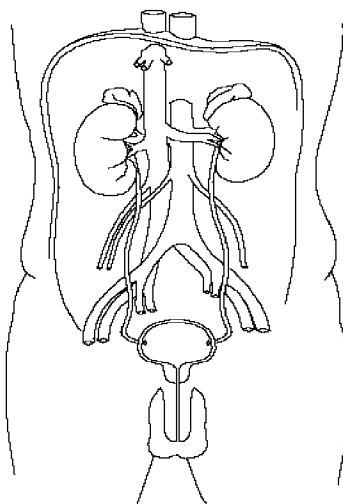




CALIFORNIA
TUMOR TISSUE REGISTRY

“Genitourinary Pathology”
Study Cases, Subscription B

May, 2004



California Tumor Tissue Registry
c/o: Department of Pathology and Human Anatomy
Loma Linda University School of Medicine
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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: Weldon K. Bullock, M.D.
Los Angeles, CA

Case No. 1 - May, 2004

Tissue from: Prostate

Accession #22262

Clinical Abstract:

A 63-year-old male presented with recent onset of lower abdominal discomfort. He had been experiencing increased urinary frequency with hesitancy for one year. Urinalysis showed the presence of 10 to 12 white cells per hpf, and the patient was started on antibiotics. Physical examination revealed a moderately firm left lobe of prostate. A transurethral resection was performed.

Gross Pathology:

The specimen consisted of 17 grams of transurethrally removed prostatic tissue.

Contributor: James W. Redwine, M.D.
Harbor City, CA

Case No. 2 - May, 2004

Tissue from: Prostate

Accession #21154

Clinical Abstract:

A 67-year-old male had a history of worsening nocturia for three years. Other symptoms included urgency, hesitancy, straining at urination, and dysuria after holding his urine for too long a period of time. He denied hematuria, blood or burning on ejaculation, venereal disease or previous catheterization. On rectal examination, the prostate was uniform and firm. A suprapubic prostatectomy was performed.

Gross Pathology:

Three fragments of tissue weighed 15 grams and measured 0.9 x 0.6 x 0.5 cm, 2.5 x 1.8 x 1.8 cm, and 3.0 x 3.0 x 1.6 cm. The two larger tissue fragments were grossly nodular, firm and rubbery.

Contributor: E. R. Jennings M.D.
Long Beach, CA

Case No. 3 - May, 2004

Tissue from: Prostate

Accession #20375

Clinical Abstract:

The mother of a 10-month-old male noted lumps in his abdomen associated with constipation and decreasing urine output. Retrograde urethrogram revealed complete obstruction of the bladder neck. The child died soon after work-up was begun. An autopsy was performed.

Gross Pathology:

A 15.0 x 15.0 x 12.0 cm firm mass was found in the region of the prostate, which displaced the abdominal organs upward. The kidneys showed early hydronephrosis.

Special Studies:

Desmin: Positive in large cells with abundant cytoplasm; negative in smaller cells.

Contributor: H. V. O'Connell, M.D.
Bakersfield, CA

Case No. 4 - May, 2004

Tissue from: Kidney

Accession #22148

Clinical Abstract:

A 53-year-old male had a long history of hematuria. Radiographic studies showed a mass in the left kidney. A nephrectomy was performed.

Gross Pathology:

The 221 gram kidney contained a 3.0 cm mass at the upper pole. The mass was associated with the renal cortex and distended the capsule. The cut surface of the mass was mostly homogeneous yellow-tan, with some variegated red, green and yellows areas.

Special Studies:

Desmin: Positive
CD34: Negative

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

Case No. 5 - May, 2004

Tissue from: Right kidney

Accession #29484

Clinical Abstract:

During work-up for dysphagia, an upper GI film revealed a right renal mass in this 65-year-old male. CT scan showed a solid, 3.5 cm mass at the inferior pole of the right kidney. A partial nephrectomy was performed.

Gross Pathology:

The lower pole of the kidney measured 5.0 x 5.0 x 4.8 cm and contained a 4.5 x 3.5 x 3.0 cm yellow, subcapsular mass with a yellow, soft cut surface.

Contributor: John C. Sacoolidge, M.D.
Sylmar, CA

Case No. 6 - May, 2004

Tissue from: Kidney

Accession #29819

Clinical Abstract:

A 38-year-old female presented with left upper quadrant pain. Work-up revealed an 11.0 x 8.0 cm left renal mass. A radical nephrectomy was performed.

Gross Pathology:

The 447 gram specimen included a 15.1 x 4.5 x 3.2 cm kidney, with an adherent well-circumscribed, yellow, extensively hemorrhagic, 12.2 x 9.7 x 4.5 cm soft mass which distorted and filled the entire pelvis.

Contributor: Rajinder Sambhi, M.D. (29455)
El Centro, CA

Case No. 7 - May, 2004

Wilfrido Mojica, M.D. (28437)
Williamsville, NY

Tissue from: Right kidney

Accession #29455 & 28437

Clinical Abstract (29455):

Work-up revealed a mass in the right kidney a 48-year-old female and a nephrectomy was performed.

Gross Pathology (29455):

The 215 gram, 9.5 x 6.5 x 5.0 cm kidney contained a solid, pale gray mass which extend from the medulla into the cortex. It compressed but did not breach the surface of the renal pelvis.

Clinical Abstract (28437):

A 37-year-old female was admitted with severe right renal pain and transient episodes of gross hematuria. CT scan revealed a solid mass in the central portion of the right kidney. A right radical nephrectomy was performed.

Gross Pathology (28437):

The 290 gram, 11.5 x 6.1 x 4.7 cm kidney contained a 5.0 x 4.7 x 2.6 cm yellow, multinodular solid rubbery mass with bosselated, distinct borders. Tumor involved the medial aspect of the kidney and extended into the superior pole.

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

Case No. 8 - May, 2004

Tissue from: Right kidney

Accession #29672

Clinical Abstract:

His 11-year-old sister noticed a bump under the rib cage of this 1-year-old male. CT scan of the abdomen revealed a 6.0 x 6.0 x 14.0 cm heterogenous mass involving the right kidney. A radical nephrectomy was performed.

Gross Pathology:

The 270 gram, 12.0 x 6.0 x 5.5 cm kidney had numerous tan nodules protruding from the capsular surface. Approximately 90% of the kidney was replaced by numerous tumor nodules ranging from about 0.2 to 4.5 cm in diameter.

Contributor: E. F. Ducey, M.D.
Ventura, CA

Case No. 9 - May, 2004

Tissue from: Bladder

Accession #12442

Clinical Abstract:

After a year of noting intermittent hematuria, this 61-year-old male underwent resection of the urinary bladder.

Gross Pathology:

The urinary bladder had a wall averaging 3-4 mm thick. No definite papillary structures were seen on the mucosal surface, which simply appeared uniformly thickened and rather congested.

Contributor: E. R. Jennings, M.D.
Long Beach, CA

Case No. 10 - May, 2004

Tissue from: Ureter

Accession #12382

Clinical Abstract:

An intravenous pyelogram, performed for work-up of hypertension in this 53-year-old male, could not visualize the left kidney, and retrograde catheterization of the left ureter was unsuccessful. A left nephrectomy and ureterectomy were performed.

Gross Pathology:

A 75 gram kidney had a dilated pelvis with calyces containing clotted blood. A 28 cm segment of ureter showed a thickened wall. The ureteral mucosa of the proximal 20 cm was covered by a pink, friable, papillary growth.