

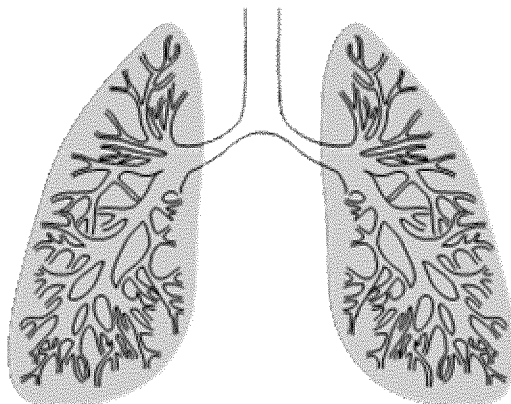


CALIFORNIA  
TUMOR TISSUE REGISTRY

## **“PATHOLOGY of the LUNG & MEDIASTINUM”**

**Study Cases, Subscription B**

**October 2013**



**California Tumor Tissue Registry**  
c/o: Department of Pathology and Human Anatomy  
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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/SAM 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/SAM 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 (yl)**  
**Loma Linda, CA**

**Case No. 1 - October 2013 B**

**Tissue from: Lung, right lower lobe**

**Accession #31675**

**Clinical Abstract:**

A 56 year-old man had a history of severe chronic obstructive pulmonary disease. He underwent a lung biopsy.

**Gross Pathology:**

The 10.6 gram, 5 x 3 x 2.5 cm specimen had a somewhat firm spongy tan cut surface.

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**Contributor: Eugene Alexandrin, M.D.**  
**Allentown, PA**

**Case No. 2 - October 2013 B**

**Tissue from: Lung, right upper lobe**

**Accession #31650**

**Clinical Abstract:**

Work-up for back pain in this 42 year-old woman revealed a right upper lobe lung nodule that was positive with PET. PET positive cervical lymph nodes were biopsied and showed benign reactive changes.

**Gross Pathology:**

The 12.5 x 9.5 x 3 cm lobe of lung showed a 2.7 cm well circumscribed tan nodule.

**Special Studies:**

CK20, HMB45, S100, CD10, Desmin: Negative  
AE1/AE3, CK7 positive in surface epithelial cells  
CD34 positive in vascular structures  
BCL-2 positive in lymphoid elements

**Contributor: Henry Tesluk, M.D.  
Sacramento, CA**

**Case No. 3 - October 2013 B**

**Tissue from: Lung, left lower lobe**

**Accession #25484**

**Clinical Abstract:**

A 49 year-old man had a three-week history of persistent hemoptysis.

**Gross Pathology:**

The 750 gram, 19 x 10 x 9 cm portion of lung had a firm meaty consistency. Within the resected tissue was a 3 x 2 x 2 cm cavitory hemorrhagic region.

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

**Case No. 4 - October 2013 B**

**Tissue from: Lung, left upper lobe**

**Accession #31693**

**Clinical Abstract:**

Following a needle biopsy, this 73 year-old man underwent a left upper lobectomy.

**Gross Pathology:**

The 171 gram, 20 x 10 x 10 cm portion of lung contained a 3.9 x 3.8 x 2.4 cm irregular firm mass.

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

**Case No. 5 - October 2013 B**

**Tissue from: Lung, left lower lobe**

**Accession #31696**

**Clinical Abstract:**

This 64 year-old man was found to have a left lower lobe lung mass.

**Gross Pathology:**

The 195 gram, 15 x 15 x 10 cm resection specimen contained a 3.5 x 3.5 x 2.9 cm mass.

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

**Case No. 6 - October 2013 B**

**Tissue from: Lung, left upper lobe**

**Accession #29428**

**Clinical Abstract:**

For one year, this 46 year-old HIV-positive man had been followed for a relatively stable left upper lobe lung mass. Although repeated sputum samples, bronchoscopy samples and a CT guided biopsy had been negative, the mass was considered infectious in origin. After a 7-week period of increasing hemoptysis and enlargement of the mass, he underwent a left upper lobectomy.

**Gross Pathology:**

The 64 gram, 10 x 5.5 x 3.5 cm wedge of lung was variably firm and spongy.

**Contributor: Gerald Dagleish, M.D.**  
**Simi Valley, CA**

**Case No. 7 - October 2013 B**

**Tissue from: Left lung**

**Accession #29752**

**Clinical Abstract:**

A 72 year-old woman underwent a lobectomy after several years of following a lung mass.

**Gross Pathology:**

The 15 x 11.5 x 5 cm portion of lung contained a firm tumor composed of pale tan tissue with foci of hemorrhage and black pigment.

**Special Studies:**

Positive: Desmin, vimentin, muscle-specific actin

Negative: Cytokeratin, CK 20, CK7, CAM 5.2, CD117, LCA, CEA, TTF-1, chromogranin, synaptophysin MART, S100, PLAP, CA-125, CD34, CD31, Factor VIII

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

**Case No. 8 - October 2013 B**

**Tissue from: Lung, left lower lobe**

**Accession #31541**

**Clinical Abstract:**

Seven years prior to presenting with a left lung mass, this 72 year-old man, a non-smoker, had had a malignant melanoma of his occipital scalp.

**Gross Pathology:**

The 6.7 x 2.2 x 1.3 cm wedge of lung contained a 1.9 cm black, well circumscribed nodule.

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

**Case No. 9 - October 2013 B**

**Tissue from: Mediastinum**

**Accession #31679**

**Clinical Abstract:**

This 58 year-old woman was found to have a mediastinal mass.

**Gross Pathology:**

The 98 gram resection specimen was 15 x 5.5 x 3 cm and contained a 6 x 4.5 x 3 cm nodule composed of lobular fleshy tan tissue.

Special Studies:

Positive: EMA (spindled cells), CD5 (lymphoid elements)

Negative: p53

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**Contributor: Henry D. Slosser, M.D.**  
**Pasadena, CA**

**Case No. 10 - October 2013 B**

**Tissue from: Mediastinum**

**Accession #29619**

**Clinical Abstract:**

This 36 year-old woman with a seven-year history of asthma complained of left-sided chest pain, shortness of breath and a chronic cough non-responsive to her usual medications. A CT scan showed a mediastinal mass.

**Gross Pathology:**

The 278 gram bosselated mass was 10.5 x 9.5 x 7 cm and was attached to adjacent lung, pericardium and superior vena cava.

Special Studies:

Positive: CD20, CD30, CD3, CD5, CD23, CD43, Bcl-2 (rare), IgM, Kappa light chains

Negative: Cytokeratin, CAM 5.2, CD15, CD10, CD30, IgG, IgA, Lambda light chains