

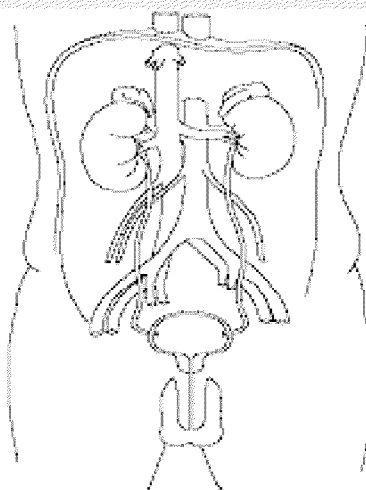


CALIFORNIA
TUMOR TISSUE REGISTRY

“GENITOURINARY PATHOLOGY”

Study Cases, Subscription B

May 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: T. Clint Nelson, M.D.
Fresno, CA

Case No. 1 - May 2011 B

Tissue from: Seminal vesicle

Accession #12759

Clinical Abstract:

About 10 years prior to presentation, this 57 year-old man had had a right kidney and ureter removed for papillary carcinoma. He now presented with dysuria, hematuria and frequency. After biopsy, suprapubic resection of bladder, prostate and seminal vesicles was performed.

Gross Pathology:

The composite resection showed a tumor involving seminal vesicle and bladder base.

Contributor: Weldon Bullock, M.D.
Los Angeles, CA

Case No. 2 - May 2011 B

Tissue from: Kidney

Accession #12511

Clinical Abstract:

This 67 year-old woman complained of right costophrenic angle pain. After treatment with antibiotics failed to resolve the pain, radiographs showed a large mass in the lower pole of her right kidney. A right nephrectomy was performed.

Gross Pathology:

The 230 gram, 13 x 7 x 5.5 cm nephrectomy specimen showed about 75% replacement of the renal parenchyma by a yellow-white, firm, glistening tumor.

Contributor: Pamela Boswell, D.O.
La Jolla, CA

Case No. 3 - May 2011 B

Tissue from: Left kidney

Accession #31411

Clinical Abstract:

A 69 year-old man with a history of chronic pyelonephritis underwent a left nephrectomy.

Gross Pathology:

The 586 gram nephrectomy specimen contained a well-circumscribed, 8 cm diameter, solid & cystic white mass replacing about two-thirds of the kidney parenchyma.

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

Case No. 4 - May 2011 B

Tissue from: Testis

Accession #31004

Clinical Abstract:

During examination in preparation for an inguinal hernia repair, this 70 year-old man was noted to have a right testicular mass. An orchiectomy was performed after an ultrasound demonstrated a solid mass.

Gross Pathology:

The resected testicle contained a well-circumscribed 4.4 x 3.2 x 2.6 cm yellow brown mass with an overlaid bright yellow reticulated pattern.

**Contributor: E. F. Ducey, M.D.
Ventura, CA**

Case No. 5 - May 2011 B

Tissue from: Testis

Accession #12440

Clinical Abstract:

This 36 year-old man noticed painless swelling of his right testicle for three months prior to admission.

Gross Pathology:

The 170 gram, 11 x 7 x 6 ovoid mass showed a pale gelatinous tumor almost completely replacing the testicular parenchyma.

**Contributor: W. Harriett Davis, M.D.
Burbank, CA**

Case No. 6 - May 2011 B

Tissue from: Left testicle

Accession #12372

Clinical Abstract:

About one month prior to surgery, this 18 year old man suffered athletic traumatic injury to his left testicle. He underwent surgery for presumed hematocele.

Gross Pathology:

The 3.5 x 3.5 x 2.5 cm testicle showed replacement by an irregular, non-encapsulated firm grey-white tumor with extensive areas of necrosis. There was grossly apparent invasion of the testicular tunica.

**Contributor: Roy L. Byrnes, M.D.
South Laguna, CA**

Case No. 7 - May 2011 B

Tissue from: Left ureter

Accession #12610

Clinical Abstract:

For about one month, this 68 year-old woman had noticed gross painless hematuria. She denied dysuria or flank pain and had no previous genitourinary complaints.

Gross Pathology:

The kidney with attached ureter weight 110 grams. The ureter had an annular 2 x 1 cm tumor at the junction of middle and lower third of its length.

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

Case No. 8 - May 2011 B

Tissue from: Left kidney

Accession #31240

Clinical Abstract:

This 2 year-old girl had a left kidney mass.

Gross Pathology:

The 178 gram, 8.3 x 6.5 x 3.9 cm kidney was distorted by a central, well demarcated 6 x 5.4 x 4.2 cm tumor, replacing nearly two-thirds of the kidney. The cut surface of the tumor was homogeneous, soft and white-tan, without definite capsular penetration. No gross hemorrhage or necrosis was evident.

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

Case No. 9 - May 2011 B

Tissue from: Right kidney

Accession #30565

Clinical Abstract:

A 63 year-old man had a right kidney mass with an inferior vena cava thrombus.

Gross Pathology:

The 850 gram, 21.5 x 14.5 x 7.5 cm nephrectomy specimen had a 3.5 x 3.3 x 2.5 cm soft pink-tan mass bulging from the hilum. Hemisection showed a 7.8 x 7.3 x 6.5 cm golden tan, focally hemorrhagic mass involving the mid-portion and lower pole of the kidney.

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

Case No. 10 - May 2011 B

Tissue from: Right kidney

Accession #31129

Clinical Abstract:

This 67 year-old man presented with gross hematuria. A CT scan showed a right renal mass with solid and cystic components.

Gross Pathology:

The 359 gram, 11 x 8 x 7 cm partial nephrectomy specimen contained a 10 x 8 x 5.5 cm well circumscribed partially cystic yellow-tan mass with multiple foci of necrosis and hemorrhage.