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CALIFORNIA TUMOR TISSUE REGISTRY

LAC-USC MEDICAL CENTER

PROTOCOL

FOR

MONTHLY STUDY SLIDES

APRIL 1986

PEDIATRIC TUMORS

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

APRIL 1986 - CASE NO. 1

ACC. NO. 25297

TISSUE FROM: Arm

CLINICAL ABSTRACT:

An 8-month-old Black girl had a mass in the posterior left upper arm, which had been present for one month. All other findings on history or physical examination were normal.

SURGERY: (August 1984)

The mass was excised. It was located in the subcutaneous tissue, external to the triceps fascia.

GROSS PATHOLOGY:

Received was an ellipse of skin and underlying soft tissue, measuring 8 x 4 x 2.5 cms. Beneath the skin was a lobulated gray-yellow fibrous mass extending to the margins of resection.

CONTRIBUTOR: Roger Terry, M. D.
Duarte, California

APRIL 1986 - CASE NO. 2

ACC. NO. 25257

TISSUE FROM: Breast

CLINICAL ABSTRACT:

History: A 12-year-old girl noted a mass in the lower portion of the right breast one month prior to presentation. She had previously been healthy and had regular menstrual periods. There was no family history of malignancy.

Physical examination: A large, firm, non-tender mass was palpated in the lower right breast. Axillary lymph nodes were not palpable.

Radiograph: Mammography showed possible fibroadenoma.

SURGERY: (June 21, 1984)

The tumor was enucleated from the breast.

GROSS PATHOLOGY:

Submitted was a roughly spherical tissue mass weighing 642 grams and measuring 9.5 x 8.3 x 7 cms. The external surface was mottled gray-pink to tan with septum-like adhesions. Sectioning showed a solid, homogeneous gray pink glistening internal structure with focal hemorrhagic stippling.

CONTRIBUTOR: Neil Korostoff, M. D.
Bellflower, California

APRIL 1986 - CASE NO. 3

ACC. NO. 25182

TISSUE FROM: Spermatic cord

CLINICAL ABSTRACT:

History: A 16-year-old male presented with a painless, slowly enlarging right testicular mass of several months' duration. He was otherwise in good health.

Physical examination: The mass in the right scrotum could not be transilluminated.

Radiograph: CAT scan of the abdomen was said to be normal

SURGERY: (December 14, 1983)

A radical orchiectomy was performed.

GROSS PATHOLOGY:

The specimen was a 12 x 6 x 5 cm. mass with an attached 3 cm. length of spermatic cord. The surgical margin appeared uninvolved. The surface of the mass was covered by a delicate connective tissue capsule. The interior of the mass was tan-gray, firm, and coarsely and irregularly lobulated. A 1 x 3 cm. portion of residual testicular parenchyma was identified in the center of the mass.

CONTRIBUTOR: Thomas Schmidtknecht, M. D.
Oakland, California

APRIL 1986 - CASE NO. 4

ACC. NO. 25236

TISSUE FROM: Ovary

CLINICAL ABSTRACT:

History: A 10-year-old girl complained of abdominal pain. Menstruation had started one month prior to presentation.

Physical examination: There was a 6 x 8 cm. tender suprapubic midline mass.

Laboratory report: Serum pregnancy test was negative.

Radiograph: Pelvic ultrasound showed an 11 cm. mass with density consistent with a fibroid.

SURGERY: (May 1984)

Exploratory laparotomy revealed a 15 x 10 cm. left ovarian mass. A left salpingo-oophorectomy, lymph node dissection, and biopsy of the right ovary were performed.

GROSS PATHOLOGY:

The left ovary measured 15 x 10 x 6 cm. The external surface was smooth, tan to purple-tan, and bosselated. The cut surface was pale tan, nodular, bulging, and showed focal softening and hemorrhage. The Fallopian tube was grossly unremarkable.

CONTRIBUTOR: Nathan L. Morgenstern, M. D.
Oakland, California

APRIL 1986 - CASE NO. 5

ACC. NO. 24270

TISSUE FROM: Lung

CLINICAL ABSTRACT:

History: A male infant was born at 26 weeks' gestation to a 32-year-old gravida II, para I woman. The fetus was stillborn, weighed 1740 grams, and was markedly edematous.

GROSS PATHOLOGY (Autopsy): (May 1981)

A 7 cm. mass occupied about 75% of the thoracic cavity. It appeared to arise from an anomalous middle pulmonary artery and bronchus, and could be easily dissected off the lung. The mass had a spongy texture with cysts, measuring up to 3 mm. in diameter, and large amounts of mucus. No other anomalies were identifed.

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

APRIL 1986 - CASE NO. 6

ACC. NO. 24022

TISSUE FROM: Lung

CLINICAL ABSTRACT:

History: A 4-year-old Brazilian girl developed fever and left upper quadrant pain four months prior to presentation. Treatment for pneumonia failed to produce improvement. A pleural biopsy was performed, and she was subsequently given Cortisone, Cyclophosphamide, Adriamycin, Actinomycin, and Vincristine. This therapy produced no response, and she came to California. She continued to have low-grade fever, cough, and dyspnea on mild exertion. In addition, she had progressive fatigue and anorexia, and had lost 3-4 kg. in the previous two months.

Physical examination: Temperature was 100° F, pulse 144, respirations 48/minute, and weight 17 kg. The patient was pale, with distended superficial neck veins and clubbing of digits. The left hemithorax was larger than the right, and the point of maximal impulse was displaced to the right mid-clavicular line. Breath sounds were markedly diminished on the left, and the liver appeared enlarged.

SURGERY: (9-11-80)

A left exploratory thoracotomy with pneumonectomy was performed. The tumor had an apparent pseudocapsule except for a 3 cm. attachment to the anterolateral left chest wall. It did not invade the pericardium, mediastinum, or diaphragm.

GROSS PATHOLOGY:

The left lung measured 25 x 19 x 8 cms. and weighed 1660 gms. The lung, pleura, and bronchial tree were involved by a massive tumor involved with extensive necrosis, which on cut surface was pale yellow, bulging, and whorled with focal hemorrhage.

CONTRIBUTOR: C. O. Burdick, M. D.
Livermore, California

APRIL 1986 - CASE NO. 7

TISSUE FROM: Jejunum

ACCESSION NO. 21684

CLINICAL ABSTRACT:

History: This 17 year old male has had for the past 6-8 months intermittent episodes of severe abdominal pain accompanied by nausea and vomiting. These episodes lasted 3-4 days.

Radiographs: Upper GI and small bowel series done on December 15, 1975. The esophagus showed satisfactory function. The stomach contained prominent folds and emptied rapidly. There was a mild dilatation of the duodenal loop secondary to an obstructive process at about the level of the ligament of Treitz. Active peristalsis was seen pushing the barium against the area of obstruction, later films showed the jejunum dilated and appeared to contain a bag-like filling defect consistent with an intussusception. The barium passed rapidly through the small bowel. The conclusion was that there was a possiblity of a small bowel polyp. The remaining bowel was normal.

SURGERY:

A 10 cm. segment of jejunum was resected.

GROSS PATHOLOGY:

A 10 cm. segment of small bowel with an intraluminal nodular lesion 7 x 5 cm., confined to the mucosa and measured 0.5 to 0.8 cm. in thickness.

CONTRIBUTOR: John Toh, M. D.
Glendale, California

APRIL 1986 - CASE NO. 8

ACC. NO. 24058

TISSUE FROM: Ovary

CLINICAL ABSTRACT:

History: An 11 year-old-girl presented with abdominal pain of a few hours' duration. The pain was severe and sudden in onset, radiating to the right flank. She also vomited several times. She had had no other medical problems. Her sister had a twisted ovarian cyst several years earlier with a similar clinical presentation.

Physical examination was remarkable for bulging and tenderness of the lower abdomen, especially on the left side.

SURGERY: (October 16, 1980)

A right oophorectomy was performed. Bloody intraperitoneal fluid and a large dusky ovarian cyst wedged in the pelvis were identified at surgery. The left ovary appeared slightly enlarged. The fallopian tubes appeared normal.

GROSS PATHOLOGY:

The specimen consisted of a partially collapsed, 13 x 9 x 6.5 cm., 300 gram multicystic structure. The cysts measured up to 6 cms. in greatest dimension and were separated by light tan, slimy tissue in some areas. Some of the cysts had smooth internal surfaces, while others has polypoid, fleshy internal projections, measuring up to 2.5 cms., some of which contained cartilaginous areas. Several of the cysts contained hair.

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

APRIL 1986 - CASE NO. 9

ACC. NO. 24246

TISSUE FROM: Retroperitoneum

CLINICAL ABSTRACT:

History: This 8-year-old Guatemalian male was in his usual state of good health until 6 weeks ago when he complained of vague, nonspecific abdominal pain. Approximately two weeks later, mother noted increasing abdominal girth though the pain had subsided. He had been seen in a medical clinic where the mother was told that her son had a "kidney problem". The doctor gave them some "medication", but there was no clinical improvement. The abdomen continued to enlarge. He was referred to the LAC-USC Pediatric Pavilion for "hepato-renal" workup. The mother said that for the past two months she had noted the boy's urine was dark and stained his underwear. There had been no change in bowel habits, nausea, vomiting or diarrhea. There had been no fever, chills, jaundice, night sweats, or edema. The child had blurred vision for one month. The past history revealed normal birth and development with no known contact with hepatitis or parasites. He had no pets.

Physical examination: The patient appeared cachetic. The eyes were nonicteric and vision was grossly intact. The abdomen was distended with a circumference of 39 cms. at the umbilicus. Prominent umbilical veins were noted, which filled from the bottom both above and below the umbilicus. There was a partial umbilical hernia and a questionable fluid wave and shifting dullness. No abdominal bruits or palpable organomegaly were detected.

Laboratory report: All chemical and hematologic work-up within normal limits, including serum proteins. Urine specific gravity 1028. Dip stick negative. Ph 6. CEA 4.4. AFP less than 25 ng/ml.

Radiograph: Ultrasound revealed a very large abdominal mass, part of which was cystic. The most likely diagnosis was retroperitoneal sarcoma, possibly rhabdomyosarcoma. CT scan findings supported the ultrasound with a mass involving both sides of the retroperitoneum with possible involvement of the mesentery.

SURGERY: (January 22, 1981)

An extensive multiloculated, partially cystic, partially solid tumor arising from the pelvic retroperitoneum to the right of the sigmoid mesocolon was identified. The tumor was loosely adherent to the peritoneal surface with which it was in contact. However, it was enveloped by the transverse omentum, which supplied it with several enlarged blood vessels, mainly veins. There was a loop of small bowel which was strongly adherent to the tumor. The tumor did not appear to arise from a viscus. The tumor was mobilized, dissected free from the peritoneum until it was essentially tethered to the retroperitoneum. In doing so the small bowel was entered and this was closed. The tumor was completely removed.

GROSS PATHOLOGY:

The specimen consisted of a lobulated, 920 grams, 19 x 15 x 6 cms. light tan mass. The sectioned surfaces were light tan and gelatinous with focal pearly white areas and focal cystic areas which had a red appearance. Centrally, the mass contained a 10 x 7 cm. cystic cavity which contained some red brown tissue resembling skeletal muscle.

CONTRIBUTOR: Thomas E. Hall, M. D.
Reno, Nevada

APRIL 1986 - CASE NO. 10

ACC. NO. 24478

TISSUE FROM: Arm

CLINICAL ABSTSRACT:

History: A 10-year-old girl presented with a mass near the right antecubital fossa of several years' duration. The mass had recently become slightly painful.

SURGERY: (February 17, 1982)

A multilobular mass was found in association with the radial nerve. It was composed of numerous, relatively discrete, round nodules in close proximity to one another. Superiorly, however, the nodules were more separate, like clusters of grapes, and were picked out individually with forceps.

GROSS PATHOLOGY:

The specimen was received in two parts. One was a 4 x 3 x 2 cm. cluster of round, 0.3 to 1 cm. in diameter, individually encapsulated, gray-white masses loosely bound together by fibrous tissue bands. The other portion consisted of five detached similar masses, ranging from 0.5 to 1.2 cms. in diameter.

CONTRIBUTOR: L. Quan, M. D.
Y. Lonni, M. D.
Bellflower, California

APRIL 1986 - CASE NO. 11

ACC. NO. 22283

TISSUE FROM: Liver

CLINICAL ABSTRACT:

History: This 8-year-old Mexican-American girl was admitted to the hospital for investigation of increasing abdominal girth and abdominal pain.

Remarkable in her past medical history was the fact that the child was born to a mother who had a hydatiform mole associated with the same pregnancy. She was noted to have hepatomegaly at 2 months of age. At 6 months of age, the patient underwent a liver biopsy and was given a diagnosis of "hamartoma". At the time of biopsy surgery, she was noted to have a markedly enlarged right lobe of the liver extending to the pelvis and a "nodular" left lobe of the liver.

Physical examination revealed a large, hard, firm, painful abdominal mass extending from the xyphoid to the symphysis. It was difficult to palpate visceral organs.

SURGERY: (April 30, 1976)

The patient underwent a partial hepatectomy. Findings: The right lobe of the liver was involved with a tumor principally in its anterior but with multiple small lesions throughout the right lobe, and also in the left lobe. The principal mass was in the anterior portion of the right lobe. Portions of the tumor were very firm and fibrotic and other portions were very soft and necrotic in consistency. There were no obviously enlarged nodes and no implants apparent outside the liver, although the small bowel, duodenum, and transverse colon were adherent to the liver. Patient had had previous surgery to account for these adhesions.

GROSS PATHOLOGY:

The specimen consisted of a 750 grams, 19 x 13 x 6 cm. segment of liver which contained multiple, firm tan tumor nodules which varied in size from 0.3 to 6.5 cms. in diameter. The sectioned surfaces of these masses were firm, yellow-tan and contained scattered areas of calcification and hemorrhage.

CONTRIBUTOR: Eruch Karanjawala, M. D.
Santa Maria, California

APRIL 1986 - CASE NO. 12

ACCESSION NO. 25066

TISSUE FROM: Appendix

CLINICAL ABSTRACT:

History: A 15-year-old boy presented with a seven days' history of abdominal pain and nausea

Physical examination: Temperature 101°, tender right lower quadrant.

Laboratory report: WBC 9600, although he did have a very marked left shift.

SURGERY: (August 31, 1983)

The appendix appeared inflamed, enlarged, and edematous. A periappendiceal abscess was drained. As an interesting side light this young man was also found to have a Meckel's diverticulum which appeared to be very benign with a wide neck and in view of the peri-appendiceal abscess elected not to remove it since it seemed extremely unlikely that it would cause any further problems. Appendectomy was performed.

GROSS PATHOLOGY:

An 8.5 x 2 cm. appendix was received. The serosa was focally covered with a fibrinous exudate. Cross sections revealed marked thickening of the proximal 2/3's of the appendix.

STUDY GROUP CASES
FOR
APRIL 1986

CASE NO. 1 - ACCESSION NO. 25297

LOS ANGELES: Fibrous hemartoma of infancy - 9

SAN FRANCISCO: Fibrous harmatoma of infancy - 7

OHIO: Fibromatosis - 4; pseudosarcomatous fasciitis - 1

BAKERSFIELD: Lipoblastoma - 3; fibromatosis - 1

OAKLAND: Fibrous hamartoma of infancy - 12; solitary congenital myofibromatosis - 2

LONG BEACH: Fibrous hamartoma of infancy - 9

WEST SAN FERNANDO VALLEY: Desmoid tumor - 2

SAN BERNARDINO (INLAND): Fibrous hamartoma of infancy - 8

FOLLOW-UP:

The patient was lost to follow-up after the operation.

FILE DIAGNOSIS:

Fibrous hamartoma of infancy, arm

REFERENCES:

Enzinger, F. M., Weiss, S. W.: Soft Tissue Tumors, C. V. Mosby Co.: St. Louis (1983) pp. 71-75.

Enzinger, F. M.: Fibrous Hamartoma of Infancy. Cancer 18:241-248 (1965). (Reviews 30 cases from AFIP - clinical and pathologic features).

CASE NO. 2 - ACCESSION NO. 25257 APRIL 1986

LOS ANGELES: Juvenile fibroadenoma - 9

SAN FRANCISCO: Juvenile fibroadenoma (juvenile hyperplasia) - 7

OHIO: Fibroadenoma - 5

BAKERSFIELD: Juvenile breast hypertrophy - 4

OAKLAND: Giant fibroadenoma - 14

LONG BEACH: Juvenile hypertrophy (fibroadenoma) - 9

WEST SAN FERNANDO VALLEY: Fibroadenoma - 2

SAN BERNARDINO (INLAND): Fibroadenoma - 5; juvenile hypertrophy - 3

FOLLOW-UP:

The patient was seen by the surgeon approximately 4-5 months ago and there was no recurrence.

FILE DIAGNOSIS:

Juvenile fibroadenoma, breast

REFERENCES:

Sandison, A. T., Walker, J. C.: Diseases of the Adolescent Female Breast. Br. J. Surg. 55:443-448, 1968. (General review, contains cases of fibroadenoma in teenagers).

Ashikari, R., Farrow, J. H., O'Hara, J.: Fibroadenomas in the Breast of Juveniles. Surg. Genecol. Obstet. 132:259-262, 1971. (12 cases of juvenile fibroadenoma, distinction from adult type).

Farrow J. H., Ashikari, H.: Breast Lesions in Young Girls. Surg. Clin. N. Amer. 49(2):261-269, 1969. (181 cases of fibroadenomas, 12 of which had juvenile fibroadenoma).

CASE NO. 3 - ACCESSION NO. 25182 APRIL 1986

LOS ANGELES: Embryonal rhabdomyosarcoma - 9

SAN FRANCISCO: Embryonal rhabdomyosarcoma - 7

OHIO: Rhabdomyoma - 1; rhabdomyosarcoma - 4

BAKERSFIELD: Rhabdomyosarcoma - 4

OAKLAND: Rhabdomyosarcoma - 14

LONG BEACH: Rhabdomyosarcoma - 9

WEST SAN FERNANDO VALLEY: Rhabdomyosarcoma - 1; malignant mesothelioma - 1

SAN BERNARDINO (INLAND): Juvenile (embryonal) rhabdomyosarcoma - 8

FOLLOW-UP:

As of May 1986, the patient was clinically free of tumor.

FILE DIAGNOSIS:

Rhabdomyosarcoma, spermatic cord

REFERENCES:

Malek, R. S., Kelalis, P. P.: Paratesticular Rhabdomyosarcoma in Childhood. J. Urol. 118, 450-453, 1977. (Report of 10 cases, treatment).

Arlen, M., Grabstald, H., Whitmore, W. F.: Malignant Tumors of the Spermatic Cord. Cancer 23:525-532, 1969. (Review of 13 cases, 5 embryonal rhabdomyosarcoma).

Raney, R. B., Hays, D. M., Lawrence, W., et.al.: Paratesticular Rhabdomyosarcoma in Childhood. Cancer 42, 729-736, 1978. (Report of 20 cases, treatment, survival).

LOS ANGELES: Dysgerminoma - 9

SAN FRANCISCO: Dysgerminoma - 7

OHIO: Dysgerminoma - 5

BAKERSFIELD: Dysgerminoma - 4

OAKLAND: Dysgerminoma - 14

LONG BEACH: Dysgerminoma - 9

WEST SAN FERNANDO VALLEY: Dysgerminoma - 2

SAN BERNARDINO (INLAND): Dysgerminoma - 8

FOLLOW-UP:

The patient was last examined on February 27, 1986 and was asymptomatic without masses. An abdominal and pelvic CT scan showed no masses.

FILE DIAGNOSIS:

Dysgerminoma, ovary

REFERENCES:

Freel, J. H., Cassir, J. F., Pierce, V. K., Woodruff, J, Lewis, J. L.: Dysgerminoma of the Ovary. Cancer 43:798-805, 1979. (Report of 21 cases, treatment, survival).

Krepart, G., Smith, J. P., Rutledge, F., Delcloa, L.: The Treatment for Dysgerminoma of the Ovary. Cancer 41, 986-990, 1978. (Treatment in 36 cases).

Kay, S., Silverberg, S. G., Schatzki, P. F.: Ultrastructure of an Ovarian Dysgerminoma. Am. J. Clin. Pathol. 58:458-468, 1972. (Finding of neurosecretory - type granules by EM)

Asdourian, L. A., Taylor, H. B.: Dysgerminoma; An Analysis of 105 cases. Obstet. Gynecol. 33:370-379, 1969. (Clinical and pathologic study emphasizing adequacy of treatment).

CASE NO. 5 - ACCESSION NO. 24270 APRIL 1986

LOS ANGELES: Cystic adenomatoid malformation - 9

SAN FRANCISCO: Congenital cystic adenomatoid malformation - 7

OHIO: Adenomatoid malformation of lung - 5

BAKERSFIELD: Bronchopulmonary sequestration - 4

OAKLAND: Congenital adenomatoid malformation - 14

LONG BEACH: Congenital adenomatoid malformation of lung - 9

WEST SAN FERNANDO VALLEY: Accessory lung - 2

SAN BERNARDINO (INLAND): Congenital cystic adenomatoid malformation - 8

FOLLOW-UP:

None

FILE DIAGNOSIS:

Congenital cystic adenomatoid malformation, lung

REFERENCES:

Bale, P. M.: Congenital Cystic Malformation of the Lung. Am. J. Clin. Pathol. 71:411-420, 1979. (Of 41 cases of cystic lungs, 21 were congenital cystic malformation. Classification of congenital cystic lung diseases).

Tocker, J. T., Madewell, J. E., Drake, R. M.: Congenital Cystic Adenomatoid Malformation of the Lung. Hum. Pathol. 8:155-171, 1977. (Review of 38 cases, classification).

Miller, R. K., Siebar, W. K., Yunis, E. J.: Congenital Adenomatoid Malfomation of the Lung. Pathol. Annu. 15(1):387-407, 1980. (Report of 17 cases review).

LOS ANGELES: Undifferentiated sarcoma - 1; rhabdomyosarcoma - 5; carcinosarcoma - 1; malignant fibrous histiocytoma - 1

SAN FRANCISCO: Sarcoma? malignant fibrous histiocytoma? leiomyosarcoma - 7

OHIO: Spindle cell sarcoma - 2; leiomyosarcoma - 2; malignant fibrous histiocytoma - 1

BAKERSFIELD: Leiomyosarcoma - 3; malignant fibrous histiocytoma - 1

OAKLAND: Sarcoma possible mesothelioma - 13; leiomyosarcoma - 1

LONG BEACH: Sarcoma, NOS - 9

WEST SAN FERNANDO VALLEY: Malignant fibrous histiocytoma - 2

SAN BERNARDINO (INLAND): Malignant fibrous histiocytoma - 8

FOLLOW-UP:

On April 15, 1982 the patient was examined by Dr. Finklestein. He had received 3200 rads to cover tumor in upper dorsal spine extending possibly to T12. The patient expired on July 6, 1982 in Brazil.

FILE DIAGNOSIS:

Sarcoma, NOS, pleura

X-FILE

Malignant fibrous histiocytoma, pleura

REFERENCES:

Mierau, G. M., Farona, B. E.: Rhabdomyosarcoma in Children. Cancer 46: 2035-2040, 1980. (EM Study of 31 cases in children).

Maurer, H. M., Meon, T., Donaldson, M., et. al.: The Intergroup Rhabdomyosarcoma study. Cancer 40:2015-2026, 1977. (Treatment and staging of 423 children with rhabdomyosarcoma).

Koh, S. J., Johnson, W. W.: Antimyosin and Antirhabdomyoblast Sera: Their Use for the Diagnosis of Childhood Rhabdomyosarcoma. Arch. Pathol. Lab. Med. 104, 118-122, 1980. (Use of immuoflourescence and immunoperoxidase in diagnosis).

CASE NO. 7 - ACCESSION NO. 21684 APRIL 1986

LOS ANGELES: Hemartomatous polyp (aka Choristoma) - 6; polypoid gastric heterotopia - 2

SAN FRANCISCO: Heterotopic gastric mucosa - 7

OHIO: Hemartomatous polyp - 5

BAKERSFIELD: Adenocarcinoma, focal - 4

OAKLAND: Heterotopic gastric hamartomatous polyp - 14

LONG BEACH: Polypoid gastric heterotopic tissue - 9

WEST SAN FERNANDO VALLEY: Peutz-jegher polyp - 2

SAN BERNARDINO (INLAND): Hamartomatous polyp - 8

FOLLOW-UP:

No follow-up available.

FILE DIAGNOSIS:

Hamartomatous polyp, jejunum

REFERENCES:

Remine, W. H., Brown, P. W., Gomes, M. M. R., Harrison, E. G.: Polypoid Hamartomas of Brunner's Glands. Report of six surgical cases. Arch. Surg. 100:313-316, 1970.

CASE NO. 8 - ACCESSION NO. 24058 APRIL 1986

LOS ANGELES: Immature teratoma - 9

SAN FRANCISCO: Immature teratoma - 7

OHIO: Immature teratoma - 5

BAKERSFIELD: Teratoma - 3; immature teratoma - 1

OAKLAND: Immature teratoma, Grade II - 14

LONG BEACH: Immature teratoma - 9

WEST SAN FERNANDO VALLEY: Benign cystic teratoma - 2

SAN BERNARDINO (INLAND): Immature teratoma - 8

FOLLOW-UP:

The patient was last seen in January 1985, at which time he was doing well.

FILE DIAGNOSIS:

Immature teratoma, ovary

REFERENCES:

Beilby, J. O. W., Parkinson, C.: Features of Prognostic Significance in Solid Ovarian Teratoma. Cancer 36:2147-2159, 1975. (Review of 20 cases, prognostic factor).

Norris H. J., Zirkin, H. J., Benson, W. L.: Immature (malignant) Teratoma of the Ovary. Cancer 37:2359-2372, 1976. (Review of 58 cases, grading, prognosis).

Nogales, F. F., Favara, B. E., Major, F. J. Silverberg, S. G.: Immature Teratoma of the Ovary with a Neural Component (solid teratoma). Hum. Pathol. 7:625-642, 1976. (Pathologic study of 20 cases, treatment, prognosis).

CASE NO. 9 - ACCESSION NO. 24246 APRIL 1986

LOS ANGELES: Leiomyoma - 9

SAN FRANCISCO: Leiomyoblastoma - 5; mesenteric fibromatosis - 2

OHIO: Lipoblastomatosis - 5

BAKERSFIELD: Leiomyoma - 4

OAKLAND: Leiomyoma - 9; angiomyoma - 5

LONG BEACH: Leiomyoma (myxoid) - 9

WEST SAN FERNANDO VALLEY: Retroperitoneal low-grade leiomyosarcoma - 2

SAN BERNARDINO (INLAND): Angioleiomyoma - 4; epithelioid leiomyosarcoma - 2; liposarcoma - 2

FOLLOW-UP:

No follow-up available.

SPECIAL STAINS:

EM: Spindle cells contained numerous fine filaments with focal peripheral condensation and "concertina" nuclei typical of smooth muscle cells.

FILE DIAGNOSIS:

Leiomyoma, retroperitoneum

REFERENCES:

MacDonald, D. M., Sanderson, K. V.: Angioleiomyoma of the Skin. Br. J. Dermatol 91:161-168, 1976. (Clinical and histologic features of 18 cases of cutaneous angioleiomyoma).

Hachiguga, T., Hashimoto, H., Enjoji, M.: Angioleiomyoma. Cancer 54: 126-130, 1984. (Review of 562 cases).

Enzinger and Weiss: Soft Tissue Tumors, pp. 285-290. (These rarely occur in deep soft tissue and rarely in retroperitoneum).

CASE NO. 10 - ACCESSION NO. 24478 APRIL 1986

LOS ANGELES: Neurilemmoma - 9

SAN FRANCISCO: Schwannoma - 7

OHIO: Schwannoma - 5

BAKERSFIELD: Benign schwannoma - 4

OAKLAND: Neurilemmoma - 14

LONG BEACH: Schwannoma - 8; neurofibrosarcoma - 1

WEST SAN FERNANDO VALLEY: Neurilemmoma - 2

SAN BERNARDINO (INLAND): Multinodular or plexiform neurilemmoma - 8

FOLLOW-UP:

Patient has not returned to her physician.

FILE DIAGNOSIS:

Neurilemmoma, arm

REFERENCES:

DasGupta, T. K., Brasfield, R. D., Strong, E. W., Hajdu, S. I.: Benign Solitary Schwannomas (Neurilemmomas). Cancer 24:355-366, 1969. (Review of clinical features in 303 patients).

Waggener, J. D.: Ultrastructure of Benign Peripheral Nerve Sheath Tumors. Cancer 19:699-709, 1966. (EM distinction of neurilemmoma and neurofibroma).

Siam, C. S., Ryan, S. F.: The Ultrastructure of Neurilemmoma with Emphasis on Antoni B. Tissue. Hum. Pathol. 12:145-160, 1981. (Study of 10 cases relationship to granular cell tumor and Wallerian degeneration).

White, N. B.: Neurilemmomas of the Extremities. J. Bone Joint Surg. 49A:1605-1610, 1976. (Clinical features in 32 patients).

LOS ANGELES: Hepatocellular cacinoma - 7; hepatoblastoma - 2

SAN FRANCISCO: Hepatocellular carcinoma - 7

OHIO: Hepatoblastoma - 5

BAKERSFIELD: Hepatoblastoma - 3; liver cell carcinoma - 1

OAKLAND: Hepatoblastoma - epithelial - 13; mixed or combined liver + duct types - 1

LONG BEACH: Hepatoblastoma - 9

WEST SAN FERNANDO VALLEY: Hepatoblastoma - 2

SAN BERNARDINO (INLAND): Hepatoblastoma - 5; hepatocellular carcinoma- 3.

FOLLOW-UP:

Two weeks following the partial hepatectomy, a chest x-ray showed multiple lesions consistent with metastatic desease. She was discharged home for supportive care and expired on July 13, 1976. Autopsy findings included metastatic disease involving lung, pleura, lymph nodes, and peritoneum. Non-specific myocarditis and myometritis were also present.

FILE DIAGNOSIS:

Hepatoblastoma, liver

X-FILE

Hepatocellular carcinoma, liver

REFERENCES:

Horie, A., Kotoo, Y., Hayashi, I.: Ultrastructural Comparison of Hepatoblastoma and Hepatocellular Carcinoma. Cancer 44:2184-2193, 1979. (EM studies of fetal liver, hepatoblastoma, and hepatocellular carcinoma).

Ishak, K. G., Glunz, P. R.: Hepatoblastoma and Hepatocarcinoma in Infancy and Childhood. Cancer 20, 396-422, 1976. (Clinical, pathologic and follow-up data on 47 patients).

Misugi, K., Okajima, H., Misugi, N., Newton, W. A.: Classification of Primary Malignant Tumors of Liver In Infancy and Chilhood. Cancer 20; 1760-1771, 1967. (24 cases, division into hepatoblastoma and hepatocellular carcinoma).

LOS ANGELES: Poorly differentiated lymphoma - 9

SAN FRANCISCO: Lymphoma - 7

OHIO: Malignant lymphoma of appendix - 5

BAKERSFIELD: Carcinoid - 3; malignant lymphoma, diffuse, large cell - 1

OAKLAND: Diffuse poorly differentiated lymphoma - 14

LONG BEACH: Malignant lymphoma - 9

WEST SAN FERNANDO VALLEY: Lymphoma - 2

SAN BERNARDINO (INLAND): Lymphoma - 6; pseudomymphoma - 2

FOLLOW-UP:

The primary physician said that at present the patient is in remission.

CONSULTATION:

R. J. Lukes, M. D. (University of Southern California): Small non-cleaved follicular center cell lymphoma, non-Burkitt type, involving the appendix. (Semin. Hematol. 15:322-351, 1978: Lab. Investigation 59:64A, 1982).

Children's Hospital of Los Angeles: Undifferentiated malignant lymphoma, small non-cleaved cell.

FILE DIAGNOSIS:

Lymphoma, appendix

REFERENCES:

Arseneau, J. C., Canellos, G. P., Banks, P. M., Bernard, C. W., Granlnick, H. R., Devita, V. T.: American Burkitt's Lymphoma: A Clinico-pathologic study of 30 cases. Am. J. Med. 58:314-321 and 322-329, 1975. (Review of 30 cases, relationship of LDH level to prognosis, pathologic findings).

Nkrumah, F. K., Perkins, I. V.: Burkitt's Lymphoma: A Clinical Study of 110 Patients. Cancer 37:671-676, 1976. (Clinical features, treatment, prognosis).

Ziegler, J. L.: Treatment Results of 54 American Patients with Burkitt's Lymphoma are Similar to the African Experience. New Eng. J. Med. 297:75-80, 1977. (Treatment and prognosis).

Galloway, W. H., Owens, E. J.: Primary Lymphosarcoma of Appendix Occuring in Childhood. Br. Med. J. 2:1387-1388, 1949. (Reports one case, reviews 7 others. No microscopic details given that would allow subclassification).