

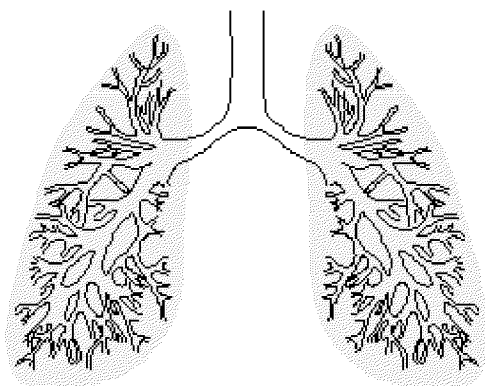


**CALIFORNIA  
TUMOR TISSUE REGISTRY**

## **“PATHOLOGY of LUNG and MEDIASTINUM”**

**Study Cases, Subscription A**

**March 2013**



**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: Frank R. Dutra, M.D.  
Castro Valley, CA**

**Case No. 1 - March 2013 A**

**Tissue from: Anterior mediastinum**

**Accession #14321**

**Clinical Abstract:**

A 68 year-old man had a one-year history of choking and coughing, mainly at night. He smoked one pack of cigarettes per day. He denied hemoptysis. A chest radiograph showed an anterior superior mediastinal mass with bilateral hilar adenopathy. Review of chest x-rays from 3 years earlier showed the mass at about half its current size. At surgery the mass was “peeled off” with moderate difficulty.

**Gross Pathology:**

The 280 gram tan, multilobulated specimen was 10 x 8 x 8 cm.

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**Contributor: Jin Mei, M.D.  
Hangzhou, China**

**Case No. 2 - March 2013 A**

**Tissue from: Mediastinum**

**Accession #30142**

**Clinical Abstract:**

A 65 year-old man presented with a mediastinal mass.

**Gross Pathology:**

The 11 x 9 x 7 cm gray-red mass was largely encapsulated and had a light yellow-gray cut surface.

Special Studies:

Positive: Cytokeratin cocktail

Weakly positive: Chromogranin, synaptophysin

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

**Case No. 3 - March 2013 A**

**Tissue from: Mediastinum**

**Accession #30048**

**Clinical Abstract:**

After complaining of a 25-pound weight loss, accompanied by cough, fever and hemoptysis, this 28 year-old man was found to have an anterior mediastinal mass.

**Gross Pathology:**

The 941 gram specimen was submitted in two portions, 17 and 8 cm in greatest diameter. Serial sectioning showed predominantly solid variegated gray, yellow and dark red tissue with multicystic regions and firm calcified foci.

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**Contributor: Danielle Lu, M.D.**  
**Pasadena, CA**

**Case No. 4 - March 2013 A**

**Tissue from: Mediastinum**

**Accession #30463**

**Clinical Abstract:**

During work-up for progressive shortness of breath, weight loss and fatigue, this 78 year-old woman was found to have a mediastinal mass that appeared to involve the left upper lobe of lung.

**Gross Pathology:**

The 672 gram well-encapsulated bosselated mass was 15 x 10.5 x 9 cm and had a white to pale pink-tan fleshy cut surface.

**Special Studies:**

Positive: S100 protein (focal and weak), vimentin, CD68 (focal)

Negative: Cytokeratin AE1/AE3, CAM 5.2, desmin, actin, CD31, CD34, CD11.7, calretinin, CK5/6

**Contributor: Louis Sarbeck, M.D.**  
**Tallahassee, FL**

**Case No. 5 - March 2013 A**

**Tissue from: Mediastinum**

**Accession #31508**

**Clinical Abstract:**

This 68 year-old woman was found to have a mediastinal mass. Work-up show no other primary sites.

**Gross Pathology:**

The 11 cm mass was mucoid, yellow-tan and focally calcified.

Special Studies:

Positive: CK7 (1+), CK20 (4+)

Negative: TTF1, p63, thyroglobulin, CD5, ER, BRST2

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**Contributor: Charles M. Blumenfeld, M.D.**  
**Sacramento, CA**

**Case No. 6 - March 2013 A**

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

**Accession #12365**

**Clinical Abstract:**

After three years of following an essentially unchanging left lower lobe lung mass, this 32 year-old woman underwent resection of the mass.

**Gross Pathology:**

The ovoid, capsulated mass was 3.5 x 3 x 2.5 cm with a homogeneous, fleshy-soft, pale tan cut surface.

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

**Case No. 7 - March 2013 A**

**Tissue from: Pleura**

**Accession #31524**

**Clinical Abstract:**

This 68 year-old man complained of cough and was found to have multiple pleural plaques.

**Gross Pathology:**

The biopsy specimen was a 4.5 x 4 x 0.8 cm, flattened rubbery pink-tan portion of tissue.

**Special Studies:**

Positive: Calretinin, CAM 5.2, AE1/AE3, D2-40, EMA (membranous pattern), vimentin

Negative: B72.3, CD15, MTF, Mart-1, S100, TTF1, HMB-45, CK7, p63, CK20, MOC-31, CEA, BerEP4, tyrosinase, WT-1

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

**Case No. 8 - March 2013 A**

**Tissue from: Right lung**

**Accession #17432**

**Clinical Abstract:**

After about six months of a progressive cough, this 76 year-old man was found to have a mass in the lower lobe of his right lung. CBC was within normal limits. History included epilepsy since childhood. He had no smoking history but admitted to taking mineral oil every night for his health.

**Gross Pathology:**

The 19 x 15 x 7 cm resection of right middle and lower lobes contained an irregular firm mass replacing nearly all of the lower lobe and about half of the middle lobe. The cut surface was coarsely nodular, gray-yellow punctuated by firm internal structures. There was no definite connection between the mass and the larger bronchi.

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

**Case No. 9 - March 2013 A**

**Tissue from: Right lung**

**Accession #31519**

**Clinical Abstract:**

A 65 year-old woman was found to have a right upper lobe lung mass.

**Gross Pathology:**

The 16 x 6.7 x 5.5 cm lobe of lung contained an ill-defined 3 x 2.5 x 1.5 cm white-gray mass.

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**Contributor: Louis Sarbeck, M.D.**  
**Tallahassee, FL**

**Case No. 10 - March 2013 A**

**Tissue from: Right lung**

**Accession #31507**

**Clinical Abstract:**

A 28 year old woman had persistently elevated HCG with a negative work-up for ectopic pregnancy. A mass in the middle lobe of her right lung was found on whole body PET scan.

**Gross Pathology:**

The 6 cm diameter resected mass was partly necrotic.

**Special Studies:**

Positive: Beta-HCG, CK7, p63

Negative TTF1, S100, CD30, Calretinin