

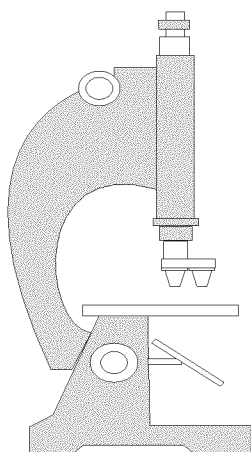


CALIFORNIA
TUMOR TISSUE REGISTRY

“ULTRASTRUCTURAL PATHOLOGY”

Study Cases, Subscription A

November 2000



Editor's Note: We hope you enjoy this slight departure from the usual format of the CTTR monthly slide series. While the use of ultrastructure as a diagnostic aid is waning, its importance is still considerable. The intent of this particular study set is to correlate the ultrastructural features of the cases with the characteristic histologic findings. This month's set was put together by former Loma Linda Pathology Resident Dr. Dennis O'Malley. His commentary on the electron micrographs will appear in the "Minutes." ... DRC

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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: G. Phillip Mansur, M.D.
Merced, CA**

Case No. 1 - November 2000

Tissue from: Lung

Accession #24978

Clinical Abstract:

While being evaluated for minor injuries in a motor vehicle accident, this 75-year-old male was found to have a large solitary peripheral mass in the left lung. He smoked up to 1 to 1 1/2 packs of cigarettes a day and was a retired welder, mechanic and shipyard worker. He had a history of carcinoma of the bladder, resected 12 years earlier. A left lobectomy was performed.

Gross Pathology:

The 280 gram lobe of lung had a 6 cm diameter bare surface with central cavity, apparently corresponding to an accompanying 55 gram aggregate of white fleshy tumor fragments.

SPECIAL STUDIES:

Cytokeratin	positive
EMA	positive
CEA	negative
CD15	negative

**Contributor: Robert T. Dalzell, M.D.
La Mesa, CA**

Case No. 2 - November 2000

Tissue from: Right testis

Accession #24553

Clinical Abstract:

After two weeks of left groin pain and swelling, this 72-year-old Caucasian male underwent bilateral inguinal hernia repair and bilateral orchiectomy.

Gross Pathology:

The 90 gram right testis contained a 5.0 cm diameter yellow-tan lobular mass with focal hemorrhage.

Contributor: James P. Kaye, M.D.
Riverside, CA

Case No. 3 - November 2000

Tissue from: Right axilla

Accession #24377

Clinical Abstract:

About 1 year earlier, this 55-year-old female brought to the attention of her family physician a lump in her right axilla. Over the year of observation, the mass grew slowly larger. Her breasts had no palpable masses and mammograms were negative. An axillary dissection was performed.

Gross Pathology:

Most of the 46 resected lymph nodes, ranging from 2 to 4 cm in greatest diameter, contained firm tan tumor with apparent focal hemorrhage.

SPECIAL STUDIES (Outside facility):

Fontana-Masson positive

Contributor: Mark Janssen, M.D.
Loma Linda, CA

Case No. 4 - November 2000

Tissue from: Pancreas

Accession #24421

Clinical Abstract:

This 54-year-old Caucasian male experienced jaundice and slight RUQ abdominal tenderness with dark urine and fatty stools. Ultrasound revealed an echogenic mass in the head of the pancreas with obstruction of the common bile duct.

Gross Pathology:

Included in the resected portion of the pancreas was 3 x 2.5 x 2 cm firm, white to pale yellow mass with foci of hemorrhagic necrosis.

Contributor: Arthur L. Koehler, M.D.
Pasadena, CA

Case No. 5 - November 2000

Tissue from: Right wrist

Accession #27363

Clinical Abstract:

This 81-year-old Caucasian female had noted a large cystic mass in the volar aspect of her right wrist for about a year. The mass was hard and almost immovable.

Gross Pathology:

The 4.5 x 3.0 cm oval mass was firm and non-encapsulated.

Contributor: Mark Janssen, M.D.
Loma Linda, CA

Case No. 6 - November 2000

Tissue from: Thyroid

Accession #24121

Clinical Abstract:

Over a period of a year, this 35-year-old Hispanic male experienced a 35 pound weight loss and a gradually enlarging neck mass. A 2 cm diameter mass was palpable in right lower lobe of his thyroid, along with a 6 cm supraclavicular mass and 3 cm right cervical mass. He also had multiple small submucosal nodules, later found to be neurofibromas. Family history a papillary thyroid carcinoma diagnosed 2 years earlier in his father. A thyroidectomy with right radical neck dissection was performed.

Gross Pathology:

The 7.5 gram right lobe of thyroid contained a 3.5 x 2.0 x 2.0 cm light tan nodule.

SPECIAL STUDIES:

CAM 5.2	4+
Chromogranin	3+
NSE	4+
Calcitonin	1+

**Contributor: Mark J. DeMeo, M.D.
Santa Rosa, CA**

Case No. 7 - November 2000

Tissue from: Kidney

Accession #27670

Clinical Abstract:

For six months, this 61-year-old Caucasian male had been experiencing difficulty voiding. Sonography disclosed a solid mass near the pole of the right kidney. A right radical nephrectomy was performed.

Gross Pathology:

The 500 gram resection specimen included the right kidney with a 4.0 cm brown-tan bosselated mass in its upper pole.

**Contributor: E. M. Courier, M.D.
Fullerton, CA**

Case No. 8 - November 2000

Tissue from: Left thigh

Accession #18888

Clinical Abstract:

Following a one-year history of a mass in her left thigh, this 69-year-old Caucasian female underwent a resection of the anterior portion of her rectus femoris muscle. A radiograph had revealed that the mass did not involve adjacent bone.

Gross Pathology:

The encapsulated 10.0 x 7.0 x 6.0 cm fusiform tumor had a variegated yellow-tan cut surface.

**Contributor: Mark Janssen, M.D.
Anaheim, CA**

Case No. 9 - November 2000

Tissue from: Lung

Accession #28311

Clinical Abstract:

After suffering a fall, this 70-year-old female presented with chest pain. She had a 90-pack-year history of smoking. Chest x-ray and CT scan revealed a mass in the right upper lobe. A right upper lobectomy was performed.

Gross Pathology:

The 16.0 x 13.0 x 4.0 cm lobe of lung had a 2.5 cm diameter white, firm gray mass with ill-defined borders, extending to but not involving, the pleural surface.

**Contributor: W. M. Talbert, M.D.
Long Beach, CA**

Case No. 10 - November 2000

Tissue from: Left lung

Accession #27244

Clinical Abstract:

When she developed a low grade fever, progressive fatigue, and weight loss, this 4-year-old Brazilian girl was treated for pneumonia. Breath sounds were markedly diminished on the left. Chest x-ray showed 'white-out' of the left lung field. Symptoms persisted and further work-up led to a left pneumonectomy.

Gross Pathology:

The 1660 gram, 25.0 x 19.0 x 8.0 cm left lung was almost completely replaced by a focally necrotic tumor with a fish-flesh cut surface.