

August 31, 1967

Dr. R. T. LeNeve
Hugoton
Kansas

Dear Dr. LeNeve

Mrs. Marie Cook was admitted to St. Anthony's Hospital with the diagnosis of unresolved pneumonia and possible tumor in the right lung. Her history was pertinent in that she apparently had recurrent pneumonias in the right lung, progressive shortness of breath and some chest pain.

The physical examination showed a lady who was well nourished even though she indicated that she had recently lost some seven pounds of weight. The pertinent findings were expiratory and inspiratory wheezes in the right mid-lung field and an aortic systolic blowing grade II murmur. The chest x-ray showed a right hilar mass and middle lobe atelectasis. On bronchoscopy a bronchial carcinoid tumor was diagnosed. An exploratory thoractomy revealed a huge tumor measuring 30 x 25cm in diameter involving the right upper and middle lobes and the mediastinum. The right and middle lobe, with the tumor, adherent pericardium and the trunk of the left innominate vein were resected to chance a cure in this lady.

The postoperative course was at first uneventful but 48 hrs after the operation while the patient was sitting up, she developed an acute emergency which proved to be an acute myocardial infarction on electrocardiogram, associated with severe arrhythmia but she could be successfully resuscitated. She stabilized subsequently, but another four days later when things appeared reasonably stable and in hand she suddenly expired.

Autopsy findings: (1) Acute pulmonary infarction. (2) Acute posterior myocardial infarction. (3) Aortic stenosis severe. (4) Myocardial fibrosis. (5) Bronchopneumonia. (6) St. after right upper and middle lobe resection.

I am sorry that we could not do better for this truly nice lady and congenial family. Clearly an all out effort was warranted

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in this potentially curable malignancy, which in a short period of time would have caused certain death and which is highly radio-resistant and radiotherapy thus could not be thought of.

I thank you for referring this unusual and very interesting and nice patient to us. I have asked Drs. Diaz and Brierty, our pathologists to send to you the detailed autopsy protocol for your file. If there should be any other information you desire please do not hesitate and write to me.

Very truly yours

Karel B. Absolon, M.D.

KBA:bc

cc: Walter C. Watkins, M.D.