

and no infection, which is confirmed by almost absence of neutrophils. So, the final diagnosis of these four cases is suggestive of esophageal diverticulum and no surgical treatment is necessary with the recommendation of esophagogastroduodenoscopy. As noted above, there is no evidence of malignancy; however, the false-negative rate of FNA diagnosis in a squamous-related entity is reported to be about 2% to 5%, so these patients are deemed appropriate for follow-up. In summary, we presented four cases of incidentally discovered asymptomatic posterior thyroid nodules suggestive of esophageal diverticulum by FNA biopsy.

Cytomorphological Patterns of Palpable Breast Lesions Diagnosed in Selected Teaching and Referral Hospitals in Kenya: A Prospective Study

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Objective: To study the patterns of breast lesions among women with palpable breast lumps presenting to fine-needle aspiration clinics.

Methods: This study involved 768 women aged 16 to 97 years who presented with palpable breast lumps to fine-needle aspiration clinics (FNACs) at Kenyatta National and Nakuru Teaching and referral hospitals from September 2016 to December 2018. The study was approved by Kenyatta National Hospital–University of Nairobi Ethical Review Committee (KNH-UoN ERC); P 334/16. A structured questionnaire was used to obtain qualitative data. Fine-needle aspiration was performed after obtaining informed consent and smears were stained with both H&E and Papanicolaou stains.

Results: Lesions were categorized as fibroadenoma, 287 (44.1%); ductal carcinoma, 59 (9.1%); breast abscess, 39 (6%); benign cysts, 33 (5.1%); galactocele, 32 (4.9%); fibrocystic changes of the breast, 29 (4.5%); suspicious of malignancy, 27 (4.1%); duct ectasia and inflammatory breast lesions, 24 each (3.7%); atypia, 12 (1.8%); invasive ductal carcinoma, metastatic carcinoma, and lipoma, 4 each (0.6%); anaplastic carcinoma and malignant phylloides, 1 (0.2%); and others. Out of 768 smears evaluated, 117 (15.2%) smears were nondiagnostic. The age group most affected was 20 to 34 years (47.2%) followed by 35 to 49 years (26.2%). Women between 24 and 30 years had the following frequencies: anaplastic cancer (100%), invasive ductal and metastatic cancer (50%), and suspicious of malignancy (56%).

Conclusion: Fibroadenoma was the most frequent lesion followed by ductal carcinoma, breast abscess, benign cysts, and galactocele, respectively. Generally, benign lesions formed the bulk of all lesions diagnosed in the two referral facilities. From this study, it is evident that the

young age group (reproductive age) is the one most affected with ductal carcinoma, anaplastic carcinoma, and invasive carcinoma. The number of nondiagnostic category was quite high and this warrants proper training and competence evaluation for the clinicians/health care workers who participate in performing fine-needle aspirate procedures.

Diffuse Large B-Cell Lymphoma of the Cervix Diagnosed on Cervical Screening Cytology

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Case Presentation: Primary lymphoma of the cervix is an uncommon entity and far more rarely diagnosed on routine screening cervical cytology. We present a case of a 38-year-old female with a 1-year history of heavy cyclical menstrual bleeding and interval spotting. She had no other significant past medical or obstetric history. On cervical exam, obscuring blood was noted without distinct abnormalities of the visualized cervix.

Pathologic Findings: Cervical cytology by ThinPrep (Hologic, Marlborough, MA) liquid-based cytology preparation demonstrated atypical squamous cells of undetermined significance as well as an abundant population of atypical lymphoid-appearing cells. Morphology of this second population was characterized by large cells (2-3 times the size of background inflammatory cells) with high nuclear-to-cytoplasm ratio, vesicular chromatin, occasional nucleoli, marked nuclear membrane irregularities, and scant cytoplasm. A cell block of the specimen was performed and demonstrated a mature but cytologically large and atypical lymphoid population. Immunohistochemistry on the cell block specimen was consistent with a B-cell immunophenotype with strong CD45 and CD20 immunolabeling. Subsequent radiologic workup showed a diffusely enlarged cervix with increased metabolic uptake, as well as bilateral metabolically active pelvic lymph nodes.

Conclusion: Cervical and endometrial curettings obtained at an outside facility confirmed the diagnosis of lymphoma that was further categorized as diffuse large B-cell lymphoma, germinal center B-cell type. This case highlights an uncommon diagnosis found on screening cervical cytology. It reinforces awareness of the potential for lymphoid neoplasms on cervical cytology and the differential diagnosis associated with such cases.

Adequacy and Incidence of Primary Pancreatic Cancer on Endoscopic Ultrasound-Guided Fine-Needle Aspiration (EUS-FNA) Cytology Samples: A Retrospective Review