

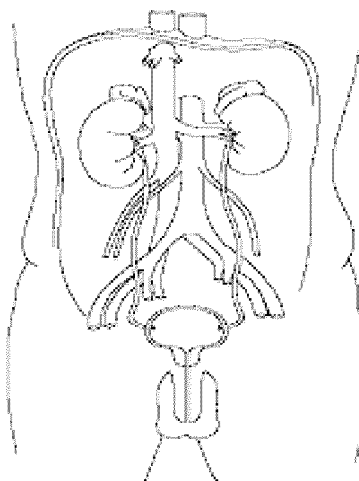


CALIFORNIA
TUMOR TISSUE REGISTRY

“GENITOURINARY PATHOLOGY”

Study Cases, Subscription A

February 2011



California Tumor Tissue Registry
c/o: Department of Pathology and Human Anatomy
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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 (cc)
Loma Linda, CA**

Case No. 1 - February 2011 A

Tissue from: Left kidney

Accession #31119

Clinical Abstract:

A 48 year-old man had a non-functioning left kidney with a radiographically apparent mass.

Gross Pathology:

The 920 gram resection specimen included a 21 x 11 x 9 cm kidney with a 10 x 8x 4 cm cavitory lesion filled with necrotic debris destroying a portion of the cortex.

Special Studies:

GMS, PAS, AFB: Negative for pathogenic organisms

CAM5.2: Negative in lesional tissue

CD68: Diffusely positive in lesional tissue

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

Case No. 2 - February 2011 A

Tissue from: Right kidney

Accession #31161

Clinical Abstract:

A 43 year-old man presented with severe back pain. Radiographic studies showed no renal stones or hydronephrosis. A right renal mass was visualized.

Gross Pathology:

The 300 gram partial nephrectomy specimen was 8 x 7 x 5 cm and contained a mahogany brown bulging nodular 6 cm diameter mass with a central white-gray scarred area.

Special Studies:

Positive: CD10, pancytokeratin, EMA

Negative: Renal cell marker (PNRA), CK7, CK20, colloidal iron

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

Case No. 3 - February 2011 A

Tissue from: Left kidney

Accession #31152

Clinical Abstract:

A four year-old boy was found to have a left renal mass.

Gross Pathology:

The 555 gram, 10.5 x 10 x 8 cm radical nephrectomy specimen showed a 10 x 8 x 8 cm mass compressing the involved kidney. The tumor was well circumscribed with a heterogeneous cut surface showing areas of hemorrhage and necrosis.

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

Case No. 4 - February 2011 A

Tissue from: Right kidney

Accession #31164

Clinical Abstract:

This 71 year-old man presented with hematuria. An ultrasound showed a right renal mass.

Gross Pathology:

The right kidney contained a well defined 3.9 cm mass with a light brown-tan cut surface showing focal scarring.

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

Case No. 5 - February 2011 A

Tissue from: Left kidney

Accession #31130

Clinical Abstract:

This 57 year-old man presented with right flank pain following a fatty meal. An ultrasound was negative for gallstones but showed a right renal mass, confirmed by CT and MRI.

Gross Pathology:

The 24 gram partial nephrectomy specimen contained a 2.5 x 2.3 x 2.3 cm well circumscribed orange-tan mass with central necrosis.

Contributor: Calvin Marantz, M.D.
Corona, CA

Case No. 6 - February 2011 A

Tissue from: Right kidney

Accession #31162

Clinical Abstract:

During work-up for a recent diagnosis of prostate carcinoma, this 77 year-old man was found on CT to have a complex right renal cyst with both solid and cystic components.

Gross Pathology:

The 204 gram, 12 x 7 x 3.5 cm kidney had a 4.5 cm multiloculated cyst in the inferior pole. The renal cortex had areas of chalky discoloration and a slightly granular appearance.

Special Studies:

Positive: CD20, CD43, PAX-5, IgD, BCL-1, BCL-2, kappa light chains

Negative: CD10, kappa BCL-6, CD5, lambda light chains

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

Case No. 7 - February 2011 A

Tissue from: Left testis

Accession #31222

Clinical Abstract:

This 29 year-old man presented with testicular enlargement.

Gross Pathology:

The 71 gram, 14 x 6 x 4 cm radical orchiectomy specimen showed a 4.5 x 3.5 x 2.5 cm soft tan-pink necrotic mass within the testis and invading the testicular capsule.

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

Case No. 8 - February 2011 A

Tissue from: Urinary bladder

Accession #31230

Clinical Abstract:

This 74 year-old woman had hematuria and underwent a radical cystectomy.

Gross Pathology:

Within the bladder was a 5.5 x 3 cm irregular tumor elevating the mucosa on the right side, producing an irregular surface. The solid, white mass infiltrated the bladder wall and adjacent adipose tissue.

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

Case No. 9 - February 2011 A

Tissue from: Left kidney

Accession #31295

Clinical Abstract:

A 65 year-old woman had a left renal mass.

Gross Pathology:

The 1232 gram, 19.5 x 15 x 9 cm nephrectomy specimen had a 10.5 x 10.5 x 9 cm well circumscribed rounded mass arising in the mid-portion of the kidney, with a 7.5 x 5.5 x 5 cm lobule of tumor protruding through the renal sinus & hilar soft tissue. The cut surface of the tumor was white to tan, spongy and diffusely cystic with cysts up to 2 cm in greatest diameter. No solid areas or foci of hemorrhage or necrosis were seen.

Contributor: J. Vega Lopez, M.D.
Mayaguez, Puerto Rico

Case No. 10 - February 2011 A

Tissue from: Periureteral mass

Accession #21445

Clinical Abstract:

Two years after this 63 year-old woman had undergone a hysterectomy for uterine fibroids, she presented with difficulty voiding and left flank pain. Physical examination showed a suprapubic mass.

Gross Pathology:

The 15 cm diameter soft, lobular, gray-white mass involved the urinary bladder, encircled the left ureter and represented a partial resection of a larger retroperitoneal mass.

Special Studies:

Negative: Desmin, S100