

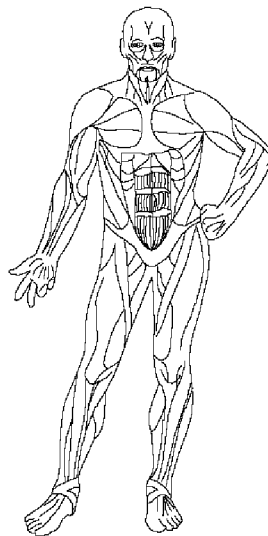


**CALIFORNIA
TUMOR TISSUE REGISTRY**

“SOFT TISSUE PATHOLOGY”

Study Cases, Subscription A

April 2008



California Tumor Tissue Registry
c/o: Department of Pathology and Human Anatomy
Loma Linda University School of Medicine
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Web page: www.cttr.org
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 a maximum of 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 H. Zuch, M.D.
Baldwin Park, CA**

Case No. 1 - April 2008 A

Tissue from: Right ankle

Accession #30495

Clinical Abstract:

A 40 year old woman presented with a non-painful mass in her right ankle.

Gross Pathology:

The 11 x 5.5 x 4.2 cm mass had a mucoid, opaque, yellow-tan cut surface with focal chalky areas.

**Contributor: Gary Garshfield, M.D.
Lynwood, CA**

Case No. 2 - April 2008 A

Tissue from: Adrenal gland

Accession #30762

Clinical Abstract:

This 66 year old man presented with severe epigastric abdominal pain. An ultrasound showed cholelithiasis and a thickened gallbladder was. The liver was heterogeneous and there was an area suspicious for a right lower liver mass. The patient was mildly obese and had a history of mild hypertension, but had no other significant medical history.

Gross Pathology:

In addition to a resected gallbladder with multiple green-black calculi, a 221 gram right adrenal mass was submitted. The mass was 10 x 9 x 5 cm and a cut surface showing hemorrhagic adipose tissue. No adrenal tissue was grossly identified.

**Contributor: Yasushi Tamura, M.D.
Bellflower, CA**

Case No. 3 - April 2008 A

Tissue from: Retroperitoneum

Accession #30486

Clinical Abstract:

After a long history of constipation requiring laxatives, this 42 year old man presented with increasing abdominal girth and abdominal pain. A CT scan showed a large abdominal mass.

Gross Pathology:

The 35 pound ovoid abdominal mass was 65 x 50 x 30 cm. There were no attached viscera and the mass appeared to be covered by a thin fibrous capsule. The cut surface was gray-tan to yellow, soft and edematous appearing.

**Contributor: LLUMC Pathology Group (kc)
Loma Linda, CA**

Case No. 4 - April 2008 A

Tissue from: Chest wall

Accession #30559

Clinical Abstract:

This 23 year old man had a recurrent mass removed from his right posterolateral chest wall.

Gross Pathology:

The 807 gram, 26.8 x 13.8 x 4.5 cm yellow lobulated resection specimen was surmounted by a 25 x 5 cm ellipse of skin with a well-healed scar. The cut surface showed a 16 x 6 x 3.5 cm firm white to red-tan mass.

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

Case No. 5 - April 2008 A

Tissue from: Thigh/groin

Accession #30492

Clinical Abstract:

This 66 year old man complained of a rapidly growing mass in his right groin and thigh.

Gross Pathology:

The composite resection of skin, soft tissue and muscle was 18 x 9 x 7 cm and contained a 13 cm diameter white whorled firm mass that was fairly well delineated from the surrounding fat and muscle.

**Contributor: Anthony Migler, M.D.
Ventura, CA**

Case No. 6 - April 2008 A

Tissue from: Interscapular region

Accession #30594

Clinical Abstract:

A 48 year old woman presented with a mass in her interscapular area, producing a sensation of pressure. She had no history of trauma.

Gross Pathology:

The firm, nodular portion of white-tan tissue was 4.5 x 4.5 x 4.0 cm.

Special Studies:

Positive: CD34
Negative: S100, Desmin, Cytokeratin cocktail

Contributor: LLUMC Pathology Group (ec)
Loma Linda, CA

Case No. 7 - April 2008 A

Tissue from: Right groin

Accession #30567

Clinical Abstract:

An 86 year old woman was found to have a mass in her right groin.

Gross Pathology:

The 502 gram, 15 x 13 x 6.5 cm resected mass had a homogeneous white-tan cut surface.

Special Studies:

Pending

Contributor: Mark Janssen, M.D.
Irvine, CA

Case No. 8 - April 2008 A

Tissue from: Left leg

Accession #30489

Clinical Abstract:

A 63 year old woman had an enlarging mass in her left calf.

Gross Pathology:

The 11.5 x 8.5 x 5 cm irregular resection specimen contained a 4.8 x 4 x 3.5 cm lobulated tan glistening mass within the deep soft tissue and muscle.

Special Studies:

Positive: Vimentin, CD56, Desmin, Myo-D1

Negative: S100, HMB-45, Cytokeratin, CD34, Synaptophysin

Contributor: John Svirbely, M.D.
Oxford, OH

Case No. 9 - April 2008 A

Tissue from: Abdomen

Accession #30535

Clinical Abstract:

A 48 year old man with a personal and family history of neurofibromatosis was worked up for recurrent pneumonia. A large left upper quadrant mass was noted, associated with the spleen.

Gross Pathology:

The 4915 gram, 28 x 21 x 11 cm mass was attached to a 132 gram spleen. The fleshy tan mass showed a cut surface with areas of necrosis and cystic degeneration.

Special Studies:

Negative: S100, CD34, CD117, Actin, Desmin

Contributor: Beverly Myers, M.D.
Roseville, CA

Case No. 10 - April 2008 A

Tissue from: Lung

Accession #30551

Clinical Abstract:

After complaining of fatigue and weight loss, this 18 year old woman was found to be anemic. A CT scan showed a large lower lobe mass in her right lung. At surgery, the tumor involved pulmonary parenchyma with extension to the left atrium, through the ventricle, to involve the aorta.

Gross Pathology:

The resected lung mass was 1341 grams and 19 x 18 x 15 cm. The cut surface was a bulging yellow tan.

Special Studies:

Positive: CD31 (strong), EMA (focal), WT-1 (diffuse nuclear positivity)

Negative: ER, PR, CAM5.2, CK AE1/AE3, CD34