* * * * * * * * * * * * *

CALIFORNIA TUMOR TISSUE REGISTRY

LOS ANGELES COUNTY - UNIVERSITY OF SOUTHERN CALIFORNIA MEDICAL CENTER

PROTOCOL

for

MONTHLY STUDY SLIDES

NOVEMBER 1970

NOSE and THROAT TUMORS

* * * * * * * * * * * * *

NAME: P. T.

NOVEMBER 1970 - CASE NO. 1

AGE: 8 mo. SEX: M RACE: Caucasian

ACCESSION NO. 10057

CONTRIBUTOR: R. F. Hufner, M.D.
Clinical Laboratory Med. Group
Los Angeles, Calif. 90057

OUTSIDE NO. E-4098-58

TISSUE FROM: Nose

CLINICAL ABSTRACT:

History: Child was born (12-16-57) with a mass over the nose. When seen at about 8 months, examination revealed a 2 x 3 cm. soft movable mass, with no discoloration, over the bridge of the nose. Laboratory tests were normal. Radiograph of skull 4-29-58 revealed a fenestration at the lowermost portion of the metopic suture and some reactive bony changes along the left border of the fenestration which also involved the roof of the nares. A lateral view showed soft tissue structures bulging beyond the fenestration. As such, this gave several impressions: a meningocele; a meningioma; a mucocele; and the possibility of a dermoid cyst; however, the lateral view did not show any abnormal density within the soft tissue at that point.

SURGERY:

On 8-18-58, removal of mass, which was noted to communicate with the right frontal lobe of the brain.

GROSS PATHOLOGY:

Specimen was somewhat triangular, relatively rubbery, and measured 3.4 cm. at the base by 3.3 cm. in length, with a maximal depth of 1.8 cm. At the base, there was lobulated fat; at the apex, portions of the surface appeared smooth as though encapsulated and was somewhat softer. On section, toward the base, the mass was divisible roughly into two lobes, both of rubbery consistency and dull yellow-gray. Some areas were homogenous and others showed slight coarseness. The softer tissue at the apex was gray with some suggestion of lobulation.

FOLLOW-UP:

A radiograph of the skull on 4-9-59 revealed a bony defect in the lower end of the frontal bone with a definite lip projecting into the soft tissue mass lying above the nose and between the orbits. On 7-31-59, child had recurrence of the lesion which was removed. On 6-15-62 a cranioplasty was done for encephalocele and subsequently the child developed sores over the plated area. On 4-13-66, the fragmented acrylic plate was removed. In 1969, another cranioplasty was done with insertion of an acrylic plate in the frontal area for the skull defect. When last seen on 8-28-69 (age 11½), child appeared to be satisfactory with no recurrence; an EEG was mildly abnormal but without localization.

NAME: D. B.

NOVEMBER 1970 - CASE NO. 2

AGE: 60 SEX: M RACE: Filipino

ACCESSION NO. 11996

CONTRIBUTOR: Arturo F. Salcedo, M.D.
St. Francis Hospital
Honolulu, Hawaii 96817

OUTSIDE NO. 3796-61

TISSUE FROM: Carotid sheath

CLINICAL ABSTRACT:

History: Patient noted a painless egg-sized mass on the right neck for 1-1/2 months. Systemic review as well as an indirect laryngoscopy were negative.

SURGERY:

On 10-12-61, excision of tumor in carotid triangle underneath the sternocleidomastoid muscle that was adherent to the carotid sheath. Several lymph nodes measuring up to 1 cm. were adjacent to the mass.

GROSS PATHOLOGY:

The ovoid specimen measured 5.5 x 4 x 3 cm., was well circumscribed by a fibrous capsule, with a slightly nodular surface. Cut surface revealed a solid, firm, homogenous gray-white tissue, with some areas showing a nodular pattern.

FOLLOW-UP:

Patient remained asymptomatic and on 12-12-61 a blind biopsy of the right and left nasopharynx was done (4537-61A, B). Patient moved to the Philippines in 1964 and was lost to follow-up.

NAME: E. C.

NOVEMBER 1970 - CASE NO. 3

AGE: 77 SEX: M RACE: Caucasian

ACCESSION NO. 12569

CONTRIBUTOR: John K. Waken, M.D.
San Gabriel Community Hospital
San Gabriel, Calif. 91776

OUTSIDE NO. GW-977-62

TISSUE FROM: Nose

CLINICAL ABSTRACT:

History: When first seen in August 1962, patient complained of pressure in the nose and a few episodes of mild epistaxis for about six months. Physical examination revealed excessive lacrimation from the right eye and a red friable tumor completely filling the nose and bleeding easily on touch. Nasal-pharyngeal examination revealed a tumor protruding into the nasal pharynx and extending to the posterior choana on the right. A greenish discharge was noted from the mass and a culture grew E. coli. Radiographs showed a clouding of the right frontal and ethmoid sinus, with a soft tissue mass filling the right nose and extending into the medial aspect of the right maxillary sinus. Biopsies done on 8-7 and 8-14-62 described an old blood clot with partial hyalinization and calcification. Patient continued to have pain in the face with increased lacrimation and right periorbital pain. On 10-1-62 he was noted to have a mild right ptosis. About 15 minutes before consultation, patient sneezed and blew out a large friable mass from the right naris accompanied by marked hemorrhage.

SURGERY:

Excision of tumor tissue from nasal cavity and sinuses (10-3-62).

GROSS PATHOLOGY:

Specimen consisted of a 3.5 x 3.0 x 1.5 cm. firm tan-brown tissue with a moderate amount of attached surface blood clot. Serial sections revealed a structure varying from firm gray-white to soft red purple.

FOLLOW-UP:

On 3-2-63 there was no evidence of recurrence; "shelves" were removed from the right side. Patient was last seen 7-13-63, at which time crusts at the operative site were removed; area looked good. Patient died of CVA July 1965.

NAME: B. R.

NOVEMBER 1970 - CASE NO. 4

AGE: 52 SEX: M RACE: Caucasian

ACCESSION NO. 13967

CONTRIBUTOR: R. L. Byrnes, M.D.
P. O. Box 578
San Juan Capistrano, Calif. 92675

OUTSIDE NO. 64-M-2722

TISSUE FROM: Tonsil

CLINICAL ABSTRACT:

History: Patient had been in good health but complained of recurrent sore throat with some evidence of nasal obstruction. Physical examination disclosed greatly enlarged tonsils.

SURGERY:

Tonsillectomy (11-64)

GROSS PATHOLOGY:

The right tonsil consisted of two firm, glistening gray-white tissues weighing 20 grams, the larger measuring 4.5 x 2 x 2 cm. Cut section revealed some crypts; surrounding lymphoid tissue was glistening, gray, and firm. The left tonsil consisted of three firm gray-white nodular pieces of tissue, together weighing 26 grams, the largest measuring 4 x 3 x 2.5 cm. On section tissue was quite firm and uniform tan-white.

FOLLOW-UP:

Patient had a postoperative physical examination which disclosed a small mass in the cervical region, but no evidence of generalized lymphadenopathy. Routine blood count was normal; a serum electrophoresis was requested but there is no record that it was done. The cervical lesion was removed and diagnosed as a lipoma. Patient continued to be in good health with no evidence of generalized disease when seen in early 1965. No further follow-up is available.

NAME: R. G.

NOVEMBER 1970 - CASE NO. 5

AGE: 67 SEX: M RACE: Caucasian

ACCESSION NO. 14425

CONTRIBUTOR: Roger Terry, M.D.
LAC-USC Medical Center
Los Angeles, Calif. 90033

OUTSIDE NO. 64-15036

TISSUE FROM: Tonsil

CLINICAL ABSTRACT:

History: In October 1964 patient was referred for treatment of a paratonsillar mass which had been present for approximately one month and for which he had been treated with antibiotics. Physical examination revealed an enlarged, reddened left tonsil, but no exudate or cervical lymphadenopathy. Nasal septum was deviated to the right slightly with obstruction of nostril. Patient had a past history of a CVA in February 1963 from which he apparently recovered.

SURGERY:

Tonsillectomy (bilateral), 10-11-64.

GROSS PATHOLOGY:

Specimen indicated as left tonsil consisted of a spherical mass of gray-tan lobulated semi-firm tissue measuring 3.5 cm. in diameter. Focal hemorrhage and invaginations of the surface lining were present on the external surface. Sectioning revealed a soft cribriform flat surface with focal hyperemia. The right tonsil consisted of an irregular firm gray portion of tissue measuring 2 x 1.8 x 1.2 cm. Focal hemorrhage and lobulation were present on the external surface. Sectioning disclosed a gray lobulated smooth surface.

FOLLOW-UP:

Patient was discharged to return for follow-up care and radiation, but failed to keep appointments. Record indicates he was admitted to the Psychiatric Unit for a brief period in April 1968 and has not been seen since then.

NAME: S. H. NOVEMBER 1970 - CASE NO. 6

AGE: 30 SEX: F RACE: Caucasian ACCESSION NO. 14667

CONTRIBUTOR: D. R. Dickson, M.D. OUTSIDE NO. B-65-1881
Santa Barbara Cottage Hospital
Santa Barbara, Calif. 93105

TISSUE FROM: Nasal cavity

CLINICAL ABSTRACT:

History: For two years, patient had complained of obstruction of the right side of the nose and during this time it was suggested that she needed to have the nasal septum straightened. In December 1965 an otolaryngologist found firm polypoid tissue obstructing the right nasal passage. The right maxillary antrum appeared dark to transillumination but x-rays of the sinus showed no evidence of bone destruction or clouding of the maxillary sinus; however, there was a suspicious 2.5 cm. diameter soft tissue density in the region of the right ethmoid sinus. There was no pain nor other complaints and no enlarged cervical lymph nodes.

SURGERY:

Nasal polypectomy 12-10-65.

GROSS PATHOLOGY:

Specimen weighed 4 grams and consisted of three polypoid portions of firm, rubbery, homogenous, tan-pink tissue, the largest measuring 22 x 14 x 10 mm.

FOLLOW-UP:

Patient was admitted to the Memorial Hospital in New York for follow-up surgery and care. On 1-12-66 an exploration, block resection, with exenteration and biopsy of the orbital region, including turbinates, nasal septum was performed, followed by a split thickness skin graft. The surgeon reported that throughout the procedure there appeared to be no tumor involvement of the lower portion or floor of the nasal cavity. Upon handling specimen, no gross tumor was visible. Her postoperative course was uneventful and she was discharged in a week with instructions on the proper care of the orbital defect. She was last seen in September 1970 at which time she was well with no existing apparent disease.

NAME: W. H. M.

NOVEMBER 1970 - CASE NO. 7

AGE: 54 SEX: M RACE: Caucasian

ACCESSION NO. 14837

CONTRIBUTOR: Seth L. Haber, M.D.
Kaiser Foundation Hospital
Santa Clara, Calif. 95051

OUTSIDE NO. 66-632

TISSUE FROM: Larynx

CLINICAL ABSTRACT:

History: Patient had noted progressively increasing hoarseness for eight months, along with the complaint of some pain radiating to his left ear. Laryngoscopy on 10-20-65 revealed a white ulcerative-type lesion of the left vocal cord; biopsy of the tissue revealed only normal structures. Another laryngoscopy was done on 10-27-65 with similar findings and no definitive diagnosis of biopsied tissue. The vocal cord moved well and came to midline on phonation. The lesion appeared to extend subglottically to a few centimeters.

SURGERY:

Laryngofissure was done 2-8-66. It was reported that a large mulberry-type lesion was seen involving the interior of the larynx. Approximately 1 to 2 mm. of the anterior end of the vocal cord appeared to be without involvement of tumor; the posterior extent of tumor did not include arytenoid cartilage. The tumor reached below the vocal cord and superiorly into the ventricles.

GROSS PATHOLOGY:

There were two small tan fragments measuring 0.3 and 0.5 cm. in diameter and an up-to-2 x 1.5 x 0.7 cm. specimen including the vocal cord and ventricle.

FOLLOW-UP:

Postoperatively, patient was given radiation therapy for a period of six to eight weeks. On 6-8-66 laryngectomy was performed which disclosed no residual tumor but only radiation effect with ulceration and inflammation of the larynx. Sputum examinations 8-18 and 8-22-66 revealed acute bronchitis, inflammation, and squamous metaplasia. On 10-25-66 rib resection with right upper lobectomy were done. At the periphery of the upper portion, within 0.1 cm. of the lateral pleura was a centrally necrotic 3.0 cm. lobulated nodule that had no demonstrable relationship to the major bronchi. In the lower portion of the lobe was an up-to-1.0 cm. lobulated firm nodule.

Subsequently in March 1968 patient was found to have a superior vena caval syndrome "from hilar enlargement" which was treated with radiation. At that time he was found to have diabetes (fasting blood sugar, 227 mgm %). He was transferred to the El Camino Hospital 3-13-68 where x-ray therapy was continued. On 3-19-68 he complained of right upper quadrant pain and expired the next day.

AUTOPSY FINDINGS:

There was extensive pericardial clear, odorless effusion with fibrinous pericarditis. A well-circumscribed tumor 9 cm. in diameter obliterated the superior vena cava and invaded the right atrium. There was no tumor in the lungs, but a severe purulent bronchitis was noted. A blood clot completely occluded the tracheal stump. Since the lungs were air-containing, it did not occlude it during life, at least completely. There was a 10 cm. fresh blood clot at the site of the right adrenal.

NAME: F. B.

NOVEMBER 1970 - CASE NO. 8

AGE: 36 SEX: F RACE: Caucasian

ACCESSION NO. 15135

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

OUTSIDE NO. SF 66-5556

TISSUE FROM: Nasal cavity

CLINICAL ABSTRACT:

History: Patient had symptoms of nasal congestion and discharge from the right side of the nose and mouth for two months, for which she had been given antihistaminics and other medication, without relief. Examination revealed a soft tissue mass in the right middle turbinate and ethmoid area and biopsy taken.

SURGERY:

Excision of tumor with exenteration of paranasal sinuses through right lateral rhinotomy (6-24-66). Tumor was found arising from the right middle turbinate and middle ethmoid region. It did not involve the maxillary sinus and there was no evidence of gross tumor in the ethmoid or sphenoid sinuses.

GROSS PATHOLOGY:

Specimen consisted of multiple irregular gray-white tissue fragments and blood clot, the largest having a papillary gray-white appearance measuring 3 cm. in greatest dimensions. Also included were multiple mucosal fragments from the ethmoid sinus and bone.

FOLLOW-UP:

Tumor recurred on the nasal septum cribriform plate area which was resected in 1967; a recurrence of tumor in the right posterior ethmoid area was resected in 1968. In 1969 biopsy from the right sphenoid area showed recurrent tumor; at this surgery no gross neoplasm could be visualized in the area from which biopsies were taken. There was scar tissue lining the right maxillary, ethmoid, and upper septal areas from prewious operations. On 7-8-69, a right lateral rhinotomy was performed with excision of the posterior nasal septum, anterior wall, and lining of sphenoid sinuses and biopsy of the ethmoid and right maxillary scar tissue. No residual tumor was present in any of the submitted specimens. Since this procedure there has been no recurrence of tumor although the patient has had several episodes of bleeding from crusted areas in the nasopharynx.

NAME: M. W.

NOVEMBER 1970 - CASE NO. 9

AGE: 73 SEX: F RACE: Caucasian

ACCESSION NO. 15865

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

OUTSIDE NO. 1609-67

TISSUE FROM: Larynx

CLINICAL ABSTRACT:

History: Patient was first seen in November 1966 with the complaints of hoarseness and difficulty in swallowing and in breathing for about three months. On 12-15-66 direct laryngoscopy revealed a submucosal, smooth, bulging mass occupying the major portion of the left area of the epiglottic fold and the left false cord and obscuring the left ventricle. Biopsy revealed benign epithelial tumor with nonspecific inflammatory changes. Laminagrams confirmed a laryngocele. Past medical history: Chronic bronchitis; hysterectomy, 1945; cholecystectomy, 1955. Physical examination: Indirect laryngoscopy showed complete obstruction by a submucosal mass of the left pisiform sinus. She was readmitted in September 1967 for surgery. Radiograph of chest showed bullous emphysema of the right base, arteriosclerosis of the aorta. Electrocardiogram indicated subendocardial ischemia. Laboratory findings: Urinalysis negative; fasting sugar, 90; creatinine, .9; hemoglobin, 15.8; WBC, 9900; 77 segs.

SURGERY:

Tracheotomy and excision of the left laryngocele (9-11-67). The approximately 4 to 5 cm. laryngocele was identified as emerging through the thyrohyoid membrane and extending posteriorly from the posterior border of the thyroid ala to thyroid notch region, and was excised all the way down to the lumen of the ventricle.

GROSS PATHOLOGY:

Specimen consisted of a 3.5 x 3 x 2.5 cm. gray-tan cystic tissue with attached fibroadipose tissue. On cut section, the cyst contained clear fluid and had a smooth gray-tan lining. In one pole the wall was thickened by a soft-to-rubbery lobulated 2 x 1.5 x 1 cm. mass. The specimen indicated as the base of the pedicle consisted of a glistening gray-tan fragment measuring 1 x 0.4 x 0.3 cm.

FOLLOW-UP:

The patient has ASCVD, duodenal ulcer, and hiatus hernia, but there is no recurrence of tumor as of present date.

NAME: E. H. B. NOVEMBER 1970 - CASE NO. 10

AGE: 54 SEX: F RACE: Caucasian ACCESSION NO. 18038

CONTRIBUTOR: Walter F. Coulson, M.D. OUTSIDE NO. 69-S-3071
UCLA Center for Health Sciences
Los Angeles, Calif. 90024

TISSUE FROM: Nasal antrum

CLINICAL ABSTRACT:

History: Patient had a three-month history of pain of the left side of the face, treated with antibiotics with some temporary relief. She developed nasal congestion two months following onset of the pain and a month later in May 1969 a mass was noted in the left nasal fossa, which was biopsied. Radiographs of sinuses showed involvement of the medial superior left antrum with erosion of the medial antral wall into nose and superior ethmoid plate into the left orbit. Physical examination: Patient developed proptosis of the left eye, paresthesia on the left side of the face, and a large mass protruded through the middle meatus of the left side of the nose within a few days. No lymphadenopathy nor splenomegaly were noted. WBC, 8250, with normal differential.

SURGERY:

Radical maxillectomy and orbital exenteration on 5-7-69.

GROSS PATHOLOGY:

Specimen was submitted in three containers indicated as antrum, ethmoid, and orbit. One consisted of a segment of maxilla measuring 3 x 2.5 x 2 cm. containing two pre-molar and two molar teeth. Also present were a portion of sinus cavity measuring about 2 cm. in diameter; a segment of bone presumed to be of maxillary origin measuring 3 x 3 cm.; and a portion of bony sinus measuring about 2 cm. in diameter. A bottle contained an eye with segment of attached upper lid and segment of zygoma approximately 4 x 1 x 1 cm. and intrinsic occular muscles and a segment of lid lying free. Also present were multiple fragments up to 5 cm. of soft, necrotic, hemorrhagic tissue, tan in some areas, having both a firm and gritty consistency, weighing approximately 30 grams. Also submitted were multiple small bone fragments measuring up to 0.6 cm. and an irregular bone segment measuring 1.3 x 1.2 x 1 cm.

FOLLOW-UP:

Not available.

NAME: F. C.

NOVEMBER 1970 - CASE NO. 11

AGE: 67 SEX: M RACE: Mexican

ACCESSION NO. 18312

CONTRIBUTOR: O. B. Pratt, M.D.
White Memorial Hospital
Los Angeles, Calif. 90033

OUTSIDE NO. 69-4556

TISSUE FROM: Nose

CLINICAL ABSTRACT:

History: Two months before admission to the hospital, patient stated he pulled a hair from the left alar region of the nose, followed by a rapid swelling of the nose. When admitted, the swelling measured 6 x 4 cm., was sharply circumscribed, but was not tender nor painful. There was no fever. Lesion was biopsied.

SURGERY:

Removal of mass by cauterization 11-13-69.

GROSS PATHOLOGY:

Specimen was an oval-shaped mass measuring 5.5 x 4 x 4 cm., with a rim of uninvolved skin 5 mm. wide surrounding the lesion. There was an ulcerated area of the skin surface. Cut surface showed solid gray-white tumor tissue.

FOLLOW-UP:

Patient was last seen by the surgeon 2-2-70 at which time there was no recurrence of tumor.

NAME: A. M.

NOVEMBER 1970 - CASE NO. 12

AGE: 57 SEX: F RACE: Caucasian

ACCESSION NO. 14163

CONTRIBUTOR: H. Y. Yanamura, M.D.
San Antonio Community Hospital
Upland, Calif. 91786

OUTSIDE NO. S 65-1000

TISSUE FROM: Nasal fossa

CLINICAL ABSTRACT:

History: Patient developed nasal congestion during the middle of March 1965, at which time she was noted to have an upper respiratory infection and small nasal polyp in the right nasal fossa and was placed on therapy for the U.R.I. for a week prior to excision of the polyp. On return, the polyp had enlarged alarmingly, presenting as a hemorrhagic mass that protruded from the anterior naris. Planigrams of the sinuses showed a mass in the nasal fossa extending posteriorly and superiorly to involve the ethmoid sinus, inferior border of the right maxillary sinus, and causing destruction of the medial wall of the right maxillary sinus.

SURGERY:

Biopsy

FOLLOW-UP:

From 4-1-65 to 5-12-65 patient was treated with 6100 R cobalt. There was apparent considerable shrinkage of tumor and patient was comfortable for about a month. On about 6-10-65, she noticed protrusion of the right eye and in a few days she became stuporous and developed urinary incontinence. There was a rapid downhill course and patient expired 6-16-65.

AUTOPSY FINDINGS:

Both ethmoid sinus cells and the right sphenoid sinus chamber were found filled with gray, hemorrhagic, friable tumor. There was extension of tumor into the right periorbital fat, as well as a 2 x 1 cm. erosion of bone over the right sphenoid and ethmoid sinuses. Through this defect was extension of tumor measuring 7 x 4 x 4 cm. into the right frontal lobe which was infarcted.

STUDY GROUP CASES

for

NOVEMBER 1970

CASE NO. 1. ACCESSION NO. 10057. R. F. Hufner, M.D., Contributor

LOS ANGELES:

Nasal glioma--9
Anterior encephalocele--2
(Combined diagnosis: 1 and/or 2)

SAN FRANCISCO:

Nasal ganglioglioma--17

CENTRAL VALLEY:

Encephalomeningocele--7
Glioma--2

OAKLAND:

Encephalocele ("nasal glioma"), nasofrontal--14
Glioma, grade I, astrocytic type--1

WEST LOS ANGELES:

Ectopic cerebral tissue--5
(Encephalocele, nasal glioma, congenital malformation)

INLAND (SAN BERNARDINO):

Congenital nasal glioma--10

SOUTH BAY:

Ectopic neural tissue--7

FILE DIAGNOSIS: Nasal glioma 1600-9380

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

CASE NO. 2. ACCESSION NO. 11996. A. F. Salcedo, M.D., Contributor

LOS ANGELES:

Lymphoepithelioma (metastatic)--13

SAN FRANCISCO:

Lymphoepithelioma--10
Benign lymphoid hamartoma--6

CENTRAL VALLEY:

Lymphoepithelioma--2
Reactive hypoplasia--5
Carotid body tumor--2

OAKLAND:

Metastatic transitional cell carcinoma,
lymph node carotid sheath--12
Thymoma--3

WEST LOS ANGELES:

Metastatic lymphoepithelioma--2
Giant lymph node hamartoma--1
Histiocytic hyperplasia--2

INLAND (SAN BERNARDINO):

Lymphoepithelioma--10

SOUTH BAY:

Lymphoepithelial carcinoma--7

FILE DIAGNOSIS: Lymphoepithelioma, nasopharynx 1479-8083

CASE NO. 3. ACCESSION NO. 12569. J. K. Waken, M. D., Contributor

LOS ANGELES:

Anaplastic carcinoma--8
Reticulum cell sarcoma--1
Malignant melanoma--1

SAN FRANCISCO:

Undifferentiated carcinoma--12
Poorly differentiated transitional cell carcinoma--5

CENTRAL VALLEY:

Lymphoepithelioma--9

OAKLAND:

Transitional cell carcinoma, nasal cavity--13
Anaplastic carcinoma--3

WEST LOS ANGELES:

Undifferentiated carcinoma--4
Reticulum cell sarcoma--1

INLAND (SAN BERNARDINO):

Poorly differentiated carcinoma, nose--10

SOUTH BAY:

Undifferentiated carcinoma--7

FILE DIAGNOSIS: Carcinoma, undifferentiated, nasopharynx 1479-8078

CASE NO. 4. ACCESSION NO. 13967. R. L. Byrnes, M.D., Contributor

LOS ANGELES:

Atypical lymphoid hyperplasia--8
Waldenstroem lymphosarcoma--1
Reactive lymphoid hyperplasia--4

SAN FRANCISCO:

Lymphosarcoma, lymphocytic type with ? toxoplasmosis--12
Atypical lymphocytic hyperplasia--5

CENTRAL VALLEY:

Hyperplasia--4
Lymphocytic lymphoma--4
Hodgkin's disease--1

OAKLAND:

Lymphosarcoma (lymphocytic type), tonsil--9
Atypical reactive hyperplasia--5
Hodgkin's disease--2

WEST LOS ANGELES:

Lymphocytic lymphosarcoma--5

INLAND (SAN BERNARDINO):

Hyperplasia, tonsil--9
Plasmacytoma, tonsil--1

SOUTH BAY:

Lymphoid hyperplasia, possibly toxoplasmosis--6
Malignant lymphoma--1

FILE DIAGNOSIS: Lymphosarcoma, lymphocytic type, tonsil 1461-9623

CASE NO. 5. ACCESSION NO. 14425. Roger Terry, M.D., Contributor

LOS ANGELES:

Reticulum cell sarcoma--7
Malignant lymphoma (lymphoblastic)--3

SAN FRANCISCO:

Malignant lymphoma, reticulum cell type sarcoma--9
Malignant lymphoma, diffuse lymphoblastic type--7

CENTRAL VALLEY:

Histiocytic lymphoma--7
Lymphocytic lymphoma--2

OAKLAND:

Lymphosarcoma, tonsil--13
Plasmacytoma--4
Lymphoma, histiocytic type--1

WEST LOS ANGELES:

Malignant lymphoma--5

INLAND (SAN BERNARDINO):

Poorly differentiated carcinoma, tonsil--4
Lymphoma, tonsil--3
Reticulum cell sarcoma, tonsil--3

SOUTH BAY:

Malignant lymphoma, histiocytic type--3
Malignant lymphoma with plasmacytoid features--2
Malignant lymphoma, poorly differentiated lymphocytic--2

FILE DIAGNOSIS: Reticulum cell sarcoma, tonsil /Histiocytic lymphoma; reticulum cell lymphosarcoma; malignant lymphoma, reticulum cell type/ 1461-9643

CASE NO. 6. ACCESSION NO. 14667. D. R. Dickson, M.D., Contributor

LOS ANGELES:

Esthesioneuroblastoma--5
Anaplastic carcinoma--5
Angiosarcoma--1
Unclassified malignant tumor--2

SAN FRANCISCO:

Undifferentiated carcinoma--9
Olfactory neuroblastoma--5
Undifferentiated malignant tumor--2

CENTRAL VALLEY:

Small cell carcinoma--4
Lymphoma--1
Neuroblastoma--1
Septal adenoma, low-grade malignancy--1
Don't know--1

OAKLAND:

Anaplastic small cell carcinoma, nasal cavity--8
Transitional cell carcinoma--7
Olfactory esthesioneuroepithelioma--2

WEST LOS ANGELES:

Undifferentiated carcinoma--2
Malignant lymphoma--3

INLAND (SAN BERNARDINO):

Lymphoblastic lymphoma--4
Olfactory neuroblastoma--4
Undifferentiated carcinoma--1

SOUTH BAY:

Undifferentiated carcinoma--2
Malignant lymphoma, histiocytic type--2
Neuroblastoma--1
Salivary gland tumor--1
Carcinoid--1

FILE DIAGNOSIS:	Anaplastic carcinoma, nasal cavity	1600-8018
xf:	Esthesioneuroblastoma, nasal cavity	1600-9523

CASE NO. 7. ACCESSION NO. 14837. S. L. Haber, M.D., Contributor

LOS ANGELES:

Spindle cell carcinoma--12

SAN FRANCISCO:

Fibrosarcoma--5
Spindle cell variant of squamous cell carcinoma--10
Carcinosarcoma--1

CENTRAL VALLEY:

Spindle cell carcinoma--7
Chondrosarcoma--1
Fibrosarcoma--1

OAKLAND:

Squamous cell carcinoma, grade IV, larynx--16
Sarcoma, larynx--3
(Rhabdosarcoma--2)

WEST LOS ANGELES:

Spindling fibrosarcoma--3
Spindling carcinoma--2

INLAND (SAN BERNARDINO):

Myosarcoma, larynx--3
Malignant fibroxanthoma--3
Undifferentiated squamous cell carcinoma--1
Carcinosarcoma--1
Neurofibrosarcoma--1

SOUTH BAY:

Spindle cell squamous carcinoma--7

FILE DIAGNOSIS: Spindle cell carcinoma, larynx 1619-8033
xf: Squamous cell carcinoma, larynx 1619-8073

NOVEMBER 1970

CASE NO. 8. ACCESSION NO. 15135. M. L. Bassis, M.D., Contributor

LOS ANGELES:

Adenocarcinoma--9
Papillary adenocarcinoma--3

SAN FRANCISCO:

Papillary adenocarcinoma--12
Adenocystic carcinoma--5

CENTRAL VALLEY:

Low-grade papillary adenocarcinoma--9

OAKLAND:

Adenoid cystic carcinoma, nasal cavity--14
Papillary adenocarcinoma--5

WEST LOS ANGELES:

Adenocarcinoma--5

INALDN (SAN BERNARDINO):

Adenoid cystic carcinoma, nose--7
Adenocarcinoma, nose--3

SOUTH BAY:

Adenocarcinoma--6
Adenoid cystic carcinoma--1

FILE DIAGNOSIS:	Adenocarcinoma, papillary, nasal cavity	1600-8263
xf:	Adenoid cystic carcinoma, nasal cavity	1600-8203

NOVEMBER 1970

CASE NO. 9. ACCESSION NO. 15865. A. A. Channing, M.D., Contributor

LOS ANGELES:

Cystadenoma--12

SAN FRANCISCO:

Bronchogenic cyst--5
Papillary cystadenoma--10

CENTRAL VALLEY:

Laryngocele--6
Warthin's tumor--3

OAKLAND:

Oncocytic adenomatous hyperplasia, larynx--17

WEST LOS ANGELES:

Papillary cystadenoma (cystic oncocytoma),
arising in wall of laryngocele--5

INLAND (SAN BERNARDINO):

Papillary cystadenoma, larynx--9
Laryngocele--1

SOUTH BAY:

Oncocytic cystadenoma--5
Warthin's tumor--2

FILE DIAGNOSIS: Cystadenoma, papillary, larynx 1619-8450

NOVEMBER 1970

CASE NO. 10. ACCESSION NO. 18038. W. F. Coulson, M.D., Contributor

LOS ANGELES:

Reticulum cell sarcoma--12
Lymphosarcoma (poorly differentiated)--1

SAN FRANCISCO:

Malignant lymphoma, lymphoblastic diffuse type--12
Embryonal alveolar rhabdomyosarcoma--5

CENTRAL VALLEY:

Lymphoma--6
Small cell carcinoma--3

OAKLAND:

Reticulum cell sarcoma, nasal antrum--17

WEST LOS ANGELES:

Malignant lymphoma, lymphocytic--5

INLAND (SAN BERNARDINO):

Lymphoblastic lymphoma, nose--10

SOUTH BAY:

Malignant lymphoma, poorly differentiated lymphocytic--6
Malignant lymphoma, histiocytic type--1

FILE DIAGNOSIS: Reticulum cell sarcoma, nasal antrum 1602-9643

ADDENDA

NAME: E. H. B.

NOVEMBER 1970 - CASE NO. 10

AGE: 54 SEX: F RACE: Caucasian

NOSE AND THROAT TUMORS

ACCESSION NO. 18038

CONTRIBUTOR: Walter F. Coulson, M.D.
UCLA Center for Health Sciences
Los Angeles, Calif. 90024

OUTSIDE NO. 69-S-3071

TISSUE FROM: Nasal antrum

FOLLOW-UP:

Following the surgery in May 1969, patient developed abdominal pain and an exploratory was done 10-9-69 at which time she had intussusception secondary to tumor nodules present on the bowel. Repeat bowel biopsy confirmed the presence of lymphosarcoma of histiocytic type. Postoperatively she was placed on Cytoxan therapy. In November 1969 she again developed intestinal obstruction, requiring a jejunojejunostomy. She was admitted to St. John's Hospital, Santa Monica, 1-11-70 for nausea and vomiting; for three days prior to admission she was unable to retain any liquid. Physical examination revealed a distended abdomen and firm nodules throughout, with marked lymphadenopathy in the supraclavicular region. She was treated conservatively and expired 1-14-70.

AUTOPSY FINDINGS:

There was extensive lymphocytic lymphosarcoma dissemination with tumor nodules extending to epicardium, endocardium, lymphnodes, diaphragm peritoneum, uterine and ovarian serosa, pancreas, liver, adrenal, and jejunum. There was slight necrosis of the tumor and the predominant cell type was the small lymphocyte.

NOVEMBER 1970

CASE NO. 11. ACCESSION NO. 18312. O. B. Pratt, M.D., Contributor

LOS ANGELES:

Squamous cell carcinoma--13

SAN FRANCISCO:

Inverted follicular keratosis--5
Squamous cell carcinoma--12

CENTRAL VALLEY:

Low-grade squamous carcinoma or keratoacanthoma--9

OAKLAND:

Well-differentiated squamous cell carcinoma--5

INLAND (SAN BERNARDINO):

Well-differentiated squamous cell carcinoma, nose--9
Pseudoepitheliomatous hyperplasia, nose--1

SOUTH BAY:

Invasive squamous cell carcinoma--7

FILE DIAGNOSIS: Squamous cell carcinoma (well-differentiated), nose (alar) 1733-8074

NOVEMBER 1970

CASE NO. 12. ACCESSION NO. 14163. H. Y. Yanamura, M.D., Contributor

LOS ANGELES:

Undifferentiated malignant tumor--7
Anaplastic carcinoma--6

SAN FRANCISCO:

Olfactory neuroblastoma--6
Hemangioendotheliosarcoma--4
Undifferentiated carcinoma--9

CENTRAL VALLEY:

Esthesioneuroblastoma--8
Anaplastic carcinoma--1

OAKLAND:

Olfactory esthesioneuroepithelioma, nasal fossa--15
Undifferentiated carcinoma, small cell type (? oat cell)--1
Neuroglioma, grade IV--1

WEST LOS ANGELES:

Undifferentiated carcinoma--5

INLAND (SAN BERNARDINO):

Olfactory neuroblastoma, nose--2
Undifferentiated malignant tumor, nose--4
Anaplastic carcinoma, nose--4

SOUTH BAY:

Undifferentiated carcinoma--3
Undifferentiated malignant neoplasm--2
Esthesioneuroblastoma--2

FILE DIAGNOSIS:	Carcinoma, undifferentiated, nasal fossa	1600-8018
xf:	Esthesioneuroblastoma, nasal fossa	1600-9523