

TUMOR SEMINAR COLLECTION

SET XI

Skin Seminar, Texas, 1947, Ash

The discussion of these cases  
is ~~at~~ in the last fascicle of  
his book

TUMOR SEMINAR

October 4, 1947  
San Antonio, Texas

Conducted by

Colonel J. E. Ash, U.S.A. Retired, Scientific Director  
THE AMERICAN REGISTRY OF PATHOLOGY  
Washington, D.C.

CASE 1. Presented by Col. Elbert DeCouracy, Brooke General Hospital,  
Fort Sam Houston, Texas.

Acc. No. 885-4.

Specimen: Lateral aspect of back.

History: L.D.K. Age 52. White. Male. The patient states that  
the lesions have been present for many years. They consist of brown,  
flat-top, papular elevations which are circumscribed and covered with  
a few greasy scales.

CASE 2. Presented by Col. J. E. Ash, Army Institute of Pathology,  
Washington, D.C.

Acc. No. 186356.

History: White male, aged 58 years. Clinical diagnosis of  
epithelioma of the face. The small lesion below inner canthus of  
right eye had been present for a year; slight increase in size and  
occasional bleeding. Diagnosed by the contributing pathologists as  
baso-squamous cell carcinoma.

CASE 3. Presented by Col. J. E. Ash, Army Institute of Pathology,  
Washington, D.C.

Acc. No. 188871.

History: White male, aged 25 years. For the past four years  
patient has noticed a small painless growth on the forehead. It  
bled profusely when picked.

CASE 4. Presented by Lt. Col. R. H. Holmes, Brooke General Hospital,  
Fort San Houston, Texas

Acc. No. 885.

Specimen from forehead.

History: L.D.K. White male, aged 52. Pearly, 1 cm. raised hemispherical lesion of forehead, with overlying telangiectasis, two years duration.

CASE 5. Presented by Dr. D. A. Todd, San Antonio, Texas

Slide No. 17259. Patient of Dr. C. W. Tennison

History: Female, 22 years. The lesion had been present since birth and extended from in front of the ear over the cheek to the ala of the nose and upper lip. This was oblong-shaped. The appearance was that of a pinkish-tan color. The skin was thick and leathery. Near the upper portion, during the last three months, there appeared three small nodes which are deeply pigmented, ranging from 2-4 mm. in diameter. These small nodules caused the patient to consult her physician. Entire region was excised and sections submitted were from the nodular places.

CASE 6. Presented by Col. J. E. Ash, Army Institute of Pathology,  
Washington, D.C.

Acc. No. 194986.

No clinical data. They are in the discussion.

CASE 7. Presented by Lt. Col. G. J. Matt, Brooke General Hospital,  
Fort San Houston, Texas.

Acc. No. 181.

Specimen: Skin, left thumb.

History: White male, aged 57. Mole present on thumb for many years, has increased in size with scaliness and induration of surrounding tissues. No pain or tenderness.

Continues in next page.

CASE 11. Presented by Lt. Col. G. J. Mott, Brooke General Hospital,  
Fort San Houston, Texas

Acc. No. 606.

Specimen: Skin, right buttock.

History: White female, aged 23. The patient states that a "black mole" has been present for several years and has become painful in the last two weeks. Examination reveals a rounded, non-raised, brown-black lesion 0.5 cm. in diameter. The lesion appears to be circumscribed.

CASE 12. Presented by Col. J. E. Ash, Army Institute of Pathology,  
Washington, D.C.

Acc. No. 169918.

History: Adult white male had a nodule on the surface of the skin of the wrist for five or six years. It has not increased significantly in size.

CASE 13. Presented by Capt. John T. Ellis, Brooke General Hospital,  
Fort San Houston, Texas.

Acc. No. 1758.

Specimen: Skin, right thigh.

History: White male, aged 19. Small, raised, red, pedunculated tumor of five weeks duration, which bleeds easily upon slightest trauma.

CASE 14. Presented by Col. Elbert DeCoursey, Brooke General Hospital,  
Fort San Houston, Texas.

Acc. No. 225.

Specimen: Biopsy, right axilla.

History: White male, aged 33. A lump about size of a pigeon's egg developed rapidly under right mandible and in right axilla about one month ago. Moderately tender. Red and white cells are normal in appearance. WBC 16,000, neutrophils 82%; X-rays negative.

CASE 8. Presented by Doctors J. M. Moore and S. W. Bohls,  
San Antonio, Texas

Slide No. 4206-46

Specimen: Mole from right wrist.

History: Male, aged 54. Specimen consists of a piece of skin measuring 4 x 3 cm. with a dark brown mole measuring 12 mm. in diameter. This tumor is elevated about 3 mm. above the surrounding skin surface. The lesion was ulcerated near center.

This mole had been present for many years. However, patient states that it apparently had become larger in the last few months and had ulcerated.

CASE 9. Presented by Capt. P. T. Flynn, Brooke General Hospital,  
Fort Sam Houston, Texas.

Acc. No. 2248.

Specimen: Granulomatous mass of skin, lateral aspect left foot.

History: G.S. White male, aged 27. Patient stepped on a land mine in September 1943, following which a draining wound on the lateral aspect, plantar surface, of the left foot developed. This has continued up until the present time (August 1947). The lesion began to increase in size in August 1946. Examination revealed a discoid fungating mass measuring 4 cm. in diameter and elevated 5 mm. which was well demarcated from the surrounding skin.

CASE 10. Presented by Capt. G. B. Stansell, Brooke General Hospital,  
Fort Sam Houston, Texas

Acc. No. 293.

Specimen: Right trapezius.

History: White male, aged 56. Noted small lump growing on right shoulder three weeks ago. Nodule has increased in size. Slight pain in area of lump. Growth was deeply imbedded in muscle. Mole of right shoulder removed four months previously.

*Continues in the preceding page.*

- CASE 15. Presented by Dr. B. F. Stout, San Antonio, Texas.  
Slide No. 13A426.  
Patient of Doctors Lehmann and Pipkin.  
History: Latin-American male, aged 55. A tailor, first seen on August 6, 1946, at which time there were numerous, pea to a coin-sized, nodular, indurated, solid lesions scattered on the buttocks, thighs, arms, legs, and feet. These were smooth-surfaced, raised nodules, with a bluish-red color and smooth surface.
- CASE 16. Presented by Capt. P. T. Flynn, Brooke General Hospital,  
Fort Sam Houston, Texas.  
Acc. No. 774.  
Specimen: Chest wall.  
History: White male. The lesion consisted of a non-pigmented nipple-like skin projection 8 mm. in diameter and raised 5 mm.
- CASE 17. Presented by Lt. Col. R. H. Holmes, Brooke General Hospital,  
Fort Sam Houston, Texas.  
Acc. No. 743.  
Specimen: Left ankle.  
History: White male, aged 37. The lesion consists of a smooth, circumscribed skin nodule measuring 0.5 cm. It has been present for about eight years and has increased in size for the past year and a half. The nodule is non-tender.
- CASE 18. Presented by Col. J. E. Ash, Army Institute of Pathology,  
Washington, D.C.  
Acc. No. 166589.  
History: Young adult white male had a tumor in the calf of his right leg, of which he has been aware for several weeks. It had recently become painful. Submitted with diagnosis of squamous cell carcinoma.

CASE 19. Presented by Col. J. E. Ash, Army Institute of Pathology,  
Washington, D.C.

Acc. No. 184778.

History: White male, aged 29 years, has had vesicles under arms, on the back, over sternum, over legs and feet, and back of head and neck for about two months. The lesions have itched a great deal. The vesicles are on erythematous bases and contain a clear straw-colored fluid.

CASE 20. Presented by Col. J. E. Ash, Army Institute of Pathology,  
Washington, D.C.

Acc. No. 158092.

History: Colored male, aged 20, had a lesion on his cheek for about 10 months with a history of earlier lesions on hands and arms, a biopsy from which was reported as chronic granulomatous inflammation with no evidence of malignancy. Negative serology and chest plates. Clinically the lesion was a discrete circinate about 1.5 x 2 cm. in diameter, elevated margins, loss of pigment, and slight induration in the center.

CASE 21. Presented by Col. J. E. Ash, Army Institute of Pathology,  
Washington, D.C.

Acc. No. 171837.

History: White female, aged 8 years. The condition started as three small discolored spots on the gluteal region two months before biopsy. We have no data on the general condition.

CASE 22. Presented by Col. J. E. Ash, Army Institute of Pathology,  
Washington, D.C.

Acc. No. 156670.

History: White female, aged 42 years. Blister developed on heel in 1945. A few months later a tumor developed at that site. It was diagnosed clinically as a fibroma. No general clinical data available.

CASE 23. Presented by Col. J. E. Ash, Army Institute of Pathology,  
Washington, D.C.

Acc. No. 153231.

History: White male, aged 22 years who, for four years, had had nodules on the right forearm which became larger and firmer, but never actually pained. No general clinical data.

CASE 24. Presented by Capt. J. T. Ellis, Brooke General Hospital,  
Fort Sam Houston, Texas.

Acc. No. 2412.

Specimen: Skin and subcutaneous fat, posterior aspect, left leg.  
History: White female, aged 31. For the past 2½ years patient has had episodes of outbreak of painful subcutaneous nodules. Frequently the skin over these nodules was reddened. Usually nodules would persist for about four to five days and disappear without residual, however, a few persisted for two to three weeks. No weight loss; no chills or fever; no pattern of distribution. They would appear almost on any part of her body. Patient could not relate these outbreaks to any particular food or abdominal distress. Physical examination revealed a well-developed and slightly obese female who didn't appear acutely ill. Over the lower extremities were a few scattered subcutaneous nodules, about 3 cm. in diameter, firm, moderately tender and skin slightly reddened. Laboratory findings were essentially normal.



The discussion of these cases is in the last fascicle of this book. -

- CASE I.  
Col. Ash: Seborrhoeic keratosis  
Dr. Sev: Seborrhoeic keratosis (pigmented mole, epidermoid) (verruca senilis) (navus senilis) type } Percival et Al say no increase in pigment in epidermis.  
(seborrhoeic wart) }  
A.I.P. says melanin present (verruca senilis)
- CASE II.  
Col. Ash: Adenoma sebaceum.  
Dr. Sev: 1. Benign keratoma, keratosis senilis (inverted papilloma) <sup>seborrhoeic, I.F.K. type.</sup>  
2. Hyperplasia of sebaceous glands.
- CASE III  
<sup>Seborrhoeic keratosis, I.F.K. type.</sup>  
Col. Ash: Sebaceous adenoma with follicular acanthosis.  
Dr. Sev: Benign senile keratosis; demodex folliculorum.
- CASE IV.  
Col. Ash: Epithelioma adenoides cysticum.  
Basal cell (Brooke type).  
Dr. Sev: Pigmented basal cell epithelioma with foci of keratinization.  
Basal cell carcinoma, mainly adenoid -
- CASE V:  
Col. Ash: Congenital - Pilo sebaceous nevus. nevus sebaceus (Jadassohn)  
Dr. Sev: Basal cell (infected) Foreign body giant cell reaction; acanthosis.
- CASE VI:  
<sup>Eccrine spiradenoma -</sup>  
Col. Ash: Hydradenoma. Nevus epithelioma cylindromatosis.  
Dr. Sev: Hydradenoma (sweat gland adenoma, several tender pea sized nodules on face, (Hobnartomas of neuroid type with sweat glands and hair follicles (similar to some turban tumor).
- CASE VII:  
Col. Ash: Bowen's disease.  
Dr. Sev: Bowen's disease.
- CASE VIII:  
Col. Ash: Dermo-nevus potentially malign.  
Dr. Sev: Malignant melanoma, pigmented. Very much malignant.
- CASE IX:  
Col. Ash: Malignant melanoma (amelanotic)  
Dr. Sev: Malignant melanoma (amelanotic)
- CASE X:  
Col. Ash: Amelanotic malignant melanoma (epithelioid type).  
Dr. Sev: Malignant melanoma.
- CASE XI:  
Col. Ash: Blue nevus, cellulae  
Dr. Sev: Pigmented mole (nevus pigmentosus).

- CASE XII Old interdigital nevus -  
 Col. Ash: Neuronevus.  
 Dr. Sev: Blue nevus (I'm not sold on this).
- CASE XIII Granuloma pyogenicum -  
 Col. Ash: Capillary hemangioma - also pregnancy tumor.  
 Dr. Sev: Capillary hemangioma.
- CASE XIV:  
 Col. Ash: Globose tumor.  
 Dr. Sev: Hemangio pericytoma.
- CASE XV:  
 Col. Ash: Kaposi's disease or sarcoma.  
 Dr. Sev: Kaposi's disease or sarcoma.
- CASE XVI:  
 Col. Ash: Neurofibroma.  
 Dr. Sev: Neurofibroma.
- CASE XVII (subepidermal nodular fibrosis)  
 Col. Ash: Dermatofibroma (also sclerosing hemangioma) Warren.  
 Dr. Sev: Dermatofibroma.
- CASE XVIII  
 Col. Ash: Calcifying epithelioma (pilomatricoma)  
 Dr. Sev: Sebaceous cyst (benign adenoma type).
- CASE XIX:  
 Col. Ash: Dermatitis herpetiformis - ~~basal~~ bet.  
Dührings Disease.  
 Dr. Sev: Dermatitis herpetiformis - Dührings Disease. } SLIDE NOT REPRESENTED  
 DISCARDED -
- CASE XX:  
 Col. Ash: Lupus erythematosus (discord type). ?  
 Dr. Sev: Lupus erythematosus (discord type).
- CASE XXI:  
 Col. Ash: Leproma.  
 Dr. Sev: Leprosy.
- CASE XXII:  
 Col. Ash: Rheumatic nodule.  
 Dr. Sev: → Rheumatic nodule. (Possibly granuloma annulare (2nd choice). mine)

CASE XXIII

Col. Ash: Granuloma annuläre.

Dr. Sev: ~~Granuloma annuläre.~~

CASE XXIV:

Col. Ash: ~~Webber Christian's Disease - Non-suppurative panniculitis.~~

Dr. Sev: Panniculitis.

*add case at meeting.*

CASE XXV:

Col. Ash: Syringoma & cavernous hemangioma.

Dr. Sev: Cavernous hemangioma.

Dilated sweat glands.

} NO SLIDE.