

While before there was some doubt as to whether the peritoneal tumors began to develop in the lymph vessels or in the protective cells of the serosa, their site of origin has now been established to be in the coelomepithelium. According to Marchand, the diagnosis is malignant protective cell tumors instead of synonymic endothelium, mesothelium or malignant peritoneal epithelium. Because of the manifold potentialities of the coelomepithelium it remained difficult for individual and other observers to give a definite picture of the histological structure of the protective cell tumors -- analagous to primary protective cell tumors of the pleura and pericardium -- which is quite understandable considering their embryonic uniformity and the fundamentally similar structure of the serosal membranes (Prinz). The potential differentiations seen in the pleuro-mesothelium tissue cultures (Sano, Weiss and Gault) were also present in the sarcoma-like growth formations of human beings (Greer) with partial transformation of the mucoidal myxomas (Rhnid and Wright), formation of fissures and cavities, matted papillose and polypoid growth formations (Fischer, Klein and Rarei) partly with predominantly individual components or appearing in a mixed group. In his 1950 publication Greer estimated that there are 15 true diffuse peritoneal sarcomas: all other types of protective cell tumors in the abdominal region should also be substantially fewer than the primary pleural tumors of approximately 1°/∞ at the time of post-mortem examination, which is rather low.

The matted-papillose and small nodular parts seen in our peritoneal tumor greatly resembled the so-called serosal nodes and mottings frequently seen on serosal membranes, as well as pericardial tendons and serosal calluses whose developmental capacity derives from chronic-mechanical irritations