CASE 060

CŌRE DIAGNOSTICS™

AUTHOR: Abhishek Kumar

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CASE DETAILS:

We present a case of a 7-year-old female patient who presented with swelling of right preauricular region and cervical lymphadenopathy. Radiologic work-up showed a 1.2 cm lesion related to superficial lobe of right parotid. Histologic and IHC evaluation revealed the tumor to be secretory carcinoma. We highlight the importance of next-generation IHC in the diagnosis of recently described entities, particularly in the wake of the fact that targeted therapy is available for some of these entities.

INTRODUCTION:

Initially described by Alena Skalova et al in 2010 as "Mammary analogue secretory carcinoma"[1] this tumor has been described as Secretory carcinoma in the recent WHO blue book.[2] Genetic evaluation has revealed that Secretory carcinoma harbours a recurrent translocation t(12;15) (p13;q25),which results in fusion of the ETV6 gene on chromosome 12 and the NTRK3 gene on chromosome 15.

Through this case we emphasize the role of next generation IHC in the anatomic pathology lab. A plethora of new IHC markers is available which have potential to serve as surrogates of molecular tests and offer the advantages of being more widely available, cheaper and with shorter TAT.[3] Some of the more recent additions to this list include:

1. panTRK – for secretory carcinoma
2. H3.3 G34W – for giant cell tumor of bone
3. H3.3 K36M – for chondroblastoma