

Small Round Cell Pattern in Liquid-based Cytology: Cytopathology Case Presentation

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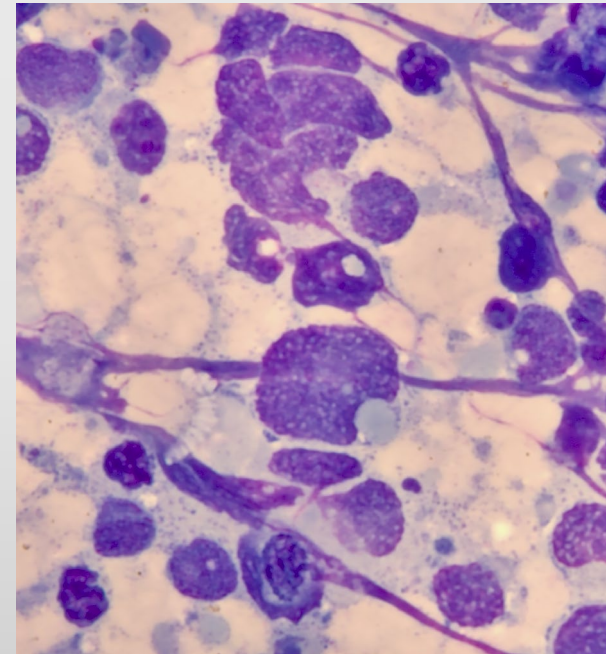
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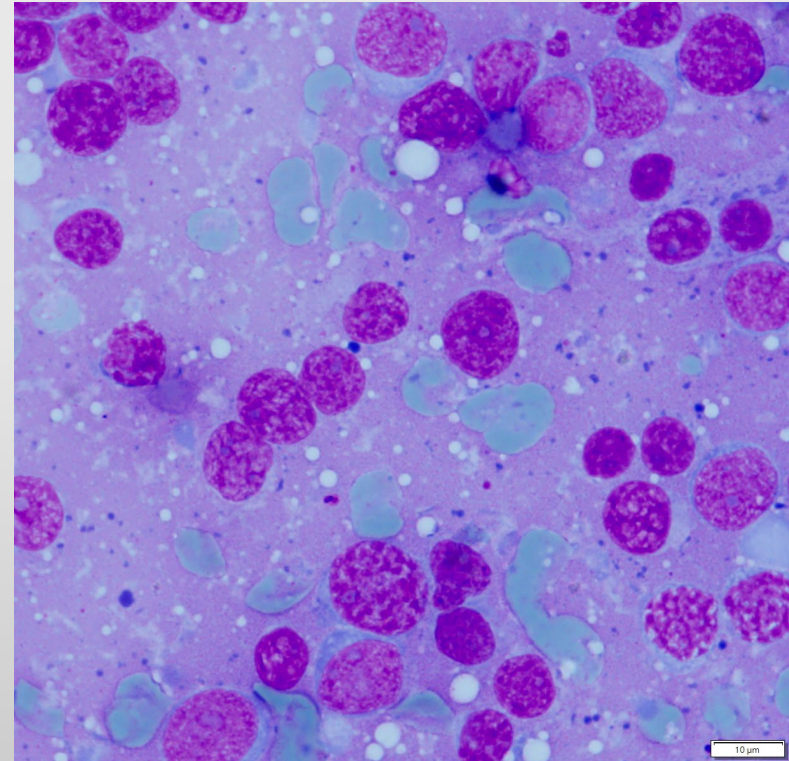
Introduction

- Small round cell tumors (SRCT) or small blue round cell tumors (SBRCTs) represent a diverse group of highly aggressive malignancies characterized by small, round, and poorly differentiated cells.
- These tumors can arise in various tissues and organs, including the lungs, and they often pose significant diagnostic challenges due to their overlapping cytomorphic features.
- Accurate and timely diagnosis of SRCTs is critical for initiating appropriate treatment, making cytologic methods an essential component of the diagnostic process.



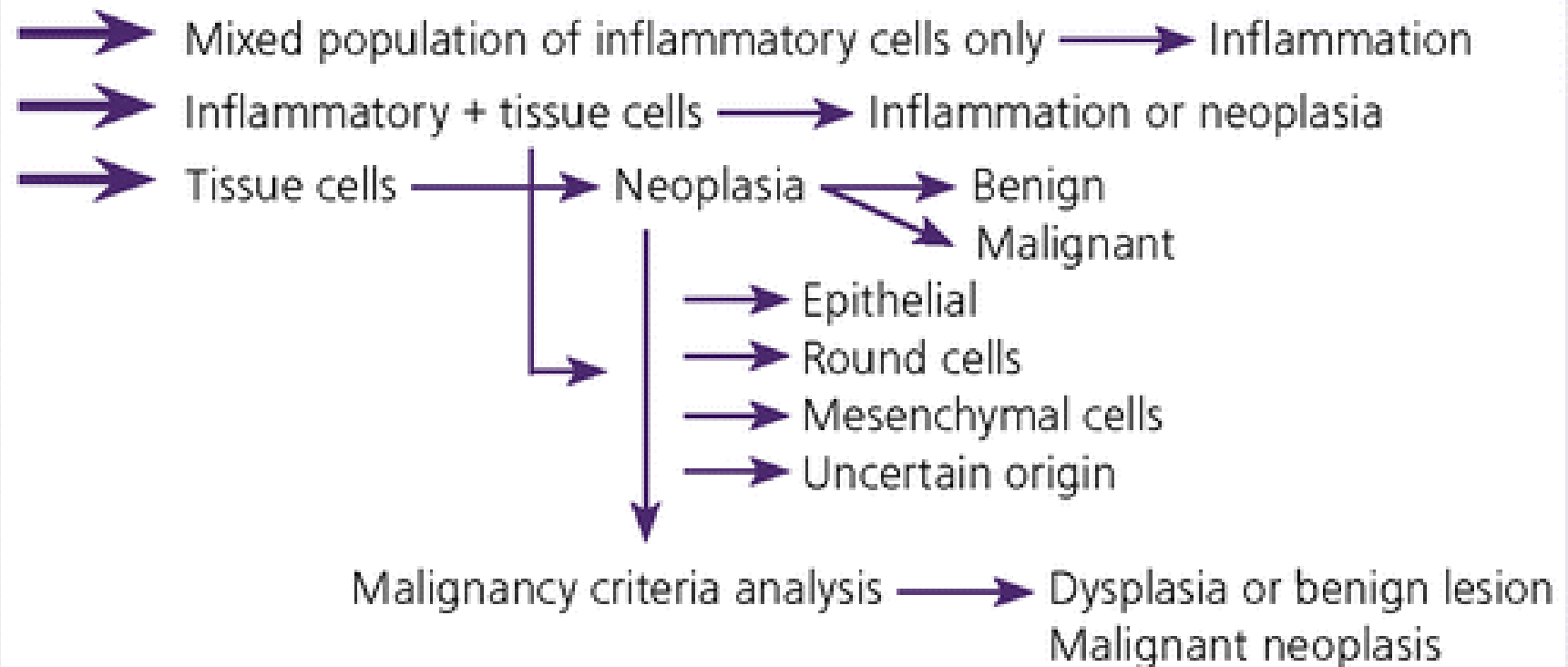
Small vs large

- Small cell carcinoma (SCC): less than 3 times the diameter of a normal resting lymphocyte (about 12-18 micrometers)
- Large cell carcinoma (LCC): more than 3 times the diameter of a lymphocyte
- Small cell lymphoma: about the size of a normal resting lymphocyte (around 6-12 micrometers in diameter)
- Large cell lymphoma: more than twice that of a small lymphocyte (which measures about 6–12 micrometers)

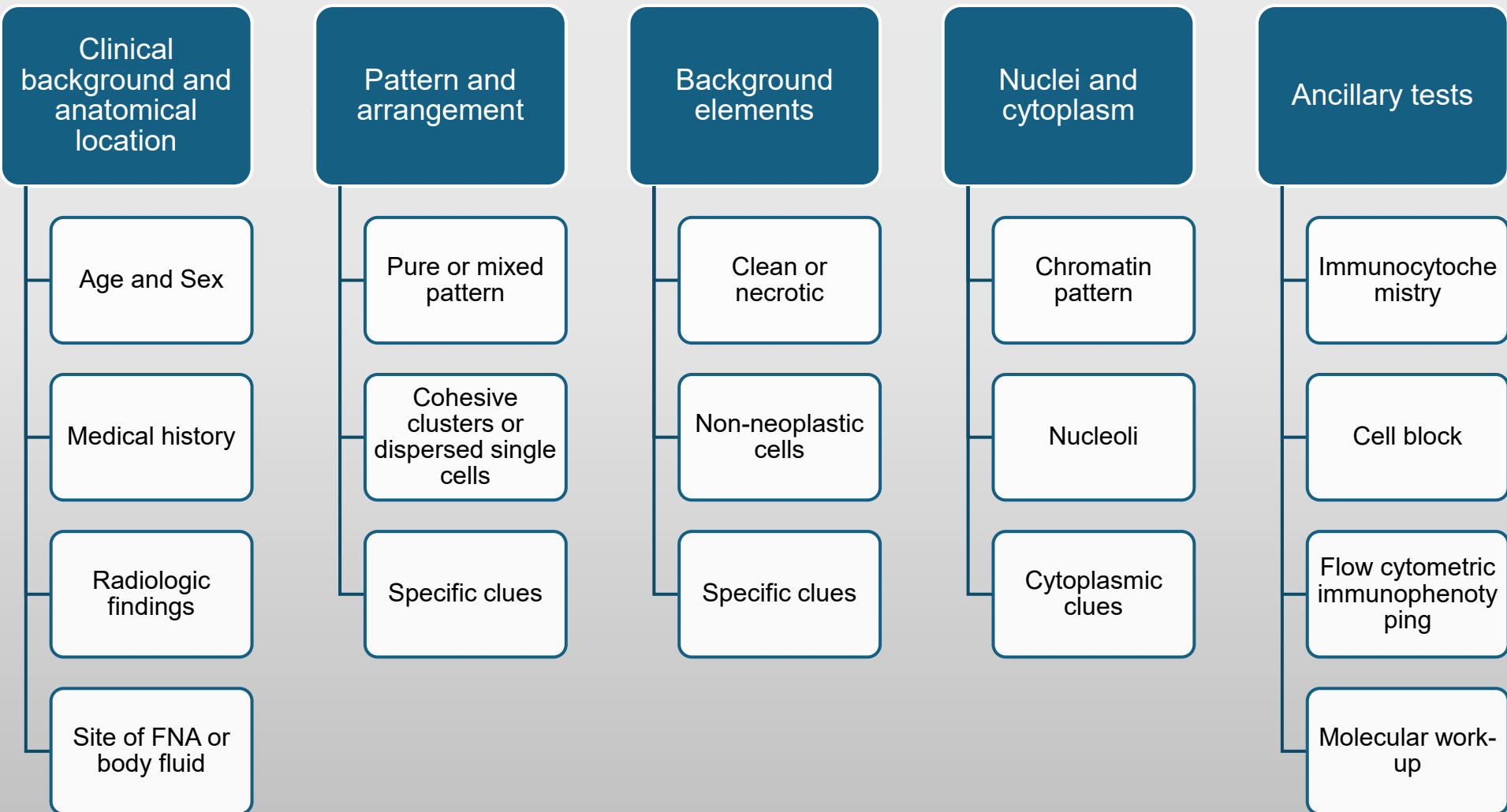


Stepwise Approach to Diagnosis of cytology sample

Cytology sample



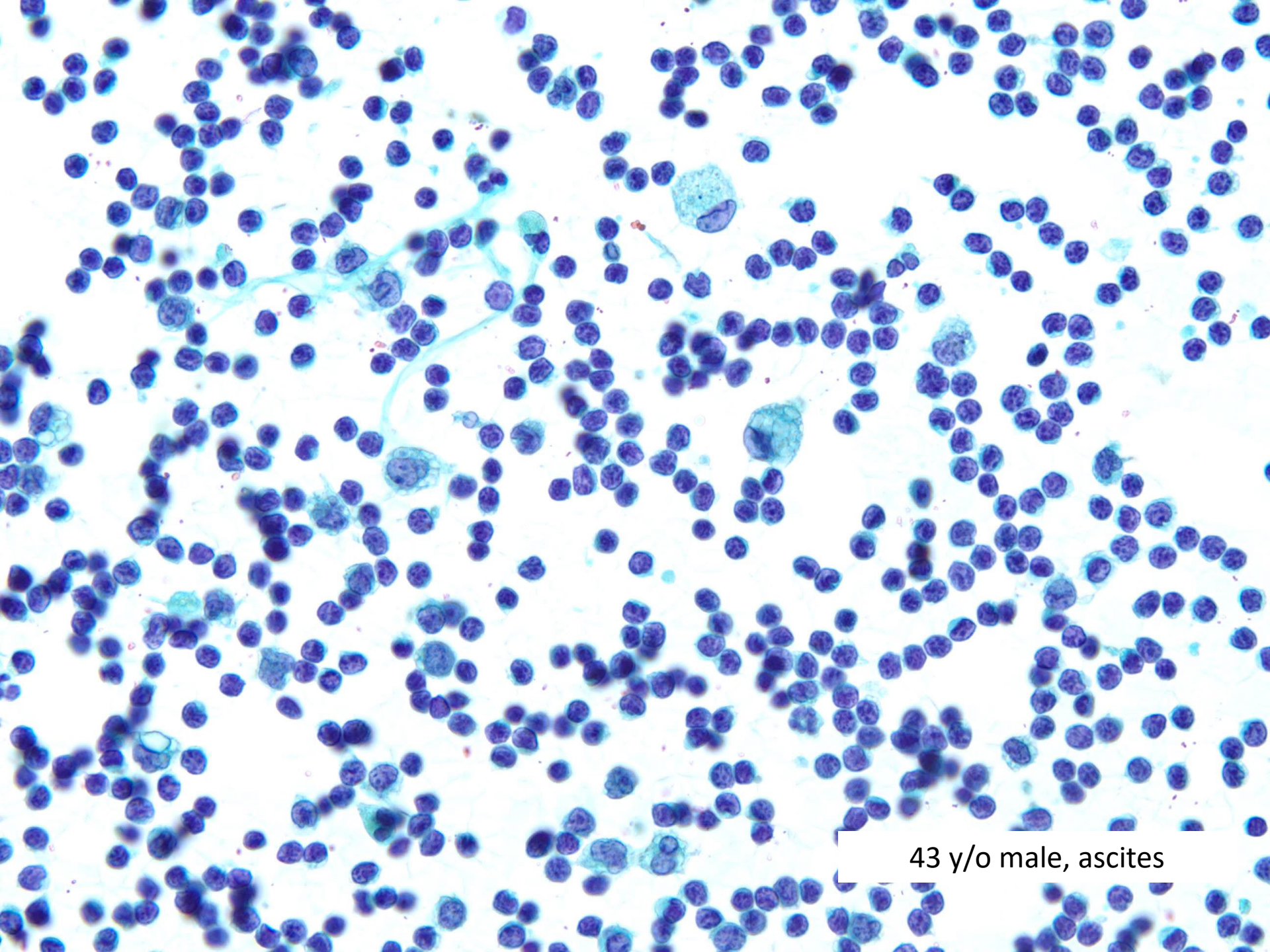
Stepwise Approach to Diagnosis of Small cell pattern cytology



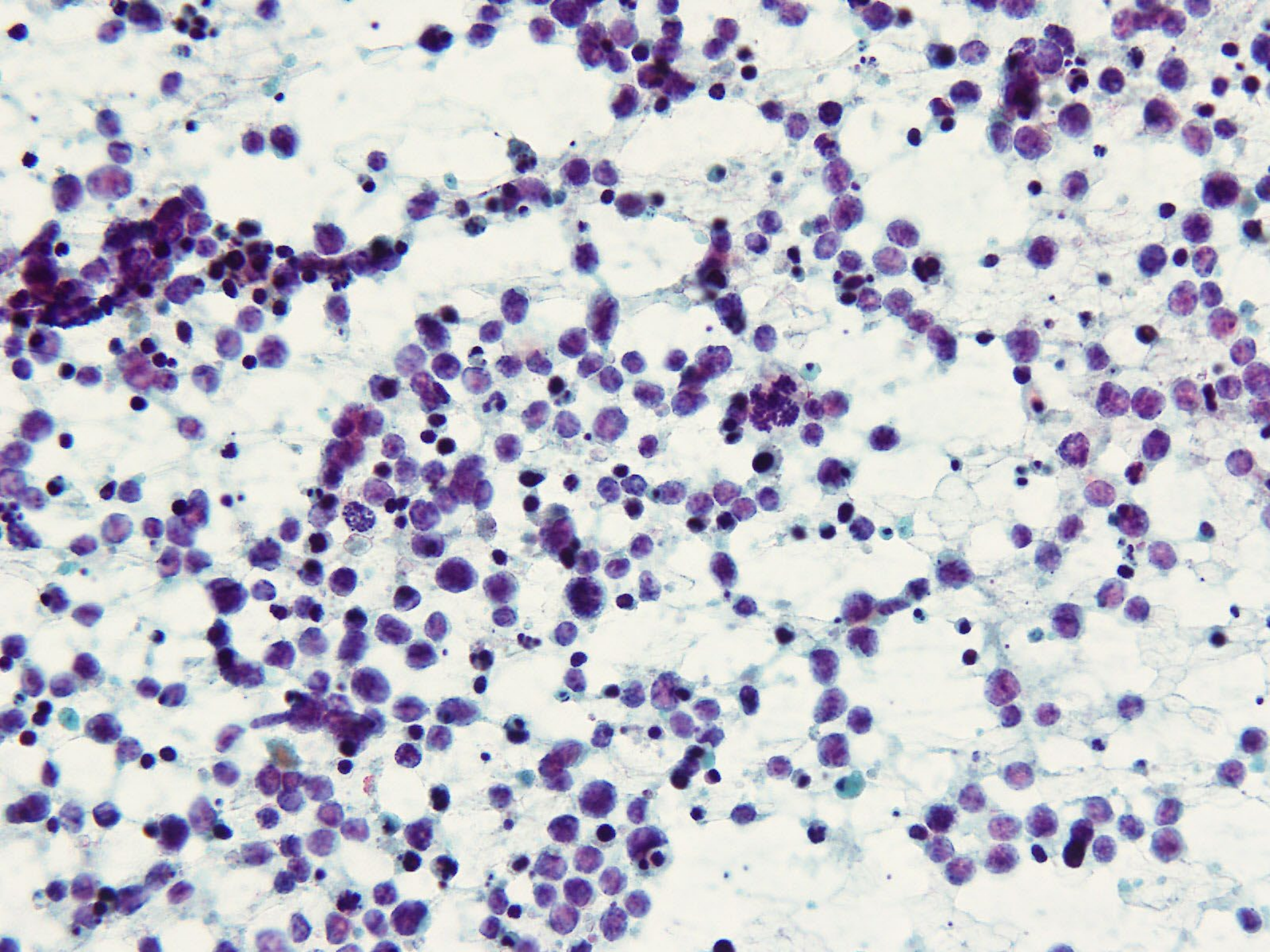
Cytomorphological Features of SRCs

The following features are typically assessed :

- Low-power field: Pure or mixed pattern
 - ✓ Cellular Arrangement
 - ✓ Background Elements
- High-power field
 - ✓ Nuclear Features
 - ✓ Cytoplasmic Characteristics

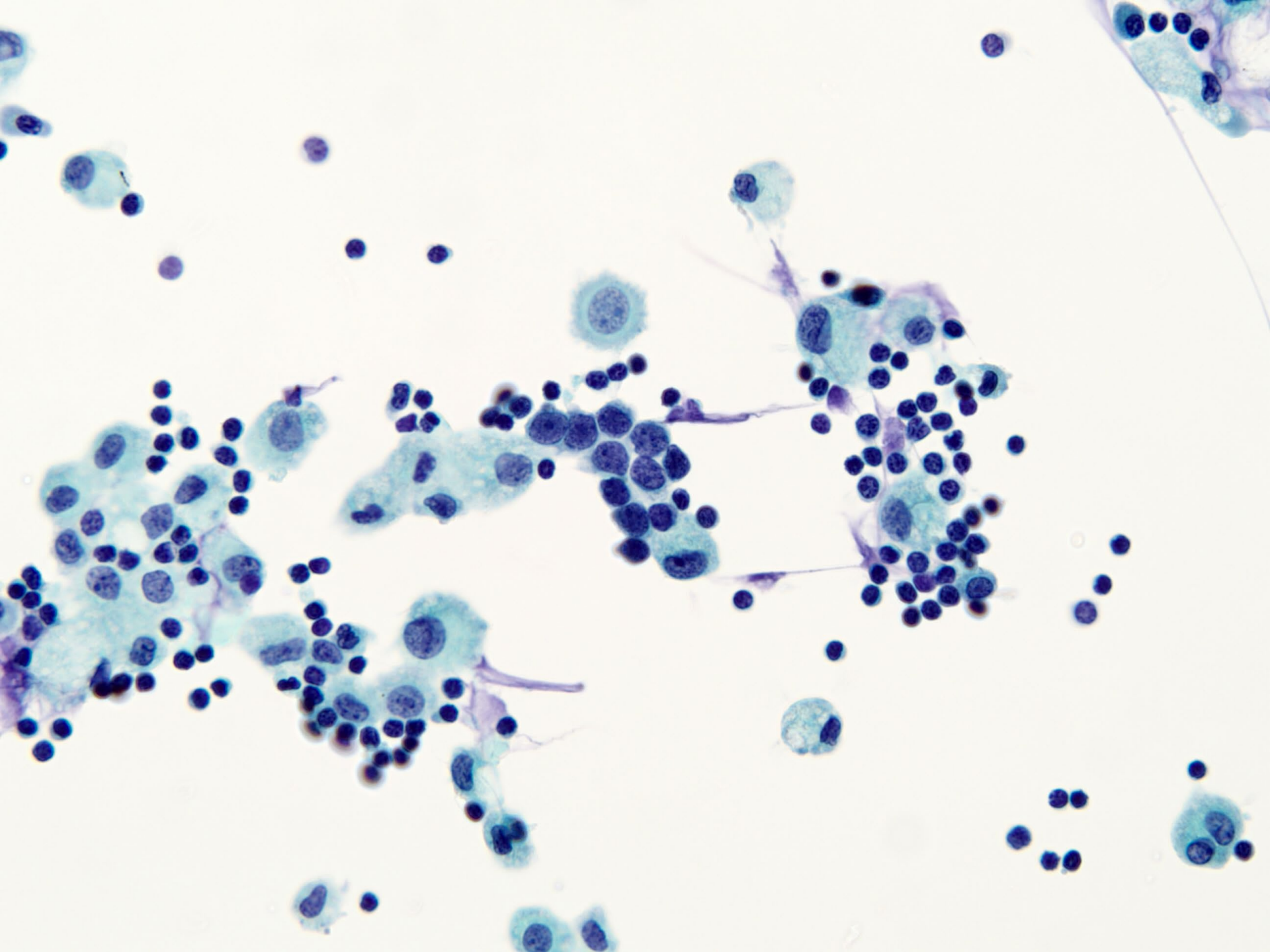


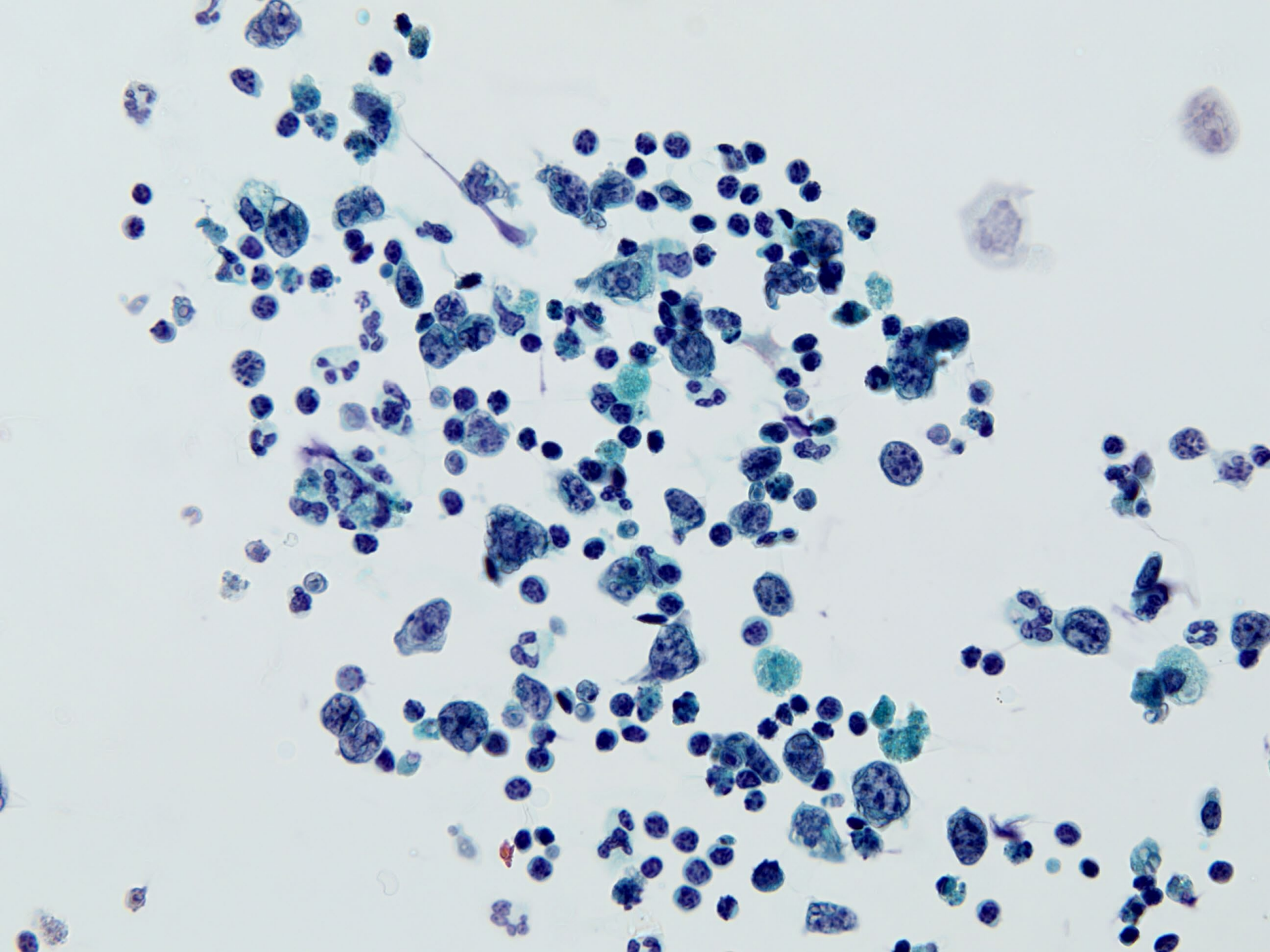
43 y/o male, ascites



Cellular Arrangement:

- Clusters and single cells: SRCTs commonly present as loosely cohesive clusters or as isolated single cells
- Cohesive groups or clustering of tumor cells: Epithelial malignancies
- Dispersed pattern: Suggest a diagnosis of hematolymphoid lesions when coupled with other features like lymphoglandular bodies.

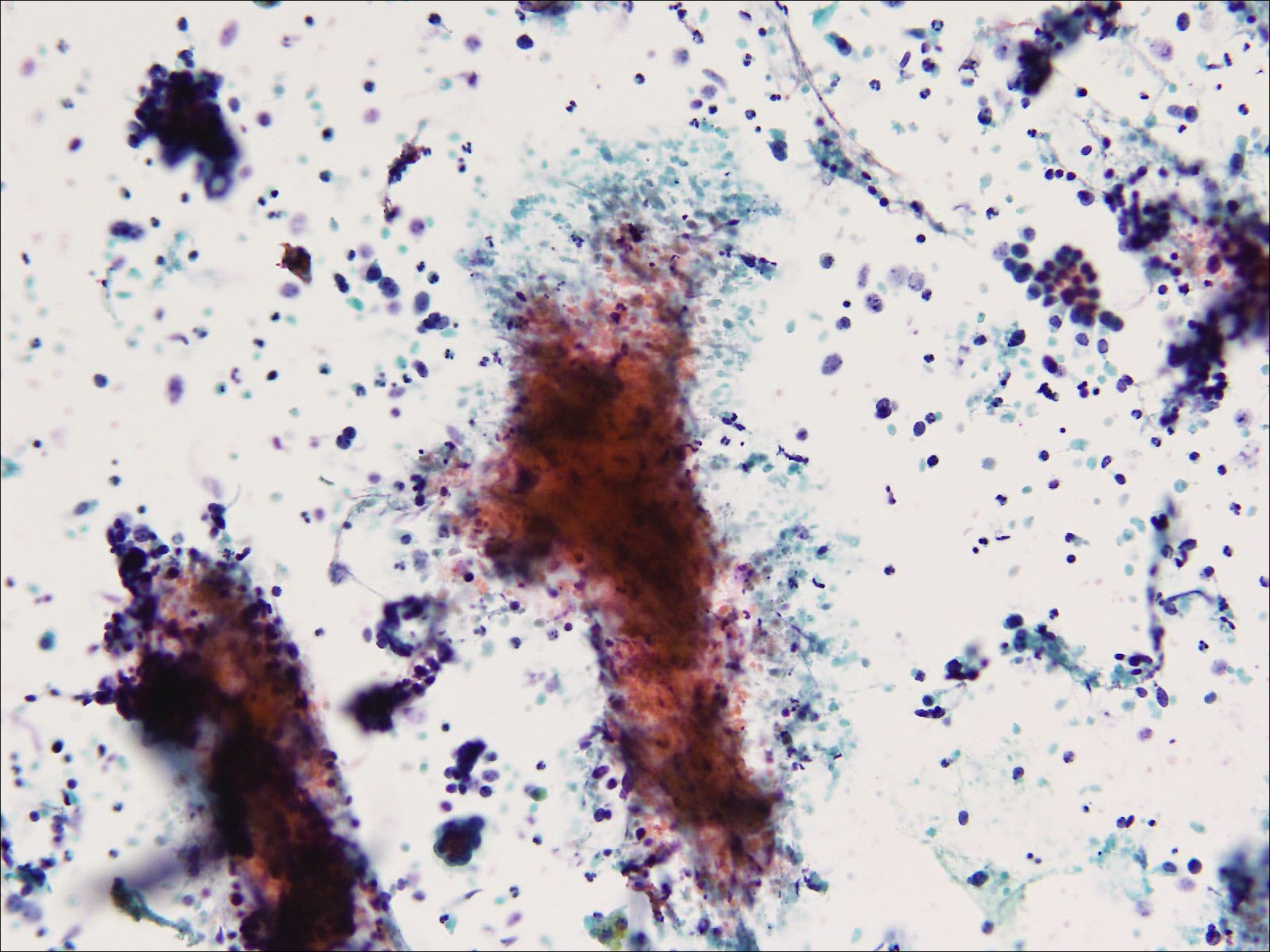


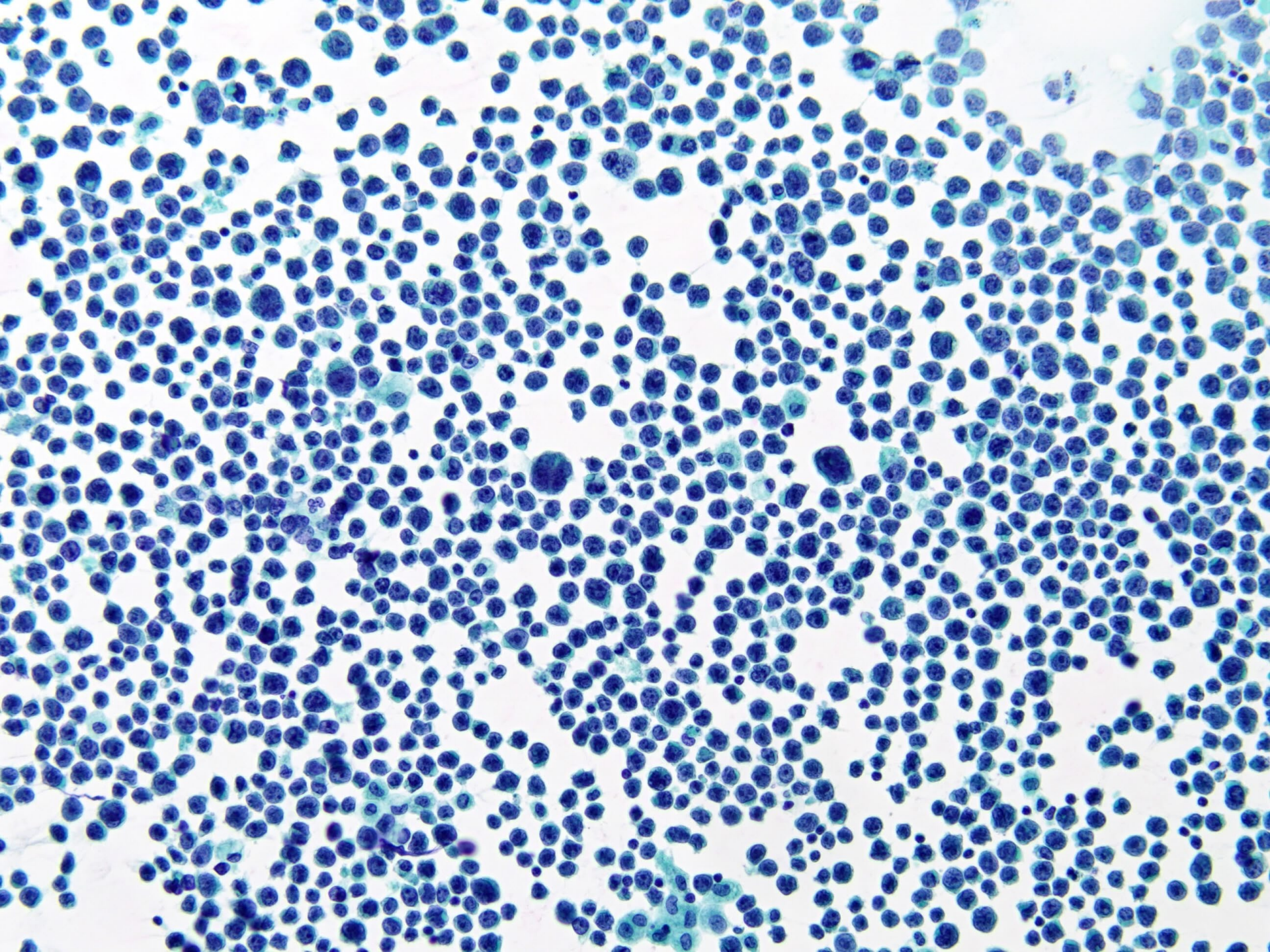


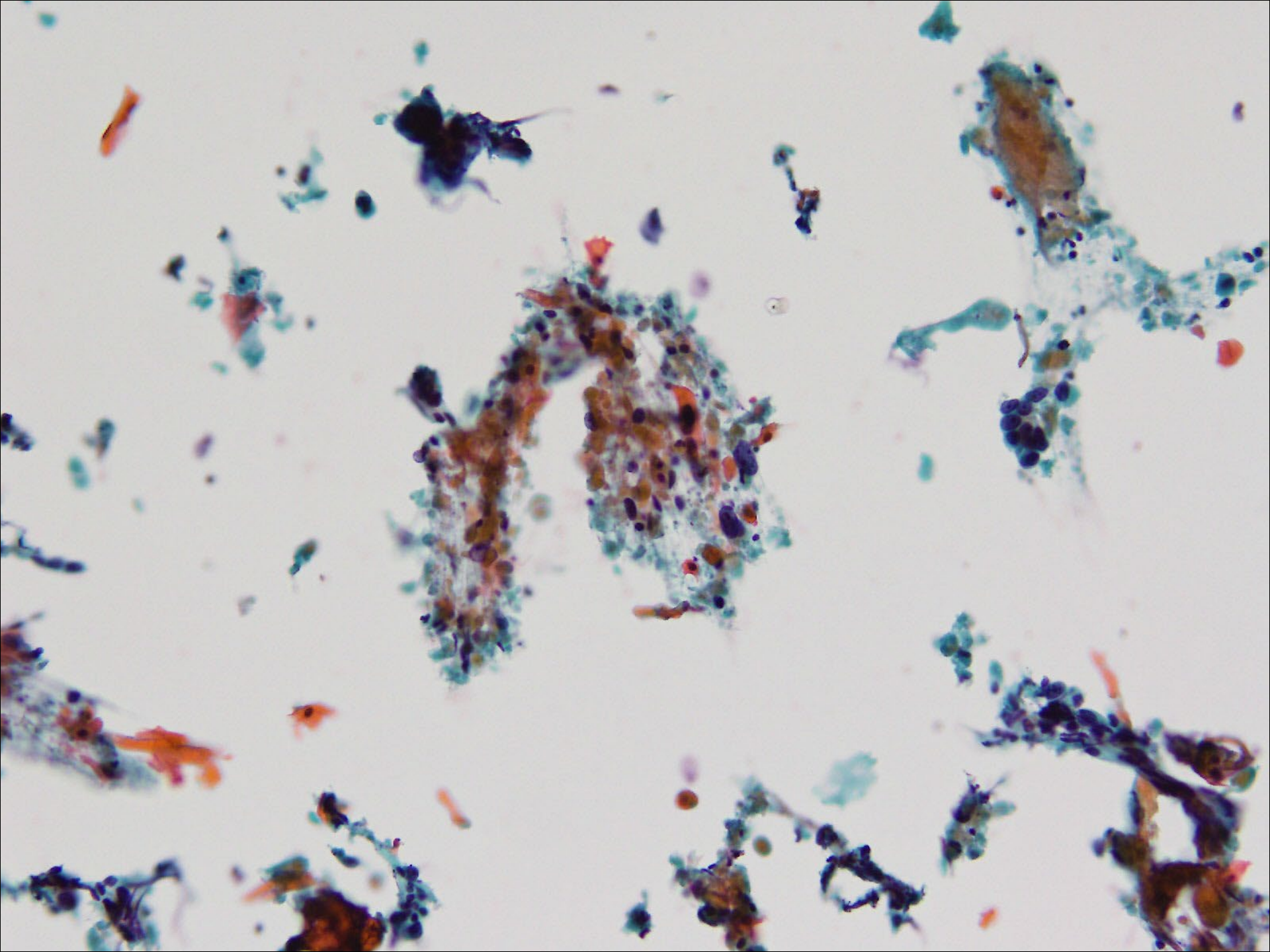
Background Elements:

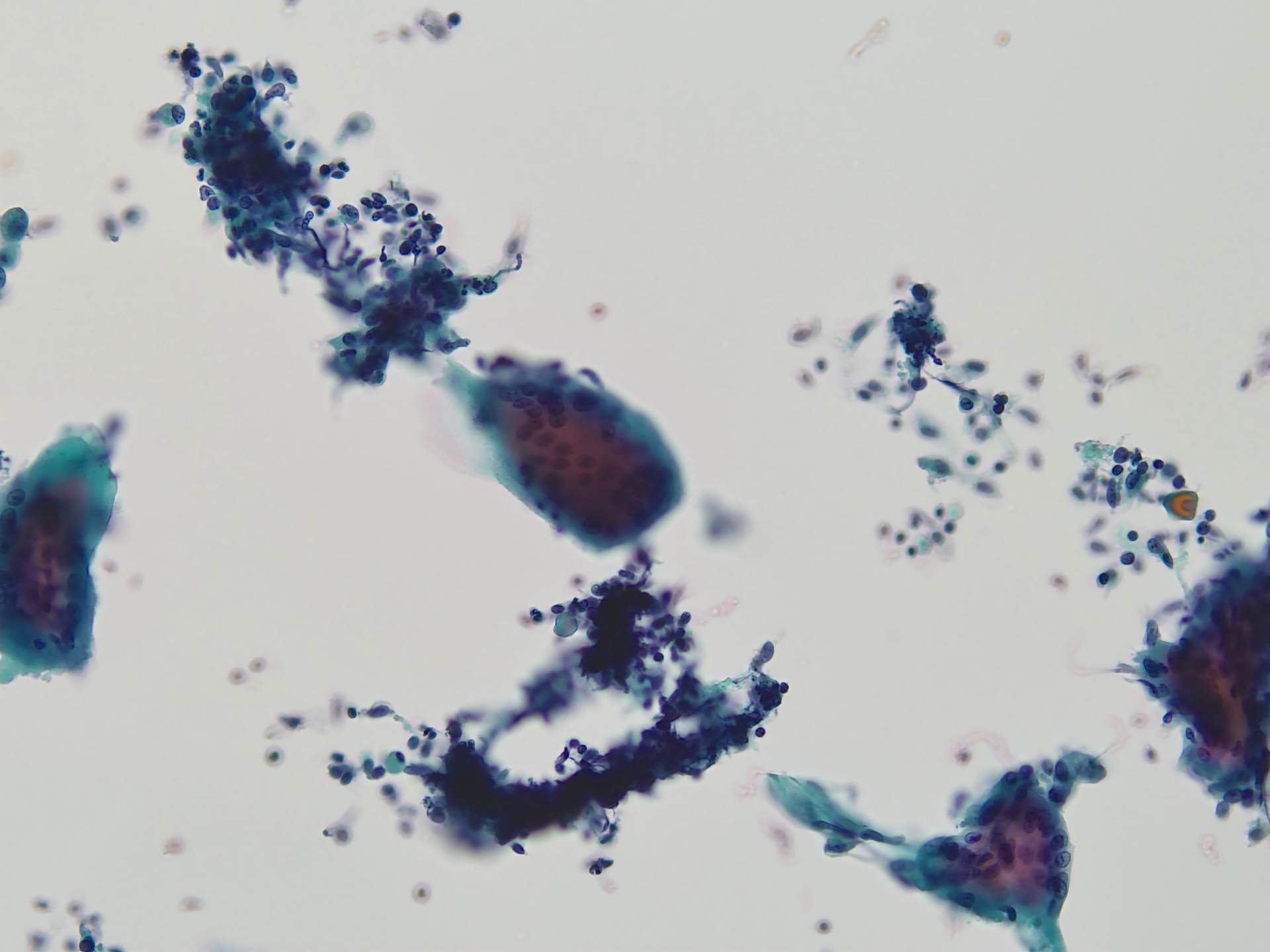
Clean vs. Necrotic Background:

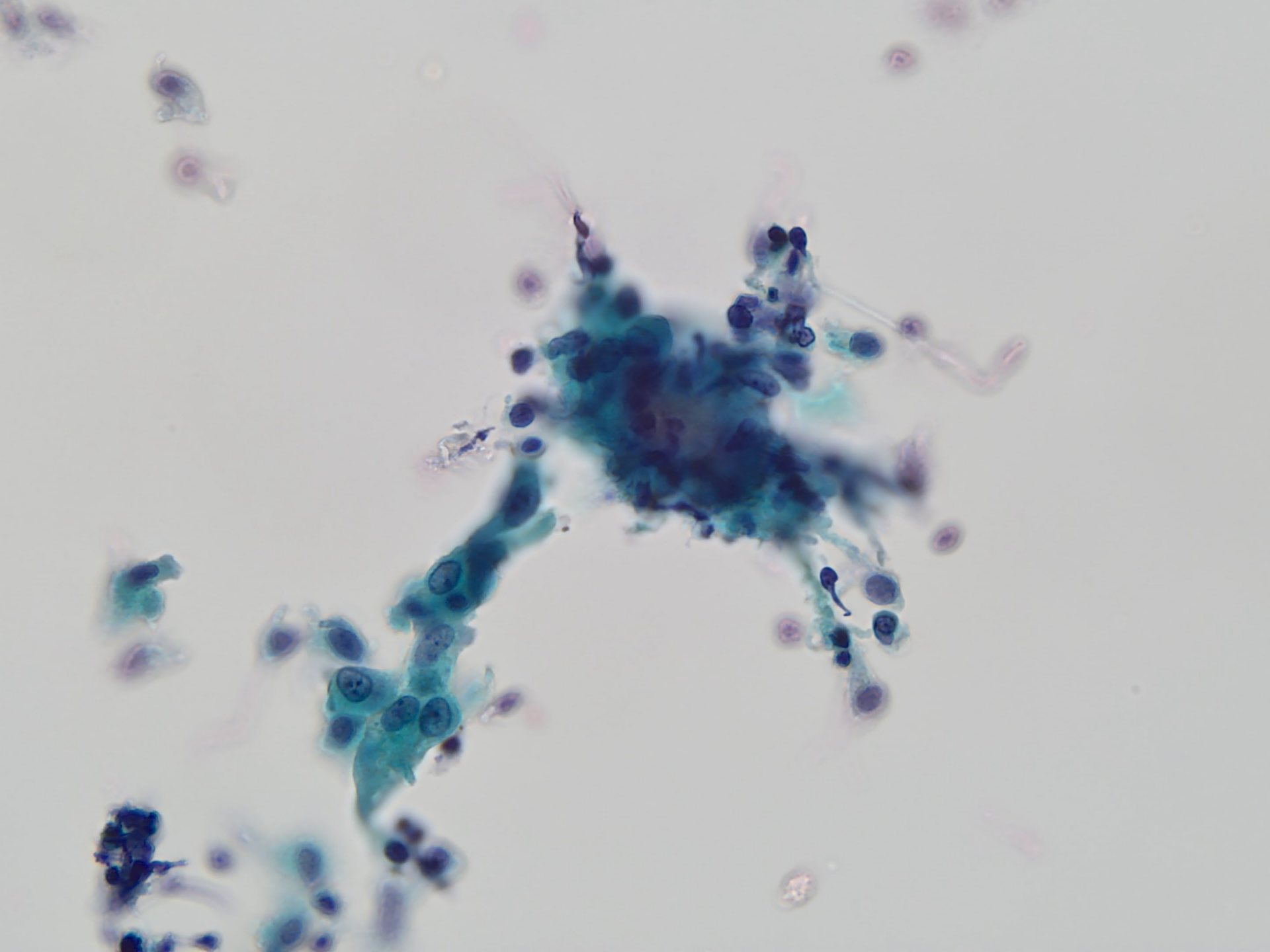
- A necrotic background with karyorrhectic debris is often associated with carcinoma.
- A clean background with occasional lymphoglandular bodies is more typical of lymphoid malignancy.
- Nucleated and/or anucleated squames
- Inflammatory cells; reactive lymphoid background
- Multinucleated giant cells; granulomas





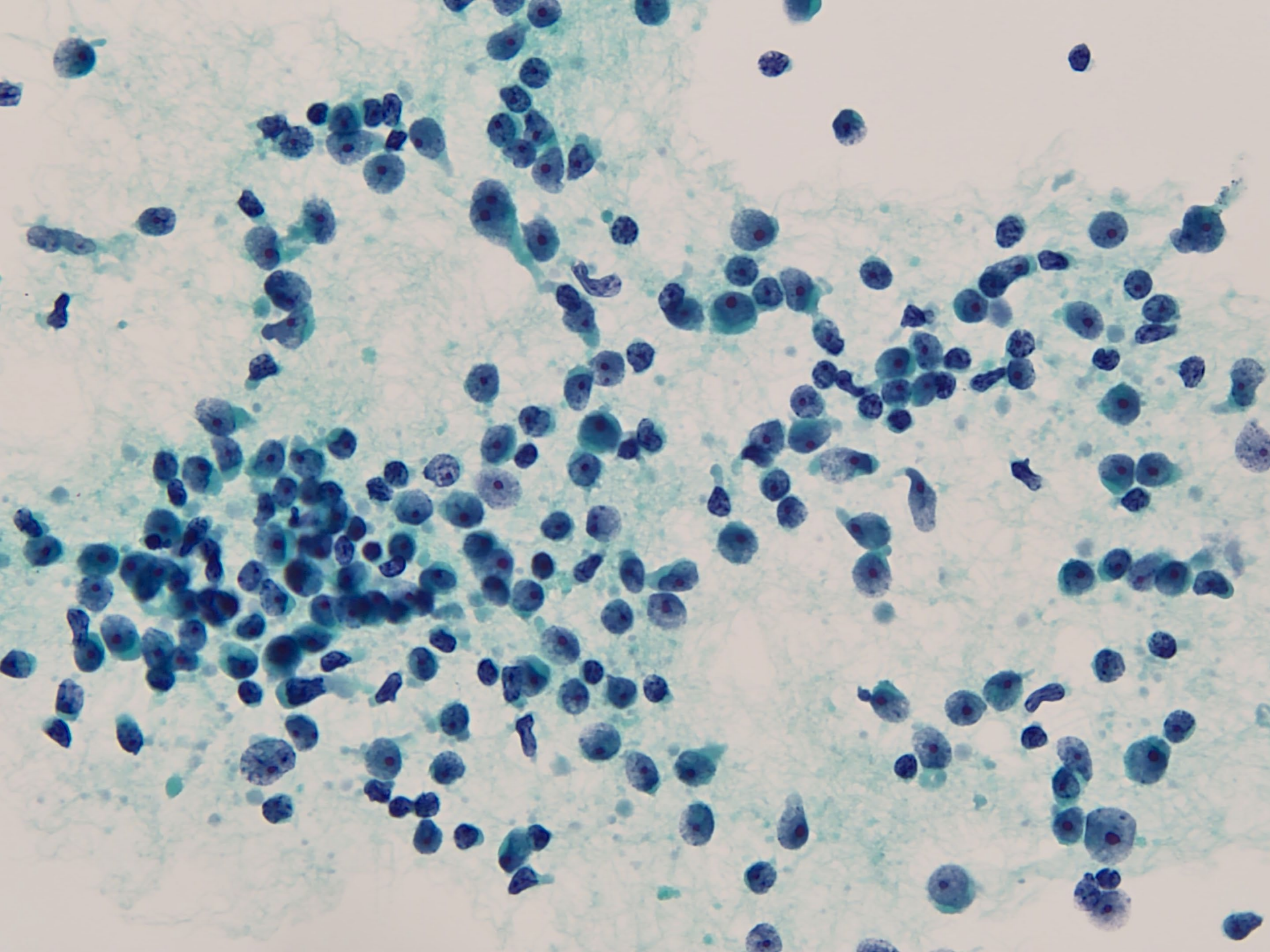






Nuclear Features:

- **Nuclear Size and Shape:** The nuclei are generally round to oval, with a high nuclear-to-cytoplasmic ratio; often hyperchromatic with dense, dark-staining chromatin, which may appear coarse or fine depending on the tumor type.
- **Nucleoli:** Prominent nucleoli are observed in poorly-differentiated carcinoma, lymphoma, and sarcoma, while small cell carcinoma often has inconspicuous or absent nucleoli.
- **Mitotic Figures:** High mitotic activity is a feature of many SRCTs, reflecting their aggressive nature. The presence of abnormal mitotic figures can also aid in distinguishing between SRCT and mimickers.



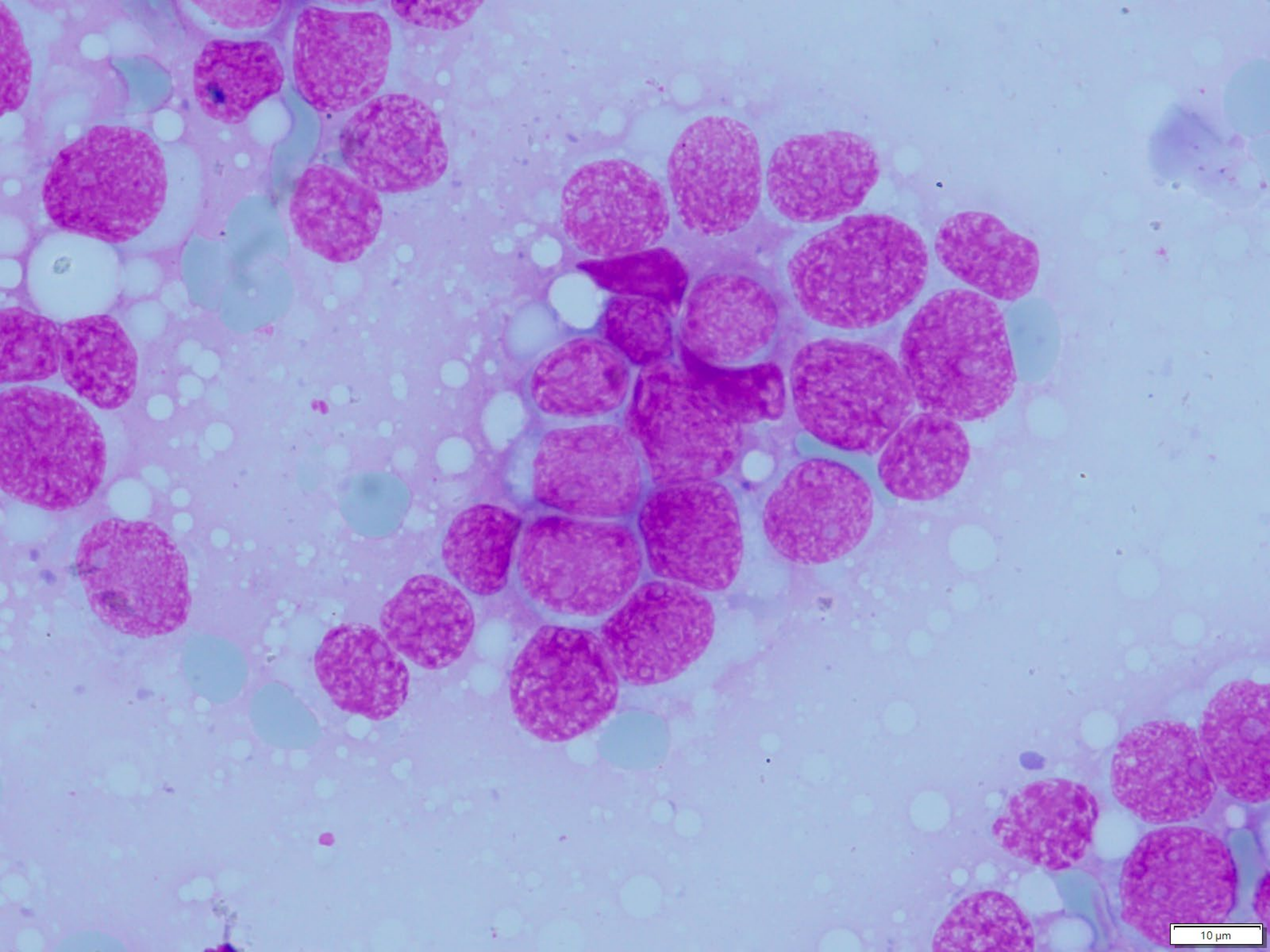
Cytoplasmic Characteristics:

- **Scant Cytoplasm:**

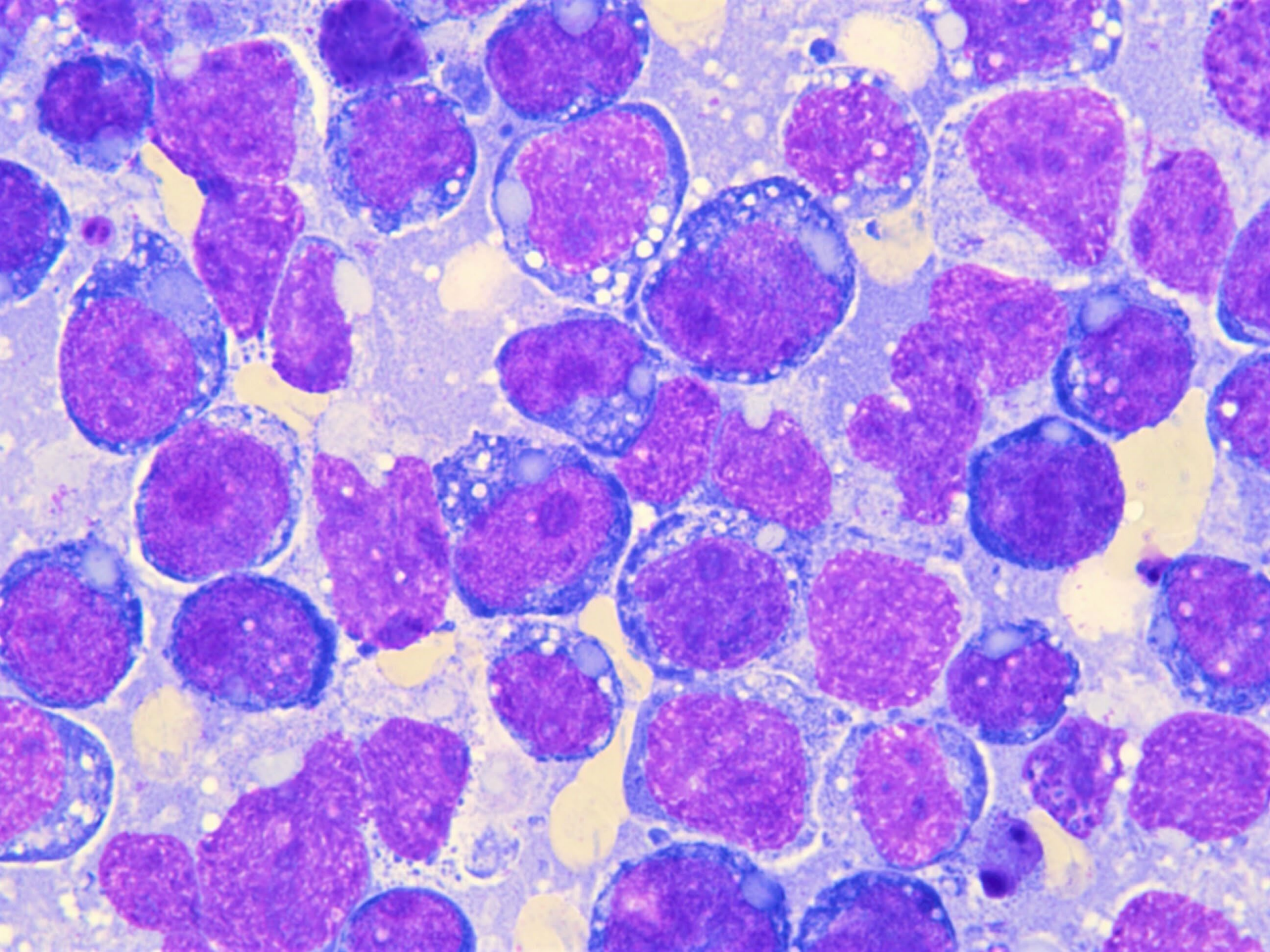
The cytoplasm is generally scant in SRCTs, appearing as a thin rim around the nucleus. In some cases, such as lymphoma, the cytoplasm may contain fine vacuoles.

- **Cytoplasmic Granularity:**

Cytoplasmic granularity may be observed, correlating with neuroendocrine differentiation.



10 μm





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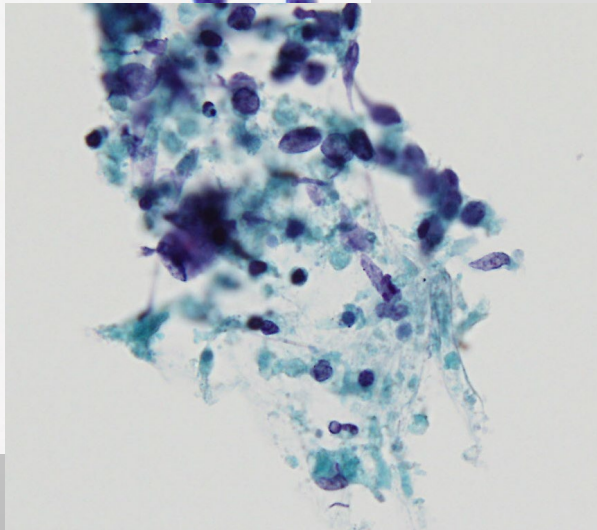
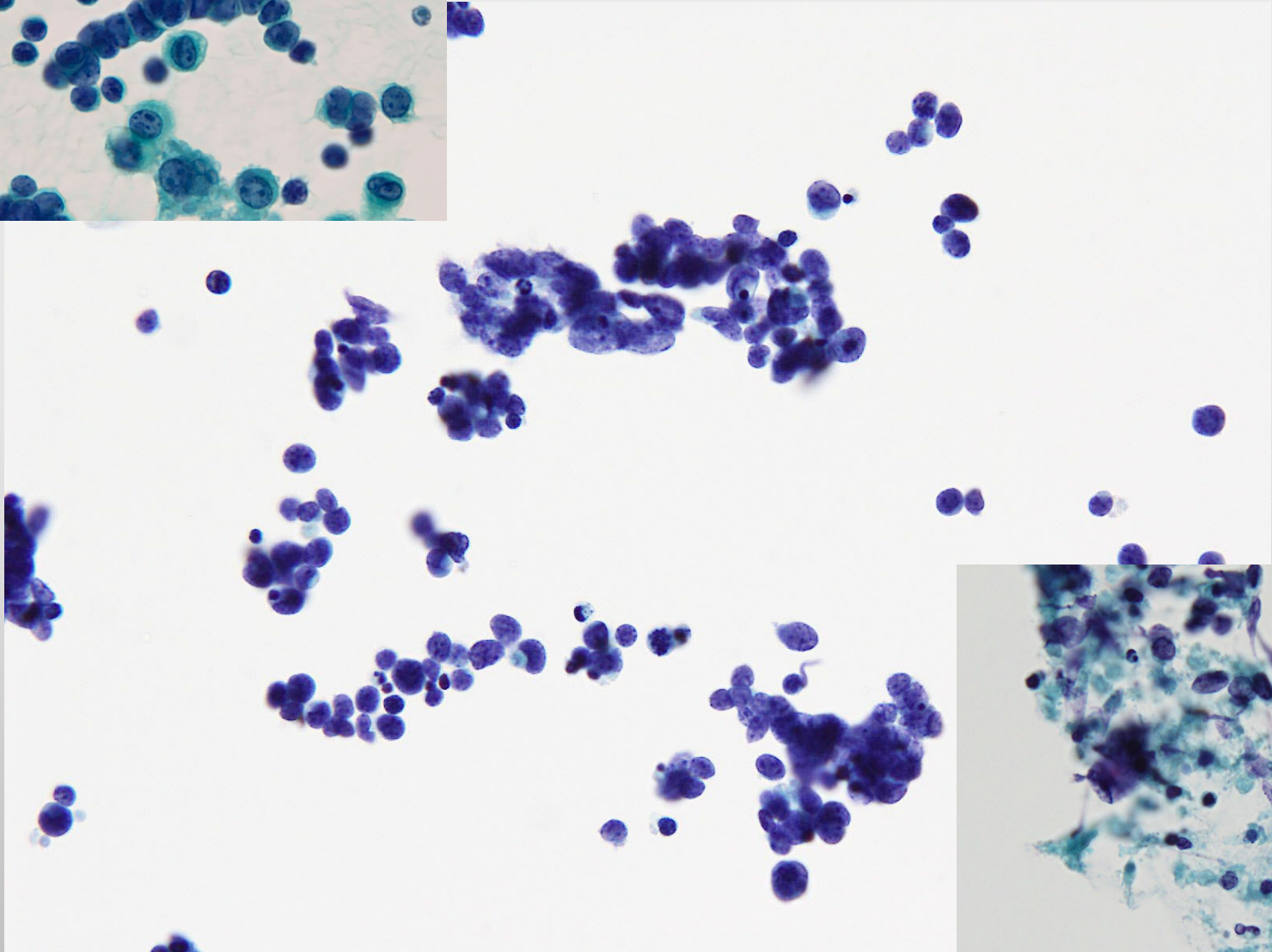
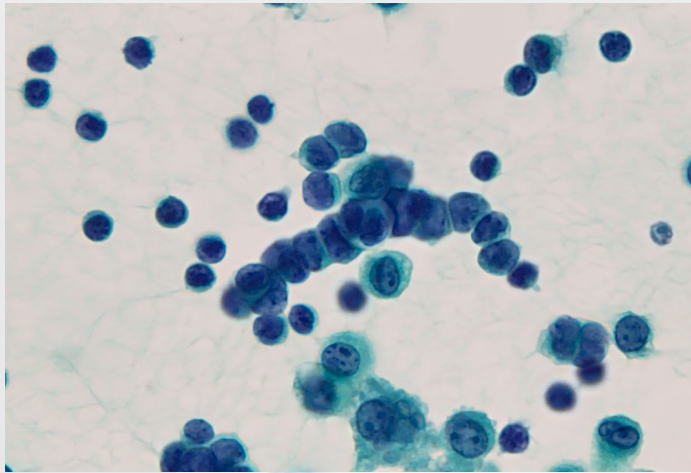
Case 1.

- ✓ 60-year-old female patient
- ✓ Right neck lymphadenopathy
- ✓ FNA of right neck lymph node

001 (128)Z22-01472_LN_FNA

Small Cell Carcinoma (SCC):

- **Cellular Arrangement:** SCC typically presents as loosely cohesive clusters of cells, often accompanied by a dispersed single-cell population. The clusters may exhibit nuclear molding or crush artifact.
- **Nuclear Features:** Small, round to oval, and hyperchromatic, with a finely granular chromatin pattern; "salt and pepper," with inconspicuous or absent nucleoli.
- **Cytoplasmic Characteristics:** Cytoplasm is scant and may be basophilic.
- **Background Elements:** Necrotic debris, apoptotic bodies and mitotic figures are frequently observed, reflecting the high proliferative activity of these tumors.



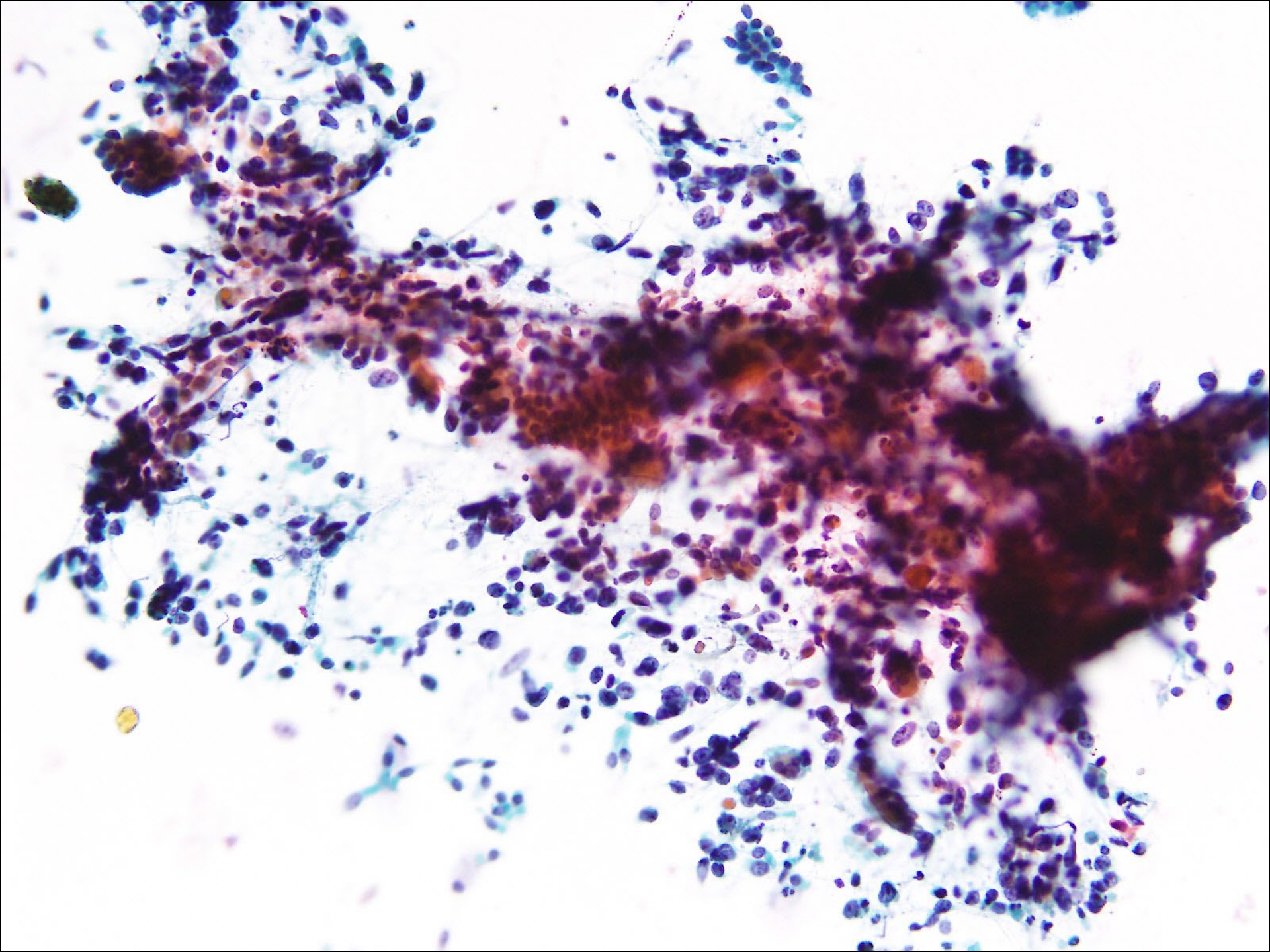
Case 2.

- ✓ 55-year-old male patient
- ✓ Right neck lymphadenopathy
- ✓ FNA of right neck lymph node

002 (123)Z23-03689_LN_FNA

Basaloid Squamous Cell Carcinoma (BSCC):

- **Cellular Arrangement:** In cellular clusters or as single cell; palisading arrangement of nuclei
- **Nuclear Features:** Larger nuclei compared to those in small cell carcinoma, with coarse chromatin and prominent nucleoli. Nuclear pleomorphism is often more pronounced in BSCC.
- **Cytoplasmic Characteristics:** Moderate amount of cytoplasm, which is more abundant than that of small cell carcinoma. The cytoplasm may be eosinophilic and occasionally shows keratinization, which is a distinguishing feature from SCC.
- **Background Elements:** Can be necrotic, and keratin debris is often present, which helps distinguish it from other SRCTs.



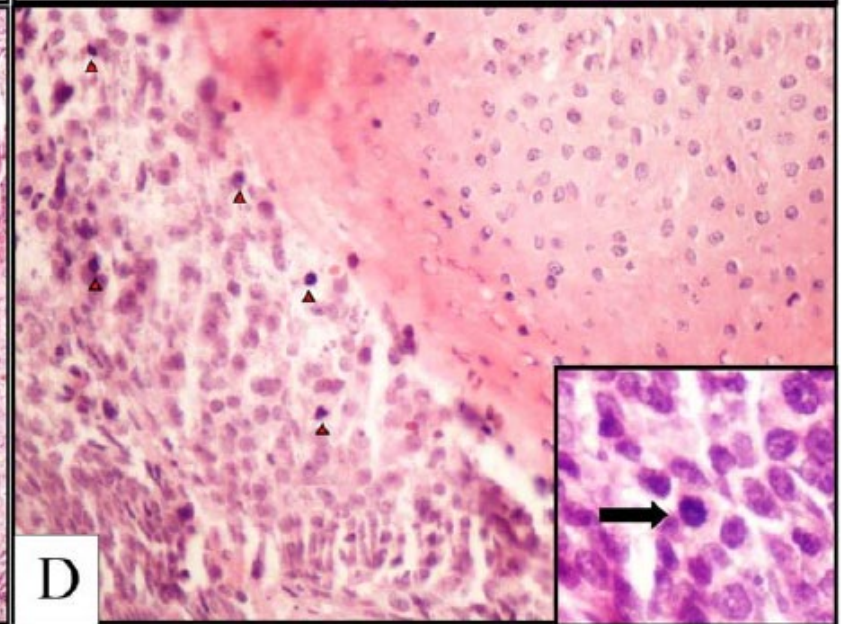
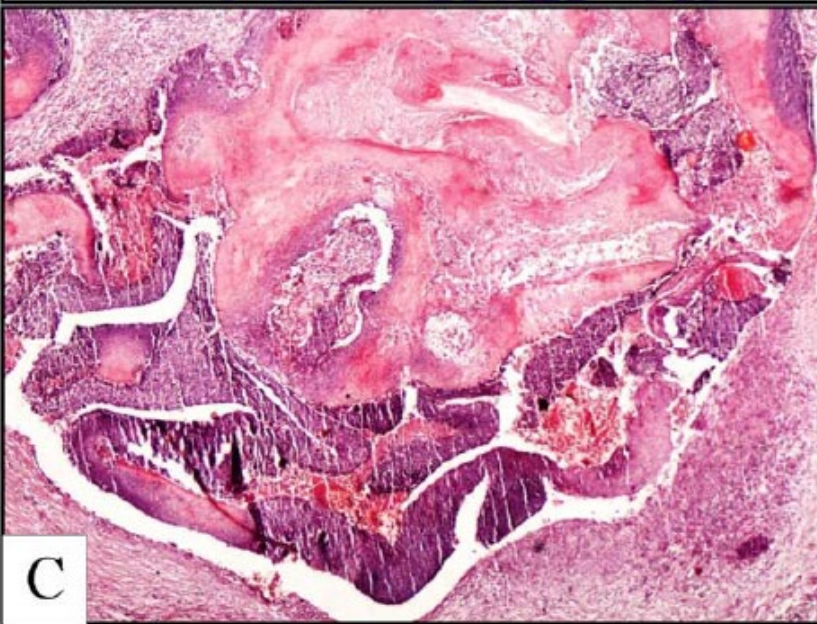
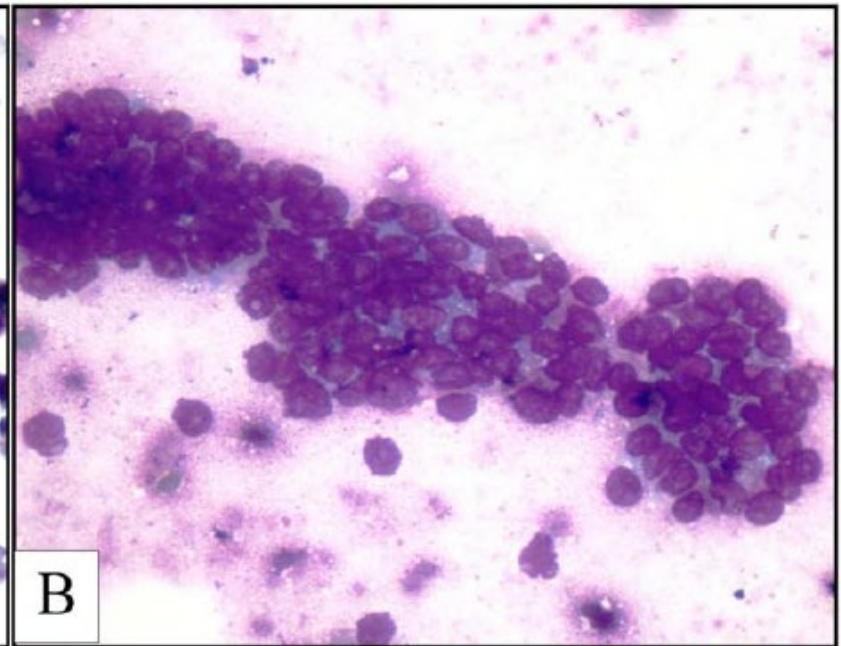
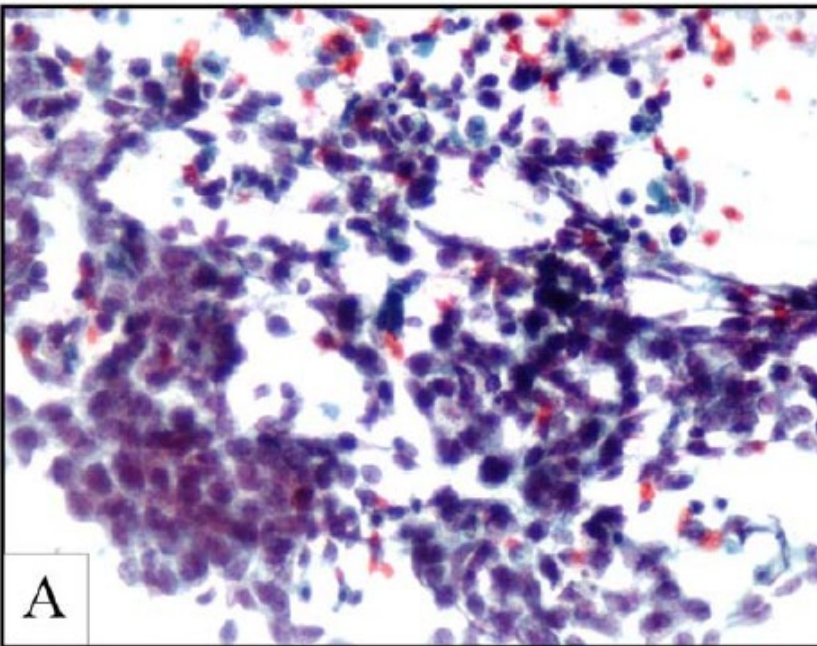
Case 3.

- ✓ 27-year-old female patient
- ✓ Left neck mass
- ✓ FNA of left neck subcutaneous nodule

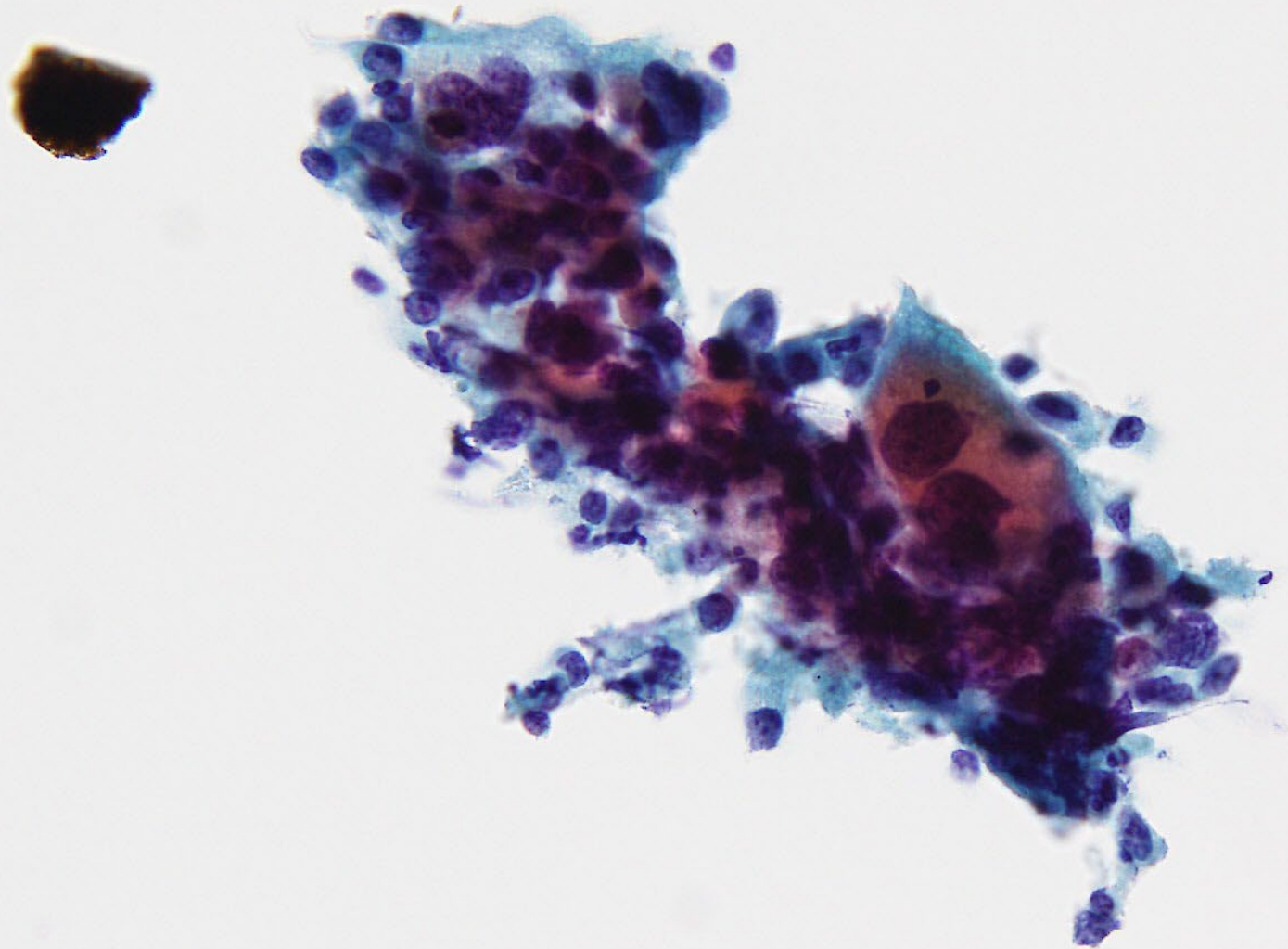
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Pilomatrixoma:

- **Cellular Arrangement:** Tumor cells dispersed singly or cohesive to loose monolayer clusters with irregular edges.
- **Nuclear Features:** Uniform and small basaloid cells with round to oval nuclei, open, finely granular chromatin and prominent nucleoli.
- **Cytoplasmic Characteristics:** Cytoplasm of the basaloid cells is scant, delicate, and ill-defined
- **Background Elements:** Basaloid cells admixed with nucleated and anucleated squames/clusters of yellowish ghost cells; foreign body-type giant cells; calcium deposits; a background of amorphous debris and chronic inflammatory cells.



Gupta M, Bansal R, Tiwari G, Sharma S. Aggressive pilomatricoma: a diagnostic dilemma on fine-needle aspiration cytology with review of literature. *Diagn Cytopathol.* 2014 Oct;42(10):906-11.



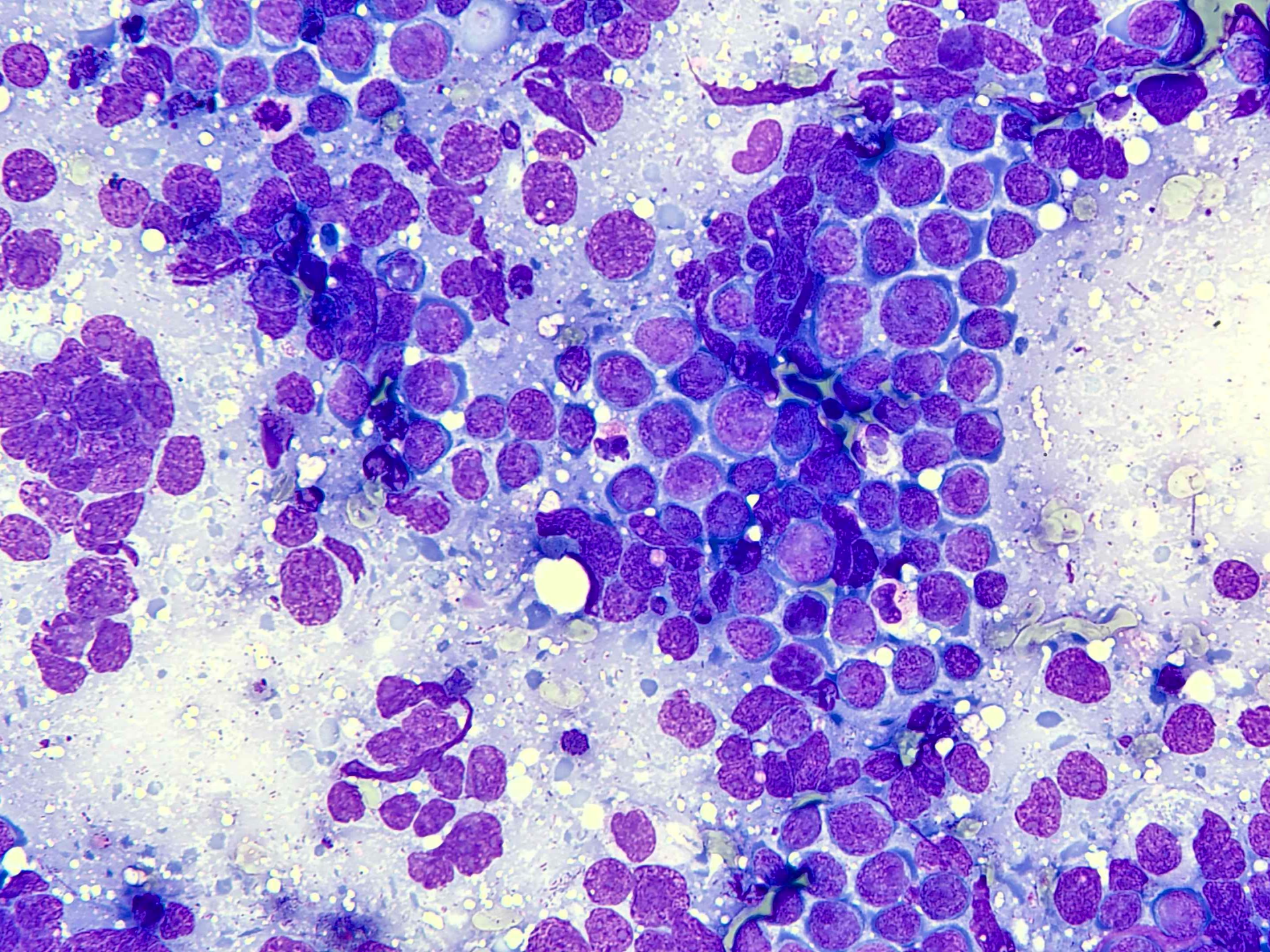
Case 4.

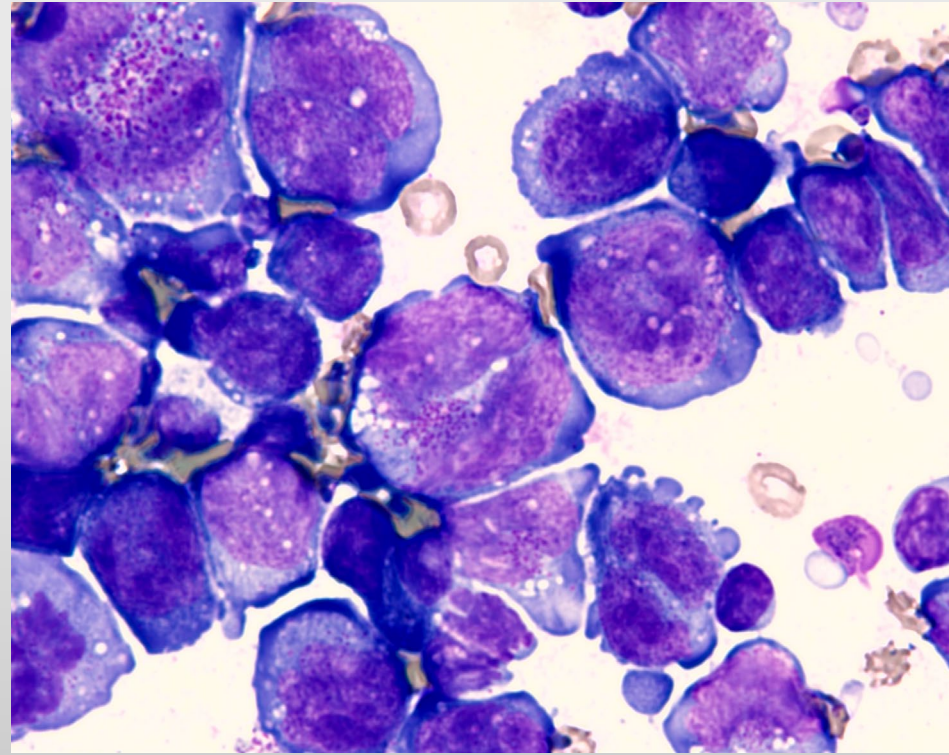
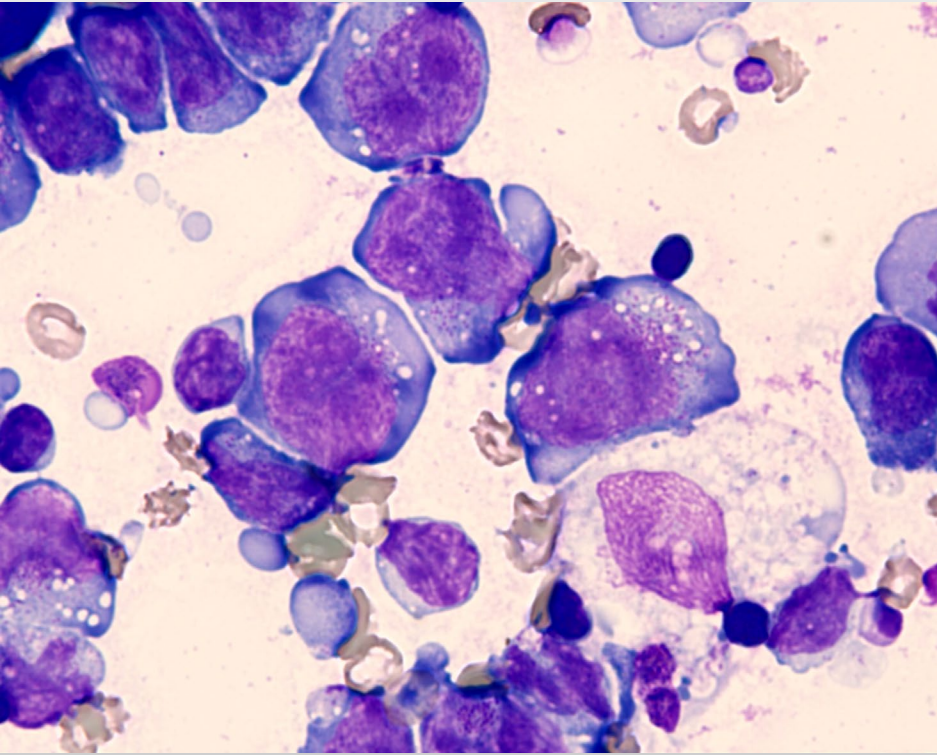
- ✓ 77-year-old male patient
- ✓ Left neck lymphadenopathy
- ✓ FNA of left neck lymph node

004 (108)Z20-00503_Lymph node

Lymphoma

- **Cellular Arrangement:** Lymphoma cells are typically dispersed as single cells rather than forming clusters; usually monotonous.
- **Nuclear Features:** Round to slightly irregular nuclei with clumped chromatin and one or more prominent nucleoli. In some subtypes, such as Burkitt lymphoma, the nuclei may show a "starry sky" pattern due to numerous interspersed macrophages.
- **Cytoplasmic Characteristics:** Scant cytoplasm; usually appears as a thin rim around the nucleus; fine cytoplasmic vacuoles / cytoplasmic projections in specific types
- **Background Elements:** Typically clean, though lymphoglandular bodies and occasional apoptotic bodies may be observed. Necrosis is less common.





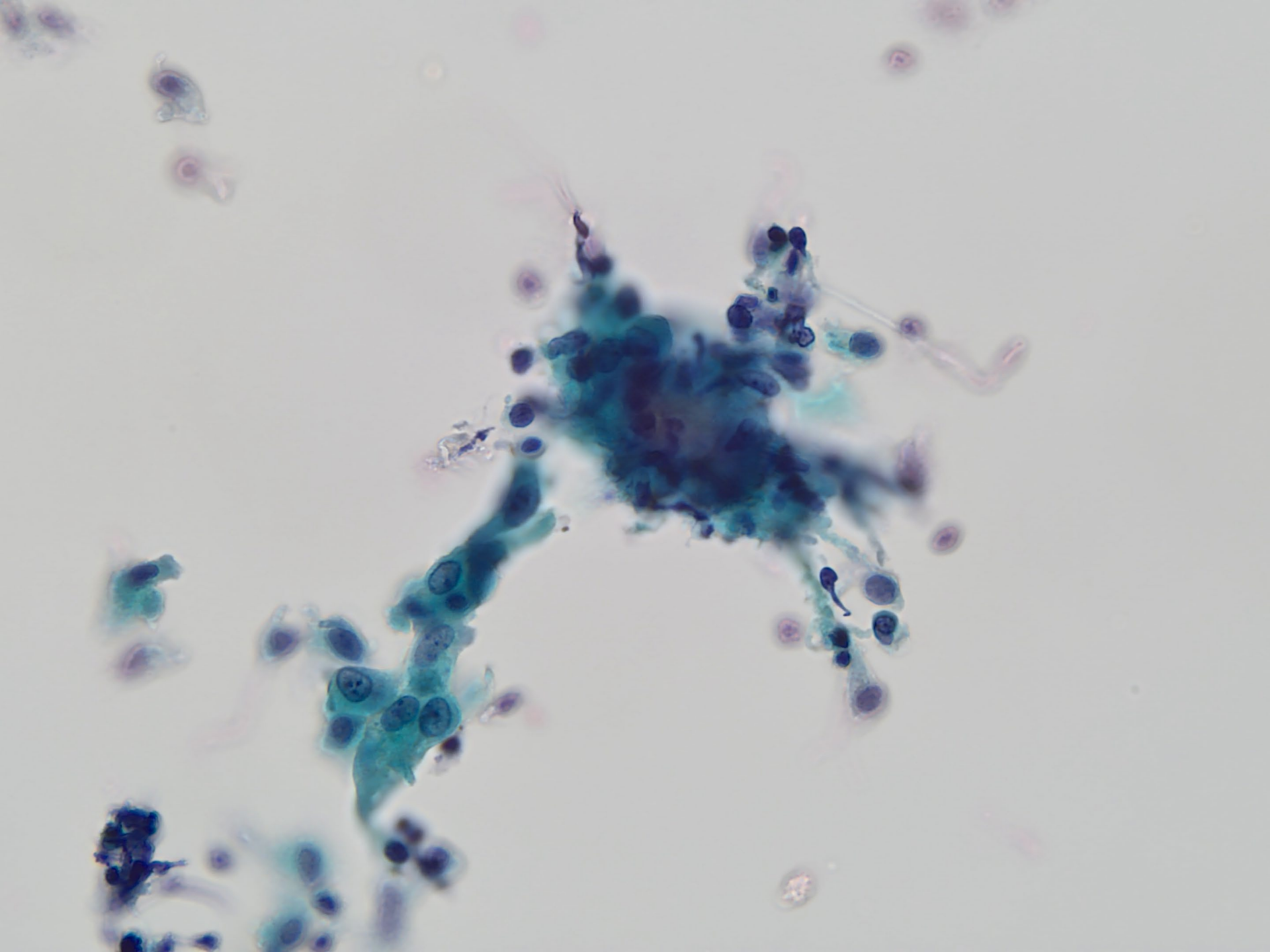
Case 5.

- ✓ 27-year-old male patient
- ✓ Left neck lymphadenopathy
- ✓ FNA of left neck lymph node

005 (106)Z23-00191_Lymph node

Metastatic Nasopharyngeal Carcinoma (NPC):

- **Cellular Arrangement:** Cohesive clusters or syncytial groups of cells; lymphoplasma cells intermingling with tumor cells
- **Nuclear Features:** Pleomorphism, fine chromatin, and prominent nucleoli; sometimes bizarre, lobulated nuclei with macronucleoli
- **Cytoplasmic Characteristics:** Cytoplasm is typically pale, fragile, and indistinct
- **Background Elements:** A reactive lymphoid background with plasma cells; tingible body macrophages; necrotic debris





Liquid-Based Cytology (LBC)

- SurePath LPT method appeared to have a significantly higher diagnostic sensitivity for lung cancer (71.6%) compared to the CPS method (57.8%). The combination of both methods further increased the sensitivity to 76.5%.
- The diagnostic value of LBC on residual pulmonary CNB: A higher sensitivity (96.4%) of combined LBC/CNB in distinguishing malignancies from benign lesions
- LBC with FNA specimens from cervical lymphadenopathy is a useful and reliable method for the diagnosis of malignant diseases, especially of metastatic carcinomas, due to its increased sensitivity compared with CS cytology.

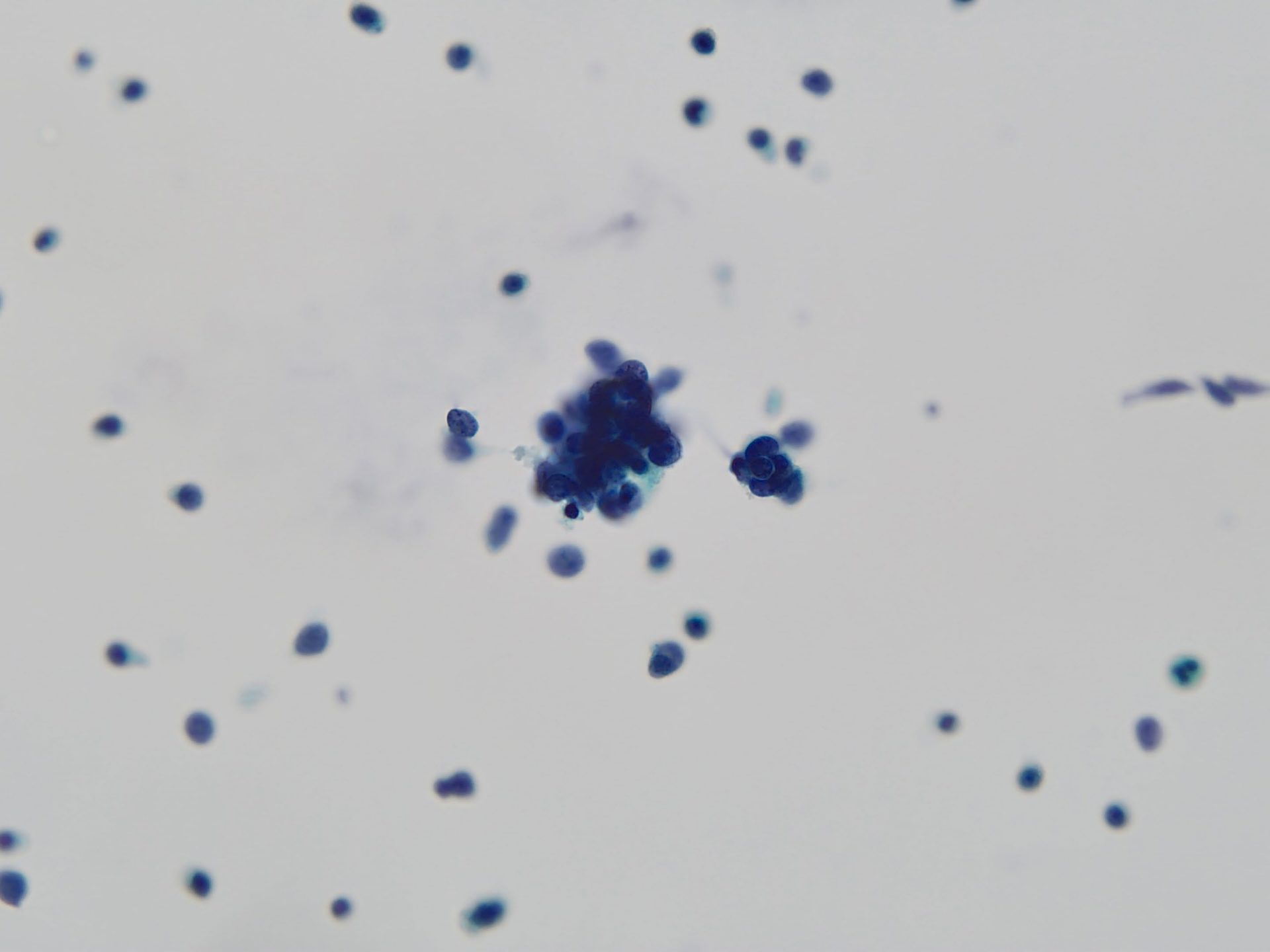
Fan, Y.-B., et al. (2010). "Clinical application of the SurePath liquid-based Pap test in cytological screening of bronchial brushing for the diagnosis of lung cancer." *Cytotechnology*, 62(1), 53-59.

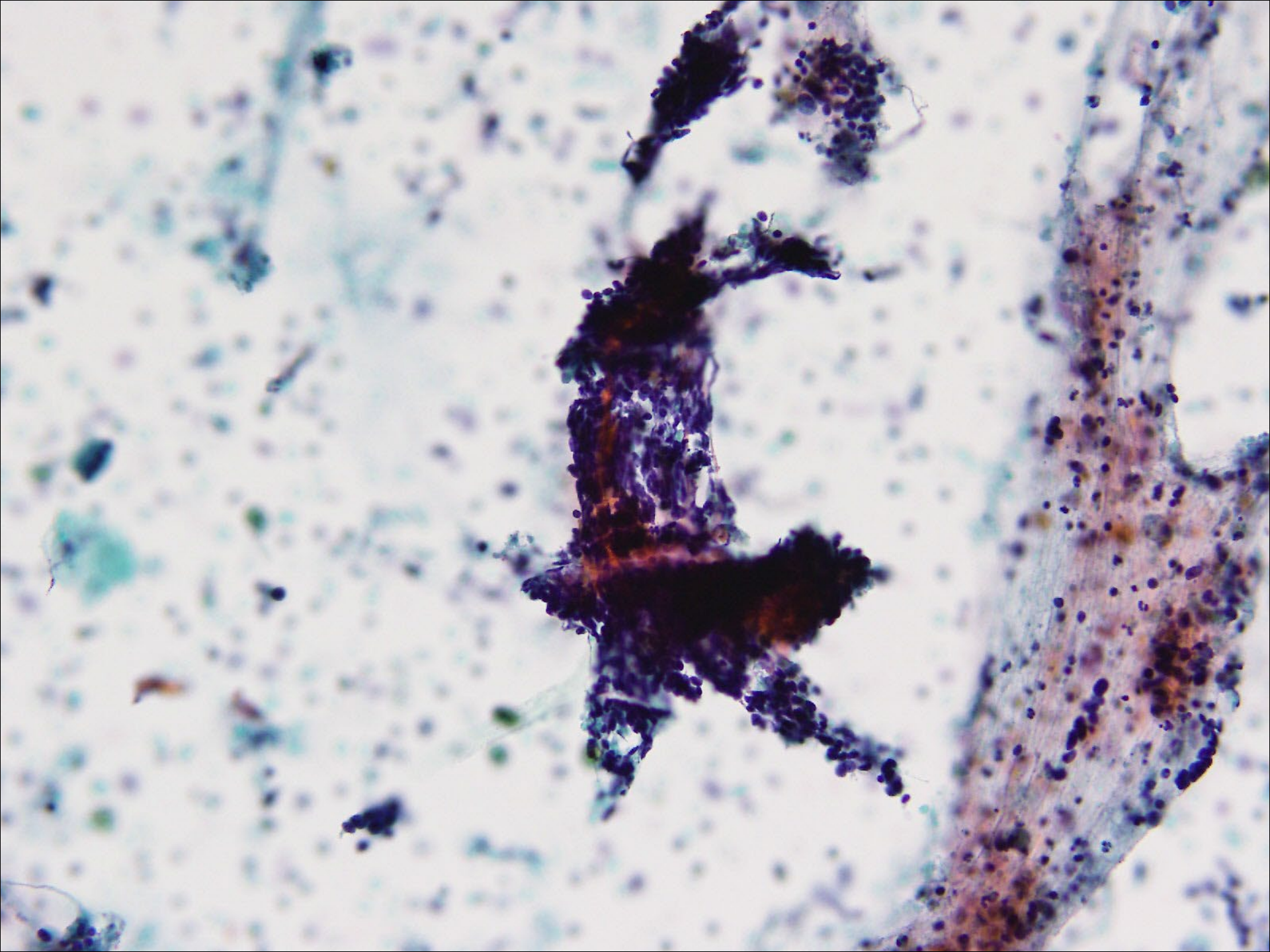
Lan Z, Zhang X, Ma X, Hu Y, Zhang J, Yang F. Utility of liquid-based cytology on residual needle rinses collected from core needle biopsy for lung nodule diagnosis. *Cancer Med*. 2021 Jun;10(12):3919-3927.

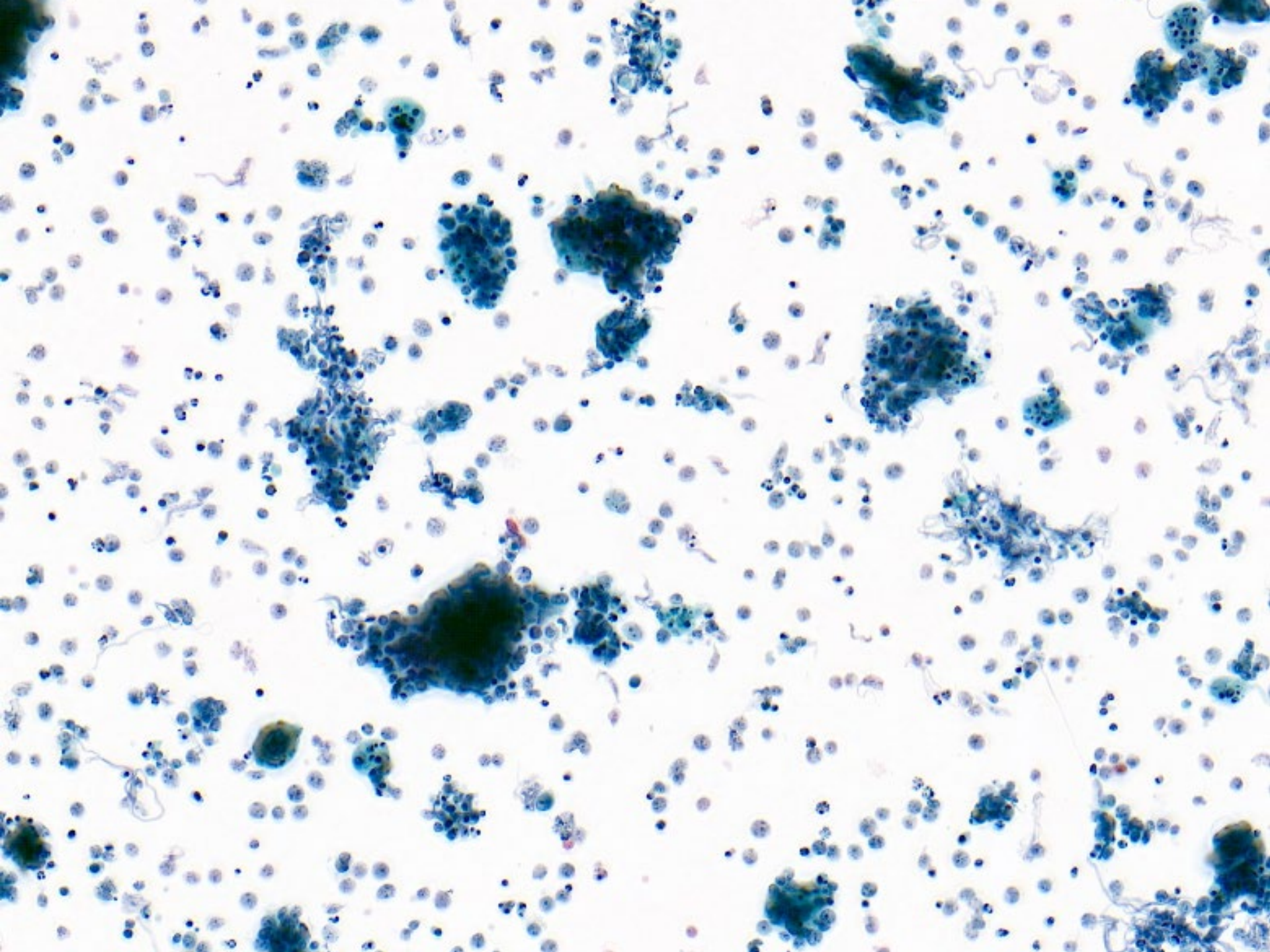
Bandoh N, Goto T, Akahane T, Ohnuki N, Yamaguchi T, Kamada H, Harabuchi Y, Tanaka S, Nishihara H. Diagnostic value of liquid-based cytology with fine needle aspiration specimens for cervical lymphadenopathy. *Diagn Cytopathol*. 2016 Mar;44(3):169-76.

Pitfalls in Liquid-Based Cytology

- Informative background: LBC remove background material such as tumor diathesis and necrosis.
- SurePath LBC produces prominent 3D configurations for epithelial clusters that occasionally cause difficulty in recognizing nuclear characteristics.
- Lymphoid cells tend to be clumped together and appear smaller in LBC; lymphoid cell aggregates might be erroneously considered as epithelial cells.
- Granulomas seen on LBC are ill-formed architecturally as compared to those seen in CS.

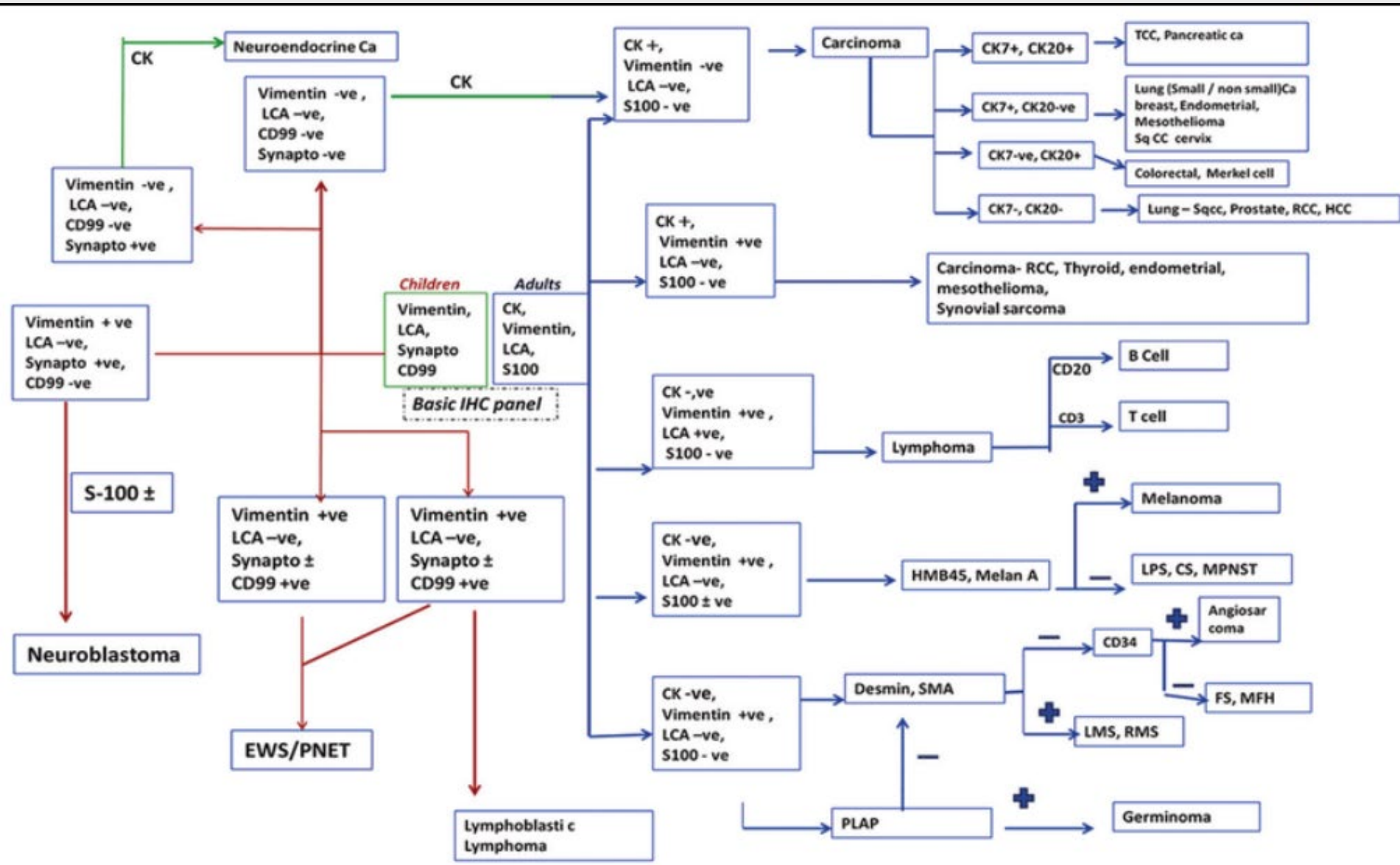




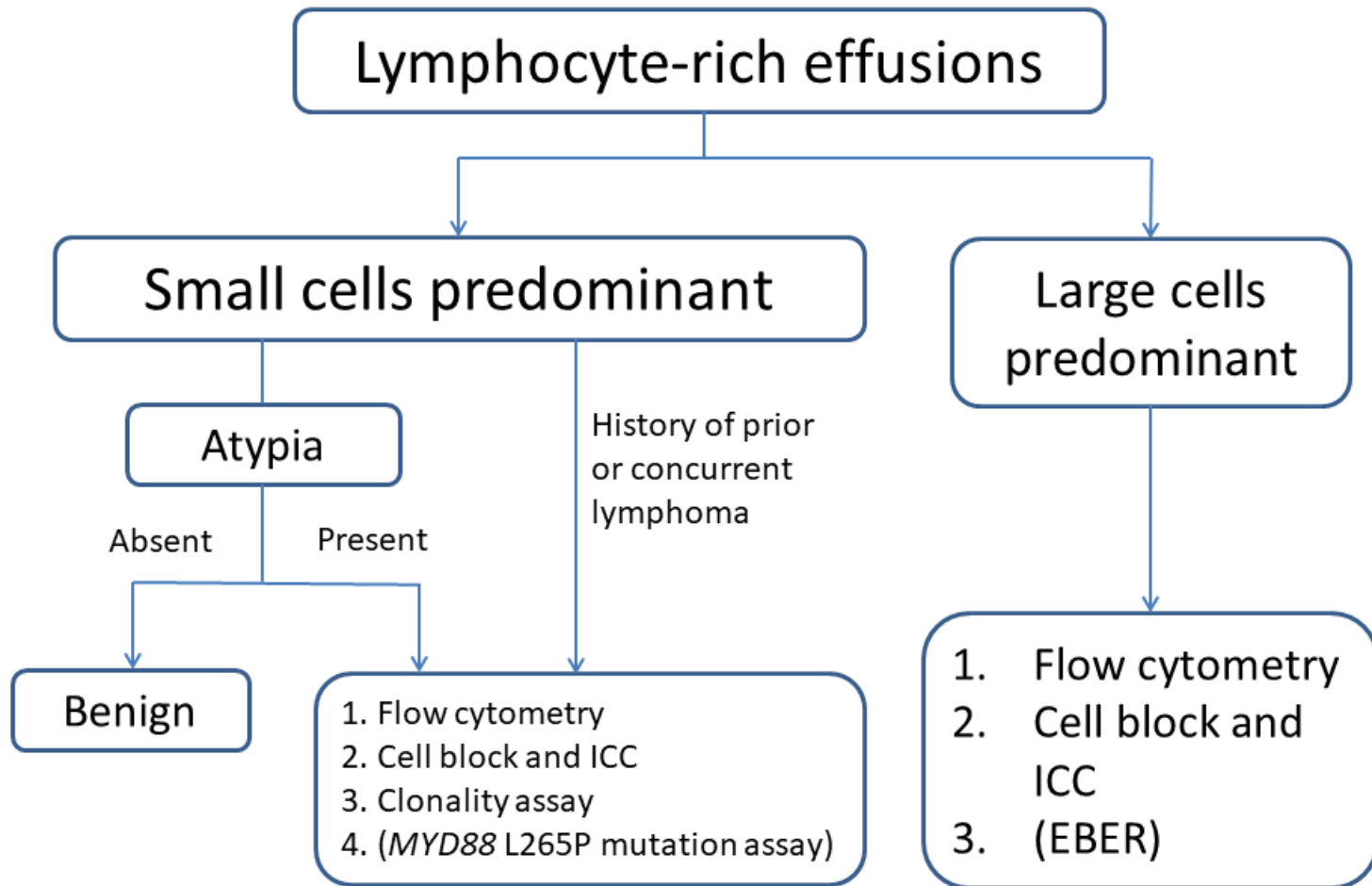


Immunocytochemistry and Molecular Techniques

- Immunocytochemistry and molecular techniques are essential for confirming the diagnosis of SRCTs, especially when cytomorphological features overlap.
- ✓ **Small Cell Carcinoma:** positive staining for neuroendocrine markers such as synaptophysin, chromogranin, and CD56, along with TTF-1
- ✓ **Basaloid Squamous Cell Carcinoma:** positive staining for epithelial markers such as p63 and cytokeratin (CK5/6)
- ✓ **Lymphoma:** Immunophenotyping is critical, with B-cell lymphomas typically expressing CD20, CD19, and CD79a, while T-cell lymphomas express CD3, CD5, and CD7. Molecular techniques such as gene rearrangement studies can confirm clonality and aid in distinguishing lymphoma from other SRCTs



Algorithmic approach for diagnosis of effusion lymphomas





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