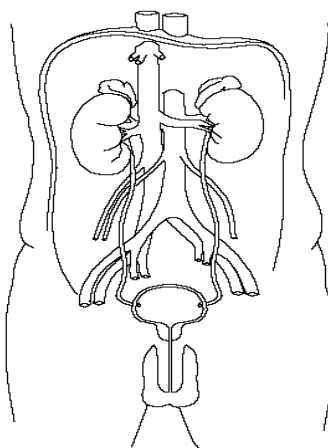


CALIFORNIA
TUMOR TISSUE REGISTRY

“PROSTATE AND GU PATHOLOGY”

Study Cases, Subscription A

September 2000



California Tumor Tissue Registry
c/o: Department of Pathology and Human Anatomy
Loma Linda University School of Medicine
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Loma Linda, California 92350
(909) 558-4788
FAX: (909) 558-0188
Web page: www.cttr.org
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: E. M. Courier, M.D.

Case No. 1 - September 2000

Tissue from: Right testicle

Accession #24126

Clinical Abstract:

A 57-year-old Caucasian male was found to have a right testicular tumor. A right orchiectomy was performed.

Gross Pathology:

The 6.5 cm testicle was completely occupied by a pale gray-tan neoplasm, which was without cyst formation or necrotic foci. The capsule appeared to be intact.

**Contributor: John P. Blanchard, M.D.
Santa Barbara, CA**

Case No. 2 - September 2000

Tissue from: Right testicle

Accession #22370

Clinical Abstract:

After about six months of scrotal swelling, this 19-year-old Caucasian male presented for work-up. Physical examination revealed a rock-hard mass in the right scrotum. A right orchiectomy was performed.

Gross Pathology:

The 8.0 x 5.5 x 5.0 cm testicle had a circumscribed tumor filling the lower pole. Smooth nodular masses appeared on the tunica vaginalis.

Contributor: LLUMC Pathology Group (kt)
Loma Linda, CA

Case No. 3 - September 2000

Tissue from: Prostate

Accession #28499

Clinical Abstract:

This 74-year-old Caucasian male, with a history of prostate malignancy with metastatic disease, succumbed to his disease. An autopsy was performed.

Gross Pathology:

The 6.5 x 6.5 x 5.5 cm prostate contained multiple yellow-tan tumor nodules, the largest of which was 4.0 cm.

Contributor: Reuben Straus, M.D.
Portland, OR

Case No. 4 - September 2000

Tissue from: Bladder

Accession #19792

Clinical Abstract:

During work-up, this 60-year-old male was found to have an abnormal urine cytology. A total cystectomy was performed.

Gross Pathology

The 14.0 x 10.0 x 3.0 cm urinary bladder had a dusky tan, focally edematous mucosa. There were no exophytic lesions.

Contributor: Weldon K. Bullock, M.D.
Pasadena, CA

Case No. 5 - September 2000

Tissue from: Bladder

Accession #24401

Clinical Abstract:

Because of urinary frequency, urgency and dysuria, this 70-year-old female underwent a work up which found a tumor distorting of the entire right side of her bladder.

Gross Pathology:

Multiple pale white-tan mucosal fragments measured up to 0.6 x 0.5 x 0.3 cm each.

Contributor: J. J. Bocian, M.D.
Fresno, CA

Case No. 6 - September 2000

Tissue from: Left ureter

Accession #16424

Clinical Abstract:

This 73-year-old male's chief complaint was swelling of the left lower extremity and left lower quadrant pain. A laparotomy revealed a stenosing infiltrative thickening of the distal third of the left ureter. A left nephrectomy and ureterectomy were performed.

Gross Pathology:

A 6.7 cm long portion of ureter was filled with gray soft tumor.

Contributor: William L. Siefert, M.D.
Canoga Park, CA

Case No. 7 - September 2000

Tissue from: Right kidney

Accession #27456

Clinical Abstract:

After falling during an earthquake, this 86-year-old female began experiencing severe back pain. Work-up for what was initially felt to be trauma-related hemorrhage found a right renal mass. A right nephrectomy was performed.

Gross Pathology:

The 1070 gram specimen included kidney and a 4.5 x 6.0 x 3.5 cm gray-tan hemorrhagic mass in its mid and upper portions.

Contributor: Weldon K. Bullock, M.D.
Pasadena, CA

Case No. 8 - September 2000

Tissue from: Left kidney

Accession #24694

Clinical Abstract:

This 70-year-old female experienced bright red hematuria, left flank and weight loss. A left renal arteriogram showed a large mass in the lower pole of the left kidney. A left nephrectomy was performed.

Gross Pathology:

The 750 gram left kidney was largely replaced by a flesh yellow-tan tumor with numerous small cysts.

Contributor: Beverly Myers, M.D.
Sacramento, CA

Case No. 9 - September 2000

Tissue from: Abdomen

Accession #28483

Clinical Abstract:

Fever, nightsweats, and left upper quadrant pain led this 60-year-old Caucasian male to seek medical attention. Physical examination showed splenomegaly and a CT scan found a large abdominal mass involving the spleen and left kidney.

Gross Pathology:

A 14.5 x 12.0 x 10.5 cm variegated yellow-white mass replaced the upper pole of the kidney and invaded the spleen.

SPECIAL STUDIES (outside facility):

Vimentin	strongly positive
CAM5.2	positive (patchy)
EMA	negative

Contributor: Nelson J. Quigley, M.D.
Anaheim, CA

Case No. 10 - September 2000

Tissue from: Right kidney

Accession #28385

Clinical Abstract:

After four months of hematuria and right sided pain, this 29-year-old African American male was found to have a right renal mass with widespread metastases.

Gross Pathology:

The right kidney with attached adrenal glands weighed 413.7 grams. A 7.5 cm tan-yellow, centrally hemorrhagic and necrotic mass was present in the lower pole of the kidney.

SPECIAL STUDIES:

AE1/AE3	positive
LCA	small lymphocytes immunoreactive
CK7	negative
CK20	negative
Vimentin	focally positive