

# Interactive Microscopy Course and Case Presentations

## Case Histories

---

### **Ikpatt Offiong, MD**

A 37-year-old male with enlarging right submandibular mass that did not improve with antibiotics therapy.

### **Evita Henderson-Jackson, MD**

A 79-year-old woman with a history of hypertension and hypercholesterolemia presents with abdominal and back pain. Computed tomography (CT) imaging identifies kidney stones with right ureteral obstruction and stranding around the right kidney. She undergoes cystoscopy with lithotripsy and placement of a stent, as well as, treatment for urinary tract infection (UTI). Moreover, an incidental pancreatic cyst is identified. Endoscopic ultrasound (EUS) of the pancreas identifies a multi-septated cystic lesion within the head of the pancreas measuring 2.6 cm, a multi-septated cystic lesion in the neck of the pancreas measuring 2.4 cm, and an additional three cysts in the body of the pancreas measuring around 1.4 cm. These cysts appear to communicate with the main pancreatic duct. No mural nodules are identified. Cyst fluid analysis shows an elevated CEA (>65,000) and an amylase of 80. She denies weight loss, jaundice, or history of pancreatitis. She reports having a cholecystectomy in 1991 and hysterectomy in 2006.

### **Kun Jiang, MD, PhD**

A 28-year-old African American female with history of B-Cell ALL diagnosed in May 2010 without any CNS involvement. She underwent chemotherapy, achieved clinical remission and underwent allograft bone marrow transplant on 08/25/2015. Her post-transplant course has been complicated by gastrointestinal GVHD as well as multiple episodes of viral infection, including HHV-6 viremia (9/23/15), BK viremia (11/26/15), EBV viremia (9/28/15), and CMV viremia managed by short course of valganciclovir (12/29/15).

Recently she presented for evaluation of acute onset of watery diarrhea and intermittent crampy abdominal pain. Patient reports that the symptoms began 2-3 days ago and started with loose stools. She noted a small amount of blood in her stools during this episode which she states she has experienced about once every 6 months or so. She reports typically the symptoms continue for approximately 2-3 days and then resolve gradually. She was immediately evaluated and admitted to hematological service and underwent flexible colonoscopy. Slightly erythematous mucosa with subtle friability was appreciated within sigmoid colon and rectum, otherwise the colonoscopy was unremarkable. The scanned slide was for the biopsy from the sigmoid colon. The biopsy of the rectum shows similar microscopic changes.