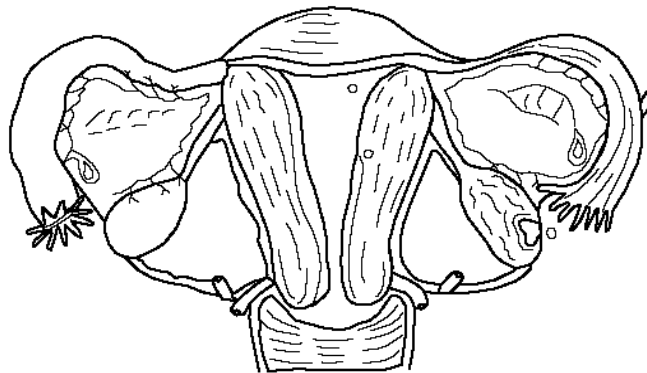


CALIFORNIA
TUMOR TISSUE REGISTRY

“GYN PATHOLOGY”

Study Cases, Subscription B

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
Case of the Month: www.llu.edu/llu/cttr/cotm

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: David Biddle, M.D.
Houston, TX**

Case No. 1 - April 2000

Tissue from: Right vulva

Accession #28547

Clinical Abstract:

This 30-year-old, G2 P2, female presented with a right vulvar mass.

Gross Pathology:

The 12.0 x 13.0 x 3.0 cm mass had a white-gray, glistening and mucoid cut surface.

**Contributor: Farooq Ali, M.D.
Ventura, CA**

Case No. 2 - April 2000

Tissue from: Right labia

Accession #28500

Clinical Abstract:

A rapid growing mass developed on the right labia of this 50-year-old widowed Hispanic female.

Gross Pathology:

A 12.0 x 6.0 x 3.5 cm well circumscribed oval mass had a solid fleshy to myxoid soft gray-white and red-pink cut surface with small cystic areas resembling dilated vessels. There was no gross hemorrhage or necrosis.

**Contributor: Dennis Kasimian, M.D.
Van Nuys, CA**

Case No. 3 - April 2000

Tissue from: Vulva

Accession #28700

Clinical Abstract:

Several nodules were noted on the vulva of this 45-year-old female who was being worked up for CIN III of the cervix.

Gross Pathology:

Three irregular fragments of firm, tan to tan-purple tissue measured 0.6 x 0.3 x 0.3 cm, 1.0 x 0.5 x 0.3 cm, and 1.5 x 1.0 x 0.8 cm. The cut surfaces were lobulated and varied from solid to somewhat friable.

**Contributor: Mark Lones, M.D.
Orange, CA**

Case No. 4 - April 2000

Tissue from: Cervix

Accession #28150

Clinical Abstract:

After reporting 2-4 weeks of post-coital bleeding, this 26 year old G0 P0 woman was found to have an abnormal cervical smear. Colposcopy showed a lesion in the 6 o'clock position of the cervix. Following biopsy, a radical hysterectomy was performed.

Gross Pathology:

The 79 gram specimen was a 7.0 x 4.5 x 4.0 cm uterus with attached cervix. The cut surface of the endocervix showed a 2.0 x 1.7 x 1.0 cm yellow-tan tumor in the 3 to 7 o'clock region of the cervix.

Contributor: David M. Lawrence, M.D.
Santa Maria, CA

Case No. 5 - April 2000

Tissue from: Myometrium

Accession #28573

Clinical Abstract:

Because of severe pelvic pain, this 40-year-old female underwent a total abdominal hysterectomy.

Gross Pathology:

The 149 gram symmetric uterus was 10.1 x 5.4 x 4.3 cm. Within the 1.6 cm thick myometrium was a 2.2 cm nodule of intersecting swirling white fibers.

SPECIAL STUDIES: (contributor's report):

Cytokeratin positive in clear cell infiltrate

Contributor: Donald Rankin, M.D.
Fontana, CA

Case No. 6 - April 2000

Tissue from: Uterus

Accession #28625

Clinical Abstract:

This 41-year-old female underwent a hysterectomy for uterine fibroids.

Gross Pathology:

The uterus weighed 521 grams and contained a 9.0 x 10.0 x 6.5 cm myometrial mass.

**Contributor: P. L. Morris, M.D.
Santa Barbara, CA**

Case No. 7 - April 2000

Tissue from: Uterus

Accession #28504

Clinical Abstract:

After experiencing nausea, anorexia and bloating for several weeks, this 50-year-old gravida 5, para 5, female had increasing right lower quadrant pain. Work-up showed an enlarged uterus with a markedly thickened endometrium and a large complex cystic mass in the right adnexal area.

Gross Pathology:

The 360 gram uterus was 14.0 x 9.0 x 4.0 cm. Within the uterine fundus was a 4.5 x 3.2 x 1.2 cm polyp. Immediately beneath the polyp, the myometrium was indurated and gray-white for a depth of 3.2 cm. Also within the uterus were multiple leiomyomata. The 57 gram left ovary showed a process similar to that seen in the uterine polyp.

SPECIAL STUDIES: (contributor's report)

Estrogen/progesterone strongly positive

**Contributor: Thomas Heinz, M.D.
Orange, Ca**

Case No. 8 - April 2000

Tissue from: Left ovary

Accession #28647

Clinical Abstract:

This 28-year-old female was found to have a left adnexal mass. A left salpingo-oophorectomy was performed.

Gross Pathology:

The left ovary was a well-circumscribed 183.2 grams, 8.3 x 7.0 x 6.0 cm, firm pink-tan rubbery mass with a tan-yellow, firm, slightly whorled cut surface.

**Contributor: Sheldon Miller, M.D.
Oxnard, CA**

Case No. 9 - April 2000

Tissue from: Right ovary

Accession #28507

Clinical Abstract:

At surgery for a minimally invasive endometrial carcinoma, this 52-year-old female was found to have masses in both ovaries.

Gross Pathology:

The right ovarian mass was 14.0 x 8.0 x 7.0 cm and contained a 5.0 cm cyst filled with “cheesy” fluid.

**Contributor: Nelson Quigley, M.D.
Anaheim, Ca**

Case No. 10 - April 2000

Tissue from: Right Ovary

Accession #28570

Clinical Abstract:

During work-up for severe abdominal pain, this 79-year-old female was found to have a right adnexal mass. A total abdominal hysterectomy and bilateral salpingo-oophorectomy was performed.

Gross Pathology:

The right ovary included a 10.5 x 8.5 x 8.5 cm multiloculated cyst.