

SENS 46

CALIFORNIA TUMOR TISSUE REGISTRY
LOS ANGELES COUNTY - UNIVERSITY OF SOUTHERN CALIFORNIA
PROTOCOL
FOR
MONTHLY STUDY SLIDES
JUNE 1982
TUMORS INVOLVING THE CENTRAL NERVOUS SYSTEM

CONTRIBUTOR: James W. Redwine, M. D.
Harbor City, California

JUNE, 1982 - CASE NO. 1

TISSUE FROM: Spinal cord area

ACCESSION NO. 21351

CLINICAL ABSTRACT:

History: An 11 year old Caucasian male had a mass at the tip of the sacrum in the intergluteal line which his mother noticed 4 months prior to admission. This mass caused some discomfort when sitting.

SURGERY: (May 1975)

A mass was removed which was reported to lie just beneath the subcutaneous tissue and extend to presacral fascia, to which it appeared to be attached. There was no gross evidence of communication with the cauda equina.

GROSS PATHOLOGY:

The specimen was a partially encapsulated solid meaty variegated 5 x 4 x 3 cm. red-white mass. A portion of the tissue lay outside the capsule.

FOLLOW-UP:

The patient has not been seen since the surgery.

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

JUNE, 1982 - CASE NO. 2

TISSUE FROM: Lateral ventricle

ACCESSION NO. 24133

CLINICAL ABSTRACT:

History: A 75 year old female complained of minor visual disturbances and vague memory loss.

Physical examination: Visual field testing revealed a homonymous hemianopsia. There was mild left sided weakness.

Radiographs: A CT scan showed a lesion in the right lateral ventricle. Angiogram showed this to be a very vascular tumor.

SURGERY: (February 20, 1981)

A right parietal craniectomy was performed. The tumor filled the right lateral ventricle and appeared to extend down to the tentorium. An attempt at complete excision was made.

GROSS PATHOLOGY:

Multiple fragments of tan to tan-yellow tissue weighed 26 gm. The largest fragment was 4.3 x 3.2 x 1.5 cm.

FOLLOW-UP:

Postoperatively there was a transient hemiplegia. The patient died on March 16, 1981. Autopsy revealed cause of death to be a saddle embolus to pulmonary arteries from a left iliac vein thrombosis. There was a single microscopic focus of residual tumor.

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

JUNE, 1982 - CASE NO. 3

TISSUE FROM: Meninges

ACCESSION NO. 19474

CLINICAL ABSTRACT:

History: An 11 year old Caucasian male who had always been perfectly well suffered a grand mal seizure one day at school. Workup suggested a possible mass in the fronto-temporal area. One year later he was readmitted with pain followed by progressive weakness and loss of sensation in the lower extremities. He was not able to walk. Several right sided Jacksonian seizures in the interim from the initial admission were not prevented by increases in anticonvulsant dosages.

The physical examination showed evidence of spinal cord compression and a myelogram showed complete obstruction at T3.

A decompression laminectomy was performed April 6, 1965 and intramedullary tumor involved the cord continuously from T1 to T5. Post-operative irradiation was given.

On three further admissions over the next eight months he developed increasingly severe neurologic symptoms - headaches, nausea, vomiting, blurring of vision. On the final admission he became completely blind, gradually deteriorated, and died January 10, 1966, about 20 months after the initial seizure.

AUTOPSY FINDINGS:

Death was due to hemorrhage into a large 6 cm. mass involving the basal surface of the left frontal lobe, infiltrating adjacent dura and the intracerebral portions of both optic nerves. In addition, there was meningeal spread involving the remainder of the base of the brain and extensive involvement of the spinal cord. The frontal mass was shelled out and revealed soft homogenous white tissue with deeper mushy hemorrhagic tissue. There was cerebral edema with left cingulate and bilateral uncal herniation. The remainder of the autopsy showed only pulmonary edema.

CONTRIBUTOR: Karen Cove, M. D.
Los Angeles, California

JUNE, 1982 - CASE NO. 4

TISSUE FROM: Right frontal lobe

ACCESSION NO. 22600

CLINICAL ABSTRACT:

History: A 50 year old white male presented with an eight month history of apathy, lethargy, poor recent memory, and mild depression. For one month he had severe occipital headaches that had become increasingly severe for two weeks.

Physical examination: He had a mild right sided hyperreflexia. Fundoscopic examination showed very early papilledema and absent venous pulsations.

Radiographs: CAT scan and brain scan showed a high density lesion in the right frontal lobe near the pterion. Angiogram confirmed this as a vascular tumor which filled from the external carotid.

SURGERY: (September 1, 1977)

A right frontal craniotomy with removal of tumor mass was performed. The mass was attached to meninges and extended into frontal lobe.

GROSS PATHOLOGY:

The specimen consisted of a 5 x 4 x 0.5 cm. portion of meninges with blood clot on one surface and a 5 cm. aggregate of hemorrhagic tan tissue fragments on the other surface.

FOLLOW-UP:

He was readmitted March 1978 and CAT scan showed a recurrence. This was removed. In March 1979 he developed severe headaches, vomiting, and personality change. CT scan revealed a large recurrent tumor in the frontal pole. In April 1979 this was partially removed, including the entire right frontal lobe, but no new neurologic deficits resulted. Radiotherapy and chemotherapy were given. He was readmitted in April 1980 and died in a hospice a few months later.

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

JUNE, 1982 - CASE NO. 5

TISSUE FROM: Left frontal lobe

ACCESSION NO. 24079

CLINICAL ABSTRACT:

History: A 5 year old Oriental male presented with vomiting and lethargy. Workup revealed a tumor in the left frontal lobe. A course of 5000 rads was given along with one dose of BCNV. Four months later signs and symptoms of brain stem herniation necessitated an emergency skull tap of the cystic tumor. A week later an Omayo reservoir was placed in the cystic tumor from which fluid could be drained. Over the next month he developed difficulty walking, polyuria, polydipsia, slurred speech, lethargy, and projectile vomiting. He died 11-29-80.

AUTOPSY FINDINGS:

There was a shunt in place over the left frontal bone. An 8 cm. mass was present in the left cerebrum extending from 2 cm. dorsal to the anterior frontal pole to the parieto-occipital junction. There was marked dilatation of the right lateral ventricle and compression of the left lateral ventricle. The tumor showed central necrosis and multicystic areas containing clear gelatinous material. Further findings included early focal acute bronchopneumonia.

CONTRIBUTOR: Karen Cove, M. D.
Los Angeles, California

JUNE, 1982 - CASE NO. 6

TISSUE FROM: Right occipital-parietal area

ACCESSION NO. 21531

CLINICAL ABSTRACT:

History: A 9 year old Caucasian girl had seizures one year prior to admission. Workup at that time including skull x-rays and lumbar puncture was unremarkable. She was placed on phenobarbital but presented a year later with a change in affect and vision, along with seizures.

Physical examination: Papilledema was present.

Radiographs: Skull x-rays showed erosion of the sella turcica. Cerebral angiogram showed a large right parietal tumor with minimal vascularity.

SURGERY: (August 28, 1975)

A well circumscribed mass was removed from the right occipital parietal area. The firm, well-demarcated, multinodular 7 cm. diameter tumor was located in the high parietal area and caused the overlying intact dura to bulge outward and erode the skull. The tumor, however, had no attachment to dura.

GROSS PATHOLOGY:

The specimen was a 5 x 4 x 1.5 cm. slightly firm, well circumscribed piece of grey tan tissue, slightly firmer than normal brain but not as firm as a meningioma.

FOLLOW-UP:

The postoperative course was uneventful. The patient, however, proved ineligible for further care at that hospital and has since been lost to follow-up.

CONTRIBUTOR: Marthe E. Smith, M. D.
San Francisco, California

JUNE, 1982 - CASE NO. 7

TISSUE FROM: Dura over right temporal region

ACCESSION NO. 24001

CLINICAL ABSTRACT:

History: A 53 year old female had persistent headaches for 3 months and vomiting episodes for 1 week. There were no seizures, visual disturbances, or localizing neurologic signs. She had been on anti-hypertensive medications for hypertension.

Physical examination: There was bilateral papilledema.

Radiographs: CT scan showed a 3.5 cm. temporal lobe mass with surrounding edema. Angiogram showed stretching of the meningeal vessels in the region of the temporal lobe mass.

SURGERY: (June 9, 1980)

A right frontal-temporal craniotomy was done with excision of a thinly encapsulated red-grey tumor with a cauliflower configuration of many 0.2 to 1 cm. clusters of tumor nodules. The tumor was adherent to the overlying dura and received its blood supply from the middle meningeal artery. There was gross adherence of the tumor capsule to brain tissue.

GROSS PATHOLOGY:

A firm yellow-tan to gray spherical 3.5 x 2.9 x 2.5 cm. tumor was submitted with a 3.3 x 3 cm. dural wedge. On sectioning it was firm and sometimes gritty.

FOLLOW-UP:

Postoperative radiation (5000 rads) was given 7/11 - 8/20/80. As of 5/82, well and without evidence of recurrence.

CONTRIBUTOR: Luis Quan, M. D.
Anaheim, California

JUNE, 1982 - CASE NO. 8

TISSUE FROM: Left apex, thoracic cavity

ACCESSION NO. 24300

CLINICAL ABSTRACT:

History: A 32 year old Caucasian male had a chest lesion discovered by routine chest x-ray. He was completely asymptomatic.

Radiographs: Chest x-ray showed a mass with a rim of calcium around, not attached to lung. Bone scan was negative.

SURGERY: (April 1, 1981)

A left thoracotomy was performed with removal of a 2.5 to 3.0 cm. diameter mass adherent to the second intercostal space and not adherent to lung. It burrowed into the space below the second rib and a nerve appeared to enter it superiorly. The nerve could not be dissected free and was cut.

GROSS PATHOLOGY:

A 4.3 x 3.0 x 1.5 cm. oval nodule was received that was covered by thin fibrous tissue. Attached to the surface were two sutures with segments of apparent nerve structure measuring 1.6 to 1.0 cm. in greatest extent. On section, the main portion of tissue appeared to be a dark colored 3.2 cm. blood clot.

FOLLOW-UP:

Patient is doing well with no evidence of recurrence.

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

JUNE, 1982 - CASE NO. 9

TISSUE FROM: Left cerebral hemisphere

ACCESSION NO. 23239

CLINICAL ABSTRACT:

History: In 1962 this 64 year old Caucasian male developed right sided paralysis which gradually resolved with only mild residual changes. On admission in May 1978 he had mild reduction in strength and reduced proprioception and pin prick sensation on the right.

Radiographs: An EMI scan revealed a large mass in the insula which extended anteriorly into the left frontal lobe and superiorly into the corona radiatum. Midline structures were shifted to the right.

Course: At the request of the family, no further procedures were done. During hospitalization in August 1978 for pinning of a fractured hip he developed pneumonia and died.

AUTOPSY FINDINGS: (August 29, 1978)

There was cerebral edema and a right subfalcial and uncal herniation. Sections revealed a large tumor in the left cerebral hemisphere involving the insula, posterior globus pallidus, temporal gyri, lateral half of thalamus, and anterior portion of posterior limb of internal capsule. The tumor was fleshy, ivory white, with small areas of hemorrhage and necrosis. The tumor was 8.5 cm. long and 6 cm. in transverse dimension. Duret hemorrhages were also present.

The lungs showed bronchopneumonia and areas of infarction from several pulmonary emboli.

CONTRIBUTOR: Raymond B. Wuerker, M. D.
Long Beach, California

JUNE, 1982 - CASE NO. 10

TISSUE FROM: Area of right thalamus

ACCESSION NO. 21736

CLINICAL ABSTRACT:

History: A 57 year old Caucasian male had a history of head trauma in 1948. He started having "spells" in 1960 consisting of periods of confusion, finger rubbing, cheek biting, and incontinence. In January 1973 he stopped work because of inappropriate behavior. He subsequently developed severe shaking of the right hand and progressive left hemiparesis. In May 1973 he was noted to have a typical Parkinsonian tremor in the right hand.

Physical examination showed a left facial palsy, left palate weakness, left hemiparesis, and depressed left corneal reflex.

Both brain scan and angiograms showed a left thalamic tumor.

A right temporoparietal craniotomy with biopsy and ventricular tap was performed. Postoperatively he deteriorated.

AUTOPSY FINDINGS: (November 10, 1975)

A large soft greyish white tumor with areas of necrosis and blood staining was present and involved the right hypothalamus, subthalamus, internal capsule, and globus pallidus with extension into frontal lobe and brain stem.

CONTRIBUTOR: S. K. Abul-Haj, M. D.
Ventura, California

JUNE, 1982 - CASE NO. 11

TISSUE FROM: Right parietal area

ACCESSION NO. 22109

CLINICAL ABSTRACT:

History: A 66 year old Caucasian male had a history of seizures over a three year period that were controlled by Dilantin. In the three to four weeks prior to admission, he developed left-sided weakness and numbness attributed to a small stroke. Postoperative workup had revealed no etiology for the seizures. He also took Aldomet and Hydro-diuril for hypertension.

Radiographs: Both brain scan and CT scan showed a right parietal lesion.

SURGERY: (March 29, 1976)

A craniectomy with total excision of a right parietal mass was performed.

GROSS PATHOLOGY:

The specimen was a roughly pear-shaped grey-tan to pink 5 x 3 x 2.5 cm. soft and somewhat granular mass of tissue that cut with a buttery consistency. The cut surface was glistening, finely granular, and grey-pink.

FOLLOW-UP:

Not available.

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

JUNE, 1982 - CASE NO. 12

TISSUE FROM: Left frontal lobe

ACCESSION NO. 21947

CLINICAL ABSTRACT:

History: A 35 year old male had sudden onset of grand mal seizures. The seizures continued for several hours which only partially responded to IV Valium. There was no past history of any medical problems.

Physical examination: On admission he was occasionally combative and had deep, rapid respirations. There were symmetrical 4+ deep tendon reflexes. On occasion he responded to deep pain. Fundoscopic examination showed flat discs.

Laboratory data: A traumatic lumbar puncture showed an opening pressure of 130. Glucose and chloride were normal.

Radiographs: A brain scan showed increased isotope activity and an angiogram showed a mass in the left frontal pole.

SURGERY: (May 4, 1976)

Craniotomy, left frontal lobe, was performed.

GROSS PATHOLOGY:

Specimen consisted of two (2) masses of lobulated, grey-tan red speckled tissue, one 23 x 15 x 15 mm., the other 9 grams irregularly shaped, 42 x 27 x 15 mm. Sectioning revealed the tissue to be somewhat friable as well as gelatinous.

FOLLOW-UP:

Patient lost to follow-up.

STUDY GROUP CASES
FOR
JUNE 1982

CASE NO. 1 - ACC. NO. 21351

LOS ANGELES: Myxopapillary ependymoma - 8

SAN FRANCISCO: Myxopapillary ependymoma - 11

OAKLAND: Myxopapillary ependymoma, spinal cord area - 9

SACRAMENTO: Myxopapillary ependymoma - 2; papillary ependymoma - 3

RENO: Papillary ependymoma - 13

LONG BEACH: Myxopapillary ependymoma - 5 *

MARTINEZ: Papillary ependymoma - 10; myxopapillary ependymoma - 1

CENTRAL VALLEY: Ependymoma - 8

BAKERSFIELD: Ependymoma (papillary, extramedullary) - 3

SAN BERNARDINO (INLAND): Myxopapillary ependymoma - 12

WEST SAN FERNANDO VALLEY: Papillary ependymoma - 5

OHIO: Myxopapillary ependymoma - 4

SEATTLE: Papillary ependymoma - 4

FILE DIAGNOSIS:

Myxopapillary ependymoma, spinal cord

1922-9391

REFERENCES:

Mork S. J. and Laken, A. C.: Ependymoma. Cancer 40:907-915, 1977.

Chin H. W. et al: Intracranial Ependymoma. Cancer 49:2276-2280, 1982.

* Anderson, M. S.: Myxopapillary Ependymomas Presenting in the Soft Tissue Over the Sacrococcygeal Region. Cancer 19:585-590, April 1966.

GENERAL REFERENCES:

Rubinstein, Lucien J. Tumors of the Central Nervous System. AFIP Second Series Fascicle 6.

LOS ANGELES: Angioblastic meningioma - 8

SAN FRANCISCO: Hemangiopericytoma - 11

OAKLAND: Angioblastic meningioma/hemangiopericytoma, lateral ventricle - 10

SACRAMENTO: Angioblastic meningioma - 3; hemangiopericytoma - 2

RENO: Angioblastic meningioma - 13

LONG BEACH: Angioblastic meningioma - 5

MARTINEZ: Angioblastic meningioma (hemangiopericytoma) - 11

CENTRAL VALLEY: Meningioma - 4; medulloblastoma - 1; ependymoma - 2;
chromophobe adenoma - 1

BAKERSFIELD: Hemangioendothelioma - 3

SAN BERNARDINO (INLAND): Hemangiopericytoma - 8; angioblastic meningioma - 4

WEST SAN FERNANDO VALLEY: Hemangiopericytoma - 4; angioglioma (variance of
oligodendroglioma) - 1

OHIO: Hemangiopericytoma - 4

SEATTLE: Meningeal hemangiopericytoma (angioblastic meningioma) - 4

FILE DIAGNOSIS:

Angioblastic meningioma, lateral ventricle

1918-9535

SPECIAL STAINS: The reticulin surrounds individual cells as well as brings out the vascular pattern.

REFERENCES:

Cushing H. and Eisenhardt L: Meningioma. Hafner Publisher Division of McMillan, New York, 1962.

Pitkethly D. T. et al: Angioblastic Meningiomas: Clinicopathologic study of 81 cases. J. Neurosurg. 32:534-544, 1970.

LOS ANGELES: Microglioma (reticulum cell sarcoma) - 2; medulloblastoma - 3; unclassifiable glioma - 2

SAN FRANCISCO: Cerebral neuroblastoma - 7; malignant meningioma - 1

OAKLAND: Medulloblastoma, meninges - 10

SACRAMENTO: Olfactory neuroblastoma - 3; medulloblastoma - 1; meningeal sarcoma - 1

RENO: Microglioma - 13

LONG BEACH: Neuroblastoma - 2; don't know - 3

MARTINEZ: Neuroblastoma - 11

CENTRAL VALLEY: Neuroblastoma - 3; medulloblastoma - 3; astrocytoma - 1; reticulum cell sarcoma - 1

BAKERSFIELD: Microglioma - 2; meningeal sarcoma - 1

SAN BERNARDINO (INLAND): Primitive neuroectodermal tumor (astroblastoma) - 12

WEST SAN BERNARDINO VALLEY: Microglioma - 2; medulloblastoma - 2; sarcoma, pleomorphic cell - 1

OHIO: Medulloblastoma - 4

SEATTLE: Small cell undifferentiated tumor - ?medulloblastoma, ?neuroblastoma - 4

CONSULTATION:

Richard L. Davis, M. D. saw this case in October of 1976 and felt this lesion was best classified as a polymorphic sarcoma of the meninges.

J. W. Kernohan, M. D. (Mayo Clinic) reviewed the slides in April 1966 and thought there was a fibrosarcoma of recent origin which developed in or around an older benign process which is either a malformation, inflammatory or degenerative in nature.

Gen. J. M. Blumberg, M. C. (AFIP) also saw the slides in April 1966 and favored calling it an unclassifiable glioma.

FILE DIAGNOSIS:

Medulloblastoma, meninges

1921-9473

REFERENCES:

Pearl G. S. and Takei Y: Cerebellar Neuroblastoma. Cancer 47:772-779, 1981.

CASE NO. 4 - ACC. NO. 22600

JUNE 1982

LOS ANGELES: Oligodendroglioma - 8

SAN FRANCISCO: Hemangioblastoma - 1; oligodendroglioma - 10

OAKLAND: Oligodendroglioma, right frontal lobe - 10

SACRAMENTO: Oligodendroglioma - 4; angioblastic meningioma - 1

RENO: Oligodendroglioma - 13

LONG BEACH: Oligodendroglioma - 5

MARTINEZ: Oligodendroglioma - 11

CENTRAL VALLEY: Oligodendroglioma - 6; angioblastic meningioma - 2

BAKERSFIELD: Oligodendroglioma - 3

SAN BERNARDINO (INLAND): Oligodendroglioma - 8; meningioma - 4

WEST SAN FERNANDO VALLEY: Oligodendroglioma - 4; meningioma (NOS) - 1

OHIO: Oligodendroglioma - 4

SEATTLE: Meningioma, angioblastic type - 4

FILE DIAGNOSIS:

Oligodendroglioma, right frontal lobe

1911-9463

REFERENCES:

Best P. V: Intracranial Oligodendromatosis. J. Neurol. Neurosurg. Psych. 26:249-256, 1963.

CASE NO. 5 - ACC. NO. 24079

JUNE 1982

LOS ANGELES: Malignant astrocytoma - 8

SAN FRANCISCO: Astrocytoma, high grade malignancy - 11

OAKLAND: Astrocytoma Grade III/pilocytic, left frontal lobe - 10

SACRAMENTO: Astrocytoma - 5

RENO: Juvenile astrocytoma - 13

LONG BEACH: Differentiating cerebral neuroblastoma or ganglioma - 3;
malignant lymphoma - 2

MARTINEZ: Astrocytoma, grade III - 2; astrocytoma, grade II - 9

CENTRAL VALLEY: Astrocytoma, grade II-III - 8

BAKERSFIELD: Astrocytoma, grade III - 3

SAN BERNARDINO (INLAND): Astrocytoma (grade II) - 12

WEST SAN FERNANDO VALLEY: Protoplasmic astrocytoma, malignant (grade III) - 5

OHIO: Astrocytoma, grade II - 3; anaplastic astrocytoma - 1

SEATTLE: Cystic astrocytoma, grade II - 4

FILE DIAGNOSIS:

Malignant astrocytoma, left frontal lobe

1911-9443

REFERENCES:

Leestma J. E: Brain Tumors. Am. J. Pathol. 100:243-316, 1980.

LOS ANGELES: Pleomorphic xanthoastrocytoma - 8

SAN FRANCISCO: Pleomorphic meningocerebral xanthoastrocytoma - 11

OAKLAND: Anaplastic astrocytoma, right occipital-parietal area - 10

SACRAMENTO: Subependymal giant cell astrocytoma - 3; anaplastic astrocytoma - 1; malignant fibrous histiocytoma - 1

RENO: Meningeal sarcoma - 13

LONG BEACH: Subependymal giant cell astrocytoma - 5

MARTINEZ: Giant cell glioblastoma - 11

CENTRAL VALLEY: Sarcoma, NOS - 5; meningioma - 1; glioblastoma multiforme - 2

BAKERSFIELD: Giant cell glioblastoma - 3

SAN BERNARDINO (INLAND): Monstrocellular (or giant cell) glioblastoma - 8; meningioma with xanthomatous reaction - 4

WEST SAN FERNANDO VALLEY: Giant cell variant, glioblastoma multiforme - 3; astrocytoma, malignant (grade III) - 1; meningioma - 1

OHIO: Xanthomatous astrocytoma - 2; giant cell glioblastoma - 2

SEATTLE: Spindle cell tumor, ?pilocystic astrocytoma, ?fibrous histiocytoma, ?meningioma - 4

CONSULTATION:

J. J. Kepes, M. D. at the University of Kansas Medical Center saw the case in November 1975 and felt it belonged under the heading fibrous xanthoma.

M. A. Verity, M. D. of UCLA agreed and named a second possibility as an atypical fibrohistiocytoma. He also submitted the reference: Kepes. Acta Neuropath. 23:187, 1973.

FILE DIAGNOSIS:

Pleomorphic xanthoastrocytoma, right parieto-occipital area 1910-9403

REFERENCES:

Kepes J. J, Rubinstein L. J, and Eng L. F: Pleomorphic Xanthoastroblastomas. Cancer 44:1839-1852, 1979 (Case 7).

Kepes J. J: Xanthomatosis Lesions of the CNS: Definition, Classification and Some Recent Observations. Neuropathology 4:179-213, 1979.

CASE NO. 7 - ACC. NO. 24001

JUNE 1982

LOS ANGELES: Meningothelial meningioma - 2; malignant meningioma - 6

SAN FRANCISCO: Malignant meningioma - 11

OAKLAND: Atypical meningothelial meningioma, dura over right temporal region - 10

SACRAMENTO: Malignant meningioma - 5

RENO: Aggressive meningioma - 13

LONG BEACH: Meningioma - 5

MARTINEZ: Meningioma, transitional type - 11

CENTRAL VALLEY: Meningioma - 8

BAKERSFIELD: Meningothelial meningioma (atypical) - 3

SAN BERNARDINO (INLAND): Atypical meningioma - 8; meningotheliomatous meningioma - 4

WEST SAN FERNANDO VALLEY: Meningioma - 5

OHIO: Meningothelial meningioma - 4

SEATTLE: Meningioma - 4

FILE DIAGNOSIS:

Atypical meningothelial meningioma, right temporal dura 1921-9530/3

LOS ANGELES: Pigmented schwannoma - 4; melanotic meningioma - 4

SAN FRANCISCO: Pigmented ganglioneuroma - 2; pigmented meningioma - 5;
cellular blue nevus - 1

OAKLAND: Extracranial pigmented meningioma, left apex, thoracic cavity - 10

SACRAMENTO: Pigmented schwann cell tumor - 5

RENO: Neurofibroma with melanin pigment - 13

LONG BEACH: Pigmented neurofibroma of sympathetic ganglia - 3. pigmented
meningioma - 2

MARTINEZ: Melanocytic neurofibroma - 9; pigmented meningioma - 2

CENTRAL VALLEY: Melanocytic schwannoma - 2; meningioma - 2; nerve sheath tumor
- 1; neurofibroma - 1; ganglioneuroma - 2

BAKERSFIELD: Peripheral meningioma - 3

SAN BERNARDINO (INLAND): Melanotic schwannoma - 12

WEST SAN FERNANDO VALLEY: Pigmented extradural meningioma - 4; cellular schwannoma - 1

OHIO: Pigmented schwannoma - 4

SEATTLE: Melanocytic schwannoma (melanotic nerve sheath tumor) - 4

FILE DIAGNOSIS:

Pigmented meningioma, left apex, thoracic cavity 1639-9530

REFERENCES:

Wilson A. J. et al: Mediastinal Meningioma. Am. J. Surg. Path. 3:557-562,
1979

LOS ANGELES: Glioblastoma multiforme - 8

SAN FRANCISCO: Astrocytoma, high grade malignancy - 11

OAKLAND: Glioblastoma multiforme, left cerebral hemisphere - 10

SACRAMENTO: Glioblastoma - 5

RENO: Glioblastoma multiforme - 13

LONG BEACH: Glioblastoma multiforme - 5

MARTINEZ: Glioblastoma multiforme arising from gemistocytic astrocytoma - 2

CENTRAL VALLEY: Glioblastoma multiforme - 6; gemistocytic astrocytoma - 2

BAKERSFIELD: Glioblastoma multiforme - 3

SAN BERNARDINO (INLAND): Glioblastoma multiforme - 11

WEST SAN FERNANDO VALLEY: Glioblastoma multiforme - 4; astrocytoma (grade III-IV) - 1

OHIO: Glioblastoma multiforme - 4

SEATTLE: Gemistocytic astrocytoma, grade III - 4

CONSULTATION:

Richard L. Davis, M. D. saw this case in March 1979 and called this a glioblastoma multiforme.

FILE DIAGNOSIS:

Glioblastoma multiforme, left cerebrum

1910-9443

REFERENCES:

Burger P. C. et al: Histological Factors of Prognostic Significance in the Glioblastoma Multiforme. Cancer 46:1179-1186, 1980.

Jellinger K: Glioblastoma Multiforme: Morphology and Biology. Acta Neurochir. 42:5-32, 1978.

LOS ANGELES: Microglioma (lymphoma) - 8

SAN FRANCISCO: Reticulum cell sarcoma (microglioma) - 11

OAKLAND: Microgliomatosis, area of right thalamus - 10

SACRAMENTO: Microglioma (lymphoma) - 4; anaplastic astrocytoma - 1

RENO: Astrocytoma grade II-III - 10; histiocytic lymphoma - 3

LONG BEACH: Malignant lymphoma (microglioma) - 5

MARTINEZ: Malignant lymphoma, diffuse, large cell type, intermediate grade - 11

CENTRAL VALLEY: Medulloblastoma - 1; malignant glioma - 1; oligodendroglioma - 1; astrocytoma grade II-III - 5

BAKERSFIELD: Immunoblastic sarcoma - 1; microglioma - 2

SAN BERNARDINO (INLAND): Lymphoma - 10; primitive neuroectodermal tumor - 1

WEST SAN FERNANDO VALLEY: Lymphoma, CNS - 4; oligodendroglioma - 1

OHIO: Metastatic carcinoma - 3; malignant lymphoma, mixed lymphocytic and histiocytic, diffuse - 1

SEATTLE: Lymphoma, histiocytic type (microglioma) - 4

CONSULTATION:

J. B. Kirkpatrick, M. D. of the University of Texas saw this case in February 1976 and called this a microglioma.

FILE DIAGNOSIS:

Malignant lymphoma (microglioma), right thalamus 1910-9713

SPECIAL STAINS: Reticulum stain was negative

REFERENCES:

Henry J. M., Maj. MC et al: Primary Malignant Lymphomas of the Central Nervous System. Cancer 34:1293-1302, 1974.

Letendre, L. et al: Primary Lymphoma of the Central Nervous System. Cancer 49:939-943, 1982.

LOS ANGELES: Lymphoma - 8; malignant tumor, NOS - 1

SAN FRANCISCO: Primary lymphoma of brain - 11

OAKLAND: Microgliomatosis, right parietal area - 10

SACRAMENTO: Lymphoma - 5

RENO: Histiocytic lymphoma - 13

LONG BEACH: Malignant lymphoma -- 3; seminoma - 2

MARTINEZ: Malignant lymphoma, diffuse, large cell type, non-cleaved - 11

CENTRAL VALLEY: Reticulum cell sarcoma - 6; oligodendroglioma - 2

BAKERSFIELD: Immunoblastic sarcoma - 1; malignant lymphoma - 1; histiocytic lymphoma - 1

SAN BERNARDINO (INLAND): Histiocytic lymphoma - 10; undifferentiated malignant neoplasm - 1

WEST SAN FERNANDO VALLEY: Lymphoma, CNS - 5

OHIO: Malignant lymphoma, histiocytic type, diffuse - 3; immunoblastic sarcoma, B lymphocytic type - 1

SEATTLE: Large cell lymphoma - immunoblastic sarcoma - 4

CONSULTATION:

Richard L. Davis, M. D. called this a neuroblastoma in July 1976.

FILE DIAGNOSIS:

Malignant lymphoma (microglioma), right parietal area 1910-9713

REFERENCES:

Henry J. M., Maj. MC et al: Primary Malignant Lymphomas of the Central Nervous System. Cancer 34:1293-1302, 1974.

Letendre, L et al: Primary Lymphoma of the Central Nervous System. Cancer 49:939-943, 1982.

CASE NO. 12 - ACC. NO. 21947

JUNE 1982

LOS ANGELES: Gemistocytic astrocytoma - 9

SAN FRANCISCO: Astrocytoma, well differentiated - 11

OAKLAND: Gemistocytic astrocytoma, left frontal lobe - 10

SACRAMENTO: Gemistocytic astrocytoma - 5

RENO: Gemistocytic astrocytoma, grade II - 13

LONG BEACH: Gemistocytic astrocytoma - 5

MARTINEZ: Gemistocytic astrocytoma - 10; malignant astrocytoma arising from gemistocytic astrocytoma - 1

CENTRAL VALLEY: Gemistocytic astrocytoma - 8

BAKERSFIELD: Gemistocytic astrocytoma, grade I-II - 3

SAN BERNARDINO (INLAND): Gemistocytic astrocytoma (grade II) - 11

WEST SAN FERNANDO VALLEY: Gemistocytic astrocytoma (grade II) - 5

OHIO: Astrocytoma, grade II - 4

SEATTLE: Gemistocytic astrocytoma, grade II - 4

FILE DIAGNOSIS:

Gemistocytic astrocytoma, left frontal lobe

1911-9413