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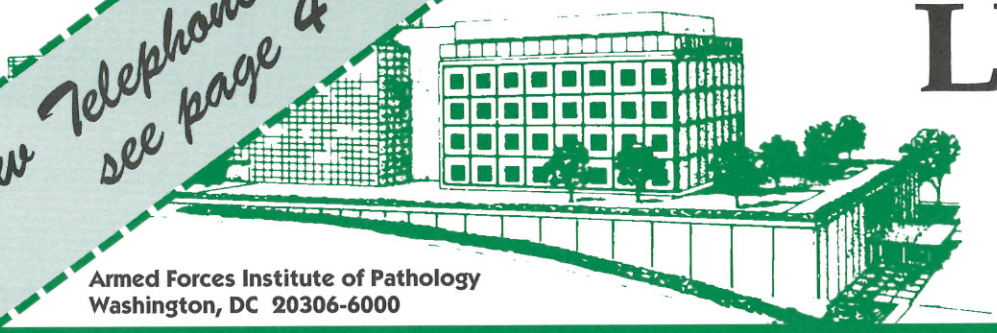

Armed Forces Institute of Pathology
Washington, DC 20306-6000

Vol. 155, No. 6
December 1997

New Publication and Electronic Fascicle CD-ROMs

Tumors of the Salivary Glands

Atlas of Tumor Pathology: Third Series, Fascicle 17
Gary L. Ellis, DDS, and Paul L. Auclair, DMD, MS
Armed Forces Institute of Pathology, Washington, DC
ISBN 1-881041-26-3 (Printed) 1996
ISBN 1-881041-41-7 (CD-ROM) 1998

Tumors of the Esophagus and Stomach

Atlas of Tumor Pathology: Third Series, Fascicle 18
Klaus J. Lewin, MD, FRCPath, and Henry D. Appelman, MD
Armed Forces Institute of Pathology, Washington, DC
ISBN 1-881041-27-1 (Printed) 1996
ISBN 1-881041-39-5 (CD-ROM) 1998

The Armed Forces Institute of Pathology and the American Registry of Pathology have just published two new CD-ROMs—one containing Fascicle 17 and the other, Fascicle 18 of the Third Series of the Atlas of Tumor Pathology.

These electronic publications contain all of the text and illustrations found in the printed version, and, in addition, permit rapid searching for words and combinations of words in the text, references, and figure legends. Illustrations can be examined at three size levels—thumbnails (96x96 pixels), normal mode (260x230 pixels), or magnified mode (800x600 pixels). They have provisions for the user to place bookmarks and make "marginal" notes. Each disk can be read by both Windows (PC) and MAC platforms, and is truly user friendly. Toll-free 800 and Internet helplines are also available.

The disk joins the series of 10 previous CD-ROMs containing the first 16 tumor fascicles in the Third Series. CD-ROM versions of the remaining fascicles are expected over the next several years.

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Guiding the Surgeon's Hand:
The History of American Surgical Pathology

Edited by Juan Rosai, MD
Armed Forces Institute of Pathology
American Registry of Pathology
Washington, DC 1997 ISBN 1-881041-42-5

The establishment of surgical pathology as a distinct discipline is primarily an American phenomenon. This unique book describes surgical pathology's development in institutional, in technological, and, especially, in human terms.

It features both a broad historical overview and a selective approach that focuses on seven institutions that have contributed greatly to the evolution of surgical pathology as we know it today: Johns Hopkins, Columbia, Memorial, Harvard, Washington University, Mayo Clinic, and the AFIP. This living history is told by a group of well-known pathologists: Carter, Dehner, Fechner, Ishak, Kissane, Koss, Lattes, Lieberman, Rosai, Scully, Vickery, and Woolner. In addition, the book contains the heretofore unpublished autobiographies of two of the field's giants: Arthur Purdy Stout and Lauren V. Ackerman.

This hardcover 295-page text is supplemented by 131 photographs of surgical pathologists when they were young (and not so young), where they worked, their coworkers, and the results of their work. Surgeons as well as pathologists will benefit from this most readable and exciting account of the pathologist closest to patient care.

AFIP ATLAS SUBSCRIBERS PROGRAM

Members of the AFIP ATLAS SUBSCRIBERS PROGRAM will receive higher discounts beginning February 1, 1998.

Staff pathologists who currently receive a 10% discount will receive a 20% discount and resident/fellow members who are discounted 25% will receive a 35% discount on all purchases of AFIP fascicles, special publications, and CD-ROMs.

Orders from current Subscribers and new Subscribers received after February 1, 1998, will be discounted appropriately.

Center for Advanced Medical Education

1998 Continuing Medical Education Courses

36th Annual Dr. Kenneth M. Earle Memorial NEUROPATHOLOGY REVIEW

A course designed to prepare pathologists, neurologists, and neurosurgeons for specialty board certification. Lectures will be illustrated by gross and microscopic photographs, supplemented by a course syllabus and the AFIP Fascicle, *Tumors of the Central Nervous System*. This course is sponsored by the Armed Forces Institute of Pathology and the American Registry of Pathology, and will be held February 23–27, 1998, at the Hyatt Regency Hotel in Bethesda, Md. (neighboring Washington, DC). The course awards approximately 32 CME credit hours. Tuition is $610 prior to February 1, 1998, and $650 afterward. Military, DoD civilians, VA, and PHS (not residents or fellows) pay a discounted tuition of $500. For more information call 800.577.3749.

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Course participants should be well prepared to perform forensic dental identification of human remains. At the completion of this course, attendees should be able to:

1) actively participate as members of an identification team with a local coroner or medical examiner;
2) direct a dental identification section in mass casualty situations; and
3) describe the role of the expert witness in court cases involving bitemark evidence.

Our 1997 Forensic Dentistry course was very well received. Here's what two attendees had to say about last year's course: "Best course I've taken in my 16 years of dentistry!" and "This course MORE than lives up to its reputation!"

This course is sponsored by the Armed Forces Institute of Pathology and the American Registry of Pathology, and will be held March 8–14, 1998, at the DoubleTree Hotel in Rockville, Md. (neighboring Washington, DC). The course awards approximately 47.25 CME credit hours. The U.S. Army Dental Corps is an ADA CERP-recognized provider. Tuition is $750 prior to February 1, 1998, and $795 afterward. Military, DoD civilians, VA, PHS, federal, state and local government employees with authorized approval (not residents or fellows) pay a discounted tuition of $300 prior to February 1 and $330 afterward. For more information, call 800.577.3749.

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"This is a unique opportunity to review all new important soft tissue tumor entities."
– Markku Miettinen, MD
Course Director
Chair, Department of Soft Tissue Pathology
Distinguished Scientist

This course is sponsored by the Armed Forces Institute of Pathology and the American Registry of Pathology, and will be held April 16–18, 1998, at the Armed Forces Institute of Pathology in Washington, DC. The course awards 24 CME credit hours. Tuition is $400. Military, DoD civilians, VA, and PHS employees with authorized approval (not residents or fellows) pay a discounted tuition of $350. Civilian residents receive a 10% discounted tuition. For more information, call John Miller at 800.577.3749.

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—Continued on page 3

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ogy and the American Registry of Pathology, and will be held May 3–9, 1998, at the Holiday Inn, Bethesda, Md. (neighboring Washington, DC). The course awards 64 CME credit hours. Tuition is $925. Military, DoD civilians, VA, and PHS employees with authorized approval (not residents or fellows) pay a discounted tuition of $365. For more information, call 800.577.3749.

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Course participants can expect to learn about:

- the structure, clinical manifestations, and surgical corrections of congenital cardiac malformations
- congenital heart disease
- pediatric cardiology and cardiovascular surgery

This course is sponsored by the Armed Forces Institute of Pathology and the American Registry of Pathology, and will be held May 27-29, 1998, in the Washington, DC metropolitan area. Exact location and tuition are to be determined. This course awards 25 CME credit hours. For more information, call John Miller at 800.577.3749.

11th Annual Course in FORENSIC ANTHROPOLOGY

This 5-day course surveys the techniques and applications of forensic anthropology—the identification of the human skeleton in medicolegal investigations. The course is designed for forensic pathologists, coroners, dentists, and other medicolegal investigators whose jobs intersect with forensic anthropologists. Morning lectures on specific technical topics or applications give students an introduction to these subject areas. Afternoon laboratories allow students to handle skeletal material in a laboratory setting. With course instructors as guides, the students apply the methods they learned from the morning lectures. Students will learn:

- Basic techniques used to locate and properly excavate human remains
- How to determine sex, age, race, stature
- How to assess trauma in skeletal remains
- The methods used to determine time time since death
- The methods of positive identification from human skeletal remains
- The role of forensic anthropology in mass disaster identification

This course is sponsored by the National Museum of Health and Medicine, AFIP, and the American Registry of Pathology, and will be held May 11–15, 1998, at the Uniformed Services University of the Health Sciences in Bethesda, Maryland. The course awards about 30 hours of CME credit. Tuition is $710. Military, DoD civilians, VA, and PHS employees with authorized approval (not residents or fellows) pay a discounted tuition of $385. For more information, call 800.577.3749.

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Abstracts of Recent Publications by AFIP Staff

UV-sensitive rodent mutant cell lines of complementation groups 6 and 8 differ phenotypically from their human counterparts.

Collins AR, Mitchell DL, Zunino A, de Wit J, Busch D.

Rodent UV-sensitive mutant cell lines of complementation groups 6 and 8 are the genetic counterparts of human Cockayne syndrome CS-B and CS-A, respectively. The original mutant in this group, UV61, was described as defective in cyclobutane pyrimidine dimer removal after high doses of UV. We have examined the responses of several cell lines from group 6 to low doses of UV irradiation, and find that these mutants have wild-type capacity for DNA repair as indicated by incision, cyclobutane pyrimidine dimer, and (6-4) photoproduct removal. ERCC6, the product of the gene defective in CS-B and group 6 mutants, is implicated in the regulation of repair of actively transcribed genes in Cockayne syndrome; however, this protein clearly is not required for the processing of low levels of damage in CHO cells, which occurs remarkably efficiently, 40–50% of dimers being removed in both wild-type and group 6 mutants in 5 hours following 0.1 Jm^{-2} of UV. The group 8 mutant cell line US31, on the other hand, is very deficient in repair of UV damage, showing a more extreme phenotype that is seen in the corresponding human syndrome CS-A. In both complementation groups, expression of mutations in a gene involved in regulation of DNA repair takes very different forms in human and rodent cells.

Environ Mol Mutagen. 1997;29:152-160.

A competitive allele-specific oligomers polymerase chain reaction assay for the *cis* double mutation in AMPD1 that is the major cause of myo-adenylate deaminase deficiency.

Fishbein WN, Davis JI, Foellmer JW, Nieves S, Merezhinskaya N.

Background: Myo-adenylate deaminase deficiency (mADD) is the most common enzyme deficiency restricted to skeletal muscle, with a frequency of 1–2% in frozen muscle biopsies and complaints of easy fatigue and muscle cramping on exertion. A double C > T transition at coding bases 34 in exon 2 and 143 in exon 3 is the main cause of mADD. A 1-day assay using allele-specific oligomers and no isotope would be valuable for single cases. *Methods and Results:* Downstream primers with penultimate mismatch and 3′ terminus matching the mutant or the normal base in exons 2 and 3 are used with a common upstream primer for each exon, to give amplimers of 150 bp for exon 2 and 200 bp for exon 3. A short common primer further downstream in exon 3 provides a competing 300-bp amplimer whose product contribution is readily controlled by adjusting the annealing temperature. The entire procedure could be done in 1 day: DNA isolation, polymerase chain reaction (PCR), electrophoresis in agarose gel with ethidium bromide, and visualization by ultraviolet light. Deficient individuals have bands only with the mutant primers, normal persons have bands only with the normal primers, and heterozygotes (carriers) show bands with both primer sets. The empty slots show the 300-bp competing band, proving the PCR amplified the correct template. Allele-specific oligomers PCR results were verified by dot blots and by restriction endonuclease analysis of exon 2. Conclusions: A simple and reliable allele-specific PCR assay using DNA from blood (or muscle) is now available for the diagnosis of individual cases of mADD caused by the common double-mutant AMPD1 gene, including the rare instances arising from homologous recombination between the two mutations.

Mol Diagn. 1997;2:121-128.

Distinguishing lipid pseudomembranes from larval cestodes by morphologic and histochemical means.

Marty AM, Chester AJ.

Background: Contributors regularly submit specimens to our institute and suggest a diagnosis of cestode infection, but the structures in question are actually lipomembranous changes that produce lipid pseudomembranes. This required a reproducible method to distinguish lipid pseudo-membranes from body walls of cestodes. *Methods:* We describe and compare the morphologic and histochemical features of specimens from 20 patients. Nine specimens represented lipid pseudomembranes, and 11 represented one of the following five entities: cysticercus, coenurus, sparganum, hydatid of *Echinococcus granulosus*, or metastatic solid-bodied cyclophyllidean (possibly cysticercoid) larval cestodes. Specimens were stained with hematoxylin-eosin, Gomori's methenamine-silver, and 72-hour oil red O. Nine patients with cestodes, and all with lipid pseudomembranes, presented with subcutaneous lesions. *Results:* In all specimens, oil red O provided marked contrast between lipid pseudomembranes and surrounding tissue, but focal or minimal contrast between larval cestodes and surrounding tissue. Unlike hematoxylin-eosin, Gomori's methenamine-silver stain produced distinctly different staining patterns in larval cestodes and lipid pseudomembranes. *Conclusions:* This technique readily permitted a simple, reproducible, and accurate distinction between lipid pseudomembranes and cestode body walls and distinguished between body walls of different cestodes.

Arch Pathol Lab Med. 1997;121:900-907.

Primary mediastinal choriocarcinomas: a clinicopathologic and immunohistochemical study of eight cases

Moran CA, and Suster S.

Primary choriocarcinoma of the anterior mediastinum is by far the rarest and most controversial form of extragonadal germ cell tumor. A clinicopathologic study of eight primary mediastinal neoplasms bearing the histopathologic and immunohistochemical features of choriocarcinoma is presented. The patients were all men between the ages of 21 and 63 years (mean, 42 years). Clinical symptoms included shortness of breath, chest paion, cough, and superior vena cava syndrome; one patient also had gynecomastia. All patients presented with large anterior mediastinal masses on chest radiographs that measured an average of 10 cm in greatest diameter. Grossly, the tumors were described as large, soft, extensively hemorrhagic, and with foci or necrosis. Histologically, they were characterized by a dual cell population composed of cytotrophoblastic cells with uniform, round nuclei, clear cytoplasm, and prominent nucleoli admixed with large, multinucleated syncytio-trophoblastic cells with bizarre nuclei, prominent nucleoli, and abundant eosinophilic cytoplasm. Immunohistochemically, the tumors were notable for strong keratin and ß-human chorionic gonadotropin (HCG) positivity. Seven patients presented at the time of diagnosis with thoracic and extrathoracic (liver, adrenal, kidney, and spleen) metastases. In one case, the tumor was entirely confined to the mediastinum. All patients died over a period of 1 to 2 months. Complete autopsies were performed in all cases; none of the patients showed evidence of a testicular tumor or scar after thorough examination of the testes on serial sectioning. The present cases demonstrate the widespread distribution of germ cells in the human body and lend further support to the existence of primary extragonadal choriocarcinoma arising in the thymic region.

Am J Surg Pathol. 1997;21:1007-1012.

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