

30th European Congress of Pathology



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CASE 1

51-year-old woman

Never smoker, no previous exposures, no history of cancer.

Worsening dyspnoea at presentation

Chest X-ray: pleural effusion (negative cytology)

Chest CT-scan: 9 cm-single solid mass with clear-cut borders, located in the right pleural cavity in close contact with the diaphragm

VATS: single tumour mass together with multiple (3 mm) yellowish-to-brownish small nodules in the parietal pleura.

Multiple biopsies were performed

PATHOLOGICAL REPORT:

DIAGNOSIS:

MALIGNANT PLEURAL MESOTHELIOMA

HISTOLOGICAL TYPE: EPITHELIOID (MANDATORY)

Suggested:

Grade I (*Kadota et al, Mod Pathol 2012*)

(Nuclear pleomorphism 2+mitotic count 1=3)

Histological variant: solid

Recommended IHC:

2 MESOTHELIOMA MARKERS POS (CALRETININ+; WT1+)

2 CARCINOMA MARKERS NEG

Patient underwent PEM-based CT + surgical resection

DIFFERENTIAL DIAGNOSES

TTF1	LUNG ADENOCARCINOMA
PAX8	RENAL, GENITAL CARCINOMA
p40	SQUAMOUS CELL CARCINOMA
ER, GATA3	BREAST CARCINOMA
GATA3	UROTHELIAL CARCINOMA
CDX2	GASTRO-INTESTINAL ADENOCARCINOMA

CASE 2

79-year-old man

Never smoker, exposures not known, no previous history of cancer.

Dyspnoea and fatigue at presentation

Chest X-ray: fluid in pleural cavity

Chest CT-scan: diffuse bilateral lung opacity with basal lung atelectasia

VATS: fibrotic adhesion bands

Multiple biopsies were performed

PATHOLOGICAL REPORT:

DIAGNOSIS:
MALIGNANT PLEURAL MESOTHELIOMA
SARCOMATOID TYPE,
DESMOPLASTIC VARIANT (*Worse prognosis*)

Recommended IHC:
PANK+ (CALRETININ+; WT1+)
SARCOMA MARKERS NEG

Patient died after 3 months from diagnosis

DIFFERENTIAL DIAGNOSES

STAT6	MALIGNANT SOLITARY FIBROUS TUMOR
CD31,ERG,FLI1	ANGIOSARCOMAS
DESMIN	SMOOTH MUSCLE SARCOMAS
MYOGLOBIN	SKELETAL MUSCLE SARCOMAS

CASE 3

78-year-old man

Current smoker, asbestos exposure, no previous history of cancer.

Dyspnoea at presentation

Chest X-ray: haemorrhagic fluid in pleural cavity (negative cytology)

Chest CT-scan: diffuse bilateral pleura thickening

VATS: multiple adhesion bands from visceral to parietal pleura

Multiple biopsies were performed

PATHOLOGICAL REPORT:

DIAGNOSIS:

MALIGNANT PLEURAL MESOTHELIOMA, BIPHASIC TYPE

Recommended IHC:

MESOTHELIOMA MARKERS POS (CALRETININ+,WT1+)

PANK+

CARCINOMA MARKERS NEG

SARCOMA MARKERS NEG

Patient underwent PEM-based CT and died after 6 mo

DIFFERENTIAL DIAGNOSES

t(X;18)	SYNOVIAL SARCOMA
CEA, TTF1, P40	PLEOMORPHIC CARCINOMA