Endobronchial tumour with oncocytic cells

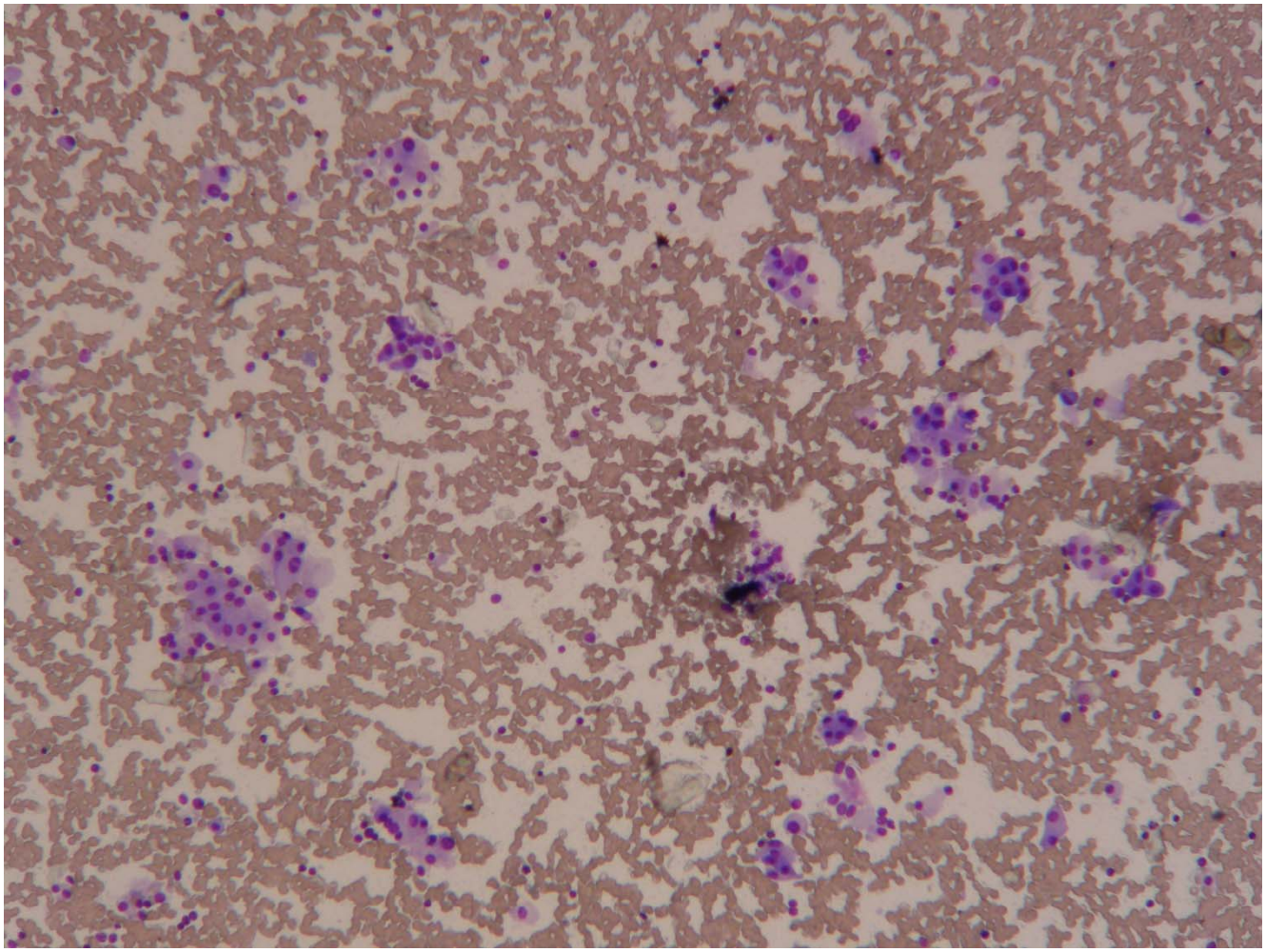
M. Šokčević

Department of Pathology, Division of Cytology, Sestre milosrdnice University Hospital, Zagreb, Croatia

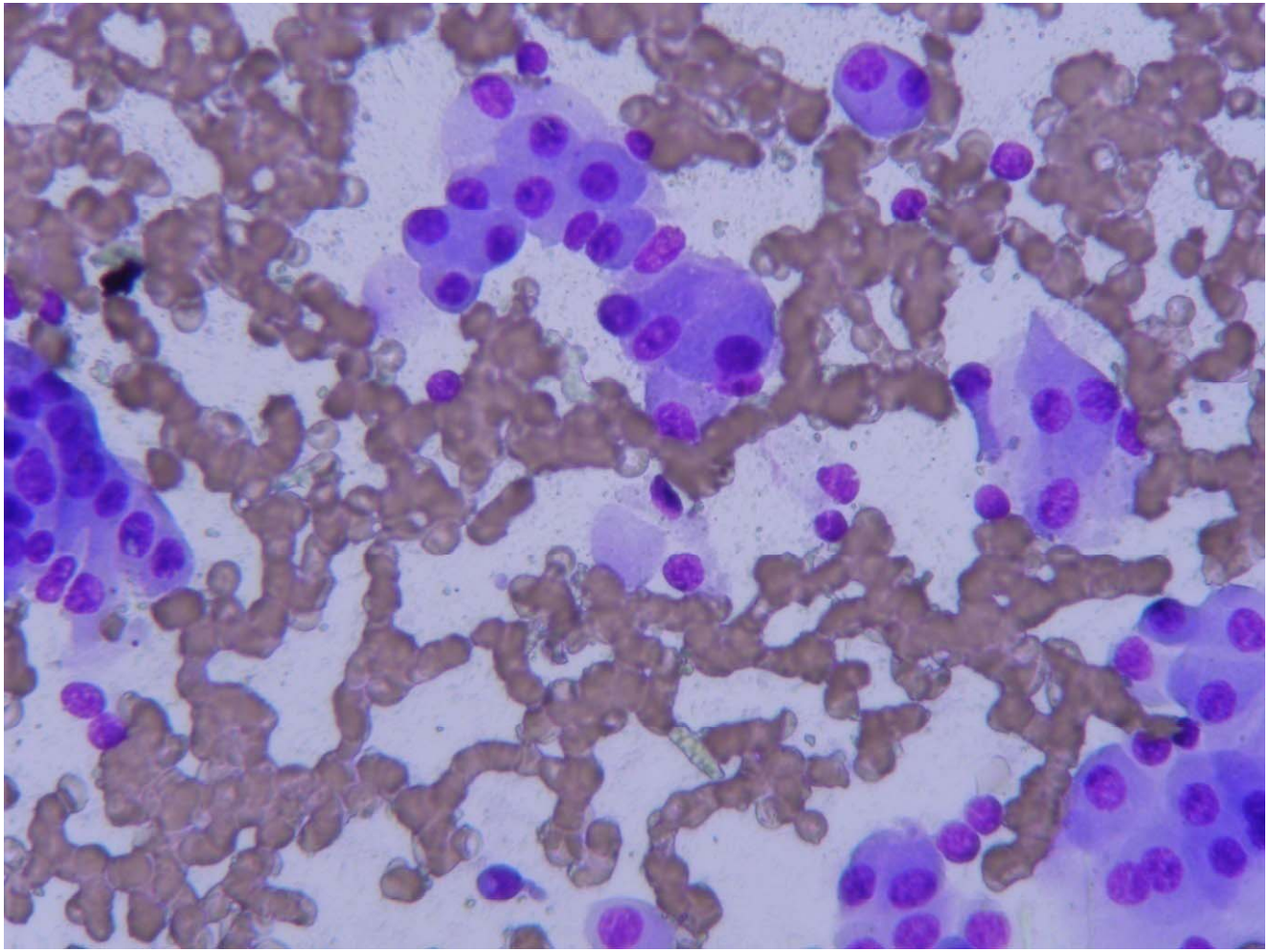
A 65 yrs old woman with no previous malignancy is admitted to hospital because of recidivant haemoptysis. Rtg revealed 2 cm large nodular infiltrate in left perihilar region and bronchoscopy is performed.

An ulcerated tumor obturating LB3 and extramural compression withouth infiltration of the LB6 are found.

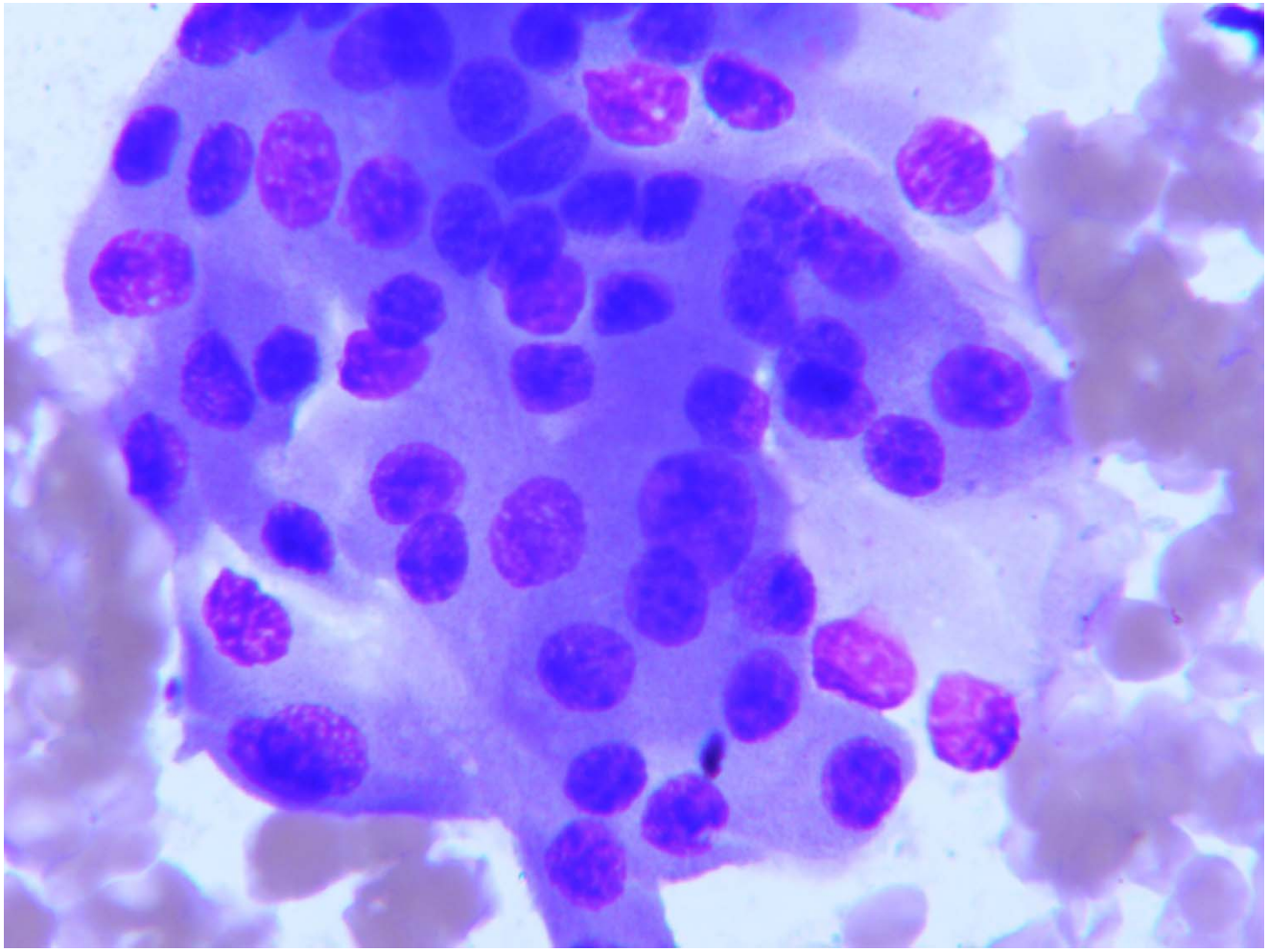
Brushing of the tumor provoked copious bleeding and precluded biopsy.



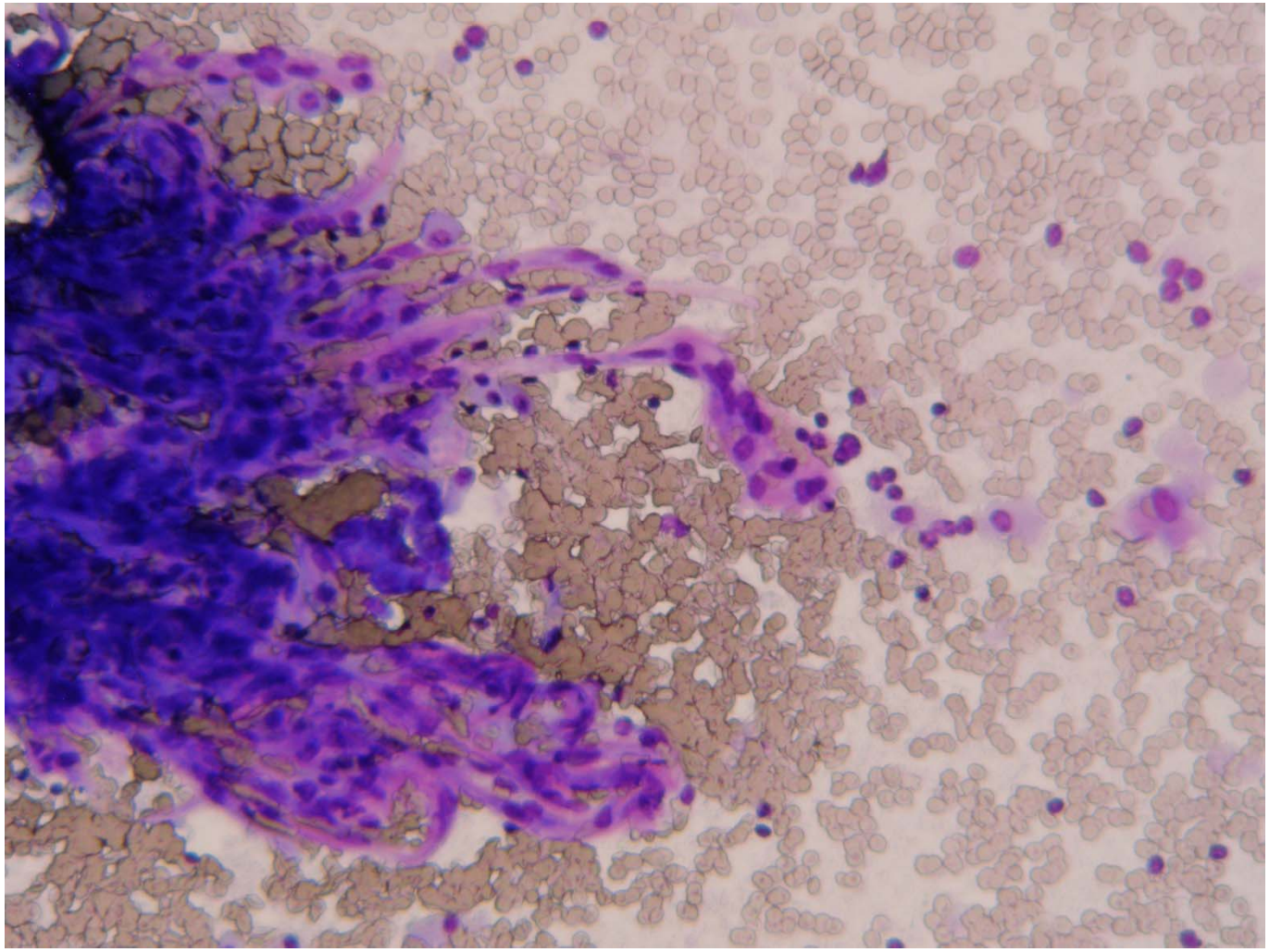
In bronchial brush smears there is abundant monomphous population of small cells. They are scattered individually or in small, loosely cohesive clusters and some larger particles. Mag . x 100



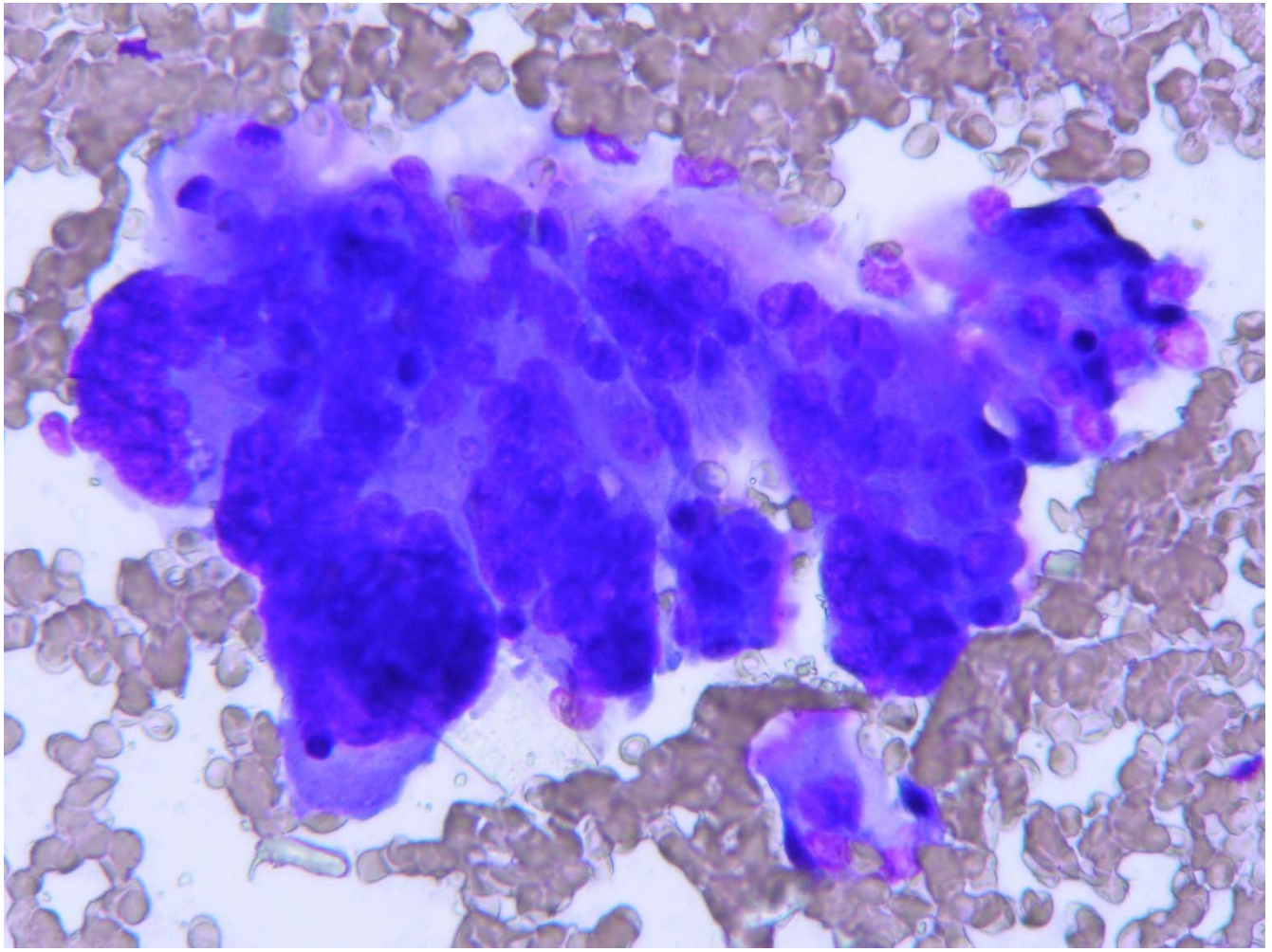
The cells have small, round, often eccentrically located nuclei with granular chromatin and often a small central nucleolus. Cytoplasm is abundant, dense, sharply demarcated, amphophilic. Mag. x 400.



Mag. x 1000 reveals finely granular cytoplasm and some anisonucleosis



There are several particles of connective tissue with bunches of capillaries. Mag. x 200.



The smears contain also several groups of highly reactive cilliated cells and a lot of blood. Mag. x 400.

There was no smears available for immunocytochemistry.

What is your first diagnostic impression?

If there were more smears, which antibodies would you propose for immunocytochemistry?

Cytological differential diagnoses and histopathological workup of lobectomy specimen will be presented on the seminar.