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Subject: TERA notes from today

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To: All-in-Histopathology (PLYMOUTH HOSPITALS NHS TRUST - RK9) plh-tr.All-in-Histopathology@nhs.net

DT

Dear all

Thanks for attending. I did an impromptu session showing a few current cases and to test out the new screen in the trainee room. The histology numbers for the cases are in the evernote links. The screen worked better for me with the laptop than with the microscope so I think the settings need to be changed.

"Metastatic colorectal adenocarcinoma to the nose mimicking BCC". Previous Dukes A post neoadjuvant long course for anal canal adenocarcinoma but subsequently developed a lung met which was excised and had a classical colorectal immunophenotype (CK7-CK20+ CDX2+). Presented with nodule on nose recent onset. Has the same morphology and immunophenotype.

<https://www.evernote.com//AAEtBmDk5FFAZaAoAj0MUJnn9tf5pAt2pno>

High grade non-small cell carcinoma metastasis to the mandible from a bladder transitional cell carcinoma. The patient had high grade bladder TCC with what was thought to be a single iliac blade bony met. He then developed increasing numbness on his chin and a PET scan revealed a hot spot but as it was near a recent tooth extraction site it was not thought to be particularly suspicious. The biopsies however show high grade carcinoma. Although the initial bladder resection had mostly typical solid and papillary pattern there was also a dyscohesive component resembling the current mandible periosteal biopsy and with the same (MNF/CK7+, CK20-, TTF1-, PSA-, neuroendocrine markers all negative-).

"Myoepithelial carcinoma ex pleomorphic adenoma" of parotid gland. This is a rare type of Ca ex PA, the most common being high grade salivary ductal ca (which is often androgen receptor positive so can be treated with prostate cancer drugs, and often overexpresses HER2 so can be treated with Herceptin). This guy had a benign PA 7 years ago incompletely excised with a small focus of myoepithelial carcinoma within it. He now has a massive recurrence invading nerves and with +ve margins.

<https://www.evernote.com//AAH4TZANM8pCCYndWJRrWGM4EU5qnthnaKk>

Metastatic HPV positive tongue base SCC with focal ciliated glandular differentiation (also HPV positive). Metastatic carcinoma to anterior triangle neck nodes often has a very small clinically undetectable oropharyngeal primary cancer. Prof Will Westra at Johns Hopkins has recently shown that many of these tumours (like this one) have divergent differentiation. HPV positive SCC in the oropharynx has a much better prognosis than non-HPV related SCC. Prognosis for non-oropharyngeal head and neck sites is unclear so testing for p16/HPV is only recommended for oropharynx (tonsil/tongue base) or neck mets to allow targeted biopsies of the oropharynx to locate the occult primary.

https://www.evernote.com//AAExiiAZXoJIs6DLrmR_9ldS_h6Nb34-nsA

Maxillary tumour= CATT/CATS. 49 year old woman with a large maxillary sinus tumour initially thought to be too extensive for operation. Had a biopsy about 5 years ago, consistent with PLGA but with oestrogen receptor positivity. Had a trial of Tamoxifen treatment with slowed growth and recently reassessed by surgeons were able to remove the tumour sparing the orbit and hoped to get clear margins. Review of the histology by Prof Skalova in czech republic diagnosed as a variant of PLGA called "cribriform adenocarcinoma of tongue type"/"cribriform adenocarcinoma of the tongue and salivary glands". Only about 30 cases described so far, mostly tongue, but more recently other minor salivary locations in head and neck. The tumour differs from PLGA by having clear papillary thyroid carcinoma-like nuclear features and spreading to lymph nodes early (unlike PLGA). Despite the early LN involvement the tumours so far are indolent and slow growing.

<https://www.evernote.com//AAF2aJ3HkVZDNpuhzj7ZjWqUhSGVuke8Dzl>

Jem is doing one next week. Please can others also offer to contribute. Any ideas and contributions are welcome, aimed at trainees, lab staff, admin or consultants.

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<http://www.plymouthhospitals.nhs.uk/ourservices/a-zConsultants/B/Pages/BraceyT.aspx>

sent from my laptop

