

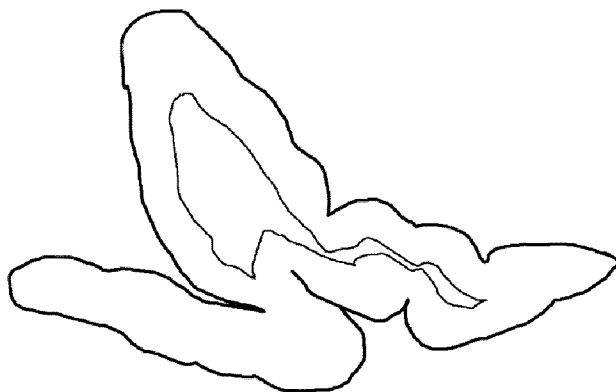


CALIFORNIA
TUMOR TISSUE REGISTRY

“NEUROENDOCRINE PATHOLOGY”

Study Cases, Subscription B

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: P. M. Finck, M.D.
Los Angeles, CA**

Case No. 1 - February 2011 B

Tissue from: Retroperitoneum

Accession #15494

Clinical Abstract:

A two month-old baby girl presented with an abdominal mass.

Gross Pathology:

The 8 x 6 x 3 cm lobular mass had a soft gray-white cut surface with central hemorrhage.

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

Case No. 2 - February 2011 B

Tissue from: Retroperitoneum

Accession #31148

Clinical Abstract:

This 4 year-old boy had an abdominal mass and after diagnostic work-up underwent chemotherapy, followed by surgical resection of a retroperitoneal tumor.

Gross Pathology:

The 130 gram composite resection included a 6 x 4 x 4 x lobulated mass at the tail of the pancreas. The cut surface was heterogeneous with foci of necrosis and calcification.

**Contributor: Emmett B. Reilly, M.D.
Inglewood, CA**

Case No. 3 - February 2011 B

Tissue from: Retroperitoneum

Accession #21088

Clinical Abstract:

This 82 year-old man had prostatic obstruction and was found to have prostatic adenocarcinoma. A retroperitoneal mass was also discovered. He expired before surgery was performed.

Gross Pathology:

At autopsy, a separate mass was found retroperitoneally, surrounding the left iliofemoral vessels up to the bifurcation of the aorta. It was also densely adherent to the exterior aspect of the urinary bladder.

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

Case No. 4 - February 2011 B

Tissue from: Left adrenal gland

Accession #31281

Clinical Abstract:

A 48 year-old woman had a left adrenal mass, identified by CT scan.

Gross Pathology:

A 3.5 x 3 x 2.5 cm mass filled the adrenal medulla.

**Contributor: Timothy P. Cloherty, M.D.
Santa Barbara, CA**

Case No. 5 - February 2011 B

Tissue from: Left kidney

Accession #31287

Clinical Abstract:

This 49 year-old man presented with a 10 month history of gross hematuria. A CT scan showed a complex mass in the lower pole of the left kidney.

Gross Pathology:

The 394 gram, 14 x 7.5 x 6 cm kidney with perinephric fat had a 7 x 6 x 6 cm partially cystic mass in the lower pole. The solid areas were soft, brown-tan.

Special Studies:

Positive: Chromogranin, synaptophysin

**Contributor: Harry C. Pappas, M.D.
Northridge, CA**

Case No. 6 - February 2011 B

Tissue from: Pancreas

Accession #24341

Clinical Abstract:

This 75 year-old man complained of intermittent sharp stabbing pain in the midabdomen for six months. He had had an unintentional weight loss of 10 pounds over the prior four months. A mass was found in his duodenum.

Gross Pathology:

The composite resection of partial stomach, duodenum and head of the pancreas showed a mass 2 cm proximal to the ampulla that protruded into the common bile duct. The poorly demarcated mass was gray-white to yellow and measured 3.5 x 2 cm.

**Contributor: William E. Cowell, M.D.
Oceanside, CA**

Case No. 7 - February 2011 B

Tissue from: Colon

Accession #22038

Clinical Abstract:

This 70 year-old man complained of a 40 pound weight loss with easy fatigability for about a year. He had intermittent bouts of abdominal distress and more frequent constipation. Radiographic studies showed a filling defect in the cecum.

Gross Pathology:

The right hemicolectomy specimen showed a 3.5 cm mass at the ileocecal junction. The tumor was firm and had a faintly yellow cut surface. The vermiform appendix was unremarkable. There were scattered peritoneal tumor implants.

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

Case No. 8 - February 2011 B

Tissue from: Right lung

Accession #31246

Clinical Abstract:

Following biopsy, this 73 year-old man underwent a right upper lobectomy.

Gross Pathology:

The 225 gram resection specimen had a 4 x 3 x 3 cm irregular gray-tan mass within the lung parenchyma.

Special Studies:

Positive: CK7, TTF1, Synaptophysin

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

Case No. 9 - February 2011 B

Tissue from: Pancreas

Accession #24421

Clinical Abstract:

A 54 year-old man experienced right upper quadrant abdominal tenderness with jaundice, dark urine and fatty stools. Ultrasound showed an echogenic mass in the head of the pancreas with obstruction of the common bile duct.

Gross Pathology:

With in the pancreatic resection specimen was a 3 x 2.5 x 2 cm firm white to pale yellow mass with foci of hemorrhage.

Special studies:

Positive: NSE

Negative: Cytokeratin cocktail

**Contributor: William L. Siefert, M.D.
Canoga Park, CA**

Case No. 10 - February 2011 B

Tissue from: Thyroid

Accession #21363

Clinical Abstract:

On routine physical examination, this 43 year-old woman was found to have a nodule in the lower portion of the right lobe of her thyroid. She had been on thyroid medication for several years. The nodule was "cold" on a thyroid scan.

Gross Pathology:

The resected lobe of thyroid had a 2.5 cm diameter well demarcated solid gray-white mass.

Special Studies:

Positive: Calcitonin (faint), synaptophysin (strong), chromogranin (strong), cytokeratin cocktail, S100