



**CALIFORNIA
TUMOR TISSUE REGISTRY**

**General Pathology
Study Cases, Subscription B**

April, 2005



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
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: Arthur Koehler, M.D.
Sun Valley, CA**

Case No. 1 - April, 2005

Tissue from: Right Breast

Accession #29519

Clinical Abstract:

A mass was removed from the right breast of a 77-year-old female.

Gross Pathology:

The mass measured 5.0 cm in diameter.

**Contributor: Joanne Rutgers, M.D.
Long Beach, CA**

Case No. 2 - April, 2005

Tissue from: Uterine cervix

Accession #29587

Clinical Abstract:

A 76-year-old female presented with complaints of menorrhagia. She had no other significant medical problems. Work-up revealed a mass in the cervix. A total hysterectomy with bilateral salpingo-oophorectomy and pelvic node sampling was performed.

Gross Pathology:

The 51 gram, 7.5 x 4.0 x 3.0 cm uterus included a 3.5 x 3.3 x 3.0 cm cervix. Within the cervix was a 2.8 x 2.2 x 1.3 cm mass extending to the entire cervical canal. The mass was lobulated, pink-tan, solid and fleshy on cut sectioning, and involved the inner one-third of the cervical wall.

Special Studies:

Positive:	CD20, Bcl-2, CD10
Negative:	CD3, CD5, CD43, Cyclin-D1

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

Case No. 3 - April, 2005

Tissue from: Left testicle

Accession #29907

Clinical Abstract:

For nine months this 52-year-old male had noticed enlargement of his left testicle. He presented for evaluation after he began to experience bowel and urinary incontinence along with difficulty walking. Physical examination revealed a 10 x 15 cm left testicular mass, and a hard, normal-sized prostate without masses. He also had a 20 cm left-sided abdominal mass. A left orchiectomy was performed.

Gross Pathology:

The 1206 gram, 16.0 x 11.5 x 8.3 cm testicle was partially replaced by a 9.0 x 8.0 x 8.0 cm friable, yellow-tan mass in the lower pole of the testicular parenchyma. There was also a 1.8 x 1.5 cm, bright yellow mass within the upper pole of the testicle. There were multiple areas of hemorrhage and necrosis.

Special Studies:

Positive: PLAP (strongly), AFP, Beta HCG (occasional cells)
Negative: CEA

Contributor: Steve Romansky, M.D.
Long Beach, CA

Case No. 4 - April, 2005

Tissue from: Skin of Right thigh

Accession #29755

Clinical Abstract:

A 60-year-old Caucasian male with a history of Lymphocytic Leukemia/Waldenstrom's macroglobulinemia presented with a mass in the right thigh. The mass was excised.

Gross Pathology:

The 5.0 x 4.5 x 3.5 cm skin ellipse had a centrally located 4.2 x 3.5 cm irregular ulcerated lesion. Sectioning revealed a pink and white, firm cross section.

Special Studies:

Positive: CK20
Negative: CD79a, Tdt, Chromogranin

**Contributor: Julio Ibarra, M.D.
Fountain Valley, CA**

Case No. 5 - April, 2005

Tissue from: Lung

Accession #29342

Clinical Abstract:

During a routine chest x-ray, a 78-year-old female was found to have a mass in the left lower lobe of the lung. Patient had no symptoms associated with the mass.

Gross Pathology:

The 73 gram, 7.0 x 6.0 x 3.0 cm pedunculated, mushroom-shaped firm lesion was transected across a 1.5 x 1.0 cm pedicle of tissue. The cut surface had a fairly uniform, pale gray appearance. No areas of hemorrhage or necrosis were noted grossly. The external surface was smooth, shiny and gray in color.

Special Studies:

Positive: CD34
Negative: Keratin

**Contributor: Douglas Eglen, M.D.
Kokomo, IN**

Case No. 6 - April, 2005

Tissue from: Penile soft tissue mass

Accession #29965

Clinical Abstract:

A 52-year-old male presented with a painless mass at the base of the penis, at the scrotum. Past medical history was negative for any previous neoplasia. The urologist excised the entire mass.

Gross Pathology:

The 3.3 x 2.8 x 1.3 cm encapsulated ovoid tan mass consisted of light yellow-tan, solid tissue.

Special Studies:

Flow cytometric immunophenotypic analysis showed no evidence of monoclonality.

Contributor: James J. McCusker, M.D.
Woodland, CA

Case No. 7 - April, 2005

Tissue from: Ovarian tissue

Accession #29801

Clinical Abstract:

A 38-year-old female underwent a unilateral salpingo-oophorectomy and peritoneal washings for abdominal pain and a pelvic mass, clinically interpreted as a ruptured right ovarian endometrioma.

Gross Pathology:

The 795 gram, 12.0 x 12.0 x 9.4 cm intact unilocular cyst drained bloody fluid. About 9.0 cm of the inner circumference that was lined by ragged, hemorrhagic tissue and/or clot up to 1.5 cm in thickness. The rest of the cyst had a relatively smooth, shiny inner surface lining and a wall that was up to 3 mm thick. Sectioning across the ragged hemorrhagic tissue revealed a gelatinous consistency.

Special Studies:

Positive: Vimentin, Colloidal iron (strongly)
Negative: Muscle specific actin, S-100 protein, desmin

Contributor: Matthew Katus, M.D.
Lackland AFB, TX

Case No. 8 - April, 2005

Tissue from: Right kidney

Accession #29972

Clinical Abstract:

A 70-year-old male presented with chronic hematuria. Radiology revealed multiple bilateral lesions which increased in size with interval examination. A right radical nephrectomy was performed.

Gross Pathology:

The 848 gram, 19.5 x 10.5 cm x 5.5 cm kidney resection specimen contained a 2.0 x 1.7 x 1.4 cm mass in the medial superior pole cortex that consisted of tan tissue with numerous areas of geographic hemorrhage. A second 1.3 x 1.0 x 0.9 cm mass, in the anterior superior pole cortex, had a brown papillary interior. A third 1.7 x 1.7 x 1.3 cm mass, in the medial aspect of the inferior pole cortex, was brown with scattered small foci of hemorrhage. A fourth 3.1 x 2.6 x 2.6 cm mass in the inferior-lateral aspect of the inferior pole cortex tan with multiple lobules separated by thick fibrous bands. Geographic areas of hemorrhage and cystic necrosis were identified.

Contributor: Andres Candela, M.D.
Pensacola, FL

Case No. 9 - April, 2005

Tissue from: Retroperitoneal mass

Accession #29744

Clinical Abstract:

During work-up, a 49-year-old female was found to have a retroperitoneal mass. En block dissection of the distal stomach, duodenum, omentum, right colon with cecum, appendix, and terminal ileum was performed.

Gross Pathology:

The 28 x 25 x 12 cm en block specimen showed a 14.0 x 10.5 x 10.5 cm variegated, nodular tan-pink neoplastic mass in the area immediately beneath the stomach and duodenum.

Special Studies:

Positive: CD117

Negative: CD34, S-100 protein, Muscle specific actin, Desmin

Contributor: Kenneth A. Frankel, M.D.
Covina, CA

Case No. 10 - April, 2005

Tissue from: Uterus

Accession #29765

Clinical Abstract:

A 47-year-old female with a clinical diagnosis of uterine fibroids and endometrial hyperplasia underwent hysterectomy with bilateral salpingo-oophorectomy.

Gross Pathology:

The 195 gram, 11.0 x 6.0 x 5.0 cm uterus had an 8.5 cm, circumscribed, soft, smooth, pale tan nodule projecting from the lateral left serosa. The remaining serosa was pink-tan and demonstrated scattered adhesions.

Special Studies:

Positive: Smooth muscle actin (diffusely), CD10 (variably)

Negative: Desmin, H-Caldesmon