TUMOR TISSUE REGISTRY
LOS ANGELES COUNTY HOSPITAL

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PROTOCOL

FOR

MONTHLY SLIDES

JANUARY 1964

SOFT PART TUMORS
NAME: M. D.  
AGE: 53  SEX: Female  RACE: Caucasian  
CONTRIBUTOR: Milton L. Bassis, M. D.  
    Permanent Medical Group  
    San Francisco, California  
TISSUE FROM: Right forearm  

JANUARY 1964 - CASE NO. 1  
ACCESSION NO. 12785  
Outside No. SF61-1209  

CLINICAL ABSTRACT:  

This 53 year old caucasian female had noticed a small lump on the 
dorsum of the right forearm for about two years. The lesion had grown 
rapidly over the past two months.  

Examination disclosed a round, smooth soft tissue mass, measuring 5 cm. 
in diameter, over the distal portion of the right forearm. The mass was non- 
tender and there were no associated skin changes.  

SURGERY:  

Excision of mass was performed on February 17, 1961.  

GROSS PATHOLOGY:  

The specimen consisted of an ellipse of skin, measuring 5.2 x 1.8 cm. 
in its greatest dimensions, with an underlying subcutaneous tumor, measuring 
3.3 x 1.8 x 1.7 cm. The mass has a tannish-brown to dark maroon, soft 
rubbery appearance with fibromembranous and fatty tissue on the external 
aspect. Section of the mass disclosed multiple irregular yellow-tan thin 
to medium sized ridge-like trabeculations.  

COURSE:  

The site of the previous excision was widely re-excised on March 19, 
1961, including skin, subcutaneous tissues, and veins over the dorsum of the 
right wrist and distal forearm. A split-thickness skin graft taken from the 
right thigh covered the tissue defect. No residual tumor was discovered in 
the excised specimen.  

FOLLOW-UP:  

The patient has been seen regularly in the Surgery Clinic. There was 
no evidence of local recurrence of the tumor and no evidence of metastasis. 
Chest x-rays have been negative. The patient has recently developed grade I 
papilledema, mild hypertension and headaches. The papilledema on the nasal 
portion of the disc in the right eye is greater than in the left. Skull 
x-rays were negative. The etiology of the papilledema has not been 
determined as yet and the patient is being followed by the Ophthalmology 
Department.
NAME: V. B.  
AGE: 14  SEX: Female  RACE: Caucasian  
CONTRIBUTOR: C. M. Alexander, M. D.  
Inter-Community Hospital  
Covina, California  

TISSUE FROM: Right posterior neck

CLINICAL ABSTRACT:

After an amusement park ride about 4 months ago, the child had a persistent stiff neck. At an unknown date, since, a mass appeared on the right posterior neck that became larger. She was first seen 6 or 8 weeks ago when the impression was hematoma or cold abscess. There is a familial history of active pulmonary tuberculosis in a grandmother and of renal tuberculosis in the mother. Work up included a repeated pyelogram, skin tests (nature unstated), sedimentation rates (results unstated) and an aspiration with very little material obtained. Aspirate negative for tuberculosis, probably by culture or by guinea pig. Presumably, pyelograms were normal. Aspiration was done at another hospital.

Physical examination on entry to the hospital November 13, 1963 was normal except for a large mass on the right posterior neck, extending from the occiput to the upper thorax, estimated to be size 6 inches vertically and 3 inches transversely. Chest x-ray (11-13-63) was normal and it is stated that other x-rays have shown no bony destruction in the neck. Complete blood count and urinalysis were essentially normal. Hemoglobin was 11.6 gm%. Temperature normal.

SURGERY:

Exploration with biopsy was performed on November 14, 1963. A superficial tense nontender mass was incised. It was not known to be related to a muscle or to any particular soft tissue, although there may have been a thin layer of muscle covering the tumor.

GROSS PATHOLOGY:

The tumor was very soft, homogeneous and yellow-tan, falling readily into small fragments and bleeding easily. The tumor particles individually were no more than 1.8 cm. in size.

FOLLOW-UP:

Patient is not responding to radiation therapy.
NAME: D. H.  
AGE: 40  SEX: Female  RACE: Caucasian  
CONTRIBUTOR: James W. Decker, M. D.  Washoe Medical Center  Reno, Nevada  
TISSUE FROM: Flank area  
ACCESSION NO.: 12490  Outside No. S-2773-62  

JANUARY 1964 - CASE NO. 3  

CLINICAL ABSTRACT:  

History: One week prior to admission on August 9, 1962, patient developed a backache in the right lumbar area and when touching this area noted the presence of a mass just below the rib. The backache subsided and the mass persisted with no detectable change in size. The patient denied any history of trauma to the flank area and there were no complaints referable to the chest. Recent x-rays are said to have revealed no evidence of bony deformity.  

Physical examination: Blood pressure 130/80, pulse 76, rate 16. Complete physical examination was negative except for the back where just behind the right 12th rib in the flank was a hard, fixed mass which was generally egg shaped and extended deeper than one could palpate. There was no associated tenderness and the mass appeared to be fixed to the underportion of the 12th rib.  

Laboratory report: Hemoglobin 14.6 gm%, hematocrit 41%, WBC 7,700 per cubic mm.; diff: polys 59%, lymphs 35%, monos 2%, eosinophils 4%. Urine and VDRL negative.  

SURGERY:  

On August 10, 1962, the patient was taken into surgery and the mass was excised. The mass appeared fairly well contained and was densely adherent to the undersurface of the right 12th rib.  

GROSS PATHOLOGY:  

The specimen consisted of a mass of muscle and fat, 8.5 x 4 x 2.5 cm. Within this was a circumscribed, but apparently nonencapsulated, firm, gray white tumor with a slight mucoid surface, measuring 3 cm. in greatest dimension. It was closely adherent to a sheath of fascia which represented one margin of excision. Continuous with the fascia was a portion of rib, 1 x 0.7 cm.  

FOLLOW-UP:  

Following discharge from the hospital, the patient has failed to return for any type of follow-up visit and as far as can be determined at the present time, left the city.
NAME: A. B.  
AGE: 45 SEX: Male  RACE: Caucasian  
CONTRIBUTOR: J. Schaefer, M. D.  Los Angeles, California  
C. Alexander, M. D.  Covina, California  

TISSUE FROM: Left forearm  

CLINICAL ABSTRACT:

History: The patient was seen in the office on November 6, 1962 with two lesions. Patient gave the history of an accident while carrying bricks 4-5 years ago. Two years ago, a nodule was noted on the left forearm. This nodule was situated in about the midportion of the volar aspect and had not changed in size. About six months later, a nodule 6 inches proximal to the wrist on the volar aspect, but distal to the first nodule, appeared and this lesion tripled in size in the past three or four months. Patient attempted to drain it. Past history included chronic discoid lupus, and carcinoma of left lower lip stated to have been removed in 1954, without clinical recurrence.

Recent chest x-rays were normal. No clinically enlarged lymph nodes. VDRL nonreactive. Urinalysis and complete blood count normal.

SURGERY:

On November 7, 1962, under local anesthetic both lesions were excised without difficulty. The lesions were attached to the underlying tendon and were easily enucleated from surrounding tissue. Sharp dissection was needed to separate the lesions from their respective sites of attachment to the tendons.

GROSS PATHOLOGY:

Two masses of soft gray-tan tissue, not encapsulated, one almost 3 cm., the other 2½ cm. Also a small skin ellipse containing similar tissue in its base. The larger mass resembled grossly two amalgamated lymph nodes.

COURSE:

Post-operatively, patient soon noted a cord-like induration in the operative area. A third nodule appeared, midway between the previously excised nodules and towards the radial side of the forearm, which was excised on December 6, 1962. Gross description at this time was a large mass.
present in and around the palmaris longus tendon and also involved the flexor carpi radialis.

An amputation of the arm was performed on December 28, 1962 at a point 14 cm. above the tip of the olecranon process. The sections showed residual sarcoma in the forearm around the flexor carpi radialis tendon. Also, there was a small metastasis in a lymph node 3 cm. from the excision line, rather higher than the usual location of an epitrochlear node.

On February 1, 1963, a left axillary lymph node dissection was performed. Metastatic tumor was found in approximately six of about eleven axillary nodes that individually were up to perhaps 2 cm. in greatest diameter. Tiny nodes, taken from the most medial, most lateral and highest axillary regions, were free of tumor.
NAME: C.  AGE: 45  SEX: Male  RACE: Caucasian  JANUARY 1964 - CASE NO. 5

CONTRIBUTOR: Harriet Davis, M. D.  Burbank Hospital  Burbank, California

TISSUE FROM: Upper back

CLINICAL ABSTRACT:

Forty-five year old caucasian male with freely movable mass, soft tissue, of upper back of one year's duration. The tumor has shown growth but no tenderness or pain. No other lesions described.

SURGERY:

Surgical exploration revealed an encapsulated growth surrounded by muscle of the back apparently not invading the surrounding tissues. No definite point of attachment was described. The tumor was easily enucleated.

GROSS PATHOLOGY:

Ovoid neoplasm measured approximately 6.5 x 3 cm. in maximum dimension. Thin, fairly smooth fibrous capsule intact. Cut surfaces showed no obvious mucin. The tissue was rather firm to gritty and gray-white in color with irregular, slightly whorled fibrous-like streaks.

FOLLOW-UP:

On October 9, 1962, a more radical procedure was performed, at which time a segment of skin, including a scar, subcutaneous tissue, and underlying skeletal muscle were removed. The skin ellipse measured 4 x 8 cm., and the entire mass weighed 185 gm. There were foci of foreign-body type granulomatous inflammation, but no tumor cells were found. Clinically, the patient is well.
CLINICAL ABSTRACT:

A tumor mass in the left neck was discovered two weeks prior on routine chest x-ray.

SURGERY:

Excision of masses, left lower neck and superior mediastinum, was performed on November 6, 1962.

GROSS PATHOLOGY:

The tumor of left neck consisted of two large masses of tissue; the larger mass measured 9 x 4 x 3½ cm. This tissue appeared to be encapsulated and hard. On sectioning the tissue, the cut surface showed marked calcification. The adjacent tissue was homogeneous, tan and soft, and the smaller mass of tissue showed flecks of calcium, but this mass was not as calcified as the larger mass.

FOLLOW-UP:

When patient was last seen in November 1963, she was stated to be free of cancer.
NAME: E. B.  
AGE: 40  SEX: Female  RACE: Caucasian  
CONTRIBUTOR: John W. Callister, M. D.  
Reno, Nevada  
TISSUE FROM: Left foot  

JANUARY 1964 - CASE NO. 7  
ACCESSION NO. 12419  
Outside No. S-2070-62  

CLINICAL ABSTRACT:

The patient was first seen in November 1960 for "growth" over the dorsal aspect of the left foot which had been present for 3 years and gradually getting larger. She also had a severe bilateral bunion problem with severe pain. The lesion was attacked surgically and complete excision was attempted but it was obvious that some of the tissue extended between the first and second metatarsal bones. The tumor recurred and the submitted tissue represents the re-excision of the tumor mass.

GROSS PATHOLOGY:

The specimen measured 4 x 2.5 x 1.8 cm. The external surface was somewhat irregular with tags of connective tissue and lobules of fat attached. There also appeared to be a narrow strip of skeletal muscle attached to the nodule. The nodule had a spongy firm consistency and on transection, the cut surface was a mottled orange to gray-tan color with the tissue bulging on the surface. The connective tissue septae which are light gray to white course through the tumor.
NAME: T. B.                      JANUARY 1964 - CASE NO. 8
AGE: 41  SEX: Male  RACE: Caucasian
CONTRIBUTOR: E. F. Ducey, M. D.
Foster Hospital
Ventura, California
TISSUE FROM: Right forearm

ACCESSION NO. 11887
Outside No. 61-2057

CLINICAL ABSTRACT:

The patient noticed a nodular mass within the belly of his right forearm for several years. The mass was painless both intrinsically and on palpation. It continued to grow slowly. It first appeared that there was a vague history of injury on the job.

SURGERY:

The lesion was explored and the mass was found to be somewhat friable, necrotic and densely adherent to a moderately large blood vessel which was thrombosed in the area. Several large nerves were nearby, but none were ascertained entering or leaving the lesion.

GROSS PATHOLOGY:

The specimen consisted of a nodular portion of tissue, measuring approximately 3 x 4 x 4 cm. and several mushy grayish-white fragments of friable tissue said to be from similar structures in the arm. Several bits of tissue together with the main lesion aggregated a mass of approximately 7 x 5 x 5 cm. in size.

FOLLOW-UP:

The lesion recurred promptly with gradual extension to the soft tissues of the shoulder and eventually to the lungs, death occurring about one year later. Autopsy was refused.
NAME: T. L. O.  

AGE: 2 mos. SEX: Female RACE: Caucasian  

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

TISSUE FROM: Right sternocleidomastoid muscle  

CLINICAL ABSTRACT:  

History: Baby was born on March 29, 1962; weight 6 lbs. 14 oz. Shortly after birth, it was noted that the baby constantly turned head to left, tilted it to right, and had a lump in the right sternocleidomastoid muscle. By April, skull and face deformities were noted and by May were increased. 

Physical examination: Sclerae and pharynx were clear. There was a lower right sternocleidomastoid mass. Head turned to left and tipped to right. The right cheek was prominent and the jaw turned to left. The right eye was smaller than left. The right parietal skull was protruding, and the left was flat. 

GROSS PATHOLOGY:  

The specimen consisted of two pieces of firm gray-white to reddish-brown tissue, the larger of which measured approximately 4.0 cm. in length and as much as 2.3 x 1.8 cm. in width and thickness. A few strands of reddish-brown muscle tissue were noted on the external surface but the cut surface showed firm gray-white tissue apparently arranged in fascicles. Also received were two similar appearing discoid segments of tissue essentially identical to that described above. Each of these measured approximately 1.3 x 1.4 x 0.4 cm. in greatest dimension.
NAME: W. G. O.  
AGE: 66  SEX: Male  RACE: Caucasian 
CONTRIBUTOR: A. F. Brown, M. D.  
Glendale Sanitarium and Hospital  
Glendale, California 

TISSUE FROM: Left leg 

CLINICAL ABSTRACT: 

History: Patient struck lateral side of left leg on car door 3 months previously. There was a small wound with slight bleeding. The swelling in the area began two weeks later, and has increased.

Examination showed a firm subcutaneous, 2 x 3 inch mass, 7 inches below the knee, nontender, and not connected to muscle.

SURGERY: 

Removal of mass with part of fascia was performed.

GROSS PATHOLOGY: 

The specimen was a portion of skin $6\frac{1}{2} \times 5$ cm. and up to 2 cm. thick with a small amount of subcutaneous tissue. The cut surfaces showed almost the entire specimen to be composed of glistening, yellow-white, somewhat nodular, moderately firm tissue with a narrow margin of apparently normal tissue covering all surfaces.

FOLLOW-UP: 

In April 1963, a recurrent nontender lesion in the same location was excised three weeks after it appeared. Gross examination of the 2 x 1 cm. smooth surfaced mass showed it to be well demarcated, homogeneous and bulging slightly on section.

In October 1963, the lesion again recurred in the same location, and this time a very wide excision was performed. Two lesions were described grossly, 1 cm. from each other. One measured 0.7 cm. and the other 1.7 cm. in diameter. The smaller of the two lesions was close to the peroneal nerve but not attached to it. Gross and microscopic appearance of these lesions was similar to the previous ones.

The patient was last seen by the surgeon in mid December, and there was no evidence of further recurrence.
CLINICAL ABSTRACT:

History: Patient entered the hospital for removal of tumor of the right forearm.

Laboratory examination was essentially negative.

SURGERY:

A 5 x 3 x 3 cm. soft globular subcutaneous tumor in the right forearm which was encapsulated, was removed under local anesthesia on August 28, 1963.

GROSS PATHOLOGY:

The specimen consisted of an egg-shaped tissue measuring 4 x 3 x 2 cm. with a relatively smooth tan surface, except where tags of subcutaneous tissue were present. There was a rent in one pole, measuring approximately 1.5 cm. The tumor was spongy to compression and when sectioned had a variegated appearance. There were areas of hemorrhage with speckled areas of orange yellow to white. Small glistening white softened tissue was present in the subcutaneous fat which measured 5 x 4 x 2 mm.
The patient was well until June 1960, when he noted pain, swelling and limitation of motion of the left knee. This pain, swelling and limitation of motion subsided with cortisone injection, but recurred following a fall in November 1960. In December 1960, bloody fluid was aspirated from the knee and hydrocortisone was injected. There was exacerbation of symptoms in November 1961. On December 7, 1961, a synovial biopsy was performed. At that time the membrane was found to be thickened and contained papillary projections. Many "pin head size" to "pea size" free objects were noted. The synovial cavity was obliterated. The bones were intact.

Surgery:

On January 10, 1962, a synovectomy was performed.

Gross Pathology:

The specimen consisted of multiple pieces of pinkish gray to yellow, semi-firm to soft tissue showing hemorrhage and measuring from 3 to 14 cm. in maximum dimension. The larger piece showed numerous nodular, firm, elevated tumors, the nodules measuring from 0.2 to 0.3 cm. in maximum dimension. These nodules were diffusely distributed throughout one surface. The surface generally had a smooth and glistening pink appearance. The cut section through this large piece of tissue revealed the nodular tumor to extend deep within the specimen measuring for a depth of 0.9 cm. In addition, the tumor in some areas appeared to be infiltrating into the subjacent fatty and fibrous tissue. One of the other pieces appeared to be a portion of semilunar cartilage measuring 4 cm. in maximum dimension. On one surface was also a nodular tumor and it had a similar appearance to the one described previously.

Follow-up:

On February 16, 1962, an above-knee amputation well above the area of neoplastic involvement was performed. The examination of the knee joint revealed residual neoplasm of the posterior aspect of the joint capsule. No bone involvement was seen grossly.
STUDY GROUP CASES
FOR
JANUARY 1964

SOFT PART TUMORS

CASE NO. 1, ACCESSION NO. 12785, Milton L. Bassis, M. D., Contributor

LOS ANGELES:

Benign fibroxanthoma, 15. Xf: Benign villonodular tenosynovitis, aggressive.

OAKLAND:

Pigmented villonodular tenosynovitis or bursitis, 7; histiocytoma, 2; angiosarcoma, 2; sarcoma, further unclassified, 1.

CENTRAL VALLEY:

Villonodular synovitis, 3; synovial sarcoma, 3; angiosarcoma, 2; infiltrating fasciitis, 2; xanthoma, 1.

SAN DIEGO:

Pigmented or hemorrhagic villonodular tenosynovitis, 11.

WALTER REED HOSPITAL:

Pigmented villonodular synovitis, 3.

WEST LOS ANGELES:

Tendon tumor, benign (Nodular Tenosynovitis; var. Fibroxanthoma), 8; benign synovioma, 1; sclerosing hemangioma, 1; angiosarcoma, 1.

The comment was made that tendon lesions of this sort, outside the fingers, wrists, feet and occasionally the knee, are potentially aggressive. They can become malignant and metastasize.

FILE DIAGNOSIS: Fibrochondroma, benign 083-870

Cross-file: Villonodular tenosynovitis, benign 083-952

San Francisco minutes not received.
CASE NO. 2, ACCESSION NO. 13312, C. M. Alexander, M. D., Contributor

LOS ANGELES:

Rhabdomyosarcoma, 15.

OAKLAND:

Undifferentiated malignant tumor (extraneural ependymoma, 1; reticulum cell sarcoma, 2; angiosarcoma, 3).

CENTRAL VALLEY:

Unclassified sarcoma, 6; rhabdomyosarcoma, 2; synovial sarcoma, 2; angiosarcoma, 1.

SAN DIEGO:

Undifferentiated neurogenic sarcoma, 2; embryonal rhabdomyosarcoma, 5; sarcoma, unclassified, 2.

WALTER REED HOSPITAL:

Rhabdomyosarcoma, 2; reticulum cell sarcoma, 1.

WEST LOS ANGELES:

Embryonal rhabdomyosarcoma, 7; primitive malignant mesenchymal tumor (with 1 vote qualifying it as a stem cell sarcoma, differentiating into histiocytic (clasmacytic) and endothelial cells), 4.

The comment was made that the abundant cytoplasm and conspicuous phagocytic activity are features not generally exhibited by embryonal rhabdo but are, rather, properties inherent to the reticuloendothelial system. Among soft part neoplasms exhibiting canibalism (phagocytosis) are reticulum cell tumors, especially the histiocytic variety (resistant to radiation); malignant xanthoma fibrous and histiocytic variety, and some of the liposarcomas. Many carcinomas may exhibit phagocytosis.

FILE DIAGNOSIS: Rhabdomyosarcoma 030-267
FOLLOW-UP:

Radiation therapy was instituted five times weekly from November 18, 1963 through December 19, 1963. There was no immediate obvious response to the treatment, but in the latter half of the treatment time, the lesion definitely underwent a delayed response. When patient was last seen on January 6, 1964, it was estimated that the tumor had regressed by approximately 50% of its original size. She had obviously lost weight in the two week interval and was weak and lethargic, complaining of left chest pain. Films of the chest, compared with previous normal chest films, showed extensive bilateral pulmonary metastatic disease with probable involvement of the mediastinum as well. The diaphragm on the right side was slightly elevated, suggesting the possibility of hepatic metastases.
Los Angeles:
Proliferative fibromyositis, 15.

Oakland:
Benign fibrous proliferative lesion, 7 (fasciitis, desmoid, fibromatosis); low grade fibrosarcoma, 5; neural origin, 3 (malignant, 1; benign, 2).

Central Valley:
Fasciitis (extra-abdominal desmoid), 6; fibrosarcoma, 5.

San Diego:
Nodular fasciitis, 11.

Walter Reed Hospital:
Malignant schwannoma, 2; nodular fasciitis, 1.

West Los Angeles:
Pseudosarcomatous fasciitis (proliferative myositis), 11.

File Diagnosis: Nodular fasciitis 290-940
Proliferative myositis 270-930
CASE NO. 4, ACCESSION NO. 12626, J. Schaefer, M. D. & C. Alexander, M. D., Contributors.

LOS ANGELES:

Giant fascial sarcoma, 15.

OAKLAND:

Synovial sarcoma, 15; amelanotic melanoma, 2; malignant tumor, further unclassified, 1.

CENTRAL VALLEY:

Synovial sarcoma, 7; unclassified sarcoma, 1; malignant granular cell myoblastoma, 1; angiosarcoma, 1; no vote, 1.

SAN DIEGO:

Synovial sarcoma, 8; rhabdomyosarcoma, 3.

WALTER REED HOSPITAL:

Synovial sarcoma, 3.

WEST LOS ANGELES:

Malignant synovioma, 10.

Malignant tendon tumor with synovial, histiocytic, and choroid features. (A variant of giant cell fascial sarcoma) Case #13 in the Penrose Cancer Seminar, moderated by Stout, November 1959, belongs to this category. Stout called it malignant mesenchymoma because of the multiple features.

FILE DIAGNOSIS: Synovial sarcoma 083-8771 F
Giant fascial sarcoma 083-879

FOLLOW-UP:

Follow-up report received January 14, 1964: "His attending physician stated that as of approximately 6 weeks ago, he was clinically free of tumor, well, and had a normal chest x-ray."
CASE NO. 5, ACCESSION NO. 12460, Harriet Davis, M. D., Contributor

**LOS ANGELES:**

Synovial sarcoma, 15. Xf: Questionable benign synovioma.

**OAKLAND:**

Malignant schwannoma, 6; fibrosarcoma, 7; others, 3 (undifferentiated sarcoma, leiomyosarcoma, fascial fibrosarcoma).

**CENTRAL VALLEY:**

Leiomyosarcoma, 4; fibrosarcoma, 2; atypical cellular or vascular leiomyoma, 2; fasciitis, 1; neurilemmoma, 1; synovial sarcoma, 1.

**SAN DIEGO:**

Neurilemmoma, 6; hemangiopericytoma, 2; fibroma, 1; fibrosarcoma, 1.

**WALTER REED HOSPITAL:**

Synovial sarcoma, 3.

**WEST LOS ANGELES:**

Neurogenic sarcoma (malignant schwannoma) low grade, 8; monophasic synovioma, low grade malignancy, 2; hemangiopericytoma, 1.

**FILE DIAGNOSIS:** Synovial sarcoma 051-8771 F

Cross-file: (?) Benign synovioma 051-8771 B
CASE NO. 6, ACCESSION NO. 12621, W. C. Herrick, M. D., Contributor

LOS ANGELES:
Malignant mesenchymoma, 13; benign mesenchymoma, 1; rhabdomyosarcoma, 1.

OAKLAND:
Malignant mesenchymoma, 9; chondrosarcoma, 2; teratoma arising in superior mediastinum, 2; sarcoma, 1; extremely interesting lesion, 1.

CENTRAL VALLEY:
Malignant mesenchymoma, 4; chondrosarcoma, 3; extraskeletal osteosarcoma, 1; malignant mixed tumor, 1; osteochondroma, 1; no vote, 1.

SAN DIEGO:
Mixed mesenchymal sarcoma, 10; thymoma, 1.

WALTER REED HOSPITAL:
Solid low grade malignant teratoma, 1; myositis ossificans, 1; chondrosarcoma, 1.

WEST LOS ANGELES:
Malignant mesenchymoma with osteogenic, chondromatous, leiomyomatous, angio and hemangiopericytomatosus patterns, 10; extraosseous osteosarcoma, 1.

FILE DIAGNOSIS: Malignant mesenchymoma 030-887
January 1964

CASE NO. 7, ACCESSION NO. 12419, John W. Callister, M. D., Contributor

LOS ANGELES:

Proliferative villonodular tenosynovitis, 15.

OAKLAND:

Benign proliferative villonodular synovitis, 16.

CENTRAL VALLEY:

Pigmented villonodular synovitis (or benign synovioma), 9; giant cell tumor of synovium or tendon sheath, benign 1, malignant, 1.

SAN DIEGO:

Hemorrhagic villonodular synovitis, 6; rhabdomyosarcoma, 1; histiocytoma, 1; angiosarcoma, 1.

WALTER REED HOSPITAL:

Pigmented villonodular synovitis, 2; glomus tumor, 1.

WEST LOS ANGELES:

Histiocytic xanthogranuloma (xanthoma) of fascia (a la Stout) (reticulohistiocytoma), 11. (Malignant, 4; aggressive but not malignant, 4; course unpredictable and that a conservative amputation may be necessary)

FILE DIAGNOSIS: Proliferative villonodular tenosynovitis 096-952
CASE NO. 3, ACCESSION NO. 11887, E. F. Ducey, M. D., Contributor

LOS ANGELES:
Sarcoma, type to be determined with additional histochemistry, 15.

OAKLAND:
Sarcoma, 16.

CENTRAL VALLEY:
Liposarcoma, 3; malignant schwannoma, 3; sarcoma, unclassified, 3; fibrosarcoma, 1; malignant mesenchymoma, 1.

SAN DIEGO:
Myoliposarcoma, 5; mesenchymal sarcoma, 4; fibrosarcoma, 1.

WALTER REED HOSPITAL:
Fibrosarcoma, 1; neurofibrosarcoma, 1; rhabdomyosarcoma, 1.

WEST LOS ANGELES:
Liposarcoma, 11. (One qualified it as mixed variant)

FILE DIAGNOSIS: Deferred, pending special stains.

JANUARY 1964
CASE NO. 3, ACCESSION NO. 11887, E. F. Ducey, M. D., Contributor

FILE DIAGNOSIS: Myxoid liposarcoma 083-872 F
7-1-64
CASE NO. 9, ACCESSION NO. 12350, J. R. McGrath, M. D., Contributor

LOS ANGELES:

Fibromatosis of infancy, 15.

OAKLAND:

Congenital torticollis, 16.

CENTRAL VALLEY:

Congenital juvenile fibromatosis, 11.

SAN DIEGO:

Fibrosing myositis (torticollis), 11.

WALTER REED HOSPITAL:

Fibromatosis coli, 3.

WEST LOS ANGELES:

Fibromatosis, torticollis type, 11.

FILE DIAGNOSIS: Juvenile fibromatosis, congenital 272-997
January 1964

CASE NO. 10, ACCESSION NO. 12656, A. F. Brown, M. D., Contributor

LOS ANGELES:

Liposarcoma, 15.

OAKLAND:

Sarcoma, 16 (myxosarcoma, 5; liposarcoma, 4).

CENTRAL VALLEY:

Liposarcoma, 8; myxoma, 2; neurogenic sarcoma, 1.

SAN DIEGO:

Malignant mesenchymoma, 4; myxoliposarcoma, or liposarcoma, 6; myxoma, 1.

WALTER REED HOSPITAL:

Myxoid liposarcoma, 3.

WEST LOS ANGELES:

Liposarcoma, low grade, 11.

FILE DIAGNOSIS: Liposarcoma 093-872 F
CASE NO. 11, ACCESSION NO. 13190, Paul Thompson, M. D., Contributor

LOS ANGELES:
Malignant schwannoma, 15.

OAKLAND:
Myosarcoma, 13; sarcoma, 1; liposarcoma, 2.

CENTRAL VALLEY:
Leiomyosarcoma, 4; rhabdomyosarcoma, 3; fibrosarcoma, 2; neurogenic sarcoma, 2.

SAN DIEGO:
Fibrosarcoma, 3; reaction to injury in muscle, 3; liposarcoma, 2; myosarcoma, 1.

WALTER REED HOSPITAL:
Rhabdomyosarcoma, 2; neurofibrosarcoma, 1.

WEST LOS ANGELES:
Malignant fibrous xanthoma (xanthogranuloma) of Stout var. of WHO giant cell fascial sarcoma, 10; liposarcoma, 1.

FILE DIAGNOSIS: Malignant schwannoma 083-8452
CASE NO. 12, ACCESSION NO. 12189, E. R. Jennings, M. D., Contributor

LOS ANGELES:

Chondromatosis, 7; chondrosarcoma, 2.

OAKLAND:

Synovial chondromatosis, 4; chondrosarcoma in synovial chondromatosis, 12 (4 support amputation).

CENTRAL VALLEY:

Chondrosarcoma, 8; benign osteochondromatosis, 3.

SAN DIEGO:

Synovial osteochondromatosis, 11

WALTER REED HOSPITAL:

Synovial chondromatosis, 3.

WEST LOS ANGELES:

Chondrosarcoma in synovial chondromatosis, 10; synovial chondromatosis, 1.

FILE DIAGNOSIS: Chondromatosis
Chondrosarcoma

092-873 B
092-873 F