STUDY CASES
JANUARY 1997
"ENDOCRINE TUMORS"

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: Shelley L. Tepper, M.D.
San Francisco, CA

TISSUE FROM: Thyroid

ACCESSION #25451

CLINICAL ABSTRACT:

This 34-year-old gay Caucasian male with generalized lymphadenopathy presented with a left neck mass. A few weeks later, a right neck mass developed. A total thyroidectomy was performed.

GROSS PATHOLOGY:

The right lobe of this 48 gram total thyroidectomy specimen was markedly larger than the left and measured 7.0 x 3.0 x 4.0 cm in greatest dimension. This lobe contained a 4.3 cm diameter encapsulated nodule which bulged from the cut surface.

CONTRIBUTOR: Robert J. Rosser, M.D.
Los Angeles, CA

TISSUE FROM: Thyroid

ACCESSION #19217

CLINICAL ABSTRACT:

This 62-year-old Caucasian female was admitted with signs of congestive heart failure. An enlarged thyroid gland (4-5 times its normal size) was noted. She had first noted the neck mass about one year earlier and that it had been rapidly growing over the last six months.

GROSS PATHOLOGY:

This 210 gram thyroid gland had multiple nodules varying in diameter from 0.2 - 3.5 cm. The nodules were yellow, white and pink, some were firm, others were soft and friable.

SPECIAL STAINS:

| High and low molecular weight keratin | negative |
| LCA | diffusely strongly positive |
CONTRIBUTOR: P.L. Morris, M.D.  
Santa Barbara, CA  
CASE NO. 3 - JANUARY 1997

TISSUE FROM: Left adrenal  
ACCESSION #26192

CLINICAL ABSTRACT:

This 60-year-old male had an enlarged adrenal tumor removed.

GROSS PATHOLOGY:

The included a 5.4 gram, 4.5 x 3.0 x 1.5 cm portion of normal appearing adrenal gland and a 75 gram, 5.0 x 5.5 x 4.5 cm multilobulated bright yellow nodular mass.

CONTRIBUTOR: Howard E. Otto, M.D.  
Cheboygan, MI  
CASE NO. 4 - JANUARY 1997

TISSUE FROM: Parathyroid  
ACCESSION #26916

CLINICAL ABSTRACT:

This 53 year old Caucasian female had a history of elevated calcium and parathyroid hormone levels. Her also had sinusitis, epistaxis, fatigue, anemia, polyuria, polydipsia, occasional urge incontinence and episodic elevations in blood pressure.

GROSS PATHOLOGY:

The 2.4 gram multinodular, tan-brown mass was 3.5 x 1.5 cm x 1.2 cm. The nodules varied from 1 to 1.5 cm and were orange and brown.
CONTRIBUTOR: Roger McFadden, M.D.  
Mission Hills, CA

TISSUE FROM: Thymus/Mediastinal  
ACCESSION #27638

CLINICAL ABSTRACT:

This 71 year-old male underwent a mitral valve repair. At that time, an incidental mediastinal tumor was found, described by the surgeons as very hard and in the left side of the anterior mediastinum. Two months later he underwent resection of the mediastinal mass.

GROSS PATHOLOGY:

The 24.5 gram thymic mass was 4.5 x 4.0 x 3.8 cm. Its cut surface was firm, rubbery, pale white and vaguely yellow.

SPECIAL STAINS:

CEA  strongly positive  
Keratin  strongly positive  
Chromogranin  negative

_____________________________________________________

CONTRIBUTOR: Joseph Jarzynka, M.D.  
Bakersfield, CA

TISSUE FROM: Thyroid  
ACCESSION #20581

CLINICAL ABSTRACT:

This 43 year-old Caucasian male presented with a mass in the right side of his neck which caused no discomfort other than difficulty in swallowing and a feeling of fullness. Physical examination revealed a thyroid nodule.

GROSS PATHOLOGY:

The 65 gram thyroid was 8.3 x 5.3 x 3.5 cm and weighed. The cut surfaces bulged slightly and were gray-white with areas of hemorrhage.

SPECIAL STAINS:

Chromogranin  positive  
Calcitonin  weakly positive  
AFP  negative
CONTRIBUTOR: Victor J. Rosen, M.D.  
Los Angeles, CA  

TISSUE FROM: Thyroid  

ACCESSION #17379  

CLINICAL ABSTRACT:

This 60-year-old Caucasian male presented with a right-sided palpable nodule on routine physical examination. It was non-tender and the patient denied any knowledge of this mass. Scanning revealed a cold nodule within the upper outer aspect of the right lobe. Excision of the right lobe and isthmus was performed.

GROSS PATHOLOGY:

The right thyroid lobe and isthmus weighed 12.5 grams and contained a 3.5 x 4.0 x 3.2 cm lobulated, firm, gray to pink-tan, mass showing focal areas of hemorrhage.

SPECIAL STAINS:

- Calcitonin: strongly positive
- Keratin: focally strongly positive
- CEA: positive
- Chromogranin: strongly positive
- Vimentin: strongly positive

CONTRIBUTOR: Lauren Monda, M.D.  
Santa Barbara, CA  

TISSUE FROM: Thymus  

ACCESSION #28144  

CLINICAL ABSTRACT:

This 40-year-old Caucasian male presented with a six month history of left-sided ptosis, weakness of the small muscles of his hands, dysphagia and nasal speech. A tensilon test was markedly positive. He was placed on Mestinon and prednisone, then later only on prednisone, which alleviated the symptoms. The patient elected for a thymectomy.

GROSS PATHOLOGY:

This 110 grams of yellow tan thymic tissue was received in two portions which together measure 15.5 x 8.5 x 1.8 cm. Much of the tissue was fatty with scattered denser redder areas.
CONTRIBUTOR: Gary C. Ponto, M.D.  
Santa Barbara, CA

TISSUE FROM: Thyroid

CASE NO. 9 - JANUARY 1997

ACCESSION #25327

CLINICAL ABSTRACT:

This 67-year-old female presented with a goiter which was treated with appropriate therapy. The majority of the gland shrank significantly in size, however, one large cold nodule failed to respond. A fine needle aspiration was performed, followed by a partial thyroidectomy.

GROSS PATHOLOGY:

The 72 gram nodule was well-encapsulated, very soft, fleshy, lobular and brown-tan with no gross areas of necrosis or cystic degeneration.

CONTRIBUTOR: H. William Arndt, M.D.  
Inglewood, CA

TISSUE FROM: Thyroid

CASE NO. 10 - JANUARY 1997

ACCESSION #17820

CLINICAL ABSTRACT:

This 25-year-old Caucasian female complained of a swelling in the right lobe of her thyroid for a six month duration. She was given irradiation to an enlarged thymus as a child and about eight years ago she had had her left thyroid lobe removed. A recent physical examination revealed an 4.0 cm mass in the right lobe of the thyroid. An excisional biopsy of the right lobe of the thyroid was performed.

GROSS PATHOLOGY:

The 40 gram thyroid fragment was 6.0 x 4.5 x 3.8 cm. Sectioning revealed a homogeneous, encapsulated mass occupying approximately 90% of the specimen.

SPECIAL STAINS:
Thyroglobulin strongly positive
SUGGESTED READING (General Topics from Recent Literature):


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(909) 824-4788
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INLAND (RIVERSIDE/SAN BERNARDINO) - Angio invasive follicular carcinoma, thyroid (1)
BAKERSFIELD (Central Valley Study Group) - Mixed medullary-follicular carcinoma
VENTURA (Unilab) - Insular carcinoma (1); Poorly differentiated carcinoma (1)
LONG BEACH - Follicular carcinoma (4); Poorly differentiated carcinoma (2)
SAN DIEGO (Naval Medical Center) - Poorly differentiated follicular carcinoma (8); Poorly differentiated carcinoma (2); Follicular thyroid carcinoma with metastatic carcinoma component (1); Anaplastic thyroid carcinoma (1); Undifferentiated thyroid carcinoma (1)
SANTA BARBARA (Cottage Hospital) - Follicular carcinoma with focal clear cell change
SANTA ROSA - Undifferentiated carcinoma r/o medullary (1); Carcinoma, poorly differentiated r/o medullary carcinoma (1); Poorly differentiated carcinoma vs medullary carcinoma (1)
BAY AREA - Follicular carcinoma, thyroid (3)
SANTA CLARA (Loma Prieta Group) - Medullary carcinoma
SACRAMENTO (UC Davis Med Ctr) - Mixed medullary/follicular carcinoma
ARIZONA (VA Med Ctr) - Follicular variant of papillary carcinoma
WASHINGTON (Seattle VA Med Ctr) - Thyroid adenoma with uncertain malignant potential (growth "bulge" into thin-walled muscular structures/some cells carried in with knife cut!)
NEBRASKA (Creighton University) - Insular carcinoma (r/o medullary variant)
MISSISSIPPI (Baptist Med Ctr) - Poorly differentiated carcinoma
TEXAS (Providence Memorial Hospital) - Follicular carcinoma (minimally invasive)
FLORIDA (Tallahassee) - Follicular/anaplastic carcinoma (3)
NEW YORK (Impath) - Minimally invasive follicular carcinoma (4)
NEW YORK (Metropolitan Hospital) - Papillary carcinoma, solid follicular encapsulated variant
MAINE (Bangor) - Carcinoma, poorly differentiated follicular vs medullary. Check immunohistochemical stains.
MASSACHUSETTS (Berkshire Med Ctr) - Parangangioma vs medullary carcinoma vs insular carcinoma.
CONNECTICUT (Univ Conn Health Ctr) - Poorly differentiated follicular carcinoma
NEW HAMPSHIRE (Manchester) - Follicular carcinoma, thyroid (1); Follicular variant of papillary carcinoma, thyroid (1)
NEW JERSEY (Overlook Hospital Summit) - Mixed insular and clear cell carcinoma (1); ? medullary carcinoma (2)
JAPAN (Shimada-Kyoto) - Insular carcinoma

DIAGNOSIS:
POORLY DIFFERENTIATED FOLLICULAR CARCINOMA, THYROID
T96000/M83303

CONSULTATION:
Harry Evans, M.D., University of Texas, Anderson Hospital. “Poorly Differentiated Invasive Follicular carcinoma of the thyroid extending into extra-thyroid tissue.”

REFERENCES:
CASE NO. 2, ACCESSION NO. 19217

INLAND (RIVERSIDE/SAN BERNARDINO) - Malignant lymphoma, large cell type
BAKERSFIELD (Central Valley Study Group) - Diffuse large cell lymphoma
VENTURA (Unilab) - Malignant lymphoma, large cell type (2)
LONG BEACH - Non-Hodgkin's lymphoma, large cell type (6)
SAN DIEGO (Naval Medical Center) - Malignant lymphoma, large cell type (16); Malignant lymphoma, small non-cleaved, non-Burkitt's (1)
SANTA BARBARA (Cottage Hospital) - Malignant lymphoma, immunoblastic type
SANTA ROSA - Large cell lymphoma (1); Lymphoma, c/w large cell type (1); Diffuse large cell lymphoma (1)
BAY AREA - Lymphoma, diffuse, high grade (r/o granulocytic sarcoma) (3)
SANTA CLARA (Loma Prieta Group) - Thyroid lymphoma (ex hashi)
SACRAMENTO (UC Davis Med Ctr) - Lymphoma, large cell diffuse
ARIZONA (VA Med Ctr) - Large cell lymphoma, immunoblastic
WASHINGTON (Seattle VA Med Ctr) - Malignant lymphoma; large cell type with high grade cytology
NEBRASKA (Creighton University) - Large cell lymphoma
MISSISSIPPI (Baptist Med Ctr) - Lymphoma immunoblastic
TEXAS (Providence Memorial Hospital) - Large cell lymphoma
FLORIDA (Tallahassee) - Large cell lymphoma (3)
NEW YORK (Impath) - Large cell lymphoma associated with chronic thyroiditis (4)
NEW YORK (Metropolitan Hospital) - Lymphoma, large cell type
MAINE (Bangor) - High grade large cell lymphoma
MASSACHUSETTS (Berkshire Med Ctr) - Malignant lymphoma, diffuse large cell type
CONNECTICUT (Univ Conn Health Ctr) - Malignant lymphoma, large cell type
NEW HAMPshire (Manchester) - Malignant lymphoma, larger cell, immunoblastic (2)
NEW JERSEY (Overlook Hospital Summit) - Inmunoblastic large cell lymphoma (3)
JAPAN (Shimada-Kyoto) - Malignant Lymphoma

DIAGNOSIS:

LARGE CELL LYMPHOMA, THYROID
T96000/M95903

FOLLOW-UP:

Four months later the patient died of heart failure. No tumor was found at autopsy.

REFERENCES:
CASE NO. 3, ACCESSION NO. 26192

JANUARY 1997

INLAND (RIVERSIDE/SAN BERNARDINO) - Adrenal carcinoma
BAKERSFIELD (Central Valley Study Group) - Metastatic clear cell carcinoma
VENTURA (Unilab) - Adrenal cortical carcinoma (2)
LONG BEACH - Adrenal cortical adenoma (6)
SAN DIEGO (Naval Medical Center) - Adrenal cortical neoplasm, NOS (14); Liposarcoma (2)
SANTA BARBARA (Cottage Hospital) - Adrenal cortical carcinoma
SANTA ROSA - Adrenal adenoma, t/o carcinoma (2); Adrenal adenoma (1)
BAY AREA - Adrenal cortical adenoma (3)
SANTA CLARA (Loma Prieta Group) - Adrenal cortical adenoma
SACRAMENTO (UC Davis Med Ctr) - Myelolipoma
ARIZONA (VA Med Ctr) - Adrenocortical adenoma
WASHINGTON (Seattle VA Med Ctr) - Adrenocortical carcinoma
NEBRASKA (Creighton University) - Adrenal cortical adenoma
MISSISSIPPI (Baptist Med Ctr) - Cortical carcinoma
TEXAS (Providence Memorial Hospital) - Adrenal cortical adenoma
FLORIDA (Tallahassee) - Myxoid and round cell liposarcoma with adenoma (2); Myelolipoma arising in adenoma (1)
NEW YORK (Impath) - Adrenal cortical adenoma (4)
NEW YORK (Metropolitan Hospital) - Adrenal cortical adenoma
MAINE (Bangor) - Adrenal neoplasm with malignant features, favor pheochromocytoma with periadrenal brown fat
MASSACHUSETTS (Berkshire Med Ctr) - Adrenal cortical carcinoma
CONNECTICUT (Univ Conn Health Ctr) - Adrenal cortical carcinoma
NEW HAMPSHIRE (Manchester) - Favor adrenal cortical adenoma (2)
NEW JERSEY (Overlook Hospital Summit) - Round cell liposarcoma (3)
JAPAN (Shimada-Kyoto) - Adrenal cortical adenoma

DIAGNOSIS:

ADRENAL CORTICAL ADENOMA
T93000/M83700

REFERENCES:

INLAND (RIVERSIDE/SAN BERNARDINO) - Parathyroid adenoma
BAKERSFIELD (Central Valley Study Group) - Parathyroid adenoma
VENTURA (Unilab) - Chief cell hyperplasia (1); Parathyroid adenoma (1)
LONG BEACH - Parathyroid adenoma (6)
SAN DIEGO (Naval Medical Center) - Parathyroid hyperplasia (8); Parathyroid hyperplasia/adenoma (7); Oncocytic parathyroid adenoma (1)
SANTA BARBARA (Cottage Hospital) - Parathyroid hyperplasia
SANTA ROSA - Parathyroid adenoma (2); Consistent with parathyroid adenoma, if other glands normal (1)
BAY AREA - Parathyroid adenoma in MEN 2A (3)
SANTA CLARA (Loma Prieta Group) - Parathyroid adenoma
SACRAMENTO (UC Davis Med Ctr) - Cellular parathyroid (hyperplasia vs adenoma), r/o MEN 2 syndrome
ARIZONA (VA Med Ctr) - Parathyroid adenoma
WASHINGTON (Seattle VA Med Ctr) - Parathyroid adenoma; ?multiple endocrine neoplasia variant
NEBRASKA (Creighton University) - Parathyroid adenoma
MISSISSIPPI (Baptist Med Ctr) - Parathyroid adenoma
TEXAS (Providence Memorial Hospital) - Parathyroid adenoma
FLORIDA (Tallahassee) - Parathyroid hyperplasia (3)
NEW YORK (Impath) - Parathyroid enlargement, either hyperplasia or adenoma (4)
NEW YORK (Metropolitan Hospital) - Parathyroid adenoma
MAINE (Bangor) - Parathyroid adenoma
MASSACHUSETTS (Berkshire Med Ctr) - Parathyroid adenoma
CONNECTICUT (Univ Conn Health Ctr) - Parathyroid adenoma vs hyperplasia (clinical information needed to determine)
NEW HAMPSHIRE (Manchester) - Consistent with parathyroid adenoma (2)
NEW JERSEY (Overlook Hospital Summit) - Parathyroid adenoma (2); Abnormal parathyroid gland, probably hyperplastic (1)
JAPAN (Shimada-Kyoto) - Parathyroid adenoma

DIAGNOSIS:
PARATHYROID ADENOMA
T97000/M81400

REFERENCES:
INLAND (RIVERSIDE/SAN BERNARDINO) - Thymic carcinoma, possibly metastatic
BAKERSFIELD (Central Valley Study Group) - Metastatic adenocarcinoma
VENTURA (Unilab) - Carcinoid (2)
LONG BEACH - Malignant thymoma (6)
SAN DIEGO (Naval Medical Center) - Thymic carcinoma (16)
SANTA BARBARA (Cottage Hospital) - Thymic carcinoma
SANTA ROSA - Thymic carcinoma (2); Epithelial thymoma, malignant (1)
BAY AREA - Invasive thymoma (1); Thymic carcinoma (2)
SANTA CLARA (Loma Prieta Group) - Thymic carcinoma
SACRAMENTO (UC Davis Med Ctr) - Parathyroid carcinoma
ARIZONA (VA Med Ctr) - Undifferentiated thymic carcinoma
WASHINGTON (Seattle VA Med Ctr) - Thymoma, malignant potential; uncertain but I think low
NEBRASKA (Creighton University) - Thymic carcinoma (adenosquamous; r/o met)
MISSISSIPPI (Baptist Med Ctr) - Thymoma, can’t access margins
TEXAS (Providence Memorial Hospital) - Basaloid squamous cell carcinoma
FLORIDA (Tallahassee) - Thymic carcinoma (3)
NEW YORK (Impath) - Basaloid squamous cell carcinoma of mediastinum (4)
NEW YORK (Metropolitan Hospital) - Thymic carcinoma
MAINE (Bangor) - Thymic carcinoma
MASSACHUSETTS (Berkshire Med Ctr) - Invasive thymoma (type I)
CONNECTICUT (Univ Conn Health Ctr) - Malignant thymoma
NEW HAMPSHIRE (Manchester) - Thymoma, probably malignant (1); Malignant thymoma (1)
NEW JERSEY (Overlook Hospital Summit) - Invasive thymoma (1); Thymic carcinoma (2)
JAPAN (Shimada-Kyoto) - Thymic adenosquamous carcinoma

DIAGNOSIS:
MALIGNANT EPITHELIAL NEOPLASM OF MEDIASTINUM, FAVOR THYMIC CARCINOMA
TY2300/M80003/M85803

CONSULTATION:
Juan Rosai, M.D. from Memorial Sloan-Kettering Cancer Center.

"I agree that this mediastinal lesion represents an epithelial neoplasm, and therefore a type of carcinoma. The pattern of growth is distinctly trabecular, and there is extensive amount of hyalinized stroma. Immunohistochemically, the tumor cells are positive for keratin and negative for chromogranin. Because of the location, the possibility should be considered of this being a thymic carcinoma, although the pattern of growth is not particularly characteristic for that tumor type. An alternative possibility of this representing a direct extension or metastasis from a carcinoma of another site (such as lung) cannot be excluded."

REFERENCES:
INLAND (RIVERSIDE/SAN BERNARDINO) - Medullary carcinoma, thyroid
BAKERSFIELD (Central Valley Study Group) - Medullary carcinoma
VENTURA (Unilab) - Medullary carcinoma (2)
LONG BEACH - Medullary carcinoma (6)
SAN DIEGO (Naval Medical Center) - Medullary thyroid carcinoma (16)
SANTA BARBARA (Cottage Hospital) - Medullary carcinoma
SANTA ROSA - Medullary carcinoma (2); Carcinoma, c/w medullary carcinoma with amyloid stroma (1)
BAY AREA - Medullary carcinoma of thyroid (3)
SANTA CLARA (Loma Prieta Group) - Medullary carcinoma
SACRAMENTO (UC Davis Med Ctr) - Medullary carcinoma vs paraganglioma
ARIZONA (VA Med Ctr) - Medullary carcinoma of thyroid
WASHINGTON (Seattle VA Med Ctr) - Neuroendocrine neoplasm, calcitonin secreting, malignant potential uncertain.
NEBRASKA (Creighton University) - Medullary carcinoma
MISSISSIPPI (Baptist Med Ctr) - Medullary carcinoma
TEXAS (Providence Memorial Hospital) - Medullary carcinoma
FLORIDA (Tallahassee) - Medullary carcinoma (3)
NEW YORK (Impath) - Medullary carcinoma of thyroid gland (4)
NEW YORK (Metropolitan Hospital) - Medullary carcinoma, neuroendocrine feature
MAINE (Bangor) - Medullary carcinoma
MASSACHUSETTS (Berkshire Med Ctr) - Medullary carcinoma
CONNECTICUT (Univ Conn Health Ctr) - Paraganglioma
NEW HAMPSHIRE (Manchester) - Favor medullary carcinoma (1); Medullary carcinoma vs thyroid carcinoid (1)
NEW JERSEY (Overlook Hospital Summit) - Medullary carcinoma (2); carcinoid (1)
JAPAN (Shimada-Kyoto) - Medullary carcinoma

DIAGNOSIS:
MEDULLARY CARCINOMA, THYROID
T96000/M85103

REFERENCES:
INLAND (RIVERSIDE/SAN BERNARDINO) - Medullary carcinoma, thyroid
BAKERSFIELD (Central Valley Study Group) - Medullary carcinoma
VENTURA (Unilab) - Medullary carcinoma (2)
LONG BEACH - Medullary carcinoma (6)
SAN DIEGO (Naval Medical Center) - Medullary thyroid carcinoma (16)
SANTA BARBARA (Cottage Hospital) - Medullary carcinoma
SANTA ROSA - Medullary carcinoma (2); Carcinoma medullar type with focal amyloid stroma (1)
BAY AREA - Medullary carcinoma of thyroid (3)
SANTA CLARA (Loma Prieta Group) - Medullary carcinoma
SACRAMENTO (UC Davis Med Ctr) - Medullary carcinoma, spindle cell variant
ARIZONA (VA Med Ctr) - Medullary carcinoma of thyroid
WASHINGTON (Seattle VA Med Ctr) - Neuroendocrine neoplasm, calcitonin secreting; malignant potential uncertain
NEBRASKA (Creighton University) - Medullary carcinoma
MISSISSIPPI (Baptist Med Ctr) - Medullary carcinoma
TEXAS (Providence Memorial Hospital) - Medullary carcinoma
FLORIDA (Tallahassee) - Medullary carcinoma (3)
NEW YORK (Impath) - Medullary carcinoma of thyroid gland, spindle cell variant (3); Medullary carcinoma (1)
NEW YORK (Metropolitan Hospital) - Medullary carcinoma
MAINE (Bangor) - Medullary carcinoma
MASSACHUSETTS (Berkshire Med Ctr) - Medullary carcinoma
CONNECTICUT (Univ of Conn Health Ctr) - Medullary carcinoma of thyroid
NEW HAMPSHIRE (Manchester) - Medullary carcinoma (2)
NEW JERSEY (Overlook Hospital Summit) - Medullary carcinoma (3)
JAPAN (Shimada-Kyoto) - Medullary carcinoma

DIAGNOSIS:
MEDULLARY CARCINOMA, THYROID (SPINDLE CELL VARIANT)
T96000/M85103

REFERENCES:
INLAND (RIVERSIDE/SAN BERNARDINO) - Atrophy thymus
BAKERSFIELD (Central Valley Study Group) - Atrophic thymus
VENTURA (Unilab) - Thymolipoma (2)
LONG BEACH - Thymolipoma (6)
SAN DIEGO (Naval Medical Center) - Thymolipoma (16)
SANTA BARBARA (Cottage Hospital) - Thymolipoma
SANTA ROSA - Thymus gland (1); Thymus with no specific changes (1); Involuting thymus with dystrophic calcification and prominent cortical epithelial cells (1)
BAY AREA - Thymoma (2); Thymolipoma (1); With myasthenia gravis (3)
SANTA CLARA (Loma Prieta Group) - Normal thymus
SACRAMENTO (UC Davis Med Ctr) - Thymus
ARIZONA (VA Med Ctr) - Thymus with mild lymphoid hyperplasia
WASHINGTON (Seattle VA Med Ctr) - Thymus removed in treatment for myasthenia gravis (when do such lesions become "thymolipoma")
NEBRASKA (Creighton University) - Thymolipoma
MISSISSIPPI (Baptist Med Ctr) - Thymolipoma
TEXAS TECH (Providence Memorial Hospital) - Thymolipoma
FLORIDA (Tallahassee) - Benign thymus--Thymic hyperplasia associated with myasthenia gravis (3)
NEW YORK (Impath) - Thymolipoma (4)
NEW YORK (Metropolitan Hospital) - Thymic lipoma
MAINE (Bangor) - Thymus
MASSACHUSETTS (Berkshire Med Ctr) - Thymolipoma vs normal
CONNECTICUT (Univ Conn Health Ctr) - Changes consistent with myasthenia gravis
NEW HAMPSHIRE (Manchester) - Thymolipoma vs thymic hyperplasia (1); Thymic hyperplasia (1)
NEW JERSEY (Overlook Hospital Summit) - Atrophic thymus (1); Thymolipoma (2)
JAPAN (Shimada-Kyoto) - Thymolipoma

DIAGNOSIS:
THYMOLIPOMA
T98000/M88500

REFERENCES:
INLAND (RIVERSIDE/SAN BERNARDINO) - Hurthle cell neoplasm
BAKERSFIELD (Central Valley Study Group) - Follicular carcinoma
VENTURA (UniLab) - Follicular carcinoma (2)
LONG BEACH - Hurthle cell tumor (6)
SAN DIEGO (Naval Medical Center) - Oncocytic (Hurthle cell) thyroid carcinoma (13); Oncocytic (Hurthle cell) thyroid carcinoma, angioinvasive (3)
SANTA BARBARA (Cottage Hospital) - Hurthle cell carcinoma (minimally invasive)
SANTA ROSA - Hurthle cell carcinoma (2); Hurthle cell tumor; r/o Hurthle cell carcinoma (1)
BAY AREA - Hurthle cell carcinoma, thyroid (3)
SANTA CLARA (Loma Prieta Group) - Trabecular adenoma
SACRAMENTO (UC Davis Med Ctr) - Hurthle cell neoplasia, malignant potential can not be excluded
ARIZONA (VA Med Ctr) - Hurthle cell tumor, probable malignant
WASHINGTON (Seattle VA Med Ctr) - Follicular carcinoma of thyroid
NEBRASKA (Creighton University) - Hurthle cell carcinoma
MISSISSIPPI (Baptist Med Ctr) - Oncocytic carcinoma, r/o medullary
TEXAS (Providence Memorial Hospital) - Oncocytic carcinoma
FLORIDA (Tallahassee) - Follicular carcinoma (3)
NEW YORK (Impath) - Encapsulated follicular carcinoma with focal Hurthle cell features, minimally invasive (capsular) (4)
NEW YORK (Metropolitan Hospital) - Oncocytic (Hurthle cell) carcinoma
MAINE (Bangor) - Follicular carcinoma, minimally invasive
MASSACHUSETTS (Berkshire Med Ctr) - Hurthle cell neoplasm
CONNECTICUT (Univ Conn Health Ctr) - Hurthle cell adenoma (follicular adenoma of oxyphilic cell type)
NEW HAMPSHIRE (Manchester) - Atypical Hurthle cell adenoma (1); Malignant Hurthle cell tumor (1)
NEW JERSEY (Overlook Hospital Summit) - Minimally invasive Hurthle cell carcinoma (3)
JAPAN (Shimada-Kyoto) - Oncocytic carcinoma

DIAGNOSIS:
MINIMALLY INVASIVE, ENCAPSULATED, HURTHLE CELL CARCINOMA, THYROID
T96000/M82903

REFERENCES:
INLAND (RIVERSIDE/SAN BERNARDINO) - Thyroid adenoma
BAKERSFIELD (Central Valley Study Group) - Follicular neoplasm with clear cell change
VENTURA (Unilab) - Follicular adenoma (2)
LONG BEACH - Follicular adenoma (clear cell) (6)
SAN DIEGO (Naval Medical Center) - Follicular adenoma with clear cell features (16)
SANTA BARBARA (Cottage Hospital) - Follicular adenoma with clear cell features
SANTA ROSA - Clear cell follicular neoplasm (1); Follicular neoplasm, clear cell type (1); Follicular neoplasm, clear cell variant (1)
BAY AREA - Follicular cell adenoma with clear cell features (2); Hurthle cell adenoma with clear cell features (1)
SANTA CLARA (Loma Prieta Group) - Adenoma with clear cell changes
SACRAMENTO (UC Davis Med Ctr) - Clear cell follicular adenoma
ARIZONA (VA Med Ctr) - Follicular adenoma
WASHINGTON (Seattle VA Med Ctr) - Thyroid adenoma
NEBRASKA (Creighton University) - Follicular adenoma, clear cell type
MISSISSIPPI (Baptist Med Ctr) - Follicular adenoma, clear cell
TEXAS (Providence Memorial Hospital) - Follicular adenoma (clear cell type)
FLORIDA (Tallahassee) - Follicular adenoma (3)
NEW YORK (Impath) - Follicular adenoma (4)
NEW YORK (Metropolitan Hospital) - Follicular neoplasm with clear cell changes
MAINE (Bangor) - Thyroid adenoma
MASSACHUSETTS (Berkshire Med Ctr) - Follicular adenoma, clear cell variant
CONNECTICUT (Univ Conn Health Ctr) - Follicular adenoma
NEW HAMPSHIRE (Manchester) - Follicular adenoma with clear cell changes (1); Follicular adenoma, thyroid (1)
NEW JERSEY (Overlook Hospital Summit) - Clear cell follicular adenoma (3)
JAPAN (Shimada-Kyoto) - Follicular adenoma, clear cell type

DIAGNOSIS:
FOLLICULAR ADENOMA (CLEAR CELL TYPE), THYROID
T96000/M83300

FOLLOW-UP:
One year following surgery, she was well and in good health with no evidence of local recurrence.

REFERENCES: