CALIFORNIA TUMOR TISSUE REGISTRY

LOS ANGELES COUNTY - UNIVERSITY OF SOUTHERN CALIFORNIA

PROTOCOL

FOR

MONTHLY STUDY SLIDES

SEPTEMBER 1982

BONE TUMORS I

* * * * * * * * * * * * * * * * * * * * * * * *
CONTRIBUTOR: John D. Jones, M. D.  
Bowling Green, Kentucky  

TISSUE FROM: Left femur  

CASE NO. 1  

Acquisition Date: SEPTEMBER 1982  

ACCESSION NO. 23970  

CLINICAL ABSTRACT:  

History: A 27 year old male had pain and swelling of the left knee. The patient had had a left arthrotomy for a torn meniscus one year previously and a history of trauma to the left knee six months previously. X-ray at both times were unremarkable.  

Radiograph: X-rays showed a soft tissue mass with erosion of the lateral aspect of the distal femur.  

SURGERY: (May 15, 1980)  

A local resection of the mass was performed.  

GROSS PATHOLOGY:  

Irregularly shaped segments of soft, pale gray, somewhat moist appearing tissue measuring up to 6 cm. were submitted. Several of these fragments contained foci of calcification and bone.  

FOLLOW-UP:  

Not available.
CONTRIBUTOR: Luis Quan, M. D.  
Bellflower, California

TISSUE FROM: Left femur

ACCESSION NO. 23372

CLINICAL ABSTRACT:

History: A 6 year old Mexican-American girl had pain in the left knee for three weeks. The left distal thigh was markedly swollen and tender, with full range of motion of the knee. After radiographic examination, an open biopsy was performed.

Radiographs: X-rays showed a lytic lesion with periosteal elevation of the distal third of the left femur. A bone scan showed increased activity of the left distal femoral metaphysis.

SURGERY: (April 14, 1978)

An amputation of the left leg, 20 cm. above the knee was performed.

GROSS PATHOLOGY:

The distal portion of the left femur had a soft, hemorrhagic tumorous area measuring 7.6 x 4.0 x 3.0 cm. The tumor appeared to destroy cortical bone and grossly involved the surrounding soft tissues.

FOLLOW-UP:

The patient was placed on chemotherapy following the surgery and did well for 6 months. In January 1979, she was readmitted with a hemorrhagic infected lesion of the amputation stump, which was felt to be recurrent tumor. Although the chest x-ray remained negative, she died on January 27, 1979. An autopsy was not performed.
CLINICAL ABSTRACT:

History: An 18 year old caucasian male developed severe pain in the left hip after falling down while riding on roller skates. After radiographic examination, an open biopsy was performed.

Radiographs: X-rays showed an avulsion fracture of the lesser trochanter of the left femur. There was a markedly thickened, irregular spiculated appearance of the periosteum along the medial aspect of the proximal femur. This process extended into surrounding soft tissues. A bone scan showed increased activity in the proximal left femur. An arteriogram showed neovascularity adjacent to the cortical margin and displacement of the femoral artery.

Surgery: (January 21, 1981)

Twelve days after the biopsy, the lesion was removed by wide local excision with preservation of the joint.

GROSS PATHOLOGY:

Irregular fragments of bone and soft tissue were submitted. Adherent to cortical bone was a reddish-tan firm mass, with foci of calcification measuring 8.0 x 6.0 x 2.5 cm. Some portions of the tumor mass were lobulated and soft, but most was quite firm.

Follow-up:

The patient moved to Seattle, Washington where a hemipelvectomy was performed on 6-30-81. Follow-up since then is not available.
CONTRIBUTOR: Weldon K. Bullock, M. D. SEPTEMBER 1982 - CASE NO. 4
Pasadena, California

TISSUE FROM: Skull ACCESSION NO. 23302

CLINICAL ABSTRACT:

History: A 48 year old black woman had a tender, slowly enlarging mass of the top of her skull, few months' duration.

Physical examination showed a 4 x 4 cm. firm tender mass in the midline near the vertex. No neurological defects were present.

Laboratory data: The alkaline phosphatase was normal.

Radiographs: Skull films showed a destructive lesion arising within the calvarium, extending into the overlying soft tissue, and depressing the superior sagittal sinus.

SURGERY: (February 8, 1979)

A bicoronal craniotomy with excision of tumor was performed. A large bulging tumor was found to have eroded through the vertex of the skull. The tumor invaded the superior sagittal sinus, and perforated through the dura. It also extended laterally through the epidural space in all quadrants. Only the central portion of the mass could be completely resected.

GROSS PATHOLOGY:

A multinodular calcified hemorrhagic mass which measured 2.5 x 2.5 x 2.0 cm. was submitted. Cut surface showed firm white tissue with irregular hemorrhagic areas.

FOLLOW-UP:

She was readmitted on 9/81 for radiation necrosis of the scalp and recurrent tumor.
CLINICAL ABSTRACT:

History: An 88 year old caucasian female complained of gradual onset of pain and swelling of the left upper arm for four months. Calcitonin injections provided some relief, however the symptoms returned with increasing pain and swelling.

Past history: She had a right mastectomy in 1975 for medullary carcinoma without lymph node involvement. In 1976, she had a total hysterectomy for non-malignant disease.

Physical examination: There was diffuse swelling and induration of the distal half of the left upper arm with lesser swelling of the forearm and hand. There was mild restriction of motion at the elbow, but no neurological defects.

Radiographs: X-rays showed an expanding, diffuse, destructive lesion involving the entire humerus, with a bubble-like appearance, and increased cortical density. In the middle third of the humerus, there was thinned cortical bone with desruption. Similar changes were found in the right proximal femur. A chest x-ray revealed a 3 x 5 cm. thick walled cavitary lesion in the left apex. A bone scan showed homogeneous uptake in the left humerus and right femur.

SURGERY: (December 5, 1980)

An open biopsy of the left humerus was performed.

GROSS PATHOLOGY:

The biopsy specimen consisted of several bony fragments, the largest measuring 3.5 x 1.5 x 1.0 cm. The bone was dense and pale white.

FOLLOW-UP:

After the biopsy, radiation therapy to the distal two-thirds of the left humerus was begun. She developed a pathologic fracture of the humerus associated with continued severe pain and swelling. On 3-4-81 the left arm was amputated. On 4-13-81 the patient expired and an autopsy was performed.
CONTRIBUTOR: John Blanchard, M. D. 
Santa Barbara, California

TISSUE FROM: Left femur

ACCESSION NO. 23215

CLINICAL ABSTRACT:

History: A 30 year old caucasian male had a 4 months' history of pain in the left knee.

Radiographs: X-rays showed a large osteolytic and osteoblastic, destructive lesion involving the distal medial femur. An arteriogram showed increased vascularity in the lesion, and showed extension of the tumor into adjacent soft tissues.

SURGERY: (September 14, 1977)

After an open biopsy, an above knee amputation was performed.

GROSS PATHOLOGY:

A left leg amputated through the mid-femur was received. In the distal femur there was a hemorrhagic defect at the previous biopsy site. The marrow cavity of the femur was filled with an opaque, firm tumor mass. This mass measured 6.0 cm. and had ill-defined borders.

FOLLOW-UP:

The patient was started on chemotherapy. He subsequently stopped the chemotherapy, deteriorated rapidly, and died with pulmonary metastases.
CONTRIBUTOR: Frank Kendrick, M. D. SEPTEMBER 1982 - CASE NO. 7
Anaheim, California

TISSUE FROM: Left femur

ACCESSION NO. 24230

CLINICAL ABSTRACT:

History: A 10 year old male suffered a subtrochanteric fracture of the left femur in 1977 after falling while playing soccer. X-rays showed that the fracture went through a cystic lesion. This cyst was curetted. Three years later, the patient began limping again and a recurrence of the lesion was found.

SURGERY: (September 8, 1980)

An open curettage of the lesion was performed.

GROSS PATHOLOGY:

Multiple fragments of tan-red bony tissue measuring 3.0 x 3.0 x 2.0 cm. were submitted.

FOLLOW-UP:

Eighteen months later, the lesion recurred a second time. Multiple labelled biopsies all showed similar histology.
CLINICAL ABSTRACT:

History: A 62 year old caucasian male had a two year history of a left gluteal mass associated with pain and anal sphincter incontinence.

Radiographs: An x-ray of the sacral area showed an osteolytic lesion.

SURGERY: (May 11, 1978)

A large tumor mass was found near the pelvic inlet extending from the sacral promontory to the tip of the coccyx, and was removed in fragments.

GROSS PATHOLOGY:

Individual (1 to 8 cm.) fragments of friable tumor admixed with skeletal muscle and bone with a weight of 340 grams were submitted. The tumor was pale yellow with slimy mucoid to hemorrhagic areas.

FOLLOW-UP:

On 7-5-78 a posterior approach was utilized and residual tumor was noted to be considerably smaller. A mass of tissue measuring 4 x 3 x 2.8 cm. was excised and showed residual tumor. After surgery, the patient received radiation therapy. When last seen in November, 1981 there was no evidence of residual tumor.
CONTRIBUTOR: Arnold N. Oldre, M. D.
Burbank, California

TISSUE FROM: Left scapula

ACCESSION NO. 24249

CLINICAL ABSTRACT:

History: A 54 year old caucasian male had a 3 month history of pain in the left shoulder first noted while playing hand ball. He became aware of a lump over the left shoulder one week prior to admission. His left shoulder had been injured in an auto accident 30 years previously, and for 20 years, he had noticed limitation in external rotation of the arm.

Physical examination showed decreased range of motion and atrophy of the shoulder girdle muscles, and a mass near the left acromioclavicular joint.

Radiographs: X-rays showed an osteolytic lesion in the upper left scapula. Review of x-rays taken 10 years previously showed a similar lesion, only much smaller.

SURGERY: (May 5, 1981)

An egg-shaped mass within the upper part of the left scapula was found. The tumor bulged upward into the supraspinatus fossa. The mass was shelled out of a cyst-like cavity in pieces.

GROSS PATHOLOGY:

Multiple, irregular fragments of gelatinous, gray-white tissue measuring up to 4.0 cm. were submitted.

FOLLOW-UP:

The patient was admitted to Orthopedic hospital on 11-8-81 for a second resection procedure of the left scapula. This showed recurrent tumor at the site of the previous resection. Multiple biopsies of the scapula away from the mass were all negative for tumor.

As of April 1982 the patient is alive and doing well.
CONTRIBUTOR:  John D. Jones, M. D.
Bowling Green, Kentucky

TISSUE FROM:  Left scapula

CLINICAL ABSTRACT:

A 48 year old caucasian male had a painful mass in the left scapular area for 4 months which appeared to be enlarging rapidly.

SURGERY:  (November 12, 1980)

A tumor mass, which appeared to arise from the anterior surface of the left scapula, was removed in pieces. There was erosion of the scapula which the surgeon felt was due to pressure rather than actual invasion. The tumor clinically appeared encapsulated.

GROSS PATHOLOGY:

Five fragments of firm, rubbery, pale tan tissue, ranging in diameter from 2.5 to 7.0 cm. were submitted. The cut surfaces showed thinned translucent areas, and tiny fragments of bone.

FOLLOW-UP:

The patient was referred to The M. D. Anderson Cancer Institute where he received radiation and chemotherapy. In 1981, a metastatic lesion was found in the right femur, and was resected. He is currently on Cisplatin with evidence of cord compression from metastatic tumor.
CLINICAL ABSTRACT:

History: A 28 year old caucasian male complained of pain in the left knee for one month. Two years prior to this, he had been seen by his physician for similar pains. After a tumor mass was discovered involving the left proximal tibia, he underwent local resection of the mass followed by fusion of the knee. He did well until one month prior to admission.

Radiographs: X-rays of the left knee showed recurrence of the tumor. A chest x-ray revealed a new pulmonary nodule.

A thoracotomy was performed on 9-11-80. Microscopic examination of the resected nodule was interpreted as showing metastatic tumor.

SURGERY: (September 19, 1980)

An above knee amputation was performed.

GROSS PATHOLOGY:

A portion of left leg was received. There was an irregular tan-brown mass measuring 7.5 x 7.0 cm. present in the proximal tibia. The mass had a pushing border against the surrounding skeletal muscle.

FOLLOW-UP:

The patient was started on Cytoxan, Adriamycin, and DTIC. As of 3-81, he had completed eight courses of chemotherapy without recurrence of tumor.
CONTRIBUTOR: Daljit S. Sarkaria, M. D.  
La Mirada, California  

TISSUE FROM: Right femur  

ACCESSION NO. 23907

CLINICAL ABSTRACT:

History: An 8 year old male complained of intermittent pain in the left knee associated with increasing swelling for 2 years.

Physical examination: A hard nodule was palpated near the lateral aspect of the distal right femur. The nodule appeared attached to underlying bone, and the adjacent soft tissues were freely movable.

Radiographs: X-rays showed a solitary mass projecting from the lateral aspect of the distal femoral metaphysis.

SURGERY: (June 17, 1980)

The mass was found attached to the surface of the bone, and was removed with an osteotome and mallet.

GROSS PATHOLOGY:

An oval nodule of white, firm tissue overlying a bony base, measuring 2.5 x 1.5 x 1.5 cm. was submitted.

FOLLOW-UP:

Not available.
STUDY GROUP CASES
FOR
SEPTEMBER 1982

CASE NO. 1 - ACC. NO. 23970

LOS ANGELES: Sarcoma, NOS - 2; mesenchymal chondrosarcoma - 3; high grade fibrosarcoma - 1; osteosarcoma - 3

SAN FRANCISCO: Sarcoma, NOS - 11; synovial sarcoma, monomorphic - 3

SACRAMENTO: Malignant fibrous histiocytoma - 1; osteosarcoma - 2; periosteal sarcoma - 1

RENO: Osteogenic sarcoma - 5; fibrosarcoma - 8

MARTINEZ: Mesenchymal chondrosarcoma - 17; periosteal fibrosarcoma - 1

CENTRAL VALLEY: Synovial sarcoma (monophasic) - 5

FRESNO: Osteogenic sarcoma - 6

BAKERSFIELD: Osteogenic sarcoma, fibrosarcomatous type - 4; chondroblastoma, malignant - 1; mesenchymal chondrosarcoma - 1

SAN BERNARDINO (INLAND): Monophasic synovial sarcoma - 8; sarcoma, NOS - 2; malignant hemangiopericytoma - 1

WEST SAN FERNANDO VALLEY: Tenosynovial sarcoma, monophasic - 3; epitheloid sarcoma - 1

OHIO: Tenosynoviosarcoma - 2; malignant fibrous histiocytoma - 2

SEATTLE: Osteosarcoma, grade III - 6

TUCSON: Fibrosarcoma - 2

FILE DIAGNOSIS:

High grade fibrosarcoma, left femur 11710-8810/3

REFERENCES:

CASE NO. 2 - ACC. NO. 23372

SEPTEMBER 1982

LOS ANGELES: Osteogenic sarcoma, telangiectatic type - 9

SAN FRANCISCO: Osteosarcoma - 15 (Some slides show a telangiectatic pattern)

SACRAMENTO: Osteosarcoma telangiectatic - 4

RENO: Osteogenic sarcoma - 13

MARTINEZ: Osteogenic sarcoma, telangiectatic type - 18

CENTRAL VALLEY: Osteosarcoma - 5

FRESNO: Osteogenic sarcoma/telangiectatic variant - 6

BAKERSFIELD: Osteogenic sarcoma - 5; chondrosarcoma - 1

SAN BERNARDINO (INLAND): Osteosarcoma - 11

WEST SAN FERNANDO VALLEY: Osteosarcoma - 4

OHIO: Vascular Osteogenic sarcoma - 4

SEATTLE: Osteosarcoma, grade III - 6

TUCSON: Osteogenic sarcoma, telangiectatic variant - 2

FILE DIAGNOSIS:

Osteosarcoma, telangiectatic type, left femur 11710-9183/3

REFERENCES:

CASE NO. 3 - ACC. NO. 24132

SEPTEMBER 1982

LOS ANGELES: Osteosarcoma - 9
SAN FRANCISCO: Osteosarcoma, possibly periosteal - 15
SACRAMENTO: Osteosarcoma chondroblastic - 4
RENO: Osteogenic sarcoma - 5; chondrosarcoma - 8
MARTINEZ: Juxta-cortical osteogenic sarcoma - 4; osteogenic sarcoma, chondroblastic type - 14
CENTRAL VALLEY: Chondrosarcoma - 3; osteosarcoma - 1; osteo-chondrosarcoma - 1
FRESNO: Osteogenic sarcoma - 5; chondrosarcoma - 1
BAKERSFIELD: Chondroid osteogenic sarcoma - 6
SAN BERNARDINO (INLAND): Chondrosarcoma - 9; osteosarcoma - 2
WEST SAN FERNANDO VALLEY: Chondroblastic osteosarcoma - 4
OHIO: Periosteal osteogenic sarcoma - 4
SEATTLE: Osteosarcoma, grade II - 6
TUCSON: Moderately differentiated chondrosarcoma - 2

FILE DIAGNOSIS:
Osteosarcoma, left femur

FOLLOW-UP:
The patient has subsequently developed multiple pulmonary metastases.

CONSULTATION:
David C. Dahlin, M. D. reviewed the slides in June, 1981 thought that this was a grade III chondroblastic osteosarcoma.

REFERENCES:
LOS ANGELES: Osteosarcoma - unanimous, (possibly arising in Paget's disease, mesostatic type - 2)

SAN FRANCISCO: Osteosarcoma - 14; osteoblastoma, aggressive - 1

SACRAMENTO: Osteosarcoma - 4

RENO: Osteogenic sarcoma - 13

MARTINEZ: Osteogenic sarcoma, osteoblastic type - 18

CENTRAL VALLEY: Osteosarcoma - 4; metastatic carcinoma - 1

FRESNO: Osteoblastoma - 6

BAKERSFIELD: Osteoblastoma - 5; metastatic carcinoma - 1

SAN BERNARDINO (INLAND): Osteosarcoma - 8; osteoblastoma - 3

WEST SAN FERNANDO VALLEY: Osteosarcoma - 4

OHIO: Osteogenic sarcoma - 3; aggressive osteoblastoma - 1

SEATTLE: Osteosarcoma, grade II - 6

TUCSON: Osteogenic sarcoma (osteoblastic type) - 1; osteoblastoma - 1

FILE DIAGNOSIS:

Osteosarcoma, skull
LOS ANGELES: Metastatic squamous carcinoma in a Paget's disease of the humerus with probable primary in the lung - 9

SAN FRANCISCO: Metastatic carcinoma consistent with a mammary origin (possible metastasis to Paget's disease) - 15

SACRAMENTO: Paget's with metastatic carcinoma - 4

RENO: Metastatic carcinoma, post radiation - 13

MARTINEZ: Metastatic carcinoma, in bone from breast tumor with Paget's disease - 10; metastatic carcinoma in bone with Paget's disease - 8

CENTRAL VALLEY: Metastatic breast carcinoma - 4; Paget's disease with brown tumor and osteitis fibrosis cystica - 1

FRESNO: Metastatic carcinoma - 3; angiosarcoma - 3

BAKERSFIELD: Metastatic carcinoma, most likely squamous cell carcinoma - 6

SAN BERNARDINO (INLAND): Metastatic carcinoma to bone - 11

WEST SAN FERNANDO VALLEY: Osteitis deformans with metastatic breast carcinoma - 3; metastatic carcinoma and bone infarct - 1

OHIO: Metastatic carcinoma - 3; metastatic poorly differentiated squamous carcinoma - 1

SEATTLE: Metastatic squamous carcinoma in Paget's involved bone - 6

TUCSON: Metastatic carcinoma - 2

FILE DIAGNOSIS:

Metastatic squamous carcinoma in Paget's disease of bone, left humerus 11410-8070/6
CASE NO. 6 - ACC. NO. 23215

LOS ANGELES: Osteosarcoma - 9

SAN FRANCISCO: Osteosarcoma - 14; malignant fibrous histiocytoma - 1

SACRAMENTO: Malignant fibrous histiocytoma - 4

RENO: Osteosarcoma - 13

MARTINEZ: Osteogenic sarcoma - 18

CENTRAL VALLEY: Sarcoma, NOS - 2; osteosarcoma - 1; fibrosarcoma - 1; rhabdomyosarcoma - 1

FRESNO: Osteogenic sarcoma - 6

BAKERSFIELD: Osteogenic sarcoma - 6

SAN BERNARDINO (INLAND): Osteosarcoma - 6; malignant fibrous histiocytoma - 5

WEST SAN FERNANDO VALLEY: Sarcoma of bone (NOS) - 4

OHIO: Malignant fibrous histiocytoma - 4

SEATTLE: Osteosarcoma, grade III - 6

TUCSON: Osteogenic sarcoma, telangiectatic variant - 2

FILE DIAGNOSIS:
Osteosarcoma, left femur 11710-9181/3
CASE NO. 7 - ACC. NO. 24230

SEPTEMBER 1982

LOS ANGELES: Fibrous dysplasia - 9
SAN FRANCISCO: Fibrous dysplasia - 14; non-ossifying fibroma - 1
SACRAMENTO: Fibrous dysplasia - 4
RENO: Fibrous dysplasia - 7; non-ossifying fibroma - 6
MARTINEZ: Non-ossifying fibroma - 13; fibrous dysplasia - 5
CENTRAL VALLEY: Desmoplastic fibroma - 2; fibrous dysplasia vs. low grade fibrous sarcoma - 3
FRESNO: Fibrous dysplasia - 6
BAKERSFIELD: Fibrous dysplasia - 3; osteogenic fibroma - 2; chondromyxoid fibroma - 1
SAN BERNARDINO (INLAND): Fibrous dysplasia - 6; non-ossifying fibroma - 5
WEST SAN FERNANDO VALLEY: Fibrous cortical defect (non-ossifying fibroma) - 4
OHIO: Non-ossifying fibroma - 4
SEATTLE: Benign fibro-osseous lesion compatible with fibrous dysplasia - 6
TUCSON: Ossifying fibroma - 1; fibrous dysplasia - 1

FILE DIAGNOSIS:

Fibrous dysplasia, left femur

REFERENCE:

CASE NO. 8 - ACC. NO. 22925

SEPTEMBER 1982

LOS ANGELES: Chordoma - 9
SAN FRANCISCO: Chordoma - 15
SACRAMENTO: Chordoma - 4
RENO: Chordoma - 13
MARTINEZ: Chordoma - 18
CENTRAL VALLEY: Chordoma - 5
FRESNO: Chondroblastoma - 6
BAKERSFIELD: Chordoma - 6
SAN BERNARDINO (INLAND): Chordoma - 11
WEST SAN FERNANDO VALLEY: Chordoma - 4
OHIO: Chordoma - 4
SEATTLE: Chordoma - 6
TUCSON: Chordoma - 2

FILE DIAGNOSIS:

Chordoma, gluteal region

REFERENCE:

CASE NO. 9 - ACC. NO. 24249 November 1982

LOS ANGELES: Chondrosarcoma - 9
SAN FRANCISCO: Chondrosarcoma - 15
SACRAMENTO: Chondrosarcoma - 4
RENO: Chondrosarcoma - 13
MARTINEZ: Chondrosarcoma, well differentiated - 18
CENTRAL VALLEY: Enchondroma - 1; low grade chondrosarcoma - 4
FRESNO: Well differentiated chondrosarcoma - 3; benign enchondroma - 3
BAKERSFIELD: Well differentiated chondrosarcoma - 2
SAN BERNARDINO (INLAND): Chondrosarcoma - 11
WEST SAN FERNANDO VALLEY: Well differentiated chondrosarcoma - 4
OHIO: Low grade chondrosarcoma - 4
SEATTLE: Chondrosarcoma, grade II - 6
TUCSON: Low grade chondrosarcoma - 1; enchondroma - 1

FILE DIAGNOSIS:
Low grade chondrosarcoma, left scapula

11280-9220/3
CASE NO. 10 - ACC. NO. 24075
SEPTEMBER 1982

LOS ANGELES: Mesenchymal chondrosarcoma - 1; osteosarcoma - 5
SAN FRANCISCO: Osteosarcoma, periosteal of possible small cell type - 15
SACRAMENTO: Angiosarcoma - 1; osteosarcoma - 1; chondrosarcoma - 2
RENO: Metastatic carcinoma - 13
MARTINEZ: Mesenchymal chondrosarcoma - 1; undifferentiated malignant neoplasm - 16; sarcoma of tendon origin - 1
CENTRAL VALLEY: Adamantinoma - 1; metastatic carcinoma - 2; osteosarcoma - 2
FRESNO: Osteogenic sarcoma - 3; metastatic carcinoma - 3
BAKERSFIELD: Mesenchymal chondrosarcoma - 2; angiosarcoma - 1; small cell sarcoma - 1; small cell osteogenic sarcoma - 1; chondrosarcoma - 1
SAN BERNARDINO (INLAND): Mesenchymal chondrosarcoma - 11
WEST SAN FERNANDO VALLEY: Ewing's sarcoma - 3; reticular cell sarcoma - 1
OHIO: Mesenchymal chondrosarcoma - 4
SEATTLE: Osteosarcoma, grade I - 7
TUCSON: Metastatic small cell carcinoma - 1; osteosarcoma - 1

FILE DIAGNOSIS:
Mesenchymal chondrosarcoma, scapula 11280-9240/3

FOLLOW-UP:
The metastatic lesion in the femur revealed a poorly differentiated sarcoma, and the patient died in June, 1982 with multiple metastases.

REFERENCES:
CASE NO. 11 - ACC. NO. 24169

SEPTEMBER 1982

LOS ANGELES: Giant cell tumor, malignant - 9

SAN FRANCISCO: Giant cell tumor, malignant - 8; osteosarcoma arising in giant cell tumor - 6

SACRAMENTO: Osteosarcoma - 3; malignant giant cell tumor - 1

RENO: Malignant giant cell tumor - 13

MARTINEZ: Giant cell tumor - 18

CENTRAL VALLEY: Malignant giant cell tumor - 4; osteosarcoma - 1

FRESNO: Malignant giant cell tumor - 5; osteogenic sarcoma - 1

SAN BERNARDINO (INLAND): Malignant giant cell tumor of bone - 9; giant cell tumor of bone - 2

WEST SAN FERNANDO VALLEY: Malignant giant cell tumor of bone - 4

OHIO: Malignant giant cell tumor - 4

SEATTLE: Malignant giant cell tumor - 7

TUCSON: Osteosarcoma with large giant cell component - 1; giant cell tumor of bone (malignant) - 1

FILE DIAGNOSIS:

Malignant giant cell tumor, left tibia

REFERENCES:


CASE NO. 12 - ACC. NO. 23907             SEPTEMBER 1982

LOS ANGELES: Osteochondroma - 9
SAN FRANCISCO: Ecchondroma - 15
SACRAMENTO: Osteochondroma - 3; periosteal chondroma - 1
RENO: Enchondroma - 13
MARTINEZ: Osteochondroma, benign - 18
CENTRAL VALLEY: Periosteal chondroma - 1; osteochondroma - 3; enchondroma - 1
FRESNO: Periosteal chondroma - 6
SAN BERNARDINO (INLAND): Osteochondroma - 7; periosteal chondroma - 4
WEST SAN FERNANDO VALLEY: Osteochondroma - 3; chondroma - 1
OHIO: Osteochondroma - 4
SEATTLE: Chondroma, subperiosteal - 7
TUCSON: Periosteal chondroma - 1; osteochondroma - 1

FILE DIAGNOSIS:

Benign osteochondroma, femur 11710-9210/0