

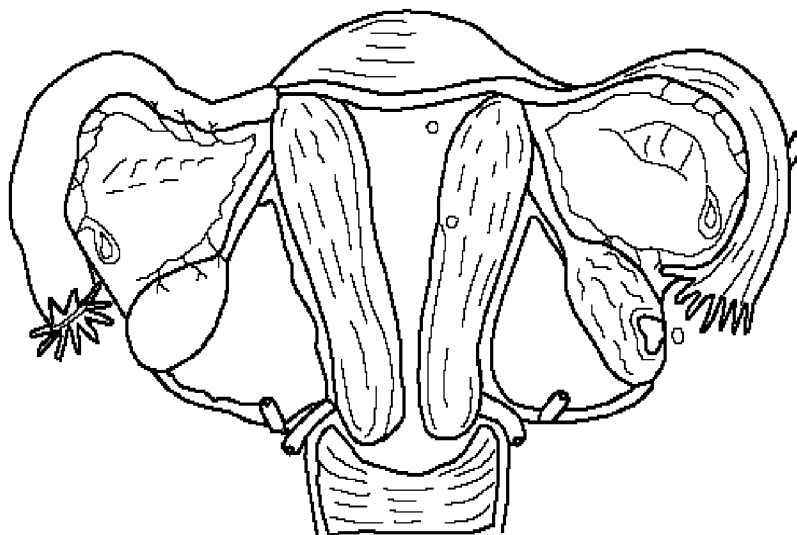


CALIFORNIA  
TUMOR TISSUE REGISTRY

## **GYNECOLOGIC PATHOLOGY**

**Study Cases, Subscription B**

**MAY, 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: Ellen C. Ko, M.D.**  
**Birmingham, AL**

**Case No. 1 - May, 2005**

**Tissue from: Uterus/Cervix**

**Accession #29268**

**Clinical Abstract:**

A hysterectomy was performed on this 36-year-old female with a history of metastatic disease.

**Gross Pathology:**

The 720 gram, 13.0 x 10.0 x 8.5 cm uterus had an 11.0 x 4.5 x 4.5 cm infiltrative mass occupying most of the right side of the uterus, and occupying 40% of the volume of the myometrium. The mass was comprised of diffusely hydropic, pale gray, opaque villous structures. It expanded the myometrium and infiltrated deeply, approaching the serosal aspect to within 1 mm grossly.

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

**Case No. 2 - May, 2005**

**Tissue from: Left ovary**

**Accession #29092**

**Clinical Abstract:**

The patient was a 74-year-old female admitted for left lower quadrant pain and abdominal distention. Abdominal CT revealed a large complex abdominopelvic mass. Ultrasound confirmed a large complex mass filling the pelvis and mid-abdomen. Bilateral salpingo-oophorectomy was performed.

**Gross Pathology:**

The specimen consisted of a 6,730 gram, 25.0 x 23.0 x 18.0 cm uniloculated cystic structure containing thin, dark brown, opaque fluid. The cystic structure was smooth-walled with numerous polypoid excrescences. The two largest polypoid structures measured 8.5 x 8.0 x 8.0 cm and 7.5 x 6.5 x 4.5 cm. The larger polypoid lesion was solid with small cysts measuring up to 0.5 cm and filled with dark brown fluid and regions of hemorrhage. A smaller, 4.5 x 3.0 cm polypoid excrescence was solid with firm, white tissue. There were numerous other small excrescences which varied from dark tan to light white, with some areas showing very friable, white, polypoid smaller excrescences.

**Special Studies:**

Positive: Desmin, Smooth Muscle Actin, Alpha Fetoprotein (strongly positive)

**Contributor: LLUMC Pathology (kt)**  
**Loma Linda, CA**

**Case No. 3 - May, 2005**

**Tissue from: Left tube and ovary**

**Accession #29914**

**Clinical Abstract:**

A 78-year-old, Gravida 2, Para 2, post-menopausal female presented with increasing abdominal girth with accompanying nausea, vomiting and diarrhea. Pelvic and abdominal evaluation revealed the ascites and a suspected right adnexal mass.

**Gross Pathology:**

The 649 gram, 11.0 x 9.0 x 8.0 cm white-tan, lobulated ovarian mass had a smooth and lobulated serosal surface. Cut surfaces revealed a homogeneous yellow-tan parenchyma with a few white-tan areas.

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**Contributor: Peter Morawiecki, M.D.**  
**San Diego, CA**

**Case No. 4 - May, 2005**

**Tissue from: Left ovary**

**Accession #29991**

**Clinical Abstract:**

A 19-year-old, Gravida 0, Para 0, female on hormonal contraceptives presented with a history of increasing abdominal pain and a change in her urinary and bowel habits. There was no history of hirsutism or abnormal uterine bleeding.

**Gross Pathology:**

The 625 gram, 20.0 x 10.0 x 6.5 cm left ovary was bosselated with a lobulated, soft, and fleshy cut surface that had focal areas of hemorrhage.

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

**Case No. 5 - May, 2005**

**Tissue from: Right ovary**

**Accession #29916**

**Clinical Abstract:**

This 39-year-old nulliparous female presented with complaints of irregular menses. Investigation revealed an 8.8 x 3.7 x 4.9 cm partially solid right adnexal mass.

**Gross Pathology:**

The 5.5 x 4.5 x 4.0 cm solid yellow-tan, mass had a brown-yellow cut surface with multiple small cystic spaces ranging from 0.2 to 0.5 cm in greatest diameter.

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**Contributor: Peter Chen, M.D.**  
**Sylmar, CA**

**Case No. 6 - May, 2005**

**Tissue from: Bilateral ovaries**

**Accession #29970**

**Clinical Abstract:**

A 53-year-old post-menopausal female presented to the Emergency Room with complaints of progressive abdominal distention with occasional pain, and moderate shortness of breath. On physical examination, a solid mass was palpated 5.0 cm above the umbilicus. CT scan confirmed a cystic and solid mass in the abdominal/pelvic area. CA-125 level was elevated. Patient was not on hormone replacement therapy. Total abdominal hysterectomy and bilateral salpingo-oophorectomy were performed.

**Gross Pathology:**

The 1935 gram, 23.0 x 21.0 x 11.0 cm ovary was replaced by an irregular fragmented tumor with external excrescences exposed through the capsule. The cut surfaces showed firm, variegated, tan-yellow to tan-red tissue. The 36 gram, right ovary was largely replaced by a 5.5 x 1.5 x 3.8 cm tumor composed of lobulated, firm, pink-white to tan-red tissue.

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

**Case No. 7 - May, 2005**

**Tissue from: Right ovary**

**Accession #29987**

**Clinical Abstract:**

A 75-year-old female presented with abdominal distention. CT scan and additional work-up were consistent with an ovarian neoplasm. Because of her effusion, the patient two cycles of Taxol with carboplatin before undergoing surgery.

**Gross Pathology:**

The 54 gram, 6.2 x 4.5 x 3.0 cm, enlarged nodular ovary had solid and cystic parenchyma. The largest smooth-walled cyst measured 3.2 cm, with scattered smaller cysts up to 1.2 cm in diameter. The intervening parenchyma was nodular, firm to soft, and white to pink-tan.

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**Contributor: Etoi Davenport, M.D.  
Long Beach, CA**

**Case No. 8 - May, 2005**

**Tissue from: Right ovary**

**Accession #29979**

**Clinical Abstract:**

Ovarian torsion led to a right salpingo-oophorectomy for removal of a right pelvic mass from this 53-year-old female.

**Gross Pathology:**

The 540 gram ovary and attached fallopian tube measured 12.5 x 10.0 x 8.0 cm. The external surface of the ovary was tan-pink, smooth and glistening. The cut surface showed multiple cystic areas containing blood clot, intermixed with tan-pink and yellow soft tissue.

**Special Studies:**

Positive: Thyroglobulin, Chromogranin, Synaptophysin, Inhibin (positive in stromal cells)

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

**Case No. 9 - May, 2005**

**Tissue from: Uterus**

**Accession #29908**

**Clinical Abstract:**

After complaining of eight weeks of pelvic pain and post-menopausal bleeding, 78-year-old female underwent an endometrial biopsy, followed by hysterectomy.

**Gross Pathology:**

The 722 gram, 15.0 x 12.0 x 8.5 cm bulging, pink-tan uterus contained a 14.5 x 11.0 x 5.5 cm purulent, necrotic, yellow-tan tumor attached to the endometrium, approximately 6.0 cm from the external os. The tumor had pushing margins which came to within 0.8 cm of the serosal surface. Within the yellow-tan tumor were multiple white-tan, whorled nodules ranging from 0.5 to 1.0 cm in diameter.

**Special Studies:**

Positive: Desmin (strongly), CD10 (weakly).  
Negative: Keratin {CAM 5.2}, CD45, HMB-45.

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

**Case No. 10 - May, 2005**

**Tissue from: Uterus**

**Accession #29287**

**Clinical Abstract:**

A 30-year-old, Gravida 1, Para 0 female presented with chronic menorrhagia and severe anemia. Physical examination revealed a 20-week sized mass in the lower abdomen. Hysterectomy and appendectomy were performed.

**Gross Pathology:**

Within the 1004 gram, 12 x 15 x 16.5 cm fibroid uterus was a rubbery, myxoid and hemorrhagic central mass. There were cysts or pseudocysts distributed throughout, with the largest measuring 7.0 cm in greatest dimension.