MEXICAN SEMINAR

Case 1 - Fibrosarcoma (dermatofibrosarcoma). Mitotic figures are prominent. Tumor culture proves origin. Recurrent rate in Dr. Stout's group of fibrosarcoma of 60 per cent.

Case 2 - Leiomyosarcoma with metastases. Over 50 per cent of leiomyosarcomas with mitoses metastasize.

Case 3 - Sarcoma type undetermined, ?Rhabdomyosarcoma. 

Case 4 - ?Rhabdomyosarcoma, Embryonal Sarcoma.


Case 6 - Malignant granular cell myoblastoma. 


Case 8 - Blue nevus. Melanin run on urine right after operation. Dr. L. Woldner of the Mayo Clinic had 4 malignant melanoma in children which killed them.
1. Male, hairy nevus at birth, died at 7½ years.
2. Female with black mole on cheek. Excised at 5 yrs. Recurred at 9, died at 10.

Case 9 - Malignant lymphoma. ?Hodgkin's Disease. ?Mycosis fungoides with reticulum cell sarcoma. (WitchHazel)

Case 10 - Malignant mesothelioma. Two types of cells. Stout has 32 malignant schwannomas. If they arise from the visceral pleura they grow into the lung. If they arise from the parietal pleura they grow into the chest wall, diaphragm, and mediastinum.

Case 11 - Dr. Stout's diagnosis - ?Malignant mesothelioma. Dr. Masson and my diagnosis - Sarcoma type undetermined. (Leiomys?

Case 12 - Thymoma. Stout - 43 benign and 15 malignant.

Case 13 - ?Dysgerminoma

Case 14 - Dr. Stout's diagnosis - Arrhenoblastoma Dr. Masson's and my diagnosis - Interstitial cell tumor.

Case 15 - Dr. Stout's diagnosis - Metastatic granulocé cell tumor. Dr. Masson's and my diagnosis - Malignant tumor involving mesentery.
Case 16 - Benign, implantation site.  **Hydatidiform Mole**

Case 17 - Sarcoma. Dr. Stout's diagnosis - Cystosarcoma.

Case 18 - Polypoid rhabdomyosarcoma. Stout has seen sarcoma botryoides in the following locations:

- Bladder 10
- Vagina 3
- Perineum 2
- Retroperitoneum 2
- Orbit 1

Case 19 - Embryonal carcinoma. ??

Case 20 - Hepatoblastoma

Case 21 - Heterotopic duodenal and pancreatic tissue.

Case 22 - Mucolipid epidermoid carcinoma

Case 23 - Dr. Stout's diagnosis - Metastatic neuroblastoma. Dr. Masson's and my diagnosis - Ewing's tumor

Case 24 - Malignant mesenchymoma. **AMEBLASTIC SARCOMA**

Case 25 - Undifferentiated carcinoma of an unusual type. (?? NEUROBLASTIC)
CASE 1 Tumor of the sternal region.

56 year old white female. 30 years before admission she noted a small reddish patch on the midline of the chest which grew slowly. 15 years later she received x-ray treatment. 9 months before admission at the site of the patch, there appeared a tumor, smooth in outline, firm and tender and easily movable. The tumor grew to the size of 5 cm. and the cutaneous patch grew to the same size. The tumor was soft and rounded and was removed together with a flap of skin. 7 months after operation the patient is free of symptoms.

CASE 2 Tumor of the perirenal tissue.

Female, 41 years old. Pain in the right renal fossa since 1949. A tumor was resected from the perirenal tissue which was diagnosed as a leiomyosarcoma. In 1950 the pains and the tumor recurred. She was treated with sedatives until October, 1951. At the second operation there was an encapsulated tumor mass, irregular in shape, pinkish white in color and firm to the touch which shows a fibrous appearance on section, similar to that of a turnip. A few were cystic and contained a colloid-like material and there were a few hemorrhagic spots. Ten months after the second operation a mass was found subcutaneously and with ulceration of the right labium major. The slide shows tissue from the second and third operations.

CASE 3 Tumor of the left arm.

Five months old baby boy, with a tumor on the posterior surface of his left arm. It consisted of several irregular fragments of hemorrhagic tissue in the middle of which there were homogeneous, whitish yellow tissue.

CASE 4 Tumor of the bladder wall.

Female, 14 months old. At the age of three a mass was noted in the hypogastrium. In the course of a year, it had filled the lower half of the abdomen. She was admitted in poor condition with fever and anemia. X-ray after pneumoperitoneum showed a tumor adherent to the anterior abdominal wall. Pyelograms were normal, lungs free of metastasis. Death ensued a days after admission and at autopsy there were two masses, one around the bladder and another in the mesentery. Both showed a soft yellowish greasy looking tissue with necrotic and hemorrhagic areas.
CASE 5 Tumor of the great toe.

Male, 23 years old. Five months before admission a small nontender mass appeared on the medial ungual border of the great left toe, which grew until it measured 2 x 1.5 x .5 cm. The patient noted ulceration of the tumor from its inception. He also complained of hyperhidrosis of both feet. The ulcer showed a thickened and hyperkeratotic border, it was pink red, granular and free of exudate. It bled freely upon the slightly trauma. The tumor was bluish red. No lymphadenopathy was found. Local excision included the removal of the toe nail and dissection of the phalanges which were not involved by the growth. The wound healed quickly and two months after surgery the patient remains well.

CASE 6 Tumor of the right thigh.

Female, 24 years old. This patient was seen with a tumor occupying the internal aspect of the right thigh, close to the triangle of Scarpa, of the size of a small melon. There were no other symptoms or general complaints. The tumor was soft, well limited and showed excentric pulsation. An arteriography of the leg was performed and the tumor took up some of the opaque substance. A local excision was done and the tumor was found to be imperfectly encapsulated, greyish in color and lobulated. A few parts showed yellowish appearance, and there were hemorrhagic foci. The patient has been followed and to date, 2 months after operation, has not experienced a recurrence.

CASE 7 Tumor of the abdominal wall.

Colored male, 60 years old. For 20 years this patient had a slowly growing tumor in the left lower abdominal wall. It was excised measuring 12 x 8 x 3 cm. and weighing 240 grams. It was partly encapsulated, yellowish brown with areas of degeneration and there were many congested vessels, many of which contained clotted blood.

CASE 8 Tumor of the cheek.

Female, 14 years old. A bluish black mole had been present on her cheek since birth, which grew slowly. In 1949 it involved the entire cheek, and the lower eyelid, and had become elevated, verrucous, with a few hairs. The tumor was excised and a Thiersch graft was implanted. At operation pigmentation and slight erosion of malar and maxillary bones was noted. In one urinalysis of many, melanin was detected. X-ray studies failed to show metastases. After 7 months observation she was discharged in normal condition.
CASE 9 Tumor of lymph gland.

Male, 32 years old. Generalized dermatitis with erythema since 1946. In November, 1951, swelling of retroauricular and submaxillary lymph glands, later also of cervical and axillary nodes. The swellings were firm, non-tender and fixed to surrounding tissues. Ten days before admission they began to fluctuate and to discharge pus. There was fever, diarrhea and nausea. Chest x-rays showed small nodular images in the left lower lobe of the lung. Laboratory tests showed anemia and 43000 leucocytes with neutrophilia. Biopsies of lymph gland and of the skin were taken.

CASE 10 Tumor of the posterior mediastinum.

Male, 49 years old. Seven months before death symptoms began with chest pain, hematemesis, chills and fever. X-ray of chest showed a rounded density on the right side merging with the right cardiac shadow and a right pleural effusion. Patient died following a profuse hemoptysis. At autopsy a massive hemorrhage filled the right chest. Apparently arising from the posterior inferior mediastinum was a very friable ulcerated and lobulated mass 15 x 13 cm. The cut surface showed a homogeneous, gray brown tissue with many cavities filled with blood. There is no mention of metastases. The tumor had perforated the pleura, thus accounting for the blood in the pleural cavity.

CASE 11 Tumor of mesentery.

Twenty year old male, who felt a tumor in his abdomen which grew slowly, reaching the size of a large "orange" and caused sharp pains. At operation the tumor was found included in the mesentery. It was encapsulated, slightly nodular in its surface, measuring 9 cm., in its greatest dimension, soft and upon sectioning showed a central area composed of gelatinous substance, yellowish in color, surrounded by homogeneous, whitish tissue.

CASE 12 Tumor of anterioQ mediastinum

Male, 56 years old. Abdominal pains since June, 1951. Jaundice in March 1952, which subsequently disappeared. 23 kgm. weight loss. Sensation of retrosternal pressure. Examination revealed a nodular thyroid, areas of pigment loss in the skin. X-ray of chest showed a mediastinal tumor overlying the arch of the aorta. An exploratory laparotomy in July, 1952, revealed an inoperable carcinoma of the pancreas. Autopsy was performed one month later revealing a partially calcified nodular goiter, a carcinoma of the head of the pancreas with metastases to the regional lymph nodes and a tumor occupying the superior portion of the anterior mediastinum, measuring 12 x 10 x 5 cm., hard, grayish white in color, with hemorrhagic areas.
CASE 13 Tumor of ovary.

Female, 12 years old. Four months before admission, after an abdominal trauma, a small round freely movable mass was felt in the abdomen. This mass had completely filled the abdomen three months later. There was weight loss, jaundice and edema of the lower limbs. The night before admission, she suddenly felt a stabbing abdominal pain, became stuporous and died shortly after reaching the hospital, with an extremely distended abdomen. At autopsy, a large lobulated intra-abdominal tumor was found compressing the liver, bile ducts right kidney and stomach and the latter had been ruptures due to pressure, but the tumor did not invade the organs. In the right ovary there was a small ovoid, well encapsulated mass. Tumor nodules were found in the rectovaginal fossa, along the aorta and in both lungs.

CASE 14 Tumor of ovary.

Colored female 19 years old. Symptoms started with amenorrhea 11 months before followed by deepening of voice, hypertrichosis with masculine distribution and hypertrophy of clitoris. Examination showed an infantil uterus, a right adnexal mass, and elevated 17 ketosteroid excretion in the urine. At exploration the right ovary was replaced by a soft smooth tumor 5 x 4.2 x 2.8 cm. which was removed.

CASE 15 Tumor of the mesentery.

Fifty-four year old female, who complained of two months diarrhea and abdominal pains. A tumor was felt occupying the mesogastrium, right flank and pelvic fossa. At operation the tumor was found in the mesentery, adherent to the transverse colon. It was a multilobulated tumor, encapsulated, measuring 20 x 14 x 9 cm., soft, which upon sectioning showed a spongy, reddish tissue, surrounded by fibrous, moderately homogeneous tissue. There were also previously evacuated cysts, measuring up to 8 cm. in diameter.

CASE 16 Tumor of body of uterus.

38 year old woman with 3 uneventful pregnancies. Three months after the last delivery she complained of vaginal bleeding and of a viscous yellowish discharge with occasional blood stains. A radical hysterectomy was performed. The uterus measured 14 x 8 x 5.5 cm., with an intracavial tumor situated in the vicinity of the right cornu, which was sessile, fibrous and showed hemorrhagic zones. The right ovary showed a lutein cyst. Three months after operation the patient had remained well.
CASE 17 Tumor of breast.

Female, 52 years old, who had been operated for a breast tumor one year previously. Five months ago she noted a tumor in the upper third of her scar. The tumor was a well-limited mass, of ovoid shape, measuring 5 x 4 x 3.5 cm., soft in consistency, homogeneous and whitish in color.

CASE 18 Tumor of bladder.

Male, 3 years old, three months before admission, oliguria, hematuria, painful micturition and irregular stream. Shortly before admission, fever and expulsion of tissue fragments from urethra. At suprapubic cystostomy the bladder mucosa showed numerous elongated polypoid tumors, 5 to 30 mm. in size most of which were removed and the bladder closed. A few weeks later, he returned with fever and toxic symptoms and died. At autopsy the bladder was completely obstructed by polypoid masses, both ureters were thickened and partially obstructed. There was bilateral hydronephrosis and pyelonephritis.

CASE 19 Tumor of the mesentery.

Male, 2 years old. Three months before admission, a tumor appeared in the right testicle which grew rapidly, and was removed outside the hospital. 15 days postoperatively there appeared a small nodule in the scrotum of the operated side and a steadily growing mass in the lower quadrant. The patient died one day after admission, with fever, vomiting and constipation. At autopsy a great, soft, spherical tumor was found in the mesentery around which the intestinal loops were attached. There were other metastases in the preaortic lymph nodes and lung.

CASE 20 Tumor of the liver.

Male, 18 months old. 7 months before admission, after weight loss, a small mass was felt in the abdomen. On admission there was emaciation, extreme abdominal enlargement with dilated veins and the mass filled the entire upper half of the abdomen. It was hard, lobulated and fused to the liver. X-ray study did not reveal metastases. Several days later, the baby vomited and aspirated some milk. He died shortly thereafter because of bronchopneumonia. Postmortem study revealed a large tumor replacing the entire right lobe of the liver. No metastases were found.

CASE 21 Tumor of stomach.

70 year old male, who began to complain in June, 1952 of daily hemorrhagic stools with dark blood. There were also post-prandial distension and diffuse abdominal pain. In addition there was moderate dyspnoea. Laboratory examination showed a marked microcytic hypochromic anemia. X-ray pictures of the stomach showed a well limited filling defect of the hyporic region, 2 cm. in diameter, on the posterior wall, near the lesser curvature.
CASE 22 Tumor of the cheek

20 year old male, who noticed a small tumor on his right cheek 4 months before admission. As the tumor kept growing he was treated with antibiotics and a canalization of Stenon's duct was performed. Bloody saliva was obtained on catheterization. At admission the tumor involved the cheek and part of the right masseter muscle. It was uniformly firm, fixed to the profound planes, but the skin was freely movable over it. The tissue obtained was reddish in color and of fleshy aspect. After biopsy, x-ray therapy was instituted.

CASE 23 Tumor attached to pelvic bones.

Male, 13 years old. 4 months before admission, pain in the right lower limb, 1 month before admission. X-ray study showed osteolytic lesions of the right pelvis and a plaster cast was applied. On admission the right hip and thigh were tender and swollen and x-ray plates showed destruction of the right pubis and ischium. A soft spherical mass was felt in the right pelvic and inguinal regions. In spite of x-ray therapy he died a few weeks later. The last x-ray studies showed new destructive lesions of the ileum and left pubis. At autopsy there was a large hemorrhagic mass in the pelvic cavity, attached to the bones. Subperiosteal metastases were found in several ribs, on the internal surface of the calvarium, in the base of the skull and in the lungs.

CASE 24 Tumor of maxillary bone.

Female, 15 years old. In December, 1948, shortly after a tooth extraction from the right maxilla, a painful swelling of the right malar region was noted which was surgically removed with partial resection of the maxilla, filling the defect with "acrilic". At the operation the antrum was involved and the tumor appeared to start from the alveolar ridge. Radiotherapy was given, but in May, 1951, two new swellings appeared on the right side of the nose and in the right temporal fossa. In February, 1952, the tumor had invaded the right orbit with unilateral exophthalmos and extensive bone destruction. Metastases were seen in the lymph nodes and in the lung. A few weeks later she died.

CASE 25 Tumor of thyroid.

Male, 65 years old. Diarrhea, 24 kgm. weight loss and anorexia since April, 1951. Hoarseness and generalized paresthesias since November 1951. He had a nodular mass 5 cm. in size in the left lobe of the thyroid. Basal metabolism 23 %, total cholesterol 33 mg. At operation 5 lymph nodes were invaded by tumor tissue. The specimen showed two distinct portions, the larger one 3 x 5 x 3 cm., irregularly lobulated, with a uniform and white cut surface and without colloid, but showing a few calcified spots. The remaining portion showed a small, well encapsulated colloid adenoma and a few colloid and hemorrhagic cysts.