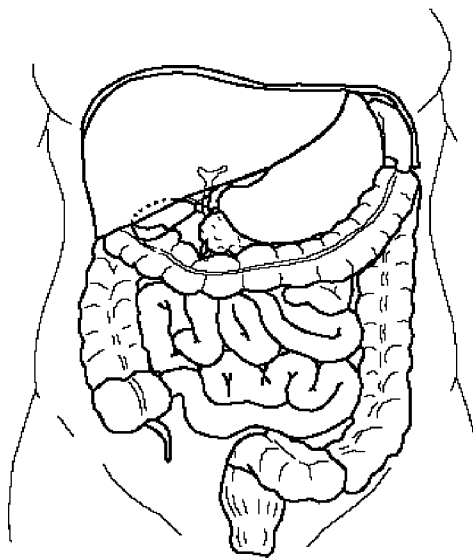




CALIFORNIA  
TUMOR TISSUE REGISTRY

**“GASTROINTESTINAL PATHOLOGY”**  
Study Cases, Subscription B

**January 2003**



**California Tumor Tissue Registry**  
c/o: Department of Pathology and Human Anatomy  
Loma Linda University School of Medicine  
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Web site & Case of the Month: [www.cttr.org](http://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: Shelley Tepper, M.D.  
San Francisco, CA**

**Case No. 1 - January 2003**

**Tissue from: Stomach**

**Accession #25447**

**Clinical Abstract:**

A 66-year-old male had a two to three month history of malodorous eructations and stomach pains that were relieved by antacids. An upper GI series revealed a fundic ulcer. He underwent a radical total gastrectomy.

**Gross Pathology:**

Within the cardia was an 8.0 x 7.0 cm fungating tumor with a 6 cm diameter excavated ulcer. The tumor extended through the gastric wall and was adherent to the hilar region of the spleen. Cut sections showed a uniform gray appearance.

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**Contributor: A.J. Rajala, M.D.  
Santa Barbara, CA**

**Case No. 2 - January 2003**

**Tissue from: Gastro-esophageal junction**

**Accession #20444**

**Clinical Abstract:**

This 51-year-old female had a three week history of abdominal pain. An upper GI series revealed an infiltrative process in the fundus of the stomach. Gastroscopy revealed a tumor protruding into the esophagus, which precluded the passing of the gastroscope beyond that point. She underwent a partial esophagogastrectomy.

**Gross Pathology:**

The resection specimen included a 7.3 cm ulcerated fungating red-brown to gray tumor at the esophagogastric junction with induration extending into the gastric wall. On the lesser curvature were masses of gray-yellow to white nodes.

**SPECIAL STUDIES:**

CD3	negative	Synaptophysin	negative
CD20	negative	Chromogranin	negative
CD45	negative	CD79A	negative
Ki67	>40% positive	CAM 5.2	positive
Cytokeratin	positive	NSE	positive
Kappa	positive	AE1/AE3	focally positive
Lambda	positive	CD99	negative
Cyclin D1	negative		

**Contributor: Jerome L. Heard, M.D.**  
**San Diego, CA**

**Case No. 3 - January 2003**

**Tissue from: Mesentery**

**Accession #21167**

**Clinical Abstract:**

Seven years after a subtotal colectomy for polyposis, this 31-year-old female presented with a rapidly enlarging abdominal mass. At surgery, the mass was present in the small bowel mesentery and extended from the pancreas to below the pelvic brim, and was considered inoperable. One year later she presented with bowel obstruction and perforation.

**Gross Pathology:**

The 18.0 x 15.0 x 6.0 cm specimen was composed of multiple intestinal loops bound by dense fibrous adhesions and showing numerous areas of perforation. The mesentery was infiltrated by a 6 x 4 cm ill-defined yellow-gray mass.

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**Contributor: C.O. Burdick, M.D.**  
**Livermore, CA**

**Case No. 4 - January 2003**

**Tissue from: Jejunum**

**Accession #21684**

**Clinical Abstract:**

For six to eight months, this 17-year-old male had intermittent episodes of severe abdominal pain accompanied with nausea and vomiting that lasted three to four days. Radiographic findings were consistent with intussusception.

**Gross Pathology:**

The 10.0 cm resected portion of the jejunum had a 7.0 x 5.0 cm intraluminal nodular mass confined to the mucosa.

**Contributor: E.R. Jennings, M.D.**  
**Long Beach, CA**

**Case No. 5 - January 2003**

**Tissue from: Stomach**

**Accession #12412**

**Clinical Abstract:**

This is a 79-year-old male presented with mild epigastric distress. His physical examination was unremarkable. Initial radiographs showed no abnormalities but a repeat study one month later showed a thickening of the mid-third of the greater curvature of the stomach.

**Gross Pathology:**

The mucosal surface showed an 18.0 cm polypoid, glistening tumor that involved most of the stomach. The gastric wall was thickened up to 1.5 cm and was indurated.

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

**Case No. 6 - January 2003**

**Tissue from: Small intestine**

**Accession #29494**

**Clinical Abstract:**

This 79-year-old male presented with small bowel obstruction.

**Gross Pathology:**

Small bowel segments had multiple sites where firm white tumor infiltrated the full thickness of the wall, producing luminal narrowing. The mucosal surfaces at those sites were ulcerated with at least one area of full thickness perforation. The tumor masses, up to 2.5 cm in diameter, appeared to undermine adjacent, uninvolved mucosa.

**SPECIAL STUDIES:**

CAM 5.2/AE1	strongly positive	CEA	negative
Vimentin	strongly positive	S100	negative
Calretinin	focal positive	CD117	negative
Cytokeratin 5,6	focal positive	CD34	negative
		Desmin	negative

**Contributor: Jana Pindur, M.D.  
Anaheim, CA**

**Case No. 7 - January 2003**

**Tissue from: Rectum**

**Accession #29197**

**Clinical Abstract:**

This female presented with bleeding from the rectum.

**Gross Pathology:**

A 6 cm long portion of rectum was resected.

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**Contributor: J.A. Arcellana, M.D.  
Livermore, CA**

**Case No. 8 - January 2003**

**Tissue from: Liver**

**Accession #19897**

**Clinical Abstract:**

This 77-year-old chronically ill male had a history of hemoptysis and pneumonia for over two to three months. Despite antibiotic therapy, he deteriorated and died. An autopsy was performed.

**Gross Pathology:**

The 2200 gram liver contained multiple irregular, ill-defined firm gray-white areas, 7.0 to 8.0 cm in diameter, on both external and cut surfaces.

**Contributor: Livia Ross, M.D.**  
**Oakland , CA**

**Case No. 9 - January 2003**

**Tissue from: Small intestine**

**Accession #20889**

**Clinical Abstract:**

With a long history of alcoholic liver disease with cirrhosis and iron deficiency anemia, this 34-year old male expired following a lengthy hospitalization for sepsis, hepatic coma and G.I. tract bleeding. An autopsy was performed.

**Gross Pathology:**

Throughout the length of the small intestine were multiple solid 'pea-sized' submucosal red nodules, found singly and in clusters.

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**Contributor: Roy L. Byrnes, M.D.**  
**Laguna Beach, CA**

**Case No. 10 - January 2003**

**Tissue from: Pancreas**

**Accession #20494**

**Clinical Abstract:**

Shortly after a normal delivery of a healthy infant, this 25-year-old female noticed a lump in her left upper abdomen. She underwent an exploratory laparotomy for abdominal mass.

**Gross Pathology:**

The tail of the pancreas contained a 25.0 cm diameter cystic mass, containing clear viscid gray-white fluid and subloculations from 1 to 6 cm in diameter.