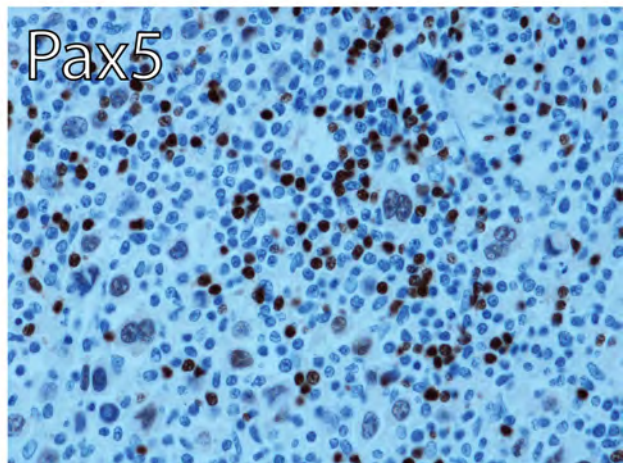
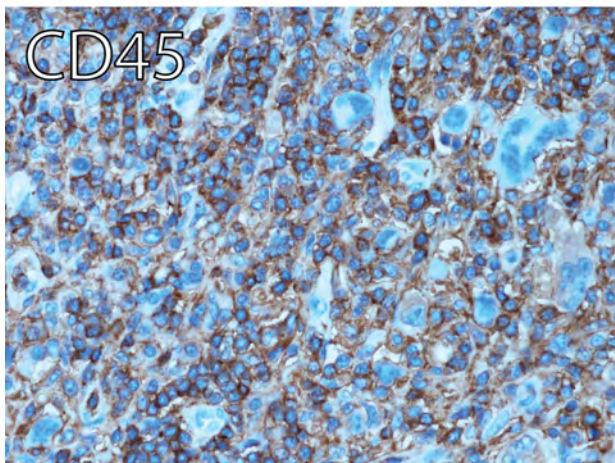
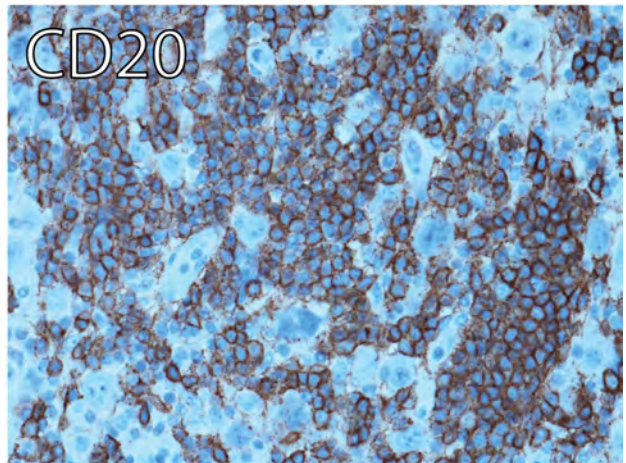
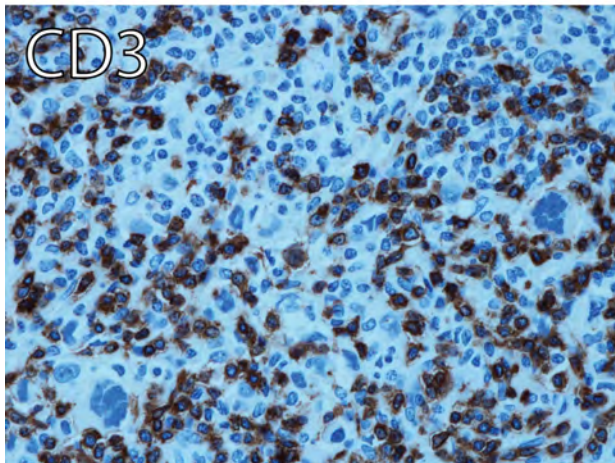
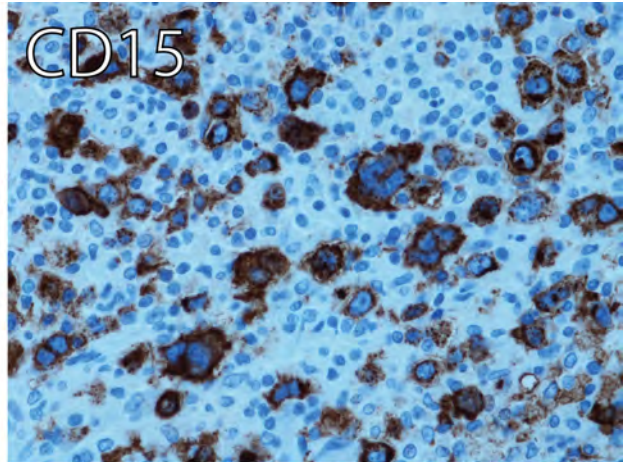
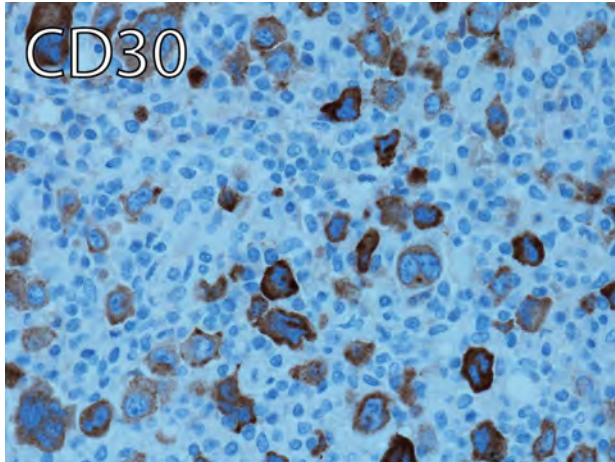




Case of the Quarter: Q1 2014

ANSWER

I: Immunohistochemistry





Summary of immunohistochemical and ISH findings:

Positive Markers	Negative Markers
CD30	CD45
CD15	CD20
Pax-5 (weak)	CD3
EBER (not shown)	

II: Diagnosis

Nodular sclerosis classical Hodgkin lymphoma (NSCHL), syncytial variant

NSCHL is the most common subtype of classical Hodgkin lymphoma (CHL). Usually Hodgkin and Reed-Sternberg (HRS) cells are a minor component in a background of small lymphocytes and other inflammatory cells; including eosinophils, histiocytes and neutrophils; and occasional foamy macrophages. Rarely, the HRS cells are numerous and form clusters. This observation is named as “syncytial variant” CHL. Even though the old literature show that higher number of HRS cells is associated with poor prognosis, this association largely disappears with the modern chemotherapy. Differential diagnosis of syncytial CHL includes anaplastic large cell lymphoma, large B cell lymphoma, metastatic carcinoma, and melanoma.