



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



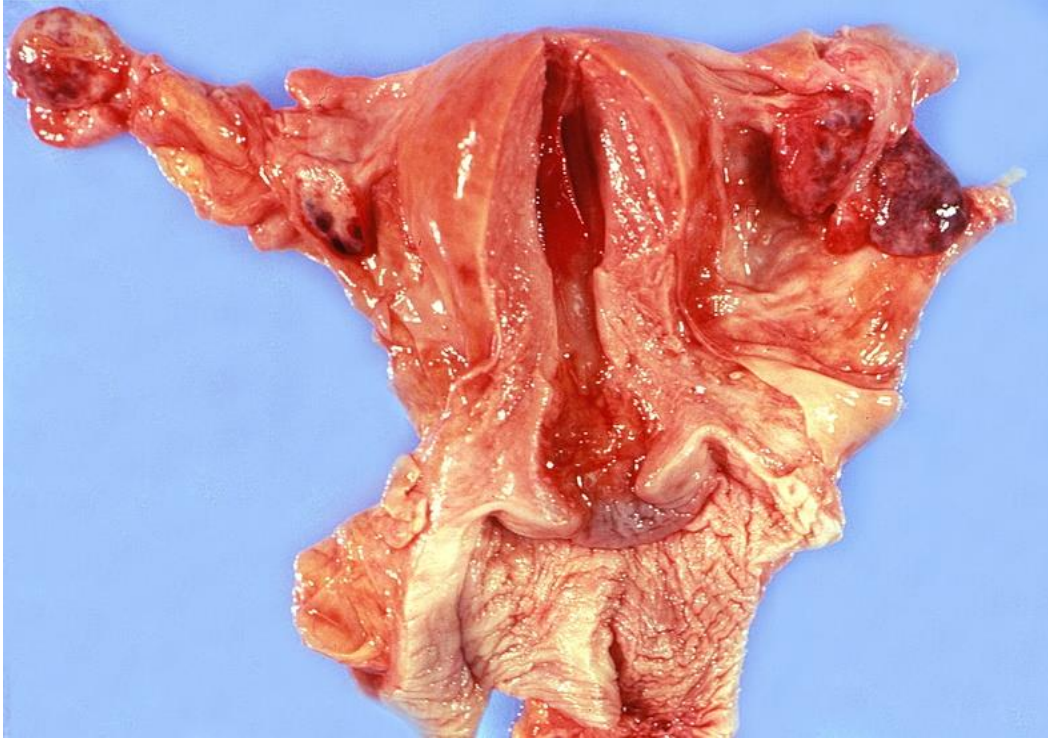
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Fața posterioară



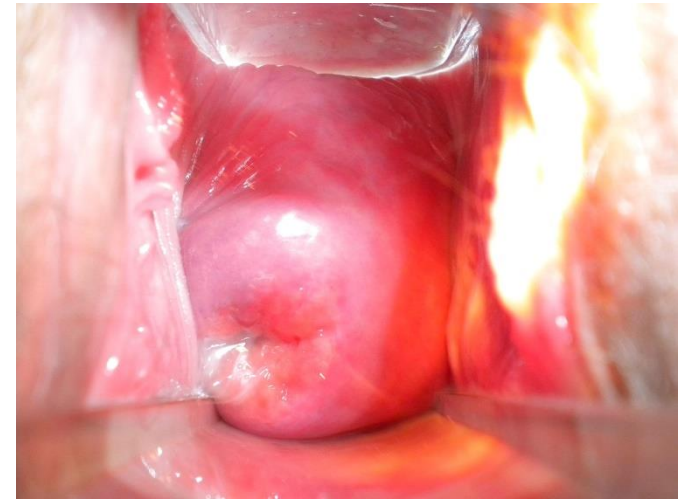
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Uter sectionat longitudinal; anexe; porțiunea superioară vagin



<https://peir.path.uab.edu/library/picture.php?/12212/category/52>

Col uterin – aspect normal colposcopic



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



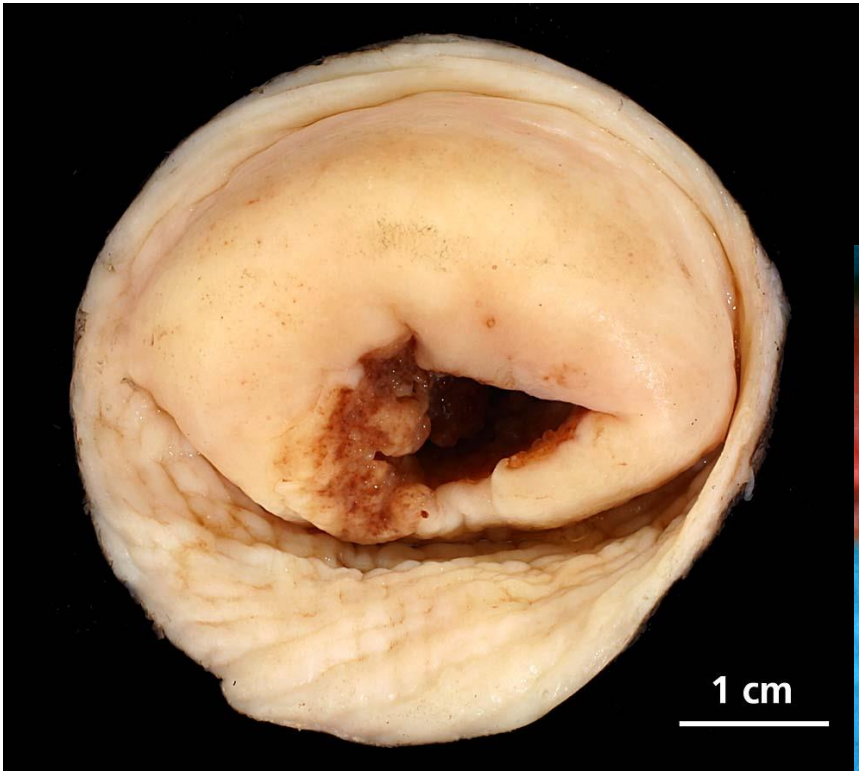
Confirmarea cazurilor cu cito-diagnostic de leziune scuamoasă intraepitelială sau malignă/carcinom scuamo-celular se face întotdeauna prin **biopsie** (sub ghidaj colposcopic prin badijonarea colului cu soluție Lugol: zona suspectă - iod-negativă sau acid acetic: ariile suspecte sunt aceto-albe).

Cancerul de col uterin

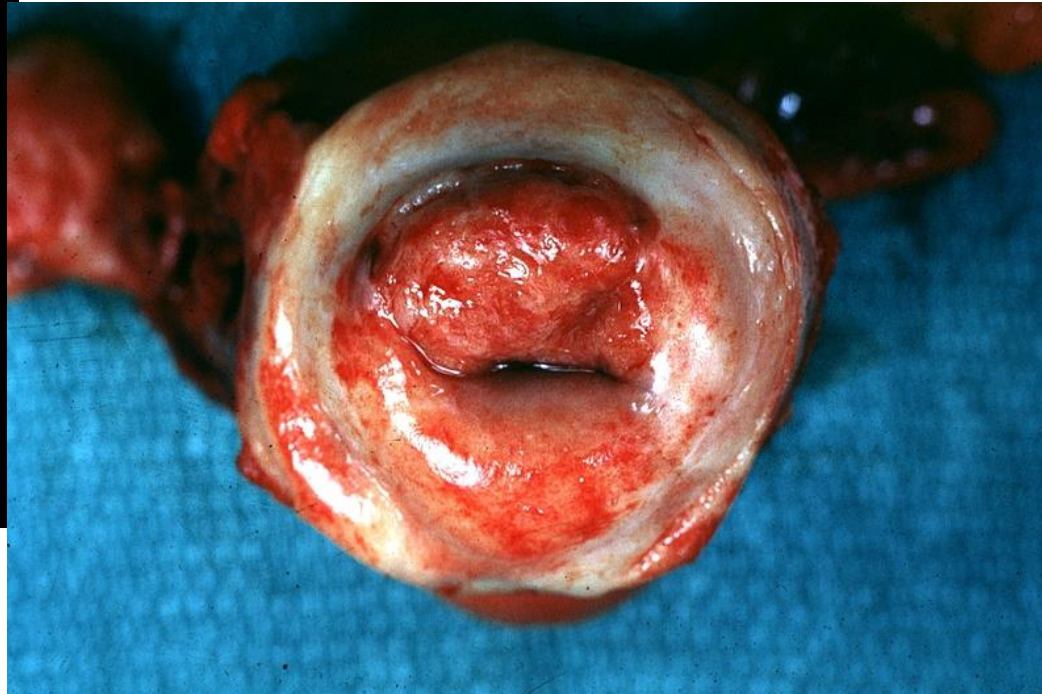


- col mărit în volum, formațiune vegetantă, infiltrativ-ulcerativă, friabilă, cu margini neregulate, culoare ...

- ❑ **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;
 - incidență maximă între 40-50 ani, ~15% din tumorile maligne ale femeii.
- ❑ 80-90% din carcinoamele colului uterin sunt **carcinoame scuamoase**.



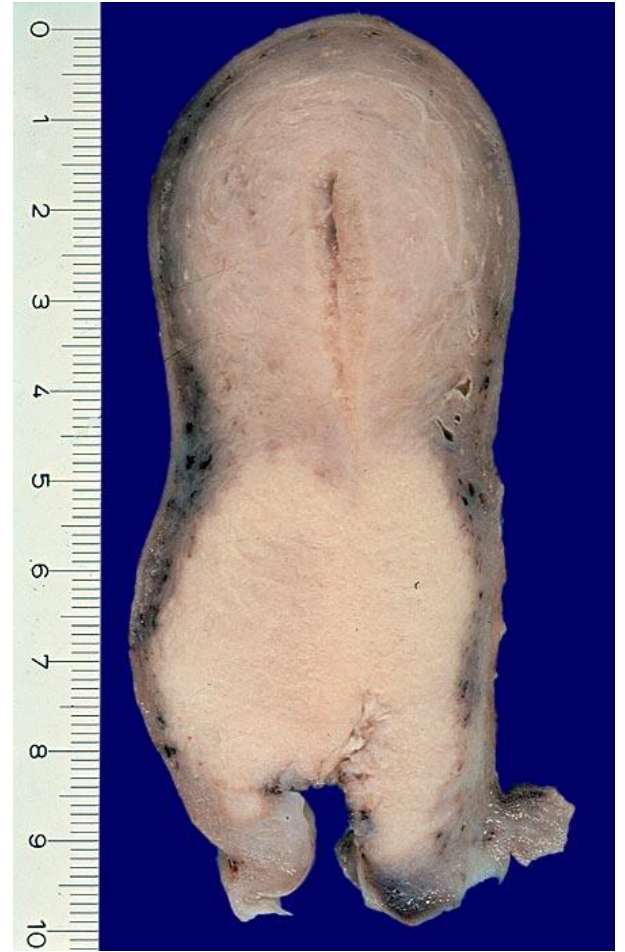
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Cancerul de corp uterin

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





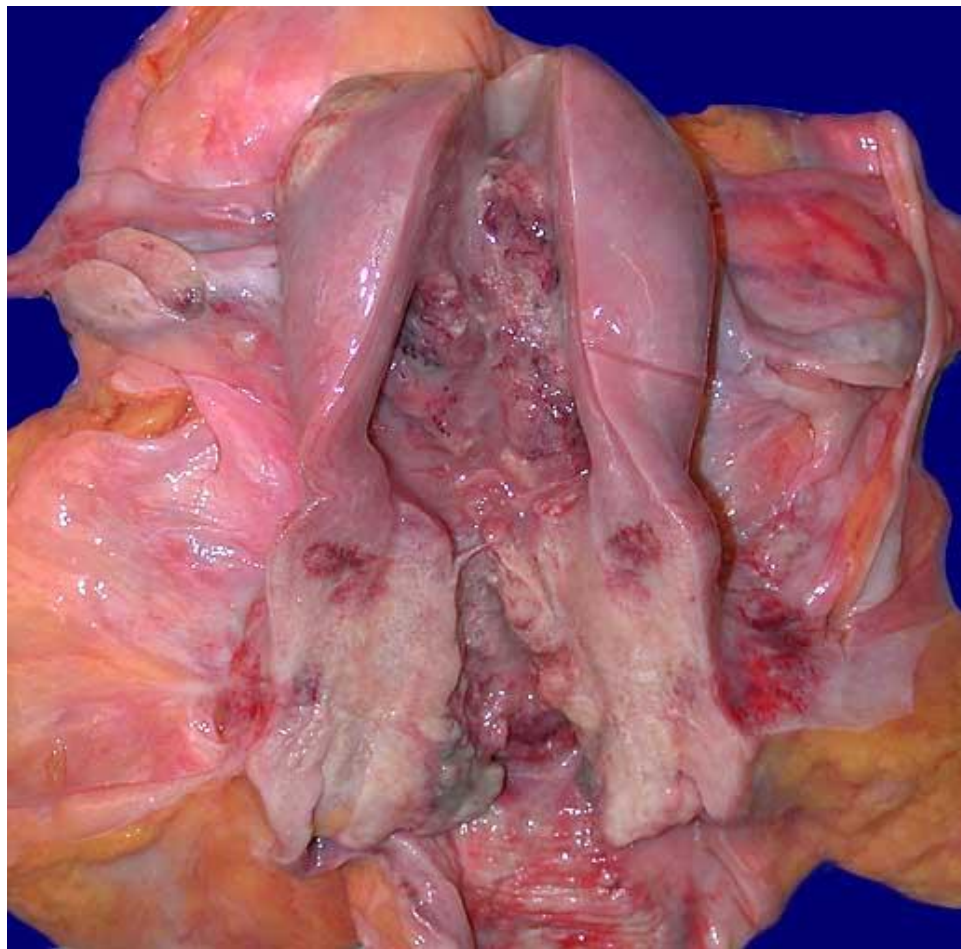
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<https://pathorama.ch/pathopic/9198/show>

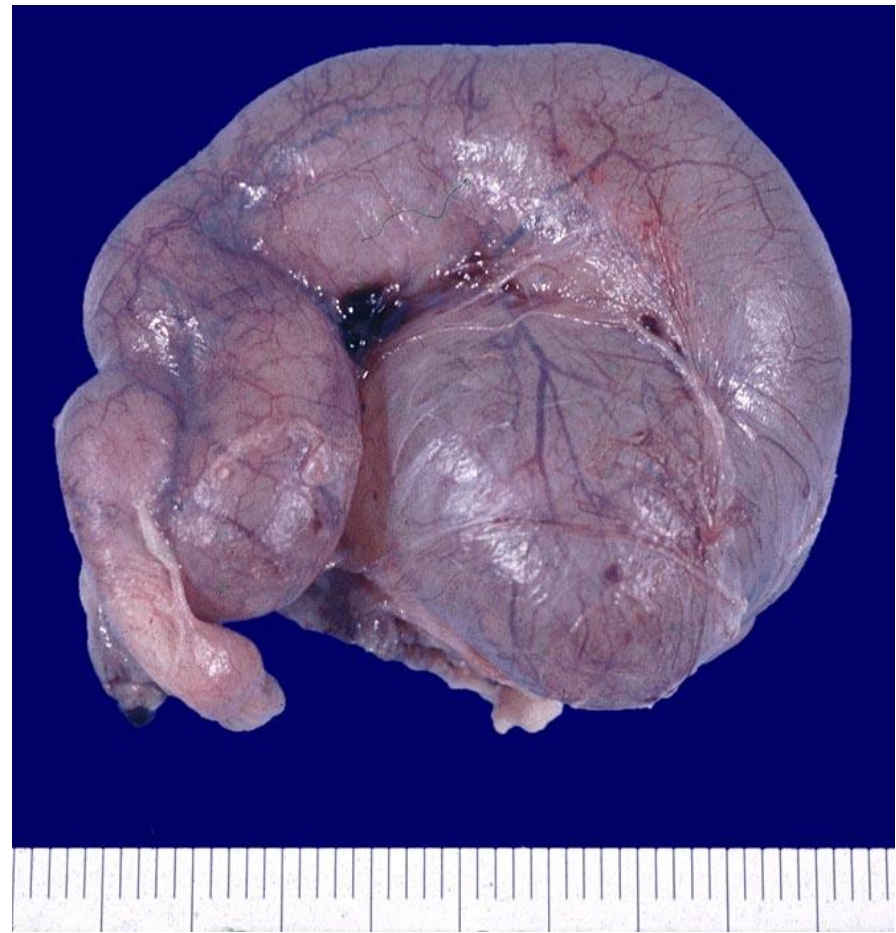


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Hidrosalpinx

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

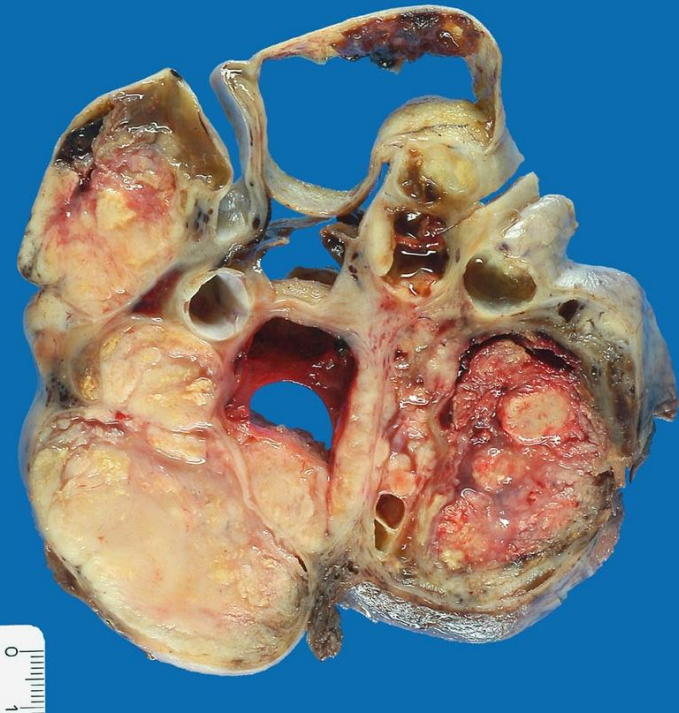
- transudat acelular în lumenul tubar;
- 2/3 distală marcat destinsă, pereți subțiri, desen vascular vizibil la nivelul seroasei, fimbrii dispărute.



CHISTADENOM SEROS OVARIAN BILATERAL



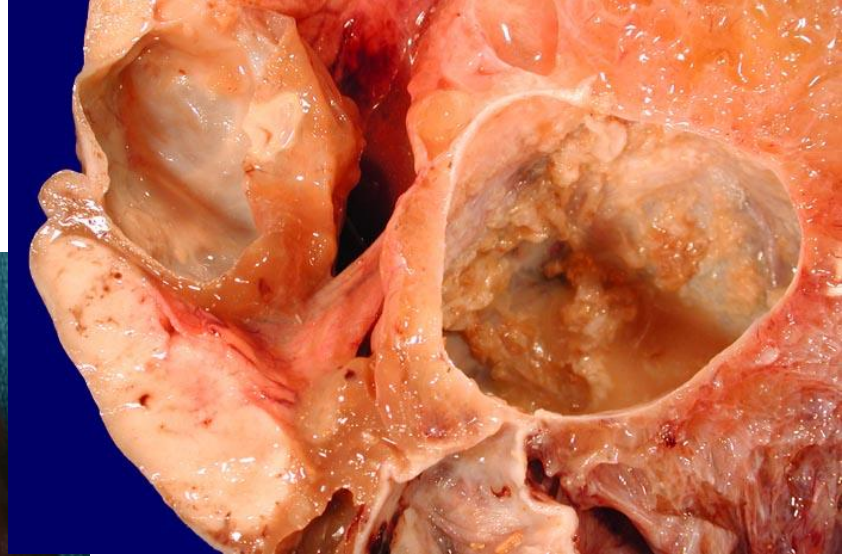
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<https://v2.pathorama.ch/storage/samples/009534.jpg>

CHISTADENOCARCINOM SEROS OVARIAN

CHISTADENOCARCINOM MUCINOS OVARIAN



<https://v2.pathorama.ch/storage/samples/004395.jpg>

https://peir.path.uab.edu/library/picture.php?/1624/tags/299-female_reproductive

Tumoră Krukenberg:

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

- ☐ Tumora primară gastrică.



MODIFICAREA FIBROCHISTICĂ A GLANDEI MAMARE



zone albicioase de fibroză



chisturi



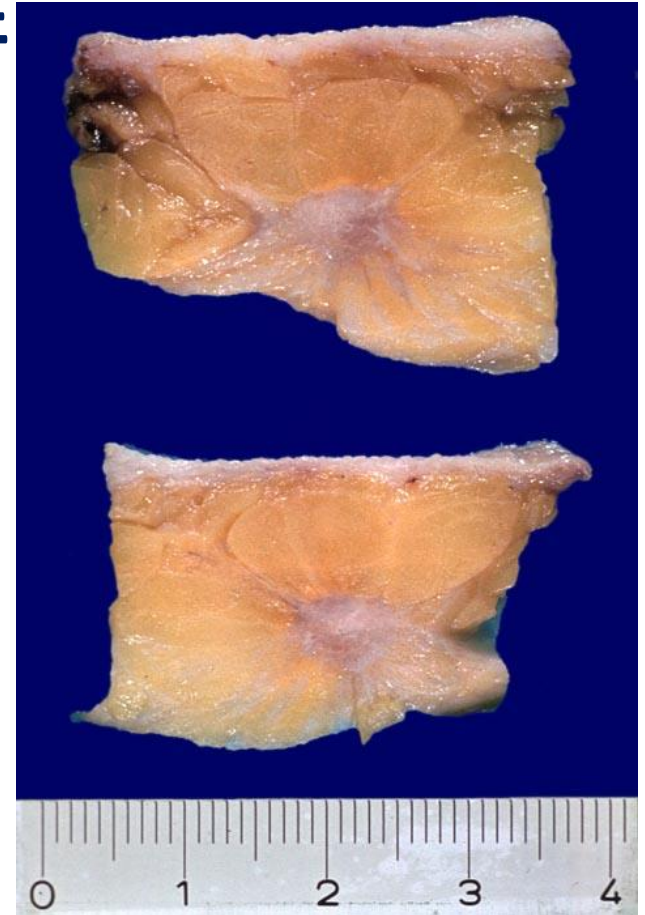
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CANCERUL GLANDEI MAMARE

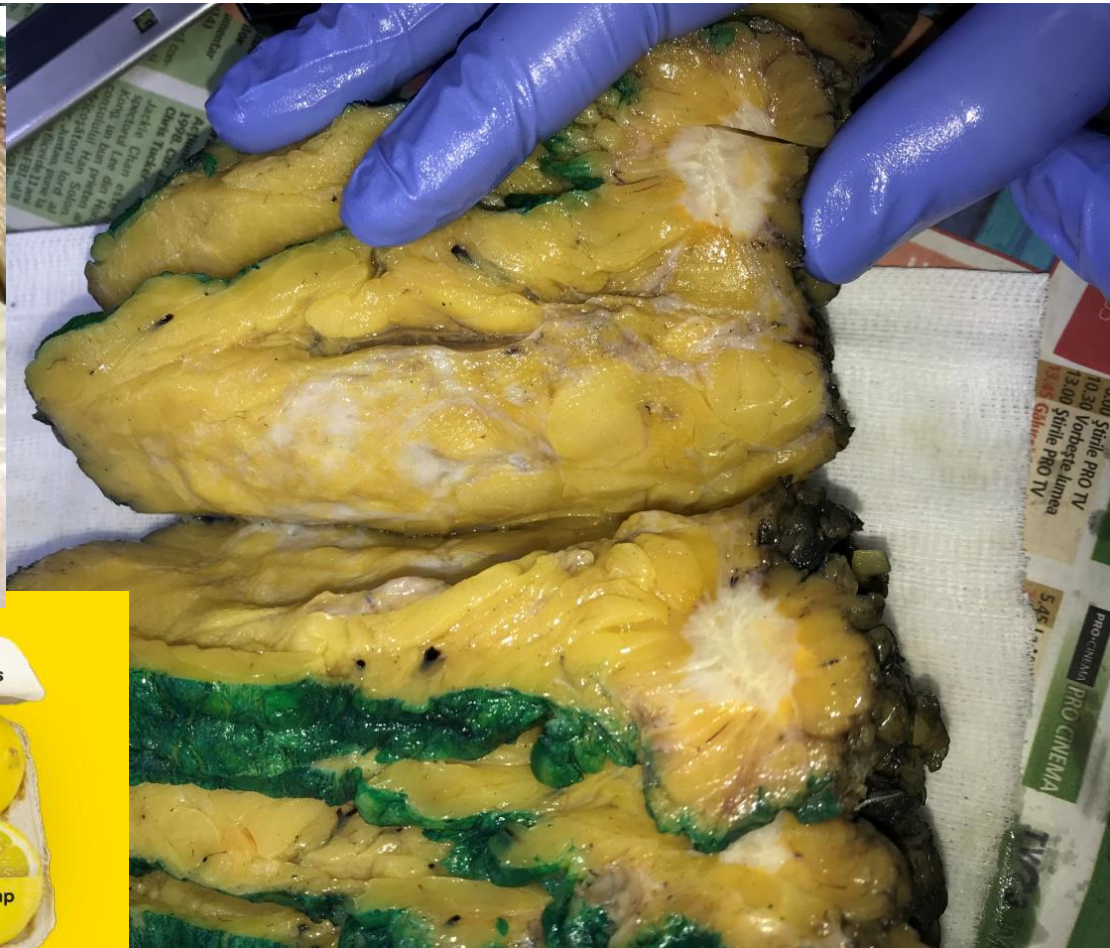
- ▶ cea mai frecventă tumoră întâlnită la sexul feminin;
- ▶ microscopic, majoritatea sunt carcinoame;
- ▶ Forme:
 - **in situ,**
 - **Infiltrative.**

Aspecte macroscopice carcinom infiltrativ:

- ▶ nodul dur, 2 - 5 cm Ø, imprecis delimitat, contur neregulat +/- aderent la tegument și/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 \(unibas.ch\)](http://unibas.ch)

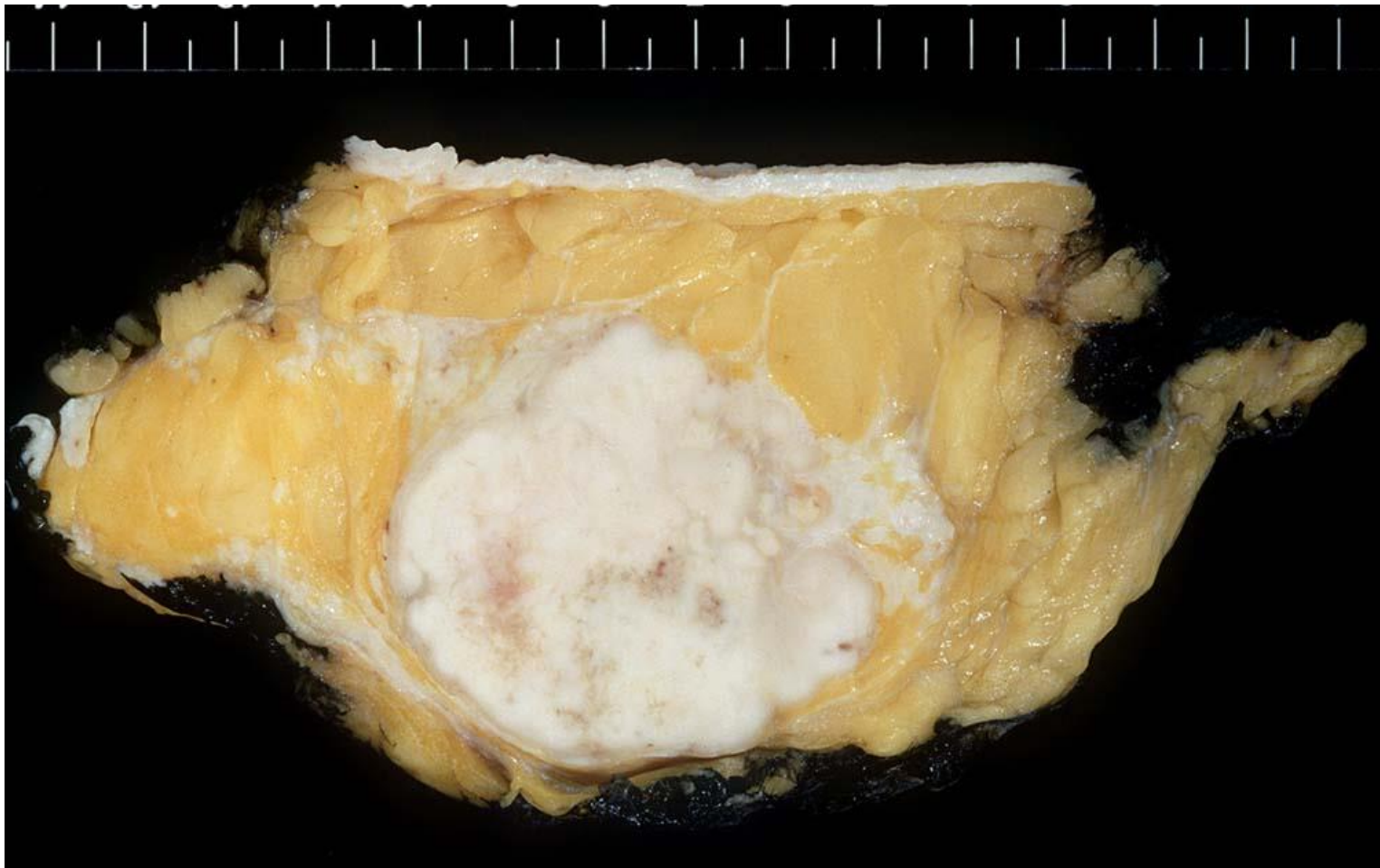


12 signs of breast cancer to learn about: knowyourlemons.com

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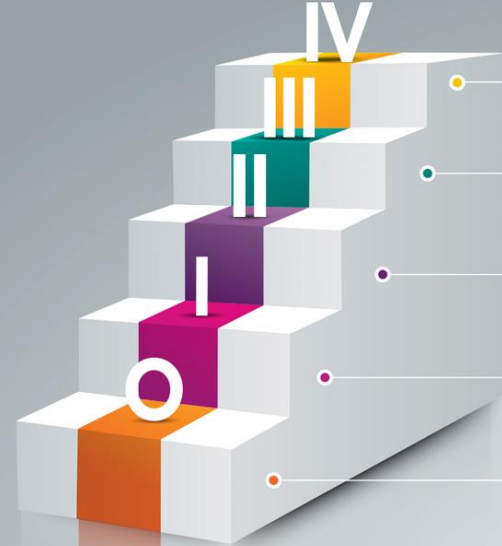


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THE STAGES OF BREAST CANCER



IV. Distant Spread: Cancer has spread beyond the breast to other parts of the body.

III. Regional Spread: Tumor is larger than 50mm, with more lymph nodes involved across a wider region. In some cases, there is no tumor present at all. Cancer may have spread to skin or chest wall.

II. Localized: Tumor is between 20-50mm and some lymph nodes are involved or a tumor larger than 50mm with no lymph nodes involved.

I. Early Stage: Cancer has spread to other tissue in small area.

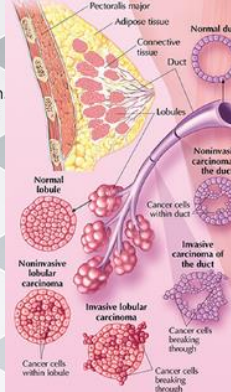
0. Abnormal cells are present but have not spread to nearby tissue.

What is Breast Cancer?

Breast cancer is the second most common cancer and second most common cause of cancer deaths in women. It may originate in either the milk-producing glands, called lobular carcinoma (10% of the cases), or in the lining of the ducts leading to the nipples, called ductal carcinoma (90% of the cases).

Types of Cancer

- **Noninvasive cancer** – Also called carcinoma in situ. The tumor has not invaded the surrounding tissues (metastasis). Usually found during mammography and is the most treatable stage.
- **Invasive cancer** – Also called invasive carcinoma, this is when the tumor has invaded the surrounding tissues.
- **Localized invasive** – Cancer cells are still in the breast.
- **Regional invasive** – Cancer cells have invaded tissues near the breast, such as the chest wall or axillary lymph nodes.
- **Distant invasive or metastatic** – Cancer cells have spread to other parts of the body. Breast cancer tends to spread to bones and the brain, but also can go to the lungs, liver, or skin.



Breast Cancer Staging System

Stage 0: Noninvasive or carcinoma in situ

Stage I: An early invasive tumor up to 2 cm (3/4 in) in size; has not spread outside the breast

Stage II: one of the following:

- A small tumor less than 2 cm that has spread to axillary lymph nodes but the lymph nodes are not stuck together
- A larger tumor (2-5 cm) that has not spread outside the breast

Stage III: has several subdivisions:

- IIIa** – Tumor is less than 5 cm and has spread to axillary lymph nodes that have become stuck together
- IIIb** – Tumor of any size that has spread to the skin, chest wall, or lymph nodes in axilla or inside the chest cavity
- IIIc** – Tumor of any size that has spread to axillary, chest, or collar bone lymph nodes

Stage IV: Tumor has spread to other organs of the body, usually the lungs, liver, or brain

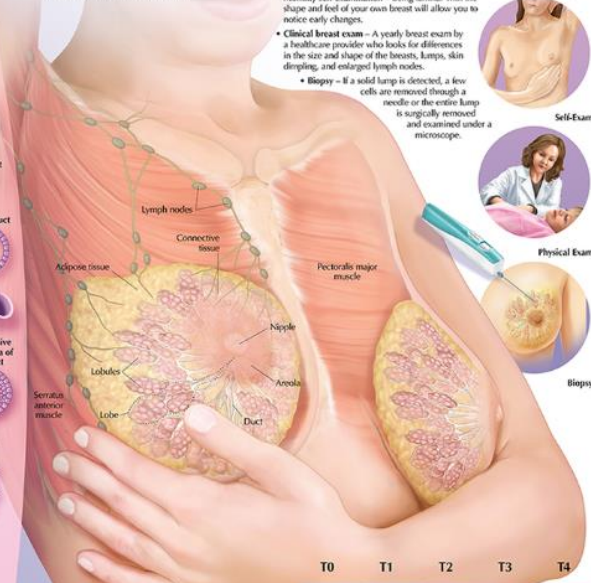
Risk Factors

Some risk factors associated with the development of breast cancer include: age risk increases with age, having a previous breast tumor, family history of breast cancer, race (African-Americans are at higher risk), having the BRCA1 or BRCA2 genes, early menstruation (before 12 years old) or late menopause (after 55 years old), never having children, prolonged use of oral contraceptives or estrogen therapy, exposure to chest radiation, and being overweight after menopause.

Detection

Many of the risk factors associated with breast cancer, such as age and family history, cannot be modified, which makes early detection more important.

- **Screening mammography** – is recommended yearly for women over 40 or who are at increased risk. A picture of the breast is taken with a low-dose X-ray that is able to show a tumor while it is still too small to be felt.
- **Monthly self-examination** – Being familiar with the shape and feel of your own breast will allow you to notice early changes.
- **Clinical breast exam** – A yearly breast exam by a healthcare provider who looks for differences in the size and shape of the breasts, lumps, skin dimpling, and enlarged lymph nodes.
- **Biopsy** – If a solid lump is detected, a few cells are removed through a needle or the entire lump is surgically removed and examined under a microscope.



TNM Staging System

T (size of the tumor)

Tx: Tumor size cannot be assessed

T0: Carcinoma in situ

T1: No signs of tumor

T1: Tumor is 2 cm (3/4 in)

T2: Tumor is more than 2 cm and less than 5 cm

T3: Tumor is more than 5 cm

T4: Tumor of any size growing into the chest wall or skin

N (regional lymph node involvement)

Nx: Lymph nodes cannot be assessed

N0: Cancer cells are absent from regional lymph nodes

N1: Cancer cells are present in 1 to 3 axillary lymph nodes

N2: Cancer cells have spread to 4 to 9 axillary lymph nodes

N3: Cancer cells have spread to lymph nodes distant from the axillary lymph nodes

M (distant metastasis)

Mx: Metastasis cannot be assessed

M0: No metastasis

M1: Metastasis to distant organs are present

	T0	T1	T2	T3	T4
N0	Stage 0	Stage I			
N1		Stage II			
N2			Stage IIIa		
N3			Stage IIIb	Stage IIIc	
M1					Stage IV