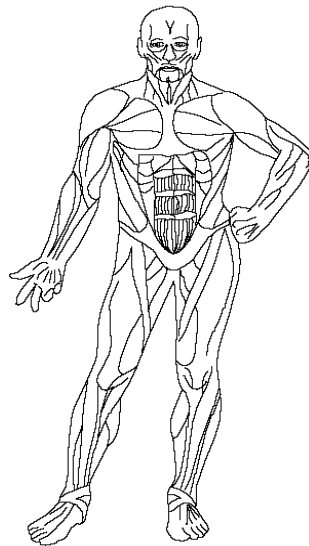


**CALIFORNIA  
TUMOR TISSUE REGISTRY**

## **“SOFT TISSUE PATHOLOGY”**

**Study Cases, Subscription B**

**March 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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Case of the Month: [www.llu.edu/llu/cttr/cotm](http://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: Michelle Meyer, M.D.  
Riverside, CA**

**Case No. 1 - March 2000**

**Tissue from: Right knee**

**Accession #28613**

**Clinical Abstract:**

This 90-year-old female was diagnosed as having prepatellar bursitis and underwent repair of an apparent tear of the quadriceps tendon. The wound did not heal satisfactorily and the patellar tendon continued to retract. She developed drainage from the wound site and over several months the knee became progressively more swollen and painful. An exploratory surgery was performed on the knee. A large amount of mucoid or myxoid material was found about the joint and tendons. It did not form a mass lesion but was diffuse and extensive. The surgeon reported that he scooped the material out with his hand.

**Gross Pathology:**

The 643 gram specimen consisted of a 20 x 15 x 6 cm aggregate of irregular nodular mucoid pink-gray tissue fragments accompanied by viscid mucinous fluid.

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**Contributor: LLU Pathology Group (kt)  
Loma Linda, CA**

**Case No. 2 - March 2000**

**Tissue from: Left forearm**

**Accession #27699**

**Clinical Abstract:**

After a six-year history of a slowly growing mass in the left forearm, this 13-year-old female presented for examination. An MRI showed the mass extending from the elbow to the wrist. Motor function was intact.

**Gross Pathology:**

The 221 gram specimen was a 15.0 x 7.0 x 5.0 cm aggregate of fleshy tan nodules. The cut surfaces were uniformly pale white and somewhat translucent.

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

**Case No. 3 - March 2000**

**Tissue from: Supraclavicular mass**

**Accession #28636**

**Clinical Abstract:**

This 23-year-old male complained of progressive right upper extremity numbness and weakness. Intraoperatively, a mass was identified which appeared to involve the brachial plexus. The tumor was partially excised.

**Gross Pathology:**

The specimen was received in multiple soft, focally hemorrhagic, red, gray, brown, and yellow fragments.

**SPECIAL STUDIES (outside facility):**

Cytokeratin	negative
S100	negative
Desmin	negative
CD34	negative
EMA	negative

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**Contributor: LLU Pathology Group (drc)**  
**Loma Linda, CA**

**Case No. 4 - March 2000**

**Tissue from: Stomach**

**Accession #28366**

**Clinical Abstract:**

During work-up for low back pain, an ultrasound and CT scan showed a mass apparently arising from the left lobe of the liver of this 50 year old female. At surgery, the tumor was found to be arising from the antrum of the stomach along the lesser curvature.

**Gross Pathology:**

The 170 gram specimen was a 9.1 x 7.2 x 5.1 cm lobulated light red-tan mass with a contiguous 1.5 x 0.5 cm ellipse of mucosa.

**SPECIAL STAINS:**

S-100	negative
Desmin	negative
CAM 5.2	negative
GFAP	negative
Chromogranin	negative
CD34	positive

**Contributor: LLU Pathology Group (drc)**  
**Loma Linda, CA**

**Case No. 5 - March 2000**

**Tissue from: Left arm**

**Accession #28485**

**Clinical Abstract:**

A mass was noted on the left arm of this 56-year-old female. An excisional biopsy was performed.

**Gross Pathology:**

The 178 gram 13.1 x 3.9 cm skin ellipse included a central 5.8 x 4.5 x 5.5 cm fibroadipose nodule. The cut surface of the nodule was uniformly tan-yellow.

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**Contributor: Nathan B. Friedman, M.D.**  
**Los Angeles, CA**

**Case No. 6 - March 2000**

**Tissue from: Chest wall**

**Accession #28211**

**Clinical Abstract:**

Nine years earlier this 56-year-old male had had a mass in the right distal thigh excised. A new mass occurred in the right buttock five years later. A mass in the chest wall just inferior to the left breast developed nine years after the original surgery. Your material is from this chest wall mass.

**Gross Pathology:**

The specimen consisted of a 6.5 x 1.0 cm strip of skin over 3.5 cm deep tissue. Within this was a 2.0 cm hour glass-shaped nodule.

**Contributor: LLU Pathology Group  
Loma Linda, CA**

**Case No. 7 - March 2000**

**Tissue from: Right leg**

**Accession #28396**

**Clinical Abstract:**

This 45-year-old male had a right femoral tumor that was nonresectable for limb salvage. Hip disarticulation was performed.

**Gross Pathology:**

In the superior lateral thigh of this 9 kilogram right leg, within the quadricep muscles, was a 19.0 x 11.5 x 8.5 cm firm white tan mass. The mass had a whorled cut surface with areas of necrosis and cyst formation.

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

**Case No. 8 - March 1999**

**Tissue from: Spermatic cord**

**Accession #28468**

**Clinical Abstract:**

During work-up of left sided orchitis, a 6 x 5 x 4 cm firm but mobile mass was noted in the right hemiscrotum of this 56-year-old male. The mass was above and separate from the right testicle.

**Gross Pathology:**

The specimen consisted of testis, epididymis, and about 10 cm of spermatic cord. Just proximal to the testis and epididymis was a 7.0 x 7.0 x 3.5 cm mass with a yellow translucent myxoid cut surface.

**Contributor: Catherine Odell, M.D.  
Riverside, CA**

**Case No. 9 - March 2000**

**Tissue from: Thigh**

**Accession #28532**

**Clinical Abstract:**

This 17-year-old female presented with a mass in the right thigh.

**Gross Pathology:**

A portion of muscle, partially covered by a hemorrhagic fascia, contained a 6 x 5 x 3 cm tumor composed of friable tissue with a central 4 cm diameter hemorrhagic cyst.

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**Contributor: LLU Pathology Group (ajh)  
Loma Linda, CA**

**Case No. 10 - March 2000**

**Tissue from: Left external ear**

**Accession #28370**

**Clinical Abstract:**

A tumor was noted on left pinna of this 9-year-old girl. An excisional biopsy was performed.

**Gross Pathology:**

The 6 gram, 4.0 x 2.5 x 1.0 cm portion of the pinna of the ear contained a centrally located 1.3 cm diameter subcutaneous nodule.

**SPECIAL STUDIES:**

Actin	positive
Desmin	positive