

TWENTY-SECOND ANNUAL TUMOR SEMINAR  
SAN ANTONIO SOCIETY OF PATHOLOGISTS

December 4, 1965

Brooke General Hospital  
Brooke Army Medical Center, Fort Sam Houston, Texas

DIAGNOSES BY EDWARD A. GALL, M.D.

- CASE 1: Post-hepatic cirrhosis
- CASE 2: Hepatoma (non cirrhotic liver)
- CASE 3: Juvenile hepatoma  
Chronic active hepatitis
- CASE 4: Hamartoma, "Giant mediastinal adenitis"
- CASE 5: Atypical lymph node hyperplasia with metastatic carcinoma *nodular lymphoma*
- CASE 6: Hand-Schüller-Christian disease; disseminated histiocytosis
- CASE 7: Congestive splenomegaly (? radiation effect)
- CASE 8: Infectious mononucleosis, spleen
- CASE 9: "Histiocytic medullary reticulosis"
- CASE 10: Congenital hypogammaglobulinemia, thymus
- CASE 11: Sclerosing carcinoma, stomach
- CASE 12: Lymphoid hyperplasia (pseudolymphoma) stomach
- CASE 13: Follicular lymphoma, intestine
- CASE 14: Reticulum cell sarcoma, nodular, jejunum
- CASE 15: Metastatic melanoma, jejunum
- CASE 16: Mesothelioma, malignant, peritoneum
- CASE 17: Wilms's tumor variant, scrotum *embryonal rhabdomyosarcoma*

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

**Twenty-Second Annual  
TUMOR SEMINAR  
December 4, 1965**



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

CONDUCTED BY

EDWARD A. GALL, M. D.

Professor of Pathology  
University of Cincinnati College of Medicine  
Cincinnati, Ohio

This Tumor Seminar  
is supported in part by

THE AMERICAN CANCER SOCIETY  
TEXAS DIVISION

The meeting will be held in the Auditorium,  
Building 1026 (behind the Main Hospital), at  
Brooke General Hospital on December 4, 1965,  
beginning at 9:00 a.m.

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*The San Antonio Society of Pathologists  
invites all conferees and their wives  
for cocktails and buffet following  
the Seminar, time and place  
to be announced*

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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.

## CASE 1

Contributed by Col H. B. Hoeffler and Capt R. C. Harper,  
Brooke General Hospital, Fort Sam Houston, Texas

A 52-year-old, 71-inch, 300-pound white woman died in 1965 after neurosurgical clipping of a Berry aneurysm. The nodular 1900-gram liver cut with increased resistance. The cut surface was yellow to tan. The nodules measured 0.1 to 0.6 cm. and the fibrous bands less than 1.0 cm. There was no history of ethanol intake. The patient had been hospitalized for serum hepatitis in 1947.

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

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

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

## CASE 2

Contributed by Lt Col Robert W. Morrissey, Wilford Hall  
USAF Hospital, Lackland Air Force Base, Texas

A 17-year-old white male had cough, fever, and weight loss 6 months before death. Biopsy of a very large liver showed tumor. He received chemotherapy. Chest and bone x-rays and lymphangiograms were normal. Two months before death he had lung metastases. Bilirubin and thymol turbidity were minimally elevated. SGOT and SGPT were normal. He died after several hours in coma. The 5400-gram liver was almost completely replaced by multinodular tumor with invasion and obstruction of the vena cava. There were multiple lung metastases, 200 cc. of ascitic fluid, and prominent venous collateral circulation.

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

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

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

### CASE 3

Contributed by Drs. D. L. Galindo and H. M. Perches,  
Robert B. Green Memorial Hospital, San Antonio, Texas

A 6-month-old female with gradual enlargement of the abdomen for 1 month developed cough, fever, and mild respiratory distress which gradually increased for two days. The child was admitted in acute respiratory distress with cyanosis of the lips, hands, and feet. Temperature was 103° F. and respirations 60 per minute. The chest showed intercostal retraction. There were rhonchi and subcrepitant rales in the lungs, but no heart murmurs. In the distended abdomen a soft, large, round, smooth mass was palpated on the right. In 24 hours the child died in acute respiratory distress. At autopsy there was endocardial fibroelastosis. Sections are from a 16.0-cm., soft, reddish brown mass in the left lobe of the liver which extended anteriorly and inferiorly.

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

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

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

### CASE 4

Contributed by Dr. A. O. Severance and Associates,  
Baptist Memorial Hospital, San Antonio, Texas

A 34-year-old white male in good health was found on routine chest x-ray to have a mass in the mediastinum. A mass 4.5 by 3.0 by 2.7 cm. at the level of the hilum of the lung and somewhat posterior was removed.

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

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

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

### CASE 5

Contributed by Lt Col Robert W. Morrissey, Wilford Hall  
USAF Hospital, Lackland Air Force Base, Texas

A 27-year-old male noted swelling in his left inguinal area. He had no pain. He denied night sweats, pruritis, or other constitutional symptoms but lost 17 pounds of weight in 3 months. The node removed was 4 by 3 by 2 cm. and homogeneously tan. A postoperative lymphangiogram revealed femoral and para-aortic lymph node involvement.

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

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

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

### CASE 6

Contributed by Dr. George C. Mani,  
Santa Rosa Hospital, San Antonio, Texas

A 2-year-old boy admitted for cervical adenopathy had osteolytic lesions in the posterior fifth left rib and upper third of the shaft of the right humerus, a solitary translucency of the skull, a fine interstitial type of pulmonary infiltration, anemia that did not respond to iron therapy, splenomegaly, and hepatomegaly.

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

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

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

## CASE 7

Contributed by Dr. Dan M. Queen  
Southwest Texas Methodist Hospital, San Antonio, Texas

A 55-year-old man in 1960 had fever, nausea and vomiting, hemoglobin of 5.0 grams, and 3,000 WBC with normal differential. Blood chemistries were normal and Coombs' test negative. Lymph node biopsy in 1961 was suspected of being early Hodgkin's and bone marrow in 1963 showed erythroid hyperplasia and increased plasma cells. He was treated since 1961 with radiation, steroids, and cytoxan. Splenectomy was done in 1964.

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

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

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

## CASE 8

Contributed by Dr. A. O. Severance and Associates,  
Baptist Memorial Hospital, San Antonio, Texas

A 27-year-old woman was fatigued and had an ache in the thigh 2 days before admission. While at play with a child a kick in the upper abdomen caused severe pain for a few minutes. The next day she felt nausea but no pain. The day of admission she had pains in the abdomen and left shoulder and vomited white foam; the pain localized in the RLQ. The last upper respiratory infection had been 3 or 4 months before. Following splenectomy on the day of admission she did well. The WBC was 21,300 with normal differential.

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

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

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

## CASE 9

Contributed by Dr. A. O. Severance and Associates,  
Baptist Memorial Hospital, San Antonio, Texas

A 29-year-old white man was admitted with chills and fever of several days' duration, mild left upper quadrant pain, temperature of 101.6°, and no lymphadenopathy. He had had pleurisy two months earlier. A large mass in the left upper quadrant extending below the left rib cage was firm and slightly tender. Hemoglobin was 11.2 grams; WBC was 17,000 with 94% segmented neutrophils, 4% lymphocytes, and 2% monocytes. The patient failed to respond to antibiotics. A 2,000-gram spleen was removed.

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

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

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

## CASE 10

Contributed by Col H. B. Hoeffler and Capt R. C. Harper,  
Brooke General Hospital, Fort Sam Houston, Texas

A 3-month-old male had developed a skin rash at 15 days of age which cleared with a substitution for cows' milk. At age 2 months he was put back on cows' milk and the rash reappeared over the entire body. He developed fever due to a *Pseudomonas septicemia*, and osteomyelitis of the left femoral head 4 weeks prior to death. There was lymphopenia; on electrophoresis the gamma globulin was 1.75%. At autopsy the thymus weighed 1.3 grams.

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

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

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

## CASE 11

Contributed by Lt Col Robert W. Morrissey, Wilford Hall  
USAF Hospital, Lackland Air Force Base, Texas

A 61-year-old white female in December 1963 had had epigastric pain for 4 months and lost 25 pounds in 1 year. Her appetite was good and she was treated symptomatically. X-ray showed antral scarring. In January x-ray showed an antral ulcer. In July 1964 physical examination and laboratory studies were not remarkable, but stool guaiac tests were weakly positive for occult blood. She had no free acid and 6 degrees of total acid, which was repeated with histamine stimulation with 100 degrees of total acid. At surgery there were changes of marked edema and induration of the antral area, and diverticulitis of the colon. A subtotal gastrectomy was done.

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

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

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

## CASE 12

Contributed by Dr. Charles T. Brierty,  
Santa Rosa Hospital, San Antonio, Texas

A 60-year-old man had an ulcerated mass 8.0 cm. long and between 1.0 and 2.5 cm. in width on the posterior lesser curvature of the stomach.

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

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

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

### CASE 13

Contributed by Dr. Dan M. Queen,  
Southwest Texas Methodist Hospital, San Antonio, Texas

A 50-year-old man had vague gastrointestinal complaints for several years. At exploratory laparotomy the small bowel was thickened beginning at the ligament of Treitz and 20 cm. of the small bowel was removed.

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

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

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

### CASE 14

Contributed by Drs. A. M. Richmond, C. J. Farinacci, and  
H. C. Ford, Nix Clinical Laboratory, San Antonio, Texas

A 64-year-old white woman had a history of gallbladder disease and radiographic diagnosis of cholelithiasis, but no other complaints. Cholecystectomy was done. A mass was found in the jejunum approximately 60 cm. distal to the ligament of Treitz. A 22-cm. segment of jejunum and its mesentery was excised. There was a 10-by-8-by-5 cm., rubbery, grayish white, bosselated mass adjacent to and almost encompassing the bowel wall. Cut section was a homogeneous gray-pink color throughout. The bowel wall in the region of the mass was thickened and the lumen reduced by one half. The mucosa was intact. Examination of the rest of the abdomen revealed nothing significant.

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

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

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



## CASE 16

Contributed by Lt Col Robert W. Morrissey, Wilford Hall  
USAF Hospital, Lackland Air Force Base, Texas

A 25-year-old white man had a 40-pound weight loss, night fever and sweats, a tender area in the right mid-abdomen, and midpelvic masses. The surgeon at exploratory laparotomy found considerable peritoneal spread of a whitish, granular, friable tumor. Postoperatively additional history revealed that he had hypogastric and periumbilical pain for approximately 2 years. It had become more constant during the preceding 6 months, and was aggravated by eating and relieved by passage of flatus.

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

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

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

## CASE 17

Contributed by Dr. James K. Lowry,  
Santa Rosa Hospital, San Antonio, Texas

A 7-year-old boy had a 9.5-cm., 65-gram mass replacing the left testis. This mass had been noted 1 month prior to admission, following trauma. Sections showed it to be paratesticular. The child also had a right undescended testis.

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

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

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

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DIAGNOSES:

- CASE 1 \_\_\_\_\_  
CASE 2 \_\_\_\_\_  
CASE 3 \_\_\_\_\_  
CASE 4 \_\_\_\_\_  
CASE 5 \_\_\_\_\_  
CASE 6 \_\_\_\_\_  
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CASE 17 \_\_\_\_\_

*This page may be retained for your own reference.*

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- CASE 17 \_\_\_\_\_

*Please fill in your diagnoses on this form, 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. This form need not be signed.*