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CALIFORNIA TUMOR TISSUE REGISTRY

LOS ANGELES COUNTY - UNIVERSITY OF SOUTHERN CALIFORNIA MEDICAL CENTER

PROTOCOL

FOR

MONTHLY STUDY SLIDES

MAY 1972

UTERINE TUMORS

NAME: E. H.

MAY 1972 - CASE NO. 1

AGE: 47 SEX: Female RACE: Female

ACCESSION NO. 18547

CONTRIBUTOR: W. E. Carroll, M. D.
Santa Barbara Cottage Hospital
Santa Barbara, California

Outside No. S70-3327

TISSUE FROM: Uterus

CLINICAL ABSTRACT:

This 47 year old female complained of intermittent vaginal staining and bleeding for approximately 7 months.

Pelvic examination revealed a large polypoid mass protruding from the cervix, which was thought to be a large, pedunculated, submucosal uterine fibroid which had prolapsed into the vagina.

SURGERY:

On June 5, 1970, the patient was taken to surgery for definitive therapy.

GROSS PATHOLOGY:

The specimen consisted of 13 grams of rubbery, hemorrhagic, tan pink fragments, which in aggregate measured 35 x 33 x 20 mm. On section the tissue was pale, gray white and glistening.

FOLLOW-UP:

The patient is lost to follow up.

NAME: H. H.

MAY 1972 - CASE NO. 2

AGE: 65 SEX: Female RACE: Caucasian

ACCESSION NO. 15403

CONTRIBUTOR: J. Phillips, M. D.
St. Agnes Hospital
Fresno, California 93728

Outside No. S-67-133

TISSUE FROM: Myometrium

CLINICAL ABSTRACT:

This 65 year old Caucasian female was admitted to the hospital in January 1967 for pelvic surgery. The patient gave a 3 year history of increasing pelvic pressure and distress. Previous examinations disclosed a large irregular mass within the pelvis which had become larger within the previous few months.

On physical examination, the patient was well developed and well nourished. A firm irregular mass occupied most of the pelvis, obscuring the adnexal structures. The tumor extended above the pelvic brim to two fingers below the umbilicus. The cervix was smooth; a recent cervical smear was negative for malignant cells.

SURGERY:

On January 10, 1967, total hysterectomy, bilateral salpingo-oophorectomy and appendectomy were performed.

GROSS PATHOLOGY:

The uterus was grossly distorted, measuring 18 x 15 x 15 cm. and weighing 915 grams. On section, a single large mass was identified, measuring 15 cm. in diameter. The surface was firm and gray with focal irregular bright yellow areas. Both ovaries were small, gray, cerebriform and atrophic. The Fallopian tubes were unremarkable except for small paratubal cysts.

FOLLOW-UP:

Patient is in excellent health as of April 19, 1972.

NAME: M. R.

MAY 1972 - CASE NO. 3

AGE: 73 SEX: Female RACE: Caucasian

ACCESSION NO. 7871

CONTRIBUTOR: James Barger, M. D.
Good Samaritan Hospital
Phoenix, Arizona

Outside No. S-55-1345

TISSUE FROM: Myometrium

CLINICAL ABSTRACT:

This 73 year old Caucasian nulligravid female was admitted to the hospital on March 7, 1955 because of postmenopausal bleeding. The patient's last menstrual period was in 1935.

SURGERY:

On March 11, 1955, a hysterectomy was performed.

GROSS PATHOLOGY:

The uterus was symmetrically enlarged, measuring 13.5 x 9.5 x 9 cm. A large, well encapsulated mass, measuring 8.5 cm. in diameter was situated within the posterior wall of the uterus; a portion of the tumor extended into the endometrial cavity forming a mass which measured 4.5 x 5 cm. The cut surface was gray-yellow to bright pink, soft and in some areas cystic. A separate lesion, 2.5 cm. in diameter, having the typical appearance of a leiomyoma was also identified.

FOLLOW-UP:

The patient expired in March 1956 of widespread pulmonary metastases. An autopsy was not performed.

NAME: M. Z. C.

MAY 1972 - CASE NO. 4

AGE: 36 SEX: Female RACE: Caucasian

ACCESSION NO. 17975

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

Outside No. S-1034-69

TISSUE FROM: Myometrium

CLINICAL ABSTRACT:

The patient was an asymptomatic, gravida II, para II, Caucasian female. She was taking Orthonovum, 2 mg. daily, for contraception and her menstrual periods were regular.

Because of a left adnexal mass, the patient was scheduled for an exploratory laparotomy.

SURGERY:

At surgery, the uterine fundus was enlarged with an anterior bulge, measuring 4 - 6 cms. in greatest diameter, which extended into the left adnexal area. The left ovary and tube were draped over this protrusion. A total abdominal hysterectomy with left salpingo-oophorectomy and incidental appendectomy were performed.

GROSS PATHOLOGY:

The uterus weighed 155 grams and measured 10 x 4 x 4 cms. The serosal surface was focally hemorrhagic, containing many cystic structures which were thin-walled, measuring less than 2 mm. in diameter, and were filled with bloody fluid. Within the myometrium there were multiple, well circumscribed nodules that were composed of whorled bundles of uniform tan tissue which bulged above the cut surface. The largest nodule, located in the left posterior wall, measured 3 cm. in greatest diameter. The endometrial cavity was rough and focally hemorrhagic, measuring up to 0.2 cm. in thickness. The cervix was smooth and focally hemorrhagic. The os was dilated. The left Fallopian tube measured 8 x 5 cm. The serosal surface was focally hemorrhagic, and the lumen was patent throughout. The ovary measured 4 x 1.5 x 0.8 cm. and was uniform tan on section. There were fibrous adhesions extending from the fallopian tube to the ovary and from ovary to the posterior wall of the uterus.

FOLLOW-UP:

The patient was last seen in January 1972. She was alive and well and there was no evidence of recurrent tumor.

NAME: M. L.

MAY 1972 - CASE NO. 5

AGE: 43 SEX: Female RACE: Unknown

ACCESSION NO. 15075

CONTRIBUTOR: William E. Cowell, M. D.
Tri-City Hospital
Oceanside, California

Outside No. T-1082-66

TISSUE FROM: Myometrium

CLINICAL ABSTRACT:

This 43 year old mother of 4 was admitted to the hospital because of menorrhagia with secondary anemia.

Pelvic examination revealed multiple uterine nodules.

SURGERY:

At surgery, total hysterectomy and incidental appendectomy were performed. The ovaries which looked normal were left in place.

GROSS PATHOLOGY:

The uterus was of normal contour, weighing 173 grams. The serosa over the fundus was smooth and glistening. Sectioning revealed an intramural fibroid tumor within the superior portion of the fundus measuring 3 cms. in diameter. Section of the nodule showed a bulging nodular stroma with focal areas of yellowish discoloration distributed throughout an otherwise white fibromuscular matrix. Additional section of the uterus revealed two smaller fibroid tumors, each measuring 7 mm. in diameter. The endometrium was granular, orange tan and glistening. The endocervix was patent and the cervical os parous. The exocervix was gray and smooth.

FOLLOW-UP:

The patient was last seen on March 14, 1972 at which time she was well with no evidence of tumor.

NAME: Mrs. H.

MAY 1972 - CASE NO. 6

AGE: 37 SEX: Female RACE: Caucasian

ACCESSION NO. 15285

CONTRIBUTOR: J. Schaefer, M. D.
Los Angeles, California

Outside No. 597-66

TISSUE FROM: Uterus

CLINICAL ABSTRACT:

This 37 year old Caucasian female was brought to surgery for removal of a presumed large leiomyoma of the uterus.

SURGERY:

A hysterectomy was performed.

GROSS PATHOLOGY:

The specimen consisted of a uterus which measured 17 3/4 x 9 x 6 m. Arising from the myometrium of the corpus was a 9 cm. soft, degenerating tumor which did not penetrate the uterine serosa. On section the mass was gray yellow and fleshy. The remainder of the myometrium measured 1.5 cm. in thickness and was unremarkable. The endometrial cavity measured 3.5 cm. deep and contained a 9 mm. polyp located in the vicinity of the internal os. The cervical canal and external os were patent. The ectocervical epithelium was smooth and glistening.

FOLLOW-UP:

The patient is lost to follow up.

NAME: M. C.

MAY 1972 - CASE NO. 7

AGE: 51 SEX: Female RACE: Unknown

ACCESSION NO. 17623

CONTRIBUTOR: Marthe Smith, M. D.
St. Luke's Hospital
San Francisco, California

Outside No. S68-1982

TISSUE FROM: Myometrium

CLINICAL ABSTRACT:

This nulliparous woman had a history of lower abdominal pain for 2-3 years and menometrorrhagia for 10 months. Tubal ligation had previously been performed for an unknown reason. Seven months earlier, a D&C had shown benign hyperplasia and at that time the uterus was noted to be enlarged to twice its normal size. Following the D&C, the bleeding stopped, but the abdominal pain and backache became more severe.

A follow-up examination showed the uterus to have increased to 3½ times its normal size and surgery was advised.

SURGERY:

On July 10, 1968, an abdominal hysterectomy with bilateral salpingo-oophorectomy was performed. There were many peritoneal adhesions found with the omentum adherent to the bladder and to the anterior surface of the uterus.

GROSS PATHOLOGY:

The uterus which weighed 380 grams was markedly distorted but measured 13 x 9 x 8 cm. in overall dimension. The endometrial cavity was distorted and shifted to the right by a 10 cm., intramural, circumscribed, pink white nodule, lying within the left lower uterine segment and extending into the base of the left broad ligament. On section, the nodule was slightly "fish-flesh" in color and consistency. The endometrium was soft, velvety and slightly thickened. The tubes and ovaries were unremarkable.

FOLLOW-UP:

The patient was last seen on July 27, 1971 and at that time showed no evidence of recurrent pelvic disease.

NAME: R. E. M.

MAY 1972 - CASE NO. 8

AGE: 68 SEX: Female RACE: Negro

ACCESSION NO. 17278

CONTRIBUTOR: R. Sifton, M. D.
LAC-USC Medical Center
Los Angeles, California

Outside No. 67-15365

TISSUE FROM: Myometrium

CLINICAL ABSTRACT:

This 67 year old postmenopausal negro female was admitted to the hospital because of recurring vaginal bleeding over a two year period. Two prior D & C resulted in temporary cessation of bleeding and tissue examination were reported as normal.

Pelvic examination revealed a large, firm, slightly irregular uterus, with blood clot in the cervical os.

SURGERY:

A D & C on December 22, 1967 was reported as showing no evidence of malignancy. On December 26, 1967, a total hysterectomy with bilateral salpingo-oophorectomy was performed.

GROSS PATHOLOGY:

The uterus which weighed 300 grams and measured 14 x 11 x 7 cm. was markedly distorted by multiple tan, firm, intramural and subserosal whorled appearing leiomyomata, ranging from 0.5 to 3 cms. in diameter.

Additionally, there was a single 8 x 7 x 8 cm., well circumscribed, ovoid mass in the anterior wall of the uterus, which was pale tan and focally hemorrhagic. Within this mass were scattered granular appearing areas and central smooth-walled cysts, which measured up to 2 cm. in diameter.

FOLLOW-UP:

The patient was last seen in June 25, 1968 at which time she was asymptomatic. A Pap smear of the vaginal cuff was obtained and reported as negative for malignant cells.

NAME: B. B.

MAY 1972 - CASE NO. 9

AGE: 37 SEX: Female RACE: Caucasian

ACCESSION NO 19312

CONTRIBUTOR: J. R. Phillips, M. D.
St. Agnes Hospital
Fresno, California

Outside No. S-71-3484

TISSUE FROM: Uterus

CLINICAL ABSTRACT:

This 37 year old, gravida III, para III, Caucasian female was found to have a 7 cm. right adnexal mass on routine examination, which could not be distinctly separated from the uterus.

SURGERY:

A total abdominal hysterectomy with bilateral salpingo-oophorectomy was performed.

GROSS PATHOLOGY:

The uterus was small and grossly distorted, measuring 8 x 4 x 6 cm. and weighing 102 grams. Within the right parametrium but attached to the uterus, there was a white whorled tumor of variable consistency, which measured 6 cm. in greatest dimension. The endometrium was thin, smooth and gray. A second subendometrial white whorled tumor, which measured 0.5 cm. in diameter, was easily shelled out from the adjacent tissue. The myometrium appeared to be of firmer consistency in an irregular fashion.

FOLLOW-UP:

Recent examination was normal with no evidence of local pelvic or systemic disease.

NAME: M. L. C.

MAY 1972 - CASE NO. 10

AGE: 41 SEX: Female RACE: Caucasian

ACCESSION NO. 17629

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

Outside No. 875-68

TISSUE FROM: Uterine cervix

CLINICAL ABSTRACT:

This 41 year old Caucasian female was found to have a frozen pelvis on examination. She had a history of menorrhagia of unknown duration and had been taking a hematonic since April 1961.

SURGERY:

On April 12, 1968, an exploratory laparotomy was performed. A large firm tumor involving the vagina, particularly the posterior wall was observed. The uterus was small and unremarkable as were the ovaries. A hysterectomy with removal of the pelvic mass as well as an incidental appendectomy was performed.

GROSS PATHOLOGY:

The specimen consisted of a near total uterus and attached mass. The total weight of the specimen was 630 grams. The uterus measured 8½ x 6 x 3.7 cm. The tumor was attached to the inferior and lateral aspects of the distal portions of the cervix or the vaginal aspect. It measured 14½ x 10 cm. The external appearance was variegated with one portion of the tumor being pale yellow and finely lobulated and covered by a translucent capsule. The surface also showed areas which had a slimy mucoid appearance. On one end of the mass there was a separate gray tan lobule that measured 6 cm. in diameter which appeared to have been previously infarcted. The remainder of the uterus was unremarkable.

FOLLOW-UP:

The patient was seen on April 30, 1970 and was found to have a pelvic mass within the vault of the vagina which was thought to be a possible recurrence of the tumor. The patient never returned for further examination.

NAME: O. P.

MAY 1972 - CASE NO. 11

AGE: 45 SEX: Female RACE: Caucasian

ACCESSION NO. 19663

CONTRIBUTOR: W. Arndt, M. D.
Daniel Freeman Hospital
Inglewood, California

Outside No. S-1390-71

TISSUE FROM: Uterine cervix

CLINICAL ABSTRACT:

This 45 year old Caucasian female complained of suprapubic pressure, bleeding from the vagina of 4 weeks' duration, dysuria and frequency, and swelling of the right lower leg.

Pelvic examination revealed a polypoid cervical stump. Absence of uterine corpus and a pelvic mass of obscured dimension.

SURGERY:

In April 1972, cystoscopy was performed with the findings of an elevated bladder floor due to an extrinsic mass. The right ureter was obstructed 2 cm. from the uterovesical junction. The left ureteral orifice could not be identified. Pelvic examination under anesthesia confirmed the clinical impression of a large mass involving the cervical stump, upper vagina, floor of bladder and distal ureters. The cervical stump was biopsied.

GROSS PATHOLOGY:

The specimen consisted of cervical tissue fragments, measuring 3 x 3 x 0.5 cm. in aggregate, and bladder wall fragments, measuring 2.5 x 2.5 x 0.5 cm. in aggregate. All of the tissue was firm, gray white and homogeneous.

NAME: K. L.

MAY 1972 - CASE NO. 12

AGE: 70 SEX: Female RACE: Unknown

ACCESSION NO. 17927

CONTRIBUTOR: Robert G. Richards, M. D.
Anato-Chem Medical Laboratories
Anaheim, California

Outside No. K-152-69

TISSUE FROM: Uterus

CLINICAL ABSTRACT:

This 70 year old female was admitted to the hospital on February 11, 1969 with complaint of vaginal bleeding. Onset of bleeding was 1-4-69 for approximately 2 days. Patient responded thereafter and admitted to the hospital. Pap smear taken on 2-10-69 reported as Class II. Menopause in 1953 and had no bleeding since menopause until 1-4-69. The patient had approximately 8 lb. weight loss during the past 6 months and also complained of some cramping in the lower abdomen.

SURGERY:

A total hysterectomy with bilateral salpingo-oophorectomy and incidental appendectomy was performed on 2-12-69.

GROSS PATHOLOGY:

The specimen consisted of 428 gram uterus with attached bilateral adnaxae. Devoid of adnexae, the uterus weighed 413 grams and measured 13 x 13 x 7.5 cm. The attached cervix presented a 3 cm. portio vaginalis. On sectioning, the bulk of the uterus presented multiple nodular areas, some of which were calcific and virtually obliterated the lumen. The left adnexa presented a 5.5 cm. tube with 2.5 cm. ovary and the right adnexa presented a 6 x 0.5 cm. tube with 3 cm. ovary.

FOLLOW-UP:

Subsequently the patient was hospitalized in April 1969 for abdominal exploration with excision of metastatic omental mass. She expired on July 22, 1969 of metastatic disease. An autopsy was not performed.

STUDY GROUP CASES

FOR

MAY 1972

CASE NO. 1, ACCESSION NO. 18547. W. E. CARROLL, M. D., CONTRIBUTOR

LOS ANGELES:

Leiomyoma - 12

SAN FRANCISCO:

Leiomyoma, myxomatous - 6; leiomyoblastoma - 5; hemangiopericytoma - 2; benign mesodermal tumor - 1.

CENTRAL VALLEY:

Leiomyoma angiomatosum - 4; endometrial stromal myosis - 4; myxomatous degeneration of leiomyoma - 3; fibroma - 1.

OAKLAND:

Leiomyoma - 6; angioleiomyoma - 3; hemangioendothelioma - 2.

WEST LOS ANGELES:

Leiomyoma - 3; leiomyoblastoma - 1; hemangioendothelioma - 1; glomus tumor - 1.

SOUTH BAY:

Epithelioid leiomyoma - 9.

SANTA BARBARA:

Leiomyoma - 3.

INLAND (SAN BERNARDINO):

Not received

SEATTLE:

Not received

FILE DIAGNOSIS: Leiomyoma

1820-8890

MAY 1972

CASE NO. 2 - ACCESSION NO. 15403. J. PHILLIPS, M. D., CONTRIBUTOR

LOS ANGELES:

Lipoleiomyoma - 12

SAN FRANCISCO:

Lipoleiomyoma - 14

CENTRAL VALLEY:

Lipomyoma or Myolipoma - 12

OAKLAND:

Angiomyolipoma - 12

WEST LOS ANGELES:

Myolipoma - 6

SOUTH BAY:

Lipoleiomyoma - 9

SANTA BARBARA:

Lipoleiomyoma - 2; angiomyolipoma - 1

SAN BERNARDINO:

Not received

SEATTLE:

Not received

FILE DIAGNOSIS: Lipoleiomyoma

1820 - 8860

MAY 1972

CASE NO. 3 - ACCESSION NO. 7871. JAMES BARGER, M. D., CONTRIBUTOR

LOS ANGELES:

Leiomyosarcoma - 10; myosarcoma - 1; mixed mesodermal tumor - 1.

SAN FRANCISCO:

Leiomyosarcoma - 9; mixed mesodermal tumor - 5.

CENTRAL VALLEY:

Undifferentiated myosarcoma (probable leiomyosarcoma) - 9; osteosarcoma - 1; endometrial stromal sarcoma with giant cells - 1; pleomorphic mural sarcoma - 1.

OAKLAND:

Leiomyosarcoma - 12.

WEST LOS ANGELES:

Leiomyosarcoma - 6.

SOUTH BAY:

Leiomyosarcoma - 7; mesenchymal sarcoma - 1; sarcoma, unclassified - 1.

SANTA BARBARA:

Leiomyosarcoma - 3.

SAN BERNARDINO:

Not received

SEATTLE:

Not received

FILE DIAGNOSIS: Leiomyosarcoma

1820-8893

MAY 1972

CASE NO. 4 - ACCESSION NO. 17975. E. R. JENNINGS, M. D., CONTRIBUTOR

LOS ANGELES:

Atypical leiomyoma - 12

SAN FRANCISCO:

Hemangiopericytoma - 1; leiomyoma - 2; endometrial stromal sarcoma,
low grade - 2; endometrial stromal tumor with deciduoid reaction - 8

CENTRAL VALLEY:

Benign stromal myosis with hormonal alteration - 7; leiomyoma with
hormonal stimulation - 2; benign myoblastoma - 1; endometrial stromal
sarcoma - 2

OAKLAND:

Cellular or atypical leiomyoma - 12

WEST LOS ANGELES:

Cellular leiomyoma - 4; leiomyoblastoma - 1; stromal myosis - 1

SOUTH BAY:

Leiomyoblastoma - 4; endometrial stromal nodule, benign - 3;
leiomyoma, not otherwise specified - 1

SANTA BARBARA:

Leiomyoma - 1; leiomyosarcoma - 1; stromal sarcoma - 1

SAN BERNARDINO:

Not received

SEATTLE:

Not received

FILE DIAGNOSIS: Atypical leiomyoma 1820 - 8890
Xf: Endometrial stromal myosis 1820 - 8931

MAY 1972

CASE NO. 5, ACCESSION NO. 15075. WILLIAM E. COWELL, M. D. CONTRIBUTOR

LOS ANGELES:

Endolymphatic stromal myosis - 7; endolymphatic stromal sarcoma - 5.

SAN FRANCISCO:

Endolymphatic stromal myosis - 14.

CENTRAL VALLEY:

Endolymphatic stromatosis - 12.

OAKLAND:

Endometrial stromatosis (endolymphatic stromal myosis) - 12.

WEST LOS ANGELES:

Stromal myosis - 6.

SOUTH BAY:

Endolymphatic stromal myosis - 9.

SANTA BARBARA:

Stromal nodule - 1; endolymphatic stromal myosis - 2.

INLAND (SAN BERNARDINO):

Not received

SEATTLE:

Not received

FILE DIAGNOSIS: Endolymphatic stromal myosis

1820-8931

MAY 1972

CASE NO. 6 - ACCESSION NO. 15285. J. SCHAEFER, M. D., CONTRIBUTOR

LOS ANGELES:

Adenomatoid tumor (mesothelioma) - 12

SAN FRANCISCO:

Adenomatoid tumor - 15

CENTRAL VALLEY:

Adenomatoid tumor - 12

OAKLAND:

Adenomatoid tumor - 12

WEST LOS ANGELES:

Adenomatoid tumor - 5; lipoma - 1

SOUTH BAY:

Adenomatoid tumor - 9

SANTA BARBARA:

Adenomatoid tumor - 2; lymphangioma - 1

SAN BERNARDINO:

Not received

SEATTLE:

Not received

FILE DIAGNOSIS: Adenomatoid tumor

1820 - 9050

MAY 1972

CASE NO. 7, ACCESSION NO. 17623. MARTHE SMITH, M. D. CONTRIBUTOR

LOS ANGELES:

Cellular leiomyoma - 10; low grade leiomyosarcoma - 2.

SAN FRANCISCO:

Leiomyoma - 7; leiomyosarcoma - 8.

CENTRAL VALLEY:

Cellular leiomyoma - 10; low grade leiomyosarcoma - 2.

OAKLAND:

Leiomyoma - 10; leiomyosarcoma - 2.

WEST LOS ANGELES:

Leiomyosarcoma (low grade) - 3; leiomyoma - 2; cellular leiomyoma - 1.

SOUTH BAY:

Leiomyoma, cellular - 7; leiomyoma - 2.

SANTA BARBARA:

Leiomyoma - 3.

INLAND (SAN BERNARDINO):

Not received

SEATTLE:

Not received

FILE DIAGNOSIS: Cellular leiomyoma

1820-8890

MAY 1972

CASE NO. 8 - ACCESSION NO. 17278. R. M. SILTON, M. D., CONTRIBUTOR

LOS ANGELES:

Plexiform stromal tumor - 10 (Reference: Larbig et al: Plexiform Tumorlets of Endometrial Stromal Origin, Am. J. Clin. Path. 44:32-35, July 1965); leiomyoma - 1; stromal sarcoma - 1.

SAN FRANCISCO:

Leiomyoblastoma - 8; malignant hemangioendothelioma - 3; leiomyoma, epithelial type - 3.

CENTRAL VALLEY:

Cellular leiomyoma - 5; cellular leiomyoma with mesonephric tumor - 1; hemangiopericytoma - 3; benign stromal myosis - 1; stromal sarcoma - 1.

OAKLAND:

Cellular leiomyoma - 12.

WEST LOS ANGELES:

Cellular leiomyoma - 3; cellular leiomyoma with pseudo-epithelial pattern - 1; stromal myosis - 1; cellular leiomyoma with focal area of sarcoma - 1.

SOUTH BAY:

Leiomyoma, clear cell type - 5; endometrial stromal nodule - 1.

SANTA BARBARA:

Leiomyoma - 1; myogenic sarcoma - 2.

SAN BERNARDINO:

Not received

SEATTLE:

Not received

FILE DIAGNOSIS: Cellular leiomyoma 1820-8890

Xf: Stromal tumor, not otherwise specified 1820-

MAY 1972

CASE NO. 9 - ACCESSION NO. 19312. J. R. PHILLIPS, M. D., CONTRIBUTOR

LOS ANGELES:

Unclassified parametrial tumor - 8; leiomyoma - 3; perithelioma - 1.

SAN FRANCISCO:

Leiomyoma - 11; leiomyoblastoma - 2; hemangiopericytoma - 2.

CENTRAL VALLEY:

Benign - 12 (Degenerating cellular leiomyoma or angiomyoma - 8; mesothelioma - 3; hemangioendothelioma - 1).

OAKLAND:

Cellular leiomyoma - 11; abstained - 1.

WEST LOS ANGELES:

Leiomyoma - 3; leiomyoblastoma - 2; stromal myosis with mixed tumor pattern - 1.

SOUTH BAY:

Epithelioid leiomyoma - 5; hemangioendothelioma - 1.

SANTA BARBARA:

Hyalinized leiomyoma - 3.

SAN BERNARDINO:

Not received

SEATTLE:

Not received

FILE DIAGNOSIS: Cellular leiomyoma 1820-8890

Xf: Parametrial tumor, unclassified 1829-

MAY 1972

CASE NO. 10 - ACCESSION NO. 17629. P. R. THOMPSON, M. D., CONTRIBUTOR

LOS ANGELES:

Leiomyosarcoma - 7; stromal sarcoma - 4; cellular leiomyoma - 1

SAN FRANCISCO:

Leiomyosarcoma - 8; endometrial stromal sarcoma - 6

CENTRAL VALLEY:

Sarcoma, unclassified type - 5; low grade leiomyosarcoma - 3;
endometrial stromal sarcoma - 2; malignant hemangiopericytoma - 1;
benign hemangioendothelioma - 1

OAKLAND:

Stromal sarcoma - 7; sarcoma, unclassified - 5

WEST LOS ANGELES:

Leiomyosarcoma (low grade) - 4; cellular leiomyoma - 1;
hemangiopericytoma (malignant) - 1

SOUTH BAY:

Endometrial stromal sarcoma, low grade - 5; leiomyosarcoma, low
grade - 2

SANTA BARBARA:

Leiomyosarcoma - 3

SAN BERNARDINO:

Not received

SEATTLE:

Not received

FILE DIAGNOSIS: Leiomyosarcoma

1820 - 8893

MAY 1972

CASE NO. 11 - ACCESSION NO. 19663. W. ARNDT, M. D., CONTRIBUTOR

LOS ANGELES:

Undetermined - 7; stromal sarcoma - 3; leiomyosarcoma - 2

SAN FRANCISCO:

Malignant hemangioendothelioma - 2; leiomyosarcoma - 5; sarcoma,
not otherwise specified - 3

CENTRAL VALLEY:

Benign - 7 (reactive inflammatory process - 3; vascular cellular
leiomyoma - 3; benign hemangioendothelioma - 1). Malignant - 5
(low grade leiomyosarcoma - 3; malignant tumor, unclassified - 2).

OAKLAND:

Hemangiopericytoma - 6; sarcoma, unclassified - 5; Kaposi's sarcoma - 1

WEST LOS ANGELES:

Leiomyosarcoma - 3; hemangiopericytoma - 3

SOUTH BAY:

Leiomyosarcoma, low grade - 5; hemangiopericytoma - 1; endometrial
stromal sarcoma, low grade - 1

SANTA BARBARA:

Leiomyoma - 3

SAN BERNARDINO:

Not received

SEATTLE:

Not received

FILE DIAGNOSIS: Leiomyosarcoma 1820 - 8893

Xf: Sarcoma, not otherwise specified 1820 - 8803

CASE NO. 12 - ACCESSION NO. 17927. ROBERT G. RICHARDS, M. D., CONTRIBUTOR

LOS ANGELES:

Myosarcoma - 12.

SAN FRANCISCO:

Leiomyosarcoma - 14; myosarcoma - 1.

CENTRAL VALLEY:

Myosarcoma - 10 (leiomyosarcoma - 8; rhabdomyosarcoma - 2);
endometrial stromal sarcoma - 2

OAKLAND:

Leiomyosarcoma - 12

WEST LOS ANGELES:

Leiomyosarcoma - 6

SOUTH BAY:

Leiomyosarcoma - 9

SANTA BARBARA:

Leiomyosarcoma - 3

INLAND (SAN BERNARDINO):

Not recieved

SEATTLE:

Not recieved

FILE DIAGNOSIS: Leiomyosarcoma

1820 - 8893