Diagnostic mistakes in gynaecological pathology
Slide Seminar – case 6

Koen Van de Vijver
Disclosures

None.

For this slide seminar / case report:
written informed consent by the patient
to present, discuss or publish her case
for educational purposes
Case 6

34 year old women

Pathology request form: “Peritoneal nodule”
Case 6

34 year old women

Pathology request form: “Peritoneal nodule?”

• abdominal discomfort
• nodule near the left m. rectus abdominis, 18x15 mm
• positive on PET-CT-scan
• history of teratoma (left ovary) 1 year before
Case 6: differential diagnosis

Primary or metastasis?

- metastatic endometrial adenocarcinoma
- metastatic endocervical adenocarcinoma
- metastatic gastro-enterological adenocarcinoma
- low grade serous or endometrioid tumor → endometriosis
- (metastatic ?) Sertoli cell tumor
- other SCST ? AGCT ?
Case 6: Immunohistochemistry

- CK7
- p53
- CK20
- p16
- PAX8
- inhibin
- ER
- calretinin
- WT-1

- MSH6 - MSH2 / PMS2 - MLH1
Case 6

p53
Case 6

ER
p16
calretinin
inhibin
Case 6

MMR proficient
Case 6

CK7

PAX8

p53

CK20

p16

WT-1

ER

calretinin

inhibin
Case 6: what are we missing?

Ok...Just write "Funny looking cells in pink and violet. Correlate clinically ".

PATHOLOGY

www.madmedicine.co.in
prasannavachand MD
Case 6: left ovary ?!

Ok...Just write "Funny looking cells in pink and violet. Correlate clinically ".

PATHOLOGY
Leerdoelen: Keep it simple
Case 6: diagnosis

Metastatic teratoma-associated papillary thyroid carcinoma, columnar cell variant
Case 6

GATA-3
thyroglobulin
Original Article

Malignant Struma Ovari: An Analysis of 88 Cases, Including 27 With Extraovarian Spread

Stanley J. Robboy, M.D., Ruthy Shaco-Levy, M.D., Ruth Y. Peng, M.D., Matthew J. Snyder, M.D., John Donahue, M.D., Rex C. Bentley, M.D., Sarah Bean, M.D., Hannah R. Krigman, M.D., Lawrence M. Roth, M.D., and Robert H. Young, M.D.

---

**CASE REPORT**

Oncocytic and tall columnar type papillary thyroid carcinoma arising on a mature cystic teratoma: A case report and literature review

Hakan Cokmez, Aysegul Gulbahar, Seyran Yigit, Cetin Aydin

2019
Cytomorphology and immunocytochemistry of columnar cell variant of papillary thyroid carcinoma.

Rottuntikarn W¹, Wangsiricharoen S¹, Rangdaeng S¹.

Neoplastic cells arrange in follicular and papillary patterns with focal pale and powdery nuclear chromatin; intranuclear pseudo-inclusions and nuclear grooves are absent.
<table>
<thead>
<tr>
<th>Cytomorphologic Features</th>
<th>No. (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Architectural</td>
<td></td>
</tr>
<tr>
<td>Cellularity (high)</td>
<td>11 (100)</td>
</tr>
<tr>
<td>Papillae</td>
<td>11 (100)</td>
</tr>
<tr>
<td>Microfollicles (associated with papillary architecture)</td>
<td>3 (27.3)</td>
</tr>
<tr>
<td>Colloid</td>
<td>6 (54.5)</td>
</tr>
<tr>
<td>Necrosis</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Psammoma bodies</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Cellular</td>
<td></td>
</tr>
<tr>
<td>Cell size (medium/large)</td>
<td>11 (100)</td>
</tr>
<tr>
<td>Single cells</td>
<td>11 (100)</td>
</tr>
<tr>
<td>Elongated cells</td>
<td>9 (82.0)</td>
</tr>
<tr>
<td>Polygonal cells</td>
<td>4 (36.4)</td>
</tr>
<tr>
<td>Giant cells</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Nuclear</td>
<td></td>
</tr>
<tr>
<td>Chromatin appearance (dark/densely packed)</td>
<td>9 (82.0)</td>
</tr>
<tr>
<td>Pseudostratified nuclei</td>
<td>11 (100)</td>
</tr>
<tr>
<td>(nuclear crowding)</td>
<td></td>
</tr>
<tr>
<td>Nuclear atypia (absent/mild)</td>
<td>10 (91.0)</td>
</tr>
<tr>
<td>Nucleoli (inconspicuous)</td>
<td>9 (82.0)</td>
</tr>
<tr>
<td>Mitoses</td>
<td>1 (9.0)</td>
</tr>
<tr>
<td>Intranuclear pseudoinclusions (absent)</td>
<td>8 (72.7)</td>
</tr>
<tr>
<td>Intranuclear pseudoinclusions (present/scarce)</td>
<td>3 (27.3)</td>
</tr>
<tr>
<td>Intranuclear pseudoinclusions (present/abundant)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Nuclear grooves (absent)</td>
<td>4 (36.4)</td>
</tr>
<tr>
<td>Nuclear grooves (present/scarce)</td>
<td>5 (45.5)</td>
</tr>
<tr>
<td>Nuclear grooves (present/abundant)</td>
<td>2 (18.1)</td>
</tr>
</tbody>
</table>

Abbreviations: FNA, fine-needle aspiration; PTC-CCV, papillary thyroid carcinoma, columnar cell variant.

Columnar Cell Variant of Papillary Thyroid Carcinoma: Cytomorphological Characteristics of 11 Cases With Histological Correlation and Literature Review

Massimo Bongiovanni, MD; Maxime Mermod, MD; Sule Canberk, MD; Chiara Saglietti, MD; Gerasimos P. Sykiotis, MD; Marc Pusztaszeri, MD; Moira Ragazzi, MD; Luca Mazzucchelli, MD; Luca Giovanella, MD; and Simonetta Piana, MD
Aggressive Variants of Papillary Thyroid Carcinoma: Hobnail, Tall Cell, Columnar, and Solid

Meryl C. Nath and Lori A. Erickson, MD

Adv Anat Pathol 2018

**Abstract:** Papillary thyroid carcinomas are the most common endocrine cancer and are usually associated with good survival. However, some variants of papillary thyroid carcinomas may behave more aggressively than classic papillary thyroid carcinomas. The tall cell variant of papillary thyroid carcinoma is the most common variant with aggressive clinical behavior and significant mortality. The tall cell variant of papillary thyroid carcinoma is the most common aggressive variant of papillary thyroid carcinoma. The aggressive behavior has been attributed to the histologic subtype and/or...
Case 6: follow up

Blood:
euthyroid, Tg-Ab 28 U/mL (=negative), thyroglobulin 12,30 g/L, urine iodine/creatinin 51.80 g/g creat

Total thyroidectomy → normal

MRI negative
Case 6: follow up

1 year later:
new single 6 cm peritoneal nodule
Resection + chemotherapy

10 months later:
two subcutaneous nodules
Radiation therapy
Pathology is Nice