Clinical and Pathological Reports

Clinical investigations are sometimes included under Reports of Research

Heredit


Two cases of glioma of the cerebral hemisphere, occurring in a brother and sister, ages 50 and 39 years respectively, are presented. Both terminated fatally, one postoperatively. Because of similarities between the 2 cases, the author feels that the familial association could scarcely be accounted for by coincidence.—W. A. B.

Radiation


The chief use of radium-bearing molds (moulage) is in the treatment of cancers of the oral cavity, the lips, and less often of the face and external genitalia. Radium mold therapy has, as a rule, to be followed by deep x-ray therapy to the lymphatics of the neck, or, under certain conditions, by bloc dissection. Nine photographs are included.—M. E. H.


A trial of external x-ray therapy by the author’s ‘concentration method’ is recommended in those cases of cancer of the larynx in which the patient is a poor surgical risk, or in which partial mobility of the structures indicates possible radiosensitivity. Twenty-five cases have been treated in this way.—W. A. B.


A patient with carcinoma of the breast received preoperative radiation and, at the time of operation, about 3,000 r at a single dose to the open thorax. It was computed that the total tissue dose received by the pericardium was about 8,250 r during 9 days. After this treatment the patient developed progressive pericardial effusion and died 4½ years later. Autopsy showed pericardial effusion and marked thickening of the parietal pericardium. There was no evidence of residual neoplastic disease. Because of the danger of damage to the pericardium, massive irradiation of the open thorax with the dosage employed in this case is not recommended for the future.—R. E. S.

Skin and Subcutaneous Tissues


The author describes various types of benign and malignant nevi and the conditions with which they may be confused, and then discusses their treatment. “There is no uniformity of agreement regarding clinical or histopathologic classification or treatment of different types of nevi...

‘Blue nevus, which is benign, has been confused frequently with melano-epithelioma. There is danger of malignant change following inadequate removal of benign pigmented nevi. Any nevus that is subject to repeated trauma and irritation or shows increased pigmentation to simulate melano-epithelioma should be radically removed. Hope for cure of melano-epithelioma is dependent on its early recognition and treatment, and complete removal before metastasis has occurred.”—J. L. M.


One hundred and sixty-two cases of malignant melanoma of the skin, recorded in the Laboratory of Surgical Pathology of the College of Physicians and Surgeons of Columbia University from 1905 through 1940, are reviewed with reference to the anatomical distribution, sex and age incidence, clinical and pathological features, differential diagnosis, and types of treatment.

“A large percentage of malignant lesions arise from moles that have been stimulated by the patient or by a physician. Complete eradication of all suspicious-looking lesions and malignant melanomas should be carried out. Irradiation is usually ineffectual. Radical surgery is preferable to cautery. Depending upon the history and histologic examination of the lesion, radical regional lymph-node dissection should be performed.”—J. L. M.


The author states he has seen 3 instances of malignant change in a luetic gumma of the glabrous skin, and describes in detail one in which the lesion was located on the shoulder.—V. F. M.

Nervous System


This report is based on 25 cases of brain tumor in which choked disk was present, and on 25 cases of optic neuritis in which there was elevation of the head of the optic nerve.
Criteria are proposed for distinguishing whether papilledema that is demonstrable ophthalmoscopically and is not associated with pallor of the optic disk is due to increased intracranial pressure or to optic neuritis.—J. L. M.


A report of 7 cases and an analysis of 42 from the literature.—M. E. H.

Ear


A case report.—W. A. B.


A case report and review of the literature. Only 2 of the previously recorded cases were proved.—W. A. B.

Female Genital Tract


Case report and discussion.—J. G. K.


Ascites was noted in 7 of 23 cases of theca-cell tumor, and to a small extent was also present in 1 of 2 cases of papillary fibroadenoma and in 2 of 30 cases of fibroma. Of 23 earlier cases (fibroma and theca-cell tumor taken together), 9 showed ascites. Hydrothorax was present in only 2 of the 78 patients. Attempts to evaluate experimentally, in rabbits, rats, and mice, the factors responsible for the production of Meigs' syndrome were inconclusive.—A. K.


The centrifuge cytology test for uterine cancer is performed by immersing cervical secretions in a fixative solution of ether and 95% alcohol, centrifuging, and embedding the sediment in paraffin blocks, sections of which are examined microscopically. For staining the slides, ordinary hematoxylin and eosin are generally satisfactory, but Papanicolaou's stain gives greater nuclear clarity and definition. The test has proved correct in over 90% of 28 cases studied. The malignant cells are usually clustered together and therefore are more readily detected than in slides made directly from cervical or vaginal smears. The findings in a typical case of squamous carcinoma of the cervix are presented, and comparison is made of malignant cells in (a) the cervical smear, (b) the tissue biopsy, and (c) the centrifuge cytology test.—M. E. H.


A variety of therapeutic measures, advocated in the past for cancer, are mentioned in the development of the thesis that surgical removal is still the best treatment. Radium is said to have a very limited scope, being chiefly useful in the treatment of skin tumors. Even in seemingly hopeless inoperable cases of uterine cancer, surgery is said to have been of considerable benefit. There is an extensive discussion of the purposes of the author's combined procedure entailing arterial ligation and lymphatic block prior to excision; such treatment in 62 cases of advanced cancer was followed by no operative mortality, and 18 patients lived 6 to 33 years afterward.—E. E. S.

Male Genital Tract


From a detailed study of serial sections of prostates, the author has demonstrated that connections may exist between the urterial and prostatic glands of normal prostates. In his view, the earliest changes of prostatic hypertrophy consist of glandular hyperplasia occurring anterolaterally to the urethra in the caudal half of the prostate, namely in those zones of the prostate that show...
the highest growth potential as evidenced by the longest persistence of active growth. The nature of intravesical projection of the enlarged prostate and the relationships of the uterus masculinus are discussed. Photomicrographs and drawings are included.—L. W. P.

Incidence of Prostatic Calculi in Association with Benign Hyperplasia or Malignant Lesions of the Prostate Gland. Cristof, D. S., and Emmett, J. L.


"This study is based on 686 cases of malignant disease of the prostate gland and 4,136 cases of benign prostatic hyper trophy in which transurethral resection was performed at the Clinic in the 5 years, from 1938 to 1942, inclusive. In all of these cases roentgenographic examination of the prostatic regions was performed. Excluded from these figures are those cases in which transurethral resection was performed for the removal of calculi that were not associated with benign hyperplasia or malignant lesions, or cases in which satisfactory roentgenographic visualization of the prostatic region was not obtained."

Endogenous prostatic calculi were present in 288 (7%) of the cases of benign hypertrophy and in 43 (6%) of the cases of malignant lesions. In 72% of the latter 43 cases the grade of the malignancy was 1 or 2. Thus this study of a large series of patients is in disagreement with the commonly accepted dictum that prostatic calculi are rarely found in cases of carcinoma of the prostate gland. It suggests that the incidence of prostatic calculi in cases of benign hyperplasia and in cases of malignant disease of the prostate is practically identical. Any grade of malignancy may be associated with prostatic calculi.—J. L. M.

Oral Cavity and Upper Respiratory Tract

An Unusual Case of Osseoma of the Nasal Accessory Sinuses. Hanley, J. S.


Report of a case of 3 distinct and separate osteomas of the nasal sinuses in which the patient’s presenting symptom was enophthalmos. Two of the masses were ivory-like and 1 was cancellous.—W. A. B.

A Mixed Tumor of the Nasal Septum. Efron, M. T., and Saltzman, M.


A report of a case in which the encapsulated tumor was completely removed surgically and no irradiation used.—W. A. B.

Cancer of the Lip. Freeman, D. B.


A general discussion. Prognosis in these cases is dependent on the time when treatment is instituted and on the thoroughness of the eradication of tumor tissue the first time treatment is given.—M. E. H.

Vascular Polyp of the Vocal Cord. Myerson, M. C.


Hoarseness, vocal fatigue, and sensation of a foreign body are symptoms of a vascular polyp of the vocal cords, and these are severe enough to warrant surgical removal in all cases. The author doubts that the untreated polyp ever becomes malignant.—W. A. B.

Laryngectomy for Laryngeal Cancer. McCall, J. W., and Strover, W. G.


Forty-five cases in which laryngectomy was performed for laryngeal cancer are presented. Twenty-four patients received speech training preoperatively, and all but 4 developed a good esophageal voice. The authors recommend complete laryngectomy for both intrinsic and extrinsic cancer of the larynx, and cite the survival of 31 patients in this series.—W. A. B.

Solitary Neurofibroma of the Larynx. Smith, T. T.


Three cases of neurofibroma in this rare site are reported, 2 in boys 6 years of age and the third in a 26 year old male.—W. A. B.


A report of 2 cases and review of the literature, with a tabulation of 30 cases recorded since 1925. Treatment is always surgical removal of the tumor; when the growth is very extensive it requires laryngectomy.—W. A. B.

Paralysis of the Larynx. Fox, J. R.


Six cases are reported in each of which the patient developed hoarseness as the first sign of metastasis from 14 months to 12 years after radical mastectomy for carcinoma. In all these cases laryngoscopy indicated paralysis of one or both recurrent laryngeal nerves, due to metastatic carcinoma of the chain of lymph nodes surrounding them.—W. A. B.

Plummer-Vinson Syndrome with a Post-Cricoid Web. Ball, K. P.


A woman aged 52, taking a deficient diet without meat, had dysphagia, cracks and ulcer about the mouth, koilonychia, and a postcricoid web; the hemoglobin level was 45%. Under iron treatment the stomatitis and koilonychia disappeared, and the hemoglobin rose to 99%.—E. L. K.

Intrathoracic Tumors—Lungs—Pleura

Adenoma of the Trachea and the Bronchus. Schwartz, L.


Two cases of adenoma of the bronchus and one case of adenoma of the trachea are presented. These tumors show a marked tendency to recur despite bronchoscopic removal and irradiation. In the present cases, one patient was apparently cured by removal of the tumor and electrocoagulation of its base, and the other 2 patients developed recurrences.—W. A. B.

Hemoptysis. Etiology, Pathogenesis and Treatment. Adams, R., and Ficarra, B. J.


The pathologic processes resulting in pulmonary hemorrhage vary according to the underlying etiology. Persistent daily hemoptysis, yielding small amounts of blood,
over a period of a few weeks, is almost surely caused by carcinoma. However, in only 58% of proved cases of carcinoma of the lung is hemoptysis a symptom. Adenoma of the bronchus is seen with a tenth the frequency of cancer, and blood-streaking at intervals is one of the typical symptoms of this condition. Attention is called to the long average duration of blood-streaked sputum (2 years) often occurring in patients with bronchial adenoma before they are seen for diagnosis and treatment. Diagnostically this period represents a long time lag, but prognostically it reflects the relative nonmalignancy of bronchial adenoma in comparison with bronchogenic carcinoma.—M. E. H.


The case of bronchogenic carcinoma in a 32 year old man was unusual in that the lesions were multiple. The clinical features were those of pulmonary tuberculosis.—M. E. H.


A study of 12 proved instances of bronchogenic carcinoma in patients who were admitted to a tuberculosis hospital. Only 2 of these patients had tuberculosis. The clinical and roentgenologic similarities between the two diseases are pointed out, and the importance of prompt diagnostic bronchoscopy is emphasized.—C. W.


The first symptoms of bronchogenic carcinoma may be those of increased intracranial pressure, resulting from metastasis to the brain. Of 448 patients with carcinoma of the lung at the Mayo Clinic, 52 had symptoms referable to the central nervous system. A thorough general examination, including roentgenograms of the thorax, should be performed in every case in which an intracranial or intraspinal lesion is suspected.—W. A. B.


A case of an unusually situated large lipoma in the anterior mediastinum is reported. Air injection into the pleural space to provide a contrast medium in x-ray examination was used as an aid in delineating the extent of the tumor. The tumor was extirpated, and the patient made an excellent recovery.—W. A. B.

GASTROINTESTINAL TRACT


Autopsies on 23,231 persons 45 years of age or older revealed carcinoma of the stomach in 36 of the 293 cases of pernicious anemia found. The incidence of gastric cancer was more than 3 times as great in the persons with pernicious anemia as in the remaining autopsy population of the same age.—J. G. K.


A case is reported in which both primary tumors (adenocarcinomatous ulcer of the stomach and adenocarcinoma of the sigmoid) were diagnosed before operation in a 68 year old man who had had symptoms for 3 months.—W. A. B.


Report of a case.—W. A. B.


A study was made of 50 consecutive cases of carcinoma of the colon, observed in the Illinois Research Hospital during the past few years. Partial or complete obstruction occurred in 60% of patients with tumors on the left side and in 16.6% of patients with tumors on the right. The incidence of vomiting was apparently not related to obstruction since vomiting was present in about the same proportion of patients in the groups with tumors on the left and right (19.7 and 25%, respectively). The mortality rate in the entire series was 10%, and the rate was lower in the group with tumors on the left than in that with tumors on the right. Age also influenced the mortality rate, which was 20% in patients 65 years or more as compared with 6.9% in patients under 65. Improvement in the prophylaxis of infection, by penicillin and sulfonamides, will justify more frequent use of one stage resections with primary anastomosis.—M. E. H.


The purpose of this paper is to bring up to date the series of cases started in 1928 by one of the authors (J. A. B.). The 17 cases in the early report, together with the 2 presented in 1935 and the 26 described herein, make a total of 56 cases of carcinoma complicating chronic ulcerative colitis reported from the Clinic. A brief summary of the clinical and pathologic findings in this latest group of 26 cases is presented in tabular form.—J. L. M.


The author compares carcinoma and lymphosarcoma of the colon from the viewpoints of site of predilection, course and prognosis, and therapy. A case of lymphosarcoma of the descending colon in a woman 73 years of age is presented.—W. A. B.


In this case the initial operation was performed because of acute pain and a mass in the left inguinal region that
proved to be an abscess. Further examinations, after a fecal fistula had occurred, showed obstruction in the sigmoid. At the second operation, a carcinoma of the sigmoid was found to have ulcerated into the mid-colon and into the abdomen with resultant abscess formation.—W. A. B.


The seven case reports presented emphasize the fact that the early diagnosis of carcinoma of the colon and rectum depends upon a thorough investigation of all symptoms regardless of how trivial they may appear. The investigation must include a detailed history of the patient's illness, a complete physical examination, digital examination of the rectum, adequate proctosigmoidoscopy, careful X-ray study of the colon, a blood count, and analysis of the stools for occult blood.—J. L. M.


The author attempts resection whenever it is possible to remove the growth, even if there is little or no hope of cure. Reference is made to 31 cases in which operation was performed at University Hospital. Symptoms, signs, diagnostic features, and operative technic are discussed.—E. E. S.


A brief summary of the known character and behavior of these tumors.—E. E. S.

Mesentery


A report of a case in which the diagnosis was suggested preoperatively by X-ray examination, and a review of the literature.—W. A. B.

Multiple Tumors


 Necropsy records of University of Chicago Clinics from 1923 to 1943 inclusive revealed a 3.7% incidence of multiple primary cancers among the 816 cases of cancer. The average age of individuals with multiple primary cancers was found to be higher than that of individuals with single cancers. Age and susceptibility are suggested as factors in multiple carcinogenesis.—M. E. H.


A case is reported of 3 primary malignant lesions of the colon, which developed in the course of 17 years, with successful resection of each lesion. The author discusses his reasons for believing that each of the lesions (colloid adenocarcinoma of the cecum, adenocarcinoma of the descending colon, and colloid adenocarcinoma of the sigmoid) was a primary one.

In a second case, coincident primary adenocarcinomas of the rectum and lung were removed.

"It is important to evaluate apparently metastatic and recurrent malignant lesions with an eye toward the possibility of their being separate primary lesions."—J. L. M.

Miscellaneous


Three cases of malignant tumor (adenocarcinoma of the sigmoid, sarcoma of the scalp, and atypical adenocarcinoma of the parotid) in natives of the French Sudan are reported.—G. H.

Cancer Control and Public Health


A report of the first year's work. No treatments were given and no biopsies were done, patients being referred to their private physicians for such services. Eight patients had skin lesions that were clinically carcinoma; 5 patients had suspected melanoma, and wide surgical excision with biopsy was recommended. Nineteen patients were advised to have breast biopsies; 18 complied and 8 proved to have carcinoma. Two recurrences of breast tumor were found. Seven patients were advised to have cervical biopsies; no positive reports have been received from this group. Twelve patients with bleeding not associated with the menses were advised to consult their doctors; 1 proved to have adenocarcinoma of the uterine fundus, another, inoperable pelvic disease. One patient had a friable mass in the rectal ampulla. Numerous pathological conditions were found that were in no way related to cancer. The number of positive malignant growths is probably greater than reported because not all the private physicians have filed their findings with the clinic.—M. E. H.


Among 126 laborers, from 20 to 60 years of age or more, working in a tar factory in Liège, the incidence of cancer was no higher than in the general population. The authors conclude that the general hygienic precautions employed in the factory prevented the development of cancerous lesions of the skin. They suggest that lung tumors did not occur because either (1) the tar particles present were too large to penetrate the alveoli, or (2) the carcinogenic properties of tar for human beings may be relatively slight.—G. H.