

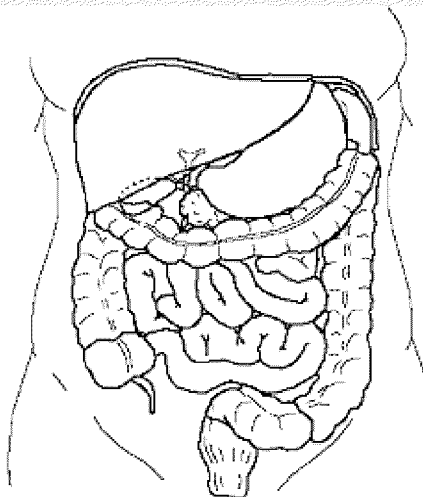


CALIFORNIA
TUMOR TISSUE REGISTRY

“PATHOLOGY of the DIGESTIVE SYSTEM”

Study Cases, Subscription B

October 2012



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: William H. Hartman, M.D.
Redding, CA**

Case No. 1 - October 2012 B

Tissue from: Gallbladder

Accession #12407

Clinical Abstract:

A 63 year-old woman had a two-year history of chronic indigestion, nausea and vomiting. Workup suggested cholelithiasis and cholecystitis.

Gross Pathology:

The 8 x 2 x 1 cm gallbladder had a 1-2 mm thick wall. The green mucosa had yellow flecks and in its midportion were broad papules up to 0.4 cm in diameter.

**Contributor: William H. Hartman, M.D.
Redding, CA**

Case No. 2 - October 2012 B

Tissue from: Gallbladder

Accession #12406

Clinical Abstract:

A 71 year-old woman had a 10-day history of worsening jaundice.

Gross Pathology:

The 9 x 5 x 3 cm gallbladder contained a single 5 cm diameter gallstone. The gallbladder wall was thickened up to 1 cm in its thickest portion.

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

Case No. 3 - October 2012 B

Tissue from: Small bowel

Accession #12366

Clinical Abstract:

A 68 year-old man died suddenly of left coronary artery occlusion. His personal and family history did not report episodes of gastrointestinal bleeding or of vascular malformations of his skin or mucous membranes.

Gross Pathology:

At autopsy, the entire small bowel showed multiple flat purple areas on the serosa up to 0.6 cm in greatest diameter. The mucosal surfaces corresponding to these papules showed blood-filled convexities.

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

Case No. 4 - October 2012 B

Tissue from: Terminal ileum

Accession #31328

Clinical Abstract:

A 53 year-old woman presented with abdominal pain and was found to have extensive peritoneal involvement by tumor.

Gross Pathology:

Within the resected terminal ileum was a 2.6 x 2 x 0.6 cm firm, bright yellow mass.

Special Studies:

Positive: chromogranin A, NSE, synaptophysin, AE1/AE3, CAM5.2, CD57, CDX2

Negative: inhibin, CK7

**Contributor: Ellen Ko, M.D.
Colton, CA**

Case No. 5 - October 2012 B

Tissue from: Stomach

Accession #31470

Clinical Abstract:

This 59 year-old woman presented with an abdominal mass.

Gross Pathology:

The gastric resection included a 3 x 3 x 2.5 cm mass.

Special Studies:

Positive: CD117, CD34

Negative: desmin, cytokeratin cocktail

**Contributor: John O'Donnell, M.D.
Los Angeles, CA**

Case No. 6 - October 2012 B

Tissue from: Pancreas

Accession #08459

Clinical Abstract:

This 52 year-old man had multiple medical problems including rheumatoid arthritis, paraplegia, blindness and pressure sores. Additionally, he had multiple nodules in the skin of his lower extremities, diagnosed on biopsy as metastatic malignancy. He expired and an autopsy was performed.

Gross Pathology:

At autopsy, the pancreas was diffusely infiltrated with a gray-white tumor with a slightly mucinous cut surface.

Contributor: Stuart Lindsay, M.D.
Redwood City, CA

Case No. 7 - October 2012 B

Tissue from: Liver

Accession #12357

Clinical Abstract:

A 68 year-old woman complained of several months of cramping epigastric pain following meals. She was found to have a large epigastric mass displacing the stomach. At surgery, the liver contained multiple nodules, and underwent a partial resection of the left lobe of the liver.

Gross Pathology:

The portion of resected liver was 6.5 x 5 x 4 cm and consisted mostly of nodular gray-white tissue with a periphery of brown tissue resembling hepatic parenchyma.

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

Case No. 8 - October 2012 B

Tissue from: Mesentery

Accession #14466

Clinical Abstract:

This 56 year-old man experienced painless jaundice with anorexia. He was found to have ascites and an enlarged liver with palpable nodules. He expired before work-up and treatment could be completed and an autopsy was performed.

Gross Pathology:

At autopsy, the liver weighed 2,940 grams and was distorted by multiple yellow umbilicated nodules, the largest being 6 cm in greatest diameter.

**Contributor: David Francis, M.D.
Torrance, CA**

Case No. 9 - October 2012 B

Tissue from: Liver

Accession #22569

Clinical Abstract:

This 60 year-old woman complained of right upper quadrant fullness. She was found to have an enlarged liver and a partial hepatectomy was performed.

Gross Pathology:

The 550 gram portion of liver was 13 x 10 x 8.5 cm, with attached 6 x 3 cm gallbladder. Most of the liver parenchyma was replaced by a multilobular, well-circumscribed firm white mass. Satellite nodules were present in the adjacent hepatic parenchyma.

**Contributor: Alexandra Reichman, M.D.
Marysville, CA**

Case No. 10 - October 2012 B

Tissue from: Liver

Accession #31325

Clinical Abstract:

This 80 year-old woman presented with abdominal pain. A liver mass was discovered. She had no history of cirrhosis. She was a non-smoker, non-drinker. Work-up for viral hepatitis was negative.

Gross Pathology:

The partially resected liver was comprised primarily of a 15 x 9 x 5 cm tumor with a friable yellow to pink-tan cut surface showing focal hemorrhage.