

GEISINGER IHC



CASE STUDY

Case Presentation:

A 22-year-old obese female was admitted with a urinary tract infection and abdominal pain described as cramping and constant. She had no known history of malignancy. She did not have a significant family history related to cancer. Her labs showed BUN 16, creatinine 1.0, albumin 2.7, alkaline phosphatase 507, AST 398, and ALT 40. Urine pregnancy screen was negative. A urine analysis was unremarkable. CT scan revealed multiple hypodense hepatic lesions, multiple mediastinal masses, and a retroperitoneal mass. She had a liver core biopsy that revealed an epithelial tumor showing a trabecular and tubular/glandular growth pattern with focal tumor necrosis (Figures 1 and 2). An IHC panel was performed with the following results:

Immunostaining Results

Markers	Results
CAM5.2	Positive
CK7	Positive
CK20	Negative
CK903	Focally positive
CD10	Negative
RCC	Negative
OCT4	Negative

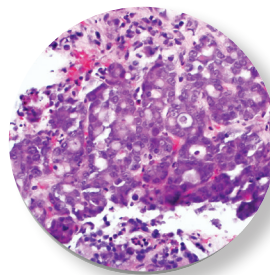


FIGURE 1

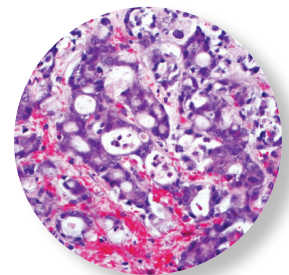
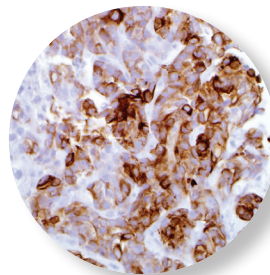
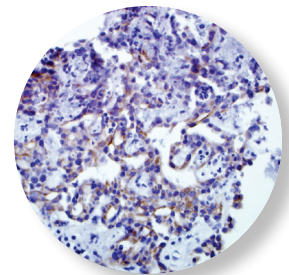


FIGURE 2



CK 7



CK 903

1. What is your diagnosis?
2. What additional immunostains will substantiate your diagnosis (please list one or two stains)?

Your name and contact information (including phone number and email):