

SEMINAR

North Texas Society of Pathologists
Dallas Society of Pathologists

19 November 1964

at

St. Paul Hospital
Dallas, Texas

Conducted by:

William A. Meissner, M.D.
Professor of Pathology
Harvard Medical School
Boston, Massachusetts

Case 1.
(B.U.M.C. - D.)
57241

Contributed by: George Race, M.D.,
W.B. Kingsley, M.D., G. Crass, M.D.,
M.L. Shaw, M.D., W.M. Nickey, M.D.,
G.H. Moore, M.D. and H.H. Varon, M.D.
Baylor Hospital, Dallas

Mrs. N.B. 79 year old white woman. Two month history of belching, abdominal distention and pain in the epigastric region. Worse in past few days. Questionable history of indigestion and pain in right upper quadrant for years. No jaundice, clay colored stools or dark urine. X-rays showed an obstructing lesion in the distal stomach. Subtotal gastrectomy performed.

A segment of stomach measures 16 cm along the greater and 9 cm along the lesser curvature. Mucosa flattened and yellow. Wall of distal stomach measured 1.2 cm in thickness with a 1.5 cm ulcer on the lesser curvature. Serosa smooth.

DIAGNOSIS: _____

Comment: _____

Case 2.

(S.J.H. - F.W.)

S64-2363

Contributed by: O.J. Wollenman, M.D.
J.B. White, M.D.
St. Joseph Hospital, Ft. Worth

This 65 year old white female with a past history of a radical mastectomy approximately 12 years prior to this admission. This admission was precipitated because of a mass in the abdomen associated with incomplete intestinal obstruction. Surgery revealed near complete obstruction of the terminal ileum. The terminal ileum was resected. No lesions in the large intestine were noted at the time of surgery. There were present hepatic metastases.

The surgical specimen consisted of a segment of terminal ileum which measured 19 cm in length. There was present one large tumor mass which was polypoid and 5 x 3 cm. This extended through the full thickness of the bowel wall. The tumor was soft, fleshy, grey-white with areas of necrosis and hemorrhage. At the edges it had a distinctly papillary or villous appearance. Adjacent to the larger mass was a sessile polypoid lesion measuring 2.5 cm in diameter and .4 cm in height. This grossly appears to involve only the mucosa. Also separately submitted was an additional small polyp measuring 1 x 1 cm.

Diagnoses: adenocarcinoma of the polypoid lesion

Comment: _____

Case 3.
(V.A.H. - D)
A63-314

Contributed by: H.L. Reinhart, M.D.
Tom Capers, M.D. and E.J.
Kozlowski, M.D.
Veterans Hospital, Dallas

Patient was hospitalized with history of abdominal distention and constipation of a "few days duration." Appendectomy without sequellae "many years ago". Paracentesis with a removal of 200 ml of "mucinous liquid" was followed by laparotomy.

Diagnosis following lararotomy: "Metastatic anaplastic carcinoma in the liver, omentum, and peritoneum. Primary site not determined." Transferred to another hospital where it was noted: "head, neck, chest, and extremities negative. Abdominal distention was marked. Laboratory data were not helpful. X-ray revealed elevation of diaphragm from enlarginf liver, and medial displacement of ascending colon without obstruction. GI series revealed no masses or ulcers."

Patient became lethargic and expired about 1 month after onset with oliguria and pedal edema.

Autopsy The omentum, mesentery and peritoneum were the seat of yellow white nodules ranging from 0.4 cm to 12 cm. There were numerous adhesions and 3200 ml of ascitic fluid.

Diagnosis: _____

Comment: _____

Case 4.
(S.J.H. - F.W)
S64-3199

Contributed by: O.J. Wollenman, M.D.,
J.B. White, M.D.
St. Joseph Hospital, Ft.Worth

This 72 year old, white female had marked uterine bleeding. Curettings were submitted for frozen section. A hysterectomy was performed. The uterus contains a large multibosselated, soft and friable, polypoid mass projecting into the lumen which measured 4.5 x 4 cm. Some areas were pink, in other areas it was distinctly yellow to white and some portions even appeared cystic.

Diagnosis: Submucosal leiomyoma

Comment: _____

Case 5.
(S.P.H. - D)
68215

Contributed by: J.H. Childers, M.D.
R.R. Rember, M.D., E.H. Valentine,
M.D. W.L. Crofford, M.D.
St. Paul Hospital, Dallas

The first hospital admission of this 20 year old female was in January, 1963. One year prior to admission she accidentally discovered a mass in the pharynx. The mass gradually increased in size and during the past month there was local discomfort when she was in a recumbant position. X-ray examination showed no osseous involvement.

Surgical excision resulted in the removal of a 4 x 3.5 x 3.5 cm, 23 gram, soft mass from the posterior pharyngeal wall. One surface was covered with a smooth, glistening mucosa. The cut surface was gelatinous, glistening and grey-pink with punctate yellowish foci.

Diagnosis: _____

Comment: _____

Case 6.
(J.L.G. - D)
38104

Contributed by: J.L. Goforth, M.D.,
M. Weatherby, M.D. and J.Campbell, MD
Dr. J.L. Goforth Laboratories, Dallas

This portion of skin was removed from the arm of a 38 year old male. The ellipse was 31 x 18 x 24 mm. Just under the epidermis was a very firm, 14 mm, nodular growth which had a faint yellow tint. It was not encapsulated.

Diagnosis: _____

Comment: _____

Case 7.

Contributed by: A.B. Cairns, M.D.,
G. Noteboom, M.D., M. Garza, M.D.
Methodist Hospital, Dallas

This 62 year old white male first complained of pain in the left hip around the middle of December 1963 following a snapping noise in his hip while lifting a chair. He was seen by his doctor who made X-rays of his back on December 31. No pathology was reported but later review revealed a fracture of the left hip. Prior to this time he had been a patient at a private sanatorium where he had received electroshock treatments several times.

Because he continued to complain of pain in his left hip, he entered a hospital in mid-January 1964, where X-rays of his left hip revealed the fracture. A prosthesis was put in the left hip. A biopsy was done at the time of surgery.

The patient was admitted to another hospital on February 8, 1964 for further workup and possible re-biopsy.

The patient developed a wound infection which responded to debridement, soaks and antibiotic medication. On February 27, he was discharged from the hospital and since that time he has done well and follow-up X-rays reveal callus maturing to bone around the fracture site. The patient is able to walk with crutches. He has maintained his weight. The slides from this case represent the first biopsy material.

Diagnosis: _____

Comment: _____

Case 8.

Contributed by: T.C. Terrell, M.D. M. Owen,
M.D., R.C. Schaffer, M.D., F. Gwodz, M.D.
and V. Cirone, M.D.

This 47 year old female had noted thyroid enlargement since childhood. For more than three years there had been a nodule in the right lobe that had not increased in size.

Recently the left lobe of the thyroid has enlarged while not especially nodular there is a definite thickening and a small enlarged adjacent lymph node. A scan of the neck showed a spot in the left lobe in March, 1964. The surgical specimen from the left lobe of the thyroid and the adjacent lymph node was obtained July 15, 1964.

Diagnosis: _____

Comment: _____

Case 9.

Contributed by: C.T. Ashworth, M.D. V.A.
Stembridge, M.D., B.K. Fallis, A.B.
Dowdey, M.D.
Parkland Hospital, Dallas

A.N. a 39 year old white female was admitted to the clinic complaining of hoarseness of three (3) weeks duration associated with dysphagia. The patient had been treated eight (8) years with "iodides" for "gland trouble". Upon physical examination a diffusely enlarged thyroid gland was palpated with a hard 2 x 2 cm nodule located in the left lobe near the midline. The nodule failed to take up radioactive iodine and the PBI was normal.

Diagnosis: _____

Comment: _____

Case 10.

Contributed by: C.T. Ashworth, M.D. V.A.
Stembridge, M.D., B.K. Fallis, A.B.
Dowdey, M.D.
Parkland Hospital, Dallas

B.D. 64 year old colored female with hirsutism was admitted to the clinic with a history of deafness and upon physical examination a 12 cm multilobulated, bluish cystic mass was found in the breast. The axillary lymph nodes were shotty in character. The opposite breast was normal. By history the mass has been present four (4) years, slowly enlarging. Laboratory examination revealed a hypercalcemia.

Diagnosis: _____

Comment: _____

Case 11.

Contributed by: C.B. Mitchell, M.D., J.W.
Alexander and N.A. Cohen, M.D.
Harris Hospital, Fort Worth

The first hospital admission of this 39 year old male was December, 1955. A mass in the left jaw had increased in size during the preceding six months. This mass was tender, movable and located in the left parotid in front of the ear. The 1 cm mass was poorly encapsulated and removed in three pieces.

The second admission on 14 August 1958 was for a progressive enlargement of the left parotid region. Weakness of the left facial muscles developed two days after second excision. The maxillary branch of the facial nerve coursed through the firm tumor mass. A small part of the parotid was left anterior and superior to the auditory canal.

The patient returned in August 1964 with a recurrent mass in the left retromandibular area. The mass was 1 cm, firm and non-tender. It was noted that he had a local excision for "the same sort of thing" on March 21, 1961 in his physicians office. No facial weakness was noted. Surgical removal of the mass and mandibular division of the facial nerve was performed.

Diagnosis: _____

Comment: _____

NORTH TEXAS SOCIETY OF PATHOLOGISTS

DR. WM. MEISSNER'S DIAGNOSES

DALLAS SEMINAR, NOVEMBER 19, 1964

CASE

1. Diffuse mucus-producing carcinoma of the stomach.
2. Adenoacanthoma of ileum,
3. Anaplastic cancer, probably mesothelioma, of peritoneum.
4. Malignant mixed mullerian tumor of uterus, *pseudo cystosarcoma phylloides*
5. Neural tumor, low grade malignancy, (pharynx. *undifferentiated tumor*)
6. Granular cell myoblastoma, skin.
7. Chondrosarcoma, hip.
8. Undifferentiated carcinoma, small cell diffuse type, thyroid.
9. Focal chronic thyroiditis, probably due to infarction.
10. "Intracystic" low grade carcinoma of the breast with hypercalcemia.
11. Oxyphil carcinoma of the parotid.