

**TUMOR TISSUE REGISTRY  
LOS ANGELES COUNTY HOSPITAL**

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**PROTOCOL  
FOR  
MONTHLY SLIDES  
AUGUST, 1962  
TUMORS OF HEAD AND NECK**

CASE NO. 1

AUGUST 1962

ACCESSION NO. 12184

OUTSIDE NO. 62-1136

NAME: W. M. M.

AGE: 45 SEX: Female RACE: Caucasian

CONTRIBUTOR: Howard A. Ball, M. D.  
Grossmont Hospital  
La Mesa, California

TISSUE FROM: Thyroid

CLINICAL ABSTRACT:

History: This 45 year old white female was admitted to the hospital on March 19, 1962 because of bilateral breast masses and a thyroid tumor. A lump was noted by the patient in the right breast four days prior to admission and mammograph revealed multiple cysts in each breast. The thyroid nodule was discovered on hospital admission physical. It was not a source of complaint by the patient who was unaware of its presence.

SURGERY:

The breasts were explored first on March 20, 1962. The surgical findings indicated the presence of a large number of cysts of the breast in close apposition. A post-operative diagnosis by the surgeon was made of giant breast cysts (Schimmelbusch's disease). Frozen section of the breast tissue showed no evidence of malignancy. The specimen from the right breast measured 4 x 3½ x 3½ cm. but the size of the largest cyst was not recorded. The specimen from the left breast measured 2½ x 2 x 2 cm. and also contained multiple bluish cysts.

The thyroid surgery was performed on March 22, 1962 with a pre-operative diagnosis of solitary nodule, right lobe of the thyroid. A right total lobectomy with removal of the isthmus and medial portion of the opposite lobe was done along with the dissection of the lymph nodes of the anterior triangle on the right. The right lobe contained a nodule reported as questionable, probably malignant, at the time of frozen section study.

GROSS PATHOLOGY:

Specimen consisted of a mass of thyroid tissue weighing approximately 8 gm., measuring 6 x 3 x 2 cm., and labeled "right thyroid lobe and isthmus and medial opposite lobe." On transecting the surgical specimen, a sharply demarcated, yellow-white and hemorrhagic mass measuring 2.2 x 1.8 x .6 cm. in diameter was observed in the right lobe. The regional lymph nodes showed no evidence, grossly or microscopically, of metastatic tumor but blood vessel invasion was demonstrated at the site of the thyroid neoplasm.

FOLLOW-UP:

There are no signs of recurrence of the tumor, and the patient appears in good health.

CASE NO. 2

AUGUST 1962

ACCESSION NO. 12154

OUTSIDE NO. S62-238

NAME: L. B.

AGE: 69 SEX: Female RACE: Caucasian

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

TISSUE FROM: Neck (right submaxillary region)

CLINICAL ABSTRACT:

History: This 69 year old housewife had noted a lump in the right side of the neck, under the jaw, present for one year. There had been no noticeable change in size.

Physical examination disclosed a smooth, soft, freely movable, non-tender, non-inflamed lump under the right jaw, measuring  $1\frac{1}{4}$ " x 1".

Laboratory report: Hemoglobin 14.2; WBC 9,700 (segmented 62, bands 3, lymphs 28, eosinophils 2). Urine: Specific gravity 1.010; albumin negative; sugar negative. Serology negative.

SURGERY:

On January 11, 1955, a well encapsulated, freely movable mass was removed intact from the submaxillary region. The adjacent lymph nodes were not enlarged or firm.

GROSS PATHOLOGY:

The specimen consisted of a round, completely encapsulated 3.5 cm. mass. The cut surface was solid and meaty in consistency and gray to pink in color.

FOLLOW-UP:

As of February 1962, the patient was in apparent good health with no evidence of recurrent, localized, or systemic disease.

CASE NO. 3

AUGUST 1962

ACCESSION NO. 12166

OUTSIDE NO. 62-E-142

NAME: A. G.

AGE: 68 SEX: Male RACE: Caucasian

CONTRIBUTOR: William F. Burgos, M. D.  
Ventura, California

TISSUE FROM: Anterior neck, mediastinum

CLINICAL ABSTRACT:

History: This 73 year old Mexican male had noticed a small nodule in the region of the thyroid for several years. It was located on the left side and was thought to have increased in size approximately six months prior to surgery. During this time the patient also noted increased difficulty in breathing.

X-ray revealed presence of the mass in the chest, with widening of the mediastinum and shifting of the trachea.

SURGERY:

On March 14, 1962, the mass which was encapsulated, was removed from anterior neck and mediastinum. The surgeon was not definitely able to identify origin of the tumor from the thyroid, but stated that it did seem to arise from the lower pole. However, the rest of the thyroid was not infiltrated by the lesion and appeared grossly normal.

GROSS PATHOLOGY:

The specimen consisted of a thinly encapsulated, nodular mass weighing 182 gm. The tissue was soft and yellow-tan in color. The larger nodules measured up to 5 cm. in diameter.

FOLLOW-UP:

As of July 9, 1962, the chest x-ray was negative and the patient was reported as "fine."

CASE NO. 4

AUGUST 1962

ACCESSION NO. 12011

OUTSIDE NO. B-1219

NAME: L. P.

AGE: 53 SEX: Female RACE: Caucasian

CONTRIBUTOR: Meyer Zeiler, M. D.  
Los Angeles, California

TISSUE FROM: Left antrum, cribriform plate

CLINICAL ABSTRACT:

History: The patient first noted a small lump in the inner canthus of the eye in 1932. This was thought to be a dacrocystitis for which a dacrocystectomy was done in 1933 and the duct closed. In 1949, a tumor mass, the size of a small egg, involved the lower lid and adjacent antrum. This was surgically removed and followed by x-ray therapy. The tumor recurred, infiltrating ethmoid, antrum, and orbit. Surgical removal was repeated in 1951, 1957, and 1959.

SURGERY:

A radical exenteration of the antrum and ethmoid with part of the orbit was performed in November 1961.

GROSS PATHOLOGY:

One portion of the specimen consisted of a friable mass of tissue, measuring 7 x 6 x 3.5 cm. One surface was covered by roughened reddish membrane. A small fragment of bone was adherent. The other surface displayed a mass of soft pink tumor with a somewhat torn or papillary appearance. Cut sections showed flat plates of thin membranous bone in the thin capsular portion of the tumor. Another portion of the specimen consisted of membranous tissue with attached bone and one large fleshy piece of tissue, 3 x 2 cm., that had the appearance of a polyp. This was extremely soft, cutting with the consistency of brain tissue.

FOLLOW-UP:

Patient was last seen in July 1962 with no evidence of recurrence. However, a draining sinus was still present below the lateral and medial canthus of the left eye.

CASE NO. 5

AUGUST 1962

ACCESSION NO. 10796

OUTSIDE NO. M-102-60

NAME: R. C.

AGE: 45 SEX: Male RACE: Caucasian

CONTRIBUTOR: W. W. Hall, M. D.  
Mercy Hospital  
Bakersfield, California

TISSUE FROM: Nasal passage

CLINICAL ABSTRACT:

History: The patient had noted nasal obstruction of a progressive nature over a period of several months. This had finally become so great that when he lay down his nose and nasopharynx were completely obstructed.

Examination disclosed complete obstruction of the nose with massive tumor-like tissue extending downward from the ethmoid and sphenoid areas and protruding alongside the turbinates.

SURGERY:

A submucous resection was done on January 11, 1960 with partial removal of the mass.

GROSS PATHOLOGY:

The specimen consisted of a mass of tissue, totaling a sphere that would be in excess of 1 to 1.5 cm. in diameter, which cut with decreased resistance.

FOLLOW-UP:

Cobalt therapy was recommended for the remaining bulky tumor in the submucosa of ethmoid, sphenoid, and upper nasopharyngeal areas. Patient received 7,410 rads on March 10, 1960. On June 2, 1960, an enlarged right cervical lymph node was biopsied showing metastatic malignancy. This was followed by a right radical neck dissection which showed no further evidence of node involvement. The patient was last seen November 7, 1961 with no evidence of recurrence or metastasis at that time.

CASE NO. 6

AUGUST 1962

ACCESSION NO. 12265

OUTSIDE NO. 62-S-350A

NAME: H. G.

AGE: 63 SEX: Female RACE: Caucasian

CONTRIBUTOR: Sheldon C. Sommers, M. D.  
Scripps Memorial Hospital  
La Jolla, California

TISSUE FROM: Neck

CLINICAL ABSTRACT:

History: This patient had noted a rapidly enlarging mass in the neck since mid-January 1962. Past history disclosed that an enlargement of the thyroid had been treated in 1930 by "red lights" once a week for 2 to 3 months with no recurrence of goiter.

Physical examination revealed a 4 x 3 x 3 cm. mass along the anterior border of the sternocleidomastoid muscle at the level of the carotid bifurcation.

Laboratory report: Hematocrit 41%; hemoglobin 12.9 gm.%; WBC 5200 (53% N, 38% L, 7% M, 2% E).

SURGERY:

The mass was removed on February 19, 1962. A multinodular firm tumor was noted to invade the internal jugular vein and vagus nerve. The adjacent lymph nodes were normal. The internal jugular vein was resected with the tumor, the vagus nerve being spared. The capsule of the tumor was adherent to the sternocleidomastoid muscle.

GROSS PATHOLOGY:

The specimen consisted of a single piece of nodular, somewhat rubbery, gray-brown tissue, 3.5 x 3.5 x 2.5 cm., with the right internal jugular vein along one aspect. The cut section revealed a gray-white, bulging, encephaloid surface. A grossly normal adjacent lymph node, measuring .9 cm. in diameter, was also submitted.

FOLLOW-UP:

Patient received 250 kv therapy to the left neck including submandibular and supraclavicular areas, through anterior and posterior ports - 2248 roentgens each port. Treatment began February 27, 1962 and terminated March 24, 1962. She has been seen by her physician in July 1962. He reports that the patient is feeling well and has been traveling extensively, having suffered only mild laryngotracheal and esophageal discomfort following irradiation. There has been no further clinical or radiologic evidence of lymphadenopathy.

CASE NO. 7

AUGUST 1962

ACCESSION NO. 10960

OUTSIDE NO. 868-60

NAME: W. H. R.

AGE: 76 SEX: Male RACE: Caucasian

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

TISSUE FROM: Left antrum

CLINICAL ABSTRACT:

In September 1959, this patient noted a painful lump in the left maxilla of three weeks' duration. This caused distress, particularly when eating. On September 28, 1959, he had a Caldwell-Luc examination of the left antrum followed by left radical maxillectomy with skin graft for osteogenic sarcoma of the left antrum. He did well following surgery and subsequent re-examinations showed no evidence of recurrence. However, pain in the region of the inferior orbital plate developed, causing the patient difficulty in placing his denture. Examination revealed an ulcer in the area. Several biopsies were taken from the skin grafted area and reported as osteogenic sarcoma, recurrent in left orbital plate.

SURGERY:

Removal of remaining maxilla and exenteration of left orbit was performed on April 1, 1960.

GROSS PATHOLOGY:

I. Orbit and eyeball floor: The specimen consisted of the floor of the orbit with the eyeball missing, but with the upper and the lower lid and inferior and surrounding soft tissue. The over-all measurement was approximately 6.5 x 5.5 x 3.5 cm. The inferior aspect of the tissue was white, slightly concave and when sectioned, a thin membranous bone was encountered only on the medial aspect of the specimen. There was a well circumscribed, white granular nodule of obvious tumor tissue, measuring approximately 2 x 1.5 x 2 cm, which rested upon the inferior, tough, white concave surface and extended to the orbital fat just beneath the lower lid. This extended grossly to the medial surgical margin; the posterior margin was precariously close.

II. Additional medial specimen: Soft tissue and a thin plate of bone, measuring approximately 3.5 x 1.5 x 2 cm., apparently from ethmoid or sphenoid. No gross tumor identified.

III. Additional posterior specimen: Soft tissue with mucosal surface, measuring 3.5 x 1 x .3 cm. No definite tumor tissue identified.

CASE NO. 7

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ACCESSION NO. 10960

IV. Additional tissue from orbit: Fatty tissue with attached membranous bone and nerve measuring approximately 3.5 x 2.5 x 1 cm. No definite tumor tissue identified.

V. Sphenoid and ethmoid sinuses: Largest tissue approximately 2.5 x 2 x .2 cm. with appearance of mucous membrane. No tumor tissue identified.

FOLLOW-UP:

Patient expired on August 4, 1961 with recurrent tumor. There was no record of an autopsy.

CASE NO. 8

AUGUST 1962

ACCESSION NO. 12360

OUTSIDE NO. SS62-2898

NAME: M. L. P.

AGE: 47 SEX: Female RACE: Caucasian

CONTRIBUTOR: Stuart Lindsay, M. D.  
Sequoia Hospital  
Redwood City, California

TISSUE FROM: Neck

CLINICAL ABSTRACT:

Several months ago this patient noted a neck mass in an area of previous surgery. Approximately two years ago lymph nodes had been removed and reported as reticuloendothelial hyperplasia. The present mass was slightly tender, not attached to the skin, non-fluctuant, and fairly hard in consistency. It was located just above the surgical scar and seemed to be increasing in size.

SURGERY:

Surgical exploration revealed dense scar in the left neck and a tumor mass lying in the crutch of the external and internal carotid arteries at the bifurcation of the common carotid. There was considerable inflammatory reaction surrounding the tumor mass. The latter was removed without sacrifice of any of the arteries.

GROSS PATHOLOGY:

The specimen consisted of a lobulated, pink-tan, circumscribed tumor, which measured 3.8 x 2.9 x 2.2 cm. The cut surface was flat and reddish brown.

FOLLOW-UP:

The patient's recovery was uneventful and she was discharged without further therapy.

CASE NO. 9

AUGUST 1962

ACCESSION NO. 10921

OUTSIDE NO. 775-60

NAME: A. I. F.

AGE: 59 SEX: Male RACE: Caucasian

CONTRIBUTOR: Paul R. Thompson, M. D.  
St. Luke Hospital  
Pasadena, California

TISSUE FROM: Right tonsil

CLINICAL ABSTRACT:

History: This 59 year old press brake operator had noted soreness in the region of the right tonsil for five weeks with no difficulty in swallowing.

Physical examination: Ears - Canals clean; tympanic membrane gray and glistening. Nose - Congestion 1 plus; pallor 1 plus; septum deviated 10% to the right. Throat - Right tonsil firmly enlarged 2 - 3 plus; left tonsil small. Neck - Adenopathy right cervical area 3 plus.

SURGERY:

Right tonsillectomy was performed on March 23, 1960. Prophylactic extraction of all maxillary and mandibular teeth and maxillary and mandibular alveoloplasties were done on April 7, 1960.

GROSS PATHOLOGY:

The specimen consisted of a moderately enlarged right tonsil, measuring 3.3 x 2.0 x 1.3 cm. in greatest dimensions. It was quite firm to palpation over approximately two-thirds of its surface. The lateral aspect was hemorrhagic in appearance and the medial aspect was not remarkable.

FOLLOW-UP:

The patient received a total of 22 x-ray treatments during the period from April 19, 1960 through May 23, 1960. Eleven treatments were given to the left angle of the jaw (10 x 10 cm. field) with a total of 2900 roentgens. Eleven treatments were given to the right angle of the jaw (8 x 12 cm. field) with a total of 2900 roentgens. Physical examination on May 17, 1960 disclosed no lymphadenopathy.

The patient was re-admitted on September 19, 1961 with respiratory distress. Chest x-ray revealed abnormal densities in both lung bases with slight prominence of the left hilum and a small pleural effusion on the right. The parenchymal consolidation was interpreted as neoplastic, possibly associated with pneumonia.

Final hospitalization occurred on September 26, 1962 for hemoptysis, increasing weakness, and lethargy. Thoracentesis yielded 1500 cc. serosanguineous fluid. The patient expired on October 5, 1961. No autopsy was performed.

CASE NO. 10

AUGUST 1962

ACCESSION NO. 12284

OUTSIDE NO. 97840

NAME: L. M. S.

AGE: 35 SEX: Female RACE: Caucasian

CONTRIBUTOR: S. M. Rabson, M. D.  
Mission Hospital  
Huntington Park, California

TISSUE FROM; Below right ear

CLINICAL ABSTRACT:

History: This 35 year old fibreboard inspector had noted an enlarging lump below the right ear for 2 years.

SURGERY:

The tumor was removed on April 17, 1962. It was located posterior to the posterior border of the right parotid; intimately associated with the right vagus nerve, in juxtaposition to the right spinal accessory nerve, and inferior to the main branch of the facial nerve. It was difficult to determine whether the tumor originated from the vagus or spinal accessory nerve.

GROSS PATHOLOGY:

The specimen consisted of an ovoid mass of slightly elastic tissue enclosed in a delicate vascular sheath, measuring 2.5 cm. in maximum diameter. On section, the cut surface was densely and finely fibrous and pale tan-gray in color.

FOLLOW-UP:

As of July 16, 1962, patient is reported as doing well.

CASE NO. 11

AUGUST 1962

ACCESSION NO. 12347

OUTSIDE NO. G-62-321

NAME: J. S.

AGE: 63 SEX: Male RACE: Caucasian

CONTRIBUTOR: T. S. Kimball, M. D.,  
Humboldt Medical Laboratories  
Eureka, California

TISSUE FROM: Left tonsil

CLINICAL ABSTRACT:

The patient consulted his physician on March 26, 1962 because of a gradually enlarging, non-tender lump in the left side of his throat which was causing discomfort upon swallowing for the previous three weeks. Examination revealed an enlarged foul-smelling left tonsil that was ulcerated over the lower two-thirds of its surface.

SURGERY:

A biopsy was performed on March 26, 1962. The left tonsil was removed on April 9, 1962. The lesion appeared to be localized to the tonsil with no apparent spread to adjacent tissue. The lower part of the fossae was coagulated heavily.

GROSS PATHOLOGY:

The specimen consisted of three irregularly-shaped masses of dark gray tissue, measuring 2.0 x 2.0 x 1.5 cm., 2.0 x 2.0 x 1.5 cm., and 4.0 x 3.0 x 2.0 cm. The two smaller portions had a rough, granular, dark brown surface while the largest portion of tissue displayed a polypoid granular growth, measuring 2.5 x 2.0 x 1.5 cm. This was attached to a base, averaging .5 cm. in diameter. Section through the tissue showed a reddish-brown, fairly homogeneous cut surface.

FOLLOW-UP:

The tonsillar fossae healed well and the patient was started on x-ray therapy. However, he received about half of the recommended dosage as he left medical treatment upon the advice of a Christian Science Practitioner. Examination on June 5, 1962 disclosed a large mass in the neck. The tonsillar fossae were clear of visible tumor.

NOTE: Unfortunately the slides that you have of this case show material which is not traceable to the tonsil. The original slide submitted by Dr. Kimball showed this traceability.

CASE NO. 12

AUGUST 1962

ACCESSION NO. 12213

OUTSIDE NO. 3239-61

NAME: K. D.

AGE: 52 SEX: Male RACE: Caucasian

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

TISSUE FROM: Left parotid

CLINICAL ABSTRACT:

The patient was told in September 1961 that he had a swelling in the left parotid region. This had seemed to increase in size until December 1961, when he was hospitalized for its excision. There had been no pain or tenderness associated with the mass which was located in the left parotid region just anterior to the tragus of the ear and measured approximately 2.5 cm. in diameter. A submandibular lymph node measuring approximately 0.6 cm. in diameter and moderately firm in consistency was also palpated upon physical examination.

SURGERY:

The left parotid mass was resected on December 15, 1961.

GROSS PATHOLOGY:

The specimen from the left parotid was submitted in two parts. The first was an oval-shaped segment of what appeared to be lymphoid tissue measuring 20 x 15 x 10 mm. in greatest dimensions and encapsulated over approximately 75% of its surface. Cut surface disclosed a pale tan-gray homogeneous tissue. The second portion consisted of a similar segment of tissue measuring 20 x 20 x 10 mm. in greatest dimensions and having a similar encapsulation over approximately 75 - 80% of its surface. The cut surface was pale, tan-gray in color and homogeneous in appearance.

FOLLOW-UP:

The right nuchal mass was removed on March 8, 1962. Patient received 26 x-ray treatments from March 26, 1962 to June 29, 1962:

1. Left cervical supraclavicular, 10 x 15 cm. field, 1800 roentgen.
2. Right lateral neck, 15 x 10 cm. field, 1800 roentgen.
3. Right femoral area, 10 x 10 cm. field, 1800 roentgen.
4. Left femoral area, 10 x 10 cm. field, 1800 roentgen.

FOLLOW-UP:

He was last examined on July 16, 1962, at which time there was no evidence of disease.

STUDY GROUP CASES  
FOR  
AUGUST, 1962

TUMORS OF HEAD AND NECK

CASE NO. 1, ACCESSION NO. 12134, Howard A. Ball, M. D., Contributor

LOS ANGELES:

Follicular and trabecular carcinoma of thyroid - unanimous.

SAN FRANCISCO:

Carcinoma, thyroid, 14; adenoma with vascular invasion, 4; Hurthle cell carcinoma, 4.

OAKLAND:

Low grade carcinoma in a follicular adenoma of thyroid, 6; follicular adenoma (trabecular type), 3.

CENTRAL VALLEY:

Hurthle cell carcinoma, 10; mixed follicular and papillary carcinoma, 3.

SAN DIEGO:

Low grade malignant adenoma - unanimous.

WEST LOS ANGELES:

Follicular carcinoma of the thyroid (Hurthle cell carcinoma) - unanimous.

OTHER STUDY GROUPS

VENTURA:

Low grade carcinoma of the thyroid, 6; follicular adenoma, 1.

WALTER REED HOSPITAL:

Follicular and trabecular adenoma, 2.

FILE DIAGNOSIS:            Carcinoma

810-8091 F

August 1962

CASE NO. 2, ACCESSION NO. 12154, Donald L. Alcott, M. D., Contributor

LOS ANGELES:

No definitive diagnosis was reached by the group. Additional information, including bone marrow study, electrophoresis of serum proteins was requested. Dr. Hummer (discussant) presented a reticulum stain of the lesion which was interpreted as negative. Provisional diagnosis: Plasmacytoid reticulosis vs. plasmacytoma.

SAN FRANCISCO:

Plasmacytoma, lymph node, 20; reactive hyperplasia, 2.

OAKLAND:

Well differentiated plasmacytoma, lymph node, 9.

CENTRAL VALLEY:

Plasmacytoma, 9; benign lympho-epithelial lesion (Godwin's disease), 4.

SAN DIEGO:

Plasmacytoma - unanimous.

WEST LOS ANGELES:

Solitary plasmacytoma, lymph node - unanimous.

OTHER STUDY GROUPS

VENTURA:

Plasmacytoma, 6; follicular thyroid carcinoma in lymph node, 1.

WALTER REED HOSPITAL:

Reactive lymphoid plasmacytosis (seen usually in nodes draining a chronically inflamed air cells such as middle ear, mastoid or paranasal sinuses), 2.

FILE DIAGNOSIS: Plasmacytoma

550-833

August 1962

CASE NO. 3, ACCESSION NO. 12166, William F. Burgos, M. D., Contributor

LOS ANGELES:

Thymoma - unanimous.

SAN FRANCISCO:

Thymoma, 22.

OAKLAND:

Thymoma, 9 (majority suspect malignancy).

CENTRAL VALLEY:

Thymoma - unanimous (benign 11; malignant 2).

SAN DIEGO:

Thymoma - unanimous.

WEST LOS ANGELES:

Benign thymoma - unanimous.

OTHER STUDY GROUPS

VENTURA:

Thymoma, 6; carcinoma of the thymus, 1.

WALTER REED HOSPITAL:

Thymoma, 2.

FILE DIAGNOSIS: Thymoma

830-8841 A

August 1962

CASE NO. 4, ACCESSION NO. 12011, Meyer Zeiler, M. D., Contributor

LOS ANGELES:

Hemangiopericytoma - unanimous.

SAN FRANCISCO:

Malignant hemangiopericytoma, 11; meningioma, 7; dermatofibrosarcoma, 4.

OAKLAND:

Sarcoma, further unclassified, 3; fibrosarcoma, 3; malignant hemangiopericytoma, 1; meningioma, 2.

CENTRAL VALLEY:

Meningioma, 9; hemangiopericytoma, 1; vascular leiomyosarcoma, 1; angiosarcoma, 1; no vote, 1.

SAN DIEGO:

Juvenile angiofibroma, low grade malignancy - unanimous.

WEST LOS ANGELES:

Angiomyosarcoma, 1; angiosarcoma, 2; fibrosarcoma, 1; malignant hemangiopericytoma, 1.

OTHER STUDY GROUPS

VENTURA:

Angiosarcoma, 2; fibrous meningioma, 2; paranasal sarcoma, 1; low grade leiomyosarcoma, 1; neurofibroma, 1.

WALTER REED HOSPITAL:

Neuro-epithelioma (esthesial origin) with unilateral differentiation into meningioma, 1; meningioma, 1.

FILE DIAGNOSIS: Hemangiopericytoma

320-8531 F

Cross-file: Meningioma

320-846

August 1962

CASE NO. 5, ACCESSION NO. 10796, W. W. Hall, M. D., Contributor

LOS ANGELES:

Transitional cell carcinoma of nasal passage - unanimous.

SAN FRANCISCO:

Transitional cell carcinoma, 20; carcinoma arising from Ewing's papilloma, 2.

OAKLAND:

Transitional cell carcinoma, 9.

CENTRAL VALLEY:

Schneiderian transitional cell carcinoma - unanimous.

SAN DIEGO:

Transitional cell carcinoma - unanimous.

WEST LOS ANGELES:

Lympho-epithelioma (transitional cell type) - unanimous.

OTHER STUDY GROUPS

VENTURA:

Transitional carcinoma, 3; undifferentiated carcinoma, 2; carcinoma arising from schneiderian epithelium, 1; immature squamous carcinoma, 1.

WALTER REED HOSPITAL:

Transitional squamous cell carcinoma, 2.

FILE DIAGNOSIS: Transitional cell carcinoma

310-811 F

August 1962

CASE NO. 6, ACCESSION NO. 12265, Sheldon C. Sommers, M. D., Contributor

LOS ANGELES:

Malignant lymphoma (probably reticulum cell sarcoma) - unanimous.

SAN FRANCISCO:

Reticulum cell sarcoma, 11; malignant tumor, type undetermined, 9; lymphoma, 1; metastatic transitional cell carcinoma, 1.

OAKLAND:

Lymphoma, lymphoblastic, 9.

CENTRAL VALLEY:

Malignant lymphoma, 8 (Hodgkin's disease, 3; reticulum cell sarcoma, 4; lymphocytic lymphosarcoma, 1); malignant chemodectoma, 5.

SAN DIEGO:

Reticulum cell sarcoma, 2; anaplastic carcinoma, metastatic, 1.

WEST LOS ANGELES:

Malignant lymphoma - unanimous (reticulum cell type, 2; lymphocytic type, 3).

OTHER STUDY GROUPS

VENTURA:

Malignant lymphoma, 4; carotid with plasmacytoid pattern, 1; carotid body tumor, 1; undifferentiated malignant tumor, 1.

WALTER REED HOSPITAL:

Reticulum cell sarcoma, 2.

FILE DIAGNOSIS: Malignant lymphoma 550-839 F

Cross-file: Reticulum cell sarcoma 550-831 F

August 1962

CASE NO. 7, ACCESSION NO. 10960, J. J. Gilrane, M. D., Contributor

LOS ANGELES:

Dr. Bullock (discussant) considered the pattern and appearance of this tumor typical of a smooth muscle origin. Osteoid and giant cells resembling osteoclasts were cited by some members of the group as in favor of osteogenic sarcoma. It was decided to request the slide from the left radical maxillectomy performed in 1959 in order to compare the present neoplasm with the earlier one. Leiomyosarcoma, 7; osteogenic sarcoma, 2.

SAN FRANCISCO:

Fibrosarcoma, 10; osteogenic sarcoma, 5; leiomyosarcoma, 4; neurofibrosarcoma, 1; malignant giant cell tumor, 1; mesenchymoma, 1.

OAKLAND:

Sarcoma, further unclassified, 3; osteosarcoma, 2; fibrosarcoma, 2; leiomyosarcoma, 3.

CENTRAL VALLEY:

Malignant schwannoma, 9; osteogenic sarcoma, 4.

SAN DIEGO:

Osteogenic sarcoma - unanimous.

WEST LOS ANGELES:

Fibrosarcoma, 4; malignant neurilemmoma, 1.

OTHER STUDY GROUPS

VENTURA:

Periosteal fibrosarcoma, 1; fibrosarcoma, 1; osteogenic sarcoma, 2; malignant mesenchymoma, 1; leiomyosarcoma, 2.

WALTER REED HOSPITAL:

Malignant schwannoma, 2.

FILE DIAGNOSIS: Osteosarcoma

321-876 F

Cross-file: Fibrosarcoma

321-870 F

August 1962

CASE NO. 8, ACCESSION NO. 12360, Stuart Lindsay, M. D., Contributor

LOS ANGELES:

Chemodectoma (carotid body tumor) - unanimous.

SAN FRANCISCO:

Carotid body tumor, 22.

OAKLAND:

Carotid body tumor, 11.

CENTRAL VALLEY:

Chemodectoma - unanimous.

SAN DIEGO:

Carotid body tumor - unanimous.

WEST LOS ANGELES:

Carotid body tumor (malignant?, 1) - unanimous.

OTHER STUDY GROUPS

VENTURA:

Chemodectoma, 7.

WALTER REED HOSPITAL:

Carotid body tumor (chemodectoma), 2.

FILE DIAGNOSIS: Carotid body tumor

890-8981

FOLLOW-UP:

As of August 1962, patient is feeling well, working, and has no evidence of recurrence.

August 1962

CASE NO. 9, ACCESSION NO. 10921, Paul R. Thompson, M. D., Contributor

LOS ANGELES:

Reticulum cell sarcoma - unanimous.

SAN FRANCISCO:

Reticulum cell sarcoma, 13; carcinoma, 9.

OAKLAND:

Reticulum cell sarcoma, 9; lympho-epithelioma, 2.

CENTRAL VALLEY:

Anaplastic carcinoma, 6; reticulum cell sarcoma, 6; Hodgkin's disease, 1.

SAN DIEGO:

Reticulum cell sarcoma, 2; carcinoma, metastatic to tonsil, 1.

WEST LOS ANGELES:

Malignant lymphoma, reticulum cell type, 5 (lymphoblastic lymphoma vs. undifferentiated carcinoma, 2).

OTHER STUDY GROUPS

VENTURA:

Reticulum cell sarcoma, 1; lympho-epithelioma (transitional cell carcinoma), 5; carcinoma (probably squamous), 1.

WALTER REED HOSPITAL:

Reticulum cell sarcoma, 2.

FILE DIAGNOSIS: Reticulum cell sarcoma

634-831 F

August 1962

CASE NO. 10, ACCESSION NO. 12284, S. M. Rabson, M. D., Contributor

LOS ANGELES:

Neurilemmoma - unanimous.

SAN FRANCISCO:

Neurilemmoma, 22

OAKLAND:

Neurilemmoma, 11

CENTRAL VALLEY:

Neurilemmoma - unanimous.

SAN DIEGO:

Neurilemmoma - unanimous.

WEST LOS ANGELES:

Neurilemmoma - unanimous.

OTHER STUDY GROUPS

VENTURA:

Schwannoma, benign, 7.

WALTER REED HOSPITAL:

Neurilemmoma, 2.

FILE DIAGNOSIS: Neurilemmoma

X80-8452  
X90-8452

August 1962

CASE NO. 11, ACCESSION NO. 12347, T. S. Kimball, M. D., Contributor

LOS ANGELES:

Giant cell carcinoma, anaplastic, probably epidermoid type - unanimous.

SAN FRANCISCO:

Malignant giant cell tumor, 8; rhabdomyosarcoma, 2; anaplastic squamous cell carcinoma, 2; angiosarcoma, 1; giant cell sarcoma, 1.

OAKLAND:

Pleomorphic malignant neoplasm, further unclassified, 11.

CENTRAL VALLEY:

Giant cell carcinoma, 5; rhabdomyosarcoma, 2; muco-epidermoid carcinoma, 2; liposarcoma, 2; chordoma, 1; no vote, 1.

SAN DIEGO:

Giant cell epidermoid carcinoma, 1; epidermoid carcinoma, 1; malignant giant cell tumor, 1.

WEST LOS ANGELES:

Giant cell tumor (undifferentiated) - unanimous.

OTHER STUDY GROUPS

VENTURA:

Rhabdomyosarcoma, 1; giant cell carcinoma, 4; big cell cancer, 1; squamous cell carcinoma, 1.

WALTER REED HOSPITAL:

Malignant giant cell reticulosis, 1; undifferentiated gigantocellular carcinoma, 1.

FILE DIAGNOSIS: Giant cell carcinoma

634-8066 F

August 1962

CASE NO. 12, ACCESSION NO. 12213, John J. Gilrane, M. D., Contributor

LOS ANGELES:

A slide of the nuchal mass removed on March 8, 1962 was presented to the group. This slide of lymph node showed an irregular proliferation of lymphoid follicles within cortex and medulla with an extensive infiltration of lymphocytic cells. The latter extended through the capsule into adjacent tissue. On the basis of this later slide, the group considered the process malignant. Lymphosarcoma - unanimous.

SAN FRANCISCO:

Lymphosarcoma, 13; benign lympho-epithelial tumor, 8.

OAKLAND:

Giant follicular lymphoma, 5; Mikulicz disease, 2; lymphoma, further unclassified, 2.

CENTRAL VALLEY:

Giant follicular lymphoma (Brill-Symmers disease) - unanimous.

SAN DIEGO:

Lympho-epithelial lesion, benign - unanimous.

WEST LOS ANGELES:

Lymphocytic lymphoma, 3; giant follicular lymphoma (Brill-Symmers disease), 1; benign lympho-epithelial lesion of Godwin, 1.

OTHER STUDY GROUPS

VENTURA:

Malignant lymphoma, 2; Mikulicz's disease, 2; giant follicular lymphoma, 2; no opinion, 1.

WALTER REED HOSPITAL:

Waldenstrom vs. Mikulicz's disease, 1; follicular (nodular) lymphoma, 1.

FILE DIAGNOSIS: Malignant lymphoma

621-839 F