CALIFORNIA TUMOR TISSUE REGISTRY

LOS ANGELES COUNTY - UNIVERSITY OF SOUTHERN CALIFORNIA

PROTOCOL

FOR

MONTHLY STUDY SLIDES

MAY 1987

GENERAL PATHOLOGY

CASES SUBMITTED BY

SANTA BARBARA COTTAGE HOSPITAL, SANTA BARBARA, CALIFORNIA
CONTRIBUTOR: R. M. Failing, M. D. 
Santa Barbara, California

MAY 1987 - CASE NO. 1

TISSUE FROM: Epiglottis

ACCESSION NO. 18816

CLINICAL ABSTRACT:

History: A 53-year-old man was admitted because of a lump in his throat and difficulty swallowing for 3 months. He had been hoarse but did not have a sore throat.

Physical examination: A large, soft mass was present at the right edge of the epiglottis.

SURGERY: (September 8, 1970)

The mass was excised.

GROSS PATHOLOGY:

Submitted was a tense pink nodule 0.4 cm. in diameter, weighing 24 grams. There was a transparent capsule with prominent vascular markings. The cut surface was soft, fatty, and pink with irregular clefts and islands of tough white fibrous tissue.
CONTRIBUTOR: R. M. Failing, M. D.  
Santa Barbara, California  
MAY 1987 - CASE NO. 2

TISSUE FROM: Mediastinum  
ACCESSION NO. 18327

CLINICAL ABSTRACT:

History: A 55-year-old man was admitted for acute chest pain resembling that of myocardial infarction. An EKG was normal. Esophagoscopy, bronchoscopy, scalene lymph node biopsy, and cytology studies showed no evidence of malignancy.

Radiographs: Chest x-ray showed widening of the aortic arch area. Bronchogram and aortogram showed a mediastinal mass compressing the left upper lobe. An aortic aneurysm was not present.

SURGERY: (November 3, 1969)

An anterior and left mediastinal mass was resected.

GROSS PATHOLOGY:

Submitted was a bosselated mass of soft rubbery tissue measuring 11 x 6 x 4 cm. and weighing 120 grams. The cut surface was pink-white, fleshy and lobulated with anthracotic clefts. The lobules were separated by fibrous bands.
CONTRIBUTOR:  W. E. Carroll, M. D.  
Santa Barbara, California  

Tissue FROM:  Thigh, inguinal lymph node  

ACCESSION NO. 25107  

MAY 1987 - CASE NO. 3 & 4  

Clinical Abstract:  

History:  A 52-year-old man presented with a cutaneous mass in the 
right upper thigh of unknown duration in December 1983 (case 3).  Following 
removal of this lesion, he was well until September 1986, when he presented 
with a 4 x 3 cm. firm nodule in the inguinal region of 2 months' duration 
(case 4).  

Surgery:  

(December 7, 1983):  The skin lesion was excised.  

(November 10, 1986):  A superficial and deep iliac node dissection was per­formed.  

Gross Pathology:  

Case 3 - Submitted was a 4.8 x 2.1 cm. ellipse of skin with a central gray-white nodule 1.9 cm. in diameter.  The cut surface was gray-white, with gross extension to the deep margin.  

Case 4 - Submitted were multiple hard lymph nodes ranging from 0.5 to 2.5 cm. in diameter.  The cut surfaces were pink-gray and mucoid with soft yellow areas.
CLINICAL ABSTRACT:

History: A 21-year-old woman was evaluated for a right foot mass of several month's duration. The patient had a lifelong history of epidermolysis bullosa dystrophica, with extensive scarring, milia, nail changes, mucous membrane lesions, retarded growth and development, deficient subcutaneous fat, and dental abnormalities. She underwent colonic transposition for esophageal stricture, as well as multiple other operations to release scar tissue.

Physical examination: A circumscribed exophytic keratotic gray lesion was present on the medial right foot.

SURGERY: (October 21, 1985)

The foot lesion was excised down to fascia and a full thickness skin graft was placed.

GROSS PATHOLOGY:

Submitted was an oval fragment of skin measuring 5.1 x 4.0 x 1.0 cm. The surface showed a nodular, keratotic gray lesion which was surrounded by a rim of thickened white skin.
CONTRIBUTOR: P. L. Morris, M. D. 
Santa Barbara, California 

MAY 1987 - CASE NO. 6

TISSUE FROM: Thyroid gland 

ACCESSION NO. 25373

CLINICAL ABSTRACT:

History: A 78-year-old man was found to have a thyroid nodule. Thirty-eight years before, he was told he was hypothyroid on the basis of low protein-bound iodide, and he received thyroid preparations for 1 1/2 years. Four years previously, he was thought to have a nodular goiter. Five months before admission, a hard mass was noted the left lobe of the thyroid. Serum T4 was 4.1 mcg/dl, antimicrosomal antibody titer was 1:25,600, and a thyroid scan was normal. He received Synthroid, 0.2 mg./day for three months without change in the nodule.

Physical examination: Pulse 60 and regular, BP 170/85. The left lobe of the thyroid was firm, non-tender, and enlarged to 1.5 cm.

SURGERY: (December 14, 1984)

A left hemithyroidectomy and isthmectomy were performed.

GROSS PATHOLOGY:

The left lobe of the thyroid weighed 9 grams and measured 5.0 x 3.5 x 1.5 cm. The cut surface was firm to hard, gray-tan and distinctly nodular.
CLINICAL ABSTRACT:

History: A 78-year-old man presented with erythema, roughening, and thickening of the perianal skin for 6 months. For several years, the patient had fecal soilage of the perineum with chronic perianal dermatitis. There was no evidence of neurologic impairment of bowel function, and a gastrointestinal series and fasting blood sugar were normal.

Physical examination: The perianal skin was erythematous and thickened. There was no abnormality of the rectum to palpation or on proctoscopy.

SURGERY: (June 10, 1983)

The affected skin was excised.

GROSS PATHOLOGY:

Submitted was an ellipse of skin measuring 9.5 x 2.7 cm. There was a central lesion measuring 6.2 x 1.5 cm., which was wrinkled, and opaque, but not ulcerated.
CONTRIBUTOR: Gary Ponto, M. D.  
Santa Barbara, California  

MAY 1987 - CASE NO. 8  

TISSUE FROM: Parotid gland  

ACCESSION NO. 24403  

CLINICAL ABSTRACT:

History: A 53-year-old woman had a painless left parotid gland mass for an unknown duration. About two weeks prior to surgery, she first noted pain. 

SURGERY: (November 3, 1981)  

A superficial parotidectomy was performed.  

GROSS PATHOLOGY:  

A 3.7 x 2.5 x 2.5 cm., lobulated, homogeneous tan mass was present in the gland.
CLINICAL ABSTRACT:

History: A 23-year-old caucasian female was found during a C-section to have subserosal nodules on the rectosigmoid. Two of these were biopsied six months prior to the surgery.

SURGERY: (May 12, 1986)

A low anterior resection was performed.

GROSS PATHOLOGY:

Submitted was a 10 cm. segment of large bowel showing multiple rubbery, firm, tan-brown nodules in the subserosa measuring from 1.4 to 3.5 cm. A larger, similar appearing mass involving the entire wall of bowel measured 3.8 x 5.5 cm.
CONTRIBUTOR: R. M. Failing, M. D.  
Santa Barbara, California

TISSUE FROM: Adrenal

ACCESSION NO. 18655

CLINICAL ABSTRACT:

History: A 65-year-old Caucasian male was admitted for evaluation of an asymptomatic abdominal mass. Abdominal angiography showed a large avascular mass displacing the spleen superiorly and inferiorly.

Physical examination: Noncontributory

SURGERY: (February 28, 1967)

A left adrenalectomy and splenectomy were performed.

GROSS PATHOLOGY:

Submitted was a large, ovoid, fluctuant, cystic mass weighing 2150 grams and measuring 20 x 14.6 x 13.5 cm. Stretched over one pole was adrenal gland tissue, the cortex measuring 0.1 cm. in thickness. Sections revealed a unilocular cystic mass filled with dark red material. The cyst wall was fibrous, varying in thickness from 0.2 to 0.5 cm., with the inner cyst wall bring smooth yellow and glistening.
CONTRIBUTOR: D. R. Dickson, M. D.  
Santa Barbara, California  
MAY 1987 - CASE NO. 11

TISSUE FROM: Cerebrum  
ACCESSION NO. 25903

CLINICAL ABSTRACT:

History: An 80-year-old diabetic Caucasian male was admitted for progressive mental deterioration. The patient had a past history of hypertension, an aortic valve replacement 1979, and prostatic hypertrophy. The patient died in the hospital shortly diagnosis after admission.

AUTOPSY: (September 29, 1986)

At postmortem examination the brain contained a fleshy, necrotic neoplasm measuring 13 x 6 x 4 cm. involving the left temporal and occipital lobes with extension through the left temporal bone and extension 1.2 cm. across the midline of the corpus collosum at the level of the pineal. Adjacent to the main cerebral tumor mass, there was a 1.5 x 1.0 x 0.9 cm. fleshy red granular dural mass which blends with the main tumor mass. Vertebral marrow and liver metastases were also noted.
CONTRIBUTOR: P. L. Morris, M. D.  
Santa Barbara, California

MAY 1987 - CASE NO. 12

TISSUE FROM: Back

ACCESSION NO. 25249

CLINICAL ABSTRACT:

History: A 77-year-old woman had a soft tissue mass over the back for several months.

SURGERY: (April 26, 1984)

The mass was excised. It was removed from the fascia overlying the back muscles.

GROSS PATHOLOGY:

The specimen consisted of an oval mass of fatty tissue measuring 4.0 x 4.0 cm. Sectioning revealed a fairly well circumscribed, firm, grey-white, homogeneous mass measuring 2.5 cm. in greatest dimension.
STUDY GROUP CASES
FOR
MAY 1987

CASE NO. 1 - ACCESSION NO. 18816

LOS ANGELES: Pseudotumor (reactive) - 4; fibromyxolipoma - 6
SEATTLE: Peculiar fibrolipoma with inflammation, benign - 5
LONG BEACH: Nerve sheath myxoma - 5, nodular fascitis - 2
MARTINEZ: Myxofibrolipoma - 8
OAKLAND: Inflammatory pseudotumor, right edge epiglottis - 4; lipoma with myxoid degeneration - 2; myxoma - 2
INDIANA: Inflammatory pseudotumor - 2; mucinous (myxoid) degeneration - 2
FRESNO: Hamartoma - 4
SANTA BARBARA: Hamartoma of epiglottis - 1; myxoma - 2; pseudotumor - 3
SAN BERNARDINO (INLAND): Myxomatous hamartoma - 4; myxoma - 3
RENO: Amyloid tumor - 3; myxoid neurofibroma - 3
SAN FRANCISCO: Myxoid neurofibroma - 3; schwannoma - 1; benign mesenchymal tumor - 2

FOLLOW-UP:
Lost to follow-up

SPECIAL STAINS:
Tumor cells were negative for S-100 protein, but contained large amounts of acid mucin which completely disappeared with hyaluronidase predigestion. Giemsa stains revealed large numbers of plasma cells and mast cells.

FILE DIAGNOSIS:
Inflammatory pseudotumor, epiglottis
X-file: Hamartoma
CASE NO. 2 - ACCESSION NO. 18327

LOS ANGELES: Oat cell carcinoma - 4; thymoma - 5
SEATTLE: Small cell carcinoma - 5
LONG BEACH: Thymoma (malignant) - 5, undifferentiated thymic carcinoid - 2
MARTINEZ: Thymoma, spindle cell type - 8
OAKLAND: Thymic carcinoid, left anterior mediastinal mass - 5; small cell carcinoma, thymus - 2; neuroendocrine tumor - 1
INDIANA: Small cell undifferentiated carcinoma - 3; spindle cell thymoma - 1
FRESNO: Small cell undifferentiated carcinoma - 3, malignant thymoma - 1
SANTA BARBARA: Malignant thymoma - 6
SAN BERNARDINO (INLAND): Thymoma - 7
RENO: Spindle cell thymoma - 4; anaplastic small cell carcinoma - 2
SAN FRANCISCO: Thymoma - 6

FOLLOW-UP:

The patient received radiotherapy to the chest. He was well as of June 1970.

SPECIAL STAINS:

Tumor cells were strongly positive for neuron specific enolase. Rare, large cytoplasmic cells were positive for keratin, but the predominant cell population was negative for keratin.

FILE DIAGNOSIS:

Small cell undifferentiated carcinoma, mediastinum

REFERENCES:


LOS ANGELES: Squamous carcinoma - 5; porocarcinoma - 5

SEATTLE: Carcinoma of skin, perhaps skin appendage tumor type - 5

LONG BEACH: Malignant eccrine poroma (porocarcinoma) - 7

MARTINEZ: Malignant melanoma with metastasis to inguinal lymph node - 8

OAKLAND: Malignant eccrine poroma, right upper thigh - 7; malignant skin adnexal tumor with subaceous differentiation - 1

INDIANA: Sweat gland carcinoma - 3; squamous cell carcinoma - 1

FRESNO: Malignant eccrine poroma - 4

SANTA BARBARA: Skin: Malignant melanoma - 4; carcinoma - 4

SAN BERNARDINO (INLAND): Adenocarcinoma of eccrine sweat ducts - 7

RENO: Malignant eccrine poroma - 6

SAN FRANCISCO: Undifferentiated squamous carcinoma or melanoma - 1; pleomorphic malignant poroma - 4

FOLLOW-UP:

The patient has not been readmitted to the hospital since the last surgery, and has refused additional therapy.

FILE DIAGNOSIS:

Eccrine porocarcinoma, inguinal lymph node

REFERENCES:


CASE NO. 4 - ACCESSION NO. 25107

MAY 1987

LOS ANGELES: Metastatic poorly differentiated squamous cell carcinoma - 5; metastatic porocarcinoma - 5

SEATTLE: Carcinoma of skin, perhaps skin appendage tumor type - 5

LONG BEACH: Malignant eccrine poroma (porocarcinoma) - 7

MARTINEZ: Malignant melanoma with metastasis to inguinal lymph node - 8

OAKLAND: Metastatic dedifferentiated eccrine poroma, inguinal lymph node - 7; Metastatic malignant skin adnexal tumor with sebaceous differentiation - 1

INDIANA: Metastatic adenocarcinoma, consistent with sweat gland origin - 3; metastatic squamous cell carcinoma - 1

FRESNO: Metastatic carcinoma - 4

SANTA BARBARA: Lymph node: Metastatic malignant melanoma - 4; metastatic carcinoma - 2

SAN BERNARDINO (INLAND): Metastatic adenocarcinoma in lymph node from eccrine adenocarcinoma - 7

RENO: Metastatic malignant eccrine poroma - 6

SAN FRANCISCO: Undifferentiated squamous carcinoma or melanoma - 1; pleomorphic malignant poroma - 4

FOLLOW-UP:

See case no. 3

FILE DIAGNOSIS:

Metastatic eccrine porocarcinoma, inguinal lymph node

REFERENCES:

See case no. 3
CASE NO. 5 - ACCESSION NO. 25588

MAY 1987

LOS ANGELES: Verrucous carcinoma - 10

SEATTLE: Metastatic carcinoma exclude melanoma - 5

LONG BEACH: Verrucous squamous cell carcinoma (epithelioma cuniculatum) - 7

MARTINEZ: Verruca Vulgaris - 1; squamous cell carcinoma, verrucous type - 1; keratoacanthoma - 6

OAKLAND: Low grade verrucous carcinoma, skin, right foot - 8

INDIANA: Squamous cell carcinoma, well differentiated (verrucous carcinoma) - 3; benign keratosis - 1

FRESNO: Well differentiated squamous cell carcinoma - 4

SANTA BARBARA: Well differentiated squamous cell carcinoma - 2; verrucous carcinoma - 1; keratoacanthoma - 1; benign keratotic lesion - 2

SAN BERNARDINO (INLAND): Well differentiated squamous cell carcinoma - 7

RENO: Squamous carcinoma - 3; epithelial hyperplasia - 3

SAN FRANCISCO: Verrucous carcinoma - 6

FOLLOW-UP:

No additional information regarding this patient.

FILE DIAGNOSIS:

Verrucous carcinoma, foot

REFERENCES:


CASE NO. 6 - ACCESSION NO. 25373

MAY 1987

LOS ANGELES: Hashimoto's thyroiditis, fibrous variant - 10
SEATTLE: Plasma cell thyroiditis with fibrosis - 5
LONG BEACH: Hashimoto's thyroiditis - 7
MARTINEZ: Hashimoto's thyroiditis - 4; chronic thyroiditis - 4
OAKLAND: Hashimoto's disease, left lobe thyroid - 7; chronic thyroiditis - 1
INDIANA: Hashimoto's thyroiditis, fibrosing variant - 3; Riedel's struma - 1
FRESNO: Hashimoto's thyroiditis - 4
SANTA BARBARA: Hashimoto's thyroiditis - 5; plasmacytoma - 1
SAN BERNARDINO (INLAND): Hashimoto's thyroiditis - 7
RENO: Autoimmune thyroiditis - 6
SAN FRANCISCO: Hashimoto thyroiditis - 6

FOLLOW-UP:

Patient seen 6 months ago in good health without complaints.

FILE DIAGNOSIS:

Hashimoto's thyroiditis, thyroid gland

REFERENCES:


The patient presented in April 1987 with an anal canal polyp. The polyp was excised and proved to be a poorly differentiated adenocarcinoma.

FILE DIAGNOSIS:

Paget's disease, perianal skin

REFERENCES:


CASE NO. 8 - ACCESSION NO. 24403

MAY 1987

LOS ANGELES: Oncocytoma - 10

SEATTLE: Oncocytoma with focal inflammatory change - 5

LONG BEACH: Oncocytic adenoma - 7

MARTINEZ: Oxyphilic adenoma (oncocytoma) - 8

OAKLAND: Oxyphilic adenoma, left parotid - 8

INDIANA: Oxyphilic adenoma - 4

FRESNO: Oncocytoma - 4

SANTA BARBARA: Oxyphilic adenoma - 6

SAN BERNARDINO (INLAND): Oncocytoma - 7

RENO: Oncocytoma - 6

SAN FRANCISCO: Oncocytoma - 6

FOLLOW-UP:

No follow-up available.

FILE DIAGNOSIS:

Oncocytoma, parotid gland

REFERENCES:


CASE NO. 9 - ACCESSION NO. 25711

LOS ANGELES: Neurilemmoma, benign - 10

SEATTLE: Nerve sheath tumor appearing benign - 5

LONG BEACH: Schwannoma - 7

MARTINEZ: Neurilemmoma in patient with neurofibromatosis - 8

OAKLAND: Plexiform neurilemmoma, rectosigmoid - 6; plexiform neurofibroma - 2

INDIANA: Schwannoma (multiple by history, ?neurofibromatosis) - 4

FRESNO: Neurilemmoma (schwannoma) - 4

SANTA BARBARA: Benign schwannoma - 5; schwannoma like leiomyoma - 1

SAN BERNARDINO (INLAND): Neurilemmoma - 6, leiomyoma with neurilemmomatous metaplasia - 1

RENO: Schwannoma - 6

SAN FRANCISCO: Neurilemmoma - 6

FOLLOW-UP:

No follow-up available.

SPECIAL STAINS:

Tumor cells were positive for S-100 protein.

FILE DIAGNOSIS:

Neurilemmoma, rectosigmoid

REFERENCES:

LOS ANGELES: Organizing hematoma - 7; adrenal cyst - 3

SEATTLE: Adrenal cyst - 5

LONG BEACH: Adrenal cortical cyst - 4; chronic expanding hematoma - 3

MARTINEZ: Adrenal cyst - 8

OAKLAND: Pseudocyst, left adrenal - 7; cyst-adrenal, kidney, or pancreas - 1

INDIANA: Hemorrhagic adrenal cyst - 3; cystic renal cell carcinoma - 1

FRESNO: Adrenal gland cyst - 3; organizing hematoma - 1

SANTA BARBARA: Adrenal pseudocyst - 6

SAN BERNARDINO (INLAND): Adrenal cyst - 7

RENO: Adrenal cyst - 6

SAN FRANCISCO: Benign adrenal cyst - 6

FOLLOW-UP:

Lost to follow-up.

FILE DIAGNOSIS:

Adrenal cyst

REFERENCES:


CASE NO. 11 - ACCESSION NO. 25903

LOS ANGELES: Glioblastoma multiforme - 7; gliosarcoma - 3

SEATTLE: Glioblastoma multiforme - 4; gliosarcoma - 1

LONG BEACH: Glioblastoma - 5; glioblastoma with metastatic small cell carcinoma - 2

MARTINEZ: Glioblastoma multiforme - 4; metastatic small cell carcinoma - 4

OAKLAND: Metastatic carcinoma, NOS, cerebrum - 4; glioblastoma multiforme - 2; metastatic neuroendocrine carcinoma - 2

INDIANA: Glioblastoma - 3; metastatic small cell undifferentiated carcinoma - 1

FRESNO: Glial sarcoma - 4

SANTA BARBARA: Metastatic small cell carcinoma - 3; glioblastoma multiforme - 3

SAN BERNARDINO (INLAND): Sarcoma (NOS) - 4; glioblastoma multiforme - 3

RENO: Glioblastoma multiforme - 3; undifferentiated sarcoma - 3

SAN FRANCISCO: Malignant glioma with mesenchymal differentiation - 3; glial sarcoma? glioblastoma? metastatic lesion - 2

FOLLOW-UP:

Autopsy case.

FILE DIAGNOSIS:

Glioblastoma multiforme, cerebrum

REFERENCES:


LOSE ANGELES: Malignant fibrous histiocytoma - 10
SEATTLE: Leiomyosarcoma of subcutaneous tissue - 3; malignant fibrous histiocytoma - 2
LONG BEACH: Malignant fibrous histiocytoma - 7
MARTINEZ: Liposarcoma, pleomorphic - 7; malignant fibrous histiocytoma - 1
OAKLAND: High grade malignant fibrous histiocytoma, back - 8
INDIANA: Malignant fibrous histiocytoma - 3; nodular fasciitis - 1
FRESNO: Malignant fibrous histiocytoma - 3; liposarcoma - 1
SANTA BARBARA: Liposarcoma - 1; malignant fibrous histiocytoma - 5
SAN BERNARDINO (INLAND): Malignant fibrous histiocytoma - 5; liposarcoma - 2
RENO: Malignant fibrohistiocytoma - 6
SAN FRANCISCO: Malignant fibrous histiocytoma - 6

FOLLOW-UP:
The patient received a course of radiation therapy for this lesion. In 1985 she developed infiltrating ductal carcinoma of the right breast with negative axillary nodes. Last seen 6 months ago in good health.

SPECIAL STAINS:
Tumor cells were positive for vimentin but negative for S-100 protein and desmin.

FILE DIAGNOSIS:
Malignant fibrous histiocytoma, back

REFERENCES:


