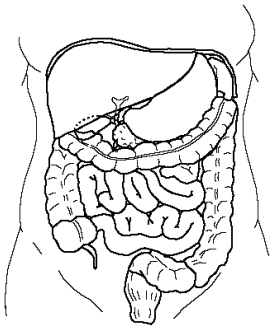
CALIFORNIA
TUMOR TISSUE REGISTRY

"GI PATHOLOGY"

Study Cases, Subscription B

March 1999



California Tumor Tissue Registry
c/o: Department of Pathology and Human Anatomy
Loma Linda University School of Medicine
11021 Campus Avenue, AH 335
Loma Linda, California 92350
(909) 824-4788
FAX: (909) 478-4188
E-mail: cttr@linkline.com

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 (cz) CASE NO. 1 - MARCH 1999
Loma Linda, CA

TISSUE FROM: Pancreas ACCESSION #28271

CLINICAL ABSTRACT:

An obstructing tumor of the head of the pancreas was found in a 69-year-old Hispanic female. A Whipple procedure was preformed.

GROSS PATHOLOGY:

The specimen consisted of proximal pancreas, duodenum and distal stomach. The 7.0 x 6.0 x 5.5 cm portion of pancreas showed 90% replacement by a multicystic neoplasm. The cystic spaces ranged from less than 1 mm up to about 1.7 cm in diameter. They were filled with fluid ranging from clear and liquid to gelatinous. The cystic tumor surrounded the common bile duct and extended up to the junction of cystic and common hepatic ducts.

CONTRIBUTOR: Julia Phillipson, M.D. CASE NO. 2 - MARCH 1999
Sylmar, CA

TISSUE FROM: Stomach ACCESSION #27840

CLINICAL ABSTRACT:

This 61-year-old, Caucasian female presented with worsening abdominal pain, diarrhea and a 30 lb. weight loss over about two months. CT scan revealed a mass in the greater curvature of the stomach.

GROSS PATHOLOGY:

The 15.0 x 6.0 x 5.0 cm stomach contained an 11.0 x 2.5 cm tumor mass with a large fistula which connected the greater curvature of the stomach through the omentum to the large intestine. The cut surface of the tumor mass had a homogeneously white fish-flesh appearance with a smooth rubbery surface.

SPECIAL STUDIES:

LCA	Positive
Keratin	Negative
L26	Negative
CD3	Few small cells were positive

CONTRIBUTOR: Arno A. Roscher, M.D. **CASE NO. 3 - MARCH 1999**
Valencia, CA

TISSUE FROM: Gallbladder **ACCESSION #28315**

CLINICAL ABSTRACT:

This 77-year-old female presented with a 2-3 day history of abdominal pain. Upper abdominal ultrasound revealed a 3.0 cm stone in the gallbladder along with a thickened gallbladder wall and a small amount of pericholecystic fluid, suggesting an acute process. A laparoscopic cholecystectomy was performed.

GROSS PATHOLOGY:

The 5.0 x 2.5 x 2.5 cm gallbladder was firm, somewhat rubbery, gray-white and bluish-brown. The wall was up to 8 mm in maximum thickness. The inner surface was lined with a flattened gray-tan tissue, with no normal gallbladder mucosa identified. There were multiple yellowish-green and gray-green calculi with a central red-black area, which varied from 2.5 to 0.3 cm in greatest diameter.

SPECIAL STUDIES:

NSE	Positive
Chromogranin	Positive
CAM 5.2	Positive

CONTRIBUTOR: Robert E. Riechmann, Jr., M.D. **CASE NO. 4 - MARCH 1999**
Glendale, CA

TISSUE FROM: Gallbladder **ACCESSION #28287**

CLINICAL ABSTRACT:

This 51-year-old female presented with mild acute renal failure, edema and fevers. She had an elevated GGTP, alkaline phosphatase and total bilirubin. Ultrasound revealed a dilated common bile duct and a gallbladder with multiple stones. A cholecystectomy was performed.

GROSS PATHOLOGY:

The 6.7 x 3.1 cm gallbladder had a smooth and glistening external surface. The wall averaged 0.3 cm in thickness and mucosal surface was smooth and velvety. Within the lumen of the gallbladder were three brown calculi, 1.6 to 1.9 cm across, with no bile.

SPECIAL STUDIES:

LCA	3+ Positive
CAM5.2	Negative
Chromogranin	Negative

CONTRIBUTOR: Loma Linda Pathology Group (mtm) CASE NO. 5 - MARCH 1999
Loma Linda, CA

TISSUE FROM: Liver **ACCESSION #27801**

CLINICAL ABSTRACT:

This 74-year-old Caucasian male had a history of hypertension, coronary artery disease, COPD, and peptic ulcer disease. He developed cystitis and a mass was noted in the right lobe of his liver. His condition deteriorated and the patient expired. An autopsy was performed.

GROSS PATHOLOGY:

The liver weighed 1,970 grams. The capsule was thin and shiny with numerous nodules up to 1.0 cm in greatest diameter seen on the surface. Sectioning revealed a 10.5 x 10.0 x 7.0 cm yellow tumor mass.

CONTRIBUTOR: Loma Linda Pathology Group (mtm) CASE NO. 6 - MARCH 1999
Loma Linda, CA

TISSUE FROM: Liver **ACCESSION #27568**

CLINICAL ABSTRACT:

This 72-year-old Caucasian male presented with two weeks of shortness of breath, abdominal pain radiating to his back and black tarry stools. Work-up discovered diverticulosis of distal colon, hepatomegaly and interstitial fibrosis of the lungs. Imaging studies suggested a strong possibility of either metastatic or primary tumor in the liver. The patient refused to have a liver biopsy and was placed on DNR status. His status continued to deteriorate, and he expired. An autopsy was performed.

GROSS PATHOLOGY:

The liver weighed 3,335 grams. Its surface was mottled yellow and red-brown with a smooth capsule. Sectioning revealed a 35.0 x 30.0 cm irregular, hemorrhagic mass replacing approximately 85% of the liver parenchyma.

CONTRIBUTOR: Lowell Watkins, M.D. **CASE NO. 7 - MARCH 1999**
Redland, CA

TISSUE FROM: Gastric polyp **ACCESSION #27746**

CLINICAL ABSTRACT:

This 66 year-old male was admitted through the emergency room for diaphoresis and weakness. He had a hemoglobin of 8.3 and reported a history of melena. Esophagogastro-duodenoscopy revealed an antral polyp, which was surgically removed.

GROSS PATHOLOGY:

The 5.0 cm diameter mucosal covered specimen included a well-circumscribed, pink-gray 2.5 cm diameter submucosal mass.

SPECIAL STUDIES:

CD34	Trace + to 1+
Desmin	Negative
S-100	Negative

CONTRIBUTOR: William T Sueoka, M.D. **CASE NO. 8 - MARCH 1999**
Thousand Oaks, CA

TISSUE FROM: Colon **ACCESSION #27991**

CLINICAL ABSTRACT:

This 60-year-old female presented with recurrent abdominal discomfort, increasing flatus and about a 20 pound weight loss over a two month period. Barium enema and colonoscopy showed a cecal mass.

GROSS PATHOLOGY:

The 657 gram right colectomy specimen contained a 10.0 x 7.5 x 5.0 cm, foul-smelling, green-black surfaced, ulcerating, exophytic, gray-white neoplastic mass in the cecum which encroached upon and occupied almost the entire circumference of the ileocecal valve. The neoplasm extended through the wall and into the pericolic adipose tissue.

SPECIAL STUDIES:

CAM5.2	Trace to 1+ Positive
Vimentin	4+ Positive
S-100	Negative
Desmin	Negative

CONTRIBUTOR: Nora Ostrzega, M.D. **CASE NO. 9 - MARCH 1999**
Sylmar, CA

TISSUE FROM: Sigmoid colon **ACCESSION #27973**

CLINICAL ABSTRACT:

While being treated for a urinary tract infection, this 51-year-old obese female was found to have guaiac positive, black stools. Colonoscopy revealed a large obstructing mass at 50.0 cm.

GROSS PATHOLOGY:

The 35.0 cm long large bowel specimen was largely replaced by a 35.0 x 9.0 cm white necrotic tumor.

SPECIAL STUDIES:

Vimentin	Negative
Mucin	Negative
PAS for glycogen	Negative

CONTRIBUTOR: Chisa Aoyama, M.D. **CASE NO. 10 - MARCH 1999**
Sylmar, CA

TISSUE FROM: Cecum **ACCESSION #27931**

CLINICAL ABSTRACT:

This 44-year-old male presented with worsening upper quadrant discomfort for four months and a 20 lb weight loss. Physical exam found a 6.0 cm firm, fixed mass in the right upper quadrant.

GROSS PATHOLOGY:

The tumor measured 5.5 cm at the thickest point of the bowel wall. Cut surface of the tumor was tan-white with a somewhat nodular appearance.

SPECIAL STUDIES:

PAS/Mucicarmine	Negative for mucin
Grimelius/Fontana-Masson	Negative
Epithelial membrane antigen	Diffusely positive
Leukocyte common antigen	Negative for tumor with positive internal control
Chromogranin	Negative for tumor with positive internal control
Prostatic alkaline phosphatase	Negative