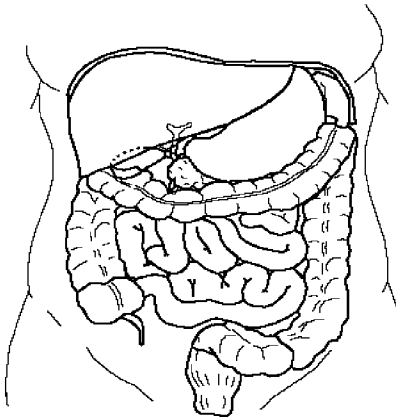




**CALIFORNIA
TUMOR TISSUE REGISTRY**

Gastrointestinal Pathology Study Cases, Subscription B

March, 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: John Sacoolidge, M.D.
Sylmar, CA**

Case No. 1 - March, 2005

Tissue from: Colon/rectum

Accession #29822

Clinical Abstract:

A 31-year-old female presented with complaints of right lower quadrant pain. Colonoscopy revealed numerous polyps. Total colectomy, ileoanal pull-through and loop ileostomy were performed.

Gross Pathology:

The mucosa of the 90 cm long total colectomy specimen was covered by hundreds of varying-sized polyps, the largest of which was pedunculated and measured 5.3 x 3.5 x 3.5 cm. The polyps throughout the colon were both pedunculated and sessile.

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

Case No. 2 - March, 2005

Tissue from: Esophagus

Accession #29727

Clinical Abstract:

A total esophagectomy was performed on a 67-year-old male with a known history of Barrett's metaplasia.

Gross Pathology:

The 168 gram, 22.0 x 12.0 x 2.5 cm resection specimen consisted a 12.0 cm segment of distal esophagus and a 7.0 cm segment of proximal stomach. At the gastroesophageal junction there was a nearly circumferential, 6.0 x 3.5 cm, firm, white tumor. The tumor appeared to penetrate through the muscular layer of the esophagus.

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

Case No. 3 - March, 2005

Tissue from: Right colon

Accession #28267

Clinical Abstract:

A 58-year-old male underwent a colon resection following biopsy of mass found on colonoscopy.

Gross Pathology:

The 640 gram composite resection specimen consisted of terminal ileum, appendix, cecum, and a portion of ascending colon. A 10.0 x 7.0 x 1.4 cm ulcerated, circumferential, necrotic mass was present in the ascending colon. It infiltrated the bowel wall into the pericolic fat. About 11 polyps were scattered in the cecum and ascending colon, ranging from 2 mm to 5 cm in greatest diameter.

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

Case No. 4 - March, 2005

Tissue from: Jejunum

Accession #29881

Clinical Abstract:

After presenting with G.I. bleeding, this 70-year-old male was found to have a small bowel mass.

Gross Pathology:

The 28 cm long small bowel specimen had a 6.0 x 2.8 x 3.0 cm bulge in the mesentery. The cut surface showed a 4.0 cm white fibroid lesion with very irregular borders consisting of several thin white bands that extended out into the surrounding adipose tissue.

Special Studies:

Negative CD117

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

Case No. 5 - March, 2005

Tissue from: Ileocolic tissue

Accession #29247

Clinical Abstract:

A 51-year-old, Gravida 3, Para 3, female presented with irregular bleeding of 1-1/2 years' duration. On physical examination, a pelvic mass was identified in the left lower quadrant. Total abdominal hysterectomy with bilateral salpingo-oophorectomy, and ileocolic resection were performed.

Gross Pathology:

The specimen consisted of a 7 cm segment of ileum and a contiguous 15 cm segment of colon. In the region of the ileocecal junction, within the submucosa was a 14.0 x 12.0 x 10.0 cm firm, lobulated, well-circumscribed, variegated purple-red to pink-tan nodule, apparently attached to the muscularis propria. The mass spared the overlying mucosa. The accompanying uterus had several benign leiomyomas, the largest being 2.5 cm in greatest diameter.

Special Studies:

Desmin	Positive
CD34	Negative
CD117	Negative

Contributor: Jozef Kollin, M.D.
Lakewood, CA

Case No. 6 - March, 2005

Tissue from: Small bowel

Accession #29913

Clinical Abstract:

After an episode of black stools mixed in with some dark red stools, this 80-year-old male sought medical treatment. He had no accompanying abdominal pain or vomiting. He had a history of peptic ulcer disease and regular use of NSAIDS and alcohol. Work-up showed a small bowel mass.

Gross Pathology:

The 8.0 x 4.0 cm segment of small bowel, with attached mesentery, had a 7.5 x 5.0 x 5.0 cm lobular, tan-gray tumor apparently originating in the muscle layer of the small bowel. The mucosa of the small bowel appeared grossly intact, except for a 0.2 cm diameter erosion.

Special studies:

Positive:	CD117 (strongly)
Negative:	S100 protein, Desmin, CD34

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

Case No. 7 - March, 2005

Tissue from: Pancreas

Accession #29986

Clinical Abstract:

This 33-year-old female had three months of epigastric pain of increasing intensity. CT scan revealed a 15.0 cm cystic mass at the tail of the pancreas. Partial pancreatectomy and splenectomy were performed.

Gross Pathology:

The 773 gram specimen consisted of a 12.5 x 11.0 x 7.0 cm cystic structure with attached 113 gram spleen. The opened cyst revealed innumerable mucin-filled, thin-walled cysts ranging from 0.7 to 6.5 cm in greatest diameter surrounded by an outer tan sclerotic cyst wall ranging from 0.1 to 1.4 cm thick.

Special Studies:

Positive: CD68
Negative: Keratin, CEA

Contributor: Susan Murakami, M.D.
Pasadena, CA

Case No. 8 - March, 2005

Tissue from: Liver

Accession #29950

Clinical Abstract:

Work-up showed a liver mass and a partial hepatectomy was performed on a 75-year-old female.

Gross Pathology:

The 154 gram, 11.5 x 6.8 x 3.5 cm portion of nodular fibrotic liver contained a 4.5 cm diameter bulge in the surface. Underneath this area was a discrete 4.0 x 3.5 x 2.2 cm nodule with a yellow-green cut surface. The surrounding hepatic parenchyma was grossly nodular and golden tan.

Contributor: Philip Robinson, M.D.
Boynton Beach, FL

Case No. 9 - March, 2005

Tissue from: Colon

Accession #29940

Clinical Abstract:

An 80-year-old male underwent a low anterior colonic resection for an ulcerated rectal mass.

Gross Pathology:

The 14.5 cm long colon varied in circumference from 6.3 to 3.0 cm. At the distal end of the colon was a 4.0 x 2.0 cm circumferential ulcerated area. Sectioning through the ulcer did not reveal a thickened underlying muscularis. Rare diverticula were present.

Special Studies:

Positive: CD20, LCA {CD45} (weakly), Ki-67 with 65% nuclear reactivity
Negative: Keratin, S-100 Protein, Cyclin D-1, CD5, CD3

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

Case No. 10 - March, 2005

Tissue from: Small bowel

Accession #29852

Clinical Abstract:

Complaints of abdominal pain led to the discovery of a bowel obstruction in this 61-year-old female.

Gross Pathology:

The 45 cm long segment of small bowel had a 13 cm long segment with a diameter of 2.5 cm, with the remainder having a dilated diameter of 5.0 cm. A 4.8 x 5.3 x 4.5 cm nodule of tumor was in the area of the bowel adjacent to the dilatation, and had grossly penetrated the wall. There were numerous tan nodules of tumor on the serosal surface of the entire length of the bowel.

Special Studies:

Positive: NCAM {CD56} (variable), vimentin.
Negative: p75-NTR, Cytokeratins (multiple), Synaptophysin, Placental Alkaline Phosphatase, c-kit gene product 145Kd, CD79a, CD138 {syndecan-1}, Kappa light chains, Lambda light chains, HHV-8 {aka: KSHV}, EBER-1, CD5, CD43, CD30, desmin, Melanin-A, HMB-45, CD20, CD45