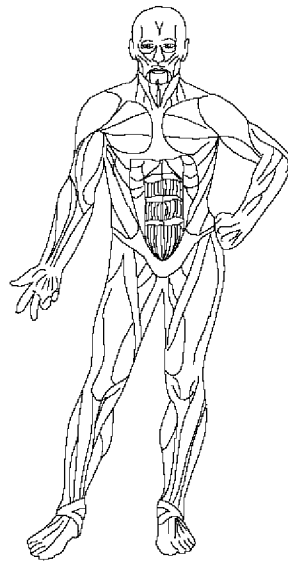




**CALIFORNIA
TUMOR TISSUE REGISTRY**

Soft Tissue Tumors Study Cases, Subscription B

March, 2006



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: James A. Westra, M.D.
San Diego, CA**

Case No. 1 - March, 2006

Tissue from: Mediastinum

Accession #29833

Clinical Abstract:

An MRI showed a mass in the middle mediastinum of this 35-year-old man. Chest CT show a mildly enhancing middle mediastinal mass located inferior to the left mainstem bronchus and superior to the left inferior pulmonary vein, displacing the left atrium. The mass appeared to originate off the left main bronchus or esophagus. There were thin rim calcifications, suggesting lobulation, and central chunky calcifications.

Gross Pathology:

The 5.5 x 4.9 x 3.2 cm specimen consisted of a well-circumscribed mass with a crunchy firm, tan, whorled cut surface.

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

Case No. 2 - March, 2006

Tissue from: Omentum

Accession #30035

Clinical Abstract:

Over a six-month period, this 12-year-old boy had a 10 pound weight loss, accompanied by fatigue and night sweats. He was seen by his primary care physician and found to be anemic. Shortly afterwards, he began complaining of abdominal pain. On physical exam, an abdominal mass was palpated filling the lower abdomen down to the pubis and extending superiorly over the umbilicus.

Gross Pathology:

The 1486 gram, 27.0 x 20.0 x 6.0 cm omental resection specimen contained a 17.0 x 15.0 x 6.0 cm dominant mass with an adjacent 6.0 x 4.0 x 2.5 cm nodule. The masses were rubbery, tan, and surrounded by a thin membranous capsule or pseudo-capsule. The cut surface of both nodules showed a gelatinous to rubbery tan parenchyma.

Special Studies:

Positive: ALK-1 (strong and diffuse)

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

Case No. 3 - March, 2006

Tissue from: Left buttock

Accession #30001

Clinical Abstract:

For about three months, this 40-year-old woman had noticed a mass in her left buttock that was painful when sitting. A CT scan suggested old blood with calcifications or a sterile abscess but aspiration did not yield fluid and was non-diagnostic.

Gross Pathology:

The 7.3 x 6.0 x 5.0 cm smoothly encapsulated mass had a homogeneous gray to pale yellow firm cut surface with no areas of necrosis or hemorrhage.

Special Studies:

Positive: S-100 (focally positive)
Negative: CD34, Bcl-2

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

Case No. 4 - March, 2006

Tissue from: Right knee

Accession #30017

Clinical Abstract:

A 69-year-old woman noted a mass in her right lower thigh posteriorly and consulted her physician.

Gross Pathology:

The 58 gram, 11.0 x 8.0 x 8.0 cm aggregate of lobulated yellow-tan tissue had uniform whorled white-tan cut surfaces. Along one edge was firm tissue resembling eggshell-type calcification.

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

Case No. 5 - March, 2006

Tissue from: Right ankle

Accession #29941

Clinical Abstract:

This 47-year-old man had noted many years of slowly evolving right ankle swelling with minimal pain accompanying.

Gross Pathology:

The specimen consisted of a 50 cc aggregate of multiple mahogany-brown, orange-tan and white rubbery tissue fragments, the largest being 5.0 cm in diameter.

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

Case No. 6 - March, 2006

Tissue from: Right thigh

Accession #30107

Clinical Abstract:

A 20-year-old woman with a history of neurofibromatosis presented with a mass in the right thigh. On physical examination, the mass measured 19.0 cm, and appeared to be adjacent to muscle and deep to subcutaneous soft tissues. The mass was excised.

Gross Pathology:

The 21.0 x 7.0 x 3.0 cm ovoid portion of tan-white opaque soft tissue was multilobulated and had cystic foci near the center.

Contributor: LLUMC Pathology (kac)
Loma Linda, CA

Case No. 7 - March, 2006

Tissue from: Perispinal tumor

Accession #30044

Clinical Abstract:

Three weeks prior to presentation, this 39-year-old woman, with a history of neurofibromatosis, developed left lower extremity paresis. On examination, the patient had significantly decreased sensation and was unable to note sharp or dull sensation in the left lower extremity. A CT myelogram showed complete obstruction of contrast at the T12-L1 level. CT with contrast revealed a large perispinal mass.

Gross Pathology:

The 106 gram, 10.6 x 5.7 x 2.7 cm red-yellow tumor showed a cut surface with a rim of thick white fibrous tissue and a central yellow-tan and gelatinous mucoid cavity.

Special Studies:

Positive: S-100 protein

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

Case No. 8 - March, 2006

Tissue from: Mediastinum

Accession #30121

Clinical Abstract:

A 45-year-old man presented with a cough and chest pain of one month's duration. At surgery, a large mass with multiple nodules was found in the right upper mediastinum. The mass intruded into the right pleural cavity, which was full of liquid.

Gross Pathology:

The specimen consisted of five well-circumscribed masses, the largest measuring 12.5 x 8.0 x 7.0 cm, and the smallest measuring 6.0 x 4.0 x 3.0 cm. The cut surface of the mass showed gray-white, gray-red, and partially dark red tissue with a soft quality.

Special Studies:

Positive: Vimentin, Epithelial Membrane Antigen, Keratin cocktail (focally positive)
Negative: Smooth Muscle Actin (SMA), Desmin, CD34, S-100 Protein

Contributor: Lauren O'Brien, M.D.
Santa Barbara, CA

Case No. 9 - March, 2006

Tissue from: Abdominal mass

Accession #30009

Clinical Abstract:

About one year after undergoing hysterectomy and adjuvant chemotherapy for a leiomyosarcoma of the uterus, this 43-year-old woman was found to have a palpable mass in the left lower quadrant of the abdomen.

Gross Pathology:

The 408 gram specimen consisted of a bosselated, lobulated 13.5 x 9.0 x 8.0 cm nodule, along with smaller fragments aggregating to 4.5 x 3.5 x 2.5 cm. The cut surface was somewhat fleshy creamy tan with areas of myxoid degeneration.

Special Studies:

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

Contributor: Judy Ko, M.D.
Baldwin Park, CA

Case No. 10 - March, 2006

Tissue from: Right leg

Accession #30062

Clinical Abstract:

A 72-year-old woman with a 40-year history of chronic lymphedema of the right leg developed a 21.0 x 15.0 cm fungating, hemorrhagic tumor in the right leg. The tumor was present for approximately one year before an above the knee amputation was performed.

Gross Pathology:

The above the knee amputation specimen contained a fungating, ulcerated and necrotic- gray-brown tumor on the anterior aspect of the lower leg, extending from 18 cm below the knee joint to the level of the ankle and junction with the dorsum of the foot. The cut surface of the tumor was extremely hemorrhagic and friable, measuring 8.0 cm in depth and extending from the skin surface into fat and deep muscle, abutting the fibula.