



## Left Abdominal Wall Mass

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**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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Figure 1A: Papanicolaou Stain, x600

Figure 1B: Papanicolaou Stain, x600

Figure 1C: Diff-Quik Stain, x600

Figure 1D: Diff-Quik Stain, x600

### Clinical History:

A 64-year old man presented with a left-sided firm abdominal wall mass. He had a previous history that included two independent malignancies in the pelvic region resulting in resections in 2007 and 2009. He underwent a transperitoneal ultrasound-guided needle biopsy in 2010, which was negative. The patient noted symptoms of drenching night sweats, malaise, and fatigue. A few weeks later, a left abdominal wall mass was located on a CT scan. He was referred to Roswell Park Cancer Institute for further evaluation and treatment. The patient underwent an ultrasound-guided needle biopsy of a left anterior abdominal wall mass. Papanicolaou and Diff-Quik stained smears were made from the tissue.

### Cytopathology Features:

The smears were highly cellular with groups and single highly atypical/malignant looking cells (*Figure 1A-1D*). These cells had an eosinophilic, abundant, vacuolated cytoplasm. The nuclei were enlarged with coarse granular chromatin. Many nuclei contained multiple nucleoli. The background of the smears contained a myxoid matrix, which can be seen well on the Diff Quik smears.

The tumor cells were positive for the following stains: AE1/AE3, CAM 5.2, EMA (weak) and Vimentin, but negative for S-100.