

#142

**SAN ANTONIO SOCIETY OF PATHOLOGISTS  
SAN ANTONIO, TEXAS**

SEE ALSO #156

**EIGHTEENTH ANNUAL  
TUMOR SEMINAR  
December 9, 1961**



**BROOKE GENERAL HOSPITAL**  
**Brooke Army Medical Center**  
**Fort Sam Houston, Texas**

EIGHTEENTH ANNUAL TUMOR SEMINAR  
SAN ANTONIO SOCIETY OF PATHOLOGISTS

December 9, 1961

BROOKE GENERAL HOSPITAL  
BROOKE ARMY MEDICAL CENTER  
Fort Sam Houston, Texas

DIAGNOSES BY ELSON B. HELWIG, M.D.

- Case 1. Adenocarcinoma of sweat gland. *of cheek*
- Case 2. Keratoacanthoma. *of hand*
- Case 3. Junction nevus (melanotic freckle). *of arm*
- Case 4. Chondroid syringoma. *of wrist*
- Case 5. Angiosarcoma. *of scalp*
- Case 6. Atypical fibroxanthoma. *of neck*
- Case 7. Mycosis fungoides. *of flank*
- Case 8. Angioleiomyoma. *of forearm*
- Case 9. Malignant mesenchymoma. *of axilla*
- Case 10. Nodular fasciitis. *of shoulder*
- Case 11. Hodgkin's disease, lymph node. *(on Wilms)*
- Case 12. Benign nonchromaffin paraganglioma of duodenum.
- Case 13. Epithelioid type of leiomyosarcoma, stomach.
- Case 14. Carcinoid, appendix.
- Case 15. Cloacogenic carcinoma, anus.
- Case 16. Tail gut (sacroccygeal) cyst.

CONDUCTED

BY

E L S O N B. H E L W I G, M. D.

Chief, Pathology Division

Armed Forces Institute of Pathology

Walter Reed Army Medical Center

Washington, D.C.

This Tumor Seminar is supported in part by grants from

THE AMERICAN CANCER SOCIETY, TEXAS DIVISION

and

THE SOUTH CENTRAL REGIONAL COMMITTEE

OF THE

COLLEGE OF AMERICAN PATHOLOGISTS

The meeting will be held in the Auditorium,  
Building 1026 (behind the Main Hospital), at  
Brooke General Hospital on December 9, 1961,  
beginning at 9:00 a.m.

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Lunch, cafeteria style, will be available  
at Brooke General Hospital.

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The San Antonio Society of Pathologists  
invites all conferees and their wives for  
cocktails and buffet at the Fort Sam Houston  
Officers Open Mess following the Seminar.

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Please fill in your diagnoses on the form provided  
on the last page, detach, and mail to the Chief of  
Pathology Service, Brooke General Hospital, Fort  
Sam Houston, Texas, at your earliest convenience  
prior to the meeting, so that diagnoses may be  
summarized for presentation at the Seminar. These  
need not be signed.

### CASE 1

Contributed by Dr. David Auld  
Lackland Air Force Base Hospital, San Antonio, Texas

A 64-year-old female had struck her right cheek at the age of 16 and developed an asymptomatic but persistent "golf-ball-sized" lump in the area. At age 62, the lower portions of the lump appeared swollen and the patient entered the hospital for biopsy. Multiple attempts at excision were followed by local recurrence. The tumor, which invaded the underlying bone, consisted of masses of dense, white, homogeneous tissue. There has been no evidence of distant metastases. The patient remains well.

My diagnosis: \_\_\_\_\_

Dr. Helwig's diagnosis: \_\_\_\_\_

Comment: \_\_\_\_\_

### CASE 2

Contributed by Captain Leroy R. Hieger, MC  
and Colonel Milward W. Bayliss, MC  
Brooke General Hospital, Fort Sam Houston, Texas

A 65-year-old white male had a lesion on the dorsum of his right hand for two months, which continued to grow and scab. There was no bleeding. The specimen submitted was an elliptical wedge of skin with a hyperkeratotic, slightly verruciform and penetrating lesion in the center which measured approximately 1.5 cm. across. The skin and subcutaneous tissues were approximately 1 cm. in thickness. The lesion was completely excised.

My diagnosis: \_\_\_\_\_

Dr. Helwig's diagnosis: \_\_\_\_\_

Comment: \_\_\_\_\_

CASE 3

Contributed by Dr. Elson B. Helwig  
Armed Forces Institute of Pathology, Washington, D.C.

A 57-year-old white woman developed a brownish-black lesion of the left arm which increased to 2 cm. in diameter over a period of fifteen years.

My diagnosis: \_\_\_\_\_  
\_\_\_\_\_

Dr. Helwig's diagnosis: \_\_\_\_\_  
\_\_\_\_\_

Comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CASE 4

Contributed by Drs. A. O. Severance and H. A. Van Auken  
Baptist Memorial Hospital, San Antonio, Texas

A 70-year-old white female complained of a small nodule on the left wrist. It was freely movable. Grossly the nodule had a gray glistening solid cut surface with a minute cyst in the center.

My diagnosis: \_\_\_\_\_  
\_\_\_\_\_

Dr. Helwig's diagnosis: \_\_\_\_\_  
\_\_\_\_\_

Comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CASE 5

Contributed by Dr. D. L. Galindo  
Robert B. Green Memorial Hospital, San Antonio, Texas

A 64-year-old Latin-American woman presented herself with lesions on the right frontal and lateral temporal regions of the scalp. The lesions consisted of nodular masses with a gray-silver sheen that measured up to 2.5 to 3.0 cm. in diameter. No other lesions were found elsewhere on her body. She presented no unusual symptomatology. Biopsy was taken from one of the nodules.

My diagnosis: \_\_\_\_\_

Dr. Helwig's diagnosis: \_\_\_\_\_

Comment: \_\_\_\_\_

CASE 6

Contributed by Dr. Elson B. Helwig  
Armed Forces Institute of Pathology, Washington, D.C.

A 75-year-old man noted a swelling on his neck for one year. This gradually increased in size until it measured 3 cm. in diameter. It was covered with skin except for a small central focus of ulceration. The cut surface was grayish white with a suggestion of yellow.

My diagnosis: \_\_\_\_\_

Dr. Helwig's diagnosis: \_\_\_\_\_

Comment: \_\_\_\_\_

### CASE 7

Contributed by Lt Colonel James L. Hansen, MC  
Brooke General Hospital, Fort Sam Houston, Texas

A 44-year-old white male for fifteen years had a slightly scaling, generalized dermatitis characterized by a retiform pigmentation, marked over the trunk. For two years the eruption had become more infiltrated as small reddish-brown plaques covering the entire body. There was loss of eyebrows and patchy alopecia in the scalp. For six months he had had a 2.5-by-3-inch ulcer with a rolled border on the posterior aspect of the thigh. The ulcer, a brownish plaque, and an erythematous, soft, velvety, wrinkled patch on the left flank were biopsied.

My diagnosis: \_\_\_\_\_

\_\_\_\_\_

Dr. Helwig's diagnosis: \_\_\_\_\_

\_\_\_\_\_

Comment: \_\_\_\_\_

\_\_\_\_\_

### CASE 8

Contributed by Dr. D. L. Galindo  
Robert B. Green Memorial Hospital, San Antonio, Texas

A 25-year-old Latin-American woman had had a cystic mass on her right forearm for six years following an injury to the arm. No other abnormalities were noted on physical examination. The specimen removed was a well-encapsulated, white-gray-yellow, smooth-surfaced, oval mass measuring 2 by 1 by 2 cm., which on section was found to be composed of homogenous, white-gray, rubbery, fibrous tissue.

My diagnosis: \_\_\_\_\_

\_\_\_\_\_

Dr. Helwig's diagnosis: \_\_\_\_\_

\_\_\_\_\_

Comment: \_\_\_\_\_

\_\_\_\_\_

### CASE 9

Contributed by Captain Edwin P. Jenevein, Jr., MC  
Fourth U.S. Army Medical Laboratory, Fort Sam Houston

A 29-year-old white male noticed a lump in the left axilla that slowly enlarged for 2½ months. It was not tender, but when he extended his arm there was pain in his fingertips. The specimen was a grossly encapsulated tumor mass with attached adipose tissue, measuring 5.5 by 4 by 4 cm. Cut surface was yellow-tan with numerous cystic and hemorrhagic areas.

My diagnosis: \_\_\_\_\_

Dr. Helwig's diagnosis: \_\_\_\_\_

Comment: \_\_\_\_\_

### CASE 10

Contributed by Drs. Norman H. Jacob and George C. Mani  
Santa Rosa Hospital, San Antonio, Texas

A 15-year-old male with no known history of trauma had a mass in his back for approximately two years. The lesion was at the right shoulder blade and not attached to bone. The specimen was oval, firm, and grayish pink, and measured 3 cm. in greatest dimension.

My diagnosis: \_\_\_\_\_

Dr. Helwig's diagnosis: \_\_\_\_\_

Comment: \_\_\_\_\_



CASE 12

Contributed by Dr. Elson B. Helwig  
Armed Forces Institute of Pathology, Washington, D.C.

A 49-year-old white man complained only of gastrointestinal bleeding. An x-ray of the upper gastrointestinal system revealed a polypoid lesion in the second portion of the duodenum. At operation a polypoid lesion measuring approximately 2 cm. in diameter, that was attached to the duodenum by a pedicle, was found in the second portion of the duodenum proximal to the ampulla of Vater. The ampulla was distinct from the mass. Examination of the excised specimen showed "dimpling" and ulceration of the mucosa over the apex of the mass. The cut surface showed whorls of moderately firm tissue which sometimes surrounded glistening, softer tissue.

My diagnosis: \_\_\_\_\_

Dr. Helwig's diagnosis: \_\_\_\_\_

Comment: \_\_\_\_\_

### CASE 13

Contributed by Dr. Elson B. Helwig, Armed Forces Institute of Pathology, and Dr. Ralph Zientek, Northwest Texas Hospital, Amarillo, Texas

A 45-year-old white man was hospitalized because of weakness, dizziness, and copious tarry stools. An upper gastrointestinal x-ray series revealed a nonulcerated, round nodule on the greater curvature of the cardiac end of the stomach. At operation a somewhat irregular but relatively circumscribed tumor 3.2 by 2.2 by 2.8 cm. with an ulcerated center was noted. About one half of the tumor had protruded on the serosal surface, which was smooth. A wedge-shaped resection with a  $1\frac{1}{2}$ -inch margin of normal stomach was done. The cut surface of the tumor was tan, pale, glistening, and rubbery, with some calcification.

My diagnosis: \_\_\_\_\_

Dr. Helwig's diagnosis: \_\_\_\_\_

Comment: \_\_\_\_\_

### CASE 14

Contributed by Drs. A. O. Severance and H. A. Van Auken Baptist Memorial Hospital, San Antonio, Texas

A 79-year-old white male had symptoms of appendicitis. At operation the appendix was found to be enlarged, very inflamed, and ruptured. The specimen was 4 cm. in diameter, ruptured near the distal end, and covered with purulent exudate. The cut section showed a narrow lumen surrounded by a homogeneous soft whitish-yellow tissue.

My diagnosis: \_\_\_\_\_

Dr. Helwig's diagnosis: \_\_\_\_\_

Comment: \_\_\_\_\_

CASE 15

Contributed by Captain George D. Lundberg, MC,  
and Lt Colonel James L. Hansen, MC  
Brooke General Hospital, Fort Sam Houston, Texas

A 71-year-old white male noted pain in the rectal region and bright red blood on toilet tissue. A 2-by-4-cm. mass was found just inside the sphincter. One specimen was a 15-cm. segment of rectum and anus. Arising immediately at the mucocutaneous junction was an ulcer and an area of induration. This gray-white, 2-by-2.5-by-2.5-cm. tumor mass infiltrated and pushed the sphincter externally. Twelve lymph nodes contained no metastatic tumor.

My diagnosis: \_\_\_\_\_

Dr. Helwig's diagnosis: \_\_\_\_\_

Comment: \_\_\_\_\_

CASE 16

Contributed by Dr. Elson B. Helwig  
Armed Forces Institute of Pathology, Washington, D.C.

A 49-year-old male with an amputation for osteomyelitis developed rectal bleeding. External and internal hemorrhoids were visible. Sigmoidoscopy to 25 cm. was normal except for the hemorrhoids and a small bulging mass behind the rectum. There was no evidence of communication between the mass and the rectum. Through an incision between the anus and coccyx, a mass containing 15 cc. of greenish yellow fluid was ruptured and removed. The operative impression was an old abscess.

My diagnosis: \_\_\_\_\_

Dr. Helwig's diagnosis: \_\_\_\_\_

Comment: \_\_\_\_\_

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- CASE 9: \_\_\_\_\_
- CASE 10: \_\_\_\_\_
- CASE 11: \_\_\_\_\_
- CASE 12: \_\_\_\_\_
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This page may be retained for your own reference.

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