

Case by Case



Williamsport Hospital Experiences Improved Block Quality with Adoption of Cellient™

Susquehanna Health Williamsport Hospital in Williamsport, Pennsylvania, was one of the first anatomic pathology laboratories to adopt the Cellient™ Automated Cell Block System. The lab was attracted to Cellient because of inconsistencies in the cell blocks they generated with the plasma-thrombin method. The Cytology Supervisor hoped Cellient would offer greater quality cell blocks and that the Cellient slides would correlate more consistently with the cytology slides.

After comparing Cellient cell block slides with traditional cell block slides for more than 50 cases, the lab found major differences between the traditional preparation and the Cellient cell blocks. "The Cellient blocks far outshined the traditional," according to the Cytology Supervisor, Sylvia Anthony. The pathologists recently made the unanimous decision to prepare all cell blocks with the Cellient method.

Also, the number of cell blocks prepared monthly is increasing; mainly due to the ability to get a viable Cellient block from specimens that would not produce a traditional block. One malignant sputum case represents this phenomenon. Ms. Anthony confirmed, "Both the prep staff and the pathologists are very pleased with the performance of Cellient – we couldn't be happier about having the instrument in our lab."

CASE 1

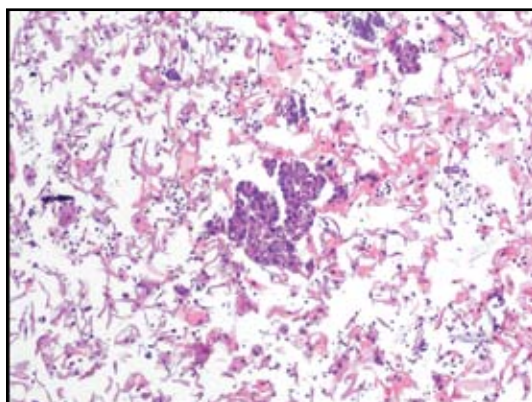
Specimen Type: Sputum

Clinical History: Rule out malignancy.

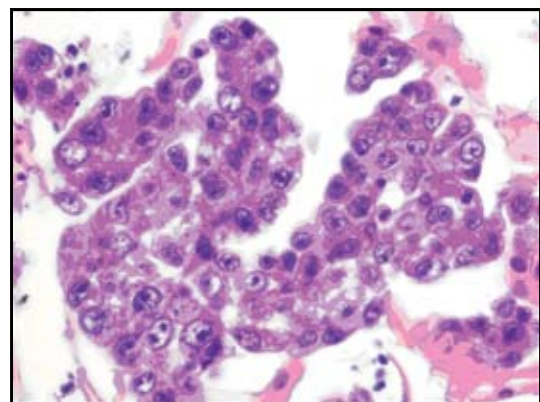
Cytology Diagnosis: Positive for malignancy, Non-small cell carcinoma.

Cell block Diagnosis: Positive for malignancy, Non-small cell carcinoma.

Lab does not routinely utilize cell block preparations on sputum specimens. In this case residual material from the PreservCyt® vial was used to create a Cellient cell block.



10X The image demonstrates abundant well preserved epithelial cells obtained from the residual cytology specimen.



40X High power photograph showing a group of malignant cells, diagnostic for non-small cell carcinoma.

MAKE THE MOST OF WHAT YOU'VE GOT.



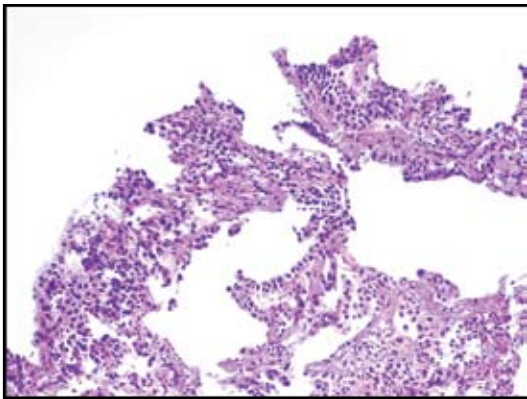
CASE 2

Specimen Type: Lung Fine Needle Aspiration

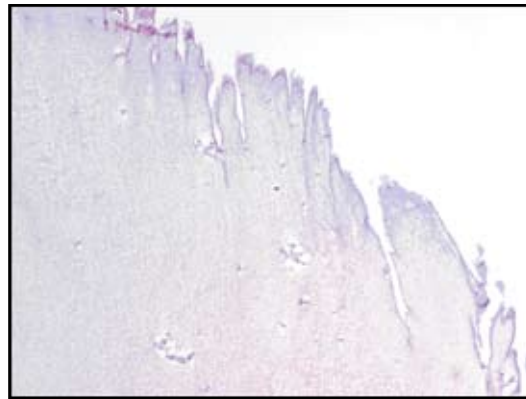
Clinical History: Right Lung Nodule. Rule out malignancy.

Cytology Diagnosis: Suspicious for malignancy.

Cell Block Diagnosis: Positive for malignancy.



10X Cellient cell block showing fragments of well preserved diagnostic material.



10X Plasma-Thrombin cell block showing no diagnostic material.

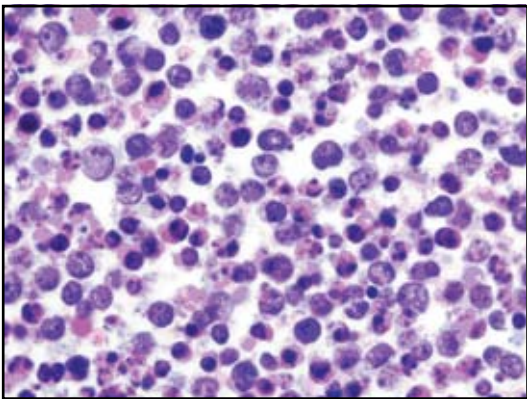
CASE 3

Specimen Type: Peritoneal Fluid

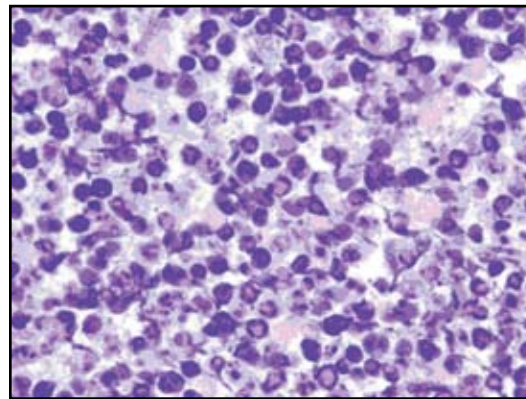
Clinical History: Cirrhosis, question malignancy.

Cytology Diagnosis: Atypical lymphocytes present.

Cell block Diagnosis: Atypical cells of uncertain significance.



40X The Cellient block presents well-preserved lymphoid cells.



40X High power photograph of plasma-thrombin cell block. Lymphoid cells show severe degeneration.