



**IRCCS "Casa Sollievo della Sofferenza" Hospital
San Giovanni Rotondo -Italy**



**THE 1ST
"ARKADI M. RYWLIN INTERNATIONAL
PATHOLOGY SLIDE SEMINAR"
Symposium in Anatomic Pathology**

SYLLABUS

June 19 – 21, 2002

San Giovanni Rotondo

Italy

Course Director: Saul Suster, M.D.

Associate Director: Michele Bisceglia, M.D.

Sponsored by

- ◆ **The Arkadi M. Rywlin International Pathology Slide Seminar Club**
- ◆ **The IRCCS "Casa Sollievo della Sofferenza" Hospital
Department of Pathology = San Giovanni Rotondo, Italy**
- ◆ **The Ohio State University Medical Center
Department of Pathology – Columbus, Ohio, USA**

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THE 1ST "ARKADI M. RYWLIN INTERNATIONAL PATHOLOGY SLIDE SEMINAR" SYMPOSIUM IN ANATOMIC PATHOLOGY

June 19-21, 2002
San Giovanni Rotondo
ITALY

Course Director: Saul Suster, M.D.
Associate Director: Michele Bisceglia, M.D.

Sponsored by:

- The Arkadi M. Rywlin International Pathology Slide Seminar Club.
- The IRCCS "Casa Sollievo della Sofferenza" Hospital, Department of Pathology, San Giovanni Rotondo, Italy.
- The Ohio State University, Department of Pathology, Columbus, Ohio, USA.

Under the auspices of:

- The Italian Society of Anatomic Pathology and Diagnostic Cytopathology.
- The International Academy of Pathology (IAP) –Italian Division.

Course Description: "The 1st Arkadi M. Rywlin International Pathology Slide Seminar Symposium in Anatomic Pathology" will combine the traditional format of formal lectures with case presentations and in-depth discussion of recent advances and problems in the interpretation of pathologic material. All the main subjects of practically oriented modern diagnostic anatomic pathology will be covered, including surgical pathology, electron microscopy and cytopathology. Disease areas to be discussed will include: Head & Neck, Thorax, Gastrointestinal Tract, Uro-Genital Tract, Kidney, Hemato-Lymphoid Organs, Soft Tissues & Bone, Breast, & others.

The participants will be mailed a complete set of at least 45 glass slides and case histories focusing on common and uncommon pathologic conditions that may pose difficulties for diagnosis in the surgical pathology practice. The conference format will allow the participants with the opportunity to review the case histories and microscopic slides, formulate a diagnosis, and discuss strategy for arriving at the correct diagnosis with the faculty. Audience interaction and participation will be encouraged. A vast exhibition of nearly one hundred illustrated Quiz Cases will be also presented. The course is to be conducted under the auspices of both the Italian Society of Anatomic Pathology and Diagnostic Cytopathology (SIAPEC) and the International Academy of Pathology (IAP) –Italian Division.

About the "Arkadi M. Rywlin (AMR) International Pathology Slide Seminar Club":

The AMR International Pathology Slide Seminar was inaugurated by Dr. Saul Suster in September 1990 at the Mount Sinai Medical Center of Greater Miami (Florida, USA), the home of the late Arkadi M. Rywlin, former Director of Pathology at that institution. The group is primarily composed of Academic Surgical Pathologists from all 5 continents. The purpose of the club is to exchange histologic glass slides of interesting or unusual conditions among its members, followed by an exchange of information and opinions involving those cases in an informal and collegial setting. More than 500 cases have been circulated to date. Selected cases are currently being published along with the comments of the club members in the journal *Advances in Anatomic Pathology*. The exchange of cases in the club stimulates a critical and often iconoclastic approach to the study of problems in pathology, fostering a free exchange of ideas in the spirit of scientific inquiry that characterized Dr. Rywlin's approach to pathology.

For a short overview of Dr. Rywlin's career see: Suster S, Allen PW. Selected cases from the Arkadi M. Rywlin International Pathology Slide Seminar Club. *Adv Anat Pathol* vol. 8:21-22, 2001.

Location of the Course: The course will take place in San Giovanni Rotondo, Italy. San Giovanni Rotondo is a small town of nearly 25,000 inhabitants located at 567 meters above the sea level in the province of Foggia, in the southeastern part of Italy. San Giovanni Rotondo is well-known as the home of Padre Pio (1887-1968), a cappuccino friar who founded the "Casa Sollievo della Sofferenza", currently one of the main Italian medical institutes for research and treatment of disease. The church of "Santa Maria delle Grazie" which houses Padre Pio's tomb is visited yearly by millions of devout followers and pilgrims. San Giovanni Rotondo is located in the region of the Gargano, the "spur" of Italy, a popular tourist destination featuring forests, lakes, mountains, and beautiful beaches. Ruins dating back to the Romans, Longobards, Swabians and Angevins are located in the heart of this region. San Giovanni Rotondo is located approximately 2.5 hours from Naples and 3.5 hours from Rome by train.

Official Languages: English and Italian. A simultaneous translation will be provided.

CME Accreditation (valid for Italian participants only): application has been made to the Italian Ministry of Health.

Registration: Registration fee of 300 USD (or the equivalent in Euro) includes attendance to the course, a set of at least 45 glass slides to keep and the course syllabus. Coffee breaks and lunches are also included. A 10% reduction is offered to all members of the IAP and members of any national Pathology Society as well as to residents and fellows in training. Participation is limited to 200 registrants, therefore the acceptance is on first-come first-serve basis.

For more information regarding how to register, please contact **the Scientific Organizing & Secretariat:**

Michele Bisceglia, M.D.

Servizio di Anatomia Patologica

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Information concerning with the protection of privacy and the processing and utilization of personal data.

In accordance with the Italian law 675, passed on December 31,1996, we wish to inform you that the personal data you furnished in filling in the registration form for enrolment in this meeting will be used exclusively for that purpose.

In processing this information we guarantee that your privacy will not be violated and that these data will not be given out. With regards to utilization of these data your rights are protected by article 13 of law 675/96.

COURSE FACULTY

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Head, Servizio di Anatomia Patologica

IRCCS-Ospedale

"Casa Sollievo della Sofferenza"

San Giovanni Rotondo, Italy

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Professor of Pathology

Director, Department of Pathology

Istituto Nazionale Tumori

Milan, Italy

Guest Faculty:

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Professor and Chair

Director of Renal and Transplant Pathology

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Director, Servizio di Anatomia Patologica

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Bologna, Italy

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Bruce M. Wenig, M.D., Professor of Pathology, Director of Anatomic Pathology, Beth Israel Medical Center, New York, New York, USA.

PROGRAM DESCRIPTION

June 19, 2002

- 7:45 am Registration
- 9:00 am Welcoming Address:
S.E. Rev.ma Mons. R. Ruotolo, President.
- A Brief Summary of Padre Pio's Life and His Hospital:
O. Pennelli, Medical Director.
- Introduction to the Symposium:
Michele Bisceglia, Chief Pathologist.
IRCCS "Casa Sollievo della Sofferenza" Hospital
- 9:30 am The Arkadi M. Rywlin International Slide Seminar
- Homage to a Master of Pathology
S. Suster
- 10:00 am Diffuse Large B-cell Lymphoma: Morphologic, Phenotypic,
Molecular and Clinical Features
S. Pileri
- 10:45 am COFFEE BREAK
- 11:15 am The Role of Electron Microscopy in the Diagnosis of
Soft Tissue Tumors
B. Eyden
- 12:00 am Surgical Pathology -Session I: Urogenital tract I.
Case Presentations (4 cases)
AMR Seminar Club Members
- 1:20 pm LUNCH
- 3:00 pm Surgical Pathology –Session II: Urogenital tract II.
Case Presentations (4 cases)
AMR Seminar Club Members
- 4:20 pm COFFEE BREAK
- 4:50 pm Surgical Pathology –Session III: Soft Tissue & Bone
Case Presentations (5 cases)
AMR Seminar Club Members
- 6:30-7:30 pm. Quiz Cases (Illustrated Exhibition)

June 20, 2002

- 8:30 am Soft Tissue Cytopathology
– Diagnostic Hazards & Expectations
P. Wakely, Jr.
- 9:15 am The Role of FNA in the Evaluation of Malignant Lymphoma
P. Wakely, Jr.
- 10:00 am Advances in the Pathobiology of CMV Infection in
Renal Transplant Patients
D. Sedmak
- 10:45 am COFFEE BREAK
- 11:15-pm The Role of Ultrastructural Examination in
Fibroblastic/Myofibroblastic Lesions
B. Eyden
- 12:00 am Surgical Pathology –Session IV: Kidney & Adrenal.
Case Presentations (4 cases)
AMR Seminar Club Members
- 1:20 pm LUNCH
- 3:00 pm Surgical Pathology –Session V: Head & Neck.
Case Presentations (5 cases)
AMR Seminar Club Members
- 4:40 pm COFFEE BREAK
- 5:10 pm Surgical Pathology –Session VI: Hematolymphoid tissue.
Case Presentations (4 cases)
AMR Seminar Club Members
- 6:30-7:30. Quiz Cases (Illustrated Exhibition)

June 21, 2002

- 9:00 am Surgical Pathology –Session VII: Breast.
Case Presentations (5 cases)
AMR Seminar Club Members
- 10:40 am COFFEE BREAK
- 11.10 am Surgical Pathology –Session VIII: GI tract & Peritoneum.
Case Presentations (6 cases)
AMR Seminar Club Members
- 1:20 pm LUNCH
- 2:30 pm Surgical Pathology –Session IX: Thorax.
Case Presentations (6 cases)
AMR Seminar Club Members
- 4:40 pm COFFEE BREAK
- 5:00 pm Answers and solutions to “Quiz Cases”
M. Bisceglia & S. Suster
- 6:00-6.15 pm Concluding remarks - Closure & Farewell
S. Suster & M. Bisceglia

GENERAL INFORMATION

MEETING VENUE

Conference Room
IRCCS “Casa Sollievo della Sofferenza” Hospital
San Giovanni Rotondo (FG), Italy
web site: <http://www.operapadrepio.it>

MAILING OF THE GLASS SLIDES (snail mail)

For applicants living outside Italy

The set of glass slides will be mailed to the registrant’s address if the application is received by 31 May 2002. For applications received after that date, the set will be provided at the registration desk.

For applicants living within Italy

The set of glass slides will be mailed up to 7 June 2002 to the registrant’s address. For applications received after that date, the set will be provided the same as above at the registration desk.

MEETING SECRETARIAT

Secretariat personnel will be available on meeting venue starting on June 19, 2002. Open hours: 1st day: 7:30 am. – 8:00 pm; 2nd day: 8:00 am – 8:00 pm; 3rd day: 8:00 am – 7:00 pm.

HOW TO REACH SAN GIOVANNI ROTONDO

By plane: Bari-Palese is the nearest Italian airport to San Giovanni Rotondo. Bari-Palese is linked with the other main international Italian airports (i.e. Naples, Rome, Milan, Venice, Florence, ...) by frequent domestic flights. To get to San Giovanni Rotondo use public transportation (train) or rent a car.

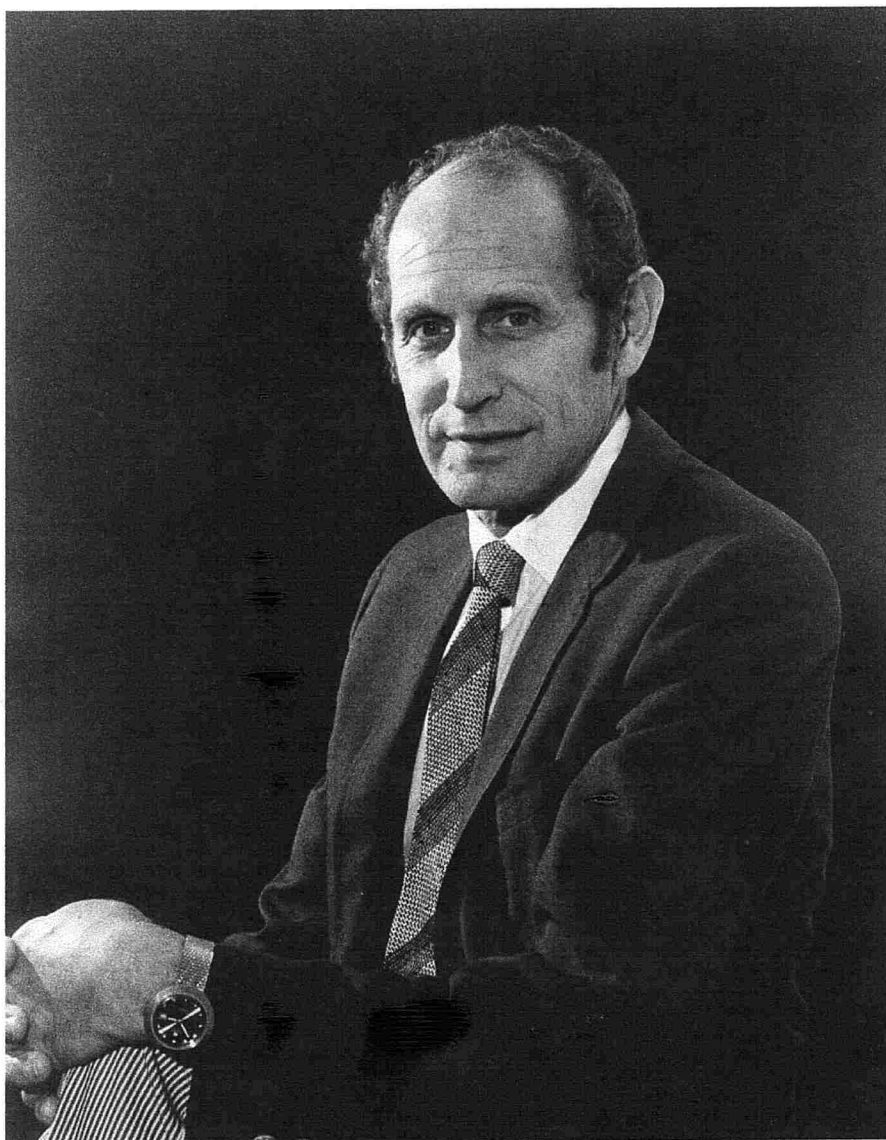
By train: Foggia railway station is the suggested terminal site where to get to. Bus services from Foggia to San Giovanni Rotondo are available in the plaza facing the main entrance of Foggia railway station (distance from Foggia to San Giovanni Rotondo: 40 km).

By car: From Bari: Take motorway *A14* towards Foggia-Pescara to exit Foggia, and then drive towards Manfredonia-Gargano-San Giovanni Rotondo. From Naples: Take motorway *A16* towards Bari to exit Candela and then follow the signs to Foggia-Manfredonia/Gargano-San Giovanni Rotondo. From Rome: Take motorway *A1* towards Naples, and then (near Naples) take motorway *A16* (now :follow direction from Naples: see above); alternative route from Rome is: motorway *A25* towards Pescara, and then motorway *A14* towards Bari to exit either San Severo or Foggia. From San Severo: drive towards San Marco in Lamis-San Giovanni Rotondo. From Foggia: drive towards Manfredonia-Gargano-San Giovanni Rotondo. From NorthEast (Milano-Venezia Bologna): Take motorway *A14* towards Ancona-Pescara-Bari to exit either San Severo or Foggia. From both San Severo and Foggia: see above. From NorthWest (Turin-Genoa-Florence): Drive towards Rome (see above) or Bologna (see above). From SouthEast: Take motorway *A14* towards Bari-Foggia-Pescara to exit Foggia (see above). From SoutWest: First take motorway *A3* towards Naples, and then take motorway *A16* towards Bari to exit Candela (see above).

ACKNOWLEDGMENT

The meeting has also been realized even thanks to the financial collaboration of the following medical companies: DAKO S.p.A., LEICA MICROSYSTEMS S.p.A., PHILIPS ELECTRON OPTICS S.r.l., BIOPTICA S.p.A., MENARINI DIAGNOSTICS s.r.l., NIKON INSTRUMENTS S.p.A., DELTA BIOLOGICALS S.r.l., KALTEX S.r.l., and of the local financial institution: BANCA CARIME S.p.A..

In addition we must give special thanks to the IRCCS "CASA SOLLIEVO DELLA SOFFERENZA" HOSPITAL for logistics, and financial and administrative support.



Arkadi Michael Rywlin

The International Society of Dermatopathology

In Memoriam: Arkadi M. Rywlin, M.D. July 27, 1923–August 22, 1987



A. Bernard Ackerman, M.D.

When Arkadi Michael Rywlin (Fig. 1) died of acute myelogenous leukemia on August 22, 1987, he left an unfillable void not only in the lives of each member of his family and his friends, but also in the lives of countless colleagues and students. In addition to being a singular father, husband, son, and brother, and a magnificent friend, he may have been the most knowledgeable general pathologist in the entire world. The history of this exceptional man reads like a novel and what better place to tell that story than in the pages of this journal to which he contributed so much from the time of its founding to the time of his death, both as a member of the editorial board and as an author of truly original articles, thought-provoking essays, and incisive letters to the editor.

Arkadi, called "Ark" by his family and friends in America and "Adia" by his friends in Israel, was born and grew up in the free city of Danzig (Fig. 2) on July 27, 1923, the second of two sons of Bertha and Michael (Misha) Rywlin. His mother came from a well-to-do family in Grodno, Poland, and his father became affluent as a lawyer and businessman in Moscow and a banker in Danzig. Misha Rywlin was supremely intelligent, a highly logical thinker, and an astute businessman. He was a disciplined, spartan, monk-like, formal, self-contained, and sometimes choleric man with a serious mien. Bertha Rywlin was exquisitely beautiful, a gracious hostess, and a socially facile person. The family Rywlin lived comfortably, but modestly, in Zoppot, a suburb of Danzig where many of their fellow Jews resided. Ark never referred to the city of his birth simply as "Danzig," but always with pride as "The Free City of Danzig." Although Bertha and Misha Rywlin were thoroughly traditional Jews who ob-

served all the religious holidays, they gave their sons classical Russian names—Jefim (whose nickname was "Fima") and Arkadi—in the hope that Russianized names would enable them to move with greater ease in the society of Danzig and the countries around it. His experience as a member of the Macabee Club, a sporting society for Jewish youngsters in Danzig, however, was among the happiest of Ark's childhood memories.

Ark's native tongue was German—the language spoken in Danzig and at home—but his parents also spoke flawless Russian, a language he spoke fluently even as a child. Like nearly all Jews of Eastern Europe at the time, Bertha and Misha Rywlin also spoke Yiddish; but when Ark tried to speak Yiddish, German came out.

Ark's early education was in a German school in Zoppot, but in 1934 he moved to the Polish School in Danzig. The reason for the move was that German expansionism was beginning to threaten the Poles, who were determined to resist the Germans. The Rywlins wanted to demonstrate support for the Poles by transferring their sons to the Polish School. There, by necessity, Ark was forced to learn Polish, a language that he never mastered because he spoke it for less than 3 years and, more importantly, because he did not like it.

In 1937, a Jewish contemporary of Ark's was killed by Nazis. Ark was sent then from Danzig to Paris, where he studied at the Lycée Michelet. In Paris he lived with his aunt and his cousins, Jacques and Leon Davidoff (Fig. 3). In 1939, driven by fear of a Nazi invasion of France, Ark, accompanied by his mother, moved to Barcelona, where he attended a Spanish school. As a consequence of this migration, by age 16 Ark had acquired a fragmented but extraordinary education. While still a teenager, he spoke German, Russian, Hebrew, Polish, French, and Spanish.

The twin fears of Fascism in Spain and in Germany, and of a Nazi invasion of Spain if France fell

From New York University Medical Center, New York, New York.

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FIG. 1. Arkadi M. Rywlin, 1923–1987, at a celebration in 1983 that marked the 25th anniversary of his affiliation with the Mount Sinai Medical Center of Miami Beach.

to the Nazis, as seemed imminent in 1940, prompted the Rywlin family to leave Barcelona and move via Italy to Palestine. There they lived in Tel Aviv at 10 Frishman Street. Ark attended high school for 1 year in Tel Aviv and in the course of that time became thoroughly fluent in Hebrew (Fig. 4). Many years later, Israelis who met Ark invariably remarked that his Hebrew was indistinguishable from that of a Sabra (a person born in Israel); they were reluctant to believe that Hebrew was not his native tongue. In nearly every school that Ark attended, no matter how briefly he stayed, no matter how difficult the curriculum, and no matter what language the examinations were given in, Ark was either at the top of his class or very near it.

In 1941, Ark went off to the American University in Beirut to complete his premedical course and begin the study of medicine. After only 1 year of medical school, however, he was forced to leave Beirut. That decision, taken in 1946, was prompted by fears that increasing hostilities between Arabs and Jews in Palestine and the impending war between them would affect Jews adversely throughout the Arab



FIG. 2. Ark as a child walking arm in arm with his cousin Jacques Davidoff along a street in Danzig. Circa 1929.

world. As Ark headed for medical school at the University of Geneva, his family left Palestine for Mexico, where they resided in Mexico City and Cuernavaca. All of them except Ark continued to live in Mexico, and his surviving relatives—his mother, brother, aunts, and an uncle—do so until this day.

From 1946 through 1954, Ark studied medicine, including general pathology in residency training, at the University of Geneva. He enjoyed those years, but according to him, the best period in his life by far was the time that he spent in Palestine. It was



FIG. 3. Ark (left) and Jacques Davidoff (right) in Normandie in 1938.



FIG. 4. Ark walking along the Mediterranean in Tel Aviv in 1940.

there that his friendships were warmest and that he felt most at home. It was natural, therefore, that even after living for a few years in Geneva, he became attracted to a 17-year-old Israeli girl, Hava Zwyl, who had just arrived in Geneva to study international law at the university (Fig. 5). The romance flourished. Hava was as drawn to Ark as he was to her. The two were almost always together, and their mutual devotion was the subject of much playful teasing among the group of Israelis who were their friends (Figs. 6 and 7). The relationship evolved steadily during the years that Ark was in Geneva. It was a foregone conclusion that one day they would marry.

The Geneva period proved to be important to Ark both emotionally and professionally. It was there



FIG. 5. Hava Zwyl and Arkadi Rywlin at a dance for students at the *Kursaal* (dance hall at the casino) in Geneva in 1947.



FIG. 6. In descending order, Hava, Anatole Krokowski (former Chairman of the Department of Dermatology, Hadassah, Tel Aviv), and Ark in Geneva in 1949.

that he came under the spell of Erwin Rutishauser, the chairman of the Department of Pathology, and a brilliant, eccentric, witty, biting, masterful teacher of the subject (Fig. 8). Rutishauser became Ark's model for how to practice and teach pathology but, more importantly, for how to think logically and critically about pathological processes in every organ.

Ark loved to tell the story of his final examination in pathology when a medical student. He performed, in black tie, a complete autopsy under the ever-alert eyes of the martinet Rutishauser and fin-



FIG. 7. From left to right, Ark, Hava, and Israeli medical students in Lausanne during a bike trip from Geneva in 1950.



FIG. 8. Erwin Rutishauser, who taught Ark general pathology at the University of Geneva between 1947 and 1953 and became his model for practice, teaching, and research in pathology.

ished the entire procedure without his tuxedo being marred in any way. Ark's fellow residents under Rutishauser were the exceptional Guido Majno, who now is Chairman of the Department of Pathology at the University of Massachusetts and a distinguished pathologist and historian of medicine, and William Blanc, who was Professor of Pediatric Pathology at the College of Physicians and Surgeons of Columbia University and a renowned authority in his field. There has probably never been a residency group in pathology that could rival that of Majno, Blanc, and Rywlin. Rutishauser not only taught his trainees a systematic method for histopathologic diagnosis, but he also emphasized the need for the integration of gross and microscopic aspects of pathology. He also stressed the advantage of a more dynamic, experimental approach to pathology that would enable validation of observations made at the autopsy table and through the microscope.

Rutishauser had hoped that Ark would stay at the University of Geneva to assist him in the Department of Pathology. In 1953, however, Ark decided to do an internship at Michael Reese Hospital in Chicago, with the intention of eventually practicing medicine in the United States (Fig. 9). Nineteen-

fifty-three was a doubly fateful year for him, because it was then that he married Hava Zwy. They had been close companions for several years, and the marriage ceremony in Chicago simply legitimized the bond. After his internship, Ark studied general pathology under Otto Safir at Michael Reese Hospital. He also studied hematology there.

From 1955 until 1958, Ark served as pathologist and chief of the laboratory at the U.S. Army Hospital in Fort Campbell, Kentucky. It was there that he observed a compelling relationship between ingestion of cholesterol in the diet and development of fatal coronary artery disease. Every young soldier who died of myocardial infarction was noted by Ark at postmortem to have lipid-laden coronary and other arteries. From that time on, Ark eliminated lipids, especially cholesterol, from his diet and encouraged his staff and friends to do the same. Hava's kitchen prepared succulent dishes devoid of cholesterol, and Ark's remarkably slender, athletic frame did not house a single extraneous adipocyte. Postmortem examination revealed that his coronary arteries were completely free of deposits of cholesterol.

When his military duty was completed in 1958, Ark and Hava moved to New York City, where Ark joined the staff of the Department of Pathology of the Bronx Hospital. After a few months, however, the Rywlins decided that neither Chicago nor New York City was their milieu. They headed south to Miami Beach, where they established permanent



FIG. 9. Passport photo of Ark at the time of his departure from Europe for the United States in 1953.

residence. During the 28 years that Ark was in Miami Beach, he received several offers to be chairman of departments of pathology—e.g., from Tel Hashomer Medical Center in Israel—or director of surgical pathology—e.g., from University of Geneva and from Stanford University. Ark did not contemplate these attractive offers seriously because he was tied to Miami Beach, which he considered a paradise. In 1958, upon arriving in Miami Beach, Ark began a residency in internal medicine at the Mount Sinai Hospital. The following year, he entered the Department of Pathology at Mount Sinai Hospital, which was headed by Jerome Benson. After a stormy period in which Rywlin and Benson clashed professionally and personally, Ark, in 1962, became Chairman of the Department of Pathology and Director of Laboratories at Mount Sinai Hospital while Benson became Director of Pathology at the Miami Heart Institute. Shortly thereafter, Ark was appointed Professor of Pathology at the University of Miami School of Medicine. That year may have been the most memorable in Ark's life, because on November 25, 1961, his son Daniel was born (Fig. 10).

What made Arkadi Rywlin the unique pathologist that he was? For one thing, he was a complete physician and general pathologist, not simply a special organ pathologist. Ark loved to employ the term "special organ pathologist" in order to decry it. He believed that every pathologist, including every dermatopathologist, should be a general pathologist first, knowledgeable about every disease in every organ of the body. Most mere mortals cannot hope

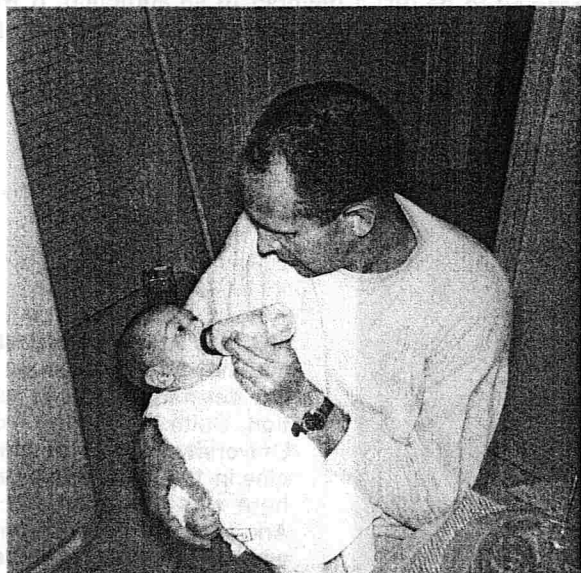


FIG. 10. Ark with Danny, age 2 months, on Miami Beach in 1962.

to even come close to that desideratum. Inevitably, many become "special organ pathologists" because they are either hopelessly in love with a particular organ or because they do not have the ability to understand all of them. Ark understood them all, although he was best known as an expert in hematopathology and the bone marrow.

But he was also an outstanding dermatopathologist, oral pathologist, neuropathologist, hepatologist, etc., etc. How did he do it? Ark was an insatiable learner and a voracious reader. Rutishauser had taught him the fundamentals of general pathology in breadth and in depth, but Ark built upon those rudiments steadily, persistently, and devotedly. He read scores of journals every month—and he actually *read* them, not simply scanned them, skimmed the abstracts, or glanced at the summaries. He could tell precisely what was in every article, and he seemed able to remember what he had read for years afterwards.

His memory was prodigious. In a typical Rywlin maneuver, Ark would look at a section of an unusual lesion through the microscope, stand up by slowly using his hands to push off against his thighs, walk as a crow flies toward a particular book on one of the many shelves in his library, extract that book from its niche, return to his seat, and open to a page with a photomicrograph or drawing that bore a remarkable resemblance to the section in the slide resting on the stage of his multiheaded microscope. That particular sequence was played out innumerable times by Ark in the course of his professional life. Never once did he swell with pride at having found the picture that he sought so promptly. It was all done with aplomb—matter-of-factly, as if it were nothing at all—and for Ark it *was* nothing at all.

Another attribute that made Ark such a rare pathologist was his incredible accuracy when using the microscope. Ark had "sensational eyes" that functioned like radar. He almost always made the correct diagnosis, and when he did not, he missed by a micron and never by a mile. Even if he could not give a specific name to a particular pathological process, he was nearly always able to understand and explain its nature.

Ark was a hands-on pathologist. He performed autopsies throughout his entire career, and he did a variety of procedures at the bedside, especially aspirations of bone marrow. There he utilized a technique that he had devised and popularized and that now is known universally as "the Rywlin technique."

His autopsy rounds were an exercise in classical pathology at its best. Medical students, residents, and attending pathologists flocked to observe him in

action, to listen to the lucid recitation of his astute observations, and to learn to think more critically. Ark was a splendid teacher for students at all levels, from a first-year medical student to a famous practitioner or academic. His teaching at the microscope (Fig. 11), at the bedside, in the autopsy room (Fig. 12), and in the lecture hall was riveting.

One principle animated his teaching (and his thinking) both professional and extra-professional: logic, logic, logic. He was neither flamboyant nor a showman. Applause was almost irrelevant to him. What was crucial was that his teaching be logical and that every student understand the principles in point and the beauty of the logic behind them. For him, diagnosis in pathology was akin to solving a problem in mathematics—a discipline that he considered the most important of all primers for making decisions rationally both in medicine and in the rest of life. Medical students loved his lectures because they were exceptionally well-organized. That was because Ark had organized all of pathology in his brain.

Ark loved to call on medical students and residents to give definitions for such terms as "epithelium," "mesenchyme," "carcinoma," "sarcoma," "degeneration," "hyperplasia," "neoplasia," and "dysplasia" (which in classical pathology, he insisted, has nothing whatsoever to do with cytologic features, but refers only to an aberration in the embryological Anlagen). He expected their responses to be accurate, brief, and based upon the traditional teachings of his heroes:

Virchow, Metchnikoff, Cohnheim, Aschoff, and Rutishauser. Unfortunately for Ark, and even more so for the student, the answers were hardly ever satisfactory to him. But that only gave Ark an opportunity to give definitions properly (and sometimes patronizingly) and in historical perspective. He abhorred what he called "the Tower of Babel in pathology,"—i.e., confusing language replete with new names for old diseases—and he ridiculed the practice of "elephantine" medicine—i.e., physicians in procession like elephants with trunks linked to tails and tails linked to trunks, moving forward sluggishly in uncritical, unreflective fashion.

Ark wrote many articles for journals, chapters in books, and a thin book titled "The Bone Marrow" that is a standard in the field. Each of Ark's publications is characterized by a fresh observation or a novel idea. Each is presented in the logical manner that marked every facet of his professional life. He also served on the editorial boards of this journal and of *Human Pathology*.

Ark was a member of many professional societies, among them the International Society of Dermatopathology, the American Society of Dermatopathology, the International Academy of Pathology, the American Society of Clinical Pathology, and the Hematology Club. When each of these societies gathered, Ark was there, never simply as a spectator, but as an active and effective participant, often as a panelist or lecturer. Even when Ark seemed to be just a member in an audience, it was not unexpected for his hand to go up at the end of a



FIG. 11. Ark engaged at a multiheaded microscope in the dermatopathology section, Suite 7J, at New York University School of Medicine in 1980. The smile seen here was characteristic of Ark after he had delivered what he considered to be a well-directed verbal blow.



FIG. 12. Ark teaching while performing a postmortem examination. Note the rapt attention of the medical students.

lecture. As he walked with his measured, athletic, slightly jaunty, highly characteristic step to a microphone (Figs. 13 and 14), everyone in the audience turned to look and listen. Ark usually made a comment rather than ask a question, and that comment inevitably went to the heart of the issue and sometimes to the heart of the lecturer.

Because Ark was so very bright and capable, and such a perfectionist, he could not abide performances less outstanding than his own. It is not surprising, therefore, that in professional circumstances, Ark sometimes could be intolerant, relentless, demanding, pontifical, rigid, and unempathic. When dealing with ineptness on the part of the resident, he could use scathing, devastating sarcasm. Ridicule was a favorite instrument and he could thrust it deftly as a rapier or wield it like a truncheon. Paradoxically, Ark was not given to acknowledge errors of his own, and his staff understood full well the inadvisability of attempting to assist him toward that course. There were many other paradoxes that made him as intriguing as he was complex.

The Rywlin family resided at West Di Lido Drive, Miami Beach, in a home situated magnificently on Miami Bay. In that warm and gracious setting lived Ark, Hava, and Danny. At times their home seemed more like the site of an international conclave than a domicile. Friends from Europe, the Middle East, Africa, and many parts of the United States always seemed to be passing through to renew friendships and to be inspired and energized by the atmosphere of the Rywlin household. It was not unusual for several languages to be spoken concurrently. Conversation at the Rywlin dining table was always scintillating. Ark could speak knowledgeably about any subject from economics to politics (international, local, or medical) to his beloved Miami Dolphins. His brain functioned in these realms as it did in the world of pathology, logically, incisively, and critically. He liked to give the impression that he was also an authority on women, but in that arena even he was forced to admit that logic sometimes failed him. In truth, logic also deserted him more than once in his assessment of human character, irrespective of gender.

Ark was a charming, gracious, attractive man almost six feet tall, imperially slim, with limpid blue eyes and closely cropped reddish-brown, curly, lamblike hair that as a child earned him the nickname "Mouton." His exterior was patrician and formal, his bearing erect. He was impressive. When introduced to a woman for the first time, Ark greeted her with a handshake and an ever so slight

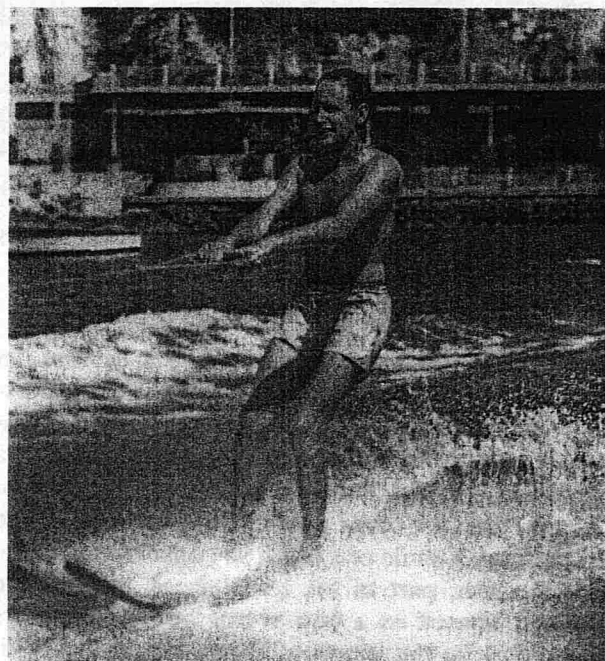


FIG. 13. Ark water-skiing at Acapulco in 1946.

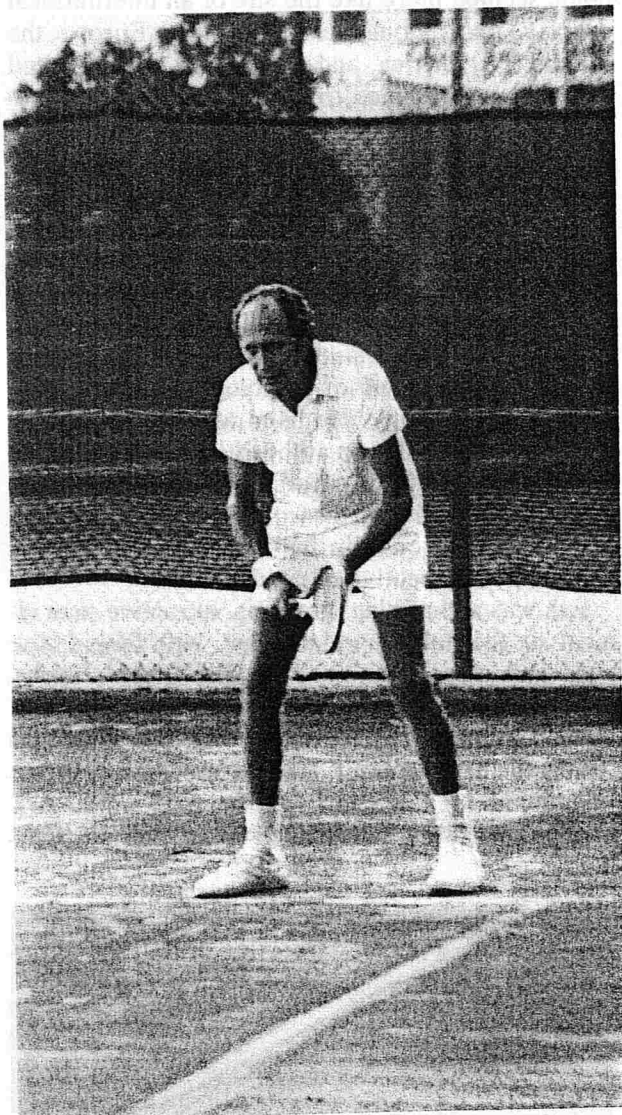


FIG. 14. Ark awaiting serve in the Mount Sinai Tennis Tournament in 1982.

bow like the European gentleman that he was. In the hospital, he comported himself like the professor that he also was. Despite his often stern countenance, with its deeply wrinkled brow, Ark had a sparkling, playful, subtle, and irreverent sense of humor. His face could quickly become transformed by an impish smile or a laugh so consuming that the entire upper part of his torso shook with it. He viewed himself as a *bon vivant* and for 20 years cruised along the streets of Miami Beach and environs in a fire engine-red Mustang convertible, usually with the canvas top down.

Hava was surely Ark's best friend. Their relationship evolved for more than 35 years. She complemented him and he her. They did many things together, from playing tennis, to walking the circum-

ference of Di Lido Island (often accompanied by good friends, and with their German shepherds, Otto and Fritz, firmly in tow) or the length of the boardwalk of Miami Beach, to traveling abroad, to just holding hands. During the agonizing last year of Ark's life, which was punctuated by long hospital admissions and "big gun" and smaller volleys of combined chemotherapy, Hava was with Ark day and night every day and every night. Her devotion was touching beyond compare. Hava, like Ark, has always been highly individualistic, strongly opinionated, and resolutely committed to persons and principles. It was natural, therefore, that their interactions could be as turbulent as they could be intensely loving. The common denominator of their bond was Danny and their great love and concern for him.

Without question, the person who gave Arkadi Rywlin the greatest joy for the last 25 years of his life was his son Danny. Danny was the major focus of Ark's life; he rejoiced in Danny's every gesture, thought, and enterprise. Ark revelled in each of his son's stages of development: fisherman who had to be himself fished out of Miami Bay at age 4; "master of card tricks" whose cards had an uncanny tendency to land on the floor; "pickpocket" who at the same time aspired to be an agent for the FBI; sparring partner of Mohammed Ali at age 9; tennis player first as rank amateur, then as a member of the varsity team at Occidental College on the West Coast and the varsity team at the University of Miami on the East Coast, and eventually a ranked player; lieutenant in the police force of Virginia Gardens, Dade County, Florida; medical student at New York University School of Medicine, intern at the Mount Sinai Medical Center of Miami Beach, and now resident in dermatology at UCLA (Fig. 15). Danny provided Ark with enormous pleasure that reached its zenith when Danny graduated from medical school and was accepted into a residency program in dermatology shortly before his father's death.

I can speak with assurance about what it was like to be a friend of Arkadi Rywlin because I was his friend for more than 18 years. I met Ark shortly after I came to the University of Miami to be Director of Dermatopathology, when I was searching for a mentor in general pathology. Little did I think on that autumn day in 1969 when we first met at Mount Sinai Hospital, that Ark would have the greatest influence upon me of anyone in my adult life. He taught me everything I know about the principles of pathology. During my 4 years in Miami, he gave me hundreds of hours of Saturdays and Sundays to review slide after slide of enigmatic changes



FIG. 15. Dan Rivlin paying tribute to his father at the testimonial for Ark in 1983.

in sections of skin. There was never a time that he declined because he was too busy (although he surely *was* too busy) to study histopathologic sec-

tions or discuss a concept of mine or someone else's about either pathology in general or pathology of the skin in particular.

But our relationship encompassed much more than discussions of skin pathology. Together we bicycled, played tennis and Ping-Pong, traveled to meetings both in this country and abroad, sat side by side at the Orange Bowl throughout the undefeated season of the Miami Dolphins in 1973, went for Cuban coffee on Washington Avenue, shared intimate aspects of our lives, and argued about subjects ranging from the value to students of hours of daily tutorial at a multiheaded microscope (he belittled the method), to the legitimacy of concepts like malignant melanoma in situ and squamous cell carcinoma in situ (he denied their validity), to whether dermatofibroma is an inflammatory or neoplastic process (he contended that it is a neoplasm). Because of his profound influence upon me, in 1981 I dedicated a book titled "The Lives of Lesions: Chronology in Dermatopathology" to him in these words: "To Arkadi M. Rywlin, mentor in the science of pathology and in the art of life; wise, generous, and loyal friend." My mentor is gone and no one can replace him, but I can and will honor his memory by continuing to be a mentor to other students, among them Danny. There is not a single one of Ark's students who does not think of him daily as each practices pathology according to the exacting and extraordinarily high standard that he set. Those of us who teach pathology to students of medicine at all stages pass on to them daily his precepts, his concepts, and his tenets. In this way, not only does Ark's memory live—he does. □

Commencement of a New Section

Selected Cases from the Arkadi M. Rywlin International Pathology Slide Seminar Club

Saul Suster and Philip W. Allen

The Arkadi M. Rywlin International Slide Seminar Club was started in 1990 by one of us (SS), to honor the memory of one of our mentors in pathology, the late Arkadi M. Rywlin. The Club officially started on November 28, 1990 with 10 participants, and currently has 37 members encompassing North and South America, Europe, the Middle East, Asia, and Australia. The majority of the participants are seasoned and highly experienced pathologists practicing at academic institutions throughout the world. The intention is to distribute challenging and interesting cases with the view of fostering rapid dissemination of information and an exchange of ideas in a collegial environment.

The modus operandi of the Club, however, differs from that of other slide seminars. All members are expected to contribute H&E slides of selected cases along with their diagnoses, comments, and queries, which are distributed to the rest of the members for their comment. The comments are then collated and resubmitted to all of the members for their review, along with the slides for the forthcoming seminar. In this way, we all see the opinions and obtain the views of the other members on the circulated cases. The exercise is repeated quarterly, with 16 to 20 cases being circulated with each seminar. The Club has already distributed over 500 cases since its inception. The exchange of opinions has always been lively and eclectic, occasionally interspersed with wit, and sometimes with the acknowledgement of the limitations we face and the need to constantly revise our thinking about disease processes.

In keeping with Dr. Rywlin's legacy, the Club fosters not only an open exchange of ideas but also a free-thinking spirit that challenges dogma in the specialty and pushes its members to explore additional possibilities. This exchange of ideas has already resulted in several collaborative publications by members of the Club. Dr. Rywlin's legacy and spirit remains alive today not only through the countless residents he trained, but also

through the continuation of his quest for excellence and the tradition of free thinking fostered by this Club.

Arkadi M. Rywlin, M.D. (1923-1987) (Figure 1), also known as "Ark" by his friends, was the Director of Laboratory Services at Mount Sinai Medical Center of Greater Miami and Professor of Pathology at the University of Miami School of Medicine. He was born in the free city of Danzig (now Gdansk, Poland), on July 27, 1923, to a Jewish family of Russian origin. Although initially educated in Danzig, he moved to Paris in 1937 to study in the Lycee Michelet, and escaped from France to Spain (Barcelona) in 1939 to avoid the Nazis. From Spain, the Rywlin family moved to Tel-Aviv in 1940 where he finished his schooling. The exposure to so many languages at an early age resulted in Ark's being fluent in German, Russian, Hebrew, Polish, French, and Spanish by the time he was 16.

After a period at the American University of Beirut, Arkadi Rywlin enrolled in the Medical School of the University of Geneva, where he completed his medical education, and later stayed on to finish his residency in pathology under Professor Erwin Rutishauser. Ark was often fond of pointing out that he was directly linked to the master of pathology, Rudolph Virchow, through a direct line from his disciples, who included Professor Askenazi and Professor Rutishauser. In 1953, Ark moved across the Atlantic and entered residency training in pathology at Michael Reese Hospital in Chicago under Otto Safir. After a few years of moving around at various jobs, he went to South Florida where he eventually became Chairman of Pathology at the Mount Sinai Hospital in Miami Beach in 1962, until the time of his death due to acute myeloid leukemia in 1987.

Although Ark Rywlin was recognized internationally as an expert on bone marrow pathology (1), he was truly a "pathologist's pathologist." He could hold his own in any discussion regarding any topic with any expert in pathology as well as converse eruditely on virtually any



FIG. 1. A smiling Arkadi M Rywlin (right) at a multiheaded microscope in the dermatopathology section, Suite 7J, at New York University School of Medicine in 1980. His famous disciple, A. Bernard Ackerman (left), is seated opposite him. (Reproduced, with permission, from *Am J Dermatopathol* 1989;11:380. Copyright © by Raven Publishers.)

topic in the sciences and humanities, from world politics to sports to history. His quick wit and merciless logic combined with his formidable intellect served to produce an overpowering and intimidating figure. Ark was feared and respected at Mount Sinai Medical Center, where he enjoyed a demigod status. He was equally feared and respected in academic circles, where his shrewd observations and pointed comments would often be the object of anxiety for many speakers. In his later years, he became an insightful contributor to the evolving field of dermatopathology, as eloquently attested to by his famous disciple, A. Bernard Ackerman (2).

To those who knew him and had the privilege of being closely associated with him, Ark represented the best in pathology: knowledge, professional honesty, and humility. He often stunned those around him with his brilliant diagnoses merely by applying his eyes to the microscope. It is the spirit of Arkadi M. Rywlin that is being celebrated in each of the AMR Seminars. It would be a shame if the wonderful teaching material contained in these exercises were restricted only to club members. It is for this reason that we are now making them available to the broader public through the pages of this journal.

The Editorial Board and Club members have considered how best to publish the free-ranging comments that characterize the Club without inhibiting the future expression of Members' opinions. We have resolved to list the comments anonymously, although each comment has been approved for publication by its author. We believe that the members' candid views and uninhibited critical approach to the cases will impart an unusual practical dimension and set this teaching exercise apart from ordinary case reports. After the comments by Club members, the various opinions and literature are reviewed and the paper concludes with a summary of the distilled essence of the case. We hope you will enjoy the section and become inspired by the spirit of Ark Rywlin as you leaf through the pages.

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2. Ackerman, AB. In Memoriam: Arkadi M. Rywlin, M.D. July 27, 1923–August 22, 1987. *Am J Dermatopathol* 1989;11:375–83.

**THE 1ST "ARKADI M. RYWLIN INTERNATIONAL PATHOLOGY SLIDE
SEMINAR" SYMPOSIUM IN ANATOMIC PATHOLOGY.
JUNE 19-21, 2002 –SAN GIOVANNI ROTONDO, ITALY**

-GENERAL LIST OF CASES FOR THE SURGICAL PATHOLOGY SESSIONS-

WEDNESDAY, JUNE 19

Surgical Pathology –Session I. Urogenital tract I (4 cases)

Case 1. David Ben-Dor. 1729-01.

Right salpingectomy performed on a 22-year old woman found at laparotomy to have enlarged fallopian tubes adhering to surrounding tissues.

Case 2. Michele Bisceglia. 17249-0.

A 74-year old male patient was admitted complaining of testicular pain on the right side. The past medical history recorded a previous surgical intervention of a homolateral marsupialization for hydrocele (which was performed less than 2 years before). An ultrasound scan revealed a testicular solid-cystic mass of 4-5 cm in size. The patient underwent a total orchiectomy. The slide submitted is from the orchiectomy specimen.

Case 3. Saul Suster. 8455.

An 81-year old man with no significant past history was seen for swelling of his left testis. At surgery, a tan fleshy tumor mass measuring 3.7x2.9x2 cm was seen within the testicular parenchyma.

Case 4. Masaharu Fukunaga.25159-1.

A 57-year old patient was admitted complaining of some episodes of vaginal bleeding. The transvaginal echographic scan showed two intramural uterine leiomyomas and a parauterine left salpingeal tumor mass. Section is from the tubal lesion.

Surgical Pathology –Session II. Urogenital tract II (4 cases)

Case 5. David Ben-Dor. 6903-99. Hysterectomy specimen from a 68-year old woman following an atypical finding on a previous curettage.

Case 6 (6I; 6II) (Double case presentation). Giovanni Falconieri.

Case 6I= 01-3731. A 17-year old hirsute and obese girl was admitted to the hospital with a three-day history of abdominal discomfort and ultrasound evidence of a pelvic mass, having a dyshomogeneous cystic/solid appearance. Serum concentrations of Ca 125, Ca 19-9 and alfa-fetoprotein were all abnormally elevated. A huge ovarian tumor was removed at laparotomy. It weighed 10 kg and measured 30 cm in largest dimension, had a gray-white and tense surface. On section, the tumor was composed by numerous cyst-like spaces filled with jelly-like, translucent to yellow material often admixed with a granular grey-brown substance, with intervening rubbery, edematous septa.

Case 6II=01-13724. A 103 year-old woman complained of sensation of incomplete emptying of bladder during urination. Recently she also referred frequency and nicturia. An ultrasound scan revealed a huge, solid pelvic mass. At laparotomy, a right ovarian tumor measuring 16 cm in largest dimension was resected. External surface was glistening and slightly lobulated. On section, it was firm, pink, with foci of yellow-gray discoloration.

Case 7. Michal Michal. M14164/97.

Bilateral tumor of the testes in a 14 year-old patient. The blocks are taken from the left testis. The lesion was composed of several nodules which were up to 2.5 cm in size.

Case 8. Masaharu Fukunaga. S90-1597.

A mass in the renal pelvis of a 70-year old male with a 20 month history of hematuria.

Surgical Pathology –Session III. Soft Tissue and Bone (5 cases)

Case 9. Michele Bisceglia.100083-99.

A 58-year old female patient presented with a large tumor of the anterior chest wall, involving the soft tissues and the periosteum of her upper right chondrosternal region of nearly 10-year duration. The lesion was excised. The gross view showed a firm 10 cm neoplasm speckled by necrotic foci.

Case 10. Kumarasen Cooper. 01-25679.

A 28-year old woman presented with a slowly growing painless mass on her right foot. The lesion was locally excised.

Case 11. Janez Lamovec. 3357-90.

A 23-year old has had a third recurrence in two years of a tumor in the left femoral head and neck. The tumor was twice curetted, the last operation was segmental resection of the femur.

Case 12. Masaharu Fukunaga. BP95-336.

A 16-year old girl with a well circumscribed intramuscular mass in the left thigh.

Case 13. David Ben-Dor. 7753-01.

Curettage from destructive mass in a 66 year old woman diagnosed on previous localized biopsy as osteomyelitis.

THURSDAY, JUNE 20

Surgical Pathology –Session IV. Kidney & Adrenal (4 cases)

**Case 14 (sections A & B). Michele Bisceglia.
91557-93 (A, B).**

A 60-year old woman with a huge tumor that was incidentally discovered in the right side of her abdomen during investigation for cholelithiasis. The patient underwent colecystectomy and right total nephrectomy which included the tumoral mass. The tumor was 14 cm in size and attached to the anterior surface of the kidney by a short and broad peduncle. The external surface of the tumor was mainly smooth or in places bosselated. On

sectioning the cut surface revealed a biphasic appearance with a large multi-macro-microcystic peripheral component and a solid partly centrally located area of fibromyomatous consistency with satellite nodules of about 8 cm in aggregate.

Case 15. Michal Michal. M30280/99.

A 93-year old Caucasian male was hospitalized with enterorrhagia, melena and anemia. Ultrasonographic examination, CT, and intravenous pyelography documented a solid tumor of the left kidney. Total left nephrectomy was performed. The kidney measured 12,5x9x3 cm. Gross examination of the kidney revealed well circumscribed and encapsulated tumor located in the central parts of the kidney measuring 8x8,5x3,5 cm. The renal pelvis and hilus of the kidney was not involved by the tumorous mass. The tumor cut surface was light brown to yellow with well visible grey bundles and foci of the metaplastic bone formations. Small cysts were noted. No necroses were observed in the tumor. The patient had no signs of tuberous sclerosis.

Case 16. Michele Bisceglia. 28884-1.

The slide is from a 6 cm sized and well circumscribed adrenal tumor weighing 42 gm in a left adrenalectomy specimen from a 23-year-old female patient. On cut surface the tumor appeared dark tan to brownish. During surgery the patient suffered significant blood pressure variations.

Case 17. Michal Michal. M25927/94.

A woman aged 32 years presented with signs of highly elevated plasma and urine levels of cortisol. An elevation of plasma and urine levels of aldosterone was also observed. Concentrations of adrenaline and noradrenaline highly exceeded (50x & 10x, respectively) the normal plasma levels. The patient suffered from secondary hypertension associated with hypokalemia, metabolic alkalosis, and diabetes mellitus. The patient also showed the Cushing's syndrome signs. All these symptoms disappeared after the surgical excision of the tumor. Grossly the tumor was 9x7x5 cm in size and well encapsulated. It had a yellow color and a diffuse, solid consistency. The patient is well and without recurrence five years after the removal of the tumor.

Surgical Pathology –Session V. Head & Neck (5 cases)

Case 18. David Ben-Dor. 3368-01.

Right thyroid lobectomy specimen from a 22-year old woman with an enlarged thyroid following atypical FNA findings.

Case 19. Giovanni Falconieri. 01-6865.

A 7 x 4 x 4 lobulated, fleshy mass was resected from the right parapharyngeal region of a 21-year old man. He referred rapidly progressing swallowing difficulties. A mass was noticed on neck inspection and palpation. The remainder of physical examination, laboratory and instrumental investigations were basically unremarkable. On section the mass appeared fleshy, with focal hemorrhagic areas.

Case 20. Janez Lamovec.

2761-00. A 59-year old woman with a goiter of 15 years duration reported its recent enlargement.

Case 21. Michal Michal. M31797/01.

A 60 year-old woman with a tumor, which was described by the clinician to arise in the dermis of the submandibular region. The tumor was 2 cm in size. It had white color and hard consistency.

Case 22. Michele Bisceglia.

100334-99. A 57-year old woman of Albanian origin with a left facial nerve paresis of five year duration associated with frequent ipsilateral attacks of headache. Recent episode of loss of consciousness. At admission a sensory-neurial hearing loss as well as cerebellar ataxia were also recorded. At CT and MRI scans a large lytic destructive tumor with intense contrast enhancing was documented involving the temporal bone with extension into the posterior cranial fossa and invasion of the adjacent cerebello-pontine angle. Angiography displayed a persistent tumoral blush. On a preoperative diagnosis of suspected aggressive meningioma a partial tumor resection limited to its intracranial portion was performed.

Surgical Pathology –Session VI. Hematolymphoid tissue (4 cases)

Case 23. Jerónimo Forteza-Vila. (A)01-0038-32 or 01-0038.

A 73-year old male, diabetic patient, was admitted to the hospital after a sudden episode of deviation of the buccal commissure to the left and loss of strength in right extremities. At CT scan a small right cerebellar hypodensity was observed and a diagnosis of *lacunae infarcts* was made. One month later the patient was again hospitalized with cephalaea, unstable walk, concentration difficulties and loss of memory. The radiological examination showed ischaemic injuries of infracortical dominance in the left semioval center, parieto-occipital area, cerebellum and right part of the *corpus callosum*. Clinically, the following diagnostic possibilities were considered: “primary vasculitis” or “lymphoma” of the central nervous system. The patient also experienced fever peaks, alteration of the level of consciousness, and a progressive tendency to sleep. He died four months after the beginning of the symptoms. Slides are from the post mortem.

Case 24. Santiago Ramón y Cajal. 954212

A 17-year old female suffering moderate pancytopenia. A bone marrow biopsy was performed and a diagnosis of probable infiltration by a low grade lymphoproliferative process was reported. After an exhaustive study, a 4.5 cm sized jejunal tumor was resected and submitted.

Case 25. Jerónimo Forteza-Vila. 1825-99 or 3349-01.

An adult, asymptomatic, male patient with a left lateral facial nodule of one year duration was seen. The nodule was excised due to the suspect of a parotid tumor. After five months he experienced also a left axillary lymph node enlargement (6 cm in size) and during the following 16 months presented with bilateral axillary adenopathy.

Case 26. Noel Weidner. (S)01-2507.

A 56-year old Filipino female with four month history of multiple painless subcutaneous nodules of varying sizes.

FRIDAY, JUNE 21

Surgical Pathology –Session VII. Breast (5 cases)

Case 27. Giovanni Falconieri.

01-12071. A 65-year old lady undergoes mastectomy for a breast nodule with clinical evidence of metastatic axillary lymph nodes. A previous needle aspiration revealed only crushed, non-viable cells. The mastectomy specimen contained a 3 cm, firm, gray-white mass with irregular outline. The axillary lymph nodes were enlarged, firm and fused in matted lumps.

Case 28. Noel Weidner.

(S0-)16156-00. Bilateral breast masses in a 52-year old woman with no known previous history of breast carcinoma or other malignancies.

Case 29. Janez Lamovec.

1117-98. A 52-year old patient presented with a lump in the breast of unknown duration. FNAB was reported as suspicious for malignancy.

Case 30. Jerónimo Forteza-Vila.

99-17017. (Granulocytic sarcoma of the breast)

A 31-year old woman complained of a breast nodule, which was surgically excised. Grossly a round and well circumscribed tumor of 4 cm in size with a white-green colour on its cut surface was observed.

Case 31. Noel Weidner.

(S)01-2694 or (S)00-8399. Needle localization biopsy for breast microcalcifications in a 43-year old female patient. .

Surgical Pathology –Session VIII. GI/Peritoneum (6 cases)

Case 32 (32-I; 32-II). Kumarasen Cooper.

I= (VVV)28 or (VVV)29. A 59-year old man with a history of renal transplantation on immunosuppressive therapy. He presented with abdominal pain and underwent a total colectomy due to ischaemic colitis.

II= 99-9313. (Herpes proctitis)

A 33-year old woman underwent total colectomy for ulcerative colitis refractory to medical treatment.

Case 33. Santiago Ramón y Cajal.

967533. A 56-year old male with progressive obstructive jaundice. A radiological diagnosis of cholangiocarcinoma in the hepatic hilum was reported following a retrograde endoscopic cholangiography. A liver transplantation was performed after studying tumoral spreading.

Case 34. Masaharu Fukunaga.

(S)00-3742. A 46-year old Japanese woman was incidentally found to have an omental mass by an echogram in an annual examination.

Case 35. Kumarasen Cooper.

99-9008. A 61-year old woman presented with left lower quadrant pain in her abdomen. A pelvic mass was palpated and resected at laparotomy. Tumor also involved her left ovary, sigmoid colon and rectum.

Case 36. Saul Suster.

32074-1. A 69-year old male patient, who was admitted complaining for some episodes of melena, was found to be affected by a tumor which was located just at the cardia. A total gastrectomy was performed.

Case 37. Saul Suster.

30438-1. A 62-year old patient, who underwent a gastroscopy due to a recent episode of melena, was found to be affected by a gastric submucosal tumor clinically supposed to be a lipoma.

Surgical Pathology –Session IX. Thorax (6 cases)

Case 38. Cesar Moran

(S)02-4396(BX10). A 35 year old woman presented with a right upper lobe mass. Surgical resection of the mass was performed.

Case 39. Santiago Ramón y Cajal.

01B4107. A 22-year-old male with a history of a scapular tumoral lesion resected and treated with radiation and chemotherapy in 1999. In November 2000, the scapular lesion reappeared together with new pulmonary lesions (both right and left sides). The slide submitted comes from one of the lung lesions.

Case 40. Cesar Moran.

(S)01-45478D. A 58 year-old man presented with pleural effusion and chest pain of several weeks duration. Radiographic studies revealed thickening of the pleura and an open excisional biopsy was performed.

Case 41. Saul Suster.

01-3667. A 50-year old man was seen for dyspnea and left pleural effusion. CT scan revealed thickening of the visceral pleura and interlobular septa with patchy associated fine reticular and centrilobular opacities. An open lung biopsy was performed.

Case 42. Noel Weidner.

30262-1. A 62-year-old female patient experienced a sudden episode of cough and progressive shortness of breath, which rapidly progressed to adult respiratory distress syndrome. A HRCT study of the lung revealed a diffuse pattern of bilateral lung involvement characterized by alveolar and interstitial solidification. A wedge lung biopsy was performed.

Case 43. Cesar Moran.

(SS)01-47263. A 47 year-old man presented with shortness of breath and chest pain of several weeks duration. Radiographic studies revealed the presence of a right lower lobe pulmonary mass. A lobectomy was performed.

INTRODUCTION

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There are several features that render this meeting particularly appealing to this writer.

The first is the fact that the backbone of the program is a very extended slide seminar, to the point of looking like an apotheosis of this type of exercise. The slide seminar is paradigmatic of the subspecialty of Surgical Pathology as it developed in the United States during the first half of the twentieth century, and is regarded by many as having contributed more than any other educational format to the establishment and growth of the specialty. To be able to look at the same cases that the experts of the day have, and to be given the opportunity to read the comments that those same cases had elicited in their minds is a treat that few other medical specialists can afford. The willingness to participate in this kind of exercise requires a combination of confidence and humility on the part of all individuals involved (particularly the experts), in no small measure because of the fact that the comments and diagnosis made in them will remain cast in stone (or at least in a handout) for present and future generations of pathologists to learn from but also to critically judge. The best gift I received from Dr. Lauren V. Ackerman upon his retirement from Washington University was his neatly bound collection of "Tumor Seminars", which contained the original glass slides and proceedings (including Dr. Ackerman's own handwritten notes) of hundreds of Seminars given by him and the other founding fathers of surgical pathology, such as Arthur Purdy Stout, Fred Stewart, and Malcolm Dockerty. Credit for the pioneer efforts along these lines should be given to the American Society of Clinical Pathologists, the Arthur Purdy Stout Club (now a society), the Minnesota Society of Clinical Pathologists, the Penrose Cancer Hospital (the brainchild of a Cuban radiation therapist, Dr. Juan Del Regato), the San Antonio Society of Pathologists, and several other national, state and local pathology societies in the United States.

The Arkady M. Rywlin International Pathology Slide Seminar Club, a labor of love of Dr. Saul Suster, is heir to this glorious tradition, which has been thus carried to further heights by expanding the participation to a distinguished worldwide constituency and by considerably increasing the number and range of diagnostic comments, which are often spicy and always instructive. A remarkable database has already been created, with all the

potential side benefits that such a collection can offer and which I am sure his astute founder has not failed to appreciate.

Another highly pleasant feature of this gathering is the opportunity it gives the organizers and particularly Saul Suster to honor the figure of Dr. Arkadi Rywlin. I knew Dr. Rywlin and I can personally attest to his outstanding professional abilities and personal virtues. Most importantly, he possessed the crucial attribute of a teacher, i.e., the capacity to inspire his pupils. Alas, there are many people with that attribute who have and will remain in obscurity because all of their pupils were simply genetically impervious to inspirational efforts. Dr. Rywlin was fortunate in that two of his pupils were Saul Suster and A. Bernard Ackerman, two individuals who had the taste to recognize greatness, the wisdom and perseverance to capitalize on the golden opportunity that was offered to them, and the generosity to repay it in the way they are doing it.

The third laudable aspect of this meeting is represented by the figure of the local organizer, Dr. Michele Bisceglia, and his unstinting efforts in the organization of this event. Only those who have organized a symposium of this sort will fully appreciate the depth of his commitment, with its almost devotional overtones, an aspect perhaps not surprising if one thinks about his most famous neighbor, who will be honored himself through a somewhat different type of recognition at the very time that the meeting will be taking place.

In closing, I would like to express my personal satisfaction in the anticipated success of this meeting and of the Club itself, being that I had the privilege of having Saul Suster (by then already well versed in the intricacies of surgical pathology through his apprenticeship with Dr. Rywlin) for two years as a fellow at Yale University, and realizing that a significant contingent of the membership of the Club is made up of individuals whom Saul Suster met in the Laboratory I was directing during those halcyon years.