

MAPCON 2018 CASE HISTORIES

MAPCON CASE No	HISTORY
1.	59Y/ M presented with right breast lump since 6 months. O/E 2x2 cm, hard lump fixed to skin in upper outer quadrant. Received right MRM specimen with axillary clearance. Section from tumour provided.
2.	18Y/F, C/o lump in right breast since 4 months. Gross: irregular nodular mass of size 3.5x3x1 cm, cut surface was grey white, solid and firm.
3.	23Y/ F, presented with huge painless lump in right breast since 9 years. History of rapid increase in size during pregnancy. On gross examination, well encapsulated globoid mass, weighed 1100 gms & measured 21x18x5 cm. Cut surface was homogenous, greyish yellow, with no hemorrhage or necrosis. H/o delivery since 6 months ago. Section from the lump provided.
4.	45Y,F. Breast lump. O/E: hard circumscribed upper outer quadrant lump. MRM specimen received. Breast lump was circumscribed, tan white, firm to hard. 19 axillary lymph nodes were dissected. Sections from breast lump provided.
5.	48Y,F. Mastectomy specimen. C/s: solid central quadrant mass measuring 3x3cm.
6.	36Y/ F, presented with headache, dizziness and right hemiparesis with right facial palsy since 2 months. MRI reveals large focal altered signal intensity area in left frontal lobe with midline shift to right. Radiological probable diagnosis ?acute hematoma ?neoplastic ? resolving infarcts. Intraop findings blackish color tumour with ill defined interface with thick motor oil contents. Intraop Impression ?melanoma H&E section provided for diagnosis.
7.	An accidental autopsy finding in a cerebrum of 28Y/ F.
8.	45Y/ F, admitted with history of headache and giddiness since 6 months. MRI showed dural based hypodense lesion in left parietal region.
9.	39Y/ F, mass in left frontal lobe.
10.	21Y/ M, autopsy finding. Section from the brain provided. Received brain weighing 1600 gm. Externally meninges appears congested. Cut surface appears unremarkable.
11.	28Y/ M, admitted with right temporal SOL with dural attachment. Biopsy is received as multiple soft tissue bits. All are whitish greyish soft to firm to friable for HPE. Section is provided from biopsy.
12.	55Y/ M, came with altered sensorium. MRI s/o right frontal SOL arising from dura. Multiple soft tissue bits received for HPE and are whitish with congested areas, soft to firm to friable. Section is provided from biopsy.
13.	9Y/ F. presented with altered sensorium. MRI shows large intraventricular SOL. Specimen is received in multiple soft tissue bits, whitish, soft to firm, along with necrotic areas. Section is provided from the specimen
14.	Case for Discussion: 12Y/ F, and old case of posterior fossa tumour, operated 2 years back. Now presented with headache, on and off vomiting since 1 month. MRI revealed a 6.1x5.8x4.1 cm well defined solid lesion in the right cerebellar hemisphere. Excision biopsy done.

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15.	33Y/ M, presented with headache. MRI showed right frontal lobe space occupying lesion.
16.	39Y/ M C/o swelling below left eyebrow since 6 months. Gross: grey brown mass measuring 1x0.8x0.4 cm, cut surface was solid, grey white and firm in consistency.
17.	60Y/ F, with small mass in left nostril measuring 2.0x1.5 cm & complaints of nasal bleeding. Gross: single, greyish white, soft tissue mass measuring 2.5x1.5x1.0 cm. Cut section of mass was homogenous and soft.
18.	40Y/ F, presented with nodular lesion on the scalp. Gross: well circumscribed nodular lesion with overlying slit of skin attached. Tumour mass measuring 4x3x3 cm.
19.	40Y/ F, growth over right cheek. Clinical diagnosis was carcinoma cheek.
20.	65Y/ F, firm, growth approximately <1cm in diameter, mass on right upper eye lid since 1 year. Clinical diagnosis was keratoacanthoma.
21.	62Y/ F, nasal mass.
22.	45Y/ F, presented with left scalp swelling since 2 years which is sudden in onset and progressive . There is no evidence of discharge or pain. On examination, the swellin was 3x3 cm, mobile non tender. Gross: Received wide local excision specimen measuring 4x3x2 cm. On cut surface a whitish mass measuring 3x3x3 cm is seen.
23.	Case for Discussion: 28Y/ M, presented with history of mass in right side of oral cavity for 2 months. History of rapid increase in size with present size of 8x8 cm. O/e: pedunculated growth right lower alveolus, easily bleeds. The mass underwent autoamputation. Received mulitple greyish white tissue bits with areas of hemorrhage. Representative section submitted.
24.	Case for Discussion: 14Y/ M, presented with complains of 4 episodes of nasal bleed since 3 months. CT scan revealed enhancing mass lesion in the left anterior nasal cavity suggestive of polyp. Endoscopic sinus surgery was done and biopsy was sent for histopathological diagnosis.
25.	Case for discussion: 28Y,M. Swelling over occipital region x 2 months. Received excisional biopsy: a single well circumscribed nodular mass measuring 2x2x1cm.C/s: gray tan, firm.
26.	Case for discussion: 44Y,F. restricted mouth opening. Oral examination: ulceroproliferative growth present on tongue. Past history operated right hemiglossectomy in 2012. HPE reported as Squamous cell carcinoma tongue. Completed CRCT in 2013.Presently no bone involvement on radiology. Received specimen of wide local excision with glossectomy and neck dissection including partially resected mandible. Gross examination: 2x1x0.5cm irregular greyish growth over tongue. Section from growth over tongue.
27.	70Y,M. C/o proptosis right eye. MRI- orbital mass measuring 8x6x4cm, encompassing the lateral rectus. Gross: multiple peri-bulbar tumor masses, largest measuring 8x6x4cm. eyeball was separate from mass measuring3x3cm. tumor greyish white in colour, soft to firm encompassing the lateral, superior rectus and superior oblique. Section from tumour mass.

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28.	28Y/ F, recurrence of swelling over occipital region after 2 months of previous excision. Gross: Single nodular grey white partially capsulated mass measuring 4x3x3 cm. Cut surface: grey white homogenous with areas of hemorrhage and necrosis.
29.	11Y/ F, with history of swelling over occipital region since 1 years. Gross: Single soft tissue piece measuring 1.2x1 cm. External surface: capsulated, solid, grey white in color. Cut surface: grey white, solid, homogenous.
30.	65Y/ F, presented with right parotid swelling since 3 month. Gross: 5x5x3 cm, firm, globular, brownish mass.
31.	35Y/ F, presented with parotid swelling since 2 years, nontender, firm in consistency. Gross: circumscribed, encapsulated mass measuring 3x2x1 cm. Cut surface: smooth and shiny. Section submitted from mass.
32.	61Y/ M, complaints of left parotid area swelling since one month. Left superficial parotidectomy done. Gross: solid, cystic, well circumscribed and encapsulated, nodule at one pole, measuring 2x1.5x0.8 cm. Cut section brownish fluid with solid areas. One H&E Section provided.
33.	Case for discussion: 21Y/ F, presented with left submandibular swelling since 2 years progressively increasing in size. On examination - 3x2 cms swelling, overlying skin is normal. Gross: well circumscribed, encapsulated tumor mass measuring 1.2 cms in diameter, whitish in color. Normal salivary gland was seen at the periphery.
34.	40Y/ M, presented with painless swelling over left parotid region since 8 months. Gross: Cystic cavity measuring 10x6x4 cm. On cut section cyst is thinly encapsulated filled with mucoid material.
35.	30Y,M. swelling over right cheek x 1 year. Superficial parotidectomy specimen measuring 4x3x2.5cm. C/s: irregular, gray-white, firm mass measuring 2.2x2x1cm.
36.	35Y/ M, complaining of hard swelling in left submandibular region. External surface: multinodular and circumscribed measuring 4x3x2 cm. C/S: showed multiple, varying sized grey white nodules separated by whitish septae.
37.	Case for discussion: 51Y/F, presented with postmenopausal bleeding. Right ovarian mass measuring 11x7x3 cm was received. On CT Abdomen, no other abnormality detected.
38.	45Y/ F, presented with pain in abdomen since 25 days. Gross: Ovarian mass measuring 11x8x6 cm, externally bosselated surface. Cut surface showed solid and cystic areas. Section submitted from ovarian mass.
39.	50Y/ F, right ovarian mass.
40.	62Y/ F, presented with tubo-ovarian mass. Total abdominal hysterectomy with bilateral salpingo-oophrectomy was performed. Gross: 17x17x5 cm globular mass replacing left ovary. External surface was shiny and bosselated with attached fallopian tube. Areas of capsular breach were seen. Cut surface was predominantly solid to cystic with cystic areas showing glistening material. Areas of necrosis and hemorrhage noted. Representative section provided.

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41.	50Y/ F presented with mass in abdomen. Gross: Mass was large irregular, lobulated and firm, size 16x15x5 cm, occupying whole left ovary. C/S gray white, solid.
42.	30Y,F. Right ovarian mass measuring 12x10x6cm.Cut section: solid tumor with yellowish tan appearance, soft to firm with few cystic areas and haemorrhage.
43.	14Y,F. acute abdominal pain x 2 days.USG: right ovarian tumor ? granulosa cell tumor? Dysgerminoma. Gross: 12x6x3 cm well circumscribed mass with attached fallopian tube. C/s: whitish homogenous, gelatinous and soft. No areas of haemorrhage and necrosis.
44.	50Y,F. Pelvi-abdominal mass of 25x18x9cm. ext surface: nodular ovarian tumor.C/s: solid with small cystic areas. Sections from mass.
45.	Case for discussion: 47Y,F. Perimenopausal. C/o pain abdomen x 15 days. CT- 25.7x22.3x13.4cm complex cystic mass lesion in the pelvis and abdomen extending into epigastric region, compressing aorta. Underwent TAH with BSO. 2 H&E sections provided.
46.	33Y/ F, presented with complains of pain in abdomen of 3 days duration. A twisted ovarian cyst was clinically suspected. She underwent laparotomy and left ovary was removed. Gross: Specimen of the left ovary was received in multiple tissue pieces altogether measuring 10x7x4 cm. External surface irregular, nodular. Cut section: predominantly solid, greyish white with few hemorrhagic areas, friable in consistency.
47.	61Y/ F, diagnosed for squamous carcinoma on cervix biopsy, underwent Wertheim hysterectomy. On gross, along with cervical growth, there was well circumscribed completely intramural mass seen in the myometrium. It was tan white on cut section, measuring 3.2 cm in diameter. Adjacent myometrium was trabeculated.
48.	55Y,F. Postmenopausal patient complaining of vaginal bleeding, undergone total hysterectomy. Gross: Received uterus with cervix of 6x3x1cm.C/s: endometrial cavity shows irregular, firm to hard growth, whitish in colour. Cervix length 2cm, C/s: unremarkable.
49.	33Y/ F, complaints of bleeding per vaginum. Gross: Received panhysterectomy specimen with cauliflower like growth at cervix measuring 6x5.5x3.5 cm. Cut section of growth was firm & greyish white.
50.	29Y,F. foul smelling vaginal discharge and intermittent vaginal bleeding. TAH specimen received. Gross : blackish discolouration of anterior lip of cervix. Section from cervix.
51.	32Y,F. multiple pelvic masses, omental and peritoneal deposits, largest measuring 12x10x8cm. B/l ovaries not seen separately. Section from the largest peritoneal deposit.
52.	50Y/ F, hysterectomy done for intramural neoplasm.
53.	Case for discussion: 65Y,F. lower abdominal lump x 4 months. Cl. Diagnosis: ?Pelvic mass ? Right ovarian mass. TAH with BSO with excision of pelvic mass and omentectomy specimen. Pelvic mass measuring 9x6x4cm, bosselated and separate from ovary.C/s: whitish, firm with areas of necrosis. Each ovary measures 3x2x2cm, C/s: solid-cystic. Section from pelvic mass.
54.	39Y,F. H/o abdominal pain, last pregnancy 6months back. Clinically, suspicious of Ca Endometrium. Gross: bulky uterus which showed a large, reddish brown mural growth measuring 10x9x3cm, with areas of necrosis and hemorrhage.

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55.	20Y/ F, delivered a full term baby. Placenta was sent for routine histopathology examination. Placenta was received as a single tissue piece weighing 1.4 kg, measuring 26x18x5.5 cm. Umbilical cord measured 23 cm. Maternal surface: greyish brown, partially capsulated. A nodule was noted at one end of maternal surface measuring 7x6 cm. Fetal surface: unremarkable.
56.	55Y/ F, came with pain in abdomen associated with fever and chills since 1 month. CT Scan Abdomen showed lesion in right lobe of liver. Gross: Right hepatectomy specimen showing well circumscribed grey white mass measuring 17x12x9 cm with variegated appearance having areas of necrosis and hemorrhage.
57.	23Y/ M, cystic mass in left lobe of liver.
58.	Case for discussion: 34Y/ F, operated in emergency for acute abdominal pain. O/E patient was having pain in right iliac fossa, abdominal tenderness and guarding rigidity was present.
59.	Case for discussion: 11Y/ M, presented with chronic pain in the abdomen on and off for 10 years.
60.	1Y/ F, mass in liver measuring 9x5x3 cm in size.
61.	19Y,M.Rapidly increasing mass in liver x 3 months. Resection specimen of right lobe of liver measuring 25x24x9cm. On C/s: large grey white tumor measuring 22.5x18.5x11cm.
62.	19Y,M. Distention of abdomen and pain abdomen. O/E: moderately splenomegaly with pancytopenia. USG- s/o moderate splenomegaly with B/l non obstructing renal calculi. Liver normal echo texture and distended gall bladder. Upper GI endoscopy- gastric varices. Bone marrow examination- normocellular marrow. CT abdomen- gross splenomegaly with few perisplenic collaterals and B/l non obstructing renal calculi. Total Bilirubin- 2.9, Direct Bilirubin- 2.2, Indirect Bilirubin – 0.7, Creatinine- 2.3, Albumin- 2.5, Globulin- 2.3, SGOT- 26, SGPT-24. DCT: positive. Gross: received liver biopsy as single tissue mass measuring 2x1.5x1cm, firm , brown. C/s: nodular areas. Slide submitted.
63.	28Y/ M, presented with yellowish discoloration of skin and sclera since 3 months with history of recurrent jaundice since past 6 months. Investigations showed raised serum bilirubin and alkaline phosphatase. USG abdomen showed echogenic lesions in distal CBD with dilation of CBD and both intrahepatic bile ducts. Whipple pancreatico-duodenectomy was done. Gross: grey white infiltrative tumor measuring 2x1x1 cm involving the pancreatic head and CBD.
64.	52Y,M. K/c/o PLHIV since 10 years, on ART. Pain abdomen and altered bowel habits since 15-20 days. USG abd: S/o ileocecal neoplastic lesion. Received specimen of right hemicolectomy.
65.	1Y,M. presented with right hypochondrial mass. H&E slide provided.
66.	28Y,M. jejunal mass resection followed by chemotherapy. Subsequently (18 months later) developed liver SOL, which was excised along with omentectomy. One tumor section provided.

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67.	42Y/ M, came with 6 months h/o multiple attacks of dizziness, confusion and fainting which used to be relieved by food. Fasting blood sugar done twice was 41 and 49 mg/dl. His fasting serum insulin level was elevated at 26.8 mIU/L(Ref range 2-25 mIU/L). Serum C peptide level was also elevated at 6.06 ng/ml (Ref range 0.8-3.5 ng/ml). Sections from pancreatectomy specimen.
68.	Case for discussion: 34Y,M. C/o mass in left inguinal region x 2.5years which slowly grew to present size. CT- no other mass lesion or lymphadenopathy was seen. Excised mass was 9x7x6cm. C/s: gray-white mass, homogenous and fleshy.
69.	7Y/ F, presented with inguinal mass, with history of weight loss and mild splenomegaly.
70.	55Y/ F, presented with massive splenomegaly. Blood picture revealed pancytopenia.
71.	15Y/ F, c/o dull aching pain in left upper abdomen since 1 year. USG abdomen S/o Splenic hemangioma. Received multiple fragments of spleen aggregating to 13x11x2 cm. E/s congested, nodular. C/s congested, nodules separated by whitish fibrous strands.
72.	24Y/ M, complained of pain in abdomen since 2 months. CT abdomen revealed multiple enlarged mesenteric lymph nodes, largest measuring 5x3x2 cm, which was excised.
73.	A 60 year female presented with cervical swelling.
74.	12Y/ M, presented with left sided neck mass of 1 year duration. FNA suggestive of hematolymphoid malignancy. Patient underwent excision of the mass. Received an encapsulated, globular tissue mass measuring 4.5x3x2 cm in size. External surface is brownish, lobulated and firm in consistency. Cut surface appears tan colored with whorled appearance. Representative section provided.
75.	82Y,M. presented with reducible inguinal hernia. Two large inguinal lymph nodes were incidentally found intra-operatively. H/o TURP in 2004. Serum PSA (Dec 2017) was 12 ng/ml. Nodes were excised and sent for HPE. Two discrete inguinal lymph node were 3 cm and 2.5cm in greatest dimension respectively. C/s: firm, homogenous and whitish. Sections from lymph node provided
76.	72Y/ M, presented with abdominal lump since 1 month. Left nephrectomy specimen showed 13x8x4 cm mass. On cut section, variegated appearance with hemorrhagic, necrotic and greyish white areas noted.
77.	29Y/ M, complaints of facial puffiness and mild pedal edema. USG abdomen: approximately 12x12x8.6 cm lobulated mass supero-medial and abutting the left kidney. Gross: Left nephrectomy with mass excision- Large tumour measuring 17x9x9 cm, weighing 700 gms abutting the kidney. Cut section of tumour variegated appearance with areas of hemorrhage and necrosis. One H&E Section provided.
78.	38Y/ F, presented with one episode of painless hematuria. CT revealed a renal mass involving the lower and mid pole. Nephrectomy specimen revealed an encapsulated friable tumour measuring 9.5x7x6.5 cm.
79.	8M/ M, admitted for acute respiratory distress. He was a k/c/o heart disease with patent ductus arteriosus and medical renal disease. In hospital child had a cardiac arrest following

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	an initial improvement on assisted ventilation and antibiotics. Autopsy was performed. At autopsy both kidneys were mildly enlarged. Section from left kidney kept.
80.	<p>Case for Discussion:</p> <p>A 42 years old male, came with complaints of inability to walk, back pain, incontinence of bowel and bladder since 2 days. Clinical diagnosis: Bilateral lower limb acute onset weakness. Possibilities: 1. Acute transverse myelitis 2. Spinal arachnoiditis. On examination: GC fair, P- 90/min, BP- 148/80 mm Hg. CNS- patient conscious, oriented. Tone: Normal. Power: Upper limbs: Normal, Grade 0 in both lower limbs. Reflexes: Biceps 2+ Triceps: Normal, Supinator: Normal, Knee: Absent, Ankle: Absent. Bilateral lower limb: Hypotonic. Investigations: Glucose- 171.0 mg/dl, alkaline phosphatase- 236.0 U/lit, Blood Urea Nitrogen- 51.0 mg/dl, Serum Creatinine- 4.3mg/dl, Total protein: 8.0 g/dl, SGPT- 585.0 u/lit, SGOT- 1945.0 u/lit, Serum Na⁺: 135.0 mEq/lit, K⁺: 5.0 mEq/lit, Chloride: 96.0 mEq/lit, Hemoglobin: 15.0 gm/dl, Platelet count: 2 lakhs/ cumm, WBC count: 30,800/ cumm.</p> <p>One section from the kidney provided.</p>
81.	63Y/ F, c/o right flank pain since 1 month. CT abdomen 14x13x11 cms well circumscribed heterogeneously enhancing lesion arising from lower pole of right kidney. Received radical nephrectomy specimen showing a 13x10x10 cm tumor replacing the entire renal parenchyma. Central broad scar & tan colored areas of hemorrhage and necrosis seen.
82.	46Y,M. Exploratory laparotomy done for intestinal obstruction, incidentally found nodule on right kidney. Excised nodule: Gross: 2cm in diameter with thin rim of renal tissue around. Nodule well circumscribed and encapsulated. C/s: soft and yellowish.
83.	3days,F. Autopsy findings: Both kidneys irregular in shape, each measuring 4x3x1cm.C/s: multiple cysts
84.	41Y,M. Nephrectomy specimen. Kidney measuring 10.5x 9.5x8cm.Ext surf; distorted shape with bosselated surface.C/s: variegated tumour mass 10cm in size, occupying middle portion and the lower pole.
85.	40Y/ M, presented with pain and lump in abdomen since 5 years. CT scan shows mass at upper pole of bladder. Gross: Nodular mass of size 9x6.5x4.4 cm. Cut section: Gelatinous with multilocular fibrous septae with gritty areas. Section provided from mass.
86.	<p>Case for discussion:</p> <p>51Y,M. Painless hematuria x 3months.K/c/o ca bladder, post TURBT x 2months back. Diagnosed as transitional cell carcinoma. CT- 6x5.6cm, lobulated enhancing mass in urinary bladder along base and posterior wall involving both vesico-ureteric junction causing B/l hydronephrosis and hydroureter. Underwent left nephrectomy with radical cystectomy. Gross: Urinary bladder shows an ulceroproliferative polypoidal mass measuring 7x4x3cm, having areas of necrosis and invade the muscle coat of bladder wall. H/e slide submitted.</p>
87.	45Y/ M, presented with testicular mass.
88.	37,M. B/l testicular swelling. Gross: Right testis measures 11x3.5x2 cm. Testicular mass measures 5x3.5x2cm.C/s: grey brown to grey black with dark black areas seen in center measuring 2.2x1.7cm.
89.	35Y,M. C/o scrotal swelling x 2montrhs, h/o ? trauma to right scrotum. Right testis enlarged, non tender, hard in consistency. LDH-898.5IU/L,B-HCG-193IU/L,AFP-190IU/L.

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	USG scrotum- bulky and heterogeneous echo texture of right testis with peripheral vascularity and multiple irregular cystic areas within. I/VO H/O trauma finding are s/o testicular hematoma. Gross- Right testis measuring 8x6x2.5cm. Ext. surface: smooth. C/s: shows a well circumscribed tumour measuring 8x5x2cm. tumor bulges out on cutting, grey white with multiple tiny cystic areas. No areas of haemorrhage or necrosis. Testis confined.
90.	40Y/ M, U/L testicular mass. H/o mild trauma. AFB Stain - Negative. Section from testis.
91.	25Y/M, presented with dry cough since 3 months. HRCT shows mass in right middle lobe and lower lobe on lung. Biopsy from right middle lobe was taken.
92.	20Y/F, Postnatal maternal mortality with past history of recurrent URTI. Section given is from lung.
93.	Case for discussion: 26 Y,M. History of fever, breathlessness, cough, weight loss x 2 months. Patient was on AKT x 2months. USG thorax: Right sided moderate pleural effusion with multiple thickened septae, echoes associated with collapse of underlying lung. Section from pleura.
94.	4Y,M. posterior mediastinal mass. Autopsy finding: mass measuring 4x4cm. both lung show multiple subpleural nodules ranging from 0.5 to 1cm in diameter. Section from lung nodule.
95.	56Y/ M, a k/c/o varicose veins with ulcer came with complaints of exertional dyspnoea since 8 days. After admission, Trop T test was positive, and he was diagnosed with coronary artery disease. He was taken for coronary artery bypass surgery. Left ventricular clot extracted during surgery was sent for histopathology. The LV clot consisted of soft to firm reddish brown bits measuring 4x4x1.5 cm grossly. Section from LV clot submitted.
96.	79Y/ M, presented with brownish warty lesion over left forearm.
97.	A 33Y/ M, presented with the swelling over left limb since 2.5 years. On examination, it was an exophytic, lobulated mass.
98.	62Y/ F, came with c/o PV discharge since 1 year with itching sensation in perianal region. She gave a h/o hysterectomy 23 years back. O/e an ill-defined, ulcerated area seen in perianal region from 4 o'clock to 10 o'clock position. Lesion is superficial. A wide local excised specimen of perianal skin was received with multiple ill defined whitish firm lesion together measuring 4x2x0.3 cm. Section from the lesion submitted.
99.	37Y/ M, presented with ulcerative growth below left knee since 2 months. The wide local excision was done. Gross: Received wide local excision specimen measuring 5x4x2 cm. The skin flap measures 5x4 cm and shows an ulcerative growth measuring 3 cm in diameter. The base of ulcer is covered with necrotic debris.
100.	52Y,F.Single,1.5 cm, brown coloured nodule just below left knee.
101.	Case for Discussion: 22Y/ M, C/o gradually increasing mass in the inguinal region since 9 years. USG: Single well defined mass in cutaneous plane overlying left inguinal region – 7x6 cm. Gross: skin covered soft tissue mass measuring 13x7x3 cm. Cut surface shows well defined grey white nodular mass with slid and homogenous surface.
102.	35Y,M.Right malleolus swelling x1 year. Ulceration x 1 month. Cl. diagnosis: Infected fibroma. Sections from swelling.

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103.	55Y/ F, presented with large mass in lower back region (sacral). Size 15x13x7.5 cm weighing 600 gm. Section from the mass presented.
104.	4Y/ M, h/o swelling in left thigh since 2 months. No h/o trauma or pain. MRI- well defined lesion suggestive of benign soft tissue tumour. Received a single well circumscribed soft tissue mass measuring 3.5x2.5x1.5 cm. External surface - bosselated. Cut surface - yellowish white, glistening and myxoid in appearance.
105.	Case for Discussion: 64Y/ F, presented with palpable mass measuring 4x3x2 cm in the left shoulder area. The mass was noted 3 years back and the size of the mass had recently increased. Overlying skin was unremarkable. Clinically diagnosed to be lipoma and excision biopsy done. Representative section provided.
106.	32Y/ F with right forearm swelling with pain. Gross: A cystic mass with multiple ovoid whitish & soft bodies varying in size from 0.5 to 1 cm.
107.	Case for Discussion: 30Y/ F, with deep seated swelling in left thigh since one month with intermittent pain. MRI s/o intramuscular peripherally enhancing collection, ?infective, ?hematoma, ?nerve sheath tumor. FNAC revealed straw colored 18ml aspirate. Swelling reduced to some extent. Aspirate was largely hypocellular and lymphangioma was suspected. Gross: received unoriented soft tissue mass measuring 8.8x7.4x3.5 cm. Cut surface showed firm, white spongy soft tissue mass with areas of cystic change.
108.	65Y/ M, came with history of swelling on dorsal aspect of great toe since 4 months. The swelling is tender, non-mobile, soft to firm. Clinical diagnosis was sebaceous cyst. Gross: Specimen consists of 2x2 cm grey white firm nodule. Section from the mass.
109.	38,M. presented with non-healing ulcer with abscess over anterior abdominal wall. H/o kidney transplant 6 months back, on immunosuppressant treatment. Clinical impression was cutaneous tuberculosis. debridement was done. Section from debrided tissue provided.
110.	60Y,M. single firm nodule on right upper limb measuring 2.5cm in diameter.
111.	Case for discussion: 80Y,M. Swelling over right thigh x 3month.Gross:tumor mass with attached skin size 7x5x3cm, Ext.surface: bosselated, C/s: tumor seen just beneath the epidermis, size 5x1cm, firm to hard, yellowish white, at some places shows areas of haemorrhage, and myxoid change.
112.	75Y,M.Chest wall mass. H&E slide provided.
113.	60Y/ F, presented with lump around medial malleolus of left ankle since 6 months. On local examination, lobulated mass, tender with overlying skin oedematous. Popliteal and inguinal lymphadenopathy present. Section from the resected mass. Received below knee amputation specimen measuring 23 cm in length. A growth measuring 9.5x8.0x2.5 cm is noted around the medial malleolus. Cut Section appears grey white with areas of hemorrhage.
114.	18Y/ M, left frontal bony lesion.
115.	13Y/ F, cystic lesion in left maxilla. Gross: Received a mass measuring 4x3x1 cm, on opening, predominantly cystic with a solid nodule made up of papillary excrescences, wall

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	of cyst shows an impacted tooth.
116.	40Y/ F, presented with pain and swelling over right hip joint since 2 months. MRI showed heterogeneously enhancing altered signal intensity mass of approximate size 11x10x8.6 cm lesion in right iliac bone.
117.	20Y/ M, presented with complaints of painful swelling in the thigh measuring 7x6x4 cm. Plain radiograph showed lytic tumour arising from diaphysis of femur.
118.	A 45 year female presented with thigh swelling with pathological fracture of femur, biopsy done from fracture site.
119.	40Y/ F, with mass at lower end of right fibula. CT scan revealed predominantly lytic, destructive mass at lower end of fibula with internal matrix mineralization. Gross: received 10 cm segment of fibula. There was a fusiform mass at lower end measuring 8 cm in length. Cut section was bony, hard, completely solid.
120.	15 Y,M. Left knee joint pain and walking difficulty x 6 months. X-ray left knee joint: well defined radiolucent lesion with sclerotic rim on the proximal condyle of left tibia.
121.	16 Y,F. Swelling in left maxilla. Left total maxillectomy done. Maxillary cavity show polypoidal tumor measuring 3x2.5x1.5cm. C/s: greyish white tumor, firm to hard, infiltrating the underlying soft and bony tissue. Tumor involves maxillary cavity and extending onto the hard palate. Sections from tumor.
122.	22Y/F, presented with midline neck swelling since 2 years. USG: enlarged right lobe of thyroid gland with heterogeneous nodules of cystic and calcific changes. Gross: Right lobe of thyroid specimen measuring 5x4x2.5 cm, showing a well encapsulated grey white nodule with areas of hemorrhage and calcification.
123.	49Y/ M, hemithyroidectomy specimen 4x3x2 cm, cut surface tanned & lobular.
124.	27Y/ F came with history of midline neck swelling since 3 months. Swelling moves with deglutition. USG s/o colloid goitre with hyperplastic nodule. FNAC is s/o colloid goitre. Received hemithyroidectomy specimen consisting of left lobe of thyroid and isthmus measuring 4.5x3.5x3.0 cm. Cut surface shows encapsulated mahogany brown, firm nodule measuring 3x3 cm. Section from the nodule.
125.	56Y,F. difficulty in swallowing x 1 month. O/E: diffuse thyroid gland enlargement. USG- firm nodule about 1 cm in the left lower lobe. Sections from thyroid.
126.	50Y,M.Total thyroidectomy specimen. C/s: solitary nodule measuring 4x3x3cm, solid, firm to hard.
127.	31Y,F. total thyroidectomy specimen.
128.	61Y,M. Thyroidectomy specimen. Gross: right lobe tumor 8x5x5cm. Section from tumor provided.
129.	44Y,M. midline neck swelling x 2months. Gross: total thyroidectomy specimen size 9x5.5x3.5cm. C/s: 1 st lobe shows encapsulated, well circumscribed, solid nodule of size 3x2cm at places areas of hmg seen. 2 nd lobe- normal thyroid tissue.

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130.	20Y,F. Anterior neck swelling x 1 year. Left hemithyroidectomy specimen measuring 7x 2.5x 2.2cm. C/s: well circumscribed, firm, gray-white tumor measuring 3.8x2x1cm.
131.	39Y,M. History of tobacco and pan consumption x 13 years. Complaints of right sided neck swelling x 3 months. USG neck- enlarged right lobe of thyroid with a nodule measuring 5.2x3.4x2.6cm. CT- extrathyroidal extension. Fnac- suggestive of malignancy. Underwent total thyroidectomy with central compartment exploration (SOS clearance) and SOS lateral neck. H&E sections given.
132.	28Y/ F, presented with right sided thyroid mass measuring 5x4x3 cm. FNAC s/o follicular region. E/s: nodular, circumscribed with multiple small nodules on external aspect. C/s: large grey white tumor mass measuring 3x3 cm with tiny friable papillary areas noted with small tiny g/y nodules. Rest of the thyroid parenchyma is unremarkable.
133.	Autopsy material.
134.	<p>Case for Discussion:</p> <p>17Y/ F, operated for left cheek arteriovenous malformation which was present since childhood. Post operatively patient was given I.V. fluids, antibiotics, diuretics and antifibrinolytics following which patient had diffuse, severe abdominal pain on Day 1, progressed to breathlessness, weakness & loss of orientation on Day 2.</p> <p>CBC- 22,000/mm³, Hb- 8.8 gm/dl, Platelets- 59,000/mm³. Serum Creatinine- 5.6mg/dl, BUN- 67mg/dl.</p> <p>USG abdomen: B/L renal cortex shows increased echogenicity</p> <p>Patient expired on postoperative Day 6. Autopsy performed.</p>
135.	19Y,M. pain in left side of abdomen. Gross: specimen measures 15x9x3cm. A cystic lesion is seen attached to it measuring 21x7x2cm. C/s: cyst is unilocular with whitish and smooth wall.