DIAGNOSES BY EDWARD A. GALL, M.D.

Case 1. Stomach, malignant lymphoma, histiocytic type (reticulum cell sarcoma).

Case 2. Stomach, eosinophilic gastritis.

Case 3. Peritoneum, metastatic colloid carcinoma.

Case 4. Liver, post-necrotic cirrhosis with submassive necrosis.

Case 5. Liver, pseudohepatoma ("localized cirrhosis").

Case 6. Liver, embryonal hepatoma.

Case 7. Mediastinum, thymoma.

Case 8. Kidney, embryonal carcinosarcoma.

Case 9. Uterus, lymphangioma ("hygroma").

Case 10. Thyroid, cretinous goiter.

Case 11. Scapula, Ewing tumor.


Case 14. Lymph node, chronic inflammation with pseudosarcoïd reaction.

Case 15. Lymph node, metastatic neoplasm, ? type.

Case 16. Lymph node, acute disseminated histiocytosis ("non-lipid reticulosis").

Case 17. Lymph node, metastatic glioma.
SAN ANTONIO SOCIETY OF PATHOLOGISTS
SIXTEENTH ANNUAL TUMOR SEMINAR

October 10, 1959

BROOKE ARMY HOSPITAL
Brooke Army Medical Center
Fort Sam Houston, Texas
CONDUCTED

BY

EDWARD A. GALL, M.D.

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THE FOLLOWING ASSISTANCE IS GRATEFULLY ACKNOWLEDGED:
This Tumor Seminar is supported in part by grants from
THE AMERICAN CANCER SOCIETY, TEXAS DIVISION
and
THE SOUTH CENTRAL REGIONAL COMMITTEE
OF THE
COLLEGE OF AMERICAN PATHOLOGISTS
The meeting will be held in the Auditorium of Beach Pavilion (formerly Annex IV) at Brooke Army Hospital on October 10, 1959, beginning at 9:00 a.m.

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Lunch, cafeteria style, will be available in the Beach Pavilion dining hall.

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The San Antonio Society of Pathologists invites all visitors and their wives for cocktails at the Fort Sam Houston Officers Open Mess following the Seminar.

Please fill in your diagnoses on the form on the last page, detach, and mail to the Chief of Pathology Service, Brooke Army Hospital, Fort Sam Houston, Texas, at your earliest convenience prior to the meeting, so that diagnoses may be summarized for presentation at the Seminar. These need not be signed.
CASE 1
Contributed by Brooke Army Hospital, Fort Sam Houston, Tex

A 75-year-old male with sudden onset of upper GI bleeding of unknown etiology had an emergency gastrectomy. The stomach measured 12 cm. along the lesser curvature and 15 cm. along the greater curvature. On the posterior wall was an irregular, extremely hard lesion measuring 5 cm. in its greatest dimension. The normal rugal pattern was absent over the mass. A central ulceration with elevated rolled edges measured 1.5 cm. in diameter. The surgical margin of excision went through one edge of the mass.

My diagnosis: __________________________________________

Dr. Gall's diagnosis: ______________________________________

Comment: ____________________________________________

CASE 2
Contributed by Dr. Gall

A 55-year-old white woman had cramping epigastric pain at intervals of several months, accompanied by nausea but no emesis and unrelated to meals, for 10 to 15 years. A GI series was normal but a gallbladder series demonstrated stones. A cholecystectomy and subtotal gastric resection were done. The proximal jejunum was dilated. The prepyloric region of the stomach and a 4-inch segment of jejunum about 15 inches from the ligament of Treitz appeared yellowish brown, thickened, and scarred. The segment of jejunum was not resected, the gastroenterostomy being carried out distal to it.

My diagnosis: __________________________________________

Dr. Gall's diagnosis: ____________________________________

Comment: ____________________________________________
CASE 3

Contributed by Dr. Gall

A 66-year-old white woman had had a radical mastectomy for cancer of the left breast (7 nodes with metastasis) 4 years earlier. The lesion was a scirrhous adenocarcinoma; postoperative radiation was administered. Two years later following an auto accident she was found to have an umbilical hernia and a pelvic examination revealed "uterine fibroids." The abdomen enlarged gradually during the succeeding 2 years; the umbilical hernia developed a bluish hue. Physical examination showed the breast scar and axilla to be well healed and without evidence of recurrence. The abdomen was markedly distended; a large umbilical hernia was bluish purple and nontender. A fluid wave was elicited and a large, irregular pelvic mass was felt on rectal examination.

Abdominal exploration exhibited more than 4,000 cc. of yellow, jelly-like, viscid fluid in the peritoneal cavity. The latter was studded with small nodular implants which appeared also on the surface of the liver. A large, indurated omental mass extended from the lower pole of the spleen to the dome of the uterus and the ileocecal region. In the latter region the mass was adherent to an enlarged, sausage-shaped appendix (13 x 3 cm.). Both the mass and appendix were removed. The latter was distended by mucoid material; its mucosa was flattened; and the wall, which was fibrous and focally calcified, measured 1 mm.

My diagnosis: __________________________________________

______________________________________________________

Dr. Gall’s diagnosis: __________________________________

______________________________________________________

Comment: ___________________________________________

______________________________________________________

______________________________________________________

______________________________________________________
CASE 4

Contributed by Brooke Army Hospital, Fort Sam Houston, Tex

A 68-year-old white male had renal lithiasis with pyelonephritis and suspected renal failure. In the course of hospitalization he developed possible hypersensitivity, angiitis, marked ascites, and jaundice. Needle biopsy of the liver was done.

My diagnosis: __________________________________________________________

Dr. Gall's diagnosis: ____________________________________________________

Comment: ____________________________________________________________

CASE 5

Contributed by Drs. D. A. Todd, A. M. Richmond, and Sylvia Johns, Nix Hospital Clinical Laboratory, San Antonio

A 73-year-old white female had a history of cardiac decompensation and right lower quadrant pain of indefinite duration. Operation on 20 March 1956 revealed a normal gallbladder and a mass on the right lobe of the liver which measured 8.0 x 7.0 x 5.5 cm. and weighed 189 grams. Sectioning revealed yellow-brown oval masses with coarse trabeculations. The patient was living and well 3 years after operation.

My diagnosis: __________________________________________________________

Dr. Gall's diagnosis: ____________________________________________________

Comment: ____________________________________________________________
CASE 6

Contributed by Dr. George C. Mani, Santa Rosa Hospital
San Antonio, Texas

A 2-year-old child was presented with a liver mass after becoming markedly jaundiced. The child progressed rapidly downhill and expired. The liver had a multinodular appearance.

My diagnosis: ________________________________________

Dr. Gall's diagnosis: __________________________________

Comment: _________________________________________

CASE 7

Contributed by Fourth U. S. Army Medical, Laboratory
Fort Sam Houston, Texas

A 36-year-old woman complained of a sense of tightness and fullness immediately beneath the sternal notch for the preceding two months. X-rays revealed slight widening of the anterior mediastinum. A 4.5 x 4 x 4 cm. round, firm, lobulated mass was removed.

My diagnosis: ________________________________________

Dr. Gall's diagnosis: __________________________________

Comment: _________________________________________
CASE 8
Contributed by Dr. Gall

A 70-year-old colored woman entered the hospital with a history of vomiting for one week. She also had episodes of diarrhea and right-lower-quadrant aching pain, less severe in the erect position. On examination there was a right lower quadrant mass. There was no function of the right kidney on intravenous pyelogram. Retrograde pyelograms showed poor filling of the right ureter approximately 10 cm. above the bladder. Exploration of the right kidney revealed massive neoplasm with numerous perirenal nodes and only a biopsy was performed. The patient lost ground and died ten days after the operation.

My diagnosis: 

Dr. Gall's diagnosis: 

Comment: 

CASE 9
Contributed by Drs. D. A. Todd, A. M. Richmond, and Sylvia Johns, Nix Hospital Clinical Laboratory, San Antonio

A 40-year-old female had a hysterectomy in January 1959 for leiomyomata. The uterus measured 9 cm. in length, 6 cm. in width, and 5 cm. in thickness. Both cornua were bosselated.

My diagnosis: 

Dr. Gall's diagnosis: 

Comment: 
CASE 10
Contributed by Dr. Gall

A 2590-gram white girl was born at full term after an uneventful pregnancy; she breathed spontaneously. A protruding tongue, dry skin, and an umbilical hernia were noted. A 3-cm. mass was palpable in the thyroid region. The mother was receiving treatment for myxedema. She had had two children previously, both resembling the patient in appearance. Radioactive iodine was administered to the child and no uptake was detected in the cervical region. Epiphyses showed retardation on roentgenogram. Thyroid extract (1/20 grain/day) was administered but the infant responded poorly, did not eat well, remained cyanotic, and finally died on the fifth day.

My diagnosis: ____________________________

Dr. Gall's diagnosis: ______________________

Comment: ______________________________

CASE 11
Contributed by U.S.A.F. Hospital, Lackland Air Force Base
San Antonio, Texas

A 23-year-old white male with a history of pain in the right shoulder following an accident in 1954 experienced increased severity of the pain in 1958. A tumor was noted which involved the body of the scapula and the coracoid process.

My diagnosis: ____________________________

Dr. Gall's diagnosis: ______________________

Comment: ______________________________
CASE 12
Contributed by Brooke Army Hospital, Fort Sam Houston, Tex

A 38-year-old white male had had a congenital tumor of the back overlying the spine. At age 6 a "blood tumor" was removed. Recently a large flat mass with questionable increase in size was removed. An elliptical mass of skin and underlying tissue 27 x 3.5 cm., varying in depth from 2 to 9 cm., weighed 620 grams. Grossly it consisted of muscle, fat, and connective tissue; a portion was ligamentous in consistency. Throughout the specimen were several large cystic spaces with smooth, shiny, pale opalescent lining.

My diagnosis: ________________________________________________________________

Dr. Gall's diagnosis: __________________________________________________________

Comment: ____________________________________________________________________

CASE 13
Contributed by Dr. Gall

A 32-year-old white woman fell and struck her right knee 10 years ago. Thereafter she had periodic episodes when the knee "slipped out of joint." Recovery from these episodes was spontaneous and prompt. Two years ago she noted a mass projecting below the patella. This was nontender and grew slowly. Examination showed a soft, movable, 3-x-4 cm. mass projecting just below and lateral to the right patella. On exploration the mass proved to be yellowish brown and attached to the synovia of the joint. It was excised.

My diagnosis: ________________________________________________________________

Dr. Gall's diagnosis: __________________________________________________________

Comment: ____________________________________________________________________
CASE 14
Contributed by Brooke Army Hospital, Fort Sam Houston, Tex

A 53-year-old white male had recurrent episodes of generalized lymphadenopathy, fever, and malaise. He felt that he had contracted some type of fever on a trip into Mexico in October 1955, approximately one year earlier. The specimen was a large, extremely soft lymph node measuring 4.5 x 3 x 3 cm. and varying in color from white to brown. The cut surface was smooth but fragmented, as if the central portion were necrotic.

My diagnosis: __________________________________________

Dr. Gall's diagnosis: ____________________________________

Comment: ____________________________________________

CASE 15
Contributed by Dr. A. O. Severance, Baptist Memorial Hospital, San Antonio, Texas

A 34-year-old white male was admitted to the hospital in November 1955 with a mass in the right inguinal region. One month earlier he had gone to his family doctor with four nodules. There was no pain, and the lumps persisted despite a chromycin and gantrisin. The patient had had malaria in Burma in 1945. Review of systems and physical examination were negative except for enlarged right inguinal nodes. Two lymph node masses were removed.

My diagnosis: __________________________________________

Dr. Gall's diagnosis: ____________________________________

Comment: ____________________________________________
CASE 16

Contributed by Dr. A. O. Severance, Baptist Memorial Hospital, San Antonio, Texas

A 37-year-old white male with weakness, arthralgia, and lymphadenopathy developed a left inguinal node which became tender and increased noticeably in size within two weeks. A red rash appeared over the thigh. The lesion was excised and x-ray therapy was instituted. The patient became nauseated and could not eat. He developed daily fevers up to 102°F, extreme fatigability, weight loss of 32 pounds, and again moderately enlarged lymph nodes in the inguinal area. At operation section from one of the masses in the inguinal area measured 3.5 x 2.2 x 2.5 cm.

My diagnosis: ____________________________________________________________

Dr. Gall's diagnosis: ______________________________________________________

Comment: __________________________________________________________________

CASE 17

Contributed by Brooke Army Hospital, Fort Sam Houston, Tex.

A 24-year-old white male was operated on on 25 March 1958 for an intracranial lesion which was diagnosed "glioblastoma multiforme of the left cerebral hemisphere." Afterwards his symptoms of headache, vomiting, and poor vision cleared. In September 1958 a 1.5-cm. subcutaneous mass with no apparent stalk appeared in the left temple craniotomy scar; it did not go below the temporal muscle. In December 1958 a nontender lymph node in the left cervical region was excised. The specimen was roughly two irregular ovoid masses, the larger measuring 2.5 cm.

My diagnosis: __________________________________________________________________

Dr. Gall's diagnosis: __________________________________________________________________

Comment: ____________________________________________________________________
DIAGNOSES:

CASE 1: 

CASE 2: 

CASE 3: 

CASE 4: 

CASE 5: 

CASE 6: 

CASE 7: 

CASE 8: 

CASE 9: 

CASE 10: 

CASE 11: 

CASE 12: 

CASE 13: 

CASE 14: 

CASE 15: 

CASE 16: 

CASE 17: 

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