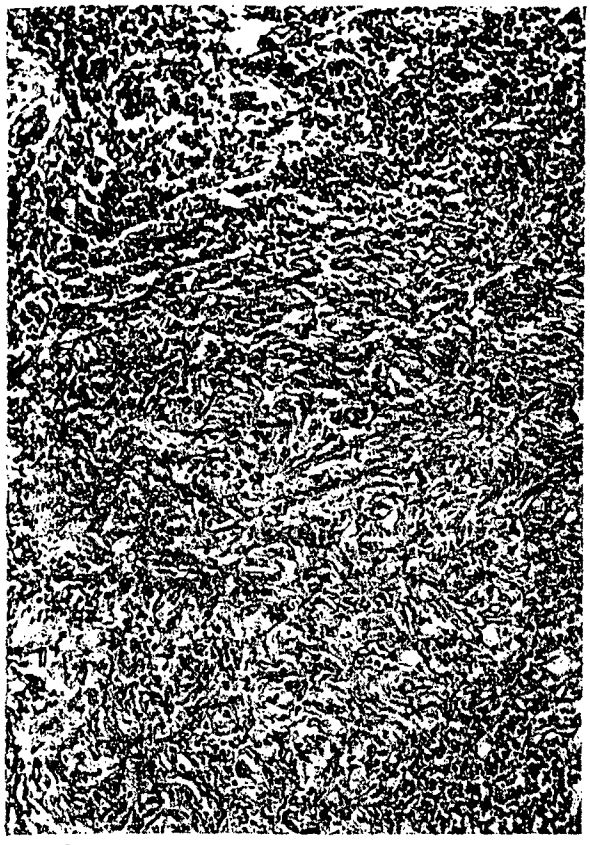

FIG. 11. *Gross pleural thickening from a case of asbestosis thought to be benign (not in series). Photograph shows loosely arranged collagen with inflammatory cells aggregated at top and bottom. Compare with Fig. 7. Haematoxylin and eosin,* ×110.

The most difficult differential diagnosis was papillary cystadenocarcinoma of the ovary. As this is a common tumour, any case with the ovary enlarged by tumour, or with psammoma bodies or cilia present in the tumour on histological examination, was rejected from the series. Other tumours rejected were regarded as primary carcinoma of the stomach, pancreas, kidney, or adrenals.

Thirteen cases were classified as certain peritoneal mesotheliomata (group C) and four as probable (group D). Table II lists the main features.

In group C 11 cases had lung blocks available and in seven of these asbestos bodies were found (63%). The morbid anatomy of the peritoneal tumours was largely comparable with that of the pleural lesions, but solid sheets of tumour were less common than multiple discrete or confluent nodules. Lymph node metastases were less common, as were direct extensions into the viscera. Pure fibromatous tumours were not found.

In group D, four cases were classified as probably mesothelial. In these either the cytology was not typical of the group or foci of pleomorphism were found. Areas of necrosis were quite common. Two cases had lung available for study, and asbestos bodies were seen in one case (50%).

The absence of lymph node or liver metastases in a diffuse peritoneal neoplasm is very much against a primary tumour of the stomach, gut, or pancreas. Primary ovarian carcinoma remains the sole differential diagnosis, and the points against such a diagnosis have already been given. In some of these, tumour had spread across the surface of one or both ovaries, but in no case was the ovary enlarged nor was tumour found within the ovarian cortex or medulla.

Several of the peritoneal group had been included in a previous report (Keal, 1960). Four of



FIG. 12. *Case 16. Fibromatous tumour abutting directly on epithelial type tubules. There is no transition between the two types, and the appearances are similar to those seen in malignant synovioma. Haematoxylin and eosin,* ×150.