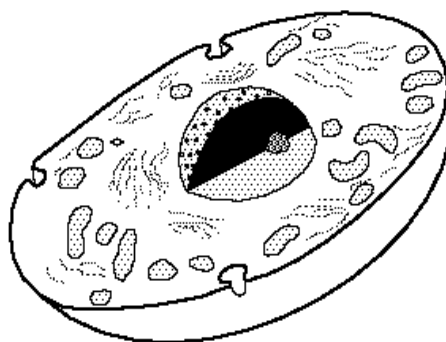


CALIFORNIA
TUMOR TISSUE REGISTRY

“LYMPHOPROLIFERATIVE DISORDERS”

Study Cases, Subscription B

January 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: Ronald Dorfman, M.D.
Stanford, CA**

Case No. 1 - January 2002

Tissue from: Retroperitoneal lymph node

Accession #18081

Clinical Abstract:

Four years after being treated for a disease producing bilateral cervical lymphadenopathy, this 15-year-old male presented with lymphedema of both lower extremities. Work-up showed retroperitoneal masses that narrowed his right ureter and compressed the inferior vena cava. A laparotomy was performed with excision of the retroperitoneal masses.

Gross Pathology:

The 8.0 cm diameter mass had areas at sectioning that were hemorrhagic, necrotic and calcified.

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

Case No. 2 - January 2002

Tissue from: Left chest wall

Accession #28987

Clinical Abstract:

For six years, this 46-year-old male had noted a mass on his left chest wall. There had been no significant enlargement, but due to discomfort he decided to have it removed.

Gross Pathology:

The inner portion of the rib contained a pinkish-tan nodular mass measuring 7.5 x 5.0 x 4.5 cm.

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

Case No. 3 - January 2002

Tissue from: Distal ileum

Accession #28649

Clinical Abstract:

Because of a bowel obstruction, this 74-year-old male was found to have a right lower quadrant mass.

Gross Pathology:

The 27.0 cm long distal ileum contained a stricture where there was loss of the usual mucosal folds by thickened gray tissue which extended into adjacent mesentery.

SPECIAL STUDIES:

CD20	positive
BCL2	positive

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

Case No. 4 - January 2002

Tissue from: Prostate

Accession #28946

Clinical Abstract:

After an episode of urinary retention, this 80-year-old male, with a history of severe symptoms of prostatic hyperplasia, had a transurethral resection of the prostate.

Gross Pathology:

The multiple tan-pink rubbery prostate fragments weighed 60.6 grams.

SPECIAL STUDIES (Outside facility) Immunohistochemical staining of cells within intravascular spaces:

LCA	positive
CD20	positive
CD3	negative
BCL2	positive
CD43	negligible staining
CD30 (ki-1)	negative
CD34	negative
PSA	negative
PAP	negative
Cytokeratin 903	negative
Kappa/Lambda	no definite evidence of monoclonality

Contributor: Susan S. Murakami, M.D.
Pasadena, CA

Case No. 5 - January 2002

Tissue from: Mediastinum

Accession #28832

Clinical Abstract:

This 32-year-old male was found to have a mass in his mediastinum.

Gross Pathology:

The irregular encapsulated thymus measured 12.5 x 9.0 x 3.5 and weighed 86 grams. Half of the gland was replaced by a multilobular, tan, homogenous, slightly firm mass measuring 7.0 x 6.0 x 3.5 cm.

SPECIAL STUDIES (Outside facility):

CD30	large cells strongly positive
LeuM1	large cells occasionally positive
EMA	negative
L26/UCHL1/CD3	mixture of T-cells and B-cells

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

Case No. 6 - January 2002

Tissue from: Left inguinal nodes

Accession #29123

Clinical Abstract:

Left inguinal lymphadenopathy was noted in this 82-year-old female.

Gross Pathology:

Multiple fragments of rubbery pink-tan tissue formed a 3.7 x 4.2 x 1.8 cm aggregate.

SPECIAL STUDIES (Outside facility):

Flow Cytometry

Kappa	+ bright
Lambda	negative
CD2/CD3/CD4/CD5/CD7/CD8	negative
CD10	+ moderate
CD11c/CD13/CD16	negative
CD19	+ moderate
CD20	+ bright
CD23/CD25/CD34	negative
CD45	+ bright
CD56/CD71/CD103	negative

Immunohistochemistry

Keratin	negative
LCA	positive

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

Case No. 7 - January 2002

Tissue from: Right upper arm

Accession #28660

Clinical Abstract:

This 79-year-old male was being followed for a bleeding disorder due to a factor II deficiency. He had no other hematologic problems. A mass on his right upper arm was excised.

Gross Pathology:

The pale tan elliptical skin fragment measured 10.0 x 4.0 x 1.2 cm. Beneath the dermis extending to the ulnar tissue was a 4.0 x 1.5 x 7.2 cm nodule.

SPECIAL STUDIES:

CD20	positive
CD23	positive
CD5	positive
Kappa	light chain restriction

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

Case No. 8 - January 2002

Tissue from: Spleen

Accession #28844

Clinical Abstract:

This 85-year-old female was found to have splenomegaly. A splenectomy was performed.

Gross Pathology:

The 840 gram spleen was 21.5 x 13.2 x 6.6 cm. The cut surface was red with prominent white pulp.

SPECIAL STUDIES:

Lambda light chain	positive
CD23	positive
CD5	positive

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

Case No. 9 - January 2002

Tissue from: Ileocecal bowel

Accession #28761

Clinical Abstract:

Because of abdominal pain and cramping, this 39-year-old female underwent a barium enema which showed a mass in the cecum. A right hemicolectomy was performed.

Gross Pathology:

A large annular ulcerated mass partially obstructed the cecum, narrowing the lumen to less than 1.0 cm. The mass extend along the ileocecal valve to the distal 3.0 cm of the terminal ileum. The mucosa and submucosa were replaced by gray-white nodular tissue.

SPECIAL STUDIES:

LCA	strongly positive
CD20	positive
CD43	negative
CD3	negative
CEA	negative
EMA	negative
Keratin	negative

Contributor: Ronald R. Dorfman, M.D.
Stanford, CA

Case No. 10 - January 2002

Tissue from: Right inguinal mass

Accession #18256

Clinical Abstract:

Following complaints of fatigue and malaise, this 18-year-old male was found to have bilateral cervical and left axillary lymphadenopathy. A progressively enlarging mass in the right groin was noted and excised.

Gross Pathology:

The 25 gram ovoid lymph node was 3.5 x 3.0 x 2.0 cm. The cut surface showed lobular firm subdivided by fibrous septa.