STUDY CASES

MAY 1997

"GENERAL PATHOLOGY"

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
(909) 824-4788
FAX: (909) 478-4188
**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 CTTR designates this activity for up to 2 hours of continuing medical education. Participants must return their diagnoses to the CTTR 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: Loma Linda Pathology Group (cz) 
Loma Linda, CA

TISSUE FROM: Left neck

CLINICAL ABSTRACT:
This 80-year-old female presented with a left-sided neck mass which did not appear to enlarge over the next six months. A left radical neck dissection was performed.

GROSS PATHOLOGY:
The 240 gram, 12.0 x 12.0 x 5.0 cm left neck contents specimen was largely replaced by tumor. A 10.0 x 6.0 x 2.5 cm portion of firm tan tumor extended from the midline into the lateral neck, apparently replacing the thyroid which was not identifiable. A 4.0 x 4.0 x 3.0 cm area of tumor was wrapped around the trachea and portions of the larynx.

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

TISSUE FROM: Right mandible

CLINICAL ABSTRACT:
This 29-year-old male presented with an expansile mass of the right mandible. Radiographic and CAT scan examination revealed a 4.5 x 4.0 cm mass involving the entire right ramus and partial body of the mandible.

GROSS PATHOLOGY:
A 10 x 4 x 3 cm curved, crescent-shaped piece of hard white bone was expanded in the midportion by a 7 x 4 x 3 cm mass composed of homogeneous dense white tissue within which there was an irregularly-shaped area of central cyst formation.
CONTRIBUTOR: Chisa Aoyama, M.D.  
Sylmar, CA

CASE NO. 3 - MAY 1997

TISSUE FROM: Pelvic mass  
ACCESSION #28210

CLINICAL ABSTRACT:
This 21-year-old female presented with a 4 month history of intermittent episodes of diaphoresis, headaches, blurred vision, shortness of breath, palpitations and fatigue. Her blood pressure during physical examination was elevated (as high as 203/116) and labile. Twenty-four hour urine catecholamines showed normal levels of epinephrine with markedly elevated levels of norepinephrine, VMA and dopamine. CT scan of the abdomen and pelvis showed a large mass in the pelvis behind the uterus. The mass was resected along with a portion of adherent sigmoid colon. There were multiple nodules in the omentum and mesentery.

GROSS PATHOLOGY:
A 11.5 x 8.5 x 7.5 cm multinodular yellow-tan mass was adherent to the serosal surface of a resected segment of bowel.

SPECIAL STAINS:
Chromogranin: diffusely positive

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

CASE NO. 4 - MAY 1997

TISSUE FROM: Left groin mass  
ACCESSION #28018

CLINICAL ABSTRACT:
This 35-year-old Asian-American male presented with a 2-3 year history of a mass in the left groin area. Physical examination showed a 3.0 x 1.0 cm subcutaneous hard lump in the groin. This was excised.

GROSS PATHOLOGY:
A 5.2 x 2.5 cm ellipse of skin, and cut to a depth of 2.0 cm, had a central, slightly raised area 3.5 x 2.4 cm in diameter.

SPECIAL STAINS:
CD34: negative
Actin: negative
S-100 protein: positive
CONTRIBUTOR: David Huebner, M.D.  
Fontana, CA

TISSUE FROM: Abdominal wall

ACCESSION #28032

CLINICAL ABSTRACT:
Ten years ago this 76-year-old female had a total abdominal hysterectomy and bilateral salpingo-oophorectomy for stage 1, grade II endometrial carcinoma, followed postoperatively with adjuvant radiation. Two years ago she presented with a 3 x 4 cm mass in the abdominal wall. This was resected and she was lost to follow-up. She now presents with an enlarging 6.0 x 9.0 x 15.0 cm abdominal wall mass. The mass was again resected.

GROSS PATHOLOGY:
The specimen consisted of a 28.0 x 7.0 cm ellipse of skin, with underlying fibroadipose tissue and skeletal muscle. Within the muscle was a 23.0 x 11.0 x 7.6 cm relatively well-circumscribed, lobulated, rubbery, firm pink-tan mass.

SPECIAL STAINS:
- Keratin cocktail, low molecular weight keratin (CAM 5.2), B-72.3: positive
- EMA, Vimentin: focal positivity
- Leu-M1: focal luminal positivity
  (tumor cells essentially negative)
- CDA, AFP, S100, Chromogranin: negative

CONTRIBUTOR: Chisa Aoyama, M.D.  
Sylmar, CA

TISSUE FROM: Abdomen

ACCESSION #28026

CLINICAL ABSTRACT:
This 39-year-old Caucasian female had childhood polycystic kidney disease with recurrent nephrolithiasis and chronic pyelonephritis leading to a right nephrectomy at age 18. At that time she had a right oophorectomy and hysterectomy for ovarian carcinoma. The tumor pathology is not known but there is a possible history that the tumor secreted androgens. She now presents with left flank pain. Work-up found a large abdominal mass which was debulked.

GROSS PATHOLOGY:
The 2.3 kg, 20.0 x 20.0 x 10.0 cm specimen consisted of multiple fragmented pieces of white-tan tissue with focally hemorrhagic and myxomatous change.

SPECIAL STAINS:
- Vimentin: positive
- EMA: positive
- Desmin: negative
CONTRIBUTOR: Charles C. Osborn, M.D.  
Glendale, CA  

CASE NO. 7 - MAY 1997  

TISSUE FROM: Uterus  
ACCESSION #27962  

CLINICAL ABSTRACT:  
This 50-year-old female was found to have an enlarged uterus and a hysterectomy was performed.  

GROSS PATHOLOGY:  
Within the uterus was an 11.0 cm diameter myometrial mass. It was very edematous, hemorrhagic and friable and appeared to be well circumscribed.  

SPECIAL STAINS:  
CD-34: negative  
Desmin: positive  

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CONTRIBUTOR: Dharam M. Ramnani, M.D.  
Dallas, TX  

CASE NO. 8 - MAY 1997  

TISSUE FROM: Spleen  
ACCESSION #28193  

CLINICAL ABSTRACT:  
This 13-year-old Caucasian male has had a progressively worsening splenomegaly, which had been symptomatic, causing some respiratory embarrassment and anorexia. A CT scan of the abdomen revealed compression of the pancreas and stomach. A subtotal splenectomy was performed.  

GROSS PATHOLOGY:  
The 1533 grams portion of spleen was 22.0 x 9.5 x 7.5 cm. The specimen was intact except for an 11.0 x 10.0 cm area close to the hilum, and the inferior pole where parenchyma was exposed. The specimen was serially sectioned in 1.0 cm thick slides revealing firm, pale, red-brown parenchyma. No focal lesions were identified.  

SPECIAL STUDY:  
Electron microscopy showed the splenic macrophages to be distended by well-defined cytoplasmic lysosomes containing small irregular whorls of lamellar material consistent with sphingomyelin.
CONTRIBUTOR: Thomas Heinz, M.D.
Orange, CA

TISSUE FROM: Liver

ACCESSION #28105

CASE NO. 9 - MAY 1997

CLINICAL ABSTRACT:
This 9-month-old Caucasian female presented with vomiting, mainly at night. Physical examination revealed a large abdominal mass. Further workup showed an elevated alpha fetoprotein of around 30,000. Ultrasound, chest CT, MRI, and hepatic angiography demonstrated a very large right hepatic tumor which displaced what appeared to be the right portal vein into the left lobe of the liver. An extended right hepatic lobectomy was performed.

GROSS PATHOLOGY:
The specimen consisted of a 12.5 x 10.0 x 8.0 cm, 427 gram portion of liver with variegated pale tan to red-tan glistening capsule. Within the liver was a 9.5 x 8.5 x 7.5 cm, well-circumscribed variegated pale tan to gray-tan mass.

CONTRIBUTOR: F. Azizi, M.D.
Fontana, CA

TISSUE FROM: Right thigh

ACCESSION #28085

CASE NO. 10 - MAY 1997

CLINICAL ABSTRACT:
This 21-year old female presented with a right thigh mass measuring about 20 cm, which had been growing slowly for approximately two years.

GROSS PATHOLOGY:
Four pieces of soft gray-pink, friable tissue, varied from 2.0 to 2.5 cm in greatest diameter.

SPECIAL STAINS:
Cytokeratin: positive
EMA: positive
S-100: negative
SUGGESTED READING (General Topics from Recent Literature):

Relationship Between Pelvic lymph Node Involvement and Other Disease Sites in Patients with Ovarian Cancer. Gynecol Oncol 1997; 65: 164-168.


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INLAND (RIVERSIDE/SAN BERNARDINO) - Metastatic adenocarcinoma, NOS (? medullary carcinoma of thyroid) (1); Medullary thyroid carcinoma (1); Hurthle cell carcinoma (1); Papillary carcinoma of thyroid with a solid component (1), Oncocytic carcinoma (1), Undifferentiated carcinoma, thyroid (1).

CAMARILLO (Alviso Group) - Giant cell carcinoma of thyroid.

VENTURA (Unilab) - Follicular carcinoma (1); Poorly differentiated carcinoma (1).

PLEASANTON/FREMONT - Poorly differentiated (insular) carcinoma, thyroid (6).

LONG BEACH - Follicular adenocarcinoma (5).

OXNARD (St. Johns Regional Med Ctr) - Undifferentiated (anaplastic, sarcomatoid) carcinoma of thyroid.

SAN DIEGO (Naval Med Ctr) - Anaplastic CA, NOS (7); Anaplastic CA, arising from insular CA (4); Anaplastic CA, arising from Hurthle cell CA (1).

SANTA BARBARA (Cottage Hospital) - Anaplastic carcinoma, thyroid.

SANTA CLARA (Loma Prieta Group) - Poorly differentiated carcinoma.

SANTA ROSA - Poorly differentiated carcinoma, r/o thyroid medullary carcinoma (2); Malignant undifferentiated neoplasm, thyroid, medullary carcinoma vs paraganglioma, malignant (1).

BAY AREA - Medullary carcinoma of thyroid (anaplastic carcinoma developing from a follicular carcinoma cannot be excluded) (3).

SACRAMENTO (UC Davis) - Poorly differentiated thyroid carcinoma with Hurthle cell and anaplastic features.

ARIZONA (Tucson) - Poorly differentiated thyroid carcinoma (insular carcinoma).

WYOMING - Anaplastic thyroid carcinoma.

TEXAS (El Paso) - Anaplastic carcinoma of thyroid (2).

NEW MEXICO (Albuquerque) - Medullary carcinoma with anaplastic features.

NEBRASKA (Creighton University) - Thyroid carcinoma (Hurthle cell vs papillary variant).

FLORIDA (Bethesda Naval Med Ctr) - Alveolar soft parts sarcoma.

MARYLAND (Bethesda Naval Med Ctr) - Poorly differentiated thyroid carcinoma (10). Anaplastic thyroid carcinoma (4).

NEW HAMPSHIRE (Manchester) - Adenocarcinoma with papillary Hurthle cell features (3).

NEW JERSEY (Overlook Hospital Summit) - Anaplastic thyroid carcinoma (1); Papillary thyroid carcinoma (2).

NEW YORK - Poorly differentiated thyroid carcinoma, insular type (thyroglobulin +) (4).

MASSACHUSETTS (Berkshire Med Ctr) - Paraganglioma (2); vs medullary CA of thyroid (4).

MAINE (Bangor) - Oncocytic carcinoma.

CONNECTICUT - Anaplastic carcinoma, thyroid.

AUSTRALIA (Sydney) - Malignant paraganglioma.

JAPAN (Shimada-Kyoto) - Medullary carcinoma of thyroid.

DIAGNOSIS:

POORLY DIFFERENTIATED THYROID CARCINOMA WITH HURTHLE CELL FEATURES

T96000, M82903

NOTE: Immunostains for keratin and thyroglobulin were positive. Stains for chromogranin, synaptophysin and S-100 protein were negative. Electron microscopy showed microacinus formation.

REFERENCES:


INLAND (RIVERSIDE/SAN BERNARDINO) - Ossifying fibroma (3); Fibrous dysplasia (1), Desmoplastic fibroma (2).

CAMARILLO (Alviso Group) - Non-ossifying fibroma.

VENTURA (Unilab) - Fibrous dysplasia (2).

PLEASANTON/FREMONT - Desmoplastic fibroma vs fibrosarcoma (6).

LONG BEACH - Fibro-osseous lesion consistent with ossifying fibroma (5).

OXNARD (St. Johns Regional Medical Ctr) - Fibrous dysplasia/r/o ossifying fibroma.

SAN DIEGO (Naval Med Ctr) - Benign fibro-osseous lesion, most consistent with fibrous dysplasia (14).

SANTA BARBARA (Cottage Hospital) - Ossifying fibroma.

SANTA CLARA (Loma Prieta Group) - Low grade osteosarcoma.

SANTA ROSA - Fibrous dysplasia (1); r/o ossifying fibroma/non-ossifying fibroma, fibrous dysplasia (1); Fibrous dysplasia r/o non-ossifying fibroma (1).

BAY AREA - Fibrous dysplasia/benign fibro-osseous tumor (3).

SACRAMENTO (UC Davis) - Fibro-osseous lesion.

ARIZONA (Tucson) - Desmoplastic fibroma.

WYOMING - Low grade fibrosarcoma of bone.

TEXAS (El Paso) - Fibrous dysplasia (2).

NEW MEXICO (Albuquerque) - Desmoid tumor.

NEBRASKA (Creighton) - Ossifying fibroma.

FLORIDA (Bethesda Naval Med Ctr) - Fibrous dysplasia.

MARYLAND (Bethesda Naval Medical Center) - Ossifying fibroma (14).

NEW HAMPSHIRE (Manchester) - Odontogenic fibroma vs fibrous dysplasia (1); Fibrous dysplasia (2).

NEW JERSEY (Overlook Hospital Summit) - Desmoplastic fibroma (1); Ossifying fibroma (2).

NEW YORK - Ossifying fibroma (4).

MASSACHUSETTS (Berkshire Med Ctr) - Osteosarcoma (6)

MAINE (Bangor) - Non-ossifying fibroma.

CONNECTICUT - Parosteal osteogenic sarcoma.

AUSTRALIA (Sydney) - Ossifying fibroma.

JAPAN (Shimada-Kyoto) - Desmoplastic fibroma.

DIAGNOSIS:
FIBROMATOSIS, RIGHT MANDIBLE
T10180, M76100

CONSULTATION:
Robert B. Brannon, M.D., Chairman, Department of Oral Pathology, AFIP, Washington, D. C.

"Fibromatosis."

REFERENCES:


CASE NO. 3, ACCESSION NO. 28210

INLAND (RIVERSIDE/SAN BERNARDINO) - Metastatic pheochromocytoma (3); Extra adrenal paraganglioma (1); Paraganglioma (2).
CAMARILLO (Alviso Group) - Organ of Zuckerkandl carcinoma.
VENTURA (Unilab) - Pheochromocytoma (2).
PLEASANTON/FREMONT - Paraganglioma (6).
LONG BEACH - Pheochromocytoma (5).
OXNARD (St. Johns Regional Medical Ctr) - Pheochromocytoma (extra adrenal).
SAN DIEGO (Naval Med Ctr) - Paraganglioma (14).
SANTA BARBARA (Cottage Hospital) - Malignant paraganglioma.
SANTA CLARA (Loma Prieta Group) - Malignant pheochromocytoma.
SANTA ROSA - Paraganglioma (extra-adrenal pheochromocytoma)(1); Paraganglioma (2).
BAY AREA - Pheochromocytoma (?men) (3).
SACRAMENTO (UC Davis) - Extra adrenal (malignant) Pheochromocytoma (3); Malignant paraganglioma (3).
ARIZONA (Tucson) - Pheochromocytoma.
WYOMING - Neuroendocrine carcinoma.
TEXAS (El Paso) - Pheochromocytoma (2).
NEW MEXICO (Albuquerque) - Carcinoid tumor.
NEBRASKA (Creighton University) - Pheochromocytoma.
FLORIDA (Bethesda Naval Med Ctr) - Pheochromocytoma.
MARYLAND (Bethesda Naval Med Ctr) - Paraganglioma/pheochromocytoma, malignant (14).
NEW HAMPSHIRE (Manchester) - Pheochromocytoma, malignant.(3).
NEW JERSEY (Overlook Hospital Summit) - Malignant functional paraganglioma (1); Pheochromocytoma, metastatic (2).
NEW YORK - Extra-adrenal paraganglioma (4).
MASSACHUSETTS (Berkshire Med Ctr) - Paraganglioma.
MAINE - Paraganglioma, malignant.
CONNECTICUT - Paraganglioma.
AUSTRALIA (Sydney) - Extra adrenal pheochromocytoma.
JAPAN (Shimada-Kyoto) - Paraganglioma.

DIAGNOSIS:
MALIGNANT PARAGANGLIOMA, PELVIS
TY6000, M86801

Note: Not all study set slides showed vascular involvement or vascular invasion.

FOLLOW-UP:
A month later the patient expired. No autopsy was performed.

REFERENCES:
CASE NO. 4, ACCESSION NO. 28018

INLAND (RIVERSIDE/SAN BERNARDINO) - Granular cell tumor (5); Granular cell myoblastoma (1).
CAMARILLO (Alviso Group) - Granular cell myoblastoma.
VENTURA (Unilab) - Granular cell tumor (2).
PLEASANTON/FREMONT - Granular cell tumor (6).
LONG BEACH - Granular cell tumor (5).
OXNARD (St. Johns Regional Medical Ctr) - Granular cell tumor (granular cell myoblastoma).
SAN DIEGO (Naval Med Ctr) - Granular cell tumor (15).
SANTA BARBARA (Cottage Hospital) - Granular cell tumor.
SANTA CLARA (Loma Prieta Group) - Granular cell tumor.
SANTA ROSA - Granular cell tumor (3).
BAY AREA - Granular cell tumor (3).
SACRAMENTO (UC Davis) - Granular cell tumor (with atypical histologic features).
ARIZONA (Tucson) - Granular cell myoblastoma.
WYOMING - Granular cell tumor.
TEXAS (El Paso) - Granular cell tumor (2).
NEW MEXICO (Albuquerque) - Granular cell tumor.
NEBRASKA (Creighton University) - Granular cell tumor.
FLORIDA (Bethesda Naval Med Ctr) - Granular cell tumor.
MARYLAND (Bethesda Naval Medical Center) - Granular cell tumor (14).
NEW HAMPSHIRE (Manchester) - Granular cell tumor (1); Granular cell myoblastoma (2).
NEW JERSEY (Overlook Hospital Summit) - Granular cell tumor (3).
NEW YORK - Granular cell tumor (4).
MASSACHUSETTS (Berkshire Med Ctr) - Granular cell tumor.
MAINE (Bangor) - Granular cell tumor.
CONNECTICUT - Granular cell tumor.
AUSTRALIA (Sydney) - Granular cell tumor.
JAPAN (Shimada-Kyoto) - Granular cell tumor.

DIAGNOSIS:
GRANULAR CELL TUMOR, LEFT GROIN
TY7000, M95800

REFERENCES:
CASE NO. 5, ACCESSION NO. 28032

INLAND (RIVERSIDE/SAN BERNARDINO) - Metastatic adenocarcinoma c/w endometrial origin (2); Carcinosarcoma (malignant mixed mullerian tumor) (1); Metastatic carcinoma (1); Poorly differentiated adenocarcinoma perhaps from previous malignancy (clear cell endometrial) (2).

CAMARILLO (Alviso Group) - Adenoacanthoma.

VENTURA (Unilab) - Poorly differentiated carcinoma (2).

PLEASANTON/FREMONT - Recurrent endometrial carcinoma, high grade (4); Poorly differentiated carcinoma with clear cell areas (2).

LONG BEACH - Carcinoma, NOS (5).

OXNARD (St. Johns Regional Medical Ctr) - Metastatic clear cell carcinoma of endometrium.

SAN DIEGO (Naval Med Ctr) - Metastatic poorly-differentiated adenocarcinoma (3); Metastatic clear cell adenocarcinoma (9).

SANTA BARBARA (Cottage Hospital) - Carcinosarcoma.

SANTA CLARA (Loma Prieta Group) - Clear-cell carcinoma.

SANTA ROSA - Metastatic carcinoma, probably from endometrial clear cell carcinoma (1); Poorly differentiated epithelial malignancy carcinoma (1); Poorly differentiated carcinoma (1).

BAY AREA - Adenocarcinoma, clear cell variant metastatic (3).

SACRAMENTO (UC Davis) - Metastatic adenocarcinoma.

ARIZONA (Tucson) - Adenocarcinoma.

WYOMING - Moderately differentiated metastatic adenocarcinoma.

TEXAS (El Paso) - Metastatic adenocarcinoma (2).

NEW MEXICO (Albuquerque) - Poorly differentiated carcinoma, probably adenocarcinoma.

NEBRASKA (Creighton University) - Adenocarcinoma (metastatic vs implanted).

FLORIDA (Bethesda Naval Med Ctr) - Recurrent endometrial carcinoma.

MARYLAND (Bethesda Naval Medical Center) - Metastatic adenocarcinoma (14).

NEW HAMPSHIRE (Manchester) - Metastatic adenocarcinoma (1); Metastatic poorly differentiated carcinoma (2).

NEW JERSEY (Overlook Hospital Summit) - Clear cell adenocarcinoma (1); Adenocarcinoma poorly-differentiated (NOS) (2).

NEW YORK - Metastatic adenocarcinoma with clear cell features, most likely of mullerian origin, in particular, from the patient's known endometrial primary (4).

MASSACHUSETTS (Berkshire Med Ctr) - Carcinosarcoma.

MAINE (Bangor) - Metastatic adenocarcinoma.

CONNECTICUT - Clear cell carcinoma, differential diagnosis mesothelioma.

AUSTRALIA (Sydney) - Clear cell carcinoma (metastatic).

JAPAN (Shimada-Kyoto) - Synovial sarcoma.

DIAGNOSIS:

POORLY DIFFERENTIATED ADENOCARCINOMA WITH CLEAR CELL FEATURES, PROBABLY OF MULLERIAN ORIGIN, ABDOMINAL WALL

TY4300, M83103

FOLLOW-UP:

The patient had a recurrence six months post-operatively, which was re-excised.

REFERENCES:

None.
INLAND (RIVERSIDE/SAN BERNARDINO) - Nephroblastoma (2); Malignant neuroectodermal tumor (1); Adult Wilms tumor (1); Endodermal sinus tumor (1); Undifferentiated carcinoma (1).
Camarillo (Alviso Group) - Granulosa cell carcinoma.
Ventura (Unilab) - Granulosa cell tumor (2).
Pleasanton/Fremont - Sertoli Leydig cell tumor, grade III (sarcomatoid) (6).
Long Beach - Carcinosarcoma (5).
Oxnard (St. Johns Regional Med Ctr) - Sertoli-Leydig cell tumor, intermediate (Meyer’s II) sex cord tumor/r/o granulosa cell tumor.
San Diego (Naval Med Ctr) - Endometrioid CA with sex cord stroma features (7); Sex cord stromal tumor (5); Granulosa cell tumor (3).
Santa Clara (Loma Prieta Group) - Juvenile granulosa cell tumor.
Santa Rosa - Poorly differentiated Sertoli-Leydig cell tumor (1); Gyandroblastoma, residual, recurrent by history (1); Sertoli Leydig cell neoplasm (1).
Bay Area - Malignant sex cord stromal tumor (2); Carcinosarcoma (1).
Sacramento (UC Davis) - Immature teratoma.
Arizona (Tucson) - Low grade malignant teratoma.
Wyoming - Poorly differentiated Sertoli-Leydig cell tumor - metastatic.
Texas (El Paso) - Sertoli-Leydig cell tumor, poorly differentiated (2).
New Mexico (Albuquerque) - Sertoli-Leydig cell tumor intermediate differentiation.
Nebraska (Creighton University) - Immature teratoma.
Florida (Bethesda Naval Med Ctr) - Granular cell tumor.
Maryland (Bethesda Naval Medical Center) - Sertoli-Leydig cell tumor, retiform variant (10); Sertoliform variant of endometrioid carcinoma (2); Small cell carcinoma (2).
New Hampshire (Manchester) - Malignant Brenner’s tumor (1); Favor Sertoli-Leydig cell tumor (intermediate – poorly differentiated) (2).
Massachusetts (Berkshire Med Ctr) - Sertoli cell tumor.
Maine (Bangor) - ? Sertoli cell vs immature teratoma.
Connecticut - Sertoli-Leydig cell tumor of intermediate grade.
Australia (Sydney) - Sertoli-Leydig cell tumour (poorly differentiated).
Japan (Shimada-Kyoto) - Sex cord - stromal tumor.

Diagnosis:
Sertoli-Leydig Tumor, Abdomen
Ty4100, M86310

Consultation:
Dr. Fu from UCLA feels that the differential diagnosis should include “Immature Teratoma and Sertoli-Leydig Cell Tumor.”

References:
ENDOMETRIAL STROMAL NEOPLASM, PROBABLY STROMAL NODULE
T84000, M80001

CONSULTATION:
Richard Kempson, M.D., Stanford University Health Center: Endometrial stromal neoplasm, probably stromal nodule (based mostly upon its circumscription).

FOLLOW-UP:
No recurrence of the tumor after one year.

REFERENCES:
DIAGNOSIS:
NIEMANN-PICK DISEASE, SPLEEN
T07000, D1420

FOLLOW-UP:
A year and a half after surgery the patient is asymptomatic and doing well.

REFERENCES:
INLAND (RIVERSIDE/SAN BERNARDINO) - Hepatoblastoma, favorable fetal pattern (1); Hepatoblastoma (4), Adenoma (1).
CAMARILLO (Alviso Group) - Juvenile hepatocellular carcinoma.
VENTURA (Unilab) - Hepatoblastoma (2).
PLEASANTON/FREMONT - Hepatocellular carcinoma (5); Hepatoblastoma (1).
LONG BEACH - Childhood hepatocellular carcinoma (5).
OXNARD (St. John's Regional Med Ctr) - Hepatoblastoma.
SAN DIEGO (Naval Med Ctr) - Epithelial hepatoblastoma (15).
SANTA BARBARA (Cottage Hospital) - Hepatoblastoma.
SANTA CLARA (Loma Prieta Group) - Hepatoblastoma.
SANTA ROSA - Hepatoblastoma, epithelial type (1); Hepatocellular carcinoma, r/o adenoma (1); Hepatoblastoma (1).
BAY AREA - Hepatoblastoma with EMH (3).
SACRAMENTO (UC Davis) - Hepatoblastoma (fetal type).
ARIZONA (Tucson) - Hepatoblastoma.
WYOMING - Hepatoblastoma.
TEXAS (El Paso) - Hepatoblastoma (2).
NEW MEXICO (Albuquerque) - Hepatoblastoma.
NEBRASKA (Creighton University) - Hepatoblastoma (1); Hepatocellular carcinoma (1).
FLORIDA (Bethesda Naval Med Ctr) - Hepatoblastoma.
MARYLAND (Bethesda Naval Medical Center) - Hepatoblastoma, epithelial type (14).
NEW HAMPSHIRE (Manchester) - Hepatocellular carcinoma (3).
NEW JERSEY (Overlook Hospital Summit) - Hepatoblastoma (3).
NEW YORK - Hepatoblastoma (4).
MASSACHUSETTS (Berkshire Med Ctr) - Hepatoblastoma, fetal type.
MAINE (Bangor) - Hepatoblastoma.
CONNECTICUT - Hepatoblastoma.
AUSTRALIA (Sydney) - Hepatoblastoma.
JAPAN (Shimada-Kyoto) - Hepatoblastoma.

DIAGNOSIS:
HEPATOBLASTOMA
T56000, M89703

REFERENCES:
CASE NO. 10, ACCESSION NO. 28085 MAY 1997

INLAND (RIVERSIDE/SAN BERNARDINO) - Monophasic, synovial sarcoma, fibrous type (2); Synovial sarcoma (1); Epithelioid sarcoma (1); Epithelial sarcoma-fibrosarcoma pattern (1); Malignant schwannoma (1).

Camarillo (Alviso Group) - Schwannoma.

Ventura (Unilab) - Synovial sarcoma (2).

Pleasanton/Fremont - Synovial sarcoma (5); Leiomyosarcoma (1).

Long Beach - Synovial sarcoma (5).

OXnard (St. John's Regional Med Ctr) - c/w synovial sarcoma.

San Diego (Naval Med Ctr) - Synovial sarcoma, monophasic (15).

Santa Barbara (Cottage Hospital) - Synovial sarcoma.

Santa Clara (Loma Prieta Group) - Monophasic synovial sarcoma.

Santa Rosa - Synovial sarcoma (1); ? mesenchymal neoplasm, r/o synovial sarcoma (1); Mesenchymal neoplasm vs epithelial neoplasm undifferentiated, r/o synovial sarcoma (1).

Bay Area - Synovial sarcoma, monophasic (3).

Sacramento (UC Davis) - Synovial sarcoma.

Arizona (Tucson) - Monophasic synovial sarcoma.

Wyoming - Monophasic synovial sarcoma.

Texas (El Paso) - Synovial sarcoma (2).

New Mexico (Albuquerque) - Malignant neoplasm, favor sarcoma, possible synovial sarcoma, monophasic.

Nebraska (Creighton University) - Monophasic.

Florida (Bethesda Naval Med Ctr) - Monophasic synovial sarcoma.

Maryland (Bethesda Naval Med Ctr) - Synovial sarcoma (14).

New Hampshire (Manchester) - Synovial sarcoma (3).

New Jersey (Overlook Hospital Summit) - Synovial sarcoma, monophasic type (3).

New York - Synovial sarcoma (4).

Massachusetts (Berkshire Med Ctr) - Synovial sarcoma.

Maine (Bangor) - Synovial sarcoma.

Connecticut - Synovial sarcoma.

Australia (Sydney) - Synovial sarcoma.

Japan (Shimada-Kyoto) - Synovial sarcoma.

DIAGNOSIS:

MONOPHASIC SYNOVIAL SARCOMA, RIGHT THIGH

TY9100, M90403

CONSULTATION:

Christopher D. M. Fletcher, M.D. Harvard Medical School. “Monophasic Synovial Sarcoma.”

REFERENCES:


