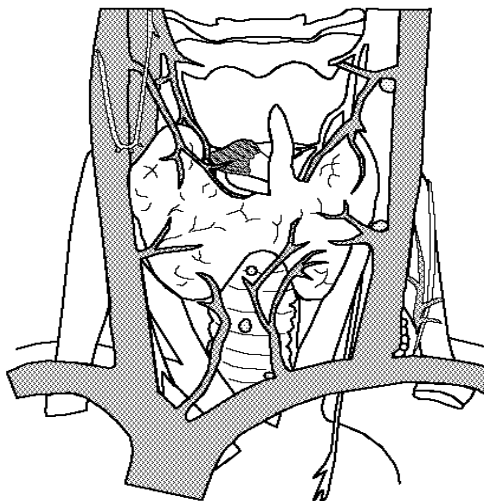


CALIFORNIA
TUMOR TISSUE REGISTRY

“ENDOCRINE PATHOLOGY”

Study Cases, Subscription A

February 1999



California Tumor Tissue Registry
c/o: Department of Pathology and Human Anatomy
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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: Peter Morris, M.D.
Santa Barbara, CA

CASE NO. 1 - FEBRUARY 1999

TISSUE FROM: Pancreas

ACCESSION #28388

CLINICAL ABSTRACT:

A 48-year-old female Caucasian female complained of progressive muscle weakness, intermittent diarrhea and a 14 pound weight loss. CT scan revealed a 4.0 cm, partially calcified, irregular mass in the area of the left adrenal. At surgery the mass was found to be arising from the tail of the pancreas.

GROSS PATHOLOGY:

The 139 gram specimen consisted of tail of pancreas, spleen, and a 4.5 x 4.2 x 4.0 cm neoplastic mass on the anterior surface of the pancreas at the hilum of spleen. The mass was encapsulated, oval and somewhat nodular, with focal areas of calcification. The cut surface was firm, mottled gray-white and red.

SPECIAL STUDIES:

Chromogranin	strongly positive
Synaptophysin	strongly positive
Neuron specific enolase	strongly positive
Glucagon	positive
Amyloid	negative
Congo Red	negative
Vimentin	tumor negative
Alpha-1 antitrypsin	tumor negative
Gastrin, insulin, somatostatin and pancreatic polypeptide	negative

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

CASE NO. 2 - FEBRUARY 1999

TISSUE FROM: Pancreas

ACCESSION #28393

CLINICAL ABSTRACT:

This 58-year-old female presented with a four month history of intractable diarrhea. Work-up found a high vasoactive intestinal peptide level. CT showed a tumor in the tail of the pancreas.

GROSS PATHOLOGY:

The 143 gram, 10.0 x 5.1 x 3.5 cm portion of pancreas included two adjacent lobular tan masses, one 7.0 x 4.5 x 3.0 cm, the other 3.5 x 2.5 x 2.0 cm. Both masses were necrotic with areas of hemorrhage.

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

CASE NO. 3 - FEBRUARY 1999

TISSUE FROM: Thymus

ACCESSION 28044

CLINICAL ABSTRACT:

This 81-year-old male was found to have an anterior mediastinal mass. This was noted during follow-up for colon carcinoma, resected three years earlier.

GROSS PATHOLOGY:

The specimen consisted of a 7.5 x 5.5 x 3.5 cm tan ovoid, well-circumscribed mass with a thin fibrous capsule. The cut surface was homogeneous, soft, tan, without hemorrhage or calcification.

CONTRIBUTOR: Loma Linda Pathology Group (mra) **CASE NO. 4 - FEBRUARY 1999**
Loma Linda, CA

TISSUE FROM: Right adrenal

ACCESSION #28392

CLINICAL ABSTRACT:

This 38-year-old Black female had a history of virilizing syndrome with bilateral adrenal masses. A left adrenalectomy was done and the right adrenal mass had been followed conservatively for several years. Recent evidence of enlargement of the right adrenal gland and return of the virilizing syndrome led to a right adrenalectomy.

GROSS PATHOLOGY:

The adrenal gland was largely replaced by an 80 gram, 7.5 x 5.5 x 4.0 cm well-circumscribed, red-brown nodule with faintly lobular, firm, orange-red parenchyma.

CONTRIBUTOR: Roger McFadden, M.D.
Stockton, CA

CASE NO. 5 - FEBRUARY 1999

TISSUE FROM: Left adrenal

ACCESSION #27950

CLINICAL ABSTRACT:

A 47-year-old male developed abdominal pain. CT showed a large left adrenal mass. There was no clinical evidence of hormonal activity.

GROSS PATHOLOGY:

The 177 gram, 9.0 x 7.3 x 6.8 cm irregularly oval mass was gray to red-tan with a central 5.0 cm hemorrhagic cystic area.

SPECIAL STUDIES:

CAM 5.2	rare positivity
Chromogranin	positive
NSE	positive
Ewings' marker 013	negative

CONTRIBUTOR: Nora Ostrzega, M.D.
Sylmar, CA

CASE NO. 6 - FEBRUARY 1999

TISSUE FROM: Adrenal

ACCESSION #27861

CLINICAL ABSTRACT:

This 33-year-old Hispanic female was found unconscious while at work. Work-up showed a cerebral hemorrhage and malignant hypertension (240/160). CT of the abdomen revealed a 4 cm right adrenal mass.

GROSS PATHOLOGY:

The specimen consisted of a 7.0 x 5.0 x 2.0 cm adipose mass. Sectioning revealed normal yellow adrenal cortex compressed by a red-brown mass.

CONTRIBUTOR: E. R. Jennings, M.D..
Long Beach, CA

CASE NO. 7 - FEBRUARY 1999

TISSUE FROM: Thyroid

ACCESSION #12056

CLINICAL ABSTRACT:

A 51-year-old male had noticed a lump in the right lobe of the thyroid for about three to four months. It had not increased in size but became slightly tender in the last three-four weeks. A total thyroidectomy was performed.

GROSS PATHOLOGY:

The 15 gram thyroid had a 2.5 cm nodule in the right lobe. The nodule was soft with a tan granular cut surface.

SPECIAL STAINS:

Calcitonin	strongly positive
Chromogranin	trace positive

CONTRIBUTOR: Gary Mockli, M.D.
Manchester, NH

CASE NO. 8 - JANUARY 1999

TISSUE FROM: Thyroid

ACCESSION #28215

CLINICAL ABSTRACT:

This 54-year-old female presented with a large mass in the vicinity of the thyroid.

GROSS PATHOLOGY:

The thyroid was removed in multiple fragments. The left thyroid lobe included a 7.0 cm diameter tan-gray nodular mass. The right lobe consisted of a 6.0 x 4.0 x 2.0 cm multinodular tissue fragment.

SPECIAL STUDIES:

CAM 5.2	strongly positive
Synaptophysin	positive
Calcitonin	negative
Thyroglobulin	negative
Chromogranin	negative
S-100	negative
LCA	negative

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

CASE NO. 9 - FEBRUARY 1999

TISSUE FROM: Thyroid

ACCESSION #26313

CLINICAL ABSTRACT:

This 30-year-old Caucasian male was found to have a non-functioning nodule in the right lobe of his thyroid gland.

GROSS PATHOLOGY:

The 4.0 x 3.5 x 1.8 cm nodular thyroid included a 2.3 cm gray-brown area with surrounding hemorrhage.

CONTRIBUTOR: Alexandra I. Reichman, M.D.
Marysville, CA

CASE NO. 10 - FEBRUARY 1999

TISSUE FROM: Left thyroid

ACCESSION 28450

CLINICAL ABSTRACT:

This 47-year-old male had a slowly enlarging mass in the left neck for five months. The area was somewhat tender and he experienced intermittent hoarseness but had no difficulty swallowing. Physical examination showed a 2 cm nodule in the left thyroid as well as a 5 cm palpable node in the left posterior triangle. Serum calcitonin was 2731 (reference range 0-100). There was no personal or family history of endocrine disease.

GROSS PATHOLOGY:

The 53 gram, 13.5 x 5.0 x 2.5 cm thyroid included a well-demarcated 3.5 x 3.0 x 6.0 cm variegated hemorrhagic light or yellow-tan mass in the left lobe with only a small residual rim of red thyroid tissue.

SPECIAL STUDIES:

Congo red stain Focally positive