

CALIFORNIA TUMOR TISSUE REGISTRY

LOS ANGELES COUNTY HOSPITAL

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PROTOCOL

FOR

MONTHLY SLIDES

SEPTEMBER, 1967

TUMORS OF THE MEDIASTINUM

NAME: D. T.

SEPTEMBER 1967 - CASE NO. 1

AGE: 50 SEX: Female RACE: Caucasian

ACCESSION NO. 13324

CONTRIBUTOR: John B. Tully, M.D.  
St. Joseph Hospital  
Orange, California

Outside No. SJ 2957-63

TISSUE FROM: Upper retroperitoneal and posterior-inferior mediastinum

CLINICAL ABSTRACT:

History: This asymptomatic patient displayed a palpable mass in the right upper quadrant of the abdomen. The mass filled the upper right paracolic gutter and seemed to move with respiration. IVP demonstrated a mass lesion at the superior pole of the right kidney distorting the superior and middle calyces. The calyces were not eroded. A tomogram showed a definite space between the inferior border of the mass and the superior margin of the kidney. Vague calcification was present within the mass. Chest films showed that the lesion extended transdiaphragmatically into the inferior mediastinum.

SURGERY:

The operation on August 20, 1963 revealed an encapsulated retroperitoneal mass occupying the right gutter, compressing the right lobe of the liver, and displacing it anteromedially. The kidney was displaced downward to the level of the pelvic brim. This subdiaphragmatic mass shelled out easily. Exploration of the pleural cavity disclosed an additional encapsulated lesion behind the heart, and just above, but unattached to the diaphragm. It was also easily shelled out.

GROSS PATHOLOGY:

The abdominal retroperitoneal mass was roughly ovoid, and encapsulated, measured 15 x 11 x 8 cm. and weighed 580 grams. It was yellowish-gray in color. On the cut surface 50% was solid, firm, yellowish-gray tissue while the remainder was cystic and contained turbid, reddish-brown fluid. The mediastinal lesion was an encapsulated, firm mass, measuring 7 x 5 x 2.5 cm. and weighing 85 grams. The cut surface was solid and yellowish-tan with focal hemorrhage and small cystic areas.

COURSE:

The post-operative course was uneventful.

FOLLOW-UP:

On July 30, 1967, the patient was happy and well and appeared asymptomatic.

NAME: E. S.

SEPTEMBER 1967 - CASE NO. 2

AGE: 68 SEX: Female RACE: Caucasian

ACCESSION NO. 14641

CONTRIBUTOR: Albert E. Hirst, M.D.  
Loma Linda University  
Loma Linda, California

Outside No. 65-S-3890

TISSUE FROM: Anterior superior mediastinum

CLINICAL ABSTRACT:

History: Two weeks prior to admission she developed a respiratory infection and was hospitalized elsewhere. Chest x-rays revealed an intrathoracic mass. She had been treated in the past for hypertension.

Physical examination: B.P. 200/110 rt. arm, 190/100 left arm. There were no masses in the neck. The thorax was symmetrical and the lungs were clear to P&A.

Laboratory report: A chest x-ray revealed a large, circumscribed, homogenous density in the mid-thorax obliterating the substernal space. There were no pulsations. A lateral x-ray revealed calcification in the arch and descending thoracic aorta, and the mass extended to the calcified margin of the aorta. It measured 12 cm. in AP diameter; 15 cm. cephalocaudad; and 16 cm. in width. There was no erosion of the sternum. A two hour urine catecholamine excretion was 2.3 micrograms per hour.

SURGERY: (November 17, 1965)

Thoracotomy was performed and the tumor excised.

GROSS PATHOLOGY:

The tumor was oval and encapsulated, measuring 15 x 15 x 8.5 cm. The cut surface was elastic and diffusely hemorrhagic except for a thin rim of tan tissue under the capsule centrally there were two circular cystic areas, each containing blood clot.

COURSE:

The post-operative course was uneventful.

FOLLOW-UP:

Patient was discharged from the hospital on December 1, 1965. She has not been seen at the hospital since, either as an inpatient or an outpatient.

NAME: D. S.

SEPTEMBER 1967 - CASE NO. 3

AGE: 17 SEX: Male RACE: Caucasian

ACCESSION NO. 14585

CONTRIBUTOR: K. W. Falconer, M.D.  
Washoe Medical Center  
Reno, Nevada

Outside No. S-3852-65

TISSUE FROM: Anterior mediastinum

CLINICAL ABSTRACT:

History: This boy started having difficulty in swallowing and complained of upper abdominal pain. On routine chest films, a mass was identified in the anterior-superior mediastinum. The patient followed a rapid downhill course inspite of radiation therapy and died on September 12, 1965.

SURGERY:

The frozen section was performed on scalene lymph nodes biopsy. Diagnosis was a malignant lesion.

GROSS PATHOLOGY:

At autopsy the superior portion of the anterior mediastinum was involved by a large mass of nodular tumor which extended over the superior portion of the heart and great vessels, and extended up into the neck to just within the lower borders of the thyroid gland. The tumor also projected to the left and superior to the left clavicle. In the portion of the tumor between the right and left main stem bronchi was an irregular cyst measuring 10 x 8 x 7 cm. It was yellowish-tan and somewhat more firm than the vascular appearing moist red tissue found on the pleurae and in the left supraclavical area. Portions of the cyst contained keratin debris and hair. The pericardium was studded by tumor nodules. The liver contained numerous nodules of metastatic tumor. Additional nodules of metastatic tumor were present in the subcutaneous tissue of the neck.

NAME: J. C.

SEPTEMBER 1967 - CASE NO. 4

AGE: 39 SEX: Male RACE: Caucasian

ACCESSION NO. 13088

CONTRIBUTOR: Charles M. Blumenfeld, M.D.,  
Sutter Community Hospital  
Sacramento, California

Outside No. M-63-1565

TISSUE FROM: Anterior-superior mediastinum

CLINICAL ABSTRACT:

History: In December 1962, this patient began to lose weight. The loss amounted to 20 lbs. by late May, 1963. At that time he complained of soreness and upper substernal pain, aggravated by deep breathing and diminished on sitting up straight. He had developed a non-productive cough in April. A malignant melanoma had been excised from the left shoulder in continuity with axillary and supraclavicular lymph nodes in 1959. No metastases were present in these nodes. A roentgenogram showed a large mass in the anterior-superior mediastinum.

SURGERY: (May 23, 1963)

By a sternum splitting incision a large nodular mass of tumor located in the anterior-superior mediastinum was removed. It was well encapsulated but densely adherent to the left phrenic nerve, arch of the aorta, pulmonary arteries and pericardium. It extended much more toward the left than the right, and also extended a short distance up onto the neck. All grossly visible tumor was felt to be removed.

GROSS PATHOLOGY:

The tumor was roughly ovoid, coarsely bosselated, measured 12 x 7 x 7 cm. and weighed 220 grams. There was a focally shaggy, capsule-like covering of fatty fibrous tissue. On sectioning, node shaped masses some enlarged to 7.8 cm. were noted. The tissue was ivory or reddish-tan in color with focal anthracotic pigmentation. In addition there were foci of apparent necrosis and partially cavitated hemorrhagic foci. In areas there were cyst-like spaces up to 2 cm. in greatest dimension; some of which contained friable papillary projections.

COURSE:

The patient made a rapid and uneventful recovery and was discharged in good condition on the 8th day following operation.

FOLLOW-UP:

On September 20, 1963, the right supraclavicular resection and lymph node removal showed necrotic tumor similar to that in the mediastinal lesion.

On December 23, 1963, he was readmitted to the hospital for Jacksonian type seizures involving the left side of the body and thought to be due to cerebral metastases. He received supportive and palliative therapy and died February 27, 1964. Autopsy permission was denied.

NAME: J. W.

SEPTEMBER 1967 - CASE NO. 5

AGE: 18 SEX: Male RACE: Caucasian

ACCESSION NO. 13518

CONTRIBUTOR: E. R. Jennings, M.D.  
Memorial Hospital of Long Beach  
Long Beach, California

Outside No. S-592-64

TISSUE FROM: Anterior mediastinum

CLINICAL ABSTRACT:

History: This 18 year-old boy had been in excellent health until one month prior to admission, when he developed an upper respiratory infection with a dry cough and some night sweats. This lasted 7 to 10 days after which he felt better. The symptoms then returned one week prior to admission. At this time he was fatigued, anorectic, and admitted to a 20 lb. weight loss during the past month. He had very severe night sweats, as well as some difficulty breathing.

Physical examination: He appeared healthy with the exception of a few shotty, palpable lymph nodes in the neck, groin, and axilla. There was no hepatosplenomegaly.

Laboratory report: X-ray revealed an anterior mediastinal mass obscuring the aortic arch and extending 4 cm. to the right and 7 cm. to the left of the midline. Hemoglobin was 13.4, hematocrit 41%, and WBC 6,600, with a normal differential containing 7% eosinophils. The sedimentation rate was 36mm/hr. A bone marrow aspiration was normal.

SURGERY: (January 31, 1964)

The exploratory thoracotomy revealed a large rubbery mass in the anterior mediastinum above the arch of the aorta. This was fixed to the left upper lobe of the lung and there were palpable enlarged nodes in the left longitudinal fissure. A separate 4 to 5 cm. mass was found adjacent to the heart. There was also a third small mass present in the left pulmonary ligament. The tumor was felt to be non-resectable, and the patient was closed after adequate biopsy.

GROSS PATHOLOGY:

The specimen consisted of a nodular, matted mass of lymph nodes measuring 4 cm. in maximum dimension. On section the tissue was rubbery tan-white, and homogeneous with fibrous streaks running through it. Focal areas of anthracosis were noted.

FOLLOW-UP:

Post-operatively the patient was treated with x-ray therapy to the mediastinum and discharged from the hospital on February 14, 1964. He was readmitted to the hospital for further evaluation on May 1, 1964. At that time an upper GI series revealed splenomegaly and possible hepatomegaly. His hemoglobin was 11.8%, hematocrit 37.0 ml., and WBC 3,000, with a normal differential count. The A/G ratio was 0.9:1, and the total protein was 7. He was discharged on May 5, 1964, and again readmitted on June 21, with generalized weakness. At this time there was evidence for hemolytic anemia. By September 17, 1964 he had developed increasing shortness of breath and severe pancytopenia, normoblastosis, target cells, and icteric plasma. Nitrogen mustard and x-ray therapy was of no help, he pursued a febrile course and died on September 23, 1964. Permission for autopsy was denied.

NAME: J. R.

SEPTEMBER 1967 - CASE NO. 6

AGE: 69 SEX: Male RACE: Caucasian

ACCESSION NO. 14561

CONTRIBUTOR: Francis S. Buck, M.D.  
County General Hospital  
Los Angeles, California

Outside No. A-11-949

TISSUE FROM: Anterior-superior mediastinum

CLINICAL ABSTRACT:

History: This patient was admitted to L. A. County General Hospital on July 21, 1965, in acute respiratory distress. This had been present for three days.

Physical examination: The respiratory rate was 46; and temperature was 102. The neck veins were distended in the up-right position. The heart rate was irregular. Despite therapy for congestive heart failure, he died one day after admission.

Laboratory report: Coagulase positive staph aureus was cultured from the sputum. Chest x-rays showed consolidation in both lungs consistent with pulmonary edema and/or lobar pneumonia.

GROSS PATHOLOGY:

At autopsy occlusion of the right and left coronary arteries were demonstrated and there was an old anterior left ventricle scar. There was severe bilateral pulmonary edema and left lower lobe bronchopneumonia. A tumor was found in the anterior-superior mediastinum, adherent to the great vessels. It weighed 10 grams, and measured 5 x 3 x 2 cm. On section it was multinodular and mottled pink and gray.

NAME: J. D. A.

SEPTEMBER 1967 - CASE NO. 7

AGE: 43 SEX: Female RACE: Mexican

ACCESSION NO. 13823

CONTRIBUTOR: John W. Budd, M.D.  
Hollywood Presbyterian Hospital  
Hollywood, California

Outside No. H-26711

TISSUE FROM: Posterior-inferior mediastinum

CLINICAL ABSTRACT:

History: This 43 year-old woman had the rapid onset of very severe pain in the chest on July 21, 1964. It radiated to the back. She had previously been asymptomatic. A chest x-ray showed a soft tissue density at the left thoraco-abdominal junction in the posterior part. Diaphragmatic herniation, aneurism, and retroperitoneal neoplasm were considered.

SURGERY: (July 27, 1964)

A very vascular tumor was removed from the posterior-inferior mediastinum. Five pints of blood were required during surgery.

GROSS PATHOLOGY:

The specimen was an ovoid mass 12 cm. in length. A nerve 3.5 cm. in length emerged from the lower pole of the tumor. The surface was rough and indented corresponding to the sites of adherence to the ribs. On the cut surface the outer border was lobulated with striations vertical to the surface. The tissue was tan-gray with multiple areas of hemorrhage and opaque yellow stippling. The center part of the tumor was markedly edematous ranging from translucent white tissue to opaque yellow tissue.

COURSE:

The post-operative course was uneventful.

FOLLOW-UP:

The patient was seen by her doctor in late May, 1967. She was well and working full-time with no evidence of recurrence of tumor on the chest x-ray.

NAME: V. R.

SEPTEMBER 1967 - CASE NO. 8

AGE: 34 SEX: Female RACE: Caucasian

ACCESSION NO. 13591

CONTRIBUTOR: Dan Krag, M.D.  
Los Gatos Community Hospital  
Los Gatos, California

Outside No. R64-224

TISSUE FROM: Anterior superior mediastinum

CLINICAL ABSTRACT:

History: During hospitalization in December 1963 for Bartholin gland cyst, this 34 year-old woman was found to have an anterior mediastinal tumor by routine chest x-ray. Questioning elicited some vague difficulty swallowing and possibly exertional dyspnea. There was no weight loss or other constitutional symptoms.

Physical examination: There were no abnormalities on physical examination. There was no lymphadenopathy. Chest x-rays showed a smooth mass in the upper mediastinum which bulged into the right lung field.

SURGERY: (January 23, 1964)

Thoracotomy disclosed an ovoid mass in the upper anterior mediastinum which was readily separated from the surrounding tissues including the great vessels and pericardium.

GROSS PATHOLOGY:

The specimen consisted of an encapsulated ovoid solid rubbery mass measuring 14 x 6 x 4 cm. The cut sections revealed a variegated white to yellowish-tan rubbery tissue. Focal yellow granular areas were separated by glistening white fibrous tissue.

COURSE:

The post-operative course was uneventful.

FOLLOW-UP:

Following surgical removal of the mediastinal mass, she was treated with x-ray therapy to the mediastinum. She remained in apparent good health until January 1966, when she noted several enlarged nodes on the right side of the neck. Removal of several of these showed Hodgkin's granuloma. Cobalt radiation therapy was given to the right cervical area in February 1966. Since then she has remained in good health and has been working. Her last examination was in June 1967.

NAME: E. M. S.

SEPTEMBER 1967 - CASE NO. 9

AGE: 18 SEX: Female RACE: Caucasian

ACCESSION NO. 14369

CONTRIBUTOR: Frank J. Glassy, M.D.  
Sutter Memorial Hospital  
Sacramento, California

Outside No. M-65-245B

TISSUE FROM: Anterior superior mediastinum

CLINICAL ABSTRACT:

History: This 18 year-old girl denied all symptoms pertaining to the cardiorespiratory or neuromuscular systems.

Physical examination: The physical examination showed a well nourished and well developed girl in no acute distress. The weight was 116½ lb., temperature 98.6, pulse 76, blood pressure 110/70. There was no venous distension or lymphadenopathy in the neck. The chest was supple and the lungs were clear to P&A.

Laboratory report: Routine chest x-rays revealed an increased density immediately beneath and to the left of the sternum. The initial impression was that this represented a substernal thyroid. A repeat x-ray two months later showed no change in size of the mass.

SURGERY: (August 2, 1965)

Through a cervical thyroid type incision, a cystic mass was excised from the substernal region.

GROSS PATHOLOGY:

The tissue removed was an oval, pale cream colored mass, weighing 41 grams with a large irregular central cyst. It measured 8 cm. in maximum dimension. At one end was an irregular globoid mass which on cut section showed areas of very fine, yellowish granularity, separated by streaks of pale tissue. The large central cyst had a smooth irregular lining.

COURSE:

The patient made an uneventful recovery and was discharged three days after operation.

FOLLOW-UP:

She was last seen in the surgeon's office on June 13, 1966. At that time she was in good health.

NAME: F. T. C.

SEPTEMBER 1967 - CASE NO. 10

AGE: 24 SEX: Male RACE: Caucasian

ACCESSION NO. 13333

CONTRIBUTOR: D. B. Rulon, Capt. MC USN  
U. S. Naval Hospital  
Oakland 14, California

Outside No. S63-5367

TISSUE FROM: Anterior mediastinum

CLINICAL ABSTRACT:

History: A mediastinal mass was noted on his annual chest x-ray on September 25, 1963.

Physical examination: At that time he was completely asymptomatic and the general physical examination was negative. No lymph nodes were palpable and the spleen was not palpable.

Laboratory report: Hemoglobin 13.4 grams. White count 6,200 with normal differential count.

SURGERY: (October 14, 1963)

The mediastinal mass was completely excised as far as could be ascertained at surgery.

GROSS PATHOLOGY:

The tumor consisted of two nodular yellowish-tan encapsulated masses of rubbery tissue. One measured 11 cm. in maximum dimension and the other was 15 cm. The aggregate weighed 580 grams. On section the tumor was composed of multiple small yellowish-white nodules separated by branching dense, white fibrous tissue. These nodules varied in size and bulged slightly from the cut surface. Within the white fibrous areas there were occasional small cystic spaces, the largest measuring 1 cm. in maximum dimension, filled with glistening gray, mucoid material.

COURSE:

Post-operatively, he was given 5,040 rads tumor dose to the mediastinum, 2 mev, spread over 45 days, then 2,400 rads skin dose to supraclavicular ports together with adjoining axillae, over 9 days.

FOLLOW-UP:

He then did well until March 11, 1965, when a routine follow-up chest x-ray showed a mass in the left hilum. He then had 1,000 rads, Cobalt-60 teletherapy, and a second thoracotomy on April 7, 1965. At surgery a yellow nodular tumor was found extending between the lingula and the left lower lobe. Additional tumor was present on the pericardium and on the diaphragm. Following surgery, Cobalt-60 teletherapy was re-instituted plus weekly administration of 2 mgm. Vincristine. He received 513 rads in 56 days. In November 1966 a left upper lobe shadow on chest x-ray was interpreted as post-irradiation fibrosis. In March 1967, he developed fever, chest pain, shortness of breath, tachycardia, and a friction rub. This was interpreted as pericarditis, due to tumor involvement. His symptoms subsided after a course of Velban.

NAME: N. S.

SEPTEMBER 1967 - CASE NO. 11

AGE: 35 SEX: Male RACE: Caucasian

ACCESSION NO. 10798

CONTRIBUTOR: Reuben Straus, M.D.  
Saint Joseph Hospital  
Burbank, California

Outside No. 365-60

TISSUE FROM: Posterior mediastinum

CLINICAL ABSTRACT:

History: This 35 year-old man was well until January 1960 when he developed malaise, myalgia chills, fever, and cough. The aching subsided in 3 days but cough persisted and 3 weeks after the onset of the illness and continuation of low grade fever and cough, a chest x-ray revealed a mediastinal mass. The patient was treated with antibiotics and defervescence occurred, but on January 25, he had a recurrence of chills and fever, with production of large amounts of foul smelling sputum. Fungus skin tests and PPD skin tests were negative. Bronchoscopy was done and bronchoscope washings revealed non-hemolytic streptococcus.

Physical examination: On physical examination rales were present in both lung bases.

Laboratory report: Hemogram was normal, the sed rate was elevated. A scalene node biopsy was negative for tumor and granuloma.

SURGERY: (January 26, 1960)

An exploratory thoracotomy revealed a mass in the posterior part of the right hilum, which projected laterally and posteriorly arising just below the azygous vein. The pleura was thickened but could be freed from the tumor mass. The mass was soft and cystic. Only one lymph node could be palpated measuring 1.0 cm. in diameter. The mass was adherent to the posterior aspect of the main stem bronchus. During dissection the mass was found to be cystic and filled with purulent material. It was then unroofed and some caseous and calcific material was found deep in the mass. The medial and anterior wall of the mass was composed of the right main stem bronchus and blood vessels. As much as possible of the mass was dissected free.

GROSS PATHOLOGY:

The mediastinal tumor showed segments of black spongy tissue with a sclerotic outer layer on section. The inner layer showed anthracosis and focal calcific zones. The mediastinal lymph node measured 2.5 cm. and was covered by a fibro-areolar tissue. On section it showed a firm gray tissue extensively replacing the structure.

COURSE:

The post-operative course was uneventful, and the patient was seen two months after surgery. At that time x-rays revealed no recurrence of the mass.

FOLLOW-UP:

The patient is now living in the East and was last seen by his physician on March 3, 1965, at which time he was asymptomatic.

NAME: W. H. G.

SEPTEMBER 1967 - CASE NO. 12

AGE: 32 SEX: Male RACE: Caucasian

ACCESSION NO. 13336

CONTRIBUTOR: H. Y. Yanamura, M.D.  
San Antonio Community Hospital  
Upland, California

Outside No. S63-3503

TISSUE FROM: Anterior superior mediastinum

CLINICAL ABSTRACT:

History: This 32 year-old man underwent chest x-ray examination by an antituberculosis mobile unit. Report of a chest lesion was given and the patient was advised to see a physician. The patient has been in general good health. A chest film taken approximately 5 years ago was reported to show no mediastinal lesion. The patient has had no evidence of myasthenia gravis.

Physical examination: The blood pressure was 120/80, temperature 98.6, pulse 84, and respiration 16. There were no abnormal physical findings.

Laboratory report: A chest film taken on October 2, 1963 revealed a mediastinal mass which was interpreted to be a possible lymphoma. EKG was normal. CBC and urine were normal.

SURGERY:

At operation a large mass was found in the anterior-superior mediastinum at the level of the aortic arch. The mass was completely removed by blunt and sharp dissection. There was no communication between the mass and any of the mediastinal structures.

GROSS PATHOLOGY:

The specimen was a large cystic mass measuring 8.5 cm. in maximum dimension. Cut sections showed a thick fibrous wall with focal calcification which measured up to 0.8 cm. in thickness. The cyst lumen was filled with dark red amorphous material which appeared to be degenerated blood. Arising from one side of the cyst wall was a soft pale lobulated mass measuring 1.6 cm. in maximum dimension.

COURSE:

Post-operatively the patient made satisfactory recovery with no complications.

FOLLOW-UP:

The patient was alive and well as of March 1967. There was no evidence of recurrence of the tumor.



SEPTEMBER, 1967

CASE NO. 2, ACCESSION NO. 14641, Albert E. Hirst, M.D., Contributor

LOS ANGELES:

Epithelial thymoma resembling carcinoid tumor - 10

SAN FRANCISCO:

Hemangiopericytoma - 1; epithelial thymoma - 7; non-chromaffin paraganglioma - 5

CENTRAL VALLEY:

Thymoma - 6; glomus tumor - 2; hemangiopericytoma - 1

OAKLAND:

Glomangioma - 7; paraganglioma - 4; thymoma - 1

WEST LOS ANGELES:

Undetermined type of tumor - 3; thymic tumor (thymoma) - 4

FILE DIAGNOSIS: Thymoma, epithelial type, mediastinum  
New Code

039-8841A  
1631-8580



SEPTEMBER, 1967

CASE NO. 4, ACCESSION NO. 13088, Charles M. Blumenfeld, M.D., Contributor

LOS ANGELES:

Metastatic carcinoma - 2; choriocarcinoma - 1; embryonal tumor - 7

SAN FRANCISCO:

Amelanotic melanoma - 1; epithelial thymoma - 1; undifferentiated carcinoma (possible lung primary) - 12

CENTRAL VALLEY:

Non-pigmented melanoma - 4; clear cell carcinoma - 5

OAKLAND:

Squamous cell carcinoma of thymus - 10; metastatic melanoma - 6; choriocarcinoma - 2

WEST LOS ANGELES:

Metastatic malignant tumor (amelanotic melanoma?) - 1; malignant epithelial thymoma - 2; metastatic clear cell carcinoma (hypernephroma?) - 4

FILE DIAGNOSIS: Epithelioma, malignant, mediastinum  
new code

039-8192F  
1631-8013

SEPTEMBER, 1967

CASE NO. 5, ACCESSION NO. 13518, E. R. Jennings, M.D., Contributor

LOS ANGELES:

Hodgkin's disease, lymphocytic histiocytic type - 10

SAN FRANCISCO:

Nodular sclerosing Hodgkin's disease - 14

CENTRAL VALLEY:

Hodgkin's disease - 9

OAKLAND:

Hodgkin's disease - 23

WEST LOS ANGELES:

Hodgkin's disease of mediastinum - 7

FILE DIAGNOSIS: Hodgkin's disease, mediastinum  
new code

039-832  
1631-9653

SEPTEMBER, 1967

CASE NO. 6, ACCESSION NO. 14561, Francis S. Buck, M.D., Contributor

LOS ANGELES:

Thymoma - 10

SAN FRANCISCO:

Thymoma - 14

CENTRAL VALLEY:

Thymoma - 5; glomus tumor - 4

OAKLAND:

Thymoma - 22; seminoma - 1

WEST LOS ANGELES:

Thymoma - 7

FILE DIAGNOSIS: Thymoma, mediastinum

new code

039-8841  
1631-8580

SEPTEMBER, 1967

CASE NO. 7, ACCESSION NO. 13823, John W. Budd, M.D., Contributor

LOS ANGELES:

Paraganglioma, non-chromaffin - 10

SAN FRANCISCO:

Non-chromaffin paraganglioma - 14

CENTRAL VALLEY:

Paraganglioma - 7; glomus tumor - 2

OAKLAND:

Paraganglioma - 23

WEST LOS ANGELES:

Paraganglioma (chemodectoma) - 7

FILE DIAGNOSIS: Paraganglioma, non-chromaffin (chemodectoma), mediastinum  
039-8432  
new code 1631-8690

SEPTEMBER, 1967

CASE NO. 8, ACCESSION NO. 13591, Dan Krag, M.D., Contributor

LOS ANGELES:

Hodgkin's disease, lymph node of mediastinum - 10

SAN FRANCISCO:

Nodular sclerosing Hodgkin's - 14

CENTRAL VALLEY:

Hodgkin's disease - 9

OAKLAND:

Hodgkin's disease - 16; granulomatous thymoma - 7

WEST LOS ANGELES:

Hodgkin's disease - 7

FILE DIAGNOSIS: Hodgkin's disease, mediastinum	039-832
new code	1631-9653
xf Granulomatous thymoma, mediastinum	039-8841
new code	1631-8580

SEPTEMBER, 1967

CASE NO. 9, ACCESSION NO. 14369, Frank J. Glassy, M.D., Contributor

LOS ANGELES:

Cystic teratoma of the mediastinum with amyloid - 10  
xf - Gastroenteric cyst

SAN FRANCISCO:

Enterogenous cyst - 14

CENTRAL VALLEY:

Was agreed to be essentially a developmental anomaly; we were unable to avoid the usual hair-splitting semantic arguments about hamartoma and teratoma, and branchial cleft was also mentioned. Some observers thought that the large glandular component was pancreas, others thought it was salivary gland, and a particularly astute observer thought both elements were present.

OAKLAND:

Teratoma - 10; entodermal cyst - 10; bronchogenic carcinoma - 3

WEST LOS ANGELES:

Cystic teratoma - 7

FILE DIAGNOSIS: Cystic teratoma, mediastinum  
new code

039-882  
1631-9080

SEPTEMBER, 1967

CASE NO. 10, ACCESSION NO. 13333, D. B. Rulon, Capt. Mc USN, Contributor

LOS ANGELES:

Hodgkin's disease - 10

SAN FRANCISCO:

Malignant teratoma - 1; nodular sclerosing Hodgkin's - 13

CENTRAL VALLEY:

Malignant thymoma - 2; Hodgkin's disease - 7

OAKLAND:

Granulomatous thymoma - 14; Hodgkin's disease - 9

WEST LOS ANGELES:

Hodgkin's disease - 7

FILE DIAGNOSIS: Hodgkin's disease, mediastinum  
new code

039-832  
1631-9653

SEPTEMBER, 1967

CASE NO. 11, ACCESSION NO. 10798, Reuben Straus, M.D., Contributor

LOS ANGELES:

Abscess of mediastinum, chronic - 10

SAN FRANCISCO:

Resolving mediastinal abscess - 14

CENTRAL VALLEY:

The group agreed in detecting no clearly neoplastic elements in the sections, which were thought to represent membranous tissue with inflammation.

OAKLAND:

Inflammatory lesion, non-specific - 23

WEST LOS ANGELES:

Infected bronchogenic cyst - 1; sclerosing mediastinitis with central abscess - 2; inflammation, cause undetermined - 4

FILE DIAGNOSIS: Abscess of mediastinum, chronic  
new code

039-100  
1631-4340

SEPTEMBER, 1967

CASE NO. 12, ACCESSION NO. 13336, H. Y. Yanamura, M.D., Contributor

LOS ANGELES:

Lymphangiomatous thymoma - 10

SAN FRANCISCO:

Thymoma - 12; lymphocytic thyroiditis in substernal thyroid - 2

CENTRAL VALLEY:

Lymphangiomatous thymoma - 9

OAKLAND:

Cystic thymoma - 20; lymphangioma - 3

WEST LOS ANGELES:

Lymphangiectatic thymoma - 7

FILE DIAGNOSIS: Lymphangiomatous thymoma, mediastinum  
new code

039-8841A  
1631-8580