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CASE 1 (#R76-308; Courtesy of Dr. Thomas Swallen, North Memorial Hospital, Minneapolis). 71-year-old male with several months history of abdominal distention, dyspnea and edema of lower extremities. On physical examination the main findings was a protuberant abdomen with fluid level. The patient had had a left nephrectomy for adenocarcinoma three years previously. Lab studies included a hemoglobin of 13.8 gm. and 7,300 leukocytes with normal differential. A bone marrow biopsy showed no abnormalities.

A Laparotomy was performed. The main finding was thickening of the mesentery. It was particularly pronounced at the root, which was densely fibrous and with some soft lymph nodes within. Nine liters of a milky fluid were extracted from the abdomen and 4 liters from the thorax. Dilated lacteal vessels were obvious over the serosa of the small bowel.

CASE 2 (#UH75-7203): 17-year-old male with history of left lumbar pain of several months duration. Clinical examination revealed bilateral enlargement of inguinal nodes. X-ray of the spine showed spondylosis. The liver and spleen were of normal size and there were no cutaneous lesions. Bone marrow aspiration was non-diagnostic. The patient became febrile but there were no night sweats. A lymph node biopsy was interpreted as Hodgkin's disease, which resulted in a staging laparotomy. The spleen weighed 300 gms. and it did not have focal lesions. The liver was of normal appearance. The retroperitoneal mesenteric lymph nodes were enlarged. The Seminar slides were taken from these nodes.

CASE 3 (#UH74-5293): 55-year-old female with pancytopenia and massive splenomegaly. A splenectomy was performed, together with biopsy of intra-abdominal lymph nodes and bone marrow. The Seminar sections are from the spleen.

CASE 4 (#UH74-4212) 13-year-old girl that consulted because of retro-sternal pressure. Chest X-ray showed a large multinodular mass occupying anterosuperior mediastinum. There was no evidence of cervical lymphadenopathy. A thoracotomy was performed. A multinodular tumor was found in the thymic region. A local resection was carried out.

CASE 5 (#UH75-2533): 25-year-old female with history of chronic cough and urticaria. Chest X-rays showed a mass in the anterosuperior mediastinum which was entirely excised. The gross appearance was that of an encapsulated tumor measuring 9cm. in greatest diameter. The cross-section was solid, homogenous, of a grayish white color. The Seminar slides are from this tumor. Eight months later the patient consulted because of recurrence of the urticaria. A retro-peritoneal lymphangiogram showed enlarged nodes interpreted as suspicious of lymphoma.

CASE 6 (#R76-355; Courtesy of Dr. F.J. Martinez Tello, Madrid Spain). 24-year-old female who was found to have in a routine X-ray an anteromediastin mass. There was no previous symptomatology. The gross specimen was that of a 10 cm. well circumscribed tumor, except in a small area which infiltrated the lung. There were no mediastinal lymphadenopathies.

CASE 7 (#R76-506): 57-year-old female with two month history of fever, night sweats, general malaise and generalized lymphadenopathy. The spleen was slightly enlarged and the liver was of normal size. Serum immunoglobulin stud showed polyclonal hypergammaglobulinemia.

CASE 8 (#R76-654; Courtesy of Dr. Lawrence Lu, Winnipeg, Canada). 72-year-old male with history of erythematous lesions and plaques in the skin for several years that lately became nodular. There was no clinical evidence lesions in internal organs.

CASE 9 (#A76-94) 17-year-old female that first presented in 1974 becaus of a painless mass in the right neck. Lateral xeroradiogram showed a 3cm. mas apparently localized at the base of the tongue. A biopsy of this lesion was interpreted as poorly differentiated sqamous cell carcinoma with lymphocytic infiltration (lymphoepithelioma). 6,500 rads were administered to the primary tumor and 7,300 rads to the neck. This was accompanied by Vincristine, Actinomycin and Citoxan. This resulted in a complete disappearance of the tum

In February 1976, the patient noted edema of lower extremities and a epigastric mass. It was followed by bilateral pleural diffusion, focal atelec and hemorrhagic diathesis. The patient died as a result of a Gram negative septicemia. At autopsy there were tumor masses in liver, inguinal lymph nodes and dura. There was no evidence of recurrent tumor in tongue or nasopharynx. The Seminar slides are from the autopsy material.

CASE 10 (SHML #52; Courtesy of Dr. Zirout, Oran, Algeria). 10-year-old boy from Algeria. He was first seen in 1971 because of massive bilateral lymphadenopathy located in the submaxillary region, left parotic region, poste cervical chains and a 1cm. nodule in the left orbit. The clinical diagnosis w that of Hodgkin's disease versus tuberculosis. Chest X-rays showed a widening of the mediastinal structures. The patient was treated with antituberculous chemotherapy and radiation therapy to the neck. The cervical lymph nodes diminished somewhat in size but the mediastinal mass increased and a right pleural diffusion appeared.

SEMINAR ON LYMPH NODE PATHOLOGY

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