TUMOR TISSUE REGISTRY

LOS ANGELES COUNTY HOSPITAL

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PROTOCOL

FOR

MONTHLY SLIDES

MAY 1964

RETROPERITONEAL AND GENITAL URINARY LESIONS

NAME: J. B. MAY 1964 - CASE NO. 1

AGE: 66 SEX: Female RACE: Caucasian ACCESSION NO. 13155

CONTRIBUTOR: Victor J. Rosen, M. D.
St. John's Hospital
Santa Monica, California
Outside No. S-1861-63

TISSUE FROM: Left kidney

CLINICAL ABSTRACT:

The patient entered the hospital on April 22, 1963 because of cough and shortness of breath. The patient had been in excellent health until January 1963 when she developed a mild, nonproductive cough. Physical examination was not remarkable except for a slight temperature elevation of 99.4 degrees. Her condition showed little change for the next two months except for intermittent headaches and the persistence of the cough. Temperature elevation fluctuated from 99 to 100 degrees. Further physical examinations were unchanged and there was no weight loss. Shortly before admission severe right pleuritic pain appeared and an x-ray film showed pleural effusion. An intravenous pyelogram demonstrated a large left renal lesion.

SURGERY:

A left nephrectomy was performed on April 25, 1963.

GROSS PATHOLOGY:

The specimen consisted of a left kidney weighing 450 grams and deformed by a tumor, 15 cm. in diameter, having a yellow-orange to pink-gray surface and deforming the entire mid-portion of the kidney and eroding calyces. The renal vein was plugged with shaggy, semi-necrotic tumor.

FOLLOW-UP:

The patient continued to experience increasing respiratory distress with marked dyspnea and paroxysmal coughing. She lapsed into respiratory insufficiency and died on June 2, 1963. Autopsy revealed widespread pulmonary metastases.

NAME: R. H. MAY 1964 - CASE NO. 2

AGE: 51 SEX: Male RACE: Caucasian ACCESSION NO. 12208

CONTRIBUTOR: Gene Burke, M. D. Outside No. K-5114-61
Inglewood, California

TISSUE FROM: Retroperitoneum

CLINICAL ABSTRACT:

History: The patient noted a lump in the left lower quadrant of the abdomen about six weeks before admission (December 15, 1961). It was not painful nor tender and it did not interfere with bile or bladder function. There was no weight loss.

Physical examination: Blood pressure 150/86. Protuberance in lower abdomen which disclosed on palpation a firm, non-tender large oval mass, somewhat moveable in the left lower quadrant.

Laboratory work: Not remarkable.

SURGERY:

A large oval, apparently pedunculated mass was noted, presumably from the retroperitoneum without attachment to viscera.

GROSS PATHOLOGY:

The specimen consisted of an irregular, oval, apparently encapsulated mass of uniform rubbery firm consistency throughout, measuring 18 x 15 x 7 cms. Serial section disclosed uniform gray yellow color, a somewhat slimy surface, but tough connective tissue consistency throughout.

FOLLOW-UP:

Follow-up information received on April 21, 1964: "The attending physician states that the patient looks well and is completely asymptomatic as of the last visit. As far as he can tell there is no evidence of tumor recurrence.

NAME: K. K. MAY 1964 - CASE NO. 3

AGE: 3½ SEX: Female RACE: Caucasian ACCESSION NO. 13153

CONTRIBUTOR: Victor J. Rosen, M. D. Outside No. S 2195-63
St. John's Hospital
Santa Monica, California

TISSUE FROM: Right kidney

CLINICAL ABSTRACT:

The patient entered the hospital on April 29, 1963 because of a mass in the right side of the abdomen. The patient complained of abdominal distress when eating for a week before entry and five days before admission had a fever of 100.4 degrees. The patient's mother felt a hard mass on the right side of the abdomen.

Physical examination revealed a flushed child with a protuberant anterior and lateral right sided abdominal mass. The mass was non-tender and almost filled the entire right side of the abdomen. The spleen was not felt. An intravenous pyelogram demonstrated a large mass in the region of the right kidney, apparently in the upper pole and displacing the drainage system downward to the region of the right ilium. On May 6, 1963, the patient was started on Actinomycin D, 0.2 mg. intravenously per day for a total dose of 1.6 mg. The renal mass markedly decreased in size and the patient's general condition remained good. The patient received a pre-operative course of x-ray therapy.

SURGERY:

On May 17, 1963, a right nephrectomy was performed by a transabdominal approach.

GROSS PATHOLOGY:

The specimen was a right kidney weighing 177 grams. Much of the kidney was replaced by a focally cystic and hemorrhagic yellow necrotic tumor, measuring 6 cm. in diameter. Some of the tumor extended into perinephric adipose tissue to which it was densely adherent. The main branch of the renal vein to the lower pole of the kidney coursed directly through the tumor.

FOLLOW-UP:

X-ray survey of the chest and bones revealed no evidence of metastatic tumor following discharge from the hospital. The patient was treated with an additional course of x-ray therapy.

Follow-up of this patient, 10 months after surgery, revealed no evidence of recurrent malignancy, and the child appeared to be enjoying good health.

NAME: G. V. MAY 1964 - CASE NO. 4

AGE: 43 SEX: Female RACE: Caucasian ACCESSION NO. 12924

CONTRIBUTOR: E. F. Ducey, M. D.
Community Memorial Hospital
Ventura, California
Outside No. 63-431
63-627

TISSUE FROM: Adrenal and bone marrow metastasis

CLINICAL ABSTRACT:

Past medical history was unremarkable, except for a "nervous breakdown" for a few days in January 1963. There was complaint of soreness in the left buttock and some generalized subcutaneous edema. The gluteal pain had been present for several weeks at the time of her first admission to this hospital on February 15, 1963. She had also noted massive edema of the lower extremities for about 2 months, gaining about 15 lbs. She had been treated symptomatically with diuretics and also with sex hormones (for irregular menses). X-rays of the bony pelvis, made prior to admission, revealed a lytic lesion in the ischium. She was admitted for biopsy of this suspicious area, and for general evaluation. Examination at that time revealed diffuse, pitting subcutaneous edema, more marked in the lower extremity, and some abdominal distension. No masses were palpated, and pelvic examination was negative. Routine hemogram was within normal limits, while a urine specimen showed considerable reducing substance; a fasting blood sugar was 159 milligrams percent, while a 2 hour post-prandial specimen showed 272 milligrams percent. Bone biopsy was performed on February 19, 1963 (No. 63-431). Further surveys disclosed a marked enlargement of the left renal shadow without any deformity of the excretory system. Air insufflation was suggestive of a supra-renal tumor. Further laboratory studies disclosed refractory depression of serum potassium to a level of around 2.0 meq., plus a chloride of 75 meq., sodium of 140 meq. and CO_2 combining power of 45 meq. Seventeen-ketosteroids were 9.0 milligrams per liter and 17-ketogenic steroids were 21.5 milligrams per liter.

SURGERY:

Exploration of the left renal area was carried out on March 16, 1963, disclosing a bulky suprarenal tumor, which was removed along with the kidney; tumor was found within the principal renal vein, some of which had to be left behind. The abdominal cavity was not entered.

GROSS PATHOLOGY:

The specimen consisted of a bilobed mass, one lobe of which was easily recognized as a complete kidney, 12 x 7 cm. in greatest dimensions, including a loosely adherent covering of lobulated fat tissue and a 12 cm. length of normal ureter; the other lobe represented an ovoid, largely encapsulated mass of variegated color, 11.4 x 7 cm. in greatest dimensions, rather firmly adherent to the upper renal pole and to the mesial aspect of the kidney in

the same general area; blunt dissection demonstrated complete encapsulation of the tumor, without demonstrable extension into the adherent kidney, although a large vein draining the tumor mass entered the main renal vein directly opposite the orifice of the ovarian vein, a 10 cm. length of which was still attached. When dissected free from the tumor, the kidney weighed 180 grams, while the tumor itself weighed 224 grams. Cut sections of kidney revealed no obvious abnormality, the parenchyma having a normal color and geographic pattern, while the collecting system was of normal dimensions throughout. Multiple cut sections of the tumor revealed a variegated, highly cellular surface showing many vague, incomplete septa tending to subdivide the mass into lobules. The predominant color was pale gray or pink, and the consistency quite soft, with streaks or small nodules of golden yellow tissue reminiscent of adrenal cortex scattered through the subcapsular zone of the tumor over most of its length. No necrotic areas were encountered, nor any obvious hemorrhage nor suppuration, and no organoid structure could be identified. The only evidence of extension outside the capsule of the tumor consisted of a bulky plug which extended into the principal veins draining the tumor, mentioned above, this papillary extension reaching as far as the origin of the ovarian vein, where it ended in a smoothly rounded surface. In many areas, the tumor tissue had a gelatinous consistency and appeared to contain mucin which stuck to the cutting knife.

COURSE:

Post-operative course was a bit stormy, but the patient was discharged 10 days after surgery, in improved condition; serum potassium on March 18, 1963 was 3.8 meq.

FOLLOW-UP:

Patient died approximately April 1963 (had moved out of town).

NAME: C. W. D. MAY 1964 - CASE NO. 5

AGE: 56 SEX: Male RACE: Caucasian ACCESSION NO. 13200

CONTRIBUTOR: E. R. Jennings, M. D. Outside No. S-4566-63
Memorial Hospital of Long Beach
Long Beach, California

TISSUE FROM: Bladder

CLINICAL ABSTRACT:

History: The patient, a 56 year old white male, was admitted to the hospital on August 5, 1963 with a history of painless hematuria for the 7 days preceding. The hematuria was gross and quite heavy with the passage of clots at the end of urination. The patient has been a light cigarette smoker. For the past 20 years he has been engaged in construction work and prior to that he was a rancher.

Physical examination was unremarkable.

Laboratory results revealed a hemoglobin of 15.6 grams and a BUN of 19mg%. Chest x-ray was unremarkable.

SURGERY:

On August 8, 1963, at cystoscopy, a large tumor mass was noted in the dome of the bladder. The ureteral orifices were grossly uninvolved. A retrograde pyelogram revealed no obvious pathology in either kidney collecting system. A segmental resection of the bladder tumor was then performed by the trans-abdominal approach.

GROSS PATHOLOGY:

The specimen consisted of an elliptically shaped portion of bladder wall, measuring 5 x 4 cm. In the central portion of this ellipse, there was a fungating papillary tumor, measuring 4 cm. in maximal diameter and rising 2 cm. above the surface. A cystic mass, measuring 2 cm. in diameter and containing soft yellow mucoid material was located in the soft tissue adjacent to the bladder wall.

FOLLOW-UP:

He was last seen on February 5, 1964 at which time cystoscopy revealed no evidence of the bladder tumor.

NAME: E. F. MAY 1964 - CASE NO. 6

AGE: 60 SEX: Male RACE: Caucasian ACCESSION NO. 13075

CONTRIBUTOR: Melvin W. Anderson, M. D. Outside No. 527 G-63
Alhambra, California

TISSUE FROM: Retroperitoneum

CLINICAL ABSTRACT:

On May 24, 1963, the patient presented himself to his physician with symptoms of the flu for two weeks prior to admission. He complained of pain in the right lower quadrant and high in the right posterior flank. This was not severe and appeared to be intermittent in character. Physical examination revealed hematuria. IVP demonstrated a calculus in the upper ureter on the right with hydronephrosis behind this. Past history revealed in 1948 a partial transurethral resection and in 1956 a suprapubic prostatectomy. Pyelograms taken at that time were stated to be normal. On admission to the hospital, the patient's blood pressure was 150/88, the urine was loaded with pus cells. The laboratory work was otherwise not remarkable.

SURGERY:

At operation, several atheromatous yellowish-orange plaques were noted in the right retroperitoneal region, extending from near the brim of the pelvis up to the region of the ureteropelvic junction. These were removed along with the calculus which was found in the ureteropelvic junction.

GROSS PATHOLOGY:

One specimen was an oval plaque of tissue, having a distinctly yellowish-orange cast measuring 20 x 10 x 5 mm. Its cut surfaces revealed a dark yellowish-tan appearance throughout with a small amount of non-discolored connective tissue present on the outer surface. Another specimen consisted of a piece of fatty tissue, measuring 6 x 6 x 2 cm., which contained additional firm yellow tan tissue in plaques on the surface of this specimen. There was no gross evidence of calcium in this material. The plaque-like area involving the last specimen measured 28 x 16 x 6 mm.

FOLLOW-UP:

The patient was last seen on December 6, 1963 at which time he had no complaints. In August 1963, approximately two months after surgery, a repeat IVP revealed normal function of the right side. Although a hydronephrosis was still present, function appeared quite prompt and the urine was clear of infection. The patient did develop a thrombophlebitis following surgery but by November this had entirely cleared.

NAME: H. L. MAY 1964 - CASE NO. 7

AGE: 69 SEX: Male RACE: Caucasian ACCESSION NO. 12954

CONTRIBUTOR: Weldon K. Bullock, M. D. Outside No. 63-5597
Los Angeles County Hospital
Los Angeles, California

TISSUE FROM: Right testicle

CLINICAL ABSTRACT:

History: This 69 year old caucasian male was referred into the hospital on April 9, 1963 for weakness, vomiting, weight loss and epigastric pain. Patient had a partial gastrectomy 5 years previously for gastro-intestinal hemorrhage. Patient denied any melena or jaundice.

Physical examination disclosed a wasted cachetic male. Blood pressure 98/56; pulse 92. A mass was palpable in the upper abdomen and right testicle was nodular, hard and enlarged. On questioning, the patient stated that the testicular tumor has been present for "many years" (20 years) with recent enlargement noted. Clinical impression at the time of admission was (1) gastric carcinoma (2) testicular tumor.

Routine laboratory work-up disclosed hemoglobin 11.0, WBC 34,000. Chest film was interpreted as suspicious for tuberculosis and probable neoplastic disease in the left apex with associated rib erosion. Electrocardiogram was reported as low voltage tracings consistent with chronic diffuse lung disease and chronic cor pulmonale.

SURGERY:

On April 16, 1963, an orchiectomy was performed under local anesthesia. Findings: The patient had a large hard tumor, approximately 2 inches in diameter which had replaced the lower half of the right testicle.

GROSS PATHOLOGY:

The specimen consisted of a previously fixed and sectioned glistening, gray tan, 4.5 x 3.5 x 3 cm. ovoid testicular mass with attached portion of spermatic cord and fibrofat. Cut surface revealed an encapsulated fairly firm, gray tan 4 x 3.5 x 3 cm. tumor mass replacing what was thought to be the inferior portion of the testis. Also submitted was a glistening tan tissue fragment measuring 1.5 x 0.8 x 0.2 cm.

COURSE:

Following the surgical procedure, the patient persisted with an elevated white count and became moribund with difficult respirations and expired on April 17, 1963. Autopsy was refused.

NAME: E. G. S. MAY 1964 - CASE NO. 8

AGE: 70 SEX: Female RACE: Caucasian ACCESSION NO. 12872

CONTRIBUTOR: E. R. Jennings, M. D. Outside No. S 840-63
Memorial Hospital of Long Beach
Long Beach, California

TISSUE FROM: Ureter

CLINICAL ABSTRACT:

This 70 year old housewife was admitted on January 31, 1963 with a complaint of gross hematuria of three days' duration. She had received x-ray therapy for carcinoma of the cervix in 1938. Cystoscopy revealed bleeding from the left ureteral orifice. Retrograde pyelography revealed obstruction 7 cm. above the ureteral orifice. Pelvic examination revealed a large pelvic mass.

X-ray reports: Barium enema and chest x-ray negative. Upper gastro-intestinal series - duodenal ulcer.

Laboratory report: Hemoglobin 12.3 gms., WBC 10,900, BUN 14 mg. Urinary LDH 3450 units/8 hr. (gross hematuria).

SURGERY:

On February 11, 1963, at exploratory laparotomy, uterine leiomyomata and adhesions between the sigmoid colon and the lateral wall of the pelvis were found to be the processes causing the pelvic mass. The left ureter was markedly dilated to within three inches of the uretero-vesical junction. A mass in the ureter was noted at this point. The ureter was then transected very close to the bladder and the ureter and kidney were removed.

GROSS PATHOLOGY:

The specimen was a kidney with 20 cm. of ureter attached. The entire specimen weighed 140 gm. A soft, pink gray, lobulated, fungating mass, measuring 4.5 x 3 cm., was located in the ureter 6 cm. from its distal end. The ureter above the tumor was markedly dilated as was the renal pelvis. The ureter distal to the tumor was non-dilated; the mucosal surface was studded with papillary growths up to 0.3 - 0.4 cm. in diameter. The most distal end of the ureter did not show this process.

The renal calyces were markedly dilated and the cortex and medulla thinned the maximum thickness being 0.9 cm. The renal pelvis was clear and glistening.

FOLLOW-UP:

She developed bladder symptoms over the next two months following surgery, and on April 29, 1963 a recurrent tumor was fulgurated from the bladder. A similar fulguration was performed on July 7, 1963. At the present time (4/64) she again has a recurrence in the bladder in the region of the remnant of the left ureteral orifice.

NAME: L. G. MAY 1964 - CASE NO. 9

AGE: 15 SEX: Female RACE: Caucasian ACCESSION NO. 12700

CONTRIBUTOR: Jeanne I. Miller, M. D.
Modesto, California Outside No. 62 K 1096

TISSUE FROM: Right kidney

CLINICAL ABSTRACT:

Five days before hospitalization, on December 11, 1962, this patient complained of a mild discomfort in the right groin, followed the next day by a sharp pain in the right side.

Physical examination was negative except for a palpable movable mid-abdominal tumor which was tender along the right side and down to the right flank.

KUB and IV urograms showed the upper pole of the kidney to be displaced downward. The pelvic configuration was abnormal.

SURGERY:

A nephrectomy was performed.

GROSS PATHOLOGY:

The specimen was the right kidney, weighing 200 grams and measuring 13 x 9 x 8 cm. Taking up and replacing the entire lower pole and a portion of the mid kidney was a spherical sharply demarcated tumor, 10 cm. in diameter. The tumor was variegated pink, white and with occasional hemorrhages. It had a resilient rubbery quality. Around the tumor was a 1 cm. rim of recent and old subcapsular hemorrhage. The renal tissues of the upper pole were essentially normal appearing. The ureter, where it curved out and over the tumor, was dilated.

FOLLOW-UP:

Follow-up information received on April 20, 1964: "Patient has not been examined for several months. When last seen, had no complaints, appeared well."

NAME: G. W. MAY 1964 - CASE NO. 10

AGE: 65 SEX: Female RACE: Unknown ACCESSION NO. 12604

CONTRIBUTOR: Roy L. Byrnes, M. D. Outside No. 62-L-800
South Laguna, California

TISSUE FROM: Bladder

CLINICAL ABSTRACT:

This 65 year old woman had an onset of lower abdominal discomfort for about one month. The pain was described as constant in nature with radiation to the back and right leg. In addition, she had some increase of urinary frequency without dysuria or blood.

The history included evidence of latent syphilis, ligation of esophageal varices (1947).

The patient had a long history of residence in the Orient. Multiple episodes of dysentery were present. This included colitis on and off in the late 1920's and again in 1950 (in residence in Shanghai), attacks of dysentery during internment camp in Shanghai (1943-1945) and multiple abdominal upsets. The patient did not give a history of infestation with schistosomiasis.

Physical examination revealed a definite mass in the lower pelvis. The routine urinalysis revealed no positive findings; no cells were observed. The BSP dye study showed 12% retention at 45 minutes.

SURGERY:

The patient was explored and a cystectomy with uterus, tubes and ovaries in continuity was performed.

GROSS PATHOLOGY:

The bladder specimen measured 9.5 cm. by 6.5 cm. laterally. Inspection of the mucosal aspect revealed that the mucosa was extremely thick, presenting a raised, polypoid surface. In the center (corresponding to the apical-posterior aspect), there was a bulging tumor, the surface of which was ulcerated with small amounts of adherent blood clot. As the bladder was sectioned and dissected, the wall of the bladder was noted to average 1.5 cm. in thickness; this measurement did not include a greatly thickened exuberant mucosal component which ranged up to an additional 0.8 cm. The largest portion of bladder wall appeared to be quite firm with a gray-white cut surface strongly suggestive of a diffusely spreading malignant process. It was estimated that two-thirds of the bladder wall shoed this change. The indurated tissue extended out into the fatty perivesicle connective tissue at the base of the bladder as well as the connective tissue covering the apical portion of the

bladder. The ureters were noted to be enveloped by firm, gray tissue but it was not clear whether or not the ureteral orifices were involved by the malignant process. The uterus, tubes, and ovaries appeared grossly unremarkable

FOLLOW-UP:

The patient expired on October 29, 1962. No autopsy was performed.

NAME: T. S.

MAY 1964 - CASE NO. 11

AGE: 61 SEX: Male RACE:

ACCESSION NO. 12573

CONTRIBUTOR: C. M. Alexander, M. D.
Inter-Community Hospital
Covina, California

Outside No. 3574-62

TISSUE FROM: Kidney

CLINICAL ABSTRACT:

The patient recently had acute left flank pain and has a history of urinary calculus. A recent intravenous pyelogram revealed as an incidental finding a space occupying mass at the lower pole of the right kidney (pain was on the left side and believed to be due to calculus). Physical examination and chest x-ray were normal. No history of hematuria. Urinalysis was normal; no RBC's. Complete blood count was normal; hemoglobin 15.1 gm%.

SURGERY:

At surgery on October 1, 1962, a cystic lesion was found bulging from the lower anterior pole of the right kidney. Much soft red material, thought to be old blood clot, was aspirated. The surgeon estimated that the cystic mass was about 3 inches in diamter.

GROSS PATHOLOGY:

There were two membrane-like pieces of tissue, the larger measuring when apread out about 7 x 5.5 x 0.4 cm. An external purple-tan convex surface had fatty tags. The opposing surface was rough, red-brown and coated by friable purple-tan material. There were three separate masses of such material aggregating 2.8 x 2 x 1.1 cm. (similar material was probably aspirated). When this material was sectioned, it seemed to be partly friable red-brown old blood, in which there were small pale areas, possibly of tissue.

FOLLOW-UP:

The last time the patient was seen since surgery in 1962, was in January 1964. At that time he was asymptomatic. An intravenous pyelogram and chest x-ray were done. Neither one showed any gross abnormalities.

NAME: R. M. MAY 1964 - CASE NO. 12

AGE: 79 SEX: Male RACE: Caucasian ACCESSION NO. 12060

CONTRIBUTOR: Jack McGrath, M. D.
Little Company of Mary Hospital
Torrance, California
Outside No. A-2-62

TISSUE FROM: Right kidney

AUTOPSY:

Incidental finding at autopsy revealed a solitary nodule in the lower pole of the right kidney located near the renal pelvis. It was distinctly hemorrhagic and had small gray white areas of calcification and measured approximately 1.6 cm. in diameter.

STUDY GROUP CASES

FOR

MAY 1964

CASE NO. 1, ACCESSION NO. 13155, Victor J. Rosen, M. D., Contributor

LOS ANGELES:

Spindle cell variant of renal carcinoma, 10; carcinosarcoma, 2.

SAN FRANCISCO:

Renal cell adenocarcinoma, polymorphous, 13; adult Wilm's tumor, 4; spindle cell carcinoma, 1.

OAKLAND:

Pleomorphic renal cell carcinoma, 15; fibrosarcoma arising from renal capsule, 1.

CENTRAL VALLEY:

Spindle cell variant of renal cortical adenocarcinoma, 7; adult Wilm's with leiomyosarcoma, 3; leiomyosarcoma, 1.

SAN DIEGO:

Leiomyosarcoma, 5; adult Wilm's, 2

WEST LOS ANGELES:

Renal carcinoma, 7; carcinosarcoma, 2.

WALTER REED HOSPITAL:

Pleomorphic renal cell carcinoma, 2.

FILE DIAGNOSIS: Pleomorphic renal cell carcinoma 710-8191

May 1964

CASE NO. 2, ACCESSION NO. 12208, Gene Burke, M. D., Contributor

LOS ANGELES:

Pseudotumor (benign xanthogranuloma), 11; fibroma, 1.

SAN FRANCISCO:

Ganglioneuroma, inflamed, 4; fibromatosis, 5; benign mesenchymoma, 3; xanthogranuloma, 2; fibromyxoma, 5.

OAKLAND:

Myxofibroma, 8; plasma cell granuloma, 3.

CENTRAL VALLEY:

Liposarcoma, 5; fibrous mesothelioma, 4; pseudotumor, 2.

SAN DIEGO:

Benign inflammatory lesion, 1; lymphangiofibroma, 1; sclerosing retroperitonitis, 1; neurofibroma, 4.

WEST LOS ANGELES:

Pseudotumor of retroperitoneum, 7; sclerosing myxoid liposarcoma, 2.

WALTER REED HOSPITAL:

Post-inflammatory pseudotumor, 2.

FILE DIAGNOSIS: Benign xanthogranuloma 065-858

Cross-file: Pseudotumor 065-926

May 1964

CASE NO. 3, ACCESSION NO. 13153, Victor J. Rosen, M. D., Contributor

LOS ANGELES:

Irradiated Wilm's tumor, 12.

SAN FRANCISCO:

Wilm's tumor, with radiation modifications, 13; mixed mesenchymal tumor, 2; no diagnosis, 4.

OAKLAND:

Wilm's tumor, with alteration due to therapy, 17.

CENTRAL VALLEY:

Wilm's tumor with changes secondary to treatment, 7; clear cell carcinoma, 4.

SAN DIEGO:

Malignant neoplasm altered by therapy, 4; hamartoma, 3.

WEST LOS ANGELES:

Wilm's tumor with irradiation effect, 9.

WALTER REED HOSPITAL:

Wilm's tumor with x-ray effect, 2.

FILE DIAGNOSIS: Wilm's tumor with irradiation effect 710-8834

Oil red o stain showed large amount of fat.

May 1964

CASE NO. 4, ACCESSION NO. 12924, E. F. Ducey, M. D., Contributor

LOS ANGELES:

Functioning adrenal cortical carcinoma, 11; malignant tumor, possibly metastatic, 1.

SAN FRANCISCO:

Adenocarcinoma, adrenal cortex (aldosterone producing aldosterocarcinoma), 19.

OAKLAND:

Adrenal cortical carcinoma, 16; mucin producing adenocarcinoma, origin in doubt, 1.

CENTRAL VALLEY:

Adrenal cortical carcinoma, 10; sympathicogonioma, 1.

SAN DIEGO:

Adrenal cortical carcinoma, 7.

WEST LOS ANGELES:

Primary adrenal cortical carcinoma, 7; sympathogonioblastoma, 2.

WALTER REED HOSPITAL:

Adrenal cortical carcinoma, 2.

FILE DIAGNOSIS: Adrenal cortical carcinoma 860-8091

May 1964

CASE NO. 5, ACCESSION NO. 13200, E. R. Jennings, M. D., Contributor

LOS ANGELES:

Adenocarcinoma, mucous secreting, 12.

SAN FRANCISCO:

Urachal adenocarcinoma (cystadenocarcinoma), 9; mucinous cystadenoma, 7.

OAKLAND:

Adenocarcinoma, urinary bladder, of urachal origin, 11; adenoma, bladder, 2.

CENTRAL VALLEY:

Mucous adenocarcinoma of urachal origin, 9; mucous papillary adenoma, 2.

SAN DIEGO:

Urachal adenocarcinoma, 7.

WEST LOS ANGELES:

Urachal adenocarcinoma of the bladder, 9.

WALTER REED HOSPITAL:

Urachal carcinoma, 2.

FILE DIAGNOSIS: Urachal adenocarcinoma 7301-8091

May 1964

CASE NO. 6, ACCESSION NO. 13075, Melvin W. Anderson, M. D., Contributor

LOS ANGELES:

Inflammatory pseudotumor (fibroxanthogranuloma), benign, 12.

SAN FRANCISCO:

Xanthogranuloma, 14; "urine granuloma," 1; extraurinary malacoplakia, 1.

OAKLAND:

Retroperitoneal xanthogranuloma, 17.

CENTRAL VALLEY:

Pseudotumor, 11. Various terms such as periodic disease, xanthogranuloma and periurethral fasciitis were suggested.

SAN DIEGO:

Xanthogranuloma, 7.

WEST LOS ANGELES:

Sclerosing xanthogranuloma, 7; early retroperitoneal fibrosis, 2.

WALTER REED HOSPITAL:

Xanthogranulomatous pyelonephritis, 2.

FILE DIAGNOSIS: Retroperitoneal xanthogranuloma 065-858

Cross-file: Pseudotumor 065-926

May 1964

CASE NO. 7, ACCESSION NO. 12954, Weldon K. Bullock, M. D., Contributor

LOS ANGELES:

Adenomatoid tumor, 12.

SAN FRANCISCO:

Adenomatoid tumor, 21.

OAKLAND:

Adenomatoid tumor, 17.

CENTRAL VALLEY:

Adenomatoid tumor, 11.

SAN DIEGO:

Adenomatoid tumor, 7.

WEST LOS ANGELES:

Adenomatoid tumor, 9.

WALTER REED HOSPITAL:

Adenomatoid tumor of tunica, 2.

FILE DIAGNOSIS: Adenomatoid tumor 755-8772 A

May 1964

CASE NO. 8, ACCESSION NO. 12872, E. R. Jennings, M. D., Contributor

LOS ANGELES:

Papillary transitional cell carcinoma of ureter, 12.

SAN FRANCISCO:

Papillary transitional cell carcinoma of ureter, 22.

OAKLAND:

Transitional cell carcinoma, ureter, 17.

CENTRAL VALLEY:

Papillary transitional cell carcinoma of the ureter, 11.

SAN DIEGO:

Transitional carcinoma, 7.

WEST LOS ANGELES:

Transitional cell carcinoma of ureter, 9.

WALTER REED HOSPITAL:

Papillary transitional cell carcinoma, grade III, 2.

FILE DIAGNOSIS: Papillary transitional cell carcinoma, ureter 723-811

May 1964

CASE NO. 9, ACCESSION NO. 12700, Jeanne I. Miller, Contributor

LOS ANGELES:

Hamartoma (angiomyolipoma), 12.

SAN FRANCISCO:

Angiomyoma (capsuloma), 19; leiomyoma, 2.

OAKLAND:

Leiomyoma, 7; leiomyosarcoma, 7.

CENTRAL VALLEY:

Vascular leiomyoma or angiomyolipoma, 11.

SAN DIEGO:

Leiomyosarcoma, grade I, 2; leiomyoma, benign, 5.

WEST LOS ANGELES:

Angiomyolipoma (capsuloma), 9.

WALTER REED HOSPITAL:

Angiomyolipoma, 2.

FILE DIAGNOSIS:	Angiomyolipoma (capsuloma)	710-887
	Leiomyoma	710-866A

May 1964

CASE NO. 10, ACCESSION NO. 12604, Roy L. Byrnes, M. D., Contributor

LOS ANGELES:

Anaplastic transitional cell carcinoma, 12.

SAN FRANCISCO:

Anaplastic pleomorphic carcinoma, urinary bladder, 22.

OAKLAND:

Transitional carcinoma, urinary bladder, 9; epidermoid carcinoma, 6.

CENTRAL VALLEY:

High grade papillary transitional cell carcinoma, 11. Two observers reported residua of Schistosomes.

SAN DIEGO:

Transitional cell carcinoma with squamous carcinoma elements, 7.

WEST LOS ANGELES:

Anaplastic carcinoma of the bladder, 9.

WALTER REED HOSPITAL:

Transitional cell carcinoma, bladder, with invasive carcinoma in bladder wall, 2.

FILE DIAGNOSIS: Anaplastic transitional cell carcinoma, bladder 730-811

May 1964

CASE NO. 11, ACCESSION NO. 12573, C. M. Alexander, M. D., Contributor

LOS ANGELES:

Cystic papillary carcinoma of kidney, 12.

SAN FRANCISCO:

Papillary cystadenoma of the kidney, 12; adenocarcinoma, 7.

OAKLAND:

Papillary adenocarcinoma, 9; papillary adenoma, 5.

CENTRAL VALLEY:

Papillary cystadenoma 9; papillary cystadenocarcinoma, 2.

SAN DIEGO:

Renal cell carcinoma, papillary type, 7.

WEST LOS ANGELES:

Cystic adenocarcinoma, 5; papillary adenoma, 4.

WALTER REED HOSPITAL:

Renal cell carcinoma, 2.

FILE DIAGNOSIS: Papillary cystadenocarcinoma, kidney 710-8021

Cross-file: Papillary cystadenoma, kidney 710-8021 B

May 1964

CASE NO. 12, ACCESSION NO. 12060, Jack McGrath, M. D., Contributor

LOS ANGELES:

Angiomyolipoma, 3; don't know, 4.

SAN FRANCISCO:

Hamartoma, 7; hemangioma, sclerosing type, 5; amyloid tumor, 1; fibroma, 1.

OAKLAND:

Hamartoma, 12; adult Wilm's tumor, 3; hemangioma with degenerative change, 1.

CENTRAL VALLEY:

Hemangioma with fibrosis and heterotopic bone, 11

SAN DIEGO:

Vascular hamartoma, 5; vascular scar, 1; angiomyolipoma, 1.

WEST LOS ANGELES:

Hamartoma, 9; calcifying hypernephroma, 1.

WALTER REED HOSPITAL:

Old hematoma?, 1; degenerated medullary fibroma?, 1.

FILE DIAGNOSIS: Angiomyolipoma 710-887

Cross-file: Hamartoma 710-8882