

I.A.P. SPECIALTY CONFERENCE
IN SURGICAL PATHOLOGY
NEW ORLEANS, FEBRUARY 25th, EVENING
HYATT REGENCY HOTEL

CHAIRMAN: Raffaele Lattes

PANELISTS:

Ronald F. Dorfman
Joseph C. Eggleston
Franz M. Enzinger
Cecilia Fenoglio
William H. Hartmann
Philip H. Lieberman
Azorides R. Morales
Henry J. Norris

Case 1, submitted by Dr. Ronald F. Dorfman, Stanford University Medical
Center
Stanford, California 94305

A 24 year old woman noted a lump behind the left ear in the mastoid area. This has not increased in size over the past 6 months. Physical examination disclosed no "other lymphadenopathy". There were no skin lesions or other lump in the scalp and the patient is asymptomatic. A 2 cm "subcutaneous mass" was excised.

DX: Angiolymphoid hyperplasia with eosinophilia.

Case 2, submitted by Dr. Joseph C. Eggleston, The Johns Hopkins Hospital
600 North Wolfe Street
Baltimore, Maryland 21205

This 31 year old white female developed increasingly severe right shoulder and neck pain and was found to have a bulky invasive tumor of the anterior mediastinum. The mass was biopsied and she received 3000 r to the mediastinum without effect on the tumor. Six months later a painful lytic lesion of the right femur appeared and was irradiated without effect. Six months later, one year after the first appearance of her tumor, she developed a 10-day illness characterized by progressively severe generalized muscle pain, skin rash, dry cough, fever, tachycardia, syncope, cardiac arrhythmias and hypotension. She died in the hospital with a temperature of 106° in refractory shock. The slides of the tumor (T) and the heart (H) are from autopsy.

DX: Thymoma with prominent spindling, associated with polymyositis and myocarditis.

Case 3, submitted by Dr. F.M. Enzinger, Armed Forces Institute of Pathology
6825 16th St. N.W.
Washington, D.C. 20306

The patient, a seventeen year old Latin American boy, complained of mass of 4 months duration in the left thigh, located in the subcutaneous tissue of the femoral triangle. A similar mass had been removed two years previously from the same thigh but had been located in its medial aspect 15 cm distally to the more recent lesion. It had been interpreted by several pathologists as a reactive process.

On admission the patient appeared quite cachectic, weighing 80 pounds. He stated that he had been always thin but had lost 10 pounds in the last three months. He also complained of fever and night sweats. On laboratory examination there was a microcytic anemia (Hb. 10 grams%), mild albuminuria, and increased gamma globulin, (polyclonal type). Bone marrow aspiration was interpreted as normal except for an increased number of mature plasma cells.

The excised mass measured 6.5 x 3.5 cm x 2 cm and on sections was soft and hemorrhagic. Several lymph nodes excised together with the mass grossly appeared normal.

DX: Angiomatoid malignant fibrous histiocytoma.

Case 4, submitted by Dr. Cecilia M. Fenoglio, Columbia University
630 W. 168th St.
N.Y. N.Y. 10032

These sections are from a hernial sac of a 75 year old male. Attached to its peritoneal surface were multiple grape-like, mucoid projections. Three months later, an oval-shaped, mucoid mass measuring 5 x 2 cm, as well as multiple other smaller masses were resected from the omentum and parietal peritoneum.

DX: Bizarre leiomyosarcoma metastatic to peritoneum. The primary tumor had been excised from the ileum some time ago. It was a typical leiomyosarcoma, with foci almost identical to those seen in the peritoneal metastases.

Case No. 5, submitted by Dr. William H. Hartmann, Vanderbilt University
School of Medicine
Nashville, Tenn. 37232

This 67 year old female presented with a three month history of a rapidly growing painless right posterior cervical mass. Needle biopsy of this mass was interpreted as adenocarcinoma. She has a four year history of multinodular goiter. Other workup is negative.

A total thyroidectomy and right neck dissection was performed. There was a cystic calcified mass replacing the right lobe of the thyroid measuring 5 x 5 x 3 cm. There were many lymph nodes containing metastatic carcinoma. The left lobe of the thyroid was negative. Sections are from the right thyroid mass.

DX: Papillary carcinoma plus mucin-producing (? primary) thyroid carcinoma.

Case 6, submitted by Dr. Philip H. Lieberman, Memorial Hospital
444 East 68th Street
N.Y. N.Y. 10021

A 53 year old white woman was found to have an enlarged right inguinal lymph node on routine physical examination. After a biopsy revealed tumor, a work-up showed a right pelvic mass. At operation a matted mass of nodes involved the right external iliac, hypogastric and obturator areas. Enlarged lymph nodes were also found in the left external iliac areas. The entire physical examination and all special x-ray studies (IVP, lymphangiography, CAT scan) were unremarkable except as they related to the above-mentioned tumor masses. Routine laboratory data were unremarkable.

DX: Balloon cell melanoma metastatic to lymph node. The primary tumor had been excised from the skin about 20 years previously.

Case 7, submitted by Dr. Azorides R. Morales, University of Miami
School of Medicine
Miami, Fla. 33152

This 73 year old female has had rheumatic mitral disease for a number of years. Her last hospitalization was prompted because of severe cardiac failure and fever. Repeated blood cultures yielded no organisms and her death was attributed to cardiac failure.

In addition to rheumatic deformity of the mitral valve, the autopsy revealed a 7 cm. mass in the left atrium. The tumor contained large necrotic areas and invaded the atrial wall. No metastasis was found.

DX: Angiosarcoma of heart (malignant histiocytoid hemangioma).

Case 8, submitted by Dr. Henry J. Norris, Armed Forces Institute of Pathology
6825 16th St. N.W.
Washington, D.C. 20306

An elderly woman had a 3 cm. mass of unknown duration excised from her right breast. Within the mass was a circumscribed soft, pale tan nodule, 1.4 cm. in diameter.

DX: Cribriform and papillary carcinoma.