CALIFORNIA TUMOR TISSUE REGISTRY
LOS ANGELES COUNTY - UNIVERSITY OF SOUTHERN CALIFORNIA
PROTOCOL
FOR
MONTHLY STUDY SLIDES
JUNE 1985
TUMORS OF THE LIVER
CONTRIBUTOR: Robert Rosser, M. D.
Van Nuys, California

JUNE 1985 - CASE NO. 1

TISSUE FROM: Liver
ACCESSION NO. 22115

CLINICAL ABSTRACT:

History: A 48 year old woman had a one week history of vague right upper quadrant pain. An oral cholecystogram was "suggestive of radiolucent stones" and a cholecystectomy was scheduled. Although taking Premarin for several years, she had never taken oral contraceptives. On the second hospital day, she suddenly became hypotensive and was taken to surgery.

Laboratory values: SGOT - 112, SGPT - 160, Bilirubin - 0.6, alk. phosphatase - 28, PT - 100%.

SURGERY: (September 23, 1976)

After finding hemoperitoneum due to bleeding from the liver, a partial resection of the right lobe was performed.

GROSS PATHOLOGY:

A portion of liver measuring 4 x 4 x 3.5 cm. was received in addition to a 100 gm blood clot. Sectioning through the liver revealed lobulated yellow-tan tissue with a central, depressed, gray-white scar which measured 0.3 cm. in diameter.
CONTRIBUTOR: D. R. Dickson, M. D.  
Santa Barbara, California

JUNE 1985 - CASE NO. 2

TISSUE FROM: Liver

ACCESSION NO. 23651

CLINICAL ABSTRACT:

History: An 85 year old woman who had a history of pruritis and weight loss, was found to have a mass in the right upper quadrant. Laboratory values were unremarkable. An ultrasound revealed a mass within the liver.

SURGERY: (June 7, 1979)

A partial resection of the liver was performed.

GROSS PATHOLOGY:

The segment of liver weighed 460 gm. Sectioning revealed a central ovoid mass measuring 10.3 x 9.0 x 6.6 cm. The mass was covered by a 0.1 cm. capsule, and was brown and glistening. Stellate fibrous bands were noted measuring up to 0.3 cm.
CLINICAL ABSTRACT:

History: A 36 year old woman first noticed abdominal pain associated with pruritis and mild jaundice about 6 months prior to admission. Over the next several months, she had repeated episodes of pain and nausea, associated with persistently abnormal liver function tests (bilirubin - 5.0, alk. phosphatase - 400, SGOT - 600). Hepatitis serologies were negative. A liver biopsy revealed only mild periportal inflammation. An ultrasound revealed dilated intrahepatic ducts. She had no history of oral contraceptive use.

SURGERY: (October 14, 1981)

A preoperative diagnosis of choledocholithiasis was made. The common duct was opened and a 2.0 cm. firm green tumor was found arising from the left hepatic duct. Other nodules were noted in the proximal left hepatic duct. A left hepatic lobectomy was performed. During this procedure, a 2.0 cm. metastasis was found which was intimately associated with the vena cava.

GROSS PATHOLOGY:

Multiple fragments of firm pink-tan tissue measuring in aggregate approximately 4.0 cm. were received. Sectioning of the left lobe of the liver revealed minute foci of tumor near the margin of resection.
CONTRIBUTOR: D. R. Chase, M. D. 
Loma Linda, California

JUNE 1985 - CASE NO. 4

TISSUE FROM: Transverse mesocolon

ACCESSION NO. 25289

CLINICAL ABSTRACT:

History: A 58 year old woman was found to have a large abdominal mass and splenomegaly on routine physical examination. She had lost 70 lbs over the preceding two years, but this was attributed to weight reduction efforts.

Radiograph: A CT scan showed a mass distinct from bowel, spleen, kidney and adrenal.

SURGERY: (July 17, 1984)

A freely movable mass was found in the transverse mesocolon adjacent to the pancreas.

GROSS PATHOLOGY:

The mass measured 17 x 15 x 12 cm. and was adherent to the pancreas. Cut surfaces were firm, tan, whorled and nodular.
CLINICAL ABSTRACT:

History: This 53 year old woman presented with vague central nervous system complaints. Work-up revealed an elevated alkaline phosphatase and LDH. Alpha fetoprotein was not detected in the serum.

Radiographs: Brain scan: There was a possible lesion in the left posterior temperoparietal region.

Liver scan: A large hepatic mass was present. Bone scan: Lesions were present in the left anterior fourth rib and in the sternum.

The patient received x-ray therapy to the brain and sternum. However, she expired 3 months later with respiratory failure.

GROSS PATHOLOGY: (Autopsy, 11/20/73)

The liver weighed 2700 grams. A 14 cm. in diameter mass was present in the right lobe. The exterior of the mass was grey-red and covered with a fibrinous exudate. Cut section was mottled red to grey with a somewhat firmer, pale grey periphery.
CONTRIBUTOR: Roger Terry, M. D.  
Los Angeles, California

TISSUE FROM: Liver

ACCESSION NO. 20943

JUNE 1985 - CASE NO. 6

CLINICAL ABSTRACT:

History: This 1 month old boy was noted to have an abdominal mass in the course of a well-child physical.

Physical examination: A mass was palpated extending to 6 cm. below the right costal margin.

Ultrasound showed a solid mass in inferior aspect of the right lobe of the liver.

Surgery: (August 22, 1974)

The mass was excised.

GROSS PATHOLOGY:

Specimen consisted of an irregularly shaped, 6.5 x 5 x 4 cm. gray to white nodule surrounded by homogenous tan liver tissue. The nodule had a whorled appearance in some areas and a hemorrhagic appearance in others.
CLINICAL ABSTRACT:

History: This 29 year old woman presented with right lower quadrant pain and tenderness.

Medical history was significant for a 10 years of oral contraceptive use (Ortho-novum and Norlestrin).

Physical examination: The liver was enlarged.

Radiograph: Liver-spleen scan showed 3 distinct hepatic lesions.

SURGERY: (September 12, 1977)

Two of the three lesions were resected. The 3rd was located beneath the diaphragm and was deemed unresectable.

GROSS PATHOLOGY:

Two separate cystic lesions were received. The largest measured 12.0 x 8.0 x 6.0 cm. and the smaller measured 1.0 cm. in diameter. The larger cyst had a smooth external surface and a shaggy, hemorrhagic, necrotic interior. The smaller cyst was firm and whitish.
History: This 29 year old female was admitted in March 1965 with fatty food intolerance. She had occasional right upper quadrant pain which radiated to the back and shoulders. At the age of 15, she underwent a laparotomy at which time her appendix was removed and she was told that she had a "cancer" in her liver. Chest nodules subsequently appeared which then disappeared. She has had known cholelithiasis since 1956, but has remained virtually symptom free since that time. Admitting physical examination revealed blood pressure 130/80. There was a movable tumor under the right costal margin which was non-tender.

Surgery:

A laparotomy was undertaken in April 1965, and a mass was found which nearly displaced much of the right lobe of the liver. This was well encapsulated and surrounded by normal liver. The patient did well in the post-operative period and was discharged to be followed.

Gross Pathology:

The main specimen consisted of a mass of liver measuring 4.5 x 2.4 x 1.5 cm. and for the most part, was a yellow mass of tumor. It was described as being fleshy.
CLINICAL ABSTRACT:

**History:** A 13 month old girl was well until a palpable mass was noted in the right upper quadrant during a routine physical examination. Her birth had been uncomplicated and all developmental milestones were reached normally.

**Physical examination:** The abdomen was slightly protuberant. A firm non-tender, well delineated mass was palpable below the right costal margin.

**Radiograph:** A CT scan showed a focally calcified mass within the liver.

**Laboratory:** The alpha-fetoprotein was less than 5 ng/ml (n: less than 25).

**Surgery:** (May 17, 1984)

A wedge resection was performed.

**Gross Pathology:**

The specimen was somewhat lobulated and weighed 30 grams. Cut surfaces revealed a poorly demarcated, soft, glistening, green-tan mass with focal areas of hemorrhage. A 1.5 cm. calcified nodule was also present within the tumor.
CONTRIBUTOR: John D. Bauer, M. D.  
St. Louis, Missouri  

JUNE 1985 - CASE NO. 10  

TISSUE FROM: Liver  
ACCESSION NO. 14673  

CLINICAL ABSTRACT:

History: This 66 year white woman was admitted for an epigastric mass.

Physical examination: A mass "the size of an orange" was palpated in the area of the left lobe of the liver.

Past medical history was significant for diabetes mellitus.

Radiograph: Liver scan revealed a mass in the left lobe of the liver.

SURGERY: (January 8, 1965)

A large cystic mass was present in the left lobe of the liver. In addition, multiple hard nodules were present in the right lobe of the liver.

GROSS PATHOLOGY:

The specimen consisted of a cystic, 9.0 x 5.0 x 4.5 cm. mass which contained clotted blood. The outer cyst wall was focally hemorrhagic. A 0.5 cm. in thickness rim of apparently normal liver tissue was attached to the specimen.
CONTRIBUTOR: W. E. Carroll, M. D.  
Santa Barbara, California  

JUNE 1985 - CASE NO. 11  

TISSUE FROM: Liver  

ACCESSION NO. 20281  

CLINICAL ABSTRACT:  

History: This one week old baby had vomiting and was without bowel movements for several days.  

Physical examination: A mass was palpated in the area of the liver.  

Radiograph: A space occupying lesion was observed in the left lobe of the liver by angiography and liver-spleen scan. No "tumor blush" was evident.  

SURGERY: (September 1973)  

The mass was resected.  

GROSS PATHOLOGY:  

The specimen consisted of a firm, lobulated, purple-red mass that measured 9.5 x 7.0 x 4.0 cm. On section, it had a spongy, gray-white to yellow-orange interior with focal hemorrhage and was surrounded by a rim of red-brown tissue.
History: This 74 year old white man had a 9 year history of elevated alkaline phosphatase and a liver scan showing multiple defects. Laparotomy with biopsy was performed at which time multiple umbilicated nodules ranging from 1-4 cm. in diameter were observed. He was clinically healthy with medically controlled hypertension and gout until 1984, when he developed biliary colic and an increased bilirubin, which spontaneously resolved. He was admitted for elective cholecystectomy at which time a biopsy was taken from one of the large liver nodules.

Surgery: (August 1984)

A cholecystectomy with wedge biopsy of a liver nodule was performed.

GROSS PATHOLOGY:

The liver biopsy consisted of nine 5.0 x 3.5 x 2.4 cm. wedge. The capsular was irregular with adherent blood clot. The cut surface was mottled, tan to white and rubbery. No residual normal appearing hepatic parenchyma was identified.
STUDY GROUP CASES FOR JUNE 1985

CASE NO. 1 - ACCESSION NO. 22115

LOS ANGELES: Focal nodular hyperplasia - 7
SAN FRANCISCO: Focal nodular hyperplasia - 7
OAKLAND: Focal nodular hyperplasia - 15
MARTINEZ: Focal nodular hyperplasia - 10
LONG BEACH: Focal nodular hyperplasia - 6
SAN BERNARDINO (INLAND): Focal nodular hyperplasia - 7
BAKERSFIELD: Focal nodular hyperplasia - 5
FRESNO: Focal nodular hyperplasia - 4; nodular hyperplasia in a cirrhotic liver - 3
RENO: Focal nodular hyperplasia - 9
SIERRA FOOTHILLS: Focal nodular hyperplasia - 3
SEATTLE: Focal nodular hyperplasia - 9
INDIANA: Nodular hyperplasia of liver, focal - 3
OHIO: Focal nodular hyperplasia - 3
TUCSON: Focal nodular hyperplasia - 2

FOLLOW-UP:

The patient expired shortly after surgery. A postmortem examination performed by the Los Angeles County Coroner's Office revealed "death due to hemorrhage, due to a laceration of the liver, due to blunt trauma".

CONSULTATIONS:

W. M. Christopherson, M. D., University of Louisville, Kentucky: Focal nodular hyperplasia.

H. A. Edmondson, M. D., University of Southern California: Focal nodular hyperplasia.

FILE DIAGNOSIS:

Focal nodular hyperplasia, liver
REFERENCES:


CASE NO. 2 - ACCESSION NO. 23651

LOS ANGELES: Hepatic adenoma - 7
SAN FRANCISCO: Hepatic adenoma - 7
OAKLAND: Liver cell adenoma - 16
MARTINEZ: Hepatoblastoma - 1; peliosis hepatis - 1; hepatic adenoma - 7
LONG BEACH: Adenoma - 6
SAN BERNARDINO (INLAND): Adenoma - 6; atypical adenoma - 1
BAKERSFIELD: Hepatocellular carcinoma - 4; peliosis hepatis - 1
FRESNO: Adenocarcinoma - 6; peliosis hepatis - 1
RENO: Hepatocellular carcinoma - 9
SIERRA FOOTHILLS: Hepatocellular carcinoma - 3
SEATTLE: Adenoma - 9
INDIANA: Adenoma - 3
OHIO: Hepatoma - 3
TUCSON: Liver cell adenoma - 2

FOLLOW-UP:

The patient was seen in clinic until September of 1984, at which time she was well and without evidence of recurrence.

FILE DIAGNOSIS:

Hepatic adenoma, liver

REFERENCES:


CASE NO. 3 - ACCESSION NO. 24482

JUNE 1985

LOS ANGELES: Papillary adenocarcinoma - 7
SAN FRANCISCO: Papillary adenocarcinoma of bile duct (cholangiocarcinoma) - 7
OAKLAND: Bile duct carcinoma - 16
MARTINEZ: Papillary adenocarcinoma - 10
LONG BEACH: Papillary adenocarcinoma - 6
SAN BERNARDINO (INLAND): Adenocarcinoma - 7
BAKERSFIELD: Cholangiocarcinoma - 5
FRESNO: Papillary adenocarcinoma - 7
RENO: Bile duct adenocarcinoma - 9
SIERRA FOOTHILLS: Bile duct adenocarcinoma - 3
SEATTLE: Papillary adenocarcinoma - 9
INDIANA: Adenocarcinoma - 3
OHIO: Papillary adenocarcinoma - 3
TUCSON: Adenocarcinoma of common bile duct - 2

FOLLOW-UP:

The patient was treated with chemotherapeutic agents. In 9/82, a "second look" surgery revealed recurrent liver tumor. She received further chemotherapy. She expired in 4/84.

CONSULTATION:

H. A. Edmondson, M. D., University of Southern California: Low grade papillary adenocarcinoma, left hepatic duct

FILE DIAGNOSIS:

Papillary adenocarcinoma, hepatic duct

REFERENCES:


CASE NO. 4 - ACCESSION NO. 25289

LOS ANGELES: Fibrolamellar hepatocellular carcinoma, extrahepatic - 7

SAN FRANCISCO: Hepatocellular carcinoma - 2; hepatocellular carcinoma, fibrolamellar type - 6

OAKLAND: Hepatocellular carcinoma - 16

MARTINEZ: Fibrolamellar hepatocellular carcinoma - 3; hepatocellular carcinoma, metastatic - 7

LONG BEACH: Fibrolamellar hepatocellular carcinoma, metastatic - 6

SAN BERNARDINO (INLAND): Hepatocellular carcinoma - 7

BAKERSFIELD: Hepatocellular carcinoma - 2; ectopic liver - 3

FRESNO: Hepatocellular carcinoma - 6; adenoma - 1

RENO: Metastatic carcinoma compatible with hepatocellular carcinoma - 9

SIERRA FOOTHILLS: Metastatic hepatocellular carcinoma - 2; metastatic mixed hepatocellular and bile duct adenocarcinoma - 1

SEATTLE: Fibrolamellar hepatoma - 9

INDIANA: Hepatocellular carcinoma - 3

OHIO: Well-differentiated hepatoma - 2; adenocarcinoma - 1

TUCSON: Metastatic hepatocellular carcinoma - 2

FOLLOW-UP:

The patient received postoperative radiation. When last seen 10 months after surgery there was no evidence of recurrence.

CONSULTATIONS:

H. A. Edmondson, M. D., University of Southern California: Very low-grade fibrolamellar hepatocellular carcinoma, possibly arising in ectopic liver.

FILE DIAGNOSIS:

Fibrolamellar carcinoma, extrahepatic (transverse mesocolon)
REFERENCES:


(It is important to recognize this tumor from the hepatocellular carcinoma because of the survival (longer), operability, and possibility of a cure).


(These authors compared hepatocellular carcinomas occurring in non-cirrhotic livers with lamellar hepatomas and found no difference between them in prognosis).
LOS ANGELES: Pleomorphic hepatocellular carcinoma - 7

SAN FRANCISCO: Hepatocellular carcinoma - 1; hepatocellular carcinoma plus possible cholangiocarcinoma - 6; cholangiocarcinoma - 1

OAKLAND: Hepatocellular carcinoma - 16

MARTINEZ: Hepatocellular carcinoma - 10

LONG BEACH: Undifferentiated large cell carcinoma, probably hepatocellular - 6

SAN BERNARDINO (INLAND): Hepatocellular carcinoma - 3; cholangiocarcinoma - 3; metastatic adenocarcinoma - 1

BAKERSFIELD: Hepatocellular carcinoma - 5

FRESNO: Hepatocellular carcinoma - 5; cholangiocarcinoma - 2

RENO: Hepatocellular carcinoma - 9

SIERRA FOOTHILLS: Anaplastic carcinoma - 2; undifferentiated hepatic carcinoma - 1

SEATTLE: Adenocarcinoma, rule out metastasis - 9

INDIANA: Hepatocellular carcinoma - 3

OHIO: Poorly differentiated hepatoma - 2; adenocarcinoma - 1

TUCSON: Hepatocellular carcinoma, fibrolamellar variant - 1; cholangiocellular carcinoma - 1

FILE DIAGNOSIS:

Pleomorphic hepatocellular carcinoma, liver

REFERENCES:


CASE NO. 6 - ACCESSION NO. 20943

JUNE 1985

LOS ANGELES: Mesenchymal hamartoma of infancy - 7

SAN FRANCISCO: Hepatoblastoma - 2; infantile hemangioendothelioma - 2; mesenchymal hamartoma - 4

OAKLAND: Mesenchymal hamartoma - 16

MARTINEZ: Mesenchymal hamartoma - 10

LONG BEACH: Mesenchymal hamartoma - 6

SAN BERNARDINO (INLAND): Mesenchymal hamartoma - 4; infantile hemangioendothelioma - 3

BAKERSFIELD: Mesenchymal hamartoma - 4; hemangioma - 1

FRESNO: Hemangioma - 1; hamartoma - 6

RENO: Hamartoma - 9

SIERRA FOOTHILLS: Benign hemangioma - 2; hamartoma - 1

SEATTLE: Mesenchymal hamartoma of infancy - 9

INDIANA: Mesenchymal hamartoma - 3

OHIO: Mesenchymal hamartoma - 3

TUCSON: Bile duct hamartoma - 1; hemangioma - 1

FOLLOW-UP:

The patient was well and without evidence of recurrence 16 months after the surgery.

CONSULTATION:

H. A. Edmondson, M. D., University of Southern California: Benign mesenchymoma with a minor component of infantile hemangioma.

FILE DIAGNOSIS:

Mesenchymal hamartoma of infancy, liver

REFERENCES:


LOSA NELES: Malignant neoplasm, consistent with hepatocellular carcinoma

SAN FRANCISCO: Hepatocellular carcinoma - 6; rhabdomyosarcoma - 2

OAKLAND: Hepatocellular carcinoma - 17

MARTINEZ: Hepatocellular carcinoma, clear cell type - 7; rhabdomyosarcoma - 3

LONG BEACH: Hepatoma - 5; choriocarcinoma - 1

SAN BERNARDINO (INLAND): Hepatoblastoma - 3; hepatocellular carcinoma - 2; metastatic melanoma - 1; metastatic rhabdomyosarcoma - 1

BAKERSFIELD: Hepatocellular carcinoma - 5

FRESNO: Hepatocellular carcinoma, anaplastic - 5; malignant tumor, NOS - 1; sarcoma - 1

RENO: Clear cell carcinoma - 9

SIERRA FOOTHILLS: Apudoma - 3

SEATTLE: Poorly differentiated carcinoma with clear cell features, rule out metastasis - 9

INDIANA: Undifferentiated malignant neoplasm - 3

OHIO: Hepatoma - 3

TUCSON: Hepatocellular carcinoma, clear cell type - 2

FOLLOW-UP:

The patient received chemotherapy. She was alive and well 5 months after her surgery.

CONSULTATION:

Lionel Rabin, M. D., AFIP: Carcinoma, poorly differentiated consistent with hepatocellular origin.

FILE DIAGNOSIS:

Malignant neoplasm, consistent with hepatocellular carcinoma, liver

REFERENCES:


CASE NO. 8 - ACCESSION 14228

JUNE 1985

LOS ANGELES: Paraganglioma - 7

SAN FRANCISCO: Paraganglioma, revisited - 7

OAKLAND: Hepatocellular carcinoma - 10; paraganglioma - 8

MARTINEZ: Melanoma - 3; paraganglioma - 1; granular cell tumor - 3

LONG BEACH: Paraganglioma - 6

SAN BERNARDINO (INLAND): Paraganglioma - 3; hepatocellular carcinoma - 3; carcinoid - 1

BAKERSFIELD: Atypical adenoma - 1; hepatocellular carcinoma - 2; sarcoma, NOS - 1; I don't know Oma - 1

FRESNO: Paraganglioma - 2; hepatocellular carcinoma - 3; adenoma - 4

RENO: Paraganglioma - 5; fibrolamellar hepatocellular carcinoma - 4

SIERRA FOOTHILLS: Malignant paraganglioma - 3

SEATTLE: Neoplasm of undetermined nature - 10

INDIANA: Paraganglioma - 3

OHIO: Fibrolamellar hepatoma - 2; malignant melanoma - 1

TUCSON: Hepatocellular carcinoma, fibrolamellar variant - 1; hepatocellular carcinoma, scirrhous variant - 1

FOLLOW-UP:

As of 3/71, the patient was alive and well except for mild hypertension.

CONSULTATION:

H. A. Edmondson, M. D., University of Southern California: Resembles a pheochromocytoma or chemodectoma.

FILE DIAGNOSIS:

Paraganglioma, liver
LOS ANGELES: Solitary infantile hemangioendothelioma - 7; x-file: mesenchymal hamartoma

SAN FRANCISCO: Mesenchymal hamartoma - 8

OAKLAND: Mesenchymal hamartoma - 13; hemangioendothelioma - 5

MARTINEZ: Mesenchymal hamartoma - 10

LONG BEACH: Mesenchymal hamartoma - 6

SAN BERNARDINO (INLAND): Mesenchymal hamartoma - 7

BAKERSFIELD: Angiolipoma - 5

FRESNO: Angiolipoma - 5; myxoma - 1

RENO: Angiomyolipoma - 9

SIERRA FOOTHILLS: Hemangioma - 2; hamartoma - 1

SEATTLE: Hemangioendothelioma - 7; mesenchymal hamartoma - 3

INDIANA: Mesenchymal hamartoma - 3

OHIO: Mesenchymal hamartoma - 2; hemangioendothelioma - 1

TUCSON: Vascular hamartoma - 1; mesenchymal hamartoma - 1

FOLLOW-UP:

When last seen on 12/20/84, there was no evidence of recurrent tumor.

CONSULTATION:

H. A. Edmondson, M. D., University of Southern California: Solitary infantile hemangioma

FILE DIAGNOSIS:

Solitary infantile hemangioendothelioma
x-file: Mesenchymal hamartoma, liver

REFERENCES:


CASE NO. 10 - ACCESSION NO. 14673  
JUNE 1985

LOS ANGELES: Carcinoid tumor - 3; bile duct carcinoma - 4

SAN FRANCISCO: Low grade epithelial neoplasm, NOS - 5; metastatic neuroendocrine tumor - 1; hepatocellular carcinoma - 2

OAKLAND: Don't know - 6; hepatocellular carcinoma, pseudoglandular type - 3; metastatic carcinoma, NOS - 3; adenocarcinoma - 3; mesenchymal hamartoma - 1; benign atypical bile duct proliferation - 1; bile duct cystadenoma - 1

MARTINEZ: Metastatic malignant neoplasm - 2; hepatocellular carcinoma - 2; choanal carcinoma - 2; adenocarcinoma, NOS - 3

LONG BEACH: Hepatoma - 6

SAN BERNARDINO (INLAND): Cholangiocarcinoma - 4; carcinoid - 3

BAKERSFIELD: Hepatocellular - cholangiocarcinoma - 5

FRESNO: Low grade adenocarcinoma of bile duct origin - 1; carcinoid variant of bile duct tumor - 6

RENO: Metastatic adenocarcinoma - 9

SIERRA FOOTHILLS: Cystic hepatocellular carcinoma - 2; metastatic adenocarcinoma - 1

SEATTLE: Adenocarcinoma, ?origin - 10

INDIANA: Adenocarcinoma of bile duct origin - 1; carcinoid tumor - 1; hepatoma - 1

OHIO: Metastatic adenocarcinoma - 3

TUCSON: Papillary adenocarcinoma consistent with bile duct origin - 2

FOLLOW-UP:
Not available.

FILE DIAGNOSIS:
Bile duct carcinoma, liver

REFERENCES:


CASE NO. 11 - ACCESSION NO. 20281

JUNE 1985

LOS ANGELES: Cavernous hemangioma - 7

SAN FRANCISCO: Hepatoblastoma, angiomatous type - 3; mesenchymal hamartoma - 3; infantile hemangioendothelioma - 2

OAKLAND: Cavernous hemangioma - 13; hamartoma - 5

MARTINEZ: Hemangioma - 8; hamartoma - 2

LONG BEACH: Hemangioma - 6

SAN BERNARDINO (INLAND): Hemangioma - 4; infantile hemangioendothelioma - 3

BAKERSFIELD: Hemangioma - 5

FRESNO: Hemangioma - 5; hamartoma - 2

RENO: Hemangioma - 9

SIERRA FOOTHILLS: Hemangioma - 2; hamartoma - 1

SEATTLE: Cavernous hemangioma of infancy - 10

INDIANA: Hemangioma - 2; infantile hemangioendothelioma - 1

OHIO: Hemangioma - 3

TUCSON: Hemangioma - 1; peliosis hepatitis - 1

FOLLOW-UP:

The patient was last seen 4 years following the surgery at which time he was well. He has since been lost to follow-up.

FILE DIAGNOSIS:

Cavernous hemangioma, liver

REFERENCES:


CASE NO. 12 - ACCESSION NO. 25337
JUNE 1985

LOS ANGELES: Epithelioid hemangioendothelioma - 7
SAN FRANCISCO: Fibrovascular hamartoma - 6; old portal venous occlusions - 2
OAKLAND: Epithelioid hemangioendothelioma - 18
MARTINEZ: Sclerosed hemangioma - 7; hemangioendothelioma - 3
LONG BEACH: VAB (epithelioid hemangioendothelioma) IVSBAT like tumor of Liver
(Peters' tumor) - 6
SAN BERNARDINO (INLAND): Angiosarcoma - 4; sclerosing hemangioma - 3
BAKERSFIELD: Cholangiolar cellular carcinoma - 5
FRESNO: Metastatic Kaposi's sarcoma - 5; sclerosing hemangioma - 2
RENO: Hemangioma - 9
SIERRA FOOTHILLS: Cholangiolar carcinoma - 2; bile duct adenoma - 1
SEATTLE: Sclerosing (epithelioid) hemangioendothelioma - 10
INDIANA: Angiosarcoma - 3
OHIO: Sclerosing hemangioma - 3
TUCSON: von Meyenburg complex - 1; cystic mesenchymal hamartoma - 1

FOLLOW-UP:
Three months after the surgery, the patient was discovered to have prostatic carcinoma. He expired in January, 1985 of an apparent "stroke".

CONSULTATIONS:
Robert L. Peters, M. D., Rancho Los Amigos Hospital: Vasoablative endothelial sarcoma (epithelioid hemangioendothelioma).
H. A. Edmondson, M. D., University of Southern California: Metastatic carcinoma, origin undetermined.

FILE DIAGNOSIS:
Epithelioid hemangioendothelioma, liver

REFERENCES: