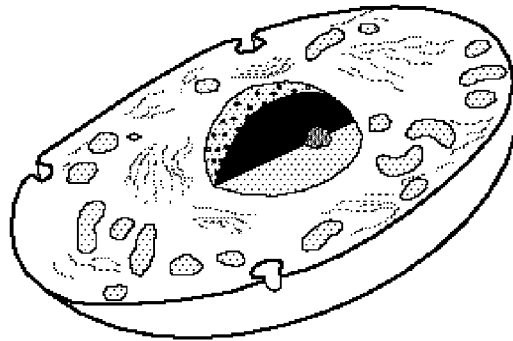




CALIFORNIA
TUMOR TISSUE REGISTRY

“NEUROENDOCRINE PATHOLOGY”
Study Cases, Subscription B

February 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 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: J.C. Blaustein , M.D.
Santa Barbara, CA**

Case No. 1 - February 2003

Tissue from: Abdominal mass

Accession #27718

Clinical Abstract:

A three-year-old female experienced abdominal pain approximately three to four days prior to admission. A moveable abdominal mass was palpable upon examination. A subsequent ultrasound confirmed a solid mass with some cystic areas in the mid-abdomen. At surgery, the mass was found to be retroperitoneal, arising near the bifurcation of the aorta.

Gross Pathology:

The 118 gram firm, nodular mass was 7.0 x 6.8 x 5.3 cm. The cut surface was tan with areas of hemorrhage and focal yellow necrosis.

SPECIAL STUDIES:

Neuron Specific Enolase	strongly positive
Chromogranin	strongly positive
Synaptophysin	strongly positive
Neurofilament	positive in focal background fibers

**Contributor: Donald Rankin, M.D.
Fontana, CA**

Case No. 2 - February 2003

Tissue from: Right adrenal

Accession #27648

Clinical Abstract:

A prenatal sonogram had shown a cystic mass in the right adrenal gland of a female infant. This was confirmed after delivery and at four days old, she underwent excision of the mass.

Gross Pathology:

The 8 gram, 4.2 x 2.6 x 1.5 cm ovoid mass was covered by stretched but grossly intact adrenal cortex. Cut surface showed a central hemorrhagic cyst with a surrounding 2.0 cm rim of red tissue.

Case No. 3 - February 2003

Accession #8103

Clinical Abstract:

This 13-year-old female presented with nausea, vomiting and headaches. Her blood pressure was 250/190. At surgery, both adrenal glands were found to be normal. At the bifurcation of the aorta, two encapsulated tumors were found. After resection of the tumors, her pressures dropped to 105/70.

Gross Pathology:

The specimen consisted of two discrete, lobulated, encapsulated tumors that measured 5.0 x 4.0 x 3.0 cm and 4.0 x 3.0 x 2.8 cm. Both had yellow-tan cut surfaces.

Case No. 4 - February 2003

Accession #27776

Clinical Abstract:

One morning, this 43-year-old male awakened in a pool of blood, after having lost consciousness while seated on the commode. He denied any significant prior medical history. An esophagogastroduodenoscopy was performed, which showed a friable mass in the stomach.

Gross Pathology:

The esophagogastrectomy specimen contained a 3.0 x 2.5 x 2.5 cm firm, fleshy, pink-tan, focally hemorrhagic mass. Within the attached mesentery was a 6.0 x 4.0 x 4.0 cm firm rubbery mass with a homogenous, yellowish gray cut surface.

SPECIAL STUDIES:

Chromogranin A positive

Case No. 5 - February 2003

Accession #27580

Clinical Abstract:

In a routine examination, a rubbery cystic vaginal mass was found in this 51-year-old female. She had a history of vaginal hysterectomy for adenomatous hyperplasia and adenomyosis. Ultrasound showed a large complex mass extending across the midline. A bilateral salphingo-oophorectomy was performed.

Gross Pathology:

The 10.9 x 7.2 x 4.2 cm right ovary had multiple cysts filled with dark yellow to dark brown material. In the wall of one cyst was a 3.2 x 1.5 x 3.3 cm yellow, rubbery area.

SPECIAL STUDIES

Chromogranin positive

Case No. 6 - February 2003

Accession #27714

Clinical Abstract:

With history of partial prostatectomy for prostate carcinoma four years earlier, this 91-year-old male was admitted with severe diarrhea and frequent urination. Physical examination revealed a huge nodular prostate causing marked bladder distention and rectal narrowing. A transurethral prostate resection was performed.

Gross Pathology:

The specimen consisted of 19 grams of prostate chips.

**Contributor: Howard Otto, M.D.
Cheboygan, MI**

Case No. 7 - February 2003

Tissue from: Right axillary tissue

Accession #29335

Clinical Abstract:

This 80-year-old male noticed a mass in his right axilla that was fixed to the surrounding tissues and was causing discomfort. Careful work-up and review of past history failed to reveal a primary site for the mass.

Gross Pathology:

The nodular mass measured approximately 6.5 x 4.6 x 3.0 cm and had a nodular, gray-tan, mottled cut surface.

SPECIAL STUDIES (Outside Facility):

Pancytokeratin	perinuclear dot-like positivity
CK20	perinuclear dot-like positivity
Chromogranin A	weakly positive
CD20	negative
CD43	negative
CD45RO (A6)	negative
S100 protein	negative

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

Case No. 8 - February 2003

Tissue from: Right cerebellar tissue

Accession #29388

Clinical Abstract:

A right cerebellar mass was found in this 33-year-old female.

Gross Pathology:

The 3.1 x 2.4 x 1.5 cm ovoid fragment of pink tan soft tissue had a solid homogenous cut surface.

SPECIAL STUDIES

Leukocyte common antigen	negative
GFAP	positive patchy dot-like reaction

**Contributor: William Siefert, M.D.
Los Angeles, CA**

Case No. 9 - February 2003

Tissue from: Right carotid body

Accession #13013

Clinical Abstract:

This 85-year-old obese, hypertensive male was admitted with a diagnosis of acute cerebrovascular accident. A large pulsatile mass was present in his anterior neck and was reported to have been unchanged over the prior 10 years. While hospitalized, he suffered a cardiac arrest and died. An autopsy was performed.

Gross Pathology:

The right carotid artery was coursed over a 6.0 x 5.0 x 3.0 cm, 60 gram homogenous solid gray-tan mass. A similar 3 gram mass was present at the bifurcation of the left carotid artery.

**Contributor: Walter R. Fischer, M.D.
Fort Wainwright, Alaska**

Case No. 10 - February 2003

Tissue from: Thyroid

Accession #12494

Clinical Abstract:

During an examination for a sore throat, this 42-year-old female was found to have a thyroid nodule. She was asymptomatic and the nodule was watched for several years before being resected.

Gross Pathology:

The 46 gram, 7.5 x 4.0 x 3.0 cm thyroid lobe contained a rubbery tan variegated 4.0 x 3.0 cm nodule.