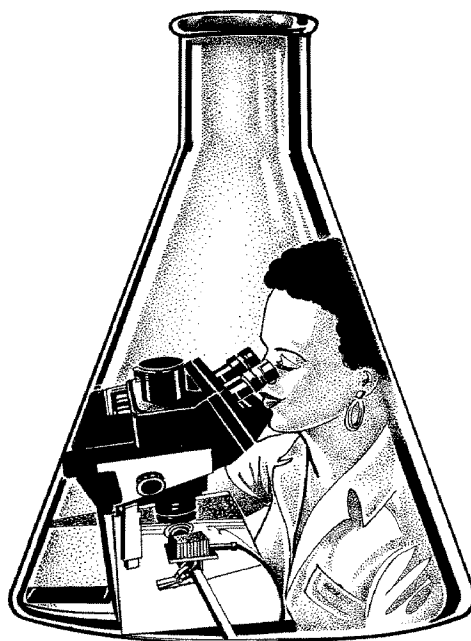




**CALIFORNIA
TUMOR TISSUE REGISTRY**

Neuroendocrine Tumors Study Cases, Subscription B

February, 2005



California Tumor Tissue Registry
c/o: Department of Pathology and Human Anatomy
Loma Linda University School of Medicine
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Loma Linda, California 92350
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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: Carol Solomon, M.D.
San Diego, CA

Case No. 1 - February, 2005

Tissue from: Mediastinal mass

Accession #29997

Clinical Abstract:

During workup for right lower extremity deep vein thrombosis, a chest x-ray of this 22-year-old female revealed an incidental 5.5 x 8.0 cm posterior mediastinal mass. The mass was excised.

Gross Pathology:

The 10.5 x 8.0 x 4.0 cm mass had a smooth, glistening, thin capsule. The cut surface was homogeneous, yellow-white and smooth.

Contributor: Ralph Shishido, M.D.
San Diego, CA

Case No. 2 - February, 2005

Tissue from: Neck

Accession #15977

Clinical Abstract:

The mother of a 22-month-old male child noticed a lump in her son's neck for about five days. The lump did not interfere with his swallowing, although it did produce some difficulty in breathing, especially when he cried. One month previously the child had been found to have a heart murmur, and the mother stated that he tired easily. On physical examination, a cervical mass was identified above the mid-portion of the left clavicle, just lateral to the trachea, and pushing the trachea toward the right. It was hard, non-tender, and slightly mobile. Chest x-ray of lung and mediastinum were negative. Abdominal radiographs showed a calcified mass in the right suprarenal area.

Gross Pathology:

At surgery, two separate but closely opposed masses were removed, one from the left neck and one from the superior portion of the mediastinum. Grossly, the masses were very similar, with one measuring 4.5 x 3.5 x 2.0 cm and the other 2.8 cm in diameter. They were both encapsulated by thin, glistening, dark gray capsules, and the cut surfaces were bulging, pinkish-brown, with a prominent follicular pattern. The periphery of the masses had irregular bands of white areas, flecked with small yellow calcium deposits.

Contributor: Roger Terry, M.D.
Los Angeles, CA

Case No. 3 - February, 2005

Tissue from: Back

Accession #19916

Clinical Abstract:

An 8-month-old Caucasian female was brought in for a mass on her back. The mass was excised.

Gross Pathology:

The 3.2 x 3.5 x 2.1 cm specimen consisted of a firm, encapsulated mass with a firm white cut surface.

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

Case No. 4 - February, 2005

Tissue from: Carotid body

Accession #29842

Clinical Abstract:

During workup for right carotid stenosis, this 73-year-old female was found to have a mass in the region of the carotid artery.

Gross Pathology:

The 3.5 x 3.5 x 2.5 cm encapsulated specimen had a dark to pale tan, somewhat lobulated cut surface with focal hemorrhage.

**Contributor: John Jones, M.D.
Los Angeles, CA**

Case No. 5 - February, 2005

Tissue from: Retroperitoneum

Accession #20780

Clinical Abstract:

After 1-1/2 years of noticing an asymptomatic abdominal mass, this 26-year-old female sought treatment. On physical examination the abdomen had a large, protruding, movable mass located in the left subcostal region. The patient underwent an exploratory laparotomy and removal of the retroperitoneal mass.

Gross Pathology:

The 248 gram, 10.0 x 7.0 x 6.5 cm purple-gray specimen had a fairly homogeneous pink-tan cut surface with localized areas of hemorrhage.

**Contributor: Joseph Carberry, M.D.
Lynwood, CA**

Case No. 6 - February, 2005

Tissue from: Thyroid

Accession #21076

Clinical Abstract:

Because of a non-functioning firm mass in the left lobe of her nodular thyroid, this 72-year-old female underwent a total thyroidectomy. Family history included a daughter with thyroid cancer and a grandson with a pheochromocytoma.

Gross Pathology:

The 17 gram, 5.0 x 3.5 x 2.4 cm left lobe of thyroid was occupied by a 4.0 x 2.2 x 2.4 cm firm nodule. Sectioning revealed a solid, firm, focally calcified mass, with areas varying from tan and yellow to hemorrhagic and pink. The 15 gram, 4.5 x 3.0 x 2.5 cm right lobe of thyroid had a 2.5 x 2.0 cm firm yellow-tan nodule with focal areas of calcification.

Special Studies:

Congo Red = Positive staining for amyloid and birefringence under polarized light.

**Contributor: Ernest Edwards, M.D.
Santa Ana, CA**

Case No. 7 - February, 2005

Tissue from: Thymus

Accession #20921

Clinical Abstract:

Following a 1-year history of chronic cough, this 62-year-old non-smoking female had a radiographic work-up which showed a chest mass. Bronchoscopy was negative, and there were no findings on cytology. There was no history of myasthenia gravis. During surgery, a mediastinal mass was dissected from the right anterolateral aspect of the pericardial sac. It was also adherent to and grossly invading the lower lobe of the right lung.

Gross Pathology:

The 109 gram, irregularly-shaped, firm, 9.0 x 7.0 x 5.0 cm mass was adherent to the pericardial sac and lung. The cut surfaces was solid, gray with areas of yellow necrosis.

**Contributor: Gary Wilcox, M.D.
Oceanside, CA**

Case No. 8 - February, 2005

Tissue from: Cecum

Accession #24172

Clinical Abstract:

An 83-year-old female presented with a two-week history of crampy, lower abdominal pain. Barium enema revealed a cecal mass. A section of right colon was removed.

Gross Pathology:

A 44 cm long segment of bowel included a 5.5 x 2.0 cm tan-green, necrotic cecal tumor apparently arising from the colonic mucosa. Sectioning showed apparent involvement of the muscularis propria with perforation into the surrounding pericecal soft tissue and resultant extensive fibrosis. Dissection of the pericolonic soft tissue showed areas of soft tissue tumor involvement.

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

Case No. 9 - February, 2005

Tissue from: Left forearm

Accession #29659

Clinical Abstract:

An 87-year-old female with a previous history of breast cancer and left axillary lymph node dissection presented with a tumor in the left dorsal forearm. The tumor was excised.

Gross Pathology:

The 22.5 x 12.3 cm ovoid fragment of skin had a maximal thickness of 1.8 cm. The cut surface showed diffuse dermal thickening by firm, tan homogeneous tissue. Along the skin surface was multifocal involvement by the neoplasm, which had a raised, red-tan, bosselated texture.

Contributor: Weldon K. Bullock, M.D.
Pasadena, CA

Case No. 10 - February, 2005

Tissue from: Lung

Accession #24074

Clinical Abstract:

During workup, a 69-year-old male was found to have a lesion in the right lobe of the lung. A lobectomy was performed.

Gross Pathology:

The 23.0 x 17.0 x 10.0 cm right lung contained a 2 - 3 cm bulging white mass near the hilum, well-demarcated from the adjacent retracted lung.