

SEM 560

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CALIFORNIA TUMOR TISSUE REGISTRY  
LOS ANGELES COUNTY - UNIVERSITY OF SOUTHERN CALIFORNIA  
PROTOCOL  
FOR  
MONTHLY STUDY SLIDES  
APRIL 1984  
TUMORS OF THE BRAIN

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CONTRIBUTOR: John C. Tsai, M. D.  
Glendale, California

APRIL 1983 - CASE NO. 1

TISSUE FROM: Brain

CLINICAL ABSTRACT:

History: A 62 year old woman complained of left-sided headaches for eight months. She had no history of trauma, stroke, or other neurologic disorder, but she did have hypertension.

Physical examination: She was noted to have a right facial droop and numbness, and slight speech impairment.

Radiograph: A CT scan of the head revealed a 6 cm. mass within the left frontoparietal lobe.

SURGERY: (June 10, 1982)

A craniotomy was performed. The tumor was described as very vascular, attached to dura and sharply demarcated from adjacent brain.

GROSS PATHOLOGY:

The specimen consisted of multiple rubbery tissue fragments, the largest of which measured 5 x 3.6 x 2.5 cms. Cut surfaces showed punctate chalky yellow areas within homogeneous tan white tissue.

FOLLOW-UP:

She had a cranioplasty done on March 2, 1983. As of March 12, 1984 no evidence of recurrent disease.

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

APRIL 1984 - CASE NO. 2

ACCESSION NO. 24614

TISSUE FROM: Right frontal region

CLINICAL ABSTRACT:

History: A 69 year old woman had a benign meningioma removed from the right frontal region ten years prior to her death. Three months prior to her death, she developed weakness of the left hand, and she had a seizure. A CT scan showed a mass in the right fronto-parietal region, and encephalomalacia of the right frontal lobe. A biopsy of the mass was attempted, but no diagnostic tissue was obtained. She eventually developed pneumonia and died.

GROSS PATHOLOGY:

The right frontal lobe was about half the size of the left. Coronal sections revealed a 7 cm., pink-yellow, granular tumor in the fronto-parietal white matter, with surrounding edema. There was a right to left shift of the brain.

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

APRIL 1984 - CASE NO. 3

ACCESSION NO. 24613

TISSUE FROM: Brain

CLINICAL ABSTRACT:

History: This live born male infant (birth weight 1250 grams) was born to a 24 year old gravida 1, para. 0 woman. The mother had a seizure disorder and had taken phenytoin since age 8. She was adopted, and no familial history was known.

The fetus had been larger than expected for dates, and polyhydramnios was noted at 20 weeks. An ultrasound revealed enlargement of the fetal head, probably due to hydrocephalus. After the onset of premature labor, the baby had Apgar of 1 at 1 minute, and 0 at 5 minutes. The head was enlarged, the ears were low, and the nose was "beak-like".

GROSS PATHOLOGY:

The brain was a semiliquid mass without grossly recognizable structures. An oval, firm area measuring 4.0 cms. was in the center of the brain.

CONTRIBUTOR: John Waken, M. D.  
Duarte, California

APRIL 1984 - CASE NO. 4

ACCESSION NO. 24898

TISSUE FROM: Left frontal region

CLINICAL ABSTRACT:

History: A 76 year old woman started to notice a growth over her left temple six months before admission. The mass grew steadily since then. A stroke several years earlier left her with left-sided weakness. She had a recent decrease in memory for present events.

Physical examination: A hard, nontender mass was palpated in the left frontal temporal region. It was not adherent to the skin. Left hemiparesis and hyperesthesia were noted.

Radiograph: CT scan revealed a 4 cm. destructive lesion in the anterior left frontal bone. An intracranial, 6.5 x 4 x 4 cm., and extracranial, 1.5 cm. thick lesions were present. There was a 2.5 cm. left-to-right shift of anterior cerebrum across the midline. A low density area in the right middle cerebral artery distribution was seen.

SURGERY: (March 14, 1983)

During a craniotomy, the tumor was found to extend from the left frontal region through a large defect in the skull and into the scalp. The mass was resected.

GROSS PATHOLOGY:

Received in multiple parts was about 130 grams of firm, glistening, grayish-pink to reddish purple tissue. Cut surfaces were homogeneous without apparent necrosis.

FOLLOW-UP:

She expired on November 12, 1983. No autopsy was performed.

CONTRIBUTOR: J. N. Carberry, M. D.  
Los Angeles, California

APRIL 1984 - CASE NO. 5

ACCESSION NO. 24784

TISSUE FROM: Posterior fossa

CLINICAL ABSTRACT:

History: A 61 year old woman had a 12 year history of right-sided hearing loss and right ear fullness. In 1978, a tumor was resected from the region of the right posterior fossa, and a diagnosis of meningioma was made. Following the surgery, she continued to have problems with hearing, and began to notice hoarseness and mild dysphasia.

Radiograph: An angiogram demonstrated a large "recurrent meningioma".

SURGERY: (9-16-82)

A translabyrinthine infratemporal fossa craniotomy was performed, with partial resection of the tumor.

GROSS PATHOLOGY:

The specimen consisted of multiple fragments of nodular, mottled, rubbery tissue measuring about 3.0 cms. in diameter.

FOLLOW-UP:

She was last seen in September 1983, when she was doing well despite CT scan evidence of residual tumor. Repeat CT scan is planned for September 1984.

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

APRIL 1984 - CASE NO. 6

ACCESSION NO. 24185

TISSUE FROM: Left ventricle, brain

CLINICAL ABSTRACT:

History: A 15 year old boy presented in January 1981 with a one week history of frontal headache radiating to both ears, nausea, and vomiting. A ventriculo-atrial shunt was placed at 2 years of age for hydrocephalus with a revision at 6 years old. In May 1980, the shunt was noticed out of the atrium. He had taken no anticonvulsants for 7 years, without seizures.

Physical examination: The patient was alert and oriented. No abnormalities were noted.

Radiographs: CT scan revealed a dilated left ventricle with left to right shift and on enhancing, focally calcific mass in the left parietal area. Nuclear scan showed a large lesion in the left parietal region.

Course: EEG showed high voltage spike activity and Dilantin was begun.

SURGERY: (January 19, 1981)

A left frontal-temporal-parietal craniotomy was performed. Gyri were flattened. A firm reddish brown tumor was encountered in the left ventricle, which was distended by bloody fluid.

GROSS PATHOLOGY:

The specimen consisted of several fragments of tissue, the largest of which was 3.5 x 2.5 x 2.0 cms. This fragment was "cauliflower-like" with a central whitish core, surrounded by finely arborizing papillae.

FOLLOW-UP:

Postoperatively, the patient had a right temporal hemianopsia and right upper extremity weakness which resolved enough to allow walking with an orthotic device. He continued to take Dilantin with occasional focal seizures. He was last seen September 1982, then lost to follow-up.

CONTRIBUTOR: Douglas Andorka, M. D.  
Anaheim, California

APRIL 1982 - CASE NO. 7

ACCESSION NO. 24554

TISSUE FROM: Left temporal lobe

CLINICAL ABSTRACT:

History: A 61 year old male complained of progressive loss of memory over a one month period. He denied headache, speech or visual impairment, weakness, or other symptoms.

Physical examination: The patient showed only a mild hyperreflexia in the right upper extremity.

Radiographs: A CT scan of the head showed a mass in the left temporal lobe. An arteriogram showed a vascular mass with displacement of the temporal and sylvian arteries.

SURGERY: (March 10, 1982)

A left temporal parietal craniotomy was performed. A hard, well circumscribed mass was found within the posterior temporal lobe, 1.5 cms. beneath the cortex.

GROSS PATHOLOGY:

The specimen was a 3.3 cm. solid white mass. Cut surfaces were white, slightly lobulated with foci of hemorrhage.

FOLLOW-UP:

The patient died on July 4, 1983. An autopsy was not performed.

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

APRIL 1984 - CASE NO. 8

ACCESSION NO. 24313

TISSUE FROM: Frontal lobe

CLINICAL ABSTRACT:

History: A 39 year old woman complained of severe headaches and some weakness of the left arm.

Radiograph: A CT scan of the head revealed a right frontal lobe lesion.

SURGERY: (July 15, 1981)

A craniotomy was performed. A multilobulated mass was attached to the falx cerebri. The tumor was removed in pieces and bled profusely.

GROSS PATHOLOGY:

Multiple fragments of rubbery, light tan to red tan tissue, measuring about 8 cms. in greatest dimension were received.

FOLLOW-UP:

Not available.

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

APRIL 1982 - CASE NO. 9

ACCESSION NO. 24947

TISSUE FROM: Cerebellum

CLINICAL ABSTRACT:

History: A 57 year old male had a three month history of headaches and unsteady gait. Shortly before admission he developed nausea, vomiting and confusion.

Physical examination: There was a wide-based gait with occasional falling to the side, a subtle right 7th nerve palsy, and mild ataxia involving the left upper and lower extremities.

Radiograph: A CT scan showed a round, circumscribed mass in the left cerebellar hemisphere, and moderate hydrocephalus.

SURGERY: (February 4, 1983)

The cerebellar mass was resected.

GROSS PATHOLOGY:

Multiple fragments of soft, tan-pink tissue, measuring in aggregate, 6 x 4 cm., was received.

FOLLOW-UP:

After surgery, he received radiation (5500 rads) to the brain and spinal canal. When last seen in the fall of 1983, he was asymptomatic, however a CT scan raised the question of dural based recurrence.

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

APRIL 1984 - CASE NO. 10

ACCESSION NO. 24309

TISSUE FROM: Left cerebral hemisphere

CLINICAL ABSTRACT:

History: A 61 year old woman had severe tremors and shakiness, especially in the upper extremities and neck for one month. She also noted slight impairment of memory, and mild headache. She denied head trauma, seizures, or weakness.

Physical examination was significant only for upper extremity tremor, and mild hyperreflexia of the right arm and leg.

Radiographs: A CT scan of the head showed a large mass in the left cerebral hemisphere, extending into the left temporal lobe. A cerebral angiogram demonstrated the mass with blood supply derived from the internal carotid and middle meningeal arteries.

SURGERY: (August 5, 1981)

A craniotomy was performed.

GROSS PATHOLOGY:

Multiple pieces of pale, gray-tan tissue were removed weighing approximately 20 grams.

FOLLOW-UP:

When patient was last seen on May 24, 1983, there was no recurrent tumor. She has an appointment for a scan in March 1984.

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

APRIL 1984 - CASE NO. 11

ACCESSION NO. 24833

TISSUE FROM: Left cerebello-pontine angle

CLINICAL ABSTRACT:

History: A 78 year old woman who complained of progressive hearing loss on the left side over several years. She also gradually noticed dizziness which caused her to "stagger towards her left".

Physical examination: Hearing was grossly impaired on the left side. She was noted to have lateral nystagmus and an absent left corneal reflex.

Radiographs: A CT scan of the head showed a large mass in the left cerebello-pontine angle which crossed the midline, and involved the basilar artery and the left cranial nerves, 5-11.

SURGERY: (August 23, 1982)

A left suboccipital craniotomy was performed. The tumor was tightly adherent to multiple structures, and were removed in pieces.

GROSS PATHOLOGY:

The specimen consisted of 4.5 grams of golden yellow soft tissue.

FOLLOW-UP:

About two weeks after the surgery, the patient was found unconscious on the floor of the hospital bathroom. There was hemorrhage around the operative wound. She died two days later. An autopsy revealed cerebral and cerebellar contusions and massive subdural hemorrhage.

CONTRIBUTOR: Joon Oh, M. D.  
Westlake Village, California

APRIL 1984 - CASE NO. 12

ACCESSION NO. 21746

TISSUE FROM: Left frontal lobe

CLINICAL ABSTRACT:

History: This 52 year old Caucasian male suffered an acute onset of a severe right-sided headache while trimming trees in his yard. Subsequently he vomited and became lethargic and confused. Although he had a long history of migraine headaches, they seemed to have changed in character over the six months prior to admission, being localized in the right frontal lobe.

Physical examination revealed aphasia, a probable right homonymous hemianopsia, right central facial paresis, lower extremity paresis (right weaker than left), and bilateral Babinskis.

Radiograph: Skull series, angiogram and brain scan were consistent with a highly vascular tumor of the left frontal region.

SURGERY: (January 19, 1976)

A left frontal craniotomy was performed with removal of tumor, which involved bone and meninges, and a large hematoma of the tumor bed.

GROSS PATHOLOGY:

The specimen consisted of a rubbery, lobulated dark red ovoid mass, 4.8 x 4.3 x 4.1 cm., and covered in most areas by a thin poorly defined tan capsule. Sectioning revealed lobulated firm, gray tan tissue with fairly extensive areas of fresh hemorrhage and small cystic spaces filled with clotted blood.

FOLLOW-UP:

In the summer of 1983, he began to experience midback and left hip pain. A CT scan revealed lytic lesions with associated soft tissue masses at T-10 and the left acetabulum. A biopsy was interpreted as metastatic tumor.

STUDY GROUP CASES  
FOR  
APRIL 1984

CASE NO. 1 - ACCESSION NO. 24569

LOS ANGELES: Atypical meningioma - 8

SAN FRANCISCO: Meningioma - 2; atypical meningioma - 5; malignant meningioma - 1

MARTINEZ: Meningotheliomatous meningioma - 10; atypical meningioma - 1

OAKLAND: Atypical meningioma - 11

LONG BEACH: Meningioma - 8

BAKERSFIELD: Atypical meningioma - 7

RENO: Atypical meningioma - 13

SACRAMENTO: Aggressive or atypical meningioma - 1

SAN BERNARDINO (INLAND): Meningotheliomatous meningioma - 8

WEST SAN FERNANDO VALLEY: Meningioma - 2

SAN GABRIEL: Atypical meningioma - 5

SEATTLE: Meningioma - 6

TUCSON: Atypical meningioma - 1; meningioma - 1

FILE DIAGNOSIS:

Meningothelial meningioma, left cerebral hemisphere

CASE NO. 2 - ACCESSION NO. 24614

APRIL 1984

LOS ANGELES: Microglioma - 7

SAN FRANCISCO: Lymphoma, poorly differentiated and large cell type - 9

MARTINEZ: Astrocytoma, grade II - 10; atypical meningioma - 1

OAKLAND: Mixed malignant astrocytoma, grade III - 8; microglioma - 3

LONG BEACH: Malignant lymphoma, large cell type (microglioma) - 8

BAKERSFIELD: Reticulum cell, microglioma - 7

RENO: Gemistocytic astrocytoma, grade III - 7; lymphoma - 6

SACRAMENTO: Lymphoma - 1

SAN BERNARDINO (INLAND): Histiocytic lymphoma (microglioma) - 8

WEST SAN FERNANDO VALLEY: Astrocytoma - 2

SAN GABRIEL: Microglioma (lymphoma) - 5

SEATTLE: Large cell lymphoma - 6

TUCSON: Malignant lymphoma, large cell type (immunoblastic) - 1;  
malignant meningioma - 1

FILE DIAGNOSIS:

Microglioma, right frontal lobe

REFERENCES:

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

CASE NO. 3 - ACCESSION NO. 24613

APRIL 1984

LOS ANGELES: Teratoma, immature - 8

SAN FRANCISCO: Congenital teratoma, immature - 9

MARTINEZ: Teratoma, immature - 10; pigmented teratoid tumor of 4th ventricle - 1

OAKLAND: Teratoma (?teratogenic) - 11

LONG BEACH: Teratoma - 8

BAKERSFIELD: Teratoma - 7

RENO: Pineal teratoma - 13

SACRAMENTO: Teratoma, immature - 1

SAN BERNARDINO (INLAND): Teratoma, immature - 8

WEST SAN FERNANDO VALLEY: Teratoma - 2

SAN GABRIEL: Teratoma, immature - 5

SEATTLE: Teratoma - 6

TUCSON: Teratoma, immature - 2

FILE DIAGNOSIS:

Teratoma, brain

CONSULTATION:

Richard L. Davis, M. D. (UCSF): "Teratoma with malignant neuro-epithelial elements".

CASE NO. 4 - ACCESSION NO. 24898

APRIL 1984

LOS ANGELES: Malignant lymphoma with plasmacytoid features - 8

SAN FRANCISCO: Plasmacytoma - 9

MARTINEZ: Plasmacytoma - 11

OAKLAND: Plasmacytoma - 11

LONG BEACH: Multiple myeloma - 8

BAKERSFIELD: Plasmacytoma - 7

RENO: Plasmacytoma - 13

SACRAMENTO: Plasmacytoma - 1

SAN BERNARDINO (INLAND): Plasmacytoma (myeloma) - 8

WEST SAN FERNANDO VALLEY: Sarcoma, NOS - 2

SAN GABRIEL: Immunoblastic sarcoma - 3; plasmacytoma - 2

SEATTLE: Malignant plasmacytoma - 6

TUCSON: Plasmacytoma - 1; malignant meningioma - 1

FILE DIAGNOSIS:

Plasmacytoma, frontal region

CASE NO. 5 - ACCESSION NO. 24784

APRIL 1984

LOS ANGELES: Paraganglioma - 8

SAN FRANCISCO: Paraganglioma - 5; meningioma - 1; acoustic schwannoma - 3

MARTINEZ: Meningotheliomatous meningioma - 11

OAKLAND: Paraganglioma - 9; retinal anlage tumor - 2

LONG BEACH: Paraganglioma - 8

BAKERSFIELD: Vascular meningioma - 6; paraganglioma - 1

RENO: Meningioma - 13

SACRAMENTO: Meningioma - 1

SAN BERNARDINO (INLAND): Recurrent meningioma - 8

WEST SAN FERNANDO VALLEY: Meningioma - 2

SAN GABRIEL: Chemodectoma - 2; atypical meningioma - 3

SEATTLE: Meningioma - 3; paraganglioma - 3

TUCSON: Paraganglioma (glomus jugulare) - 1; recurrent meningioma - 1

FILE DIAGNOSIS:

Intracranial chemodectoma, posterior fossa

ELECTRON MICROSCOPE:

M. J. Patterson, Ph D. (Hospital of the Good Samaritan): "Very numerous, moderately sized, neurosecretory type granules dominate the cytoplasm. This appearance is entirely compatible with a chemodectoma."

CASE NO. 6 - ACCESSION NO. 24185

APRIL 1984

LOS ANGELES: Choroid plexus papilloma - 8

SAN FRANCISCO: Choroid papilloma - 9

MARTINEZ: Choroid plexus papilloma - 11

OAKLAND: Choroid plexus papilloma - 11

LONG BEACH: Choroid plexus papilloma - 8

BAKERSFIELD: Choroid plexus papilloma - 7

RENO: Choroid plexus papilloma - 13

SACRAMENTO: Choroid plexus papilloma - 1

SAN BERNARDINO (INLAND): Choroid plexus papilloma - 8

WEST SAN FERNANDO VALLEY: Choroid plexus papilloma - 2

SAN GABRIEL: Choroid plexus adenoma - 5

SEATTLE: Choroid plexus papilloma - 6

TUCSON: Chordoid plexus papilloma - 2

FILE DIAGNOSIS:

Choroid plexus papilloma, left lateral ventricle

LOS ANGELES: Malignant ganglioglioma - 2; malignant pilocytic astrocytoma - 1; fibrosarcoma, NOS - 1

SAN FRANCISCO: Glioblastoma - 1; glial sarcoma - 5; ganglioneuroma - 2; malignant meningioma - 1

MARTINEZ: Ganglioneuroma - 3; atypical schwannoma - 8

OAKLAND: Meningeal sarcoma - 6; mixed glioma and meningeal sarcoma - 5

LONG BEACH: Malignant glioma and fibrosarcoma - 8

BAKERSFIELD: Mixed sarcoma, glioblastoma - 6; pilocytic astrocytoma - 1

RENO: Intercerebral schwannoma - 13

SACRAMENTO: Mixed glioma/sarcoma - 1

SAN BERNARDINO (INLAND): Malignant astrocytoma and fibrosarcoma (Feigin tumor) - 4; fibrosarcoma - 1; ganglioglioma - 2; pilocytic astrocytoma - 1

WEST SAN FERNANDO VALLEY: Astrocytoma - 2

SAN GABRIEL: Malignant glial tumor

SEATTLE: Gliosarcoma - 6

TUCSON: Pilocytic astrocytoma - 1; ganglioneuroma - 1

FILE DIAGNOSIS:

Gliosarcoma (Feigin tumor), temporal lobe

CONSULTATION:

G. Pezeshkpour, M. D. (AFIP): "Numerous foci of anaplastic glioma intermixed with extensive sarcomatous changes. This is a typical example of a gliosarcoma (Feigin tumor)."

REFERENCES:

Feigin, I. H. and Gross, S. W.: Sarcoma arising in Glioblastoma of the Brain. Am. J. Path. 31:636-648, 1955.

Morantz, Feigin, and Ransohoff: Clinical and Pathological Study of 24 Cases of Gliosarcoma. J. Neurosurg. Vol. 45, 1976.

CASE NO. 8 - ACCESSION NO. 24313

APRIL 1984

LOS ANGELES: Angioblastic meningioma - 8

SAN FRANCISCO: Meningioma, NOS - 4; angioblastic meningioma - 3

MARTINEZ: Extraskelatal osteosarcoma - 6; meningiosarcoma with osteoid stroma - 5

OAKLAND: Hemangiopericytoma - 11.

LONG BEACH: Angioblastic meningioma, pericytomatous type - 8

BAKERSFIELD: Angioblastic meningioma - 7

RENO: Angioblastic meningioma - 13

SACRAMENTO: Angioblastic meningioma - 1

SAN BERNARDINO (INLAND): Angioblastic meningioma - 8

WEST SAN FERNANDO VALLEY: Angioblastic meningioma - 2

SAN GABRIEL: Meningioma with hemangiopericytic features - 5

SEATTLE: Meningioma, angioblastic type - 6

TUCSON: Atypical meningioma - 1; meningioma - 1

FILE DIAGNOSIS:

Angioblastic meningioma, frontal lobe

CONSULTATION:

G. Pezeshkpour, M. D.(AFIP): "Hemangiopericytoma. This tumor fits into the group of vascular meningioma which includes hemangiopericytoma of meninges, angiomatous meningioma, and hemangioblastoma."

REFERENCES:

Goellner, J. R., et al.: Hemangiopericytoma of the Meninges. AJCP 70:375-380, 1978.

CASE NO. 9 - ACCESSION NO. 24947

APRIL 1984

LOS ANGELES: Medulloblastoma - 8

SAN FRANCISCO: Desmoplastic medulloblastoma - 9

MARTINEZ: Medulloblastoma - 8; ependymoma - 1; reticulum cell sarcoma - 2

OAKLAND: Desmoplastic medulloblastoma - 11

LONG BEACH: Medulloblastoma (adult type) - 8

BAKERSFIELD: Medulloblastoma - 7

RENO: Medulloblastoma - 13

SACRAMENTO: Desmoplastic medulloblastoma - 1

SAN BERNARDINO (INLAND): Medulloblastoma - 6; cerebellar sarcoma - 2

WEST SAN FERNANDO VALLEY: Medulloblastoma - 2

SAN GABRIEL: Medulloblastoma - 5

SEATTLE: Neuroblastoma - 6

TUCSON: Medulloblastoma - 2

FILE DIAGNOSIS:

Differentiating medulloblastoma, cerebellum

CONSULTATION:

Richard L. Davis, M. D. (UCSF): "Differentiating medulloblastoma."

REFERENCES:

Palmer, J. O., et al: Differentiation of Medulloblastoma. J. Neurosurg. 55:161-169, 1981.

CASE NO. 10 - ACCESSION NO. 24309

APRIL 1984

LOS ANGELES: Oligodendroglioma - 8

SAN FRANCISCO: Meningioma - 3; oligodendroglioma - 6

MARTINEZ: Oligodendroglioma - 11

OAKLAND: Oligodendroglioma - 11

LONG BEACH: Oligodendroglioma - 8

BAKERSFIELD: Oligodendroglioma - 6; meningioma - 1

RENO: Meningioma - 7; oligodendroglioma - 6

SACRAMENTO: Meningioma, hemangioblastoma pattern - 1

SAN BERNARDINO (INLAND): Oligodendroglioma - 8

WEST SAN FERNANDO VALLEY: Oligodendroglioma - 2

SAN GABRIEL: Oligodendroglioma - 3; meningioma - 2

SEATTLE: Oligodendroglioma - 6

TUCSON: Oligodendroglioma - 2

FILE DIAGNOSIS:

Oligodendroglioma, middle fossa

CONSULTATION:

G. Pezeshkpour, M. D. (AFIP): "Meningioma".

CASE NO. 11 - ACCESSION NO. 24833

APRIL 1984

LOS ANGELES: Acoustic neuroma - 8

SAN FRANCISCO: Acoustic neuroma - 9

OAKLAND: Schwannoma - 11

LONG BEACH: Schwannoma (neurilemmoma) - 8

BAKERSFIELD: Acoustic schwannoma - 7

RENO: Schwannoma - 13

SACRAMENTO: Schwannoma - 1

SAN BERNARDINO (INLAND): Neurilemmoma (acoustic schwannoma) - 8

WEST SAN FERNANDO VALLEY: Acoustic schwannoma - 2

SAN GABRIEL: Acoustic neuroma - 5

SEATTLE: Schwannoma - 6

TUCSON: Schwannoma - 2

FILE DIAGNOSIS:

Acoustic neuroma, cerebello-pontine angle

CASE NO. 12 - ACCESSION NO. 21746

APRIL 1984

LOS ANGELES: Malignant fibrous histiocytoma - 4; angioblastic meningioma - 4

SAN FRANCISCO: Angioblastic meningioma (hemangiopericytoma) - 9

OAKLAND: Hemangiopericytoma - 11

LONG BEACH: Hemangiopericytoma - 8

BAKERSFIELD: Atypical angioblastic meningioma - 1; hemangiopericytoma - 4;  
Fibrosarcoma - 2

RENO: Angioblastic meningioma - 13

SACRAMENTO: Hemangiopericytoma - 1

SAN BERNARDINO (INLAND): Hemangiopericytoma - 8

WEST SAN FERNANDO VALLEY: Meningioma - 2

SAN GABRIEL: Meningioma with hemangiopericytic features - 5

SEATTLE: Meningioma (hemangiopericytic type) - 6

TUCSON: Angioblastic meningioma - 1; malignant tumor - 1

FILE DIAGNOSIS:

Angioblastic meningioma, frontal lobe

CONSULTATION:

F. M. Enzinger, M. D. (AFIP): "Malignant hemangiopericytoma, meninges and pelvis. Up to 40% of the hemangiopericytic meningiomas will metastasize outside the central nervous system."