CALIFORNIA TUMOR TISSUE REGISTRY
LOS ANGELES COUNTY - UNIVERSITY OF SOUTHERN CALIFORNIA MEDICAL CENTER
PROTOCOL
For
MONTHLY STUDY SLIDES
JULY 1974
TUMORS OF THE LUNG
NAME: W. W.                         JULY 1974 - CASE NO. 1
AGE: 20 SEX: Male RACE: Caucasian ACCESSION NO. 18640
CONTRIBUTOR: Doris L. Herman, M.D. OUTSIDE NO. 392-70 II
Olive View Hospital
Olive View, California
TISSUE FROM: Right lower lobe bronchus

CLINICAL ABSTRACT:

This 20 year old Caucasian male was referred to a hospital for a work-up when a routine chest radiograph revealed a homogeneous, well-circumscribed mass which measured 9 x 6 cm. in the postero-medial aspect of the right lower lobe. The questionable presence of an eccentric circumscribed radiolucency and a possible fluid level prompted the radiologists to suggest that the lesion was probably a lung abscess or a sequestration, although a tumor could not be excluded. The patient stated that his appetite was good and he denied any fever, hemoptysis, weight loss, chest pain or production of foul smelling sputum. His past history included a hospitalization in Mexico for pneumonia when he was five years old.

Two bronchoscopies were performed and revealed possible partial stenosis of the bronchus leading to the right lower lobe. A bronchogram showed non-filling of the right lower lobe.

SURGERY: (June 15, 1970)

A right lower lobectomy was performed.

GROSS PATHOLOGY:

The specimen consisted of a pyramidal-shaped lobe of lung which measured 11 cm. in length and 8.5 cm. in basal diameter. A globoid, rubbery, 7 x 5.5 cm., smooth yellow tumor protruded into and completely obstructed the posterior basilar segmental bronchus at its origin. Finger-like projections of necrotic tumor also extended into the right lower lobe bronchus and almost completely obstructed that airway. Abundant mucus exuded from the cut surface of the tumor.

FOLLOW-UP:

The patient was alive as of June, 1973. The last known chest radiograph in December, 1971 revealed no recurrent tumor.
NAME: A. H.  

AGE: 68  SEX: Female  RACE: Caucasian  

CONTRIBUTOR: Arthur Koehler, M.D.  
Huntington Memorial Hospital  
Pasadena, California  

TISSUE FROM: Upper lobe of right lung  

CLINICAL ABSTRACT:

This 68 year old woman had a fractured hip and had an open reduction 3 months prior to admission. She had malaise and fever following the surgery. A chest radiograph showed a well circumscribed mass in the right upper lobe and she was admitted for evaluation. The physical examination was remarkable.

SURGERY: (1972)

A right upper lobectomy was performed.

GROSS PATHOLOGY:

The resected lobe weighed 275 grams and measured 16 x 9 x 4 cm. There was a bulging, gray, centrally necrotic, well circumscribed tumor measuring 5.5 cm in diameter. The remaining parenchyma was moderately collapsed and the bronchial and vascular pattern was not prominent. Several small anthracotic lymph nodes were received. Also submitted were 14 black fibro fatty fragments of tumor 7 to 10 mm diameter.

FOLLOW-UP:

The patient recovered from surgery.
NAME: E. G. 

AGE: 47  SEX: Female  RACE: Caucasian  

CONTRIBUTOR: Dominic DeSanto, M.D. 
Mercy Hospital 
San Diego, California 

TISSUE FROM: Left lower lobe bronchus 

CLINICAL ABSTRACT: 

This 47 year old female was in good health and had no pulmonary symptoms. A routine chest radiograph showed a sharply outlined oval mass in the left lung field. Bronchial washings were normal. A chest radiograph taken 7 years earlier was normal. 

SURGERY: (December 5, 1961) 

A left lower lobectomy was performed. 

GROSS PATHOLOGY: 

The left lower lobe measured 19 x 10 x 5 cm. and weighed 139.5 grams. There was a 4 x 3 x 3 cm. circumscribed, gray-tan, hemorrhagic, soft, rubbery hilar mass at the resected margin. The bronchial surface and adjacent lung parenchyma were normal. The hilar lymph nodes contained anthracotic pigment but no tumor.
NAME: J. N.  

AGE: 62  SEX: Male  RACE: Unknown  

CONTRIBUTOR: D. S. Shillam, M.D.  
R. M. Abts, M.D.  
Huntington Memorial Hospital  
Pasadena, California  

TISSUE FROM: Lung  

CLINICAL ABSTRACT:  

This 62 year old male had a cough and sore throat six weeks prior to hospitalization. He had hemoptysis (3 days) and fever and chills on the day of entry. He denied chest pain. He smoked cigarettes (2 packs a day for 34 years). Bronchoscopy and scalene node biopsy were performed. Twelve lymph nodes and scalene fat pads were free of tumor.  

Laboratory: Urine 5HIAA was normal.  

SURGERY: (March 12, 1974)  

A right pneumonectomy was performed.  

GROSS PATHOLOGY:  

The lung weighed 800 grams and measured 23 x 18 x 10 cm. Occluding the main stem bronchus at the line of resection was an irregular, reddish-tan tumor measuring 4 x 1.5 x 1.5 cm. The tumor arose in the upper main stem bronchus and on cut section had a pale-tan lymphoid appearance. There was minimal extension of the tumor past the bronchial wall. The remaining lung parenchyma showed no involvement by tumor, although there was pneumonic consolidation of the lower lobe.  

Gross and microscopic examination of paratracheal and hilar lymph nodes also submitted revealed non-specific hyperplasia.  

FOLLOW-UP:  

When last seen on May 8, 1974, he was without complaints.
NAME: E. B. 

AGE: 48 SEX: Female RACE: Caucasian ACCESSION NO. 17939

CONTRIBUTOR: John R. Sjaarda, M.D. OUTSIDE NO. 69-149
Merced, California

TISSUE FROM: Lung

CLINICAL ABSTRACT:

This 48 year old Caucasian female was in good health when a routine chest radiograph showed a nodule in her right lower lung.

SURGERY: (January 14, 1969)

A right lower lobectomy was performed.

GROSS PATHOLOGY:

There was a 3 cm. spherical, well circumscribed, pale, pink-tan, bulging tumor containing several large blood filled sinuses located 2 cm. lateral to the hilum. The superior segmental bronchus disappeared into the substance of the tumor.

FOLLOW-UP:

As of June, 1974 the patient is in excellent health. Repeat chest radiographs have revealed no recurrent tumor.
NAME:  B.  JULY 1974 - CASE NO. 6
AGE:  46  SEX:  Male  RACE:  Unknown  ACCESSION NO.  20266
CONTRIBUTOR:  W. E. Carroll, M.D.  OUTSIDE NO.  S73-6580
Santa Barbara Cottage Hospital
Santa Barbara, California
TISSUE FROM:  Lung

CLINICAL ABSTRACT:

This 46 year old male presented with a three month history of right sided chest pain and shortness of breath. A few days prior to admission he experienced a episode of hemoptysis. A chest radiograph revealed bilateral "metastatic" nodules.

Physical examination and numerous studies including an IVP, barium enema and upper GI series failed to reveal any abnormalities.

SURGERY:  (August 1973)

A tumor nodule in the left lower lobe was removed via wedge resection.

GROSS PATHOLOGY:

The mass was extremely hemorrhagic and reddish purple with much of the center appearing like blood clot.

FOLLOW-UP:

No available.
NAME: T. R. 

AGE: 45 SEX: Female RACE: Negro 

CONTRIBUTOR: Charles Goldsmith, M.D. 
LAC-USC Medical Center 
Los Angeles, California

Tissue FROM: Left upper lobe

CLINICAL ABSTRACT:

This 45 year old Negro female was hospitalized for a broken foot in October 1972. A routine chest radiograph at that time showed 2 left upper lobe densities. She was a 1-2 pack a day cigarette smoker for 30 years. She had no respiratory symptoms but did have bilateral clubbing and a breast mass. A breast biopsy showed sclerosing adenosis.

SURGERY:

Two biopsies were taken at thoracotomy on November 6, 1972. After an additional search (scan, radiographs, etc.) elsewhere for tumor was negative, the left upper lobe was removed in May, 1973.

GROSS PATHOLOGY:

The resected lobe measured 14.5 x 9 x 4 cm. There was an area of firmness in the apex and the cut section showed a 2.5 cm. oval, finely granular, gray-white, well-circumscribed but non-encapsulated tumor. The overlying pleura was dimpled. The surgical margins were free of tumor. Several small vessels and bronchioles seemed to encircle the deep margins of the tumor. The remaining lung showed an additional 1.5 cm. oval gray tan firm tumor at a distance of 3 cm from the main tumor. The remaining lung was atelectatic, congested and there were multiple small subpleural emphysematous cysts.

FOLLOW-UP:

Patient was referred for radiation/chemotherapy in April 1974 because of radiographic evidence of metastatic disease in right lung and left tibia.
NAME: L. B.  
AGE: 57    SEX: Male    RACE: Caucasian  
CONTRIBUTOR: Gabriel Haiby, M.D.  
Tissue FROM: Right lower lobe

JULY 1974 - CASE NO. 8
ACCESSION NO. 15976
OUTSIDE NO. 3385-67
West Valley Community Hospital  
Encino, California

CLINICAL ABSTRACT:
A chest radiograph taken 1 month prior to hospitalization showed a "soft infiltrate" in the right lower lobe. He had been in good health and denied pulmonary symptoms except for a cigarette cough of 7 years duration.

SURGERY: (October 11, 1967)
A right lower lobectomy was performed.

GROSS PATHOLOGY:
On the anterior surface of the resected lobe there was a subpleural soft, light reddish-tan, well circumscribed tumor measuring 4.5 x 3.0 x 4.0 cm. The remaining lung parenchyma had tiny 0.1 cm. grayish nodules.

FOLLOW-UP:
A chest radiograph in 1968 was unremarkable. There was no evidence of disease when seen June 1973.
The patient was hospitalized on April 7, 1970 because of a chronic dry cough (4 months), upper respiratory infection (4 weeks), and sudden onset of mild chest pain. She denied hemoptysis, tuberculosis and weight loss. A chest radiograph showed a right upper lobe density. Bronchial washings were inconclusive. She was discharged on antibiotics but readmitted (April 25, 1970) because of a persistent radiographic abnormality.

SURGERY: (April 26, 1970)

The right upper and middle lobe were resected and were involved with a firm grayish yellow tumor that invaded the superior vena cava and pericardium. The tumor was freed by sharp dissection.

GROSS PATHOLOGY:

Present in the upper lobe was a firm infiltrating mass measuring 9 x 8 x 5 cm. The tumor questionably extended into the middle lobe anteriorly. On cut section the tumor was in some areas tan, soft and glistening and in other areas tan, granular and dull. The lesion infiltrated branches of the right upper lobe bronchus. The hilar lymph nodes were grossly unremarkable.

FOLLOW-UP:

She died May 28, 1970 and there was no autopsy.
NAME: F. E. K.                        JULY 1974 - CASE NO. 10
AGE: 65 SEX: Male RACE: Caucasian ACCESSION NO. 20331
CONTRIBUTOR: Cesar Candari, M.D. OUTSIDE NO. 71-782
Mercy Hospital and Medical Center
San Diego, California
Tissue From: Lung

Clinical Abstract:

This 65 year old Caucasian male presented with an acute febrile illness characterized by coughing and pleuritic chest pain. A chest film revealed a mass in the right lower lobe. Bronchoscopy, sputum cytology and right scalene lymph node biopsy did not reveal any evidence of malignancy.

Surgery: (February 1, 1971)

A right lower lobectomy was performed.

Gross Pathology:

A soft lobulated, gray-white tumor was situated in the upper portion of the lobe and measured 10 x 10 cm. It grossly bulged from the pleural surface and invaded adjacent lung parenchyma. Two separate satellite nodules were present in close proximity to the large mass. No bronchial connection with the tumor was found.

Follow-up:

The patient died on May 22, 1971 of "carcinomatosis". No autopsy was performed.
This 65 year old Caucasian building contractor with a long history of heavy smoking presented with a 15 lb. weight loss over the previous six months. He had experienced one episode of hemoptysis two years previously. A chest radiograph revealed atelectasis in the left lung as well as a marked shift of the mediastinum to the left. At bronchoscopy the wall of the left proximal main stem bronchus was rigid with concentric narrowing of the bronchus at a distance of 1.2 cm. from the carina. Biopsies and bronchial washings were negative for tumor. The patient died seven days after admission.

GROSS PATHOLOGY:

At autopsy the mediastinal structures were found to be shifted entirely to the left of the midline. The right lung weighed 410 grams and showed emphysematous changes. The left pleural cavity was virtually completely obliterated by dense fibrous adhesions. The left lung weighed 920 grams and was almost entirely replaced by contiguous tumor masses varying from 2 to 9 cm. in greatest dimension with minimal intervening pulmonary parenchyma discernible. The cut surfaces of the masses were ivory-white to yellowish gray with some areas of central necrosis. There was extensive infiltration of hilar and mediastinal lymph nodes with compression of the main stem bronchus and hilar vessels. With the exception of direct extension of the tumor into the pericardium, all other organs of the body showed no significant abnormalities.
NAME: J. J. C.          JULY 1974 - CASE NO. 12

AGE: 25 SEX: Male RACE: Unknown ACCESSION NO. 19427

CONTRIBUTOR: William Cowell, M.D. OUTSIDE NO. T 3012-71
Tri-City Hospital
Oceanside, California

TISSUE FROM: Lung

CLINICAL ABSTRACT:

This patient had pain in the right chest, right shoulder, and right arm. Chest radiographs showed a 6 cm. tumor in the anterior superior mediastinum projecting into the right chest.

SURGERY: (September 27, 1971)

At thoracotomy, a mass was found in the right lobe of the thymus, pericardium and right lung. A wedge of the right upper lobe was removed as well as the thymus, mediastinal tumor and a portion of the pericardium.

GROSS PATHOLOGY:

The resected wedge of lung measured 8 x 7 x 4 cm. and weighed 50 grams. The tumor was sharply demarcated, lobular, tan and focally necrotic.

FOLLOW-UP:

The patient did not wake up until 2-3 weeks following surgery. He had right hemiplegia, and died December 9, 1971.
STUDY GROUP CASES

For

JULY 1974

CASE NO. 1 ACC. NO. 18640 CONTRIBUTOR: Doris L. Herman, M.D.

LOS ANGELES: Mucous adenocarcinoma - 9; mucoepidermoid tumor - 4

SAN FRANCISCO: Mucoepidermoid carcinoma - 6; bronchiolar carcinoma - 1; well-differentiated mucin-secreting bronchogenic adenocarcinoma - 1; bronchial adenoma, benign - 4

OAKLAND: Bronchiolar-alveolar tumor - 6; adenocarcinoma of bronchial gland origin - 4; adenocarcinoma, acinar with mucin - 2

WEST LOS ANGELES: Mucous adenocarcinoma of bronchus - 5; mucous adenoma of bronchus - 1

INLAND (SAN BERNARDINO): Bronchial mucous gland adenoma - 3; well differentiated adenocarcinoma - 6

SOUTH BAY: Mucous gland tumor - 9

OHIO: Bronchial adenoma, mucinous type

SACRAMENTO: Primary adenocarcinoma - 3; mucous cell adenoma - 1; mucous cell carcinoma - 1; metastatic adenocarcinoma, thyroid - 1

ARGENTINA: Bronchiolar (alveolar) carcinoma of lung - 2

RENO: Bronchogenic adenocarcinoma - 4; bronchiolo-alveolar adenocarcinoma - 1; mucoepidermoid carcinoma - 1

CENTRAL VALLEY: Benign mucous secreting bronchial adenoma - 6; mucinous adenocarcinoma - 3

FILE DIAGNOSIS:

Mucoepidermoid tumor, bronchus 1621-8431

FOLLOW-UP: (June 1974)

Patient was asymptomatic and chest film showed good expansion of lung.

CONSULTATION:

Dr. John Gmelich who is pinch hitting for vacationing Dr. Averill Liebow interprets this tumor as a bronchial gland adenocarcinoma.
LOS ANGELES: Leiomyomatous hamartoma - 6; myosarcoma - 3; abstentions - 5

SAN FRANCISCO: Pseudotumor (fibrous histiocytoma) - 9; leiomyosarcoma - 2; fibrous mesothelioma, benign - 1

OAKLAND: Inflammatory pseudotumor (plasma cell granuloma) - 5; leiomyosarcoma - 5; carcinosarcoma - 1; pulmonary blastoma - 1

WEST LOS ANGELES: Leiomyosarcoma of lung - 4; leiomyoma of lung - 2

INLAND (SAN BERNARDINO): Leiomyoma - 3; leiomyosarcoma - 2; leiomyoblastoma - 1; mesothelioma - 2; carcinosarcoma - 2

SOUTH BAY: Leiomyosarcoma - 6

OHIO: Cellular leiomyoma

SACRAMENTO: Spindle cell sarcoma - 1; blastoma, pulmonary embryoma - 1; leiomyosarcoma - 2; fibrosarcoma - 2

ARGENTINA: Metastatic spindle cell tumor, malignant - 1; pseudotumor of lung (inflammatory) - 1

RENO: Atypical fibroxanthoma - 6

CENTRAL VALLEY: Hamartoma - 3; xanthofibroma - 1; organizing infarction - 1; leiomyoma - 1; leiomyosarcoma - 1; fibrosarcoma - 1; (benign 7, malignant 2)

CONSULTATION:

Dr. Averill A. Liebow, Chairman of the Department of Pathology at U.C. San Diego, has reviewed this case and his opinion is as follows: "In my opinion the best diagnosis is pleural mesothelioma of what we have called the "third" or "intrusive" type. By this I mean that it has in general a structure compatible with fibrous mesothelioma in that it invades lung tissue, as is clearly evident here. Additionally, vessels within the lung are invaded. Such tumors are, in our small experience, not associated with pleural effusion. When recurrence occurs it is local and may involve remaining lung after lobectomy, but in attachment to the parietal pleura.

While metastases from renal carcinomas may have a spindle cell structure, the PAS stain in this case is essentially negative. The Alcian stain shows acid mucopolysaccharide in the stroma, but not within the cytoplasm of the cells."

FILE DIAGNOSIS:

Atypical fibroxanthoma, lung 1621-8830
CASE NO. 3  ACC. NO. 11987  CONTRIBUTOR: Dominic DeSanto, M.D.

LOS ANGELES: Carcinoid tumor with osseous metaplasia - 14

SAN FRANCISCO: Carcinoid tumor - 12

OAKLAND: Bronchial adenoma, carcinoid type - 12

WEST LOS ANGELES: Carcinoid of lung - 6

INLAND (SAN BERNARDINO): Bronchial carcinoid - 10

SOUTH BAY: Carcinoid tumor - 9

OHIO: Bronchial adenoma, carcinoid type

SACRAMENTO: Bronchial carcinoid - 6

ARGENTINA: Carcinoid adenoma - 2

RENO: Bronchial adenoma, carcinoid type - 6

CENTRAL VALLEY: Bronchial adenoma, carcinoid type with osseous metaplasia - 6; hamartoma - 1; bronchial adenoma and hamartoma - 1; bronchial carcinoma - 1

FILE DIAGNOSIS:

Carcinoid, bronchus 1621-8243
JULY 1974

CASE NO. 4  ACC. NO. 20622  CONTRIBUTOR: D. S. Shillam, M.D.

LOS ANGELES: Carcinoid tumor, benign - 1; carcinoid tumor, malignant - 6; undifferentiated carcinoma - 7

SAN FRANCISCO: Oat cell carcinoma - 7; malignant carcinoid tumor - 2

OAKLAND: Small cell anaplastic carcinoma - 12

West Los Angeles: Undifferentiated small cell carcinoma - 5; carcinoid of lung - 1

INLAND (SAN BERNARDINO): Malignant carcinoid - 8; undifferentiated bronchogenic carcinoma - 1

SOUTH BAY: Undifferentiated carcinoma - 2; oat cell carcinoma - 1; small cell undifferentiated carcinoma - 2

OHIO: Undifferentiated bronchogenic carcinoma

SACRAMENTO: Small cell anaplastic carcinoma - 6

ARGENTINA: Carcinoid adenoma - 1; anaplastic large cell carcinoma - 1

RENO: Small cell anaplastic carcinoma - 4; poorly differentiated epidermoid carcinoma - 2

CENTRAL VALLEY: Undifferentiated carcinoma - 5; "malignant adenoma" (poorly differentiated carcinoid adenoma) - 2; cylindromatous adenoma - 2

FILE DIAGNOSIS:

Malignant carcinoid, lung 1621-8243
CASE NO. 5   ACC. NO. 17939   CONTRIBUTOR: John R. Sjaarda, M.D.

LOS ANGELES: Xanthogranuloma - 8; large cell carcinoma - 1; paraganglioma - 1; sclerosing hemangioma - 1

SAN FRANCISCO: Benign clear cell ("sugar") tumor - 12

OAKLAND: Benign clear cell tumor, lung ("Sugar Tumor") - 12

WEST LOS ANGELES: Benign clear cell (sugar) tumor of lung - 4; chemodectoma of lung - 2

INLAND (SAN BERNARDINO): Benign clear cell tumor - 9

SOUTH BAY: Clear cell carcinoma - 6

OHIO: Clear cell carcinoma, primary in lung vs pancreas (plus sarcoid-like granulomas)

SACRAMENTO: Unclassified, probably benign - 3; benign clear cell tumor, lung - 2; bizarre leiomyoma - 1

ARGENTINA: Benign clear cell tumor of lung (with granulomas in lung parenchyma and in pleura) - 2

RENO: Clear cell carcinoma - 4; epithelioid leiomyoma - 2

CENTRAL VALLEY: Benign clear cell tumor ("sugar tumor") - 8; organizing lipid pneumonia - 1

CONSULTATIONS:

Drs. Lewis Woolner, Edward Soule and David Dahlin have reviewed this case and all agree that this is a xanthogranuloma of the lung.

FILE DIAGNOSIS:

Xanthogranuloma, lung
X-file: Sclerosing hemangioma

1621-4404(SNOP)
1621-8830
JULY 1974

CASE NO. 6   ACC. NO. 20266   CONTRIBUTOR: W. E. Carroll, M.D.

LOS ANGELES: Choriocarcinoma - 14

SAN FRANCISCO: Metastatic germinal tumor (embryonal carcinoma?) - 11; metastatic melanoma - 1

OAKLAND: Metastatic choriocarcinoma - 4; anaplastic carcinoma - 3; metastatic hepatoma - 3; metastatic embryonal carcinoma - 2

WEST LOS ANGELES: Choriocarcinoma of lung - 5; undifferentiated carcinoma - 1

INLAND (SAN BERNARDINO): Metastatic choriocarcinoma - 6; poorly differentiated epidermoid bronchogenic carcinoma - 3; metastatic melanoma - 1

SOUTH BAY: Metastatic undifferentiated malignant tumor, embryonal carcinoma - 5

OHIO: Metastatic malignant melanoma

SACRAMENTO: Choriocarcinoma - 4; hepatoma - 1; melanoma - 1

ARGENTINA: Metastatic choriocarcinoma in lung - 1; metastatic renal cell carcinoma - 1

RENO: Metastatic choriocarcinoma - 6

CENTRAL VALLEY: Choriocarcinoma - 3; metaplastic carcinoma, not specified - 1; undifferentiated malignant neoplasm - 3; malignant hemangiopericytoma - 1

FILE DIAGNOSIS:

Metastatic choriocarcinoma, lung 1621-9103

FOLLOW-UP:

Pregnancy test was positive; urine gonadotrophin was positive.
CASE NO. 7  ACC. NO. 20200  CONTRIBUTOR: Charles Goldsmith, M.D.

LOS ANGELES: Adenocarcinoma (associated with a scar) - 6; bronchiolar carcinoma (associated with a scar) - 7

SAN FRANCISCO: Scar adenocarcinoma - 9; alveolar carcinoma arising in scar (nit-pickers) - 3

OAKLAND: Bronchiolar carcinoma (scar) - 12

WEST LOS ANGELES: Adenocarcinoma arising in scar - 5; bronchiolar carcinoma - 1

INLAND (SAN BERNARDINO): Bronchiolar carcinoma - 7; adenocarcinoma arising in scar - 3

SOUTH BAY: Bronchial alveolar carcinoma, arising in a scar - 5; adenocarcinoma, arising in a scar - 1

OHIO: Bronchiolar carcinoma

SACRAMENTO: Adenocarcinoma in scar - 6

ARGENTINA: Bronchiolar (alveolar) carcinoma - 2

RENO: Bronchio-alveolar carcinoma - 6

CENTRAL VALLEY: Atypical bronchiolar proliferation with bronchiolar carcinoma (adenocarcinoma arising in scar) - 8

FILE DIAGNOSIS:

Bronchiolar carcinoma in scar, lung 1621-8253

FOLLOW-UP:

Patient seen August 5, 1974 with cellulitis of lower extremities, but no adenopathy or breast masses.
LOAN ANGELES: Pseudolymphoma - 13

SAN FRANCISCO: Pseudolymphoma - 8; malignant lymphoma, lymphocytic type, nodular - 2; multiple chemodectomas - 1

OAKLAND: Primary pulmonary pseudolymphoma - 12

WEST LOS ANGELES: Pseudolymphoma of lung - 3; nodular lymphoma of lung - 3

INLAND (SAN BERNARDINO): Pseudolymphoma - 10

SOUTH BAY: Nodular lymphoma, poorly differentiated lymphocytic variety - 7

OHIO: Benign lymphoid hyperplasia, lung

SACRAMENTO: Pseudolymphoma, benign lymphoid hyperplasia - 6

ARGENTINA: Pulmonary lymphoid hyperplasia - 2

RENO: Pseudolymphoma - 5; lymphoma, lymphocytic - 1

CENTRAL VALLEY: Pseudolymphoma - 7; lymphocytic lymphoma - 1

FILE DIAGNOSIS:

Pseudolymphoma, lung 1621-9590
CASE NO. 9  ACC. NO. 20203  CONTRIBUTOR: Vivian Gildenhorn, M.D.

LOS ANGELES: Malignant lymphoma, mixed lymphocytic and histiocytic type, diffuse - 14

SAN FRANCISCO: Lymphomatoid granulomatosis - 1; alveolar rhabdomyosarcoma - 4; malignant lymphoma, histiocytic type, nodular - 4

OAKLAND: Lymphoma, poorly differentiated, lymphocytic type - 8; lymphoma, histiocytic type - 4

WEST LOS ANGELES: Malignant lymphoma, histiocytic - 3; malignant lymphoma, poorly differentiated - 3

INLAND (SAN BERNARDINO) : Malignant lymphoma, histiocytic type - 10

SOUTH BAY: Malignant lymphoma, histiocytic type - 6

OHIO: Malignant lymphoma

SACRAMENTO: Poorly differentiated bronchogenic carcinoma - 1; poorly differentiated sarcoma - 1; lymphoma - 4

ARGENTINA: Anaplastic carcinoma of lung (Pancoast tumor) - 2

RENO: Small cell anaplastic carcinoma - 3; lymphoma, histiocytic - 3

CENTRAL VALLEY: Anaplastic carcinoma - 2; undifferentiated malignancy, not specified - 1; malignant lymphoma, mixed cell type - 2; malignant lymphoma, Hodgkin's - 2; malignant lymphoma, poorly differentiated lymphocytic - 1

FILE DIAGNOSIS:

Malignant lymphoma, histiocytic type, lung 1621-9593

CONSULTATION:

Dr. William Sheehan, staff pathologists at the L.A.C.-U.S.C. Medical Center, interprets this as a malignant lymphoma, histiocytic type.

Corrigendum: The outside number of this case is 70-2180 and not 73-2180 as printed in the protocol.
JULY 1974

CASE NO. 10  ACC. NO. 20331  CONTRIBUTOR: Cesar Candari, M.D.

LOS ANGELES: Carcinosarcoma - 14

SAN FRANCISCO: Carcinosarcoma - 10; leiomyosarcoma - 1

OAKLAND: Carcinosarcoma - 12

WEST LOS ANGELES: Carcinosarcoma of lung - 6

INLAND (SAN BERNARDINO): Carcinosarcoma - 9; metastatic renal cell carcinoma - 1

SOUTH BAY: Carcinosarcoma - 6; malignant mesothelioma - 1

OHIO: Carcinosarcoma, lung

SACRAMENTO: Metastatic adenocarcinoma - 1; carcinosarcoma - 5

ARGENTINA: Spindle and clear cell tumor, malignant, metastasis - 2; malignant carcinoid - ?

RENO: Carcinosarcoma - 6

CENTRAL VALLEY: Malignant mixed tumor - 4; metastatic carcinoma - 2; malignant mesothelioma - 1; undifferentiated carcinoma - 1

FILE DIAGNOSIS:

Carcinosarcoma, Lung 1621-9593-8989
CASE NO. 11  ACC. NO. 20156  CONTRIBUTOR: Florence V. Rhudy, M.D.

LOS ANGELES: Carcinosarcoma - 10; malignant tumor, NOS - 3

SAN FRANCISCO: Undifferentiated carcinoma - 2; undifferentiated sarcoma - 3; malignant mesothelioma - 5

OAKLAND: Anaplastic carcinoma - 8; sarcoma, NOS - 3; mesothelioma - 1

WEST LOS ANGELES: Sarcoma of lung - 4; spindling carcinoma of lung - 2

INLAND (SAN BERNARDINO): Carcinosarcoma - 5; undifferentiated bronchogenic carcinoma - 4; spindle cell carcinoid - 1

SOUTH BAY: Malignant mesothelioma - 7

OHIO: Undifferentiated carcinoma

SACRAMENTO: Myosarcoma - 2; undifferentiated malignant tumor - 3; epidermoid carcinoma (bronchogenic carcinoma) - 1

ARGENTINA: Large cell anaplastic carcinoma - 2

RENO: Small cell anaplastic carcinoma - 5; carcinosarcoma - 1

CENTRAL VALLEY: Carcinosarcoma - 4; malignant mesothelioma - 2; malignant undifferentiated neoplasm - 1; undifferentiated carcinoma - 1

FILE DIAGNOSIS:

Malignant spindle cell sarcoma, lung  1621-8803
X-file: Carcinosarcoma  1621-8983
X-file: Leiomyosarcoma  1621-8893
JULY 1974

CASE NO. 12  ACC. NO. 19427  CONTRIBUTOR: William Cowell, M.D.

LOS ANGELES: Metastatic seminoma (germinoma) from thymus - 14

SAN FRANCISCO: Primary mediastinal seminoma - 7; clear cell carcinoma of lung - 2; malignant thymoma - 1

OAKLAND: Metastatic seminoma - 12

WEST LOS ANGELES: Seminoma - 6

INLAND (SAN BERNARDINO): Mediastinal seminoma - 10

SOUTH BAY: Embryonal carcinoma - 4; seminoma - 3

OHIO: Embryonal carcinoma, compatible with origin in mediastinal germinoma

SACRAMENTO: Thymoma, epithelial - 4; clear cell carcinoma - 2

ARGENTINA: Seminoma-like thymoma - 2

RENO: Large cell carcinoma - 5; seminoma - 1

CENTRAL VALLEY: Seminoma - 3; clear cell carcinoma - 2; embryonal carcinoma - 1; malignant neoplasm, not classified - 1; bronchial adenoma - 1

FILE DIAGNOSIS:

Seminoma, mediastinum 1631-9063

FOLLOW-UP:

An autopsy showed metastatic tumor with massive hemorrhage in the left frontal and occipital cerebral lobes of the brain, bronchopneumonia, fibrous right pleuritis, pulmonary congestion, and a fibrous pericarditis.