MORFOPATOLOGIA APARATULUI GENITAL FEMININ ȘI A GLANDEI MAMARE

macroscopie

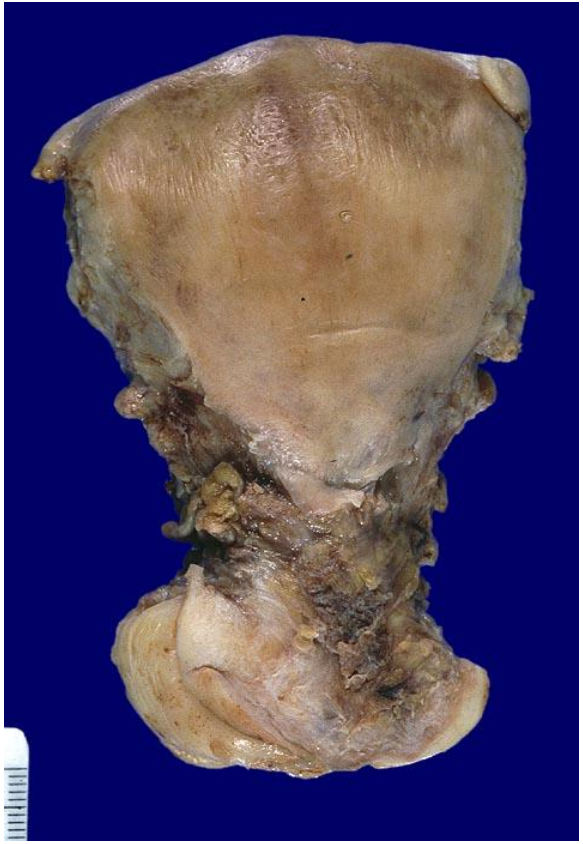
Disciplina de Morfopatologie

Preparate macroscopice:

- Cancerul de col uterin
- Cancerul de corp uterin
- Hidrosalpinx
- Abces tubo-ovarian
- Chistadenom ovarian
- Chistadenocarcinom ovarian
- Modificarea fibrochistică a glandei mamare
- Cancerul glandei mamare

Uter de aspect normal

Fața anterioară



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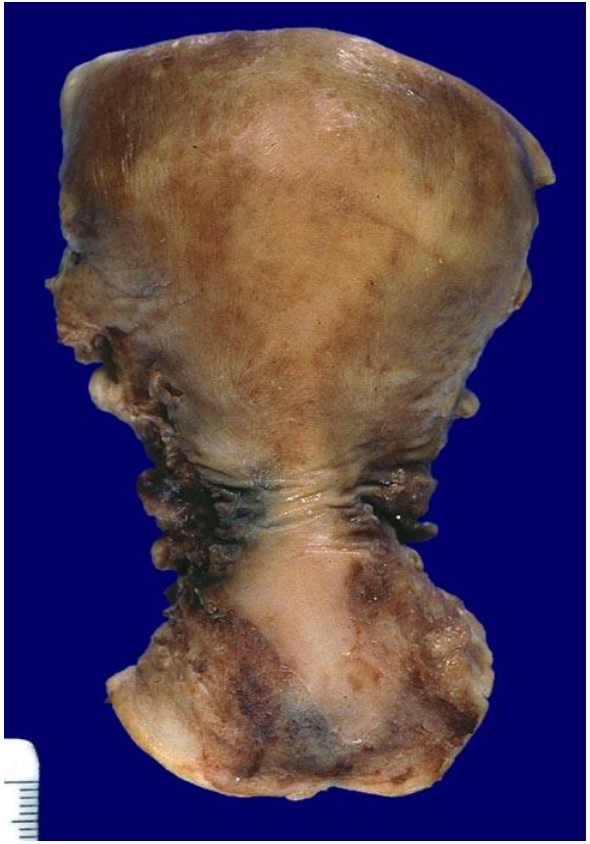
Fața posterioară



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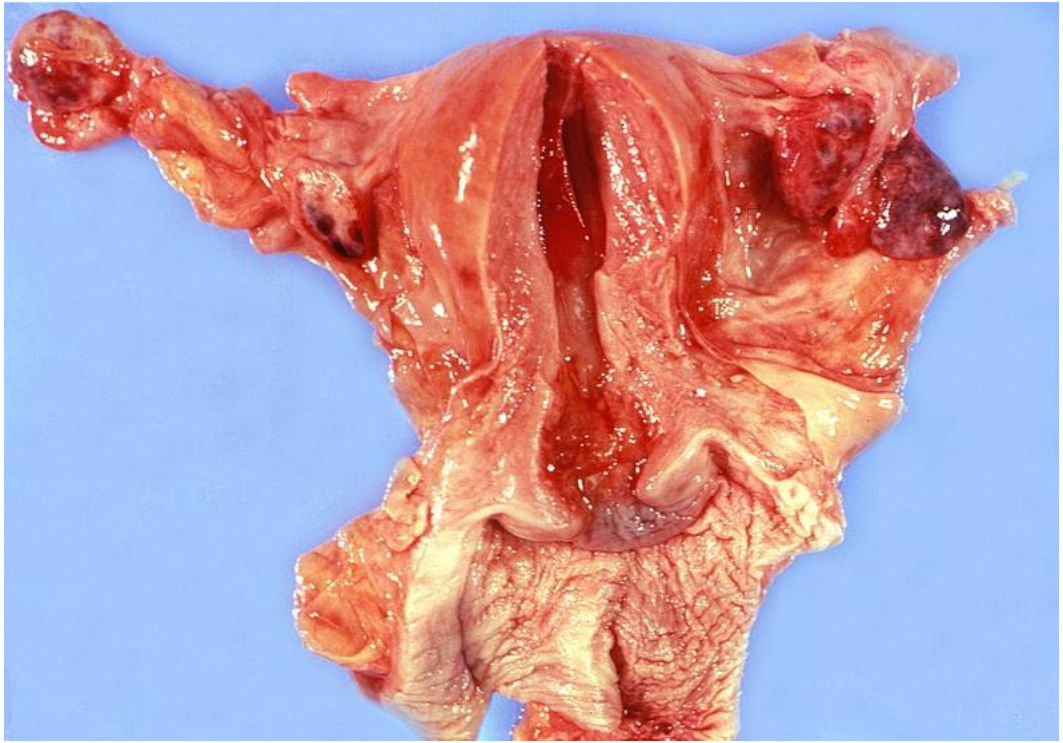
Uter secționat longitudinal; anexe; porțiunea superioară vagin



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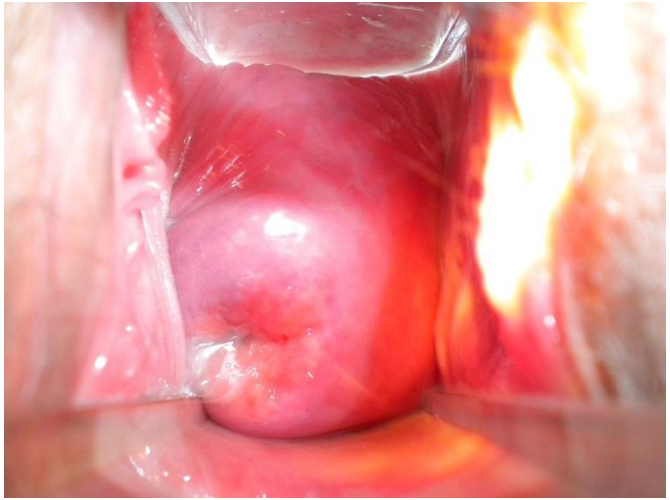
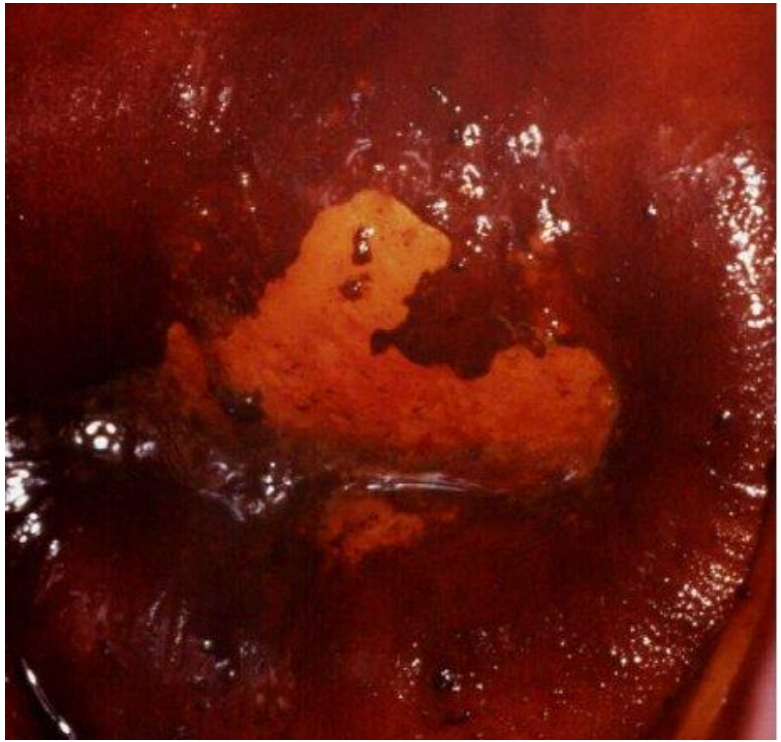
Col uterin – aspect normal colposcopic



https://en.wikipedia.org/wiki/Cervix#/media/



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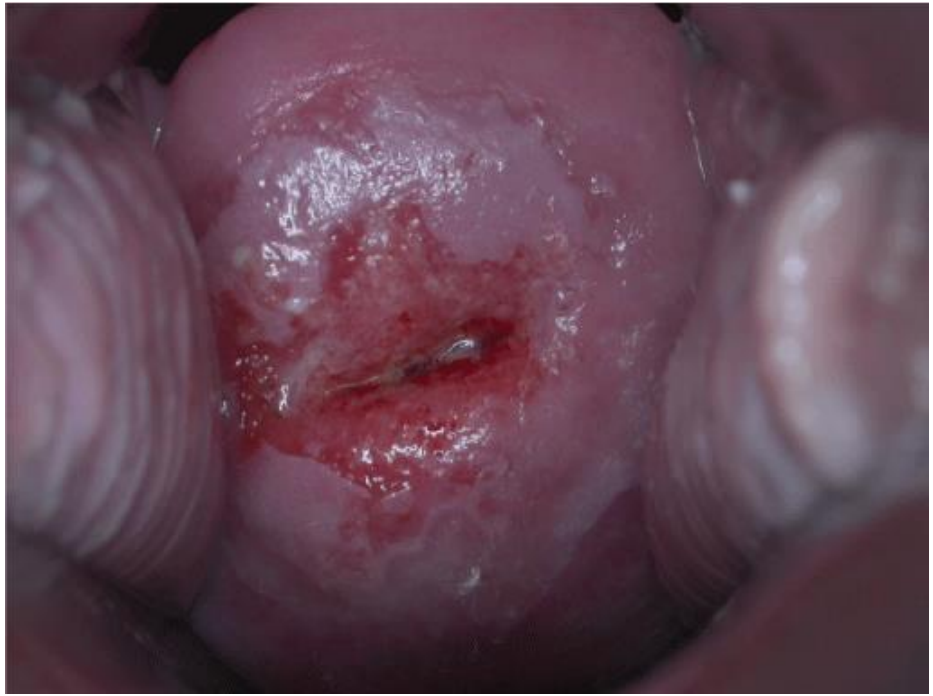

Confirmarea cazurilor cu cito-diagnostic de leziune scuamoasă intraepitelială sau malignă/carcinom scuamo-celular se face întotdeauna prin **biopsie** (sub ghidaj colposcopic prin badijonarea colului cu soluție Lugol: zona suspectă - iod-negativă sau acid acetic: ariile suspecte sunt aceto-albe).

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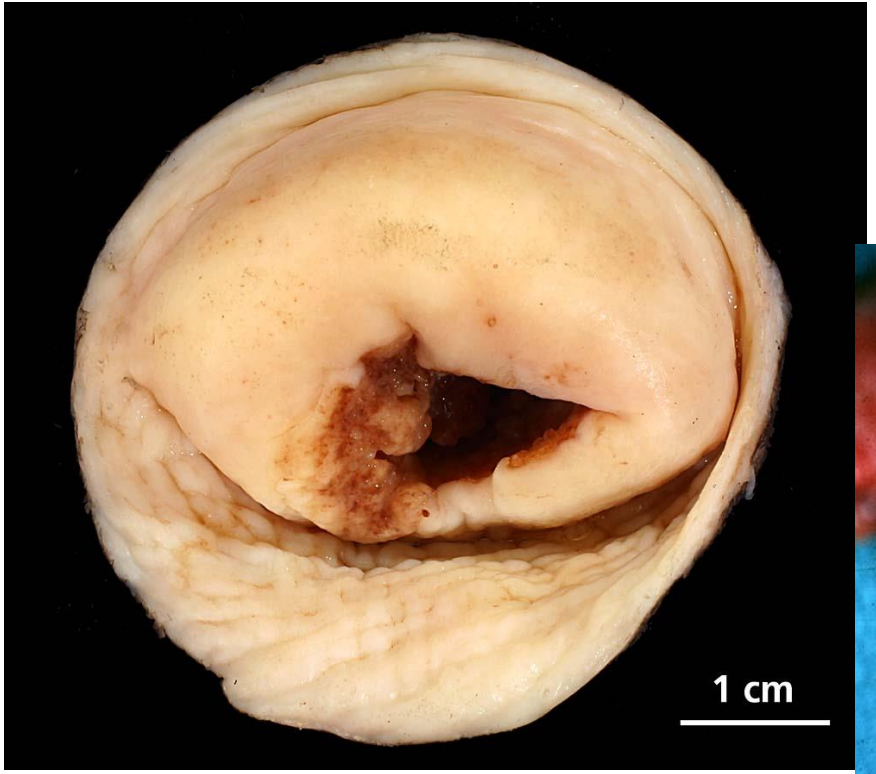
Cancerul de col uterin

- col mărit în volum, formațiune vegetantă, infiltrativ-ulcerativă, friabilă, cu margini neregulate, culoare ...

- **carcinoame** în marea lor majoritate.
- **România:**
  - anual >1.800 de femei mor;
  - anual - diagnosticate ≈3.400;
  - incidența este de *2,5 ori mai mare decât media UE-27*, iar rata mortalității *de peste 4 ori mai mare*;
  - **primul loc** din punctul de vedere al **incidenței** și al **mortalității** asociate cancerului de col uterin, la nivelul țărilor din Uniunea Europeană;
  - incidenţă maximă între 40-50 ani, ~15% din tumorile maligne ale femeii.
- 80-90% din carcinoamele colului uterin sunt **carcinoame scuamoase**.



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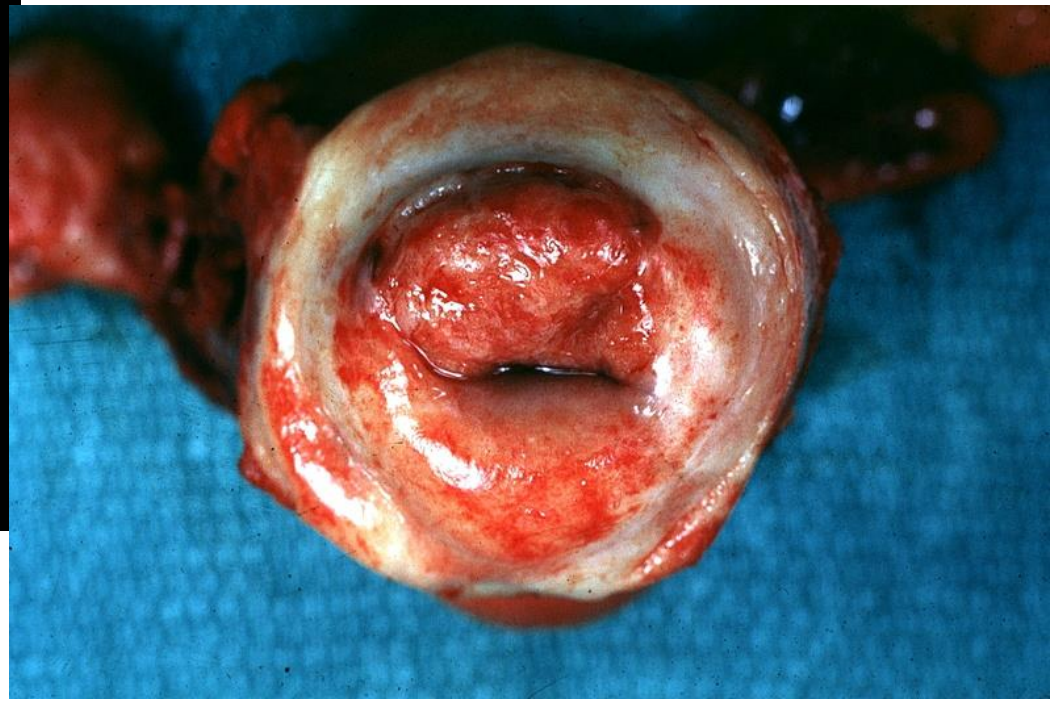

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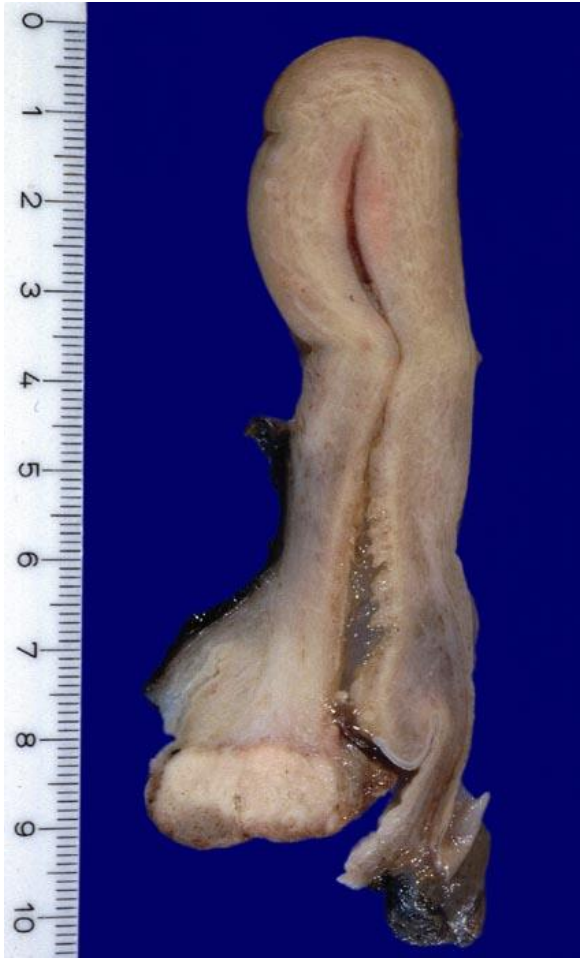

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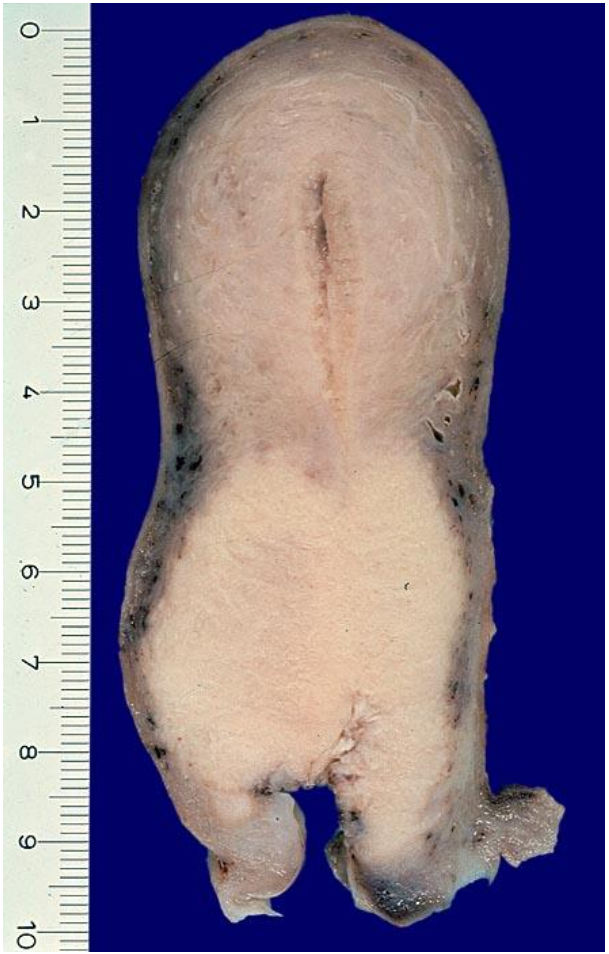

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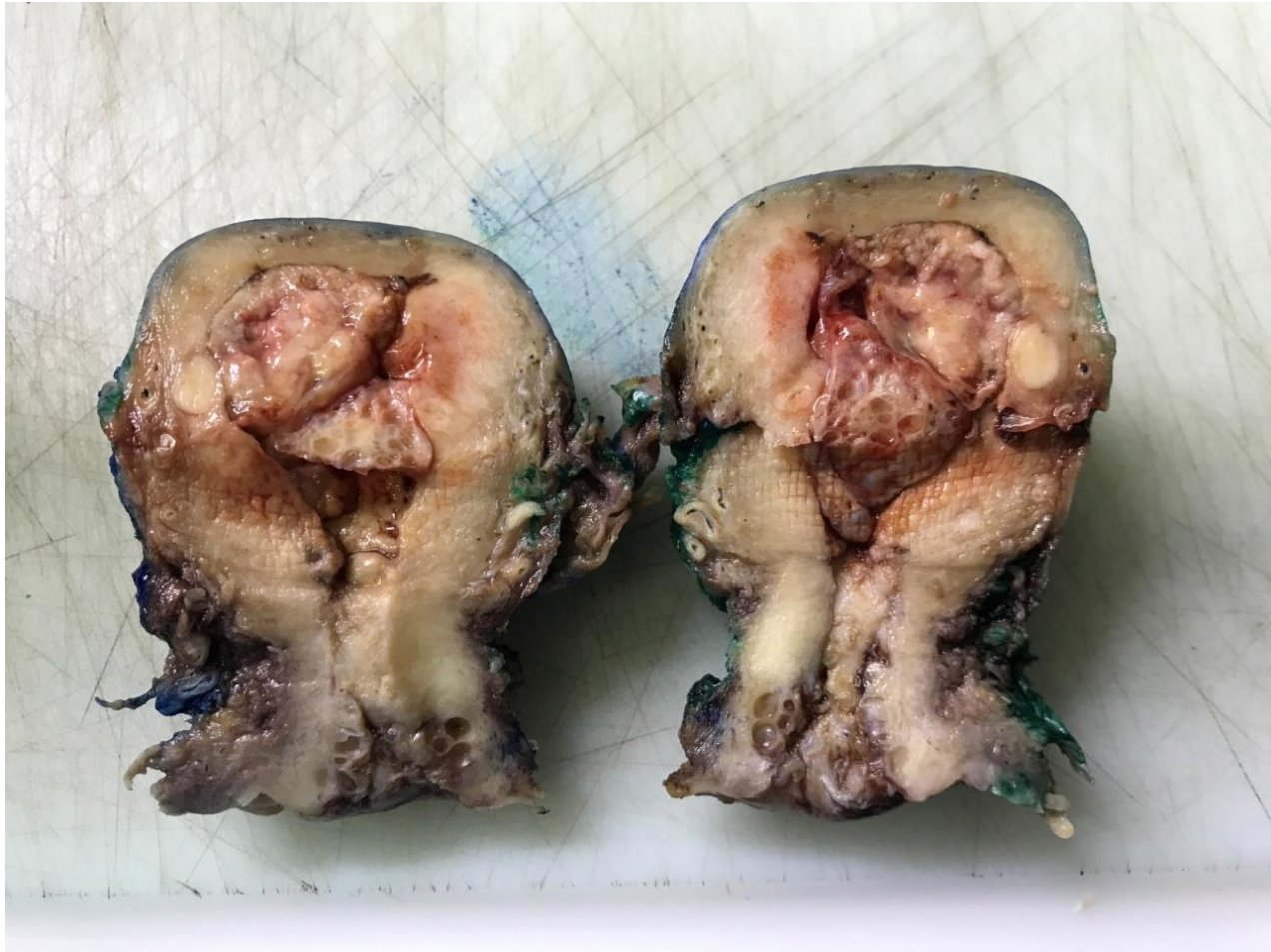
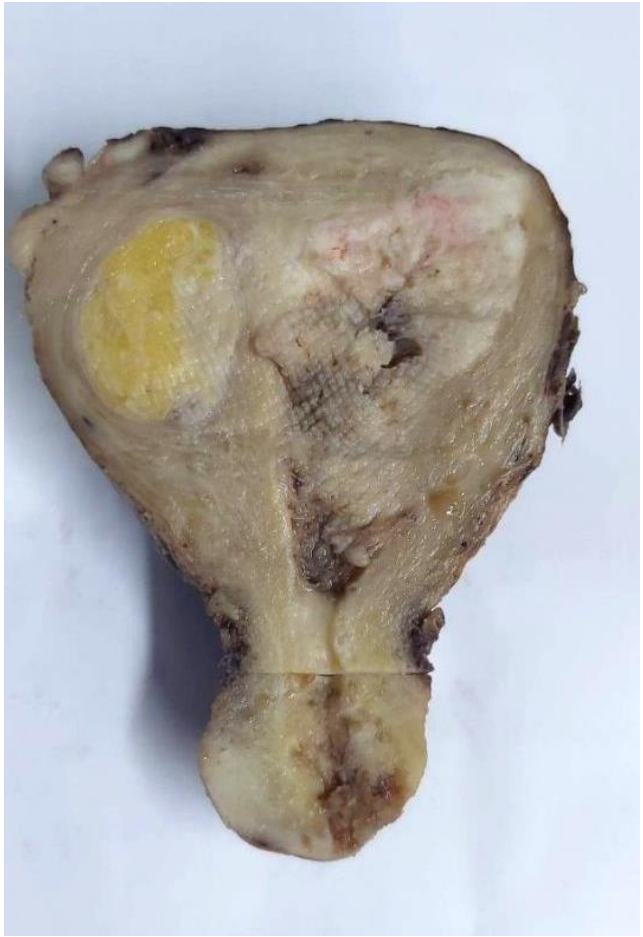
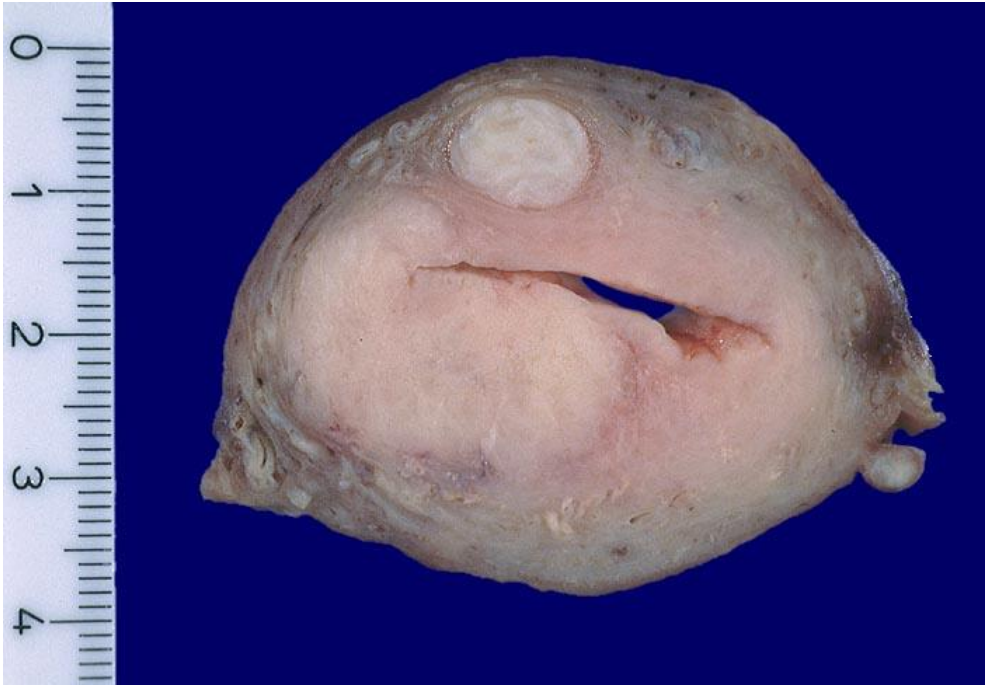
Cancerul de corp uterin

Tumoră exofitică, polipoidă, ocupând cavitatea uterină și infiltrând miometrul (cât din grosime? ce se asociază?).





Arhiva disciplinei de Morfopatologie a UMFT



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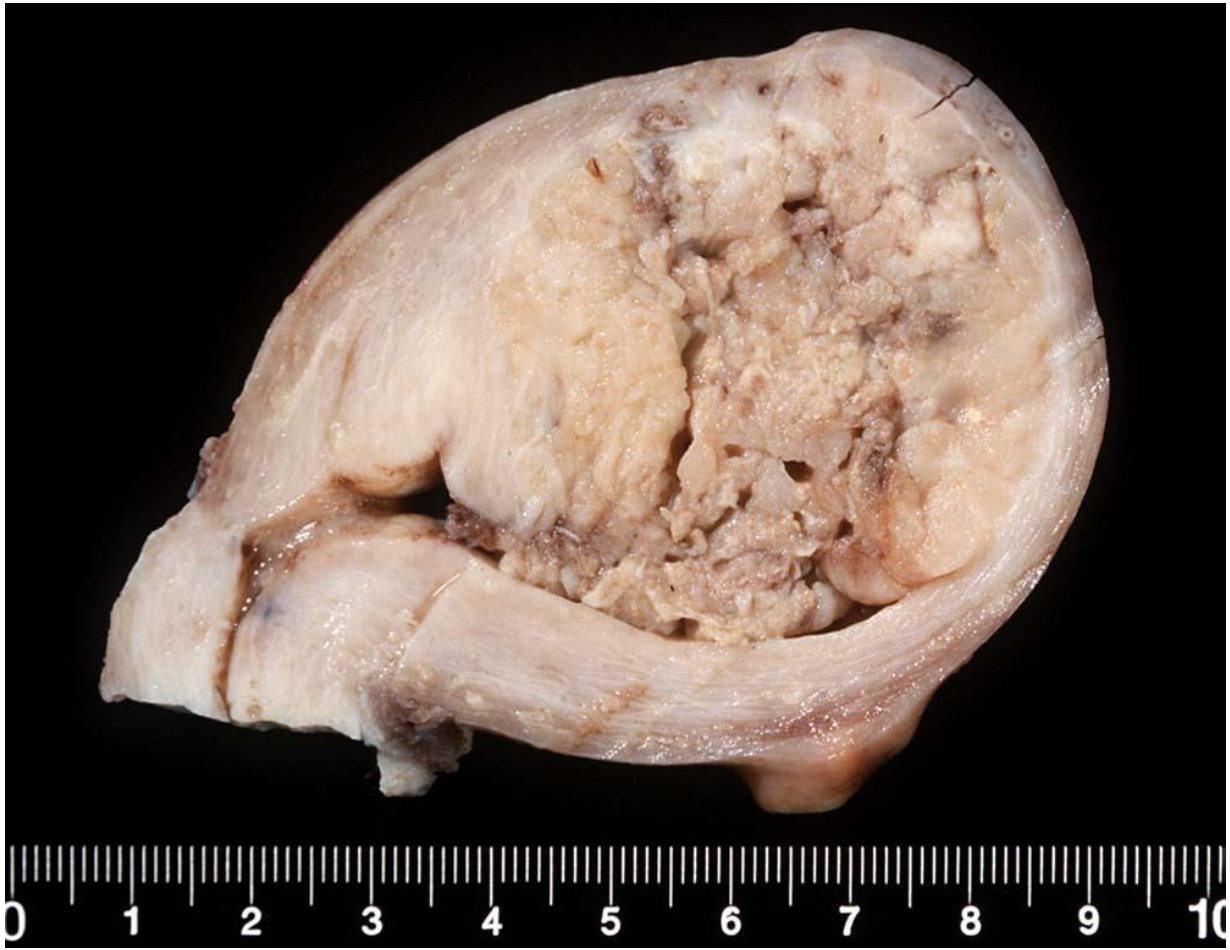

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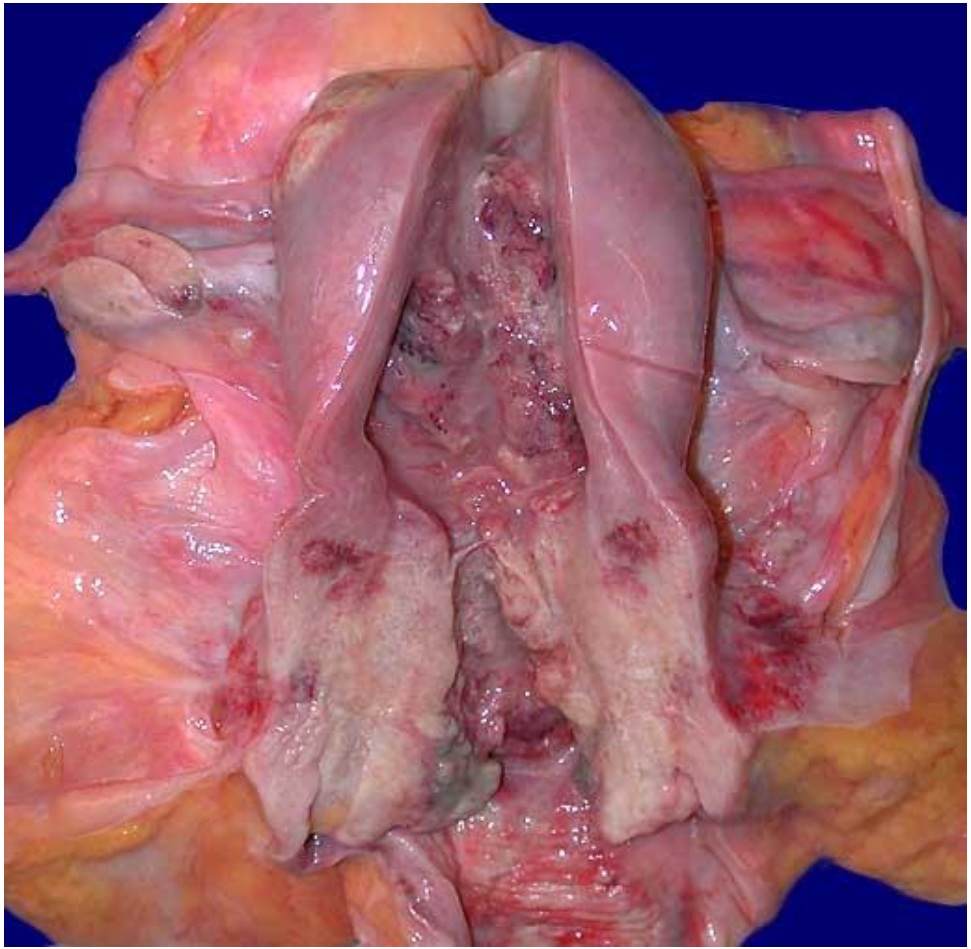

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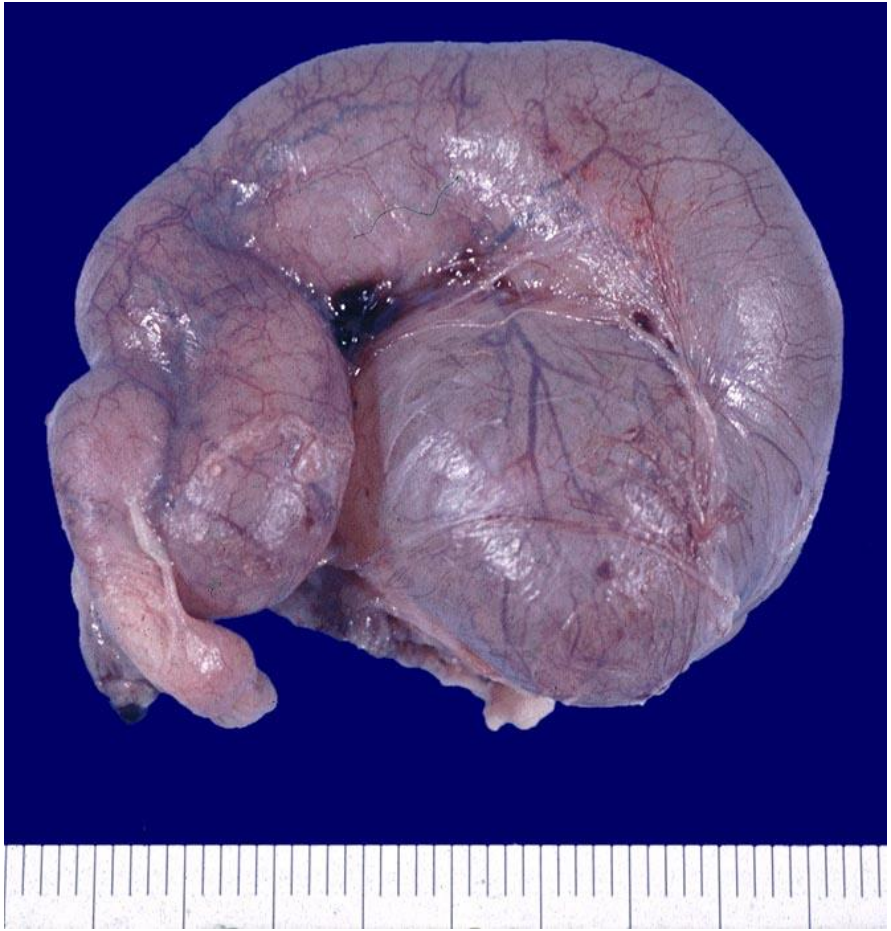
Hidrosalpinx

Complicație a salpingitei cronice→ blocarea lumenului tubar consecutiv aderenţelor postinflamatorii:

- transudat acelular în lumenul tubar;
- 2/3 distală marcat destinsă, pereți subțiri, desen vascular vizibil la nivelul seroasei, fimbrii dispărute.



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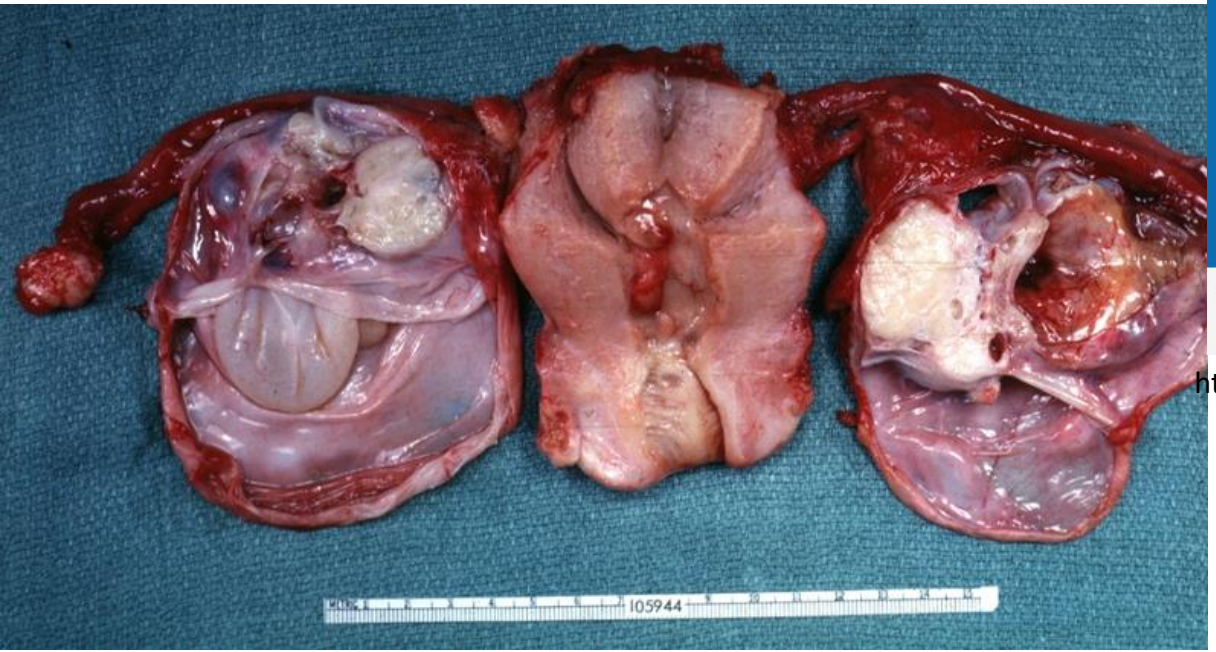
CHISTADENOM SEROS OVARIAN BILATERAL



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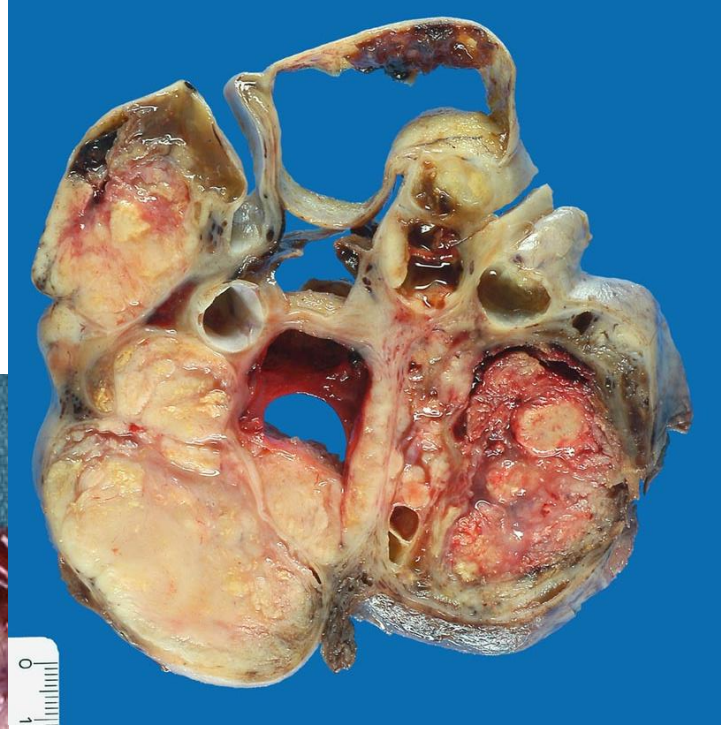

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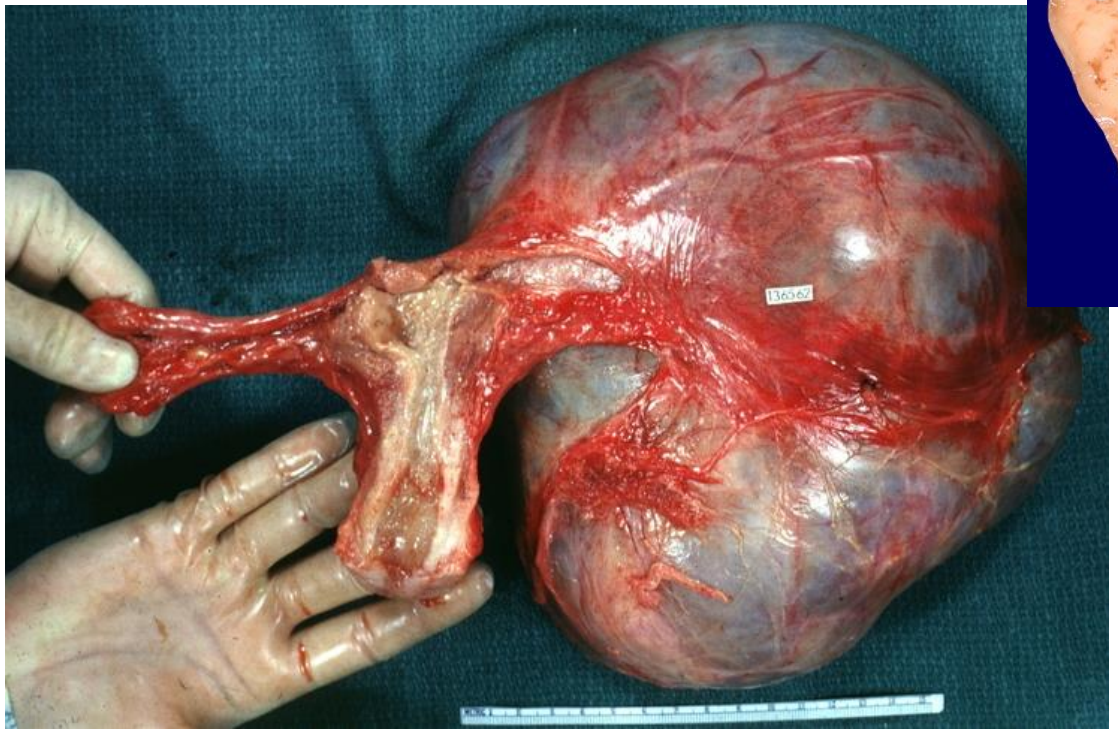
CHISTADENOCARCINOM SEROS OVARIAN

CHISTADENOCARCINOM MUCINOS OVARIAN



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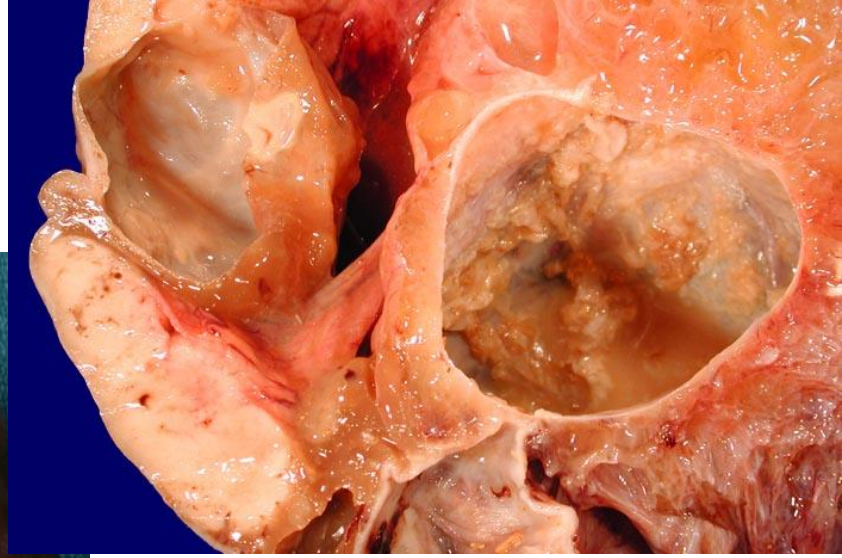

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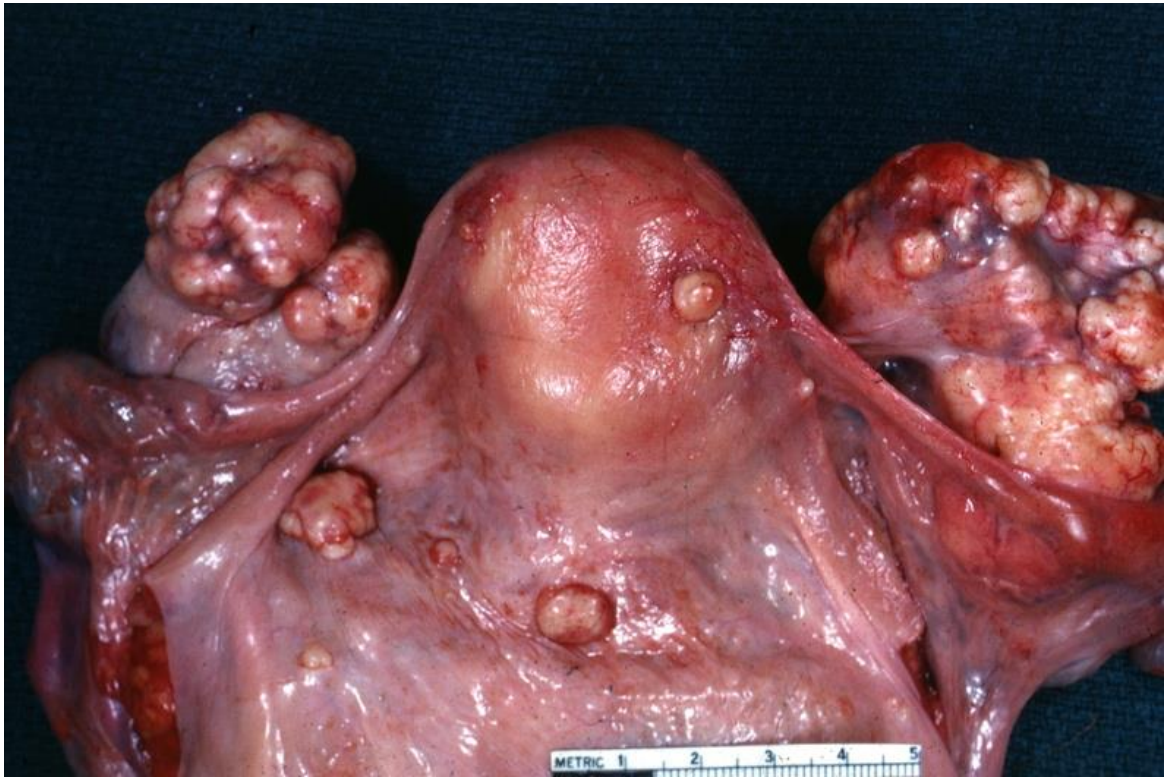
Tumoră Krukenberg:

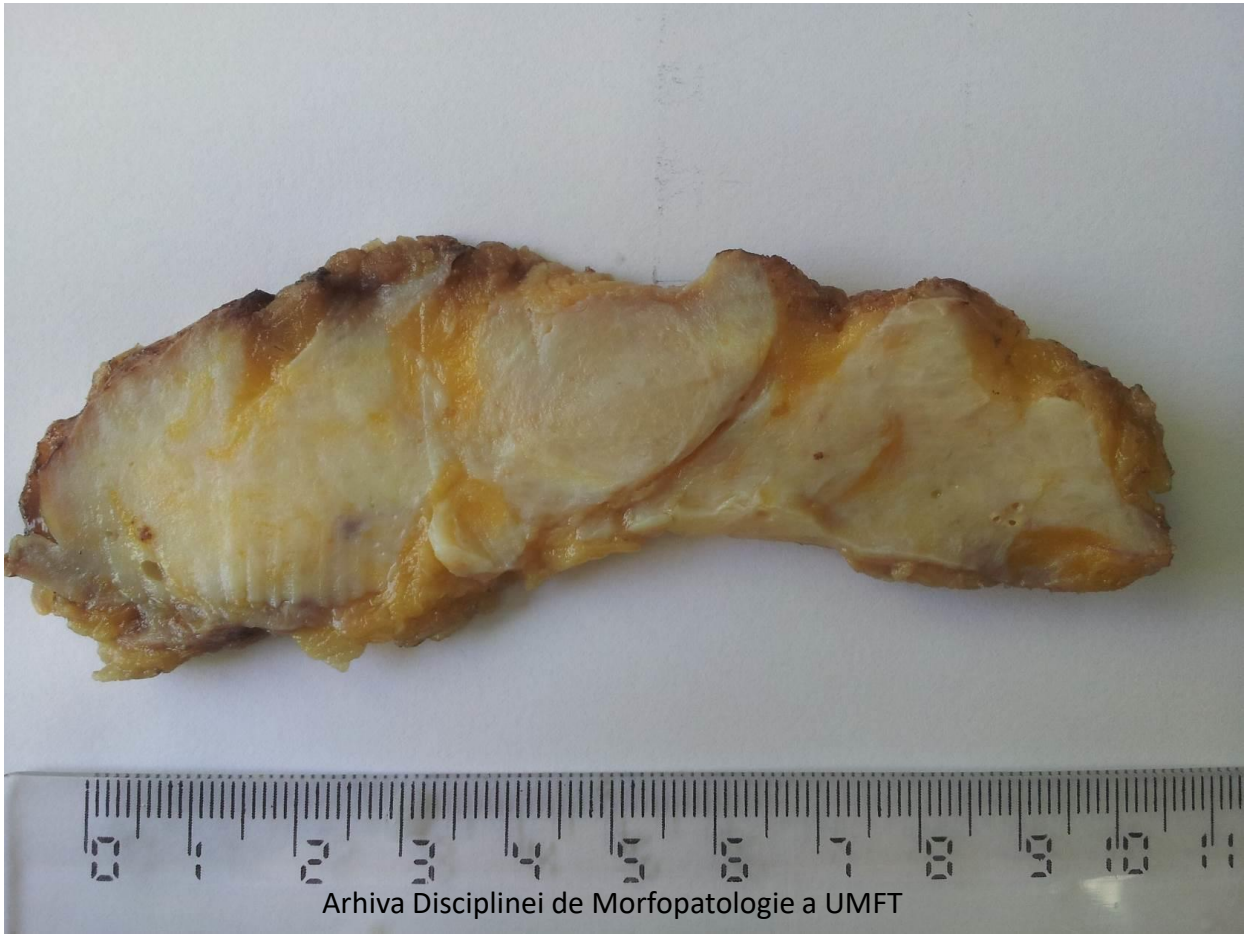
- ❑ tumori metastatice nodulare:
  - pe ovare,
  - suprafața peritoneală uter,
  - peritoneu și
  - punga Douglas.

- ❑ Tumora primară gastrică.



https://peir.path.uab.edu/library/_data/i/upload/2013/08/01/20130801095528-4e9f0ee3-me.jpg

MODIFICAREA FIBROCHISTICĂ A GLANDEI MAMARE



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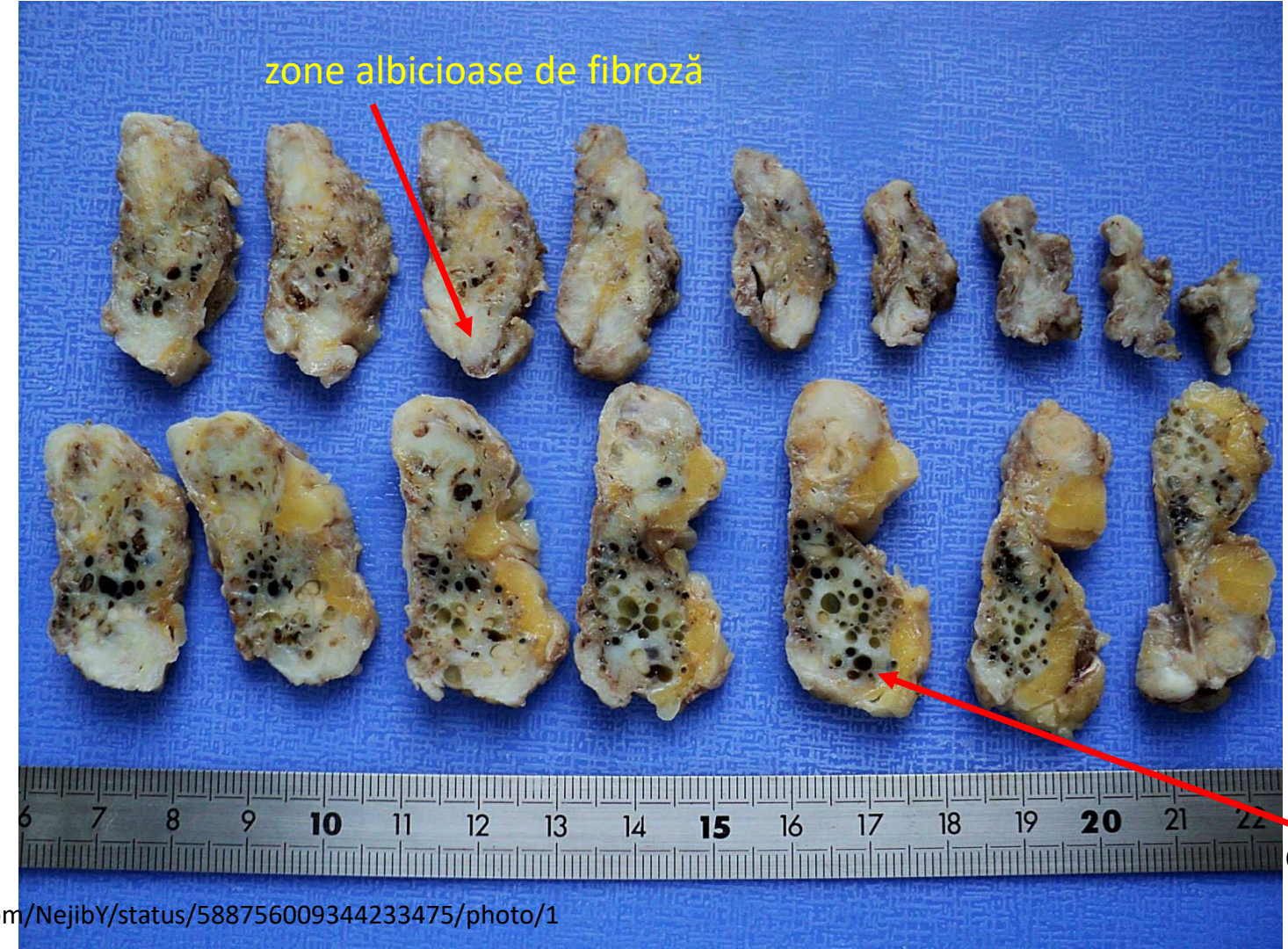

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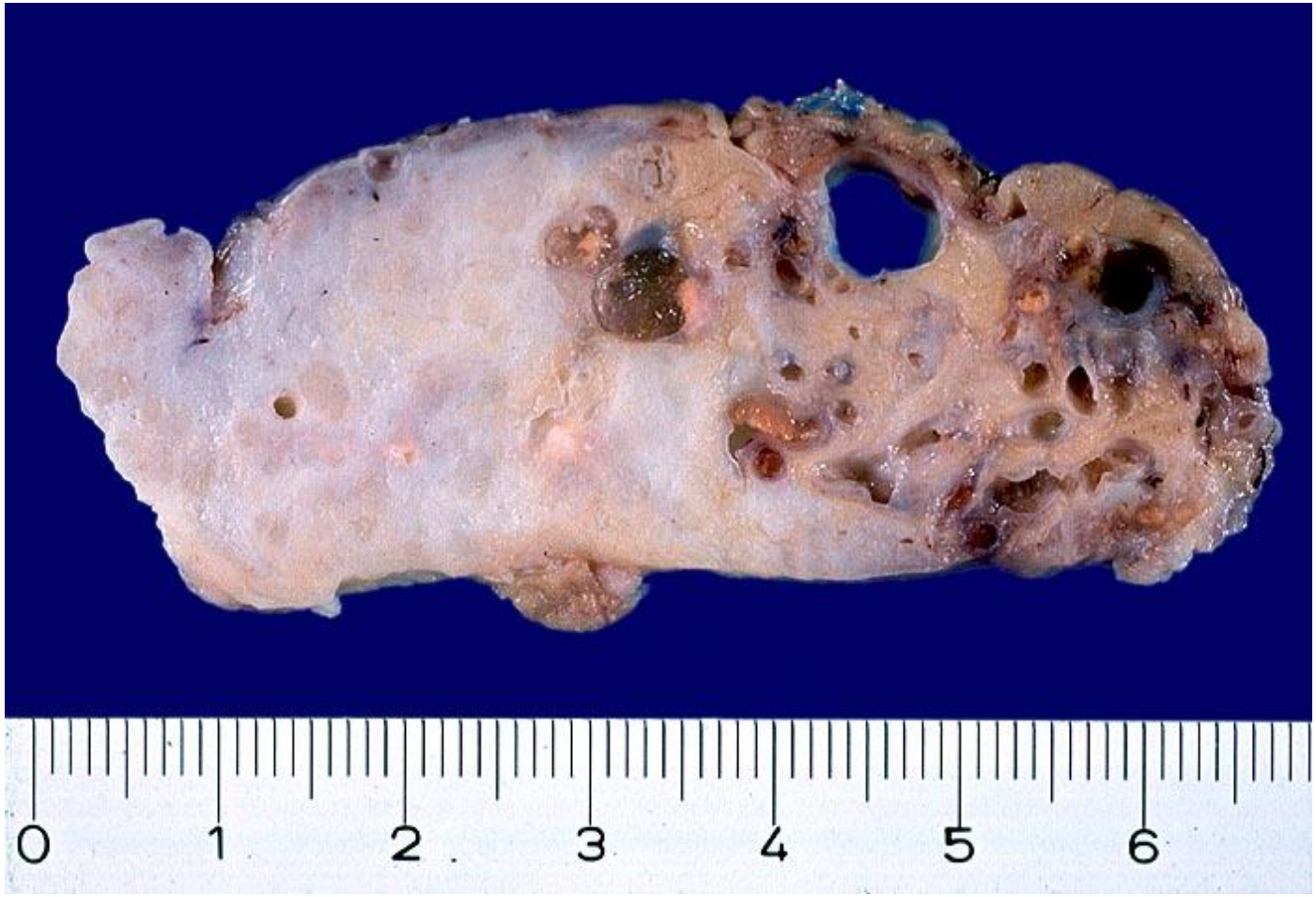


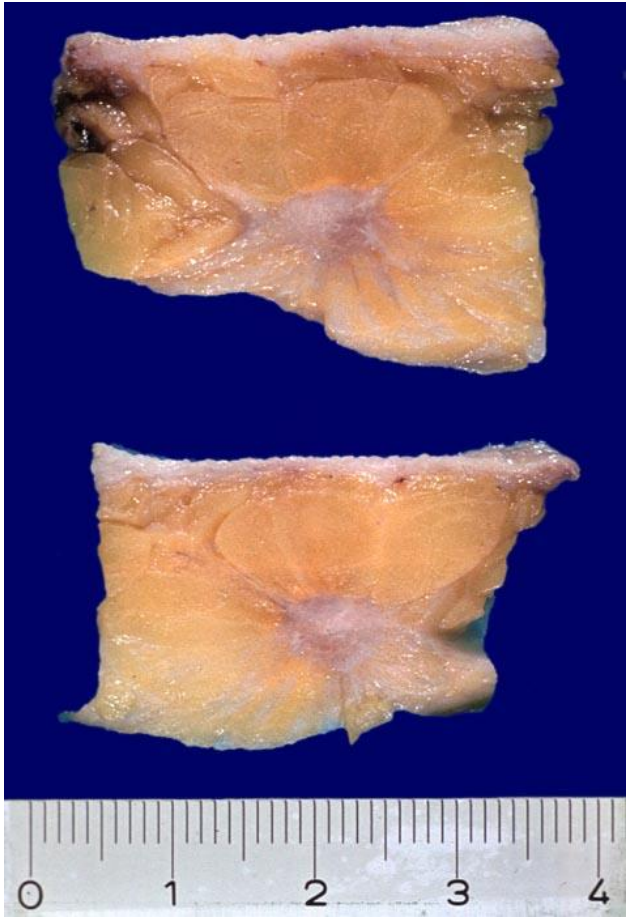
https://pathorama.ch/pathopic/2896/show

CANCERUL GLANDEI MAMARE

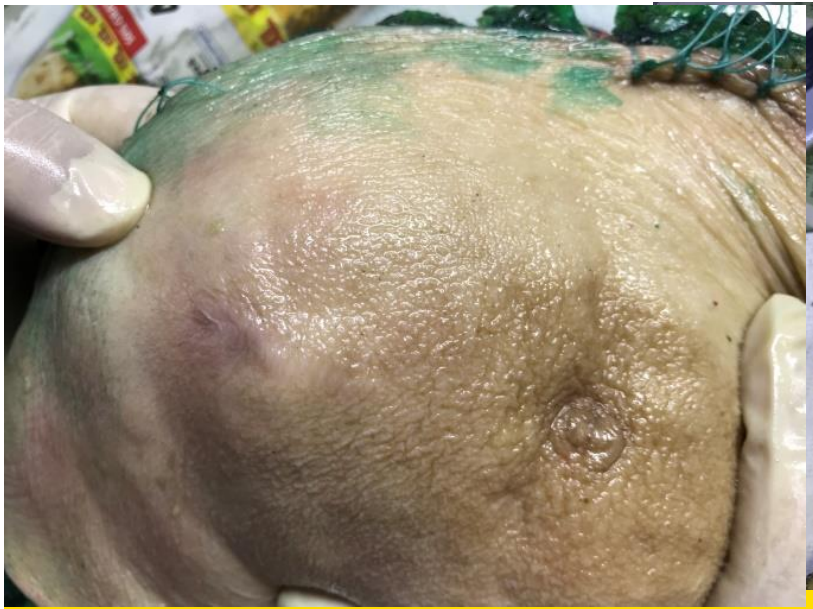
- cea mai frecventă tumoră întâlnită la sexul feminin;
- microscopic, majoritatea sunt carcinoame;
- Forme:
  - **in situ,**
  - **Infiltrative.**

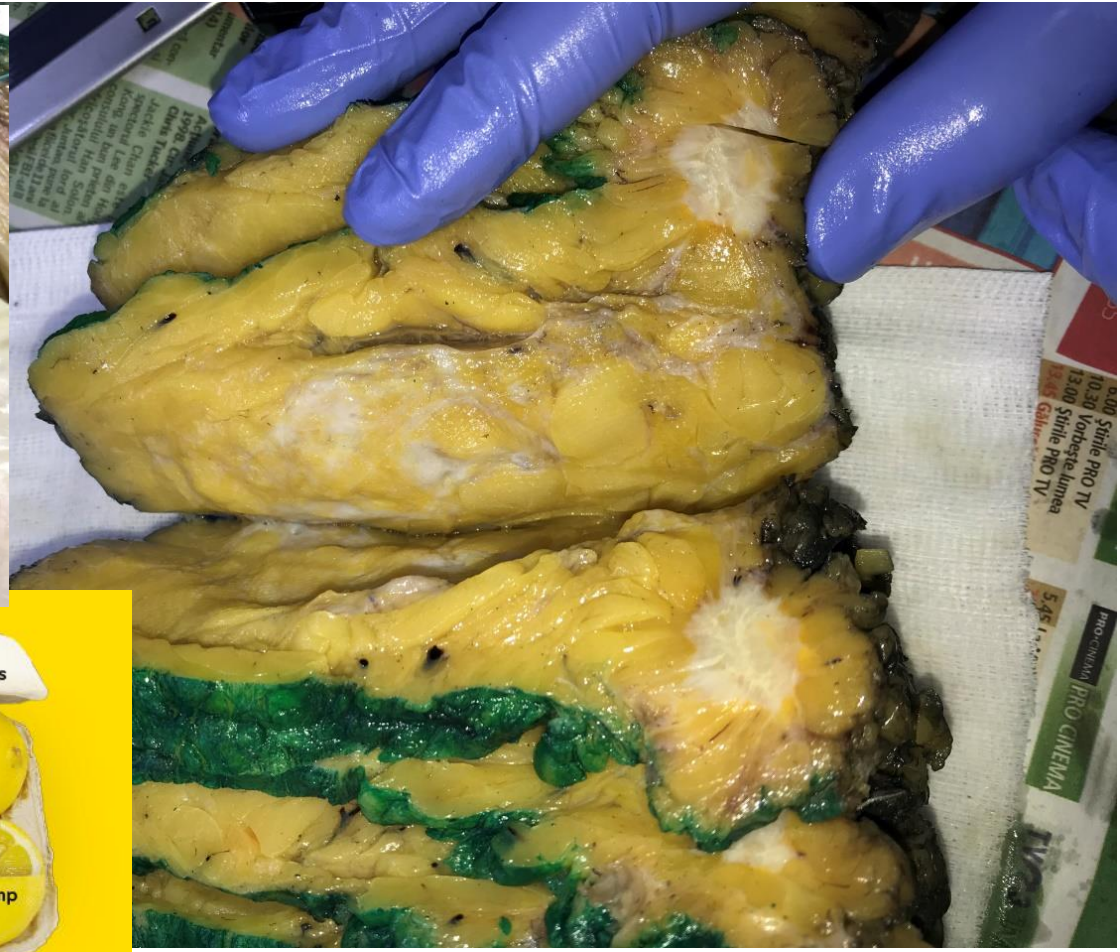
Aspecte macroscopice carcinom infiltrativ:

- nodul dur, 2 - 5 cm Ø, imprecis delimitat, contur neregulat +/- aderent la tegument şi/sau la țesuturile profunde,
- pe secțiune: indurat, gri-translucid, uneori presărat cu granulații gălbui-opace (ca miezul de pară coaptă).



PathoPic - infiltrating ductal breast carcinoma (unibas.ch)





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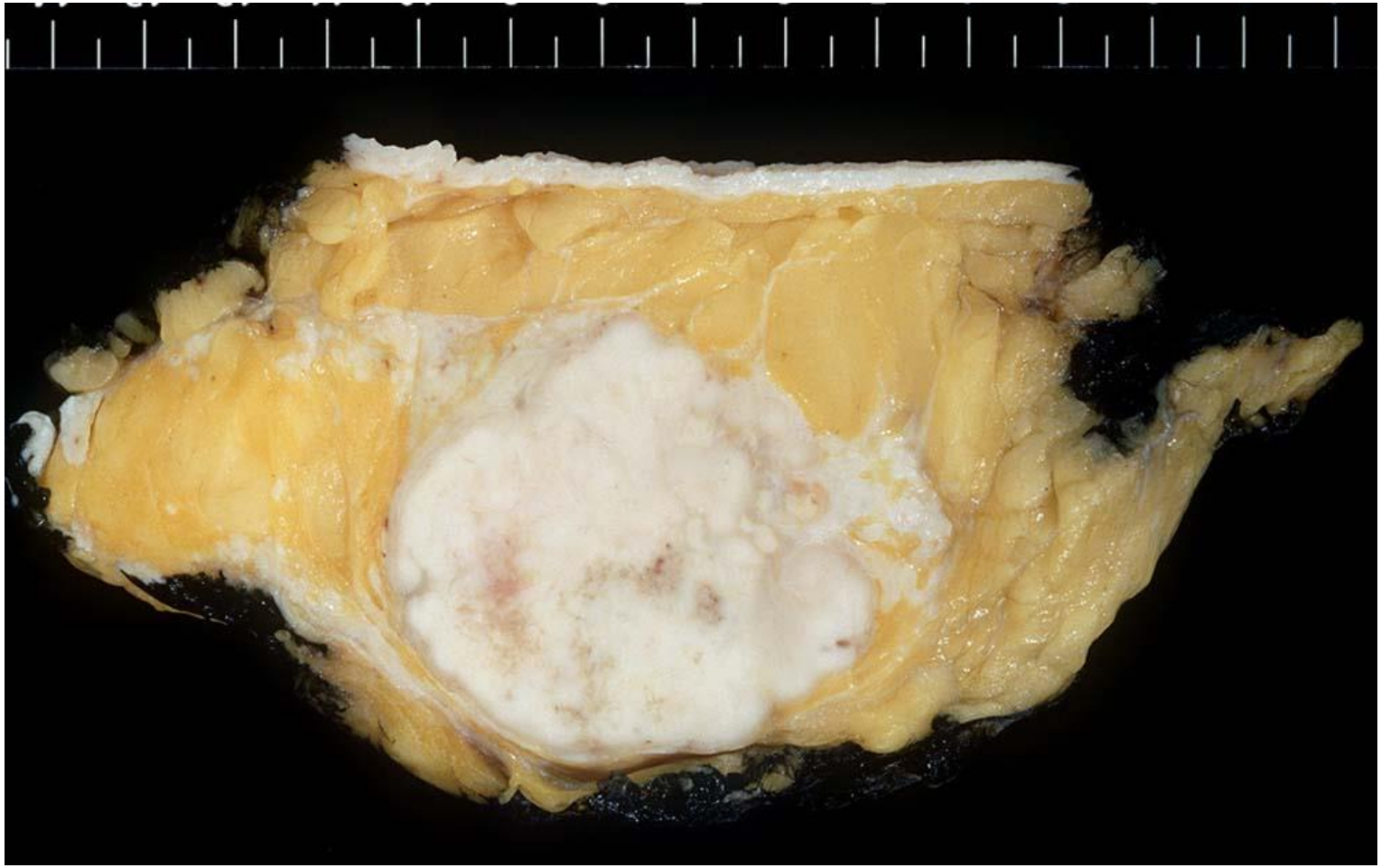

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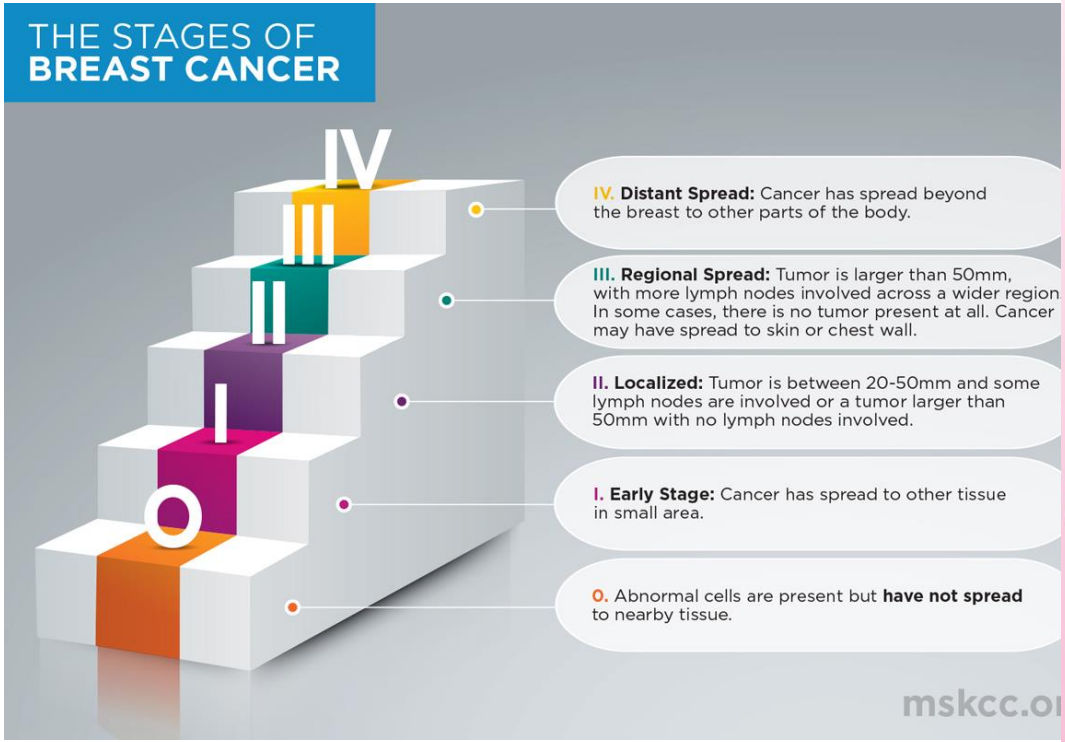
https://www.anatomystuff.co.uk/breast-cancer-chart-education-poster.html



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