

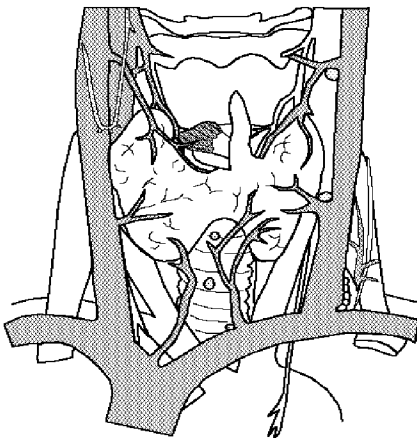


CALIFORNIA
TUMOR TISSUE REGISTRY

“NEUROENDOCRINE PATHOLOGY”

Study Cases, Subscription A

February 2002



California Tumor Tissue Registry
c/o: Department of Pathology and Human Anatomy
Loma Linda University School of Medicine
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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: Robert E. Wybel, M.D.
Bakersfield, CA**

Case No. 1 - February 2002

Tissue from: Carotid body

Accession #15389

Clinical Abstract:

This 32-year-old female reported a rapidly enlarging, slightly tender swelling on the right side of her neck. Physical exam showed a 2 x 2 cm pulsating mass over the origin of the right internal carotid. At surgery, the mass was found attached to the internal carotid, behind the carotid bulb.

Gross Pathology:

The 8 gram, 4.0 x 3.0 x 1.8 cm well encapsulated mass had a homogeneous red brown cut surface.

**Contributor: Daniel J. Luthringer, M.D.
Los Angeles, CA**

Case No. 2 - February 2002

Tissue from: Right chest wall

Accession #28338

Clinical Abstract:

This 26-year-old male presented with a 22.0 cm right chest wall mass. The mass was biopsied and subsequently resected.

Gross Pathology:

The 30.2 x 12.6 x 12.6 cm portion of chest wall had a 15.0 x 5.2 x 4.1 cm firm white lobulated mass, which involved parietal pleura. The cut surface of the tumor was firm, white-yellow, lobulated and friable.

SPECIAL STUDIES: (as evaluated by contributor)

LCA	minimal reactivity
Chromogranin & Synaptophysin	minimal reactivity
S-100 protein	minimal reactivity
Keratin & AE1/3	minimal reactivity
KP-1	minimal reactivity
Smooth muscle actin/desmin/myoglobin	minimal reactivity
CD99	strong immunoreactivity
NSE	weakly positive in some groups of cells
Minimal glycogen is identified	

**Contributor: D.L.H., M.D.
Los Angeles, CA**

Case No. 3 - February 2002

Tissue from: Skin of Neck

Accession #13376

Clinical Abstract:

At about the same time as a mass was discovered in his lungs, this 54-year-old male developed a mass in his neck.

Gross Pathology:

The 5.0 x 5.0 x 2.5 cm circular segment of skin had a 4 cm diameter mass projecting from its surface. The cut section showed firm, glistening gray-white tissue.

**Contributor: Dean V. Wiseley, M.D.
West Covina, CA**

Case No. 4 - February 2002

Tissue from: Thigh

Accession #13111

Clinical Abstract:

For about six months, this 29-year-old male had noticed a “pimple” on the skin of his thigh. At incision and drainage for probable abscess, a mass was discovered and excised.

Gross Pathology:

Within the subcutaneous tissue of the excised skin was a 5 cm diameter mass composed of soft, homogeneous pink-white tissue.

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

Case No. 5 - February 2002

Tissue from: Pancreas

Accession #29109

Clinical Abstract:

After complaints of episodic diaphoresis and weakness for two years, this 60-year-old male became symptomatic during an office visit and was found to have a random blood sugar level of 33. CT scan of the abdomen showed a 4.0 cm mass in the tail of the pancreas with multiple mildly enlarged lymph nodes.

Gross Pathology:

A 4.0 x 3.7 x 3.5 cm well-circumscribed white-tan nodule was present within the tail of the pancreas. Regional lymph nodes were grossly involved by tumor.

Contributor: John J. McGill, M.D.
Pasadena, CA

Case No. 6 - February 2002

Tissue from: Lung

Accession #29349

Clinical Abstract:

For seven years this 79-year-old female had known she had a hilar mass but refused treatment until she began experiencing hemoptysis and progressive weakness with fatigue. A right middle lobectomy was performed.

Gross Pathology:

The 58 gram, 13.0 x 9.5 x 2.5 cm lobe of lung had a 3.8 x 3.2 x 2.5 cm well-circumscribed soft neoplasm abutting the resection margin. The cut surface was solid, red/tan and focally hemorrhagic.

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

Case No. 7 - February 2002

Tissue from: Right lung

Accession #28725

Clinical Abstract:

A lobectomy was performed on this 70-year-old male with a right upper lobe mass.

Gross Pathology:

The 224 gram lobe contained a 5.1 x 4.1 x 4.0 cm firm, yellow mass within the largest bronchus. The mass extended peripherally to the pleura.

SPECIAL STUDIES:

Chromogranin	1-2+
NSE	4+
CAM5.2	4+

Contributor: Rebecca L. Christensen, M.D.
San Diego, CA

Case No. 8 - February 2002

Tissue from: Left adrenal gland

Accession #29119

Clinical Abstract:

During a trauma-related work-up, imaging studies revealed a left adrenal gland mass in this 37-year-old male. Serologic studies showed elevated total metanephrine and VMA. A left adrenalectomy was performed.

Gross Pathology:

The 26 gram, 4.5 x 4.5 x 3.8 cm adrenal specimen consisted of a partially encapsulated, yellow-tan nodule. No necrosis was identified grossly.

SPECIAL STUDIES: (as evaluated by contributor)

Chromogranin	positive
NSE	positive
Synaptophysin	positive
S100	positive, spindle cells only

Contributor: Donald L. Alcott, M.D.
San Jose, CA

Case No. 9 - February 2002

Tissue from: Left adrenal

Accession #12346

Clinical Abstract:

Four months after noticing a swelling of the scalp, this 8-year-old female expired. There had been no medical work-up.

Gross Pathology:

Arising in the left adrenal was a 3.0 cm yellow-brown tumor. There were metastases to the aortic and supraclavicular lymph nodes, ribs and skull.

Contributor: Ronald L. Harvey, M.D.
Palm Springs, CA

Case No. 10 - February 2002

Tissue from: Pancreas

Accession #23336

Clinical Abstract:

Work-up for severe nausea, anorexia and weight loss led to the discovery of a mass in the head of the pancreas of this 58-year-old female. A pancreaticoduodenectomy was performed.

Gross Pathology:

An 8.2 x 7.7 x 6.0 cm large firm, lobulated, multicystic, yellow/pink-tan mass completely replaced the head of the pancreas.