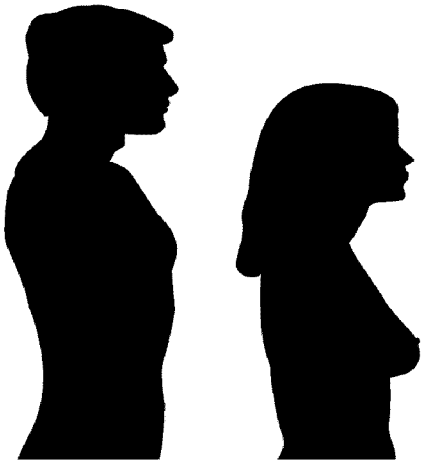
CALIFORNIA
TUMOR TISSUE REGISTRY

General Pathology
Study Cases, Subscription B

November, 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: Karen Cove, M.D. **Case No. 1 - November, 2007**
Los Angeles, CA

Tissue from: Skin of trunk **Accession #21413**

Clinical Abstract:

A two-day old male infant was born with a 6.0 cm diameter bathing trunk pigmented lesion, which could be palpated as a nodular mass. There were also multiple pigmented lesions over the trunk, arm and face. Pregnancy, labor and delivery had been unremarkable.

Gross Pathology:

A 10.0 x 6.0 x 2.0 cm wrinkled, brown-black portion of skin had a 6.0 x 4.0 x 2.5 cm underlying soft tissue mass. The mass was lobulated, myxoid and gelatinous, tan-green, translucent, and focally hemorrhagic.

Contributor: H. V. O'Connell, M.D. **Case No. 2 - November, 2007**
Bakersfield, CA

Tissue from: Skin, intrascapular area **Accession #20299**

Clinical Abstract:

A 45-year-old man noted a slowly-enlarging mass in the intrascapular area. An excision of the skin and subcutaneous tissue was performed, only to have the mass recur within two months. Again, an excisional biopsy was performed. Within five months the mass had enlarged and was again surgically removed, with inclusion of the fascia of the rhomboid muscles. Within six months the lesion recurred yet again, and a wide excision including muscle and skin grafting was performed.

Gross Pathology:

The initial specimen consisted of a 5.9 x 3.0 x 1.0 cm elliptical piece of wrinkled skin with a thickened dermis and attached subcutaneous tissue. The first re-excision consisted of a 1.6 and 5.5 cm ellipse of skin cut to a depth of 1.5 cm. The skin contained a linear, thickened hard scar. The second re-excision consisted of a 5.5 x 2.5 cm skin ellipse and two irregular, wedge-shaped portions of firm gray-yellow tissue. The final wide excision consisted of a square portion of skin with underlying fibroareolar fatty tissue and skeletal muscle. Underneath the previous scar, the tissue was firm and indurated.

Contributor: William Cowell, M.D. **Case No. 3 - November, 2007**
Oceanside, CA

Tissue from: Skin of back **Accession #20483**

Clinical Abstract:

A 44-year-old man complained of a mass on the right side of his back which had been present for some time. There was occasional drainage noted.

Gross Pathology:

The 18.0 x 9.0 x 2.0 cm ellipse of skin included a full thickness of subcutaneous adipose tissue. In the center of the ellipse was a 2.0 x 0.5 cm necrotic, foul-smelling ulcer which connected with a 9 x 4 cm cyst or sinus tract that was rimmed by sharply demarcated indurated gray-white tumor or tumor-like tissue.

Contributor: Lester Thompson, M.D. **Case No. 4 - November, 2007**
Woodland Hills, CA

Tissue from: Knee joint **Accession #30403**

Clinical Abstract:

After many years of pain and stiffness in her knee, this 48-year-old woman presented a decreased range of motion with "air" (crepitation) in the joint. On plain films, multiple radiopaque, round to oval loose bodies were present in the joint, along with signs of an effusion and subchondral sclerosis.

Gross Pathology:

There were 51 grams of multiple, white-gray, translucent nodules ranging in size from 0.2 to 5.1 cm. The cut sections were gritty with spongy, bony parenchyma identified.

Contributor: Loma Linda Pathology (rlc) **Case No. 5 - November, 2007**
Loma Linda, CA

Tissue from: Distal stomach **Accession #30379**

Clinical Abstract:

A 75-year-old man presented with right hip pain and fever. Workup revealed a right paraspinal abscess and a possible mass in the gastric antrum. After endoscopic biopsy, a subtotal gastrectomy was performed.

Gross Pathology:

The 808 gram subtotal gastrectomy specimen consisted of an 18.0 x 9.0 x 2.5 cm portion of stomach with attached lesser and greater omentum. At the greater curvature there was an 8.5 x 6.5 x 1.0 cm white-tan, lobulated mass.

Contributor: Lester Thompson, M.D. **Case No. 6 - November, 2007**
Woodland Hills, CA

Tissue from: Abdomen **Accession #30399**

Clinical Abstract:

During her yearly check-up, an abdominal wall mass was identified in an 85-year-old woman. Past surgical history was significant for hysterectomy for endometrial carcinoma and partial colectomy for colon adenocarcinoma. The abdominal wall mass was about 4 cm distant from the previous surgical scars.

Gross Pathology:

The size of the resected mass is not available. The cut sections showed lobules of fibroadipose connective tissue separated by dense bands of fibrosis.

Contributor: Julio Ibarra, M.D. **Case No. 7 - November, 2007**
Fountain Valley, CA

Tissue from: Pancreas **Accession #29427**

Clinical Abstract:
During radiologic work-up for unrelated conditions, an asymptomatic mass was discovered in the pancreas of this 64 year old woman.

Gross Pathology:
Within the resected portion of pancreas was an 8 cm diameter mass.

Contributor: Catherine Odell, M.D. **Case No. 8 - November, 2007**
Riverside, CA

Tissue from: Uterus **Accession #30516**

Clinical Abstract:
A hysterectomy and bilateral salpingo-oophorectomy was performed on this 42-year-old woman with a history of a fibroid uterus.

Gross Pathology:
The 540 gram specimen included a 10.0 x 10.0 x 6.0 cm uterus with attached adnexae. The 3 mm thick endometrium was soft and red-tan. The myometrium was up to 7.0 cm where distorted by myomas, and approximately 2 cm where it was not. The largest intramural myoma was 7.0 x 7.5 x 6.0 cm. It was well-circumscribed with fleshy, dark tan, whorled to lobular parenchyma. No hemorrhage or necrosis was identified. Additional myomas up to 2.5 cm in greatest dimension were also noted.

Contributor: Richard Abts, M.D. **Case No. 9 - November, 2007**
Pasadena, CA

Tissue from: Mediastinum **Accession #13232**

Clinical Abstract:

A 63-year-old man presented with complaints of a productive cough, hoarseness, increasing shortness of breath and weight loss of two months duration. X-rays revealed a large mediastinal mass compressing the left pulmonary artery. The tumor was removed with little difficulty during a left thoracotomy.

Gross Pathology:

The 704 gram specimen consisted of a 19.0 x 17.0 x 8.0 cm roughly ovoid mass covered by a fairly thick, fibrous connective tissue capsule with numerous hemorrhagic, fibrous tags, including collapsed lung tissue. Sectioning revealed a fleshy, mottled, pale gray-red to darker red, lobulated surface which was slightly elevated above the margins.

Contributor: S. M. Rabson, M.D. **Case No. 10 - November, 2007**
Huntington Park, CA

Tissue from: Gingiva **Accession #14226**

Clinical Abstract:

A newborn baby girl was noted to have a mass protruding through her lips. It appeared to arise just to the right of the midline from the gum line of the lower jaw.

Gross Pathology:

Two fragments of tissue were 4 x 2 x 3 cm and 1.5 x 2.5 x 0.6 cm. The tissue was firm and gray with a finely fibrillar, fleshy pink cut surface and a focus of apparent necrosis.