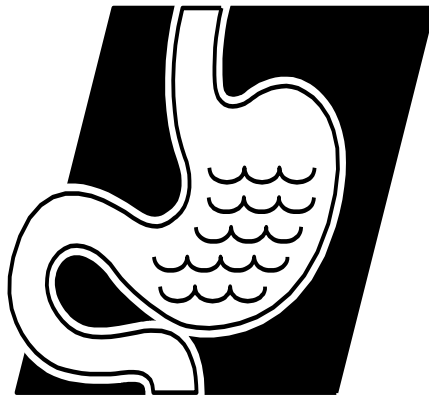


CALIFORNIA
TUMOR TISSUE REGISTRY

“GASTROINTESTINAL TRACT PATHOLOGY”

Study Cases, Subscription A

January 2003



California Tumor Tissue Registry
c/o: Department of Pathology and Human Anatomy
Loma Linda University School of Medicine
11021 Campus Avenue, AH 335
Loma Linda, California 92350
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FAX: (909) 558-0188
E-mail: cttr@linkline.com
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: Howard Otto, M.D.
Cheboygan, MI**

Case No. 1 - January 2003

Tissue from: Rectum

Accession #28924

Clinical Abstract:

Because of rectal discomfort and spasms, pelvic pressure and occasional blood in her stools, this 51-year-old female underwent a colonoscopy with biopsy, followed by an abdominoperineal resection.

Gross Pathology:

At the anorectal junction was a 4 x 8 cm circumferential nodular elevated mass distorting overlying rectal mucosa.

**Contributor: Arno A. Roscher, M.D.
Granada Hills, CA**

Case No. 2 - January 2003

Tissue from: Terminal ileum

Accession #29606

Clinical Abstract:

For three days this 41-year-old female suffered from right lower quadrant abdominal pain and diarrhea. A colonoscopy showed a nodule in the right colon and an enlarged ileocecal valve with friable and irregular mucosa. Following biopsy, a right hemicolectomy was performed.

Gross Pathology:

Just proximal to the ileocecal valve was a 1 x 2 x 2.5 cm yellow sessile mass. Two satellite nodules, 1 and 1.5 cm in diameter, were in the ileocecal valve and adjacent cecum. The attached mesentery and mesocolon were diffusely indurated.

SPECIAL STUDIES (Outside facility):

Chromogranin A	positive
Neuron specific enolase	positive
Synaptophysin	positive

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

Case No. 3 - January 2003

Tissue from: Small bowel

Accession #28167

Clinical Abstract:

After one day of severe abdominal pain, this 67-year-old male presented to the Emergency Department. A small bowel resection was performed.

Gross Pathology:

Within the resected small bowel was a 5.2 x 8.5 cm circumferential ulcer with a full-thickness perforation. The base of the ulcer and surrounding tissues were gray. Adjacent regions of small bowel mucosa showed multiple tan nodules up to 0.1 cm in diameter.

SPECIAL STUDIES (Outside facility):

Keratin	negative
LCA	positive

Contributor: Roger Terry, M.D.
San Gabriel, CA

Case No. 4 - January 2003

Tissue from: Gallbladder

Accession #29700

Clinical Abstract:

After eating a big meal on Christmas Eve, this 74-year-old female started feeling abdominal discomfort and attributed it to overeating. However, the pain persisted, accompanied by nausea and vomiting. CT scan showed a thickened gallbladder with multiple stones and pancreatic changes consistent with pancreatitis.

Gross Pathology:

The previously opened gallbladder measured 7.0 x 5.5 x 3.5 cm. The gallbladder wall averaged 2.3 cm in thickness throughout. There were multiple yellow discolorations measuring in size from 0.3 cm to 1.5 cm.

Contributor: Robert E. Riechmann, M.D.
Covina, CA

Case No. 5 - January 2003

Tissue from: Small bowel

Accession #24466

Clinical Abstract:

On workup, this 49-year-old female was found to have an abdominal mass.

Gross Pathology:

The 64 cm of resected small bowel was curled around and densely adherent to a hard mesentery that was expanded into an ovoid yellow-white 7.0 cm diameter mass.

Contributor: G. N. Pesselnick, M.D.
Los Angeles, CA

Case No. 6 - January 2003

Tissue from: Pancreas

Accession #23497

Clinical Abstract:

A female, age unknown, was found to have an abdominal mass.

Gross Pathology:

A 10.0 x 7.0 x 8.0 cm bosselated rubbery mass arose from the tail of the pancreas. The cut surface showed criss-crossing fibrous bands and small cystic spaces.

Contributor: Thomas E. Hall, M.D.
Reno, NV

Case No. 7 - January 2003

Tissue from: Sigmoid colon

Accession #24539

Clinical Abstract:

A 34-year-old male developed loose, mucoid stools with occasional bleeding. A barium enema revealed circumferential narrowing in the sigmoid region.

Gross Pathology:

The resected sigmoid colon contained a 5.5 cm annular mass that penetrated the entire thickness of the bowel wall. The pericolic fat contained many enlarged lymph nodes.

Contributor: Henry Tesluk, M.D.
Sacramento, CA

Case No. 8 - January 2003

Tissue from: Small bowel

Accession #29637

Clinical Abstract:

This 83-year-old female was found to have severe iron deficiency anemia. She had recently been treated for *H. pylori* gastritis but no definite source of bleeding was found. An EGD showed a polyp in the jejunum, which was biopsied. She was otherwise in good health. There was no lymphadenopathy.

Gross Pathology:

A 3.0 cm polyp was removed from the jejunum.

SPECIAL STUDIES (Outside facility):

HMB-45	positive
Lymphocytic markers	negative

Contributor: Otto Klinger, M.D.
Mission Hills, CA

Case No. 9 - January 2003

Tissue from: Ligament of Treitz

Accession #27242

Clinical Abstract:

This 33-year-old male pedestrian was struck by a motor vehicle and experienced massive trauma with ruptured viscus and multiple fractures. During the course of surgery, a mass in the region of the ligament of Treitz was found.

Gross Pathology:

The specimen included a 3.0 cm encapsulated spherical tumor.

SPECIALS STUDIES (Outside facility):

NSE	positive
Synaptophysin	positive
S-100	negative
Keratin	negative
GFAP	negative

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

Case No. 10 - January 2003

Tissue from: Small Bowel Mesentery

Accession #29595

Clinical Abstract:

This 77-year-old male was found to have occult blood in his stool. A CT scan showed a large intra-abdominal or retroperitoneal mass.

Gross Pathology:

Two bulging masses, 13.0 x 10.5 x 10.5 cm and 3.5 x 3.0 x 2.0 cm, were present in the mesentery of the resected small bowel. The cut surfaces were dense, white and fibrous. The smaller nodules showed some invasion of small bowel muscular wall.

SPECIAL STUDIES (Outside facility):

CD-117	strongly positive
S-100	rare positivity
Actin	negative
Desmin	negative