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Case 1

A 51 years old man present with bloating, lower abdominal pain and constipation off & on. The screening colonoscopy was done and shown 1 cm submucosal nodule at cecum. The EMR was performed and pathology showed in Figure 1-3. The nodule was com-

posed of monotonous tumor cells arranging in alveolar, glandular, and trabecular patterns. These cells had stripped nuclei and sheets of cells were interposed with thin-walled vascular spaces. Tumor cells displayed positive AE1/AE3 and chromogranin immunoreactivity.

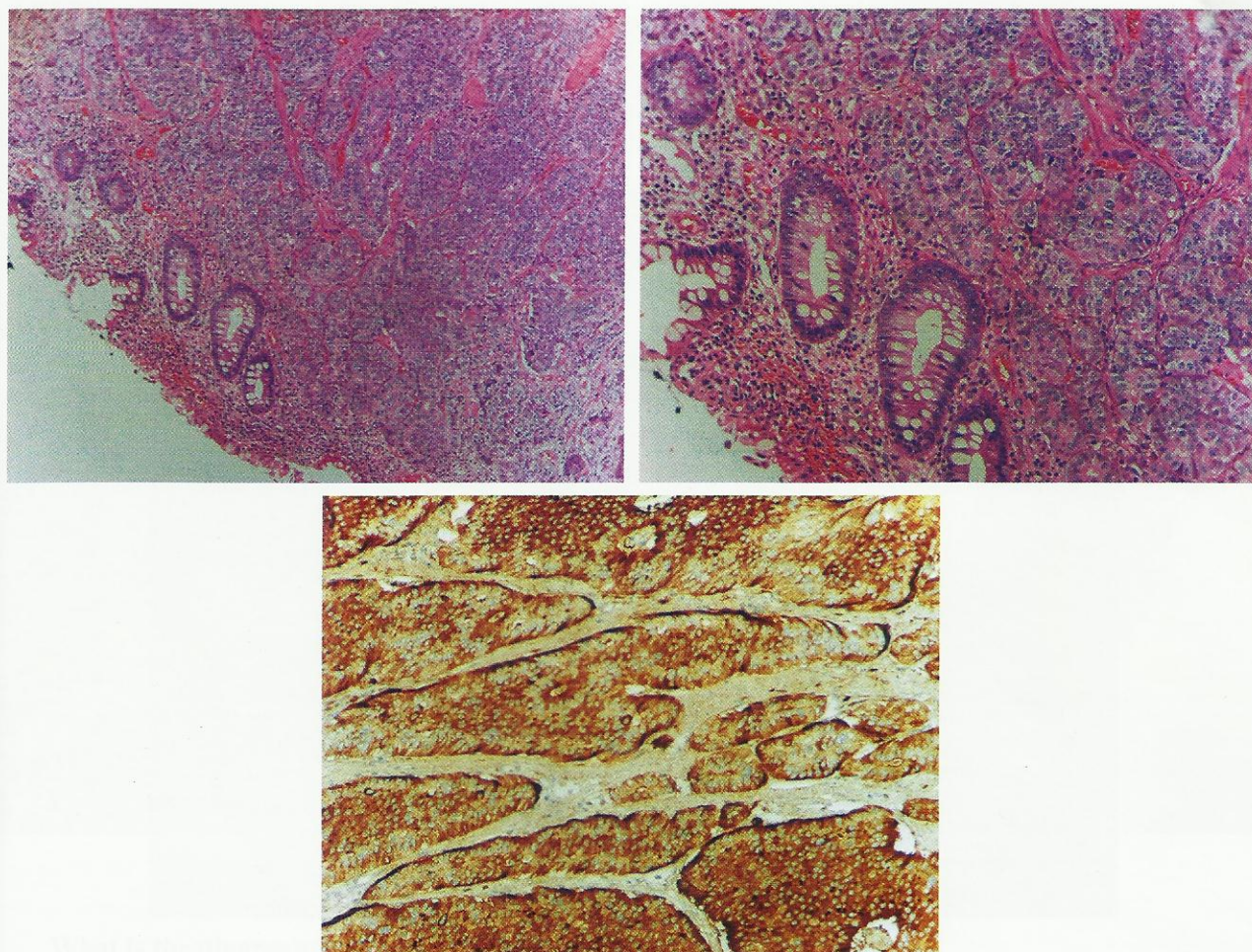


Figure 1-3.

What is the diagnosis?

(Answer see page 117)

Case 2

A 18 years old male had symptom of hypoglycemia and physical examination found mark hepatomegaly. His blood chemistry revealed hyperlipidemia and

hyperuricemia. The liver biopsy was performed and displayed pale eosinophilic cytoplasm of hepatocytes and focal nuclear glycogenation. PAS stain highlighted the intense glycogen in hepatocytes.

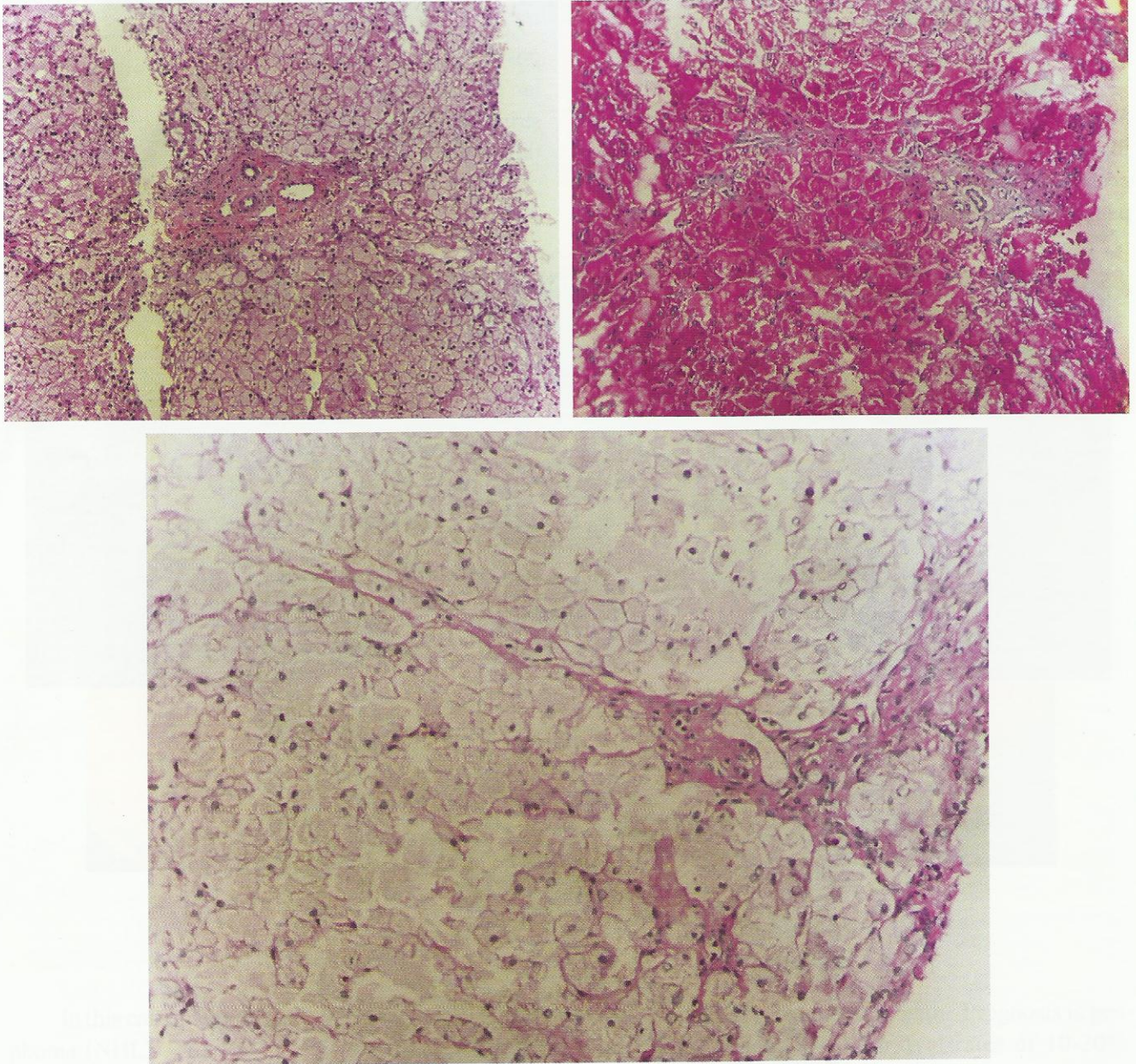


Figure 4-6.

What is the diagnosis?

(Answer see page 117)

Case 3

A 68 years old male presented with right upper quadrant discomfort. He denied fever, diarrhea, or history of alcohol taking. The profile for viral hepatitis B or C was negative. The imaging work up had shown 8 cm liver mass in right lobe. The surgical resection was performed and pathology reported tumor in liver composed of tumor cells grow along preformed vascular

channels with destruction of hepatocytes plates. Tumor cells were spindle-shaped, rounded or irregular outline, and often had ill-defined border. The cytoplasm was lightly eosinophilic and nuclei were hyperchromatic and elongated or irregular in shape. They revealed positive immunoreactivity to factor VIII-related antigen, CD 31, and CD 34.

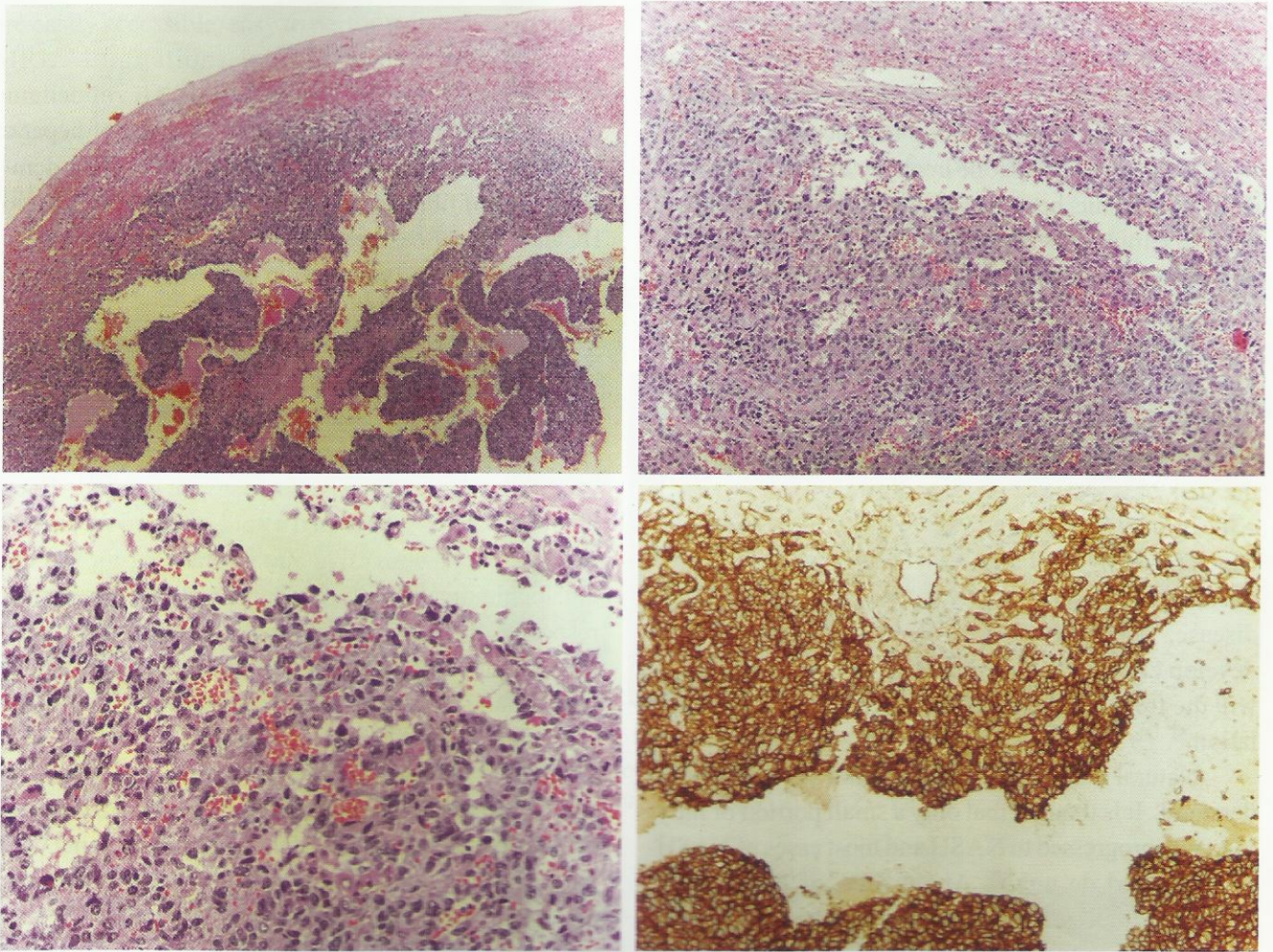


Figure 7-10.

What is the diagnosis?

(Answer see page 117)

Answer for patho corner

Case 1 = Well-differentiated neuroendocrine tumors of colon

Case 2 = Glycogen storage disease

Case 3 = Angiosarcoma of liver