
CALIFORNIA TUMOR TISSUE REGISTRY

LOS ANGELES COUNTY - UNIVERSITY OF SOUTHERN CALIFORNIA

PROTOCOL

FOR

MONTHLY STUDY SLIDES

FEBRUARY 1986

TUMORS OF PERITONEUM, RETROPERITONEUM AND OMENTUM (5)

CONTRIBUTOR: Avram Jacobson, M. D.
Los Angeles, California

FEBRUARY 1986 - CASE NO. 1

ACCESSION NO. 17875

TISSUE FROM: Omentum

CLINICAL ABSTRACT:

History: This 43-year-old woman presented with right upper quadrant pain and tenderness of one day's duration.

Physical examination: There was moderate right upper quadrant tenderness and muscle guarding.

Laboratory report: Amylase 320 units.

SURGERY: (December 15, 1968)

An exploratory laparotomy was performed. An acutely inflamed appendix was noted. In addition, numerous tumor nodules were noted over the parieties of the abdominal wall, which varied in size from a few millimeters to 2.5 cms. in diameter. Some of these tumors occupied the omentum and others were noted in the cul-de-sac extending laterally into the broad ligament on the right.

GROSS PATHOLOGY:

The specimen consisted of a 30 cm. segment of omentum, containing several dozen tumor nodules, few mm. to 2.5 cms., which were discretely slightly lobulated and had yellow to gray cut surfaces. Also included was a vermiform appendix which appeared acutely inflamed.

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

FEBRUARY 1986 - CASE NO. 2

ACCESSION NO. 20944

TISSUE FROM: Peritoneum

CLINICAL ABSTRACT:

History: This 62-year-old man presented with a 3 days' history of right upper quadrant pain. He was employed as a warehouseman for an asbestos company.

SURGERY: (August 30, 1974)

An exploratory laparotomy was performed. The parietal peritoneum was thickened and the greater omentum was adherent to the abdominal wall. Eight hundred cc. of fluid was present in the peritoneal cavity. Multiple tumor nodules were noted over the abdominal peritoneal surfaces, the serosal surface of the stomach, and the inferior surface of the liver.

GROSS PATHOLOGY:

Multiple portions of fibrofatty, firm to rubbery nodular tissues which were lobulated and red to yellow were received. These aggregated to 12 x 11 x 3 cms overall.

CONTRIBUTOR: Anton P. Sohn, M. D.
Reno, Nevada

FEBRUARY 1986 - CASE NO. 3

ACCESSION NO. 18310

TISSUE FROM: Omentum

CLINICAL ABSTRACT:

History: A 20-year-old woman presented with Cushing's syndrome. Nine months prior to admission, bloody ascites was noted at umbilical herniorrhaphy. Laparotomy showed extensive pelvic endometriosis. She received Enovid, 15 mg. per day, continuously for two months prior to presentation.

SURGERY: (November 5, 1969)

An exploratory celiotomy with bilateral adrenal exploration, left adrenalectomy and multiple peritoneal biopsies were performed. At surgery, a 2.5 cm., 9.7 gram left adrenal adenoma was removed. In addition, multiple nodular lesions were present on the peritoneal surfaces. These were most numerous on the pelvic peritoneum and omental surfaces. The largest of these lesions measured 8 cms. in diameter, was white, nodular and was friable with areas of cystic degeneration.

GROSS PATHOLOGY:

The specimen received was a 9.7 gm. nodule stated to be the left adrenal gland, as well as a mass of yellow adipose tissue, measuring 8 cms. in diameter. The adipose tissue was 90% replaced by white friable tumor which showed cystic and hemorrhagic degeneration.

CONTRIBUTOR: Arnold N. Oldre, M. D.
Burbank, California

FEBRUARY 1986 - CASE NO. 4

ACCESSION NO. 24878

TISSUE FROM: Retroperitoneum

CLINICAL ABSTRACT:

History: A 62-year-old woman presented with a large right retroperitoneal mass.

SURGERY: (February 12, 1982)

A partial resection of the mass was performed.

GROSS PATHOLOGY:

The specimen submitted was a 1280 gm. bosselated mass, measuring 17 x 13 x 10 cms. The cut surface was pink-gray and firm, with a large central area of necrosis.

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

FEBRUARY 1986 - CASE NO. 5

ACCESSION NO. 24844

TISSUE FROM: Retroperitoneum

CLINICAL ABSTRACT:

History: This 70-year-old man presented for evaluation of a mass in his abdomen. He complained of epigastric pain radiating out to his back and a weight loss of 20 lbs. in the 6 weeks prior to presentation.

Physical examination: A stony hard mass was palpated in the left upper quadrant which was somewhat tender and nonmovable with respirations.

Radiographs: CT scan revealed a mass in the epigastric area, extending down to almost the inferior pole of the left kidney, with involvement of the spleen and displacement of the retroperitoneal vascular structures as well as the pancreas. An IVP revealed a probable mass in or near the upper pole of the left kidney and left hydronephrosis.

SURGERY: (March 9, 1983)

An exploratory laparotomy was performed, with removal of a left retroperitoneal mass.

GROSS PATHOLOGY:

The specimen consisted of a 9.5 x 7 x 6 cm. mass with a nodular appearance, and a thin capsule surrounding it. The cut surfaces exuded some fluid and were lobulated, white to gray-tan and moderately soft to slightly firm.

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

FEBRUARY 1986 - CASE NO. 6

ACCESSION NO. 24745

TISSUE FROM: Retroperitoneum

CLINICAL ABSTRACT:

History: This 65-year-old man noticed some increase in his abdominal girth. Outpatient work up included abdominal ultrasound and barium enema which showed a 7 x 7 x 10 cm. mass near the level of the umbilicus. At the time of admission, the mass in the abdomen was found to have approximately doubled in size.

Physical examination: A mass was palpated in the right mid-epigastrium.

SURGERY: (August 25, 1981)

A laparotomy with biopsy of the retroperitoneal mass was performed.

GROSS PATHOLOGY:

The specimen consisted of 70 grams of soft, pink-tan juicy tissue with very moist, pink, occasionally nodular but mostly granular cut surfaces.

CONTRIBUTOR: Richard R. Kelley, M. D.
Honolulu, Hawaii

FEBRUARY 1986 - CASE NO. 7

TISSUE FROM: Omentum

ACCESSION NO. 14235

CLINICAL ABSTRACT:

History: This 59-year-old male shipyard worker had a 2 days' history of left upper quadrant pain, progressing to generalized lower abdominal pain.

SURGERY: (April 6, 1965)

An exploratory laparotomy was performed followed by removal of a pedunculated, strangulated mass that was attached to the greater omentum.

GROSS PATHOLOGY:

The specimen consisted of a 730 gram, 15 x 13 x 7 cm. encapsulated mass with a smooth to slightly lobulated surface, and a 5 x 5 x 4 cm. pedicle projecting from one aspect. The mass was firm, and the cut surfaces were mottled tan to tan-yellow to red-purple. Attached to one part of this mass was a fragment of hemorrhagic fibrofatty tissue through which two blood vessels, one measuring 2 mm. and the other measuring 3 mm., appeared to enter the mass.

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

FEBRUARY 1986 - CASE NO. 8

ACCESSION NO. 24790

TISSUE FROM: Retroperitoneum

CLINICAL ABSTRACT:

History: This 30-year-old woman presented with a palpable left lower quadrant abdominal mass.

Physical examination of the abdomen revealed a palpable mass in the left lower quadrant. On pelvic examination, an 8 x 10 cm. mass on the left side of the uterus was palpated.

SURGERY: (July 12, 1982)

A pelvic laparotomy was performed followed by excision of abdominal mass. At surgery, it was discovered that the mass arose from the retroperitoneum at its left upper aspect. It was attached by a fibrofatty and vascular pedicle.

GROSS PATHOLOGY:

The specimen consisted of a 19 x 15 x 6 cms. ovoid mass with a smooth, glistening, pink-tan external surface and a pink-tan firm, homogenous cut surface with focal gelatinous areas.

CONTRIBUTOR: Clark Fobes, M. D.
Upland, California

FEBRUARY 1986 - CASE NO. 9

ACCESSION NO. 24707

TISSUE FROM: Retroperitoneum

CLINICAL ABSTRACT:

History: This 11 year old boy presented with a complaint of intermittent, dull, left inguinal pain, 2 months' duration.

Physical examination: A large, slightly tender mass was palpated in the lower abdomen. Rectal examination detected a rather firm mass which displaced the rectum anteriorly.

Radiographs: An ultrasound study revealed a large mass in the left hemipelvis. Intravenous urogram revealed compression of the ureters and bladder by the tumor.

SURGERY: (October 18, 1982)

The mass was excised. Operative findings were of a large retroperitoneal mass extending out of the pelvis. Neither the prostate or the bladder appeared to be involved. The surgeon felt that some tumor was left behind in the pelvis.

GROSS PATHOLOGY:

The specimen consisted of an encapsulated, gray-pink, 17.5 x 12 x 6 cms., ovoid, faintly bosselated mass with focal areas of yellow mottling, measuring up to 3 cms. At one pole the capsule was disrupted over an area, measuring approximately 5 cms. The sectioned surfaces were soft, gray-pink and somewhat mucoid and contained scattered smooth-walled cysts, measuring up to 2 cms. and filled with bloody fluid. Mottled 2 - 3 cm. yellow areas were scattered throughout the cut surfaces.

CONTRIBUTOR: Harry E. Maas, M. D.
San Diego, California

FEBRUARY 1986 - CASE NO. 10

ACCESSION NO. 13590

TISSUE FROM: Omentum

CLINICAL ABSTRACT:

History: A 57-year-old woman complained of lower abdominal pain for several weeks.

Physical examination: There was a poorly-defined 10 cm. mass in the lower abdomen.

SURGERY: (March 12, 1964)

A large mass was removed from the lower omentum. The uterus, tubes, and ovaries had been removed previously.

GROSS PATHOLOGY:

The specimen submitted was a 22 x 16 cm. sheet of omentum containing a rubbery, tan, multiloculated tumor, weighing 456 grams. The tumor lobules varied from 1.5 to 5 cms. in diameter, and showed compact tan tissue on section.

CONTRIBUTOR: Mark Janssen, M. D.
Loma Linda, California

FEBRUARY 1986 - CASE NO. 11

TISSUE FROM: Mesentery

ACCESSION NO. 24958

CLINICAL ABSTRACT:

History: A 67-year-old man presented with a mass in the right pleural cavity. He refused treatment. Two years later, he presented with abdominal distention, cachexia, and loss of appetite. He expired four months later.

Physical examination: The right lung field was dull to percussion, without breath sounds. The abdomen was markedly distended, and large firm masses were palpable. Rectal examination disclosed tumor in the anterior shelf.

GROSS PATHOLOGY (Autopsy)

Extensive tumor mass were present in the pleural, peritoneum, liver, and thyroid gland.

CONTRIBUTOR: J. M. Handley, M. D.
Santa Maria, California

FEBRUARY 1986 - CASE NO. 12

ACCESSION NO. 18071

TISSUE FROM: Omentum

CLINICAL ABSTRACT:

History: A 53-year-old man presented with an acute abdomen.

SURGERY: (May 1969)

A mass was removed from the anterior surface of the omentum, near the stomach. Hemoperitoneum was present.

GROSS PATHOLOGY:

The tumor measured 10 x 7 x 5 cms. and appeared markedly hemorrhagic. On cut section, it was gray to tan, fleshy, and slightly granular.

STUDY GROUP CASES
FOR
FEBRUARY 1986

CASE NO. 1 - ACCESSION NO. 17875

LOS ANGELES: Mesothelioma - 11

INDIANA: Mesothelioma - 3; metastatic papillary carcinoma - 1

LONG BEACH: Papillary serous carcinoma of peritoneum - 12

OHIO: Malignant mesothelioma, well differentiated - 5

OAKLAND AND MARTINEZ: Papillary mesothelioma, omentum - 17; papillary carcinoma of peritoneum - 2; benign mesothelial proliferation - 1

RENO: Papillary carcinoma, probable primary ovary - 6; papillary mesothelioma - 2

SAN BERNARDINO (INLAND): Well differentiated malignant mesothelioma - 8

SAN FRANCISCO: Mesothelioma, well differentiated - 6; metastatic adenocarcinoma - 1; nodular mesothelial hyperplasia - 1

FILE DIAGNOSIS:

Peritoneal mesothelioma, omentum

REFERENCES:

McCoughey, W. T. E.: Papillary Peritoneal Neoplasms in Females. Pathol. Annu. 20;387-404, 1985.

FOLLOW-UP:

The patient underwent radiation therapy from February 19, 1969 to April 4, 1969 she received 5120 rads to the lower abdomen and pelvis. From April 7, 1969 to April 25, 1969 she received 2240 rads to the upper abdomen. She has had no recurrence or progression of her disease since then.

LOS ANGELES: Malignant mesothelioma, tubulopapillary type - 11

INDIANA: Mesothelioma - 4

LONG BEACH: Malignant mesothelioma - 12

OHIO: Malignant mesothelioma - 5

OAKLAND AND MARTINEZ: Mesothelioma, peritoneum - 18; carcinoma - 2

RENO: Tubulopapillary mesothelioma - 8

SAN BERNARDINO (INLAND): Malignant mesothelioma - 8

SAN FRANCISCO: Mesothelioma, diffuse - 8

FILE DIAGNOSIS:

Malignant mesothelioma, peritoneum

REFERENCES:

Vogelzang, W. J. et. al.: Malignant Mesothelioma: The University of Minnesota Experience (Clinicopathologic study of 31 cases). Cancer 53:377-383, 1984.

FOLLOW-UP:

The diagnosis of malignant mesothelioma was reaffirmed at the National Mesothelioma Registry. His abdominal mesothelioma continued to slowly grow, although initially he did well on vincristine therapy. He was hospitalized March 4, 1975, for increasing abdominal pain. An exploratory laparotomy on March 7, 1975, showed a large mass of tumor involving the entire abdominal cavity, and he was deemed inoperable for intestinal bypass. Chemotherapy regime was altered to include at various times 5-FU, Cytosan, and Methotrexate. He improved somewhat temporarily and was able to pass gas and accept clear liquid food. However, bouts of vomiting and abdominal pain recurred, requiring increasing doses of morphine sulfate, and he died on March 28, 1975.

At autopsy, there was massive restrictive encasement of the small bowel by a very extensive malignant mesothelioma involving all peritoneal surfaces, both visceral and parietal. Histology was identical to the biopsy material. The lungs showed a bilateral aspirational bronchopneumonia and asbestosis with some asbestos bodies. There were bilateral parietal pleural hyaline plaques and similar plaque-like appearance on some areas of the peritoneum and the surface of the spleen. Some of these areas, within the abdomen, showed a great deal of linear beaded iron positive material, but no characteristic unequivocal "asbestos bodies". Incidental findings included the effects of hypertensive cardiovascular disease and metaplastic ossification of the falx cerebri. No definite intrathoracic mesothelioma was identified.

LOS ANGELES: Endometriosis with progesterone effect - 11

INDIANA: Endometriosis with decidual reaction - 3; carcinosarcoma - 1

LONG BEACH: Decidual reaction in endometriosis - 12

OHIO: Endometriosis - 5

OAKLAND AND MARTINEZ: Decidualized stroma, omentum

RENO: Marked decidualized endometriosis - 8

SAN BERNARDINO (INLAND): Endometriosis with marked decidualization - 7;
malignant mesothelioma - 1

SAN FRANCISCO: Endometriosis with decidual reaction - 8

FILE DIAGNOSIS:

Endometriosis, omentum

REFERENCES:

Gray, L. A.: Endometriosis of the Bowel. Ann. Surg. 177:580-587, 1973.

Sampson, J. A.: Benign and Malignant Endometrial Implants in the Peritoneal Cavity and Their Relation to Certain Ovarian Tumors. Surg. Gynecol. Obstet. 38:287, 1924.

FOLLOW-UP:

No follow-up available.

CORRECTED COPY

CASE NO. 4 - ACCESSION NO. 24878

FEBRUARY 1986

LOS ANGELES: Malignant schwannoma - 11; myxofibrosarcoma - 1

INDIANA: Neurofibroma - 2; malignant schwannoma - 1; leiomyosarcoma - 1

LONG BEACH: Low grade sarcoma, NOS - 12

OHIO: Spindle cell sarcoma - 3; malignant fibrous histiocytoma - 2

OAKLAND AND MARTINEZ: Leiomyosarcoma, retroperitoneum - 8; malignant schwannoma - 7; fibromatosis - 4; benign schwannoma - 1

RENO: Spindle cell sarcoma - 4; mesothelioma - 4

SAN BERNARDINO (INLAND): Low grade malignant fibrous histiocytoma - 4; Low grade malignant schwannoma - 2; retroperitoneal fibrosis - 2

SAN FRANCISCO: Malignant fibrous histiocytoma - 5; fibromatosis - 2; Liposarcoma - 1

FILE DIAGNOSIS:

Sarcoma, unclassified, retroperitoneum

FOLLOW-UP:

No follow-up available.

LOS ANGELES: Small cell carcinoma - 12

INDIANA: Neuroblastoma - 3; small cell undifferentiated carcinoma - 1

LONG BEACH: Small cell carcinoma - 12

OHIO: Malignant neuroendocrine tumor - 2

OAKLAND AND MARTINEZ: Neuroendocrine carcinoma - retroperitoneum - 20

RENO: Malignant carcinoid tumor - 4; neuroblastoma - 4

SAN BERNARDINO (INLAND): Malignant neuroectodermal tumor - 8

SAN FRANCISCO: Malignant apudoma, 8

FILE DIAGNOSIS:

Malignant neuroendocrine carcinoma, retroperitoneum

FOLLOW-UP:

An autopsy was performed in March 1984, J. W. Budd, M. D. considered it to be most likely because of large component of the pancreas being involved to have arisen from that organ.

CORRECTED COPY

CASE NO. 6 - ACCESSION NO. 24745

FEBRUARY 1986

LOS ANGELES: Malignant lymphoma - 6; Malignant paraganglioma - 5

INDIANA: Malignant lymphoma - 3; embryonal rhabdomyosarcoma - 1

LONG BEACH: Well differentiated lymphocytic lymphoma - 12

OHIO: Poorly differentiated lymphocytic lymphoma - 5

OAKLAND AND MARTINEZ: Lymphoma, retroperitoneum - 19; lymphoma, sclerosing pattern - 1

RENO: Histiocytic Lymphoma - 8

SAN BERNARDINO (INLAND): Malignant lymphoma - 8

SAN FRANCISCO: Malignant lymphoma, diffuse - 8

FILE DIAGNOSIS:

Malignant lymphoma, large noncleaved follicular center cell, diffuse, retroperitoneum

FOLLOW-UP:

The patient expired on May 3, 1985 with disease. No autopsy was performed.

LOS ANGELES: Strangulated lipoma - 11

INDIANA: Vascular malformation - 3; angioliipoma - 1

LONG BEACH: Infarcted lipoma of omentum - 12

OHIO: Hemangioma - 2; angioliipoma - 2; strangulated lipoma - 1

OAKLAND AND MARTINEZ: Lipoma with hemorrhagic infarct, omentum - 17;
hemangioma - 3

RENO: Hemorrhagic infarcted lipoma - 8

SAN BERNARDINO (INLAND): Fat necrosis and hemorrhage in a lipoma - 6;
fat necrosis and hemorrhage in an atypical lipoma - 2

SAN FRANCISCO: Segmental infarction of omentum - 5; angioma of omentum
with torsion - 2; angioliipoma - 1

FILE DIAGNOSIS:

Liposarcoma, well differentiated, omentum

REFERENCES:

Brasfield, R. D., DasGupta, T. K.: Liposarcoma. CA - Cancer J. for
Clin. Vol. 20, Jan. - Feb., 1970.

FOLLOW-UP:

The patient developed a squamous cell carcinoma of the right true
vocal cord in 1968, three years after resection of the liposarcoma. He
underwent a right hemilaryngectomy on October 29, 1968. As of August 1984
the patient was alive and well and free of disease.

CONSULTATION:

Arthur Purdy Stout, M. D.: I think this tumor is differentiated
liposarcoma. The large number of dilated engorged blood vessels toward
the periphery are due to the twisting and strangulation. When you get
away from the periphery the numerous vessels is much fewer. The tumor
is lipomatous and myxoid and has a few young lipoblasts but enough to
warrant the diagnosis of differentiated liposarcoma. This is, of course,
a non-metastasizing type of growth and the chances that it has been
completely removed and will not recur are great. I have once before
seen a large omental tumor that had twisted its pedicle in this fashion.
I am surprised that it does not occur more often.

CASE NO. 8 - ACCESSION NO. 24790

FEBRUARY 1986

LOS ANGELES: Hemangiopericytoma - 12

INDIANA: Hemangiopericytoma - 3; fibrosarcoma - 1

LONG BEACH: Localized fibrous mesothelioma - 3; hemangiopericytoma - 9

OHIO: Hemangiopericytoma - 5

OAKLAND AND MARTINEZ: Hemangiopericytoma, retroperitoneum - 20

RENC: Hemangiopericytoma - 4; sarcoma - 4

SAN BERNARDINO (INLAND): Hemangiopericytoma - 5; hemangioma - 3

SAN FRANCISCO: Hemangiopericytoma - 6; hemangioendothelioma - 2

FILE DIAGNOSIS:

Hemangiopericytoma, retroperitoneum

REFERENCES:

Enzinger M., Smith, B. H.: Hemangiopericytoma: An analysis of 106 cases. Human Path. 7:61, 1976

FOLLOW-UP:

No follow-up available.

CONSULTATION:

William Johnston, M. D. (Northridge Hospital): EM performed. Mesenchymal neoplasm with ultrastructural features highly compatible with hemangiopericytoma.

LOS ANGELES: Benign neurilemmoma - 12

INDIANA: Neurofibrosarcoma - 2; leiomyosarcoma - 1; schwannoma - 1

LONG BEACH: Schwannoma - 12

OHIO: Fibromatosis - 4; juvenile fibrosarcoma - 1

OAKLAND AND MARTINEZ: Neurilemmoma, retroperitoneum - 20

RENO: Neurilemmoma - 8

SAN BERNARDINO (INLAND): Neurilemmoma - 8

SAN FRANCISCO: Schwannoma - 2; leiomyosarcoma - 5; synovial sarcoma, monophasic - 1

FILE DIAGNOSIS:

Benign neurilemmoma, retroperitoneum

FOLLOW-UP:

On August 30, 1984 a 9 x 5 x 2 cm. tumor mass which extended from the obturator canal into the left inguinal area was resected. The microscopic appearance was identical to that of the previous specimen. The patient was last seen in September 1985 without evidence of recurrence.

SPECIAL STAINS:

AMP: Scattered deposits of acid mucopolysaccharide removed hyaluronidase.

TRICHROME & PTAH: Do not support smooth muscle origin.

RETICULUM: Abundant but not diagnostic.

LOS ANGELES: Leiomyosarcoma - 12

INDIANA: Leiomyosarcoma - 4

LONG BEACH: Leiomyosarcoma - 12

OHIO: Leiomyosarcoma - 3; fibrosarcoma - 2

OAKLAND AND MARTINEZ: Leiomyosarcoma, omentum - 20

RENO: Leiomyosarcoma - 8

SAN BERNARDINO (INLAND): Leiomyosarcoma - 8

SAN FRANCISCO: Leiomyosarcoma - 8

FILE DIAGNOSIS:

Leiomyosarcoma, omentum

REFERENCES:

Yannopoulos, K., Stout, A. P.: Primary Solid Tumors of the Mesentery. Cancer 16:915, 1963.

Hashimoto, H., et. al.: Malignant Smooth Muscle Tumor of the Retro-peritoneum and Mesentery: A clinopathologic analysis of 44 cases. J. Surg. Oncol. 28:177, 1985.

FOLLOW-UP:

No follow-up available.

SPECIAL STAINS:

RETICULUM, TRICHROME AND PTAH: All support the diagnosis of smooth muscle origin.

LOS ANGELES: Malignant mesothelioma - 10

INDIANA: Mesothelioma - 4

LONG BEACH: Malignant mesothelioma - 12

OHIO: Malignant mesothelioma - 5

OAKLAND AND MARTINEZ: Mesothelioma, mesentery - 19; yolk sack tumor - 1

RENO: Mesothelioma - 4; papillary carcinoma, probable thyroid primary - 4

SAN BERNARDINO (INLAND): Malignant mesothelioma - 8

SAN FRANCISCO: Mesothelioma - 8

FILE DIAGNOSIS:

Papillary mesothelioma, mesentery

REFERENCES:

McCoughney, W. T. E.: Papillary Peritoneal Neoplasms in Females.
Pathol. Annu. 20:387-404, 1985.

CONSULTATION:

L. Hochholzer, M. D., Chairman, Department of Pulmonary and Mediastinal Pathology (AFIP): Biopsies of right parietal pleura, multiple sites: Diffuse malignant mesothelioma, biphasic type.

LOS ANGELES: Epithelioid leiomyosarcoma - 12

INDIANA: Leiomyosarcoma, epithelioid type - 3; metastatic renal cell carcinoma - 1

LONG BEACH: Leiomyoblastoma (epithelioid leiomyoma) - 12

OHIO: Liposarcoma - 3; neurofibrosarcoma - 2

OAKLAND AND MARTINEZ: Clear cell (epithelioid), leiomyoma, omentum - 12; leiomyosarcoma - 8

RENO: Liposarcoma - 8

SAN BERNARDINO:(INLAND): Liposarcoma - 6; leiomyoblastoma - 2

SAN FRANCISCO: Leiomyoblastoma - 5; malignant fibrous histiocytoma - 3

FILE DIAGNOSIS:

Epithelioid leiomyosarcoma, omentum

x-file

Malignant epithelioid tumor unclassified

REFERENCES:

Brasfield, R. D., DasGupta, T. K.: Liposarcoma, CA - Cancer J. for Clin. Vol. 20, Jan. - Feb., 1970.

FOLLOW-UP:

The patient moved and was lost to follow-up in December 1969.

SPECIAL STAINS:

AMP: The AMP with and without hyaluronidase indicates that this is epithelial rather than mesenchymal.

PAS: Negative for glycogen and mucin.