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# SLIDE CLUB MEETING #. 47

75 Queenston Drive

June 3rd, 1977 for May.

PRESENT: Drs' R. Stark; L. Lu; B.G. Johnston; W.S. Hwang; W. Chow; H. Benediktsson; D. Owen.

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| Dr. R. Banerjee | 77/036 | M. 80 Jaundice Hepatic tumour. | Cholangio carcinoma (see letter from AFIP Dr.P. Scheuer). |
| | 77/054 | F.58 Incidental finding at autopsy (larynx). | Oncocytic papillary cystadenoma. (Ref: Ann.Otol. Rhinol. Larynol. 78: 307-317, 1969. |

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| Dr. L. Lu | 4474-4212 | F 13 Anterior mediastinal mass. | Nodular sclerosing Hodgkin's disease. |
| | 76/18856 | M 46 Posterior | Hibernoma. |
| | 75/655 | F 55 Mass from forearm. | Malignant melanoma (special stains positive). |

The cases of Hibernoma and malig. melanoma were already discussed by you at our society's meeting. At that time your melanin stain was not convincing.

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| Dr. R.G. Stark | 8263/75 | M 77 Abdominal pain nausea, vomiting. | Actinomycosis of gall bladder. |
| | 2879/77 | M 59 swelling left anterior shoulder. | Malignant fibrous histiocytoma. |

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| Dr. B.G. Johnston | $3403_2/77$ | F 23 Subcutaneous mass. | Deep seated necrobiosis Lipoidica. |

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| Dr. H. Benediktsson | 77/8636 | F 40 Recurrent Ischio-rectal abscesses ? Crohn's. | Actinomycosis. |

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| Dr. W.S. Hwang | 76/10520 | Male 50 Anal condylomata. | Early infiltrating squamous carcinoma. Later confirmed at AP resection. |

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| (11) Dr. W.K. Chow | 77/2917 | M 79 Skin biopsy from back. | Secondary poorly differentiate lymphocytic lymphoma. (? T cell type). |
| (12) Dr. D. Owen | M3124/72 | Osteolytic tumour from T 12. | Histoplasma Duboisii. |
| (13) Dr. D. Buntine | 77/1141 | F 35 Submandibular mass. | Malignant lympho-epithelial lesion (Eskinoma). |

ROYAL FREE HOSPITAL SCHOOL OF MEDICINE (UNIVERSITY OF LONDON)
Department of Histopathology
THE ROYAL FREE HOSPITAL, POND STREET, LONDON NW3 2QG
Professor G.B.D.Scott 01-794 0500 Ext:

Dr. R. Banerjee,
Grace General Hospital,
300 Booth Drive,
Winnipeg,
Manitoba R3J 3 M7

18th March, 1977.

Dear Rahul,

re: Mr. Alexander Brophy - Our No. XS188/77

Many thanks for the slides of this patient's liver and for your letter of 11th March. I reciprocate your greetings.

I toyed with the idea that this tumour might be a lymphoma, possibly even myeloma. However, I think there are several reasons why it is more likely to be an anaplastic carcinoma, presumably of intrahepatic bile duct origin. First, the reticulin pattern suggests this in places, although one has to admit that the reticulin-bound spaces might represent pre-existing liver reticulin. Secondly, the tumour cells are in places agregated into epithelium-like clumps. Thirdly, I can see very small amounts of what looks like mucin. I have only done a diastase PAS, and you may have more information from other mucin stains.

With all good wishes,

Yours sincerely,

P.J. Scheuer
Professor of Clinical Histopathology

ARMED FORCES INSTITUTE OF PATHOLOGY
WASHINGTON, D.C. 20306

| PATIENT IDENTIFICATION | PLEASE USE AFIP ACCESSION NUMBER IN ALL CORRESPONDENCE |
|---|---|
| AFIP ACCESSION NUMBER | 1598753 |
| BROPHY, ALEXANDER<br>A-36-77 BT | |
| PLEASE INFORM US OF ANY PATIENT IDENTIFICATION ERRORS | |

ECC LR FWS bl

ADDRESS REPLY TO THE DIRECTOR
ATTN: AFIP - CPH

15 April 1977

R. Banerjee, M.B.
Pathologist
Grace General Hospital
300 Booth Drive
Winnipeg, Manitoba R3J 3M7
Canada

**CONSULTATION REPORT ON CONTRIBUTOR MATERIAL**

Dear Doctor Banerjee:

A-36-77 Liver: Poorly differentiated adenocarcinoma consistent with cholangiocarcinoma.

AFIP DIAGNOSIS

We agree with your interpretation.

The opportunity to review this case is appreciated.

Sincerely,

ELGIN C. COWART, JR.
CAPT MC USN
The Director

Examination and report by:

Lionel Rabin, M.D./FWS
Hepatic Pathology