

CALIFORNIA TUMOR TISSUE REGISTRY

LOS ANGELES COUNTY HOSPITAL

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PROTOCOL

FOR

MONTHLY SLIDES

OCTOBER, 1967

THYROID TUMORS

NAME: O.G.

OCTOBER 1967 - CASE NO. 1

AGE: 51 SEX: Female RACE: Caucasian

ACCESSION NO. 11803

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

Outside No. 2848-60

TISSUE FROM: Total thyroidectomy

CLINICAL ABSTRACT:

History: Patient had an enlarged, tender left lobe of the thyroid, and a much enlarged larger right lobe. In May 1958, the patient had had an invasive epidermoid carcinoma of the cervix. This was treated by radium insertion with apparent success.

Physical examination: At examination the thyroid was very tender and swollen and firm with the right lobe much larger. There was no palpable lymphadenopathy. The cervix looked and felt normal, and the uterus was completely atrophied.

SURGERY: (October 7, 1960)

A total thyroidectomy was performed. Both lobes were completely involved with a hard stony mass intimately contiguous with the trachea and all the surrounding musculature. The strap muscles were dissected off the gland with much difficulty, and the gland was removed from the trachea and other muscles by sharp dissection.

GROSS PATHOLOGY:

The specimen was a total thyroid gland weighing 24 grams. The capsule appeared to be intact. No tissue resembling parathyroid was seen. On section the gland tissue was firm with a grayish-yellow appearance and quite homogenous throughout.

COURSE:

The post-operative course was uneventful.

FOLLOW-UP:

The patient was examined in 1967, and at that time was in "fine condition."

NAME: V.N.

OCTOBER 1967 - CASE NO. 2

AGE: 77 SEX: Female RACE: Caucasian

ACCESSION NO. 15168

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

Outside No. 66-S-763

TISSUE FROM: Total thyroidectomy

CLINICAL ABSTRACT:

History: This elderly woman entered the hospital on February 22, 1966 complaining of painful enlargement of the neck and dysphagia. This enlargement had been first noted three years prior, but had progressed more rapidly during the past six months. The past history indicated the treatment of diffuse toxic goiter by irradiation 50 years prior.

SURGERY: (February 23, 1966)

A total thyroidectomy and right jugular node dissection was performed.

GROSS PATHOLOGY:

The left lobe of the thyroid was normal in size and color. The right measured 10 x 5 x 4 cm. and was completely replaced by a pale tan rubbery tissue which was surrounded by a pseudocapsule. Separately presented were a number of enlarged pale tan lymph nodes whose cut surfaces resembled that of the thyroid lesion.

COURSE:

Post-operatively radiation therapy was given to a total of 5,000 r over a two-week period. Subsequently a right pleural effusion and a Horner's syndrome developed. Repeated thoracenteses were required for dyspnea and her condition progressively deteriorated until she expired August 1, 1966. At autopsy the tumor metastases were found in the visceral and parietal pleura, pericardium, lungs, paratracheal and para-aortic lymph nodes, diaphragm, and vertebrae.

NAME: E. H.

OCTOBER 1967 - CASE NO. 3

AGE: 59 SEX: Female RACE: Caucasian

ACCESSION NO. 10898

CONTRIBUTOR: E. L. Benjamin, M.D.  
Santa Barbara Cottage Hospital  
Santa Barbara, California

Outside No. S-60-2656

TISSUE FROM: Thyroid gland

CLINICAL ABSTRACT:

History: A small nodule was found in the right lobe of the thyroid gland in February 1960. There had been no symptoms of hyperthyroidism. In 1958, she had been myxedematous with a P.B.I. of 1.5. In 1960 the P.B.I. was 3.9. The thyroid nodules apparently developed over the course of 4 months.

Physical examination: There was a 1.5 cm. nodule present in the right lobe of the thyroid gland.

SURGERY: (April 20, 1960)

A right lobectomy was performed. The right lobe was three times the normal size and intimately adherent to the glands were the strap muscles and the laryngeal nerve.

GROSS PATHOLOGY:

The thyroid tissue weighed 15 gm. and contained 4 well-defined, hard, bulging nodules from 1.2 to 3.0 cm. in diameter. On section the nodules were homogeneous, pale yellow-white and hard.

FOLLOW-UP:

She has been seen at regular intervals by her internist, and is in excellent health without complaints, as of September 1967.

NAME: M. G. M.

OCTOBER 1967 - CASE NO. 4

AGE: 66 SEX: Female RACE: Unknown

ACCESSION NO. 15701

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

Outside No. G-67-2351

TISSUE FROM: Right lobe of the thyroid

CLINICAL ABSTRACT:

History: This 66 year-old woman had noted the appearance of a right neck mass in the thyroid region in July 1967. The mass was not painful or tender.

Laboratory report: I<sup>131</sup> uptake was 5% and a thyroid scan showed decreased concentration in the right lobe. A thyroid antibody test was negative. There was no elevation of the serum globulin.

SURGERY: (June 30, 1967)

A right lobectomy and removal of right cervical lymph nodes was performed through a conventional low collar skin incision. The thyroid displayed obvious gross change in the right lobe which extended past the isthmus and well into the left lobe. A small portion of the left upper lobe had the gross appearance of normal thyroid. The remaining portion of the gland was pale, thicker and firmer than normal, and was slightly adjacent to the normal tissue. Lymph nodes were palpable in the right neck in the area of the carotid sheath.

GROSS PATHOLOGY:

The right lobe of the thyroid weighed 23 grams and measured 7.2 x 4 x 3 cm. It was woody, firm, and cut with increased resistance to show a pale grey-tan cut surface. No parathyroid tissue was identified. Four cervical lymph nodes were also submitted. They measured respectively 3.2; 1.7; 1.2; and .6 cm. in maximum dimension, and each was moderately firm.

FOLLOW-UP:

It was stated that following operation the patient had no other apparent lymphadenopathy. As of September 14, 1967, she is taking 2 grains of thyroid daily.

NAME: M. L. M.

OCTOBER 1967 - CASE NO. 5

AGE: 51 SEX: Male RACE: Caucasian

ACCESSION NO. 12056

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

Outside No. S-6425-61

TISSUE FROM: Thyroid gland

CLINICAL ABSTRACT:

History: Three to four months prior to admission the patient noted a lump in the right lobe of the thyroid. It had not increased in size subsequently, but was slightly tender for the final three to four weeks.

Physical examination: The right lobe of the thyroid was enlarged.

Laboratory report: Laboratory findings were non-contributory.

SURGERY: (October 31, 1961)

At operation both lobes of the thyroid were found to be enlarged. About 98% of the thyroid was removed.

GROSS PATHOLOGY:

The thyroid weighed 15 grams. On the right side there was a soft 2.5 cm. nodule with a tan granular cut surface.

FOLLOW-UP:

As of October 1967, the patient has been seen twice yearly following surgery with no evidence for recurrence.

NAME: J. U. C.

OCTOBER 1967 - CASE NO. 6

AGE: 41 SEX: Female RACE: Caucasian

ACCESSION NO. 15057

CONTRIBUTOR: D. R. Dickson, M.D.  
Santa Barbara Cottage Hospital  
Santa Barbara, California

Outside No. S-66-559

TISSUE FROM: Thyroid gland

CLINICAL ABSTRACT:

History: She was admitted to the hospital on January 30, 1966, with a complaint of a mass in the neck present two months with dysphagia and discomfort in the region for two weeks. She had been receiving an unknown dosage of thyroid for 6 months.

Physical examination: Showed a greatly enlarged thyroid gland without distinct nodularity.

Laboratory report: I<sub>131</sub> uptake was 34% in 24 hours and the scintigram showed an enlarged gland with no gross defects in uptake. The total serum protein was 9.0 gm.% and the gamma globulin, 3.7 gm. with a spiked peak. A postoperative thyroid antibody test was positive.

SURGERY: (January 30, 1966)

A total thyroidectomy was performed.

GROSS PATHOLOGY:

The thyroid gland weighed 146 gm. The enlarged, ovoid right lobe measured 10 x 5.5 x 3.5 cm. and the left lobe 9.5 x 3.0 x 2.5 cm. The capsule was smooth and transparent. On section the surface was uniform, firm, bulging, light brown-white and distinctly lobulated. There was no calcification or cyst formation.

COURSE:

The post-operative course was uneventful and she was discharged 5 days after operation, receiving 1 gram of dessicated thyroid daily.

FOLLOW-UP:

She was last seen by her physician in August 1966, at which time she had no complaints and was in excellent health. She has since been lost to further follow-up.

NAME: F. T.

OCTOBER 1967 - CASE NO. 7

AGE: 43 SEX: Male RACE: Caucasian

ACCESSION NO. 9480

CONTRIBUTOR: S. B. Silverman, M.D.  
Memorial Hospital  
Phoenix, Arizona

Outside No. D-4504-56

TISSUE FROM: Mass in the neck

CLINICAL ABSTRACT:

History: All available history on the above is that the patient had a mass in the neck.

SURGERY: (December 26, 1956)

A thyroidectomy was performed.

GROSS PATHOLOGY:

A partially encapsulated rubbery, firm, tan nodule, weighing 45 grams and measuring 5 x 5 x 3.5 cm. was submitted. On section the tissue consisted of closely packed lobules of rubbery firm, yellow-white tissue with small dark brown areas.

FOLLOW-UP:

The patient has been lost to follow-up.

NAME: L. E.

OCTOBER 1967 - CASE NO. 8

AGE: 36 SEX: Female RACE: Caucasian

ACCESSION NO. 11345

CONTRIBUTOR: Melvin W. Anderson, M.D.  
Beverly Community Hospital  
Montebello, California

Outside No. 3042

TISSUE FROM: Thyroid gland

CLINICAL ABSTRACT:

History: The patient was presented with an anterior neck mass on December 13, 1960 which had begun approximately two weeks prior to this. It was non-tender, there was no dysphagia, and no symptoms of hyperthyroidism.

Physical examination: Revealed an obvious swelling in the lower left anterior aspect of the neck, lateral to the trachea and superior to the clavicle, within the anterior triangle of the neck.

Laboratory report: It measured 3.5 x 3.5 cm., was firm, smooth, and had a distinct outline which moved with deglutition. Radio-active iodine uptake and thyrogram were within normal limits.

SURGERY: (December 20, 1960)

At operation the mass measured 5 x 3.5 x 3 cm. It was located in the left anterior lateral aspect of the neck, appearing within the isthmus of the thyroid gland. The remainder of the thyroid appeared normal.

GROSS PATHOLOGY:

The specimen submitted was a 4 x 3 x 2.5 cm. nodule surrounded by a white capsule, and a small amount of adherent thyroid tissue. On section the nodule is composed of soft, light-brown tissue, in which there were several small cysts measuring up to 0.6 cm.

FOLLOW-UP:

At present the patient is hospitalized with an apparent recurrence.

NAME: K. L.

OCTOBER 1967 - CASE NO. 9

AGE: 24 SEX: Female RACE: Caucasian

ACCESSION NO. 12547

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

Outside No. 2013-62

TISSUE FROM: Thyroid gland

CLINICAL ABSTRACT:

History: The patient developed a lump in the lower right neck 10 months prior to admission, and a second lump in the upper right neck 3 weeks prior to admission in July 1962. During the past 10 months, the lump in the lower right neck had gradually enlarged until it was 3 times larger than when it was first observed. More recently a new nodule developed higher up in the right side of the neck and the second nodule was growing more rapidly than the first.

Physical examination: Revealed a palpable mass 4 cm. in diameter in the right supraclavicular fossa which separated from the thyroid gland. The right lobe of the thyroid appeared to be larger than the left. There was a nodule 1.5 cm. in diameter on the right side.

SURGERY: (July 24, 1962)

A thyroidectomy with right radical neck dissection was performed. The right lobe of the thyroid was firmer than the left and there was a 2.5 cm. metastatic node just lateral to the thyroid gland, and another metastatic node high up in the right posterior triangle.

GROSS PATHOLOGY:

The specimen consisted of a right radical neck dissection and the total thyroid gland. In the right lateral lobe of the thyroid was a yellowish-grey nodule measuring 8 mm. in diameter and extending for a distance of approximately 1 cm. within the gland.

FOLLOW-UP:

In July 1967, the patient was being seen for enlarged lymph nodes in the neck.

NAME: R. O.

OCTOBER 1967 - CASE NO. 10

AGE: 72 SEX: Female RACE: Caucasian

ACCESSION NO. 15560

CONTRIBUTOR: Thomas J. Bassler, M.D.  
Gentivela Valley Community Hospital  
Inglewood, California

Outside No. C-1295-67

TISSUE FROM: Thyroid gland

CLINICAL ABSTRACT:

History: This woman had a heavy sensation in her throat for years with a sudden appearance of a large goiter over a six week interval in 1967.

SURGERY:

At operation the thyroid gland was asymmetrical, and a subtotal thyroidectomy was performed.

GROSS PATHOLOGY:

The gland was asymmetrical. The left lobe weighed 100 gm. and the right 50 gm. The outer surface was smooth and slightly lobulated with several fragments missing from the lower pole of the left lobe. On cut section it was homogeneous, yellowish-tan with a suggestion of nodularity. The left lobe was soft and mushy, while the right lobe was firm.

FOLLOW-UP:

The patient was readmitted to the hospital on August 2, 1967, with an ulcerated, painful mouth and throat. Following thyroidectomy she completed a course of Colbalt therapy. On July 3, 1967 a new nodule had appeared above the x-ray treated behind the sternomastoid muscle and another course of Colbalt 60 therapy was given. The ulcerations were interfering with the patient's ability to eat. The white count dropped to 2,000 and a bone marrow showed hypoplasia. She followed a steady downhill course and died August 16, 1967. An autopsy was not performed.

NAME: J. W.

OCTOBER 1967 - CASE NO. 11

AGE: 65 SEX: Female RACE: Caucasian

ACCESSION NO. 15489

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

Outside No. 1683-66

TISSUE FROM: Thyroid gland

CLINICAL ABSTRACT:

History: The patient had a swelling in the right side of the neck for several months prior to admission; she felt pulsations in this area. Previous surgery had been performed on the thyroid gland on November 3, 1961. At that time, a portion of the right lobe of the thyroid had been removed with a diagnosis of non-toxic nodular goiter.

SURGERY: (July 13, 1966)

A mass was found measuring 3 to 4 cm. in diameter involving the lower right pole of the thyroid. The whole remaining portion of the thyroid was removed.

GROSS PATHOLOGY:

Two pieces of thyroid tissue were submitted. The largest of which was a portion of the right lobe measuring 5 x 3 x 3 cm. with a bulging mass at the inferior pole. On section this was encapsulated and yellow with foci of hemorrhage. The second portion grossly resembled a colloid nodule.

FOLLOW-UP:

Patient was free from disease on August 23, 1967.

NAME: R. L. S.

OCTOBER 1967 - CASE NO. 12

AGE: 78 SEX: Female RACE: Caucasian

ACCESSION NO. 13272

CONTRIBUTOR: W. K. Bullock, M.D.  
L. A. County General Hospital  
Los Angeles, California

Outside No. 63-13735

TISSUE FROM: Thyroid gland

CLINICAL ABSTRACT:

History: This patient had an exophthalmic goiter removed in 1914. The right kidney was removed for carcinoma in 1939. She was admitted to the hospital September 4, 1963. Five years prior to admission the patient had noted a lump in the right side of the neck. It had become progressively larger, mainly during the 4 months prior to admission. She was taking  $\frac{1}{2}$  gr. of Prolid per day.

Physical examination: There was a firm mass which was irregular in shape and 6.0 cm. in maximum dimension occupied the right lobe of the thyroid. A second 6 to 7 cm. fluctuant mass occupied the left lobe of the thyroid.

Laboratory report: A thyroid scan showed both masses did not take up the radio-active iodine. The P.B.I. was 6.4, the  $I_{131}$  uptake was 13% in 24 hours.

SURGERY: (September 20, 1963)

At operation the left lobe was diffusely enlarged and cystic. The right lobe was densely adherent to the strap muscle. Both lobes were quite vascular and friable.

GROSS PATHOLOGY:

The tissue from the area of the right lobe measured 8 x 5 x 5.5 cm. and weighed 90 gm. On section it was hard and yellow with multiple cystic foci and no capsule. The left lobe measured 8 x 6 x 5 cm., weighed 80 gm., and was similar to the right in appearance.

COURSE:

There were no post-operative complications.

FOLLOW-UP:

She was discharged on the 4th post-operative day. As of September 29, 1967 she is still living and ambulatory in a convalescent home.

STUDY GROUP CASES

FOR

OCTOBER, 1967

THYROID TUMORS

CASE NO. 1, ACCESSION NO. 11803, John Gilrane, M.D., Contributor

LOS ANGELES:

Subacute (De Quervain's) thyroiditis - 14

SAN FRANCISCO:

Granulomatous thyroiditis - 16

CENTRAL VALLEY:

Subacute granulomatous thyroiditis (De Quervain's thyroiditis) - 9

OAKLAND:

Subacute granulomatous thyroiditis - 13

WEST LOS ANGELES:

Subacute granulomatous (De Quervain's) thyroiditis - 12

ORANGE COUNTY:

Granulomatous thyroiditis - 6

Santa Barbara, and San Diego - minutes not received.

FILE DIAGNOSIS: Subacute (De Quervain's, granulomatous) thyroiditis

810-942

new code

9600-4200



OCTOBER 1967

CASE NO. 3, ACCESSION NO. 10898, E. L. Benjamin, M.D., Contributor

LOS ANGELES:

Thyroiditis, chronic with squamous metaplasia - 14  
xf: Riedel's struma

SAN FRANCISCO:

Hashimoto's thyroiditis with squamous metaplasia - 16

CENTRAL VALLEY:

Hashimoto's thyroiditis with squamous metaplasia - 5; chronic thyroiditis, Riedel type, with squamous metaplasia - 2; thyroiditis with sclerosing undifferentiated carcinoma - 1; thyroiditis with squamous carcinoma - 1

OAKLAND:

Chronic thyroiditis - 13

WEST LOS ANGELES:

Struma lymphomatosum (Hashimoto's disease) with focal sclerosing thyroiditis and squamous metaplasia - 9; chronic sclerosing thyroiditis with squamous metaplasia - 2

ORANGE COUNTY:

Chronic thyroiditis - 4; sclerosing carcinoma - 1

FILE DIAGNOSIS: Thyroiditis, chronic (with squamous metaplasia)

810-942

new code 9600-4300

REFERENCE:

Klink, G., and Menk, K. (AFIP): Mil. Surg. 109:406, Oct. 1951  
Bullock, W. K., et al: Cancer 5:966, 1952

OCTOBER 1967

CASE NO. 4, ACCESSION NO. 15701, Joseph H. Masters, M.D., Contributor

LOS ANGELES:

Reticulum cell sarcoma - 4; chronic thyroiditis - 10  
xf: lympho sarcoma

SAN FRANCISCO:

Subacute thyroiditis - 1; Riedel's - 5; Hashimoto's - 4; lymphoma - 3

CENTRAL VALLEY:

Chronic thyroiditis - 6; small cell carcinoma - 3

OAKLAND:

Chronic thyroiditis - 7; lymphoma - 5; small cell carcinoma - 1

WEST LOS ANGELES:

Chronic thyroiditis (lymphoma?) - 11; granulomatous giant cell  
thyroiditis, small cell carcinoma - 1

ORANGE COUNTY:

Thyroiditis with anaplastic carcinoma - 1; chronic thyroiditis - 2;  
reticulum cell sarcoma - 1; Hodgkin's disease - 1

FILE DIAGNOSIS: Thyroiditis, chronic		810-942
	new code	9600-4300
xf: Lymphosarcoma		810-830
	new code	9600-9613

OCTOBER 1967

CASE NO. 5, ACCESSION NO. 12056, E. R. Jennings, M.D., Contributor

LOS ANGELES:

Medullary carcinoma with amyloid stroma - 14

SAN FRANCISCO:

Medullary carcinoma of thyroid - 16

CENTRAL VALLEY:

Small cell carcinoma - 7; medullary carcinoma with amyloid - 1;  
metastatic carcinoma, probably from lung - 1

OAKLAND:

Amyloid producing medullary carcinoma - 13

WEST LOS ANGELES:

Medullary cancer of thyroid with amyloid stroma (Hazard tumor) - 12

ORANGE COUNTY:

Papillary carcinoma - 1; medullary carcinoma - 1; adenoma - 1; small  
cell carcinoma - 1

FILE DIAGNOSIS: Medullary carcinoma (with amyloid stroma), thyroid  
810-8091F  
new code 9600-8513

REFERENCE:

Hazard, J. B.: J. Clin. Endocrinal, 19:152-161, 1959  
Vassar, P. S., and Culling, C. F.: Am. J. Clin. Path. 36:244-247, 1961  
Williams, E. D.: Histogenesis of medullary carcinoma of the thyroid.  
J. Clin. Path. 19:No. 2, P. 114, March 1966

OCTOBER 1967

CASE NO. 6, ACCESSION NO. 15057, D. R. Dickson, M.D., Contributor

LOS ANGELES:

Hashimoto's disease - 14  
xf: Lymphocytic thyroiditis

SAN FRANCISCO:

Hashimoto's thyroiditis - 16

CENTRAL VALLEY:

Hashimoto's struma - 9

OAKLAND:

Thyroiditis, Hashimoto's - 13

WEST LOS ANGELES:

Hashimoto's disease - 11; chronic thyroiditis - 1

ORANGE COUNTY:

Lymphocytic thyroiditis - 4

FILE DIAGNOSIS: Hashimoto's thyroiditis		810-942.1
	new code	9600-7661
xf: Lymphocytic thyroiditis		810-942.1
	new code	9600-4300

OCTOBER 1967

CASE NO. 7, ACCESSION NO. 9480, S. B. Silverman, M.D., Contributor

LOS ANGELES:

Thyroid carcinoma - 12; atypical thyroid adenoma - 2

SAN FRANCISCO:

Hurthle cell adenoma - 7; Hurthle cell carcinoma - 7; Hurthle cell adenoma with capsular invasion - 1

CENTRAL VALLEY:

Follicular carcinoma - 6; Hurthle cell carcinoma - 2; giant cell carcinoma - 1

OAKLAND:

Follicular carcinoma - 4; giant cell carcinoma - 3; Hurthle cell carcinoma - 4; carcinoma, unclassified - 2

WEST LOS ANGELES:

Trabecular carcinoma - 10; atypical embryonal adenoma with capsular invasion - 1; Hurthle cell carcinoma - 1

ORANGE COUNTY:

Follicular adenocarcinoma - 3; undifferentiated carcinoma - 1; Hurthle cell carcinoma - 1

FILE DIAGNOSIS: Thyroid carcinoma		810-8191G
	new code	9600-8013
xf: Atypical thyroid adenoma		810-8091A
	new code	9600-8140

OCTOBER 1967

CASE NO. 8, ACCESSION NO. 11345, Melvin W. Anderson, M.D., Contributor

LOS ANGELES:

Follicular carcinoma (with vascular invasion) - 11; follicular adenoma - 3

SAN FRANCISCO:

Encapsulated follicular carcinoma of thyroid - 9; adenoma of thyroid - 4

CENTRAL VALLEY:

Follicular carcinoma - 8; Hurthle cell carcinoma - 1

OAKLAND:

Follicular carcinoma - 13

WEST LOS ANGELES:

Recurrent follicular Hurthle cell tumor with angioinvasion (low grade carcinoma) - 5; follicular (Hurthle cell) carcinoma - 7

ORANGE COUNTY:

Follicular carcinoma - 2; fetal adenoma - 1; focal nodular hyperplasia - 1; adenoma - 2

FILE DIAGNOSIS: Follicular carcinoma (with vascular invasion)

810-8096F

new code 9600-8333

xf: Adenoma of thyroid

810-8091A

new code 9600-8140

OCTOBER 1967

CASE NO. 9, ACCESSION NO. 12547, Paul Thompson, M.D., Contributor

LOS ANGELES:

Mixed papillary and follicular carcinoma - 14

SAN FRANCISCO:

Papillary carcinoma of thyroid - 16

CENTRAL VALLEY:

Papillary carcinoma - 9

OAKLAND:

Papillary and follicular carcinoma - 13

WEST LOS ANGELES:

Papillary carcinoma - 12

ORANGE COUNTY:

Papillary carcinoma - 5

FILE DIAGNOSIS: Mixed papillary and follicular carcinoma, thyroid  
810-8091F  
new code 9600-8343

OCTOBER 1967

CASE NO. 10, ACCESSION NO. 15560, Thomas J. Bassler, M.D., Contributor

LOS ANGELES:

Hodgkin's disease - 8; malignant lymphoma mixed cell type - 6

SAN FRANCISCO:

Reticulum cell sarcoma - 3; Hodgkin's disease - 6; anaplastic carcinoma - 3

CENTRAL VALLEY:

Wegener's granuloma - 3; sclerosing reticulum cell sarcoma - 2; small cell carcinoma - 2; Hodgkin's disease - 1; granulomatous thyroiditis with sarcoma - 1

OAKLAND:

Lymphoma, Hodgkin's or reticulum cell - 10; spindle cell carcinoma - 2; chronic thyroiditis - 1

WEST LOS ANGELES:

Hodgkin's disease, sclerosing - 5; histiocytic malignant lymphoma - 7

ORANGE COUNTY:

Granulomatous thyroiditis - 1; thyroiditis, possible sarcoid - 1; reticulum cell sarcoma - 3

FILE DIAGNOSIS: Hodgkin's disease, thyroid		810-832
	new code	9600-9653
xf: Malignant lymphoma, thyroid		810-839
	new code	9600-9593

REFERENCE:

Herrick, W. G.: J. Int. Coll. of Surgeons, 41:657, 1964

OCTOBER 1967

CASE NO. 11, ACCESSION NO. 15489, Paul R. Thompson, M.D., Contributor

LOS ANGELES:

Follicular carcinoma (with capsular and vascular invasion) - 14

SAN FRANCISCO:

Follicular carcinoma of thyroid - 15; trabecular adenoma of thyroid - 1

CENTRAL VALLEY:

Malignant: 4, follicular carcinoma; benign: 5, adenoma unspecified 2;  
Hurthle cell adenoma - 2; Hurthle cell adenoma with vascular invasion - 1

OAKLAND:

Follicular carcinoma - 13

WEST LOS ANGELES:

Follicular carcinoma arising in an adenoma - 12

ORANGE COUNTY:

Follicular carcinoma - 5

FILE DIAGNOSIS: Follicular carcinoma, thyroid 810-8096  
new code 9600-8333

OCTOBER 1967

CASE NO. 12, ACCESSION NO. 13272, Weldon K. Bullock, M.D., Contributor

LOS ANGELES:

Clear cell carcinoma of the kidney - 14

SAN FRANCISCO:

Clear cell carcinoma - metastatic from kidney - 14; parathyroid hyperplasia - 1

CENTRAL VALLEY:

Clear cell carcinoma, primary - 3; metastatic carcinoma from kidney - 2; no votes - 4

OAKLAND:

Metastatic renal tubular carcinoma - 12; clear cell carcinoma - 1

WEST LOS ANGELES:

Clear cell carcinoma, metastatic from kidney - 12

ORANGE COUNTY:

Clear cell carcinoma, metastatic - 5

FILE DIAGNOSIS: Clear cell carcinoma of the kidney, thyroid region  
810-8091I  
710-8091  
new code 9600-8316  
7100-8313

GENERAL REFERENCES:

Gross: Oxalate in thyroid tissue. Arch. Path. 59:412, April 1955  
Russell, Ibanez, Clark, and White: Classification, intraglandular dissemination, and clinical pathological study based upon whole organ sections of 80 glands. Cancer 16:1425-1460, Nov. 1963  
Woolner, L. B., et al: Classification and prognosis of thyroid carcinoma 885 cases. Amer. J. Surg. 102:354-387, 1961