

ST. BONIFACE GENERAL HOSPITAL, WINNIPEG, MANITOBA, CANADA

SURGICAL PATHOLOGY SEMINAR

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CASE 1 (#9137-74 and #9478-74): The patient is a 66-year-old female, had a gastric biopsy initially and (#9137-74) later had abdominal laparotomy. Extensive lymph node involvement by tumor was noted. An omental biopsy was done and the abdomen was closed. The patient was put on chemotherapy. Recent gastroscopy done on March 26, 1976 showed healed stomach lesion and the patient was asymptomatic.

CASE 2 (#389-75): A solitary pulmonary nodule was removed from the right upper lobe of a 69-year-old male. It appeared as a coin lesion on routine chest x-ray. All investigations including cytology, bronchoscopy and mediastinoscopy were negative.

CASE 3 (#7852-75): A rapidly growing mass on the chest wall of a 17-year-old boy was biopsied. Chest x-ray suggests rib erosion. A hemorrhagic cystic cavity was noted at the time of biopsy.

CASE 4 (#76-426): Biopsy of a nasal polyp in a 64-year-old woman with history of gradually increasing obstruction of the left nostril for 2-3 months. One month before had the same polyp biopsied elsewhere and diagnosed as esthesioneuroepithelioma.

CASE 5 (#869-76): A 39-year-old Indian female had pyrexia of unknown origin in April 1975. Had liver and multiple node biopsies then, which were negative. All other studies had been negative. Recently the cervical nodes became large and matted represented by this biopsy.

CASE 6 (#4427-73 and #2075-76): Lesion from the left leg of a 61-year-old female which was first biopsied in 1973 and has recurred four times since. Slide #2075-76 represents the last biopsy.

CASE 7 (#4971-74): Polypoid lesion from the posterior vaginal wall resected from a 24-year-old woman during delivery of a premature infant.

CASE 8 (#8479-74): Biopsy of a tumor of the right side of the neck from a 46-year-old male.

CASE 9 (#7119-75): A cyst from the subcutaneous tissue of the anterior iliac crest. The patient is a 25-year-old oriental female.

CASE 10 (#4683-75 and #75-21508): 60-year-old female with increasing lymphadenopathy. Biopsy taken from epitrochlear node (#4683-75) was followed by a biopsy taken at a later date from the inguinal region. (#75-21508)

SEMINAR 244 - DIAGNOSES

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CASE 1 - Stomach, lymph node and omentum. Malignant lymphoma, "histiocytic" nodular, with plasmocytoid changes.

Originally called by Lu undifferentiated carcinoma of stomach with LN metastases. Sent to the AFIP and diagnosed as malignant lymphoma.

CASE 2 - Lung. Bronchial gland adenoma vs. hamartoma.

This lesion was well circumscribed and peripheral, not connected with a major bronchus. Diagnosed as bronchial gland adenoma.

CASE 3 - Soft tissue, chest. Epithelioid sarcoma.

Lu called it rhabdomyosarcoma but sent to AFIP and diagnosed by Enzinger as epithelioid sarcoma.

CASE 4 - Nasal cavity. Malignant neurogenic tumor (? malignant schwannoma)

Sent to the AFIP and diagnosed as fibrosarcoma.

CASE 5 - Lymph node. Immunoblastic lymphadenopathy.

Everybody seemed to agree with Dx of immunoblastic lymphadenopathy.

CASE 6 - Soft tissue, leg. Fibrous histiocytoma of low grade malignancy

Lu said that he showed it to Enzinger and that "he accepted it as atypical fibroanthoma".

CASE 7 - Vagina. Vaginal adenosis with pregnancy changes.

They called vaginal adenosis with pregnancy changes, although they were a little worried about adenocarcinoma.

CASE 8 - Soft tissue, neck. Plasma cell granuloma.

This case was not formally presented. They said that they finally concluded that it was an inflammatory process.

CASE 9 - Soft tissue, abdominal wall. Sparganosis.

This slide was seen by some parasitologist in town, who concluded that the parasite was a cestode and that the disease was probably sparganosis. This case also was withdrawn from the discussion.

CASE 10 - Lymph nodes. Malignant histiocytosis.

They diagnosed the original lymph node as immunoblastic lymphadenopathy but they are now convinced on the basis of the inguinal lymph node, that this is a malignant process and most likely a malignant histiocytosis.