CALIFORNIA TUMOR TISSUE REGISTRY

LOS ANGELES COUNTY HOSPITAL

**********

PROTOCOL

for

MONTHLY SLIDES

NOVEMBER 1966

# LESIONS OF DIGESTIVE TRACT

NAME: E. P.

NOVEMBER 1966 - CASE NO. 1

AGE: 81 SEX: Male RACE: White

ACCESSION NO. 12177

CONTRIBUTOR: T. S. Kimball, M.D.
710 Eye Street
Eureka, California

OUTSIDE NO. A-1867

TISSUE FROM: Esophagus

CLINICAL ABSTRACT:

History: This patient complained of a tender upper abdominal swelling and post prandial flatulence of 10 days duration. He denied vomiting, tarry stools or change in bowel habits.

Past history: A 1.5 cm. firm lesion near the opening of the submaxillary ducts was removed four years prior with post operative radiation therapy to the floor of the mouth and neck. (No cervical adenopathy was noted at that time).

Physical examination revealed a tender non-pulsating 20 cm. mass which filled the epigastrium. A smooth liver edge was palpable to the umbilicus.

Laboratory report: UGI x-rays revealed two large smoothly rounded areas of radiolucency in the mid esophagus and distal end with displacement rather than distortion of the mucosa suggesting either benign tumors or foreign bodies within the esophagus. A needle biopsy of the liver showed secondary carcinoma.

COURSE:

The patient died within a month after a rapid downhill course.

AUTOPSY FINDINGS:

Esophagus: A 4 cm. in length, 2.5 cm. in diameter mass completely filled the mid esophageal lumen, invaded the wall to the periesophageal aspect where esophageal lymph nodes contained tumor. The liver was almost completely replaced by gray white tumor nodules varying from a few millimeters to 6 cm. Some of the subcapsular tumor nodules were umbilicated. The stomach, duodenum, pancreas and extrahepatic biliary system were unremarkable.

NAME: J. M. NOVEMBER 1966 - CASE NO. 2

AGE: 70 SEX: Male RACE: White ACCESSION NO. 10752

CONTRIBUTOR: D. R. Dickson, M.D. OUTSIDE NO. 59-6478
Santa Barbara Cottage Hospital
Santa Barbara, California

TISSUE FROM: Stomach

CLINICAL ABSTRACT:

History: This patient entered the hospital in November 1959 the day following an episode of hematemesis (clotted) and syncope. He had noted occasional black stools in the previous several months. He denied indigestion, pain or weight loss and had been eating his regular diet; which included ½ gallon of red wine daily.

Admission examination revealed a large dome-like epigastric mass which did not move with respiration.

Laboratory report: Hemoglobin 6.0 gm.%; RBC 1.7 million. X-ray studies demonstrated a large tumor on the lesser curvature of the stomach.

SURGERY:

Following numerous transfusions a subtotal gastric resection was performed to remove a large bulky gastric tumor. The liver contained a "small metastatic nodule."

GROSS PATHOLOGY:

A 530 gram portion of stomach, 24 cm. on the greater and 9 cm. long on the lesser curvature contained a faintly bosselated convex neoplasm, 12 x 11 x 4 cm., which occupied the entire posterior wall (to the serosa) on the lesser curvature. The tumor was glistening gray red with focal yellow necrosis on its surface and pale pink white cut section. The gastric ligaments contained tumor bearing lymph nodes.

COURSE:

Postoperative course was uneventful. Postoperative urine was "5-H.I.A.A. negative."

FOLLOW-UP:

The patient re-entered the hospital in March 1960 complaining of weight loss, weakness and occasional nausea but no pain. The abdomen was scaphoid but the liver was enlarged and nodular. He died on his second hospital day; an autopsy was not permitted.

NAME: A. E. NOVEMBER 1966 - CASE NO. 3

AGE: 56 SEX: Male RACE: Caucasian ACCESSION NO. 12590

CONTRIBUTOR: Robert M. Failing, M.D. OUTSIDE NO. S-62-755
Santa Barbara Cottage Hospital
Santa Barbara, California

TISSUE FROM: Stomach

CLINICAL ABSTRACT:

History: This patient was hospitalized in August 1962 because of vomiting and abdominal pain. He had been treated for a duodenal ulcer with antacids and probanthine for four or five months. Despite the conservative management the pain persisted and he was taken to surgery.

Past history: In 1960 the patient had generalized urticaria attributed to an antibiotic. At that time CBC showed 9000 WBC with 48% lymphocytes and 2% eosinophiles. Subsequent CBCs showed normal differential with lymphocyte count ranging between 15 and 25%.

SURGERY:

In September 1962 a subtotal gastric resection was performed. The liver and lymph nodes were unremarkable.

GROSS PATHOLOGY:

A 204 gram portion of stomach contained in the central portion, along the lesser curvature, a 3.2 x 2.2 cm. large ulcer up to 1.5 cm. in depth. Section through the ulcer crater showed firm tissue infiltrating to the serosa and into the gastrohepatic ligament. Numerous lymph nodes, some appearing as enlarged omental masses up to 3 x 2 x 1.5 cm. were found in attached mesenteries.

COURSE:

Postoperatively the patient did well.

FOLLOW-UP:

The patient was last seen at another hospital on February 12, 1966, at which time he was treated for chronic emphysema and an upper respiratory infection. His only gastrointestinal complaint at that time was vomiting if he ate too large a meal.

NAME: M. K. NOVEMBER 1966 - CASE NO. 4

AGE: 77 SEX: Female RACE: White ACCESSION NO. 11997

CONTRIBUTOR: Grace M. Hyde, M.D. OUTSIDE NO. 61-S-3984
Highland-Alameda County Hospital
Oakland, California

TISSUE FROM: Stomach

CLINICAL ABSTRACT:

History: This patient entered the hospital on September 14, 1961 with a history of epigastric pain for one year, anorexia and a 30-40 pound weight loss. UGI x-rays showed a large ulcer crater on the lesser curvature of the stomach. Because of anemia she was transfused.

SURGERY:

On September 25, 1961 an 85% gastric resection with Billroth II anastomosis was performed because of a large gastric ulcer that was adherent to but had not perforated into the liver.

GROSS PATHOLOGY:

A 20 cm. portion of distal stomach contained a 6 cm. lesser curvature ulcer with elevated serpiginous margins. The ulcer base was nodular and thickened. The ulcer encroached upon the proximal resected margin.

POSTOPERATIVE COURSE:

The course was complicated by a sealed "leak" at the anastomotic site with formation of an abscess that was drained, 10-6-61. The patient then improved and was discharged home on 10-30-61 (35th post resection day).

FOLLOW-UP:

The patient expired on December 1963 of pneumonia and Laennec's cirrhosis. Autopsy revealed no residual gastric disease. The patient received no x-ray therapy postoperatively.

NAME: L. C. NOVEMBER 1966 - CASE NO. 5

AGE: 75 SEX: Male RACE: White ACCESSION NO. 13815

CONTRIBUTOR: Pierce Rooney, M.D. OUTSIDE NO. G-64-2685
Sutter General Hospital
Sacramento, California

TISSUE FROM: Stomach

CLINICAL ABSTRACT:

History: This patient entered the hospital in August 1964 with two to three months history of ulcer-like symptoms. An upper GI x-ray study revealed a large mass deforming the stomach and thought to be cancer.

SURGERY:

A lesion of the stomach was thought to be a far advanced carcinoma on gross examination; a gastric resection was performed.

GROSS PATHOLOGY:

The specimen was a portion of stomach measuring 12 cm. and 17 cm. along the lesser and greater curvature, respectively. In the fundus along the lesser curvature was an 8.5 cm. large fungating tumor protruding 3.5 cm. into the lumen. On cut surface the tumor showed numerous zones of yellow pink tan necrosis and extended deeply through the gastric wall into adjacent fat. Rare lymph nodes in adjacent omentum measured up to 0.8 cm.

FOLLOW-UP:

The patient was last seen in June 1966 at his triannual visit when he was reported in good health.

NAME: H. S. NOVEMBER 1966 - CASE NO. 6

AGE: 79 SEX: Female RACE: Unknown ACCESSION NO. 14227

CONTRIBUTOR: Meyer Zeiler, M.D.
3756 Santa Rosalia Drive
Los Angeles, California
OUTSIDE NO. W-6266-65

TISSUE FROM: Stomach

CLINICAL ABSTRACT:

History: This patient was first seen in late 1958 when she complained of weakness and was noted to be thin and pale. A diagnosis of Pernicious Anemia was made and she was treated, with good results, with parenteral liver, Vitamin $B_{12}$ and iron.

In early 1965 she was noted to be anorexic, losing weight and suffering from post prandial abdominal pain. An upper abdominal mass was palpated and UGI x-rays showed a lesion in the antrum.

SURGERY:

A 50% subtotal distal gastrectomy with gastroenterostomy was performed. Firm nodules were found in the periantral fat.

GROSS PATHOLOGY:

A 9 cm. in length portion of distal stomach and antrum contained a 6 cm. in diameter polypoid tumor. The tumor measured 1.5 cm. in thickness and infiltrated the gastric wall to the serosa.

COURSE:

In June 1965 (4 months postoperative) the patient had trouble taking food, was quite weak and appeared "to be deteriorating."

FOLLOW-UP:

She died shortly thereafter. No autopsy was performed.

NAME: C. G. NOVEMBER 1966 - CASE NO. 7

AGE: 63 SEX: Male RACE: Caucasian ACCESSION NO. 12127

CONTRIBUTOR: W. H. LeCheminant, M.D.
Utah Valley Hospital
Provo, Utah

OUTSIDE NO. Av-676

TISSUE FROM: Duodenum

CLINICAL ABSTRACT:

History: This duodenal lesion was an autopsy finding in a 63 year old Caucasian male who had mild digestive disturbances and an UGI series that showed a deformity of the second portion of the duodenum. The patient died of a heart attack.

AUTOPSY revealed (in addition to the myocardial infarction) an irregular, fungating 5 cm. lesion on the right lateral duodenal wall; the tumor had a 3 cm. central ulcer crater. The tumor involved the mucosa, entire wall thickness, and nestled against, but did not involve the right renal hilus. Multiple metastatic nodules were found in the liver (as the only site of spread).

NAME: H. B. NOVEMBER 1966 - CASE NO. 8

AGE: 93 SEX: Male RACE: Caucasian ACCESSION NO. 12577

CONTRIBUTOR: Dorothy Tatter, M.D. OUTSIDE NO. 69306
Los Angeles County Hospital
Los Angeles, California

TISSUE FROM: Duct of Wirsung

CLINICAL ABSTRACT:

This lesion of the Duct of Wirsung was an incidental autopsy finding in a 93 year old Caucasian male who died of a stroke and bilateral bronchopneumonia. Of some note was a history of backache for one week three years previous.

AUTOPSY:

A glistening papillary tumor was seen to arise from the mucosal surface of and occluding the duct of Wirsung 1.2 cm. from the Ampulla of Vater, the latter being plugged and dilated by a mucus plug which extended retrograde to the tumor. Proximal to the tumor the Duct (Wirsung) was dilated to 3.2 cm. in circumference, had a thickened surface and communicated with ectatic second division ducts which showed "micropseudocytification." In the tail of the pancreas was a large "pseudocyst" which extended into the peripancreatic fat. The cyst contained 100 cc. clear liquid. The common bile duct opened separately into the Ampulla and was unremarkable.

NAME: J. H. NOVEMBER 1966 - CASE NO. 9

AGE: 67 SEX: Male RACE: Caucasian ACCESSION NO. 11718

CONTRIBUTOR: Livia Ross, M.D. OUTSIDE NO. SP-48807
Veterans Administration Hospital
Oakland, California

TISSUE FROM: Jejunum

CLINICAL ABSTRACT:

History: This patient was hospitalized in February 1961 because of a six months history of weakness, lethergy and 30 pound weight loss. A diagnosis of pituitary tumor (chromophobe adenoma) was made on the basis of enlarged sella tursica and confirmatory laboratory evidence of hypopituitarism (urinary 17 KS of 1.0 mgm/24 hrs. rose to 8.8 mgm/day after a 3 day ACTH infusion. Urinary 17 OHCS were 2.1 mgm/24 hr.). During the treatment of his pituitary lesion it was noted that the patient had a hypochromic microcytic anemia and further history elucidated postprandial abdominal fullness and nausea of several years duration.

Past history: "Anemia" in 1958 treated with cobalt and iron without relief.

X-rays: UGI in 1960 showed duodenal ulcer, and in February 1961 the study showed marked stenosis of the jejunum.

SURGERY:

A lumpy, hard, thick mass involved and partially obstructed the distal duodenum and jejunum to the ligament of Trietz. Adjacent mesentery contained large lymph nodes. A biopsy was performed. The tumorous intestine was (totally?) removed; and anastomosis was accomplished.

GROSS PATHOLOGY:

Specimens received were two segments of ileum (15 cm. and 8.5 cm. in length), each showing on the serosal surface a 2.5 cm. bulky fish-flesh gray lobulated tumor mass which penetrated thru the wall to the submucosa. Here the overlying mucosa was distorted and focally ulcerated. Tumor approached the resected margins. Also submitted were glistening white soft fragments of lymph nodes.

COURSE:

Postoperatively the patient received radiation therapy to the abdomen and back (6000 R's)and pituitary; he was placed on hormone(s) repletion.

He was re-hospitalized in July 1962 when the left lower abdominal quadrant and upper left thigh were noted to be indurated and lymphedematous. The left inguinal lymph nodes were felt to contain tumor. A tumor mass was palpable in the lower abdomen; the liver was enlarged and tender. He was given nitrogen

mustard. The patient's condition deteriorated and he died in October 1962 (20 months after diagnosis and treatment of his diseases).

FOLLOW-UP:

An autopsy revealed residual tumor in the jejunum with involvement of para-aortic and retroperitoneal lymph nodes. There was tumor in the heart, lungs, kidney, prostate, liver, thyroid and pancreas. A chromophobe adenoma was found in the anterior pituitary.

NAME: N. R. W. NOVEMBER 1966 - CASE NO. 10

AGE: 71 SEX: Male RACE: Caucasian ACCESSION NO. 12557

CONTRIBUTOR: R. M. Failing, M.D. OUTSIDE NO. S62-4965
Santa Barbara Cottage Hospital
Santa Barbara, California

TISSUE FROM: Mesentery

CLINICAL ABSTRACT:

History: This patient entered the hospital in July 1962 with a history of gradual onset of abdominal pain and obstructive bowel symptoms of two to three months duration.

Past history: Cholecystectomy - 1946; Herniorrhaphy - 1923.

Admission examination revealed a large mass filling the entire left lower abdominal quadrant which was mildly tender to palpation.

Laboratory report: CBC was normal. Urinalysis - sp. 1.011, otherwise unremarkable.

SURGERY:

At surgery a large inflammatory mass of the mesocolon was found. A biopsy was done and a transverse loop colostomy was accomplished.

Postoperatively the patient lost 15 pounds and had some bouts of difficulty in urinating in the next two months. He also had episodes of left lower quadrant pain followed by passage of a mucoid stool which brought relief of pain.

In September 1958 he was hospitalized for the second and last time to undergo definitive surgery. A mechanical extrinsic bowel obstruction was found and a sigmoid and descending colectomy were performed along with a splenectomy. The rectum was closed and colostomy was performed.

GROSS PATHOLOGY:

Specimens received were three segments of colon (12 cm., 24 cm., and 48 cm. in length) with attached mesentery and omentum; all aggregated 810 grams. Numerous fibromembranous serosal-omental-mesenteric adhesions were noted with serosal edema and petechiae. The appendices epiploicae and mesenteries were thickened, firm and pale yellow on cut surface with fibrous thickening; focal fat necrosis was present. The mucosa showed focal areas of edema, congestion and one segment of colon showed focal mucosal erosions.

COURSE:

Postoperatively to the second surgery the patient did well aside from an occasional spiking fever and associated chill. Urinary output was good. On the 23rd postoperative day the patient became disoriented and developed jerky movements of his arms. At this time the electrolytes were normal but urine output began to fall and his BUN which was then 92 mgm.% continued to rise to 220 mgm.% within a week. During this time the patient became more lethargic with long periods of coma. Repeat urinalysis again showed isosthenuria with 1+ or 2+ protein. Serum Na dropped to 126, K to 2.8 Meq/L and his Hgb dropped steadily to 5.9 gm.%. The patient died in coma on his 43rd hospital day, 3 months after his first surgery and 6 months after onset of his terminal illness.

Pertinent Autopsy findings: Terminal bronchopneumonia. 1). Acute candida pyelonephritis; 2) Acute necrotizing pancreatitis; 3) Acute duodenal ulcerations; 4) Residual "lesion" in mesocolon.

NAME: B. K. NOVEMBER 1966 - CASE NO. 11

AGE: 69 SEX: Female RACE: Caucasian ACCESSION NO. 10272

CONTRIBUTOR: Albert F. Brown, M.D.
Box 871
Glendale, California

OUTSIDE NO. GSH58-3649

TISSUE FROM: Colon

CLINICAL ABSTRACT:

History: This patient entered the hospital in October 1958 with abdominal pain for 36 hours and vomiting for 12 hours prior to admission.

Past history: Non-contributory.

Laboratory report: Hgb - 10.9 gm.%.; WBC, differential were normal; urinalysis was negative.

Physical finding: Acute intestinal obstruction.

SURGERY:

A 5 x 4 cm. tumor mass was found obstructing the transverse colon about 5 cm. proximal to the splenic flexure. Regional lymph nodes were enlarged. The liver was palpated and found to be unremarkable. A subtotal colectomy with mesentery was accomplished.

GROSS PATHOLOGY:

An 18 cm. segment of transverse colon contained a 5 cm. firm annular fungating tumor. A V-shaped section of mesentery was attached to the colon.

COURSE:

The patient did well after surgery. She had a hernioplasty in November 1959 and a stroke in February 1961. She then went to live in a rest home.

FOLLOW-UP:

The patient apparently died around December 1965 while in a rest home. No information regarding an autopsy was available.

STUDY GROUP CASES

FOR

NOVEMBER, 1966

LESIONS OF DIGESTIVE TRACT

CASE NO. 1, ACCESSION NO. 12177, T. S. Kimball, M.D., Contributor

LOS ANGELES:

Anaplastic carcinoma, esophagus, 12

OAKLAND:

Undifferentiated carcinoma, 10; malignant tumor, undifferentiated, 7; sarcoma, 3

CENTRAL VALLEY:

Anaplastic carcinoma, 7; carcinoid, 1

SAN DIEGO:

Anaplastic carcinoma, 7

WEST LOS ANGELES:

Undifferentiated carcinoma, 10 (primary, 5; metastatic, 5)

ORANGE COUNTY:

Metastatic carcinoma, 4; anaplastic carcinoma, esophagus, 1

FILE DIAGNOSIS: Undifferentiated carcinoma, stomach 640-8191G

Unfortunately the slide of the transitional epidermoid carcinoma of the floor of the mouth was partially broken. However, I felt that there is no connection between that lesion and the esophageal lesion and interpret the latter as primary in the esophagus although no area of transition is shown.

Note: San Francisco minutes not received.

November, 1966

CASE NO. 2, ACCESSION NO. 10752, D. R. Dickson, M.D., Contributor

LOS ANGELES:

Squamous carcinoma, stomach, 11; malignant pheochromocytoma, 1

OAKLAND:

Poorly differentiated carcinoma, 16; squamous carcinoma, 4

CENTRAL VALLEY:

Anaplastic carcinoma, 5; carcinoid, 3

SAN DIEGO:

Epidermoid carcinoma, anaplastic, 5; mucoepidermoid carcinoma, 1; metastatic carcinoma, 1

WEST LOS ANGELES:

Undifferentiated carcinoma with squamoid features, 7; poorly differentiated adenocarcinoma, 1; malignant carcinoid, 1; plexiform carcinoma, 1

ORANGE COUNTY:

Undifferentiated gastric carcinoma, 4; carcinoid, 1

FILE DIAGNOSIS: Squamous carcinoma, stomach 640-814

Reference: Altshuler & Shaka, Squamous Carcinoma of the Stomach
Cancer 19: 831, 1966

November, 1966

CASE NO. 3, ACCESSION NO. 12590, Robert M. Failing, M.D., Contributor

LOS ANGELES:

Lymphoid hyperplasia (pseudolymphoma), stomach, 11; malignant lymphoma, 1

OAKLAND:

Chronic gastritis, 20

CENTRAL VALLEY:

Hyperplasia (pseudolymphomatosis), 15; giant follicular lymphoma, 2; Hodgkin's, 1

SAN DIEGO:

Pseudolymphoma, stomach, 7

WEST LOS ANGELES:

Benign reactive pseudolymphoma, 10

ORANGE COUNTY:

Lymphoid hyperplasia, 3; follicular lymphoma, 1

FILE DIAGNOSIS: Lymphoid hyperplasia, stomach (Pseudolymphoma) 640-925

Note: Perigastric lymph nodes showed only hyperplasia

Reference: Faris & Salzstein, Gastric Lymphoid Hyperplasia: A lesion confused with lymphosarcoma
Cancer 17: 208-212, 1964

November, 1966

CASE NO. 4, ACCESSION NO. 11997, Grace M. Hyde, M.D., Contributor

LOS ANGELES:

Reticulum cell sarcoma, stomach, 11; malignant tumor, anaplastic, 1

OAKLAND:

Reticulum cell sarcoma, 12; lymphoma, Hodgkin's, 3; carcinoma, 1

CENTRAL VALLEY:

Anaplastic carcinoma, 4; carcinoma in ulcer, 1; reticulum cell sarcoma, 1; Hodgkin's, 1; bizarre gastritis, 1

SAN DIEGO:

Reticulum cell sarcoma, 6; anaplastic carcinoma, 1

WEST LOS ANGELES:

Ulcerated malignant lymphoma, reticulum cell type, 9; undifferentiated malignant tumor, 1

ORANGE COUNTY:

Reticulum cell sarcoma, 5

FILE DIAGNOSIS: Reticulum cell sarcoma, stomach 640-831

November, 1966

CASE NO. 5, ACCESSION NO. 13815, Pierce Rooney, M.D., Contributor

LOS ANGELES:

Inflammatory fibroid polyps, stomach, 6; Hodgkin's disease, 5; undecided, 1

OAKLAND:

Chronic gastritis, 14; Hodgkin's, 5

CENTRAL VALLEY:

Eosinophilic gastritis (eosinophilic granuloma), 5; Hodgkin's, 3

SAN DIEGO:

Hodgkin's sarcoma, 7

WEST LOS ANGELES:

Eosinophilic granuloma, 6; Hodgkin's lymphoma, 4

ORANGE COUNTY:

Eosinophilic gastritis, 5

FILE DIAGNOSIS: Inflammatory fibroid polyps, stomach 640-944

Reference: Bullock, W. K., Inflammatory Fibroid Polyps of the Stomach Cancer 6: 488-493, 1953

November, 1966

CASE NO. 6, ACCESSION NO. 14227, Meyer Zeiler, M.D., Contributor

LOS ANGELES:

Adenocarcinoma arising in polypoid adenoma, stomach, 12
Cross-file: Atrophic gastritis (pernicious anemia)

OAKLAND:

Adenocarcinoma arising in gastric polyp, 20

CENTRAL VALLEY:

Polypoid carcinoma, 8

SAN DIEGO:

Adenocarcinoma, 7

WEST LOS ANGELES:

Adenocarcinoma in polypoid adenoma, 10

ORANGE COUNTY:

Carcinomatous gastric polyp, 5

FILE DIAGNOSIS: Adenocarcinoma, stomach, arising in gastric polyp 640-8023F

Cross-file: Atrophic gastritis (pernicious anemia), stomach 642-940.9

Adenoma, stomach 640-944A

November, 1966

CASE NO. 7, ACCESSION NO. 12127, W. H. LeCheminant, M.D., Contributor

LOS ANGELES:

Leiomyosarcoma, duodenum, 8; malignant tumor, unclassified, 3

OAKLAND:

Leiomyosarcoma, 10; undifferentiated carcinoma, 4; undifferentiated sarcoma, 2; alveolar soft part sarcoma, 1

CENTRAL VALLEY:

Carcinoma, 4; hemangiosarcoma, 3; carcinoid, 1

SAN DIEGO:

Leiomyosarcoma, 4; anaplastic carcinoma, 1; malignant tumor, unclassified, 2

WEST LOS ANGELES:

Leiomyosarcoma, 7; carcinoid, malignant, 2; carcinoma, 1

ORANGE COUNTY:

Anaplastic carcinoma, 2; leiomyosarcoma, 1; rhabdomyosarcoma, 1; melanoma, 1

FILE DIAGNOSIS: Leiomyosarcoma, duodenum 651-866F

Special stains support myogenic origin.

November, 1966

CASE NO. 8, ACCESSION NO. 12577, Dorothy Tatter, M.D., Contributor

LOS ANGELES:

Benign papilloma, duct of Wirsung, 12

OAKLAND:

Papilloma, benign, 18; low grade adenocarcinoma, 2

CENTRAL VALLEY:

Adenoma, duct of Wirsung, 8

SAN DIEGO:

Benign papilloma, 7

WEST LOS ANGELES:

Papillary adenoma, 10

ORANGE COUNTY:

Papillary adenoma, 4; papillary adenocarcinoma, 1

FILE DIAGNOSIS: Papillary adenoma, Duct of Wirsung 6512-8091A

November, 1966

CASE NO. 9, ACCESSION NO. 11718, Livia Ross, M.D., Contributor

LOS ANGELES:

Reticulum cell sarcoma, jejunum, 12

OAKLAND:

Lymphoma, mixed type, 20

CENTRAL VALLEY:

Reticulum cell sarcoma, 5; anaplastic carcinoma, 1; malignant carcinoid, 1; leiomyosarcoma (?), 1

SAN DIEGO:

Reticulum cell sarcoma, 7

WEST LOS ANGELES:

Malignant lymphoma, reticulum cell, 10

ORANGE COUNTY:

Reticulum cell sarcoma, 5

FILE DIAGNOSIS: Reticulum cell sarcoma, jejunum 653-831

Reticulum stain was positive.

November, 1966

CASE NO. 10, ACCESSION NO. 12557, R. M. Failing, M.D., Contributor

LOS ANGELES:

Mesocolic lipogranulomatosis, 12

OAKLAND:

Omentitis, 13; pneumotosis, 1; "Lipoid lesion of H. Smetana", 1

CENTRAL VALLEY:

"Inflammatory lesion", 6; liposarcoma, 2

SAN DIEGO:

Lymphangioma, 3; lipid granuloma, type unspecified, 2; liposarcoma, 2

WEST LOS ANGELES:

Mural mesocolic panniculitis (Weber Christian Disease ?), 10

ORANGE COUNTY:

Lipogranuloma, mesentery, 5

FILE DIAGNOSIS: Lipogranulomatosis, mesocolon 6592-945

Reference: Smetana, Sclerosing Lipogranulomatosis
Archives of Pathology, 50: 290-325, 1950

November, 1966

CASE NO. 11, ACCESSION NO. 10272, Albert F. Brown, M.D., Contributor

LOS ANGELES:

Adenocarcinoma, colon, 6; carcinoid with glandular features, colon, 5

OAKLAND:

Carcinoid, malignant, 12; adenocarcinoma, poorly differentiated, 6

CENTRAL VALLEY:

Carcinoid, 5; carcinoma, 1; leiomyosarcoma, 1; don't know, 1

SAN DIEGO:

Carcinoma, 4; carcinoid, 3

WEST LOS ANGELES:

Malignant carcinoid, 10

ORANGE COUNTY:

Anaplastic carcinoma, 1; carcinoid, 1; leiomyosarcoma, 1; undifferentiated sarcoma, 1

FILE DIAGNOSIS: Adenocarcinoma, colon 660-8091

Cross-file: Carcinoid, colon 660-844

November, 1966

CASE NO. 12, ACCESSION NO. 12124, D. S. DeSanto, M.D., Contributor

LOS ANGELES:

Adenocarcinoma, mucin producing type, anus, 12

OAKLAND:

Adenocarcinoma, signet ring cell type, 12; mucocele of Castleman (Penrose Cancer Hospital Seminar, Fall 1963, Vol. #3), 2

CENTRAL VALLEY:

Mucinous (signet cell) adenocarcinoma, 8

SAN DIEGO:

Mucinous adenocarcinoma, 7

WEST LOS ANGELES:

Primary mucinous adenocarcinoma, 10

ORANGE COUNTY:

Adenocarcinoma, 3; myxoliposarcoma, 1

FILE DIAGNOSIS: Adenocarcinoma, colon 660-8091