

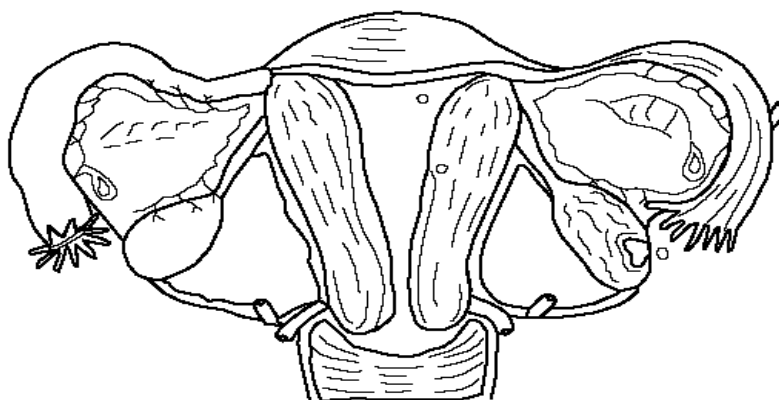


CALIFORNIA  
TUMOR TISSUE REGISTRY

## **“GYNECOLOGIC PATHOLOGY”**

**Study Cases, Subscription A**

**September 1998**



**California Tumor Tissue Registry**  
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**Pasadena, CA**

**CASE NO. 1 - SEPTEMBER 1998**

**TISSUE FROM: Right and Left Ovaries**

**ACCESSION #22287**

**CLINICAL ABSTRACT:**

This 26-year-old, G0 P0, Caucasian female had a long history of endocrine problems, which included irregular and infrequent menses. She was obese and complained of hirsutism. Cervical and rectal exam proved negative. An exploratory laparotomy with bilateral ovarian wedge resection was performed.

**GROSS PATHOLOGY:**

The 23 gram wedge resection of cystic right ovary was 9.0 x 3.0 x 2.0 cm. It had multiple serous cysts up to 5 mm in diameter that occupied approximately 25% of the total mass. The 20 gram left ovarian wedge was 7.5 x 2.0 x 2.3 cm and similar in appearance to the right ovary.

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**CONTRIBUTOR: Mark Janssen, M.D.**  
**Anaheim, CA**

**CASE NO. 2 - SEPTEMBER 1998**

**TISSUE FROM: Uterus**

**ACCESSION #28322**

**CLINICAL ABSTRACT:**

This 57-year-old Caucasian female presented with a two-month history of vaginal bleeding, which led to a D&C and then a hysterectomy.

**GROSS PATHOLOGY:**

The 366 gram uterus was 11.5 cm in length, 6.0 cm from cornu to cornu and 5.0 cm in the anteroposterior diameter. On the posterior aspect of the endometrial cavity was a 9.0 cm diameter ulcerated, partially necrotic mass.

**SPECIAL STUDIES:**

Keratin

strongly positive

**CONTRIBUTOR: Peter L. Morris, M.D.**  
**Santa Barbara, CA**

**CASE NO. 3 - SEPTEMBER 1998**

**TISSUE FROM: Ovary**

**ACCESSION #28274**

**CLINICAL ABSTRACT:**

This 47-year-old, para 5, female had a one year history of prolonged menstrual periods associated with malaise, hot flashes, nervousness, insomnia, weight loss, irritability, headaches, and anorexia. Cyclic hormones relieved most of her symptoms, but irregular menses continued. Pap smears were abnormal and continued to be after cryotherapy for biopsy proven cervical dysplasia. A vaginal hysterectomy and salpingo-oophorectomy were performed.

**GROSS PATHOLOGY:**

The bilateral ovaries weighed 33 grams. One of the ovaries was enlarged to 4.2 x 3.0 x 2.5 cm. It was somewhat nodular and had a 1.0 cm smooth-lined cyst and a 1.2 x 1.5 cm multiloculated cystic lesion. Within the larger cyst was a mixture of greasy yellow material and hair.

**SPECIAL STUDIES:**

Chromogranin	positive
Thyroglobulin	positive

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**CONTRIBUTOR: Peter L. Morris, M.D.**  
**Santa Barbara, CA**

**CASE NO. 4 - SEPTEMBER 1998**

**TISSUE FROM: Uterus**

**ACCESSION #28194**

**CLINICAL ABSTRACT:**

This 50-year-old female presented with a three year history of uterine leiomyomata and menorrhagia. Uterine size by palpation was around 14 weeks and in mid-position. Adnexa were not palpable. A total abdominal hysterectomy was performed.

**GROSS PATHOLOGY:**

The enlarged uterus measured 14.0 x 11.0 x 8.0 cm and weighed 645 grams. The endometrial cavity was distorted by multiple myometrial nodules which ranged from 1.2 to 5.5 cm.

**SPECIAL STUDIES:**

Keratin	strongly positive in lesional cells
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**CONTRIBUTOR: Cynthia L. Douglas, M.D.  
San Luis Obispo, CA**

**CASE NO. 5 - SEPTEMBER 1998**

**TISSUE FROM: Ovary**

**ACCESSION #27640**

**CLINICAL ABSTRACT:**

This 84-year-old Caucasian female presented with shortness of breath and diaphoresis. She was found to have a urinary tract infection. Physical examination revealed a 20 cm non-mobile lower abdominal mass.

**GROSS PATHOLOGY:**

Specimen consisted of a uterus with attached tube and ovary. The ovary was replaced by a 2425 gram tumor which measured 21.0 x 12.0 x 17.0 cm. The parenchyma was solid fibrous, yellow-gray with a central 4.2 cm cyst.

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**CONTRIBUTOR: Howard Otto, M.D.  
Cheboygan, MI**

**CASE NO. 6 - SEPTEMBER 1998**

**TISSUE FROM: Left ovary**

**ACCESSION #28203**

**CLINICAL ABSTRACT:**

This 54-year-old female presented with generalized abdominal pain and accompanying nausea. Examination revealed exquisite McBurney's tenderness, particularly to deep palpation. CT scan revealed two masses near the uterus which were cystic in quality. An appendectomy and bilateral oophorectomy were performed.

**GROSS PATHOLOGY:**

The appendix showed acute appendicitis. The left ovary weighed 25 grams and consisted of a 4.0 x 3.5 x 3.0 cm nodule with a smooth glistening surface. Cut surface was solid, soft and gray with some yellow mottling. A small rim of gray tissue in the cortex suggested residual ovarian parenchyma. The tumor extended toward and into the capsule but not through the capsule.

**CONTRIBUTOR: Howard Otto, M.D.  
Cheboygan, MI**

**CASE NO. 7 - SEPTEMBER 1998**

**TISSUE FROM: Left ovary**

**ACCESSION #28201**

**CLINICAL ABSTRACT:**

This 58-year-old female was found to have a left adnexal mass on routine examination. Ultrasound revealed a 4.0 cm solid mass of the left adnexa. A total abdominal hysterectomy with bilateral salpingo-oophorectomy was performed.

**GROSS PATHOLOGY:**

The left ovary was replaced by a 50 gram, 6.0 x 5.0 x 4.0 cm multinodular cystic mass. Sectioning revealed a mottled tan multinodular surface that bulged above the cut surface of the ovary.

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**CONTRIBUTOR: Arno Roscher, M.D.  
Valencia, CA**

**CASE NO. 8 - SEPTEMBER 1998**

**TISSUE FROM: Both ovaries**

**ACCESSION #28214**

**CLINICAL ABSTRACT:**

This 17-year-old female presented with amenorrhea. Gene studies showed a karyotype compatible with gonadal dysgenesis. It was recommended that both ovaries be removed due to a high incidence of cancer. A bilateral oophorectomy was performed.

**GROSS PATHOLOGY:**

The right ovary was submitted as two pieces of firm and fleshy, pink-tan tissue with areas of brown-black discoloration of the surface, each measuring approximately 2.0 x 2.0 x 1.5 cm. The left ovary consisted of a 3.0 x 1.5 x 1.5 cm piece of firm and fleshy, pink-tan tissue with some dark brown discoloration of the surface.

**CONTRIBUTOR: Loma Linda Pathology Group (kt) CASE NO. 9 - SEPTEMBER 1998**  
**Loma Linda, CA**

**TISSUE FROM: Uterus**

**ACCESSION #28251**

**CLINICAL ABSTRACT:**

This 38-year-old female presented with a pelvic mass. An exploratory laparotomy with total abdominal hysterectomy was performed.

**GROSS PATHOLOGY:**

The 1375 gram, 19.0 x 17.0 x 10.0 cm uterus with attached bilateral adnexa showed a firm white-tan mass which extended from the endomyometrium to the serosal surface. It also appeared to invade into the endocervical canal.

**SPECIAL STAINS:**

Desmin	3+ (of 4)
Leukocyte common antigen	negative
Chromogranin	negative
Actin	negative
Keratin (cocktail and CAM 5.2)	no significant activity
S-100	focal faint positivity, but largely negative
Synaptophysin	no significant staining
Glycogen	no significant staining
PAS	weakly + in tumor cells

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**CONTRIBUTOR: D.M. Lawrence**  
**San Luis Obispo, CA**

**CASE NO. 10 - SEPTEMBER 1998**

**TISSUE FROM: Left ovary**

**ACCESSION #28240**

**CLINICAL ABSTRACT:**

This 88-year-old female presented with weight loss and weakness. Work-up revealed a 15 cm left ovarian mass. The patient underwent a left salpingo-oophorectomy.

**GROSS PATHOLOGY:**

The 501 gram, 15.0 x 10.5 x 7.2 cm ovary had a solid and cystic parenchyma.

**SPECIAL STAINS:**

Cytokeratin	positive
Vimentin	positivity restricted to vascular structures
Germ cell markers	negative