

SEM 556

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CALIFORNIA TUMOR TISSUE REGISTRY  
LOS ANGELES COUNTY - UNIVERSITY OF SOUTHERN CALIFORNIA  
PROTOCOL  
FOR  
MONTHLY STUDY SLIDES  
OCTOBER 1983  
LESIONS IN LYMPH NODES, SPLEEN AND THYMUS

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CONTRIBUTOR: John F. Bubien, M. D.  
Oceanside, California

OCTOBER 1983 - CASE NO. 1

TISSUE FROM: Spleen

ACCESSION NO. 24173

CLINICAL ABSTRACT:

History: A 78 year old woman presented with progressive weakness of two to three weeks' duration. The weakness had developed to the point that she was unable to raise herself from a chair. Fatigue, anorexia, and bilateral leg edema were also reported. She was previously in good health, except for mild hypertension.

Physical examination: The abdomen was distended. The spleen was palpable 5 cm. below the left costal margin. There was possibly a minimal degree of hepatomegaly. Mild mid-abdominal tenderness was noted. Deep tendon reflexes were 4+ hyperactive without clonus.

Laboratory data: On admission, a normochromic, normocytic anemia (23%), thrombocytopenia (86,000), and prominent left shift (45% segs, 33% bands in 5700 leukocytes) were noted. LDH and alkaline phosphatase were elevated to 1228 U/L and 518 U/L, respectively.

SURGERY: (November 14, 1980)

Splenectomy, celiac lymph node biopsy, and liver biopsy were performed.

GROSS PATHOLOGY:

The 1370 gram, 23 x 13 cm. spleen had a smooth, intact capsule. The softened, red-purple parenchyma contained a diffuse, poorly delineated, nodular pattern. The celiac lymph node, 9 x 8 mm., and liver biopsies were not remarkable grossly.

FOLLOW-UP:

The patient expired on December 7, 1980. Significant autopsy findings were an 1800 gram liver with a diffusely mottled grey-tan parenchyma and one retroperitoneal node adjacent to the left adrenal gland with grey-white, homogeneous cut surface.

CONTRIBUTOR: Ronald T. Mihata, M. D.  
Hemet, California

OCTOBER 1983 - CASE NO. 2

TISSUE FROM: Thymus

ACCESSION NO. 24621

CLINICAL ABSTRACT:

History: This 77 year old man fell on his chest in April, 1982. There was no evidence of myasthenia gravis.

A chest x-ray showed a right mediastinal mass, but no evidence of a fracture. Bronchoscopy was negative. A diagnosis was made on a biopsy obtained by right anterior thoracotomy.

SURGERY: (July 2, 1982)

Mid-sternotomy and resection of the anterior mediastinal mass were performed.

GROSS PATHOLOGY:

A 14 x 6 x 4 cm. mass contained a central, lobulated, rubbery tissue 6.7 x 5 x up to 4 cm.

FOLLOW-UP:

The patient was last seen shortly after his thoracotomy. No additional information is available.

CONTRIBUTOR: Paul Steiner, M. D.  
San Leandro, California

OCTOBER 1983 - CASE NO. 3

TISSUE FROM: Spleen

ACCESSION NO. 21781

CLINICAL ABSTRACT:

History: A 29 year old woman had generalized pruritis for 6 to 7 weeks, with the appearance of a tender lump in the left lateral neck one month after pruritis began. The left supraclavicular node was excised on August 12, 1975.

Laboratory data: CBC was unremarkable.

Radiograph: Liver scan considered within normal limits.

SURGERY: (September 9, 1975)

Staging laparotomy was performed.

GROSS PATHOLOGY:

The spleen was 170 grams, 10.5 x 8 x 5.5 cm. Cut surface was deep purple with scattered light-grey, firm nodules from .5 to 3 mm.

Liver and bone marrow examination were negative.

FOLLOW-UP:

Chemotherapy (MOPP) and radiotherapy were administered with no immediate evidence of recurrence.

She noted right pre-auricular swelling in January 1980 which did not resolve on antibiotics. Excision on September 25, 1980 revealed a recurrence. No further follow-up is available.

CONTRIBUTOR: Nathan B. Friedman, M. D.  
Los Angeles, California

OCTOBER 1983 - CASE NO. 4

TISSUE FROM: Axillary lymph node

ACCESSION NO. 24085

CLINICAL ABSTRACT:

History: A 39 year old woman presented in May, 1980 with massive generalized adenopathy and splenomegaly of approximately 9 months duration. A background history of protracted, severe nasal allergy, recurrent purulent sinusitis, and marked hypersensitivity reactions to insect bites was obtained. She was anergic to skin tests. Henoch-Schonlein-type purpura occurred on the legs twice in recent months. Two previous lymph node biopsies were interpreted as reactive hyperplasia.

Laboratory data: A skin biopsy revealed dermal vasculitis with ulceration, and IgM staining along the epidermal-dermal junction. Positive serologic tests included ANA (1:640), Coombs, and high EBV (1:5120) titer. Polyclonal gammopathy was noted. Bone marrow contained atypical, occasionally hairy, lymphocytes and peripheral Downey III lymphocytes.

SURGERY: (August 1, 1980)

Left axillary lymph node biopsy was performed.

GROSS PATHOLOGY:

A 7.5 x 4 x 1 cm. node was obtained. The slightly lobulated surface had several small areas of red discoloration. Cut section was pink and lobulated. Occasional lines of demarcation were between lobules. Other sections had a homogeneous pattern of gray tissue.

FOLLOW-UP:

Treatment with corticosteroids was instituted, with complete resolution of adenopathy and reversal of her downhill course. She is maintained in partial remission with intermittent steroids. Presently she has only low grade, shotty cervical nodes.

In March, 1982 she presented with a large ovarian tumor and superficial endometrial tumor, both consistent with endometrioid carcinoma of the ovary. She has had no recurrence since surgery.

CONTRIBUTOR: G. Thomas Sewell, M. D.  
Reno, Nevada

OCTOBER 1983 - CASE NO. 5

TISSUE FROM: Right axillary lymph node

ACCESSION NO. 24637

CLINICAL ABSTRACT:

History: A 60 year old woman was admitted to the hospital with a 3 to 6 month history of right axillary swelling. A left tonsillectomy had been performed 9 months previously for symptomatic enlargement. Other past history, family history, and systems review were noncontributory.

Physical examination: This well developed, well nourished woman had a large palpable mass in the right axilla and a 2 cm. nodule in the left anterior cervical region.

SURGERY: (August 5, 1982)

Excisional biopsy of the right axillary mass was performed.

GROSS PATHOLOGY:

A lymph node, 6.3 x 5 x 3.9 cm., had a diffuse fish-flesh cut surface.

FOLLOW-UP:

Bone marrow aspirate and biopsy revealed disease involvement. Treatment with CHOP chemotherapy was begun, followed by Cis-platinum, Valban, and Bleomycin. An initial response to CHOP was seen, but then massive bone marrow involvement, increasing hepatosplenomegaly, and retroperitoneal adenopathy ensued. Following Cis-platinum treatment, she developed renal failure requiring hemodialysis. She expired with pulmonary edema and fluid overload, eighteen months after her initial presentation with a tonsillar mass. No autopsy was obtained.

CONTRIBUTOR: W. E. Carroll, M. D.  
Santa Barbara, California

OCTOBER 1983 - CASE NO. 6

TISSUE FROM: Skin of arm

ACCESSION NO. 21429

CLINICAL ABSTRACT:

History: A 70 year old woman was admitted for complete evaluation of several skin lesions in her arms of 5 months' duration. The lesions had begun as small blisters, then forming hyperemic papules which developed into large indurated areas. Both arms were involved, the right more than the left. The lesions were intermittently pruritic. A biopsy of a lesion had been performed recently. Review of systems was noncontributory.

Physical examination: Indurated, hyperemic, raised lesions were on both forearms. A 2.5 cm. erythematous area was on the left upper arm. No lymphadenopathy or hepatosplenomegaly were noted.

Laboratory data: WBC 5,500 with normal differential, hemoglobin 16.1 grams and total protein 7.2 grams.

SURGERY: (February 8, 1971)

Excisional biopsy of the right arm lesion was performed.

GROSS PATHOLOGY:

A 6.0 x 3.2 x 1.8 cm. ellipse of skin had a firm, nodular area 2.7 cm. in diameter. A 1.2 cm. thick tan-brown, fleshy tissue involved the epidermis. Cut surface was finely nodular.

FOLLOW-UP:

Three series of radiation therapy (4000 rads) were delivered to the arms and thigh over the next two months. She received cytoxan four months later. Ten months after diagnosis there was no extracutaneous involvement noted. She was lost to further follow-up.

CONTRIBUTOR: W. John Diamond, M. D.  
Reno, Nevada

OCTOBER 1983 - CASE NO. 7

TISSUE FROM: Lymph node, pelvis

ACCESSION NO. 24724

CLINICAL ABSTRACT:

History: A 73 year old woman presented with a 25 pound weight loss in four months. This was associated with a swollen, nonfractured hip.

Physical examination: Liver was enlarged by 4 cm., and there was fullness of the left lower quadrant.

Laboratory data: CBC and chemistry panel were unremarkable.

Radiographs: CT scan revealed a 3 x 4 x 5 cm. mass near the aortic bifurcation.

SURGERY: (September 23, 1982)

Laparotomy revealed an encapsulated mass attached to the posterior mesentery below the aortic bifurcation. The liver was not involved grossly.

GROSS PATHOLOGY:

A 6 x 3 x 3 cm. encapsulated, lobulated, gray-yellow tissue had a finely nodular, homogeneous cut surface.

FOLLOW-UP:

The patient had a normal CBC and absence of further weight loss seven months after surgery.

CONTRIBUTOR: Dennis Kasimian, M. D.  
Van Nuys, California

OCTOBER 1983 - CASE NO. 8

TISSUE FROM: Anterior mediastinum

ACCESSION NO. 24477

CLINICAL ABSTRACT:

History: This 72 year old woman was discovered to have a 5 cm. in diameter mass in the anterior mediastinum on routine chest x-ray. Several weeks prior to her admission she had experienced persistent cough with intermittent hemoptysis. She had numerous medical problems including hypertensive and atherosclerotic heart disease, but no clinical evidence of myasthenia gravis.

SURGERY: (January 8, 1981)

Thoracotomy was performed with complete removal of a well delimited anterior-superior mediastinal mass.

GROSS PATHOLOGY:

The ovoid mass was 7 x 6.8 x 4 cm. The external surface was slightly bosselated, smooth, and tan, with a few small fragments of yellow fat attached. The cut surface was nodular, the nodules ranging from 0.5 to 2 cm. in diameter. The nodules varied from soft and pink-tan to firm and yellow-tan.

FOLLOW-UP:

None available.

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

OCTOBER 1983 - CASE NO. 9

TISSUE FROM: Scalp

ACCESSION NO. 24874

CLINICAL ABSTRACT:

History: This 77 year old woman was admitted for excision of a scalp tumor which had slowly enlarged over 2 years.

Physical examination: A 6 cm., red, exophytic mass was located on the midline occipital scalp. Lymphadenopathy was not noted.

Laboratory data: Hematocrit 48.1%; white count 9000 with a normal differential.

SURGERY: (March 25, 1983)

Excision of the clinically suspected pilar tumor was performed.

GROSS PATHOLOGY:

An oval piece of scalp, 55 x 45 x 12 cm., had a faintly nodular, light gray surface. Tissue beneath the skin surface was replaced by a homogeneous, soft, bulging, pale gray neoplasm which extended close to the margins of resection.

FOLLOW-UP:

Following discharge, she became quite confused as noted by family and friends. Vertigo lasting 10-15 minutes occurred sporadically. Brain CT scan showed only mild cortical atrophy. Chest and abdominal CT scans were non-contributory. EEG showed slight left posterior slowing. Spinal fluid examination was unremarkable. As of June, 1983, a brain scan was to be repeated for continued evaluation.

CONTRIBUTOR: John F. Bubien, M. D.  
Oceanside, California

OCTOBER 1983 - CASE NO. 10

TISSUE FROM: Spleen

ACCESSION NO. 23937

CLINICAL ABSTRACT:

History: A 73 year old woman was admitted with hypersplenism. Two years earlier she presented with an elevated white count and splenomegaly, consistent with chronic myelogenous leukemia. She received Myleran and developed pancytopenia with progressive splenomegaly which persisted for many months. Up to 3 units of blood were required weekly to maintain a hemoglobin above 7 grams/dl. Splenomegaly with upper quadrant pain did not respond to radiation therapy.

SURGERY: (February 15, 1980)

Splenectomy was performed. The liver appeared normal.

GROSS PATHOLOGY:

The 1355 gram spleen was 25 x 12.5 x 7 cm. A smooth capsule enclosed a homogeneous red-purple parenchyma with focal lesions. A small subcapsular hemorrhage was located at one pole.

FOLLOW-UP:

Dramatic recovery of hematologic parameters occurred initially, but she was admitted in May, 1980 with a white count of 109,000, hemoglobin 8.2, and 145,000 platelets. LDH was 2000 and alkaline phosphatase 1416, presumably due to leukemic infiltration or extramedullary hematopoiesis of the liver. She was treated with transfusions, Myleran, and hydroxyurea. She expired in October 1980.

CONTRIBUTOR: Robert Berggren, M. D.  
Orange, California

OCTOBER 1983 - CASE NO. 11

TISSUE FROM: Supraclavicular lymph node

ACCESSION NO. 24381

CLINICAL ABSTRACT:

History: A 34 year old man had a 2 month history of left supraclavicular non-tender swelling. Chest x-ray was normal. He felt completely healthy.

Physical examination: A diffuse, firm lesion was in the left supraclavicular region.

Laboratory data: Hemoglobin 15.9 grams/dl, white count 10,000 with normal differential. Serum chemistries were normal.

SURGERY: (October 9, 1981)

Excision of a lymph node deep in the left neck was performed.

GROSS PATHOLOGY:

A 26 gram, 6 x 3.2 cm. tan node had a smooth, bosselated surface. Cut section was nodular and bulging.

FOLLOW-UP:

Bipedal lymphangiography was normal. Further staging procedures were not done. Radiation therapy was administered, but no chemotherapy. The patient has refused to return for follow-up.

CONTRIBUTOR: W. M. Talbert, M. D.  
Long Beach, California

OCTOBER 1983 - CASE NO. 12

TISSUE FROM: Lung

ACCESSION NO. 24225

CLINICAL ABSTRACT:

History: A 73 year old woman was found to have multiple pulmonary nodules during a routine checkup. Review of systems was noncontributory.

Physical examination: She was a febrile, without peripheral adenopathy or hepatosplenomegaly.

Laboratory data: CBC and chemistries were unremarkable, except for a slight elevation of the SGOT (25 units, normal 5-20).

Radiographs: Chest x-ray revealed 3 well-defined nodules, 4 cms. in diameter in the right lung field plus one ill-defined density in each lung field about 3-4 cm.

SURGERY: (May 4, 1981)

Resection of two nodules in the right upper lobe was done. No enlarged hilar nodes were found.

GROSS PATHOLOGY:

An irregularly shaped fragment of tissue measured 2 x 2 x 1.5 cm. Cut surface was soft and smooth with focal hemorrhage.

FOLLOW-UP:

Vincristine and cytoxan were given immediately followed by 3560r to the entire right lung due to a significant increase in size of the lung masses over the next 9 months. She was admitted for bleomycin 11 months after diagnosis, but died 6 weeks later with tumor involvement of the right lung and spread to the left lung, liver, and lymph nodes.

STUDY GROUP CASES  
FOR  
OCTOBER 1983

CASE NO. 1 - ACC. NO. 24173

LOS ANGELES: Malignant lymphoma NOS, spleen - 9; malignant histiocytic reticulosis - 1

SAN FRANCISCO: Malignant lymphoma, large cell type - 17; malignant histiocytosis - 2

MARTINEZ: Angiosarcoma - 4; malignant histiocytosis - 10

OAKLAND: Non-Hodgkin's lymphoma - 6; hairy cell leukemia - 1

SIERRA FOOTHILLS: Angiosarcoma - 1; lymphoma - 4

BAKERSFIELD: Malignant lymphoma, large cell type - 8

CENTRAL VALLEY: Myeloid metaplasia - 4

SAN BERNARDINO (INLAND): Diffuse large cell lymphoma - 3; granulocytic sarcoma - 2; hairy cell leukemia - 2; malignant histiocytosis - 2

LONG BEACH: Granulocytic leukemia involving spleen - 4; malignant lymphoma - 2

SAN GABRIEL: Malignant hematopoietic tumor, probably histiocytic lymphoma - 5

INDIANA: Malignant histiocytosis - 2; histiocytic lymphoma - 2

SEATTLE: Malignant lymphoma, large cell type - 6

FILE DIAGNOSIS:

Malignant lymphoma, spleen

REFERENCES:

Das Gupta, T., Coombes, B., and Brasfield, R. D: Primary Malignant Neoplasms of the Spleen. Surg. Gynecol. Obstet. 120:947-960, 1965.

Butler, J. J: Pathology of the Spleen in Benign and Malignant Conditions. Histopathology 7:453-474, 1983.

Bostick, W. L: Primary Splenic Neoplasms. Am. J. Pathol. 21:1143-1165, 1945.

CASE NO. 2 - ACC. NO. 24621

OCTOBER 1983

LOS ANGELES: Thymoma, NOS - 9; biphasic epithelial and lymphocytic thymoma - 1

SAN FRANCISCO: Thymoma - 19

MARTINEZ: Thymoma - 15

OAKLAND: Thymoma - 7

SIERRA FOOTHILLS: Thymoma - 5

BAKERSFIELD: Thymoma, spindle cell type - 8

CENTRAL VALLEY: Thymoma - 4

SAN BERNARDINO (INLAND): Thymoma - 9

LONG BEACH: Thymoma - 6

SAN GABRIEL: Thymoma, mixed epithelial and spindle pattern - 5

INDIANA: Thymoma - 4

SEATTLE: Thymoma - 6

FILE DIAGNOSIS:

Spindle cell thymoma, benign, thymus

REFERENCES:

Levine, G. D. and Bensch, K. G: Epithelial Nature of Spindle-cell Thymoma. An ultrastructural study. Cancer 30:500-511, 1972.

Gray, G. F., and Gutowski, W. T., III: Thymoma. Am. J. Surg. Pathol. 3:235-249, 1979.

LOS ANGELES: Hodgkin's disease, NOS - 10

SAN FRANCISCO: Hodgkin's disease, NOS - 19

MARTINEZ: Hodgkin's disease with epithelioid granulomas - 15

OAKLAND: Hodgkin's disease - 7

SIERRA FOOTHILLS: Hodgkin's disease - 5

BAKERSFIELD: Hodgkin's disease - 8

CENTRAL VALLEY: Hodgkin's disease with granulomata - 4

SAN BERNARDINO (INLAND): Hodgkin's disease with granulomas - 9

LONG BEACH: Hodgkin's disease with epithelioid granulomas - 6

SAN GABRIEL: Focal Hodgkin's disease, with numerous granulomas, probably  
Kadin-Dorfman - 5

INDIANA: Noncaseating granulomas - 3; Hodgkin's disease - 1

SEATTLE: Hodgkin's disease with associated granulomas - 6

FILE DIAGNOSIS:

Hodgkin's disease, spleen

REFERENCES:

Kadin, M. E., Glatstein, E. and Dorfman, R. F: Clinicopathologic Studies of 117 Untreated Patients Subjected to Laparotomy For the Staging of Hodgkin's Disease. Cancer 27:1277-1294, 1971.

Sacks, E. L., Donaldson, S. S., Gordon, J., and Dorfman, R. F: Epithelioid Granulomas Associated With Hodgkin's Disease. Cancer 41:562-567, 1978.

LOS ANGELES: Abnormal immune response - 9; benign reactive hyperplasia - 1

SAN FRANCISCO: Angioimmunoblastic lymphadenopathy - 19

MARTINEZ: Angioimmunoblastic lymphadenopathy - 15

OAKLAND: Angioimmunoblastic lymphadenopathy - 6; Lupus - 1

SIERRA FOOTHILLS: Angioimmunoblastic lymphadenopathy - 5

BAKERSFIELD: Angioimmunoblastic lymphadenopathy - 8

CENTRAL VALLEY: Pseudolymphoma (reactive) - 4

SAN BERNARDINO (INLAND): Angiofollicular lymph node hyperplasia (Castleman's disease) - 9

LONG BEACH: Abnormal immune response - 6

SAN GABRIEL: Abnormal immune response, no clear cut evidence of malignancy - 5

INDIANA: Giant lymph node hyperplasia (angiofollicular lymphoid hyperplasia), plasma cell type - 4

SEATTLE: Atypical lymphoid hyperplasia - 6

FILE DIAGNOSIS:

Abnormal immune response, axillary lymph node

CONSULTATION:

Henry Rappaport, M. D. (City of Hope National Medical Center) interpreted this lesion as showing an abnormal immune response which is not provably neoplastic. He felt the cellular composition of this lymph node was similar to that in angioimmunoblastic lymphadenopathy (AILD) but lacking the arborizing vascular pattern, and amorphous material characteristic of AILD.

LOS ANGELES: Malignant histiocytosis - 1; Lennert's lymphoma - 10

SAN FRANCISCO: Hodgkin's disease - 2; Lennert's lymphoma - 16; malignant histiocytosis - 1

MARTINEZ: Lennert's lymphoma - 15

OAKLAND: Lennert's lymphoma - 7; Hodgkin's lymphoma - 2

SIERRA FOOTHILLS: Lennert's lymphoma - 5

BAKERSFIELD: Lennert's lymphoma - 8

CENTRAL VALLEY: Histiocytic lymphoma - 1; malignant histiocytosis - 3

SAN BERNARDINO (INLAND): Diffuse lymphoma with high content of epithelioid histiocytes (Lennert's lymphoma) - 7; Gaucher's disease - 1; abnormal hyperimmune reaction - 1

LONG BEACH: Lennert's lymphoma - 6

SAN GABRIEL: Malignant lymphoma, probably Lennert's type (T cell) - 5

INDIANA: Lennert's lymphoma - 4

SEATTLE: Lennert's lymphoma - 6

FILE DIAGNOSIS:

Lennert's lymphoma, axillary lymph node

REFERENCES:

Burke, J. S. and Butler, J. J: Malignant Lymphoma With a High Content of Epithelioid Histiocytes (Lennert's Lymphoma). Am. J. Clin. Pathol. 66: 1-9, 1976.

Kim, H., Jacobs, C., Warnke, R. A., and Dorfman, R. F: Malignant Lymphoma With a High Content of Epithelioid Histiocytes. A Distinct Clinicopathologic Entity and a Form of So-called "Lennert's Lymphoma". Cancer 41: 620-635, 1978.

LOS ANGELES: Malignant lymphoma undifferentiated large cell type - 10

SAN FRANCISCO: Diffuse malignant lymphoma of follicle center origin - 19

MARTINEZ: Lymphoma cutis, diffuse - 15

OAKLAND: Lymphoma diffuse large cell - 3; diffuse poorly differentiated lymphocytic lymphoma - 6

SIERRA FOOTHILLS: Malignant lymphoma - 5

BAKERSFIELD: Malignant lymphoma, lymphocytic type, poorly differentiated - 6

CENTRAL VALLEY: Cutaneous lymphoma - 4

SAN BERNARDINO (INLAND): Large cell lymphoma, skin - 9

LONG BEACH: Malignant lymphoma of skin - 6

SAN GABRIEL: Poorly fixed malignant hematopoietic tumor, probably malignant lymphoma - 5

INDIANA: Poorly differentiated lymphocytic lymphoma of skin - 4

SEATTLE: Lymphoma of skin, exclude leukemia - 6

FILE DIAGNOSIS:

Lymphomatous infiltrate, skin of arm

REFERENCES:

Evans, H. L., Winkelmann, R. K., and Banks, P. M: Differential Diagnosis of Malignant and Benign Cutaneous Lymphoid Infiltrates. A study of 57 cases in which malignant lymphoma had been diagnosed or suspected in the skin. Cancer 44:699-717, 1979.

LOS ANGELES: Giant lymph node hyperplasia (angiofollicular hyperplasia hyaline sclerosing vascular type) - 10

SAN FRANCISCO: Castleman's disease - 19

MARTINEZ: Giant lymph node hyperplasia, hyalin, vascular type - 15

OAKLAND: Castleman's disease, plasma cell variant - 9

SIERRA FOOTHILLS: Giant lymph node hyperplasia (Castleman's disease) - 4  
proteinaceous lymphadenopathy - 1

BAKERSFIELD: Angiofollicular hyperplasia (Castleman's) - 8

CENTRAL VALLEY: Reactive lymph node with amyloidosis - 4

SAN BERNARDINO (INLAND): Reactive follicular hyperplasia - 9

LONG BEACH: Castleman's disease (giant lymph node hyperplasia) - 7

SAN GABRIEL: Castleman-Iverson lesion, angiofollicular type - 5

INDIANA: Giant lymph node hyperplasia (angiofollicular lymphoid hyperplasia, hyaline vascular type) - 4

SEATTLE: Castleman's disease - 6

FILE DIAGNOSIS:

Castleman-Iverson lymph node, pelvis

REFERENCES:

Castleman, B., Iverson, L., and Menendez, V. P: Localized Mediastinal Lymph-Node Hyperplasia Resembling Thymoma. Cancer 9:822-830, 1956.

Keller, A. R., Hockholzer, L., and Castleman, B: Hyaline-Vascular and Plasma-Cell Types of Giant Lymph Node Hyperplasia of Mediastinum and Other Locations. Cancer 29:670-683, 1972.

LOS ANGELES: Thymoma - 11

SAN FRANCISCO: Thymoma - 19

MARTINEZ: Thymoma - 15

OAKLAND: Carcinoid of the thymus - 3; spindle cell thymoma - 6

SIERRA FOOTHILLS: Thymoma - 5

BAKERSFIELD: Thymoma - 7; carcinoid - 1

CENTRAL VALLEY: Thymoma - 4

SAN BERNARDINO (INLAND): Thymoma - 9

LONG BEACH: Thymoma - 7

SAN GABRIEL: Thymoma, epithelial type - 5

INDIANA: Thymoma - 4

SEATTLE: Thymoma - 6

FILE DIAGNOSIS:

Thymoma, anterior mediastinum

REFERENCES:

Gray, G. F., and Gutowski, W. T. III: Thymoma. Am. J. Surg. Pathol. 3: 235-249, 1979.

LOS ANGELES: Cutaneous lymphoid hyperplasia - 3; malignant lymphoma, nodular - 5; worried about lymphoma - 2

SAN FRANCISCO: Nodular malignant lymphoma - 19

MARTINEZ: Pseudolymphoma - 12; lymphoma, nodular type - 3

OAKLAND: Nodular pseudolymphoma - 9

SIERRA FOOTHILLS: Pseudolymphoma - 4; malignant lymphoma - 1

BAKERSFIELD: Malignant lymphoma - 8

CENTRAL VALLEY: Pseudolymphoma of Spiegler-Fendt - 4

SAN BERNARDINO (INLAND): Lymphoid hyperplasia of skin - 9

LONG BEACH: Malignant lymphoma - 6; atypical lymphoid hyperplasia - 1

SAN GABRIEL: Malignant lymphoma, probably poorly differentiated lymphocytic lymphoma, nodular and diffuse - 5

INDIANA: Pseudolymphoma, skin - 4

SEATTLE: Poorly differentiated lymphocytic lymphoma, becoming diffuse - 4; atypical lymphoreticular infiltrate - 2

FILE DIAGNOSIS:

Malignant lymphoma, scalp

LOS ANGELES: Extramedullary hematopoiesis and chronic myelogenous leukemia, spleen - 10

SAN FRANCISCO: Myeloid metaplasia - 13; myeloproliferative disorder - 6

MARTINEZ: Chronic granulocytic leukemia - 8; myeloid metaplasia with chronic granulocytic leukemia - 7

OAKLAND: Extramedullary hematopoiesis - 9

SIERRA FOOTHILLS: Agnogenic myeloid metaplasia - 5

BAKERSFIELD: Myeloid metaplasia - 8

CENTRAL VALLEY: Myeloid metaplasia (myelosarcoma) with leukemic infiltrate - 4

SAN BERNARDINO (INLAND): Chronic myelogenous leukemia and myeloid metaplasia - 9

LONG BEACH: Granulocytic leukemia - 6; megakaryocytic myelosis - 1

SAN GABRIEL: Megakaryocytic myelosis - 2; myeloproliferative disorder - 3

INDIANA: Chronic myelogenous leukemia - 4

SEATTLE: Myeloproliferative disorder in spleen - 6

FILE DIAGNOSIS:

Idiopathic agnogenic myeloid metaplasia, spleen

REFERENCES:

Takacs-Nagy, L., and Graf, B: Definition, Clinical Features and Diagnosis of Myelofibrosis. Clin. Haematol. 4:291-308, 1975.

Soderstrom N., Bandmann, U., and Lundh, B: Patho-Anatomical Features of the Spleen and Liver. Clin. Haematol. 4:309-329, 1975.

LOS ANGELES: Hodgkin's disease, nodular sclerosing type - 10

SAN FRANCISCO: Hodgkin's disease, nodular sclerosing type - 19

MARTINEZ: Hodgkin's lymphoma, nodular sclerosing type - 15

OAKLAND: Nodular sclerosing Hodgkin's disease - 9

SIERRA FOOTHILLS: Nodular sclerosing Hodgkin's disease - 5

BAKERSFIELD: Nodular sclerosing Hodgkin's disease - 8

CENTRAL VALLEY: Hodgkin's disease - 4

SAN BERNARDINO (INLAND): Nodular sclerosing Hodgkin's disease - 9

LONG BEACH: Nodular sclerosing Hodgkin's disease - 7

SAN GABRIEL: Nodular sclerosing Hodgkin's disease - 5

INDIANA: Hodgkin's disease, nodular sclerosing type - 4

SEATTLE: Hodgkin's disease, nodular sclerosing type - 6

FILE DIAGNOSIS:

Nodular sclerosing Hodgkin's disease, supraclavicular node

CONSULTATION:

Hun Kim, M. D. (Hoag Memorial Hospital in Newport Beach, Ca) interpreted this lesion as Hodgkin's disease, nodular sclerosing type. "... most of the proliferative elements are characterized by abundant, water clear to lightly eosinophilic cytoplasm, which is the feature characteristic of lacunar cells and not that of reactive immunoblasts. Immunoblasts ... are generally smaller than these lacunar cells, have lesser amount of cytoplasm, and show intense basophilia and pyroninophilia."

REFERENCES:

Marshall, A. H. E., Matilla, A., and Pollack, D.J: A Critique and Case Study of Nodular Sclerosing Hodgkin's Disease. J. Clin. Pathol. 29: 923-930, 1976.

LOS ANGELES: Malignant lymphoma, large cell type - 10

SAN FRANCISCO: Diffuse lymphocytic malignant lymphoma - 19

MARTINEZ: Lymphoma, nodular small cleaved cell - 15

OAKLAND: Primary lymphoma of lung - 9

SIERRA FOOTHILLS: Malignant lymphoma - 5

BAKERSFIELD: Malignant lymphoma, small cell type - 8

CENTRAL VALLEY: Malignant lymphoma - 4

SAN BERNARDINO (INLAND): Lymphoma of lung - 9

LONG BEACH: Malignant lymphoma - 7

SAN GABRIEL: Malignant lymphoma, poorly differentiated lymphocytic progressing towards mixed - 5

INDIANA: Extranodal malignant lymphoma, nodular, poorly differentiated lymphocytic type - 3; extranodal malignant lymphoma, nodular, mixed lymphocytic histiocytic type - 1

SEATTLE: Lymphoma, poorly differentiated lymphocytic - 6

FILE DIAGNOSIS:

Malignant lymphoma, lung

REFERENCES:

Salzstein, S. L: Pulmonary Malignant Lymphomas and Pseudolymphomas; Classification, Therapy, and Prognosis. Cancer 16:928-955, 1963.