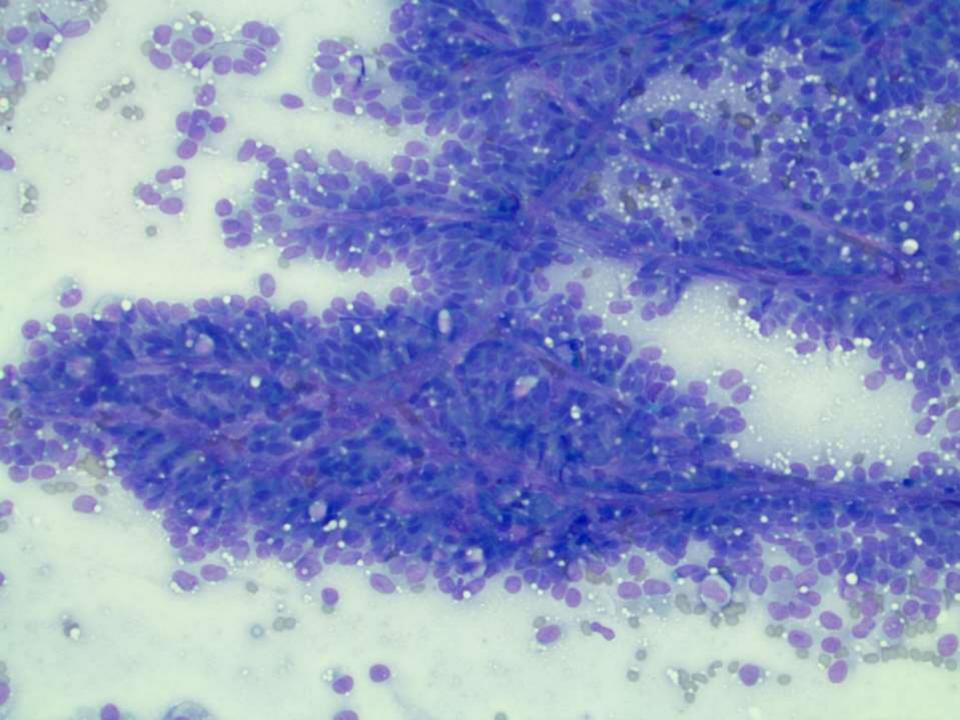
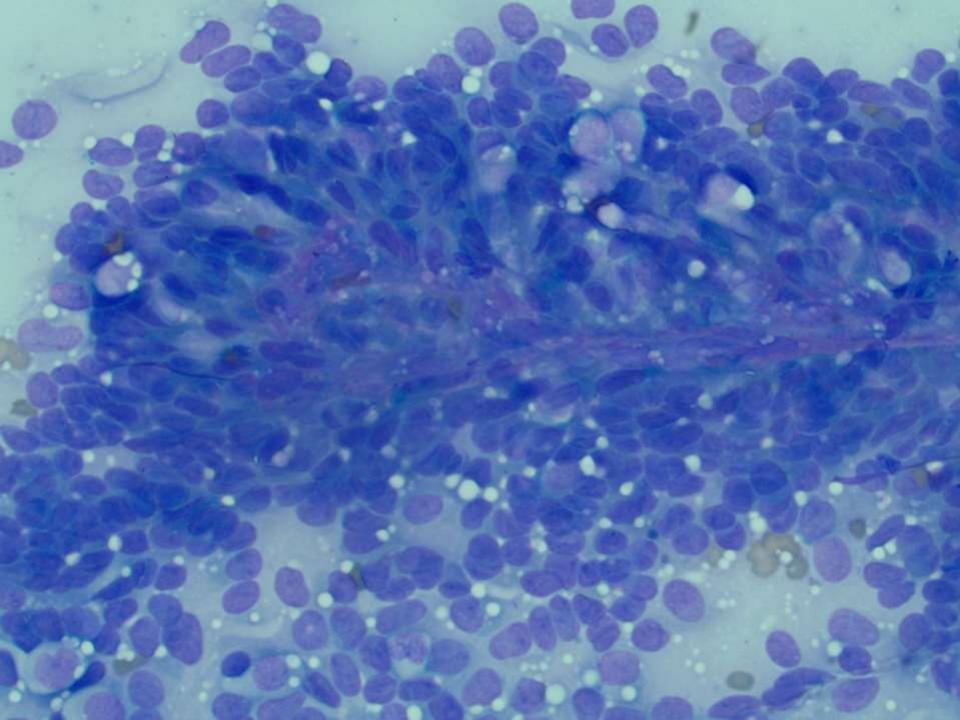
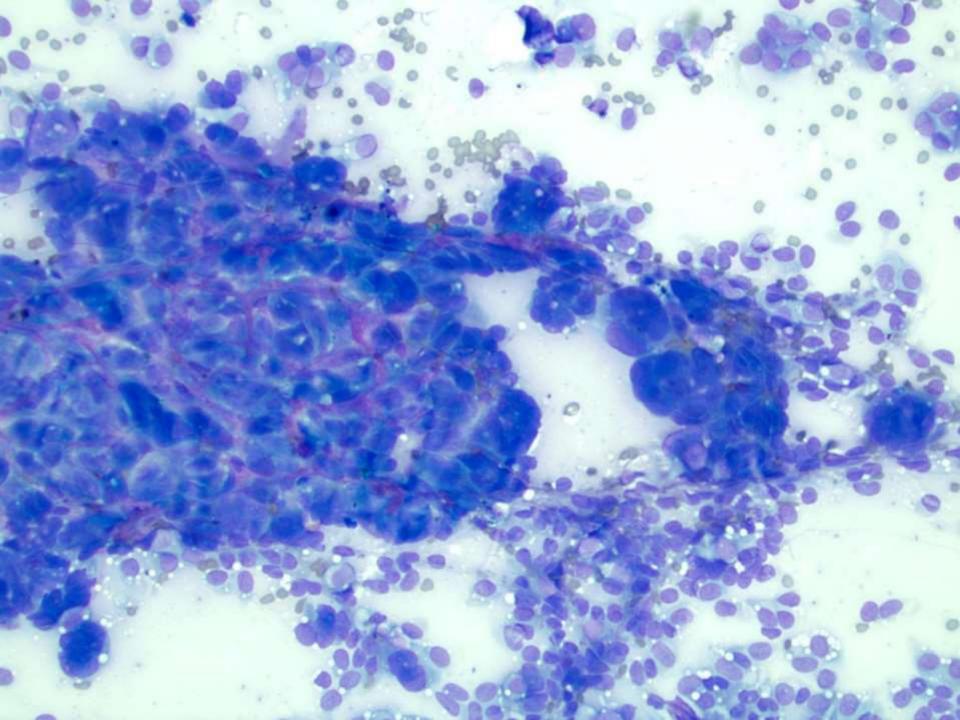
South Bay Pathology Society

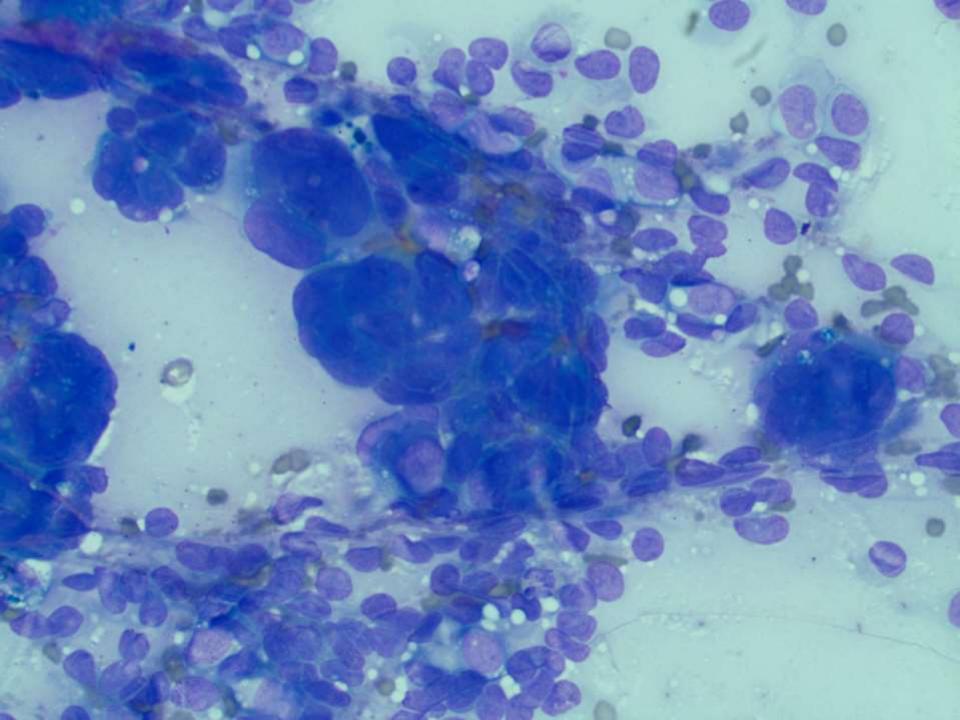
March 10, 2014

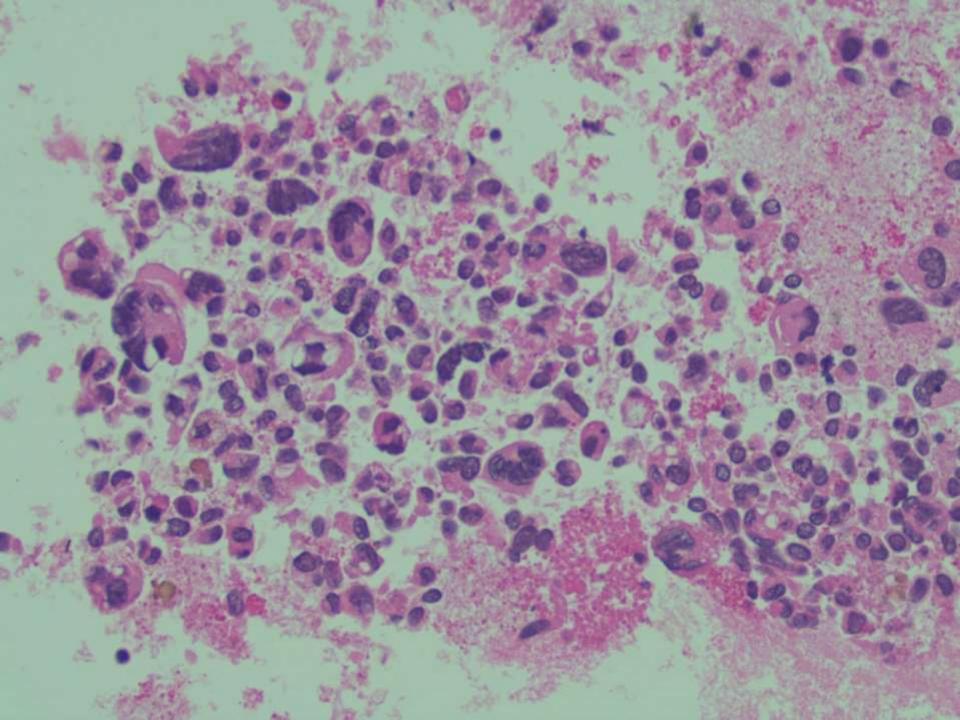
Adult female with a pancreatic mass



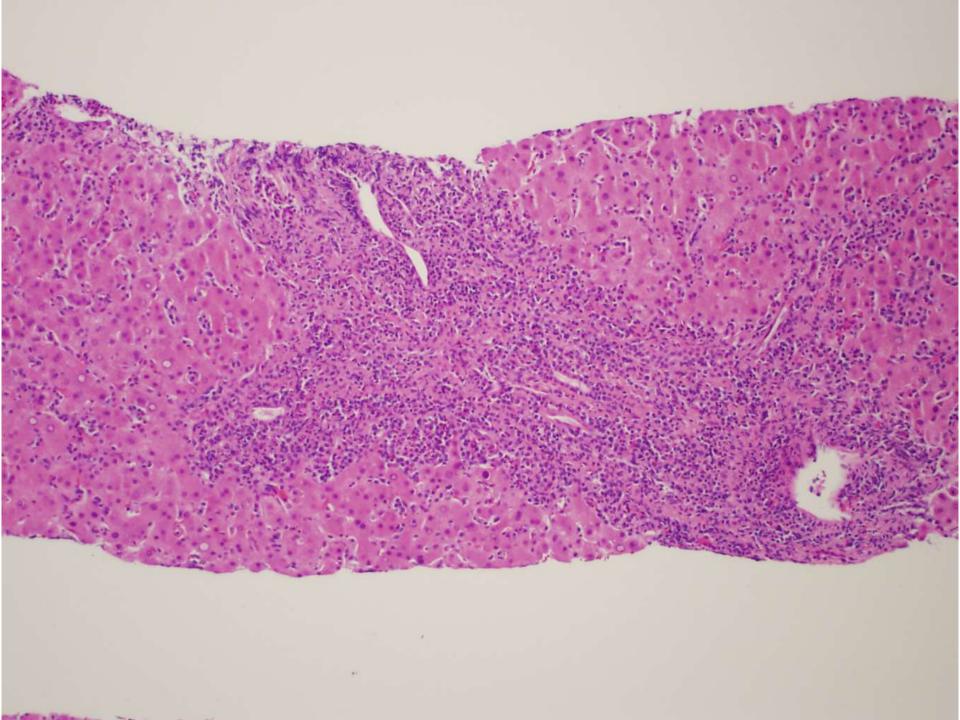


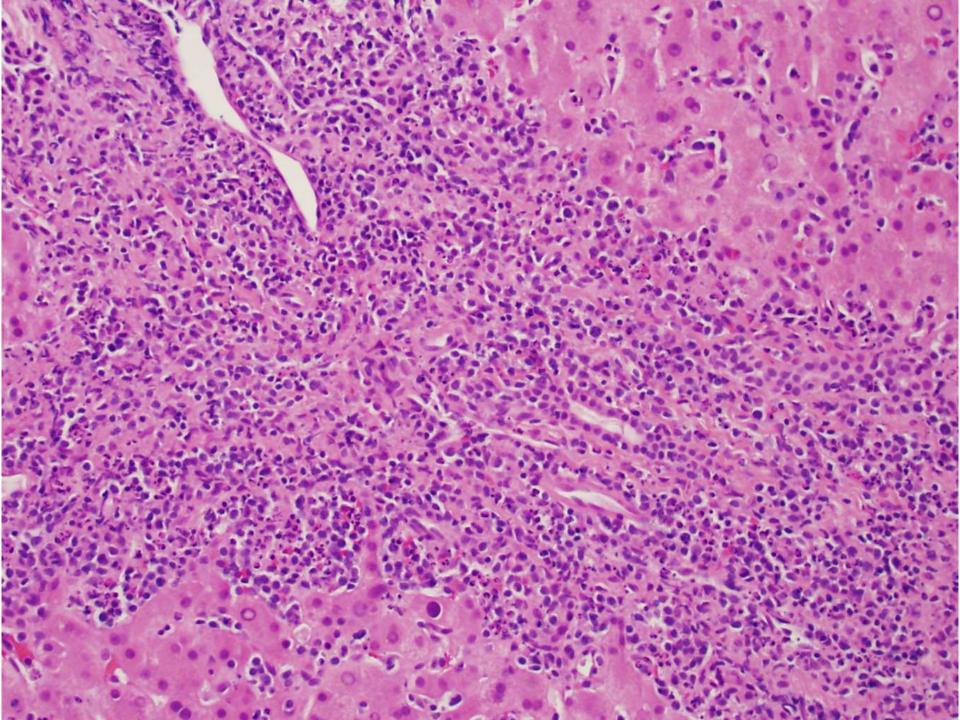


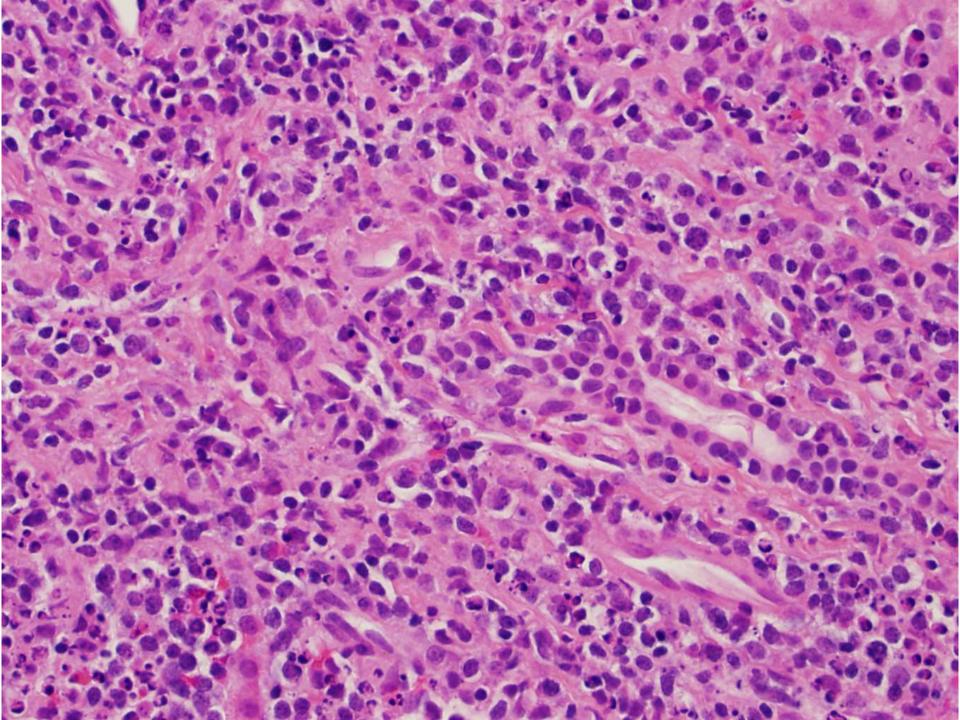


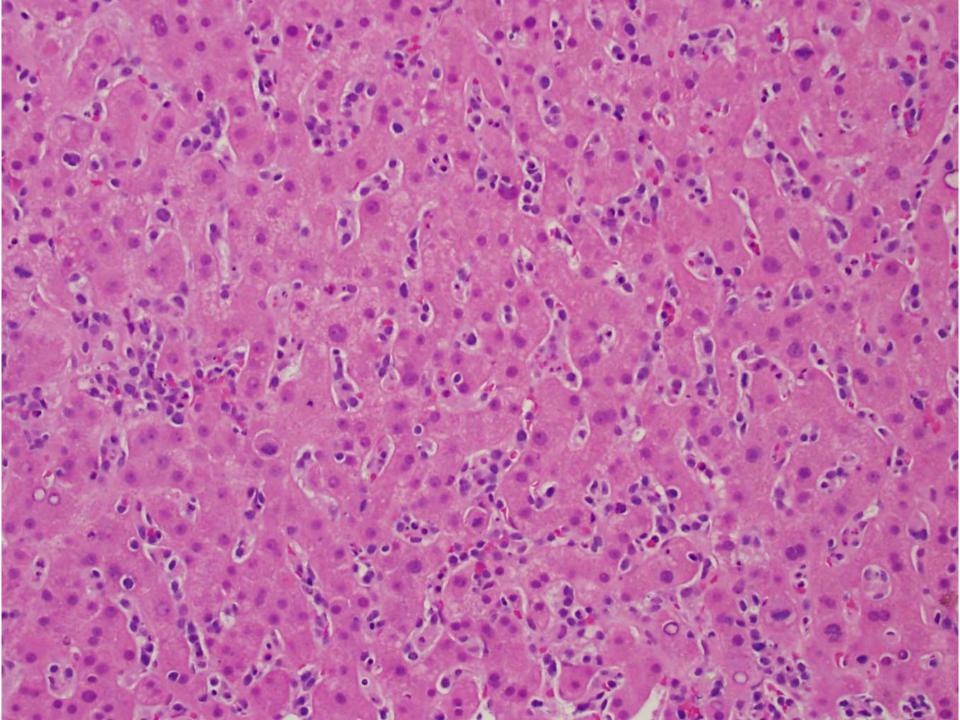


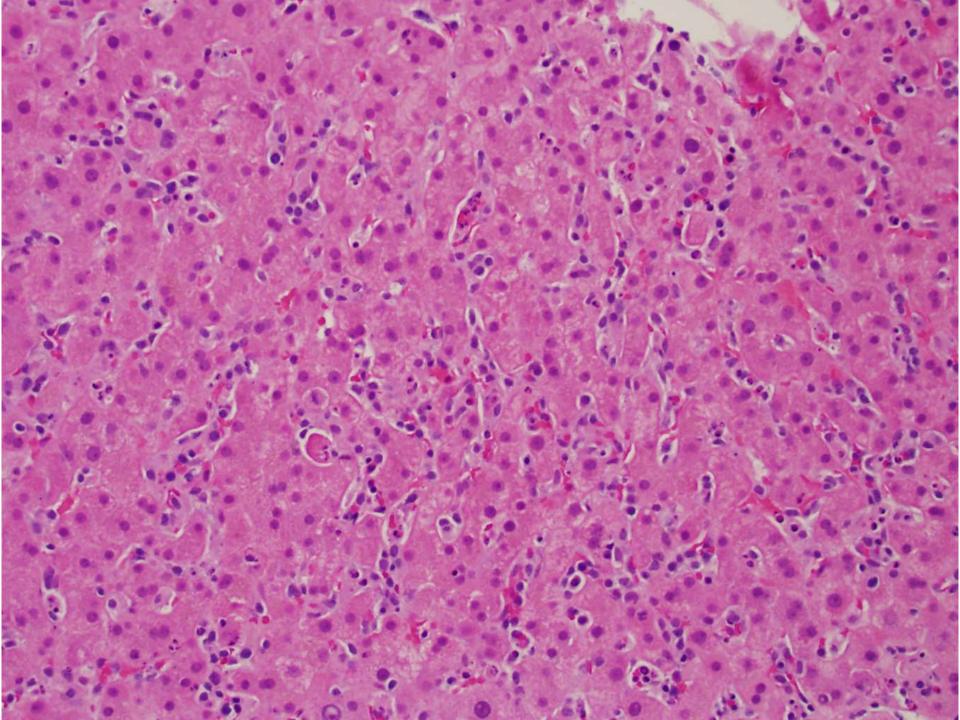
 56 year old woman with hepatosplenomegaly, fever and pancytopenia. Peripheral blood flow cytometry was reportedly normal and bone marrow was not diagnostic. Satisfied the clinical criteria for hemophagocytic lymphohistiocytosis (HLH) and being presumptively treated for it at the time of liver biopsy.

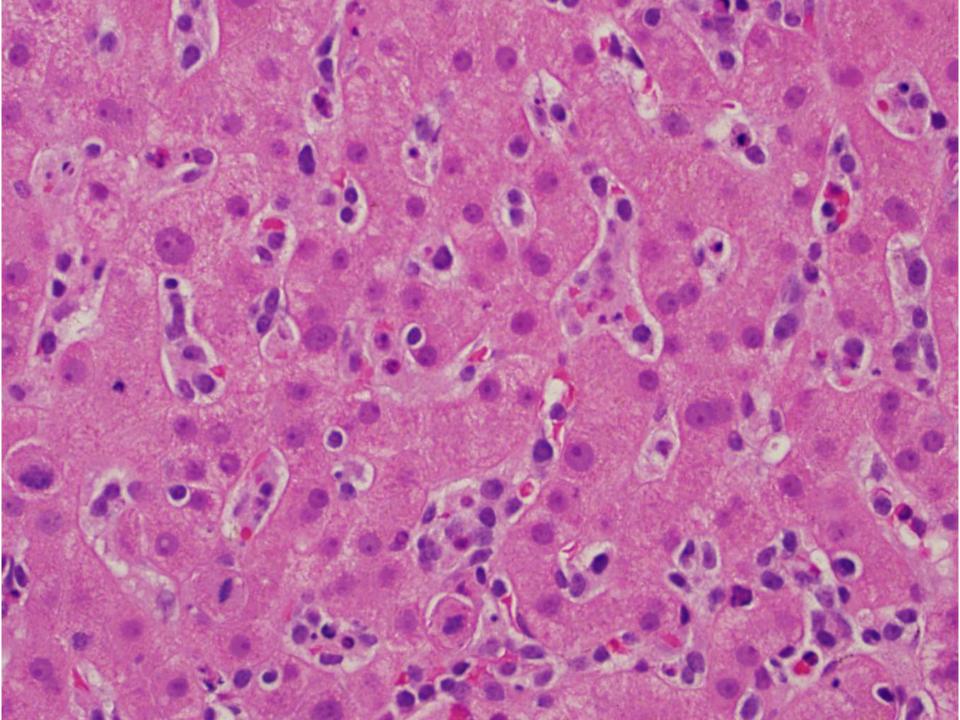




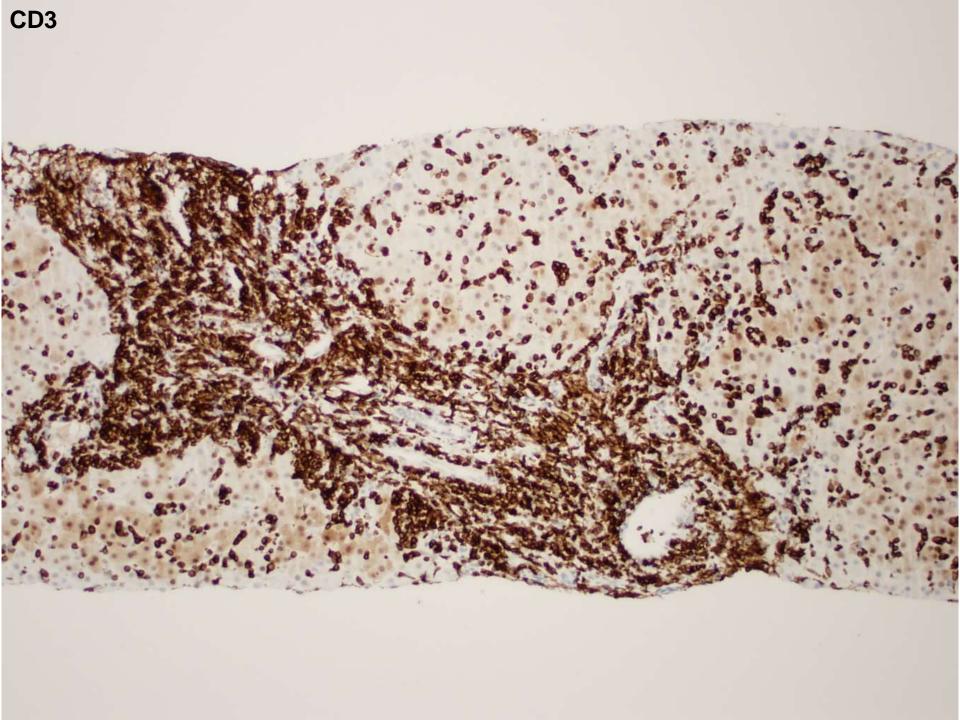


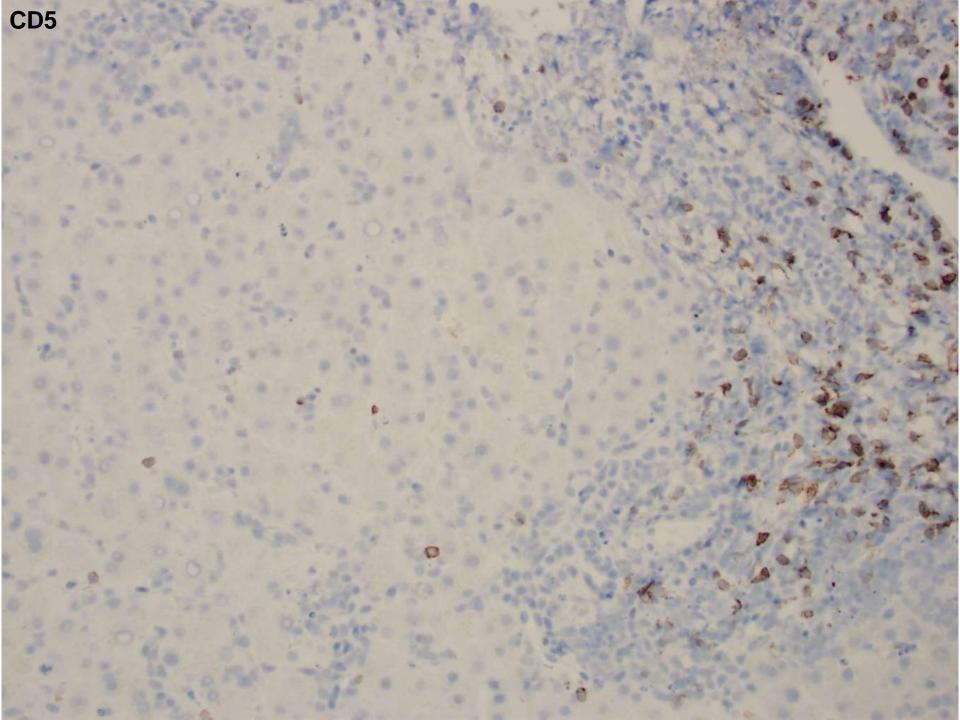




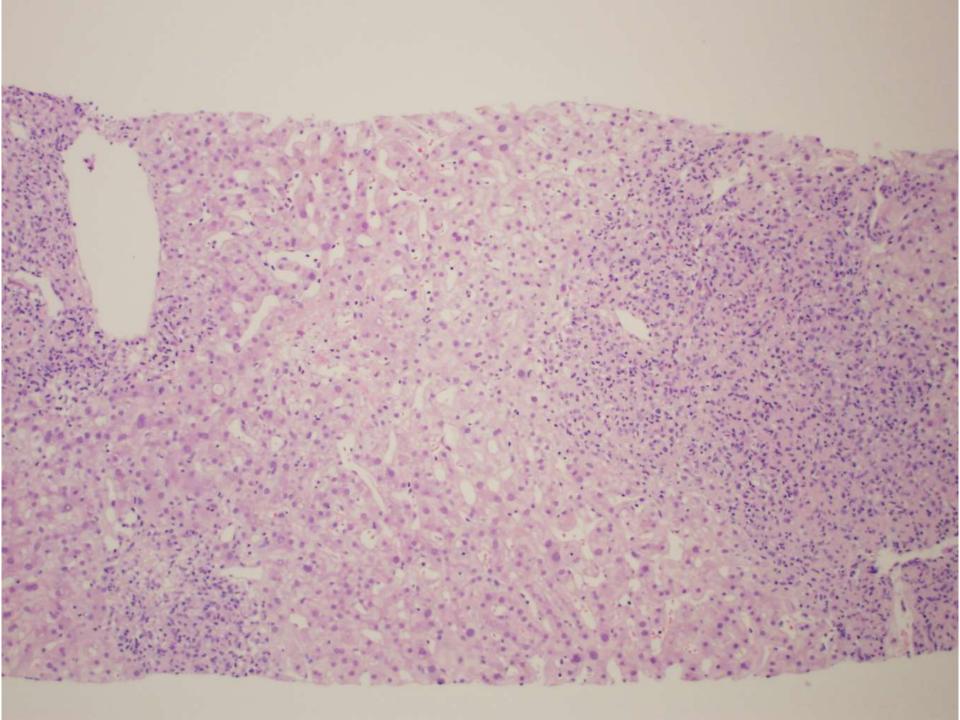


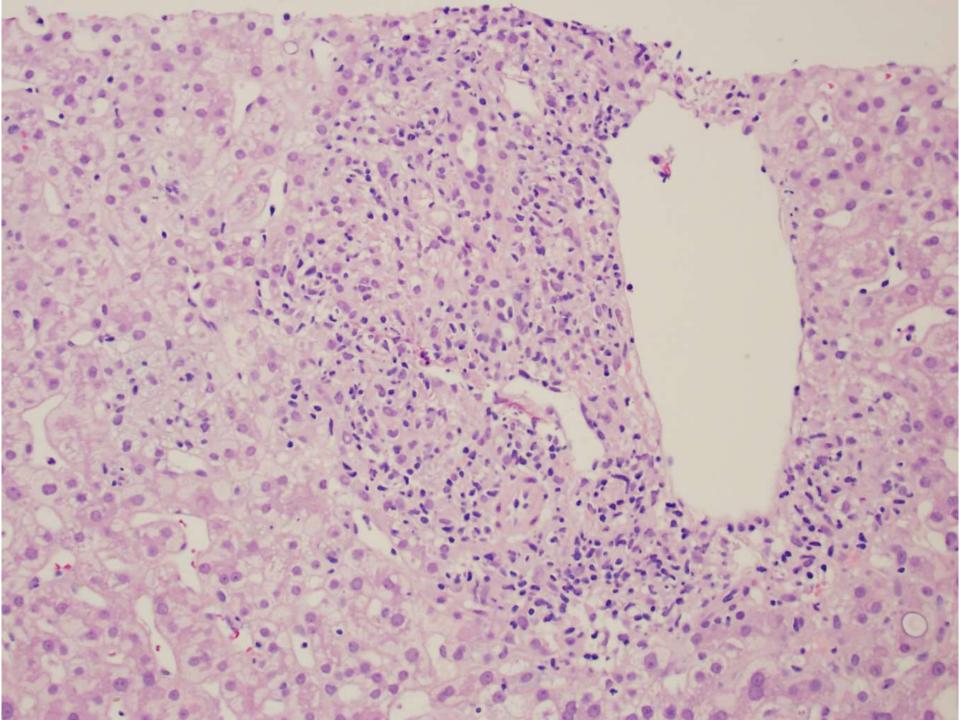
CD2

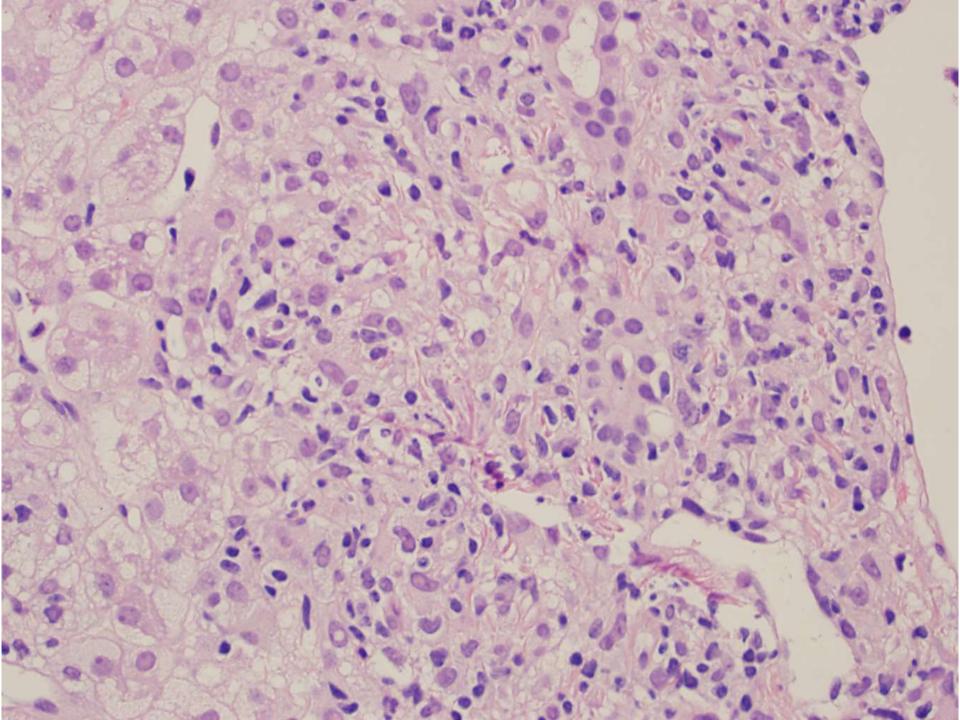


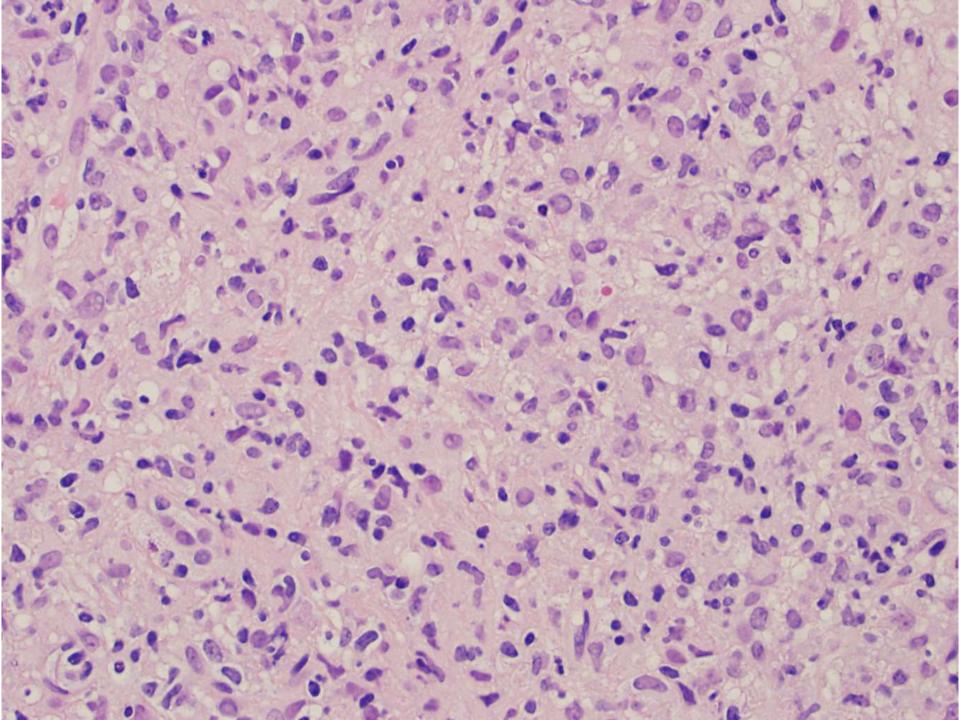


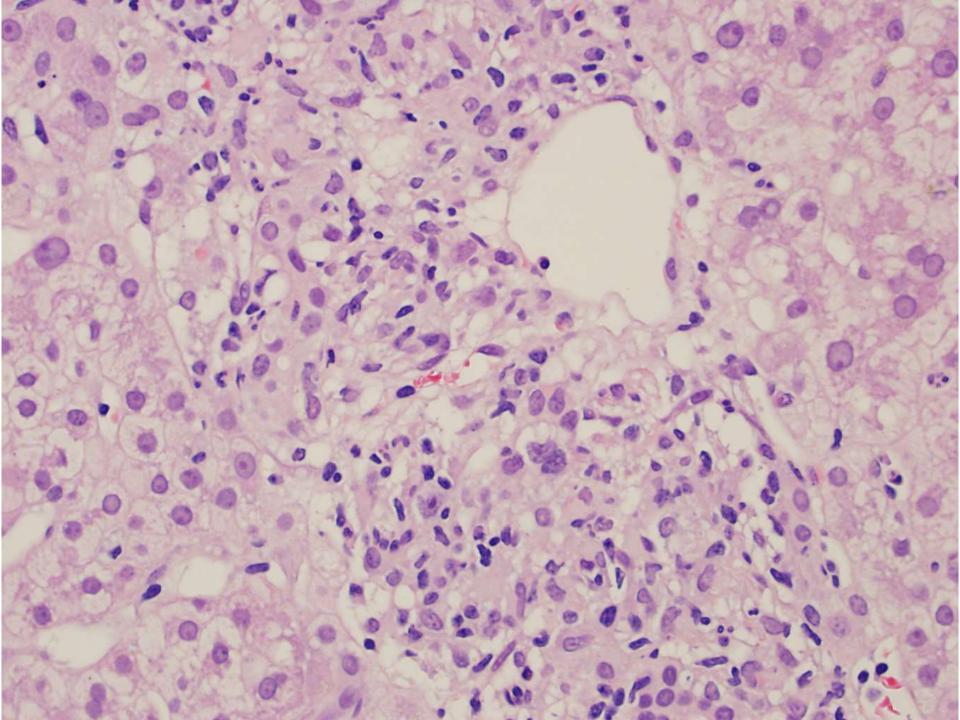
- 45/M with fever and jaundice for several weeks
- Bilirubin 16.7, ALKP 1164, ALT 186, AST 175
- Serology studies for hepatitis A, B, C, EBV, leptospira, Q fever were negative
- Autoimmune serologies (ANA, AMA, SMA) were negative
- MRI of liver was normal
- Patient took "Monterey Park Chinese herbal mushroom/insect brew" over 10 days ending 3-4 weeks before the biopsy.

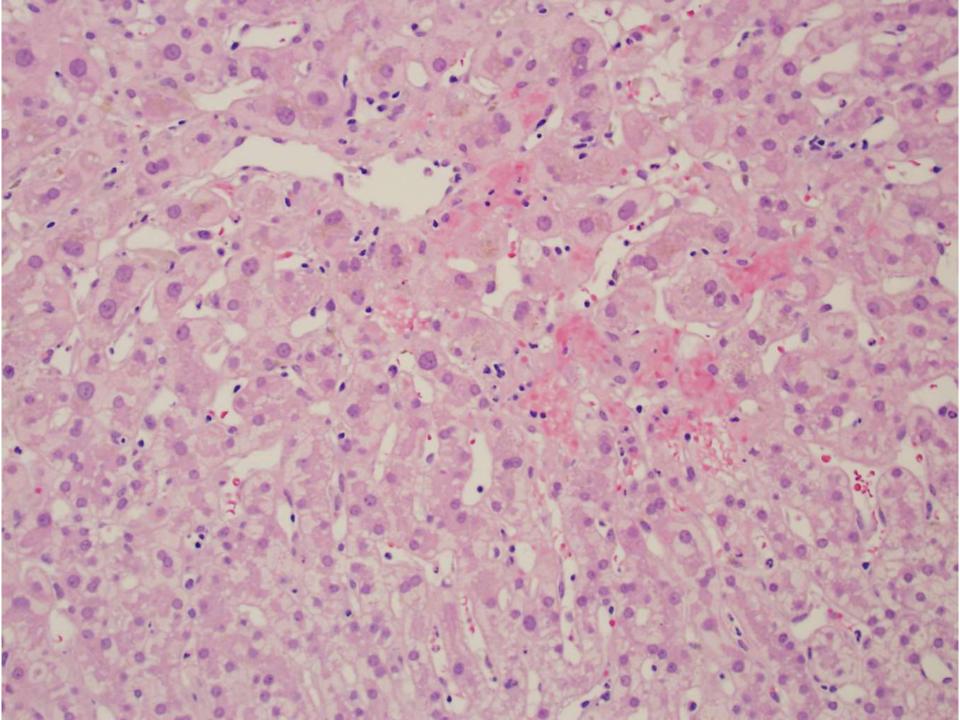












Warthin Starry

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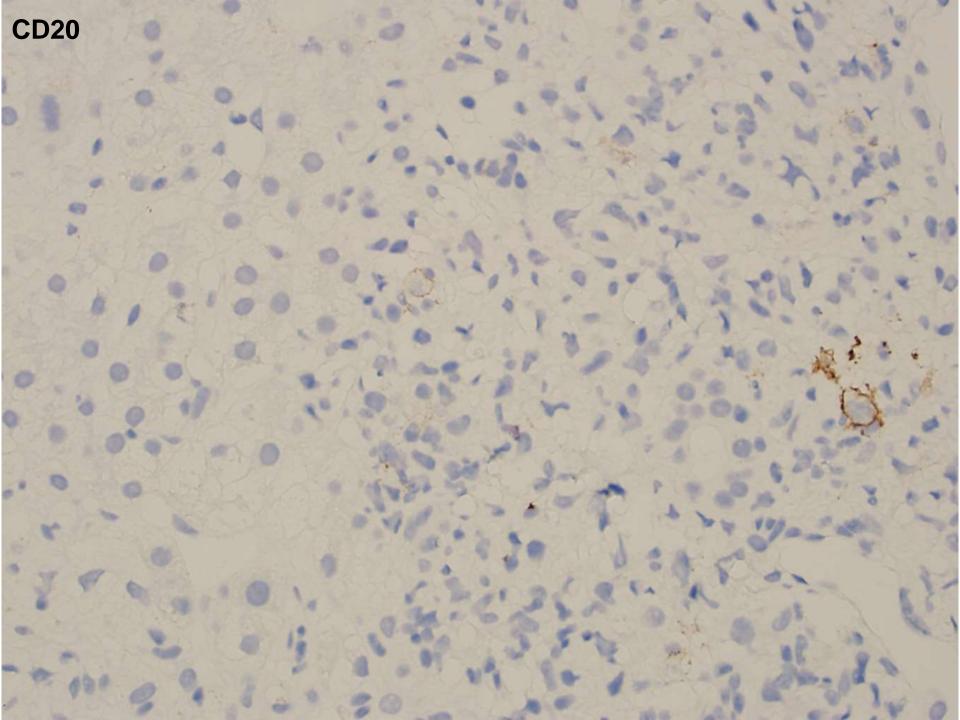
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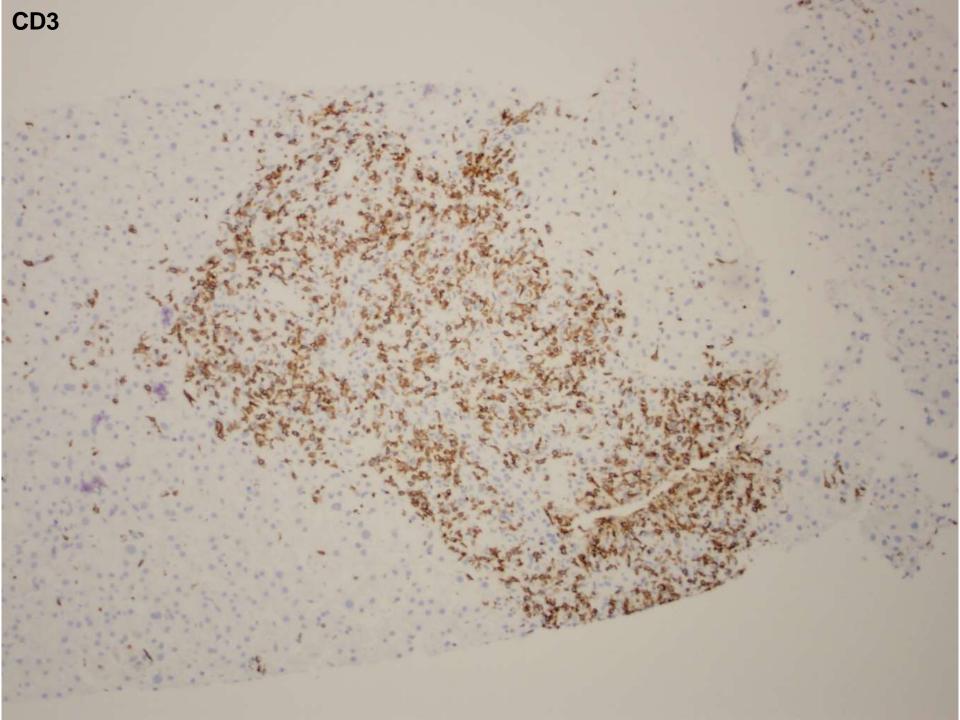
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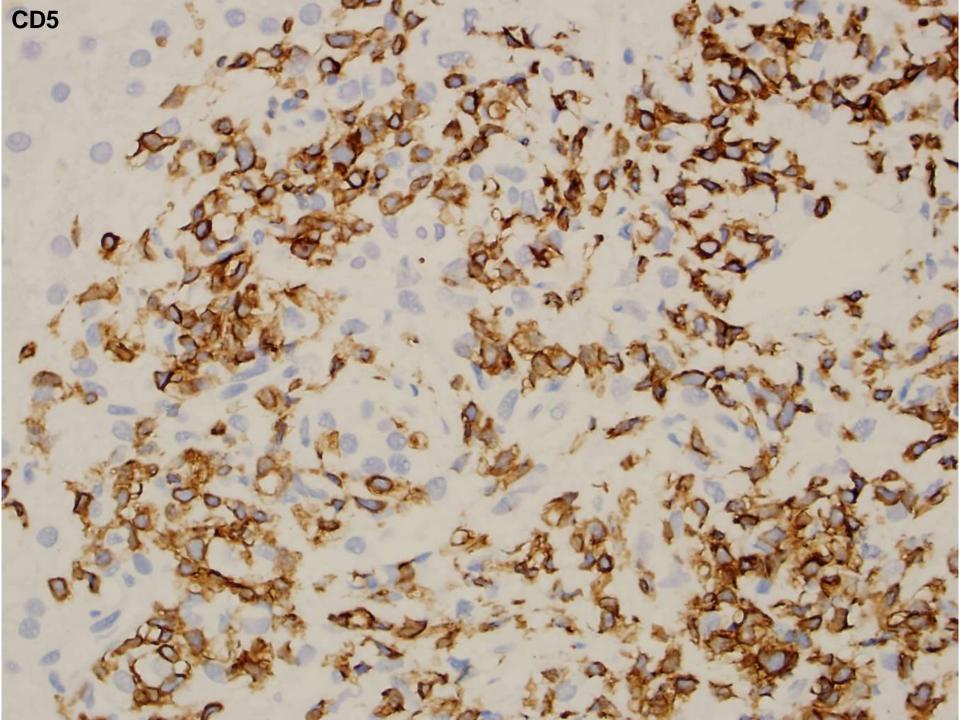
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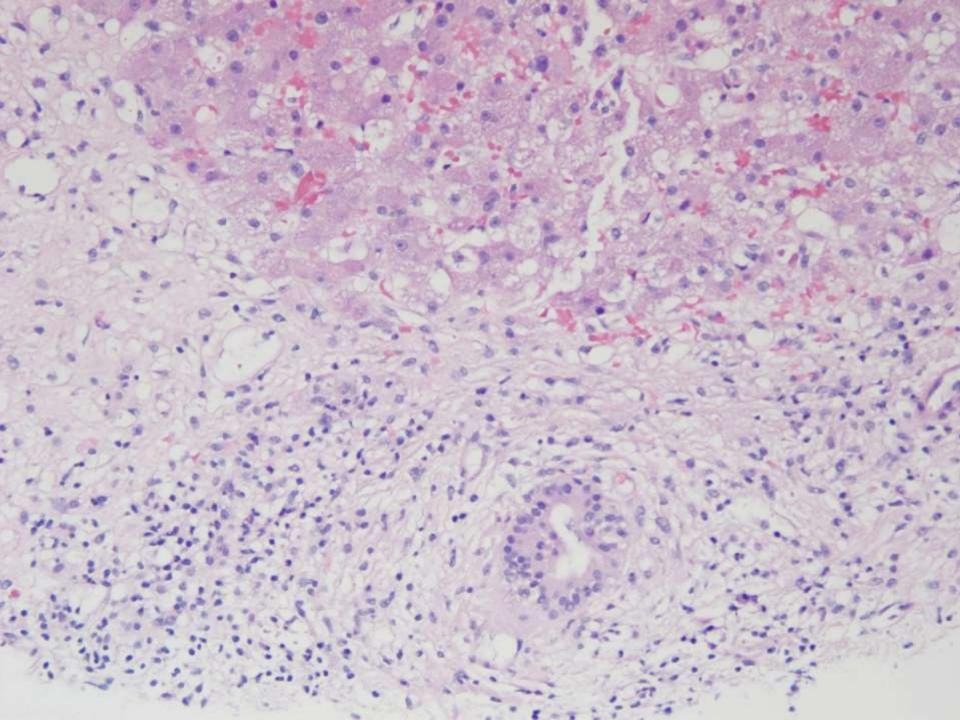


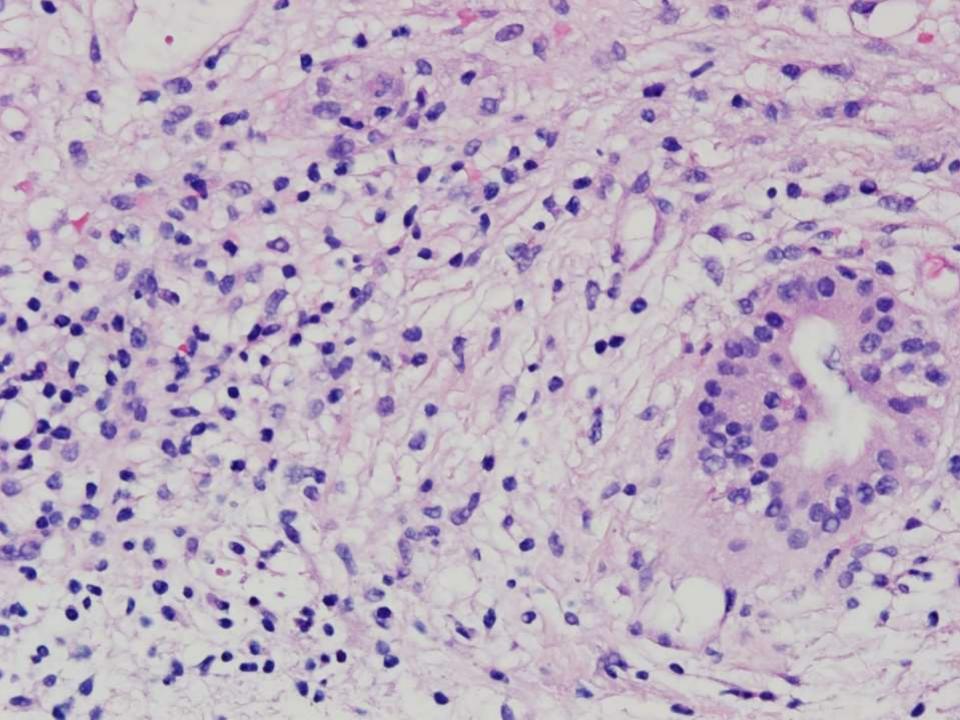


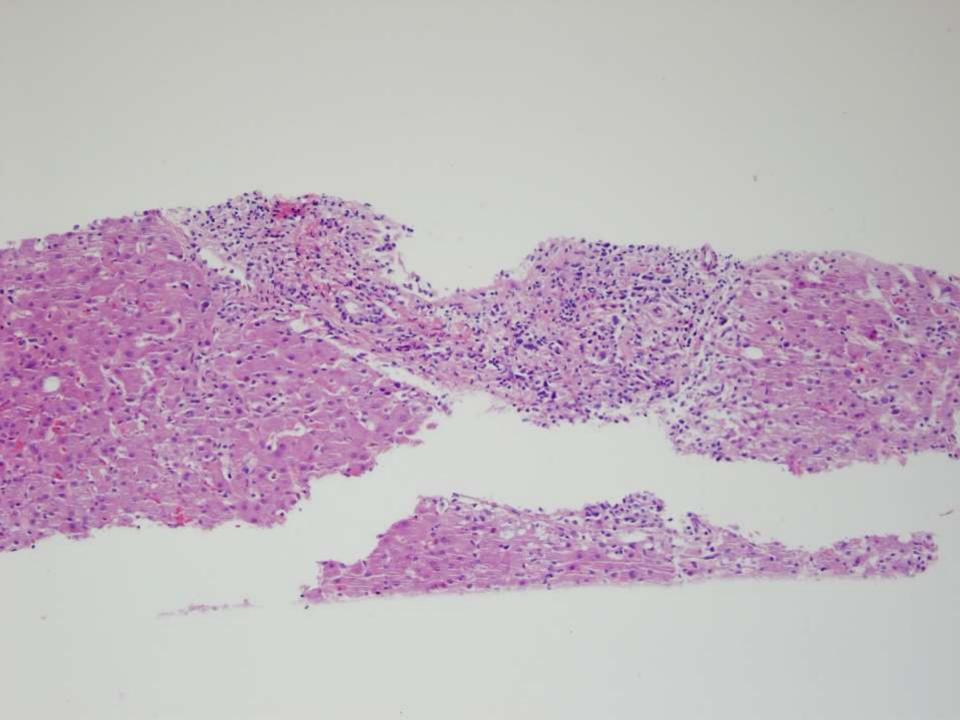


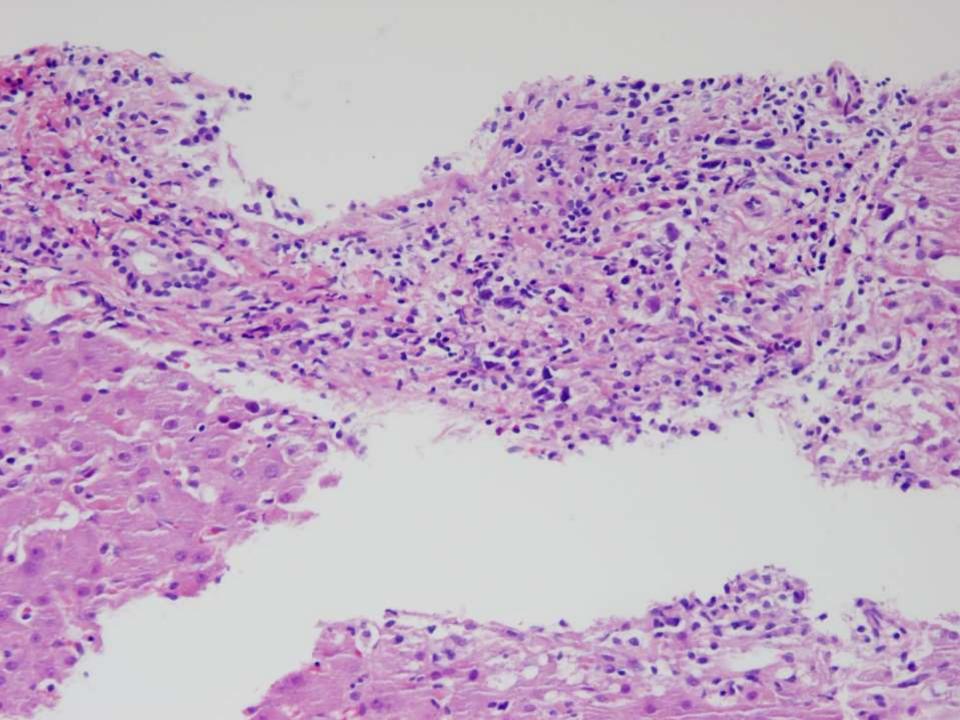
CD163 (macrophage marker)

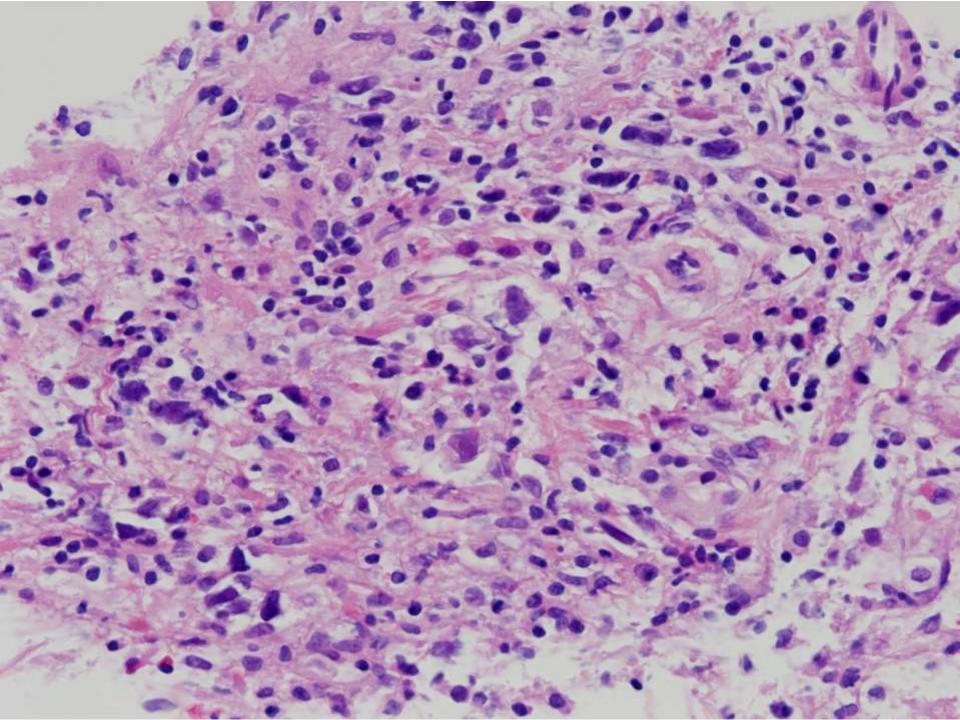
- 50 year old man with HIV (not treated, CD4 is ~40cells/mm3) and fever of unknown origin
- Pancytopenia and elevated transaminases
- Steroids and chemotherapy started for presumed diagnosis of hemophagocytic lymphohistiocytosis
- CT: vaguely nodular liver with multiple hypodensities (17 mm in hepatic dome and 37 mm in left lower lobe)
- A core needle biopsy of the liver was performed

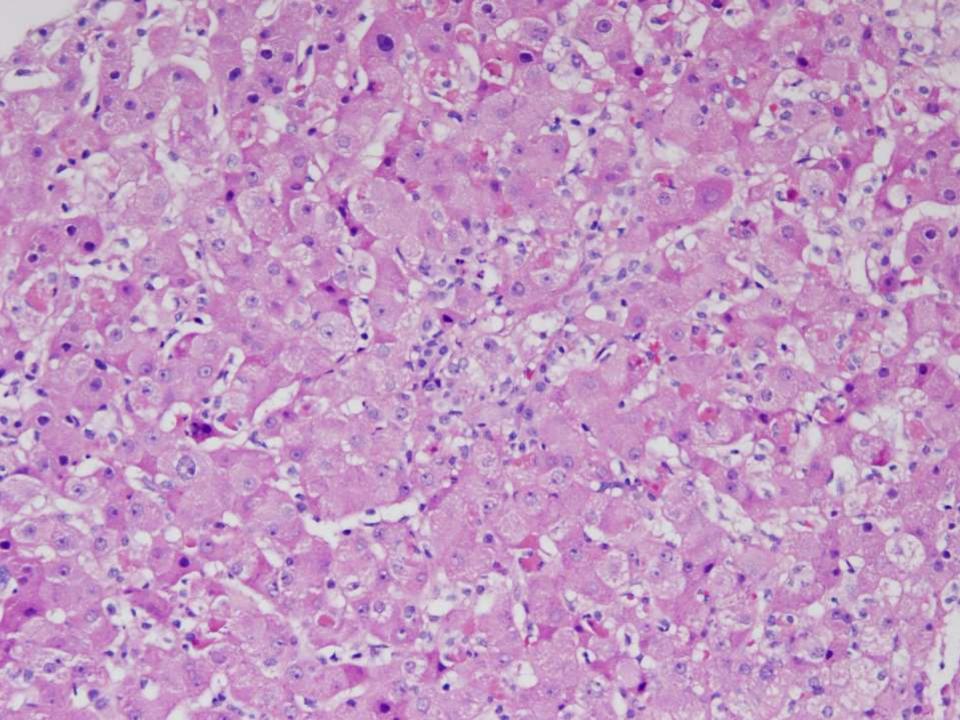


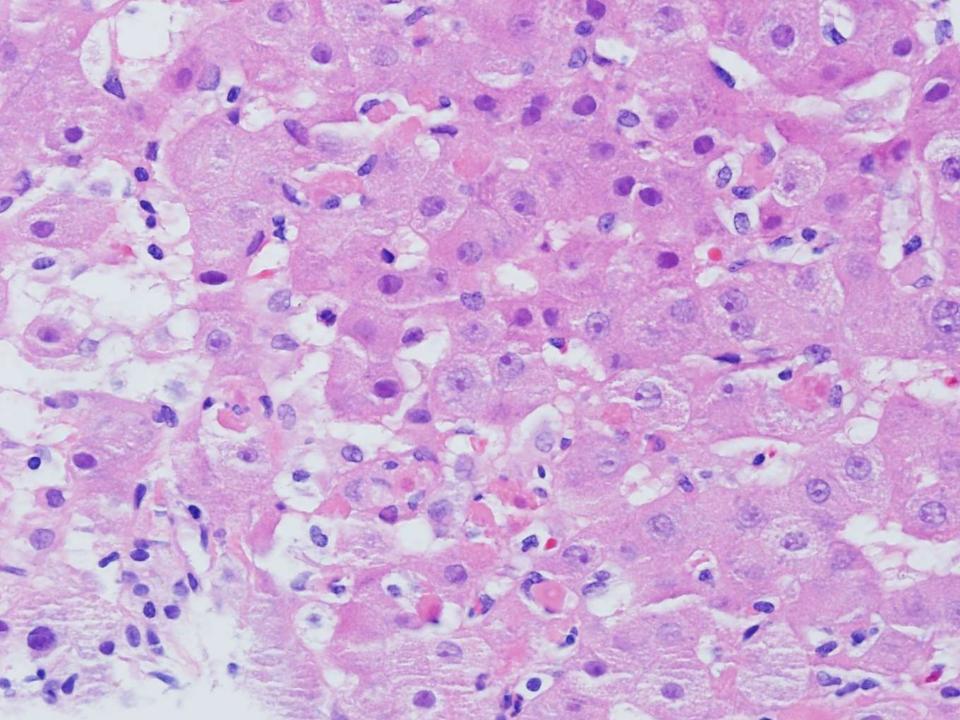


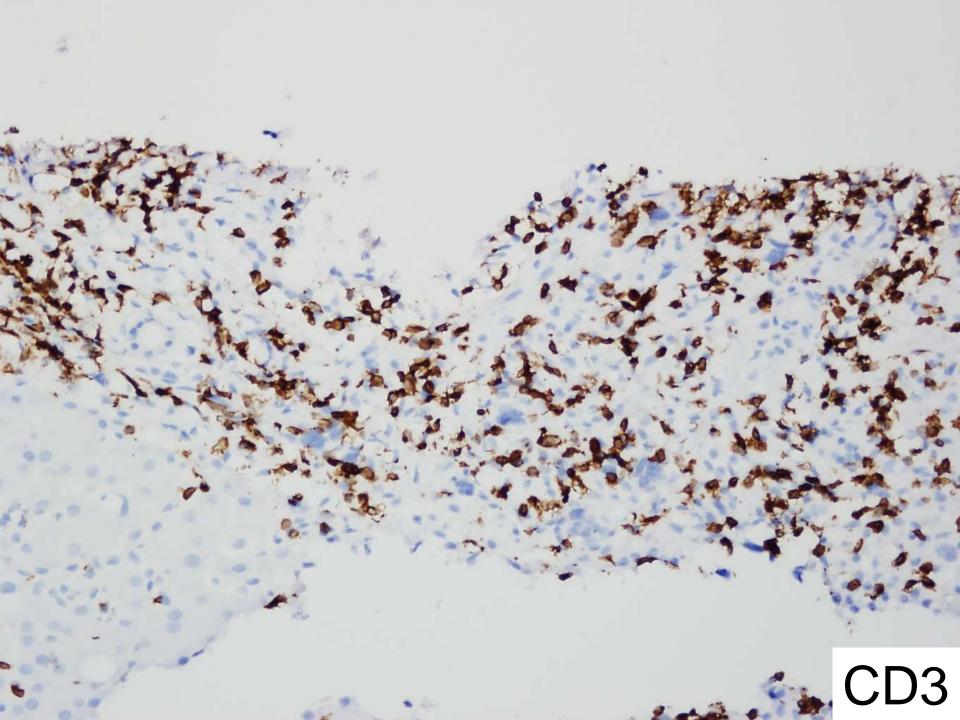


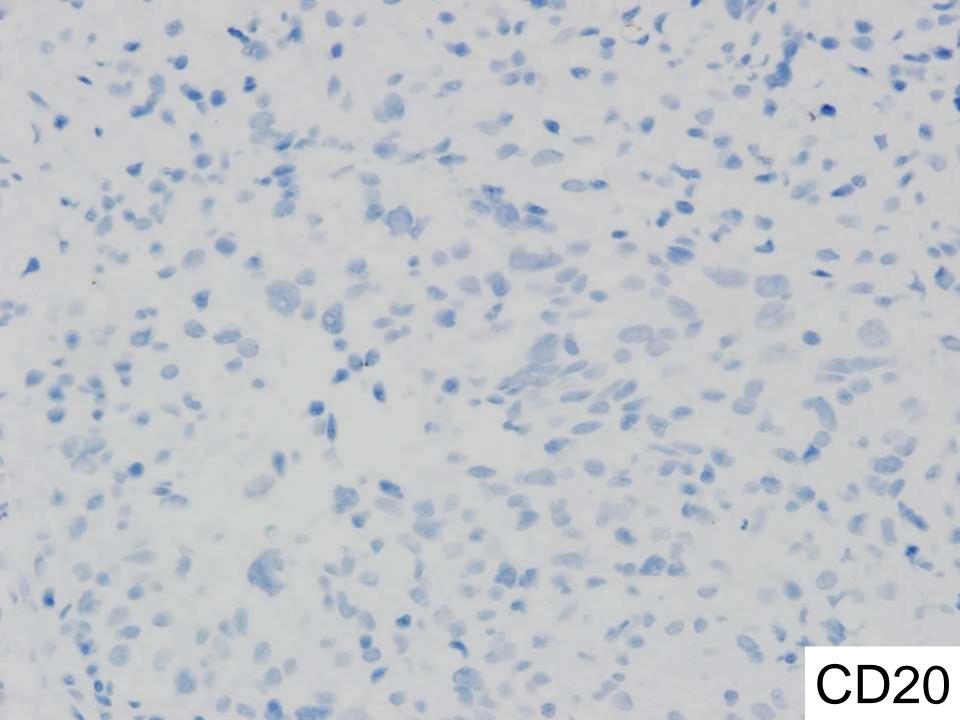


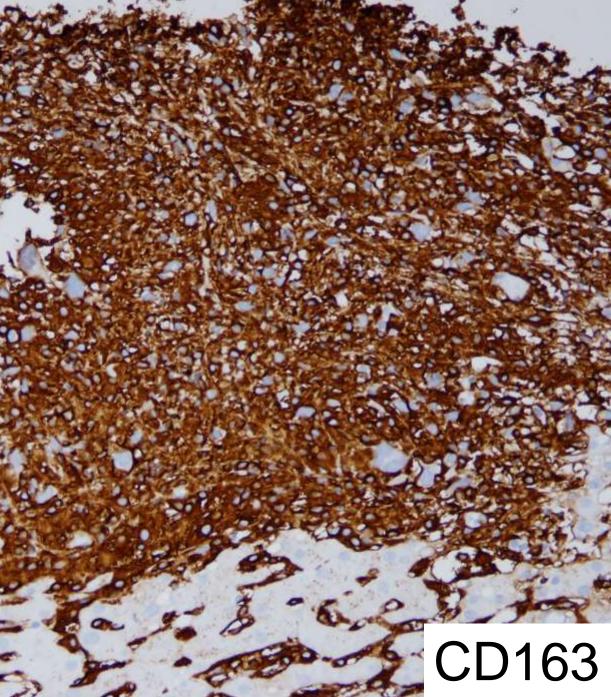




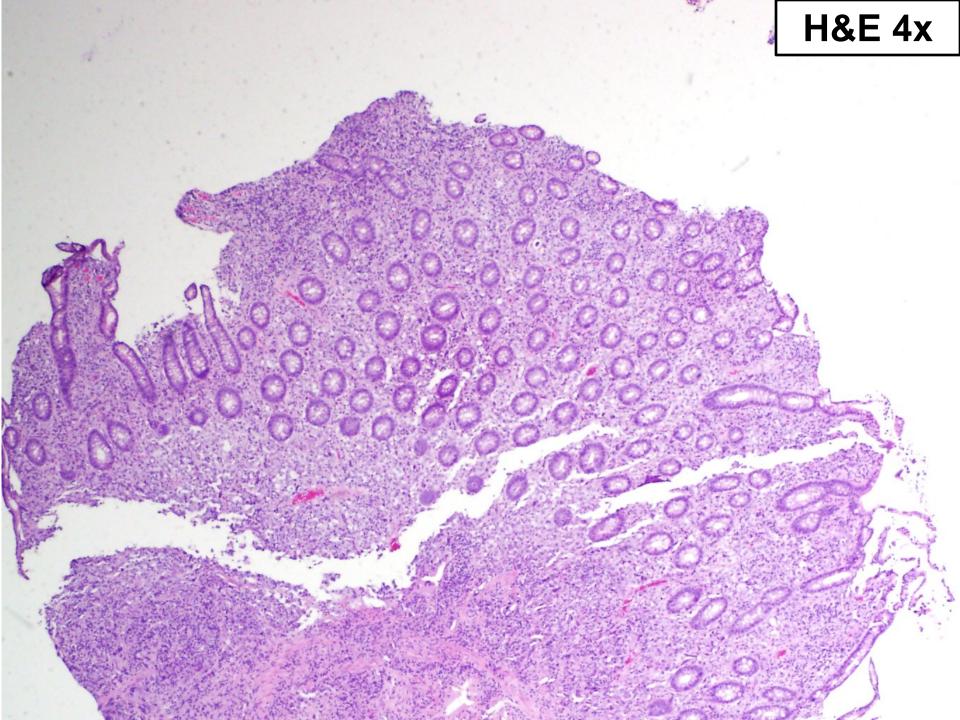


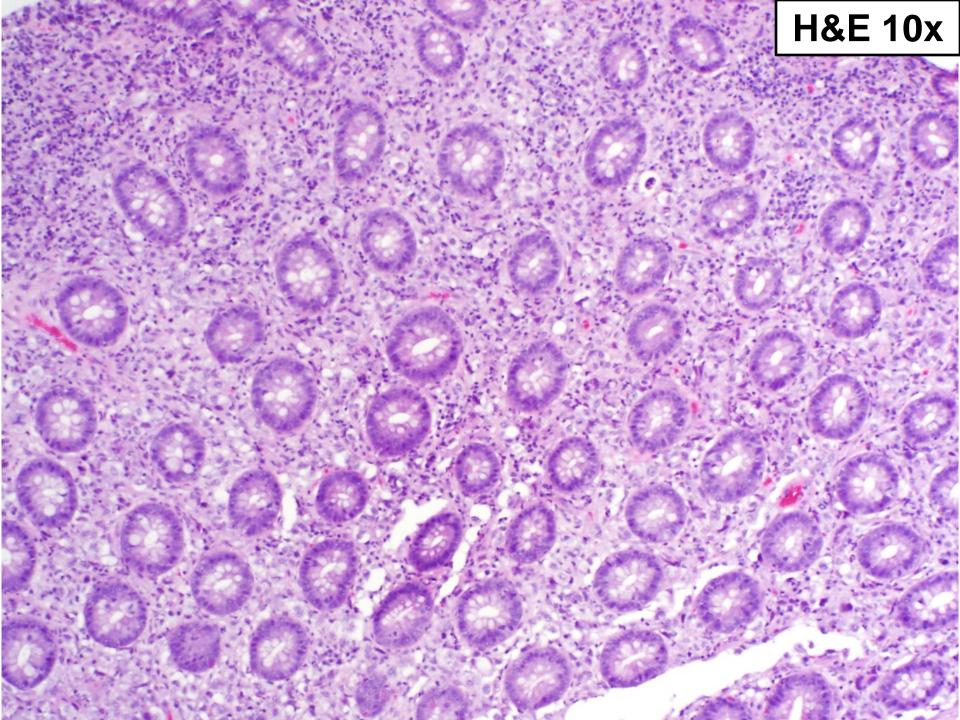


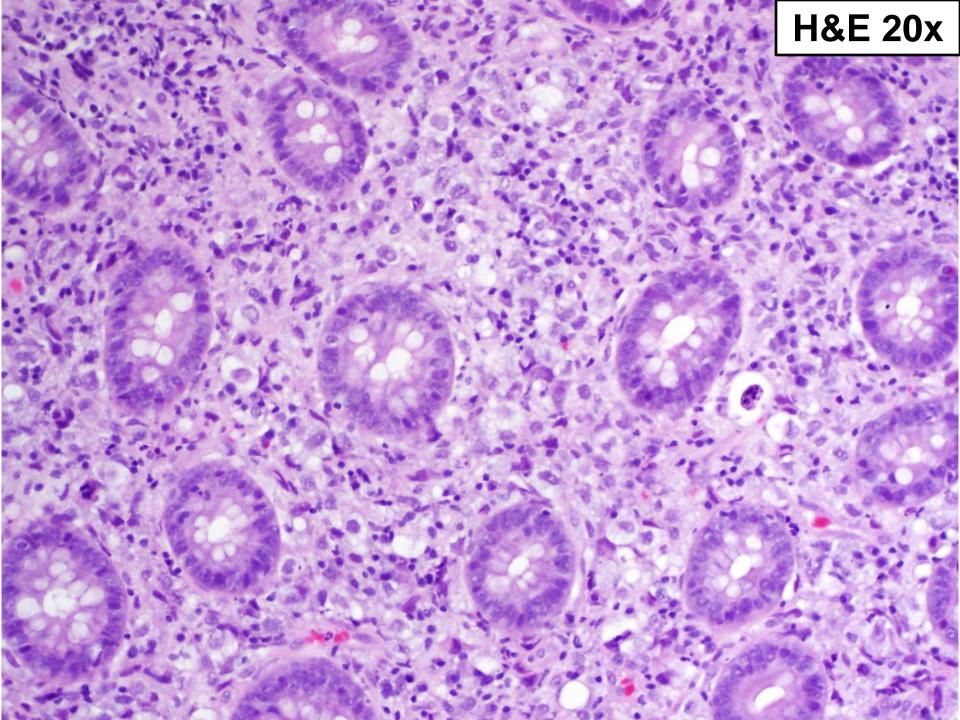


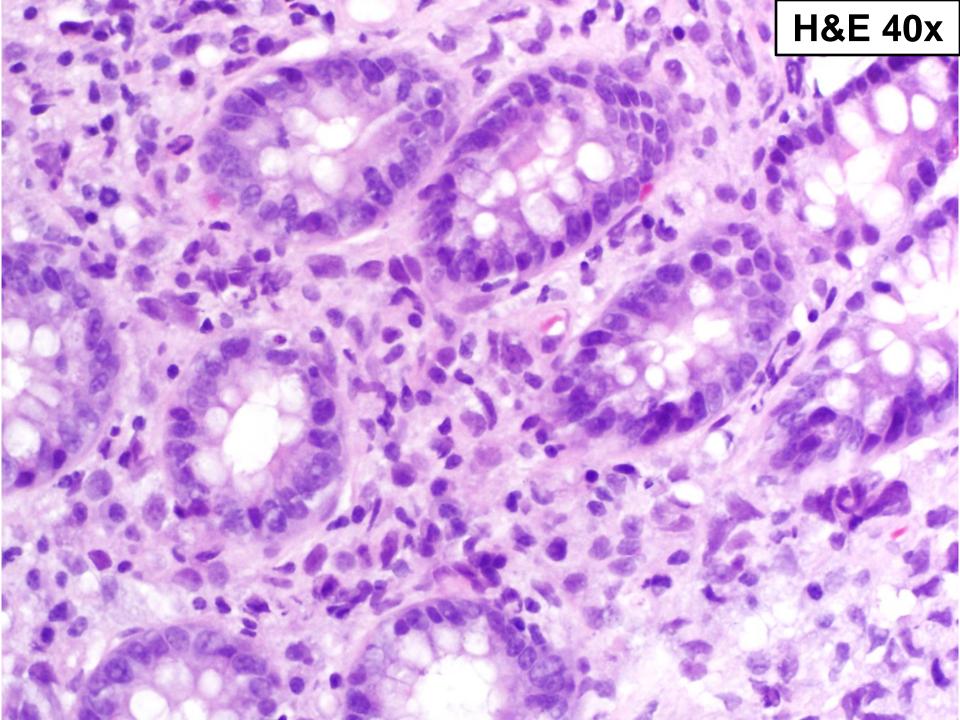


 Previously healthy 23 year old man who presented to the ER with a 3 week history of fever, nausea, vomiting, and diarrhea. Endoscopy showed edema of the ileum and cecum and the endoscope could not be passed into the ileum.

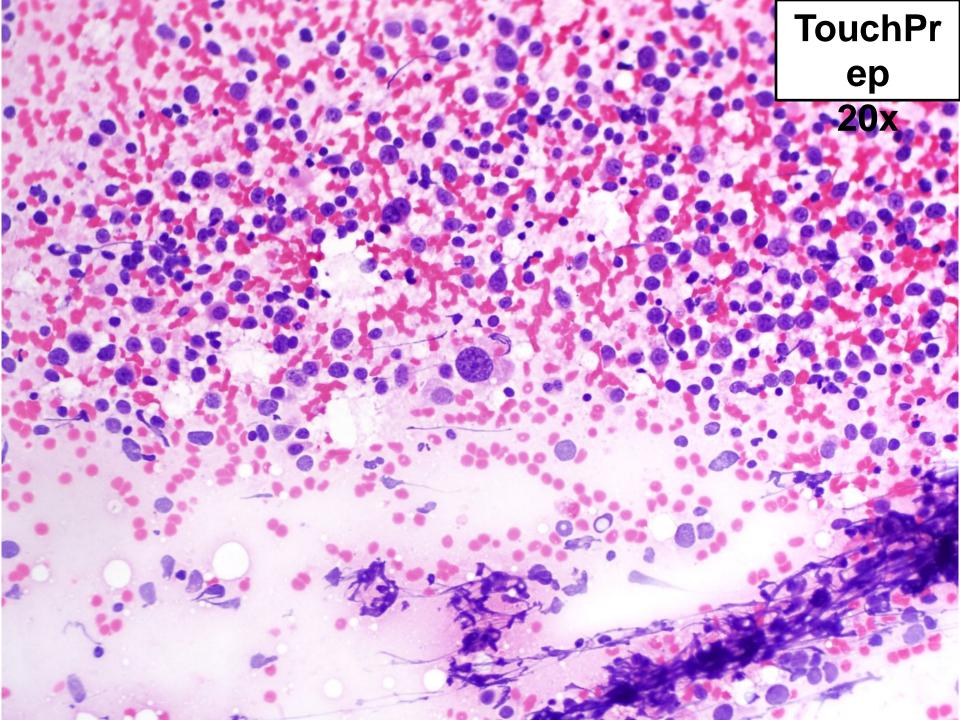


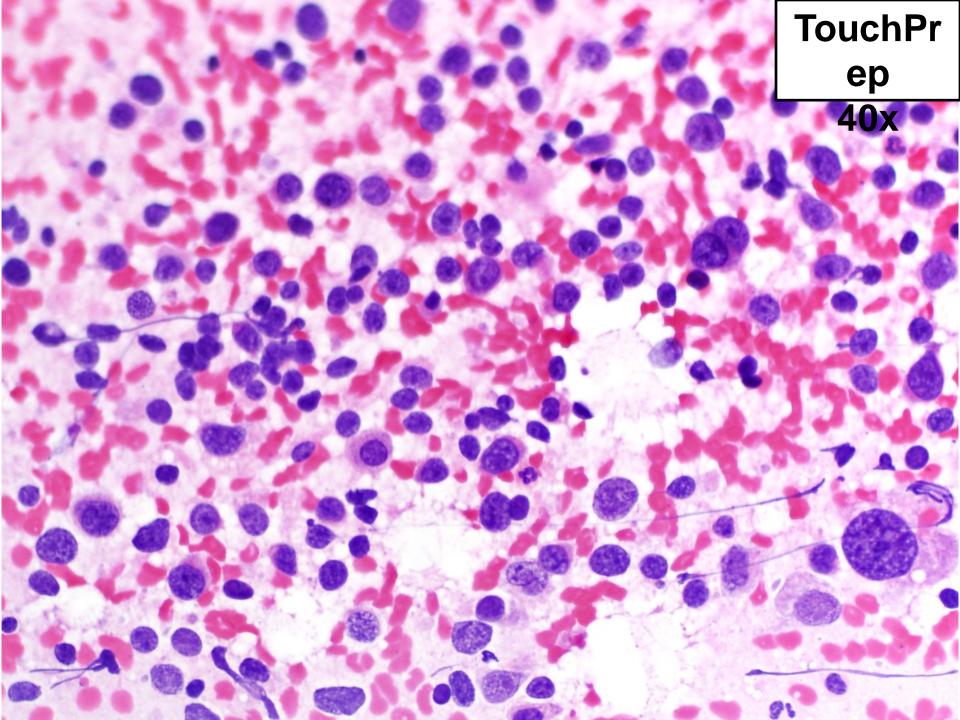


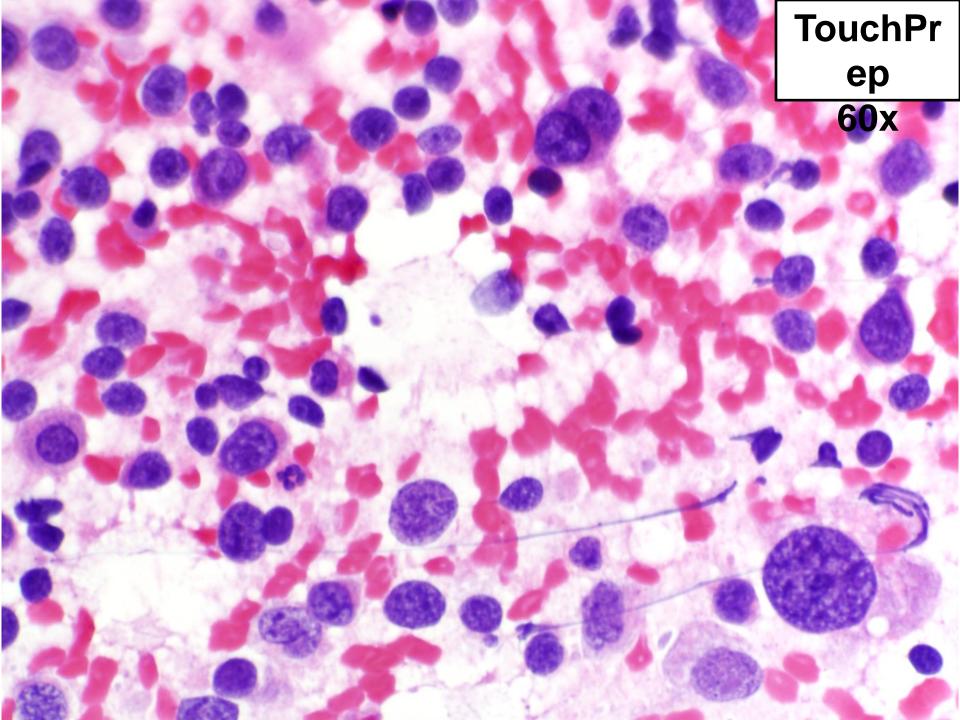


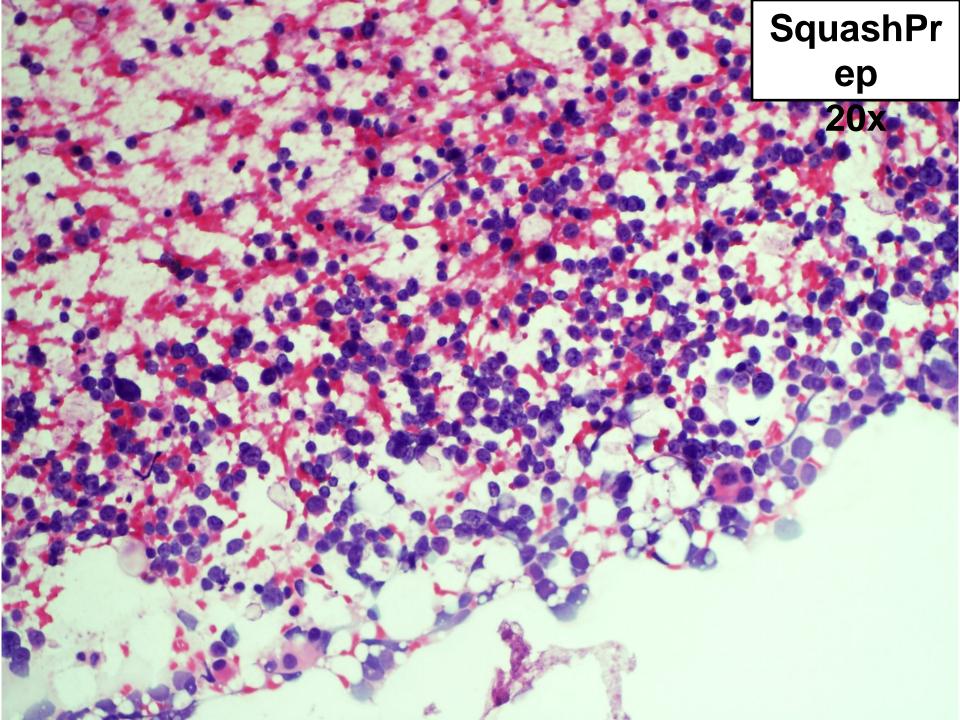


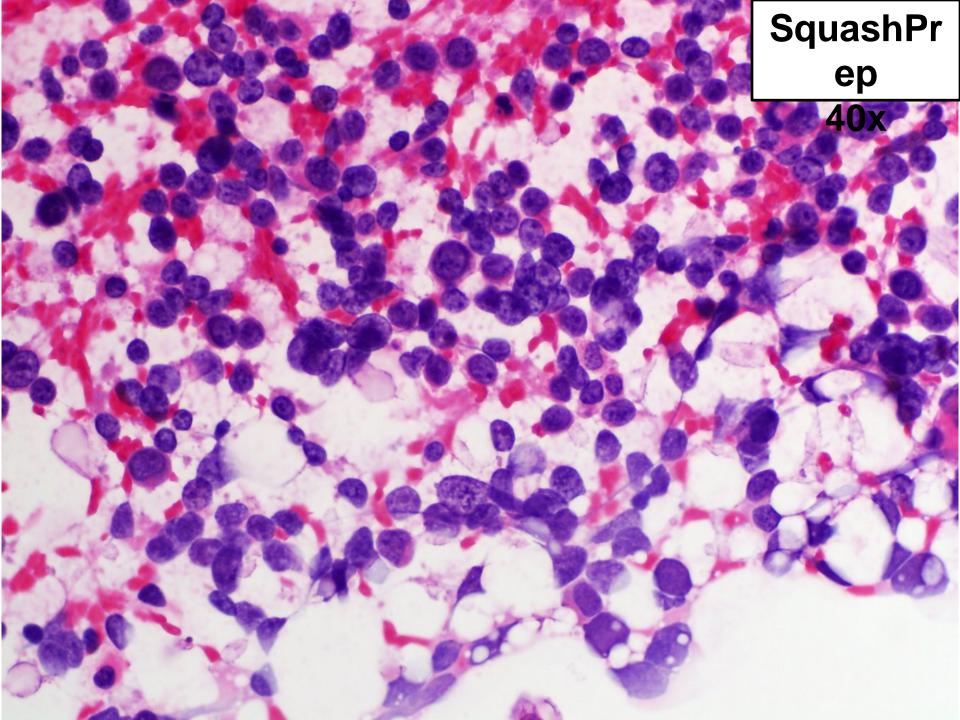
 45 year old man with severe back pain and bilateral radiculopathy. MRI of the spine showed pathologic compression fracture of T11 with epidural tumor filling T10-T11 and T11-T12 neural foramina.

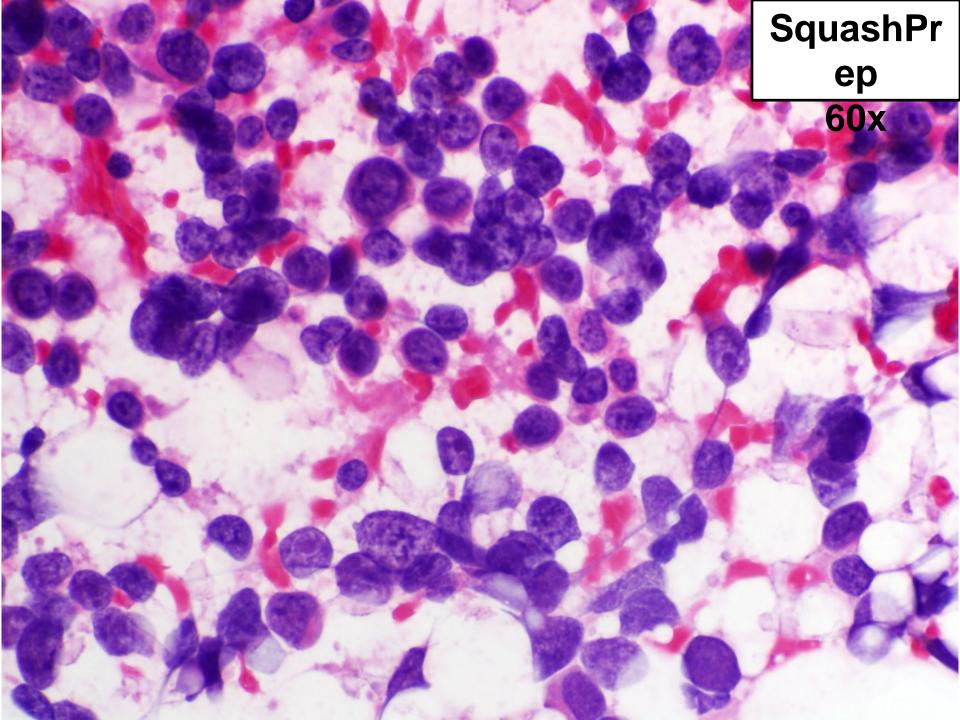


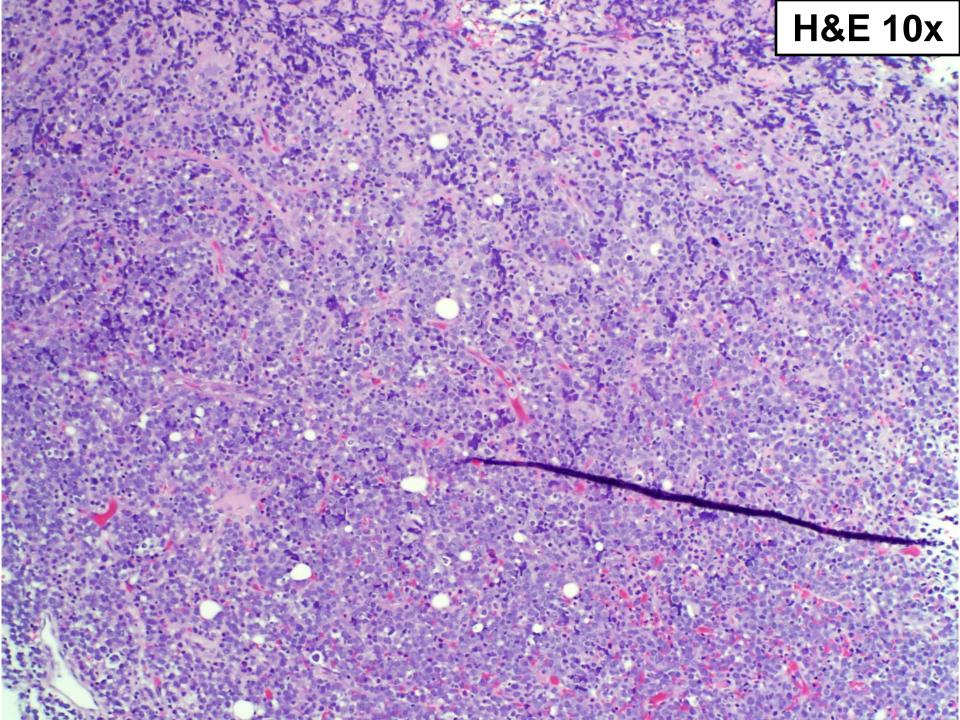


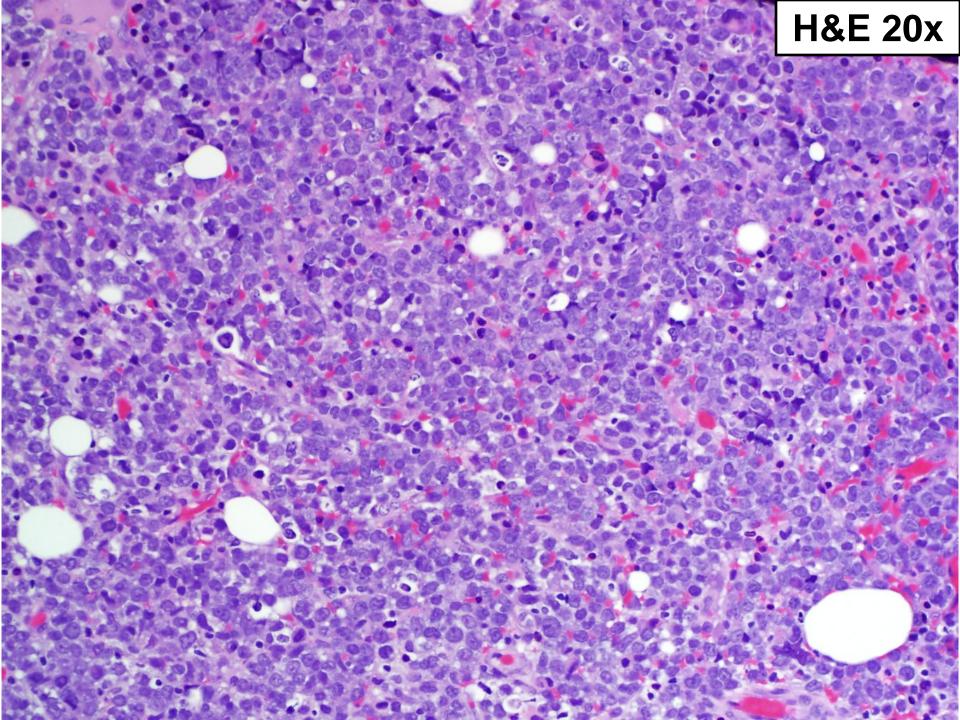


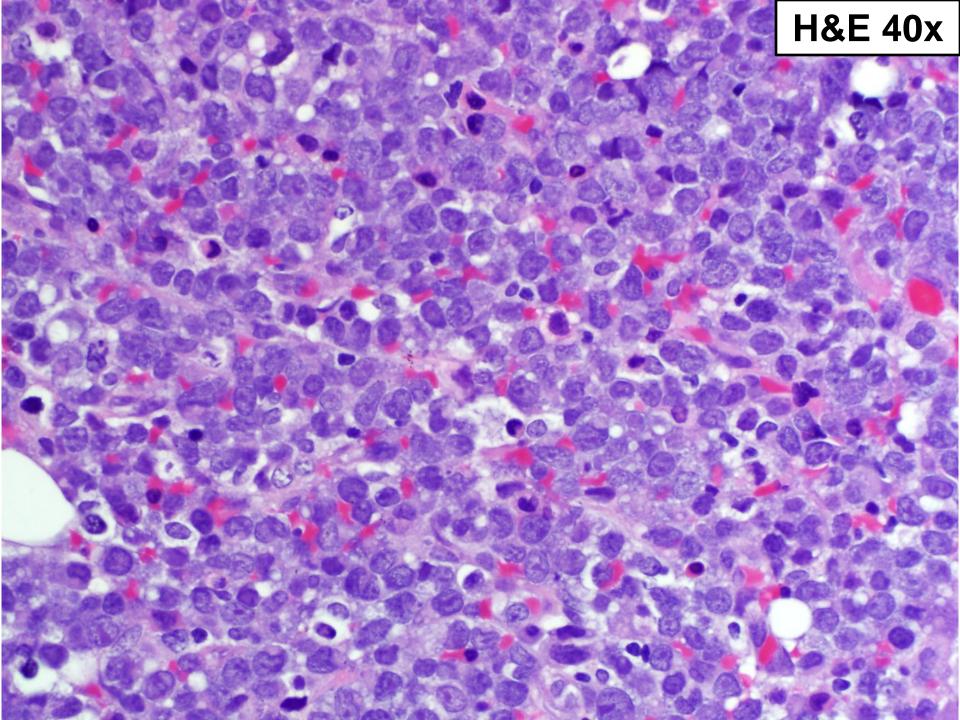


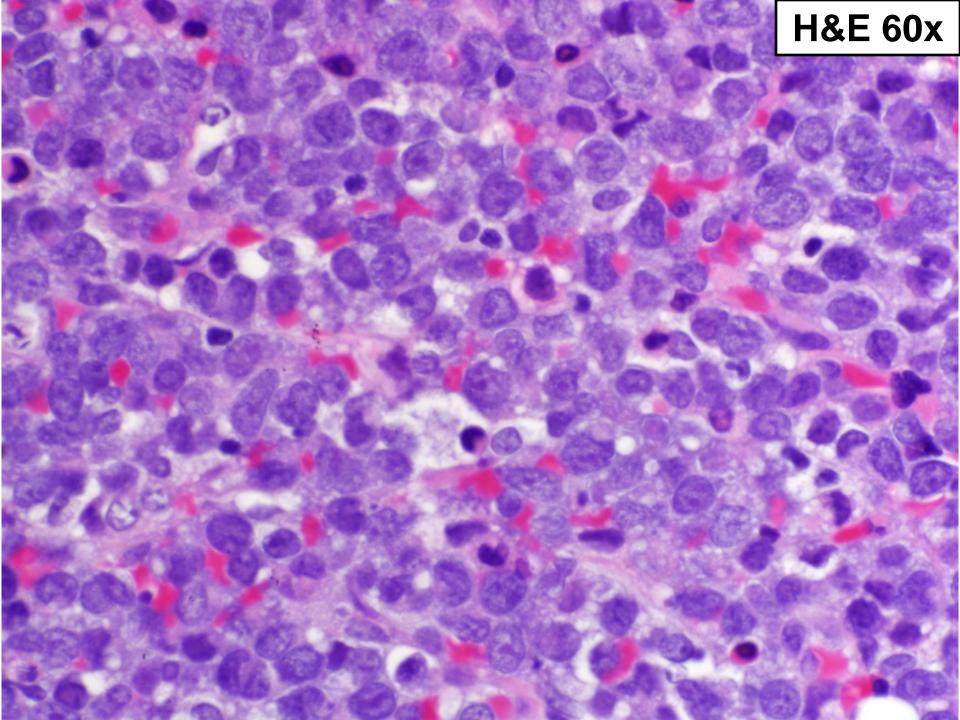




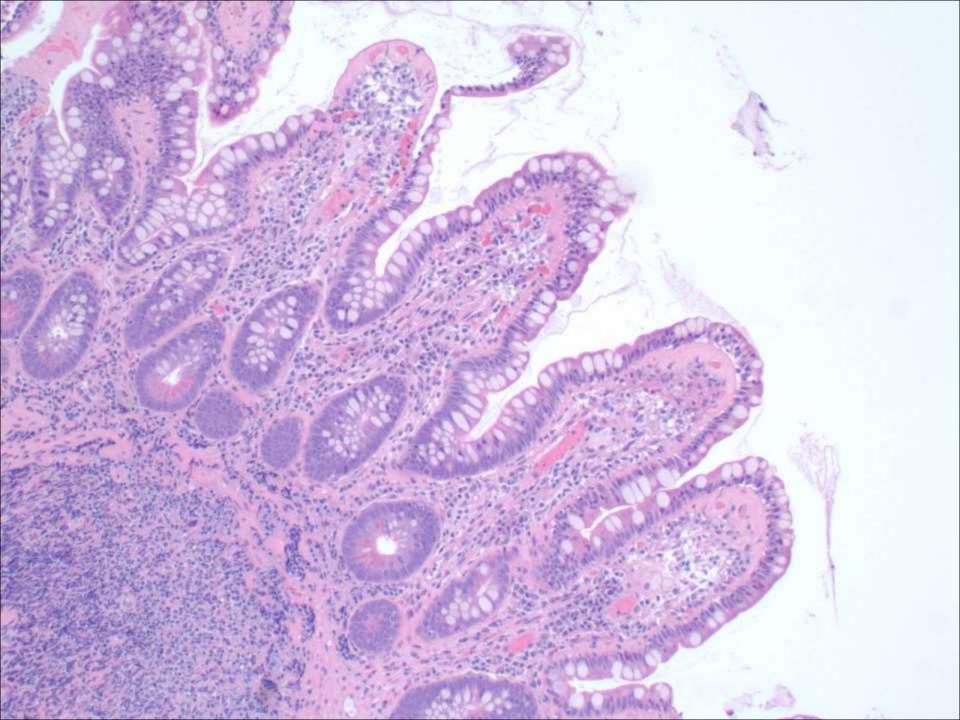


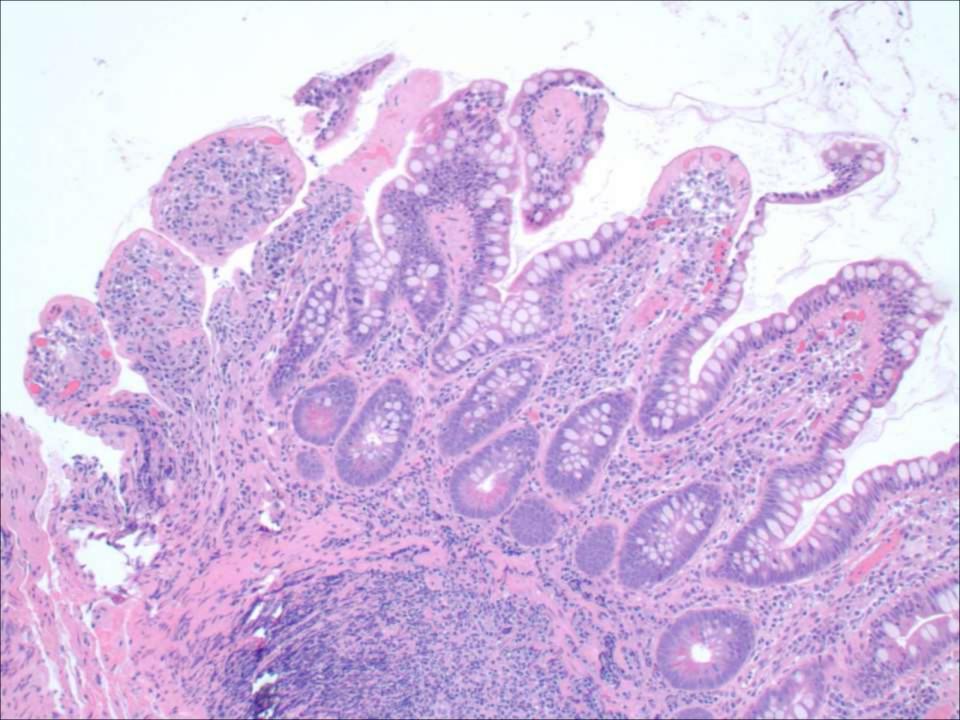






 50 year-old woman with diarrhea and normal colonoscopy

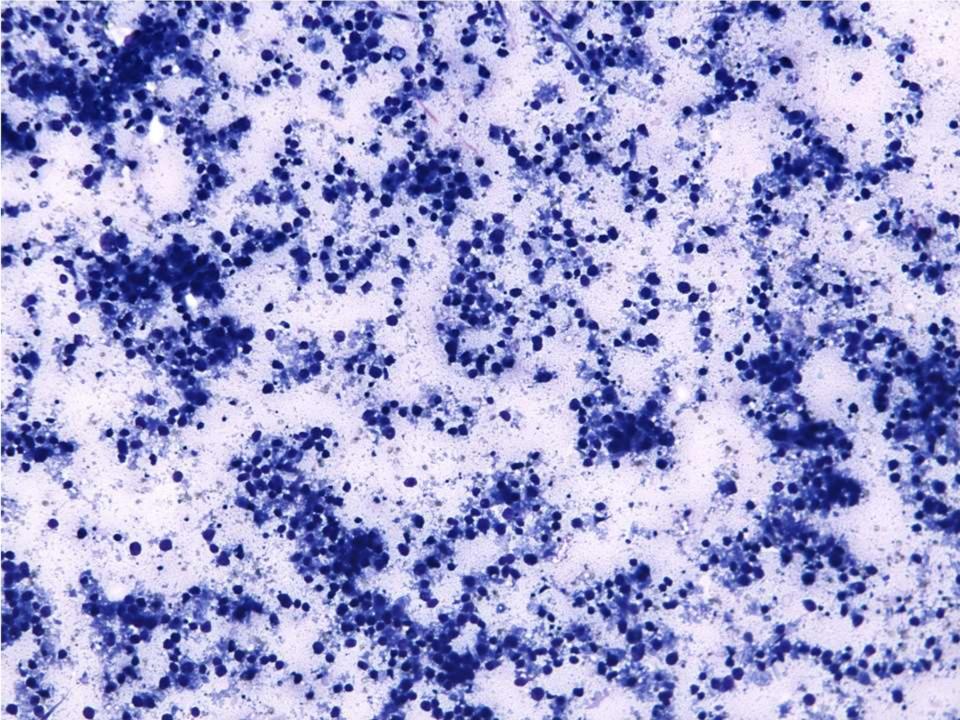


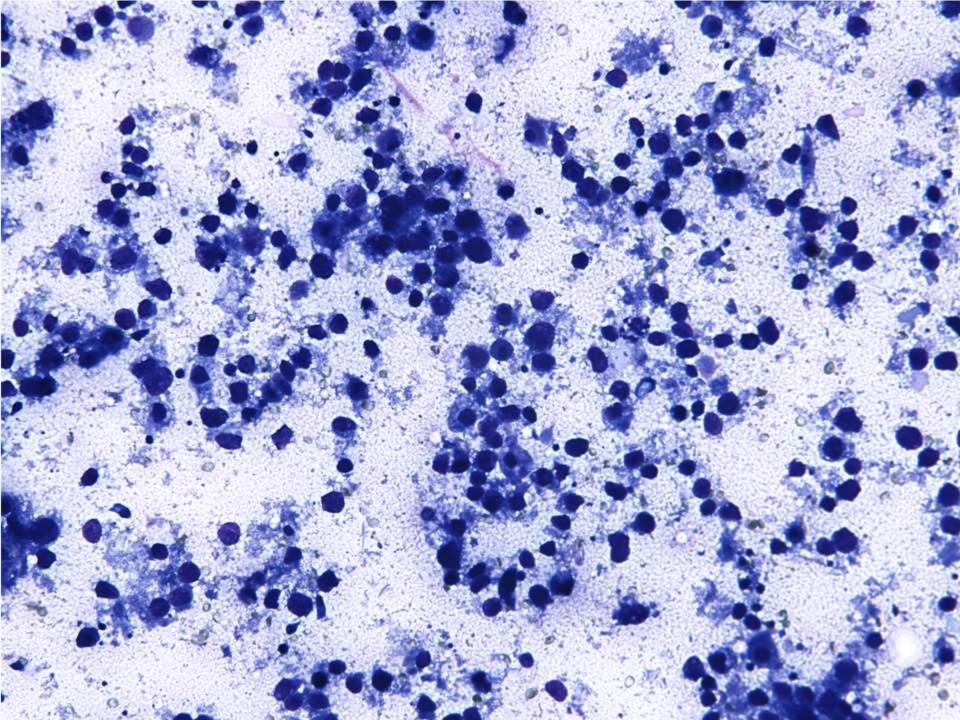


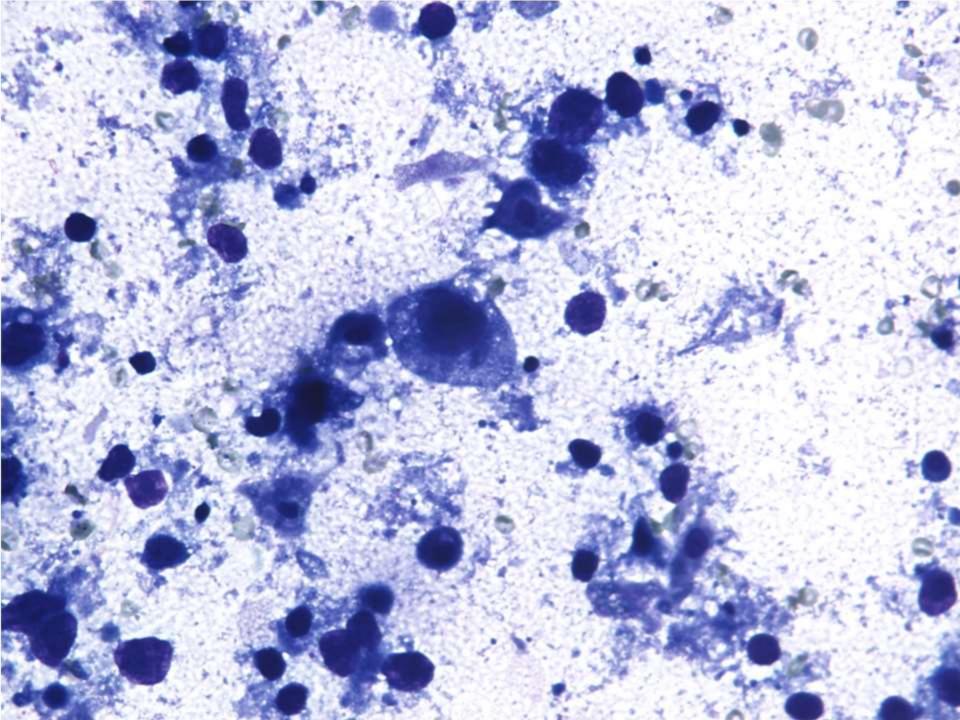


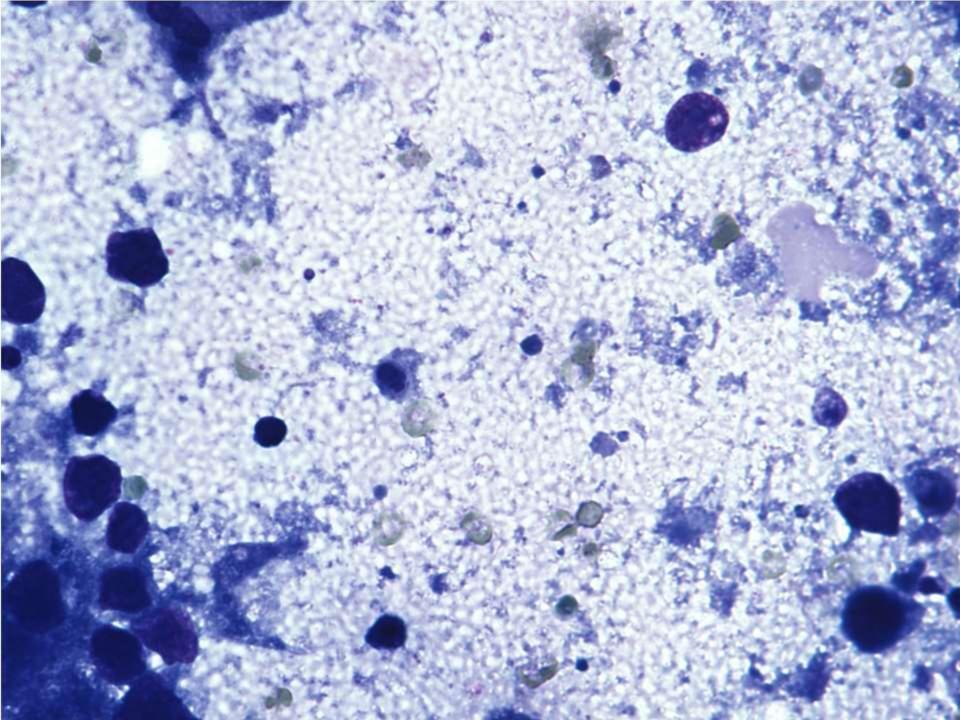


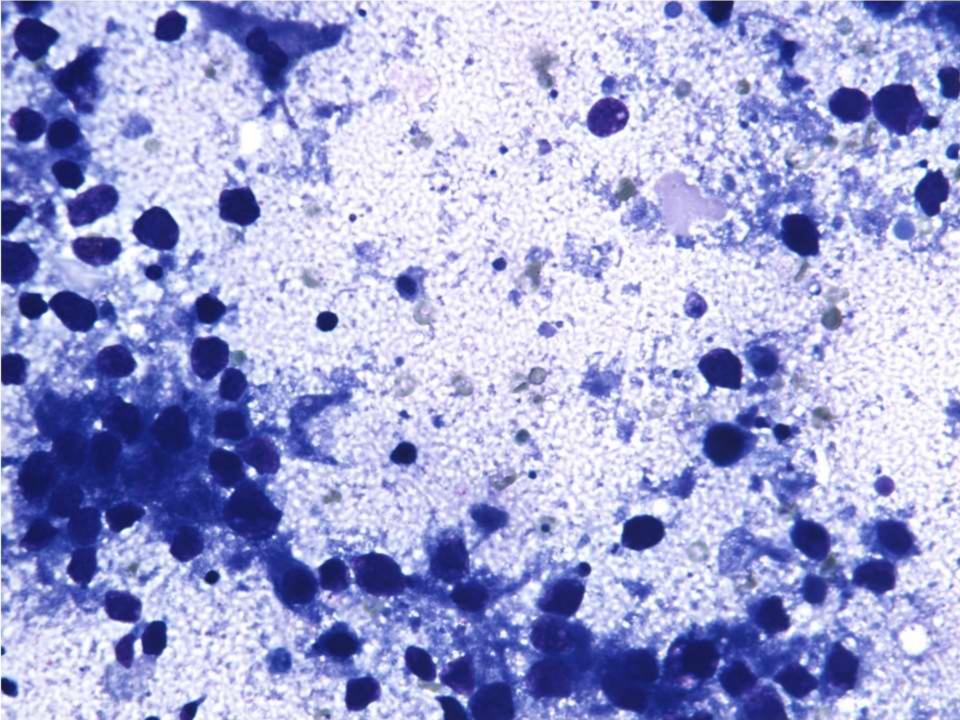
41-year-old woman with hemophagocytic lymphohistiocytosis and ovarian mass. Touch preparation



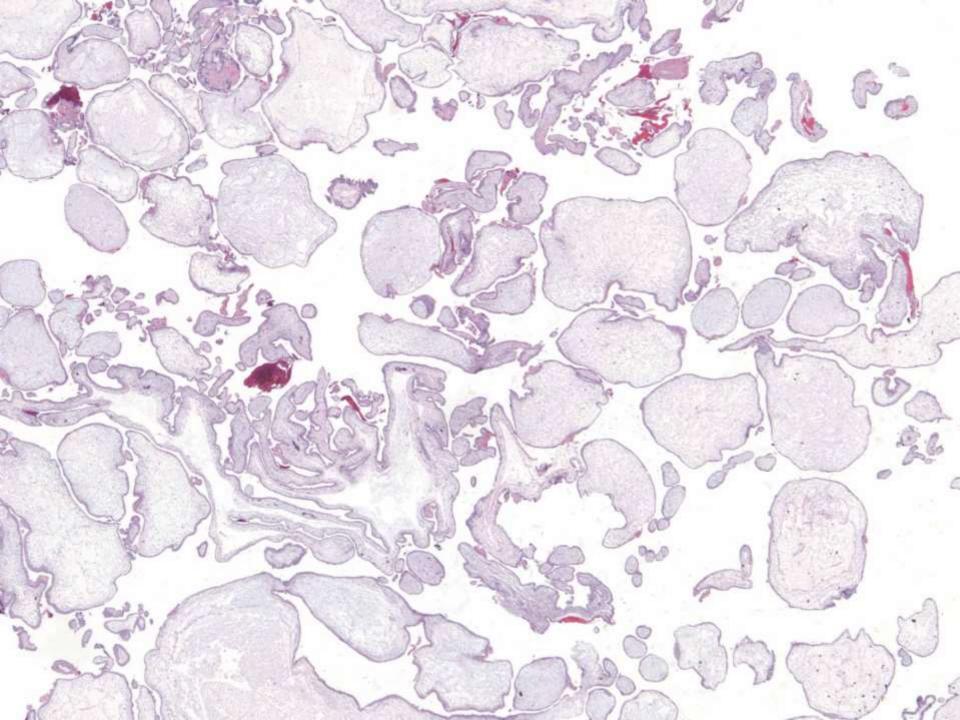


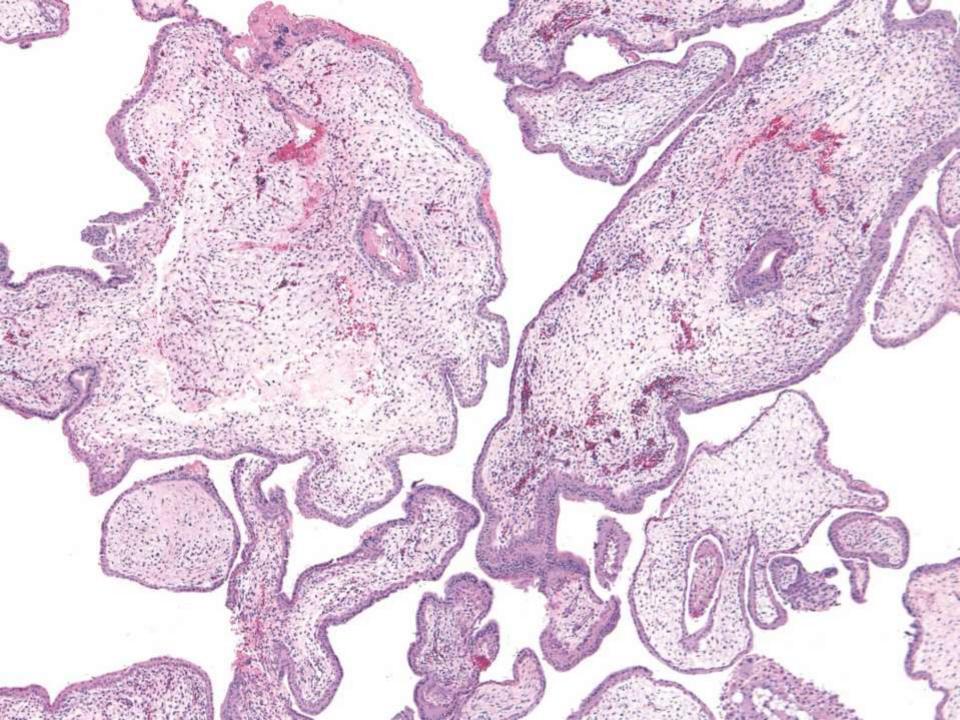


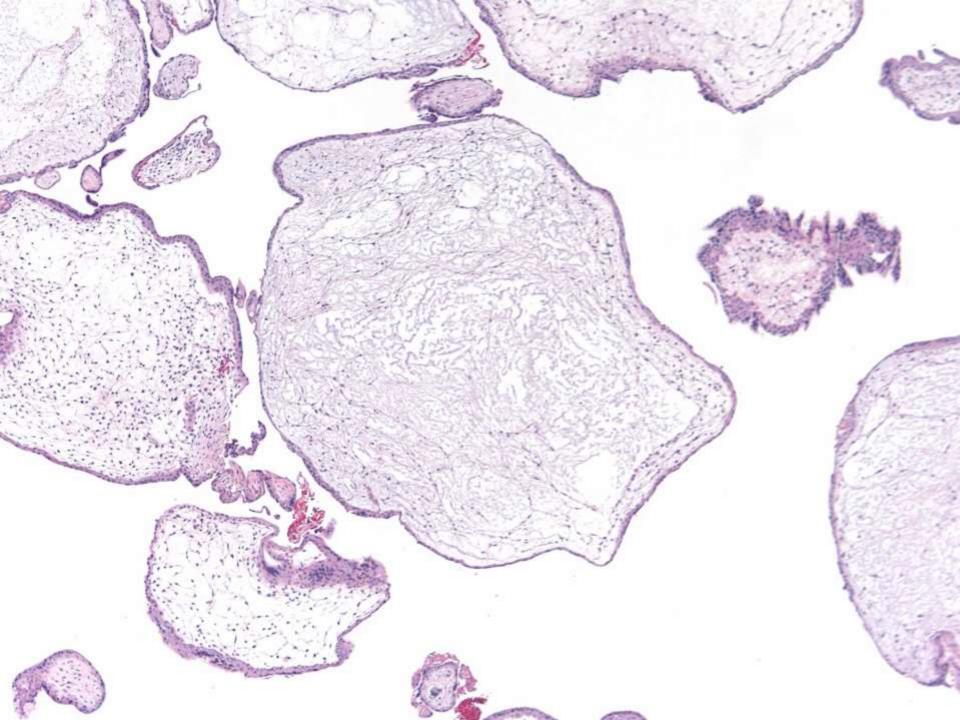


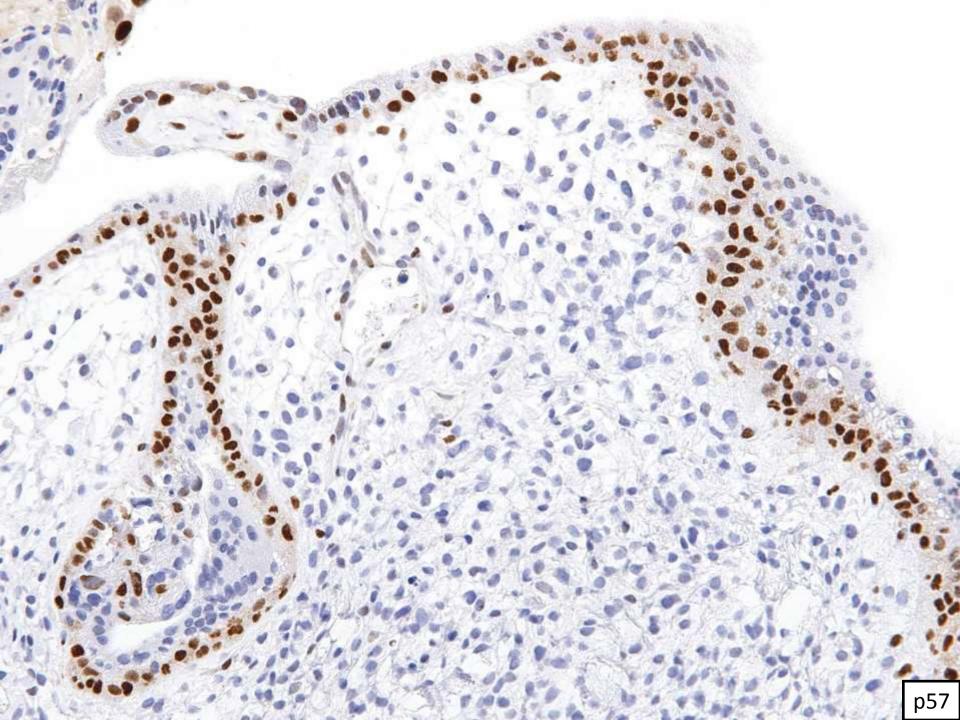


 37-year-old woman presented at 16 weeks gestation with nausea and vomiting. The beta-HCG is increased for gestation and the ultrasound exam was suspicious for a partial mole. Grossly no fetal parts were identified.









 65 year-old female with ulcerated area of colon at 30 cm.

