



Case Histories for the Meeting of Monday, June 6th, 2016, 7pm

SB 6051 David Levy/Megan Troxell; Stanford
33-year-old kidney transplant recipient. TURBT then cystectomy.

DIAGNOSIS: _____

SB 6052 David Levy/Megan Troxell; Stanford
37-year-old woman with incidentally-discovered kidney tumor.

DIAGNOSIS: _____

SB 6053 Christine Louie/Teri Longacre; Stanford
25-year-old man with indurated perianal lesion.

DIAGNOSIS: _____

SB 6054 Peyman Samghabdi/Hannes Vogel; Stanford
34-year-old man with heterogenous pineal mass measuring 2cm.

DIAGNOSIS: _____

SB 6055 Kelli Devereaux/Hannes Vogel; Stanford
3-month-old male with hypotonia, facial weakness, ventilator dependent. Ex-32 week premature. MRI showed small subdurals, likely birth related. Normal CK. Testing negative for myotonic dystrophy. Submitted image. Right soleus muscle, H&E cryosection.

DIAGNOSIS: _____

SB 6056 Keith Duncan; Mills-Peninsula
47-year-old woman with left neck mass x3 months.

DIAGNOSIS: _____

SB 6057 (2 slides) Emily Chan/Andrew Horvai; UCSF

25-year-old man with multiple lymphangiomas who died from complications of aspiration pneumonia in the setting of small thorax due to chronic compression fractures.

DIAGNOSIS: _____

SB 6058 Sunny Kao; Stanford

80-year-old man with right testicular tumor.

DIAGNOSIS: _____

SB 6059 Ankur Sangoi; El Camino Hospital

79-year-old man with a remote history of esophageal cancer status post resection, end-stage renal disease (etiology unknown), and hypertension presented to the ER with fatigue. He was found to be hypotensive and anemic with elevated postassium and mild acidosis. Stools were guaic positive with a negative CT abdomen/pelvis. During attempted jugular vein catheter placement, he became further hypotensive and unresponsive. The patient died despite persistent transfusion and coding. Autopsy requested given clinical concern for iatrogenic arterial disruption during catheter placement. Section of esophagus submitted.

DIAGNOSIS: _____

SB 6060 Peng Li/Daniel Arber/Robert Ohgami; Stanford

57-year-old woman with a history of thrombocytosis. A concurrent cytogenetics study shows normal female karyotype, and positive for RNA splicing factor 3B, subunit 1 (*SF3B1*) mutation and negative for JAK2 mutation and BCR-ABL in a peripheral blood specimen.

DIAGNOSIS: _____

** Ankur Sangoi, MD asangoi2@yahoo.com
REGISTRAR, SOUTH BAY PATHOLOGY SOCIETY
EL CAMINO HOSPITAL
DEPARTMENT OF PATHOLOGY GC-33
2500 GRANT ROAD
MOUNTAIN VIEW, CA 94040*

** Kristin Jensen, MD (CME Chair) kjensen1@stanford.edu
* Planning Committee Members*

The South Bay Pathology Society is accredited by the Institute for Medical Quality/California Medical Association (IMQ/CMA) to provide continuing medical education for physicians.

The South Bay Pathology Society designates this live activity for a maximum of 1 *AMA PRA Category 1 Credit*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity. "For physicians participating in Maintenance of Certification (MOC) through the American Board of Pathology, CME credit hours can be converted to Self-Assessment Modules (SAMs) credit hours upon successful completion of a post-activity test with a passing rate of 80% correct answers."