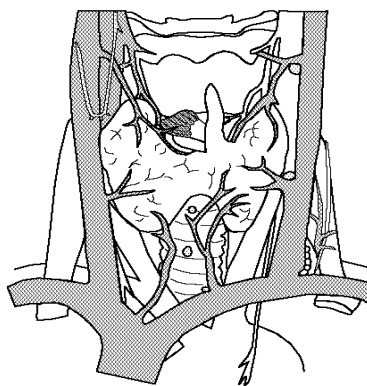


CALIFORNIA  
TUMOR TISSUE REGISTRY

## **“TUMORS OF THE ENDOCRINE SYSTEM”**

**Study Cases, Subscription B**

**February 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](mailto:cttr@linkline.com)**  
**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: D.R. Dickson, M.D.  
Santa Barbara, CA**

**Case No. 1 - February 2000**

**Tissue from: Pancreas**

**Accession #9853**

**Clinical Abstract:**

This 52-year-old male patient expired six months after onset of difficulty in swallowing and five months after being diagnosed with squamous cell carcinoma of the esophagus. An autopsy was performed.

**Gross Pathology:**

The pancreas weighed 80 grams and had a thickened fibrous capsule. Sectioning revealed a tough and fibrous tissue with obliteration of the lobular architecture and irregular dilation of the ducts. Metastases were not seen.

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**Contributor: Beverly Myers, M.D.  
Sacramento, CA**

**Case No. 2 - February 2000**

**Tissue from: Pancreas**

**Accession #28484**

**Clinical Abstract:**

Severe abdominal pain brought this 41-year-old female to medical attention. Ultrasound showed a large mass in the pancreas with apparent metastatic involvement of peripancreatic lymph nodes.

**Gross Pathology:**

The 14.0 x 4.5 x 5.0 cm pancreas was largely replaced by pseudocysts with a shaggy green lining. Adherent to the pancreas was a 6.5 x 5.0 x 3.5 cm lymph node which was grossly replaced by tumor.

**SPECIAL STUDIES (contributor's report):**

CAM 5.2	positive
Synaptophysin	positive
Chromogranin	positive
NSE	positive

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

**Case No. 3 - February 2000**

**Tissue from: Left adrenal gland**

**Accession #28457**

**Clinical Abstract:**

After several years of mild hyperadosteronism this 52-year-old male was referred because of increased difficulty maintaining normokalemia. A mass in the left adrenal gland had remained unchanged for at least 5 years.

**Gross Pathology:**

The 20 gram adrenal gland was 7.3 x 4.8 x 1.8 cm and contained a 1.2 x 1.0 x 1.1 cm well-circumscribed yellow-orange cortical nodule.

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

**Case No. 4 - February 2000**

**Tissue from: Adrenal gland**

**Accession #28596**

**Clinical Abstract:**

A 62-year-old female was referred with poorly controlled episodic hypertension, palpitations, and elevated urine catecholamines and vanillylmandelic acid. An MRI revealed a 4.0 cm non-enhancing mass in left adrenal gland.

**Gross Pathology:**

The 7.0 x 4.0 x 2.8 cm adrenal gland contained a well-circumscribed 4.5 cm gray-pink mass.

**Contributor: Ernest Holburt, M.D.  
Fallbrook, CA**

**Case No. 5 - February 2000**

**Tissue from: Left adrenal**

**Accession #28557**

**Clinical Abstract:**

A mass was found in the left adrenal gland of this 44-year-old female.

**Gross Pathology:**

The 64 gram specimen consisted of a 6.0 x 4.0 x 4.0 cm ovoid, well-encapsulated mass. The cut surface was a brilliant yellow with punctate areas of necrosis.

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**Contributor: D.L. Kell, M.D.  
Santa Barbara, CA**

**Case No. 6 - February 2000**

**Tissue from: Thymus**

**Accession #28574**

**Clinical Abstract:**

Following a thyroidectomy several years earlier, this 57-year-old female had a routine follow-up with CT scan. The scan revealed a mass in the anterior superior mediastinum. A thymectomy was performed.

**Gross Pathology:**

The 101 gram, 12.0 x 9.0 x 3.0 cm specimen consisted predominately of soft yellow adipose tissue, with a 3.4 x 4.0 x 2.4 cm firm oval mass at one end. Sectioning revealed a well-circumscribed, completely encapsulated mass composed of lobulated homogenous white tissue.

**Contributor: Karl Anders, M.D.  
Woodland Hills, CA**

**Case No. 7 - February 2000**

**Tissue from: Thyroid**

**Accession #27805**

**Clinical Abstract:**

After experiencing shortness of breath, this 47-year-old female, with a history of heavy smoking, was found to have airway compromised due to a large mass in the right lobe of the thyroid. CT scan showed a large mass with a cystic component in the right neck, compressing the right trachea.

**Gross Pathology:**

This 22 gram, 7.5 x 3.5 x 1.8 cm thyroid lobectomy specimen included a 0.5 cm well-defined nodule near one end.

**SPECIAL STUDIES (contributor's report):**

Cytokeratin:	positive
NSE:	positive
CEA:	positive
Calcitonin:	negative
LCA:	negative

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

**Case No. 8 - February 2000**

**Tissue from: Right lobe of thyroid**

**Accession #28610**

**Clinical Abstract:**

This 49-year-old male presented with a mass on the right side of his neck. A right thyroidectomy was performed following a fine needle aspiration.

**Gross Pathology:**

This 48 gram, 4.8 x 4.5 x 3.9 cm portion of thyroid was largely replaced by a solitary nodule with a thin rim of thyroid or connective tissue.

**Contributor: W. Michael Green, M.D.**  
**Oxnard, CA**

**Case No. 9 - February 2000**

**Tissue from: Left thyroid**

**Accession #28641**

**Clinical Abstract:**

This 42-year-old female presented with a mass in the left thyroid lobe.

**Gross Pathology:**

The specimen included a 3.0 cm well-circumscribed nodule.

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**Contributor: Chisa Aoyama, M.D.**  
**Sylmar, CA**

**Case No. 10 - February 2000**

**Tissue from: Thyroid**

**Accession #28583**

**Clinical Abstract:**

For about a month this 62-year-old female experienced neck swelling, which was getting progressively painful and enlarging in size.

**Gross Pathology:**

The 4.8 x 4.0 x 3.0 cm specimen consisted of a single fragment of firm tissue with an apparent fibrous capsule. Sectioning revealed a tan-white cut surface with several lobulations.