

# Final Report

George Laboratory  
1 Gloucester Lane  
George  
Tel: 044 803 8200



## Report to:

**DR JILL HARRIS**  
CANCER CARE, GROUND FLOOR  
MEDICLINIC CONSTANTIABERG  
7800 PLUMSTEAD CAPE TOWN

## Referred by: DR JACO PIETERSE

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

## Requisition No: 723447759

Specimen No: 25:GH3747

Collection Date: 2025-03-25 08:40

Received Date: 2025-03-25 09:49

Generated On: 2025-04-02 11:27

## Patient: (File No: 88738)

**MR JAN-MARTEN DALING**

Patient ID No: 8305145088089

Age:Sex:DoB: 41y: M: 1983-05-14

Contact No: 0825578133

Patient Email: JMDALING@GMAIL.COM

## Guarantor:

**MR J DALING**

Med Aid: DISCOVERY

Member No: 255751841

Contact No: 0825578133

**Tests requested:** SERIAL STEP SECTIONS X1; HISTOLOGY REQUEST

**Referral ICD10** J12.9/J90

**code(s):**

## Histopathology

### ADDENDUM

ADDENDUM: #1

The malignant cells stain diffusely and strongly positive with OSCAR(epithelial marker) and CD5(thymic marker). They show focal positive staining with p40(squamous markers) in approx 10% of cells. They are negative for SOX10, c-myc, pax8, cd117 and NUT(cytoplasmic staining but nuclei negative).

#### COMMENT:

The above immunohistochemical profile confirms the presence of a metastatic carcinoma, showing strong and diffuse expression of CD5, which is consistent with a Thymic carcinoma primary.

#### FINAL DIAGNOSIS:

Needle core biopsies, right lung nodule;

- METASTATIC HIGH GRADE, POORLY DIFFERENTIATED CARCINOMA CONSISTENT WITH A PRIMARY THYMIC CARCINOMA.

Addendum signed by Dr Ryan Soldin 28/03/25

For consultation, contact +27 44 803 8200

### CLINICAL HISTORY

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

### MACROSCOPY

Trucut right lung: The specimen consists of three fragmented very small needle 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 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.

**COMMENT**

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

~ File [ ] Phone Patient [ ] Appointment [ ] Prescription [ ] Draw File [ ]