

REDACTED

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By Bureau of the Budget
Circular A-32

643-16-81431-1

CLINICAL RECORD	TISSUE EXAMINATION
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SPECIMEN SUBMITTED BY	DATE OBTAINED
SPECIMEN	

BRIEF CLINICAL HISTORY (Include duration of lesion and rapidity of growth, if a neoplasm)

Patient is now dead; autopsy was not performed.

PREOPERATIVE DIAGNOSIS

OPERATIVE FINDINGS

POSTOPERATIVE DIAGNOSIS	SIGNATURE AND TITLE
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PATHOLOGICAL REPORT

NAME OF LABORATORY Surgical Pathology Section	ACCESSION NO(S) S74-415
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(Gross description, histologic examination and diagnosis)

Gross:

Specimen consists of three submitted slides bearing label of St. Anthony Hospital, Louisville, Ky. and the accession no. S70-1951. Both sections are also labeled "FS". The surgical pathology report, a copy of which is attached, identifies these as sections of the liver.

Also received are six slides from St. Anthony's Hospital bearing the accession no. S-71-4345. These are also sections of the liver; (Dr. Falk's notes indicate this second liver biopsy was taken after chemotherapy was given). Three paraffin blocks S-71-4345 are also received.

Microscopic:

Liver: The three H&E sections labeled S70-1951 are duplicate sections of an angiosarcoma of the liver. The tumor is composed of irregular vascular channels lined by endothelial cells which are neoplastic-appearing and have enlarged, elongated, hyperchromatic nuclei. There is considerable variation

OVER

(Continue on reverse side)

SIGNATURE OF PATHOLOGIST Hans Popper, M. D.	DATE 2/19/74
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AGE 36	SEX M	RACE	IDENTIFICATION NO.
PATIENT'S IDENTIFICATION (For typed or written entries give: Name--last, first, middle; grade; date; hospital or medical facility)		REGISTER NO. 00-00-00	WARD NO.

TISSUE EXAMINATION
Standard Form 515
515-105

BFG67370

in nuclear shape and size and a few multinucleated, bizarre cells are seen. The eosinophilic cytoplasm is slight or moderate in amount. The vascular channels vary in size. Some are the size of capillaries or venules and have a hyalinized, connective tissue stroma. In most areas, however, there are small, slit-like spaces having the appearance of poorly formed vessels lying in more solid sheets of connective tissue which is interspersed by tumor cells which do not appear to line vascular spaces.

A small amount of hepatic tissue is included in the section. Two or three portal tracts exhibit fibrosis and in one there is marked proliferation of bile ducts. Irregular areas of fibrosis are present between the edge of the angiosarcoma and the liver tissue. Focally, within the hepatic lobules, the sinusoidal lining cells are enlarged and hyperchromatic and similar changes are seen in endothelial cells of portal tract venules. These endothelial changes suggest multi-focal alteration of endothelial cells. The hepatic cells exhibited moderate variation in nuclear size and occasional bi-nucleate cells are seen.

The sections numbered S-71-4345 show pieces of liver altered by marked fibrosis of portal tracts. In addition bands of dense connective tissue extend irregularly between portal tracts and central vein areas forming hepatic nodules of various sizes and shapes. Some of these appear to be regenerating nodules of hepatic cells. There is marked proliferation of bile ducts and a few focal areas of chronic inflammation. No angiosarcoma is noted. Activated sinusoidal lining cells are seen along hepatic sinusoids.

Diagnosis:

1. Angiosarcoma of liver (S70-1951 FS).

NOTE: Hepatic tissue is S-71-4345 exhibits irregular fibrosis which may be the result of compression by adjacent angiosarcoma. Subsequent review of recuts and special stains reveal that the hepatic fibrosis is similar to the fibrosis seen in the liver of other patients included in the VC-PVC study.


Louis B. Thomas, M. D.

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