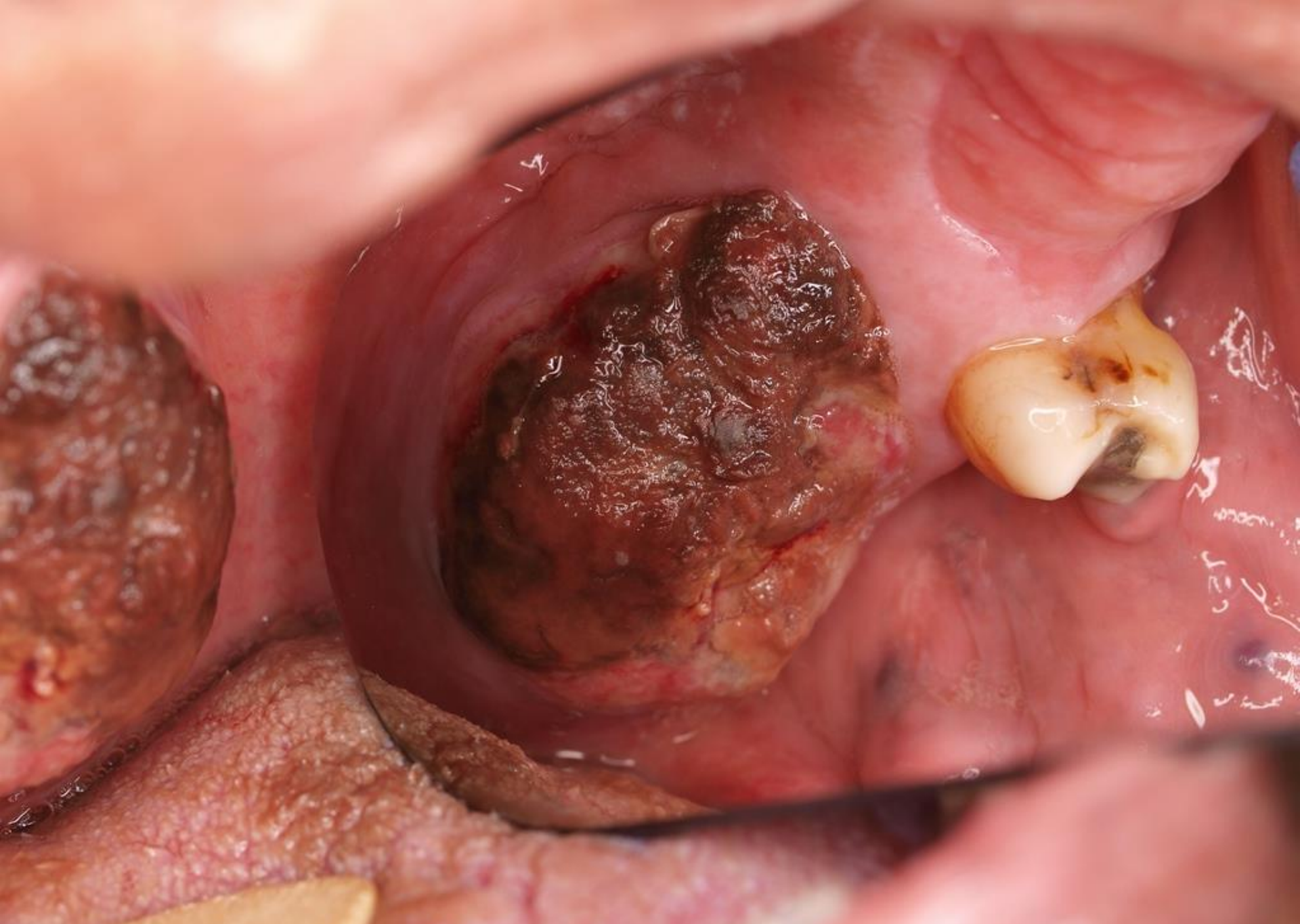
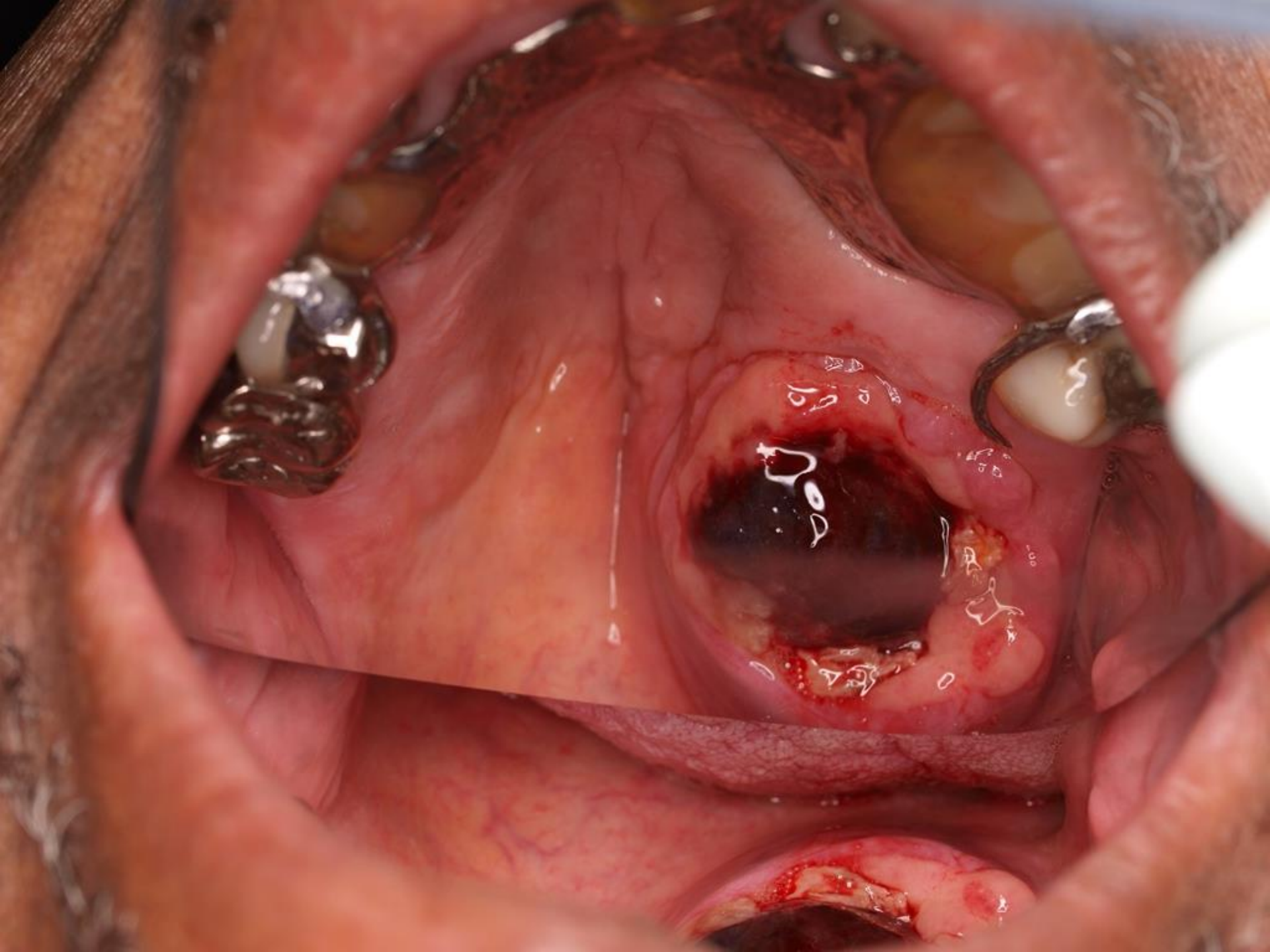
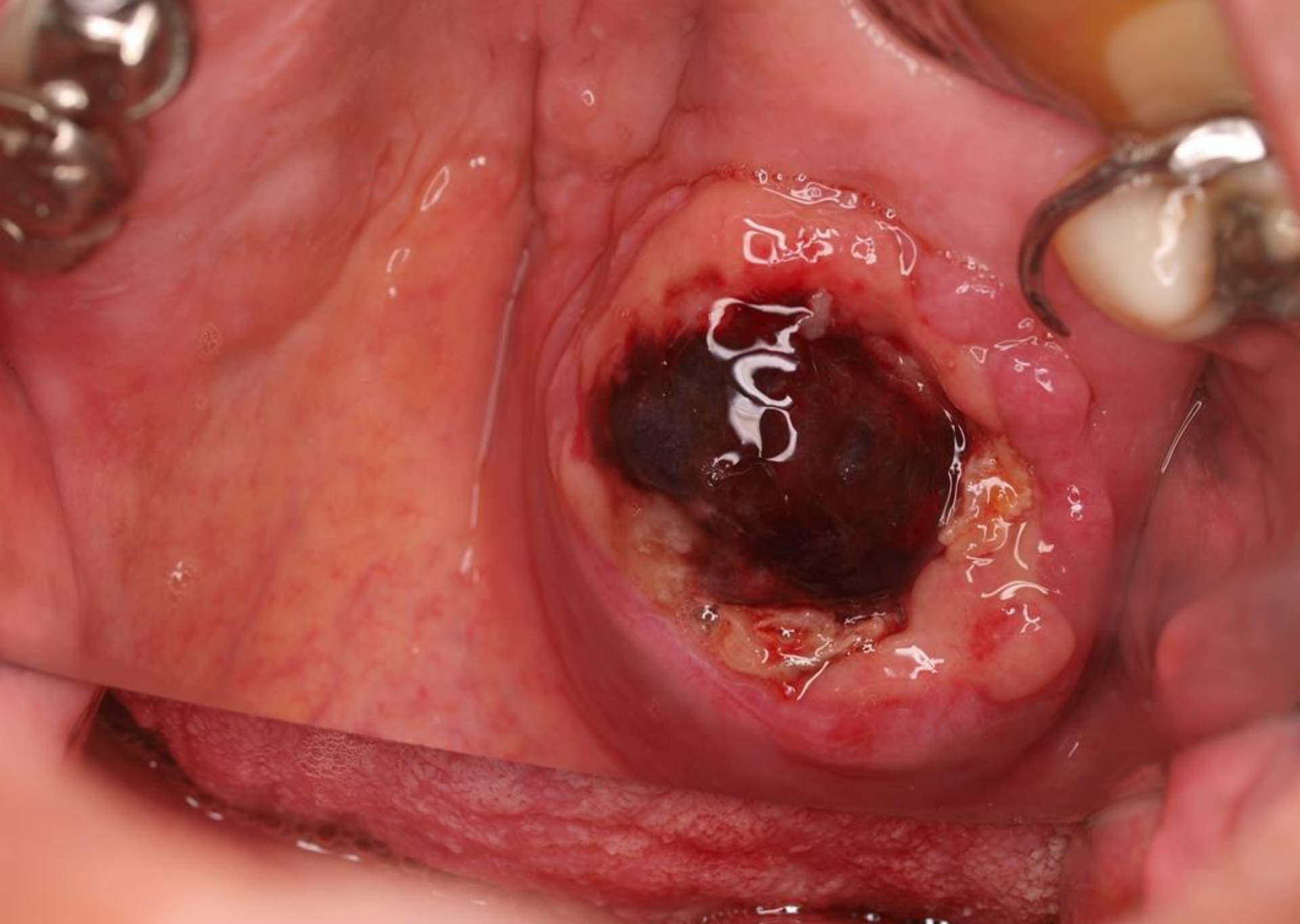


Courtesy: David Grant Medical Center Oral and Maxillofacial Surgery



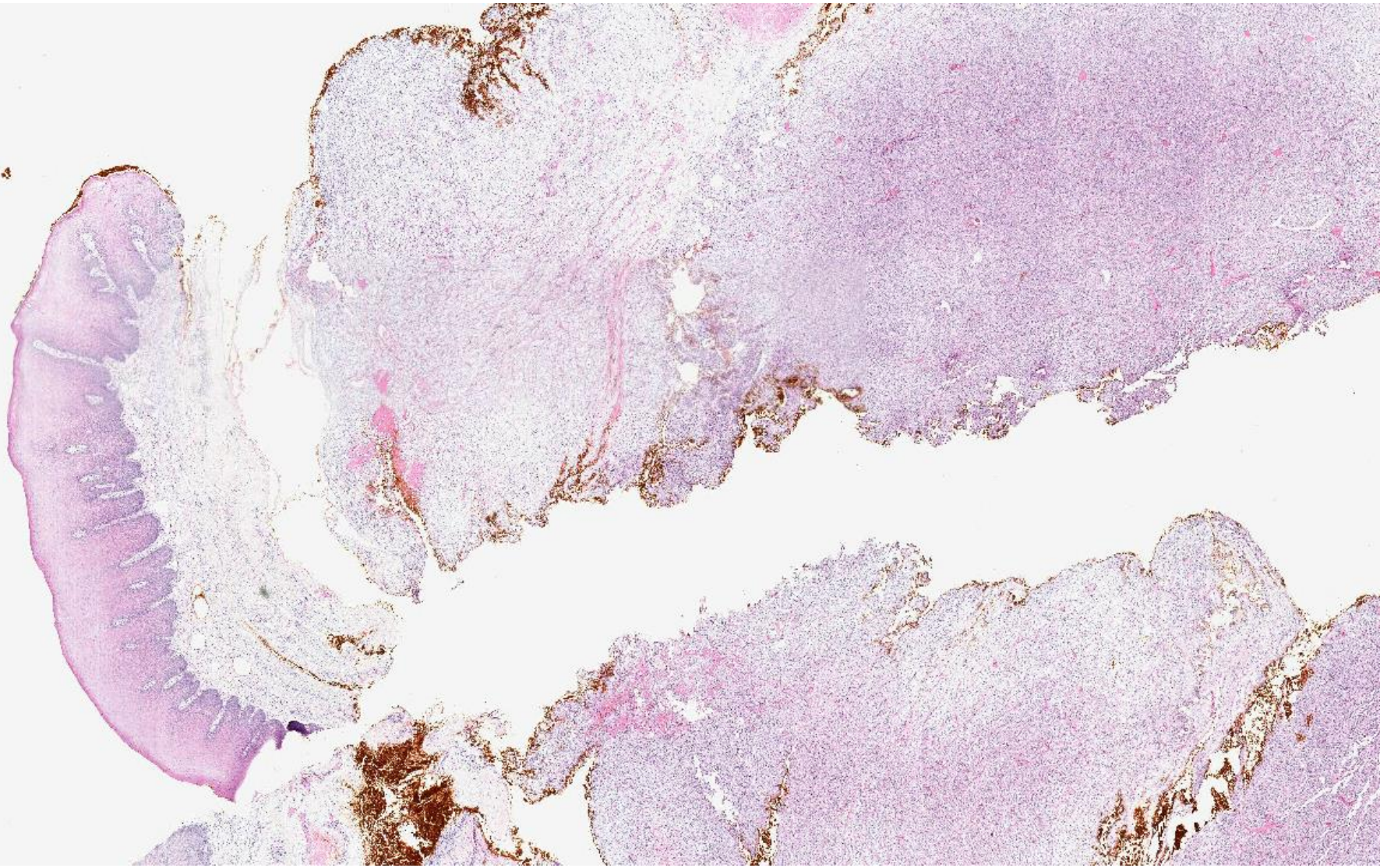
Courtesy: David Grant Medical Center Oral and Maxillofacial Surgery

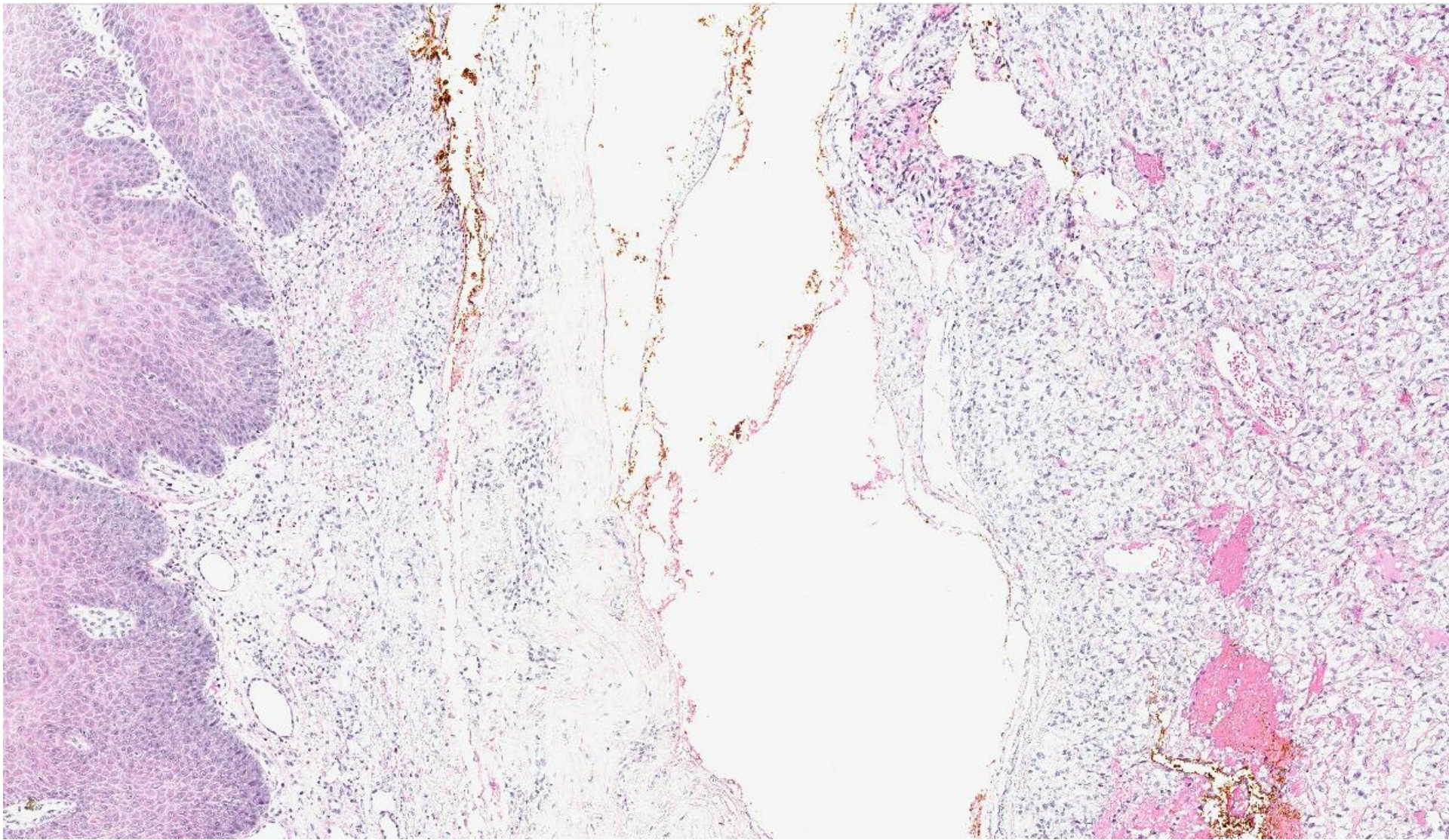


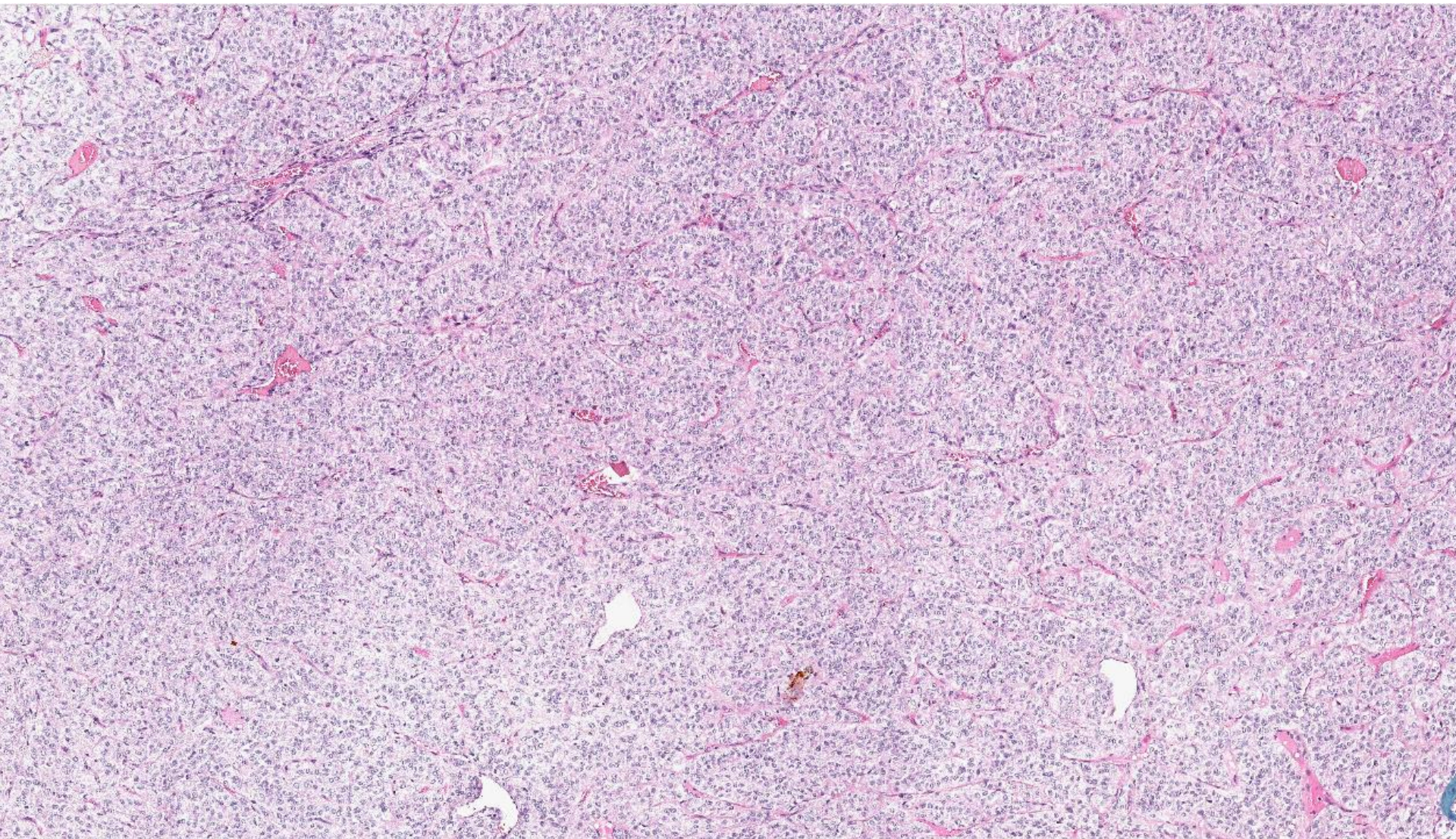


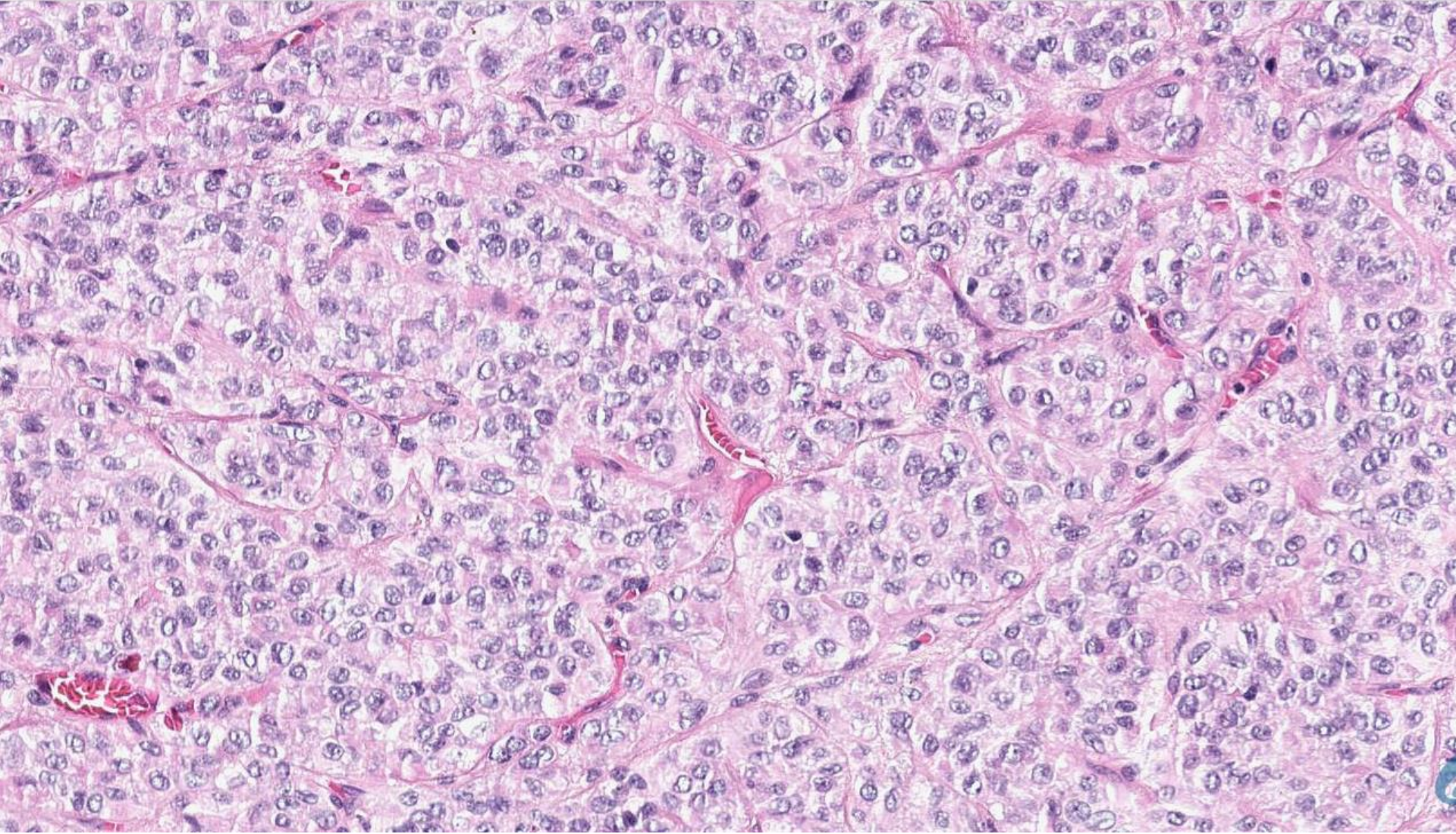
Courtesy: David Grant Medical Center Oral and Maxillofacial Surgery











IHC Summary

Positive

CK AE1/AE3

CAM 5.2

EMA

CD10

Vimentin

Negative

CK7, CEA (salivary)

Melan-A, HMB-45 (melanoma)

HepPar1 (hepatocellular ca)

PSA (prostate ca)

Melan-A, inhibin (adrenocort ca)

CK7, CK20 (pancreatic ca)

CK7, TTF-1 (lung ca)

CK7, TTF-1, TG (thyroid ca)

Preliminary Diagnosis

This case required outside consultation and multiple immunohistochemical stains to determine the diagnosis.

The histologic features were those of a **clear cell neoplasm**, most suggestive of either:

- Primary salivary gland neoplasm (myoepithelioma favored)
- Metastatic carcinoma (renal cell carcinoma favored)

IHC (Consult)

Positive (focal or diffuse)

S-100*

CAM 5.2

AE1/AE3

CK5/6**

CK8

CD10

Vimentin*

WT-1

DPC4

AR

NEGATIVE: SMM,CK14,p63

* argues against primary clear cell ca

** favors myoepithelial origin

uncertain significance

uncertain significance

uncertain significance

argues against myoepithelial origin

Diagnosis

The patient had a remote history of a lung mass (favor adenocarcinoma), chronic renal disease and secondary hyperparathyroidism but no evidence of a renal or adrenal tumor

Favored diagnosis (on consultation):

myoepithelioma

Considered:

Primary clear cell carcinoma, EMCA, RCC, clear cell adenocarcinoma of lung