

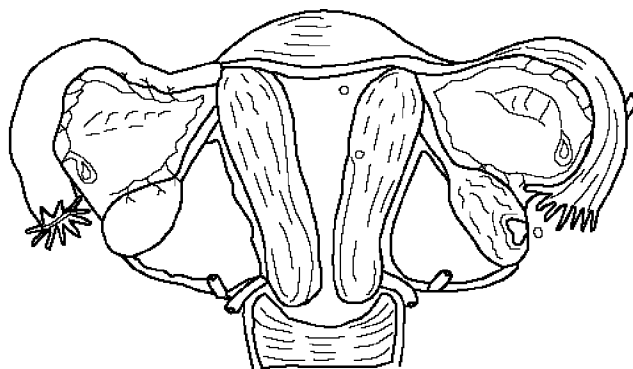


CALIFORNIA  
TUMOR TISSUE REGISTRY

## **“GYNECOLOGICAL PATHOLOGY”**

**Study Cases, Subscription A**

**March 2005**



**California Tumor Tissue Registry**  
c/o: Department of Pathology and Human Anatomy  
Loma Linda University School of Medicine  
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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: Pamela Boswell, D.O.  
San Diego, CA**

**Case No. 1 - March 2005**

**Tissue from: Right ovary**

**Accession #29464**

**Clinical Abstract:**

This 15-year-old female had a 6-month history of a rapidly growing abdominal mass. A CT scan showed bilateral ovarian masses. The right ovarian mass was multiloculated.

**Gross Pathology:**

The 28.0 x 23.0 x 10.5 right ovary was largely replaced by a single thin-walled cyst filled with thin red-brown fluid. Two solid foci were present, the largest measuring 5.0 x 4.0 x 2.0 cm. Cut surface of the solid areas showed focally gelatinous areas in focally solid yellow-tan and multicystic masses.

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**Contributor: Alexander K. Lyster, M.D.  
Victoria, TX**

**Case No. 2 - March 2005**

**Tissue from: Left ovary**

**Accession #29301**

**Clinical Abstract:**

A solid-cystic tumor was discovered, apparently originating from the left ovary of this 11-year-old female. The tumor was adherent to the omentum and the right adnexa.

**Gross Pathology:**

The ovarian tumor weighed about 2 kg. The 10.5 x 5.0 x 1.0 cm resected portion consisted of solid, gray-white tissue with focal hemorrhage and necrosis.

**Contributor: Michael A. Favata, D.O.  
San Diego, CA**

**Case No. 3 - March 2005**

**Tissue from: Left ovary**

**Accession #29453**

**Clinical Abstract:**

During work-up for abdominal pain, this 16-year-old female was found to have a large abdominal/pelvic mass. Radiographic studies showed a 20 cm heterogeneous left adnexal mass.

**Gross Pathology:**

The 19.0 x 12.5 x 12.5 cm mass had a variegated, solid and cystic cut surface with evidence of necrosis.

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**Contributor: LLUMC Medical Group (rr)  
Loma Linda, CA**

**Case No. 4 - March 2005**

**Tissue from: Ovary**

**Accession #30137**

**Clinical Abstract:**

This 52-year-old female underwent hysterectomy and bilateral salpingo-oophorectomy because of a clinical diagnosis of uterine cancer.

**Gross Pathology:**

The 482 gram uterus had a yellow necrotic mass involving the myometrium and uterine serosa, extending from posterior fundus to the lower uterine segment. Both ovaries were enlarged by yellow, cystic, necrotic tumor which also encased the attached Fallopian tubes. The left ovary was 302 grams, and 13.7 x 13.1 x 4.7 cm. The right ovary was 142 grams, and 12.0 x 7.6 x 3.5 cm.

**SPECIAL STUDIES:**

Cytokeratin (AE1/AE3)	positive
Vimentin	negative
S100	negative

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

**Case No. 5 - March 2005**

**Tissue from: Omentum & peritoneum**

**Accession #29397**

**Clinical Abstract:**

Four years earlier, this 28-year-old female had a laparoscopy for suspected endometriosis and a ruptured right ovarian cyst was removed. One year later she had a normal pregnancy. After the pregnancy, she continued to have chronic pelvic pain. She underwent a TAH/BSO with omentectomy and sampling of numerous peritoneal implants.

**Gross Pathology:**

Multiple hemorrhagic tumor nodules were up to 8 cm in greatest diameter.

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**Contributor: Kumari Wickramasinghe, M.D.**  
**Lynwood, CA**

**Case No. 6 - March 2005**

**Tissue from: Ovary**

**Accession #29396**

**Clinical Abstract:**

A non-pregnant 19-year-old female developed an abdominal mass.

**Gross Pathology:**

The left ovary consisted of a 13.0 x 8.5 x 3.0 cm cystic/solid mass with a bosselated yellow-tan to red surface.

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

**Case No. 7 - March 2005**

**Tissue from: Left adnexa**

**Accession #29815**

**Clinical Abstract:**

Some years after an abdominal hysterectomy with probable removal of the right adnexa, this 82-year-old female was found to have a left adnexal mass.

**Gross Pathology:**

The 98 gram, 9.0 x 8.0 x 5.5 cm partially disrupted pink-tan mass had an otherwise smooth external surface. The cut surface was a slightly variegated pale yellow with a 2.5 cm granular purple cystic area.

**SPECIAL STUDIES (Outside facility):**

Cytokeratin	positive
EMA	negative
ER	negative
Inhibin	positive

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

**Case No. 8 - March 2005**

**Tissue from: Ovary**

**Accession #29780**

**Clinical Abstract:**

During a physical examination, this 44-year-old gravida 6, para 3, female was noted to have a pelvic mass. Ultrasound revealed a complex ovarian cyst with a large solid component.

**Gross Pathology:**

The 700 gram, 13.0 x 7.0 x 6.0 cm ovary had a smooth surface except for a 2.0 x 1.0 cm region of surface papillations. The cut surface showed a large cyst as well as a 6.0 cm solid papillary region corresponding to the area of surface involvement. Foci of necrosis were also noted.

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

**Case No. 9 - March 2005**

**Tissue from: Right ovary**

**Accession #29879**

**Clinical Abstract:**

This 62-year-old female presented with a large pelvic mass.

**Gross Pathology:**

The 1083 gram, 14.0 cm diameter, smooth-surfaced right ovary was filled with brown-tinged mucoid fluid. The inner surface of the cyst had multiple yellow-tan fleshy mucoid excrescences measuring up to 0.5 cm in thickness.

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

**Case No. 10 - March 2005**

**Tissue from: Left ovary**

**Accession #29794**

**Clinical Abstract:**

Because of a history of fibroid uterus and atypical endometrial hyperplasia, this 59-year-old female underwent a total hysterectomy and BSO.

**Gross Pathology:**

The 775 gram, 14.0 x 11.5 x 7.0 cm left ovary was replaced by a flocculent pinkish blue cystic mass with an irregular bosselated surface. The cut surface showed multiple small and large cystic spaces containing viscous green mucoid material. Some solid tissue was present between the cystic spaces.