

Dr. 339

SLIDE CLUB MEETING No. 63

27, Edgewater Drive

23rd February 1979

Present - Drs. R. Banerjee, B.G. Johnston, L. Lu, F.W. Orr, D.A. Owen, J.L. Wright, and R.G. Stark.

Dr. R. Banerjee	1	78-5311	68 F. Post-menopausal bleeding	Clear cell carcinoma of endometrium
	2	78-6127	35 M. Pathological fracture R. hip	Myeloma
Dr. H. Benediktsson	3	79-2862-1	6 F. Congenital tongue swelling	Mucosal neuroma of tongue
	4	79-2316-5	16 F. Scoliosis and subperiosteal new bone in tibia, originally thought to be subperiosteal hematoma Second trimming	Von Recklinghausen's Disease of Bone, i.e. Neurofibromatosis (subperiosteal)
Dr. D.W. Buntine	5	RB78-12889 <i>Wright</i>	Old lady's uterus	Clear cell carcinoma of endocervix, invading uterus
Dr. W. S. Hwang	6	A78-176-14	Placenta of macerated stillbirth	Chronic placentitis (Due to Cytomegalovirus, but no specific features present)
Dr. B. G. Johnston	7	A-5007	79 M. Anorexia, weakness, vomiting, diarrhea and 100 lb. weight loss over 6 months. Left upper quadrant abdominal. G.I. x-rays normal. Death on 6th day with hypostatic pneumonia.	Liver - Secondary angiosarcoma (Primary in kidney).

Dr. L. Lu	8	8095-76	70 M. Testicular mass	Leydig (stromal) tumour
	9	5194-78	71 F. Ovarian tumour	Metastatic secretory adenocarcinoma (from endometrium)
Dr. F. W. Orr	10	79-2033-4	80 M. Tissue from wrist, carpal tunnel syndrome	Gout or pseudogout
Dr. D.A. Owen	11	79-599	62 F. Recent rapid weight loss, no diarrhea. Fecal fats, and xylose show borderline malabsorption jejunal biopsy performed	Whipple's disease (Bacteria seen well in P.A.S. slide).
Dr. J. Rosai	12	No. 3 <i>no slide</i>	24 M. Left testicular tumour	Embryonal carcinoma with yolk sac features
Dr. J. L. Wright	13	78-23424	67 M. Progressive shortness of breath and severe polyarthrititis.	Rheumatoid nodule of lung
	14	74-8819-1	21 F. Dyspnea on exertion. Interstitial x-ray pattern.	Eosinophilic granuloma of lung. (Deferred from meeting No. 62).
Dr. R.G. Stark	15	941-79	8 M. Radiolucency over lower jaw 3x 5 cms., present for about one year	Ameloblastic fibroma with occasional foci of possible ameloblastic fibro-odontoma
	16	1346-79	M (aged 5 yrs) Neck skin lesion 0.5 cm. along longest axis, clinically hemangioma.	Spindle and epithelioid nevus (see attached letter from A.F.I.P.).

ARMED FORCES INSTITUTE OF PATHOLOGY

WASHINGTON, D. C. 20306



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PATIENT IDENTIFICATION	PLEASE USE AFIP ACCESSION NUMBER IN ALL CORRESPONDENCE	
AFIP ACCESSION NUMBER:	1688018	
EVANS, NOLAN	8-26-73	
S-1346-79	S-RUSH	2
PLEASE INFORM US OF ANY PATIENT IDENTIFICATION ERRORS		

George Vadas, M.D.
 Hopital General
 409 Tache Avenue
 Winnipeg, Manitoba R2H 2A6
 Canada

RLG/JJ/dmo

ADDRESS REPLY TO THE DIRECTOR
 ATTN: AFIP - CPA

12 March 1979

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

Dear Dr. Vadas:

AFIP DIAGNOSIS:

Skin, neck: spindle and epithelioid cell nevus

Comment:

The sections have been reviewed by the staff and we interpret this lesion as a benign spindle and epithelioid cell nevus.

There are groups of plump spindle nevus cells lying within the dermis and surrounded by a chronic inflammatory infiltrate. There is edema of papillary dermis and small areas showing junctional activity. We consider that the lesion may have become inflamed which would account for the degree of inflammatory infiltrate. Thank you for sending this case for our review.

Sincerely,

ELGIN C. COWART, JR.
 CAPT MC USN
 The Director

Examining and Reporting Pathologist

Richard L. Gallager
 Richard L. Gallager, MAJ, USAF MC/JJ
 Dept of Skin & GI Pathology

William R. Cowan

WILLIAM R. COWAN
 Colonel, USAF, MC
 Deputy Director