



CALIFORNIA
TUMOR TISSUE REGISTRY

“GENERAL PATHOLOGY”

Study Cases, Subscription A

March 2003



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: Duyet Vo, M.D.
Wildomar, CA**

Case No. 1 - March 2003

Tissue from: Vulva

Accession #29489

Clinical Abstract:

A wheelchair-bound, gravida IV, para III, 62-year-old female complained of an ulcerated mass in her vulva. Examination showed a 7 x 10 cm left labial mass, which was interpreted as a large Bartholin gland cyst.

Gross Pathology:

The oval, circumscribed, dark red tumor measured 6.5 x 5.0 x 4.5 cm.

**Contributor: Henry Slosser, M.D.
Pasadena, CA**

Case No. 2 - March 2003

Tissue from: Left gluteal mass

Accession #27739

Clinical Abstract:

Two years after removal of a lipoma from her left gluteal region, this 65-year-old female presented with a recurrent mass and underwent exploration for a suspected herniation of her sigmoid colon into the previous surgical site. At surgery, the pelvic floor was found to be intact. Further exploration found a gluteal mass, extending through the levator muscles into the perirectal space. The surgeon reported that the mass had the gross appearance of a duplication cyst or segment of colon, although there was no identifiable connection with the gut.

Gross Pathology:

The 23.0 x 5.5 x 1.4 cm mass was solid, with a glistening mucoid tan cut surface.

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

Case No. 3 - March 2003

Tissue from: Suprapubic mass

Accession #29512

Clinical Abstract:

On examination for gallstones, this 49-year-old female was found to have a suprapubic mass. Other than her symptomatic cholecystitis, she reported no medical or gynecologic problems. There is no past surgical history.

Gross Pathology:

The ovoid, soft pink tissue mass measured 9.0 x 7.0 x 3.0 cm and weighed 121 grams.

SPECIAL STUDIES (Outside facility):

Vimentin	positive
Smooth muscle actin	positive
Desmin	rare positive
CD31	negative
CD34	negative
Pancytokeratin	negative

**Contributor: Pamela Boswell, M.D.
San Diego, CA**

Case No. 4 - March 2003

Tissue from: Left ovary

Accession #28806

Clinical Abstract:

During work-up for fever and leukocytosis, this 19-year-old female underwent an IVP which showed calcification outside her ureter. A subsequent transabdominal pelvic ultrasound revealed echogenic masses replacing both ovaries.

Gross Pathology:

The previously opened cystic ovary measured 5.0 x 4.0 x 2.5 cm. The cyst contained yellow-white caseous material admixed with hair and a 0.8 cm cartilaginous nodule. The wall thickness measured approximately 0.3-0.4 mm.

Contributor: Gerald Dagleish, M.D.
Simi Valley, CA

Case No. 5 - March 2003

Tissue from: Intra-abdominal mass

Accession #29500

Clinical Abstract:

While experiencing mid abdominal pain, this 40-year-old male also noted that his abdominal girth was increasing and that he had had a twelve-pound weight loss over the prior two weeks. CT scan of the abdomen showed a large intraperitoneal necrotic mass, possible emanating from the small bowel.

Gross Pathology:

The 3,200 gram, 24.0 x 20.0 x 10.0 cm abdominal mass was easily dissected from the attached bowel. The cut surface of the tumor was smooth pale tan with slightly softer yellow areas, suggestive of necrosis.

SPECIAL STUDIES (Outside facility):

Cytokeratin	strongly positive
Epithelial membrane antigen	positive
Desmin	strongly positive
NSE	strongly positive
CD99	strongly positive
Chromogranin	negative
Synaptophysin	negative
Cytokeratin 20	negative

Contributor: Xuedong Wang, M.D.
Pasadena, CA

Case No. 6 - March 2003

Tissue from: Right lobe of liver

Accession #29550

Clinical Abstract:

During a hospital admission for fever, hepatomegaly and elevated liver function tests, this 13-year-old male was found, on CT scan, to have a large mass in the right lobe of his liver.

Gross Pathology:

The 1476 gram right lobe of liver contained a 13.5 x 11.0 x 10.8 neoplasm diffusely involving half of the liver parenchyma. The central aspect of the neoplasm displayed several foci of hemorrhage and necrosis with the largest at 8.0 cm. The surrounding surface of the neoplasm was variegated dark green and pale green, nodular and solid.

Contributor: Alexander Lyster, M.D.
Victoria, TX

Case No. 7 - March 2003

Tissue from: Left gluteus medius and maximus

Accession #29298

Clinical Abstract:

An 11-year-old male developed a mass on the lateral aspect of his left hip.

Gross Pathology:

The 98 gram, 9.0 x 5.0 x 4.0 cm irregular firm mass consisted of ill-defined gray-white whorled fibrous tissue mingling with brown muscle.

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

Case No. 8 - March 2003

Tissue from: Small bowel

Accession #28407

Clinical Abstract:

This 50-year-old female presented with small bowel obstruction. A partial resection of the small bowel was performed for presumed submucosal lipoma.

Gross Pathology:

The 9 cm long segment of bowel contained a 2.8 x 2.2 x 2.2 cm ulcerated red to gray submucosal nodule.

SPECIAL STUDIES (Outside facility):

S-100	negative
Desmin	negative

Contributor: LLUMC Pathology Group (rlc)
Loma Linda, CA

Case No. 9 - March 2003

Tissue from: Left knee

Accession #29497

Clinical Abstract:

This 63-year-old male complained of an enlarged and painful left knee. At surgery a large mass was found in the suprapatellar pouch, invading extracapsular soft tissue both medially and laterally. Past history was significant for a left knee mass excised eighteen years earlier.

Gross Pathology:

The 457 gram, 20 x 14.0 x 6.5 cm aggregate consisted of multiple irregular pink-tan to red tan soft tissue fragments ranging up to 13.5 x 6.5 x 4.8 cm.

Contributor: Alexandra Reichman, M.D.
Marysville, CA

Case No. 10 - March 2003

Tissue from: Brain

Accession #28462

Clinical Abstract:

After two weeks of experiencing severe headaches, interpreted as a viral syndrome, this 48-year-old male collapsed, became confused and developed left sided weakness. In the emergency department, he was arousable but showed loss of short-term memory and total left-side neglect. CT of the brain showed a large right sided frontal temporal tumor. MRI showed a 7 x 7 x 5.8 cm, heterogeneously enhancing, centrally necrotic mass arising near the floor of the right temporal lobe.

Gross Pathology:

Multiple pieces of soft tan brain tissue formed aggregates that were 7 x 4.5 x 2 cm and 6 x 5 x 3 cm in greatest diameter.