SLIDE SEMINAR (PULMONARY CYTOLOGY)

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CASE INFORMATION:

54 year old man comes from another hospital where FNA of left neck lymph node diagnosed malignant tumor possible of mesenchimal origin and transtracheal FNAC diagnosed poorly differentiated malignant cells. CT scan demonstrates tumor in the mainstem bronchi and nodose pulmonary infiltrates in left upper pulmonary lobe with enlarged hilar and mediastinal lymph nodes. He presented enlarged lymph node on the left side of the neck and suspected mass in abdominal wall.

Bronchoscopy in our hospital showed extramural compression in distal trachea and emphasized submucosal blood vessels in bronchi for left upper pulmonary lobe. Transtracheal FNAC (Fig. 1 and 2) and US examination with FNAC of neck lymph node (Fig. 3) were done. FNAC of suspected mass in abdominal wall was performed (Fig. 4).

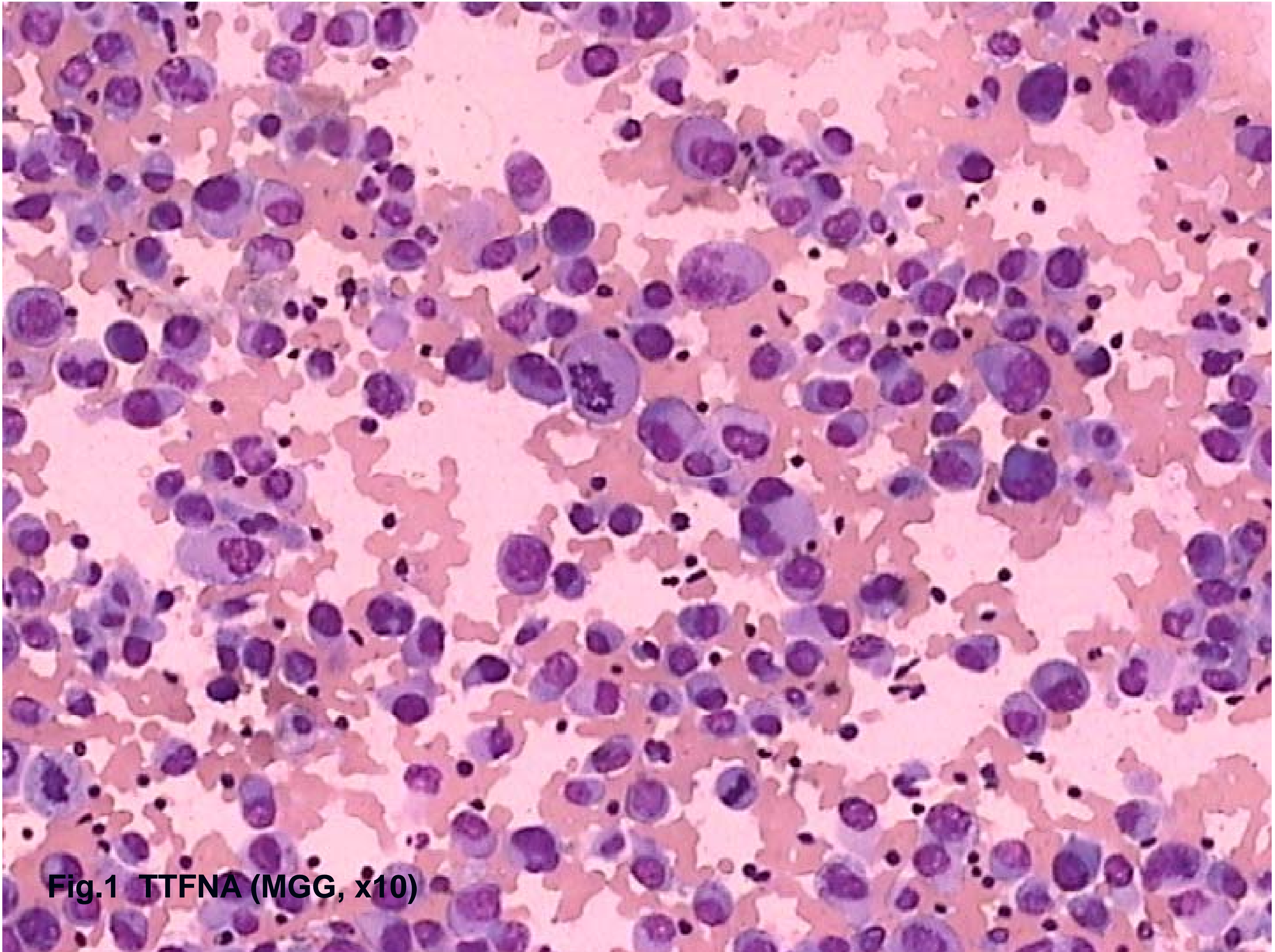

Fig.1 TTFNA (MGG, x10)

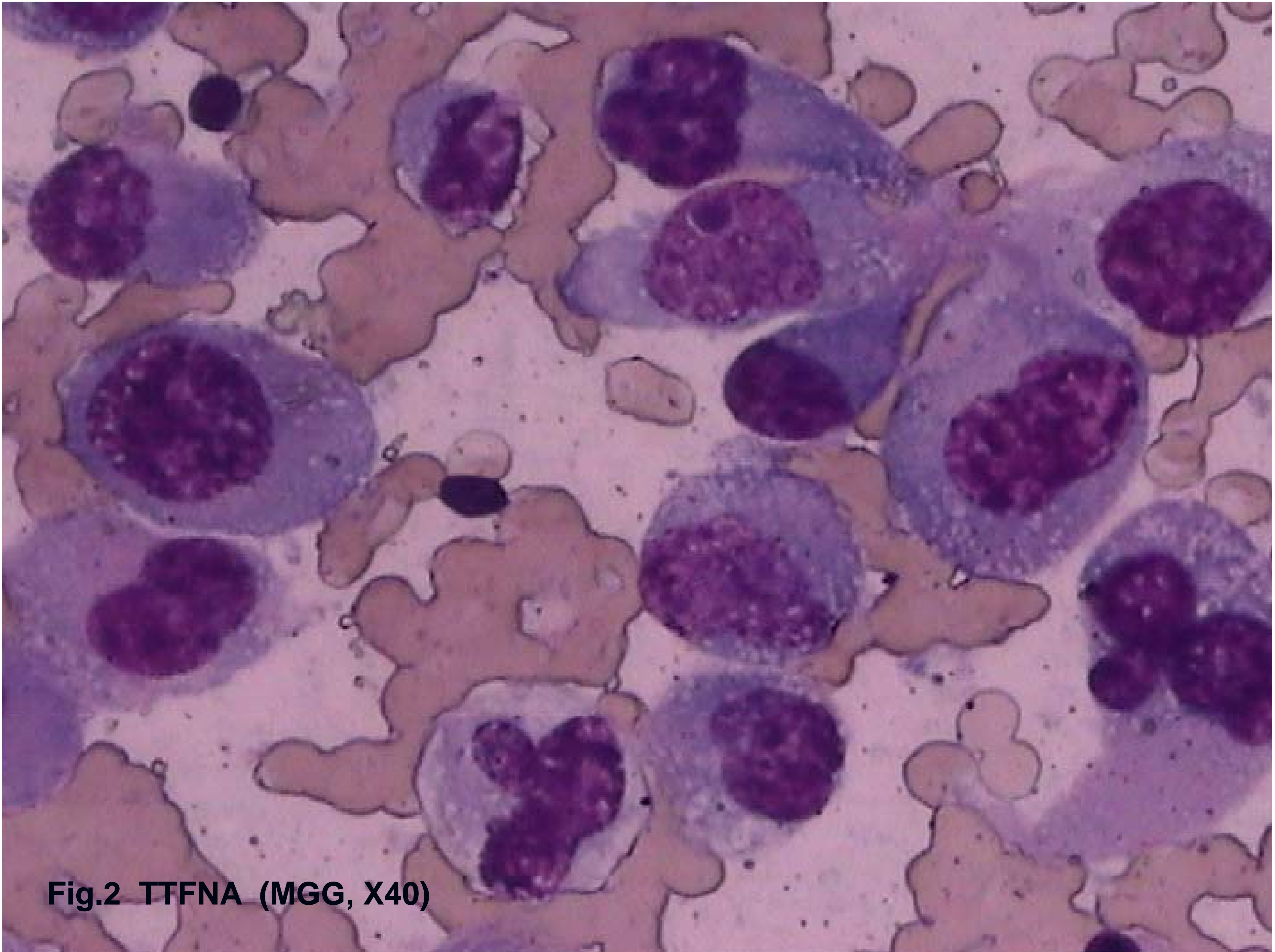
Fig.2 TTFNA (MGG, X40)

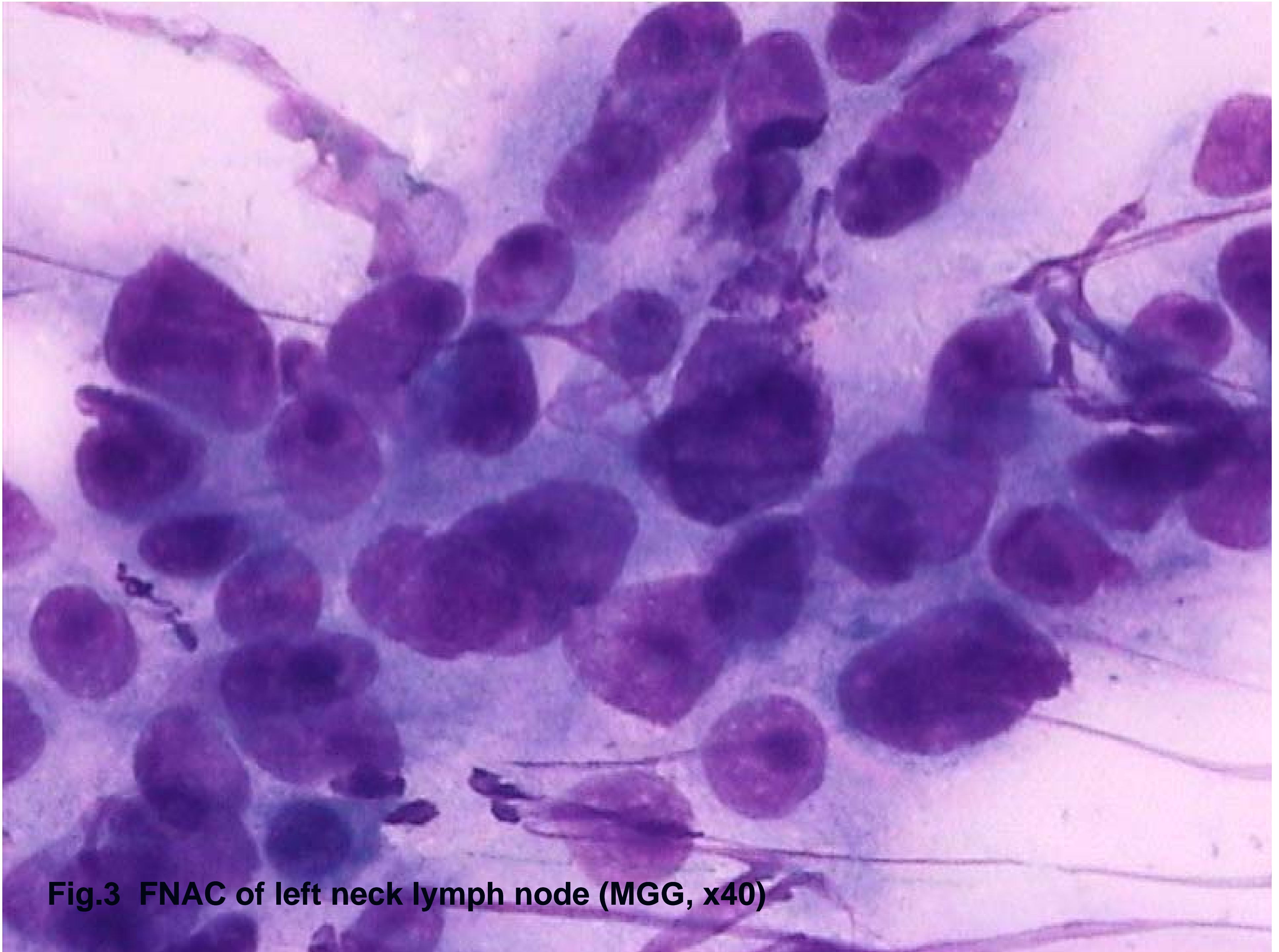

Fig.3 FNAC of left neck lymph node (MGG, x40)

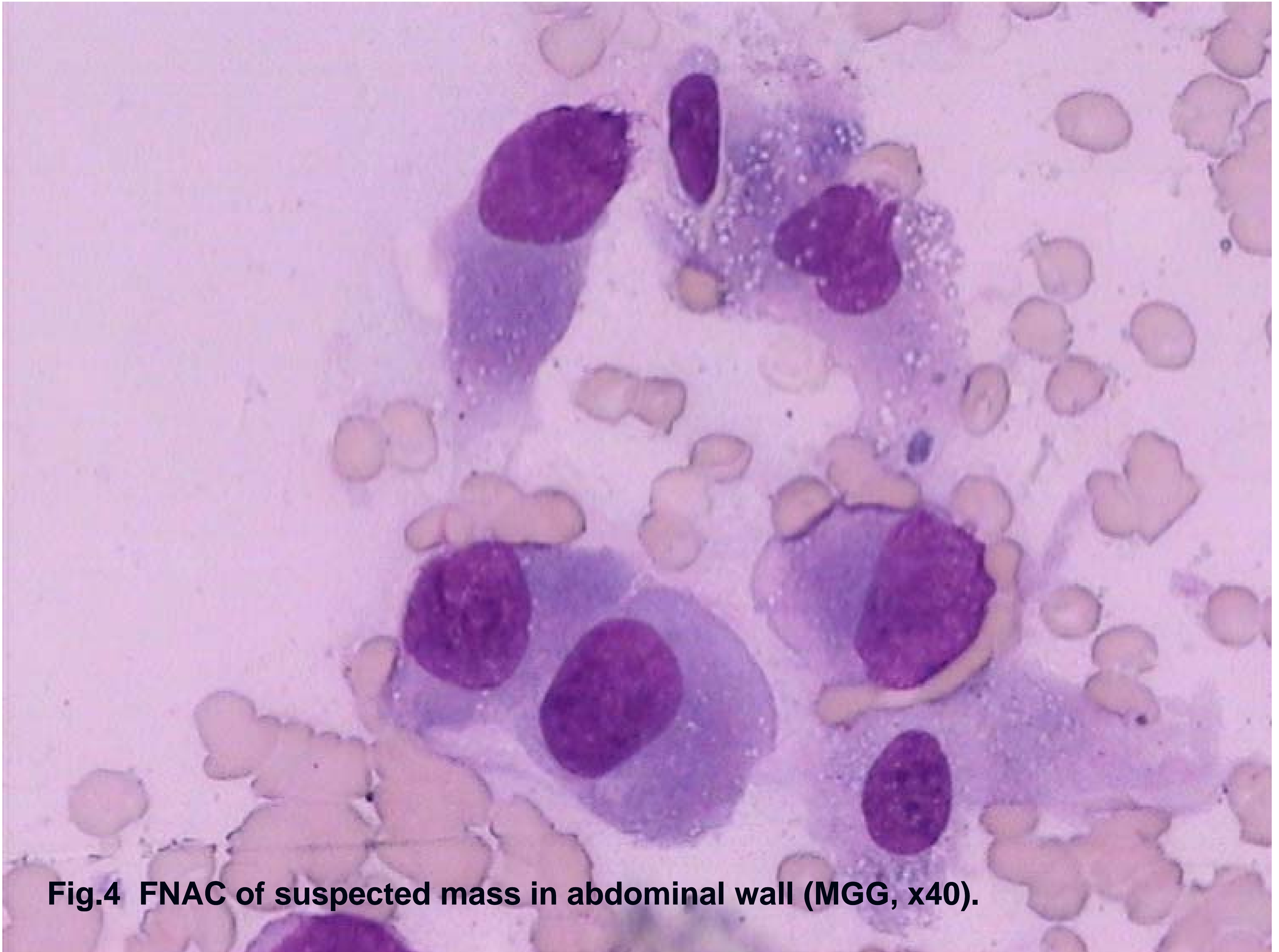

Fig.4 FNAC of suspected mass in abdominal wall (MGG, x40).