CALIFORNIA TUMOR TISSUE REGISTRY
LOS ANGELES COUNTY - UNIVERSITY OF SOUTHERN CALIFORNIA
PROTOCOL
FOR
MONTHLY STUDY SLIDES
MAY 1985
TUMORS OF THE HEAD AND NECK
CLINICAL ABSTRACT:

History: A 48 year old white male had a gradually enlarging mass in the left anterior neck for about four years. The mass occasionally became painful, but this would subside with antibiotics. The remainder of the physical examination and laboratory studies were negative.

SURGERY: (September 22, 1983)

With a clinical diagnose of branchial cleft cyst, the mass was excised.

GROSS PATHOLOGY:

The tumor was nodular, encapsulated and measured 4 x 4 x 2 cm. Cut surfaces were tan-yellow and finely nodular.
CONTRIBUTOR: Marthe Smith, M. D.  
San Francisco, California

TISSUE FROM: Left jaw  
ACCESSION NO. 25054

CLINICAL ABSTRACT:

History: A 63 year old woman had a painless mass overlying the left mandible for about 1 year.

Physical examination: The oral mucosa was normal. A firm mass was palpable at the level of the left mental foramen, and was adherent to the underlying bone.

SURGERY: (July 25, 1983)

The mass was excised through submental and buccogingival groove incisions. The tumor was adherent to periosteum, but subperiosteal dissection was performed, and no penetration into bone was seen.

GROSS PATHOLOGY:

The mass was irregular, gray, firm and rubbery and measured 2.4 x 2.1 x 1.5 cm.
CLINICAL ABSTRACT:

History: This 77 year old man presented with a chief complaint of persistent cough and difficulty in eating.

Past history was significant for 2 prior surgical procedures, one 17 years prior to presentation for removal of a laryngeal mass and another 7 years prior to presentation to remove a retropharyngeal mass.

Physical examination: Laryngoscopy revealed a lobulated, fatty appearing mass above the level of the arytenoids.

SURGERY: (February 2, 1985)

The mass was excised.

GROSS PATHOLOGY:

The specimen consisted of a 4.4 x 3.5 x 2.0 cm. encapsulated pink mass with a grey-white, glistening, soft bulging cut surface.
History: This 67 year old woman was noted to have a mass in the right nostril during physical examination for an episode of otitis media.

CT Scan: The right maxillary antrum and nasal cavity were occupied by inhomogenous material. Bony destruction was observed in areas adjacent to the mass.

Surgery: (April 3, 1983)

A right Caldwell-Luc Procedure with a right lateral rhinostomy was performed. Operative findings were of an approximately 2.5 cm. friable mass occupying the right middle meatus. The right maxillary sinus was filled with mucopurulent debris.

Gross Pathology:

The specimen consisted of 15 grams of fragments of yellow-brown, moderately papillary tissue, the largest piece measuring 3.3 x 3.2 cm.
CLINICAL ABSTRACT:

History: This 32 year old Mexican American man had a 2 month history of a sensation of "something in my throat".

Physical examination: A large, pedunculated mass was present in the left hypopharynx.

Radiograph: CT scan revealed a bulky mass in the hypopharynx which appeared to be attached to the left.

SURGERY: (January 3, 1985)

The mass was excised.

GROSS PATHOLOGY:

The specimen consisted of a pedunculated, polypoid structure which measured 4 x 2.5 x 2.3 cm. and was covered by a glistening grey-tan mucosal surface. Beneath the mucosa, the structure was lobulated, firm to focally gritty and light tan in color.
CONTRIBUTOR: Arnold N. Oldre, M. D.  
Los Angeles, California

TISSUE FROM: Posterior neck

ACCESSION NO. 24026

CLINICAL ABSTRACT:

History: This 56 year old man presented with a 4 year history of a posterior neck mass.

SURGERY: (September 3, 1980)

The mass was excised.

GROSS PATHOLOGY:

The specimen consisted of a 32 gram, 5 x 3.5 x 3 cm., partially encapsulated mass. On section, part of the mass was homogenous and yellow, while another part was firm, gray and had a mucoid appearance with interspersed fatty appearing areas.
This 6 months old infant was admitted to the LAC-USC Medical Center circa early part of March 1985 for three lesions located in the abdomen, back and head. The abdomen and back specimens although histologically similar to the head were submitted as granulomas, while the head was submitted as hemangioma.

GROSS PATHOLOGY:

A 7 x 5.5 x 5 cm. mass showing normal light tan skin and hair on the under-surface adjacent to the margin of resection. The external surface is tan brown to dark brown with areas of ulceration and hemorrhage. Sectioning reveals firm, pink tan tissue with a central wedge shaped area of hemorrhage measuring approximately 2 x 2 cm.
CONTRIBUTOR: Robert E. Wybel, M. D.  
Bakersfield, California  
MAY 1985 - CASE NO. 8

TISSUE FROM: Nose  
ACCESSION NO. 24531

CLINICAL ABSTRACT:

History: This 67 year old man presented with a right nasal mass.

SURGERY: (December 3, 1981)

The mass was excised.

GROSS PATHOLOGY:

The specimen consisted of 7 grams of tan, polypoid tissue fragments, some with fairly smooth mucosal surfaces. Section revealed fairly firm, somewhat translucent interiors.
CONTRIBUTOR: Leroy McCarthy, M. D.  
San Bernardino, California

TISSUE FROM: Neck

ACCESSION NO. 23374

MAY 1985 - CASE NO. 9

CLINICAL ABSTRACT:

History: A 32 year old mentally retarded female was admitted for evaluation of a neck mass present for unknown duration. When last examined one year previously the mass was not detected. The mass apparently had been increasing in size for 1-2 months. The patient had a past history of recurrent pneumonias.

Physical examination: A soft, non-tender, freely movable mass was present in the right supraclavicular fossa and extended superiorly and laterally towards the posterior cervical triangle.

SURGERY: (March 20, 1979)

The mass was excised.

GROSS PATHOLOGY:

The mass measured 7 x 5 x 3 cm. and was encapsulated. Cut surfaces were smooth and tan-pink with a focus of red-black softening.
History: A 2 hour old girl was found to have one mass attached to the maxillary alveolar ridge and another to the mandibular ridge.

Surgery: (February 11, 1985)

The masses were excised.

Gross Pathology:

The masses were rounded, red-purple and fleshy and weighed 16.5 gm. and 10 gm. Cut surfaces were pink-white with focal hemorrhage.
CONTRIBUTOR: William Kern, M. D.  
Los Angeles, California

TISSUE FROM: Palate

ACCESSION NO. 22639

MAY 1985 - CASE NO. 11

CLINICAL ABSTRACT:

History: A gentleman of unstated age complained of sore throat, headaches and earaches about one month prior to admission. The headache and earache subsided but a swelling was noted in the rear of the mouth. About two weeks later he awoke with a foul smelling liquid in his mouth, and he noticed "a hole". He smoked 2 packs per day for about 15 years.

Physical examination: A rounded, well circumscribed lesion was noted in the left palate. No discharge was noted. All other preoperative studies were normal.

SURGERY: (July 23, 1977)

The palatal lesion was excised.

GROSS PATHOLOGY:

An elliptical piece of palate was received. A 1.0 x 0.5 x 0.5 cm. ulcer was present. Sectioning revealed a yellow-gray firm base with focal necrosis.
CONTRIBUTOR: N. Korostoff, M. D. 
Bellflower, California

TISSUE FROM: Nasopharynx

ACCESSION NO. 24503

MAY 1985 - CASE NO. 12

CLINICAL ABSTRACT:

History: A 65 year old woman complained of renal bleeding. She had noticed nasal stuffiness and intermittent bleeding for several months.

Her past medical history revealed colon disease of unknown kind and a "small but inoperable brain tumor".

Physical examination: A hemorrhagic mass was found obstructing the right choanal opening. Multiple polyps were also present.

SURGERY: (December 21, 1981)

The mass was seen to arise from the lateral wall of the nasopharynx, and about half was resected with abundant hemorrhage.

GROSS PATHOLOGY:

Multiple fragments of gray-black tissue measuring up to 2.0 cm. was submitted.
CASE NO. 1 - ACCESSION NO. 25082

LOS ANGELES: Spindle cell squamous carcinoma - 7

SAN FRANCISCO: Extra-cranial malignant meningioma - 2; spindle cell squamous cell carcinoma - 1; carcinoma, NOS - 1; malignant nerve sheath tumor - 1

OAKLAND: Metastatic squamous carcinoma - 7; malignant Schwannoma - 3; thymic carcinoma - 2

MARTINEZ: Thymic carcinoma - 1; squamous cell carcinoma - 9; epithelioid hemangioendothelioma - 1; glomangioma - 1

LONG BEACH: Epithelioid sarcoma - 3; nasopharyngeal carcinoma - 3

SAN BERNARDINO (INLAND): Poorly differentiated metastatic carcinoma - 4; sarcoma, NOS - 1

BAKERSFIELD: Hemangioendothelioma - 1; malignant Schwannoma - 3; spindle cell carcinoma of thyroid - 1

FRESNO: Benign plexiform neurofibroma - 2; malignant Schwannoma - 2; spindle cell carcinoma - 2

RENO: Malignant carotid body tumor - 6; neurofibrosarcoma - 5

SIERRA FOOTHILLS: Leiomyosarcoma - 1; malignant Schwannoma - 1

INDIANA: Thymoma - 2; leiomyoma - 1

SEATTLE: Malignant Schwannoma (plexiform) - 4; meningioma, ectopic - 2

FOLLOW-UP:

Not available.

CONSULTATION:

F. M. Enzinger, M. D., AFIP: Variant of Malignant fibrous histiocytoma.

FILE DIAGNOSIS:

Spindle cell squamous carcinoma, neck
REFERENCES:


CASE NO. 2 - ACCESSION NO. 25054

LOS ANGELES: Nodular fasciitis - 7

SAN FRANCISCO: Nodular fasciitis - 5

OAKLAND: Nodular fasciitis - 12

MARTINEZ: Nodular infiltrating fasciitis - 9; fibroma - 1; fibrous histiocytoma - 3

LONG BEACH: Nodular fasciitis - 6

SAN BERNARDINO (INLAND): Parosteal fasciitis - 5

BAKERSFIELD: Parosteal nodular fasciitis - 4; fibroma - 1

FRESNO: Fibrous histiocytoma - 5; spindle cell carcinoma - 2

RENO: Proliferative myositis - 11

SIERRA FOOTHILLS: Neurofibroma - 1; Schwannoma - 1

INDIANA: Nodular fasciitis - 3

SEATTLE: Nodular fasciitis - 4; periosteal fibromatosis - 1; nerve sheath proliferation - 1

FOLLOW-UP:

When last seen on 2-10-84 there was no evidence of recurrence.

CONSULTATIONS:

Louis H. Weiland, M. D., Mayo Clinic: Low grade fibrosarcoma.

R. L. Kempson, M. D., Stanford University: Periosteal nodular fasciitis.

FILE DIAGNOSIS:

Nodular fasciitis, soft tissue, mandible

REFERENCES:

CASE NO. 3 - ACCESSION NO. 25191

LOS ANGELES: Lipofibroma - 7
SAN FRANCISCO: Neurofibroma - 4; well differentiated liposarcoma - 1
OAKLAND: Neurofibroma - 12
MARTINEZ: Neurofibroma - 13
LONG BEACH: Neurofibrolipoma - 6
SAN BERNARDINO (INLAND): Fibrolipoma - 2; spindle cell lipoma - 2; neurofibromatosis - 1
BAKERSFIELD: Fibrolipoma - 5
FRESNO: Angiofibrolipoma - 1; fibrolipoma - 2; neurofibroma - 2; neurolipoma - 1
RENO: Spindle cell lipoma - 11
SIERRA FOOTHILLS: Fibrolipoma - 2
INDIANA: Fibrolipoma - 1; well differentiated liposarcoma - 2
SEATTLE: Atypical lipoma - 6

FOLLOW-UP:

Not available

FILE DIAGNOSIS:

Lipofibroma (fibrolipoma), hypopharynx
CASE NO. 4 - ACCESSION NO. 25129
MAY 1985

LOS ANGELES: Oncocytoma - 7

SAN FRANCISCO: Well differentiated papillary adenocarcinoma (showing oncocytic change) - 5

OAKLAND: Locally aggressive benign oncocytoma - 12

MARTINEZ: Cylindrical cell papilloma - 4; oncocytic adenoma - 8

LONG BEACH: Monomorphic adenoma oncocytic type - 6

SAN BERNARDINO (INLAND): Oxyphil adenoma - 5

BAKERSFIELD: Oxyphilic adenoma - 5

FRESNO: Oncocytic tumor - 5; atypical adenoma of accessory salivary gland - 1

RENO: Oncocytic adenoma - 11

SIERRA FOOTHILLS: Oncocytic adenocarcinoma - 2

INDIANA: Mixed tumor - 1; adenocarcinoma - 2

SEATTLE: Mucoepidermoid carcinoma - 4; carcinoma with oncocytic change - 2

FOLLOW-UP: (4/19/85)

The patient is doing well without recurrence of her tumor.

FILE DIAGNOSIS:

Oncocytoma, nasal cavity

REFERENCE:

California Tumor Tissue Registry 60th Semi-annual Seminar, Case 1, Accession 112316, moderated by John Batsakis, M. D.
LOS ANGELES: Fibrous histiocytoma - 6; malignant fibrous histiocytoma, low-grade - 1

SAN FRANCISCO: Reactive fibrous polyp - 3; spindle cell squamous cell carcinoma - 1; malignant fibrous histiocytoma - 1

OAKLAND: Nodular fasciitis - 12

MARTINEZ: Malignant fibrous histiocytoma - 1; nodular fasciitis - 8; fibrous histiocytoma - 2

LONG BEACH: Fibrous histiocytoma - 6

SAN BERNARDINO (INLAND): Fibrous histiocytoma - 4; fibromatosis - 1

BAKERSFIELD: Pseudosarcomatous fasciitis - 3; leiomyoma - 1; leiomyosarcoma - 1

FRESNO: Nodular fasciitis - 1; fibrous histiocytoma - 4; angiofibroma - 1

RENO: Fibrous histiocytoma - 9; neurofibroma - 2

SIERRA FOOTHILLS: Neurofibroma - 2

INDIANA: Fibrosarcoma - 1; fibroma - 1; fibrous histiocytoma - 1

SEATTLE: Plexiform neurofibroma - 5; nodular fasciitis - 1

FOLLOW-UP:

The patient received radiation therapy to the operative site and currently is free of recurrence.

SPECIAL STAINS:

The AMP is weakly positive. The trichrome is very red. The reticulum runs parallel to the cytoplasm.

FILE DIAGNOSIS:

Leiomyosarcoma, pharynx

REFERENCES:


CASE NO. 6 - ACCESSION NO. 24026

MAY 1985

LOS ANGELES: Spindle cell lipoma - 7
SAN FRANCISCO: juvenile hemangioma - 5
OAKLAND: Spindle cell lipoma - 12
MARTINEZ: Spindle cell lipoma - 12; benign mesenchymoma - 1
LONG BEACH: Spindle cell lipoma - 6
SAN BERNARDINO (INLAND): Spindle cell lipoma - 3; myxolipoma - 2
BAKERSFIELD: Liposarcoma, low-grade - 2; myxofibroma - 2; lipofibroma - 1
FRESNO: Myxoid neurofibroma - 4; myxolipoma - 1; well-differentiated liposarcoma - 1
RENO: Reactive fibromatosis - 11
SIERRA FOOTHILLS: Elastofibroma - 1; spindle cell lipoma - 1
INDIANA: Lipoma - 2; liposarcoma - 1
SEATTLE: Spindle cell lipoma - 6

FOLLOW-UP:

Not available.

FILE DIAGNOSIS:

Spindle cell lipoma, neck

REFERENCES:


CASE NO. 7 - ACCESSION NO. 25437

LOS ANGELES: Juvenile hemangioendothelioma (capillary hemangioma) - 7
SAN FRANCISCO: Juvenile hemangioma - 5
OAKLAND: Juvenile capillary hemangioma (benign hemangioendothelioma of infancy) - 12
MARTINEZ: Juvenile capillary hemangioma - 13
LONG BEACH: Spindle cell lipoma - 6
SAN BERNARDINO (INLAND): Juvenile hemangiomatosis - 5
BAKERSFIELD: Capillary hemangioma - 5
FRESNO: Cellular juvenile hemangioma - 6
RENO: Cellular hemangioma - 11
SIERRA FOOTHILLS: Infarcted benign hemangioma - 2
INDIANA: Capillary hemangioma - 3
SEATTLE: Papillary hemangioma - 6

FOLLOW-UP:
Patient returned for postoperative visit on 4/1/85. Scalp wound healing well.

FILE DIAGNOSIS:
Juvenile hemangioendothelioma, head

REFERENCES:
CASE NO. 8 - ACCESSION NO. 24531

LOS ANGELES: Cylindrical cell papilloma - 7
SAN FRANCISCO: Cylindrical nasal papilloma - 5
OAKLAND: Cylindrical cell papilloma - 12
MARTINEZ: Cylindrical cell papilloma - 13
LONG BEACH: Inverted papilloma, cylindrical cell type - 6
SAN BERNARDINO (INLAND): Nasal papilloma with oncocytes and atypia - 5
BAKERSFIELD: Inverted papilloma - 5
FRESNO: Cylindrical cell papilloma - 5; reactive hyperplasia and inflammation - 1
RENO: Cylindrical adenoma - 11
SIERRA FOOTHILLS: Benign papilloma - 2
INDIANA: Papilloma, cylindrical cell - 3
SEATTLE: Schneiderian papilloma - 6

FOLLOW-UP:

The patient was last seen in 2/82, at which time he was noted to have a few small polypoid lesions in the right nasal cavity. He has been subsequently lost to follow-up.

FILE DIAGNOSIS:

Cylindrical cell papilloma, nose

REFERENCES:

Case 19A & B (Acc. 15807 and 15994) California Tumor Tissue Registry 45th Semi-Annual Slide Seminar moderated by Walter C. Bauer, M. D. and Malcolm H McGavran, M. D.

LOS ANGELES: Giant lymph node hyperplasia - 7
SAN FRANCISCO: Angiomatous lymphoid hamartoma - 5
OAKLAND: Hyaline vascular variant of Castleman's disease - 9; atypical hyperplasia - 3
MARTINEZ: Follicular hyperplasia - 1; pseudolymphoma, drug induced - 1; angiofollicular lymphoid hyperplasia, hyaline vascular type - 11
LONG BEACH: Giant lymph node hyperplasia, hyaline vascular type (Castleman's disease) - 6
SAN BERNARDINO (INLAND): Angiofollicular lymph node hyperplasia - 5
BAKERSFIELD: Angiofollicular hyperplasia - 5
FRESNO: Reactive hyperplasia - 5; angiofollicular hyperplasia - 3
RENO: Angiofollicular hyperplasia - 11
SIERRA FOOTHILLS: Giant follicular hyperplasia (Castleman's disease) - 1; reactive follicular hyperplasia - 1
INDIANA: Reactive hyperplasia - 1; giant lymph node hyperplasia - 2
SEATTLE: Angiolymphoid hyperplasia (Castleman's disease) - 6

FOLLOW-UP:

The patient was last seen in 7/81, at which time he was without evidence of disease.

FILE DIAGNOSIS:

Giant lymph node hyperplasia, hyaline vascular type (Castleman-Iverson lesion), neck node

REFERENCES:


LOS ANGELES: Gingival granular cell tumor (congenital epulis) - 7
SAN FRANCISCO: Congenital gingival granular cell tumor - 5
OAKLAND: Congenital granular cell tumor - 12
MARTINEZ: Congenital epulis (congenital granular cell tumor) - 13
LONG BEACH: Congenital granular cell tumor (congenital epulis) - 6
SAN BERNARDINO (INLAND): Congenital (gingival) granular cell tumor - 5
BAKERSFIELD: Congenital epulis (granular cell myoblastoma) - 5
FRESNO: Congenital granular cell tumor - 6
RENO: Congenital giant epulis - 11
SIERRA FOOTHILLS: Granular cell tumor (congenital epulis) - 2
INDIANA: Granular cell myoblastoma - 3
SEATTLE: Juvenile granular cell tumor - 6

FOLLOW-UP:
Last available follow-up is from 3/85, at which time the mouth and lips were described as "normal".

FILE DIAGNOSIS:
Granular cell tumor (congenital epulis), alveolar ridge

REFERENCES:


CASE NO. 11 - ACCESSION NO. 22639

LOS ANGELES: Necrotizing sialometaplasia - 7
SAN FRANCISCO: Necrotizing sialoadenitis - 5
OAKLAND: Necrotizing sialometaplasia - 11; pleomorphic adenoma - 1
MARTINEZ: Necrotizing sialometaplasia - 13
LONG BEACH: Necrotizing sialometaplasia - 6
SAN BERNARDINO (INLAND): Necrotizing sialometaplasia - 5
BAKERSFIELD: Nicotinus palatinus - 3; nicotinus palatinus with squamous cell carcinoma - 2
FRESNO: Necrotizing sialometaplasia - 6
RENO: Necrotizing sialometaplasia - 11
SIERRA FOOTHILLS: Sialometaplasia - 2
INDIANA: Mucoepidermoid carcinoma - 1; necrotizing sialometaplasia - 2
SEATTLE: Necrotizing sialadenitis with squamous metaplasia - 6

FOLLOW-UP:

Not available.

FILE DIAGNOSIS:

Necrotizing sialometaplasia, palate

REFERENCES:


LOS ANGELES: Malignant melanoma - 7
SAN FRANCISCO: Malignant melanoma - 3; malignant cellular blue nevus - 2
OAKLAND: Melanoma - 12
MARTINEZ: Melanoma - 13
LONG BEACH: Primary malignant melanoma - 6
SAN BERNARDINO (INLAND): Melanoma - 5
BAKERSFIELD: Hemangiopericytoma - 2; malignant melanoma - 2; sarcoma, NOS - 1
FRESNO: Hemangiopericytoma - 1; undifferentiated malignant neoplasm - 4; melanoma - 1
RENO: Malignant hemangiopericytoma - 11
SIERRA FOOTHILLS: Malignant melanoma - 2
INDIANA: Malignant melanoma - 3
SEATTLE: Melanoma - 4; pigmented Schwannoma - 2

FOLLOW-UP:

During the year following surgery, the patient developed jaundice and liver metastases. She expired in mid 1983. No autopsy was performed.

FILE DIAGNOSIS:

Malignant melanoma, nasopharynx

REFERENCES:


Good discussion in Batsakis' Head and Neck Tumors, Second Edition.