

*Jamaica*

# 75

360 Turnbull Drive, St. Norbert

PRESENT: Rahul Bannerjee; Norman Pettigrew; Wai Sak Hwang; Brian Johnston;  
Bob Stark; Bill Orr.

R. Stark	1	4131-80	L.M. Male, 57 years. Tissue from mesocolon. DIAGNOSIS: Adenocarcinoma of colon with Paneth cell change.
D. Owen	2	80-10129	Male, 57 years. Vague abdominal pain. DIAGNOSIS: Menetrier's disease.
J. Rosai	3	Case 20	26 year old woman. Pain in left groin. DIAGNOSIS: Immature Teratoma of ovary.
D. Buntine	4	2653-80	63 year old woman. Vulvar pruritis. DIAGNOSIS: Patet's disease with no underlying lesion.
L. Lu	5	H1123-79	42 year old woman 0.7 cm. lump in breast. DIAGNOSIS: Intraductal carcinoma with focal invasion. 3 nodes positive.
	6	1931L-80	54 year old woman 2.3 cm. lump in left breast. DIAGNOSIS: What are your criteria for tubular carcinoma ?
N. Pettigrew	7	80-8650	Thyroid swelling in 50 year old woman. DIAGNOSIS: Probable lymphoma.
I. Cooney	8	S80-454 -2	Non-resolving pneumonia in a male. DIAGNOSIS: Osteosarcoma.

S. Hwang

9 S80-508

Female 12 years. Cystic lesion in brain. Progressive mental deterioration. DIAGNOSIS: Acute lymphoid leukaemia treated with chemotherapy. Increasing titres for toxoplasmosis. ? damage due to methotrexate.

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B. Johnston

10 2815-80

7 cm. solid and cystic breast lump 46 year old female. Malignant cystosarcoma Phyllodes.

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R. Bannerjee

11 79-4296

Female, age 55 years. Breast biopsy. "Second Debutosis".

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R. Bannerjee

12 80-1871

Male 77 years ? metastatic carcinoma in bone. DIAGNOSIS: Chordoma.

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August 7, 1980

Dear Juan:

Enclosed are the slides and minutes of our very meeting.  
I wish you will find them interesting.

The club would deeply appreciate your comments on three cases. They are puzzling. Two are from my contributions, other

Dr. Pettigrew.

H 1123-79 42 yr old lady had a 0.7 cm lump in her breast. At the mastectomy, three nodes contained the metastasis. Do you see any evidence of invasion?

1931-80 lady, aged 54. 2.3 cm lump in left breast. The tumor has tubular pattern, but not all. What are your criteria for a diagnosis of tubular carcinoma?

80-1650 Hypoid swelling in 50 yr old woman. He called possible lymphoma. Do you use the finding of mononuclear cells in the lumen of the follicles as a criterion for either thyroiditis or lymphoma?

I wrote to about 3 weeks ago, and wish the letters arrived.

Wish you having a good summer.

Sincerely yours

Lawrence LU





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August 13, 1980

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CANADA

Dear Larry:

Thank you for sending me the slides and minutes of your May, 1980 meeting. As usual, I enjoyed a great deal looking at these highly selected and stimulating cases. These are my comments on the three cases in which you requested my opinion.

H1123-79 - It is a pretty classical intraductal carcinoma of the "comedo" type. I do not see clear-cut evidence of stromal invasion, but I am not bothered at all by the fact that this patient is known to have lymph node metastases. The stromal invasion may have been present in other sections of the breast, or maybe it is invasive even here, but this is not obvious by light microscopy. You may know that Dr. Ozzello has shown by electron microscopy that some tumors that look intraductal by light microscopy, are really invasive on ultrastructural grounds.

1931-80 - This is an infiltrating ductal carcinoma with only focal patterns that I would call tubular. I would reserve the term "tubular carcinoma" only for the tumor that is highly differentiated and gland-forming throughout, without individual cell arrangements and without solid foci. Obviously, this is not the case here for most of the neoplasm. I think that this is an important distinction to make, because as soon as tubular carcinoma is admixed with a garden-variety ductal pattern, the prognosis is no longer a favorable one.

80-8650 - It is a difficult case. I agree with your diagnosis of malignant lymphoma of the thyroid, although I am bothered by the fact that the lymphoid infiltration is so focal. I think that the presence of lymphoid cells within the lumen of the follicles, packing them in the way that they are doing in this case, is a strong feature in favor of lymphoma. This has been pointed out quite nicely in the recent excellent paper of "Malignant lymphoma of the thyroid" written by Compagno and Oertel, in Am. J. Clin. Pathol., 74:1, 1980.

Best personal regards,

*Juan*  
Juan Rosai, M.D.  
Director, Anatomic Pathology

JR:Jed