CALIFORNIA TUMOR TISSUE REGISTRY

LOS ANGELES COUNTY - UNIVERSITY OF SOUTHERN CALIFORNIA

PROTOCOL

FOR

MONTHLY STUDY SLIDES

FEBRUARY 1989

TUMORS OF OVARY - PART II
CONTRIBUTOR: Rae Joselson, M. D.  
Van Nuys, California  
FEBRUARY 1989 - CASE NO. 1 & 2  
ACCESSION NO. 26299

TISSUE FROM: Adnexae

CLINICAL ABSTRACT:

History: The patient was a 59-year-old Caucasian gravida 3, para 2, abortion 1 who had been in excellent health. Menarche occurred at age 11 and menopause at age 47. She took estrogen post menopausally for a few years and then stopped. She had no post menopausal bleeding, vaginal discharge, abdominal or pelvic pain.

Physical examination revealed a large irregular pelvic mass. It was impossible to delineate the uterus an bimanual pelvic examination.

Ultrasound scan confirmed the presence of a mass.

Radiographs: An intravenous pyelogram showed some deviation of the ureter and CT scan of the abdomen and pelvis was suspicious for ovarian malignancy.

SURGERY: (May 26, 1988)

The patient underwent cystoscopy with insertion of ureteral stents, D + C, exploratory laparotomy. The peritoneum was opened, the left ovary was visualized and was atrophic. There was a large para uterine tumor that was not a part of the left ovary. Exploration of the abdomen detected no evidence of involvement of lymph nodes, liver, omentum and peritoneum. The tumor with right tube and atrophic ovary was then lifted into the incision where it was clamped, transected and specimen sent to the laboratory. Total abdominal hysterectomy, bilateral salpingo-oophorectomy, excision of left ovarian tumor, omentectomy and appendectomy.

GROSS PATHOLOGY:

The specimen consisted of an ovary, fallopian tube and attached ovoid mass weighing a total of 327 grams. The mass was attached along the proximal end of the fallopian tube, measuring 12.5 x 8.5 x 7.5 cms. and was enclosed within a red-tan, glistening membrane. The outer surface of the tumor was glistening, smooth, bosselated, mottled tan, pink and purple with prominent subsurface vasodilation. Cut surface of the tumor revealed multinodular, fleshy tan tissue with focal hemorrhage and scattered, pink-purple tan foci with isolated firmer foci of paler tan tissue. Isolated pearly cysts, measuring up to 0.2 cm. in diameter, were noted along the outer surface of the tumor as well as along the attached fibroligamentous tissue. The mass was attached to a portion of ligament measuring 2 cms. in length but appeared separate from the attached ovary which appeared atrophic, measuring 3 x 1.3 x 0.8 cms. with a scarred cerebriform, pale tan, focally tan-white outer surface. The fallopian tube was attached to the tumor and measured 4.5 cms. in length and 0.5 cm. in diameter.
CLINICAL ABSTRACT:

History: The patient is a 23-year-old nulligravida with 8-10 month history of menometrorrhagia. She denied use of oral contraceptives during the previous year and has been trying to become pregnant without success. She has now noticed occasional sharp vaginal pain.

Physical examination: On pelvic examination there was fullness in the left adnexa with a tender mass measuring approximately 6 cm.

Ultrasound confirmed the presence of a left pelvic mass.

SURGERY: (October 8, 1988)

The patient underwent left oophorectomy and appendectomy.

GROSS PATHOLOGY:

1. The first labeled as a segment of left ovary was an elliptical-shaped fragment of gray-pink tissue measuring 7.0 x 5.5 x 4.0 cms. Cut sections revealed a pink-tan, fish-flesh-like surface. The surface was homogeneous in appearance. Over one segment of the mass was a thin, white, apparent capsule that measured approximately 4.0 x 5.0 cms. This was adhesed to the underlying mass.

2. The second part was a portion of fallopian tube and underlying ovary. The fallopian tube had a fimbriated end present and measured 9.0 x 2.0 cms. in greatest dimension. The underlying apparent ovary had previously been sutured closed. The remaining ovary was tan-white in appearance and measured 6.0 x 1.5 cms. The inner surface of the apparent ovary was hemorrhagic and cystic in appearance.
CLINICAL ABSTRACT:

History: The patient was a pleasant 48-year-old white lady gravida II, para II. Her last menstrual period was 2-25-84 with a history of regular predictable menses lasting approximately five days with a fairly heavy flow. Patient related approximately four episodes of acute lower abdominal pain. The patient admitted that for approximately one year she had been able to palpate and enlarging pelvic mass, and when she lay down in her jacuzzi that she actually felt a firm mass in her lower abdomen. The acute lower abdominal pain began at approximately 0400 and as she awoke she had explosive vomiting of a "green bile" type of material. She had two normal bowel movements the morning of admission and the pain began to get progressively worse-and-worse.

Physical examination: The abdomen was soft. However, there was a large pelvic abdominal mass presenting at approximately the umbilicus +2, representing about a 22-24 weeks' gestation in size. The pelvic abdominal mass was firm, solid, and not cystic and situated more to the right than to the left.

Pelvic: The uterus was about 8-10 weeks clinically in size. The adnexa or ovaries could not be distinctly palpated. There was a large pelvic abdominal mass, more to the right than to the left. It was seemingly separate from the uterus but perhaps could be pedunculated from the uterus.

Ultrasound showed this to probably be a giant leiomyoma that was undergoing degeneration and infarction with concomitant pain.

SURGERY: (March 22, 1984)

A large ovarian tumor was grossly seen and peritoneal washings were obtained. The tumor was delivered from above the abdomen and the infundibulopelvic ligament was clamped, cut and tied times three with #1 chromic free ties. The specimen was taken to pathology for tissue diagnosis. In view of the massive size of the tumor and enlarged uterus, the age of the patient, and very importantly because of the report of large amounts of papillations the possible malignancy of the tumor, a bilateral, total abdominal hysterectomy with bilateral salpingo-oophorectomy was done.

GROSS PATHOLOGY:

The specimen consisted of a cystic ovarian mass measuring 15 x 13 x 9.5 cms. and weighing 1,044 grams. The external surface was pink and glistening with soft, fine farrows and two hemorrhagic dark brown areas. A fragment of fallopian tube was attached, measuring 5 cms. in length and up to 1 cm. in diameter. On opening the mass was filled with yellowish, somewhat mucoid fluid. Most of the cyst wall was glistening and flat; however, there was a cauliflower-like area of yellow fine papillomatous tissue, measuring approximately 10 x 6 x 3 cms.
CONTRIBUTOR: Eva Wasef, M. D. Los Angeles, California

FEBRUARY 1989 - CASE NO. 5

TISSUE FROM: Ovary

ACCESSION NO. 26369

CLINICAL ABSTRACT:

History: This was a 67-year-old female who was admitted with severe lower abdominal pain. She complained of constipation on and off for two months. An outpatient barium enema and abdominal ultrasound had confirmed a pelvic mass of 14.5 cm. and gynecology consultation was made. She experienced severe pain in the interim and was admitted via the emergency room.

Physical examination: There was severe tenderness over the right lower abdomen and suprapubic area.

SURGERY: (August 19, 1988)

The patient underwent total abdominal hysterectomy and bilateral salpingo-oophorectomy. A cystic mass was noted adhered to the peritoneum and right fallopian tube.

GROSS PATHOLOGY:

The specimen consisted of a cystic mass weighing 710 grams and measuring 15 x 13 x 9 cms. The external surface showed fibrous adhesions. The fallopian tube was stretched over the surface. On section the cyst was distended with thick curdy yellowish material containing hair. Near the fallopian tube attachment was a focally hemorrhagic necrotic mass of firm grayish-white to light green-colored tissue, measuring 8 x 3 x 2.5 cm.
CLINICAL ABSTRACT:

History: This was a 26-year-old female who complained of diffuse abdominal pain of one year's duration beginning just after a bilateral tubal ligation. Six weeks prior to admission she was hospitalized for abdominal pain.

An upper GI was interpreted as compatible with severe gastritis for which she was treated.

Physical examination: There was moderate abdominal tenderness most marked in the epigastrium and left lower quadrant. Rebound left pelvic tenderness and left adnexal mass of 5-6 cms. were noticeable.

SURGERY: (May 14, 1968)

A total abdominal hysterectomy and bilateral salpingo-oophorectomy were performed. There was a ruptured left ovarian cyst measuring 12 cm. and intact right ovary measuring 6 cm. in diameter. A firm area was noted on the sigmoid colon but was not resected. On further abdominal exploration a mass was palpated in the region of the stomach.

GROSS PATHOLOGY:

Two separately submitted ovarian masses, one measuring 7.0 cms., fluctuant, with a glistening surface beneath which pinkish-grey, tan, red, and brown areas were noted. Cross section revealed a multilobular interior with several cystic spaces, varying from 0.3 to 1.2 cms. Most of the parenchyma had been replaced by a relatively firm, yellowish-grey lobated mass with areas of gelationous-like softening. The other ovarian mass measured 8.0 x 6.5 x 4.5 cms. and was identical to the first. There were no serosal excrescenses.

COURSE:

Six days later she developed large bowel obstruction necessitating re-exploration on 5/20/68. A hard tumor mass was found involving almost the entire stomach, the transverse colon, pancreas, mesentery and retroperitoneum.
CONTRIBUTOR: Robert L. Berggren, M. D.
Orange, California

TISSUE FROM: Ovary

ACCESSION NO. 26247

CLINICAL ABSTRACT:

History: The patient is a 30-year-old nulliparous Caucasian female with polycystic ovaries since a teenager. She was treated for two years with oral contraceptives. From age 18 to age 22 she was amenorrheic. After age 22 she began to have irregular menstrual periods every 35-45 days with a four day flow. She presented in May 1988 with abdominal mass.

Physical examination revealed an obese (276 lb) female in mild distress. There was a palpable mass in the left abdominal region. The uterus was enlarged to 14 - 16 weeks' gestation size.

Radiographs: An ultrasound showed that the right ovary measured 3.4 x 5.1 x 3.9 cms. The left ovary showed a mixed adnexal mass measuring 9.3 x 3.6 x 15.3 cm. The mass was both solid and cystic. The uterus measured 9.8 x 5.7 x 6.6 cm. The endometrial echo was abnormal and echogenic.

SURGERY: (May 20, 1988)

The patient underwent left oophorectomy and wedge biopsy of right ovary.

GROSS PATHOLOGY:

The left ovary was cystic weighed 681 grams and measured up to 12.8 x 11.8 x 6.5 cms. The convexity had a tan appearance with areas of reddish discoloration. Focal areas of hemorrhage were noted on the bosselated surface. On cut section, yellowish to gray-tan tumor tissue was in the wall and the thickness of which varied from 0.3 to 3.8 cms. Smaller cysts were noted within the wall of the larger cyst. These measured up to 3.5 cm. in diameter, the larger cyst measuring up to 9 cms. in diameter. The lining is somewhat bosselated.
CONTRIBUTOR: Patrick W. Riley, M. D.
Reno, Nevada

FEBRUARY 1989 - CASE NO. 8

TISSUE FROM: Ovary

ACCESSION NO. 25895

CLINICAL ABSTRACT:

History: The patient is a 39-year-old GIPI female who underwent bilateral tubal ligation with some sort of resection of ovarian tumors in the past. She had been followed for several years with an enlarging pelvic mass thought to be myoma uteri. Recently she had become more symptomatic with pelvic pain and abnormal menstrual bleeding.

Physical examination: Obese. There was a tender pelvic mass measuring between 8 to 12 weeks size, irregular, bulky and tender. There was a low mid-line scar.

SURGERY: (December 29, 1986)

The patient underwent total abdominal hysterectomy, bilateral salpingo-oophorectomy with appendectomy. There were pelvic adhesions. The sigmoid colon was densely adherent to the left adnexa and the omentum and the appendix was adherent to the right adnexa. The cecum was nonmobile and adherent to the pelvic sidewall. The ovaries contained bilateral large hemorrhagic cysts measuring up to 5 x 6 cm. There were multiple satellite "endometriomas" on the right adnexa; and endometriosis was noted on the right uteropelvic ligament.

GROSS PATHOLOGY:

The uterus measured 10.5 x 6.2 x 5.5 cms. The serosal surface had dense; fibrous adhesions on the anterior-superior surface. Protruding beneath the posterior serosal surface was a rubbery-firm mass, measuring up to 2 cms. in diameter. Several whorled gray-white nodules, measuring up to 1.3 cm. in greatest dimension, were noted on sectioning the myometrium. The surface of the fallopian tubes revealed polypoid masses which had walls measuring 1 mm. thick and contained clotted blood. Previous tubal ligation scars were noted.
History: The patient is a 30-year-old female gravida III, para I who was admitted at 38 weeks' gestation for a Caesarian section. The right ovary was noted to be enlarged measuring 7 x 5½ cm. and on section was essentially replaced by a single large gray-tan rubbery tumor with only a thin rim of ovarian stroma. The ovary weighed 52 grams.

No other pertinent information forthcoming.
CONTRIBUTOR: Dennis Kasimian, M. D.  
Van Nuys, California  
FEBRUARY 1989 - CASE NO. 10

TISSUE FROM: Ovary  
ACCESSION NO. 25122

CLINICAL ABSTRACT:

History: The patient, a 64-year-old Caucasian female had chief complaints of four to five weeks of suprapubic discomfort, abdominal fullness and increasing abdominal girth. Additionally she complained of increased urinary frequency, fatigue and decrease in exercise tolerance.

Ultrasound showed it to be a complex mass with both cystic and solid components.

Radiographs: A CT scan of the abdomen and IVP showed a mass in the left lower quadrant.

SURGERY: (December 13, 1983)

The abdomen was entered through a low midline incision, extended upward to the left of the umbilicus. On opening the peritoneal cavity there was a moderate amount of serosanguinous fluid, which was evacuated. The peritoneal surfaces, particularly in the peritoneum in the pelvis, were studded with small typical carcinomatous nodules. There was a large cystic and solid mass which extended almost to the level of the umbilicus. Initially it was somewhat difficult to determine the exact origin of this. However, after further investigation and freeing of adhesions in the region of the pelvis, it was apparent that the process was a cystadenocarcinoma of the ovary, and from all appearances both ovaries were extensively involved, and the tumors had coalesced in the midline.

Palpation of the upper abdomen revealed extensive peritoneal studding throughout most of the abdomen, including the undersurface of the right diaphragm, the serosa of the liver, and extensive involvement of varying-sized masses in the greater omentum.

The patient underwent bilateral salpingo-oophorectomy and omentectomy.

GROSS PATHOLOGY:

Specimen consisted of a 410 grams, 14.5 x 9 x 7 cms. lobulated cystic mass. The tumor was nodular, firm and creamy-white and the cystic areas were lined by shaggy, papillary tumor. An 8 x 1 cm. fallopian tube ran over one surface of the ovarian mass to which it was attached by firm adhesions.

Sections of the omental fat which weighed 430 grams were studded with 0.3 to 0.4 cm. firm, tumor nodules.
CONTRIBUTOR: Eva S. Wasef, M. D.
Los Angeles, California

FEBRUARY 1989 - CASE NO. 11

TISSUE FROM: Ovary

ACCESSION NO. 25218

CLINICAL ABSTRACT:

History: Patient was a 58-year-old female with a large pelvic mass. She had a history of left salpingo-oophorectomy.

SURGERY: (April 27, 1984)

The patient underwent total abdominal hysterectomy and right salpingo-oophorectomy.

GROSS PATHOLOGY:

The right ovary was in two fragments - one was fairly well circumscribed lobulated mass of focally necrotic, predominantly firm, grayish-white to yellowish tissue, measuring 15 x 12 x 10.5 cms. and weighing 592 grams. There was focal hemorrhage and mucoid necrosis. A separately submitted specimen designated as "tissue covering ovary" was a triangular fragment of firm, rubbery hemorrhagic tissue measuring 6.5 x 5 x 6 cms. The tissue appeared to be covered by a serosal lining. Cut sections showed mucin and hemorrhage.
CLINICAL ABSTRACT:

History: The patient was a 60-year-old female who was being followed for hypertension. Three to 4 weeks prior to admission she complained of vague lower abdominal pain. Pelvic ultrasound revealed a large adnexal mass in the right ovary.

SURGERY: (May 28, 1987)

The patient underwent total abdominal hysterectomy and bilateral salpingo-oophorectomy, and debulking procedure, an area of omentum which was solid. There was tumor through the ovarian capsule.

GROSS PATHOLOGY:

Submitted is a large ovarian mass with attached fallopian tube. The fallopian tube measures 3.5 cms. in length by 0.9 cm. in average diameter. The fimbriated end is not remarkable. The ovarian mass which is attached is mostly cystic and measures at least 13 x 11.5 x 7.5 cm. and weighs 310 grams. The specimen has been partly opened and reveals a partly cystic, partly solid tumor mass with a firm yellowish parenchyma. In the cystic areas extensive necrosis can be identified. Some firm blood clot is found within some of the cystic areas. Grossly the tumor has broken the ovarian capsule with small pretrusions on the surface.

The next specimen consists of a portion of omentum which weighs 22 grams and measures 11.5 x 4 x 2.5 cm. One area of the omental fat is labeled with a black silk suture. This area is slightly firmer, still lobulated and yellow-tan. It is totally embedded as (D). Examination of the remainder of the specimen reveals no additional areas similar to this.
STUDY GROUP CASES
FOR
FEBRUARY 1989

CASE NO. 1 - ACCESSION NO. 26299

LOS ANGELES: Adnexal tumor, probably Wolffian in origin - 3
FRESNO: Wolffian duct tumor - 1; Sertoli cell tumor - 8
SACRAMENTO: Female adnexal tumor of probable Wolffian origin - 6
BAKERSFIELD: Tumor of Wolffian origin - 6
SAN FRANCISCO: Fatwo - 5
MARTINEZ: Sertoli-Leydig cell tumor - 6; Sertoli cell tumor - 2
LONG BEACH: Adnexal tumor of Wolffian origin - 7
SAN BERNARDINO (INLAND): Sertoli-Leydig cell tumor - 8
SEATTLE: Adnexal tumor of probable Wolffian origin - 7
GRASS VALLEY: Sertoli-Leydig cell tumor - 1
NORTH DAKOTA: Sertoli cell tumor - 1

FOLLOW-UP:

The patient was last seen for routine annual gynecologic examination on 1/5/89 and she is in good health with no problems. Pap smear taken, class I normal.

DIAGNOSIS:

Adnexal tumor, probable Wolffian in origin, extraovarian

REFERENCES:


CASE NO. 2 - ACCESSION NO. 26299

LOS ANGELES: Sertoli cell tumor - 5
FRESNO: Sertoli cell tumor - 9
SACRAMENTO: Female adnexal tumor of probable Wolffian origin - 6
BAKERSFIELD: Tumor of Wolffian origin - 6
SAN FRANCISCO: Fatwo - 5
MARTINEZ: Sertoli-Leydig cell tumor - 6; Sertoli cell tumor - 2
LONG BEACH: Adnexal tumor of Wolffian origin - 7
SAN BERNARDINO (INLAND): Sertoli-Leydig cell tumor - 8
SEATTLE: Adnexal tumor of probable Wolffian origin - 7
GRASS VALLEY: Poorly differentiated Sertoli-Leydig cell tumor - 1
NORTH DAKOTA: Sertoli cell tumor - 1

FOLLOW-UP:
The patient was last seen for routine annual gynecologic examination on 1/5/89 and she is in good health with no problems. Pap smear taken, class I normal.

DIAGNOSIS:
Sertoli cell tumor, adnexae
X-file: Female adnexal tumor of probable Wolffian origin

REFERENCES:


CASE NO. 3 - ACCESSION NO. 25902

LOS ANGELES: Sex cord tumor with annular tubules - 6
FRESNO: Sex cord tumor with annular tubules - 7; carcinoid - 2
SACRAMENTO: Sex cord tumor with annular tubules - 6
BAKERSFIELD: Sex cord tumor with annular tubules - 6
SAN FRANCISCO: Sex cord tumor with annular tubules - 5
MARTINEZ: Sex cord tumor with annular tubules - 9
LONG BEACH: Sex cord tumor with annular tubules - 7
SAN BERNARDINO (INLAND): Sex cord tumor with annular tubules - 8
SEATTLE: Sex cord tumor with annular tubules - 5; Sertoli cell neoplasm - 2
GRASS VALLEY: Sex cord tumor with annular tubules - 1
NORTH DAKOTA: Sertoli cell tumor - 1

CONSULTATION:

Robert H. Young, M. D., Massachusetts General Hospital - Harvard Medical School, Boston, Massachusetts: Sex Cord Tumor with Annular Tubules, ovary.

FOLLOW-UP:

On March 14, 1988 the gynecologist found a right cystic ovarian mass which on histopathologic examination showed a hemorrhagic, follicular cyst, measuring 5.0 cm.

The patient was last seen by her gynecologist on December 28, 1988. At that time she was doing quite well, had no evidence of any recurrence. The patient has been trying to get pregnant for the past six months; however, has not been able to accomplish this as yet.

DIAGNOSIS:

Sex cord tumor with annular tubules, ovary

REFERENCES:


LOS ANGELES: Sero-mucinous cystadenocarcinoma - 6; borderline sero-mucinous carcinoma - 1
FRESNO: Low malignancy papillary mucinous adeno-carcinoma - 9
SACRAMENTO: Serous cystadenoma of low malignant potential - 6
BAKERSFIELD: Serous cystadenocarcinoma, borderline malignancy - 6
SAN FRANCISCO: Papillary sero-mucinous tumor of low malignant potential - 5
MARTINEZ: Serous papillary cystadenoma of borderline malignancy - 2; mucinous papillary cystadenoma of borderline malignancy - 7
LONG BEACH: Sero-mucinous papillary tumor of low malignant potential - 7
SAN BERNARDINO (INLAND): Borderline-serous tumor - 4; well differentiated serous cystadenocarcinoma - 4
SEATTLE: Borderline papillary serous tumor - 7
GRASS VALLEY: Seromucinous tumor of low malignant potential - 1
NORTH DAKOTA: Mucinous cystadenocarcinoma - 1

FOLLOW-UP:
The patient is alive without recurrence of the tumor as of January 3, 1989.

DIAGNOSIS:
Sero-mucinous cystadenocarcinoma, ovary
X-file: Ovarian mixed epithelial papillary cystadenomas of borderline malignancy

REFERENCES:
CASE NO. 5 - ACCESSION NO. 26369

LOS ANGELES: Adenosquamous cell carcinoma arising in a teratoma (mucicarmine positive per Dr. Kernen) - 6

FRESNO: Squamous cell carcinoma derived from a dermoid - 9

SACRAMENTO: Benign cystic teratoma with squamous cell carcinoma - 6

BAKERSFIELD: Squamous cell carcinoma - 6

SAN FRANCISCO: Squamous cell carcinoma (possible origin in dermoid or Brenner tumor) - 5

MARTINEZ: Squamous cell carcinoma arising from cystic teratoma - 9

LONG BEACH: Squamous cell carcinoma arising in cystic teratoma - 7

SAN BERNARDINO (INLAND): Squamous cell carcinoma in a cystic teratoma - 6; malignant Brenner tumor - 2

SEATTLE: Squamous cell carcinoma and dermoid cyst - 7

GRASS VALLEY: Epidermoid carcinoma - 1

NORTH DAKOTA: Squamous cell carcinoma - 1

FOLLOW-UP:

As of 1/5/89 the patient is alive and well without evidence of metastasis. She did not receive radiotherapy or chemotherapy.

DIAGNOSIS:

Adenoid squamous cell carcinoma arising in a teratoma, ovary

REFERENCES:

CASE NO. 6 - ACCESSION NO. 17525

FEBRUARY 1989

LOS ANGELES: Bilateral metastatic adenocarcinoma (Krukenberg tumor) - 7
FRESNO: Lipid cell tumor - 1; malignant granulosa cell tumor - 1, Krukenberg tumor - 6; Don't know - 1
SACRAMENTO: Metastatic, totally undifferentiated carcinoma of probable breast primary - 6
BAKERSFIELD: Metastatic carcinoma - 4; juvenile granulosa cell tumor - 2
SAN FRANCISCO: Metastatic adenocarcinoma to ovaries (Krukenberg tumor) - 5
MARTINEZ: Hilus cell tumor, (lipid cell tumor) - 6; Krukenberg tumor - 3
LONG BEACH: Krukenberg tumor - 7
SAN BERNARDINO (INLAND): Metastatic carcinoma - 8
SEATTLE: Krukenberg tumor - 7
GRASS VALLEY: Krukenberg tumor (metastatic poorly differentiated adenocarcinoma) - 1
NORTH DAKOTA: Metastatic carcinoma, possible breast carcinoma - 1

FOLLOW-UP:
She expired 7/15/68 of metastatic disease.

DIAGNOSIS:
Metastatic adenocarcinoma (Krukenberg tumor), ovary
X-file: Metastatic adenocarcinoma, primary stomach

REFERENCES:


CASE NO. 7 - ACCESSION NO. 26247

LOS ANGELES: Luteinized juvenile granulosa cell tumor - 7

FRESNO: Endodermal sinus tumor - 4; malignant granulosa cell tumor - 1; adenomatoid tumor with stromal hyperplasia - 1; juvenile granulosa cell tumor - 1; don't know - 2

SACRAMENTO: Krukenberg tumor - 6

BAKERSFIELD: Sertoli-Leydig cell tumor - 2; juvenile granulosa cell tumor - 3; tumor, NOS - 1

SAN FRANCISCO: Gonadal stromal tumor - 5

MARTINEZ: Juvenile granulosa cell tumor - 9

LONG BEACH: Granulosa cell tumor - 7

SAN BERNARDINO (INLAND): Gonadal stromal tumor - 2; sclerosing stromal tumor - 2; adenomatoid tumor - 2, mixed germ cell tumor - 2

SEATTLE: Juvenile granulosa cell tumor - 7

GRASS VALLEY: Sclerosing stromal tumor - 1

NORTH DAKOTA: Stromal hyperthecosis - 1

CONSULTATION:

Robert J. Kurman, M. D., Georgetown University Medical Center, Washington, D. C.: Juvenile granulosa tumor, ovary.

Gerrit D'Ablaing III, M. D., LAC-USC Medical Center, Los Angeles, California: Gonadal stromal tumor (luteinized juvenile granulosa cell tumor).

FOLLOW-UP:

As of 1/19/89 the patient is doing well with no evidence of disease.

DIAGNOSIS:

Juvenile granulosa cell tumor, ovary

REFERENCES:


LOS ANGELES: Endometriosis - 8
FRESNO: Endometriosis with focal tubal metaplasia - 9
SACRAMENTO: Endometrioma - 6
BAKERSFIELD: Benign endometrium - 5; adenocarcinoma arising in an endometrioma - 1
SAN FRANCISCO: Endometriosis - 5
MARTINEZ: Endometriosis - 8; luteal cyst - 1
LONG BEACH: Endometriotic cyst (endometrioma) - 7
SAN BERNARDINO (INLAND): Endometriosis - 8
SEATTLE: Endometrioma with focal atypia - 7
GRASS VALLEY: Endometriosis - 1
NORTH DAKOTA: Endometriosis with severe dysplasia - 1

FOLLOW-UP:

The patient is asymptomatic and doing well.

DIAGNOSIS:

Endometriosis, ovary

REFERENCES:


CASE NO. 9 - ACCESSION NO. 25847

FEBRUARY 1989

LOS ANGELES: Luteoma of pregnancy - 6; lipid cell tumor - 1
FRESNO: Luteoma of pregnancy - 9
SACRAMENTO: Lipid cell tumor of adrenocortical subtype - 6
BAKERSFIELD: Luteoma of pregnancy - 6
SAN FRANCISCO: Luteoma of pregnancy - 5
MARTINEZ: Luteoma of pregnancy - 4; hilus cell tumor (lipid cell tumor) - 3
LONG BEACH: Luteoma of pregnancy - 7
SAN BERNARDINO (INLAND): Pregnancy luteoma - 8
SEATTLE: Luteoma of pregnancy - 7
GRASS VALLEY: Pregnancy luteoma - 1
NORTH DAKOTA: Leydig's cell tumor - 1

FOLLOW-UP:
Not available.

DIAGNOSIS:
Luteoma of pregnancy, ovary

REFERENCES:


LOS ANGELES: Clear cell carcinoma - 7
FRESNO: Clear cell carcinoma - 9
SACRAMENTO: Clear cell carcinoma - 6
BAKERSFIELD: Papillary cystadenocarcinoma, clear cell type - 6
SAN FRANCISCO: Clear cell carcinoma - 5
MARTINEZ: Clear cell carcinoma - 6; papillary serous cystadenoma - 1
LONG BEACH: Clear cell carcinoma (mesonephric) - 7
SAN BERNARDINO (INLAND): Clear cell adenocarcinoma - 8
SEATTLE: Clear cell carcinoma - 7
GRASS VALLEY: Clear cell carcinoma - 1
NORTH DAKOTA: Mesonephroid carcinoma - 1

FOLLOW-UP:

The patient received seven courses of cystplatinum and adriamycin with apparently good response to chemotherapy. However, in September of 1984 she was found to have recurrent intra-abdominal ovarian carcinoma and she expired November 1984 without the benefit of an autopsy.

DIAGNOSIS:

Clear cell carcinoma, ovary

REFERENCES:


LOS ANGELES: Clear cell carcinoma - 7
FRESNO: Clear cell carcinoma - 9
SACRAMENTO: Clear cell carcinoma - 6
BAKERSFIELD: Clear cell carcinoma (mesonephric) - 6
SAN FRANCISCO: Clear cell carcinoma - 5
MARTINEZ: Clear cell carcinoma - 7
LONG BEACH: Clear cell carcinoma, tubulo-cystic variant - 7
SAN BERNARDINO (INLAND): Clear cell adenocarcinoma - 8
SEATTLE: Clear cell carcinoma - 7
GRASS VALLEY: Clear cell carcinoma - 1
NORTH DAKOTA: Mesonephroid carcinoma - 1

FOLLOW-UP:
No follow-up information available.

DIAGNOSIS:
Clear cell carcinoma, ovary

REFERENCES:


CASE NO. 12 - ACCESSION NO. 26019

FEBRUARY 1989

LOS ANGELES: Mixed mullerian tumor (carcinosarcoma) - 5; endometrioid carcinoma, high grade - 1; poorly differentiated malignant neoplasm - 1

FRESNO: Mixed mullerian tumor - 9

SACRAMENTO: Carcinosarcoma - 6

BAKERSFIELD: Undifferentiated carcinoma - 2; poorly differentiated adenocarcinoma - 2; carcinosarcoma - 2

SAN FRANCISCO: Malignant mixed mullerian tumor - 3; immature teratoma - 3

MARTINEZ: Undifferentiated carcinoma - 7

LONG BEACH: Malignant mixed mullerian tumor - 7

SAN BERNARDINO (INLAND): Carcinosarcoma - 5; immature teratoma - 2; embryonal cell carcinoma - 1

SEATTLE: Mixed mullerian sarcoma - 7

GRASS VALLEY: Undifferentiated carcinoma - 1

NORTH DAKOTA: Serous papillary cystadenocarcinoma - 1

FOLLOW-UP:

The patient received systemic chemotherapy and in October 1988 underwent a laparotomy which showed no evidence of tumor.

DIAGNOSIS:

Mixed mullerian tumor (carcinosarcoma), ovary
X-file: Endometrioid carcinoma, grade III, ovary

REFERENCES:

