

CASE HISTORIES

CASE #1 (73-2711 & 73-2785) Contributed by Carlos Perez-Mesa, M.D., Chief Pathologist, Ellis Fischel State Cancer Hospital, Columbia, MO:

FMS (EFSCH 42721) A 71 Caucasian female noticed a lump approximately 1 cm in diameter in the left cervical region for which she received antibiotics. Concurrently she had some "trouble" swallowing, particularly at night while lying down. Three months before admission, a mass was discovered in the base of the tongue measuring 2 cm; several enlarged nodes were noted in the left side of the neck. A biopsy from the tongue was done, which is the material included in the slide. During the examination, a mass was discovered also in the left breast.

CASE #2 (67-4263) Contributed by Charles Dunlap, D.D.S. and Bruce Barker, D.D.S., University of Missouri-Kansas City, Kansas City, MO:

A 50 Year old male had a large multilocular tumor of the posterior body and ramus of the mandible. Nine years earlier he had a tumor removed from the same area. It was diagnosed as ameloblastoma. The present lesion was thought to be a recurrent ameloblastoma.

CASE #3 (D-354-79) Contributed by Albert M. Abrams, D.D.S., M.S., Professor of Pathology, University of Southern California School of Dentistry, Los Angeles, CA:

The patient is a 31 year old female who went to her physician because of left lingual mandibular swelling of approximately 4 to 6 months. There were no other significant findings except for mobility of the second molar tooth. The physician placed the patient on antibiotics for one month but slow expansion progressed. Radiographs were described as showing an ill-defined destructive process of the mandible with widening of the mandibular canal and evidence of mineralization which imparted "sunburst" appearance to the process.

CASE #4 (80-453) Contributed by Charles Dunlap, D.D.S., Bruce Barker, D.D.S., and Dr. Wayne DeMott, Providence-St. Margaret's Hospital, Kansas City, KS:

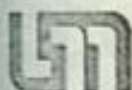
A 50 year old male had a 1.5 year history of painless enlargement of the right maxilla. The procedure was done in a hospital. The admitting laboratory work-up revealed an alkaline phosphatase of 225 units. Normal range at this hospital is given 40-90 units.

CASE #5 (80S-416) Contributed by J.D. Morasco, D.O., Kirksville College of Osteopathic Medicine, Kirksville, MO:

A 70 year old female who had a lesion removed from the parotid gland being present for about two years and associated with infrequent pain.

CASE #6 (80S-419) Contributed by J.D. Morasco, D.O., Kirksville College of Osteopathic Medicine, Kirksville, MO:

A 71 year old female developed a lesion in the palate, precise location unspecified and duration unknown.



UNIVERSITY OF MINNESOTA  
TWIN CITIES

Department of Laboratory Medicine and Pathology  
Medical School  
Box 609 Mayo Memorial Building  
420 Delaware Street S.E.  
Minneapolis, Minnesota 55455

362

April 24, 1980

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

OFFICIAL DIAGNOSIS  
SEE GEN 371

Dear Carlos:

Here are my diagnoses for the Oral Pathology Seminar-68 to be held on May 9, 1980.

Case 1 - I believe this is a malignant lymphoreticular neoplasm and I would strongly favor the diagnosis of histiocytic lymphoma, although I would like to do a von Leder stain to rule out the possibility of granulocytic sarcoma.

Case 2 - The overall pattern of this tumor is that of an ameloblastic fibroma, but it seems to me that the degree of stromal cellularity is enough to suggest that it represents a low-grade malignancy, i.e., the so-called ameloblastic fibrosarcoma.

Case 3 - Mixoma (mixofibroma).

Case 4 - I would favor a diagnosis of osteitis fibrosa cystica (hyperparathyroidism), although I would like to know the results of the serum calcium and phosphorus before making a definitive diagnosis.

Case 5 - Monomorphic adenoma of the so-called canalicular type.

Case 6 - Adenoid cystic carcinoma.

Best personal regards,

*Juan*

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

JR:Jed