

17

## Typical carcinoid tumour

**Micro**

- This is a well-defined, endobronchial neoplasm.
- It is composed of nests and trabeculae of medium sized polygonal cells.
- The cells exhibit eosinophilic cytoplasm, low nuclear grade and granular nuclei.
- There is associated scanty vascular stroma.
- The mitotic activity is minimal (<2/10HPF).
- There is no necrosis.
- The bronchial epithelium present shows no dysplasia.
- There is no background alveolar spaces to comment.

**Diagnosis**

- Typical carcinoid tumour

**Further work/comment**

- Confirmatory immune-stains: Keratin, NSE, chromogranin, synaptophysin and CD56.
- Ki-67 will show low proliferative rate (less than 5%).
- Cytology FNA might be negative since tumor is covered by mucosa.
- Despite the history given, is not related to smoking.
- The points that would be discussed in the lung/ NET MDT:
  - Clinical presentation: Rarely produces carcinoid syndrome (flushing, diarrhea, cyanosis).
  - Occasionally occurs as part of MEN syndrome.
  - Stage: May infiltrate or spread to local lymph nodes, but doesn't affect prognosis.
  - Favourable prognosis: This is a locally invasive tumour, which rarely metastasizes.