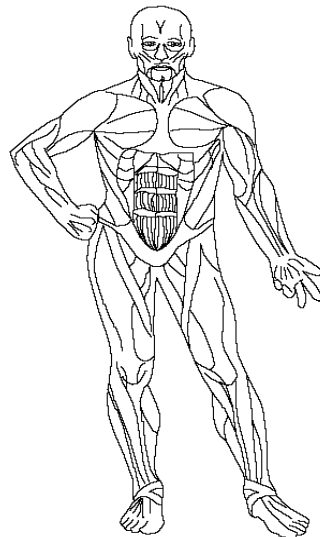


**CALIFORNIA
TUMOR TISSUE REGISTRY**

“SOFT TISSUE PATHOLOGY”

Study Cases, Subscription A

APRIL 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: Richard L. Johnson, M.D.
Pasadena, CA

CASE NO. 1 - APRIL 1999

TISSUE FROM: Right back

ACCESSION #27925

CLINICAL ABSTRACT:

This 40-year-old Caucasian male had a lump removed from his lower back. The lump returned and grew larger and firm to touch. MRI revealed a relatively well-circumscribed, solid mass, posterior to the spine.

GROSS PATHOLOGY:

The specimen consisted of a 72 gram, 8.5 x 5.0 x 3.0 cm gray-pink soft tissue mass. The cut surface was fibrous and gray to light tan.

CONTRIBUTOR: Donald Rankin, M.D.
Fontana, CA

CASE NO. 2 - APRIL 1999

TISSUE FROM: Obturator region

ACCESSION #27919

CLINICAL ABSTRACT:

During a workup for menometrorrhagia and dysmenorrhea, this 44-year-old female was found to have an obturator mass.

GROSS PATHOLOGY:

The specimen consisted of a 9.0 x 5.5 x 3.5 cm yellow-tan, partially gelatinous piece of non-encapsulated tissue. Sectioning revealed a nodular variable yellow and white cut surface with no areas of hemorrhage or grossly apparent necrosis.

SPECIAL STUDIES:

CD-34

positive

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

CASE NO. 3 - APRIL 1999

TISSUE FROM: Right shoulder

ACCESSION #28414

CLINICAL ABSTRACT:

This 70-year-old male presented with a mass on the right shoulder and left chest. The mass was excised.

GROSS PATHOLOGY:

The 4.2 x 3.5 x 3.2 cm specimen consisted of white rubbery tissue. Sectioning revealed a central mucoid area.

SPECIAL STUDIES:

S-100	negative
Keratin	negative
Desmin	negative

CONTRIBUTOR: Guillermo Acero, M.D.
Santa Paula, CA

CASE NO. 4 - APRIL 1999

TISSUE FROM: Right cheek

ACCESSION #28141

CLINICAL ABSTRACT:

This 80-year-old Caucasian male gradually developed an ulcerated right cheek lesion, which was removed.

GROSS PATHOLOGY:

The 5.3 x 4.0 x 1.8 cm ellipse of skin had a well-demarcated, 3.1 cm diameter, ulcerated central area.

SPECIAL STUDIES:

PAS	strongly positive for glycogen
Desmin	weakly, focally positive
S-100	negative
Keratin	negative

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

CASE NO. 5 - APRIL 1999

TISSUE FROM: Small bowel

ACCESSION #28297

CLINICAL ABSTRACT:

This 51-year-old male had a several year history of steroid and NSAID use with episodes GI bleeding and development of an iron deficiency anemia. He collapsed after developing abdominal pain with vomiting and bright red blood per rectum. At the time of surgery, a 12 cm firm mass was found, attached to the small bowel.

GROSS PATHOLOGY:

Attached to the small intestine was a 9.0 x 12.0 cm thinly encapsulated yellow-tan mass. The mass involved the small bowel wall, with a focus of hemorrhage appeared on the mucosal side and extension to the serosa. The cut surfaces showed multiple yellow-tan nodules up to 3.5 cm in diameter with foci of necrosis.

SPECIAL STUDIES:

Vimentin	diffuse, strongly positive
Muscle specific actin	positive
S-100	negative
CD-34	negative
Keratin	negative

CONTRIBUTOR: Wafa Michael, M.D.
Fontana, CA

CASE NO. 6 - APRIL 1999

TISSUE FROM: Left inguinal region

ACCESSION #27886

CLINICAL ABSTRACT:

This 84-year-old male noted a left inguinal bulge for more than a year. It was not reducible and caused him occasional discomfort but he had had no changes in bowel habits, abdominal pain or melena. He was taken to surgery for an inguinal hernia repair.

GROSS PATHOLOGY:

The 380 gram, 16.0 x 12.0 x 7.0 cm specimen consisted of an irregular tan-pink-yellow mass of fibromembranous and adipose tissue.

CONTRIBUTOR: H. P. Carman, M.D.
Upland, CA

CASE NO. 7 - APRIL 1999

TISSUE FROM: Mediastinal tumor

ACCESSION #27968

CLINICAL ABSTRACT:

This 36-year-old male Caucasian, with a longstanding diagnosis of neurofibromatosis, was found to have a mediastinal mass. Three years earlier, he had had an 8.0 cm thigh mass resected, followed by post operative radiation. At the mediastinal exploration, tumor was found seeding the pericardial fat, left pleura, diaphragm, anterior pulmonary ligament and pericardium.

GROSS PATHOLOGY:

The 8.0 x 4.0 x 2.0 cm specimen consisted of firm homogeneous gray-white to tan tissue without areas of gross necrosis and hemorrhage.

CONTRIBUTOR: Loma Linda Pathology Group (drc) CASE NO. 8 - APRIL 1999
Loma Linda, CA

TISSUE FROM: Maxilla and hard palate

ACCESSION #27888

CLINICAL ABSTRACT:

This 78-year-old Caucasian male had had a lip lesion resected about 1 year earlier. He now complained of a tight lip with difficulty in pronouncing some words. He was found to have a rapidly enlarging recurrent cystic mass involving the columella, nose and passing into the nasal cavity. The patient underwent a total rhinectomy, bilateral medial maxillectomy.

GROSS PATHOLOGY:

This 97 gram specimen included nose, nasal septum and hard palate. A 2.0 x 1.0 x 0.6 cm lobulated red mass extended from the nasal septum.

CONTRIBUTOR: Daniel J Luthringer, M.D.
Los Angeles, CA

CASE NO. 9 - APRIL 1999

TISSUE FROM: Right chest wall

ACCESSION #28338

CLINICAL ABSTRACT:

This 26-year-old male presented with a 22.0 cm right chest wall mass. The mass was biopsied and subsequently resected.

GROSS PATHOLOGY:

The 30.2 x 12.6 x 12.6 cm chest wall resection included portions of four ribs with attached skeletal muscle and soft tissue. The medial aspect of the specimen had a 15.0 x 5.2 x 4.1 cm firm white lobulated mass which involved the parietal pleura. The cut surface of the tumor was firm, white-yellow, lobulated and friable.

SPECIAL STUDIES: (as evaluated by contributor)

LCA	Minimal reactivity
Chromogranin / Synaptophysin	Minimal reactivity
S-100 Protein/	Minimal reactivity
Keratin	Minimal reactivity
AE1/3	Minimal reactivity
KP-1	Minimal reactivity
Smooth Muscle Actin / Desmin / Myoglobin	Minimal reactivity
Ewing's epitope 013 (CD99)	Strong immunoreactivity
CAM 5.2	Perinuclear dot-like distribution
NSE	Weakly positive in some groups of cells
Minimal glycogen is identified	

CONTRIBUTOR: Loma Linda Pathology Group (mtm)
Loma Linda, CA

CASE NO. 10 - APRIL 1999

TISSUE FROM: Right buttock

ACCESSION #28367

CLINICAL ABSTRACT:

This 64-year-old black male had a one year history of a mass in the right buttock. There was no evidence of skeletal involvement on CT scan.

GROSS PATHOLOGY:

The 46 gram, 5.7 x 1.2 x 0.5 cm, brown-tan ellipse of skin had an attached 5.8 x 5.0 x 4.0 cm yellow-red, encapsulated, gelatinous cystic mass filled with necrotic and hemorrhagic material.