

PATHOLOGISTS' CLUB OF NEW YORK

969



COMP (FEM) CASE

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MEETING

DATE: Thursday, April 11, 1996

PLACE: Mount Sinai Medical Center
Madison Avenue at 100th Street
New York City

HOST: Dr. Pamela Unger

INFORMATION: Ms. Judy Kleinberg
(212) 241-8014

RECEPTION AND DINNER: 5:15 - 6:45 P.M.
Annenberg Building - West Lobby

SCIENTIFIC SESSION: 7:00 - 9:00 P.M.
Annenberg Building - 13-01

DIRECTIONS:

SUBWAY: IRT Lexington #6 local to 96th Street stop.
Walk west to Madison Avenue and North to 100th Street.

BUS: Take Madison Avenue bus (uptown) to 98th St. or
Fifth Avenue bus (downtown) to 99th St and Mount Sinai.

PARKING: Hospital Parking lot on Madison Avenue - 98th St and 99th St.

Enter hospital on Madison Avenue and 100th St. Enter hospital on Fifth Avenue and 100th St.

CASE HISTORIES - PATHOLOGISTS' CLUB MEETING
MT. SINAI MEDICAL CENTER 4/11/96

CASE #1 95-25010 An 87 year old woman presented with a well circumscribed palpable breast mass.

Invited discussant: Howard H. Mizrachi, M.D.
NYU Medical Center
Host discussant: Ira J. Bleiweiss, M.D.

CASE #2 94-34850 A 56 year old native Korean female complained of pain in the right hip of uncertain duration and a limited range of motion. While the pain was distinctly worse on weight bearing, it had become bothersome even at rest. Other pertinent history had included a cholecystectomy performed many years ago in Korea and treatment for "anemia". Physical examination revealed a middle aged woman with essentially normal findings except for obvious discomfort on attempt to flex or abduct her right hip. Plain radiographs of the pelvis revealed sclerosis of both femoral heads, more pronounced on the right side. There was a "crescent sign" of the right hip joint. Skeletal series revealed irregular space occupying radiolucent lesions of both distal femurs and in the radius, humerus, and ulna bilaterally. These radiolucencies appeared to be in the medullary cavity, and there was no apparent cortical destruction or soft tissue mass. Biopsies taken from the right femoral head and from the distal right femur showed identical histologies.

Invited discussant: May V. Parisien, M.D.
Columbia University
Host discussant: Michael J. Klein, M.D.

CASE #3 94-44899 Thirty-five year old nullipara with a 15 cm. right ovarian mass.

Invited discussant: Patricia Saigo, M.D.
Memorial Sloan Kettering
Host discussant: Tamara Kalir, M.D., Ph.D.

CASE #4 95-36989 A 49 year old woman was admitted to the Mount Sinai Hospital because of gastrointestinal bleeding. She had several episodes of GI bleeding in the past, for which she received sclerotherapy. She had been followed by her private physician for primary biliary cirrhosis. During this admission she was being evaluated for possible liver transplantation. Her liver synthetic functions were normal. Canalicular enzyme

(alkaline phosphatase and gamma-glutamyl transferase) activities were slightly elevated. The slide was from the liver specimen obtained during surgery.

Invited discussant: Neil Theise, M.D.
NYU Medical Center

Host discussant: Swan Thung, M.D.

CASE #5 95-24797 The patient is a 63 year old school nurse with a one year history of progressive bilateral swelling of the eyelids. Past medical history was remarkable for symmetric polyarthritis of 10 years duration and bilateral submandibular gland swelling with sicca symptoms of 5 years duration. Routine serum protein electrophoresis showed a broad band in the gamma region. Quantitative immunoglobulins were: IgG 605 (nl 768-1728), IgA 55(nl 99-396), and IgM 35 (nl 38-266). Other laboratory studies were unremarkable. Ophthalmologic evaluation was unremarkable and bilateral cosmetic blepharoplasty was performed. The resected tissue was submitted for routine histologic evaluation.

Invited discussant: Alexander S. Fuchs, M.D.
Long Island Jewish Medical Center

Host discussant: James A. Strauchen, M.D.