CASE #1

This 46 year old white man had bilateral enlargement of his superior cervical lymph nodes and a mass at the base of his tongue which caused severe dysphagia. The sections you received are from the lesion involving the tongue. The hematologic parameters of this man were essentially normal.

CASE #2

This lymph node was removed from the left inguinal region of a 68 year old white woman. The measurements of the lymph node were 4.2 x 3 x 1.8 cm. On sectioning, the surface was gray-white and glistening.

CASE #3

This lymph node was removed from the left inguinal region of a 52 year old man. The lymph node had been enlarged for approximately two months and at the time of clinical examination, lymph nodes were also palpable in his right inguinal area. Grossly, the lymph node measurements were 6 x 4 x 3 cm. On sectioning, the surface was pale gray and glistening.

CASE #4

This 15 year old Caucasian boy sustained an injury to his abdomen while he was playing touch football. The pain was localized primarily to the epigastrium and left upper quadrant. The pain progressed in severity and he was admitted to the hospital. His hematologic data were as follows: WBC 11,700; Hgb. 11.2 gm.; Hematocrit 32.6 vol.%. Differential: segmented 44, lymphocytes 54, monocytes 2. Atypical lymphocytes were present in the peripheral blood. Because of the possibility of a ruptured spleen, an exploratory laparotomy was performed and the ruptured spleen removed.

CASE #5

This 59 year old Caucasian widow was admitted because of chest pain, fever, and weight loss. Except for moderate obesity, the patient was otherwise normal on physical examination. During her hospital evaluation she developed
Case #5 (cont'd) Herpes zoster of the left chest wall. Laboratory studies revealed a normochromic, normocytic anemia with 9.9 gm of hemoglobin. Her WBC was 6,400 with a normal differential blood count. Her platelets were 360,000. Because of the unexplained fever and weight loss, a re-examination of her peripheral lymph nodes was undertaken and several small shotty lymph nodes were identified in the left axillary area. These lymph nodes were removed for diagnosis and on gross inspection these lymph nodes appeared unremarkable.

Case #6 S-73-5484  This 19 year old white boy developed an enlarged lymph node in his right submandibular triangle. The lymph node had been present for 6 months and it was nontender. Recently the patient thought the lymph node had enlarged. The remainder of the physical examination was unremarkable. Chest X-ray was normal and no abnormalities were noted in the hematologic studies. The resected lymph node was light brown and glistening on its freshly cut surface. The node measurements were 4 x 3 cm.

Case #7 S-73-6161  This 30 year old woman had two enlarged lymph nodes in her left submandibular area. No other lymph nodes were found on physical examination. Her liver and spleen were not enlarged and the chest X-ray was normal. Her family physician stated that the lymph nodes had been previously enlarged but subsequently subsided. The patient also had several infected teeth. The surgical specimen consisted of a lymph node, the measurements of which were 5 x 3.6 x 2.4 cm.

Case #8 S-73-4612  This 15 year old boy was found to have an anterior mediastinal mass on a routine chest X-ray at school. At thoracotomy, a portion of the tumor was removed for diagnosis.

Case #9 S-73-6430  This 12 year old girl had recurrent infections of her skin. On admission to the hospital she had fever, enlargement of the lymph nodes in her lower cervical and axillary areas. Her spleen was palpable 1 cm. below the
Case #9 (cont'd)

left costal margin. Her liver was not palpable. On hematologic examination she had moderate pancytopenia with an associated hyperplasia of the bone marrow. Her leukocyte function studies were normal but she was found to have low levels of her immunoglobulins, particularly the IgM. A lymph node was removed from her left axillary area. This lymph node was gray-white, firm and glistening and its measurements were 3 x 2.5 x 2.2 cm.

Case #10

S-762-70 This 13 year old boy was admitted to the hospital for excision of persistently enlarged lymph nodes in his right posterior cervical region. He had no recent illnesses or foci of infection to explain the adenopathy. The remainder of the physical examination was unremarkable. His hematologic studies were all within normal limits. The surgically excised lymph node was 2 x 1.5 x 1.0 cm. The freshly cut surface of this node was reddish-tan and glistening.

Case #11

S-70-5390 This 48 year old white man was admitted because of a mass in his left cervical region. The mass was removed and it proved to be a lymph node that averaged 1 cm. in diameter.

Case #12

73-8246 This 87 year old woman had generalized enlargement of her lymph nodes. This lymph node was removed from the cervical region to establish the cause for the adenopathy. The measurements of this lymph node were 4 x 3 x 2 cm.

Case #13

A-72-55 This 61 year old obese white man was admitted because of abdominal pain, melena, and constipation. On physical examination the patient was in no acute distress but appeared chronically ill. The laboratory studies revealed the following data: RBC 3,500,000; Hgb. 11.4 gm.; Hematocrit 33.0 vol.%; MCV 94 cubic microns; WBC 16,000. Differential: segmented 30, stabs 21, juvenile 1, myelocytes 6, lymphocytes 20, stem cells 22. X-ray studies of his upper G.I. tract revealed distortion of his stomach. The roentgenographic studies of his chest demonstrated several masses in the lung and left pleural effusion. The tissue for
Case #13 examination was removed from the mesenteric and diaphragmatic areas.

Case #14 S-73-1526 This 67 year old man was admitted because of edema of both legs, shortness of breath and loss of appetite. On physical examination, several lymph nodes were present in both inguinal regions. His liver and spleen were palpable below the right and left costal margins respectively. Hematologic data was as follows: Hgb. 9.3 gm.; WBC 2,800. Differential count: segmented 59; stabs 25; eosinophils 2; lymphocytes 4; unidentified cells 10.

Case #15 S 3622 This 21 year old girl had massive enlargement of the lymph nodes in her neck. One of the lymph nodes was removed for diagnosis. This lymph node averaged 5 cm. in diameter.

Case #16 A-73-2886 This 26-year-old male presented with a penile lesion of several weeks' duration. He subsequently had developed a right groin lymphadenopathy with a draining fistula. Multiple enlarged and matted lymph nodes demonstrated focal areas of necrosis.

Case #17 73-1802 This 19-year-old female presented with a three-year history of draining right neck sinus which communicated with the mediastinum. X-rays revealed small calcific densities in the mediastinal area. The patient has had inactive histoplasmosis diagnosed by skin test three years prior to the onset of the neck sinus. Lymph nodes from mediastinum submitted for diagnosis.

Case #18 0572-1409 This 35-year-old Japanese female presented with a large, firm, irregular breast mass. The breast mass was excised and on cut surface had a gray, raised, lobulated appearance measuring several centimeters in diameter. Hematologic data obtained 4 months after the breast mass was excised revealed elevated white count with many immature forms. Sections of breast are submitted for diagnosis.
Case #19  
A-7035  This 46-year-old Japanese female presented in 1969 with acute granulocytic leukemia. The patient was treated with appropriate chemotherapy and survived 20 months, but subsequently succumbed to her disease. At autopsy, liver, spleen and lymph nodes grossly showed multiple small abscesses.

Case #20  
A-44h2  This 49-year-old female presents with a 30-year history of lepromatous leprosy. Patient had undergone intermittent Dapason therapy in recent years. On this last admission, she presented with congestive heart failure, renal failure, probably secondary to lepromatous amyloidosis. Representative sections of lymph node are submitted for diagnosis.
March 26, 1974

Robert J. Hartsock, M.D.
William H. Singer Memorial Research Institute
Allegheny General Hospital
Pittsburgh, Pennsylvania

Dear Dr. Hartsock:

I recently purchased for our Department the slides and Proceedings of the Seminar you gave for the Hawaii Society of Pathologists on December 1, 1973. Would you be so kind to send me a list with your diagnoses?

Sincerely yours,

Juan Rosai, M.D.
Associate Professor of Pathology

JR/pc
November 25, 1974

Dear Sirs:

I purchased some time ago a slide set of the annual Slide Seminar of your Society given on December 73, by Dr. Robert J. Hartsock.

Would it be possible for me to obtain a list of diagnoses and discussions of that seminar?

Sincerely yours,

Juan Rosai, M.D.
Professor of Laboratory Medicine and Pathology
Director of Surgical Pathology

JR: mfb
November 25, 1974

Hawaii Society of Pathologists
Honolulu, Hawaii

Dear Sirs:

I purchased some time ago a slide set of the annual Slide Seminar of your Society given on December 73, by Dr. Robert J. Hartsock. Would it be possible for me to obtain a list of diagnoses and discussions of that seminar?

Sincerely yours,

Juan Rosai, M.D.
Professor of Laboratory Medicine and Pathology
Director of Surgical Pathology

The list of diagnoses is presently being processed. A copy will be mailed to you as soon as it becomes available.

Thank you.

James Lunenfeld, M.D.
January 10, 1978

Dr. James Lumeng  
Department of Pathology  
St. Francis Hospital  
2260 Liliha Street  
Honolulu, Hawaii 96817  

Dear Dr. Lumeng:

Please refer to the enclosed letter which I submitted to the Hawaii Society of Pathologists on November 1974. Your reply of January 2, 1975 indicates that the list of diagnoses of that seminar was being processed and that a copy would be mailed to me. I have never received such a list and I wonder whether it is still possible to obtain it from you or from the Society?

Sincerely yours,

Juan Rosai, M.D.  
Professor of Laboratory Medicine and Pathology  
Director of Anatomic Pathology

JR/mfb
Enc.
January 18, 1977

Juan Rosai, M.D.
Professor of Laboratory Med. & Path.
University of Minnesota
Box 609
Mayo Memorial Building
420 Delaware Street, SE
Minneapolis, Minnesota 55455

Dear Dr. Rosai:

Thank you for your letter of January 10, 1978. I am very sorry that I failed to follow through with the final diagnosis of the 1973 slide seminar. Dr. James Navin was preparing the seminar proceedings but to date, he has not completed the task. I, therefore, can only send you the final diagnoses of the cases.

If you have any questions, please do not hesitate to contact me again. With apologies...

Sincerely yours,

James Lumeng, M.D.
Associate Professor of Path. & Med.
University of Hawaii
School of Medicine
Pathologist
St. Francis Hospital
1. Reactive follicular hyperplasia (tongue)
2. Malignant lymphoma, poorly differentiated, nodular (LN)
3. Malignant lymphoma, poorly differentiated, nodular developing into diffuse (LN)
4. Infectious mononucleosis (spleen)
5. Lymphoproliferative disorder associated with IgM (LN)
6. Hodgkin's lymphoma (LN)
7. Hodgkin's lymphoma, nodular, lymphocytic predominance (LN)
8. Hodgkin's lymphoma, nodular, sclerosis (LN)
9. Hodgkin's lymphoma, lymphocytic depleted (LN)
10. Toxoplasmosis (LN)
11. Metastatic transitional cell (nasopharynx) (LN)
12. Malignant lymphoma, histocytic type (LN)
13. Undifferentiated lymphoma (Burkitt) (mesentry)
14. Granulocytic leukemia (LN)
15. Sign of histiocytosis (LN)
16. Lymphogranuloma venerium (LN)
17. Tuberculosis (scotochromogenic acid fast organisms) (LN)
18. Lymphoma, stem cell type (breast)
19. Histocytes with organism (toxoplasmosis) (LN)
20. Lepromatous leprosy (LN)