STUDY CASES

SEPTEMBER 1996

“SOFT TISSUE TUMORS”
CONTRIBUTOR: Raymond Wuerker, M.D.  
Long Beach, CA  
CASE NO. 1 - SEPTEMBER 1996

TISSUE FROM: Posterior mediastinum  
ACCESSION #26202

CLINICAL ABSTRACT:

This 53-year-old Black male presented with a one year history of non-productive cough and mild shortness of breath and a three month history of mild malaise, chills and sweating. CT scan showed a 15.0 cm posterior mediastinal mass with central necrosis. The mass displaced the esophagus to the right and appeared to involve the aorta. The patient underwent thoracotomy.

GROSS PATHOLOGY:

The mass measured 14.0 x 11.0 x 7.0 cm, weighed 557 grams and had a 6 cm diameter necrotic central cavity.

SPECIAL STAINS:

S-100: positive  
Desmin: negative

CONTRIBUTOR: Loma Linda Pathology Group (drc)  
Loma Linda, CA  
CASE NO. 2 - SEPTEMBER 1996

TISSUE FROM: Left buttock  
ACCESSION #27875

CLINICAL ABSTRACT:

This 73-year-old Caucasian male patient presented with a lump on his left hip. The mass was resected.

GROSS PATHOLOGY:

The 245 gram, 12.0 x 9.5 x 4.5 cm specimen included superficial adipose tissue and deep skeletal muscle. Embedded within the resection specimen was a 5.0 x 3.5 x 4.0 cm white-tan well-circumscribed mobile mass.
CONTRIBUTOR: Loma Linda Pathology Group (kt)  
Loma Linda, CA  

TISSUE FROM: Right leg  

ACCESSION #27874  

CLINICAL ABSTRACT:  

This 31-year-old Black male presented with a six month history of a painful mass in his right anterior thigh. This was resected but the mass recurred three months later. Physical examination showed a 25 cm long mass involving the right thigh to the patella. A right anterior compartment resection was performed.

GROSS PATHOLOGY:  

The 2350 gram, 40.0 x 15.0 x 10 cm specimen included a 10.0 x 9.0 x 25.0 cm portion of irregular muscle with fascicles surrounded by dense fibrous tissue interlaced with fat. Within this were numerous vessels ranging from 0.2 to 0.3 cm in diameter.

CONTRIBUTOR: Loma Linda Pathology Group (drc)  
Loma Linda, CA  

TISSUE FROM: Chest wall  

ACCESSION #27203  

CLINICAL ABSTRACT:  

This 22-year-old Asian male presented with a 1 1/2 month history of a rapidly enlarging, tender mass in the right lateral chest wall. The mass was fixed to the 10th and 11th rib. A wide local excision was performed.

GROSS PATHOLOGY:  

The 16 gram, 4.0 x 3.8 x 2.0 cm specimen included a well-demarcated 2.2 x 1.8 x 1.6 cm firm, bulging nodule surrounded by skeletal muscle. The mass had a glistening mucinous surface.
CONTRIBUTOR: Solomon L. Riley, Jr., M.D.  
Los Angeles, CA  

CASE NO. 5 - SEPTEMBER 1996  

TISSUE FROM: Thigh  

ACCESSION #22007  

CLINICAL ABSTRACT:  

This 15-year-old female presented with a one year history of vague lower thigh swelling. An excisional biopsy was performed.  

GROSS PATHOLOGY:  

The specimen was an 11.5 x 6.5 cm diameter mass.  

SPECIAL STAINS  

Keratin: ++  
EMA: ++  

CONTRIBUTOR: Usha Garg, M.D.  
Oxnard, CA  

CASE NO. 6 - SEPTEMBER 1996  

TISSUE FROM: Chest wall  

ACCESSION #23022  

CLINICAL ABSTRACT:  

This 16-year-old male had a history of right chest discomfort, treated with antibiotics. Minor trauma produced a hemothorax and an infiltrative globular mass lesion was found in the right lung. It eventually progressed to minor discomfort, chest pain with shortness of breath, nausea and vomiting after minor chest trauma. The mass had increased in size on x-ray. A right thoracotomy found a 14 cm diameter tumor apparently arising from the 5th or 6th interspace and involving the lower lobe of the right lung. The tumor was resected.  

GROSS PATHOLOGY:  

The 360 gram specimen included a 13 cm diameter portion of lung and portions of two ribs firmly adherent to the visceral pleura. Within the lung parenchyma was a 6.2 cm diameter, well-encapsulated, hemorrhagic, focally necrotic mass.  

SPECIAL STAINS:  

Chromogranin/ desmin/ actin/ S-100:  negative  
NSE/ 013 (Ewing's sarcoma)/ vimentin:  positive
CONTRIBUTOR: Lilibeth Guinto-Miranda, M.D.  
Bakersfield, CA

CASE NO. 7 - SEPTEMBER 1996

TISSUE FROM: Chest wall

ACCESSION #25370

CLINICAL ABSTRACT:

This 79-year-old male presented with an enlarging right upper lateral chest wall mass growing beneath the superficial muscles, between the ribs and possibly into the pleura. The mass was located several inches below the axilla, and over the area of a recent, 7th rib fracture. An excisional biopsy was performed.

GROSS PATHOLOGY:

The 14.5 x 12.0 x 9.5 cm tumor with four attached ribs weighed 837 grams. The main bulk of the tumor was homogenous pink-tan “fish flesh” in appearance.

SPECIAL STAIN:

- CEA/myoglobin: diffusely strong
- PAS (for glycogen): positive
- Vimentin: ++++
- Desmin/actin/keratin/S-100: negative

CONTRIBUTOR: Drs. Douglas Kahn/Rita Hopper  
Sylmar, CA

CASE NO. 8 - SEPTEMBER 1996

TISSUE FROM: Abdominal mass

ACCESSION #27971

CLINICAL ABSTRACT:

This 28-year-old female presented with sharp, crampy right lower quadrant abdominal pain for four days. An abdominopelvic mass was palpable just above the umbilicus. Ultrasound revealed a 16.0 x 8.0 x 15.0 cm predominantly solid mass emanating from the pelvis. Clinical and radiographic impression was that of an ovarian germ cell tumor. At exploratory laparotomy, the mass was adherent to the surface of the ovary, possibly arising from the fallopian tube, cul de sac, or omentum. There was no apparent retroperitoneal involvement.

GROSS PATHOLOGY:

The 416 gram, 24.0 x 22.0 x 15 cm specimen consisted of yellow necrotic and red-brown, firm friable material. A more viable appearing part of the mass was yellow-tan and measured 9.0 x 7.5 x 5.0 cm.
CONTRIBUTOR: Jozef Kollin, M.D.  
Lakewood, CA  
CASE NO. 9 - SEPTEMBER 1996  
TISSUE FROM: Right pyriform sinus  
ACCESSION #27908  
CLINICAL ABSTRACT:  
This 32-year-old white male presented with respiratory stridor and was found to have a laryngeal mass almost completely obstructing the airway. An excision of the right pyriform sinus mass was performed. The patient had a past history of a industrial accident 10 years ago with resultant brain damage. A tracheostomy was performed during his acute care but was later removed.  
GROSS PATHOLOGY:  
The 14 gram specimen consisted of multiple slightly gritty gray-tan tissue fragments up to 4.5 cm in greatest diameter, some of which were covered by mucosa.  
SPECIAL STAINS:  
Epithelial membrane antigen/keratin/ S-100/ desmin: negative  
Muscle specific actin/ smooth muscle actin/ Alpha-1 antichymotrypsin: negative  
Vimentin/ CD-34: positive  

CONTRIBUTOR: Frank Hirose, M.D.  
Torrance, CA  
CASE NO. 10 - SEPTEMBER 1996  
TISSUE FROM: Thigh  
ACCESSION #25407  
CLINICAL ABSTRACT:  
This 38 year old man had a 20 year history of a right posterior thigh mass which developed a constant sharp burning pain, with radiation down the back of the thigh and calf into the foot. The mass was found to be associated with the right sciatic nerve and was resected.  
GROSS PATHOLOGY:  
The 775 gram specimen consisted of a 29 x 8 cm fusiform tubular structure. The distal end branched into 3 smaller trunks, measuring 2.5, 3.0 and 4.0 cm in diameter. The tumor was grossly contained within a pink-tan, focally hemorrhagic capsule. Cross sections revealed a multiple rubbery, gelatinous, tubular structures, measuring up to 3.0 cm in diameter. Within the central fusiform swelling was a 5.0 cm diameter area of necrosis.  
SPECIAL STAINS:  
S-100: negative  
NSE: strongly positive
MINUTES
FOR
SEPTEMBER 1996
"SOFT TISSUE TUMORS"

SUGGESTED READING (General Topics from Recent Literature):


NOTE: The new CTTR WEB Page will be operational shortly. It will include images from John Brooks Semi-Annual Seminar on Soft Tissue Tumors, the address is http://www.llu.edu/LLU/CTTR
INLAND (RIVERSIDE/SAN BERNARDINO) - Schwannoma/neurilemoma (3)
BAKERSFIELD (Central Valley Study Group) - Sarcoma probably leiomyosarcoma
PLEASANTON/FREMONT - Cellular schwannoma (3); Neurofibroma (3)
LONG BEACH - Neurosarcoma (7)
SANTA BARBARA (St. Francis Med Ctr) - Schwannoma (3)
SANTA BARBARA (Cottage Hospital) - Cellular schwannoma with increased mitoses (vs MPNST)
SANTA ROSA - Schwannoma, r/o malignancy (2); Malignant peripheral nerve sheath tumor (1)
BAY AREA - Malignant schwannoma (3)
SACRAMENTO (UC Davis Medical Center) - Cellular schwannoma
ARIZONA (VA Medical Ctr) - Neurilemoma (schwannoma)
COLORADO (Konopka/Chu Study Group) - Epithelioid smooth muscle tumor
KANSAS (Univ of Kansas) - Schwannoma
NEBRASKA (Creighton University) - Neurilemoma (schwannoma)
MISSISSIPPI (Mississippi Baptist Hospital) - Cellular schwannoma (1)
FLORIDA (Tallahassee) - Schwannoma, malignant schwannoma
MARYLAND (Bethesda Naval Medical Center) - Cellular schwannoma (7); Malignant peripheral nerve sheath tumor (2)
MASSACHUSETTS (Berkshire Med Ctr) - Malignant peripheral nerve sheath tumor
NEW YORK (Impath Study Group) - Malignant peripheral nerve sheath tumor (4)
NEW JERSEY (Overlook Hospital Summit) - Malignant schwannoma, low grade (2); Schwannoma (3)
CONNECTICUT (Univ of Conn) - Benign peripheral nerve sheath tumor; Malignant peripheral nerve sheath tumor
AUSTRALIA (Sydney Group) - Cellular schwannoma (3); MPNST (4)

DIAGNOSIS:

MALIGNANT SCHWANNOMA, POSTERIOR MEDIASTINUM
TY2340/M95603

CONSULTATION:

AFIP (Departments of soft tissue pathology, and pulmonary and mediastinal pathology):
"Malignant schwannoma"

FOLLOW-UP:

Six years following surgery, he developed a liver metastasis and died soon after.

REFERENCES:
CASE NO. 2, ACCESSION NO. 27875

INLAND (RIVERSIDE/SAN BERNARDINO) - Cellular schwannoma (2); Malignant fibrous histiocytoma (1)

BAKERSFIELD (Central Valley Study Group) - Schwannoma

PLEASANTON/FREMONT - Fibrous histiocytoma (3); Ancient fasciitis (3)

LONG BEACH - Neurofibroma (7)

SANTA BARBARA (St. Francis Med Ctr) - Neurofibroma (3)

SANTA BARBARA (Cottage Hospital) - Myxoid lesion with recurring potential - ? giant cell fibroblastoma

SANTA ROSA - Myofibroblastic tumor (pseudotumor) (2); Myofibroblastic tumor (inflammatory pseudotumor)

BAY AREA - Malignant fibrous histiocytoma (myxoid type) (3)

SACRAMENTO (UC Davis Medical Center) - Benign fibrous tumor - Fibromatosis (extra-abdominal desmoid tumor)

ARIZONA (VA Medical Ctr) - Benign soft tissue lesion, probable neurofibroma

COLORADO (Konopka/Chu Study Group) - Sarcoma, NOS with HPC like areas

KANSAS (Univ of Kansas) - Nodular fasciitis

NEBRASKA (Creighton University) - Benign fibrous histiocytoma

MISSISSIPPI (Mississippi Baptist Hospital) - Solitary fibrous tumor (1)

FLORIDA (Tallahassee) - Schwannoma; Neurofibroma; Low grade neurosarcoma

MARYLAND (Bethesda Naval Medical Center) - Schwannoma (ancient) (9); Cat scratch disease (12)

MASSACHUSETTS (Berkshire Med Ctr) - Schwannoma

NEW YORK (Impath Study Group) - Benign nerve sheath tumor, ?neurofibroma (4)

NEW JERSEY (Overlook Hospital Summit) - Neurofibroma (3); Low grade fibromyxoid sarcoma (1)

CONNECTICUT (Univ of Conn) - Nodular fasciitis; Fibrous histiocytoma

AUSTRALIA (Sydney Group) - Neurofibroma, hyalinized form

DIAGNOSIS:

SPINDLED NEOPLASM MOST CONSISTENT WITH HEMANGIOPERICYTOMA, LEFT BUTTOCK

Note: Tumor was S-100 protein negative. CD-34 was not performed

TY1600/M91501

REFERENCES:


CASE NO. 3, ACCESSION NO. 27874

INLAND (RIVERSIDE/SAN BERNARDINO) - Arteriovenous hemangioma (2); Infiltrating angiolipoma of muscle (1)
BAKERSFIELD (Central Valley Study Group) - Hemangioma, intramuscular
PLEASANTON/FREMONT - Intramuscular angiolipoma (5); Intramuscular cavernous hemangioma with fatty infiltration (1)
LONG BEACH - Intramuscular angiolipomatous malformation (7)
SANTA BARBARA (St. Francis Med Ctr) - Intramuscular hemangioma (3)
SANTA BARBARA (Cottage Hospital) - Angiomatosis of soft tissue
SANTA ROSA - Hemangioma (2); Intramuscular hemangioma, large vessel type (1)
BAY AREA - Intramuscular angiolipoma (3)
SACRAMENTO (UC Davis Medical Center) - Angiomatosis vs cavernous intramuscular hemangioma
ARIZONA (VA Medical Ctr) - Intramuscular hemangioma
COLORADO (Konopka/Chu Study Group) - AV hemangioma
KANSAS (Univ of Kansas) - Intramuscular cavernous hemangioma
NEBRASKA (Creighton University) - Fibromatosis (extra-abdominal desmoid)
MISSISSIPPI (Mississippi Baptist Hospital) - Angiomatosis (1)
FLORIDA (Tallahassee) - Angiomatosis; AVM
MARYLAND (Bethesda Naval Medical Center) - Intramuscular hemangioma (5); Intramuscular angiomatosis (4)
MASSACHUSETTS (Berkshire Med Ctr) - Intramuscular angiolipoma (2); vs well-differentiated liposarcoma (4)
NEW YORK (Impath Study Group) - Intramuscular angiomatosis (4)
NEW JERSEY (Overlook Hospital Summit) - Intramuscular hemangioma (angiomatosis) (4)
CONNECTICUT (Univ of Conn) - Lymphangiectasis; A-V malformation
AUSTRALIA (Sydney Group) - Benign infiltrating angiolipoma of muscle

DIAGNOSIS:

INTRAMUSCULAR ANGIOMATOSIS ("DIFFUSE HEMANGIOMA"), RIGHT LEG
TY9410/M91200

REFERENCES:


CASE NO. 4, ACCESSION NO. 27203

INLAND (RIVERSIDE/SAN BERNARDINO) - Nodular fasciitis, intramuscular type (1)
BAKERSFIELD (Central Valley Study Group) - Nodular fasciitis
PLEASANTON/FREMONT - Nodular fasciitis (4)
LONG BEACH - Nodular fasciitis (7)
SANTA BARBARA (St. Francis Med Ctr) - Nodular fasciitis (3)
SANTA BARBARA (Cottage Hospital) - Nodular fasciitis
SANTA ROSA - Nodular fasciitis (3)
BAY AREA - Malignant fibrous histiocytoma, low grade (1); Atypical fibrous histiocytoma - ? fasciitis (1); ? myositis (1)
SACRAMENTO (UC Davis Medical Center) - Nodular fasciitis
ARIZONA (VA Medical Ctr) - Kaposi’s sarcoma
COLORADO (Konopka/Chu Study Group) - Nodular fasciitis
KANSAS (Univ of Kansas) - Benign fibroblastic tumor (neurofibroma)
NEBRASKA (Creighton University) - Nodular fasciitis
MISSISSIPPI (Mississippi Baptist Hospital) - Fasciitis (1)
FLORIDA (Tallahassee) - Nodular fasciitis
MARYLAND (Bethesda Naval Medical Center) - Nodular fasciitis (9)
MASSACHUSETTS (Berkshire Med Ctr) - Synovial sarcoma vs chondrosarcoma vs osteosarcoma
NEW YORK (Impath Study Group) - Nodular fasciitis (4)
NEW JERSEY (Overlook Hospital Summit) - Nodular fasciitis (4)
CONNECTICUT (Univ of Conn) - Nodular fasciitis
AUSTRALIA (Sydney Group) - Nodular fasciitis

DIAGNOSIS:

NODULAR FASCIITIS, CHEST WALL
TY2150/M76130

REFERENCES:
CASE NO. 5, ACCESSION NO. 22007

INLAND (RIVERSIDE/SAN BERNARDINO) - Synovial sarcoma (2); Clear cell sarcoma (1)
BAKERSFIELD (Central Valley Study Group) - Fibrosarcoma
PLEASANTON/FREMONT - Monophasic synovial sarcoma (6)
LONG BEACH - Synovial sarcoma (7)
SANTA BARBARA (St. Francis Med Ctr) - Monophasic synovial sarcoma (3)
SANTA BARBARA (Cottage Hospital) - Synovial sarcoma, monophasic
SANTA ROSA - Rhabdomyosarcoma (1); Synovial sarcoma (2)
BAY AREA - Synovial sarcoma (2); Epithelioid sarcoma (1).
SACRAMENTO (UC Davis Medical Center) - Monophasic synovial sarcoma
ARIZONA (VA Med Ctr) - Synovial sarcoma
COLORADO (Konopka/Chu Study Group) - Synovial sarcoma
KANSAS (Univ of Kansas) - Synovial sarcoma
NEBRASKA (Creighton University) - Monophasic synovial sarcoma
MISSISSIPPI (Miss Baptist Hospital) - Synovial sarcoma (1)
FLORIDA (Tallahassee) - Synovial sarcoma
MARYLAND (Bethesda Naval Medical Center) - Synovial sarcoma (9)
MASSACHUSETTS (Berkshire Medical Ctr) - Synovial sarcoma
NEW YORK (Impath Study Group) - Synovial sarcoma (4)
NEW JERSEY (Overlook hospital Summit) - Monophasic synovial sarcoma (4)
CONNECTICUT (Univ of Conn) - Synovial sarcoma, monophasic fibrous type; Rhabdomyosarcoma, embryonal; Sarcoma, NOS
AUSTRALIA (Sydney Group) - Synovial sarcoma, predominantly monophasic

DIAGNOSIS:

SYNOVIAL SARCOMA, THIGH
TY9100/M90403

REFERENCES:
CASE NO. 6, ACCESSION NO. 23022

INLAND (RIVERSIDE/SAN BERNARDINO) - Ewing’s sarcoma (3)
BAKERSFIELD (Central Valley Study Group) - Ewing, extra skeletal
PLEASANTON/FREMONT - PNET (6)
LONG BEACH - Ewing’s (7)
SANTA BARBARA (St. Francis Med Ctr) - Ewing’s sarcoma (3)
SANTA BARBARA (Cottage Hospital) - PNET/Ewing’s sarcoma (Askin tumor)
SANTA ROSA - Periferal neuroectodermal tumor (1); Primitive neuroectodermal tumor (2)
BAY AREA - Extraskeletal Ewing’s sarcoma (3)
SACRAMENTO (UC Davis Medical Center) - Ewing’s sarcoma/peripheral primitive neuroectodermal - AKA Askin tumor.
ARIZONA (VA Med Ctr) - Extraskeletal Ewing’s sarcoma
COLORADO (Konopka/Chu Study Group) - Malignant small cell tumor of the thoracopulmonary region in childhood (Askin tumor)
KANSAS (Univ of Kansas) - “Small blue cell tumor” - favor Ewing
NEBRASKA (Creighton Univ) - Ewing’s sarcoma, extraskeletal
MISSISSIPPI (Mississippi Baptist Hosp) - Ewing’s sarcoma (1)
FLORIDA (Tallahassee) - Ewing’s sarcoma
MARYLAND (Bethesda Naval Medical Center) - Primitive neuroectodermal tumor (PNET/Askin’s tumor) (5); Extraskeletal Ewing’s sarcoma (4)
MASSACHUSETTS (Berkshire Med Ctr) - Ewing’s sarcoma
NEW YORK (Impath Study Group) - Extraskeletal Ewing’s sarcoma (4)
NEW JERSEY (Overlook Hospital Summit) - Ewing’s sarcoma (1); PNET (1); Malignant small cell tumor of thoracopulmonary origin
CONNECTICUT (Univ of Conn) - Primitive neuroectodermal tumor
AUSTRALIA (Sydney Group) - Askin Tumour (PNET)

DIAGNOSIS:

PRIMITIVE NEUROECTODERMAL TUMOR /Extraskeletal Ewing’s sarcoma, chest wall
TY2150/M92603

CONSULTATION:

AFIP (Sharon W. Weiss, M.D.) - “Sarcoma, not further classified, chest wall.”

REFERENCES:
INLAND (RIVERSIDE/SAN BERNARDINO) - Poorly differentiated rhabdomyosarcoma (2); Alveolar soft part sarcoma (1)
BAKERSFIELD (Central Valley Study Group) - Rhabdomyosarcoma
PLEASANTON/FREMONT - Rhabdomyosarcoma (6)
LONG BEACH - Rhabdomyosarcoma (7)
SANTA BARBARA (St. Francis Med Ctr) - Rhabdomyosarcoma (3)
SANTA BARBARA (Cottage Hospital) - Pleomorphic rhabdomyosarcoma
SANTA ROSA - Rhabdomyosarcoma (2); Rhabdomyosarcoma, pleomorphic (1)
BAY AREA - Malignant rhabdoid tumor (2); Rhabdomyosarcoma (1)
SACRAMENTO (UC Davis Medical Center) - Pleomorphic rhabdomyosarcoma
ARIZONA (VA Med Ctr) - Rhabdomyosarcoma
COLORADO (Konopka/Chu Study Group) - Malignant (rhabdomyosarcoma vs carcinoma)
KANSAS (Univ of Kansas) - Rhabdomyosarcoma
NEBRASKA (Creighton University) - Rhabdomyosarcoma
MISSISSIPPI (Mississippi Baptist Hospital) - Pleomorphic rhabdomyosarcoma
FLORIDA (Tallahassee) - Rhabdomyosarcoma
MARYLAND (Bethesda Naval Medical Center) - Extrarenal malignant rhabdoid tumor (7); Malignant granular cell tumor (2)
MASSACHUSETTS (Berkshire Med Ctr) - Rhabdomyosarcoma (4); vs Mets renal cell carcinoma (2)
NEW YORK (Impath Study Group) - Extraskeletal malignant rhabdoid tumor (4)
NEW JERSEY (Overlook Hospital Summit) - Malignant rhabdoid tumor (1); Rhabdomyosarcoma (3)
CONNECTICUT (Univ of Conn) - Myosarcoma; Malignant granular cell tumor; Embryonal rhabdomyosarcoma
AUSTRALIA (Sydney Group) - Epithelioid mesothelioma; Inflammatory MFH

DIAGNOSIS:

MALIGNANT NEOPLASM WITH RHABDOID PHENOTYPE, CHEST WALL
Note: further study produced tissues included as "Case 11" of October 1996 study set.
TY2150/M80003

FOLLOW-UP:
Twelve hours following the resection of the tumor the patient went into sudden uncontrolled bleeding episodes at the thoracotomy site. The patient expired and no autopsy was performed.

REFERENCES:
CASE NO. 8, ACCESSION NO. 27971

INLAND (RIVERSIDE/SAN BERNARDINO) - Poorly differentiated liposarcoma (3)
BAKERSFIELD (Central Valley Study Group) - Liposarcoma
PLEASANTON/FREMONT - Pleomorphic liposarcoma (6)
LONG BEACH - Liposarcoma, dedifferentiated (high-grade) (7)
SANTA BARBARA (St. Francis Med Ctr) - Myxoid liposarcoma (3)
SANTA BARBARA (Cottage Hospital) - Liposarcoma, round cell type
SANTA ROSA - Myxoid liposarcoma (2); Myxoid liposarcoma with round cell area (1)
BAY AREA - Myxoid liposarcoma (3)
SACRAMENTO (UC Davis Medical Center) - Liposarcoma, round cell type
ARIZONA (VA Med Ctr) - Myxoid liposarcoma
COLORADO (Konopka/Chu Study Group) - Myxoid liposarcoma
KANSAS (Univ of Kansas) - Liposarcoma vs Yolk sac carcinoma
NEBRASKA (Creighton University) - Liposarcoma, myxoid and round cell
MISSISSIPPI (Mississippi Baptist Hospital) - Pleomorphic liposarcoma (1)
FLORIDA (Tallahassee) - Liposarcoma, Grade II/III, myxoid and round cell type
MARYLAND (Bethesda Naval Medical Center) - Pleomorphic liposarcoma (9)
MASSACHUSETTS (Berkshire Med Ctr) - Myxoid liposarcoma and pleomorphic liposarcoma
NEW YORK (Impath Study Group) - Myxoid liposarcoma with round cell (pleomorphic)
  dedifferentiation. (4)
NEW JERSEY (Overlook Hospital Summit) - Liposarcoma (1); Round cell liposarcoma (1);
  Dedifferentiated liposarcoma (2)
CONNECTICUT (Univ of Conn) - Liposarcoma
AUSTRALIA (Sydney Group) - Round cell liposarcoma and myxoid liposarcoma

DIAGNOSIS:

MYXOID AND ROUND CELL LIPOSARCOMA ("HIGH GRADE MYXOID
  LIPOSARCOMA"), LEFT ADNEXAL
T01300/M88523

FOLLOW-UP:
Post-chemotherapy CT scan of the abdomen showed a 3.0 cm recurrent tumor in the region of the
left adnexa.

REFERENCES:
Scott E, Kilpatrick, doyon J, Peter FM, et al. The Clinicopathologic Spectrum of Myxoid and Round Cell Liposarcoma:
Rabbitts TH, Forsler A, Larson R, Nathan P. Fusion of the Dominant Negative Transcription Regulator CHOP with a
McCormick D, Mentzel T, Beham A and Fletcher C. Dedifferentiated Liposarcoma. Clinicopathologic Analysis of 32
18(12):1213-1223.
INLAND (RIVERSIDE/SAN BERNARDINO) - Hemangiopericytoma (3)
BAKERSFIELD (Central Valley Study Group) - Hemangiopericytoma
PLEASANTON/FREMONT - Hemangiopericytoma (6)
LONG BEACH - Solitary fibrous tumor (7)
SANTA BARBARA (St. Francis Med Ctr) - Angiofibroma (3)
SANTA BARBARA (Cottage Hospital) - Hemangiopericytoma
SANTA ROSA - Hemangiopericytoma (3)
BAY AREA - Angiofibroma (3)
SACRAMENTO (UC Davis Medical Center) - Spindle cell hemangioendothelioma
ARIZONA (VA Med Ctr) - Hemangiopericytoma
COLORADO (Konopka/Chu Study Group) - Angiofibroma
KANSAS (Univ of Kansas) - Spindle cell hemangioendothelioma (benign fibrous histiocytoma)
NEBRASKA (Creighton University) - Hemangiopericytoma
MISSISSIPPI (Mississippi Baptist Hospital) - Hemangiopericytoma (1)
FLORIDA (Tallahassee) - Angioleiomyoma
MARYLAND (Bethesda Naval Medical Center) - Hemangiopericytoma (9)
MASSACHUSETTS (Berkshire Med Ctr) - Solitary fibrous tumor
NEW YORK (Impath Study Group) - Solitary fibrous tumor of nasal cavity (4)
NEW JERSEY (Overlook Hospital Summit) - Hemangiopericytoma (4)
CONNECTICUT (Univ of Conn) - Hemangiopericytoma, benign
AUSTRALIA (Sydney Group) - Hemangiopericytoma

DIAGNOSIS:

SOLITARY FIBROUS TUMOR, RIGHT PYRIFORM SINUS
T60320/M88100

FOLLOW-UP:

The patient was seen three times since the surgery and shows no evidence of recurrent tumor.

REFERENCES:
INLAND (RIVERSIDE/SAN BERNARDINO) - Malignant peripheral nerve sheath tumor (3)
BAKERSFIELD (Central Valley Study Group) - Nerve sheath tumor
PLEASANTON/FREMONT - Malignant peripheral nerve sheath tumor (MPNST) with epithelioid cell differentiation (6)
LONG BEACH - Malignant peripheral neuroectodermal tumor (arising in patients with neurofibromatosis) (7)
SANTA BARBARA (St. Francis Med Ctr) - Ependymoma (3)
SANTA BARBARA (Cottage Hospital) - Peripheral malignant nerve sheath tumor, high grade, probable Triton tumor
SANTA ROSA - Sarcoma, probably neurofibrosarcoma (1); Sarcoma, probably epithelioid (1); Epithelioid hemangiendothelioma vs epithelioid sarcoma (1)
BAY AREA - Malignant peripheral nerve sheath tumor (3)
SACRAMENTO (UC Davis Medical Center) - Malignant peripheral nerve sheath tumor arising in a plexiform neurofibroma or ganglieneuroma.
ARIZONA (VA Med Ctr) - Malignant peripheral nerve sheath tumor
COLORADO (Konopka/Chu Study Group) - Malignant schwannoma
KANSAS (Univ of Kansas) - Malignant peripheral nerve sheath tumor
NEBRASKA (Creighton University) - Malignant peripheral nerve sheath tumor
MISSISSIPPI (Mississippi Baptist Hospital) - Epithelioid MPNST (1)
FLORIDA (Tallahassee) - Malignant peripheral nerve sheath tumor
MARYLAND (Bethesda Naval Medical Center) - Epithelioid malignant peripheral nerve sheath tumor (9)
MASSACHUSETTS (Berkshire Med Ctr) - Malignant peripheral nerve sheath tumor
NEW YORK (Impath Study Group) - Primitive neuroectodermal tumor associated with neurofibromatosis adjacent nerves (4)
NEW JERSEY (Overlook Hospital Summit) - Malignant mesenchymoma (nerve sheath origin) (1); Sarcoma (NOS) (2); Malignant epithelioid peripheral nerve sheath tumor (1)
CONNECTICUT (Univ of Conn) - Peripheral nerve sheath tumor, malignant; Sarcoma, NOS
AUSTRALIA (Sydney Group) - Malignant epithelioid schwannoma

DIAGNOSIS:
MALIGNANT PERIPHERAL NERVE SHEATH TUMOR (“MALIGNANT SCHWANNOMA”), SCIATIC NERVE
*Note: Rare slides showed the presence of rhabdomyoblasts (“Malignant Triton Tumor”).
TX9440/M95603

REFERENCES: