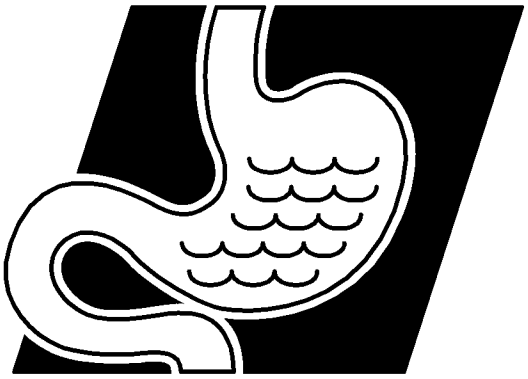
CALIFORNIA
TUMOR TISSUE REGISTRY

"TUMORS OF THE GI & HEPATOBILIARY TRACTS"

Study Cases, Subscription B

April 2001



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
Web page: www.cttr.org

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: Jozef Kollin, M.D. **Case No. 1 - April 2001**
Long Beach, CA

Tissue from: Colon **Accession #26039**

Clinical Abstract:

At age 26, this white male presented with bowel obstruction and underwent a partial resection of his small bowel. Twenty-three years later, he developed melena and in the course of several colonoscopies had 35 polyps removed. Physical examination showed perioral pigmentation.

Gross Pathology:

The multiple polyps ranged in size from 0.8 x 0.5 x 0.4 cm to 3.5 x 2.5 x 2.0 cm.

Contributor: Robert Riechmann, M.D. **Case No. 2 - April 2001**
Glendale, CA

Tissue from: Small bowel/colon/stomach **Accession #28867**

Clinical Abstract:

During a workup for anemia, this 73-year-old female was found to have a mass in her right colon. At surgery, other nodules involving bowel wall were found, including multiple tumors in the stomach, small bowel and sigmoid colon.

Gross Pathology:

The cecal mass was 2 x 1 cm and centrally ulcerated. Two other submucosal nodules were also present in the ileocolic resection. Multiple segments of small bowel each had umbilicated polypoid masses up to 2.5 cm in greatest diameter. At the pylorus was a 6.0 x 4.0 x 2.5 cm ulcerated hemorrhagic mass. Multiple other nodules were present in the mucosa and submucosa of the stomach.

SPECIAL STUDIES (Outside Facility):

Smooth muscle actin	strongly positive
Desmin	positive
CD34	negative
Cytokeratin	negative
C-KIT (CD117)	negative
S100	negative
Vimentin	strongly positive

Contributor: Rebecca L. Christensen, M.D. **Case No. 3 - April 2001**
San Diego, CA

Tissue from: Pancreas **Accession #28897**

Clinical Abstract:

During a workup for urolithiasis, this 77-year-old female was found to have a mass in the head of her pancreas.

Gross Pathology:

Within the resected pancreas was a 5.5 x 5.2 x 5.0 cm mass with a sponge-like cut surface.

Contributor: LLUMC Pathology Group (kt) **Case No. 4 - April 2001**
Loma Linda, CA

Tissue from: Pancreas **Accession #29021**

Clinical Abstract:

For over a year, this 47-year-old female had been treated for duodenal ulcers, *H. pylori* gastritis and GI bleeding. A recent endoscopy showed an irregular ulcerated raised surface in the duodenum with blood refluxing to the stomach. Abdominal CT scan showed a mass in the head of the pancreas.

Gross Pathology:

Within the resected pancreas was an 8.0 x 6.0 x 3.5 cm solid yellow-tan mass.

SPECIAL STUDIES:

Chromogranin	strong positivity
Gastrin	rare focal positivity
Glucagon	strong positivity

Contributor: Anthony V Cunha, M.D. **Case No. 5 - April 2001**
Grass Valley, CA

Tissue from: Stomach **Accession #26474**

Clinical Abstract:

After a 15 pound weight loss and generally feeling progressively tired for the past year, this 75-year-old Caucasian male was found to be anemic and a mass was palpable in the left upper quadrant of his abdomen.

Gross Pathology:

A 9 x 6.5 cm ulcerated mass replaced most of the wall of the greater curvature of the stomach and extended into the adjacent omentum. The cut surface was nodular, gray-white.

SPECIAL STUDIES:

S-100	strongly positive
HMB45	focal positivity
Actin	negative
Desmin	negative
CD34	negative

Contributor: Pantaleon de Jesus, M.D. **Case No. 6 - April 2001**
Hawthorne, CA

Tissue from: Pancreas **Accession #26372**

Clinical Abstract:

Because of almost constant gas pains and several episodes of bright red blood from the rectum, this 21-year-old black female sought medical attention. A firm left upper quadrant mass was palpable and a CT scan of the abdomen showed a large soft tissue mass involving the anterior aspect of the pancreas, extending to the stomach and the colon at the splenic flexure.

Gross Pathology:

A 940 gram hard, pale tan nodular mass was 20.0 x 10.0 x 9.0 and involved the fundus of stomach, body and tail of pancreas, hilum of spleen and transverse colon at the splenic flexure.

Contributor: Stephen C. Hansen, M.D. **Case No. 7 - April 2001**
Orange, CA

Tissue from: Liver **Accession #26038**

Clinical Abstract:

A four-month-old girl was referred for evaluation of an enlarged liver. She was the product of a normal pregnancy and, other than diarrhea for 2-3 months before presentation, had had normal development. Work up showed an 8 cm mass in the left lobe of the liver.

Gross Pathology:

The 98 grams of friable pink-tan tissue fragments in aggregate measured 8.5 x 7.0 x 2.5 cm.

Contributor: Carl Trelling, M.D. **Case No. 8 - April 2001**
Los Angeles, CA

Tissue from: Liver **Accession #26336**

Clinical Abstract:

This 75-year-old female had had a colonic carcinoma removed ten years earlier. On routine follow-up, an enlarged liver was revealed. An ultrasound showed a 9 cm solid mass in the right lobe of the liver.

Gross Pathology:

The liver lobe contained a well demarcated but unencapsulated 17.0 x 13.0 x 17.0 cm mass. The cut surfaces were variegated, ranging from smooth bulging glistening red to finely granular areas, interspersed with areas of firm gray-tan tissue.

Contributor: LLUMC Pathology Group (rc) **Case No. 9 - April 2001**
Loma Linda, CA

Tissue from: Liver/Colon **Accession #28727**

Clinical Abstract:

Work-up for bowel obstruction found a large mass filling the right colon of this 62 year old man. At surgery, a 2 cm nodule was noted in the right lobe of the liver.

Gross Pathology:

A wedge biopsy of the liver was 1.5 x 1.3 x 0.3 cm and consisted of a circular, firm, white-tan nodule with a small portion of brown-tan liver parenchyma at one end. The ascending colon contained a 6 x 5.5 x 1.5 cm indurated circumferential mass. The tumor parenchyma was solid and yellow-tan with an ulcerated, hemorrhagic mucosal surface. The remaining colon contained one mucosal nodule that measured 0.3 cm in greatest dimension.

Contributor: Pamela Boswell, M.D. **Case No. 10 - April 2001**
San Diego, CA

Tissue from: Liver **Accession #28746**

Clinical Abstract:

This 57-year-old male initially presented with a single liver mass, which, on CT scan, extended into the common bile duct. Two years later, multiple metastatic tumor nodules were identified in the liver and the proper hepatic duct showed a high-grade stenosis with an "apple-core" appearance. The patient expired and an autopsy was performed.

Gross Pathology:

The 3800 gram liver was largely replaced by numerous pink-yellow, firm, nodular masses that ranged in size from 0.1 to 3.5 cm. The common hepatic duct was partially obstructed by tumor. Metastatic tumors were also identified in both lungs.

SPECIAL STUDIES: (Outside Facility)

Mucin	positive
Bile stain	negative intracytoplasmic (positive intercellular)
CEA	positive
Vimentin	negative
HCG	negative
AFP	negative