

SPRING ANATOMIC PATHOLOGY SEMINAR

Pediatric Pathology  
("Kids Stuff")

Guest Moderator:     Ralph Franciosi, M.D.  
                          Children's Hospital  
                          Minneapolis, Minnesota

Location:     Amphitheatre, St. Paul-Ramsey Hospital and Medical Center

Time:         6:00 p.m. - April 14, 1977

CASE #1

This placenta was associated with a 34 week gestation. No other history is given.

Submitted by: Ralph Franciosi, M.D.

CASE #2

The patient was a female infant born at 35 weeks gestation following 48 hours of premature rupture of the membranes.

Submitted by: Ralph Franciosi, M.D.

CASE #3

This male infant was born at 46 weeks gestation and died at the age of 2 days.

Submitted by: Ralph Franciosi, M.D.

CASE #4

The patient was a 2500 gram newborn female born to a 27 year old mother at 42 weeks of gestation. Antepartum amniocentesis revealed meconium stained fluid and a C-section was performed. Physical examination and chromosome analysis were consistent with trisomy 18. Her course was complicated by hypoglycemia, jaundice and respiratory distress with associated pulmonary infiltrates. She died at 18 days of age.

Submitted by: Tom Vorpahl, M.D.

CASE #5

This male infant was the second born of a set of triplets, born at 34 weeks gestation. He died 48 hours after birth. Photomicrographs are submitted.

Submitted by: Ralph Franciosi, M.D.

CASE #6

This 5 month old caucasian female infant had been "sick" for approximately 24 hours. She was admitted to the hospital in Bismarck, North Dakota at 1:00 p.m. and died 2 hours later. The only lab tests performed showed a cerebrospinal fluid sugar of 39 mgm % and a protein of 21 mgm %. The clinical impression was heart failure secondary to cardiac fibroelastosis. At autopsy the brain was described as edematous and swollen while the liver appeared soft. There was no fibroelastosis found in the heart.

Submitted by: Yat-Sun Leung, M.D.

CASE #7

A 2620 gram newborn caucasian male infant was delivered of a 20 year old prima gravida female by C-section because of cephalopelvic disproportion and a breach presentation. At delivery no amniotic fluid was observed and the infant was cyanotic and without respiration. The patient died despite resuscitative efforts.

Submitted by: Dick Rottschafer, M.D.

CASE #8

This 2 month old male presented with a palpable mass of the left flank.

Submitted by: Ralph Franciosi, M.D.

CASE #9

This 17 year old boy first presented with a soft tissue tumor of the right ankle in July of 1974. It was placed in the general category of a malignant soft tissue tumor and consultation was obtained from several outside authorities. A B-K amputation was performed and the patient was well until June of 1976 when he presented with a "recurrence" located on the amputation stump. The seminar slides are from the primary neoplasm.

Submitted by: Charles Jarvis, M.D.

CASE #10

This 11 year old girl with chronic ulcerative colitis presented with dark yellow urine. Photomicrographs of the urinary sediment are submitted.

Submitted by: Ralph Franciosi, M.D.

CASE #11

This 16 year old girl presented to the emergency room at St. Paul-Ramsey Hospital complaining of periumbilical pain. There was mild nausea but no vomiting, constipation, or rectal bleeding. However, she had three episodes of diarrhea the day before admission. There were no urinary tract symptoms and she denied any vaginal discharge or menstrual difficulties. At examination the abdomen was soft but demonstrated marked guarding in the left lower quadrant. Bowel sounds were present but there was no splenomegaly and there was also rebound in the left lower quadrant. Her temperature was 103°. Initial laboratory evaluation showed a white count of 6600 with 52% neutrophils, 20% basophils and 17% lymphocytes. An appendectomy was performed. 36 hours after the appendectomy the patient was noted to have an erythematous rash over her trunk, upper legs, and upper arms. There were also enlarged posterior cervical lymph nodes.

Submitted by: Jack Uecker, M.D.

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and  
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PEDIATRIC PATHOLOGY SEMINAR - DIAGNOSES AND DISCUSSION

Discussant - Ralph Franciosi, M.D.



Placental chorangioma. There was unanimous agreement with this diagnosis. Dr. Franciosi discussed the clinical significance of vascular lesions of the placenta and used this case to stress the importance of careful placental examinations.

Beta hemolytic streptococcal pneumonia. The most obvious finding on the slide are the "hyaline membranes". However, the slide is crawling with microorganisms which are not postmortem contaminants. The other suggested diagnoses were "hyaline membrane disease" and respirator lung. A discussion of the significance of "hyaline membranes" and a lengthy discussion on postmortem bacteriologic techniques was appreciated by all of the participants.

Listeriosis of the liver. In spite of the "lengthy history" submitted by Dr. Franciosi for this case, several participants were still able to arrive at the correct diagnosis. Other suggested diagnoses were herpes, and streptococcal sepsis. However, Dr. Franciosi showed the gross picture of the liver which demonstrated large numbers of small yellow abscesses and this convinced even the most rabid of the skeptics.

Cytomegalic inclusion disease, generalized. This was not intended to be a "tricky" case since on our scout slides we had large numbers of inclusions. In addition, there were inclusions in the renal tubules as well. The case was submitted not only for its value as cytomegalic inclusion disease but also because of the important differential diagnosis of giant cell hepatitis in children.

Vegetation, cardiac valve, apparently sterile, etiology unknown. Dr. Franciosi presented this case as a diagnostic conundrum. He has collected several of these cases and hoped that the participants might be able to shed light on the etiology. This wish was unfulfilled. The discussion focused around marantic thrombosis and the possibility of disseminated intravascular coagulation. If you have a similar case it might be forwarded to Dr. Franciosi.

Reyes syndrome. The heart, kidneys, and liver all showed extensive fatty infiltrate. Dr. Leung, in attendance at the meeting, assured us that all of these organs had a positive fat stain. The brain shows edema. The possibility of one of the glycogenoses was raised and promptly dismissed. Dr. Franciosi discussed Reyes syndrome and those who did not attend the conference can refer to nearly any pediatric journal during the past two years for a quick review of this entity. If such journals are not available you might refer to Time Magazine or Family Circle.

Congenital renal cystic disease, Potter's Type II. Information not given on the protocol included the autopsy findings of bilateral pulmonary hypoplasia, unilateral renal agenesis, and low set ears. It was noted that several of the residents attending the meeting also had similar findings (small lungs and low ears).

Mesoblastic nephroma (leiomyomatous hamartoma) kidney. This case was of value since several of the participants felt that the lesion was at least possibly malignant. It isn't.

We had to have one true neoplasm in this seminar and this seemed as vague as any we have come across recently. The favored diagnosis was synovial sarcoma and that diagnosis seemed about as reasonable as any of the several diagnosis suggested. The question of a malignant vascular tumor was raised. It was also dismissed.

Azulfadine crystals, urinary sediment. This is not supposed to happen since this drug is not absorbed. However, in this case it was and the absorption was linked to the denuded mucosa of ulcerative colitis. Noneother than Patrick Ward, M. Deity, confirmed this diagnosis.

Measles appendicitis. All of the "older" pathologists attending this meeting had seen at least one case of measles appendicitis while none of the less mature pathologist had seen such an entity. It was stressed, ad nauseum, by the submitting pathologist that the diagnosis of measles was made by the pathologist before the clinicians were able to arrive at such an obvious conclusion. Dr. Franciosi, given little opportunity to discuss this case, concurred with the diagnosis of measles appendicitis.