

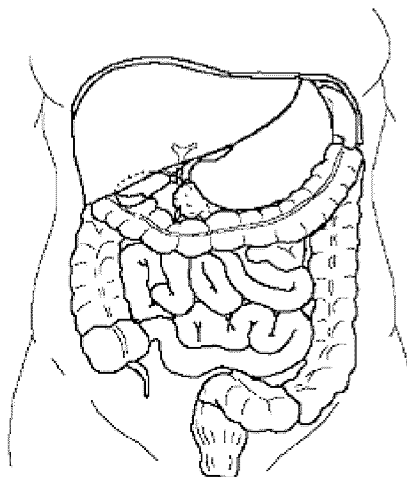


CALIFORNIA
TUMOR TISSUE REGISTRY

“PATHOLOGY of the DIGESTIVE SYSTEM”

Study Cases, Subscription A

September 2011



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: E. J. Jordan, M.D.
Glendale, CA**

Case No. 1 - September 2011 A

Tissue from: Mesentery

Accession #21524

Clinical Abstract:

For three weeks this 26 year-old man noted mild, progressive abdominal distress. A 10 cm diameter firm, non-tender mass was palpable in the abdomen to the right of midline, described as “not particularly movable, but not fixed.”

Gross Pathology:

A 7 x 5.5 x 4.5 cm hard mass was removed from the mesentery. The mass was covered by adipose tissue. The specimen cut with difficulty and showed a yellow-tan surface with foci of calcification.

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

Case No. 2 - September 2011 A

Tissue from: Gallbladder

Accession #31404

Clinical Abstract:

This 67 year-old woman suffered from chronic cholecystitis with cholelithiasis and underwent a cholecystectomy.

Gross Pathology:

The previously opened 7 x 3.8 x 1.5 cm gallbladder contained multiple multifaceted green-black stones. The mucosa was red-white and trabeculated. There were multiple gray-red serosal adhesions extending for a length of about 1 cm.

Contributor: Robert Failing, M.D.
Santa Barbara, CA

Case No. 3 - September 2011 A

Tissue from: Stomach

Accession #12590

Clinical Abstract:

After about 5 months of conservative management of a duodenal ulcer, this 56 year-old man presented with vomiting and abdominal pain. A subtotal gastrectomy was performed.

Gross Pathology:

The 204 gram portion of stomach contained a 3.2 x 2.2 cm ulcer along the lesser curvature, penetrating to a depth of 1.5 cm. Firm tissue associated with the ulcer extended to the serosa and into the gastrohepatic ligament.

Contributor: John O'Donnell, M.D.
Los Angeles, CA

Case No. 4 - September 2011 A

Tissue from: Stomach

Accession #12484

Clinical Abstract:

Following one month of tarry stools, this 59 year-old man presented with epigastric distress. Examination showed a soft abdomen without palpable masses. An upper G.I. series showed a deformed edematous duodenal bulb with a 1 cm ulcer at the junction of the first and second portions of the duodenum. Stomach and esophagus were read as normal. At surgery, in addition to the partially healed duodenal ulcer, a 6 x 5 cm fungating mass was found protruding into the lumen of the stomach at the mid fundal region. The soft, friable, purple-black tumor extended through the gastric wall and onto the serosal surface.

Gross Pathology:

The 17 cm long segment of stomach had a 7 x 7 x 2 cm deeply ulcerated hemorrhagic and necrotic tumor extending through the wall to the serosa.

Special Studies:

Positive: Cytokeratin

Negative: S100, Desmin

**Contributor: Francis Buck, D.O.
Los Angeles, CA**

Case No. 5 - September 2011 A

Tissue from: Stomach

Accession #12379

Clinical Abstract:

A 69 year-old woman presented with two weeks of sharp, intermittent epigastric pain associated with nausea, vomiting and tarry stools.

Gross Pathology:

The partial gastrectomy specimen showed ulceration in the midgastric antrum along the lesser curvature overlying an ovoid bulging 3.5 cm mass. The cut surface of the sharply circumscribed intramural mass was soft, friable and gray.

**Contributor: Robert Williams, M.D.
San Fernando, CA**

Case No. 6 - September 2011 A

Tissue from: Stomach

Accession #12375

Clinical Abstract:

After a 4 year history of peptic ulcer disease, this 66 year-old man presented with a palpable abdominal mass. He was pale, ill-appearing and reported a 15 lb weight loss over the previous 6 weeks.

Gross Pathology:

The gastric mass was approximately 5 x 4 x 3 cm.

Special Studies:

Positive: CD117

Negative: Actin, Desmin

**Contributor: Daniel Krag, M.D.
Santa Cruz, CA**

Case No. 7 - September 2011 A

Tissue from: Stomach

Accession #12342

Clinical Abstract:

A 74 year-old man complained of a 50 pound weight loss, anorexia, epigastric pain, hematemesis and melena. Examination revealed hepatomegaly. He expired before work-up could be completed and an autopsy was performed.

Gross Pathology:

In the uppermost part of the lesser curvature of the stomach was a 6 x 5 cm ulcerating tumor penetrating through the wall to the serosa. The 3500 gram liver contained numerous metastases.

**Contributor: James Almas, M.D.
Pomona, CA**

Case No. 8 - September 2011 A

Tissue from: Rectum

Accession #24882

Clinical Abstract:

A 77 year-old man had a 20 year history of hemorrhoids. One month prior to admission, he began having bright red blood per rectum. Physical examination showed a fixed mass on the anterior rectal wall.

Gross Pathology:

The 14 cm long abdominoperineal resection specimen showed a 4 cm ulcerated mass with surrounding 0.6 cm nodular elevations of the mucosa. The cut surfaces of the mass and nodules were tan-yellow.

Special Studies:

Negative Kertin

Positive Chromogranin/NSE

**Contributor: John Craig, M. D.
Pasadena, CA**

Case No. 9 - September 2011 A

Tissue from: Liver

Accession #26295

Clinical Abstract:

In the course of an elective abdominal hernia repair, this 47 year-old man was found to have a liver mass. He had a history of alcoholic cirrhosis with esophageal varices. He developed upper GI hemorrhage and expired. An autopsy was performed.

Gross Pathology:

The 1800 gram liver had two separate bulging masses, each about 8 cm in greatest diameter. Multiple satellite nodules surrounded each mass and metastatic nodules were present on the peritoneal surfaces.

**Contributor: S. K. Abul-Jaj, M.D.
Ventura, CA**

Case No. 10 - September 2011 A

Tissue from: Liver

Accession #20796

Clinical Abstract:

This 58 year-old woman complained of abdominal discomfort with bloating for about one week. Examination showed a palpable mass filling the epigastrium. An exploratory laparotomy showed a large purple-blue mass involving the left lobe of the liver.

Gross Pathology:

The 525 gram left lobe of liver contained a 10 x 7 x 7 cm multinodular mass. The cut surface was dark green-brown with a honeycomb texture. This merged with an adjacent 5 x 4 x 4 cm multinodular gray-white mass.