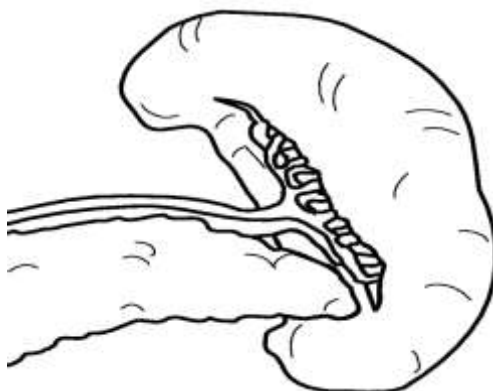


CALIFORNIA  
TUMOR TISSUE REGISTRY

## **“PATHOLOGY of LYMPH NODES & SPLEEN”**

**Study Cases, Subscription A**

**November 1999**



**California Tumor Tissue Registry**  
**c/o: Department of Pathology and Human Anatomy**  
**Loma Linda University School of Medicine**  
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**Target audience:**

Practicing pathologists and pathology residents.

**Goal:**

To acquaint the participant with the histologic features of a variety of benign and malignant neoplasms and tumor-like conditions.

**Objectives:**

The participant will be able to recognize morphologic features of a variety of benign and malignant neoplasms and tumor-like conditions and relate those processes to pertinent references in the medical literature.

**Educational methods and media:**

Review of representative glass slides with associated histories.  
Feedback on consensus diagnoses from participating pathologists.  
Listing of selected references from the medical literature.

**Principal faculty:**

Weldon K. Bullock, MD  
Donald R. Chase, MD

**CME Credit:**

Loma Linda University School of Medicine designates this continuing medical education activity for up to 2 hours of Category I of the Physician's Recognition Award of the American Medical Association.  
CME credit is offered for the subscription year only.

**Accreditation:**

Loma Linda University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians.

**CONTRIBUTOR: Harold Reikes, M.D.**  
**Riverside, CA**

**CASE NO. 1 - NOVEMBER 1999**

**TISSUE FROM: Spleen**

**ACCESSION #28509**

**CLINICAL ABSTRACT:**

Two years earlier, this 56-year-old Black male had a pancreatic adenocarcinoma. During work-up for adenocarcinoma of the abdominal wall, a CT scan showed masses in the spleen.

**GROSS PATHOLOGY:**

The 246 gram spleen was 14.0 x 7.5 x 5.0 cm. The capsule was smooth and gray. Sectioning revealed dark red parenchyma with multiple circumscribed, blood-filled, spongy nodules up to 5.0 cm in diameter.

**SPECIAL STUDIES:**

CD31	strongly marks the lining cells
CD68	trace positivity in lining cells, positive in foamy cell in lumens

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**CONTRIBUTOR: Arno Roscher, M.D.**  
**Valencia, CA**

**CASE NO. 2 - NOVEMBER 1999**

**TISSUE FROM: Spleen**

**ACCESSION #28508**

**CLINICAL ABSTRACT:**

After several episodes of severe hemolysis, which required large doses of prednisone, this 55 year old male agreed to a splenectomy. He had a four-year history of autoimmune hemolytic anemia.

**GROSS PATHOLOGY:**

The 962 gram spleen was 19.0 x 9.0 cm. The cut surface of the spleen was homogeneous, dark red without masses or induration.

**CONTRIBUTOR: Arno Roscher, M.D.**  
**Granada Hills, CA**

**CASE NO. 3 - NOVEMBER 1999**

**TISSUE FROM: Spleen**

**ACCESSION #28579**

**CLINICAL ABSTRACT:**

Following a seventeen year history of chronic lymphocytic leukemia, this 69 year old Caucasian male underwent a splenectomy.

**GROSS PATHOLOGY:**

The 1,855 gram spleen was 29 x 16 x 11 cm. The cut surface showed multiple hemorrhagic firm areas. An accessory spleen was 6.5 cm in greatest diameter and weigh 25 grams.

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**CONTRIBUTOR: Kenneth A. Frankel, M.D.**  
**Glendale, CA**

**CASE NO. 4 - NOVEMBER 1999**

**TISSUE FROM: Spleen**

**ACCESSION #28585**

**CLINICAL ABSTRACT:**

This 76-year-old female presented with left upper quadrant fullness. A CT scan of the abdomen and pelvis revealed marked splenomegaly with the tip of the spleen extending down to the iliac crest, compressing the stomach and the left kidney. A splenectomy was performed.

**GROSS PATHOLOGY:**

The 1010 gram spleen measured 23.0 x 16.0 x 10.0 cm. The splenic parenchyma contained multiple 0.2 to 0.3 cm well-circumscribed gray-white nodules.

**SPECIAL STUDIES:**

CD20	positive
BCL-2	positive
CD3	negative
CD43	negative
Kappa/Lambda	negative
Ki67	positive "target" pattern

**CONTRIBUTOR: Greg Peterson, M.D.**  
**Sioux Falls, SD**

**CASE NO. 5 - NOVEMBER 1999**

**TISSUE FROM: Spleen**

**ACCESSION #28623**

**CLINICAL ABSTRACT:**

This 82-year-old male presented with hypersplenism.

**GROSS PATHOLOGY:**

The 940 gram spleen was 18.5 x 14.0 x 7.5 cm. The splenic parenchyma contained multiple tan-gray nodules, which measured from 1.0 to 3.2 cm in greatest diameter.

**SPECIAL STUDIES:**

CD3	negative
CD15	negative
CD20	positive
CD45	positive
CD30	weakly positive

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**CONTRIBUTOR: Philip Robinson, M.D.**  
**Boynton Beach, FL**

**CASE NO. 6 - NOVEMBER 1999**

**TISSUE FROM: Left parotid**

**ACCESSION #28735**

**CLINICAL ABSTRACT:**

A large parotid mass and multiple enlarged cervical lymph nodes were noted by this 53-year-old male.

**GROSS PATHOLOGY:**

The left parotid mass consisted of a 1.5 x 1.8 x 2.0 cm fragment of pale-tan lobulated tissue. Sectioning revealed pale-tan lobulated surfaces.

**SPECIAL STUDIES:**

Fungi/Acid fast	negative
BCL-2	positive
CD43	negative
Kappa/Lambda	negative
S100	sinus histiocytes strongly positive

**CONTRIBUTOR: LLU Pathology Group (drc)**  
**Loma Linda, CA**

**CASE NO. 7 - NOVEMBER 1999**

**TISSUE FROM: Left axillary lymph node**

**ACCESSION #28542**

**CLINICAL ABSTRACT:**

A 20-year-old male presented with worsening shortness of breath and tracheal compression due to mediastinal lymph node enlargement. Axillary lymph nodes were also enlarged.

**GROSS PATHOLOGY:**

The 6 gram specimen was a 3.5 x 2.0 x 2.0 cm red-tan lymph node.

**SPECIAL STUDIES:**

CD15	positive
CD30	negative
CD45	negative
CD3	negative
CD20	equivocal

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**CONTRIBUTOR: Robert Jordan, M.D.**  
**Ventura, CA**

**CASE NO. 8 - NOVEMBER 1999**

**TISSUE FROM: Inguinal lymph node**

**ACCESSION #27876**

**CLINICAL ABSTRACT:**

A lump was noted in the left groin of this 67-year-old patient. Several courses of antibiotics failed to reduce the size of the mass.

**GROSS PATHOLOGY:**

The 5.0 x 3.0 x 2.2 cm lymph node had a gray-tan homogeneous cut surface.

**CONTRIBUTOR: Albert Garib, M.D.**  
**Huntington Beach, CA**

**CASE NO. 9 - NOVEMBER 1999**

**TISSUE FROM: Lymph node**

**ACCESSION #26930**

**CLINICAL ABSTRACT:**

This 53-year-old male discovered a mass in his left groin, which was felt to be an incarcerated inguinal hernia.

**GROSS PATHOLOGY:**

The 20 gram specimen was an oval, discrete, gray mass that measured 6.0 x 3.5 x 2.0 cm. Sectioning revealed a finely lobulated, gray, focally hemorrhagic matrix.

**SPECIAL STUDIES:**

LCA/	positive
Leu-22	positive
CD30	positive
UCHL-1	negative
L-26	negative
CD-68	negative
S-100	negative
Alpha-1 antitrypsin	negative
Leu M-1	negative
Keratin/Vimentin	negative

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**CONTRIBUTOR: Howard Otto, M.D.**  
**Cheboygan, MI**

**CASE NO. 10 - NOVEMBER 1999**

**TISSUE FROM: Lymph node**

**ACCESSION 28675**

**CLINICAL ABSTRACT:**

For two weeks, this 73-year-old Caucasian female suffered right lower quadrant abdominal pain with progressive weakness, nausea, anorexia and weight loss. An abdominal CT showed a slight thickening of the distal small bowel, but no dominant mass. An axillary lymph node biopsy was performed.

**GROSS PATHOLOGY:**

The 2.0 x 1.5 cm lymph node was tan-gray, nodular, and surrounded in part by fat. The cut surface was soft and tan.