

INTERNATIONAL ACADEMY OF PATHOLOGYSPECIALTY CONFERENCEONSURGICAL PATHOLOGYMarch 5th, 1979 - EveningCase 1 (Dr. Walter Bauer, Washington University, St. Louis, Miss.)Clinical History:

A 21 year old man was found to have a tumor in the right nasal fossa with extension into the maxillary fossa. Sinus tomograms showed partial destruction of the medial sinus wall. The tumor appeared unusual to the surgeon and a frozen section was requested.

Case 2 (Dr. Darryl Carter, Yale University, New Haven, Conn.)Clinical History:

A full term female infant was found to have respiratory distress in the immediate postnatal period. Physical examination was normal except for a respiratory rate of 80 with substernal retractions. X-rays showed a huge anterior mediastinal mass depressing the heart. A 6 cm. solid mass was removed from the anterior mediastinum.

Case 3 (Dr. Jacob Churg, Barnert Memorial Hospital, Paterson, N.J.)Clinical History:

The patient was a 51 year old man who developed chest pain and a right pleural effusion. A persistent air leak followed thoracentesis. This was followed by pleural effusion on the left side. The patient became progressively worse and expired several months later, approximately

Case 3-Continued

six months from the onset of symptoms. At autopsy there was extensive involvement by tumor of both lungs, hilar and mediastinal lymph nodes, liver, kidneys and adrenals. The submitted section represents a mediastinal lymph node.

Case 4 Dr. Franz M. Enzinger, Armed Forces Institute of Pathology, Washington, D.C.)

Clinical History:

The patient is a 62 year old woman who complained of a slowly growing mass in the soft tissues overlying the iliac crest. The mass located in the dermis and subcutis, was poorly circumscribed and infiltrated diffusely the neighboring tissues. The specimen obtained at operation measured 9 x 6 x 6 cm in greatest diameter.

Case 5 (Dr. Richard L. Kempson, Stanford University Medical Center, Stanford, Cal.)

Clinical History:

This 62 year old woman had been receiving premarin in 25 day cycles for 15 years. One month prior to admission she developed uterine bleeding which persisted for a week. She consulted her gynecologist who confirmed the bleeding was coming from a slightly enlarged uterus. The remainder of the physical examination and pelvic examination were unremarkable. A cytologic preparation was negative for malignant cells. A diagnostic dilatation and curettage was performed and as a result of histologic examination of the curettings a hysterectomy was performed. The uterus weighed 90 grams. Grossly the endometrium was thin and hemorrhagic and there was no evidence of myometrial abnormality.

Case 6 (Dr. Bill Meissner, New England Deaconess Hospital, Boston, Mass.)

Clinical History:

A 62 year old man, euthyroid, presented with pain and swelling in the right neck. At operation the enlarged thyroid gland was diffusely abnormal, being firm and slightly nodular with no residual normal parenchyma.

Case 7 (Dr. Richard J. Reed, Tulane University, New Orleans, La.)

Clinical History:

The patient is a 30 year old white man who has had laryngeal papillomatosis since the age of 9. He was noted at that time to have cystic lesions of the left lung. Over a period of 21 years he has had 60 operations for laryngeal papillomatosis. Since 1975, he has had three operations with carbon dioxide laser for vaporization of laryngeal lesions. An examination in 1976 failed to reveal involvement of the tracheobronchial tree.

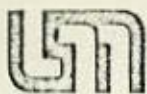
In December 1977, the patient was seen with complaints of shortness of breath and hemoptysis. He had atelectasis of the right upper lobe and a pneumonitis. He was next seen in March 1978 and had a pneumothorax on the left. A chest tube was inserted but the pneumothorax recurred 3 times before the chest tube was successfully removed. A mass was noted in the right hilum and there was persistent right upper lobe atelectasis. At bronchoscopy, a lesion was found in the right main stem bronchus.

Case 7-Continued

Clinically it was interpreted as a bronchial papilloma. A biopsy at that time was interpreted as a possible granuloma and the patient was begun on antituberculous therapy. The antituberculous therapy did not affect the size of the mass in the right hilum and the patient had increasing cough and dyspnea. A bronchoscopy on July 23, 1978 revealed a mass totally occluding the right main stem bronchus and protruding into the trachea. The mass was biopsied. A right pneumonectomy was performed.

Case 8 (Dr. Juan Rosai, University of Minnesota, Minneapolis, Minn.)Case History:

39 year old Black male who had a lesion in the penis for over two years. It was located in the glans and was reddish, elevated and indurated. A biopsy had been done two years ago and interpreted as "chronic non-specific inflammation". In the subsequent two years, more lesions have developed, resulting in deformity of the penis. (Courtesy of Dr. R.N. Rao, Medical College of Georgia, Augusta, Georgia).



UNIVERSITY OF MINNESOTA
TWIN CITIES

Department of Laboratory Medicine and Pathology
Medical School
Box 609 Mayo Memorial Building
Minneapolis, Minnesota 55455

335

February 1, 1979

Raffaele Lattes, M.D.
Professor of Surgical
Pathology (Emeritus)
College of Physicians &
Surgeons of Columbia University
630 West 168th Street
New York, NY 10032

Dear Dr. Lattes:

These are my diagnostic impressions on the cases to be presented at the Specialty Conference of Surgical Pathology next March in San Francisco.

- Case 1. Benign nasal polyp with stromal atypia and Masson's changes in the blood vessels.
- Case 2. Mediastinal teratoma, with immature neural elements.
- Case 3. Undifferentiated carcinoma.
- Case 4. Chordoid sarcoma.
- Case 5. Atypical endometrial hyperplasia.
- Case 6. Chronic granulomatous thyroiditis.
- Case 7. Well differentiated squamous carcinoma (so-called invasive papillomatosis).
- Case 8. Angiolymphoid hyperplasia with eosinophilia.

Sincerely yours,

Juan Rosai, M.D.
Director of Anatomic Pathology

MARCH 79

College of Physicians & Surgeons of Columbia University | New York, N.Y. 10032

SURGICAL PATHOLOGY

630 West 168th Street

April 28, 1978

Juan Rosai, M.D.
Division of Surgical Pathology
Box 609 Mayo Building
University of Minnesota
School of Medicine
Minneapolis, Minnesota 55455

Dear Doctor Rosai:

I have been asked to be the Moderator of the International Academy of Pathology Surgical Pathology Specialty Conference which next March will be held in San Francisco. I do not yet know the exact date, but I will get in touch with you again.

I would like to ask you to participate as a member of that panel. If you are interested, the modalities are as follows:

Each panelist should submit one case for presentation. The cases should represent either very important problems of differential diagnosis in Surgical Pathology, or unusual and instructive clinical pathological correlations, or rare but important entities presumed to be poorly known by the rank and file pathologists. In addition, whenever available the result of special techniques such as histochemical, electron microscopic or tissue culture studies would be a welcome addition.

Cases to be submitted should have enough tissue to cut 35 to 40 H&E sections to be distributed to panelists, participants of the meeting, and for the microscopic study rooms for the general membership to study. I would prefer it if you could send me the set of slides already cut and stained and properly labeled but if it is impossible you should send me one H&E slide plus a paraffin block suitable for preparation of a set. Together with the slides and/or paraffin block, I need a brief, possibly not misleading, clinical abstract.

I hope you will accept this invitation and I would appreciate it if you could let me know as soon as possible if we can count on your participation.

With best personal regards.

Sincerely yours,



Raffaele Lattes, M.D.



UNIVERSITY OF MINNESOTA
TWIN CITIES

Department of Laboratory Medicine and Pathology
Medical School
Box 609 Mayo Memorial Building
420 Delaware Street S.E.
Minneapolis, Minnesota 55455

May 4, 1978

Raffaele Lattes, M.D.
Surgical Pathology
College of Physicians & Surgeons
Columbia University
630 West 168th Street
New York, NY 10032

Dear Dr. Lattes:

Thank you very much for your letter of April 28th and your kind invitation for me to participate in the next Surgical Pathology Specialty Conference of International Academy of Pathology. It is an honor for me to be a part in this endeavor and I accept with pleasure. Please let me know what is the deadline for sending my case to you and with what number should I label the corresponding slides. I will be sending you 40 H&E stained sections instead of the paraffin blocks.

Best personal regards,

A handwritten signature in cursive script, appearing to read 'Juan Rosai'.

Juan Rosai, M.D.
Professor, Laboratory Medicine and
Pathology
Director of Anatomic Pathology

JR:ae

College of Physicians & Surgeons of Columbia University | New York, N.Y. 10032

SURGICAL PATHOLOGY

630 West 168th Street

May 9, 1978

Juan Rosai, M.D.
Professor, Laboratory Medicine and
Pathology
Director of Anatomic Pathology
University of Minnesota
Box 609 Mayo Memorial Building
420 Delaware Street S.E.
Minneapolis, Minnesota 55455

Dear Juan:

I am glad that you accepted to be one of the participating members of the Panel of the Surgical Pathology Specialty Conference, next March.

I would like to have all the sets of slides and clinical histories here not later than next September, if it is possible for you. When you send me the sections please put blank labels on them because we do not know yet in which order the cases will be presented.

With best regards.

Sincerely yours,



Raffaele Lattes, M.D.
Professor of Surgical Pathology

RL:es



UNIVERSITY OF MINNESOTA
TWIN CITIES

Department of Laboratory Medicine and Pathology
Medical School
Box 609 Mayo Memorial Building
Minneapolis, Minnesota 55455

July 19, 1978

Raffaele Lattes, M.D.
College of Physicians
& Surgeons of Columbia
University
630 West 168th Street
New York, N.Y. 10032

Dear Dr. Lattes:

I am enclosing with this letter 39 microscopic slides for the case that I will present at the Surgical Pathology Specialty Conference in San Francisco. I have checked all of them personally, and they all seem to be representative of the lesion to be illustrated and technically of acceptable quality.

I am giving below a summary of the clinical history. If there is any additional material or information you need from this case, please let me know.

Best personal regards,

Juan Rosai, M.D.
Professor, Laboratory Medicine
and Pathology
Director of Anatomic Pathology

Case History:

39-year-old Black male who had a lesion in the penis for over two years. It was located in the glans and was reddish, elevated and indurated. A biopsy had been done two years ago and interpreted as "chronic nonspecific inflammation". In the subsequent two years, more lesions have developed, resulting in deformity of the penis. (Courtesy of Dr. R. N. Rao, Medical College of Georgia, Augusta, Georgia)

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JR:jed

International Academy of Pathology, Inc.

Formerly International Association of Medical Museums

Convention Office: STEVEN K. HERLITZ, INC.

850 Third Avenue • New York, NY 10022 U.S.A. • 212/421-6900



(founded by Maude Abbott 1906)

January 24, 1979

Raffaele Lattes, M.D.
Professor of Surgical Pathology
College of Physicians & Surgeons of
Columbia University
630 West 168th Street
New York, NY

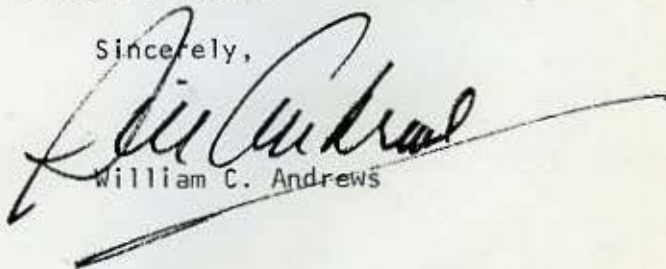
Dear Dr. Lattes:

Many thanks for your letter of January 19, 1979 in accordance with which we have made the following arrangements for the Specialty Conference "Surgical Pathology," panelists' dinner, at the San Francisco Hilton.

| | |
|------------|--------------------------|
| Date: | Monday, 5 March 1979 |
| Room: | Whitney Room (4th Floor) |
| Cocktails: | 6:00 p.m. |
| Dinner: | 6:30 p.m. |
| Number: | 9 persons |
| Billing: | IAP Master Account |

Your Specialty Conference "Surgical Pathology" is scheduled in Continental Ballrooms 5 and 6, Monday, 5 March 1979 at 7:30 p.m.-10:30 p.m. Please advise if you anticipate ending your session earlier.

Sincerely,



William C. Andrews

WCA/rg

cc: Leland D. Stoddard, M.D.
Mrs. Melita R. Posey
Mrs. Elma Feil

College of Physicians & Surgeons of Columbia University | *New York, N.Y. 10032*

SURGICAL PATHOLOGY

630 West 168th Street

January 16, 1979

Juan Rosai, M.D.
Division of Surgical Pathology
Box 609 Mayo Building
University of Minnesota
School of Medicine
Minneapolis, Minnesota 55455

Dear Dr. Rosai:

Here enclosed we are mailing to you the slides of the 8 cases (including your own) which will be presented and discussed at the IAP Specialty Conference in Surgical Pathology, in San Francisco, the evening of March 5th, 1979.

For case #7, there is also a Kodachrome of the gross specimen. The cases will be discussed by the respective contributors, in alphabetical order. It is hoped that each presentation will be about 15' duration, so that there may be time for some questions and answers.

With best regards.

Sincerely yours,

RL:es

Raffaele Lattes, M.D.
Professor of Surgical Pathology
(Emeritus)

College of Physicians & Surgeons of Columbia University | *New York, N.Y. 10032*

SURGICAL PATHOLOGY

630 West 168th Street

January 29, 1979

Juan Rosai, M.D.
Professor, Laboratory Medicine and
Pathology
Director of Anatomic Pathology
University of Minnesota
Box 609 Mayo Memorial Building
420 Delaware Street S.E.
Minneapolis, Minnesota 55455

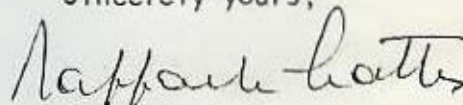
Dear Dr. Rosai:

Could you please send me your diagnoses for the cases to be presented at the Specialty Conference on Surgical Pathology next March in San Francisco.

They will be amalgamated in tables to be shown to the audience at the end of each case.

With best regards.

Sincerely yours,



Raffaele Lattes, M.D.

RL:es

P.S. Enclosed please also find the schedule for the Evening Meeting in San Francisco.

SEMINAR 335 - DX OF CONTRIBUTORS

- Case 1 (Bauer) - Benign nasal polyp with pseudosarcomatous changes.
- Case 2 (Carter) - Immature mediastinal teratoma.
- Case 3 (Churg) - Malignant mesothelioma.
- Case 4 (Enzinger) - Foreign-body (P.C.V.)[?] granuloma. *was there*
- Case 5 (Kempson) - Atypical endometrial hyperplasia.
- Case 6 (Meissner) - Hashimoto's thyroiditis, with secondary granulomatous changes.
- Case 7 (Reed) - Well-differentiated squamous carcinoma.
- Case 8 (Rosai) - Angiolymphoid hyperplasia with eosinophilia (histiocytoid hemangioma).