

SEM 564

CALIFORNIA TUMOR TISSUE REGISTRY
LOS ANGELES COUNTY - UNIVERSITY OF SOUTHERN CALIFORNIA
PROTOCOL
FOR
MONTHLY STUDY SLIDES
MARCH 1982
TUMORS OF THE DIGESTIVE TRACT AND ABDOMINAL CAVITY

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

MARCH 1982 - CASE NO. 1

TISSUE FROM: Abdomen

ACCESSION NO. 22326

CLINICAL ABSTRACT:

History: A 71 year old black female had a long history of hypertension but over the 2 to 3 months prior to admission she had increasing weakness and fatigability associated with intermittent left lower quadrant abdominal pain and tarry stools. There was also a 30 lb. weight loss, fever, and night sweats.

Radiographs: A retropancreatic mass and perisplenic mass were seen by angiography. A liver-spleen scan was unremarkable.

SURGERY: (July 9, 1976)

At exploratory laparotomy a large 10 x 10 cm. abdominal mass was found adherent to greater curvature of stomach, transverse colon, sigmoid colon, and distal pancreas. A partial gastrectomy with distal pancreatectomy with resection of 30 cm. of transverse and descending colon was performed.

GROSS PATHOLOGY:

A 9 x 7 x 7 cm. mass with adherent pieces of stomach, transverse colon, sigmoid colon and pancreas was received. The entire tissue mass weighed 600 grams. Cross section through the tumor revealed a yellow-tan, focally hemorrhagic cut surface. No definite capsule was seen around the tumor. The tumor was densely adherent to the attached structures, although direct invasion was not appreciated grossly. Several lymph nodes measuring up to 1.3 cm. in diameter were noted in the pericolic adipose tissue.

FOLLOW-UP:

Two days following surgery the patient suffered a hypotensive episode, followed by acute renal failure. EKG changes were consistent with an acute myocardial infarction. Another acute hypotensive episode one week later was thought to represent extension of the infarct. Her clinical course was complicated by a 6-unit gastrointestinal bleed following anticoagulation, progressive renal failure, and Klebsiella bronchopneumonia. She expired on July 29, 1976. No autopsy was performed.

CONTRIBUTOR: John Blanchard, M. D.
Santa Barbara, California

MARCH 1982 - CASE NO. 2

TISSUE FROM: Stomach

ACCESSION NO. 23761

CLINICAL ABSTRACT:

History: A 54 year old Caucasian female had right upper quadrant abdominal pain for several weeks associated with nausea and severe vomiting.

Physical examination suggested a mass in the midepigastrium.

Radiographs: Upper gastrointestinal series showed a stomach with hypertrophic folds and outlet obstruction.

SURGERY: (November 16, 1979)

The distal portion of the stomach was diffusely infiltrated by apparent tumor. A 50% gastrectomy with greater and lesser omentectomy and Billroth I gastroduodenostomy was performed.

GROSS PATHOLOGY:

A 14 cm. long portion of stomach with 15 cm. of duodenum and attached greater and lesser omentum were submitted. On the lesser curvature was a 2.5 x 1.5 cm. ulcer with sharp overhanging edges penetrating to the muscularis. The mucosa and muscularis around it were greatly thickened and indurated. Several lymph nodes up to 1 cm. in diameter were involved by tumor.

FOLLOW-UP:

The patient expired on October 8, 1980 with widespread metastases. No autopsy was performed.

CONTRIBUTOR: Seth L. Haber, M. D.
Santa Clara, California

MARCH 1982 - CASE NO. 3

TISSUE FROM: Serosa of cecum

ACCESSION NO. 21617

CLINICAL ABSTRACT:

History: A 50 year old Caucasian male had a palpable right lower quadrant mass on physical examination. He was asymptomatic otherwise.

SURGERY:

At exploratory laparotomy, tumor was found adherent laterally and anteriorly to cecum and appendix. The tumor was easily dissected off, leaving the muscularis of both cecum and appendix intact. However, numerous grape-like implants on parietal peritoneum, mesentery, and omentum were present. The surgeon also palpated small "bumps" on the anterior aspect of the liver.

GROSS PATHOLOGY:

A 175 gm. rubbery 5 cm. grey-tan round mucoid nodule was submitted. It was surrounded by opalescent grape-like structures, 0.5 cm. to 1.5 cm. in diameter, filled with mucoid fluid. Cut surfaces of the tumor were solid and whorled with glairy fluid on the surfaces.

FOLLOW-UP:

Patient last seen in January 1979, at that time no evidence of tumor recurrence.

CONTRIBUTOR: Raymond Lesonsky, M. D.
Van Nuys, California

MARCH 1982 - CASE NO. 4

TISSUE FROM: Cecum

ACCESSION NO. 21252

CLINICAL ABSTRACT:

History: A 69 year old female complained of abdominal cramps with excessive gas for several weeks. Similar symptoms had occurred off and on for several years. In January 1974 she had a total abdominal hysterectomy bilateral salpingo-oophorectomy for endometrial adenocarcinoma.

Radiographs: A barium enema revealed colonic diverticula. Angiography showed an aneurysmal lesion of the ascending colon.

SURGERY: (March 6, 1975)

A right hemicolectomy was performed.

GROSS PATHOLOGY:

Terminal ileum (4.2 cm.) with cecum and colon (16 cm.) were submitted. There was an annular fungating ulcerating neoplasm 4.8 cm. long and 0.6 to 2.0 cm. thick 2.6 cm. from the ileio-cecal valve. It appeared to be confined to the bowel.

FOLLOW-UP:

In August 1979 she had a sigmoidoscopy and biopsy (after one week of constipation and pain for two days with nausea brought her back to her physician). This was diagnosed as adenocarcinoma. The recto-sigmoid colon was resected on September 4, 1979. As of January 1982 she is well without evidence of recurrent tumor.

CONTRIBUTOR: J. C. Bellamy, M. D.
Seattle, Washington

MARCH 1982 - CASE NO. 5

TISSUE FROM: Jejunum

ACCESSION NO. 21162

CLINICAL ABSTRACT:

History: A 57 year old Caucasian female was admitted with hypochromic microcytic anemia (Hgb. 7.1). She was also markedly obese and hypertensive.

Radiographs: An upper GI series revealed a circumferential ulcerated mass in the jejunum at the ligament of Treitz.

SURGERY: (February 1975)

A mass in the jejunum was densely adherent to pancreas but did not invade it. A 20 cm. length of jejunum was resected.

GROSS PATHOLOGY:

A 20 cm. segment of small intestine had a hard, eccentric, multinodular bulging central deformity, 4.5 cm. in diameter. On opening the bowel an ulcerating, fungating circumferential tumor extending through the wall with ragged hemorrhagic surfaces was noted.

FOLLOW-UP:

Postoperatively, she developed acute pancreatitis with peritonitis, multiple venous thromboses, and pulmonary emboli. She died February 14, 1975. At autopsy no residual tumor was found.

CONTRIBUTOR: William Wigmore, M. D.
Reno, Nevada

MARCH 1982 - CASE NO. 6

TISSUE FROM: Pancreas

ACCESSION NO. 23600

CLINICAL ABSTRACT:

History: This 27 year old male was involved in a motor vehicle accident in which he sustained a ruptured spleen.

SURGERY: (November 2, 1978)

In addition to the ruptured spleen, an ovoid shaped encapsulated tumor was found in the lesser sac arising from the tail of the pancreas. No adenopathy was noted. The spleen was removed and the tumor excised.

GROSS PATHOLOGY:

A large mass measuring 21 x 16 x 11 cm. and weighing 1,817 grams was submitted. The surface revealed adherent omentum and hemorrhagic fibrous adhesions but no papillations. On section the tumor was composed of homogeneous rubbery white tissue without cyst formation or degeneration. The tumor was well circumscribed and encapsulated.

FOLLOW-UP:

The last time the patient was seen was on October 8, 1979 at which time there was no evidence of tumor recurrence. He has since been lost to follow-up.

CONTRIBUTOR: Milton Feinberg, M. D.
Panorama City, California

MARCH 1982 - CASE NO. 7

TISSUE FROM: Liver

ACCESSION NO. 20199

CLINICAL ABSTRACT:

History: A 38 year old Caucasian female had pain in the upper abdomen for about one year which progressively worsened. There was no jaundice nor symptoms related to the gastrointestinal tract. A cholecystectomy had been performed six years previously.

Physical examination revealed a large mass in the upper abdomen which appeared to be contiguous with the liver.

SURGERY: (May 8, 1973)

At laparotomy the liver appeared to be replaced by a cystic mass, 22 x 20 cm., involving both right and left lobes. Major bile ducts were noted within the wall of the mass. The cyst contained black to reddish brown liquid. A partial hepatectomy with excision at the mass was performed.

GROSS PATHOLOGY:

A large collapsed cyst, 14 cm. in diameter, with a pink grey to dark red smooth external surface and 9 x 2 x 1 cm. portion of attached hepatic parenchyma was submitted. The cyst wall was 0.3 to 0.8 cm. thick with a smooth whitish gray to gray brown inner surface that showed nodular secondary cystic projections, 0.2 to 1.0 cm., grouped in areas varying from 0.5 to 4.0 cm. in diameter. The secondary cysts were gray-pink to dark red had smooth linings and were filled with clear mucoid fluid.

FOLLOW UP:

Not available.

CONTRIBUTOR: Edmund Low, M. D.
Sun Valley, California

MARCH 1982 - CASE NO. 8

TISSUE FROM: Hemorrhoids, rectum

ACCESSION NO. 22758

CLINICAL ABSTRACT:

History: A 20 year old Caucasian female had a long history of suffering from hemorrhoids. She had a great deal of pain in the rectal area and when seen by her physician was unable to sit up because of the pain. She also had a 20 lb. weight loss over a two month period.

SURGERY: (January 1978)

Findings at surgery were thrombosed external hemorrhoids with ulceration and thrombosed internal hemorrhoids involving the entire internal hemorrhoidal plexus. The hemorrhoids were excised.

GROSS PATHOLOGY:

Four irregular fragments of soft tan to dull white tissue measuring from 0.8 x 0.8 x 2.0 cm. to 1 x 2 x 2.5 cm. The largest fragment demonstrated one red granular surface.

FOLLOW UP:

Not available.

CONTRIBUTOR: Robert Hufner, M. D.
La Mesa, California

MARCH 1982 - CASE NO. 9

TISSUE FROM: Stomach

ACCESSION NO. 23449

CLINICAL ABSTRACT:

History: A 20 year old male was admitted with severe headaches but was found to have melena and severe anemia with a hematocrit of 20.

Radiographs: An upper gastrointestinal series showed a large ulcer on the posterior wall of the stomach.

SURGERY: (1979)

A distal gastrectomy with gastroduodenostomy was performed.

GROSS PATHOLOGY:

A distal portion of stomach and proximal portion of duodenum were submitted. The posterior surface was involved by an 8 cm. neoplasm. There was mucosal ulceration overlying the tumor, which was solid, grey white, and extended from mucosa to serosa.

FOLLOW-UP:

The patient is doing well with no evidence of recurrence.

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

MARCH 1982 - CASE NO. 10

TISSUE FROM: Small bowel

ACCESSION NO. 23106

CLINICAL ABSTRACT:

History: A 19 year old Latin-American female was admitted with severe abdominal pain. The pain had become increasingly severe for two weeks. It was located in the epigastrium. One day before admission she developed protracted vomiting.

Past history revealed that she had complaints of vague abdominal pain between the ages of eight and thirteen, but on upper gastrointestinal series with small bowel follow through was normal.

SURGERY: (July 20, 1977)

An exploratory laparotomy was performed and a large firm white mass was found 18 cm. from the ileocecal valve.

GROSS PATHOLOGY:

A 105 cm. length of small bowel was submitted. Located in the mid-portion of the bowel within the mesentery was a lobulated yellow firm tumor that was well circumscribed and had a smooth shiny surface. It measured 19 cm. along the bowel wall, 7 cm. into the mesentery, and 5 cm. in thickness. The cut surface showed lobules of pale yellow tan tissue with sharp margins. The mucosa of the bowel was stretched over the surface of the tumor and contained foci of superficial erosions, but there was no mucosal invasion.

FOLLOW-UP:

Patient is alive and well with no evidence of tumor recurrence.

CONTRIBUTOR: P. L. Morris, M. D.
Santa Barbara, California

MARCH 1982 - CASE NO. 11

TISSUE FROM: Omentum

ACCESSION NO. 24314

CLINICAL ABSTRACT:

History: A 20 year old Black male complained of three to four weeks of progressive difficulty voiding, with pressure sensation in the lower abdomen. There was no history of previous urinary tract disease. He had noticed a 15 lb. weight loss over several weeks, but he was also beginning training in preparation for football season. He also noted night sweats and lower abdominal discomfort.

Radiographs: An IVP showed a left hydronephrosis with apparent extrinsic mass compression defect on the bladder displacing it anteriorly and inferiorly. A CAT scan showed extensive involvement of the retroperitoneum and pelvis with tumor.

SURGERY: (August 5, 1981)

At exploratory laparotomy, large quantities of bloody fluid were found in the abdominal cavity. The pelvis was filled with a very firm vascular mass, 15 x 20 cm., extending deep within the pelvis just above the prostate to above the bifurcation of the aorta. There were multiple 1 to 1.5 cm. tumor nodules all through the small bowel mesentery and omentum. In the omentum the nodules coalesced to become solid tumor. These bled on contact and were extremely friable. The liver and spleen were free of tumor. Sections of omentum were biopsied, but neither the presacral mass nor the tumor nodules were resected.

GROSS PATHOLOGY:

Three pieces of omentum were submitted. The largest was 100 grams and 14 x 6.5 x 3.0 cm. The external surface was smooth, glistening and pink grey with focal areas of clotted blood. The transected margin showed hemorrhage stroma. Sectioned surfaces presented a homogeneous glistening pale grey to white somewhat mucoid appearing parenchyma.

FOLLOW-UP:

Not available.

CONTRIBUTOR: Jerome L. Heard, M. D.
Dominic DeSanto, M. D.
San Diego, California

MARCH 1982 - CASE NO. 12

TISSUE FROM: Retroperitoneum

ACCESSION NO. 21167

CLINICAL ABSTRACT:

History: A 31 year old Caucasian female underwent subtotal colectomy for congenital polyposis in 1971. One polyp showed superficially infiltrating adenocarcinoma. Since then two adenomatous polyps of the rectum had been removed. In September 1974 she was found to have a palpable abdominal mass. Her brother had a similar clinical presentation.

SURGERY:

An exploratory laparotomy was performed on September 7, 1974. A large retroperitoneal tumor was found extending from above the pancreas down to below the pelvic brim. The tumor had spread to the mesentery. Only a biopsy was taken.

A second laparotomy was done on February 14, 1975 because of extreme abdominal pain. A compromised and obstructed small bowel with perforation and abscess formation was found. The bowel was extensively infiltrated by tumor. Areas of obstructed bowel and tumor were resected.

GROSS PATHOLOGY: (From February 14, 1975 surgery)

An 18 x 15 x 6 cm. specimen composed of multiple intestinal loops bound by dense fibrous adhesions was submitted. There were numerous areas of perforation with necrotic borders. The retroperitoneal surface showed a thick plaque of moderately firm tissue with an irregular surface and yellowish gray cut surface. This 6 cm. in diameter area infiltrated the mesentery and was adherent to surrounding bowel. The plaque was up to 3 or 4 cm. thick.

FOLLOW-UP:

The patient died on February 20, 1975 due to peritonitis. No autopsy was performed.

STUDY GROUP CASES
FOR
MARCH, 1982

CASE NO. 1 - ACC. NO. 22326

LOS ANGELES: Malignant histiocytic lymphoma - 5; immunoblastic sarcoma, B type - 1; immunoblastic sarcoma - 1

SAN FRANCISCO: Poorly differentiated malignant lymphoma - 7

OAKLAND: Poorly differentiated lymphoma, abdomen - 7; poorly differentiated carcinoma - 2

SACRAMENTO: Malignant lymphoma mixed - 2; immunoblastic sarcoma - 1; anaplastic carcinoma - 1

RENO: Histiocytic lymphoma - 13

LONG BEACH: Diffuse histiocytic lymphoma - 5

MARTINEZ: Lymphoma, diffuse large cell type (histiocytic) - 13

FRESNO: Lymphoma - 9; poorly differentiated carcinoma - 1

CENTRAL VALLEY: Hodgkin's disease, lymphocyte depleted - 4; histiocytic lymphoma - 2

BAKERSFIELD: Malignant fibrous histiocytoma - 4

SAN BERNARDINO (INLAND): Large cell lymphoma - 13; histiocytic lymphoma - 1; sclerosing retroperitoneal lymphoma - 1

SANTA BARBARA: Histiocytic lymphoma, LCFCL - 1; LCFCC diffuse - 1; diffuse histiocytic lymphoma, LCFCC - 1

WEST SAN FERNANDO VALLEY: Immunoblastic sarcoma - 3

INDIANA: Histiocytic lymphoma - 3; undifferentiated carcinoma - 1

OHIO: Immunoblastic sarcoma, B cell type - 2; histiocytic lymphoma - 2

SEATTLE: Lymphoma, large cell - 3

FILE DIAGNOSIS:

Immunoblastic sarcoma, B type, involving the tail of the pancreas, the greater curvature of the stomach and the transverse and sigmoid colon

1588-9612/3

Dr. Barbara Tindle reviewed this case in consultation and agreed with the file diagnosis.

REFERENCES:

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

Shiu, M. H. et al: Myosarcomas of the Stomach. Cancer 49:177-187, 1982.

CASE NO. 2 - ACC. NO. 23761

MARCH 1982

LOS ANGELES: Infiltrating gastric carcinoma - 7

SAN FRANCISCO: Linitis plastica carcinoma - 7

OAKLAND: Linitis plastica, stomach - 9

SACRAMENTO: Mucous cell carcinoma - 4

RENO: Linitis plastica - 13

LONG BEACH: Linitis plastica - 5

MARTINEZ: Adenocarcinoma, stomach (linitis plastica) - 14

FRESNO: Linitis plastica - 9

CENTRAL VALLEY: Anaplastic carcinoma - 4; leukemic infiltrates - 1
pseudotumor - 1

BAKERSFIELD: Carcinoma of the stomach (signet ring) - 4

SAN BERNARDINO (INLAND): Linitis plastica carcinoma (or diffusely infiltrating carcinoma) of stomach - 15

SANTA BARBARA: Linitis plastic type carcinoma - 3

WEST SAN FERNANDO VALLEY: Gastric carcinoma, diffuse - 3

INDIANA: Poorly differentiated carcinoma, diffusely infiltrative (linitis plastica) - 4

OHIO: Infiltrating carcinoma and hypertrophic mucosa - 4

SEATTLE: Diffusely infiltrating adenocarcinoma - 3

FILE DIAGNOSIS:

Infiltrating gastric carcinoma

1519-8143

REFERENCES:

Grundmann, E. (ed): Gastric Carcinogenesis. Pathol. Res. Proct. 164:1-355, 1979.

CASE NO. 3 - ACC. NO. 21617

MARCH 1982

LOS ANGELES: Malignant mesothelioma, low grade - 7

SAN FRANCISCO: Cystic peritoneal mesothelioma - 7

OAKLAND: Multicystic mesothelioma, serosa of cecum - 9

SACRAMENTO: Mesothelioma - 3; serous peritoneal cysts - 1

RENO: Lymphangioma - 6; cystic mesothelioma - 8

LONG BEACH: Benign cystic mesothelioma (exactly like Dr. Fenoglio's case)
- 5

MARTINEZ: Benign mesothelioma - 8; malignant mesothelioma - 1; adenomatoid tumor - 5

FRESNO: Lymphangiomyomatosis - 9

CENTRAL VALLEY: Lymphangioma - 5; tubular mesothelioma - 1

BAKERSFIELD: Mesothelioma - 3; lymphangioma - 1

SAN BERNARDINO (INLAND): Peritoneal mesothelioma - 12; lymphangioma - 3

SANTA BARBARA: Adenomatoid tumor - 2; lymphangioma - 1

WEST SAN FERNANDO VALLEY: Lymphangiomatosis - 3

INDIANA: Mesothelioma - 3; lymphangioma - 1

OHIO: Lymphangiomyomatosis - 4

SEATTLE: Cystic mesothelioma - 3

FILE DIAGNOSIS:

Malignant mesothelioma, low grade, diffuse intra-abdominal
1581-9053

REFERENCES:

Kannerstein, M. et al: Peritoneal Mesothelioma. Human Pathology
8:83-94, 1977.

Kannerstein, M. et al: A critique of the Criteria for the
Diagnosis of Diffuse Malignant Mesothelioma. Mt. Sinai J. Med.
44:485-494, 1977.

LOS ANGELES: Metastatic carcinoma - 3; malignant carcinoid - 2

SAN FRANCISCO: Adenocarcinoma - 4; carcinoid - 3

OAKLAND: Poorly differentiated adenocarcinoma, primary vs. metastatic cecum - 5; carcinoid - 4

SACRAMENTO: Carcinoid - 2; papillary carcinoma, metastatic - 2

RENO: Carcinoid - 13

LONG BEACH: Poorly differentiated adenocarcinoma, colon - 4; poorly differentiated adenocarcinoma, metastatic from endometrium - 1

MARTINEZ: Poorly differentiated adenocarcinoma, primary endometrium - 11; carcinoid - 3

FRESNO: Adenocarcinoma with endocrine features - 9

CENTRAL VALLEY: Carcinoid tumor - 4; poorly differentiated adenocarcinoma - 1; adenocarcinoma of the endometrium, metastatic - 1

BAKERSFIELD: Carcinoid - 3; adenocarcinoma, endometrioid type - 1

SAN BERNARDINO (INLAND): Carcinoid - 8; metastatic endometrial carcinoma - 7

SANTA BARBARA: ? metastatic endometrial adenocarcinoma - 1; papillary adenocarcinoma, metastatic to colon, consistent with endometrial primary - 1; adenocarcinoma, colon - 1

WEST SAN FERNANDO VALLEY: Carcinoid - 1; adenocarcinoma - 2

INDIANA: Malignant carcinoid tumor - 2; poorly differentiated adenocarcinoma - 2

OHIO: Carcinoid - 4

SEATTLE: Carcinoid tumor - 3

FILE DIAGNOSIS:

Malignant carcinoid, cecum

1534-8243

REFERENCES:

Moertel, C. G., Dockerty, M.B., and Judd, E. S. Carcinoid Tumors of the Vermiform Appendix. Cancer 21:270-278, 1968.

Zakaria, Y., Quan, S. H. and Hajdu, S. I. Carcinoid Tumors of the Gastrointestinal Tract. Cancer 35:588-591, 1975.

LOS ANGELES: Leiomyosarcoma - 2; epithelioid leiomyoblastoma - 2; ganglioneuroma - 3

SAN FRANCISCO: Myosarcoma - 5; epithelioid neoplasm - 1

OAKLAND: Large cell carcinoma, rule out melanoma, jejunum - 9

SACRAMENTO: Leiomyosarcoma - 3; melanoma - 1

RENO: Epithelioid leiomyosarcoma - 13

LONG BEACH: Neurosecretory carcinoma, primary in jejunum - 3; leiomyosarcoma - 2. (Neurosecretory carcinoma votes noted identity on this tumor with Dr. Fenoglio's case no. 12 and Dr. V. E. Gould's case no. 6)

MARTINEZ: Rhabdomyoblastoma - 2; leiomyosarcoma - 5; malignant leiomyoblastoma - 5

FRESNO: Rhabdomyosarcoma - 1; pleomorphic carcinoma - 6; leiomyosarcoma - 1; paraganglioma - 1

CENTRAL VALLEY: Leiomyoblastoma - 3; histiocytic lymphoma - 1; metastatic melanoma - 1

BAKERSFIELD: Epithelioid leiomyosarcoma - 4

SAN BERNARDINO (INLAND): Leiomyosarcoma - 10; metastatic melanoma - 4; undifferentiated carcinoma - 1

SANTA BARBARA: Carcinoma involving jejunum, ? metastatic melanoma - 1; metastatic melanoma, etc. - 2

WEST SAN FERNANDO VALLEY: Pleomorphic carcinoid tumor - 1; giant cell carcinoma - 2

INDIANA: Leiomyosarcoma - 1; malignant fibrous histiocytoma - 1; undifferentiated carcinoma - 1; malignant melanoma - 1

OHIO: Leiomyosarcoma - 4

SEATTLE: Adenocarcinoma - 2; malignant leiomyoblastoma - 1

FILE DIAGNOSIS:

Leiomyoblastoma, jejunum	1521-8891/1
Cross file: amelanotic melanoma	8730/3
Cross file: possible neurosecretory carcinoma	

REFERENCES:

Appelman, H. D. and Helwig, E. Gastric Epithelioid Leiomyoma and Leiomyosarcoma (Leiomyoblastoma). Cancer 38:708-728, 1976.

CASE NO. 6 - ACC. NO. 23600

MARCH 1982

LOS ANGELES: Myxoid schwannoma - 4; fibromatosis - 4

SAN FRANCISCO: Fibrous histiocytoma - 1; reactive fibrosis - 1; neurofibroma - 2; myxofibroma - 2

OAKLAND: Neurofibroma, pancreas - 9

SACRAMENTO: Neurofibroma - 1; fibrous histiocytoma - 1 myxofibroma - 1; fibromatosis - 1

RENO: Benign fibromyxoma - 13

LONG BEACH: Desmoid - 5

MARTINEZ: Sclerosing liposarcoma - 12

FRESNO: Benign fibrous lesion - 5; inflammatory pseudotumor - 2; neurofibroma - 1; fibrous hamartoma - 1

CENTRAL VALLEY: Fibromyxoma - 4; neurolemmoma - 1; leiomyoma - 1

BAKERSFIELD: Neurofibroma - 3; myxofibroma - 1

SAN BERNARDINO (INLAND): Myxoid fibroma - 6; ganglioneuroma - 5; neurofibroma - 4

SANTA BARBARA: Sclerosing lipoma - 1; neurofibroma - 2

WEST SAN FERNANDO VALLEY: Myxoid liposarcoma - 2; atypical angiofibroma - 1

INDIANA: Liposarcoma, well differentiated sclerosing type - 1; ganglioneuroma - 1; myxoma - 1; fibroma - 1

OHIO: Schwannoma - 4

SEATTLE: Schwannoma - 3

FILE DIAGNOSIS:

Benign fibromyxoma, tail of pancreas

1572-8810

LOS ANGELES: Multiloculated cystadenoma of liver - 7

SAN FRANCISCO: Biliary cystadenoma - 5; mullerian choristoma of liver - 3

OAKLAND: Biliary cystadenoma, liver - 9

SACRAMENTO: Bile duct cystadenoma - 4

RENO: Hamartomatous cystadenoma - 13

LONG BEACH: Benign bile duct cystadenofibroma - 5

MARTINEZ: Bile duct cystadenoma - 14

FRESNO: Cystadenoma of liver - 9

CENTRAL VALLEY: Mesenchymal hamartoma - 3; adenomyoma - 2;
endometriosis - 1

BAKERSFIELD: Bile duct cystadenoma - 3; mesenchymal hamartoma - 1

SAN BERNARDINO (INLAND): Biliary cystadenoma - 15

SANTA BARBARA: Endometriosis, cystic, of liver - 1; cystic hamartoma - 1;
nonparasitic cysts, liver - 1

WEST SAN FERNANDO VALLEY: Bile duct cystadenoma - 3

INDIANA: Bile duct cystadenoma - 4

OHIO: Mucinous cystadenoma - 4

SEATTLE: Bile duct cystadenoma with atypical stroma - 3

FILE DIAGNOSIS:

Multiloculated cystadenoma of liver

1550-8840

REFERENCES:

Ishak, Kamal G., Willis, G. W., Cummins, S. D., Bullock, A. A.
Biliary Cystadenoma and Cystadenocarcinoma. Cancer 39:322-338, 1977.

Woods, Gail: Biliary Cystadenocarcinoma. Cancer 47:2936-2940,
1981.

LOS ANGELES: Malignant lymphoma, large cell type - 7

SAN FRANCISCO: Malignant lymphoma, diffuse large cell type Burkitt-like - 8

OAKLAND: Undifferentiated lymphoma, hemorrhoids, rectum - 9

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

RENO: Malignant lymphoma - 13

LONG BEACH: Malignant lymphoma - 5

MARTINEZ: Anaplastic carcinoma - 1; Burkitt's lymphoma - 7; diffuse large cell lymphoma - 4; undifferentiated lymphoma, non-Burkitt - 1

FRESNO: Undifferentiated lymphoma - 7; melanoma - 2

CENTRAL VALLEY: Histiocytic lymphoma - 3; basaloid carcinoma - 1; anaplastic carcinoma - 1; lymphoid hyperplasia - 1

BAKERSFIELD: Transitional cell carcinoma of anus - 2; malignant lymphoma (American Burkitt's or Burkitt's-like) - 2

SAN BERNARDINO (INLAND): Undifferentiated lymphoma - 9; Burkitt's lymphoma - 4; melanoma - 2

SANTA BARBARA: Malignant lymphoma, Burkitt type - 3

WEST SAN FERNANDO VALLEY: Malignant lymphoma, large FCL - 1; undifferentiated carcinoma - 2

INDIANA: Histiocytic lymphoma - 4

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

SEATTLE: Burkitt's lymphoma - 5

FILE DIAGNOSIS:

Burkitt's lymphoma, hemorrhoids, anorectum

1549-9750/3

REFERENCES:

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

Henle, B. V., Taylor, C. R., Terry R., and Lukes, R. J. Presentation of Malignant Lymphoma in the Rectum accepted for publication by Cancer some-time in 1982.

CASE NO. 9 - ACC. NO. 23449

MARCH 1982

LOS ANGELES: Plasma cell granuloma - 7

SAN FRANCISCO: Plasma cell granuloma - 8

OAKLAND: Pseudotumor, stomach - 7; plasmacytoma - 3

SACRAMENTO: Pseudotumor - 3; plasmacytoma - 1

RENO: Plasmacytoma - 13

LONG BEACH: Lymphoid pseudotumor, stomach - 5

MARTINEZ: Inflammatory pseudotumor - 14

FRESNO: Plasma cell granuloma - 2; plasmacytic pseudolymphoma - 7

CENTRAL VALLEY: Pseudotumor with chronic inflammation - 3;
plasmacytoma - 3

BAKERSFIELD: Plasma cell granuloma - 4

SAN BERNARDINO (INLAND): Plasmacytoma - 12; plasma cell granuloma - 3

SANTA BARBARA: Plasma cell granuloma - 3

WEST SAN FERNANDO VALLEY: Inflammatory pseudotumor - 3

INDIANA: Inflammatory pseudotumor - 4

OHIO: Pseudolymphoma - 4

SEATTLE: Plasma cell gastritis - 5

FILE DIAGNOSIS:

Plasma cell granuloma, posterior wall of stomach

1513-9731/0

REFERENCES

Johnson, William H., and Taylor B. Gray: Solitary Extramedullary
Plasmacytoma of the Skin. Cancer 26:65-68, 1970.

CASE NO. 10 - ACC. NO. 23106

MARCH 1982

LOS ANGELES: Intravascular leiomyomatosis - 2; plexiform neurofibroma - 4;
fibroma - 1

SAN FRANCISCO: Neurofibroma - 6; plexiform neurofibroma - 1

OAKLAND: Plexiform neuromata, small bowel, consistent with von Recklinghausen
disease - 10

SACRAMENTO: Neurofibroma - 3; neurofibroma and ganglioneuroma - 1

RENO: Plexiform neurofibroma - 13

LONG BEACH: Neurofibromatosis with plexiform neurofibroma - 5

MARTINEZ: Plexiform neurofibroma - 14

FRESNO: Plexiform neurofibroma - 9

CENTRAL VALLEY: Plexiform neuroma - 4; leiomyoma - 1; ganglioneuroma - 1

BAKERSFIELD: Plexiform neurofibroma with ganglioneuromatous differentiation
- 4

SAN BERNARDINO (INLAND): Plexiform neurofibroma - 15

SANTA BARBARA: Neurofibroma - 2; leiomyoma - 1

WEST SAN FERNANDO VALLEY: Differentiated ganglioneurofibromatosis - 3

INDIANA: Neurofibroma - 3; neuroma (traumatic) - 1

OHIO: Ganglioneuromatosis - 4

SEATTLE: Neurofibromatosis - 5

FILE DIAGNOSIS:

Plexiform neurofibroma, small bowel

1588-9550/0

REFERENCES:

Staple, T.W. et al: Plexiform Neurofibromatosis of the Colon simulating
Hirschsprung's disease. Am. J. Roentgenol. Ther. Nucl. Med.91:840-845, 1964.

Raszkowski et al: Neurofibromatosis of the Colon. A Unique Mani-
festation of von Recklinghausen's Disease. Cancer 27:134-142, 1971.

LOS ANGELES: Myxoid liposarcoma - 3; rhabdomyosarcoma - 3; angiosarcoma - 1

SAN FRANCISCO: Embryonal rhabdomyosarcoma - 2; liposarcoma, mixed type - 5

OAKLAND: Embryonal rhabdomyosarcoma, omentum (sarcoma botryoides morphology) - 10

SACRAMENTO: Rhabdomyosarcoma - 4

RENO: Rhabdomyosarcoma - 13

LONG BEACH: Embryonal rhabdomyosarcoma - 5 (excellent cross striations!)

MARTINEZ: Liposarcoma - 11; embryonal rhabdomyosarcoma - 3

FRESNO: Embryonal rhabdomyosarcoma - 7; liposarcoma - 2

CENTRAL VALLEY: Chordoma - 1; liposarcoma - 1; malignant mesothelioma - 1; embryonal rhabdomyosarcoma - 1; neuroblastoma - 1; myxoid fibrosarcoma - 1

BAKERSFIELD: Rhabdomyosarcoma - 4

SAN BERNARDINO (INLAND): Embryonal rhabdomyosarcoma - 7; myxoid liposarcoma - 4; lipoblastic liposarcoma - 2; hemangiopericytoma - 1; sarcoma (NOS) - 1

SANTA BARBARA: Embryonal rhabdomyosarcoma - 3

WEST SAN FERNANDO VALLEY: Embryonal rhabdomyosarcoma - 3

INDIANA: Embryonal rhabdomyosarcoma - 4

OHIO: Rhabdomyosarcoma - 3; neuroblastoma - 1

SEATTLE: Rhabdomyosarcoma - 4; round cell liposarcoma - 1

FILE DIAGNOSIS:

Rhabdomyosarcoma, omentum

1583-8903

REFERENCES:

Ransom, J. L. et al: Retroperitoneal Rhabdomyosarcoma in Children. Cancer 45:845-850, 1980.

Lavin P. et al: Gastric and Extragastric Leiomyoblastomas. Cancer 29:305-311, 1972.

CASE NO. 12 - ACC. NO. 21167

MARCH 1982

- LOS ANGELES: Fibromatosis as part of Gardner's syndrome - 6; mesothelioma - 1
- SAN FRANCISCO: Mesenteric fibromatosis consistent with Gardner's syndrome - 12
- OAKLAND: Fibromatosis, retroperitoneum (Gardner's syndrome) - 10
- SACRAMENTO: Fibromatosis (Gardner's syndrome) - 4
- RENO: Retroperitoneal fibromatosis - 13
- LONG BEACH: Desmoid - 5
- MARTINEZ: Gardner's syndrome with fibromatosis - 12; low-grade fibromatosis arising in Gardner's syndrome - 2
- FRESNO: Fibrosarcoma - 5; neurofibrosarcoma - 4
- CENTRAL VALLEY: Neurofibroma - 2; leiomyosarcoma - 1; mesothelioma - 1; neurofibrosarcoma - 1; desmoid tumor - 1
- BAKERSFIELD: Retroperitoneal fibromatosis - 4
- SAN BERNARDINO (INLAND): Fibromatosis - 13; fibrosarcoma - 2
- SANTA BARBARA: Fibrosarcoma - 2; leiomyosarcoma - 1
- WEST SAN FERNANDO VALLEY: Leiomyosarcoma - 3
- INDIANA: Fibromatosis - 3; fibrous mesothelioma - 1
- OHIO: Aggressive fibromatosis - 4
- SEATTLE: Fibrosarcoma, low-grade - 5

FILE DIAGNOSIS:

Mesenteric fibromatosis as a manifestation with Gardener's syndrome
1580-8810

REFERENCES:

Simpson, Robert D., Harrison, Edgar Jr., Mayo, Charles W: Mesenteric Fibromatosis in Familial Polyposis, a Variant of Gardner's Syndrome. Cancer 17:526-534, 1964.

Kim, Dong-Heup, Goldsmith, Harry S., Quan, Stuart H., and Huvos, Andrew G. Intra-Abdominal Desmoid Tumor. Cancer 27:1041-1045, 1971.