

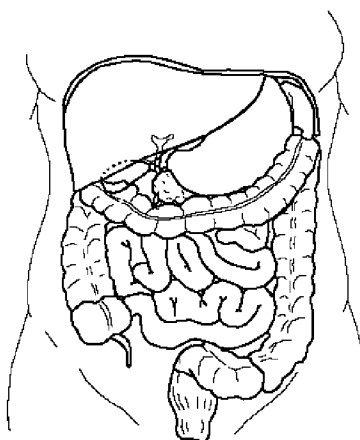


CALIFORNIA
TUMOR TISSUE REGISTRY

“GASTROINTESTINAL PATHOLOGY”

Study Cases, Subscription A

November, 2003



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: Andres Candela, M.D.
Pensacola, FL

Case No. 1 - November 2003

Tissue from: Duodenum

Accession #29743

Clinical Abstract:

During work up for GI bleeding, this 86-year-old male was found to have a duodenum mass.

Gross Pathology:

Within the duodenal resection specimen was a 7.0 x 5.0 x 4.8 cm pedunculated lobulated tan-pink polyp.

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

Case No. 2 - November 2003

Tissue from: Stomach

Accession #29763

Clinical Abstract:

This 63-year-old female was found to have a mass in her gastric antrum.

Gross Pathology:

Bulging beneath the mucosa of the partially resected stomach was a 5.8 cm firm rubbery ovoid nodule with central ulceration. Cross section of the wall showed a well circumscribed submucosal mass, without invasion of the underlying muscularis propria.

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

Case No. 3 - November 2003

Tissue from: Mesentery of large and small bowel/stomach Accession #29675

Clinical Abstract:

In addition to a history of irritable bowel syndrome and gastroesophageal reflux disease, this 53-year-old female reported diarrhea and incontinence for several months. She was gravida 1, para 1 and had had a hysterectomy two years prior to this presentation. CT of the abdomen showed partial small bowel obstruction. A lobulated soft tissue mass abutted the inferior aspect of the stomach, but it was unclear if the mass was extrinsic to or arising from the stomach. At surgery, a 4 cm mass was located at the root of the transverse mesocolon anterior to the superior mesenteric vessel. It encroached into the transverse colon, the greater curvature of the stomach and invaded the small bowel at the ligament of Treitz.

Gross Pathology:

The resection specimen included colon from cecum to splenic flexure, as well as a portion of stomach and small bowel. A 4.4 x 4.4 x 3.5 cm mass approximated the stomach, small bowel and colon muscularis, most extensively involving the gastric wall. The cut surface of the mass was firm, whorled white stroma and was well demarcated.

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

Case No. 4 - November 2003

Tissue from: Colon Accession #29622

Clinical Abstract:

Because of urinary tract problems, this 53-year-old female had radiographic studies, which showed a possible colon lesion. Colonoscopy showed a polypoid mass with a "shiny" surface. A descending colon segmental resection was performed.

Gross Pathology:

Within the resected colon was a 4.0 x 3.5 cm smooth surfaced polypoid mass attached to the mucosa with a fairly broad base. The cut surface was rubbery whorled white-tan and showed the mass extending into the underlying fat for a distance of 5 cm.

SPECIAL STUDIES (Outside facility):

Desmin	strong diffuse positivity
Muscle specific actin (MSA)	diffusely positive
Smooth muscle actin (SMA)	diffusely positive
CD34, CD117, S100, Pancytokeratin	negative

Contributor: Octavio Armas, M.D.
La Mesa, CA

Case No. 5 - November 2003

Tissue from: Small bowel mesentery

Accession #29539

Clinical Abstract:

During work up for possible small bowel obstruction, a bulky mass was discovered in the small bowel mesentery of this 39-year-old female.

Gross Pathology:

Within the mesentery of the resected small bowel was a 13.0 x 11.0 x 6.0 cm tumor.

SPECIAL STUDIES (Outside facility):

CD117	positive
S100	negative
Muscle specific actin	negative

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

Case No. 6 - November 2003

Tissue from: Tail of pancreas

Accession #29795

Clinical Abstract:

An ultrasound performed because of fetal demise showed a large intra-abdominal mass in this 30-year-old female. She had had no prior abdominal or pelvic complaints. A CT scan showed a 9 x 7x 7 cm mass contiguous with the greater curvature of the stomach and appearing to arise from the tail of the pancreas. A rim of calcification was noted.

Gross Pathology:

Attached to the resected portion of pancreas was an encapsulated tumor mass weighing 220 grams and measuring 10.0 cm in diameter. The cut surface showed partially solid and partially cystic areas with the cystic areas lined by slightly papillary hemorrhagic tissue.

SPECIAL STUDIES (Outside facility):

Chromogranin, Synaptophysin	negative
Insulin, Glucagon, Somatostatin	negative
Gastrin, Vasoactive intestinal polypeptide	negative
CD10	positive
Progesterone receptor	positive
CEA	negative
CAM5.2/AE-1	focally positive
Mucicarmine	negative

**Contributor: Donovan Hare, M.D.
Redlands, CA**

Case No. 7 - November 2003

Tissue from: Right colon

Accession #29769

Clinical Abstract:

A large colonic polyp was found in the hepatic flexure of this 14-year-old female.

Gross Pathology:

The 390 gram, 23.0 x 7.5 x 2.0 cm segment of cecum and ascending colon contained a 4.7 cm diameter polypoid mass with a tan to yellow-orange cut surface.

SPECIAL STUDIES (Outside facility):

S-100	positive
NSE	positive
Actin	negative

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

Case No. 8 - November 2003

Tissue from: Stomach

Accession #29781

Clinical Abstract:

This 54-year-old male complained of epigastric pain and cramping between meals for four months. He had a history of a carcinoid tumor of the lung, resected eleven years ago and prostate carcinoma, resected a year prior to this presentation. Upper GI radiographs showed a large filling defect in the antrum of the stomach.

Gross Pathology:

Within the previously opened stomach was a 13.0 x 9.0 x 5.0 cm exophytic tumor with a cauliflower-like surface. The cut surface was yellow-tan with foci of hemorrhage and necrosis.

SPECIAL STUDIES:

Chromogranin A	positive
Synaptophysin	positive
CEA	negative
Alpha-fetoprotein	negative

Case No. 9 - November 2003

Accession #29690

Clinical Abstract:

This 46-year-old male with cirrhosis was found to have a liver mass.

Gross Pathology:

The 172 gram, 13.0 x 9.0 x 3.5 cm left lateral segment of liver contained a well-circumscribed golden tan, soft mass that measured 4.5 x 3.8 x 3.5 cm.

Case No. 10 - November 2003

Accession #29791

Clinical Abstract:

Following work up for increasing dyspepsia and dysphagia this 68-year-old female underwent an esophagogastrectomy.

Gross Pathology:

The proximal stomach contained an endophytic tumor measuring 3.0 x 1.2 cm. Multiple indurated lymph nodes were present, the largest measuring 2.5 x 1.5 cm.

SPECIAL STUDIES (Outside):

Mucin positive