BS. VŨ HOÀNG ÁNH

BỆNH CỬA DƯỠNG VẬT
Mucoid cyst of penis. The lesion is lined by stratified columnar epithelium containing mucin-secreting cells.
Syphilitic chancre occurring on the glans penis.
Prominent arteritis in a case of Behçet’s disease.
Peyronie’s disease. The lesion is composed of heavily sclerotized tissue that has undergone focal dystrophic calcification.
Large lesions of condyloma acuminatum in an HIV-infected patient. The glans penis also shows herpesvirus infection.
Condyloma acuminatum. A complex papillary pattern composed of well-differentiated squamous epithelium is seen. Virus-induced cytopathic changes are not particularly prominent in this case, probably because of the longstanding nature of the lesion.
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Squamous cell carcinoma in situ (Bowen’s disease) of penis. There is full-thickness atypia, with pleomorphism and high mitotic activity.
Clinical appearance of Bowenoid papulosis in the skin of the scrotum. The lesions are small, multiple, and hyperpigmented.
Outer aspect and cut surface of squamous cell carcinoma of penis showing a papillomatous pattern of growth.
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Penile squamous cell carcinoma involving the glans in a vegetant fashion.
Penile squamous cell carcinoma with extensive involvement of prepuce.
Whole mount of well-differentiated squamous cell carcinoma showing pushing-type invasion into the underlying stroma, associated with a chronic inflammatory response.
Moderately differentiated invasive squamous cell carcinoma.
Typical low-power appearance of verrucous carcinoma.
Bulbous expansions of well-differentiated squamous epithelium in verrucous carcinoma.
Basaloid carcinoma of penis. This is regarded as a variant of squamous cell carcinoma.
Squamous cell carcinoma of penis with spindle cell (sarcomatoid) features. There is a blending of the carcinoma islands with the sarcoma-like component.
Transitional cell carcinoma of penile urethra.
Malignant melanoma presenting as a polypoid bluish mass protruding from the urethra.
Outer appearance of hydrocele. The wall is translucent and the content had a serous quality.
Idiopathic calcinosis of scrotum.
Idiopathic calcinosis of scrotum, with accompanying foreign body-type giant cell reaction.
Gross appearance of fibrous pseudotumor of scrotum. The mass has a fibrous quality and ill-defined margins.
Microscopic appearance of fibrous pseudotumor. Largely sclerotic hypocellular tissue with clusters of inflammatory cells.
Nodular periorchitis. A whitish mass of fibrous appearance is centered in the tunica albuginea, and compresses the adjacent testis. B, Loose bodies are present in the cavity.
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Sclerosing lipogranuloma of scrotum. Prominent histiocytic and multinucleated giant cell reaction around empty spaces, which presumably contained lipid material.
Gross appearance of vascular leiomyoma of scrotum.
Leiomyoma of tunica dartos.
Well-differentiated liposarcoma (atypical lipomatous tumor) involving the scrotum.