

SEN 541

CALIFORNIA TUMOR TISSUE REGISTRY
LOS ANGELES COUNTY - UNIVERSITY OF SOUTHERN CALIFORNIA
PROTOCOL
FOR
MONTHLY STUDY SLIDES
DECEMBER 1981
TUMORS OF OMENTUM AND MESENTERY

CONTRIBUTOR: Harry Elster, M. D.
Westminster, California

DECEMBER 1981 - CASE NO. 1

TISSUE FROM: Omentum

ACCESSION NO. 19459

CLINICAL ABSTRACT:

History: A 42 year old male had massive ascites for several months. The fluid returned after paracenteses.

SURGERY: (October 12, 1971)

An exploratory laparotomy was performed and extensive, non-resectable tumor was found throughout the abdomen, though no gross infiltration of abdominal organs was seen. A wedge biopsy of an omental mass was taken.

GROSS PATHOLOGY:

A tan moderately firm fibrous 6 cm. nodule having a somewhat gritty consistency was received. Areas of residual fat could be seen within it.

FOLLOW-UP:

Not available.

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

DECEMBER 1981 - CASE NO. 2

TISSUE FROM: Retroperitoneum

ACCESSION NO. 23283

CLINICAL ABSTRACT:

History: A previously well three year old Caucasian female child had a two week history of abdominal pain, nausea and vomiting.

Physical examination revealed abdominal guarding, slight distension, but no definite masses.

Radiographs revealed a large soft tissue mass apparently arising in the pelvis and displacing stomach and intestines.

SURGERY: (March 9, 1978)

At laparotomy a large multilobular cyst in the left retroperitoneal space anterior to the left kidney, pancreas, and ureter was found.

GROSS PATHOLOGY:

An irregularly-shaped, lobulated pink-grey 16 x 11 x 5 cm. mass weighing 750 gm. was submitted. Sectioning revealed multiloculated cysts filled with amorphous green-tan gelatinous material. The cysts were lined by smooth pink glistening surfaces without papillations.

FOLLOW-UP: (J. Morris, M. D.)

As of April 1980 the child is alive and well with no evidence of recurrence.

CONTRIBUTOR: H. V. O'Connell, M. D.
Bakersfield, California

DECEMBER 1981 - CASE NO. 3

TISSUE FROM: Omentum

ACCESSION NO. 21299

CLINICAL ABSTRACT:

History: A 36 year old Mexican-American female had a one week history of pain and tenderness of increasing severity in the lower abdomen below the umbilicus. She had had a cesarean section in that area eight years previously.

Physical examination: A strangulated ventral hernia was suspected.

SURGERY: (March 4, 1975)

A small 2.5 to 3 cm. ventral hernia was found in which was incarcerated a 6 to 7 cm. mass of omentum. The hernia was repaired and the damaged omentum removed.

GROSS PATHOLOGY:

A 120 gm. mass of tan-yellow tissue was submitted. Near one end was a firm nodule which on sectioning was homogeneous grey-white and gritty. Sections were from this nodule.

FOLLOW-UP:

The patient is lost to follow-up.

CONTRIBUTOR: Jules Kernen, M. D.
Los Angeles, California

DECEMBER 1981 - CASE NO. 4

TISSUE FROM: Mesentery

ACCESSION NO. 23838

CLINICAL ABSTRACT:

History: A 64 year old Caucasian male noted a slowly enlarging abdominal mass two to three months prior to admission. There was no associated pain, nausea, vomiting, or other symptoms.

Physical examination revealed a rock hard 10 x 10 cm. mass palpable in the right upper quadrant.

SURGERY: (February 29, 1980)

An exploratory laparotomy was performed and a large 10 x 10 cm. mass found in the mesentery of the proximal small bowel. The mass was resected along with several adherent loops of bowel.

GROSS PATHOLOGY:

A 6 cm. diameter mass with a 30 cm. portion of jejunum irregularly kinked and coiled over it was submitted. The mass was firm and most of the external surface was covered with lobules of yellow adipose tissue. On sectioning it had a whorled silk appearance with areas that were mottled grey to reddish tan. The mass was adherent to serosal surfaces, but did not penetrate the bowel wall.

FOLLOW-UP:

He made an uneventful recovery from surgery. He has since been lost to follow-up.

CONTRIBUTOR: John Waken, M. D.
Duarte, California

DECEMBER 1981 - CASE NO. 5

TISSUE FROM: Adjacent to placenta

ACCESSION NO. 23992

CLINICAL ABSTRACT:

History: A 38 year old female had an apparently uncomplicated pregnancy with normal term-delivery.

GROSS PATHOLOGY:

A mature 20 cm. in diameter placenta was submitted. A 30 cm. long 3 vessel umbilical cord attached paracentrally. Maternal and fetal surfaces were unremarkable.

Completely separate from the placenta, but stated to have arisen adjacent to it, was a 7 x 5.5 x 4 cm. mass with an irregular surface covered by blood clot. Sections showed glistening tan-pink to light yellow mucoid appearance. Portions of the mass had a "fish flesh" appearance.

FOLLOW-UP:

Patient lost to follow-up.

CONTRIBUTOR: William Burgos, M. D.
Ventura, California

DECEMBER 1981 - CASE NO. 6

TISSUE FROM: Mesentery

ACCESSION NO. 13392

CLINICAL ABSTRACT:

History: A 55 year old Caucasian female was well until three months prior to admission when she noted an abdominal mass which slowly increased in size.

Physical examination revealed a firm, movable, non-tender mass thought to be ovarian in origin.

SURGERY: (January 1964)

At laparotomy a more or less encapsulated mass was shelled out fairly easily from the root of the mesentery. The remainder of the abdomen was free of tumor or adhesions.

GROSS PATHOLOGY:

A 3500 gm. ovoid to spherical glistening pink to blue 25 x 20 x 11 cm. mass was submitted. On section the mass was composed of mucinous to myxomatous yellowish tissue with a few areas of cystic degeneration.

FOLLOW-UP:

Not available

CONTRIBUTOR: Charles McCammon, M. D.
Palm Springs, California

DECEMBER 1981 - CASE NO. 7

TISSUE FROM: Mesentery and Omentum

ACCESSION NO. 13301

CLINICAL ABSTRACT:

History: A 54 year-old Caucasian male began to notice abdominal discomfort, then lack of appetite and nausea, over a three month period.

Physical examination: Since the patient was very obese, only an indistinct abdominal mass could be palpated.

Radiographs: An IVP was normal. Upper and lower GI series showed upward displacement of the stomach suggesting a mass pushing it up.

SURGERY: (October 1963)

At laparotomy a large 17.5 kg. well circumscribed mass was found in the mesentery. A few loops of bowel were adherent and had to be resected. Several smaller well-circumscribed masses were present, but all were easily resected and no tumor was left in the abdominal cavity.

GROSS PATHOLOGY:

A fairly well-encapsulated 30 x 25 x 15 cm. mass was submitted. The cut surface showed soft greyish-white homogeneous tissue having a "fish flesh" consistency. Large hemorrhagic cysts up to 12 cm. in diameter were present. The tumor involved only the subserosal fatty tissue of three overlying bowel segments. Several similar appearing omental tumor masses up to 12 cm. were also submitted.

FOLLOW-UP:

Not available.

CONTRIBUTOR: R. M. Failing, M. D.
Santa Barbara, California

DECEMBER 1981 - CASE NO. 8

TISSUE FROM: Mesentery

ACCESSION NO. 12557

CLINICAL ABSTRACT:

History: This patient entered the hospital in July 1962 with a history of gradual onset of abdominal pain and obstructive bowel symptoms of two to three months duration.

Past history: Cholecystectomy - 1946: Herniorrhaphy - 1923.

Admission examination revealed a large mass filling the entire left lower abdominal quadrant which was mildly tender to palpation.

Laboratory data: CBC was normal. Urinalysis - sp. 1.011, otherwise unremarkable.

SURGERY:

At surgery a large inflammatory mass of the mesocolon was found. A biopsy was done and a transverse loop colostomy was accomplished.

Postoperatively the patient lost 15 pounds and had some bouts of difficulty in urinating in the next two months. He also had episodes of left lower quadrant pain followed by passage of a mucoid stool which brought relief of pain.

In September 1958 he was hospitalized for the second and last time to undergo definitive surgery. A mechanical extrinsic bowel obstruction was found and a sigmoid and descending colectomy was performed along with a splenectomy. The rectum was closed and colostomy was performed.

GROSS PATHOLOGY:

Specimens received were three segments of colon (12 cm., 24 cm. and 48 cm. in length) with attached mesentery and omentum; all aggregated 810 grams. Numerous fibromembranous serosal-omental-mesenteric adhesions were noted with serosal edema and petechiae. The appendices epiploicae and mesenteries were thickened, firm and pale yellow on cut surface with fibrous thickening; focal fat necrosis was present. The mucosa showed focal areas of edema, congestion and one segment of colon showed focal mucosal erosions.

COURSE:

Postoperatively to the second surgery the patient did well aside from an occasional spiking fever and associated chill. Urinary output was good. On the 23rd postoperative day the patient became disoriented and developed jerky movements of his arms. At this time the electrolytes were normal but the urine output began to fall and his BUN which was then 92 mgm. % continued to rise to 220 mgm. % within a week. During this time the patient became more lethargic with long periods of coma. Repeat urinalysis again showed isosthenuria with 1+ or 2+ protein. Serum Na dropped to 126, K to

DECEMBER 1981 - CASE NO. 8
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2.8 Meq/L and his Hgb dropped steadily to 5.9 gm.%. The patient died in coma on his 43rd hospital day, three months after his first surgery and six months after onset of his terminal illness.

Pertinent Autopsy Findings: Terminal bronchopneumonia; 1) Acute candida pyelonephritis; 2) Acute necrotizing pancreatitis; 3) Acute duodenal ulcerations; 4) Residual "lesion" in mesocolon.

CONTRIBUTOR: DuBose Dent, M. D.
Glendale, California

DECEMBER 1981 - CASE NO. 9

TISSUE FROM: Greater omentum

ACCESSION NO. 21344

CLINICAL ABSTRACT:

History: A 66 year old Caucasian male was found to have an abdominal mass of one month duration. He had no specific symptoms.

SURGERY: (May 30, 1975)

At laparotomy a mass was found confined to the greater omentum near the greater curvature of the stomach, which was not involved. The mass was excised.

GROSS PATHOLOGY:

A roughly ovoid, nodular 18 x 12 x 7 cm. mass weighing 585 gm. was submitted. It appeared to be encapsulated but along one margin were three ovoid structures up to 2 cm. On section the mass was cystic and solid. The cystic areas were filled with serosanguinous fluid. The solid portions were soft and pale yellowish brown.

FOLLOW-UP:

Since 1975 the patient has had a cholecystectomy and hernia repair with no evidence of recurrence of the tumor locally.

CONTRIBUTOR: John R. Phillips, M. D.
Fresno, California

DECEMBER 1981 - CASE NO. 10

TISSUE FROM: Omentum

ACCESSION NO. 23799

CLINICAL ABSTRACT:

History: An 87 year old Caucasian male had severe abdominal pain.

SURGERY: (January 24, 1980)

A dissecting abdominal aortic aneurysm was repaired. An incidental mass was encountered in the omentum. The mass seemed to have a pedicle. It was excised.

GROSS PATHOLOGY:

A 15 x 10 x 3 cm. mass was submitted. The cut surface was yellowish grey and somewhat myxoid.

FOLLOW-UP:

Not available.

CONTRIBUTOR: Patrick W. Chambers, M. D.
Torrance, California

DECEMBER 1981 - CASE NO. 11

TISSUE FROM: Omentum

ACCESSION NO. 24113

CLINICAL ABSTRACT:

History: This 71 year old white female presented with abdominal discomfort of one month duration. Her past history was significant for a four year history of pleural effusion, with monthly pleural fluid cytologies showing only reactive mesothelial cells. During World War II, she worked in a Navy shipyard, although not in any capacity to be directly exposed to asbestos.

Physical examination revealed ascites. Paracentesis showed LDH 512 and protein 4 grams.

SURGERY:

An exploratory laparotomy was performed.

GROSS PATHOLOGY:

The specimen consisted of approximately 15 grams of omental adipose tissue which seemed slightly thickened. Sections showed no focal lesion although there seemed to be a slight increase in the white membranous tissue.

FOLLOW-UP: (S. Nadler, M. D.)

She has had no recurrence; comes in periodically for effusion.

CONTRIBUTOR: A. W. Gehring, M. D.
San Jose, California

DECEMBER 1981 - CASE NO. 12

TISSUE FROM: Mesentery

ACCESSION NO. 18697

CLINICAL ABSTRACT:

History: This 60 year old Caucasian male presented with symptoms of vascular insufficiency in both lower extremities. No previous abdominal surgery had been performed. During the course of an ileo-bifemoral bypass procedure, a mass was discovered in the mesentery about three feet distal to the ligament of Treitz.

SURGERY: (July 20, 1970)

The mass was excised.

GROSS PATHOLOGY:

A 23.5 cm. segment of small bowel with attached mesentery was received. There was a 4.0 x 2.5 x 3.0 cm. area of induration in the mesentery in close contact with the serosa of the bowel, but not extending into it. Cross section through this area revealed a firm, yellow-white cut surface.

FOLLOW-UP:

STUDY GROUP CASES

FOR

DECEMBER 1981

CASE NO. 1 - ACC. NO. 19459

LOS ANGELES: Malignant mesothelioma, mixed type - 11

RENO: Mesothelioma - 13

INDIANA: Malignant mesothelioma - 4

INLAND: Malignant mesothelioma - 5

MARTINEZ: Malignant mesothelioma, biphasic - 10

SACRAMENTO: Malignant mesothelioma - 5

SAN FRANCISCO: Mesothelioma - 8

SEATTLE: Fibromatosis - 5; fibrous mesothelioma - 2

BAKERSFIELD: Mesothelioma, malignant mixed type - 6

FILE DIAGNOSIS:

Malignant mesothelioma, mixed type, omentum

158.8-9050/3

LOS ANGELES: Lymphangioma - 10; cystic mesothelioma - 1

RENO: Cystic inflammatory pseudotumor - 13

INDIANA: Mesenteric cyst - 2; retroperitoneal cyst - 1; retroperitoneal fibrosis - 1

INLAND: Benign cystic lymphangioma - 5

MARTINEZ: Lymphangioma - 6; mesenchymoma, benign - 3; retroperitoneal cyst, NOS - 1

SACRAMENTO: Lymphangioma - 4; mesothelial cysts - 1

SAN FRANCISCO: Lymphangioma with organization - 8

SEATTLE: Multiloculated retroperitoneal cyst - 4; cystic lymphangioma - 3

BAKERSFIELD: Multilocular cystic lymphangioma - 6

REFERENCE:

Mennemeyer, R., Smith, M.: Multicystic Peritoneal Mesothelioma. Cancer 44:692-698, 1979.

FILE DIAGNOSIS:

Benign cystic mesothelioma (lymphangioma), retroperitoneum

158.8 - 9050/0

x-file

158.8 - 9170/0

CASE NO. 3 - ACC. NO. 21299

DECEMBER 1981

LOS ANGELES: Endometriosis - 11

RENO: Endometriosis - 13

INDIANA: Endometriosis - 4

INLAND: Endometriosis - 5

MARTINEZ: Endometriosis - 10

SACRAMENTO: Endometriosis - 5

SAN FRANCISCO: Endometriosis - 8

SEATTLE: Endometriosis - 7

BAKERSFIELD: Endometriosis (oma) - 6

FILE DIAGNOSIS:

Endometriosis, omentum

158.8 - 76500

LOS ANGELES: Fibromatosis; mesentery - 11

RENO: Fibroma - 7; leiomyoma - 6

INDIANA: Fibrous histiocytoma - 1; neurofibroma - 1; leiomyosarcoma - 1
fibromatosis - 1

INLAND: Mesenteric fibromatosis - 3; benign fibrous mesothelioma - 2

MARTINEZ: Mesenteric fibromatosis - 10

SACRAMENTO: Desmoid - 1; fibromatosis - 4

SAN FRANCISCO: Fibromatosis - 8

SEATTLE: Fibromatosis - 6; fibrosarcoma, desmoid type, low-grade - 1

BAKERSFIELD: Leiomyoma - 2; fibromatosis - 4

REFERENCE:

Richards, R. C., Rogers, S. W., Gardner, E. J.: Spontaneous Mesenteric Fibromatosis in Gardener's Syndrome. Cancer 47:597-601, 1981.

FILE DIAGNOSIS:

Mesenteric fibromatosis

158.8 - 8822/1

LOS ANGELES: Submucous fibroid with changes of pregnancy - 11

RENO: Edematous leiomyoma - 13

INDIANA: Myxoma - 1; organizing hematoma - 1; rhabdomyosarcoma - 1;
Leiomyoma - 1

INLAND: Leiomyoma - 5

MARTINEZ: Leiomyoma with myxoid degeneration - 10

SACRAMENTO: Leiomyoma - 4; fibromyxoma - 1

SAN FRANCISCO: Leiomyoma with pregnancy changes - 8

SEATTLE: Leiomyoma - 7

BAKERSFIELD: Leiomyoma - 4; hemangioma, cellular type - 2

FILE DIAGNOSIS:

Leiomyoma, with pregnancy changes, adjacent to placenta

LOS ANGELES: Fibroxanthoma - 1; liposarcoma - 10

RENO: Low grade liposarcoma - 13

INDIANA: Atypical lipoma - 1; retroperitoneal xanthogranulomas - 1; ganglioneuroma - 1; liposarcoma, well differentiated, fibrosing type - 1

INLAND: Well differentiated liposarcoma - 5

MARTINEZ: Liposarcoma - 5; sclerosing pleomorphic liposarcoma - 5

SACRAMENTO: Myxoid liposarcoma - 3; myxofibrosarcoma - 2

SAN FRANCISCO: Myxoliposarcoma - 3; pleomorphic lipoma - 2; degenerating schwannoma - 2

SEATTLE: Neurilemmoma - 7

BAKERSFIELD: Malignant neurofibroma - 2; well differentiated liposarcoma - 4

REFERENCES:

Binder, S. C., Katz, B.: Retroperitoneal Liposarcoma. Ann. Surg. 182: 257-261, 1978.

Brasfield, R. D., Das Gupta, T. K.: Liposarcoma. Cancer 20:1-10, 1970.

FILE DIAGNOSIS:

Liposarcoma, mesentery

158.8 - 8850/3

x-file

158.8 - 8852/3

LOS ANGELES: Sarcoma, NOS - 5; malignant mesothelioma - 5

RENO: Metastatic papillary carcinoma - 4; mesothelioma - 9

INDIANA: Neuroblastoma - 3; malignant mesothelioma - 1

INLAND: Malignant epitheliomatous mesothelioma - 4; sarcoma(NDS) - 1

MARTINEZ: Mesothelioma - 4; sarcoma, NOS - 2; mesothelioma, atypical - 1
mesothelioma, papillary - 3

SACRAMENTO: Malignant mesothelioma - 5

SAN FRANCISCO: Mesothelioma - 3; embryonal rhabdomyosarcoma - 2
sarcoma, NOS - 1; papillary adenocarcinoma, poorly differentiated - 2

SEATTLE: Mesothelioma, mesothelial type - 6; extraskeletal Ewing's sarcoma
- 1

BAKERSFIELD: Hemangiopericytoma - 1; epithelial malignant mesothelioma - 5

REFERENCE:

Stout, A. P.: Solitary Fibrous Mesothelioma of the Peritoneum. Cancer
3:820-825, 1950.

FILE DIAGNOSIS:

Malignant mesothelioma, mesentery and omentum
x-file
Sarcoma, NOS

158.8 - 9050/3

LOS ANGELES: Sclerosing lipogranulomatosis and foreign body reaction
(cotton fiber) - 11

RENO: Fat necrosis - 13

INDIANA: Fat necrosis - 3; fibrosing mesenteritis - 1

INLAND: Mesenteric panniculitis - 5

MARTINEZ: Sclerosing mesenteritis - 10

SACRAMENTO: Lipogranuloma - 1; sclerosing mesenteritis - 1;
fat necrosis - 1; mesenteric panniculitis - 2

SAN FRANCISCO: Panniculitis secondary to pancreatitis - 2; isolated
lipodystrophy - 6

SEATTLE: Mesenteric lipodystrophy - 7

BAKERSFIELD: Relapsing panniculitis (Possibly Weber-Christian Disease) - 4;
sclerosing panniculitis - 2

REFERENCE:

Das Gupta, T. K.: Tumors and Tumor-like Conditions of Adipose Tissue.
Curr. Probl. Surg. 3:2-60, 1970.

FILE DIAGNOSIS:

Sclerosing lipogranulomatosis, mesentery

158.8 - 44040

LOS ANGELES: Unusual mesothelioma - 1; atypical leiomyoblastoma - 6;
Liposarcoma - 1

RENO: Fibrous histiocyoma - 13

INDIANA: Liposarcoma - 1; paraganglioma - 1; leiomyoblastoma - 2

INLAND: Epithelioid leiomyoma - 2; benign mesothelioma - 1; liposarcoma - 1;
histiocyoma - 1

MARTINEZ: Leiomyoblastoma - 10

SACRAMENTO: Epithelioid leiomyoma - 5

SAN FRANCISCO: Myxoid liposarcoma - 1; schwannoma - 1; fibroxanthoma - 6

SEATTLE: Histiocyoma - 3; reactive histiocytic reaction - 2;
Leiomyoblastoma - 2

BAKERSFIELD: Fibrous histiocyoma - 2; benign mesothelioma - 4

REFERENCES:

Kempson, R.L., Ranchod, M.: Smooth Muscle Tumors of Gastrointestinal Tract and Retroperitoneum: A path analysis of 100 cases. Cancer 39:255-262, 1977.

Lavin, P., Hajdu, S. I., Fosti, F. W., Jr.: Gastric and extragastric Leiomyoblastoma. Clin. Path. study of 44 cases. Cancer 29:305-311, 1972.

FILE DIAGNOSIS:

Atypical leiomyoblastoma, greater omentum

158.8 - 8891/1

LOS ANGELES: Epithelioid leiomyosarcoma - 3; chordoid tumor - 1

RENO: Mesothelioma - 13

INDIANA: Mesothelioma - 3; malignant mesothelioma - 1

INLAND: Mesothelioma - 5

MARTINEZ: Malignant chordoma - 3; mesenchymoma, malignant - 7

SACRAMENTO: Malignant mesothelioma - 3; leiomyoblastoma - 1
Myxoid chondrosarcoma - 1

SAN FRANCISCO: Leiomyoblastoma - 4; liposarcoma - 4

SEATTLE: Leiomyoblastoma - 6; neural tumor - 1

BAKERSFIELD: Chordoid sarcoma - 1; benign mesothelioma - 4; mesothelioma, adenomatoid type - 1

REFERENCE:

Akwari, O. E., Dozois, R. R., Weiland, L. H., Behrs, O. H.: Leiomyosarcoma of the Small and Large Bowel. Cancer 42:1375-1384, 1978.

FILE DIAGNOSIS:

Epithelioid Leiomyosarcoma, omentum	158.8 - 8891/3
x-file	
Malignant mesothelioma	158.8 - 9050/3

CASE NO. 11 - ACC. NO. 24113

DECEMBER 1981

LOS ANGELES: Malignant mesothelioma - 8; reactive hyperplasia - 3

RENO: Mesothelioma - 13

INDIANA: Mesothelioma - 3; malignant mesothelioma - 1

INLAND: Mesothelioma - 5

MARTINEZ: Mesothelioma - 10

SACRAMENTO: Malignant mesothelioma - 4; mesothelial hyperplasia - 1

SAN FRANCISCO: Mesothelioma - 3; mesothelial hyperplasia - 5

SEATTLE: Papillary mesothelioma - 7

BAKERSFIELD: Malignant tubular mesothelioma - 6

REFERENCE:

Winslow, D. J., Taylor, H. B.: Malignant Peritoneal Mesotheliomas.
Cancer 13:127-136, 1960.

FILE DIAGNOSIS:

Papillary mesothelioma, omentum

158.8 - 9050/3

CASE NO. 12 - ACC. NO. 18697

DECEMBER 1981

LOS ANGELES: Fibromatosis with desmoid features - 11

RENO: Benign fibromatosis - 13

INDIANA: Fibromatosis - 4

INLAND: Reactive fibrous plaque (keloid) - 5

MARTINEZ: Mesenteric fibromatosis - 9; desmoid - 1

SACRAMENTO: Fibromatosis - 4; retroperitoneal fibrosis - 1

SAN FRANCISCO: Fibromatosis - 8

SEATTLE: Fibromatosis - 7

BAKERSFIELD: Fibromatosis - 6

REFERENCE:

Richards, R. C., Rogers, S. W., Gardner, E. J.: Spontaneous Mesenteric Fibromatosis in Gardner's Syndrome. Cancer 29:305-311, 1972.

FILE DIAGNOSIS:

Mesenteric fibromatosis

158.8 - 8822/1