

ECD: Key points for Pathologists

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ECD : Key Points for Pathologists

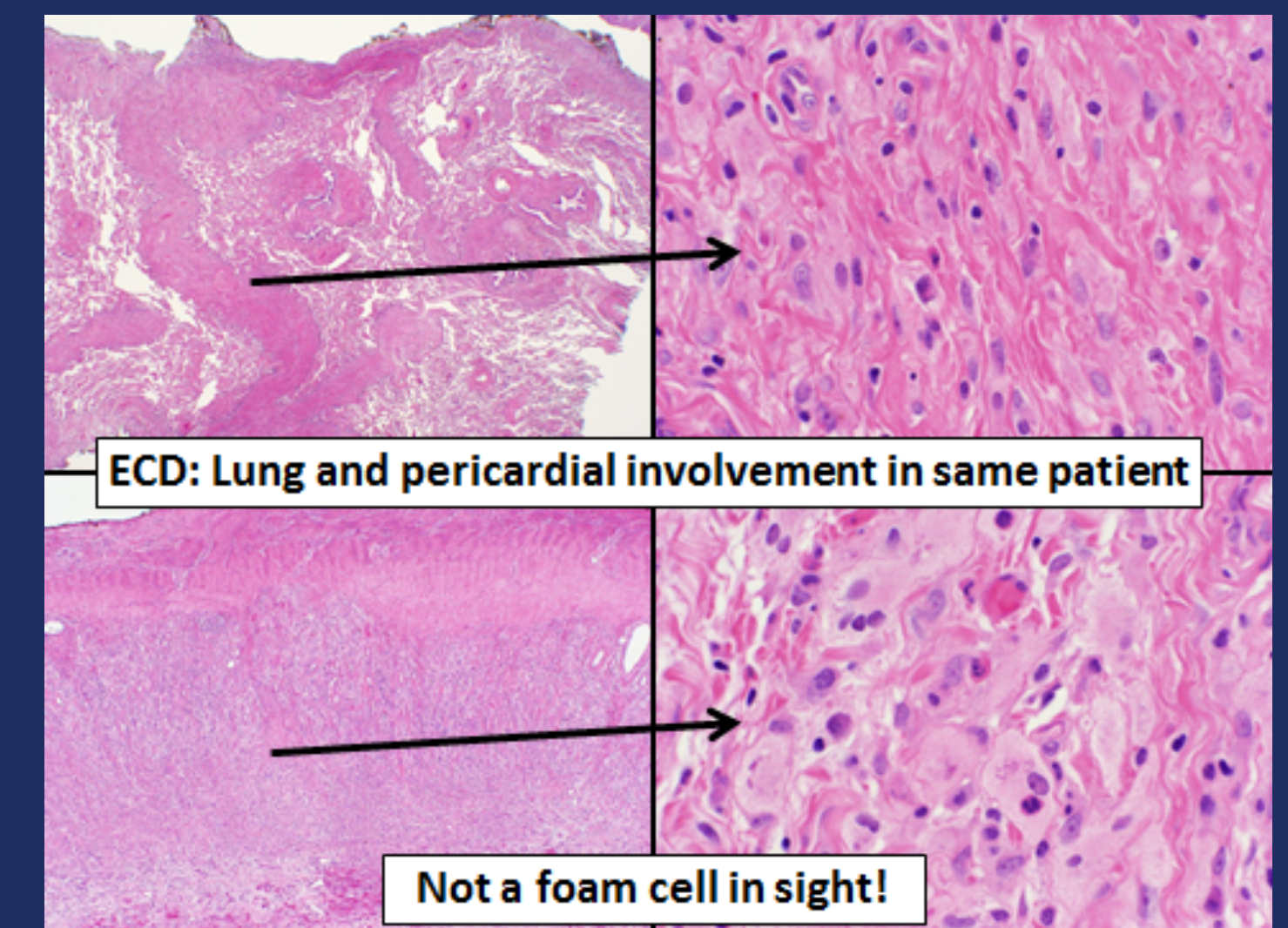
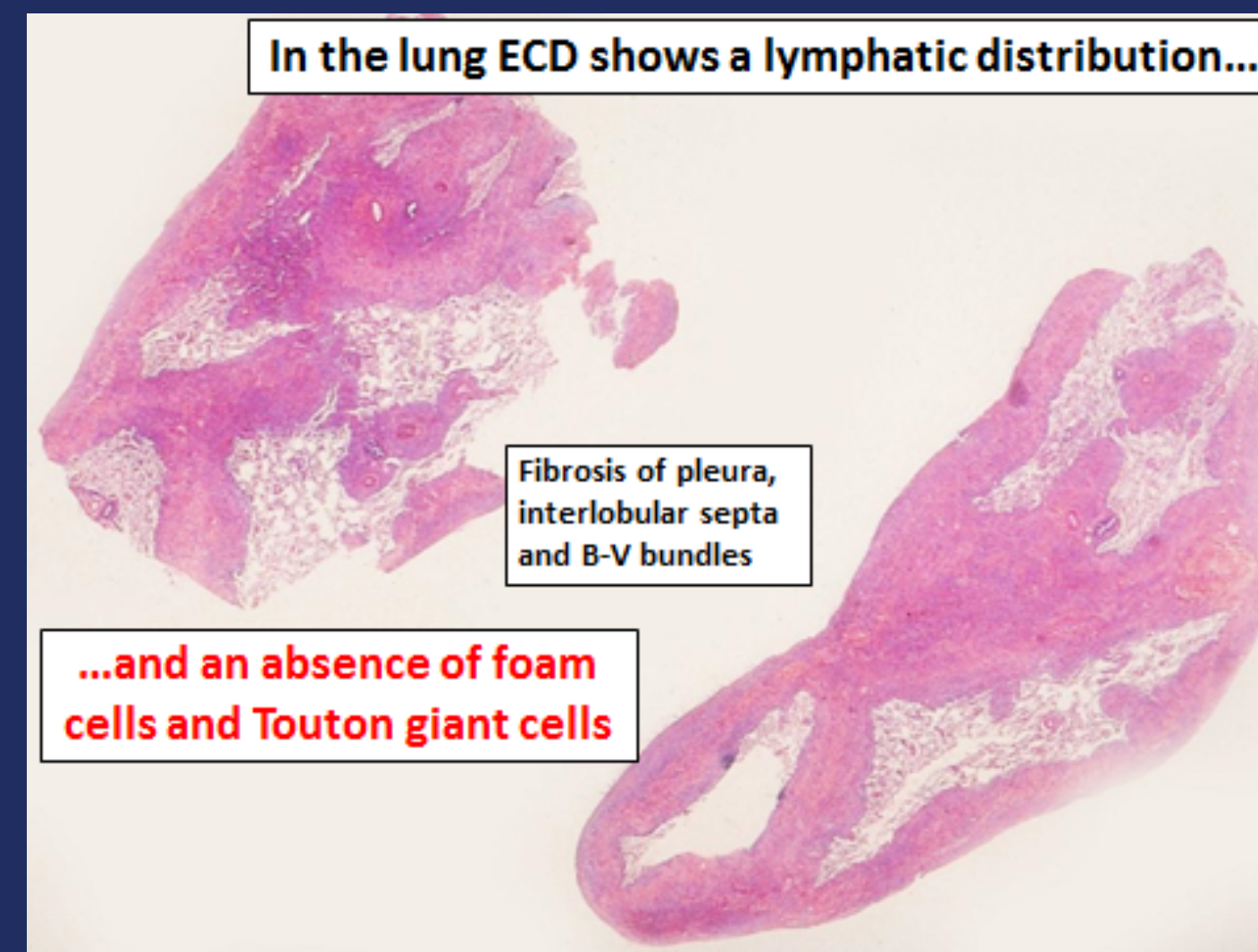
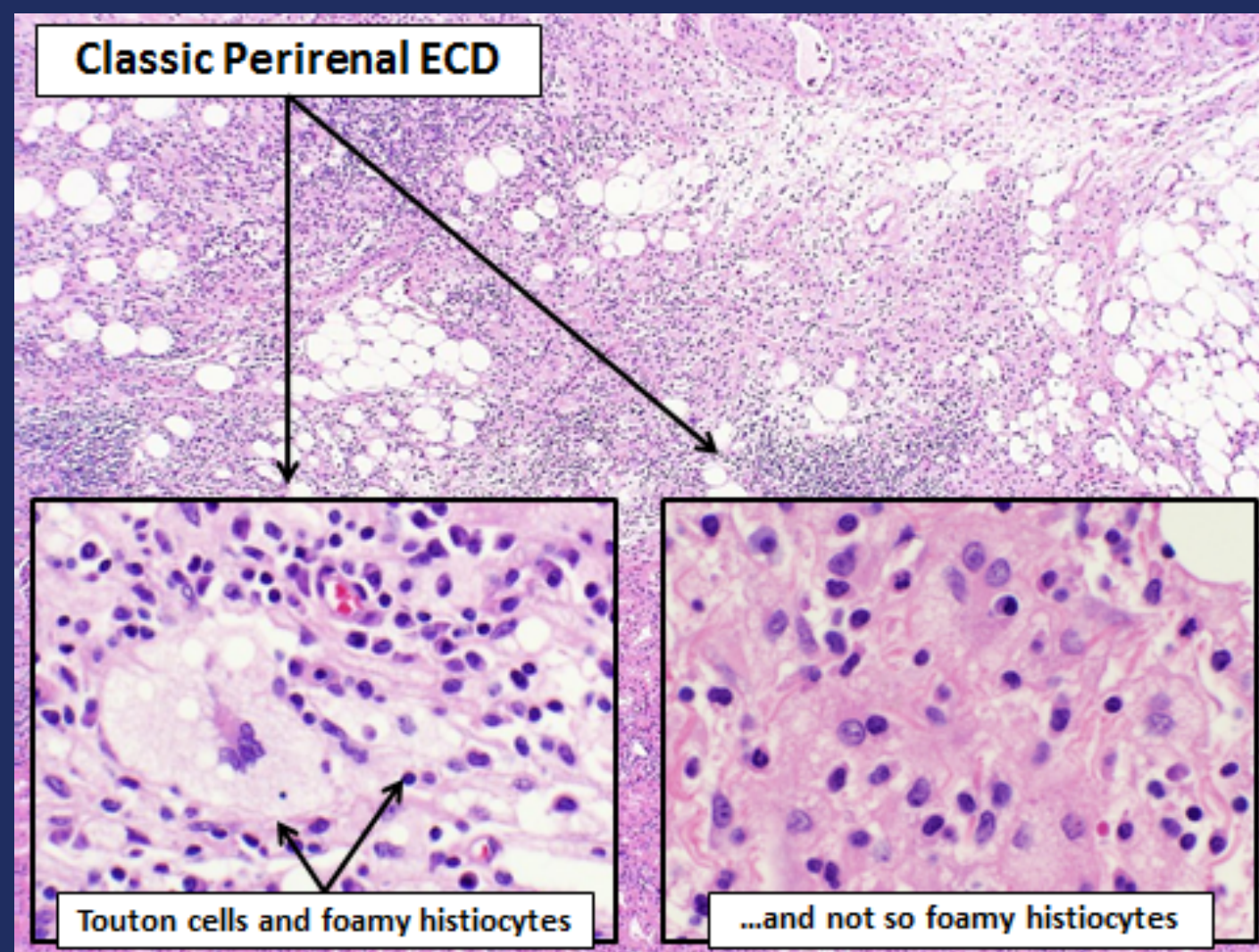
1. The classic histology of ECD is not always present: especially outside the bones
2. The lack of classic pathology of ECD does not exclude that diagnosis
3. The pathologic changes vary by site involved
4. None of the pathologic changes are unique to ECD

ECD HISTOLOGIC FINDINGS

Foamy histiocytes
Touton giant cells
Non-foamy histiocytes
Fibrosis
Lymphocytes
Plasma cells

None specific/unique
The %'s vary
None universally present

Histiocytes are:
CD68+ CD163+ Fact13a+ s-100+/- CD1a-
BRAFV600e staining +/- (but little data yet)



Unpublished Data from MSK

(Courtesy A Dogen, E Diamond, WD Travis et al.)

Pathologic findings in 43 patients with ECD at a variety of sites, some with multiple biopsies

Foamy macrophages: ~55%

Touton giant cells: ~22%

Fibrosis: 100%

CD68/CD163⁺: 100%

ECD RE-ASSESSMENT

Identification of *BRAF* V600E (and other) mutations

Up to 100% ECD patients (specificity unknown)

~50% or less of pulmonary LCH

Found in many other tumors (melanoma, PTC, colon, NSCLCa)

Re-assessment of pathogenesis; options for targeted therapies.

Oncology and hematopathology should lay claim to ECD in light of recent data suggesting neoplastic histiocytes