Best Cases of the AIRP

March - April, 2021
Musculoskeletal Best Case
CLINICAL INFORMATION

46-year-old male presented with worsening chest pain and mild shortness of breath secondary to a chronic chest wall mass.
INTRAMEDULLARY CHONDROSARCOMA

Dr. Kennedy Wirtz
Medical College of Wisconsin
Diagnostic Radiology Residency
Milwaukee, WI
Gastrointestinal Best Case
Clinical information

30-year-old male with history of childhood AML, multiple skin lesions on his trunk and extremities, and a large liver mass (initially dx benign hepatic hemangioma, followed for 10 years) now with significant right sided abdominal pain. Of note, the patient had no known risk factors for HCC and serology for Hepatitis B and C were negative.
Immunohistochemistry: Expression of smooth muscle actin (SMA) and vimentin. No expression of S-100 protein, desmin, Hep Par-1, GPC-3, Arginase1, synaptophysin and chromogranin.
Glomus tumor

Ksenia Skorohodova, MD
Virginia Mason Medical Center
Seattle, Washington
Neuroradiology Best Case
Clinical Information

47-year-old female found unresponsive at home
Moyamoya Disease

Christopher Byers, M.D.
University of Nebraska
Omaha, Nebraska
Thoracic/Chest Best Case
Clinical information

64-year-old male with shortness of breath, hypoxia, and finger clubbing.
bland fibrous tumor

transition zone to sarcomatous cells

pleomorphism, mitotic figures: high-grade sarcoma
Solitary Fibrous Tumor of the Pleura with dedifferentiation into Pleomorphic High-grade Sarcoma

Johnny Wright
University of Florida (Shands Hospital)
Gainesville, Florida
Cardiovascular Best Case
Clinical information

65 year old woman with worsening dyspnea.
Pericardial Fungal Abscess

Andrew Wong, MD
Brigham and Women's Hospital
Boston, MA
Clinical information

11-year old healthy female with hx of pigmented macules on the lips and gums who presents with acute onset nausea, vomiting and abdominal pain
Hamartomatous Polyp in Peutz-Jeghers Syndrome

John Hunter
Stanford Radiology
Lucile Packard Children's Hospital
Palo Alto, CA
Clinical information

30-year-old woman with slowly growing non-painful bilateral palpable lumps located in the central breasts. No erythema or skin changes. Patient has a long standing history of type 1 diabetes (A1c 10.5%)
Right breast US
Histology
Diabetic Fibromastopathy
(Inflammatory lymphocytic mastitis)

Mark Kneteman, MD
Anne-Marie Brisson, MD
University of Calgary
Alberta, Canada
Genitourinary Best Case
Clinical information

54-year-old G2 P1 female with a history of hypertension, uncomplicated diverticulitis, and multiple uterine leiomyomas status post uterine artery embolization 11 years ago, presented to the ED with 3 days of severe, colicky abdominal pain, inability to tolerate oral intake, and bilious emesis.
Uterine Leiomyomata with uteroenteric fistula and small bowel obstruction

Victor Babatunde
University of Pennsylvania
Philadelphia, PA