

Pulmonary Specialty Conference

Unusual Mesenchymal Proliferations of the
Lung and Pleura

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Clinical History

- 37 y female
- Increasing Breathlessness, Left chest pain
- CXR: Massive Left pleural effusion
- Cytology: Suspicious of carcinoma
- CT scan: Nodular pleural/chest wall disease
- Thoracoscopy: Diffuse/multinodular tumour
- VATS: Malignant tumour ? UNCERTAIN

Pathology

- Undifferentiated small-intermediate cells, 'plasmacytoid', 'clear cell', 'epithelioid'
- Immunohistochemistry - equivocal

Immunohistochemistry

<u>Positive</u>	<u>Negative</u>
Cam 5.2	Calretinin*
AE1/3	CK 5/6
EMA	Mesothelin
CD138*	Thrombomodulin
	CEA
S100*	BER EP4
Hmb45	TTF 1
	AFP
Ki-67 >90%	PLAP

Cytogenetic studies

- FISH revealed abnormal translocation of chromosome 22
- t (12;22)

Diagnosis

CLEAR CELL SARCOMA PRESENTING
AS PLEURAL DISEASE

Clinical Course

- Large soft tissue mass identified in muscular compartment of right thigh
- Bone metastases
- Died within 3 months of presentation
- No post mortem examination

Points of Interest

- Problematic diagnosis: unusual presentation of rare tumour
- Wide differentials on morphology:
haematolymphoid, soft tissue/mesothelial, epithelial, germ cell
- Problematic immunostaining: cytokeratin +ve
- Important role of cytogenetic in ascertainment of diagnosis
- Problems of subspecialisation in pathology

References

- Enzinger FM Clear cell sarcoma of tendons and aponeuroses.: 21 cases. 1965 Cancer 18; 1163 – 1174
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- Ordenez NG et al Clear cell mesothelioma Ultrastruct Pathol 1996: 20; 331 – 336