TUMOR TISSUE REGISTRY
LOS ANGELES COUNTY HOSPITAL

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PROTOCOL

For

MONTHLY SLIDES

JANUARY 1962

TUMORS OF HEAD AND NECK
CASE NO. 1

ACCESSION NO. 11789

NAME: N. D.
AGE: 59  SEX: Male  RACE: Caucasian

CONTRIBUTOR: R. D. Lewis, M. D.
Huntington Memorial Hospital
Pasadena, California

TISSUE FROM: Nasopharynx

CLINICAL ABSTRACT:

History: This salesman was admitted for surgery of a nasal tumor which had caused both chronic and severe hemorrhages. Two pre-operative transfusions were necessary to raise the hemoglobin to operative levels. There had been progressive nasal obstruction over the preceding two years, causing difficulty in breathing through the nose. Fifteen years previously, a left external carotid artery ligation was necessary to stop a severe nasal hemorrhage.

Physical examination: A friable tumor was visible by mirror examination high in the nasopharynx and was thought to be an angioma. No other significant physical findings were recorded.

SURGERY:

On August 25, 1961 the tumor was removed. Surprisingly little bleeding occurred during the procedure.

GROSS PATHOLOGY:

The specimen consisted of a mass of soft, blood-stained tissue, 2 cm. in greatest dimension, and a few smaller fragments of similar tissue.

FOLLOW-UP:

Immediately following surgery and the examination of the tissue, radiation was instituted. One thousand mg., hours of radium therapy by nasopharyngeal applicator was given. The patient was seen at monthly interval, the last visit being December 4, 1961, and there has been neither symptoms or evidence by examination of recurrent tumor.
CASE NO. 2

ACCESSION NO. 11834

NAME: V. S.
AGE: 54  SEX: Female  RACE: Caucasian

CONTRIBUTOR: J. R. McGrath, M. D.
Centinela Valley Community Hospital
Inglewood, California

TISSUE FROM: Palate

CLINICAL ABSTRACT:

History: This sales woman had noticed a nonpainful "pressure" in the left side of her throat for a period of several months. During the week before admission to the hospital, a fullness in the left side of the soft palate developed.

Physical examination: Examination of the soft palate revealed a bulging on the left side, suggesting a mass about 4 x 3 cm. in diameter. No other significant findings were recorded.

SURGERY:

In September 1961 surgical removal of the mass was done. An incision was made through the soft palate and the anterior pillar of the left tonsillar area through the mucosa and the deep fascia. Just deep to the fascia the capsule of the tumor, about 3.5 x 3.0 cm., was visualized. The capsule ruptured during the dissection and a soft glairy material exuded. The tumor was removed piecemeal because of adherence to the carotid sheath.

GROSS PATHOLOGY:

Approximately 20 irregular fragments of firm, gray, glistening tissue and portions of adherent lobulated adipose tissue were submitted. These fragments averaged 0.5 cm. x 1.3 cm. in greatest dimensions.
CASE NO. 3
ACCESSION NO. 11763

NAME: A. C.
AGE: 51 SEX: Male RACE: Caucasian

CONTRIBUTOR: Carter M. Alexander, M. D.
Inter-Community Hospital
Covina, California

TISSUE FROM: Thyroid

CLINICAL ABSTRACT:

History: An asymptomatic swelling, thought to be thyroid in origin, was found on the left side of the neck during a routine physical examination.

Physical examination was essentially negative except for an abdominal scar incurred in 1958 because of a ruptured sigmoid diverticulum. Congenital deformity of the right hip and leg was present.

Laboratory and x-ray report: Routine blood count, urinalysis, and VDRL were negative. Chest x-ray showed normal heart size and increased linear markings in both medial lung bases, consistent with chronic bronchial disease. No metastatic disease was seen in the bony structures.

On July 25, 1961, the day before surgery, radioactive iodine uptake was 5%. The nodule in the thyroid did not take up any iodine.

SURGERY:

The entire left lateral lobe of the thyroid was removed, except for a very small remnant in the upper pole, which included a palpable nodule. The right lateral lobe of the thyroid was normal to palpation and no enlarged nodules were present.

GROSS PATHOLOGY:

The specimen weighed 75 gm. and measured 7 x 5.8 x 5 cm. The nodule measured 5.4 cm. in diameter and was firm. Cut surface was sticky, mottled, yellow, white, and pink. A central depressed patch with radiating strands was present. Margins were irregular but distinct with a surgical margin of soft, red-tan thyroid parenchyma of approximately 0.1 to 0.5 cm. in diameter.

FOLLOW-UP:

The patient was given approximately 5000 R of cobalt radiation to the entire neck. When last seen by his attending physician on October 25, 1961, he was feeling well and was without weight loss. No lymph nodes were palpated.
CASE NO. 4

ACCESSION NO. 11559

NAME: P. G. I.
AGE: 57  SEX: Male  RACE: Caucasian

CONTRIBUTOR: R. Straus, M. D. & A. A. Roscher, M. D.
St. Joseph Hospital
Burbank, California

TISSUE FROM: Parotid gland

CLINICAL ABSTRACT:

The patient had an asymptomatic mass under the right ear for quite some time.

Physical examination: A mass, recorded as hazel nut in size, was palpated in the right parotid gland area. On palpation, it gave the impression of being cystic. The remainder of the physical examination was negative as were the laboratory studies.

SURGERY:

On May 10, 1961, surgery revealed a smooth mass which was encapsulated and shelled out with ease. No connection with the parotid gland was visualized and the fascia overlying the parotid was not affected by the mass.

GROSS PATHOLOGY:

Specimen consisted of an ovoid mass, measuring 2.5 x 1.8 x 0.5 cm. The surface was smooth and glistening and somewhat lobulated. A thin membranous capsule was present. Cut surface was solid and somewhat bulging and predominantly pale gray.

FOLLOW-UP:

When last seen in November 1961, the patient was well with no complaints referable to the surgery or tumor.
CASE NO. 5

ACCESSION NO. 11762

NAME: H. C.
AGE: 36  SEX: Female

CONTRIBUTOR: Robert G. Richards, M. D.
Garden Park General Hospital
Anaheim, California

TISSUE FROM: Thyroid gland.

CLINICAL ABSTRACT:

In January of 1961 this housewife became aware of weight loss, excessive nervousness, and tremor of the hands. In April she consulted a physician who found on examination signs of hyperthyroidism. She was placed on Tapazol until one week prior to surgery at which time she was started on Lugol solution.

Physical examination: The patient was a gaunt, emaciated, apprehensive individual with a pulse rate of 120. There was enlargement of the thyroid gland especially the isthmus and right lobe. No nodules were palpated. A slight exophthalmus and a lid lag were evident. An apical cardiac thrust was apparent, but no murmur was heard. There was increased moisture to the skin which was also smooth and warm.

Laboratory report: PBI in April 1961 was 11 micrograms.

SURGERY:

On June 6, 1961, a bilateral subtotal thyroidectomy was performed. Lugol therapy was continued for one week post-operatively.

GROSS PATHOLOGY:

The lobes were submitted separately. The right lobe and isthmus weighed 20 grams and measured 6 x 4 x 2 cm. The external surface was tan-blue and slightly nodular. The cut surface was bulging, succulent appearing and lobular, with zones of fibrosis. A 1 cm. discrete colloid adenoma and multiple 2 to 3 mm. cysts were present. The left lobe weighed 16 gm. and measured 6 x 4.5 x 2 cm. Its external and cut surfaces were similar to the right lobe with fewer zones of fibrosis.

FOLLOW-UP:

Since surgery the patient has gained weight and there has been a cessation of all toxic symptoms. PBI in September was 4.9 micrograms, and at that time there was no evidence of recurrent thyroid enlargement or palpable cervical nodes.
CASE NO. 6

ACCESSION NO. 11666

NAME: R. A.
AGE: 59  SEX: Female  RACE: Caucasian

CONTRIBUTOR: Melvin W. Anderson, M. D.
Alhambra, California

TISSUE FROM: Gingiva

CLINICAL ABSTRACT:

History: This retired school teacher was well until November 1960, when she had an episode of what was thought to be intestinal flu. The acute episode was characterized by cramping abdominal pain, diarrhea, fever, nausea, and chest pain associated with a cough. The acute episode subsided, but the patient remained tired and weak. She lost 10 lbs. developed frontal headaches, and a productive cough without wheezing became more incessant. Severe anorexia developed along with a feeling of fullness. The only surgery this patient had in the past was for sinusitis. She was hospitalized on February 25, 1961.

Physical examination: A huge, smooth mass which moved with respiration was palpated in the right upper quadrant. The tip of the spleen was palpable. The pelvic examination was unremarkable, except for a small cervical polyp.

Laboratory report: Routine laboratory studies were normal. Liver function studies showed a 21% retention of BSP at 45 minutes (5 mg/K) and an alkaline phosphatase of 8.7 Bessey-Lowry units (normal 1 - 3). SGOT and SGPT both were approximately 30 units.

SURGERY:

The patient was operated on February 23, 1961 with surgical findings as follows: "Both liver lobes were markedly enlarged, particularly the right lobe, which extended below the iliac crest. Numerous oval, sharply outlined tumors up to 15 cm. in diameter were present under the intact smooth liver capsule. It was estimated that 60 - 70% of the liver was occupied by tumor. At the time of biopsy the tumor was seen to be dark in color and contained a large amount of blood. The gallbladder was about average size but contained numerous gallstones. The cystic and common ducts seemed of normal size. The spleen was likewise about normal."
COURSE:

The patient was discharged on March 11, 1961. On May 22, 1961, she consulted another physician because of swelling distal to left maxillary second and third molar areas. This swelling had been enlarging during the previous 2 or 3 weeks. A pedunculated, bluish tumor that required very little surgery was removed on May 31, 1961.

GROSS PATHOLOGY:

The specimen was received in three pieces. One was a papule, 7 mm. in diameter, having a hyperemic appearance. A 5 mm. in diameter piece of tissue and a third piece, 15 x 10 x 10 mm., were also submitted. Portions of these specimens were covered by a bluish, glistening mucous membrane. The cut surfaces were brownish and edematous appearing. Microscopic appearance of this tumor was stated to be identical with the previous liver biopsy.

FOLLOW-UP:

The patient continued to do poorly and expired at home on July 30, 1961. There was no autopsy.
CASE NO. 7

ACCESSION NO. 11744

NAME: R. G.
AGE: 29 SEX: Male RACE: Unknown

CONTRIBUTOR: John J. Gilrane, M. D.
St. Luke Hospital
Pasadena, California

TISSUE FROM: Thyroid gland

CLINICAL ABSTRACT:

History: The patient first noticed a prominent swelling of the anterior neck in April of 1960. Since August it has enlarged. No other complaints were elicited and the patient considered himself in good health.

Physical examination: A palpable mass was present in the anterior and right side of the neck and was thought to be a thyroid adenoma.

SURGERY:

On October 25, 1960, surgical removal of the mass was attempted. Alarming hemorrhage was encountered and the lesion was incompletely excised.

GROSS PATHOLOGY:

Specimen consisted of a triangular segment of thyroid tissue, which measured 2.8 x 2.5 x 1.8 cm. and weighed 6.2 gm. Over one-third of its surface was enveloped by a capsule that covered a faint lobular zone. On sectioning, three contiguous, translucent, uniform lesions, each with a delicate capsule, less than 0.1 cm. in thickness, were encountered. They were about equal in size, measuring 0.3 x 0.9 x 0.7 cm., and surrounded a larger adenomatous nodule that cut with a gritty sensation and measured 1.4 cm. This larger nodule extended to the deep surgical margin.

FOLLOW-UP:

Patient was last seen on November 26, 1961 and there were no signs of recurrence.
CASE NO. 8

ACCESSION NO. 11720

NAME: D. M.
AGE: 23  SEX: Female  RACE: Caucasian

CONTRIBUTOR: Stuart Lindsay, M. D.
Sequoia Hospital
Redwood City, California

TISSUE FROM: Lymph node

CLINICAL ABSTRACT:

History: This young teacher had not experienced any adult illnesses until diabetes was discovered in July of 1959. In April of 1961, a small mass was noted at the base of the neck. During the next three weeks before consulting her physician, it continued to enlarge.

Physical examination: A large, hard, nontender, irregular left lobe of the thyroid gland with extension from the inferior poles laterally into the supraclavicular space was palpable. The right lobe of the thyroid was felt to be normal. No posterior cervical adenopathy or other lymph nodes were palpated at the initial examination. In other respects the patient was essentially normal.

SURGERY:

At surgery a large irregular tumor occupied the left neck, encircling the trachea. The tumor was attached to esophagus, strap muscles, carotid sheath, thyroid, and thymus. The tumor was removed in several segments with portions of the thyroid and thymus attached.

GROSS PATHOLOGY:

Specimen consisted of several segments of nodular, hard, gray tissue with adherent thyroid, thymus and muscle tissue. The segments aggregated to 10 x 6 x 4.5 cm. Cut surface was flat, hard, gray and appeared finely lobulated. There were flecks and strands of yellowish tissue embedded within it.

FOLLOW-UP:

When last seen by her physician in November of 1961, she appeared to be in good health and no palpable nodes were discovered. The blood count was within normal limits.
CASE NO. 9  

ACCESSION NO. 11701  

NAME: M. M.  
AGE: 57  
SEX: Female  
RACE: Unknown  

CONTRIBUTOR: Paul Michael, M. D.  
Monterey Hospital Ltd.  
Monterey, California  

TISSUE FROM: Parotid gland  

CLINICAL ABSTRACT:  

History: This lady had been aware of a swelling behind the left ear for a period of three years. She sought medical attention in May of 1961 because it started to enlarge.  

Physical examination: Except for the swelling, the examination was not remarkable. Examination of this swelling revealed a spindle-shaped mass, approximately 3 x 1.5 cm., which was freely movable. It was nontender and presented in the tail of the parotid in the sulcus between the body of the mandible and the tip of the mastoid.  

SURGERY:  

On May 5, 1961 the parotid tumor was removed.  

GROSS PATHOLOGY:  

Specimen consisted of a portion of the left parotid gland with a discrete, encapsulated tumor 2.8 cm. in maximum diameter. It was tan and the cut surface had a glistening appearance.  

FOLLOW-UP:  

Patient was last seen on June 5, 1961. At that time she had made a complete and uneventful recovery from surgery.  

NOTE: In cutting this case, the tumor was depleted. An almost identical case in a 68 year old female (Accession No. 11121) was added to permit cutting the number of slides needed for the conference.
CASE NO. 10

ACCESSION NO. 11502

NAME: I. L.
AGE: 61  SEX: Male  RACE: Caucasian

CONTRIBUTOR: John D. Bauer, M. D.
De Paul Hospital
St. Louis, Missouri

TISSUE FROM: Scalp

CLINICAL ABSTRACT:
This lesion was removed from the scalp and had been present for over three years.

GROSS PATHOLOGY:
The specimen consisted of a bright yellow, lobulated tumor, which measured 6 x 6 x 3 cms. It was partially covered by a skin ellipse, 5 x 2 cm, in diameter. On sectioning, the tumor showed a yellow cross section divided into lobules by bands of fibrous tissue. Some of the lobules showed mucoid degeneration and in one area there was an ossified zone which measured 3 x 2 x 1 cm.
CASE NO. 11                        JANUARY 1962
ACCESSION NO. 11965                        OUTSIDE NO. 61-14596

NAME: G. R.                             NAME: G. R.

CONTRIBUTOR:  P. Schwinn, M. D.           CONTRIBUTOR:  P. Schwinn, M. D.
Los Angeles County Hospital              Los Angeles County Hospital
Los Angeles, California                  Los Angeles, California

TISSUE FROM: Parotid gland               TISSUE FROM: Parotid gland

CLINICAL ABSTRACT:

History: In 1957 this patient experienced a sudden onset of asymptomatic swelling of the left side of her face and jaw. This partially subsided leaving a firm nontender mass under the left jaw. In October of 1961, a school nurse recommended medical evaluation and the patient was referred to the hospital. There had been no antecedent trauma or recognized infection. General health has been good. Over the past three years there has been essentially no change in size of the swelling and no limitation of motion of the jaw has ever occurred. There is no history of tuberculosis, rheumatic fever, or diabetes. Menarche was at age nine.

Physical examination: General physical examination on October 25, 1961 was unremarkable. Examination of the left side of the face revealed a 3 x 3 cm. indurated, nontender, swelling extending from the ramus of the mandible posteriorly to the sternocleidomastoid muscles. There was no obstruction of the left parotid duct. The mass appeared fixed to deeper tissues but not to skin.

Laboratory and X-ray reports: Routine laboratory tests and serology were negative. Intermediate PPD was negative. Mandible series was normal. No calcification was seen in the soft tissues. Silogram films were unsatisfactory. Chest x-ray was normal.

Surgery:

On October 27, 1961, surgical resection of a cystic mass in the tip of the parotid was done. A brownish, mucoid material was present in the cyst. The mass extended under the facial nerve toward the pharyngeal mucosa.

GROSS PATHOLOGY:

Specimen consisted of five grams of nodular, yellow-tan tissue, measuring 4 x 3 x 2.5 cm. No cysts hemorrhage, or indurated areas were present.

FOLLOW-UP:

Following surgery, there was partial facial paralysis which disappeared in a week or so.
CASE NO. 12

ACCESSION NO. 11875

NAME: K. S.
AGE: 3½ yr.  SEX: Female  RACE: Caucasian

CONTRIBUTOR: Albert L. Olson, M. D.
Loma Linda Sanitarium & Hospital
Loma Linda, California

TISSUE FROM: Submaxillary gland

CLINICAL ABSTRACT:

In September 1961, a swelling developed in the left upper neck. A course of antibiotics was given because the mass was tender, but there was no change. Surgery was done October 11, 1961.

SURGERY:

The lesion involved the left submaxillary gland. It presented a good plane of cleavage from the surrounding tissue and the mass, along with the entire gland, was resected.

GROSS PATHOLOGY:

Specimen consisted of a pyramidal-shaped tissue with rounded base and tips. It measured 3.5 x 2.5 x 2.5 cm. The base consisted of a cyst, 1.5 cm. in diameter, in the wall of which there was a smaller cyst, approximately 0.5 cm. in diameter. Both of these cysts contained a blood clot. The cyst wall varied from 0.1 to 0.3 cm. in thickness. The remainder of the specimen appeared to be normal salivary gland tissue.

FOLLOW-UP:

Last visit was November 9, 1961, at which time there was no evidence of recurrence.
STUDY GROUP CASES

FOR

JANUARY 1962

TUMORS OF HEAD AND NECK

CASE NO. 1, ACCESSION NO. 11789, R. D. Lewis, M. D., Contributor

LOS ANGELES:

Olfactory neurocytoma (esthesioneuro-epithelioma, esthesioneuroblastoma), 13.

SAN FRANCISCO:

Vascular tumor (glomangioma?), 7; no vote, 6; extrapituitary chromophobe adenoma, 2; metastatic seminoma, 1; nasopharyngeal glioma, 1.

OAKLAND:

Tumor of Rathke pouch remnant; chromophobe adenoma of pharyngeal pituitary, 10.

CENTRAL VALLEY:

Esthesioneuroblastoma, 9; hemangio-endothelioma, 1; glomus, 1.

SAN DIEGO:

Angiosarcoma, 4; hemangio-endothelioma, 3; plasmocytoma, 3 (one with "associated hemangioma"); hemangiopericytoma, 1.

WEST LOS ANGELES:

Malignant vascular tumor, 2; atypical plasmacytoma, 3; vascular tumor, malignancy undetermined, 2; glomangioma, 3.

OTHER STUDY GROUPS

CITY OF HOPE:

Chemodectoma, 2; anaplastic tumor, 1.

VENTURA:

Olfactory esthesioneuroblastoma, 6.

FILE DIAGNOSIS: Olfactory neurocytoma (esthesioneuroblastoma)

LOS ANGELES:

Mixed tumor of minor salivary gland origin in palate, histologically benign, 13.

SAN FRANCISCO:

Mixed tumor, 17.

OAKLAND:

Mixed tumor, salivary gland, 10.

CENTRAL VALLEY:

Mixed tumor of minor salivary gland origin, 10; glomus, 1.

SAN DIEGO:

Mixed tumor of accessory salivary gland, 10; adamantinoma, 1.

WEST LOS ANGELES:

Mixed tumor of minor salivary gland - unanimous.

OTHER STUDY GROUPS

CITY OF HOPE:

Mixed tumor - unanimous.

VENTURA:

Benign mixed tumor of minor salivary gland origin, 6.

FILE DIAGNOSIS: Mixed tumor of minor salivary gland origin in palate (histologically benign) 616-8852 B
January 1962

CASE NO. 3, ACCESSION NO. 11763, Carter M. Alexander, M. D., Contributor

LOS ANGELES:

Carcinoma of unusual pattern arising in thyroid, 12; carcinoma in thyroid, origin undetermined, 1.

SAN FRANCISCO:

Undifferentiated carcinoma with amyloid, 17.

OAKLAND:

Small cell carcinoma, thyroid, 9; low grade, localized carcinoma in a follicular adenoma, thyroid, 1.

CENTRAL VALLEY:

Atypical carcinoma, thyroid, 11. There was much discussion as to type with the members about equally divided between (a) papillary, (b) follicular and (c) small cell.

SAN DIEGO:

Small cell cancer of thyroid, 4; follicular cell cancer of thyroid, 5; angio-invasive carcinoma, 1; invasive myosarcoma, alveolar pattern, 1.

WEST LOS ANGELES:

Atypical follicular carcinoma of thyroid gland - unanimous.

OTHER STUDY GROUPS

CITY OF HOPE:

Undifferentiated carcinoma of the thyroid with amyloidosis - unanimous.

VENTURA:

Follicular carcinoma of thyroid with amyloid, 6.

FILE DIAGNOSIS: Carcinoma of unusual pattern arising in thyroid
CASE NO. 3  
ACCESSION NO. 11763  
NAME: A. C.

FOLLOW-UP INFORMATION ON SPECIAL STAIN:

Amyloid stain was positive.

San Francisco minutes not received.

Reference:

January 1962

CASE NO. 4, ACCESSION NO. 11559, R. Straus, M. D. & A. A. Roscher, M. D., Contributors

LOS ANGELES:
Benign mixed tumor of parotid, 13.

SAN FRANCISCO:
Mixed tumor, parotid, 14; adenoid cystic carcinoma, 1; malignant mixed tumor, 1; no vote, 1.

OAKLAND:
Mixed tumor, salivary gland, 10.

CENTRAL VALLEY:
Mixed tumor, parotid, 9; chronic sialadenitis, 2. Of the members voting for mixed tumor, all agreed it was malignant or potentially malignant with one member preferring the term "adenocarcinoma, mixed type."

SAN DIEGO:
Mixed tumor, parotid, 10; muco-epidermoid cancer, 1.

WEST LOS ANGELES:
Mixed tumor of parotid gland - unanimous.

OTHER STUDY GROUPS

CITY OF HOPE:
Mixed tumor - unanimous.

VENTURA:
Benign mixed tumor of parotid, 6.

FILE DIAGNOSIS: Mixed tumor, parotid (histologically benign) 621-8852 B

Cross-file: Malignant mixed tumor of parotid 621-8852 F
January 1962

CASE NO. 5, ACCESSION NO. 11762, Robert G. Richards, M. D., Contributor

LOS ANGELES:

Focal sclerosing thyroid carcinoma, associated with diffuse hyperplasia of thyroid, 10; non-neoplastic sclerosing degenerative lesion, 2 (AFIP called this benign).

SAN FRANCISCO:

Hyperplasia with degeneration and fibrosis, 12; hyperplasia with occult sclerosing carcinoma, 5.

OAKLAND:

Localized fibrosis in hyperplastic thyroid, 6; sclerosing nonencapsulated carcinoma, thyroid, 4.

CENTRAL VALLEY:

Hyperplasia thyroid with involutional changes, 10; carcinoma, thyroid, 1.

SAN DIEGO:

Hyperthyroidism with occult cancer, 8; same with adenomatous hyperplasia, 1; unencapsulated sclerosing tumor, 2.

WEST LOS ANGELES:

Sclerosing carcinoma in a diffusely hyperplastic thyroid gland - unanimous.

OTHER STUDY GROUPS

CITY OF HOPE:

Primary carcinoma arising in hyperplastic thyroid, 2; adenomatous goiter with hyperthyroid, 1.

VENTURA:

Involuting hyperplasia with focal fibrosis, 2; focal sclerosing fibrosis, 2; nonencapsulated sclerosing tumor, low grade malignancy, 2.

FILE DIAGNOSIS: Focal sclerosing thyroid carcinoma 810-8096 F
associated with diffuse hyperplasia 810-943.6
Cross file: Non-neoplastic sclerosing degenerative 810-942
lesion associated with diffuse hyperplasia 810-943.6

This lesion was sent to Dr. J. B. Hazard who called this lesion a focus of sclerosis in thyroid tissue with cording and dysplasia of epithelial elements.
January 1962

CASE NO. 6, ACCESSION NO. 11666, Melvin W. Anderson, M. D., Contributor

LOS ANGELES:

Malignant melanoma, 13. Special stains were requested.

SAN FRANCISCO:

Metastatic melanoma, 9; metastatic hepatoma, 5; histiocytosis X, 2; metastatic malignant tumor, 2.

OAKLAND:

Metastatic hepatoma, 8; metastatic melanoma, 1; malignant, not further classified, 1.

CENTRAL VALLEY:

Melanoma, 5; hepatoma, 4; angiosarcoma, 1; no vote, 1.

SAN DIEGO:

There was discussion as to the nature of the pigment; an iron stain will be tried. Malignant melanoma on histology, 1; angiosarcoma (if blood pigment), 3; metastatic carcinoma, 1; metastatic cancer or reticulum cell sarcoma, 1; aleukemic monocytic myelosis, 1; reticulum cell sarcoma, 4.

WEST LOS ANGELES:

Metastatic melanoma of the gingiva, 8; angiosarcoma, 1; rhabdomyosarcoma, 1.

OTHER STUDY GROUPS

CITY OF HOPE:

Melanoma - unanimous.

VENTURA:

Metastatic malignant melanoma, 6.

FILE DIAGNOSIS: Pending special stains

TENTATIVE DIAGNOSIS: Malignant melanoma, primary site 6142-8174 I not known

Cross-file: Angiosarcoma 6142-850 G
Metastatic hepatoma 6142-8063 I
CASE NO. 6  
ACCESSION NO. 11666  

FILE DIAGNOSIS: Malignant melanoma, primary site not known  

JANUARY 1962  

6142-8174 I
January 1962

CASE NO. 7, ACCESSION NO. 11744, John J. Gilrane, M. D., Contributor

LOS ANGELES:

Adenocarcinoma (mixed pattern) arising in an adenoma, 13. (Slides originally submitted were reviewed and definite invasion of capsule and thyroid was seen).

SAN FRANCISCO:

Follicular variant of a papillary carcinoma of the thyroid, 15; invasive adenoma, 1; adenoma, 1.

OAKLAND:

Carcinoma, thyroid, mixed papillary and follicular pattern, 10.

CENTRAL VALLEY:

Carcinoma, thyroid - mixed follicular and papillary, 10, papillary, 1.

SAN DIEGO:

Papillary carcinoma, 3; follicular and trabecular carcinoma, 6; metastasizing adenoma with vascular invasion and micro-follicular cancer, 2.

WEST LOS ANGELES:

Follicular carcinoma of the thyroid gland with papillary features - unanimous.

OTHER STUDY GROUPS

CITY OF HOPE:

Papillary and follicular thyroid carcinoma - unanimous.

VENTURA:

Papillary carcinoma of the thyroid, low grade, 6.

FILE DIAGNOSIS: Carcinoma of thyroid, mixed papillary and follicular pattern 810-8096
Los Angeles:
Sclerosing Hodgkin's disease involving soft tissues of the neck, 13.

San Francisco:
Hodgkin's disease, 17.

Oakland:
Hodgkin's disease, 10.

Central Valley:
Hodgkin's disease, 10; thymoma, 1.

San Diego:
Hodgkin's granuloma, 5, including one vote for "versus granulomatous thymoma; sclerosing Hodgkin's 4; Hodgkin's sarcoma, 1; not Hodgkin's - sclerosing mediastinitis, 1.

West Los Angeles:
Hodgkin's disease - unanimous.

Other Study Groups

City of Hope:
Hodgkin's disease - unanimous.

Ventura:
Hodgkin's disease, 6.

File Diagnosis: Hodgkin's disease, cervical lymph nodes 553-832 F
January 1962

CASE NO. 9, ACCESSION NO. 11701, Paul Michael, M. D., Contributor

LOS ANGELES:
Warthin's tumor, 13.

SAN FRANCISCO:
Warthin's tumor, 17.

OAKLAND:
Warthin's tumor, 10.

CENTRAL VALLEY:
Warthin's tumor, 11

SAN DIEGO:
Papillary cystadenoma lymphomatous, 11

WEST LOS ANGELES:
Papillary cystadenoma lymphomatous - unanimous.

OTHER STUDY GROUPS

CITY OF HOPE:
Warthin's tumor - unanimous.

VENTURA:
Warthin's tumor, 6.

FILE DIAGNOSIS: Papillary cystadenoma lymphomatous of 621-8842 parotid (Warthin's tumor)
CASE NO. 10, ACCESSION NO. 11502, John D. Bauer, M. D., Contributor

LOS ANGELES:

Sebaceous gland carcinoma, 9; adnexal carcinoma, 3; mixed tumor, malignant, 1.

SAN FRANCISCO:

Liposarcoma, 9; malignant mesenchymoma, 3; no vote, 2; sebaceous gland carcinoma, 1; traumatic fat reaction, 1; myo-epithelial tumor, 1.

OAKLAND:

Liposarcoma, 10.

CENTRAL VALLEY:

Liposarcoma, 9; lipoid granuloma (paraffinoma), 2.

SAN DIEGO:

Liposarcoma, 10; sebaceous gland cancer, 1.

WEST LOS ANGELES:

Atypical sebaceous carcinoma, 7; malignant mixed tumor of the skin, 3. Liposarcoma also suggested by one member.

OTHER STUDY GROUPS

CITY OF HOPE:

Liposarcoma - unanimous.

VENTURA:

Sebaceous carcinoma, 3; liposarcoma, 2; malignant tumor, 1.

FILE DIAGNOSIS: Liposarcoma 026-872 F
Cross-file: Sebaceous gland carcinoma 026-8075 F
LOANS ANGELES:

Ductal cyst of parotid with hyperplasia of epithelial lining, associated with fibrosis and steatosis, consistent with obstruction, 13.

SAN FRANCISCO:

Atrophic sialadenitis with lipomatous infiltration, 12; lipomatous hamartoma, 4.

OAKLAND:

Benign cyst with parotid atrophy, 9.

CENTRAL VALLEY:

Chronic parotitis with fatty replacement, 9; developmental defect - branchial cleft cyst, 2.

SAN DIEGO:

Lipomatosis of salivary gland, 1; same with sialadenitis, 1; angiolipoma with sclerosis, 1; sialadenitis with obstruction, with cyst, 8.

WEST LOS ANGELES:

Parotid cyst with questionable ectopic breast tissue - unanimous.

OTHER STUDY GROUPS

CITY OF HOPE:

Chronic sialadenitis with cyst formation and atrophy, 2; cystic hamartoma, 1.

VENTURA:

Chronic sialadenitis with obstructive fatty atrophy, 6.

FILE DIAGNOSIS: Ductal cyst of parotid, consistent with obstruction

621-600,8
CASE NO. 12, ACCESSION NO. 11875, Albert L. Olson, M. D., Contributor

LOS ANGELES:
Ductal cyst with hyperplasia of epithelial lining, 13.

SAN FRANCISCO:
Benign cystadenoma of ductal origin, 13; duct ectasia with transitional metaplasia, 3.

OAKLAND:
Mucoc-epidermoid carcinoma, 7; branchial cleft cyst, 2.

CENTRAL VALLEY:
Obstructive sialadenitis with squamous metaplasia, 7; cystadenoma, 1; ranula, 2; cyst of submaxillary gland with carcinoma in situ, 1.

SAN DIEGO:
Epidermoid cyst, 4; same with squamous metaplasia, 3; cyst with early cancer, 1; papilloma of salivary duct, 1; cystadenoma of submaxillary gland, 2.

WEST LOS ANGELES:
Squamous epithelial cyst of salivary gland (parotid?) - unanimous.

OTHER STUDY GROUPS

CITY OF HOPE:
Retention cyst and squamous metaplasia of ducts - unanimous.

VENTURA:
Benign salivary epithelial cyst, 6.

FILE DIAGNOSIS: Ductal cyst with hyperplasia of epithelial lining 623-600.8