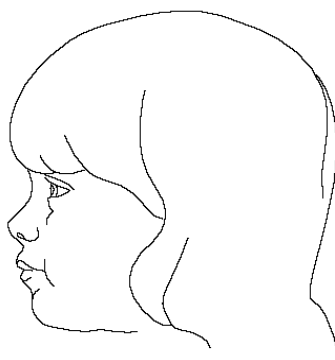


CALIFORNIA
TUMOR TISSUE REGISTRY

“PEDIATRIC PATHOLOGY”

Study Cases, Subscription A

April 2000



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) 558-4788
FAX: (909) 558-0188
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: Mark Lones, M.D.
Orange, CA**

Case No. 1 - April 2000

Tissue from: Ovary

Accession #27691

Clinical Abstract:

Following development of axillary and pubic hair and breast enlargement, this 7-year-old female was found to have a large pelvic mass, which was 20 cm by ultrasound. She had been diagnosed at age 9 months with tuberous sclerosis and was on Tegretol for a seizure disorder.

Gross Pathology:

The ovary with fallopian tube weighed 2074 grams and measured 18.1 x 15.5 x 10.0 cm. The cut surface was variegated red-tan and white with some areas of a more homogeneous yellow. There were no cysts.

**Contributor: Wafa Michael, M.D.
Fontana, CA**

Case No. 2 - April 2000

Tissue from: Retroperitoneal mass

Accession #28545

Clinical Abstract:

Two months after noticing an abdominal mass in her five-year-old son, his mother brought him for examination. CT of the abdomen and pelvis revealed a 9.0 cm retroperitoneal mass extending from the lower pole of the kidneys to approximately 1.0 cm above the acetabulum. There was no apparent involvement of either kidney.

Gross Pathology:

The 9.0 x 7.5 x 6.5 cm irregular tan tumor weighed 160 grams. The cut surfaces were rubbery firm with other areas that were slightly softer.

Contributor: LL Pathology Group (cz)
Loma Linda, CA

Case No. 3 - April 2000

Tissue from: Right mandible

Accession #28656

Clinical Abstract:

A rapidly growing mass with expansion of the mandible of this five-year-old Hispanic male was noted. A right hemimandibulectomy was performed.

Gross Pathology:

The 50 gram, 4.2 cm length of mandible had a 3.9 x 3.5 cm ovoid tumor replacing the mid portion of the bone.

Contributor: Henry Slosser, M.D.
Pasadena, CA

Case No. 4 - April 2000

Tissue from: Left breast

Accession #28510

Clinical Abstract:

For over a year this 15-year-old female had noticed a lump in her left breast.

Gross Pathology:

The 6 x 6 x 3.5 cm portion of fibroadipose breast tissue contained a 4.0 x 2.0 x 2.5 cm discrete cystic tan mass.

**Contributor: LL Pathology Group (bl)
Loma Linda, CA**

Case No. 5 - April 2000

Tissue from: Posterior fossa

Accession #28567

Clinical Abstract:

This 6-year-old male was found to have a tumor in the posterior fossa.

Gross Pathology:

Twenty-one grams of brain tumor tissue fragments formed a 4.5 x 4.5 x 1.6 cm aggregate.

**Contributor: Wen Chuan, M.D.
Reno, NV**

Case No. 6 - April 2000

Tissue from: Left chest wall/2 ribs

Accession #27513

Clinical Abstract:

A left chest mass was noted by this 12-year-old female.

Gross Pathology:

The portion of chest wall included two ribs and a 5.5 x 3.2 cm bulging firm mass lying between the ribs. The tumor was covered by a smooth pleura on one side and skeletal muscle on the other.

**Contributor: Anthony Migler, M.D.
Oxnard, CA**

Case No. 7 - April 2000

Tissue from: Right cervical lymph node

Accession #27488

Clinical Abstract:

For four weeks this 10-year-old Hispanic male experienced a swollen neck mass unresponsive to antibiotics. Tests for TB and mononucleosis were negative. His white cell count was normal. Examination showed a 5 cm jugulodigastric lymph node on the right and a 2 cm node on the left.

Gross Pathology:

Two portions of lobulated gray-brown soft tissue were each about 3.5 cm in greatest diameter. The cut surfaces were nodular with a variegated gray-tan to yellow appearance.

**Contributor: Mary Beth Shwayder, M.D.
Pasadena, CA**

Case No. 8 - April 2000

Tissue from: Left Kidney

Accession #28506

Clinical Abstract

After one year of constipation with abdominal pain, this 7 1/2-year-old Hispanic female was found to have a bulging left-sided abdominal mass. CT scan revealed a large mass originating from the left kidney.

Gross Pathology:

The 12.0 x 6.0 x 5.5 cm specimen weighed 600 grams. In the lower pole of the kidney was 14 x 11 x 8.5 cm mass composed of multinodular brown-tan tissue with focal hemorrhage and cystic degeneration.

Contributor: LL Pathology Group (ko)
Loma Linda, CA

Case No. 9 - April 2000

Tissue from: Kidney

Accession #28847

Clinical Abstract:

An 18 year old G2 P1 female had routine prenatal care. Ultrasound showed fetal renal cysts. At 29 weeks gestation by date, she presented with preterm labor and mild oligohydramnios was noted. The infant was delivered by C-section because of fetal distress and a breech presentation. He had severe respiratory distress, requiring intubation. He died 12 hours after delivery.

Gross Pathology:

The 2200 gram male infant had bilateral atretic ureters. The left kidney weighed 8.5 grams and was somewhat irregular in shape without typical lobular architecture. The cut surface of the left kidney showed multiple cysts, disorganized parenchyma and no apparent cortex, medulla or corticomedullary junction.

Contributor: Jim Hannah, M.D.
San Luis Obispo, CA

Case No. 10 - April 2000

Tissue from: Right testicle

Accession #28866

Clinical Abstract:

A paratesticular mass was noted on this 13-year-old male. A radical orchiectomy was performed.

Gross Pathology:

An 11.5 x 7.0 cm firm, white-pink, partially cystic and hemorrhagic mass compressed adjacent testicular tissue.