

# 71 jähriger Patient

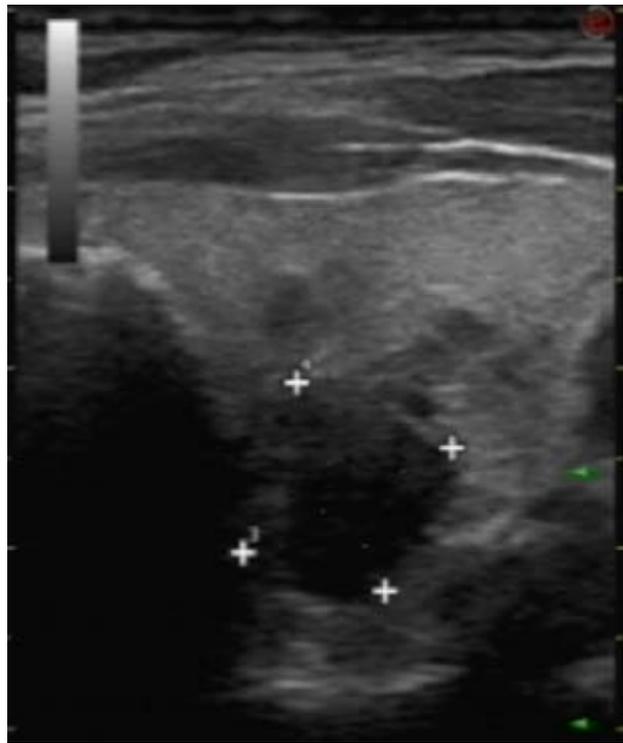
Progredienter Schilddrüsenknoten links



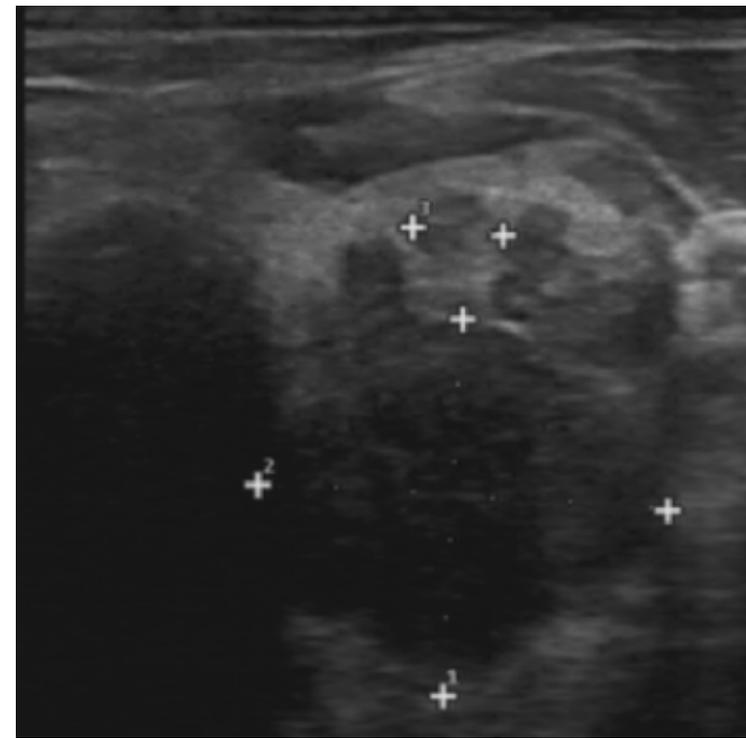
FNP Schilddrüsenknoten links

# Sonographischer Befund

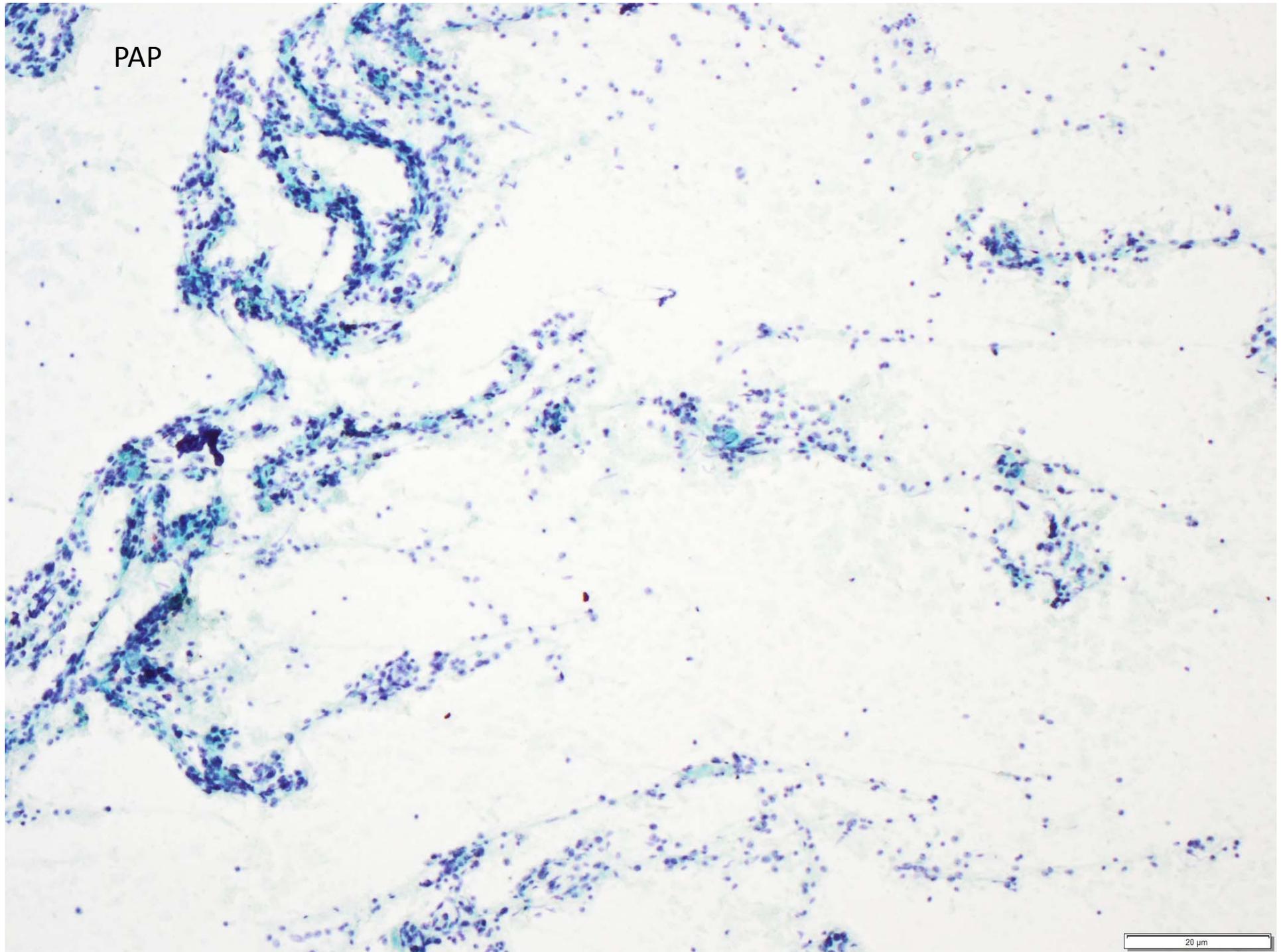
Dez 2014



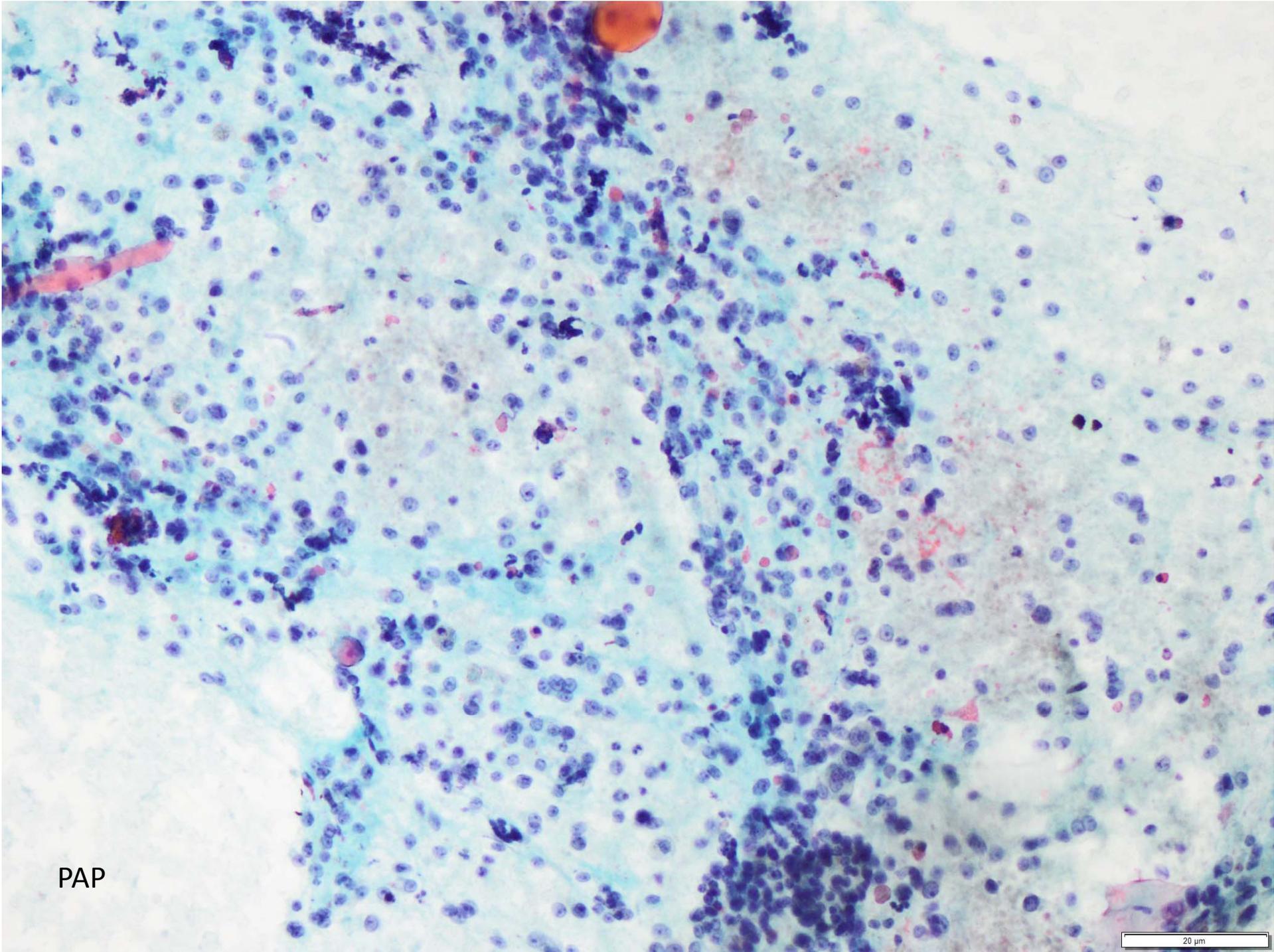
Juni 2015



PAP

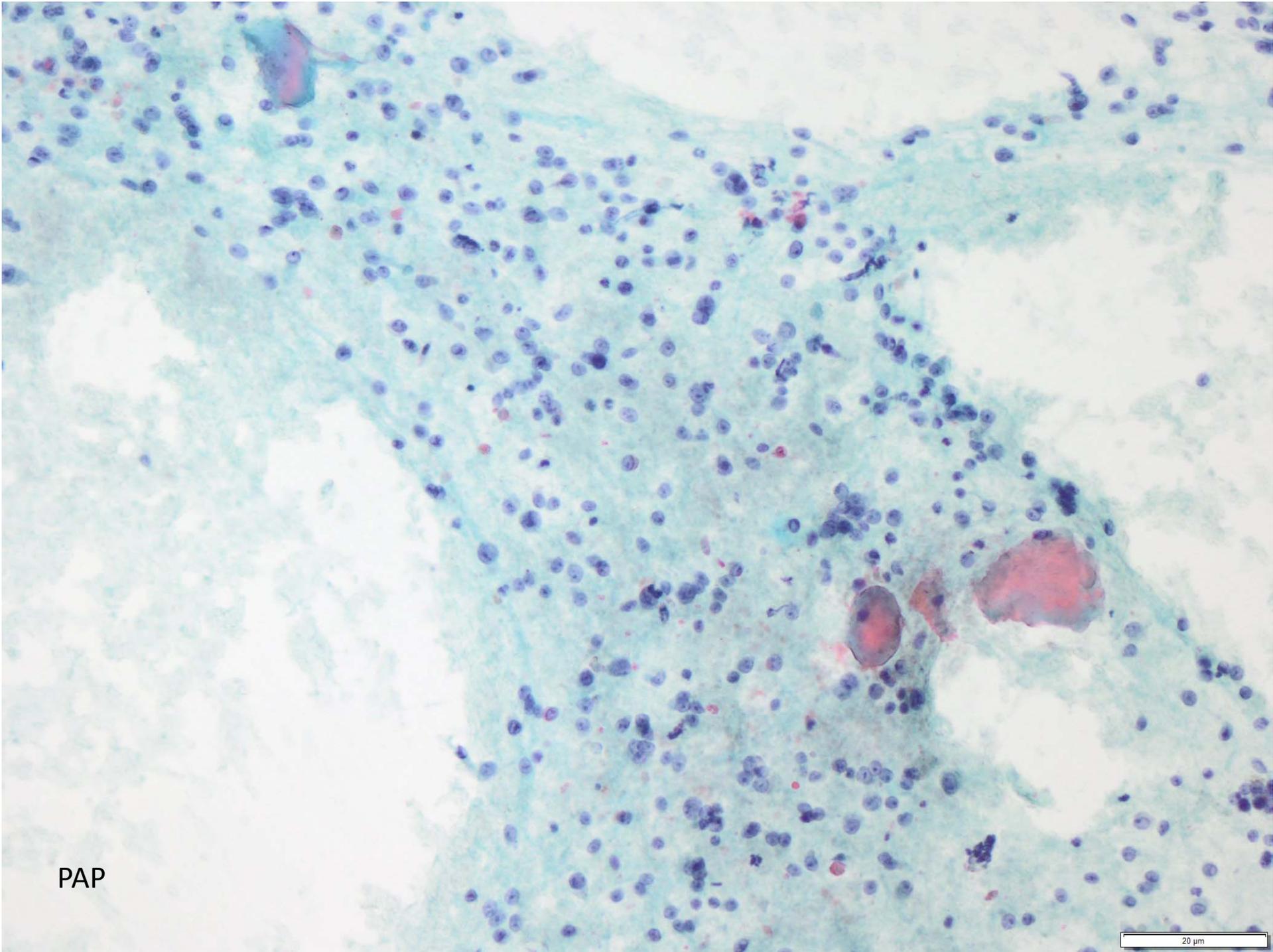


20  $\mu$ m



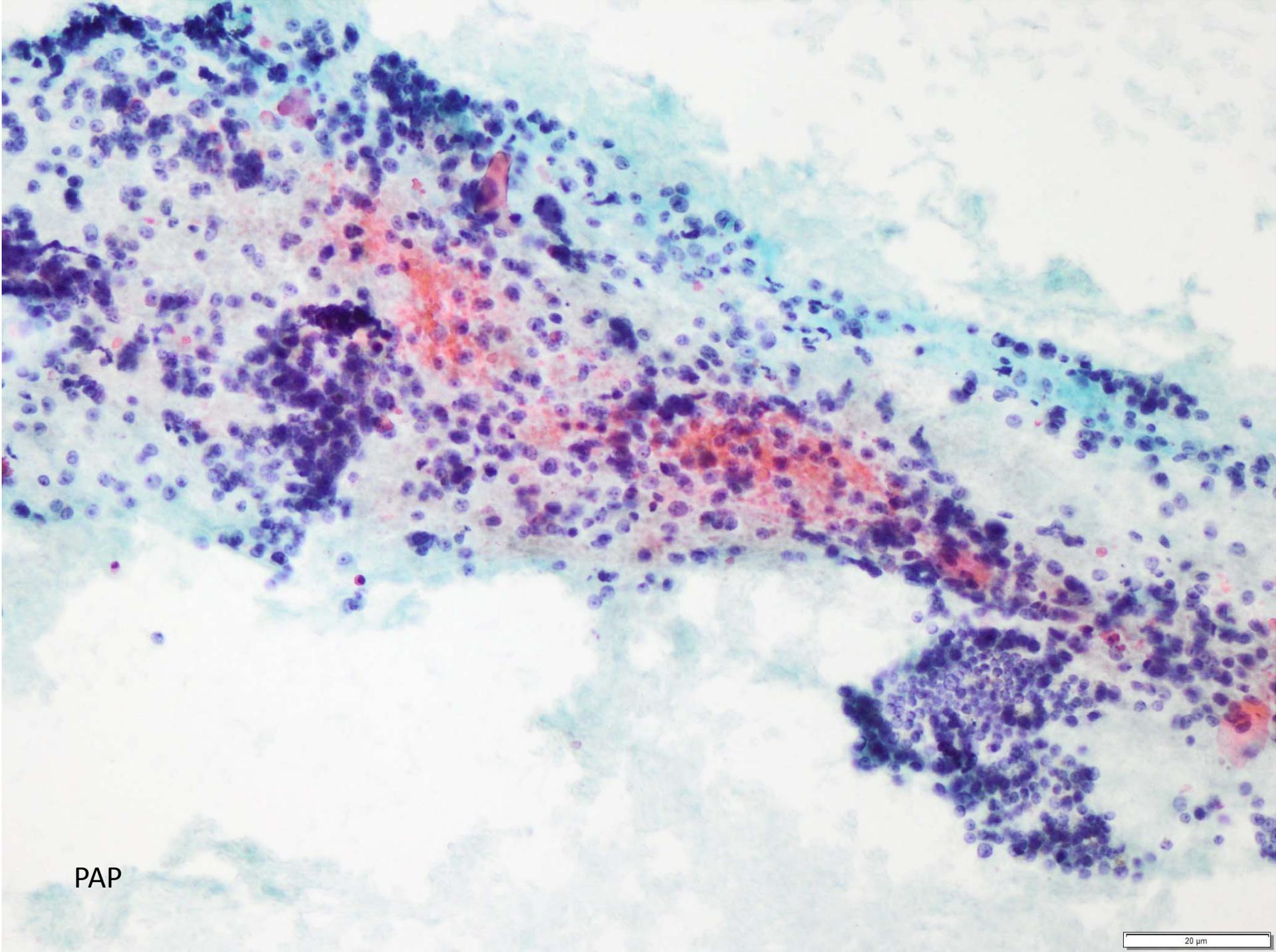
PAP

20 μm



PAP

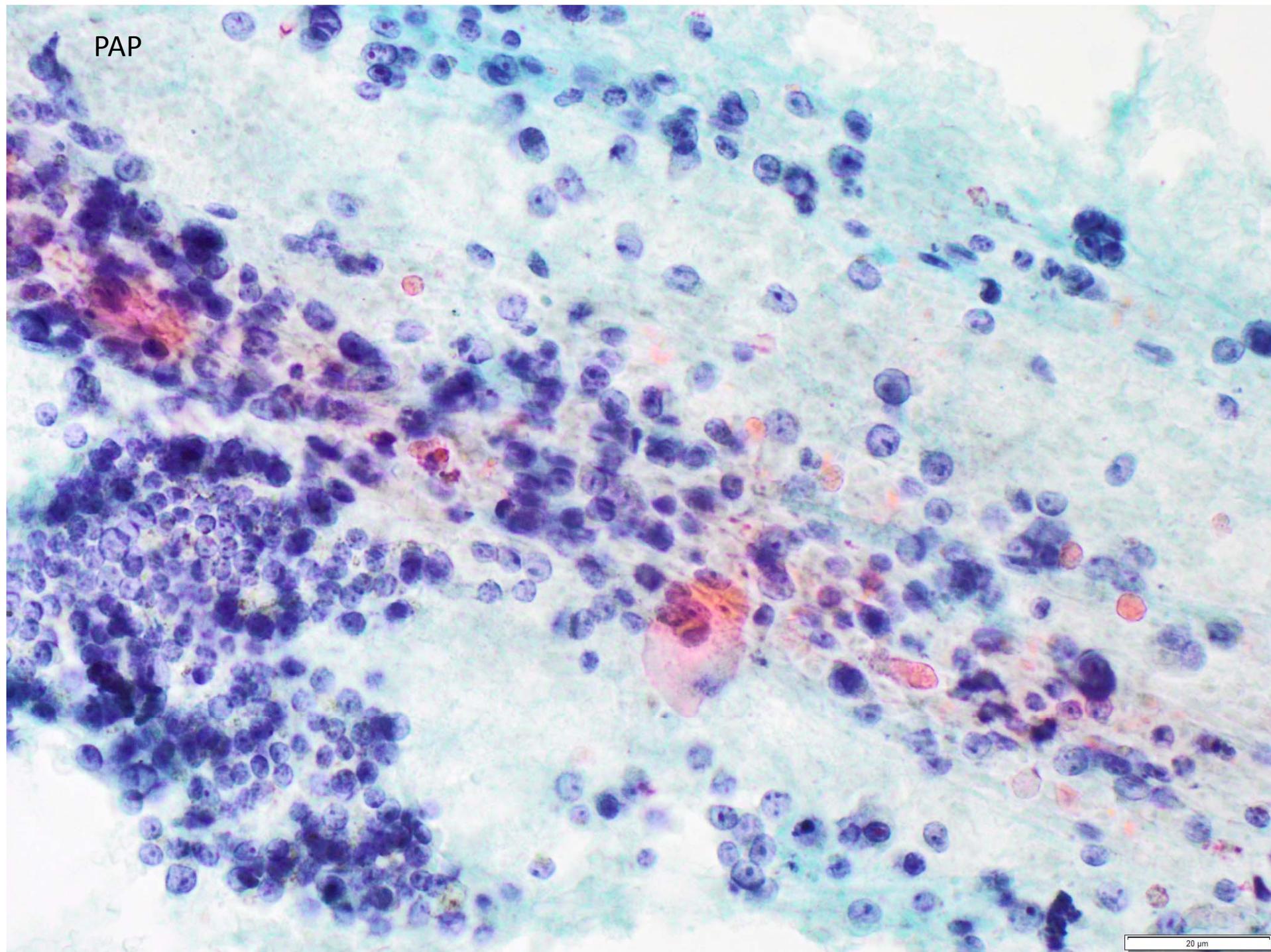
20  $\mu$ m



PAP

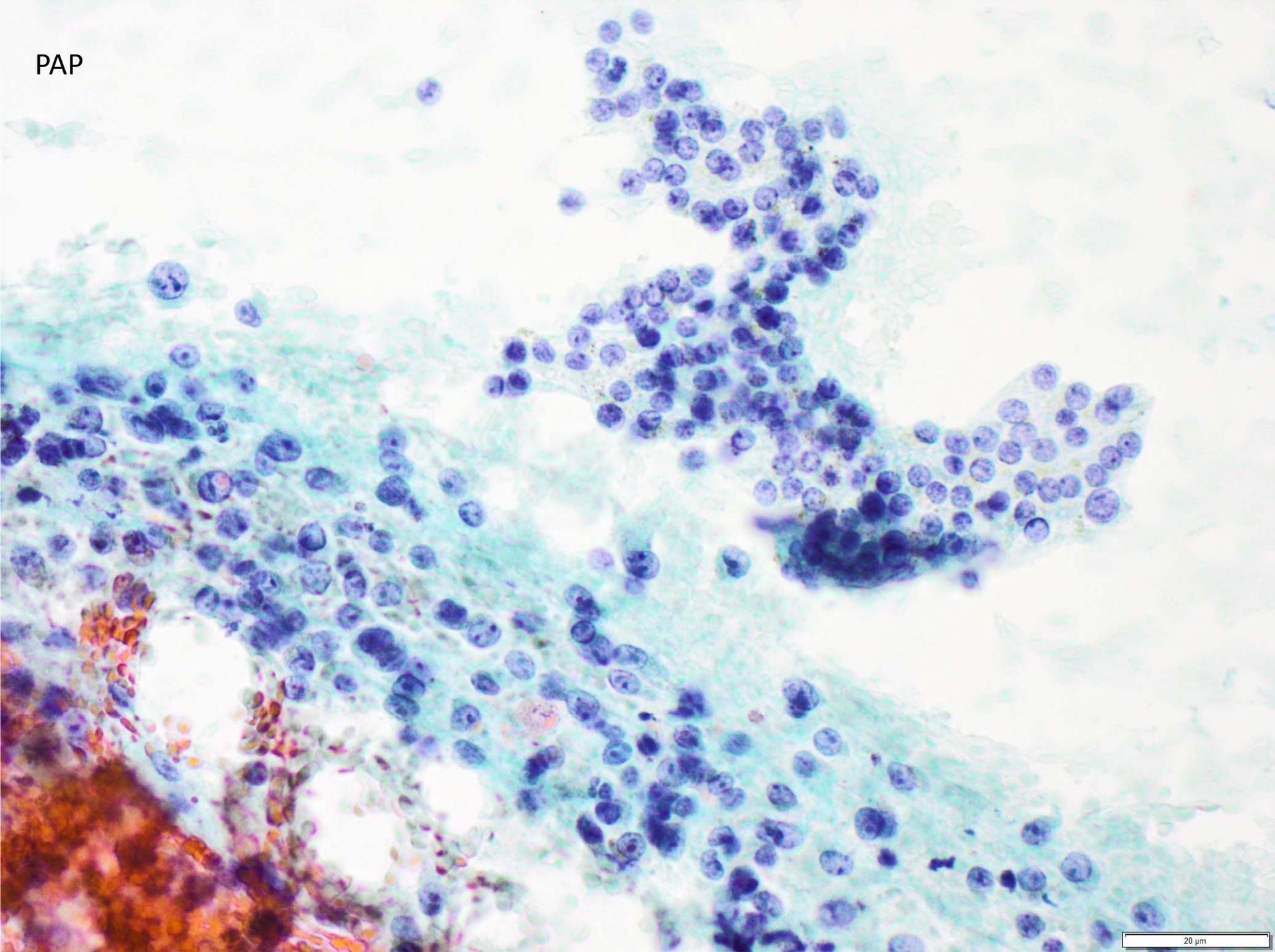
20 µm

PAP



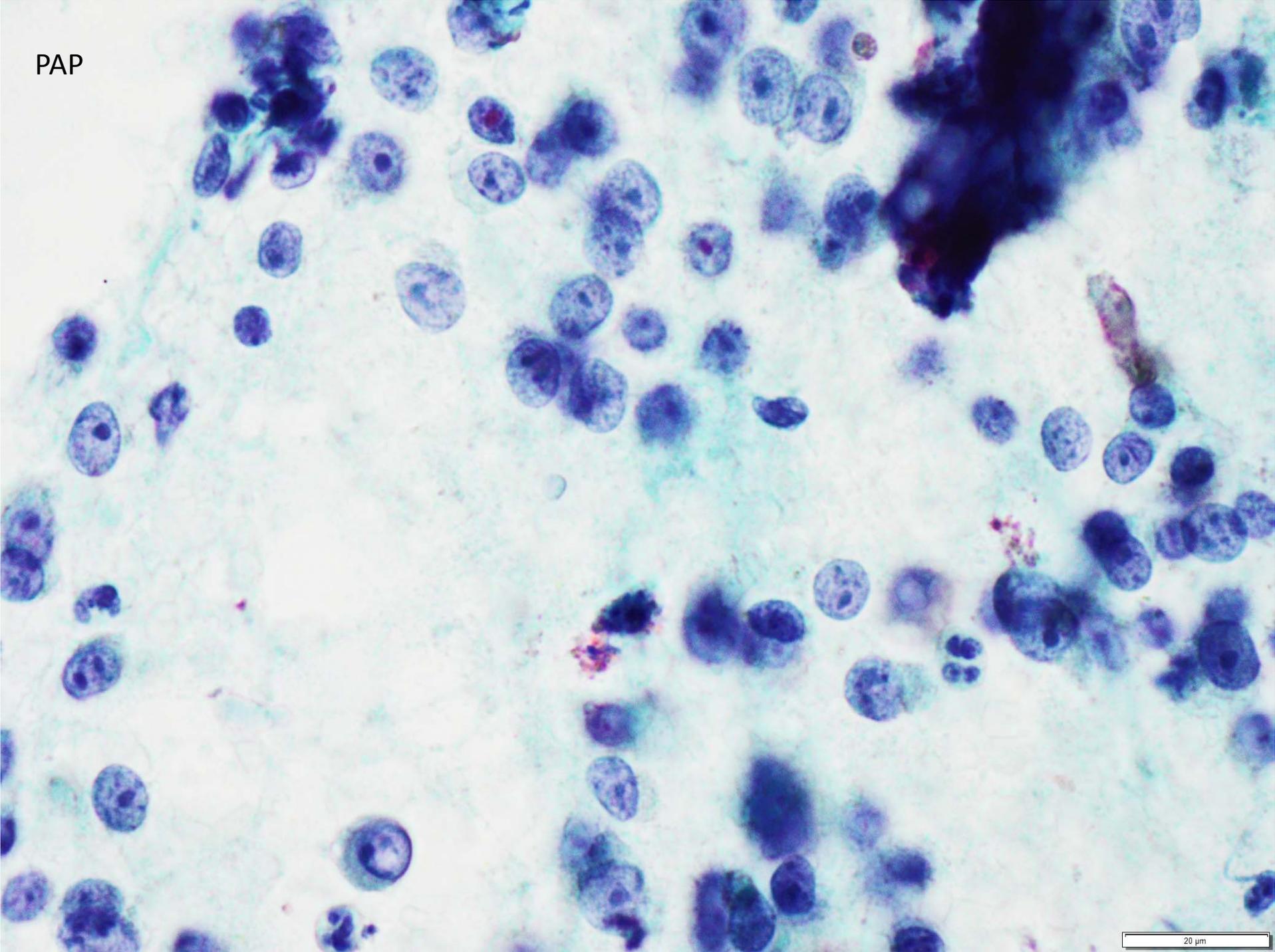
20  $\mu$ m

PAP



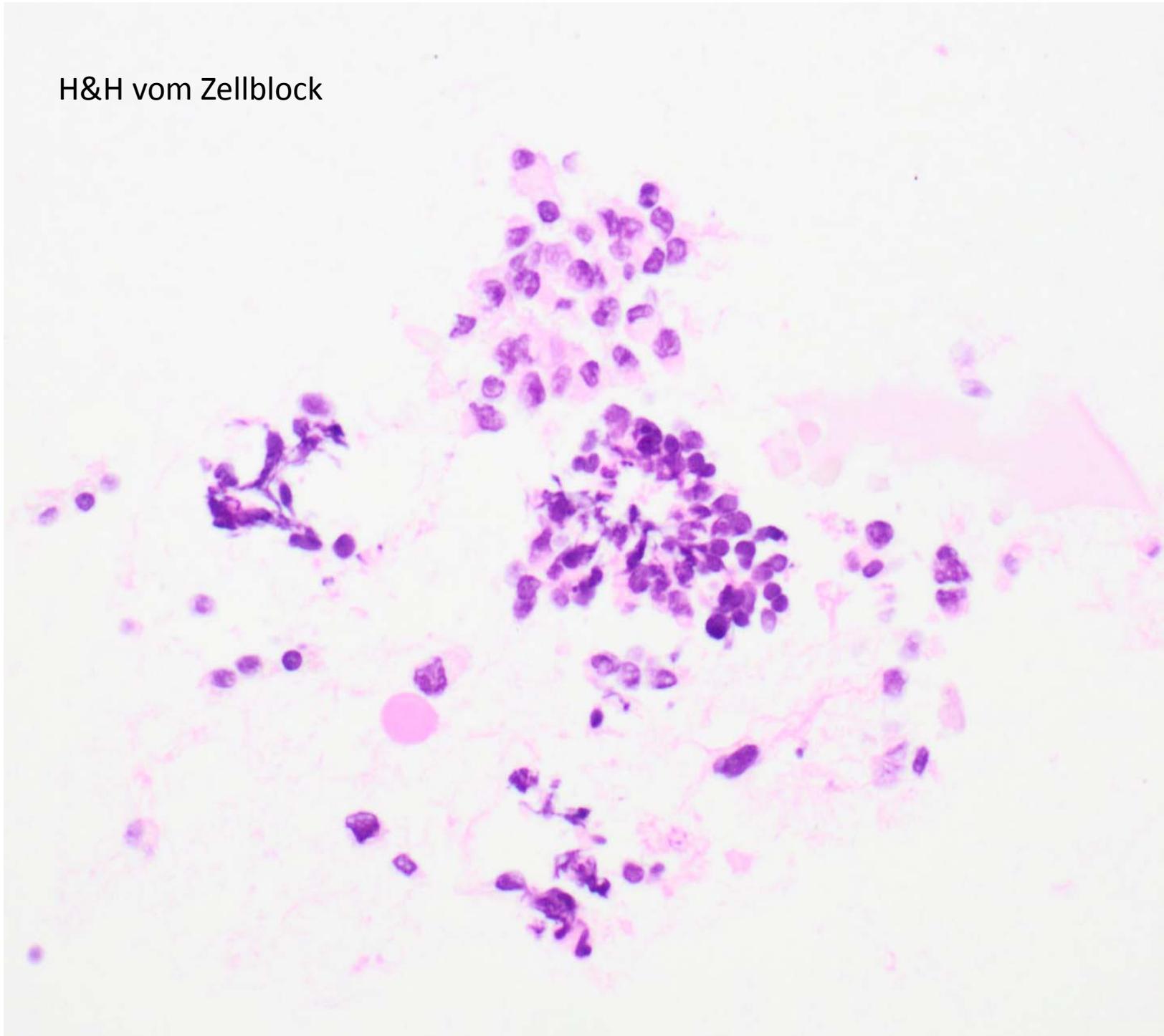
20 μm

PAP



20 μm

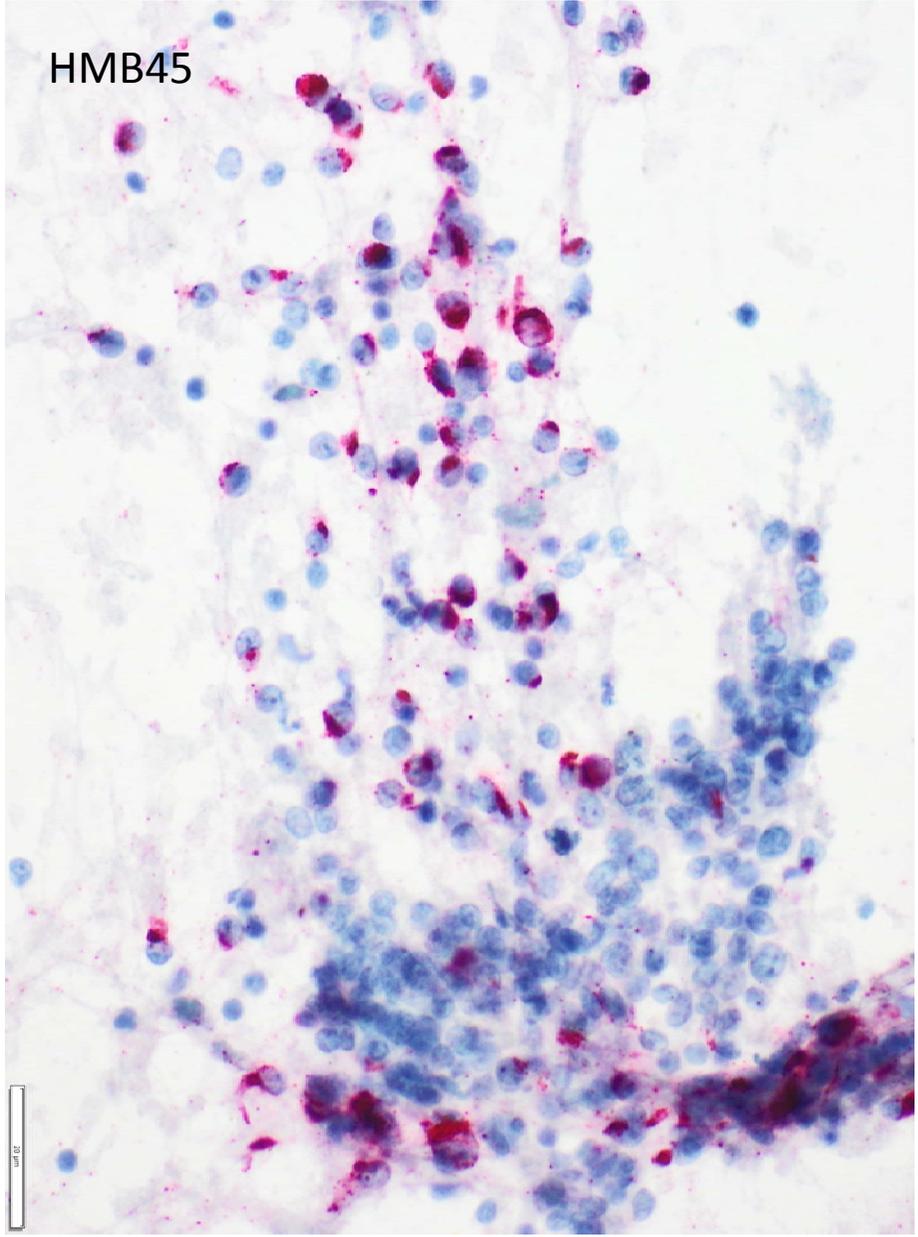
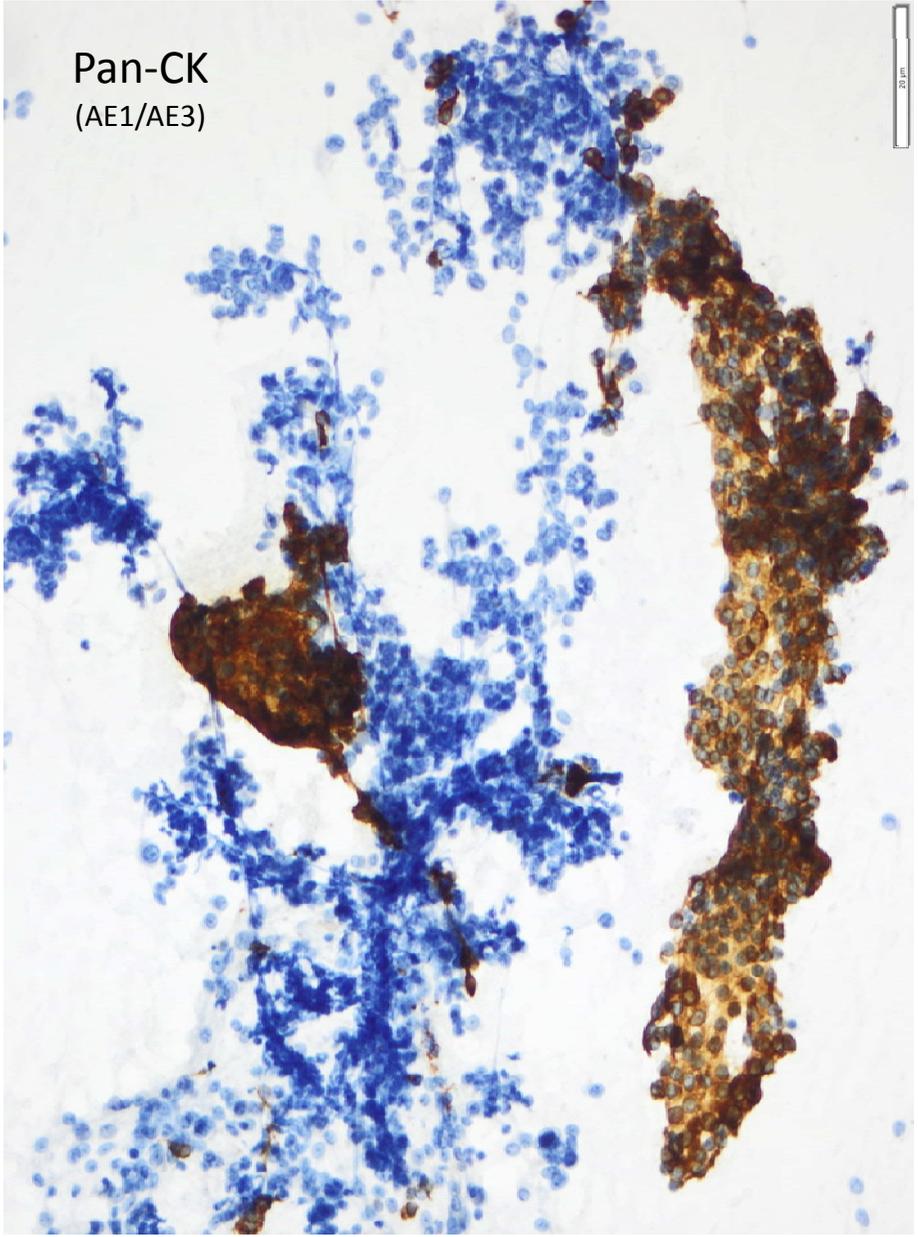
H&H vom Zellblock



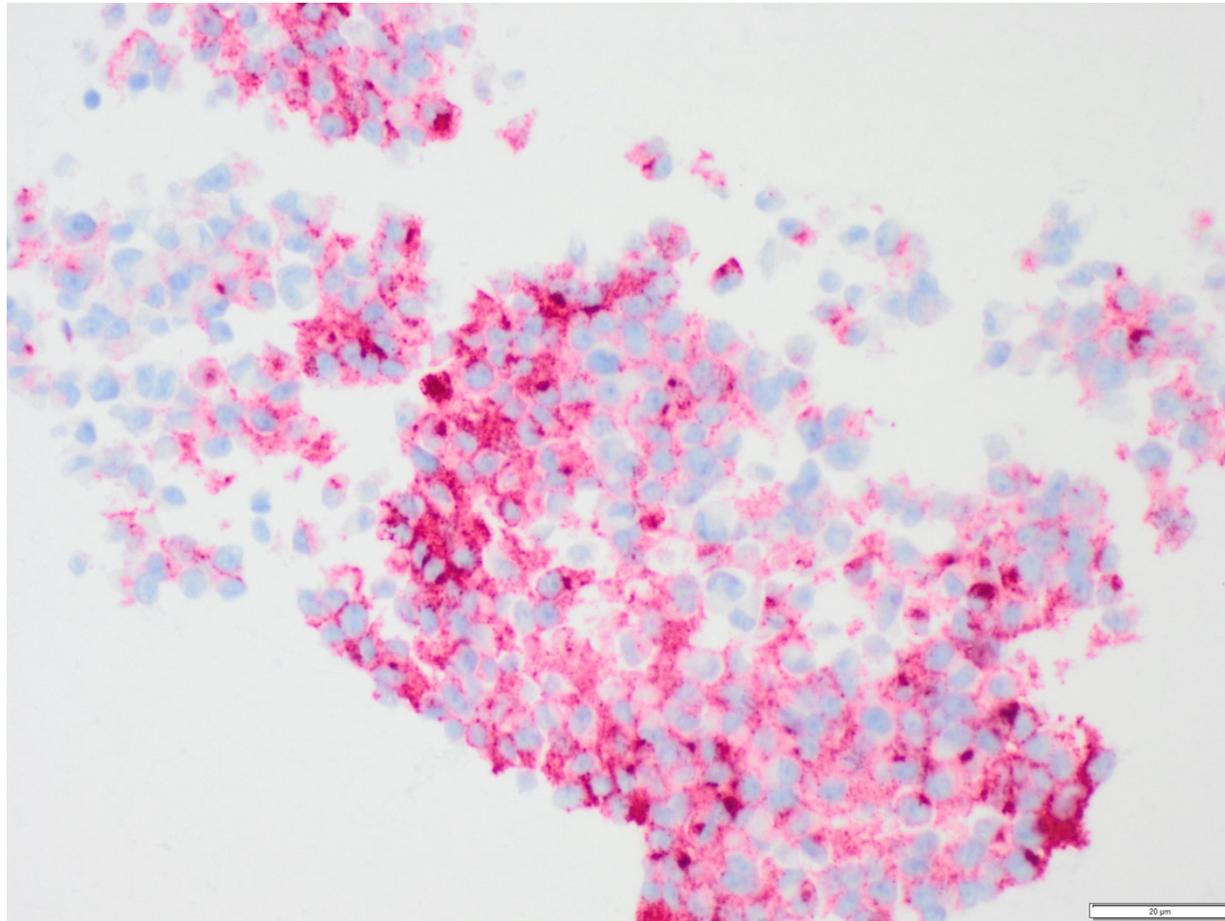
# Differentialdiagnose

- Lymphozytäre Thyroiditis
- Onkozytäre follikuläre Neoplasie
- Follikuläres Schilddrüsenkarzinom
- Medulläres Schilddrüsenkarzinom
- Non Hodgkin Lymphom
- Prostata-Karzinom-Metastase
- Melanom-Metastase

# Immunzytochemie Direktausstriche



**Immunhistochemie auf dem Zellblock der FNP**



## *Diagnose:* **Melanom-Metastase**

- Nachweis von überwiegend isoliert liegenden Zellen mit grossen, rund-ovalären Kernen und prominenten Nukleolen
- Im Hintergrund makrofollikuläre Thyreozyten-Formationen und Tropfen von eingedicktem Kolloid (DD Amyloid)
- Typisches Immunphänotyp (CK-, HMB45+)
- Vorgeschichte.....

# *Anamnese: Aderhaut-Melanom rechts*

*St. n. Bulbus-Enukektion rechts 2013:*

*Aderhaut-Melanom vom gemischt spindelzellig epithelioidem Typ,  
TNM-Stadium: pT4d*

