CALIFORNIA TUMOR TISSUE REGISTRY

LOS ANGELES COUNTY - UNIVERSITY OF SOUTHERN CALIFORNIA MEDICAL CENTER

PROTOCOL

For

MONTHLY STUDY SLIDES

JANUARY 1977

MISCELLANEOUS TUMORS
CONTRIBUTOR: D. R. Dickson, M.D.  
Santa Barbara Cottage Hospital  
Santa Barbara, California  

JANUARY 1977 - CASE NO. 1  
ACCESSION NO. 19174

TISSUE FROM: Breast

CLINICAL ABSTRACT:

This 17 year old Caucasian female with juvenile diabetes, had been in good health until age of 15 when she failed to comply with dietary restrictions and began gaining weight. In January, 1971 she noted rapid, painless, increase in size of the right breast not related to menstruation. No nipple discharge was noted.

Physical examination revealed the right breast to be twice the size of the left, with a 15 x 10 cm. mass located in the medial and inferior quadrant.

SURGERY: (April 7, 1971)

The mass was removed through an inframammary incision and demonstrated a cleavage plane.

GROSS PATHOLOGY:

The specimen consisted of a bosselated potato-shaped mass which weighed 255 grams and measured 10.5 x 7.2 x 6.3 cm. The cut surface showed a bulging, faintly lobulated, tan-white surface.

FOLLOW-UP:

Current follow-up not available.
CONTRIBUTOR: John R. McGrath, M.D.
Centinela Community Hospital
Inglewood, California

TISSUE FROM: Kidney

CLINICAL ABSTRACT:

This 49 year old Caucasian female noted a left upper quadrant mass present for 10 years. This painless mass gradually enlarged over that period.

Radiograph: Intravenous pyelogram showed nonfunction of the left kidney and compensatory hypertrophy of the right kidney. Retrograde pyelogram showed large left hydronephrosis.

SURGERY:

A left nephrectomy was performed.

GROSS PATHOLOGY:

The left kidney with attached ureter showed adherent adipose tissue. There was a large mass near the lower pole. The overall specimen measured 20 x 18 x 15 cm. The lower yellowish mass measured 12 cm. in diameter. On section, four cyst-like spaces were present in the lower pole mass which measured up to 5.5 cm. in diameter each. No renal architecture was identified. Focal areas of hemorrhage were present in the dull butter-yellow mass.

FOLLOW-UP:

Except for immediate post operative visit this patient has not been followed.
CONTRIBUTOR: Lynn Bevans, M. D.  
LAC-USC Medical Center  
Los Angeles, California

TISSUE FROM: Testis

CLINICAL ABSTRACT:

This 54 year old Caucasian male came to the hospital when he noticed an enlargement of his left testicle.

Physical examination revealed the testis to be enlarged and firm but not tender. The right testis was normal.

Laboratory studies: A urine test for chorionic gonadotropin was negative.

SURGERY: (May 21, 1964)

A left orchiectomy was performed.

GROSS PATHOLOGY:

The testis weighed 100 grams and measured 6.2 x 5.8 x 3.5 cm. On cut section, the entire lower pole was replaced by homogeneous tan-white tumor. The tumor also extended to the upper pole and seemed to infiltrate into the epididymis.

FOLLOW-UP:

The patient died four months later with widely disseminated disease.
CONTRIBUTOR: H. S. Aijian, M. D.
Methodist Hospital
Arcadia, California

TISSUE FROM: Parotid gland

CLINICAL ABSTRACT:

This 68 year old male noted swelling below the right ear concomitantly with a sore throat one month prior to admission. The sore throat was treated with antibiotics and improved but the swelling remained. It became increasingly indurated and painful. An outpatient biopsy showed a probable squamous cell carcinoma. He had an elevated lymphocyte count persisting for more than a year, varying from 14,000 to 18,000. He has had multiple skin tumors of squamous and basal cell types, previously treated with radiation therapy and surgical removal.

Physical examination revealed enlargement below right ear in the parotid area which was firm, hard and somewhat tender. There was enlargement of the nodes along the right cervical chain, as well as axillary and inguinal regions.

SURGERY: (February 14, 1975)

A parotidectomy was performed with excision of the lower cervical lymph nodes.

GROSS PATHOLOGY:

The parotid gland weighed 27.5 grams and measured 7 x 4.5 x 2.5 cm. There was a homogeneous, ivory, firm, glistening tumor noted measuring 2.5 x 2 cm. in greatest diameter within the parenchyma of the parotid gland. It had a fairly sharp margin but the lobular pattern prevented unequivocal sharp demarcation from the adjacent salivary gland tissue. There were areas of hemorrhage and degeneration within portions of the tumor. There was a matted mass of lymph nodes subjacent to the resected parotid gland, measuring 2.8 x 1.7 x 1 cm., and grossly replaced by gray white tumor.

FOLLOW-UP:

The patient received radiation therapy but expired on November 26, 1975. No autopsy was performed.
CONTRIBUTOR: Gabriel Haiby, M. D.  
West Valley Hospital  
Encino, California

TISSUE FROM: Breast

CLINICAL ABSTRACT:

This 51 year old female presented with a left breast mass measuring 7 x 4 x 2 cm of unknown duration.

SURGERY: (February 1973)

An excisional biopsy of the left breast was performed.

GROSS PATHOLOGY:

The cut surface was firm, lobular, and contained cyst-like spaces throughout. These cysts contained semi-solid mucoid material.

FOLLOW-UP:

A reexcision biopsy was performed at another facility in June 1973. The patient was last seen in June 1976 at which time there was no evidence of residual disease.
This 10 1/2 year old male was admitted because of left axillary lymph adenopathy.

Laboratory studies: Hemoglobin was 14, hematocrit 40, and white blood count 10,400 with 45% neutrophils and 49% lymphocytes. BUN was 23.

Surgery:

Under general anesthesia an enlarged soft lymph node with a central abscess was found. A portion of the inflamed nodes was removed and the abscess drained. Culture taken from the pus did not grow bacteria.

Gross Pathology:

The specimen consisted of an irregular-shaped yellow tan tissue, which measured 2.6 x 2.5 x 1.7 cm.

Follow-up:

Patient has had no recurrence.
CONTRIBUTOR: Melvin Anderson, M.D.  
Alhambra, California  
and  
R. S. Aijian, M.D.  
Methodist Hospital  
Arcadia, California  

JANUARY 1977 - CASE NO. 7  
ACCESSION NO. 19952  

TISSUE FROM: Breast  

CLINICAL ABSTRACT:  

This 34 year old Caucasian female, who was 6 weeks post-partum, noticed a discrete lump in the right breast in the upper outer quadrant. On April 25, 1972 an attempt at aspiration was not successful.  

SURGERY:  

An excisional biopsy was performed in the doctor's office on June 20, 1972 followed by a simple mastectomy on July 12, 1972.  

GROSS PATHOLOGY:  

The biopsy specimen was an oval mass of fibrofatty tissue measuring 22.0 x 18.0 x 15.0 mm., the bulk of which was composed of thin-walled cysts containing a clear mucoid or gelatinous material. On bisecting the specimen there was an area, approximately 10 cm. in diameter, in which a mottled, gray-tan cystic pattern revealed cysts varying from 1.0 - 7.0 mm. in diameter, and these comprise the entire lesion.  

The mastectomy specimen measured 19 x 14 x 2 cm. with a skin ellipse of 15.5 x 4 cm. The previous biopsy site was also present in the right upper quadrant. The section of breast showed prominent mammary tissue characterized by pinkish gray-white appearance, somewhat firm in consistency and showing an area of firmness, yellowish-gray in color with evidence of some retraction just beneath the biopsy site. Adjacent to the biopsy site was a fairly well circumscribed area, measuring 1.5 x 1 cm.  

FOLLOW-UP: (Loren Ayres, M.D.)  

As of July, 1976 the patient has no evidence of recurrence.
CONTRIBUTOR: A. Williams, M. D. 
Los Angeles, California

JANUARY 1977 - CASE NO. 8

ACCESSION NO. 19720

TISSUE FROM: Chest

CLINICAL ABSTRACT:

This 4 year old female had a progressively enlarging subcutaneous mass on the right side of the lower chest for several months. A history of trauma was elicited.

SURGERY: (April 21, 1972)

An excisional biopsy was performed.

GROSS PATHOLOGY:

The mass measured 4.7 x 3.3 x 1.1 cm. and consisted of dense white strands of tissue apparently passing through adipose tissue.

FOLLOW-UP:

Patient was seen in Surgery Clinic on May 1, 1972 at which time sutures were removed and she was discharged.
CONTRIBUTOR: Dorian R. Faber, M.D.  
Merced, California

JANUARY 1977 - CASE NO. 9

ACCESSION NO. 14875

TISSUE FROM: Left trapezius muscle

CLINICAL ABSTRACT:

This 54 year old Black male was first seen at the Merced County General Hospital in 1952 where tuberculosis was diagnosed. He was treated with drugs and various periods of institutional therapy over the next decade. He had no other significant history except that he remained in general good health without evidence of disease except mild respiratory difficulty. In March, 1963, a left axillary mass was noted which was felt to be related to tuberculosis. Recent growth over the past few months of this mass was noted.

Physical examination revealed a mass in the left trapezius muscle which extended in a nodular fashion into the left posterior axillary region.

SURGERY: (April 29, 1966)

A tumor was partially removed.

GROSS PATHOLOGY:

The tumor was submitted in several parts, all of which appeared the same. It weighed in aggregate 159 grams and composed of distinct nodular masses, varying in size from about 1 cm. up to 1.8 cm. The tumor blended with the adjacent skeletal muscle. Focal necrosis was present in the central areas of some tumor nodules.

FOLLOW-UP:

Current follow-up not available.
CONTRIBUTOR: Milton Rosenthal, M. D. 
Culver City, California

JANUARY 1977 - CASE NO. 10
ACCESSION NO. 12134

TISSUE FROM: Left index finger

CLINICAL ABSTRACT:

This 40 year old White female had a chief complaint of swelling of the left hand and a mass involving the index finger. She noted the insidious onset of swelling of the entire index finger for the past year. There was no previous history of trauma, infections, or involvement of the other joints.

Physical examination revealed a very large fusiform swelling and nodularity of the entire index finger starting from the tip and extending down into the proximal palmar crease. Masses within the index finger appeared lobulated and somewhat fluctuant.

SURGERY: (February 7, 1962)

An excisional biopsy was performed.

GROSS PATHOLOGY:

The tumor was yellowish and firmly encapsulated, however, it had surrounded the digital nerves on both sides, involved the tendon sheaths and had completely surrounded the tendon and the phalanges. The nodularity extended down into the distal portion of the palm and surrounded the tendons and digital nerves in that area.

FOLLOW-UP:

Postoperatively the wound healed with no complication and the patient has not been seen since 1962.
CONTRIBUTOR: John Jay Hawthorne, M. D.
Vallejo, California

TISSUE FROM: Calf

CLINICAL ABSTRACT:

This 37 year old female was seen in April 1968 with a recurrent calf tumor. She noted progressive discoloration of the skin over the posterior aspect of the right calf for the past three years.

Past history: A "lipoma" was removed in 1947 from the posterior aspect of the right calf. At that time she had swelling of the leg associated with pain. She had no further difficulties until 1957 when she noted a recurrent swelling occurring in the posterior aspect of the calf which slowly increased in size. The pathologic diagnosis at that time was "mesenchymoma".

Physical examination revealed a moderately soft indefinable swelling lower third of posterior aspect of the calf. It measured 5 - 6 cm. in size and lying over the distal end of the tendinous portions of the soleus and gastrocnemius muscles. It was nontender and there was no increased warmth.

SURGERY:

An excisional biopsy was performed.

GROSS PATHOLOGY:

The specimen consisted of several sections of striated muscle tissue; the largest portion measured 19.0 x 6.0 x 4.5 cm. and the other sections varied from 2.0 to 5.0 cm. in greatest dimension. The cut surfaces of the largest portion showed replacement over an area 5.0 cm. across with moderately firm, yellow fatty tissue.

FOLLOW-UP:

Not available.
CONTRIBUTOR: R. C. Dickenman, M. D.  
Franklin Hospital  
San Francisco, California

TISSUE FROM: Groin

CLINICAL ABSTRACT:

This 59 year old White female was admitted for a saphenous vein stripping. She had noted a lump in the anterior thigh, below the groin, present for "years". There had been moderate increase in size over the past year.

SURGERY: (November 12, 1963)

An excisional biopsy was performed. The mass was located in the quadriceps muscle approximately 6 cm. below the inguinal ligament. On incising the fascia, the mass "popped out" freely. It was attached to the muscle inferiorly.

GROSS PATHOLOGY:

The tumor consisted of an ovoid, 6 x 3 cm., smooth mass which was translucent and trabeculated on cut surface. The mass was homogeneouse throughout.

FOLLOW-UP:

Patient lost to follow-up.
STUDY GROUP CASES

For

JANUARY 1977

CASE NO. 1 - ACC. NO. 19174

LOS ANGELES: Giant fibroadenoma - 14
SAN FRANCISCO: Juvenile fibroadenoma - 22; cystosarcoma phyllodes - 7
CENTRAL VALLEY: Giant fibroadenoma - 7; benign cystosarcoma phyllodes - 1
OAKALAND: Juvenile hypertrophy - 16; fibroadenoma - 5
INLAND (SAN BERNARDINO): Giant fibroadenoma - 12; juvenile hypertrophy - 1
OHIO: Giant fibroadenoma - 11; benign cystosarcoma phyllodes - 3
WEST LOS ANGELES: Giant fibroadenoma - 8; cellular giant fibroadenoma - 1;
cystosarcoma phyllodes, benign - 1
SACRAMENTO: Fibroadenoma - 11
RENO: Giant fibroadenoma - 5; juvenile hypertrophy - 1
LONG BEACH: Juvenile hypertrophy, breast - 12
SANTA BARBARA: Cystosarcoma phyllodes (giant fibroadenoma) - 6
HAWAII: Giant fibroadenoma - 3

REFERENCE:

Ashikari, C.; Fibroadenomas in the Breast of Juveniles. Surgery
Gynecology and Obstetrics 132:259-262, February 1971

FILE DIAGNOSIS:

Giant fibroadenoma, breast 1749-9020
January 1977

CASE NO. 2 - ACC. NO. 11710

LOS ANGELES: Leiomyoma with histiocytosis - 1; angioleiomyoma - 5; fibrous histiocytoma (xanthogranulomatous) - 5

SAN FRANCISCO: Hamartoma of angiomyoxanthomatous type - 32; tumefactive xanthogranulomatous pyelonephritis - 1

CENTRAL VALLEY: Angiomyolipoma - 3; fibroma - 1; mesenchymal hamartoma - 1; fibroxanthoma - 1; sarcomatoid adenocarcinoma, kidney - 1; no vote - 1

OAKLAND: Xanthogranulomatous pyelonephritis - 7; schwannoma - 5; angiomyolipoma - 4; sarcoma, NOS - 2; abstention - 3

INLAND (SAN BERNARDINO): Angiomyolipoma - 9; xanthogranulomatous pyelonephritis - 4

OHIO: Hamartoma, angiomyolipoma - 13; possible leiomyosarcoma - 1

WEST LOS ANGELES: Fibroxanthoma - 5; xanthogranulomatosis pyelonephritis - 3; rule out malakoplakia - 1; undecided - 1

SACRAMENTO: Angiomyolipoma - 4; schwannoma - 4; xanthogranulomatous pyelonephritis - 2

RENO: Xanthogranuloma - 6

LONG BEACH: Fibrous histiocytoma - 7; angiomyolipoma - 3; renal cell carcinoma - 1; liposarcoma - 1

SANTA BARBARA: Adult Wilms tumor - 1; xanthogranulomatous pyelonephritis - 1; sarcomatous transformation of renal cell carcinoma - 1; angiomyolipoma - 2; leiomyoma - 1

HAWAII: Xanthogranulomatous pyelonephritis secondary to extravasated radiographic dye - 3
CASE NO. 2 - ACC. NO. 11710

REFERENCE:


Thirty-two cases of angiomyolipoma (renal hamartoma) are presented. They are usually intraparenchymal, circumscribed but not encapsulated, often at one pole, and typically yellow. Most are slow growing but unrelenting. No distant metastases were seen. There is an association with tuberous sclerosis (mental retardation, epilepsy, and hamartomas).

COMMENT:

Dr. Lauren Ackerman called this an angiomyoma.

FILE DIAGNOSIS:

Angiomyolipoma, kidney 1890-8860
January 1977

CASE NO. 3 - ACC. NO. 13933

LOS ANGELES: Plasmacytoma (multiple myeloma) - 13; histiocytic lymphoma - 1

SAN FRANCISCO: Malignant lymphoma - 12; anaplastic seminoma - 1;
    plasmacytoma - 22

CENTRAL VALLEY: Plasmacytoma - 7; embryonal carcinoma - 1

OAKLAND: Myeloma - 15; plasmacytoma - 8

INLAND (SAN BERNARDINO): Plasmacytoma - 10; malignant lymphoma, histiocytic
    type - 3

OHIO: Plasmacytoma - 11; histiocytic malignant lymphoma - 1; seminoma - 2

WEST LOS ANGELES: Plasmacytoma - 10

SACRAMENTO: Plasmacytoma - 9; embryonal rhabdomyosarcoma - 1

RENO: Plasmacytoma, testis - 6

LONG BEACH: Malignant lymphoma with plasmacytoid features - 6; lympho-
    proliferative disorder with features of multiple myeloma - 6

SANTA BARBARA: Plasmacytoma - 4; malignant gonadal stromal tumor - 1;
    reticulum cell sarcoma - 1

HAWAII: Malignant plasmacytoma - 3

FILE DIAGNOSIS:

Plasmacytoma, testis 1869-9731
CASE NO. 4 - ACC. NO. 21197

LOS ANGELES: Acinic cell carcinoma with lymphocytic lymphoma - 3;
Undifferentiated carcinoma with lymphocytic lymphoma - 8

SAN FRANCISCO: Poorly differentiated adenocarcinoma, possibly of acinic
cell origin - 36

CENTRAL VALLEY: Undifferentiated carcinoma - 5; poorly differentiated
adenocarcinoma - 2; mucoepidermoid carcinoma - 1

OAKLAND: Adenocarcinoma of ductal origin - 12; anaplastic carcinoma
arising from acinic cell carcinoma - 6; anaplastic carcinoma, NOS - 5

INLAND (SAN BERNARDINO): Poorly differentiated adenocarcinoma - 11; acinic
cell carcinoma - 1; squamous cell carcinoma - 1

OHIO: Metastatic carcinoma with chronic lymphocytic leukemic infiltrate
(vs lymphoma) - 10; Primary adenocarcinoma of salivary gland plus
leukemia - 3

WEST LOS ANGELES: Poorly differentiated adenocarcinoma - 7; poorly
differentiated adenocarcinoma and lymphoproliferative disorder - 1;
large cell adenocarcinoma - 2

SACRAMENTO: Adenocarcinoma - 9; undifferentiated carcinoma - 2

RENO: Poorly differentiated adenocarcinoma, parotid - 6

LONG BEACH: Poorly differentiated carcinoma of salivary gland origin - 12;
with benign lymphoid pseudotumor - 8
malignant lymphoma - 1
lymphoid reaction to tumor - 3

SANTA BARBARA: Undifferentiated (anaplastic) carcinoma - 6

HAWAII: Poorly differentiated adenocarcinoma - 2; malignant pleomorphic
adenoma - 1

FILE DIAGNOSIS:
Poorly differentiated adenocarcinoma, parotid gland 1420-8143
January 1977

CASE NO. 5 - ACC. NO. 20104

LOS ANGELES:  Galactogranuloma - 5; xanthogranulomatous mastitis - 4; mucinous carcinoma - 1

SAN FRANCISCO:  Granular cell tumor - 3; ductal ectasia with xanthogranulomatous inflammation - 32; intraductal carcinoma plus xanthogranulomatous inflammation - 1

CENTRAL VALLEY:  Granulomatous (comedo) mastitis - 5; ductal carcinoma with lipid histiocytosis - 2; myoblastoma - 1

OAKLAND:  Xanthogranulomatous mastitis - 11; mammary duct ectasia - 10; fat necrosis - 1; abstention - 1

INLAND (SAN BERNARDINO):  Granulomatous mastitis - 7; mammary duct ectasia - 5; plasma cell mastitis - 1

OHIO:  Mastitis, (granulomatous ?) - 11; granular cell myoblastoma - 3

WEST LOS ANGELES:  Xanthomatosis mastitis - 8; in situ intraductal carcinoma - 2

SACRAMENTO:  Chronic mastitis - 11;

RENO:  Chronic cystic mastopathy with histiocytic reaction - 5; granular cell tumor - 1

LONG BEACH:  Benign duct ectasia with foamy macrophages - 12

SANTA BARBARA:  Mastitis with mammary duct ectasia - 5; traumatic fat necrosis - 1

HAWAII:  Mucin-producing ductal adenocarcinoma - 3

COMMENT:

Although mentioning malakoplakia, Dr. Robert McDivitt felt this to be a very peculiar granular cell lesion, most probably benign. Dr. James Hansen at the AFIP felt it to represent chronic mastitis.

FILE DIAGNOSIS:

Xanthogranulomatous mastitis, breast 1749-8147
CASE NO. 6 - ACC. NO. 17940

LOS ANGELES: Necrotizing granulomatous lymphadenitis (suggestive of cat scratch) - 14

SAN FRANCISCO: Granulomatous inflammation, NOS (possibly of cat scratch type) - 34; histiocytosis - 2

CENTRAL VALLEY: Acute inflammatory reaction or hidradenitis - 4; necrotizing granulomatous inflammation compatible with cat scratch - 3; eosinophilic granuloma - 1

OAKLAND: Axillary abscess, NOS - 22; cat scratch disease - 1

INLAND (SAN BERNARDINO): Acute suppurative lymphadenitis - 12; consistent with cat scratch disease - 2

OHIO: Suppurative inflammation (some suggested possibly cat scratch disease) - 14

WEST LOS ANGELES: Acute and chronic inflammation with abscess - 5; acute and chronic lymphadenitis - cat scratch - 3; lipogranulomatosis inflammation with angitis - 1; hidradenitis - 1

SACRAMENTO: Cat scratch fever - 3; granulation tissue and abscess - 8

RENO: Inflammatory mass, NOS - 6

LONG BEACH: Necrotizing granulomatous lymphadenitis consistent with cat scratch disease - 12

SANTA BARBARA: Necrotizing suppurative lymphadenitis "cat scratch disease" - 6

HAWAII: Cat scratch disease - 3

REFERENCE:


FILE DIAGNOSIS:

Necrotizing granulomatous lymphadenitis, (possibly cat scratch), axilla 1963-4470 (SNOP)
CASE NO. 7 - ACC. NO. 19952

LOS ANGELES: Mucinous carcinoma - 7; mucinous cystadenoma - 3

SAN FRANCISCO: Colloid adenocarcinoma - 7; multicystic disease, breast, with obstructive duct disease - 29

CENTRAL VALLEY: Fibrocystic disease - 3; intraductal carcinoma - 2; micropapillary intraductal carcinoma - 1; ductal hyperplasia - 1; adenosis - 1

OAKLAND: Fibrocystic disease with ductal ectasia - 19; colloid carcinoma - 3; intraductal carcinoma - 1

INLAND (SAN BERNARDINO): Colloid carcinoma - 7; fibrocystic disease - 6

OHIO: Non-infiltrating intraductal mucinous carcinoma - 12; benign fibrocystic disease - 2

WEST LOS ANGELES: Fibrocystic disease - 8; intraductal micropapillary carcinoma - 2

SACRAMENTO: Colloid carcinoma - 5; intraductal carcinoma - 2; Schimmelbusch's disease - 1; benign cystic disease - 3

RENO: Chronic cystic mastopathy - 6

LONG BEACH: Benign variant of cystic disease, breast - 10; intraductal carcinoma, breast - 2

SANTA BARBARA: Fibrocystic disease complex with mucinous component - 6

HAWAII: Fibrocystic disease (questionable ductal carcinoma in situ) - 3

COMMENT:

Dr. Robert McDivitt, who has seen a total of four pure intraductal colloid carcinomas, advises:

1. Avoid making a diagnosis of benign vascular tumor of the breast
2. Avoid diagnosing a mucus secreting tumor as benign regardless of how innocuous appearing its epithelium

FILE DIAGNOSIS:

Colloid carcinoma, breast 1749-8483
January 1977

CASE NO. 8 - ACC. NO. 19720

LOS ANGELES: Plexiform neurofibroma - 14

SAN FRANCISCO: Plexiform neurofibroma - 35; neuroma - 1

CENTRAL VALLEY: Traumatic neuroma - 4; neurilemoma - 2; neurofibroma - 2

OAKLAND: Plexiform neurofibroma - 19; traumatic neuromata - 2; myxoma, nerve sheath - 1; abstention - 1

INLAND (SAN BERNARDINO): Plexiform neurofibroma - 7; traumatic neuroma - 5; neural hamartoma - 1

OHIO: Plexiform neurofibroma - 14

WEST LOS ANGELES: Plexiform neurofibroma - 9; neuroma - 1

SACRAMENTO: Plexiform neurofibroma - 5; neuroma - 6

RENO: Plexiform neuroma - 6

LONG BEACH: Plexiform neurofibroma - 12

SANTA BARBARA: Traumatic neuroma - 2; plexiform neurofibroma - 4

HAWAII: Plexiform neurofibroma - 3

FILE DIAGNOSIS:

Plexiform neurofibroma, subcutaneous tissue, chest wall 1714-9550
January 1977

CASE NO. 9 - ACC. NO. 14875

LOS ANGELES: Epithelioid sarcoma - 6; alveolar soft part sarcoma - 8;

SAN FRANCISCO: Alveolar soft part sarcoma - 13; epithelioid sarcoma - 11; clear cell sarcoma - 6; metastatic adenocarcinoma - 6

CENTRAL VALLEY: Epithelioid sarcoma of muscle - 3; malignant granular cell tumor - 3; metastatic carcinoma - 2

OAKLAND: Clear cell sarcoma of tendon - 12; granular cell tumor, malignant - 8; epithelioid sarcoma - 1; granulomatous myositis - 1; abstention - 1

INLAND (SAN BERNARDINO): Alveolar soft parts sarcoma - 6; clear cell sarcoma of tendon - 3; rhabdomyosarcoma - 3; metastatic adenocarcinoma - 1

OHIO: Epithelioid sarcoma - 6; alveolar soft part sarcoma - 7; metastatic carcinoma - 1

WEST LOS ANGELES: Epithelial sarcoma - 3; clear cell sarcoma, tendon sheath - 2; metastatic carcinoma - 1; malignant granular cell myoblastoma - 1; abstentions - 3

SACRAMENTO: Malignant granular cell tumor - 2; metastatic carcinoma - 2; epithelioid sarcoma - 1; granular cell myoblastoma - 4; undifferentiated malignancy in muscle - 2

RENO: Malignant granular cell tumor - 4; epithelioid sarcoma - 1; metastatic renal cell carcinoma - 1

LONG BEACH: Sarcoma, NOS - 5; carcinoma, NOS - 4; malignant tumor, NOS - 1; mesothelioma - 1; epithelioid sarcoma - 1

SANTA BARBARA: Alveolar soft part sarcoma - 1; epithelial sarcoma - 1; undifferentiated carcinoma - 1; rhabdomyosarcoma - 1; sarcoma - 1; tendon tumor (sarcoma) - 1

HAWAII: Malignant granular cell tumor - 3
CASE NO. 9 - ACC. NO. 14875

FOLLOW-UP:

Five months after the original surgery, the tumor recurred and was resected. Two more recurrences appeared within a year. Autopsy performed 2 1/2 years after the original surgery revealed metastasis to the pleura, pericardium and left upper mediastinum.

SPECIAL STAIN:

Both PAS and Trichrome did not reveal the crystals commonly seen in alveolar soft part sarcoma.

FILE DIAGNOSIS:

Epithelioid sarcoma, left trapezius muscle 1714-8804/3 (ICD-0)

X-File: Alveolar soft part sarcoma, left trapezius muscle 1714-9373
January 1977

CASE NO. 10 – ACC. NO. 12134

LOS ANGELES: Villonodular tenosynovitis (giant cell tumor, tendon sheath) - 14

SAN FRANCISCO: Villonodular tenosynovitis - 33

CENTRAL VALLEY: Giant cell tumor, tendon sheath - 3; xanthofibroma - 2;
atypical reactive fibrous histiocytosis - 1; reactive synovitis - 1;
abstention - 1

OAKLAND: Giant tumor, tendon sheath origin - 23

INLAND (SAN BERNARDINO): Fibrous histiocytoma (giant cell tumor, tendon
sheath) - 12; malignant synovioma - 1

OHIO: Nodular tenosynovitis - 11; atypical fibrous histiocytoma - 1;
aponeurotic sarcoma - 1; synovioma - 1

WEST LOS ANGELES: Giant cell tumor, tendon sheath - 5; pigmented villonodular
synovitis - 3; synovial granuloma - 1; fibrous histiocytoma - 1

SACRAMENTO: Benign - synovioma - 10; giant cell tumor, tendon sheath - 1

RENO: Xanthomatous giant cell tumor, tendon sheath - 6

LONG BEACH: Giant cell tumor, tendon sheath origin - 12

SANTA BARBARA: Pigmented villonodular synovitis - 1; fibrocystic
sarcoma, tendon sheath - 5

HAWAII: Villonodular synovitis (benign synovioma) - 3

FILE DIAGNOSIS:

Pigmented villonodular tenosynovitis, (Giant cell tumor, tendon sheath),
left index finger 1713-8860
January 1977

CASE NO. 11 - ACC. NO. 17485

LOS ANGELES: Angiolipoma - 9; mesenchymoma - 2

SAN FRANCISCO: Benign mesenchymoma - 26; intramuscular lipoma - 7

CENTRAL VALLEY: Mesenchymoma, benign - 4; intramuscular lipoma - 2; angiolipoma - 1; cavernous hemangioma - 1

OAKLAND: Infiltrating angiolipoma - 17; benign mesenchymoma - 6

INLAND (SAN BERNARDINO): Angiomatosis - 4; mesenchymoma - 4; angiolipoma - 4

OHIO: Intramuscular lipoma (Syn. benign mesenchymoma) - 13; liposarcoma - 1

WEST LOS ANGELES: Intramuscular lipoma - 5; infiltrating lipoma - 1; angio-myolipoma - 3; fibrolipoma - 1

SACRAMENTO: Recurrent mesenchymal tumor - 3; angiolipoma - 1; recurrent lipoma - 6; cavernous hemangioma - 1

RENO: Infiltrating lipoma - 6

LONG BEACH: Angiolipoma - 6; intramuscular lipoma - 2; intramuscular hemangioma with fat infiltration - 4

REFERENCE:

Lin, Joe J. and Lin, Fritz; Two Entities in Angiolipoma. Cancer 34:720-727, September 1974


Twenty-seven soft tissue tumors featuring extensive invasion and recurrence are presented. Recurrence rate in infiltrating lipomas is 62.7% and in infiltrating angiolipomas is 50%. Although no malignant alteration is reported, i.e., highly cellular areas myxoid differentiation, pleomorphism, mitoses as seen in liposarcoma. This has been reported in the more common noninfiltrating lesions. Wide local excision with frozen section assistance is recommended.

FILE DIAGNOSIS:

Angiolipoma, left gastrocnemius muscle 1713-8860
Los Angeles: Myxoma - 14
San Francisco: Myxoma - 33
Central Valley: Myxoma - 6; nodular fasciitis - 1; myxofibroma - 1
Oakland: Myxoid liposarcoma - 22; myxoma - 1
Inland (San Bernardino): Myxoma - 12
Ohio: Intramuscular myxoma - 14
West Los Angeles: Myxoma - 8; myxoid liposarcoma - 2
Sacramento: Myxoma - 11
Reno: Intramuscular myxoma - 6
Long Beach: Myxoma - 12
Santa Barbara: Myxoma - 5; low grade myxoid liposarcoma - 1
Hawaii: Myxoid liposarcoma - 2; myoma - 1

Reference:

Enzinger, F.; Intramuscular Myxoma. AJCP 43:104-113, February 1965

Most develop from intramuscular connective tissue, especially the thigh, of 40-60 year old. Grossly it is usually unencapsulated and diffusely infiltrates muscle. Mucoid material is hyaluronidase sensitive AMP. Vessels are scarce in contrast with myxoid liposarcoma. Follow-up on 33 patients for at least 1 year failed to reveal any aggressive behavior or tending toward recurrence in spite of simple local excision in 29.


No metastases or recurrence in 18 patients followed for 1-24 years.

File Diagnosis:

Myxoma, groin 1714-8840