Clinical and Pathological Reports

Nervous System


Two cases are reported. In one, the tumor was congenital with metastasis to the brain.—H. G. W.


Brain tumors comprise about 2% of all tumors. About 50% of this group are gliomas or primary nonencapsulated tumors arising from cerebral tissue and the remaining 50% are encapsulated. Those arising from the arachnoid compose 18%; 14% are of pituitary origin; 9% are of eighth nerve origin; and the remaining 9% are miscellaneous tumors. The symptoms, methods of diagnosis, and types of treatment of the various lesions are described and illustrative case reports presented.—R. C. R.


An analysis of 216 cases from the records of the Surgical Pathological Laboratory of Johns Hopkins shows that by far the majority of the lesions arose in the extremities (149 of 192 cases). The distribution of cases was about equal in the two sexes, and the highest incidence of the disease was in the third decade of life. Irradiation was of little value, radical excision being the treatment of choice. Among 115 patients there were 20 who had lived over 5 years. Four instances of malignant transformation were observed in 36 patients with von Recklinghausen's disease. In 12 cases bones were involved.—H. G. W.


To the 4 in the literature are added 4 more cases of malignant intracranial tumors believed to be primary from arachnoidal cells. Three patients showed remote metastases, and the fourth, invasion of blood vessels. The term "arachnoidal fibrosarcoma" is suggested for this type of tumor.—H. G. W.

Intrathoracic Tumors—Lungs—Pleura


A general discussion.—R. C. R.


A case report.—R. C. R.


Report of a case with surgical intervention but without necropsy.—H. G. W.


The presentation of 5 cases.—R. C. R.


A discussion of diagnosis and treatment.—R. C. R.


A general discussion of diagnosis and treatment.—R. C. R.


An unusual epithelial tumor of the sternum, with transmitted pulsation from the aorta.—H. G. W.


Only two other cases in which acanthosis nigricans was associated with carcinoma of the lung were found in the literature.—H. G. W.


A report of 115 cases, including 77 bronchoscopic diagnoses and 38 autopsies. In the 77 instances in which a diagnosis was made by bronchoscopic examination, only 3 patients were amenable to surgical treatment and 76 were dead within 3 to 18 months after the diagnosis was made. There seemed to have been a relative and absolute increase in incidence of the disease.—H. G. W.


The application of surgical measures is frequently indicated in patients with pulmonary neoplasms. Three patients with adenoma of the bronchus complicated by bronchiectasis were apparently cured by excision of 1 or more of the involved lobes of the lung. Of 3 patients subjected to pneumonectomy or lobectomy for carcinoma, 2 appeared in satisfactory health 1 year or less after operation, while a recurrence in 1 responded to roentgen therapy. The possibility of achieving palliation in patients with isolated metastatic tumors of the lung by employing surgical methods is illustrated by 2 examples of temporary improvement for periods of 8 to 11 months.—M. J. E.


This case is reported because it is the second in which asthma was the chief complaint, and because the tumor, weighing 2,310 gm., was the eighth largest of the 25 wholly intrathoracic lipomas on record.—H. G. W.


Four cases are presented of primary cancer of the lung associated with developmental pulmonary abnormalities of...
different types. The site of development of cancer may be in several foci at approximately the same time and not limited to a single cell or group of cells. This observation suggests that the preservation of embryonic potencies in maldeveloped tissues may play an important role in the development of cancer, and that susceptibility to cancer is intimately concerned with tissue differentiation. The difficulty of morphologic classification of cancer of the lung is illustrated and the lack of any significance of such a classification at the present time is emphasized—H. G. W.

GASTROINTESTINAL TRACT

A case report.—R. C. R.

Gastroscopy, as an aid to gastric differential diagnosis, and its contraindications are discussed. Illustrations of various lesions with discussions are included.—R. C. R.

General discussion of clinical and pathological characteristics with case reports.—R. C. R.

In spite of infiltration and metastases in cases of carcinoma of the rectum, many rather extensive one-stage abdomino-perineal resections have been done by the authors with apparently good results.—R. C. R.

Progress in the transthoracic approach to esophageal tumors is discussed and cases reported.—R. C. R.

The paper reports part of an attempt to throw light on the relationship, if any, between gastritis and gastric cancer, by the repeated examination of patients with atrophic gastritis in order to detect the early development of malignant growth.

In a study of 35 cases of proved cancer of the stomach with adequate microscopic sections, 28 patients showed microscopic evidence of atrophic gastritis and only 10 showed gastritis gastroscopically. Gastritis occurred more frequently in patients having a long history of digestive disturbance. No correlation existed between gastric acidity and the site of cancer. Achlorhydria and anemia of a hypochromic microcytic or normocytic type occurred more often in patients with atrophic gastritis.—F. L. H.

BONE AND BONE MARROW

The first case is reported of adamantinoma of a long bone other than the tibia.—H. G. W.

Two case reports and discussion.—R. C. R.

A case of multiple myeloma is described in which there was unusually extensive involvement of the spleen and, to a lesser degree, of the liver and the lymph nodes. The probable origin of myeloma cells from the reticulum of the bone marrow is stressed. It is suggested that the relationship between multiple myeloma and myeloid leukemia may be analogous to that between lymphosarcomatosis and lymphatic leukemia.—H. G. W.

Two case reports.—R. C. R.

To the 14 found in the literature, the authors add 2 cases of primary adamantinoma of the tibia. These tumors are slow growing and trauma is a probable etiologic factor. Enamel has not been found in the tibial tumors, and the evidence proves that they are merely modified squamous cell growths that vary considerably in their differentiation into ameloblasts.—H. G. W.

Non-osteogenic fibroma of bone is the name given by the authors to an entity which has been interpreted in many different ways; for example, as variant forms of giant cell tumor of bone or variant forms of localized osteitis fibrosa. In the opinion of the authors, non-osteogenic fibroma bears no relation to either osteitis fibrosa or giant cell tumor, but represents a benign tumor formed from matured marrow connective tissue cells. Observations were made upon 10 new cases. The lesion was found in both boys and girls between 6 and 21 years of age, who presented no characteristic clinical story. The tumor was located in the shaft near one end of tibia, fibula, femur, or ulna; by roentgen examination it was sharply delimited and seen to bulge out on one side of the shaft. In the gross, the lesion was yellow-brown and fibrous; microscopically, it consisted of whorled bundles of spindle-shaped connective tissue cells loosely interspersed with small multinuclear giant cells, without osteo- trabeucules. In half the cases there were areas containing foam cells, but the authors feel that this should not lead to confusion with lipoid granulomatosis (Hand-Schüller-Christian's disease). Treatment consists only of thorough curettment of the affected area.—H. B.
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