CALIFORNIA TUMOR TISSUE REGISTRY
LOMA LINDA UNIVERSITY
PROTOCOL
FOR
MONTHLY STUDY SLIDES
JANUARY 1995
GENERAL PATHOLOGY
CONTRIBUTOR: Donald Rankin, M.D.
Fontana, CA

TISSUE FROM: Nodule, lower back

CASE NO. 1 - January 1995
ACCESSION #27618

CLINICAL ABSTRACT:

History: This 29-year-old male presented with a 2.0 cm nodule on his lower back, which had been present for several years. A biopsy four years previously was diagnosed as dermatofibroma. Since that time the lesion has returned and continued to expand.

SURGERY: 10/05/94

Excisional biopsy of the lower back

GROSS PATHOLOGY:

The segment of skin contained a 1.7 x 1.7 cm mushroom-like mass which was partially elevated above the surrounding skin. The bulk of the lesion was dermal. On cut sections it was fleshy white.
CLINICAL ABSTRACT:

History: This 65-year-old man presented with a mass on left chest. The mass had increased in size over several weeks.

SURGERY: 08/03/94

Excision of left chest wall mass.

GROSS PATHOLOGY:

The 5.0 x 3.5 x 3.0 cm specimen consisted of fatty breast tissue containing a fairly well demarcated 3.2 cm gray to yellow nodule.
CONTRIBUTOR: M. L. Bassis, M.D.  
San Francisco, CA

CASE NO. 3 - January 1995

TISSUE FROM: Left arm

ACCESSION #21000

CLINICAL ABSTRACT:

History: This 65-year old, Black, female presented with a two month history of a painful lump in the posterior aspect of the left upper arm. The lump was tender but remained unchanged in size. Past history included a lymphoma (diagnosed 3 years earlier following left upper jugular lymph node biopsy) and nodular goiter with partial thyroidectomy 1 year earlier.

SURGERY: 12/19/67

Excision of mass, posterior aspect of the left arm.

GROSS PATHOLOGY:

A 6.5 x 3.5 x 3.5 cm piece of skeletal muscle had a 2.5 x 1.5 cm central tough gray interstitial fibrous-like reaction. The muscle strands were still visible throughout most of that region, however.
CONTRIBUTOR: Philip G. Robinson, M.D.  
Boynton Beach, FL

TISSUE FROM: Right neck mass

CLINICAL ABSTRACT:

History: This 84-year-old Caucasian female presented with a mass in the upper portion of the sternocleidomastoid border on the right side of the neck. The lesion had grown significantly in size for about 1 1/2 years. It was hard and appeared to be fixed to surrounding structures. A nasopharyngeal and cervical examination did not localize any primary tumors in the oropharynx. She had no past history of any neoplastic disease.

SURGERY: 06/27/94

Excision of right neck mass.

GROSS PATHOLOGY:

This 3.4 x 2.2 x 1.8 cm nodule of reddish tissue had a golden yellow, somewhat lobulated cut surface. The tissue was soft and somewhat friable.
CONTRIBUTOR: M. Rose Akin, M.D.  
Loma Linda, California

TISSUE FROM: Right maxillary-nasal wall

CLINICAL ABSTRACT:

History: This 58-year-old female presented with a long-standing history of sinus problems. Her main complaints were of sinus headaches and difficulty breathing through the right side of her nose. She had a history of nasal polyps being removed four years earlier. She now complained of almost total right nasal obstruction. A huge right nasal polyp was seen on physical examination with almost 100% obstruction of the right side of the nose. The left side of the nose demonstrated large turbinates but no immediately apparent polyps. CT scan of the paranasal sinuses showed total obliteration of the right ethmoid sinus and a soft tissue density along the right nasal passage with soft tissue extending into the medial aspect of the right maxillary sinus.

SURGERY: (January 17, 1994)

Right medial maxillectomy.

GROSS PATHOLOGY:

This 25 gram specimen consisted of an 8.0 x 7.0 x 2.8 cm aggregate of yellow-tan tissue and nasal turbinates with intact mucosa and underlying bone.
CONTRIBUTOR: Howard E. Otto, M.D.  
Cheboygan, MI

CASE NO. 6 - January 1995

TISSUE FROM: Left breast mass  

ACCESSION #27602

CLINICAL ABSTRACT:

History: This 26-year-old female was presented with a palpable lump in the 12 o'clock position of the left breast, which she felt to be more prominent during menses. Ultrasound of the breast showed a solid, non-cystic lesion. Patient had used birth control pills for five months, earlier in the year, but had discontinued them prior to noticing the mass. She has no history of breast trauma or infection. She has never been pregnant. Her menarche was at age thirteen. There is no family history of breast carcinoma.

Physical Examination: There was a 1.5 x 2.0 cm moveable, nontender mass in the left upper outer quadrant.

SURGERY: 07/22/94

Excision of left breast mass

GROSS PATHOLOGY:

This 4.5 x 3.5 x 2.3 cm multinodular portion of gray tissue had a smooth membranous-like covering over a pale gray, soft, papillary cut surface.
CONTRIBUTOR: Farooq Ali, M.D.  
Ventura, CA

TISSUE FROM: Left breast

ACCESSION #27573

CLINICAL ABSTRACT:

History: This 49-year-old G9, P8, SAB 1 Hispanic female was evaluated for multiple masses on the left breast, the largest of which was discovered on mammogram one year previously. On ultrasound, the largest and some of the smaller masses appeared to be solid. Others of the smaller masses appeared to be cystic. She stated that she had not felt the masses until approximately 4 months ago. She reported that the largest mass and possibly some of the smaller masses appear to be increasing slowly in size and did not fluctuate with her menstrual cycles which she was still having. She has had no nipple discharge and noted no skin changes. She denies ever smoking or using alcohol or drugs. There is no history of breast cancer in the family.

Physical examination: The right breast had a 5 x 5 cm mobile, non-tender mass in the 1 o’clock position. Several smaller masses 2.0, 1.5, and 1.0 cm were also palpable. There was no nipple discharge and no puckering or change in skin over the nodules. There was no axillary adenopathy. The right breast was normal without palpable nodes or tenderness.

SURGERY: 07/14/94

Excision of left breast mass

GROSS PATHOLOGY:

The specimen consisted of a circumscribed lobular pale yellow and white mass which weighed 13.5 gm and measured 3.8 x 3.0 x 2.8 cm. There was gray-pink and white fibroconnective tissue on the external surface, forming a capsule which was intact over 90% of the mass except for a 1.0 x 0.5 cm area at the base of the mass.
CONTRIBUTOR: Mindy Cooper-Smith, M.D.  
Ojai, CA

CASE NO. 8 - January 1995

TISSUE FROM: Right ovarian mass

ACCESSION #27603

CLINICAL ABSTRACT:

History: This 17-year-old female presented with an abdominal pelvic mass. Family history is significant for her 10-year old brother currently undergoing treatment for lymphoma.

SURGERY: 09/06/94

Right salpingo-oophorectomy and appendectomy. Approximately 1400 ml of fluid was removed from the ovarian mass prior to surgical removal.

GROSS PATHOLOGY:

The partially deflated, 18.0 x 15.0 x 12.0 cm cyst included a 10.0 x 9.0 x 5.0 cm solid area consisting of soft pink tan tissue with central areas of yellow necrosis. The cyst not involved by the solid area was multilocular but one locule predominated. No normal ovary was identified. The external surface of the cystic mass was smooth and glistening and did not appear to be invaded by tumor. It had an attached 12.0 cm long, 0.6 cm diameter fallopian tube, the fimbriated end of which was stretched over the mass.
TISSUE FROM: Left calf

CLINICAL ABSTRACT:

History: This 8-year-old female presented with a 6 x 4 cm mass in the left calf which had been increasing in size.

SURGERY: 08/01/94

Excision of left calf mass

GROSS PATHOLOGY:

The 8.0 x 5.5 x 2.5 cm specimen consisted of muscular tissue with an underlying 7.5 x 5.0 x 2.0 cm firm, white, partially lobulated mass.
CLINICAL ABSTRACT:

History: This 69-year-old woman presented with an enlarging lump on her left breast which she had observed for approximately two months.

SURGERY: 08/29/94

Left modified radical mastectomy

GROSS PATHOLOGY:

The specimen consisted of the entire left breast, with axillary dissection. Present in the upper outer quadrant was a 4.5 cm diameter white mass.
MINUTES

FOR

JANUARY 1995 MONTHLY STUDY SET

"GENERAL PATHOLOGY"

Suggested Reading:


CASE NO. 1, ACCESSION NO. 27618

SAN BERNARDINO (INLAND) - Giant cell fibroblastoma (4); Keloid with recurrent fibrous histiocytoma (1).

LA MESA - Cutaneous fibrous histiocytoma (6).

LONG BEACH - Hyalinized dermotofibroma (7).

SAN DIEGO - Fibrohistiocytic lesion favor giant cell fibroblastoma (3); Fibrohistiocytic tumor (8).

SANTA BARBARA - Elastofibroma (3)

SANTA ROSA - Benign fibrocollagenous tumor (keloid like), r/o collagenoma (1); Collagenous (connective tissue nevus), r/o elastoma (1).

OAKLAND - Ancient schwannoma (2); Sclerosing nevus (2).

PLEASANTON - Keloid (6); Fibroma (2).

MARYLAND - Pleomorphic fibroma (7); Benign fibroblastic proliferation with multinucleated giant cells (2).

NEW JERSEY - Cutaneous fibrous histiocytoma, benign (3).

JAPAN - Sclerosing hemangioma (1).

OKINAWA - Benign fibrohistiocytic tumor (2); Extra-abdominal desmoid (1).

SACRAMENTO - Keloid (10).

NEBRASKA (OMAHA) - Hypertrophic scar.

TENNESSEE - Pleomorphic fibroma.

DIAGNOSIS:

GIANT CELL FIBROBLASTOMA, LOWER BACK

REFERENCES:


Case #1, January 1995

REFERENCES:


SAN BERNARDINO (INLAND) - Well-differentiated liposarcoma (5).

LA MESA - Pleomorphic lipoma (6).

LONG BEACH - High grade liposarcoma (7).

SAN DIEGO - Pleomorphic lipoma (6); Pleomorphic liposarcoma (5).

SANTA BARBARA - Myxoid liposarcoma (3).

SANTA ROSA - Atypical lipoma vs liposarcoma (1); Atypical lipoma, r/o low grade liposarcoma (1).

OAKLAND - Liposarcoma, well-differentiated (4).

PLEASANTON - Lipoma-like liposarcoma (6); Pleomorphic lipoma (2).

MARYLAND - Well-differentiated (lipoma-like) liposarcoma (8); Pleomorphic lipoma (1).

NEW JERSEY - Liposarcoma (2); Dedifferentiated liposarcoma (1).

JAPAN - Pleomorphic liposarcoma (1).

OKINAWA - Pleomorphic liposarcoma (3).

SACRAMENTO - Well-differentiated liposarcoma (atypical lipoma).

NEBRASKA (OMAHA) - Liposarcoma, well-differentiated.

TENNESSEE - Well-differentiated liposarcoma

DIAGNOSIS:

LIPOSARCOMA BREAST, WELL-DIFFERENTIATED
T04000/M88513

REFERENCES:


CASE NO. 3, ACCESSION NO. 21000

SAN BERNARDINO (INLAND) - Proliferative myositis (5).

LA MESA - Proliferative myositis (6).

LONG BEACH - Proliferative myositis (7).

SAN DIEGO - Proliferative myositis (11).

SANTA BARBARA - Rhabdomyosarcoma (3).

SANTA ROSA - Proliferative myositis (2).

OAKLAND - Proliferative myositis (4).

PLEASANTON - Myositis proliferans (8).

MARYLAND - Proliferative myositis (9).

NEW JERSEY - Fibromatosis (1); Proliferative myositis (1).

JAPAN - Proliferative myositis (1).

OKINAWA - Proliferative myositis (3).

SACRAMENTO - Proliferative myositis.

NEBRASKA (OMAHA) - Proliferative myositis.

TENNESSEE - Proliferative myositis.

FOLLOW-UP:

Patient expired 08/11/72.

DIAGNOSIS:

PROLIFERATIVE MYOSITIS, LEFT ARM
TY8000/M46780

REFERENCES:


Case #3, January 1995

REFERENCES:

SAN BERNARDINO (INLAND) - Acinic cell carcinoma, clear cell type (5).

LA MESA - Warthin's tumor with sebaceous metaplasia (6).

LONG BEACH - Acinic cell carcinoma (5); Oncocytic tumor (2).

SAN DIEGO - Low grade papillary adenocarcinoma of salivary gland (8); Low grade mucoepidermoid carcinoma (2); Acinic cell carcinoma (1).

SANTA BARBARA - Acinic cell adenocarcinoma (3).

SANTA ROSA - Papillary carcinoma, variant acinic cell carcinoma (1); Acinic cell carcinoma, cystic and papillairy type (1).

OAKLAND - Acinic cell adenocarcinoma (4)

PLEASANTON - Acinic cell carcinoma (6). Warthin's (2).

MARYLAND - Oncocytoma arising in a Warthin's tumor (7); Oncocytic neoplasm with papillary features (2).

NEW JERSEY - Epithelial-myoepithelial carcinoma (2); Acinic cell tumor (1).

JAPAN - Monomorphic adenoma (1).

OKINAWA - Acinic cell carcinoma, clear cell variant (3).

SACRAMENTO - Acinic cell carcinoma - low grade.

NEBRASKA (OMAHA) - Monomorphic adenoma.

TENNESSEE - Sebaceous lymphadenoma.

OUTSIDE CONSULTATION:

John G. Batsakis, M.D. - The tumor is primary in the parotid and generically a clear cell neoplasm. Its encephaloid protrusion and lobular growth pattern suggest an epimyoepithelial carcinoma. Warthin's tumor is also present.

SPECIAL STAINS:

Keratin - no immunoreactivity except in ducts
S-100 - Clear cell are positive
Mucin - negative
Case #4, January 1995

DIAGNOSIS:

EPITHELIAL-MYOEPIEPITHELIAL CARCINOMA, PAROTID

REFERENCES:


SAN BERNARDINO (INLAND) - Schneiderian (inverted) papilloma (4); Schneiderian papilloma with carcinoma in-situ (1).

LA MESA - Schneiderian papilloma (6).

LONG BEACH - Schneiderian papilloma (7). Cylindrical cell papilloma (12).

SAN DIEGO - Cylindrical cell papilloma (12).

SANTA BARBARA - Schneiderian papilloma (3).

SANTA ROSA - Inverting papilloma, r/o odd form fungiform papilloma (1); Schneiderian papilloma, fungiform type (1).

OAKLAND - Schneiderian papilloma (4).

PLEASANTON - Schneiderian polyp or papilloma (8).

NEW JERSEY - Schneiderian papilloma (3).

MARYLAND - Cylindrical cell papilloma (7); Inverted (Schneiderian) papilloma (2).

JAPAN - Inverted papilloma (1).

OKINAWA - Schneiderian papilloma (3).

SACRAMENTO - Cylindrical cell papilloma.

NEBRASKA (OMAHA) - Schneiderian polyps.

TENNESSEE - Inverted papilloma.

FOLLOW-UP:

The patient is doing well and has had no complaints.

DIAGNOSIS:

SCHNEIDERIAN PAPILLOMA, RIGHT MAXILLARY NASAL WALL
T2X120/M81210

REFERENCES:


REFERENCES:


SAN BERNARDINO (INLAND) - Phyllodes tumor, benign (5).

LA MESA - Low-grade phyllodes tumor (6).

LONG BEACH - Phyllodes tumor of low grade malignant potential (7).

SAN DIEGO - Phyllodes tumor (3); Benign phyllodes tumor (3); Borderline phyllodes tumor (4); Malignant phyllodes tumor (2).

SANTA BARBARA - Benign phyllodes tumor (3).

SANTA ROSA - Phyllodes tumor (2).

OAKLAND - Phyllodes tumor (4).

PLEASANTON - Phyllodes tumor, high grade (4); Phyllodes tumor, low grade (4).

MARYLAND - Phyllodes tumor, low grade (9).

NEW JERSEY - Phyllodes tumor, malignant (3).

JAPAN - Benign phyllodes tumor (1).

OKINAWA - Phyllodes tumor (3).

SACRAMENTO - Benign phyllodes tumor.

NEBRASKA (OMAHA) - Phyllodes tumor, benign.

TENNESSEE - Phyllodes tumor of borderline malignancy.

OUTSIDE CONSULTATION:

Charles N. Iknayan, M.D. - Phyllodes tumor of the breast.

DIAGNOSIS:

PHYLLODES TUMOR, BREAST
T0400/M90201

REFERENCES:


REFERENCES:


SAN BERNARDINO (INLAND) - Fibroadenoma (5).

LA MESA - Cellular ("Juvenile") fibroadenoma (6).

LONG BEACH - Phyllodes tumor, benign (5); Giant fibroadenoma (2).

SAN DIEGO - Cellular fibroadenoma (7); Benign phyllodes tumor (6).

SANTA BARBARA - Fibroadenoma, intracanicular (3).

SANTA ROSA - Giant fibroadenoma (1); Fibroadenoma (1).

OAKLAND - Fibroadenoma (4).

PLEASANTON - Fibroadenoma (7); Phyllodes tumor (1).

MARYLAND - Cellular fibroadenoma (9).

NEW JERSEY - Phyllodes tumor, benign (2); Fibroadenoma (1).

JAPAN - Fibroadenoma (1).

OKINAWA - Fibroadenoma (3).

SACRAMENTO - Fibroadenoma (9); Benign phyllodes tumor (1).

NEBRASKA (OMAHA) - Fibroadenoma.

TENNESSEE - Fibroadenoma.

FOLLOW-UP:

The patient's wound is doing well.

DIAGNOSIS:

JUVENILE FIBROADENOMA, BREAST
T04000/M90300

REFERENCES:


CASE NO. 8, ACCESSION NO. 27603

SAN BERNARDINO (INLAND) - Papillary adenocarcinoma, NOS (4); Oxyphilic clear cell carcinoma (1).

LA MESA - Cystadenocarcinoma (6).

LONG BEACH - Adenocarcinoma with endometrioid features (7).

SAN DIEGO - Papillary adenocarcinoma (4); Endometrioid adenocarcinoma (1); Serous papillary carcinoma (7).

SANTA BARBARA - Papillary adenocarcinoma (3).

SANTA ROSA - Papillary hurte cell neoplasm (ex struma ovarii?) (1); Papillary carcinoma, probable endometrial carcinoma, r/o hepatoid carcinoma and malignant struma ovarii (1).

OAKLAND - Adenocarcinoma, NOS (3); Serous papillary adenocarcinoma (1).

PLEASANTON - Endometrioid carcinoma (5); Adenocarcinoma, NOS (2); Papillary serous carcinoma, high grade, oncocytic change (1).

MARYLAND - Mixed serous and mucinous carcinoma (6); Mucinous carcinoma (2); Metastatic colonic adenocarcinoma (1).

NEW JERSEY - Endometrioid carcinoma of ovary (3).

JAPAN - Endometrioid carcinoma (1).

OKINAWA - High grade serous papillary carcinoma (3).

SACRAMENTO - Serous carcinoma at LMP with foci at invasion.

NEBRASKA (OMAHA) - Mucinous cystadenocarcinoma.

TENNESSEE - Endometrioid adenocarcinoma.

SPECIAL STAINS:

Mucicarmine - positive.

DIAGNOSIS:

MUCINOUS CYSTADENOCARCINOMA, OVARY
T87000/M84703
REFERENCES:


SAN BERNARDINO (INLAND) - Embryonal rhabdomyosarcoma (3); Primitive neuroectodermal tumor (2).

LA MESA - Small round cell tumor, favor primitive neuroepithelial tumor (6).

LONG BEACH - Alveolar rhabdomyosarcoma (7).

SAN DIEGO - Malignant blue cell tumor of childhood (12).

SANTA BARBARA - Embryonal rhabdomyosarcoma (3).

SANTA ROSA - Rhabdomyosarcoma (?) (1); Small round cell malignancy c/w rhabdomyosarcoma, r/o lymphoma, soft tissue Ewings, etc.

OAKLAND - Embryonal rhabdomyosarcoma (4).

PLEASANTON - PNET or Ewings tumor (3); Small blue cell tumor. Needs stains (4). Alveolar rhabdomyosarcoma (1).

MARYLAND - Rhabdomyosarcoma (alveolar type) (8); PNET (1).

NEW JERSEY - Probable embryonal rhabdomyosarcoma (3).

JAPAN - Embryonal rhabdomyosarcoma (1).

OKINAWA - Extraskeletal Ewings sarcoma (2); PNET (1).

SACRAMENTO - Alveolar rhabdomyosarcoma.

NEBRASKA (OMAHA) - Primitive neuroectodermal tumor (PNET).

TENNESSEE - PNET.

FOLLOW-UP:

Patient doing fine and continuing radiation treatment.

OUTSIDE CONSULTATION:

Sharon Weiss, M.D., The University of Michigan Hospital: Alveolar rhabdomyosarcoma.

SPECIAL STAINS:

Desmin and actin - positive.

MIC-2 (gene product) - positive.
DIAGNOSIS:

ALVEOLAR Rhabdomyosarcoma, LEG
TY9400/M89203

REFERENCES:


Parham DM and Jenkins, JJ III. Short Course: Pathology of Selected Pediatric Embryonal Neoplasms. Modern Pathology 1994; 7(4): 501-519. (Note: Desmin and MSA have been found to be the most useful. Cytogenetic studies indicate that a chromosomal translocation, t (2; 13) (q 35; q 14) is specific for rhabdomyosarcoma and is restricted to the alveolar subtype.)
SAN BERNARDINO (INLAND) - Metaplastic carcinoma (4); Chondrosarcoma (1).

LA MESA - Primary chondrosarcoma vs cystosarcoma with chondroid and focal osteoid differentiation vs carcinoma with sarcomatoid features (6).

LONG BEACH - Metaplastic carcinoma (7).

SAN DIEGO - High grade sarcoma (2); Metaplastic carcinoma (9).

SANTA BARBARA - Metaplastic carcinoma (3).

SANTA ROSA - Metaplastic carcinoma type II (1); Metaplastic carcinoma (1).

OAKLAND - Metaplastic carcinoma (4)

PLEASANTON - Metaplastic carcinoma, high grade (7); Sarcoma (1).

MARYLAND - Metaplastic carcinoma (9).

NEW JERSEY - Carcinosarcoma (2); Osteogenic sarcoma (1).

JAPAN - Metaplastic carcinoma (1).

OKINAWA - Metaplastic carcinoma (3).

SACRAMENTO - Chondrosarcoma.

NEBRASKA (OMAHA) - Carcinoma with sarcomatous metaplasia.

TENNESSEE - Chondrosarcoma.

SPECIAL STAINS:

Keratin - spottily present in spindle cells and cartilage.
S-100 - spottily present in spindle cells, not in cartilage.

DIAGNOSIS:

METAPLASTIC ADENOCARCINOMA, BREAST
T04000/M81406

REFERENCES:

Case #10, January 1995

REFERENCES:


