

## Interesting Case Conference 1/21/2021

### 1. Spindle Cell Squamous Cell Carcinoma

- a. Ask for stains: (+) HMWCK, p40, p63
- b. Diagnosis?
- c. Prognosis (similar to conventional)

### 2. Moderate Dysplasia

- a. Dx? Dysplasia, a little challenging to grade, Low-grade likely best
- b. What are important risk factors? Smoking, EtOH
- c. What is the behavior of this? Could regress or progress.

### 3. Mycobacterial spindle cell pseudotumor

They are composed of a heterogeneous population of fibroblasts, myofibroblasts, and epithelioid to spindled histiocytes, which are laden with numerous acid-fast bacilli, usually atypical mycobacteria, especially *Mycobacterium avium-intracellulare*.

- a. Ask for stains: (+) CD68, (+/-)S100 protein, desmin, and muscle-specific actin may be positive, (-) CD31 and CD34
- b. Diagnosis?
- c. Setting in which they often occur: Immunocompromised (AIDS), but can get in healthy
- d. Behavior/Treatment: benign, treat infection

### 4. HPV-positive Squamous cell carcinoma

- a. Diagnosis?
- b. What anatomic site is this mostly restricted to? (Oropharynx/Tonsil)
- c. How does the prognosis compare to conventional SCC? (Better)

### 5. Respiratory Epithelial Adenomatoid Hamartoma (REAH)

- a. Diagnosis?
- b. Behavior? Benign
- c. If the glands are very confluent, which diagnosis should you consider? Low-grade adenocarcinoma.