

SLIDE CLUB, WINNIPEG, MANITOBA

Held in the home of Dr. B. Johnston, 58 Ryerson Ave., Fort Richmond (269-8551) on April 26, 1976, at 7:30 P.M.

Case 1. (Grace General Hospital #76-887, presented by Dr. Alan Lorimer). Biopsy of 7 cm. scalp nodule in elderly female in good general health.

Case 2. (Children's Centre #576-168-8, presented by Dr. Claire (Langston). 3-year-old boy with osteolytic lesion of left femoral metaphysis, fever and rash; treated with antibiotics, unresponsive, biopsied.

Case 3. (Misericordia General Hospital #8540-75, presented by Dr. Brian Johnston). 74-year-old female with bilateral asymptomatic solitary subpleural nodular pulmonary opacities on chest x-ray. A similar nodule excised 10 years previously was reported as a "fibroma".

Case 4. (General Centre #76-6298, presented by Dr. D.W. Buntine). 62-year-old male with mass in right pyriform fossa (#2) and lymph node from radical neck dissection (#15).

Case 5. (General Centre #76-B-59, presented by A.S.C. Lauchlan). 79-year-old male who developed abdominal pain shortly after drinking matured tomato juice.

Case 6. (General Centre #74-5355, presented by Dr. R. Banerjee). Tumor attached to portal vein in a 55-year-old male.

Case 7. (General Centre #75-1770, presented by Dr. R. Banerjee). 85-year-old woman with subsiding submandibular mass.

Case 8. (General Centre #45-60, presented by Dr. D. Morrow): 25-year-old male with impacted third molar.

Case 9. (General Centre #76-4024). 73-year-old male with ? histiocytic lymphoma and septic shock and lung infiltrate.

Case 10. (St. Boniface Hospital #76 L-2935). Postmenopausal woman with virilization.

Case 11. (St. Boniface Hospital #76C-3116): Young female with cyst in breast developed a few months after pregnancy.

Case 12. (Veterinary Laboratory #CL-1552-76). A normal bursa of Fabricius from a 12-week-old laying chick.

Case 13. (Veterinary Laboratory #CL-1553-76). Bursa of Fabricius from a 4-week-old layer chick from a flock of 1000 birds. The flock complaint is of sudden mortality and general depression.

Case 14. (Veterinary Laboratory #0-1550-76). Older poorly doing ewe that aborted recently.

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CASE 1: Meningioma. Dr. Lorimer brought the skull x-ray, which showed a large bone defect in the area.

CASE 2: A second lesion appeared in the iliac bone. PAS negative. Being interpreted as malignant lymphoreticular process, probably malignant histiocytosis. Bone marrow aspiration was negative, peripheral blood is normal.

CASE 3: Fibrous mesothelioma, malignant. There are multiple pleural nodules on both sides. The original tumor, called "fibroma", was pleural as well.

CASE 4: Epidermoid carcinoma with sarcoma-like stroma. *ORAL CAVITY*

CASE 5: "Dubin-Johnson's syndrome with superimposed acute necrotic changes of toxic nature due to the tomato juice". This was the Dx offered by Lauchlan. Very bizarre. I am not sure I believe either one. He said that the pigment did not stain for iron but gave a positive reaction for melanin. He said that this is what the pigment in Dubin-Johnson syndrome is supposed to do.

CASE 6: I thought it was adrenal cortical carcinoma. Banerjee said that the tumor was actually in the adrenal. It was not associated with any endocrine syndrome. He sent the case to Professor Doniach, in England, who did EM in the paraffin blocks and apparently found typical neurosecretory granules. On this basis, he called this tumor a pheochromocytoma. Another consultant called it adrenal cortical carcinoma.

CASE 7: Histiocytic malignant lymphoma. Patient died with generalized involvement.

CASE 8: Dentigerous cyst with mural ameloblastoma.

CASE 9: Culture - proven case of influenza pneumonia.

CASE 10: Lipid cell tumor. No crystalloids. *OVARY*

CASE 11: Galactocele.

CASE 12: Normal bursa of Fabricius.

CASE 13: Acute Fabricius bursitis due to herpes virus. This infection leads to agammaglobulinemia.

CASE 14: Infection by Mycobacterium paratuberculosis, which results in a picture similar to Whipple's disease.