

SLIDE CLUB MEETING #66

FRIDAY 01 JUN 1979

170 OLD MILL ROAD

Present: Drs. L.Lu, J. Wright; W.S. Huang; N.M. Pettigrew; D. Owen; B. Johnston; R.G. Stark; R. Banerjee

Distinguished visitor: Dr. J. Blennerhassett (Otago, New Zealand)

Present in spirit: Drs. F. W. Orr; H. Benediktsson; D.L. Buntine; W. Chow

Cases:

Case #7

Dr. J. Rosaf (Dr. L.Lu)
Minneapolis

42 year old male with
right testicular mass
10.0 cm x 5.0 cm

Malignant lymphoma of
testis (predominantly
histiocytic)

2 Dr. D.W. Buntine (Dr.L.Lu)
Brisbane

RB 79-851

Female 58 with hirsutism
chromosomal analysis xxx/xx

(a) omental nodule

Deposit from malignant
gonadal stromal tumour
(A.K.A. Leydig cell tumour)

(b) contralateral ovary

streak ovary with group
Leydig cells

3 Dr. W. Chow (Dr. L.Lu)
Medicine Hat

S 2088-73

Male 73 with cervical
lymphadenopathy

Lymphosarcoma (regrets
expressed over quality
section)

Lang PBS

(same) patient with
splenomegaly in 1978

Lymphosarcoma in periph
blood smear

Dr. H. Benidiktsson
H.S.C. - General

WH 77-5982
Female 52 yrs

346
Sjogrens disease of parotid
(with arthritis)

Dr. P. Walker
New Mexico

T 79-108
Female 30 yrs. 2 year
history of increasing
"hemorrhagic damage"
Presented with obtunda-
tion. Lesion in cerebral
cortex.

Cysticercosis

Dr. D. Owen
H.S.C. - General

79-9570
Adult male. Appendicect-
omy.

Hyperplastic/metaplastic
polyp of appendix

Dr. W. S. Huang
H.S.C. - General

S77-668-1
Female 3/12. Skin rashes,
lymphadenopathy W.B.C.
30,000/cu mm with eosino-
philia, lymphocytosis.
Cervical lymph node biopsy

Omens Syndrome
(hypogammaglobulinaemia,
eosinophilia, histiocytosis)

Reference:

- (i) N.E.J.M. -273, 427, 1965
(ii) Lancet 2, 503, 1972
(iii) Lancet 1, 958, 1972
(iv) J. Pediat. 85, 466,
1974

Dr. F. W. Orr
H.S.C. - General

79-B-65-11
Elderly female presented with Undifferentiated (embryonal
weakness of right leg, increas- sarcoma of liver
ing C.S.F. protein; fever. Died Reference
due to DIC, liver J. Thomas Stocker,
Cancer, 42,336,1978

9 Dr. L. Lu
St. Boniface General
Hospital

- (i) 67-9231
Female 39. Mass
removed from perineum
in 1967. Has since
recurred

Atypical fibrous
histiocytoma

- 10 (ii) 77-199
Male 37. Treated for
pulmonary T.B. Rheumat-
oid arthritis (+ve Rh
factor) for many years.
Died with acute bacter-
ial endocarditis.
Section of lung

Rheumatoid nodule
(AKA "palisading
granuloma")

11 Dr. B. Johnston
Misericordia General
Hospital

- A 5216-77
Female 31. Jejuno-ileal
bypass for obesity in
Sept. 1977. Re-admitted,
malnourished, in Feb 79.
Subsequently developed
staphylococcal septi-
caemia. Five weeks of total
parenteral nutrition follow-
ed by laparotomy for rever-
sal of bypass. Died of
rupture oesophageal varices
five weeks post-operatively.
L.F.T. (enzymes) normal prior
to T.P.N.

T.P.N. associated hepatic
fibrosis and cholestasis
(severe!)

12 Dr. R. G. Stark
St. Boniface General
Hospital

- (i) 4679-79
Male 50 yrs. Nodule 1.2 cm in
length from epididymis

- 13 (ii) 4561-79
Female 83 yrs. Warty area
on vulva to right of
clitoris

Verruciform xanthoma of
vulva
Ref: Santa Cruz and Marti
Am. J. Clin. Path, Vol 72,
#2, pg 224, Feb 1979

Dr. N.M. Pettigrew
H.S.C. - General

79-9182
Female 69. Lesion left
elbow

Granuloma annulare

Dr. J.L. Wright
H.S.C. - General

A10104
Male 24 yrs with shortness
of breath. Previous renal
failure, dialysis and trans-
plantation of kidneys.
"Stone lungs". Tertiary
hyperparathyroidism (para-
thyroids x 4 = 2300 gm at
autopsy).

Metastatic pulmonary
calcification

Dr. R. Banerjee
Grace Hospital

- (i) 79-2151
Female 9 yrs. Developed
inguinal mass following
kick in groin 2/12
previously. Jamaican.

Sinus histiocytosis with
massive lymphadenopathy
(SHML).

Reference: (i) J. Rosai &
Ronald F. Dorfman, Cancer
Vol. 30, #5, pp1174-1188,
Nov. 1972.

(ii) Ronald F. Dorfman &
Roger Warnke, Human Patho-
logy, Vol. 5, #5, pp 519-
550, Sept. 1974.

- (ii) 79-2463
Male 59 yrs. Generalised
lymphadenopathy and
exfoliative dermatitis.
Owns cat. Inguinal lymph
node biopsy

Dermatopathic lymphadeniti
See Ref. # (ii) above

Aug 30, 79

Dear James:

Enclosed are the slides and minutes of our May meeting. I apologize that these things have not been forward to you in July. During this period I am waiting for the detailed history from Dr. Chou who contributed 52088-72 and peripheral blood smear (ang PBS). The node 52088-73 was diagnosed as well differentiated lymphocytic lymphoma and the smear is from the same patient, but it shows "lymphosarcoma" cells. Therefore I want to make sure that there is no mistake about the patient. If you have time, I would appreciate your comments.

The July meeting was held, but the minutes is not ready. I feel sorry that the breast tumor which was sent to you for coming seminar, can not be used for this meeting. If you want to use this case and a case of Angiosarcoma of the breast. Just let me know.

Thank you for your attention.

Wish you already had a wonderful summer.

Sincerely

Kandane



UNIVERSITY OF MINNESOTA
TWIN CITIES

Department of Laboratory Medicine and Pathology
Medical School
Box 609 Mayo Memorial Building
420 Delaware Street S.E.
Minneapolis, Minnesota 55455

September 7, 1979

Dr. Lawrence Lu
Department of Pathology
St. Boniface General Hospital
409 Tache Avenue
Winnipeg
Manitoba R2H 2A6
CANADA

Dear Larry:

Thank you for sending me the slides and minutes of the meeting of June 1st. In the case of Dr. Chow (S2088-73), I believe that the lymph node is involved by a nodular malignant lymphoma of the lymphocytic poorly differentiated type, and that there is involvement of the peripheral blood by the neoplastic lymphocytes.

Best regards,

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