



Michigan Medicine

Pathology and Clinical Laboratories

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Hematopathology Service

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HEMATOPATHOLOGY CONSULTATION REPORT

Order Number: OC-20-XXXXX **Referred by:**
First Name: SMITH, JOHN
Last Name: EAST HOSPITAL
MRN: 401 S. MAIN ST.
Gender: **Age:** **DOB:** ANN ARBOR, MI 48109
Date Received: 03/20/2020
Date Completed: 03/24/2020

Diagnosis:

Porta hepatic lymph node, biopsies (MS20-XXXX; 01/12/20): Non-Hodgkin lymphoma, favor peripheral T-cell lymphoma, not otherwise specified (NOS). See Comment.

COMMENT: The differential diagnosis includes age-related EBV positive lymphoproliferative disorder. Molecular studies for T-cell and B-cell gene rearrangement will be performed and an amended report will be issued.

Dear Dr. Smith:

We have reviewed the porta hepatic lymph node biopsies from the above-captioned patient.

Sections show an infiltrate of atypical small lymphocytes (some with the appearance of clear cells), epithelioid histiocytes and large atypical cells suggestive of Reed-Sternberg cells/variants.

Immunohistochemical and special stains are provided for review. The large atypical cells are positive for LCA, CD30, CD79a and PAX-5. CD20 is difficult to interpret. CD21 marks follicular dendritic cell meshworks. The T cells, some of which appear atypical, are positive for CD3 and CD5. Ki-67 shows a moderate proliferative fraction. CD68 marks histiocytes. The cells are negative for ALK-1, EMA, CD10, and CD15. Special stains for acid fast bacilli and fungi are negative.

Additional immunohistochemical and in situ studies were performed at our institution. The large atypical cells are positive for CD20, OCT-2, BOB.1, and EBER (in situ hybridization for Epstein-Barr virus). The T-cells are positive for CD3 (repeat), CD4, CD7 (appears decreased) and BCL6 (weak, subset). Repeat CD10 and PD-1 are negative. CD8 marks few T-cells.

In summary, this is a difficult case. The expression of LCA, OCT2, and BOB.1 do not support a diagnosis of classical Hodgkin lymphoma. The differential diagnosis includes peripheral T-cell lymphoma NOS with a proliferation of EBER positive B-cells and a EBV positive lymphoproliferative disorder that is age-related. Molecular studies will be performed and an amended report will be issued.

Thank you for sending this challenging case in consultation. Any follow-up information and/or material would be

First Name:
Last Name:
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Clinic:

appreciated.

Sincerely,



Lauren B. Smith, M.D.

Clinical History:

Hodgkin lymphoma.

Materials Received:

A Outside Case Number: MS18-XXXX
Materials Received: 19 prepared slides
3 blocks A1, B1, C1

CPT Codes:

Specimen	CPT Code	Number of Charges
A	88321	1
A	88341	9
A	88342	1
A	88365	1

Laboratory Accrediting Agency Compliance Statement:

If immunostain testing was performed on this case, the testing was developed and the performance characteristics were determined by the University of Michigan Clinical Immunoperoxidase Laboratory. It has not been cleared or approved by the U.S. Food and Drug Administration. (The FDA has determined that such clearance is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 ["CLIA"] as qualified to perform high complexity testing). Appropriate negative and positive controls were run. The Coreo ACIS instrument (if used for any test on this case) is FDA approved.

Performing site:

NCRC Michigan Medicine Pathology and Clinical Laboratories
2800 Plymouth Rd., Building 35
Ann Arbor, MI 48109

CLIA Director: RICCARDO VALDEZ, M.D.

CLIA Number: 23D1088637

First Name:

Last Name:

Order Number:

Clinic: MRAP