

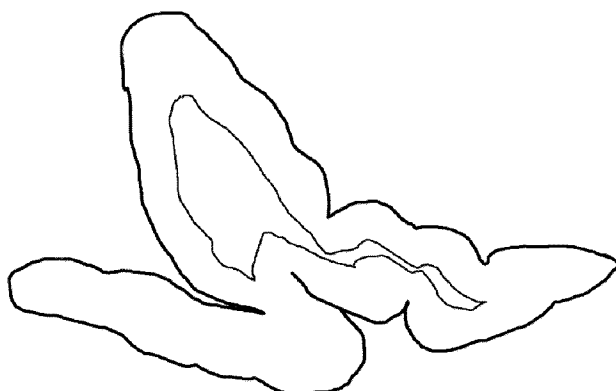


CALIFORNIA
TUMOR TISSUE REGISTRY

“ENDOCRINE PATHOLOGY”

Study Cases, Subscription A

September 2010



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:

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: LLUMC Pathology Group (rc)
Loma Linda, CA

Case No. 1 - September 2010 A

Tissue from: Pancreas

Accession #29725

Clinical Abstract:

For six weeks this 51 year old obese woman endured constant low-grade abdominal pain. A CT scan showed a nearly 5 cm mass in the distal pancreas. Surgical history included a total abdominal hysterectomy for endometriosis 15 years earlier.

Gross Pathology:

The distal pancreatectomy specimen included a 4.5 cm purple mass in the tail of the pancreas.

Contributor: William Illig, M.D.
Tulsa, OK

Case No. 2 - September 2010 A

Tissue from: Thyroid

Accession #31243

Clinical Abstract:

After 30 years of a multinodular goiter and a hypothyroidism, this 58 year old woman underwent a thyroidectomy due to increasing size and firmness of the goiter, producing a palpable mass, associated with dysphagia.

Gross Pathology:

The 16 gram, 6 x 4.5 x 2.3 cm resected thyroid contained a nodular solid mass in the right lobe.

Special Studies:

Positive: Mucicarmine, Alcian blue, PAS, CEA, p63

Negative: TTF-1, Thyroglobulin, Calcitonin

Contributor: Danielle Lu, M.D.
Pasadena, CA

Case No. 3 - September 2010 A

Tissue from: Thyroid

Accession #30662

Clinical Abstract:

This 79 year old woman presented with a 4 cm diameter nodule in the right lobe of her thyroid.

Gross Pathology:

The 44 gram, 5.0 x 3.8 x 3.5 cm right lobe of thyroid contained a well-circumscribed 4.5 cm soft pink-tan mass.

Special Studies:

Positive: Chromogranin, Calcitonin, CEA

Negative: Thyroglobulin

Equivocal: TTF-1

Contributor: Ralph Mitarai, M.D.
Sonoma, CA

Case No. 4 - September 2010 A

Tissue from: Thyroid

Accession #31026

Clinical Abstract:

A 75 year old man presented with a left thyroid nodule.

Gross Pathology:

The 10 gram, 4 x 2.5 x 2 cm left lobe of thyroid contained three circumscribed nodules varying from 0.6 to 1.7 cm in greatest diameter.

Special Studies:

Positive: TTF-1, Thyroglobulin (focal), Cytokeratin (focal)

Negative: Calcitonin, S100, MelanA, HMB-45

Contributor: Lester Thompson, M.D.
Woodland Hills, CA

Case No. 5 - September 2010 A

Tissue from: Thyroid

Accession #31198

Clinical Abstract:

A 16 year old boy presented with a multinodular thyroid gland. He had been on replacement hormone for years.

Gross Pathology:

Not available.

Contributor: Roger Terry, M.D.
San Marino, CA

Case No. 6 - September 2010 A

Tissue from: Thyroid

Accession #29998

Clinical Abstract:

Acute respiratory distress following a week of cough and increasing shortness of breath led to the discovery of a substernal goiter in this 98 year old man.

Gross Pathology:

The 160 gram, 11 x 9 x 6.2 cm gray-tan nodule had a variable appearance on cut surface.

Special Studies:

Positive: Thyroglobulin

Negative: Calcitonin, Chromogranin, Synaptophysin

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

Case No. 7 - September 2010 A

Tissue from: Right adrenal

Accession #31173

Clinical Abstract:

A 10 year old girl was found to have a right adrenal mass.

Gross Pathology:

The 125 gram, 8 x 7 x 4 cm resected mass had a tan, whorled cut surface with focal calcification. One edge had remnants of yellow adrenal cortex.

Contributor: Donald L. Alcott, M.D.
San Jose, CA

Case No. 8 - September 2010 A

Tissue from: Left adrenal

Accession #12346

Clinical Abstract:

Four months after noticing a swelling of her scalp, this 8 year old girl expired. There had been no medical work-up.

Gross Pathology:

Autopsy showed a 3.0 cm yellow brown tumor of the left adrenal gland with metastases to lymph nodes, ribs and skull.

Contributor: James W. Decker, M. D.
Reno, NV

Case No. 9 - September 2010 A

Tissue from: Left adrenal gland

Accession #17230

Clinical Abstract:

This seven year old girl was found to have a retroperitoneal mass in the region of her left adrenal gland as well as left supraclavicular lymphadenopathy. Prior to surgery, 24-hour urine catecholamines and V.M.A. determinations were within normal limits.

Gross Pathology:

The 660 gram, 18 x 11 x 7 cm retroperitoneal resection included a left kidney with an adjacent 9 cm diameter friable yellow mass. No normal adrenal gland was found within the tumor mass.

Special Studies:

Positive: Chromogranin (focal), Synaptophysin (focal)

Negative: EMA, Cytokeratin

Contributor: Milton L. Bassis, M.D.
San Francisco, CA

Case No. 10 - September 2010 A

Tissue from: Left adrenal gland

Accession #15771

Clinical Abstract:

This 41 year old woman had a four-year history of hypertension, with pressures up to 300/190. Past medical history is significant for thyroid carcinoma at age 24 and breast carcinoma at age 33.

Gross Pathology:

Bilateral adrenalectomies were performed. The 249 gram left adrenal was replaced by a 9 x 7 x 6 cm orange-brown mass with foci of necrosis and hemorrhage. The right adrenal weighed 105 grams and measured 8 x 7 x 3 cm.