Final Episode Report

George Laboratory 1 Gloucester Lane George Tel: 044 803 8200



Practice No:0774383

Report to: Referred by: **DR JACO PIETERSE**

DR CHARLEEN MULLER Copies to: DR IGNATIUS IMMINK; GEORGE MEDICLINIC (WARD C)

CANCER CARE 3 GLOUCESTER LANE **GFORGE**

Patient: (File No: 88738) Requisition No: 723447759 Guarantor: Collection Date: 2025-03-25 08:40 **MR J DALING** MR JAN-MARTEN DALING

Received Date: 2025-03-25 09:49 Patient ID No: 8305145088089 Med Aid: **DISCOVERY** Member No: 255751841 Generated On: 2025-03-27 07:46 Age:Sex:DoB: 41y: M: 1983-05-14 Contact No: 0825578133 Contact No: 0825578133

> Patient Email: JMDALING@GMAIL.COM

Tests requested: SERIAL STEP SECTIONS X1; HISTOLOGY REQUEST

Referral ICD10 J12.9/J90

code(s):

Hi Histopathology	
25:GH3747	Final

CLINICAL HISTORY

Mediastinal mass. Anterior wall. Aggressive features and multiple lung nodules. 3 x Trucut right lung nodule. Histo please. ? Lymphoma. ? teratoma.

MACROSCOPY

The specimen consists of three fragmented very small needle Trucut right lung: core biopsies measuring 4 mm, 5 mm and 3 mm respectively.

MICROSCOPY

Multiple levels of these three needle cores of tissue have been examined.

One of the needle cores shows relatively unremarkable lung parenchyma with one of the needle cores shows relatively unremarkable lung parenchyma with alveolar spaces and scattered anthracotic histiocytes. The other two needle cores show fibrous tissue containing a high grade malignant infiltrate. This infiltrate consists of markedly pleomorphic cells arranged in cohesive epithelial groups. These cells have large pleomorphic nuclei with prominent macronucleoli. Some of the cells have a squamoid appearance. Occasional mitotic figures including abnormal forms are noted. There is surrounding fibrosis with a mixed chronic inflammatory cell infiltrate noted. Areas of tumour necrosis are present. Mucin stains are negative for cytoplasmic mucin.

These needle biopsies from the lung nodule contain a high grade malignant carcinoma showing focal squamoid features. Given the radiological impression of a large mediastinal mass. The possibility of a thymic carcinoma is raised. The differential diagnosis would include a poorly differentiated squamous cell carcinoma, and a NUT carcinoma. Clinical radiological correlation is advised in this regard. Immunohistochemical analysis in an attempt to further delineate this tumour will be undertaken and an addendum report will follow.

DIAGNOSIS

Needle core biopsies, right lung nodule;
- METASTATIC HIGH GRADE, POORLY DIFFERENTIATED CARCINOMA ? THYMIC CARCINOMA, ? NUT CARCINOMA, ? POORLY DIFF SQUAMOUS CELL CARCINOMA. IMMUNOHISTOCHEMICAL ANALYSIS TO FOLLOW.

ICD10

C78.0 Secondary malignant neoplasm of lung M8010/6 Carcinoma, NOS, malignant, metastatic site Signed out by Dr Ryan Soldin on 2025-03-26 16:45 For consultation, contact a Histopathologist - +27 44 803 8200

L=Low *L=Critically Low H=High *H=Critically High #=Delta Checked