Clinical and Pathological Reports

Clinical investigations are sometimes included under Reports of Research

Radiation


This study is based on 731 cases of mammary carcinoma in all stages of the disease. In the group of 254 patients with primary operable lesions, who received surgery and postoperative irradiation, the 5 year survival rate was 51%. The overall survival rate for all stages treated by irradiation alone or in combination with surgery was 27%. Prognosis in bilateral carcinoma is very poor. The changes in technique of treatment and dosage during the past 20 years are described. Most women in whom mammary carcinoma has occurred are urged to have permanent sterilization. It appears that early diagnosis and immediate irradiation following radical mastectomy give the best results.—R. E. S.


The paper is a review of the present position of the problem indicated in the title. After surveying the biological effects of the radiation, with particular emphasis on the production of chromosome breaks by ionizing radiations, the author discusses the more physical aspects, particularly the way in which the dose is built up from several sources of radiation. It is insisted that the radium problem must be treated as a three-dimensional volume distribution of radiation around radioactive sources placed in the uterus and vagina. Although the theoretical distributions have been fairly completely studied, wide variations from these physical distributions occur both in the uterus and vagina. For example, in the uterus, the length of the organ, presence of fibroids, distortion by carcinoma, lateral deviation, acute anteverision or retroversion, will affect the dose delivered; while the relative positions of the organs may be affected by the presence or absence of packing, the degree of distension of the bladder and rectum, and the posture of the patient. Regression of a large tumor will distort the organs, while mechanical faults due to slipping of the applicator may cause serious changes in the distribution of radiation. One problem is how to correlate x-radiation with the already delivered radium dose. The only satisfactory solution is to work out the distribution of radiation due to the radium in the actual position during the treatment, and then attempt to place the x-ray fields to make up the deficiencies in the appropriate volumes. The author discusses in detail the distributions of radiation due to 4 and 6 x-ray fields, insists on the necessity for individual detailed study of each patient, and indicates the practical methods of carrying out these investigations. The fullest cooperation between gynecologist and x-ray therapist should be undertaken before any treatment is given. Before the insertion of the radium, means should be taken to ascertain the limits of the primary growth and the extent of spread. After a full clinical assessment the treatment plan must be decided upon. The radium having been inserted, 2-plane x-ray photographs should be taken to check the correctness of the insertion, and as a record for dose estimation. Variation in the position of the radium during treatment must be investigated, and the dose distribution analyzed. Serial biopsies for cytological analysis and guidance for dosage should be undertaken in collaboration with a cytologist.—W. V. M.


A case report.—W. V. M.


X-ray treatment for diseases of the blood-forming organs cannot be according to a fixed plan but must be determined for the individual case. Variations in the course of the disease must be considered. Remissions may not occur for weeks after treatment. The author feels that best remissions are obtained with treatment given on successive days and discontinued when the white cell count falls to between 60,000 to 80,000 per cu. mm. Leukopenia appears to cause no permanent harm. The maturity of the cells in the blood stream and the total count are important. The basal metabolic rate indicates the degree of activity of the leukemic process and provides a guide to therapy, unless many immature cells are present. Five illustrative cases are described.—R. E. S.


In this general discussion the plea for a minimum of short wave radiation in the treatment of chronic leukemia is made. The author urges that more careful consideration be given each patient in endeavoring to see how little radiation need be employed in the treatment of chronic leukemia rather than in trying to determine how much radiation the patient can tolerate.—M. E. H.

Nervous System


There is no clear-cut clinical syndrome to facilitate an early diagnosis of neoplastic lesions in the location under discussion. Up to 1937 no postoperative recovery from meningioma obstructing the foramen magnum had been reported. The authors’ compilation of about 60 reported and unreported cases of recovery, occurring since that time, shows that this tumor is not infrequent and that advances in neurosurgical management have been made. In the case reported here complete recovery followed a 2-stage operation.—M. E. H.

The average protein content of lumbar cerebrospinal fluid in 43 cases of metastatic brain tumors was 99 mgm. per 100 cc. In 91% of the cases the value was greater than 40 mgm. (normal). The highest content was found in cases of superficial cerebral metastases; the patients with supratentorial metastases had a higher level than did those with subtentorial lesions. The protein content of lumbar cerebrospinal fluid alone does not differentiate a metastatic neoplasm from a primary brain tumor.—C. W.


A clinicopathologic study of 68 consecutive cases of intramedullary spinal cord lesions treated surgically is presented with emphasis on the clinical postoperative results. Surgical treatment produced unexpectedly good results, perhaps because of the slow growth of many of the tumors. The best results were obtained when the tumor could be totally excised without damage to the cord. Intensive roentgen ray therapy following operation appears to be of benefit with certain gliomas of the spinal cord. Ependymoma and intramedullary dermoid offer a better prognosis than the more invasive gliomas. The surgical treatment of syringomyelia with or without roentgen ray therapy has not produced the encouraging results previously reported.—M. E. H.


The results in 2 patients are reported. In the first, a 5½ year old girl, a ganglioneuroma was successfully removed. In the other patient, 88 years old, there were pulmonary metastases, and the lesion, a ganglioneuroblastoma, proved fatal. There is a brief discussion of the origin of these tumors and of the microscopic differentiation between them.—W. A. B.

FEMALE GENITAL TRACT


Short protocols of the 50 cases with histological classifications of the tumors are given. Photomicrographs of sections of 20 tumors are included.—A. K.


A case report. Radium castration for uterine bleeding suppressed endometrial activity and thus eliminated the physiological effect of ovarian activity on the uterus, but did not prevent subsequent development of bilateral papillary cystadenocarcinoma of the ovaries. Regular examinations at frequent intervals are urged for follow-up of patients who have received radium treatment for bleeding.—A. K.


Case report.—A. K.


A report of four cases of theca-cell tumor of the ovary. All the growths were benign. One tumor was very large but produced no menstrual irregularity. In 3 patients operated upon, convalescence and follow-up were uneventful.—A. K.


A report of a benign thecoma of the ovary associated with hydrothorax and ascites. After removal of the tumor the patient recovered. The author emphasizes the importance of the differential diagnosis of this syndrome from metastatic malignant growths.—A. K.


A report of an embryonic carcinoma and pseudomucinous cystadenoma of the ovary in a girl 13 years of age.—A. K.


A review and discussion of the therapy of uterine fibroids. The author recommends surgical removal of these tumors whether large or small.—W. A. B.


The patient had received irradiation therapy for a carcinoma of the fundus of the uterus 9 and 4 years before hysterectomy, and was in good health 6 years after the operation. Radium therapy alone can control carcinoma of the corpus uteri for 5 years or more in a large percentage of cases, but the treatment of choice is hysterectomy if the patient can stand the operation.—A. K.


The original definition of interstitial endometrioma is a "disease in which the interstitial cells of the endometrium have taken on invasive and vicarious growth beyond the normal bounds of the endometrium." The 3 cases reported present the same clinical and pathologic picture as those originally described by Goodall. The question arises whether such a group represents a separate disease entity. The 14 original cases and 2 of those reported here were originally classified with the sarcomas.—M. E. H.
A study was made of material from 16 cases in which diagnosis was made by biopsy and confirmed later at hysterectomy. One ovary was saved in each instance. Eleven of the cases are presented in detail, with photomicrographs. Early histological changes indicative of cancer of the cervix are discussed at length.—A. K.


Biopsy is the only method by which an early diagnosis can be made. The technic of securing the specimen, the way it is handled after it is secured, and the training and experience of the pathologist determine the accuracy of the diagnosis.—M. E. H.


In the treatment of carcinoma of the cervix during pregnancy, the decisions on whether to use radiation or to interrupt the pregnancy must be made individually for each case. Risks and prognosis for mother and child are discussed at length. Eleven case reports are presented, and tabulated data are included on 48 cases from the literature and 7 of the authors’ patients.—A. K.


A further report on 26 cases previously presented by Maino and Mussey (Ibid., 47: 229, 1944; abstr. in Cancer Research, 5: 61, 1945). Of 24 patients followed, 8 were alive and free from recurrence 5 years later, a “cure” rate of 33%. Twenty-five patients had carcinoma, 1 had myxosarcoma. Of the carcinomas, 19 were squamous cell epitheliomas, 3 were adenocarcinomas, 2 were mixed, and in 2 cases the type was undetermined.

Bleeding was the primary symptom in 90% of cases. The extent or stage of the lesion corresponded in general to the duration or stage of pregnancy.—A. K.

Urinary System—Male and Female


The authors review a series of 43 cases seen in the past 20 years at New York Post-Graduate Hospital. They discuss in detail the frequently occurring Wilms’ tumor, and also consider the rarer tumors of the adrenal, bladder, urethra, and testis. The value of irradiation given preoperatively is stressed. Irradiation should not be employed alone except in the presence of widespread metastases.—W. A. B.


Six cases with initial symptoms of pain and, in 5 of the cases, palpable abdominal mass and hematuria are reported. All the tumors were successfully removed. A review of the literature shows 29 previously reported cases of large adenoma of the kidney.—W. A. B.
The Association of Squamous Cancer With Anal Manifestations of Lymphogranuloma Venereum. 

The incidence of anal cancer in patients with chronic anal manifestations of lymphogranuloma venereum suggests that the latter may be a predisposing factor. Frei tests for lymphogranuloma venereum, made on 19 patients with squamous anal and rectal cancer at Memorial Hospital, New York, gave 8 positive results. Many of the remaining 11 patients gave evidence strongly suggesting pre-existing anal lymphogranuloma venereum.—R. E. S.

Bone and Bursa

Osteoid Osteoma of Midshaft Region of Femur. 

A summary of the recent literature, and report of a case of osteoid-osteoma in a 9 year old girl, whose only symptom was pain for 10 months before operative removal of the lesion.—W. A. B.

Epidermoid (Squamous Epithelial) Bone Cyst of Phalanx. 

A case of epidermoid bone cyst treated by excision followed by electric cauterization of the cavity is reported, together with a review of 10 similar cases from the literature and a discussion of the differential diagnosis.—W. J. B.

Chondrosarcoma of a Phalanx with Cutaneous Metastases. 

A case of chondrosarcoma of the middle phalanx of the left middle finger occurring in a male subject aged 66 is described. This appeared histologically to be simple, but radiologically there was a suspicion of malignancy. Two years after amputation of the affected finger, multiple metastases developed in the skin of the face and in the lungs.

The author records that the metastases were apparently benign on histological examination and draws attention to the necessity for revising the traditional opinion that phalangeal chondroma is always benign.—L. W. P.


These cystic tumors occurred in elderly men whose occupation involved strenuous use of the legs. In one case there was no connection between the bursa and the hip joint, which was normal; in the other there was a wide communication, and arthritic and atrophic changes were present in the joint.—W. A. B.

Miscellaneous

Primary Carcinoma of the Uterus and a Primary Carcinoma of the Breast in the Same Individual Twenty-Three Years Later. 

Case report.—M. E. H.

Unusual Lipoma. 

A report of a case of benign lipoma of the buttock.—M. E. H.

Case Reports of Barnes Hospital. Clinical and Postmortem Records Used in Weekly Clinicopathologic Conferences at Barnes Hospital, St. Louis. 

In Case 61 there was a carcinoma of the apex of the right lung with extension to the right parietal pleura and to the mediastinum, and metastases to all lobes of the lungs, to the bronchopulmonary and tracheobronchial lymph nodes, and to the right lobe of the liver. The carcinoma compressed the lumen and invaded the wall of the superior vena cava; it also compressed the pulmonary artery to the upper lobe of the right lung. Case 62 was an example of carcinoma of the sigmoid colon, with dilatation of the large and small intestines above the carcinoma, acute and chronic ulcerative colitis, and acute ulcerative enteritis.—M. E. H.

Statistics

Statistical Analysis of 2,407 Admissions to the Tumor Clinic of Hines Veterans Hospital, During 1943. 

During 1943 the tumor clinic admitted 1,623 patients for the first time, and readmitted 818 patients. This report presents a detailed analysis of the racial, geographic, and age distribution of the patients with various types of neoplasia. The type of treatment administered and the number of deaths in the hospital are also considered. A relatively high percentage (51%) of the patients with carcinoma of the exposed skin came from southern states, but low percentages (17 and 12%) of the patients with cancer of the stomach and testis were also from the South. Relatively many patients with carcinoma of the exposed skin and lip, but few with glioma of the brain, came from rural districts. Carcinoma of the exposed skin, lip, and larynx occurred relatively more often in white than in colored patients, but carcinoma of the esophagus occurred relatively more often in the colored. The average age of the patients was 50 years, but those with cancer of the testis, glioma of the brain, or Hodgkin’s disease had a lower average age (36 to 41 years). The mortality rate for all patients was 24%. Carcinoma of the esophagus had the highest percentage of deaths (63) and carcinoma of the exposed skin the lowest (1.3).—Authors’ abstract.