



Paraffin  
Block

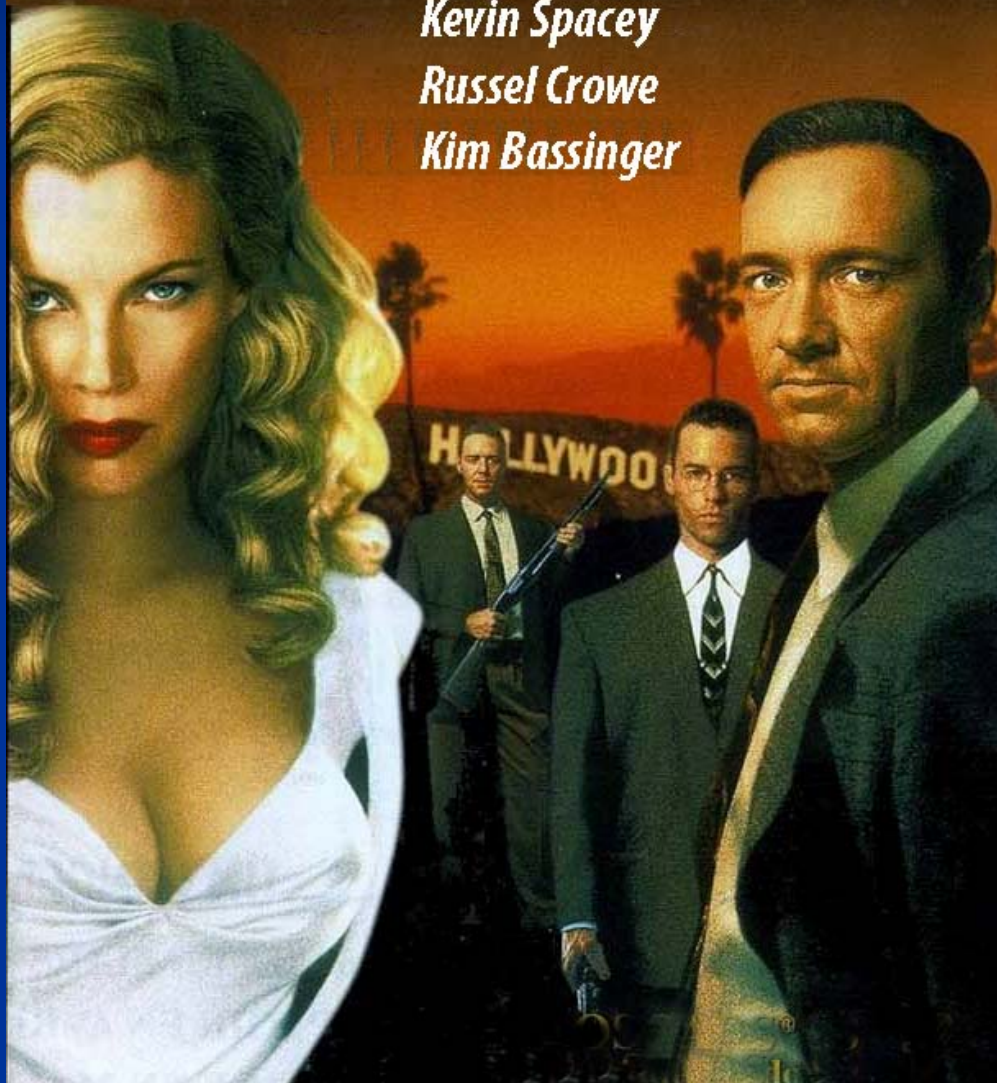
# The Doctor's Doctor

## *Melting the paraffin curtain*

Paul K. Shitabata, M.D.  
Medical Director and  
Director of Dermatopathology  
Pathology Inc.  
Torrance, CA

# *LA Confidential*

*Kevin Spacey  
Russel Crowe  
Kim Bassinger*

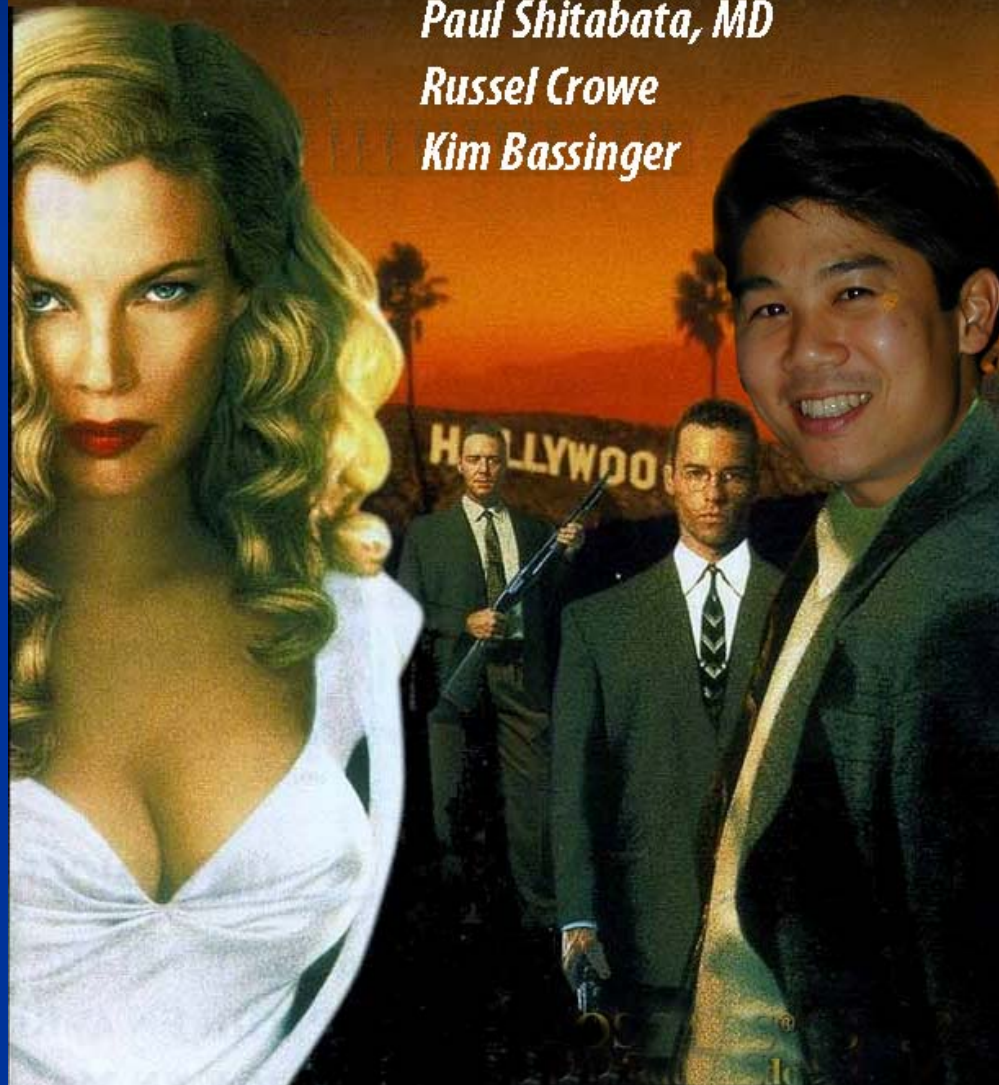


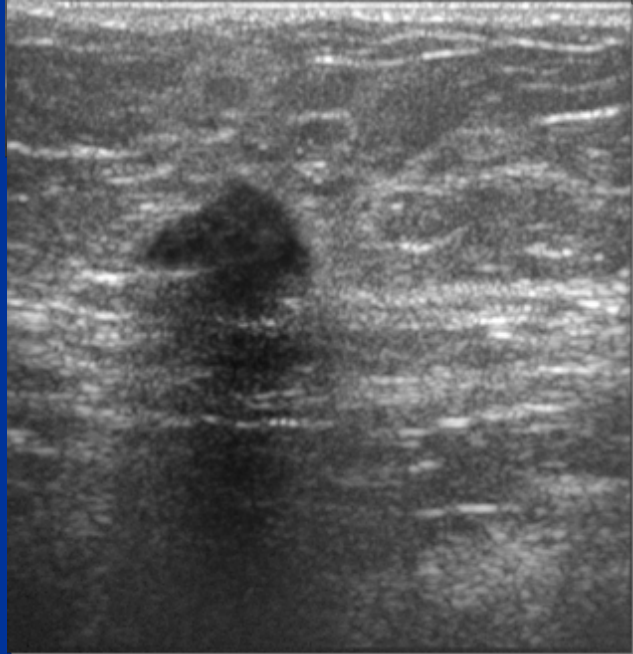
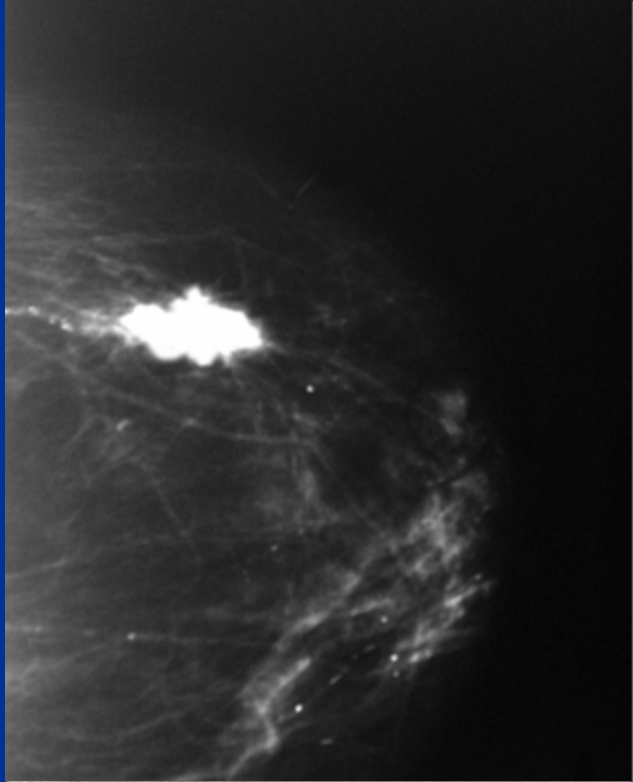
# *Pathology* **Confidential**

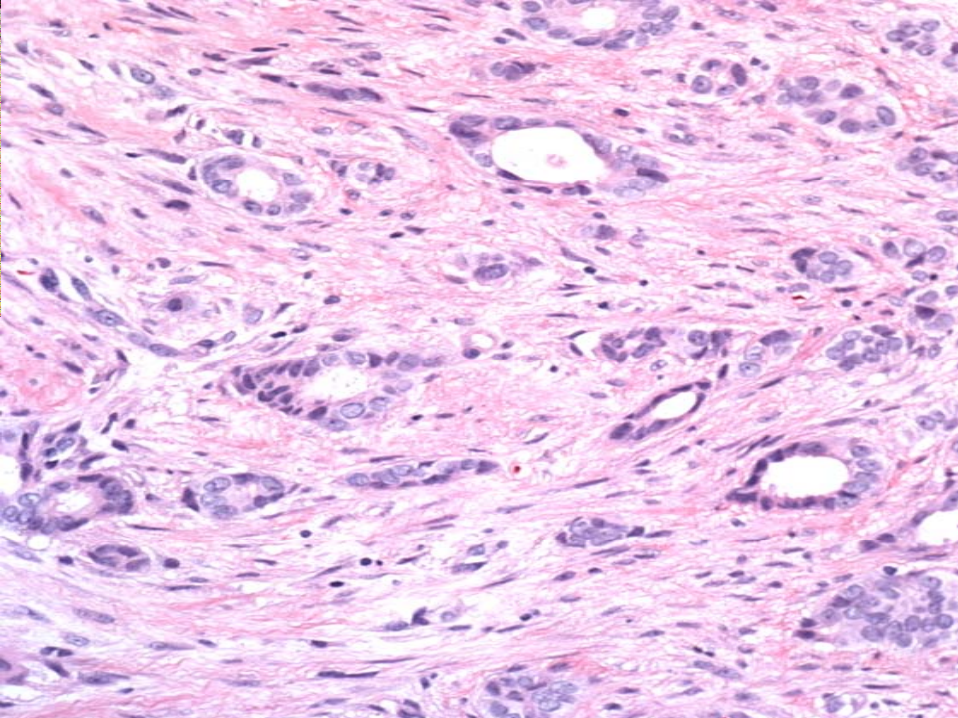
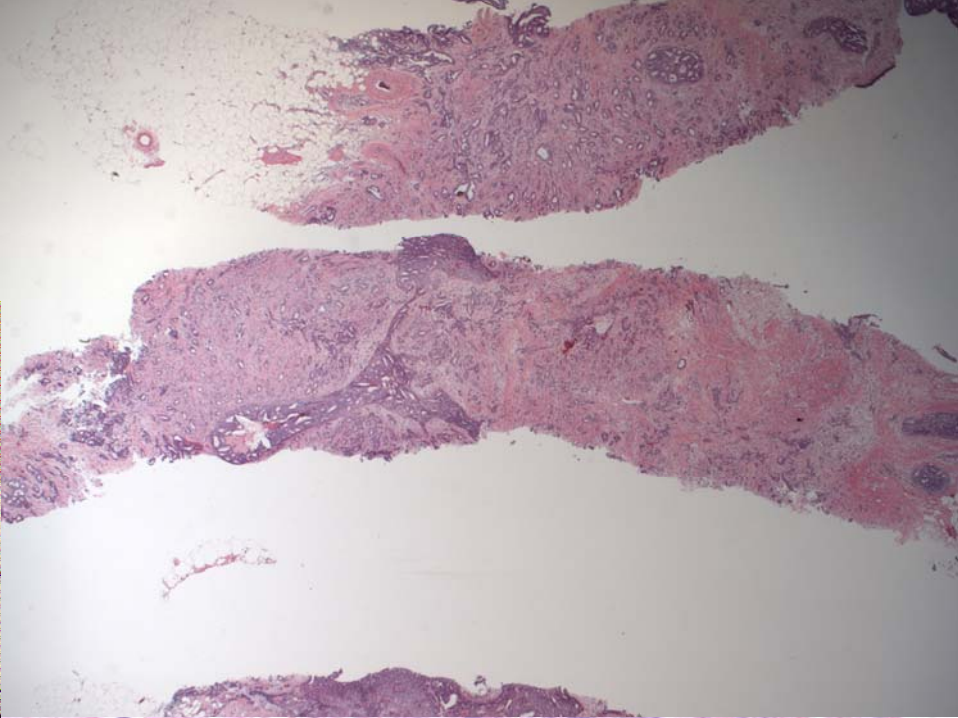
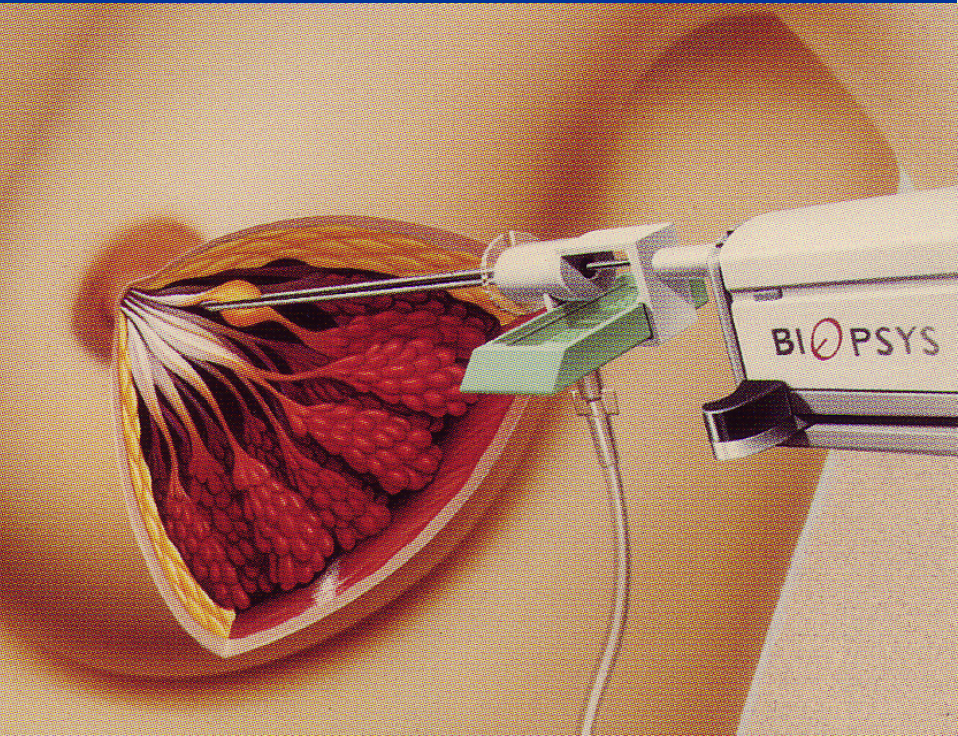
*Paul Shitabata, MD*

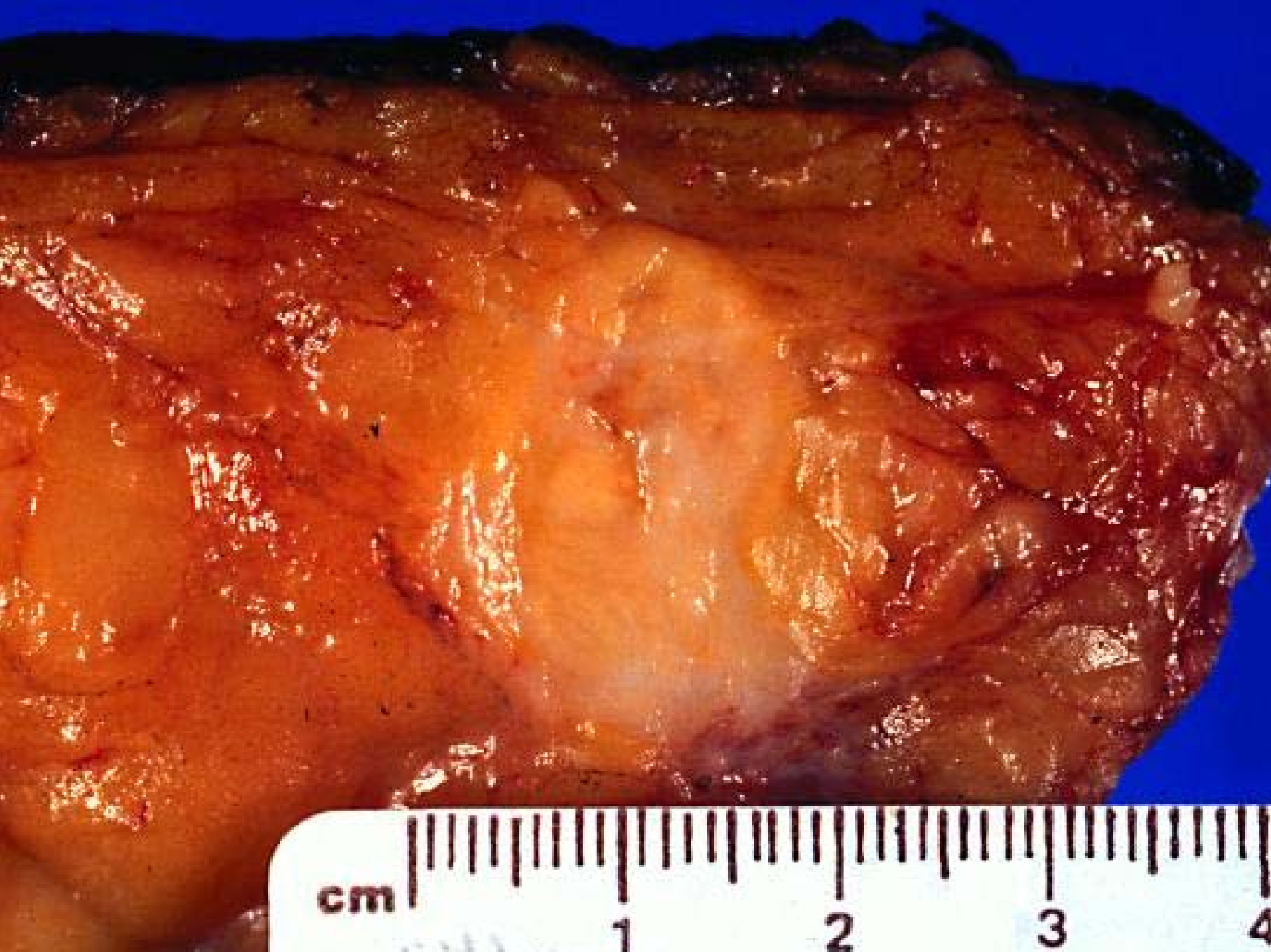
*Russel Crowe*

*Kim Bassinger*









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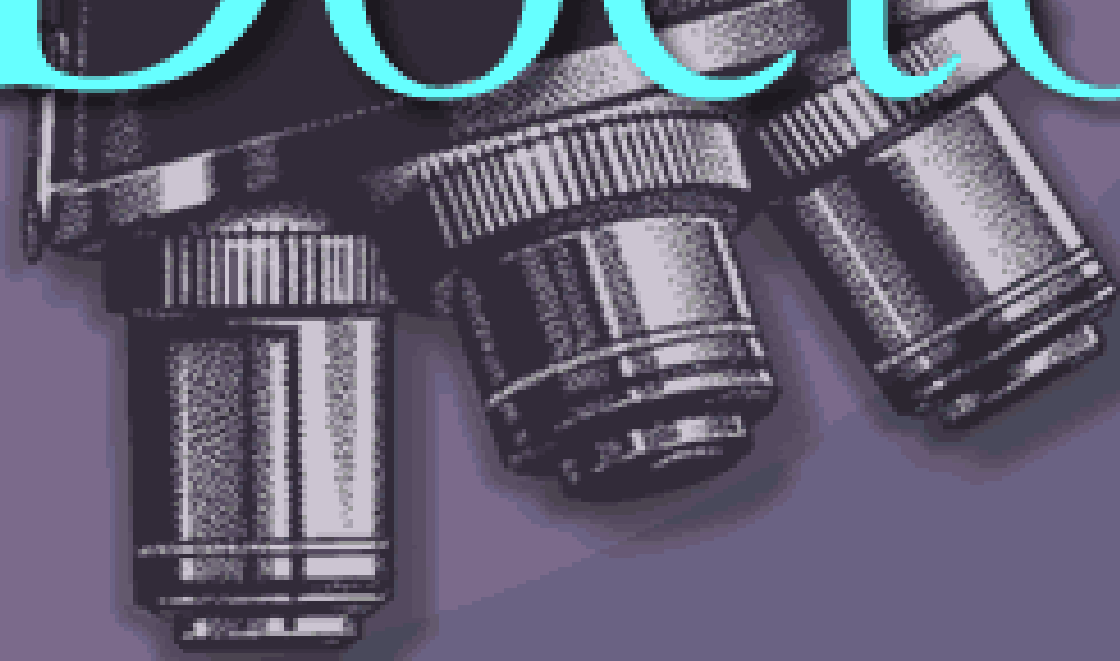
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# The Doctor's Doctor



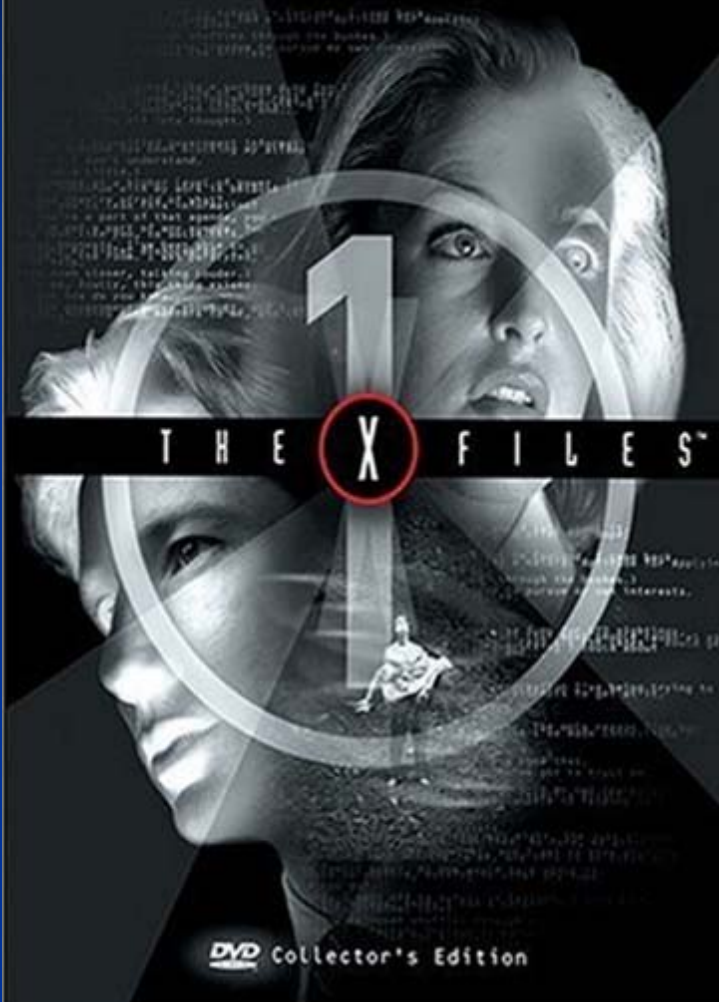






Quincy

THE COMPLETE FIRST SEASON



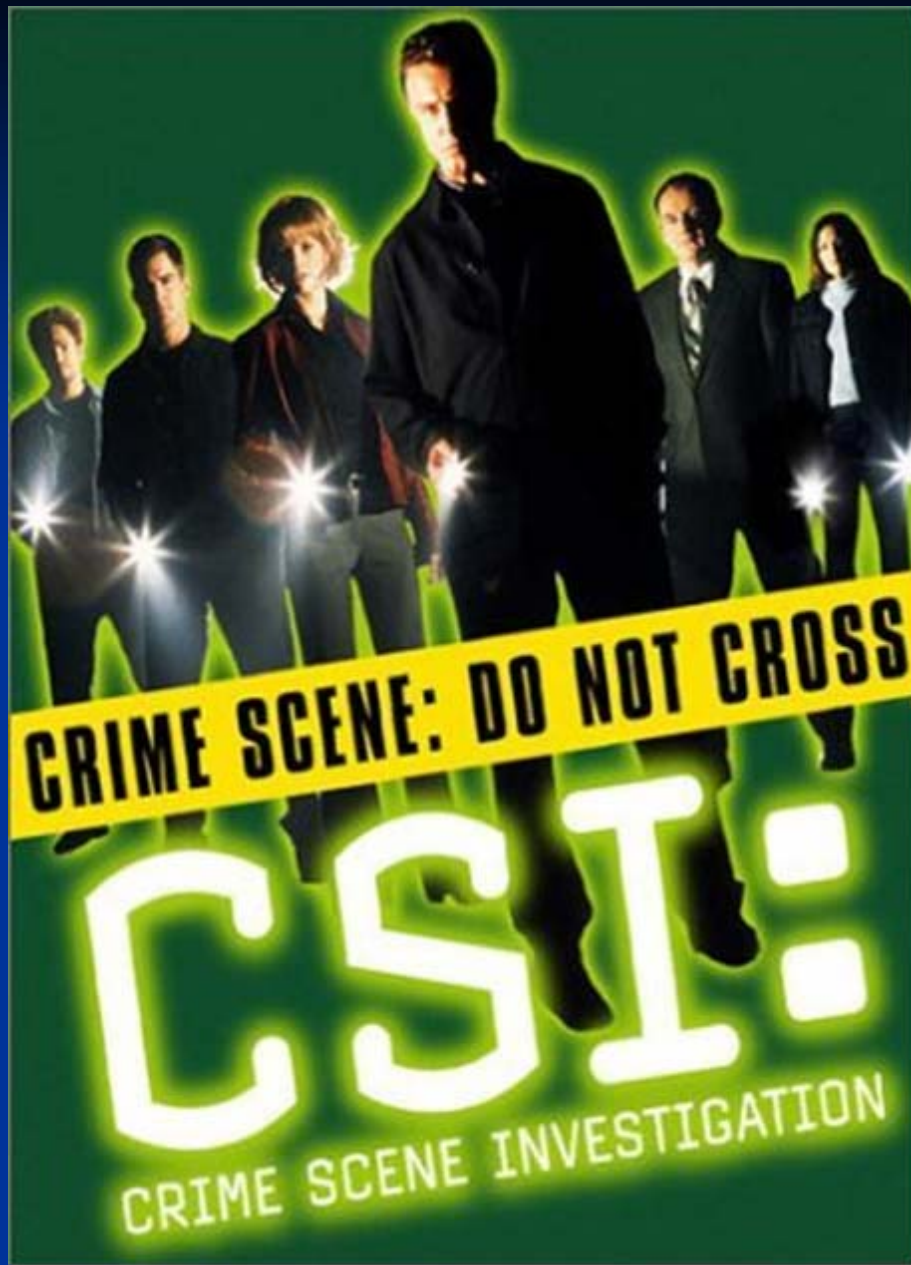
DVD Collector's Edition



“There has to be a scientific explanation for this”



“Death, like life itself, is a drama with a beginning, middle, and end.”



**CRIME SCENE: DO NOT CROSS**

**CSI:**

CRIME SCENE INVESTIGATION

**NAME:** Gil Grissom

**CSI LEVEL:** Three

**HEIGHT:** 5' 10"

**WEIGHT:** 168 lbs.

**PLACE OF BIRTH:** Santa Monica, CA

**DATE OF BIRTH:** 8/17/56

**EDUCATION:** B.S. in Biology, UCLA

**SPECIAL SKILLS:** Entomology

**MARITAL STATUS:** Single

**PREVIOUS EMPLOYMENT:** Youngest coroner in the history of L.A. County at age 22. Eight years later, a headhunter recruited him to run the Field Services Office in Las Vegas.

Grissom has spent the last 15 years helping Las Vegas move from #14 to #2 in the U.S. Crime Lab rankings.

**BIO:** Grissom grew up in Marina Del Rey,



JIM  
BRASS



SARA  
SIDLE



WARRICK  
BROWN



NICK  
STOKES



CATHERINE  
WILLOWS



GIL  
GRISSOM

#1 NEW YORK TIMES BESTSELLING AUTHOR

PATRICIA  
CORNWELL

CRUEL &

Too Late

UNUSUAL



You Do Autopsies for a Living?





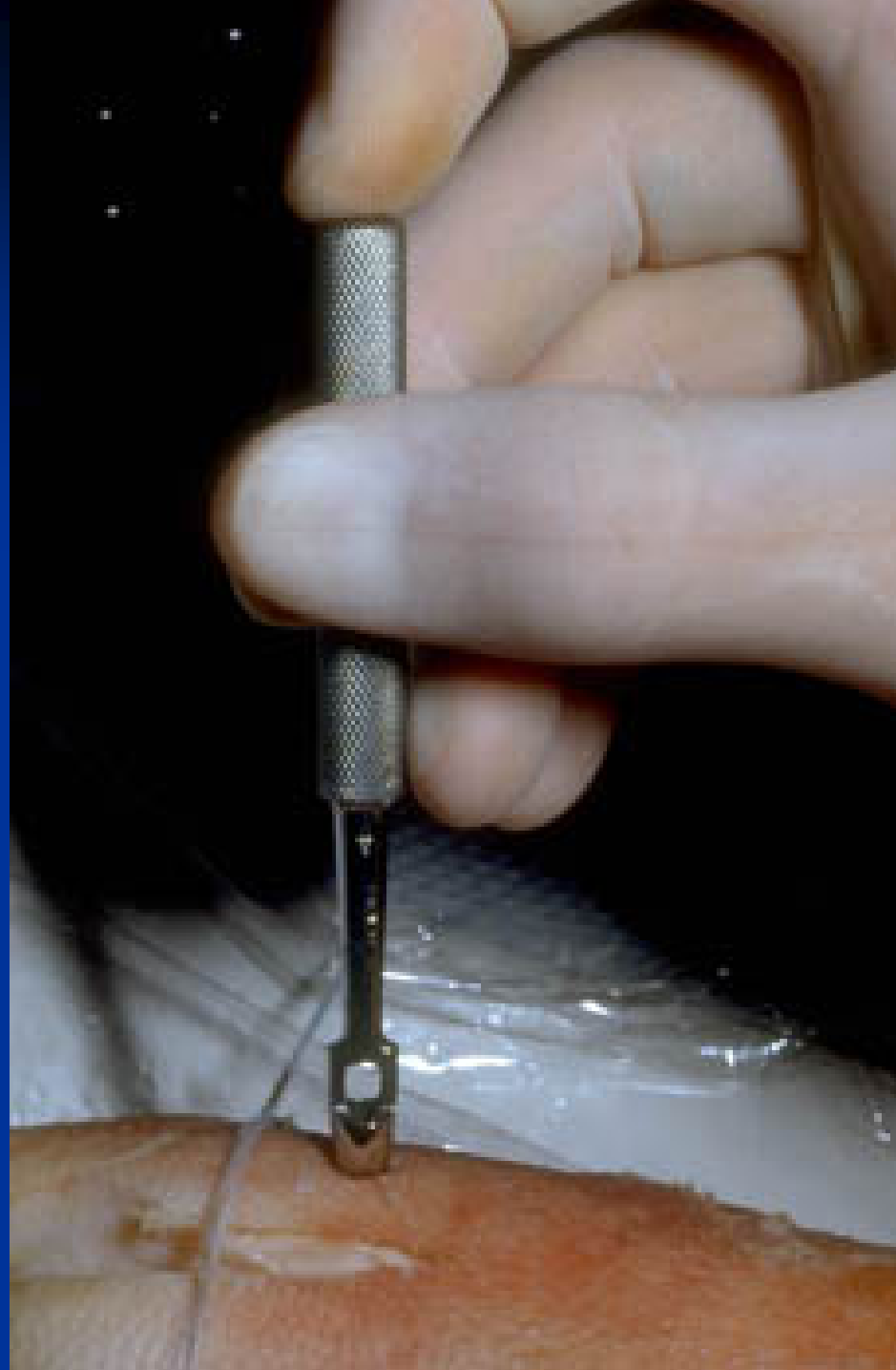
Pathologists do a job that many of us feel deeply uneasy about. They are the linchpin of modern medicine. Their work involves searching out the roots of disease, designing the best treatment for the patient and diagnosing disease. They must dissect dead bodies, sample tissue and deal with life, disease and death in a way that most of us would prefer not to confront.















The Backup Crystal is  
now Located in the Mergal





*As is our pathology so is our practice...what the pathologist thinks today, the physician does tomorrow.*

Sir William Osler, M.D.



# How Successful?

- >3 million hits/month (July 2006)
- >200,000 unique users/month
- Over 7 million users since 1999
- [www.ranking.com](http://www.ranking.com)

# THE INFORMED PATIENT

By LAURA LANDRO

**Hospitals Move to Cut Dangerous Lab Errors  
Improved Specimen Collection And Efficiency  
Help Increase Accuracy of Medical Testing**  
June 14, 2006

## Know Before You Go

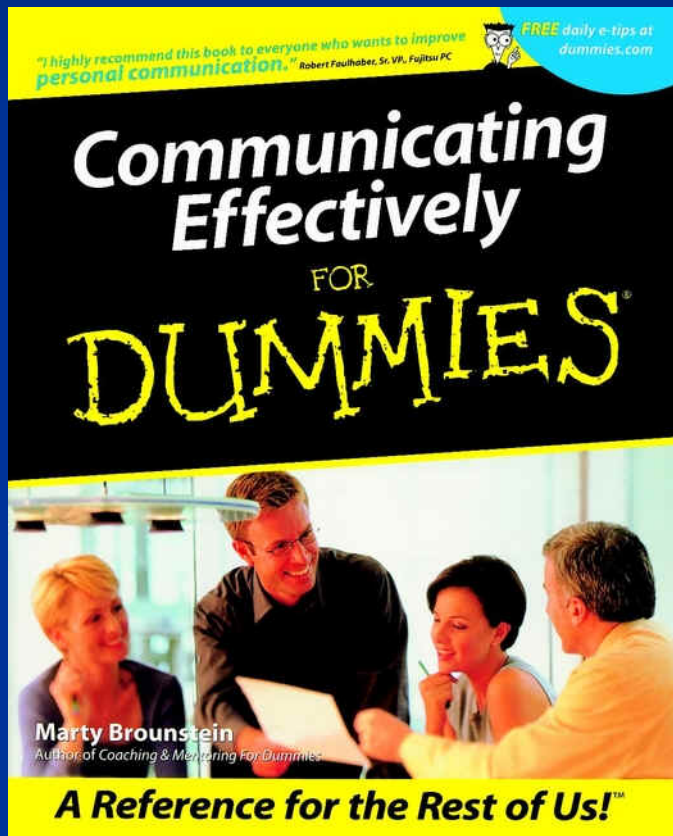
Where to find more information  
about lab reports

- **College of American Pathologists**  
[www.cap.org](http://www.cap.org)  
Consumer information about  
pathologists and help understanding  
test results
- **The Doctor's Doctor**  
[www.thedoctorsdoctor.com](http://www.thedoctorsdoctor.com)  
How to interpret laboratory, surgical  
pathology and cytology reports
- **Lab Tests Online**  
[www.labtestsonline.org](http://www.labtestsonline.org)  
Help understanding clinical terms  
and reliability of tests



Photo Researchers

# Successful but Effective?



- *Just because your voice reaches halfway around the world doesn't mean you are wiser than when it reached only to the end of the bar.*

Edward R. Murrow

*I can't give you a sure-fire  
formula for success, but I  
can give you a formula for  
failure: try to please  
everybody all the time.*

Herbert Bayard Swope

# Critics



- Choice of articles
- Explanatory Notes
- Treatment regimens
- Detailed versus Generalized
- Links

# A Cry for Help...

- I don't understand my pathology report...
- I have a disease...
- There is nothing on the web...
- My doctor cannot help me...





# Our Cry for Help?

- Organized collection of pathology literature
- Definitive resource for clinicians
- Explanation of the role of pathologists
- Partnership with hospitals, 3<sup>rd</sup> parties





# The Doctor's Doctor

This internet site is designed to help you get information about laboratory tests and diagnoses. We want you to be an informed patient who understands all aspects of a disease diagnosis. Pathologists — "the Doctor's Doctor" — oversee many of these results and can be a vital member of your health care team.

[What your diagnosis means](#)

[Who we are](#)

[News you can use](#)

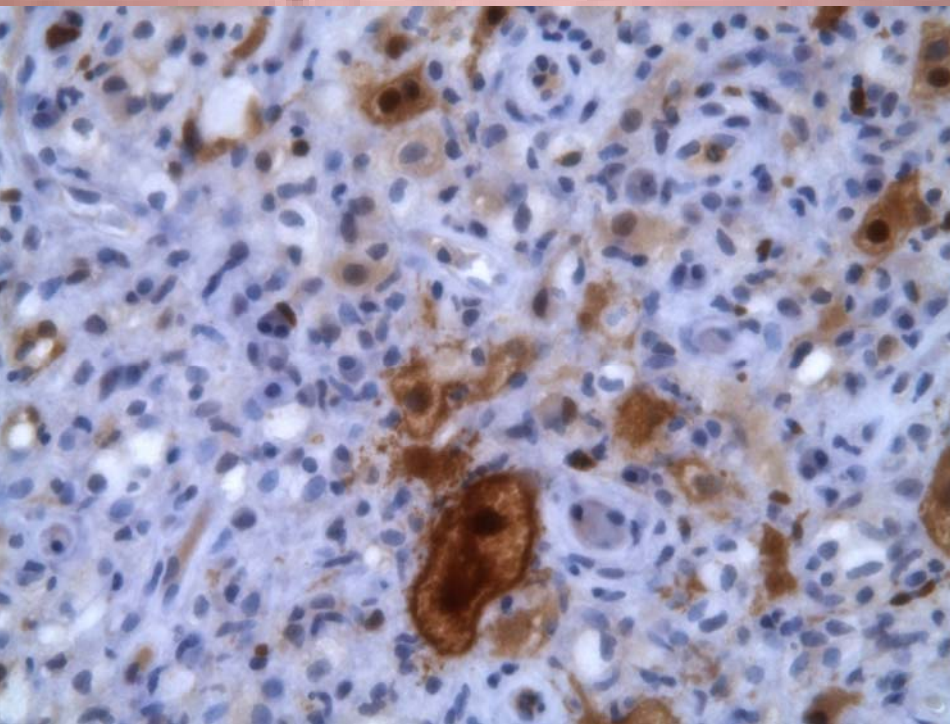
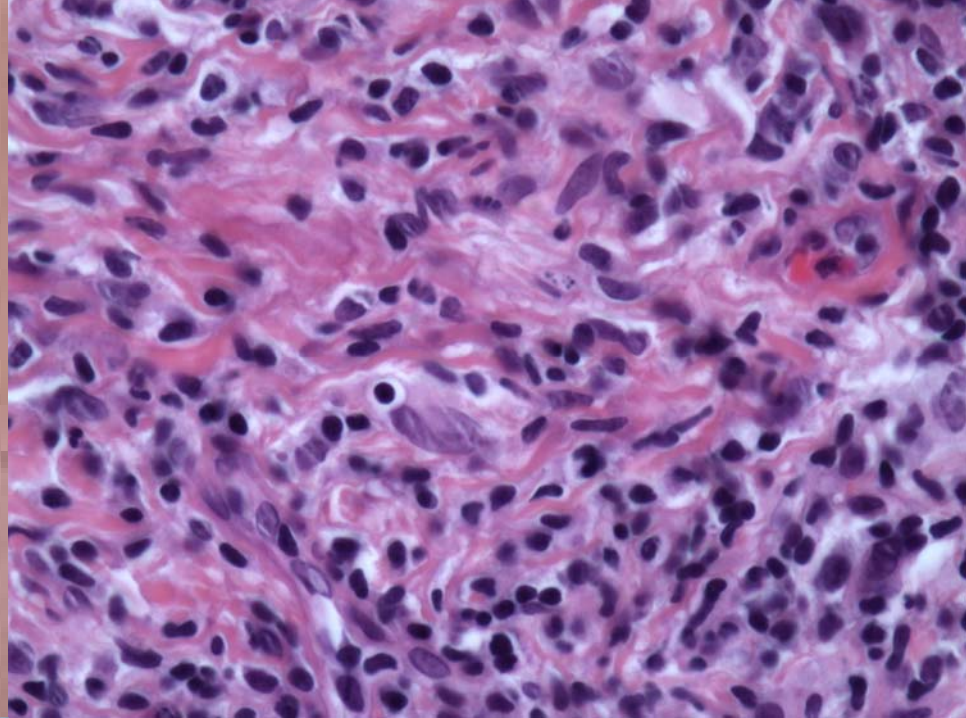
[Search](#)

[Home](#)

35 year old woman

Red raised papules over right breast

Punch biopsy taken



**What's Your  
Diagnosis?**

# Rosai-Dorfman Disease



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Rosai Dorfman Disease

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Rosai Dorfman Disease

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Web

Results 1 - 20 of

### [Rosai-Dorfman Disease \(Sinus Histiocytosis with Lymphadenopathy\)](#)

**Rosai-Dorfman disease** (extranodal sinus histiocytosis) in a patient with HIV. ... Soft tissue **Rosai Dorfman disease** mimicking inflammatory pseudotumor: a ...  
[www.thedoctorsdoctor.com/diseases/rosaidorfmandisease.htm](http://www.thedoctorsdoctor.com/diseases/rosaidorfmandisease.htm) - 97k -  
[Cached](#) - [Similar pages](#)

### [Cutaneous Rosai-Dorfman disease](#)

**Rosai-Dorfman disease**, or sinus histiocytosis with lymphadenopathy, is an uncommon, ...  
The etiology of **Rosai-Dorfman disease** is unknown although a viral ...  
[dermatology.cdlib.org/103/NYU/case\\_presentations/031604n2.html](http://dermatology.cdlib.org/103/NYU/case_presentations/031604n2.html) - 9k -  
[Cached](#) - [Similar pages](#)

### [Cutaneous Rosai-Dorfman disease](#)

Pitamber HV, Grayson W. Five cases of cutaneous **Rosai-Dorfman disease**. ... Cutaneous **Rosai-Dorfman disease** presenting as a suspicious breast mass. ...  
[dermatology.cdlib.org/121/case\\_reports/rosaiDorfman/hsu.html](http://dermatology.cdlib.org/121/case_reports/rosaiDorfman/hsu.html) - 28k -  
[Cached](#) - [Similar pages](#)

### [Rosai-Dorfman Disease](#)

**Rosai - Dorfman disease** is a rare disorder characterized by over - production (proliferation) and accumulation ...  
[www.webmd.com/hw/health\\_guide\\_atoz/nord1122.asp](http://www.webmd.com/hw/health_guide_atoz/nord1122.asp) - 47k - [Cached](#) - [Similar pages](#)

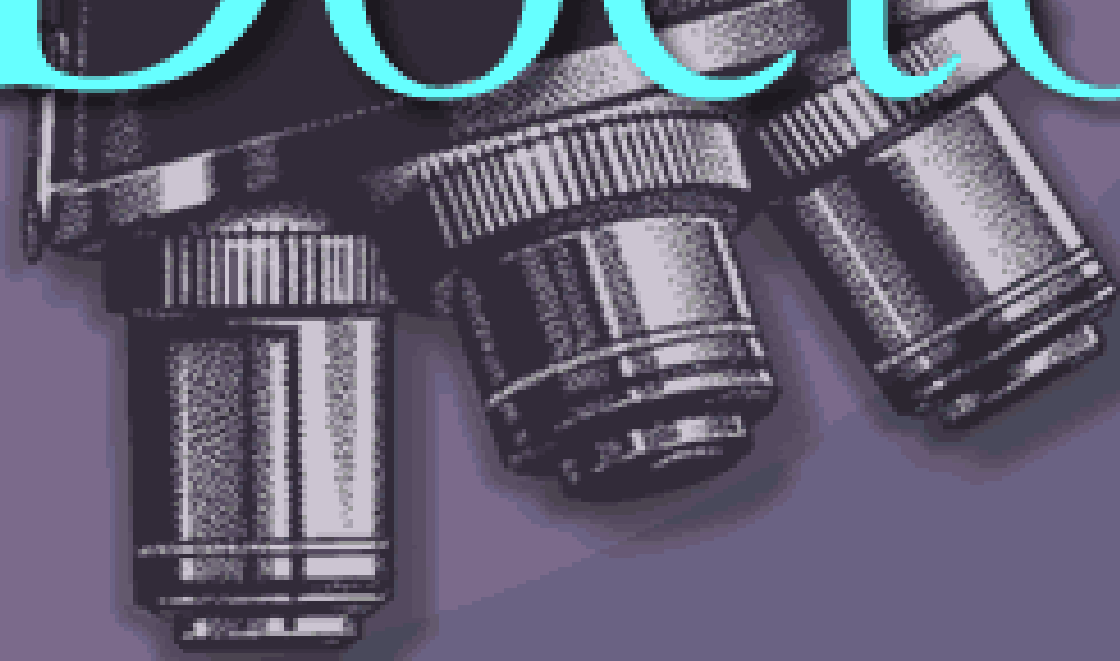
### [Rosai-Dorfman syndrome \(www.whonamedit.com\)](#)

Destombes-**Rosai-Dorfman** syndrome **Rosai-Dorfman Disease** Synonyms: Benign pseudolymphomatosis, intermittent benign lymphadenopathy, sinus histiocytosis with ...  
[www.whonamedit.com/synd.cfm/2734.html](http://www.whonamedit.com/synd.cfm/2734.html) - 12k - [Cached](#) - [Similar pages](#)

### [Rosai-Dorfman disease mimicking a sphenoid wing meningioma Sharma ...](#)

Neurol India is an peer-reviewed biomedical periodical of Neurological Society of India

# The Doctor's Doctor







Home

Translating  
a report

News &  
Links

Our  
Physicians

Search  
this site

Diseases &  
medical  
information

# Translating the Report

Patients should be more in charge of their own care. One way to do this is to learn as much about your disease as you can. Much of the information you need is already accessible, you just need to ask for it.

A copy of your laboratory, surgical pathology, and cytology reports can be requested, but most patients do not ask for copies. This web site is dedicated to keeping patients informed and in control.

We have created several web pages that can help you in your quest for knowledge.

## [Basic Principles of Disease](#)

This is a good place to start to learn about how diseases develop.

## [Common Medical Terms](#)

Medical jargon is complex. This page is a basic glossary of terms used in pathology reports.

## [Diagnostic Process](#)

Learn how a pathologist makes a diagnosis using a microscope.

## [A Typical Surgical Pathology Report](#)

Learn how a pathology report is organized and what each section means.

## [Example of a Translated Report](#)

We'll break out the parts of a typical pathology report and explain what each section means.

## [Order a Translated Report](#)

We will translate your pathology into plain English.

**Autoimmune Disorders  
(Lupus, Sjogren's Disease)**

**Bone and Joints  
(Rheumatologic)**

**Brain and Spinal Cord**

**Breast**

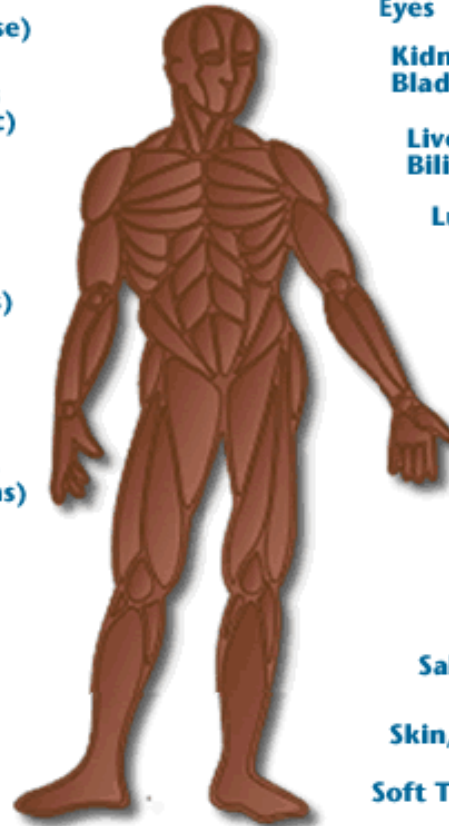
**Cardiovascular System  
(Heart and Blood Vessels)**

**Congenital and Metabolic  
Disorders (Glycogen  
Storage diseases, Amino  
Acid and Enzyme  
Deficiencies, Birth Defects  
and Genetic Malformations)**

**Endocrine Organs  
(Thyroid, Parathyroid,  
Adrenal, Pancreas,  
Pituitary)**

**Gastrointestinal Organs  
(Esophagus, Stomach,  
Intestines)**

**Blood and Lymphatic  
System (Spleen, Lymph  
nodes, Thymus)**



**Eyes**

**Kidney and Urinary  
Bladder**

**Liver, Gallbladder and  
Biliary Tree**

**Lungs**

**Head and Neck**

**Neuromuscular  
System**

**Pancreas**

**Reproductive  
Organs (Female)**

**Reproductive  
Organs (Male)**

**Salivary Glands**

**Skin, Hair and Nails**

**Soft Tissue Tumors**

**Blood Vessels (Vasculitis)**

## Background

The skin is the largest organ in the body. We don't often think of the skin as an organ, but it provides important functions besides providing us our beauty. It is one of first immune barriers to the outside world and is an active site of the immune system processing and destroying foreign proteins and molecules. Unfortunately, because of its large size, it is subject to the brutalizing rays of the sun and other environmental challenges, accounting for many diseases as well as skin cancers. Pathologists who specialize in the diagnosis of skin diseases are called [dermatopathologists](#). They are required to have training in clinical dermatology as well as pathology in order to completely understand how skin diseases present in the patient.

- [Acantholytic Dyskeratoses](#)
- [Acanthomas](#)
- [Cysts \(Epidermal Inclusion Cysts, Sebaceous Cysts, Pilar Cysts\)](#)
- [Collagen, elastic fibers, and dermal diseases \(Scar, Morphea\)](#)
- [Ectodermal Dysplasia](#)
- [Epidermolytic Hyperkeratoses](#)
- [Epidermal Nevus \(ILVEN\)](#)
- [Gangrene](#)
- [Hair and Nails \(Alopecia, Baldness\)](#)
- [Histiocytoses \(Langerhans and Non-Langerhans\)](#)
- [Ichthyoses](#)
- [Keratodermas](#)
- [Keratoses \(Actinic Keratosis, Seborrheic Keratosis\)](#)
- [Panniculitis \(Inflammation of the fat\)](#)
- [Perforating Disorders](#)
- [Photosensitive Disorders](#)
- [Pigmented and Hypopigmented Lesions \(Moles, Dysplastic Nevus, Melanoma, Vitiligo\)](#)
- [Porokeratosis](#)
- [Rashes and Blistering Diseases \(Bullous Pemphigoid, Pemphigus\)](#)
- [Skin Cancers and Tumors of the Skin Adnexal Epithelium \(Basal Cell Carcinoma, Squamous Cell Carcinoma\)](#)
- [Skin Lymphomas \(Mycosis Fungoides, CTCL\)](#)
- [Skin Pseudolymphomas](#)
- [Skin Syndromes \(Cowden syndrome, Turban Tumor Syndrome\)](#)
- [Xeroderma pigmentosum](#)



# Diseases and Conditions

[Home](#) [Translating Report](#) [News & Links](#) [Physicians](#) [Diseases](#) [Body Sites](#) [Lab Tests](#) [Search](#)

This is a general list of important diseases and conditions. Individual diseases may be found within different groups, not listed here. For example, many skin rashes may be secondary to an infection and may be listed under *Infections and Microbiology*. Some diseases, such as *Alcoholism*, are not easily defined by any one organ system or disease process and are listed separately. If you do not find the disease you are looking for, use the [Search](#) button on the panel above.

- **General Information**
  - [How Accurate are Laboratory Tests?](#)
  - [What is Cancer?](#)
  - [Commonly Used Terms in Pathology](#)
- [Alcoholism](#)
- [Alpha-1-Antitrypsin Deficiency](#)
- [Amyloidosis](#)
- [Angiomyolipoma, Extrarenal](#)
- [Atherosclerosis](#)
- [Autoimmune Disorders \(Lupus, Dermatomyositis, Sjogren's syndrome, etc.\)](#)
- [Behcet Disease](#)
- [Bone and Joint Tumors](#)
- [Calciphylaxis](#)
- [Carney Complex](#)
- [Common Variable Immunodeficiency](#)
- [Congenital Metabolic Disorders \(Inherited Disorders\)](#)
- [Diabetes](#)
- [Carcinoma-See Body Sites](#)
- [CD4+ T Lymphocytopenia](#)
- [Childhood Diseases \(Pediatric Pathology\)](#)
- [Erdheim-Chester Disease](#)
- [Erythema Induratum \(Nodular Vasculitis\)](#)
- [Extra-Gonadal Germ Cell Tumors](#)



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- [Childhood Diseases \(Pediatric Pathology\)](#)
- [Erdheim-Chester Disease](#)
- [Erythema Induratum \(Nodular Vasculitis\)](#)
- [Extra-Gonadal Germ Cell Tumors](#)

## Background

This fascinating disorder is also known as *Sinus Histiocytosis with Massive Lymphadenopathy*. It commonly presents as massive, painless, bilateral lymph node enlargement in the neck with fevers. Most cases occur in the first or second decade of life and have a predilection for blacks. Rarely sites other than the lymph nodes can be involved including the central nervous system, eyes, upper respiratory tract, skin, and head and neck region. Interestingly, the spleen and bone marrow have been spared. These extranodal cases occur in up to 25% of cases. However, in all nodal cases, at least 43% have at least one site of extranodal disease. The association is dependent upon the site of the extranodal disease. For example, all patients with salivary gland involvement had nodal disease while only 50% of patients with central nervous system disease have nodal disease.

Some cases have responded to chemotherapy but many times the disease undergoes spontaneous resolution. In others, an insidious course develops for years or decades. This is more common in the extranodal cases.

The cause is still unknown although a viral etiology is suspected. Molecular studies have found no evidence of clonal rearrangement implying that this disease is a reactive rather than neoplastic condition.

# Disease Outline

Epidemiology

Disease Associations

Pathogenesis

Laboratory/Radiologic/Other Diagnostic Testing

Clinical Variants

Histopathological Features and Variants

Special Stains/Immunohistochemistry/Electron Microscopy

Differential Diagnosis

Prognosis

Treatment

Commonly Used Terms

Internet Links

**EPIDEMIOLOGY****CHARACTERIZATION****SYNONYMS**

Sinus Histiocytosis with Massive  
Lymphadenopathy  
Destombes-Rosai-Dorfman disease

**INCIDENCE**

Very rare, probably less than 1000 cases  
reported in the literature



AUTOIMMUNE  
LYMPHOPRO-  
LIFERATIVE  
SYNDROME

**Histologic Features  
of Sinus  
Histiocytosis With  
Massive  
Lymphadenopathy  
in Patients With  
Autoimmune  
Lymphoproliferative  
Syndrome.**

**Maric I, Pittaluga S,  
Dale JK, Niemela JE,  
Delsol G, Diment J,  
Rosai J, Raffeld M.**

Am J Surg Pathol. 2005 Jul;29(7):903-911. Abstract quote

Autoimmune lymphoproliferative syndrome (ALPS) is an inherited disorder associated with defects in Fas-mediated apoptosis, characterized most often by childhood onset of lymphadenopathy, splenomegaly, hypergammaglobulinemia, and autoimmune phenomena. Children with sinus histiocytosis with massive lymphadenopathy (SHML) have a somewhat similar clinical phenotype in which prominent adenopathy also is associated with hypergammaglobulinemia, and autoimmune phenomena are reported in 10-15% of cases.

**LABORATORY/  
RADIOLOGIC/  
OTHER TESTS**

**CHARACTERIZATION**

**Laboratory Markers**

**Serum  
electrophoresis**

Majority have polyclonal elevation of IgG though there are 4 documented cases of monoclonal gammopathy

**Erythrocyte  
sedimentation rate**

Elevated in 88.5% of cases

PATHOGENESIS	CHARACTERIZATION
<b>GENERAL</b>	
<b>HUMAN HERPES VIRUS</b>	
<p data-bbox="369 1145 708 1230"><b>Cutaneous Destombes-Rosai-</b></p>	<p data-bbox="795 359 1546 459">J Cutan Pathol 2002;29:113-118 Abstract quote</p> <p data-bbox="795 511 1546 973">Background: We report three new cases of cutaneous Destombes-Rosai-Dorfman disease (DRDD). Two were skin-limited, and one was associated with systemic involvement. In all cases typical large S100 positive macrophages with emperipolesis were present, but different patterns were seen. A viral etiology has long been suspected in DRDD.</p> <p data-bbox="795 1053 1546 1245">Methods: Thus, all cases were investigated for presence of HHV-6 major capsid protein gene by polymerase chain reaction (PCR), and for presence of HHV-8</p>

**GROSS  
APPEARANCE/  
CLINICAL VARIANTS**

**CHARACTERIZATION**

SKIN	
<p><b>Histologic features of cutaneous sinus histiocytosis (Rosai-Dorfman disease): study of cases both with and without systemic involvement.</b></p> <p><b>Chu P, LeBoit PE.</b></p> <p><b>Department of Dermatology, School of Medicine, University of California, San</b></p>	<p>J Cutan Pathol 1992 Jun;19(3):201-6 Abstract quote</p> <p>Sinus histiocytosis with massive lymphadenopathy (Rosai-Dorfman disease) is a systemic proliferation of cells that resemble the sinus histiocytes of lymph nodes. Whereas initial reports highlighted the often striking cervical adenopathy, more than 40% of patients have extranodal involvement. Cutaneous lesions are the most common form of extranodal disease, but cases that present as cutaneous disease without lymph node involvement are rare.</p> <p>We examined biopsies from three patients with cutaneous lesions of sinus histiocytosis, none of whom had detectable systemic involvement, and compared them to those of two patients whose lymph nodes were involved by the disease. The histology of skin lesions in all five cases showed dense nodular or diffuse infiltrates of "histiocytes," emperipolesis of lymphocytes, neutrophils, and plasma cells. "Histiocytes" were present in lumens of dilated lymphatics. At the peripheries of the lesions were lymphoid aggregates and thick-walled</p>

LARYNX	
<p><b>Rosai-Dorfman disease of the larynx.</b></p> <p><b>Aluffi P, Prestinari A, Ramponi A, Castri M, Pia F.</b></p> <p><b>Department of Otorhinolaryngology, University of Piemonte Orientale, Novara, Italy</b></p>	<p>J Laryngol Otol 2000 Jul;114(7):565-7 Abstract quote</p> <p>We present a case of an 81-year-old man with a history of worsening dysphonia of six months duration.</p> <p>A year before a sinus histiocytosis with massive lymphadenopathy (Rosai-Dorfman disease) was diagnosed on a submandibular lymph node biopsy. On presentation the patient showed a mass in the left subglottic area with a modest reduction in the airway space. The patient underwent an endoscopic CO2 laser excision of the mass, without post-operative complications.</p> <p>Histopathological examination and electron microscope images confirmed the previous diagnosis of Rosai-Dorfman disease. The clinical and pathological features of this entity are discussed.</p>
ORBIT/EYELID	
<p><b>Relapsing bilateral uveitis and papilledema in sinus histiocytosis with massive lymphadenopathy (Rosai-Dorfman disease).</b></p>	<p>Eur J Ophthalmol 1995 Jan-Mar;5 (1):59-62 Abstract quote</p> <p>Sinus histiocytosis with massive lymphadenopathy (Rosai-Dorfman disease) is a non-hereditary histiocytic proliferative disorder affecting young people, with extranodal manifestations</p>

**HISTOLOGICAL  
TYPES****CHARACTERIZATION****CRYSTALS****Crystal  
Deposition in a  
Case of  
Cutaneous Rosai-  
Dorfman Disease.**

Motta L,  
McMenamin ME,  
Thomas MA,  
Calonje E.

From the  
\*Department of  
Dermatopathology,  
St. John's Institute  
of Dermatology, St.  
Thomas' Hospital,  
London, UK;  
daggerDepartment  
of Histopathology,  
St. James's Hospital,  
Dublin, Ireland; and  
double daggerAl

Am J Dermatopathol. 2005 Aug;27  
(4):339-342. Abstract quote

Rosai-Dorfman Disease (RDD) is an idiopathic reactive proliferation of distinctive histiocytes that have abundant cytoplasm and commonly exhibit intracytoplasmic ingestion of inflammatory cells (emperipolesis). The histiocytes are immunopositive for S100 protein and are typically associated with an infiltrate of lymphocytes, plasma cells, and neutrophils. The classic clinical presentation is massive enlargement of (usually) cervical lymph nodes with a histologic appearance that mimics exaggerated sinus histiocytosis. RDD can also involve extra-nodal sites and skin involvement is common either as part of disseminated disease or as a result of primary disease.

We report an exceptional case of cutaneous RDD with crystal deposition in a young male presenting with skin nodules. Skin biopsy showed classic features of cutaneous RDD with the additional feature of conspicuous rhomboidal and needle-shaped crystals

SPECIAL STAINS/ IMMUNOPEROXIDASE	CHARACTERIZATION
Special stains	
Immunoperoxidase	<p>Hum Pathol 1989; 20:711-715</p> <p>Histiocytic cells are strongly positive for S100</p>
<p><b>Immunophenotypic characterization of sinus histiocytosis with massive lymphadenopathy (Rosai-Dorfman disease).</b></p> <p><b>Eisen RN, Buckley PJ,</b></p>	<p>Semin Diagn Pathol 1990 Feb;7 (1):74-82 Abstract quote</p> <p>Histochemical and immunohistochemical studies have been reported in only a few cases of sinus histiocytosis with massive lymphadenopathy (SHML) to date. These indicate that SHML cells belong to the macrophage/histiocyte family, but their exact origin is still unknown.</p> <p>We determined the antigenic phenotype of SHML cells in sections from 20 cases of routinely fixed, paraffin-embedded tissue and from two cases of fresh frozen tissue using a broad panel of antibodies to macrophage/histocyte, B-, and T-cell antigens. SHML cells expressed the</p>

DIFFERENTIAL DIAGNOSIS	KEY DIFFERENTIATING FEATURES
<b>LYMPHOMA</b>	
<p data-bbox="464 391 776 629"><b>Emperipolesis in a case of B-cell lymphoma: A rare phenomenon outside of Rosai-Dorfman disease.</b></p> <p data-bbox="464 676 788 796"><b>Lopes LF, Bacchi MM, Coelho KI, Filho AA, Bacchi CE.</b></p>	<p data-bbox="807 177 1367 254">Ann Diagn Pathol. 2003 Oct;7(5):310-3. Abstract quote</p> <p data-bbox="807 311 1405 762">We describe a case of a diffuse large B-cell lymphoma with extensive emperipolesis phenomenon. Light microscopy revealed numerous CD68-positive/S-100-negative histiocytes containing viable neoplastic hematopoietic cells in their cytoplasm. Electron microscopy confirmed these findings. In this case, there was no evidence of Rosai-Dorfman disease either clinically or histologically.</p> <p data-bbox="807 819 1393 976">This report emphasizes that emperipolesis is not restricted to Rosai-Dorfman disease and can be found in other conditions including non-Hodgkin lymphomas.</p>
<u><b>Rhinoscleroma</b></u>	
	<p data-bbox="807 1062 1363 1139">Am J Surg Pathol 1994 Jan;18(1):83-90 Abstract quote</p> <p data-bbox="807 1196 1405 1428">Six men who had undergone hip replacements for degenerative joint disease or trauma subsequently had radical prostatectomies or cystoprostatectomies with bilateral pelvic lymph node dissections for adenocarcinoma of the</p>

## PROGNOSIS

Cancer 1984 Nov 1;54(9):1834-40  
Abstract quote

**Sinus histiocytosis with massive lymphadenopathy. An analysis of 14 deaths occurring in a patient registry.**

**Foucar E, Rosai J, Dorfman RF.**

Sinus histiocytosis with massive lymphadenopathy (SHML) is generally regarded as a benign disorder in spite of its propensity to form large masses and to disseminate to both nodal and extranodal sites. Although in most patients the extent of SHML does not appear to determine disease outcome, recent reports have documented that infiltrates of SHML can cause death.

To gain perspective on the role of SHML in patient deaths in this population, the authors analyzed the 14 known fatalities in an SHML registry comprising 215 patients.

The average age at death was 33 years. Autopsy was performed on eight patients. SHML infiltrates were clearly the cause of death in only two patients (previously reported). In another four cases persistent SHML was prominent at death. The other deaths were the result of complications of defined immunologic abnormalities (five), or of unusual infections (three). The authors have not seen an example of cytologic malignant transformation of SHML.



<b>TREATMENT</b>	
<p><b>Chemotherapy</b></p>	<p>Semin Diagn Pathol 1990; 7:83-86</p> <p>Most effective regimens in a review of many cases include a vinca alkaloid combined with an alkylating agent and corticosteroid</p> <p>Overall the response rates are inferior to those seen in other hematopoietic diseases such as malignant lymphoma or Histiocytosis X</p>
<p><b>Radiation therapy</b></p>	<p>Semin Diagn Pathol 1990; 7:83-86</p> <p>Review of 34 patients found 10/34 with complete or partial response 6/18 with dose specified RT had favorable responses</p> <p>Usually utilized for threatened function such as spinal cord compression or respiratory embarrassment</p> <p>Overall, responses were inferior to those expected with malignant hematopoietic neoplasms</p>

# Medical News You Can Use

- ...*We are waiting for the results...*
- Updates
- Regional and National Distribution

The screenshot shows a Microsoft Internet Explorer browser window displaying the website 'The Doctor's Doctor'. The page title is 'News You Can Use'. The main heading is 'Medical News You Can Use'. Below this, there is a paragraph of text: 'So much of medical news is influenced by or produced from results generated from the laboratory. For a completely different view of current medical news, interpreted through the pathologists of The Doctor's Doctor, click on the following news links.' Below this text is a section titled 'Recent Stories in the News' with a grid of links: 'Melanoma', 'Herceptin', 'Thyroid Nodules and Tipper Gore', 'The X Files and Paget's Carcinoma', and 'Casey Martin's Struggle', 'John McCain's Melanoma'. Below the grid is a featured article titled 'Melanoma-Is there an epidemic?' with a small image of a person and the word 'Melanoma'. The text of the article states: 'The overall incidence of early melanoma is increasing. A recent population based study found an increase in the early and advanced disease. [Click here for the complete story and analysis.](#)' Below this is another article titled 'Herceptin and breast cancer-Why therapy begins in the laboratory' with the text: 'On Sept. 25, 1998, the FDA approved the use of a genetically engineered...'. The browser's address bar shows 'http://www.thedoctorsdoctor.com/news.html'. The taskbar at the bottom shows the Start button and several open applications including 'News and U...', 'Site - The Do...', 'Microsoft Po...', 'Personal Fild...', 'CNN.com - M...', 'Tribes-PUB...', and 'Microsoft Exc...'. The system clock shows '4:12 PM'.

# Paget's Carcinoma?

- Humor
- Information
- Dynamic Role on Health Care Team



The screenshot shows a Microsoft Internet Explorer browser window with the title bar "The X Files and Paget's Carcinoma - Microsoft Internet Explorer". The address bar contains the URL "http://www.thedoctorsonline.com/diseases/xfes.html". The webpage content includes a navigation menu with links for Home, Trending Report, News & Links, Physicians, Diseases, Body Maps, Lab Tests, and Search. The main heading is "The X Files and Paget's Carcinoma: the story behind the story". Below the heading is a small image of a "THE X FILES" box set. The text on the page discusses the connection between the TV show and the medical condition, mentioning Agent Scully's role as a pathologist and the historical use of the term "Paget's disease" for various types of cancer.

**The X Files and Paget's Carcinoma:**  
the story behind the story

I was watching the latest episode of The X Files this past Sunday night. I was dismayed to hear Agent Scully, the pathologist, state that Agent Mulder's mother killed herself rather than die in pain from Paget's Carcinoma. Apparently she performed an autopsy on his mother at his request.

I was dismayed because a good pathologist would never make such an ambiguous statement without a qualifying comment.

Paget's name has been applied to at least three diseases: Paget's disease of the breast, Extramammary Paget's disease, and Paget's disease of the bone. The first two diseases are carcinomas while the latter is associated with a greatly increased risk of bone cancers.

Paget's disease of the breast often begins as scaly lesion on the nipple that doesn't respond to the usual topical treatments. This often leads to a nipple biopsy where the pathologist will find the characteristic cancer cells haphazardly spreading throughout the epidermis, creating a buckshot-like pattern. This pattern has also been termed pagetoid spread, because of its characteristic association with the disease. The importance of the diagnosis centers on the association of an underlying carcinoma in the same breast, which some investigators have found in up to 100% of cases.

Extramammary Paget's disease, as the name suggests, shows the characteristic histologic changes in skin overlying areas other than the breast. It is most commonly seen around the genitals in women and may require very disfiguring surgery.

Paget's disease of the bone is most likely caused by a paramyxovirus. It occurs in one or more bones and usually occurs in the skull, vertebral column, and femur although all bones can be affected. The hallmark is enlarged and thickened bone that is extremely brittle and subject to fractures. Fractures may compress the

*The way to become boring  
is to say everything.*

Voltaire

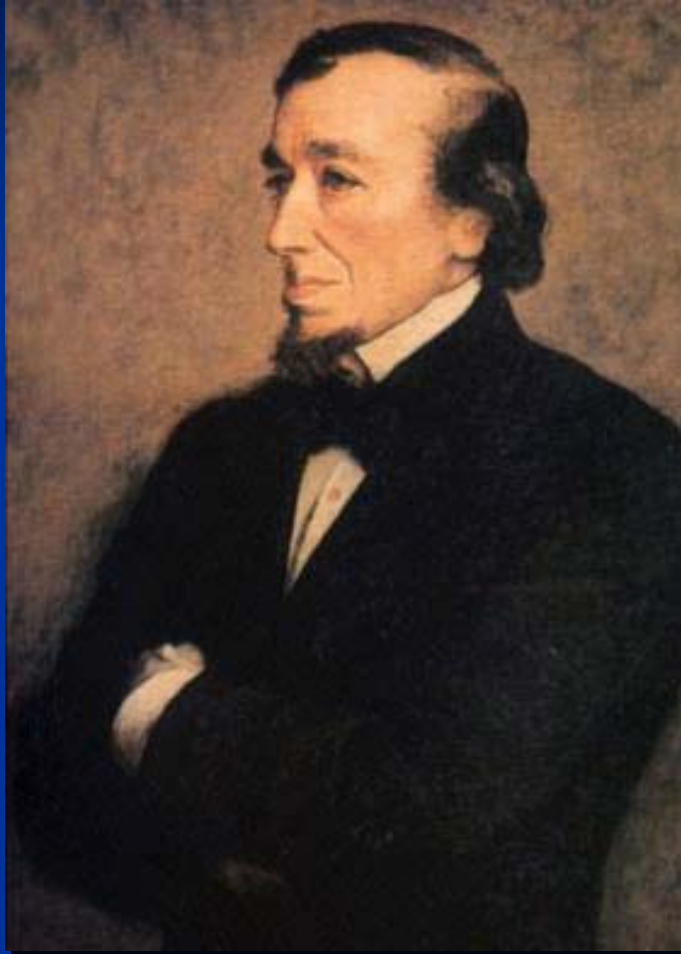
**Can a pathologist make a difference?**



*"Please allow me to thank you for posting your article on vestibular papillomatosis. I only wish I had seen it 10 months ago! Your comparison of symptoms is something that I have now forwarded on to the three doctors who misdiagnosed my condition as HPV. It makes it quite clear how one can distinguish between the two conditions. Talking to my family doctor who is in the US...and doing web research on HPV, I simply could not understand how what I was experiencing was being diagnosed as such. I tried very harsh chemical treatments and almost underwent laser surgery at these Dr's suggestion.*

*Luckily, I continued to question why nothing about what I was experiencing was consistent with HPV and why the treatment was certainly having no beneficial effect. If anything, the treatments made me much more uncomfortable and ill. Anyway, I just wanted to let you know that my new doctor who finally diagnosed vestibular papillomatosis pointed me to your web page to help convince me that he was right. After 10 months of this nightmare, it was hard to believe! I want you to know how much I appreciate your information."*





*As a general rule, the most successful man in life is the man who has the best information.*

Benjamin Disraeli





Paraffin  
Block

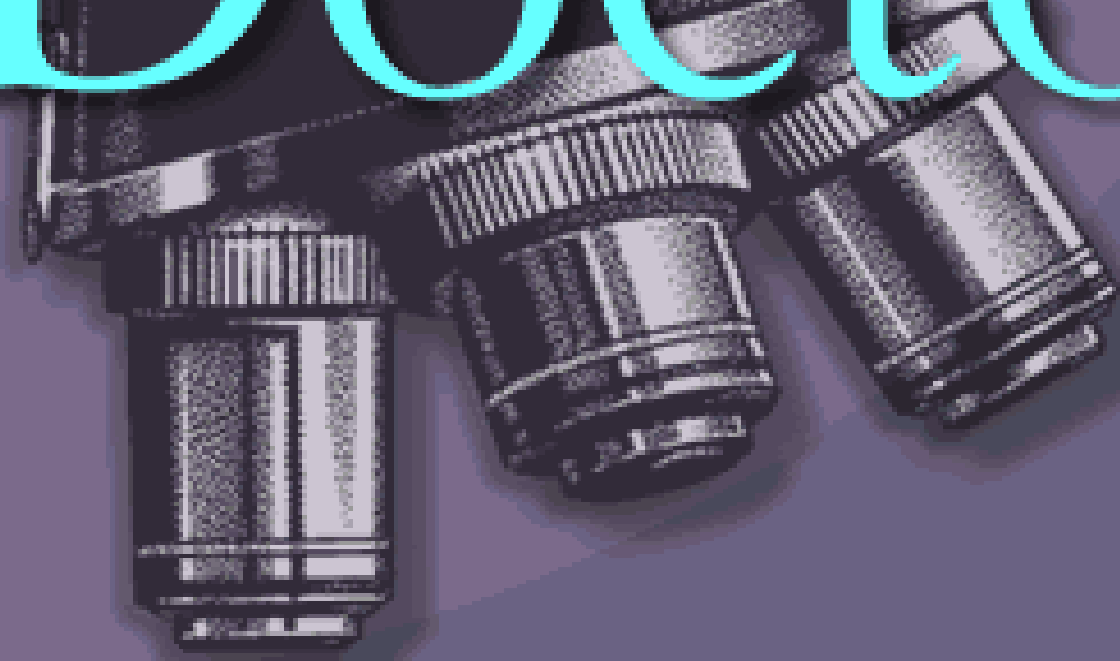
A 3D rendered image of a block of paraffin wax melting. The wax is white and has a thick, irregular layer of liquid on top. The block is dark brown and has the words "Paraffin Block" written on it in white, serif font. The wax is melting on a red, wavy surface that looks like a liquid or a textured material. The background is dark red and black.

Paraffin  
Block



Paraffin  
Block

# The Doctor's Doctor













“I’ll be referring you to a pathologist”