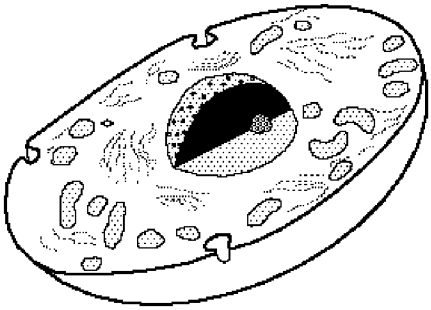
CALIFORNIA
TUMOR TISSUE REGISTRY

"GENERAL PATHOLOGY"

Study Cases, Subscription B

May 1999



California Tumor Tissue Registry
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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: Loma Linda Pathology Group (mra) **CASE NO. 1 - MAY 1999**
Loma Linda, CA

TISSUE FROM: Mediastinum **ACCESSION #28346**

CLINICAL ABSTRACT:

An 80-year-old male with non-insulin dependent diabetes mellitus had a history of unstable angina. During an emergency coronary bypass grafting procedure, the surgeons found a 3 cm diameter mediastinal mass that showed no invasion into surrounding tissues.

GROSS PATHOLOGY:

The 5 gram, 3.2 x 1.6 x 1.0 cm nodule had brown-tan parenchyma and a 0.8 cm diameter smooth-walled mucous-filled cyst.

SPECIAL STUDIES:

Keratin strongly positive

CONTRIBUTOR: Peter Chen, M.D. **CASE NO. 2 - MAY 1999**
Sylmar, CA

TISSUE FROM: Gallbladder **ACCESSION #28431**

CLINICAL ABSTRACT:

This 47-year-old Hispanic female developed epigastric pain and was found to have elevated serum lipase and amylase. Ultrasound showed a common bile duct stone and gallstones. Gallstone pancreatitis was suspected and a cholecystectomy was performed.

GROSS PATHOLOGY:

The 7.5 x 3.5 x 1.5 cm gallbladder had a 0.9 cm thick wall. The lumen was filled with bile and stones.

CONTRIBUTOR: J.C. Blaustein, M.D. **CASE NO. 3 - MAY 1999**
Santa Barbara, CA

TISSUE FROM: Right middle lobe **ACCESSION #28422**

CLINICAL ABSTRACT:

This 41-year-old female presented with dyspnea, and was found on chest x-ray to have a right medial lower lobe infiltrate. A CT scan of the chest showed an apparently cystic lesion. Resection was performed.

GROSS PATHOLOGY:

The 183 gram, 13.0 x 12.0 x 6.5 cm specimen consisted of right middle and lower lung lobes. A 4.3 x 4.0 x 4.0 cm bulging mass was present in the lateral segments superiorly. The cut surface of the tumor was homogeneous light orange-tan with slight lobulation.

SPECIAL STUDIES:

Chromogranin	positive

CONTRIBUTOR: Chisa Aoyama, M.D. **CASE NO. 4 - MAY 1999**
Sylmar, CA

TISSUE FROM: Left kidney **ACCESSION #28440**

CLINICAL ABSTRACT:

A 58-year-old male presented with left flank pain and hematuria. CT scan revealed a large left renal mass. A left radical nephrectomy was performed.

GROSS PATHOLOGY:

The 19.0 x15.0 x 11.0 cm kidney was almost completely replaced by a 10.0 x 8.0 x 8.0 cm tumor with central hemorrhage.

CONTRIBUTOR: Frank DeGregorio, M.D. **CASE NO. 5 - MAY 1999**
Sylmar, CA

TISSUE FROM: Kidney **ACCESSION #28428**

CLINICAL ABSTRACT:

A 51-year-old previously healthy male complained of two days of epigastric discomfort. Abdominal ultrasound revealed a solid mass in the lower pole of the right kidney.

GROSS PATHOLOGY:

The 15.0 x 10.0 x 5.0 cm right kidney contained a 4.0 x 3.5 cm tan to red-brown tumor.

CONTRIBUTOR: Guillermo Acero, M.D. **CASE NO. 6 - MAY 1999**
Santa Paula, CA

TISSUE FROM: Ovary **ACCESSION #28307**

CLINICAL ABSTRACT:

During work-up for sciatic pain in a 71-year-old Caucasian female, a CT scan of the abdomen and pelvis showed an 8.5 cm mass exterior to the left of the uterus, interpreted as an ovarian lesion.

GROSS PATHOLOGY:

The left 9.0 cm ovary was largely replaced by a firm, whorled light gray mass.

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

CASE NO. 7 - MAY 1999

TISSUE FROM: Brain

ACCESSION #28372

CLINICAL ABSTRACT:

A 25-year-old Caucasian male was found to have a large lesion of the cerebellum and posterior skull, extending into the neck. He reported removal of a non-seminomatous testicular tumor 2-3 months earlier.

GROSS PATHOLOGY:

The 10 gram, 4.0 x 4.0 x 3.0 cm specimen consisted of multiple irregular fragments of gray-white and reddish-black tissue with some adherent clots.

SPECIAL STUDIES:

HcG	negative
p53	strongly positive
CAM 5.2	positive
GFAP	negative
HMB-45	negative
AFP	positive
CEA	negative

CONTRIBUTOR: J.C. Blaustein, M.D.
Santa Barbara, CA

CASE NO. 8 - MAY 1999

TISSUE FROM: Thyroid

ACCESSION #28399

CLINICAL ABSTRACT:

During a routine physical exam, this 63-year-old Caucasian female was found to have a left thyroid nodule. She was euthyroid, but had an elevated TSH and had insulin dependent diabetes.

GROSS PATHOLOGY:

The upper portion of the 5.3 gram, 3.7 x 1.7 x 1.8 cm left lobe of thyroid was almost entirely replaced by a 2.0 cm diameter diffuse gray-white to yellow, indurated mass.

CONTRIBUTOR: J.C. Blaustein, M.D.
Santa Barbara, CA

CASE NO. 9 - MAY 1999

TISSUE FROM: Brain

ACCESSION #28398

CLINICAL ABSTRACT:

A 76-year-old female was found to have a left frontal lobe mass, which was resected.

GROSS PATHOLOGY:

Three portions of variably congested, gray-white to dusky tissue were 3.0 x 1.5 x 1.3 cm, 2.8 x 1.5 x 1.3 cm, and 2.2 x 1.5 x 0.9 cm.

CONTRIBUTOR: Gerald Dalgleish, M.D.
Simi Valley, CA

CASE NO. 10 - MAY 1999

TISSUE FROM: Stomach

ACCESSION #28409

CLINICAL ABSTRACT:

After six months of abdominal pain, this 39-year-old female felt a mass in her abdomen and presented for examination. A partial gastrectomy was performed.

GROSS PATHOLOGY:

The partial gastrectomy specimen had an 8.5 x 6.0 cm ulcerated mass with raised, fungating edges. Continuous with this was an 8.0 cm firm mass extending into the perigastric adipose tissue on the greater curvature. Sectioning through the tumor showed pale grayish-white to yellow tissue with some areas that were soft and hemorrhagic.

SPECIAL STUDIES:

Cytokeratin	positive
Mucicarmine	positive for mucin
Desmin	negative
Vimentin	positive