CALIFORNIA TUMOR TISSUE REGISTRY
LOS ANGELES COUNTY - UNIVERSITY OF SOUTHERN CALIFORNIA

PROTOCOL
FOR
MONTHLY STUDY SLIDES
JANUARY 1988
GENERAL PATHOLOGY
CASES SUBMITTED BY
SHERMAN OAKS COMMUNITY HOSPITAL, SHERMAN OAKS, CALIFORNIA
CONTRIBUTOR: Jack Garfinkle, M. D.  
Douglas Kahn, M. D.  
Sherman Oaks, California

TISSUE FROM: Fallopian tube

CLINICAL ABSTRACT:

History: A 37-year-old woman presented with vaginal discharge, itching, burning and pelvic discomfort for which she received topical medication. Six months later, a pelvic mass was discovered which had not been noted before.

Physical examination: A slightly movable pelvic mass of elastic consistency was present.

Radiographs: Ultrasound showed a mainly sonolucent mass in the pelvic midline, displacing the uterus and bladder inferiorly.

SURGERY: (January 23, 1979)

A large cystic mass which was attached to the uterus, left pelvic wall, omentum, small intestine, and sigmoid colon, was resected. During surgery the mass ruptured, spilling chocolate brown contents. Diffuse pelvic endometriosis was also present.

GROSS PATHOLOGY:

The cystic tumor was 10 cm. in diameter with a bosselated surface and shaggy red-brown inner lining. The attached fallopian tube (from which these slides are taken) was 5.5 cm. long and 0.5 to 2.0 cm. in diameter. The lumen of the tube was expanded, and contained soft tan to brown granular materials, which appeared to penetrate to the serosal surface.
CONTRIBUTOR: Swarna L. Perera, M. D.  
Sherman Oaks, California

JANUARY 1988 - CASE NO. 2

TISSUE FROM: Uterus  
ACCESSION NO. 24208

CLINICAL ABSTRACT:

History: A 78-year-old woman complained of intermittent vaginal bleeding for eleven years. Forty-four years previously she had a bilateral salpingo-oophorectomy, after which she took estrogens. Eleven years and two years previously, she underwent dilatation and curettage, with findings of endometrial hyperplasia on both occasions.

Physical examination: The uterus was enlarged and slightly irregular, but was freely movable and nontender.

Radiographs: Intravenous pyelogram, bone scan, and barium enema were noncontributory.

SURGERY: (April 3, 1981)

A vaginal hysterectomy was performed.

GROSS PATHOLOGY:

The uterus measured 5 x 4 x 3 cm. and weighed 75 grams. The uterine cavity was filled by a polypoid tan friable mass which extended to the internal os. There was superficial invasion of the myometrium.
CLINICAL ABSTRACT:

History: A 51-year-old woman noted painless swelling of the left upper arm for several weeks, associated with edema of the forearm. There was no history of trauma.

Physical examination: A firm, poorly demarcated mass was present on the posterior left arm. No lymphadenopathy was present.

SURGERY: (August 21, 1978)

Excisional biopsy of the mass was performed.

GROSS PATHOLOGY:

Submitted were two segments of muscle 2.5 cm. and 3.0 cm. in length and 1.5 cm. in diameter. In the center of each biopsy, the muscle was obliterated by slightly opaque gray-white tissue.
CONTRIBUTOR: Douglas Kahn, M. D.  
Sherman Oaks, California  

JANUARY 1988 - CASE NO. 4  

TISSUE FROM: Retroperitoneum  
ACCESSION NO. 26036  

CLINICAL ABSTRACT:  

History: A 75-year-old woman had a left upper quadrant abdominal mass on physical examination. She had been on a diet and had lost 17 pounds in the previous 9 months.

Physical examination: A nontender mass extended from the left upper quadrant to the pelvic brim. The liver was not palpable and there were no bruits. Flexible sigmoidoscopy was unremarkable.

Radiographs: Abdominal CT scan showed a mass in the left retroperitoneum, compressing the left kidney and descending colon. Intravenous pyelogram showed left hydronephrosis with compression of the left kidney and ureter.

SURGERY: (June 25, 1987)

The mass was resected together with the left kidney and descending colon.

GROSS PATHOLOGY:

The retroperitoneal mass measured 25 x 18 x 10 cm. It was closely attached to the kidney, colon, and mesenteric tissue, but did not invade these structures. The cut surface was fleshy and nodular, with apparent encapsulation.
History: A 68-year-old woman noted a painless mass in the neck 2-3 weeks before presentation. She had a 10 pack-year smoking history. There was no history of neck pain, weight loss, night sweats, hoarseness, or dysphagia.

Physical examination: A 1 x 3 cm. firm fixed nontender mass was present at the anterior border of the sternocleidomastoid muscle. No lymphadenopathy was noted.

Radiographs: Chest x-ray and CT scan were noncontributory.

Surgery: (May 22, 1986)

The mass was excised.

Gross Pathology:

Submitted was an irregular mass of firm pink to yellow fibrous tissue measuring 3.8 x 2 x 2 cm. The cut surface was tan to yellow, finely granular, and focally necrotic.
CONTRIBUTOR: Swarna L. Perera, M. D. 
Sherman Oaks, California 

TISSUE FROM: Skin of cheek 

CLINICAL ABSTRACT: 

History: A 92-year-old Caucasian woman had a lesion on the cheek for at least 3 years. It had increased in size just prior to presentation. 

SURGERY: (April 14, 1981) 

The lesion was excised. 

GROSS PATHOLOGY: 

Submitted was an ellipse of skin with a pedunculated firm white-tan lesion 4 cm. in maximum dimension. The cut surface was tan to yellow, firm, and finely granular.
CONTRIBUTOR: Jack Garfinkle, M. D. 
Sherman Oaks, California

JANUARY 1988 - CASE NO. 7

TISSUE FROM: Uterus

ACCESSION NO. 25621

CLINICAL ABSTRACT:

History: A 47-year-old gravida 3, para 3 woman presented with menorrhagia of one year's duration. During this time she gained 50 pounds and developed low back pain.

Physical examination: The uterus was hard, smooth, and slightly mobile. It was enlarged to the size of a twelve-week gestation. The adnexa were normal.

SURGERY: (January 25, 1983)

Total abdominal hysterectomy and bilateral salpingo-oophorectomy were performed.

GROSS PATHOLOGY:

The uterus measured 15 x 12 x 11 cm. and weighed 788 grams. An 11 cm. submucosal and intramural mass was present. The cut surface of the mass was gray-tan and coarsely trabeculated. Soft, tan polypoid masses projected into the endometrial cavity.
CONTRIBUTOR: Douglas Kahn, M. D. 
Sherman Oaks, California

JANUARY 1988 - CASE NO. 8

TISSUE FROM: Submaxillary gland
ACCESSION NO. 25759

CLINICAL ABSTRACT:

History: An 85-year-old woman noted a painless left neck mass one month before presentation. She had a history of multiple thyroid nodules, several resections of transitional cell carcinoma of the bladder, and had a 55 pack-year smoking history.

Physical examination: A 2.5 cm. mass was present in the left submaxillary area.

Radiographs: CT scan showed a mass in the submaxillary gland.

SURGERY: (March 5, 1986)

The submaxillary gland was resected.

GROSS PATHOLOGY:

Submitted was an irregularly shaped firm mass measuring 4 x 3 x 2 cm. The cut surfaces were nodular, smooth, glistening, and tan to yellow.
CLINICAL ABSTRACT:

History: A 54-year-old man presented with a four month history of a painful left buttock mass which steadily increased in size. He had no radicular pain or history of trauma to the area.

Physical examination: The medial portion of the left buttock showed a firm, ill-defined, fixed mass. The skin was not involved.

Radiographs: Pelvic CT scan showed a mass in the medial portion of the gluteus maximus muscle, with no bone or visceral involvement.

SURGERY: (July 16, 1985)

The mass was excised.

GROSS PATHOLOGY:

Submitted was a 12 x 7 x 6 cm. portion of muscle with overlying skin. Sections showed an 8 x 5 x 4 cm. white-tan firm lobulated mass which apparently involved adipose and muscle tissue.
CONTRIBUTOR: Douglas Kahn, M. D.  
Sherman Oaks, California  

JANUARY 1988 - CASE NO. 10

TISSUE FROM: Cerebrum  
ACCESSION NO. 26130

CLINICAL ABSTRACT:

History: This 39-year-old male had a history of pneumocystis carinii and CMV pneumonia. He presented with a sudden onset of memory loss, difficulty speaking and impaired gait.

Radiographs: An MRI scan of the head showed high signal intensity surrounding the cerebral ventricles, interpreted as most likely due to encephalitis.

The patient expired and an autopsy was performed. The periventricular tissues in the areas of the 3rd and 4th ventricles were soft, friable and gray-tan.
CONTRIBUTOR: Douglas Kahn, M. D.  
Jack Garfinkle, M. D.  
Sherman Oaks, California  

TISSUE FROM: Femoral artery  

CLINICAL ABSTRACT:  

History: This 43-year-old white man presented with sudden onset of bilateral lower extremity pain.  

Radiographs: Lower extremity arteriograms were performed. There was total occlusion of the right profunda femoral artery 8 cm. from its origin and of the right popliteal artery near the patella. On the left, total occlusion of the popliteal artery was present.  

SURGERY: (October 30, 1987)  

Bilateral femoral artery exploration was performed.  

GROSS PATHOLOGY:  

Specimens submitted from both right and left femoral arteries consisted of polypoid portions of soft, translucent pink to gray-tan tissue measuring up to 3.0 x 3.5 cm. in greatest dimension.
CLINICAL ABSTRACT:

History: This 79-year-old man presented with a 5 day history of melena. Upper gastrointestinal endoscopy revealed of a 2 cm. polypoid lesion in the gastric antrum.

SURGERY: (October 2, 1987)

A gastrotomy with resection of the lesion was performed.

GROSS PATHOLOGY:

The specimen was irregularly shaped, firm, and pink-tan with a mucosal surface and measured 2.5 x 1.5 x 1.0 cm. in maximum dimension. The cut surfaces revealed a 1.5 cm. firm, smooth glistening nodule.
STUDY GROUP CASES
FOR
JANUARY 1988

CASE NO. 1 - ACCESSION NO. 25651

LOS ANGELES: Adenoacanthoma associated with endometriosis - 8

FRESNO: Endometriosis with squamous metaplasia - 2; atypical hyperplasia in endometriosis with squamous metaplasia - 5; adenoacanthoma - 2

OHIO: Tubal endometriosis - 3

SAN BERNARDINO (INLAND): Endometrioid adenocarcinoma - 5; chronic salpingitis - 1

OAKLAND: Endometrioid carcinoma, fallopian tube - 9; low grade adenoacanthoma with endometriosis - 2

VENTURA: Adenoacanthoma - 2; adenosquamous carcinoma - 2

SEATTLE: Adenoacanthoma in fallopian tube involved with extensive endometriosis - 3

BAKERSFIELD: Adenosquamous carcinoma of the endometrium arising from endometriosis - 1; well differentiated adenocarcinoma with squamous metaplasia arising from endometriosis - 1; endometriosis with atypical glands - 3

MARTINEZ: Adenoacanthoma - 3; endometriosis - 3

LONG BEACH: Adenocarcinoma, endometrioid type in tubal endometriosis - 6

FOLLOW-UP:

No follow-up information available.

FILE DIAGNOSIS:

Adenoacanthoma and endometriosis, fallopian tube

REFERENCES:


CASE NO. 2 - ACCESSION NO. 24208

JANUARY 1988

LOS ANGELES: Adenocarcinoma - 8
FRESNO: Poorly differentiated adenocarcinoma - 8; carcinosarcoma - 1
OHIO: Papillary adenocarcinoma, endometrium - 3
SAN BERNARDINO (INLAND): poorly differentiated adenocarcinoma of endometrium - 6
OAKLAND: Papillary endometrial adenocarcinoma, uterus - 11
VENTURA: High grade adenocarcinoma - 3; carcinosarcoma - 1
SEATTLE: High grade endometrial adenocarcinoma with superficial invasion - 3
BAKERSFIELD: Malignant mixed mesodermal tumor - 3; poorly differentiated adenocarcinoma - 2
MARTINEZ: Poorly differentiated adenocarcinoma of endometrium - 13
LONG BEACH: Poorly differentiated adenocarcinoma - 6

FOLLOW-UP:

In August 1987, the patient was in good health with no evidence of recurrence.

FILE DIAGNOSIS:

Adenocarcinoma, endometrium

REFERENCES:


CASE NO. 3 - ACCESSION NO. 23549

JANUARY 1988

LOS ANGELES: Proliferative myositis - 8

FRESNO: Proliferative myositis - 8; desmoid - 1

OHIO: Aggressive fibromatosis - 2; inflammatory pseudo tumor - 1

SAN BERNARDINO (INLAND): Proliferative myositis - 6

OAKLAND: Proliferating myositis, left triceps muscle - 11

VENTURA: Sarcoma, NOS - 2; fibromatosis - 1; pseudo-sarcomatous fasciitis - 1

SEATTLE: Proliferative myositis - 3

BAKERSFIELD: proliferative fasciitis, triceps muscle - 5

MARTINEZ: Intramuscular myxoma - 6; proliferative myositis - 4

LONG BEACH: Proliferative myositis - 6

FOLLOW-UP:

No further therapy was carried out. The patient was well as of August 1979.

FILE DIAGNOSIS:

Proliferative myositis, upper arm

REFERENCES:


CASE NO. 4 - ACCESSION NO. 26036

JANUARY 1988

LOS ANGELES: Leiomyosarcoma - 8

FRESNO: Malignant fibrous histiocytoma - 2; malignant schwannoma - 2;
Leiomyosarcoma - 5

OHIO: Malignant fibrous histiocytoma - 3

SAN BERNARDINO (INLAND): Leiomyosarcoma - 6

OAKLAND: Leiomyosarcoma, left retroperitoneum - 11

VENTURA: Leiomyosarcoma - 3; sarcoma, NOS - 1

SEATTLE: Leiomyosarcoma - 3

BAKERSFIELD: Malignant fibrous histiocytoma, retroperitoneum - 3;
Leiomyosarcoma, retroperitoneum - 2

MARTINEZ: Leiomyosarcoma - 13

LONG BEACH: Leiomyosarcoma - 6

FOLLOW-UP:

After removal of the tumor she has had no additional treatment, and as of October 25, 1987, she has no evidence of recurrent disease.

FILE DIAGNOSIS:

Leiomyosarcoma, retroperitoneum

REFERENCES:


CASE NO. 5 - ACCESSION NO. 25756

JANUARY 1988

LOS ANGELES: Metastatic poorly-differentiated carcinoma - 8

FRESNO: Small cell carcinoma - 5; malignant neuroendocrine tumor - 3; Merkel cell carcinoma - 1

OHIO: Malignant neuroendocrine tumor (small cell carcinoma) - 1

SAN BERNARDINO (INLAND): Metastatic undifferentiated carcinoma (?primary small cell carcinoma of lung) - 6

OAKLAND: Malignant neuroendocrine/carcinoid, neck - 9; squamous cell carcinoma - 2

VENTURA: Metastatic carcinoma - 3; metastatic poorly differentiated squamous cell carcinoma - 1

SEATTLE: Metastatic adenocarcinoma, poorly differentiated - 3

BAKERSFIELD: Metastatic carcinoma, neck - 5

MARTINEZ: Metastatic carcinoma - 4; metastatic oat cell carcinoma - 1; sebaceous carcinoma - 1

LONG BEACH: Carcinoma - 6

FOLLOW-UP:

This patient was recently seen at Valley Presbyterian Hospital and was found to have a lung carcinoma. At the time of her original surgery, no tumor was noted in her lungs.

FILE DIAGNOSIS:

Metastatic carcinoma, neck

REFERENCES:


CASE NO. 6 - ACCESSION NO. 24267  

JANUARY 1988

LOS ANGELES: Poorly differentiated basal cell carcinoma; malignant adnexal tumor - 8

FRESNO: Malignant adnexal tumor (possible eccrine carcinoma) - 4; Merkel cell carcinoma - 5

OHIO: Poorly differentiated carcinoma - 2; Merkel cell carcinoma - 1

SAN BERNARDINO (INLAND): Trabecular (Merkel cell) carcinoma - 6

OAKLAND: Merkel cell carcinoma, skin of cheek - 9; eccrine duct carcinoma - 2

VENTURA: Undifferentiated carcinoma (? dermal appendage tumor) - 4

SEATTLE: Malignant skin appendage tumor - 4

BAKERSFIELD: Merkel cell carcinoma, cheek - 2; salivary gland carcinoma - 1; carcinoma, trabecular - 1; trichilemmocarcinoma - 1

MARTINEZ: Sebaceous carcinoma - 8; eccrine carcinoma - 2

LONG BEACH: Carcinoma - 6 (neuroendocrine?)

FOLLOW-UP:

No follow-up information available.

FILE DIAGNOSIS:

Adnexal carcinoma, NOS, skin
LOS ANGELES:  Low-grade endometrial stromal sarcoma - 8
FRESNO:  Low grade stromal sarcoma - 9
OHIO:  Endometrial stromal myosis - 1; stromal sarcoma, low grade - 2
SAN BERNARDINO (INLAND):  Low grade stromal sarcoma - 6
OAKLAND:  Low grade endometrial stromal sarcoma, uterus - 11
VENTURA:  Endolymphatic stromal myosis - 4
SEATTLE:  Low grade stromal sarcoma (with focal areas resembling sex cord differentiation) - 4
BAKERSFIELD:  Endolymphatic stromal myosis - 5
MARTINEZ:  Low grade stromal sarcoma (endolymphatic stromal myosis) - 9
LONG BEACH:  Low grade stromal sarcoma - 6

FOLLOW-UP:
At second-look laparotomy 10-30-83, tumor was present in the infundibulo-pelvic ligaments. She received chemotherapy, and had no evidence of recurrence in November 1985.

FILE DIAGNOSIS:
Low grade endometrial stromal sarcoma, uterus

REFERENCES:

LOS ANGELES: Small cleaved follicular center cell lymphoma - 8
FRESNO: Malignant lymphoma (mixed small and large cell) - 9
OHIO: Lymphoma (? PDL) - 2; lympho epithelial lesion - 1
SAN BERNARDINO (INLAND): Malignant lymphoma, nodular, small cleaved cell type - 6
OAKLAND: Lymphoepithelial lesion, submaxillary gland - 7, lymphoma - 4
VENTURA: Low grade malignant lymphoma - 4
SEATTLE: Lymphoma - 4
BAKERSFIELD: Chronic sialadenitis, submaxillary gland - 2; Hodgkin's disease - 1; malignant lymphoma, diffuse, small cleaved cell - 2
MARTINEZ: Malignant lymphoma - 13
LONG BEACH: Malignant lymphoma (PDL) - 6

FOLLOW-UP:

The patient declined to have any treatment, and expired January 15, 1987. No postmortem examination was performed.

FILE DIAGNOSIS:

Malignant lymphoma, submandibular gland

REFERENCES:


LOS ANGELES: Malignant fibrous histiocytoma - 8

FRESNO: Malignant fibrous histiocytoma - 7; fibrosarcoma - 1; liposarcoma - 1

OHIO: Sarcoma, favor rhabdomyosarcoma - 3

SAN BERNARDINO (INLAND): Malignant fibrous histiocytoma - 5; fibrosarcoma - 1

OAKLAND: Sarcoma NOS, left buttock - 6; malignant fibrous histiocytoma, spindle variant - 5

VENTURA: Fibrosarcoma - 4

SEATTLE: Sarcoma - not otherwise specified - 4

BAKERSFIELD: Malignant fibrous histiocytoma, buttock - 3; fibrosarcoma - 2

MARTINEZ: Leiomyosarcoma - 4; malignant fibrosis histiocytoma - 4; fibrosarcoma - 1

LONG BEACH: Leiomyosarcoma - 3; fibrosarcoma - 2; malignant fibrous histiocytoma - 1

FOLLOW-UP:

The buttock lesion was irradiated on June 10, 1987, he had a left upper lobe metastasis removed at another hospital.

FILE DIAGNOSIS:

Malignant fibrous histiocytoma, buttock

REFERENCES:


LOS ANGELES: Malignant lymphoma - 8

FRESNO: Malignant lymphoma - 6; immunoblastic sarcoma - 2; leukemic infiltrate - 1

OHIO: Lymphoma - 3

SAN BERNARDINO (INLAND): CNS lymphoma, large cell type - 6

OAKLAND: High grade lymphoma, cerebrum - 11

VENTURA: Primary lymphoma of brain (microglioma) - 4

SEATTLE: Lymphoma, large cell (plasmacytoid) - 4

BAKERSFIELD: Malignant lymphoma, large, noncleaved - 5

MARTINEZ: Primary CNS lymphoma - 13

LONG BEACH: Malignant lymphoma, large cell type - 6

FOLLOW-UP:

The patient expired and an autopsy was performed.

FILE DIAGNOSIS:

Malignant lymphoma, brain

REFERENCES:


LOS ANGELES: Embolus of L. atrial myxoma - 6; embolic tumor, NOS - 1

FRESNO: Embolizing myxoma - 9

OHIO: Arteritis, giant cell - 3

SAN BERNARDINO (INLAND): Emboli probably from myxoma of heart - 6

OAKLAND: Myxoma, femoral artery - 11

VENTURA: Myxoma, emboli - 4

SEATTLE: Low grade mesenchymal neoplasm probably embolic - ?myxoma or other source - 4

BAKERSFIELD: Myxoma, embolus - 3; tumor embolus ? chondrosarcoma, femoral artery - 1; organizing thrombus with cartilaginous metaplasia - 1

MARTINEZ: Cardiac myxoma embolism - 13

LONG BEACH: Tumor thrombus from cardiac myxoma - 6

FOLLOW-UP:

An echocardiogram was performed but was deemed inadequate. An MRI scan of the heart showed a mass in the left atrium.

FILE DIAGNOSIS:

Embolus of atrial myxoma, femoral artery

REFERENCES:


LOS ANGELES: Inflammatory fibroid polyp - 8
FRESNO: Inflammatory fibrous polyp - 9
OHIO: Eosinophilic granuloma - 2; leiomyoblastoma - 1
SAN BERNARDINO (INLAND): Inflammatory fibroid polyp - 6
OAKLAND: Inflammatory fibroid polyp, stomach - 11
VENTURA: Inflammatory fibroid polyp - 3; leiomyoma and eosinophilic gastritis - 1
SEATTLE: Inflammatory pseudotumor with abundant eosinophils - 4
BAKERSFIELD: Inflammatory pseudotumor, stomach - 5
MARTINEZ: Inflammatory fibroid polyp (eosinophilic gastritis) - 13
LONG BEACH: Inflammatory fibroid polyp - 6

FOLLOW-UP:

No follow-up information available.

FILE DIAGNOSIS:

Inflammatory fibroid polyp, stomach

REFERENCES:
