

# 76

Friday July 25, 1980

100 Southmoor Rd.

PRESENT: Drs. S. Naidoo, H. Benediktsson, F.W. Orr, W.S. Hwang, L. Lu, R. Banerjee, and B. Johnston.

REGRETS: Drs. N. Pettigrew and R. Stark.

1	J. Rosai	Case 12	Lytic skull lesion in a 59 year old female. DIAGNOSIS: Granulocytic sarcoma.
2	D. Owen	80-9154F	Splenic cyst noted during staging laparotomy in a 27 year old male with Hodgkin's disease. DIAGNOSIS: Lymphangioma of spleen.
3	Dr. D. Buntine	80-1070	Intramural uterine nodule from a uterus with multiple fibroids in a 43 year old female with menorrhagia. DIAGNOSIS: Adenomyoma with squamous metaplasia.
4	Dr. L. Lu	1. 74-14	Finger lesion of 1 month duration in an 18 year old female. DIAGNOSIS: Eczematoid chronic non-specific dermatitis (further diagnosis pending consultations).
5		2. 1256-76	Polypoid scalp lesion in a 3 month old infant. DIAGNOSIS: Variant of nevus sebaceous of Jadassohn.
6	Dr. R. Stark	4088-80	Ulcerated scalp lesion in a 46 year old male. DIAGNOSIS: Syringocystadenoma papilliferum.
7		5340-80	Steroid sensitive bullous skin eruption of one months duration in 76 year female. DIAGNOSIS: Bullous pemphigoid.

8 R. Banerjee

B 2659

Buttock cyst in an 83 year old female.

DIAGNOSIS: Anal duct carcinoma.

9 80-3054

Rectal biopsy from a 56 year old female with bloody diarrhea and meningeal metastases from breast carcinoma.

DIAGNOSIS: Chemotherapy - associated proctitis.

F.W. Orr

10667 -26

Dura mater biopsy in a 67 year old male.

DIAGNOSIS: Metastatic adenoid cystic carcinoma from a primary tumour in the maxillary antrum.

S. Naidoo

80-12240

Coin lesion of left upper lung lobe in a 55 year old male.

DIAGNOSIS: Plasma cell granuloma.

2 H. Benediktsson

80-12031

Subcutaneous lesion in a middle aged male.

DIAGNOSIS: ATypical lipoma.

3 80-12291

Tongue lesion in a middle aged female.

DIAGNOSIS: Granuloma cell tumour.

4 W.S. Hwang

A80-107 -21

Neonate with multiple skeletal deformities.

DIAGNOSIS: Osteogenesis imperfecta, autosomal recessive form, of rib.

5 B. Johnston

A5437-80

Metastatic pulmonary nodule in an elderly female with a large midline retroperitoneal mass.

CONTRIBUTOR'S DIAGNOSIS: Secondary extra-renal nephroblastoma (Wilms)

CONSENSUS: Malignant lymphoma with artefact.



Aug 28, 1980

Dear Juan:

Thank you for your letter, dated Aug 13, 1980. Your comments on these three cases are well appreciated. The diagnosis of tubular carcinoma should be defined otherwise will misinform the clinicians, and also alter the prognosis of this specific tumor.

I am forward the slides and minutes of July meeting and wish you will like them. We would appreciate your comments on these following cases.

- 1) A-543) from Dr. Johnston. His diagnosis as extramammary Wilms tumor was not properly accepted. Most members will call it as lymphoma.
- 2) B-2659 from Dr. Banerjee. He has obtained a consultation at HSC the dx was anal duct carcinoma. The tumor is located at perineum rather than <sup>the</sup> buttock. I have reservation of this diagnosis. The anal duct is a modified sweat gland. If I use the Sicular criterion for sweat gland carcinoma for the anal duct, then it is not a cancer, but the nature of the lesion is different.
- 3) 14-74 from me. AFIP consultation was chronic dermatitis. My original diagnosis in 1974 was a circumscribed lymphangiomatosis, but I would prefer to a pyogenic granuloma at this meeting. You see the expert in vascular lesion, then we appreciate your comments.

I will send the material out to Dr. Frizzera, after catching up my work (like I just back from 3 weeks absence).

Sincerely yours

Laudance



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September 4, 1980

Lawrence Lu, M.D.  
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CANADA

Dear Larry:

Thank you for sending me the slides and proceedings of the July meeting. These are my opinions on the cases in which you requested it.

Case 14-74. This is a somewhat unusual pattern, and for a while I went along the opinion from the A.F.I.P. about this being an inflammatory process. However, the more I look at it, the more I like the idea that it represents a lymphangioma associated with a lymphocytic component, which is not unusual with this kind of a benign vascular tumor. I don't like it at all for pyogenic granuloma. I think that both the pattern of growth and the absence of vascular lobules are against this diagnosis.

Case B2659. This is clearly a tumor of sweat gland derivation and I am not sure whether it is benign or a low grade malignancy. It is so cellular, though, that I have to favor the latter possibility.

Case 15. I am on the side of the majority in this case. It seems to me that both the architecture and the cytology are in favor of a malignant lymphoma and that the little clusters that are formed represent simply clumping of partially necrotic tumor cells rather than attempts of glomeruli formation.

I will relay your message to Glauco Frizzera.

Best personal regards,

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

JR:Jed