
CALIFORNIA TUMOR TISSUE REGISTRY
LOS ANGELES COUNTY - UNIVERSITY OF SOUTHERN CALIFORNIA
PROTOCOL
FOR
MONTHLY STUDY SLIDES
OCTOBER 1985
TUMORS OF THE GENITOURINARY SYSTEM

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

OCTOBER 1985 - CASE NO. 1

TISSUE FROM: Soft tissue between
bladder and umbilicus

ACCESSION NO. 23023

CLINICAL ABSTRACT:

History: This 47 year old man presented with an abdominal mass since January 1978.

SURGERY: (July 12, 1978)

Excision of urachal cyst was performed. Operative findings were of a large cystic mass attached both to the bladder and the umbilicus by fibrous tissue strands.

GROSS PATHOLOGY:

The specimen consisted of an 85 gram, 13.0 cm. cyst which contained 650 grams of mucoid, yellow-gray material. The interior of the cyst was predominantly smooth and had a variegated grey to yellow appearance. In one area the interior of the cyst was rough by the presence of small, pink-grey papillary projections. A 1 cm., tubular structure was attached to the cyst in this area. This structure had a lumen which freely communicated with the cyst interior.

CONTRIBUTOR: Usha Garg, M. D.
Oxnard, California

OCTOBER 1985 - CASE NO. 2

TISSUE FROM: Bladder

ACCESSION NO. 25123

CLINICAL ABSTRACT:

History: This 56 year old man presented with painless hematuria.

SURGERY: (December 19, 1983)

A transurethral resection of bladder was performed. Findings: On the right side of the bladder, there was a very large bladder tumor estimated at possibly 3.5 cm. in size with a very invasive appearance. Some of it secured along the wall and others heaped up in a mound. The remainder of the bladder was otherwise normal.

GROSS PATHOLOGY:

The specimen consisted of approximately 8 grams of transurethral resection chips, average piece measuring 1.5 - 2 cm. x 0.5 x 0.3 cm.

CONTRIBUTOR: E. DuBose Dent, M. D.
Glendale, California

OCTOBER 1985 - CASE NO. 3

TISSUE FROM: Bladder

ACCESSION NO. 25207

CLINICAL ABSTRACT:

History: A 61 year old white man was evaluated for progressive mild azotemia. Renal ultrasound revealed bilateral hydronephrosis. At cystoscopy, there was a tumor extending across the posterior bladder wall and occluding the left ureter. The blood pressure rose to 240/130 during the procedure.

Physical examination: The blood pressure was 140/88, and the pulse 98. The remaining examination was noncontributory.

SURGERY: (October 21, 1982)

A radical cystectomy with excision of the sigmoid colon and rectum was performed.

GROSS PATHOLOGY:

The posterior wall and some of the bladder measured up to 2.0 cm. thick. These areas were rubbery to firm and yellow-brown. A 2.5 cm. nodule of similar tissue was on the anterior rectal wall.

CONTRIBUTOR: David Linder, M. D.
San Francisco, California

OCTOBER 1985 - CASE NO. 4

TISSUE FROM: Bladder

ACCESSION NO. 14109

CLINICAL ABSTRACT:

History: A 49 year old woman had intermittent hematuria and suprapubic pain with voiding for two months.

Radiograph: IVP showed a space occupying lesion in the bladder.

SURGERY: (March 4, 1965)

A cystectomy and iliac lymph node dissection were performed.

GROSS PATHOLOGY:

The bladder weighed 300 gm and was filled by a 7 x 6 x 5 cm. mass which replaced much of the underlying bladder wall and originated on the dome of the bladder. The tumor tissue was white to yellow, necrotic and slippery.

CONTRIBUTOR: E. R. Jennings, M. D.
Long Beach, California

OCTOBER 1985 - CASE NO. 5

TISSUE FROM: Bladder

ACCESSION NO. 14787

CLINICAL ABSTRACT:

History: This 72 year old man presented with left flank and low back pain. Laboratory exam revealed microscopic hematuria.

Radiograph: Intravenous pyelogram: A bladder mass was present, causing obstruction of the left ureter.

SURGERY: (November 17, 1965)

A radical cystectomy was performed.

GROSS PATHOLOGY:

The specimen consisted of an entire bladder, with attached seminal vesicles and prostate. The bladder measured 9 x 7 x 4 cm. and when opened revealed a large nodular mass projecting into the lumen and invading the wall. The mass measured 7 x 5 cm., was firm and had a homogenous, bulging surface on section. The prostate and seminal vesicles were normal.

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

OCTOBER 1985 - CASE NO. 6

TISSUE FROM: Ureter

ACCESSION NO. 25210

CLINICAL ABSTRACT:

History: This 56 year old woman presented with painless hematuria. Work-up revealed a left ureteral mass.

SURGERY: (March 22, 1984)

A left nephroureterectomy was performed.

GROSS PATHOLOGY:

The specimen consisted of a left kidney with attached ureter and adipose tissue, weighing 130 grams. Approximately 8.5 cm. from the distal ureteral margin, there was a 2.2 cm. fusiform swelling of the ureter. The ureteral lumen in this region contained a lobulated soft, tan pedunculated mass. Adjacent to the pedunculated mass was an additional 0.5 cm. tan nodular lesion. The kidney showed mild dilatation of the calyceal system, but no other abnormalities.

CONTRIBUTOR: E. F. Ducey, M. D.
Ventura, California

OCTOBER 1985 - CASE NO. 7

TISSUE FROM: Ureter

ACCESSION NO. 12438

CLINICAL ABSTRACT:

History: This 73 year old man experienced the sudden onset of massive, painless hematuria.

Radiologic examination: An obstructing lesion of the left ureter was identified.

SURGERY: (June 11, 1962)

A left nephro-urecterectomy was performed.

GROSS PATHOLOGY:

The specimen weighed 165 grams and consisted of a left kidney with an attached 27 cm. length of ureter. Eight centimeters from the distal margin, the ureter showed a fusiform swelling measuring 3.5 x 2.2 cm. Section revealed a pendiculated, papillary, soft and fleshy 3.0 x 2.0 cm. mass attached to the ureteral wall by a 3 mm. stalk. The kidney appeared grossly normal.

CONTRIBUTOR: Lillian Rowan, M. D.
Burbank, California

OCTOBER 1985 - CASE NO. 8

TISSUE FROM: Bladder

ACCESSION NO. 22026

CLINICAL ABSTRACT:

History: This 95 year old woman was admitted with a chief complaint of massive hematuria.

Radiograph: Intravenous pyelogram: A filling defect was present in the bladder.

Cystoscopy: A large movable tumor was present on the left lateral wall of the bladder, partially covering the left ureteral orifice.

SURGERY: (January 16, 1976)

A suprapubic cystostomy was removal of the bladder tumor was performed.

GROSS PATHOLOGY:

The specimen consisted of an irregularly nodular 76.5 gram, 8 x 5.5 x 5.0 cm. mass. The external surface was pink-grey with multiple yellow fibrous plaques. The sectioned surface was glistening and grey-white.

CONTRIBUTOR: Kenneth A. Frankel, M. D.
Covina, California

OCTOBER 1985 - CASE NO. 9

TISSUE FROM: Ureter

ACCESSION NO. 25194

CLINICAL ABSTRACT:

History: This 76 year old woman presented with a history of lower abdominal pain. Her past medical history was significant for cervical adenosquamous carcinoma diagnosed 6 years previously, for which she was treated with surgery and radiotherapy.

Physical examination: There was "fullness" to palpation in the left suprapubic area.

Radiograph: CAT scan revealed a mass just superior to the bladder on the left side.

SURGERY: (April 2, 1984)

A left ureterectomy and suction evacuation of the retroperitoneal mass were performed.

GROSS PATHOLOGY:

The left ureter was received in 3 pieces which ranged in length from 1.1 to 4.6 cm. They were purple to light-tan. The lumina were distended to up to 0.4 cm. in diameter by soft, purple-tan tissue. The retroperitoneal tissue fragments were soft, granular and purple, and measured 4.8 cm. in aggregate diameter.

CONTRIBUTOR: John Waken, M. D.
Arthur H. Williams, M. D.
San Gabriel, California

OCTOBER 1985 - CASE NO. 10

TISSUE FROM: Urethra

ACCESSION NO. 19061

CLINICAL ABSTRACT:

History: A 67 year old Caucasian woman had persistent microscopic hematuria for many years. One month prior to surgery she developed vaginal bleeding.

Physical examination: A fungating mass was present at the urethral orifice.

SURGERY: (March 1, 1971)

The patient underwent cysto-urethrectomy, anterior vaginectomy, panhysterectomy with bilateral salpingo-oophorectomy, and iliac lymph node dissection.

GROSS PATHOLOGY:

The anterior vagina, bladder, uterus, fallopian tubes, and ovaries together measured 15 x 11 x 5 cm. A soft, pink-grey, focally hemorrhagic tumor extended from the bladder neck to the distal urethral margin and invaded the anterior vaginal wall.

CONTRIBUTOR: F. M. Finck, M. D.
Los Angeles, California

OCTOBER 1985 - CASE NO. 11

TISSUE FROM: Urethra

ACCESSION NO. 17413

CLINICAL ABSTRACT:

History: A 58 year old hispanic woman presented with incontinence and a urethral mass which had been increasing in size for 1 1/2 years and which bled intermittently.

Physical examination: A 3 x 3 cm. fungating bleeding mass surrounded the external urethral orifice.

SURGERY: (April 4, 1968)

At cystoscopy, the tumor extended circumferentially around the urethra, and to the bladder neck. An incomplete excision was performed.

GROSS PATHOLOGY:

The specimen consisted of 23 gm. of papillary, soft grey-white tissue in multiple fragments.

CONTRIBUTOR: Andrew J. McQueeney, M. D.
Santa Barbara, California

OCTOBER 1985 - CASE NO. 12

TISSUE FROM: Urinary bladder

ACCESSION NO. 18562

CLINICAL ABSTRACT:

History: This 57 year old woman noted urinary urgency and frequency for 2 weeks.

Radiographs: An IVP was performed and showed a 6 inch tumor within the bladder.

SURGERY: (May 26, 1970)

A suprapubic resection of the bladder was performed.

GROSS PATHOLOGY:

The bladder contained a 260 gram, multilobulated mass with individual nodules ranging from 1.5 to 4.5 cm. in diameter. The sectioned surfaces were moist and edematous with focal hemorrhage.

STUDY GROUP CASES
FOR
OCTOBER 1985

CASE NO. 1 - ACCESSION NO. 23023

LOS ANGELES: Urachal cyst with adenomatous colonic metaplasia - 9; urachal cyst, NOS - 1

MARTINEZ: Mucinous cystadenoma - 8; urachal cyst with mucocele formation - 1

SAN FRANCISCO: Urachal cyst - 7; mucinous cystadenocarcinoma, low grade - 1; dysplastic mucus urachal cyst - 1

LONG BEACH: Urachal cyst - 5

RENO: Urachal cyst - 5

WEST SAN FERNANDO VALLEY: Urachal cyst - 1; Mucous cystadenoma - 1

SAN BERNARDINO (INLAND): Urachal cyst - 9

OAKLAND: Benign cystadenoma - 11; malignant low grade cystadenocarcinoma - 8

OHIO: Urachal cyst - 5

INDIANA: Mucinous cystadenoma of urachus - 1; urachal cyst - 1

FOLLOW-UP:

The patient was last seen in 1979 at which time he reported passing "jelly-like" material in his urine.

CONSULTATION:

AFIP (Charles Davis, M. D.): Urachal cyst. We do not see evidence of malignancy, but there is some mitotic activity and atypia of cells.

FILE DIAGNOSIS:

Urachal cyst

REFERENCE:

Helsby, R: (1955) Brit. Med. J. 2, 603.

Willis, R. A. in The Borderland of Embryology and Pathology pp. 289-290. Butterworth and Company, 1958.

Sheldon, C. A., et. al: Malignant Urachal Lesions (Review Article) J. Urol. 131:1-8, 1984.

LOS ANGELES: Transitional cell carcinoma with adenomatous metaplasia - 10

MARTINEZ: Adenocarcinoma - 9

SAN FRANCISCO: Adenocarcinoma of urinary bladder, primary origin - 4; adenocarcinoma, of prostatic origin - 3; adenocarcinoma of mixed origin - 2

LONG BEACH: Adenocarcinoma (enteric type) - 5

RENO: Adenocarcinoma - 4; transitional cell carcinoma with extensive glandular features - 1

WEST SAN FERNANDO VALLEY: Moderately well-differentiated adenocarcinoma - 2

SAN BERNARDINO (INLAND): Adenocarcinoma of bladder - 9

OAKLAND: Adenocarcinoma of bladder - 19

OHIO: Adenocarcinoma of bladder - 4; adenocarcinoma of prostate involving bladder - 1

INDIANA: Adenocarcinoma, moderately differentiated - 2

FOLLOW-UP:

No follow-up available.

FILE DIAGNOSIS:

Adenocarcinoma, bladder

REFERENCE:

Ward, A. M.: Glandular Metaplasia and Mucin Production in Transitional Cell Carcinoma of Bladder. J. Clin. Pathol. 24:481, 1971.

LOS ANGELES: Paraganglioma (pheochromocytoma) - 10

MARTINEZ: Pheochromocytoma - 9

SAN FRANCISCO: Paraganglioma of urinary bladder - 4; carcinoma of urinary bladder - 3; malignant carcinoid, rectal in origin - 1

LONG BEACH: Pheochromocytoma - 5

RENO: Pheochromocytoma - 5

WEST SAN FERNANDO VALLEY: Urothelial carcinoma, Grade IV - 1; metastatic adenocarcinoma, colon - 1

SAN BERNARDINO (INLAND): Carcinoid tumor - 4; paraganglioma - 3; primary adenocarcinoma - 2

OAKLAND: Malignant paraganglioma - 19

OHIO: Extra-adrenal paraganglioma - 5

INDIANA: Pheochromocytoma - 2

FOLLOW-UP:

The patient was last seen July 30, 1985, at which time there was no evidence of recurrence or metastases.

FILE DIAGNOSIS:

Pheochromocytoma, bladder

REFERENCE:

Zimmerman, I. J., Biron, R. E. and MacMahan, H. E.: Pheochromocytoma of the Urinary Bladder. N.E.J.M. 249:25-26, 1953.

Rosenberg, L. M: Pheochromocytoma of the Urinary Bladder. N.E.J.M. 257:1212-1215, 1957.

Scott, W. W., Eversole, S. L: Pheochromocytoma of the Urinary Bladder, J. Urol 83:656, 1960

Fuselier, H. A., Jr.: Paraganglioma of the Bladder. Report of case. J. Urol. 113:42, 1975.

Das, S. and Lowe, P: Malignant Pheochromocytoma of the Bladder. J. Urol. 123:282-284, 1980.

LOS ANGELES: Pleomorphic myosarcoma - 10

MARTINEZ: Leiomyosarcoma - 7; Spindle/giant cell carcinoma - 2

SAN FRANCISCO: Myosarcoma - 9

LONG BEACH: Rhabdomyosarcoma - 5

RENO: Rhabdomyosarcoma - 3; leiomyosarcoma - 2

WEST SAN FERNANDO VALLEY: Urothelial carcinoma, Grade IV - 1; sarcoma (not otherwise specified) - 1

SAN BERNARDINO (INLAND): Pleomorphic rhabdomyosarcoma - 4; malignant fibrous histiocytoma - 3; sarcoma (NOS) - 2

OAKLAND: Sarcoma, NOS - 9; leiomyosarcoma - 7; rhabdomyosarcoma - 3

OHIO: Leiomyosarcoma - 2; sarcoma (NOS) - 2; rhabdomyosarcoma - 1

INDIANA: Leiomyosarcoma, Grade III - 1; rhabdomyosarcoma - 1

FOLLOW-UP:

No follow-up available.

SPECIAL STAINS:

Trichrome: Red

Reticulum: The stain is altered but is compatible with that seen in smooth muscle.

FILE DIAGNOSIS:

Myosarcoma, bladder

REFERENCE:

Narayana, A. S. Loening, S., Weimar G. W. et. al: Sarcoma of the Bladder and Prostate. J. Urol 119:72, 1978.

LOS ANGELES: Small cell anaplastic carcinoma - 3; rhabdomyosarcoma - 3; lymphoma - 2; undifferentiated malignant neoplasm - 1

MARTINEZ: Large cell lymphoma -5; embryonal rhabdomyosarcoma - 4

SAN FRANCISCO: Lymphoma - 4; undifferentiated small cell carcinoma - 2; granulocytic sarcoma - 1; rhabdomyosarcoma, embryonal - 1

LONG BEACH: Alveolar rhabdomyosarcoma - 5

RENO: Lymphoma - 3; anaplastic carcinoma - 2

WEST SAN FERNANDO VALLEY: Malignant lymphoma - 2

SAN BERNARDINO (INLAND): Large cell lymphoma - 9

OAKLAND: Small cell carcinoma - 15; lymphoma - 3; poorly differentiated transitional cell carcinoma - 1

OHIO: Anaplastic malignant neoplasm - 2; anaplastic carcinoma - 2; lymphoma - 1

INDIANA: Embryonal rhabdomyosarcoma - 2

FOLLOW-UP:

The patient expired two weeks post-operatively with gram negative sepsis. Autopsy findings included multiple duodenal and gastric ulcers, ulcerative esophagitis, left hydroureter and hydronephrosis as well as left pyelonephritis.

FILE DIAGNOSIS:

Small cell carcinoma, bladder x-file Lymphoma, bladder

REFERENCE:

Partaneh, S. S. and Asikainen, V: Oat Cell Carcinoma of the Urinary Bladder with Ectopic. ACTH Production, Human Pathol. 16:3-3-314.

Aguilina, J. N., Bugeja, T. F: Primary Malignant Lymphoma of the Bladder: Case Report and Review of the Literature. J. Urol. 112:64, 1974.

LOS ANGELES: Papillary transitional cell carcinoma, Grade I - II - 10

MARTINEZ: Grade I-II transitional cell carcinoma - 9

SAN FRANCISCO: Transitional cell carcinoma - 9

LONG BEACH: Inverted papilloma - 5

RENO: Grade II, transitional cell carcinoma - 5

WEST SAN FERNANDO VALLEY: Transitional cell carcinoma, Grade II - 2

SAN BERNARDINO (INLAND): Transitional cell carcinoma of ureter - 9

OAKLAND: Papillary transitional cell carcinoma, Grade II - 19

OHIO: Papillary transitional cell carcinoma, Grade II - 3; papillary transitional cell carcinoma, Grade I - 2

INDIANA: Papillary transitional cell carcinoma, Grade II - 2

FOLLOW-UP

As of May 18, 1985 there was no evidence of recurrent disease.

FILE DIAGNOSIS:

Transitional cell carcinoma, bladder

REFERENCE:

Mostofi, F. K: A Study of 2678 Patients With Initial Carcinoma of the Bladder: I. Survival Rates. J. Urol. 75:480-491.

Bergkvist, A. , Ljungqvist, A., and Moberger, G: Classification of Bladder Tumors Based on Cellular Pattern: A Preliminary Report of a Clinicopathological Study of 300 Cases With a Minimum Follow-up of 8 Years. Acta Chir. Scand. 130:371-378.

Mostofi, F. K., Sobin, L. H., and Torloni, H: Histological Typing of Urinary Bladder Tumors. International Histological Classification of Tumors. No. 10, Geneva, WHO, 1973.

LOS ANGELES: Papillary transitional cell carcinoma, Grade II - 10

MARTINEZ: Grade II, transitional cell carcinoma - 9

SAN FRANCISCO: Transitional cell carcinoma - 9

LONG BEACH: Papillary transitional cell carcinoma, Grade II - 5

RENO: Grade III, transitional cell carcinoma - 5

WEST SAN FERNANDO VALLEY: Transitional cell carcinoma, Grade II - 2

SAN BERNARDINO (INLAND): Transitional cell carcinoma of ureter - 9

OAKLAND: Papillary transitional cell carcinoma, Grade II - 19

OHIO: Papillary transitional cell carcinoma, Grade I - 5

INDIANA: Papillary transitional cell carcinoma, Grade II - 2

FOLLOW-UP:

No follow-up available.

FILE DIAGNOSIS:

Transitional cell carcinoma, bladder

REFERENCE:

Mostofi, F. K: A Study of 2678 Patients With Initial Carcinomas of the Bladder: I. Survival Rates. J. Urol. 75:480-491.

Bergkvist, A., Ljungqvist, A., and Moberger, G: Classification of Bladder Tumors Based on Cellular Pattern: A Preliminary Report of Clinico-pathological Study of 300 Cases With A Minimum Follow-up of 8 years. Acta Chir. Scand. 130:371-378.

Mostofi, F. K., Sobin, L. H., and Torloni, H: Histological Typing of Urinary Bladder Tumors. International Histological Classification of Tumors No. 10, Geneva, WHO, 1973.

LOS ANGELES: Spindle cell carcinoma - 10

MARTINEZ: Carcinosarcoma - 6; spindle cell carcinoma - 3

SAN FRANCISCO: Carcinosarcoma - 6; spindle squamous cell carcinoma - 2

LONG BEACH: Embryonal rhabdomyosarcoma - 5

RENO: Carcinosarcoma - 5

WEST SAN FERNANDO VALLEY: Leiomyosarcoma 2

SAN BERNARDINO (INLAND): carcinosarcoma - 5; leiomyosarcoma - 1; myxoid variant of malignant fibrous histiocytoma - 1; malignant schwannoma - 1; pleomorphic squamous cell carcinoma - 1

OAKLAND: Carcinosarcoma - 9; spindle cell carcinoma - 8; carcinoma insitu with pseudosarcomatous stroma - 1; carcinoma insitu with hamartomatous stroma - 1

OHIO: Carcinosarcoma - 5

INDIANA: Spindle cell carcinoma - 2

FOLLOW-UP:

The patient expired 10 months after removal of the tumor.

FILE DIAGNOSIS:

Carcinosarcoma, bladder

REFERENCE:

Chasko, Stephen B. et. al: Spindle Cell Cancer of the Bladder During Cyclophosphomile Therapy For Wegener's Granulomatosis. Am. J. Surg. Pathol. 4:191-196, 1980.

Koss, Leopold G: Tumors of Urinary Bladder. AFIP Fascicle pp. 52-53.

CASE NO. 9 - ACCESSION NO. 25194

OCTOBER 1985

LOS ANGELES: Papillary transitional carcinoma with adenomatous metaplasia - 10

MARTINEZ: Adenocarcinoma - 9

SAN FRANCISCO: Adenocarcinoma involving ureter, probably metastatic - 9

LONG BEACH: Papillary adenocarcinoma - 5

RENO: Papillary adenocarcinoma - 5

WEST SAN FERNANDO VALLEY: Adenocarcinoma - 2

SAN BERNARDINO (INLAND): Primary adenocarcinoma of ureter - 9

OAKLAND: Adenocarcinoma, endometrial type - 12; metastatic adenocarcinoma - 7

OHIO: Adenocarcinoma involving ureter - 5

INDIANA: Adenocarcinoma, ?metastatic - 2

FOLLOW-UP:

No follow-up available.

FILE DIAGNOSIS:

Adenocarcinoma, ureter

REFERENCE:

Ward, A. M: Glandular Metaplasia and Mucin Production in Transitional Cell Carcinoma of Bladder. J. Clin. Pathol. 24:481, 1971.

LOS ANGELES: "Mesonephric" adenocarcinoma - 10

MARTINEZ: Clear cell adenocarcinoma - 9

SAN FRANCISCO: Mesonephric carcinoma of urethra - 8

LONG BEACH: Clear cell adenocarcinoma - 5

RENO: Mesonephric carcinoma - 5

WEST SAN FERNANDO VALLEY: Clear cell carcinoma - 1; papillary adenocarcinoma, serous type - 1

SAN BERNARDINO (INLAND): Mesonephric (clear cell) adenocarcinoma - 9

OAKLAND: Clear cell carcinoma, mesonephric pattern - 19

OHIO: Papillary mesonephric carcinoma - 5

INDIANA: Clear cell adenocarcinoma - 2

FOLLOW-UP: (Arthur Williams, M. D.)

Ten years following surgery, the patient had no evidence of recurrent tumor.

FILE DIAGNOSIS:

Clear cell adenocarcinoma, bladder

REFERENCE:

Allan, E: Nephrogenic Adenoma of the Bladder. J. Urol. 113:35, 1975

Kalloor, G. J., Shaur, R. E: Nephrogenic Adenoma of the Bladder. Br. J. Urol. 46:91, 1974.

Mat, M. and Kunze, P; Atypical Localization of Malignant Mesonephrogenic Tumor. Z. Urol. Nephrol. 74:473-476, 1981

Tanabe, E. T., Mazur, M. T. and Schaefer, A. J: Clear Cell Adenocarcinoma of the Female Urethra: Clinical and Ultrastructural Study Suggesting a unique Neoplasm. Cancer 49:372-378, 1982.

CASE NO. 11 - ACCESSION NO. 17413

LOS ANGELES: Enteric adenoma (allantoid papilloma) - 10

MARTINEZ: Mucosecretory adenocarcinoma - 7; villous adenoma - 2

SAN FRANCISCO: Papillary mucinous carcinoma of urethra - 8

LONG BEACH: Villous adenoma - 5

RENO: Mucinous papillary adenocarcinoma - 3; villous adenoma - 2

WEST SAN FERNANDO VALLEY: Mucinous adenocarcinoma, intestinal type - 2

SAN BERNARDINO (INLAND): Well differentiated mucinous adenocarcinoma - 9

OAKLAND: Mucin forming papillary adenocarcinoma - 19

OHIO: Villous adenocarcinoma - 5

INDIANA: Adenocarcinoma, well differentiated - 2

FOLLOW-UP:

The patient was last seen in September 1968, at which time she was incontinent and had hematuria. She refused further surgery.

FILE DIAGNOSIS:

Adenocarcinoma, urethra

LOS ANGELES: Leiomyosarcoma - 10

MARTINEZ: Leiomyosarcoma - 5; malignant fibrous histiocytoma - 3; rhabdomyosarcoma-1; liposarcoma - 1

SAN FRANCISCO: Leiomyosarcoma - 8

LONG BEACH: Leiomyosarcoma - 3; malignant fibrous histiocytoma - 2

RENO: Leiomyosarcoma - 5

WEST SAN FERNANDO VALLEY: Leiomyosarcoma - 1; pleomorphic rhabdomyosarcoma - 1

SAN BERNARDINO (INLAND): Leiomyosarcoma - 6; liposarcoma - 2; spindle cell carcinoma - 1 .

OAKLAND: Myocarcinoma - 17; malignant fibrous histiocytoma - 2

OHIO: Leiomyosarcoma - 2; pleomorphic sarcoma - 3

INDIANA: Leiomyosarcoma, Grade II - 2

FOLLOW-UP:

No follow-up available.

FILE DIAGNOSIS:

Leiomyosarcoma, bladder