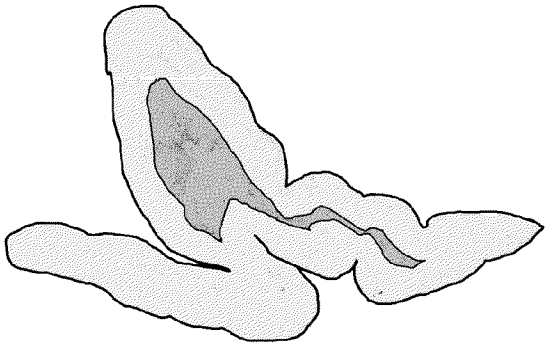
CALIFORNIA
TUMOR TISSUE REGISTRY

"NEUROENDOCRINE TUMORS"

Study Cases, Subscription A

October 2006



California Tumor Tissue Registry
c/o: Department of Pathology and Human Anatomy
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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:
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: Jozef Kollin, M.D. **Case No. 1 - October 2006 A**
Lakewood, CA

Tissue from: Stomach **Accession #30180**

Clinical Abstract:
A 28 year old woman presented with symptoms of gastric outlet obstruction.

Gross Pathology:
The 17 x 10 cm specimen consisted of distal stomach and proximal duodenum. At the gastric outlet was a 4.7 cm round mass, elevating the mucosa, with a central hemorrhagic umbilication. There was no definite ulceration. The tumor extended through the gastric wall and abutted the serosal surface.

Special Studies:
Positive: CAM 5.2, Chromogranin A, synaptophysin, CD 56, CK7, CEA
Negative: CK20, CDX2, gastrin, somatostatin, glucagon, insulin

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Contributor: LLU Pathology Group (wc) **Case No. 2 - October 2006 A**
Loma Linda, CA

Tissue from: Pancreas **Accession #30360**

Clinical Abstract:
A 16 year old girl was found to have a pancreatic mass.

Gross Pathology:
The 1,232 gram, 17.0 x 13.5 x 8.0 cm pancreatic mass was well circumscribed. The cut surface was partially cystic with areas of hemorrhage and necrosis as well as solid dark-red areas.

Contributor: **Catherine Odell, M.D.**
Riverside, CA

Case No. 3 - October 2006 A

Tissue from: **Right neck**

Accession #30341

Clinical Abstract:

This 37 year old woman was found to have a right neck mass.

Gross Pathology:

Not available.

Contributor: **Catherine Odell, M.D.**
Riverside, CA

Case No. 4 - October 2006 A

Tissue from: **Right adrenal gland**

Accession #30343

Clinical Abstract:

A 16 year old girl was found to have a right adrenal mass.

Gross Pathology:

The 686 gram, 15 x 12 x 8 cm adrenal was largely replaced by a well circumscribed, whorled, lobulated, yellow-tan mass with no areas of hemorrhage or necrosis. Intact adrenal cortex was seen around the periphery.

Contributor: Chisa Aoyama, M.D. **Case No. 5 - October 2006 A**
Sylmar, CA

Tissue from: Pancreas **Accession #30118**

Clinical Abstract:

Over a period of about a year, this 43 year old man had been worked up for abdominal masses, visualized by CT as being in the pancreas and left adrenal, but with inconclusive biopsies.

Gross Pathology:

A composite resection of tail of pancreas and spleen included a 359 gram, 11.0 x 8.5 x 7.3 cm mass replacing the pancreatic tail. The well circumscribed mass had a variable yellow-tan necrotic and red-brown spongy cut surface.

Special Studies:

Positive: Chromogranin, synaptophysin, Congo red (with polarization)

Contributor: Mary Fieber, M.D. **Case No. 6 - October 2006 A**
Oklahoma City, OK

Tissue from: Left Adrenal Gland **Accession #30443**

Clinical Abstract:

Following sudden onset of left lower quadrant pain, this 66 year old woman was found to have a 5 cm mass anterior to the upper pole of the left kidney. Serum cortisol and aldosterone levels were within normal limits. She had had a long history of hypertension.

Gross Pathology:

The specimen consisted of a 7.2 x 4.7 x 4.4 cm encapsulated mass with a homogeneous pink-tan cut surface.

Contributor: M. Rose Akin, M.D. **Case No. 7 - October 2006 A**
Fresno, CA

Tissue from: Skin of shoulder **Accession #30175**

Clinical Abstract:
A 71 year old woman was found to have a mass in her right shoulder, in the region of a previous biopsy.

Gross Pathology:
The 200 gram, 14.5 x 8.0 x 4.5 cm specimen included an ellipse of skin with underlying subcutaneous tissue and skeletal muscle. Cut sections show a 5.4 x 5.1 x 5.0 cm lobulated fleshy tan-white tumor.

Contributor: Arthur Falk, M.D. **Case No. 8 - October 2006 A**
Simi Valley, CA

Tissue from: Right Testis **Accession #23759**

Clinical Abstract:
Following 3 months of a fever of unknown origin, this 42 year old man was found to have an enlarged and tender right testicle.

Gross Pathology:
The cut surface of the testis showed a 3.5 x 2.5 x 2.3 cm irregular nodular firm mass, which was variably firm yellow to softer dark yellow-red.

Contributor: John Phillips, M.D. **Case No. 9 - October 2006 A**
Fresno, CA

Tissue from: Lung **Accession #24091**

Clinical Abstract:
A 76 year old man was known to have a lung mass for 17 years. He died following an apparently unrelated episode of gallstone pancreatitis and an autopsy was performed.

Gross Pathology:
An 8 x 8 x 5 cm sharply circumscribed, encapsulated mass was present in the upper portion of the right lower lobe of lung. The cut surface was light tan and soft. There were no gross areas of necrosis.

Contributor: Robert Zuch, M.D. **Case No. 10 - October 2006 A**
Baldwin Park, CA

Tissue from: Right Scapula **Accession #30473**

Clinical Abstract:
A 73 year old woman had a right shoulder mass.

Gross Pathology:
The 16.0 x 16.0 x 8.5 cm radical excision of scapula, proximal humerus and associated soft tissue included a 14.2 cm white rubbery tumor, which produced bony destruction.

Special Studies:
Positive: CD99, EMA
Negative: Keratin, CK7, CD34, desmin, chromogranin, synaptophysin, LCA, MSA