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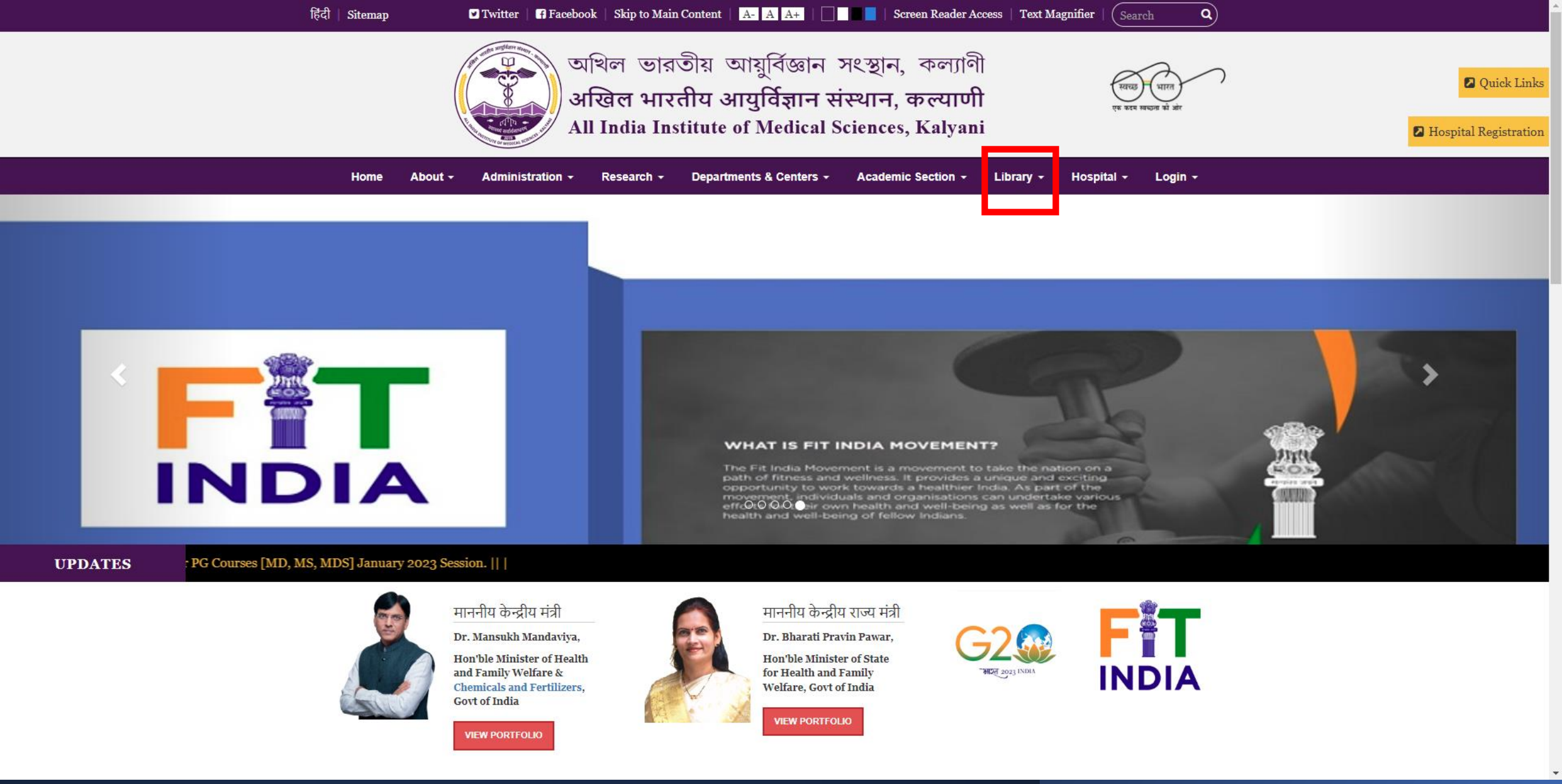

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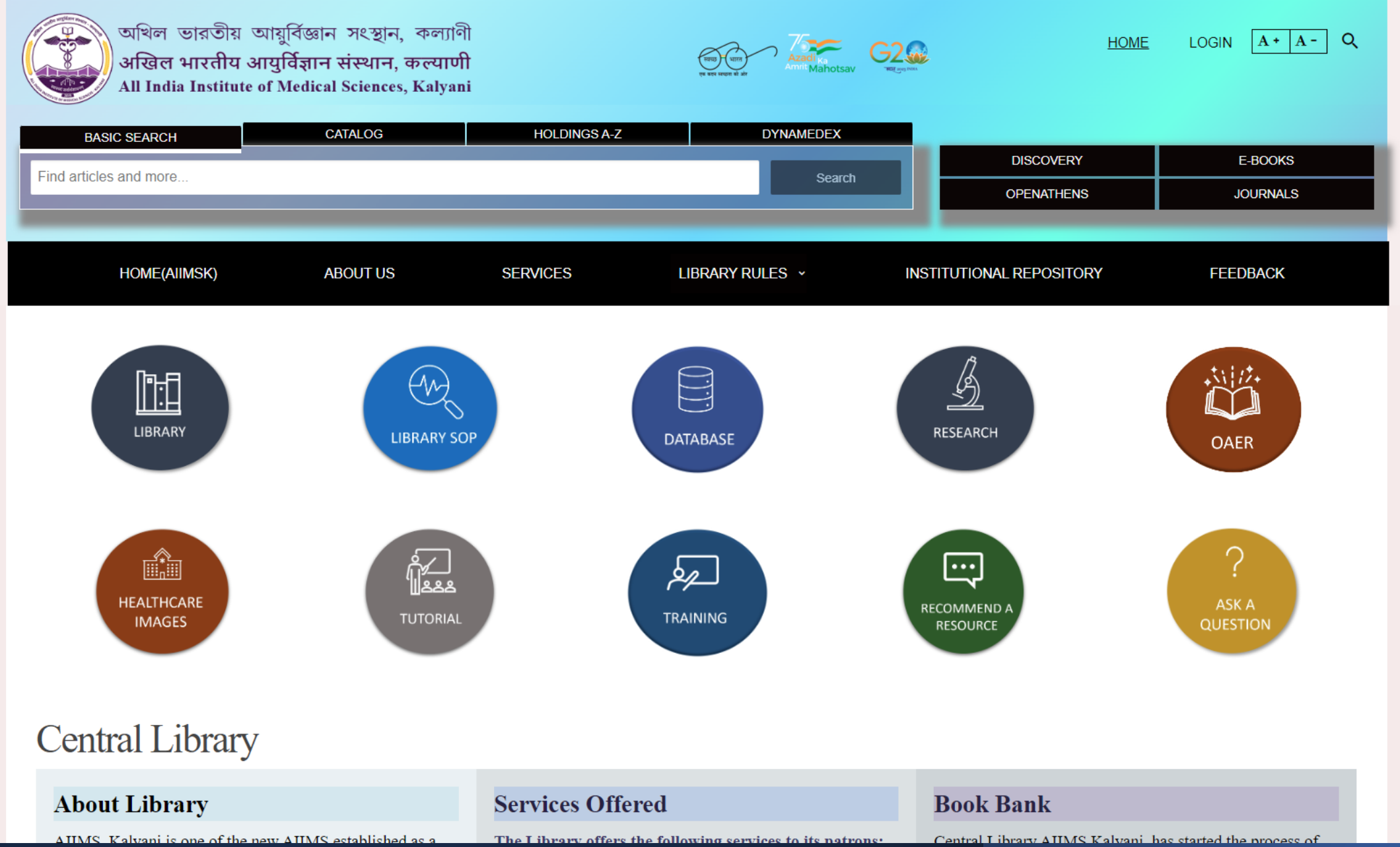

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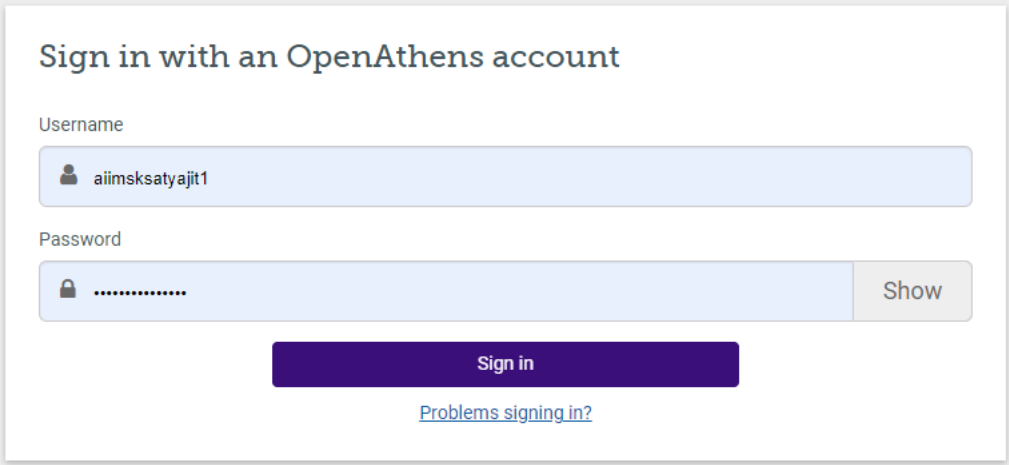

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Abstracts From the Pulmonary Pathology Society 2022 Biennial Meeting

Presented here are the scientific abstracts from the Pulmonary Pathology Society (PPS) Biennial Meeting, which took place in June 2022 in Cork, Ireland. This meeting of pulmonary pathologists from around the world was assembled under the direction and leadership of Sanja Dacic, MD, PhD, then president of the PPS. All abstracts were reviewed for scientific content by Lida Hariri, MD, PhD, and Andrew Nicholson, DM, as well as members of the abstract review committee, Sabina Berezowska, MD, and Sonja Klebe, MD, PhD, prior to their acceptance.

Atypical Melanotic Paraganglioid Carcinoid: A Report of a Rare Tumor of the Lung

Hemlata Shirsat (hemlatashirsat@gmail.com); Douglas M. Sawyer. Department of Pathology, Royal Jubilee Hospital, Vancouver Island Health Authority and University of British Columbia, Victoria, Canada.

A 57-year-old woman was found to have an incidental 3-cm calcified lesion in the right middle lobe on a coronary CT scan. She had a remote history of left lower lobectomy for plasma cell granulocytoma. Endobronchial brushings/washings were negative for malignancy and microorganisms. A right middle lobectomy specimen showed a 2.5-cm well-defined rubbery tan tumor with central gritty calcification within a bronchus extending into lung parenchyma. Histology showed a tumor arranged in a zellballen pattern, with nests of cells surrounded by sustentacular cells and foci of calcification. Some cells had salt-and-pepper chromatin with eosinophilic cytoplasm, and some had clear cytoplasm and hyperchromatic nuclei. Mitoses were seen at 2/10 high-power fields. Focally, melanin pigment was seen, confirmed by Fontana-Masson stain. On immunohistochemistry, cells within the nests were positive for synaptophysin, chromogranin, and AE1/AE3. The sustentacular cells were positive for S100 and SOX-10. Melan-A was negative. Ki-67 labeling index was 10%. Positivity for synaptophysin and chromogranin and negativity for Melan-A ruled out melanoma, and strong diffuse positivity for AE1/AE3 ruled out a paraganglioma. Immunohistochemistry for smooth muscle actin and desmin was performed to rule out perivascular epithelioid cell tumor (PEComa). Based on morphologic and immunohistochemical features, a diagnosis of atypical melanotic paraganglioid carcinoid was rendered. This is a rare entity, with only 1 case report in the literature. The morphologic and immunohistochemical features can be misleading and can lead to an erroneous diagnosis of either metastatic melanoma or paragangli-

Previous auditing within our institution showed a PPV of 53%. Here, we reevaluate our reporting of pleural fluid cytology, investigate interobserver variability, and assess our center's practice of immunohistochemical and molecular techniques.

Design: A WinPath search from 2016 to 2021 was conducted to find mesothelioma cases. Clinicopathologic information was collated and cases with a negative cytology report were reassessed by 2 experienced pathologists.

Results: Of 179 cases, 129 had both cytology and biopsy specimens, and PPV was 55.5%. Rarer histologic subtypes, desmoplastic, lymphohistiocytoid, and well-differentiated papillary mesothelioma were associated with negative cytology results (Table). One case of mesothelioma in situ was seen for which cytology showed atypia (not otherwise specified). Of 50 cases originally reported as negative cytology, 14% were upgraded, 48% remained negative, and in 30%, concordance between pathologists was not achieved. Immunohistochemistry was primarily used as an adjunct for malignant effusions to determine cell phenotype, with no cases being sent for molecular analysis. The average delay from cytology to biopsy was 13 days.

Clinicopathologic Characteristics for Cases of Malignant Mesothelioma Where Both Biopsy and Cytology Results Were Available

	Negative Cytology (50 Cases)	Equivocal Cytology (8 Cases)	Positive Cytology (71 Cases)	Overall (129 Cases)
Age, mean, y	73.7	74.4	72.6	73.1
Sex, No. (%)				
Male	40 (39)	6 (6)	57 (55)	103

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