



CALIFORNIA
TUMOR TISSUE REGISTRY

“GENERAL PATHOLOGY”
Study Cases, Subscription B

November, 2004



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
(909) 558-4788
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: Robert H. Zuch, M.D.
Baldwin Park, CA**

Case No. 1 - November, 2004

Tissue from: Right forearm

Accession #29899

Clinical Abstract:

An 87-year-old Caucasian female complained of a symptomatic lump on her right forearm which had been present for several months. An excisional biopsy was performed.

Gross Pathology:

The 2.9 x 2.5 cm ovoid portion of gray-tan skin had soft, pink-white tissue throughout the yellow fatty-type subcutaneous tissue of its undersurface.

Special Studies:

Positive: Pancytokeratin (focal punctate perinuclear positivity),
Chromogranin (focal punctate positivity)
CK20

Negative: Leukocyte common antigen (LCA)

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

Case No. 2 - November, 2004

Tissue from: Spleen

Accession #29782

Clinical Abstract:

An 80-year-old female was found to have pancytopenia and splenomegaly on work-up. A splenectomy was performed.

Gross Pathology:

The 754 gram, 19.0 x 16.0 x 12.0 cm spleen demonstrated a slightly nodular pattern to the pink-red parenchyma.

Special Studies:

Positive (Spleen): CD20.
Positive (Lymph Node): CD20 (5% of cells)
CD3 (95% of cells)
CD5 (95% of cells)
CD43 (95% of cells)

Negative (Spleen): CD3, CD30
Negative (Lymph Node): Kappa, Lambda, Bcl-1

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

Case No. 3 - November, 2004

Tissue from: Right pleura

Accession #29712

Clinical Abstract:

A 71-year-old male was found to have marked pleural thickening.

Gross Pathology:

The specimen consisted of multiple essentially flat, membranous-like tissue fragments up to 3.5 cm in thickness and ranging from 3.5 to 15.0 cm in greatest dimension. The cut surfaces had a tan, fleshy appearance.

Special Studies:

Positive: CD45 (LCA), CD138, Kappa, IgG

Negative: AE-1/AE-3, CAM 5.2/AE-1, CD20 (L26), CD10, Lambda, IgA, IgM

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

Case No. 4 - November, 2004

Tissue from: Right para-renal region

Accession #29640

Clinical Abstract:

During work-up prior to a contemplated bariatric surgery, a mass was found in the region of the right kidney of a 50 year-old female. The patient had undergone a hysterectomy some twelve years previously, reportedly for fibroids. A right radical nephrectomy was performed.

Gross Pathology:

Located in the superior lateral aspect of an 867 gram radical nephrectomy specimen was an 11.5 x 9.0 x 7.5 cm, well-encapsulated, firm, apparently extrarenal mass. Cut sectioning revealed an indurated to soft homogeneous tan cut surface with fine white fibrous tissue running throughout.

Special Studies:

Positive: Desmin, Vimentin, CD79A, NSE, CD99, SMA, MSA

Negative: CD117, CD34, EMA, Cytokeratin, CD45RB

Contributor: Kenneth Frankel, M.D.
Glendale, CA

Case No. 5 - November, 2004

Tissue from: Right breast

Accession #29708

Clinical Abstract:

A 30-year-old pregnant female noticed a mass in her right breast. An excisional biopsy was performed.

Gross Pathology:

Three pieces of nodular, edematous, pink-tan pieces of rubbery tissue measured 2.0 cm, 6.5 cm and 8.5 cm in greatest dimension. Sectioning revealed scattered cleft-like spaces.

Contributor: Susan S. Murakami, M.D.
Pasadena, CA

Case No. 6 - November, 2004

Tissue from: Left breast

Accession #29851

Clinical Abstract:

Mammographic studies performed on a 60-year-old female identified a 6.0 cm mass in the left breast, approximately ten months status-post lumpectomy for carcinoma of the same breast.

Gross Pathology:

A 598 gram breast measured 20 x 19 x up to 7 cm, and showed a somewhat retracted nipple. Beneath the nipple was a 6 x 5.5 x 4.5 cm palpable mass. Sectioning revealed a well-demarcated and gritty gray-white to yellow surface with areas of white.

Special Studies:

Positive:	Vimentin, S-100 protein (some cells), Epithelial Membrane Antigen (some cells)
Negative:	Pan-keratin

Contributor: Anthony W. Migler, M.D.
Oxnard, CA

Case No. 7 - November, 2004

Tissue from: Stomach

Accession #29676

Clinical Abstract:

Complaints of G.I. bleeding brought this 26-year-old female to the hospital. Work-up revealed a gastric mass. A partial gastrectomy was performed.

Gross Pathology:

The 25 x 8 x 8 cm gastrectomy specimen had a 6.0 x 4.5 x 4.0 cm well-circumscribed submucosal mass that did not appear to involve the mucosa. The cut surface was fleshy gray-tan.

Special Studies:

Negative: CD34, S-100 protein, Desmin, NSE, CD117

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

Case No. 8 - November, 2004

Tissue from: Ovary

Accession #29660

Clinical Abstract:

A 65-year-old female presented with flu-like symptoms. During work-up a CT scan revealed an abdominal mass. Exploratory laparotomy, total abdominal hysterectomy and bilateral salpingo-oophorectomy were performed.

Gross Pathology:

The previously opened cystic ovary measured 12.5 x 8.0 x 8.0 cm. The external surface was bright pink and pale gray, wrinkled, and finely vascularized. The internal cyst wall was partially lined by a bright pink and tan, finely papillary, exophytic tissue which together aggregated an area measuring 9 x 8 x 2.5 cm. The remaining internal surface was mottled bright pink/purple, wrinkled and finely vascularized.

**Contributor: Donovan Hare, M.D.
Redlands, CA**

Case No. 9 - November, 2004

Tissue from: Endometrium

Accession #29805

Clinical Abstract:

A 65-year-old, gravida 5, para 5, female presented with vaginal bleeding of two months' duration. The patient had been treated with tamoxifen for five years after being diagnosed with breast cancer. Abdominal hysterectomy, bilateral salpingo-oophorectomy, partial omentectomy and lymph node sampling were performed.

Gross Pathology:

The 895 gram, 15.5 x 15.0 x 9.5 cm, previously opened uterine corpus was markedly distorted and distended by a 15.0 x 12.0 x 9.0 cm light tan, lobular to red-tan, variegated soft to firm mass. The mass protruded in a polypoid fashion into the endometrial cavity and focally invaded the myometrium.

**Contributor: Robert H. Zuch, M.D.
Baldwin Park, CA**

Case No. 10 - November, 2004

Tissue from: Pelvis

Accession #29682

Clinical Abstract:

A 76-year-old Japanese American male had a long history of a right buttock and pelvic mass. Although he was advised to have radical amputation surgery he refused, only to return one year later in significantly more pain. On physical examination, the mass measured over 20 cm, and was quite firm and fixed, and tender to palpation. A hemipelvectomy was performed.

Gross Pathology:

The specimen consisted of an entire right lower extremity. A 32 cm diameter bulging gray-white tumor was present in the area of the sciatic notch. The cut surface was gelatinous white opaque to translucent. The tumor abutted the pelvic bone and overall had a rounded, pushing-type border with the adjacent soft tissues.