

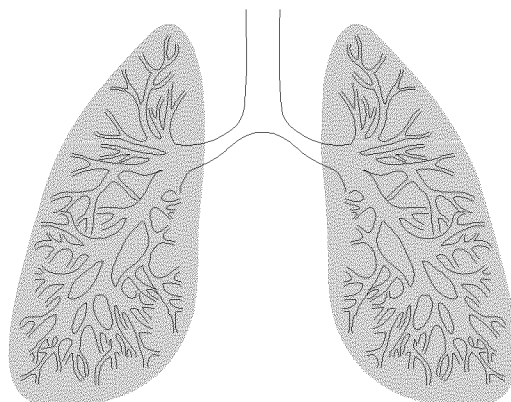


CALIFORNIA  
TUMOR TISSUE REGISTRY

## **“PULMONARY & MEDIASTINAL PATHOLOGY”**

**Study Cases, Subscription A**

**May 2012**



**California Tumor Tissue Registry**  
c/o: Department of Pathology and Human Anatomy  
Loma Linda University School of Medicine  
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Web page: [www.cttr.org](http://www.cttr.org)  
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: Alexandra Reichman, M.D.  
Marysville, CA**

**Case No. 1 - May 2012 A**

**Tissue from: Thymus**

**Accession #31203**

**Clinical Abstract:**

During work up for anterior chest wall pain, this 41 year-old woman was found to have an anterior mediastinal mass.

**Gross Pathology:**

The 55 gram, 9 x 5.8 x 2.8 cm specimen contained a 5 x 3.8 x 2.8 cm well-defined rounded solid uniform tan mass.

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

**Case No. 2 - May 2012 A**

**Tissue from: Left lung, upper lobe**

**Accession #31120**

**Clinical Abstract:**

A 69 year-old man had a lung mass with chest wall involvement.

**Gross Pathology:**

The 580 gram en bloc resection specimen included a 12 x 10 x 7 cm tumor that occupied most of the lower half of the left upper lung lobe. The tumor was white-tan, largely necrotic and extended into the soft tissues of the adjacent chest wall.

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

**Case No. 3 - May 2012 A**

**Tissue from: Left lung, upper lobe**

**Accession #31131**

**Clinical Abstract:**

A 84 year-old woman had a past history of colon carcinoma and was found to have rising CEA levels. PET scan showed a solitary metabolically active mass.

**Gross Pathology:**

The 124 gram wedge of red-tan lung contained a 5 x 3.2 x 2.7 cm mass.

Special Studies:

Positive: CK7, TTF-1

Negative: CK20

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

**Case No. 4 - May 2012 A**

**Tissue from: Left lung, lower lobe**

**Accession #31123**

**Clinical Abstract:**

A 63 year-old woman had past history of colon carcinoma and was found to have a solitary nodule in her left lower lobe.

**Gross Pathology:**

The 300 gram lung lobe contained a 3.5 x 2.8 cm largely necrotic 3.5 cm diameter firm yellow-tan mass.

Special Studies:

Positive: CK20

Negative: CK7, TTF-1

**Contributor: J. H. Cremin, M.D.**  
**Los Angeles, CA**

**Case No. 5 - May 2012 A**

**Tissue from: Right lung, lower lobe**

**Accession #20328**

**Clinical Abstract:**

This 49 year-old man had smoked 2 packs of cigarettes per day for 10 years but had stopped 17 years prior to surgery. He had no known industrial carcinogenic exposure. He was found to have an asymptomatic right lung mass on routine chest radiograph.

**Gross Pathology:**

The 5 cm portion of lung contained a 2 cm well circumscribed ovoid mass just beneath the pleura.

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**Contributor: Milton Bassis, M.D.**  
**San Francisco, CA**

**Case No. 6 - May 2012 A**

**Tissue from: Right lung**

**Accession #19576**

**Clinical Abstract:**

For 18 years, this 72 year-old woman had been followed for an unchanging “spot” on her right lung. One year prior to surgery the mass began enlarging and at the time of surgery had doubled in size.

**Gross Pathology:**

An 8 x 8 x 6 cm mass essentially replaced the right middle lobe and showed direct extension into adjacent upper and lower lobes.

Special Studies:

Negative: CK cocktail, Desmin, SMA, TTF-1

**Contributor: Robert Hufner, M.D.**  
**La Mesa, CA**

**Case No. 7 - May 2012 A**

**Tissue from: Left lung, lower lobe**

**Accession #24338**

**Clinical Abstract:**

For three years this 37 year old woman, a smoker of 2 packs of cigarettes/day, experienced a chronic non-productive cough and then multiple episodes of left lower lobe lung infections with hemoptysis. A chest radiograph showed a changing obstructive pattern in the upper lobe. An enlarging left hilar mass was noted.

**Gross Pathology:**

A 3.5 cm diameter left hilar mass was confluent with 1.5 cm nodules deforming the left lower lobe bronchi, which had intact overlying mucosa. Additional parenchymal satellite nodules were also noted. The main tumor mass was hemorrhagic, red-brown with areas of necrosis.

**Special Studies:**

Positive: Chromogranin (2+, spotty), Synaptophysin (3+)

Negative: CK cocktail

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**Contributor: Dan Krag, M.D.**  
**Los Gatos, CA**

**Case No. 8 - May 2012 A**

**Tissue from: Posterior mediastinum**

**Accession #13755**

**Clinical Abstract:**

This 56 year-old woman had a left-sided posterior mediastinal mass discovered on routine chest radiograph.

**Gross Pathology:**

The encapsulated, slightly bosselated, ovoid mass was 5.5 x 5 x 3 cm. The cut surface was variegated pink-tan with small foci of yellow necrosis.

**Contributor: G. J. Hummer, M.D.  
Santa Monica, CA**

**Case No. 9 - May 2012 A**

**Tissue from: Right lung, lower lobe**

**Accession #13667**

**Clinical Abstract:**

A 37 year-old man presented with chills and fever. A chest radiograph showed a dense shadow at the right lung base, apparently displacing the bronchial tree upward. The radiograph was interpreted as "changes suggesting encapsulated effusion" without a definite intrinsic lesion of bronchial origin. He had smoked 2 packs of cigarettes per day for 20 years but denied cough, hemoptysis or dyspnea.

**Gross Pathology:**

The lung lobe was 15 x 15 x 5 cm and was largely replaced by a cavitating necrotic tumor. The pleural surface had adhesions and showed areas of white thickening with hemorrhagic discoloration.

Special Studies:

CD31/CD34/S100/CK cocktail: Negative

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**Contributor: Karl E. Kirschner, M.D.  
San Luis Obispo, CA**

**Case No. 10 - May 2012 A**

**Tissue from: Left lung**

**Accession #12912**

**Clinical Abstract:**

A 15 year-old boy had been in good health until he complained of chest pain and exertional dyspnea. Chest radiograph showed a space-occupying mass in the left chest, the size and extent of which was obscured by the presence of fluid accumulation.

**Gross Pathology:**

The left lung was two-thirds replaced by a mass that appeared to arise from the hilum and reached the pleural surfaces of the interlobar fissure. The cut surfaces of the mass showed a sharply circumscribed, fleshy pink hemorrhagic neoplasm without satellite nodules. The tumor compressed, but did not invade, numerous segmental bronchi and major branches of the pulmonary veins and arteries.

Special Studies:

Myogenin: Negative

Desmin: Weakly Positive