

Best Cases of the AIRP

April 22 – May 17, 2013

Musculoskeletal Best Case

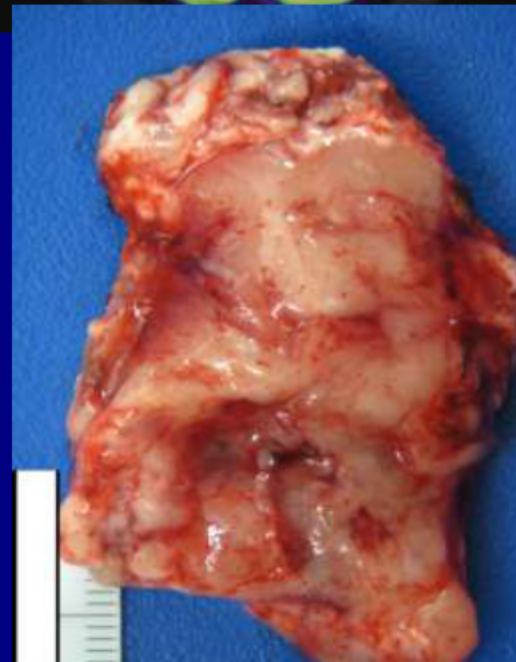
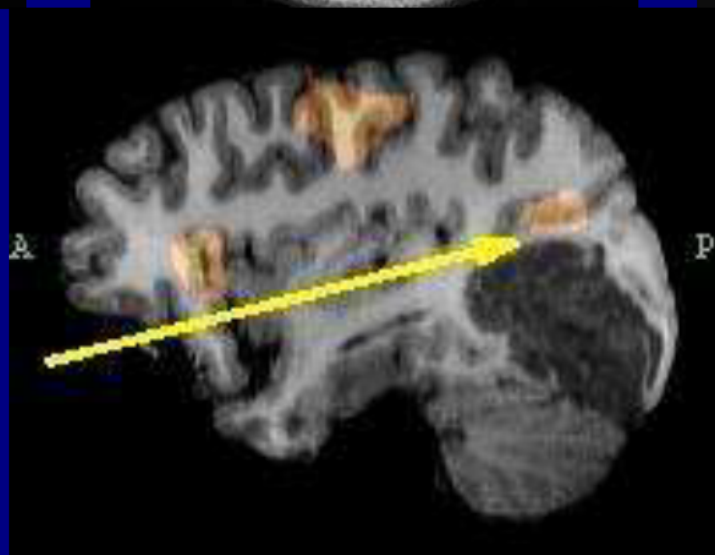
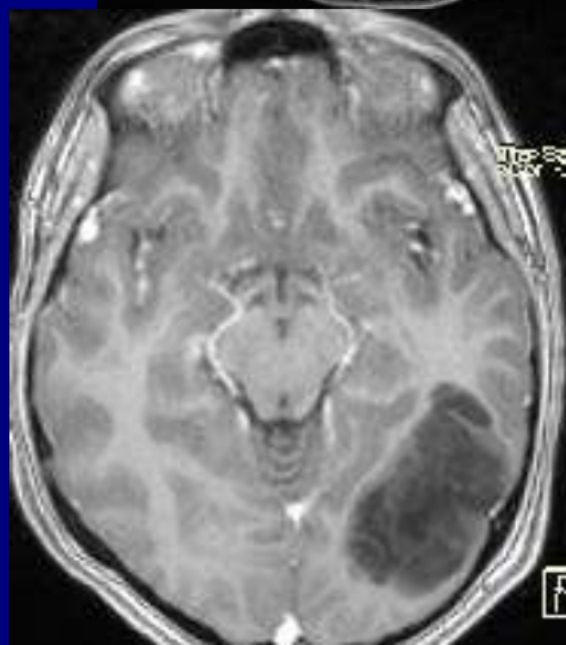
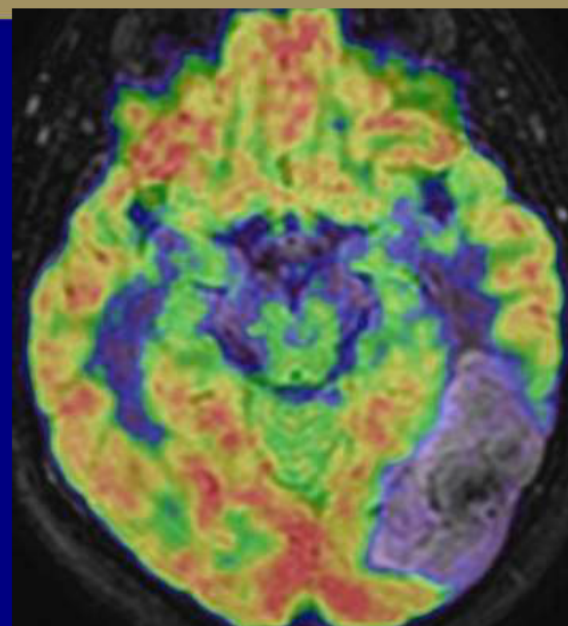
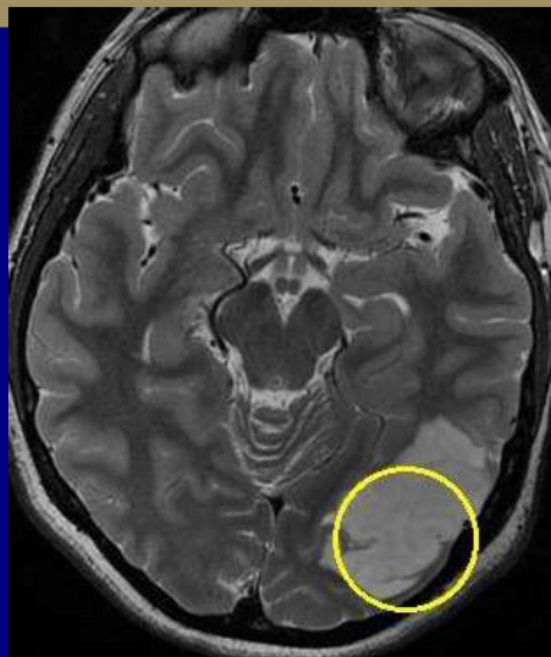
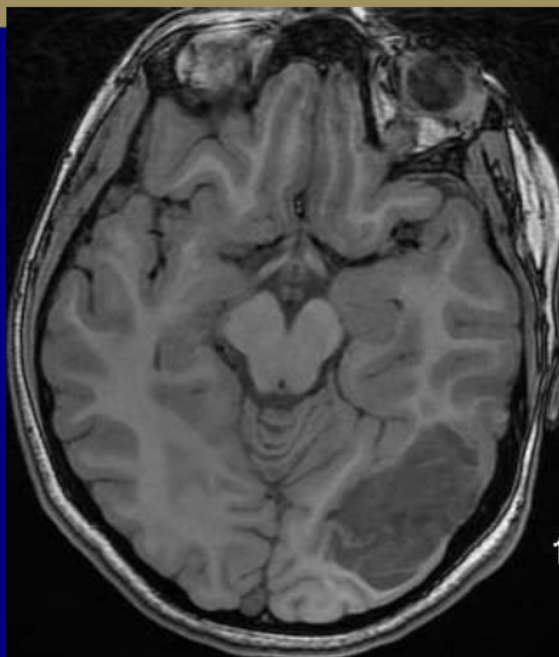
80-year-old man with history of ileal adenocarcinoma, status post surgical resection and chemotherapy, presents with a new mass in the left forearm.

Myxoid Fibrosarcoma

Kyungmouk Steve Lee, MD
New York Presbyterian Hospital
New York, New York

Neuroradiology Best Case

12-year-old girl with no past medical history presented with a single generalized seizure, progressing to more frequent generalized seizures and later developing complex partial seizures despite medical therapy.

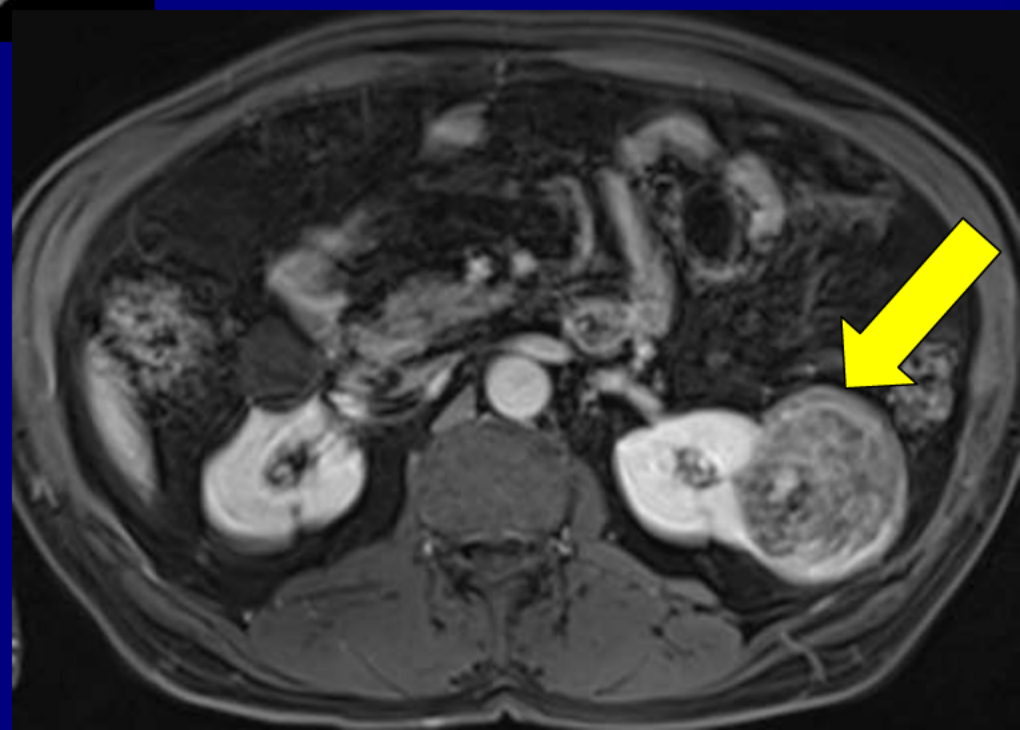
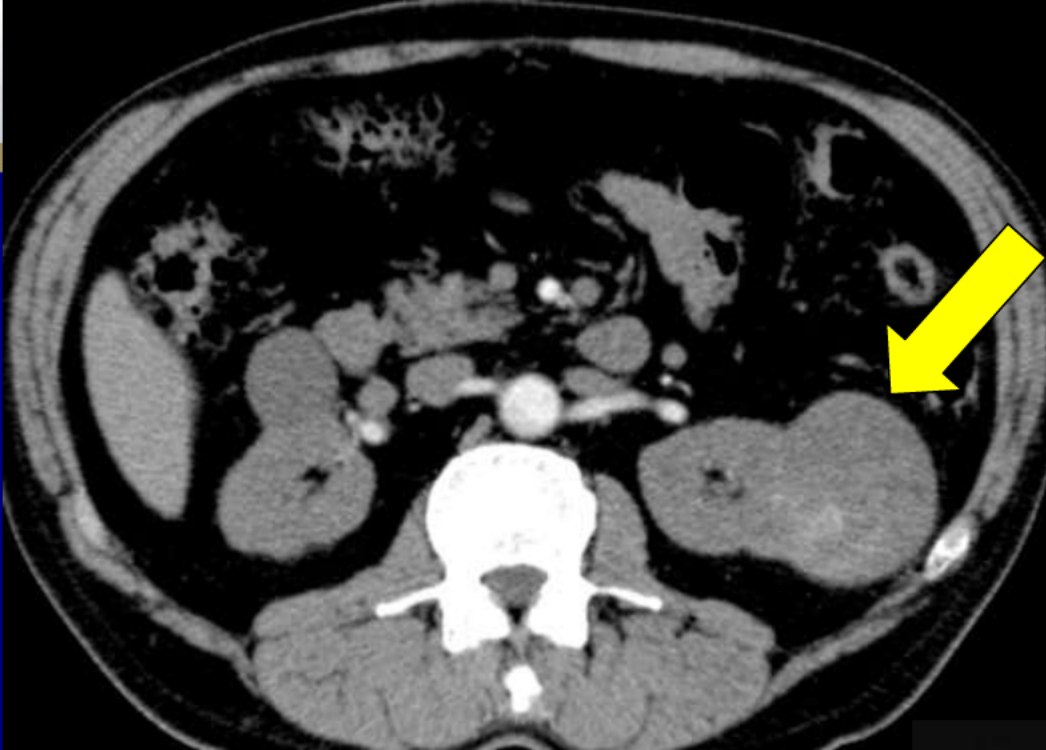


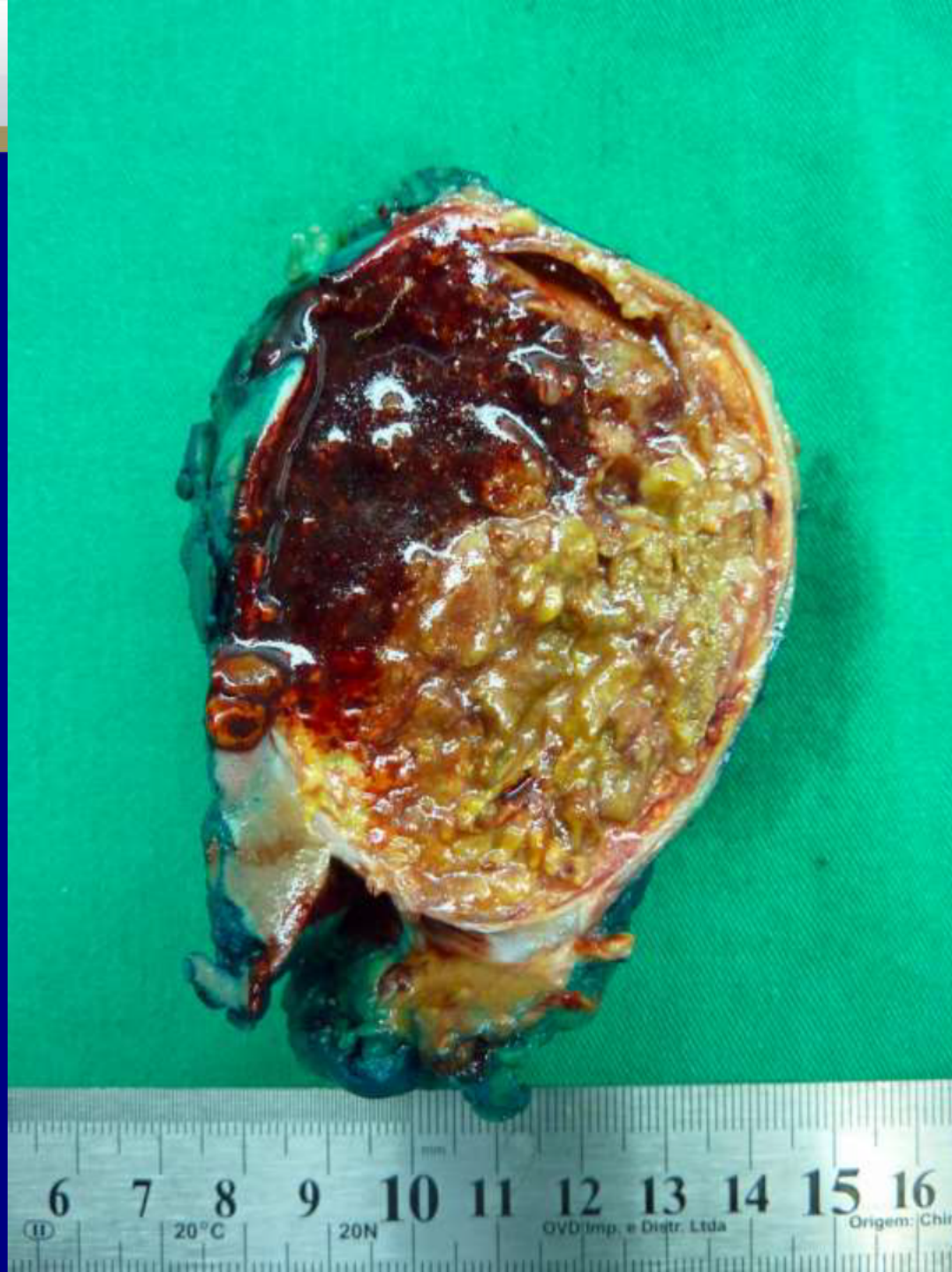
Dysembryoplastic Neuroepithelial Tumor

Adam Summerlin, MD
University of Colorado Health Science
Center
Aurora, Colorado

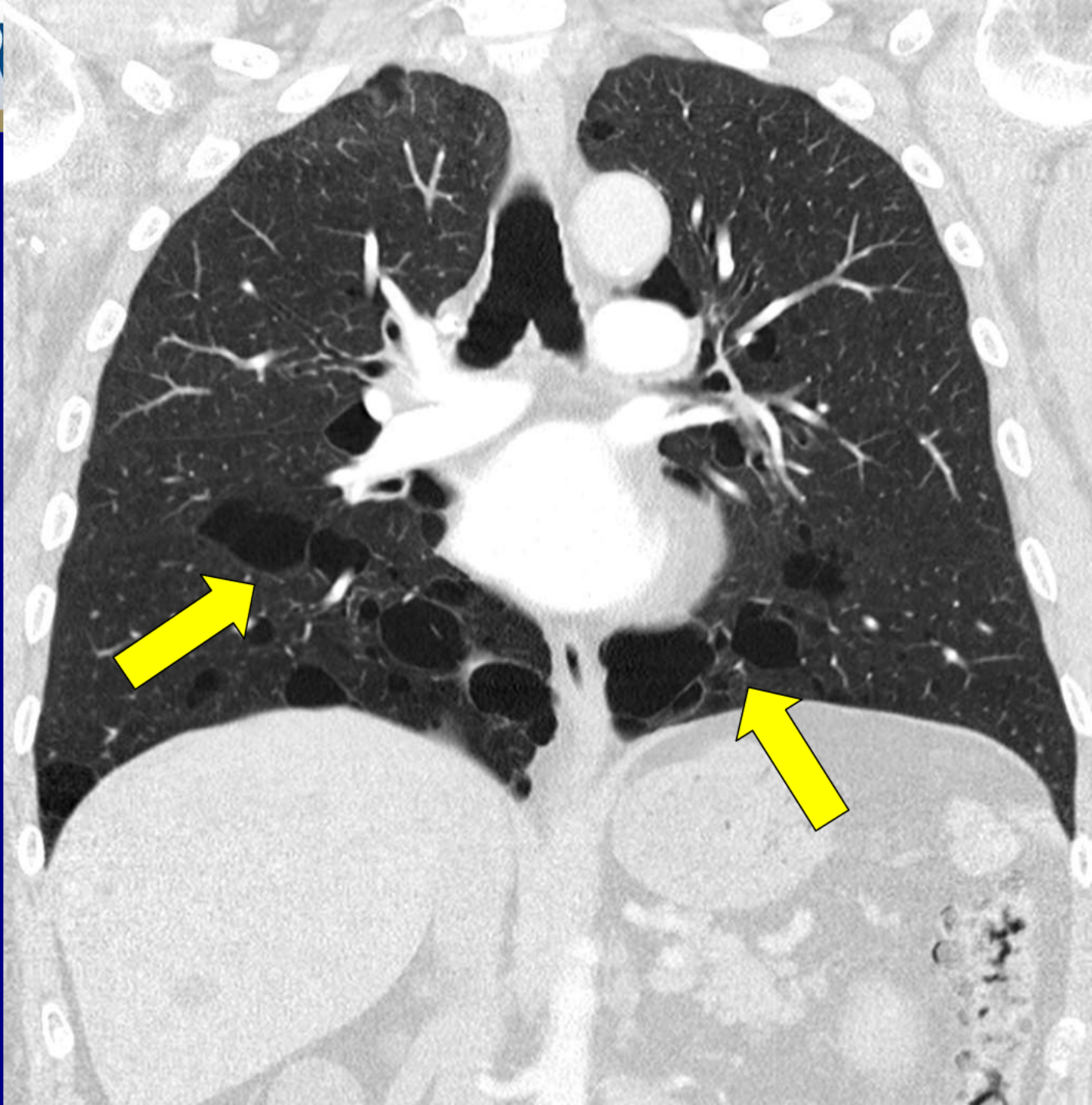
Genitourinary Best Case

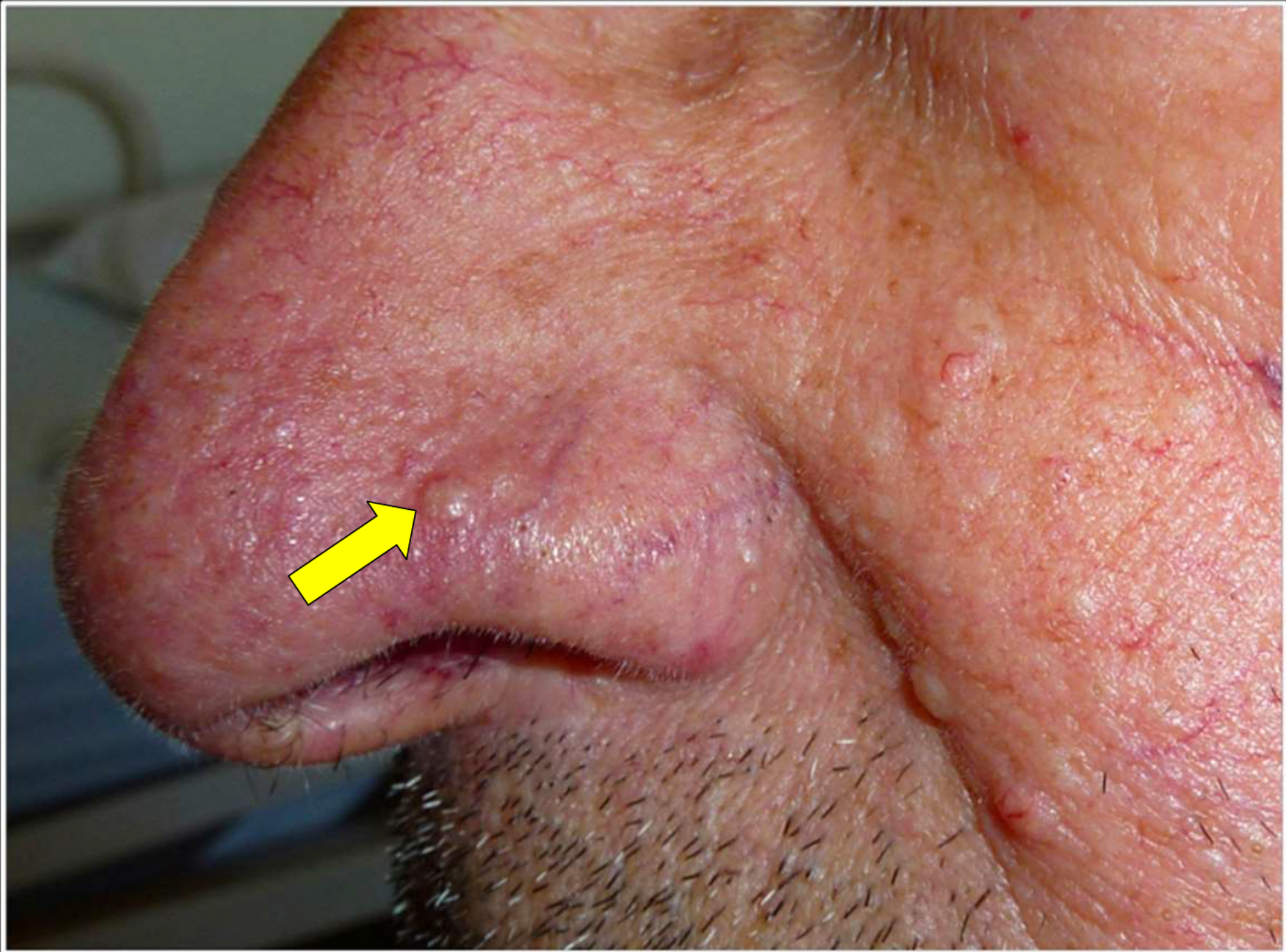
66-year-old white man with family history of renal cancer presented with progressive urinary symptoms for the last 6 months.





6 7 8 9 10 11 12 13 14 15 16
20°C 20N OVD Imp. e Distr. Ltda Origem: China

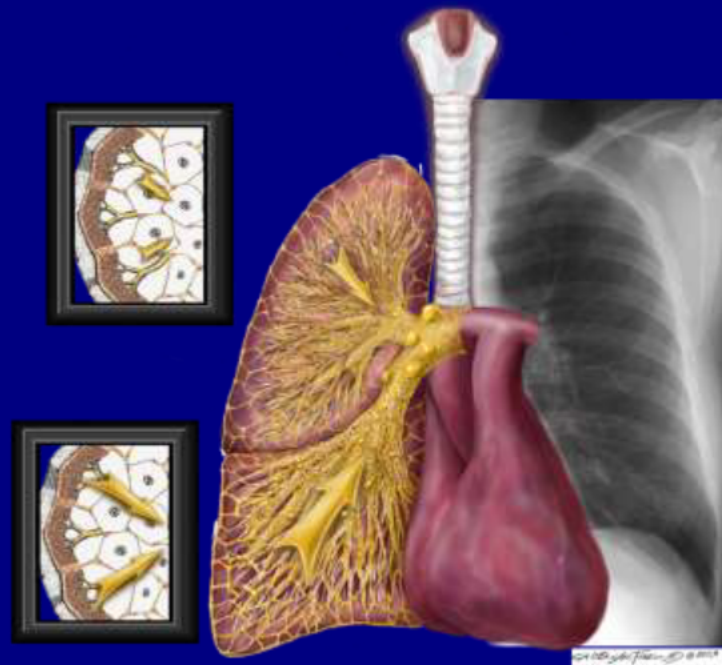




Renal Cell Carcinoma Associated with Birt-Hogg-Dubé Syndrome

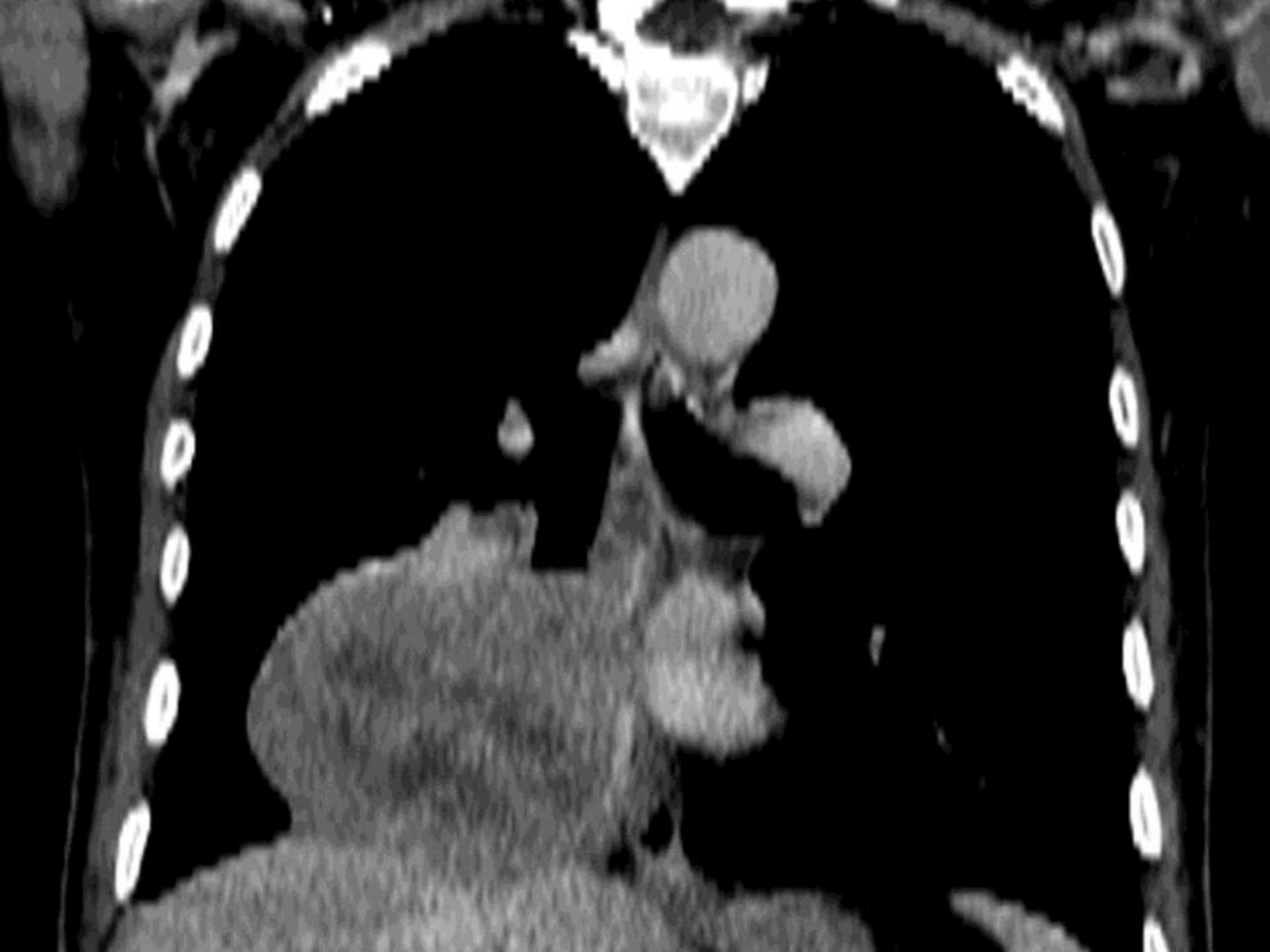
Bernardo Corrêa De Almeida Teixeira, MD
Hospital de Clínicas da Universidade
Federal do Paraná
Curitiba, Brazil

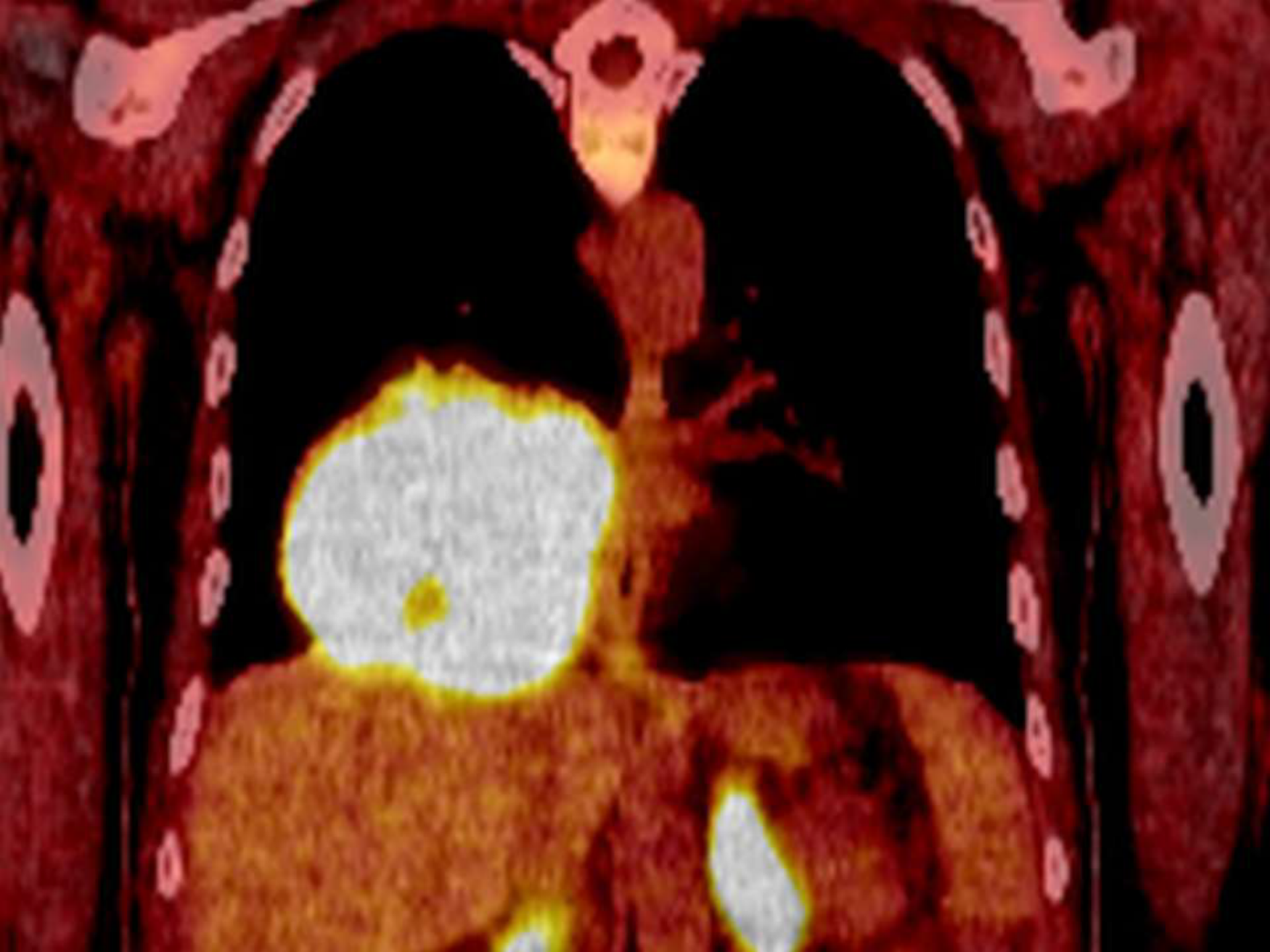
PULMONARY AND MEDIASTINAL IMAGING



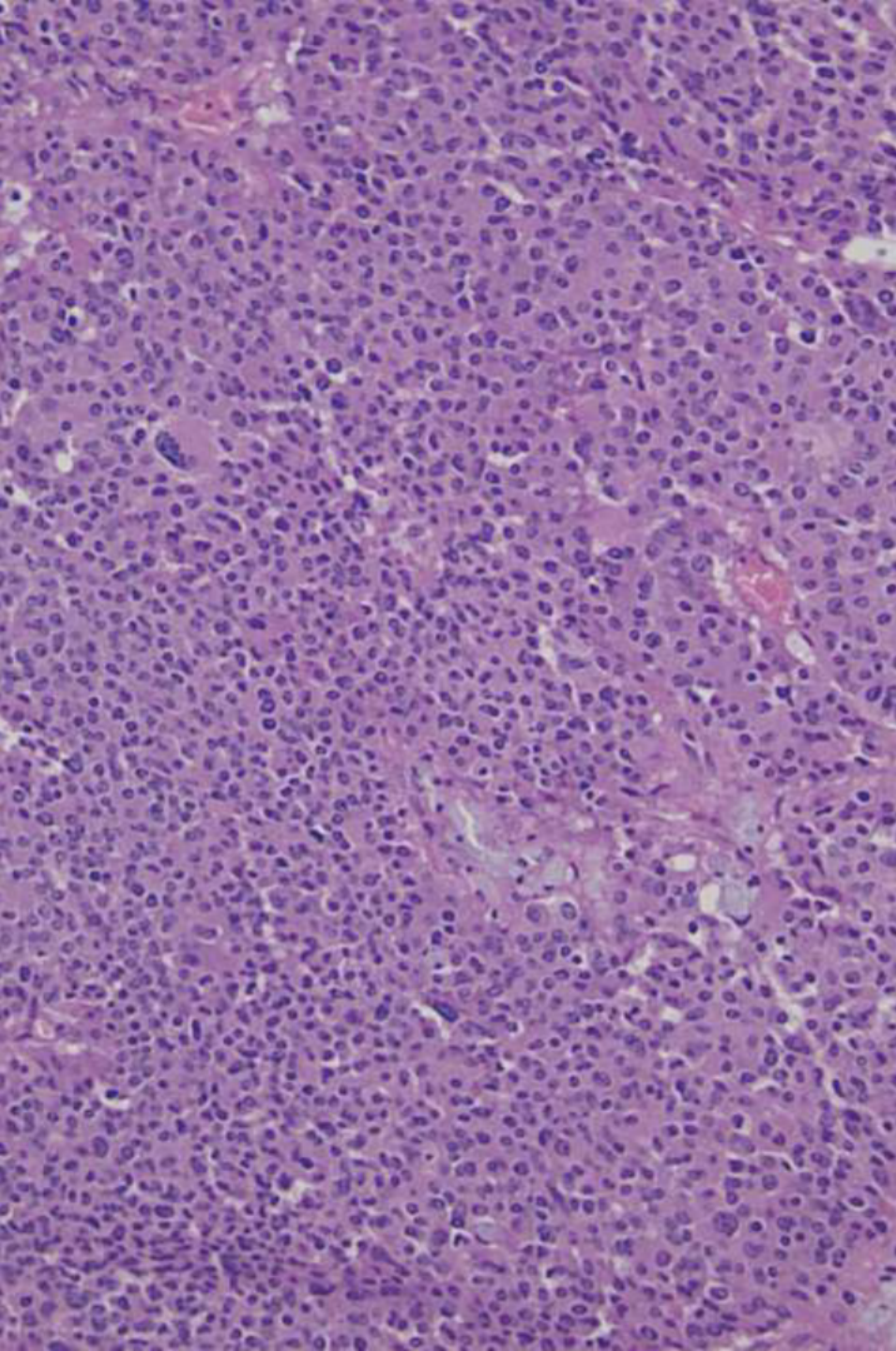
57-year-old man with progressive weakness, 25 lb weight loss, hypokalemia, night sweats, polyuria, and polydipsia.











Bronchial Carcinoid

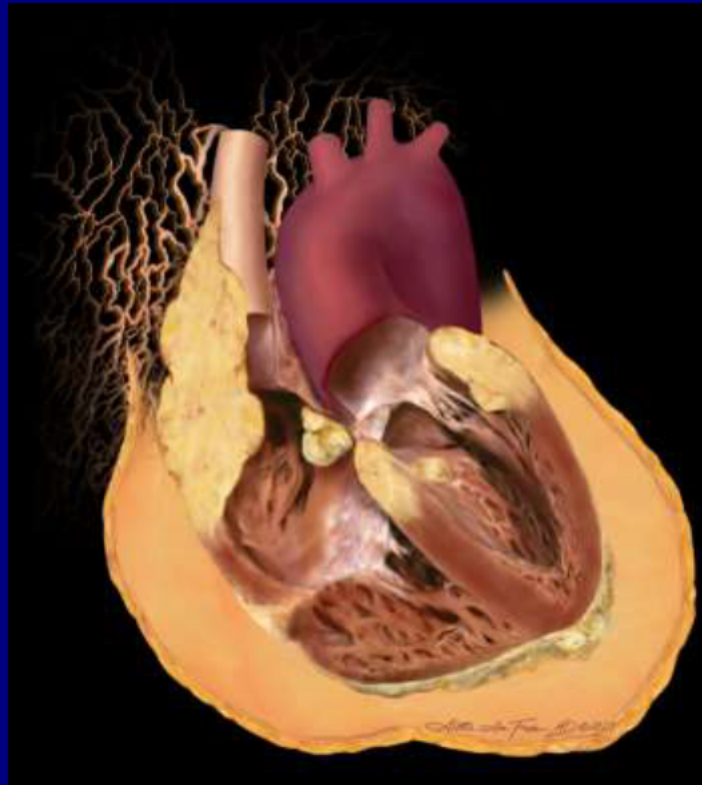
(with ectopic ACTH production and bilateral
adrenal hyperplasia)

Deepa Sheth, MD

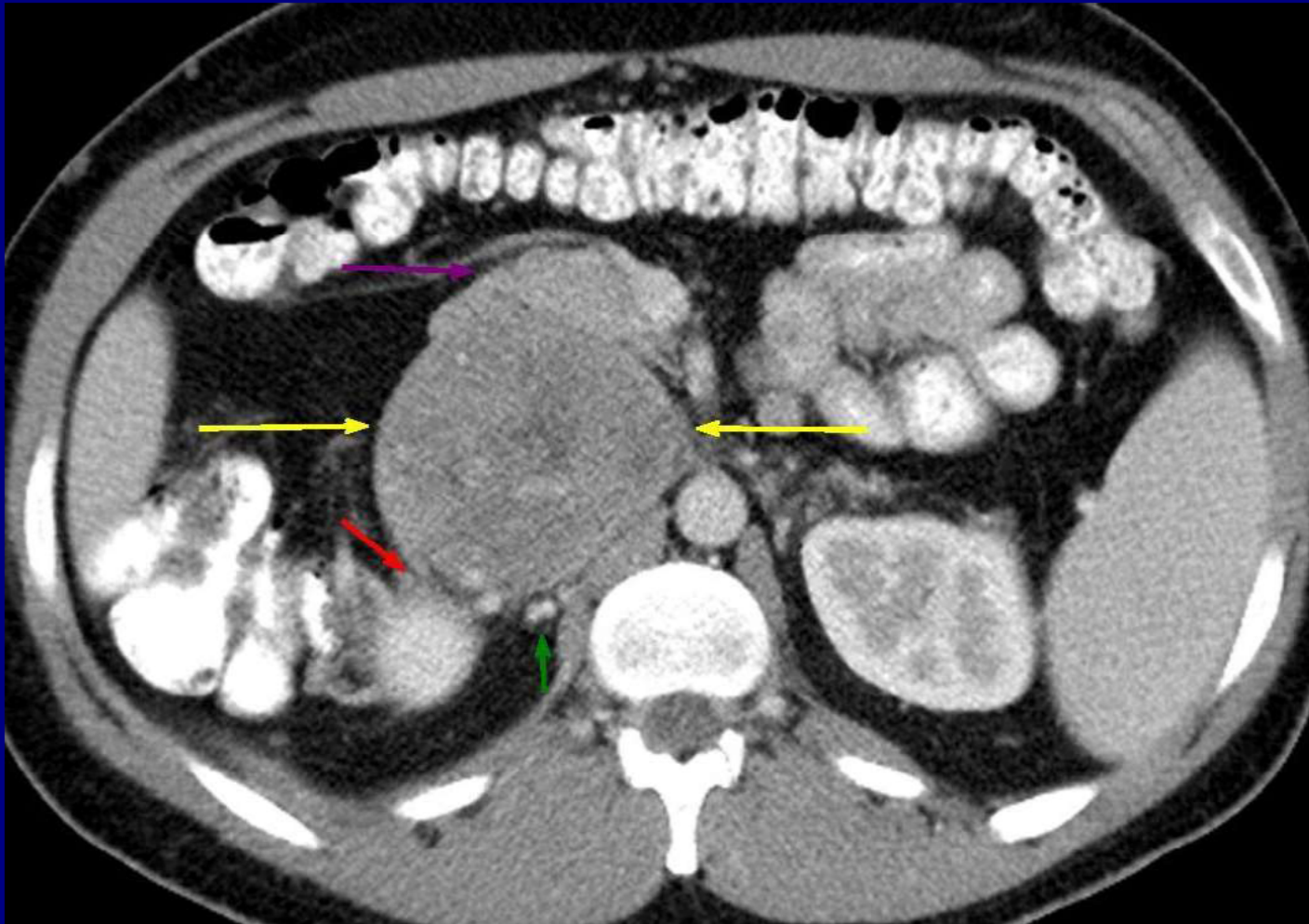
University of Chicago Hospitals

Chicago, Illinois

Cardiovascular Imaging



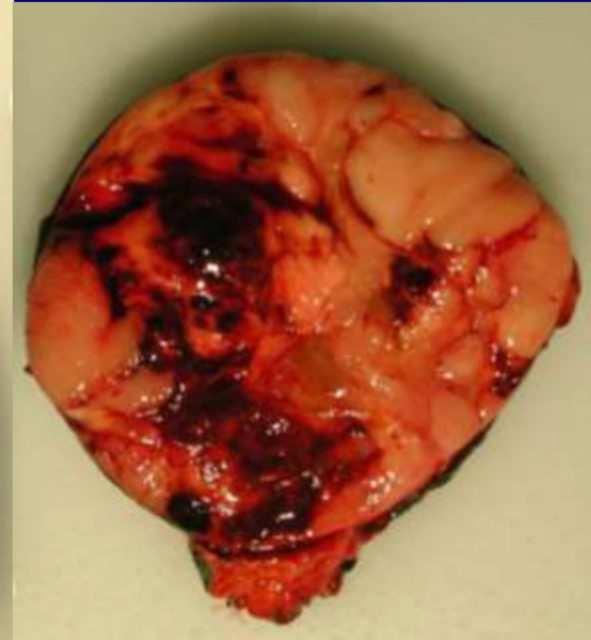
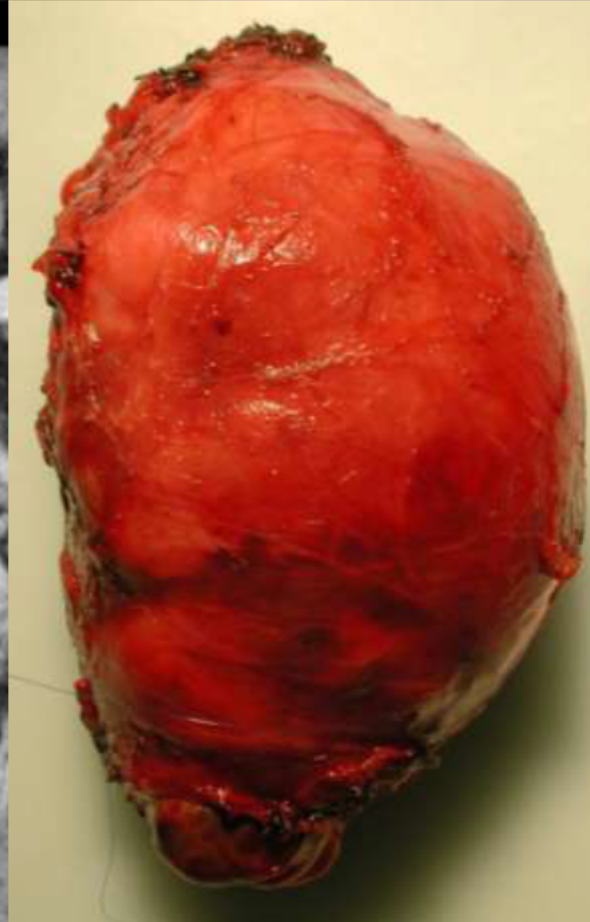
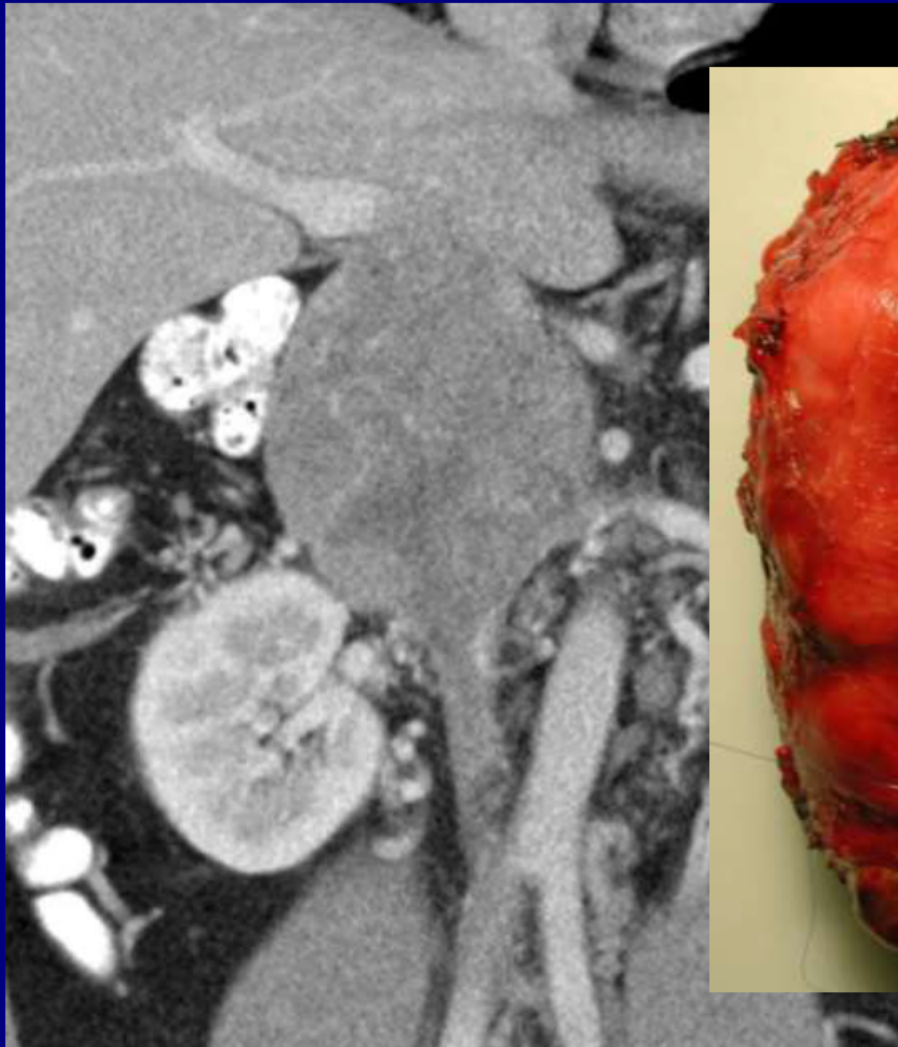
27-year-old man with intermittent abdominal pain presents with extensive left lower extremity deep venous thrombosis. No risk factors, including negative hypercoagulopathy.



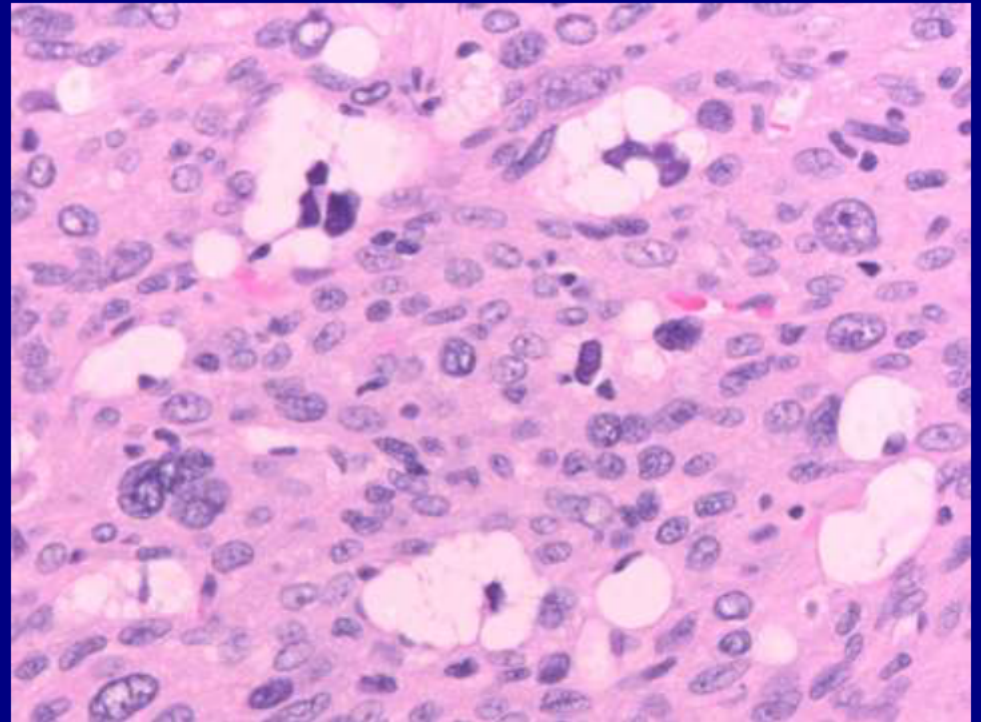
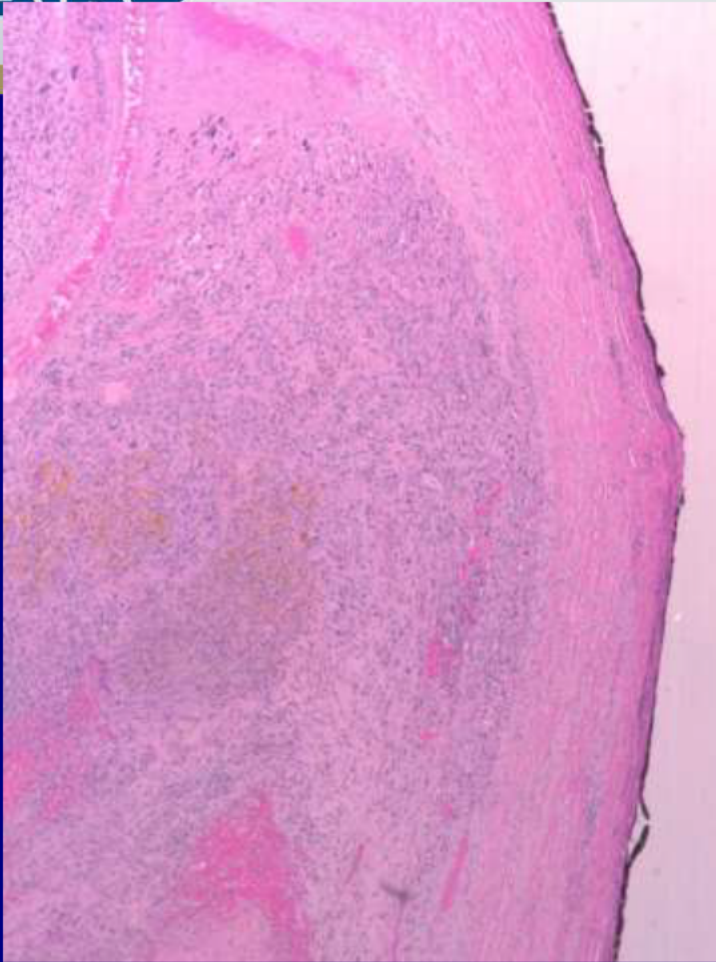
Head of pancreas is displaced anteriorly (purple arrow) by a mass expanding the IVC lumen (yellow arrows). Collateral veins are present in retroperitoneum (green arrow).



Coronal reformat contrast-enhanced CT reveals a heterogeneously enhancing mass expanding lumen of inferior vena cava.



Resected, expanded segment of
the inferior vena cava
(surface and cut cross sectional views)



LEFT: Low-power H&E photomicrograph shows sarcomatous cells filling the vessel lumen.

RIGHT: High-power H&E photomicrograph shows multiple lipoblasts within the tumor.

High Grade Liposarcoma of the Inferior Vena Cava

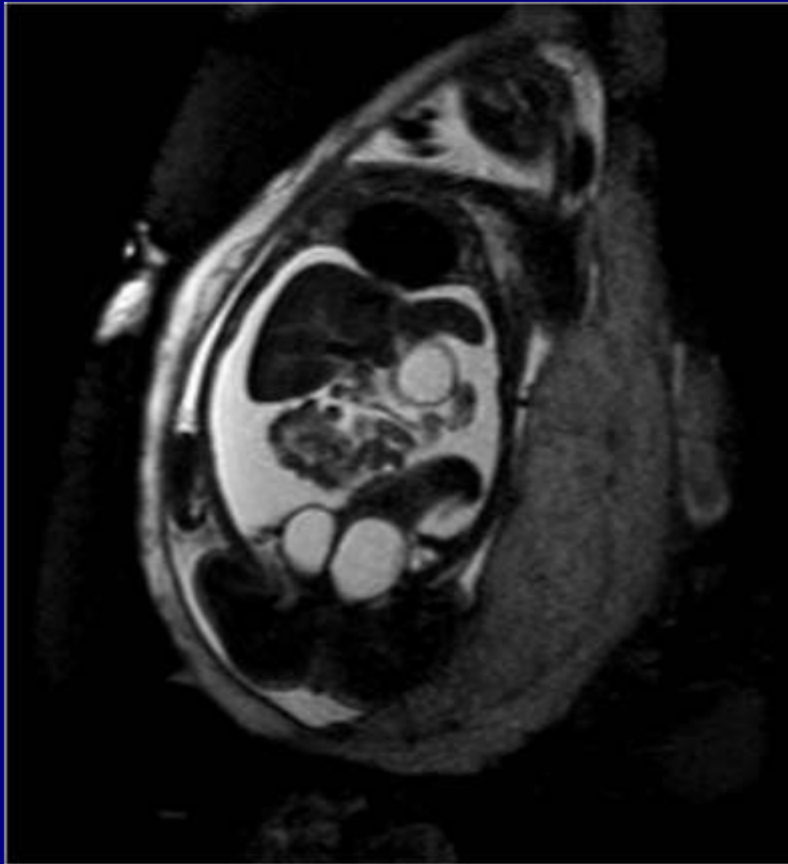
Gunjan Senapati, MD
Beth Israel Deaconess Medical Center
Boston, Massachusetts

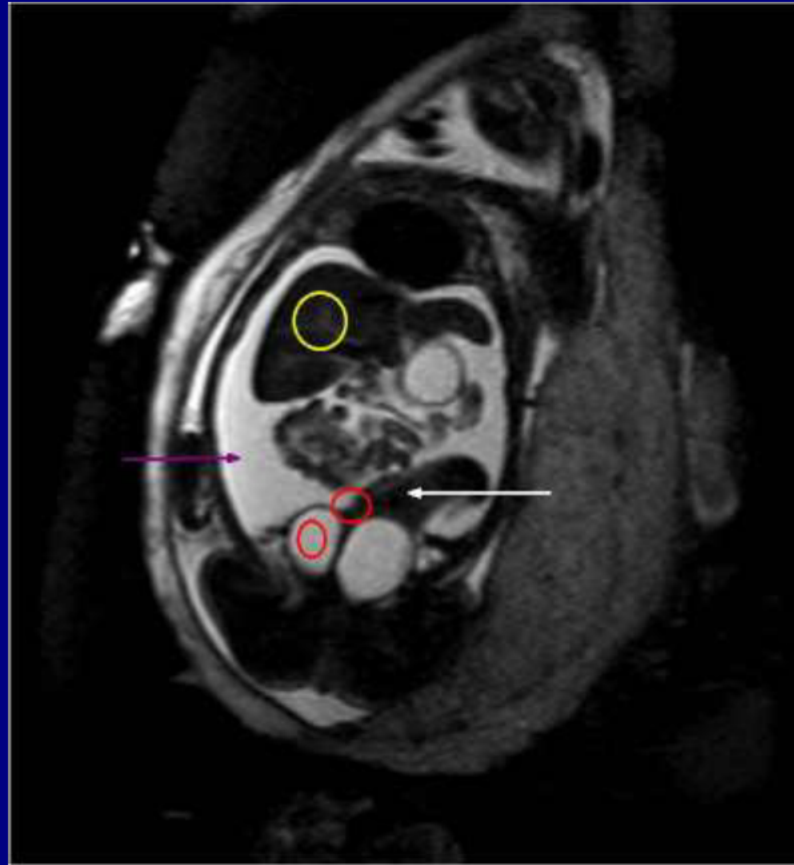
Pediatric Best Case

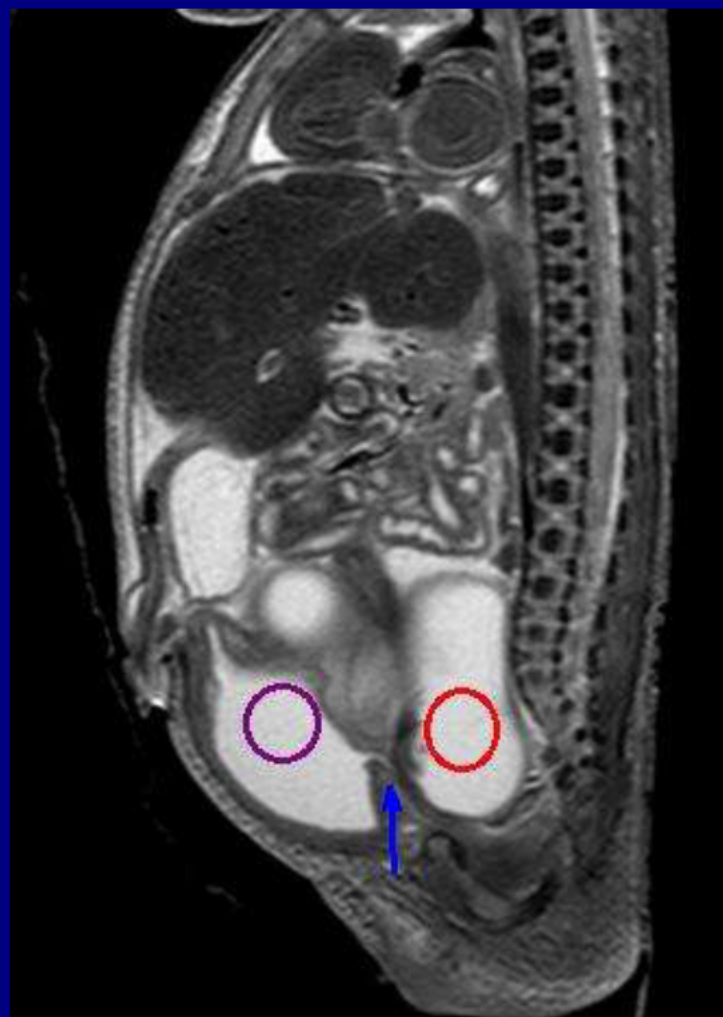
27-week gestation with abnormal
ultrasound.

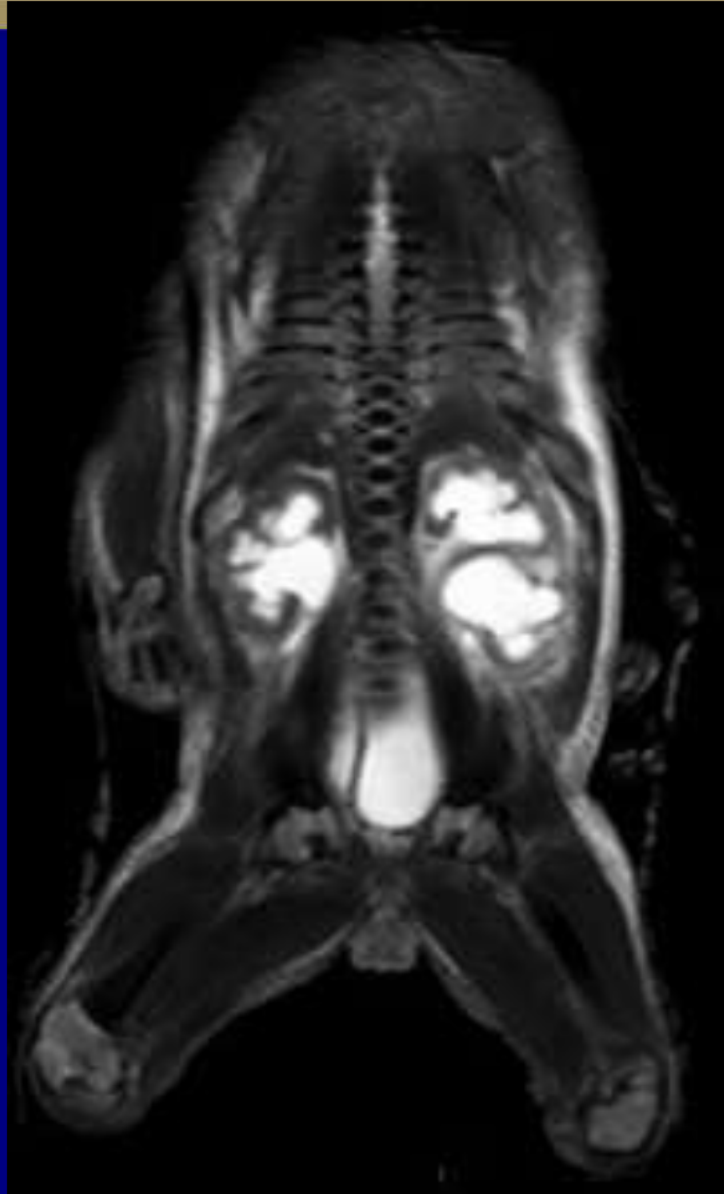




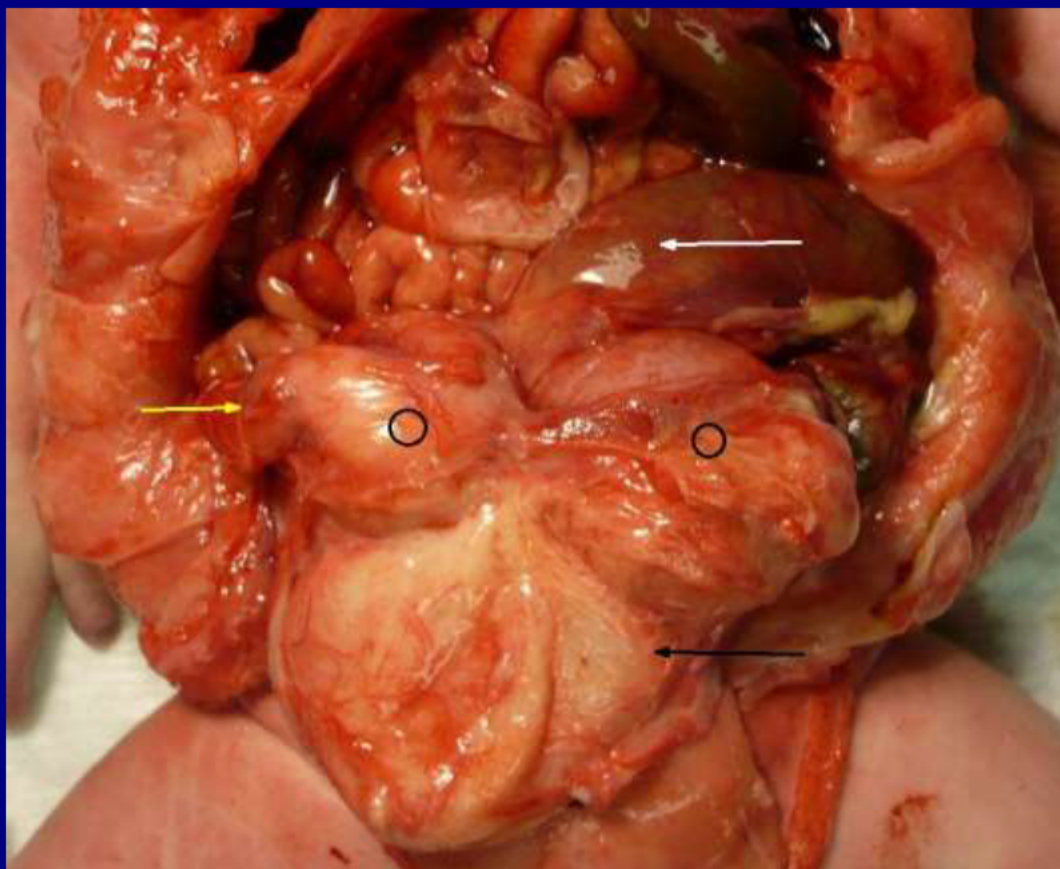


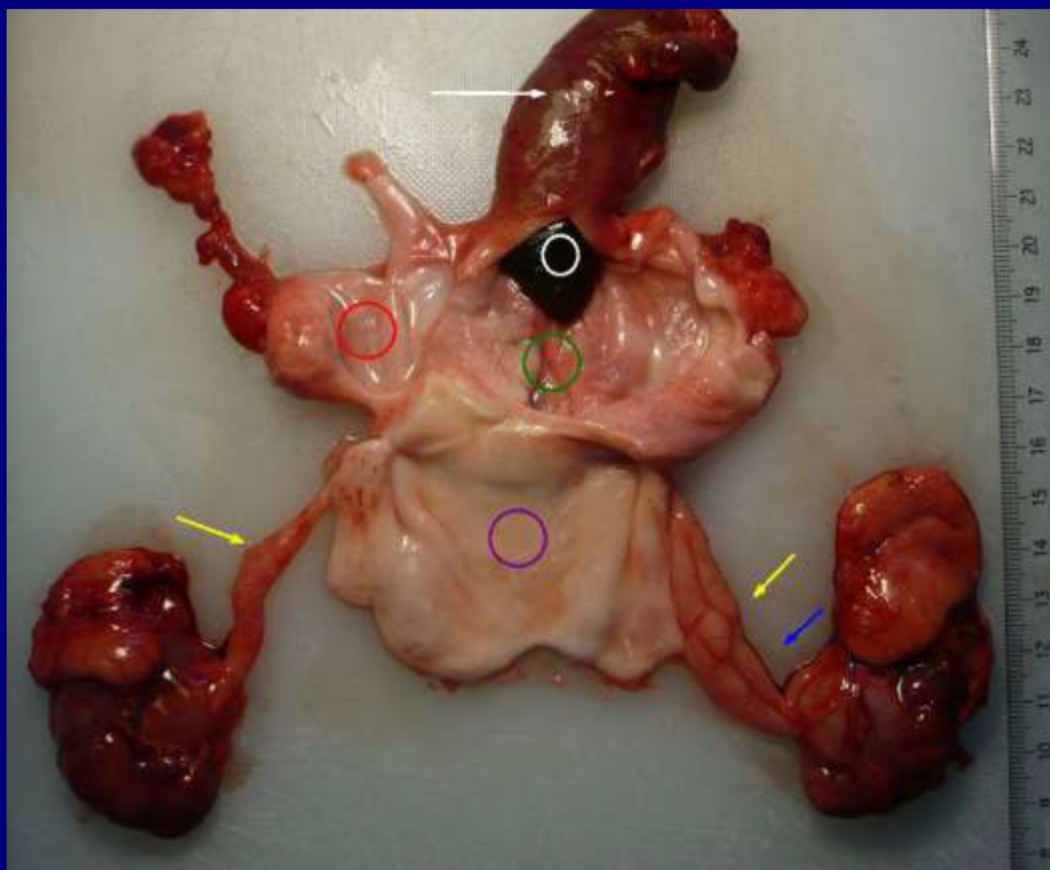












Cloacal Malformation

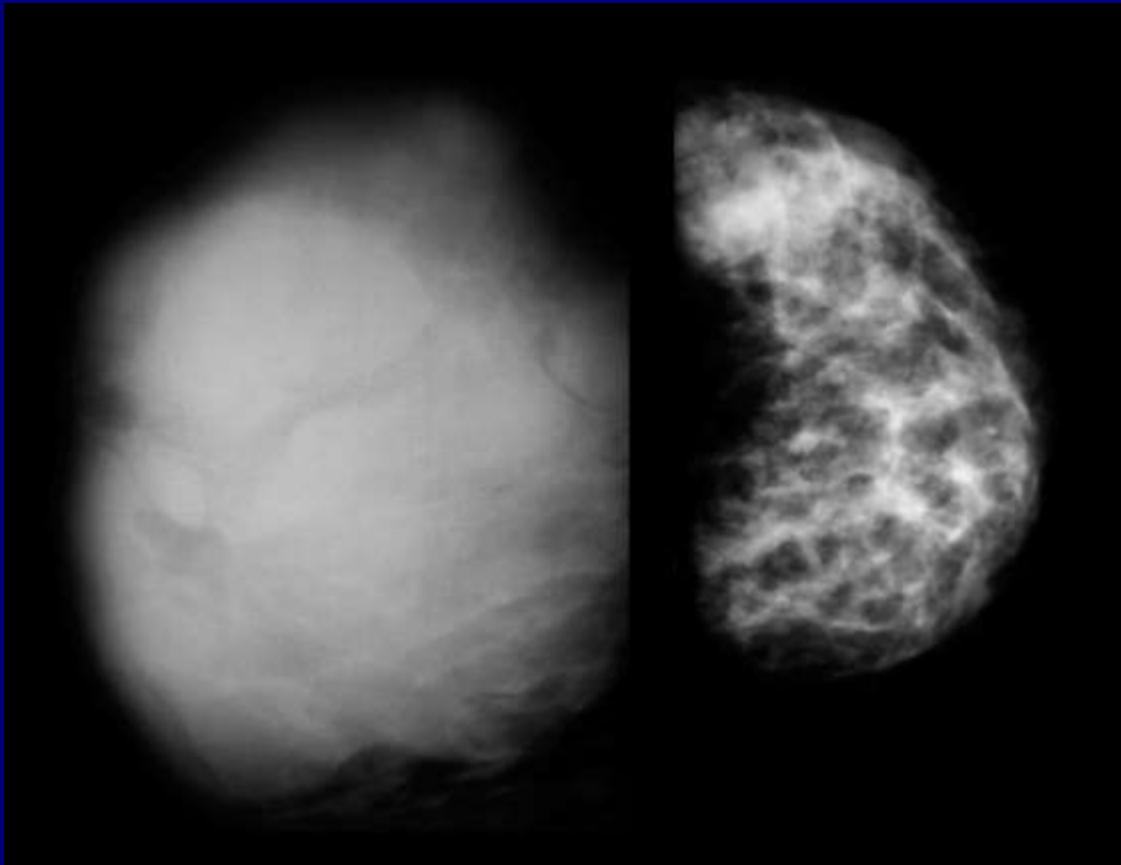
Cindy Fayard, MD
Hôpital Armand Trousseau
Paris, France

Breast Best Case

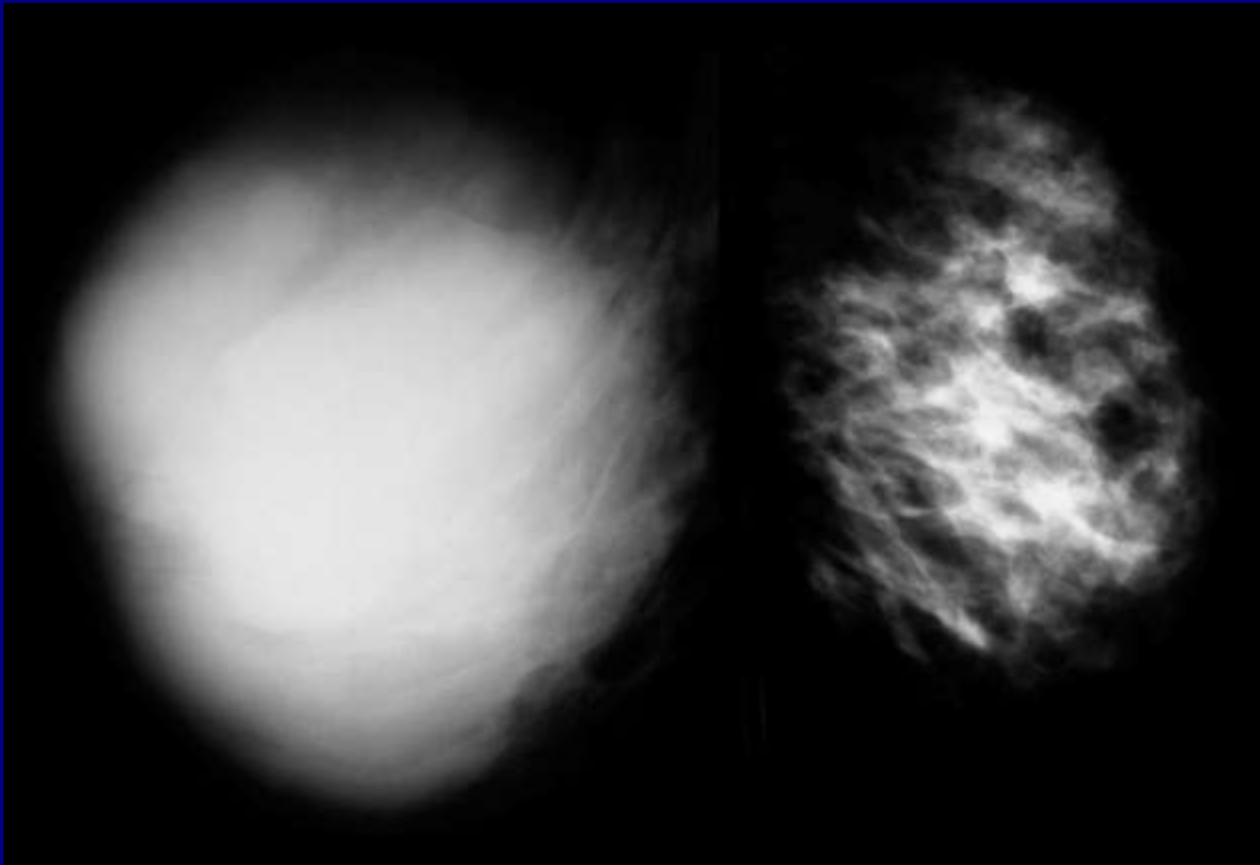
29-year-old woman in the postpartum period, presenting with a large mass in the right breast. She reported history of a hardened nodule in the same area for the past 13 years, measuring about 3 cm, with marked growth during pregnancy. A multilobulated tumor occupying almost the entire right breast with skin ulceration was found on physical examination.



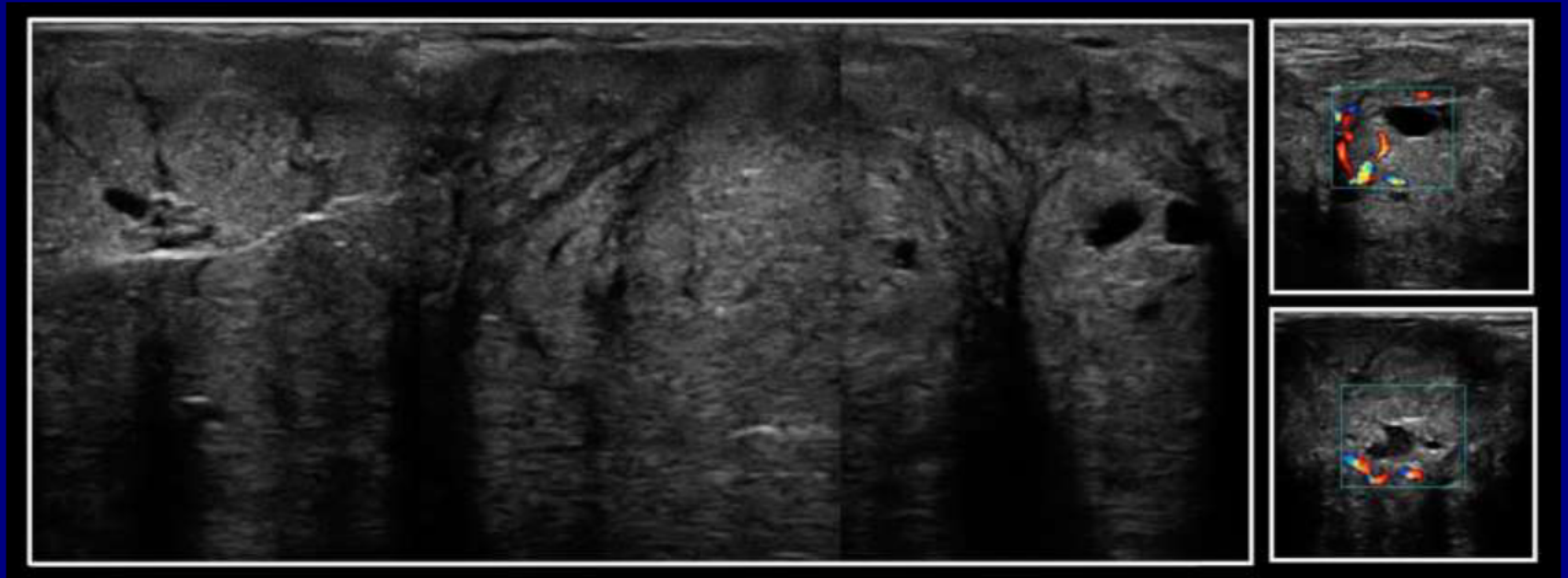
CC Views



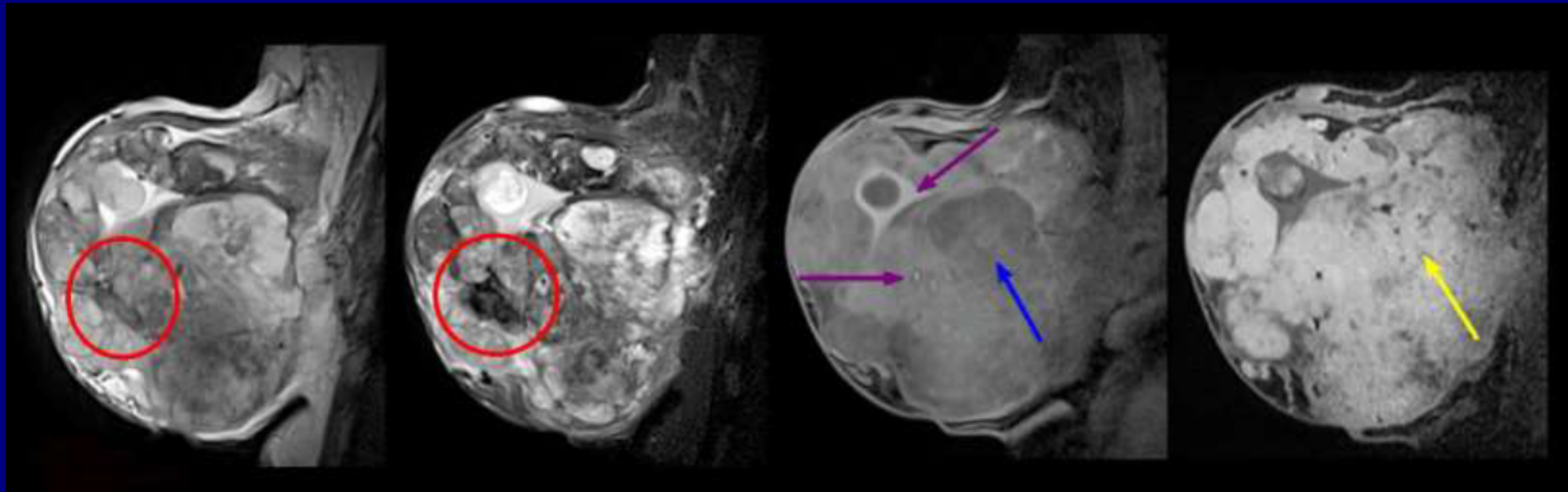
MLO Views



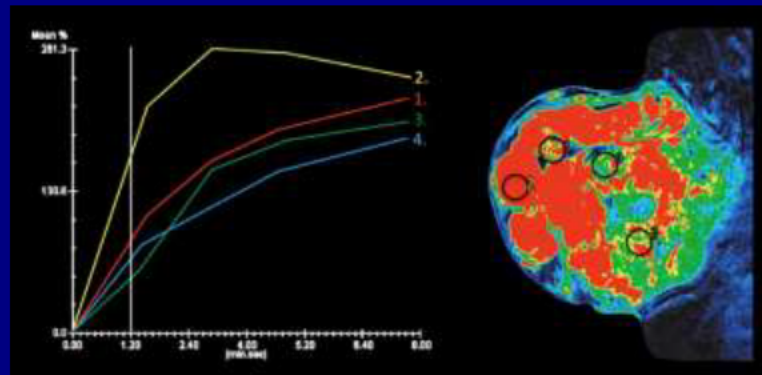
Ultrasound



MRI



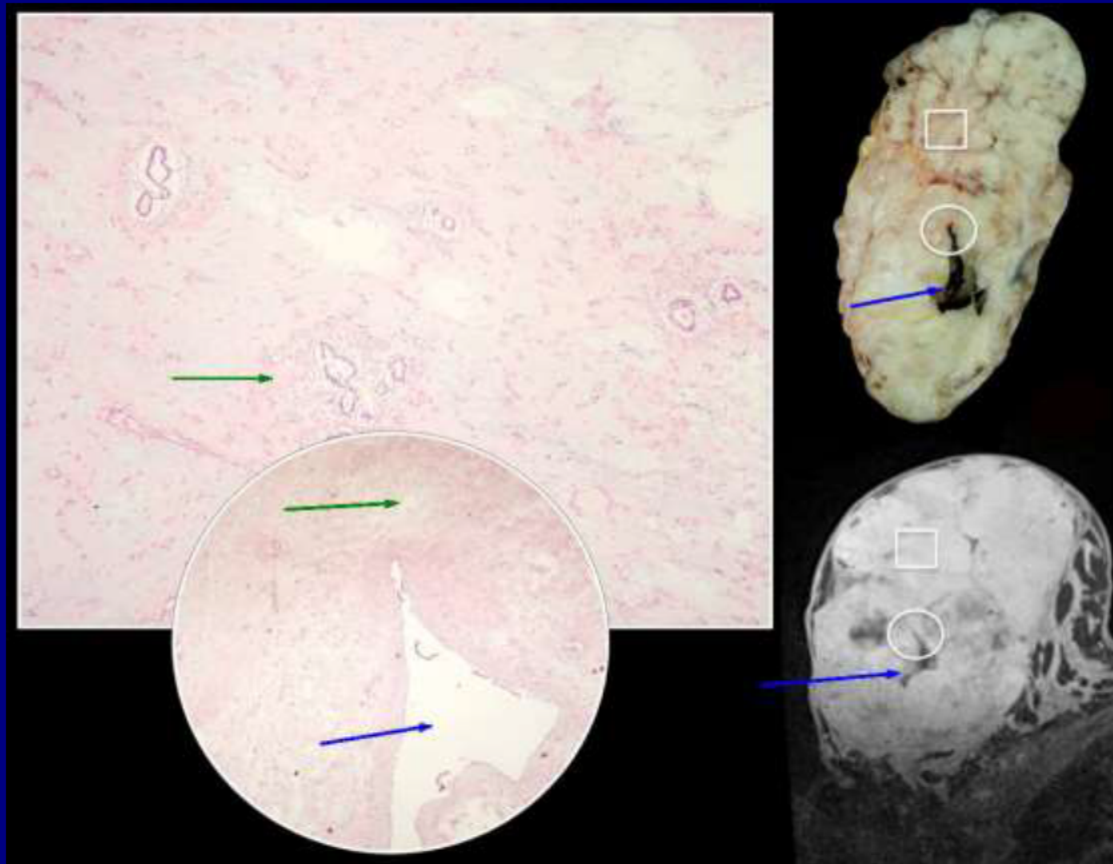
MRI Kinetics



Gross Specimen



Correlation



Correlation



Giant Complex Fibroadenoma

Bernardo Corrêa De Almeida Teixeira, MD
Hospital das Clínicas da Universidade
Federal do Paraná
Curitiba, Brazil

Gastrointestinal Best Case

34-year-old man from Saudi Arabia with past medical history of end-stage renal disease status post living unrelated kidney transplant in 2005 which subsequently failed, currently on dialysis for 7 months who recently flew to the United States for evaluation of a liver mass and possible repeat transplantation.



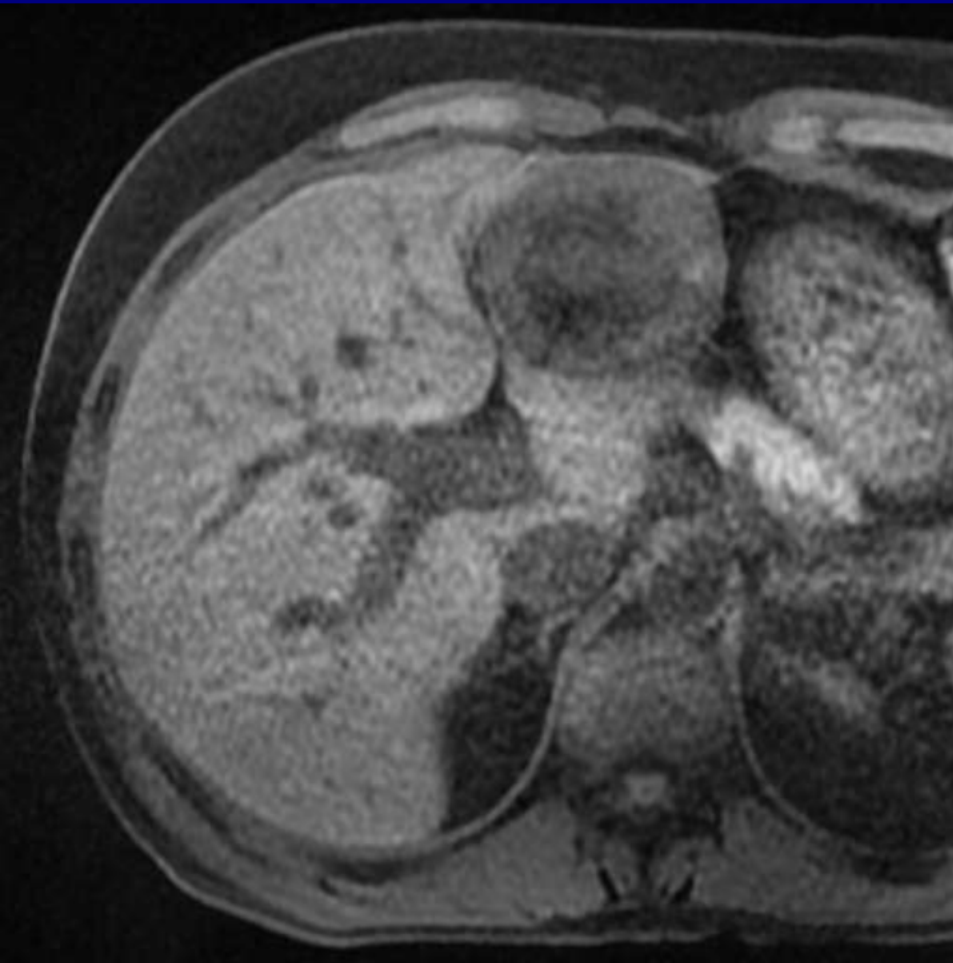
Hepatic Arterial Phase

Portal Venous Phase

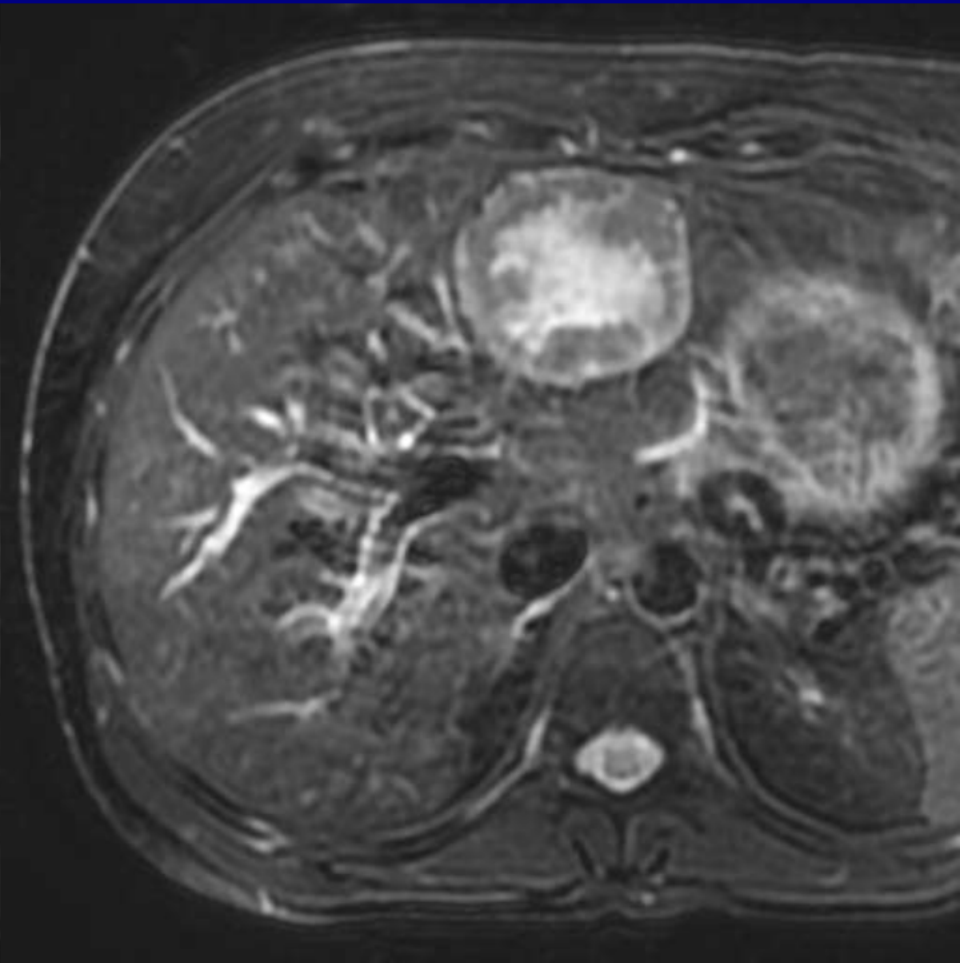
Equilibrium Phase

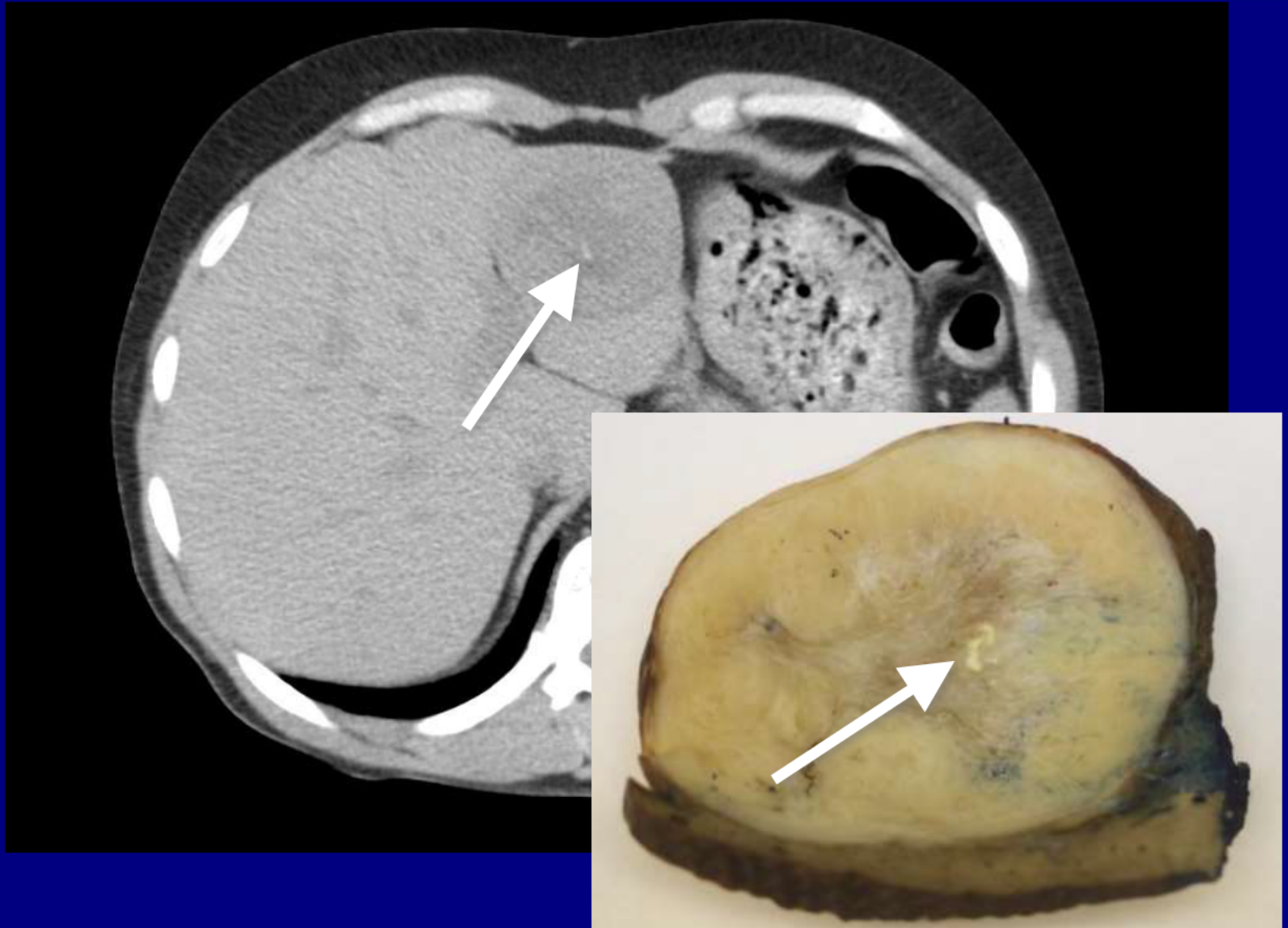


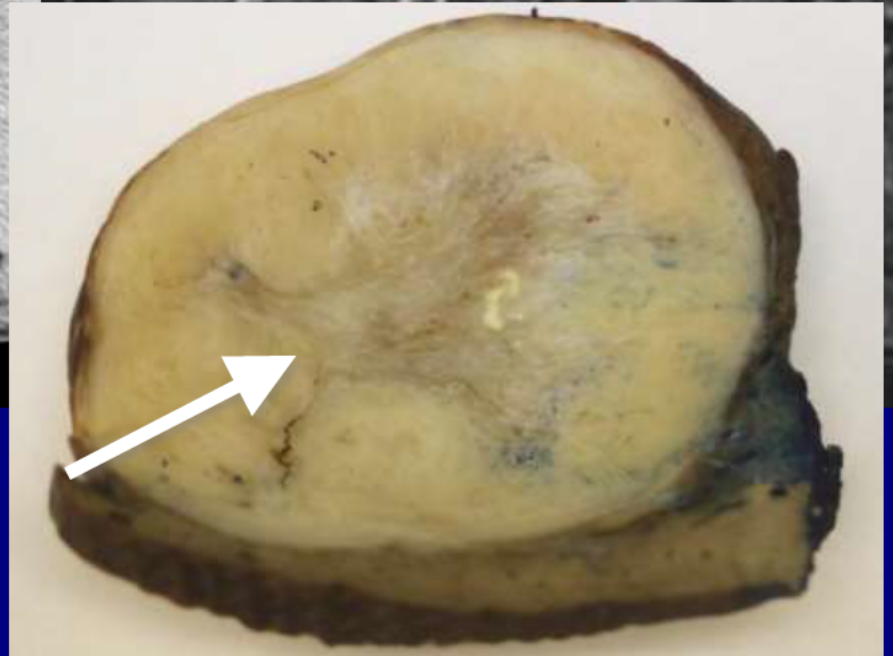
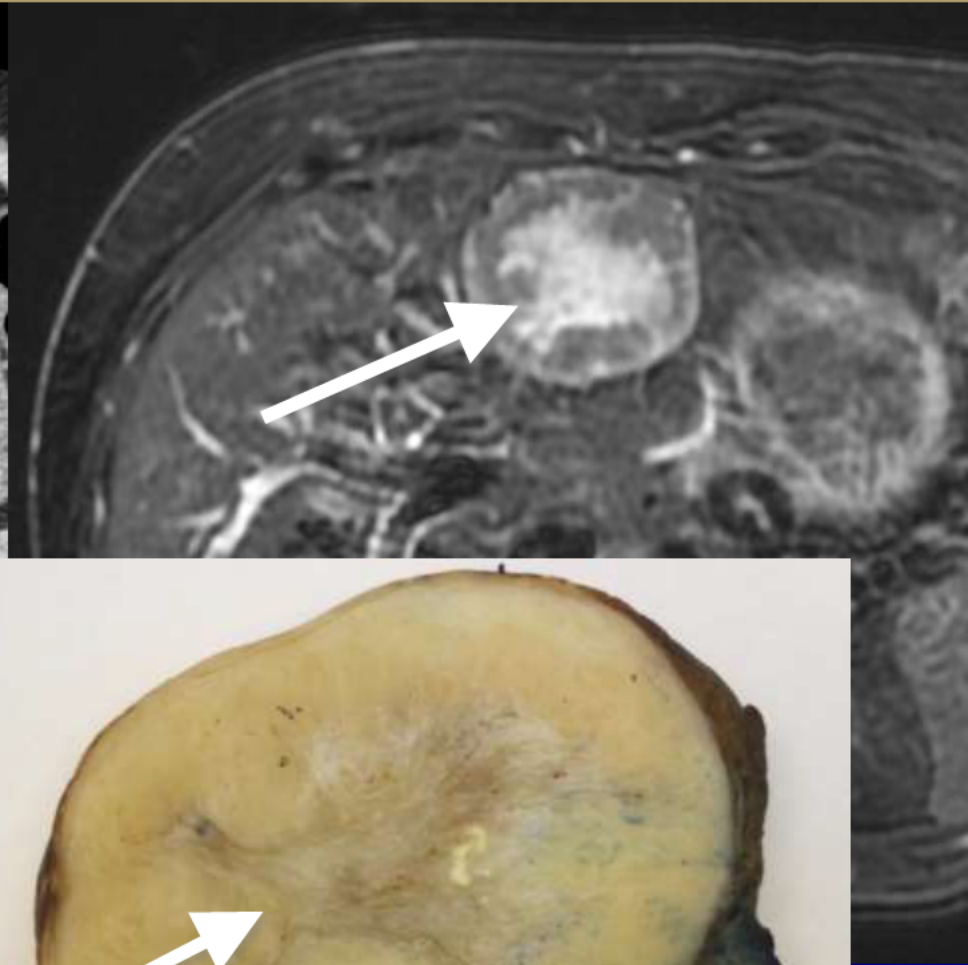
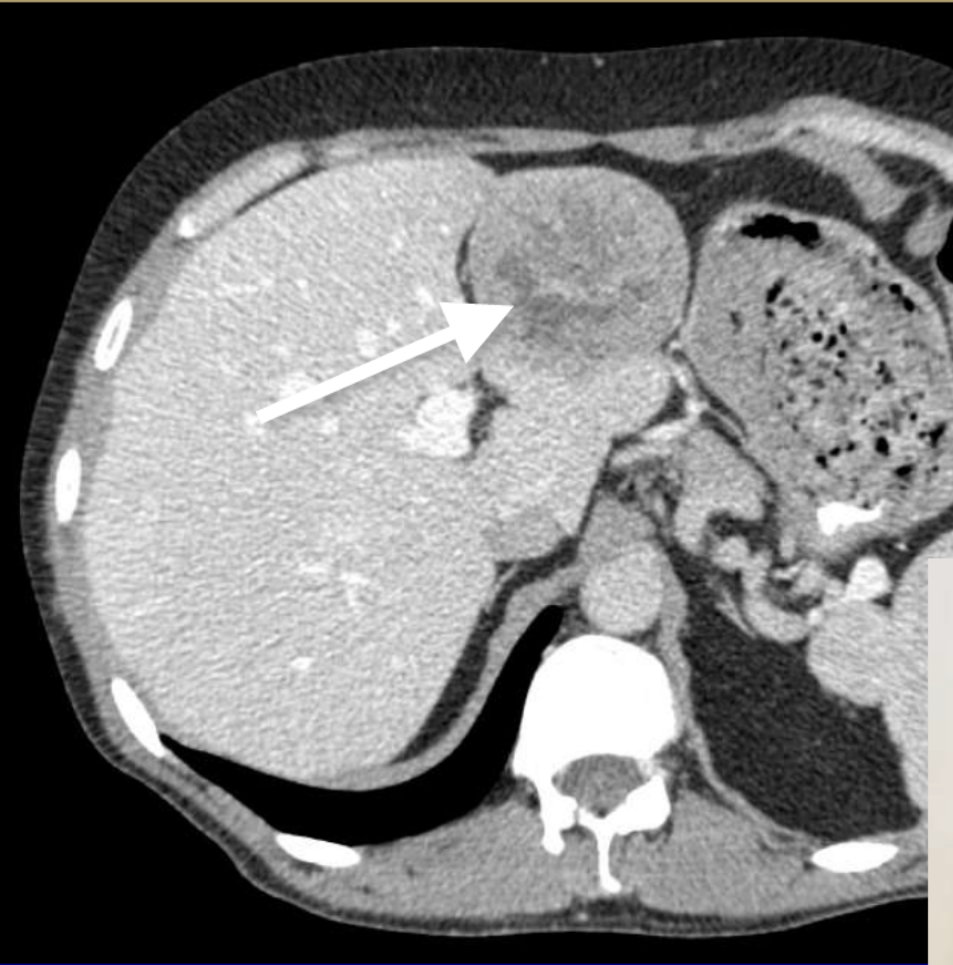
T1 F/S

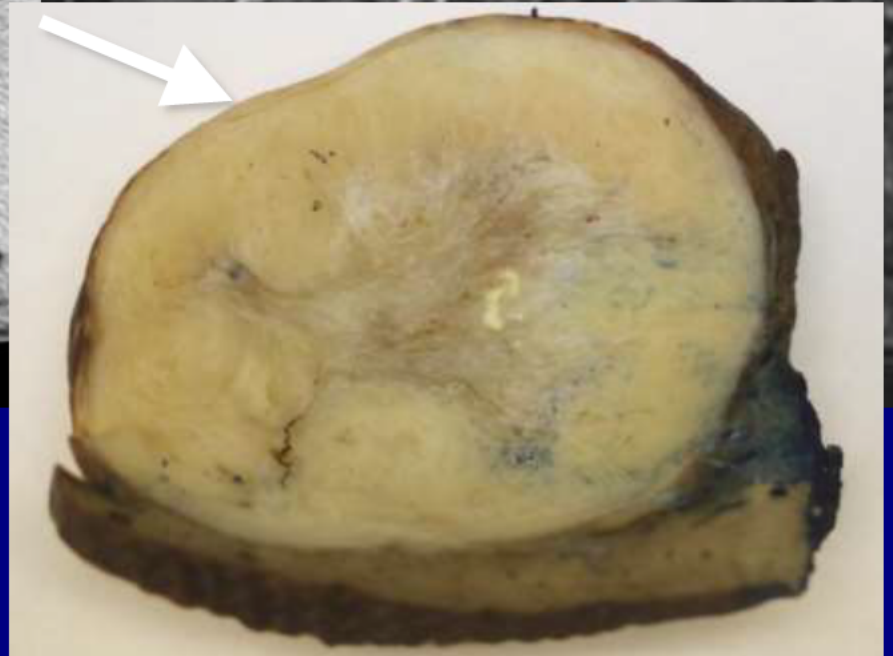
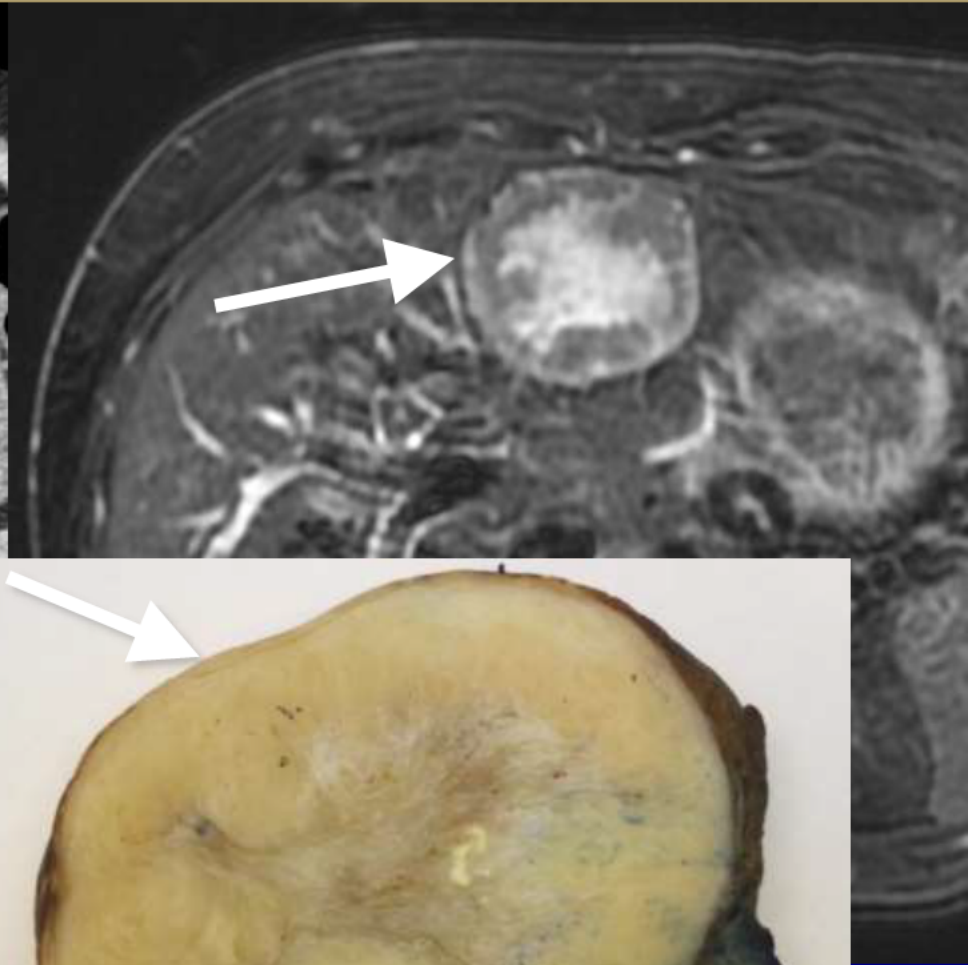
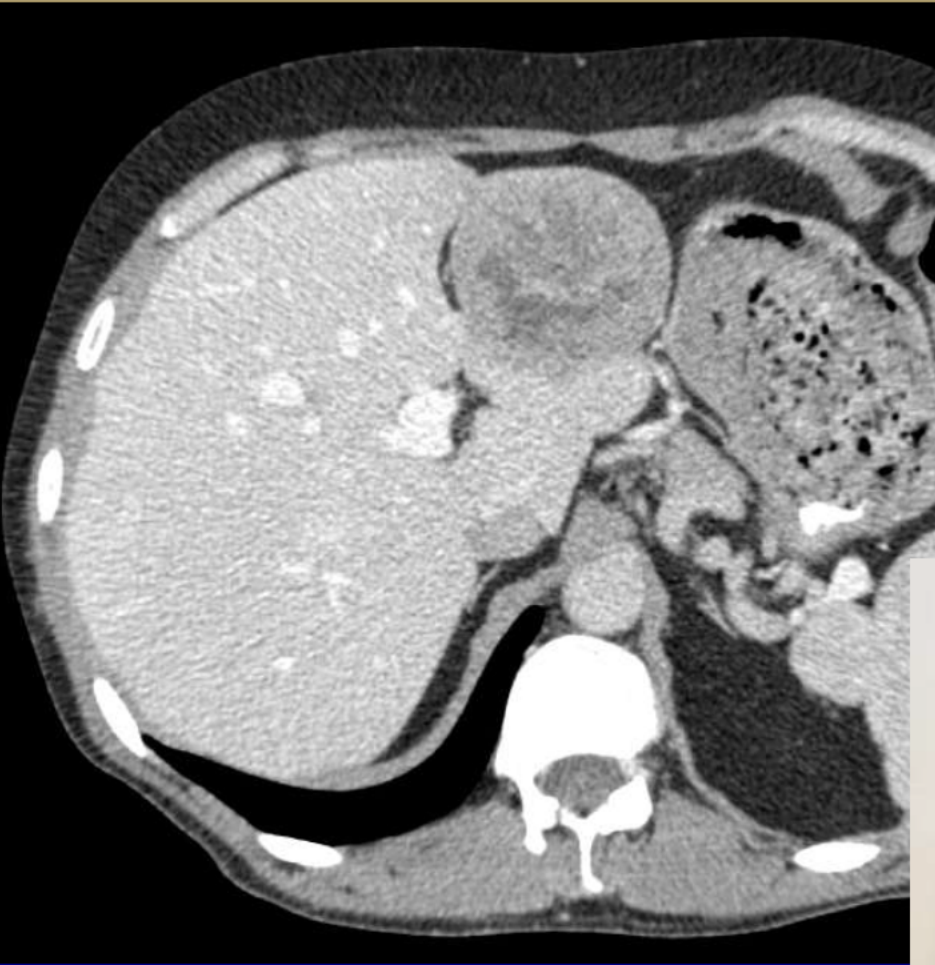


T2 F/S

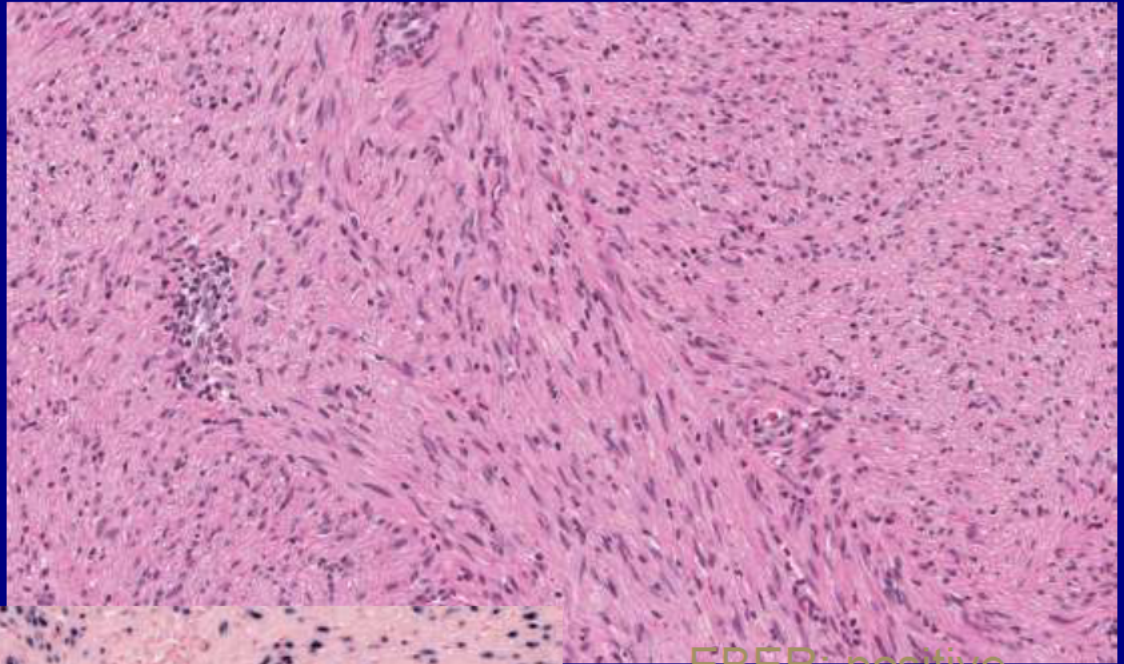




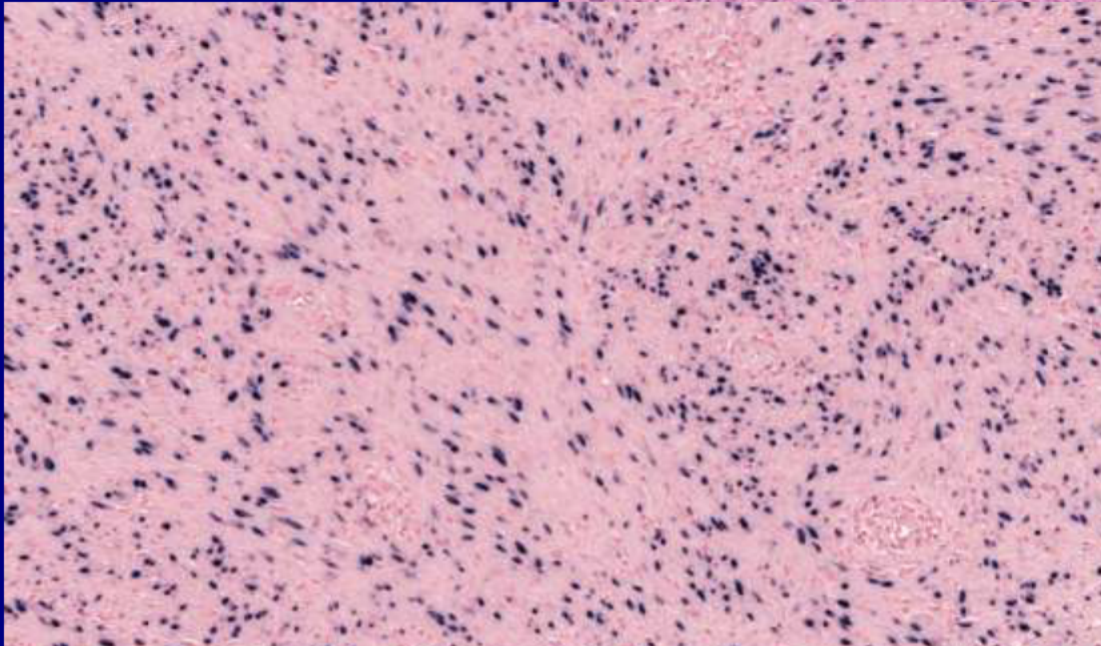




H&E: bland
spindle cells
mixed with
lymphocytes



EBER: positive
nuclear staining for
EBV-encoded RNA



Epstein Barr Virus-Associated Smooth Muscle Tumor

Andrew Chi, MD

Thomas Jefferson University Hospital
Philadelphia, Pennsylvania

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