

CALIFORNIA TUMOR TISSUE REGISTRY

LOS ANGELES COUNTY HOSPITAL

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PROTOCOL

FOR

MONTHLY SLIDES

APRIL, 1968

TUMORS OF THE BREAST

NAME: E. C.

APRIL 1968 - CASE NO. 1

AGE: 47 SEX: Female RACE: Caucasian

ACCESSION NO. 15635

CONTRIBUTOR: Stanley K. Wong, M.D.
Presbyterian Intercommunity Hospital
Whittier, California

Outside No. 1521-67

TISSUE FROM: Right breast

CLINICAL ABSTRACT:

History: A right breast mass was noted a few days prior to hospitalization. The mass had been aspirated ten days prior to admission and 2 cc. of fluid removed. However, the mass recurred to its original size.

Physical examination: There was a mass in the right breast, 2.5 cm. in diameter in the subareolar area in the 9 o'clock position. It was freely movable and there was no axillary adenopathy.

SURGERY:

A local excision was performed on June 13, 1967.

GROSS PATHOLOGY:

The specimen consisted of a 3 x 4.1 x 3.2 cm. piece of soft tissue. On cut section there was a dilated cyst-like structure 2.2 cm. in diameter within which there was a soft friable papillomatous structure occupying the entire lumen. Elsewhere in the breast the parenchyma was soft.

COURSE:

The post-operative course was uneventful.

FOLLOW UP:

Patient seen by family physician on March 8, 1968. Physician states "There is no recurrence and patient in excellent health."

NAME: D. M.

APRIL 1968 - CASE NO. 2

AGE: 38 SEX: Female RACE: Caucasian

ACCESSION NO. 14660

CONTRIBUTOR: W. Harriett Davis, M.D.
Burbank, California

Outside No. 2265-65

TISSUE FROM: Right breast

CLINICAL ABSTRACT:

History: This 38 year-old female noted a mass in the upper portion of the right breast in mid-September, 1965.

Physical examination: Examination revealed a mass in the upper outer quadrant of the right breast.

SURGERY:

An excisional biopsy was performed in November 1, 1965.

GROSS PATHOLOGY:

The specimen consisted of a rounded piece of yellow-white tissue measuring 2.5 cm. in maximum dimension. Sections showed firm, white, fibrous tissue partly covered by tabs of yellow fat.

COURSE:

Following the biopsy she received 30 radiation treatments to the right breast for a total dose of 5,000 r by January 24, 1966.

FOLLOW UP:

In April 1966, fluid collected in the right breast. A biopsy at that time did not disclose any tumor tissue, and by June this condition was completely healed. The patient was last examined on June 17, 1966, and there was no evidence of adenopathy or local recurrence.

Follow-up is not available as the patient has moved to Oregon and is under medical care there.

NAME: G. M.

APRIL 1968 - CASE NO. 3

AGE: 81 SEX: Female RACE: Caucasian

ACCESSION NO. 11728

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

Outside No. 643-61

TISSUE FROM: Left breast

CLINICAL ABSTRACT:

History: In June 1960, the patient noted a mass in the left breast. The patient refused operation and continued to be seen at 4-6 week intervals. The mass increased steadily in size and became so heavy that a pillow was needed to support it.

Physical examination: Examination disclosed the mass to be hard and located in the lower outer quadrant of the breast. Careful palpitation of the ipsilateral axilla disclosed no masses or nodes. The same was true of the neck and supraclavicular areas.

SURGERY:

On March 6, 1961 a left simple mastectomy was performed.

GROSS PATHOLOGY:

The simple mastectomy specimen consisted of a 18 x 12.8 cm. ellipse of skin with the underlying breast tissue. In the upper outer quadrant there was a 6 x 5 x 5 cm. moderately firm neoplasm with lobular margins. On section there were focal yellowish zones of necrosis. A single lymph node was found in the axillary tail and it was free from tumor.

COURSE:

Post-operative course was uneventful. The patient was discharged on the sixth post-operative day.

FOLLOW UP:

The patient is lost to follow-up.

NAME: N. H. T.

APRIL 1968 - CASE NO. 4

AGE: 50 SEX: Female RACE: Caucasian

ACCESSION NO. 12051

CONTRIBUTOR: William C. Herrick, M.D.
Grossmont Hospital
La Mesa, California

Outside No. 61-4297

TISSUE FROM: Right breast

CLINICAL ABSTRACT:

History: In November 1961 this woman noted a firm, painless nodule in the right breast. This arose rapidly over a period of several weeks.

Physical examination: Examination disclosed a 2.5 cm. nodule in the right breast.

SURGERY:

In December 1961 an excisional biopsy was performed.

GROSS PATHOLOGY:

The specimen submitted was spheroidal, rubbery, pale grey and surrounded by fat, measuring 2.5 cm. in diameter.

COURSE:

Post-operatively she received radiation therapy to the right breast area.

FOLLOW UP:

In June 1967 she noted lumps in the left breast and left axilla. A modified left radical mastectomy was performed. The microscopic diagnosis at that time was reticulum cell sarcoma involving the left breast and axillary lymph nodes. Following this, she received radiation therapy to the left breast and axilla. In September 1967 a biopsy of the right inguinal lymph node was diagnosed as a lymphosarcoma. She was then given a course of chemotherapy without notable benefit. In December 1967 she suffered from a blood dyscrasia and in January 1968 she died. An autopsy was not performed. The clinical cause was thought to be widespread neoplastic disease.

NAME: H. H.

APRIL 1968 - CASE NO. 5

AGE: 46 SEX: Female RACE: Caucasian

ACCESSION NO. 12922

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

Outside No. 3080-62

TISSUE FROM: Right breast

CLINICAL ABSTRACT:

History: This patient discovered a lump in her right breast on November 14, 1962, and was admitted to the hospital on November 18, 1962. There was no pain or soreness.

Physical examination: Examination of the right breast revealed a 6 cm. cystic mass beneath the skin, centered at 12 o'clock to 1 o'clock but extending from 11 o'clock to 2 o'clock. This mass was freely movable and not fixed to the overlying skin. However, the overlying skin was slightly reddened. There was a suggestion of slight lymph node enlargement in the right axilla. The left breast showed some congestion in the upper outer quadrant.

SURGERY:

On November 19, 1962 a cystic mass was found in the upper-half of the right breast at operation, and the upper-half of the right breast was excised. On December 4, 1962, a right radical mastectomy was performed.

GROSS PATHOLOGY:

From the first specimen, multiple pieces of tissue were submitted, they measured 4 x 2 x 1 cm. and were comprised of small skin ellipses at one extremity with underlying mammary tissue. Along the inner portion of the segment of breast tissue there was a translucent bulging mass within which one could note prominent clefts and areas of recent hemorrhage.

The second portion of the specimen consisted of a larger piece of breast tissue which contained the remainder of the translucent bulging mass which measured 5.8 cm. in maximum dimension. The surgical margins were grossly clear. The radical mastectomy specimen showed no residual tumor and the axillary lymph nodes contained no metastases.

COURSE:

The post-operative course was uneventful.

FOLLOW UP:

As of November 1967, there is no evidence of recurrence. Patient is to have chest x-ray in six months.

NAME: L. J.

APRIL 1968 - CASE NO. 6

AGE: 54 SEX: Female RACE: Negro

ACCESSION NO. 13214

CONTRIBUTOR: N. L. Morgenstern, M.D.
Kaiser Foundation Hospital
Oakland, California

Outside No. S-63-6019

TISSUE FROM: Left breast

CLINICAL ABSTRACT:

History: The patient fell four months prior to admission and struck her left breast. The breast swelled, but the swelling subsided in a few days. She was then well until ten days prior to admission when she again traumatized her breast and it became greatly enlarged, tender, and firm. She had mild fever and several days later went to the Clinic.

Physical examination: In the Clinic, swelling, warmth, and tenderness were noted and three cystic areas were palpated, one of which was aspirated. The left breast was greatly enlarged to three or four times the size of the right breast. There was no axillary lymphadenopathy. She was placed on Tetracycline and when no improvement was noted, she was admitted to the hospital with a tentative diagnosis of breast tumor.

Laboratory report: The white count was 11,500 with 81% neutrophils. The patient had been treated for lues in 1946. She also had hypertension and a cardiac murmur.

SURGERY:

A radical mastectomy was performed on October 22, 1963.

GROSS PATHOLOGY:

Within the breast tissue there was a poorly defined mass measuring 18 cm. in greatest extent. Most of the mass showed yellow or greenish-brown areas of necrosis, and there were many cysts, as much as 6 cm. in diameter. At the margins the tissues appeared better preserved and were pale grey to white lobulated masses measuring 1 to 2 cm. in diameter, with a tendency to burst out of the cut surface after incision. No capsule was apparent.

FOLLOW UP:

As of March 15, 1968 there is no recurrence. Clinical chart reviewed and there is no local recurrence of the left breast tumor, nor is there any adenopathy.

NAME: J. B.

APRIL 1968 - CASE NO. 7

AGE: 72 SEX: Male RACE: Caucasian

ACCESSION NO. 13876

CONTRIBUTOR: S. M. Rabson, M.D.
Mission Hospital
Huntington Park, California

Outside No. 64-10216

TISSUE FROM: Left breast

CLINICAL ABSTRACT:

History: About eight months before operation the patient turned on the left side with his arm against the left breast. He felt something give and a swelling appeared in the area of the nipple. The swelling continued to enlarge.

Physical examination: A 3 cm. tumor was found beneath the left nipple elevating the nipple and fixed to the underlying pectoralis muscle.

SURGERY:

A radical mastectomy was performed on November 12, 1964.

GROSS PATHOLOGY:

The left radical mastectomy specimen, with an 11 cm. ellipse of skin including the nipple and surrounding skin was submitted. The nipple was elevated by a tumor 3 cm. in maximum dimension below the nipple. On section the tumor was found to invade the underlying pectoral fascia but not the subjacent pectoral muscle. The tumor was comprised of dense grey tissue and was centrally necrotic with an old blood cyst 5 cm. in diameter. The axillary lymph nodes were free from tumor on microscopic examination.

COURSE:

Post-operative course was uneventful.

FOLLOW UP:

As of March 1968, the patient is live and well, without any evidence of recurrence.

NAME: S. M. A.

APRIL 1968 - CASE NO. 8

AGE: 27 SEX: Female RACE: Caucasian

ACCESSION NO. 15019

CONTRIBUTOR: Emmett B. Reilly, M.D.
Daniel Freeman Hospital
Inglewood, California

Outside No. S-122-66

TISSUE FROM: Right breast

CLINICAL ABSTRACT:

History: In 1962 a cyst was removed from the right breast and was reported as benign. In November 1963 a tumor was excised from the right breast and was reported as benign fibroadenoma. In October 1964 a recurrent nodularity adjacent to the previous biopsy site was excised and was reported as a benign fibroadenoma. During the succeeding year she noted a gradual enlargement of the subareolar tissue.

Physical examination: On examination multiple nodular areas were palpated within the central portion of the right breast.

SURGERY:

In October 1965, a right simple mastectomy was performed.

GROSS PATHOLOGY:

The specimen consisted of a right breast which measured 12 x 10 x 3 cm. Covering the specimen was an ellipse of skin which measured 7.5 x 1.8 cm. with a 3.5 cm. well healed surgical incisional scar adjacent to the areola. On section a large portion of the breast was replaced by multiple lobular areas of fibrous tissue which ranged in size from 8 mm. to 7 cm. The largest of these appeared quite hemorrhagic. On section it fell free from the surrounding dilated duct.

COURSE:

The post-operative course was uneventful.

FOLLOW UP:

As of March 1968, the patient is asymptomatic with no evidence of recurrence.

NAME: R. A. R.

APRIL 1968 - CASE NO. 9

AGE: 57 SEX: Male RACE: Caucasian

ACCESSION NO. 9051

CONTRIBUTOR: E. F. Ducey, M.D.
Foster Memorial Hospital
Ventura, California

Outside No. 56-1569

TISSUE FROM: Right and left breasts

CLINICAL ABSTRACT:

History: This patient presented in November 1956 with a history of enlargement of both breasts for the past eight years. There was a draining abscess of the left breast present for one month which had been treated with antibiotics and surgical drainage without much benefit. There had been no definite trauma to the mammary area.

Physical examination: Both breasts were moderately enlarged and there were two draining sinus tracts at the margin of the left areola.

SURGERY:

On November 27, 1956, a bilateral simple excision of both breasts was performed. At operation the process was found to infiltrate the skin overlying the breast and invaded the deep fascia over the pectoralis muscle. The tumor was hard and cut with the sensation of a gritty pear.

GROSS PATHOLOGY:

The specimen from the right breast consisted of a 6 x 5 x 2.8 cm. biscuit shaped mass of rather dense soft tissue. A small skin ellipse covered it on the superficial aspect. On cut section there were multiple confluent soft yellow areas suggesting caseous necrosis.

The tissue from the left breast was similar and measured 11 x 8 x 6 cm. including another skin ellipse with a centrally located nipple, and two small sinus tracts opening near the nipple. The sinus tracts ended in apparent abscess cavities lined by granulation tissue. The appearance of the left breast was identical with that of the right on section. Some of the spaces left by expressing the caseous debris were as much as 10 mm. in diameter.

COURSE:

The post-operative course was uneventful.

FOLLOW UP:

This patient has been lost to follow-up.

NAME: E. C.

APRIL 1968 - CASE NO. 10

AGE: 45 SEX: Female RACE: Caucasian

ACCESSION NO. 12367

CONTRIBUTOR: Melvin W. Anderson, M.D.
Alhambra Clinical Laboratory
Alhambra, California

Outside No. 578-A-62

TISSUE FROM: Left breast

CLINICAL ABSTRACT:

History: The patient presented herself with a painful mass in the upper portion of the left breast which had been developing over a period of one month. She had no previous illness nor had there been any history of fever. At first denying any injection the patient later contributed the fact that approximately two months before she had gone to a plastic surgeon who injected a "silicone" into both breasts, a material which was suppose to produce temporary enlargement.

Physical examination: There was a tender area in the upper portion of the left breast and there was a mass approximately the size of a frankfurter in the left labia major.

SURGERY:

A portion of tissue was excised June 1962, from the upper portion of the left breast and the mass in the left labia majora was found to extend up into the inguinal canal and was amputated as high as could be reached.

GROSS PATHOLOGY:

The specimen from the breast consisted of two pieces of tissue which measured respectively 7 x 5.5 x 3 and 3 x 2 x 2 cm. Both had soft elastic consistency. The cut section revealed a glistening surface with an irregular cystic appearance not unlike that of colloid. One larger cyst contained abundant translucent mucoïd material. The specimen from the labia consisted of two fragments of soft elastic tissue measuring 11 x 3 x 2.5 x 1.5 cm. On section it revealed a pattern entirely similar to that described above for the breast with numerous smooth walled cyst-like spaces containing mucoïd material.

COURSE:

Post-operative course was uneventful.

FOLLOW UP:

As of March 1968, the patient is in good health. She has numerous lumps in both breasts but these are not causing any acute discomfort at present and her physician is just watching.

NAME: E. S.

APRIL 1968 - CASE NO. 11

AGE: 21 SEX: Female RACE: Negro

ACCESSION NO. 12418

CONTRIBUTOR: Kenley W. Falconer, M.D.
Physicians' Consulting Laboratories
Reno, Nevada

Outside No. S-2024-62

TISSUE FROM: Right breast

CLINICAL ABSTRACT:

History: A mass was discovered in the breast of this 21 year old housewife during a routine prenatal examination. One month later, July 4, 1962, she was hospitalized after noting some increase in size of the lesion. The patient was in the third trimester of pregnancy.

Physical examination: A mass, measuring 2 x 3 x 2 cm. was present in the upper inner quadrant of the right breast.

SURGERY:

An excisional biopsy was performed on July 5, 1962.

GROSS PATHOLOGY:

The specimen measured 3 x 3 x 5 cm. and contained a 2.8 x 2 x 2 cm. firm, grey-tan nodule. The latter was well-circumscribed with a homogeneous cut surface.

FOLLOW UP:

There is no follow-up available. The patient is the wife of a military personnel and is not in this area any longer. She has not been seen by her physician here since September 1962.

NAME: C. P. L.

APRIL 1968 - CASE NO. 12

AGE: 66 SEX: Male RACE: Caucasian

ACCESSION NO. 17306

CONTRIBUTOR: J. N. Carberry, M.D.
St. Francis Hospital
Lynwood, California

Outside No. S-774-68

TISSUE FROM: Left breast

CLINICAL ABSTRACT:

History: This man was admitted on February 6, 1968 with a chief complaint of bleeding from the left nipple for the past month. For one month prior to the onset of the bleeding the patient had noted that the nipple had been darker. The patient was a known diabetic and was on insulin.

Physical examination: Examination showed the left breast was slightly larger than the right with granulation-like tissue protruding from the nipple and a palpable nodule beneath the nipple.

SURGERY:

On February 9, 1968 the nipple, surrounding skin, and a portion of the underlying tissue was excised.

GROSS PATHOLOGY:

The specimen consisted of an elliptical segment of skin and attached subcutaneous fat which included the nipple. The skin measured 8 x 3 cm. The nipple was partially inverted and there was some hemorrhagic friable tissue protruding from the nipple. On section there was a friable 2 cm. mass directly under the nipple. This tumor had a papillary configuration with some areas of hemorrhage.

COURSE:

Post-operative course was uneventful.

STUDY GROUP CASES

FOR

APRIL 1968

TUMORS OF THE BREAST

CASE NO. 1, ACCESSION NO. 15635; Stanley K. Wong, M.D., Contributor

LOS ANGELES:

Intraductal papilloma - 12

SAN FRANCISCO:

Intraductal papilloma - 19; papillary carcinoma - 1

CENTRAL VALLEY:

Papilloma - 5; low-grade papillary carcinoma - 3

OAKLAND:

Intracystic papilloma - 16

WEST LOS ANGELES:

Papilloma - 10

ORANGE COUNTY:

Intraductal papilloma - 7

SAN DIEGO:

Intraductal papillomatosis, benign - 9; intraductal papillomatosis with invasive carcinoma - 2; intraductal carcinoma with focal atypism - 1

Minutes from Santa Barbara not received

FILE DIAGNOSIS: Intraductal papilloma, breast

193-8023
New Code 1749-8500

April 1968

CASE NO. 2, ACCESSION NO. 14660, W. Harriett Davis, M.D., Contributor

LOS ANGELES:

Intraductal carcinoma - 12; (with lobular involvement - 8)

SAN FRANCISCO:

Apocrine carcinoma - 4; non infiltrating ductal carcinoma with apocrine metaplasia - 13; lobular apocrine carcinoma - 1

CENTRAL VALLEY:

Comedo carcinoma - 4; mucoid carcinoma - 4

OAKLAND:

Infiltrating ductal carcinoma - 12; ductal carcinoma - 5

WEST LOS ANGELES:

Lobular carcinoma with invasion - 2; ductal carcinoma with invasion - 7; mucinous ductal carcinoma with invasion - 1

ORANGE COUNTY:

Infiltrating ductal carcinoma - 4; infiltrating ductal carcinoma, apocrine variety - 2; lobular carcinoma - 1; low papillary carcinoma - 1

SAN DIEGO:

Papillary intraductal carcinoma - 3; mucinous carcinoma - 3; infiltrating lobular carcinoma - 1; adenocarcinoma - 1; lobular carcinoma in situ - 1; comedo carcinoma - 1

FILE DIAGNOSIS: Intraductal carcinoma, breast

193-8091E
New Code 1749-8503

April 1968

CASE NO. 3, ACCESSION NO. 11728; John Gilrane, M.D., Contributor

LOS ANGELES:

Infiltrating duct carcinoma - 12
xf: medullary carcinoma with lymphoid stroma - 2

SAN FRANCISCO:

Ductal carcinoma, breast - 4; medullary carcinoma - 13

CENTRAL VALLEY:

Lobular carcinoma - 3; medullary carcinoma - 5

OAKLAND:

Medullary carcinoma with lymphoid stroma - 11; ductal carcinoma - 5

WEST LOS ANGELES:

Medullary carcinoma with lymphoid stroma - 6; infiltrating carcinoma - 4

ORANGE COUNTY:

Infiltrating ductal carcinoma - 8

SAN DIEGO:

Medullary carcinoma - 5; medullary carcinoma with lymphoid stroma - 3;
infiltrating ductal carcinoma - 1; undifferentiated secondary carcinoma - 1

FILE DIAGNOSIS: Medullary carcinoma with lymphoid stroma, breast 190-8062G
New Code 1749-8513

April 1968

CASE NO. 4, ACCESSION NO. 12051, William C. Herrick, M.D., Contributor

LOS ANGELES:

Reticulum cell sarcoma - 14

SAN FRANCISCO:

Reticulum cell sarcoma - 17

CENTRAL VALLEY:

Undifferentiated carcinoma - 1; reticulum cell sarcoma - 6;
lymphosarcoma - 1

OAKLAND:

Mixed lymphoma - 10; reticulum cell sarcoma - 6

WEST LOS ANGELES:

Malignant lymphoma, reticulum cell type - 7; anaplastic carcinoma - 3

ORANGE COUNTY:

Malignant lymphoma - 3; reticulum cell sarcoma - 4; carcinoma - 2

SAN DIEGO:

Reticulum cell sarcoma - 7; lymphosarcoma - 1; Hodgkin's granuloma - 1;
histiocytic sarcoma - 1; malignant lymphoma - 1

FILE DIAGNOSIS: Reticulum cell sarcoma, breast

190-831
New Code 1749-9643

April 1968

CASE NO. 5, ACCESSION NO. 12922, Paul R. Thompson, M.D., Contributor

LOS ANGELES:

Malignant cystosarcoma phyllodes - 14

SAN FRANCISCO:

Cystosarcoma phyllodes, malignant - 16; malignant schwannoma - 1

CENTRAL VALLEY:

Cystosarcoma phyllodes - 3; fibrosarcoma - 4; stromal sarcoma - 1

OAKLAND:

Malignant cystosarcoma phyllodes - 16; sarcoma, unclassified - 3

WEST LOS ANGELES:

Cystosarcoma phyllodes - 10

ORANGE COUNTY:

Cystosarcoma, malignant - 5; fibrosarcoma - 2; leiomyosarcoma - 1

SAN DIEGO:

Cystosarcoma, malignant - 4; cystosarcoma phyllodes - 3; sarcoma,
type unspecified - 1; giant fibrosarcoma - 1; neurofibrosarcoma - 1

FILE DIAGNOSIS: Malignant cystosarcoma phyllodes, breast 190-8832F
New Code 1749-9023

April 1968

CASE NO. 6, ACCESSION NO. 13214, N. L. Morgenstern, M.D., Contributor

LOS ANGELES:

Malignant mesenchymoma - 6; dermatofibrosarcoma protruberans with degeneration - 2; angiosarcoma - 3; cystosarcoma - 1; sarcoma, unclassified - 2

SAN FRANCISCO:

Malignant hemangioendothelioma - 4; reaction to injury - 8; sarcoma, non-classified - 6

CENTRAL VALLEY:

Organizing hematoma - 2; teratoid tumor with neural elements - 4 (two thought schwannian structure was malignant, while two thought it benign), atypical fibroxanthoma - 2

OAKLAND:

Malignant tumor - 17 (subclassified: space-forming - 6; sarcoma, unclassified - 6; neural origin - 5)

WEST LOS ANGELES:

Hemangiopericytic sarcoma - 2; carcinosarcoma - 3; dermatofibrosarcoma protruberans - 1; neurogenic sarcoma - 1; malignant mesenchymoma - 1; unspecified sarcoma - 2

ORANGE COUNTY:

Dermatofibrosarcoma - 3; carcinoma with spindling stroma - 1; carcinosarcoma - 2; hemangiopericytoma - 1

SAN DIEGO:

Neurofibrosarcoma - 4; dermatofibrosarcoma protruberans - 3; organizing hematoma - 1; fibrosarcoma - 1; neurilemmoma - 1; leiomyosarcoma - 1; mixed mesodermal sarcoma - 1

FILE DIAGNOSIS: Malignant mesenchymoma, breast

190-887F
New Code 1749-8993

xf: Sarcoma, unclassified, breast

190-879
New Code 1749-8803

April 1968

CASE NO. 7, ACCESSION NO. 13876, S. M. Rabson, M.D., Contributor

LOS ANGELES:

Infiltrating duct carcinoma - 12; adenocarcinoma, possibly papillary - 1;
florid gynecomastia - 1

SAN FRANCISCO:

Adenocarcinoma - 13; adenocystic carcinoma - 1; adenocarcinoma, with
lobular pattern - 2

CENTRAL VALLEY:

Carcinoma, largely lobular - 7; sweat gland adenoma - 1

OAKLAND:

Lobular carcinoma - 9; ductal carcinoma - 3; cutaneous tumor - 3;
adenocarcinoma, grade I - 1

WEST LOS ANGELES:

Infiltrative ductal papillary adenocarcinoma - 10

ORANGE COUNTY:

Infiltrating ductal carcinoma - 7; intraductal carcinoma - 1

SAN DIEGO:

Adenoid cystic carcinoma - 3; ductal carcinoma - 3; adenocarcinoma
of sweat gland origin - 2; sweat gland adenoma - 1; adenocarcinoma - 1

FILE DIAGNOSIS: Infiltrating duct carcinoma, breast

193-8091
New Code 1749-8503

April 1968

CASE NO. 8, ACCESSION NO. 15019, Emmett B. Reilly, M.D., Contributor

LOS ANGELES:

Malignant cystosarcoma phyllodes - 12; indeterminate cystosarcoma
phyllodes - 2 *

SAN FRANCISCO:

Adenofibromata - 6; cystosarcoma phyllodes, benign - 13

CENTRAL VALLEY:

Giant fibroadenoma - 8

OAKLAND:

Giant fibroadenoma (cystosarcoma phyllodes) - 17

WEST LOS ANGELES:

(multiple active) Giant fibroadenomas - 10

ORANGE COUNTY:

Fibroadenomatosis - 3; giant fibroadenoma - 5

SAN DIEGO:

Giant adenofibroma - 7; cystosarcoma phyllodes - 3; cystosarcoma
phyllodes, malignant - 2

FILE DIAGNOSIS: Benign cystosarcoma phyllodes, breast 190-8832A
New Code 1749-9020

*REFERENCE:

Henry J. Norris, Herbert B. Taylor: Relationship of Histologic
Features to Behavior of Cystosarcoma Phyllodes: CANCER 20:2090, Dec. 1967

April 1968

CASE NO. 9, ACCESSION NO. 9051, E. F. Ducey, M.D., Contributor

LOS ANGELES:

Fat necrosis with cholesterol granuloma - 13; cholesterol granuloma - 1

SAN FRANCISCO:

Mammary ductal ectasia (comedomastitis) - 1; fat necrosis with foreign body reaction to injected material - 15

CENTRAL VALLEY:

Paraffinoma - 4; fat necrosis - 4

OAKLAND:

Lipid granuloma, exogenous - 10; lipid granuloma, endogenous - 7; cholesteroloma - 1

WEST LOS ANGELES:

Foreign body (injected?) granulomatous mastitis - 8; lipogranulomatosis with cholesterol granulomatosis - 2

ORANGE COUNTY:

Cholesterol granulomatosis - 8

SAN DIEGO:

Foreign body granuloma - 9; fat necrosis - 2

FILE DIAGNOSIS: Fat necrosis with cholesterol granuloma, breast 190-4X9
New Code 1749-5441

xf: Foreign body granuloma, breast 190-438.6
New Code 1749-4410

April 1968

CASE NO. 10, ACCESSION NO. 12367, Melvin W. Anderson, M.D., Contributor

LOS ANGELES:

Breast reaction due to silicone injection - 14

SAN FRANCISCO:

Reaction to injected material - 19

CENTRAL VALLEY:

Silicone reaction - 8

OAKLAND:

Foreign body (silicone) - 17

WEST LOS ANGELES:

Siliconoma - 10

ORANGE COUNTY:

Silicone infiltration - 8

SAN DIEGO:

Silicone granuloma - 11

FILE DIAGNOSIS: Reaction due to silicone injection, breast 190-438.6
New Code 1749-4410

April 1968

CASE NO. 11, ACCESSION NO. 12418, Kenley W. Falconer, M.D., Contributor

LOS ANGELES:

Granular cell myoblastoma - 14

SAN FRANCISCO:

Granular cell myoblastoma - 19

CENTRAL VALLEY:

Granular cell myoblastoma - 8

OAKLAND:

Granular cell myoblastoma - 17

WEST LOS ANGELES:

Granular cell myoblastoma - 10

ORANGE COUNTY:

Granular cell myoblastoma - 8

SAN DIEGO:

Granular cell myoblastoma - 10; myoma - 1

FILE DIAGNOSIS: Granular cell myoblastoma, breast

190-868A
New Code 1749-9370

REFERENCE:

Charles Umansky, and Weldon K. Bullock: Granular Cell Myoblastoma of the Breast - In Print.

April 1968

CASE NO. 12, ACCESSION NO. 17306, J. N. Carberry, M.D., Contributor

LOS ANGELES:

Intraductal papilloma - 3; florid papillomatosis of the nipple (adenoma)
- 11

SAN FRANCISCO:

Benign papilloma - 13; papillary carcinoma - 5; syringocystadenoma
papilliferum - 1

CENTRAL VALLEY:

Papilloma - 4; low grade papillary carcinoma - 4

OAKLAND:

Intraductal papilloma - 8

WEST LOS ANGELES:

Intraductal papilloma with focal malignant change - 1; ductal papilloma
- 8; syringocystadenoma papilliferum - 1

ORANGE COUNTY:

Intraductal papilloma - 8

SAN DIEGO:

Papilloma - 10; atypical duct papilloma - 1; intraductal papillary
carcinoma - 1; syringocystadenoma papilliferum - 2

FILE DIAGNOSIS: Florid papillomatosis of the nipple (adenoma), breast
194-8023
New Code 1740-8500

REFERENCES:

David B. Jones: Florid Papillomatosis of the Nipple Ducts: CANCER
8:315-319, 1955

Herbert B. Taylor, and Robert G. Alexander: Adenomas of the Nipple:
CANCER 18:995-1002, 1965

Lewis Shapiro, and Charles M. Karpas: Florid Papillomatosis of the
Nipple: Am. J. Clin. Path.: 44:155-159, No. 2, 1965