

DEPARTMENT OF ANATOMICAL PATHOLOGY
NATIONAL HOSPITAL FOR RESPIRATORY DISEASES (TEACHING)
WELISARA – SRI LANKA

TEL: 0112956702 Ext: 121

HISTOLOGY REPORT

Name : - Mr. B. Jayalath Pathirana.

Age : - 23yrs.

Sex : - Male.

Requesting Dr: - Dr. Dhammika Rasnayake.

Date Received: - 24.07.2024.

Ref. No: - RD869H/24

Hospital: - NHRD – Welisara.

Ward: - 04

BHT/clinic No: - 7934/24.

Date Issued: - 23.08.2024.

Clinical history:- Left side VATS exploration biopsy done.

Necrotic lower lobe tumour.

Blood stained effusion present.

Specimen:- Left lung lower lobe tumour for histology.

Gross pathology:- Received several fragments of tissue together measuring – 40 x 40 x 30 mm. (All passed in 02 blocks; A/B).

Microscopy:- Sections reveal multiple fragments of tumor tissue with 40-50% of them appearing necrosed and non-viable.

The viable fragments show a biphasic tumor composed of malignant glands arranged in a spindly stroma.

The malignant glands are lined by columnar – cuboidal cells containing moderate to markedly pleomorphic nuclei. Mitotic activity of the glandular epithelium is 12-15/10HPF.

The glandular lumina show mucin. The glands are arranged in myxoid background composed of spindle cells. The spindle cells show plump moderately pleomorphic nuclei. There are scattered ectatic blood vessels and foci of extensive tumor necrosis.

Immunohistochemistry:-

First immunohistochemistry panel (Block B).

EMA -	} Both glandular and stromal cells are negative.
CK7 -	
CD 34 -	
TTF 1 -	

AE1/AE3 – Glandular cells show strong cytoplasmic positivity.

Second immunohistochemistry panel (Block B).

Vimentin – Stromal (spindle) cells show patchy but strong cytoplasmic positivity.

Desmin –	}	Both glandular and stromal (spindle) cells are negative.
Calretinin –		
CD 56 –		
CK 7 –		

Immunohistochemistry from NHSL Colombo (Block A).

Beta catenin – Both stromal and glandular cell show strong nuclear positivity.

CD 99	}	Not available at NHSL.
BCI ₂		

Discussion:-

-This case is reviewed with further examination of deep levels, considering all the immunohistochemical findings.

-In the stromal component of the tumor, a subset of plump spindle cells with cytoplasmic vacuolation is also identified. The glandular component also shows branching tubule like structures.

-Considering all the H & E histological findings, immunohistochemistry, patient's age and tumor location, bi-phasic synovial sarcoma and pulmonary blastoma are considered more likely over a carcinosarcoma in this patient.

-Negative TTF 1 in glandular component is against the diagnosis of pulmonary blastoma. Nuclear positivity of beta catenin in both glandular and stromal components is common for both synovial sarcoma and pulmonary blastoma

-Pulmonary blastoma is common in the older age group while synovial sarcoma is seen in young patients.

-Considering the available data and immunohistochemistry, a biphasic synovial sarcoma is favored here.

-Suggest further correlation with BCI₂, CD 99 and Chromosomal studies $t(X;18)(p11;q11)$ if available.

Note: Ki67% proliferative index will be performed and a second supplementary report will be follow.

DR. Vasana Karunaratne
Consultant Histopathologist

Dr. Vasana Karunaratne
MBBS, Dip. in Pathology,
MD Histopathology
Consultant Histopathologist
National Hospital for
Respiratory Diseases
Wellsara

Presenting Complaint, History, Examination Findings, Treatment / Surgical Procedures

රෝග පැමිණීම, රෝග ඉතිහාසය, සාමාන්‍ය පරීක්ෂා සටහන්, ප්‍රතිකාර හෝ සලාකුම්
 අර්ථපෝෂණය, වර්ධනය, පරිපෝෂණය, ප්‍රතිකාරය / ස්ත්‍රීය පරීක්ෂණය / ස්ත්‍රීය පරීක්ෂණය සේවය

Ixed for SOB / Fever
 Lt/ pleural effusion.
 managed as L/ pneumonia.
 ↑ CRP: 37 → 120
 Mantoux - 12 mm

ATT started on 20/07/24 (cat I)

Lt/s VATS exploration & Biopsy
 done / ↓ CR on 24/07/24 by
 Dr. Saman Iddagoda (vs) / Dr. Lasantha
 (mo)

Single port VATS
 Bloody effusion found in a large
 lower lobe necrotic fissure with
 haematoma.



Blood stained effusion.
 haematoma
 necrotic lung
 tumour

Biopsy done
 LL tumour.
 Haemostasis achieved
 32 G IC tube inserted

Routine closure done.
 specimen for histology
 Post op ICU care given.

07/24 - 07/24

Post op Fever

Amritha Pulebi's

Investigations

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 පරිපෝෂණය
 Sgu AFB +2 - negative
 Hb 9.8 mg/dl
 WBC - $7.8 \times 10^3/mm^3$
 Pla. count - $645 \times 10^3/mm^3$
 CRP 153 → 98 mg/dl
 INR - 1.2
 P -
 SE - K - 4.7 mmol/L
 Na⁺ - 141 mmol/L
 AST - 17 u/L
 ALT - 15 u/L
 S creatinine - 0.76 mg/dl

ADA - 14 u/L
 LDH - 1320
 HIV - negative
 PFT - FEV₁ - 39
 2D Echo - NL
 molecular diagnostic test
 mTB not detected
 ESR - 81 mm/hr
 S-LDH 296 u/L
 α fetoprotein - 0.9
 β HCG - <0.1

Special Investigations: (Eg. - Histology Report, CT Scan)

විශේෂ පරීක්ෂණ වාර්තා (උදා. - සටහන විද්‍යා වාර්තා / පීට් ස්කෑන්)
 වෛද්‍ය පරිපෝෂණය (උදා. - නිරෝගීත්ව පරීක්ෂණ, CT ස්කෑන්)

CECT chest 22/07/24
 Large mass like lesion seen in the left
 lower lobe in near complete collapse of left
 lower lobe & moderate effusion
 No nodal disease or distant metastasis

Patient's Condition at the Time of Discharge

මුදාහරින අවස්ථාවේ රෝගියාගේ තත්ත්වය
 බොහෝමයක් ඉහළින් ඉහළින් තිබීම

stable.

ICU removed on 27/07/24.

DEPARTMENT OF RADIOLOGY AND CLINICAL IMAGING.
National hospital for respiratory diseases, Welisara, Ragama.

Name:- B.J Pathirana Age:- 23Y Sex:-M
Ward:- 01 BHT:-7934/24
Referred by Dr. WNS Kularatne (Consultant Respiratory Physician)

Thank you for referring this patient.

CECT CHEST REPORT CT NO: 3353/24

Indication:- left side pleural effusion.

Comparison- None.

Report:-

Moderate effusion seen in the left hemithorax. There is partial collapse of the left upper lobe and near complete collapse of the left lower lobe with sparing of basal segments.

There is low enhancing mass like lesion seen in the left lower lobe measuring 8cm x 8cm in size.

No other lung nodules or mass lesion.

No ground glass opacities

No cardiomegaly.

No mediastinal node enlargement.

No pericardial effusion.

No sinister bone lesions.

Imaged abdominal organs are unremarkable.

Impression:-

- 1. Large mass like lesion seen in the left lower lobe with near complete collapse of left lower lobe and moderate effusion- Suggest re-imaging with post tube insertion with possible biopsy of lesion if necessary.**

No nodal disease or distant metastasis noted.

22 July 2024

Dr.Rakitha(SR)


Dr. S. Pathawadana
Consultant Radiologist.

Dr. S. Pathawadana