STUDY CASES
MARCH 1997
"LUNG AND MEDIASTINAL TUMORS"

California Tumor Tissue Registry
c/o: Department of Pathology and Human Anatomy
Loma Linda University School of Medicine
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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.

Objective:
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:
The CITR designates this activity for up to 2 hours of continuing medical education. Participants must return their diagnoses to the CITR as documentation of participation in this activity.

Accreditation:
The California Tumor Tissue Registry is accredited by the California Medical Association as a provider of continuing medical education.
CONTRIBUTOR: Mark J. DeMeo, M.D.  
Santa Rosa, CA

CASE NO. 1 - MARCH 1997

TISSUE FROM: Right lung

ACCESSION 27940

CLINICAL ABSTRACT:

This 75-year old Caucasian female smoker presented with a one year history of a chronic persistent cough. A chest x-ray revealed a large wedge-shaped alveolar opacity in the posterior basilar segment of the right lower lobe. In addition she was noted to have abnormally enlarged mediastinal lymph nodes at the level of the carina and below. Following biopsy, a right lower lobe resection was performed.

GROSS PATHOLOGY:

The 260 gram lobe of lung was 16.0 x 11.5 x 9.5 cm. In the lateral posterior aspect was a 7.5 x 8.0 x 4.5 cm firm area which appeared to be consolidated lung tissue. The involvement extended to the periphery of the lung, stretching but not grossly invading the pleura.

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

CASE NO. 2 - MARCH 1997

TISSUE FROM: Right lung

ACCESSION #28106

CLINICAL ABSTRACT:

This 2 1/2-year old girl presented with mild cough and wheeze. Following two albuterol treatments she developed a tension pneumothorax with total collapse of the right lung. After stabilization, workup revealed cystic change in the right lung and a right upper lobe lobectomy was performed for presumed lobar emphysema.

GROSS PATHOLOGY:

The 46 gram portion of lung was 12.5 x 7.5 x 2.0 cm. Serial sections revealed multiple saclike structures up to 11.5 cm in greatest diameter. There was no grossly normal lung parenchyma.

SPECIAL STAINS:

Vimentin: positive  
HHF35: positive  
Desmin: positive  
LCA: negative
CONTRIBUTOR: F. Azizi, M.D.  
Fontana, CA

TISSUE FROM: Right lung

CLINICAL ABSTRACT:

This 39-year-old non-smoking female was known to have had a positive PPD skin test for many years. Her employment program included yearly chest x-rays. Her most recent x-ray showed a mass on the right side. A CT scan of the chest demonstrated a well-circumscribed homogenous solid right upper lobe mass abutting the lateral aspect of the superior vena cava. A wedge excision was performed.

GROSS PATHOLOGY:

The 55 gram wedge of lung was 6.0 x 3.5 x 3.0 cm. It included a 3.0 cm diameter yellow-tan well-circumscribed nodule.

CONTRIBUTOR: Robert Reichmann, M.D.  
Covina, CA

TISSUE FROM: Left lung

CLINICAL ABSTRACT:

This 59-year old female started smoking at the age of eight and has continued to smoke for the last 51 years, up to 4 packs daily. She presented with a three year history of recurrent bouts of pneumonia. She denied hemoptysis or weight loss. Chest x-ray and CT scan revealed an obstructing endobronchial lesion of the left mainstem bronchus with post-obstructive bronchiectasis. A left sided pneumonectomy was performed.

GROSS PATHOLOGY:

The 340 gram left lung was 18.0 x 13.0 x 6.0 cm. The mainstem bronchus was virtually occluded by a 2.0 cm diameter, sessile, well-circumscribed, firm, round, pink-tan mass.
CONTRIBUTOR: Nelson J. Quigley, M.D.
Anaheim, CA

TISSUE FROM: Left lung

CLINICAL ABSTRACT:

This 55 year-old asymptomatic non-smoking female had a chest x-ray as part of a routine physical examination. This showed a chest mass originally interpreted as an aortic arch aneurysm. Excision of the left lung mass was performed.

GROSS PATHOLOGY:

The 17 gram lung wedge was 5.0 x 4.5 x 2.3 cm. Within it was a 3.0 x 2.0 cm gray-white tumor which produced a depression of the overlying pleura. Approximately 40 grams of focally hemorrhagic tumor-involved lymph nodes were submitted separately.

SPECIAL STAINS:

- Chromogranin: positive
- CAM 5.2: positive
- Synaptophysin: focal positive

CONTRIBUTOR: Marigold Ardron, M.D.
Keesler AFB, MS

TISSUE FROM: Mediastinum

CLINICAL ABSTRACT:

This 26-year-old white female presented with dull chest pain radiating to the left shoulder and a two year history of intermittent decreased strength in the left hand with left arm paresthesias. A chest x-ray showed a large (> 10 cm) superior posterior mediastinal mass, which was resected.

GROSS PATHOLOGY:

The specimen consisted of a 14.5 x 7.5 x 7.0 cm oblong red-tan tumor with a smooth external surface. Serial sectioning revealed a solid, firm, pale yellow cut surface.

SPECIAL STAINS:

- Vimentin: weakly positive
- S-100: positive
- Cytokeratin: negative
- Neuron specific enolase: negative
CONTRIBUTOR: Alexandra Reichman, M.D.  
Marysville, CA

TISSUE FROM: Mediastinum

ACCESSION #27846

CLINICAL ABSTRACT:

This 62-year-old male had progressive dysphagia over a ten month period. Work-up showed Barrett’s esophagus with a lower esophageal stricture. There was also displacement of the upper cervical esophagus and trachea towards the left. CT scan confirmed a 9 x 6 x 5 cm mass in the upper anterior mediastinum and lower neck. A thyroid scan was normal. Past history included a right orchiectomy for testicular cancer (type unknown) 25 year earlier and radical prostatectomy for adenocarcinoma 9 months earlier. The mass was excised.

GROSS PATHOLOGY:

The 78 gram bosselated tan mass was 8.5 x 6.0 x 3.2 cm. Cross sectioning revealed variegated, vaguely nodular firm white or light tan tissue.

SPECIAL STAINS:

- S-100: negative
- Actin: negative
- CD-34: diffusely positive
- CD-34: positive
- CAM 5.2: negative

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

TISSUE FROM: Mediastinum

ACCESSION #26935

CLINICAL ABSTRACT:

This 58-year-old white male had a three year history of polyneuropathy and chronic diarrhea with marked weight loss, both of unknown etiology. About 2 weeks prior to admission a muscle biopsy showed polymyositis. In the 48 hours before admission he developed acute venous obstruction with edema of the left upper extremity. CT scan of the chest showed a 6 cm diameter anterior mediastinal mass. At surgery the mass was attached to and involved the left phrenic nerve and the superior vena cava, completely obliterating the left innominate vein. About 90% of the tumor was removed.

GROSS PATHOLOGY:

A 70 gram, 6.0 cm diameter specimen consisted of three fragments of firm, homogenous, tan-white tissue with focal necrosis but no hemorrhage.
CONTRIBUTOR: Raymond Lesonsky, M.D.  
Northridge, CA

TISSUE FROM: Mediastinum

CLINICAL ABSTRACT:

This 69-year-old female presented with a 5 month history of interscapular pain and increased shortness of breath on exercise. A thoracic CT scan revealed an 8.0 x 8.0 x 6.0 cm anterior mediastinal mass. A venogram showed complete obstruction of the left subclavian vein at the level of the axilla. At surgery, the mass involved the innominate vein, the pericardium, phrenic nerve and tip of the lung.

GROSS PATHOLOGY:

The 405 gram specimen was 18.0 x 12.0 x 6.5 cm and contained a 10.0 x 6.5 x 9.5 cm, well-circumscribed, nodular, homogeneously gray white, firm tumor.

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CONTRIBUTOR: E. DuBose Dent, Jr., M.D.  
Glendale, CA

TISSUE FROM: Right lung

CLINICAL ABSTRACT:

This 69-year-old Caucasian female presented with a well-circumscribed mass just beneath the pleura. A wedge resection of the right upper lobe was performed.

GROSS PATHOLOGY:

The 3.5 cm diameter specimen was of pale red-brown with a soft consistency.

SPECIAL STAINS:

Lambda: positive  
Kappa: negative

L-26: positive
MINUTES
FOR
MARCH 1997
MEDIASTINUM AND LUNG TUMORS

SUGGESTED READING (General Topics from Recent Literature):


INLAND (RIVERSIDE/SAN BERNARDINO) - Small lymphocytic lymphoma (low grade lymphoma of BALT) (1); Lymphoma (2); Well-differentiated lymphocytic lymphoma (1).

BAKERSFIELD (Central Valley Study Group) - Diffuse large cell lymphoma.

CAMARILLO (Alviso Group) - Small cell lymphoma.

VENTURA (Unilab) - Lymphocytic interstitial pneumonia (2).

PLEASANTON/FREMONT - Low grade (small lymphocytic) lymphoma.

LONG BEACH - Malignant non-Hodgkin’s lymphoma, low grade (7).

OXNARD (St. Johns Regional Ctr) - Lymphomatoi'd granulomatosis.

SAN DIEGO (Naval Medical Ctr) - Low grade lymphoma, favor extranodal marginal zone lymphoma (15); Mantle cell lymphoma (1).

SANTA BARBARA (Cottage Hospital) - Maltoma.

SANTA CLARA (Loma Prieta Group) - Malignant lymphoma (mantle cell lymphoma) (5).

SANTA ROSA - Lymphoma, “diffuse”, mixed large and small cell. (2); Diffuse non-Hodgkin’s lymphoma, mixed (1).

BAY AREA - Lymphoma, probably non-Hodgkin’s with pulmonary alveolar proteinosis (3).

SACRAMENTO (UC Davis) - Small lymphocytic lymphoma of BALT, low grade.

ARIZONA (VA Med Ctr) - Small cell lymphoma (Maltoma).

NEBRASKA (Creighton University) - Malignant lymphoma of small lymphocytes, probable MALT type.

MISSISSIPPI (Baptist Hospital) - Low grade lymphoma.

FLORIDA (Tallahassee) - Lymphoma (3).

MARYLAND (Bethesda Naval Med Ctr) - Malignant lymphoma, low grade (small lymphocytic with plasmacytoid differentiation vs Maltoma) (13).

CONNECTICUT (Univ Conn Health Ctr) - Malignant lymphoma, diffuse, intermediate cell type.

CONNECTICUT (Yale Univ) - B-cell lymphoma of MALT type.

MASSACHUSETTS (Berkshire Med Ctr) - Malignant lymphoma, small cell type.

NEW HAMPHIRE (Manchester) - Malignant lymphoma, small cleave cell type (1); Lymphoma (1).

NEW JERSEY (Overlook Hospital Summit) - Lymphocytic lymphoma - well-differentiated (Baltoma) (4).

NEW YORK (Metropolitan Hospital) - B-cell lymphoma.

NEW YORK (Impath) - Malignant lymphoma, small B-cell, marginal zone, probable BALT (4).

WYOMING - Small cell lymphocytic lymphoma/CLL.

MAINE (Bangor) - ALL, Grade 1.

JAPAN (Shimada-Kyoto) - Small lymphocytic lymphoma.

DIAGNOSIS:
MALIGNANT LYMPHOMA, SMALL LYMPHOCYTIC CELL TYPE, RIGHT LUNG

T28000/M96203

CONSULTATION:
Thomas V. Colby, M.D., Mayo Clinic Scottsdale, Arizona: “Features of small lymphocytic lymphoma.”

REFERENCES:


CASE NO. 2, ACCESSION NO. 28106

INLAND (RIVERSIDE/SAN BERNARDINO) - Cystic pulmonary blastoma of childhood (1); Embryonal rhabdomyosarcoma (1); Congenital lobar emphysema (1); Pulmonary blastoma (1).

BAKERSFIELD (Central Valley Study Group) - Congenital cystic adenomatoid malformation.

CAMARILLO (Alviso Group) - Cystic hamartoma with leiomyomatosis.

VENTURA (Unizh) - Cystic pulmonary blastoma of childhood (1), Cystic pulmonary blastoma of childhood (1).

PLEASANTON/REMONT - Cystic pulmonary blastoma of childhood.

LONG BEACH - Childhood pleuro-pulmonary cystic blastoma with rhabdomyosarcomatous elements (7).

OXNARD (St. Johns Regional Ctr) - Pulmonary blastoma, cystic.

SAN DIEGO (Naval Medical Center) - Cystic blastoma of childhood with rhabdomyosarcomatous differentiation (16).

SANTA BARBARA (Cottage Hospital) - Embryonal rhabdomyosarcoma.

SANTA CLARA (Loma Prieta Group) - Cystic pulmonary blastoma of childhood (5).

SANTA ROSA - Embryonal rhabdomyosarcoma (2); Rhabdomyosarcoma (1).

BAY AREA - Rhabdomyosarcoma (3).

SACRAMENTO (UC Davis) - Embryonal rhabdomyosarcoma.

ARIZONA (VA Med Ctr) - Congenital adenomatoid malformation.

NEBRASKA (Creighton University) - Pleuropulmonary blastoma/embryonal rhabdomyosarcoma.

MISSISSIPPI (Baptist Hospital) - Cystic blastoma (rhabdomyosarcoma) of childhood (see fig 21-17 in blue fascicle).

FLORIDA (Tallahassee) - Pulmonary blastoma (3).

MARYLAND (Bethesda Naval Med Ctr) - Cystic pulmonary blastoma (13).

CONNECTICUT (Univ Conn Health Ctr) - Embryonal rhabdomyosarcoma rising in type I adenomatous cystic malformation.

CONNECTICUT (Yale Univ) - Cystic mesenchymal hamartoma/embryonal rhabdomyosarcoma.

MASSACHUSETTS (Berkshire Med Ctr) - Embryonal rhabdomyosarcoma.

NEW HAMPSHIRE (Manchester) - Rhabdomyosarcoma (1); Pulmonary blastoma vs rhabdomyosarcoma (1).

NEW JERSEY (Overlook Hospital Summit) - Rhabdomyosarcoma rising in adenomatoid malformation (2); Pulmonary cystic blastoma with rhabdomyosarcoma (1); Rhabdomyosarcoma (1).

NEW YORK (Metropolitan Hospital) - Pulmonary blastoma.

NEW YORK (Impath) - Cystic pleuropulmonary blastoma.

WYOMING - Pulmonary blastoma.

MAINE (Bangor) - Mesenchymal cystic hamartoma.

JAPAN (Shimada-Kyoto) - Pulmonary blastoma of childhood.

DIAGNOSIS:

CYSTIC PLEUROPULMONARY BLASTOMA, LUNG

T28000/M

CONSULTATIONS:

Jon M. Rowland, M.D., Ph.D., Childrens Hospital, Los Angeles, “Consistent with pleuropulmonary blastoma with predominantly myogenic phenotype.”

Stephen J. Qualman, M.D., Intergroup Rhabdomyosarcoma Study, “Cystic Pulmonary blastoma.”

FOLLOW-UP:

The patient is currently receiving chemotherapy with no recurrence (follow period of 9 months.)

REFERENCES:


INLAND (RIVERSIDE/SAN BERNARDINO) - Pulmonary histiocytosis X (1); Poorly differentiated bronchoalveolar carcinoma with marked histiocytic response (1); Sclerosing hemangioma (2).

BAKERSFIELD (Central Valley Study Group) - Metastatic clear cell carcinoma.

CAMARILLO (Alviso Group) - Papillary adenosquamous carcinoma.

VENTURA (Unilab) - Bronchoalveolar carcinoma (2)

PLEASANTON/FREMONT - Adenocarcinoma, NOC vs bronchoalveolar.

LONG BEACH - Adenocarcinoma with bronchoalveolar spread (7).

OXNARD (St. Johns Regional Ctr) - Bronchoalveolar carcinoma.

SAN DIEGO (Naval Medical Center) - Sclerosing hemangioma (13); Papillary adenoma (3).

SANTA BARBARA (Cottage Hospital) - Adenocarcinoma with clear cell features.

SANTA CLARA (Loma Prieta Group) - Bronchoalveolar tumor (5).

SANTA ROSA - Adenocarcinoma, papillary with clear cell component (2); Papillary adenocarcinoma (1).

BAY AREA - Bronchoalveolar carcinoma (3).

SACRAMENTO (UC Davis) - Papillary bronchoalveolar adenoma vs adenocarcinoma, well-differentiated, papillary bronchoalveolar type.

ARIZONA (VA Med Ctr) - Bronchoalveolar carcinoma.

NEBRASKA (Creighton University) - Adenocarcinoma, bronchoalveolar type (rule our metastasis).

MISSISSIPPI (Baptist Hospital) - Sclerosing hemangioma.

FLORIDA (Tallahassee) - Sclerosing hemangioma (3).

MARYLAND (Bethesda Naval Med Ctr) - Sclerosing hemangioma (13).

CONNECTICUT (Univ Conn Health Ctr) - Sclerosing hemangioma (4); Bronchoalveolar tumor (4).

CONNECTICUT (Yale Univ) - Sclerosing hemangioma (papillary pneumocytoma) dd: papillary mesothelioma.

MASSACHUSETTS (Berkshire Med Ctr) - Bronchoalveolar carcinoma, non-mucinous type.

NEW HAMPSHIRE (Manchester) - Papillary adenocarcinoma with clear cell features (2).

NEW JERSEY (Overlook Hospital Summit) - Sclerosing hemangioma (4).

NEW YORK (Metropolitan Hospital) - Papillary adenocarcinoma, lung.

NEW YORK (Empath) - Sclerosing hemangiomas (4).

WYOMING - Metastatic renal cell carcinoma

MAINE (Bangor) - Sclerosing hemangioma of lung.

JAPAN (Shimada-Kyoto) - Adenosquamous carcinoma.

DIAGNOSIS:

SCLEROSING HEMANGIOMA, LUNG

T28000/M88320

REFERENCES:


CASE NO. 4, ACCESSION NO. 28037  
MARCH 1997

INLAND (RIVERSIDE/SAN BERNARDINO) - Adenoid cystic carcinoma of bronchus (4).
BAKERSFIELD (Central Valley Study Group) - Adenoid cystic carcinoma
CAMARILLO (Alviso Group) - Cylindroma.
VENTURA (Unilab) - Adenoid cystic carcinoma (2).
PLEASANTON/FREMONT - Adenoid cystic carcinoma.
LONG BEACH - Adenoid cystic carcinoma (7).
OXNARD (St. Johns Regional Ctr) - Adenoid cystic carcinoma.
SAN DIEGO (Naval Medical Center) - Adenoid cystic carcinoma (16).
SANTA BARBARA (Cottage Hospital) - Adenoid cystic carcinoma.
SANTA CLARA (Loma Prieta Group) - Adenoid cystic carcinoma (5).
SANTA ROSA - Intraluminal polyloid adenoid cystic carcinoma (1); Adenoid cystic carcinoma (1);
Adenocystic carcinoma of the polyloid type (1).
BAY AREA - Adenoid cystic carcinoma (3).
SACRAMENTO (UC Davis) - Adenoid cystic carcinoma.
ARIZONA (VA Med Ctr) - Adenoid cystic carcinoma.
NEBRASKA (Creighton University) - Adenoid cystic carcinoma.
MISSISSIPPI (Baptist Hospital) - Adenoid cystic carcinoma.
FLORIDA (Tallahassee) - Adenoid cystic carcinoma (3).
MARYLAND (Bethesda Naval Med Ctr) - Adenoid cystic carcinoma (13).
CONNECTICUT (Univ Conn Health Ctr) - Adenocystic carcinoma.
CONNECTICUT (Yale Univ) - Adenoid cystic carcinoma.
MASSACHUSETTS (Berkshire Med Ctr) - Adenoid cystic carcinoma.
NEW HAMPSHIRE (Manchester) - Adenoid cystic carcinoma (2).
NEW JERSEY (Overlook Hospital Summit) - Adenoid cystic carcinoma (4).
NEW YORK (Metropolitan Hospital) - Adenoid cystic carcinoma.
NEW YORK (Impath) - Adenoid cystic carcinoma.
WYOMING - Adenoid cystic carcinoma.
MAINE (Bangor) - Adenoid cystic carcinoma, endobronchial.
JAPAN (Shimada-Kyoto) - Adenoid cystic carcinoma.

DIAGNOSIS:
ADENOID CYSTIC CARCINOMA, LUNG
T28000/M82003

REFERENCES:
Moran CA, Suster S and Koss MN. Primary Cystic Carcinoma of the Lung. A Clinico-pathologic and
Miettinen M and Rapola J. Immunohistochemical Spectrum Rhabdomyosarcoma and Rhabdomyosarcoma-Like Tumor.
Lawrence JB, Mazur MT. Adenoid Cystic Carcinoma. A Comparative Pathologic Study of Tumors in Salivary Glands, 
1994; 100(3): 411-412.
Moran CA, Suster S, Koss MN. Primary Adenoid Cystic Carcinoma of the Lung. A Clinico-pathologic and
CASE NO. 5, ACCESSION NO. 27825 MARCH 1997

INLAND (RIVERSIDE/SAN BERNARDINO) - Large cell neuroendocrine carcinoma (1); Carcinoid tumor (mitotic activity not high enough for atypical carcinoid) (1); Neuroendocrine carcinoma (1); Atypical carcinoid (1).

BAKERSFIELD (Central Valley Study Group) - Neuroendocrine carcinoma.

CAMARILLO (Alviso Group) - Adenocarcinoma.

VENTURA (Unilab) - Atypical carcinoid (1); Spindle cell carcinoid (1).

PLEASANTON/FREMONT - Atypical carcinoid.

LONG BEACH - Neuroendocrine carcinoma (7).

OXNARD (St. Johns Regional Center) - Pulmonary paraganglioma (chemodectoma).

SAN DIEGO (Naval Medical Center) - Atypical carcinoid (6); Well-differentiated neuroendocrine carcinoma (10).

SANTA BARBARA - Neuroendocrine carcinoma.

SANTA CLARA (Loma Prieta Group) - Large cell neuroendocrine tumor (atypical carcinoid) (5).

SANTA ROSA - Carcinoid tumor (2); Neuroendocrine carcinoma (1).

BAY AREA - Neuroendocrine carcinoma (3).

SACRAMENTO (UC Davis) - Spindle cell (atypical carcinoid).

ARIZONA (VA Med Ctr) - Peripherical, spindle carcinoid tumor.

NEBRASKA (Creighton University) - Malignant paraganglioma.

MISSISSIPPI (Baptist Hospital) - Atypical carcinoid.

FLORIDA (Tallahassee) - Neuroendocrine carcinoma, atypical carcinoid (3).

MARYLAND (Bethesda Naval Med Ctr) - Atypical carcinoid (13).

CONNECTICUT (Univ Conn Health Ctr) - Neuroendocrine carcinoma (5); Atypical carcinoid (1).

CONNECTICUT (Yale Univ) - Malignant carcinoid/atypical carcinoid.

MASSACHUSETTS (Berkshire Med Ctr) - Atypical carcinoid.

NEW HAMPSHIRE (Manchester) - Malignant carcinoid (2).

NEW JERSEY - Atypical carcinoid (4).

NEW YORK (Metropolitan Hospital) - Atypical carcinoid.

NEW YORK (Impath) - Atypical carcinoid tumor (4).

WYOMING - Poorly differentiated squamous cell carcinoma.

MAINE (Bangor) - Large cell carcinoma with neuroendocrine features (atypical carcinoid, grade III).

JAPAN (Shimada-Kyoto) - Atypical carcinoid.

DIAGNOSIS:
ATYPICAL CARCINOID TUMOR, LUNG
T28000/M82401

REFERENCES:


INLAND (RIVERSIDE/SAN BERNARDINO) - Granular cell tumor (1); Degenerated neurilemoma (ancient schwannoma) (1); Malignant schwannoma (2).

BAKERSFIELD (Central Valley Study Group) - Spindle cell sarcoma.

CAMARILLO (Alviso Group) - Neurofibroma

VENTURA (Unilab) - Neurilemoma. (2).

PLEASANT/FREMONT - Schwannoma.

LONG BEACH - Schwannoma (7).

OXNARD (St. Johns Regional Ctr) - Neurilemoma

SAN DIEGO (Naval Medical Center) - Ancient schwannoma (16).

SANTA BARBARA - Schwannoma.

SANTA CLARA (Loma Prieta Group) - Lipidized schwannoma (5).

SANTA ROSA - Neurofibroma, r/o neurofibrosarcoma (1); Cellular neurofibromal neurilemmoma with xanthomatous change (1); Neurofibroma, r/o neurofibrosarcoma (1).

BAY AREA - Schwannoma (3).

SACRAMENTO (UC Davis) - Schwannoma (neurilemoma). No histologic evidence of malignancy.

ARIZONA (VA Med Ctr) - Schwannoma.

NEBRASKA (Creighton University) - Schwannoma.

MISSISSIPPI (Baptist Hospital) - Schwannoma.

FLORIDA (Tallahassee) - Schwannoma, low grade malignant schwannoma (3).

MARYLAND (Bethesda Naval Med Ctr) - Pigmented schwannoma (13).

CONNECTICUT (Univ Conn Health Ctr) - Schwannoma.

CONNECTICUT (Yale Univ) - Neurofibroma.

MASSACHUSETTS (Berkshire Med Ctr) - Cellular schwannoma.

NEW HAMPSHIRE (Manchester) - Cellular schwannoma (1); Malignant schwannoma (1).

NEW JERSEY (Overlook Hospital Summit) - Schwannoma (4).

NEW YORK (Metropolitan Hospital) - Ancient schwannoma.

NEW YORK (Impath) - Schwannoma (4).

WYOMING - Schwannoma.

MAINE (Bangor) - Schwannoma (with foam cells).

JAPAN (Shimada-Kyoto) - Schwannoma.

DIAGNOSIS:

**SCHWANNOMA WITH DEGENERATIVE CHANGES ("ANCIENT SCHWANNOMA"), MEDIASTINUM**

TY2300/M95600

REFERENCES:


CASE NO. 7, ACCESSION NO. 27846

INLAND (RIVERSIDE/SAN BERNARDINO) - Solitary fibrous tumor of the mediastinum (2); Sclerosing mediastinitis (1); Solitary fibrous tumor (1).

BAKERSFIELD (Central Valley Study Group) - Spindle cell thymoma.

CAMARILLO (Alviso Group) - Neurofibroma.

VENTURA (Unilab) - Localized fibrous tumor of childhood (1); Localized fibrous tumor of pleura (1).

PLEASANTON/FREMONT - Solitary fibrous tumor of pleura; Treated (remote germ cell tumor (1).

LONG BEACH - Solitary fibrous tumor (7).

OXNARD (St. Johns Regional Ctr) - Solitary fibrous tumor.

SAN DIEGO (Naval Medical Center) - Solitary fibrous tumor (16).

SANTA BARBARA - Solitary fibrous tumor.

SANTA CLARA (Loma Prieta Group) - Solitary fibrous tumor (5).

SANTA ROSA - Solitary fibrous tumor, r/o hyalinized hemangiopericytoma (1); Hemangiopericytoma vs solitary fibrous tumor (2).

BAY AREA - Fibrous histiocytoma (2); Solitary fibrous tumor (? angiofibroma) (1).

SACRAMENTO (UC Davis) - Solitary fibrous tumor (localized mesothelioma).

ARIZONA (VA Med Ctr) - Solitary fibrous tumor.

NEBRASKA (Creighton University) - Solitary fibrous tumor.

MISSISSIPPI (Baptist Hospital) - Solitary fibrous tumor.

FLORIDA (Tallahassee) - Solitary fibrous tumor (3).

MARYLAND (Bethesda Naval Med Ctr) - Solitary fibrous tumor (13).

CONNECTICUT (Univ Conn Health Ctr) - Solitary fibrous tumor.

CONNECTICUT (Yale Univ) - Solitary fibrous tumor of the pleura.

MASSACHUSETTS (Berkshire Med Ctr) - Solitary fibrous tumor.

NEW HAMPSHIRE (Manchester) - Benign lesion, favor fibromyxosarcoma vs desmoid tumor (1); Myxofibroma (1).

NEW JERSEY (Overlook Hospital Summit) - Solitary fibrous tumor (3); Benign stromal tumor (1).

NEW YORK (Metropolitan Hospital) - Solitary fibrous tumor.

NEW YORK (Impath) - Solitary fibrous tumor.

WYOMING - Solitary fibrous tumor.

MAINE (Bangor) - Solitary fibrous tumor.

JAPAN (Shimada-Kyoto) - Localized fibrous tumor of pleura.

DIAGNOSIS:

SOLITARY FIBROUS TUMOR, ANTERIOR MEDIASTINUM

TY2300/M90510

REFERENCES:


(See Case 6--Swanson)
INLAND (RIVERSIDE/SAN BERNARDINO) - Thymoma, malignant (1); Thymoma (3).
BAKERSFIELD (Central Valley Study Group) - Malignant lymphoma, large cell type.
CAMARILLO (Alviso Group) - Lymphocytic thymoma.
VENTURA (Unilab) - Thymoma (2).
PLEASANTON/FREMONT - Thymoma, mixed (probably malignant based on history).
LONG BEACH - Malignant thymoma (7).
OXNARD (St. Johns Regional Ctr) - Thymoma.
SAN DIEGO (Naval Medical Center) - Malignant thymoma (9); Thymic carcinoma (7).
SANTA BARBARA - Thymic carcinoma.
SANTA CLARA (Loma Prieta Group) - Thymic carcinoma (5).
SANTA ROSA - Malignant thymoma (1); Thymic carcinoma (malignant thymoma, type I) (1); Thymic carcinoma vs. lymphoma (1).
BAY AREA - Invasive thymoma (3); (? seminomatous type cells)
SACRAMENTO (UC Davis) - Thymoma, malignant clinically.
ARIZONA (VA Med Ctr) - Malignant thymoma.
NEBRASKA (Creighton University) - Thymic carcinoma
MISSISSIPPI (Baptist Hospital) - Thymoma.
FLORIDA (Tallahassee) - Thymoma (3).
MARYLAND (Bethesda Naval Medical Center) - Invasive thymoma (13).
CONNECTICUT (Univ Conn Health Ctr) - Thymoma.
CONNECTICUT (Yale Univ) - Malignant thymoma, type I.
MASSACHUSETTS (Berkshire Med Ctr) - Malignant thymoma, type I vs seminoma.
NEW HAMPSHIRE (Manchester) - Malignant thymoma (2).
NEW JERSEY (Overlook Hospital Summit) - Invasive thymoma (3); Seminoma (1).
NEW YORK (Metropolitan Hospital) - Thymic carcinoma probably non-keratinizing, squamous cell.
NEW YORK (Impath) - Invasive (malignant) thymoma (4).
WYOMING - Thymic carcinoma
MAINE (Bangor) - Thymoma.
JAPAN (Shimada-Kyoto) - Malignant thymoma

DIAGNOSIS:
INVASIVE THYMOMA, MEDIASTINUM
TY2800/M85800

FOLLOW-UP:
There has been no tumor recurrence (8 year follow period).

REFERENCES:
INLAND (RIVERSIDE/SAN BERNARDINO) - Thymoma (1); Thymoma with prominent fibroblastic component (1); Malignant thymic epithelial neoplasm (1); Seminoma (1).

BAKERSFIELD (Central Valley Study Group) - Metastatic P/D carcinoma.

CAMARILLO (Alviso Group) - Large cell immunoblastic sarcoma.

VENTURA (Unilab) - Thymoma (2).

PLEASANTON/FREMONT - Thymic carcinoma.

LONG BEACH - Malignant thymoma (4); Carcinoma showing thymus-like elements (CASTLE) (3).

OXNARD (St. Johns Regional Ctr) - Thymoma r/o undifferentiated carcinoma, r/o germ cell tumor.

SAN DIEGO (Naval Medical Center) - Thymic carcinoma (16).

SANTA BARBARA - Thymic carcinoma.

SANTA CLARA (Loma Prieta Group) - Thymic carcinoma (5).

SANTA ROSA - Malignant germ cell tumor (2); Dysgerminoma (1).

BAY AREA - Thymic carcinoma (2); Adenocarcinoma (? seminoma/germ cell tumor) (1).

SACRAMENTO (UC Davis) - Thymic carcinoma (2); Malignant thymoma (2).

ARIZONA (VA Med Ctr) - Malignant thymoma.

NEBRASKA (Creighton University) - Thymic carcinoma.

MISSISSIPPI (Baptist Hospital) - Thymic carcinoma.

FLORIDA (Tallahassee) - Thymoma (3).

MARYLAND (Bethesda Naval Medical Center) - Thymic carcinoma (13).

CONNECTICUT (Univ Conn Health Ctr) - Metastatic carcinoma (5); Thymoma (1).

CONNECTICUT (Yale Univ) - Malignant thymoma, type I/Well-differentiated thymic carcinoma.

MASSACHUSETTS (Berkshire Med Ctr) - Malignant thymoma, type II.

NEW HAMPSHIRE (Manchester) - Malignant thymoma (2).

NEW JERSEY (Overlook Hospital Summit) - Thymic carcinoma (NOS--large cell type) (4).

NEW YORK (Metropolitan Hospital) - Poorly differentiated thymic carcinoma with clear cells.

NEW YORK (Impath) - Thymic carcinoma (4).

WYOMING - Carcinoma ?neuroendocrine.

MAINE (Bangor) - (? thymic) carcinoma, r/o dysgerminoma/met.

JAPAN (Shimada-Kyoto) - Germinoma.

**DIAGNOSIS:**

**THYMIC CARCINOMA, MEDIASTINUM**

T28000/M85803

**REFERENCES:**

See References for Case #8.
INLAND (RIVERSIDE/SAN BERNARDINO) - Low grade B-cell lymphoma (1); Pulmonary lymphoma (1); Lymphoma, small cleaved cell (1); Well-differentiated lymphocytic lymphoma (1).

BAKERSFIELD (Central Valley Study Group) - Pseudolymphoma.

CAMARILLO (Alviso Group) - Lymphoma (leukemia?).

VENTURA (Unilab) - Malignant lymphoma, small lymphocytic (2).

PLEASANTON/FREMONT - LIP (small cell lymphoma).

LONG BEACH - Malignant non-Hodgkin's lymphoma (plasmacytoid) (7).

OXNARD (St. Johns Regional Ctr) - Malignant lymphoma, small cleaved cell type.

SAN DIEGO (Naval Medical Center) - Extranodal marginal zone (MALT) lymphoma (16).

SANTA BARBARA - Small lymphocytic lymphoma with plasmacytoma features.

SANTA CLARA (Loma Prieta Group) - Malignant lymphoma (5).

SANTA ROSA - Malignant lymphoma, r/o maligoma (1); Maligoma (1); Small lymphocytic lymphoma of the MALT type.

BAY AREA - Lymphoplasmacytic lymphoma (2); extra medullary plasmacytoma (1).

SACRAMENTO (UC Davis) - Small lymphocytic lymphoma, low grade.

ARIZONA (VA Med Ctr) - Small B-cell lymphoma of MALT.

NEBRASKA (Creighton University) - Malignant lymphoma of small lymphocytes, probable MALT type.

MISSISSIPPI (Baptist Hospital) - Low grade lymphoma.

FLORIDA (Tallahassee) - Lymphoma (3).

MARYLAND (Bethesda Naval Medical Center) - Malignant lymphoma, low grade (13).

CONNECTICUT (Univ Conn Health Ctr) - B-cell lymphoma, low grade.

CONNECTICUT (Yale Univ) - B-cell lymphoma of MALT type.

MASSACHUSETTS (Berkshire Med Ctr) - Malignant lymphoma, small cell type.

NEW HAMPSHIRE (Manchester) - Malignant lymphoma (1); Lymphoma with plasmacytic features (1).

NEW JERSEY (Overlook Hospital Summit) - Low grade lymphoma (4).

NEW YORK (Metropolitan Hospital) - B-cell lymphoma.

NEW YORK (Impath) - Malignant lymphoma, small B-cell, marginal zone, probable BALT.

WYOMING - Low grade MALT lymphoma.

MAINE (Bangor) - Lymphoma of BALT.

JAPAN (Shimada-Kyoto) - Low-grade lymphocytic lymphoma of BALT.

DIAGNOSIS:

CONSISTENT WITH LYMPHOPLASMACYTIC LYMPHOMA, LUNG

T28000/M96113

CONSULTATION:

Bharat N. Nathwani, M.D., USC Medical Center, Los Angeles, “Strongly Suggestive of Lymphoplasmacytic Lymphoma.”

REFERENCES:


