



**CALIFORNIA
TUMOR TISSUE REGISTRY**

**General Pathology
Study Cases, Subscription B**

October, 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: LLUMC Pathology (cz)
Loma Linda, CA**

Case No. 1 - October, 2005

Tissue from: Intra-abdominal mass

Accession #29479

Clinical Abstract:

A 6-month-old baby boy presented with a three-week history of loose yellow stools and increasing abdominal girth with protrusion of the umbilicus. KUB and abdominal ultrasound revealed an enlarged liver. On physical examination, the abdomen was distended with dullness to percussion and a general sense of firmness.

Gross Pathology:

The specimen consisted of a 1,250 gram, 25.0 x 18.0 x 7.0 cm aggregate of innumerable, well-circumscribed rubbery to firm, pink-tan nodules dispersed within the omentum. The nodules ranged from 4 mm to 11.0 cm in diameter. The cut surface of the nodules revealed firm, pink-tan to medium brown myxoid parenchyma. No necrosis was evident, and minimal hemorrhage was present.

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

Case No. 2 - October, 2005

Tissue from: Left upper quadrant abdominal mass

Accession #29375

Clinical Abstract:

A 16-year-old girl presented with a two month history of abdominal "tightness" and intermittent stabbing pain. Abdominal CT revealed a 20 cm mass.

Gross Pathology:

The 2,700 gram, 27.0 x 16.0 x 9.0 cm, well-encapsulated, fibrotic, somewhat lobulated firm mass had a rubbery, often trabeculated cut surface with a slimy feel. It varied from white to tan, appearing focally mucoid with scattered areas of hemorrhage. A few small areas of apparent cystic degeneration were noted, but were not prominent.

Contributor: LLUMC Pathology (byw)
Loma Linda, CA

Case No. 3 - October, 2005

Tissue from: Right leg

Accession #30047

Clinical Abstract:

A 63-year-old man sought treatment for a mass in the right leg. The mass was excised.

Gross Pathology:

The specimen consisted of a 6.0 x 3.0 x 2.5 cm well-circumscribed, pink-tan to yellow-tan nodule surmounted by a 5.5 x 1.0 cm ellipse of pale tan skin. The cut surface of the nodule varied from spongy hemorrhagic red-tan to pale tan and fibrous.

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

Case No. 4 - October, 2005

Tissue from: Pelvic mass

Accession #30085

Clinical Abstract:

A 59-year-old woman with end-stage renal disease on peritoneal dialysis had been followed for an abdominal mass that was felt to be a fibroid. After developing peritonitis with culture-positive tuberculosis, the peritoneal catheter was removed and she was started on appropriate therapy. She was compliant with her medications and was surprised by sudden onset of nausea, vomiting and watery diarrhea, for which she was admitted. She was explored for bowel obstruction. At surgery, there were severe pelvic adhesions and numerous peritoneal nodules suggestive of military tuberculosis. Encased within the adhesions was a firm pelvic mass, which was excised.

Gross Pathology:

The 7.0 cm round mass had a whorled gray-tan cut surface without evidence of necrosis or hemorrhage.

**Contributor: Howard Otto, M.D.
Cheboygan, MI**

Case No. 5 - October, 2005

Tissue from: Right ovary

Accession #28900

Clinical Abstract:

A 46-year-old gravida 5, para 5, menopausal woman presented with complaints of abdominal bloating and pelvic pain of a few months duration. She had been on hormone replace therapy for three years. Pelvic examination revealed a mass to the right and posterior to the uterus.

Gross Pathology:

The specimen consisted of a 4.0 x 3.0 x 3.5 cm ovary with attached fallopian tube. Sectioning revealed a solid gray, firm, whorled surface.

**Tissue from: Elbow (30222)
Calf (27826).**

Case No. 6 - October, 2005

**Contributor: Robert Zuch, M.D.
Baldwin Park, CA**

Accession #30222

**Contributor: Robert E. James, III, M.D., Ph.D.
Ventura, CA**

Accession #27826

Clinical Abstract:

(30222) A 69-year-old man had a recent history of malignancy and was status-post two cycles of neoadjuvant chemotherapy. Past medical history included prostate cancer (11 years previously) and cysticercosis. He presented with an enlarging, non-tender mass on the right elbow, which was excised.

(27826) An 11-year-old girl presented with a five-month history of an enlarging mass in her left calf. There was no history of trauma to the area. MRI revealed a mass originating from the medial head of the gastrocnemius muscle. The tibia was radiographically intact. A debulking and diagnostic biopsy/excision was performed.

Gross Pathology:

(30222) The specimen consisted of an 11.0 x 2.0 cm skin ellipse with an 8.5 cm firm white-gray tumor in the underlying soft tissue.

(27826) A 5.5 x 5.0 x 2.4 cm discoid mass had infiltrative margins, blending with portions of muscle and connective tissue below the subcutaneous fat. The tumor had a variegated cut surface, with areas of fleshy salmon-pink, yellow-pink, yellow-white, mottled brick red, and focal dark red hemorrhagic necrosis.

Special Studies (27826):

Positive: 013 {Ewing's-related antigen} strongly positive; NSE focally positive
Negative: Actin, Desmin

Contributor: LLUMC Pathology (pjw)
Loma Linda, CA

Case No. 7 - October, 2005

Tissue from: Ovary

Accession #30036

Clinical Abstract:

A 52-year-old, gravida 8, para 5, woman presented with complaints of abdominal pain. Ultrasound of the pelvis revealed a 30 cm pelvi-abdominal mass. CT scan confirmed a 12.0 x 26.0 x 23.0 cm complex cystic and solid mass.

Gross Pathology:

The 3,180 gram specimen consisted of a 29.0 x 29.0 x 1.0 cm pink-tan cystic ovary and 1,950 grams of mucoid fluid. The external surface was pink-tan and smooth. The cut surface of the ovary showed a dominant cyst and multiple cystic spaces up to 2.5 cm in greatest diameter that were filled with mucinous material. Multiple white-tan tumor nodules arising from the cyst wall measured up to 2.5 cm in greatest diameter.

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

Case No. 8 - October, 2005

Tissue from: Right ovary

Accession #30045

Clinical Abstract:

A 13-year-old, nulligravida, premenarche girl presented with increasing lower abdominal pain. A palpable mass was identified in the lower abdominal area, at the level of the umbilicus. It appeared mobile to external palpation. Pelvic ultrasound revealed a 19 cm x 8.0 x 10 cm pelvic mass. The mass displaced and compressed the uterus posteriorly.

Gross Pathology:

The specimen consisted of an 1153 gram, 15.0 x 11.0 x 8.0 cm right tube and ovary. The ovary was completely replaced by tumor. The serosa appeared smooth and glistening in most areas, however, there were two areas where the tumor tissue appeared to be "spilling out". Cut surfaces of the tumor exuded colorless, watery mucinous material. The tumor surface was variegated with white-gray, hemorrhagic and necrotic zones, irregularly distributed.

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

Case No. 9 - October, 2005

Tissue from: Left upper lobe of lung

Accession #30127

Clinical Abstract:

A 44-year-old man presented with a three-year history of atypical chest pain. He reported that a cardiac workup had not found significant coronary artery disease. A chest x-ray and CT showed an extrapleural mass. At surgery, a pedunculated smooth-surfaced mass was attached to the left upper lobe.

Gross Pathology:

The 59 gram, 7.5 x 4.5 x 2.5 cm specimen consisted of a single polypoid piece of well-encapsulated fibrous tissue. Serial sectioning revealed fibrous tan-pink cut surfaces with a multinodular firm appearance that was free of necrosis or hemorrhage.

Special studies:

Diffusely positive: Bcl-2, CD34

Contributor: Randi Burke, M.D.
Anaheim, CA

Case No. 10 - October, 2005

Tissue from: Right adrenal

Accession #30063

Clinical Abstract:

A 46-year-old woman was found to have an adrenal mass, which was resected.

Gross Pathology:

The 265 gram specimen consisted of a 11.0 x 9.0 x 7.5 cm yellow mass and several smaller separate fragments of tumor. On sectioning, the tumor was yellow-white, fleshy and soft with areas of hemorrhage. There was a possible small rim of residual adrenal gland at the edge of the specimen.

Special Studies:

Positive: EMA (focally), Inhibin (variably)
Negative: Keratin, S-100 protein, Chromogranin, Synaptophysin