

CALIFORNIA TUMOR TISSUE REGISTRY

LOS ANGELES COUNTY HOSPITAL

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PROTOCOL

FOR

MONTHLY SLIDES

MAY, 1967

TUMORS OF FEMALE GENITALIA  
(Uterus and Tube)

NAME: M. McK.

MAY, 1967 - CASE 1

AGE: 65 SEX: Female RACE: Caucasian

ACCESSION NO. 9752

CONTRIBUTOR: H. S. Aijian, M.D.  
St. Francis Hospital  
Lynwood, California

Outside No. S-5088-57

TISSUE FROM: Uterus

History:

This woman complained of intermittent vaginal bleeding of 8 months duration becoming more frequent the month prior to hospitalization. She also noted a lower abdominal pressure pain the previous 2 months.

Surgery: (December, 1957)

After a diagnostic D & C, a total hysterectomy, bilateral salpingectomy, and right oophorectomy was accomplished (the left ovary was not found). At the time of surgery, tumor was biopsied from the sigmoid and sacral ligaments.

Gross Pathology:

An enlarged uterus contained a 12 x 11 x 8 cm., pale red yellow, shaggy, necrotic tumor mass focally forming grape-like vesicles. The focally cystic tumor mass filled the endometrial cavity and was attached to the atrophic lining over a 10 x 8 cm. base. The tumor extended focally into the myometrium beneath its base. Both tubes contained serosal adhesions. The right ovary was unicystic, 8 cm. in diameter, and contained 200 cc. of clear, serous, yellow fluid and a 2.5 cm. hemispherical nodule of tumor on the lateral pole. Tumor implants were noted on the serosal surface of the uterus near the bladder cuff. Biopsies from the serosal surface of the sigmoid and uterosacral ligaments also showed tumor microscopically.

Follow-up:

The patient expired in a nursing home in May, 1958, from metastatic disease. No autopsy was performed.

NAME: M. McN.

MAY, 1967 - CASE 2

AGE: 34 SEX: Female RACE: Caucasian

ACCESSION NO. 14893

CONTRIBUTOR: R. D. Lewis, M.D.  
Pasadena, California

Outside No. 257-P-66

TISSUE FROM: Uterus

History:

This gravida V, para III woman had heavy menses for 8 months prior to surgery.

Physical Examination:

The uterus was moderately enlarged for an 8 month period and did not change.

Surgery: (January, 1966)

A total hysterectomy was accomplished for what was believed to be bleeding fibroids.

Gross Pathology:

An asymmetrical total uterus, 8.5 x 7 x 4.5 cm. was slightly enlarged and distorted near the right cornu where a 2.5 cm., well circumscribed, slightly whorled, pale growth protruded; adhesions were noted over the serosal aspect of the protrusion. The myometrium, endometrium, cervix, and serosa were otherwise unremarkable.

Follow-up:

The patient was last seen in March, 1966, when she was said to be in good health.

NAME: M. P. MAY, 1967 - CASE 3  
AGE: 70 SEX: Female RACE: Caucasian ACCESSION NO. 10589  
CONTRIBUTOR: Paul Thompson, M.D. Outside No. 2398-59  
St. Luke Hospital  
Pasadena, California  
TISSUE FROM: Uterus

History:

This 70 year old female noted pressure symptoms in the low pelvis for 6 to 8 weeks with spotting to heavy flow for 12 days prior to admission.

Laboratory:

CBC and urinalysis were normal.

Surgery:

A total hysterectomy and bilateral salpingo-oophorectomy were accomplished without event.

Gross Pathology:

A total symmetrical 8.5 x 5.5 x 4.5 cm. uterus had attached tubes and ovaries. Within the fundal cavity a 3 cm., irregular growth measuring 0.7 cm. in thickness projects from the otherwise unremarkable endometrium. Beneath this growth is a 2.5 x 2.0 cm. nodule which is continuous with the above described endometrial growth. The cervix, myometrium, serosal surface, tubes, and ovaries are otherwise unremarkable.

Follow-up:

8-11-60 admitted to hospital, recurrent adenocarcinoma pelvis. X-ray therapy started 8-12-60. Discharged on 8-19-60 progressing very well, to have further X-ray therapy.

2-25-61 admitted for acute gastroenteritis; associated osteoarthritis and degenerative disc disease, lumbar spine. X-ray examination done. No X-ray evidence of bone metastasis at this time. However, there was moderately severe osteoarthritis and extensive degenerative disc disease in lumbar spine.

6-17-61 generalized carcinomatosis; expired 6-25-61; no autopsy performed.

NAME: R. O.

MAY, 1967 - CASE 4

AGE: 32 SEX: Female RACE: Filipino

ACCESSION NO. 14403

CONTRIBUTOR: James W. Redwine, M.D.  
Bay Harbor Hospital  
Harbor City, California

Outside No. BH-4722  
BH-4805  
BH-4894

TISSUE FROM: Uterus

History:

This 32 year old G 4, P 3, Filipino housewife began spotting on 2-27-65 (last normal menses was 1-5-65). The spotting increased; later she passed clots and was hospitalized on 4-12-65. A pregnancy test was positive. She was curetted for what was believed to be an incomplete abortion. The D & C showed only a few trophoblastic cells and blood clot.

She was readmitted on 4-29-65 when she had severe vaginal bleeding and symptoms of shock. She stated she has had "heart burn" for the past few months.

Physical Examination:

A small palpable nodule on the posterior fundus was thought to be a fibroid. BP was 90/40.

Laboratory:

Hgb.-9 gm.%, PCV-29%. Pregnancy test was again positive.

Surgery:

A D & C was performed on 4-29-65.

Gross Pathology:

Received was 42 gm. of firm and friable, red to rusty brown tissue aggregating 8 x 8 x 2.5 cm. This is shown on your slide.

Course:

After surgery an upper GI series and chest film were negative. On May 11th, the chorionic gonatropin level was 46,750 IU and 6 days later it was 73,920 IU. On 5-19-65 a hysterectomy was performed; a chest film that morning showed "pulmonary nodules consistent with metastasis". (The 129 gm. uterus had a 3.5 cm., smooth, round, hemorrhagic, bulging nodule within the myometrium. The small uterine cavity had 2 small, rusty brown polyps attached to the lining. The ovaries were unremarkable.) A few days after surgery the pregnancy test became negative and remained so. After 2 courses of Methotrexate the pulmonary nodules regressed; a new nodule appeared, however, on 7-19-65.

NAME: A. D. J.

MAY, 1967 - CASE 5

AGE: 55 SEX: Female RACE: Negro

ACCESSION NO. 12694

CONTRIBUTOR: George Kypridakis, M.D.  
White Memorial Hospital  
Los Angeles, California

Outside No. WMH 62-4975

TISSUE FROM: Uterus

History:

This gravida VI, para III, ab III, 55 year old female came to the doctor for symptoms of duodenal ulcer with shoulder pain diagnosed as subdeltoid bursitis. There were no GU symptoms.

Physical Examination:

A left adnexal mass was estimated at 10 cm. in size. A chronic cervicitis was noted.

Laboratory Finding:

Pap smear was Class I.

Surgery: (December, 1962)

A total hysterectomy and bilateral salpingo-oophorectomy were performed at which time a 10-12 cm. left ovarian mass was found along with a left hydrosalpinx.

Gross Pathology:

An 8 x 5 x 4 cm. total uterus was covered with dense, fibrous adhesions. The 2 cm. thick myometrium contained a single, submucosal, 1.5 cm., spherical, pink tan nodule which on pressure exuded small, nodular fragments; no hemorrhage or necrosis was noted. (This lesion is represented on your slide.) The remainder of the uterus was grossly unremarkable.

The left adnexal structures showed a 12.5 x 10 x 9 cm., 515 gm., soft, fluctuant, cystic ovary with a smooth, gray white cyst lining (Micro: serous cystadenoma) and a hydrosalpinx.

The right adnexal structures were essentially unremarkable.

Follow-up:

When last seen in September, 1965, the patient was being treated for a hemorrhagic cystitis and had no symptoms referable to the previous surgery.

NAME: J. N. B.

MAY, 1967 - CASE 6

AGE: 46 SEX: Female RACE: Unknown

ACCESSION NO. 12877

CONTRIBUTOR: Harold Fanslau, M.D.  
Lackland AFB, Texas

Outside No. HPS-9859-62

TISSUE FROM: Uterus

Abstract:

This 46 year old female gave a history of vaginal bleeding of several weeks duration. A biopsy was reported as possibly malignant.

Surgery:

When a D & C was attempted, tumor was found to be eroding the posterior vaginal wall. A total hysterectomy and bilateral salpingo-oophorectomy was performed.

Gross Pathology:

A total uterus, 6 x 6 cm., was received in two parts. A 6 cm. multilobular, flesh colored, rubbery tumor mass was attached to the posterior cervix and partially eroded the posterior vaginal wall cuff. The remainder of the uterus showed only a few myomas; the endometrium was hemorrhagic, being recently curetted.

Each ovary showed numerous subcapsular, fleshy tumor nodules measuring up to 1.7 cm.; one 1 cm. nodule was loosely attached on the ovarian surface (i.e., tunic). The tubes were grossly unremarkable.

Omental fat, 110 gm., contained numerous similar fleshy tumor nodules varying up to 2 cm. The tumor on your slide is from the posterior cervix and vaginal wall; this is identical to the omental and ovarian nodules.



NAME: A. D.

MAY, 1967 - CASE 8

AGE: 47 SEX: Female RACE: Negro

ACCESSION NO. 12933

CONTRIBUTOR: Frank M. Hirose, M.D.  
Harbor General Hospital  
Torrance, California

Outside No. S-63-1280

TISSUE FROM: Fallopian tube

History:

The patient, a 47 year old, P 4, G 0, Ab 4, negro female, has had a progressively enlarging abdominal mass since the age of 9 years, prior to menarche. Of late, there has been peri-umbilical pain, dyspnea, and orthopnea. Menses have been regular.

Physical Examination:

Physical examination revealed a huge, firm pelvic mass extending upwards under the left costal margin. The uterus could not be definitely outlined on bimanual palpation; however, the tumor appeared to be continuous to the cervix. A bruit and thrill were present over the left lower quadrant of the abdomen.

Surgery: (April 17, 1963)

A total abdominal hysterectomy, bilateral salpingo-oophorectomy and appendectomy were performed.

Gross Pathology:

The uterus with leiomyomata weighed a total of 17 lbs., and the leiomyomata, except for size, revealed no outstanding features. The cervix and endometrium showed no lesions. The left uterine tube was attached to the uterus by fibrous adhesions, and grossly resembled a hydrosalpinx, measuring up to 5 cm. in diameter. The wall was on an average of 0.5 to 1.0 cm. thick, and the lumen contained 250 cc. of cloudy, brown, thick fluid. The mucous membrane was light brown, granular, and friable. The adjacent ovary was not unusual, and the right uterine tube and ovary presented no unusual features.

Post-operative Course:

This was complicated by a ureterovaginal fistula.

NAME: M. L. G.

MAY, 1967 - CASE 9

AGE: 69 SEX: Female RACE: Caucasian

ACCESSION NO. 12797

CONTRIBUTOR: Andrew J. McQueeney, M.D.  
St. Francis Hospital  
Santa Barbara, California

Outside No. 63-278

TISSUE FROM: Fallopian tube

History:

This G 4, P 3, Ab 1, 69 year old housewife entered the hospital with a chief complaint of abdominal distention and bloating. Her menopause was 20 years previous; she denied vaginal bleeding. She denied vomiting, bloody stools; she had chronic constipation for years.

Physical Examination:

A marked abdominal distention with shifting, dullness, and suggestion of a fluid wave was interpreted as ascitic fluid. Pelvic examination revealed a suggestion of a right adnexal mass.

Laboratory:

CBC: Hgb. 12.7 gm.%, WBC-15,000 with 46% PMNs, 43% eosinophiles, 7% lymphocytes, and 4% monocytes. ESR was 54%. Serum A/G was 2.4/3.1. BSP was 21% retention (45 min.); SGOT-25 units, and Alkaline Phosphatase 1.8.

Excretory urograms showed a pelvic tumor mass compressing the bladder. Chest films were normal.

Paracentesis resulted in 1700 cc. ascitic fluid being removed. The eosinophilia remained near 50%.

Surgery: (February, 1963)

On the 7th hospital day a bilateral salpingo-oophorectomy and supra-cervical hysterectomy were accomplished when a large cystic tumor mass was noted to replace the right adnexal region. Another 1000 cc. of amber ascitic fluid was removed. No peritoneal tumor nodules were noted; the stomach was normal to palpation.

Gross Pathology:

The right tubal tumor mass shows a solid and cystic structure measuring 11 x 8 x 8 cm. On section the tumor shows hemorrhagic and cystic degeneration with extension into the dilated ampullar portion of the tube which is almost completely filled with tumor. Just proximal to the main body of the tumor, the tubal lumen measures 3.5 cm. in diameter and lying free within the lumen are multiple, soft, moist, yellow white, botryoid

MAY, 1967 - CASE 9

ACCESSION NO. 12797

or globoid tumor masses 15 to 25 mm. in diameter. On the external surface of the tumor mass there are several small 7 to 15 mm. nodules of tumor and scattered miliary tumor nodules are noted on the peritoneal surface of the mesosalpinx and broad ligament. The tumor is centered in the distal portion of the right fallopian tube and at one point appears to perforate through the tubal wall.

The right atrophic ovary and left adnexal structures showed only old adhesions of inflammatory disease but no tumor. The supracervical uterus, 6.3 x 5.5 x 3.0 cm., showed only serosal adhesions; the cervix, endometrium, and myometrium were unremarkable.

Post-operative Course:

The post-operative course was uneventful.

NAME: I. B. H.

MAY, 1967 - CASE 10

AGE: 46 SEX: Female

ACCESSION NO. 11480

CONTRIBUTOR: Joseph H. Masters, M.D.  
Sutter General Hospital  
Sacramento, California

Outside No. M-8108

TISSUE FROM: Uterus

History:

This 46 year old menopausal female had a 3 month history of heavy feeling in the pelvis and low back with leg pain. No vaginal bleeding was present.

Physical Examination:

A large, smooth contoured uterus was estimated at 10-12 cm. in diameter. It was believed to contain fibroids.

Laboratory:

A normocytic anemia, 9.8 gm.% was of recent onset.

Surgery:

A hysterectomy and bilateral salpingo-oophorectomy was accomplished.

Gross Pathology:

A 600 gm. supracervical uterus contained a 10 cm. in diameter fibromuscular, spherical, intramural tumor showing a fish flesh-like, yellow gray, focally softened surface. The tumor did not break through to the endometrium or serosa. The remainder of the uterus, tubes, and ovaries were essentially unremarkable.

Post-operative Course:

The post-operative course was uneventful.

Follow-up:

As of March, 1967, the patient is alive, happy, and apparently healthy with no symptomatic evidence of any recurrent or residual neoplasm.

NAME: M. D.

MAY, 1967 - CASE 11

AGE: 68 SEX: Female RACE: Caucasian

ACCESSION NO. 11706

CONTRIBUTOR: Frank R. Dutra, M.D.  
Eden Hospital  
Castro Valley, California

Outside No. S-17623

TISSUE FROM: Uterus

History:

This 68 year old lady entered the hospital with a history of vaginal bleeding of one days duration; the bleeding ceased and a brown discharge lasted a few days. The patient was G I, P I; she had an uncomplicated menopause 15 years earlier.

Physical Examination:

A slightly enlarged uterus had a fibrin plug in the cervical os.

Surgery:

A diagnostic D & C with a frozen section on a soft, gray pink, focally necrotic tumor, 0.8 x 0.5 x 0.3 cm., led to a total hysterectomy and bilateral salpingo-oophorectomy.

Gross Pathology:

A 190 gm. uterus, 10.8 x 9.5 x 5.5 cm., was diffusely enlarged and showed a soft, boggy fundus. A few myomas measured up to 3 cm. in diameter. Filling the fundal cavity was a large, pedunculated, glossy, gray yellow, focally hemorrhagic tumor attached over a 4.3 cm. broad base. Within the myometrium were several yellow gray, soft tumor nodules measuring up to 0.8 cm. in diameter; one nodule was subserosal. The remainder of the uterus, tubes, and ovaries were essentially unremarkable.

Follow-up:

Patient expired 2-4-61.

NAME: D. S. MAY, 1967 - CASE 12  
AGE: 44 SEX: Female RACE: Caucasian ACCESSION NO. 15568  
CONTRIBUTOR: Francis S. Buck, M.D. Outside No. S-892-67  
Los Angeles County General Hospital  
Los Angeles, California  
TISSUE FROM: Uterus

History:

This 44 year old G VIII, P V, Ab III female entered the hospital on 1-27-67 with a 3 week history of spotting; her last menstrual period was about 11-15-66.

Physical Examination:

Vital signs were T-100.6°F, pulse-120, BP-120/80. The vaginal vault contained blood clots; the cervical os contained a small amount of tissue. The clinical diagnosis was incomplete septic abortion.

Course:

On 1-30-67 approximately 60 gm. of cystic material was passed; the diagnosis of hydatidiform mole was confirmed microscopically. Later that day a curettage produced additional molar tissue.

On 3-1-67 urinary chorionic gonadotropins were 10,000 IU; a second curettement on 3-28-67 revealed typical molar tissue.

The intervening lab studies were:

2-2-67	Serum C.G.	negative
2-15-67	"Gravindex"	positive
2-27-67	"Gravindex"	positive
2-28-67	Serum C.G.	100,000 I.U.
3-1-67	Urine C.G.	10,000 IU/24 hrs.
3-8-67	"Gravindex"	negative
3-17-67	Serum C.G.	100,000 I.U.

Surgery:

On 4-6-67 the serum C.G. was 100,000 I.U. and the "gravindex" was positive. A total hysterectomy and bilateral salpingo-oophorectomy was performed the following day. There was no evidence of metastatic disease at laparotomy.

Gross Pathology:

A 184 gm., 10 x 7 x 5.5 cm. symmetrical total uterus had a placenta-like, globular, red brown, microcystic mass, 3.5 x 2.5 x 2.0 cm. within the cavity that invaded approximately 40% of the uterine wall and extended focally to within 0.1 cm. of the serosal surface. At no point was the serosal surface actually broken. The separately submitted tubes

MAY, 1967 - CASE 12

ACCESSION NO. 15568

and ovaries were essentially unremarkable.

Post-operative Course:

On 4-13-67, one week post-operative, a chest film was normal and the urinary chorionic gonadotropin was 1,050 I.U.

STUDY GROUP CASES

FOR

MAY 1967

TUMORS OF FEMALE GENITALIA  
(Uterus and Tube)

CASE NO. 1, ACCESSION NO. 9752, H. S. Aijian, M.D., Contributor

LOS ANGELES:

Malignant mixed mesodermal tumor, uterus, growing as rhabdomyosarcoma, 15.

SAN FRANCISCO:

Myosarcoma, 11 (carcinosarcoma in two sections).

CENTRAL VALLEY:

Myosarcoma, 8; sarcoma botryoides (traditional non-specifying name), 1; sarcoma, unclassified, 1; stromal sarcoma, 1.

WEST LOS ANGELES:

Endometrial sarcoma, 2; carcinosarcoma, 3; myosarcoma, 4; rhabdomyosarcoma, 1.

ORANGE COUNTY:

Choriocarcinoma, 1; sarcoma botryoides, 3; rhabdomyosarcoma, 2; sarcoma, type undetermined, 1; malignant mixed mullerian mesenchymal tumor, 1.

San Diego, Oakland and Santa Barbara - minutes not received.

FILE DIAGNOSIS: Rhabdomyosarcoma, uterus	782-867 F
Malignant mixed mesodermal tumor, uterus	782-8831 F

References

- Kulka, E.W., and Douglas, G. W.: Rhabdomyosarcoma of the corpus uteri. Report of a case, associated with adenocarcinoma of the cervix, with review of the literature. *Cancer* 5:727-736, 1952.
- Sternberg, W. H., Clark, W. H., and Smith, R. C.: Malignant mixed mullerian tumor (mixed mesodermal tumor of the uterus). A study of twenty-one cases. *Cancer* 7:704-724, 1954.

MAY, 1967

CASE NO. 2, ACCESSION NO. 14893, R. D. Lewis, M.D., Contributor

LOS ANGELES:

Lymphangioma (adenomatoid tumor, benign mesothelioma, etc), 14.

SAN FRANCISCO:

Adenomatoid tumor (mesothelioma), 6; lymphangioma, 5.

CENTRAL VALLEY:

Adenomatoid tumor, 8; lymphangioma, 3.

WEST LOS ANGELES:

Lymphoma, 1; adenomatoid tumor, 10.

ORANGE COUNTY:

Adenomatoid tumor, 8.

FILE DIAGNOSIS: Adenomatoid tumor, uterus

782-3772 A

MAY, 1967

CASE NO. 3, ACCESSION NO. 10589, Paul Thompson, M.D., Contributor

LOS ANGELES:

Adenoacanthoma, endometrium, 14.

SAN FRANCISCO:

Adenoacanthoma, 11

CENTRAL VALLEY:

Fully malignant epithelial lesion of the uterus with both glandular and non-glandular elements.

WEST LOS ANGELES:

Adenoacanthoma, 7; adenocarcinoma, 4.

ORANGE COUNTY:

Adenocarcinoma, 4; adenoacanthoma, 3.

FILE DIAGNOSIS:	Adenoacanthoma, endometrium	785-8091
	Adenocarcinoma, uterus	782-8091

MAY, 1967

CASE NO. 4, ACCESSION NO. 14403, James W. Redwine, M.D., Contributor

LOS ANGELES:

Choriocarcinoma, uterus, 14.

SAN FRANCISCO:

Choriocarcinoma, 11.

CENTRAL VALLEY:

Choriocarcinoma, 11.

WEST LOS ANGELES:

Choriocarcinoma, 11.

ORANGE COUNTY:

Choriocarcinoma, 8.

FILE DIAGNOSIS: Choriocarcinoma, uterus

782-880 F

FOLLOW-UP:

The nodule in the right lung field increased in size until mid September, 1965. At that time she was placed on triple therapy using methotrexate, actinomycin D, and cytoxin. This treatment was continued at intervals and the chest x-ray became negative in mid December, 1965. Her last course of treatment was given in May, 1966 and at this time her chest x-ray and chorionic gonadotropin were negative.

MAY, 1967

CASE NO. 5, ACCESSION NO. 12694, George Kypridakis, M.D., Contributor

LOS ANGELES:

Intravenous leiomyomatosis, 15.

SAN FRANCISCO:

Endolymphatic stromal myosis, 7; benign stromal nodule, 5.

CENTRAL VALLEY:

Stromal myosis, 9; cellular myoma, 2.

WEST LOS ANGELES:

Perithelioma, 1; angiomyoma, 2; intravascular myomatosis (1 with low grade sarcoma), 6; leiomyoma, 1; vascular leiomyoma, 1.

ORANGE COUNTY:

Endolymphatic stromal myosis, 5; cellular leiomyoma, 2.

FILE DIAGNOSIS: Intravenous leiomyomatosis, uterus 782-959

References

- Borland, D.S. and Wotring, J. W.: Intravenous leiomyomatosis of the uterus and broad ligament - Report of a case. *Am. J. Clin. Path.*, 42:182-188, 1964.
- Idelson, M.G., and Davids, A. M.: Metastasis of uterine fibroleiomyomata. *Obstet. Gynec.*, 21:78-85, 1963.
- Marshall, J. F., and Morris, D. S.: Intravenous leiomyomatosis of the uterus and pelvis. *Ann. Surg.* 149:126-134, 1959.
- Thompson, J. W., Symmonds, R. E. and Dockerty, M.B.: Benign uterine leiomyoma with vascular involvement. *Am. J. Obstet. Gynec.* 84:182-186, 1962.

MAY, 1967

CASE NO. 6, ACCESSION NO. 12877, Harold Fanselau, M.D., Contributor

LOS ANGELES:

Endometrial stromal sarcoma, 15; cross file: endolymphatic stromal myosis.

SAN FRANCISCO:

Endometrial stromal sarcoma, 2; leiomyosarcoma, 1; hemangiopericytoma, 4; thecoma, malignant, 1; endolymphatic stromal myosis, 4.

CENTRAL VALLEY:

Leiomyosarcoma, 2; hemangiopericytoma, 3; stromal sarcoma, 6.

WEST LOS ANGELES:

Stromal endometriosis (1 with ?malignancy), 7; hemangiopericytoma, 1; endometrial stromal sarcoma, 3.

ORANGE COUNTY:

Endometrial stromal sarcoma, 6; malignant granulosa theca cell tumor, 1; leiomyosarcoma, 1.

FILE DIAGNOSIS: Endometrial stromal sarcoma 785-879

Cross file: Endolymphatic stromal myosis xf 785-959

References

- Norris, H. J., and Taylor, H.B.: Mesenchymal tumors of the uterus. I. A clinical and pathological study of 53 endometrial stromal tumors. Cancer 19: 755-766, 1966 (GOOD BIBLIOGRAPHY).
- Radman, H. M., and Korman, W.: Sarcoma of the uterus. Am. J. Obstet. & Gynec., 78:604, 1959.

MAY, 1967

CASE NO. 7, ACCESSION NO. 14869, Livia Ross, M.D., Contributor

LOS ANGELES:

Malignant mixed mesodermal sarcoma (carcinosarcoma), 15.  
Cross file: Adenocarcinoma with spindle cell features.

SAN FRANCISCO:

Carcinosarcoma, 12.

CENTRAL VALLEY:

Endometrial stromal sarcoma, 11.

WEST LOS ANGELES:

Endometrial stromal sarcoma, 5; carcinosarcoma, 7.

ORANGE COUNTY:

Carcinosarcoma, 5; adenocarcinoma, 1; adenoacanthoma, 1.

FILE DIAGNOSIS: Carcinosarcoma, uterus 782-8831 F  
Malignant mixed mesodermal sarcoma 782-8831 F

Cross File: Adenocarcinoma xf 782-8091  
Endometrial stromal sarcoma xf 782-879

Reference

Norris, H. J., and Taylor, H. B.: Mesenchymal tumors of the uterus.  
III. A clinical and pathologic study of 31 carcinosarcomas.  
Cancer 19: 1459-1465, 1966.

MAY, 1967

CASE NO. 8, ACCESSION NO. 12933, Frank M. Hirose, M.D., Contributor

LOS ANGELES:

Papillary adenocarcinoma, fallopian tube, 15.

SAN FRANCISCO:

Papillary adenocarcinoma, fallopian tube, 12.

CENTRAL VALLEY:

Papillary carcinoma, fallopian tube, 11.

WEST LOS ANGELES:

Papillary adenocarcinoma, 11.

ORANGE COUNTY:

Adenocarcinoma, fallopian tube, 8.

FILE DIAGNOSIS: Adenocarcinoma, fallopian tube 787-8091

FOLLOW-UP:

The patient was last seen at Harbor General Hospital on May 24, 1964, at which time she presented with 4 cm. firm mass above the left sternal clavicular junction. The mass could be moved from side to side but not up and down, and possibly could be extending beneath the clavicle. She did not return for a recommended biopsy. The patient expired on August 3, 1965, and the cause of death was stated on the death certificate as "arteriosclerotic cardiovascular disease." No autopsy was performed.

MAY, 1967

CASE NO. 9, ACCESSION NO. 12797, Andrew J. McQueeney, M.D., Contributor

LOS ANGELES:

Malignant mixed mesodermal sarcoma, fallopian tube (carcinosarcoma), 15.

SAN FRANCISCO:

Carcinosarcoma, fallopian tube, 12.

CENTRAL VALLEY:

Carcinosarcoma, 11.

WEST LOS ANGELES:

Carcinosarcoma, 11.

ORANGE COUNTY:

Malignant mixed mullerian mesenchymal tumor, 8.

FILE DIAGNOSIS:	Carcinosarcoma, fallopian tube	787-8831 F
	Malignant mixed mesodermal sarcoma	787-8831 F

FOLLOW-UP:

The immediate postoperative period was uneventful, but in spite of cobalt radiation therapy there was rapid recurrence of pelvic tumor, which produced massive recurrent ascites and rectal obstruction. The apparent total duration of disease was 6 months, from onset of symptoms until death. Autopsy permission was refused.

Reference

McQueeney, A. J., Carswell, B. L. and Sheehan, W. J.: Malignant mixed mullerian tumor primary in uterine tube. Review of the literature and report of an additional case. *Obstet. & Gynec.* 23:338-340, No. 3, March, 1964.

MAY, 1967

CASE NO. 10, ACCESSION NO. 11480, Joseph H. Masters, M.D., Contributor

LOS ANGELES:

Cellular leiomyoma, 12; myosarcoma, 2; endometrial stromal sarcoma, 1.

SAN FRANCISCO:

Bizarre smooth muscle tumor (leiomyoblastoma), 7; hemangiopericytoma, 2; cellular leiomyoma, 3.

CENTRAL VALLEY:

Leiomyosarcoma, 4; cellular leiomyoma, atypical, 5; don't know, 2.

ORANGE COUNTY:

Leiomyosarcoma, grade I, 2; hemangiopericytoma, benign, 2; cellular leiomyoma, 2.

FILE DIAGNOSIS: Cellular leiomyoma, uterus

782-866 A

MAY, 1967

CASE NO. 11, ACCESSION NO. 11706, Frank R. Dutra, M.D., Contributor

LOS ANGELES:

Malignant mixed mesodermal sarcoma, 15.

SAN FRANCISCO:

Carcinosarcoma, 12

CENTRAL VALLEY:

Carcinoma; sarcoma.

WEST LOS ANGELES:

Myosarcoma and adenocarcinoma, 10; mixed mesodermal tumor, 1.

ORANGE COUNTY:

Malignant mixed mullerian mesenchymal tumor, 4; rhabdomyosarcoma, 3;  
degenerating submucous leiomyoma, 1.

FILE DIAGNOSIS: Malignant mixed mesodermal sarcoma, uterus 782-8831 F  
Carcinosarcoma, uterus 782-8831 F

MAY, 1967

CASE NO. 12, ACCESSION NO. 15568, Francis S. Buck, M.D., Contributor

LOS ANGELES:

Chorioadenoma destruens, 15.

SAN FRANCISCO:

Choriocarcinoma, 1; chorioadenoma destruens, 11.

CENTRAL VALLEY:

Chorioadenoma destruens (invasive mole), 11.

ORANGE COUNTY:

Chorioadenoma destruens, 8.

FILE DIAGNOSIS: Chorioadenoma destruens, uterus  
(invasive mole)

782-880 E