Best Cases of the AIRP

April 8, 2022
Musculoskeletal Best Case
17 year old male with 3 years of progressive right lower extremity intermittent swelling
Slow Flow Vascular Malformation
Fibro-Adipose Vascular Anomaly (FAVA)

Bryce Gagliano MD
University of Texas Southwestern Medical Center
Dallas, TX
Gastrointestinal Best Case
Neuroradiology Best Case
46 y/o F with enlarging L neck mass x 2 years
Suprathyroid + L carotid space + hypervascular

- L ascending pharyngeal artery
- L internal carotid artery
- L external carotid artery
- L internal jugular vein
Somatostatin Receptor Imaging: DOTATATE PET/CT
Embolization of L Ascending Pharyngeal Artery
Gross Pathology: Intraoperative & Specimen Photos
Histopathology: Neuroendocrine cells ("zellballen")
Glomus vagale paraganglioma

Annie Joseph
Mayo Clinic Hospital
Rochester, Minnesota, USA
Cardiothoracic
Best Case
Clinical information

59 year old woman with progressive shortness of breath.
Pulmonary Alveolar Microlithiasis

Dr. John Kirby
Mayo Clinic
Rochester, MN
Pediatric Best Case
Clinical information

13-month-old male with 1.5 weeks of vomiting, abdominal distention, increasing fatigue and decreased appetite. History of intermittent constipation.
- Dusky liver capsule overlying the mass with adjacent resected liver
Sectioned mass showing multiple cysts which contained serous fluid
Photomicrograph showing ductules and cysts surrounded by loose mesenchyme
Mesenchymal Hamartoma

Christopher Wright
Alberta Children's Hospital
University of Calgary Diagnostic Imaging
Case ID: 33480
Breast Best Case
Clinical information

27-year-old breast feeding woman with a history of bilateral breast implants with a palpable left breast mass.
Lumpectomy performed. Gross Specimen
Malignant Phyllodes Tumor with Liposarcomatous Differentiation

Saba Moghimi
BC Cancer Agency
Vancouver, British Columbia, Canada
Genitourinary Best Case
Clinical information

45-years-old female with a history of cholecystectomy for cholelithiasis presents with diffuse and poorly localized intermittent abdominal pain of long evolution.
Curvilinear bands of low signal on T2 represent interlacing bundles of Schwann cells and collagen fibers, characteristic of this tumor.

Areas with intermediate to high signal on T2 represent cellular and collagenous component.

Areas with high signal on T2 represent large amount of myxoid stroma and relatively few cellular and collagenous components. A few calcifications we can see.
RETROPERITONEAL GANGLIONEUROMA

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Many thanks to all of you for submitting such great cases!

From the staff of the
ACR Institute for Radiologic Pathology