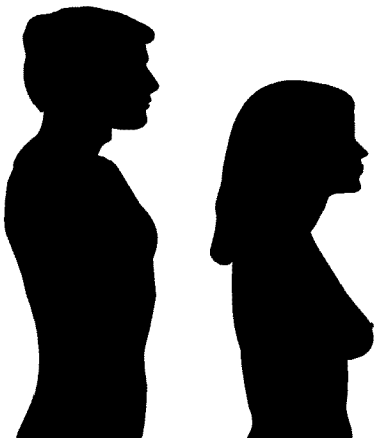
CALIFORNIA
TUMOR TISSUE REGISTRY

"GENERAL PATHOLOGY"

Study Cases, Subscription A

March 2006



California Tumor Tissue Registry
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Web page: www.cttr.org
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. **Case No. 1 - March 2006**
San Diego, CA

Tissue from: Liver **Accession #30011**

Clinical Abstract:
This 2 year old boy was found to have a right upper quadrant mass.

Gross Pathology:
The resected right lobe of liver contained an 11 x 6 x 5 cm well-circumscribed nodular mass with a heterogeneous gray-yellow cut surface showing foci of hemorrhage and necrosis.

Contributor: Lauren O'Brien, M.D. **Case No. 2 - March 2006**
Pasadena, CA

Tissue from: Liver **Accession #30003**

Clinical Abstract:
Because of stomach pain, the 68 year old woman underwent and ultrasound and then a CT, which showed mass in the right lobe of her liver.

Gross Pathology:
The 240 gram, 13 x 8 x 5.2 cm portion of liver had a 5 x 4.8 x 4.8 cm tan to slightly green mass with a central scar and a multinodular array around the center.

Contributor: Naif Abraham, M.D. **Case No. 3 - March 2006**
Syracuse, NY

Tissue from: Lung **Accession #29999**

Clinical Abstract:
For two years this 56 year old man had been followed for a pulmonary nodule. After he presented with hemoptysis, he underwent resection of the mass.

Gross Pathology:
Within the 5 cm diameter portion of lung was a 4 cm oval, well-defined white nodule with a gritty cut surface.

Contributor: Jozef Kollin, M.D. **Case No. 4 - March 2006**
Lakewood, CA

Tissue from: Mediastinum **Accession #30067**

Clinical Abstract:
A routine chest x-ray disclosed a mediastinal mass in this 70 year old man.

Gross Pathology:
The 6.7 cm encapsulated mass had fibrous septa traversing its gray-tan cut surface. There were no gross foci of hemorrhage or necrosis.

Contributor: Xuedong Wang, M.D. **Case No. 5 - March 2006**
Pasadena, CA

Tissue from: Left adrenal gland **Accession #30051**

Clinical Abstract:

During a work-up for intractable vomiting, this 39 year old man was found to have a 5 cm adrenal mass. Screening studies "ruled out pheochromocytoma", while urinary free cortisol levels were elevated at about twice the normal concentration. The patient did not have symptoms of Cushing's syndrome.

Gross Pathology:

About half of the resected adrenal gland was replaced by a rounded, 4.8 cm, non-infiltrative, uniformly brown mass, without areas of hemorrhage or necrosis.

Contributor: Jozef Kollin, M.D. **Case No. 6 - March 2006**
Lakewood, CA

Tissue from: Right adrenal gland **Accession #30052**

Clinical Abstract:

An 83 year old man was found by CT scan to have a large right adrenal mass. A "hormonal" work-up was negative, showing no evidence of endocrine or neuroendocrine expression. At surgery, a vascular fibrotic process involved the vena cava and renal vein and appeared to invade the liver.

Gross Pathology:

A 1,265 gm, 20 x 14 x 10.5 cm necrotic hemorrhagic tumor completely replaced the adrenal gland.

Special Studies:

CAM5.2	negative
S100	negative
Chromogranin A	negative
EMA	negative
Inhibin	focally positive
Melan A	focally positive
Synaptophysin	positive

Contributor: Xuedong Wang, M.D. **Case No. 7 - March 2006**
Pasadena, CA

Tissue from: Right kidney **Accession #30007**

Clinical Abstract:

After complaining of indigestion and abdominal cramps for about a month, this 54 year old woman was found to have a slightly elevated C125 of 41 (ref. range 35). A CT scan showed a heterogeneous mass in the region of the right adrenal or kidney. An MRI showed a solid mass in the upper pole of the right kidney, displacing the right adrenal superiorly.

Gross Pathology:

The right kidney contained a 5 x 5 x 4.5 cm well circumscribed yellow-tan mass in the upper pole.

Special Studies:

Desmin	negative
Actin	focally positive
HMB45	focally positive

Contributor: Pamela Boswell, D.O. **Case No. 8 - March 2006**
San Diego, CA

Tissue from: Right kidney **Accession #30055**

Clinical Abstract:

During work-up for a urinary tract infection, physical examination of this 53 year old woman revealed hepatomegaly. An ultrasound showed gallstones but no enlargement of the liver. At the same time, a heterogeneous, hypoechoic oval mass was seen displacing the right kidney.

Gross Pathology:

The 1,500 gram, 22 x 14.5 x 10.5 cm retroperitoneal mass had a smooth, glistening outer surface. The cut surface was variegated yellow and dark red-brown, with small foci of apparent bone.

Contributor: Mark Janssen **Case No. 9 - March 2006**
Anaheim, CA

Tissue from: Small bowel **Accession #30091**

Clinical Abstract:

During prostatectomy for adenocarcinoma, this 53 year old man was found to have a nodule on the small bowel.

Gross Pathology:

A U-shaped loop of small bowel had an 8.5 x 7.0 x 6.5 cm mass at its mesenteric border. The cut surface showed hemorrhagic cystic changes. There was no connection between the mass and the small bowel mucosa.

Special Studies:

CD34	strongly positive
CD117	strongly positive
Desmin	negative
Cytokeratin	negative

Contributor: Robert Bates, M.D. **Case No. 10 - March 2006**
San Antonio, TX

Tissue from: Left knee **Accession #30092**

Clinical Abstract:

While he was driving, a 37 year old man noticed a mass behind his left knee.

Gross Pathology:

The 122.3 gram, 8 x 7 x 4.5 cm portion of rubbery gray-brown tissue appeared to have been shelled out from its site. The cut surface showed a thin fibrous capsule and a multinodular architecture.

Special Studies:

CD34	positive
S100	negative
EMA	negative
Smooth muscle actin	negative
Desmin	negative