TUMOR TISSUE REGISTRY

LOS ANGELES COUNTY HOSPITAL

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PROTOCOL

For

MONTHLY SLIDES

JULY, 1962

TUMORS OF MEDIASTINUM

CASE NO. 1 JULY 1962

ACCESSION NO. 12088 OUTSIDE NO. M-204-62

NAME: L. M.
AGE: 43 SEX: Female RACE: Mexican

CONTRIBUTOR: W. W. Hall, M. D. &
H. V. O'Connell, M. D.
Mercy Hospital
Bakersfield, California

TISSUE FROM: Mesenteric mass

CLINICAL ABSTRACT:

This housewife was admitted to the hospital because of menorrhagia and metrorrhagia. The cause of the excessive vaginal bleeding was thought to be due to multiple leiomyomas of the uterus. She was found to be anemic.

SURGERY:

On January 18, 1962, a total hysterectomy and bilateral salpingo-oophorectomy was done. A number of intramural myomas were present. Also found by the surgeons in palpating the abdominal organs was a large kidney-shaped mass between the leaves of the superior mesentery. This was removed. No metastatic tumor was palpated or visualized.

GROSS PATHOLOGY:

The kidney-shaped mesenteric tumor measured 12 x 8 x 7 cm. and appeared encapsulated. Its surface was somewhat nodular. Cut section was gelatinous in appearance but quite firm with considerable hemorrhage and cystic spaces lined by smooth fibrous or endothelial tissue. Close to the capsule were islands of cellular tissue free of hemorrhage. The uterus measured 9 x 5.5 x 4.5 cm. and contained numerous leiomyomata with one protruding into the endometrial cavity. The endometrium was smooth and about 1 mm. thick. Adenomyosis was present. The tubes and ovaries were not remarkable.

FOLLOW-UP:

Surgeon's report was that as of April 15, 1962, the patient's condition was good. He further emphasized the fact that at surgery the kidneys were both carefully palpated and were found to be entirely normal in outline and in size, being slightly more than 3 cm. in length. He could palpate neither one of the adrenals and there were no masses in the retroperitoneum in either upper quadrant. The tumor was one which was found incidental to a hysterectomy for fibroids and was located in the mesentery of the small bowel between the leaves of the mesentery. A chest film and flat plate of abdomen were taken and showed no abnormality. The patient was somewhat obese at the time of surgery. Her weight was 173 lbs. pre-operatively in January 1962. Her post-operative weight was 162 lbs and this has been maintained in subsequent records of her post-operative visits.

CASE NO. 2 JULY 1962

ACCESSION NO. 12150 OUTSIDE NO. A62-8

NAME: H. Y.
AGE: 57 SEX: Male RACE: Caucasian

CONTRIBUTOR: S. T. Nerenberg, M. D., Ph. D.
Children's Hospital
San Francisco, California

TISSUE FROM: Myocardium

CLINICAL ABSTRACT:

History: This man first entered the hospital on December 7, 1961 because of a sudden onset of hoarseness a few weeks previously. Shortly before admission, dysphagia also developed.

Physical examination: Blood pressure was 140/90 and the general examination was unremarkable except for the neurological findings. The gag reflex was definitely diminished. There was weakness of the muscles of the left palate, paresis of the sternocleidomastoid muscle, and slight deviation of the tongue to the left. Deep tendon reflexes were all normal.

Laboratory and x-ray reports: Routine studies were not remarkable except for a trace of protein in the urine. Electrocardiogram was consistent with posterior-lateral myocardial disease and an incomplete right bundle branch block was present. X-rays showed a concavity of the inferior border of the piriform sinuses and deviation of the cervical esophagus, suggestive of a mass in this region. Excretory urograms showed a large prostate with residual urine after voiding.

COURSE:

The patient was discharged on December 15, 1961 without improvement and with no definite diagnosis. On January 16, 1962, he re-entered the hospital following a cervical lymph node biopsy which demonstrated metastatic tumor. Cobalt-60 radiation had been given to the neck area. On January 16, 1962, a tracheotomy became necessary. Chest film showed an "abscess" cavity in the left lower lobe and pneumonia in both lower lobes. A nodule was seen in the right lower lobe consistent with a metastatic tumor. A destructive process also involved the right posterior 4th rib. On January 19, 1962, a nodule on the abdomen was biopsied and found to be metastatic undifferentiated tumor. A febrile course developed and on February 3, 1962 he died.

AUTOPSY:

Extensive metastases throughout the body were demonstrated. Cranial nerve paralysis was due to involvement of the base of the skull by metastatic

tumor. The heart weighed 500 grams and was not unusual except for being massively infiltrated by grayish white tumor tissue primarily involving the left ventricle, but small metastatic nodules were present in other areas. There were small polypoid projections of tumor between the papillary muscles. There were metastases to subcutaneous fat of abdomen, mesentery, peritoneum, retroperitoneum, left thoracic cavity, mediastinum, adrenals, kidneys, pancreas, lymph nodes, and bones of the skull. Ascites and left pleural effusion were noted and a pulmonary infarct due to embolus was also present.

CASE NO. 3 JULY 1962

ACCESSION NO. 12059 OUTSIDE NO. S-44-62

NAME: E. C.
AGE: 57 SEX: Female RACE: Caucasian

CONTRIBUTOR: Marvin E. Stuckey, Captain
Letterman General Hospital
San Francisco, California

TISSUE FROM: Mediastinum

CLINICAL ABSTRACT:

This housewife was well until November 1961 when she began to experience substernal pain which was dull at first but constant with occasional sharp interscapular pains. There appeared to be no relation to food intake, exercise, or position. Chest x-ray revealed a mediastinal mass which on fluoroscopy was not pulsatile and displaced the esophagus posteriorly and to the right. Barium swallow revealed no intrinsic or mucosal esophageal abnormality. Physical examination and laboratory studies were noncontributory.

SURGERY:

In January of 1962, a thoracotomy was performed. The mass was found firmly attached to the right inferior aspect of the aortic arch and was located between middle and posterior mediastinal boundaries. A small 2 cm. plaque firmly attached to the aorta was not resectable.

GROSS PATHOLOGY:

The tumor mass weighed 260 grams and measured 10 x 9 x 5 cms. It was ovoid, gray-pink, and partially encapsulated. On cut section there was an occasional area of whorled appearance with areas of softening and hemorrhage which measured up to 0.5 cm. An occasional small cyst was present.

FOLLOW-UP:

There is no information available.

CASE NO. 4 JULY 1962

ACCESSION NO. 11040 OUTSIDE NO. 57091

NAME: A. R. C.
AGE: 6 mo. SEX: Female RACE: Caucasian

CONTRIBUTOR: T. J. Curphey, M. D. &
T. C. Nelson, M. D.
Los Angeles, California

TISSUE FROM: Heart

CLINICAL ABSTRACT:

History: This child was the product of a normal pregnancy and delivery and weighed 6 lb. 6 oz. At delivery it was noted to have a rapid pulse and appeared to require oxygen but no cyanosis was observed. At two months of age the child was seen by a pediatrician because the mother thought she was not developing at a normal rate. Apparently nothing alarming was found on examination. At 3½ months the Children's Hospital Clinic was visited and a rather complete examination was done.

Physical examination: Development and activity appeared normal to the examining physician. She measured 23" from head to heel; the circumference of the head was 15", and that of the chest was 14½". The fontanelles were open and normal. The heart was in regular sinus rhythm and a loud systolic murmur was heard at the third left intercostal space and a grade III diastolic murmur was also present. There was no cyanosis. Reflexes were normal.

Laboratory and x-ray reports: Electrocardiogram showed a complete bundle branch block and right ventricular hypertrophy. The rate was 120. X-ray showed that the heart was enlarged in the transverse diameter and a right ventricular type configuration was present. Pulmonary vessels were not remarkable.

COURSE:

The child died at home about July 14, 1960.

AUTOPSY:

This 6 month old female infant weighed 14 lbs. and measured 24 inches and appeared normal on external examination. Examination of the heart, which weighed 75 gms., showed a normal pericardium but a 1 x 1 x .5 cm. sub-epicardial, dome-shaped, pink-tan nodule over the external surface of the right auricle. The right auricular chamber was not remarkable. The tricuspid valve measured 5.5 cm. and was thin and pliable. The right ventricular chamber was moderately dilated. Attached to the upper septal wall in the

pulmonary conus a nodule completely blocked the pulmonary passageway. This nodule measured 2.5 x 2 x 2 cm. and was smooth, pinkish-tan, and moderately firm. Its contour was slightly irregular and cut surface was a homogeneous tan. The nodule was not encapsulated but was distinct from the myocardium. The remaining portions of the heart were not remarkable. Examination of the brain showed firm discrete areas of the cortex particularly over the dorsolateral surface which proved to be lesions of tuberous sclerosis.

CASE NO. 5 JULY 1962

ACCESSION NO. 12200 OUTSIDE NO. 62-A-11

NAME: A. C. P.
AGE: 85 SEX: Male RACE: Caucasian

CONTRIBUTOR: Murdock S. Bowman, M. D.
Veterans Administration Hospital
Livermore, California

TISSUE FROM: Mediastinum

CLINICAL ABSTRACT:

This somewhat senile gentleman was admitted to the hospital because of congestive heart failure. He had been well until 6 or 8 months prior to admission. Chest x-ray showed cardiomegaly, congestive changes, bilateral bronchopneumonia and a dense mass in the anterior mediastinum. Laboratory findings were noncontributory to the identification of the mass in the mediastinum. The patient expired in congestive failure on February 5, 1962.

AUTOPSY:

This disclosed, besides the mediastinal tumor, arteriosclerotic cardiovascular disease, cerebral atrophy, calcific aortic valvulitis, nephrosclerosis, and bilateral bronchopneumonia.

In the anterior superior mediastinum there was an encapsulated, ovoid, soft, hemorrhagic tumor which weighed 325 gms. and measured 12 x 8 x 6 cms. It was loosely attached to the pericardium and extended to the level of the superior thoracic aperture. Numerous blood vessels coursed through its capsule. The cut surface was intensely hemorrhagic, focally quite friable, and there were interspersed finely lobulated fleshy areas and firmer gray white areas. No tumor was found elsewhere.

CASE NO. 6 JULY 1962

ACCESSION NO. 12205 OUTSIDE NO. S491-62

NAME: I. H.
AGE: 29 SEX: Female RACE: Caucasian

CONTRIBUTOR: M. E. Stuckey, Captain
Letterman General Hospital
San Francisco, California

TISSUE FROM: Anterior mediastinum

CLINICAL ABSTRACT:

History: This patient was in good health until one month prior to admission when she noted a gradual swelling in the parasternal area associated with tenderness, redness, and induration. There were no associated cardiac or respiratory symptoms. No weight loss had occurred.

Physical examination: The parasternal skin in the 1st left intercostal space was raised slightly and was red, indurated, and tender. The remainder of the examination was unremarkable.

Laboratory and x-ray reports: Chest films showed a moderately large, superior mediastinal tumor. Bony structures were not involved. The lung fields were clear. Routine laboratory studies were negative.

SURGERY:

On February 6, 1962, a thoracotomy revealed a moderately large, seemingly encapsulated thymic tumor. Contiguous, but not continuous with the thymic lesion, was a large partially encapsulated tumor that was firmly attached to the left border of the sternum and adjacent chest wall. The thymic lesion was dissected free and an en bloc resection of the left chest wall tumor was done. All palpable lymph nodes in the region of the resection were removed.

GROSS PATHOLOGY:

The thymic tumor weighed 90 gms. and measured 11 x 6 x 3.5 cms. Its external surface was incompletely covered by a thin, translucent, fibro-fatty membrane. Cut surface revealed yellow-white multinodular foci up to 1 cm. in diameter against a more translucent pale pink-gray background. The second specimen weighed 285 gms. and was an aggregate of tumor, muscle, and connective tissue attached to the upper left half of the body and manubrium sterni. Portions of the 1st three ribs were also present. The tumor was densely adherent to the posterior surface of the sternum and had eroded through the soft tissue of the 1st intercostal space. It was 6 x 5 x 4 cm. in diameter and cut surface was a red-to yellow in color and soft in consistency. Central areas of softening were evident. No invasion of the sternum or ribs was present. The enlarged nodes had a cut surface not unlike the chest wall tumor.

FOLLOW-UP:

As of May 19, 1962, patient was being treated for right anterior chest wall recurrences with irradiation therapy.

ACCESSION NO. 11995

CASE NO. 6 - MARCH 1962

Additional material received on this case illustrated that this was, in fact, an adult Wilms' tumor. Therefore, we have cut slides demonstrating this component, and have included one in this box to go with your set.

CASE NO. 7 JULY 1962

ACCESSION NO. 10378 OUTSIDE NO. A-3353

NAME: H. P. P.
AGE: 63 SEX: Male RACE: Caucasian

CONTRIBUTOR: Livia Ross, M. D.
Veterans Administration Hospital
Oakland, California

TISSUE FROM: Mediastinum

CLINICAL ABSTRACT:

This 63 year old man was known to have a mediastinal tumor with obstruction of the superior vena cava causing edema and cyanosis of the upper extremities with clubbing of the fingers, cough, and dyspnea. He expired in the hospital on October 1, 1958.

AUTOPSY:

The lungs together with the mass weighed 2435 gms. The tumor mass surrounded and fixed the right main stem bronchus but did not invade it. The branches to the upper, middle, and lower lobes were free of tumor. The left bronchial tree was entirely free of tumor. No tumor was grossly apparent in the subcarinal lymph nodes. The hilar nodes were encased in the tumor mass. The mass had a lobulated outline, appeared encapsulated and was soft, white, with an encephaloid appearance. In areas there was yellow to green necrosis. The tumor surrounded the great vessels of the aortic arch but no direct invasion was present. The superior vena cava, however, was invaded by tumor and irregular, bosselated, polypoid projections were seen within the lumen, but they stopped shortly before the entrance of the azygos vein. No tumor was seen either grossly or microscopically in any other area of the body.

CASE NO. 8 JULY 1962

ACCESSION NO. 11948 OUTSIDE NO. 2983-61

NAME: C. W.
AGE: 3 SEX: Male RACE: Caucasian

CONTRIBUTOR: William P. Snider, M. D. &
Carter M. Alexander, M. D.
Inter-Community Hospital
Covina, California

TISSUE FROM: Posterior mediastinum

CLINICAL ABSTRACT:

A mass was found on a routine chest film of the child. It appeared to be in the right posterior superior mediastinum. Physical examination was otherwise normal. The ensuing laboratory studies were normal and an intravenous pyelogram was also normal.

SURGERY:

On August 20, 1961, approximately one month after the mass was discovered thoracotomy was performed. The mass was the size of a hen's egg and was found in the posterior mediastinal gutter abutting against the superior vena cava and right posterior chest wall. There were numerous fasciculi attaching the mass to the chest wall in the region of the first, second, and third rib heads. The interspaces were carefully dissected free of all evidence of tumor and surrounding tissue.

GROSS PATHOLOGY:

The specimen consisted of a spherical nodule that was firm, gray, with focal stippled yellow areas that were gritty. It measured 2.9 cm. in diameter and the external surface was smooth with an occasional tag of soft tissue present. Another similar nodule, 2.5 cm., was also submitted along with small pieces of tissue from the dissection in the region of the rib heads. These portions had areas of tumor as well as nerve trunks and collections of ganglions suggestive of the sympathetic nerve chain.

FOLLOW-UP:

The child had a pneumonia of the left lower lung lobe in April, 1962, that was treated with antibiotics and cleared normally. A final chest x-ray taken April 13, 1962, showed complete clearing of the pneumonia and no evidence of residual or recurrent tumor in the right posterior superior mediastinum. When last seen by his pediatrician on April 10, 1962, the child appeared well and had no clinical evidence of tumor.

CASE NO. 9 JULY 1962

ACCESSION NO. 11016 OUTSIDE NO. 65221

NAME: L. Q. A.
AGE: 40 SEX: Female RACE: Caucasian

CONTRIBUTOR: Dorothy Tatter, M. D.
Los Angeles County Hospital
Los Angeles, California

TISSUE FROM: Mediastinum

CLINICAL ABSTRACT:

This patient's illness appeared to have its onset in 1950, beginning as right lower quadrant pain and diarrhea. Physical examination was unremarkable except for a grade II systolic murmur heard in the pulmonic area and bilateral upper quadrant abdominal tenderness. Clinical impression was postpartum parametritis and acute gastroenteritis and she was discharged in three days. Two years later a similar episode occurred associated with a low grade fever and several fainting spells. Extensive laboratory and x-ray studies were done. A left hydronephrosis and dilatation of the left ureter were the most significant findings. She was eventually discharged somewhat improved but no specific etiology was established for the hydronephrosis. In 1955, she was admitted to a different hospital because of transient blindness and headaches. Bilateral papilledema and a right hemianopsia were discovered. A ventriculogram was negative except for a pressure of 230 mm. of water. The papilledema regressed during the next several months and the final diagnosis was "pseudo-tumor cerebri." A year later she was again hospitalized with signs and symptoms of a superior vena caval obstruction and in March of 1957 a bypass from the superior vena cava to the right atrium was done. The superior vena cava was thrombosed and the mediastinal structures were bound down by thick fibrous tissue. A scalene lymph node biopsy showed only fibrosis. In September 1959 she was again hospitalized with signs of obstruction of the superior vena cava. Extensive x-ray and laboratory studies were done but were not helpful in establishing an etiology. On June 2, 1960 at surgery, the old homograft was found occluded and fibrotic and a new bypass was formed. Postoperatively the patient did poorly with the development of marked edema and cyanosis of the face and progressive dyspnea and hypotension. On June 4 she was re-explored with the thought that the bypass was again thrombosed or that a cardiac tamponade had occurred but neither was found. Urinary output remained poor and acidosis developed with a rising BUN. She expired on June 6, 1960.

AUTOPSY:

The significant findings were as follows: In the neck, the right internal and external as well as the subclavian, cephalic, and facial veins were thrombosed. The mediastinum was extensively involved by dense fibrous tissue forming adhesions between visceral and parietal pleurae and dense pericardial adhesions. The most dense involvement was between the aorta and pulmonary artery. The original bypass had been ligated and divided by previous surgery and was completely occluded by an old organized thrombus. The most recent teflon graft between the right atrium and superior vena cava

and innominate vein was patent. The azygos and hemiazygos veins were markedly dilated as was the inferior vena cava. There were recent bilateral iliac thrombosis and emboli to the right middle lobe. The coronary arteries were encased in a dense fibrous and plaque-like tissue but there was no encroachment upon their lumens. There was, however, extensive invasion of the myocardium of the right ventricle to the subendocardial surface by the same fibrotic growth. The posterior cusp of the pulmonary valve was practically nonexistent and one other pulmonary cusp was deformed by the invasive fibrous tissue extending down the pulmonary artery. The entire valve appeared scarred and narrowed. The lungs were firmly encased by dense fibrous tissue including the diaphragmatic surface and the spleen was similarly involved. The left ureter was dilated almost its entire length with hydronephrosis of the left kidney. No retroperitoneal fibrosis appeared to be responsible and the exact cause for the ureteral dilatation could not be determined. A short length of nondilated ureter entered the bladder in a normal manner.

CASE NO. 10 JULY 1962

ACCESSION NO. 11492 OUTSIDE NO. S-60-2500

NAME: F. S. L.
AGE: 45 SEX: Female RACE: Caucasian

CONTRIBUTOR: S. K. Abul-Haj, M. D.
Walter Reed General Hospital
Washington 12, D. C.

TISSUE FROM: Mediastinum

CLINICAL ABSTRACT:

An asymptomatic anterior mediastinal mass was discovered during routine annual physical examination. The history and physical examination were essentially within normal limits.

Hemograms and urinalysis were within normal limits.

Chest films revealed an anterior mediastinal mass.

SURGERY:

Circa May 4, 1960, an exploratory thoracotomy with removal of the mass was performed. At operation the mass was overlying the base of the heart, and it was thought to be a thymoma. It shelled out with ease. No thymus was grossly identified.

GROSS PATHOLOGY:

The specimen consisted of a rounded 5.0 cm. firm, discrete mass with a shaggy external surface covered with fibrofat. The cut surface showed it to be composed of interlacing trabeculae of gray-white fibrous tissue.

CASE NO. 11 JULY 1962

ACCESSION NO. 11126 OUTSIDE NO. S60-1497

NAME: B. E.
AGE: 52 SEX: Male RACE: Filipino

CONTRIBUTOR: Donald L. Alcott, M. D.
Santa Clara County Hospital
San Jose, California

TISSUE FROM: Mediastinum

CLINICAL ABSTRACT:

This 52 year old Filipino male was admitted on December 5, 1953. He had been previously hospitalized elsewhere in November 1953 for epigastric pain and jaundice. At laparotomy a subhepatic abscess was found. Because of a febrile post-operative course, a chest x-ray was taken. This revealed miliary disease with a right apical abscess and a large mass in the anterior mediastinum.

Sputum cultures were positive for mycobacterium tuberculosis. A left supraclavicular node showed tuberculous lymphadenitis. On chemotherapy the miliary lesions and the abscess gradually cleared. The mediastinal mass remained essentially unchanged. The patient refused surgery.

He was followed in the Chest Clinic and serial x-rays showed progressive enlargement of the mediastinal mass beginning about October 1956. On January 14, 1960, he returned complaining of chills, fever, cough and weight loss. X-rays revealed evidence of recurrent bilateral miliary disease and a large soft tissue abscess above the left supraclavicular space. The mediastinal mass was somewhat larger and its borders were less distinct. Sputum and abscess material were positive for tubercle bacilli. A good clinical response occurred on chemotherapy.

SURGERY:

At surgery, August 17, 1960, a large firm tumor was found in the left anterior mediastinum. It was adherent to the arch of the aorta and other mediastinal structures.

GROSS PATHOLOGY:

The specimen consisted of a roughly ovoid, tan-pink, coarsely lobulated, firm rubbery mass, 10 x 7.8 x 6 cm. Cut surface revealed a distinct thin capsule and variably-sized discrete and confluent nodules of tan-gray, separated by gray-white narrow and broad septa. At one pole a large, circumscribed, encapsulated nodule, 5 x 4 x 3 cm., with a distinctly different flesh color and patchy hemorrhage was noted.

CASE NO. 12 JULY 1962

ACCESSION NO. 11102 OUTSIDE NO. MHG-60-1904

NAME: H. W.
AGE: 57 SEX: Female RACE: Unknown

CONTRIBUTOR: W. K. Bullock, M. D.
Glendale Memorial Hospital
Glendale, California

TISSUE FROM: Mediastinum

CLINICAL ABSTRACT:

This lady had been well until December of 1959 at which time she contracted a case of pneumonia. Following this a persistent cough developed and she was admitted to the hospital for diagnostic studies. Physical examination was essentially negative but a chest x-ray revealed a mediastinal mass.

SURGERY:

On June 24, 1960, a right thoracotomy was performed and a mass, approximately 9 cm. in diameter, was encountered lying between the left pleura, the right pulmonary artery and vein, and the pericardium on the right side, the right main stem bronchus, and the aorta. The lung was plastered to the lateral surface of this mass. It appeared to be cystic and was firmly adherent to the structures mentioned making excision externally dangerous. An incision was made in the structure. There was no fluid present and no connection to a bronchus was present. From the inside the majority of the structures were dissected free by sharp dissection.

GROSS PATHOLOGY:

The specimen consisted of a thick-walled incomplete cyst, the external surface of which was covered with tags of hemorrhagic tissue between which a glistening white surface was seen. It measured approximately 6 x 5 cm. and the wall varied from 1.5 to 3.0 cm. in thickness. A second piece of tissue, 6 x 3 x 1 cm., completed the cyst. The interior was shaggy to coarsely nodular, partially hemorrhagic. Glistening white tissue occasionally showed through. A small nodular protuberance was noted which on section had the gross appearance of pancreatic tissue. Small portions of glistening, blue-white cartilage appearing tissue were also noted. No tissue identified as bone, hair, or mucin was encountered. The wall was generally made up of dense glistening white and fibroadipose tissue.

STUDY GROUP CASES
FOR
JULY 1962

TUMORS OF MEDIASTINUM

CASE NO. 1, ACCESSION NO. 12088, W. W. Hall, M. D., & H. V. O'Connell, M. D., Contributors

LOS ANGELES:

Leiomyosarcoma (probably primary), 5; angiosarcoma, 2; don't know, 2; abstained, 1.

Alcian Blue-PAS and trichrome stains were requested and done on a more cellular portion of the tumor. These special stains were reviewed by Dr. Hummer (discussant) whose comment is as follows: "Alcian Blue-PAS indicates the cells are mesenchymal and not epithelial. The trichrome stain indicates that this tumor is most probably of smooth muscle origin. Therefore these stains would re-inforce the impression that this is a leiomyosarcoma."

SAN FRANCISCO:

Hemangioendothelioma, benign, 12; hemangioendothelioma, malignant, 2; liposarcoma, 1; paraganglioma, 1.

OAKLAND:

Angiomatous neoplasm (variously hemangiopericytoma, hemangioendothelioma, hemangioma), 4; liposarcoma, 2; angiolipoma, 2.

CENTRAL VALLEY:

Vascular mesothelioma, 6; benign hemangioendothelioma, 5; angiosarcoma, 2.

SAN DIEGO:

Benign hemangioendothelioma - unanimous.

WEST LOS ANGELES:

Benign hemangioendothelioma, 6; paraganglioma, 1; adenoma arising in adrenal cortical rest, 1; cavernous hemangioma, 1; hemangioblastoma, 1.

OTHER STUDY GROUP

VENTURA:

Hemangioendothelioma, benign, 1; hemangioendothelioma, malignant, 2; lymphangioma, 1; no opinion, 1; renal cell carcinoma, 1; mesenchymoma, 2.

FILE DIAGNOSIS: Leiomyosarcoma 650-879 F

Cross-file: Hemangioendothelioma 650-850 B

JULY 1962

CASE NO. 2, ACCESSION NO. 12150, S. T. Nerenberg, M. D., Ph. D., Contributor

LOS ANGELES:

Squamous cell carcinoma (primary origin unknown), 9; rhabdomyosarcoma, 1.

SAN FRANCISCO:

Rhabdomyosarcoma, 12; squamous cell carcinoma, 3; bronchogenic carcinoma, 1.

OAKLAND:

Heart, with metastatic epidermoid carcinoma, 11.

CENTRAL VALLEY:

Rhabdomyosarcoma, 10; squamous bronchogenic carcinoma, 3.

SAN DIEGO:

Epidermoid carcinoma, 8; metastatic malignant melanoma, 3.

WEST LOS ANGELES:

Metastatic pleomorphic giant cell carcinoma - unanimous.

OTHER STUDY GROUP

VENTURA:

Giant cell carcinoma, 1; rhabdomyosarcoma, 7.

FILE DIAGNOSIS: Metastatic squamous cell carcinoma 430-814 I

Cross-file: Rhabdomyosarcoma 430-867 F

JULY 1962

CASE NO. 3, ACCESSION NO. 12059, Marvin E. Stuckey, Captain, Contributor

LOS ANGELES:

Leiomyosarcoma - unanimous. This diagnosis was substantiated by the trichrome and reticulum stains. Origin was considered to be from smooth muscle of blood vessels.

SAN FRANCISCO:

Spindle cell sarcoma, 1; fibrosarcoma, 6; myosarcoma, 4; spindle cell thymic tumor, 1; neurosarcoma, 2.

OAKLAND:

Spindle cell sarcoma, probably leiomyosarcoma, 9.

CENTRAL VALLEY:

Leiomyosarcoma, 9; neurilemmoma, 2; leiomyoma, 1; neurofibrosarcoma, 1.

SAN DIEGO:

Leiomyoma, 2; vascular fibrosarcoma, 5; leiomyosarcoma, 4.

WEST LOS ANGELES:

Spindle cell sarcoma - unanimous (a. low grade fibrosarcoma, 3; b. leiomyosarcoma, 3; c. undetermined, 4).

OTHER STUDY GROUP

VENTURA:

Fibrous thymoma, 1; fibrosarcoma, 7.

FILE DIAGNOSIS: Leiomyosarcoma 039-866 F

JULY 1962

CASE NO. 4, ACCESSION NO. 11040, T. J. Curphey, M. D. & T. C. Nelson, M. D., Contributors

LOS ANGELES:

Rhabdomyoma - unanimous.

SAN FRANCISCO:

Congenital rhabdomyoma, 16; myoma, 1.

OAKLAND:

Rhabdomyoma, 7; hamartoma, 4.

CENTRAL VALLEY:

Rhabdomyosarcoma - unanimous.

SAN DIEGO:

"Don't know," 1; benign myoma of heart, 10.

WEST LOS ANGELES:

Rhabdomyoma - unanimous.

OTHER STUDY GROUP

VENTURA:

Rhabdomyoma of tuberous sclerosis (Bourneville's syndrome), 8.

FILE DIAGNOSIS: Rhabdomyoma 430-867 A

CORRECTION:

ACCESSION NO. 11040
CASE NO. 4 - JULY '62

The Central Valley Study Group reported that its vote was rhabdomyoma - unanimous (The vote originally submitted was rhabdomyosarcoma - unanimous).

JULY 1962

CASE NO. 5, ACCESSION NO. 12200, Murdock S. Bowman, M. D., Contributor

LOS ANGELES:

Glomangioma, 2; parathyroid adenoma, 5; don't know, 3.

Dr. Small (discussant) considered the histologic appearance of abundant vascular spaces, homogeneous matrix, and cells with regular round nuclei consistent with the diagnosis of a glomangioma.

There was no PAS positive substance within tumor cells before or after digestion.

SAN FRANCISCO:

Paraganglioma, 16; parathyroid adenoma, 1.

OAKLAND:

Hemangiopericytoma, 2; carcinoid, 1; parathyroid adenoma, 6.

CENTRAL VALLEY:

Chemodectoma - unanimous.

SAN DIEGO:

Malignant thymoma, 1; non-chromaffin paraganglioma, 2; parathyroid adenoma, 8.

WEST LOS ANGELES:

Glomangioma - unanimous.

OTHER STUDY GROUP

VENTURA:

Parathyroid adenoma, 6; carotid body tumor, 1; gill cleft adenoma, 1.

FILE DIAGNOSIS: Parathyroid adenoma 820-8091 A

Cross-file: Glomangioma 039-8532

JULY 1962

CASE NO. 6, ACCESSION NO. 11534, Y. Ishizaki, M. D., Contributor

LOS ANGELES:

Hodgkin's disease - unanimous (probably primary in thymus).

SAN FRANCISCO:

Hodgkin's disease, 16; thymoma, granulomatous, 1.

OAKLAND:

Hodgkin's disease, lung, 11.

CENTRAL VALLEY:

Hodgkin's disease - unanimous.

SAN DIEGO:

Hodgkin's sarcoma, 3; granulomatous type of malignant thymoma, 8.

WEST LOS ANGELES:

Hodgkin's lymphoma (granuloma variant) - unanimous.

OTHER STUDY GROUP

VENTURA:

Malignant lymphoma, Hodgkin's, granulomatous type, 8.

FILE DIAGNOSIS: Hodgkin's disease 830-832 F

JULY 1962

CASE NO. 7, ACCESSION NO. 10378, Livia Ross, M. D., Contributor

LOS ANGELES:

Pleomorphic adenocarcinoma arising in lung - unanimous.

Special stain (Orange G-Alcian Blue) demonstrated the rare presence of intracellular mucin. Dr. Bullock believed this type of tumor representative of a group between large cell anaplastic type on the one hand and pleomorphic giant cell type on the other hand.

SAN FRANCISCO:

Giant cell carcinoma of lung, 17.

OAKLAND:

Choriocarcinoma, 2; anaplastic neoplasm, type undetermined, 7; clear cell carcinoma, bronchus, 1; nonchromaffin paraganglioma, 1.

CENTRAL VALLEY:

Malignant, unanimous, with 7 classifying it as sarcoma, 3 as carcinoma, and 3 as teratocarcinoma. Classification as follows: Liposarcoma, 2; alveolar soft part sarcoma, 2; angiosarcoma, 1; myosarcoma, 1; sarcoma not classified, 1; anaplastic giant cell carcinoma, 3; malignant teratoma (choriocarcinoma), 3.

SAN DIEGO:

Anaplastic epidermoid carcinoma, 11.

WEST LOS ANGELES:

Metastatic giant cell carcinoma, 8; liposarcoma, 1; thymic carcinoma, 1.

OTHER STUDY GROUP

VENTURA:

Malignant ganglioneuroma, 3; giant cell carcinoma, 3; no opinion, 1; liposarcoma, 1.

FILE DIAGNOSIS: Giant cell carcinoma, lung 360-8162 F

JULY 1962

CASE NO. 8, ACCESSION NO. 11948, William P. Snider, M. D. & Carter M. Alexander, M. D., Contributors

LOS ANGELES:

Ganglioneuroma - unanimous

SAN FRANCISCO:

Ganglioneuroma, 17.

OAKLAND:

Ganglioneuroma, 10; ganglioneuroblastoma, 1.

CENTRAL VALLEY:

Ganglioneuroma - unanimous.

SAN DIEGO:

Ganglioneuroma, 11.

WEST LOS ANGELES:

Ganglioneuroma - unanimous.

OTHER STUDY GROUP

VENTURA:

Ganglioneuroma, benign, 8.

FILE DIAGNOSIS: Ganglioneuroma 990-840 A

JULY 1962

CASE NO. 9, ACCESSION NO. 11016, Dorothy Tatter, M. D., Contributor

LOS ANGELES:

Idiopathic sclerosing mediastinitis - unanimous.

Dr. Tatter commented on the unusually aggressive nature of the fibrosis, involving myocardium and valve.

SAN FRANCISCO:

Sclerosing mediastinitis, 17.

OAKLAND:

Sclerosing fibromatosis, 11.

CENTRAL VALLEY:

Unanimous agreement that this was not neoplastic. Fasciitis, 8; collagen disease, 2; no vote, 3.

SAN DIEGO:

Cardiovascular scleroderma, 8; sclerosing mediastinitis, 3.

WEST LOS ANGELES:

Idiopathic sclerosing mediastinitis, 9; idiopathic retroperitoneal fibrosis, 1.

OTHER STUDY GROUP

VENTURA:

No opinion, 1; sclerosing mediastinitis, 7.

FILE DIAGNOSIS: Idiopathic sclerosing mediastinitis 039-190

Reference:

Hawk, William A. and Hazard, John B. Sclerosing Retroperitonitis and Sclerosing Mediastinitis. American Journal of Clinical Pathology 32, No. 4, Oct. 1959, 321 - 334.

JULY 1962

CASE NO. 10, ACCESSION NO. 11492, S. K. Abul-Haj, M. D., Contributor

LOS ANGELES:

Leiomyosarcoma - unanimous.

SAN FRANCISCO:

Malignant schwannoma, 5; fibrosarcoma, 6; myosarcoma, 3; spindle cell thymoma, 1; spindle cell sarcoma, 1; no vote, 1.

OAKLAND:

Neurofibroma or neurilemmoma, 8; malignant schwannoma, 2; fibrosarcoma, 1.

CENTRAL VALLEY:

Malignant schwannoma, 7; leiomyosarcoma, 6.

SAN DIEGO:

Leiomyoma, benign, 3; fibroma, 2; spindle cell malignant thymoma, 3; leiomyosarcoma, 3.

WEST LOS ANGELES:

Low grade spindle cell sarcoma (leiomyosarcoma) - unanimous.

OTHER STUDY GROUP

VENTURA:

Fibrosarcoma, 4; neurilemmoma, 3; no opinion, 1.

FILE DIAGNOSIS: Leiomyosarcoma 039-866 F

Cross-file: Malignant schwannoma 039-8452 F

FOLLOW-UP:

As of July 5, 1962, patient is free of symptoms. Two annual physical examinations and chest x-rays have disclosed no abnormal findings. The AFIP diagnosis is spindle cell tumor, probably malignant, type undetermined.

JULY 1962

CASE NO. 11, ACCESSION NO. 11126, Donald L. Alcott, M. D., Contributor

LOS ANGELES:

Thymoma (epithelial type) - unanimous.

SAN FRANCISCO:

Thymoma, 17.

OAKLAND:

Thymoma, 11.

CENTRAL VALLEY:

Thymoma, 9; fibrous mesothelioma, 2; neurofibrosarcoma, 1; no vote, 1.

SAN DIEGO:

Two tumors, lymphoblastic lymphosarcoma and spindle cell malignant thymoma, 1; benign thymoma, 2; neuroblastoma, 4; malignant lymphoma, 4.

WEST LOS ANGELES:

Thymoma - unanimous.

OTHER STUDY GROUP

VENTURA:

Thymoma, 6; neurofibroma, 2.

FILE DIAGNOSIS: Thymoma

830-8841 A

JULY 1962

CASE NO. 12, ACCESSION NO. 11102, W. K. Bullock, M. D., Contributor

LOS ANGELES:

Teratoma, lung vs. mediastinum - unanimous.

A slide showing lining of the cyst with squamous epithelium, cartilage and occasional sebaceous glands was presented.

SAN FRANCISCO:

Teratoma with pancreatic tissue, 13; gastroenteric cyst, 12; heterotopic pancreas, 1; no vote, 1.

OAKLAND:

Cystic teratoma, 11.

CENTRAL VALLEY:

Mature benign teratoma containing pancreas, 10; ectopic pancreas, 3.

SAN DIEGO:

Hamartoma, benign, pancreas predominant over gut and cartilage, 11.

WEST LOS ANGELES:

Cystic benign teratoma, 7; cystic endodermal choriostoma, 1; ectopic pancreas, 2.

OTHER STUDY GROUP

VENTURA:

Ectopic pancreas arising in a) teratoma?, b) choristoma?, c) hamartoma?, 8.

FILE DIAGNOSIS: Teratoma

039-882 A
360-882 A