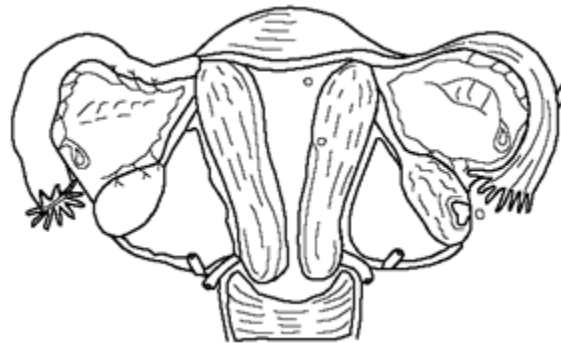


CALIFORNIA  
TUMOR TISSUE REGISTRY

## **“GYNECOLOGIC PATHOLOGY”**

**Study Cases, Subscription A**

**March 2015**



**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**  
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**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/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. It also qualifies for up to 2 hours of SAM credit by the American Board of Pathology.  
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.

**Case No. 1 - March 2015 A**

**Accession #22774**

**Tissue from: Cervix**

**Clinical Abstract:**

At the time of vaginal delivery of a term pregnancy, this 27 year-old woman was found to have a 7 x 5 cm fungating tumor of the anterior uterine cervix. She had no history of hormonal administration or of birth control pills. Her mother was not known to have taken diethylstilbestrol.

**Gross Pathology:**

The biopsy specimen was 4 cm in greatest diameter.

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**Case No. 2 - March 2015 A**

**Accession #31649**

**Tissue from: Uterus**

**Clinical Abstract:**

A 73 year-old woman presented with postmenopausal bleeding.

**Gross Pathology:**

The uterus with attached tubes and ovaries was 175 grams. The 9 x 8 x 6 cm uterus had a 5 x 4 x 3 cm well circumscribed cystic mass in the superior-posterior wall.

**Case No. 3 - March 2015 A**

**Accession #26327**

**Tissue from: Uterus**

**Clinical Abstract:**

Following a history of menorrhagia, this 46 year-old woman underwent a hysterectomy.

**Gross Pathology:**

The 370 gram asymmetrical uterus was 9 x 6 x 11 cm and contained multiple white-tan nodules. Arising from the posterior wall was a 5.5 cm nodule filling the endometrial cavity. The anterior wall contained a 4.7 cm nodule. Smaller nodules were also present.

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**Case No. 4 - March 2015 A**

**Accession #30427**

**Tissue from: Uterus**

**Clinical Abstract:**

A 75 year-old woman presented with post-menopausal bleeding.

**Gross Pathology:**

A 6 x 4 x 3 cm fleshy polypoid mass filled the endometrial cavity.

**Case No. 5 - March 2015 A**

**Accession #29908**

**Tissue from: Uterus**

**Clinical Abstract:**

Following an eight-week history of pelvic pain and post-menopausal bleeding, this 78 year-old woman underwent an endometrial biopsy and then a hysterectomy.

**Gross Pathology:**

The 722 gram, 15 x 12 x 8.5 cm uterus contained a 14.5 x 11 x 5.5 cm necrotic yellow-tan tumor filling the endometrial cavity.

Special Studies:

Positive: Desmin (strong); CD10 (weak)

Negative: CAM 5.2, CD45, HMB45

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**Case No. 6 - March 2015 A**

**Accession #08381**

**Tissue from: Uterus**

**Clinical Abstract:**

After 6 months of worsening vaginal bleeding, this 55 year old woman underwent a hysterectomy.

**Gross Pathology:**

The 7.5 x 4.8 x 4 cm uterus had a fleshy, hemorrhagic gray-white tumor projecting from the posterior wall and filling the endometrial cavity. The tumor invaded the myometrium to a thickness of 0.8 cm.

**Case No. 7 - March 2015 A**

**Accession #31549**

**Tissue from: Right ovary**

**Clinical Abstract:**

This 55 year-old woman was found to have an ovarian cyst.

**Gross Pathology:**

The 40 gram, 7 x 5.5 x 2 cm ovary was replaced by a fluid-filled cyst. The wall was 0.1 cm thick and the inner lining was smooth.

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**Case No. 8 - March 2015 A**

**Accession #29056**

**Tissue from: Right ovary**

**Clinical Abstract:**

After a one-year history of amenorrhea, this 28 year-old woman experienced three months of increasing abdominal pain. A CT scan showed a large multilobulated mass involving the right ovary.

**Gross Pathology:**

The 27 x 27 x 12 cm ovary weighed 5752 grams. The cut surface showed numerous cysts up to 13 cm in greatest diameter.

**Case No. 9 - March 2015 A**

**Accession #26349**

**Tissue from: Ovary**

**Clinical Abstract:**

This 53 year-old woman had a one-year history of male-pattern baldness and increased body hair. Work-up showed markedly elevated serum testosterone levels.

**Gross Pathology:**

The 9.5 gram, 4 x 3 x 2.5 cm ovary contained a 2.7 cm sharply demarcated yellow-orange tumor.

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**Case No. 10 - March 2015 A**

**Accession #24317**

**Tissue from: Right ovary**

**Clinical Abstract:**

A 36 year-old, gravida 1 para 1, woman complained of increasing abdominal girth for about six weeks. Physical examination showed a soft, non-tender midline mass extending from the umbilicus to the pubis.

**Gross Pathology:**

The ovarian mass was removed in multiple fragments. The largest portion was 20 x 15 x 14 cm and was composed of soft, friable gray-white to yellow-white tissue with areas of necrosis and hemorrhage.