

Surgeon's report following thoracotomy (removal of left lung) and positive histology for osteogenic sarcoma

In December 2004, Ian Gawler had his left lung removed surgically following on-going complications created by the damage to that lung caused by the TB Ian had been cleared of in 1978.

When the lung was examined by the Head Pathologist at Melbourne's Austin hospital, there was positive evidence both grossly and histologically that was consistent with secondary osteogenic sarcoma.

Here is the surgeon's statement on the matter, and the relevant section of the pathology report.

Statement from Professor Peter Clarke

23 4 2012

As the surgeon who performed Ian Gawler's pneumonectomy I have little doubt that the tuberculosis that damaged his left lung was secondary to successful management of his recurrent osteosarcoma which left his immune defences impaired.

The TB led to contraction and damage of his left lung which was then a constant source of recurrent ongoing infection (not TB which had responded to appropriate therapy). Unfortunately he had to have a full thoracotomy rather than a minimally invasive approach because of the extensive adhesions which is particularly difficult for a patient dependent on crutches but being Ian was soon back to full activities including trekking in the mountains.

His other lung was clear and the various lumps had gone which wouldn't have been the case if his relapse had in fact been TB and not osteosarcoma.

The Pathology Report

Pathology report including histology, following surgical removal of Ian Gawler's left lung. The key words from this report are "The latter appearance in particular is recognisable as a change which may occur in osteosarcoma after chemotherapy. No viable tumour is present "



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Patient Details:		Hospital URN#: AH 645623	
GAWLER, IAN JAMES			
P.O. Box 576 YARRA JUNCTION VIC 3797			
Sex: Male	DOB: 25/02/1950	Ph: 59666102	
Location: AH Day Surgery		Other ID: 645623	
UW#: _____			
MO: PROF C CLARKE		Lab No: P281695	
		Ext Ref: _____	
Collected: 09/12/2004, *UNK*		Received: 09/12/2004, 17:12	
HISTOPATHOLOGY REPORT			Page (1 of 2)
Biopsy# 20048011800			

Report to:
AH Day Surgery

Biopsy # 20048011800
 Report 20/12/2004 17:05
SUPPLEMENTARY REPORT

Decalcified sections have been examined from the hilum of this pneumonectomy specimen. The sections show a bony mass surrounding and incorporating large central bronchi and neurovascular structures. Much of the bone has a mature cancellous appearance, with normal appearing osteocytes, and mature fat within the intertrabecular spaces. In addition, there are foci of coarse sclerotic and heavily calcified bone which are devoid of viable osteocytes. The latter appearance in particular is recognised as a change which may occur in osteosarcoma after chemotherapy. No viable tumour is present in these sections. Features of bronchiectasis are again observed, with ulceration and inflammation of bronchial walls. There is also parenchymal scarring, fibrosis, and silicotic nodule formation in this area of lung.

CLINICAL HISTORY

Left lung histology and culture. Past history of TB and osteosarcoma. Disease left lung.

MACROSCOPIC DESCRIPTION

Specimen container labelled 'left lung'. The specimen is a pneumonectomy consistent in form with a left pneumonectomy, received fresh. Material is taken for culture from peripheral lung parenchyma, and the specimen then fixed by needle inflation with formalin, as formalin perfusion by the main bronchus was unsuccessful. The lung is obviously small and collapsed generally, measuring 160 mm from base to apex, 130 mm anteroposteriorly, and 65 mm from hilum to the lateral sternocostal pleura. The oblique fissure is inapparent. The sternocostal surface of the lung is largely covered by a membrane of parietal pleura with a partially fatty external surface, firmly adherent to the underlying lung via dense adhesions with obliteration of the pleural space. Fibrous adhesions are also apparent on the mediastinal and diaphragmatic surfaces of the specimen. The resection margin is formed by a stump of left main bronchus which is 25 mm long. Palpation of lung parenchyma deep to the hilum reveals a rock-hard consistency, impossible to section with a knife. Using a saw, horizontal cuts are made along the line of the left main bronchus into underlying parenchyma. These reveal a centrally located bony mass 35 x 30 mm approximately, surrounding the bifurcation of the left main bronchus. Coronal slices are then made to the apex and the base of the lung. The lung parenchyma in the mid and lower portions of the lung are markedly abnormal, with little obvious normal parenchyma. The cut surface demonstrates bronchiectasis, extensive white and creamy firm tissue consistent with scarring, and cavitation. The largest cavity is situated directly inferior to the bony mass and measures 60 mm in diameter, passing upwards and lateral to the area of ossification. The apical segment of the left upper lobe appears relatively spared, but most of the upper lobe also

COPY OF AUTHORISED REPORT

Pathologist: Dr P Crewley

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HISTOPATHOLOGY REPORT

The Full Story

If you are interested in the evidence that confirms Ian Gawler's diagnosis of secondary osteogenic sarcoma (bone cancer), the 10 key points are well summarized on his blog post *If it looks like a duck...* [Read More ...](#)