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CALIFORNIA TUMOR TISSUE REGISTRY

LOS ANGELES COUNTY - UNIVERSITY OF SOUTHERN CALIFORNIA MEDICAL CENTER

PROTOCOL

for

MONTHLY SLIDES

JUNE 1969

SALIVARY GLAND TUMORS

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NAME: F. A. S.

JUNE 1969 - CASE NO. 1

AGE: 45 SEX: M RACE: Caucasian

ACCESSION NO. 14803

CONTRIBUTOR: J. Kosek, M.D.
Veterans Administration Hospital
Palo Alto, Calif. 94304

OUTSIDE NO. 64S 4383

TISSUE FROM: Salivary gland (submandibular)

CLINICAL ABSTRACT:

History: Patient had a left submandibular mass for about two years, slowly increasing in size; no pain, trauma, nor neurologic deficit. Laboratory and physical examinations were normal except for this nontender 2.4 cm. mass attached to skin. Mass was removed December 18, 1964.

SURGERY:

Radical neck dissection, January 8, 1965.

GROSS PATHOLOGY:

Specimen consisted of a lobulated encapsulated mass, 4 x 3 x 2.5 cm. which on cut section was tan-brown, distinctly lobulated except for an area of 2 cm. where it was firm yellow and gray and contained bone. There was also a soft, irregular piece of tissue representing lymph node; an ovoid nodule representing platysmal fascia which on section was soft, mottled, and gray-red; soft, edematous, gray-red cervical fascia; and two small gray-red soft, edematous pieces of deep cervical fascia.

FOLLOW UP:

In September 1965 there was no evidence of recurrence. Patient died of alcoholic hepatitis October 1965. On Coroner's autopsy, there was no gross evidence of tumor.

NAME: E. H.

JUNE 1969 - CASE NO. 2

AGE: 26 SEX: M RACE: Caucasian

ACCESSION NO. 14336

CONTRIBUTOR: W. K. Bullock, M.D.
LAC-USC Medical Center
Los Angeles, Calif. 90033

OUTSIDE NO. 64-11466

TISSUE FROM: Parotid

CLINICAL ABSTRACT:

History: Patient had a growth below the left ear lobe for about seven to eight months' duration. On examination, there was a freely movable mass in the left parotid gland beneath the ear lobe about 2 x 3 cm. in diameter. There was no nerve involvement, no paralysis of any of the facial muscles. No nodes were palpable in the neck.

SURGERY:

Left subtotal parotidectomy, July 29, 1964.

GROSS DESCRIPTION:

Specimen consisted of a roughly ovoid rubbery mass measuring 4 cm. in greatest diameter, which was covered by a tan to tan-gray capsule and bits of greasy yellow fat. Sectioning disclosed a firm lobulated ivory surface which in some areas presented a faint suggestion of whorling. At one margin a few remnants of parotid gland were present.

FOLLOW UP:

Patient was last seen in Clinic August 17, 1964, at which time the wound was well healed.

NAME: E. S.

JUNE 1969 - CASE NO. 3

AGE: 74 SEX: F RACE: Caucasian

ACCESSION NO. 14879

CONTRIBUTOR: M. L. Bassis, M D.
Kaiser Foundation Hospital
San Francisco, Calif. 94115

OUTSIDE NO. SF 66-1915

TISSUE FROM: Parotid

CLINICAL ABSTRACT:

History: Patient had noted a mass in the area of the left parotid gland for about four years and stated that it had not changed in size.

SURGERY:

Excision of mass, left parotid gland, March 4, 1966.

GROSS PATHOLOGY:

Specimen consisted of a superficial lobe of the parotid gland weighing 30 grams, measuring 7 x 5 x 1 cm. in greatest dimension. At one pole of the parotid gland was a well-circumscribed tumor measuring 4 x 3 cm., presenting for the most part a bright yellow surface reminiscent of adult fat with scattered areas having a glistening gray suggesting mucoid-rich appearance. The surrounding gland had a normal tan lobular appearance.

FOLLOW UP:

Not available.

NAME: J. B. M.

JUNE 1969 - CASE NO. 4

AGE: 59 SEX: M RACE: Caucasian

ACCESSION NO. 14936

CONTRIBUTOR: W. R. Fischer, M.D.
Richards-Fischer Medical Labs.
Anaheim, Calif. 92804

OUTSIDE NO. G-950-66

TISSUE FROM: Parotid

CLINICAL ABSTRACT:

History: Patient was admitted to the hospital in April 1966 with a 15-year history of a mass in the region of the left parotid. He had been followed for the previous three years, during which time it had slowly enlarged. This was not painful; there was no problem involving swallowing or chewing nor paralysis. Patient had been under tranquilizers for depression and mental problems. The only relevant physical finding was that of the 6 x 4 x 2 cm. rubbery rigidly attached mass of the left parotid.

SURGERY:

Dissection of left parotid and facial nerve, April 27, 1966.

GROSS PATHOLOGY:

Specimen consisted of a 44 gram, 9 x 4.5 x 2.5 cm. discrete encapsulated nodular soft tissue tumor which on sectioning extruded abundant thick "purulent" tan-brown fluid throughout the specimen and two other smaller similar masses. Cut surface presented tan papillary areas throughout with areas of hemorrhage and was of a rubbery firm consistency.

FOLLOW UP:

When last examined there was no recurrence of tumor. Patient expired September 11, 1968 of a heart attack. No autopsy performed.

NAME: E. I.

JUNE 1969 - CASE NO. 5

AGE: 75 SEX: M RACE: Caucasian

ACCESSION NO. 15070

CONTRIBUTOR: M. L. Bassis, M.D.
Kaiser Foundation Hospital
San Francisco, Calif. 94115

OUTSIDE NO. SF 64-6433

TISSUE FROM: Parotid

CLINICAL ABSTRACT:

History: Patient's chief complaint was a lump behind the right ear for a week. Examination revealed a 0.5 x 1.0 cm. firm node behind the ramus of the right mandible with the overlying skin freely movable. The lesion was nontender and seemed partly fixed to the underlying tissues. Patient also had an otitis externa and was treated with Neocortif ointment. In three weeks the right ear was asymptomatic but the lump behind the jaw remained. Patient was scheduled for parotidectomy and removal of tumor.

SURGERY:

Parotidectomy with excision of tumor, July 31, 1964.

GROSS PATHOLOGY:

Specimen consisted of a parotid gland measuring 5 x 3 x 1 cm. containing a nodule having a glistening gray cut surface measuring 0.6 cm. in diameter.

FOLLOW UP:

Patient was readmitted three months later with a history of 20-pound weight loss. Examination revealed a 14 x 12 cm. nontender left upper quadrant mass. Radiographs were negative as far as delineating origin of tumor. On November 4, 1964 he was found to have an unresectable tumor of small bowel mesentery. Specimen was a reticulum cell sarcoma of the mesentery. He was discharged and given postoperative radiation. On February 17, 1965 he was again admitted for severe diarrhea which was thought to be probably secondary to radiation reaction of the bowel, and subsided gradually. Barium enema series revealed no obstruction or encroachment on the gastrointestinal tract by tumor.

NAME: M. O.

JUNE 1969 - CASE NO. 6

AGE: 39 SEX: M RACE: Caucasian

ACCESSION NO. 15490

CONTRIBUTOR: P. R. Thompson, M.D.
St. Luke Hospital
Pasadena, Calif. 91107

OUTSIDE NO. 2509-66

TISSUE FROM: Submaxillary gland

CLINICAL ABSTRACT:

History: Patient was admitted October 16, 1966 with a history of a firm nontender mass under the right mandible. He thought it followed a sore throat about two months previously. This enlargement was not stimulated by food. No abnormality of the duct was noted; no salivary calculus was noted on examination or radiograph.

SURGERY:

Excision, right submaxillary gland, October 17, 1966. Findings revealed a large lobulated tumor within the gland which in some areas was quite firm. There were enlarged lymph nodes at the periphery of this salivary gland but the gland was easily separated from adjacent structures; there was no evidence of tumor extension.

GROSS PATHOLOGY:

Specimen consisted of a submaxillary gland weighing 46.5 grams. In the anterior half there was a well-circumscribed area firmer than the other portion of the gland and lacked the usual lobular markings. On section this had the appearance of a ripe pear with areas that were translucent, bluish-white, with an occasional white fleck. Two enlarged lymph nodes were present, one of which was 2 x 1 x 1 cm., the other 1.5 x 0.8 x 1 cm. The larger had a suspicious tan area in the medulla. The normal portion of submaxillary gland was coarsely lobulated, light tan, and the tumor was well demarcated from the normal gland. Separately submitted were two additional tissue fragments stated to be submaxillary gland. (Lymph nodes were microscopically uninvolved by tumor.)

FOLLOW UP:

Patient was seen by his attending physician in April 1969 who stated progress was fine.

NAME: E. C.

JUNE 1969 - CASE NO. 7

AGE: 51 SEX: F CAUCASIAN

ACCESSION NO. 15276

CONTRIBUTOR: M. L. Bassis, M.D.
Kaiser Foundation Hospital
San Francisco, Calif. 94115

OUTSIDE NO. SF 66-6920

TISSUE FROM: Submaxillary gland

CLINICAL ABSTRACT:

History: Patient had a painless swelling in the right submaxillary region for about five years, with gradual enlargement during the two years before surgery August 9, 1966. At that time the entire submaxillary gland appeared to be involved by smooth encapsulated tumor.

SURGERY:

Excision of submaxillary gland and nodes, August 9, 1966.

GROSS PATHOLOGY:

Specimen consisted of a submaxillary gland measuring 5 x 3.5 x 3 cm. containing a very well-defined pale yellow-tan 2 cm. diameter tumor. Tumor was entirely homogeneous and did not appear to invade into the surrounding normal submaxillary gland. Two unremarkable nodes were present in the surrounding fat.

FOLLOW UP:

Not available.

NAME: J. H.

JUNE 1969 - CASE NO. 8

AGE: 72 SEX: F RACE: Caucasian

ACCESSION NO. 11540

CONTRIBUTOR: E. F. Ducey, M.D.
Community Memorial Hospital
Ventura, Calif. 93003

OUTSIDE NO. 61-101

TISSUE FROM: Parotid

CLINICAL ABSTRACT:

History: Patient had noted a swelling below the right ear for several months. She visited a dentist who considered the swelling to represent focal adenopathy due to chronically infected teeth, but when the swelling continued to enlarge after dental infection had cleared, she was referred to a surgeon who advised exploration. Tumor was resected January 3, 1961.

SURGERY:

Radical neck dissection, January 4, 1961.

GROSS PATHOLOGY:

Resected tumor was an oval portion of tissue 32 x 20 mm. showing distinct surface lobulations suggesting salivary gland partly covered by scraps of fat. Cut sections revealed a dense central area that cut with gritty consistency and had a variegated color with a peripheral zone of lobulated tissue resembling gland. Several cysts up to 3 mm. containing mucoid yellow or colorless fluid were present within the sense area and on its periphery. Definite tumor could not be demonstrated grossly, but was seen on microsection.

Specimen from the radical neck dissection was a triangular plaque of mixed tissue 20 x 11 cm. and 3 cm. in maximum thickness, in which numerous anatomic structures from the neck area were recognized, including portions of parotid gland at the upper angle of the mass, external jugular vein, belly of sternomastoid muscle and portions of smaller strap muscles, plus a discrete portion of salivary gland 30 x 38 mm., situated slightly below and mesial from parotid tissue, evidently representing submaxillary gland. Parotid tissue was quite irregular and partly covered superficially by a ring of skin 36 mm. in diameter, evidently representing a previous biopsy, with several sutures attaching the skin margins to the subjacent tissue. Glandular tissue beneath this area was somewhat indurated and congested on cut section, but no neoplasm was identified. A discrete ovoid structure 12 mm. in greatest dimension and five discrete lymph nodes up to 5 mm. in dimension were found in the vicinity of the parotid tissue, which on cut section were uniformly pink, soft, suggesting marked engorgement. The distal two-thirds of the specimen was entirely free of enlarged lymph nodes.

FOLLOW UP:

The patient expired September 12, 1965 due to CVA. Her history revealed no apparent further complications of the lesion.

NAME: A. O.

JUNE 1969 - CASE NO. 9

AGE: 68 SEX: F

ACCESSION NO. 17912

CONTRIBUTOR: S. K. Wong, M.D.
H. C. Upham, M.D.
Presbyterian Intercommunity Hospital
Whittier, Calif. 90602

OUTSIDE NO. 3379-68

TISSUE FROM: Submaxillary gland

CLINICAL ABSTRACT:

History: Patient was admitted December 10, 1968 with a history of swelling of the right submaxillary gland for six weeks. Growth of gland increased more rapidly before admission. There was no pain or fever. Radiographs did not show evidence of calculi.

SURGERY:

Excision of mass, right submaxillary gland, December 11, 1968.

GROSS PATHOLOGY:

The mass measured 5.5 x 4 x 2.8 cm. in greatest dimension. On cut section the tumor was hemorrhagic with areas of extensive necrosis. The tumor was not encapsulated and extended into the submaxillary gland which was made up of uniform bright yellow lobules.

FOLLOW UP:

Site of surgery was treated with cobalt. On February 11, 1969, patient noticed a hard lump in the right groin, with no pain. The inguinal mass was removed and consisted of several large soft fleshy lymph nodes, some of which were hemorrhagic, the largest measuring up to 5.6 x 4.5 x 3.1 cm. No other nodes were palpable. Radiographs of the chest were negative. Patient was again examined April 8, 1969 and numerous other enlarged nodes were discovered. There was one in the right lower neck in the supraclavicular region and another in the left axillary area. There were many nodular swellings in the left inguinal area with edema of the left lower extremity. The liver was also palpable. Patient has been started on Leukeran.

NAME: M. F.

JUNE 1969 - CASE NO. 10

AGE: 54 SEX: F RACE: Caucasian

ACCESSION NO. 11608

CONTRIBUTOR: C. J. McCammon, M.D.
Desert Hospital
Palm Springs, Calif. 92262

OUTSIDE NO. 61-1033

TISSUE FROM: Parotid gland

CLINICAL ABSTRACT:

History: Patient had noted a firm, discrete mass in the region of the angle of the right jaw for about two to three years. In April 1961 she was seen by a surgeon who noted the lesion to be approximately 2 cm. in diameter, in the region of the lower superficial pole of the right parotid gland. Needle biopsy was attempted but only normal parotid gland tissue was obtained. In May 1961 the lesion seemed to have increased to about 3 cm. in diameter. There was no pain nor evidence of nerve involvement.

SURGERY:

Excision of lesion with cuff of surrounding parotid gland, May 26, 1961.

GROSS PATHOLOGY:

The specimen measured 5 x 4 x 3 cm. and external surfaces were covered with numerous fatty tags. On cut surface, parotid gland tissue was largely replaced by tumor which measured 3 cm. in diameter, central portion of which had a cystic space measuring 1.8 cm. in diameter, lined by ragged friable tissue. In other areas, tumor was made up of soft, glistening white tissue which appeared to contain areas of recent hemorrhage.

FOLLOW UP:

Further studies on the patient revealed probable cirrhosis of liver with a history of moderately heavy intake of alcohol. Following surgery there was persistent minimal bloody drainage from the surgical site, which subsided. Patient was seen in March 1969 by her local physician; she was in good health with no evidence of recurrence of the parotid gland tumor.

NAME: D. T. M.

JUNE 1969 - CASE NO. 11

AGE: 19 SEX: M

ACCESSION NO. 13625

CONTRIBUTOR: S. J. Lloyd, M.D.
Chula Vista Community Hospital
Chula Vista, Calif. 92010

OUTSIDE NO. CV353-64

TISSUE FROM: Parotid gland

CLINICAL ABSTRACT:

History: Patient was admitted to the hospital March 1, 1964 with the complaint of a mass on the right side of the face, noted for the first time about two months before admission. The mass was 2.0 x 2.0 cm. located anterior and inferior to the right ear and associated with slight inflammatory change. It had progressively increased in size and was not firmly fixed to any surrounding tissue other than to the parotid gland itself. There was no significant cervical adenopathy. Patient had a history of rheumatic heart disease as a child, but no physiologic problems and was taking penicillin prophylactically. On admission, there was a 4 to 5 cm. ovoid firm mass in the tail of the right parotid gland. Mass moved but was attached to the parotid gland; no skin changes were present.

SURGERY:

Excision of tumor, right parotid, March 2, 1964.

GROSS PATHOLOGY:

Specimen consisted of a large oval rounded tissue mass weighing 27 grams, measuring 5.0 x 4.5 x 3.7 cm. Cut section presented a large encapsulated tumor measuring 4.5 x 3.2 x 2.7 cm. Stroma was composed of dark red-brown congested soft fibrous tissue. Cut surface was moist. Surrounding capsule was thin, fibrous, intact, and surrounded by a patchy thin layer of lobulated gray-tan parotid gland tissue.

FOLLOW UP:

Since surgery, the tumor recurred three times and excised each time: July 16, 1964; September 23, 1964, when a radical neck dissection was done on the right side and two tumor masses were present in the tissue, but no evidence of metastasis; and January 15, 1965. Specimen from this latter surgery weighed 32 grams, measured 6.0 x 4.0 x 2.0 cm. and on section showed two adjacent, discrete masses. One measured 3.0 cm. and the smaller 2.5 cm. in greatest diameter. Stroma was red-brown in color, of soft consistency, and identical with the previously excised tumors.

NAME: E. B.

JUNE 1969 - CASE NO. 12

AGE: 79 SEX: F RACE: Caucasian

ACCESSION NO. 12456

CONTRIBUTOR: G. E. Biskind, M.D.
Mt. Zion Hospital & Medical Center
San Francisco, Calif. 94115

OUTSIDE NO. S62-2566

TISSUE FROM: Parotid gland

CLINICAL ABSTRACT:

History: In January 1962 patient first noticed a small mass on the right side of her face in front of her ear. The mass grew rapidly between April and July, by which time it was somewhat tender and associated with pain on turning the head to the right.

SURGERY:

Excision of parotid tumor, July 25, 1962.

GROSS PATHOLOGY:

Specimen consisted of a roughly ovoid mass measuring 7.2 x 5.1 x 4.5 cm., weighing 89 grams. On section, greater part of the mass was composed of yellow fleshy tissue that was moderately firm. At one aspect it had a cystic appearance, many of the spaces being filled with clotted blood. There were other areas in which the yellow tumor showed foci of hemorrhage. The outer surface of the tumor was covered by a fibrous capsule through which multinodularity was seen. The nodules varied from 1 to 3 cm. No recognizable landmarks were seen on the outer surface.

FOLLOW UP:

Patient was again seen in October 1968 for cardiovascular disease. Examination at that time revealed no evidence of recurrence of her parotid tumor.

STUDY GROUP CASES

for

JUNE 1969

SALIVARY GLAND TUMORS

CASE NO. 1, ACCESSION NO. 14803, J. Kosek, M.D., Contributor

LOS ANGELES:

Malignant mixed tumor--2
Mucus-cell adenocarcinoma associated with benign mixed tumor--8

SAN FRANCISCO:

Malignant mixed tumor--5
Mucoepidermoid carcinoma--6

CENTRAL VALLEY:

Malignant mixed tumor--4	Ductal adenocarcinoma--2
Benign mixed tumor--3	Ductal cystadenoma--1
Mucoepidermoid carcinoma--3	Don't know--2

OAKLAND:

Mucoepidermoid tumor--6
Mixed tumor--3

WEST LOS ANGELES:

Papillary carcinoma--3
Malignant mixed tumor--3

ORANGE COUNTY:

(Not received)

SAN DIEGO:

(Not received)

INLAND (SAN BERNARDINO):

Malignant mixed tumor--4
Mucoepidermoid carcinoma--2

SOUTH BAY (SANTA CLARA):

Adenocarcinoma--4
Mucoepidermoid carcinoma--3
Malignant mixed tumor--1

FILE DIAGNOSIS: 1) Mucoepidermoid carcinoma, salivary gland	1421-8433
2) Malignant mixed tumor, salivary gland	1421-8943

JUNE 1969

SALIVARY GLAND TUMORS

CASE NO. 2, ACCESSION NO. 14336, W. K. Bullock, M.D., Contributor

LOS ANGELES:

Mixed tumor, myoepithelial type, benign--6

Mixed tumor, salivary type--4

SAN FRANCISCO:

Benign mixed tumor with spindle cell overgrowth--12

CENTRAL VALLEY:

Mixed tumor--12

Schwannoma--3

OAKLAND:

Mixed tumor--9

WEST LOS ANGELES:

Cellular mixed tumor--6

ORANGE COUNTY:

(Not received)

SAN DIEGO:

(Not received)

INLAND (SAN BERNARDINO):

Mixed tumor--6

SOUTH BAY (SANTA CLARA):

Benign mixed tumor, spindle cell pattern--8

FILE DIAGNOSIS: Mixed tumor, benign, parotid

1420-8940

JUNE 1969

SALIVARY GLAND TUMORS

CASE NO. 3, ACCESSION NO. 14879, M. L. Bassis, M. D.

LOS ANGELES:

Mixed tumor--10

SAN FRANCISCO:

Benign mixed tumor--3

Myxoid liposarcoma--2

Benign mixed tumor with adipose component--7

CENTRAL VALLEY:

Benign mixed tumor--14

Neurilemmoma--1

OAKLAND:

Mixed tumor--9

WEST LOS ANGELES:

Mixed tumor--6

ORANGE COUNTY:

(Not received)

SAN DIEGO:

(Not received)

INLAND (SAN BERNARDINO):

Mixed tumor (with adipose tissue)--6

SOUTH BAY (SANTA CLARA):

Mixed tumor--6

Liposarcoma--2

FILE DIAGNOSIS: Mixed tumor, parotid

1420-8940

JUNE 1969

SALIVARY GLAND TUMORS

CASE NO. 4, ACCESSION NO. 14936, W. R. Fischer, M.D., Contributor

LOS ANGELES:

Warthin's tumor--10

SAN FRANCISCO:

Warthin's tumor--12

CENTRAL VALLEY:

Warthin's cystadenoma lymphomatosum--15

OAKLAND:

Warthin's tumor--9

WEST LOS ANGELES:

Warthin's papillary cystadenoma lymphomatosum--6

ORANGE COUNTY:

(Not received)

SAN DIEGO:

(Not received)

INLAND (SAN BERNARDINO):

Warthin's tumor--6

SOUTH BAY (SANTA CLARA):

Warthin's tumor--8

FILE DIAGNOSIS: Warthin's tumor, parotid

1420-8560

JUNE 1969

SALIVARY GLAND TUMORS

CASE NO. 5, ACCESSION NO. 15070, M. L. Bassis, M.D., Contributor

LOS ANGELES:

Malignant lymphoma, nodular, poorly differentiated--10

SAN FRANCISCO:

Lymphosarcoma, submaxillary gland--12

CENTRAL VALLEY:

Histiocytic lymphoma--13
Giant follicular lymphoma--1
Small cell carcinoma--1

OAKLAND:

Malignant lymphoma--8
Benign lymphocytic infiltrate--1

WEST LOS ANGELES:

Malignant lymphoma--6

ORANGE COUNTY:

(Not received)

SAN DIEGO:

(Not received)

INLAND (SAN BERNARDINO):

Reticulum cell sarcoma--3
Nodular reticulum cell sarcoma--1
Lymphocytic lymphosarcoma--1
Lymphoepithelial tumor--1

SOUTH BAY (SANTA CLARA):

Malignant lymphoma, mixed lymphocytic and histiocytic--6
Malignant lymphoma, lymphocytic, poorly differentiated, nodular--2

FILE DIAGNOSIS: 1) Lymphoma, malignant, parotid 1420-9593
2) Lymphoma, histiocytic, parotid 1420-9643
3) Lymphoma, lymphocytic, parotid 1420-9623

JUNE 1969

SALIVARY GLAND TUMORS

CASE NO. 6, ACCESSION NO. 15490, P. R. Thompson, Contributor

LOS ANGELES:

Adenoid cystic carcinoma--10

SAN FRANCISCO:

Adenoid cystic carcinoma--12

CENTRAL VALLEY:

Adenoid cystic carcinoma--15

OAKLAND:

Mixed tumor (benign cylindroid type)--1
Cylindroma (adenoid cystic carcinoma)--8

WEST LOS ANGELES:

Adenoid cystic carcinoma--6

ORANGE COUNTY:

(Not received)

SAN DIEGO:

(Not received)

INLAND (SAN BERNARDINO):

Adenoid cystic carcinoma--6

SOUTH BAY (SANTA CLARA):

Adenoid cystic carcinoma--6

FILE DIAGNOSIS: Adenoid cystic carcinoma, submaxillary gland 1421-8203

JUNE 1969

SALIVARY GLAND TUMORS

CASE NO. 7, ACCESSION NO. 15276, M L. Bassis, M.D., Contributor

LOS ANGELES:

Cellular mixed tumor--10

SAN FRANCISCO:

Benign mixed tumor--7
Malignant mixed tumor--1
Cellular mixed tumor--4

CENTRAL VALLEY:

Mixed tumor--12
Adenoid cystic carcinoma--3

OAKLAND:

Cellular mixed tumor--9

WEST LOS ANGELES:

Benign mixed tumor--6

ORANGE COUNTY:

(Not received)

SAN DIEGO:

(Not received)

INLAND (SAN BERNARDINO):

Cellular mixed tumor--6

SOUTH BAY (SANTA CLARA):

Benign mixed tumor--8

FILE DIAGNOSIS: Mixed tumor (cellular), benign, submaxillary gland

1421-8940

JUNE 1969

SALIVARY GLAND TUMORS

CASE NO 8, 11540, E. F. Ducey, M.D., Contributor

LOS ANGELES:

Mucoepidermoid carcinoma--10

SAN FRANCISCO:

Adenocarcinoma, ductal type--3
Mucoepidermoid carcinoma--7

CENTRAL VALLEY:

Mucoepidermoid carcinoma--11
Acinic cell carcinoma--1
Sclerosing sialadenitis--3

OAKLAND:

Mucoepidermoid carcinoma--8
Adenocarcinoma--1

WEST LOS ANGELES:

Mucoepidermoid carcinoma--4
Adenocarcinoma--1
Malignant mixed tumor--1

ORANGE COUNTY:

(Not received)

SAN DIEGO:

(Not received)

INLAND (SAN BERNARDINO)

Mucoepidermoid carcinoma--6

SOUTH BAY (SANTA CLARA):

Mucoepidermoid carcinoma--7
Papillary adenocarcinoma--1

FILE DIAGNOSIS: Mucoepidermoid carcinoma, parotid

. 1420-8433

JUNE 1969

SALIVARY GLAND TUMORS

CASE NO. 9, ACCESSION NO. 17912, S. K. Wong, M.D. and H. C. Uphan, M.D.,
Contributors

LOS ANGELES:

Reticulum cell sarcoma--10

SAN FRANCISCO:

Reticulum cell sarcoma--12

CENTRAL VALLEY:

Undifferentiated carcinoma--7

Histiocytic lymphoma--8

OAKLAND:

Angiosarcoma--6

Reticulum cell sarcoma--4

WEST LOS ANGELES:

Reticulum cell sarcoma--6

ORANGE COUNTY:

(Not received)

SAN DIEGO:

(Not received)

INLAND (SAN BERNARDINO):

Reticulum cell sarcoma--6

SOUTH BAY (SANTA CLARA):

Malignant lymphoma, histiocytic type--5

Acinic cell carcinoma--1

Anaplastic carcinoma--1

Mucinous carcinoma--1

FILE DIAGNOSIS: Reticulum cell sarcoma, submaxillary gland 1421-9643

JUNE 1969

SALIVARY GLAND TUMORS

CASE NO. 10, ACCESSION NO. 11608, C. J. McCammon, M.D., Contributor

LOS ANGELES:

Mixed tumor, cystic--10

SAN FRANCISCO:

Acinic cell carcinoma--1

Benign mixed tumor--8

Malignant mixed tumor, low grade--1

CENTRAL VALLEY:

Mixed tumor--7

Acinic cell carcinoma--3

Hemangiopericytoma--2

No vote--3

OAKLAND:

Glomangioma--6

Acinic cell carcinoma--1

Mixed tumor--2

WEST LOS ANGELES:

Mixed tumor--5

Hemangiopericytoma--1

ORANGE COUNTY:

(Not received)

SAN DIEGO:

(Not received)

INLAND (SAN BERNARDINO):

Mixed tumor--6

SOUTH BAY (SANTA CLARA):

Benign mixed tumor--7

Acinic cell carcinoma--1

FILE DIAGNOSIS: Mixed tumor, parotid

1420-8940

JUNE 1969

SALIVARY GLAND TUMORS

CASE NO. 11, ACCESSION NO. 13625, S. J. Lloyd, M.D., Contributor

LOS ANGELES:

Acinic cell carcinoma--10

SAN FRANCISCO:

Acinic cell carcinoma--9

Malignant melanoma--2

CENTRAL VALLEY:

Acinic cell carcinoma--9

Malignant melanoma--1

No vote--1

OAKLAND:

Undifferentiated clear cell carcinoma--6

Acinic cell carcinoma--4

WEST LOS ANGELES:

Acinic cell carcinoma--5

Clear cell adenocarcinoma--1

ORANGE COUNTY:

(Not received)

SAN DIEGO:

(Not received)

INLAND (SAN BERNARDINO):

Acinic cell carcinoma--6

SOUTH BAY (SANTA CLARA):

Malignant melanoma--8

FILE DIAGNOSIS: Acinic cell carcinoma, parotid

1420-8553

JUNE 1969

SALIVARY GLAND TUMORS

CASE 12, ACCESSION NO. 12456, G. E. Biskind, M.D., Contributor

LOS ANGELES:

Acinic cell carcinoma--8
Mixed tumor--2

SAN FRANCISCO:

Acinic cell carcinoma--6
Cellular mixed tumor--4

CENTRAL VALLEY:

Acinic cell carcinoma with trabecular pattern--10
Mixed tumor--3
Mucoepidermoid tumor--1
No vote--1

OAKLAND:

Mixed tumor (cylindromatous)--5
Glomus tumor--1
Acinic cell carcinoma--4

WEST LOS ANGELES:

Mixed tumor--6

ORANGE COUNTY:

(Not received)

SAN DIEGO:

(Not received)

INLAND (SAN BERNARDINO):

Adenocarcinoma--4
Acinic cell carcinoma--1
Adenoid cystic carcinoma--1

SOUTH BAY (SANTA CLARA):

Mixed tumor--4 Acinic cell carcinoma--1
Oxyphil adenoma--2 Adenocarcinoma--1

FILE DIAGNOSIS: Acinic cell carcinoma, parotid
Mixed tumor, parotid

1420-8553
1420-8940