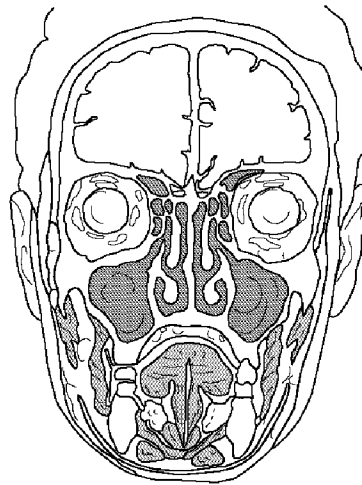




CALIFORNIA  
TUMOR TISSUE REGISTRY

**“Tumors of the Head & Neck”  
Study Cases, Subscription B**

**March, 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](mailto:cttr@linkline.com)  
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: LLUMC Pathology Group (bhl)**  
**Loma Linda, CA**

**Case No. 1 - March, 2004**

**Tissue from: Esophagus**

**Accession #29726**

**Clinical Abstract:**

A 60-year-old Caucasian male presented with longstanding reflux symptoms, which were poorly controlled with medical management. After biopsy, a transhiatal esophagectomy was performed.

**Gross Pathology:**

The 100 gram specimen included an 11.0 cm segment of esophagus and a 9.0 x 4.0 x 2.5 cm portion of proximal stomach. At the gastroesophageal junction was a 5.0 x 2.3 cm irregular, ulcerative, granular area of esophagus.

---

**Contributor: Mark J. Beck, M.D.**  
**Orange, CA**

**Case No. 2 - March, 2004**

**Tissue from: Left neck**

**Accession #28606**

**Clinical Abstract:**

Two weeks following an injury while dancing, this 20-year-old female noted a mass in her left neck. MRI showed an expansile, well encapsulated 6 cm mass with a heterogeneous pattern of enhancement.

**Gross Pathology:**

The 132 gram specimen consisted of an 8.0 x 6.0 x 5.0 cm lobulated, encapsulated mass with a variegated pale tan to yellow-tan rubbery cut surface. No areas of hemorrhage or necrosis were seen.

**Special Studies:**

Desmin	=	Strongly positive
EMA	=	Negative
S-100 protein	=	Negative
CAM 5.2	=	Negative

**Contributor: LLUMC Pathology Group (drc)**  
**Loma Linda, CA**

**Case No. 3 - March, 2004**

**Tissue from: Chin**

**Accession #28369**

**Clinical Abstract:**

A 53-year-old female sought medical treatment for a mass in her chin. An excisional biopsy was performed.

**Gross Pathology:**

The 20 gram specimen consisted of a 4.4 x 2.5 cm, thinly encapsulated, firm, pink-tan mass.

**Special Studies:**

S-100 protein                      negative

---

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

**Case No. 4 - March, 2004**

**Tissue from: Nasal mass**

**Accession #29140**

**Clinical Abstract:**

In her eighth month of pregnancy, a 24-year-old female presented with epistaxis and a rapidly enlarging left nasal mass. CT scan showed a 3.0 cm mass in the left nostril, not eroding the underlying bone. Following induction of labor and delivery of a normal female infant three weeks after presentation, the patient underwent surgical excision of the mass, which bled profusely.

**Gross Pathology:**

A 2.5 x 2.8 x 2.2 cm polypoid red mass was partially covered by a fibrous pink-gray mucosa. The cut surface was fleshy pink to dark red, with maroon hemorrhagic areas.

**Contributor: LLUMC Pathology Group (nhp)**  
**Loma Linda, CA**

**Case No. 5 - March, 2004**

**Tissue from: Epiglottic mass**

**Accession #29422**

**Clinical Abstract:**

At the time of intubation for a left total hip arthroplasty, this 79-year-old male was noted to have a "cyst" on his epiglottis. Fiberoptic examination by an ENT surgeon revealed a 2.0 cm, smooth-surfaced mass on the pedicle attached to the right epiglottic margin. The mass was observed to "ball-valve" in and out of the larynx, producing partial obstruction. The patient denied any related symptoms. He had been a pipe and cigar smoker, but quit 15 years earlier.

**Gross Pathology:**

The 2.3 x 2.0 x 2.0 cm, pink-tan, globoid, soft tissue mass had a homogenous, white fibrous parenchyma.

---

**Contributor: Frank DeGregorio, M.D.**  
**Sylmar, CA**

**Case No. 6 - March, 2004**

**Tissue from: Left scalp**

**Accession #29621**

**Clinical Abstract:**

A 67-year-old male sought treatment for a slowly growing mass in his scalp. The mass had been present for ten years.

**Gross Pathology:**

The excision specimen included a 7.5 cm nodular tan fleshy mass with central red-brown necrosis and hemorrhage.

**Special Studies:**

S-100 protein	=	Positive
Melanin-A	=	Negative
HMB-45	=	Negative
Chromogranin	=	Negative
Desmin	=	Negative
EMA	=	Negative
Calretinin	=	Negative

**Contributor: Jess Savala, M.D.  
Glendale, CA**

**Case No. 7 - March, 2004**

**Tissue from: Right parotid**

**Accession #29618**

**Clinical Abstract:**

A 73-year-old female presented with a right parotid mass, rapidly growing in the last 6-12 months. During resection, the mass showed surrounding fibrosis with adherence to facial nerve, but no evidence of invasion. The patient's physical work-up was limited to the head and neck area, with no imaging studies of the chest, abdomen or recent mammograms.

**Gross Pathology:**

The fibrous mass measured 3.0 cm in greatest diameter.

**Special Studies:**

CAM 5.2	=	Positive
EMA	=	Positive
CK7	=	Positive
CK20	=	Negative
Mucicarmine	=	Negative
Colloidal iron	=	Positive
PAS w/diastase	=	Positive

---

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

**Case No. 8 - March, 2004**

**Tissue from: Right posterior auricular area**

**Accession #29994**

**Clinical Abstract:**

A 56-year-old female presented with a painless cystic lesion in the right post-auricular sulcus. The mass had been present for two months, and was felt to be an epidermoid cyst. The mass was excised.

**Gross Pathology:**

The specimen consisted of a single, roughly spherical piece of tan, focally hemorrhagic tissue which measured 2.5 x 2.0 x 1.5 cm. Serial sectioning revealed a pale pink, homogeneous cut surface with a whorled pattern.

**Special Studies:**

CD34	=	Strikingly positive
SMA	=	Weakly positive
S-100 Protein	=	Negative

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

**Case No. 9 - March, 2004**

**Tissue from: Epiglottis**

**Accession #28239**

**Clinical Abstract:**

A 58-year-old Caucasian male noted a choking sensation for 3-4 years. A biopsy had been performed, and he was told that he had a cyst. The symptoms continued, and he again sought medical treatment. At this time a solid mass was found and debulked.

**Gross Pathology:**

The 2.4 x 1.5 x 1.0 cm specimen had a gray- tan, firm cut surface.

**Special Studies:**

S-100 protein	=	Positive
Mucicarmine	=	Positive
Keratin cocktail	=	Positive
CAM 5.2	=	Positive
Calcitonin	=	Negative

---

**Contributor: Paulina Quintana, M.D.**  
**National City, CA**

**Case No. 10 - March, 2004**

**Tissue from: Nasal contents**

**Accession #29766**

**Clinical Abstract:**

A 61-year-old female presented with a left nasal mass. CT scan showed erosion of the left inferior turbinate.

**Gross Pathology:**

The 4.5 x 4.0 x 1.0 cm aggregate consisted of multiple fragments of pinkish, soft tissue.

**Special Studies:**

CD3	=	Positive
CD43	=	Positive
CD56	=	Positive
CD20	=	Few scattered positive cells but most of the cells negative