

abundant, large-cell epithelial lining in desquamation (Ill.9,10) closely resembling the serosa proliferations on the villi. Dispersed between were many fine septa with highly inflammatory cell infiltration and many phagocytes with pigment-containing hemosiderin analagous to deposits of ferrous pigments found in asbestotic lung structures. Numerous and thorough histological examinations failed to show the presence of typical asbestos needles or asbestos bodies. However, x-ray examinations did show presence of scant asbestos dust accumulations in tumor tissues.¹

Thus, we are concerned here with a transformed^{primary}/protective cell tumor of the peritoneum of partially matted papillose and mucoidal consistency and with a knotty, lamellar growth pattern.

The pleural calluses still contained residuals from the tubercular granulated tissues, but no edematous changes. Therefore, presence of a primary protective cell tumor in the pleura was ruled out.

Discussion

Primary peritoneal tumors are very rare especially, during their diffuse propagation. Thus, the relationship between asbestosis of the lungs and the primary protective cell tumor of the peritoneum became conspicuous precisely, because of their association with asbestos dust deposits and the developing of tumors in both the lung and pleura. Therefore, it was necessary to determine whether the relationship between asbestos dust deposits and the appearance of a peritoneal tumor are of an accidental or causative nature or, at least, to explore these possibilities.

1. The x-ray analysis was performed in the Institute of Hygiene at the University of Münster (Prof. Jüttgen) by Doc. Dr. Pfefferkorn.