

필요하다. 저자는 세침흡인생검후 신절제로 확진된 육종양 신세포암종 1 예를 경험하여 이의 세포학적 소견을 보고하고자 한다.

환자는 44세 남자로 4~5일간의 좌상복부 동통을 주소로 내원하였다. 내원당시 이학적 소견상 이상소견은 없었으며 복부 컴퓨터 단층촬영에서 우측신장에 직경 약 3cm의 종괴가 관찰되어 세침흡인생검을 시행하였다. 세침흡인생검 소견상 출혈성 배경내에 방추형의 세포와 소수의 거대 세포가 군집을 이루며 흩어져 있었다. 방추형의 세포들은 염색질이 뭉쳐있는 과염색성의 핵을 가지고 있었으며 핵분열도 관찰되었다. 상피양 세포들은 관찰되지 않았으나 세포군집절편을 이용한 면역조직화학염색에서 vimentin 과 epithelial membrane antigen 에 양성, cytokeratin 에는 약양성으로 반응하여 신장에서 발생하는 악성종양중 육종양 신세포암종의 가능성이 있음을 보고하였다.

환자는 내원 10 일째 광범위신절제술을 시행받았다.

우측신장의 육안소견상 겉모양은 잘 유지되어 있었고 피막에 섬유지방조직의 유착은 관찰되지 않았다. 단면소견상 증극에 신배와 연접하여 직경 3.5cm의 둥글고 경계가 좋은 황회색의 종괴가 관찰되었고 피사나 출혈은 보이지 않았다. 조직학적으로 종양은 대부분 크기가 다양하고 분화가 나쁜 방추형 핵을 가진 세포들혹은 조기구 모양의 세포들이 국소적으로 소용돌이 모양으로 배열하고 있었다.

종양세포들은 면역조직화학염색에서 cytokeratin, epithelial membrane antigen 과 vimentin 에 양성이었고 전자현미경 검색에서 많은 수의 세포간 접합이나 중간 세사가 세포질 내에 존재하는 것이 관찰되어 육종양 신세포암종으로 진단하였다.

## 11. Cytologic Features of Necrotizing Lymphadenitis

### - Report of two cases -

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Fine needle aspiration has become an important tool in surgical pathology since it was first introduced in 1927. This technique has been used on many organs, especially in the lymph nodes conveniently. Although it is frequently applied for the diagnosis of metastatic carcinoma and malignant lymphoma, cytologic features of histiocytic necrotizing lymphadenitis, so called "Kikuchi's disease", have not been well described. Histiocytic lymphadenitis was first described by Kikuchi in the Japanese literature in 1972. This condition is seen most commonly in Japan and other Asian countries. Most patients are young women with a persistent, painless cervical lymphadenopathy of modest degree that may be accompanied by fever. This disease is usually self-limiting. We reviewed cytologic features in two cases of necrotizing lymphadenitis which were diagnosed by subsequently performed excisional biopsy.

Case 1 : A 26-old-year women presented with fever and palpable neck masses for 4 months' duration. She also had skin rash, fatigue, leukopenia and elevated erythrocyte sedimentation rate. A chest X-ray was unremarkable.

Case 2 : A 33-year-old women presented with cough and purulent sputum with fever. She was diagnosed as having broncholitis and treated with antibiotics. 1 month later, she detected enlarged slight tender cervical lymph nodes. Both cases were perfomed fine needle aspiration and subsequent excisional biopsy.

On reviewing cytologic features, a case revealed mixtures of small lymphocytes, histiocytes, and large activated lymphoid cells in background of kariorrhctic nuclear debris. However, the other case showed polymorphic lymphoid cell infiltration with some activated immunoblasts. Histologic findings were typical for necrotizing lymphadenitis which were characterized by scattered and circumscribed pale staining areas especially in the paracortical region. Cytologically malignant lymphomas and reactive hyperplasia should be considered in the differential diagnosis of necrotizing lymphadenitis should be considered malignant lymphoma and reactive hyperplasia. Although this rare benign disease may be suspected clinically in typical cases, a lymph node biopsy has been required for the final diagnosis. FNA may be able to provide an alternative way of the diagnosis.

## 12. Cytodiagnostic Features of Metastatic Olfactory Neuroblastoma in Lymph Node - A case report -

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Olfactory neuroblastoma is a relatively rare malignant tumor usually arising in the superior portion of the nasal vault. It is important to make the correct diagnosis because olfactory neuroblastoma carries a relatively better prognosis than poorly differentiated carcinoma and other small round tumors but the cytodiagnosis of olfactory neuroblastoma has been described rarely. We report a case of metastatic olfactory neuroblastoma diagnosed by fine needle aspiration cytology.

A 52-year-old male patient noticed the enlargement of a neck mass at the left submandibular area recently. One year ago, he had been diagnosed as olfactory neuroblastoma of ethmoid and maxillary sinuses, and medial maxill-ectomy and postoperative radiotherapy had been performed. A fine needle aspi ration from a left digastric lymph node was done.

Cytologically, the smear showed the irregular hypercellular clusters with small and round to oval tumor cells. The nuclear chromatin was evenly dispersed and the nuclei had hyperchromatic