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CALIFORNIA TUMOR TISSUE REGISTRY
LOS ANGELES COUNTY - UNIVERSITY OF SOUTHERN CALIFORNIA
PROTOCOL
FOR
MONTHLY STUDY SLIDES
JANUARY 1982
TUMORS OF THE RETICULOENDOTHELIAL SYSTEM

CONTRIBUTOR: Russell Fisher, M. D.
Los Angeles, California

JANUARY 1982 - CASE NO. 1

TISSUE FROM: Small intestine

ACCESSION NO. 24356

CLINICAL ABSTRACT:

History: An 83 year old Caucasian woman was evaluated in December 1980 for complaint of intermittent pain the the lower abdomen. An abdominal ultrasound was negative. Over the next several months the pain increased somewhat and by July had localized to the periumbilical area. The lady had also experienced several episodes of vomiting and diarrhea in association with the pain. The patient was admitted on July 28, 1981. The hemoglobin at that time was 8.6 grams.

SURGERY:

The abdomen was explored on July 29, 1981 with a mass in the small bowel mesentery found and removed. Apparent residual tumor was present in the upper small intestine and on the wall of the urinary bladder.

GROSS PATHOLOGY:

An 81 cm. length of small intestine with attached mesentery was submitted. Within the mesentery there was a whitish tumor measuring 8 x 5 x 4 cm. and composed of many different sized spheroidal nodules up to 2.5 cm. in diameter. The tumor mass was attached to the small intestine and found to grow into the small bowel at several points.

FOLLOW-UP:

CONTRIBUTOR: Kenneth Saeger, M. D.
Los Angeles, California

JANUARY 1982 - CASE NO. 2

TISSUE FROM: Testicle

ACCESSION NO. 24359

CLINICAL ABSTRACT:

History: The patient, a 43 year old Caucasian male, noted several bumps in his skin in September of 1980. These bumps first appeared over the right hip and then the left side of the head. Initially the lesions were small and painless yet slightly red in color. Over the next few weeks the bumps enlarged and ulcerated. The patient saw a dermatologist that November. After biopsy these lesions received local radiotherapy and disappeared and have not returned. Over the next few months, many new but similar bumps have appeared and disappeared mostly around the hips and buttocks. Some of the lesions received direct cortisone injections and have regressed. In June of 1981, the patient's left testicle increased to the size of a lemon over a one to two week period. There was no pain associated with the testicular enlargement.

SURGERY:

A left orchiectomy was performed on June 30, 1981 following biopsy with frozen section examination.

GROSS PATHOLOGY:

Two wedge-shaped pieces of rubbery homogeneous pale tan tissue measuring 3 x 1 x 0.6 cm. and 2.5 x 0.8 x 0.5 cm. were received as biopsies. These were followed by an 8 x 6 x 4.5 cm. 115 gm. testis which was smooth and pink tan on the surface. Section showed the entire testis to be replaced by homogeneous pale tan tissue.

FOLLOW-UP:

As of October 2, 1981 the patient has a few small skin lesions but has responded well to chemotherapy and feels well.

CONTRIBUTOR: Leo Weiss, M. D.
Burbank, California

JANUARY 1981 - CASE NO. 3

TISSUE FROM: Thyroid

ACCESSION NO. 24354

CLINICAL ABSTRACT:

History: A 66 year old male was noted to have atrial fibrillation during a routine physical examination and was referred to a cardiologist. A non-tender nodule of the left thyroid lobe was noted. Thyroid function tests were within normal limits and the nodule was "cold" on scanning.

SURGERY:

A thyroidectomy was performed on July 15, 1981.

GROSS PATHOLOGY:

The thyroid weighed 105 grams and measured 10 x 4 x 3.5 cm. and was described as a uniform lobulated mass with several smooth rounded masses up to 1.5 cm. in diameter attached to the lateral aspects. On section, the thyroid presented a uniform classic fish-flesh appearance without grossly recognizable thyroid tissue. Histologically recognizable lymph nodes showed only reactive hyperplasia. The lateral nodule contained thyroid tissue and tumor.

FOLLOW-UP:

CONTRIBUTOR: Frank J. Glassy, M. D.
Los Angeles, California

JANUARY 1982 - CASE NO. 4

TISSUE FROM: Ovary

ACCESSION NO. 24408

CLINICAL ABSTRACT:

History: A 15 year old G0, P0, white female was initially seen on November 28, 1980 complaining of lack of menstrual periods since August 1980 and a growing mass in her abdomen. The patient admitted to unprotected intercourse and felt that there had been some weight gain during this interval. She denied any symptoms of pain, change in bowel habits, nausea, vomiting, melena, or symptoms of pregnancy. Menarche had occurred at the age of 13, and her periods had been regular with a 28 day cycle. Within the next two days after presentation the patient started her period and a urine pregnancy test was also negative. However ultrasound visualized a 16 cm. mostly solid mass originating in the pelvis. Some septations and cystic structures within the mass were demonstrated. An IVP showed the impression of a large pelvic mass on the ureters without displacement. The kidneys, bladder and ureters were otherwise normal.

SURGERY:

A transabdominal hysterectomy, bilateral salpingo-oophorectomy, greater omentectomy, periaortic lymph node biopsy and appendectomy were performed on December 8, 1980.

GROSS PATHOLOGY:

The left ovary was replaced by tumor and was attached to an unremarkable fallopian tube. The tumor weighed 1260 grams and measured 18.5 x 14.0 x 10.0 cm. The ovarian capsule appeared intact and was smooth. The tumor showed some nodularity to its surface. On section, the tumor was light tan, moderately soft with a fleshy appearance. Nodules with some thin intervening fibrous septa were seen. The tumor was fairly homogeneous without any hemorrhagic or necrotic areas. Capsular penetration was identified.

The right ovary and fallopian tube weighed only 420 gm., measured 11.0 x 8.0 x 7.0 cm. and showed a few small hemorrhagic and necrotic areas without gross capsular penetration. The remainder of the specimen was unremarkable.

FOLLOW-UP:

After staging workup the patient was placed on a multiagent chemotherapy protocol. A second laparoscopy was performed in April 1981 and as of August 19, 1981 she still had no evidence of recurrent disease.

CONTRIBUTOR: Phyllis Rawnsley, M. D.
Los Angeles, California

JANUARY 1982 - CASE NO. 5 & 6

TISSUE FROM: Right kidney and spleen

ACCESSION NO. 24409

CLINICAL ABSTRACT:

History: This 60 year old Caucasian female was well until June of 1981 when she noted the gradual onset of a non-productive cough and ankle edema. A chest x-ray revealed bilateral hilar adenopathy and a left pleural effusion. Thoracentesis was non-diagnostic. Mediastinoscopy and hilar lymph node biopsy was performed and interpreted as Hodgkin's Disease, lymphocyte predominant type. During the subsequent work-up an intravenous pyelogram and a CT scan of the abdomen revealed a mass in the right kidney.

SURGERY: (October 26, 1981)

A right nephrectomy and splenectomy were performed.

GROSS PATHOLOGY:

The right kidney measured 11 x 6.5 x 3.5 cm. and weighed 239 grams. A multilobulated tan-white mass measuring 5.5 x 4.5 x 2.5 cm. was present in the mid portion of the upper pole. The cut surface of the tumor was soft and tan-white, with multiple tiny areas of yellowish necrosis. No hemorrhagic discoloration was seen. The tumor was contained within the renal capsule, and did not invade the renal vein or renal pelvis. The spleen measured 10.5 x 6.5 x 4.5 cm. and weighed 158 grams. The external surface was gray-purple and finely nodular. The cut surface was soft and reddish-tan with prominent follicles varying from 0.1 - 0.3 cm. in diameter.

FOLLOW-UP:

As of November 24, 1981 the patient was back in the hospital with symptoms of cervical cord compression, presumed to be secondary to tumor recurrence.

CONTRIBUTOR: H. S. Aijian, M. D.
Arcadia, California

JANUARY 1982 - CASE NO. 7

TISSUE FROM: Thyroid

ACCESSION NO. 24360

CLINICAL ABSTRACT:

History: A 58 year old obese white female entered the hospital in October 1977 after an episode of vaginal bleeding.

On physical examination some enlargement of the left neck in the thyroid area was noted as well as a lesion extending from the cervix. Thyroid function tests were normal. Scan showed a large cold focus in the left lobe. Thyroid antibodies were negative.

SURGERY:

On October 19, 1979 sharp curettage was applied to the uterine cervix and a left thyroid lobectomy with isthmus and tumor debulking were performed.

GROSS PATHOLOGY:

The thyroid specimen was originally viewed during surgery and described as a large roughly spherical mass in the region of the thyroid gland. The surface was irregular and shaggy with a deep red-brown color. The tumor was described as encircling the larynx, trachea and local major vessels and nerves with tracheal compression. The specimen weighed 110 grams and measured 8.5 x 7.5 x 5.0 cm. On section the tumor is fairly homogeneous, pale tan, and fleshy. No normal thyroid parenchyma was seen.

FOLLOW-UP:

The patient was placed on a multiagent chemotherapeutic regimen. She died at home on April 27, 1978.

CONTRIBUTOR: Roger Terry, M. D.
Los Angeles, California

JANUARY 1982 - CASE NO. 8

TISSUE FROM: Breast

ACCESSION NO. 24358

CLINICAL ABSTRACT:

History: The patient is a 22 year old female who was seen in February 1981 for bilateral, firm, non-tender breast masses.

The patient's medical history was significant for AGL diagnosed in June 1972. She had received prednisone 80 mg. per day until July 15, 1974, Vincristine 2 mg. per week until January 20, 1975, Cytosine arabinoside until October 6, 1972, cyclophosphamide until October 6, 1972, intrathecal methotrexate 15 mg. x 4 from November 1972 to January 7, 1975, oral methotrexate 15 mg./m² until January 7, 1975, 6 mercaptopurine 90 mg/m² until January 13, 1975.

As of February 1973 there was no evidence of continued disease and the patient did well until January 1979 when she experienced painful swelling of the left knee. A biopsy on May 1979 showed sclerotic mature bone. A contracture required open reduction in April 1980 and biopsy at that time showed tumor in the left femur, which was felt to be Ewing's sarcoma. Consultation could not confirm this diagnosis. She was sent home without chemotherapy.

The patient noticed bilateral breast masses and a similar mass in the lower lateral right thigh around November 1980. A mammogram was read as moderately severe fibrocystic disease with likely cysts on both sides. Biopsy of all three masses showed a similar histology to the previous femur biopsy. The patient was admitted to the LAC-USC Hematology service.

SURGERY:

Bilateral total excisions of the breast masses were performed in January 1981.

GROSS PATHOLOGY:

Submitted were two pieces of white firm tissue measuring 2-3 cm. in diameter.

FOLLOW-UP:

As of May 14, 1981 the patient had been receiving radiotherapy with a chemotherapeutic regimen being planned for the future. No evidence of disease was noted at that time.

CONTRIBUTOR: Roger Terry, M. D.
Los Angeles, California

JANUARY 1982- CASE NO. 9

TISSUE FROM: Proximal femur

ACCESSION NO. 24361

CLINICAL ABSTRACT:

History: The patient was a 53 year old Mexican-American male who was well until he noted an insidious onset of right hip pain in February 1981. The pain increased over the next several months until he was unable to ambulate. The patient presented at LAC-USC Medical Center on June 11, 1981 with right hip tenderness, restriction of motion, and atrophy of the quadriceps femoris. The patient denied fever, chills, sweats, nausea, vomiting, headache, dyspnea, bleeding problems, easy bruising or hematuria.

Radiographic examination showed a large lytic intertrochanteric lesion extending into the proximal femoral shaft. CXR showed an expansile lesion in the second right rib. On June 12, 1981 the right proximal femur was biopsied. Staging workups and clonogenic studies were performed. On July 1, 1981 the patient sustained an intertrochanteric fracture while lying in bed.

SURGERY:

On July 8, 1981 right total hip replacement was performed.

GROSS PATHOLOGY:

Submitted was a femoral condyle and surgical neck measuring 9 cm. in length, cross section of long bone measuring 5.5 cm. and three fragments of thin shells of bony tissue measuring from 3.0 to 5.0 cm. in greatest dimension and averaging 0.3 cm. thick. Externally the femoral condyle had no apparent focal lesions but the surgical neck was expanded to a diameter of 5 cm. and was filled with soft fleshy tissue showing areas of hemorrhage and pale yellow, non-calcified nodules.

FOLLOW-UP:

The patient was placed on chemotherapy and referred to radiotherapy. On October 26, 1981 the patient returned to the hospital complaining of three days of nausea and vomiting and two hours of severe abdominal pain. Blood sugar was 990, OSM 364, BUN 26, and bicarbonate 19. The patient had not been previously diagnosed as diabetic. Angiography showed superior mesenteric, hepatic and partial left renal arterial occlusion. The patient was taken to surgery for removal of necrotic bowel from one foot distal to the ligament of Trietz to the hepatic flexure and a superior mesenteric artery thrombectomy. The patient expired October 28, 1981.

CONTRIBUTOR: Roger Terry, M. D.
Los Angeles, California

JANUARY 1982 - CASE NO. 10

TISSUE FROM: Thigh

ACCESSION NO. 24355

CLINICAL ABSTRACT:

History: The patient was an 11 year old Mexican boy who was in good health until late December 1980 when he developed a mass in the right posterior thigh. On admission to LAC-USC Medical Center on March 16, 1981 he complained of a painful mass in the right inguinal area growing for two months, anorexia and a 14-16 pound weight loss during this period as well as a cough and a feeling of malaise.

Physical examination showed a 10 x 5.5 cm. non-tender right inguinal mass and a right posterior thigh mass measuring 9.0 x 7.0 cm. which was tender, slightly warm and fluctuant. In addition a 3.5 x 2.5 cm. subcutaneous mass was noted at the lower right scapular border and a 0.5 x 0.5 cm. nodule adjacent to C-7. CXR showed a left lingular infiltrate with a cavitating lesion.

SURGERY:

Surgery on the thigh and inguinal mass were performed on March 20, 1981.

GROSS PATHOLOGY:

Received were multiple fragments of tan-brown tissue measuring 6.0 x 4.0 x 6.0 in aggregate. Focal areas were softened and appeared necrotic.

FOLLOW-UP:

The patient was placed on a protocol of BACOP chemotherapy on March 27, 1981. Chemotherapy was complicated by pancytopenia. The disease progressed rapidly and disseminated to involve the brain, skin, testes, kidneys, spleen, lungs, stomach and peripheral blood. The boy expired on July 22, 1981.

CONTRIBUTOR: Dorothy Tatter, M. D.
Los Angeles, California

JANUARY 1982 - CASE NO. 11

TISSUE FROM: Liver

ACCESSION NO. 24410

CLINICAL ABSTRACT:

History: The patient was a 60 year old black female who was in good health until 1975 when she presented with cervical lymphadenopathy. At local hospital lymph node biopsy was performed. However, the patient was lost to follow-up. In spite of gradual increase in the adenopathy she did not seek further medical attention until January 1976 for pruritis vulvae of three months duration. An ulcerative lesion of the clitoris was biopsied and interpreted as suggestive of a viral infection. Because of the obvious lymphadenopathy in the cervical, axillary and inguinal areas, hepatosplenomegaly, hilar adenopathy on CXR, and WBC of 278,000 she was referred to lymphoma clinic.

The patient was placed on a multiagent chemotherapeutic regimen without a significant improvement in her peripheral counts seen. Lymphadenopathy remained the same but the hepatosplenomegaly increased. In February 1977 the patient received 1800 rads to the inguinal nodes bilaterally for increasing leg edema. This was complicated by subsequent vulvar ulcerations. The patient continued to lose weight over the next few months with increasing abdominal girth eventually leading to shortness of breath. The patient's lab data in April 1977 showed 29, WBC 268K, plt 31 K. Splenic irradiation was begun to reduce the size of the spleen and improve her comfort. This was discontinued after 350 rads over a one week period because of more profound thrombocytopenia. Splenectomy was performed on June 30, 1977. The patient expired July 1, 1977. An autopsy was performed July 2, 1977.

GROSS PATHOLOGY:

The liver weighed 4400 grams. The capsule was smooth and glistening with a blunted edge. The parenchyma was tan brown and firm. There was accentuation of the centrilobular architecture from a diffuse melted-wax-like infiltration of the periportal areas.

CONTRIBUTOR: Dorothy Tatter, M. D.
Los Angeles, California

JANUARY 1982 - CASE NO. 12

TISSUE FROM: Heart

ACCESSION NO. 24353

CLINICAL ABSTRACT:

History: The patient is a 45 year old housewife who was admitted on July 22, 1981 for pleuritic chest pain and mild shortness of breath. CXR in the ER showed multiple discreet shaggy pulmonary nodular infiltrates, greater on the left side, a left mediastinal mass and a possible left retrocardiac infiltrate. The patient admitted to anorexia of one week's duration and general weakness for two weeks.

Physical examination showed a cachetic female with multiple bluish purple spots over both lower extremities extending from the mid-calf distally. These spots were without ulceration or eruption. Bilateral inguinal adenopathy up to 3 x 2 cm. in size was also noted. CT scan confirmed the presence of a large left mediastinal mass adjacent to and below the aortic arch with associated pulmonary parenchymal and pleural disease in the lingular and left lower lobes. An echocardiogram of the heart showed akinetic thickening of the posterior wall. Inguinal lymph node biopsy was performed on July 24, 1981 and the patient was placed on chemotherapy on August 26, 1981. The patient expired on August 28, 1981. An autopsy showed much of the adenopathy had decreased in size with only small lesions present in the lung hilars, heart and retroperitoneum.

STUDY GROUP CASES
FOR
JANUARY 1982

CASE. NO. 1 - ACC. NO. 24356

LOS ANGELES: Large cell lymphoma, diffuse histiocytic (Rappaport);
Large cleaved (Lukes) - 13

BAKERSFIELD: Histiocytic lymphoma - 4

CENTRAL VALLEY: Histiocytic lymphoma (large cleaved cell type) - 7;
poorly differentiated lymphoma - 1

FRESNO: Malignant mesothelioma - 9

INDIANA: Histiocytic lymphoma, diffuse - 5

INLAND: Poorly differentiated lymphocytic lymphoma (large cleaved follicular
center cell type) - 9; lymphocytic lymphoma of mixed cell type - 1

MARTINEZ: Malignant lymphoma, histiocytic type - 6; Hodgkin's disease,
Lymphocytic depletion type - 6; malignant lymphoma - 1

OAKLAND: Malignant lymphoma, mixed cell type, small bowel - 7;
malignant undifferentiated tumor, small bowel - 4

SACRAMENTO: Malignant lymphoma, mixed cellularity - 4

SAN FRANCISCO: Malignant lymphoma, diffuse large cell type - 9

WEST SAN FERNANDO: Reticulum cell sarcoma (histiocytic lymphoma) - 1;
malignant lymphoma, unclassified - 4; malignant lymphoma (composite) - 1;
Waldren's peripheral T-cell lymphoma - 1

LONG BEACH: Malignant lymphoma - 6

OHIO: Histiocytic lymphoma - 3; granulocytic sarcoma - 1

RENO: Lymphocyte depleted Hodgkin's disease - 13

FILE DIAGNOSIS: Large cleaved, diffuse with sclerosis, small intestine
(Lukes/Collins) 1529-9643
Diffuse histiocytic lymphoma, small intestine (Rappaport)

REFERENCES: Stein, R. S. et. al: Malignant Lymphomas of Follicular Center
Cell Origin in Man. Cancer 44:2236, 1979.
Bennet, et. al: Sclerosis in Non-Hodgkin's Lymphomata. Brit. J.
Cancer 31:44, 1975, Supplement II.

NB: The Los Angeles Study Group had the opportunity to hear the discussion
of each of these cases by Dr. Paul R. Meyers who is one of Dr. R. Lukes'
close associates. The majority of the Los Angeles Study Group diagnostic
terminology is based on Dr. Meyers' erudite discussion and comments. The
California Tumor Tissue Registry greatly acknowledge their thanks to
Dr. Meyers for his efforts in the selection of these well documented cases
as well as for his discussion.

LOS ANGELES: Mycosis fungoides - 13

BAKERSFIELD: Malignant lymphoma, lymphocytic type, poorly differentiated, diffuse (small cleaved cell) - 4

CENTRAL VALLEY: Malignant lymphoma, moderately differentiated - 6; seminoma - 1; histiocytic lymphoma - 1

FRESNO: Lymphangioma - 8; mesothelial cyst - 1

INDIANA: Poorly differentiated lymphocytic lymphoma, diffuse - 5

INLAND: Mycosis fungoides - 5; poorly differentiated lymphocytic lymphoma - 4; Leukemia - 1

MARTINEZ: Malignant lymphoma, lympho-plasmacytoid type, malignant lymphoma small non-cleaved, diffuse - 15

OAKLAND: Malignant lymphoma, non-Hodgkin's, testicle - 13

SACRAMENTO: Malignant lymphoma, moderately well differentiated - 2; malignant lymphoma, poorly differentiated - 2

SAN FRANCISCO: Malignant lymphoma, diffuse, cleaved, intermediate size - 9

WEST SAN FERNANDO: Mycosis fungoides - 3; small cleaved follicular center cell lymphoma (primary testis) - 2; granulocytic sarcoma (AMA) - 2

LONG BEACH: Malignant lymphoma - 6

OHIO: Poorly differentiated lymphocytic lymphoma, diffuse - 3; granulocytic sarcoma - 1

RENO: Lymphoma - 13

FILE DIAGNOSIS:

Mycosis fungoides, cutaneous T-cell lymphoma, testicle
1869-9703

REFERENCES:

Sussman, E. B. et. al: Malignant Lymphoma of the Testis: A clinical pathologic study of 37 cases. J. Urol. 118:1004, 1977.

Rapaport, H., Thomas L. B.: Mycosis Fungoides: The pathology of extracutaneous involvement. Cancer 34:1198, 1974.

Bunn, P. A.: Prospective Staging Evaluation of Patients with Cutaneous T-Cell Lymphoma. Ann. of Int. Med. 93:223, 1980.

LOS ANGELES: Hashimoto's disease - 1; lymphoma 10

BAKERSFIELD: Malignant lymphoma, lymphocytic type, poorly differentiated, nodular (small and large cleaved cells) - 4

CENTRAL VALLEY: Lymphoma, poorly differentiated - 5; medullary carcinoma - 1; Hashimoto's disease - 2

FRESNO: Endometriosis - 9

INDIANA: Poorly differentiated lymphocytic lymphoma, nodular - 5

INLAND: Nodular lymphocytic lymphoma, small cleaved, follicular center cell type - 10

MARTINEZ: Malignant lymphoma, nodule, poorly differentiated, lymphocytic - 2; large lymphocytic type - 6; mixed - 4

OAKLAND: Nodular lymphoma in thyroid gland - 11; atypical lymphoid hyperplasia - 2

SACRAMENTO: Malignant lymphoma, nodular thyroid - 4

SAN FRANCISCO: Histiocytic nodular lymphoma (nodular lymphocytic lymphoma, cleaved, poorly differentiated) - 9

WEST SAN FERNANDO: Poorly differentiated lymphocytic lymphoma, nodular - 9

LONG BEACH: Malignant lymphoma, large non-cleaved follicular center cell - 6

OHIO: Poorly differentiated lymphocytic lymphoma, nodular - 4

RENO: Lymphoma - 13

FILE DIAGNOSIS:

Small cleaved follicular center cell malignant lymphoma arising in Hashimoto's thyroiditis 1939-9623

Poorly differentiated lymphocytic lymphoma arising in Hashimoto's thyroiditis 1939-9633

REFERENCES:

Burke, J. S. et. al: Malignant Lymphomas of the Thyroid: A CPC study of 35 patients including ultrastructural observations. Cancer 39:1587, 1977.

Maurer, B. et. al: Non-Hodgkin's Lymphoma of the Thyroid. Virchow Arch. Path. Anat. and Hist. 383:293, 1979.

FOLLOW-UP:

Recently received follow-up states that this patient has completed radiotherapy and generally feels okay although tired and hoarse. The surgical site is stated to be well healed.

LOS ANGELES: Burkitt-like lymphoma - 13

BAKERSFIELD: Burkett's lymphoma - 4

CENTRAL VALLEY: Undifferentiated lymphoma, Burkett's type - 4; lymphoma, NOS - 2; granulosa cell tumor - 1; dysgerminoma - 1

FRESNO: Benign neural tumor - 8; pseudotumor - 1

INDIANA: Histiocytic lymphoma, diffuse - 4; immunoblastic sarcoma - 1

INLAND: Burkitt's lymphoma - 6; undifferentiated lymphoma - 4

MARTINEZ: Malignant lymphoma, Burkitt's type - 15

OAKLAND: Burkitt's lymphoma, ovary, bilateral - 13

SACRAMENTO: Malignant lymphoma, Burkitt's ovary - 4

SAN FRANCISCO: Burkitt's lymphoma - 9

WEST SAN FERNANDO: Large, noncleaved, follicular center cell lymphoma - 7; Burkett's lymphoma - 2

LONG BEACH: Malignant lymphoma, Burkitt's type, ovary - 6

OHIO: Stem cell (undifferentiated) lymphoma, non Burkitt's - 4

RENO: Burkitt's lymphoma - 13

FILE DIAGNOSIS:

Small non-cleaved follicular center cell lymphoma, ovary (American Burkitt) - Lukes/Collin 1830-9753

Undifferentiated lymphoma, ovary (Burkitt-like) - Rapaport

REFERENCES:

Berard, C. et. al: Histopathologic Definition of Burkitt's Tumor. Bulletin World Health Organization 40:601-607, 1969.

Banles, P. M., et. al: American Burkitt's Lymphoma: A CPC study of 30 cases, II Pathologic Correlations. Am. J. Med. 58:322, 1975.

LOS ANGELES: Immunoblastic sarcoma; Hodgkin's disease, mixed cellularity; large cell lymphoma; large non-cleaved follicular center cell lymphoma

BAKERSFIELD: Hodgkin's disease, lymphocytic depletion type (reticular) - 4

CENTRAL VALLEY: Hodgkin's disease, lymphocytes depleted - 4; Hodgkin's disease, mixed - 3; anaplastic carcinoma - 1

FRESNO: Leiomyoma - 8; myxoma - 1

INDIANA: Hodgkin's disease - 5

INLAND: Hodgkin's disease - 8; poorly differentiated lymphocytic lymphoma - 2

MARTINEZ: Hodgkin's disease, lymphocytic depletion type - 15

OAKLAND: Malignant lymphoma, non-Hodgkin's - 11; sarcomatoid variant of renal tubular carcinoma - 1; Hodgkin's disease - 1

SACRAMENTO: Hodgkin's lymphoma, mixed cellularity - 4

SAN FRANCISCO: Hodgkin's disease, lymphocytic depletion type - 6; immunoblastic sarcoma - 2

WEST SAN FERNANDO: Lymphocyte depleted Hodgkin's - 5; Richter's syndrome (chronic lymphocytic leukemia -- immunoblastic sarcoma) - 2

LONG BEACH: Malignant lymphoma, non-Hodgkin's type - 2; malignant lymphoma, Hodgkin's type - 4

OHIO: Histiocytic lymphoma, diffuse - 4

RENO: Lymphocytic and histiocytic Hodgkin's - 13

FILE DIAGNOSIS:

Large non-cleaved follicular center cell lymphoma, kidney
(Lukes/Collin) 1890-9643

Diffuse histiocytic, kidney (Rapaport)

REFERENCES:

Krikorian, J. G. et. al: The Occurrence of Non-Hodgkin's Lymphoma Following Therapy for Hodgkin's Disease. NEJM 300:453-458, 1979.

LOS ANGELES: Hodgkin's lymphoma, lymphocyte predominant type

BAKERSFIELD: Hodgkin's disease, lymphocyte predominant type - 4

CENTRAL VALLEY: Hodgkin's disease, NOS - 3; Hodgkin's disease, mixed - 4;
Hodgkin's disease, lymphocyte predominant - 1

FRESNO: Myxoid leiomyosarcoma - 9

INDIANA: Hodgkin's disease - 5

INLAND: Lymphoma, NOS - 6; Hodgkin's, lymphocyte predominance - 3;
nondiagnostic - 1

MARTINEZ: Hodgkin's disease, lymphocytic predominant type - 10; spleen
lymphoid hyperplasia - 4

OAKLAND: Hodgkin's disease - 8; lymphoid hyperplasia - 4; abstention - 1

SACRAMENTO: Spleen, hyperplasia - 3; focal Hodgkin's lymphoma - 1

SAN FRANCISCO: Hodgkin's disease, lymphocyte predominance - 9

WEST SAN FERNANDO: Lymphocyte depleted Hodgkin's - 5; Richter's syndrome
(chronic lymphocytic leukemia -- immunoblastic sarcoma) - 2

LONG BEACH: Hodgkin's of spleen - 6

OHIO: Hodgkin's disease, NOS - 4

RENO: Lymphocyte predominant Hodgkin's disease - 13

FILE DIAGNOSIS:

Hodgkin's, mixed cellularity, spleen

1692-9655

REFERENCES:

Lukes, R. J.: Criteria for Involvement of Lymph Nodes, Bone Marrow,
Spleen and Liver in Hodgkin's Disease. Ca. Res. 31:1755-1767, 1971.

LOS ANGELES: Malignant lymphoma, NOS; non-Burkitt's, undifferentiated lymphoma; small non-cleaved follicular center cell lymphoma (Burkitt-like)

BAKERSFIELD: Small cell carcinoma - 2; malignant lymphoma, lymphocytic type, poorly differentiated, diffuse - 2

CENTRAL VALLEY: Poorly differentiated lymphoma - 1; lymphoma, NOS - 3; immunoblastic lymphoma - 1; small cell carcinoma of thyroid - 2

FRESNO: Metastatic carcinoma - 4; mesothelioma - 5

INDIANA: Undifferentiated lymphoma, diffuse, Burkitt's type - 4; poorly differentiated lymphocytic lymphoma - 1

INLAND: Poorly differentiated lymphocytic lymphoma - 10

MARTINEZ: Malignant lymphoma, diffuse, small, non-cleaved - 15

OAKLAND: Malignant lymphoma in thyroid - 12

SACRAMENTO: Malignant lymphoma, poorly differentiated - 4

SAN FRANCISCO: Malignant lymphoma - diffuse non-cleaved intermediate cell type - 9

WEST SAN FERNANDO: Burkitt's lymphoma - 9

LONG BEACH: Malignant lymphoma, thyroid - 6

OHIO: Granulocytic sarcoma - 4

RENO: Lymphoma - 13

FILE DIAGNOSIS:

Small non-cleaved follicular center cell malignant lymphoma, thyroid
(American Burkitt) 1930-9753

Undifferentiated lymphoma, thyroid (Burkitt-like)

REFERENCES:

Paladugu, R. R.: Malignant Lymphoma with Primary Manifestation in the Gonad. Cancer 45:561, 1980.

CASE NO. 8 - ACC. NO. 24358

JANUARY 1982

LOS ANGELES: Large cell lymphoma - 3; granulocytic sarcoma - 10

BAKERSFIELD: Leukemic infiltrate - 4

CENTRAL VALLEY: Carcinoma of breast - 3; anaplastic carcinoma of breast - 1; chloroma - 2; lymphoma, NOS - 2

FRESNO: Fat necrosis - 9

INDIANA: Granulocytic sarcoma - 3; histiocytic lymphoma - 1; lymphocytic lymphoma - 1

INLAND: Granulocytic sarcoma - 9; sclerosing lymphoma - 1

MARTINEZ: Stem cell leukemia - 2; granulocytic sarcoma - 7; Ewing's sarcoma - 2; breast carcinoma - 3

OAKLAND: Malignant lymphoma, breast - 11; carcinoma, lobular, breast - 2

SACRAMENTO: Chloroma breast - 3; malignant lymphoma, histiocytic, sclerosing breast - 1

SAN FRANCISCO: Tissue relapse of blastic leukemia - 9

WEST SAN FERNANDO: Chloroma (granulocytic sarcoma) - 8; infiltrating lobular carcinoma - 1

LONG BEACH: Chronic granulocytic leukemia - 6, (esterase positive on unstained slide)

OHIO: Granulocytic sarcoma - 4

RENO: Granulocytic sarcoma - 13

FILE DIAGNOSIS:

Granulocytic sarcoma or chloroma, breast

1749-9933

REFERENCES:

Neiman, R. S. et. al: Granulocytic Sarcoma: A CPC study of 61 biopsied cases. Cancer 48.1426-1437, 1981.

CASE NO. 9 - ACC. NO. 24361

JANUARY 1982

LOS ANGELES: Multiple myeloma - 13

BAKERSFIELD: Plasmacytoma, consistent with myeloma - 4

CENTRAL VALLEY: Plasmacytoma - 7; Hodgkin's disease, mixed - 1

FRESNO: Histiocytoma - 9

INDIANA: Plasmacytoma - 4; histiocytic lymphoma - 1

INLAND: Myeloma - 10

MARTINEZ: Multiple myeloma, dysplastic type - 15

OAKLAND: Multiple myeloma, proximal femur - 13

SACRAMENTO: Plasma cell myeloma - 4

SAN FRANCISCO: Poorly differentiated myeloma - 9

WEST SAN FERNANDO: Multiple myeloma - 9

LONG BEACH: Plasmacytoma c/w multiple myeloma - 6

OHIO: Plasmacytoma - 4

RENO: Myeloma - 13

FILE DIAGNOSIS:

Solitary plasmacytoma of bone (multiple myeloma) 1707-9733

REFERENCES:

Wiltshaw E.: The Natural History of Extramedullary Plasmacytoma and Its Relationship to Solitary Myeloma of Bone and Myelomatosis. Medicine 55:217, 1976.

CASE NO. 10 - ACC. NO. 24355

JANUARY 1982

LOS ANGELES: Immunoblastic sarcoma, B-cell type - 13

BAKERSFIELD: T-cell convoluted lymphoma - 1; malignant histiocytosis (erythrophagocytic) - 3

CENTRAL VALLEY: Malignant histiocytosis - 5; histiocytic lymphoma - 3

FRESNO: Leiomyoblastoma - 9

INDIANA: Histiocytic lymphoma - 2; granulocytic sarcoma - 2

INLAND: Immunoblastic sarcoma - 4; histiocytosis X - 2; histiocytic lymphoma - 2; poorly differentiated lymphocytic lymphoma - 1; malignant histiocytosis - 1

MARTINEZ: Immunoblastic sarcoma - 2; Burkitt's lymphoma - 1; large cell lymphoma, diffuse - 6; malignant lymphoma, B-cell plasmacytoid type - 3

OAKLAND: Malignant lymphoma, immunoblastic type, thigh - 13

SACRAMENTO: Malignant lymphoma, histiocytic - 3; malignant histiocytosis - 1

SAN FRANCISCO: Immunoblastic sarcoma - 1; histiocytosis X - 8

WEST SAN FERNANDO: Immunoblastic sarcoma - 5; large, non-cleaved, follicular center cell lymphoma - 1; malignant lymphoma, NOS - 2; malignant histiocytosis - 1

LONG BEACH: Malignant histiocytosis - 6

OHIO: Malignant histiocytosis - 3; immunoblastic sarcoma - 1

RENO: Granulocytic sarcoma - 8; Letterer-Siwe disease - 7

FILE DIAGNOSIS:

Immunoblastic sarcoma of B-cell type, thigh (Lukes/Collin) 1713-9643

Diffuse histiocytic lymphoma, thigh (Rapaport)

REFERENCES:

Lichtenstein, A. et. al: Immunoblastic Sarcoma: A Clinical Description. Cancer 43:343-352, 1979.

CASE NO. 11 - ACC. NO. 24410

JANUARY 1982

LOS ANGELES: Chronic lymphocytic leukemia - 13

BAKERSFIELD: Chronic lymphocytic lymphoma - 4

CENTRAL VALLEY: Chronic lymphocytic leukemia - 6; lymphosarcoma - 1;
acute lymphocytic leukemia - 1

FRESNO: Reactive mesothelial hyperplasia - 8; benign mesothelioma - 1

INDIANA: Well differentiated lymphocytic lymphoma, diffuse - 5

INLAND: Chronic lymphocytic leukemia in liver - 10

MARTINEZ: Chronic lymphocytic, leukemia infiltrate - 15

OAKLAND: Chronic lymphatic leukemia, liver - 13

SACRAMENTO: Leukemic infiltration (chronic lymphocytic leukemia)
liver - 4

SAN FRANCISCO: Chronic lymphocytic leukemia - 9

WEST SAN FERNANDO: Chronic lymphocytic leukemia - 9

LONG BEACH: Chronic lymphocytic leukemia, liver - 6

OHIO: Chronic lymphocytic leukemia vs. well differentiated lympho-
cytic leukemia - 4

RENO: Chronic lymphocytic leukemia with liver involvement - 13

FILE DIAGNOSIS:

Chronic lymphocytic leukemia with aggressive features, liver 1550-9823

REFERENCES:

Enno, et. al: Polymphocytoid Transformation of Chronic Lympho-
cytic Leukemia. Brit. J. Haematology 41:9-18, 1979.

LOS ANGELES: Plasmacytoid lymphocytic lymphoma; B-cell immunoblastic sarcoma with extreme plasmacellular features

BAKERSFIELD: Multiple myeloma - 4

CENTRAL VALLEY: Multiple myeloma - 5; immunoblastic carcinoma - 3

FRESNO: Fibromatosis - 9

INDIANA: Plasma cell myeloma - 5

INLAND: Immunoblastic sarcoma - 10

MARTINEZ: Multiple myeloma - 15

OAKLAND: Plasmacytoma, heart - 13

SACRAMENTO: Plasma cell myeloma - 2; malignant lymphoma, plasmacytoid - 1; plasmacytoma - 1

SAN FRANCISCO: Malignant B-cell tumor - 9

WEST SAN FERNANDO: Multiple myeloma - 9

LONG BEACH: Malignant lymphoma, NOS - 6

OHIO: Immunoblastic sarcoma with unusual plasmacytic differentiated vs. plasmacytoma - 4

RENO: Plasmacytoma - 13

FILE DIAGNOSIS:

Immunoblastic sarcoma with crystalline immunoglobulin inclusions,
heart 1715-9643

REFERENCE:

Van Dan Tweel, J. G. et. al: Immunoglobulin Inclusion in Non-Hodgkin's Lymphomas. Am. J. Clin. Path. 69:306-313, 1978.

GENERAL REFERENCES:

Lukes, R. J., Collin, R. D.: Immunologic Characterization of Human Malignant Lymphomas. Cancer 34:1448-1503, 1974.

Rappaport, H.: Tumors of th Hematopoietic System. Atlas of Tumor Pathology, Section III, Fascile 8, AFIP, Washington DC.