



Report No: FMK-2132/2024

Name	: Ms.Nirosha Karunarathne	Age	: 51 yrs
Ward	: 42 (NCTH)	Received Date	: 01-11-2024
BHT	: 126546	Reported Date	: 13-11-2024

HISTOPATHOLOGY REPORT

Specimen : Left side supraclavicular lymph node

Macroscopy : Received a lymph node and a piece of fatty tissue measuring 10x05x05 mm and 12x10x05 mm respectively. The cut surface of the lymph node is white.

Microscopy : Sections show a lymph node with a completely effaced architecture showing a metastatic deposit. The tumour is composed predominantly of micropapillary structures together with small clusters of medium-sized tumour cells. The tumour cells have enlarged hyperchromatic nuclei and moderate eosinophilic cytoplasm. Occasional intranuclear inclusions are identified. Cells in mitosis are sparse. There are numerous psammomatous calcifications. Extensive tumour necrosis is seen in the central part of the lymph node. The tumour extends to the extranodal fat. Lymphatic emboli are noted.

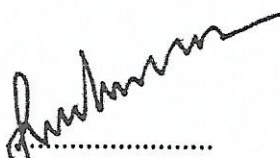
Comment –

This histomorphology is in keeping with a metastatic deposit with psammomatous calcifications. The possible primary sites of origin include

1. Thyroid (papillary thyroid carcinoma)
2. Low-grade tumour of mesothelial origin
3. Primary lung adenocarcinoma - micropapillary pattern
4. Tubo/ovarian or peritoneal (? Low-grade serous carcinoma)- a rare possibility as these are from a cervical lymph node metastasis

A primary Immunohistochemical panel with TTF1, CK 7, PAX 8 and WT 1 will be performed on block A for identification of the primary site and a supplementary report will follow. Suggests imaging of the neck, chest and abdomen and guided FNAC of the thyroid lesion noted on recent USS.

Conclusion : Left side supraclavicular lymph node -
See the comment above.


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