

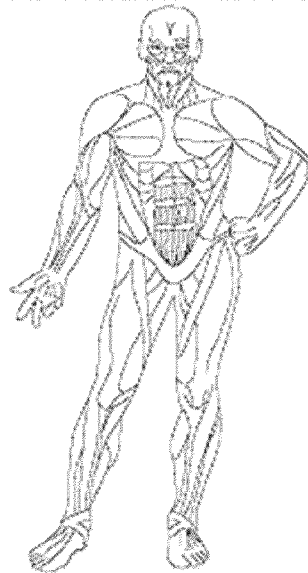


**CALIFORNIA  
TUMOR TISSUE REGISTRY**

## **“SOFT TISSUE & BONE PATHOLOGY”**

**Study Cases, Subscription B**

**November 2009**



**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](http://www.cttr.org)**  
**Web site & Case of the Month: [www.cttr.org](http://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 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: Jozef Kollin, M.D.  
Lakewood, CA**

**Case No. 1 - November 2009 B**

**Tissue from: Right femur**

**Accession #30404**

**Clinical Abstract:**

After many years of watching a slowly enlarging distal femoral mass, this 15 year old boy wished to have it removed.

**Gross Pathology:**

The resected mass was a 5.5 x 5 x 4.5 cm mushroom-shaped growth covered by a gray-white, semitranslucent nodular cartilaginous cap.

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**Contributor: Loma Linda Pathology Group (dr)  
Loma Linda, CA**

**Case No. 2 - November 2009 B**

**Tissue from: Right proximal humerus**

**Accession #30807**

**Clinical Abstract:**

A 46 year old man had destructive lesion of his right proximal humerus.

**Gross Pathology:**

The 386 gram specimen included a 6 x 4.3 cm humeral head with surrounding soft tissues and detached portions of bone and soft tissue. A necrotic yellow-tan tumor involved both bone and adjacent soft tissues.

**Contributor: Alexander Lyster, M.D.  
Koforidua, Ghana**

**Case No. 3 - November 2009 B**

**Tissue from: Right third toe**

**Accession #30757**

**Clinical Abstract:**

For two years this 50 year old woman had noticed a swelling of her right third toe.

**Gross Pathology:**

Within the en bloc resection of the right third ray was 12 x 6.6 x 4 cm and contained a hard, multinodular glistening gray 5 cm diameter mass involving the proximal phalangeal bone and soft tissue.

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**Contributor: Jin Mei, M.D.  
Hangzhou, China**

**Case No. 4 - November 2009 B**

**Tissue from: Tibia**

**Accession #30852**

**Clinical Abstract:**

A 53 year old woman had a destructive mass in her tibia.

**Gross Pathology:**

Multiple bony fragments formed a 14 x 5 x 3.5 cm aggregate.

**Contributor: Loma Linda Pathology Group (dr)  
Loma Linda, CA**

**Case No. 5 - November 2009 B**

**Tissue from: Scalp and ear**

**Accession #31133**

**Clinical Abstract:**

This 64 year old woman had a mass involving scalp and periauricular skin, with associated cervical lymphadenopathy.

**Gross Pathology:**

A 351 gram, 18.5 x 16.5 x 2 cm circular resection included the right ear. A 9.5 x 9.5 x 2 cm fungating gray-blue hemorrhagic lobular mass was based in the skin posterior-superior to the ear.

Special Studies:

Positive: Vimentin

Slight positivity at periphery of lobules: CD31, HF VIII

Negative: CD34, CD45, desmin, S-100, CK cocktail

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**Contributor: Loma Linda Pathology Group (dr)  
Loma Linda, CA**

**Case No. 6 - November 2009 B**

**Tissue from: Scalp**

**Accession #30921**

**Clinical Abstract:**

A 75 year old man had a scalp mass removed.

**Gross Pathology:**

The 298 gram, 20 x 19 x 1.5 cm circular portion of skin contained a 9 x 8 cm ill-defined hemorrhagic tumor.

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

**Case No. 7 - November 2009 B**

**Tissue from: Pelvic soft tissues**

**Accession #30989**

**Clinical Abstract:**

A 16 month old baby boy had a large pelvic mass.

**Gross Pathology:**

The urinary bladder with ureters and a segment of colon were removed en bloc as a 558 gram, 14.5 x 10.5 x 8 cm composite resection. Within the resection specimen was an 11.5 x 8.7 cm rubbery white-tan nodular mass with regions of yellow necrosis. While the tumor was densely adherent to the external surfaces of bladder and colon, there was no gross invasion.

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**Contributor: Chester Spears, M.D.**  
**Sikeston, MO**

**Case No. 8 - November 2009 B**

**Tissue from: Abdominal wall**

**Accession #31077**

**Clinical Abstract:**

A 78 year old woman had an abdominal wall mass.

**Gross Pathology:**

Not available.

**Contributor: Catherine Odell, M.D.  
Riverside, CA**

**Case No. 9 - November 2009 B**

**Tissue from: Right posterior thigh**

**Accession #31128**

**Clinical Abstract:**

This 31 year old woman had a mass involving the adductor compartment of her right posterior thigh, evident on CT scan.

**Gross Pathology:**

The 12 x 8 x 4 cm excision included a 6 x 4 x 4 cm well circumscribed nodule that lay 2 cm deep to the overlying skin. The nodule was tan, fleshy and fibrotic, and extensively necrotic.

Special Studies:

Positive: Vimentin

Negative: CD99, CD45, Synaptophysin, BCL-2, CD34, CD31, ER, AE1/AE3, CAM5.2  
Myo D1, Melan A

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**Contributor: Mark Seifert, M.D.  
Colton, CA**

**Case No. 10 - November 2009 B**

**Tissue from: Left foot**

**Accession #31070**

**Clinical Abstract:**

This 51 year old woman had a mass protruding from her left heel.

**Gross Pathology:**

An 8 x 7 cm hemispheric mass extended 3.5 cm above the surface of the surrounding skin of the heel. The cut surface was variegated with tan and light gray tumor and dark red blood clot. The tumor extended deep along the anterior ventral aspect of the calcaneus and appeared surrounded by skeletal muscle.

Special Studies:

Positive: Calponin, CD99, BCL-2, EMA

Negative: CD34, Pankeratin