

the AFIP LETTER



Armed Forces Institute of Pathology
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AFIP/ARP exhibit at March U.S. & CAP Meeting: Publications for sale in booth #401-403

The AFIP/ARP exhibit will be located in booth spaces 401-403 at the U.S. and Canadian Academy of Pathology meeting, March 25-27, 1996, at the Washington Hilton & Towers, Washington, D.C. The latest AFIP publications will be for sale and updated information about continuing education courses will be available. We look forward to seeing you there!

New Pasteur exhibit featured at AFIP's National Museum of Health and Medicine

AFIP's National Museum of Health and Medicine, located in our building at 14th St. and Alaska Ave., NW, is open daily from 10 a.m. to 5 p.m.

Changing Exhibitions: "In the News: What is Lou Gherig's Disease"; "Louis Pasteur: His Life and Work," accompanied by a 30-minute video, "Pasteur: A Contemporary View" (through February 29, 1996).

New Exhibits: Opening January 30, 1996, "National Museum of Health and Medicine: Dedicated to Health (From the Civil War to the 21st Century)".

For information about the Museum, guided tours, Discovery Carts, and upcoming programs, call (202) 782-9200.

A unique database developed by AFIP's Division of Acquired Immune Deficiency Syndrome (AIDS) Pathology, Department of Infectious and Parasitic Diseases Pathology, continues to play a central role in tracking and documenting AIDS cases. Initiated four years ago in response to an Army request to find the earliest case of AIDS in AFIP case files, the database today contains approximately 7,000 AIDS cases spanning almost two decades.

"The AIDS Division Database has truly become a multi-purpose pathology research and epidemiological instrument," notes Ann Marie Nelson, MD, chief, Division of AIDS Pathology and Emerging Infections.*

AIDS division researchers will use this data to provide information to consulting physicians, track demographic differences in the disease, document the organ systems most likely to be affected by AIDS-related opportunistic infections,

The Changing Face of AIDS Pathology

and identify new diseases or conditions arising in the human immunodeficiency virus (HIV)-infected population. According to Dr. Nelson, the field of pathology has always played an important role in understanding HIV infection and AIDS, including diagnosis of changes in primary infection as well as myriad complications of immunodeficiency. But the pathology of HIV infection and AIDS is still a relatively new and evolving field of study,

Continued on page 4



DIRECTOR'S MESSAGE




Look for our new home page at <http://www.afip.mil>

On behalf of everyone here at the AFIP, I'd like to wish our readers a happy and prosperous new year! Our cover story on the AIDS Division Database is an outstanding example of how the Institute performs a vital service for both military and civilian medicine. The database evolved following a request from the Department of the Army to track the earliest AIDS cases; today, we're also using it to monitor developments in the civilian sector. I salute Dr. Nelson the AIDS Division staff for this significant contribution.

AFIP can now be found on the World Wide Web at <http://www.afip.mil>. Our new home page is a wonderful opportunity for our customers to learn more about AFIP's departments, special programs, and ongoing developments. Register on-line for upcoming courses, and take part in departmental case studies if you wish! I'm very excited about our presence on the Web, and hope you'll take advantage of it soon. Look for more information in the next issue of the LETTER.

Finally, I hope to see many of you at the upcoming U.S. and Canadian Academy of Pathology Meeting here in Washington, D.C. Be sure to stop by the AFIP-ARP exhibit in booth # 401-403 from March 25-27, where representatives will be available to provide the latest information about Institute programs and publications for sale.


Michael J. Dickerson
Col, USAF, MC
The Director

New Publication: Pathology of Systemic Lupus Erythematosus

Pathology of Systemic Lupus Erythematosus

Tatiana T. Antonovych, MD, Editor
Armed Forces Institute of Pathology • American Registry of Pathology
Washington, DC, 1995. 175 pages. ISBN: 1-881041-23-9

This monograph offers a comprehensive review of the wide variety of pathological findings in systemic lupus erythematosus (SLE). Although much information is available on the histological changes in renal lupus, rarely has an attempt been made to depict the lesions of SLE throughout the body.

The Armed Forces Institute of Pathology (AFIP), serving as a diagnostic referral center primarily oriented to organ systems, is especially suited to study this systemic disease. The thirteen chapters, compiled by the staff of the AFIP, cover renal, dermal, oral, hematologic, musculoskeletal, pulmonary, cardiovascular, hepatic, ocular, and neural changes as

well as the manifestations of lupus in domestic and laboratory animals.

The classification of renal lupus is based on the scheme proposed by the World Health Organization. Tables include summaries of autoantibodies present in patients with SLE, drugs implicated in the induction of SLE, correlation of pathological changes with clinical renal signs and symptoms, and a variety of other subjects.

With its 185 high-quality photographs (57 in color), this book should be an invaluable resource not only for pathologists, but for clinicians who wish to visualize and understand the lesions of systemic lupus erythematosus.

Prognostic Factors in Cancer

Edited by
P. Hermanek, M.K. Gospodarowicz, D.E. Henson, R.V.P. Hutter, L.H. Sobin
With 14 figures and 60 tables • Springer-Verlag, 1995. \$59.00.
ISBN: 3-540-58688-1.

This monograph is the result of an effort by the International Union Against Cancer (UICC) to study prognostic factors related to cancer. It is an extension of the long term work on the TNM Classification, the most widely used staging classification and the strongest prognostic tool for most cancers. The purpose of the monograph is to compile information on prognostic

factors for most tumor sites and selected tumor types. Each site- or tumor-specific chapter provides a general overview of the relevant literature on prognostic factors. Where possible, the authors have attempted to assess these factors in terms of their clinical relevance and of their strength and independence in influencing prognosis.


EDUCATION SPOTLIGHT

“Orthopedic Pathology” returns to Annapolis, Md., March 3-8; “Emerging Infections” set for Atlanta, Ga., April 27-May 1

The **Annual Orthopedic Pathology** course returns to Annapolis, Md., from March 3-8, 1996, while a new course, **“Emerging Infections: Clinical and Pathologic Update,”** cosponsored with the Centers for Disease Control and Prevention (CDC) and Emory University School of Medicine, will be held in Atlanta, Ga., from April 27-May 1, 1996.

The Annapolis Marriott Waterfront Hotel will host **Annual Orthopedic Pathology** from March 3-8, 1996. The Marriott Waterfront Hotel, only a short stroll from the U.S. Naval Academy and downtown historic Annapolis, borders Annapolis dock and harbor and the Chesapeake Bay.

Directed by Donald E. Sweet, MD, chair and registrar of AFIP’s Department of Orthopedic Pathology, the course introduces both experienced pathologists and senior pathology trainees to the basic biological principles underlying orthopedic pathology. Specialists in orthopedic-related fields should find this course of interest and benefit as well. The curriculum will consist of lectures and laboratory training in orthopedic pathology, emphasizing radiologic-pathologic correlation and a conceptual approach to morphologic analysis. The faculty includes six AFIP staff members and eight guest lecturers with expertise in musculoskeletal, radiology, pathology, and orthopedic oncology.

The course is limited to 80 participants, and full participation is anticipated. Register early for an exciting week of basic science and orthopedic pathology.

Emerging Infections: Clinical and Pathologic Update, jointly sponsored by the AFIP, the American Registry of Pathology, the CDC, and Emory University, will be held from April 27 – May 1, 1996 at the Emory Conference Center in Atlanta, Ga.

The course is codirected by Ann Marie Nelson, MD, chief, Division of AIDS Pathology, Department of Infectious and Parasitic Diseases Pathology, AFIP and C. Robert Horsburgh, Jr., MD, professor of medicine and director,

Mycobacterial Center, Division of Infectious Disease, Department of Medicine, Emory University School of Medicine. The faculty includes six staff members from the AFIP, 14 from the CDC, five from Emory University, and five guest lecturers.

The course schedule includes 32 hours of lectures with open discussion periods, six hours for glass and color slide review, and a visit to the CDC. Participants are encouraged to bring an interesting case of an emerging infection or an unusual pattern of drug resistance for discussion during the late breakers’ session.

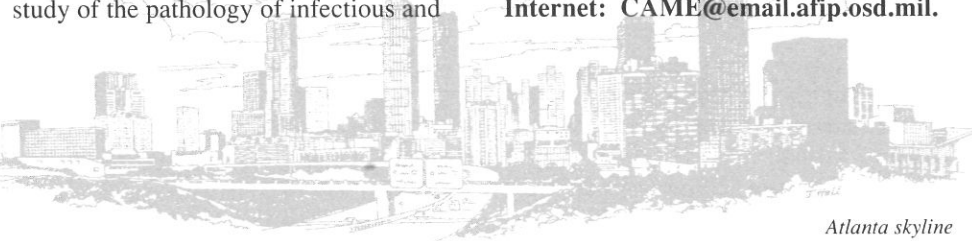
The course is designed for pathologists, epidemiologists, infectious disease physicians, veterinarians, microbiologists, parasitologists, and others interested in the study of the pathology of infectious and



Annapolis harbor

parasitic disease and the issue of emerging infectious diseases. The course is limited to 150 participants, so early registration is recommended.

For further information on these courses, contact AFIP’s Center for Advanced Medical Education at (202) 782-5021/9280; 24-Hour Automated System (301) 295-7921; or FAX (301) 427-5001. Internet: CAME@email.afip.osd.mil.



Atlanta skyline

Special Course Announcement

“Liver Biopsy Interpretation” to be offered at AFIP March 30-31, 1996

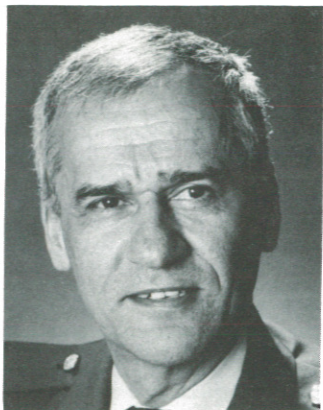
A special two-day weekend course, “Liver Biopsy Interpretation,” will be offered on March 30-31, 1996, at AFIP’s Radiologic Pathology Education Center. This course will provide an opportunity for review of microscopic sections of a wide variety of commonly encountered and rare diseases of the liver drawn from AFIP case files. Over 300 cases, predominantly needle biopsies, will be available for study, each with pertinent history, diagnosis, and brief discussion of salient points.

The course, codirected by Zachary D. Goodman, MD, PhD, chief, Division of Hepatic Pathology, and Kamal G. Ishak,

MD, PhD, Chair, Department of Hepatic and Gastrointestinal Pathology, will include brief presentations covering the approach to liver biopsy interpretation and diagnostic pitfalls, but the majority of each participant’s time will be spent in individual study. AFIP staff members will be available to assist and to answer questions. The course is suitable for pathologists and pathology residents as well as hepatologists, gastroenterologists, and gastroenterology/hepatology fellows.

For further information, contact AFIP’s Center for Advanced Medical Education toll-free number at (202) 782-5021/9280.

PROFILE



HERNANDO MENA, COL, MC, USA, was recently appointed chair, Department of Neuropathology. His duties include supervising four neuropathologists, one research assistant, and two fellows. The Department of Neuropathology serves as a tertiary consultation source for diagnostic dilemmas in reference to diseases of the

Hernando Mena, COL, MC, USA, appointed Chair, Department of Neuropathology

central and peripheral nervous systems and skeletal muscle, sponsors education and research programs in the neurosciences, and supports a training program.

COL Mena, a native of Colombia, attended medical school at the National University in Bogota from 1963 to 1969, and received his degree after completion of a rotating internship. His postgraduate medical education comprised residency training in anatomic pathology and neuropathology at the University of Maryland School of Medicine, Baltimore, Md. from 1974 to 1977. He is board certified in anatomic pathology and neuropathology.

COL Mena serves as clinical assistant professor in the University of Maryland Medical System, and as a neuropathology

consultant to Walter Reed Army Medical Center, Washington, DC. He is a member of the American Association of Neuropathologists and the International Association of Neuropathologists, and has authored or coauthored 26 articles, 7 chapters, and 13 abstracts. His primary research interest is in neuro-oncology, including lesions of the pineal gland and central nervous system sarcomas.

His goals for the Department of Neuropathology include implementation of new diagnostic methods in muscle biopsies, expansion of course material offered by the department, consolidation of the fellowship program, and active participation in national and international meetings related to the neurosciences.

AIDS, continued from page 1

says Dr. Nelson, who spent five years as the chief of the pathology laboratory for an international AIDS project in Zaire (Central Africa).

"What we saw in Zaire was different than what we saw in this country. Tuberculosis and bacterial pneumonia were more common [opportunistic diseases] in Africa and there was no *Pneumocystis carinii*, *Mycobacterium avium* or CNS lymphoma which were common in the United States. Different populations have different spectrums of disease."

Similarly, AIDS pathology has undergone some changes as the disease shifted from primarily gay men to women and IV drug abusers, Dr. Nelson said. Ten years ago, women accounted for less than five percent of the AIDS cases reviewed by AFIP. Today that number has increased to 20 percent, and both women and IV drug abusers are expected to develop different kinds of lesions than previous populations.

Scientists have also noted that people infected with the Human Immunodeficiency Virus (HIV) which causes AIDS, are now living longer than they were a decade ago. But they also have increas-

ing numbers of tumors, probably a result of living with compromised immunity, Dr. Nelson added.

Besides documenting trends, another primary function of the AIDS Database Division will be to help researchers and others in the medical community recognize distinctive features of AIDS pathology.

"Patients who are HIV-positive are not able to respond to infections or tumors in a normal way, and that makes the histopathology look different," Dr. Nelson said. "We are looking at that and trying to categorize the changes, so we're better able to predict what the lesions will look like."

AIDS Division researchers initially assembled the database using the 12 Centers for Disease Control (CDC) indicator diseases as diagnostic criteria of AIDS in the absence of serological data. To find the earliest case of AIDS, they retrieved cases prior to 1975 with diagnoses such as Kaposi's sarcoma, toxoplasmosis, *Mycobacterium avium*-intracellulare (MAI), CNS lymphoma, esophageal candidiasis and *Pneumocystis carinii* pneumonia. Cases carrying such diagnoses that were immunosuppressed for other reasons were

excluded, Dr. Nelson said.

"From more than 2 million total cases at the AFIP, we've gotten down to less than 100 that we'll actually review slides on," Dr. Nelson said, to confirm the presence of the HIV virus and assess their value for teaching and research purposes. Studies are also planned to compare autopsy samples from Africa and America to compare the AIDS virus from 1970s cases to current isolates.

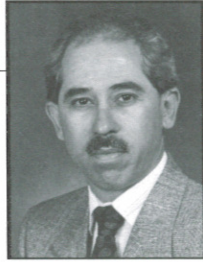
The database will be continuously updated to reflect cases sent to the AIDS Division for consultation as well as HIV-positive cases from other AFIP departments. Pathologists are encouraged to submit "unusual or interesting" case material, including clinical data for teaching, scientific, or surveillance purposes. Such submissions would have customary fees waived, Dr. Nelson said.

For further information about submissions, contact Dr. Nelson directly at 202-782-2255. See related page 3 article on "Emerging Infections: Clinical and Pathologic Update," set for April 27—May 1, 1996 at the Emory Conference Center, Atlanta, Ga.

*The Division of AIDS Pathology has recently been expanded to include Emerging Infections.

AFIP STAFF IN THE NEWS

Susan L. Abbondanzo, MD; Charles W. Pemble, Lt Col, USAF, DC; Gary L. Ellis, DDS; Jose A. Centeno, PhD; and Victor W. Weedn, LTC, MC, USA



● **Susan L. Abbondanzo, MD**, chair, Department of Hematologic and Lymphatic Pathology, was elected vice president of the Georgetown Clinical Society for 1995-1996. Dr. Abbondanzo has been a member of the society since 1988 and has served on its executive committee since 1990.

● **Cesar A. Moran, Maj, USAF, MC**, chief, Division of Mediastinal Pathology, Department of Pulmonary and Mediastinal Pathology, was the first speaker for the 1995-1996 program of the Washington, D.C. Society of Pathologists, held on September 14, 1995. His lecture was titled "Classification of Thymomas."

● **Kamal G. Ishak, MD, PhD**, chair, Department of Hepatic and Gastrointestinal Pathology, participated in the "Practical Surgical Pathology" course held at the Mayo Clinic, Rochester, Minn., September 16, 1995. While at the Mayo Clinic, he presented an invited lecture on sarcoidosis of the liver and bile ducts at the "Jurgen Ludwig Symposium on Biliary Disorders." On October 2-3, 1995, Dr. Ishak presented two keynote lectures on developmental and metabolic diseases of the liver at the Second International Symposium of Pediatric Hepatology in Puebla, Mexico, and also gave a lecture on alcoholic liver disease at the Medical School, University of Puebla. During his visit, Dr. Ishak was presented a Distinguished Visitor Certificate by the President of the Municipality of Puebla at a special ceremony in the City Hall. On October 18, he presented a slide seminar of 10 cases to the pathology and gastroenterology residents and staff at the School of Medicine, Yale University, New Haven, Conn., and also gave medical grand rounds on the pathology of chronic hepatitis.

● **Charles W. Pemble, Lt Col, USAF, DC**, Department of Oral Pathology, served as forensic odontology consultant for the Office of the Armed Forces Medical Examiner in the forensic identification process of 24 victims of the AWACS E3-B aircraft crash on October 22 in Alaska. Dr. Pemble organized a dental support team of 7 dentists and 6 dental technicians from Elmendorf AFB, Alaska, to assist in the identification proceedings.

● **Gary L. Ellis, DDS**, assistant chair, Department of Oral Pathology, lectured on the topic "Salivary Gland Tumors" at the American Society of Clinical Pathologists (ASCP) meeting in New Orleans, La., on September 19, 1995. This marks the ninth consecutive year Dr. Ellis has participated as an invited faculty member of the ASCP continuing education program.

● **Ann Marie Nelson, MD**, chief, Division of AIDS Pathology and Emerging Infections, Department of Parasitic and Infectious Diseases Pathology, presented a keynote address at her alma mater, the Autonomous University of Guadalajara, at a special conference in honor of the 60th anniversary of the University. Dr. Nelson presented a lecture on AIDS to over 300 United States medical students currently enrolled there, and also gave a two-hour lecture to the faculty in Spanish.

● **Leslie H. Sobin, MD**, chief, Division of Gastrointestinal Pathology, Department of Hepatic and Gastrointestinal Pathology, gave a microscope slide seminar on colonic diseases for the Hungarian Society of Pathologists on October 20, 1995, in Budapest, Hungary. Dr. Sobin also lectured at the Semmelweis Symposium on "Advances in the Staging of Gastrointestinal Carcinomas and the Impact of

New Prognostic Markers." From October 27-29, Dr. Sobin gave two slide seminars for the Austrian Society of Pathology in Salzburg.

● **Jose A. Centeno, PhD**, research scientist, Department of Environmental and Toxicologic Pathology, was recently invited by the Department of the Interior and the U.S. Geological Survey (USGS), Office of International Geology, to organize and serve as codirector and lecturer of a course entitled: "Trace Elements in Coal: Significance for Coal Utilization." The course was presented by Dr. Centeno and Dr. Robert B. Finkelman (USGS). The course was offered in Piedras Negras, Mexico, on August 28-30, 1995, and it was sponsored by the USGS in collaboration with the AFIP Center for Advanced Pathology, the Environmental and Toxicologic Pathology Center, and the Consejo de Recursos Minerales in Mexico.

● **Victor W. Weedn, LTC, MC, USA**, chief deputy medical examiner and chief, DoD DNA Registry, received the 1995 Edward Rhodes Stitt Lecture Award at the annual meeting of the Association of Military Surgeons of the United States (AMSUS), on November 1, 1995. LTC Weedn received the award for his lecture entitled, "DoD DNA Registry." The award was established in 1954 in honor of Rear Admiral Edward Rhodes Stitt, MC, USN. Admiral Stitt was Surgeon General of the Navy for eight years and played a major role in the field of military pathology. He had an international reputation as an expert in the field of tropical medicine. The award is given to a laboratory pathologist in the field of laboratory medicine for a lecture on laboratory medicine.

DEPARTMENT NOTES

Repository and Research Services Update

Helping our contributors: AFIP now FAXes acknowledgment of case receipts

The Receiving and Accessions Division recently revised their case receipt and acknowledgment procedures. For all cases directly related to patient care, the division will now FAX a case acknowledgment to contributors if a FAX number is provided at the time a case is submitted. The case acknowledgement will include the patient name, surgical number, AFIP accession number, date accessioned, the pathology department to which the case was assigned, and the applicable pathology department's telephone number. Faxed acknowledgments will not be sent on cases submitted for research/educational purposes, nor as part of an ongoing quality assurance program. Case acknowledgement post-cards will continue to be forwarded to all

contributors. We hope contributors find this change helpful.

A note on materials received from closed medical military treatment facilities

Over the past three years, the AFIP has received a substantial amount of pathologic material from military medical treatment facilities which have since closed. The Institute is currently maintaining the most recent 20 years of pathology reports and slides, and the most recent 10 years of paraffin blocks from 13 closed facilities. These include material from Letterman Army Medical Center,

Calif; Naval Hospital Philadelphia; Oakland Naval Hospital; Carswell AFB, Texas; Fort Deven Army Base, Mass; Fort Ord Army Base, Calif; 97th General Hospital, Frankfurt, Germany; Homestead AFB, Fla; Wiesbaden AB, Germany; Upper Heyford AB, United Kingdom; Torrejon AB, Spain; Clark AFB, the Philippines; and March AFB, Calif. Requests concerning this material should be addressed to the Records Repository Division, Information Release Section, Armed Forces Institute of Pathology, 6825 16th Street, NW, Washington, D.C. 20306-6000. **Requestors can also call (202) 782-2424, DSN 662-2424, or FAX (202) 782-7831.**

HISTOTECHNOLOGY NOTES

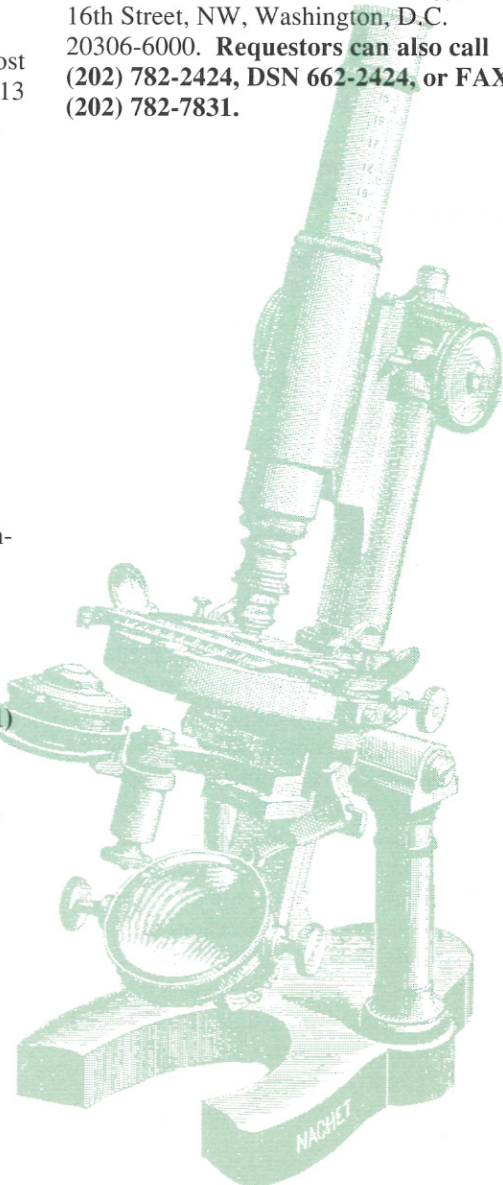
Histopathology Seminar Set for Lake Tahoe, Nevada June 19-21, 1996

Harvey's Resort Hotel and Casino in Lake Tahoe, Nevada, will serve as the site for AFIP's **Histopathology Seminar**, June 19-21, 1996. This program offers a wide variety of scientific topics in the field of histotechnology, electron microscopy, and immunohistology. The seminar is designed to cover selected methodologies with a comprehensive discussion of potential problems, corrective measures, and desired results. Techniques and equipment demonstrations will give participants a greater understanding of a variety of issues as well as methods of

fixation, processing, embedding, sectioning, and staining on standard and non-standard tissue specimens.

For further information please contact AFIP's Center for Advanced Medical Education at (202)782-5021/9280; 24 hour automated system: (301) 295-7921; DSN 291-5231; or FAX: (301)427-5001.

Internet: CAME@email.afip.osd.mil.



A LOOK BACK

Highlights from past AFIP Letters



December, 1990:
AFIP Director Robert F. Karnei, CAPT, MC, USN, notes in his Director's Message that 1990 saw the

evolution of the Department of Environmental and Toxicologic Pathology, a move which enabled the AFIP to focus on environmental pathology issues in cooperation with numerous federal agencies, including the EPA...over 200 AFIP employees attended ribbon-cutting ceremonies for the new 15,200 square foot AFIP National Tissue Repository on September 21. The \$1.94 million repository contains the nation's largest collection of pathological tissue specimens...**Annette Anderson, Capt, USAF, MSC,** Administrator, Repository and Research Services, notes that over 28,000 back-logged cases have been eliminated and a new quality assurance program established. The service's Pathology Data Division is now entering pathologic diagnoses into the research database within three days.



December, 1985:
AFIP Director Robert R. McMeekin, COL, MC, USA, announced that **Ronald S. Weinstein, MD,**

had been selected to deliver the Second James Earle Ash Lecture in May, 1986...AFIP staff provided the primary medical, dental, and administrative support to identify the members of the 101st Airborne Division who were killed in the crash of a charter DC-8 in Gander, Newfoundland. The victims were flown to Dover Air Force Base, Dover, Delaware...**Elson B. Helwig, MD,** chairman, Department of Gastrointestinal Pathology, was presented with the "Founder Award" on December 6, 1985 by the American Society of Dermatopa-

thology. He received the award for his distinguished service to the field of dermatopathology.



December, 1980:
AFIP Director William R. Cowan, Col, USAF, MC, was installed as a member of the Board of Governors of the

College of American Pathologists at its October meeting...**Elgin C. Cowart, CAPT, MC, USN,** the immediate past Director of the AFIP, read his retirement orders at a ceremony held in Dart Auditorium on December 1...visiting scientists representing seven countries are currently studying in the Department of Infectious and Parasitic Disease Pathology. The scientists meet each day with the permanent staff of the Department at the regular working conference...the Institute is soliciting the submission of biopsy and/or autopsy material on active duty personnel or veterans with a history of Agent Orange exposure while serving in Vietnam.



December, 1975:
AFIP Director James L. Hansen, COL, MC, USA, notes in his Director's Message that this issue of the

Letter continues to provide valuable information concerning submission of pathologic materials to our Patient Records Division...a registry of cytopathology has been created within the American Registry of Pathology. **Dr. J.K. Frost** is chairman of the advisory committee to the registry with **Drs. Koss, Reagan, Wied, Coleman, and Vellios** as committee members. . . **Dr. G.F. Bahr** was nominated as Registrar by the AFIP Director and endorsed by the American Society of Cytology.



RECENT PUBLICATIONS

Thoracic mycoses from opportunistic fungi: radiologic-pathologic correlations

H. Page McAdams, MD; Melissa L. Rosado-de-Christenson, Lt Col, USAF, MC; Philip A. Templeton, MD; May Lesar, MD; Cesar A. Moran, Maj, USAF, MC

Fungi of the genera *Aspergillus*, *Candida*, and *Cryptococcus* and the class Zygomycetes are the most common causes of thoracic opportunistic mycoses in immunocompromised patients. Candidiasis and zygomycosis usually manifest as severe, often life-threatening, pneumonias. *Aspergillus* species are commonly implicated as the causative organisms in a broad spectrum of pulmonary disorders, ranging from hypersensitivity lung disease in atopic patients to invasive pneumonia in immunocompromised patients. *Cryptococcus neoformans* infects both immunologically normal and abnormal patients, with variable clinical and radiologic findings. The diagnosis of an opportunistic mycosis requires familiarity with the epidemiology of the disease, the various modes of clinical presentation, and the full spectrum of radiologic manifestations. Because many of these fungi may normally colonize in the upper respiratory tract, sputum cultures are considered diagnostically unreliable. Instead, definitive diagnosis hinges on either culture of the fungus from infected tissue or demonstration of the organism at microscopic examination.

Radiographics. 1995;15:271-286.

Ehrlichiosis mimicking thrombotic thrombocytopenic purpura: case report and pathological correlation

Aileen M. Marty, MD, CDR, MC, USN; J Stephen Dumler, MD; George Imes, DVM; Harold P. Brusman, MD; Lloyd L. Smrkovski, PhD, CDR, MC, USN and Denis M. Frisman, MD, LCDR, MC, USN

Human ehrlichiosis is a tickborne zoonosis caused by the newly described human hematotropic rickettsiae, *Ehrlichia chaffeensis*. The pathology and pathogenesis of human ehrlichiosis have not been adequately studied. Even with immunoperoxidase, the only previously known method to detect these organisms in tissue, ehrlichiae are difficult or impossible to identify. This led

many investigators to speculate that the pathogenesis of ehrlichiosis was not caused directly by the organism but could be caused by host-mediated injury. In this case study, a patient presented with rapidly progressive central nervous system symptoms and severe thrombocytopenia, prompting a presumptive diagnosis of thrombotic thrombocytopenic purpura (TTP). Despite corticosteroids, and later, antibiotics, the patient rapidly deteriorated and died. Postmortem examination showed hemorrhages in multiple organs and mononuclear inclusions of infection with a monocytic ehrlichia. Other findings included widespread lymphohistiocytic perivascular infiltrates, focal hepatic necroses, interstitial pneumonitis, interstitial nephritis, mononuclear phagocyte invasion and proliferation in splenic, liver, and bone marrow, and hemophagocytosis. The diagnosis was proven by serology, immunohistology with both polyclonal and monoclonal anti *E chaffeensis*, and polymerase chain reaction on paraffin-embedded tissues using *E chaffeensis*-specific oligonucleotide primers. The presence of numerous ehrlichia with notable tissue and cellular injury but without a marked host response indicate that unlike other cases of documented human ehrlichiosis, this patient died after significant direct ehrlichia-mediated injury, and that immune mechanisms initiated after ehrlichiosis played little if any role in the pathogenesis.

Hum Pathol. 1995;26:920-925.

Biliary cystadenoma and cystadenocarcinoma: clinical-imaging-pathologic correlation with emphasis on the importance of ovarian stroma

Peter C. Buetow, MAJ, MC, USAF; James L. Buck, CDR, MC, USNR; Linda Pantongrag-Brown, MD; Pablo R. Ros, MD; Kenneth Devaney, MD, Zachary D. Goodman, MD and David F. Cruess, PhD

PURPOSE: To evaluate cross-sectional imaging in the distinction of biliary cystadenoma from cystadenocarcinoma and in the determination of the presence of ovarian stroma.

MATERIALS AND METHODS: In 34 patients, radiologic studies and specimen photographs and descriptions were reviewed retrospectively without knowledge of the patient group. Histologic features were reviewed without knowledge of the radiologic findings and analyzed for epithelial and stromal components. Correlation was made between the radiologic findings, gross morphologic features,

internal fluid characteristics, and histologic features.

RESULTS: The 34 patients had 27 biliary cystadenomas, 22 with ovarian stroma, and seven cystadenocarcinomas, four with ovarian stroma. Gross morphologic and imaging features suggestive of biliary cystadenocarcinoma included internal septation and nodularity. Septation without nodularity was seen only in biliary cystadenoma. Nonbilious fluid was the only feature associated with the presence of ovarian stroma but was not distinguishable on images.

CONCLUSION: Imaging studies accurately reflect the nodularity and septation seen grossly to distinguish biliary cystadenoma and cystadenocarcinoma but do not allow distinction of the presence or absence of ovarian stroma.

Radiology. 1995; 196:805-810

Epstein-Barr virus is present in a wide histological spectrum of sinonasal carcinomas

Suet Yi Leung, M.R.C.Path, SiU Tsan Yuen, M.R.C.Path, Lap Ping Chung, D.Phil., Wai Kay Kwong, F.R.C.R., Maria Pik Wong, M.R.C.Path, and Shuk Yee Chan, A.I.M.L.S.

Nasopharyngeal carcinoma, a common occurrence in Southern Chinese people, shows a strong association with Epstein-Barr virus (EBV); in the same population, sinonasal carcinomas are distinctly rare. Although most nasopharyngeal carcinomas are lympho-epitheliomas, sinonasal carcinomas have a wide morphological spectrum. We studied the clinicopathological features and EBV status of 29 sinonasal carcinomas from Hong Kong Chinese patients. By in situ hybridization using antisense Epstein-Barr virus early RNA (EBER) probe, seven tumors were shown to be strongly positive for the EBV RNA. They displayed a wide morphological spectrum, including one cylindrical cell carcinoma, one intestinal type adenocarcinoma, four nonkeratinizing squamous cell carcinomas, and one undifferentiated carcinoma. All were from elderly subjects (mean age, 67), including six men and one woman. Three of these seven patients had complete remission after radiotherapy with a median followup period of 29 months. In two cases, EBV latent membrane protein-1 was expressed. Detection of the virus in a number of histological subtypes, including cylindrical cell carcinoma and adenocarcinoma, suggests that EBV may play a role in the pathogenesis of a diverse spectrum of carcinomas.

Am J Surg Pathol. 1995;19:994-1001.

Postgraduate Short Courses in Continuing Education

Academic Year 1996

Course Title	Scheduled Dates	Location
Uropathology	22-26 January 96	DoubleTree Hotel, Rockville, MD
Controversies & Recent Advances in Surg Pathology	12-16 February 96	Hotel del Coronado, San Diego, CA
34 th Annual Neuropathology Review	19-23 February 96	DoubleTree Hotel, Rockville, MD
24 th Annual Course in Orthopedic Pathology	3-8 March 96	Annapolis Marriott Waterfront, Annapolis, MD
34 th Annual Basic Science Course in Otolaryngology:		
Head & Neck Surgery	4-29 March 96	USUHS, Bethesda, MD
32nd Annual Forensic Dentistry	11-16 March 96	DoubleTree Hotel, Rockville, MD
Liver Biopsy Interpretation	30-31 March 96	AFIP, Washington, DC
6th Annual Anatomic Pathology Review & Update	13-20 April 96	Renaissance Hotel, Arlington, VA
Emerging Infections: Clinical & Pathologic Update	27 April-1 May 96	Emory Conference Center, Atlanta, GA
Spectrum of Lymphoid Lesions in Lymph Nodes & Extranodal Sites		
.....	1-3 May 96	Bethesda Marriott, Bethesda, MD
9th Annual Forensic Anthropology	13-17 May 96	USUHS, Bethesda, MD
Diagnostic Exfoliative & Fine Needle Aspiration Cytology	3-7 June 96	Crystal City Marriott, Arlington, Va
Controversias y Adelantos en Patología Quirúrgica	5-8 June 96	Expo Hotel, Valencia, Spain
Histopathology Seminar	18-20 June 96	Harvey's Resort Hotel & Casino, Lake Tahoe, NV
5th Annual Descriptive Veterinary Pathology	11-14 June 96	AFIP, Washington, DC

INTERNET Updates on Courses Available at CAME@EMAIL.AFIP.OSD.MIL

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Uropathology Course

This course is primarily for urologists preparing for their boards, although the in-depth study of pathological material and the manner of presentation are intended to provide a more fundamental and lasting understanding of genitourinary pathology than typical crash-courses. Pathologists are also welcome and will find the course helpful in their daily practice. For practicing urologists, the course offers an opportunity to acquaint themselves with modern-day concepts of urological pathology. Lectures will alternate with laboratory sessions for study of microscopic slides. This will be supplemented by Kodachrome reviews and quizzes. Attendees will have the opportunity to study 150 microscopic slides of various diseases. In addition to Kodachromes shown in the lectures, over 2,500 kodachromes illustrating various diseases of the genitourinary system will be available for small group study. Overall the participants will see approximately 5,000 photomicrographs. A pre- and post-examination will enable the participants to evaluate their own progress.

Controversies and Recent Advances in Surgical Pathology

This conference will explore recent advances in controversial areas of surgical pathology. Drawing on the 45,000 to 50,000 difficult, unusual, or "classical" cases seen each year at the AFIP, the presentations will detail the latest in new technology available to aid in the diagnosis of these cases. Areas to be covered include hepatic, gastrointestinal, pulmonary, breast, gynecologic, oral, genitourinary, hematologic pathology, and applications of immunohistochemical and molecular biologic techniques to diagnostic surgical pathology.

34th Annual Neuropathology Review

This five-day course will provide a comprehensive review of neuropathology for individuals interested in the neurosciences and pathology. Basic neuropathology and recent developments in the pathophysiology of neurological disorders will be discussed. The course will be especially useful to neurologists, neurosurgeons, pathologists, and radiologists preparing for specialty examinations. Course lectures will be illustrated by gross and

microscopic photographs and will be supplemented by a course syllabus and a fascicle on CNS.

24th Annual Course in Orthopedic Pathology

This course introduces both experienced pathologists and senior pathology trainees to the basic biological principles underlying orthopedic pathology through a conceptual approach. The course will consist of lectures, unknown discussions, and laboratory experience in orthopedic pathology and will emphasize radiographic-pathologic correlation and morphologic analysis. Orthopedic related specialists and radiologists should find this course of interest and benefit in the diagnosis of bone and joint disorders.

34th Annual Basic Science course in Otolaryngology Head & Neck Surgery

This four-week intensive course in otorhinolaryngic anatomy, embryology, and pathology integrates basic science and clinical practice. Lectures are given by leaders in their field, giving course participants a firm foundation in the specialty. The core lectures are supplemented by a thorough review of the AFIP head and neck histology slide set, and anatomic cadaver dissections. A fresh cadaver flap demonstration with microvascular applications is also included. The course will include mini workshops in endoscopic sinus surgery and craniofacial plating. Participants will also attend the MG Paul H. Streit Memorial Seminar which will focus on facial plastic surgery.

32nd Annual Forensic Dentistry

Presented by specialists in the fields of forensic dentistry, criminal investigation, and law. This six-day course will consist of lectures, a mock trial, illustrative situations, and student participation in two laboratory exercises involving the identification of human remains by dental means. Topics to be covered include: AFIP experience with recent forensic missions; recording and use of dental data in human identification and criminal detection procedures; new developments in forensic procedures; mass disaster management; bite mark evidence and analysis (including a limited attendance bite mark analysis exercise).

Instructions for Filling Out Application Form

1. **Accreditation:** The Armed Forces Institute of Pathology is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

2. **Course Fee:** Checks for all courses are to be made payable to the American Registry of Pathology (ARP). We can only register an applicant when full payment is received.

3. **Registration Procedures for International Applicants:**

Civilians:

Mail letter of application to:

Chief, Program Resources Branch
E/VCP, Rm 266
United States Information Agency
301 4th Street, S. W.
Washington, D.C. 20547
FAX: (202) 619-4655

Letter of application should include:

1. Title of course
2. Inclusive dates of course
3. Your present position
4. Your home and office mailing address
5. Your date and place of birth
6. Your country of citizenship
7. Your financial arrangements for stay at this course

(U.S. Government cannot be responsible for any expenses incurred while you are in the U.S.)

With letter of application, attach a copy of course application form, a check drawn on a U.S. bank or International Money Order, payable to the American Registry of Pathology, in U.S. dollars in the amount required.

Foreign Military:

Request the desired training through your military training channels to the Security Assistance Office of the U.S. Mission in your country.

International Applicants Employed by an Agency of the U.S. Government

Attach to letter of application (see above) a letter certifying employment from your servicing personnel office and mail to:
International Training Program Manager,
U.S. Army Health Professional Support Agency
Attn: SGPS-EDI; International Training Officer
5109 Leesburg Pike
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FAX: (703) 756-7535

APPLICATION FORM - AFIP COURSES

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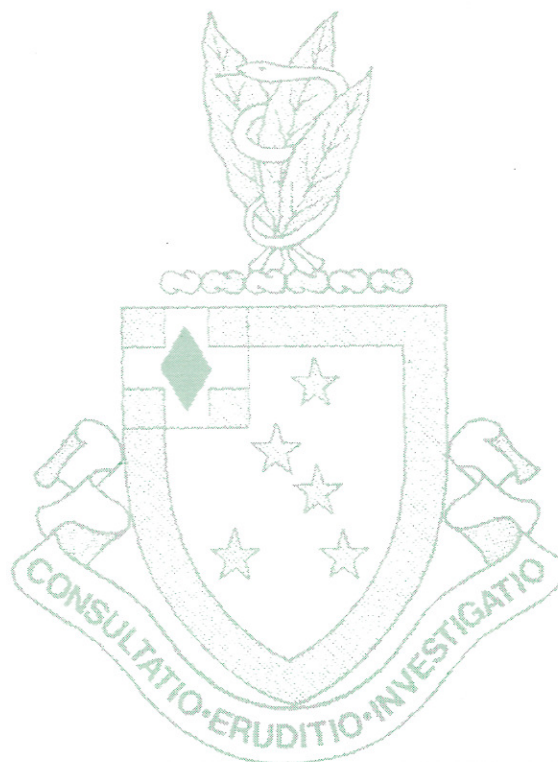
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