CALIFORNIA TUMOR TISSUE REGISTRY
LOS ANGELES COUNTY - UNIVERSITY OF SOUTHERN CALIFORNIA
PROTOCOL
FOR
MONTHLY STUDY SLIDES
AUGUST 1986
TUMORS OF UTERUS AND OVARY
CONTRIBUTOR: M. L. Bassis, M. D.  AUGUST 1986 - CASE NO. 1
San Francisco, California

TISSUE FROM: Uterus  ACCESSION NO. 22141

CLINICAL ABSTRACT:

History: A 46 year old Gravida 5 Para 5 woman presented with lower abdominal cramps and difficulty urinating. Her periods were regular until eight months previously, when they suddenly ceased. The cramps increased in severity over several months. They were most intense on the left side, where the patient felt a hard mass.

Physical examination: A tender, hard, irregular mass extended from the umbilicus to the left pubis symphysis.

SURGERY: (March 5, 1975): A total abdominal hysterectomy and bilateral salpingo-oophorectomy were performed.

GROSS PATHOLOGY:

The uterus, tubes, and ovaries weighed 630 grams. A 14 x 12 x 6 cm. tumor was present in the posterior uterine wall. The tumor was variegated yellow-tan with a gelatinous consistency and extensive hemorrhage and cystic change. The periphery of the tumor was pink-tan, whorled, and bulging.
CLINICAL ABSTRACT:

History: A 79 year old woman discovered a large right abdominal mass 4 days before presentation. The mass was not tender and was unaffected by meals, urination, or bowel movements. There was no pelvic or rectal bleeding or discharge, hematuria, dysuria, frequency, or urgency.

Physical examination: In the right lower quadrant was a hard, slightly tender, poorly mobile mass extending from the pelvis to above the level of the umbilicus. Pelvic examination revealed a normal cervix, with the mass in the right adnexa.

SURGERY: (January 23, 1977)

Total abdominal hysterectomy, bilateral salpingo-oophorectomy, ovarian cystectomy and appendectomy were performed. The gross appearance of the abdomen demonstrated a volley-ball tumor protruding from the right lower quadrant. On opening the abdomen, there was a small amount of slightly dark peritoneal fluid (less than 20 ccs). The omentum hung over and encapsulated the tumor of the right ovary. This was fixed to the uterus, then to the posterior pelvis and to part of the bowel. During dissection the ovarian mass broke and approximately 1 liter of fluid escaped into the abdominal cavity.

GROSS PATHOLOGY:

The right ovary was cystic and weighed 250 grams. Two nodular masses protruded from an otherwise smooth internal surface. The masses were solid to cystic, having the appearance of a ripe pear. The cut surfaces were not sticky. The uterus weighed 140 grams and was distorted by numerous white whorled tumor masses.
CLINICAL ABSTRACT:

History: This 70 year old woman presented with postmenopausal vaginal bleeding. She had been on premarin therapy for the previous 20 years.

Physical examination: The abdomen was soft and without masses. Pelvic examination revealed blood on the external genitalia and an enlarged, "10 - 12 week" sized uterus.

SURGERY: (December 27, 1977)

A total hysterectomy with bilateral salpingo-oophorectomy was performed.

GROSS PATHOLOGY:

The uterus with attached tubes and ovaries weighed 210 grams. The endometrial cavity was occupied by a 6.5 x 4.5 cm. in greatest dimension, yellow-tan, partially hemorrhagic and necrotic pedunculated mass, which extended into the endocervical canal to within 2 cm. of the cervical os. The mass appeared to partially invade the myometrium, but did not extend through to the serosa.
CLINICAL ABSTRACT:

History: A 31 year old Gravida I, Para 0, Ab. 1 woman presented with a six weeks history of vaginal bleeding and pelvic pain. Nine years prior to admission, spontaneous abortion occurred in the third month of pregnancy. At that time, a uterine mass was removed and a diagnosis of leiomyoma or leiomyosarcoma given. For the previous four years, the patient had taken Ortho Novum 180.

Physical examination: The uterus was enlarged, retrodisplaced, and irregular.

Radiology: Uterine ultrasound showed enlargement of the uterus with variable internal echo patterns.

SURGERY: (July 25, 1978)

The patient underwent myomectomies to remove a total of 6 masses.

GROSS PATHOLOGY:

The specimen consisted of a spherical, 3.5 cm. grayish-white firm mass and 5 smaller, firm tan white roughly spherical masses. Your sections are from the 3.5 cm. mass
CONTRIBUTOR: P. L. Morris, M. D.  
Santa Barbara, California  
AUGUST 1986 - CASE NO. 5  

TISSUE FROM: Uterus  
ACCESSION NO. 23496  

CLINICAL ABSTRACT:  

History: This 80 year old woman presented with persistent vaginal bleeding.  

Physical examination: A pelvic examination revealed blood coming from the cervical. The uterus was diffusely enlarged to 2 to 3 times normal size.  

SURGERY: (October 14, 1978)  

A total abdominal hysterectomy was performed.  

GROSS PATHOLOGY:  

A bulging 4 cm. x 4 cm. x 2.5 cm. mass was present in the anterior aspect of the uterine fundus. The external surface was soft to moderately firm, varying from tan to gray and focally hemorrhagic, while the cut surfaces were soft, partially cystic, yellow tan stroma. The area of cystic softening and hemorrhage were on the superficial portion. The mass appeared to extend through almost the entire thickness of the uterine wall.
CONTRIBUTOR: John P. Blanchard, M. D. August 1986 - Case No. 6
Santa Barbara, California

TISSUE FROM: Uterus

ACCESSION NO. 23653

CLINICAL ABSTRACT:

History: This 79 year old Caucasian woman presented because of inability to void for 1 day. In addition, she had a 6 months' history of intermittent vaginal bleeding. Past history of radical mastectomy 30 years ago.

Physical examination: Pelvic examination revealed a large mass of friable tissue obstructing the vaginal orifice. Upon removal of this tissue, a copious amount of foul-smelling, bloody fluid flowed from the vagina.

Radiologic studies: A CT scan of the pelvis revealed that the uterus was enlarged by the presence of multiple tumor nodules, some showing necrosis and calcification.

SURGERY: (July 5, 1979)

A total hysterectomy with bilateral salpingo-oophorectomy was performed.

GROSS PATHOLOGY:

The uterus and attached left tube and ovary weighed 326 grams. The serosa was smooth and glistening. A 6 cm., calcified leiomyoma was present in the posterior uterine wall. The endometrial cavity measured 7.2 cm. in length and was distended by multiple glistening rubbery, lobulated grey yellow to tan masses that measured from 1.5 - 2.5 cm. in diameter. On section, no invasion of the myometrium was identified. Multiple 0.4 - 0.6 cm. calcified leiomyomata were present. The cervix was not involved by tumor. The attached left tube and ovary, as well as a separately submitted right tube and ovary were unremarkable.
CONTRIBUTOR: Charles C. Osborn, M. D.  
AUGUST 1986 - CASE NO. 7  
Glendale, California

TISSUE FROM: Uterus  
ACCESSION NO. 22086

CLINICAL ABSTRACT:

History: This 68 year old woman presented with post menopausal bleeding.

SURGERY: (September 9, 1976)

An attempt was made to dilate the cervix for uterine curettage. However, dilation was unsuccessful because of a large cervical mass. An abdominal hysterectomy with bilateral salpingo-oophorectomy was performed instead.

GROSS PATHOLOGY:

The uterus measured 17 x 9 x 5 cms. A poorly circumscribed, friable mass measuring approximately 10 x 8 x 4.5 cm. was present involving the lower uterine segment and cervix. The endocervical canal was patent and extended through the center of this mass. Multiple intramural leiomyomata were also present. The endometrium, tube and ovaries were unremarkable.
CONTRIBUTOR: D. J. Hunter, M. D.  
Santa Barbara, California

AUGUST 1986 - CASE NO. 8

TISSUE FROM: Uterus

ACCESSION NO. 22929

CLINICAL ABSTRACT:

History: A 57 year old woman presented with a pelvic mass. Further history is unavailable.

SURGERY:

A total hysterectomy and bilateral salpingo-oophorectomy was performed.

GROSS PATHOLOGY:

The uterus weighed 160 grams and contained two fundic masses. One was hard and pale and measured 3 cm. in diameter. The other (which was submitted to Tumor Registry) was gray and soft, and measured 3.5 cm. in diameter. Both masses appeared well encapsulated.
CLINICAL ABSTRACT:

History: A 49 year-old nulliparous woman was evaluated for lower abdominal pain and persistent vaginal bleeding. She had persistent backache for two years. Three months previously she had a normal menstrual period, with irregular bloody discharge since. For one month she had lower abdominal distress and pressure symptoms, with constipation and urinary frequency.

Physical examination: A large moderately tender mass filled the pelvis to just below the umbilicus. It was midline, and did not reach the pelvis brim.

Radiology: Ultrasound showed a large pelvic mass, thought to be either uterine or ovarian. Barium enema showed extrinsic pressure on the sigmoid colon.

Laboratories: Biocep G pregnancy test was negative.

SURGERY: (January 23, 1978): Total abdominal hysterectomy, bilateral salpingo-oophorectomy, and total omentectomy were performed. At surgery a large, irregular right ovarian mass which had become adherent to the posteriorn and left pelvic wall and uterus was found. The uterine body was found to be moderately enlarged.

GROSS PATHOLOGY:

The uterus weighed 295 grams and measured 12 x 9 x 6 cm. The endometrial cavity was filled with a polypoid tumor measuring 7 x 3.5 x 2 cm., which was soft and tan-red-yellow in appearance. The tumor appeared to invade the myometrium only superficially.

The right ovary weighed 530 grams and measured 13 x 9 x 6 cm. Approximately 95% was solid, with poorly demarcated lobules of soft gray tissue. The remaining 5% was cystic, with a few papillary projections within the cysts. The right fallopian tube showed no gross evidence of tumor.
CONTRIBUTOR: Parakrama Chandrasoma, M. D.  AUGUST 1986 - CASE NO. 11  Los Angeles, California

TISSUE FROM: Uterus  ACCESSION NO. 25031

CLINICAL ABSTRACT:

History: A 48 year old Gravid 3, Para 2, Ab. 1, presented with postmenopausal bleeding and an abdominal mass. Menopause had occurred 3 years previously, at which time pelvic examination was reportedly normal. One year prior to admission she noted a mass in the lower abdomen, which enlarged. She had two episodes of heavy vaginal bleeding lasting a week each during this period. She had never used birth control pills or estrogen.

Physical examination: There was a pelvic mass the size of a 22 - 24 week uterus. The mass was solid, nontender, and dull to percussion. There was no fluid wave.

Laboratories: Carcinoembryonic antigen, alpha-feto protein, and estriol were normal.

SURGERY: (February 2, 1983)

Total abdominal hysterectomy, bilateral salpingo-oophorectomy, omental biopsy, and lymph node dissection were performed. The ovaries appeared normal, but the uterus was enlarged.

GROSS PATHOLOGY:

The uterus weighed 1100 gm. and measured 22 x 16 x 7 cm. In the anterior myometrium was a cavity which contained about 1 liter of viscous straw-colored fluid. It consisted of multiple cysts, the largest measuring 3 cm. in diameter.
CLINICAL ABSTRACT:

History: A 24-year-old gravida 0 woman was admitted because of a hard pelvic mass found on routine examination. The patient was known to have polycystic ovaries, but was asymptomatic. On pelvic examination six months previously, the mass was absent.

Radiology: Pelvic ultrasound showed a 6 cm. solid mass in the left posterior adnexa. It was unclear whether it originated in the uterus or the ovary.

SURGERY: (April 24, 1985)

A laparoscopy, exploratory laparotomy, excision of tumor from uterus, and bilateral ovarian wedge resections performed. The mass was stuck down on the cul-de-sac on the left side. When it was lysed away from the cul-de-sac and the omentum, it appeared to be a myoma on the left fundus of the uterus. However on attempt to shell it out, there were no tissue planes and it was growing directly into the uterus, necessitating cutting deep into the uterus and endometrium to remove the tumor. On frozen section, the pathologist felt that it was an sinus tumor and because of this wedge resections of the ovaries were performed to find a primary. No periaortic or pelvic adenopathy was present at surgery.

GROSS PATHOLOGY:

The uterine tumor weighed 63 grams and measured 6 x 5.5 x 4 cm. It was firm, tan-pink, and whorled on sectioning, with a glistening mucoid surface.
STUDY GROUP CASES
FOR
AUGUST 1986

CASE NO. 1 - ACCESSION NO. 22141

LOS ANGELES: Leiomyosarcoma - 9
BAKERSFIELD: Leiomyosarcoma - 7
LONG BEACH: Leiomyosarcoma - 4

OAKLAND AND MARTINEZ: Leiomyosarcoma, uterus - 12; malignant fibrous
histiocytoma - 3; leiomyoma - 1

OHIO: Leiomyosarcoma - 5

SEATTLE: Leiomyosarcoma - 5

WEST SAN FERNANDO VALLEY: Leiomyosarcoma - 2

SAN BERNARDINO (INLAND): Leiomyosarcoma - 7

SAN FRANCISCO: Leiomyosarcoma - 6

FOLLOW-UP:
Lost to follow-up.

FILE DIAGNOSIS:
Leiomyosarcoma, uterus

REFERENCES:


CASE NO. 2 - ACCESSION NO. 22763

AUGUST 1986

LOS ANGELES: Endometrioid carcinoma - 9

BAKERSFIELD: Endometrioid adenocarcinoma - 7

LONG BEACH: Endometrioid carcinoma - 4

OAKLAND AND MARTINEZ: Endometrioid carcinoma, ovary - 16

OHIO: Endometrioid cyst adenocarcinoma - 5

SEATTLE: Adenocarcinoma, endometrioid type - 5

WEST SAN FERNANDO VALLEY: Endometrioid carcinoma - 2

SAN BERNARDINO (INLAND): Endometrioid carcinoma - 7

SAN FRANCISCO: Endometrioid carcinoma of ovary - 6

FOLLOW-UP:

Lost to follow-up.

FILE DIAGNOSIS:

Endometrioid carcinoma, ovary

REFERENCES:


LOS ANGELES: Endometrial stromal sarcoma - 6; Mullerian adenosarcoma - 3; mixed mesodermal tumor - 1

BAKERSFIELD: Epithelioid leiomyosarcoma - 2; Mullerian adenosarcoma - 5

LONG BEACH: Low grade stromal sarcoma - 4

OAKLAND AND MARTINEZ: Adenosarcoma, uterus - 9; endometrial stromal sarcoma - 7

OHIO: Stromal tumor - 2; adenosarcoma - 2; stromal sarcoma - 1

SEATTLE: Endometrial stromal sarcoma - 3; adenosarcoma - 2

WEST SAN FERNANDO VALLEY: Endometrial stromal sarcoma - 2

SAN BERNARDINO (INLAND): Stromal sarcoma - 4; adenosarcoma - 3

SAN FRANCISCO: Endometrial stromal sarcoma - 6

FOLLOW-UP:

Post-operatively, the patient received total pelvic irradiation (5,000 rads total dose) and Adriamycin. She developed clinical evidence of pulmonary metastases and expired on 12/30/86. No autopsy was performed.

FILE DIAGNOSIS:

Endometrial stromal sarcoma, uterus

REFERENCES:


Los Angeles: Bizarre leiomyoma - 10
Bakersfield: Symplastic leiomyoma - 7
Long Beach: Leiomyosarcoma - 2; atypical leiomyoma - 2
Oakland and Martinez: Symplastic leiomyoma, uterus - 16
Ohio: Bizarre leiomyoma - 5
Seattle: Symplastic leiomyoma - 5
West San Fernando Valley: Low grade leiomyosarcoma - 2
San Bernardino (Inland): Atypical (bizarre) leiomyoma - 7
San Francisco: Symplastic leiomyoma of unpredictable behavior - 6

Follow up:
Not available.

File diagnosis:
Symplastic leiomyoma, uterus

Consultation:
Michael R. Hendrickson, M.D. (Stanford University Medical Center):
Symplastic leiomyoma.

References:
LOS ANGELES: Malignant mixed mesodermal tumor - 10

BAKERSFIELD: Heterologous malignant mixed mesodermal tumor - 7

LONG BEACH: Malignant mixed mullerian tumor with heterologous elements - 4

OAKLAND AND MARTINEZ: Malignant mesodermal mixed tumor with heterologous elements, uterus (osteoid and bone) - 16

OHIO: Malignant mixed mullerian tumor - 5

SEATTLE: Mixed mesodermal sarcoma with heterologous elements - 6

WEST SAN FERNANDO VALLEY: Mixed mullerian tumor, heterologous type - 2

SAN BERNARDINO (INLAND): Malignant mixed mullerian tumor, heterologous type (or malignant mixed mesodermal tumor) - 7

SAN FRANCISCO: Malignant mixed mullerian tumor - 6

FOLLOW-UP:

Three years after surgery, the patient developed metastatic tumor to lung and cervical lymph node. She expired on September 19, 1981.

FILE DIAGNOSIS:

Malignant mixed mesodermal tumor, uterus

REFERENCES:


CASE NO. 6 - ACCESSION NO. 23653

LOS ANGELES: Malignant mixed mesodermal tumor - 10

BAKERSFIELD: Malignant mixed mesodermal tumor (heterologous) - 7

LONG BEACH: Adenosarcoma - 3; malignant mixed mullerian tumor with heterologous elements - 1

OAKLAND AND MARTINEZ: Malignant mesodermal mixed tumor with heterologous elements, uterus (skeletal muscle) - 16

OHIO: Malignant mixed mullerian tumor - 5

SEATTLE: Mixed mullerian sarcoma with heterologous elements - 6

WEST SAN FERNANDO VALLEY: Choriocarcioblastoma - 2

SAN BERNARDINO (INLAND): Malignant mixed mullerian tumor, homologous type - 5; heterologous type - 2

SAN FRANCISCO: Malignant mixed mullerian tumor - 6

FOLLOW-UP:

The patient died in 1984 at age 85 in a rest home without benefit of an autopsy. The status, if any of her tumor was unknown.

FILE DIAGNOSIS:

Malignant mixed mesodermal tumor, uterus

REFERENCES:


CASE NO. 7 - ACCESSION NO. 22086  AUGUST 1986

LOS ANGELES: Leukemia/lymphoma - 10

BAKERSFIELD: Malignant lymphoma - 6; stromal sarcoma - 1

LONG BEACH: Lymphoma - 4

OAKLAND AND MARTINEZ: Granulocytic sarcoma, uterus - 11; lymphoma - 5

OHIO: Lymphoma - 5

SEATTLE: Lymphoma - 3; granulocytic sarcoma - 3

WEST SAN FERNANDO VALLEY: Lymphoma (NOS) - 2

SAN BERNARDINO (INLAND): Lymphoma - 4; low grade stromal sarcoma - 3

SAN FRANCISCO: Malignant lymphoma, diffuse - 5; endometrial stromal sarcoma, low grade - 1

FOLLOW-UP:

This patient developed central nervous system lymphoma diagnosed by craniotomy approximately four years after her original diagnosis. She was subsequently treated with chemotherapy, and unfortunately lost to follow-up.

FILE DIAGNOSIS:

Malignant lymphoma, small non-cleaved follicular center cell type, diffuse, uterus

REFERENCES:

CASE NO. 8 - ACCESSION NO. 22929

LOSE ANGELES: Leiomyoma, vascular type - 8; hemangiopericytoma - 2

BAKERSFIELD: Cellular leiomyoma - 6; hemangiopericytoma - 1

LONG BEACH: Hemangiopericytoma - 3; low grade leiomyosarcoma - 1

OAKLAND AND MARTINEZ: Leiomyoma, unusual variant, uterus - 14; hemangiopericytoma - 2

OHIO: Vascular leiomyoma - 4; benign stromal nodule - 1

SEATTLE: Stromal nodule - 6

WEST SAN FERNANDO VALLEY: Low grade leiomyosarcoma - 2

SAN BERNARDINO (INLAND): Hemangiopericytoma - 3; vascular leiomyoma - 2; stromal nodule - 2

SAN FRANCISCO: Leiomyosarcoma - 3; cellular epithelioid (plexiform) leiomyoma - 3

FOLLOW-UP: (W. E. Carroll, M. D.)

The patient was last seen seven years after surgery. Further follow-up information is unavailable.

FILE DIAGNOSIS:

Leiomyoma, vascular type, uterus

REFERENCES:

Los Angeles: Adenocarcinoma - 10

Bakersfield: Well differentiated endometrioid adenocarcinoma, endometrium - 7

Long Beach: Well differentiated adenocarcinoma of the endometrium - 4

Oakland and Martinez: Endometrioid carcinoma, uterus - 16

Ohio: Papillary endometrial adenocarcinoma - 5

Seattle: Grade I adenocarcinoma of the uterus - 6

West San Fernando Valley: Well differentiated papillary adenocarcinoma - 2

San Bernardino (Inland): Well differentiated endometrial adenocarcinoma (one primary) - 7

San Francisco: Well differentiated adenocarcinoma - 6

FOLLOW-UP:

The patient was referred for radiotherapy and was lost to follow-up thereafter.

FILE DIAGNOSIS:

Adenocarcinoma, uterus

REFERENCES:


CASE NO. 10 - ACCESSION NO. 23483          AUGUST 1986

LOS ANGELES: Adenosquamous carcinoma - 10

BAKERSFIELD: Adenoacanthoma, ovary - 4; adenocarcinoma metastatic, - 2
            adeno-squamous carcinoma - 1

LONG BEACH: Endometrioid carcinoma of ovary - 4

OAKLAND AND MARTINEZ: Malignant Brenner tumor, ovary - 9, endometrioid
            carcinoma - 7

OHIO: Adenosquamous carcinoma, ovary - 5

SEATTLE: Adenosquamous carcinoma, ovary - 6

WEST SAN FERNANDO VALLEY: Malignant Brenner tumor - 2

SAN BERNARDINO (INLAND): Adenocarcinoma with squamous differentiation
            (or poorly differentiated endometrioid carcinoma of ovary) (another
            primary) - 7

SAN FRANCISCO: Malignant Brenner tumor - 3; endometrioid carcinoma - 3

FOLLOW-UP:

  See Case No. 9.

FILE DIAGNOSIS:

  Adenosquamous carcinoma, ovary

REFERENCES:

  Bruckman, J. E., Bloomer, W. D., Mack, A., et. al.: Stage II
  Oncol. 9:12-17, 1980. (Plus references for Case 9)
LOS ANGELES: Stromal myosis (low grade stromal sarcoma) - 6; stromal nodule - 4

BAKERSFIELD: Low grade stromal sarcoma - 5; stromal hyperplasia - 1; cellular leiomyoma - 1

LONG BEACH: Low grade stromal sarcoma - 3; stromal tumor, NOS - 1

OAKLAND AND MARTINEZ: Leiomyoma, uterus - 14; stromal sarcoma - 2

OHIO: Stromomyoma - 5

SEATTLE: Leiomyoma - 3; stromal sarcoma, low grade - 3

WEST SAN FERNANDO VALLEY: Endometrial stromal sarcoma - 2

SAN BERNARDINO (INLAND): Stromal nodule - 5; endolympathic stromal myosis - 1; diffuse hemangioma - 1

SAN FRANCISCO: Endometrial stromal nodules - 6

FOLLOW-UP:

The patient was last seen in July 1985, at which time there was no evidence of recurrence by pelvic examination or IVP.

FILE DIAGNOSIS:

Stromal myosis (low grade stromal sarcoma), uterus

REFERENCES:

CASE NO. 12 - ACCESSION NO. 25457

AUGUST 1986

LOS ANGELES: Adenomatoid tumor - 16

BAKERSFIELD: Lymphangiosarcoma - 4; adenomatoid tumor - 3

LONG BEACH: Adenomatoid tumor - 4

OAKLAND AND MARTINEZ: Adenomatoid tumor, uterus - 16

OHIO: Adenomatoid tumor - 5

SEATTLE: Adenomatoid tumor - 7

WEST SAN FERNANDO VALLEY: Leiomyosarcoma - 2

SAN BERNARDINO (INLAND): Adenomatoid tumor - 7

SAN FRANCISCO: Benign adenomatoid tumor - 6

FOLLOW-UP:

Not available.

FILE DIAGNOSIS:

Adenomatoid tumor, uterus

REFERENCES:
