



Diagnostic accuracy for pleomorphic adenoma diagnosis on FNA by employing the Milan System Classification

A.M. Carillo¹, P. Pisapia¹, E. Vigliar¹, G. Troncone¹, C. Bellevicine¹

¹Department of Public Health, University of Naples Federico II, Naples, Italy

Objectives

The Milan System for Reporting Salivary Gland Cytopathology (MSRSGC) aims to standardize reporting terminology of salivary glands FNAs. Pleomorphic adenoma (PA) is the most common salivary gland tumour comprising 45%–74% of all salivary gland tumours¹. The aim of our study is to verify potential cytomorphological pitfalls and evaluate the diagnostic accuracy of FNA diagnosis of PA.

Methods

Since 2018, n=68 FNA classified by the MSRSGC with histological diagnoses of PA were retrieved from our archives. Moreover, we evaluated six microscopic features observed in FNA of PA: cellularity (hyper/ hypo/ acellular/ mild). cvtomorphology (plasmacytoid/ basaloid/ epithelioid/ spindle), nuclear atypia (yes/no), grade of atypia (mild/ moderate/ severe), presence/ absence of matrix and its quantity (abundant/ scant).

Results

The majority of cases was correctly classified as IVA (n=48, 70.59%). Conversely, n=16 (23.53%) were classified as SUMP, n=2 (2.94%) as AUS, n=1 as Nondiagnostic (1.47%) and n=1 as Malignant (1.47%). The predominant cytomorphology observed in FNA correctly classified as Neoplasm-Benign featured plasmacytoid myoepithelial cells (26/48, 54.17%) and abundant extracellular matrix (47/48, 97.92%). Conversely, scant matrix was frequently observed in PAs classified as SUMP (11/16, 68.75%), such as the presence of basaloid cells (5/16, 31.25%). The single FNA categorized as Nondiagnostic cyst-fluid was acellular, while the FNA categorized as Malignant was hypercellular, with plasmacytoid cells featuring marked nuclear atypia and without extracellular matrix. The two smears categorized as AUS were acellular with abundant matrix and with basaloid cells with scant matrix, respectively.



Figure 1: Examples of Pas categorized as SUMP. All smears are stainded with Diff-Quick; A) PA with basaloid features without fibrillar matrix in the background (20x); B) PA with myoepithelial features (20x); C) PA with pleomorphism and nuclear atypia (40x).

Conclusions

PA diagnosis accuracy on FNA was 70.59%. Furthermore, we have highlighted important diagnostic pitfalls such as hypercellularity, scant matrix and basaloid features that may lead to incorrect MSRSGC classification.

References

1. Tommola E, Tommola S, Kholová I. The diagnostic accuracy of pleomorphic adenoma in fine needle aspiration: Features leading to false positive and false negative diagnoses and the utility of cell blocks. Diagnostic Cytopathology. 2023;51(5):283–93.

2. Allison DB, Smith AP, An D, Miller JA, Shafique K, Song S, et al. Assessing the diagnostic accuracy for pleomorphic adenoma and Warthin tumor by employing the Milan System for Reporting Salivary Gland Cytopathology: An international, multi-institutional study. Cancer Cytopathol. 2021 Jan;129(1):43–52.

3. Layfield LJ, Esebua M, Pantanowitz L, Maleki Z, Vazmitsel M, Baloch Z, et al. Salivary gland neoplasms with basaloid features in the era of the Milan system for reporting salivary gland cytology: Classification and interobserver agreement. Diagn Cytopathol. 2022 Jul;50(7):341–9.