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CALIFORNIA TUMOR TISSUE REGISTRY

LOS ANGELES COUNTY - UNIVERSITY OF SOUTHERN CALIFORNIA

PROTOCOL

FOR

MONTHLY STUDY SLIDES

SEPTEMBER 1981

ADRENAL TUMORS

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CONTRIBUTOR: John K. Waken, M. D.
San Gabriel, California

SEPTEMBER 1981 - CASE 1

ACCESSION NO. 20770

TISSUE FROM: Adrenal

CLINICAL ABSTRACT:

History: The patient was a 74 year old obese, hypertensive and diabetic female who was admitted to the hospital on 6/24/74 for evaluation of marked dyspnea and ankle edema of one month's duration. During the last four to five months she had noted increasing facial hirsutism, thinning of the scalp hair, and flushing of the skin of the face and neck.

Physical Examination: A plethoric elderly white female with a distinctive body habitus that includes thinning of the scalp hair, facial hirsutism, rounded facies, truncal obesity and thin extremities. Blood pressure was 160/100 on antihypertensive medication, pulse 82, respiration 20, weight 136 lbs, height 60 inches. Skin showed multiple ecchymoses and markedly thin skin.

Laboratory Studies: Hemoglobin 12.8, plasma cortisol 29 micrograms (normal 5-20), 17 hydroxycorticosteroids 40.3 (normal 5-15), 17 ketosteroids 12.1 (normal 5-15), cholesterol 448, alkaline phosphatase 255, LDH 459.

Radiograph: X-Ray of the abdomen showed a large mass density superior to the right renal outline and a large renal calculus in the left upper pole.

SURGERY: (June 24, 1974)

An adrenalectomy was performed.

GROSS PATHOLOGY:

The right adrenal gland weighed 310 grams, measured 9 x 9 x 7 cm. and showed a multinodular surface with focal rupture of pink tan tumor tissue through the capsule. Serial cut sections showed a focally hemorrhage variegated greyish-tan-pink to dark purple tumor with small yellow-tan areas of necrosis. There was a slight tendency to compartmentalization while other areas appeared fleshy.

FOLLOW UP:

Patient suffered a post-operative cardiac arrest and expired on July 2, 1974.

CONTRIBUTOR: Henry Tesluk, M. D.
James Lawrie, M. D.
Sacramento, California

SEPTEMBER 1981 - CASE 2

ACCESSION NO. 23989

TISSUE FROM: Right adrenal

CLINICAL ABSTRACT:

History: The patient, a 19 year old white female, was in good health until the onset of secondary amenorrhea at age 15 one year after menarche. Hypertension was noted at age 16 and workup at that time which included 3 a. m. cortisols, FSH, LH, thyroid functions tests, 17 hydroxysteroids and 17 ketosteroids were within normal limits. Nine months prior to admission the patient noted the development of rounded facies, central obesity and with 20 lbs. weight gain. She also complained of muscle weakness in the legs. In May 1980 a low dose and high dose dexamethasone suppression test was perfomed and the patine failed to suppress at each dose. A CT scan of the sella turcica was normal however CT scan showed a 5 x 6 cm. right adrenal mass. Chest x-ray was normal.

SURGERY: (July 11, 1980)

A right adrenalectomy was performed. The left adrenal gland was palpated blindly at the time of surgery and thought to be normal.

GROSS PATHOLOGY:

The specimen was a 4.5 x 4 x 4 cm. encapsulated red and yellow mass. On cross section the tumor had the appearance of adrenal cortex. The central portion appeared fibrotic. Focal areas of hemorrhage and necorsis were present.

FOLLOW-UP:

Patient when last seen on July 28, 1980 was doing well.

CONTRIBUTOR: Patrick Chambers, M. D.
Los Angeles, California

SEPTEMBER 1981 - CASE 3

ACCESSION NO. 22320

TISSUE FROM: Right adrenal

CLINICAL ABSTRACT:

History: This 64 year old caucasian female pharmacist of 42 years died at home alone in a chair, 3 days after being seen by a specialist for "severe hotness to the back of the head and neck" fainting spells, palpitations and increased perspiration and thirst over at least a 2 year period. She was a chronic smoker with COPD and cor pulmonale, but although she had cardiomegaly by chest radiograph and EKG, she was always normotensive on visits to her general doctor. Extensive workup, including ESR, LE prep., ANA, GTT, T3, T4, EEG and EMG was essentially unremarkable. The specialist to whom she was referred had planned a heavy metal screen.

AUTOPSY: (April 19, 1977)

The specimen consisted of a right adrenal, which weighed 120 grams and 2 nodules were present. One was golden yellow, slightly friable, and measured 3.5 cm. in diameter. The other was gray-white with focal hemorrhage, rubbery firm and measured 5.5 cm. in diameter. These nodules were separated and surrounded by a thin rim of adrenal cortical tissue.

CONTRIBUTOR: James D. Collins, M. D. SEPTEMBER 1981 - CASE 4
Waterloo, Iowa

TISSUE FROM: Adrenal

CLINICAL ABSTRACT:

History: A 69 year old man was hospitalized for 10 days in May 1979 for extreme easy fatigability. At that time he was noted to have dry skin with pigmentation over the lower legs with some cracking of the skin of the lower abdomen. His serum sodium was 129 mEq and the potassium 4.5 mEq at admission. Diagnostic studies disclosed chronic active hepatitis, arteriosclerotic heart disease, chronic renal disease possibly secondary to arteriosclerosis and early chronic obstructive pulmonary disease. He was discharged on various medications. He died on July 27, 1979 of an apparent cardiac arrest four hours after a femoral arteriogram to evaluate down extremity vascular insufficiency.

AUTOPSY:

Both adrenal glands were enlarged to 5.0 cm. in greatest dimension and appeared to be completely replaced by tumor. Each gland weighed about 30 gms. Infiltration of the surrounding fat or kidney was not identified. No apparent metastases were noted.

CONTRIBUTOR: Eunice S. G. Waters, M. D.
Imola, California

SEPTEMBER 1981 - CASE 5

ACCESSION NO. 13843

TISSUE FROM: Right adrenal

CLINICAL ABSTRACT:

History: The patient, a chronic undifferentiated Schizophrenic, was admitted in January of 1964, after several suicidal attempts and three previous admissions. His first serious depression was in 1953 precipitated by the death of his father. He was treated with mellaril, Tofranil and also received multivitamins daily and elixir of Bellabarbital. The patient expired on September 11, 1964, but apparently nothing unusual had been noted except that he was noted to be still too depressed to have home leave in July 1964.

AUTOPSY:

The patient showed acute cardiac dilatation and failure with acute pulmonary congestion and edema, horseshoe kidney with chronic cystitis and pyelitis. The right adrenal weighed 13 grams and the left adrenal weighed 6 grams. On the right there was a large cortical adenoma. On the left there were some patches of cortical hyperplasia.

CONTRIBUTOR: Paul R. Thompson, M. D.
Pasadena, California

SEPTEMBER 1981 - CASE 6

ACCESSION NO. 17465

TISSUE FROM: Adrenal glands

CLINICAL ABSTRACT:

History: A 73 year old Jewish male had a one week history of weakness, nausea, abdominal distress, and weight loss. He was hospitalized and workups revealed a peptic ulcer which was treated with antacids and a bland diet. A week following discharge from the hospital he suddenly became weak, hyperpneic and cyanotic. On arrival at the hospital no blood pressure was obtainable. EKG showed no evidence of myocardial infarction. Shortly thereafter a respiratory and cardiac arrest ensued from which he could not be resuscitated.

AUTOPSY: (January 3, 1968)

The adrenal glands were markedly enlarged and appeared totally replaceed by tumor. The right adrenal was 10 cm. long and 15 cm. in diameter, weighed 250 gm., and when sectioned revealed pale yellow white tumor and no identifiable adrenal tissue. This mass surrounded, but did not invade, the upper pole of the right kidney. The left adrenal was 10 cm. diameter and 4 to 5 cm. long, weighed 120 gm., and had a similar appearance to the right adrenal. Adjacent periaortic nodes were also replaced by tumor.

The remainder of the autopsy findings included a small superficial duodenal ulcer, diverticula of the rectosigmoid colon, and prostatic hypertrophy.

CONTRIBUTOR: Milton L. Bassis, M. D.
San Francisco, California

SEPTEMBER 1981 - CASE 7

ACCESSION NO. 15771

TISSUE FROM: Left adrenal

CLINICAL ABSTRACT:

History: The patient had a four year history of hypertension, and was treated with drugs and low sodium diet. She was admitted with severe headache and blood pressure of 300/190. Recent history of elevated fasting blood sugar. Past medical history included a partial thyroidectomy in 1938 for a thyroid carcinoma in San Luis Obispo, California. The patient had an uneventful recovery until 1951 when a thyroid carcinoma was removed from the right neck. In 1957 the patient had a right radical mastectomy in 1959 for another breast carcinoma. In 1962 the patient had a lymph node removed from the right neck containing a metastatic carcinoma, resembling the tumor removed from the thyroid. The patient had been maintained on thyroid extracts since 1951.

Laboratory data: There was a marked elevation of the urinary catecholamine. Retroperitoneal CO_2 insufflation was unsatisfactory.

Radiograph: Chest x-ray showed an emphysematous chest with no evidence of metastatic tumor. A left retrograde pyelogram suggested a mass at the upper pole of the left kidney.

SURGERY:

An exploratory laparotomy was performed with a bilateral adrenalectomy and exploration of the retroperitoneum. Tumors were present in both adrenal glands. There was a solitary live metastases which was removed by wedge resection and proved to be a metastatic adenocarcinoma thought to have come from the previous breast tumor.

GROSS PATHOLOGY:

The left adrenal weighed 249 grams and measured 9 x 7 x 6 cm. The adrenal was replaced by tumor having an orange-brown appearance with focal areas of necrosis and hemorrhage. There were fragments of flattened adrenal cortical tissue on the surface of the tumor. A positive dichromate reaction was present in the tumor.

The right adrenal weighed 105 grams and measured 8 x 7 x 3 cm. presenting a similar appearance to the left.

FOLLOW-UP:

The patient was last seen in April 1968. At that time she had a pelvic mass which was felt to represent a fibroid uterus. Hysterectomy was advised but the patient refused. No evidence of recurrence of breast, thyroid or adrenal tumors.

CONTRIBUTOR: Jules Kernen, M. D.
Frances E. Pincus, M. D.
Los Angeles, California

SEPTEMBER 1981 - CASE 8

ACCESSION NO. 22376

TISSUE FROM: Left adrenal

CLINICAL ABSTRACT:

History: A 63 year old caucasian male physician had a one year history of gradual loss of libido and increase in breast size.

Laboratory Studies: Total estrogen per 24 hour was 1552 micrograms (normal male 4-25), 17 hydroxysteroids 17 mgs. per 24 hour (normal 3-10), and 17 ketosteroids 50 mgs. per 24 hour (normal 9-22). Estradiol examination was 611 picograms (normal 10-50).

Radiographs: Abdominal x-rays and angiogram revealed the presence of a left adrenal mass lesion.

SURGERY: (August 19, 1975)

A left adrenalectomy and splenectomy were performed.

GROSS PATHOLOGY:

Specimen consisted of a left adrenal gland, virtually totally replaced by an 8.9cm. in diameter oval tumor mass weighing 269 grams. The tumor appeared grossly encapsulated. On cut surface the tumor was pale pink-tan, with areas of yellow-white streaking and small hemorrhagic foci. The tissue varied from soft and fleshy to moderately firm and fibrous.

FOLLOW UP:

Patient expired on March 18, 1979, An autopsy revealed massive metastatic tumor in the liver.

CONTRIBUTOR: E. R. Jennings, M. D.
Long Beach, California

SEPTEMBER 1981 - CASE 9

ACCESSION NO. 20115

TISSUE FROM: Left adrenal

CLINICAL ABSTRACT:

History: A 46 year old caucasian female consulted her physician for pulsation in right neck and was found to have a blood pressure of 240/120. She had been diagnosed as having essential hypertension four years previously (normal IVP, serum cortisol, and potassium) and was given diuretics and aldomet, which she had stopped using.

Labortory Studies: Potassium was 2mEq/L., plasma cortisol 7, and 17 hydroxysteroids 25 mg./24 hours (normal 3-15).

Radiographs: An aortogram revealed an orange-sized tumor of the left adrenal.

SURGERY: (April 1973)

The left adrenal gland was resected.

GROSS PATHOLOGY:

The left adrenal was 8 x 7 x 5.5 cm. and weighed 140 gm. It was yellow and slightly hemorrhagic. Sections revealed the adrenal to be replaced by homogenous, slightly friable, glistening yellow tan tumor.

FOLLOW UP:

Patient lost to follow-up.

CONTRIBUTOR: D. Tatter, M. D. SEPTEMBER 1981 - CASE 10
David Lieu, M. D.
Los Angeles, California ACCESSION NO. 24290

TISSUE FROM: Adrenal glands

CLINICAL ABSTRACT:

History: This 88 year old mexican-american female was admitted to the hospital with a five month history of diminishing mental status and anorexia following a cholecystectomy in October 1980. Past medical history was remarkable for pernicious anemia, treated by monthly B12 injections. On admission she was discovered to be in chronic renal failure (creatinine 4.9 mg/dl, Bun 87 mgldl) and to have a urinary tract infection. She was treated with hydration and antibiotics. Her hospital course was complicated by hypofibrinogenemia hypotension, and hypothermia. Her condition deteriorated and she expired on March 13, 1981.

GROSS PATHOLOGY: (Autopsy)

The right and left adrenal glands weighed 8 and 7 grams respectively and were grossly unremarkable.

The cause of death was determined to be septic shock with ischemic bowel disease, presumable seeded from her acute cystitis (klebsiella by culture).

CONTRIBUTOR: Spencer B. Gilbert, M. D.
Placentia, California

SEPTEMBER 1981 - CASE 11

ACCESSION NO. 22723

TISSUE FROM: Right adrenal

CLINICAL ABSTRACT:

History: This 48 year old female was noted to be hypertensive (BP 180/110) in May of 1975. Serum potassium was 3.1 mEq/L. Plasma renin levels were low. Renal venogram was within normal limits; However, bilateral adrenal vein aldosterene levels were also obtained during the same study. They showed a left adrenal vein aldosterone of 21, and a right adrenal vein aldosterone greater than 300.

SURGERY: (March 1, 1976)

A right adrenalectomy was performed.

GROSS PATHOLOGY:

Specimen consisted of a right adrenal gland measuring 4.5 x 2.2 x 0.5 cm. and weighing 12 grams. The cortex was bright yellow and averaged 1 mm. in thickness. Several minute cortical nodules were observed, some in the adjacent soft tissue.

FOLLOW UP:

As of May 17, 1978, the patient was normotensive.

CONTRIBUTOR: Melvin W. Anderson, M. D.
Alhambra, California

SEPTEMBER 1981 - CASE 12

ACCESSION NO. 23604

TISSUE FROM: Left adrenal

CLINICAL ABSTRACT:

History: This 54 year old caucasian female presented on July 22, 1979 with acute cardiovascular collapse and acute renal failure. She was subsequently determined to have suffered an acute anterior-lateral subendocardial myocardial infarction. She was stabilized with supportive care and dialysis. Renal function returned. A hypertensive crisis followed, manifested by cardiovascular collapse and cardiopulmonary arrest. She was successfully resuscitated. Urinary catecholamines were 785 UG/ 24 hours (normal up to 115), urine VMA was 125 mg/24 hours (normal 1-10), urine metanephrines 22.9 mg./24 hours (normal less than 1.0), and urine HIAA 6.0 mg./ 24 hours (normal 2-8). A CAT scan revealed a 10.0 cm. mass above the left kidney.

SURGERY: (August 23, 1979)

A left adrenalectomy was performed.

GROSS PATHOLOGY:

The specimen consisted of a 9.5 x 8.0 x 5.5 cm. oval, encapsulated, mass weighing 181 grams. A 6.0 x 2.6 x 0.7 cm. portion of adrenal gland was attached to one margin of the tumor. Cut surface of the tumor was bulging tan to pink-tan, and composed of moderately firm to rubbery tissue. In the center of the tumor was a 6.0 x 3. 0 x 3. 0 zone of hydropic degeneration, and other areas showed foci of yellowish necrosis and scattered recent hemorrhage.

FOLLOW UP:

As of June 25, 1981 patient feeling well; has residual aphasia which is improving.

STUDY GROUP CASES

FOR

SEPTEMBER 1981

CASE NO. 1 - ACC. NO. 20770

LOS ANGELES: Adrenal cortical carcinoma - 8

CENTRAL VALLEY: Adrenal cortical carcinoma - 6

FRESNO: Cortical carcinoma - 11

INDIANA: Adrenal cortical carcinoma - 4

INLAND: Adrenal cortical carcinoma - 11

LONG BEACH: Adrenal cortical carcinoma - 8

MARTINEZ: Adrenal cortical carcinoma - 10

OAKLAND: Adrenal cortical carcinoma - 9

OHIO: Adrenal cortical carcinoma - 5

RENO: Adrenal cortical carcinoma - 13

SACRAMENTO: Carcinoma adrenal cortex - 6

SAN FRANCISCO: Adrenocortical carcinoma - 10

REFERENCE:

Kays, S: Hyperplasia and Neoplasia of the Adrenal Gland. Pathology Annual 11:103-139, 1976.

King, D. R. and Lack, E. E: Adrenal Cortical Carcinoma (49 cases). Cancer 44:239-244, 1979.

FILE DIAGNOSIS:

Adrenal cortical carcinoma 1940-8373

CASE NO. 2 - ACC. NO. 23989 SEPTEMBER 1981

LOS ANGELES: Adrenal cortical adenoma - 8

CENTRAL VALLEY: Adrenal cortical adenoma - 6

FRESNO: Adenoma - 11

INDIANA: Adrenal cortical adenoma - 4

INLAND: Adenoma - 11

LONG BEACH: Adrenal cortical carcinoma - 8

MARTINEZ: Adrenal cortical adenoma - 10

OAKLAND: Adrenal cortical adenoma - 9

OHIO: Adrenal cortical adenoma - 4; adrenal cortical hyperplasia - 1

RENO: Adrenal adenoma - 13

SACRAMENTO: Adenoma adrenal - 6

SAN FRANCISCO: Adrenal adenoma - 10

REFERENCE:

Schteingart, D. E., et. al: Adrenal Cortical Neoplasms Producing Cushing's Syndrome. Cancer 22:1005-1013, 1968.

FILE DIAGNOSIS:

Adrenal cortical adenoma 1940-8370

LOS ANGELES: Pheochromocytoma - 8

CENTRAL VALLEY: Pheochromocytoma - 6

FRESNO: Pheochromocytoma - 11

INDIANA: Pheochromocytoma - 4

INLAND: Pheochromocytoma - 11

LONG BEACH: Pheochromocytoma - 8

MARTINEZ: Pheochromocytoma - 10

OAKLAND: Pheochromocytoma - 9

OHIO: Pheochromocytoma - 5

RENO: Pheochromocytoma - 13

SACRAMENTO: Pheochromocytoma, adrenal - 6

SAN FRANCISCO: Pheochromocytoma - 10

REFERENCE:

100 cases of pheochromocytoma at the Columbia - Presbyterian Medical Center 1926-1976. Cancer 40:1987, 1977.

FILE DIAGNOSIS:

Pheochromocytoma 1940-8700

CASE NO. 4 - ACC. NO. 23512 SEPTEMBER 1981

LOS ANGELES: Histoplasmosis - 8

CENTRAL VALLEY: Histoplasmosis - 3; infarct - 2; granuloma - 1

FRESNO: Histoplasmosis - 11

INDIANA: Histoplasmosis - 4

INLAND: Histoplasmosis - 11

LONG BEACH: Histoplasmosis - 8

MARTINEZ: Adrenal cortical carcinoma with histoplasmosis - 10

OAKLAND: Histoplasmosis - 9

OHIO: Histoplasmosis - 5

RENO: Histoplasmosis - 13

SACRAMENTO: Histoplasmosis, adrenal - 6

SAN FRANCISCO: Histoplasmosis - 10

FILE DIAGNOSIS:

Histoplasmosis 1940-9377

CASE NO. 5 - ACC. NO. 13843 SEPTEMBER 1981

LOS ANGELES: Myelolipoma - 6; lipoma - 2

CENTRAL VALLEY: Lipoma - 3; adrenal cortical adenoma - 2; lipoma with adrenal cortical hyperplasia - 1

FRESNO: Myelolipoma - 11

INDIANA: Nodular hyperplasia of adrenal cortex - 2; myelolipoma - 1; lipoma - 1

INLAND: Lipoma - 11

LONG BEACH: Lipoma - 8

MARTINEZ: Hibernoma (brown fat adenoma) - 2; lipoma - 8

OAKLAND: Lipomatosis - 9

OHIO: Myelolipoma - 5

RENO: Lipoma - 7; myelolipoma - 6

SACRAMENTO: Lipoid adenoma, adrenal - 6

SAN FRANCISCO: Myelolipoma variant - 10

REFERENCE:

Plaut, A.: Myelolipoma in the Adrenal Cortex. American Journal of Pathology 34:487-515, 1958

Allen, P. W.: Tumor and Proliferations of Adipose Tissue. Masson Publishing Co. © 1981 page 65-69.

FILE DIAGNOSIS:

Myelolipoma, adrenal 1940-8870

CASE NO. 6 - ACC. NO. 17465 SEPTEMBER 1981

LOS ANGELES Histiocytic lymphoma - 4; Hodgkin's disease - 2; small cell undifferentiated tumor - 1

CENTRAL VALLEY: Adrenal cortical carcinoma - 6

FRESNO: Cortical carcinoma - 11

INDIANA: Undifferentiated carcinoma - 3; malignant lymphoma - 1

INLAND: Lymphoma - 3; adrenal cortical carcinoma - 4; metastatic carcinoma in adrenal - 4

LONG BEACH: Malignant lymphoma - 2; undifferentiated malignant tumor - 4; carcinoma, NOS - 1; malignant pheochromocytoma - 1

MARTINEZ: Adrenal cortical carcinoma with lymphocytic infiltrate - 6; lymphoma, Lennert's type - 4

OAKLAND: Adrenal cortical carcinoma - 7; metastatic tumor - 2

OHIO: Malignant lymphoma, histiocytic type, diffuse - 4; immunoblastic sarcoma, B-cell type - 1

RENO: Histiocytic lymphoma - 13

SACRAMENTO: Malignant lymphoma adrenal - 3; metastatic carcinoma adrenal - 2; malignant pheochromocytoma - 1

SAN FRANCISCO: Malignant lymphoma - 2; metastatic carcinoma - 7; adreno-cortical carcinoma - 1

FILE DIAGNOSIS:

Large cell lymphoma 1940-9643

CASE NO. 7 - ACC. NO. 15771 SEPTEMBER 1981

LOS ANGELES: Pheochromocytoma (Sipple's Syndrome) - 8

CENTRAL VALLEY: Pheochromocytoma, bilateral - 6

FRESNO: Pheochromocytoma (Sipple's Syndrome) - 11

INDIANA: Pheochromocytoma - 4

INLAND: Pheochromocytoma - 11

LONG BEACH: Pheochromocytoma - 8

MARTINEZ: Pheochromocytoma - 10

OAKLAND: Pheochromocytoma - 9

OHIO: Pheochromocytoma - 5

RENO: Pheochromocytoma - 13

SACRAMENTO: Pheochromocytoma - 6

SAN FRANCISCO: Pheochromocytoma (possible Sipple's Syndrome) - 10

REFERENCE:

Familial Medullary Thyroid Carcinoma, Pheochromocytoma and Parathyroid Adenoma (Sipple's Syndrome). Cancer 28:1245, 1971.

FILE DIAGNOSIS:

Pheochromocytoma 1940-8700

CASE NO. 8 - ACC. NO. 22376 SEPTEMBER 1981

LOS ANGELES: Adrenal cortical carcinoma - 8

CENTRAL VALLEY: Adrenal cortical carcinoma - 6

FRESNO: Cortical carcinoma - 11

INDIANA: Adrenal cortical carcinoma - 4

INLAND: Adrenal cortical carcinoma - 11

LONG BEACH: Adrenal cortical carcinoma - 8

MARTINEZ: Adrenal cortical carcinoma - 10

OAKLAND: Adrenal cortical carcinoma - 9

OHIO: Adrenal cortical carcinoma - 5

RENO: Adrenal cortical carcinoma - 13

SACRAMENTO: Carcinoma, adrenal cortex - 6

SAN FRANCISCO: Adrenocortical carcinoma - 10

REFERENCE:

King, D. R. and Lack, E. E.: Adrenal Cortical Carcinoma (49 cases). Cancer 44:239-244, 1979.

FILE DIAGNOSIS:

Adrenal cortical carcinoma 1940-8373

CASE NO. 9 - ACC. NO. 20115 SEPTEMBER 1981

LOS ANGELES: Adrenal cortical adenoma - 6; atypical adrenal cortical adenoma - 2

CENTRAL VALLEY: Adrenal cortical adenoma - 5; adrenal cortical carcinoma - 1

FRESNO: Adenoma - 11

INDIANA: Adrenal cortical adenoma - 4

INLAND: Aldosterone-producing adenoma - 11

LONG BEACH: Adrenal cortical adenoma - 6; adrenal cortical carcinoma - 2

MARTINEZ: Adrenal cortical adenoma - Conn's Syndrome - 10

OAKLAND: Adrenal cortical adenoma - 1; adrenal cortical carcinoma - 8

OHIO: Adrenal cortical adenoma - 5

RENO: Adrenal adenoma (primary hyperaldosteronism) - 13

SACRAMENTO: Aldosteronoma, adrenal - 6

SAN FRANCISCO: Benign adenoma - 9; well differentiated adrenocortical carcinoma - 1

REFERENCE:

Pathology of Primary Aldosteronism. Cancer 19:1854, 1966

FILE DIAGNOSIS:

Adrenal cortical adenoma 1940-8370

CASE NO. 10 - ACC. NO. 24290 SEPTEMBER 1981

LOS ANGELES: Amyloidosis - 8

CENTRAL VALLEY: Amyloidosis - 6

FRESNO: Micrograndular adenoma - 11

INDIANA: Amyloidosis - 4

INLAND: Amyloidosis - 11

LONG BEACH: Amyloidosis - 8

MARTINEZ: Amyloidosis - 10

OAKLAND: Amyloidosis - 9

OHIO: Amyloidosis - 5

RENO: Amyloidosis - 13

SACRAMENTO: Amyloid adrenal cortex - 6

SAN FRANCISCO: Amyloidosis - 10

FILE DIAGNOSIS:

Amyloidosis 1940-5511

CASE NO. 11 - ACC. NO. 22723 SEPTEMBER 1981

LOS ANGELES: Hyperaldosteronism with hyperplasia of zona glomerulosa - 8 (prominent spironolactone bodies are seen in the zona glomerulosa)

CENTRAL VALLEY: Adrenal cortical adenoma - 3; adrenal cortical hyperplasia, focal - 1; adrenal cortical hyperplasia with spironolactone granules - 1; normal adrenal - 1

FRESNO: Micrograndular adenoma - 11

INDIANA: Adrenal cortical hyperplasia - 4

INLAND: Adrenal cortical hyperplasia with aldosteronism - 11

LONG BEACH: Diffuse hyperplasia of zona glomeruloma with spirolactone bodies - 8

MARTINEZ: Adrenal cortical hyperplasia, glomerulosa zona, with spironolactone bodies - Conn's syndrome - 10

OAKLAND: Adrenal cortical hyperplasia - 9

OHIO: Cortical hyperplasia, predominantly zona glomerulosa - 5

RENO: Ganglioneuroma - 1; benign cortical nodules - 12

SACRAMENTO: Cortical hyperplasia Conn's Syndrone - 6

SAN FRANCISCO: Aldosterone nodular hyperplasia with spirolactone bodies - 10

REFERENCE:

Spironolatone Bodies in an Adrenal Adenoma. Arch. Pathol. 99:416, 1975.

FILE DIAGNOSIS:

Hyperaldosteronism with hyperplasia of zona glomerulosa
1940-7780

CASE NO. 12 - ACC. NO. 23604 SEPTEMBER 1981

LOS ANGLES: Pheochromocytoma - 8

CENTRAL VALLEY: Pheochromocytoma - 6

FRESNO: Pheochromocytoma - 11

INDIANA: Pheochromocytoma - 4

INLAND: Pheochromocytoma - 11

LONG BEACH: Pheochromocytoma - 8

MARTINEZ: Pheochromocytoma - 10

OAKLAND: Pheochromocytoma - 9

OHIO: Pehochromocytoma - 5

RENO: Pheochromocytoma - 13

SACRAMENTO: Pheochromocytoma - 6

SAN FRANCISCO: Pheochromocytoma - 10

FILE DIAGNOSIS:

Pheochromocytoma 1940-8700