

FOURTEENTH ANNUAL TUMOR SEMINAR

BROOKE ARMY MEDICAL CENTER

AND

SAN ANTONIO SOCIETY OF PATHOLOGISTS

Conducted by

DR. HUGH G. GRADY

Professor of Pathology  
Seton Hall College of Medicine and Dentistry  
Jersey City, New Jersey

formerly Scientific Director of  
The American Registry of Pathology  
Armed Forces Institute of Pathology  
Washington, D.C.

BROOKE ARMY HOSPITAL  
Fort Sam Houston, Texas

NOVEMBER 16, 1957

FOURTEENTH ANNUAL TUMOR SEMINAR

BROOKE ARMY MEDICAL CENTER

AND

SAN ANTONIO SOCIETY OF PATHOLOGISTS

November 16, 1957  
Brooke Army Hospital  
Fort Sam Houston, Texas

DIAGNOSES BY HUGH G. GRADY, M.D.

Case 1: Intraepithelial carcinoma, vulva.

Case 2: Squamous carcinoma, vulva.

Case 3: Granuloma telangiectaticum, "Pyogenic granuloma." *of skin scrotum*

Case 4: Adenocarcinoma, endometrium in hyperplastic endometrium.

Case 5: Mixed mesodermal tumor (carcinosarcoma), uterus.

Case 6: Adenocarcinoma, endometrium; Stein-Leventhal ovary.

Case 7: Disgerminoma, ovary.

Case 8: Malignant teratoma, retroperitoneum.

Case 9: Cystosarcoma phylloides, breast.

Case 10: Dermatofibrosarcoma protuberans.

Case 11: Organoid "granular cell myoblastoma," bladder. *PARAGANGLION*

Case 12: Synovial chondrosarcoma, low grade. *VS. SOFT TISSUE CHONDRO*

Case 13: Metastatic carcinoma, scapula. *??*

Case 14: Synovial sarcoma. *VS. MALIGNANT SCHWANNOMA*  
*of soft tissue of forearm -*

The meeting will be held in the Auditorium,  
Building 1026 (behind the Main Hospital) on  
November 16, 1957, beginning at 9:00 a.m.

Lunch, cafeteria style, will be  
available in the Main Hospital.

\* \* \*

Please fill in your diagnoses on the form  
on the last page, detach, and mail to the  
Chief of Pathology Service, Brooke Army  
Hospital, Fort Sam Houston, Texas, at your  
earliest convenience prior to the meeting,  
so that diagnoses may be summarized for  
presentation at the Seminar. These need  
not be signed.

\* \* \*

THE FOLLOWING ASSISTANCE IS GRATEFULLY ACKNOWLEDGED:

This Tumor Seminar is supported in part  
by grants from

THE AMERICAN CANCER SOCIETY, TEXAS DIVISION

and

THE SOUTH CENTRAL REGIONAL COMMITTEE  
OF THE  
COLLEGE OF AMERICAN PATHOLOGISTS

\* \* \*

Microscopic slides were prepared by  
the laboratories of the participants  
and contributors.

## CASE 1

Contributed by Drs. D. A. Todd, A. M. Richmond, & Sylvia Johns, Nix Hospital Clinical Laboratory, San Antonio.

A 64-year-old white female had a history indicating a moderately severe vaginitis with leukoplakic vulvitis of several years' duration. At operation both labia majora were excised.

My diagnosis: \_\_\_\_\_

Dr. Grady's diagnosis: \_\_\_\_\_

Comment: \_\_\_\_\_

## CASE 2

Contributed by Dr. A. O. Severance, Baptist Memorial Hospital, San Antonio, Texas.

A 71-year-old colored female had a progressively enlarging pedunculated tumor of the right labium majus of 2 to 3 months' duration. Laboratory examination showed a strongly positive serological test for syphilis, albuminuria, pyuria, and anemia. The specimen removed from the right vulva was a grayish-white, cauliflower-like tumor measuring 7.0 x 5.3 x 3.3 cm. The surgeon at the time of removal felt that the uterus, bladder, and adnexa were involved by tumor.

My diagnosis: \_\_\_\_\_

Dr. Grady's diagnosis: \_\_\_\_\_

Comment: \_\_\_\_\_

### CASE 3

Contributed by U. S. A. F. Hospital, Lackland Air Force Base, San Antonio, Texas.

A 12-year-old male had a two-month history of an enlarging, red, slightly raised, granular lesion on the scrotum.

My diagnosis: \_\_\_\_\_

Dr. Grady's diagnosis: \_\_\_\_\_

Comment: \_\_\_\_\_

### CASE 4

Contributed by Dr. A. O. Severance, Baptist Memorial Hospital, San Antonio, Texas.

A 47-year-old white female, a known diabetic with no menses for 4 years, had lower abdominal pain for 3 to 4 weeks and vaginal spotting for 4 to 5 days. The patient also had a marked rectocele and an umbilical hernia. A panhysterectomy was performed. Sections are from the uterus, which weighed 148 grams and measured 10.8 x 7.0 x 4.5 cm.

My diagnosis: \_\_\_\_\_

Dr. Grady's diagnosis: \_\_\_\_\_

Comment: \_\_\_\_\_

## CASE 5

Contributed by Dr. Grady.

A 48-year-old colored female had uterine bleeding of 6 weeks' duration. Examination revealed an irregular abdominal mass and friable dark red tumor protruded from the cervical os. The uterus was enlarged to 15 cm. and the endometrial cavity was filled by a soft pink tissue which also infiltrated and replaced much of the uterine wall.

My diagnosis: \_\_\_\_\_

Dr. Grady's diagnosis: \_\_\_\_\_

Comment: \_\_\_\_\_

## CASE 6

Contributed by Dr. L. J. Manhoff, Jr., Robert B. Green Hospital, San Antonio.

A 36-year-old married nonparous female had menometrorrhagia of 2 to 3 months' duration. She also had noticed beginning baldness, and on examination there was thought to be a slight enlargement of the clitoris. She had always had very irregular menstrual periods, and, from time to time, excessive bleeding. A total hysterectomy was done. The uterus was about twice normal size, the enlargement being due to marked thickening of the endometrium, which was uniformly 2.5 to 3.5 cm. thick. The ovaries were slightly enlarged, with a thin capsule and a homogeneous pale grey stroma containing a number of small subcortical cysts. No corpora lutea or corpora amylacea were identified.

My diagnosis: \_\_\_\_\_

Dr. Grady's diagnosis: \_\_\_\_\_

Comment: \_\_\_\_\_

### CASE 7

Contributed by U.S.A.F. Hospital, Lackland Air Force Base,  
San Antonio, Texas.

A 28-year-old white female had a "tender nodule in abdomen" for one month. Examination revealed a mass in the right adnexa. At surgery an 18-cm., irregular, encapsulated, solid right ovarian tumor mass was removed. It was a homogeneous tan color on section, and showed no cystification, necrosis, or hemorrhage.

My diagnosis: \_\_\_\_\_

Dr. Grady's diagnosis: \_\_\_\_\_

Comment: \_\_\_\_\_

### CASE 8

Contributed by Dr. A. O. Severance, Baptist Memorial  
Hospital, San Antonio, Texas

A 10-day-old male with constipation, vomiting, cyanosis, and jaundice, had on examination a large, round, 25-cm. mass in the abdomen, seen on x-ray to be on the left pushing the intestinal loops to the right. Because of a preoperative diagnosis of Wilms' tumor, the left kidney was resected along with a large retroperitoneal mass. Grossly, a small, normal-appearing kidney was connected by vessels to the large tumor, which measured 9.5 x 8 x 6 cm., and consisted of multinodular tissue which was soft and gelatinous in places and hard and calcified elsewhere. The cut surface varied from white to yellowish orange, with some areas of hemorrhage. At one pole there was a thin-walled, multiloculated cyst containing a reddish watery fluid. X-rays of the chest showed no evidence of pulmonary metastasis.

My diagnosis: \_\_\_\_\_

Dr. Grady's diagnosis: \_\_\_\_\_

Comment: \_\_\_\_\_

## CASE 9

Contributed by Dr. H. E. Whigham, Whigham Laboratories, McAllen, Texas, and Dr. A. O. Severance, Baptist Memorial Hospital, San Antonio, Texas.

A 20-year-old female had a progressively enlarging, painless lump in the upper outer quadrant of the left breast of one month's duration. There was no adherence to either the deep or superficial fascias, and there were no palpable axillary lymph nodes. The excised specimen measured 5 x 6 x 8 cm. and was somewhat rubbery, containing a 2-cm. cystic space with a ragged lining.

My diagnosis: \_\_\_\_\_  
\_\_\_\_\_

Dr. Grady's diagnosis: \_\_\_\_\_  
\_\_\_\_\_

Comment: \_\_\_\_\_  
\_\_\_\_\_

## CASE 10

Contributed by Dr. Robert Hausman, Office of the Medical Examiner for Bexar County, San Antonio, Texas.

A 25-year-old Negro male was admitted in March 1957 for the seventh recurrence of a tumor of the abdominal wall. This tumor was first discovered in 1938 in the left inguinal region. Recurrences were excised in 1947, 1949, 1950, 1951, 1953, and 1955. No evidence of extension through the abdominal wall, or evidence of distant metastases have been noted. The growths have all been asymptomatic and consisted of nodular subcutaneous masses, the largest measuring 5 x 5 x 2 cm. On cut section the surface is smooth, glistening, and light tan. The nodules are circumscribed, but not encapsulated, and there has been some associated ulceration of the overlying skin.

My diagnosis: \_\_\_\_\_  
\_\_\_\_\_

Dr. Grady's diagnosis: \_\_\_\_\_  
\_\_\_\_\_

Comment: \_\_\_\_\_  
\_\_\_\_\_



## CASE 11

Contributed by Captain J. E. McCarty, MC, Brooke Army Hospital, Fort Sam Houston, Texas.

A 22-year-old white male on 11 July had a sudden onset of gross hematuria of such severity as to require four transfusions. A biopsy was performed on 14 July and a total cystectomy on 19 July.

My diagnosis: \_\_\_\_\_

Dr. Grady's diagnosis: \_\_\_\_\_

Comment: \_\_\_\_\_

## CASE 12

Contributed by Captain P. B. Macomber, MC, Brooke Army Hospital, Fort Sam Houston, Texas.

An 18-year-old colored male noted the appearance of slowly enlarging, painless, irregular nodules over the dorsum of the right hand in the region of the ulnar styloid in September 1956. These were excised in October 1956. Additional nodules appeared and were biopsied in November. In December a high forearm amputation was performed.

My diagnosis: \_\_\_\_\_

Dr. Grady's diagnosis: \_\_\_\_\_

Comment: \_\_\_\_\_

### CASE 13

Contributed by Drs. D. A. Todd, A. M. Richmond, and Sylvia Johns, Nix Hospital Clinical Laboratory, San Antonio.

A 58-year-old white male first noted pain in the left shoulder in September 1956. On October 17 x-ray revealed a destructive lesion of the spine of the left scapula extending into the achromial process. Laboratory studies including tests for Bence-Jones proteins, skeletal survey, chest x-ray, gastrointestinal series, and intravenous pyelogram were all negative. The prostate gland was negative to palpation. The scapula and adjacent tissues were removed November 14. A nodule of tumor tissue was found outside the fascial planes of the infraspinatus muscle and there was a break-through of the scapular cortex at this area.

My diagnosis: \_\_\_\_\_

Dr. Grady's diagnosis: \_\_\_\_\_

Comment: \_\_\_\_\_

### CASE 14

Contributed by Colonel J. M. Lukeman, MC, Fourth U.S. Army Medical Laboratory, Fort Sam Houston, Texas.

A white female, 17 years of age, had noted a painless, progressive swelling of the forearm for 6 months. She was five-months pregnant at the time of removal.

My diagnosis: \_\_\_\_\_

Dr. Grady's diagnosis: \_\_\_\_\_

Comment: \_\_\_\_\_

FOURTEENTH ANNUAL TUMOR SEMINAR  
SAN ANTONIO SOCIETY OF PATHOLOGISTS

BROOKE ARMY HOSPITAL  
Fort Sam Houston, Texas

November 16, 1957

DIAGNOSES:

CASE 1: \_\_\_\_\_

CASE 2: \_\_\_\_\_

CASE 3: \_\_\_\_\_

CASE 4: \_\_\_\_\_

CASE 5: \_\_\_\_\_

CASE 6: \_\_\_\_\_

CASE 7: \_\_\_\_\_

CASE 8: \_\_\_\_\_

CASE 9: \_\_\_\_\_

CASE 10: \_\_\_\_\_

CASE 11: \_\_\_\_\_

CASE 12: \_\_\_\_\_

CASE 13: \_\_\_\_\_

CASE 14: \_\_\_\_\_

This page may be retained for your own reference.

FOURTEENTH ANNUAL TUMOR SEMINAR  
SAN ANTONIO SOCIETY OF PATHOLOGISTS

BROOKE ARMY HOSPITAL  
Fort Sam Houston, Texas

November 16, 1957

DIAGNOSES:

CASE 1: \_\_\_\_\_

CASE 2: \_\_\_\_\_

CASE 3: \_\_\_\_\_

CASE 4: \_\_\_\_\_

CASE 5: \_\_\_\_\_

CASE 6: \_\_\_\_\_

CASE 7: \_\_\_\_\_

CASE 8: \_\_\_\_\_

CASE 9: \_\_\_\_\_

CASE 10: \_\_\_\_\_

CASE 11: \_\_\_\_\_

CASE 12: \_\_\_\_\_

CASE 13: \_\_\_\_\_

CASE 14: \_\_\_\_\_

Please fill in your diagnoses on this form, detach, and mail to the Chief of Pathology Service, Brooke Army Hospital, Fort Sam Houston, Texas, at your earliest convenience prior to the meeting, so that diagnoses may be summarized for presentation at the Seminar. These need not be signed.