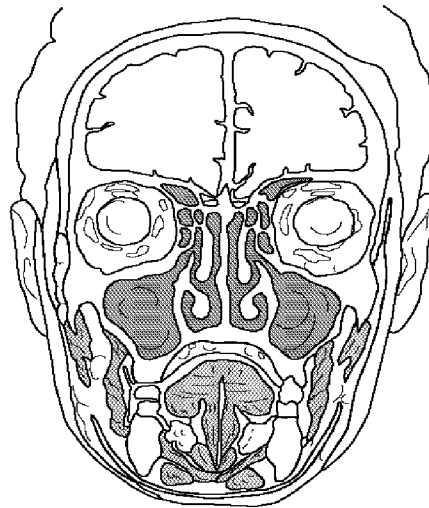




**CALIFORNIA
TUMOR TISSUE REGISTRY**

Head & Neck Tumors Study Cases, Subscription B

January, 2006



California Tumor Tissue Registry
c/o: Department of Pathology and Human Anatomy
Loma Linda University School of Medicine
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Loma Linda, California 92350
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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: Robert E. Riechmann, Jr., M.D.
Covina, CA

Case No. 1 - January, 2006

Tissue from: Nose

Accession #24311

Clinical Abstract:

A 70-year-old man presented with complaints of difficulty breathing through his nose. On examination, he was found to have an intranasal mass. The mass was removed in multiple pieces.

Gross Pathology:

The 25.0 gram specimen consisted of multiple, irregularly-shaped pieces of soft tan tissue. The largest piece measured 4.5 x 2.2 x 1.6 cm.

Contributor: Mark Janssen, M.D.
Loma Linda, CA

Case No. 2 - January, 2006

Tissue from: Tracheal lesions

Accession #23981

Clinical Abstract:

A 26-year-old man had a two year history of increasing airway resistance. Six months before admission, he developed hoarseness and shortness of breath at moderate exercise. There were no swallowing problems, pain, or weight loss. Examination revealed multiple laryngeal and tracheal polyps from just above the carina to the subglottic region. The greatest bulk was at a distance of between 20 and 25 cm, in a circumferential fashion, leaving an extremely narrowed airway. The masses were removed through direct laryngoscopy and bronchoscopy.

Gross Pathology:

A 1 gram specimen consisted of a 2.5 x 2.4 x 0.3 cm aggregate of papillary white-tan tissue. A second 5.5 gram specimen consisted of a 4.5 x 2.5 x 1.5 cm aggregate of multiple cauliflower-like fragments of resilient tan-white tissue. Additionally submitted were multiple small, light tan to brown nodules approximately 1 mm each, forming a 2.0 x 1.5 x 0.2 cm aggregate.

Contributor: S. T. Nerenberg, M.D., Ph.D.
San Francisco, CA

Case No. 3 - January, 2006

Tissue from: Parotid gland

Accession #13197

Clinical Abstract:

Approximately 2 months prior to admission, a 14-year-old boy noticed a gradual development of a mass over the right parotid area. The mass was not associated with pain, pressure sensation or other symptoms. Physical examination revealed a 2.0 x 2.0 cm firm, lobular, movable mass limited to the right parotid area. Past medical history was significant for a similar but smaller tumor of the right parotid gland at age two, which was excised, leaving the gland intact.

Gross Pathology:

The 35 gram specimen consisted of three pieces of red-gray tissue measuring 2.5 x 2.5 x 0.5 cm, 4.0 x 2.5 x 2.0 cm, and 6.0 x 5.5 x 2.5 cm. The largest piece was a 4.0 x 2.0 x 2.5 cm multiloculated cystic structure lined by a translucent, grayish-white membrane. The lumen of the cyst was filled with a brown-tinged fluid.

Contributor: Paul C. Hsieh, M.D.
Arcadia, CA

Case No. 4 - January, 2006

Tissue from: Parotid gland

Accession #24588

Clinical Abstract:

For five years this 54-year-old man had noticed a mass in his left pre-auricular area. About two to three months prior to surgery, he noted enlargement and intermittent tenderness of the mass. Clinical examination revealed a round mass with very discrete edges.

Gross Pathology:

The 6.5 x 5.0 x 2.0 cm salivary gland specimen contained a 2.0 x 1.8 x 1.5 cm firm tumor with pale pink-tan, finely granular cut surfaces.

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

Case No. 5 - January, 2006

Tissue from: Left submandibular gland

Accession #29900

Clinical Abstract:

A 28-year-old man sought treatment for an enlarging mass in the left neck, which had been present for approximately nine months. The mass was excised.

Gross Pathology:

The 20 gram salivary gland contained an eccentric, lobulated, well-circumscribed, tan, 2.7 x 2.1 x 2.5 cm mass with a central dense 1.5 cm wide white lobulated area.

**Contributor: Xuedong Wang, M.D., Ph.D.
Pasadena, CA**

Case No. 6 - January, 2006

Tissue from: Right parotid

Accession #29762

Clinical Abstract:

A 57-year-old male presented with a four month history of right neck swelling. On physical examination, a right parotid mass was identified, as well as palpable jugular adenopathy. A near-total right parotidectomy and right modified radical neck dissection were performed.

Gross Pathology:

The 6.0 x 4.0 x 3.5 cm specimen contained multiple coalescing tumor nodules replacing at least 95% of the parotid gland. The cut surface was variegated from light tan to gray-white, with focal dystrophic calcifications. No normal parotid tissue was grossly identified.

**Contributor: Raymond Lesonsky, M.D.
Van Nuys, CA**

Case No. 7 - January, 2006

Tissue from: Parotid gland

Accession #23924

Clinical Abstract:

An enlarging neck mass brought this 78-year-old woman to her clinician. The mass had been present for 4-5 years.

Gross Pathology:

A 4.8 x 2.5 x 1.5 cm hemorrhagic, bulging, cystic, tan-brown to gray mass had a multiloculated cut surface filled with thick gray gelatinous fluid.

**Contributor: Paul Ortega, M.D.
Burlingame, CA**

Case No. 8 - January, 2006

Tissue from: Submandibular gland

Accession #24773

Clinical Abstract:

A 68-year-old man was admitted for an enlarging mass in the submandibular area. The mass had reportedly been present for ten years.

Gross Pathology:

The 58 gram, 8.0 x 5.0 x 3.5 cm submandibular gland was massively replaced by a firm, white, lobulated tumor with infiltrating irregular margins.

Contributor: Roy L. Byrnes, M.D.
South Laguna, CA

Case No. 9 - January, 2006

Tissue from: Sinonasal cavities

Accession #13172

Clinical Abstract:

A 2-year-old girl had a history of attacks of adenoiditis and tonsillitis with croup. Four to five days prior to admission, she experienced another attack that progressed to complete obstruction. On physical examination, obstruction of the posterior naris on the right was evident. The tumor was removed, and radiation and chemotherapy begun. Four months later the patient expired and an autopsy was performed.

Gross Pathology:

At autopsy, the sphenoid sinus, both ethmoid sinuses and the right maxillary sinus were filled with a bulging, gelatinous tumor mass. There was also a "tongue" of tumor which appeared to have surrounded the cavernous sinus just lateral to the pituitary. The tumor was composed of fairly firm, nodular, glistening white tissue with a few small foci of hemorrhagic necrosis.

Special Studies:

Positive: Smooth muscle actin (SMA), Desmin
Negative: Keratin, S-100 protein

Contributor: Prescott Rasmussen, M.D.
Montabello, CA

Case No. 10 - January, 2006

Tissue from: Neck mass

Accession #30161

Clinical Abstract:

A 48-year-old woman with no previous symptoms sought treatment for a neck mass.

Gross Pathology:

The specimen consisted of two portions of soft tissue, each about 1.5 cm in greatest diameter, with homogeneous gray-tan cut surfaces without nodules.

Special Studies:

Positive: Vimentin, Smooth muscle actin, Desmin (rare positive cells)
Negative: CAM 5.2, EMA, S-100, CD34, CD31, Factor XIIIa, Caldesmon, CK903, CD117