

SEM 543

CALIFORNIA TUMOR TISSUE REGISTRY
LOS ANGELES COUNTY - UNIVERSITY OF SOUTHERN CALIFORNIA
PROTOCOL
FOR
MONTHLY STUDY SLIDES
FEBRUARY 1982
GASTROINTESTINAL TRACT AND MESENTERY TUMORS

CONTRIBUTOR: John Gmelich, M. D.
Pasadena, California

FEBRUARY 1982 - CASE NO. 1

TISSUE FROM: Stomach

ACCESSION NO. 23967

CLINICAL ABSTRACT:

History: An 86 year old Caucasian female had gradual onset of malaise and weakness along with chronic low back pain and generalized aching. The low back pain became increasingly severe. There was no history of nausea, vomiting, or hematemesis. Past surgeries included an appendectomy and total abdominal hysterectomy. Medical problems included 10 year history of hypertension.

Physical examination: There was moderate epigastric tenderness with fullness. Stools were positive for occult blood.

Laboratory data: A marked macrocytic anemia (hgb. 6.5, MCV 104) was present. Alkaline phosphatase was elevated.

Radiographs: An upper G.I. series was reported as normal.

Endoscopy: A cone-shaped mass with central area of ulceration was seen in the distal body of the stomach. The tumor appeared to be predominantly submucosal.

SURGERY: (7-3-80)

A partial gastrectomy was performed.

GROSS PATHOLOGY:

A 6 x 5 x 2.5 to 2.3 cm section of stomach was received. A raised nodule with overall configuration of a volcano was present; it measured 3 x 4 cm. and up to 3 cm. in depth and had an ulcerated surface with 2.1 x 2 cm. hemorrhagic zone. On bisection a yellow-white somewhat firm neoplasm extended onto the serosal surface where there was a white-gray glistening nodule. Large dilated varicosities and zones of hemorrhage within the tumor were present. The mucosal margins of resection appeared free of tumor.

FOLLOW-UP:

She expired three weeks postoperatively of pulmonary embolis. No autopsy was performed.

CONTRIBUTOR: Nelson Quigley, M. D.
Anaheim, California

FEBRUARY 1982 - CASE NO. 2

TISSUE FROM: Omentum

ACCESSION NO. 23876

CLINICAL ABSTRACT:

History: A 52 year old Caucasian male developed an obstructive jaundice-like picture and 10-15 lb. weight loss, along with fever and diarrhea.

Past history: Twelve years ago he underwent routine physical examination at which time an upper G. I. series showed a calcified mass in the area of the stomach. He was completely symptomatic, but an exploratory laparotomy was performed. A rock hard, 6 cm. mass adjacent to stomach and pancreas, but not arising from neither, was present. In addition, multiple small tumor nodules were studding the mesentery, omentum, and diaphragm. A 1 cm. nodule was seen in the right lobe of liver. It was decided the tumor was inoperable and only a biopsy was taken of omentum. Following surgery, a course of Cobalt therapy was given.

Radiographs (1980): A liver scan showed multiple filling defects. A CAT scan of the abdomen showed a large lobulated mass with concentric calcifications in the left upper quadrant near the stomach.

SURGERY: (4-18-80)

At exploratory laparotomy, multiple nodules and masses of tumor were found encasing or obliterating organs within the abdomen. A large wedge biopsy of an omental mass was taken.

GROSS PATHOLOGY:

A large 6.5 x 3.5 x 2.5 cm. piece of yellow fatty tissue coated by tan lobulated hard tumor over the surface was submitted.

FOLLOW-UP:

The patient expired on July 30, 1980.

CONTRIBUTOR: K. P. Saigal, M. D.
Redondo Beach, California

FEBRUARY 1982 - CASE NO. 3

TISSUE FROM: Pancreas

ACCESSION NO. 24080

CLINICAL ABSTRACT:

History: A 24 year old Caucasian male with a known history of von Recklinghausen's disease had a neurofibrosarcoma removed from the chest wall in April 1979. Twenty months later he developed right lower quadrant pain, fever, and leukocytosis.

SURGERY: (December 1980)

At laparotomy a large retroperitoneal mass was found and biopsied. In addition, the genitofemoral nerve covering the mass was nodular and was biopsied. Further exploration revealed a pancreatic mass 5 x 11 cms. which the surgeon tried to remove in its entirety.

GROSS PATHOLOGY:

Two fragments together weighting 57 gms and 11 x 5.5 cms. in aggregate were received. They were grey-tan to gray brown with variegated cut surfaces which were gray-tan to cystic with mucoid material. The largest cyst was 0.4 cms. Your sections are from this mass.

FOLLOW-UP:

The patient subsequently received chemotherapy and showed poor response to that. He was also given hyperthermia at UCLA which resulted in hemorrhage in the tumor, and he showed poor response to hyperthermia also. The patient is still alive but is pretty terminal.

CONTRIBUTOR: Albert E. Hirst, M. D.
Loma Linda, California

FEBRUARY 1982 - CASE NO. 4

ACCESSION NO. 24062

TISSUE FROM: Anus

CLINICAL ABSTRACT:

History: This 52 year old Caucasian male had perianal cysts and abscesses since childhood. In February 1980, perirectal abscess was incised. There was no history of Crohn's disease or other g. i. tract problems. He presented in April 1980 with further symptoms.

Physical examination: A verrucous 5 cm. mass was present in the anal region at 9 o'clock. A sinus tract with drainage was noted at the anorectal junction. There were no hemorrhoids and no other rectal mass. The prostate was not enlarged.

SURGERY: (5-21-80)

Incision and drainage of multiple rectal abscesses was performed on April 2, 1980 and the verrucous mass was biopsied 5-21-80. Excision of the verrucous mass was begun in a two-stage procedure.

GROSS PATHOLOGY:

Multiple fragments of tissue were submitted that were 7.5 x 6 x 3 cms. in aggregate and weighed 38 gms. The tissue was covered by an irregular verrucous mucosa on one surface.

FOLLOW-UP:

The patient underwent a transurethral resection of transitional cell carcinoma of the bladder on 4-22-80. This tumor subsequently metastasized to pelvic lymph nodes and bone and resulted in his death on November 11, 1981. Autopsy was not performed.

CONTRIBUTOR: Edward E. Tueller, M. D.
Burlingame, California

February 1982 - CASE NO. 5

ACCESSION NO. 22490

TISSUE FROM: Stomach

CLINICAL ABSTRACT:

History: A 61 year old male had a long history of indigestion and diarrhea but recently developed bloating, gas, and cramping upper abdominal pain partially relieved by eating. He then developed tarry stools.

Endoscopy revealed a tumor mass involving essentially all of the fundus, distal stomach, and pre-pyloric area.

Radiographs: Chest xray was unremarkable. A liver scan was unremarkable. An upper g.i. series confirmed the endoscopic findings.

SURGERY: (1-8-77)

A total gastrectomy and liver biopsies were performed. The fundus contained an extremely bulky tumor mass extending well down into the body. A smaller bulky mass was present in the prepyloric area. Many enlarged lymph nodes along the greater and lesser curvatures were seen. The posterior wall of the stomach was densely adherent to the pancreas. No evidence of peritoneal seeding was seen.

GROSS PATHOLOGY:

A 30 cm. long stomach with 1 cm. of esophagus, 2 cms. of duodenum, attached spleen, portion of pancreas, and omentum was submitted. A large irregular nodular 17 cm. diameter and 5 cm. thick tumor mass replaced the mucosa in the fundus. Some areas were extensively ulcerated. A similar 5.5 cm. diameter by 2.5 cm. thick mass was present in the prepyloric area. The portion of pancreas was adherent to stomach but not intrinsically involved by the process in the stomach.

CONTRIBUTOR: William E. Cowell, M. D.
Santa Barbara, California

FEBRUARY 1982 - CASE NO. 6

ACCESSION NO. 22410

TISSUE FROM: Jejunum

CLINICAL ABSTRACT:

History: A 19 year old Oriental male with a history of iron deficiency anemia was treated for many years with parenteral and oral iron. Stool guaiacs were reported as positive for occult blood. A day before his most recent admission a hemangiomatic lesion on his left upper lip appeared to be larger and more tender than usual.

Laboratory data: Hemoglobin 7.5, Hct 28.4, MCV 57, serum iron not measurable.

Radiographs: A small bowel series demonstrated an intussuscepting mass in the upper jejunum. Multiple endoscopies yielded negative findings.

SURGERY: (4-13-77)

A segmental enterectomy of the involved jejunum was performed.

GROSS PATHOLOGY:

An 8 cm. portion of small bowel was received and showed a 3.4 cm. diameter polyp attached by a small pedicle. The surface of the polyp was tan and granular, the cut surface tan, and the base somewhat granular.

FOLLOW-UP:

The patient was last seen on September 1981 for a bee sting. He was doing fine from his surgery.

CONTRIBUTOR: Margarete Rose, M. D.
Burbank, California

FEBRUARY 1982 - CASE NO. 7

ACCESSION NO. 22713

TISSUE FROM: Near tail of pancreas

CLINICAL ABSTRACT:

History: An 81 year old Caucasian female had numerous admissions in the 1970's for problems related to atherosclerotic heart disease, diverticulosis, and diffuse gastritis with severe g.i. bleeding and secondary anemia.

In the mid 1970's an exploratory laparotomy revealed large cystic abdominal masses in the region of the pancreas, but no biopsy was taken. Severe upper g.i. bleeding beginning in February 1977 prompted a second laparotomy in March 1977 at which time gastrostomy, ligation of gastric bleeding vessels, vagotomy and pyloroplasty and subsequent removal at gastrostomy were performed. Again, a hard, nodular cystic pancreas was seen, felt to be non-operable carcinoma and not biopsied. In the ensuing months the bleeding problem persisted and when complicated by congestive heart failure and ascites led to her death on December 5, 1977.

GROSS PATHOLOGY: (Autopsy)

A large irregularly shaped but well circumscribed tumor mass was found near the tail of the pancreas which did not grossly appear to infiltrate either the pancreas or surrounding organs. The main body of tumor was 9 cms. in diameter, pink-tan, moderately firm, and showed prominent areas of fibrosis with focal calcifications. Cysts up to 1.8 cm. were noted. The mass also extended around a portion of the inferior vena cava.

Other findings included prominent gastric varices and colonic diverticula.

CONTRIBUTOR: Roy L. Byrnes, M. D.
San Juan Capistrano, California

FEBRUARY 1982 - CASE NO. 8

ACCESSION NO. 23923

TISSUE FROM: Gallbladder

CLINICAL ABSTRACT:

History: A 30 year old Caucasian female was admitted for work-up of right upper quadrant pain associated with nausea and vomiting of about 3 months' duration. She also had fatty food and fried food intolerance.

SURGERY: (6-4-80)

A chronically inflamed, thickened gallbladder was found. Several small 1 to 2 mm. stones were present. A choledochal cyst of the common duct was also present but there was no gross evidence of duct obstruction. A cholecystectomy with choledochal duodenostomy was performed.

GROSS PATHOLOGY:

A previously opened 8 cm. long gallbladder with attached 1.9 cm. long cystic duct was submitted. The wall averaged 0.3 cm. in thickness. The mucosa had a bright yellow lacy appearance characteristic of cholesterolosis.

FOLLOW-UP:

As of 1-19-82, patient has had some functional bowel problems which are diminishing but is otherwise in very good health.

CONTRIBUTOR: Neal J. Gould, M. D.
Hollywood, California

FEBRUARY 1982 - CASE NO. 9

ACCESSION NO. 22346

TISSUE FROM: Stomach

CLINICAL ABSTRACT:

History: A 79 year old Caucasian female presented with upper g.i. symptoms which led to diagnosis of a stomach mass.

SURGERY: (August 1976)

A gastrectomy was performed.

GROSS PATHOLOGY:

A 5 cm. diameter tumor was found located between the mucosa and the serosa. The mucosal surface was focally ulcerated. The tumor had a rubbery, bulging light tan surface with small foci of hemorrhage and cystic degeneration. The lymph nodes were free of tumor.

FOLLOW-UP:

She was admitted to the hospital August 31, 1979 - September 1, 1979 for acute gastroenteritis due to ingestion of wild mushroom. At that time there was no evidence of recurrence.

CONTRIBUTOR: Arnold Oldre, M. D.
Hollywood, California

FEBRUARY 1982 - CASE NO. 10

ACCESSION NO. 21217

TISSUE FROM: Colon

CLINICAL ABSTRACT:

History: An 84 year old Caucasian female had vague bowel complaints and chronic constipation for many years treated with many enemas. Clinically she was thought to have episodes of ischemia to the large bowel.

SURGERY: (1-15-75)

A partial colectomy was performed.

GROSS PATHOLOGY:

A 50 cm. long portion of colon was submitted. In the midportion the muscularis, serosa, and adipose tissue contained small cysts. Those in the serosa and fat were up to 0.3 cm. and gas-filled. The mucosal surfaces were dark red tan with a few superficial ulcers and scattered petechia.

FOLLOW-UP:

Following surgery to the colon, she began to have vague persistent complaints involving her throat

Patient is lost to follow-up.

CONTRIBUTOR: Nathan Morgenstern, M. D.
Oakland, California

FEBRUARY 1982 - CASE NO. 11

ACCESSION NO. 21111

TISSUE FROM: Esophagus

CLINICAL ABSTRACT:

History: This 55 year old female noted dysphasia in October 1974. Two months later, she could not even swallow liquids.

Radiographs: Upper g.i. xrays showed a large mass in the mid-esophagus.

SURGERY: (December 1974)

Following biopsy a resection of the esophagus was performed.

GROSS PATHOLOGY:

An 11.5 cm. long esophagus with 1 cm. gastric cuff was submitted and contained an enormous 12 cm. long by 5.2 cm. diameter polypoid tumor mass attached over a 3.5 x 6 cm. area. The pedunculated free end hung downward and there was also a small nodular projection upward to within 1 cm. of the upper margin. The tumor surface was pale yellow and slightly dull, with a groove along it corresponding to the gastric tube that was placed. On section the tumor was white with occasional gray or greenish translucent glistening area and slightly trabeculated. Occasional red or green softened foci suggested infarction. The tumor infiltrated the muscularis but did not involve the periesophageal tissues. One lymph node was grossly involved by tumor.

FOLLOW-UP:

Not available.

CONTRIBUTOR: Lynn Bevans, M. D.
Los Angeles, California

FEBRUARY 1982 - CASE NO. 12

ACCESSION NO. 22553

TISSUE FROM: Stomach

CLINICAL ABSTRACT:

History: A 57 year old Caucasian female presented with a one week history of lower abdominal pain, rectal bleeding and constipation. She also had a 15 lb. weight loss in a month's time.

Sigmoidoscopy revealed a friable hard mass at 7 cm. Pelvic examination showed tumor invading the posterior vagina. Symptoms of bowel obstruction led to surgical exploration.

SURGERY: (7-27-77)

An exploratory laparotomy was performed. Lysis of multiple adhesions between loops of small and large bowel, apparently secondary to inflammation from a perforated appendicitis, was done, along with removal of the appendix and biopsy of a gastric wall mass. No peritoneal or liver metastases were seen.

GROSS PATHOLOGY:

A 2.5 cm. nodule of firm tissue weighing 11 grams was submitted. Sectioning revealed a tan-white, well circumscribed nodule with central area of hemorrhage and softening.

FOLLOW-UP:

An abdominoperineal resection of the moderately well differentiated colonic adenocarcinoma (Duke's B1) was performed on August 24, 1981. One of the 11 lymph nodes contained tumor. She was readmitted on June 17, 1979 for small bowel obstruction that was due to adhesions; resection of the affected bowel and re-anastomosis was performed. On her last clinic visit in December 1979 some firm nodules were palpated in the vagina and labia. She has since been lost to follow-up.

STUDY GROUP CASES
FOR
FEBRUARY 1982

CASE NO. 1 - ACC. NO. 23967

FEBRUARY 1982

LOS ANGELES: Epithelioid leiomyoma - 12; leiomyosarcoma - 1

SAN FRANCISCO: Leiomyoblastoma - 11

OAKLAND: Leiomyoblastoma, stomach - 7

SACRAMENTO: Leiomyoblastoma - 2; hemangiopericytoma - 1; malignant lymphoma, poorly differentiated lymphocytic - 1

RENO: Hemangiopericytoma - 3; leiomyoblastoma - 10

LONG BEACH: Leiomyoblastoma - 8

MARTINEZ: Leiomyoblastoma - 10

CENTRAL VALLEY: Leiomyoblastoma - 5; eosinophilic granuloma - 1; large cell lymphoma - 1

BAKERSFIELD: Leiomyoblastoma - 4

RIVERSIDE (INLAND): Leiomyoblastoma - 11; hemangiopericytoma - 1; histiocytic lymphoma - 1

WEST SAN FERNANDO: Hemangioendothelioma, low grade malignant - 2; leiomyoblastoma - 3

INDIANA: Leiomyoblastoma - 3; extramedullary plasmacytoma - 1; hemangiopericytoma - 1

SEATTLE: Leiomyoblastoma - 6

FILE DIAGNOSIS:

Leiomyoblastoma, stomach

1519 - 8890

REFERENCE:

Appleman, H. D., Hewlig, E. B; "Gastric Epithelioid Leiomyoma and Leiomyosarcoma (Leiomyoblastoma)", CANCER 38:708-728, 1976

CASE NO. 2 - ACC. NO. 23876

FEBRUARY 1982

LOS ANGELES: Paraganglioma - 12

SAN FRANCISCO: Atypical carcinoid (apudoma) - 8; paraganglioma - 3

OAKLAND: Paraganglioma, omentum - 4; carcinoid - 3

SACRAMENTO: Granular cell tumor - 3; paraganglioma - 1

RENO: Malignant paraganglioma - 13

LONG BEACH: Carcinoma - 5; mesothelioma - 2; leiomyosarcoma - 1

MARTINEZ: Malignant granular cell tumor - 10

CENTRAL VALLEY: Malignant mesothelioma - 2; undifferentiated carcinoma - 2; malignant granular cell tumor - 2; multiple benign paraganglioma - 1

BAKERSFIELD: Extra-gastric leiomyoblastoma - 2; carcinoid - 1; mesothelioma - 1

RIVERSIDE (INLAND): Paraganglioma - 4; carcinoid - 4; poorly differentiated adenocarcinoma - 3; malignant mesothelioma - 1; melanoma - 1

WEST SAN FERNANDO: Neuroendocrine carcinoma - 1; undifferentiated pancreatic carcinoma - 1; paraganglioma, malignant - 2; granular cell tumor - 1

INDIANA: Malignant mesothelioma - 2; metastatic carcinoma (prostate?) - 1; carcinoid tumor - 1; paraganglioma - 1

SEATTLE: Malignant epithelial neoplasm - 6

FILE DIAGNOSIS:

Paraganglioma, retroperitoneum

1580 - 8693

AFIP REPORT (F. M. Enzinger, M. D.): Malignant paraganglioma, retroperitoneum.

LOS ANGELES: Pleomorphic adenocarcinoma - 1; malignant schwannoma - 10;
Triton tumor - 2

SAN FRANCISCO: Malignant schwannoma (Triton tumor) - 11

OAKLAND: Malignant schwannoma, pancreas - 7

SACRAMENTO: Neurofibrosarcoma - 4

RENO: Neurofibrosarcoma - 13

LONG BEACH: Triton tumor (synonym neurofibrosarcoma with glandular and heterologous sarcomatous elements) - 8

MARTINEZ: Neurofibrosarcoma with chondroid differentiation - 5; malignant mesenchymoma - 5

CENTRAL VALLEY: Neurofibrosarcoma - 4; malignant fibrous histiocytoma - 1; chondrosarcoma - 1; carcinosarcoma - 1

BAKERSFIELD: Neurogenic fibrosarcoma with chondroid metaplasia - 4

RIVERSIDE (INLAND): Carcinosarcoma - 6; malignant mesenchymoma - 5; malignant schwannoma - 2

WEST SAN FERNANDO: Neurofibrosarcoma - 1; malignant mesenchymal tumor - 4

INDIANA: Carcinosarcoma - 3; malignant mesenchymoma - 1; mesothelioma with sarcomatous stroma - 1

SEATTLE: Neurosarcoma - 6

FILE DIAGNOSIS:

Malignant schwannoma (Triton tumor), pancreas 1579 - 9563

REFERENCES:

1. Woodruff, J. M. et. al.; "Peripheral Nerve Tumors with Rhabdomyosarcomatous Differentiation", Cancer 32:426-439, 1973
2. Woodruff, J. M.; "Peripheral Nerve Tumors Showing Glandular Differentiation", Cancer 37:2399-2413, 1976
3. Karcioğlu, Z., et. al.: "Ectomesenchymoma", Cancer 39:2486-2496, 1977

CASE NO. 4 - ACC. NO. 24062

FEBRUARY 1982

LOS ANGELES: Squamous papilloma with malignant change - 9; verrucous carcinoma - 3

SAN FRANCISCO: Verrucous carcinoma - 6; fistula with dysplasia - 4

OAKLAND: Perianal squamous cell carcinoma - 7

SACRAMENTO: Squamous cell carcinoma, anus - 4

RENO: Verrucous carcinoma with invasion - 13

LONG BEACH: Squamous cell carcinoma (possibly arising in hidradenitis) - 8

MARTINEZ: Verrucous carcinoma - 6; well-differentiated squamous carcinoma - 4

CENTRAL VALLEY: Squamous cell carcinoma - 7

BAKERSFIELD: Invasive squamous cell carcinoma, (verruous vs condylo-matous) - 4

RIVERSIDE (INLAND): Verrucous carcinoma - 7; squamous cell carcinoma arising in or associated with a squamous papilloma - 5; lymphopathia venereum - 1

WEST SAN FERNANDO: Verrucous carcinoma - 5

INDIANA: Epidermoid carcinoma, verrucous type - 5

SEATTLE: Verrucous carcinoma of anus - 6

FILE DIAGNOSIS:

Verrucous carcinoma, anus

x-file: squamous papilloma with malignant change, anus 1543 - 8053
1543 - 8073

REFERENCE:

Knoblich, R., Failing, J. F.; "Giant Condyloma Acuminatum (Buschke-Lowenstein tumor) of the Rectum", Am. J. Clin. Path. 48:389-395, 1967

AFIP REPORT (J. H. Graham, M. D.): Verrucous carcinoma, anus

LOS ANGELES: Malignant lymphoma, possibly Hodgkin's disease - 5; huge inflammatory polyp (pseudotumor) - 6; allergic granulomatosis (eosinophilic gastritis) - 1

SAN FRANCISCO: Poorly differentiated lymphoma - 7; granulocytic sarcoma - 3

OAKLAND: Granulocytic sarcoma, stomach - 4; reactive pseudotumor - 3

SACRAMENTO: Granulocytic sarcoma, stomach - 4

RENO: Inflammatory pseudotumor - 13

LONG BEACH: Malignant lymphoma - 3; chloroma of stomach - 5

MARTINEZ: Inflammatory pseudotumor - 4; eosinophilic gastritis - 6

CENTRAL VALLEY: Lymphoma, NOS - 4; myelosarcoma - 3

BAKERSFIELD: Eosinophilic gastritis - 4

RIVERSIDE (INLAND): Eosinophilic gastritis - 10; granulocytic sarcoma - 3

WEST SAN FERNANDO: Solitary reticulohistiocytoma - 1; granulocytic sarcoma - 4

INDIANA: Granulocytic sarcoma - 3; eosinophilic gastritis - 1; poorly differentiated lymphocytic lymphoma - 1

SEATTLE: Chloroma - 3; eosinophilic gastritis - 3

FILE DIAGNOSIS:

Malignant lymphoma, stomach

1519 - 9593

AUTOPSY REPORT:

Patient expired May 20, 1977, with a widespread lymphoproliferative process involving mediastinal, mesenteric and para-aortic lymph nodes, esophagus, small and large bowel, adrenal, and retroperitoneal tissues. Also present was a disseminated cytomegalovirus infection, involving lungs, pancreas, and kidney.

AFIP REPORT (R. L. Warkel, M. D. & R. S. Gallager, M. D.): Diffuse lymphoplasmacytic proliferative process with associated gastric eosinophilia.

STANFORD REPORT (A. Churg, M. D. & C. B. Carrington, M. D.): "We find this case to be unique."

CASE NO. 6 - ACC. NO. 22410

FEBRUARY 1982

LOS ANGELES: Peutz-Jegher adenomatous polyp - 12

SAN FRANCISCO: Hamartomatous polyp (Peutz-Jeghers) - 11

OAKLAND: Hamartomatous polyp, jejunum - 7

SACRAMENTO: Hamartomatous polyp - 4

RENO: Hamartomatous polyp - 13

LONG BEACH: P-J polyp jejunum - 8

MARTINEZ: Peutz-Jeghers polyp - 10

CENTRAL VALLEY: Hamartomatous polyp - 7

BAKERSFIELD: Adenomatous polyp (suggestive of Peutz-Jeghers) - 4

RIVERSIDE (INLAND): Hamartomatous polyp - 13

WEST SAN FERNANDO: Hamartomatous polyp (Peutz-Jeghers) - 5

INDIANA: Peutz-Jeghers polyp - 5

SEATTLE: Hamartomatous polyp syndrome - 6

FILE DIAGNOSIS:

Peutz-Jeghers polyp, jejunum

1521 - 9350

LOS ANGELES: Cystadenoma - 12

SAN FRANCISCO: Cyst adenoma of pancreas (glycogen rich type) - 11

OAKLAND: Microcystic cystadenoma, pancreas - 7

SACRAMENTO: Cystadenoma pancreas - 4

RENO: Lymphangioma - 13

LONG BEACH: Microcystic cystadenoma pancreas - 8

MARTINEZ: Microcystic adenoma of pancreas - 10

CENTRAL VALLEY: Lymphangioma - 4; benign adenoma - 3

BAKERSFIELD: Cystadenoma - 3; cystic mesothelioma - 1

RIVERSIDE (INLAND): Cystadenoma - 12; cystadenocarcinoma - 1

WEST SAN FERNANDO: Lymphangioma - 2; microcystic adenoma of pancreas
- 2; undecided - 1

INDIANA: Adenomatoid tumor - 1; cystadenoma - 4

SEATTLE: Pancreatic microcystic cystadenoma - 6

FILE DIAGNOSIS:

Cystadenoma, pancreas

1579 - 8440

REFERENCE:

Compagno, J., Dertel, J. E.; "Microcystic Adenomas of The Pancreas (Glycogen rich cystadenomas)", Am. J. Clin. Path., 69:289-298, 1978

CASE NO. 8 - ACC. NO. 23923

FEBRUARY 1982

LOS ANGELES: Cholecystitis glandularis proliferans - 12; villous adenoma of gall bladder - 1

SAN FRANCISCO: Adenomatous hyperplasia - 11

OAKLAND: Adenomatous hyperplasia, gallbladder - 7

SACRAMENTO: Hyperplastic chronic cholecystitis - 4

RENO: Gallbladder with mucosal hyperplasia and cholesterolosis - 13

LONG BEACH: Mild chronic cholecystitis with cholesterolosis - 8

MARTINEZ: Chronic cholecystitis mucosal hyperplasia - 7; adenomatous hyperplasia - 3

CENTRAL VALLEY: Chronic cholecystitis with hyperplasia - 7

BAKERSFIELD: Adenomatous hyperplasia - 4

RIVERSIDE (INLAND): Papillary hyperplasia - 13

WEST SAN FERNANDO: Adenomatous hyperplasia - 5

INDIANA: Hyperplastic chronic cholecystitis - 5

SEATTLE: Papillary mucinous hyperplasia (adenosis of gallbladder) - 6

FILE DIAGNOSIS:

Hyperplastic chronic cholecystitis

1560 - 7780

LOS ANGELES: Liposarcoma - 2; leiomyoblastoma - 11

SAN FRANCISCO: Leiomyoblastoma - 11

OAKLAND: Benign schwannoma, stomach - 7

SACRAMENTO: Leiomyoblastoma, stomach - 2; plasmacytoma, stomach - 2

RENO: Leiomyoblastoma - 13

LONG BEACH: Benign leiomyoblastoma - 6; benign granular cell tumor - 2

MARTINEZ: Leiomyoblastoma - 10

CENTRAL VALLEY: Leiomyoblastoma - 5; lymphoma - 1; ganglioneuroma - 1

BAKERSFIELD: Plasmacytoma - 4

RIVERSIDE (INLAND): Epithelioid leiomyoma - 7; plasmacytoma - 6

WEST SAN FERNANDO: Atypical leiomyoblastoma - 4; ganglioneuroma - 1

INDIANA: Plasmacytoma - 2; leiomyoblastoma - 2; mesothelioma - 1

SEATTLE: Leiomyoblastoma - 6

FILE DIAGNOSIS:

Leiomyoblastoma, stomach

1519 - 8890

REFERENCE:

Lavin, P., Hajdu, S. I., Foote, F.;W.; "Gastric and Extragastric Leiomyoblastomas", Cancer 29:305-311, 1971

- LOS ANGELES: Pneumatosis cystoides intestinalis & melanosis coli - 12
- SAN FRANCISCO: Pneumatosis cystoides intestinalis and melanosis coli - 11
- OAKLAND: Pneumatosis cystoides intestinalis, colon - 7
- SACRAMENTO: Pneumatosis coli - 4
- RENO: Pneumatosis cystoides intestinalis - 13
- LONG BEACH: Pneumatosis intestinalis - 8
- MARTINEZ: Pneumatosis intestinalis with melanosis coli - 10
- CENTRAL VALLEY: Pneumatosis cystoides intestinalis - 7
- BAKERSFIELD: Pneumatosis intestinalis - 4
- RIVERSIDE (INLAND): Pneumatosis cystoides intestinalis - 13
- WEST SAN FERNANDO: Eleoma and melanosis, coli -2; pneumatosis cystoides intestinalis and melanosis coli - 3
- INDIANA: Pneumatosis coli - 5
- SEATTLE: Pneumatoides cystoides intestinalis with melanosis and metaplastic giant cells lining air spaces - 6

FILE DIAGNOSIS:

Pneumatosis cystoides intestinalis, colon
melanosis coli, colon

1538 - 3571, 5711

REFERENCE:

Smith, B. H., Welter, L. H.; "Pneumatosis Intestinalis",
Am. J. Clin. Path. 48:455-465, 1967

CASE NO. 11 - ACC. NO. 21111

FEBRUARY 1982

LOS ANGELES: Carcinosarcoma - 12; pseudosarcomatous squamous carcinoma - 1

SAN FRANCISCO: Poorly differentiated squamous carcinoma with pseudosarcoma - 11

OAKLAND: Carcinosarcoma, esophagus - 7

SACRAMENTO: Carcinosarcoma, esophagus - 1; spindle cell squamous carcinoma, esophagus - 3

RENO: Polypoid carcinosarcoma - 13

LONG BEACH: Carcinosarcoma, esophagus - 6; mucoepidermoid carcinoma - 2

MARTINEZ: Carcinosarcoma - 10

CENTRAL VALLEY: Carcinosarcoma - 2; embryonal rhabdomyosarcoma - 3; anaplastic carcinoma - 2

BAKERSFIELD: Carcinosarcoma - 4

RIVERSIDE (INLAND): Carcinosarcoma - 9; carcinoma with pseudosarcomatous stroma - 4

WEST SAN FERNANDO: Carcinosarcoma - 1; anaplastic carcinoma, biphasic - 1; malignant neuroendocrine tumor with spindle-cell component - 2

INDIANA: Carcinosarcoma - 3; small cell squamous carcinoma with pseudosarcomatous stroma - 2

SEATTLE: Carcinosarcoma - 6

FILE DIAGNOSIS:

Carcinosarcoma, esophagus

1509 - 8983

CASE NO. 12 - ACC. NO. 22553

LOS ANGELES: Glomus tumor - 12

SAN FRANCISCO: Glomus tumor - 11

OAKLAND: Carcinoid, stomach - 7

SACRAMENTO: Carcinoid - 1; glomus - 1; islet cell tumor - 2

RENO: Glomus tumor - 13

LONG BEACH: Glomus tumor stomach - 8

MARTINEZ: Carcinoid tumor - 10

CENTRAL VALLEY: Carcinoid tumor - 7

BAKERSFIELD: Hemangiopericytoma - 2; glomus tumor - 2

RIVERSIDE (INLAND): Glomus tumor - 9; carcinoid - 4

WEST SAN FERNANDO: Carcinoid - 1; glomus tumor - 4

INDIANA: Carcinoid tumor - 5

SEATTLE: Carcinoid tumor - 4; glomus tumor - 2

FILE DIAGNOSIS:

Glomus tumor, stomach

1519 - 8710

REFERENCE:

Appleman, H. D., Helwig, E. B.; "Glomus Tumors of the Stomach",
Cancer 23:203-213, 1969