Colonoscopy that has been rarely reported in the English literature since first described in 2009. In recent practice, we diagnosed a case of sigmoid colon MSCH. A 4-mm sessile polyp was found in the sigmoid colon by a screening colonoscopy of a 60-year-old African American female who had no history of gastrointestinal disease, no significant family history of neuronal lesion, or neurofibromatosis 1 (NF1). The microscopic sections showed that the lesion was composed of ill-defined proliferation of bland spindle cells within the lamina propria with entrapped colonic crypts. Differential diagnoses included neurofibroma, leiomyoma, and gastrointestinal stromal tumor (GIST). Immunostaining results showed strong diffuse staining of spindle cells with S-100 while negative for SMA and CD117. We diagnosed the polypoid lesion of the sigmoid colon as MSCH based on following: (1) occurring in an elderly female, (2) polypoid lesion in the sigmoid colon consisting of bland spindle cells, (3) no history of NF-1, and (4) immunostaining: diffuse strong positivity for S-100 while negative for SMA and CD117, suggestive of the neural origin. Leiomyoma should be positive for SMA, and GIST should be positive for CD117. Neurofibroma was ruled out due to a negative history of NF1 and also because of a diffuse staining pattern in Schwann cell hamartoma.

A Case of Truly Undifferentiated Pulmonary Neoplasm: A Case Report

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Objectives: Truly undifferentiated neoplasm is a rare finding. The diagnosis is made after extensive workup, combining clinical, radiologic, histologic, and immunohistochemistry (IHC) findings. IHC often categorizes these tumors to a particular category of tissue origin like epithelial, mesenchymal, lymphoid, melanocytic, or germ cell.

Methods: Here we report a case of undifferentiated neoplasm that was negative for all the stains that are usually used in the workup of undifferentiated neoplasms. A 63-year-old man with a history of desmoplastic malignant melanoma and well-differentiated cutaneous squamous cell carcinoma presented with multiple lung masses.

Results: Histology of the lung masses showed a highly pleomorphic spindled neoplastic proliferation with associated fibrosis and reactive changes. Pan-keratin, cam5.2, p63, TTF1, S100, Mart1, SOX10, actin, desmin, CD99, and bcl2 were negative. A diagnosis of high-grade malignant spindle cell neoplasm was made. Differential diagnosis included the possibility of a very poorly differentiated metastatic melanoma and a myxoid high-grade sarcoma of undetermined origin. The case was sent to the Mayo Clinic for consultation. Additional immunostains were

A Case Report of Sarcoïd Like-Granuloma in Renal Cell Carcinoma

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Background: Noncaseating epithelioid cell granulomatous inflammation may occur rarely as a reaction to malignant tumors in patients with no history of sarcoid disease. Investigations reveal it may occur due to cancer-related antigenic factors such as cancer cells themselves or soluble tumor antigens shed into the blood.

Clinical History: A 53-year-old male presented 6 months ago with gross hematuria, which cleared a few days later. Computed tomography scan revealed a renal mass invading into the renal vein.

Results: Grossly, the right nephrectomy with the perinephric fat measured overall 23.5 × 20.2 × 6.3 cm and weighed 1,043.6 g. The right kidney measured 11.5 × 6.5 × 3.3 cm. On the anterior surface toward the superior pole, a well-circumscribed variegated golden yellow/dark brown tumor lesion measuring 5.1 × 4.1 × 3.2 cm was found that was involving the renal cortex and extending to the medulla with involvement of the renal sinus and renal vein. Microscopically, it revealed clear cell renal cell carcinoma of Fuhrman nuclear grade II. The tumor was intermixed with multiple foci of a noncaseating granulomatous reaction. Fite's acid fast, PAS, and GMS histochemical stains were performed and were negative for bacterial and fungal forms.

Conclusion: Clinical workup of the patient did not reveal any evidence of sarcoidosis or tuberculosis or any other autoimmune disease. Sarcoïd-like granulomatous reaction confined to renal carcinoma is a rare finding. Sarcoïd reactions may be a marker of an immunologically mediated antitumor response of macrophages.

Mucosal Schwann Cell Hamartoma (MSCH) in Sigmoid Colon—A Rare Case Report

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Mucosal Schwann cell hamartoma (MSCH) of the gastrointestinal tract is an incidental finding by screening colonoscopy that has been rarely reported in the English literature. We diagnosed a case of MSCH of the sigmoid colon consisting of bland spindle cells, no history of NF1 and also because of a diffuse staining pattern in Schwann cell hamartoma.