

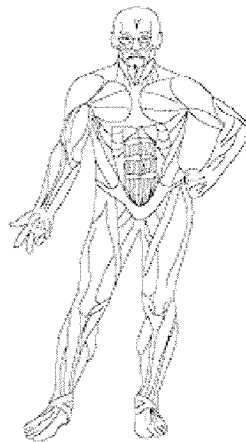


CALIFORNIA  
TUMOR TISSUE REGISTRY

## **“PATHOLOGY of SOFT TISSUES”**

**Study Cases, Subscription A**

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

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

**Tissue from: Pancreas**

**Accession #31483**

**Clinical Abstract:**

A 61 year-old woman was found to have a pancreatic mass.

**Gross Pathology:**

The composite resection included an 8 x 6 x 3 cm firm ivory-tan mass involving pancreas, small bowel, large bowel and stomach.

Special Studies:

Positive: Vimentin

Negative: Actin CD34, desmin CD117, pan-cytokeratin, S100

---

**Contributor: Joyce King, M.D.**  
**Long Beach, CA**

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

**Tissue from: Right kidney**

**Accession #31426**

**Clinical Abstract:**

A 51 year-old woman had a right renal mass.

**Gross Pathology:**

The 3 x 2 x 2 cm brown-gray friable mass grossly extended into the renal perihilar fat.

**Contributor: Joseph P. Berberian, M.D.  
Oroville, CA**

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

**Tissue from: Abdomen**

**Accession #22788**

**Clinical Abstract:**

This 56 year-old woman had noted gradual enlargement of her abdomen. She had normal bowel function and no nausea or vomiting. Past history included a hysterectomy 20 years earlier for carcinoma of the cervix.

**Gross Pathology:**

The 5750 gram, 33 x 27 x 12 cm resection specimen showed a homogeneous pale yellow-tan tumor associated with the omentum.

Special Studies:

Positive: Pan-keratin (1+, spotty), calretinin (2+, spotty)

Negative: S100, CD31

---

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

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

**Tissue from: Left leg**

**Accession #31429**

**Clinical Abstract:**

This 36 year-old man presented with a left leg mass.

**Gross Pathology:**

The 253 resection specimen was covered by an ellipse of skin with a 1.5 cm thick portion subcutaneous fat. Deep to the subcutis was a 10 x 5.5 x 4 cm rubbery tumor with a hemorrhagic center.

Special Studies:

Positive: S100, Melanoma cocktail, HMB45

Negative: CD117, CD45, Desmin, Myogenin, Myosin, Keratin cocktail, CD34

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

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

**Tissue from: Omentum and multiple serosal implants**

**Accession #31473**

**Clinical Abstract:**

This 15 year-old girl had a pelvic mass and was found to have abdominal adenopathy and ascites.

**Gross Pathology:**

The omental resection weighed 619 grams and was 24 x 12 x 6 cm. It contained multiple nodular masses up to 13.5 cm in greatest diameter. Multiple other resected masses weighed up to 160 grams.

**Special Studies:**

Positive: CAM5.2 (sparse), CK cocktail (patcy), desmin (strong cytoplasmic, focal dot-like perinuclear), synaptophysin (patchy cytoplasmic and dot-like perinuclear), NSE

Negative: Calretinin, CD45, CD30

---

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

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

**Tissue from: Stomach**

**Accession #31498**

**Clinical Abstract:**

A 60 year-old man had an abdominal mass.

**Gross Pathology:**

A 5.5 cm mass was attached to the stomach with multiple peritoneal nodules from pancreatic tail, spleen, and peritoneum.

**Special Studies:**

Positive: CD117, CD34, vimentin

**Contributor: Gary Garshfield, M.D.**  
**Lynwood, CA**

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

**Tissue from: Ileum**

**Accession #31459**

**Clinical Abstract:**

A 69 year-old woman presented with abdominal pain, nausea, vomiting and intestinal obstruction. Past history included cervical cancer, type unknown, about 20 years earlier.

**Gross Pathology:**

The resected distal ileum was 21 cm long with diameter ranging from 2.5 cm to 1.3 cm. In the midportion of the resection, in an area of narrowing, the serosa was hemorrhagic and corresponded with a circumferential mucosal flat ulcerated lesion invading to at least the submucosa.

Special Studies:

Positive: CD31 (strong)

Negative: Cytokeratin, Factor VIII, S100

---

**Contributor: Jerry Lawson, M.D.**  
**Los Angeles, CA**

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

**Tissue from: Retroperitoneum**

**Accession #31414**

**Clinical Abstract:**

This 19 year-old woman complained of swelling and discomfort in her left lower leg. Physical exam found a hard fixed mass in the left lower abdominal quadrant. Work-up showed a retroperitoneal mass displacing the uterus and sigmoid colon towards the right. There was mild left hydroureter.

**Gross Pathology:**

The resected retroperitoneal mass was 5.5 x 4 x 3 cm with a fleshy but firm cut surface.

**Contributor: E. R. Jennings, M.D.**  
**Long Beach, CA**

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

**Tissue from: Left thigh**

**Accession #17869**

**Clinical Abstract:**

A 76 year-old man complained of a large, expanding thigh mass. The mass was nontender and freely moveable

**Gross Pathology:**

The resected tumor weighed 120 grams and was 9 x 5 x 3.5 cm. The cut surface was variegated, gray-white, yellow and pink.

---

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

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

**Tissue from: Posterior mediastinal chest wall**

**Accession #31478**

**Clinical Abstract:**

An 18 year-old man with neurofibromatosis developed pain in his side. He was found to have a mass in his posterior mediastinal chest wall.

**Gross Pathology:**

The 11 x 9x 6 cm tumor was multinodular, firm with areas of softer fleshy tissue. It was tan with regions of yellow, red and brown.

Special Studies:

Positive: S100, tyrosinase (weak), NSE (weak), vimentin (4+)