

CALIFORNIA TUMOR TISSUE REGISTRY

LOS ANGELES COUNTY HOSPITAL

PROTOCOL

FOR
MONTHLY SLIDES

MAY 1968

TUMORS OF THE NOSE AND THROAT

NAME: M. G.

MAY 1968 - CASE NO. 1

AGE: 15 SEX: Female RACE: Caucasian ACCESSION NO. 17236

CONTRIBUTOR: Richard Lewis, M.D. Outside No. S-2490-63
Huntington Memorial Hospital
Pasadena, California

TISSUE FROM: Nasopharynx

CLINICAL ABSTRACT:

History: This patient first had difficulty in breathing through the right nostril in about May 1962. A polyp was removed by her physician in Northern California. In January of 1963 the symptoms seemed to recur and on examination there was a recurrent polyp, much larger than before, and in the same general area. A biopsy was performed.

Physical examination: May 28, 1963, revealed a large mass protruding down from the nasopharynx into the pharynx, which was clearly visible pushing the palate forward. On palpation, it was fairly hard. There was no evidence of ulceration.

SURGERY:

The soft palate was split in the midline on May 28, 1963. The tumor was attached to the right posterior nasopharynx in the area of the posterior septum on the right side. A snare was applied over the lesion and it was delivered through the mouth. The posterior nasal cavity was packed with Cornish wool. The base bleed moderately during the procedure.

GROSS PATHOLOGY:

Received was a polypoid structure measuring 5.3 x 2.8 x 2.3 cm. The point of attachment measured 7 mm. in diameter. The surface was smooth, pink-tan and glistening with minute vessels in the capsule. On cut section it had a grey-white, gelatinous appearance, with small veins seen transversing the entire specimen.

FOLLOW UP:

The patient was last seen in October 11, 1963 and at that time she was free of all signs of recurrence.

NAME: G. D.

MAY 1968 - CASE NO. 2

AGE: 16 SEX: Male RACE: Negro

ACCESSION NO. 15628

CONTRIBUTOR: Orlyn B. Pratt, M.D.
White Memorial Hospital
Los Angeles, California

Outside No. 67-2156

TISSUE FROM: Left maxillary antrum

CLINICAL ABSTRACT:

History: The patient had been known to have sickle cell anemia for several years. He had one or more transfusions at the age of 9 years. The present complaint dated from about the first of January 1967. He had noticed the gradual onset of nasal stuffiness over a three month period with frequent epistaxis during the final three weeks.

Physical examination disclosed an expanding lesion in the left maxillary sinus which bulged into the left nasal passage closing it and deviating the nasal septum to the right. The hard palate bulged downward into the mouth.

Laboratory report: Roentgenograms disclosed a large lesion in the left antrum. Blood count revealed sickle cell anemia.

SURGERY:

June 7, 1967. At operation the mass was found to arise from the area of the hard palate and premaxillary area. It also extended into the sphenoid and ethmoid region. The lateral wall of the nose and the anterior wall of the maxillary antrum were eroded. The lesion was removed by blunt and sharp dissection in multiple large pieces until the lesion was grossly completely removed.

GROSS PATHOLOGY:

The specimen consisted of several pieces of pale, soft tissue with focal hemorrhagic areas. The largest piece measuring 4.5 x 3 cm.

FOLLOW UP:

On February 15, 1968, the patient had no complaints relative to the maxillary area. Roentgenograms revealed marked left maxillary sinusitis and a surgical defect, but no evidence of recurrence of the mass.

NAME: A. S.

MAY 1968 - CASE NO. 3

AGE: 40 SEX: Male RACE: Caucasian

ACCESSION NO. 17361

CONTRIBUTOR: Richard M. Abts, M.D.
Huntington Memorial Hospital
Pasadena, California

Outside No. S-849-68

TISSUE FROM: Left nasopharynx

CLINICAL ABSTRACT:

History: This man was well until January 15, 1968, when he consulted an ENT Specialist because of difficulty in breathing.

Physical examination: Indirect nasopharyngoscopy revealed a tumor of the left nasopharynx.

SURGERY:

On February 15, 1968, a large nasopharyngeal tumor was removed which was thought grossly to be an angioliipoma.

GROSS PATHOLOGY:

The specimen was a reddish-grey, somewhat lobulated, nodular mass measuring 4 x 3 x 2.5 cm. The cut surface was lobulated and glistening with focal areas of hemorrhage. The base appeared to be cauterized.

COURSE:

The patient was discharged on February 24, 1968, after an uneventful post-operative course.

FOLLOW UP:

A cribriform plate resection on March 4, 1968, revealed no evidence of residual tumor in the specimen. As of April 12, 1968, the patient was doing well with no signs of recurrence.

NAME: R. B.

MAY 1968 - CASE NO. 4

AGE: 53 SEX: Female RACE: Caucasian ACCESSION NO. 17349

CONTRIBUTOR: Thomas E. Wynn, M.D.
St. Mary's Hospital
San Francisco, California

Outside No. S67-2758

TISSUE FROM: Left maxillary antrum

CLINICAL ABSTRACT:

History: In October 1966 this lady developed a swelling of the left cheek and pain in the upper alveolar ridge on the left side. She was treated with antibiotics and the swelling subsided. She subsequently began to spit out some blood-tinged material.

Laboratory report: Radiographic examination revealed a soft tissue mass involving the medial wall of the left axillary antrum and clouding of the left ethmoid sinus.'

SURGERY:

On May 8, 1967, a biopsy of the left antral mass was performed.

GROSS PATHOLOGY:

The specimen consisted of 5 gm. of soft tissue fragments. On section it had a lobulated appearance. The fragments were yellow-tan to yellow-green in color, and were soft in consistency.

FOLLOW UP:

The patient went elsewhere for therapy and has been lost to follow-up.

NAME: W. W.

MAY 1968 - CASE NO. 5

AGE: 36 SEX: Male RACE: Caucasian

ACCESSION NO. 17252

CONTRIBUTOR: R. D. Shilliam, M.D.
Huntington Memorial Hospital
Pasadena, California

Outside No. S-3552-58

TISSUE FROM: Hard palate

CLINICAL ABSTRACT:

History: This man began having pain in the posterior upper teeth around February 1958, and in September 1958, he was seen by an oral surgeon who biopsied the alveolar area and he was told that the lesion was benign. He was subsequently seen by a tumor surgeon and the mass was re-biopsied.

Physical examination: A soft mass was present in the hard palate extending to the alveolar ridge on both sides.

SURGERY:

On September 19, 1958, a radical maxillectomy with preservation of the inferior orbital plate and contents was done. A Weber-Ferguson type incision was made, splitting the upper lip. The pterygoid plate was cut away and the palate was excised between the two incisor teeth. The zygoma was transected and the bone was removed. A final skin graft from the left thigh was applied.

GROSS PATHOLOGY:

Received was the left half of the maxilla including the teeth and portions of the maxillary sinus. On the posterior portion of the palate, at a point 1.5 cm. from the posterior end and .5 cm from the medial edge of the specimen. There was an elevated area .5 cm. in diameter, elevated .3 cm. above the surrounding tissue. Underlying this was an area of yellow-tan tissue 1.5 cm. in diameter, grossly extending to the underlying bone, but no definite bony defect was recognized. The growth appeared to extend to the posterior margins of the soft tissue. Also received was a thickened antral lining.

FOLLOW UP:

The patient was last seen on November 27, 1958, when a keratosis of the skin of the forehead was removed. At that time there was no evidence of recurrent oral tumor.

NAME: F. G. H.

MAY 1968 - CASE NO. 6

AGE: 41 SEX: Male RACE: Caucasian

ACCESSION NO. 17377

CONTRIBUTOR: Raymond F. Peterson, M.D.
Martin Luther Hospital
Anaheim, California

Outside No. 303-68

TISSUE FROM: Left nasal cavity

CLINICAL ABSTRACT:

History: This patient developed a gradual obstruction of the left nostril with a complaint of double vision.

Physical examination revealed there was an obstruction of the left nasal cavity by a polypoid, firm, granular mass. The left eye was displaced laterally.

Laboratory report: Roentgenogram showed clouding of the left ethmoid sinuses.

SURGERY:

On April 3, 1968 two firm granular polypoid masses were excised from the left nasal cavity.

GROSS PATHOLOGY:

They measured respectively 3 x 2.2 x 1 cm and 1.2 cm in diameter.

FOLLOW UP:

The patient was re-operated on April 19, 1968, at that time, the lesion was found to be infiltrating the floor of the frontal sinus and invading the left orbit. Further therapeutic procedures have not yet been decided upon.

NAME: R. A.

MAY 1968 - CASE NO. 7

AGE: 14 SEX: Male RACE: Caucasian

ACCESSION NO. 17285

CONTRIBUTOR: O. B. Pratt, M.D.
White Memorial Hospital
Los Angeles, California

Outside No. 68-487

TISSUE FROM: Left nostril

CLINICAL ABSTRACT:

History: This boy had daily nose bleeds for three weeks before coming to the emergency room of the hospital. Bleeding stopped spontaneously until the day before coming to the hospital on August 7, 1967. The patient was treated in the out patient department until Feb. 7, 1968, when he was admitted to the hospital for surgical treatment on the following day. There was no history of other bleeding.

Physical examination: There was a mass involving the floor of the posterior choana of the left nostril. The tumor had a broad base and measured 3 x 2 cm.

SURGERY:

On February 8, 1968, the tumor was removed.

GROSS PATHOLOGY:

The specimen consisted of rather firm, pink tissue measuring 2.3 x 2 x 1.5 cm.

COURSE:

Post-operative course was uneventful. The patient was discharged from the hospital on February 12, 1968.

FOLLOW UP:

The patient's last visit to the clinic was February 15, 1968 with no complaints.

Seen on February 22, 1968, patient doing well postoperatively, no complaints. To return in 3 months.

NAME: P. B.

MAY 1968 - CASE NO. 8

AGE: 48 SEX: Male RACE: Caucasian

ACCESSION NO. 17394

CONTRIBUTOR: Milton Bassis, M.D.
Kaiser Foundation Hospital
San Francisco, California

Outside No. SF68-2778

TISSUE FROM: Left nostril

CLINICAL ABSTRACT:

History: This patient had a chronic nasal polyp of the left nasal passage known for several years, with obstructive symptoms for two years.

SURGERY:

A nasal polypectomy was performed on March 13, 1968. At that time the polyp was found to be attached to the base of the ethmoid bone.

GROSS PATHOLOGY:

Three glistening mucoid polyps, ranging in size from 1 to 1.5 cm. in diameter were submitted. On section they were rather firm, with homogeneous grey-white surfaces.

NAME: J. R.

MAY 1968 - CASE NO. 9

AGE: 46 SEX: Male RACE: Caucasian

ACCESSION NO. 15742

CONTRIBUTOR: James E. Kahler, M.D.
St. Vincent's Hospital
Los Angeles, California,

Outside No. 66-665

TISSUE FROM: Maxillary bone

CLINICAL ABSTRACT:

History: This patient was admitted to the hospital on March 7, 1966 for re-excision of a recurrent tumor of the left maxillary antrum. This lesion had begun 12 years prior and this was the sixth recurrence.

Physical examination revealed a large mass involving the left zygoma, the ramus of the mandible, and extending to the base of the skull. The parotid gland was elevated over the mass.

SURGERY:

On March 14, 1966, the left half of the maxilla was resected along with the ascending ramus of the mandible. The soft tissue mass was resected, together with the left parotid gland.

GROSS PATHOLOGY:

The submitted specimen contained two tumors. The smaller one measured 3.5 cm. in diameter, and the larger one measured 7 x 5 x 3.5 cm. This tumor was adherent to the left ramus of the mandible, and in addition, there was a small encapsulated, oval, pale pink, cellular tumor mass attached to the parotid gland.

FOLLOW UP:

In May 1967, he was apparently free from tumor, and a bone graft to the left mandible was performed at Hollywood Presbyterian Hospital. In January 1968 surgical drainage was performed because of constant drainage from the graft area. He was last examined on March 5, 1968 and there was no drainage. He was free of pain, and there was no evidence of tumor.

NAME: K. D. C. MAY 1968 - CASE NO. 10

AGE: 90 SEX: Female RACE: Caucasian ACCESSION NO. 17395

CONTRIBUTOR: Murray M. Hausner, M.D. Outside No. 1737-68
Inter-Community Hospital
Covina, California

TISSUE FROM: Left nasal passage

CLINICAL ABSTRACT:

History: Patient stated that she had an infection in the nose approximately 6 weeks prior to admission, which had been treated with antibiotics. Following the infection there was a sensation of the left side of the nose being plugged up.

Physical examination showed a mass in the left nasal passage which had almost completely obstructed the air-way.

SURGERY:

A biopsy was performed on April 11, 1968.

GROSS PATHOLOGY:

The specimen consisted of multiple irregular pieces of soft friable, glistening, greyish-tan and pink tissue. The largest piece measured 2.5 cm. in greatest dimension.

FOLLOW UP:

Patient has transferred to some hospital in Alabama. Follow-up not available.

NAME: R. B.

MAY 1968 - CASE NO. 11

AGE: 53 SEX: Male RACE: Caucasian

ACCESSION NO. 17362

CONTRIBUTOR: James E. Kahler, M.D.
St. Vincent's Hospital
Los Angeles, California

Outside No. 59337

TISSUE FROM: Left nostril

CLINICAL ABSTRACT:

History: In 1946 this patient had a growth on the floor of the right nostril. This was biopsied on multiple occasions, the last time in 1955. X-ray therapy was given to the right nasal cavity and to a similar lesion in the nasopharynx at Stanford University during the period of 1946 to 1955. In October, 1958, there was an obstruction of the left nostril.

Physical examination: A 1 x 2.5 cm. dark, greenish, friable easily bleeding tumor was present in the left nostril. It was half way back, attached by a broad based pedicle to the floor of the nasal cavity.

SURGERY:

On October 3, 1958, the lesion and the pedicle were excised with margins of surrounding normal tissue.

GROSS PATHOLOGY:

The excised tissue was soft and friable, and measured 4 x 1.2 x 1 cm.

FOLLOW UP:

Following the excision, the patient was given Cobalt therapy to the right nasal cavity from October 28 to November 15, 1958. In January 1960, a lesion in the ventricle of the larynx was treated with roentgenograms with good result. In March 1962, a 3 x 5 cm. radiolucent area was noted in the right distal tibia. By December 1962, there was a pathological fracture through this area. The area was curretted and a quantity of translucent soft tissue removed and it subsequently healed. There have been no complaints about the ankle since January 1963. The ankle was last examined in June 27, 1967, and showed no evidence of disease. A nasal examination in June 6, 1967 showed no evidence of disease.

NAME: T. B.

MAY 1968 - CASE NO. 12

AGE: 53 SEX: Female RACE: Caucasian ACCESSION NO. 15848

CONTRIBUTOR: H. Russell Fisher, M.D. Outside No. E-12165
The Eye and Ear Hospital
Los Angeles, California

TISSUE FROM: Epiglottis

CLINICAL ABSTRACT:

History: This woman complained of a persistent sore throat developing in April, 1961.

Physical examination: On May 29, 1961 revealed a large ulcerative growth at the base of the tongue involving the epiglottis.

SURGERY:

June 15, 1961. At operation there was a ulceration with nodular raised margins, involving the pre-epiglottic tissue at the base of the ventral surface of the epiglottis. The tumor appeared to penetrate the epiglottis, there was a focus of tumor tissue visible from the dorsal surface of the epiglottis, in its center.

A laryngectomy with wide margins including the epiglottis, pre-epiglottic tissue at the base of the tongue, the entire hyoid bone and pre-laryngeal muscles was performed.

GROSS PATHOLOGY:

The specimen consisted of an entire larynx with epiglottis, the body of the hyoid bone, prelaryngeal muscles and 2 1/2 tracheal rings attached. There was an irregular ulceration 2.2 x 1 cm. at the ventral attachment of the epiglottis. On the dorsal aspect of the epiglottis, there was an oval area of abnormal tissue which was elevated like a disc above the surface of the epiglottis, immediately in its center, measuring 1.6 x 1.2 cm. and 1 to 2 mm. high. The surrounding area was markedly edematous. The prelaryngeal muscles contained no apparent lesion. A midline section showed that the pre-epiglottic ulcer was surrounded by a rim of white neoplastic tissue, which varied from 2 to 3 mm. in thickness.

FOLLOW UP:

The patient was last seen on December 8, 1967, six and one half years after surgery, at which time she was well and exhibited no recurrence.

STUDY GROUP CASES

FOR

MAY 1968

TUMORS OF THE NOSE AND THROAT

CASE NO. 1, ACCESSION NO. 17236, Richard Lewis, M.D., Contributor

LOS ANGELES:

The general thought was that this was not an angiofibroma as seen in the male. There was discussion regarding the fine pink particulate and fibrillae network.

Inflammatory polyp - 9; fibrous polyp - 5

SAN FRANCISCO:

Benign polyp - 12; benign mycotic polyp - 1

CENTRAL VALLEY:

Nasal polyp - 10

OAKLAND:

Choanal polyp - 11; allergic rhinitis - 1

WEST LOS ANGELES:

Nasopharyngeal polyp - 7

SAN DIEGO:

Fibromyoma - 1; amyloid tumor (solitary) - 1; juvenile angiofibroma - 2; inflammatory nasal polyp - 2; giant myxomatous polyp, benign - 1

Minutes from Orange County not received

FILE DIAGNOSIS: Polyp, nasal 315-8023
x-file: Choanal polyp, nasopharynx xf 318-8023

New Code 1600-7381
xf 1749-7381

MAY 1968

CASE NO. 2, ACCESSION NO. 15628, Orlyn B. Pratt, M.D., Contributor

LOS ANGELES:

Differential diagnosis - fibrous dysplasia (ossifying fibroma) - 1;
benign giant cell reparative granuloma - 2; fibrous osseous complex - 9;
unclassified giant cell lesion, benign - 2

SAN FRANCISCO:

Fibrous dysplasia - 9; giant cell reparative granuloma - 6

CENTRAL VALLEY:

Fibrous dysplasia - 5; ossifying fibroma - 1; reparative granuloma - 3

OAKLAND:

Giant cell reparative granuloma - 6; fibrous dysplasia - 3; ossifying
fibroma - 3

WEST LOS ANGELES:

Giant cell reparative granuloma - 3; ossifying fibroma - 1; giant
cell tumor - 2; monostotic fibrous dysplasia - 1

SAN DIEGO:

Benign giant cell tumor - 1; reparative granuloma (giant cell lesion) - 1;
ossifying fibroma (fibrous dysplasia) - 4; myxofibroma, ossifying - 1

FILE DIAGNOSIS: Fibrous dysplasia, maxilla		218-007
x-file: Giant cell reparative granuloma, maxilla	xf	218-874A
	New Code	1700-7651
	xf	1700-4414

MAY 1968

CASE NO. 3, ACCESSION NO. 17361, Richard M. Abts, M.D., Contributor

LOS ANGELES:

Lymphoepithelioma - 6; lymphoblastic lymphoma - 6; esthesioneuroblastoma
- 2

SAN FRANCISCO:

Esthesioneuroblastoma - 6; lymphosarcoma - 1; lymphoepithelioma - 7

CENTRAL VALLEY:

Malignant - 7 (lymphomatous - 3; epithelial - 2; unable to specify - 2);
reactive process - 2

OAKLAND:

Lymphoepithelioma - 11; transitional cell carcinoma, grade IV - 1

WEST LOS ANGELES:

Lymphosarcoma - 2; anaplastic carcinoma (lymphoepithelioma) - 3;
immature esthesioneuroblastoma - 2

SAN DIEGO:

Lymphosarcoma - 3; olfactory neuroblastoma - 1; poorly differentiated
carcinoma - 1; lymphoepithelioma - 2

FILE DIAGNOSTS: Lymphoepithelioma, nasopharynx 318-814
x-file: Lymphosarcoma, nasopharynx xf 318-830

New Code 1749-8083
xf 1749-9613

MAY 1968

CASE NO. 4, ACCESSION NO. 17349, Thomas E. Wynn, M.D., Contributor

LOS ANGELES:

Olfactory neuroblastoma - 14

SAN FRANCISCO:

Olfactory neuroepithelioma - 15

CENTRAL VALLEY:

Neuroesthesioma - 7; glomangioma - 2

OAKLAND:

Olfactory neuroblastoma - 12

WEST LOS ANGELES:

Esthesioneuroblastoma - 7

SAN DIEGO:

Nerve tumor of nose - 1; hemangioendothelioma - 1; olfactory neuroblastoma - 5

FILE DIAGNOSIS: Olfactory neuroblastoma, maxillary antrum 321-841G
New Code 1602-9523

MAY 1968

CASE NO. 5, ACCESSION NO. 17252, D. S. Shilliam, M.D., Contributor

LOS ANGELES:

Mucoepidermoid carcinoma, palate - 14

SAN FRANCISCO:

Mucoepidermoid carcinoma of minor salivary gland - 15

CENTRAL VALLEY:

Craniopharyngioma - 4; mucoepidermoid carcinoma - 3; don't know - 2

OAKLAND:

Mucoepidermoid carcinoma - 11; adenocarcinoma - 1

WEST LOS ANGELES:

Mucoepidermoid tumor - 2; mucoepidermoid carcinoma, grade I - 5

SAN DIEGO:

Adenoma of mucous gland - 1; mucoepidermoid carcinoma - 6

FILE DIAGNOSIS: Mucoepidermoid carcinoma, palate

New Code

616-8851F

1455-8433

MAY 1968

CASE NO. 6, ACCESSION NO. 17377, Raymond F. Peterson, M.D., Contributor

LOS ANGELES:

Epidermoid carcinoma, grade III - 14

SAN FRANCISCO:

Poorly differentiated squamous cell carcinoma - 5; transitional cell carcinoma of nasopharynx - 4; undifferentiated carcinoma - 5

CENTRAL VALLEY:

Mucoepidermoid carcinoma not otherwise specified - 3; malignant ameloblastoma with sequences metaplasia - 1

OAKLAND:

Ameloblastoma, acanthomatous variety - 6; squamous cell carcinoma - 6

WEST LOS ANGELES:

Anaplastic carcinoma - 7

SAN DIEGO:

Transitional (epidermoid) carcinoma - 3; lymphoepithelioma - 1; basaloid (schneiderian) squamous cell carcinoma - 3

FILE DIAGNOSIS: Epidermoid carcinoma, undifferentiated, left nasal cavity

New Code 315-814
 1600-8083

MAY 1968

CASE NO. 7, ACCESSION NO. 17285, O. B. Pratt, M.D., Contributor

LOS ANGELES:

Angiofibroma - 4; pyogenic granuloma pseudoangiomatosum - 8

SAN FRANCISCO:

Hemangioma - 6; angiofibroma - 6

CENTRAL VALLEY:

Juvenile angiofibroma - 9

OAKLAND:

Angiofibroma - 10; hemangioendothelioma - 2

WEST LOS ANGELES:

Angiofibroma - 4; hemangioma - 3

SAN DIEGO:

Juvenile hemangiofibroma - 2; juvenile angiofibroma - 2; angiofibroma - 2;
angiomyofibroma - 1

FILE DIAGNOSIS: Juvenile angiofibroma, nasopharynx 318-850A
x-file: Pyogenic granuloma, pseudoangiomatosum, nasopharynx 318-100.6

New Code 1749-9160
xf 1749-4444

MAY 1968

CASE NO. 8, ACCESSION NO. 17394, Milton Bassis, M.D., Contributor

LOS ANGELES:

Nerve tumor - 7; muscle tumor - 6; tumor unclassified, benign - 1

SAN FRANCISCO:

Neurilemmoma - 12; fibroxanthoma - 1

CENTRAL VALLEY:

Mixed tumor nasal salivary gland - 2; esthesioneuroblastoma - 3;
mesenchymoma - 2; polyp - 2

OAKLAND:

Neurilemmoma - 7; neurocytofibroma, grade II - 3; fibrosarcoma - 2

WEST LOS ANGELES:

Polypoid neurilemmoma - 5; malignant schwannoma - 1; undifferentiated
sarcoma - 1

SAN DIEGO:

Neurilemmoma - 2; neurofibrosarcoma - 1; ganglioneuroma - 1; malignant
renal tumor - 1; astrocytoma - 1; sarcoma (malignant schwannoma) - 1

FILE DIAGNOSIS: Neurilemmoma, benign, nasal passage	315-8452
x-file: Malignant schwannoma, nasal passage	xf 315-8452F
	New Code 1600-9560
	xf 1600-9563

MAY 1968

CASE NO. 9, ACCESSION NO. 15742, James E. Kahler, M.D., Contributor

LOS ANGELES:

Angiofibroma - 8; unclassified malignant mesodermal tumor - 6

SAN FRANCISCO:

Nasal glioma - 7; neurofibroma - 5

CENTRAL VALLEY:

Recurrent angiofibroma - 6; desmoid - 1; pass - 2

OAKLAND:

Angiofibroma - 9; lipoma - 2; hemangioma - 1

WEST LOS ANGELES:

low grade angiosarcoma - 1; angiofibroma - 6

SAN DIEGO:

Angiofibroma - 4; aggressive angiofibroma - 1; leiomyoblastoma - 1;
angiofibrolipoma - 1

FILE DIAGNOSIS: Angiofibroma, left maxilla 218-850A
x-file: Malignant connective tissue tumor *NOS, left maxilla 218-879

New Code 1700-9160
xf 1700-8803

* not otherwise specified

MAY 1968

CASE NO. 10, ACCESSION NO. 17395, Murray M. Hausner, M.D., Contributor

LOS ANGELES:

Malignant melanoma - 12; undifferentiated carcinoma - 1; malignant neoplasm, not further classified - 1

SAN FRANCISCO:

Undifferentiated carcinoma - 8; malignant melanoma - 5

CENTRAL VALLEY:

Undifferentiated carcinoma - 7; undifferentiated malignancy - 2

OAKLAND:

Melanoma - 6; undifferentiated malignancy - 6

WEST LOS ANGELES:

Melanoma - 3; anaplastic carcinoma - 4

SAN DIEGO:

Rhabdomyosarcoma - 1; reticulum sarcoma - 3; transitional cell carcinoma - 1; undifferentiated malignant tumor - 2

FILE DIAGNOSIS: Malignant melanoma, left nasal passage 315-8173
x-file: Carcinoma*NOS, left nasal passage xf 315-819

New Code 1600-8723
xf 1600-8013

* not otherwise specified

MAY 1968

CASE NO. 11, ACCESSION NO. 17362, James E. Kahler, M.D., Contributor

LOS ANGELES:

Plasmacytoma of the nasal cavity - 14

SAN FRANCISCO:

Myeloma - 15

CENTRAL VALLEY:

Plasmacytoma - 9

OAKLAND:

Plasmacytoma - 7; localized manifestation of multiple myeloma - 5

WEST LOS ANGELES:

Extramedullary plasmacytoma - 7

SAN DIEGO:

Plasmacytoma - 7

FILE DIAGNOSIS: Plasmacytoma, left nasal cavity

New Code 315-833
1600-9733

MAY 1968

CASE NO. 12, ACCESSION NO. 15848, H. Russell Fisher, M.D., Contributor

LOS ANGELES:

Squamous cell carcinoma, epiglottis, grade II - 14

SAN FRANCISCO:

Squamous cell carcinoma - 8; verrucous carcinoma - 3

CENTRAL VALLEY:

Squamous carcinoma - 9

OAKLAND:

Epidermoid carcinoma, extrinsic - 12

WEST LOS ANGELES:

Squamous cell carcinoma - 7

SAN DIEGO:

Squamous cell carcinoma - 7

FILE DIAGNOSIS: Squamous cell carcinoma, epiglottis

New Code

331-814

1611-8073