SEM 555

* *

CALIFORNIA TUMOR TISSUE REGISTRY

LOS ANGELES COUNTY - UNIVERSITY OF SOUTHERN CALIFORNIA

PROTOCOL

FOR

MONTHLY STUDY SLIDES

SEPTEMBER 1983

TUMORS OF THE GASTROINTESTINAL TRACT

* *

CONTRIBUTOR: M. L. Bassis, M. D.
San Francisco, California

SEPTEMBER 1983 - CASE NO. 1

TISSUE FROM: Mid-jejunum

ACCESSION NO. 20939

CLINICAL ABSTRACT:

History: This 67 year old man complained of rectal soreness for 6-7 months. A lesion was noted on sigmoidoscopy. Biopsy revealed an infiltrating carcinoma.

SURGERY: (June 17, 1974)

An abdomino-perineal resection was performed. A 3 cm. diameter mass was found incidentally in the mid-jejunum along the antimesenteric border and excised.

GROSS PATHOLOGY:

A segment of small bowel contained a 1.5 cm. lobulated, yellow-tan mass, located in the submucosa with intact overlying mucosa.

FOLLOW-UP:

He did well following surgery with a functioning colostomy. He is presently alive and has symptoms of prostatic enlargement.

CONTRIBUTOR: Howard E. Otto, M. D.
Laurium, Michigan

SEPTEMBER 1983 - CASE NO. 2

TISSUE FROM: Colon

ACCESSION NO. 24513

CLINICAL ABSTRACT:

History: A 68 year old woman complained of melena and abdominal cramps for 5 days. She had a history of hiatal hernia with bleeding in 1977. In April 1981, her hemoglobin was 15.6.

Physical examination: Stools were strongly positive for occult blood.

Radiograph: The colon was examined using air contrast technique. An irregularly shaped, well demarcated, soft tissue mass measuring approximately 4 cm. involved the superior wall of the mid-transverse colon. The mass had the appearance of a neoplasm. A few sigmoid diverticula were also present.

SURGERY: (November 30, 1981)

An exploratory laparotomy with right colectomy and ileotransverse colostomy was performed. The surgeon was reported to be semi-hysterical when unable to find a lesion initially. Palpation revealed a poorly demarcated lesion.

GROSS PATHOLOGY:

Three cm. from the distal margin of colon resection was an 8 x 6.5 x 3 cm. intramural, polypoid, cystic mass protruding into the colonic lumen. Attenuated mucosa covered the mass. The cut surface had confluent cysts from 1 to 3 cm. in diameter, containing approximately 20 cc. of clear, colorless, water-like fluid. The remaining colon (25 cm.), ileum, and mesentery were unremarkable.

FOLLOW-UP:

She was last seen in July, 1983 and was without major complaint.

CONTRIBUTOR: W. H. Johnston, M. D.
Northridge, California

SEPTEMBER 1983 - CASE NO. 3

TISSUE FROM: Mesentery

ACCESSION NO. 24862

CLINICAL ABSTRACT:

History: This 26 year old man was found to have an enlarged spleen during a routine physical examination. He had no complaints other than a daily fever spiking to 100-102 F.

Physical examination: An irregularly shaped, rock-hard nontender mass was palpated in the left quadrant, extending from the subcostal margin to within 2 cm. of the pelvic brim. It was palpable to the midline and across the midepigastrium.

Laboratory data: Microcytic anemia-hematocrit 30%, MCV 68.7.

Radiographs: KUB and liver-spleen scan were normal. Echogram revealed a 12.5 cm. loculated mass in the left upper quadrant, separate from the kidney. An upper GI was normal. CAT scan showed a 16.5 cm. lobulated mass extending across the midline and nearly to the pelvic brim.

SURGERY: (March 14, 1983)

Excision of the abdominal mass and mesenteric lymph node biopsies were performed.

GROSS PATHOLOGY:

A 1190 gram, bosselated firm rubbery yellow-tan mass measured 17 x 11.5 x 9.0 cm. External tumor surface was smooth and glistening. Cut surface was translucent, yellow-tan, and fleshy with irregular zones of necrosis up to 3 cm. in greatest dimension. Focal hemorrhage was evident.

FOLLOW-UP:

The patient was discharged on the 7th postoperative day in a stable, improved condition.

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

SEPTEMBER 1983 - CASE NO. 4

TISSUE FROM: Anus

ACCESSION NO. 23427

CLINICAL ABSTRACT:

History: This 70 year old female presented with a polyp developing in an anterior hemorrhoidal tag, over a one month period.

Past medical history: In 1975 at the age of 66 the diagnosis was made of infiltrating comedocarcinoma, left breast with no region node involvement.

Physical examination: A 2" x 1" polyp of an anterior hemorrhoidal tag was noted. Other perianal tags were small and showed no similarity to the lesion that was under consideration. The remainder of a proctologic examination revealed no other abnormality.

SURGERY: (May 23, 1979)

Excision of polyp was performed.

GROSS PATHOLOGY:

The specimen consisted of a polypoid structure measuring 4 x 3 cm. Cut surface revealed a firm fleshy tissue beneath a brownish tan mucosal surface.

FOLLOW-UP:

On January 2, 1983 the patient expired of massive cerebral vascular accident with no evidence of recurrence.

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

SEPTEMBER 1983 - CASE NO. 5

TISSUE FROM: Esophagus

ACCESSION NO. 23464

CLINICAL ABSTRACT:

History: A 63 year old woman had dysphagia for 3 months. Two weeks before admission she vomited bright red blood. Several days later she noted darkening of her stools.

Radiographs: Chest x-rays and a barium swallow revealed a large tumor involving both the distal esophagus and the left lower lobe of the lung.

SURGERY: (May 22, 1979)

During esophagoscopy, external compression of the distal esophagus was noted. No obvious tumor was seen. A left thoracotomy revealed a large, firm, encapsulated mass attached to the esophagus just above the diaphragm. The tumor did not invade the lung. The mass was removed without resecting the esophagus.

GROSS PATHOLOGY:

The mass measured 11 x 8 x 7.5 cm. and was covered by membranous tissue. The cut surface was glistening and tan-maroon with a whorled appearance. Multiple cysts filled with thin, bloody fluid were present, measuring from 0.6 to 5.0 cm.

FOLLOW-UP:

About two years later, she again complained of dysphagia. On 6-2-81 she underwent an esophagectomy. During this surgery, the recurrent tumor was seen to involve the proximal stomach and the liver. She died in February 1982, but no autopsy was performed.

CONTRIBUTOR: W. K. Bullock, M. D.
Pasadena, California

SEPTEMBER 1983 - CASE NO. 6

TISSUE FROM: Gastroesophageal junction

ACCESSION NO. 24442

CLINICAL ABSTRACT:

History: A 59 year old male complained of gradually worsening dysphagia for 5 weeks. There was much greater difficulty swallowing solid food than soft food or liquid. He noted a 10 pound weight loss in recent weeks.

Physical examination was essentially normal.

Radiograph: An esophagram revealed a lesion at the gastroesophageal junction.

SURGERY: (December 12, 1980)

A thoracotomy was performed, during which a hard mass was palpated in the distal esophagus. An esophagogastrectomy was performed.

GROSS PATHOLOGY:

A soft, finely villous, 6.5 cm. mass was present at the gastroesophageal junction. The margins were indistinct, and blended with the adjacent mucosa. The mass had a firm, white, non-bulging surface which involved the full thickness of the wall. Ten lymph nodes were present, some of which were involved by tumor.

FOLLOW-UP:

The patient received radiation treatment after the surgery. In November 1981 he was readmitted for small bowel obstruction. He died on November 4, 1981 and an autopsy was not performed.

CONTRIBUTOR: W. K. Bullock, M. D.
Pasadena, California

SEPTEMBER 1983 - CASE NO. 7

TISSUE FROM: Duodenum

ACCESSION NO. 24441

CLINICAL ABSTRACT:

History: A 39 year old female developed sharp mid-abdominal pain 6 days prior to admission. The pain radiated to the back, and was not associated with nausea or vomiting.

Physical examination was significant only for multiple raised dermal nodules measuring several millimeters in size.

Radiographs: An upper G. I. showed an expansile, circumferential, submucosal mass within the second portion of the duodenum.

SURGERY: (December 26, 1979)

The duodenum was incised revealing a papillary mass near the ampulla of Vater. The mass was excised and the duodenal defects closed.

GROSS PATHOLOGY:

The specimen was a papillary mass measuring 2.5 x 2.0 cm. The mucosal surface contained numerous small nodules giving a "raspberry" appearance. Sectioning revealed pale yellow firm tissue.

FOLLOW-UP:

She was last seen on April 4, 1983 without evidence of recurrence.

CONTRIBUTOR: Thomas E. Hall, M. D.
Reno, Nevada

SEPTEMBER 1983 - CASE NO. 8

TISSUE FROM: Sigmoid colon

ACCESSION NO. 24539

CLINICAL ABSTRACT:

History: A 34 year old man had a two months' history of loose, mucoid stools with occasional bleeding. He was otherwise in good health. A barium enema revealed circumferential narrowing in the sigmoid region. At colonoscopy a granular, ulcerated area seen in the rectosigmoid region was biopsied.

SURGERY: (March 24, 1982)

A left colectomy with extensive retroperitoneal lymph node dissection was performed.

GROSS PATHOLOGY:

There was a 5.5 cm. annular tumor mass near the distal margin. The mass focally penetrated the entire thickness of the wall. The pericolic fat contained many enlarged lymph nodes.

FOLLOW-UP:

About six months later, CEA levels rose from 2 to 65. Left ureteral obstruction was detected, but exploration revealed only scarring. When last seen in June 1983, he complained of abdominal pain and vomiting. A work-up revealed partial obstruction of the duodenum although no tissue was obtained, at that time they were contemplating possibly debulking the tumor with implantation of radioactive seed.

CONTRIBUTUR: Howard E. Otto, M. D.
Hancock, Michigan

SEPTEMBER 1983 - CASE NO. 9

TISSUE FROM: Ileum

ACCESSION NO. 22999

CLINICAL ABSTRACT:

History: A 67 year old male complained of right lower quadrant abdominal pain and weight loss. During a routine work up, a polypoid mass was found in the rectum. This was removed and shown to be a mixed semi-papillary adenoma. Two weeks later, a barium enema revealed a large polypoid mass which was thought to be in the right colon.

SURGERY: (July 6, 1978)

A right hemicolectomy and ileal resection with ileotransverse colostomy was performed.

GROSS PATHOLOGY:

A 38 cm. segment of ileum and colon was received. There was a 6 x 5 cm. polypoid mass partially obstructing the ileum. Cut surfaces were nodular, soft and gray. The wall of the ileum appeared to be intact, with the mass involving primarily the submucosa.

FOLLOW-UP:

No further treatment was given. In 1982 he was found to have a rectal mass. A biopsy showed adenocarcinoma, and an abdomino-perineal resection was performed. He is currently alive and well and is receiving 5-FU.

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

September 1983 - CASE NO. 10

TISSUE FROM: Stomach

ACCESSION NO. 24368

CLINICAL ABSTRACT:

History: A 45 year old woman was admitted with a five years' history of burning epigastric pain consistent with ulcer disease. She had three episodes of upper gastrointestinal hemorrhage, 3 years, 16 months, and one month prior to admission. Two previous endoscopic biopsies of a small stomach ulcer were interpreted as benign.

Physical examination was unremarkable.

Radiograph: A 1.5 ulcer crater with radiating folds was seen on the anterior stomach surface in the lesser curvature.

SURGERY: (May 28, 1981)

Distal gastrectomy was performed.

GROSS PATHOLOGY:

The distal stomach measured 16 cm. and 11.5 cm. along the greater and lesser curvatures, respectively. A 4 x 5 cm. perforated anterior wall defect with thickened, rolled edges partially covered with blood clot and fibrinous exudate was 2 cm. from the proximal margin of resection. A 1.2 cm. shallow ulcer with irregular, elevated borders and hemorrhagic surface was 1.9 cm. distal to the wall defect, on the lesser curvature. The anterior mucosal surface was slightly thickened with tortuous folds.

FOLLOW-UP:

On June 18, 1981, radical subtotal gastrectomy with splenectomy, formation of a Hunt-Lawrence pouch, and feeding jejunostomy were performed.

The patient was seen in clinic three weeks postoperatively and seemed to be doing well. She was then lost to follow-up.

CONTRIBUTOR: S. Hamashige, M. D.
Fullerton, California

SEPTEMBER 1983 - CASE NO. 11

TISSUE FROM: Small bowel

ACCESSION NO. 23075

CLINICAL ABSTRACT:

History: A 50 year old woman complained of fatigue and weakness for one month. She also noted vague epigastric pain and melena.

Physical examination: There was marked pallor of the skin and nails. A large, non-tender mass was palpable below the left costal margin.

Laboratory values: Hemoglobin 4.7, hematocrit 15.8%, WBC 8,900, reticulocyte count 3.5, stool guiac 4+ and CEA normal level.

Radiograph: An upper GI showed a large, lesser curvature gastric ulcer. The liver-spleen scan was normal.

SURGERY: (August 3, 1978)

During a laparotomy, a tumor mass was found on the posterior wall of the stomach near the lesser curvature. This tumor appeared to "invade the small bowel near the duodenal-jejunal junction". A partial gastrectomy and bowel resection were performed.

GROSS PATHOLOGY:

The serosa of the intestine was distorted by a firm "plaque" measuring 3 cm. The underlying tumor was dark red to black and sharply demarcated from the adjacent normal mucosa. The portion of stomach contained a deep ulcer with elevated, roughened edges.

FOLLOW-UP:

Postoperatively, she showed signs of bowel obstruction which persisted for 3 months. She died November 7, 1978. No autopsy was performed.

CONTRIBUTOR: Mary Beth Shwayder, M. D.
Los Angeles, California

SEPTEMBER 1983 - CASE NO. 12

TISSUE FROM: Colon

ACCESSION NO. 24391

CLINICAL ABSTRACT:

History: A 62 year old woman noted a two weeks' history of abdominal pain, increasing abdominal girth, and a 10 pound weight loss. She was nulliparous and her only previous surgery was an appendectomy.

Physical examination: A tender, firm, mobile mass measuring 15 x 12 cm. was palpable in the right lower quadrant.

Radiographs: Ultrasound revealed a mass near the hepatic flexure, separate from the liver and kidney. A chest x-ray revealed a small nodule in the right lung.

Laboratory values: Serum HCG was 1,428 units.

SURGERY: (April 15, 1981)

A laparotomy revealed multiple tumor nodules studding the serosa of the right colon. The pelvic organs were normal. The distal ileum and ascending colon were resected.

GROSS PATHOLOGY:

The segment of bowel was wrapped around and adherent to a 14 x 13 x 12 cm., purple-tan, glistening mass. Sectioning revealed necrotic, hemorrhagic, purple tissue.

FOLLOW-UP:

The patient died six weeks after the surgery with probable liver and brain metastases. An autopsy was not performed.

STUDY GROUP CASES
FOR
SEPTEMBER 1983

CASE NO. 1 - ACC. NO. 20939

LOS ANGELES: Heterotopic pancreas - 11

MARTINEZ: Ectopic pancreas - 14

OAKLAND: Pancreatic hetertopia, mid-jejunum - 10

SIERRA FOOTHILLS: Heterotopic pancreas - 5

SACRAMENTO: Pancreatic heterotopia - 3

BAKERSFIELD: Heterotopic pancreas - 6

FRESNO: Ectopic pancreas - 9

CENTRAL VALLEY: Heterotopic pancreas - 4

SAN BERNARDINO (INLAND): Ectopic pancreas in jejunum - 13

LONG BEACH: Heterotopic pancreas - 5; choristoma - 1

WEST SAN FERNANDO VALLEY: Choristoma, jejunum - 2

SAN GABRIEL: Ectopic pancreas - 6

TUCSON: Heterotopic pancreas - 1

FILE DIAGNOSIS:

Heterotopic pancreas, midjejunum

CASE NO. 2 - ACC. NO. 24513 SEPTEMBER 1983

LOS ANGELES: Cavernous lymphangioma - 11

MARTINEZ: Lymphangioma - 14

OAKLAND: Polypoid lymphangiectasis, colon - 10

SIERRA FOOTHILLS: Benign lymphangioma - 5

SACRAMENTO: Cystic lymphangioma - 1

BAKERSFIELD: Lymphangiectatic cysts - 6

FRESNO: Lymphangioma - 9

CENTRAL VALLEY: Enteric cyst - 4

SAN BERNARDINO (INLAND): Lymphangioma of colon - 13

LONG BEACH: Cystic lymphangioma - 6

WEST SAN FERNANDO VALLEY: Lymphangioma, colon - 2

SAN GABRIEL: Lymphangioma - 6

TUCSON: Submucosal lymphangioma - 1

FILE DIAGNOSIS:

Lymphangioma, colon

LOS ANGELES: Malignant fibrous histiocytoma - 6; leiomyosarcoma - 4

MARTINEZ: Malignant fibrous histiocytoma - 12; malignant schwannoma - 2

OAKLAND: Fibrosarcoma, mesentery - 10

SIERRA FOOTHILLS: Malignant fibrous histiocytoma - 5

SACRAMENTO: Malignant leiomyoblastoma - 1; leiomyosarcoma - 1; hemangioendothelioma - 1

BAKERSFIELD: Leiomyosarcoma, low-grade - 6

FRESNO: Malignant histiocytoma - 8; spindle cell sarcoma - 1

CENTRAL VALLEY: Leiomyosarcoma - 4

SAN BERNARDINO (INLAND): Leiomyosarcoma - 6; mesothelioma - 5; malignant fibrous histiocytoma - 2

LONG BEACH: Inflammatory malignant fibrous histiocytoma - 6

WEST SAN FERNANDO VALLEY: Epithelioid leiomyoblastoma - 1; low-grade leiomyosarcoma - 1

SAN GABRIEL: Epithelioid leiomyoblastoma - 3; leiomyosarcoma - 3

TUCSON: Malignant mesothelioma - 1

FILE DIAGNOSIS:

Epithelioid leiomyosarcoma, mesentery

NOTE:

Electron microscopy was performed which revealed poorly differentiated mesenchymal cells. Although diagnostic features were found, the findings were interpreted as consistent with an epithelioid leiomyosarcoma.

REFERENCES:

Abramson, D. J.: Leiomyoblastomas of the Stomach. Surg. Gynecol. Obstetr. 136:118-125, 1973.

CASE NO. 4 - ACC. NO. 23427 SEPTEMBER 1983

LOS ANGELES: Spindle squamous cell carcinoma - 11

MARTINEZ: Carcinosarcoma - 4; spindle squamous cell carcinoma - 6

OAKLAND: Squamous cell carcinoma, anus - 10

SIERRA FOOTHILLS: Squamous cell carcinoma, spindle cell type - 4; leiomyoblastoma - 1

SACRAMENTO: Spindle cell squamous carcinoma - 3

BAKERSFIELD: Squamous cell carcinoma with sarcomatoid pattern - 6

FRESNO: Leiomyosarcoma - 1; sarcomatoid carcinoma - 8

CENTRAL VALLEY: Squamous cell carcinoma, spindle cell variant - 4

SAN BERNARDINO (INLAND): Squamous cell carcinoma of anus - 13

LONG BEACH: Spindle cell squamous cell carcinoma - 6

WEST SAN FERNANDO VALLEY: Pleomorphic squamous carcinoma, grade IV (spindle cell squamous carcinoma) - 2

SAN GABRIEL: Malignant spindle cell tumor - 6

TUCSON: Spindle cell carcinoma of the anus - 1

FILE DIAGNOSIS:

Spindle squamous cell carcinoma, anus

REFERENCES:

Binkley, G. E.: Epidermoid Carcinoma of the Anus. Am. J. Surg. 79:90, 1950.

CASE NO. 5 - ACC. NO. 23464 SEPTEMBER 1983

LOS ANGELES: Leiomyosarcoma - 11

MARTINEZ: Leiomyosarcoma - 14

OAKLAND: Leiomyosarcoma, esophagus - 10

SIERRA FOOTHILLS: Spindle cell sarcoma - 3; leiomyosarcoma - 2

SACRAMENTO: Leiomyosarcoma - 3

BAKERSFIELD: Malignant schwannoma - 5; leiomyosarcoma - 1

FRESNO: Spindle cell sarcoma - 1; mesothelioma - 1; leiomyosarcoma - 7

CENTRAL VALLEY: Malignant fibrous histiocytoma - 4

SAN BERNARDINO (INLAND): Malignant schwannoma - 9; leiomyosarcoma - 4

LONG BEACH: Leiomyosarcoma - 6

WEST SAN FERNANDO VALLEY: Low-grade fibrosarcoma - 2

SAN GABRIEL: Leiomyosarcoma - 6

TUCSON: Leiomyosarcoma - 1

FILE DIAGNOSIS:

Leiomyosarcoma, esophagus

REFERENCES:

Gaedejt, et al.: Leiomyosarcoma of the Esophagus. J. Thoracic Cardiovasc. Surg. 75:740, 1978.

CASE NO. 6 - ACC. NO. 24442 SEPTEMBER 1983

LOS ANGELES: Papillary adenocarcinoma - 11

MARTINEZ: Signet ring cell adenocarcinoma arising from a villous adenoma of the stomach - 14

OAKLAND: Papillary adenocarcinoma, gastroesophageal junction - 10

SIERRA FOOTHILLS: Poorly differentiated adenocarcinoma - 4; poorly differentiated adenocarcinoma arising in Barretts esophagus - 1

SACRAMENTO: Gastric carcinoma mucous cell - 2; adenocarcinoma of stomach (signet ring) - 1

BAKERSFIELD: Adenocarcinoma - 6

FRESNO: Linitis plastica - 1; poorly differentiated adenocarcinoma - 8

CENTRAL VALLEY: Adenocarcinoma - 4

SAN BERNARDINO (INLAND): Adenocarcinoma of stomach - 13

LONG BEACH: Poorly differentiated adenocarcinoma with papillary and signet ring features - 6

WEST SAN FERNANDO VALLEY: Barrett's esophagitis, giving rise to infiltrating adenocarcinoma - 2

SAN GABRIEL: Adenocarcinoma, gastroesophageal junction - 6

TUCSON: Adenosquamous carcinoma of gastroesophageal junction - 1

FILE DIAGNOSIS:

Papillary adenocarcinoma, gastroesophageal junction

CASE NO. 7 - ACC. NO. 24441 SEPTEMBER 1983

LOS ANGELES: Carcinoid tumor - 11

MARTINEZ: Islet cell tumor - 6; carcinoid tumor with ectopic gastric mucosa - 6; APUDoma - 1

OAKLAND: Well-developed neuroendocrine tumor (carcinoid), duodenum - 10

SIERRA FOOTHILLS: Carcinoid tumor - 5

SACRAMENTO: Islet cell tumor - 2; carcinoid tumor - 1

BAKERSFIELD: Carcinoid of duodenum - 6

FRESNO: Atypical carcinoid - 9

CENTRAL VALLEY: Carcinoid tumor - 3; adenocarcinoma - 1

SAN BERNARDINO (INLAND): Carcinoid - 11; islet cell tumor - 2

LONG BEACH: Carcinoid - 6

WEST SAN FERNANDO VALLEY: Carcinoid tumor - 2

SAN GABRIEL: Carcinoid - 6

TUCSON: Islet cell tumor of duodenum - 1

FILE DIAGNOSIS:

Carcinoid-islet cell carcinoma, duodenum

REFERENCES:

Godwin, J. D.: Carcinoid Tumors, an Analyse of 2837 Cases. Cancer 36:560, 1975.

CASE NO. 8 - ACC. NO. 24539 SEPTEMBER 1983

LOS ANGELES: Signet ring adenocarcinoma - 11

MARTINEZ: Adenocarcinoma, signet ring type - 14

OAKLAND: Adenocarcinoma, signet ring type, sigmoid colon - 10

SIERRA FOOTHILLS: Signet ring adenocarcinoma - 5

SACRAMENTO: Adenocarcinoma of colon (signet ring) - 1; mucous cell carcinoma of colon - 2

BAKERSFIELD: Adenocarcinoma, signet ring - 6

FRESNO: Signet ring cell carcinoma - 9

CENTRAL VALLEY: Mucinous adenocarcinoma, linitis plastica type - 4

SAN BERNARDINO (INLAND): Mucinous adenocarcinoma of colon, signet ring type - 13

LONG BEACH: Poorly differentiated adenocarcinoma, signet ring cell type - 6

WEST SAN FERNANDO VALLEY: Signet ring cell carcinoma - 2

SAN GABRIEL: Adenocarcinoma with signet ring cells - 6

TUCSON: Adenocarcinoma of colon, signet ring type - 1

FILE DIAGNOSIS:

Signet ring adenocarcinoma, rectosigmoid colon

REFERENCES:

Almagro, U. A.: Primary Signet Ring Carcinoma of the Colon. Cancer 52:1453-1457, 1983.

CASE NO. 9 - ACC. NO. 22999 SEPTEMBER 1983

LOS ANGELES: Malignant lymphoma - 11

MARTINEZ: Malignant lymphoma, large cell type, diffuse (positive for K light chain) - 14

OAKLAND: Non-Hodgkin's lymphoma, ileum - 10

SIERRA FOOTHILLS: Malignant lymphoma, large lymphoid cell type - 4; immunoblastic sarcoma - 1

SACRAMENTO: Malignant lymphoma, histiocytic - 2; poorly differentiated large cell lymphoma - 1

BAKERSFIELD: Lymphosarcoma, histiocytic - 5; Hodgkin's - 1

FRESNO: Hodgkin's disease - 2; histiocytic lymphoma - 7

CENTRAL VALLEY: Malignant lymphoma, large cell, diffuse - 4

SAN BERNARDINO (INLAND): Large cell lymphoma, diffuse, ileum - 13

LONG BEACH: Large cell lymphoma (B cell immunoblastic sarcoma type) - 6

WEST SAN FERNANDO VALLEY: Immunoblastic sarcoma - 1; large cleaved follicular center cell lymphoma - 1

SAN GABRIEL: Malignant lymphoma, immunoblastic sarcoma type - 6

TUCSON: Malignant lymphoma of large cell type (immunoblastic sarcoma) - 1

FILE DIAGNOSIS:

Malignant lymphoma, ileum

CONSULTATION:

Donald Larson, M. D. from the University of Minnesota felt that this was most likely a histiocytic lymphoma.

CASE NO. 10 - ACC. NO. 24368 SEPTEMBER 1983

LOS ANGELES: Hypertrophic gastric mucosa - 5; gastritis - 3; epithelial dysplasia - 3

MARTINEZ: Superficial erosive gastritis - 1; chronic gastritis with dyplasia - 4; Menetrier's disease - 1; superficial spreading in-situ carcinoma - 3

OAKLAND: Hyperplasia, mucosal epithelium, stomach - 7; carcinoma-in-situ, mucosal epithelium, stomach - 3

SIERRA FOOTHILLS: Chronic gastritis - 3; Menetrier's disease - 1; surface epithelial atypia - 1

SACRAMENTO: Benign mucosal fold - 1; parietal cell hyperplasia - 2

BAKERSFIELD: Hypertrophic gastritis - 6

FRESNO: Zollinger-Ellison - 9

CENTRAL VALLEY: Menetrier's disease - 4

SAN BERNARDINO (INLAND): Hypertrophic gastritis - 13

LONG BEACH: Gastric epithelial dysplasia in relapsing gastric ulcer - 5; hyperplastic gastropathy - 1

WEST SAN FERNANDO VALLEY: Normal stomach - 2

SAN GABRIEL: Nondiagnostic. Need section from another site - 6

TUCSON: Chronic superficial gastritis - 1

FILE DIAGNOSIS:

Superficial spreading carcinoma, stomach

CASE NO. 11 - ACC. NO. 23075 SEPTEMBER 1983

LOS ANGELES: Giant cell carcinoma - 1; anaplastic carcinoma - 9

MARTINEZ: Malignant melanoma - 1;rhabdomyosarcoma - 1; leiomyosarcoma - 1; undifferentiated malignant tumor - 6; sarcoma, NOS - 1

OAKLAND: Leiomyosarcoma, small bowel, round-cell variant - 8; anaplastic carcinoma, small bowel - 2

SIERRA FOOTHILLS: Malignant lymphoma, large lymphoid cell type - 1; metastatic melanoma - 1; large cell anaplastic malignancy - 3

SACRAMENTO: Anaplastic carcinoma of stomach - 3

BAKERSFIELD: Choriocarcinoma - 2; histiocytoma - 1; amelanotic malignant melanoma - 1; angiosarcoma - 1

FRESNO: Carcinoma with choriocarcinoma features - 9

CENTRAL VALLEY: Anaplastic carcinoma - 4

SAN BERNARDINO (INLAND): Giant cell carcinoma of small bowel - 12; undifferentiated malignant neoplasm - 1

LONG BEACH: Giant cell carcinoma - 5; sarcoma, NOS - 1

WEST SAN FERNANDO VALLEY: Pleomorphic sarcoma, NOS - 1; pleomorphic rhabdomyosarcoma - 1

SAN GABRIEL: Large cell malignant tumor - 6

TUCSON: Undifferentiated carcinoma - 1

FILE DIAGNOSIS:

Giant cell sarcoma, small bowel

CASE NO. 12 - ACC. NO. 24391 SEPTEMBER 1983

LOS ANGELES: Extragenital choriocarcinoma - 11

MARTINEZ: Choriocarcinoma, metastatic, primary site not specified - 14

OAKLAND: Choriocarcinoma, colon - 10

SIERRA FOOTHILLS: Choriocarcinoma - 5

SACRAMENTO: Choriocarcinoma - 3

BAKERSFIELD: Choriocarcinoma - 6

FRESNO: Carcinoma with choriocarcinoma features - 9

CENTRAL VALLEY: Choriocarcinoma - 4

SAN BERNARDINO (INLAND): Choriocarcinoma - 11; HCG-secreting tumor - 2

LONG BEACH: Choriocarcinoma - 6

WEST SAN FERNANDO VALLEY: Choriosarcoma - 2

SAN GABRIEL: Choriocarcinoma - 6

TUCSON: Choriocarcinoma - 1

FILE DIAGNOSIS:

Extragenital primary choriocarcinoma, colon

REFERENCES:

Saigo, P. E., et al.: Primary Gastric Choriocarcinoma. Am. J. Surg. Path. 5:333-342, 1981.