

REPORT:

MICROSCOPIC DESCRIPTION

A-C. Parts A-C are similar and are therefore described together. These are adequate for evaluation and show lymph node sampling composed of polymorphous lymphocytes including numerous small mature forms, medium forms, and follicular dendritic cells. There are numerous scattered epithelioid granulomas. No malignant cells are identified. The background shows blood and rare benign bronchial epithelial cells.

FINAL DIAGNOSIS

A-C. LYMPH NODES, STATIONS 7, 4R, AND 11, ENDOBRONCHIAL ULTRASOUND-GUIDED (EBUS) FINE NEEDLE ASPIRATION/BIOPSY:

NON-CASEATING GRANULOMATA IN A BACKGROUND OF POLYMORPHOUS LYMPHOCYTES, CONSISTENT WITH LYMPH NODE SAMPLING (SEE COMMENT).
AFB, GMS, AND GRAM STAINS PERFORMED ON PART C: NEGATIVE.
NO MALIGNANT CELLS IDENTIFIED.

COMMENT: Please correlate with concurrent microbiology studies. This case was reviewed in intradepartmental consultation with concurring opinion from a cytopathologist and a hematopathologist.

RESPONSE:

Hi there. Thank you for reaching out to Pathologyreporthelp.com! So, it looks like you had sampling of lymph nodes in your chest which are adjacent to the airways of your lungs. The clinician sampled these lymph nodes via fine needle aspiration during an EBUS (endobronchial ultrasound).

The results are benign (not cancer), but the finding of non-caseating granulomas is of some significance and likely responsible for your enlarged lymph nodes. Non-caseating granulomas are a collection of cells that are formed as a response to an infection, certain dusts and chemicals, or in certain inflammatory conditions. In your case infection is less likely because specialized stains that would identify types of infections were performed and were negative (AFB-stains for mycobacterial infections such as tuberculosis; GMS-stains for fungal infections; Gram stain-stains for standard bacterial infections). In the absence of an infection, the most common cause for non-caseating granulomas at this location is the inflammatory process sarcoidosis. However, just finding non-caseating granulomas does not definitively mean you have sarcoidosis, and these results must be correlated with additional clinical findings by your clinician.

I hope this response was helpful, and thanks again for contacting us! If you have further questions don't hesitate to reach out again. As always follow up with your treating doctor is recommended.