



CALIFORNIA
TUMOR TISSUE REGISTRY

“NEUROPATHOLOGY”
Study Cases, Subscription B

September 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

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: Luis Quan, M.D.
Anaheim, CA

Case No. 1 - September 2002

Tissue from: Thoracic cavity

Accession #24300

Clinical Abstract:

A routine chest x-ray showed an apical chest lesion from this 32-year-old male. CT scan revealed calcifications around the lesion. Left posterolateral thoracotomy was performed.

Gross Pathology:

The thoracic tumor measured 4.3 x 3.0 x 1.5 cm, dark in color and soft in consistency. Two segments of nerves that measured from 1.0cm to 1.6 cm were attached on the surface. Main portion of tissue was 3.2 cm dark colored blood clot.

Contributor: Spencer Nadler
Torrance, CA

Case No. 2 - September 2002

Tissue from: Brain

Accession #21596

Clinical Abstract:

Upon admission, this 52-year-old female had progressive gait ataxia for nine months. She eventually had difficulty swallowing, lessening volume of voice, headache, and back pain. She tested negative for hydrocephalus, encephalogram was normal, ventriculogram revealed mild ventricular enlargement. Suboccipital craniotomy, laminectomy, C1, and subtotal removal of posterior fossa of tumor were performed.

Gross Pathology:

On autopsy findings, there was an apparent defect on the posterior occipital skull, which was the region of a bone flap. Sectioning of the brain stem revealed a small reddish nodule that involved the fourth ventricle. The neoplasm appeared to superficially infiltrate the floor of the fourth ventricle and extended to surface of the vermis of the cerebellum.

Contributor: Benjamin Stilwell, M.D.
San Diego, CA

Case No. 3 - September 2002

Tissue from: Spinal cord

Accession #14949

Clinical Abstract:

A 53-year-old male was admitted with ten months history of chronic back pain that extended down to the calves. Physical examinations revealed flattening of the lumbar curve, limitation of back bending motions. There was tenderness of both sciatic notches and nerves. Neurologic examination of lower extremities was normal. Laminectomy of L2 through L5 was performed.

Gross Pathology:

The oblong shaped tumor measured 9.0 cm in length and 2.2 cm in diameter, had soft consistency with dull reddish brown mottled with rich brown tan color. Tumor was encapsulated in a fibrous membrane. Cut surface was generally dark reddish brown and hemorrhagic with patchy pale grayish yellow.

Contributor: Theodore Tsuyuki, M.D.
La Habra, CA

Case No. 4 - September 2002

Tissue from: Brain

Accession #22487

Clinical Abstract:

For several months, this 52-year-old right handed man was having headaches especially when he bends over. His wife and landlord observed difficulty in memory and short attention span. There are no histories of black outs, seizures or injuries, neither difficulty in sight or speech, but had slight ataxia. He was somewhat aphasic upon examination. Funduscopy examination showed flame-shaped hemorrhages at 12 O'clock position, blurring of the disc margins and choking of disc-greater on the left side. CT scan showed midline cerebellar tumor. Both angiogram and brain scan were abnormal.

Gross Pathology:

The specimen was a 6.0 gram soft, hemorrhagic tissue. The largest piece measured 2.5 cm in greatest dimension, which upon sectioning revealed a cystic lesion that measured 1.2 cm in diameter.

Contributor: Alan W. Rosenberg, M.D.
Los Angeles, CA

Case No. 5 - September 2002

Tissue from: Brain

Accession #8845

Clinical Abstract

This 64-year-old female had symptoms one year prior to her death. Upon admission, there were signs of increased intracranial pressure, x-ray of the skull showed dislocation of the pineal toward the right of the midline. Patient died suddenly before a definite treatment was prescribed.

Gross Pathology:

The sharply delimited grayish-brown tumor that measured 5.3 x 3.8 cm emerged from the dura mater in the left opercular region. The tumor lied beneath the arachnoid. Incision of the membrane showed demarcation between the growth and brain. Lower and anterior parts of the tumor conformed to the outer aspect of the sphenoidal ridge. Second section through the tip of the temporal lobe showed the tumor that measured 3.2 x 2.3 cm in diameter, had granular appearance, and was quite uniform in texture.

Contributor: William F. Burgos, M.D.
Oxnard, CA

Case No. 6 - September 2002

Tissue from: Spinal cord

Accession #13121

Clinical Abstract:

This 53-year-old female had been well until three weeks prior to admission. She experienced severe back pain while lifting a 5 gallon coffee urn onto a higher counter. X-rays were taken and myelogram revealed almost complete blockage of the spinal canal at T-10 with a calcified body that displaced the spinal cord to the right. Laminectomy was performed.

Gross Pathology:

The tumor consisted of three pieces of grayish-tan tissue that were firm and calcified. The largest piece was 2.5 x 2.0 x 1.5 cm, while the smallest piece was 0.7 x 0.5 x 0.3 cm.

Contributor: Francis S. Buck, M.D.
Los Angeles, CA

Case No. 7 - September 2002

Tissue from: Brain

Accession #13788

Clinical Abstract:

This Caucasian female had a tumor excised from the region of the left insula of the cerebrum at the age of 25. Prosthesis was placed on the defect of the skull. Right hemiparesis and epileptic seizures were present postoperatively. At the age of 32, she was admitted because of headaches and progressive deformity of the skull. She died 46 hours after completion of surgery.

Gross Pathology:

The 2.2 x 1.5 x 0.7 cm cyst was a wedge of soft, gray-white tissue that exhibited necrosis and mottled with hemorrhage.

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

Case No. 8 - September 2002

Tissue from: Brain

Accession #24525

Clinical Abstract:

A 46-year-old male was admitted with a history of falling off a truck three weeks prior. He has been seen by the doctor for acute prostatitis, incontinence of urine and confusion since the incident. During admission, spinal tap showed elevated protein, left pupil was larger and sluggish, and his consciousness deteriorated and had bilateral seizures. CT scan was performed.

Gross Pathology:

Specimen was retrieved during autopsy.

Contributor: Franky J. Gassy, M.D.
Sacramento, CA

Case No. 9 - September 2002

Tissue from: Suboccipital tumor from the 4th ventricle

Accession #18556

Clinical Abstract:

This 23-year-old male started having dizziness that progressed to frequent vomiting and headaches seven months prior to admission. He was alert and presents a normal sensorium upon examination. A pneumocephalogram revealed a midline mass directly posterior to the fourth ventricle, displacing the ventricle anteriorly and superiorly. The arteriogram was abnormal.

Gross Pathology:

The tissue weighed 17 grams and measured 4.0 x 3.3 x 3.0 cm. Surface was irregularly roughened and slightly granular, suggestive of papillary areas. On section, it was moderately firm, homogenous, whitish-yellow, and fleshy in consistency.

Contributor: Francis Buck, M.D.
Los Angeles, CA

Case No. 10 - September 2002

Tissue from: Brain

Accession #13791

Clinical Abstract:

The doctor saw this 32 year-old female due to a year of staggering gait. Physical examinations revealed an ataxic gait, but no pathologic reflexes. Speech was nasal, slight ptosis of both eyelids, there was horizontal and vertical nystagmus, mostly to the right. Right corneal reflex was absent; sensory of the right cheek was loss and diminution of taste on the anterior two-thirds of the tongue. Spinal fluid was at 135 mms of pressure, with abnormal total 115 mgs.% of protein.

Gross Pathology:

Tumor was an ovoid mass that measured 4.0 x 4.0 x 2.0 cm. Cross sections of the neoplasm showed a pale yellow tumor with a few small focal areas of hemorrhage and one translucent, gray area.