2025

KARNATAKA RADIOLOGY EDUCATION PROGRAM

CASE PRESENTATION

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KAHER UNIVERSITY

J.N.MEDICAL COLLEGE, BELAGAVI

PRESENTER: DR. SAMHITA VUPPUTURI

CLINICAL HISTORY

- 65 year old male
- Complaints of productive cough & whitish expectoration since 1 month
- Breathlessness on exertion
- Loss of appetite
- Weight loss (2 kgs in past 1 month)
- Diabetic and hypertensive

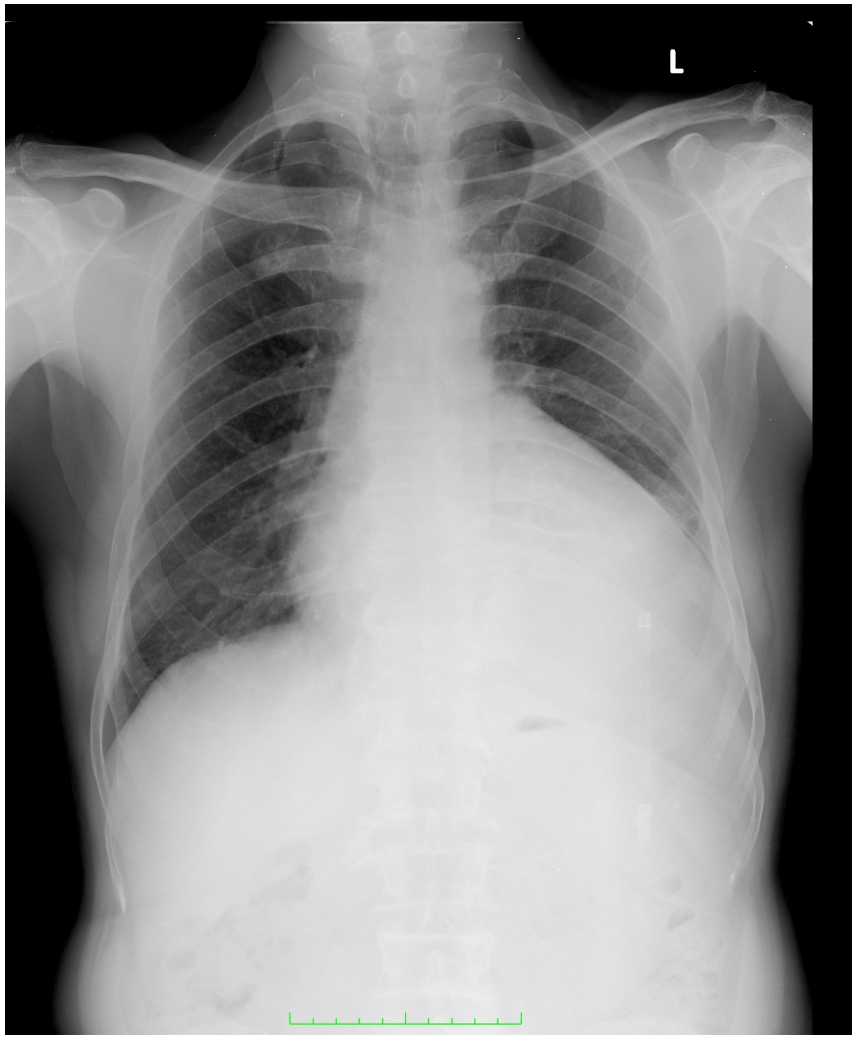
GENERAL PHYSICAL EXAMINATION & FURTHER EVALUATION

- Bp- 127/100 mm of hg
- Echo: EF- 60%

  Mild PAH

- Pulmonary Koch's was ruled out

CHEST RADIOGRAPH – AP & LATERAL

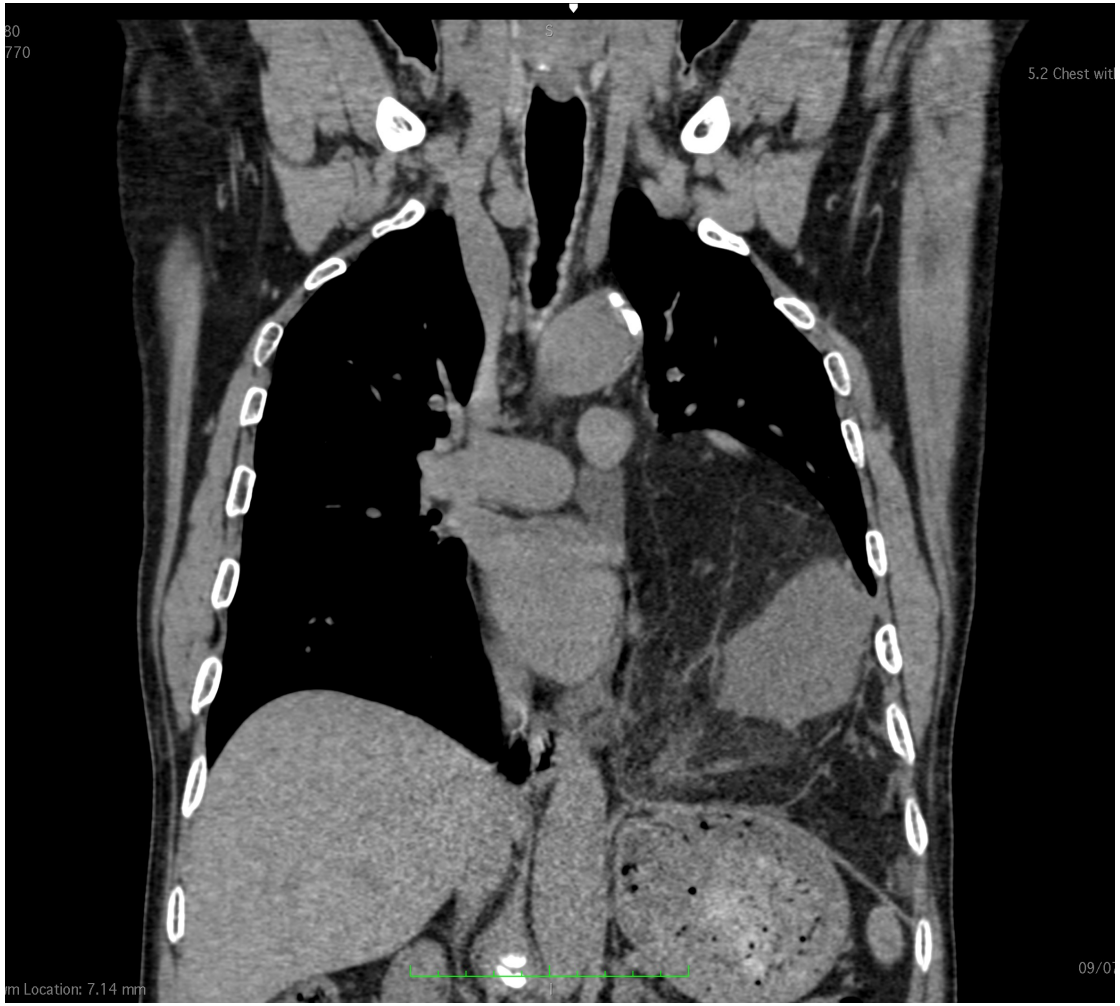


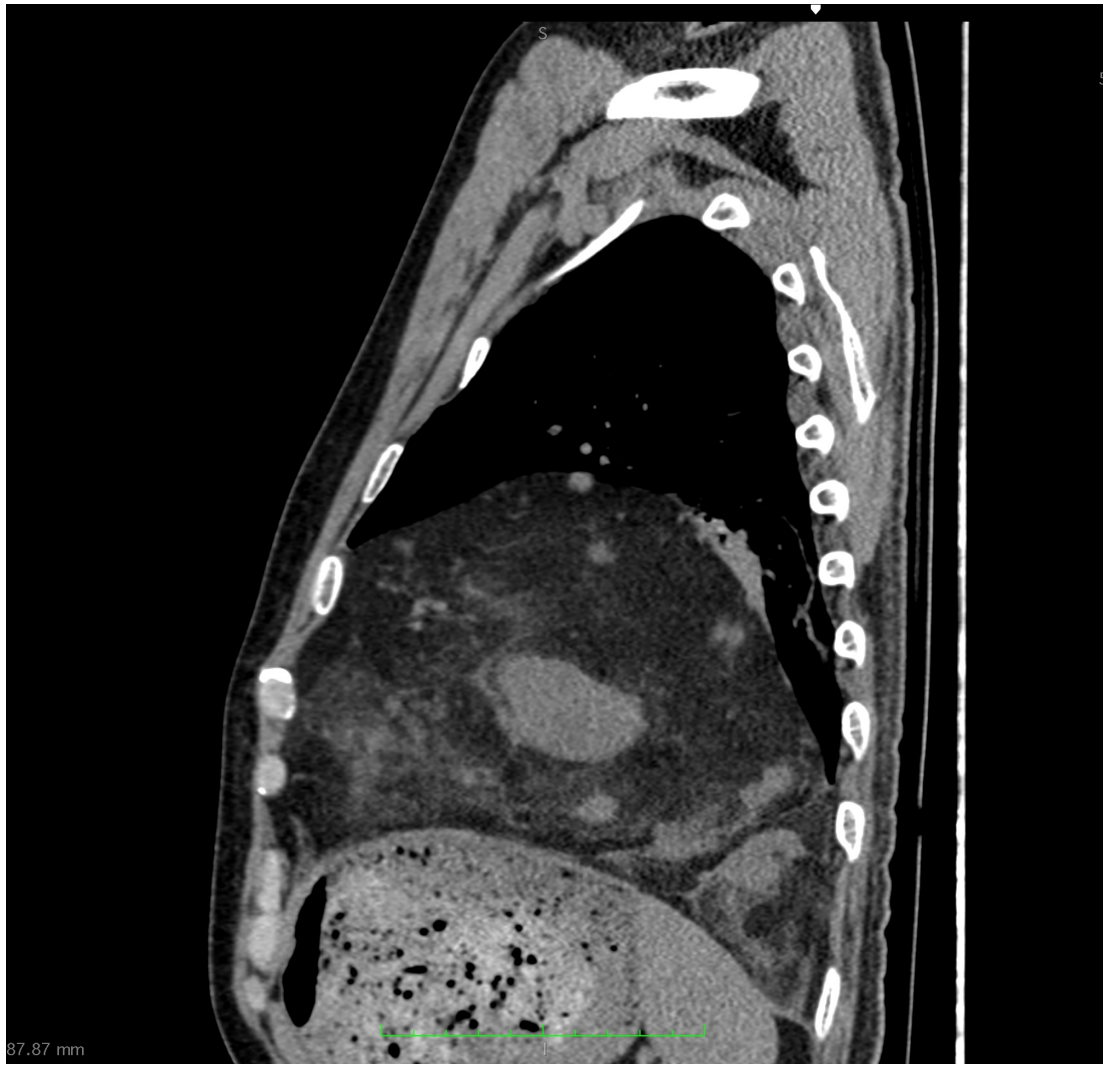
CHEST X-RAY FINDINGS

- Frontal chest radiograph
- Inspiratory film with good exposure
- Mild rotation
- Lungs fields appear normal
- Left CPR and left dome of diaphragm are obliterated
- Cardio thoracic ratio appears to be increased

- On lateral chest radiograph
- There is seen a large homogenous radio-opacity involving left mid and lower part of anterior, middle and posterior mediastinum obscuring the heart border
- The retrosternal space appears to be filled with the mass.
- The anterior cardiac border is silhouetted by the mass.
- Left hemidiaphragm is not seen.
- Cardia is normal
- Bones are normal
- No evidence of sclerotic or lytic lesion

HRCT THORAX

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87.87 mm

HRCT FINDINGS

- A large well defined hypo attenuating mass lesion, predominantly of fat attenuation with multiple varying sized hyperdense rounded solid appearing components seen in left lower hemithorax.
- Cranially abutting the left lung and caudally abutting the left hemi diaphragm without any signs of infiltration.
- Medially abutting the mediastinal structures and cardia.
- Anteriorly, laterally and posteriorly reaching upto the chest wall.
- Hu of the lesion is
- Hu of the solid components in the lesion is -93

DIFFERENTIALS BASED ON CT

- Lipoma
- Mediastinal lipomatosis
- Liposarcoma
- Germ cell neoplasm (teratoma)
- Thymolipoma
- Thymoliposarcoma

LIPOMA

POINTS IN FAVOUR	POINTS AGAINT
Well defined fat attenuation lesion	Lipomas have homogenous fat attenuation with fat percentage more than 75%
Well defined margins	Significant amounts of soft tissue within the fatty mass.

MEDIASTINAL LIPOMATOSIS

POINTS IN FAVOUR	POINTS AGAINT
Well defined homogenous fat attenuation lesion around mediastinal structures	Absence of prominent epicardial fat pads, symmentrical thickening of extraplueral fat.
Well defined margins	

LIPOSARCOMA

POINTS IN FAVOUR	POINTS AGAINT
Inhomogenous attenuation	None
Significant amounts of soft tissue within the fatty mass.	

MEDIASTINAL TERATOMA

POINTS IN FAVOUR	POINTS AGAINT
Well demarcated , large, heterogenous mass lesion with fat and soft tissue components	Teratomas usually have variable cystic appearance with inclusion of fluid, fat , calcification and teeth

THYMOLIPOMA AND THYMOLIPOSARCOMA

Fatty lesion with areas of inhomogenous soft tissue density areas.	Usually occurs in young age
Non invasiveness	Thymolipomas and thymoliposarcomas are encapsulated neoplasms with both macroscopic fat and strands (solid linear densities) of thymic tissue
	Centered on the thymus

FOLLOW UP

- Biopsy was done to this patient and it was reported as poorly differentiated neoplasm
- Biopsy samples were reviewed again and it was reported as undifferentiated pleomorphic sarcoma

LABORATORY REPORT

Patient Name	: MR KHEMANI LAKSHMAN PALKAR		IP / OP No	:	7521166
Ordered Loc	: Free		Gender	:	Male
Referred By	: Dr. TC & EMS UNIT CONSULTANT		Age	:	65 Y 0 M 1 D
Class	: OPD - Private		Vch No	:	956415
Current Loc	:		Collection Dttm	:	10/07/2024 12:11 PM
Sample No	: 24382980		Reported On	:	11/07/2024 12:40 PM

Investigations	Result	Method	Unit	Reference Range

HISTOPATHOLOGY

Sample Type : GENERAL

BIOPSY NO:	3358/24
SITE:	Left Hemithorax
GROSS:	Received multiple linear grey white soft tissue pieces, largest measuring 2cm in length.
MICROSCOPY:	Sections studied show cores of tissue showing neoplastic cells arranged in sheets with numerous bizarre cells and multinucleated giant cells.
IMPRESSION *	Features are that of Poorly differentiated neoplasm. NOTE: Kindly correlate clinicoradiologically.
ADVICE :	IHC

NOTE :Slides and Blocks will be saved for 10 years, specimen will be preserved for 3 months if not fully embedded.

-----End Of Report-----

CYTELABS
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DEPARTMENT OF LABORATORY MEDICINE

Name	: Mr KHEMANI LAKSHMAN PALKAR	Lab No	: 240244167
MRN	: LR-027070	Visit No	: 01-01-OP-288837
Age	: 65 Y	Gender	: Male
Ordered by	: -	Sample Receipt Date	: 23-07-2024 03:49 PM
Referred by	: DR. ADARSH	Reported Date	: 23-07-2024 05:04 PM

HISTOPATHOLOGY REPORT

LAB NUMBER: H-3487/2024

SPECIMEN: Blocks for review - Left hemithorax.

GROSS EXAMINATION: Received 2 blocks labelled as 3358/24 A and B.

MICROSCOPY: Features are suggestive of high-grade spindle cell sarcoma with many bizarre tumor cells.

IMMUNOHISTOCHEMISTRY: Tumor cells diffusely express Vimentin. Variably expression of CD68 and CD163 seen in the tumor cells. CDK4 and CK shows focal positivity. Negative to S-100, SMA, Desmin, Myogenin and CD34.

IMPRESSION: **Morphology and immunohistochemistry support the diagnosis of undifferentiated pleomorphic sarcoma.**

***Surgical specimens will be discarded after two (2) months.
***Slides or Paraffin Blocks will be issued only on request basis.
***Immunohistochemistry slides will not be provided.

THANK YOU