New York Pathology Society Case Unknowns

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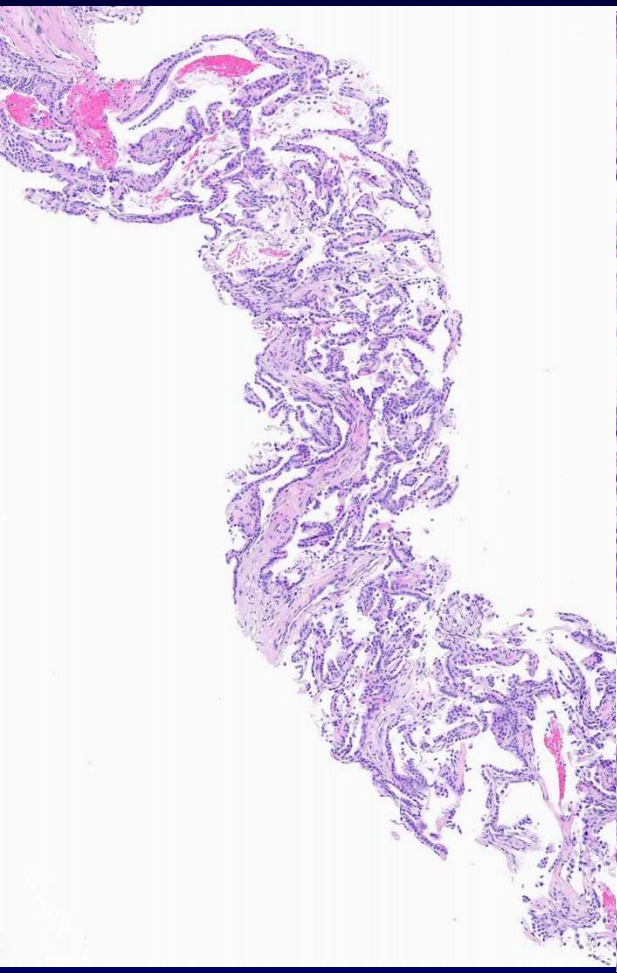
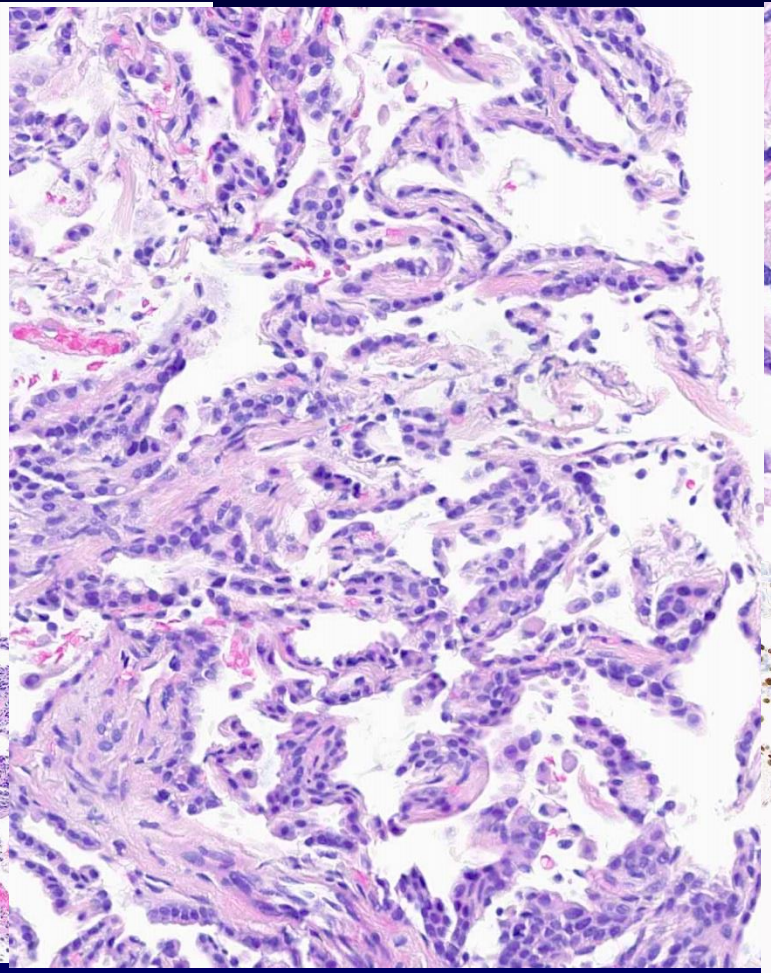
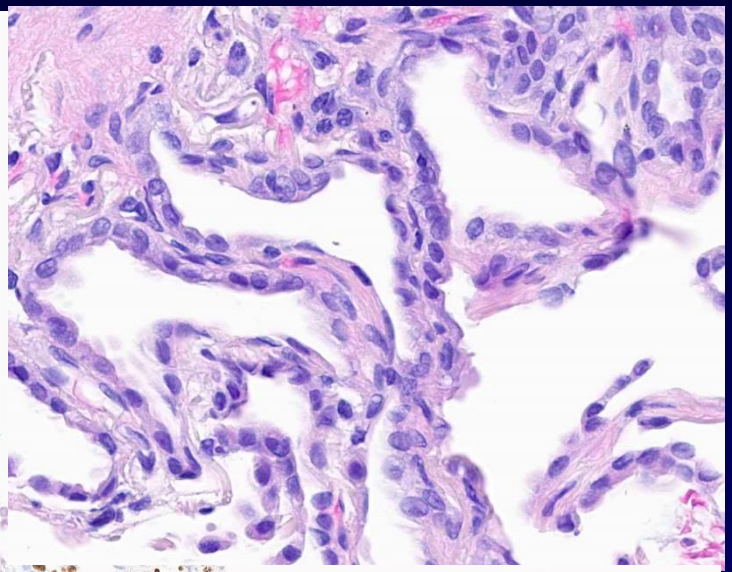
CASE 1

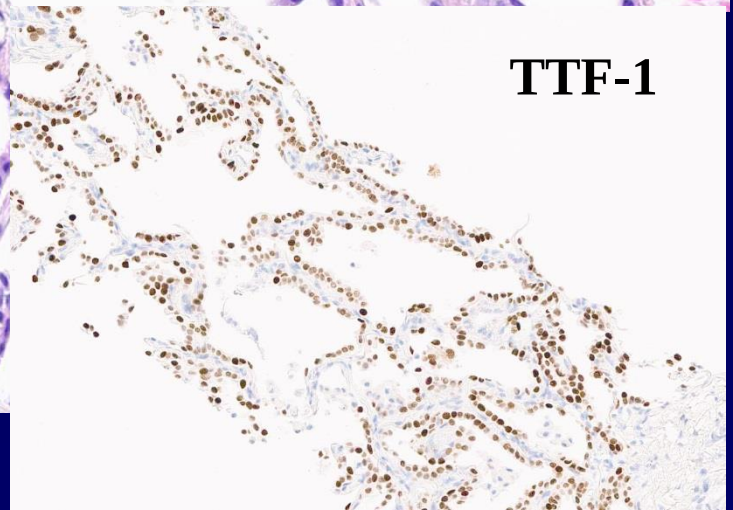
- 79M with Stage IIIc hilar cholangiocarcinoma resected 18 months previously s/p adjuvant chemotherapy. On surveillance was found to have solitary right lower lobe 1.6 cm part solid nodule.

CASE 1- RUL Biopsy





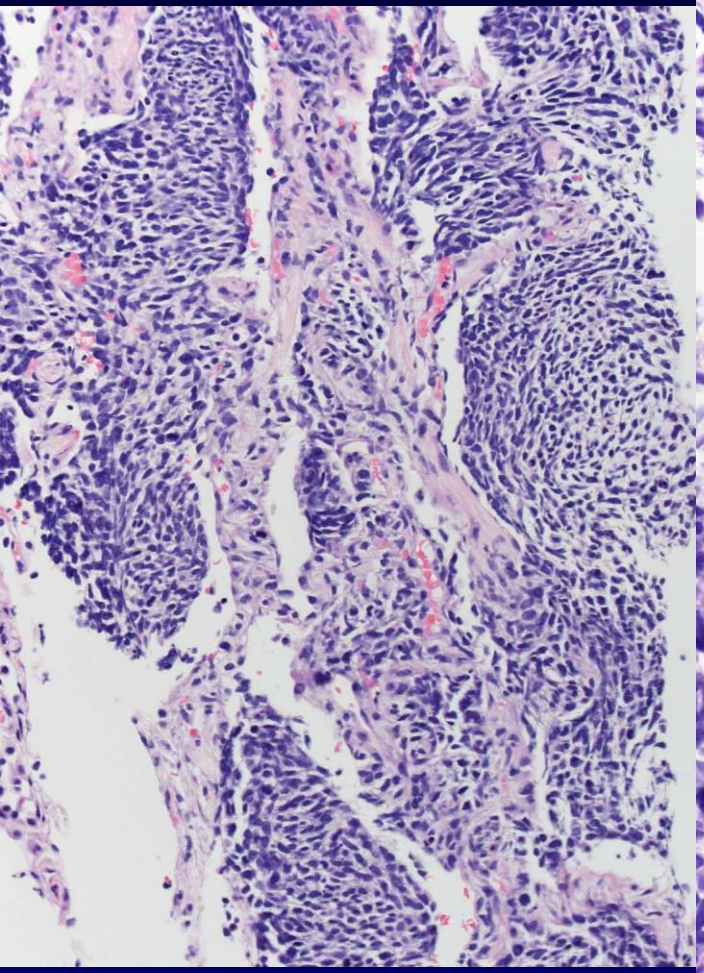


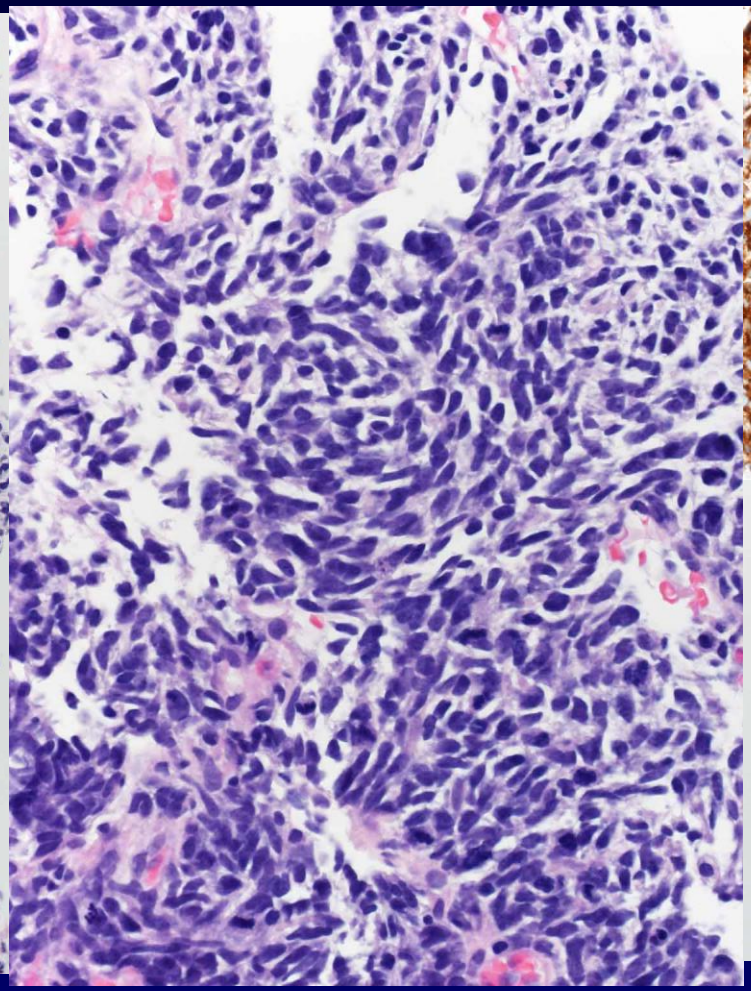


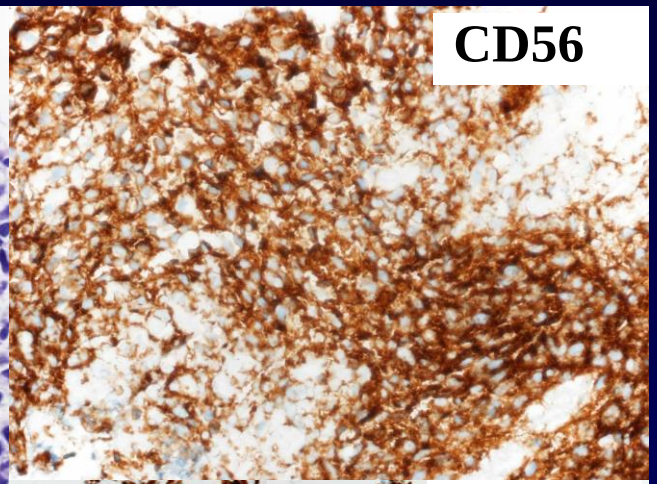
CASE 2

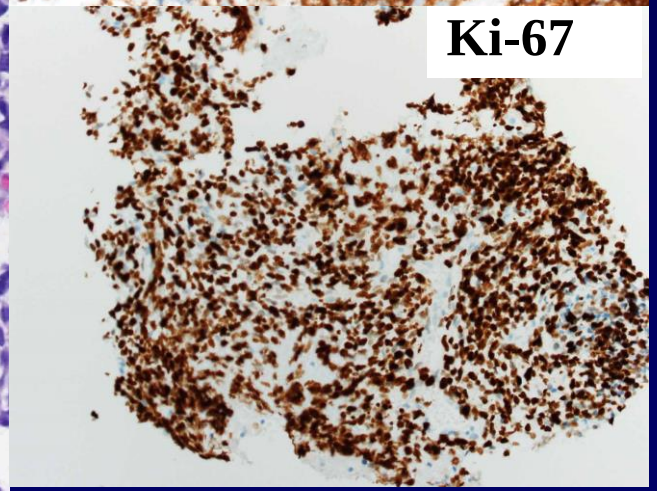
- 64F former smoker with history of resected EGFR L858R mutated lung adenocarcinoma in 2016 with metastases to brain, multiple bones, L2 vertebral body, ribs, R iliac bone and acetabulum. Now presents with left lung mass. Multiple therapies over past 4 years including erlotinib, osimertinib, carboplatin & pemetrexed & pembrolizumab and RT

CASE 2: Left Lung Biopsy





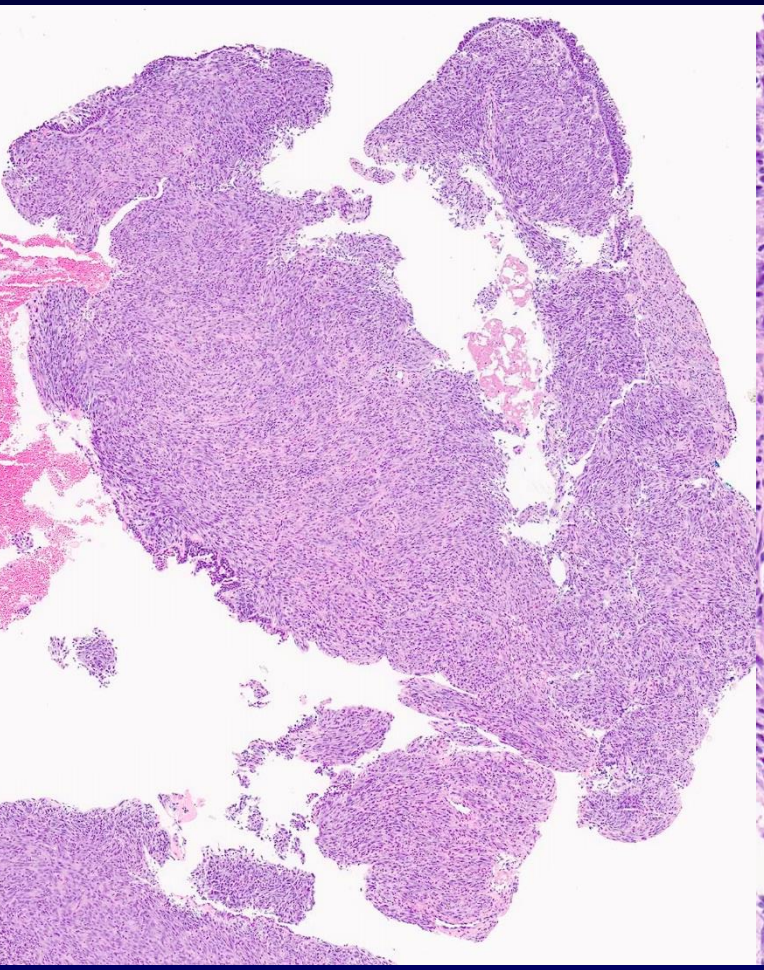


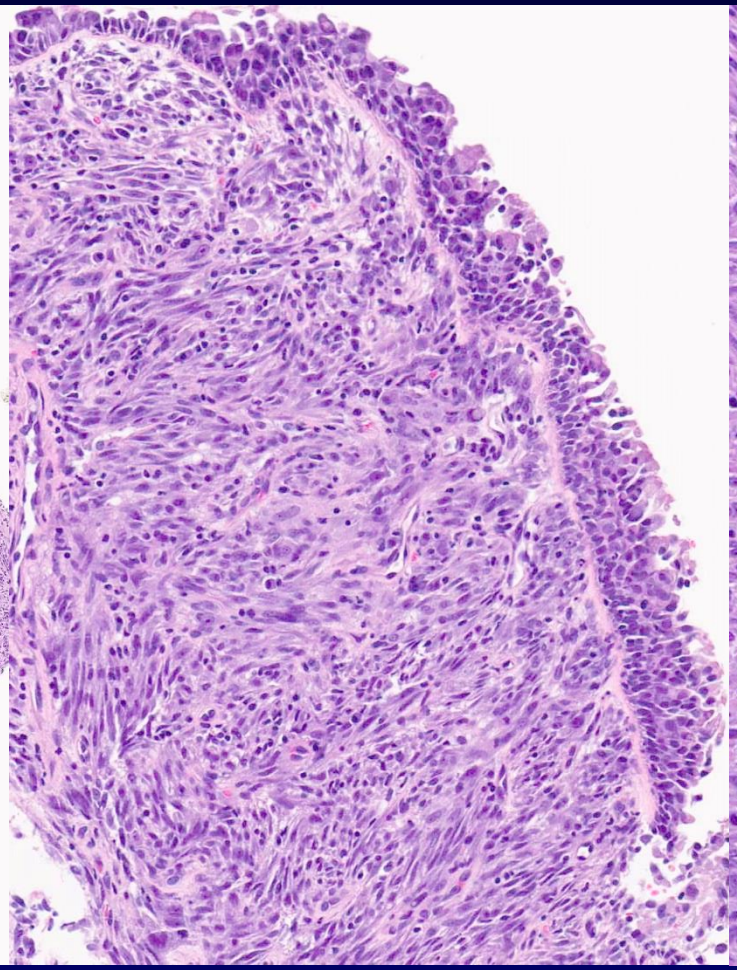


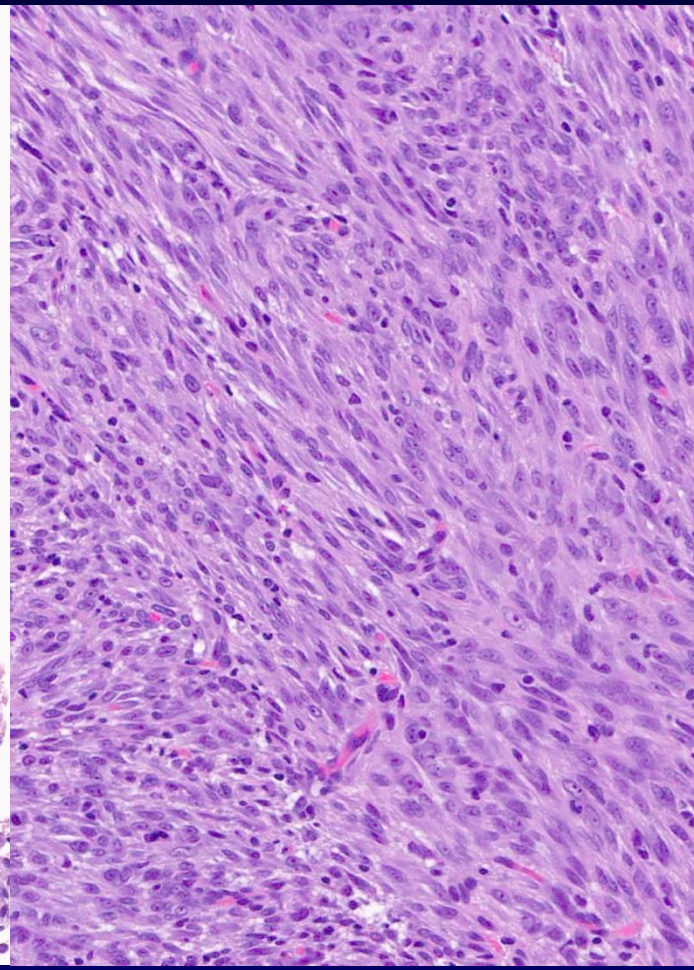
CASE 3

- 63M former smoker (80 pk yr) with T1N2b HPV positive right tonsillar squamous cell carcinoma was found to have an incidental tracheal mass on lung cancer screening CT. No tumor related symptoms
- Flexible bronchoscopy with tumor debulking was performed revealing an 11 mm polypoid endotracheal mass

CASE 3







CASE 4

- 70F with history of breast cancer 11 years previously presents with respiratory symptoms. Chest CT showed bilateral ground glass and nodular infiltrates. A left upper lobe lung biopsy was performed.

CASE 4