

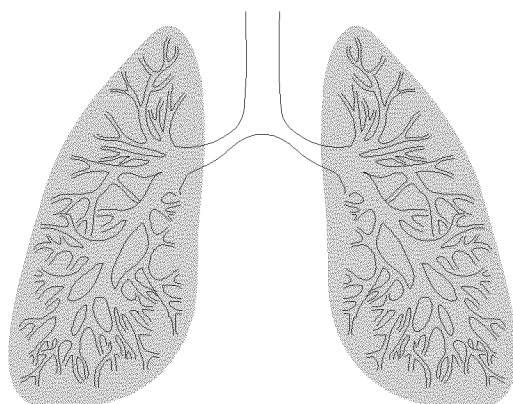


CALIFORNIA  
TUMOR TISSUE REGISTRY

## **“PUMONARY & MEDIASTINAL PATHOLOGY”**

**Study Cases, Subscription B**

**April 2012**



**California Tumor Tissue Registry**  
**c/o: Department of Pathology and Human Anatomy**  
**Loma Linda University School of Medicine**  
**11021 Campus Avenue, AH 335**  
**Loma Linda, California 92350**  
**(909) 558-4788**  
**FAX: (909) 558-0188**  
**E-mail: [cttr@linkline.com](mailto:cttr@linkline.com)**  
**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: LLUMC Pathology Group (dr)**  
**Loma Linda, CA**

**Case No. 1 - April 2012 B**

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

**Accession #30804**

**Clinical Abstract:**

This 62 year-old man was found to have a right upper lobe mass.

**Gross Pathology:**

The 152 gram, 11 x 9.5 x 3 cm lobe of lung had a pleural surface puckered by an underlying 4 x 3.3 x 2.6 cm firm white tumor which had irregular margins and foci of hemorrhage.

Special Studies:

Positive: Mucicarmine, CK7, TTF-1

Negative: CK20, GMS, AFB

---

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

**Case No. 2 - April 2012 B**

**Tissue from: Right lung and anterior chest wall**

**Accession #31031**

**Clinical Abstract:**

This 66 year-old woman had a right lung mass.

**Gross Pathology:**

A 300 gram 12 x 8 x 5 cm resection specimen consisted primarily of a soft, slightly lobular white-tan mass with central degeneration. Some areas were bordered by a thin rim of pulmonary parenchyma.

Special Studies:

Negative: CK cocktail, CK20, CK7, TTF-1, CK 5/6, CEA, S100, Synaptophysin,  
Chromogranin, Mucicarmine, MelanA, CD99, Myoglobin

CD31 highlighted delicate vascular channels traversing the tumor

Desmin: non-specific staining

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

**Case No. 3 - April 2012 B**

**Tissue from: Thymus**

**Accession #31318**

**Clinical Abstract:**

A 14 year-old boy being followed for scoliosis was found to have an asymptomatic thymic mass at the time of an MRI of the spine. A solid mass emanating from the left lobe of the thymus was removed.

**Gross Pathology:**

The 25 gram resected thymus was 6 x 2.7 x 1.2 cm with an attached 6 x 3.5 x 1.2 cm mass which contained multiple cysts varying from 0.5 to 1 cm in greatest diameter.

---

**Contributor: Dean Wiseley, M.D.  
Los Angeles, CA**

**Case No. 4 - April 2012 B**

**Tissue from: Mediastinum**

**Accession #07859**

**Clinical Abstract:**

A 70 year-old man presented with hoarseness. Laryngoscopy showed left vocal cord paralysis. Ten years later he was found to have an aneurysm of the ascending aorta. Blood tests for syphilis were negative. About 15 years after initial presentation, he experienced sharp chest pain and died at age 85. An autopsy was performed.

**Gross Pathology:**

Over the anterior surface of the left upper lobe of lung was a 12 cm diameter rounded mass that appeared to be attached to the pericardium. The arch of the aorta passed along the inferior surface of the mass but was not compressed by it. There was not apparent aortic dilatation. The mass did not connect with lung parenchyma or the tracheobronchial tree. The blood supply of the mass appeared to arise from a vessel in the neck. The cut surface of the mass was white-yellow with foci of hemorrhage. Cause of death was pneumonia.

**Contributor: John Waken, M.D.  
San Gabriel, CA**

**Case No. 5 - April 2012 B**

**Tissue from: Left lung, upper lobe & subcarinal mass**

**Accession #12905**

**Clinical Abstract:**

This 60 year-old man presented with cough and hemoptysis and reported a 10-15 pound weight loss. He smoked “moderately” for an unknown length of time.

**Gross Pathology:**

The 275 gram, 19 x 12 x 6 cm upper lobe of lung had a 7 cm diameter mushy necrotic mass. A separately submitted subcarinal mass was 3.5 cm in diameter and composed of coarsely nodular, gray-tan tissue with a necrotic center.

---

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

**Case No. 6 - April 2012 B**

**Tissue from: Right lung and liver**

**Accession #13592**

**Clinical Abstract:**

A 73 year-old man had two tumors removed from the right lung, felt to be metastases from an unknown primary. Over the next six months he lost weight and eventually died at home. An autopsy was performed.

**Gross Pathology:**

The lungs had a 0.5 cm residual nodule beneath the pleura. The liver had a large mass.

**Contributor: W. H. Hartmann, M.D.**  
**Redding, CA**

**Case No. 7 - April 2012 B**

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

**Accession #12408**

**Clinical Abstract:**

Routine radiograph revealed a mass in the left lower lobe of the 49 year-old woman.

**Gross Pathology:**

The 151 gram left lower lobe had a 4 x 3 x 2.4 cm well-defined firm gray-white mass puckering the pleural surface.

---

**Contributor: Donald Alcott, M.D.**  
**San Jose, CA**

**Case No. 8 - April 2012 B**

**Tissue from: Mediastinum**

**Accession #08677**

**Clinical Abstract:**

This 41 year-old man had respiratory distress, pain and weakness in his left arm. A chest radiograph showed pulmonary disease. Biopsy of the supraclavicular fat pad was performed and chemotherapy was initiated. He had a downhill course and died six months after diagnosis. An autopsy was performed.

**Gross Pathology:**

A 10 cm diameter superior mediastinal mass completely encircled the great vessels and constricted them. The mass continued cephalad to involve the lower poles of the thyroid gland.

**Special Studies:**

Positive: CK cocktail

Negative: S100, Desmin, SMA

**Contributor: J. L. Heard, M.D.  
San Diego, CA**

**Case No. 9 - April 2012 B**

**Tissue from: Right lung**

**Accession #12914**

**Clinical Abstract:**

A 66 year-old woman had a past history of left apical pulmonary tuberculosis and was seen by her physician at regular intervals. A routine chest radiograph showed a large mass in the middle lobe of the right lung.

**Gross Pathology:**

The resected portion of lung weight 66 grams and was 6 x 6 x 4 cm. The multilobular, firm, mottled yellow, gray, white and dark red mass was surrounded by a thin rim of pulmonary parenchyma.

Special Studies:

Positive: CD15, CD30

Negative: CD45, CD68

---

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

**Case No. 10 - April 2012 B**

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

**Accession #13136**

**Clinical Abstract:**

This 24 year-old man presented with fever and a cough. He reported smoking 1 pack of cigarettes per day. A lung mass was discovered.

**Gross Pathology:**

The 150 gram, 20 x 10 x 3 cm lobe of lung contained a white caseous-gelatinous mass that dilated the lobar bronchus and extended for 7 cm into the apical segment.

Special Studies:

Positive: CK cocktail, NSE

Negative: Synaptophysin, Chromogranin