

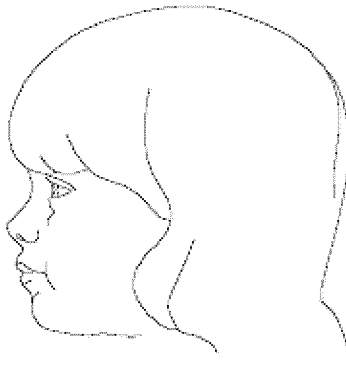


CALIFORNIA  
TUMOR TISSUE REGISTRY

## **“PEDIATRIC PATHOLOGY”**

**Study Cases, Subscription B**

**January 2011**



**California Tumor Tissue Registry**  
**c/o: Department of Pathology and Human Anatomy**  
**Loma Linda University School of Medicine**  
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**Web site & Case of the Month: [www.cttr.org](http://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 (cz)  
Loma Linda, CA**

**Case No. 1 - January 2011 B**

**Tissue from: Right maxilla**

**Accession #31176**

**Clinical Abstract:**

A 7 year old girl presented with a rapidly growing mass in the right maxilla.

**Gross Pathology:**

The 5 x 5 x 4.5 cm composite resection of maxilla with teeth was largely replaced by a lobular, pale white rubbery tumor which expanded the bone, breaching the cortex and extended to the soft tissue margins both internally and externally.

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**Contributor: W. E. Carroll, M.D.  
Santa Barbara, CA**

**Case No. 2 - January 2011 B**

**Tissue from: Pelvic presacral soft tissue**

**Accession #21488**

**Clinical Abstract:**

A one year old girl presented with a pelvic mass, palpable on rectal examination. The kidneys were functioning normally but the ureters were displaced laterally as they approached the pelvis. An abdominoperineal resection of this large presacral tumor was performed.

**Gross Pathology:**

The 40 gram, 5.6 x 4.6 x 3.5 cm mass was ruby pink-tan with a friable cut surface.

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

**Case No. 3 - January 2011 B**

**Tissue from: Cerebellum**

**Accession #31019**

**Clinical Abstract:**

A 22 year old man with asthma presented with progressive confusion, generalized weakness, nausea and vomiting. En route to the emergency department he experienced a generalized tonic-clonic seizure. CT scan showed a posterior fossa tumor with a noncommunicating hydrocephalus.

**Gross Pathology:**

The resected mass was received in multiple fragments forming a 2.5 x 2.5 x 1.5 cm aggregate of pink-tan glistening tissue.

Special Studies:

Positive: Synaptophysin, S-100, GFAP, Vimentin

Negative: EMA, SMA, Wide spectrum keratin (AE113, CAM5.2, CK8)

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**Contributor: G. H. Pez, M.D.  
Fontana, CA**

**Case No. 4 - January 2011 B**

**Tissue from: Parietal lobe of brain**

**Accession #30758**

**Clinical Abstract:**

This 15 year old boy had had headaches, nausea and vomiting for several months. CT showed a 4 cm partially enhancing tumor in the right parietal lobe.

**Gross Pathology:**

The 7 gram aggregate of tan-white to red-brown tissue fragments was 3.2 x 2.5 x 2.4 cm.

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

**Case No. 5 - January 2011 B**

**Tissue from: Left thorax**

**Accession #30915**

**Clinical Abstract:**

This 18 year old woman had a chest wall mass that radiographically showed epidural and vertebral extension. Following biopsy, she underwent a course of chemotherapy, followed by resection.

**Gross Pathology:**

The 470 gram, 13 x 13 x 5 cm largely encapsulated soft tissue mass had a gelatinous yellow-tan cut surface.

Special Studies:

Negative: S100, Desmin, CD99, Myogenin

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

**Case No. 6 - January 2011 B**

**Tissue from: Perineum**

**Accession #31254**

**Clinical Abstract:**

This 12 year old boy had a subcutaneous mass at the junction of the perineum with the posterior scrotum.

**Gross Pathology:**

The 35 gram, 5.2 x 4.2 x 3 cm brown-tan nodular mass consisted of delicately lobular gelatinous brown tissue without grossly evident hemorrhage or necrosis.

Special Studies:

Negative: GFAP, Smooth muscle actin, Desmin, Myogenin, S100, CD34

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

**Case No. 7 - January 2011 B**

**Tissue from: Right kidney**

**Accession #30923**

**Clinical Abstract:**

This 4 year old boy had a right abdominal mass and, following chemotherapy, underwent a right radical nephrectomy.

**Gross Pathology:**

The 370 gram, 12 x 10 x 6 cm nephrectomy specimen contained an 11 cm diameter solid tan-yellow tumor that extended into the surrounding perirenal adipose tissue.

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**Contributor: Sam Yoshida, M.D.**  
**Los Angeles, CA**

**Case No. 8 - January 2011 B**

**Tissue from: Left breast**

**Accession #25800**

**Clinical Abstract:**

Six months after her first menstrual period, this 11 year old girl presented with an enlarging left breast mass.

**Gross Pathology:**

The resection was submitted in two parts, 8 x 7.5 x 6 cm and 6 x 4.5 x 2.5 cm. Both were irregularly nodular with pink-tan, slightly mucoid cut surfaces.

**Contributor: Thomas Heinz, M.D.  
Orange, CA**

**Case No. 9 - January 2011 B**

**Tissue from: Abdomen**

**Accession #24489**

**Clinical Abstract:**

A 15 year old boy complained of constipation and physical examination found an abdominal mass. Radiographs showed a tumor involving abdomen, retroperitoneum and liver. Urine catecholamines were negative.

**Gross Pathology:**

The omental debulking specimen contained a 390 gram 12 x 10 x 7 cm dominant nodule with a granular cut surface separated into nodules by delicate fibrous strands. Multiple smaller nodules were present throughout the specimen.

Special Studies:

Positive: NSE, Desmin

Negative: EMA, CK Cocktail, Myogenin

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**Contributor: W. W. Hall, M.D.  
Bakersfield, CA**

**Case No. 10 - January 2011 B**

**Tissue from: Heart**

**Accession #12668**

**Clinical Abstract:**

A 19 month old baby girl was born one month premature and had been found to have cardiomegaly shortly after birth. She died following a respiratory tract infection and an autopsy was performed.

**Gross Pathology:**

The enlarged heart was 6.5 x 6 cm with a left ventricular wall approximately 2 cm thick and a right ventricular about 0.5 cm thick.