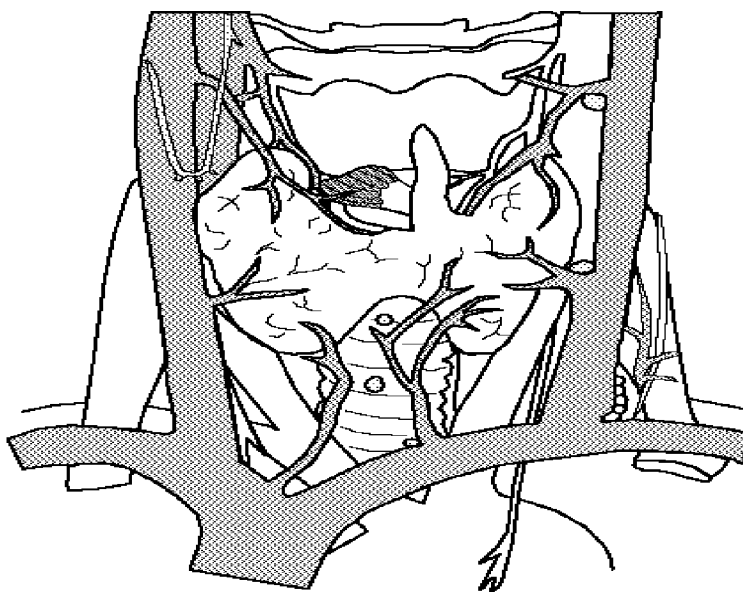


CALIFORNIA  
TUMOR TISSUE REGISTRY

**“ENDOCRINE PATHOLOGY”**  
Study Cases, Subscription B

November 2002



California Tumor Tissue Registry  
c/o: Department of Pathology and Human Anatomy  
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Web site & Case of the Month: [www.cttr.org](http://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: Pamela Boswell, D.O.  
San Diego, CA**

**Case No. 1 - November 2002**

**Tissue from: Left thyroid gland**

**Accession #29212**

**Clinical Abstract:**

With congestive heart failure, this 60-year-old male underwent radiographic studies. Results showed a large left thyroid gland mass that was compressing the brachiocephalic area.

**Gross Pathology:**

The specimen was a 16.0 x 6.5 x 6.5 cm lobulated portion of red brown glistening tissue. Sections revealed a multinodular tan-brown parenchyma with a well-circumscribed 7.0 cm nodule with central fibrosis. There were occasional small cystic spaces present throughout the specimen.

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

**Case No. 2 - November 2002**

**Tissue from: Left thyroid lobe**

**Accession #28965**

**Clinical Abstract:**

This 81-year-old female had a history of kidney removal. A mass was noted on her left thyroid. Thyroidectomy was performed

**Gross Pathology:**

The brown lobe of the thyroid weighed 26 grams and measured 5.0 x 4.0 x 2.0 cm. The outer surface had a fistulous tract present. On cut sections there was a central area with 2.5 cm yellow necrotic tissue that was surrounded by thick white tissue. Away from this nodule, the surface was nodular. There was a separate nodule that appeared to be white to yellow with focal hemorrhage, and measured 1.2 cm.

**SPECIAL STUDIES:**

Cytokeratin	positive
EMA	positive
Chromogranin	positive
Synaptophysin	positive

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

**Case No. 3 - November 2002**

**Tissue from: Thyroid**

**Accession #28705**

**Clinical Abstract:**

This 19-year-old female noticed a lump on the right side of her neck a year prior to admission. She complained of moderate pressure-type discomfort and ten pounds weight loss within six months. Thyroidectomy was performed.

**Gross Pathology:**

This was a portion of the thyroid that weighed 22 grams. Both lobes were present, although the upper portion of the first lobe that measured 3.5 x 2.5 cm was missing, it was distended and had a smooth surface. Cut sections revealed dark-red coarsely granular surface. The lobe with the isthmus measured 3.7 x 2.5 1.5 cm, with serial sections that showed dark-red smooth surface.

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**Contributor: Scott Silveira, M.D.  
Dearborn, MI**

**Case No. 4 - November 2002**

**Tissue from: Right thyroid lobe**

**Accession #29543**

**Clinical Abstract:**

With a clinically followed thyroid nodule for two years and a year of Synthroid medication for hypothyroidism, this 38-year-old female underwent a right thyroid lobectomy. The surgeon noted a large, firm thyroid lobe and a recurrent laryngeal nerve invading the tumor. The right neck lymph node was dissected due to obvious involvement.

**Gross Pathology:**

The thyroid lobe weighed 56 grams, and measured 7.0 x 4.5 x 3.0 cm. It was quite firm and had a smooth tan exterior. Serial sections revealed homogeneity. Bisections showed a firm pale yellow interior all throughout. There were firm nodules with hard yellow cut surfaces palpated.

**Contributor: LLUMC Pathology Group (bhl)**  
**Loma Linda, CA**

**Case No. 5 - November 2002**

**Tissue from: Parathyroid**

**Accession #29263**

**Clinical Abstract:**

This is a 32-year-old female that has history of smoking an average of ten cigarettes a day, schizophrenia and hyperparathyroidism. A resection of the thyroid and the parathyroid gland was performed.

**Gross Pathology:**

The specimen consisted of a 50 gram, 7.5 x 4.5 x 3.0 cm parathyroid gland and a contiguous 10 gram, 3.5 x 2.5 x 1.0 cm thyroid. Within the brown tan parenchyma were multiple smooth walled, small hemorrhagic cysts that measured up to 1.0 cm in diameter.

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**Contributor: Jozef Kollin, M.D.**  
**Lakewood, CA**

**Case No. 6 - November 2002**

**Tissue from: Pancreas**

**Accession #29424**

**Clinical Abstract:**

Six months prior to admission, this 76-year-old female experienced epigastric discomfort that radiated to her back, and had breathing problems for more than a year. CT scan revealed a sizable mass located in the body and tail of her pancreas. Distal subtotal pancreatectomy and splenectomy were performed.

**Gross Pathology:**

The 11.0 x 10.0 x 9.0 cm, 230 gram distal portion of the pancreas was in the form of a large tumor mass. It appeared to be encapsulated and lobulated with multiple grossly visible cyst-like elevations up to 1.5 cm in diameter. Cross sections appeared spongy and multiloculated with spaces that are minute and measured 1.0 to 2.0 cm in diameter. Spaces contained serous-type fluid without any mucinous element identified.

**Contributor: Peter L. Morris, M.D.**  
**Santa Barbara, CA**

**Case No. 7 - November 2002**

**Tissue from: Pancreas**

**Accession #29506**

**Clinical Abstract:**

In March of 2001, this 76-year-old diabetic male had a workup for abdominal bruit. CT scan showed a mild abnormality of the bile duct. A follow-up scan by May of the same year showed a dominant lesion in the inferior uncinate portion of the pancreas. He underwent an extended Whipple operation with Stramm gastrotomy and omentectomy.

**Gross Pathology:**

The neck of the pancreas was slightly enlarged and firm when palpated. Cut sections showed a circumscribed yellow-tan neoplasm in the uncinate process that measured 11.0 x 10.0 x 15.0 mm. The central portion was a 5.0 mm cystic, hemorrhagic, degenerated area. The neoplasm measured approximately 30.0 mm from the wall of the duodenum and 15.0 mm from the inferior edge of the pancreas. Serial sections across the pancreas showed a soft yellow-tan lobulated parenchyma.

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**Contributor: Greg Peterson, M.D.**  
**Sioux Falls, SD**

**Case No. 8 - November 2002**

**Tissue from: Pancreas**

**Accession #28955**

**Clinical Abstract:**

At the age of 69, this female developed a cystic neoplasm in the distal area of the pancreas. Right nephrectomy, distal pancreatectomy, and splenectomy were performed.

**Gross Pathology:**

The specimen consisted of the distal pancreas with attached spleen. Pancreas area measured 4.5 x 4.5 cm. Sections the tail of the pancreas showed a 3.0 x 2.0 x 2.0 cm bulging, mucinous, cystic mass that extended 1.2 cm within the proximal pancreatic margin.

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

**Case No. 9 - November 2002**

**Tissue from: Adrenal gland**

**Accession #29472**

**Clinical Abstract:**

During her late stages of pregnancy, this 33-year-old female developed multiple medical problems. She had seizures and was diagnosed with fetal demise at 36 weeks gestation, had infarcts in the right upper parietal occipital, left brain, left mid brain and right cerebellum. She had dialysis for acute renal failure, ARDS that required a ventilator, and DIC. She developed panhypopituitarism, bilateral subdural hematomas, diabetes insipidus, and ptosis. While admitted, a mass in her right adrenal gland was noted with very high norepinephrine levels. Adrenalectomy was performed.

**Gross Pathology:**

The specimen was an enlarged encapsulated adrenal gland with attached fibrofatty tissues that weighed 120 grams, and measured 7.5 x 6.5 x 4.8 cm. The surface was covered with purple/red focally hemorrhagic, membranous tissue. Central cut surface was yellow/gray and necrotic with golden brown and pink area surrounding it.

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**Contributor: LLUMC Pathology group (mrd)  
Loma Linda, CA**

**Case No. 10 - November 2002**

**Tissue from: Right adrenal gland**

**Accession #29239**

**Clinical Abstract:**

Admitted for endocrine laboratory tests during her 21st week gestation, this 21-year-old female had a tumor found in her right adrenal gland. Excisional biopsy was performed.

**Gross Pathology:**

This is a 108 gram, 7.0 x 6.0 x 4.5 cm encapsulated, well circumscribed, orange tumor.

