

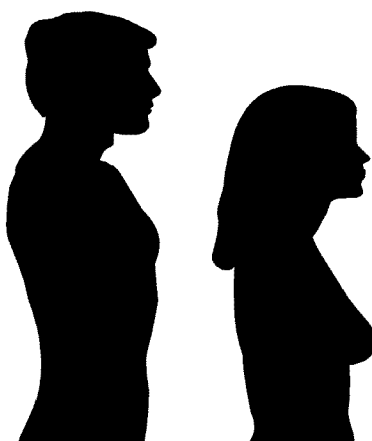


CALIFORNIA
TUMOR TISSUE REGISTRY

“GENERAL PATHOLOGY”

Study Cases, Subscription A

March, 2004



California Tumor Tissue Registry
c/o: Department of Pathology and Human Anatomy
Loma Linda University School of Medicine
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Loma Linda, California 92350
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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: John McGill, M.D.
Pasadena, CA**

Case No. 1 - March 2004

Tissue from: Uterus

Accession #29774

Clinical Abstract:

Following work-up for vaginal bleeding, this 56-year-old female was found by CT scan to have a large necrotic uterine mass.

Gross Pathology:

The 654 gram uterus contained a 20.0 cm hemorrhagic endometrial tumor extending through the myometrium to the serosa.

**Contributor: Usha Garg, M.D.
Oxnard, CA**

Case No. 2 - March 2004

Tissue from: Left breast

Accession #29776

Clinical Abstract:

This 25-year-old female presented with a mass in her left breast.

Gross Pathology:

The 5.0 x 4.0 x 3.0 cm ovoid mass was composed of fairly uniform gray-white tissue without cyst-like spaces.

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

Case No. 3 - March 2004

Tissue from: Right wrist

Accession #29705

Clinical Abstract:

Radiographs showed a mass in the distal right radius of this 24-year-old female. [Radiographs are not available for review.]

Gross Pathology:

The multiple fragments of shaggy papillary to nodular tan-gray tissue measured 10.0 x 9.0 x 5.0 cm.

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

Case No. 4 - March 2004

Tissue from: Right great toe

Accession #29813

Clinical Abstract:

Because of discomfort and pain upon ambulation, this 45-year-old male asked to have a soft tissue mass removed from his right great toe.

Gross Pathology:

The 7.0 x 6.0 x 2.0 cm soft tissue mass had an amorphous, crumbling yellow-white cut surface with calcifications.

**Contributor: Steve Romansky, M.D.
Long Beach, CA**

Case No. 5 - March 2004

Tissue from: Adrenal gland

Accession #29756

Clinical Abstract:

Following therapy for a left adrenal mass, this six year old female underwent resection of the tumor.

Gross Pathology:

The 27 gram, 5.0 x 3.5 x 2.5 cm triangular shaped, soft pink specimen showed a tan-pink solid, and focally lobulated tumor surrounded by a thin rim of yellow adrenal cortex.

**Contributor: Timothy Cloherty, M.D.
Santa Barbara, CA**

Case No. 6 - March 2004

Tissue from: Left adrenal

Accession #29680

Clinical Abstract:

This 49-year-old female was found to have hyperaldosteronism and a left adrenal mass was resected.

Gross Pathology:

The 41 gram adrenal gland contained a 4.5 x 3.5 x 4.5 cm a variegated light and dark red, focally lobular tumor with central hemorrhage and chalky red necrosis.

SPECIAL STUDIES:

Chromogranin	negative
S100	negative
CAM5.2	positive in a dot-like pattern

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

Case No. 7 - March 2004

Tissue from: Retroperitoneum

Accession #29807

Clinical Abstract:

This 75-year-old female presented with a retroperitoneal perinephric mass.

Gross Pathology:

An irregular shaped piece of fatty tissue was lobular and yellow with grey areas of increased consistency.

SPECIAL STUDIES:

HMB45 positive

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

Case No. 8 - March 2004

Tissue from: Thymus

Accession #29809

Clinical Abstract:

A chest x-ray right prior to total hip replacement in this 54-year-old female smoker demonstrated an abnormality in the mediastinum. CT scan confirmed a mass in the superior aspect of the anterior mediastinum. A thymectomy was performed.

Gross Pathology:

The well-circumscribed, encapsulated soft tan lesion weighed 110 grams and measured 8.0 x 6.5 x 4.0 cm. Sectioning revealed small cystic spaces ranging from 0.3 to 1.5 cm.

Contributor: W. Leonard Taylor, M.D.
Redlands, CA

Case No. 9 - March 2004

Tissue from: Bowel

Accession #29806

Clinical Abstract:

Complaining of stomach flu, with vomiting, shakes, chills, sweats and up to 103 degree temperature, this 44-year-old female was found to have an abdominal mass, which was removed.

Gross Pathology:

A 20.0 segment of small bowel was distorted by a 155 gram, 14.5 cm in maximum diameter mass. The mass was located within the bowel wall and elevated, but did not ulcerate, the mucosa. It extended into adjacent mesentery to form another, partially cystic, mass.

SPECIAL STUDIES:

CD117	positive
CD34	negative
Desmin	negative
Actin	positive
S100	positive
NSE	positive
Cytokeratin	negative

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

Case No. 10 - March 2004

Tissue from: Abdominal wall

Accession #29567

Clinical Abstract:

Several years after a total hysterectomy for cancer, this 61-year-old female underwent a ventral hernia repair. Two years later she developed a mass in the region of the marlex mesh placed at the time of the hernia repair.

Gross Pathology:

Within the 437 gram, 13.5 x 12.0 x 6.0 cm specimen was a 10.0 x 10.0 x 5.5 cm circumscribed fibrous nodule with a glistening whorled cut surface.

SPECIAL STUDIES:

Vimentin	positive
SMA	positive
Desmin	negative
S100	negative
HHF35	negative