

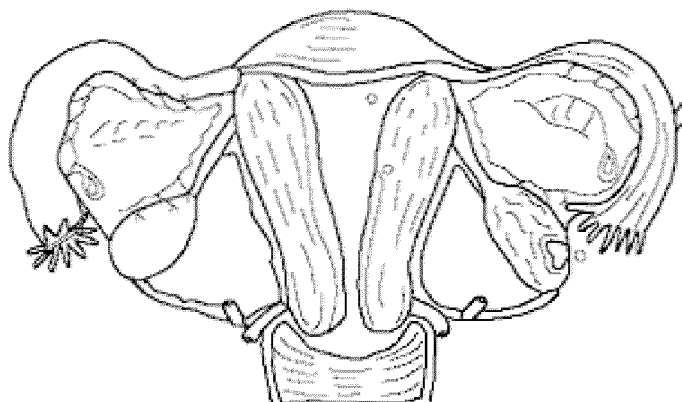


CALIFORNIA
TUMOR TISSUE REGISTRY

“GYNECOLOGIC PATHOLOGY & BREAST”

Study Cases, Subscription B

November 2010



California Tumor Tissue Registry
c/o: Department of Pathology and Human Anatomy
Loma Linda University School of Medicine
11021 Campus Avenue, AH 335
Loma Linda, California 92350
(909) 558-4788
FAX: (909) 558-0188
E-mail: cttr@linkline.com
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: Lester Thompson, M.D.
Woodland Hills, CA

Case No. 1 - November 2010 B

Tissue from: Uterine cervix

Accession #31195

Clinical Abstract:

A 44 year old woman had near complete uterine prolapse for which she underwent hysterectomy. Previous history included rheumatoid arthritis, systemic lupus erythematosus, and low grade cervical squamous intraepithelial lesion.

Gross Pathology:

Not available.

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

Case No. 2 - November 2010 B

Tissue from: Uterus

Accession #31225

Clinical Abstract:

A 72 year old woman presented with a vaginal mass and underwent radical hysterectomy.

Gross Pathology:

The 11 x 8 x 3 cm uterus was accompanied by a detached 3.5 x 3.5 x 2 cm cervix. The endometrial cavity was obliterated by tumor, which invaded through the myometrium.

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

Case No. 3 - November 2010 B

Tissue from: Uterus

Accession #31234

Clinical Abstract:

A 45 year old woman presented with vaginal bleeding and after work-up underwent a radical hysterectomy.

Gross Pathology:

The 718 gram uterine resection specimen with salpingoophorectomy included a 12.5 x 9 x 8.5 cm uterus. A 9 x 8 x 5 cm light brown and yellow rubbery tumor filled the endometrial cavity and involved the myometrium. Scattered calcified nodules and moderate amounts of necrosis were noted.

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

Case No. 4 - November 2010 B

Tissue from: Right ovary

Accession #31260

Clinical Abstract:

A 64 year old woman presented with abdominal pain and was found to have a right ovarian mass.

Gross Pathology:

The 61 gram, 7 x 5 cm right ovary was multinodular, gray-yellow with two separate yellow tumors.

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

Case No. 5 - November 2010 B

Tissue from: Right ovary

Accession #31144

Clinical Abstract:

This 44 year old woman presented with a symptomatic pelvic mass.

Gross Pathology:

The 2000 gram, 21 x 16 x 10 cm ovarian mass had a multiloculated cystic cut surface filled with translucent white gelatinous material. There were also solid areas up to 5.5 cm in greatest diameter.

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

Case No. 6 - November 2010 B

Tissue from: Left ovary

Accession #31272

Clinical Abstract:

This 60 year old woman presented with vaginal bleeding and a large abdominal mass.

Gross Pathology:

The 7,280 gram, 35 x 30 x 15 cm left ovary was replaced by a multiloculated yellow cystic mass showing foci of necrosis. The cyst wall was up to 0.3 cm and the cysts contain tan cloudy fluid. There was no penetration to the capsular surface.

**Contributor: Joel Ziebarth, M.D.
Sioux Falls, SD**

Case No. 7 - November 2010 B

Tissue from: Ovary

Accession #31137

Clinical Abstract:

This gravid 2 para 2, 25 year old woman presented with a large abdominal mass after noticing abdominal bloated and pain for about a week. A CT scan showed a complex solid cystic pelvic mass. Laboratory values included normal electrolytes, Calcium 11.8 (nl 8.4-10.5), and CA125 elevated at 160 (nl 0-50). She had a positive family history of multiple types of carcinoma, including maternal breast carcinoma and a brother with retinoblastoma.

Gross Pathology:

The 1,917 gram, 19.7 x 14.5 x 10.7 cm right ovary was replaced by a lobular yellow-tan solid tumor with focal cystic areas and hemorrhage.

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

Case No. 8 - November 2010 B

Tissue from: Left breast

Accession #31174

Clinical Abstract:

A 10 year old girl had a large breast mass, which was resected.

Gross Pathology:

The 338 gram, 12.5 x 12 x 5 cm resection specimen included an 8.5 x 7.5 x 5 cm mass near the lateral aspect of the resection. The tumor had a central cystic cavity with surrounding solid yellow tissue containing multiple cysts up to 1.7 cm in diameter.

**Contributor: Peter Morris, M.D.
Santa Barbara, CA**

Case No. 9 - November 2010 B

Tissue from: Left breast

Accession #31180

Clinical Abstract:

This 60 year old woman presented with a large breast mass.

Gross Pathology:

The 957 gram, 28 x 24 x 5 cm modified radical mastectomy specimen contained a 6.5 x 5.6 x 5 cm circumscribed white mass with hemorrhage and necrosis.

Special Studies:

Negative: Keratin 5/6, AE1/AE3, CAM5.2, CK8, ER, PR

**Contributor: Kevin Krauland, M.D.
& Rosemarie Rodriguez, M.D.
San Antonio, TX**

Case No. 10 - November 2010 B

Tissue from: Right chest wall

Accession #31138

Clinical Abstract:

A 58 year old woman with a history of left breast cancer treated with mastectomy, neo-adjuvant and adjuvant chemotherapy and radiation therapy presented with a rapidly enlarging mass at her right parasternal border near rib #2.

Gross Pathology:

The 12.5 x 9.2 x 4.2 cm excision specimen had a 3 x 3 cm mass that protruded from the skin surface.