WINNIPEG SLIDE CLUB
NOVEMBER 1976

265

Hôpital Général - St. Boniface - General Hospital
409 Tache Avenue,
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(204) 943-0311

January 7, 1977

Dr. Juan Rosai
Director of Anatomic Pathology
University of Minnesota
Box 76, Mayo Memorial Building
Minneapolis, Minnesota
55455

Dear Juan,

Thank you for your generosity in having Mr. G. Todd in your department, to learn the technics for immuno-perioxidase.

Enclosed are the contributions from our November Meeting. The December Meeting was a social one, so no slides were available.

1. 257-76 Tooth extracted from a 10 year old boy. D. Morrow
2. 180-73 Female aged 70 years, lesion on gum. D. Morrow
3. 18362-76 60 year old lady with a large pelvic mass. Dr. H. Benediktsson.
4. 19963-76 Male aged 29, lesion from foot. R. Banerjee
5. 16414-76 Male aged 30, lesion inguinal region R. Banerjee
6. 18936-76 45 year old lady treated for hyperthyroidism, previous partial thyroidectomy some 20 years ago. B. Buntine
7. 19364-76 45 year old lady with a cold nodule, partial thyroidectomy. B. Buntine
8. 76 B 187 Female aged 36. 1 month history of dysarthria, occipital headache, ataxia. Collapsed and died. A soft mass 3 cm across was found in IV ventricle. Appeared to arise from roof. D. Owen
9. S76-951-6 Wedge biopsy of liver from a 2 month old male infant who had a small bowel resection during the first week of life H. Chambers
10. 6714A-76 Anomental biopsy in a 71 year old lady with an infra umbilical incisional hernia following total hysterectomy and bilateral oophorectomy 4 years ago. B. Johnston
11. 8130-76 R.W. Male aged 74 year old, lesion removed from rectum 25 cm. R. Stark
12. 302-76 B.G. Male aged 4½ months. A premature infant, birth weight 1325 gms, with clinical respiratory distress until death. R. Stark

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13. 6659-76 30 year old man had had seizures for past 4 years. A tumor was removed from the lt. temporal lobe. my contribution.
14. 76-305 A 49 year old lady had suffered from paralysis for 2 weeks duration. previously she had a large spleen removed. my contribution.

The veterinarian pathologists were out of town for their convention, so no contributions from them.

Enclosed are two letters from Drs. R. Scully and H.S. Gallagen for the case, contributed by Dr. H. Benediktsson, Actually this case is from Dr. Peter Mierau who has given me some formalin fixed tissue for further study and he does not mind that I may use this case for our fall tumor seminar.

Other two cases are from H. Chambers one is (15)? a mass removed from a neoborn's back, and other is from (16)? a 4 year old's nasal mass, near nostril.

Thank you for your attention.

Sincerely,

L. Lu, M.D.,
Pathologist.

LL/jk

THE UNIVERSITY OF TEXAS SYSTEM CANCER CENTER

Texas Medical Center   Houston, Texas 77030

December 13, 1976

D. W. Buntine, M.D.
Health Sciences Centre
685 Bannatyne Avenue
Winnipeg, Manitoba Canada R3E 0Z3

RE: PYDEE, Joyce, MDAH 0S-76-7541
Your #76-18362-4

Dear Doctor Buntine:

I have examined with great interest the slides you sent on the above captioned patient. The lesion is basically a solid tumor with focal necrosis and small cystic spaces. The background is made up of nondescript fibrous stromal cells and embedded in this, there are irregular deposits of rounded ovoid neoplastic cells resembling epithelium of Brenner tumor. Some of the small cysts are lined by mucinous epithelium and elsewhere there are cells which are intermediate between the two epithelial types. A mucin stain done on one of the unstained sections you supplied shows that each of the cell types has its characteristic mucin pattern. The obviously mucinous epithelium stains darkly, the Brenner-like cells not at all and the third type shows an occasional cell with intra-cytoplasmic mucin droplets.

I believe that this is basically a malignant adenofibroma, part of the epithelium, of which, is of the transitional or Brenner type, and in that sense it is a malignant Brenner tumor. It is admixed with mucinous carcinoma, a not uncommon accompaniment of Brenner tumors and the third epithelial type is an intermediate which has characteristics of both patterns.

It is clear that this is basically an epithelial carcinoma of ovary, but it certainly is an unusual mixture. Grading of a unique lesion such as this one must be considered risky, but I would be reasonably confident that it is more than Grade I.

Thank you for the privilege of studying this extremely instructive neoplasm.

Yours very truly,

H. S. Gallager

H. S. Gallager, M.D.
Pathologist

HSG:pb

HARVARD MEDICAL SCHOOL — MASSACHUSETTS GENERAL HOSPITAL

JAMES HOMER WRIGHT PATHOLOGY LABORATORIES

ROBERT E. SCULLY, M.D.
Professor of Pathology
at the
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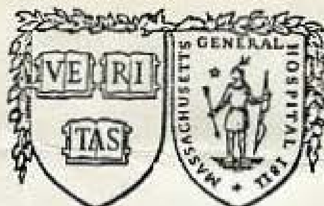

Pathologist
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December 13, 1976

D. W. Buntine, M. D.
Department of Pathology
Health Sciences Center
700 William Avenue
Winnipeg, Manitoba R3E 0Z3, Canada

Re: 76-18362 (6 slides) - Joyce Pydee

Dear Doctor Buntine:

I have looked at the above slides and I am having difficulty in making up my mind between a malignant Brenner tumor and a clear cell carcinoma. I favor the latter because of the clusters of large clear cells, which I presume contain glycogen as well as the adenofibromatous component in which there are benign-appearing glandular spaces lined by rather indifferent epithelium, some of which may contain mucin.

I see the small nests suggestive of benign Brenner nests, but I am not convinced that there are any benign Brenner nests definitely present. The benign glandular epithelium is certainly not typical of what one sees in a benign Brenner tumor, but this type of indifferent epithelium can be seen in tumors that elsewhere are characteristic clear cell carcinomas. There are other cellular areas of the tumor that suggest a stromal component in addition to the obvious fibromatous component.

I would like to defer a decision on this case until I see glycogen, mucus and reticulum stains. Unfortunately, my technician is out sick now, but I shall try to get them as soon as possible and write you another letter.

Thank you for sending me these most interesting slides.

Sincerely yours,

Robert E. Scully

Robert E. Scully, M. D.
Pathologist

RES:cd

P.S. Following letter Dr. Scully felt the tumor is a malignant Brenner tumor but no transitional changes are seen.

42nd Slide Club Meeting

Dec 3, 1976
555 Oxford St. 265

PRESENT:. Drs. Banjeree; Benediktsson; Buntine; Chambers; Johnston; Lu; Morrow; Owen & Stark.

Stark	8130-76. R.W. (Male) aged 74 yrs. Lesion removed from rectum at 25 cms.	Adenomatous polyp with pseudocarcinomatous invasion. 11
	302-76. B.G. (Male) aged 4½ months. A premature infant (Birth weight 1325g.) with clinical respiratory distress until death.	Hyaline membrane disease. 12 Oxygen Therapy. Candida and Torulopsis infectio
Johnston	6714A-76. An omental biopsy in a 71 year old female with an infraumbilical incisional hernia following an operative procedure 4 yrs previously.	Carcinosarcoma 10
Chambers	S76-951-6 Wedge biopsy of liver from 2 month old male infant who had a small bowel resection during the first week of life.	Liver changes associated with parenteral feeding 9
	A75-124-A Tissue from back of newborn girl whose mother had polyhydramnios.	Vernix leptomeningitis following intrauterine rupture of meningomyelocoele 15
	S76-879-1 Mass from nose in 2 month old boy	Nasal glioma (developmental) 16
Benediktsson	18362/76 60 year old woman with a pelvic mass.	Malignant Brenner tumor * 3
Banerjee	19963/76 Male aged 29, lesion from foot.	Compound ganglion 4
	16414/76 Male aged 30, lesion inguinal region	Vasitis nodosa following vas ligation 5

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ntine	18936/76-3 & -4	45 year old female treated for hyperthyroidism. Previous partial thyroidectomy some 2o years before.	Follicular carcinoma
	19364/76-2	45 year old female with cold nodule. Partial thyroidectomy.	Medullary carcinoma 7
en	76 B 187	Female aged 36. 1 month history dysarthria, occipital headache ataxia. Collapsed and died before esoteric investigations completed. At autopsy, soft mass 3.0 cm. in diameter in IVth ventrical. Appeared to arise fron roof. Compressing but not infiltrating adjacent structures. No hydro cephalus. Representative sections of mass.	Ependymoma 8
rrow	257/76	Tooth extracted from 10 year old boy	Dentinogenesis imperfecta 1
	189/73	Female aged 70 years, lesion on gum.	Recurrent ameloblastom basal cell variant 2
	6659-76	30 year old man had experienced seizures for the past 4 years. A tumor was removed from the lt. temporal lobe.	Protoplasmic astrocytoma. 13
	76-305	49 year old lady had suffered paralysis for 2 weeks.	Malignant histiocytosis 14
sai		A 66 year old man had myasthenia gravis for 6 years, main symptoms were diplopia, bilateral ptosis and difficulty in chewing. At thoracotomy and an encapsulated tumor was removed at the posterior aspect of mediastinum.	Benign thymoma **

* See previously circulated consultation reports.

** References:

1. Lottes R., Thymoma and other Tumors of the Thymus, analysis of 107 Cases, Cancer, vol 15, p 1224-1260, 1962.

2. Legg, M.A. and Brodys, W.J., Pathology and Clinical Behaviour of Thymoma, a Survey of 51 Cases, Cancer vol 18, p 1130-1144, 1965.

3. Levine, J.D. and Rosai, J., Fine Structure of Thymoma with Emphasis on its Differential Diagnosis, A Study of 10 Cases, Amer. J. of Path., vol 81, p 49-86, 1975

4. Solyer, W.R. and Eggleston, J.C., Thymoma, A Clinical and Pathological Study of 65 Cases, Cancer vol 37, p 229-249, 1976.