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CALIFORNIA TUMOR TISSUE REGISTRY

LOS ANGELES COUNTY - UNIVERSITY OF SOUTHERN CALIFORNIA MEDICAL CENTER

PROTOCOL

for

MONTHLY STUDY SLIDES

APRIL 1970

HEMATOPOIETIC SYSTEM

(Spleen, Blood, Bone marrow)

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NAME: M. A.

APRIL 1970 - CASE NO. 1

AGE: 55 SEX: F RACE: Caucasian

ACCESSION NO. 12942

CONTRIBUTOR: S.K. Abul-Haj, M.D. - E.F. Ducey, M.D. OUTSIDE NO. 63-715  
Community Memorial Hospital  
Ventura, Calif. 93003

TISSUE FROM: Spleen

CLINICAL ABSTRACT:

Present illness: In January 1963, while working as a nurses aide, the patient strained her left lower chest while lifting a patient. Subsequently, she developed slight pain in the left lower chest aggravated by cough. Examination by her family physician at that time disclosed tenderness in the left lateral lower chest without demonstrable mass or other lesion. Reexamination in February disclosed a palpable spleen which gradually increased in size from that time on. Because of the possibility of a slow hemorrhage into the splenic substance, exploration was advised, and the patient was admitted to the hospital on 3-20-63.

Past history: She had an appendectomy previously and a unilateral salpingo-oophorectomy 20 years ago.

Physical examination revealed marked splenic enlargement. Other lesions noted were symmetrical enlargement of the thyroid with a nodule in the left upper pole; also, a small angioma on the right lateral margin of the tongue and another on the skin of one thigh were present. Blood pressure was 135/80. The remainder of the examination was unremarkable.

Laboratory report: The hemogram and routine urinalysis were within normal limits. There was no laboratory evidence of a coagulation disorder.

Radiograph: Barium enema and scout films of the abdomen disclosed a bulky extra-colonic tumor, probably an enlarged spleen.

SURGERY:

Laparotomy performed on 3-27-63 revealed a markedly enlarged spleen. Splenectomy was performed.

GROSS PATHOLOGY:

The specimen consisted of a pear-shaped spleen 17 cm. in greatest length and 6-12 cm. in transverse diameter. It weighed 398 grams. The capsule was intact. In the swollen lower pole, serpentine streaks representing blood-filled spaces were scattered over the surface of the organ. Multiple cut sections revealed the expansion of the lower pole to be caused by the presence of a variegated lesion about 10 cm. in diameter. It was roughly spherical in shape, about half of which had a predominantly yellow cut surface of soft consistency, suggestive of necrosis rather than neoplasm. The peripheral zone of the lesion exhibited very varying shades of red or blue characteristic of hemorrhage. A fairly sharp line of demarcation represented the junction between this discolored area and the adjacent normal splenic parenchyma. No obvious thrombosed vessels could be identified. The cut ends of the splenic artery and vein were unremarkable.

COURSE:

Postoperative convalescence was retarded by a reason of a wound infection; the wound eventually healed, however, and the patient was discharged in good condition on 4-6-63.

FOLLOW-UP: The patient has been lost to follow-up.

NAME: J. S.

APRIL 1970 - CASE NO. 2

AGE: 63 SEX: M RACE: Caucasian

ACCESSION NO. 14441

CONTRIBUTOR: Thomas E. Hall, M.D.  
Physicians' Consulting Labs.  
Reno, Nevada 89502

OUTSIDE NO. S-2637-65

TISSUE FROM: Spleen

CLINICAL ABSTRACT:

Present illness: The patient was admitted to the hospital with fever, anemia, and depressed white cell and platelet counts. While in the hospital he continued to have intermittent fever.

Past history: Previously he had a cholecystojejunostomy which was functioning well.

Physical examination revealed slightly enlarged liver and markedly enlarged spleen.

Laboratory report: CBC demonstrated Hgb., 7.8 gm., hematocrit, 26%, WBC, 4,400 (polys 60, stabs 7, lymphs 28, monos 5). A bone marrow was nondiagnostic.

Radiograph: Chest x-rays revealed fixation of the left diaphragm and dense shadow at the base of the left lung, suggestive of pneumonia.

SURGERY:

On 6-22-65 exploratory laparotomy was performed, at which time the spleen was markedly enlarged, as were numerous adjacent lymph nodes. The liver was slightly enlarged. A splenectomy was performed.

GROSS PATHOLOGY:

The spleen weighed 1650 grams, with a smooth, blue-gray capsule averaging only 1 mm. in thickness. On sectioning the parenchyma was soft, with cut surface being relatively firm, red-purple, with numerous prominent gray-white lymphoid follicles averaging 2 to 3 mm. in diameter.

COURSE:

After surgery the patient's evident hypersplenism had ceased, with his platelets showing marked increase in number and with his fever subsiding.

FOLLOW-UP:

The patient died on 5-11-68, after having had radiation to recurrent tumor in the axillae and neck. Autopsy disclosed the disease involving the hilar, inguinal, and retroperitoneal lymph nodes, with involvement of liver, kidneys, and heart.

NAME: B. P.

APRIL 1970 - CASE NO. 3

AGE: 31 SEX: M RACE: Mexican

ACCESSION NO. 12589

CONTRIBUTOR: J. L. Hansen, M.D.  
Riverside County General Hospital  
Riverside, Calif.

OUTSIDE NO. S-940-62

TISSUE FROM: Spleen

CLINICAL ABSTRACT:

Present history: The patient had a history of stabbing pain in the left upper quadrant of the abdomen for about three months prior to the admission. The pain radiated up to the left shoulder and to the back. It was accentuated by respiration. He lost approximately 25 pounds of weight within this period.

Past history: Past medical history was noncontributory.

Physical examination revealed a 32-year old Mexican male in moderate distress because of abdominal pain. The patient was febrile and had questionable scleral icterus. A large left upper quadrant mass was palpable. The liver was palpable approximately two fingerbreadths below the rib cage. The remainder of the examination was unremarkable.

Laboratory report: SGOT, 25 units; alkaline phosphatase, 7.15 King Armstrong units; total bilirubin, 0.435 mg/100 ml; hemoglobin, 10.1 gm; WBC, 6,500; platelets, 340,000; prothrombin time, 45%; erythrocyte sedimentation rate, 78 mm; negative malarial smear; stool for ova and parasites was negative. Direct and indirect Coombs tests were negative; nonreactive VDRL. Urinalysis was normal.

Radiograph: Upper G.I. series and barium enema confirmed the physical finding of enlarged spleen.

SURGERY:

On 9-27-62 a splenectomy was performed.

GROSS PATHOLOGY:

The specimen consisted of a spleen having the shape and size of a small liver. It filled a 2000 cc. container. The largest portion was flucculent. The large mass in the spleen yielded a large amount of old clotted blood and was surrounded by an irregular layer of soft, rubbery, yellow-to-white tissue. One surface of this tissue was very yellow. The entire hemorrhagic mass was surrounded by a thin capsule of splenic tissue.

COURSE:

The postoperative course was uneventful. However, subsequently he developed left pleural effusion and pulmonary densities. Chemotherapy gave brief improvement. There followed a progressive deterioration to his death, which occurred on 2-12-63. Autopsy revealed pink-gray nodules over the peritoneum and through the omentum. The upper left quadrant of the abdomen was filled with tumor. The pelvis was markedly studded with pink-gray nodules. The tumor involved most of the left pleural cavity, encroaching the pericardial sac. The remaining lung tissue was nodular and boggy. The tumor had an encephaloid consistency. The liver was partly obscured by the tumor. No gross evidence of a primary in the skin, organs, or glands examined was found.

NAME: E. J.

APRIL 1970 - CASE NO. 4

AGE: 50 SEX: M RACE: Caucasian

ACCESSION NO. 12280

CONTRIBUTOR: E. R. Jennings, M.D.  
Memorial Hospital of Long Beach  
Long Beach, Calif. 90801

OUTSIDE NO. S-1690-62

TISSUE FROM: Right tibia

CLINICAL ABSTRACT:

Present illness: The patient was admitted to the hospital on 3-21-62 with complaint of swelling and pain of the right ankle of about nine months' duration.

Physical examination revealed swelling and tenderness of the right distal tibia (malleolus).

Laboratory report: The hemogram, urinalysis, calcium, phosphorus, and phosphatase revealed no abnormality

Radiograph: X-ray revealed a lytic lesion of the distal tibia which partially destroyed the cortex. The area of involvement was approximately 3 cm. in diameter. Bone survey x-rays revealed no other lesion.

SURGERY:

On 3-23-62 the lesion was surgically corrected.

GROSS PATHOLOGY:

The specimen consisted of multiple fragments of soft pink-tan tissue measuring up to 4 cm. in maximum dimension.

FOLLOW-UP:

Bone marrow study on 10-29-65 was nondiagnostic with mild plasmocytosis and eosinophilia. Protein electrophoresis performed on 11-2-65 demonstrated a pattern characteristic for a monoclonal gammopathy. He was last seen by his physician in October 1969 prior to a trip out of this country. He was apparently doing well at that time.

LQ

NAME: P. H.

APRIL 1970 - CASE NO. 5

AGE: 19 SEX: F RACE: Caucasian

ACCESSION NO. 11420

CONTRIBUTOR: H. Russell Fisher, M.D.  
Glendale Memorial Hospital  
Glendale, Calif. 91204

OUTSIDE NO. 4536

TISSUE FROM: Spleen

CLINICAL ABSTRACT:

Present illness: The patient was feverish and felt "below par" in the first week of February 1961. Subsequently she noted pain in the left abdomen and the tip of the left shoulder. The pain gradually subsided after a few days.

Past history: She had symptoms of "flu" during Christmas season in 1960.

Physical examination revealed enlarged tonsils with multiple white punctate areas. There were numerous multiple suboccipital cervical lymph nodes. The spleen was percussed from fifth interspace in subaxillary region to iliac crest.

Laboratory report: Initially, Hgb, 7.3 gm; RBC, 2,600,000; WBC, 14,000. After transfusion, the hemoglobin was 11 gm with 7,850 leukocytes with 35% lymphocytes, many of which were atypical. Her heterophilic antibody titer was 1 Paul Bunnell agglutination, positive in 1:896. Guinea pig kidney absorption, positive in 1:224. Beef cell absorption, no agglutinins demonstrated.

SURGERY:

On 2-24-61, a splenectomy was done. At the time of surgery there was a large subscapular hematoma which contained approximately 1 to 1½ pints of blood. This had to be ruptured before removal, but there was no blood in the abdominal cavity.

GROSS PATHOLOGY:

The specimen consisted of a spleen weighing 546 grams and measuring 17 x 11 x 17 cm. There was a hematoma with a dehiscence of the capsule on the superior extremity. The cut surface was extremely moist with blood and when scraped away, was firm. The malpighian bodies were fine pinpoint dots of white. The basic septa gave it a fine filigree of markings.

FOLLOW-UP:

The patient had a T & A on 1-25-63. Subsequently, no follow-up information was available.

LQ

NAME: E. E. W.

APRIL 1970 - CASE NO. 6

AGE: 69 SEX: F RACE: Caucasian

ACCESSION NO. 10637

CONTRIBUTOR: Herbert I. Harder, M.D.  
Glendale Memorial Hospital  
Glendale, Calif. 91206

OUTSIDE NO. MHG A-390

TISSUE FROM: Spleen

CLINICAL ABSTRACT:

Present illness: The patient was admitted 10-12-59 to the hospital because of marked weakness which had persisted since she had a bout of pneumonia about seven months prior to her admission. She also felt a mass in the right side of her abdomen.

Physical examination revealed an ill-defined but definite mass in the right flank. The liver and spleen were sufficiently enlarged to be palpable. The extremities had numerous ecchymoses.

Laboratory report: The hematocrit was 13 percent and the white cell count 11,650 with 96 percent immature cells and blasts, 3 percent lymphocytes, and 1 percent monocytes.

COURSE:

Her hospital course was one of rapid deterioration and in spite of all measures, she expired on her seventh hospital day.

AUTOPSY:

The liver extended well below the costal margin and weighed about 1750 grams. The spleen was enlarged to about 675 grams and cut surfaces showed moderate obliteration of the usual trabecular and corpuscular markings. No significant lymphadenopathy was recognized. The marrow cavity in the vertebral bodies appeared grossly normal. The immediate cause of death was due to severe broncho-pneumonia.

LQ

NAME: C. S.

APRIL 1970 - CASE NO. 7

AGE: 25 SEX: M RACE: Caucasian

ACCESSION NO. 15698

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

OUTSIDE NO. SL-1672-67

TISSUE FROM: Spleen

CLINICAL ABSTRACT:

Present illness: The patient was admitted to the hospital on 6-15-67 with pain in the left upper quadrant of the abdomen of one week's duration. The pain became more intense and began to radiate to the left shoulder in the last two days prior to the admission. He stated that he lost 15 pounds of weight within a "short period of time" recently. Past history was unremarkable.

Physical examination revealed a tender mass filling the entire left upper quadrant of the abdomen. No adenopathy was present.

Laboratory report: A bone marrow study was considered normal.

Radiograph: X-ray study revealed splenomegaly.

SURGERY:

Laparotomy performed on 7-6-67 revealed a giant spleen with attachment to the dome of the diaphragm on the left. The liver did not appear to be involved by any metastatic process. There was no enlargement of the lymph nodes along the splenic or in the gastrohepatic ligament. A splenectomy was performed.

GROSS PATHOLOGY:

The specimen consisted of an enlarged spleen weighing 2300 grams and measuring 24 x 16 x 11 cm. It was obviously occupied by a tumor which through the surface appeared to be a mottled tan bosselated growth. Some of the nodules were 1 cm. to 2 cm. in greatest dimension. On section the spleen was almost entirely occupied by a tan-white tumor with serpiginous margins and hulging cut surfaces. The tumor was firm and had satellite nodules scattered throughout an otherwise normal-appearing spleen. The nodules varied from 5 mm. up to as much as 14 cm. in greatest dimension.

FOLLOW-UP:

Following surgery the patient had a lymphangiogram at the Huntington Memorial Hospital in Pasadena. The lymphangiogram revealed pathologic lymph nodes along the entire aortic chain with marked enlargement and irregular dye accumulation in the areas. However, he did not receive any further therapy in the form of radiation or chemotherapy and apparently had done well for two years. Thereafter, he was hospitalized at the Huntington Memorial Hospital from 9-10-69 to 9-17-69 for metastatic disease in the spine. He received a course of Cobalt radiation to his thoracic spine. Following completion of the radiation therapy, he was discharged from the hospital and was placed on maintenance dose of chemotherapy for control of his systemic disease. He expired on 1-30-70 in one of the private hospitals in Las Vegas, Nevada. No autopsy was performed.

NAME: C. D. L.

APRIL 1970 - CASE NO. 8

AGE: 60 SEX: F RACE: Mexican-American

ACCESSION NO. 17953

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

OUTSIDE NO. 69-1128

TISSUE FROM: Spleen

CLINICAL ABSTRACT:

Present illness: This transient patient was injured in an automobile accident 2-23-69 in Palm Springs. Approximately two hours after admission, she was found to be in shock and was complaining of abdominal pain.

Past history: She had apparently been in good health throughout her life and had no history of protracted illness.

Physical examination revealed a distended abdomen with generalized tenderness and rebound tenderness. In addition, she had a fractured left humerus.

Laboratory report: The hemogram showed hematocrit 20 vol.%; hemoglobin, 6 gm.; WBC, 20,900 with slight shift to the left. The urinalyses were negative.

Radiograph: X-rays revealed the presence of a fracture involving the middle third of the left humerus.

SURGERY:

An exploratory laparotomy demonstrated a ruptured spleen. Splenectomy was performed.

GROSS PATHOLOGY:

Specimen consisted of a spleen measuring 10 x 6 x 4 cm. and weighing 86 gm. In the hilar region of the specimen, there were scattered irregular areas of recent laceration.

COURSE:

Her hospitalization was completely uneventful.

FOLLOW-UP:

The patient was lost to follow-up.

NAME: B. R.

APRIL 1970 - CASE NO. 9

AGE: 18 SEX: F RACE: Caucasian

ACCESSION NO. 10699

CONTRIBUTOR: Harry J. Sacks, M.D.  
Cedars of Lebanon Hospital  
Los Angeles, Calif. 90029

OUTSIDE NO. 7247-59

TISSUE FROM: Spleen

CLINICAL ABSTRACT:

Present illness: The patient was first seen in the hospital in September 1959 following the onset of a febrile but nonspecific illness which disappeared spontaneously in two weeks.

Past history: Her 27-year-old brother was subjected to a splenectomy 13 years previously.

Physical examination revealed an enormous spleen occupying almost the entire abdomen and producing marked protuberance of the abdomen.

Laboratory report: The hemoglobin was 7.9 gms. and following two transfusions was raised to a level of 10.5 gms.%. The white blood count ranged between 2500 and 9000 with an essentially normal differential. Platelets were always decreased on smears and on two counts were noted to be 50,000 and 80,000 respectively. Reticulocyte counts demonstrated values of 1.7 to 2.7%. A red cell survival study utilizing the technique of chromium-51 tagged red cells demonstrated a half life of 36 days. The bleeding time ranged up to 2½ minutes and the Lee-White clotting time ranged up to 8 minutes. The total serum bilirubin was 0.2 mgms.%. The Coombs test and a sensitization study for hemolytic anemia utilizing a panel of cells treated with papain, the Coombs and albumin-plasma media, all failed to demonstrate the presence of antibodies for red cells. A saline fragility test was negative. Cold autohemagglutinins were present in a titer up to 16. A bone marrow study demonstrated the presence of characteristic and abnormal cells.

SURGERY:

A splenectomy was performed.

GROSS PATHOLOGY:

The spleen weighed 2280 grams, containing several irregular infarcts.

COURSE:

Following the surgery, the patient made an uneventful recovery. Subsequently, the values of the hemogram returned to normal ranges.

FOELOW-UP:

The patient had been followed regularly in the outpatient clinic up to 1969.

NAME: P.S.

APRIL 1970 - CASE NO. 10

AGE: 27 SEX: F RACE Negro

ACCESSION NO. 15732

CONTRIBUTOR: Lawrence L. McAlpine, M.D.  
Santa Barbara General Hospital  
Santa Barbara, Calif. 93105

OUTSIDE NO. S-66-608

TISSUE FROM: Spleen

CLINICAL ABSTRACT:

Present illness: During her pregnancy she had left upper abdominal quadrant discomfort. In July 1966 she delivered twins. At her six-week checkup she was told that she had a large spleen.

Past history: The patient was diagnosed in Boston, Massachusetts in 1959 as having sickle cell anemia. Lymph node biopsy performed in December 1965 demonstrated the pathology of the present disease.

Physical examination revealed moderate hepatomegaly. The spleen was massive, firm, and mildly tender to palpation. It was palpable 21 cm. below the left costal margin and well down into the pelvis. The remainder of the examination was unremarkable.

SURGERY:

On 9-25-66 splenectomy was performed.

GROSS PATHOLOGY:

The specimen consisted of a large red-purple spleen measuring 30 x 15 x 10 cm. and weighing 2330 gm. The splenic capsule was slightly thickened and its surface had focal and scattered gray dots. On cut section the splenic parenchyma was somewhat nodular and diffusely infiltrated by a moderately firm gray-pink process.

COURSE:

The patient did well postoperatively. Her platelet count increased to reach a high of 1,676,000 on 10-7-66. She was treated with Heparin. The platelet count gradually decreased and at discharge on 10-21-66 her platelet count was 827,000 cu.mm.

FOLLOW-UP:

The patient has attempted to become pregnant since the splenectomy without success. She has gained 20 pounds and now weighs 150 pounds. As recent as 3-9-70 she has been asymptomatic.

NAME: A. A.

APRIL 1970 - CASE NO. 11

AGE: 14 SEX: F RACE: Caucasian

ACCESSION NO. 15408

CONTRIBUTOR: James B. Carter, M.D.  
Kaiser Foundation Hospital  
Los Angeles, Calif. 90027

OUTSIDE NO. F 4966-66

TISSUE FROM: Spleen

CLINICAL ABSTRACT:

Present illness: The patient noted a slight increase in the size of her abdomen approximately three months prior to admission. The abdomen gradually increased in size but there was no significant pain. No history of abdominal trauma was elicited.

Physical examination revealed a large palpable mass in the upper left abdominal quadrant which moved on deep inspiration.

Laboratory report: Routine laboratory studies, including a bone marrow examination, were within normal limits.

Radiograph: Intravenous urogram demonstrated a large spleen.

SURGERY:

Laparotomy was performed and a large cyst of the spleen was found. For technical reasons the contents of the cyst was aspirated and the spleen was removed without incident.

GROSS PATHOLOGY:

The spleen weighed 800 grams and contained a partially collapsed cyst which occupied the greater bulk of the organ. The fluid remaining in the cyst was dark, nonviscid, and contained yellow flecks suggestive of cholesterol. The luminal surface of the cyst was coarsely trabeculated.

COURSE:

The postoperative course was uneventful.

FOLLOW-UP:

The surgeon states that the patient is living and well.

NAME: B. J.

APRIL 1970 - CASE NO. 12

AGE: 51 mos. SEX: F RACE: Caucasian

ACCESSION NO. 11994

CONTRIBUTOR: Bill Sweeny, M.D.  
St. Luke's Hospital  
Aberdeen, So.Dakota

OUTSIDE NO. A-63-61

TISSUE FROM: Spleen

CLINICAL ABSTRACT:

History: The patient was born in July 1957. The delivery and the maternal history were unremarkable. There were no problems the first eight weeks of life. Shortly thereafter lassitude and slight abdominal fullness were noted until 16 months of age. At this time the spleen and liver became palpable. The peripheral blood and bone marrow were not remarkable. Over the remaining months of the patient's life, a feeding problem developed together with anemia. In the last six months, the lower extremities became moderately rigid. The patient's gait became progressively ataxic.

AUTOPSY:

The gross autopsy findings showed infiltrated disease of the lungs with hemorrhagic bronchopneumonia. Hepatosplenomegaly was present. The remainder of the examination was unremarkable.

LQ

STUDY GROUP CASES

for

APRIL 1970

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CASE NO. 1. ACCESSION NO. 12942. E.F. Ducey, M.D.-S.K. Abul-Haj, M.D., Contributors

LOS ANGELES:

Hemangioma--16

CENTRAL VALLEY:

Cavernous hemangioma, spleen, with infarction--8

OAKLAND:

Cavernous hemangioma, infarcted--10

WEST LOS ANGELES:

Hemangioma--12

SOUTH BAY:

Mixed angioma with infarction--6

Lymphangioma--1

INLAND (SAN BERNARDINO):

Cavernous hemangioma, spleen--13

SAN FRANCISCO:

Hemangioma, cavernous--16

FILE DIAGNOSIS: Cavernous hemangioma, spleen

1692-9120

References:

1. Boman, K. A clinic-histologic investigation on haemangioma. Acta Chir. Scand. **83**, 185. (1939-40).
2. Keller, T. E. Diffuse hemangioma of the spleen. Am. J. Cancer, **16**:412-418, 1932.
3. Pines, B. and Rabinovitch, J. Hemangioma of the spleen. Arch. Path., **33**: 487-503, 1942.

Minutes not received: Orange County, San Diego, Santa Barbara groups.



APRIL 1970

CASE NO. 3, ACCESSION NO. 12589. J.L. Hansen, M.D., Contributor

LOS ANGELES:

Carcinoma--1  
Malignant fibroxanthoma--12  
Alveolar soft part sarcoma--1

CENTRAL VALLEY:

Angiosarcoma--3  
Liposarcoma--3  
Histiocytic sarcoma--1  
Metastatic carcinoma, giant cell--1  
(Primary lung?)

OAKLAND:

Mesothelial sarcoma--5  
Metastatic carcinoma--4  
Liposarcoma--4

WEST LOS ANGELES:

Metastatic adrenal cortical carcinoma, spleen--1  
Malignant reticulo-histiocytic tumor, spleen--9  
Metastatic renal carcinoma--1  
Don't know--1

INLAND (SAN BERNARDINO):

Metastatic melanoma--2  
Malignant mesothelioma--2  
Malignant histiocytoma--6  
Metastatic rhabdomyosarcoma--2  
Angiosarcoma--1

SOUTH BAY:

Metastatic carcinoma--4  
Malignant histiocytosis--3

SAN FRANCISCO:

Adenocarcinoma, metastatic--4  
Histiocytic reticulum cell sarcoma--11  
Hodgkin's sarcoma--1  
Sarcoma, type undetermined--1

FILE DIAGNOSIS: Malignant fibroxanthoma, spleen 1692-8833  
xf: Histiocytic reticulum cell sarcoma, spleen xf: 1692-9643

References:

1. O'Brien, J. E. and Stout, A. P. Malignant fibrous xanthomas. Cancer, 17:1445-1455, 1964.
2. Ozzello, L., Stout, A. P., and Murray, M. R. Cultural characteristics of malignant histiocytomas and fibrous xanthomas. Cancer, 16:331-344, 1963.

APRIL 1970

CASE NO. 4. ACCESSION NO. 12280. E.R. Jennings, M.D., Contributor

LOS ANGELES:

Plasmacytoma--6  
Solitary plasma cell myeloma--6

CENTRAL VALLEY:

Myeloma (plasmacytoma), tibia; ? solitary on basis of present evidence--8

OAKLAND:

Solitary myeloma (plasmacytoma)--13

WEST LOS ANGELES:

Plasmacytic myeloma, tibia--12

INLAND (SAN BERNARDINO):

Plasmacytoma--13

SOUTH BAY:

Myeloma--7

SAN FRANCISCO:

Plasma cell myeloma--15  
Plasmacytoma--1

FILE DIAGNOSIS: Solitary myeloma (plasmacytoma), tibia 1707-9731

References:

1. Dalgaard, E. B. and Dalgaard, J. B. Solitary plasmacytoma with terminal dissemination. Acta Radiol. (Stockh.). 37,231. (1952).
2. Rowe, D. S. and Fahey, J. L. A new class of human immunoglobulins. I. A unique myeloma protein. J. Exp. Med., 121:171, 1965a.
3. Sandberg, A. Avery, M.D. and Woernley, D. L., Ph.D. The relation of bone marrow plasmacytosis to serum proteins in cancer patients. Cancer, 12, pp. 651-655.

APRIL 1970

CASE NO. 5. ACCESSION NO. 11420. H. Russell Fisher, M.D., Contributor

LOS ANGELES:

Infectious mononucleosis--16

CENTRAL VALLEY:

Spleen of infectious mononucleosis with spontaneous rupture--8

OAKLAND:

Infectious mononucleosis--13

WEST LOS ANGELES:

Infectious mononucleosis, spleen--12

INLAND (SAN BERNARDINO):

Infectious mononucleosis--13

SOUTH BAY:

Infectious mononucleosis--5

Infectious mononucleosis and myeloid metaplasia--2

SAN FRANCISCO:

Infectious mononucleosis--16

FILE DIAGNOSIS: Infectious mononucleosis, spleen  
(spontaneous rupture of spleen)

1692-F9412

References:

1. Davidsohn, I. and Lee, C. L. Serologic diagnosis of infectious mononucleosis: A comparative study of five tests. Am. J. Clin. Path., 41:115, 1964.
2. Lee, C. L., Davidsohn, I., and Slaby, R. Horse agglutinins in infectious mononucleosis. Am. J. Clin. Path., 49:3, 12, 1968.
3. Wolheim, F. A. and Williams, R. C., Jr. Studies on the macroglobulins of human serum. I. Polyclonal immunoglobulin class M (IgM) increase in infectious mononucleosis. New Eng. J. Med., 274:61, 1966.

APRIL 1970

CASE NO. 6. ACCESSION NO. 10637. Herbert I. Harder, M.D., Contributor

LOS ANGELES:

Acute leukemia, granulocytic--16

CENTRAL VALLEY:

Spleen in acute leukemia with extramedullary hematopoiesis--8

OAKLAND:

Acute leukemia; myeloid metaplasia, spleen--13

WEST LOS ANGELES:

Acute blastic leukemia, spleen--3

Acute myelogenous leukemia, spleen--9

INLAND (SAN BERNARDINO):

Acute myelogenous leukemia--13

SOUTH BAY:

Granulocytic leukemia--7

SAN FRANCISCO:

Myeloproliferative disorder in blastic crisis--3

Leukemia, acute myelogenous--13

FILE DIAGNOSIS: Acute myelogenous leukemia, spleen

1692-9865

References:

1. Stewart, A. M. and Hewitt, D. Epidemiology of human leukemia. Brit. Med. Bull. 15:73, 1959.
2. Boggs, D. R., Wintrobe, M. M., and Cartwright, G. E. The acute leukemias: Analysis of 322 cases and review of the literature. Medicine, 41:163-225, 1962.
3. Gunz, F. W. and Burry, A. F. Cellular types in acute leukaemia: Diagnosis and significance. J. Clin. Path., 16:325-331, 1963.
4. Rappaport, H. Tumors of the Hematopoietic System. Atlas of Tumor Pathology. Fascicle 8. Armed Forces Institute of Pathology. Washington, D.C., 1966.

APRIL 1970

CASE NO. 7. ACCESSION NO. 15698. P.R. Thompson, M.D.-E.M. Butt, M.D., Contributors

LOS ANGELES:

Hodgkin's sarcoma--8  
Pleomorphic reticulum cell sarcoma--5

CENTRAL VALLEY:

Hodgkin's disease, spleen--8

OAKLAND:

Hodgkin's disease, lymphocytic depletion--13

WEST LOS ANGELES:

Malignant lymphoma, Hodgkin's type, spleen--12  
(Mixed nodular variety--7)

INLAND (SAN BERNARDINO):

Hodgkin's disease, mixed cellularity--13

SOUTH BAY:

Hodgkin's disease, nodular sclerosing type--7

SAN FRANCISCO:

Hodgkin's disease--16

FILE DIAGNOSIS: Hodgkin's disease, lymphocytic depletion 1692-9657

References:

1. Jackson, H., Jr., and Parker, F., Jr. Hodgkin's Disease and Allied Disorders. New York: Oxford University Press, 1947. pp. 17-34.
2. Leavell, B. S. and Thorup, O. A., Jr. Fundamentals of Clinical Hematology. 2nd Edition. W. B. Saunders Co., Philadelphia, 1966.

APRIL 1970

CASE NO. 8. ACCESSION NO. 17953. C. J. McCammon, M.D., Contributor

LOS ANGELES:

Amyloidosis, spleen--16

CENTRAL VALLEY:

Amyloidosis, spleen--8

OAKLAND:

Amyloid--13

WEST LOS ANGELES:

Amyloidosis, spleen--12

INLAND (SAN BERNARDINO):

Amyloidosis--13

SOUTH BAY:

Amyloidosis--7

SAN FRANCISCO:

Amyloidosis--16

FILE DIAGNOSIS: Amyloidosis, spleen

1692-5511

References:

1. Cohen, A. S. Amyloidosis. New Eng. J. Med., 277:522, 574, 628; 1967.
2. Highman, B. Improved methods for demonstrating amyloid in paraffin sections. A.M.A. Arch. Path., 41:559, 1946.
3. Kennedy, J. S. Sulfur-35 in experimental amyloidosis. Lab. Invest., 15:84, Discussion, 95, 1966.

APRIL 1970

CASE NO. 9. ACCESSION NO. 10699. Harry J. Sacks, M.D., Contributor

LOS ANGELES:

Gaucher's disease--16

CENTRAL VALLEY:

Histiocytosis X, spleen--6  
Gaucher's--2

OAKLAND:

Gaucher's disease--13

WEST LOS ANGELES:

Gaucher's disease--12

INLAND (SAN BERNARDINO):

Gaucher's disease--12  
Eosinophilic granuloma--1

SOUTH BAY:

Gaucher's disease--7

SAN FRANCISCO:

Gaucher's disease--16

FILE DIAGNOSIS: Gaucher's disease, spleen

1692-7686

References:

1. Shapiro, D. Demonstration of a deficiency of glucocerebrosidase-cleaving enzyme in Gaucher's disease. J. Clin. Invest., 45:1112, 1966.
2. Aballi, A. and Kato, K. Gaucher's disease in early infancy: Review of literature and report of case with neurological symptoms. J. Pediat. 13:364, 1938.
3. Cushing, E. H. and Stout, A. P. Gaucher's disease. Arch. Surg. 12:539, 1926.

APRIL 1970

CASE NO. 10. ACCESSION NO. 15732. Lawrence L. McAlpine, Contributor

LOS ANGELES:

Sarcoidosis--9  
Granulomatous splenitis, NOS--7

CENTRAL VALLEY:

Hodgkin's disease, granulomatous--1  
Sarcoid, granulomatous pattern--3  
Granulomatosis, etiology undetermined--4  
(Agreed: Hemosiderosis due to the sickleemia)

OAKLAND:

Noncaseating granulomatous splenitis--13

WEST LOS ANGELES:

Granulomatous splenitis, specific--1  
Granulomatous splenitis, sarcoid, late stage--6  
Granulomatous splenitis, type to be determined--5

INLAND (SAN BERNARDINO):

Sarcoidosis, spleen--12  
Tuberculosis, spleen--1

SOUTH BAY:

Granulomatous inflammation, probably sarcoidosis--7

SAN FRANCISCO:

Sarcoid--16

FILE DIAGNOSIS: Sarcoidosis, spleen  
                  xf: Granulomatous splenitis

1692-4454  
xf: 1692-4400

References:

1. Engle, R. L., Jr. Sarcoid and sarcoid-like granulomas: A study of 27 post-mortem examinations. Am. J. Path., 29:53-69, 1953.
2. Israel, H. L. and Sones, M. Selection of biopsy procedure for sarcoidosis diagnosis. Arch. Int. Med., 113:255-260, 1964.
3. Barrie, H. J. and Boguch, A. The natural history of the sarcoid granuloma. Am. J. Path., 29:451, 1953.

APRIL 1970

CASE NO. 11. ACCESSION NO. 15408. James B. Carter, M.D., Contributor

LOS ANGELES:

Epidermoid cyst, spleen--16

CENTRAL VALLEY:

Dermoid cyst, spleen--1 (basis of noting sebaceous glands on slide section)  
Epidermoid cyst, spleen--12

OAKLAND:

Congenital cyst, with squamous epithelial lining, spleen--13

WEST LOS ANGELES:

Epidermoid cyst--12  
(Capillary angiomatous hamartoma ? --7)

INLAND (SAN BERNARDINO):

Epidermal inclusion cyst, spleen--13

SOUTH BAY:

Epidermoid cyst--7

SAN FRANCISCO:

Epidermal inclusion cyst--16

FILE DIAGNOSIS: Epidermoid cyst, spleen

1692-3541

References:

1. Fowler, R. H. Nonparasitic benign cystic tumors of the spleen. Surg., Gynec. and Obst. Internat. Abst. Surg., 96:209-227, 1953.
2. Parker, E. F. and Brown, A. G. Epidermoid cyst of the spleen. Surgery, 24:708-713, 1948.
3. Linn, H. J. and Ellias, E. P. Epidermoid cyst of the spleen: Report of a case. Am. J. Clin. Path., 19:558-564, 1949.

APRIL 1970

CASE NO. 12. ACCESSION NO. 11994. Wm. T. Sweeney, M.D., Contributor

LOS ANGELES:

Niemann-Pick's disease--16

CENTRAL VALLEY:

Niemann-Pick disease--8

OAKLAND:

Niemann-Pick disease--13

WEST LOS ANGELES:

Niemann-Pick's--12

INLAND (SAN BERNARDINO):

Niemann-Pick's disease--13

SOUTH BAY:

Niemann-pick's disease--7

SAN FRANCISCO:

Niemann-Pick disease--16

FILE DIAGNOSIS: Niemann-Pick disease, spleen

1692-7685

References:

1. Brady, R. O., Kanfer, J. N., Mock, M. B., and Fredrickson, D. S. Metabolism of spingomylin. II. Evidence of enzymatic deficiency in Niemann-Pick disease. Proc. Nat. Acad. Sci., 55:336, 1966.
2. Fujino, Y. and Nigishi, T. Investigation of the enzymatic synthesis of spingomyelin. Biochem. Biophys. Acta, 152:428, 1968.
3. Crocker, A. C. and Farber, S. Niemann-Pick disease: A review of 18 patients. Medicine, 37:1, 1958.