ELLIS FISCHEL STATE CANCER HOSPITAL
AND
CANCER RESEARCH CENTER
ORAL PATHOLOGY SEMINAR # 62
O.P.S. 78-1500
DATE: NOV. 17, 1978

CASE # 1 (DS-612)

(Contributed by Dr. James J. Sciubba, DMD, PhD., Oral Pathology Division, Long Island Jewish-Hillside Medical Center, New Hyde Park, New York 11040)

The specimen is from a 54 year old female. It is said to be from a left parotid gland tumor. The tumor was located in the deep lobe which upon gross examination appeared to be firm and lobular in nature with a thin fibrous capsule. The duration of the lesion was unknown while no symptoms were evident.

CASE # 2 (08677-78)

(Contributed by Dr. Yvon LeGal, Faculte De Medecine, Institut D'Anatomie Pathologique, I Place De L'Hopital, Strasbourg (Bas-Rhin) France, and Dr. Laedlein, Pathologist Mulhouse Hospital)

This female at age 17 had extraction of the 2^{o} and 3^{o}, right superior teeth and replaced by prosthesis. In 1973 she had extraction of the 4^{o} right superior and in 1977, extraction of the 5^{o} right superior tooth. At this time the practitioner quoted "granulation tissue." In February 1978, an unerupted tooth presumably the 2^{o} right superior was removed and a maxillary cyst was noted. In March, 1978, another unerupted tooth was removed, which was located above the maxillary cyst. In April, 1978, the patient was reoperated for the removal of a tumor which was located very close to the maxillary sinus: It measured 3 cm in diameter and it had eroded the nasal septum and the floor of the right nasal cavity. Roentgenogram is included.

CASE # 3 (78-1348)

(Contributed by Dr. Al Abrams, D.D.S., M.S., Professor and Chairman Dept. of Pathology, Univ. of Southern Calif. School of Dentistry, Los Angeles, Calif.)

The patient is a 74 year old female with what is described as a diffuse 2.0 X 2.0 cm swelling of the hard palate. The patient had experienced considerable difficulty in wearing the upper denture and the dentist suggested that she leave this out in order to facilitate healing of an ulceration in the center of the mucosal surface covering the swelling. This did not heal and biopsy was performed about one week later.

CASE # 4 (78-1381)

(Contributed by Dr. Victor Carnes, and Dr. John Esther, St. John's Medical Center, Joplin, Mo. 64801)

The patient is a 13 month old white male who presented with a maxillary swelling. The specimen submitted, included a solitary tooth and approximately 1.5 cc's of rubbery dark red tissue. The lesion has been interpreted as a peripheral giant cell tumor. Some of the nuclei of the stromal cells were enlarged and an occasional mitotic figure was present. Roentgenograms will be available for review at the time of discussion.

CASE # 5 (76-2089, 77-392)
(78-2129, 78-492)

(Contributed by Dr. J. Hanson, D.D.S., and Dr. Fred P. Handler, M.D., Jefferson City, Mo.)

24 year old caucasian male who was admitted to St. Mary's Health Center, Jefferson City, Mo., in March 1978 for excision of recurrent cyst of left mandible. (clinical photographs are included.) In August, 1976, roentgenograms demonstrated a large radiolucent lesion of the left mandible was found associated with an impacted third molar. On aspiration, the lesion was found to contain fluid. The lesion was marsupialized through the lateral cortex of the left mandible. During the subsequent months, there was marked regression of the lesion. In February, 1977, the remaining cystic lining and impacted tooth were removed. The pathological examination, revealed dentigerous cyst. There was improvement during the following 6 months. Arrangements were made to remove the remaining 3rd molar. The patient did not return until March, 1978, when he developed paresthesic of the left lower lip. Panorex examination revealed a recurrent oval, 5 X 3 cm cyst like radioluency of the 3rd molar. It was well circumscribed, and smaller than the original. Unlike the original lesion the inferior broder of the mandible is intact. As in the original lesion, the roots of the lower left 1st and 2nd molars, are eroded. The lesion was excised together with the mandibular left 1st and 2nd molars. Photographs are included of the panorex in sequential order and representatives from the three procedures. (They are labelled accordingly, A,B,C, & D)

CASE # 6 (77-5252, 78-1418)
EFSCH # 78-47300

(Contributed by Dr. John Esther, and Dr. Victor Carnes, St. John's Medical Center, Joplin, Mo.)

E.L. is a 75 year old caucasian male who developed a mass in the right maxilla. Roentgenograms demonstrated absence of right alveolar ridge and the lower lateral medial margins of the right maxillary sinus. The region of the right maxillary sinus is opacified.(X-rays will be available at the time of discussion.)

CASE # 7 (78-1317)

(Contributed by Dr. Richard K. Wesley, D.D.S., M.S.D., School of Dentistry, University of Detroit, Detroit, Michigan)

52 male with a history of a painless 3.0 X 2.0 cm yellowish mass approximating the right mental nerve. Radiographs were negative and the lesion has been enlarging for the past two months.

UNIVERSITY OF MINNESOTA
TWIN CITIES

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November 8, 1978

Dr. Carlos Perez-Mesa
Department of Pathology
Ellis Fischel State Cancer Hospital
Columbia, MO 65201

Dear Carlos:

I hope you had a good time in Argentina. I certainly enjoyed visiting Spain again. I also had a great time in St. Louis with Fred Kraus and his gang and I am only sorry that I did not see you there. Your associate, Dr. Oxenhandler, sent me during your absence a great case of lymphocyte-rich thymoma, including excellent gross photographs, x-rays and electron micrographs, for which I am most appreciative.

Here are my impressions on the cases for the Oral Pathology Seminar #62:

Case 1.- Adenoid cystic carcinoma.
Case 2.- Calcifying epithelial odontogenic tumor.
Case 3.- Mixed tumor, probably malignant.
Case 4.- Giant cell reparative granuloma, peripheral variant.
Case 5.- Mural ameloblastoma in a dentigerous cyst.
Case 6.- One slide shows a malignant giant cell tumor. Another shows a pattern consistent with venous angioma. I don't know how to put the two together.
Case 7.- I don't know what this tumor is. I have never seen anything like it.

Best regards,

Juan Rosai, M.D.
Professor, Laboratory
Medicine and Pathology
Director of Anatomic Pathology

JR:jed

"OFFICIAL DIAGNOSIS"

ELLIS FISCHEL STATE CANCER HOSPITAL
AND CANCER RESEARCH CENTER
ORAL PATHOLOGY SEMINAR # 62
O.P.S. 78-1500
DATE NOVEMBER 17, 1978

CASE # 1

MONOMORPHIC ADENOMA

(Contributed by Dr. James J. Sciubba, DMD, Ph.D., Oral Pathology Division, Long Island Jewish-Hillside Medical Center, New Hyde, New York)

parotid

This was also the diagnosis from Dr. Abrams, USC, Dr. Hori, W. Virginia, Dr. Berthrong, Colorado Springs, and Dr.'s Dunlap and Barker, Kansas City, Dr.'s Corio and Tarpley from Bethesda, and Dr.'s King and Cherrick from SIU. Dr. Archard, National Institute of Dental Research called it "monomorphic adenoma, canalicular type" however, some residents and other staff members favored the possibility of "adenoid cystic carcinoma." Dr.'s Batsakis and McClatchey from Ann Arbor called it "carcinoma in situ (terminal duct) in a monomorphic adenoma." Dr. Shafer from Indiana called it "adenoid cystic carcinoma, atypical." This was also the diagnosis of Dr. Rosai from Minneapolis, Dr. Azar from Tampa, Pathology residents from the Jewish Hospital in St. Louis, Dr. Meyer from the Jewish Hospital called it "adeno-carcinoma." Dr. Spjut from Houston called it "well differentiated adenocarcinoma."

CASE # 2

CALCIFYING EPITHELIAL ODONTOGENIC TUMOR

(Contributed by Dr. Yvon LeGal, Faculte De Medecine, 1 Place De L'Hopital, Strasbourg (Bas-Rhin) France)

With a few exceptions, this was the diagnosis most widely excepted.

CASE # 3

hard palate

ADENOCARCINOMA

(Contributed by Dr. Al Abrams, D.D.S., M.S., Professor and Chairman., Dept of Path., University of Southern Calif. School of Dentistry, Los Angeles, California)

Dr. Rosai from Minneapolis called it "mixed tumor, probably malignant." Dr. Berthrong, Colorado Springs, stated " it would seem to me that probably

CASE # 3 (cont.)

this is an adenocarcinoma arising in a mixed tumor. Perhaps the irritation of the dentures over a mixed tumor could have produced this much cellular pleomorphism in an otherwise benign lesion. I believe the biopsy indicates that a wide local resection should be carried out. My diagnosis is mixed tumor of minor salivary gland with focal adenocarcinoma." Dr. Shafer from Indiana commented "adenocarcinoma with unusual pleomorphism." Dr. Archard from Bethesda called it "undifferentiated carcinoma with or without porrly differentiated squamous cell carcinoma." Dr. Batsakis and Dr. McClatchey from Univ. of Michigan-Med School, as well as Dr.'s John Meyer, St. Louis, Dunlap and Barker from Kansas City, called it "adenocarcinoma." Dr.'s Hori, W. Virginia, and King from SIU considered the possibility of "metastases." This was also the impression of Dr. Wesley from Detroit. Dr. Sciubba and Dr. Ackerman from Long Island called it "mixed tumor", Dr. Azar from Tampa, called it "mixed tumor with ameyloid like stroma." Dr.'s Corio and Tarpley from Bethesda commented "a typical cellular adenoma of palate with prominent myoepithelial elements and foci of what appear to be one cytic cells. The cellular pleomorphism exhibited probably will not affect the biologic behavior of the tumor." Dr. Abrams commented " although we felt that there were features present to suggest mixed tumor, these are considered insifficient to justify such a diagnosis. At this time, we prefer to call it adenocarcinoma."

CASE # 4 GIANT CELL TUMOR

maxilla

(Contributed by Dr. Victor Carnes, and Dr. John Esther, St. John's Medical Center, Joplin, Mo.)

This was the overwhelming diagnosis with a few semantic nuances. Dr. Shafer made the diagnosis of "Cherubism." Abrams from USC commented "I suppose this would be classified as a giant cell granuloma. I actually prefer to designate these lesions as giant cell tumor. I am wondering if this is displaying a manifestation of cherubism."

CASE # 5 AMELOBLASTOMA ARISING IN DENTIGEROUS CYST

(Contributed by Dr. J. Hanson and Dr. Fred Handlar, Jefferson City, Mo.)

With minor variations this was the predominant diagnosis. Presently the patient is free of abnormalities.

CASE # 6 GIANT CELL TUMOR

Maxilla

(Contributed by Dr. John Esther, and Dr. Victor Carnes, St. Johns Medical Center, Joplin, Mo.)

This was the overwhelming diagnosis with some expressing proper concern about hyperparathyroidism. The slide containing dialated vascular structures

CASE # 6 (cont.)

represents a re-excision where no remanents of tumor was found.

CASE # 7

BENIGN LESION OF HISTIOCYTIC ORIGIN

soft tissue

(Contributed by Dr. Richard Wesley, 2985 E. Jefferson Ave., Detroit, Michigan)

This case generated a great difference of opinions amoung the consultants. Abrams from USC commented "I believe it is an inflammatory-reactive process with prominent regeneration-degeneration of muscle. The lesion appears to be benign. I would prefer to classify this as a xanthogranuloma showing prominent muscle reaction and regeneration. " Dr. Batsakis and McClatchey stated "benign schwann cell tumor with rhabdomyomatous differentation?, Benign triton tumor." Dr. Meyer, St. Louis called it "benign histiocytoma." Azar from Tampa called it "neurofibroma with xanthomatous component, or histiocytoma-isolated cellular pleomorphism of some cells would require close follow-up." Dr. Dunlap, Kansas City called it "Xantho granuloma." Dr. Shafer from Indiana called it "reticulohistiocytic granuloma; this is a classical example." Archard from Bethesda called it "rhabdomyomatous tumor of uncertain nature." Dr. Costa from that Department and others believe"this is a bizarre peripheral nerve tumor of some type. Electron microscopy might be useful in evaluating this lesion." Dr.'s Ackerman and Sciubba called it "rhabdomyoma." Dr. Berthrong from Colorado Springs commented "I think this is a fibroxanthoma. I suspect that it is benign though perhaps locally aggressive. Foam cells and multinucleated giant cells and cartwheeling would seem to be sufficiently characteristic to place in this large group of soft tissue tumors." Dr. Rosai in his diagnostic impression summarized the feeling that was present in most of all the discussion of the case; "I don't know what this tumor is. I have never seen anything like it."

Yale University

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January 14, 1991

Richard K. Wesley, D.D.S.
School of Dentistry
University of Detroit
2985 East Jefferson Avenue
Detroit, MI 48207

Re: Seminar 332 - Case 7

Dear Dr. Wesley:

As I told you over the telephone, I am very interested in a case that you contributed for the Oral Pathology Seminar of the Ellis Fischel Cancer Research Center that our common friend, Carlos Perez-Mesa, has been organizing for many years. I am enclosing the pertinent information from the proceedings of that Seminar, which shows the remarkable diversity in diagnostic opinions, as well as the fact that at the time I did not have the slightest idea of what the lesion represented. I did not forget the case, though, and when I received a case in consultation two days ago of a soft tissue mass in a young patient, I compared it with yours and found the two of them to be identical. It was at this point that I took the liberty of contacting you to see whether there was any possibility of finding out what happened to the patient and whether the block was still available in order to do some immunoperoxidase stains on it. Unfortunately, the only information I have on the case is that written in the proceedings of the Seminar, i.e., that it was contributed by you and that the pathology number is 78-1317. The case was presented at the Oral Pathology Seminar #52 (O.P.S. 78-1500), which was held on November 17, 1978.

I thank you for any help that you could provide me regarding this matter. I am sending a copy of this letter to Dr. Perez-Mesa to see whether there is any chance that he may have some additional material or information himself.

Sincerely yours,

Juan Rosai, M.D.
Professor of Pathology
Director of Anatomic Pathology

JR:ml

Enclosure
cc: Dr. Perez-Mesa

SEM 332-CASE 7

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Dr. Juan Rosai
Department of Pathology
School of Medicine
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March 5, 1991

Dear Dr. Juan Rosai:

Enclosed please find the unstained slides that you requested of our case number 78-1317, O.P.S. 78-1500. If you need any more assistance please feel free to contact us.

Sincerely yours,

Pathology Department
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Enclosure