TUMOR SEMINAR COLLECTION

SET XVIII

Peripheral Nerve Seminar, Philadelphia, 1949, Crane
TUMORS OF PERIPHERAL NERVES

SEMINAR

PHILADELPHIA PATHOLOGICAL SOCIETY

AND

COLLEGE OF AMERICAN PATHOLOGISTS,

MIDDLE EASTERN DISTRICT

Discussion by

A. Reynolds Crane, M. D. - Benjamin Franklin Clinic of the Pennsylvania Hospital, Philadelphia

R. Philip Custer, M. D. - Presbyterian Hospital, Philadelphia

John E. Gregory, M. D. - Hahnemann Medical College, Philadelphia

The cost of this seminar has been met in part by a grant from the College of American Pathologists. A registration fee of $2.00 will be charged for each person attending.

Colonel Raymond Dart and Dr. Elson Helwig of the Army Institute of Pathology have helped greatly in furnishing some of the material.
January 14, 1968

Dr. Horatio Enterline  
Philadelphia Pathological Society  
Hospital of the University of Pennsylvania  
Philadelphia, Pennsylvania 19104

Dear Sirs:

I am Instructor of Pathology at Washington University School of Medicine. I am now reviewing with Dr. L. V. Ackerman our series of tumors of peripheral nerves. In looking through the files, I found a very interesting seminar on these lesions organized by the Philadelphia Pathological Society, held in 1949 and discussed by Drs. A. Reynolds Crane, R. Philip Custer and John E. Gregory. We have the microscopic slides and the case histories, but unfortunately we lack the discussion and list of diagnoses.

Is it possible that you still have the proceedings of that Seminar, or at least the list of final diagnoses? If so, would you be willing to send us a copy?

Sincerely,

Dr. Juan Rosai
January 31, 1969

Dr. Juan Rosai
Department of Pathology
Washington University
School of Medicine
St. Louis, Missouri 63110

Dear Doctor Rosai:

At the request of Dr. Corinne Farrell who forwarded your letter, I am in turn forwarding it to Dr. Crane who led the discussion on the seminar to which you refer. I am sure you will hear from him shortly.

Sincerely,

H. T. Enterline, M. D.
President, Pathological Society of Philadelphia

HTE:nlb

cc: A. Reynolds Crane, M. D.
Pennsylvania Hospital
8th and Spruce Streets
Philadelphia, Pa. 19107
CASE 1

ADRENAL - CYSTIC NEUROBLASTOMA

Frankford Hospital

A four month old infant with progressive enlargement of abdomen since birth. Examination revealed a mass in the left side of the abdomen 7 inches in diameter. I-V urogram showed no visualization of the left urinary tract, but a large density was present on the left. X-ray therapy was given for 1 week with no observed change in size. At surgery a cystic mass occupying region of left adrenal was removed. This contained 750 cc. of bloody fluid, The collapsed cyst measured 20 x 18 cm. The lining was rough and red-brown. Section of cystic mass.

CASE 2

ADRENAL - CYSTIC NEUROBLASTOMA

Army Institute of Pathology

A 43 year old male with a history of hypertension, headache and palpitation for two years. Physical examination showed B.P. of 220:110, cardiac enlargement and retinal hemorrhages. Autopsy showed massive cerebral hemorrhage and a circumscribed yellow-brown to red-purple tumor 6 cm. in diameter in the left adrenal. Section of adrenal tumor.

CASE 3

ADRENAL - CYSTIC MALIGNOMA

Pennsylvania Hospital

A 65 year old white female with a history of dyspnea, orthopnea and ankle edema over a five-year period. Physical examination showed a B.P. of 180:100, cardiac enlargement, ascites and peripheral edema. At autopsy there was myocardial hypertrophy and dilatation, anasarca and congestion and edema of all organs. The right adrenal contained a circumscribed yellow nodule 2 cm. in diameter located in the medullary portion. Section of adrenal tumor.

CASE 4

ADRENAL - CYSTIC NONNEUROBLASTOMA

Army Institute of Pathology

A 22 year old male killed in an accident. Section from an encapsulated retroperitoneal tumor.

CASE 5

NO SLIDES

Hahnemann Hospital

An eight year old girl who showed a mediastinal mass on x-ray. At operation it was a well encapsulated mass the size of an orange. Section of tumor.

CASE 6

NO SLIDES

Army Institute of Pathology

A 28 year old male who suffered a crushing injury to his left foot two years previously. Small painful hard nodule 2 cm. in diameter at site of injury. Lobulated hard white nodule 2 cm. in diameter excised surgically. Section of tumor.

CASE 7

PERIPHERAL NERVE AMputation

NEUROMA

Temple Hospital

A 28 year old white male. Mid-thigh amputation 18 years previously after traumatic injury. Intermittent pain for 5 years and constant pain for three weeks in stump. Ulcerated cicatrix and 2 rounded tumor masses at end of peroneal and tibial nerves removed. Each measured 3 cm. in diameter and was encapsulated and lobulated. Cut surfaces were homogeneous, grey-white and presented small areas of degeneration. Section of nodule.
A 52 year old white female who had a tender mass, gradually increasing in size, for five years. It was located beneath the extensor muscles of the forearm. Grossly it was a firm pale grey lobular encapsulated tumor 3 x 2 x 1.5 cm. It cut with resistance to reveal a pale grey, smooth, shiny and semi-translucent surface with some darker mottling. Section of tumor.

A 34 year old white female who injured her right shoulder in an auto accident 10 years previously. For 6 months had noticed a slightly tender lump gradually increasing in size at site of previous injury. Gross specimen was an encapsulated tumor mass 3 x 1.5 cm. Section of tumor.

A 24 year old female with a 10 month history of headache and buzzing and loss of hearing in the right ear for 6 months followed by loss of vision and difficulty in walking. Physical examination showed choking of the right optic disc and functional alterations over the distribution of the right cranial nerves. Craniotomy revealed a yellow 4 cm. tumor on the right 8th nerve. Section of tumor.

A 42 year old female. First noticed a well-circumscribed lesion 12 years ago on the forehead above the nose. Removed and recurred 4 years later, at which time more radical excision was performed. Second recurrence 5 years later of a well circumscribed tumor in the same area. Section of last tumor.

A 60 year old white female complained of aching pain on the right side and in the back of 4 years duration. On physical examination an ill-defined mass palpated in the R U Q. Labarotomy showed a large retroperitoneal tumor displacing the right kidney downward. Tumor was excised, but patient returned with original symptoms 6 months later. At this time there was bulging in the flanks and the liver was palpable 15 cm. below the costal margin. She was treated by x-ray. The excised original tumor measures 16 x 14 x 12 cm. and weighed 1570 grams. It was encapsulated, but nodular. The cut surface was yellow-grey with areas of calcification. Section of tumor.

A 13 year old white male noted a hard swelling over the left mastoid area in 1930. Excised 6 months later, but recurred and grew rapidly in scar. Three subsequent re-excisions over period of one year followed by x-ray therapy. Patient next seen in August 1946 with mid-line chest pain, cough and hoarseness of 1 year duration. At that time the wound behind the left ear was healed and there was no evidence of tumor. There was also vocal cord paralysis. A posterior mediastinal tumor was removed by thoracotomy. The tumor was fusiform, 6 cm. long and intimately associated with the vagus nerve. The patient died at home about 6 months later with extensive local invasion by the tumor and obstruction of the esophagus. Sections of the mastoid (A) and thoracic (B) lesions.
A 55 year old male with numerous subcutaneous nodules 3 to 4 cm. in diameter scattered over trunk and extremities. Numerous cyst-like expanding lesions measuring up to 8 cm. involving the ribs. Smaller lesions in the humerus, tibia and pubis, all on the right. Duration of lesions was many years. Sections of rib lesion.

A 36 year old white female who had a craniotomy for suspected brain tumor (unproven) at age of 18. A second craniotomy 10 years later at which time a diagnosis of questionable astrocytoma was made. In the next 4 years multiple skin tumors were removed from the scalp, neck and extremities. Three years later developed difficulty in swallowing and minor seizures of the face and neck and died. At autopsy encapsulated firm white tumors were found in the vagus nerve, esophagus, lung, liver, adrenal, broad ligament, 5th cranial nerve and brain. The brain lesions were in the basal region. Sections of lung and brain.

A 13 month white male who developed at 6 months of age an irregular firm nodular thickening of skin of distal ends of middle and right fingers of right hand. Lesions were circumscribed, confluent and seemed to arise on lateral aspect of fingers. There was no history of injury. The nodules were surgically removed, but have recurred and are increasing in size. Sections of excised nodules.

A 64 year old white female complaining of vaginal spotting for 3 months and frank bleeding prior to admission. On physical there was a coal-blue tumor mass 1 cm. in diameter within the vaginal fornix extending into the recto-vaginal septum, but not involving the rectal mucosa. No other tumors were found. There was slight bilateral inguinal adenopathy. Section of vaginal tumor and lung.

A 25 year old male had a large hairy mole on the scalp since birth which, over the years, had been irritated by combing his hair. It had increased in size over the past 4 months. Section of scalp tumor.

A 26 year old white male who had a raised small blue-black hard nodule on right shoulder since birth. Local excision. Section of nodule.

A 38 year old female had a non-pigmented plaque 1 x 0.5 cm. removed from the left leg for cosmetic reasons. The lesion had been present for many years, was painless, and there had been no recent increase in size.
CASE 21  SKIN, NECK- ? BLUE NEVUS  Army Institute of Pathology

A 23 year old white male who had a deep grey-blue nodule 0.8 cm. in diameter under the skin in the left side of the neck since birth. Local excision of tumor.

CASE 22  SKIN, FINGER-GLIOMA TUMOR  Army Institute of Pathology

A 30 year old white male complained of a tender blue nodule the dorsal surface of the distal phalanx of the left middle finger. This had been present for about six months, had not appreciably changed in size, and was extremely painful on the lightest pressure. Local excision of a circumscribed purplish-blue soft nodule 1.5 cm. in diameter.

CASE 23  SKIN, LEG- RECURRENT FIBROUS XANTHOMA  Army Institute of Pathology

A 36 year old male had a small nodule burned off of the skin over the crest of the left tibia 10 years previously. About one year ago noted a hard, non-tender lump at the site which gradually increased in size. Local excision of a sharply circumscribed mass 4 cm. in diameter. The cut surface was hard and golden yellow. Section of mass.

CASE 24  NO SLIDE  Temple Hospital

A 38 year old female had noted an oval, depressed, brown area 0.4 cm. in diameter on her face for many years. Painless and had not increased in size. A yellow nodule was removed for cosmetic reasons. Section of nodule.

CASE 25  NO SLIDE  Hahnemann Hospital

A 31 year old male had a small circumscribed nodule on the front of his leg for 2 years.