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CALIFORNIA TUMOR TISSUE REGISTRY

LOS ANGELES COUNTY - UNIVERSITY OF SOUTHERN CALIFORNIA MEDICAL CENTER

PROTOCOL

for

MONTHLY SLIDES

SEPTEMBER 1969

BLADDER AND PROSTATIC TUMORS

* * * * * * * * * *

NAME: B. W.

SEPTEMBER 1969 - CASE NO. 1

AGE: 72 SEX: M RACE: Caucasian

ACCESSION NO. 15561

CONTRIBUTOR: W. H. Davis, M.D.
Burbank Community Hospital
Burbank, Calif. 91501

OUTSIDE NO. 270-67-CV

TISSUE FROM: Bladder

CLINICAL ABSTRACT:

History: Patient had an episode of hematuria and urinary retention in January 1965, followed by an intravenous pyelogram and cystoscopy which demonstrated a diverticulum above the right ureteral orifice, but no obvious cause for the bleeding. He was lost to follow-up until another episode of severe hematuria in March 1967. Repeat intravenous pyelogram revealed a defect in the area of the previously described diverticulum, producing marked bladder deformity. Cystoscopy under anesthesia revealed a sessile growth at the site of the diverticulum, which was biopsied and the base fulgurated. This was reported to be an anaplastic carcinoma.

SURGERY:

Trans-abdominal resection of a well-circumscribed mass occupying the lumen of the previously noted diverticulum (March 8, 1967).

GROSS PATHOLOGY:

Specimen consisted of a 6.0 x 4.0 x 3.5 cm., partly sectioned mass of friable, tan-white tumor tissue, most of which was encompassed by a sac-like structure with smooth lining. The tumor was attached in an area measuring about 2.0 x 1.0 cm., and from this point of attachment sections showed apparent extension into pericystic adipose tissue.

FOLLOW-UP:

Postoperatively, patient developed a myocardial infarction from which he apparently recuperated. It was planned to refer him for $Cobalt^{60}$ teletherapy. No other follow-up noted since that time.

NAME: W. C. W.

SEPTEMBER 1969 - CASE NO. 2

AGE: 50 SEX: M RACE: Caucasian

ACCESSION NO. 12220

CONTRIBUTOR: J. J. Gilrane, M.D.
St. Luke Hospital
Pasadena, Calif. 91107

OUTSIDE NO. 2970-61

TISSUE FROM: Prostate

CLINICAL ABSTRACT:

History: Patient had complained of acute retention in May 1961 and was advised to have a prostatic biopsy. He felt fairly well and did not return until October 1961 when he experienced acute retention. A Silverman needle biopsy at this time showed neoplasm of the prostate. Acid phosphatase was normal; radiographs of spine and pelvis were negative.

SURGERY:

Total prostatectomy; bilateral orchiectomy (November 10, 1961).

GROSS PATHOLOGY:

Specimen consisted of the entire prostate gland to which were attached the seminal vesicles, weighing 77 grams. Prostatic portion measured 6 x 4 x 3 cm. Sectioned surfaces showed an enlarged gland composed of semitranslucent grayish and yellowish tissue. The channels of the seminal vesicles were markedly dilated and filled with a clear viscid thin fluid.

FOLLOW-UP:

Postoperatively, patient's clinical condition improved, although he apparently developed symptoms of mental disturbance which gradually cleared up in about a month when he was seen by his attending physician. In August 1962 patient returned to work as a bus driver. He was not seen until October 1963 when he complained of some bleeding and the bladder neck was dilated. Ten months later, July 1964, patient was again seen in consultation, with the diagnosis of metastasis to the pelvis. In August he returned with the complaint of "nerve pains." In September he developed a urinary infection. Patient continued to be seen at intervals and in December 1964 he complained of discomfort and much weakness. He was followed periodically until July 25, 1966, when he expired at home; no autopsy was performed.

NAME: T. J. F. SEPTEMBER 1969 - CASE NO. 3

AGE: - SEX: M RACE: - ACCESSION NO. 7788

CONTRIBUTOR: W. W. Hall, M.D.
(H. V. O'Connell, M.D.)
Mercy Hospital
Bakersfield, Calif. 93301

OUTSIDE NO. M-230-55

TISSUE FROM: Prostate

History: Patient had a transurethral resection February 1954, reported on biopsy as a benign adenomatous hypertrophy with some chronic prostatitis. In January 1955 a subcutaneous, freely movable mass was noted in the right inguinal region, regarded as a lymph node.

SURGERY:

Removal of lymph node.

GROSS PATHOLOGY:

Lymph node measured 4.0 x 2.5 x 2.0 cm., had a very thin capsule, and cut surface was pink and cellular. Sections showed the mass to be solidly neoplastic, reproducing glandular structures and sheets of cells with a good deal of nuclear irregularity, hyperchromatism, and mitoses. Some of the glandular spaces appeared to show cilia on the free surfaces of the cells.

FOLLOW-UP:

Because of the marked anaplasia and some variation in pattern of the growth, testicular tumor was suspected. After discussing the case with Urologists, chest radiographs were taken and patient reexamined. Report was that there was no abnormality of testes but the prostate appeared large, hard, clinically neoplasm. Tissue from the previous transurethral resection (M-277-54) was then reprocessed, and in a single fragment of tissue, a focus of carcinoma was found.

Patient was last seen November 1955 and deceased shortly thereafter. No known autopsy was performed.

NAME: J. Z. SEPTEMBER 1969 - CASE NO. 4

AGE: 75 SEX: M RACE: Caucasian ACCESSION NO. 17911

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

OUTSIDE NO. 69-548

TISSUE FROM: Bladder

CLINICAL ABSTRACT:

History: Patient was admitted January 1969 with the diagnosis of prostatism and a history of a large obstructing prostate gland which for several months had caused frequency, urgency, and dribbling. Cystoscopic examination revealed the urinary bladder to be large and trabeculated; epithelial surfaces appeared to be intact at the time of the cystoscopy.

SURGERY:

Abdominal exploration (January 27, 1969). Bladder was found to be large and diffusely thickened; no evidence of t mor found within the abdominal cavity. Frozen section taken through the wall of the urinary bladder revealed malignant tumor. Radical cystectomy with prostato-seminal-vesiculectomy was then performed. Bilateral uretero-ileostomy was done later.

GROSS DESCRIPTION:

Specimen consisted of a totally excised urinary bladder and prostate gland in continuity, measuring 11 x 8 x 7 cm.; external surfaces were covered with smooth serosa or fibrofatty tissue in which no gross tumor was identified. In the dome of the bladder was a surgical defect measuring 2 cm. in greatest dimension. Also attached to the posterior surface of the specimen were portions of the right and left seminal vesicles. The epithelial surfaces of the urinary bladder appeared grossly intact and covered with glistening, somewhat wrinkled, hemorrhagic epithelium. The wall of the bladder was grossly thickened throughout, measuring up to 1.5 cm. Frozen section was taken through the wall and found to contain poorly differentiated tumor consistent with a primary of the urinary bladder. There was a nodular projection of the medial lobe of the prostate into the region of the urinary bladder neck. This mass had a smooth surface and measured 1.5 cm. in diameter.

The prostate gland measured 6 cm. in diameter and cut surfaces were nodular. Frozen sections taken through both lateral lobes of the prostate gland revealed prostatic tissue to be benign in appearance. Segments of attached ureters were traced with ease into the ureterovesicle junctions. Their epithelial surfaces were intact and smooth. Ureteral segments were not grossly remarkable. Seminal vesicle tissue was not grossly infiltrated with tumor.

FOLLOW-UP:

As of July 1969 patient was in excellent health. His ileal bladder was functioning well and he had gained 20 pounds since surgery. There was no evidence of residual or metastatic malignancy.

NAME: D. E. B. SEPTEMBER 1969 - CASE NO. 5

AGE: 60 SEX: M RACE: Caucasian ACCESSION NO. ~~8885~~ 883

CONTRIBUTOR: Reuben Straus, M.D. OUTSIDE NO. C-2178-55
St. Joseph Hospital, Burbank 91503
John R. McGrath, M.D.
Centinella Valley Community Hospital
Inglewood, Calif. 90301

TISSUE FROM: Prostate

CLINICAL ABSTRACT:

History: Patient was first seen in July 1955 with a history of progressive "urinary difficulty" for three years, with a small stream and nocturia times 7. No bladder pain, back pain, or hematuria noted. He had been on a rigid diet, with a weight loss of 36 pounds (212 to 176 pounds). Patient's recollection of family history was that he thought both parents died of cancer. Physical examination was essentially normal except for a greatly enlarged, firm, not-hard right lobe of the prostate; the left lobe was small.

Laboratory: Urinalysis, cloudy, straw, acid; albumin negative; sugar negative; acetone negative; 1 to 2 WBC/HPD.

SURGERY:

Bilateral vasectomy.

GROSS PATHOLOGY:

Specimen consisted of a 65 gram prostate which was largely covered by a capsule. It was lobular, rubbery firm, and on cut section revealed an approximately 1.0 x 0.5 x 0.5 cm. irregular hardened area. Elsewhere the surface was lobular, finely cystic, white to pinkish. With the specimen was a 3 x 3 x 1 cm. collection of very soft velvety pink-yellowish tissue. Received later was a specimen consisting of four pieces of rubbery nodular tissue measuring from 0.8 to 2.5 cm. in diameter; surface on cut section was pink, lobular, and finely cystic. Also submitted were two tough white tubular structures, vas deferans, measuring from 0.3 to 0.5 cm. in length, 0.2 cm. in diameter.

FOLLOW-UP:

Patient was again seen in October 1959 with the complaint of obstructive urinary symptoms. At that time, two "baseball-size" tumor masses were "enucleated" from the prostate. Histologically, these were diagnosed as a low-grade malignant neoplasm. Patient continued uneventfully until about July 1961, when he developed palpable masses in the abdominal wall and was given radiation therapy. On examination in November 1961 the masses in the abdominal wall were described as being possibly larger than when previously examined. Patient moved away from the local county at this time to another community, where he was given another course of radiation therapy. A year later, November 1962, he expired; no record of an autopsy having been done.

NAME: M. R. SEPTEMBER 1969 - CASE NO. 6

AGE: 74 SEX: M ACCESSION NO. 15374

CONTRIBUTOR: R. H. Fuller, M.D.
St. Mary's Hospital
Tucson, Arizona 85703

OUTSIDE NO. S-66-3057A

TISSUE FROM: Prostate

CLINICAL ABSTRACT:

History: Patient was first seen in December 1966 for urinary retention. A catheter was inserted and 800 mls. of urine removed; indwelling catheter was left in for several days and on removal patient again went into urinary retention. He had had a suprapubic prostatectomy about 15 years previously but had denied until this time voiding symptoms.

On physical examination, patient had a palpable abdominal mass, also palpable rectally. Laboratory work showed normal acid phosphatase, normal limits for blood chemistries and other blood values. Radiographs showed mild ureterectasis; bladder was enormous and a large mass seen both by IVP and cystogram. Bladder appeared to be almost completely occupied by the mass.

SURGERY: Exploratory laparotomy (December 12, 1966)

Tumor appeared entirely confined to the bladder, which was incised and revealed what appeared to be an enormous middle lobe of prostate that was removed by incising through bladder floor. It shelled out. There was no evidence of lateral lobe hypertrophy.

GROSS PATHOLOGY:

Specimen identified as "prostate" weighed about 700 grams, was white, with rather uniform appearance on cross section. Three tumors were present, measuring 2.4, 4.0, and 13.0 cm. in greatest dimension. Each of the two smaller was somewhat kidney shaped; the largest was somewhat egg-shaped. The masses had relatively smooth surfaces and appeared as though they might have been readily enucleated. Each was made up of rubbery tissue that appeared fibrous and had considerable color variation of shades of yellow. Also submitted was an irregularly-shaped thin fibrous membrane, presented as "hernia sac," measuring 14 cm. and had one relatively smooth pale surface presumably covered with mesothelium.

FOLLOW-UP:

A brief note from the attending Urologist states that the patient was last seen February 28, 1967 and has not returned to date.

NAME: W. C. M.

SEPTEMBER 1969 - CASE NO. 7

AGE: 66 SEX: M RACE: Caucasian

ACCESSION NO. 13083

CONTRIBUTOR: E. R. Jennings, M.D.
Long Beach Memorial Hospital
Long Beach, Calif. 90806

OUTSIDE NO. S-3561-63

TISSUE FROM: Prostate

CLINICAL ABSTRACT:

History: Patient was admitted June 1963 for urinary retention, but no hematuria, for three days. He had a history of treatment by radiation for lymphoma, which was diagnosed 12 months previously from a cervical lymph node biopsy.

SURGERY:

Transurethral resection (June 18, 1963)

GROSS PATHOLOGY:

Specimen consisted of 20 grams of prostatic tissue curettings.

FOLLOW-UP:

Patient was last seen in July 1963 at which time it was felt that he had "metastasis to the lungs." He allegedly went to another hospital for further care and expired in August 1963.

NAME: F. D.

SEPTEMBER 1969 - CASE NO. 8

AGE: 79 SEX: M RACE: Caucasian

ACCESSION NO. 17322

CONTRIBUTOR: R. L. Lesonsky, M.D.
A. A. Channing, M.D.
West Park Hospital
Canoga Park, Calif. 91304

OUTSIDE NO. 1987-67

TISSUE FROM: Prostate

CLINICAL ABSTRACT:

History: Patient was first seen in July 1967 for gross hematuria, at which time he had severe frequency, nocturia, slowness of stream. A catheter was inserted and bleeding controlled by conservative measures. He had had the catheter in place since that time and was admitted for elective suprapubic prostatectomy in November 1967. On examination, the prostate was stated to be a two-plus benign prostatic hypertrophy. Laboratory: Hemoglobin 14.2; WBC 7950; 2-hour postprandial sugar, 144; BUN 12; urinalysis, 0 to 2 pus cells.

SURGERY:

Suprapubic prostatectomy; bilateral vasectomy (November 15, 1967)

GROSS PATHOLOGY:

Specimen consisted of a 64 gram prostate in two segments, one measuring 6.5 x 4.5 x 5 cm., the other measuring 4 x 3.8 x 2 cm. The capsular surface is smooth, gray, glistening, with gross nodularity to both segments. At the capsular surface of the smaller segment was an 0.5 cm. area of golden yellow discoloration. Entire prostate was serially sectioned. The largest section contained multiple nodules varying from 0.2 to 1 cm. in largest diameter, yellow with gray-white scattered areas. The largest segment showed an irregular 1 to 1.5 cm. hemorrhagic section near the capsular surface. There were nodules throughout the smaller segment measuring from 0.5 to 2 cm. in diameter.

Also submitted was a single oval dark black (bladder) calculus with an irregular mulberry-like surface, measuring 1.1 x 1.0 x 0.4 cm., and a single tubular segment of gray tissue measuring 1.3 cm. long, 0.2 cm. in diameter, which appeared to contain a pinpoint lumen.

FOLLOW-UP:

Postoperatively, November 18, 1967, patient had a myocardial infarction. He did well and on December 2, 1967 was discharged for further convalescent care. Patient died in 1968 of his cardiac condition. There was no clinical evidence of metastasis. No autopsy was performed.

NAME: W. R. SEPTEMBER 1969 - CASE NO. 9

AGE: 31 SEX: M RACE: Negro ACCESSION NO. 13137

CONTRIBUTOR: W. K. Bullock, M.D. OUTSIDE NO. 63-14087
LAC-USC Medical Center
Los Angeles, Calif. 90033

TISSUE FROM: Urinary bladder

CLINICAL ABSTRACT:

History: Patient was first hospitalized May 29, 1963 to August 20, 1963 with a history of obstructive urinary symptoms for seven months. Intravenous urogram May 29 revealed a large mass displacing the bladder with patchy calcification throughout the mass. On June 4 a Silverman needle biopsy of the prostate showed small foci of mucin-producing tumor which were more numerous in areas resembling bladder mucosa. Multiple acid phosphatase stains as well as fat stains were negative in the tumor, although the acid phosphatase stains were strongly positive in the prostate gland. The findings were more consistent with a primary in the urinary bladder than in the prostate. Radiation therapy was initiated and patient received a total dose of 300 R. Intravenous urogram done August 1 showed bilateral hydronephrosis and ureterectasis, secondary to bladder tumor.

Patient was readmitted September 18, 1963, with weight loss and weakness. Abdomen was soft, protuberant, tender suprapubically with suggestion of fullness. Rectal examination revealed a mass in the region of the prostate, having a slightly gritty surface. On September 19, cystogram showed a large lobulated intrinsic filling defect within the bladder with the aforementioned calcifications within it.

SURGERY:

September 27, 1963: Total cystectomy, prostatectomy, partial resection of rectum with diverting colostomy, and Bricker ileal loop procedure. As of October 11, ileostomy and colostomy were functioning well. On January 28, 1964 colostomy was closed.

GROSS PATHOLOGY:

Specimen consisted of a previously fixed, opened bladder with attached prostate, measuring 10.5 x 7.0 x 8.0 cm., weighing 350 grams. Entire anterior-inferior wall of the bladder was filled with a bosselated mucoid, friable, hemorrhagic, gray-white, 6.5 x 4.0 x 3.0 cm. tumor. Tumor extended anteriorly and inferiorly to replace the trigone area and invade the prostate. There was at least a 1 cm. cuff of uninvolved bladder wall. Superiorly the tumor came to within 2.5 cm. of the dome of the bladder. The urethral orifice was irregular, widely dilated, semi-circular, measuring 2 cm. across. Attached paravesicle tissue was not involved with tumor. Much of the posterior and lateral lobes of the enlarged prostate were ill-defined, firm gray-white, with focal yellow calcific flecks.

SEPTEMBER 1969 - CASE NO.9

ACCESSION NO. 13137

FOLLOW-UP:

Patient went to New York City, where, at the Veterans Administration Hospital on September 17, 1964, a ureterolithiotomy and left pyelolithotomy were done and two renal stones removed. On January 12, 1965 he was admitted to the Memorial Hospital, New York, because of gross hematuria, sacro-iliac and generalized pain. Hemoghin was 6 gm. on admission and 9 gm. on discharge nine days later. He received blood transfusions during this time. BUN ranged from 28 to 42 on day of discharge. Urine culture showed many colonies of proteus microbilus. He decided to return to Los Angeles for further care.

On readmission January 22, 1965, patient complained of diffuse bone pain, weight loss, fever, and abdominal pain. An IVP on February 18 showed obstructing left renal calculi with slight dilatation to the calices on the right; there was no function on the left. Radiograph of the chest January 24 showed normal cardiomediastinal silhouette and clear lungs; the bones appeared more dense than normal.

Laboratory findings January 24, 1965: Hemoglobin, 6.7, packed cell volume, 23, leukocytes, 11,000; BUN, 32; blood calcium, 11.5; alkaline phosphatase, 10.5; urinalysis, 1-plus protein, numerous RBCs; serum transaminase (SGOT), 70; acid phosphatase, 6.3. Patient was seen by chemotherapy consultants and treatment with 4-fluoro-uracil was instituted February 2. On February 17 patient complained of deep abdominal pain and temperature rose to 107°.

SURGERY:

Removal of obstructing left ureteral calculus; left uretero-lithotomy; biopsy of lymph node (February 18, 1965).

GROSS PATHOLOGY:

Multiple fragments of soft yellow calculus; soft pearly white tissue. Laboratory chemistries February 19, 1965: BUN, 45; potassium, 4.6; CO_2, 31.

Patient became afebrille following surgery March 13, 1965. Autopsy performed the following day.

NAME: R. C. SEPTEMBER 1969 - CASE NO. 10

AGE: 64 SEX: M RACE: Caucasian ACCESSION NO. 15983

CONTRIBUTOR: G. d'Ablaing, III, M.D.
LAC-USC Medical Center
Los Angeles, Calif. 90033

OUTSIDE NO. S-2538-67

TISSUE FROM: Urinary bladder; prostate

CLINICAL ABSTRACT:

History: Patient entered the hospital October 9, 1967 with the chief complaint of urinary retention of about four months' duration. Urological examination revealed an enlarged prostate on rectal palpation, with no definite indurated area. Cystoscopic survey disclosed a trabeculated bladder with trigonitis. Lateral lobes of the prostate approached the midline bilaterally in the prostatic urethra. An intravenous urogram September 13, 1967 had shown elevation of the bladder out of the pelvis, thought to be due to prostatic enlargement. Kidneys and upper ureters were described as normal in size and position; distal aspects of both ureters appeared elevated. Laboratory findings revealed a BUN of 13%, unremarkable urinalysis.

SURGERY: Retropubic prostatectomy (October 19, 1967).

GROSS PATHOLOGY:

Specimen consisted of a 129.6 gram, externally highly irregular and shaggy, exceedingly bosselated prostate gland, measuring 10.0 x 7.5 x 5.0 cm. Tissue externally was mottled a reddish-brown to yellowish, pink-gray. Sectioning was difficult due to unusual firmness and grittiness of scattered varied size nodules. Cut surface displayed variegated nodular pattern with some of the masses demonstrating central cystic softening and partially filled with amber fluid. Also apparent in other regions was a distinct saffronous overtone; closer scrutiny disclosed a faint, whorled, gray, yellow-pink tissue pattern.

FOLLOW-UP:

Patient was followed in the Outpatient Urology Service, where postoperative examination about a month later revealed small symmetrical prostatic residual tissue in the right lobe suggestive of induration. He was readmitted November 27, 1967. Radiographs of the abdomen showed no abnormal calcific densities and bony structures appeared to be within normal limits.

Surgery: Radical retropubic prostatovesiculectomy (December 7, 1967).

Gross Pathology: Portion of urinary bladder neck and prostate with associated seminal vesicles.

Patient was discharged December 30, 1967 and continued to be treated in the Urology Service for incontinence; however, there was no dysuria, nocturia, or hematuria. On August 7, 1968 a radiologic consultation of the chest disclosed only chronic emphysema. Laboratory findings on his last visit on August 14, 1968 were normal.

NAME: H. C. SEPTEMBER 1969 - CASE NO. 11

AGE: 58 SEX: M RACE: Caucasian ACCESSION NO. 13545

CONTRIBUTOR: C. P. Schwinn, M.D.
LAC-USC Medical Center
Los Angeles, Calif. 90033

OUTSIDE NO. 64-3448

TISSUE FROM: Prostate

CLINICAL ABSTRACT:

History: Patient was first admitted February 16, 1964 with a history of painful decreasing urination and nocturia for about a week. Intravenous urogram a few days earlier revealed normal upper collecting systems, although the bladder had considerable urine within it and could not be completely evaluated. On February 24 a needle biopsy and cystoscopy were done which revealed a hard pea-size nodule and middle lobe prostatic hypertrophy. Electrocardiogram on February 17 showed nonspecific T-wave abnormalities consistent with left ventricular hypertrophy and/or anterolateral ischemia.

SURGERY: Transurethral resection, prostate; bilateral orchiectomy (Feb.25, 1964)

GROSS PATHOLOGY:

Specimen consisted of 30 grams of hemorrhagic, gray-tan slivers grossly appearing to be prostate and 3.5 x 3.5 x 2.3 and 3.5 x 1.8 cm. testes with attached epididymides, which on cut section were tan-brown and unremarkable.

FOLLOW-UP:

Patient was seen in the Outpatient Service postoperatively March 18, 1964, at which time he complained of bloody urine, bloated feeling, incontinence initially on arising, and back pain. He continued on stilbesterol and gentrisin. He was readmitted March 25, 1964 with the complaint of increasing hematuria for the previous six days. Laboratory findings: BUN, 33 rising to 54 on March 27, 150 on April 3, and to 186 on April 4. Arterial pH, 7.45.

Patient continued to have gross hematuria; abdomen was somewhat distended and he was noted to have jaundice for the first time. Diagnosis of impending hepatic coma was made and he was started on neomycin. On April 3 he had a hypotensive episode in which the blood pressure fell to 80/50 which improved with two units of whole blood. There was a 2-plus pitting edema of his feet and palmar erythema. Chest radiograph reported uremic pneumonitis. Patient was disoriented, hyperpneic, diaphoretic, and hypotensive. Urine output fell to 185 cc. over 24-hour period but he had 2625 cc. output via nasogastric tube. On April 6, blood culture was reported as gram negative bacillus, later reported as proteus. A right lower quadrant mass was needled and nothing obtained on aspiration. On April 7, 1964, patient had cardiac arrest; attempts at resuscitation were unsuccessful.

Autopsy was done. Multiple sections were reviewed from the surgically removed tissue and all were similar to the autopsy tissue removed from prostatic area. There were metastases to the lung, kidneys, pancreas, adrenal lymph nodes, but bone marrow showed no tumor.

NAME: R. J. K.

SEPTEMBER 1969 - CASE NO. 12

AGE: 61 SEX: M RACE: --

ACCESSION NO. 11467

CONTRIBUTOR: Fred M. Rohow, M.D.
Murphy Memorial Hospital
Whittier, Calif.

OUTSIDE NO. 534-61

TISSUE FROM: Prostate

CLINICAL ABSTRACT:

History: For about three years, patient had complained of "stomach trouble" with intermittent pain in the right side of the abdomen. He also had noted a slowly enlarging swelling in the abdomen two years before admission in March 1961, which was causing him discomfort. A year prior to admission, he had an attack of nausea, omiting, and a "dizzy spell" a few months earlier. He also noted slight pain at the end of micturition.

Physical examination: Right side of the abdomen was distended, with a palpable moderately hard, round, movable mass extending across midline, measuring approximately 13 x 15 cm. Prostate was enlarged and hard to palpation. Laboratory tests were normal.

SURGERY:

Abdominal exploration (March 1961) revealed an extraperitoneal mass which was adherent to the superior pole of the bladder anteriorly and to the anterior wall of the abdomen, extending posteriorly to the posterior wall of the bladder where it appeared to be attached. Many large distended vascular channels were noted on the surface of the mass which bled excessively. No other enlargements were noted in the abdomen.

GROSS PATHOLOGY:

The tumor measured approximately 13 x 16 cm., weighed 68 grams, was firm, rather rubbery, cut with resistance, and was well encapsulated. Cut surface was mottled creamy white, reddish brown, and yellowish white with hemorrhagic areas and softening, but was not necrotic. Many areas had a whorled appearance.

FOLLOW-UP:

Convalescence was uneventful. No other follow-up is known.

STUDY GROUP CASES

for

SEPTEMBER 1969

BLADDER AND PROSTATIC TUMORS

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CASE NO. 1, ACCESSION NO. 15561. W. H. Davis, M.D., Contributor

LOS ANGELES:

Spindle and giant cell carcinoma--9
Rhabdomyosarcoma--1

SAN FRANCISCO:

Myosarcoma--4
Pleomorphic carcinoma, urinary bladder--6
Alveolar rhabdomyosarcoma--1

CENTRAL VALLEY:

Anaplastic carcinoma--1
Myosarcoma--11

OAKLAND:

Rhabdomyosarcoma--8
Carcinoma, anaplastic--1

WEST LOS ANGELES:

Myosarcoma--10
Anaplastic carcinoma--4

INLAND (SAN BERNARDINO):

Rhabdomyosarcoma--6

SAN DIEGO: (Not received)

ORANGE COUNTY: (Not received)

SOUTH BAY (SANTA CLARA): (Not received)

FILE DIAGNOSIS:	Myosarcoma, urinary bladder	1889-8893
xf:	Rhabdomyosarcoma, urinary bladder	1889-8903

References:

1. MacKenzie, A.R., Whitmore, W.F., and Melamed, M.R.: Myosarcomas of the bladder and prostate. Cancer, 22:833-844, Oct. 1968.
2. Mastofi: Pathology of cancer of the bladder. Acta Un. Intl. Cancer 18:611, 1962.
3. Smithers, D.W., et al: Tumors of the bladder. E. & S. Livingstone, Edinburgh, 1959.

ADDENDA

DISCUSSION and CHANGE OF DIAGNOSIS

SEPTEMBER 1969 CONFERENCE--Case No.1

BLADDER AND PROSTATIC TUMORS

NAME: B. W.

SEPTEMBER 1969 - Case No. 1

AGE: 72 SEX: M RACE: Caucasian

ACCESSION NO. 15561

CONTRIBUTOR: W. H. Davis, M.D.
Burbank Community Hospital
Burbank, Calif. 91501

OUTSIDE NO. 270-67-CV

TISSUE FROM: Bladder

Because of the almost unanimity of opinion that this was a sarcoma of the bladder, I did a reticulum and acid mucopolysaccharide with and without hyaluronidase on the original and on the two recurrences. There was no reticulum present in any of the lesions and the AMP was intracellularly located and not removed with hyaluronidase in numerous cells.

This would, in my opinion, rule out a sarcoma and support the diagnosis of a pleomorphic transitional cell carcinoma of the bladder.

Weldon K. Bullock, M.D.
Executive Director
California Tumor Tissue Registry

FILE DIAGNOSIS: Pleomorphic transitional cell carcinoma, bladder

1889-8123

SEPTEMBER 1969

CASE NO. 2, ACCESSION NO. 12220. J. J. Gilrane, M.D., Contributor

LOS ANGELES:

Well-differentiated adenocarcinoma, prostate--10
(with invasion of perineural spaces)

SAN FRANCISCO:

Adenocarcinoma, prostate--11

CENTRAL VALLEY:

Prostatic carcinoma--12

OAKLAND:

Prostatic carcinoma--12

WEST LOS ANGELES:

Adenocarcinoma, prostate--14

INLAND (SAN BERNARDINO):

Adenocarcinoma, prostate--6

FILE DIAGNOSIS: Adenocarcinoma, prostate 1859-8143

Reference:

Rodin, A.E., Larson, D.L., and Roberts, D.K.: Nature of the perineural space invaded by prostatic carcinoma. Cancer 20:1772-1779, Oct. 1967.

SEPTEMBER 1969

CASE NO. 3, ACCESSION NO. 7788. W. W. Hall, M.D. (H.V. O'Connell, M.D.), Contributor

LOS ANGELES:

Metastatic adenocarcinoma, lymph node, prostate--10

SAN FRANCISCO:

Metastatic adenocarcinoma, lymph node, prostate--9
Carcinoid, metastatic, rectum--2

CENTRAL VALLEY:

Metastatic adenocarcinoma, lymph node, prostate--12

OAKLAND:

Prostatic carcinoma--12

WEST LOS ANGELES:

Malignant Sertoli-cell tumor from testis--1
Adenocarcinoma metastatic from prostate--13

INLAND (SAN BERNARDINO):

Metastatic adenocarcinoma, lymph node--6

FILE DIAGNOSIS: Metastatic adenocarcinoma, lymph node, prostate (primary)

1859-8143

Reference:

McNeal, John E., M.D.: Morphogenesis of prostatic carcinoma. Cancer 18-12: 1659-1666, Dec. 1965.
Flocks, R.H., Culp, D., and Porto, R.: Lymphatic spread from prostatic cancer. J.Urol. 81:194, 1959

SEPTEMBER 1969

CASE NO. 4, ACCESSION NO. 17911. C. J. McCammon, M.D., Contributor

LOS ANGELES:

Infiltrating carcinoma, bladder--10

SAN FRANCISCO:

Undifferentiated carcinoma, urinary bladder--4
Poorly differentiated adenocarcinoma, prostate--5
Small cell anaplastic malignant tumor--2

CENTRAL VALLEY:

Lymphoma--4
Anaplastic carcinoma--6
Unknown--2

OAKLAND:

Anaplastic carcinoma--10
Plasmacytoma--1

WEST LOS ANGELES:

Undifferentiated carcinoma, bladder--13
(Primary--8; secondary--/?/ 5)
Reticulum cell sarcoma--1

INLAND (SAN BERNARDINO):

Anaplastic carcinoma, bladder--5
Malignant melanoma, metastatic--1

FILE DIAGNOSIS: Undifferentiated carcinoma, urinary bladder 1889-8018

References:

Melicow, M.M.: Tumours of the urinary bladder: A clinico-pathological analysis of over 2500 specimens and biopsies. J.Urol. 74:498, 1955.

Scholl, A.: Histology and mortality in cases of tumours of the bladder. Surg., Gynec., Obstet., 34:189, 1922.

CASE NO. 5, ACCESSION NO. 8835. Reuben Straus, M.D., Contributor

LOS ANGELES:

Leiomyosarcoma--1
Sarcoma (unclassified)--8
Angiosarcoma--1

SAN FRANCISCO:

Leiomyosarcoma--3
Carcinoma, prostate--3
Hemangiopericytoma--4
Transitional cell carcinoma, urinary bladder--1

CENTRAL VALLEY:

Transitional cell carcinoma (apparently arising in the prostate)--4
Sarcoma of the prostate--6
Hemangiopericytoma--2

OAKLAND:

Leiomyosarcoma--12

WEST LOS ANGELES:

Myosarcoma, prostate--8
Malignant hemangiopericytoma, prostate--6

INLAND (SAN BERNARDINO)

Hemangiopericytoma, prostate--4
Undifferentiated sarcoma, prostate--2

FILE DIAGNOSIS:	Sarcoma, unclassified, prostate	1859-8803
xf:	Leiomyosarcoma, prostate	1859-8893
	Hemangiopericytoma, prostate	1859-9153

References:

Sterling, W.C. and Ash, J.E.: Sarcoma of the prostate. J.Urol., 41:515-533, 1939.

Melicow, M.M., Pelton, T.H., and Fish, G.W.: Sarcoma of the prostate gland: Review of literature; table of classification; report of 4 cases. J.Urol., 49:675-707, 1943.

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CASE NO. 6, ACCESSION NO. 15374. R. H. Fuller, M.D., Contributor

LOS ANGELES:

Leiomyoma--1
Fibrosarcoma (low-grade)--2
Malignant Schwannoma--5
Leiomyosarcoma--3

SAN FRANCISCO:

Neurilemoma--4
Leiomyoma--4
Neurofibrosarcoma, low-grade--1

CENTRAL VALLEY:

Carcinoma--1
Fibrosarcoma--1
Malignant neurogeneous tumor--1
Leiomyoma--7
Neurilemoma--2

OAKLAND:

Neurofibrosarcoma--5
Leiomyoma--4

WEST LOS ANGELES:

Fibrosarcoma, prostate (low-grade)--1
Myosarcoma--6
Neurilemoma, prostate--2
Benign tumor, fibromyomatous, prostate--5

INLAND (SAN BERNARDINO):

Neurofibrosarcoma, prostate--3
Neurilemoma, prostate--2
Stromal hyperplasia, prostate--1

FILE DIAGNOSIS: Leiomyoma, prostate 1859-8890
xf: Malignant Schwannoma, prostate 1859-9563

Benign: Leiomyoma--21
Neurilemoma--8

Malignant: Neurogenic--12
Myosarcoma-- 6

Reference:

Kaufman, Joseph J. and Berneike, Robert R.: Leiomyoma of the prostate. J. Urol., 65:297-310, Feb. 1951

CASE NO. 7, ACCESSION NO. 13083. E. R. Jennings, M.D., Contributor

LOS ANGELES:

Malignant lymphoma, prostate--10

SAN FRANCISCO:

Lymphosarcoma--11

CENTRAL VALLEY:

Lymphoma, prostate--7
Anaplastic carcinoma, prostate--5

OAKLAND:

Malignant lymphoma--12

WEST LOS ANGELES:

Malignant lymphoma, prostate--8
Anaplastic carcinoma, prostate (from lung?)--6

INLAND (SAN BERNARDINO):

Malignant lymphoma, prostate--4
Anaplastic carcinoma, prostate--2

FILE DIAGNOSIS: Malignant lymphoma, prostate 1859-9593

Reference:

Gall, E.A. and Mallory, T.B.: Malignant lymphoma: A clinico-pathologic survey of 618 cases. Am. J. Path., 18:381-429, 1942.

SEPTEMBER 1969

CASE NO. 8, ACCESSION NO. 17322. R.L.Lesonsky, M.D., A.A.Channing, M.D., Contributors

LOS ANGELES:

Adenocarcinoma, prostate--10

SAN FRANCISCO:

Adenocarcinoma, prostate--11

CENTRAL VALLEY:

Well-differentiated carcinoma, prostate--12

OAKLAND:

Prostatic carcinoma--12

WEST LOS ANGELES:

Adenocarcinoma of prostate--14

INLAND (SAN BERNARDINO):

Well-differentiated adenocarcinoma, prostate--6

FILE DIAGNOSIS: Well-differentiated adenocarcinoma, prostate 1859-8144

Reference:

Foot, N.C., Humphreys, G.A., and Coats, E.C.: Carcinoma of the prostate: A review of 162 cases with pathologic classification. N.Y. St. J. Med., 50:84, 1950.

SEPTEMBER 1969

CASE NO. 9, ACCESSION NO. 13137. W. K. Bullock, M.D., Contributor

LOS ANGELES:

Mucinous adenocarcinoma, urinary bladder--10

SAN FRANCISCO:

Mucinous adenocarcinoma, urinary bladder--4
Mucinous adenocarcinoma, origin undetermined--6

CENTRAL VALLEY:

Signet-cell carcinoma, probably primary in bladder--12

OAKLAND:

Adenocarcinoma, mucous-producing of bladder--14

WEST LOS ANGELES:

Mucinous adenocarcinoma, urinary bladder--14

INLAND (SAN BERNARDINO):

Mucinous adenocarcinoma, urinary bladder--6

FILE DIAGNOSIS: Mucinous adenocarcinoma, urinary bladder 1889-8483

References:

Edgar, W.M.: Mucin-secreting carcinoma of the prostate. Brit. J. Urol., 30:213, 1958.

Sika, J.V. and Buckley, J.J.: Mucus-forming adenocarcinoma of the prostate. Cancer, 17:949, 1964.

Primary signet-ring carcinoma of urinary bladder. Arch.Path. 88:294-297, Sept. 1969.

SEPTEMBER 1969

CASE NO. 10, ACCESSION NO. 15983. G. d'Ablaing, III, M.D., Contributor

LOS ANGELES:

Cellular leiomyoma--6
Leiomyosarcoma (low-grade)--4

SAN FRANCISCO:

Leiomyosarcoma, low-grade--8
Leiomyoma, cellular--3

CENTRAL VALLEY:

Leiomyoma--1
Benign hyperplasia, "sarcomatoid" pattern--4
Leiomyosarcoma--5
Fibrosarcoma--2

OAKLAND:

Leiomyosarcoma--5
Leiomyoma--4
Xanthofibrosarcoma--2

WEST LOS ANGELES:

Fibrosarcoma (low-grade)--4
Myosarcoma (low-grade)--10

INLAND (SAN BERNARDINO):

Fibrosarcoma, prostate--6

FILE DIAGNOSIS: Leiomyosarcoma, low-grade, prostate 1859-8893

Reference:

Lowsley, O.S. and Kimball, F.N.: Sarcoma of the prostate, with a review of the literature. Brit. J. Urol., 6:328-348, 1934.

SEPTEMBER 1969

CASE NO. 11, ACCESSION NO. 13545. C. P. Schwinn, M.D., Contributor

LOS ANGELES:

Anaplastic carcinoma, prostate--6
Transitional cell carcinoma--1
Adenocarcinoma--3

SAN FRANCISCO:

Anaplastic carcinoma, prostate--8
Anaplastic carcinoma, urinary bladder--3

CENTRAL VALLEY:

Anaplastic carcinoma--11
Reticulum cell sarcoma--1

OAKLAND:

Anaplastic carcinoma, prostate--5
Malignant lymphoma--5

WEST LOS ANGELES:

Anaplastic carcinoma (primary site, prostate)--14

INLAND (SAN BERNARDINO):

Anaplastic carcinoma, prostate--6

FILE DIAGNOSIS: Anaplastic carcinoma, prostate 1859-8018

Reference:

Halpert, B., Sheehan, E.F., Schmalhorst, W.R., and Scott, R.: Carcinoma of the prostate: A survey of 5000 autopsies. Cancer, 16:737, 1963.

SEPTEMBER 1969

CASE NO. 12, ACCESSION NO. 11467. F. M. Rohow, M.D., Contributor

LOS ANGELES:

Carcinosarcoma, prostate--9
Adenocarcinoma, prostate, with pseudosarcomatous stroma--2

SAN FRANCISCO:

Adenocarcinoma, prostate, with pleomorphic component--3
Collision tumor (spindle cell carcinoma, urinary bladder, plus adenocarcinoma, prostate)--4
Collision tumor (spindle cell sarcoma, urinary bladder, plus adenocarcinoma, prostate)--4

CENTRAL VALLEY:

Pleomorphic carcinoma (suggesting an analogy with the largely fusiform cell carcinomas of the kidney)--4
Anaplastic carcinoma and leiomyosarcoma--8

OAKLAND:

Adenocarcinoma, prostate--3
Carcinosarcoma--9

WEST LOS ANGELES:

Myosarcoma and adenocarcinoma (collision tumor)--12
Adenocarcinoma with spindle cells--2

INLAND (SAN BERNARDINO):

Carcinosarcoma, prostate--5
Adenocarcinoma, poorly differentiated, prostate--1

FILE DIAGNOSIS: Carcinosarcoma, prostate 1859-8983

Reference:

Hamlin, W.B. and Lund, P.K.: Carcinosarcoma of the prostate: A case report. J. Urol., 97:518-522, March 1967.