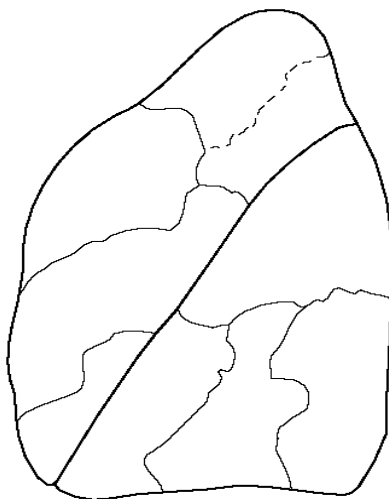


CALIFORNIA  
TUMOR TISSUE REGISTRY

## **“LUNG AND MEDIASTINAL PATHOLOGY”**

**Study Cases, Subscription A**

**October 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**  
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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: Charles I. Goldsmith, M.D.**  
**Santa Monica, CA**

**Case No. 1 - October 2000**

**Tissue from: Left pleura**

**Accession #28892**

**Clinical Abstract:**

While being evaluated for pneumonia, this 56-year-old man was noted to have a pleural-based mass on the left side. One year earlier a chest x-ray had been normal. A 6.5 cm mass was resected along with attached parietal pleura. During routine follow-up eight years later, a CT scan revealed a recurrent disease in the form of multiple pleural nodules. These were resected.

**Gross Pathology:**

An en bloc resection of ribs and soft tissue included three tumor nodules up to 2.5 cm in greatest diameter.

**SPECIAL STUDIES:**

CD34	moderate to strongly positive
Vimentin	strongly positive
CD31	weakly positive
Keratin	negative
S100	negative
Actin	negative

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**Contributor: Paul Meyer, M.D.**  
**Los Angeles, CA**

**Case No. 2 - October 2000**

**Tissue from: Pleura**

**Accession #26863**

**Clinical Abstract:**

After working for 40 years as a longshoreman, with numerous exposures to asbestos, this 68-year-old man presented with a two week history of difficulty breathing. Following biopsy, he was sent home with oxygen. After a second attack of shortness of breath, he was re-admitted and expired one week later. An autopsy was performed.

**Gross Pathology:**

Autopsy findings included a tumor involving mediastinum, pericardium and left pleura along with multiple pleural plaques on the left side.

**Contributor: K. Greg Peterson, M.D.**  
**Sioux Falls, SD**

**Case No. 3 - October 2000**

**Tissue from: Mediastinum**

**Accession #28905**

**Clinical Abstract:**

Following a one-year history of left shoulder pain, this 11-year-old girl was found to have no breath sounds on her left side. A CT scan showed a left sided mass with calcifications. At surgery, a left sided mediastinal mass was found compressing the left lung. The tumor had ruptured and caused a local reaction making the resection difficult due to adhesions.

**Gross Pathology:**

A 730 gram shaggy but encapsulated mass was 14.5 x 10 x 9.5 cm. The cut surface showed variegated, multicystic fibroadipose tissue with focal calcification and larger cysts containing grumous yellow-tan material.

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**Contributor: Pamela Boswell, M.D.**  
**San Diego, CA**

**Case No. 4 - October 2000**

**Tissue from: Mediastinum**

**Accession #28751**

**Clinical Abstract:**

This 33-year-old female was found to have a large anterior mediastinal mass.

**Gross Pathology:**

The 10.0 x 2.0 x 1.0 cm fatty specimen included a 5.0 x 5.0 x 5.0 cm mass.

**Contributor: LLUMC Pathology Group (np)**  
**Loma Linda, CA**

**Case No. 5 - October 2000**

**Tissue from: Right lung**

**Accession #28725**

**Clinical Abstract:**

A lobectomy was performed on this 70-year-old male with a right upper lobe mass.

**Gross Pathology:**

The 224 gram lobe contained a 5.1 x 4.1 x 4.0 cm firm, yellow mass within the largest bronchus. The mass extended peripherally to the pleura.

**SPECIAL STUDIES:**

Chromogranin	1-2+
NSE	4+
CAM5.2	4+

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**Contributor: LLUMC Pathology Group (rc)**  
**Loma Linda, CA**

**Case No. 6 - October 2000**

**Tissue from: Right lung**

**Accession #28874**

**Clinical Abstract:**

After a reported 10 pound weight loss, this 75-year-old Caucasian male was found to have a 3.5 cm cavitary lesion in his right middle lobe. He had a long history of chronic obstructive pulmonary disease associated with a 60 pack-year smoking history.

**Gross Pathology:**

The 110 gram right upper lobe contained a 5.0 x 5.0 x 3.4 cm white-tan nodule which was located 5 cm from the bronchial margin and extended to the superior and inferior pleural surface.

**Contributor: Philip Robinson, M.D.  
Boynton Beach, FL**

**Case No. 7 - October 2000**

**Tissue from: Right lung**

**Accession #28701**

**Clinical Abstract:**

An 80-year-old male presented with a nodule in the middle lobe of his right lung.

**Gross Pathology:**

The 110 gram lobe of lung was 12.2 x 9.2 x 2.6 cm and had a 2.0 x 1.8 x 2.6 cm gray nodule which infiltrated through the visceral pleura.

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**Contributor: Joseph Carberry, M.D.  
Los Angeles, CA**

**Case No. 8 - October 2000**

**Tissue from: Right lung**

**Accession #26198**

**Clinical Abstract:**

During workup for dyspnea, this 59-year-old male was found to have a pleural effusion on the right with an underlying tumor mass on the diaphragm.

**Gross Pathology:**

The resected right lobe of lung with attached portion of diaphragm was 2200 grams and 20.0 x 16.0 x 12.0 cm. It contained a 15 x 12 x 12 cm gritty white tumor with areas of hemorrhage and softening.

**SPECIAL STUDIES (outside facility):**

Keratin	negative
S100	negative
CEA	negative
EMA	negative
NSE	negative
Desmin	negative
Vimentin	strongly positive
Actin	focally positive

**Contributor: Octavio Armas, M.D.**  
**La Mesa, CA**

**Case No. 9 - October 2000**

**Tissue from: Left lung**

**Accession #28921**

**Clinical Abstract:**

For two to three weeks this 72-year-old Caucasian female experienced cough and chest pain. A chest x-ray revealed a large left lung mass.

**Gross Pathology:**

Within the parenchyma of the 20 x 18 x 12 cm left lower lobe was a 12.0 x 11.0 cm globoid, necrotic tumor mass.

**SPECIAL STUDIES:**

Cytokeratin cocktail	positive
Vimentin	positive
Chromogranin	negative
Desmin	negative

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**Contributor: Pamela Boswell, M.D.**  
**San Diego, CA**

**Case No. 10 - October 2000**

**Tissue from: Left lung**

**Accession #28877**

**Clinical Abstract:**

After experiencing fatigue for six months, this 64-year-old female was found to have a left lower lobe mass.

**Gross Pathology:**

The 17.0 x 13.0 x 3.5 cm lobe of lung contained a 3.4 x 2.5 x 1.8 cm spongy, hemorrhagic, mottled gray-tan tumor.