Case #1 Dunn 2133-74 2,3 50 y.o. B. M. with 20 yr hx of slowly growing mass lateral right heel with increasing size and pain on ambulation.

Case #2 "Parotid" Lesion 42 y.o. M with 3 mo hx of progressively enlarging firm nodule of right angle of jaw. No evidence of disease elsewhere.

Case #3 16 y.o. - Ovaries 16 y.o. B. F. with 2-3 mo hx of weight loss and abdominal mass. Specimen right and left ovary each approximately 5 x 5 x 3 cm. with attached fallopian tubes and uterus. No evidence of a primary neoplasm elsewhere. Patient died 6 mo. later. No post.

Case #4 74-4287 26 y.o. BM with 6 wk. hx. of lump in right occipital scalp and lymphadenopathy on posterior aspect of right side of neck. This is bx. of right occipital scalp lump.

Case #5 73-12308 53 y.o. WF with breast mass (Bl 8, 10) p trauma, thought to be fat necrosis. 40 yr. duration. In Jan 1973, axillary LN enlargement noted and then stable x 10 mo. In 12/73 the breast mass and LN rapidly enlarged. Bl 12 = LN.

Case #6 74-1798 74-1928 (2/14/74) (2/18/74) Biopsy of nasopharyngeal mass in 18 y.o. BF with hx. of nasal stuffiness x 8 yr. 5 days later she had an enlarged cervical LN biopsied.

Case #7 74-4311 44 y.o. WM with a skin biopsy diagnosis of Mycosis Fungoides (elsewhere general). Treated at Duke with Chemotherapy. In 3/74 he noted fullness in suprasternal notch area. Chest x-ray on 4-10-74 showed an anterior superior mediastinal mass. This material is a biopsy of the mass on 4-17-74.

Case #8 (S73-1206; A73-104 (52, 53, ) 62 y.o. F with erythroderma.

Case #9 (S73-1312; A73-144) 24 y.o. W F 4 y. S/P. Prior to death excision mass in left thigh. Decrease in mental status, respiratory failure.

Case #10 (S74-59) 3½ y.o. W M with hydronephrosis, pelvic mass.

Case #11 30 y.o. W M with purpuric skin lesions, renal and respiratory failure.
CASE 1 (#2133-74): Soft tissue, right heel--Soft tissue chondroma.


CASE 2 (No Path. Number): Lymph node, cervical--Metastatic carcinoma (Rule out primary in upper respiratory/digestive tract or salivary gland).


CASE 3 (No Path. Number): Ovaries, right and left--Adenocarcinoma, mucus-secreting (probably metastatic, R/O primary in GI tract).


CASE 4 (#74-4287): Soft tissue, scalp--Malignant hematopoietic neoplasm, consistent with granulocytic sarcoma.


CASE 5 (#73-12308): Breast and axillary lymph nodes--Adenocarcinoma, mucin-producing, poorly differentiated.


CASE 6 (#74-1798 & #74-1928): Nasopharynx and lymph node, cervical--Lymphoid (follicular) hyperplasia (with features of giant lymph node hyperplasia, lymphoid variant).


CASE 7(#74-4311): Thymus--Hodgkin's disease, nodular sclerosis type.


CASE 8 (#S73-1206 and A73-104): Skin, lymph node, liver, bone marrow—Mycosis fungoides.


CASE 9 (#S73-1312 and A73-144): Soft tissue, left thigh, and lung—Alveolar soft part sarcoma.


CASE 10 (#S74-59): Urinary bladder and other pelvic structures—Embryonal rhabdomyosarcoma (botryoid variety).


CASE 11 (No number): Skin—Granulomatous angiitis (consistent with Wegener's granulomatosis).


SURGICAL PATHOLOGY SEMINAR
Duke University Medical School
Dr. Juan Rosai--September 5, 1974

DIAGNOSES & REFERENCES

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April 4, 1978

Dr. Bernard F. Fetter
Department of Pathology
Duke Medical Center
P.O. Box 3220
Durham, NC 27706

Dear Dr. Fetter:

As you probably remember, I ran a general surgical pathology seminar in your institution on September 5-6, 1974. All of the cases had been contributed by your residents. I recently reviewed that seminar and a case that had bothered me greatly at the time is bothering me again. This was an 18-year-old Black female, who had a biopsy of a nasopharyngeal mass and an enlarged lymph node. Your surgical pathology numbers are 74-1798 and 74-1928. The first was taken on February 14, 1974 and the second on February 18 of the same year. I favored at that time the possibility of this representing an atypical hyperplastic response, but I was very worried about malignant lymphoma of the follicular type. I am just as worried today as I was then, and I wonder whether the four years that have passed between the seminar and the present have given us the answer by showing that the patient is either free of disease, or else, that she has other manifestations of lymphoma.

Will you be kind enough to let me know what happened to the patient if it is not too inconvenient for you to obtain that information?

I suppose you attended the Dallas Meeting of the American Society of Dermatopathology. I was supposed to be there, and even to give a talk on vascular tumors but I had to cancel my trip at the last moment. I attended the sessions of the Dermatopathology Club in Atlanta but I did not see you there. I hope we will have a chance to meet again in the near future at one of these meetings.

Best personal regards,

Juan Rosai, M.D.
Professor of Laboratory Medicine and Pathology
Director of Anatomic Pathology
April 12, 1978

Dr. Juan Rosai
Professor of Laboratory Medicine
and Pathology
University of Minnesota
Medical School
Box 609 Mayo Memorial Building
420 Delaware Street, S.E.
Minneapolis, Minnesota 55455

Re: Duke S.P. #S-74-1798, S-74-1928

Dear Dr. Rosai:

The patient to which you referred in your letter of April 4 represents a problem to which we may never have a solution. I was highly suspicious of malignancy when I first saw the tissue from the nose. I suggested further evaluation might come from a study of the lymph node. The lymph node subsequently removed was seen by someone else and interpreted as nodular lymphoma. On the basis, then, of our reports, the patient was given radiation therapy, in what I think was a rather large dose. She received 1500R in a course which was repeated four times. Studies prior to the administration of the X-ray therapy and subsequent to the irradiation have shown no further disease anywhere in the body. Whatever was creating the problem in the nasopharynx has apparently been cured by irradiation. If one accepts the fact that no lymphoma is cured by local irradiation, then this lesion must have been benign. If one accepts the fact that a lymphoma may be localized, then this lesion may have been benign or malignant. The last note in the patient’s record is dated January, 1978.

I did attend the Dermatopathology meeting in Dallas, but did not appear at the Dermatopathology Club. As a general rule, I go only to the one national meeting a year and this is the meeting of the Society of Dermatopathology. Maybe I will see you in San Francisco in December.

Sincerely,

Bernard F. Fetter, M.D.

B. Fetter

Duke University Medical Center
DURHAM, NORTH CAROLINA 27710
Dr. Juan Rosai
DEPT OF PATHOLOGY UNIV. OF MINNESOTA MEDICAL SCHOOL

"THYMOMA : MORPHOLOGIC STUDIES WITH FUNCTIONAL CORRELATION"

Friday, September 6, 1974
Room M 312
Davison Building