

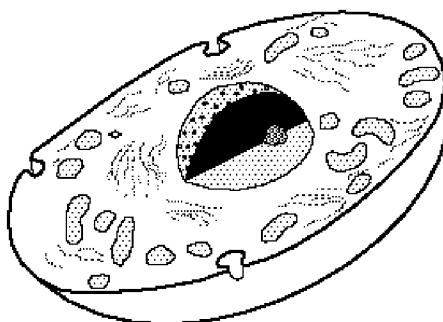


CALIFORNIA
TUMOR TISSUE REGISTRY

“GENERAL PATHOLOGY”

Study Cases, Subscription A

March 2002



California Tumor Tissue Registry
c/o: Department of Pathology and Human Anatomy
Loma Linda University School of Medicine
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Web page: www.cttr.org
Web site & Case of the Month: 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: K. M. Hollis-Perry, M.D.
San Diego, CA

Case No. 1 - March 2002

Tissue from: Spleen

Accession #29406

Clinical Abstract:

Two years earlier, this 26-year-old male had had a melanoma of his scalp and had undergone radiation therapy and a parotidectomy with neck dissection. A follow-up CT showed a mass in the spleen.

Gross Pathology:

Within the 470 gram spleen was a 7.0 x 5.0 x 5.0 cm soft gray-tan mass.

SPECIAL STUDIES (Outside facility):

S-100	positive
HMB45	positive
Cytokeratin	negative

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

Case No. 2 - March 2002

Tissue from: Left testicle

Accession #28978

Clinical Abstract:

This 30-year-old male presented with a testicular mass. A radical orchiectomy was performed.

Gross Pathology:

The 112-gram testicle with spermatic cord included a 6.5 x 4.5 x 4.0 cm tan, firm mass replacing 95% of the testis.

Contributor: Phillip C. Gordon, M.D.
Winter Haven, FL

Case No. 3 - March 2002

Tissue from: Right testicle

Accession #29355

Clinical Abstract:

This 56-year-old male complained of a large scrotal mass. A right radical orchiectomy was performed.

Gross Pathology:

The testicle measured 5.0 x 3.0 x 5.5 cm and was replaced by dull gray-tan firm tissue with areas of necrosis.

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

Case No. 4 - March 2002

Tissue from: Left breast

Accession #29326

Clinical Abstract:

For eight years, this 35-year-old female had had a left breast mass, originally described as “fluid filled.” A recent mammogram exam showed the mass to be solid. An lumpectomy was performed.

Gross Pathology:

The 11 x 8.5 x 5.0 cm ovoid portion of breast tissue contained a well-circumscribed fleshy soft pink-tan tumor measuring 7.0 x 6.5 x 4.5 cm.

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

Case No. 5 - March 2002

Tissue from: Abdominal wall

Accession #29291

Clinical Abstract:

After two years of gradually worsening intermittent abdominal pain, this 75-year-old male noted a non-tender mass on the right side of his abdomen. Physical exam showed a non-movable irregular mass over the rectus abdominis muscle. There were no hernias or lymphadenopathy. A CT showed the mass involved the lower abdominal wall and right rectus muscle.

Gross Pathology:

The 98 gram, 9.5 x 6.0 x 4.5 cm specimen consisted of abundant skeletal muscle with a central, ill-defined fibrous mass admixed with muscle and adipose tissue.

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

Case No. 6 - March 2002

Tissue from: Left groin

Accession #29113

Clinical Abstract:

Eight years after a hysterectomy for cervical carcinoma-in-situ, this 55-year-old female developed a left groin mass.

Gross Pathology:

The 64 gram, 7.5 x 5.0 x 4.0 cm firm, ovoid, mass had a solid, pale pink whorled cut surface.

SPECIAL STUDIES (Outside facility):

S-100	negative
Vimentin	positive
Smooth muscle actin	positive
Desmin	positive

**Contributor: Kenneth A. Frankel, M.D.
Glendale, CA**

Case No. 7 - March 2002

Tissue from: Right parotid

Accession #29154

Clinical Abstract:

This 70-year-old female developed a mass in her right parotid gland.

Gross Pathology:

The 7.5 x 6.0 x 3.2 cm right parotid specimen contained a 3.0 cm in greatest dimension, firm indurated mass.

**Contributor: Phillip C. Gordon, M.D.
Winter Haven, FL**

Case No. 8 - March 2002

Tissue from: Right leg

Accession #29354

Clinical Abstract:

A gradually enlarging soft tissue mass was removed from the right leg of this 38-year-old female.

Gross Pathology:

The multilobulated pink-tan, fatty tissue mass measured 10.5 x 10.0 x 4.5 cm and appeared well-encapsulated. Cut sections displayed a soft pink-brown parenchyma without hemorrhage or necrosis.

Contributor: Kenneth A. Frankel, M.D.
Covina, CA

Case No. 9 - March 2002

Tissue from: Gallbladder

Accession #29370

Clinical Abstract:

Because of chronic cholecystitis and cholelithiasis, this 70-year-old female underwent a laparoscopic cholecystectomy.

Gross Pathology:

The previously opened gallbladder was 9 x 3.8 cm, with a wall that generally varied from 0.2 to 0.5 cm in thickness. Visible on the mucosal surface were two dome-shaped slightly elevated nodules, one of which measured up to 1.2 cm in diameter and the other measuring up to 1.3 cm in diameter.

Contributor: Robert H. Zuch, M.D.
Baldwin Park, CA

Case No. 10 - March 2002

Tissue from: Right distal femur

Accession #29293

Clinical Abstract:

During a workup for a 6-month history of a painful, swollen knee, this 56-year-old female was found to have a mass occupying the majority of the distal femur with extension into the knee joint.

Gross Pathology:

Within the resected distal femur was a 6.5 cm gritty, lobulated, expansile mass with a glistening mucoid, translucent gray-white cut surface. The tumor extended onto the articular surface of the distal femur and into surrounding soft tissues.