TUMOR TISSUE REGISTRY

LOS ANGELES COUNTY HOSPITAL

****

PROTOCOL

For

MONTHLY SLIDES

AUGUST 1961

TUMORS AND TUMOR-LIKE LESIONS

OF

FIBROBLASTS AND SCHWANN'S CELLS

CASE NO. 1 AUGUST 1961

ACCESSION NO. 11526 OUTSIDE NO. 60-K-155

NAME: J. B.
AGE: 15 SEX: Male RACE: Unknown

CONTRIBUTOR: Jeanne I. Miller, M. D.
Modesto, California

TISSUE FROM: Lower abdominal wall.

CLINICAL ABSTRACT:

The patient had had a midline lower abdominal skin lesion since birth. The mother thought that the lesion had been enlarging for the six months prior to excision.

GROSS PATHOLOGY:

The specimen consisted of a portion of skin and subcutaneous tissue, measuring approximately 3 x 2 x 2 cm. On section, a rubbery, firm, grey-white translucent tumor mass occupied most of the specimen beneath the skin surface and extended to the deep margin of the excision.

FOLLOW-UP:

In May 1961 the patient was presumed to be well. "At least two letters have been written to the patient's parents requesting that they bring the child in for clinical examination. There has been no response." (July 1961).

CASE NO. 2 AUGUST 1961

ACCESSION NO. 11161 OUTSIDE NO. 1960-60

NAAE: R. A. G.
AGE: 17 SEX: Male RACE: Caucasian

CONTRIBUTOR: John J. Gilrane, M. D.
St. Luke Hospital
Pasadena, California

TISSUE FROM: Left shoulder.

CLINICAL ABSTRACT:

History: The patient had a skin lesion in the region of the left shoulder for an unknown period of time. While being examined by the Naval Admissions Office, a 4 cm. in diameter tumor was found in the back, underneath the deep fascia just to the right of the spinous process of the second lumbar vertebra.

Physical examination: The left shoulder tumor was approximately 2.5 cm. in greatest dimension and appeared attached to the skin.

SURGERY:

On July 11, 1960, the two lesions were excised.

GROSS PATHOLOGY:

The shoulder lesion was a 1.5 x 1 x 0.5 cm. nodule, firm on section. Note: The back lesion was microscopically a neurilemmoma.

CASE NO. 3 AUGUST 1961

ACCESSION NO. 11470 OUTSIDE NO. 61-781

NAME: M. A. F.
AGE: 60 SEX: Female RACE: Caucasian

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

TISSUE FROM: Left pectoralis major muscle.

CLINICAL ABSTRACT:

History: The patient noticed a slightly tender swelling beneath the left breast about March 30, 1961. Her attending physician recommended exploration because the lesion appeared like a neoplasm rather than like an inflammatory process.

SURGERY:

On April 4, 1961, the tumor was excised from the belly of the pectoralis major muscle in the anterior axillary line. A wider excision was performed April 10, which included portions of several subjacent ribs and all of the soft tissues for a distance of 5-10 cm. around the original operative site.

GROSS PATHOLOGY:

The 7 x 1.6 cm. skin ellipse had attached a 1 cm. thickness of subcutaneous fat. On the deeper aspect of this fat layer was an oval nodule, 4.6 x 3.2 cm., to the surface of which tags of skeletal muscle were attached. The nodule had a rubbery consistency and the cut surface was grey, highly cellular, glistening in appearance with some apparent partial subdivision into lobules. The tumor merged imperceptibly into the attached skeletal muscle.

FOLLOW-UP:

There was no sign of any recurrence to date as of July 15, 1961, nor where there any symptoms referable to original lesion.

CASE NO. 4 AUGUST 1961

ACCESSION NO. 11237 OUTSIDE NO. S-3454-60

NAME: C. E. G.
AGE: 27 SEX: Male RACE: Caucasian

CONTRIBUTOR: B. E. Konwaler, M. D.
Veterans Administration Hospital
Long Beach, California

TISSUE FROM: Right lateral neck.

CLINICAL ABSTRACT:

History: This patient had noticed a mass in the right side of the neck for three months. Because he had difficulty fastening the collar, he went to his physician who administered penicillin for five days. When no improvement occurred, he saw another doctor who had x-rays of the neck and chest taken; these films were negative. Routine laboratory tests and tuberculin sensitivity skin test were likewise negative. A needle biopsy of the right tonsil (November 29, 1960) and incision biopsy of the neck mass (December 1, 1960) were done at the Pasadena Tumor Institute and reported respectively as acute suppurative tonsillitis and sclerosing inflammation in soft tissue.

Physical examination: When admitted to the Long Beach Veterans Administration Hospital, the examination was negative except for a firm, slightly tender, somewhat fixed 10 x 7 cm. mass in the right lateral neck. Laboratory studies and chest x-rays were normal.

SURGERY:

A needle biopsy was performed on December 14, 1960, and a right radical neck dissection (including portion of the trapezius muscle) was done December 27, 1960, at which time the tumor was adherent to the cervical vertebrae and vertebral transverse processes and infiltrating along the nerves into the axilla and posteriorly into the subscapular region. All gross tumor was removed.

GROSS PATHOLOGY:

The main tumor mass measured 14.5 x 6 x 3 cm., and multiple sections revealed a grey-yellow-white surface, in some areas appearing much like mucoid material. In other areas there was definite calcification or bone formation. The tumor surrounded muscles and nerves.

FOLLOW-UP:

The patient was discharged January 18, 1961 and returned to work February 6, 1961. On a visit to the Out-patient Service, March 23, 1961, he was in very good condition without apparent extension. There was no evidence of disease on the last clinic visit, June 29, 1961.

CASE NO 5 AUGUST 1961

ACCESSION NO. 11207 OUTSIDE NO. 60-3140

NAME: D. C.
AGE: 11 SEX: Female RACE: Unknown

CONTRIBUTOR: William C. Herrick, M. D.
Grossmont Hospital
La Mesa, California

TISSUE FROM: Below left knee.

CLINICAL ABSTRACT:

History: The lesion just below the left knee had been present for two years, but only recently it had become painful and somewhat more prominent.

SURGERY:

The mass was removed with ease. At surgery the mass was located just below the left knee over the region of the peroneal nerve; it appeared to be located directly on the bony periosteum.

GROSS PATHOLOGY:

The encapsulated tumor mass measured 3.5 x 4 x 2.5 cm. The cut surface was yellow-white, punctuated by a few hemorrhagic stria.

CASE NO. 6 AUGUST 1961

ACCESSION NO. 10566 OUTSIDE NO. 59-485

NAME: L. H.
AGE: 16 SEX: Female RACE: Caucasian

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

TISSUE FROM: Paravertebral mass, lower posterior thorax.

CLINICAL ABSTRACT:

History: A lump under the skin of the thorax was first noted by the patient and her mother in early childhood; it did not appear to increase in size until the recent past, beginning about July 1958. Since that time a second smaller lump appeared beneath the skin of the lower thorax posteriorly but on the opposite side.

Her bones appeared to have been abnormally fragile: There were spontaneous fractures of one femur and one rib at the age of 6 months; the same femur was again fractured at the age of 2 years; a wrist fracture occurred at the age of 3 years; and the coccyx fractured at age 6 after a fall. All of these fractures healed within a normal time interval without residual difficulty. Other medical treatment included removal of a birthmark on the left leg by dry ice during infancy, and a second one involving the skin of the intermammary area one year later; these lesions were clinically called "strawberry marks."

Physical examination: Two vaguely defined masses were located in the paravertebral area of the posterior chest wall at the level of T_9 - T_{11}. The larger mass measured 4 x 6 inches. These were not tender; they extended into the substance of the spinal musculature. A third mass (this one unnoticed by the patient) could be vaguely palpated in the lumbosacral area and measured 4 x 4 inches. Numerous tan or brown macules and papules were found over the skin of the chest and abdomen and were interpreted as nevi or vascular anomalies.

X-rays: A complete skeletal survey disclosed no active lesions. Healed fractures of the left femur were noted and the degree of mineralization and of bone growth were reported as normal.

SURGERY:

On March 6, 1959, the largest subcutaneous mass was resected. It had displaced the paraspinous muscles laterally and was found to be more or less firmly attached to the vertebral laminae and spinous processes. Following frozen section, only the major portion of the large mass was removed since a complete resection would have involved a radical procedure with considerable loss of blood and skeletal muscle. Postoperative course was uneventful.

ACCESSION NO. 10566

GROSS PATHOLOGY:

The oval rubbery mass was 9 x 4 cm, and its external surface was partly smooth and partly ragged. Multiple sections revealed a fairly uniform rubbery consistency throughout, of predominantly white color without any recognizable subdivisions nor any focal necrosis. The cut surface was glistening with a faint whorled pattern. A tough membranous fascia-like sheet covered one pole of the specimen. Also submitted were three irregular ragged scraps of dense tissue, the largest measuring 9.5 x 3 x 1.5 cm.; multiple sections revealed numerous rubbery nodules scattered through a softer matrix, the nodules being similar to the large nodule already described.

FOLLOW-UP:

About one year after surgery, the tumor mass recurred in the upper thoracic area in the right sacrospinalis group; it increased in size gradually and produced some discomfort. Physical examination disclosed three separate masses firmly fixed to the sacrospinalis muscles in the lower thoracic area, the largest being 10 cm. in greatest dimension. These were not distinctly tender and were firmly fixed to the underlying tissues. On February 20, 1961 all visible and palpable masses were removed. Post-operative course was uneventful and the patient was in good condition.

Patient was lastseen by her physician on April 5, 1961, at which time she had no complaints and there were no signs of any recurrence of the neoplasm either locally or elsewhere.

CASE NO. 7 AUGUST 1961

ACCESSION NO. 7544 OUTSIDE NO. 54-9823

NAME: S. E.
AGE: 72 SEX: Male RACE: Caucasian

CONTRIBUTOR: W. K. Bullock, M. D.
Los Angeles, California

TISSUE FROM: Right ear.

CLINICAL ABSTRACT:

History: The patient had a tumor of the right ear of 7 weeks' duration. When seen by the Tumor Board, August 2, 1954, the lesion was pedunculated and infected and was clinically thought to be an infected granuloma. When first noticed by the patient, the tumor was a small painless lump.

Physical examination: A pedunculated fungating tumor, about 2 cm. in diameter, arose from the concha of the right ear. The base blended imperceptibly into the pinna, and it did not extend into the canal. The tympanic membrane was clear. There were no enlarged lymph nodes.

SURGERY:

On August 11, 1954, the lesion was excised with 1 cm. margins around the 0.5 cm. pedicle down through cartilage. Skin graft from the abdomen was used to cover the defect.

GROSS PATHOLOGY:

The skin ellipse measured 3 x 2.5 cm. Attached to it by a 0.7 cm. stalk was a 2.5 cm. in diameter tumor mass, the surface of which was nodular and covered with smooth adherent red-brown exudate. On section the tumor was somewhat lobulated, fairly firm and solid throughout. No gross extension was noted below its skin attachment. Surgical margins appeared adequate.

FOLLOW-UP:

In November 1960, he was seen in Dermatology Clinic for chronic dermatitis, but there was no recurrence of the ear lesion.

CASE NO. 8 AUGUST 1961

ACCESSION NO. 10463 OUTSIDE NO. S-528-59

NAME: D. S.
AGE: 16 months SEX: Male RACE: Caucasian

CONTRIBUTOR: S. K. Abul-Haj, M. D.
Walter Reed General Hospital
Washington, D. C.

TISSUE FROM: Postauricular mass.

CLINICAL ABSTRACT:

History: The mother of the patient noticed a small hard mass in the right postauricular region when the infant was two months old. The mass increased in size progressively. Growth was especially rapid in the two months preceding surgery.

Physical examination: A large, hard, knobby postauricular mass was found overlying the right mastoid and temporal bones. The mass was fixed, elevated to 3 cm. above the skin surface, and measured 6 x 4 cm. Routine laboratory tests were normal.

SURGERY:

At operation (May 10, 1959) the mass was found to extend through the mastoid and temporal bones to the dura and projected into the posterior intracranial fossa through the petrous bone to the dura. The brain was not involved. The bulk of the mass was extracranial.

GROSS PATHOLOGY:

The rubbery, firm, irregular, grey-white mass measured 5.5 x 4.5 x 3.5 cm. The surface was shaggy and irregular, and there was no suggestion of a capsule. It blended imperceptibly into skin at one end and was adherent to the bone at the opposite extremity. Cut surface was fascicular and trabecular, glistening grey-white, and had a fish-flesh appearance.

FOLLOW-UP:

The child has been free of disease (February 1961).

CASE NO. 9 AUGUST 1961

ACCESSION NO. 11645 OUTSIDE NO. 59-3340

NAME: D. P.
AGE: 40 SEX: Female RACE: Caucasian

CONTRIBUTOR: John C. Roos, M. D.
Loma Linda, California

TISSUE FROM: Right forearm

CLINICAL ABSTRACT:

History: The patient noted by chance the day before Thanksgiving 1959, a nodule on the right forearm. She had a faint recollection of a "bruise" in this same area 3 or 4 months prior to the development of the nodule. She felt that the nodule had not been there long, because its location was such that it would have been noticed quickly. She was attending the University and was doing much writing, handling books, etc., but was unable to recall any violent activity in the preceding several weeks.

Physical examination: A non-tender 1 cm. subcutaneous nodule was present on the volar aspect of the right forearm several centimeters proximal to the base of the thumb.

SURGERY:

The lesion was removed under local anesthesia November 30, 1959.

GROSS PATHOLOGY:

The specimen consisted of a 2.5 x 2 x 1.3 cm. mass of moderately firm yellow and grey tissue presenting a central firm grey 0.7 cm. rough nodule.

FOLLOW-UP:

There has been no recurrence to date (July 1961), and only some numbness and tingling sensation in the skin distal to the surgical site.

NOTE: Because of the small size of this lesion, two similar cases were selected for No. 9. Some boxes contain Accession No. 11525 and the other boxes contain Accession No. 11645. Protocols are submitted for both cases.

CASE NO. 9 AUGUST 1961

ACCESSION No. 11525 OUTSIDE NO. 60-348

NAME: K. W.
AGE: 54 SEX: Male RACE: Caucasian

CONTRIBUTOR: Charles J. McCammon, M. D.
Desert Hospital
Palm Springs, California

TISSUE FROM: Left arm.

CLINICAL ABSTRACT:

History: The patient noticed a small firm area beneath the skin of the lateral surface of the left upper arm approximately two weeks before seeing his doctor.

Physical examination: A very firm subcutaneous lesion, 2.5 cm. in diameter, was found on the left upper arm. The skin surface over the lesion was intact, and the lesion bulged outwardly.

SURGERY:

The lesion was totally excised March 5, 1960.

GROSS PATHOLOGY:

The specimen consisted of a subcutaneous mass with fatty tissue, 2.5 cm. in diameter. The central portion was firm, white, fibrous and extended in stellate fashion into the surrounding fat. A few soft, yellow, necrotic areas were identified.

FOLLOW-UP:

There has been no recurrence of the lesion (June 1961).

NOTE: Because of the small size of this lesion, two similar cases were selected for No. 9. Some boxes contain Accession No. 11525 and the other boxes contain Accession No. 11645. Protocols are submitted for both cases.

CASE NO. 10 AUGUST 1961

ACCESSION NO. 11656 OUTSIDE NO. OH-61-212

NAME: J. H.
AGE: 56 SEX: Male RACE: Caucasian

CONTRIBUTOR: C. P. Schwinn, M. D.
Orthopaedic Hospital
Los Angeles, California

TISSUE FROM: Left hand.

CLINICAL ABSTRACT:

History: The patient experienced onset of pain and tenderness in the palm of the left hand about 9 months prior to seeing his physician. There had been no history of trauma (the patient is a service station operator).

SURGERY:

Strands of tough fibrous connective tissue were excised from the palm of the left hand, May 12, 1961.

GROSS PATHOLOGY:

The specimen consisted of multiple pieces varying from 3 x 3 cm. to 1.5 x 1.5 cm. of grey, firm, elastic fibrous tissue.

CASE NO. 11 AUGUST 1961

ACCESSION NO. 10161 OUTSIDE NO. SC-58-1694

NAME: M. A. B.
AGE: 1 day SEX: Female RACE: Caucasian

CONTRIBUTOR: A. James McAdams, M. D.
Children's Hospital of the East Bay
Oakland, California

TISSUE FROM: Left thigh.

NOTE: This patient is a sibling of the patient described under Accession No. 11401.

CLINICAL ABSTRACT:

History: At birth a firm dimpled area with wrinkled edges and palpable induration of underlying subcutaneous tissue was noticed on the inner surface of the left mid-thigh. A similar lesion, 2 cm. in diameter, which appeared as a red-blue swelling over the Achilles tendon of the right leg was also noticed. The edges were firm and the central portion was soft and fluctuant.

SURGERY:

Biopsy of the leg lesion was done August 2, 1958. Incomplete excisions of both lesions were performed August 7, 1958.

GROSS PATHOLOGY:

The thigh lesion was of rubbery consistency and showed a central irregular 2.5 cm. area of dimpling on the skin surface. The cut surface showed very irregular extension of pale grey tissue deep into subcutaneous fatty areolar tissue.

The leg lesion was submitted in multiple portions, the largest being 4 x 3.5 x 0.8 cm. Most of the skin surface was bosselated and there was a central ulceration. A large cystic space which had been ruptured was present. The dermis and subcutaneous tissue were extensively replaced by firm grey tissue. Other areas presented intermixtures of normal tissue and varying amounts of firm, grey-white tissue, in some places appearing like hyalin and in others somewhat gelatinous.

FOLLOW-UP:

There has been no recurrence of the lesions two and a half years later in spite of the incomplete excision done at the time.

CASE NO. 11 AUGUST 1961

ACCESSION NO. 11401 OUTSIDE NO. SC 60-426

NAME: R. B.
AGE: 10 days SEX: Male RACE: Caucasian

CONTRIBUTOR: A. James McAdams, M. D.
Children's Hospital of the East Bay
Oakland, California

TISSUE FROM: Thigh

NOTE: This patient is a sibling of the patient described under Accession No. 10161.

CLINICAL ABSTRACT:

At the age of 10 days, a mass was discovered within the rectus femoris in the mid-thigh.

The mass was excised and found to consist of a near perfectly round mass, 2 cm. in diameter which, on section, bulged conspicuously and had a grey-brown necrotic appearance.

The baby had no recurrence of the lesion as of age 3 months.

CASE NO. 12 AUGUST 1961

ACCESSION NO. 11638 OUTSIDE NO. D-1859-60

NAME: J. T.
AGE: 18 SEX: Female RACE: Caucasian

CONTRIBUTOR: Shirley M. Schneider, M. D.
Orange, California

TISSUE FROM: Right ankle area.

CLINICAL ABSTRACT:

History: Two years before seeking medical attention, the mother of the patient noted a nontender and apparently asymptomatic swelling in the front of the ankle joint. The patient had noted recently slight pain in the distal tibiofibular joint, especially at night.

Physical examination: On December 5, 1960, there was a firm, somewhat fixed mass over the anterior aspect of the tibiotalar joint, measuring 3 x 4 cm., and there was slight tenderness in the region of the distal tibiofibular joint.

X-rays showed a faint, circumscribed mass with calcific stippling located anterior to the ankle joint.

SURGERY:

On December 16, 1960, surgical exploration was done. There was a diffuse invasive soft tissue tumor that encircled the dorsalis pedis artery and infiltrated the entire inferior extensor retinaculum. Clinically, this lesion appeared to be sarcomatous. Frozen sections obtained were inconclusive. Because of the suspicious nature of this lesion, a radical local resection, including capsules of the tibiotalar, the calcaneocuboid, and the talonavicular joints, and in addition, the neurovascular bundle and the entire extensor retinaculum, was done. Tendon sheaths were also resected, leaving the extensor tendons bridging the front of the foot.

GROSS PATHOLOGY:

The en bloc excision of the tumor mass measured 7 x 5 x 2 cm. Along one margin a portion of the extensor brevis muscle was attached, and the lateral tarsal branch of the dorsalis pedis artery was also apparently included, passing through the tumor mass. Multiple sections revealed a poorly circumscribed, rubbery, glistening, minutely nodular greyish-white growth that displaced and infiltrated portions of tendons and adjacent fibrofatty tissue. Numerous small punctate, calcific areas gave a gritty sensation when cut.

STUDY GROUP CASES August 1961

FOR

AUGUST 1961

TUMORS AND TUMOR-LIKE LESIONS

OF

FIBROBLASTS AND SCHWANN'S CELLS

CASE NO. 1, ACCESSION NO. 11526, Jeanne I. Miller, M. D., Contributor

LOS ANGELES:

Dermatofibrosarcoma protuberans, 8; dermatofibroma, 3.

SAN FRANCISCO:

Desmoid tumor, 3; neurilemmoma, 3; dermatofibrosarcoma protuberans, 10.

OAKLAND:

Dermatofibroma (sclerosing hemangioma opinions included), 14; dermatofibrosarcoma protuberans, 2.

CENTRAL VALLEY:

Dermatofibroma, 3; dermatofibrosarcoma and juvenile desmoid, 2.

SAN DIEGO:

Well differentiated liposarcoma, 2; juvenile xanthoma, 4; fibromatosis (including one, desmoid), 5.

WEST LOS ANGELES:

Dermatofibroma (sclerosing hemangioma), 6; dermatofibrosarcoma, 3.

OTHER STUDY GROUP

VENTURA:

Juvenile fibromatosis, 4; congenital desmoma, 1; dermatofibroma, 1.

FILE DIAGNOSIS: Dermatofibroma 180-870 A

Cross-file: Dermatofibrosarcoma protuberans 180-879 F

Reference:

Pack and Taban, AMA Arch. of Surg. 62:391, 1951

August 1961

CASE NO. 2, ACCESSION NO. 11161, John J. Gilrane, M. D., Contributor

LOS ANGELES:

Dermatofibroma, 14.

SAN FRANCISCO:

Dermatofibroma, 18; neurofibroma, 4; fibrosarcoma, 2.

OAKLAND:

Dermatofibroma (sclerosing hemangioma), 14.

CENTRAL VALLEY:

Dermatofibroma, 5; sclerosing hemangioma, 2.

SAN DIEGO:

Xanthoma, 5; histiocytoma, 1; dermatofibroma, 5.

WEST LOS ANGELES

Dermatofibroma, 8; dermatofibrosarcoma, 1.

OTHER STUDY GROUP

VENTURA:

Sclerosing hemangioma, 4; pericytoma, 1.

FILE DIAGNOSIS: Dermatofibroma 130-870 A

August 1961

CASE NO. 3, ACCESSION NO. 11470, E. F. Ducey, M. D., Contributor

LOS ANGELES:

Proliferative myositis, 13.

SAN FRANCISCO:

Desmoid tumor, 15; fibrosarcoma, 7.

OAKLAND:

Fibrosarcoma, 12; reactive fibrosis, 1.

CENTRAL VALLEY:

Fibrosarcoma, 5; fascial fibromatosis, 2.

SAN DIEGO:

Some believed it to be invading muscle, calling it low grade fibrosarcoma, 5, and neurofibrosarcoma, 1; others believed it to be arising in muscle calling it pseudosarcomatous fasciitis, benign, 5.

WEST LOS ANGELES:

Fibrosarcoma - unanimous (some thought the lesion may have hemangiomatous or lipomatous origin).

OTHER STUDY GROUP

VENTURA:

Pseudosarcomatous proliferative myositis, 5.

FILE DIAGNOSIS:	Proliferative myositis	270-940
Cross-file:	Fibrosarcoma	180-870 F
	Desmoid	270-870 A

Reference:

Kern, AMA Arch. of Path. 69:209, Feb. 1960.

August 1961

CASE NO. 4, ACCESSION NO. 11237, B. E. Konwaler, M. D., Contributor

LOS ANGELES:

Neurosarcoma, 1; fibrosarcoma, 1; fibromatosis, differentiated fibrosarcoma type, 12.

SAN FRANCISCO:

Fibrosarcoma, 7; fibromatosis, 13; neurofibroma, 5.

OAKLAND:

Fibromatosis, 3; low grade fibrosarcoma, 6; neurofibrosarcoma, 5.

CENTRAL VALLEY:

Synovial sarcoma, 1; mesenchymoma, 1; fasciitis, 5.

SAN DIEGO:

"Synovioma," 4; benign pseudotumor - "myositis, sclerosing fibromatosis, desmoid," 10.

WEST LOS ANGELES:

Fibrosarcoma, 6; nodular fibromatosis, 4.

OTHER STUDY GROUP

VENTURA:

Infiltrating fasciitis, 2; fibromatosis, unclassified, 1; desmoid tumor, 1; neurofibroma, 1.

FILE DIAGNOSIS: Fibromatosis, differentiated fibrosarcoma type 180-940

Cross-file: Fibrosarcoma 180-870 F

Reference:

Stout, Minnesota Med. 43:455, July 1960.

August 1961

CASE NO. 5, ACCESSION NO. 11207, William C. Herrick, M. D., Contributor

LOS ANGELES:

Synovial sarcoma (monophasic), 7; fibrosarcoma, 7.

SAN FRANCISCO:

Leiomyosarcoma, 2; neurilemmal sarcoma, 3; periosteal fibrosarcoma, 10; synovial sarcoma, 5.

OAKLAND:

Sarcoma, spindle cell, further unclassified, 12; fibrosarcoma, periosteal, 1; leiomyosarcoma, 1.

CENTRAL VALLEY:

Malignant schwannoma, 3; periosteal fibrosarcoma, 2.

SAN DIEGO:

Malignant synovioma, 1; fibrosarcoma, 1 (would change to synovial sarcoma if shown epithelial-like spaces); periosteal fibrosarcoma (The AFIP diagnosis: Neurofibrosarcoma); benign periosteal fibroma, 4.

WEST LOS ANGELES:

Leiomyosarcoma, 7; fibrosarcoma, 2; spindle cell sarcoma, 1.

OTHER STUDY GROUP

VENTURA:

Leiomyoma, 4; leiomyosarcoma, 1.

FILE DIAGNOSIS:	Synovial sarcoma (monophasic)	180-8771 F
Cross-file:	Periosteal fibrosarcoma	204-870 F
	Fibrosarcoma	180-870F
	Leiomyosarcoma	180-866 F

August 1961

CASE NO. 6, ACCESSION NO. 10566, E. F. Ducey, M. D., Contributor

LOS ANGELES:

Fibromatosis, desmoid type, 14.

SAN FRANCISCO:

Neurofibromatosis, 10; fibromatosis, 10; no vote, 2.

OAKLAND:

Fibromatosis, 13; fasciitis, 1.

CENTRAL VALLEY:

Neurofibroma, 1; fasciitis, 3; desmoid, 3.

SAN DIEGO:

Von Recklinghausen's disease, 4; fibromatosis, 7.

WEST LOS ANGELES:

Fibrosarcoma, 6; fibromatosis, 4.

OTHER STUDY GROUP

VENTURA:

Neurofibroma, 3; fasciitis, 2.

FILE DIAGNOSIS: Fibromatosis, desmoid type 180-926

Cross-file: Neurofibromatosis 180-8453

Reference:

Prior and Sisson, ANN. Surg. 139:453, 1954

August 1961

CASE NO. 7, ACCESSION NO. 7544, W. K. Bullock, M. D., Contributor

LOS ANGELES:

Squamous carcinoma, spindloid type, 6; leiomyosarcoma, 6; spindle cell tumor, unclassified, 2.

SAN FRANCISCO:

Dermatofibrosarcoma protuberans, 11; leiomyosarcoma, 3; plasma cell granuloma, 4; Kaposi's sarcoma, 2.

OAKLAND:

Fibrosarcoma, 12; fibroma, 1; neurofibrosarcoma, 1.

CENTRAL VALLEY:

Dermatofibrosarcoma - unanimous.

SAN DIEGO:

Pyogenic granuloma, 4; leiomyosarcoma, 3; dermatofibrosarcoma protuberans 2; spindle cell squamous carcinoma, 2.

WEST LOS ANGELES:

Kaposi's hemorrhagic sarcoma - unanimous.

OTHER STUDY GROUP

VENTURA:

Infected fibroma, 5.

FILE DIAGNOSIS:	Dermatofibrosarcoma protuberans	135-870 F
Cross-file:	Fibrosarcoma	135-870 F
	Leiomyosarcoma	135-866 F
	Squamous carcinoma, spindloid type	135-814 F

August 1961

CASE NO 8, ACCESSION NO. 10463, S. K. Abul-Haj, M. D., Contributor

LOS ANGELES:

Juvenile fibromatosis, 14.

SAN FRANCISCO:

Fibroma, 5; fibromatosis, 12; fibrosarcoma, 1.

OAKLAND:

Fibroma, source undetermined, 15.

CENTRAL VALLEY:

Fibroma - unanimous.

SAN DIEGO:

Fibroma, 5; neurofibroma, 3; fibrous meningioma, 1; fibromatosis, 1; sarcoma, 1.

WEST LOS ANGELES:

Low grade fibrosarcoma, 6; neurofibrosarcoma, 1; myxofibroma, 1; fibromatosis, 2.

OTHER STUDY GROUP

VENTURA:

Neurofibroma, 5.

FILE DIAGNOSIS:	Juvenile fibromatosis	180-926
Cross-file:	Fibroma	180-870 A
	Fibrosarcoma (low grade)	180-870 F

Reference:

Stout : Cancer 7:953, 1954

August 1961

CASE NO. 9, ACCESSION NO. 11645, John C. Roos, M. D., Contributor
ACCESSION NO. 11525, Charles J. McCammon, M. D., Contributor

LOS ANGELES:

Infiltrating fasciitis, 14.

SAN FRANCISCO:

Fasciitis, 6; fibrosis (reaction to injury), 8.

OAKLAND:

Reaction to injury (reactive fibrotic lesion), 14.

CENTRAL VALLEY:

Adventitious bursitis, 2; xanthogranuloma, 2; lipoid granuloma (reaction to injury), 3.

SAN DIEGO:

All believed lesion to be benign, two considered as neural origin and the others considered as fasciitis, reaction to injury.

WEST LOS ANGELES:

Nodular fasciitis, 9; liposarcoma, 1.

OTHER STUDY GROUP

VENTURA:

Infiltrating fasciitis, 3; neurofibroma, 1; fibromatous reaction to injury, 1.

FILE DIAGNOSIS: Subcutaneous pseudosarcomatous fibromatosis (fasciitis) 180-940

Cross-file: Traumatic fibrositis 180-4x6

Reference:

Konwaler, Keasbey, and Kaplan, Am. J. Clin. Path. 25:241, 1955

August 1961

CASE NO. 10, ACCESSION NO. 11656, C. P. Schwinn, M. D., Contributor

LOS ANGELES:

Dupuytren's contracture, 14.

SAN FRANCISCO:

Palmar fibromatosis (Dupuytren's), 18; reaction to injury, 1; palmar fibromatosis with reaction to injury, 2.

OAKLAND:

Dupuytren's contracture, 15.

CENTRAL VALLEY:

Dupuytren's fibromatosis - unanimous.

SAN DIEGO:

Keloid scar, 2; nodular fibromatosis (Dupuytren's), 9.

WEST LOS ANGELES:

Nodular fibromatosis - unanimous.

OTHER STUDY GROUP

VENTURA:

Fascial fibrosis (Dupuytren's), 5.

FILE DIAGNOSIS: Dupuytren's contracture (palmar fibromatosis) 296-9x6

August 1961

CASE NO. 11, ACCESSION NO. 10161, A. James McAdams, M. D., Contributor
ACCESSION NO. 11401, A. James McAdams, M. D., Contributor

LOS ANGELES:

Congenital fibromatosis (juvenile fibromatosis), 14.

Dr. A. P. Stout reviewed these cases and his diagnosis was congenital fibromatosis of the juvenile type. This is not to be confused with the generalized form of multiple fibromatosis that occurs at birth and is rapidly fatal. See references.

SAN FRANCISCO:

Plexiform neurofibroma, 5; hereditary polyfibromatosis, 6; fasciitis, 2.

OAKLAND:

Don't know - unanimous.

CENTRAL VALLEY:

Juvenile fibroma, 2; neurilemmoma, 5 (Accession No. 10161).
Organizing hematoma, 1; neurilemmoma, 1; malignant schwannoma, 5 (Accession No. 11401).

SAN DIEGO:

Mitotic areas make one think of a malignancy. Reaction to injury (necrosis, fibrous proliferation), 7; synovioma, 2; embryonal tumor, 1; myxoma, 1 (Accession No. 11401).

Benign mesenchymoma, 1; neurilemmoma, 1; neurofibroma, 8.(Accession No. 10161).

WEST LOS ANGELES:

Neurofibroma, 6; fibromatosis, 4 (Accession No. 10161).
Hemangiopericytoma, 4; vascular undetermined tumor, 6 (Accession No. 11401).

OTHER STUDY GROUP

VENTURA:

Neurofibroma, 2; juvenile aponeurotic fibromas, 3.

FILE DIAGNOSIS: Congenital fibromatosis of juvenile type 180-997

References:

Stout: Cancer 7:953-978, 1954.
Shnitka, Asp and Horner: Cancer 11:627, 1958

August 1961

CASE NO. 12, ACCESSION NO. 11638, Shirley M. Schneider, M.D., Contributor

LOS ANGELES:

Aponeurotic fibroma, 14.

SAN FRANCISCO:

Cartilaginous anlage of fibromatosis, 9; aponeurotic fibromatosis with calcification, 9.

OAKLAND:

Benign, reactive, "fasciitis ossificans," 15.

CENTRAL VALLEY:

Mesenchymoma, 1; ossifying fibroma, 1; fibromatosis, 5.

SAN DIEGO:

Chondro(myxo)fibroma, 5; chondrosarcoma, 2; calcifying fasciitis, 2; benign mesenchymoma, 2.

WEST LOS ANGELES:

Pseudotumor - unanimous
with ossification and calcification (calcifying chondrofibromatosis - unanimous).

OTHER STUDY GROUP

VENTURA:

Mesenchymoma, benign, 1; neurofibroma, 1; juvenile aponeurotic fibroma, 1; no vote, 2.

FILE DIAGNOSIS: Aponeurotic fibroma 299-870A

References:

Keasbey and Fanselau :Clinical Orthopaedics No. 19, J. B. Lippincott Co., 1961.
Keasbey :Cancer 6:338, 1953