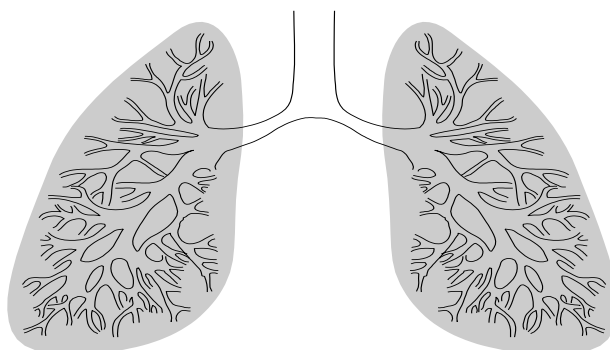


**CALIFORNIA
TUMOR TISSUE REGISTRY**

“LUNG PATHOLOGY”

Study Cases, Subscription A

October 1998



**California Tumor Tissue Registry
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CONTRIBUTOR: Eva Wasef, M.D.
Los Angeles, CA

CASE NO. 1 - OCTOBER 1998

TISSUE FROM: Lung

ACCESSION #26449

CLINICAL ABSTRACT:

This 16-year-old Vietnamese man had had a lung mass resected 6 years earlier. He presented with shortness of breath and hemoptysis. Chest x-ray showed a density filling most of the left upper lung field. A left upper lobectomy was performed. At surgery the mass involved the left upper lobe and appeared to arise from the superior mediastinum.

GROSS PATHOLOGY:

A 10.0 x 14.0 cm mass involved the resected lung lobe and included calcified areas.

CONTRIBUTOR: Atilia M. Martinez, M.D.
Costa Mesa, CA

CASE NO. 2 - OCTOBER 1998

TISSUE FROM: Lung

ACCESSION #26005

CLINICAL ABSTRACT:

This 47-year-old Caucasian male presented with sudden onset of shortness of breath and right sided chest pain. Chest x-ray showed fullness in the right hilum, suspicious for a mass lesion. The patient had smoked three packs per day for the last 35 years. A right pneumonectomy was performed.

GROSS PATHOLOGY:

The 498 gram right lung was 25.0 x 19.0 cm. Within the hilar area was a 4.5 x 2.9 cm oval mass.

CONTRIBUTOR: Douglas Kahn, M.D.
Sylmar, CA

CASE NO. 3 - OCTOBER 1998

TISSUE FROM: Right upper lobe

ACCESSION #27290

CLINICAL ABSTRACT:

This 57-year-old Caucasian male presented with a two-month history of constant right chest pain. He reported being informed of an abnormal chest x-ray one year earlier. CT showed a large right upper lobe mass with invasion of the third rib. A right lobectomy was performed.

GROSS PATHOLOGY:

The right upper lobe with attached ribs was 12 x 12 x 8 cm. A 4.0 x 2.0 cm irregular gray-tan firm tumor extended through the lung into adjacent soft tissue, ribs and skeletal muscle.

SPECIAL STUDIES

Keratin cocktail	positive in polygonal cells and negative in spindled cells
Vimentin	positive in both polygonal and spindled cells
S-100	negative
NSE	trace positive

CONTRIBUTOR: Gary Pontrelli, M.D.
Oxnard, CA

CASE NO. 4 - OCTOBER 1998

TISSUE FROM: Lung

ACCESSION #26322

CLINICAL ABSTRACT:

This 61-year-old female was referred for right lower lobe atelectasis. Following bronchoscopy, a right pneumonectomy was performed.

GROSS PATHOLOGY:

The 665 gram right lung was 19.0 x 17.0 x 8.5 cm. In the region of the main bronchus was a 6.5 cm mass that extended into the lung parenchyma. It was focally necrotic and hemorrhagic.

CONTRIBUTOR: K. Greg Peterson, M.D.
Sioux Falls, SD

CASE NO. 5 - OCTOBER 1998

TISSUE FROM: Lung

ACCESSION #28222

CLINICAL ABSTRACT:

This 35-year-old male was found to have a lung mass, which was removed.

GROSS PATHOLOGY:

Not Available.

SPECIAL STUDIES:

MIC2 positive

CONTRIBUTOR: Roger Terry, M.D.
San Gabriel, CA

CASE NO. 6 - OCTOBER 1998

TISSUE FROM: Left lower lobe

ACCESSION #28198

CLINICAL ABSTRACT:

This 51-year-old male was found to have a mass in the left lower lobe, which was removed.

GROSS PATHOLOGY:

The 370 gram, 14.0 x 10.0 x 5.0 cm portion of pulmonary parenchyma revealed a 6.0 cm diameter, homogeneous pink-gray spherical solid mass underneath a thickened pleura.

SPECIAL STUDIES:

CD34 positive

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

CASE NO. 7 - OCTOBER 1998

TISSUE FROM: Lung

ACCESSION #28311

CLINICAL ABSTRACT:

This 70-year-old Caucasian female presented with chest pain after a fall. She had a 90-pack/year history of smoking. Chest x-ray revealed a nodule in the right upper lobe. Subsequent CT scan confirmed the finding of a mass in the right upper lobe. A thoracotomy and right upper lobectomy was performed.

GROSS PATHOLOGY:

The 16.0 x 13.0 x 4.0 cm lobe of lung had a large white, firm gray lesion with ill-defined borders, measuring 2.5 cm in greatest dimension. The tumor extended to the pleura, however, the pleural surface was free of tumor.

CONTRIBUTOR: Thomas Heinz, M.D.
Orange, CA

CASE NO. 8 - OCTOBER 1998

TISSUE FROM: Left lower lobe of lung

ACCESSION #27605

CLINICAL ABSTRACT:

This 31-year-old Vietnamese woman presented with chronic cough and was found to have a mass in the lower lobe of the left lung. In her work, she was exposed to large amounts of smoke but did not smoke herself.

GROSS PATHOLOGY:

The 263 gram, 17.0 x 10.0 x 6.0 cm left lung revealed a 6.9 x 5.4 x 5.5 cm ovoid well-delineated bulging mass that had a variegated red-brown to tan-yellow cut bulging surface.

SPECIAL STUDIES:

CD-34	lesional cells negative
HFVIII	lesional cells negative

CONTRIBUTOR: Raymond Lesonsky, M.D.
Northridge, CA

CASE NO. 9 - OCTOBER 1998

TISSUE FROM: Lung

ACCESSION #26024

CLINICAL ABSTRACT:

This 72-year-old female had an x-ray revealing a left upper lobe mass. CT scan disclosed the presence of a 3.0 cm left upper lobe mass that was adjacent to the mediastinum. The patient had smoked one to two packs of cigarettes a day for approximately 50 years but quit five years prior to presentation.

GROSS PATHOLOGY:

The 190 gram, 20.0 x 7.0 5.0 cm left upper lobe of lung had a 5.0 x 4.0 3.8 cm hard, gray-white firm, tumor protruding from the lung parenchyma.

SPECIAL STUDIES:

CAM 5.2	2+ positive
Synaptophysin	negative
NSE	1+ positive
Chromogranin	negative

CONTRIBUTOR: Philip G. Robinson, M.D.
Boynton Beach, FL

CASE NO. 10 - OCTOBER 1998

TISSUE FROM: Pleura

ACCESSION #27824

CLINICAL ABSTRACT:

This 58-year-old Caucasian male presented with a cough. A chest x-ray revealed a large left upper lobe mass. He had a 20 pack/year history.

GROSS PATHOLOGY:

The 420 gram, 21.0 x 13.0 x 6.0 cm left lobe of lung contained 6.5 x 7.5 cm white to focally yellow-gray, gelatinous mass.

SPECIAL STUDIES:

Vimentin	positive
Keratin	negative
S-100	negative
CD34	negative (supporting blood vessels positive)