CALIFORNIA TUMOR TISSUE REGISTRY
LOS ANGELES COUNTY HOSPITAL

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  PROTOCOL

  FOR

  MONTHLY SLIDES

  JANUARY 1967

  LESIONS OF THE GENITOURINARY TRACT
NAME: A. E. F.  
AGE: 41 SEX: Female RACE: Caucasian  
CONTRIBUTOR: Paul R. Thompson, M.D.  
St. Luke Hospital  
Pasadena, California  

TISSUE FROM: Kidney  

CLINICAL ABSTRACT: 

History: This patient had a tumor of the right kidney known for four years. She felt that something was wrong with her right side for some seven to ten years. 

Physical examination: An easily palpable right kidney was attached to a smooth mass. 

X-rays: Intravenous pyelogram showed what appeared to be a large cyst of a non distorted right kidney. 

A needle aspiration to obtain fluid was unsuccessful.  

SURGERY: 

The right kidney with an upper pole tumor was removed in February 1965.  

GROSS PATHOLOGY: 

A right kidney (15 x 9 x 7 cm.; 435 grams) contained a solid, bulging golden brown centrally hyalinized upper pole tumor (8 x 8 x 5 cm.) which extended to the capsular surface of the upper pole, distorted the ureter and blunted the upper pole calices. The remainder of the kidney and vessels were essentially unremarkable aside from a 2 cm. parenchymal cyst filled with greenish fluid.  

FOLLOW-UP: 

In September 1966 the patient was clinically well with no evidence of metastatic disease.
NAME: E. H.  
AGE: 51  
SEX: Male  
RACE: Caucasian  
CONTRIBUTOR: D. R. Dickson, M.D.  
Santa Barbara Cottage Hospital  
Santa Barbara, California

TISSUE FROM: Kidney

CLINICAL ABSTRACT:

History: This patient was hospitalized in October 1962 because of a severe sharp, non radiating pain in the left costovertebral angle and left abdomen; the pain began suddenly the morning of admission. Although he denied any other genitourinary symptoms associated with the present pain, he did have an episode of hematuria ten weeks prior to hospitalization.

Physical examination: Diffuse tenderness in the left abdomen and flank was associated with guarding in the left upper abdominal quadrant.

Laboratory studies: Urinalysis showed 2 plus albuminuria and innumer able red blood cells.

X-rays: An intravenous pyelogram revealed a horseshoe kidney with a filling defect in the left inferior pole.

SURGERY:

The following day a removal of the left half of the horseshoe kidney was performed when the lower pole was found to be firm, nodular and attached to adjacent structures (i.e. colon and peritoneum). Hard nodes were found above the renal isthmus to the level of the celiac plexus.

GROSS PATHOLOGY:

The lower one-third of a left half of a horseshoe kidney (245 grams; 15 x 6 x 4 cm.) was replaced by a firm, homogeneous, lobulated tan white tumor without necrosis, hemorrhage or cyst formation. Tumor was within the renal vein at the resected margin.

COURSE:

The patient received postoperative radiation. Two months later bilateral hilar pulmonary metastases were seen on x-ray. The patient deteriorated slowly with persistent cough and died on April 5, 1963 (6 months postoperative). Autopsy was not performed.
NAME: G. D.  

AGE: 38  SEX: Male  RACE: Caucasian  

CONTRIBUTOR: C. M. Alexander, M.D. and W. P. Snider, M.D.  
Inter-Community Hospital  
Covina, California  

TISSUE FROM: Kidney 

CLINICAL ABSTRACT: 

History: This patient had an episode of painless hematuria of 18 hours duration.

Physical examination was normal. Cystoscopy showed bloody fluid flowing from the left ureteral orifice. Retrograde urogram showed a space occupying lesion in the upper pole of the left kidney distorting a superior calyx. Chest X-rays showed no metastatic disease. 

SURGERY: 

A left nephrectomy was performed 2 days later (September 30, 1964). 

GROSS PATHOLOGY: 

A spherical, bulging, cystic lesion, 6.5 cm., replaced the upper pole of a 240 gram, 13 x 8 x 5 cm. left kidney. The tumor had a coarsely honeycombed surface with multiple cysts up to 2 cm. containing bloody fluid and jelly-like coagulum. The tumor was sharply circumscribed by a thick fibrous capsule from the otherwise unremarkable kidney. Tumor extended to the renal capsule. The lesion lay beneath the pelvic mucosa but did not communicate with the pelvis.

FOLLOW-UP: 

The patient is now out of the country. When last heard from, in January, 1965, he was well and had a chest X-ray free of disease.
NAME: C. M. N.  
JANUARY 1967 - CASE NO. 4

AGE: 8 months  SEX: Female  RACE: Caucasian  
ACCESSION NO. 13930

CONTRIBUTOR: T. F. McKellar, M.D.  
Outside No. E64-2580

Santa Maria, California

TISSUE FROM: Kidney

CLINICAL ABSTRACT:

History: An easily visible and palpably firm, slightly movable mass was found in the right abdomen of this infant on routine examination.

X-ray: Intravenous pyelogram showed the right kidney displaced to the left beyond the midline. "There was no x-ray evidence of metastases."

SURGERY: (July 17, 1964)

A cantaloupe sized mass extended from below the liver to below the level of the iliac crest on the right. The right hemicolon, cecum and distal ileum were raised and displaced to the left. The mass appeared to replace the right kidney. There were no signs of metastases.

GROSS PATHOLOGY:

An ovoid encapsulated smooth surfaced mass, 15 x 13 cm. had, at its lower pole, faint renal lobulations and color. Section showed a spongy multicystic surface with cysts ranging from 0.2 cm. to 4.5 cm.; all cysts contained clear, slightly amber colored fluid. A thin band of kidney parenchyma was identified at the lower pole. No hemorrhage or necrosis was identified.

COURSE:

There was no evidence of recurrent neoplasm in November 1964.

FOLLOW-UP:

In October 1966 the patient was in apparent good health and normal in growth and development.
NAME: W. A. G.  
AGE: 37  SEX: Female  RACE: White  
CONTRIBUTOR: Ellen P. Feder, M.D.  
San Pedro Community Hospital  
San Pedro, California  

TISSUE FROM: Kidney, right 

CLINICAL ABSTRACT: 

History: This patient noted a progressively severe right CVA and sacral pain which radiated anteriorly. She stated she could feel a mass in her abdomen. She denied all GU symptoms and had not lost any weight. 

Past History: She was on thyroid medication for two years because of "tiredness and anemia". She had a hysterectomy in 1958 because of fibroids. 

Physical Examination: A distinct abdominal mass was palpable in the right upper and lower quadrants which extended into the pelvis. 

Laboratory Findings: An intravenous drip pyelogram and tomogram revealed a largely avascular mass in the lower pole of the right kidney and an apparent bifid collecting system. The non-functioning lower component was thought to be consistent with either a cyst or tumor with impaired blood supply. 

SURGERY: (July, 1966) 

The lower half of an enlarged right kidney had an irregular, hard, lumpy mass. The renal pedicle was indurated. A right nephrectomy was accomplished. 

CROSS PATHOLOGY: 

A 17 x 7 x 7 cm. large kidney contained a 3 cm. in diameter lower pole capsular defect through which tumor protruded. On section numerous yellow-tan nodular masses were scattered throughout the parenchyma and infiltrated the calyces, pelvis, and attached 1.5 cm. segment of ureter. Tumor extended into the peripelvic fat around the otherwise unremarkable renal vein. 

COURSE: 

Post-operative course was uneventful.
CLINICAL ABSTRACT:

History: This patient was hospitalized in March 1962 for evaluation of his hypertension of many years duration. The left kidney was not visualized by intravenous pyelogram and retrograde catheterization of the left ureter was unsuccessful. After refusing retroperitoneal pneumogram the patient was discharged.

He returned in May 1962 and after another unsuccessful attempt to catheterize the left ureter the outline of the left kidney was seen on renal planograms.

SURGERY:

A left nephrectomy and ureterectomy were performed.

GROSS PATHOLOGY:

A 75 gram kidney had a dilated pelvis with calyces containing clotted blood. A 28 cm. segment of ureter showed a thickened wall. The ureteral mucosa of the proximal 20 cm. was covered by a pink, friable, papillary growth.

COURSE:

In March 1963 a "small tumor on the left side of the trigone" was cauterized. (No specimen was sent to Pathology). A similar lesion was cauterized in the same area in 1965.

FOLLOW-UP:

In June 1966 a small, smooth, round lesion near the left trigone was believed to be benign and is currently being followed by cystoscopy.
NAME: A. B.    JANUARY 1967 - CASE NO. 7
AGE: 62 SEX: M RACE: Unknown
CONTRIBUTOR: Paul R. Thompson, M.D.
St. Luke Hospital
Pasadena, California

TISSUE FROM: Kidney

CLINICAL ABSTRACT:

History: This 62 year old jet pilot was hospitalized because of one day of suprapubic discomfort and three days of hematuria.

Physical examination was essentially normal including a normal prostate on rectal examination.

X-rays: Cystoscopy and retrograde urograms showed irregular distortion of the distal left ureteral lumen with proximal obstruction. An intravenous pyelogram showed complete suppression of the left kidney.

SURGERY:

A firm lump was found in the lower left ureter with marked dilatation of the proximal ureter and renal pelvis. A left nephrectomy and ureterectomy were accomplished.

GROSS PATHOLOGY:

A large cauliflower like, sessile based neoplasm, 3.5 x 3.0 cm., obstructed and dilated the ureter 2.6 cm. from the distal resected margin. The proximal 25 cm. of the ureter was dilated up to 5 cm. in circumference and had a thickened wall and granular mucosa. The ureter distal to the tumor showed only a patchy granular mucosa. The kidney, 12.5 x 6 x 3.5 cm., had a grade I hydroureterosis and calycectasis, with slight granularity of the renal papillae and pelvic mucosa. A few small "U" shaped capsular scars were noted.

COURSE:

Postoperatively the patient developed an auricular fibrillation that responded well to digitalis. He was discharged to home on his 15th postoperative day.

FOLLOW-UP:

The patient died in December 1964 of a coronary occlusion. An autopsy was not performed.
NAME: D. L.  

AGE: 66  

SEX: Male  

RACE: Caucasian  

CONTRIBUTOR: E. F. Ducey, M.D.  
Foster Hospital  
Ventura, California  

TISSUE FROM: Bladder  

CLINICAL ABSTRACT:  

History: This patient developed painless hematuria about eight weeks prior to hospitalization. A biopsy was performed elsewhere prior to definitive surgery.  

SURGERY: (December 26, 1961)  

An enbloc radical cystectomy was performed which included prostate, seminal vesicles, portions of both vasa and ureters and a 1-3 cm. thickness of perivesicle fatty tissue.  

GROSS PATHOLOGY:  

A 1.5 x 1.2 cm. brown, irregular margined, neoplastic ulcer replaced the trigone of a bladder resected enbloc. The tumor extended through the wall, and the retrovesical fat pad was thickened suggestive of tumor. The ureterovesicular orifices were patent and not involved with neoplasm. Lymph nodes contained no tumor.  

COURSE:  

In May 1962 and again in July 1962 the patient was hospitalized for closure of rectal fistulae. Both times recurrent tumor was not identified in the surgically removed fistulae.  

FOLLOW-UP:  

The patient died at home in March 1963 because of the "bladder malignancy". No autopsy was performed.
NAME: B. V. A.  JANUARY 1967 - CASE NO. 9

AGE: 45  SEX: Female  RACE: Caucasian  ACCESSION NO. 14947

CONTRIBUTOR: Wallace E. Carroll, M.D.  Outside No. S-522-66
General Leonard Wood Army Hospital
Fort Leonard Wood, Missouri

TISSUE FROM: Right renal pelvis and ureter

CLINICAL ABSTRACT:

History: This 45 year old Caucasian female has had recurrent urinary tract infections for over ten years and was advised in 1958 to have a right nephrectomy. Prior to surgery in April 1966 the right kidney was shown to be non functioning, hydronephrotic and to contain large calculi. The opposite kidney was normal by urogram.

SURGERY:

A hydronephrotic right kidney was bound down by dense fibrous adhesions; the ureter was dilated down to the ureterovesicle junction. The kidney and most of the ureter were removed.

GROSS PATHOLOGY:

Received was a right kidney 14.5 x 11 x 7 cm., with markedly dilated pelvis and calyces that contained 3-5 cm. staghorn calculi and yellow green purulent material. The pelvic and calyceal mucosa was pale gray tan cobblestone-like and focal gray white areas were thickened from 0.2 cm. up to 0.6 cm. in one area near the hilum. Subjacent to the calyces the renal parenchyma was replaced by 0.3-0.4 cm. thick fibrous strands. Only a few foci of remaining residual cortex measured up to 0.5 cm. The perihilar fat contained firm, grey white fibrous scar tissue. A 6.5 cm. in length x 1.5 cm. in diameter thickened dilated ureter contained sand like debris and white mucosal plaques.

FOLLOW-UP:

The postoperative course was uneventful. In September 1966 the patient was doing well and had no evidence of disease.
NAME: C. M.  
AGE: 56  SEX: Male  RACE: Unknown  
CONTRIBUTOR: N. L. Morgenstern, M.D.  
Kaiser Foundation Hospital  
Oakland, California  

TISSUE FROM: Right kidney  

CLINICAL ABSTRACT:  

History: This 56 year old patient complained of an occasional right flank discomfort for many years. He denied all other symptoms.  

SURGERY: (March, 1966)  

A mass was found "above the right kidney". The kidney and mass was removed.  

GROSS PATHOLOGY:  

Received was a kidney with normal appearing cortex and medullae and an attached necrotic, tan tumor 12 cm. in diameter. The tumor had a smooth capsule. There was no evidence of invasion into blood vessels or pelvis.  

COURSE:  

Post-operative course was uneventful.  

FOLLOW-UP:  

In late October, 1966, a laminectomy for paraplegia revealed metastatic tumor. The patient was discharged on November 2, 1966.
NAME: M. K. W.  
AGE: 61  SEX: Female  RACE: Caucasian  
CONTRIBUTOR: Dorothy Tatter, M.D.  Los Angeles County Hospital  Los Angeles, California  
TISSUE FROM: Kidney - Case No. 11  Brain - Case No. 12  
ACCESSION NO. 13865  
OUTSIDE No. 73224  

CLINICAL ABSTRACT:  

History: This patient entered another hospital in November 1963 when she developed progressive projectile vomiting, mild confusion and disorientation.  

Past history: The patient's mother was committed to mental hospital in old age. The patient's husband stated that his wife has had a long history of psychotic behavior.  

Physical examination revealed an obese, uncooperative lethargic white female who would not speak. Blood pressure 200/110. Pulse 96. Respirations 18. Positive findings were arteriolar nicking of fundi and mild left facial weakness. A Babinski sign was elicited on the right.  

Laboratory examinations: CBC, CSF, urinalysis, and blood sugar were normal as were x-rays of U.GI tract, chest and skull.  

COURSE:  
The patient was thought, by some, to have an intracranial neoplasm, others thought she was schizophrenic, while still others thought of possible thrombosis of brain stem vessels. When admitted to the Los Angeles County Hospital she spoke clearly but quite slowly and had poor memory for recent and past events. It was believed she had a chronic brain syndrome but because of her short duration of symptoms a cerebral tumor was considered. An EEG and angiogram were non localizing. Repeat CSF examinations were again normal. She developed a right hemiparesis after the angiogram; she then became mute and developed respiratory pooling which necessitated a tracheostomy. Terminally she developed pulmonary edema and a temperature of 108 degrees.  

AUTOPSY:  
At the hilum of an otherwise unremarkable left kidney was a 5 x 4 cm. necrotic, hemorrhagic mass with a calcified capsule. The mass was in continuity with the renal parenchyma. (This lesion is slide No. 11).
January, 1967 - Cases 11 & 12
Accession No. 13865

The brain showed thrombosis of the right superior cerebellar artery. An approximate 2.5 x 1 cm, yellow-white hemorrhagic focus in the right cerebellar lobule was well circumscribed and showed a small cystic focus. Adjacent to this lesion was a small area of infarction. (This lesion is slide No. 12).
STUDY GROUP CASES
FOR
JANUARY, 1967

LESIONS OF THE GENITOURINARY TRACT

CASE NO. 1, ACCESSION NO. 14053, Paul R. Thompson, M.D., Contributor

LOS ANGELES:

Renal cell carcinoma, kidney - 10 (Those calling this carcinoma believed so because of the size of the lesion.)
Giant adenoma - 1
(Note: *)

WEST LOS ANGELES:

Tubular adenocarcinoma - 5; tubular adenoma - 5

SAN FRANCISCO:

Carcinoma - 2; adenoma - 11

CENTRAL VALLEY:

Renal tubular adenoma - 5; adrenal rest tumor - 2; low grade tubular adenocarcinoma - 2

OAKLAND:

Adenocarcinoma - 9; adenoma - 2

ORANGE COUNTY:

Adenocarcinoma by definition - 4; adenocarcinoma - 2; adenoma - 3 (over 3 cm.)

SAN DIEGO:

Renal cell carcinoma - 3; adenoma - 2; pheochromocytoma - 2

FILE DIAGNOSTS: Renal cell carcinoma, kidney 710-8091
Cross file: Adenoma, kidney 710-8091A

* F. K. Mostofi (AFIP) and E. H. Soule (Mayo Clinic) believed this to be a well differentiated carcinoma, while Dr. Nathan B. Friedman (Cedars Sinai, Los Angeles) thought this to be a giant cortical tubular adenoma.
January, 1967

CASE NO. 2, ACCESSION NO. 14838, D. R. Dickson, Contributor

LOS ANGELES:

Anaplastic adenocarcinoma, kidney - 11; malignant mesenchymoma - 1

WEST LOS ANGELES:

Adenocarcinoma - 10

SAN FRANCISCO:

Renal cell carcinoma - 10; undifferentiated carcinoma, renal pelvis - 3

CENTRAL VALLEY:

Renal adenocarcinoma (high grade) - 9

OAKLAND:

Adenocarcinoma - 11

ORANGE COUNTY:

Clear cell adenocarcinoma - 9

SAN DIEGO:

Renal cell carcinoma - 7

FILE DIAGNOSIS: Renal cell adenocarcinoma, kidney 710-8091
LOS ANGELES:
Multiloculated cystadenoma, kidney - 12

WEST LOS ANGELES:
Multiloculated cystadenoma - 7; lymphangioma - 3

SAN FRANCISCO:
Cystadenoma - 13

CENTRAL VALLEY:
Cystic disease (not neoplasm) - 5; lymphangioma - 2; vascular anomaly - 1; cystadenoma - 1

OAKLAND:
Multilocular renal cyst, possible variant of polycystic disease - 11

ORANGE COUNTY:
Congenital cystic disease - 15; cystadenoma - 2; cystic adenocarcinoma - 2

SAN DIEGO:
Cystadenoma - 7

FILE DIAGNOSIS: Cystadenoma, kidney 710-8033
Cross file: Cystic disease, kidney 710-010
Cystic adenocarcinoma, kidney 710-8091
January, 1967

CASE NO. 4, ACCESSION NO. 13930, T. F. McKellar, M.D., Contributor

LOS ANGELES:

Cystic Wilms tumor, kidney - 12
(Muscle with cross striation was found in some of the members' slides)

WEST LOS ANGELES:

Multilocular cystic choristoma - 6; mature Wilms - 3; don't know - 1

SAN FRANCISCO:

Wilms tumor - 13

CENTRAL VALLEY:

Benign teratoma - 3; hamartoma - 2; myolipoma - 2; Wilms tumor - 1;
no vote but benign - 1

OAKLAND:

Dysplastic kidney - 5; Wilms tumor - 3

ORANGE COUNTY:

Cystic lymphangioma - 5; congenital unilateral cystic disease - 1;
multicystic kidney - 1; nephroblastoma - 1

SAN DIEGO:

Congenital cystic disease - 5; Wilms tumor - 1; neurofibroma - 1

FILE DIAGNOSIS: Cystic Wilms tumor, kidney 710-8834
CASE NO. 5, ACCESSION NO. 15145, Ellen P. Feder, M.D., Contributor

LOS ANGELES:
  Multicentral papillary adenocarcinoma, kidney - 12

WEST LOS ANGELES:
  Papillary adenocarcinoma - 10

SAN FRANCISCO:
  Papillary carcinoma - 13

CENTRAL VALLEY:
  Papillary adenocarcinoma (probably mesonephric in origin) - 9

OAKLAND:
  Papillary adenocarcinoma - 11

ORANGE COUNTY:
  Papillary cystadenocarcinoma - 9

SAN DIEGO:
  Renal cell carcinoma (with mesonephric pattern) - 7

FILE DIAGNOSIS: Papillary adenocarcinoma, kidney 710-8091

Cross file: Mesonephric tumor, kidney 710-8884D
January, 1967

CASE NO. 6, ACCESSION NO. 12382, E. R. Jennings, M.D., Contributor

LOS ANGELES:
Transitional cell carcinoma, ureter - 12

WEST LOS ANGELES:
transitional cell
Papillary/carcinoma, grade II (AFIP classification) - 10

SAN FRANCISCO:
Papillary transitional cell carcinoma - 13

CENTRAL VALLEY:
Papillary transitional cell carcinoma (Grade I-II) - 7; transitional
cell papilloma - 2

OAKLAND:
Transitional cell carcinoma (Grade II) - 11

ORANGE COUNTY:
Papillary transitional cell carcinoma - 9

SAN DIEGO:
Transitional cell carcinoma - 7

FILE DIAGNOSIS:  Transitional cell carcinoma, ureter  723-811

JAMA 187:778-780  March 7, 1964
January, 1967

CASE NO. 7, ACCESSION NO. 12916, Paul R. Thompson, M.D., Contributor

LOS ANGELES:

Transitional cell carcinoma, ureter - 12

WEST LOS ANGELES:

transitional cell
Papillary/carcinoma, Grade II (AFIP classification) - 10

SAN FRANCISCO:

Papillary transitional cell carcinoma, ureter - 13

CENTRAL VALLEY:

Papillary transitional cell carcinoma (Grade I-II) - 8
Transitional cell papilloma - 1

OAKLAND:

Transitional cell carcinoma - 11

ORANGE COUNTY:

Papillary transitional cell carcinoma - 9

SAN DIEGO:

Transitional cell carcinoma - 7

FILE DIAGNOSIS: Transitional cell carcinoma, ureter 723-811
January, 1967

CASE NO. 8, ACCESSION NO. 12432, E. F. Ducey, M.D., Contributor

LOS ANGELES:

Squamous cell carcinoma, urinary bladder - 12
Cross file: Transitional cell carcinoma with squamoid change

WEST LOS ANGELES:

Epidermoid carcinoma - 6; adenoepidermoid carcinoma - 4

SAN FRANCISCO:

Epidermoid carcinoma - 13

CENTRAL VALLEY:

Squamous cell carcinoma - 9

OAKLAND:

Squamous cell carcinoma - 11

ORANGE COUNTY:

Squamous cell carcinoma - 9

SAN DIEGO:

Epidermoid carcinoma - 7

FILE DIAGNOSIS: Squamous cell carcinoma, urinary bladder 730-814

Cross file: Transitional cell carcinoma with squamoid change 730-811
January, 1967

CASE NO. 9, ACCESSION NO. 14947, Wallace E. Carroll, M.D., Contributor

LOS ANGELES:

Squamous cell carcinoma, lithiasis, renal pelvis )
Squamous metaplasia (leukoplakia), ureter ) - 12

WEST LOS ANGELES:

Epidermoid carcinoma, renal pelvis )
Prosoplasia (leukoplakia), ureter ) - 10

SAN FRANCISCO:

Squamous cell carcinoma, renal pelvis - 13

CENTRAL VALLEY:

Squamous cell carcinoma (low grade) - 7
Squamous metaplasia - 2

OAKLAND:

Squamous carcinoma - 9; pseudoepitheliomatous hyperplasia - 2

ORANGE COUNTY:

Squamous cell carcinoma, renal pelvis - 9

SAN DIEGO:

Epidermoid carcinoma - 5; squamous metaplasia - 2

FILE DIAGNOSIS: Squamous cell carcinoma, renal pelvis 722-814
Squamous metaplasia, ureter 723-1x6
Calculi, renal pelvis 722-615
January, 1967

CASE NO. 10, ACCESSION NO. 15032, N. L. Morgenstern, M.D., Contributor

LOS ANGELES:
   Papillary adenocarcinoma, kidney - 12

WEST LOS ANGELES:
   Tubular papillary adenocarcinoma - 10

SAN FRANCISCO:
   Papillary carcinoma - 13

CENTRAL VALLEY:
   Primary papillary adenocarcinoma - 6; metastatic papillary adenocarcinoma - 3

OAKLAND:
   Papillary adenocarcinoma - 11

ORANGE COUNTY:
   Papillary adenocarcinoma - 9

SAN DIEGO:
   Papillary renal cell carcinoma - 7

FILE DIAGNOSIS: Papillary (renal cell) adenocarcinoma, kidney
   710-8091
January, 1967

CASE NO. 11, ACCESSION NO. 13865, Dorothy Tatter, M.D., Contributor

LOS ANGELES:
    Carcinoma, kidney - 9; reaction to necrosis and hemorrhage - 3

WEST LOS ANGELES:
    Renal carcinoma, infarcted - 10

SAN FRANCISCO:
    Lindau's disease - 13

CENTRAL VALLEY:
    Indeterminate (burned out vascular lesion or sidero-fibrotic nodule) - 9

OAKLAND:
    Hemangioblastoma (Lindau's disease), kidney - 11

ORANGE COUNTY:
    Adenocarcinoma, kidney - 8; tuberous sclerosis with renal hamartoma - 1

SAN DIEGO:
    Renal cell carcinoma - 2; hemangio-endothelioma - 3; no diagnosis - 2

FILE DIAGNOSIS: Carcinoma, kidney 710-8191

Cross file: Hemangioblastoma, kidney 710-851
           Fibro-siderotic nodule, kidney 710-400

Reference: "Self Healing Hypernephromas", Zak,
           J. Mt. Sinai Hosp., N.Y., 24:1352, 1957
CASE NO. 12, Accession No. 13865, Dorothy Tatter, M.D., Contributor

LOS ANGELES:
- Metastatic renal carcinoma, cerebellum - 9; metastatic carcinoma, cerebellum - 3

WEST LOS ANGELES:
- Hemangioblastoma, cerebellum - 5; metastatic renal carcinoma - 5

SAN FRANCISCO:
- Lindau's disease - 13

CENTRAL VALLEY:
- Hemangiosarcoma - 7; tuberous sclerosis - 1; rhabdomyosarcoma - 1

OAKLAND:
- Hemangioblastoma (Lindau's disease), cerebellum - 11

ORANGE COUNTY:
- Metastatic renal carcinoma, brain - 8; tuberous sclerosis with cerebellar astrocytoma - 1

SAN DIEGO:
- Metastatic renal cell carcinoma - 2; hemangi-endothelioma - 3; primary brain tumor, unclassified - 1

FILE DIAGNOSIS: Metastatic renal cell adenocarcinoma, cerebellum 958-8091I

Cross file: Hemangioblastoma, cerebellum 958-851