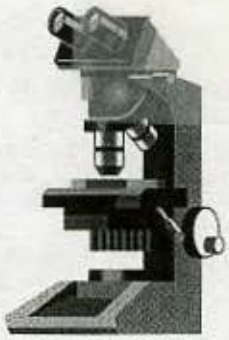
1342

CALIFORNIA
TUMOR TISSUE REGISTRY



Head and Neck Neoplasms

Minutes – Subscription B

March, 2008

SUGGESTED READING (General Topics from Recent Literature):

Pseudoangiomatous Stromal Hyperplasia Tumor. A Clinical, Radiologic, and Pathologic Study of 26 Cases. Ferreira M, Albarracin CT and Resetkova E. *Mod Pathol* 2008; 21:201-207.

The Dysfunctional Federally Mandated Proficiency Test in Cytopathology. A Statistical Analysis. Nagy GK and Naryshkin S. *Cancer* 2007; 111:467-476.

Tubulocystic Carcinoma of the Kidney, Clinicopathologic and Molecular Characterization. Yang XJ and Zhou M. *Am J Pathol* 2008; 32:177-187.

Allergic Eosinophilic Esophagitis. A Primer for Pathologists. Antonioli DA and Furuta GT. *Semin Diagn Pathol* 2005; 22:266-272.

Uterine Tumors with Neuroectodermal Differentiation. A Series of 17 Cases and Review of the Literature. Euscher ED and Deavers MT. *Am J Surg Pathol* 2008; 32:219-228.

California Tumor Tissue Registry
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Web site & Case of the Month: www.cttr.org

FILE DIAGNOSES

(Preferably submitted on website at www.cttr.org. Click "subscriptions", then "submit answers.")

CTTR Subscription B

Case 1:
Inverted papilloma (Schneiderian), sinonasal
T-21340, M-80520

Case 2:
Respiratory epithelial adenomatoid hamartoma, ethmoid sinus
T-22300, M-75500

Case 3:
Polymorphous low grade adenocarcinoma
T-51300, M-81403

Case 4:
Warthin's tumor, parotid
T-55110, M-85610

Case 5:
Carcinoma ex-pleomorphic adenoma, parotid
T-55100, M-85003

Case 6:
Acinic cell carcinoma, deep to left ear
T-Y0600, M-XY000

Case 7:
Olfactory neuroblastoma (esthesioneuroblastoma), maxilla and skull base
T-10170, M-95223

Case 8:
Chondroblastic osteosarcoma, maxilla
T-10170, M-91813

Case 9:
Mucoepidermoid carcinoma, upper neck (post-parotid surgeries)
T-Y0600, M-80103

Case 10:
Epithelial myoepithelial carcinoma (recurrent), nasopharynx and neck
T-Y0600, M-89820

Case No. 1 - Accession No. 30319 **March, 2008**

Loma Linda - Squamous papilloma, nasal vestibule
Alabama (St. Vincent's Hospital) - Inverted Schneiderian papilloma
Alabama (UAB) - Schneiderian papilloma, exophytic type
Illinois (Heartland Regional Medical Center) - Schneiderian papilloma, fungiform type
Michigan (Henry Ford Pathology Residents) - Inverted papilloma
Montana (Bozeman Deacones Hospital) - Inverted papilloma
New York (St. Lukes Roosevelt Hospital) - Schneiderian papilloma
New York (Stony Brook University Medical Center) - Schneiderian papilloma, sinonasal type
Nevada (Sunrise Hospital) - Schneiderian papilloma, inverted type
Puerto Rico (Puerto Rico School of Medicine) - Exophytic Schneiderian papilloma
Canada (Pasqua Hospital) - Exophytic Schneiderian papilloma
Saudi Arabia (King Fahad National Guard Hospital) - Sinonasal papilloma
United Kingdom (Oxford Study Group) - Schneiderian papilloma (exophytic type)

Case 1 - Diagnosis:

Inverted papilloma (Schneiderian), sinonasal
T-21340, M-80520

Case 1 - References:

Baradaranfar MH and Dabirmoghaddam P. Endoscopic Endonasal Surgery for Resection of Benign Sinonasal Tumors. Experience with 105 Patients. *Arch Iran Med* 2006; 9(3):244-249.

Jardine AH, Davies GR and Birchall MA. Recurrence and Malignant Degeneration of 89 Cases of Inverted Papilloma Diagnosed in a Non-Tertiary Referral Population Between 1975 and 1995. Clinical Predictors and p53 Studies. *Clin Otolaryngol Allied Sci* 2000; 25(5):363-369.

Lawson W, Ho BT, Shaari CM, et al Inverted Papilloma. A Report of 112 Cases. *Laryngoscope* 1995; 105(3 Pt 1):282-288.

Lawson W, Le Benger J, Som P, et al. Inverted Papilloma. An Analysis of 87 Cases. *Laryngoscope* 1989; 99(11):1117-1124.

Case No. 2 - Accession No. 24954 **March, 2008**

Loma Linda - Inverted Schneiderian papilloma
Alabama (St. Vincent's Hospital) - Angiomyxoma
Alabama (UAB) - Respiratory epithelial adenomatoid hamartoma
Illinois (Heartland Regional Medical Center) - Nasal polyp
Michigan (Henry Ford Pathology Residents) - Respiratory epithelial adenomatoid hamartoma
Montana (Bozeman Deacones Hospital) - Respiratory epithelial adenomatoid hamartoma
New York (St. Lukes Roosevelt Hospital) - Respiratory epithelial adenomatoid hamartoma
New York (Stony Brook University Medical Center) - Respiratory epithelial adenomatoid hamartoma
Nevada (Sunrise Hospital) - Respiratory epithelial adenomatoid hamartoma
Puerto Rico (Puerto Rico School of Medicine) - Respiratory epithelial adenomatoid hamartoma
Canada (Pasqua Hospital) - Glomangiopericytoma
Saudi Arabia (King Fahad National Guard Hospital) - Spindle cell lesion favoring hemangiopericytoma, sinonasal type
United Kingdom (Oxford Study Group) - Respiratory epithelioid adenomatoid hamartoma

Case 2 - Diagnosis:

Respiratory epithelial adenomatoid hamartoma, ethmoid sinus
T-22300, M-75500

Case 2 - References:

Sanoi AR and Berry G. Respiratory Epithelial Adenomatoid Hamartoma. Diagnostic Pitfalls with Emphasis on Differential Diagnosis. *Adv Anat Pathol* 2007; 14(1):11-16.

Delbrouck C, Fernandez AS, Choufani G, et al. Respiratory Epithelial Adenomatoid Hamartoma Associated with Nasal Polyposis. *Am J Otolaryngol* 2004; 25(4):282-284.

Liang J, O'Malley BW, Feldman M, et al. A Case of Respiratory Epithelial Adenomatoid Hamartoma. *Am J Otolaryngol* 2007; 28(4):277-279.

Ingram WF, Noone MC, Gillespie MB, et al. Respiratory Epithelial Adenomatoid Hamartoma. A Case Report. *Ear Nose Throat J* 2006; 85(3):190-192.

Kessler HP and Uterman B. Respiratory Epithelial Adenomatoid Hamartoma of the Maxillary Sinus Presenting as a Periapical Radiolucency. A Case Report and Review of the Literature. *Oral Surg Oral Med , Oral Radiol Endod* 2004; 97(5):607-612.

Case No. 3 - Accession No. 30398 March, 2008

Loma Linda - Adenoid cystic carcinoma
Alabama (St. Vincent's Hospital) - Polymorphous low grade adenocarcinoma
Alabama (UAB) - Adenoid cystic carcinoma
Illinois (Heartland Regional Medical Center) - Polymorphous low grade adenocarcinoma
Michigan (Henry Ford Pathology Residents) - Basal cell adenocarcinoma
Montana (Bozeman Deacones Hospital) - Basal cell adenoma
New York (St. Lukes Roosevelt Hospital) - Polymorphous low grade adenocarcinoma
New York (Stony Brook University Medical Center) - Basal cell adenocarcinoma
Nevada (Sunrise Hospital) - Adenoid cystic carcinoma
Puerto Rico (Puerto Rico School of Medicine) - Basal cell adenoma/pleomorphic adenoma
Canada (Pasqua Hospital) - Aenoid cystic carcinoma
Saudi Arabia (King Fahad National Guard Hospital) - Basal cell adenoma
United Kingdom (Oxford Study Group) - Pleomorphic low grade adenocarcinoma (4); Basal cell adenocarcinoma (3)

Case No. 3 - Diagnosis:

Polymorphous low grade adenocarcinoma
T-51300, M-81403

Case 3 - References:

Perez-Ordonez B, Linkov I and Huvos AG. Polymorphous Low-Grade Adenocarcinoma of Minor Salivary Glands. A Study of 17 Cases with Emphasis on Cell Differentiation. *Histopathol* 1998; 32(6):521-529.

Vincent SD, Hammond HL and Finkelstein MW. Clinical and Therapeutic Featrues of Polymorphous Low-Grade Adenocarcinoma. *Oral Surg Oral Med Oral Pathol* 1994; 77(1):41-47.

Colmenero CM, Patron M, Burguerio M, et al. Polymorphous Low-Grade Adenocarcinoma of the Oral Cavity. A Report of 14 Cases. *J Oral Maxillofac Surg* 1992; 50(6):595-600.

Fliss DM, Zirkin H, Puterman M, et al. Low-Grade Papillary Adenocarcinoma of Buccal Mucosa Salivary Gland Origin. *Head Neck* 1989; 11(3):237-241.

Evans HL and Batsakis JG. Polymorphous Low-Grade Adenocarcinoma of Minor Salivary Glands. A Study of 14 Cases of a Distinctive Neoplasm. *Cancer* 1984; 53(4):935-942.

Case No. 4 - Accession No. 30365 March, 2008

Loma Linda - Warthin's tumor
Alabama (St. Vincent's Hospital) - Warthin's tumor
Alabama (UAB) - Warthin's tumor
Illinois (Heartland Regional Medical Center) - Warthin's tumor
Michigan (Henry Ford Pathology Residents) - Warthin's tumor
Montana (Bozeman Deacones Hospital) - Warthin's tumor
New York (St. Lukes Roosevelt Hospital) - Warthin's tumor
New York (Stony Brook University Medical Center) - Warthin's tumor
Nevada (Sunrise Hospital) - Warthin's tumor

Puerto Rico (Puerto Rico School of Medicine) - Warthin's tumor
Canada (Pasqua Hospital) - Warthin's tumor
Saudi Arabia (King Fahad National Guard Hospital) - Warthin's tumor
United Kingdom (Oxford Study Group) - Warthin's tumor

Case 4 - Diagnosis:

Warthin's tumor, parotid
T-55110, M-85610

Case 4 - References:

Becelli R, Morello R, Renzi G, et al. Warthin's Tumor of the Hard Palate. *J Craniofac Surg* 2007; 18(5):1182-1184.

Abraham Z, Rozenbaum M and Keren R. Skin Ulcer at the Blunt Apex of a Giant Warthin's Tumor. *J Dermatol* 2000; 27(8):523-528.

Auclair PL. Tumor-Associated Lymphoid Proliferation in the Parotid Gland. A Potential Diagnostic Pitfall. *Oral Surg Oral Med Oral Pathol* 1994; 77(1):19-26.

Zappia JJ, Sullivan MJ and McClatchey KD. Unilateral Multicentric Warthin's Tumors. *J Otolaryngol* 1991; 20(2):93-96.

Elledge ES and Moss J Jr. Papillary Cystadenoma Lymphomatosum (Warthin's Tumor). A Changing Incidence? *Ear Nose Throat J* 1990:732-736.

Case No. 5 - Accession No. 30485 March, 2008

Loma Linda - Oncocytic carcinoma, parotid
Alabama (St. Vincent's Hospital) - Oncocytic carcinoma
Alabama (UAB) - Carcinoma ex-pleomorphic adenoma
Illinois (Heartland Regional Medical Center) - Salivary duct carcinoma
Michigan (Henry Ford Pathology Residents) - Carcinoma ex-pleomorphic adenoma
Montana (Bozeman Deacones Hospital) - Salivary duct carcinoma
New York (St. Lukes Roosevelt Hospital) - Carcinoma ex-pleomorphic adenoma
New York (Stony Brook University Medical Center) - Salivary duct carcinoma, ex-pleomorphic adenoma
Nevada (Sunrise Hospital) - Salivary duct carcinoma, high grade (consistent with carcinoma ex-pleomorphic adenoma)
Puerto Rico (Puerto Rico School of Medicine) - Carcinoma/pleomorphic adenoma
Canada (Pasqua Hospital) - Carcinoma ex-pleomorphic adenoma
Saudi Arabia (King Fahad National Guard Hospital) - Carcinoma ex-pleomorphic adenoma
United Kingdom (Oxford Study Group) - Carcinoma ex-pleomorphic adenoma

Case 5 - Diagnosis:

Carcinoma ex-pleomorphic adenoma, parotid
T-55100, M-85003

Case 5 - References:

Nigam S, Kumar N, Jain S, et al. Cytomorphologic Spectrum of Carcinoma Ex-Pleomorphic Adenoma. *Acta Cytol* 2004; 48(3):309-314.

Altemani A, Martins MT, Freitas L, et al. Carcinoma Ex-Pleomorphic Adenoma (CSPA). Immunoprofile of the Cells Involved in Carcinomatous Progression. *Histopathol* 2005; 46(6):635-641.

Parwani AV, Lujan G, Ali SZ, et al. Myoepithelial Carcinoma Arising in a Pleomorphic Adenoma of the Parotid Gland. Report of a Case with Cytopathologic Findings. *Acta Cytol* 2006; 50(1):93-96.

Faquin WC and Dayal Y. Expression of Androgen, Estrogen and Progesterone Receptors in Salivary Gland Tumors. Frequent Expression of Androgen Receptor in a Subset of Malignant Salivary Gland Tumors. *Am J Clin Pathol* 2003; 119(6):801-806.

Smrkovski OA, Le Blanc AK, Smith SH, et al. Carcinoma Ex Pleomorphic Adenoma with Sebaceous Differentiation in the Mandibular Salivary Gland of a Dog. *Vet Pathol* 2006; 43(3): 374-377.

Case No. 6 - Accession No. 24228 March, 2008

Loma Linda - Clear cell carcinoma, parotid
Alabama (St. Vincent's Hospital) - Cystadenoma carcinoma
Alabama (UAB) - Cystadenocarcinoma
Illinois (Heartland Regional Medical Center) - Acinic adenocarcinoma, papillary cystic type
Michigan (Henry Ford Pathology Residents) - Mucoepidermoid carcinoma
Montana (Bozeman Deacones Hospital) - Cystadenocarcinoma
New York (St. Lukes Roosevelt Hospital) - Acinic cell carcinoma
New York (Stony Brook University Medical Center) - Low grade papillary cystadenocarcinoma
Nevada (Sunrise Hospital) - Cystadenocarcinoma
Puerto Rico (Puerto Rico School of Medicine) - Papillary acinic cell carcinoma
Canada (Pasqua Hospital) - Acinic cell carcinoma
Saudi Arabia (King Fahad National Guard Hospital) - Acinic cell carcinoma papillary cystic variant
United Kingdom (Oxford Study Group) - Acinic cell carcinoma

Case 6 - Diagnosis:

Acinic cell carcinoma, deep to left ear
T-Y0600, M-XY000

Case 6 - References:

Shet T, Ghodke R, Kane S, et al. Cytomorphologic Patterns in Papillary Cystic Variant of Acinic Cell Carcinoma of the Salivary Gland. *Acta Cytol* 2006; 50(4):388-392.

Gonzalez-Peramato P, Jimenez-Heffernan JA, Lopez-Ferrer P, et al. Fine Needle Aspiration Cytology of Dedifferentiated Acinic Cell Carcinoma of the Parotid Gland. A Case Report. *Acta Cytol* 2006; 50(1):105-108.

Mehta RP, Faquin WC and Deschler DG. Pathology Quiz Case 1. Acinic Cell Carcinoma of the Parotid Gland with Ductal Extension. *Arch Otolaryngol Head Neck Surg* 2004; 130(6):790-793.

Meer S and Altini M. CK7+/CK20-Immunoexpression Profile is Typical of Salivary Gland Neoplasia. *Histopathol* 2007; 51(1):26-32.

Nasser SM, Faquin WC, Dayal Y, et al. Expression of Androgen, Estrogen, and Progesterone Receptors In Salivary Gland Tumors. Frequent Expression of Androgen Receptor in a Subset of Malignant Salivary Gland Tumors. *Am J Clin Pathol* 2003; 119(6):801-806.

Case No. 7 - Accession No. 30247 — March, 2008

Loma Linda - Esthesioneuroblastoma
Alabama (St. Vincent's Hospital) - Olfactory neuroblastoma
Alabama (UAB) - Olfactory neuroblastoma
Illinois (Heartland Regional Medical Center) - Olfactory neuroblastoma
Michigan (Henry Ford Pathology Residents) - Olfactory neuroblastoma
Montana (Bozeman Deacones Hospital) - Small cell carcinoma
New York (St. Lukes Roosevelt Hospital) - Olfactory neuroblastoma
New York (Stony Brook University Medical Center) - Glomus tumor
Nevada (Sunrise Hospital) - Olfactory neuroblastoma
Puerto Rico (Puerto Rico School of Medicine) - Olfactory neuroblastoma
Canada (Pasqua Hospital) - Olfactory neuroblastoma
Saudi Arabia (King Fahad National Guard Hospital) - Olfactory neuroblastoma
United Kingdom (Oxford Study Group) - Olfactory neuroblastoma

Case 7 - Diagnosis:

Olfactory neuroblastoma (esthesioneuroblastoma), maxilla and skull base
T-10170, M-95223

Outside Consultation: Leonard Barnes, M.D. (UPMC Health System): Olfactory neuroblastoma, Grade I-II (of IV).

Case 7 - References:

Lee JY and Kim HK. Primary Olfactory Neuroblastoma Originating from the Inferior Meatus of the Nasal Cavity. *Am J Otolaryngol* 2007; 28(3):196-200.

Lund VJ, Howard D, Wei W, et al. Olfactory Neuroblastoma, Past, Present, and Future? *Laryngoscope* 2003; 113(3):502-507.

Emerson LL, Layfield LJ and Frame R. Pleomorphic Olfactory Neuroblastoma (Esthesioneuroblastoma). Histopathological Findings and Clinical Course. *Histopathol* 2007; 51(3):430-432.

Mahooti S and Wakely PE. Cytopathologic Features of Olfactory Neuroblastoma. *Cancer* 2006; 108(2):86-92.

Constantinidis J, Steinhart H, Koch M, et al. Olfactory Neuroblastoma. The University of Erlangen-Nuremberg Experience 1975-2000. *Otolaryngol Head Neck Surg* 2004; 130(5):567-574.

Case No. 8 - Accession No. 30393 — March, 2008

Loma Linda - Osteosarcoma, maxilla
Alabama (St. Vincent's Hospital) - Osteosarcoma,
Alabama (UAB) - Osteosarcoma
Illinois (Heartland Regional Medical Center) - Osteosarcoma
Michigan (Henry Ford Pathology Residents) - Ossifying fibroma vs. fibrous dysplasia
Montana (Bozeman Deacones Hospital) - Chondrosarcoma
New York (St. Lukes Roosevelt Hospital) - Osteosarcoma
New York (Stony Brook University Medical Center) - Chondrosarcoma
Nevada (Sunrise Hospital) - Osteosarcoma
Puerto Rico (Puerto Rico School of Medicine) - Osteosarcoma
Canada (Pasqua Hospital) - Osteosarcoma
Saudi Arabia (King Fahad National Guard Hospital) - Chondroblastic osteosarcoma
United Kingdom (Oxford Study Group) - Osteosarcoma

Case 8 - Diagnosis:

Chondroblastic osteosarcoma, maxilla
T-10170, M-91813

Case 8 - References:

Paparella ML, Brandizzi D and Santini-Araujo E. Evaluation of Nucleolar Organizer Regions in Maxillary Osteosarcoma. *Acta Odontol Latinoam* 2007; 20(1):55-60.

Rinaggio J, Kewitt Gf and McGuff HS. Epithelioid Osteosarcoma Presenting as a Rapidly Expanding Maxillary Mass. *Head Neck* 2007; 29(7):705-709.

Clark JL, Unni KK, Dahlin DC, et al. Osteosarcoma of the Jaw. *Cancer* 1983; 51(12):2311-2316.

Park YK, Ryu KN, Park HR, et al. Low Grade Osteosarcoma of the Maxillary Sinus. *Skeletal Radiol* 2003; 161-164.

Case No. 9 - Accession No. 24839 — March, 2008

Loma Linda - Adenosquamous carcinoma, parotid
Alabama (St. Vincent's Hospital) - High grade mucoepidermoid carcinoma
Alabama (UAB) - Mucoepidermoid carcinoma
Illinois (Heartland Regional Medical Center) - Mucoepidermoid carcinoma, high grade
Michigan (Henry Ford Pathology Residents) - Adenosquamous carcinoma
Montana (Bozeman Deacones Hospital) - Adenocarcinoma, NOS
New York (St. Lukes Roosevelt Hospital) - Adenosquamous carcinoma
New York (Stony Brook University Medical Center) - Squamous cell carcinoma
Nevada (Sunrise Hospital) - Mucoepidermoid carcinoma
Puerto Rico (Puerto Rico School of Medicine) - Mucoepidermoid (high grade) adenosquamous
Canada (Pasqua Hospital) - Mucoepidermoid carcinoma
Saudi Arabia (King Fahad National Guard Hospital) - Mucoepidermoid carcinoma
United Kingdom (Oxford Study Group) - High-grade mucoepidermoid carcinoma

Case 9 - Diagnosis:

Mucoepidermoid carcinoma, upper neck (post-parotid surgeries)
T-Y0600, M-80103

Case 9 - References:

Aro K, Leivo I and Makitie AA. Management and Outcome of Patients with Mucoepidermoid Carcinoma of Major Salivary Gland Origin. A Single Institution's 30-Year Experience. *Laryngoscope* 2008; 118(2):258-262.

Ozcan C, Talas D and Gorur K. Parotid Gland Mucoepidermoid Carcinoma Associated with Myasthenia Gravis. *J Craniofac Surg* 2007; 18(5):1055-1058.

Triantafillidou K, Dimitrakopoulos J, Iordanidis F, et al. Mucoepidermoid Carcinoma of Minor Salivary Glands. A Clinical Study of 16 Cases and Reiew of the Literature. *Oral Dis* 2006; 12(4):364-370.

Brannon RB and Willard CC. Oncocytic Mucoepidermoid Carcinoma of Parotid Gland Origin. *Oral Surg oral Med Oral Pathol Oral Radiol Endod* 2003; 96(6):727-733.

Vedrine PO, Coffinet L, Temam S, et al. Mucoepidermoid Carcinoma of Salivary Glands in the Pediatric Age Group. 18 Clinical Cases, Including 11 Second Malignant Neoplasms. *Head Neck* 2006; 28(9):827-833.

Kokemueller H, Brueggemann N, Swennen G, et al. Mucoepidermoid Carcinoma of Salivary Glands. Clinical Review of 42 Cases. *Oncol* 2005; 41(1):3-10.

Case No. 10 - Accession No. 23938 — March, 2008

Loma Linda - Metastatic myoepithelial carcinoma
Alabama (St. Vincent's Hospital) - Metastatic adenocarcinoma ex-pleomorphic adenoma
Alabama (UAB) - Pleomorphic adenoma
Illinois (Heartland Regional Medical Center) - Basaloid neoplasm, favor recurrent pleomorphic adenoma
Michigan (Henry Ford Pathology Residents) - Basal cell adenoma
Montana (Bozeman Deacones Hospital) - Pleomorphic adenoma
New York (St. Lukes Roosevelt Hospital) - Epithelial myoepithelial carcinoma
New York (Stony Brook University Medical Center) - Epithelial myoepithelial carcinoma
Nevada (Sunrise Hospital) - Epithelial myoepithelial carcinoma
Puerto Rico (Puerto Rico School of Medicine) - Pleomorphic adenoma
Canada (Pasqua Hospital) - Adenoid cystic carcinoma
Saudi Arabia (King Fahad National Guard Hospital) - Myoepithelial tumor
United Kingdom (Oxford Study Group) - Basal cell adenocarcinoma

Case 10 - Diagnosis:

Epithelial myoepithelial carcinoma (recurrent), nasopharynx and upper neck
T-Y0600, M-89820

Case 10 – References:

Seethala RR, Barnes EL, Hunt JL, et al. Epithelial-Myoepithelial Carcinoma. A Review of the Clinicopathologic Spectrum and Immunophenotypic Characteristics in 61 Tumors of the Salivary Glands and Upper Aerodigestive Tract. *Am J Surg Pathol* 2007; 31(1):44-57.

Savera AT and Zarbo RJ. Defining the Role of Myoepithelium in Salivary Gland Neoplasia. *Adv Anat Pathol* 2004; 11(2):69-85.

Daneshbod Y, Negahban S, Khademi B, et al. Epithelial Myoepithelial Carcinoma of the Parotid Gland with Malignant Ductal and Myoepithelial Components Arising in a Pleomorphic Adenoma. A Case Report with Cytologic, Histologic and Immunohistochemical Correlation. *Acta Cytol* 2007; 51(5):807-813.

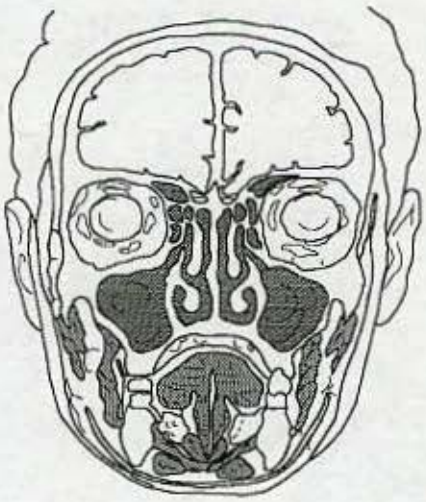
Parwani AV, Lujan G, Ali SZ, et al. Myoepithelial Carcinoma Arising in a Pleomorphic Adenoma of the Parotid Gland. Report of a Case with Cytopathologic Findings. *Acta Cytol* 2006; 50(1):93-96.

CALIFORNIA
TUMOR TISSUE REGISTRY

Head & Neck Neoplasms

Study Cases, Subscription B

March, 2008



California Tumor Tissue Registry
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FAX: (909) 558-0188
E-mail: cttr@linkline.com
Web site & Case of the Month: www.cttr.org

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.

Objectives:
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:
Donald R. Chase, MD

CME Credit:
Loma Linda University School of Medicine designates this continuing medical education activity for up to 2 hours of Category I of the Physician's Recognition Award of the American Medical Association.
CME credit is offered for the subscription year only.

Accreditation:
Loma Linda University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians.

Contributor: Jozef Kollin, M.D.
Lakewood, CA

Case No. 1 - March, 2008

Tissue from: Right intranasal area

Accession #30319

Clinical Abstract:

A 44-year-old man presented with an intranasal septal mass.

Gross Pathology:

The 6 gram specimen consisted of gray-white to tan, soft and papillary tissue, the largest piece measuring 3.0 x 3.0 x 1.0 cm.

Contributor: Weldon K. Bullock, M.D.
Los Angeles, CA

Case No. 2 - March, 2008

Tissue from: Ethmoid sinus

Accession #24954

Clinical Abstract:

After experiencing difficulty breathing out of her left nostril, a 59-year-old woman consulted her physician. On examination, a large mass appeared to be arising from the left ethmoid vault.

Gross Pathology:

The specimen consisted of 18 grams of nodular, blood-covered tissue and one light tan, polypoid mass which measured 3.0 x 1.0 x 1.0 cm. On sectioning, the mass was cystic and contained white, mucoid material. The blood-covered masses ranged in size from 2.0 x 1.0 x 1.0 cm to 2.5 x 1.5 x 1.5 cm. Many of those had cystic interiors on sectioning, with cysts up to 1.0 cm in dimension. The cut surfaces varied in color from mottled white to red to yellow.

Contributor: Lester Thompson, M.D.
Woodland Hills, CA

Case No. 3 - March, 2008

Tissue from: Buccal mucosa

Accession #30398

Clinical Abstract:

An 84-year-old woman presented with a slowly-enlarging mass within the buccal mucosa. Mucosal ulceration was not present, but the mass was firm to palpation. Radiographic studies demonstrated an inhomogeneous mass.

Gross Pathology:

At resection, a 3.2 cm mass was identified below an intact mucosa.

Contributor: Robert Zuch, M.D.
Baldwin Park, CA

Case No. 4 - March, 2008

Tissue from: Right parotid gland

Accession #30365

Clinical Abstract:

A non-painful, 2.0 to 2.5 cm nodule was removed from the right parotid area of a 66-year-old woman during examination. The nodule had been present for many years.

Gross Pathology:

The 5.2 x 3.2 x 2.2 cm resected salivary gland was largely replaced by a firm, gritty, white-tan tumor measuring up to 2.2 cm.

Contributor: Douglas Hanks, M.D.
San Francisco, CA

Case No. 5 - March, 2008

Tissue from: Right parotid gland

Accession #30485

Clinical Abstract:

A 54-year-old man presented with a rapidly growing right parotid mass with accompanying facial pain. The patient had a history of pleomorphic adenoma excision from the right parotid gland fifteen years previously.

Gross Pathology:

The tumor consisted of a 3.0 cm diameter firm, white fibrous nodule containing golden yellow nodules with calcifications.

Contributor: D. N. Halikis, M.D.
Los Angeles, CA

Case No. 6 - March, 2008

Tissue from: Left parotid gland

Accession #24228

Clinical Abstract:

For approximately 45 years, a 78-year-old man had noticed a slow-growing mass beneath the left ear. Over the last two years the mass had been growing more rapidly. In the past, the patient had reduced the size of the mass by sticking a needle into it and withdrawing clear fluid. On physical examination, a 10.0 cm mass was identified over the left sternocleidomastoid muscle.

Gross Pathology:

The 8 x 7 x 4.5 cm multinodular tumor was covered in part by skin and appeared to invade the sternocleidomastoid muscle. The cut surfaces were white-tan and variegated, with multiple cysts up to 2.0 cm in diameter. Focal soft, red-purple, papillary areas were also noted.

Contributor: Xuedong Wang, M.D., Ph.D.
Pasadena, CA

Case No. 7 - March, 2008

Tissue from: Right maxilla, base of skull

Accession #30247

Clinical Abstract:

A 45-year-old woman was found to have an invasive mass involving her maxillary sinus.

Gross Pathology:

The composite resection specimen included of a portion of maxilla, skull base, inferior and middle turbinates, and a 7.0 x 6.5 x 3.5 cm lobulated mass with an additional 6 x 3 x 2.2 cm lobulated polypoid mass attached to the mucosa above the middle turbinate. .

Special Studies:

Positive: NSE, Synaptophysin, S-100 protein.
Negative: AE1/AE3, CAM 5.2, Chromogranin, LCA, Cytokeratin

Contributor: Carol Solomon, M.D.
San Diego, CA

Case No. 8 - March, 2008

Tissue from: Anterior maxilla

Accession #30393

Clinical Abstract:

A 31-year-old man presented with an 11-month history of a sessile, lobular, progressively enlarging lesion in the anterior facial maxillary gingival with palatal expansion.

Gross Pathology:

The 6.6 x 5.3 x 5.0 cm maxillary resection specimen included a firm facial gingival mass in the area of teeth #11 and 12.

Contributor: Donald Rankin, M.D.
Fontana, CA

Case No. 9 - March, 2008

Tissue from: Neck

Accession #24839

Clinical Abstract:

This 77-year-old man had a mass in his left upper neck, posterior to the submandibular gland. Past surgery included two prior excisions of parotid masses.

Gross Pathology:

The specimen consisted of a 4.2 cm mass.

Special Studies:

Positive: Mucicarmine

Contributor: William Cowell, M.D.
Oceanside, CA

Case No. 10 - March, 2008

Tissue from: Nasopharynx

Accession #23938

Clinical Abstract:

Four years after undergoing surgery for a recurrent parotid tumor, a 79-year-old man presented with masses in the nasopharynx and right upper neck.

Gross Pathology:

The 3.0 x 2.4 cm specimen contained a 1.9 x 1.5 cm mass with a focally hemorrhagic and cystic cut surface. The mass appeared well-encapsulated and was surrounded grossly by adipose tissue. A separately submitted tumor fragment was 4.0 x 3.5 cm and had a white-tan parenchyma with foci of chondroid-like areas.