



Ultrasound-guided Fine Needle Aspiration of Left Neck Lymph Node

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Figure 1: Lymph node, left neck, ultrasound-guided FNA: Diff-Quik stain, 20x

Figure 2: Lymph node, left neck, ultrasound-guided FNA: Diff-Quik stain, 40x

Figure 3: Lymph node, left neck, ultrasound-guided FNA: Papanicolaou stain, 40x

Figure 4: Lymph node, left neck, ultrasound-guided FNA: Periodic Acid Schiff (PAS) stain, 40x

Disclosure: I do not have any affiliations or financial interests in any of the corporate organizations involved with the products to which my case study will refer.

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Clinical History:

The patient is a 34-year old man with a past medical history significant for HIV/AIDS on HAART therapy, Hepatitis B, smoking, and intravenous drug use. He presented to the hospital with a one week history of weakness, chest tightness, fevers, night sweats, and a productive cough. On admission, his temperature was 97.3 degrees, but spiked to 101.7 degrees shortly thereafter. His CD4 count was 2. A physical exam revealed multiple enlarged cervical and supraclavicular lymph nodes, but was otherwise unremarkable. Ultrasound of the neck showed multiple hypoechoic lymph nodes bilaterally, with the largest in the left superior neck measuring 3 cm. The radiologist's differential included lymphoma, metastases, infectious, and inflammatory etiologies. A chest X-ray was negative for mass lesions, infiltrates or effusions. A CT of the head was also negative for mass lesions. The patient's Lactate Dehydrogenase (LDH) was 1739 (normal 300-600). Blood cultures were negative.

The patient underwent ultrasound-guided fine needle aspiration and core needle biopsies of the left neck lymph node.

Cytopathology Features:

The aspiration preparations showed scant cellularity. On Diff-Quik stained preparations, occasional poorly-formed aggregates of epithelioid histiocytes and lymphocytes were noted (**Figure 1**). The Pap-stained slides showed similar findings. Occasional intracytoplasmic structures were present on both Diff-Quik and Pap-stained slides (**Figures 2 and 3**). The aspiration did not yield enough material for further workup. A PAS stain was performed on the concurrent core biopsy specimen (**Figure 4**). A GMS stain showed similar findings. ■



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