CALIFORNIA TUMOR TISSUE REGISTRY
HUNTINGTON MEMORIAL HOSPITAL
PROTOCOL
FOR
MONTHLY STUDY SLIDES
MARCH 1990
TUMORS OF THE MEDIASTINUM
CLINICAL ABSTRACT:

History: This 63-year-old Armenian female presented with clinical findings by chest radiograph of a recurring massive left pleural effusion with a mediastinal mass appearing to the left side of the mediastinum under the aortic knob. There was dyspnea attributed to pleural effusion.

Radiograph: Aortogram ruled out the presence of an aneurysm. Computerized axial tomography revealed a very vascular mass in the aorto-pulmonary window.

SURGERY: (December 14, 1989)

A left thoracotomy and excision of mediastinal tumor were performed. Findings: There was a 2.5 x 1.5 inch mass occupying the aortopulmonary window and being in much closer relation to the undersurface of the aorta than the pulmonary artery. A major feeding vessel was found to supply the tumor, arising from the aortic arch.

GROSS PATHOLOGY:

The specimen received was a firm ovoid pseudoencapsulated mass, measuring 3.8 x 3 x 2 cms. The exterior was faintly bosselated pale red to tan. It had cut with very little resistance. The cut surfaces were glistening, variegated yellow to pink to gray, somewhat gelatinous and faintly translucent. There appeared to be an ill-defined yellowish rind in places at the periphery. The smaller piece measured 2.7 cms. in greatest dimension and was made up of several blackish to pinkish nodules held together by yellowish bands.
CONTRIBUTOR: Thomas J. Bassler, M. D.  
Inglewood, California  
MARCH 1990 - CASE NO. 2  
TISSUE FROM: Anterior mediastinum  
ACCESSION NO. 25293

CLINICAL ABSTRACT:

History: Patient is a 17-year-old white female had a documented history of Cushing's Syndrome since March 1984.

Physical examination: She was markedly Cushinoid with a moon-shaped facies and "chipmunk" pouches. The face was asymmetric with the left cheek being more swollen than the right. Her skin was somewhat darkened in color. Her face was no longer plethoric. The skin was somewhat coarse and dry. There was hirsutism involving the beard, sideburn, and cheek areas of the face. There was deep striae involving both flank areas. There was erythematous papillar rash involving her entire back, back of neck and buttock area. There was a small buffalo hump.

Laboratory report: Serum cortisol level: 40.6 - 1087 (normal 5 to 29.5), nonsuppressible by either low (1 mg.) high (8 mg.) dose Dexamethasone suppression. In fact she seemed to have intermittent autonomous cortisol secretion. Serum antigens (elevated DHEA sulfate). 17-ketosteroi ds: 27 - 1028 (normal 6 to 14). ACTH levels: 218 - 459 (normal less than 130). SGOT 54; SGPT 102.

Radiograph: She had a normal CT scan of the pituitary and also a hyperplastic adrenal gland bilaterally. CAT scan revealed a tumor in the anterior mediastinum. Lumbosacral spine series revealed Schmorl's nodes of L-1 and L-2 with narrowing of L-5 - S-1.

SURGERY: (August 3, 1984)

Median sternotomy and removal of anterior mediastinal ectopic ACTH secreting tumor was performed. Findings: There was a large, brownish-red tumor which was located in the anterior mediastinum towards the right lobe of the thymus gland. It did not involve the thymus gland. The tumor had its blood supply coming from the thymic artery and vein and easily "shelled out".

GROSS PATHOLOGY:

The specimen consisted of a rubbery pink-tan tumor which weighed 34 grams and measured 6 x 4 x 4 cms. The cut surface was mottled with gray and purple areas. It appeared well circumscribed. The external surface showed a thin fibro-areolar capsule which contained some fatty tissue.
CONTRIBUTOR: Milton Bassis, M. D. Shelley L. Tepper, M. D.
San Francisco, California

TISSUE FROM: Posterior mediastinum

MARCH 1990 - CASE NO. 3
ACCESSION NO. 25449

CLINICAL ABSTRACT:

History: This 3-year-old Caucasian male presented with a one week history of fever and cough.

Radiograph of chest revealed a 9 cm. diameter mass in the right lower lobe.

SURGERY: (April 30, 1982)

He underwent a thoracotomy and resection of posterior mediastinal mass. Findings: A tumor was found arising primarily from the 6th and 7th intercostal spaces paravertebrally and extending along the 7th intercostal space out to the posterior axillary line. The tumor was well encapsulated and extended from T-3 to T-10. The mass did not extend into the visceral pleura of the lung. On expansion of the lung there was a defect in the superior segment of the right lower lobe, presumable the result of the long standing mass. Exploration of the remaining posterior mediastinum was unremarkable.

GROSS PATHOLOGY:

The specimen consisted of lobulated, firm, yellow-tan mass, weighing 240 grams and measuring 12 x 10 x 5 cms. It appeared to be completely invested by thin membranous connective tissue. Along the lobulated surface were several apparent nerves which measured 3 x 0.1 to 0.2 cms. Medium-sized vessels coursed within the membranous connective tissue investing the mass. The cut surface of the mass disclosed a bulging mucoid yellow-tan tissue with no areas of necrosis.
CONTRIBUTOR: D. R. Dickson, M. D.  
Santa Barbara, California

MARCH 1990 - CASE NO. 4

TISSUE FROM: Posterior mediastinum

ACCESSION NO. 24965

CLINICAL ABSTRACT:

History: This 63-year-old Caucasian male had chest radiographs approximately 2 weeks prior to admission for osteoarthritis of his spine. At that time a lesion was noted possibly in the left anterior lung fields. Repeat chest films and CT scan showed a mass in the left anterior lung field adjacent to the 7th and 8th ribs anteriorly. He has a known history of thromboasthenia with normal platelet count but prolonged bleeding time since 1974. For this reason no needle biopsy was attempted.

Physical examination: There was a questionable enlargement of the liver edge extending 2-3 cms. below the right costal margin.

SURGERY: (January 26, 1983)

Limited left thoracotomy with excision of extrapleural mass was performed. A 3 x 4 x 2 cm. lobulated soft mass was present in the left paravertebral gutter adjacent to the 9th vertebra and overlying the 9th ribs as well as adjacent portions of the 8th and 9th interspaces. The parietal pleura over the mass was intact. Except for the multiple lobulations, the mass had the appearance of a neurogenic tumor.

GROSS PATHOLOGY:

The specimen consisted of a 14.5 gm. soft, somewhat diamond-shaped flattened mass, 63 x 45 mm. in greatest dimension and from 8-12 mm. in thickness. One surface was covered with a smooth transparent and very faintly lobulated membrane with the opposite surface composed of fat lobules and areolar tissue. Sectioned surfaces were composed of several discrete and confluent nodules of bulging, soft, red-brown, friable, moist tissue, varying from 10-18 mm. in greatest diameter and up to 9 mm. in thickness, having the consistency of chicken liver.
CONTRIBUTOR: Jozef Kollin, M. D.
Long Beach, California

TISSUE FROM: Mediastinum

CLINICAL ABSTRACT:

History: This 70-year-old Black male presented with a one year history of a mass in the left anterior neck. Two months prior to his admission, he noted enlargement of the mass associated with dysphagia. Endocrine work-up did not reveal any abnormalities. Thyroid scan in March 1983 showed a large left lobe cold mass.

Physical examination revealed a hard mass of the left lobe of the thyroid 5 x 5 cms. with 3 cms. of the mass extending across the lower midline. Clinical impression was carcinoma of the thyroid.

SURGERY: (April 27, 1983)

The patient was prepared for a left thyroidectomy and upon opening the neck anteriorly, a large encapsulated mass surrounding the left lobe of the thyroid with tenting of the left sternohyoid and sternothyroid muscle was noted. The mass extended towards a normal appearing right lobe into the mediastinum. A sternotomy from the manubrial notch to the xiphoid process was made. The mass reached the aortic arch at the origin of the left common carotid artery. The mass was well encapsulated and dissected off the large veins and aortic arch. There was no infiltration into the surrounding tissues.

GROSS PATHOLOGY:

The "A" specimen submitted in formalin was labeled sternocleidomastoid muscle without evidence of tumor. "B" specimen received fresh for frozen section labeled as thyroid or thymus was a wedge portion of the encapsulated lesion. It was fishflesh-appearing, measuring 2.8 x 2 x 1.8 cm. "C" was an encapsulated lobulated tumor with left lobe of thyroid attached weighing 265 grams. The tumor measured 10 x 7 x 6.5 cm. The thyroid measured 4 x 2.5 x 1 cm. When sectioned it was grossly unremarkable. The tumor was entirely encapsulated. When sectioned lobules of yellow to gray-white tumor were divided by fibrous tissue. Occasional small cysts containing clear fluid and foci of hemorrhage were noted.
CONTRIBUTOR: Adam Borit, M. D.  
Houston, Texas  

MARCH 1990 - CASE NO. 6  

TISSUE FROM: Anterior mediastinum  
ACCESSION NO. 24506

CLINICAL ABSTRACT:

History: This 62-year-old male presented with progressive dyspnea, six months' duration. Chest radiographs showed large anterior mediastinal mass.

SURGERY: (July 2, 1981)

Excision of anterior mediastinal mass was performed.

GROSS PATHOLOGY:

The specimen consisted of encapsulated masses with associated fibrous tissue. The total weight was 1700 grams, with aggregate dimensions of 30 x 30 x 30 cms. The largest mass measured 5 x 4 x 3 cms. On cut section the masses showes a fish flesh, rubbery, gray-tan appearance.
CONTRIBUTOR: Donald R. Rankin, M. D.  
Fontana, California  
MARCH 1990 - CASE NO. 7  
TISSUE FROM: Posterior mediastinum  
ACCESSION NO. 24917

CLINICAL ABSTRACT:

History: This 33-year-old Caucasian female underwent a routine physical examination in February 1983 at which time chest radiograph was reported as abnormal. She gave a history of an uncomfortable feeling in the front of the chest in the right infraclavicular region and right scapular region, present off and on in the last few days. She had no history of von Recklinghausen's disease.

Radiograph revealed a rounded 2 cm. soft tissue density to the right of the mediastinum in the region of the azygos vein on the PA view and on the lateral view it appeared to be located posterior to the arch of the aorta. Chest fluoroscopic views and tomograms revealed the density to be oval in shape, located in the paravertebral gutter adjacent to the thoracic vertebrae 4 and 5. There was no widening of the intravertebral thoracic foramin. CAT scan showed a 3 x 2.5 x 1.5 cm. paraspinal mass about 1.5 cm. below the level of the aortic arch, probably representing a vascular tumor or vascular anomaly.

SURGERY: (April 20, 1983)

A right thoracotomy and excision was performed. Between T-4 and T-5, there was a 4 cm. encapsulated mass adherent to the parietal pleura posteriorly.

GROSS PATHOLOGY:

The specimen was submitted in two portions: "A" was an ovoid segment of tan to yellowish tissue which appeared encapsulated. It measured 1.2 x 1.4 x 1.1 cms. On cut section it appeared encapsulated. "B" was an ovoid segment of tissue measuring 2.2 x 2.3 x 1.5 cms. It appeared encapsulated, but beneath this the surface was slightly nodular. On cut section it had a yellowish to tan color with some white areas present.
History: This 58-year-old Hispanic male was referred to the hospital in November 1986 because of an asymptomatic mediastinal mass picked up on routine chest x-ray at a public health clinic. Pulmonary tuberculosis diagnosed in November 1985. He had just completed one year antibiotic treatment. There was questionable 10 lb. weight loss in October 1986.

Radiograph: CT scan showed anterior mediastinal mass of considerable dimension (greater than 7 cms.). Left pleural effusion was present with pleural thickening.

Surgery: (November 26, 1986)

A resection of mediastinal mass was performed. Residual tumor was left around the left phrenic nerve.

Gross Pathology:

The specimen consisted of 9 x 8 x 5 cm. mass which was multilobulated with areas of hemorrhage and necrosis. On cut surface the mass had a yellow white-tan lobulated appearance and weighed 98 grams.
CONTRIBUTOR: Allan Cagle, M. D.  
Whittier, California  

MARCH 1990 - CASE NO. 9  

TISSUE FROM: Superior mediastinum  

ACCESSION NO. 25376  

CLINICAL ABSTRACT:

History: This 22-year-old male presented with a superior mediastinal mass noted on chest x-ray in November 1984. Sixteen years prior to admission he had been successfully treated for Hodgkin's disease via radiation therapy.

SURGERY: (December 14, 1984)

Resection of superior mediastinal tumor and biopsy of tumor in parietal pleura were performed. Findings: A large mediastinal mass was noted with multiple seed-like implants on the pleural surface. The tumor involved parietal and visceral pleurae, azygos veins and base of diaphragm which was unreseatable.

GROSS PATHOLOGY:

The specimen consisted of a mass of rubbery firm tissue with an irregularly shaped contour. It measured 6.6 x 5.2 x 3.8 cms. in maximum transverse diameter and weighed 55 grams. There were several irregular nodular protrusions on the surface which varied in color from yellow to red tan. On section the tissue was rubbery firm in consistency. It varied from gray white to pink tan to yellow tan. The yellow tan areas grossly appeared to represent foci of necrosis. The tissue around the periphery was generally gray white in color and appeared to be the better preserved.

Pleura: Single fragment of red to pink tan membranous tissue measuring 1.4 x 0.7 cm. was submitted.
CLINICAL ABSTRACT:

History: This 43-year-old Hispanic female presented with history of cough and chest pain of unknown duration. Upon return visit three months later, the symptoms were attributed to the flu in February 1985.

Physical examination within normal limits.

Radiograph: Chest x-ray one year ago was clear. Current chest x-ray showed an anterior mediastinal mass, 8 cms. in diameter, at the level of the ascending aorta. CT scan revealed a mass that was separate from the vascular structures superiorly, but was contiguous with the ascending aorta.

SURGERY: (May 2, 1985)

A left thoracotomy with biopsy of mediastinal mass and implants of pericardium and diaphragm was performed. Findings: A large mass was located at the anterior superior mediastinum at the level of the aortic arch and extended down to the superior aspect of the left hilus over the pulmonary artery area. There were multiple implants on the pericardium, diaphragm and parietal pleura.

GROSS PATHOLOGY:

The specimen consisted of several firm grey tan irregularly-shaped segments of tumor which measured 2.7 x 1.3 x 1.0 cms. Also enclosed were a second portion of tumor from the diaphragm and a third from the pericardium.
TISSUE FROM: Anterior mediastinum

CLINICAL ABSTRACT:

History: This 30-year-old Filipino male presented with a 4 day history of cough and blood-tinged yellow sputum. For the past 4 months he had increased weakness, easy fatigability, weight loss, fever and night sweats. Chest x-ray disclosed a mediastinal mass.

Physical examination: The lungs were clear on auscultation. There were small shooty supraclavicular node, measuring 1 x 1 cm. No testicular masses were palpable.

Laboratory report: Chemistry panel normal except for bicarbonate 30, PT 93, platelet count 387,000. WBC 6300, hematocrit 45% with a normal differential. Alpha fetoprotein was less than 2. Beta HCG was negative. Magnesium was 1.6.

Radiograph: Chest CT scan revealed a large anterior mediastinal mass, heterogeneous in density, which abutted superior vena cava and ascending colon and extended to pericardium. There were no pericardial or effusion as well as mediastinal or axillary adenopathy. Atelectasis present in left lung.

CT guided biopsy of mass showed nonspecific chronic inflammation. Bilateral bone marrow biopsy and aspirate showed no evidence of tumor or malignant cells. Bone marrow T&B cell markers suggested lymphoma. Ultrasound of testes was negative.

SURGERY: (May 1, 1987)

A median sternotomy and excision of mediastinal mass was performed. Findings: An 8 x 10 cm., somewhat firm and glistening mass was noted anterior to the pericardium and also extending to the right of the pericardium. It was noted to have a plane between it and the pericardium in most areas, but in some areas it was noted to be densely adherent to the pericardium. The mass was also to be adherent to the medial right upper and middle lobe of the lung.

GROSS PATHOLOGY:

The specimen consisted of a soft tissue mass which measured 2.2 x 7.2 x 6.2 cms. and weighed 270 grams. It had a lobulated surface which was gray and light brown and appeared to be grossly encapsulated. There was a 10 x 4 cm. area present on the posterior medial surface which showed a gray, smooth, glistening membrane which represented the portion of the pericardium. On the right lower margin was a 3.4 x 1.1 x 1.4 cm. wedge-shaped lung tissue attached to the tumor. On cut surface, the tumor showed a center which had a gray yellow, cheesy appearance intermixed with dark brown hemorrhage material. The periphery of the tumor was composed of tan and white, firm nodular tissue which had a fish-flesh appearance.
CLINICAL ABSTRACT:

History: This patient is a 27-year-old Caucasian female with a history of purulent pneumonia in November 1974. She was treated with antibiotics (no x-ray taken). Since that time she noticed shortness of breath and wheezing. In December 1975, an episode of "asthma (husband is asthmatic) brought her to the doctor.

A bronchoscopic examination showed "collapse" of a lung thought to be due to "parenchymal" disease. Review of an x-ray at that time showed a very large mediastinal tumor.

SURGERY: (Approximately January 1976)

A resection of anterior mediastinal tumor was performed. Findings: A large tumor was found with the larger part in the left side, and a smaller portion in the right. It appeared to be encapsulated, was focally adherent to the pericardium and appeared not to infiltrate the contiguous structures.

GROSS PATHOLOGY:

The specimen was received in two parts, measuring in aggregate 7 x 20.5 x 12 cms. and weighing 2400 grams. The cut surface was ivory tan and the tissue was firm and fibrous in character. At one point the mass showed a pericardial attachment 2.5 x 2 x 0.1 cms.
STUDY GROUP CASES
FOR
MARCH 1990

CASE NO. 1 - ACCESSION NO. 26666

LOS ANGELES: Angiolipoma - 5; lymphangioleyomyomatosis - 3
BAKERSFIELD: Angiolipoma - 5
FRESNO: Angiolipoma - 4; lymphangioma - 1
LONG BEACH: Angiomyolipoma - 6; angiosarcoma, grade I - 1
SAN BERNARDINO (INLAND): Angiolipoma - 7
OAKLAND: Angiosarcoma - 7
SACRAMENTO: Angiomyolipoma - 8
SOUTH COAST: Arteriovenous malformation - 2; hemangioma - 1
SANTA BARBARA: Intralobular sequestration - 1
NORTH DAKOTA: Angiolipoma - 1
GRASS VALLEY: Well differentiated angiosarcoma - 1
SAUDI ARABIA: Venous hemangioma - 2; cavernous hemangioma vs. angiolipoma - 1
MARTINEZ: Fibrolipohemangioma - 7

FOLLOW-UP:

Patient is fine as of May 1, 1990.

FILE DIAGNOSIS:

Angiolipoma, mediastinum
x-file: Angiomyolipoma, mediastinum

REFERENCE:

CASE NO. 2 - ACCESSION NO. 25293

LOS ANGELES: Carcinoid - 8

BAKERSFIELD: Thymic carcinoid tumor - 2; neuroendocrine tumor - 2; medullary thyroid carcinoma - 1

FRESNO: Carcinoid - 5

LONG BEACH: Thymic carcinoid - 7

SAN BERNARDINO (INDLAND): Thymic carcinoid - 7

OAKLAND: Carcinoid - 6; paraganglioma - 1

SACRAMENTO: Thymic carcinoid - 8

SOUTH COAST: Neuroendocrine (carcinoid) - 3

SANTA BARBARA: Carcinoid - 1

NORTH DAKOTA: Thymic carcinoid - 1

GRASS VALLEY: Thymic carcinoid tumor (malignant) - 1

SAUDI ARABIA: Functioning neuroendocrine tumor (paraganglioma) - 1; carcinoid tumor - 1; carcinoid probable malignant potential - 1

MARTINEZ: Thymic carcinoid - 7

FOLLOW-UP:

She had complete resolution of her Cushing's syndrome until April 1988, when she was admitted with complaint of mild increase in hair growth and some swelling of the face during the past year. She had markedly elevated urine free cortisol levels and elevated serum cortisol and ACTH levels. A high dose dexamethasone suppression test revealed peak cortisol level of 110 µg/dl and ACTH level of 258 pg/ml. An MRI of the chest revealed a mass anterior to the great vessels and another one anterior and somewhat lateral to the superior vena cava. MRI studies of the head and abdomen, thyroid function studies and serum serotonin levels were normal. Serum prolactin was modestly elevated.

She underwent repeat exploratory mediastinotomy at which time resection of three firm masses as delineated on the MRI was performed. An extensive mediastinal dissection was performed to ensure removal of all potentially thymus bearing tissue.

FILE DIAGNOSIS:

Carcinoid, thymus

REFERENCES:


LOS ANGELES: Ganglioneuroma - 8  
BAKERSFIELD: Ganglioneuroma - 5  
FRESNO: Ganglioneuroma - 5  
LONG BEACH: Ganglioneuroma - 7  
SAN BERNARDINO (INLAND): Ganglioneuroma - 7  
OAKLAND: Ganglioneuroma - 7  
SACRAMENTO: Ganglioneuroma - 8  
SOUTH COAST: Ganglioneuroma - 3  
SANTA BARBARA: Ganglioneuroma - 1  
GRASS VALLEY: Ganglioneuroma - 1  
SAUDI ARABIA: Ganglioneuroma - 3  
MARTINEZ: Ganglioneuroma - 6; ganglioneuroma blastoma - 1

FOLLOW-UP:
Ganglioneuroma, posterior mediastinum

REFERENCES:


CASE NO. 4 - ACCESSION NO. 24965  MARCH 1990

LOS ANGELES: Extramedullary hematopoiesis - 7; myelolipoma - 1

BAKERSFIELD: Myelolipoma - 5

FRESNO: Extramedullary hematopoiesis - 3; myelolipoma - 2

LONG BEACH: Myelolipoma - 7

SAN BERNARDINO (INLAND): Myelolipoma - 5; myelolipoma with myelo-proliferative disorder - 2

OAKLAND: Extramedullary hematopoiesis - 7

SACRAMENTO: Extramedullary hematopoiesis - 8

SOUTH COAST: Myelolipoma - 2; extramedullary hematopoiesis - 1

SANTA BARBARA: Accessory spleen vs. extramedullary hematopoiesis - 1

NORTH DAKOTA: Extramedullary hematopoiesis - 1

GRASS VALLEY: Myelolipoma - 1

SAUDI ARABIA: Adipose tissue with extramedullary hematopoiesis - 1; myelolipoma - 1; myelolipoma vs. extramedullary hematopoiesis - 1

MARTINEZ: Extramedullary hematopoiesis - 7

FOLLOW-UP:

He had an uneventful recovery. However 10 days after discharge from the hospital he suffered a seizure of syncopal episode and found to be in hypoglycemic shock. Left thoracotomy was performed and a large volume of clotted liquid blood removed from the left hemithorax. When seen in 3-29-83, he had resumed full activity. Has been lost to followup since June 1984.

FILE DIAGNOSIS:

Extramedullary hematopoiesis, mediastinum

REFERENCE:

LOS ANGELES: Epithelial thymoma - 8
BAKERSFIELD: Medullary thyroid carcinoma - 5
FRESNO: Thymoma - 5
LONG BEACH: Thymoma - 7
SAN BERNARDINO (INLAND): Thymoma - 5; medullary carcinoma of thyroid - 2
OAKLAND: Thymoma - 6; medullary carcinoma - 1
SACRAMENTO: Thymic carcinoma - 8
SOUTH COAST: Thymoma - 3
SANTA BARBARA: Epithelioid thymoma - 1
NORTH DAKOTA: Thymic carcinoma - 1
GRASS VALLEY: Thymoma - 1
SAUDI ARABIA: Medullary carcinoma of thyroid gland - 1; thymoma arising in ectopic cervical thymus - 1; squamous cell carcinoma, low grade - 1
MARTINEZ: Thymoma epithelial - 7

FOLLOW-UP:

The patient expired on 7-13-85 of massive intracerebral hemorrhage. At autopsy, there was no evidence of residual tumor in the mediastinum.

FILE DIAGNOSIS:

Epithelial thymoma, mediastinum

REFERENCES:


CASE NO. 6 - ACCESSION NO. 24506

MARCH 1990

LOS ANGELES: Malignant mesenchymal tumor, unclassified - 4; malignant schwannoma - 3; liposarcoma - 1

BAKERSFIELD: Liposarcoma - 3; malignant schwannoma - 2

FRESNO: Pleomorphic liposarcoma - 2; myxoid liposarcoma - 1; well differentiated liposarcoma - 1; neurofibroma - 1

LONG BEACH: Liposarcoma - 5; pleomorphic lipoma - 2

SAN BERNARDINO (INLAND): Pleomorphic liposarcoma - 3; malignant schwannoma - 2; malignant fibrous histiocytoma - 2

OAKLAND: Pleomorphic lipoma - 7

SACRAMENTO: Liposarcoma - 8

SOUTH COAST: Pleomorphic lipoma - 3

SANTA BARBARA: Neurofibrosarcoma - 1

NORTH DAKOTA: Neurofibrosarcoma - 1

GRASS VALLEY: Neurilemmoma (schwannoma) - 1

SAUDI ARABIA: Neurofibrosarcoma (?arising in plexiform neurofibroma) - 1; ancient neurilemmoma - 1; schwannoma - 1

MARTINEZ: Pleomorphic lipoma - 7

FOLLOW-UP:
Not available.

SPECIAL STAINS:
S-100: Positive

CONSULTATIONS:
Juan Rosai, M. D. - University of Minnesota: Sclerosing variant of liposarcoma or malignant schwannoma, mediastinum.

FILE DIAGNOSIS:
Liposarcoma, mediastinum
x-file: Malignant schwannoma, mediastinum

REFERENCES:


CASE NO. 7 - ACCESSION NO. 24917

MARCH 1990

LOS ANGELES: Benign neurilemmoma - 8
BAKERSFIELD: Benign schwannoma - 5
FRESNO: Mesothelioma - 4; solitary fibrous tumor - 1
LONG BEACH: Neurofibroma - 6; solitary fibrous tumor of mediastinum - 1
SAN BERNARDINO (INLAND): Neurilemmoma - 3; leiomyoma - 2
OAKLAND: Neurilemmoma - 4; leiomyoma - 3
SACRAMENTO: Neurofibroma - 8
SOUTH COAST: Schwannoma - 2; neurofibroma - 1
SANTA BARBARA: Schwannoma - 1
NORTH DAKOTA: Neurofibrosarcoma - 1
GRASS VALLEY: Low grade neurofibrosarcoma - 1
SAUDI ARABIA: Schwannoma - 1; localized fibrous mesothelioma - 1; neurofibroma - 1
MARTINEZ: Neurilemmoma - 7

FOLLOW-UP:
No recurrence as of February 1990.

SPECIAL STAINS:
S-100: Positive

FILE DIAGNOSIS:
Benign neurilemmoma, mediastinum

REFERENCES:


LOS ANGELES: Poorly differentiated epithelial neoplasm - 8
BAKERSFIELD: Malignant neoplasm, NOS - 5
FRESNO: Thymic carcinoma - 4; malignant thymoma - 1
LONG BEACH: Large cell lymphoma - 4; thymic carcinoma of lymphoepitheliomatous type - 2; germ cell tumor - 1
SAN BERNARDINO (INLAND): Malignant thymoma (thymic carcinoma) - 7
OAKLAND: Thymic carcinoma - 7
SACRAMENTO: Melanoma - 4; thymic carcinoma - 2; lymphoma - 2
SOUTH COAST: Malignant thymoma - 2; embryonal carcinoma - 1
SANTA BARBARA: Lymphoma, high-grade - 1
NORTH DAKOTA: Thymic lymphoma, large cell type - 1
GRASS VALLEY: Hodgkin's lymphoma, lymphocyte depletion type (high grade) - 1
SAUDI ARABIA: Malignant melanoma - 1; malignant mesothelioma vs. metastatic carcinoma - 1; undifferentiated carcinoma - 1
MARTINEZ: Thymic carcinoma - 3; lymphoma - 2; Hodgkin's - 2

FOLLOW-UP:

The patient was treated with 6 cycle of BOP-VP-16. In April 1988 he developed a right upper lobe nodule with hoarseness. He was started on 4 cycles of cisplatinum. In September 1988 he developed paraspinal pain, lethargy, and anemia requiring transfusion support. He expired in September 1988 with disseminated tumor.

SPECIAL STAINS:

CAM (keratin) - 5.2 Positive
WSK - Negative
Vimentin - Positive
Lysozyme - Positive

FILE DIAGNOSIS:

Thymic carcinoma, anterior mediastinum

REFERENCES:


LOS ANGELES: Malignant spindle and epithelial thymoma - 1; Hodgkin's disease - 2; unclassified malignant tumor - 2

BAKERSFIELD: Mesothelioma, NOS - 3; Hodgkin's disease - 2

FRESNO: Malignant fibrous histiocytoma - 2; malignant spindle cell tumor (MFH?) - 1; thymic carcinoma - 1; granular cell tumor - 1

LONG BEACH: Thymic carcinoma - 4; Hodgkin's disease - 2; malignant fibrous histiocytoma - 1

SAN BERNARDINO (INLAND): Malignant mesothelioma - 7

OAKLAND: Mesothelioma - 7

SACRAMENTO: Angiosarcoma - 8

SOUTH COAST: Mesothelioma - 3.

SANTA BARBARA: Thymoma, malignant - 1

NORTH DAKOTA: Mesothelioma - 1

GRASS VALLEY: High grade sarcoma, NOS - 1

SAUDI ARABIA: Clear cell sarcoma?, alveolar soft part sarcoma? - 1; diffuse malignant mesothelioma - 1; thymoma, spindle cell - 1

MARTINEZ: Inflammatory pseudotumor - 3; malignant thymoma - 4

FOLLOW-UP:

He was begun on chemotherapy in January 1985 with 6 courses of cytoxan, adriamycin, cisplatinum, vincristine, followed by high dose of methotrexate x 6. He developed pleuritic chest pain, cardiomyopathy and expired on 1-25-87.

FILE DIAGNOSIS:

Malignant mesothelioma, superior mediastinum
x-file: malignant thymoma

REFERENCES:


LOS ANGELES: Squamous cell thymic carcinoma - 8

BAKERSFIELD: Malignant thymoma - 5

FRESNO: Thymic carcinoma - 4; thymic carcinoma VRS malignant thymoma - 1

LONG BEACH: Malignant thymoma - 7

SAN BERNARDINO (INLAND): Malignant thymoma with lymphoepithelioma-like pattern - 7

OAKLAND: Malignant thymoma - 7

SACRAMENTO: Thymic carcinoma - 8

SOUTH COAST: Malignant thymoma - 3

SANTA BARBARA: Undifferentiated thymic carcinoma - 1

NORTH DAKOTA: Poorly differentiated carcinoma - 1

GRASS VALLEY: Mediastinal germ cell tumor - 1

SAUDI ARABIA: Malignant thymoma, epithelial variant - 1; embryonal carcinoma - 1; malignant thymoma - 1

MARTINEZ: Thymic carcinoma - 7

FOLLOW-UP:

CT scan done in January 1989 revealed evidence of mass in the mediastinum on the left. This has not enlarged and appeared to have decreased in size. The patient was seen in the outpatient department for treadmill on February 2, 1990.

CONSULTATION:

Juan Rosai, M. D., Yale University: Thymic Carcinoma (squamous cell carcinoma type).

FILE DIAGNOSIS:

Thymic carcinoma squamous cell variant, mediastinum

REFERENCES:


CASE NO. 11 - ACCESSION NO. 25988

MARCH 1990

LOS ANGELES: Seminoma (germinoma) mediastinum - 8

BAKERSFIELD: Seminoma - 5

FRESNO: Seminoma - 4; germinoma - 1

LONG BEACH: Germ cell tumor - seminoma - 7

SAN BERNARDINO (INLAND): Germinoma (primary seminoma) of mediastinum - 7

OAKLAND: Germinoma - 7

SACRAMENTO: Seminoma - 8

SOUTH COAST: Seminoma - 1; anaplastic seminoma - 2

SANTA BARBARA: Seminoma - 1

NORTH DAKOTA: Germinoma - 1

GRASS VALLEY: Seminoma - 1

SAUDI ARABIA: Seminoma - 2; dysgerminoma (seminoma) - 1

MARTINEZ: Seminoma - 7

FOLLOW-UP:

Not available.

ELECTRON MICROSCOPY:

Michael Koss, M. D. and Linda Macaulay, Ph.D. - LAC-USC Medical Center: Mediastinal mass, seminoma (germinoma).

FILE DIAGNOSIS:

Seminoma, anterior mediastinum

REFERENCES:


CASE NO. 12 - ACCESSION NO. 21714          MARCH 1990

LOS ANGELES: Benign fibrous tumor - 8

BAKERSFIELD: Fibroma - 5

FRESNO: Desmoid - 2; solitary fibrous tumor - 2; solitary fibrous tumor
VRB fibromatosis - 1

LONG BEACH: Solitary fibrous tumor of mediastinum - 3; localized fibrous
mesothelioma - 2; fibromatosis - 1; benign fibroma - 1

SAN BERNARDINO (INLAND): Solitary fibrous tumor - 7

OAKLAND: Solitary fibrous tumor of pleura - 7

SACRAMENTO: Neurofibroma - 8

SOUTH COAST: Fibromatosis - 2; fibroma - 1

SANTA BARBARA: Neurilemmoma - 1

NORTH DAKOTA: Solitary fibrous mesothelioma - 1

GRASS VALLEY: Neurofibroma - 1

SAUDI ARABIA: Fibrous tumor - 1; solitary mediastinal fibrous tumor - 1;
fibromatosis vs. fibrous tumor - 1

MARTINEZ: Fibroma - 5; neurofibroma - 2

FOLLOW-UP:

Not available.

SPECIAL STAINS:

S-100: Negative
Vimentin: Positive

FILE DIAGNOSIS:

Solitary fibrous tumor, mediastinum

REFERENCES:

PATCHER, MR, LATTES, R: Mesenchymal Tumor of the Mediastinum I. Tumors
of Fibrous Tissue, Adipose Tissue, Smooth Muscle and Striated Muscle. Cancer

DASGUPTA, TK, BRASFIELD, RD, STRONG, EW, et. al.: Benign Solitary

WITKIN, GB and ROSAI, J: Solitary Fibrous Tumor of the Mediastinum: