

Pacific Northwest Society of Pathologists
Seminar
Fall Meeting
Gearhart, Oregon
October 15 - 17, 1959

Dr. Lauren Ackerman, Moderator

Rhabdomyosarcoma OF HEART

1) Slide # 137047 Submitted by: Dr. Grier F. Starr Eugene, Oregon

The patient was previously a healthy 13 year old girl who for the past three days had complained of some light headedness, dizziness and headaches. Her father was called to her room and he summoned a physician. The patient was dead when the physician arrived.

2

Liposarcoma OF BREAST

2) Slide # 6898 Submitted by: Bland Giddings, M. D. Idaho Falls, Idaho

Right breast mass present for more than three years in 49 year old white female. This tumor mass apparently enlarged quite rapidly and was located over the medial portion of the right breast. The axillary lymph nodes do not appear enlarged clinically and were not removed. The breast was grossly enlarged and the nipple was inverted. Specimen consisted of a large mass of breast measuring 18 x 19 x 8 cm. On sectioning, it reveals a prominent tumor mass which is roughly ovoid and 9 cm. in maximum diameter, appearing fairly well circumscribed with well defined margins; this tends to peel from the surrounding structure in certain areas only. It is yellowish gray and somewhat mottled and somewhat glistening in appearance. Focal areas of hyperemia, hemorrhage, necrosis and myxoid changes are noted. The patient appears to be doing well 1 year following surgery.

2
Whorley
? Angros

3) Slide # S-2071-59 Submitted by: Dr. Warren C. Hunter University of Oregon Medical School; Portland, Ore.

ENDOMETRIAL STROMAL SARCOMA

Female, 42 years. Uterus and left ovary received with pre-operative diagnosis of "fibroid uterus". The uterus in its entirety weighed 350 gms., and measured 12 x 9.5 x 7 cm. The attached ovary was small, wrinkled, and atrophic. In the uterine wall there were altogether a number of varying sized, white and discrete tumors, typical leiomyomatous, grossly and microscopically. Jutting into the cavum uteri and displacing it somewhat was a huge polypoid mass, the inner portion of which was often dusky-red and sometimes yellow and necrotic-appearing. This polyp measures 7.5 x 4.8 cm. before sectioning, when it was found to have a much greater thickness than the last figure given. Much of it proved to be white and necrotic; seemingly there was a discreteness about the mass. Much of the endometrium proved to be shiny, yellow and only about 1 mm. in thickness.

2

CARCINOMA OF OVARY

Slide # 1407-S-9 Submitted by: Dr. Warren C. Hunter Portland, Oregon

F. 57. Tissue--right ovary. Clinically: "Possible carcinoma of cecum; carcinomatosis; origin--possibly the ovary. In last 3 months patient has lost 15 lbs. in spite of good appetite. Last 2 weeks has had crampy pains across lower abdomen. X-ray of large bowel questionable in cecal area. Not anemic; no tarry stools; occult blood (?) negative.

2

Grossly the ovary measured 4 by 3 by 1.5 cm. was both smooth-surfaced and bosselated at times; one 8 mm. cyst was present; the cut surfaces were smooth, shiny, white, or faintly yellow and were quite hard.

*hemorrhagic
return
No skin*

CARCINOMA OF BUTTOCK, NON-MILETH

5) Slide # S-513-59 Submitted by: Henry Tesluk, M. D. Virginia Mason Hosp.,
Seattle, Washington

G. K. 62 years old; male logger. Chief complaint: Mass in left buttock,
3 years. History of present illness: Patient fell in 1956 and developed
hemaoma of the left buttock requiring two different I & D procedures. Healed
slowly and then recurred and increased in size over past 2 years. Begun
producing a foul smelling serous and sometimes sanguineous drainage.

Past history: Had buck-shot embedded in left buttock as a child. Not
removed- (gun-shot wound)

get case from Impch

Physical examination: 2 x 3 " mass, hard, bluish grey over left buttock
with central ulcer.

6) Slide # 54-371 Submitted by: Paul K. Lund, M. D. The Swedish Hospital
Seattle, Washington

well diff fibrosarcoma

The patient, a 28 year old white male, first noted a left supraclavicular
fossal tumor in 1947, for which resective surgery was done in 1949 and a
pathological diagnosis of fibrosarcoma was rendered. The tumor recurred in
1952 and following removal the diagnosis of fibrosarcoma was confirmed by the
pathologists of the Armed Forces Institute of Pathology. Recurrence was
again noted in 1954, at which time there was a nontender mass 2.5 cm. in
diameter located in the center of the old supraclavicular scar. Posterior to
this mass and lying just under the anterior border of the trapezius muscle
there was a 7 x 5 x 4 cm. movable nontender mass. On the basis of the previous
diagnosis, radical forequarter amputation was recommended. However, following a
reweiv of the pathological material it was concluded that an attempt at local
removal of the neoplasm was in order, and a dull, homogeneous, yellow-white,
trabeculated, multinodular lesion was removed from the cervical and retroscap-
ular areas. The patient was last seen at a regular yearly visit in January,
1959, at which time he was well, without signs of recurrent tumor and with a
normally functioning upper extremity.

7) Slide # 1528-S-59 Submitted by: M. Viola Rae Vancouver, B. C.

Eosinophilic Appendicitis ? BURDZIA

The patient was a young Greek mariner of 20 years who had lived for
seven years in Egypt. He had abdominal pain for eight days aboard ship
before entering hospital. WBC 10,000, Neut. 5.6%, Lymphs. 34%, Mono. 6%,
Eosino. 13%. Appendectomy was performed on the fourteenth day of illness.

Bell...

8) Slide # SH-215 Submitted by: Bland Giddings, M. D. Idaho Falls, Idaho

ISLET CELL TUMOR

38 year old thin, white female with back pain and questionable palpable
mass. Surgery reveals tumor within body of pancreas which is 4.5 cm. in
maximum diameter; it has fairly well defined margins, and is somewhat smoother,
more firm, gray. Patient is doing well 1 year following surgery.

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ASTROCYTOMA OF CEREBELLUM

9) Slide # HU-5448 Submitted by: Raymond F. Hain, M. D. University of Wash.
Seattle, Washington

A six year old white girl was admitted to the University of Washington Hospital July first, with the history of severe intermittent bilateral headaches of one year's duration. Six weeks prior to admission she had complained of diplopia for three days which cleared spontaneously.

Positive neurologic findings on admission were bilateral papilledema, bilateral sixth nerve paresis, right greater than left, some nystagmus on lateral gaze and a slightly broad-based ataxic gait. Skull films revealed suture separation and pronounced digital markings.

The day following admission a ventriculogram revealed obstructive hydrocephalus with forward displacement of the aqueduct and partial obstruction. Sub-occipital craniotomy and tumor excision was completed the same day.

10) Slide # B 22611 Submitted by: W. Lehman, M. D. Good Sam. Hospital
Portland, Oregon

FIBROXANTHOSARCOMA

This 59-year-old Norwegian steamship captain noted fatigue and weight loss for 18 months. A dull intermittent pain with sharp and shooting over-pains occurred in the left upper quadrant for 6 months. Pertinent physical findings include a smooth, round, firm mass in the left upper quadrant which moves with respiration. Barium enema and chest films negative, and retro-grade pyelogram revealed a mass in the region of the lower pole of the left kidney. The left retroperitoneal area was explored and a mass removed in August 1956. The patient was re-hospitalized in November 1956 and January 1957.