Clinical and Pathological Reports


Visceral carcinoma is often the predisposing factor in the development of multiple, and sometimes distant, venous thrombosis. This seems particularly true in cases in which the neoplasm arises from or involves the body or tail of the pancreas. In the absence of other obvious causative factors, the development of apparently spontaneous peripheral thrombophlebitis in a case in which the patient is 50 or more years of age should suggest a careful search for visceral carcinoma. The formation of a thrombus in many of these instances would appear to be the result of more than simple mechanical obstruction, circulatory stasis, or alteration in the structure of the vessel wall. The authors suggest that further study of the factors influencing the coagulation of the blood are indicated.

Four case reports are presented.—J. L. M.

Skin and Subcutaneous Tissue


General discussion, based on a study of 11 specimens of calcified epithelioma gathered from 24,185 consecutive surgical specimens. The origin of such tumors remains obscure.—J. G. K.

Nervous System


This study is based upon 92 cases of brain tumor occurring in children from 1 to 16 years of age. Certain departures from the clinical behavior observed in older groups are discussed.

The type of tumors prevalent in children and adolescents are autochthonous blastomatous growths, a fact that supports the view that cerebral neoplasms in the majority of instances probably originate from embryonal rests. Trauma is of no significance in precipitating or accelerating the growth of the tumor. Surgical intervention accomplishes much for the patients with a tumor of the hemangiomatous group and holds out fair promise to some with craniopharyngoma. The value of roentgen therapy cannot be estimated with any degree of accuracy on the basis of the small number of cases treated by radiation that are included in this study.—C. J. M.


The clinical manifestations and anatomical features of 18 cases of proved bronchogenic tumors with metastasis to the brain are recorded. Pulmonary signs and symptoms, in 2 cases, were absent throughout almost the entire clinical course; in 2 cases, they made their appearance after the development of cerebral manifestations. In 7 cases, they were already present in the early clinical course but were not confirmed by x-ray examination, while in 7 other cases, such signs and symptoms preceded cerebral manifestations and were confirmed by x-ray examination of the chest. In every instance of suspected brain tumor, x-ray examination of the chest should be carried out routinely. Metastasis to the brain, like carcinoma of the bronchus, is more frequent in males.—A. Cln.


A review of 27 verified cases of intramedullary gliomas of the spinal cord. The clinical features have been correlated with the pathologic findings in an attempt to clarify their diagnostic characteristics.—M. E. H.

Female Genital Tract


Two granulosa-celled tumors are reported. In the first case a tumor the size of a fetal head developed in a girl aged 11 years with extreme uterine hypertrophy up to at least the size of a 16 weeks’ pregnancy. In the second case, in a woman aged 74, a mixed type of granulosa-celled tumor developed with no uterine hypertrophy and no endometrial hyperplasia.—L. W. P.


A soft encapsulated tumor 3 in. in diameter produced an inhibitory hormone that caused secondary amenorrhea in a woman aged 36 with 2 children. After removal of the tumor the periods returned.—L. W. P.


Report of a case in a woman aged 20, with a summary of the pathology of solid ovarian teratoma. The authors regard the present example, in which several types of tissue were represented without differentiation, as potentially malignant and liable to give rise to metastases via the blood stream, though the complete encapsulation present renders intraperitoneal implantation unlikely.—L. W. P.


The authors have extended the work of earlier investigators to include a smear of the external cervical os as well as a vaginal smear. A high degree of correlation was found when these smears were compared with smears from the growth itself and with tissue biopsies.—M. E. H.

One hundred and twenty-seven cases of carcinoma of the uterine fundus have been studied with respect to diagnosis, management, and treatment. Seventy-five were suitable for a comparative analysis of 5 year end results. Data are given on age and menopausal relationship. Abnormal uterine bleeding was the most significant and reliable symptom in 96% of the entire series of patients. Diagnostic curettage was of great value, and no known ill effects followed its use. Fibromyomas were found in 38% of the patients treated surgically; palpation suggested the presence of fibroids in a number of irradiated patients. Carcinoma was thought to be limited to the uterus in 74% of the patients when first seen, irrespective of the size of the organ. Low-grade lesions responded equally well to irradiation and surgery; survival rate in intermediate and high-grade lesions was improved in cases in which irradiation had been a factor in treatment, either singly or in combination with surgery. Prognosis based on the grade of malignancy was uncertain. The 5 year end results were as follows: (a) treatment by surgery alone, 18.1% survival; (b) irradiation alone, 40.5%; (c) surgery and irradiation, 38.4% (corrected for uteri actually removed, 42.9%). Irrespective of the type of treatment, there was 38.6% absolute and 39.1% relative survival. It is concluded that preliminary irradiation with radium, followed by complete operation 8 to 10 weeks later, is the treatment of choice in carcinoma of the fundus uteri.—A. K.


A study of cases of carcinoma of the cervix treated at the University of California Hospital has led the author to certain conclusions. Approximately 90% of cases are best treated by a combination of radium and roentgen irradiation. The latter should be given first unless the growth is small. Roentgen radiation has added materially to the percentage of survivals, probably by destroying cancer in the areas of primary spread that are inaccessible to radium. Age and the immediate gross reaction of the growth bear upon the prognosis in individual cases. Histological type is of no value in prognosis.—M. E. H.

**Urinary System—Male and Female**


Certain phases of the development of the internal urogenital organs that have been investigated by descriptive and especially by experimental methods are reviewed from the viewpoint of developmental dynamics. The results of these studies are applied to the interpretation of various malformations and the common tumors of the urogenital organs.—V. F. M.


Multiple tumors removed from the bladder of a 64 year old female, who had a 10 year history of recurrent cystitis, proved to be lymphosarcoma. Only 5 other instances of lymphosarcoma of the bladder were found recorded in the literature. All the patients had a history of cystitis. The authors believe cystitis is prerequisite since without it no lymphoid tissue is present in the bladder. Possibly the neoplasm develops from secondary lymph follicles.—V. F. M.

**Intrathoracic Tumors—Lungs—Pleura**


The clinical features of the more common forms of intrathoracic tumors are discussed. Ten cases are presented: 6 of bronchogenic carcinoma; 2 of mediastinal tumors, one proving to be lymphosarcoma and one a benign cyst; 1 case of a nonspecific pneumonitis re-
spleling bronchogenic carcinoma; 1 case with a large asymptomatic aortic aneurysm.—M. E. H.


The most important factor in the recent increased incidence reported for bronchial carcinoma is its better recognition by the clinician, radiologist, and pathologist. Various difficulties in diagnosis are discussed. Without denying the possibility that there may be a real increase in the incidence of the disease, it is suggested that improvement in diagnosis coupled with the increase in the span of life are sufficient reason for the apparent increase in bronchial carcinoma.—M. E. H.

Gastrointestinal Tract


A review covering the following subjects: pathology of gastric and esophageal carcinomas, importance of esophagoscopy, biopsy, operative preparation, trans-thoracic operation, and differential diagnosis.—J. L. M.


This is a presentation of the clinical features by means of which such benign conditions as ulcer, gastritis, polyps, syphilis, and leiomyoma can be distinguished from carcinoma, sarcoma, and lymphoma. Polyps were found to become malignant in 41% of the patients studied. Stress is laid on the short duration of symptoms in elderly persons and lesions located in prepyloric and fundal areas as being suggestive of malignant disease.—F. E. S.


One of the authors (Clagett) has explored lesions of the cardia of the stomach by the transthoracic route in 14 cases. In 8 instances gastric resection was carried out with 1 death occurring postoperatively. A case is presented in detail to emphasize the ever present possibility of extensive malignant neoplastic lesions in young people. It is also suggested that with the use of chemotherapy and minimal contamination during the operative procedure the thoracic incision often may be closed safely without any form of drainage.—J. L. M.


A general discussion, with illustrative cases.—C. J. M.


Three patients are presented, each having a carcinoma of the stomach after a prolonged history of digestive disturbance of non-specific nature. The interpretation offered is that these patients suffered from very slowly growing carcinoma eventually giving rise to pyloric obstruction. It is suggested that more attention be paid to persistent digestive disorder no matter how mild.—F. E. S.


A group of selected cases is presented to illustrate many of the problems that arise in the handling of stomach lesions. The cases exemplify: (1) early carcinoma of stomach diagnosed as benign ulcer, (2) clinical diagnosis of carcinoma of stomach not demonstrable at operation, (3) early carcinoma of stomach revealed by exploration at cholecystectomy and importance of microscopic section in diagnosis, (4) malignant tumor of the stomach in an aged person, (5) leiomysarcomas of stomach in a young man with presumed primary anemia, (6) filling defect suggesting a pedunculated tumor of the stomach but due to trichobezoar, (7) multiple benign polyps of the stomach treated by "sleeve" resection, (8) extensive carcinoma of stomach not revealed by x-ray and value of massive transfusions in extensive surgery, (9) successful removal of carcinoma of cardiac end of stomach by thoracolaparotomy in an aged person, (10) perforation of gastric wall during attempted gastroscopy.—J. L. M.


A case is presented in which the radiographic criteria indicated the presence of an extramucosal tumor of the stomach. It has been demonstrated that these criteria may be fulfilled by the presence of an extrinsic mass pressing upon the stomach. Careful fluoroscopic examination with observation of the mucosal folds overlying the defect should, in most instances, establish a definite differential diagnosis between these two conditions.—M. E. H.


By presenting two case reports, the authors emphasize the fact that although there may be clinical evidence of a lesion from which hemorrhage may occur, the source of the hemorrhage may actually be some other lesion that has not been demonstrated. Therefore a diligent search should be made before performing a radical operation.—J. L. M.


A brief discussion and report of a case. The author believes that in the case described the polyoid carcinoma had been present in the patient for at least 10 years and that it had probably provoked many attacks of intussusception all of which were followed by spontaneous recovery except the last attack. It was possible to resect the invaginated portion of the bowel and to restore the continuity of the intestinal tract by side-to-side ileocolostomy.—J. L. M.

Thirty cases of carcinoid tumor have been recorded at the Mayo Clinic between 1906 and 1943. Of these 13 in which metastasis was demonstrated either at operation or necropsy constitute the material of this report.

Although carcinoids are generally recognized as being benign, the tumors in these cases metastasized. Throughout the literature carcinoids are represented as being clinically silent; in 9 of these cases major gastrointestinal complaints were present. Carcinoids are ordinarily looked on as being native to the tip of the appendix; the tumors in this series involved primarily the ileum. Carcinoids are reported as occurring in the form of solitary tumors; 5 of these 13 cases presented multiple primary nodules.—J. L. M.


A case report.—M. E. H.


A case report showing that lymphosarcoma of the cecum lends itself to radical resection and carries as favorable a prognosis as lymphosarcoma occurring in any place in the gastrointestinal tract.—J. L. M.


Pertinent anatomical and physiologic facts concerning the large bowel are mentioned to explain the characteristics of tumors in various portions of the colon. Owing to the great width of the cecum, growths here often attain considerable size and have broad ulcerated surfaces giving rise to hemorrhage and anemia. In the descending colon, the increasingly small caliber of the lumen accounts for the frequency of obstruction in this region causing considerable pain and constipation. The most valuable aid to diagnosis is said to be radiography. A discussion of therapy is included.—E. F. S.


A discussion with illustrative case reports.—J. L. M.


The author believes that the use of succinylsulfathiazole has revolutionized surgical procedures performed on the colon and that a primary anastomosis may be carried out if the occasion demands it. The drug should be administered in large doses at least a week before operation and for 5 days afterward. Four cases without a death are presented.—J. L. M.


A general review covering the following: incidence of polyposis of the colon, clinical types, pathology, symptoms, diagnosis, and treatment. Three case reports are presented.—J. L. M.

Pancreas


Presentation and discussion of 2 cases. In one, hematemesis was among the chief complaints; in the other, fever.—J. L. M.

Pituitary


A report of a case in a 6½ year old girl, with a review of the symptoms occurring in children, the pathogenesis and treatment of the tumor.—C. J. M.


Further observations on a true pituitary giant previously reported (Lahey Clin. Bull., 3:101-106. 1943) are described. In addition a case of excessive growth in a boy of 15, without other distinguishing features of hyperpituitarism, is presented. There was a history of gigantism in a grandfather. The differential diagnosis is discussed.—M. E. H.


The case reported presented unusual features, the most outstanding being a normal-sized sella turcica.—M. E. H.
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