

*\*Patient information removed to ensure confidentiality\**

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**Specimen(s):** A: anterior mediastinal mass  
B: left internal mammary lymph node chain

**Clinical information:** Mediastinal mass

**Pre-operative consultation (Dr [REDACTED]):**

**A:** anterior mediastinal mass:

- Epithelial proliferation characterised by small cells and marked necrosis
- Small cell carcinoma versus thymic carcinoma?
- Final result on paraffin section.

**GROSS EXAMINATION:**

**A:** anterior mediastinal mass:

Received fresh, several fleshy grey-beige fragments measuring 2 x 2 x 0.7 cm in aggregate. A sample is taken for flow cytometry.

Identification of sections: A1: frozen section. A2 to A5: rest of the specimen.

**B:** left internal mammary lymph node chain

Received fixed in formalin, two adipose tissue fragments measuring 0.6 x 0.5 x 0.3 cm in aggregate. The specimen is entirely submitted in a single cassette, B1.

F. [REDACTED], pathologist's assistant [REDACTED]

**MICROSCOPIC EXAMINATION:**

Microscopic examination of six HPS-stained slides, representing specimens A and B. An immunohistochemical study was carried out on block A5 using the following antibodies: cytokeratin B/18 (+ finely granular), cytokeratin AE1/AE3 (+ finely granular), CD56 (+), CD117 (+), CD5 (-), chromogranin (faint + granular), synaptophysin (faint + granular), TTF1 (very faint and focally +) and P63 (-).

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Continuation of report no. [REDACTED] Patient: [REDACTED] File no.: [REDACTED]

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**DIAGNOSIS:**

**A:** Anterior mediastinum, mass, surgical biopsy:

- Poorly differentiated small cell neuroendocrine (oat cell) carcinoma.

- (This tumour could either be a primary mediastinal/ thymic tumour or a metastatic tumour from the lung, for example. This information should therefore be correlated with the clinical data. )

**B: Lymph node, left internal mammary chain, biopsy/excision:**

- No malignant neoplasm in lymph node (0/1).