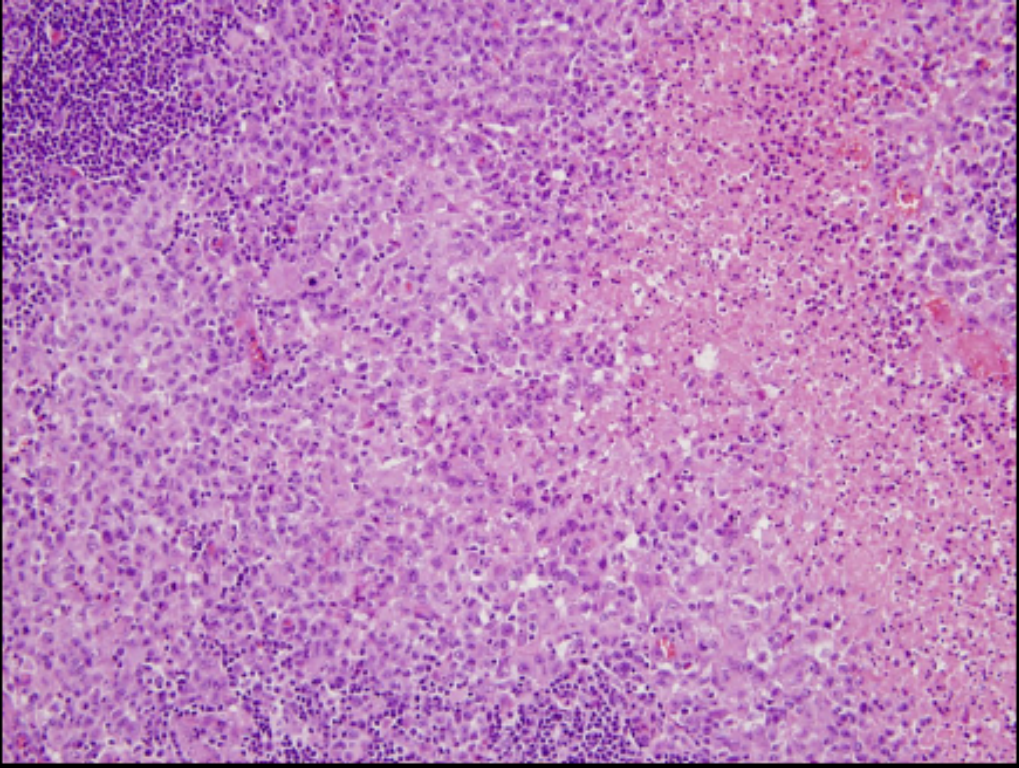
Breast implant capsule

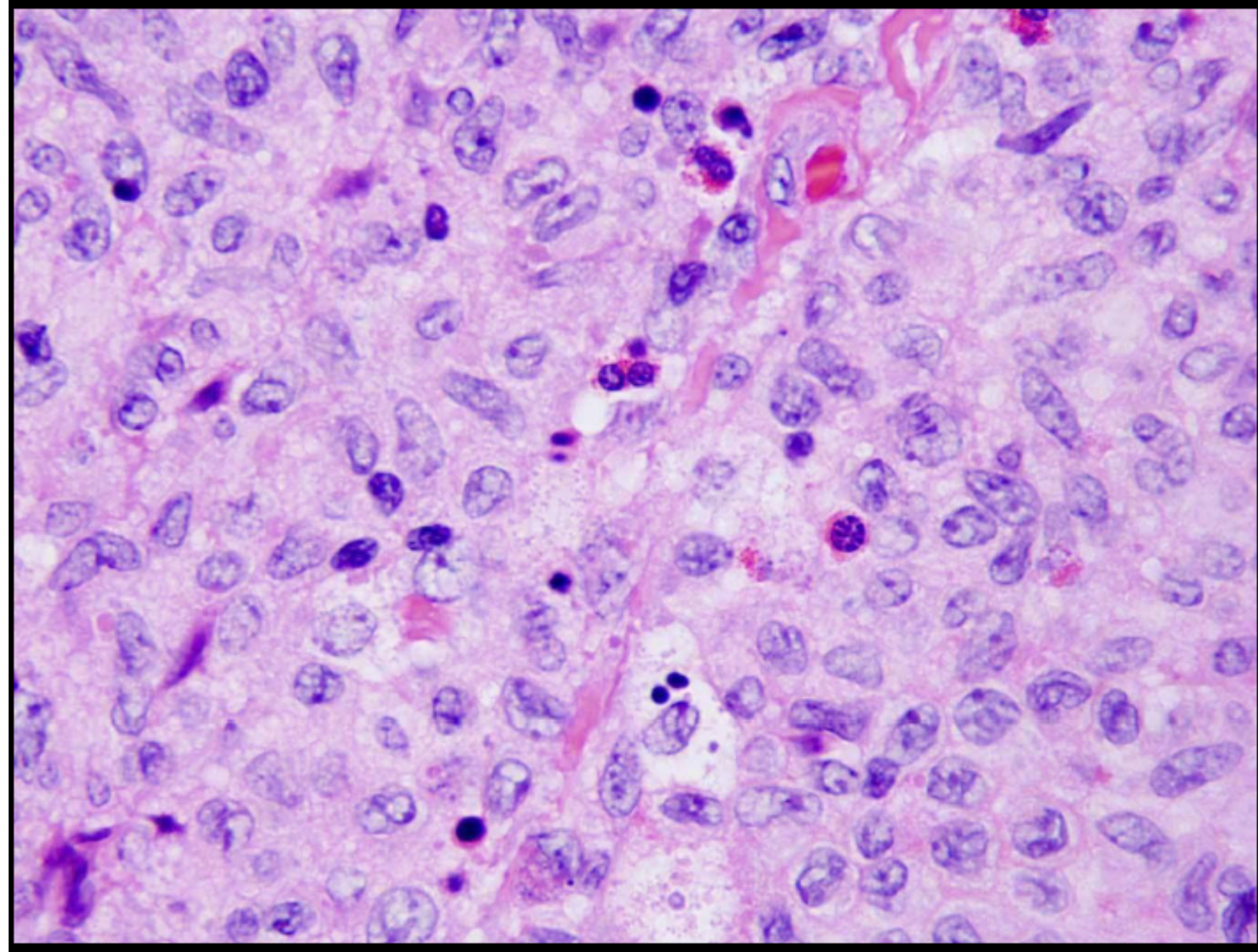


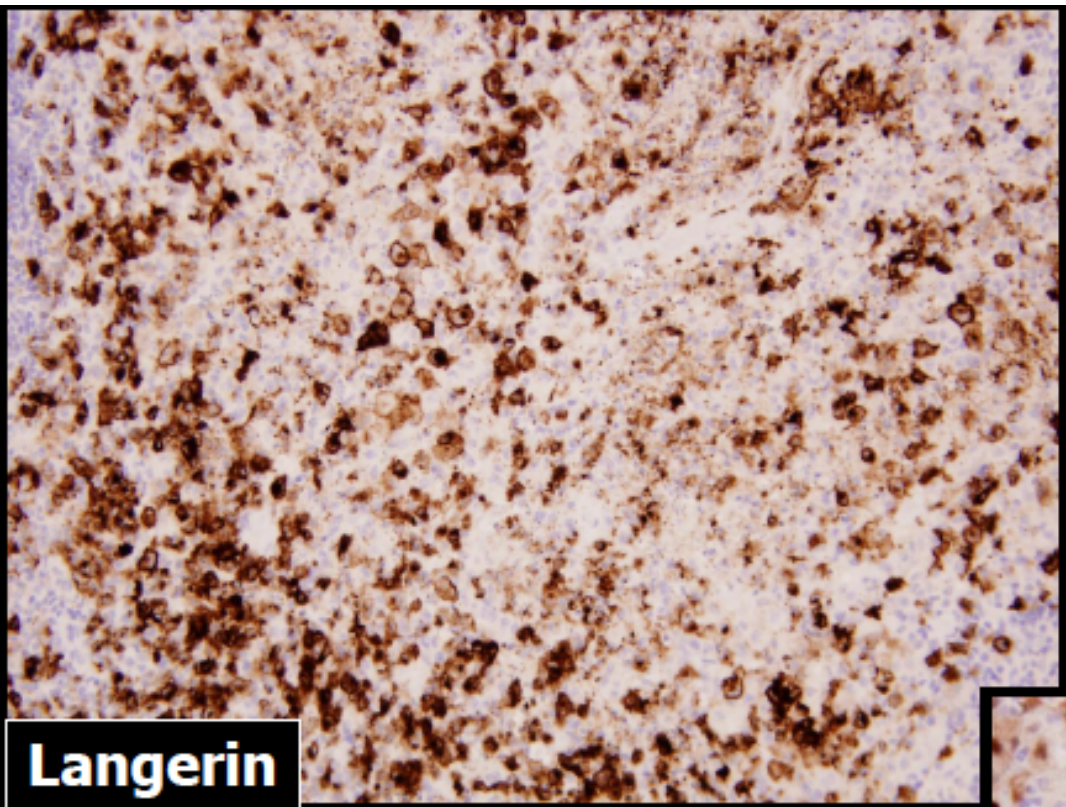
Case 9

A 48-year-old woman presented with hoarseness and was found to have T2 N0 squamous cell carcinoma of the right vocal cord. She was treated with cisplatin and radiation therapy. One year later she developed a level II left neck lymph node

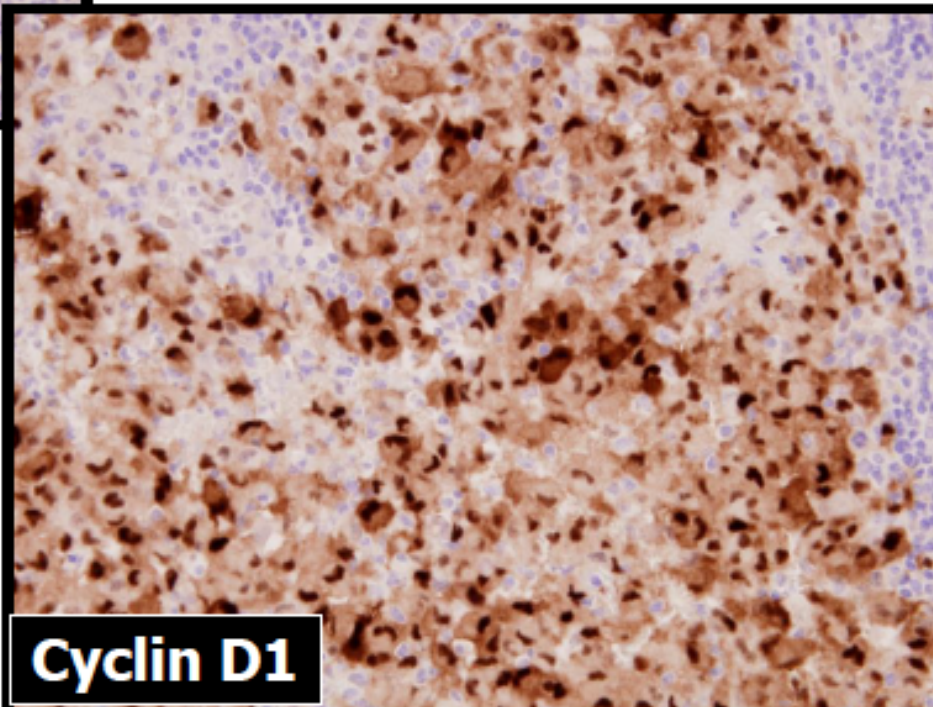








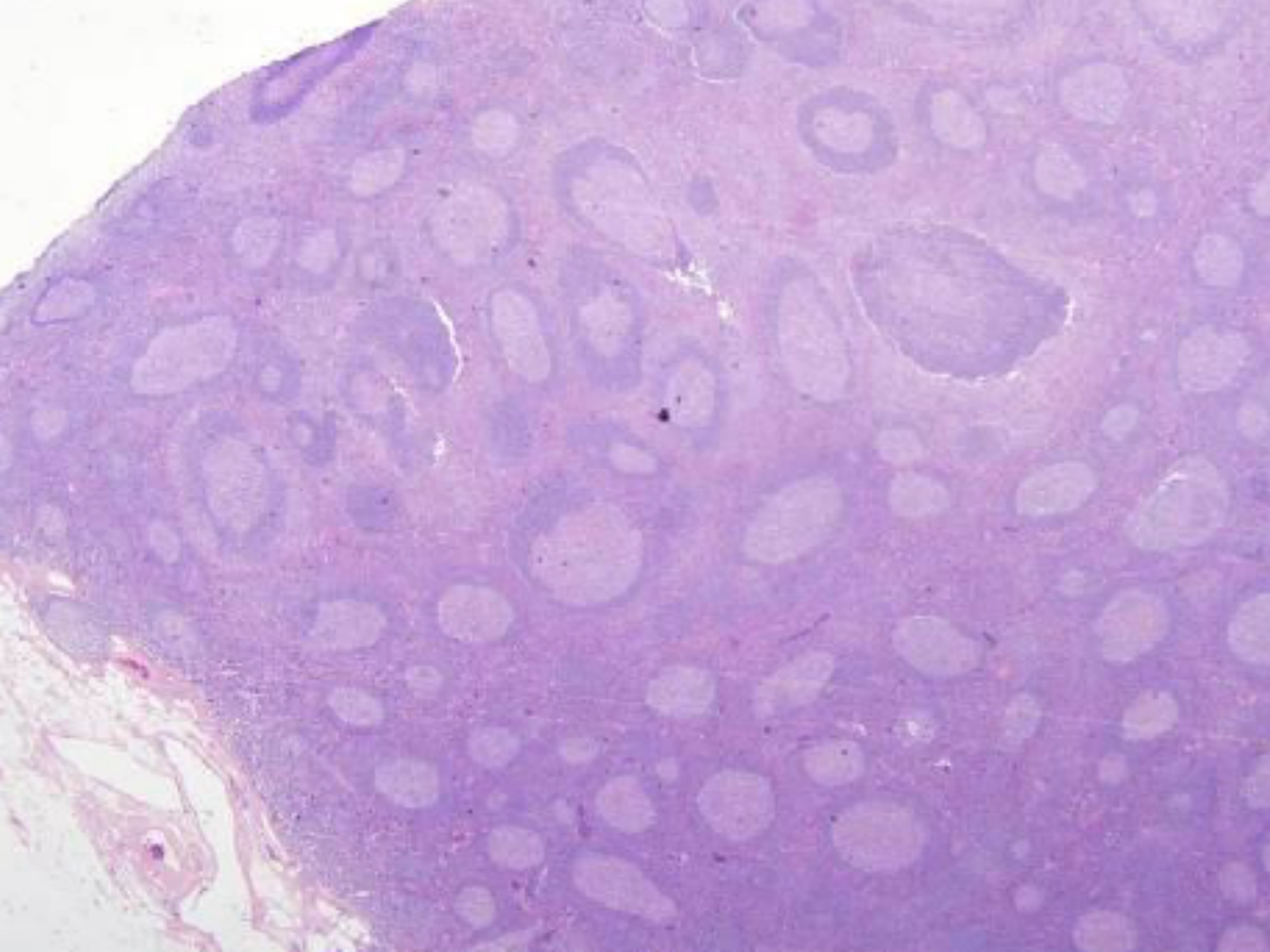
Langerin

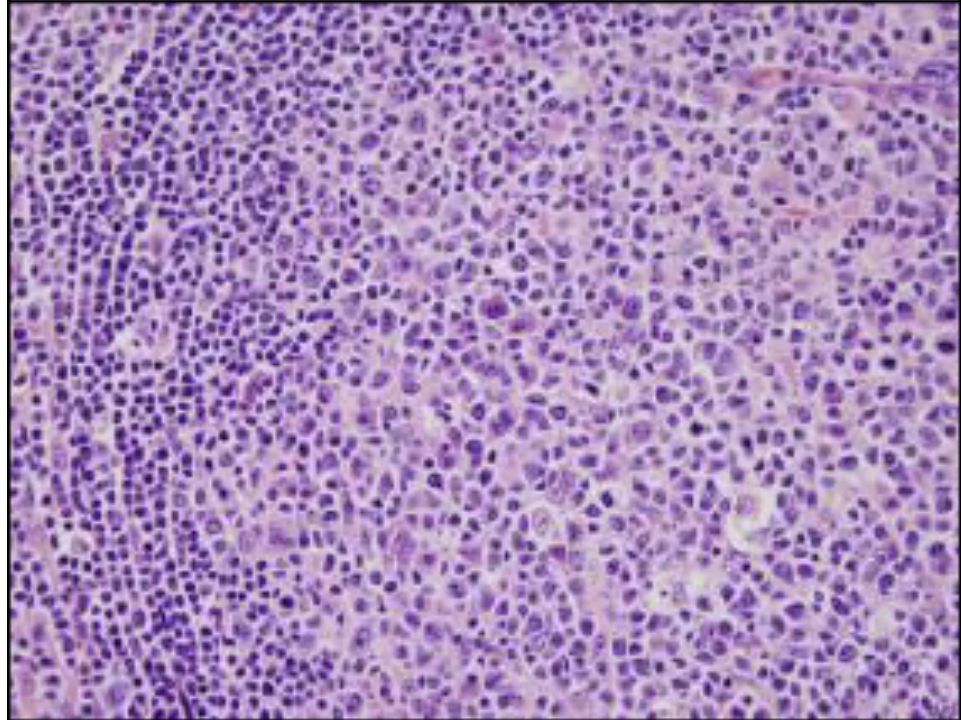
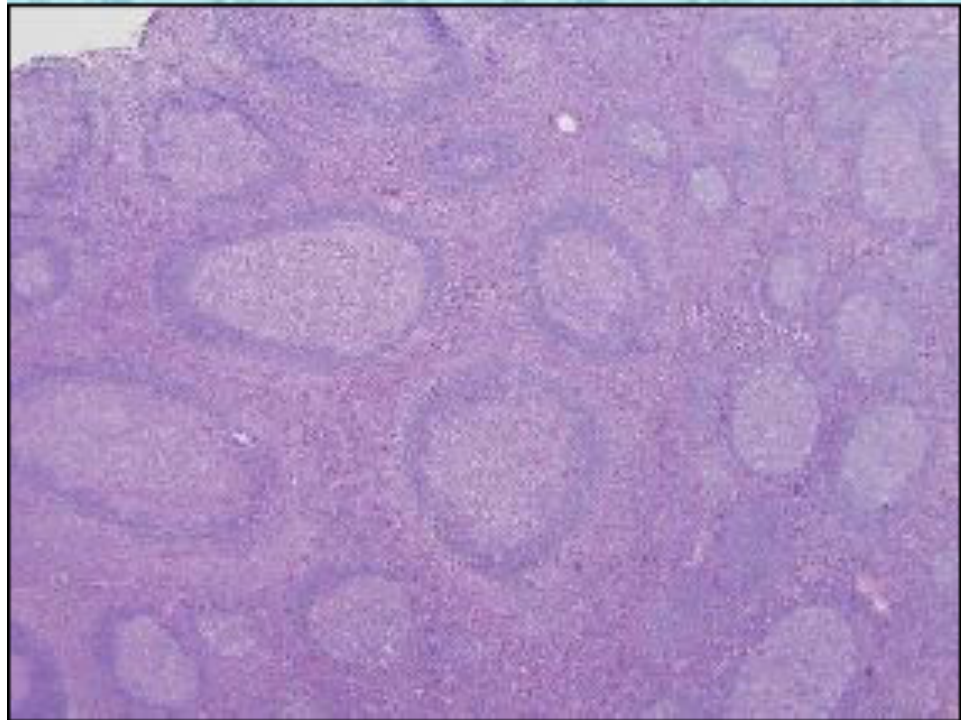


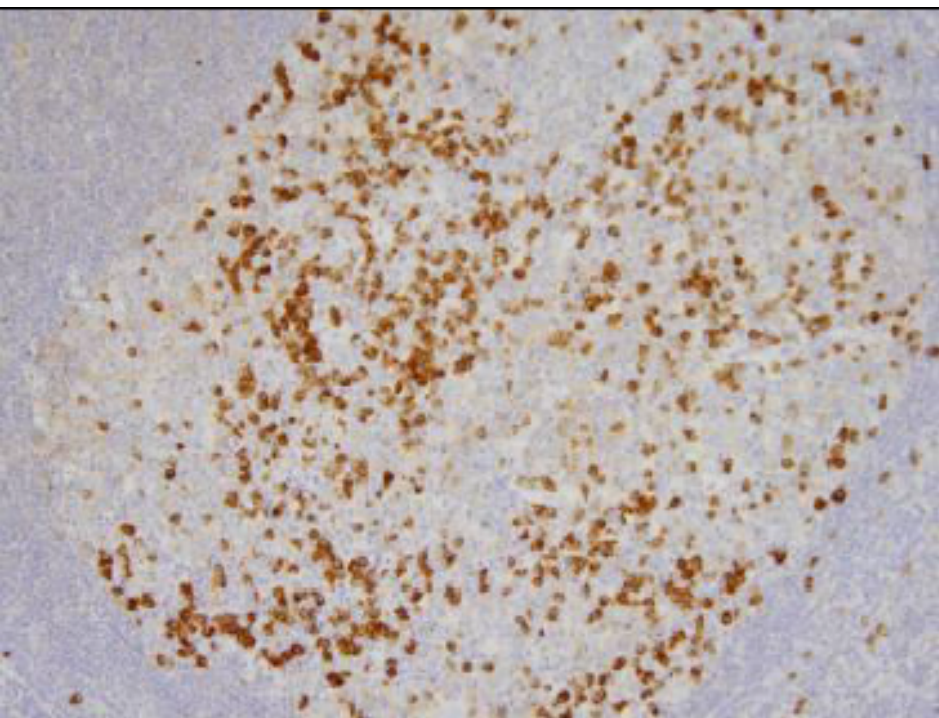
Cyclin D1

Case 10

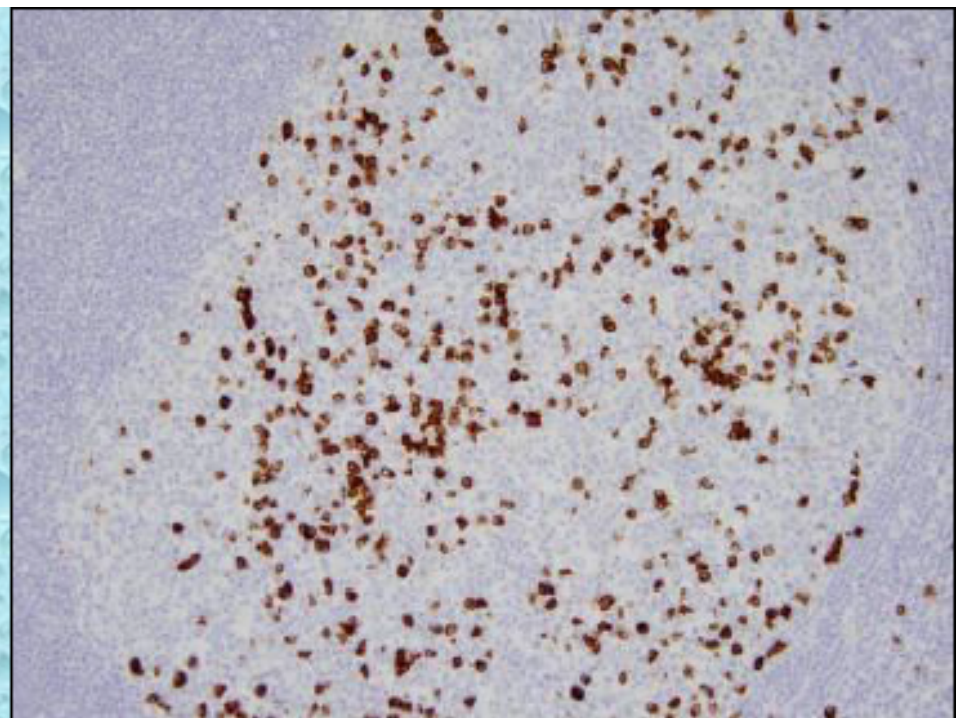
61 year old male with generalized lymphadenopathy. Axillary lymph node.







IgG



IgG4