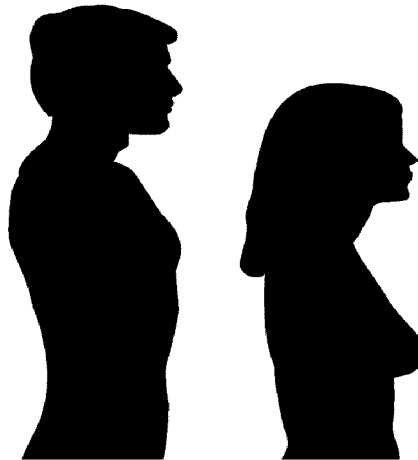




**CALIFORNIA  
TUMOR TISSUE REGISTRY**

**General Pathology  
Study Cases, Subscription B**

**September, 2006**



**California Tumor Tissue Registry  
c/o: Department of Pathology and Human Anatomy  
Loma Linda University School of Medicine  
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Web site & Case of the Month: [www.cttr.org](http://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:**

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 Blaustein, M.D.  
Santa Barbara, CA**

**Case No. 1 - September, 2006**

**Tissue from: Left adrenal**

**Accession #29917**

**Clinical Abstract:**

A 56-year-old woman was found to have a left adrenal mass. The left adrenal gland with periadrenal adipose tissue was removed.

**Gross Pathology:**

The 50 gram specimen included a 6.5 x 3.5 x 2.5 cm adrenal gland, which was expanded at one end by a well-circumscribed, encapsulated, red, spongy, 2.5 x 2.2 x 3.0 cm mass containing an eccentric red-tan, 0.6 cm sclerotic area. The mass was well-demarcated from the adjacent golden yellow adrenal cortex which was free of other nodularity.

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**Contributor: Gordon Hadley, M.D.  
Hangzhou, China**

**Case No. 2 - September, 2006**

**Tissue from: Retroperitoneum**

**Accession #28942**

**Clinical Abstract:**

This 27-year-old woman had noted an abdominal mass for one week, without accompanying pain, vomiting or significant past illness. Physical examination confirmed the presence of a large painless mass in the right side of the abdomen. There were no enlarged superficial lymph nodes. At surgery, the large tumor mass had apparently eroded into vertebral bone.

**Gross Pathology:**

The specimen consisted of several fragments of unencapsulated tumor tissue.

**Contributor: Roger Terry, M.D.  
San Gabriel, CA**

**Case No. 3 - September, 2006**

**Tissue from: Right buttock**

**Accession #28911**

**Clinical Abstract:**

After many years of enduring a large mass on the lower portion of his right buttock, this 72-year-old man requested its removal. He had no other significant skin or soft tissue lesions.

**Gross Pathology:**

The well-circumscribed myxoid mass was 6.5 x 5.0 x 3.2 cm, with a uniform solid pale tan to yellow cut surface with no areas of hemorrhage or necrosis grossly evident.

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**Contributor: Guillermo Acero, M.D.  
Santa Paula, CA**

**Case No. 4 - September, 2006**

**Tissue from: Left arm**

**Accession #29272**

**Clinical Abstract:**

An 82-year-old man presented with a recurrent mass in the left arm.

**Gross Pathology:**

The specimen consisted of a 9.6 x 6.0 x 4.8 cm ellipse of skin and subcutaneous tissue. The cut surface revealed a subcutaneous, multinodular, gray-yellow mass with mucoid production and focal necrosis.

**Special Studies:**

Strongly Positive: CD68  
Negative: CAM 5.2, Desmin, S-100, CD34

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

**Case No. 5 - September, 2006**

**Tissue from: Left & Right Ovaries**

**Accession #30026**

**Clinical Abstract:**

After complaining of discomfort in her lower abdomen, accompanied by bouts of nausea, this 55-year-old, gravida 2, para 2, woman was found to have a bowel obstruction secondary to a pelvic mass.

**Gross Pathology:**

The 36 gram, 5.0 x 3.7 x 3.2 cm right ovary was mostly replaced by multiple pink-tan, focally hemorrhagic nodules ranging up to 2.0 cm in greatest diameter. The 788 gram, 15.9 x 8.0 cm multinodular left ovary was replaced by a marbled yellow-tan and pink-tan tumor with areas of necrosis and hemorrhage. There was a 0.5 x 0.5 cm white-tan firm nodule present at the surface of the oviduct. There were also multiple peritoneal and serosal tumor nodules.

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**Contributor: Guillermo Acero, M.D.  
Santa Paula, CA**

**Case No. 6 - September, 2006**

**Tissue from: Right ovary**

**Accession #30059**

**Clinical Abstract:**

A total body CT scan was performed on a gravida 2, para 2, 63-year-old woman, which demonstrated a 5.0 cm right pelvic mass. Patient had been experiencing some vague lower abdominal pain. The patient was post-menopausal, but had not been on hormone replacement therapy. A laparoscopic right salpingo-oophorectomy was performed.

**Gross Pathology:**

The 38 gram, 6.0 x 3.5 x 3.2 cm ovary was replaced by a firm light gray and yellow multilobulated mass.

**Contributor: John J. McGill, M.D.**  
**Pasadena, CA**

**Case No. 7 - September, 2006**

**Tissue from: Left ovary**

**Accession #30002**

**Clinical Abstract:**

Incidental to a hysterectomy for fibroids, this 51-year-old woman was found to have an enlarged left ovary.

**Gross Pathology:**

The 236 grams left ovary was 11.0 x 8.0 x 7.0 cm. Sectioning revealed a homogenous yellow tumor with focal areas of reddish discoloration.

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

**Case No. 8 - September, 2006**

**Tissue from: Anterior mediastinum**

**Accession #30096**

**Clinical Abstract:**

During a work-up for back pain, an anterior mediastinal mass was identified in a 59-year-old man. CT-guided needle biopsy was performed, followed by resection of the tumor mass.

**Gross Pathology:**

The 218 gram specimen measured 11.0 x 10.5 x 7.0 cm. Sectioning revealed a nodular gray-tan cut surface with focal areas of hemorrhage and calcification, but no definite necrosis. The lesion was partially covered by a thin fibrous capsule but in some aspects had an irregular fibroadipose surface.

**Special Studies:**

Positive: Cytokeratin  
Negative: CD34, CD5

**Contributor: Alexander Lyster, M.D.**  
**Victoria, TX**

**Case No. 9 - September, 2006**

**Tissue from: Right humerus**

**Accession #30061**

**Clinical Abstract:**

A tumor in the right humerus of this 22-year-old man had been present for more than four years. The well-circumscribed and well-margined 15.0 x 10.0 cm irregular spherical tumor was located in the medial aspect of the humerus, at the mid-shaft, and had a sessile base. The overlying muscle and nerves were stretched by the mass, requiring a piecemeal rather than an en-bloc resection.

**Gross Pathology:**

The specimen consisted of multiple portions of an irregular, multinodular, cauliflower-like, blue-gray to tan-white cartilaginous-bony mass, with most of its surface appearing intact. The tumor's aggregate maximum dimensions were 16.0 x 13.0 x 8.0 cm. Occasional small cystic and/or hemorrhagic foci were noted at the apparent junction of bone and cartilage. Extensive, confluent, geographic and irregular linear opaque tan-white necrotic-appearing areas extended from the cartilage into the spongy bone which otherwise displayed the usual yellow fatty and/or red hematopoietic marrow.

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

**Case No. 10 - September, 2006**

**Tissue from: Femur**

**Accession #29946**

**Clinical Abstract:**

A 15-year-old male presented with a painful mass in the distal thigh. A resection of the right distal femur was performed after an incisional biopsy and chemotherapy.

**Gross Pathology:**

The 26.0 cm long resection specimen included a 6.5 cm diameter, almost concentric tumor mass involving 19.0 cm of the distal femur. The tumor involved both extraosseous soft tissues and the marrow space.