
CALIFORNIA TUMOR TISSUE REGISTRY
LOS ANGELES COUNTY - UNIVERSITY OF SOUTHERN CALIFORNIA
PROTOCOL
FOR
MONTHLY STUDY SLIDES
MARCH 1985
GENERAL PATHOLOGY II

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

MARCH 1985 - CASE NO. 1

TISSUE FROM: Liver

ACCESSION NO. 22362

CLINICAL ABSTRACT:

History: A 57 year old woman was admitted with anemia secondary to 4 prior episodes of bright red bleeding per rectum. A mesenteric arteriogram revealed a bleeding site in the descending colon and barium anema showed diverticulosis. Bleeding was felt to be secondary to diverticulosis.

SURGERY: (1976)

Subtotal colectomy was performed. During surgery a 2 cm., well-demarcated, firm, round tumor was resected from the inferior edge of the right lobe of the liver.

GROSS PATHOLOGY:

A 4 x 3 x 2 cm. wedge consisted of a well-circumscribed, multilobulated grey-tan tumor surrounded by a band of compressed, apparently normal, hepatic parenchyma.

CONTRIBUTOR: Diane Stinson, M. D.
Los Angeles, California

MARCH 1985 - CASE NO. 2

TISSUE FROM: Forearm

ACCESSION NO. 25385

CLINICAL ABSTRACT:

History: A 45 year old woman presented with an expanding soft tissue mass on the right mid-forearm. She reports the mass had been present for approximately one year.

SURGERY: (January 1985)

Excisional biopsy was performed.

GROSS PATHOLOGY:

A skin ellipse with subcutaneous tissue contained a central 0.5 cm. ulcer surrounded by a thin rim of grey soft tissue.

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

MARCH 1985 - CASE NO. 3

TISSUE FROM: Chest wall, inframammary

ACCESSION NO. 23466

CLINICAL ABSTRACT:

History: A 28 year old woman presented with a lump below the right breast near the anterior costal margin. There was no history of antecedent trauma.

Physical examination: There were mild, diffuse cystic changes in the breasts bilaterally. The mass below the right breast was soft, nontender and nonfluctuant. It measured 4 cm. in diameter.

SURGERY: (May 8, 1979)

A wide block excision of the mass was performed.

GROSS PATHOLOGY:

The specimen consisted of a wedge-shaped skin ellipse measuring 8.6 x 2.4 cm. with a central, sutured biopsy site. Beneath the subcutaneous adipose tissue which was separated from the subcutaneous fat by a delicate fascial membrane was identified. Section showed opaque, yellow streaks around the previous biopsy site and multiple 1 to 1.5 mm. cysts in the deeper fatty pad.

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

MARCH 1985 - CASE NO. 4

TISSUE FROM: Thigh

ACCESSION NO. 23639

CLINICAL ABSTRACT:

History: A 47 year old male noted a painful mass in the posterior portion of the thigh three months prior to admission. There was no history of injury. Radiographic studies showed a soft tissue mass without bony involvement.

SURGERY: (October 1, 1979)

The mass was excised.

GROSS PATHOLOGY:

Within the muscle there was a rubbery, gray, lobulated, apparently demarcated mass which measured 9 x 6 x 6 cm.

CONTRIBUTOR: D. J. Stouder, M. D.
John O'Donnell, M. D.
Grass Valley, California

MARCH 1985 - CASE NO. 5

TISSUE FROM: Right Ureter

ACCESSION NO. 23482

CLINICAL ABSTRACT:

History: This 64 year old man presented with hematuria and underwent cystoscopy which revealed "a small bladder tumor" overlying the right ureteral orifice. Five months after removal of this tumor, he developed recurrent tumor protruding from the right ureteral orifice into the bladder, which was again resected. Six months after the 2nd surgery, he developed a 3rd tumor recurrence.

Past medical history: The patient had a diagnosis of "multicystic, non-functioning right kidney made 2 years prior to presentation.

SURGERY: (June 1977)

A right ureterectomy was performed.

GROSS PATHOLOGY:

The specimen consisted of a 26.5 cm. length of ureter. The distal 2/3 of the ureter was dilated to as large as 2.0 cm. in diameter. Section revealed that the lumen was occupied by soft, tan tissue. The ureteral wall appeared normal.

CONTRIBUTOR: John O'Donnell, M. D.
Grass Valley, California

MARCH 1985 - CASE NO. 6

TISSUE FROM: Penis and anal area

ACCESSION NO. 23481

CLINICAL ABSTRACT:

History: This 36 year old man presented with a 13 year history of numerous warts in the anal area and a few warts on the penis. Treatment with Podophyllin and by "coagulation" had been attempted in the past with only partial success.

SURGERY: (April 1977)

Proctoscopy with coagulation of the warts was performed.

GRASS PATHOLOGY:

Twenty grams of polypoid tissue was received, the largest piece measuring 3.2 x 2.0 x 0.8 cm. The pieces had an epithelial surface which was thickened up to 0.3 cm. in some areas.

CONTRIBUTOR: John O'Donnell, M. D.
Grass Valley, California

MARCH 1985 - CASE NO. 7

TISSUE FROM: Right lung

ACCESSION NO. 23479

CLINICAL ABSTRACT:

History: This 72 year old man presented with a 3 months' history of shortness of breath, cough and a 12 pound weight loss. He had a 45 pack year smoking history. He had been employed as a hard rock road miner, engaging in wet drilling. There was no history of TB or asbestos exposure.

Chest x-ray: There was opacification of the right costophrenic sulcus and right lower hemithorax.

SURGERY: (August 1978)

Decortication of the parietal and visceral pleura overlying the right lung was performed.

GROSS PATHOLOGY:

The specimen consisted of 290 grams of rubbery, yellow-tan tissue ranging in size from 3.0 x 2.5 x 0.5 cm. to 15 x 15 x 0.5 cm. The pieces all had one glistening shiny surface and one irregular surface. Numerous blue-black foci, varying in size from 0.1 to 0.7 cm., were noted. Hundreds of firm, tan nodules, averaging 0.6 cm. in size, were scattered over the tissue.

CONTRIBUTOR: N. L. Morgenstein, M. D.
Oakland, California

MARCH 1985 - CASE NO. 8

TISSUE FROM: Left ovary

ACCESSION NO. 25366

CLINICAL ABSTRACT:

History: This 22 year old G. woman was noted to have a 6 x 10 cm. left pelvic mass while undergoing routine pelvic examination.

Radiology: An ultrasound examination revealed a 6 cm., cystic mass.

SURGERY: (September 1983)

A left salpingo-oophorectomy was performed. Two hundred ml. of ascites was noted at the time of surgery.

GROSS PATHOLOGY:

The specimen consisted of a 7.5 x 4.5 x 3.5 cm. mass, partly covered by a glistening, wrinkled white capsule. Section revealed a pink-tan, rubbery interior with a glary mucoid appearance. Along one margin, a 2 cm. smooth-walled cyst was noted.

CONTRIBUTOR: Marvin Retsky, M. D.
Van Nuys, California

MARCH 1985 - CASE NO. 9

TISSUE FROM: Parotid gland

ACCESSION NO. 24214

CLINICAL ABSTRACT:

History: A 55 year old white female noted a firm nodule below the right ear for about one month.

Physical examination: A mass was palpable in the deep lobe of the right parotid gland, which was confirmed by CT scan.

SURGERY: (June 21, 1981)

The deep lobe of the gland was resected.

GROSS PATHOLOGY:

A 2.5 x 1.8 x 1.6 cm., apparently encapsulated ovoid mass was present within the gland. Cut surfaces were firm, tan and faintly whorled.

CONTRIBUTOR: Pat Fitzgibbon, M. D.
Los Angeles, California

MARCH 1985 - CASE NO. 10

TISSUE FROM: Myocardium

ACCESSION NO. 25316

CLINICAL ABSTRACT:

History: This 64 year old black male presented with a history of weakness, leg swelling and increasing abdominal girth. He expired one month later.

X-rays: An upper GI series showed partial obstruction of the 3rd portion of the duodenum.

GROSS PATHOLOGY: (Autopsy)

There were multiple, firm, yellow-white tumor masses throughout the abdominal and pleural cavities involving omentum, pleura, bowel serosa, liver and urinary bladder. The myocardium contained multiple firm, yellow-white tumor masses which ranged in size from 1.5 - 4.5 cm. in diameter. These were similar in appearance to the tumor masses elsewhere.

CONTRIBUTOR: Gary Ponto, M. D.
Santa Barbara, California

MARCH 1985 - CASE NO. 11

TISSUE FROM: Peritoneal cavity

ACCESSION NO. 25392

CLINICAL ABSTRACT:

History: A 37 year old woman complained of vague abdominal pain and fullness for an uncertain length of time. An abdominal ultrasound disclosed multiple cystic structures within the pelvis, suggesting the possibility of ovarian carcinoma.

SURGERY: (November 28, 1984)

The multicystic tumor was present in the region of the posterior cul-de-sac and was removed by blunt dissection.

GROSS PATHOLOGY:

Multiple pieces of tissue weighing 245 grams were received. The tissue consisted of innumerable, transparent, loosely-adherent, thin-walled cysts ranging up to 2.3 cm. in diameter. The cysts were filled with clear, watery fluid. No solid areas were identifial.

CONTRIBUTOR: D. Tatter, M. D.
Los Angeles, California

MARCH 1985 - CASE NO. 12

TISSUE FROM: Liver

ACCESSION NO. 22738

CLINICAL ABSTRACT:

History: A 72 year old male was admitted to LA County-USC Medical Center on 12/27/77 after being found unresponsive at home. His past history included alcoholism, hypertension, cigarette smoking and chronic lung disease. The patient died six hours after admission. Pre-mortem urine cultures revealed E. coli.

AUTOPSY FINDINGS:

The cause of death was thought to be sepsis due to acute pyelonephritis. Other significant findings included emphysema, pneumothorax, cardiomegaly and severe atherosclerosis. Examination of the liver revealed multiple 0.1 to 0.2 cm. yellow-white nodules scattered throughout.

STUDY GROUP CASES
FOR
MARCH 1985

CASE NO. 1 - ACCESSION NO. 22362

LOS ANGELES: Hepatocellular carcinoma - 7

SAN FRANCISCO: Hepatocellular carcinoma - 5

OAKLAND: Hepatocellular carcinoma - 11; hepatocellular carcinoma, mixed type - 1; adenocarcinoma, NOS - 1

MARTINEZ: Hepatocellular carcinoma - 16

RENO: Hepatoma - 7; malignant carcinoid - 3

BAKERSFIELD: Liver adenoma - 4

LONG BEACH: Hepatocellular carcinoma - 8

SAN BERNARDINO (INLAND): Hepatocellular carcinoma - 5; liver cell adenoma - 3

FRESNO: Well-differentiated hepatocellular carcinoma - 7

INDIANA: Hepatocellular carcinoma - 5

OHIO: Regenerative nodule - 3; hamartoma - 1

SEATTLE: Hepatocellular carcinoma - 6

TUCSON: Undifferentiated malignant tumor - 1; hepatoma - 1

FOLLOW-UP:

Not available

FILE DIAGNOSIS:

Hepatocellular carcinoma, liver

REFERENCES:

Okuda, K: Clinical Aspects of Hepatocellular Carcinoma: Analysis of 134 Cases. In Okuda and Peters, ed. Hepatocellular Carcinoma. New York, John Wiley and Sons 336-387, 1975.

Ibid. Reynolds Diagnostic Methods in Hepatocellular Carcinoma pp 433-448.

LOS ANGELES: Dermatofibrosarcoma protuberans - 7

SAN FRANCISCO: Dermatofibrosarcoma protuberans - 5

OAKLAND: Dermatofibrosarcoma protuberans - 16

MARTINEZ: Proliferative fasciitis - 5; dermatofibrosarcoma protuberans - 8

RENO: Dermatofibrosarcoma protuberans - 5; extra-abdominal desmoid - 2; nodular fasciitis - 1; benign nerve sheath tumor - 1

BAKERSFIELD: Dermatofibroma protuberans - 1; atypical fibrohistiocyoma - 3

LONG BEACH: Dermatofibrosarcoma protuberans - 6; dermal fibrous histiocyoma - 2

SAN BERNARDINO (INLAND): Dermatofibrosarcoma protuberans - 8

FRESNO: Low-grade leiomyosarcoma - 7

INDIANA: Dermatofibrosarcoma protuberans - 4; fibromatosis - 1

OHIO: Fibromatosis - 2; dermatofibroma - 1; neurofibroma - 1

SEATTLE: Dermatofibrosarcoma protuberans - 6

TUCSON: Dermatofibrosarcoma protuberans - 1; fibrosarcoma - 1

FOLLOW-UP:

The patient was unwilling to undergo a wider excision and will be followed clinically for evidence of recurrence.

FILE DIAGNOSIS:

Dermatofibrosarcoma protuberans, forearm

REFERENCES:

Taylor, H. B., and Helwig, E. B: Dermatofibrosarcoma Protuberans: A Study of 115 Cases. *Cancer* 15:717, 1962.

Algvacila-Garcia, et. al: Histogenesis of Dermatofibrosarcoma Protuberans. An Ultrastructural Study. *Am. J. Clin. Pathol.* 69:427-434, 1978.

Ozella and Hamels: The Histiocytic Nature of Dermatofibrosarcoma Protuberans, Tissue Culture and Electron Microscopic Study. *Am. J. Clin. Pathol.* 65:136-149, 1976.

LOS ANGELES: Benign fatty tumor - 3; sclerosing lipogranuloma - 4

SAN FRANCISCO: Fat necrosis with foreign body reaction - 5

OAKLAND: Silicone granuloma - 16

MARTINEZ: Foreign body granuloma - 16

RENO: Fat necrosis and foreign body reaction - 10

BAKERSFIELD: Siliconoma - 4

LONG BEACH: Silicone oil granuloma - 8

SAN BERNARDINO (INLAND): Well-differentiated liposarcoma - 3; atypical lipoma - 2; fat necrosis - 3

FRESNO: Foreign body granulomatosis - 7

INDIANA: Fat necrosis and foreign body reaction - 5

OHIO: Foreign body reaction - 4

SEATTLE: Foreign body reaction, possibly parasitic - 6

TUCSON: Chronic inflammation with fat necrosis and foreign body reaction - 2

FOLLOW-UP:

Not available.

CONSULTATION:

Richard L. Kempson, M. D. (Stanford): Fibrofatty lesion showing degenerative changes.

FILE DIAGNOSIS:

Fibrolipoma with fat necrosis and repair, abdominal wall

REFERENCE:

Meggitt and Wilson: The Battered Buttock Syndrome-Fat Fractures. A Report on a group of Traumatic Lipomata. Br. J. Surg. 59:165-169, 1972.

LOS ANGELES: Rhabdomyosarcoma (pleomorphic vs. alveolar type) - 7

SAN FRANCISCO: Rhabdomyosarcoma - 5

OAKLAND: Pleomorphic rhabdomyosarcoma - 16

MARTINEZ: Rhabdomyosarcoma, pleomorphic - 8; malignant fibrous histiocytoma - 5

RENO: Alveolar rhabdomyosarcoma - 10

BAKERSFIELD: Rhabdomyosarcoma - 3; pseudosarcomatous proliferative lesion of soft tissue - 1

LONG BEACH: Rhabdomyosarcoma, NOS - 4; adult - 3; alveolar - 1

SAN BERNARDINO (INLAND): Pleomorphic rhabdomyosarcoma - 8

FRESNO: Alveolar rhabdomyosarcoma - 4; alveolar soft part sarcoma - 3

INDIANA: Alveolar rhabdomyosarcoma - 5

OHIO: Rhabdomyosarcoma - 4

SEATTLE: Pleomorphic sarcoma, NOS - 6

TUCSON: Pleomorphic rhabdomyosarcoma - 2

FOLLOW-UP:

The patient's final admission was in February, 1980 at which time he was found to have metastases to both lungs and to the left supraclavicular lymph node. He died on 2/3/80.

FILE DIAGNOSIS:

Pleomorphic rhabdomyosarcoma, thigh

REFERENCES:

Enzinger and Lattes: Histological Typing of Soft Tissue Tumors. An International Histological Classification of Tumors, No. 3. World Health Organization, Geneva, 1969.

Weiss and Enzinger. Malignant Fibrous Histiocytoma. An Analysis of 200 cases. Cancer 41:2250-2266, 1978.

CASE NO. 5 - ACCESSION NO. 23452

MARCH 1985

LOS ANGELES: Transitional cell carcinoma, low-grade - 7

SAN FRANCISCO: Transitional cell carcinoma of ureter grade II - 5

OAKLAND: Transitional cell carcinoma, grade II - 15; transitional cell papilloma - 1

MARTINEZ: Papillary transitional cell carcinoma, grade II - 16

RENO: Papillary transitional cell carcinoma - 10

BAKERSFIELD: Papillary transitional cell carcinoma - 4

LONG BEACH: Papillary transitional cell carcinoma, grade II - 8

SAN BERNARDINO (INLAND): Transitional cell carcinoma of ureter - 8

FRESNO: Papillary transitional cell carcinoma, grade II - 7

INDIANA: Papillary transitional cell carcinoma, grade II - 5

OHIO: Papillary transitional cell carcinoma of ureter - 4

SEATTLE: Papillary transitional cell, grade II, noninfiltrating - 6

TUCSON: Papillary transitional cell carcinoma, non-invasive - 1; papillary urothelial carcinoma, grade II - 1

FOLLOW-UP:

The patient has undergone cystoscopy annually since 1977 with no evidence of recurrent tumor.

FILE DIAGNOSIS:

Papillary transitional cell carcinoma, ureter

REFERENCES:

Batata, M. A., et al: Primary Carcinoma of the Ureter: A Prognostic Study. Cancer 35:1626-1632, 1975.

Bloom, N. A., Vidone, R. T., and Lytton, B: Primary Carcinoma of the Ureter. A Report of 102 New Cases. J. Urol. 103:590-598, 1970.

CASE NO. 6 - ACCESSION NO. 23481

MARCH 1985

LOS ANGELES: Verrucous carcinoma - 1; giant condyloma accuminata - 6

SAN FRANCISCO: Giant condyloma - 5

OAKLAND: Condyloma accuminata - 13; giant condyloma accuminata of Buschke and Lowenstein - 3

MARTINEZ: Condyloma accumulatum - 16

RENO: Giant condyloma - 5; verrucous carcinoma - 5

BAKERSFIELD: Condyloma accuminatum - 4

LONG BEACH: Condyloma accumulatum - 8

SAN BERNARDINO (INLAND): Giant condyloma accuminatum - 5; verrucous carcinoma - 3

FRESNO: Condyloma accuminata with podophyllum effect - 7

INDIANA: Condyloma accuminata - 5

OHIO: Condyloma - 3; giant condyloma of Buschke and Lowenstein - 1

SEATTLE: Condyloma - 6

TUCSON: Condyloma accuminata - 2

FOLLOW-UP:

The patient has not returned for follow-up.

FILE DIAGNOSIS:

Condyloma accuminatum, penis

REFERENCES:

Schmauz, R. et al: Variation in the Appearance of Giant Condyloma In An Ugandan Series of Cases of Carcinoma of the Penis. Cancer 40:1686-1696, 1977.

Macharek and Weakley. Giant Condylomata Accuminata of Bushke and Lowenstein. A. M. A. Arch. Derm. 82:41-47, 1960.

Drut et al: Perianal Verrucose Carcinoma Spreading in the Rectum. Dis. Colon Rectum 18:516-521, 1975.

LOS ANGELES: Malignant mesothelioma - 7

SAN FRANCISCO: Malignant mesothelioma - 5

OAKLAND: Malignant mesothelioma - 16

MARTINEZ: Malignant mesothelioma - 16

RENO: Epithelial mesothelioma - 10

BAKERSFIELD: Mesothelioma, pleural - 4

LONG BEACH: Malignant mesothelioma - 8

SAN BERNARDINO (INLAND): Malignant mesothelioma - 8

FRESNO: Malignant mesothelioma - 7

INDIANA: Malignant mesothelioma - 5

OHIO: Mesothelioma - 4

SEATTLE: Mesothelioma - 6

TUCSON: Malignant mesothelioma - 2

FOLLOW-UP: Five months following his lung surgery, the patient underwent nephrectomy for a renal cell carcinoma. He expired in 11/79 with metastatic renal cell carcinoma.

SPECIAL STAIN: The AMP has a large component of precipitation overlay that makes it uninterpretable. The PAS shows no mucin to be present.

FILE DIAGNOSIS:

Malignant mesothelioma, lung

REFERENCES:

Wanebo, H. J., et al: Pleural Mesothelioma. Cancer 38:2481-2488, 1976.

Kannerstein, M., et al: Asbestos and Mesothelioma: A Review. Pathol. Ann. 13(Pt. 1):81-129, 1978.

Suzuki, Y: Pathology of Human Malignant Mesothelioma. Seminars in Oncology 8:664-670. 1973.

Suzuki, Y: Pathology of Human Malignant Mesothelioma. Seminars in Oncology 8:268-282, 1980.

LOS ANGELES: Sclerosing stromal tumor - 7

SAN FRANCISCO: Sclerosing stromal tumor - 5

OAKLAND: Sclerosing stromal tumor - 12; massive ovarian edema - 4

MARTINEZ: Sclerosing stromal tumor - 16

RENO: Leydig cell tumor - 7; gonadostromal tumor - 3

BAKERSFIELD: Mesonephroma ovarii - 1; fibroma with cystic and myxoid changes - 1; thecoma - 1; hemangioendothelioma - 1

LONG BEACH: Sclerosing stromal tumor - 8

SAN BERNARDINO (INLAND): Sclerosing stromal tumor - 7

FRESNO: Angiomyxoma - 6; neurofibroma - 1

INDIANA: Sclerosing stromal tumor - 4; fibroma - 1

OHIO: Fibroma - thecoma - 2; massive edema - 2

SEATTLE: Stromal tumor - 6

TUCSON: Ovarian stromal edema with luteinization - 1; luteal pregnancy - 1

FOLLOW-UP:

The patient was last seen in 10/83 at which time no complications were noted. She relocated and no further follow-up is available.

FILE DIAGNOSIS:

Sclerosing stromal tumor, ovary

REFERENCES:

Chalvardjian, A., and Sculley, R. E: Sclerosing Stromal Tumors of the Ovary. Cancer 31:664-670, 1973.

Gee and Russell: Sclerosing Stromal Tumors of the Ovary. Histopathology 3 No. 5:367-376, Sept 1979 (5 cases).

Hsu, Ma and Mak: Sclerosing Stromal Tumors of the Ovary. Case Report. Review of Literature. Int. J. Gynecol and Pathol. 2:(No.2) 192-200, 1983.

LOS ANGELES: Basal cell adenoma - 7

SAN FRANCISCO: Monomorphic adenoma, basal cell type - 5

OAKLAND: Monomorphic adenoma, cylindroma variant - 13; adenoid cystic tumor - 2; cylindroma - 1

MARTINEZ: Basal cell adenoma - 6; adenoid cystic carcinoma - 7

RENO: Trabecular adenoma - 10

BAKERSFIELD: Basal cell adenoma - 4

LONG BEACH: Monomorphic adenoma - 7; eccrine ductal hydradenoma - 1

SAN BERNARDINO (INLAND): Monomorphic adenoma (basal cell adenoma) - 8

FRESNO: Monomorphic adenoma - 4; pleomorphic adenoma - 3

INDIANA: Basal cell adenoma - 5

OHIO: Monomorphic adenoma, basaloid type - 4

SEATTLE: Monomorphic adenoma, basal cell type - 6

TUCSON: Basal cell adenoma - 1; adenoid cystic carcinoma - 1

FOLLOW-UP:

When last admitted to the hospital for other medical problems (coronary artery disease, hypertension and diabetes), there was no evidence of recurrence.

CONSULTATION:

A. Abrams, D.D.S., USC: Basal cell adenoma (monomorphic adenoma). The areas resembling mixed tumor are insufficient to justify that diagnosis.

FILE DIAGNOSIS:

Basal cell adenoma, parotid gland

REFERENCE:

Batsakis, J. B: Basal Cell Adenoma of the Parotid Gland. Cancer 29: 226-230, 1972.

CASE NO. 10 - ACCESSION NO. 25316

MARCH 1985

LOS ANGELES: Spindle cell sarcoma - 2; malignant spindle cell tumor - 5

SAN FRANCISCO: Metastatic disseminated malignancy to consider mesothelioma, transitional cell carcinoma, or sarcoma - 5

OAKLAND: Metastatic adenocarcinoma - 7; metastatic rhabdomyosarcoma - 6; metastatic leiomyosarcoma - 3

MARTINEZ: Cystic lymphangioma - 2; cystic mesothelioma - 14

RENO: Metastatic undifferentiated carcinoma - 7; rhabdomyosarcoma - 3

BAKERSFIELD: Metastatic sarcoma - 4

LONG BEACH: Sarcoma, NOS - 8

SAN BERNARDINO (INLAND): Metastatic carcinoma - 4; metastatic leiomyosarcoma - 2; metastatic mesothelioma - 1

FRESNO: Metastatic undifferentiated malignant neoplasm - 7

INDIANA: Malignant undifferentiated neoplasm - 5

OHIO: Metastatic sarcoma - 4

SEATTLE: Mesothelioma - 4; melanoma - 2

TUCSON: Cardiac rhabdomyosarcoma - 1; sarcoma, NOS - 1

SPECIAL STAIN:

The trichrome is not characteristic of muscle. AMP stain was focally positive after digestion, PAS was not helpful, therefore felt to be most consistent with mesothelioma over a rhabdomyosarcoma.

FILE DIAGNOSIS:

Malignant mesothelioma, heart
XF Spindle cell sarcoma, unclassified

REFERENCE:

McAllister, H. A. and Fenoglio, J. J: AFIP Fascicle-Tumors of the Cardiovascular System, 2nd Series pp. 88-95, 1978.

LOS ANGELES: Multicystic peritoneal mesothelioma - 7

SAN FRANCISCO: Lymphangioma - 3; cystic mesothelioma - 1

OAKLAND: Lymphangioma - 9; cystic mesothelioma - 7

MARTINEZ: Cystic lymphangioma - 2; cystic mesothelioma - 14

RENO: Lymphangioma - 10

BAKERSFIELD: Multicystic peritoneal mesothelioma - 4

LONG BEACH: Benign cystic mesothelioma - 8

SAN BERNARDINO (INLAND): Lymphangioma - 5; mesenteric cyst - 2; cystic mesothelioma - 1

FRESNO: Lymphangioma - 7

INDIANA: Benign cystic mesothelial tumor - 5

OHIO: Lymphangioma - 3; peritoneal cysts - 1

SEATTLE: Cystic mesothelioma - 6

TUCSON: Lymphangioma - 1; cystic mesothelioma - 1

FOLLOW-UP:

As of March, 1985 the patient doing well.

SPECIAL STAIN:

The AMP illustrates the mesenchymal staining in the stroma and not in the cells which is of course removed by hyaluronidase. The PAS digested is more difficult to interpret than the AMP, but no mucin is present.

FILE DIAGNOSIS:

Multicystic mesothelioma, peritoneum

REFERENCES:

Moore, J. H. et al: Benign Cystic Mesothelioma. Cancer 45:2395-2399, 1980.

Mennemeyer, R., and Smith, M: Multicystic, Peritoneal Mesothelioma. A Report With Electron Microscopy of a Case Mimicking Intra-abdominal cystic Hygroma (Lymphangioma). Cancer 44:692-698, 1979.

LOS ANGELES: Congenital hepatic fibrosis - 7

SAN FRANCISCO: Multiple bile duct adenomas (von Meyenburg) - 5

OAKLAND: Microhamartomata or von Meyenburg complexes - 16

MARTINEZ: Multiple bile duct hamartomas - 16

RENO: Hyperplasia of the bile ducts - 10

BAKERSFIELD: Microhamartomata (von Meyenburg complex) - 4

LONG BEACH: Multiple bile duct hamartomas (von Meyenburg complexes) - 8

SAN BERNARDINO (INLAND): Multiple bile duct hamartomas - 8

FRESNO: Multiple hamartoma - 4; well-differentiated cholangiocarcinoma - 2;
biliary cirrhosis - 1

INDIANA: Congenital hepatic fibrosis - 5

OHIO: Bile duct hamartomas (von Meyenburg complexes) - 4

SEATTLE: Bile duct hamartomas - 6

TUCSON: Bile duct hamartoma - 2

CONSULTATION:

H. A. Edmondson, M. D., U.S.C.: This is an example of microcystic form of polycystic liver disease, also commonly called congenital hepatic fibrosis.

FILE DIAGNOSIS:

Congenital hepatic fibrosis, liver

REFERENCES:

Gold, J. H., Guzman, I. J., and Rosai, J: Benign Tumors of the Liver. Am. J. Clin. Path. 70:6-17, 1978.

Averback, P: Congenital Hepatic Fibrosis Asymptomatic. Arch. Path. Lab. Med. 101:260-261, 1977.