Abstracts

Clinical and Pathological Reports

Nervous System


Fifty-five cases of gliogenous and metastatic brain tumors were studied to determine if there was a correlation between the degree of electroencephalographic abnormality and the specific pathological nature of the tumor. The results seem to indicate that the more malignant the growth, the greater the "delta value," and that a focal per cent time delta of 40 is strongly indicative of spongioblastic or carcinomatous tumor. These findings may be of practical aid to the neurosurgeon in indicating the type of tumor to be expected in the operation — A. C.


Multiple tumors of the central nervous system being rare, except in von Recklinghausen's disease, the author here presents a case in which an arachnoid cyst was present opposite the eighth thoracic vertebra and also a neuro(sympathico)blastoma at the tenth thoracic vertebra. — A. C.


The "fungal tumors of the dura mater" described by Antoine Louis in 1774 covered a group of lesions, largely neoplastic, that destroyed a localized portion of the cranial vault. The case histories and drawings presented by Louis suggest to the modern reader that sarcomas, meningiomas, multiple metastatic tumors, and various inflammatory and traumatic lesions were included. — M. H. P.

Eye


A review of 13 cases of which 4 were hemangiomata is given. Only 3 cases were malignant, and in none was there any intracranial extension. The surgical methods of approach are discussed. — E. L. K.

Breast


A case is described of a double tumor of the breast, in which an adeno fibroma was present on the right side, and a histiocyticsarcoma, developing from the reticuloendothelial system of the gland, present on the left side. — R. J.


Description of 3 cases. — E. L. K.


Early detection of carcinoma of the breast can best be accomplished by periodic physical examinations in all patients over 35 years of age. When the diagnosis can be made clinically the chances of cure are not great. All breast tumors should be considered malignant until proved otherwise. The commonest are fibroadenoma, chronic cystic mastitis and carcinoma; and biopsy alone can differentiate them. When biopsy is planned the patient should be prepared mentally and the operating room in readiness for possible radical mastectomy. — M. E. H.


The tumor was first noticed in the third month of the first pregnancy and was excised (weight 2.4 kgm.) two months before delivery of a healthy child. Two months later the patient died, probably from pulmonary metastases. — E. L. K.


Case report. The close association between Paget's disease and sarcoma is reviewed. In patients over 50 years of age, approximately 60% of osteogenic sarcomas of the tibia, humerus and ilium, and 100% of osteogenic sarcoma of the skull occurred on the basis of a pre-existing Paget's disease. The blood chemistry as an aid in differential diagnosis in hyperparathyroidism, Paget's disease and secondary malignancy, is discussed. — M. E. H.

Female Genital Tract


The various types of ovarian neoplasms are classified which appear in Cancer Research, application should be made to and Independence Avenue, S.W., Washington 25, D.C.
and discussed in detail, and numerous references are cited from the literature on this subject back to 1938.—J. G. K.


Three cases of inoperable cystadenocarcinoma of the ovary were apparently made operable by deep x-ray therapy. In all 3 cases the neoplasms was limited to the abdominal cavity. Deep x-ray therapy caused the tumor to diminish in size, thus making the operation easier. The study indicates that it may be unwise to do a difficult primary operation since in some cases of massive infiltration it may be safer to make a biopsy, close the abdomen, treat with x-rays, and perform a second operation at a later time. Two of the patients treated by the author are alive and 8 years after operation; the third died after 5 years of an apparently unrelated carcinoma.—A. K.


A description of two ovarian tumors containing squamous metaplasia within papillary serous cystadenocarcinoma is given.—A. K.


Case report. The patient was treated by simple surgical excision, with a resulting marked decrease of masculine features, over a period of 6 months.—A. K.


A case of unilatera disgerminoma of the right ovary associated with pregnancy is reported. Cesarean section was first performed and a simple extirpation of the tumor was done 4½ months later. The degree of malignancy of disgerminoma is discussed.—M. E. H.


The tumor weighing 20 pounds was removed from a Hausa woman of Northern Nigeria who had suffered from continuous uterine bleeding for 10 months followed by completé amenorrhoea for 2 years.—E. L. K.


Description of a case.—E. L. K.


The case is reported because of the relative rarity of this kind of tumor. Its evolution was the famous one described by Kruekenberg.—R. J.


Case report presented the usual findings of benign fibroma of the right ovary associated with pleural effusion in the right chest. In only 2 other instances has the pathology of the ovarian tumors been varied. In one, a thecoma of the ovary was found to be present, in the other a multilocular papillary cyst adenocarcinoma.—M. E. H.


In the last 17 years 1,040 women have been treated for cervical cancer in the public wards of the Ontario Institute of Radio-therapy. Cancer of the cervix and uterus is diagnosed and treated earlier than it was 10 years ago and reflects the improvements that have been developed in equipment and technic. The same relative improvement is seen in the 5-year survival rate for 1940 which is 33.3% as compared with 31.7% for the whole period from 1929 to 1940. From 1938 to 1944, only 28% of patients reported to some doctor within 3 months of the onset of symptoms; in 1945, 42% did so. There has been a corresponding decrease in delay on the part of the doctor consulted in referring the patient for diagnosis and treatment.—M. E. H.


Among 200 women more than 35 years of age who complained of abnormal vaginal bleeding, 80 had uterine leiomyomas or fibroids, 16 carcinoma of the cervix, 11 adenocarcinoma of the corpus uteri, 2 sarcoma of the uterus, 1 carcinoma of the ovary, 43 hyperplasia of the endometrium, and 25 atrophy of the endometrium. Among the 30 women who had bleeding after the menopause, 9 had cancer of the corpus uteri, 7 carcinoma of the cervix, 1 carcinoma of the ovary, 4 cervical polyps, 2 cervicitis, 1 senile vaginitis, and 6 no demonstrable cause for the bleeding.

The predominant symptoms of carcinoma of the cervix were metrorrhagia, occurring in 10 cases. In both cases of carcinoma of the uterus, leiomyomas were also present. The chief complaint in the case of carcinoma of the ovary was postmenopausal bleeding.—J. L. M.


From 1913 to 1938 progressive improvement has been noted in the results of the treatment of carcinoma of the cervix, as judged by 5 and 10 year survivals. This improvement is due to the use of radium and x-rays. Eleven hundred and eleven cases are reviewed, and deaths, early and late, following treatment and intercurrent disease are listed. Complications and their treatment are considered.—A. K.


Surgical removal of early cervical cancer is considered
to be as safe as x-ray treatment. The incidence of ureterovaginal fistulae is great, but the author feels that this can be improved.—A. K.

Case report.—A. K.

Description of a case.—E. L. K.

Forty-five of 136 patients with cervical cancer admitted for treatment at the British Columbia Cancer Institute during the period 1941 to 1944 had died by March 1946. The records were studied from the standpoint of pain in these patients. The group as a whole had received standard forms of modern treatment; 3 cases were eliminated because of advanced terminal cachexia; of the other 42, only 6 (14%) were spared intractable pain. The greatest incidence of intractable pain occurred 4 months before death. Among the remaining 36, 12 bore their pain for 6 months or longer; 4 suffered pain for a year. Neurosurgery (cordotomy) judiciously employed will mitigate much suffering. In the group of patients discussed, it was considered in 11, advised in 7 and performed in 4. The author feels it should have been considered in a larger percentage.—M. E. H.

The patient, aged 15, died after supra-pubic cystostomy. Biopsy showed carcinoma of the prostate about the size of a tennis ball. There was no clinical or x-ray evidence of metastases. No autopsy was made.—E. L. K.

The authors carried out repeated prostatic biopsies by the periurethral route in 4 cases treated with stilbestrol and one with dienoestrol during periods from 6 months to 2½ years. The carcinomas were the most common form of tumors, arising in atrophic tissue in the posterior lobe of an otherwise normal gland. The rarer form develops in a gland showing benign hypertrophic changes. The doses given were usually 5 mgm. of stilbestrol initially and 2 mgm. subsequently, and 2 mgm. of dienoestrol reduced to 1 or 1.5 mgm. twice daily. The second specimen was taken after an interval of from 5 to 30 months. There was a consistent decrease in the number of tumor units and the majority of units also showed considerable diminution in size. Histologically the trend appeared to be a regressive change from a more cellular type of growth to a scirrhous form. There was also diminution in the size of the nuclei with concentration of chromatin and pyknosis. Another patient studied had metastases in the inguinal and axillary lymph glands. Two adjacent glands in the right axilla were selected; one of these was removed at the start of the treatment with dienoestrol and the other 3 weeks later. During this period the serum acid phosphatase had fallen from 6.2 to 0.8 units per cc. Sections stained by the method of Gomori showed considerably less acid phosphatase in the second gland.—E. L. K.

Urinary System
Description of a case.—E. L. K.
Abstracts


The bladder contained a calculus formed around a rifle bullet. There was no history of injury to the bladder but the patient had been wounded in war in 1918. The base of the bladder was infiltrated with a ring of carcinoma “of epidermoid type.”—E. L. K.


The tumor was “a highly malignant and embryonic teratoid arising from the intermediate cell mass.” Its exact origin could not be stated.—E. L. K.


A tumor 1 inch in diameter in the mid-zone of the upper lip of a girl aged 18 had the characteristic microscopic appearance of a mixed tumor of the parotid. The literature on tumors of this gland is reviewed.—E. L. K.


Observations are based on a series of 293 cases of lip cancer referred during the period 1928-44 to the Radium Department of the Western Infirmary, Glasgow. The primary lesion was on the lower lip in all but 8 cases and all but 8 of the patients were men. The Wassermann test was not made as a routine and microscopic confirmation was obtained in 75 cases. Most of the cases occurred in the fifth, sixth and seventh decades. In 51 patients the disease had spread to neighboring structures, while in 208 cases the lymph nodes were not involved. Therapy in these cases was to treat the lip and observe the node areas. Only 9% of the patients developed cervical metastases at a later date. The treatment of the primary lesion, in 242 cases, was by radium implantation in 168 cases and radium mould in 74, the former being regarded as the method of choice. With implantation, a tissue dose of 5,000 to 6,000 r, estimated 0.5 cm. from the plane of the needles, given in 168 hours was considered adequate, while with the radium mould method a dose of 6,000 r given throughout the lip over a 10 day period was sufficient. A variety of methods have been used in the treatment of cervical lymph nodes and the correct therapy is still a problem. Surgery and radium implantation are considered the most promising methods.

The results based on the observation of these 242 cases were for at least 1 year. This period is considered adequate because if failure occurs it is usually within the first year. Of 175 patients without lymph node involvement, 165 (94%) became free of disease while 53 patients with lymph node involvement or developing these subsequently, 25 (48%) were made free from disease.—M. L.


Among 160 cases of intracranial complications associated with infectious or malignant disease of the nasal cavities, studied at autopsy, there were 16 instances of malignant tumor originating from the nasal septum, nasopharynx, or nasal sinuses, or metastatic to the sinuses, with infectious intracranial complications. The growths invaded the intracranial space in 15 cases of primary cancer of the nasal air passages and accessory nasal sinuses; in the other 3 cases, cancer of the skin of the regional face came to involve the adjacent sinuses and finally led to the development of intracranial infections.—M. H. P.


Description of a case.—E. L. K.


A series of 16 cases of carcinoma of the nasopharynx is presented with details concerning age of patient, distribution of lesions, symptoms, metastases, x-ray therapy, and survival rates. The disease affects all ages and is exceedingly malignant in children and young adults. The primary lesion is most often in, or adjacent to, the fossa of Rosenmüller; the most common sites of metastases are cervical and cranial. Radiation therapy is the accepted method of treatment. Three patients in the series have remained free of disease for periods up to 2½ years; 3 others are alive with active disease. Best results can be expected in patients treated before metastasis or intracranial extension has occurred.—E. H. Q.


This tumor was treated by x-ray therapy and a histological study made before and after the treatment. It was found that following radiotherapy most of the neoplastic elements had disappeared and were replaced by fibroid tissue.—R. J.

Salivary Glands


Description of a case.—E. L. K.

Intrathoracic Tumors


In a girl aged 9 a single metastasis in the left femur attracted attention 8 months before a primary bronchial carcinoma, which ultimately involved the whole of the right lung, was detected. The histological structure of the growth in the femur was similar to that of the tumor in the lung.—E. L. K.

A review with 14 figures in which the pathology of these tumors is considered and a classification of the sarcomas is suggested.—E. L. K.


In tropical regions where amebiasis is endemic, an attack of amebic dysentery may be followed by a granulomatous condition which is often mistaken for carcinoma. Colostomy was found to lead to the disappearance of such tumor-like swellings. Where amebic dysentery is prevalent, pathological investigations should include repeated examination of feces for amebae and cysts, and biopsy examination. Moreover, anti-amebic treatment with emetine should be resorted to where radical surgery is contemplated. The occasional coexistence of ameboma and carcinoma is pointed out. Amebiasis of the skin and subcutaneous tissues at the margins of a colostomy opening is described. The ulcer is characteristic, with punched-out margins and amebae are demonstrable in histological preparations of the gangrenous skin.—L. W. P.


Among a total of 1,467 cases of chronic ulcerative colitis, 28 patients developed carcinoma, and the average incidence was 1.9%. A single series of 95 children with chronic ulcerative colitis was studied; 6 carcinomas were found later in life, an incidence of 6.3% among this group. The authors conclude that the hypothesis that there is an increased incidence of carcinoma in chronic ulcerative colitis is an important concept.—J. G. K.


A typical ring carcinoma of the splenic flexure was found and removed. The patient is well 7 years later. No polyps were seen in the colon and there was no family history of tumors of the large intestine.—E. L. K.


A description of a case.—E. L. K.


Two cases are reported. One patient aged 29 had a malignant ulcer at the pelvi-rectal junction and metastases in the liver. There were polyps throughout the colon. The other patient, aged 32, died from metastases after operation for carcinoma of the rectum. The colon showed numerous minute telangiectases.—E. L. K.

Bone and Bone Marrow


Description of cases.—E. L. K.
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