



CALIFORNIA
TUMOR TISSUE REGISTRY

“NEUROPATHOLOGY”

Study Cases, Subscription A

October, 2004



Note: This study set was put together by Dr. Boleslaw Liwnicz, the Registry's neuropathologist for over a decade. He was on chemotherapy at the time, and died of cancer shortly therapy. The Registry dedicates this set to our friend and colleague. May God bless. ...Donald Chase, Executive Director, CTTR.

California Tumor Tissue Registry
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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: Dorothy Tatter, M.D.
Los Angeles, CA**

Case No. 1 - October 2004

Tissue from: Cerebrum

Accession #21953

Clinical Abstract:

For two years this 64-year-old female had a history of memory loss, disorientation and bizarre behavior. She was experiencing right homonymous hemianopsia, early papilledema, increased muscle tone, slight nuchal rigidity and bilateral Babinski signs. For eight weeks she also sustained weakness, headache and difficulty in swallowing. A right carotid angiogram showed an avascular right fronto-parietal mass. She died four months later.

Gross Pathology:

Within the coronal sections of the cerebrum was a 2.0 x 1.5 cm mass. Additionally, there was a white mass in the right frontal lobe measuring 6.0 x 6.0 x 5.0 cm.

**Contributor: Nelson J. Quigley, M.D.
Anaheim, CA**

Case No. 2 - October 2004

Tissue from: Brain

Accession #22484

Clinical Abstract:

Having experienced headaches, blurred vision, dizziness, and gastrointestinal problems, this 15-year-old male was admitted to the hospital for disorientation and confusion. A CT scan revealed a mass involving the left frontal lobe. The patient expired nine days after surgery.

Gross Pathology:

The resected tumor tissue weighted 9 grams, and totaled 3.0 cm in aggregate.

**Contributor: Orange County Sheriff (Coroner)
Orange, CA**

Case No. 3 - October 2004

Tissue from: Cerebrum

Accession #29188

Clinical Abstract:

At 19 months of age, this 8-year-old female had an episode of food choking and was forcibly shaken to dislodge the food. She became cyanotic and was placed on a ventilator and was eventually weaned. Later on, a checkup EEG showed generalized delta-2 activity, and she was placed on phenobarbital for seizures. Her neurologic status remained poor and she was shunted for hydrocephalus. Her medical condition deteriorated following removal of the shunt and she was pronounced dead.

Gross Pathology:

The 571 gram brain had a soft slightly hemorrhagic bulge measuring 1.5 cm in the dorsal right frontal region. The cranial dura matter and both dorsal convexities showed numerous sessile and polypoid soft masses.

SPECIAL STUDIES:

Desmin	negative
GFAP	negative
S100	negative
EMA	negative
CMV	negative

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

Case No. 4 - October 2004

Tissue from: Brain

Accession #29839

Clinical Abstract:

This 46-year-old male presented with complaints of headaches and difficulty in speaking. He had a history of nodular growths in the back of his neck, some of which were treated with antibiotics. A CT scan found a space-occupying lesion.

Gross Pathology:

The resected tumor was oval, relatively well-circumscribed, and measured 3.0 cm. Dura was attached to one periphery.

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

Case No. 5 - October 2004

Tissue from: Brain

Accession #29845

Clinical Abstract:

A 40-year-old male experienced progressive severe headaches and a slightly blunted affect. On examination he was found to have mild left-sided hemiparesis. CT and MR imaging studies showed a massive right frontal ring-enhanced mass.

Gross Pathology:

Excised tissue weighed 0.5 grams and formed a 1.3 x 0.8 x 0.8 cm aggregate.

GFAP & S100 protein	Focally positive
CAM5.2, CK7 & CK20	Negative
HMB45 & MelanA	Negative
CD31, CD34	Negative in lesional cells
CD68	Positive in macrophages, negative in lesional cells
LCA	Negative
TTF1	Negative
P53 & Ki67	<5% positive staining

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

Case No. 6 - October 2004

Tissue from: Brain

Accession #29627

Clinical Abstract:

A 45-year-old male presented with a mass in the left occipital lobe of his brain. He had a history of lung cancer (type unknown).

Gross Pathology:

Removed tissue was and formed a 0.5 x 0.5 x 0.5 cm aggregate.

SPECIAL STUDIES:

CK7	diffusely positive
CAM5.2	diffusely positive
CK20	negative

Contributor: Phillip C. Gordon, M.D.
Winter Haven, FL

Case No. 7 - October 2004

Tissue from: Brain

Accession #29793

Clinical Abstract:

For a month or two this 34-year-old female complained of migraine headaches and dizziness. Imaging studies showed a heterogeneous, minimally enhancing mass involving the right frontal lobe. A lobectomy was performed.

Gross Pathology:

The 100 gram portion of cerebral cortex and underlying white matter measured 8.5 x 7.0 a 3.0 cm.

Contributor: LLUMC Pathology Group
Loma Linda, CA

Case No. 8 - October 2004

Tissue from: Brain

Accession #29095

Clinical Abstract:

This 62-year-old female presented with a history of increasing lethargy. Imaging showed a large enhancing temporal lobe mass. Craniotomy, resection of supratentorial tumor, and microdissection were performed. There was a past history of uterine cancer with a vaginal recurrence.

Gross Pathology:

Removed tissue formed two 5.0 x 4.0 x 4.0 cm and 1.8 x 1.5 x 0.9 cm aggregates.

Contributor: Peter L. Morris, M.D.
Santa Barbara, CA

Case No. 9 - October 2004

Tissue from: Brain

Accession #29853

Clinical Abstract:

Due to Parkinson's tremors, this 75-year-old female underwent a scan which revealed a dural-based convexity tumor.

Gross Pathology:

The 18 gram mass was 3.5 x 3.0 x 2.5 cm

Contributor: Morteza Moussavi, M.D.
El Centro, CA

Case No. 10 - October 2004

Tissue from: Cranium/right inferotemporal fossa

Accession #29098

Clinical Abstract:

This 75-year-old male had a four-year history of progressively worsening pain in the right side of the head. CT scan showed a large neoplasm involving the cranium and extending into the inferotemporal fossa. At surgery the tumor was described by the surgeon as being "dark blue with visible calcifications.

Gross Pathology:

Excised tissue formed a 5.5 x 4.0 x 1.4 cm aggregate.