



CALIFORNIA
TUMOR TISSUE REGISTRY

**“General Pathology”
Study Cases, Subscription B**

February, 2004



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: Chisa Aoyama, M.D.
Sylmar, CA**

Case No. 1 - February, 2004

Tissue from: Abdominal mass

Accession #28318

Clinical Abstract:

A 3-year-old male presented with abdominal distension and intolerance of solid food. CT scan of the abdomen demonstrated a mesenteric cystic mass.

Gross Pathology:

The specimen consisted of a multiloculated cyst measuring 15 cm in diameter. The cystic wall was thin and translucent with well-outlined vascular structures. The cyst contained yellow thick fluid.

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

Case No. 2 - February, 2004

Tissue from: Thyroid

Accession #29000

Clinical Abstract:

A neck mass was noted by this 73-year-old male. Work-up confirmed a right thyroid mass.

Gross Pathology:

A 25 gram, asymmetrical thyroid gland measured 8.0 x 3.5 x 3.0 cm. Within the right lobe was a hard, hemorrhagic, tan mass measuring 3.0 cm in diameter. The left lobe appeared unremarkable.

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

Case No. 3 - February, 2004

Tissue from: Mediastinal mass

Accession #29025

Clinical Abstract:

During workup for recurrent melanoma, this 71-year-old, otherwise healthy man was noted to have an abnormal chest x-ray. CT scan revealed a 5.5 x 6.5 x 4.0 cm anterior mediastinal mass.

Gross Pathology:

The 260 gram specimen included a 152 gram, 8.2 x 7.5 x 5.5 cm encapsulated mass. Sectioning revealed pseudolobulated, pale pink, solid and homogeneous tissue. There was no gross evidence of invasion through the capsular surface.

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

Case No. 4 - February, 2004

Tissue from: Right breast

Accession #29796

Clinical Abstract:

This 73-year-old female had rock-hard breasts resulting from injections of silicone many years ago. Following changes in the nodularity of her breasts, bilateral mastectomies were performed.

Gross Pathology:

The right breast included underlying tissue excised to a depth of 12 cm. The nipple was retracted. The highly indurated tissue had multiple cystic spaces up to 3.0 cm in diameter containing translucent, tenacious, colorless fluid, possibly representing remnants of injected silicone. Continued sectioning revealed gritty and indurated tissue.

**Contributor: Farooq Ali, M.D.
Ventura, CA**

Case No. 5 - February, 2004

Tissue from: Hemorrhoids

Accession #28284

Clinical Abstract:

A 29-year-old male presented to the Emergency Room with complaints of pain due to a prolapsed hemorrhoid. He did not have any prior medical or surgical history. Rectal examination showed grade IV prolapsing, nonreducible hemorrhoids with moderate pain and slight bleeding. The patient underwent an extensive hemorrhoidectomy for internal and external hemorrhoids.

Gross Pathology:

The specimen consisted of tissue fragments that varied from 1.0 to 3.0 cm in greatest dimension, with a firm, white, fibrotic-appearing, 0.4 cm area in one tissue fragment.

**Contributor: Beverly Myers, M.D.
Sacramento, CA**

Case No. 6 - February, 2004

Tissue from: Uterus

Accession #29778

Clinical Abstract:

Because of acute abdominal pain due to right ovarian torsion, this 53-year-old, gravida 3, para 3, female, with a known history of uterine fibroids, underwent a total abdominal hysterectomy and bilateral salpingo-oophorectomy.

Gross Pathology:

The uterus and cervix weighed 549 grams and measured 13.5 x 9.0 x 8.5 cm. Multiple leiomyomata were present, ranging from 0.5 to 8.5 cm in diameter. The largest mass had a gelatinous surface but was without areas of hemorrhage or necrosis.

**Contributor: Arno A. Roscher, M.D.
Granada Hills, CA**

Case No. 7 - February, 2004

Tissue from: Abdominal mass

Accession #28445

Clinical Abstract:

A 69-year-old, gravida 5, para 5, female presented with increasing abdominal distention. Upon examination, a tender, globular, "football-size" mass was noted in the periumbilical region, interpreted as a possible strangulated hernia.

Gross Pathology:

The 1,424 gram specimen consisted of multiple portions of nodular soft tissue, ranging from 5.0 to 25.0 cm in greatest dimension. The largest mass had a white-tan whorling cut surface with areas of indurations and necrosis.

Special Studies:

Desmin	=	Positive
HHF-35	=	Positive

**Contributor: Wafa Michael, M.D.
Fontana, CA**

Case No. 8 - February, 2004

Tissue from: Retroperitoneal mass

Accession #28389

Clinical Abstract:

A 50-year-old male noticed a "rock-hard" mass in his lower abdomen, which was accompanied by pain. CT scan revealed a large retroperitoneal mass with several satellite masses.

Gross Pathology:

The specimen consisted of multiple irregular fragments of friable, hemorrhagic tumor tissue, the largest piece measuring 30 x 25 x 14 cm. The cut surface was solid with areas of hemorrhage and cystic change. A portion of the tumor was attached to the omentum.

Special Studies:

Actin	=	Negative
Desmin	=	Negative
PAS	=	Negative
S-100 Protein	=	Negative
Cytokeratin	=	Negative

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

Case No. 9 - February, 2004

Tissue from: Sacral mass

Accession #29785

Clinical Abstract:

A 62-year-old male with a previous history of prostate cancer presented with complete urinary and bowel incontinence. During work-up, a 4 x 10 cm mass was identified in the sacral canal. Patient underwent en block resection of sacral tissues.

Gross Pathology:

The 260 gram specimen included a 7.0 x 3.0 x 3.0 cm encapsulated mass of pink-tan to white-tan soft tissue.

Special Studies:

CAM 5.2 = Strongly positive

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

Case No. 10 - February, 2004

Tissue from: Left chest wall

Accession #29740

Clinical Abstract:

A 45-year-old male noticed a painful mass in his left back, which was rapidly increasing in size. Five years previously, he had undergone surgery in the same area for removal of a lump, followed by proton therapy. MRI of the chest showed the current lesion to be a 1.5 x 6.6 x 10 cm inhomogeneous soft tissue mass located between the left scapula and posterior chest wall, and the left paraspinal muscles. A composite resection was performed.

Gross Pathology:

The 834 gram, 20.5 x 17.2 x 5.0 cm composite resection of the left posterior chest wall, included portions of four ribs and a portion of medial scapula. Within the center of the specimen was a 9.0 x 8.7 x 2.9 cm firm mass with a generally homogeneous, white-tan cut surface and a central band of necrosis. Gross hemorrhage was not seen. The mass appeared to contact the ribs on the deep portion of the specimen.