

CASE 068

AUTHOR: Dr. Gauri Munjal.

ACKNOWLEDGEMENT: All Technologists in the Department of Histopathology and Immunohistochemistry.

TITLE: Adenoid cystic carcinoma of the lung.

CASE HISTORY:

A 55-years-old male with shortness of breath since 2 months and bilateral lung masses.

CASE HISTORY AND IMAGING PROFILE:

A 55-years-old male, presented with shortness of breath since 2 months. There was no personal or family history of malignancy, and he had never been a smoker. The PET-CT revealed a 5.9 cm, well-circumscribed, and multilobulated mass (increased FDG uptake) with a SUV max of 9.9 in the left lateral basal segment of lower lobe of the left lung. The mass medially abutted the segmental bronchioles and pleura along the posterior chest wall. Additionally, a 4.9 cm, well-circumscribed, and multilobulated mass lesion was also identified in the superior segment of the right lower lobe of the lung with FDG uptake and a SUV max of 6.8. The right hilar and left axillary lymph nodes also had increased FDG uptake with SUV max of 4.2 and 2.7, respectively. The rest of the organs were within normal limits. A CT-guided needle core biopsy was performed from the left lung mass.

PATHOLOGY PROFILE:

On microscopy, there was a non-small cell malignant neoplasm in the lung. The tumor exhibited tubular, glandular, and cribriform pattern of arrangement. The lumina formed by the neoplastic cells contained eosinophilic material. Tumor cells revealed a bimorphic cytology represented by ductal and myoepithelial/basal cells. The ductal cells showed moderate nuclear pleomorphism, had an oval