COLON CASE

CHIEF COMPLAINT

Discomfort in lower abdomen: feels crampy, full, worse after he eats a large meal, bowels regular, no bleeding. Past medical history benign.

PHYSICAL EXAMINATION

Well developed, well nourished, pleasant white male in no distress. Abdomen: Soft, on plane. LKS not felt: no masses: no tenderness. Genitalia: Negative. Rectal: Negative.

LABORATORY REPORTS

11-16   CEA 0.9

IMAGING

11-8   BE: Annular lesion in proximal ascending colon did not change configuration post-administration of glucagon 1mg. IV. Most likely represents neoplastic process. Colon, terminal ileum otherwise neg.

11-11   Upper GI: Esophagus, stomach, duodenum and proximal small bowel are negative.

COLONOSCOPY

11-13   Rectum intubated and colonoscope advanced to ascending colon without difficulty. At the area proximal to hepatic flexure was constricting lesion with near complete obstruction. Endoscopic biopsies taken but endoscope unable to be passed through. Transverse, descending and sigmoid colon otherwise normal. Rectum carefully examined was normal. Impression: Colon carcinoma in distal ascending colon.

OPERATIVE PROCEDURE

11-14   Right hemicolectomy: Abdomen was thoroughly explored. There was a lesion in the mid ascending colon. Liver normal. Right hemicolectomy was performed in the routine manner. Palpable positive lymph nodes around the aortic artery were totally excised.

PATHOLOGY REPORTS

11-13   Portion of mucosa from ascending colon, biopsies (multiple): Fragments of ulcerated adenocarcinoma, Grade Ill to IV.

11-14   Distal ileum and ascending colon, right hemicolectomy: Adenocarcinoma, Grade IV with perineural and vascular invasion. 33 of 37 pericolic nodes positive for metastatic carcinoma. Two para-aortic nodes positive for colon metastases.

	T	N	M	Stage Group
CLINICAL				
PATHOLOGIC				

LUNG CASE

HISTORY

Chest pain, productive cough, hoarseness with partial vocal cord paralysis. One pack per day cigarette smoker x 40 years.

PHYSICAL EXAMINATION

Lungs, slight wheezing on expiration in both lungs. Otherwise no abnormal findings.

IMAGING

11-30   Bone scan, C.T. brain and abdomen all negative

SURGICAL OBSERVATIONS

11-30   Bronchoscopy with biopsy: Right upper lobe mass noted with extension along lateral wall of main stem bronchus involving trachea.

12-1   Scalene node biopsy

PATHOLOGY

11-30   Squamous cell carcinoma, poorly differentiated, lung biopsy. Bronchial washings and brushings positive for malignant cells.

12-1   Scalene node biopsy: Metastatic SCC.

CLINICAL	T	N	M	Stage Group
PATHOLOGIC	T	N	M	Stage Group

BLADDER CASE

HISTORY AND PHYSICAL EXAMINATION

62-year old white male with hematuria and frequency. Physical examination negative.

IMAGING

12-3   CT scan of abdomen and pelvis negative for metastasis

PROCEDURES

12-3   TURB

1-17   Radical cystectomy, pelvic lymphadenectomy

TREATMENT

Surgery as indicated above

Radiotherapy: 12-30 through 1-06 2,000 rads to bladder

PATHOLOGY REPORTS

12-3   TURB: Right bladder wall, Grade IV transitional cell carcinoma with stromal invasion; prostatic urethra, Grade Ill papillary transitional cell carcinoma with no definite invasion identified

1-17   Cystectomy: Bladder, Grade IV transitional cell carcinoma with superficial muscle invasion: no involvement of distal urethra, prostate or seminal vesicles. Multifocal areas of in-situ non-papillary carcinoma, distal right ureter

         Lymph node (right iliac): benign. Left iliac nodes benign. Total all nodes: 3

CLINICAL   T   N   M   Stage Group

PATHOLOGIC   T   N   M   Stage Group

KIDNEY CASE

HISTORY/CHIEF COMPLAINT

50-year-old male with gross hematuria.

PHYSICAL EXAMINATION

Tenderness in left flank area.

IMAGING

6-5   CT abd/pelvis -10x12cm lesion in left lower pole kidney, no enlargement of nodes

7-2   NM bone scan-neg

OPERATIVE PROCEDURE

6-9   Left radical nephrectomy with partial ureterectomy -abdomen was normal

PATHOLOGY

6-9   10 cm clear cell renal carcinoma, Fuhrman nuclear grade 1, It kidney extends into perinephric fat
        and grossly invades into renal vein.

CLINICAL   T   N   M   Stage Group

PATHOLOGIC   T   N   M   Stage Group