

BEST CASES OF THE AIRP

April 23 – May 18, 2012



Musculoskeletal Best Case



34-year-old female presented with increasing pain in left knee and thigh





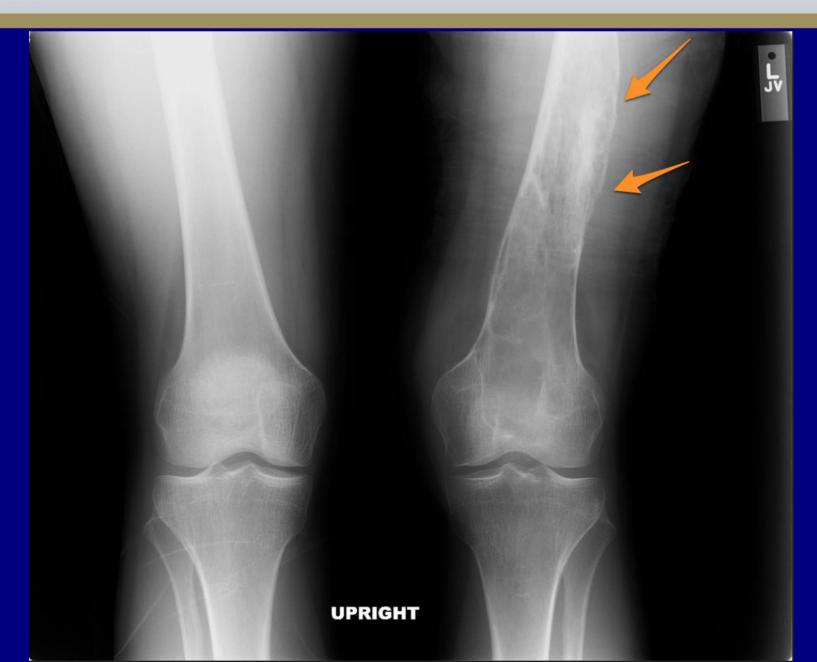












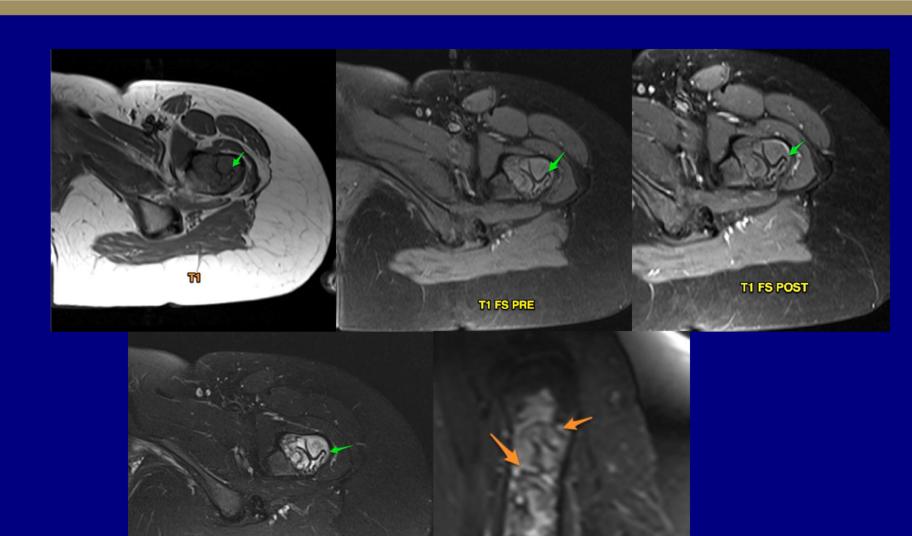








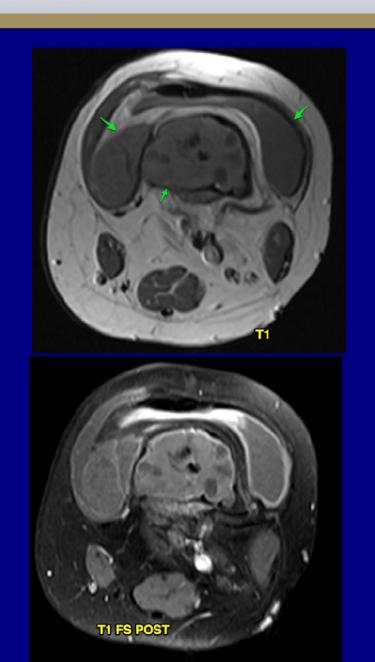


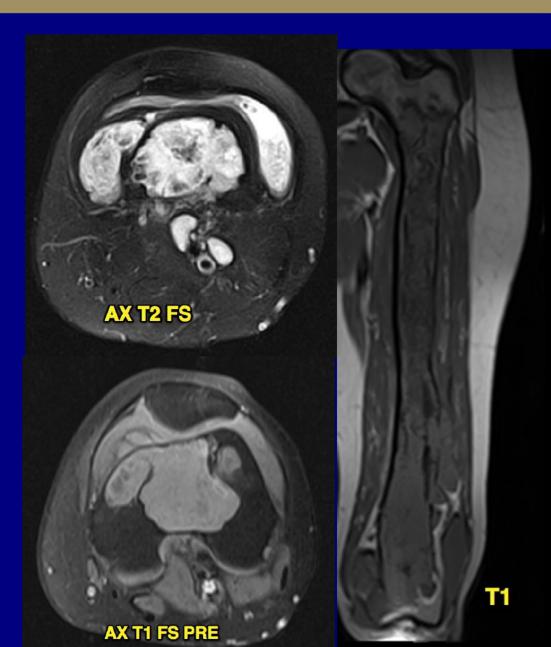


T2 FS

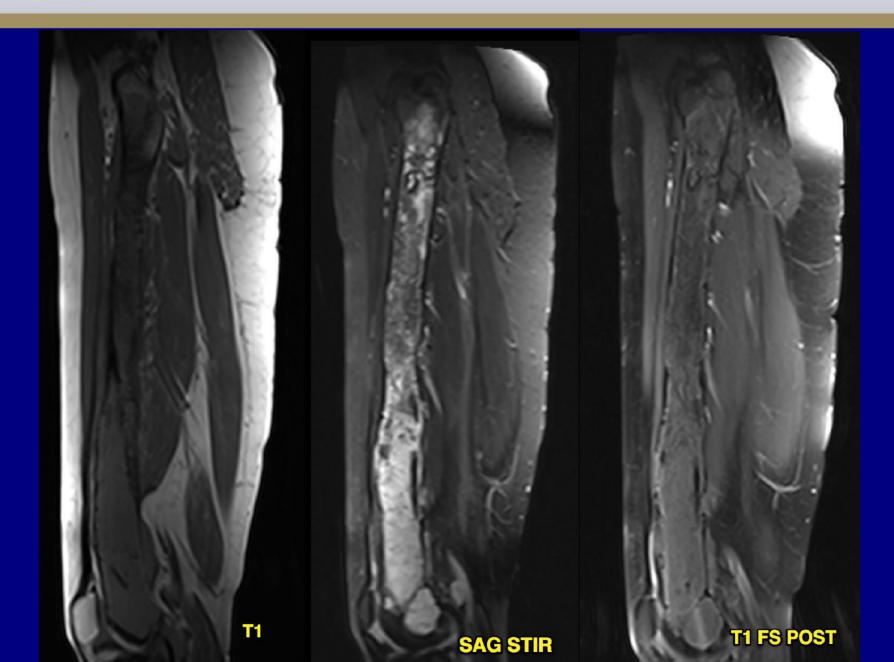
SAG STIR



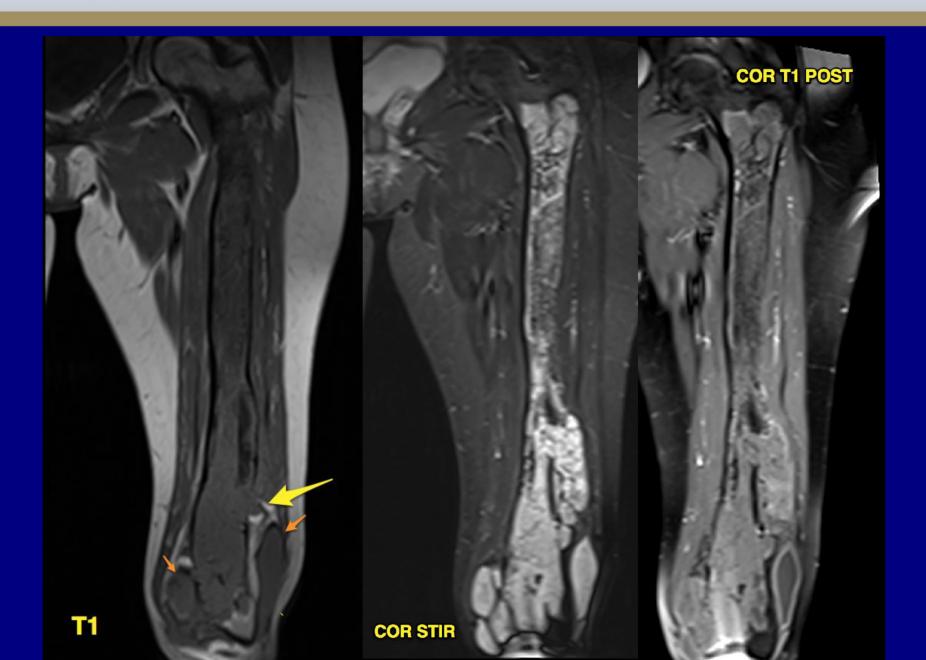


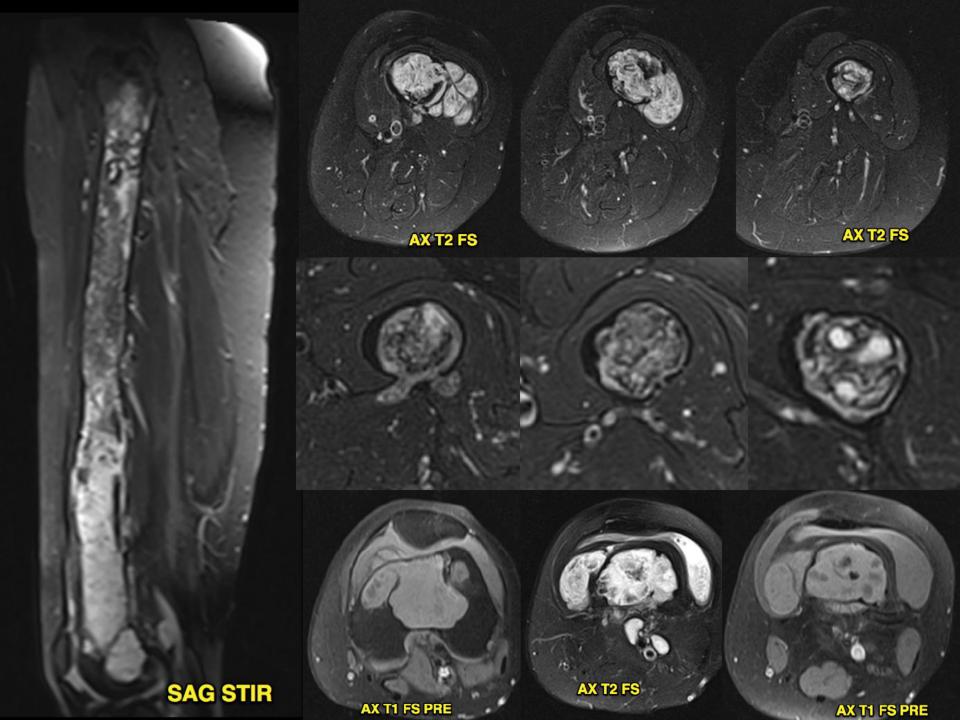




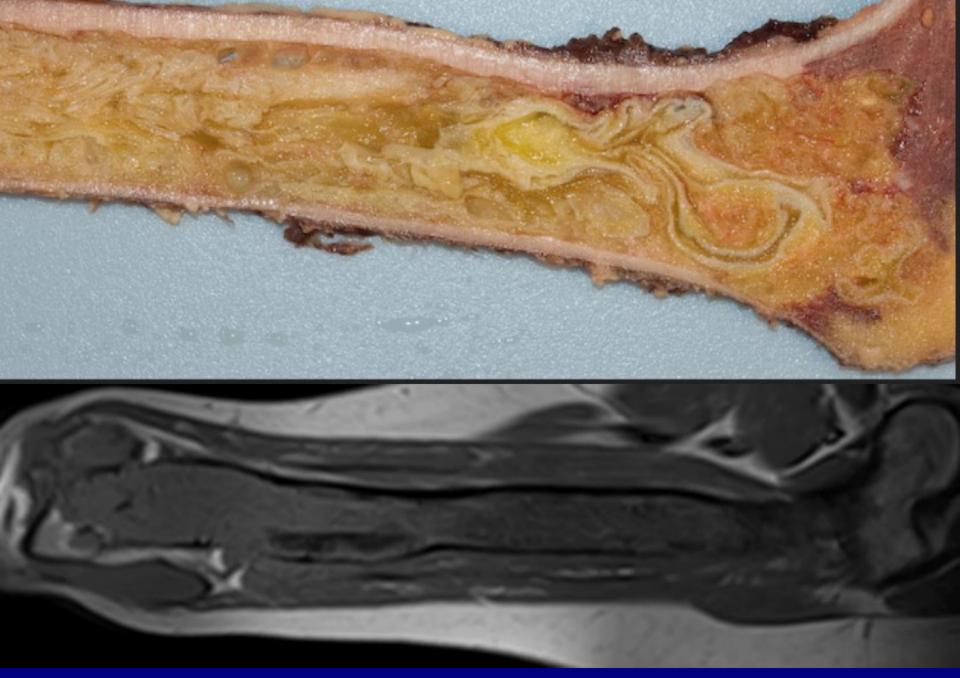




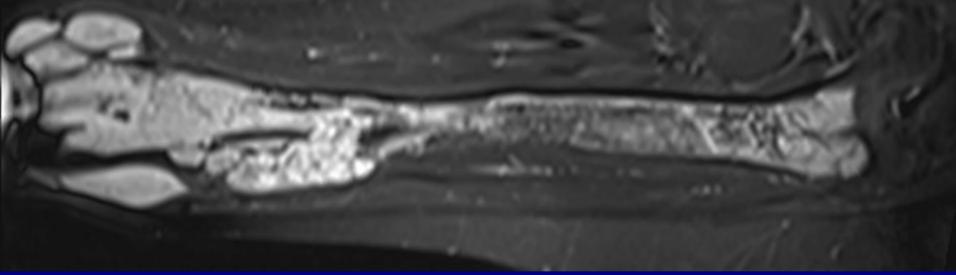




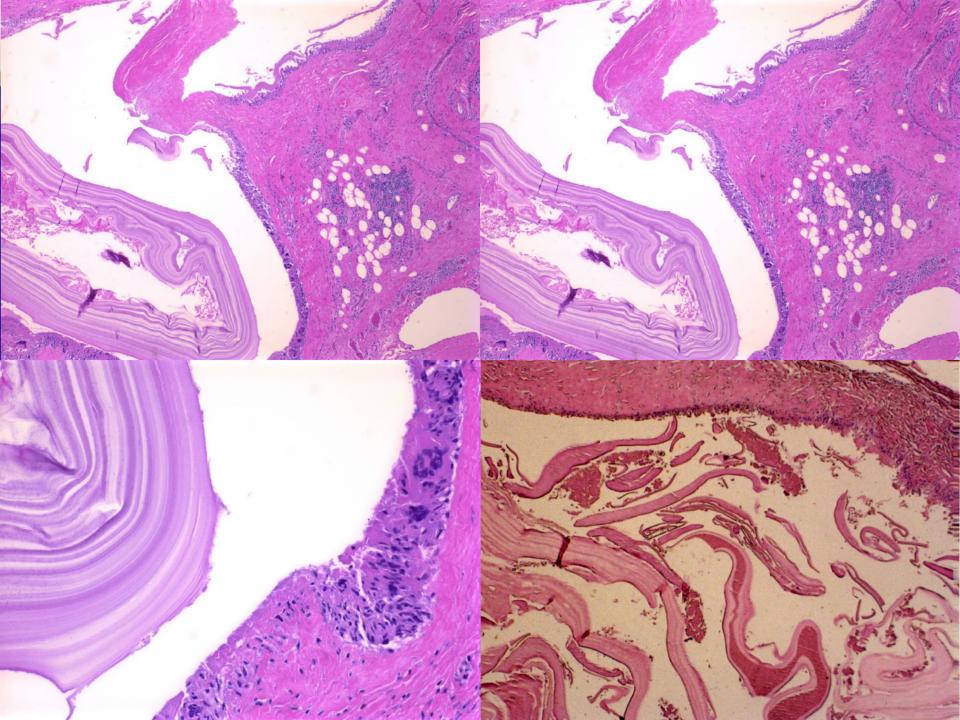


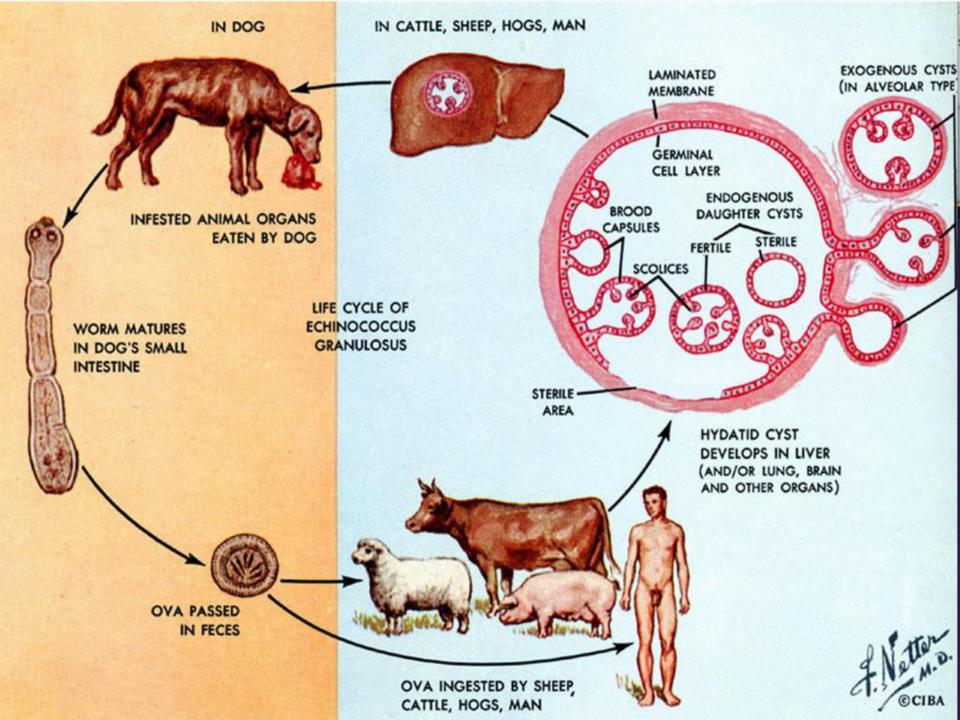




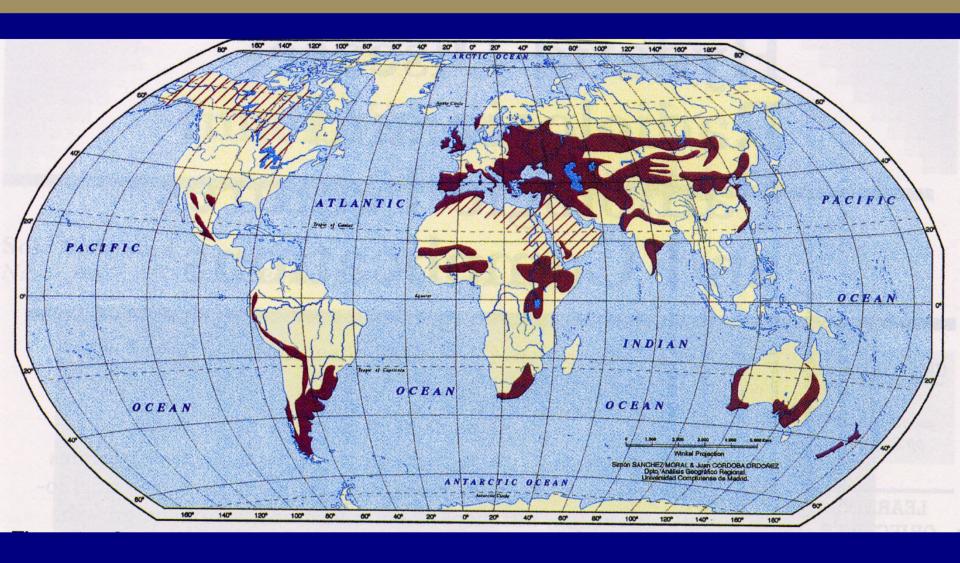














Echinococcus

Ashley D. Abramson, MD William Beaumont Hospital Troy, Michigan

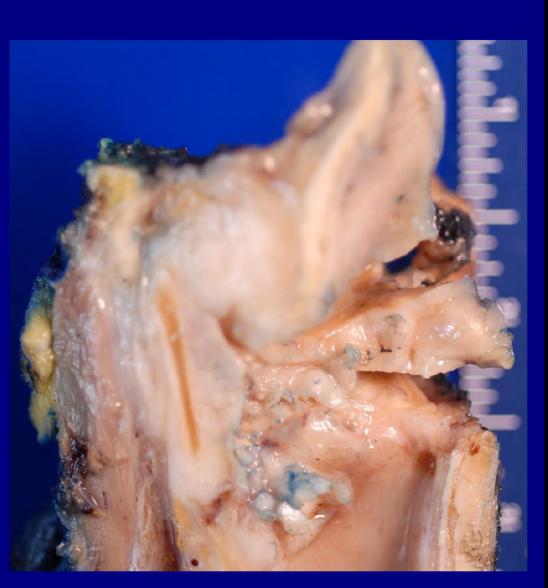


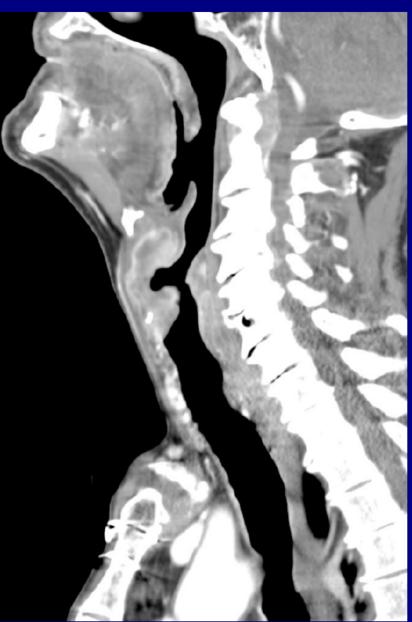
Neuroradiology Best Case



64-year-old male presented to ER with 2 month history progressively worsening sore throat, one month history of dysphagia with increasing odynophagia

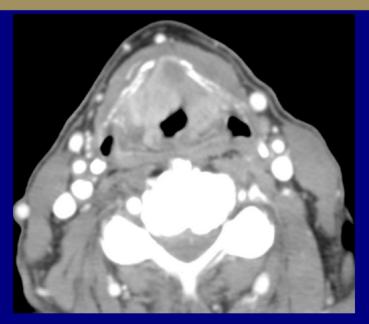


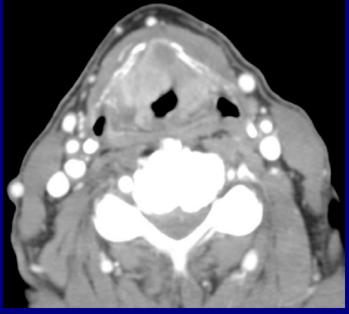














Squamous Cell Carcinoma

Arindam R. Chatterjee, MD
University of Tennessee
Memphis, Tennessee

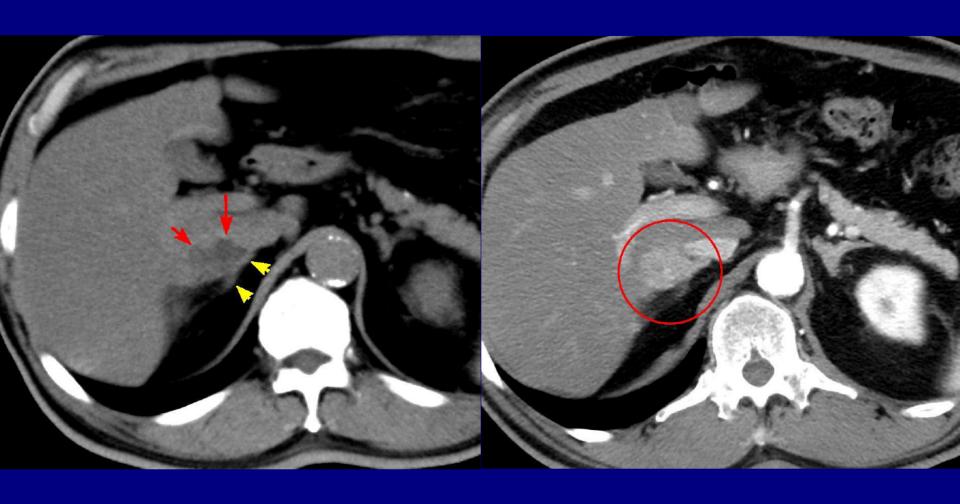


Genitourinary Best Case



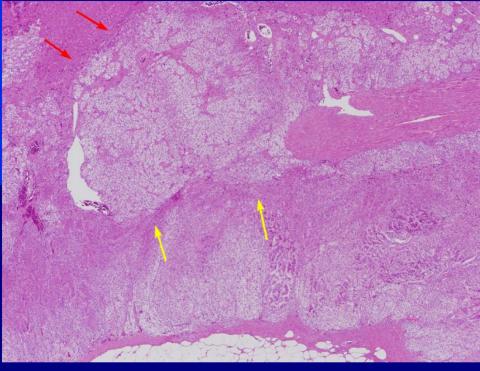
60-year-old man with hyperglycemia and hypertriglyceridemia

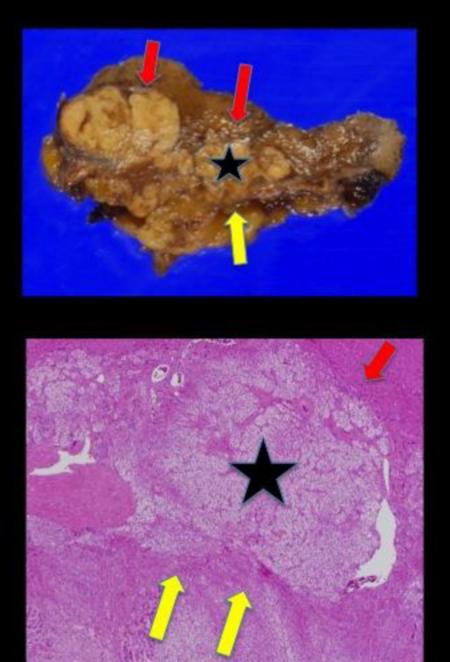


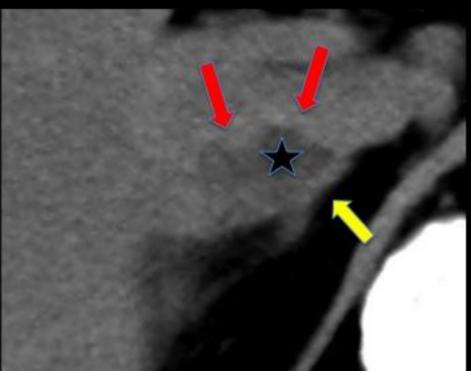












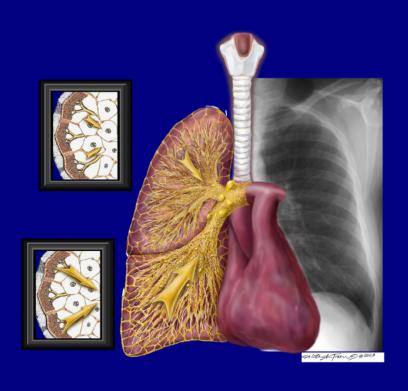


Adrenal Cortical Adenoma in Adrenohepatic Union

Youichi Machida, MD
Tokyo Medical and Dental University
Tokyo, Japan



PULMONARY AND MEDIASTINAL IMAGING

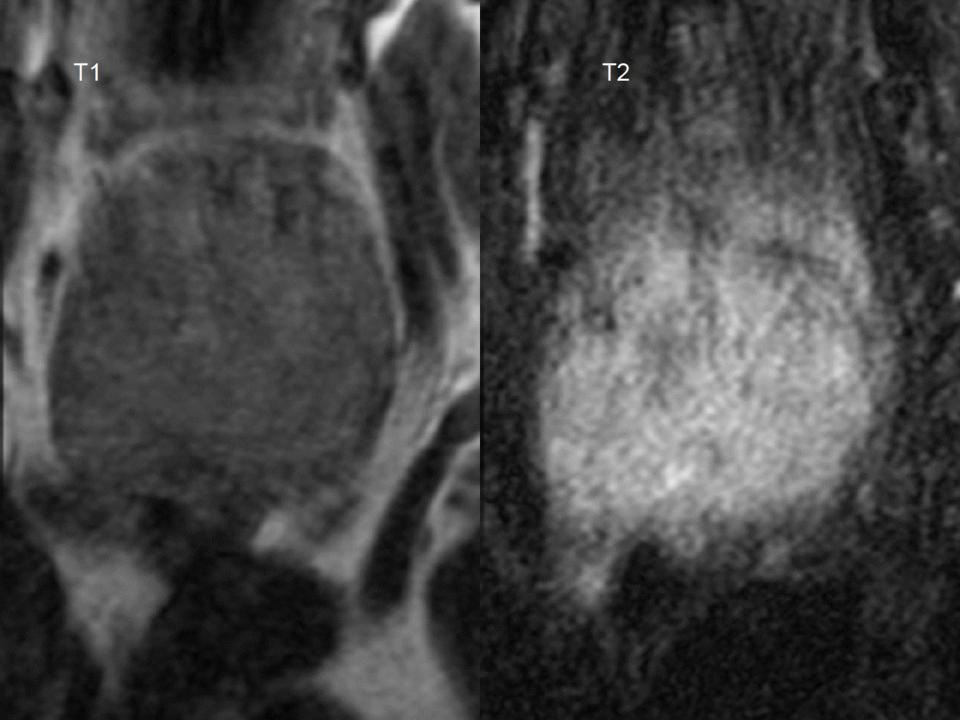


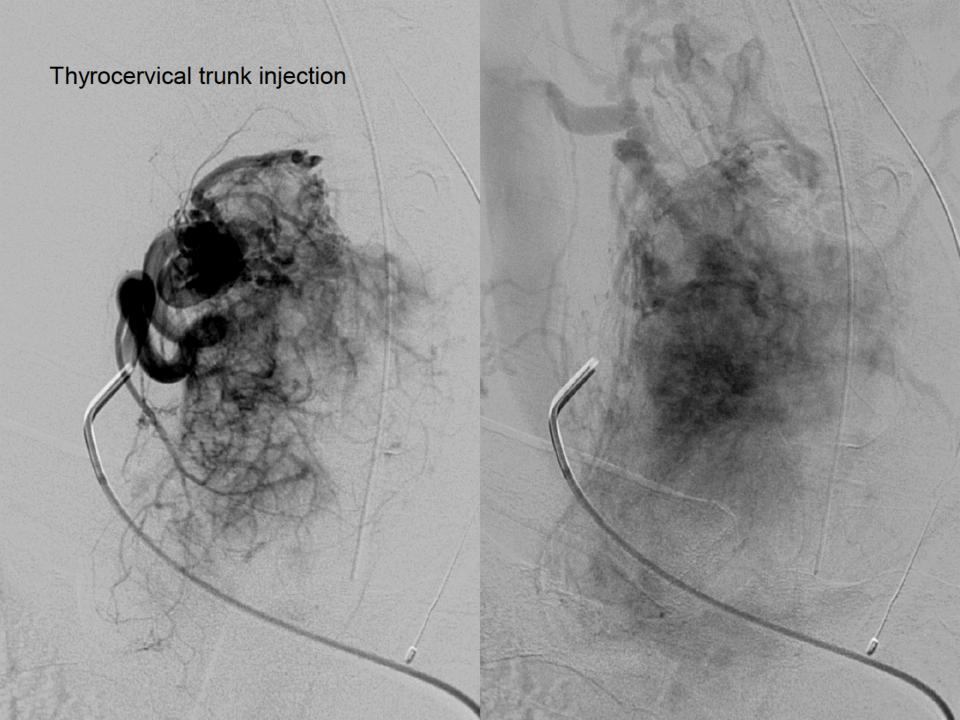


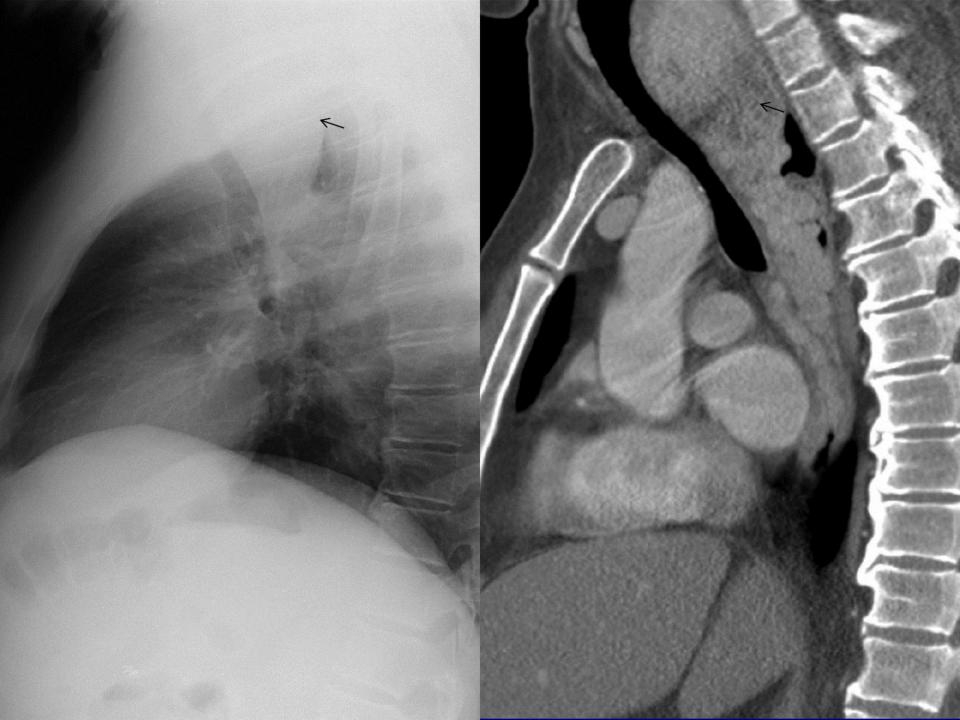
50-year-old male with cough and left arm pain

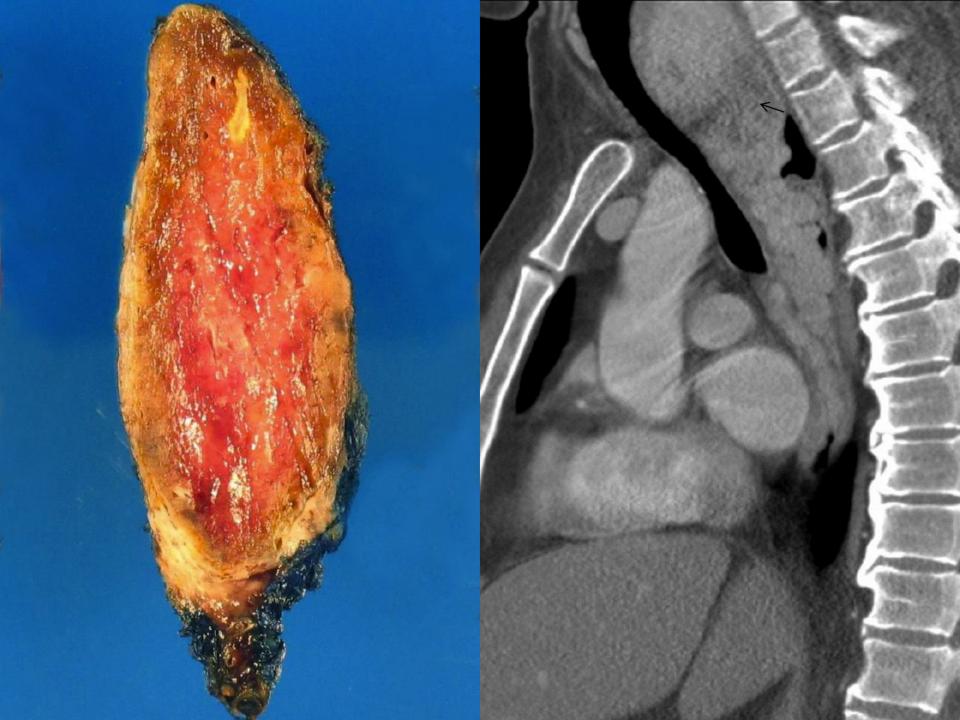














Paraganglioma (middle mediastinum)

Christopher A. Potter, MD University of Washington Seattle, Washington



Cardiovascular Imaging



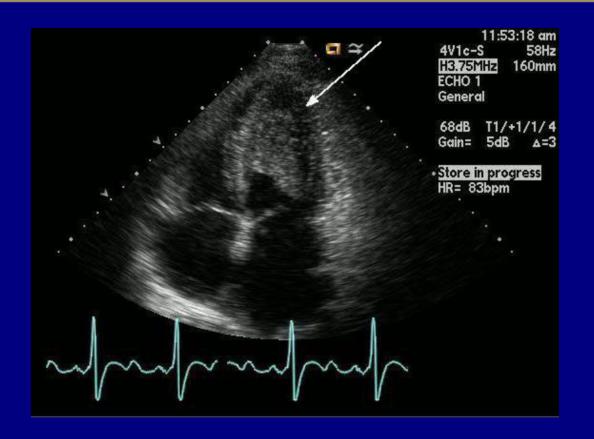


40 year old female from El Salvador presents with one week of intermittent chest pain preceded by six month history of abdominal pain, nausea and vomiting.

EKG shows ST abnormalities and left ventricular hypertrophy.

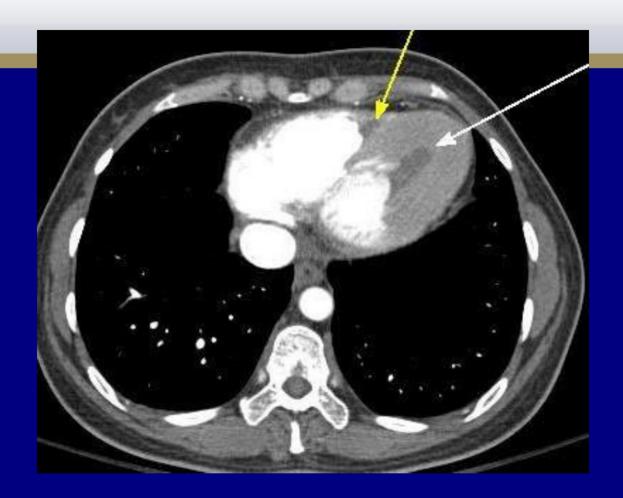
Labwork reveals peripheral eosinophilia (17% differential) and positive findings of Strongyloides stercoralis infection.





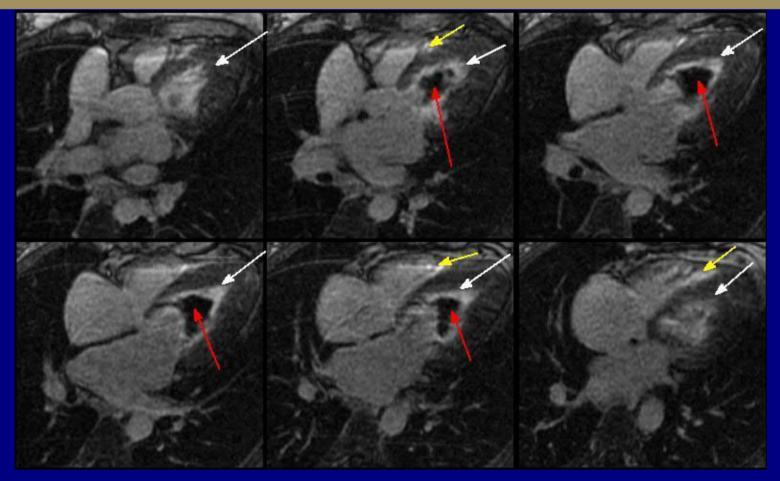
Echocardiogram showed large mass (arrow) filling left ventricular chamber.





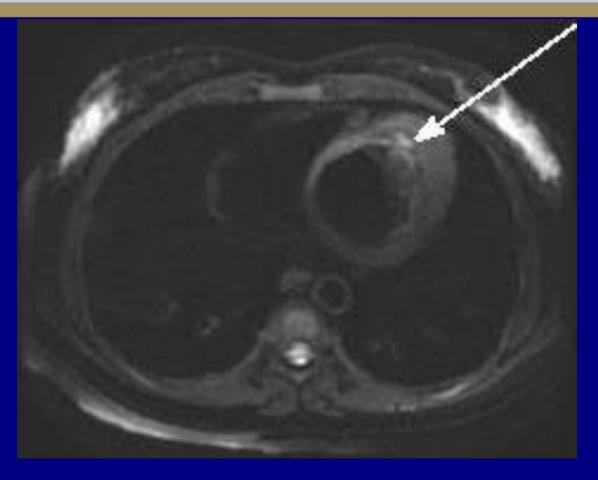
Contrast-enhanced chest CT shows nonenhancing filling defects at apex of both right ventricle and left ventricle (arrows).





MRI delayed enhancement 4-chamber view shows hyperenhancement of the subendocardium of right ventricle (yellow arrow) & left ventricle (white arrow). Non-enhancing LV thrombus marked with red arrow.





MRI diffusion weighted imaging sequence 4-chamber view shows increased signal in left ventricle corresponding to edema (white arrow). Abnormalities do not correspond to a vascular territory.







Gross resected fragments of thrombus and thickened subendocardium from left ventricle (upper image) and right ventricle (lower image).

Pathology: subendocardial fibrosis with organizing mural thrombus.



Tropical Subendocardial Fibrosis Associated with Hypereosinophilic Syndrome from Stongyloides Infestation

Ainel Boonprakong, MD
Mayo Clinic
Rochester, Minnesota

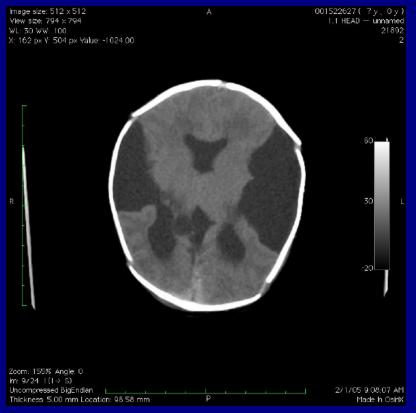


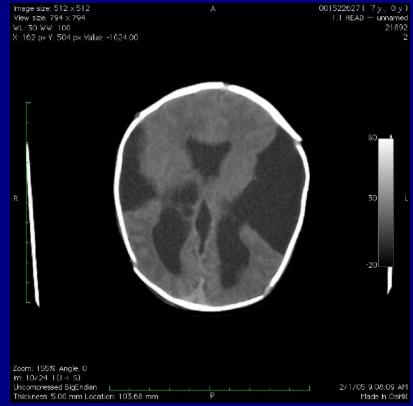
Pediatric Best Case



6-year-old male with history of blindness, seizure disorder, diabetes insipidus and cognitive delay







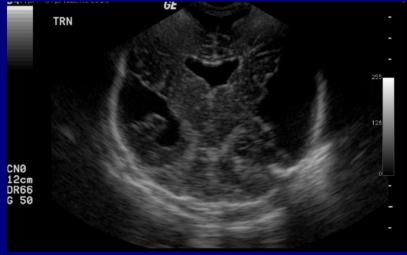






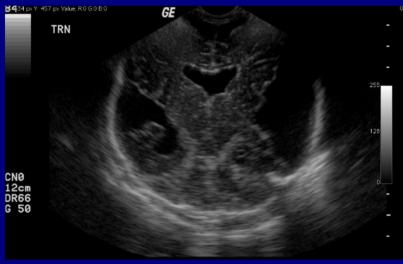






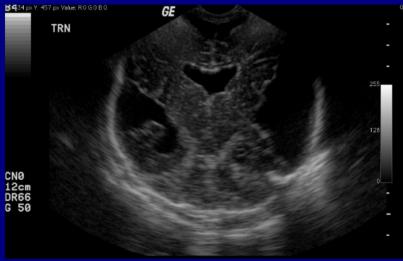






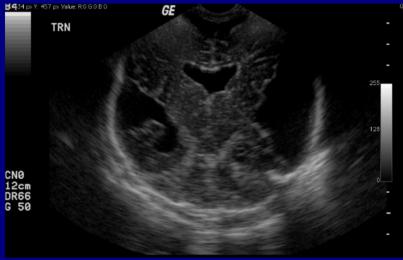














De Morsier Syndrome – Septooptic Dysplasia and Bilateral Schizencephaly

Daniel Klein, MD
Staten Island University Hospital
Staten Island, New York



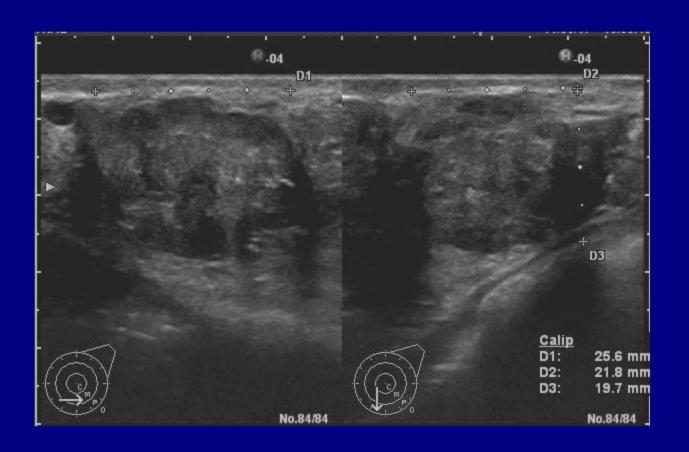
Breast Best Case



39-year-old Japanese woman presented with a mass in the left breast. The patient had been in excellent health until 7 months prior to admission, at which time a screening ultrasonography detected a mass in the inner lower quadrant. She had no family history of breast cancer. At her first visit, she was lactating after childbirth.

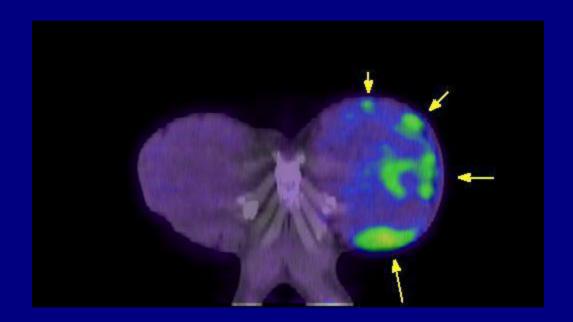


Diagnostic Ultrasound



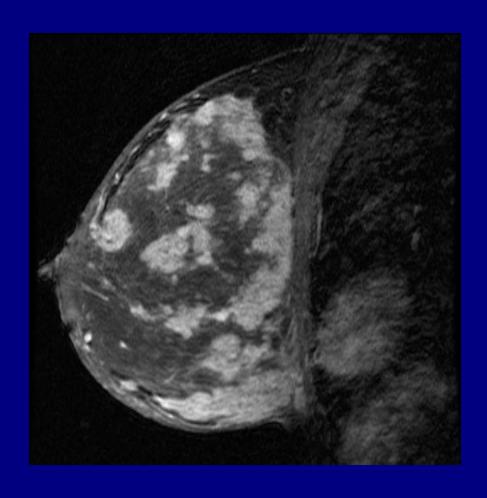


PET/CT Fusion of Chest



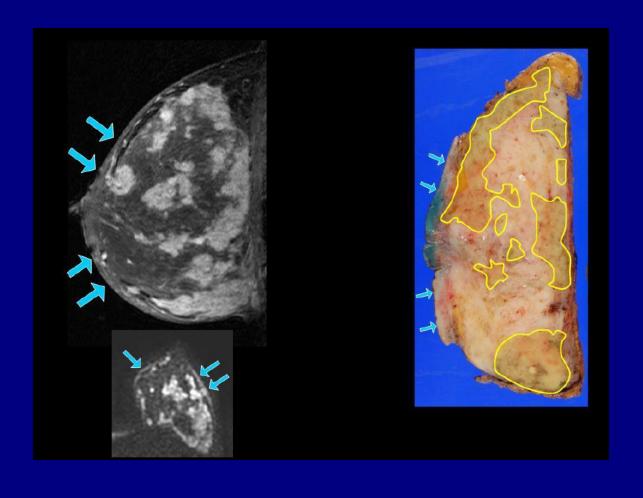


MRI Left Breast



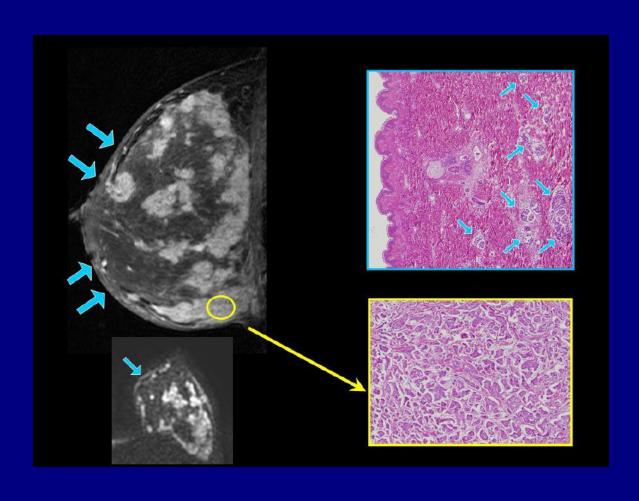


MRI/Gross Correlation





MRI/Histopathology Correlation





Invasive Micropapillary Carcinoma

- Age 25 89 years
- Form of invasive ductal carcinoma
 - Palpable mass
 - May be pure (>75%) or mixed with other types of ductal carcinoma
- Lymphatic or vascular invasion in > 50%
- Best treated with mastectomy



Invasive Micropapillary Carcinoma

Youichi Machida
Tokyo Medical and Dental University
Tokyo, Japan

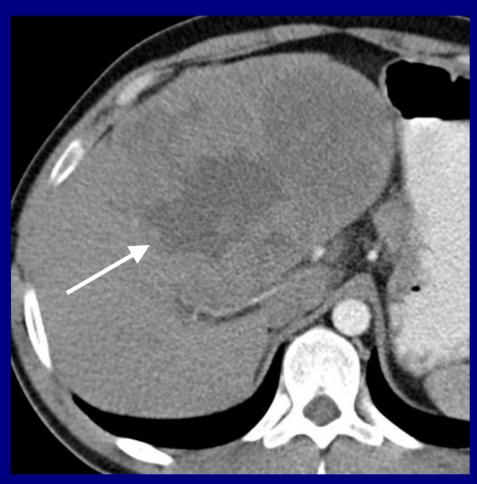


Gastrointestinal Best Case

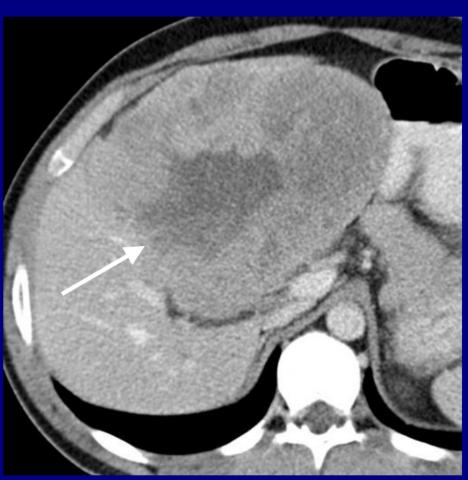


26-year-old man with a two year history of vague abdominal pain found to have a palpable epigastric mass on physical examination



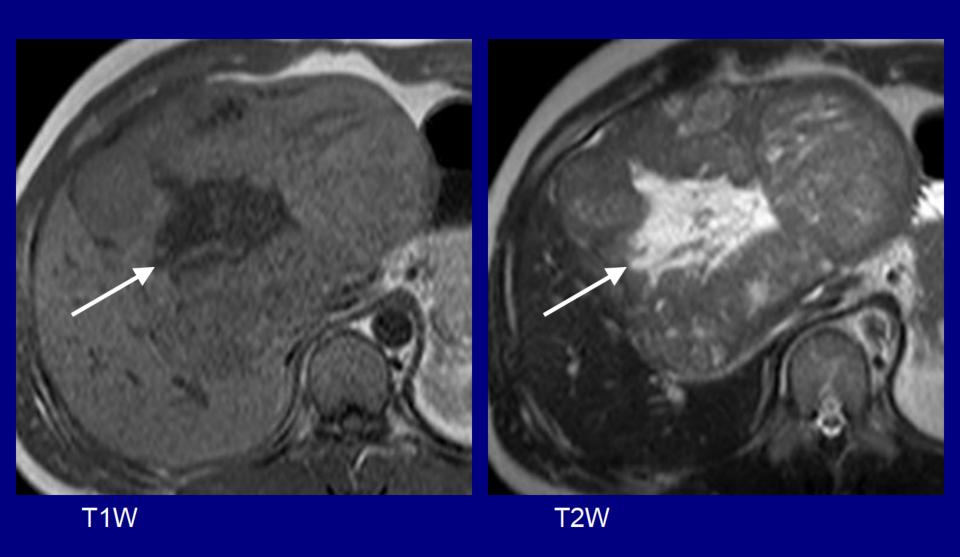


Hepatic Arterial Phase

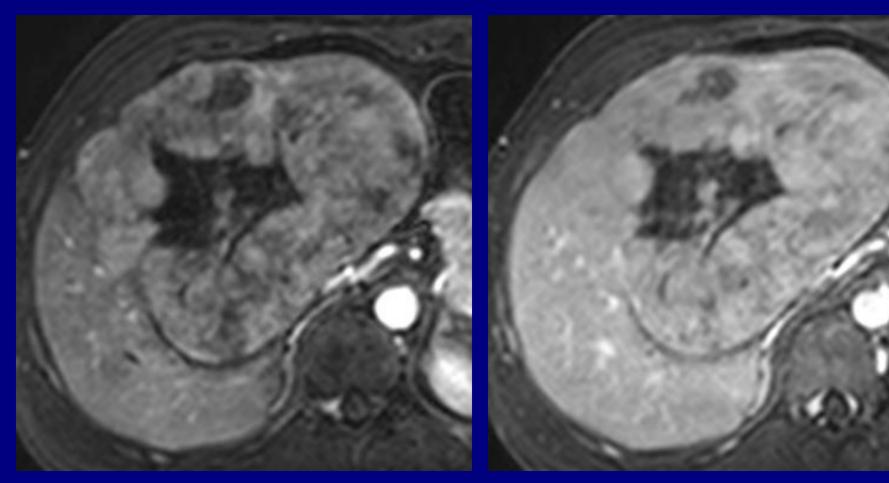


Portal Venous Phase





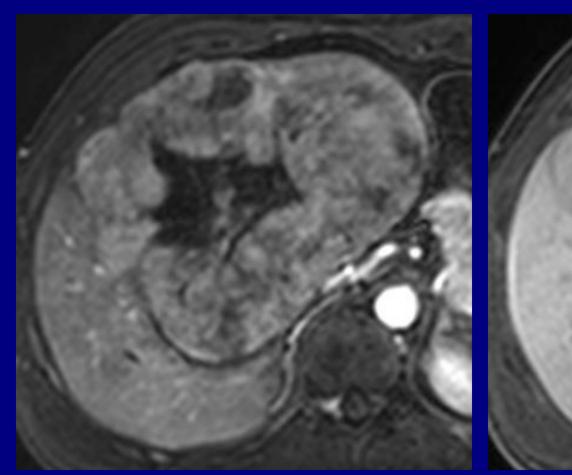




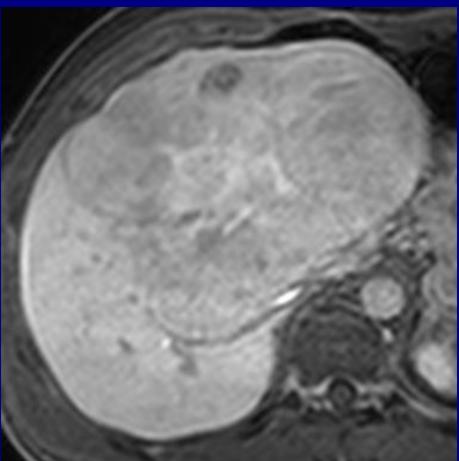
Hepatic Arterial Phase

Portal Venous Phase



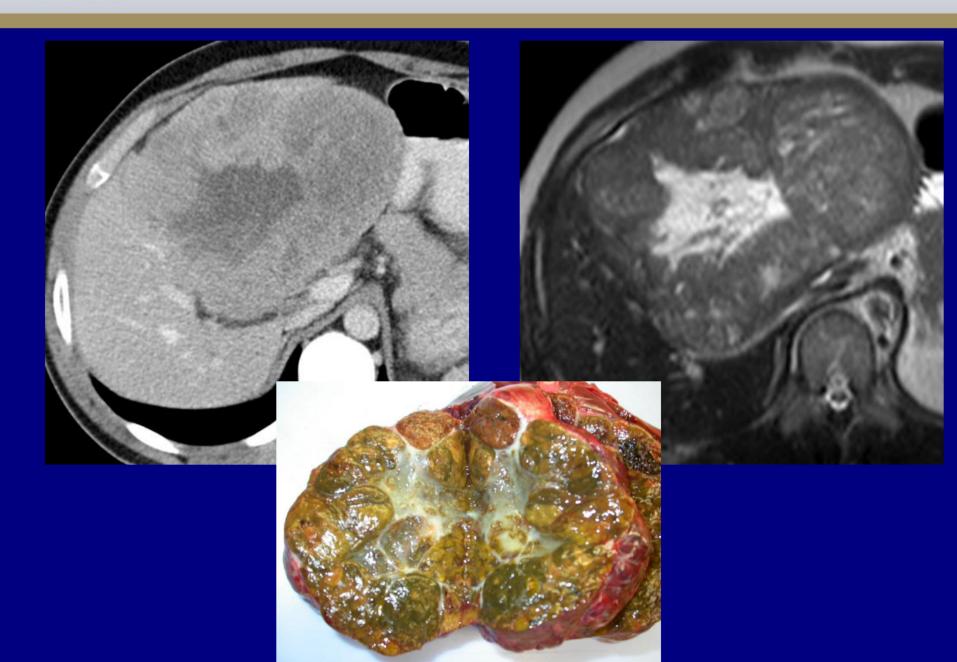


Hepatic Arterial Phase



Hepatobiliary Phase







Hepatocellular Adenoma, β-Catenin Mutated, with Malignant Transformation to Hepatocellular Carcinoma

Jens De Cock Katholieke Universiteit Leuven, Kortrijk, Belgium



Many thanks to all of you for submitting such great cases! Have a safe trip home —

From the staff of the American Institute for Radiologic Pathology