



CALIFORNIA
TUMOR TISSUE REGISTRY

“GENERAL PATHOLOGY”

Study Cases, Subscription B

November 2000



California Tumor Tissue Registry
c/o: Department of Pathology and Human Anatomy
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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: Howard Otto, M.D.
Cheboygan, MI**

Case No. 1 - November 2000

Tissue from: Right breast

Accession #28712

Clinical Abstract:

Seven years after drainage of a right breast abscess, this 67-year-old female presented with a right breast mass. Radiographic findings showed faint calcifications and changes consistent with breast carcinoma. An excisional biopsy was performed.

Gross Pathology:

A 1.2 cm focus of ill-defined density was located within the portion of adipose tissue.

**Contributor: Usha Garg, M.D.
Oxnard, CA**

Case No. 2 - November 2000

Tissue from: Uterus

Accession #28584

Clinical Abstract:

A 44-year-old, gravida IV para III, female had been treated with methotrexate for a molar pregnancy. Following recurrent elevations of her HCG she was found to have an enlarged uterus and underwent hysterectomy.

Gross Pathology:

Within the anterior wall of the uterus was a 2 cm diameter endomyometrial mass.

SPECIAL STAINS: (Outside facility)

Human placental lactogen	positive
Human chorionic gonadotropin	weakly positive

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

Case No. 3 - November 2000

Tissue from: Uterus

Accession #28159

Clinical Abstract:

Because of menorrhagia, fibroids and stress urinary incontinence this 49-year-old female underwent hysterectomy.

Gross Pathology:

Submitted with the uterus was a 7.0 x 4.0 x 3.0 cm portion of rubbery firm pink-tan tissue.

Contributor: Atilia Martinez, M.D.
Whittier, CA

Case No. 4 - November 2000

Tissue from: Uterus

Accession #28539

Clinical Abstract:

This 40-year-old female presented with an enlarged uterus with fibroids and symptoms of anemia.

Gross Pathology:

The 550 gram uterus was 17 x 12 x 8.5 cm. The endometrial canal contained an 8.0 x 7.5 cm x 4.0 cm soft hemorrhagic pedunculated mass.

SPECIAL STUDIES (Outside facility):

Vimentin	positive
Smooth Muscle Actin	positive
Desmin	positive
Cytokeratin Cocktail	Few tumor cells show weak cytoplasmic positive staining

**Contributor: Robert Riechmann, M.D.
Covina, CA**

Case No. 5 - November 2000

Tissue from: Duodenum

Accession #28473

Clinical Abstract:

Complaining of black tarry stool and light-headedness with postural changes, this 83-year-old male was found to have a hemoglobin of 5.5 grams. Workup found a duodenal polyp, which was excised.

Gross Pathology:

A 5.0 x 2.5 x 2.5 cm polypoid piece of soft pink-tan tissue was covered by a thin layer of velvety pink-tan mucosa.

**Contributor: Xuedong Wang, M.D.
Pasadena, CA**

Case No. 6 - November 2000

Tissue from: Liver

Accession #28588

Clinical Abstract:

Following one day of epigastric pain, this 47-year-old male underwent ultrasound, needle biopsy and then excision of a left lobe hepatic mass.

Gross Pathology:

Within the irregular portion of liver there was a 1.0 x 0.8 x 0.8 cm ill-defined, pale brown-tan, focally hemorrhagic soft tissue nodule.

Contributor: LLUMC Pathology Group (cz)
Loma Linda, CA

Case No. 7 - November 2000

Tissue from: Left kidney

Accession #28714

Clinical Abstract:

This 7-year-old male had a history of previous renal masses, for which he had undergone chemotherapy. After discovery of a recurrent mass, wedge resection was performed.

Gross Pathology:

The 41 gram, 5.0 x 4.0 x 4.0 cm pink-tan round nodule showed a central 3.0 cm soft, friable tumor.

Contributor: Thomas Heinz, M.D.
Orange, CA

Case No. 8 - November 2000

Tissue from: Left kidney

Accession #28708

Clinical Abstract:

Ten years after a transurethral resection of the prostate, this 67-year-old Caucasian male was found to have a left renal mass by ultrasound and CT scan.

Gross Pathology:

The 731 gram kidney, with perirenal fat, showed a 4.0 x 4.0 x 3.8 cm dull orange-tan bulging tumor in its lower pole.

**Contributor: Harold Reikes, M.D.
Riverside, CA**

Case No. 9 - November 2000

Tissue from: Right knee

Accession #28710

Clinical Abstract:

After arthroscopic surgery, this 27-year-old black female experienced modest symptomatic improvement. Several years later, pain and swelling recurred and became progressively worse. An open synovectomy was performed.

Gross Pathology:

Multiple fragments of synovial tissue and fat ranged from 4.0 x 16.0 cm in greatest diameter. Included in the fatty tissue was a 2.0 x 1.5 x 1.5 cm solid firm white and tan nodule.

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

Case No. 10 - November 2000

Tissue from: Retroperitoneal tissue

Accession #28881

Clinical Abstract:

After one month of vomiting and diffuse abdominal pain, this 93 year old male developed upper GI tract bleeding. Workup showed a dilated common bile duct and mild hydronephrosis. He aspirated during an upper endoscopy, developed pneumonia and later expired.

Gross Pathology:

The autopsy showed erosive esophagitis and a diffuse hemorrhagic gastritis. The retroperitoneum, particularly surrounding the head of the pancreas and adjacent duodenum, showed a diffusely infiltrative fibrotic mass.

SPECIAL STUDIES:

S-100	negative
HMB-45	negative
Keratin cocktail	positive
Vimentin	positive
Mucin	negative