Nội mạc tử cung
Nogi mạch tử cung
Cyclic changes in endometrium. Approximate relationship of useful microscopic changes.
Arias-Stella reaction in endometrial mucosa. This is not to be confused with a malignant condition.
Typical appearance of endometrium after long-term administration of contraceptive pills. The glands are sparse and atrophic, whereas the stroma is prominent and has decidual features.
Chronic endometritis showing an inflammatory infiltrate rich in lymphocytes and plasma cells.
The oval to spindle and occasionally stellate shape of endometrial stromal cells is a clue to the diagnosis of chronic endometritis.
IUD-related uterine actinomycosis. The disease had spread to the pelvic cavity.
Noncaseating granuloma in endometrial mucosa consistent with sarcoidosis.
A, Squamous metaplasia of endometrium with morule formation.
B, Squamous metaplasia of endometrium with morule formation.
Tubal metaplasia of endometrial mucosa. All three cell types that make up the normal mucosa of the fallopian tube can be recognized.
Papillary (syncytial) metaplasia of endometrium.
Mucinous metaplasia of endometrium. Note the basal location of the nuclei and the mucin-containing cytoplasm of the columnar cells.
Clear cell metaplasia of endometrium. The cytoplasm has a finely granular quality.
Gross appearance of uterus involved by adenomyosis. The wall is irregularly thickened and contains small hemorrhagic foci.
Intramymometrial foci of endometrial glands and stroma in adenomyosis.
So-called “stromal adenomyosis.” An ill-defined island of endometrial stroma is deeply embedded within the myometrium.
Gross appearance of endometriosis involving the anterior abdominal wall.
Endometriosis involving the umbilical region.
So-called “endocervicosis.” The stroma has an endometrium-like quality, but the glands are of endocervical type.
Various types of endometrial hyperplasia: A, simple without atypia.
Various types of endometrial hyperplasia: B, simple with atypia.
Various types of endometrial hyperplasia: C, complex.
Huge endometrial polyp filling the endometrial cavity. There is also a smaller endocervical polyp and a subserosal leiomyoma.
Low-power appearance of endometrial polyp showing cystically dilated glands and a fibrous stroma with thick-walled vessels.
Tamoxifen-related endometrial polyp: A, gross appearance.
Tamoxifen-related endometrial polyp: B, microscopic appearance.
A, Low-power appearance of adenomyomatous polyp.
B, High-power appearance of adenomyomatous polyp.
Atypical polypoid adenomyoma. The gross appearance is not substantially different from that of an ordinary polyp.
A, Whole-mount appearance of atypical polypoid adenomyoma. Note the glandular architectural complexity, metaplastic changes, and atypia.
B, High-power appearance of atypical polypoid adenomyoma. Note the glandular architectural complexity, metaplastic changes, and atypia.
A and B, Gross appearances of endometrioid adenocarcinoma. The tumor shown in A is polypoid, whereas that depicted in B is highly infiltrating.
A and B, Gross appearances of endometrioid adenocarcinoma. The tumor shown in A is polypoid, whereas that depicted in B is highly infiltrating.
Endometrioid endometrial adenocarcinoma: A, well differentiated.
Endometrioid endometrial adenocarcinoma: B, moderately differentiated.
Endometrioid endometrial adenocarcinoma: C, poorly differentiated.
Endometrioid endometrial adenocarcinoma: D, with villoglandular pattern of growth.
Well-differentiated endometrioid adenocarcinoma with squamous metaplasia (so-called “adenoacanthoma”).
A, Endometrial adenocarcinoma of endometrioid type with squamous metaplasia. In contrast to the case shown in the above the squamous component has markedly atypical cytologic features.
B, Endometrial adenocarcinoma of endometrioid type with squamous metaplasia. In contrast to the case shown in the above the squamous component has markedly atypical cytologic features.
Secretory carcinoma of endometrium. This well-differentiated lesion is a variant of endometrioid adenocarcinoma and is composed of cells with abundant clear to finely granular cytoplasm. It should be distinguished from clear cell carcinoma.
Endometrial adenocarcinoma of mucinous type.
Gross appearance of papillary serous carcinoma of endometrium. The neoplasm fills the endometrial cavity.
A, Low power appearance of serous carcinoma.
Note the high nuclear grade.
B, High-power appearance of serous carcinoma. Note the high nuclear grade.
Serous carcinoma limited to the superficial portion of a tamoxifen-related endometrial polyp.
Clear cell carcinoma of endometrium.
Gross appearance of a clear cell carcinoma involving a large endometrial polyp.
Gross appearance of small cell neuroendocrine carcinoma of endometrium. The tumor is red and fleshy, and has a soft consistency.
Small cell neuroendocrine carcinoma of endometrium showing a diffuse pattern of growth.
Small cell neuroendocrine carcinoma of endometrium admixed with endometrioid adenocarcinoma. This is a common combination.
Typical microscopic appearance of endometrial stromal tumor, showing bland oval cells arranged concentrically around spiral arterioles.
Endometrial stromal nodule. The lesion is characteristically well circumscribed and has a yellow color.
Low-grade endometrial stromal sarcoma showing diffuse permeation of the myometrium in the form of small nodules bulging on the cut surface.
Typical low-power appearance of endometrial stromal sarcoma.
Low-grade endometrial stromal sarcoma presenting as a huge polypoid mass within the endometrial cavity. This pattern of growth is unusual in this tumor type.
Endometrial stromal sarcoma metastatic to wall of large bowel.
A, Low-power appearance of endometrial stromal sarcoma metastatic to lung. This lesion may be misdiagnosed as spindle carcinoid tumor, hemangiopericytoma, or solitary fibrous tumor.
B, High-power appearance of endometrial stromal sarcoma metastatic to lung. This lesion may be misdiagnosed as spindle carcinoid tumor, hemangiopericytoma, or solitary fibrous tumor.
A, Endometrial stromal sarcoma with structures resembling ovarian sex cord tumors.
B, So-called “plexiform tumor” of the uterus. This lesion is probably related to endometrial stromal neoplasms, but its histogenesis is still controversial.
Peritoneal metastasis from endometrial stromal sarcoma accompanied by benign endometrioid glands.
A, Gross appearance of high-grade endometrial sarcoma.
B, Microscopic appearance of high-grade endometrial sarcoma.
Malignant mixed müllerian tumor of uterus resulting in a huge polypoid mass.
Glandular and mesenchymal components of mixed müllerian tumor. Heterologous elements in the form of cartilage are present.
Skeletal muscle elements in mixed müllerian tumor, seen on H&E stain (A).
Skeletal muscle elements in mixed müllerian tumor, seen on immunostaining for myoglobin (B).
Müllerian adenosarcoma. The tumor shows a lesser degree of necrosis and hemorrhage than the usual malignant mixed müllerian tumor.
A, Low-power view of müllerian adenosarcoma. The resemblance to phyllloides tumor of breast is obvious.
B, High-power view of mullerian adenosarcoma. The resemblance to phylloides tumor of breast is obvious.
Müllerian adenosarcoma (top) with sarcomatous overgrowth (bottom).
Papillary adenofibroma of uterus. This lesion represents the lower end of the müllerian adenosarcoma spectrum.
Multiple uterine leiomyomas.
Large uterine leiomyoma with intramural and subserous involvement.
Elongated spindle cells with fibrillar acidophilic cytoplasm in the usual type of uterine leiomyoma.
This uterine leiomyoma has undergone massive red degeneration.
Leiomyoma with edematous (hydropic) changes leading to the formation of cystic cavities.
So-called “perinodular hydropic degeneration” in uterine leiomyoma.
Cellular leiomyoma. There is no pleomorphism, undue mitotic activity, or necrosis.
A, Low-power view of bizarre leiomyoma. The size of some of the tumor cell nuclei makes them almost visible to the naked eye.
B, High power view of bizarre leiomyoma. The size of some of the tumor cell nuclei makes them almost visible to the naked eye.
Mitotically active leiomyoma. There is no pleomorphism or necrosis.
Admixture of mature smooth muscle and adipose tissue in leiomyolipoma.
Clear cell leiomyoma (benign leiomyoblastoma): A, gross appearance. The tumor cells have a round shape and an artifactually clear cytoplasm.
Clear cell leiomyoma (benign leiomyoblastoma): B, microscopic appearance. The tumor cells have a round shape and an artifactually clear cytoplasm.
Micronodular microscopic appearance of uterine leiomyoma having the gross appearance of so-called “cotyledonoid dissecting type.”
Large plugs of mature smooth muscle filling the vascular lumina in intravenous leiomyomatosis.
Intravenous leiomyomatosis composed of clear smooth muscle cells.
Leiomyosarcoma resulting in a large intramural and submucous mass. There are foci of hemorrhage and necrosis.
Leiomyosarcoma showing hypercellularity, pleomorphism, atypical mitoses, and necrosis.
Uterine myxoid leiomyosarcoma
Malignant giant cell tumor of uterus. This is regarded as a variant of leiomyosarcoma with osteoclast-like giant cells.
Adenomatoid tumor of uterus. A, Gross appearance. The location at one of the cornua is characteristic.
Adenomatoid tumor of uterus. B, Microscopic appearance showing tubular formations lined by flattened mesothelial cells.
Ewing’s sarcoma/PNET presenting as a uterine mass, a most unusual occurrence.
Epithelioid angiosarcoma arising within an uterine leiomyosarcoma.
Low-grade marginal zone-type malignant lymphoma involving uterine mucosa.
Lobular breast carcinoma metastatic to myometrium. Note the Indian file pattern of growth.