

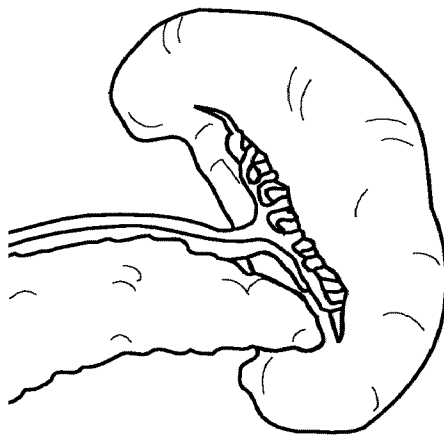


CALIFORNIA
TUMOR TISSUE REGISTRY

“LYMPH NODE / SPLEEN PATHOLOGY”

Study Cases, Subscription B

November 1998



California Tumor Tissue Registry
c/o: Department of Pathology and Human Anatomy
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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:

Weldon K. Bullock, MD
Donald R. Chase, MD

CME Credit:

Loma Linda University School of Medicine designates this continuing medical education activity for up to 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 Medical education for Physicians.

CONTRIBUTOR: Herbert I. Harder, M.D.
Glendale, CA

CASE NO. 1 - NOVEMBER 1998

TISSUE FROM: Spleen

ACCESSION #10612

CLINICAL ABSTRACT:

While being worked up for trauma-related problems, this 15-year-old male was found to have a calcified 6.0 cm cystic structure in the left upper quadrant of the abdomen. A splenectomy and partial pancreatectomy was performed.

GROSS PATHOLOGY:

The 450 gram spleen was 17.0 x 10.5 x 6.0 cm. Bulging from the convex surface of the spleen near the upper pole was a smooth-surfaced partially calcified cyst with 0.6 cm thick, relatively uniform walls. The cavity was filled with pale gray fluid.

CONTRIBUTOR: W.J. Wedemeyer, M.D.
Martinez, CA

CASE NO. 2 - NOVEMBER 1998

TISSUE FROM: Spleen

ACCESSION #26682

CLINICAL ABSTRACT:

A 62-year-old Caucasian male was found to have an enlarged spleen. Chest x-ray also revealed a left hilar mass.

GROSS PATHOLOGY:

The 1100 gram spleen was 20.0 x 14.0 x 5.0 cm. Numerous necrotic, yellow tumor nodules were found within the splenic parenchyma. The largest nodule measured approximately 8.5 cm in diameter.

CONTRIBUTOR: Herbert I. Harder, M.D.
Glendale, CA

CASE NO. 3 - NOVEMBER 1998

TISSUE FROM: Spleen

ACCESSION #10637

CLINICAL ABSTRACT:

This 69-year-old Caucasian female felt a mass on the right side of her abdomen and reported seven months of marked weakness and episodes of pneumonia. Examination revealed an ill-defined mass in the right flank. The liver and spleen were palpable. The extremities had numerous ecchymoses. The patient's hematocrit was 13% and the white cell count 11,650 with 96% immature cells and blasts, 3% lymphocytes and 1% monocytes. The patient expired on the seventh day of her hospital stay.

GROSS PATHOLOGY:

The 1750 gram liver extended well below the costal margin. The 675 gram spleen showed obliteration of the usual trabecular and corpuscular markings.

CONTRIBUTOR: Douglas Kahn, M.D.
Sherman Oaks, CA

CASE NO. 4 - NOVEMBER 1998

TISSUE FROM: Spleen

ACCESSION #26132

CLINICAL ABSTRACT:

A 40-year-old, Caucasian male presented with a two month history of cough, sputum production, fever, ten pound weight loss and anorexia. He had bilateral interstitial infiltrates on chest x-ray. His CBC showed RBC 2.59, hemoglobin 7.9, hematocrit 23.2, 80,000 platelets, and a white count of 6,000 with 72% segs, 4% bands 24% lymphs. He had had two previous admissions for pneumonia in the last three years and several episodes of perirectal herpes infections.

GROSS PATHOLOGY:

The 1525 gram spleen was 24.0 x 17.0 x 7.0 cm. Cut surfaces revealed a red-brown parenchyma with numerous geographic white-tan areas of necrosis.

SPECIAL STUDIES:

PAS for fungi	negative
AFB	negative
L26	positive
L60	positive

CONTRIBUTOR: Herbert Harder, M.D.
Glendale, CA

CASE NO. 5 - NOVEMBER 1998

TISSUE FROM: Spleen

ACCESSION #10636

CLINICAL ABSTRACT:

A 54-year-old Caucasian male was brought to the hospital in a comatose state. Physical examination revealed epistaxis, labored breathing and many petechiae. His hemoglobin level was 6.1 grams, hematocrit of 16% and white cell count 157,300 with 1% lymphocytes, 22% promonocytes and 77% blasts. Platelets were almost absent. The patient died three hours after admission.

GROSS PATHOLOGY:

The autopsy showed moderate hepatomegaly, moderate splenomegaly with partial obliteration of the architecture, marked thickening of the vertebral bony network structure, and moderate enlargement of pale mesenteric and retroperitoneal lymph nodes.

CONTRIBUTOR: Alexandra Reichman, M.D.
Marysville, CA

CASE NO. 6 - NOVEMBER 1998

TISSUE FROM: Spleen

ACCESSION #28182

CLINICAL ABSTRACT:

During a colon resection for adenocarcinoma, this 48-year-old male was noted to have multiple splenic masses.

GROSS PATHOLOGY:

The 719 gram spleen was 19.0 x 13.0 x 6.0 cm. Sectioning revealed a 6.5 x 6.5 x 4.5 cm well-circumscribed tumor. The cut surfaces were firm, bulging and darker red than the surrounding light red compressed splenic tissue.

CONTRIBUTOR: W. Gorczyca, M.D.
Elmsford, NY

CASE NO. 7 - NOVEMBER 1998

TISSUE FROM: Spleen

ACCESSION #28476

CLINICAL ABSTRACT:

This 66-year-old female had had fatigue for several years and was diagnosed with polymyalgia rheumatica. A few months prior to presentation, she developed pain in the left upper quadrant of her abdomen. CT scan revealed splenic and hepatic lesions.

GROSS PATHOLOGY:

The 1500 gram spleen was 22.0 x 18.0 x 10.0 cm. The external surface was irregular tan and red. On sectioning the entire spleen was replaced by a meaty firm, burgundy, multinodular tumor interspersed with fibrotic bands, focal necrosis and peliotic areas.

CONTRIBUTOR: George D. Amromin, M.D.
Duarte, CA

CASE NO. 8 - NOVEMBER 1998

TISSUE FROM: Lymph nodes

ACCESSION #10739

CLINICAL ABSTRACT:

An autopsy performed on this 77-year-old Caucasian female showed widespread tumor, including involvement of skin, lymph nodes, and intestines.

GROSS PATHOLOGY:

The lymph nodes throughout the body were enlarged up to 2.5 cm in diameter. On cut sectioning, they were soft and hemorrhagic.

CONTRIBUTOR: Bruce Swinyer, M.D.
Bakersfield, CA

CASE NO. 9 - NOVEMBER 1998

TISSUE FROM: Lymph node

ACCESSION #26017

CLINICAL ABSTRACT:

This 73-year-old male presented with a mass in his parotid gland and enlarged cervical lymph nodes.

GROSS PATHOLOGY:

The 1.6 x 1.3 x 0.8 cm lymph node and the 2 gram, 3.3 x 2.0 x 1.2 cm intraparotid lymph node were replaced by yellow-tan tumor.

SPECIAL STUDIES:

HMB-45	negative
S-100	diffuse, strong positivity

CONTRIBUTOR: Robert E. Riechmann, Jr., M.D.
Covina, CA

CASE NO. 10 - NOVEMBER 1998

TISSUE FROM: Cervical lymph node

ACCESSION 28323

CLINICAL ABSTRACT:

A 60-year-old Caucasian female noticed a slow growing mass in the left side of her neck. She had been diagnosed with ovarian adenocarcinoma two years previously.

GROSS PATHOLOGY:

The 4.6 x 3.1 x 2.5 cm ovoid cervical lymph node was soft and tan.

SPECIAL STUDIES:

Vimentin	diffuse, strong positivity
Desmin	strong positivity in most round cells and some spindle cells
Keratin (CAM 5.2)	0-trace positivity in round cells
NSE	moderate to strong positivity in round cells
LCA	negative, except in scattered peripheral inflammatory elements
PLAP	positive
Keratin	positive
CA125	positive
S-100	positive