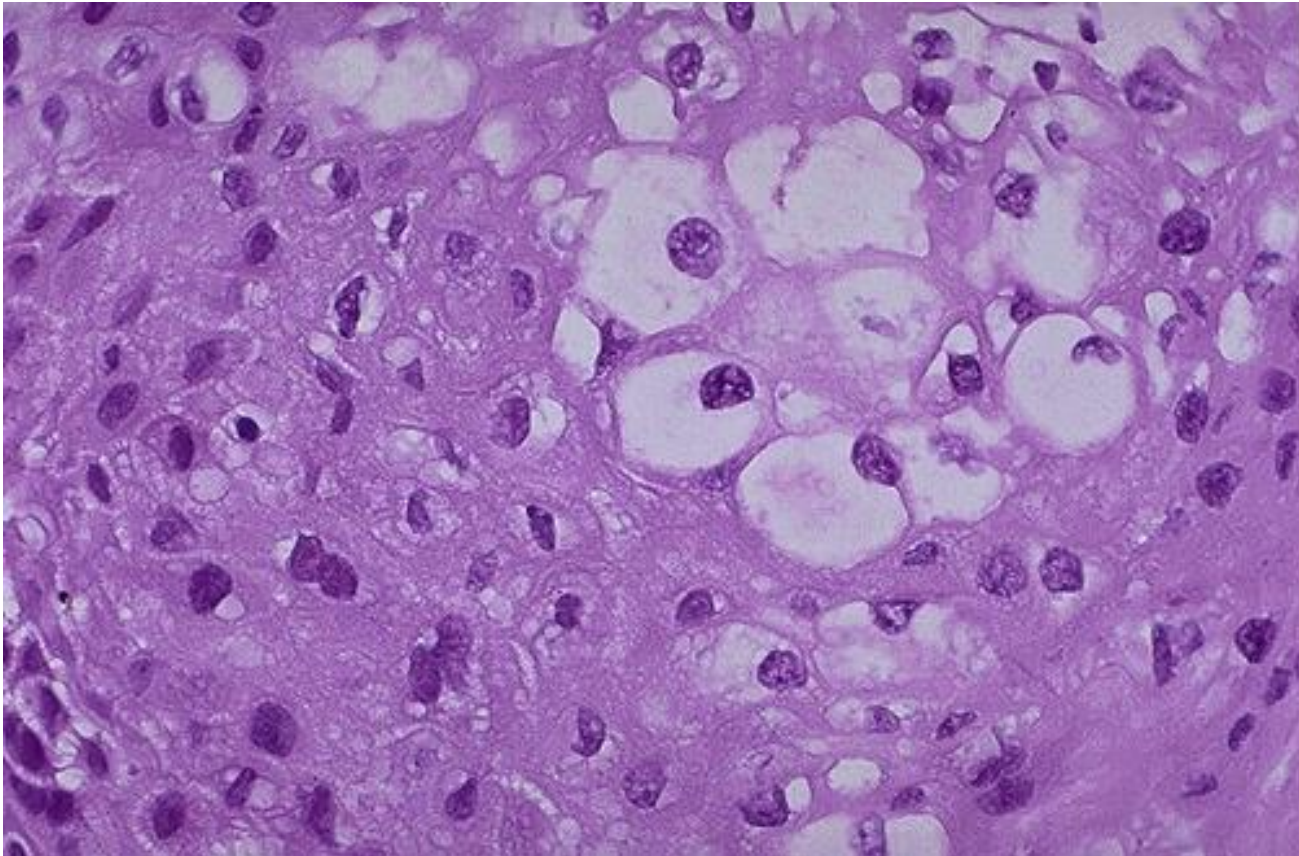


Female Genital tract pathology

lab 3&4

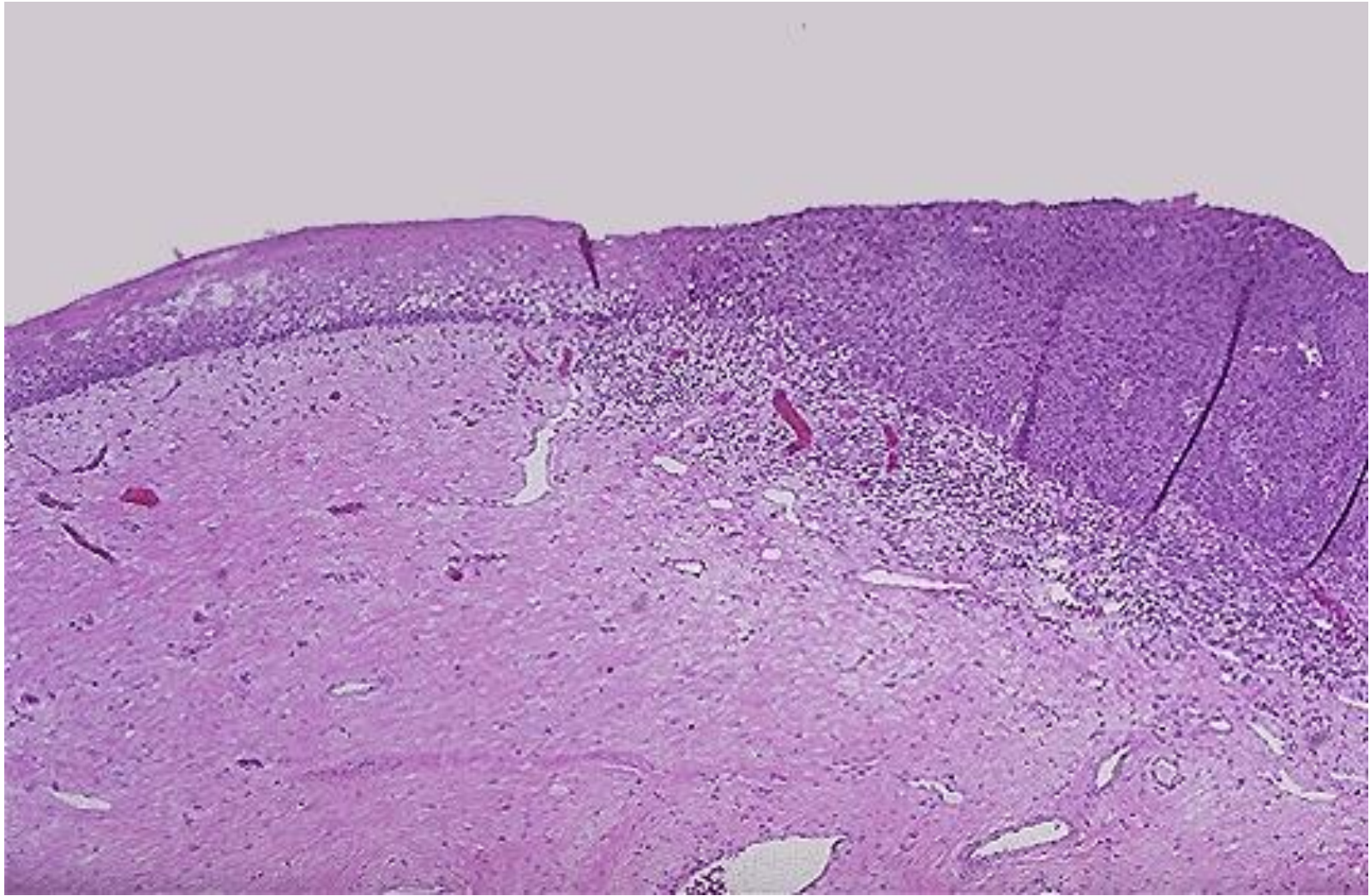
Dr. Nesreen Bataineh

This biopsy is taken from a warty lesion in the cervix of a 23 year old lady



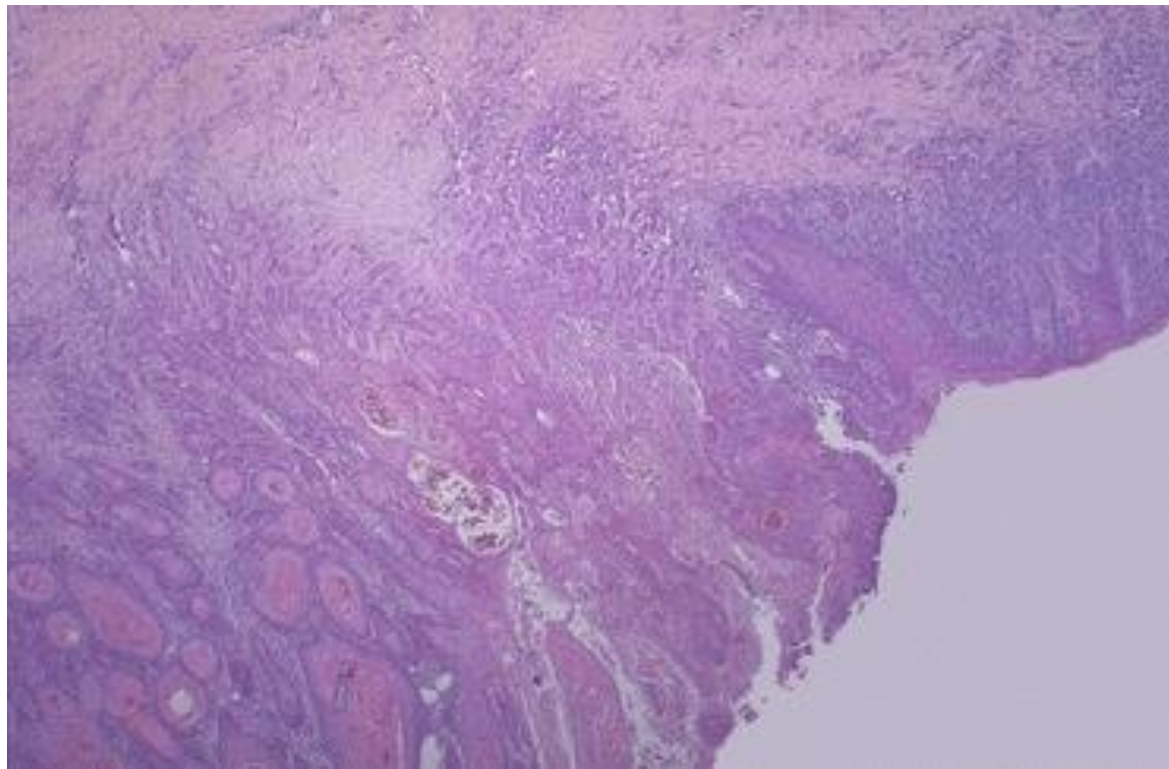
- Describe what you see and name the cytological finding
- What is the cause of this lesion?
- Discuss the relation of this lesion to carcinoma of the cervix

- This biopsy is taken from the cervix of a 33 year old lady who was found to have High grade squamous intraepithelial lesion using pap smear test



- Describe what you see
- What is the cause of this lesion?
- Discuss the relation of this lesion to carcinoma of the cervix

The following section is taken from the cervix of a 45 year old lady who was found to have a cervical mass

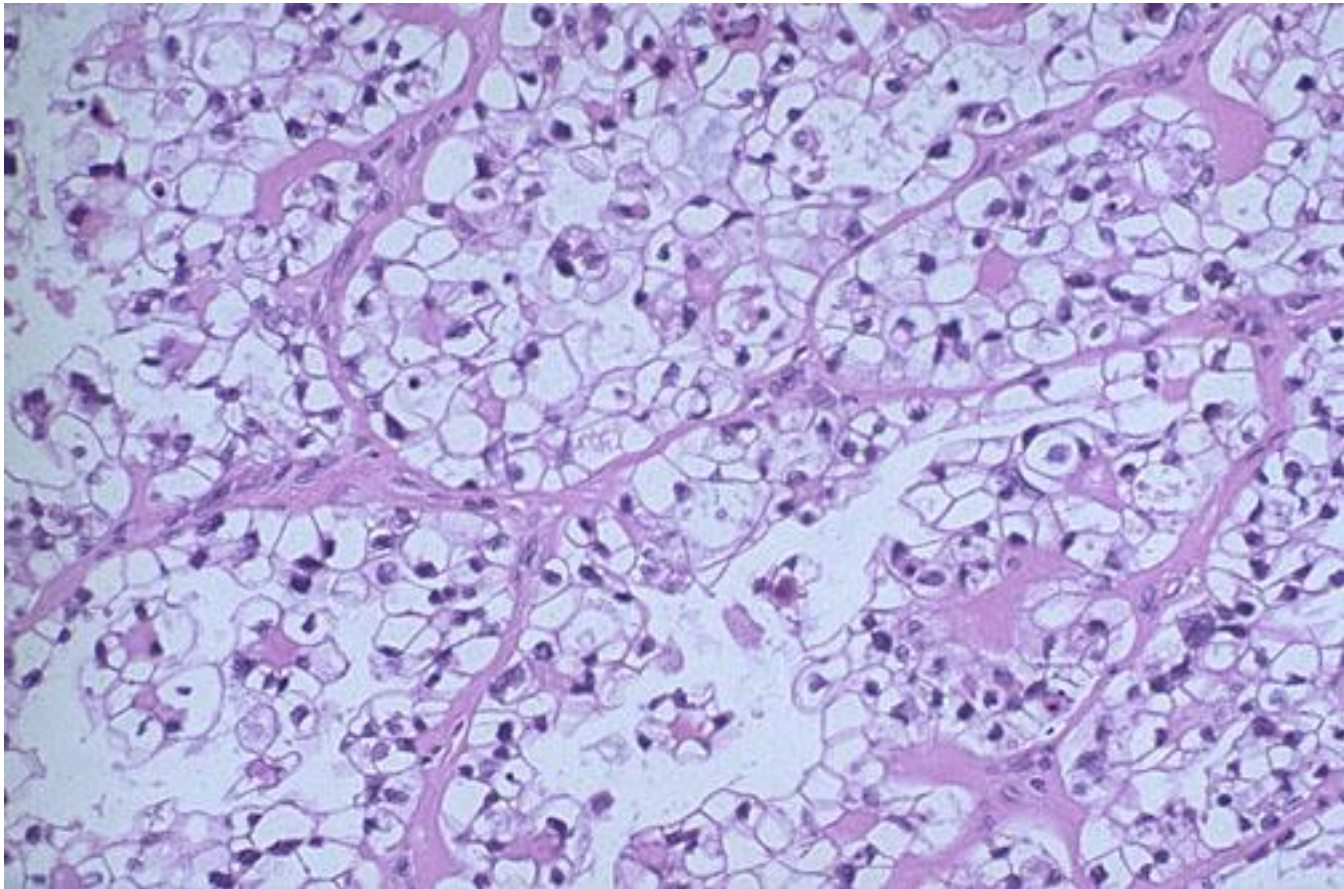


What is your diagnosis?

What is the precursor lesion of this tumor

What is the screening test used to detect the precursor lesion of this?

- This section is taken from a tumor of the vagina of a 23 year old lady

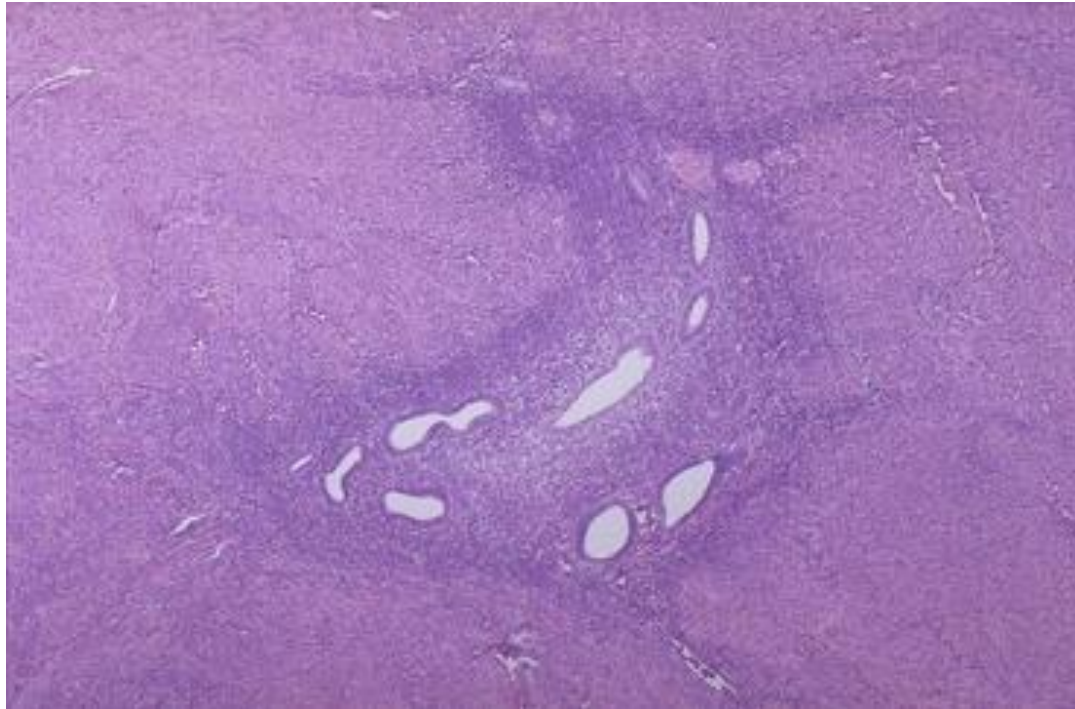


What is your diagnosis?

What is the precursor lesion of this tumor

What is the drug highly associated with this lesion?

Tissue from the uterus....Spot diagnosis

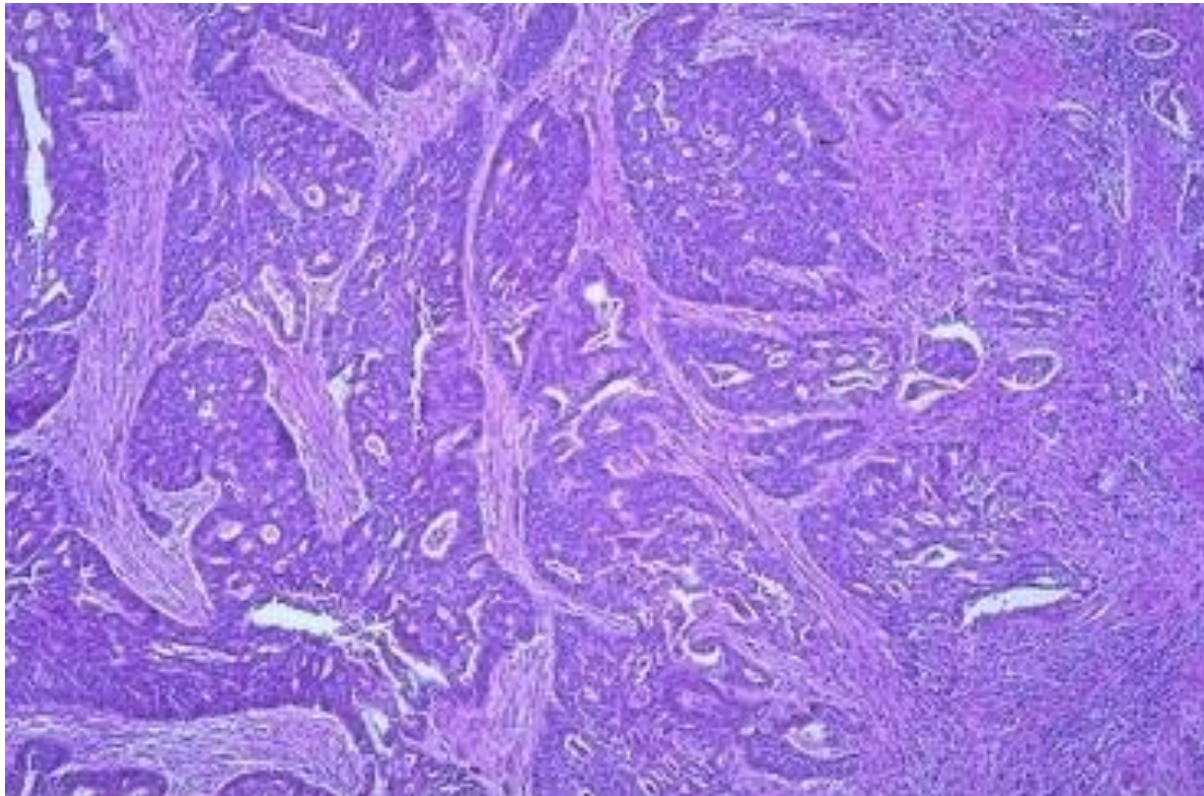


What is abnormal in this picture?

Discuss the risk of malignant transformation



- This section is taken from an endometrial tumor



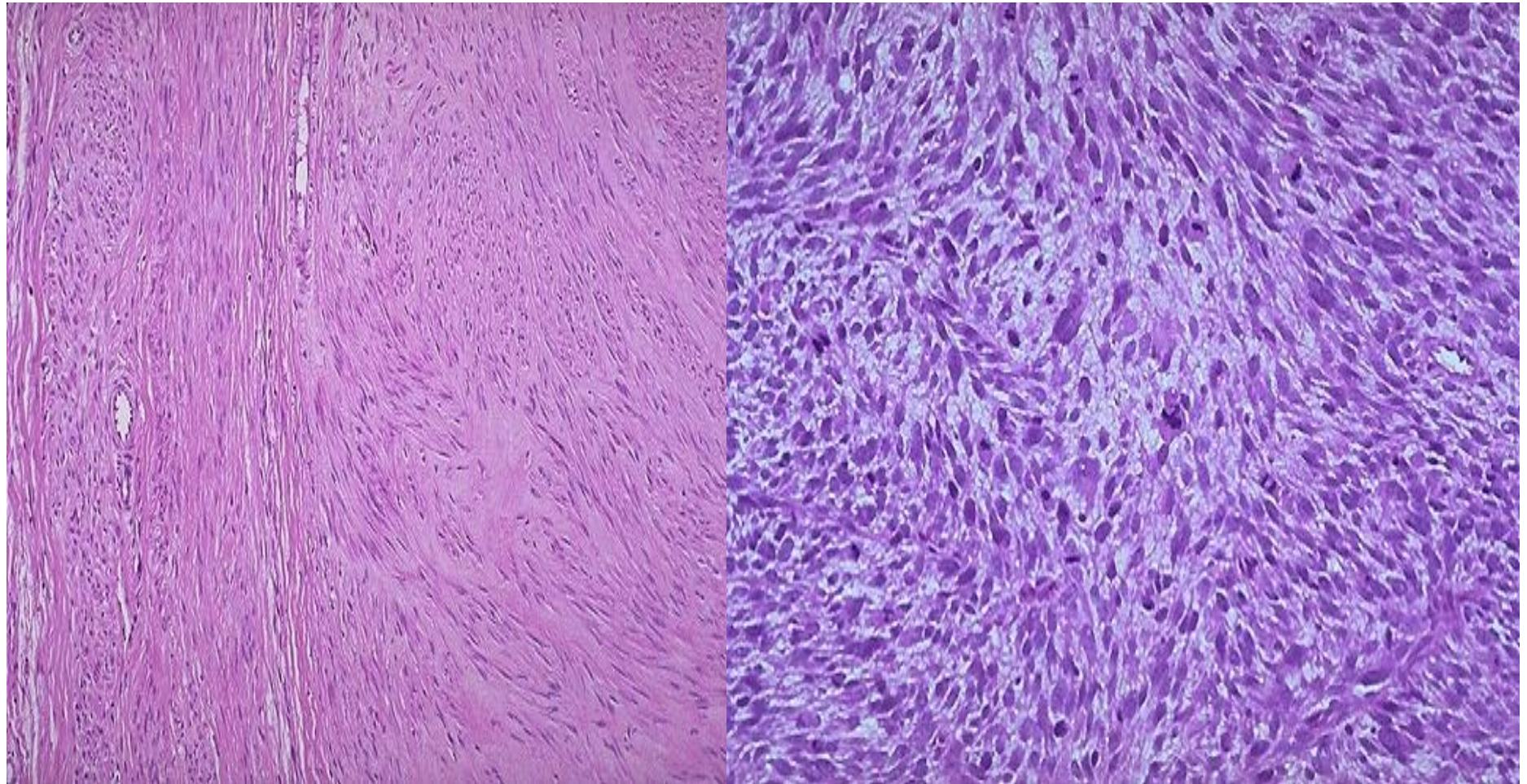
What is your diagnosis?

What is the precursor lesion of this tumor?

What is the grade of this lesion?

- What is the corresponding histology for sections taken from the tumors seen in this photo



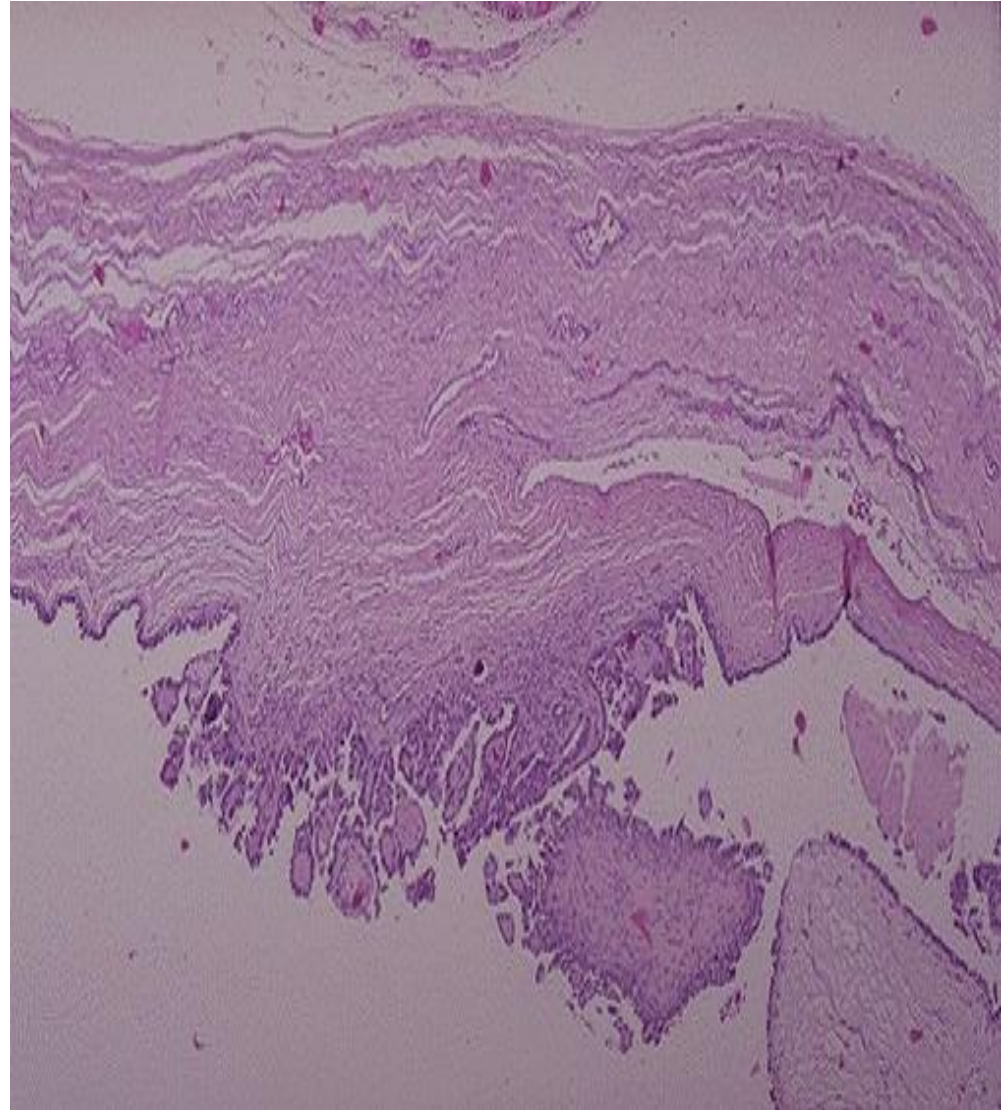


Cases of spot diagnosis

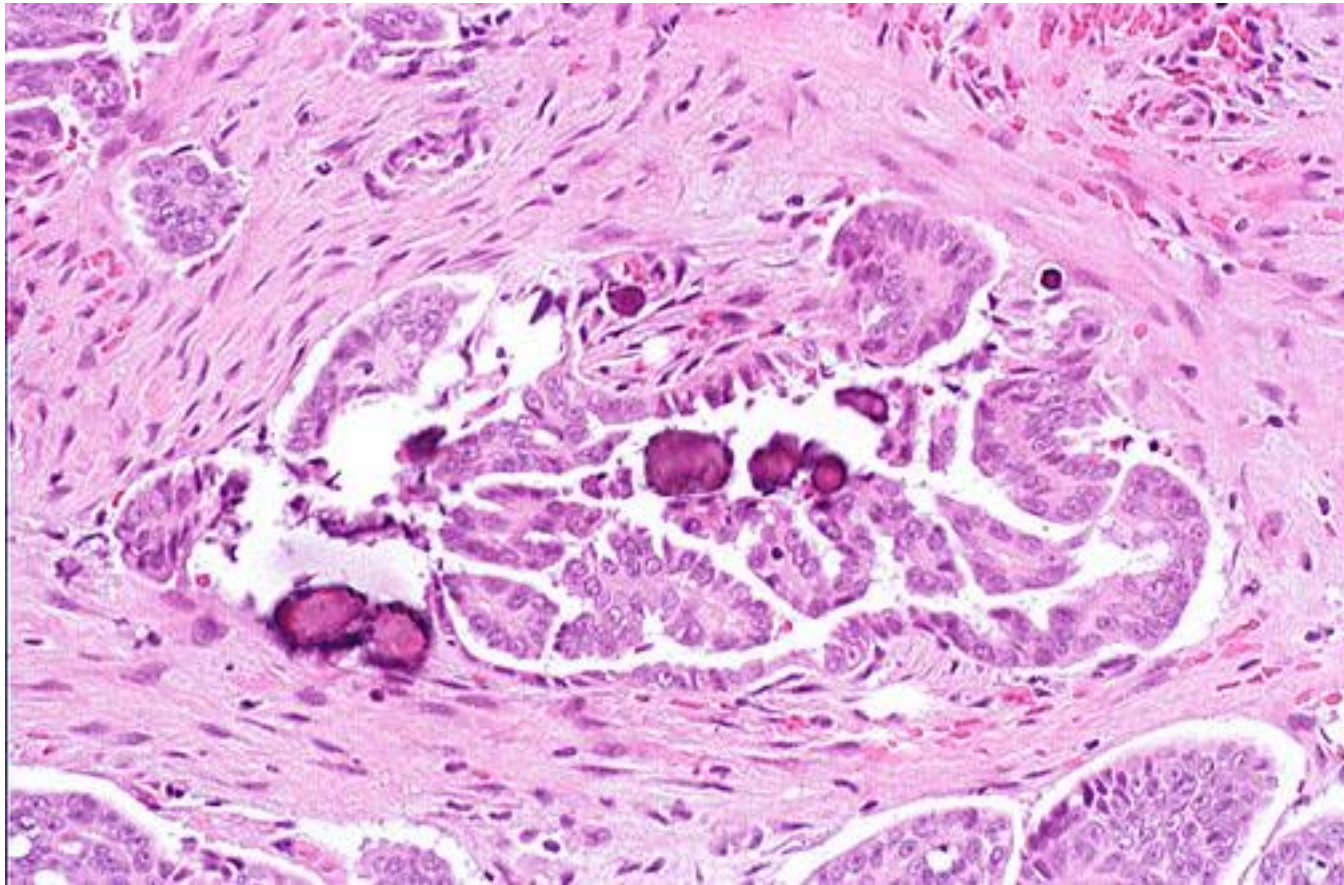
- Ovarian cyst filled with serous fluid
- What is the most likely diagnosis



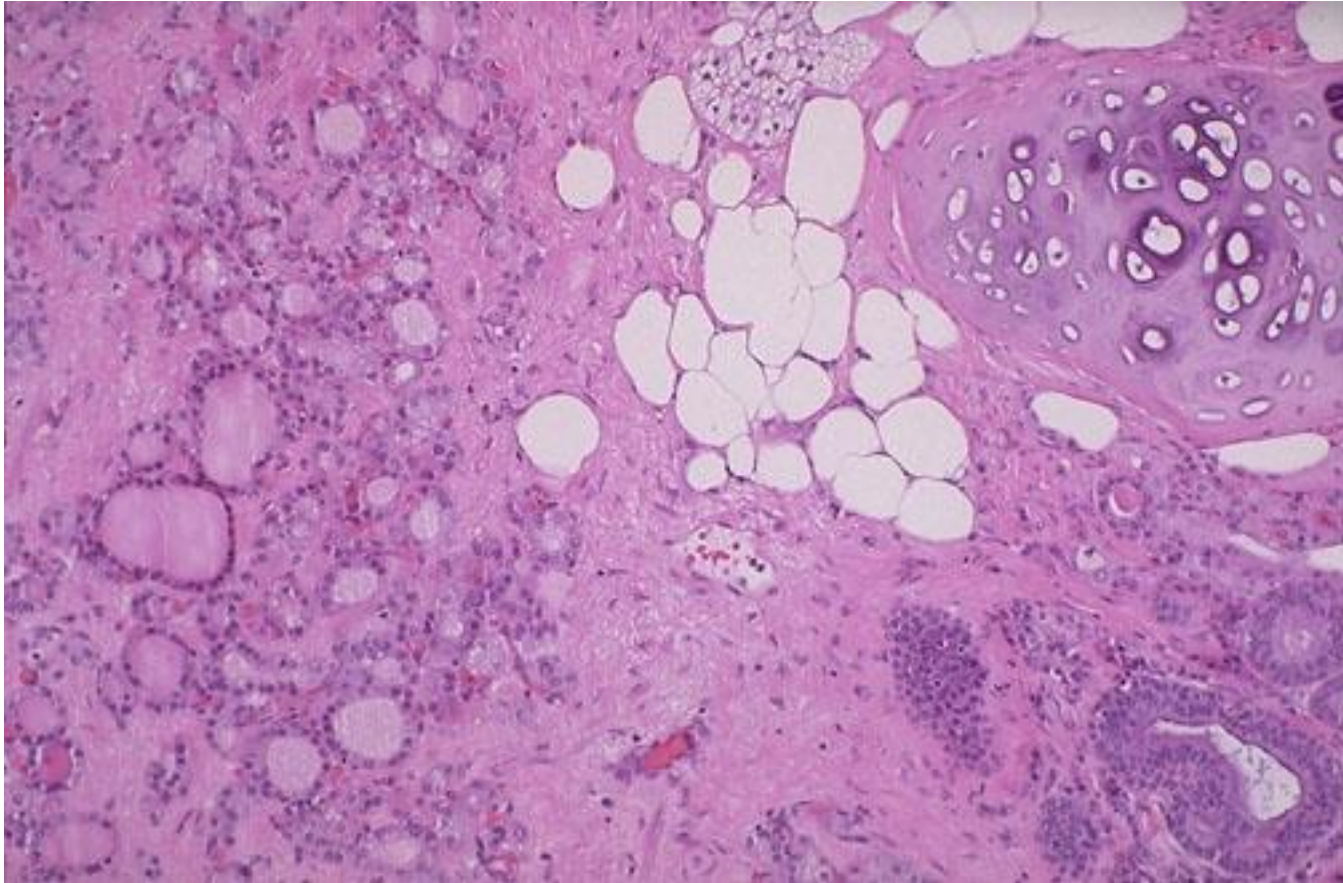
- Ovarian cyst filled with serous fluid
- What is the most likely diagnosis

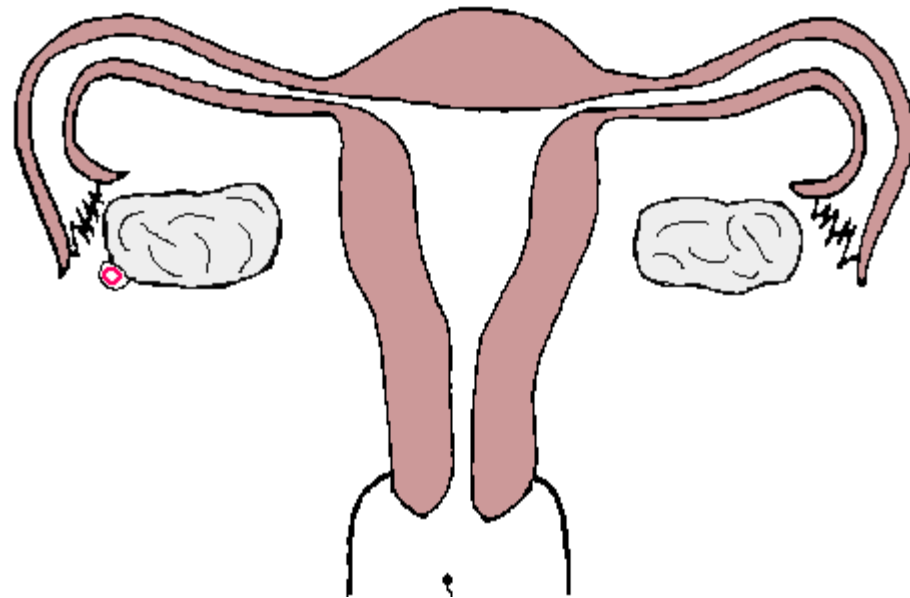


- Stromal invasion; what is your diagnosis?

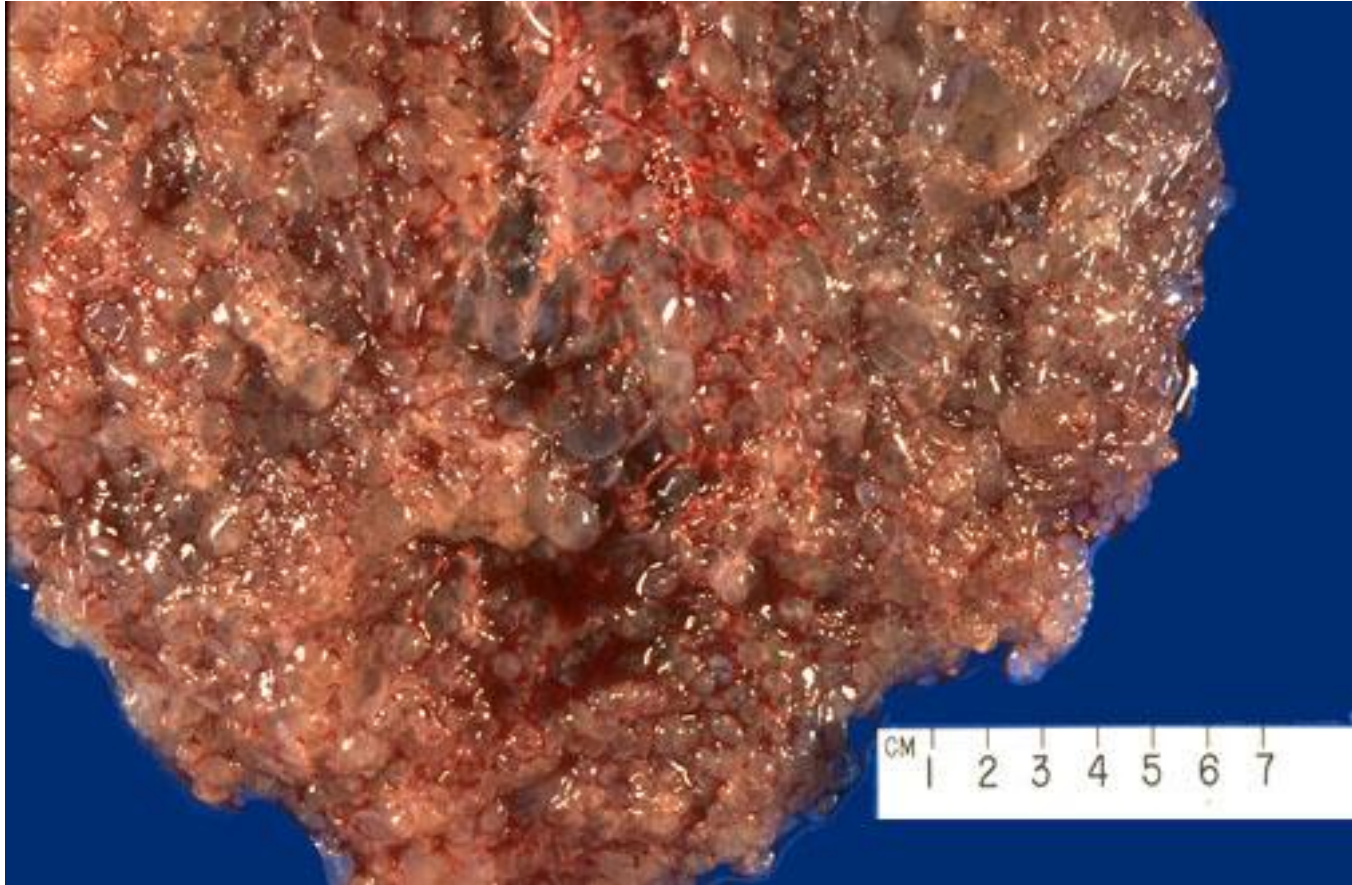


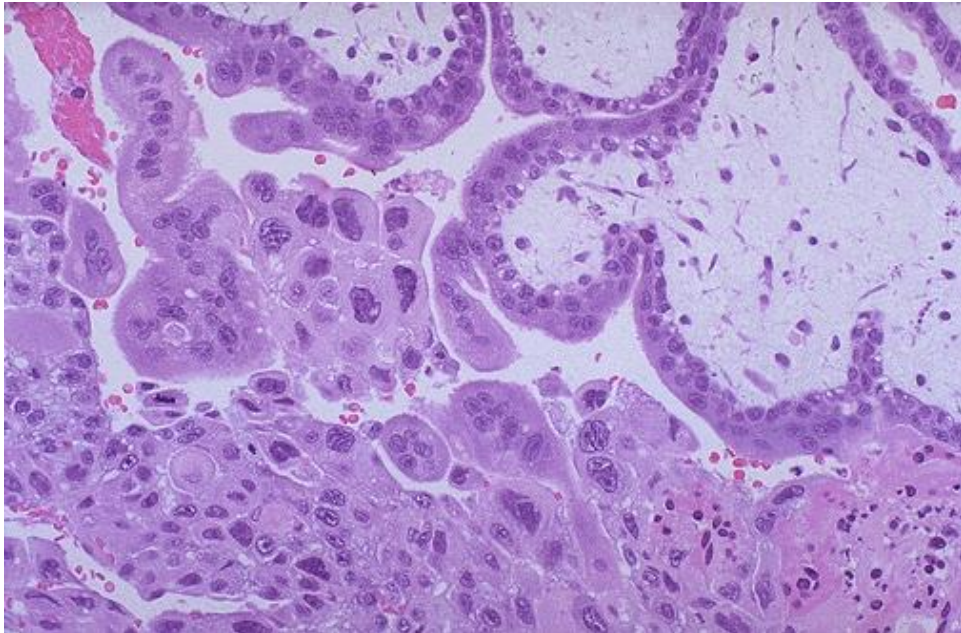
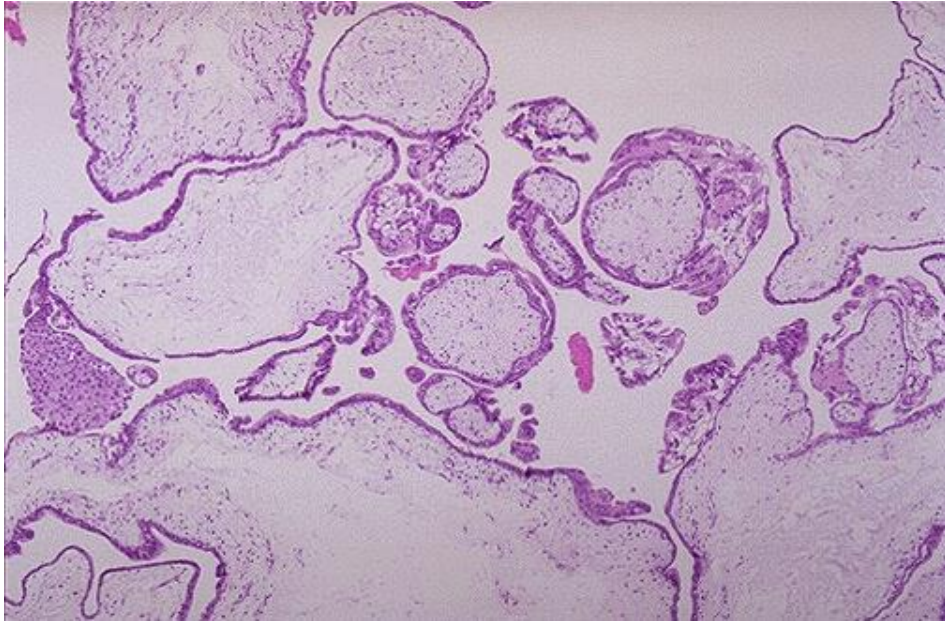
Diagnosis?



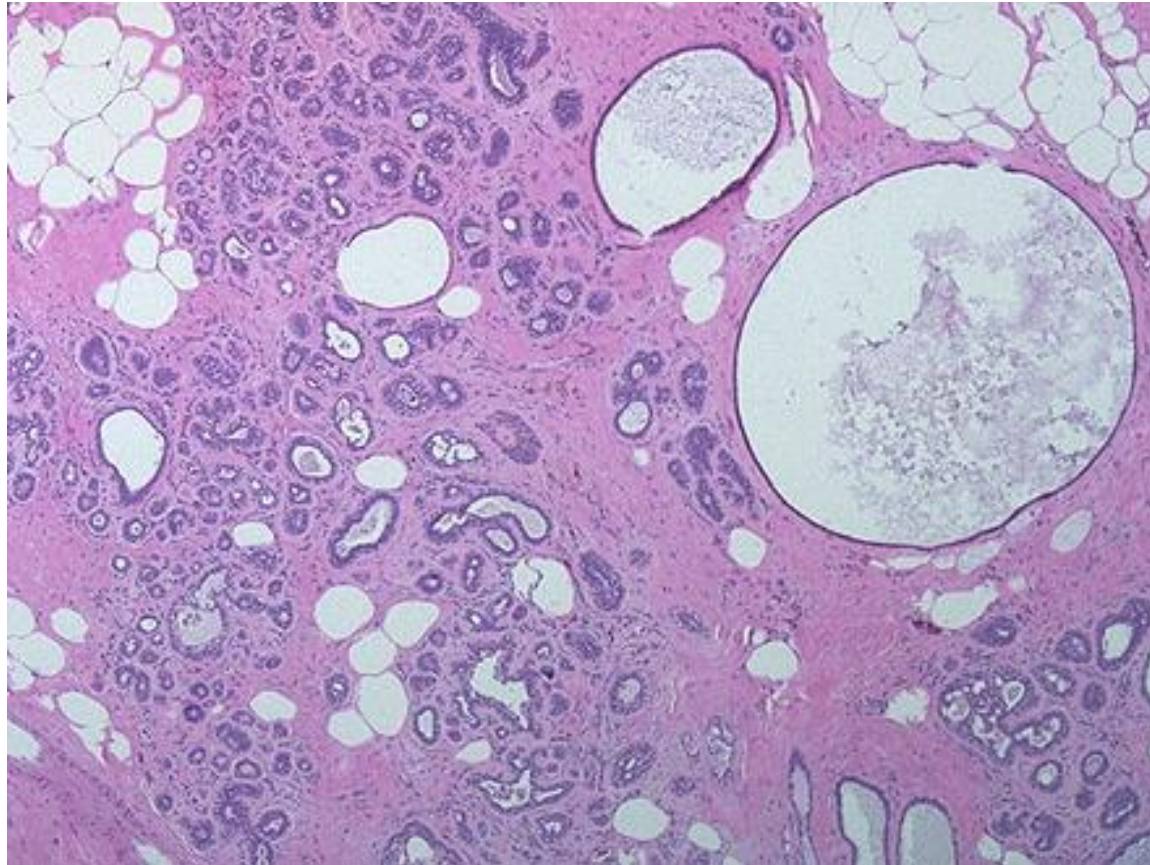








Breast pathology lab



example of microscopic fibrocystic changes of the breast are shown here. Fibrocystic changes account for the majority of "breast lumps" that are found in women of reproductive years, particularly between age 30 and menopause.

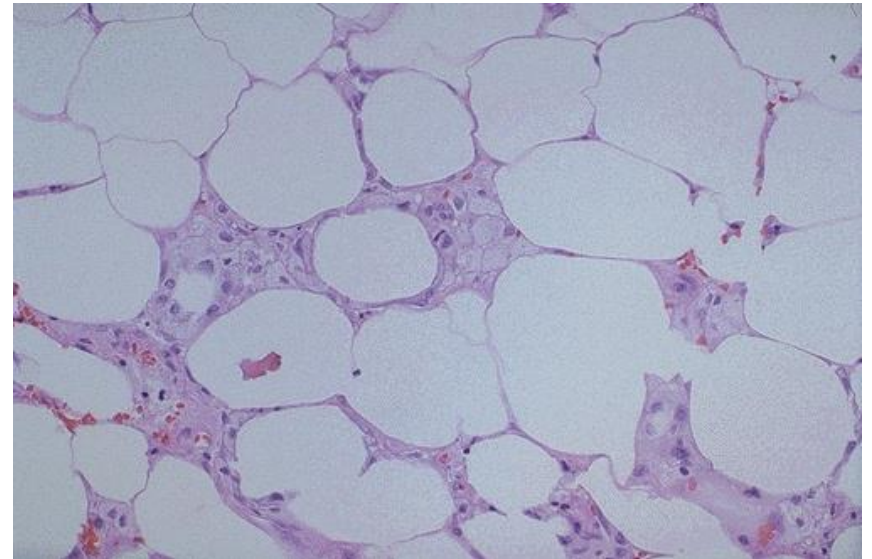
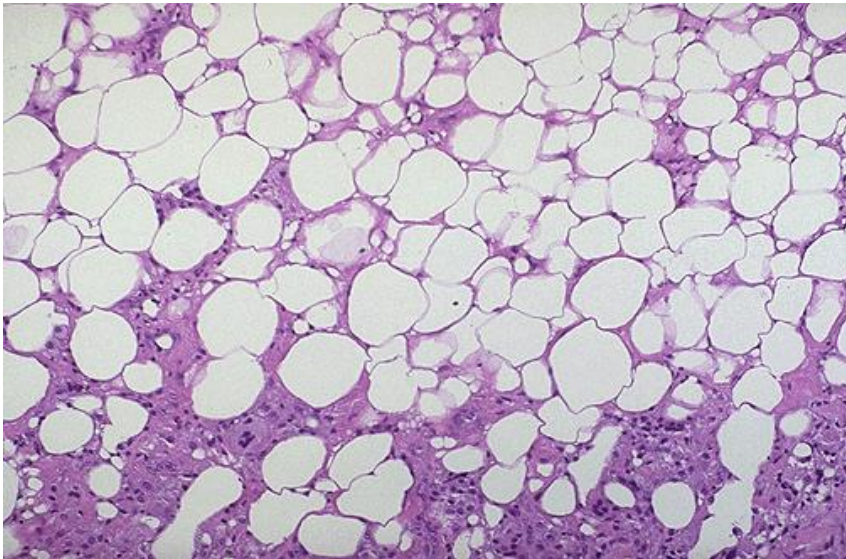


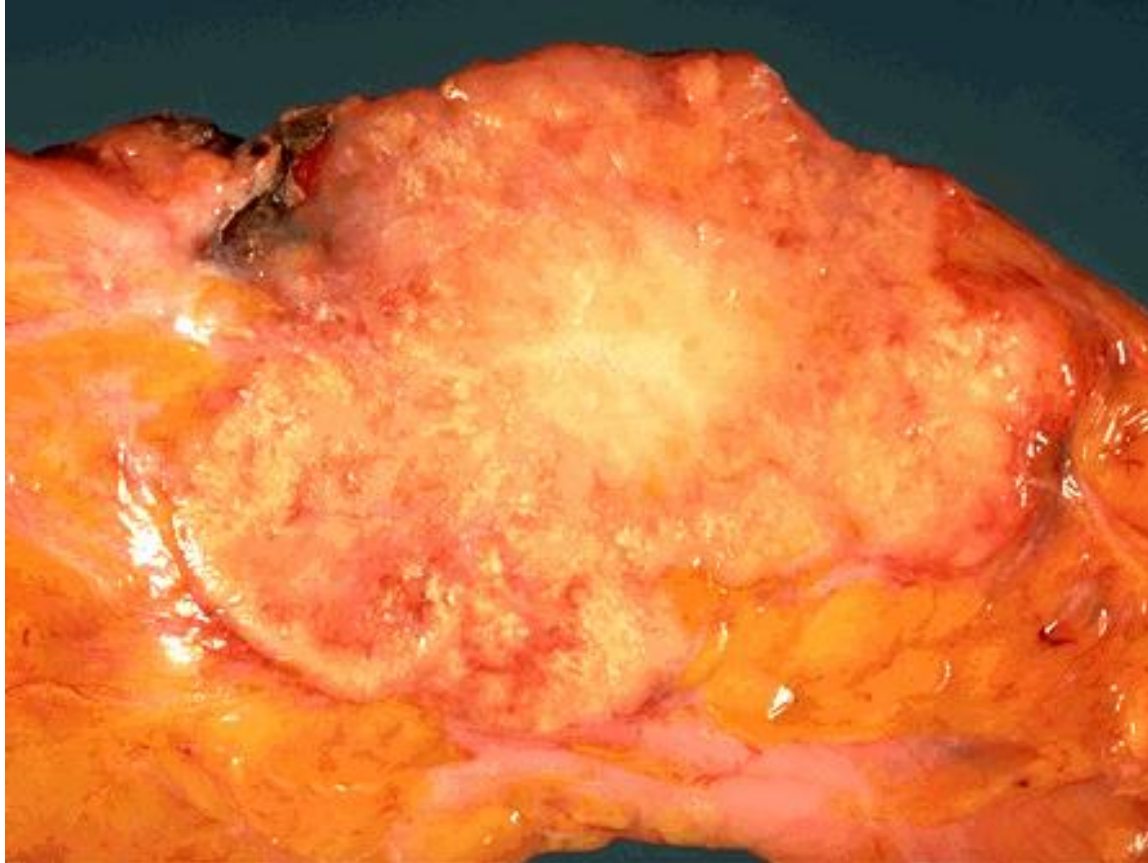
Here is a surgical excision of a small mass from the breast. The mass is well-circumscribed. Grossly it felt firm and rubbery. This is a fibroadenoma.



Here is the microscopic appearance of a fibroadenoma. To the right is compressed breast connective tissue. The neoplasm is composed of a fibroblastic stroma in which are located elongated compressed ducts lined by benign appearing epithelium.

This is fat necrosis of the breast. The most common etiology is trauma. It can be a localized, firm area with scarring that can mimic a breast carcinoma. Microscopically, however, fat necrosis consists of irregular steatocytes with no peripheral nuclei and intervening pink amorphous necrotic material and inflammatory cells, including foreign body giant cells responding to the necrotic fat cells.

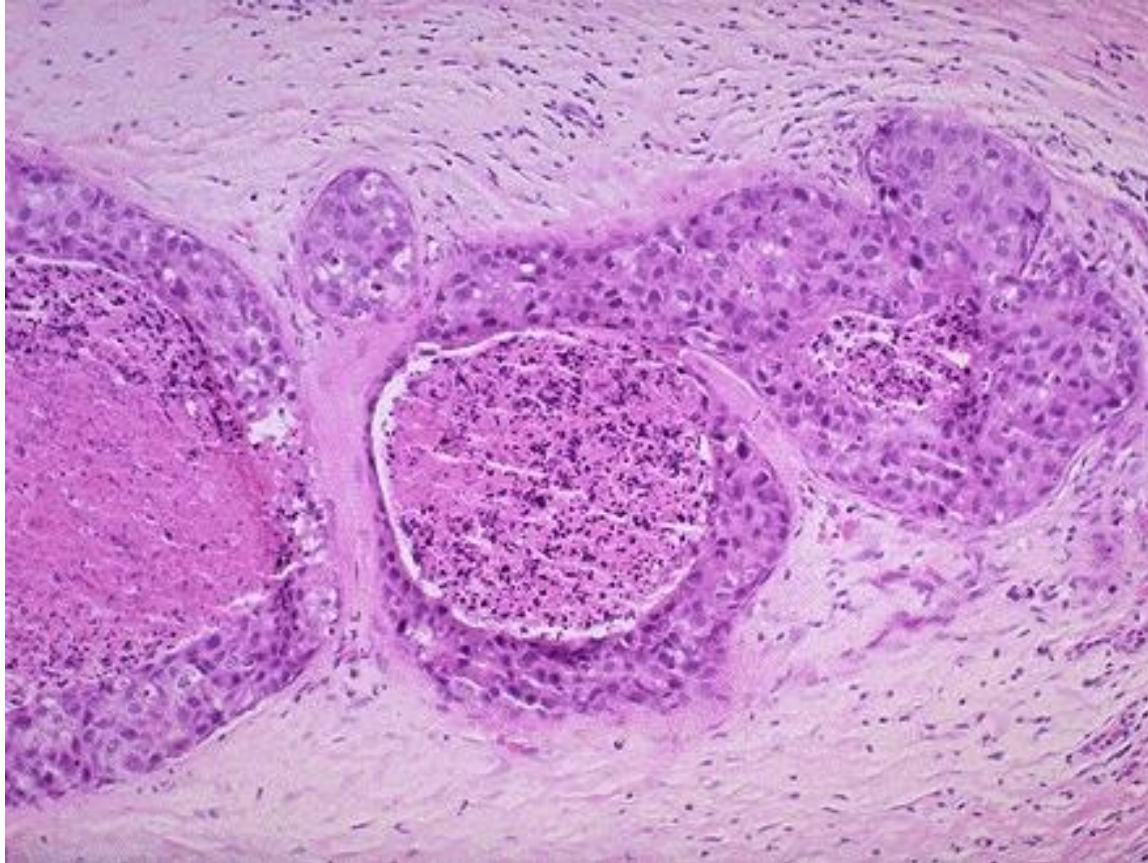




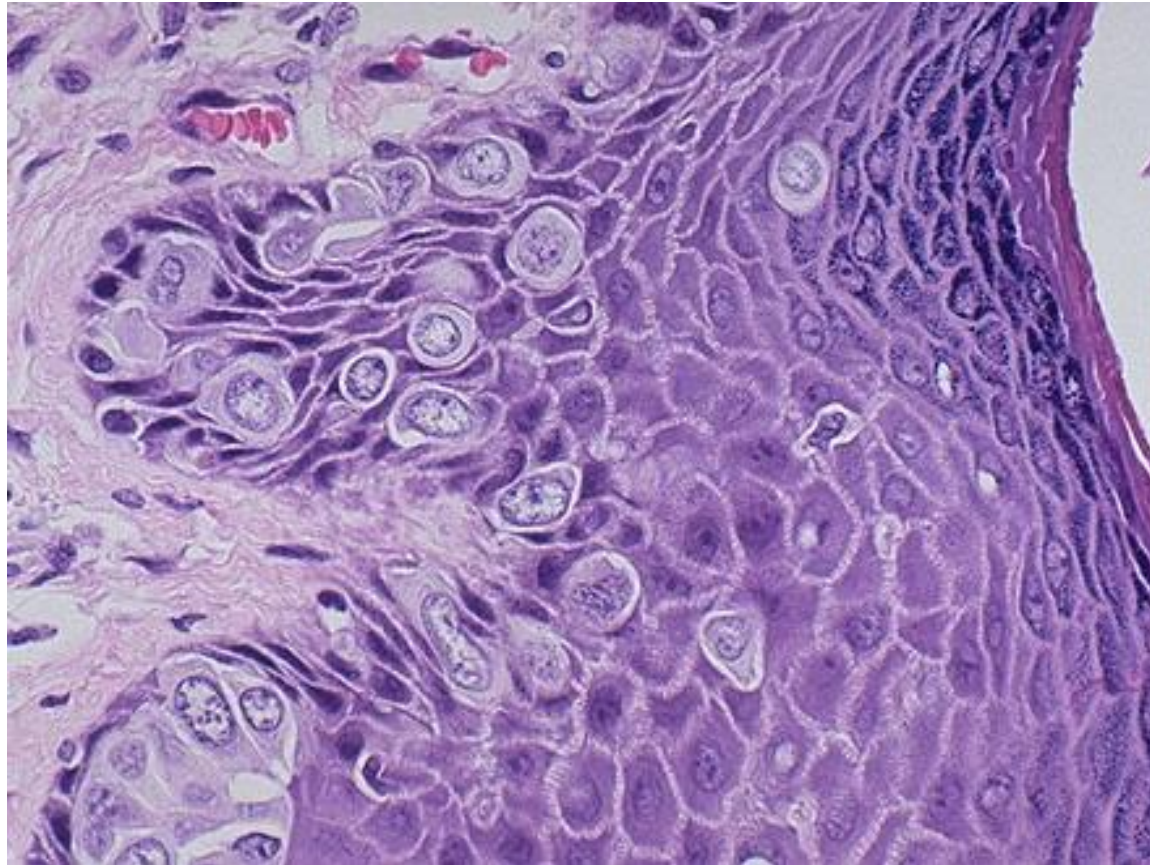
The irregular mass lesion seen here is an infiltrating ductal carcinoma of breast. The center is very firm (scirrhous) and white because of the desmoplasia. There are areas of yellowish necrosis in the portions of neoplasm infiltrating into the surrounding breast. Such tumors appear very firm and non-mobile on physical exam.



This breast biopsy demonstrates a carcinoma. Note the irregular margins and varied cut surface. This small cancer was found by mammography.

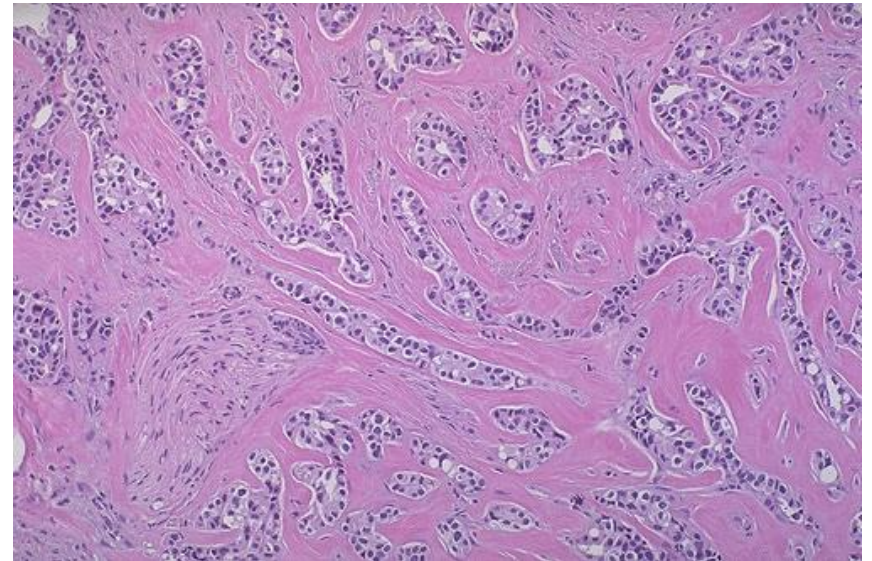
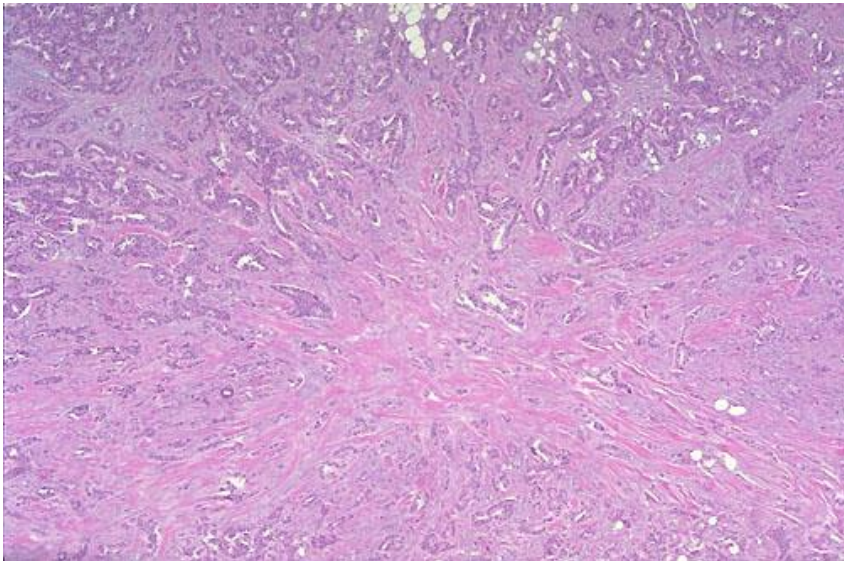


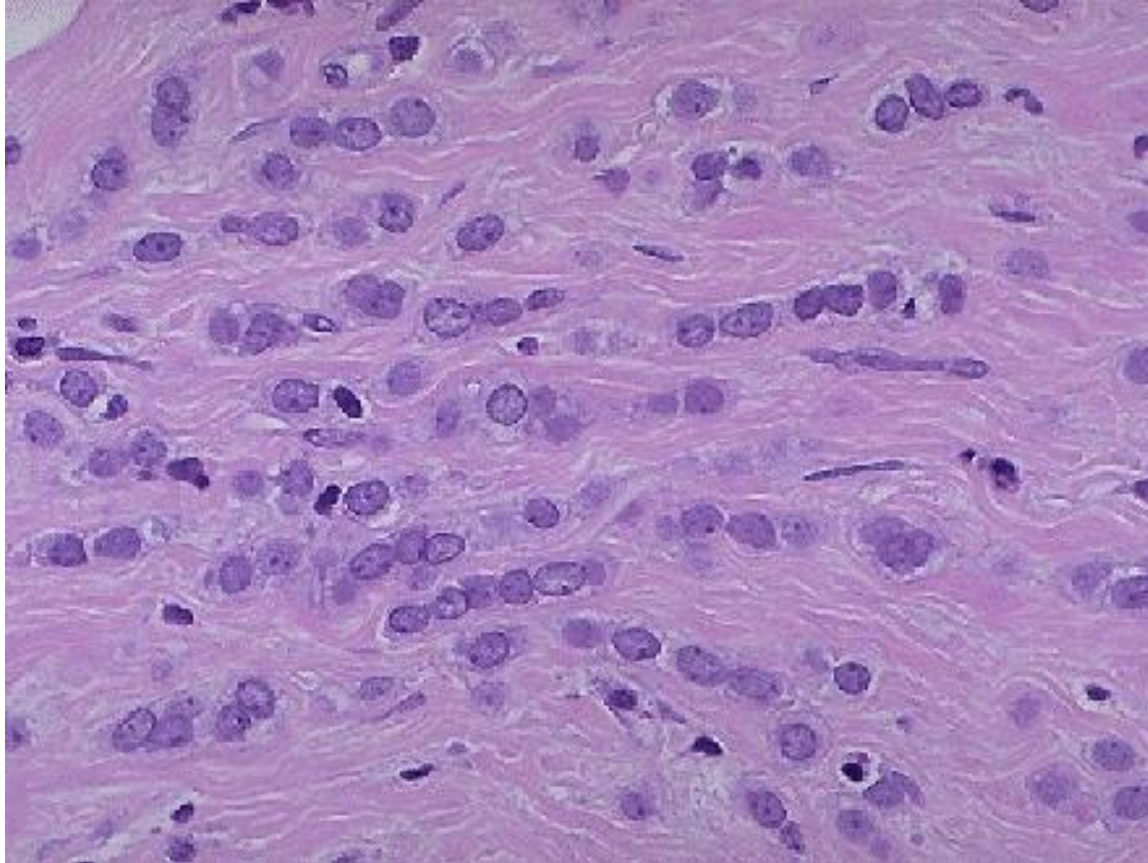
Here is a comedocarcinoma pattern of intraductal carcinoma, which is characterized by the presence of rapidly proliferating, high-grade malignant cells. Note the prominent central necrosis in the ducts.



At high magnification, the large Paget's cells of Paget's disease of breast have abundant clear cytoplasm and appear in the epidermis either singly or in clusters. The nuclei of the Paget's cells are atypical and, though not seen here, often have prominent nucleoli.

Note the small nests and infiltrating strands of neoplastic cells with prominent bands of collagen between them in this **ductal carcinoma of the breast**. It is this marked increase in the dense fibrous tissue stroma that produces the characteristic hard "scirrhous" appearance of the typical infiltrating ductal carcinoma.





The characteristic "Indian file" strands of infiltrating lobular carcinoma cells are seen in the fibrous stroma. Pleomorphism is not great.