



## CT-guided Fine Needle Aspiration of Iliac Lesion

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**Figure 1:** Pelvic X-ray, left iliac wing lesion

**Figure 2:** Left iliac FNA, Diff-Quik stain, 20x, cell arrangement

**Figure 3:** Left iliac FNA, Papanicolaou stain, 40x, nuclear detail

**Figure 4:** Left iliac FNA, Hematoxylin & Eosin stain, 40x, intranuclear cytoplasmic inclusions

**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:

A 49 year-old man presented with pain generating from his pelvic area that continued to worsen and affect his gait. He underwent multiple diagnostic imaging tests, which revealed a large mass in the left iliac wing and lytic lesions infiltrating the pelvic area (**Figure 1**). This was accompanied by diffuse bone involvement throughout the body.

### Cytopathology Features:

A computed tomography (CT) guided fine needle aspiration was performed yielding a relatively acellular specimen. The Diff Quik slides featured both single cells and loosely clustered aggregates of cells (**Figure 2**) with the Papanicolaou stains demonstrating similar findings. Examination on a higher power showed cells with scant cytoplasm, the nuclei eccentrically placed. Nuclear membrane irregularities were observed along with prominent and multiple nucleoli (**Figure 3**). Intranuclear cytoplasmic inclusions were seen in the cell block (**Figure 4**) as well as numerous mitotic figures (**Figure 5**). Special stains were ordered to confirm the diagnosis. ■



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**Figure 5:** Left iliac FNA, Hematoxylin & Eosin stain, 40x, mitotic figures