

TUMOR SEMINAR, PHILADELPHIA, HORN, 1952. - Cat 5

HYPERTHYROIDISM PLUS SCARCE SCLEROSING CARCINOMA -

Case #1 Female 43 years S.P. #86129

Nodule in thyroid for nine years, not enlarging. Past few months complained of sweating, consciousness of heart beat, sense of pressure in throat and cessation of menses. 3.5 x 2 x 1.5 cm. mass of tissue removed from region of right lobe and isthmus. There was no definite nodule.

NEBRASKA CA (WITH ML, 16 July 54)

~~TUBERCULAR (EMBRYONIC) ADENOMA WITH ANGIOINVASION -~~

Case #2 Female 50 years S.P. #81015

Right side of neck gradually growing for three years. Twenty pound weight loss in 18 months. Trachea pushed to left by a huge, right-sided goiter. Right subtotal lobectomy with removal of a 240 gm. mass of cystic and hemorrhagic, pink or yellow, fleshy tissue. Post-operatively laryngeal edema necessitated tracheotomy; tube removed before discharge on the 22nd post-operative day.

FOLLICULAR PTC  
~~MICROFOLLICULAR (FETAL) ADENOMA WITH CAPSULAR AND ? ANGIO-INVASION -~~

Case #3 Male 13 years S.P. #73866

Mass noted in right side of neck 18 months before by school physician. Some enlargement during past six months. On physical examination, mass apparently attached to right lobe of thyroid, moved with swallowing. Resection of enlarged right lobe, which contained a solitary, firm, pink-red nodule weighing 17 grams.

WURTLE CELL TUMOR, WITH IRRADIATION ATYPIC -

Case #4 Female 50 years S.P. #52990

1939 - onset of thyrotoxicosis. Weight 250 pounds.

1941 - weight 125 pounds. Two-stage thyroidectomy elsewhere with improvement for four months, followed by recurrence of goiter and toxic symptoms.

1942 - 14 x-ray treatments, with progression of symptoms.

1945 - Admitted to the Hospital of the University of Pennsylvania.

Weight 104 pounds. B.M.R.  $\neq$  58. Prepared for operation over a three months' period with iodine and thiouracil, iodine alone for last 8 days. B.M.R.  $\neq$  17. Subtotal thyroidectomy. The tissue was nodular and firm, weighing 62 grams. B.M.R. at time of discharge, - 8.

POORLY DIFF FOLLICULAR CARCINOMA

Case #5 Male 48 years S.P. #22392

Goiter for 4 (or 8) months. Very hard, almond-sized mass at isthmus and a softer, less well defined mass extending into the left lobe. B.M.R.  $\neq$  1. The left lobe was "skinned off the trachea and the recurrent nerve almost surely removed." The specimen was a completely encapsulated, pale, firm mass measuring 6 x 7 x 3 cm. Two courses of roentgen therapy were given post-operatively. The patient was known to have had a "mild stroke" 14 years later with complete recovery.

GRANULOMATOUS (DE QUERVAIN'S) THYROIDITIS -

Case #6 Female 44 years S. P. #84923

Tender, growing lump in region of upper pole of right lobe of thyroid. Cough, choking sensation but no systemic symptoms. Improvement in one week on aureomycin but recurrence two weeks later while still receiving the drug. Symptoms subsided spontaneously after an additional week but the nodule persisted and lobectomy was performed. Gross examination showed a firm, pale yellow, waxy area 2 x 1.5 x 1 cm. merging imperceptibly with the surrounding normal thyroid tissue.

HYPERTHYROIDISM, WITH PAPILLARY HYPERPLASIA -

Case #7 Female 26 years S. P. #49959

Onset typical thyrotoxicosis following birth of child 4 years before first admission. Weight loss of 14 pounds. B.M.R.  $\neq$  57. Subtotal thyroidectomy. Pathologic diagnosis - diffuse toxic goiter. One year later, because toxicity not completely relieved (B.M.R.  $\neq$  23), started on K I and radiation therapy. Considerable improvement in one month - B.M.R. - 28. Recurrence of symptoms and goiter 10 years post-operatively, and one year later B.M.R.  $\neq$  43. Subtotal thyroidectomy. Generalized nodular enlargement of both lobes, right three times that of left. Section is from last procedure.

? METASTATIC FOLLICULAR CARCINOMA TO CERVICAL LYMPH NODES -

Case #8 Male 17 years S. P. #51047

Lump in neck, noted by sister 7 years previously, failed to respond to heat lamp treatment, growing slowly. Excised for diagnosis. At operation, 7 x 4 x 3 cm. mass noted to lie along the middle third of the sternocleidomastoid muscle. Fixed deeply, not to skin; not attached to thyroid. Thyroid not enlarged.

EMBRYONAL & FETAL ADENOMA WITH CAPSULAR INVASION -

Case #9 Female 44 years S. P. #30556

Goiter first noted 17 years before. Subsided on medical treatment in 6 months but recurred two years before admission and grew progressively. 23 pound weight loss in this two year period. Decreased heat tolerance. B.M.R.  $\neq$  19. Large "adenoma" removed from substernal and sub-tracheal location.

The specimen was a lobulated, well-encapsulated, pale, moderately firm "fetal adenoma." Patient last seen in follow-up 5 years later. There was no evidence of recurrence.

FETAL ADENOMA -

Case #10 Female 48 years S. P. #54557

Slight swelling in lower neck ("Inward goiter") noted 20 years previously and subtotal thyroidectomy performed 7 years before admission. After chest roentgenogram 5 months before admission revealed a substernal goiter, the patient developed dysphagia and a sense of pressure. At operation the goiter was largely substernal. The specimen was a firm, rounded mass weighing 105 gms. The cut surface showed a number of 1 - 2 cm. yellow-grey nodules. The patient was entirely well when last seen 4-1/2 years after operation.

UNDIFFERENTIATED LARGE CELL CARCINOMA -

Case # 11

Female

60 years

S. P. #74012

Tumor in neck for 8 years. Rapid growth and 20 pound weight loss in 4 months' period. Recent hoarseness and dysphagia. A tremendous, stony hard mass, largely on the right side, extending from the clavicle almost to the angle of the jaw, was removed surgically -- incompletely because of extensive invasion.

The specimen was a 265 gm. mass of tissue, including a 7 cm. encapsulated mass, largely composed of soft, yellow-red tissue, but with one hard, white area. Latter type of tissue attached to encapsulated mass and to overlying muscle. The section is of the firm white tissue.

IMPERFECT THYROIDISM -

Case #12

Male

53 years

S.P. #78643

Coronary occlusion 6 years before. Patient well until 3 months before admission, when B.M.R. was  $\neq$  35. Put on propylthiouracil 50 mg. t.i.d. and sedatives with improvement within 1 month. Drugs continued for a total of 4 months. Subtotal thyroidectomy after iodine preparation. Tissue diffusely firm, yellow-brown and granular.

INDULGENT LYMPHOMA -

Case #13

Female

51 years

S. P. #49854

Patient weak and "run-down" for 2 years. Goiter noted on physical examination. B.M.R. - 1. Subtotal thyroidectomy. The specimen, which weighed 33.5 grams, was firm, uniformly lobulated and pinkish-grey. The cut surface was dry.

MIXED (FOLL & PAPILL) CARCINOMA -

Case #14

Female

29 years

S.P. #64583

2 year history of mild hyperthyroidism. Goiter. B.M.R.  $\neq$  19. Phenobarbital relieved symptoms. Did well during a pregnancy but symptoms recurred shortly thereafter. B.M.R.  $\neq$  40. Put on propylthiouracil for 1 month. Prepared for operation with iodine. B.M.R.  $\neq$  6. Because the left lobe appeared nodular at operation, subtotal left lobectomy was done. The specimen weighed 16.5 gm., was moderately firm and fairly homogeneous without any grossly observed cysts.

PAPILLARY CARCINOMA -

Case #15

Female

60 years

S.P. #44241

Asthma and enlarging lump in right side of neck 2-3 years. Shortness of breath and dysphagia. Examinations showed deviation of the esophagus, compression of the posterior tracheal wall and a right posticus paralysis. At operation extensive invasion of the larynx was noted. The isthmus was sectioned, tracheotomy performed and biopsy obtained. Post-operatively, dysphagia was so marked that gastrostomy feedings were necessary.