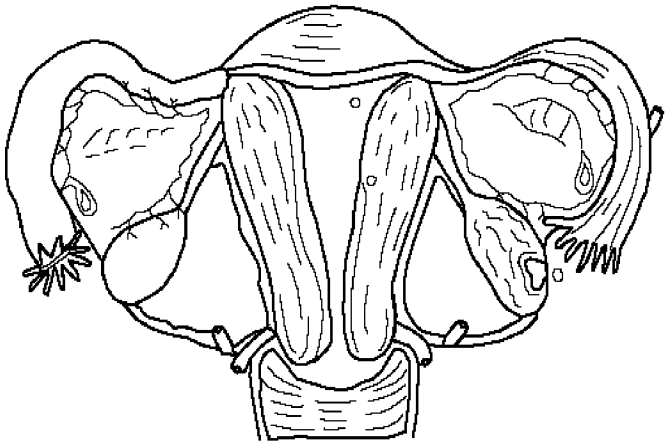
CALIFORNIA
TUMOR TISSUE REGISTRY

Gynecologic Neoplasms
Study Cases, Subscription B

September, 2007



California Tumor Tissue Registry
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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:
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: Lester Thompson, M.D. **Case No. 1 - September, 2007**
Woodland Hills, CA

Tissue from: Placenta **Accession #30429**

Clinical Abstract:

A 37-year-old, G6, P4, Ab 1 woman had a prenatal ultrasound which demonstrated a 2-vessel umbilical cord. No other abnormalities were noted, although the placenta was not well visualized. At Cesarean section, the placenta was markedly adherent to the uterine wall and impossible to deliver. With over 3000 cc of blood loss, an emergent hysterectomy was performed.

Gross Pathology:

Cross sections of the uterus and placenta demonstrated fusing of the two, without a clear distinction between the myometrium and placenta.

Contributor: Lester Thompson, M.D. **Case No. 2 - September, 2007**
Woodland Hills, CA

Tissue from: Uterus **Accession #30371**

Clinical Abstract:

This 42-year-old woman presented with a 2-3 year history of pelvic pain and dysmenorrhea. A CT scan identified a 19 cm mass in the retroperitoneum, with a presumed pedicle attachment to the uterus.

Gross Pathology:

The 19 x 17 cm flesh-colored mass had a whorled cut surface with greasy material.

Contributor: Jozef Kollin, M.D. **Case No. 3 - September, 2007**
Lakewood, CA

Tissue from: Vulva **Accession #30349**

Clinical Abstract:

A 71-year-old, G2 P2 woman presented with complaints of a vulvar lump that had enlarged over the previous four years, producing severe vulvar pain to the point where it was painful to walk. Physical examination confirmed a 12 x 15 cm indurated, slightly tender mass on the left labia.

Gross Pathology:

The 12 x 12 x 15 cm specimen was tan-pink to red-tan, well-circumscribed, and soft to rubbery firm. The cut surface was solid, granular, soft, moist, and glistening.

Special Studies:

Positive: Vimentin, SMA (focal), Actin (focal), Desmin (strong).
Negative: S-100 protein, CD34, CD31.

Contributor: LLUMC Pathology (pjw) **Case No. 4 - September, 2007**
Loma Linda, CA

Tissue from: Vulva **Accession #30436**

Clinical Abstract:

A pregnant 29-year-old woman at 30-weeks gestation presented with a vulvar mass.

Gross Pathology:

The 124 gram, 11.0 x 8.0 x 3.0 cm portion of pink-tan, fibrous soft tissue was accompanied by a 63 gram aggregate of yellow-tan, friable, focally hemorrhagic and mucinous tissue fragments.

Special Studies:

Positive: CD10 (focal), S-100 protein (focal), Vimentin (diffusely).
Negative: CK AE1/AE3, EMA, HMB-45.

Contributor: Lester Thompson, M.D. **Case No. 5 - September, 2007**
Woodland Hills, CA

Tissue from: Ovary **Accession #30286**

Clinical Abstract:

A 46-year-old female presented with complaints of dysmenorrhea and abdominal pain with bloating. She was G3 P3 Ab0 without any other symptoms. Physical examination revealed a large left adnexal mass, which was firm to palpation.

Gross Pathology:

The 11.0 cm resected mass consisted of gritty flesh-colored tissue with small cysts.

Contributor: Peter Morris, M.D. **Case No. 6 - September, 2007**
Santa Barbara, CA

Tissue from: Bilateral ovaries **Accession #30269**

Clinical Abstract:

A 14-year-old amenorrheic girl presented with abdominal pain. Workup showed a bi-lobed, solid-appearing mass in the pelvis, suspicious for an ovarian tumor.

Gross Pathology:

The 2.3 x 0.6 x 0.4 cm right ovary was tan and smooth, with an attached purple glistening, 5.0 x 0.4 cm fimbriated fallopian tube. On sectioning, the ovary was tan and sclerotic without cysts, corpora lutea or corpora albicantia. The left ovary measured 8.0 x 5.5 x 4.5 cm and was pink-tan, smooth and glistening. On sectioning, the ovary was replaced by a tan, smooth, non-glistening tumor mass containing an eccentric, 1.5 cm area of scar and a peripheral 2 cm wide area of chalky yellow necrosis.

Contributor: Danielle Lu, M.D. **Case No. 7 - September, 2007**
Pasadena, CA

Tissue from: Right ovary **Accession #30315**

Clinical Abstract:

A 57-year-old woman complained of episodic postmenopausal bleeding. On physical examination, a pelvic mass was identified. Pelvic ultrasound showed a 6.0 cm solid mass in the right adnexal region. CA-125 was within normal limits.

Gross Pathology:

The 58 gram, 5.0 x 4.5 x 3.5 cm ovary had a smooth surface and contained a 5.0 x 4.2 x 3.2 cm well-circumscribed, solid, pink-tan, edematous mass, multiple small, 0.1 to 0.5 cm cysts, and multiple, 1.8 cm, yellowish, well-circumscribed areas. No necrosis or hemorrhage was identified.

Special Studies:

Positive: Vimentin, Inhibin, Actin (weak), S-100 protein (weak).
Reticulin stain showed positivity around individual spindle cells.
Negative: 34BE12, CAM 5.2, Desmin, CD68, CD17.

Contributor: Tai-Po Tschang, M.D. **Case No. 8 - September, 2007**
Fresno, CA

Tissue from: Right ovary **Accession #30345**

Clinical Abstract:

A 19-year-old G0 P0 woman complained of lower abdominal pain. CT of the pelvis revealed a cystic mass.

Gross Pathology:

The specimen consisted of approximately 330 grams of clot-like material and a membranous portion of what appeared to be a cyst wall. The apparent cyst wall had a relatively smooth surface along one side and rough, irregular surfaces on the opposite side.

Contributor: John Sacoolidge, M.D. **Case No. 9 - September, 2007**
Sylmar, CA

Tissue from: Uterus **Accession #30278**

Clinical Abstract:

A 48-year-old, G4 woman presented to with a one-year history of menometrorrhagia. On bimanual physical examination, the uterus was hard and globular, and measured at 22 weeks size. Blood was present in the vaginal vault. Total abdominal hysterectomy and bilateral salpingo-oophorectomy was performed.

Gross Pathology:

The 1,457 gram specimen included uterus, cervix, and right ovary. The uterus measured 12 x 12 x 9 cm. A myxoid multinodular mass entirely filled the posterior myometrial wall and projected into the fundus as two polypoid, hemorrhagic masses measuring 3.0 and 3.8 cm in diameter. The cut surfaces of the tumor was myxoid glistening tan to yellow-gray with areas of gray-green degenerative changes and showed extensive cystic changes.

Special Studies:

Positive: Actin (diffuse).
Negative CK AE1/AE3.

Contributor: Arthur Koehler, M.D. **Case No. 10 - September, 2007**
Los Angeles, CA

Tissue from: Bilateral ovaries **Accession #30284**

Clinical Abstract:

A 49-year-old woman with a history of a fibroid uterus underwent surgery for removal of bilateral ovarian cysts.

Gross Pathology:

The right ovarian specimen consisted of two white-tan fragments of tissue measuring 2.7 x 2.0 x 0.7 cm and 5.5 x 4.5 x 3.5 cm in overall dimensions. The left ovarian specimen consisted of a 17.0 x 13.0 x 11.5 cm yellow-tan portion of tissue filled with numerous cysts and mucous.