





Slide Seminar

C Simon Herrington

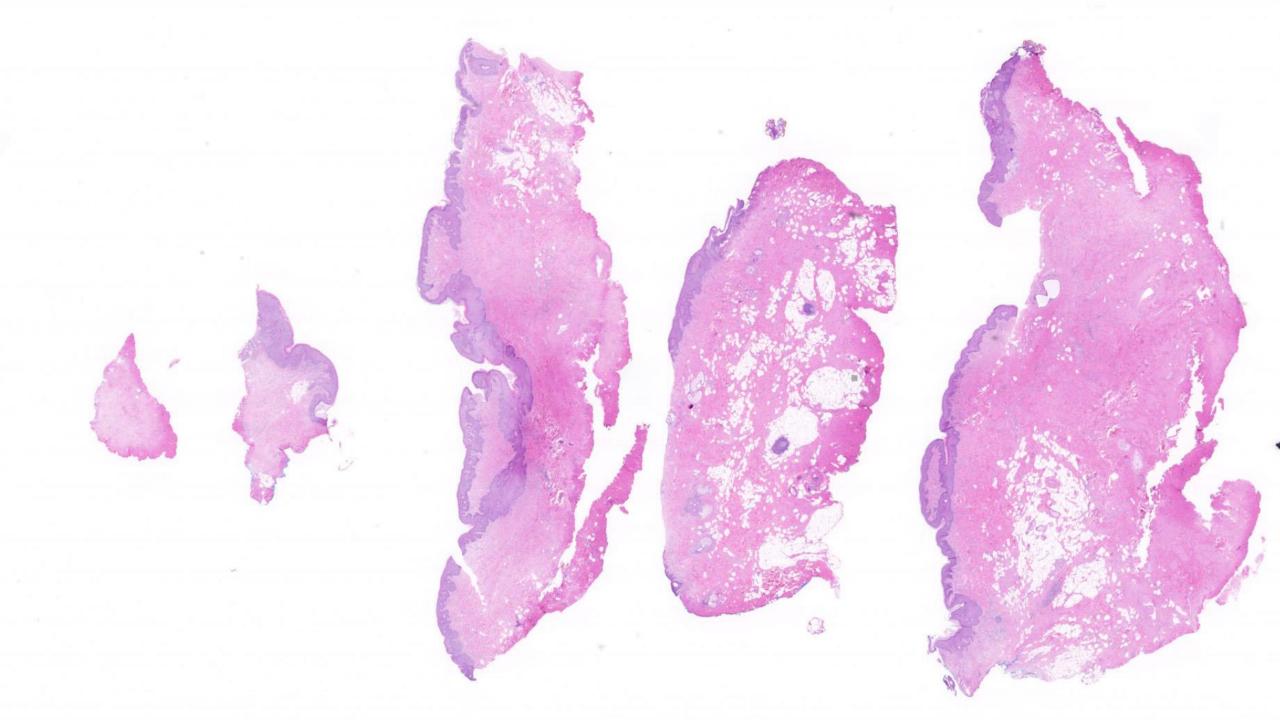
Edinburgh Cancer Research Centre
Institute of Genetics and Cancer
University of Edinburgh
Western General Hospital
Edinburgh, UK

Case 1

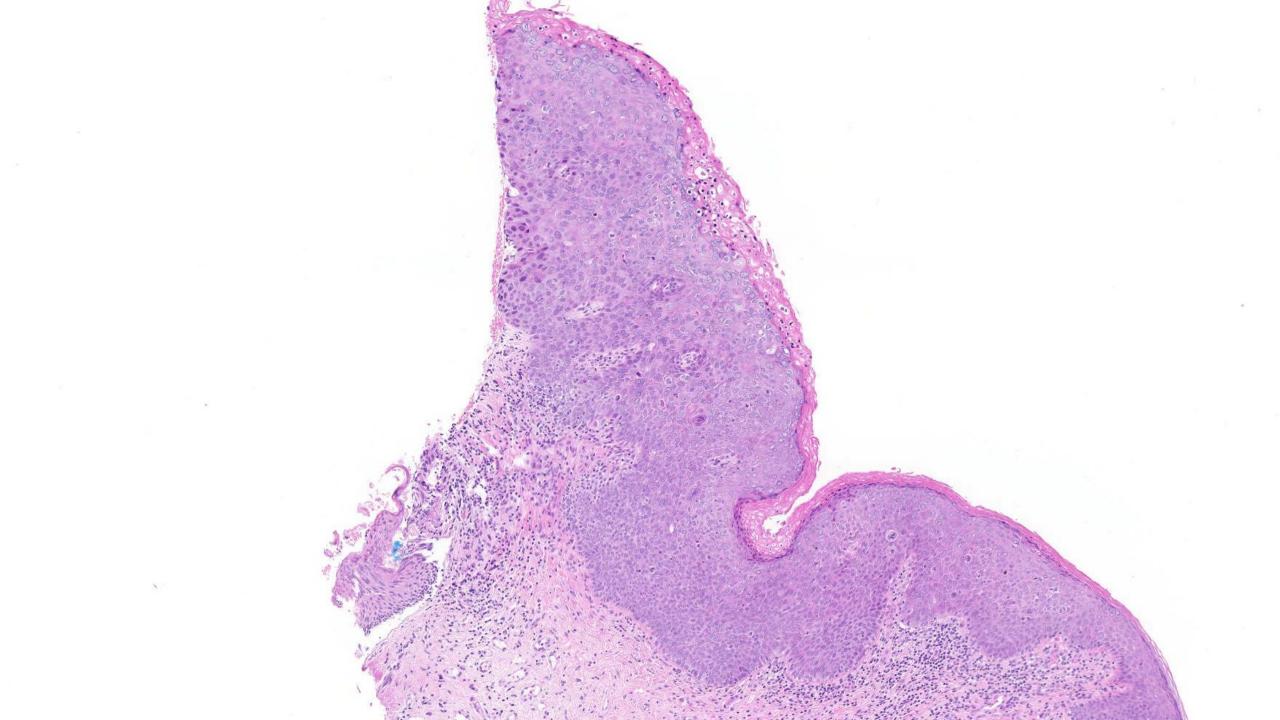
• 64 year old female with a history of VIN 3 / HSIL

 New lesions on left and right side of vulva. Macroscopically the biopsies had an irregular skin surface

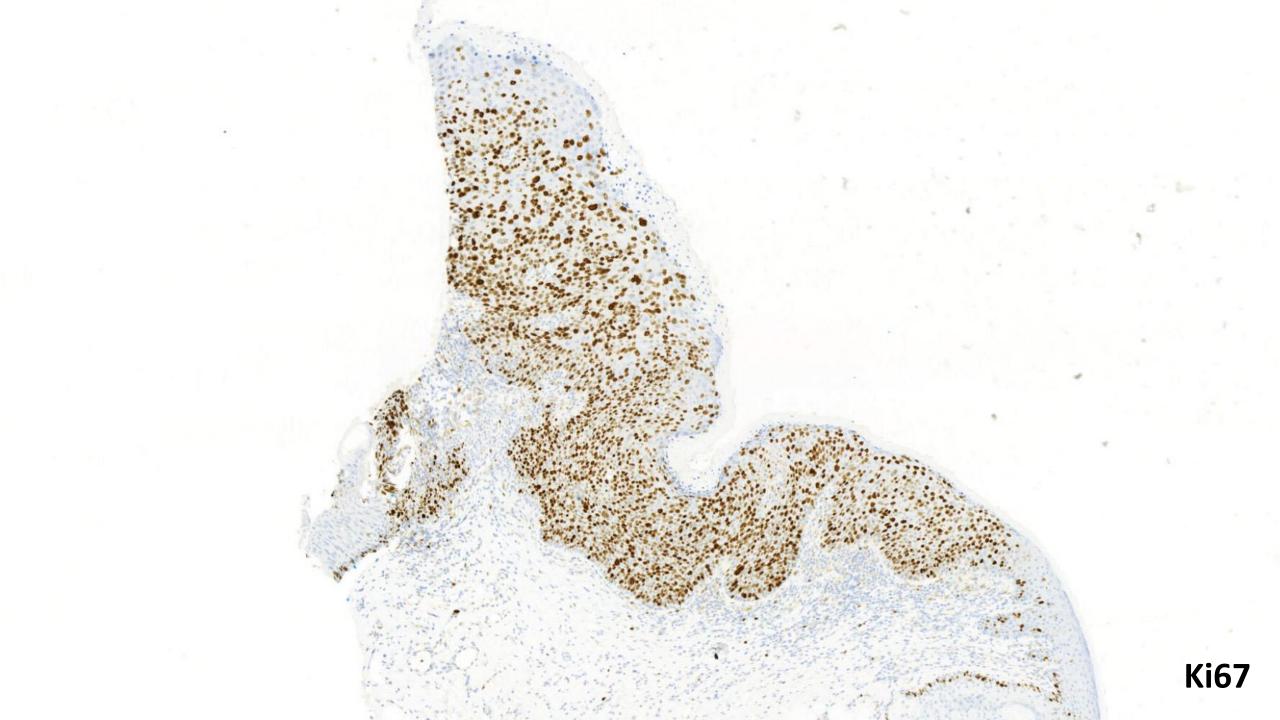
The slides are from right (A) and left (B) vulval lesions

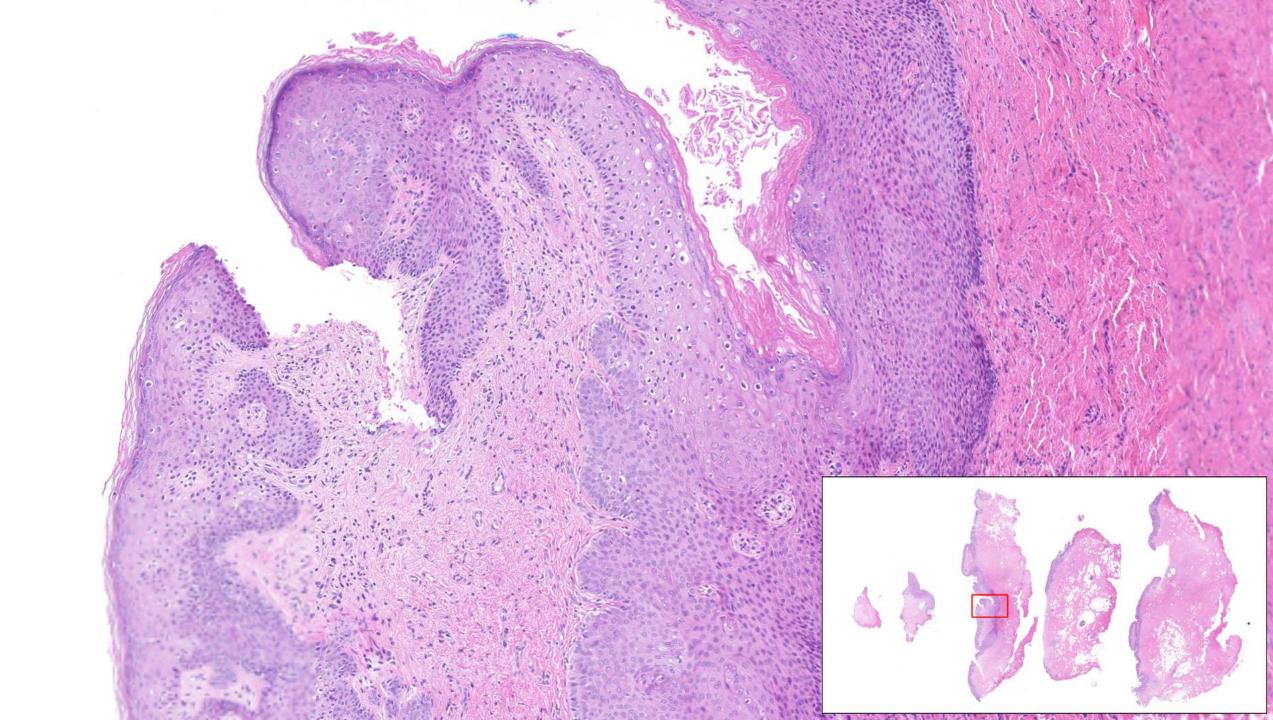


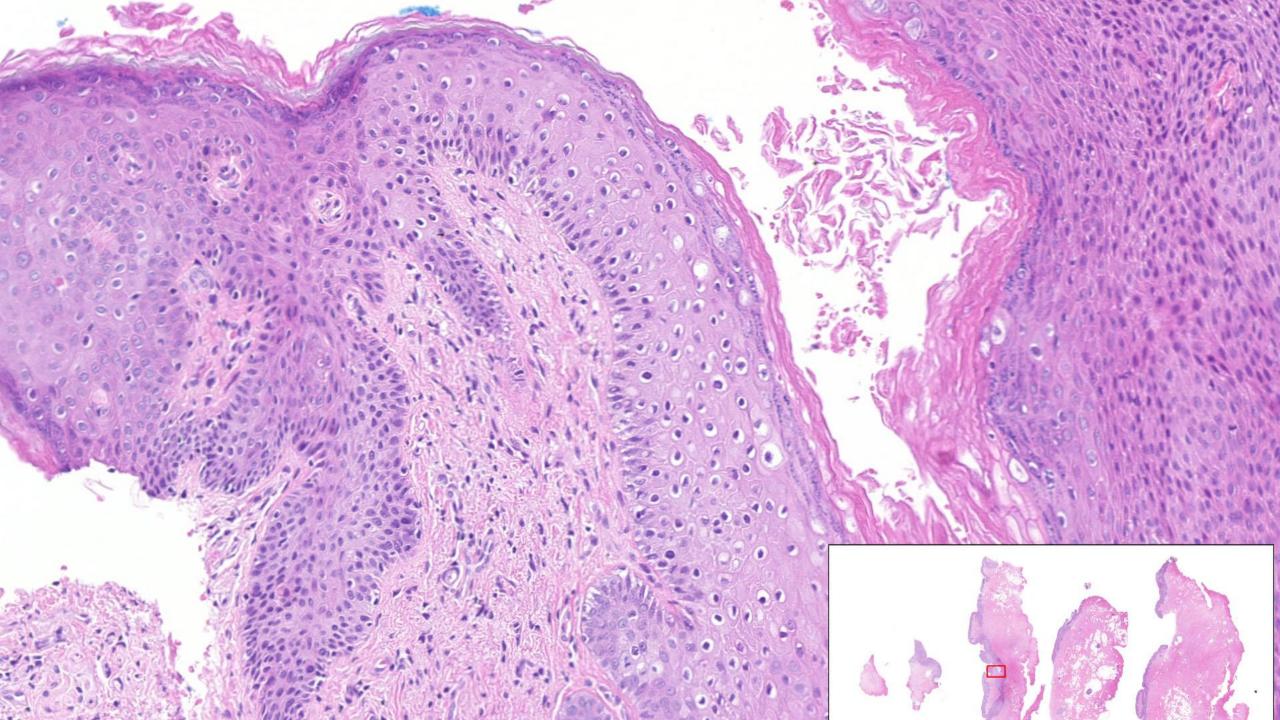


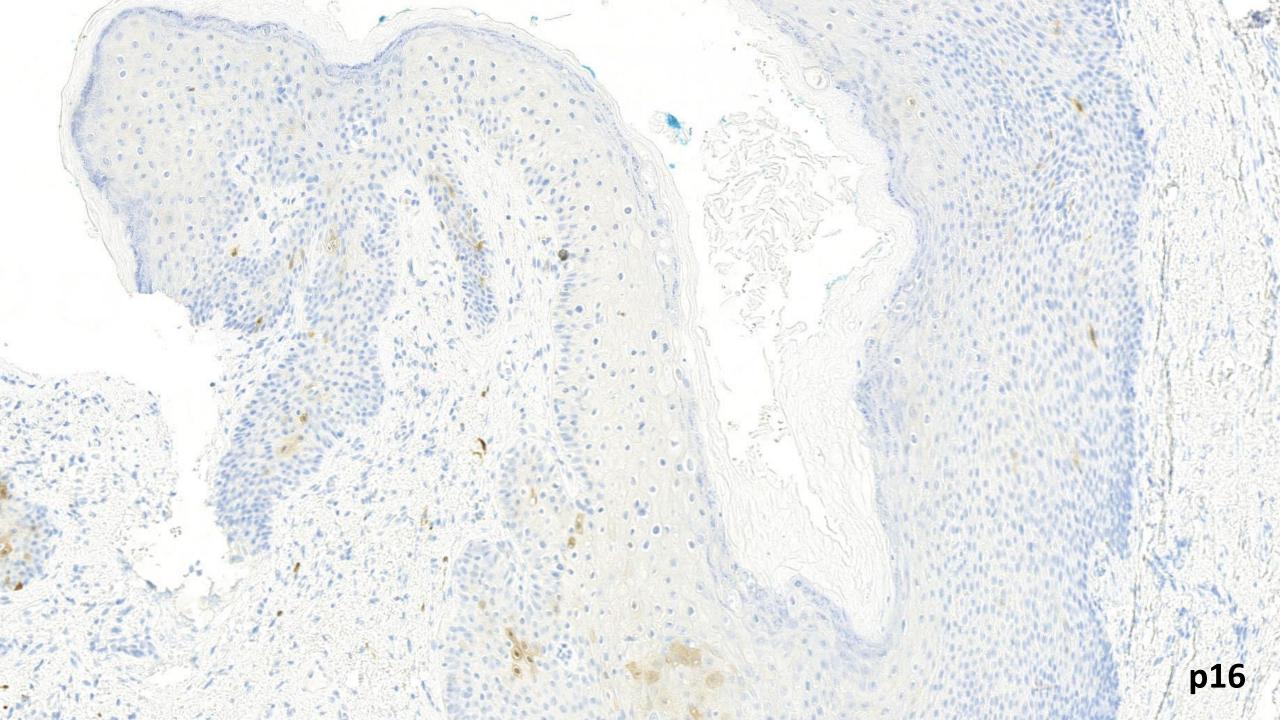


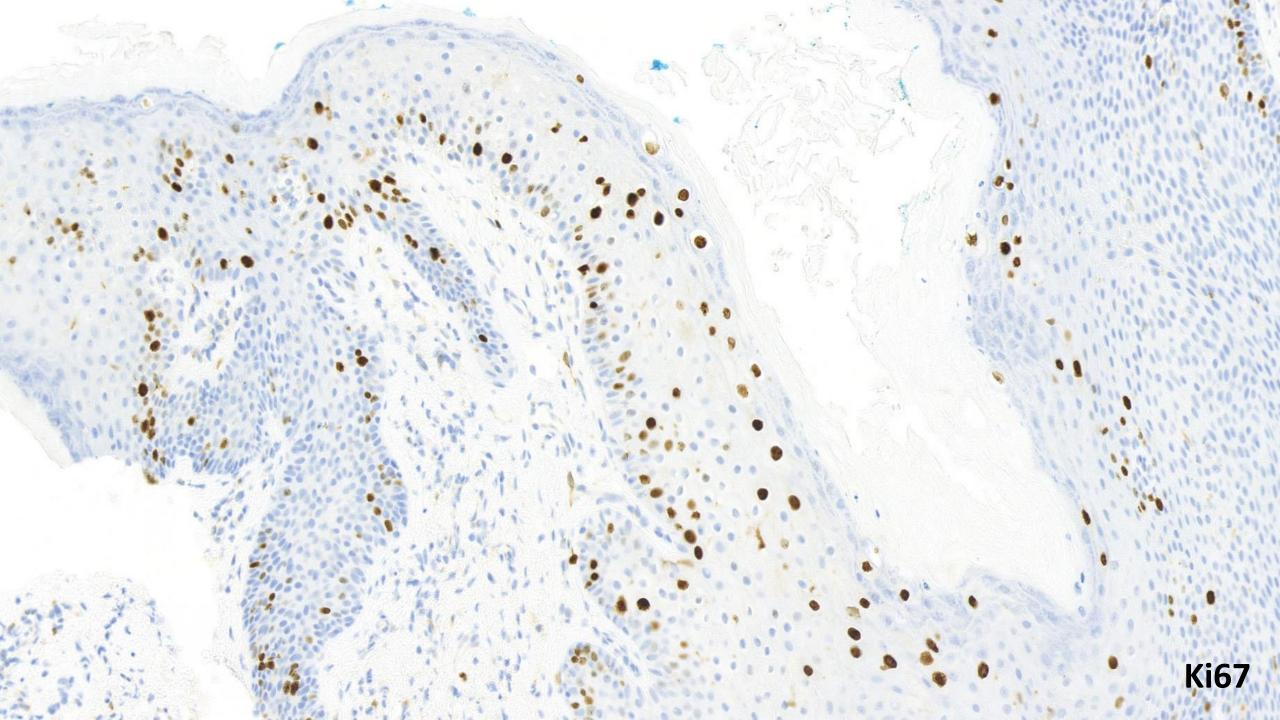


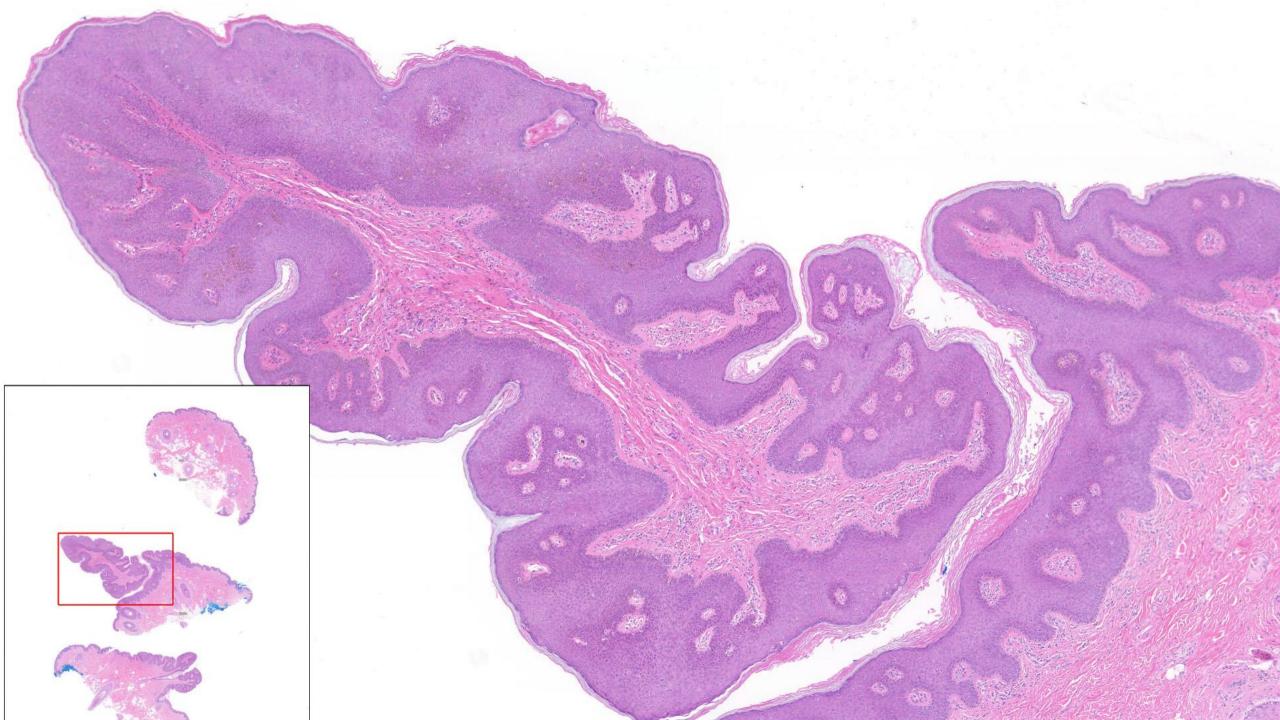




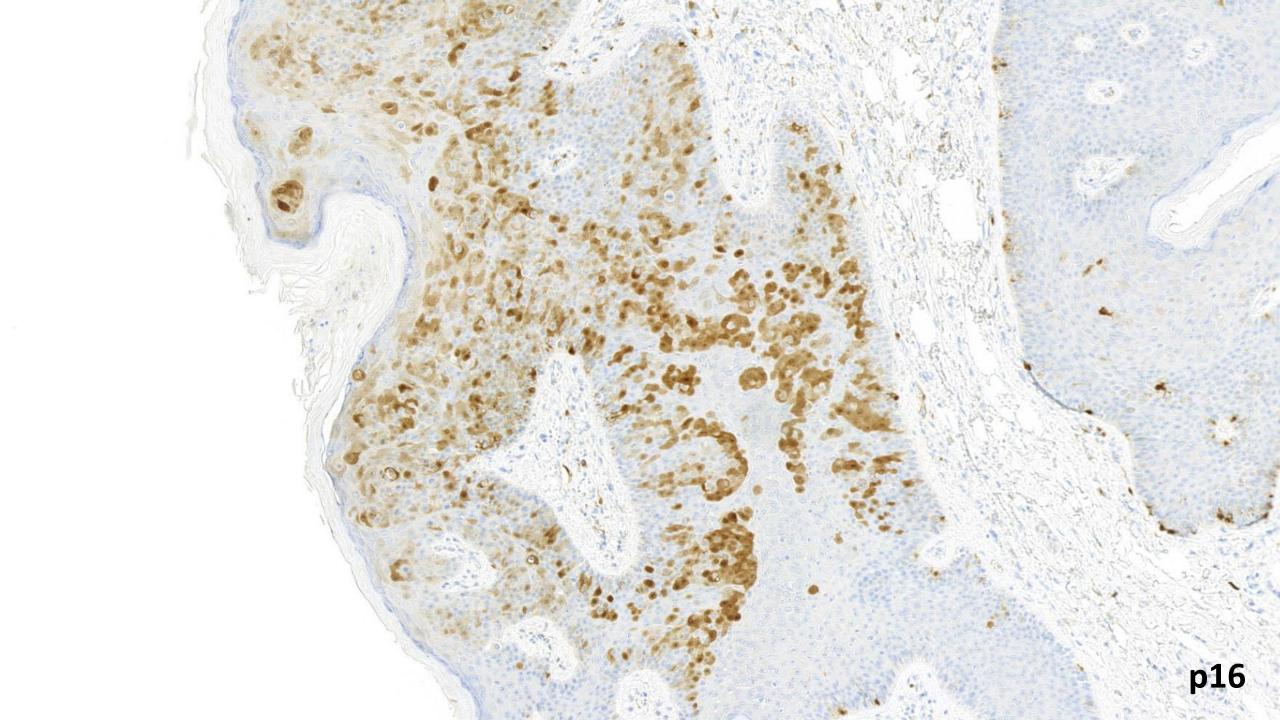


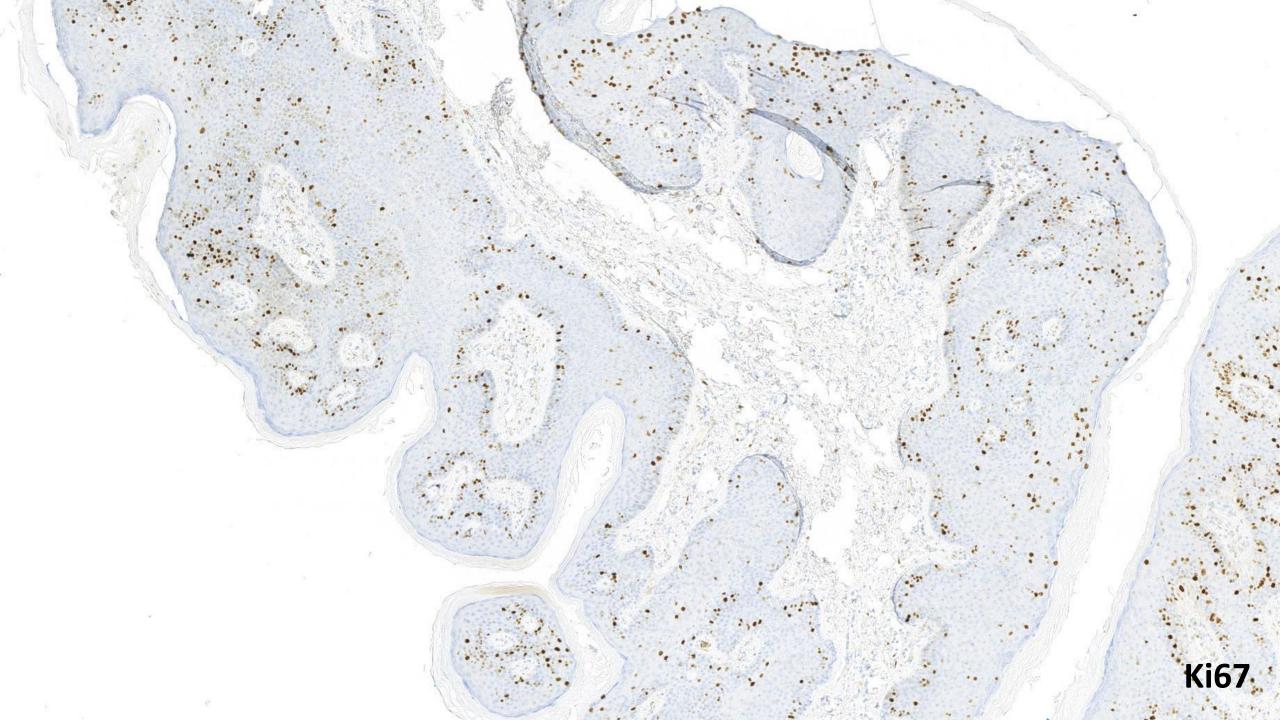


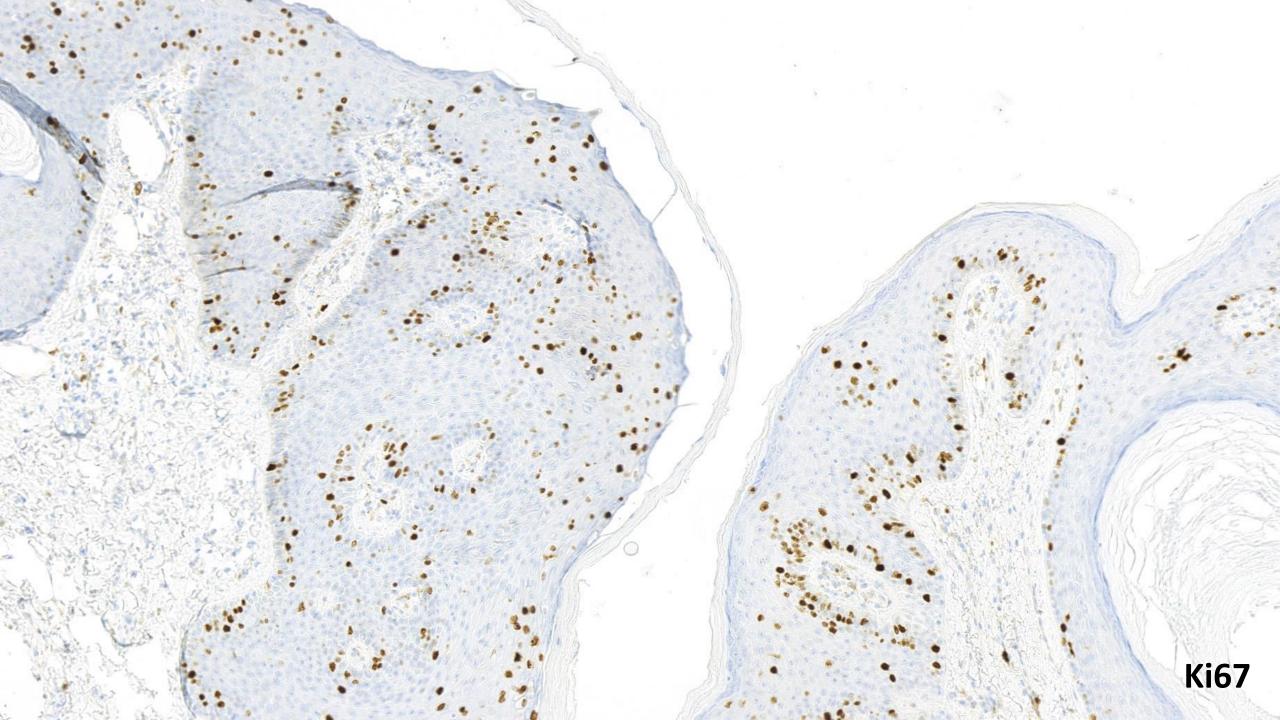












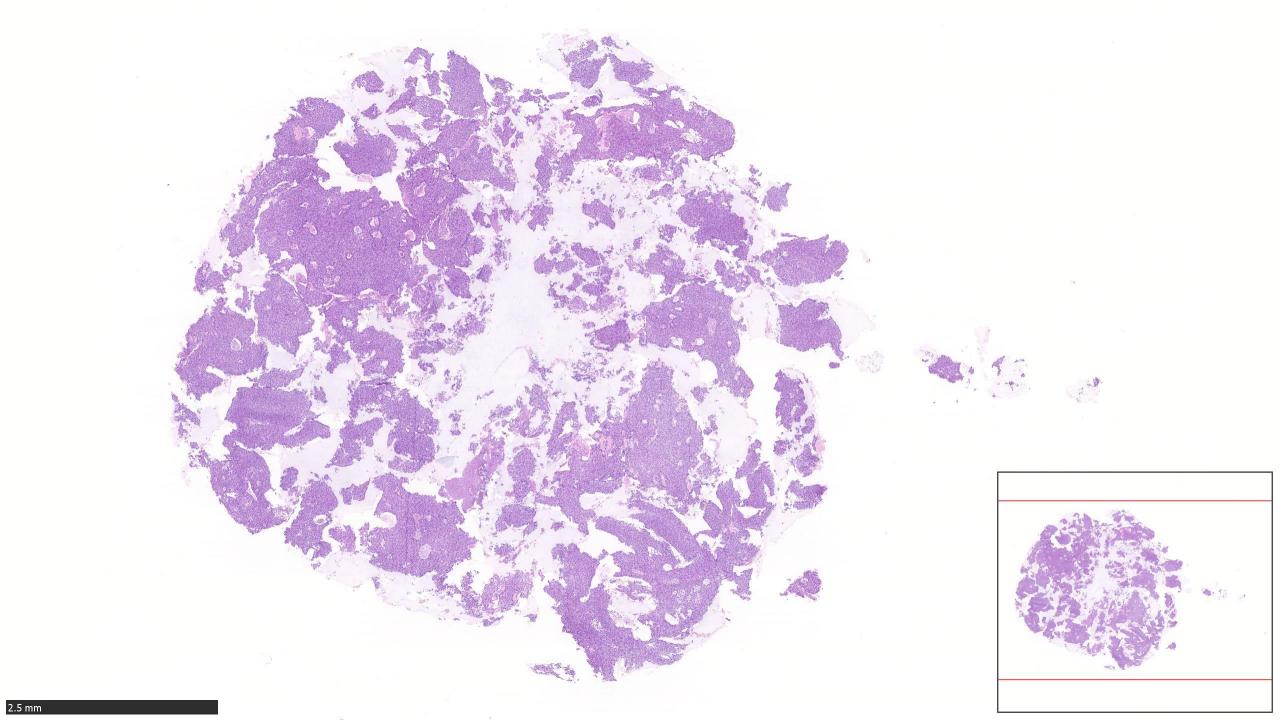
Diagnosis

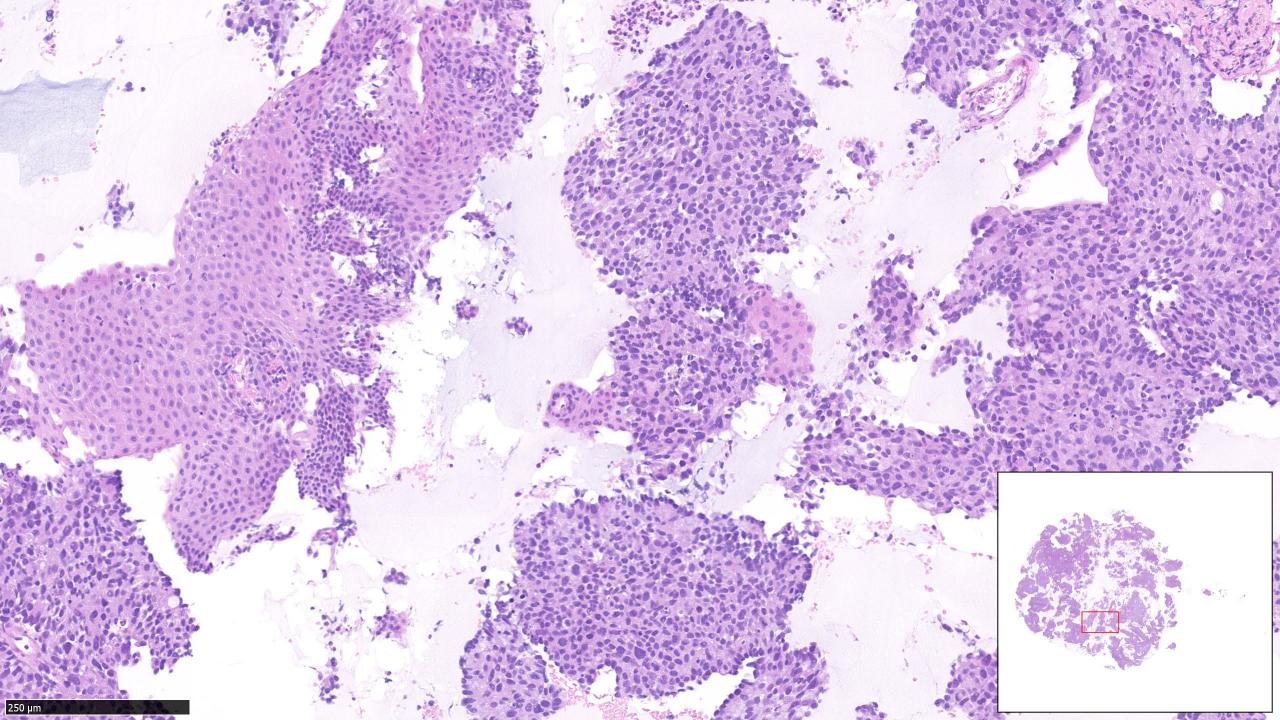
Combined HSIL and Squamous cell papillomata (LSIL)

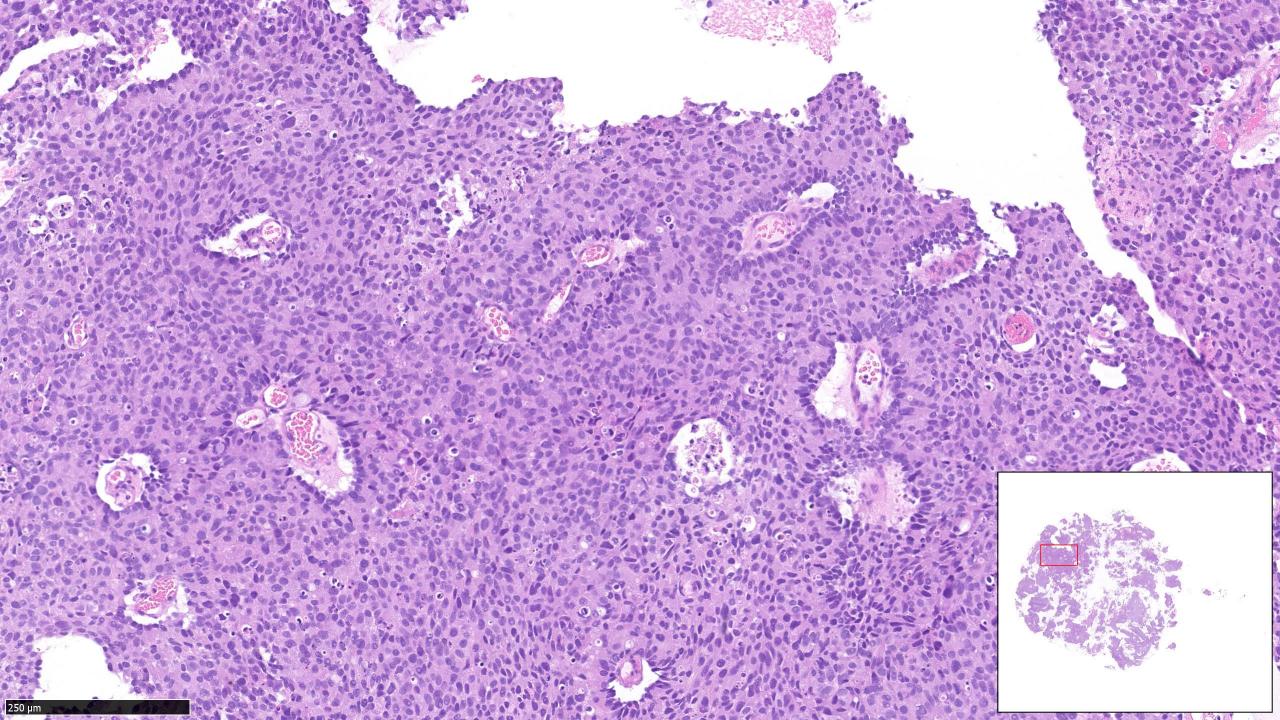
Mixed p16 staining pattern, with suprabasal Ki67 positivity in both areas, consistent with mixed high-risk and low-risk HPV infection

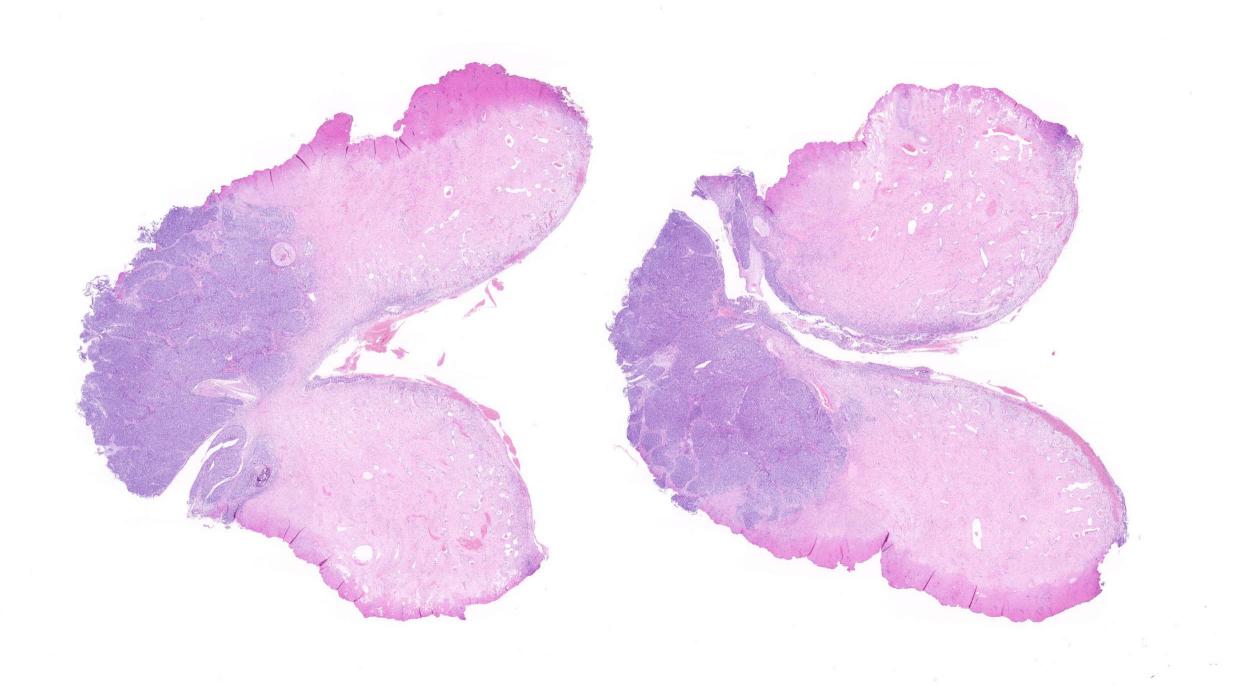
Case 2

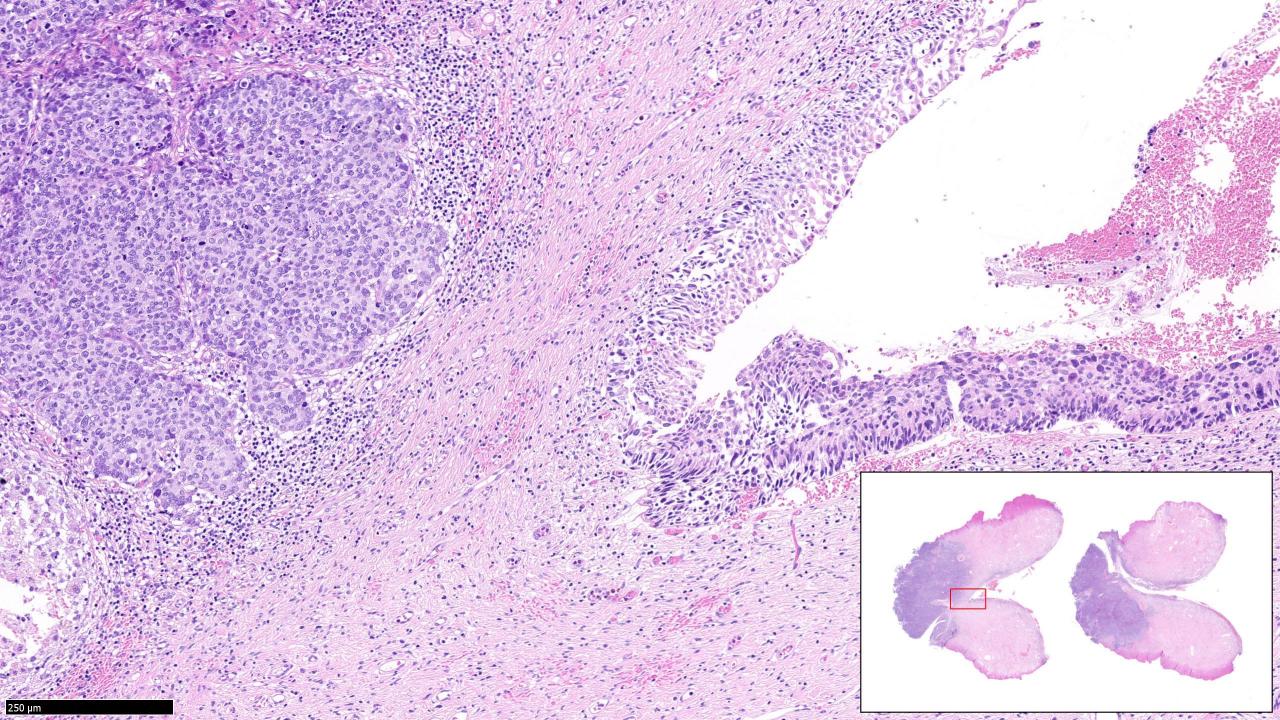
- Female aged 54
- Previously treated HSIL (CIN 2/CIN 3)
- 2 months of postcoital bleeding
- Mass in vagina, suspicious of malignancy
- Vaginal biopsy and subsequent LETZ of cervix

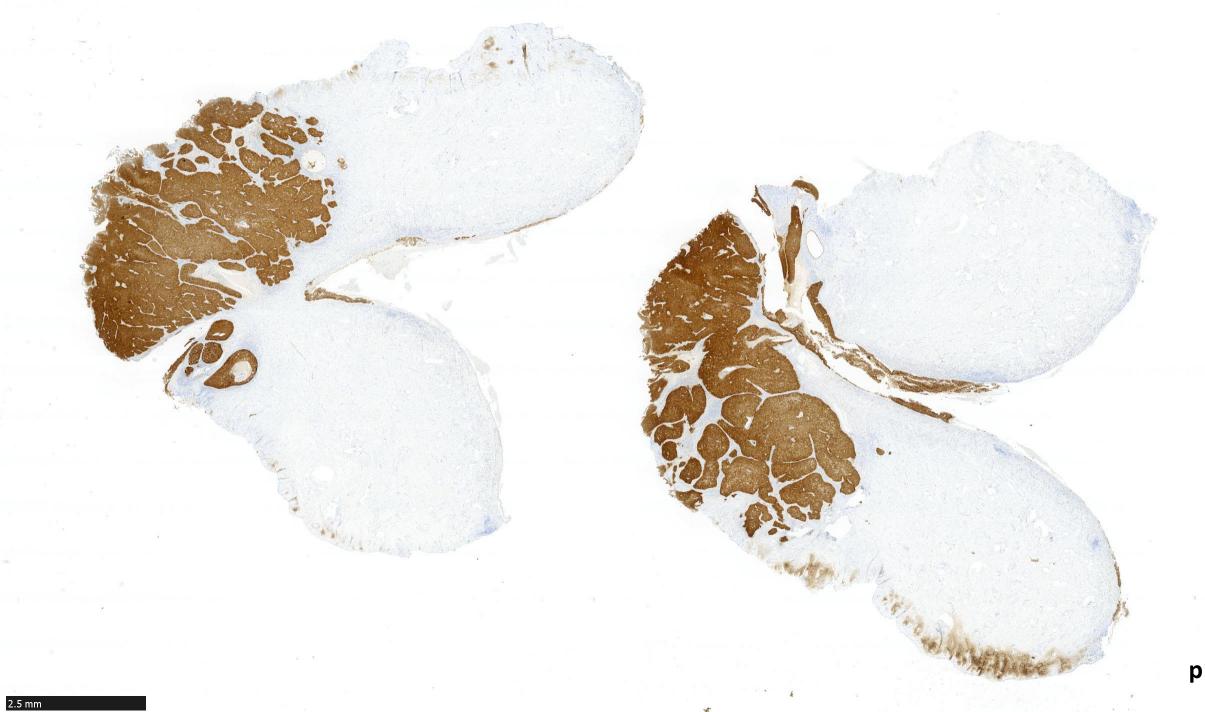


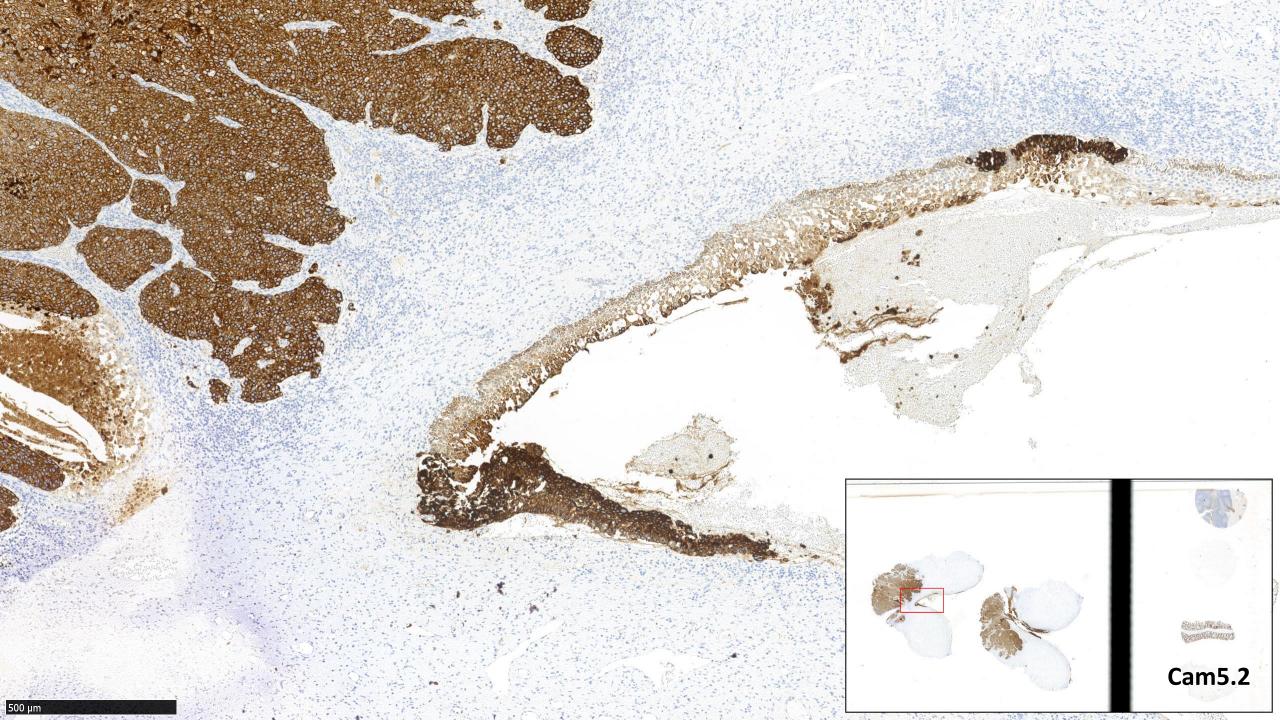


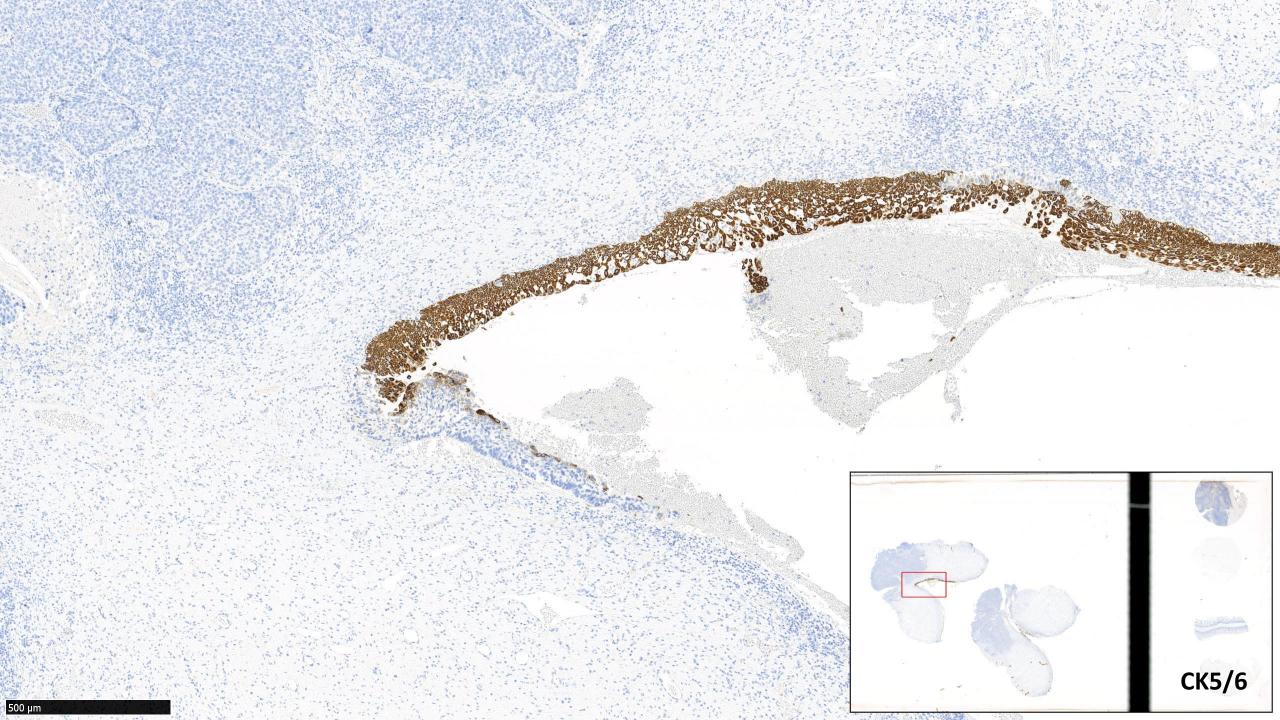


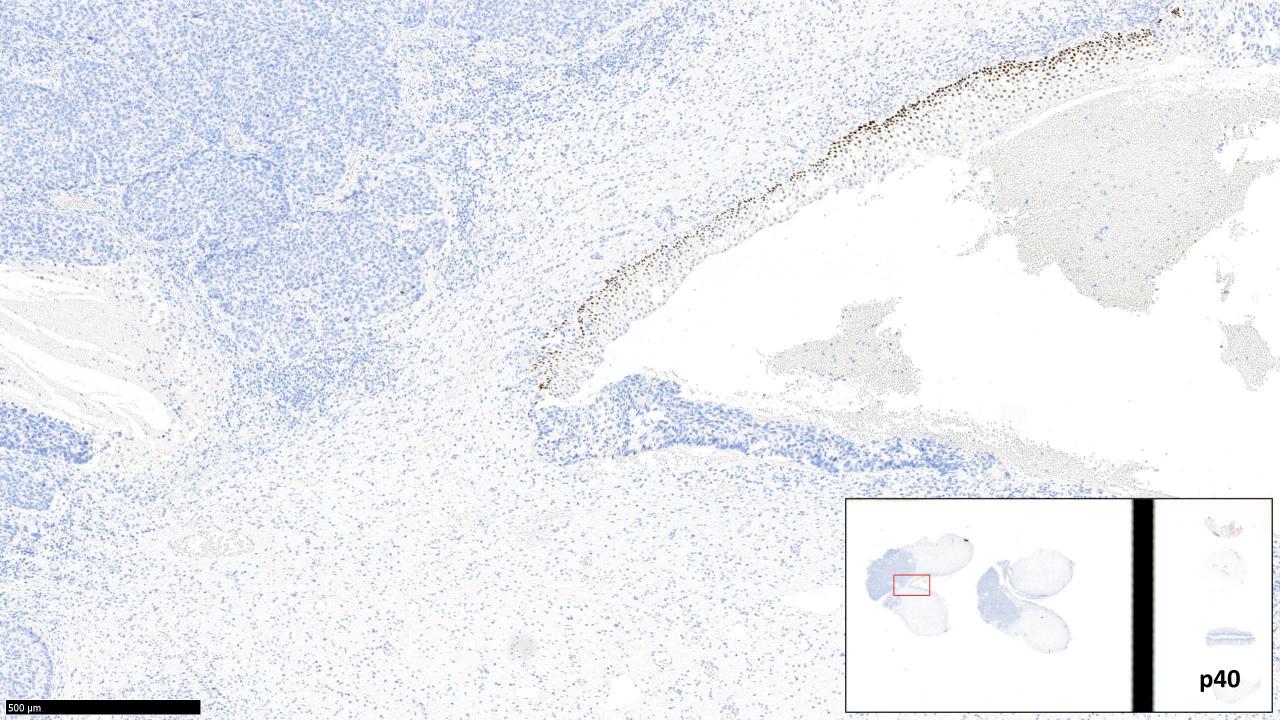








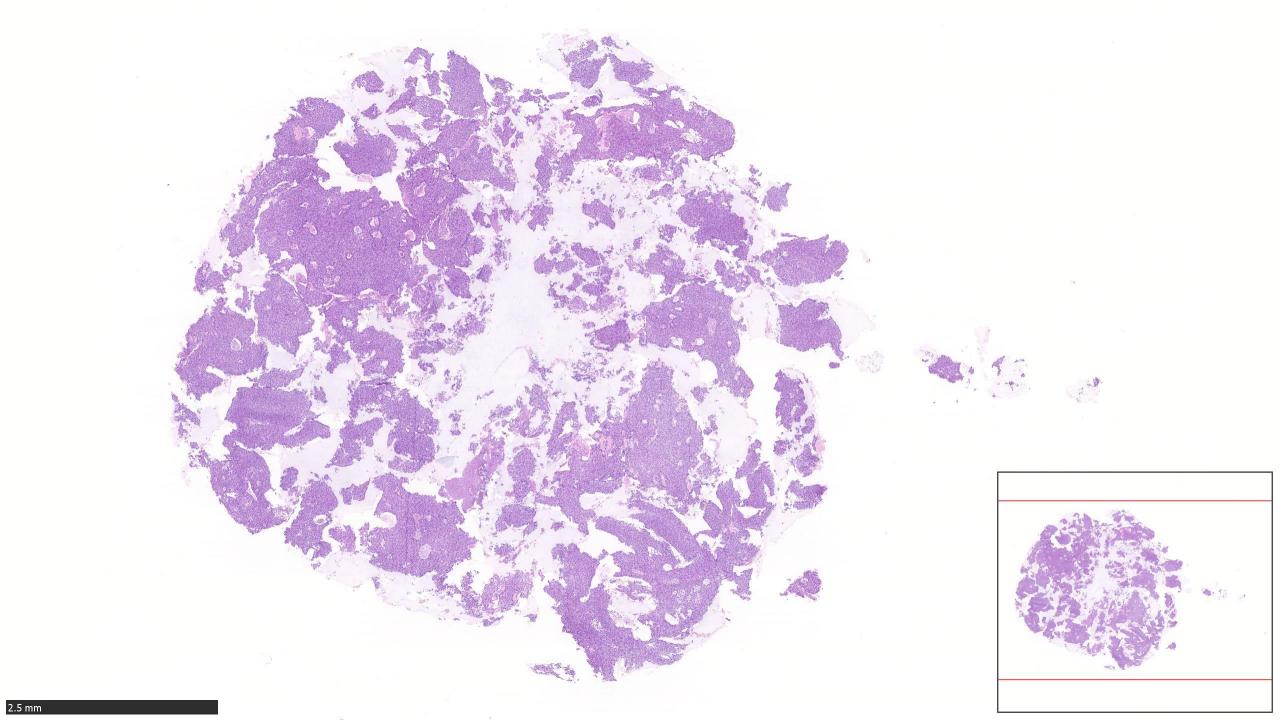


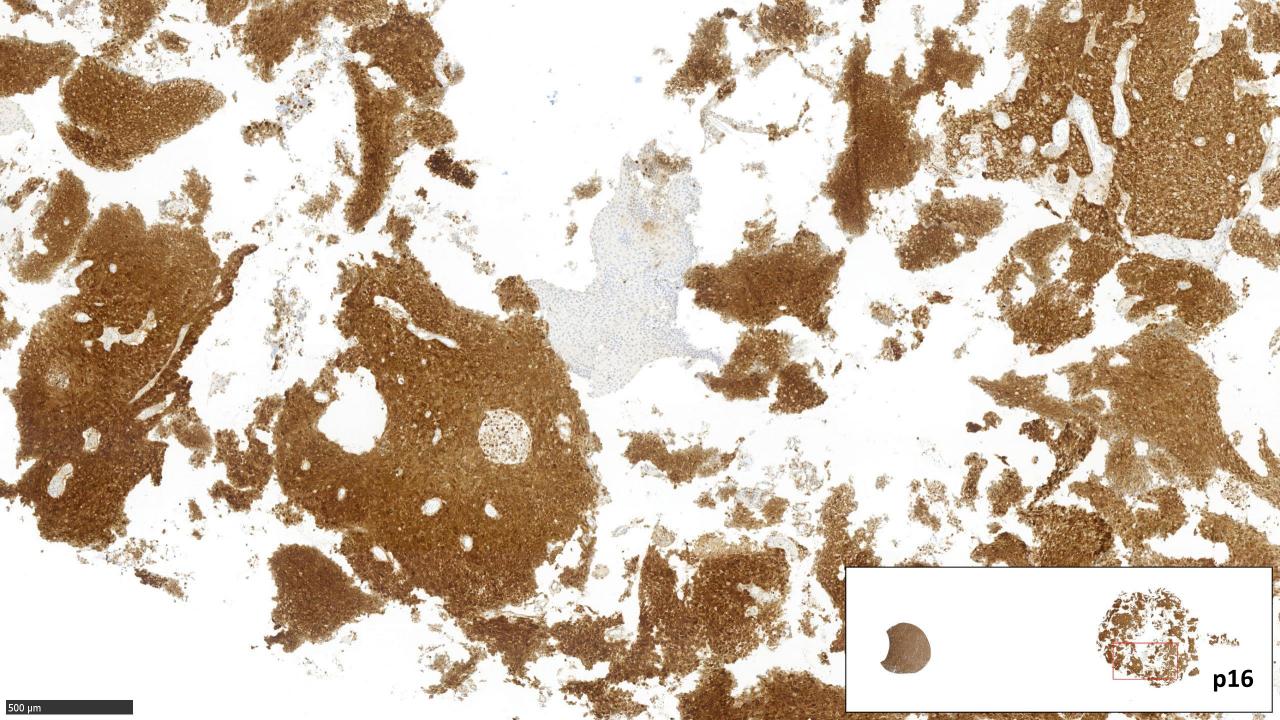


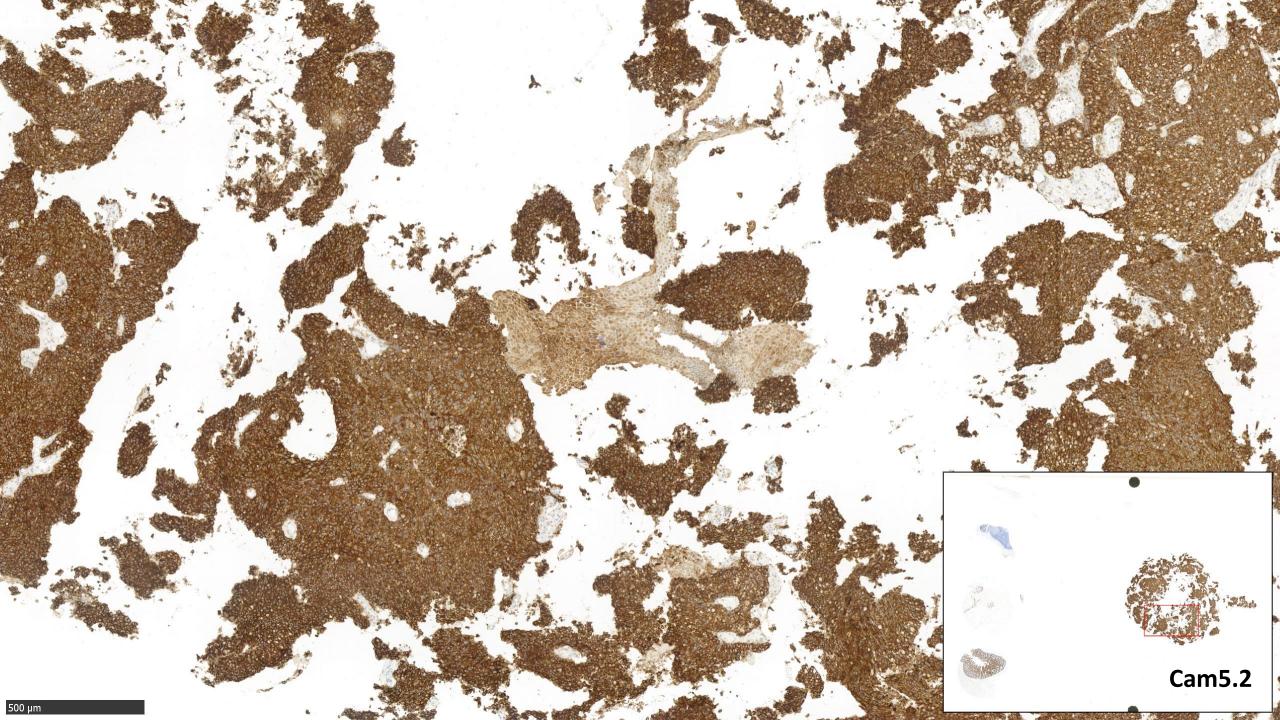
Diagnosis

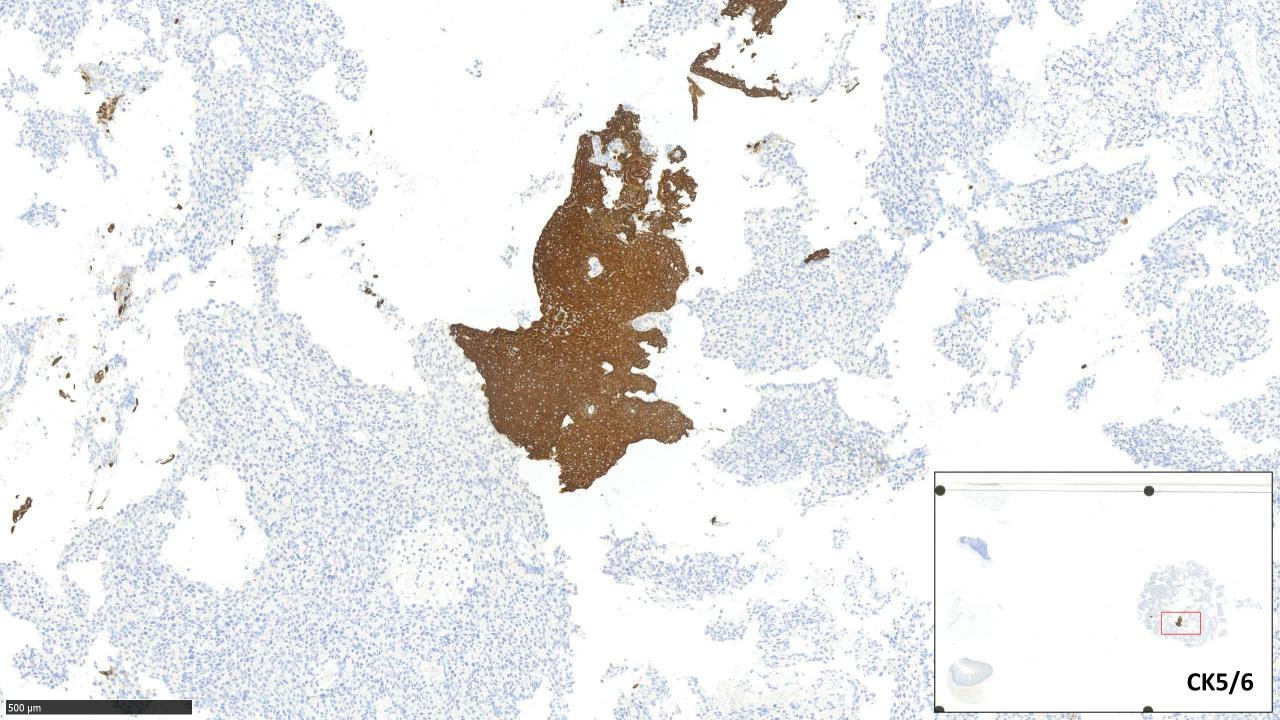
Invasive Stratified Mucin-producing Carcinoma and Stratified Mucin-producing Intraepithelial Lesion (SMILE)

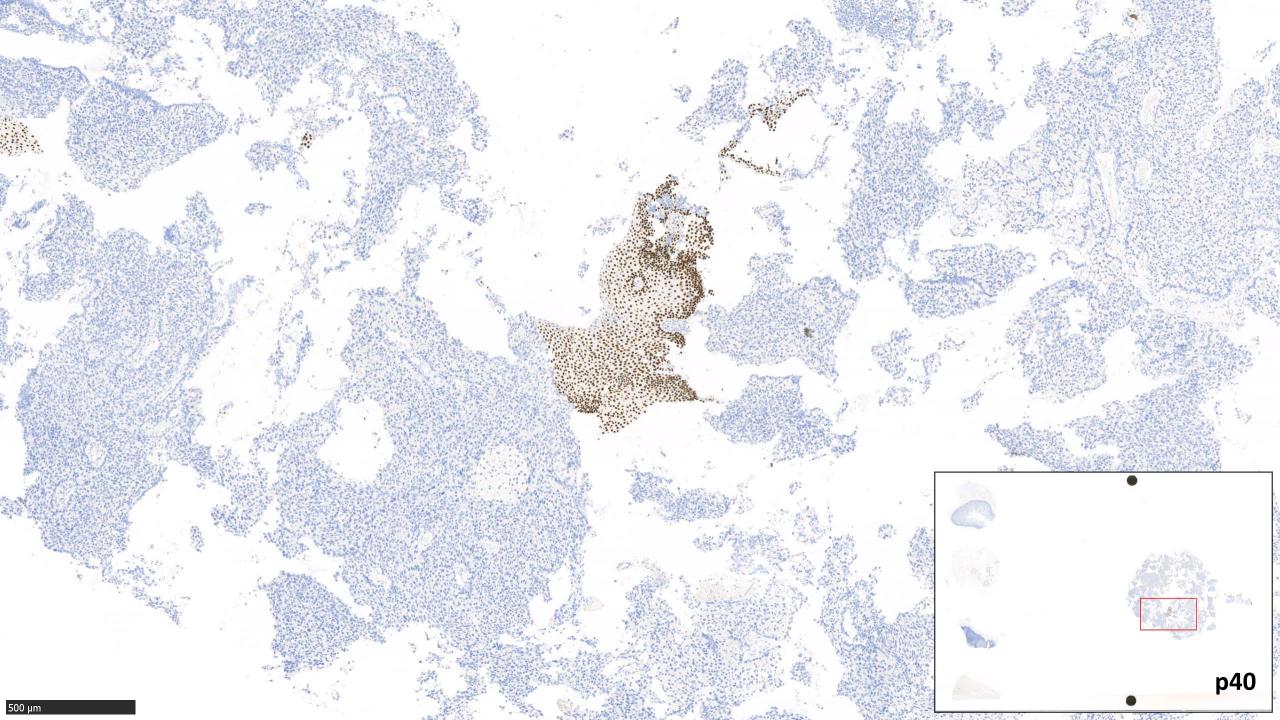
Lastra R et al Am J Surg Pathol. 2016; 40:262–9 Onishi J et al Hum Pathol. 2016 55:174–81











SMILE and ISMC

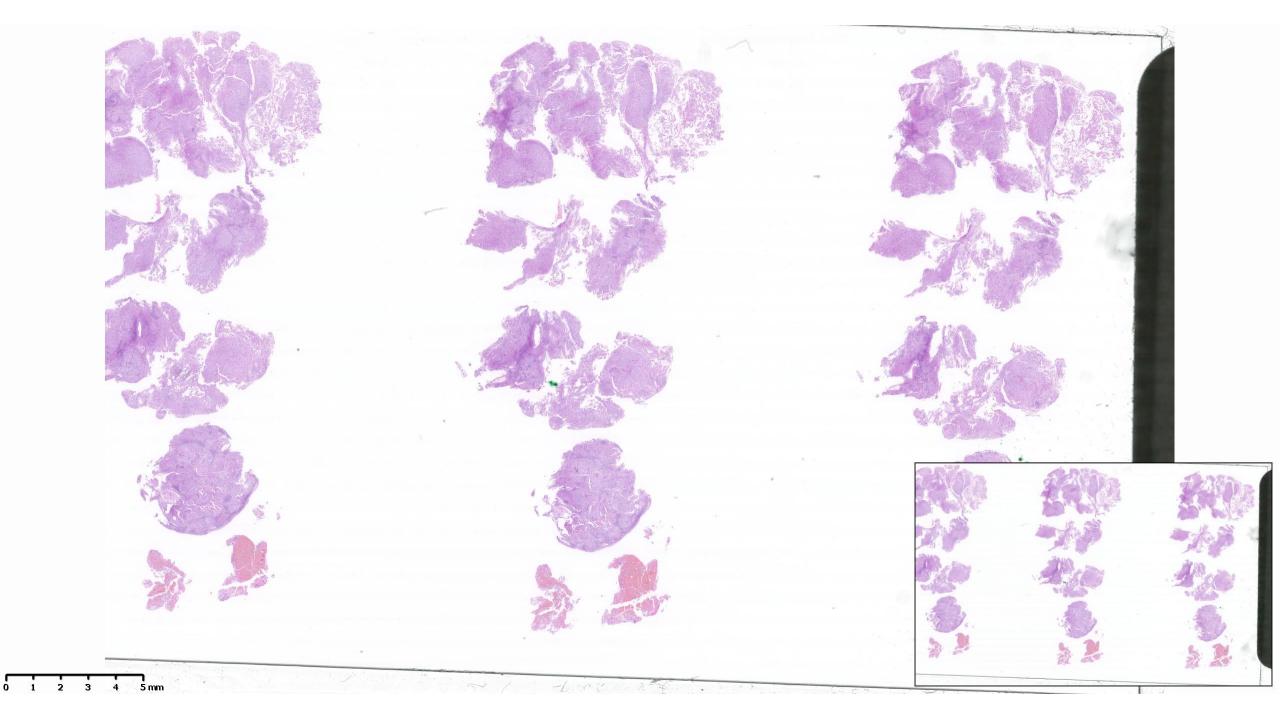
- Variant patterns of adenocarcinoma in situ, HPV-associated and adenocarcinoma, HPV-associated, mucinous type
- SMILE consists of stratified epithelium with cells containing mucin in the form of discrete vacuoles or as cytoplasmic clearing throughout all cell layers
- Nuclear atypia, hyperchromasia, mitoses and apoptotic bodies are usually present
- p16 immunohistochemistry is positive and there is a high Ki-67 proliferation index
- Often occurs in association with HSIL and/or AIS but may rarely appear as an isolated finding

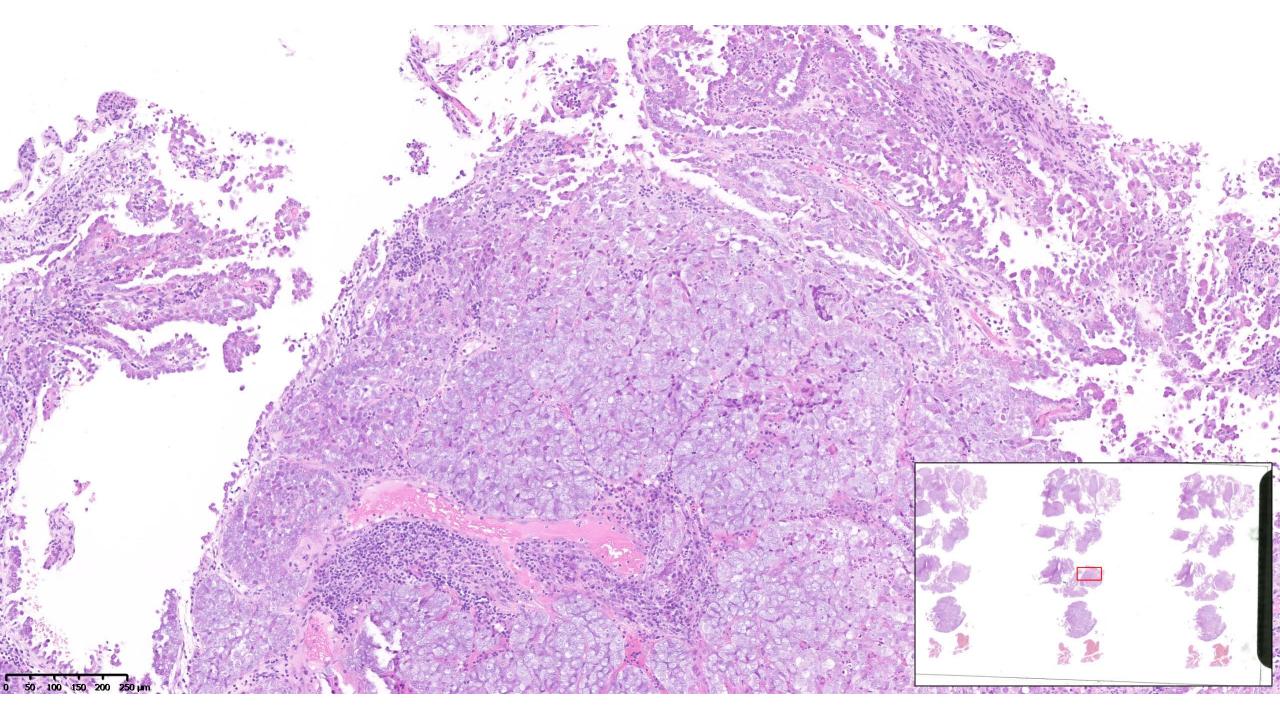
SMILE and ISMC

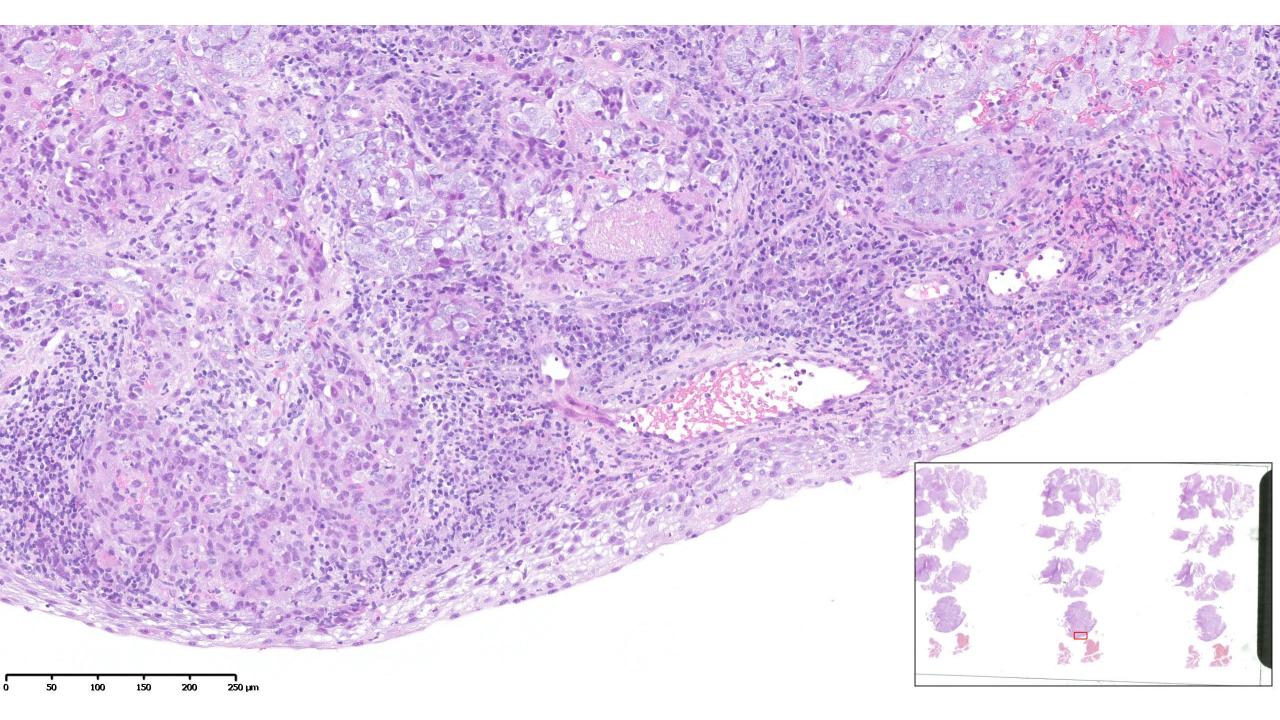
- 445 patients with HSIL, AIS, SMILE or invasive carcinoma
- 250 had only intraepithelial lesions, 195 invasive carcinomas
- 12 cases of SMILE identified
- 9 had associated carcinoma, 3 of these ISMC
- Immunoprofile (both SMILE and ISMC)
 - Cam5.2 positive diffuse
 - p16 positive diffuse
 - IMP3 positive focal
 - p63 'almost negative or only focally positive'

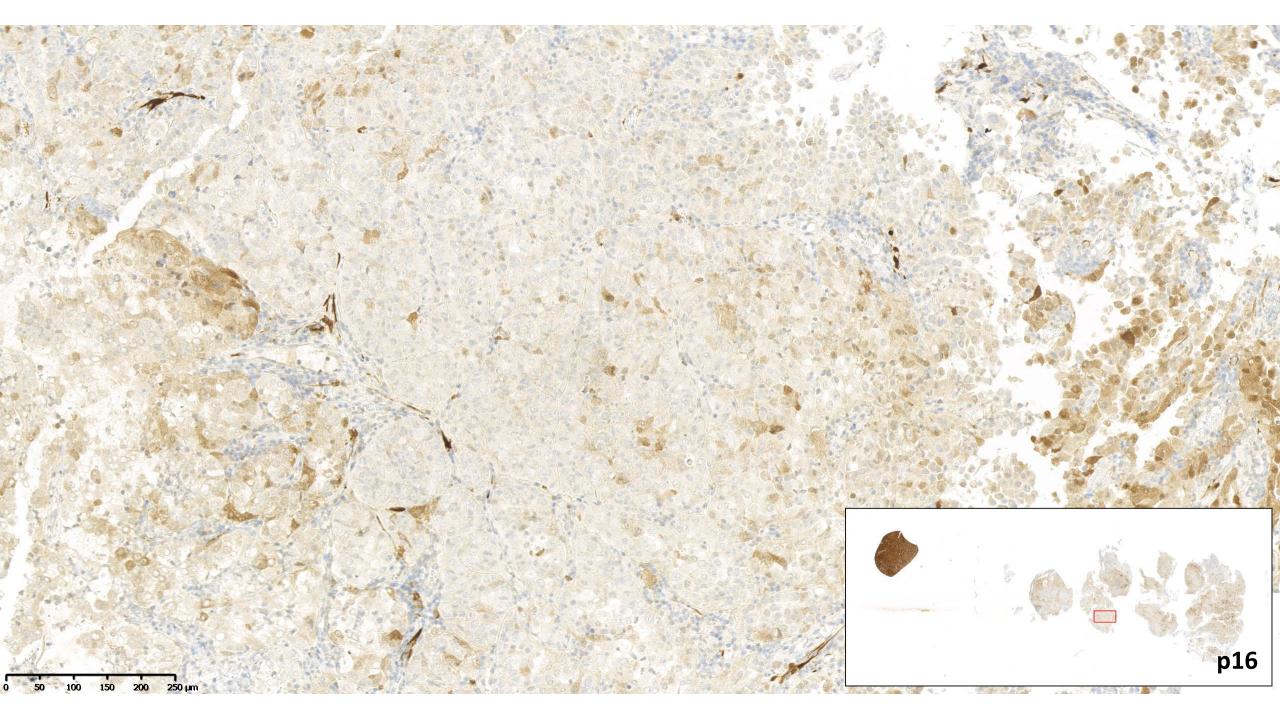
Case 3

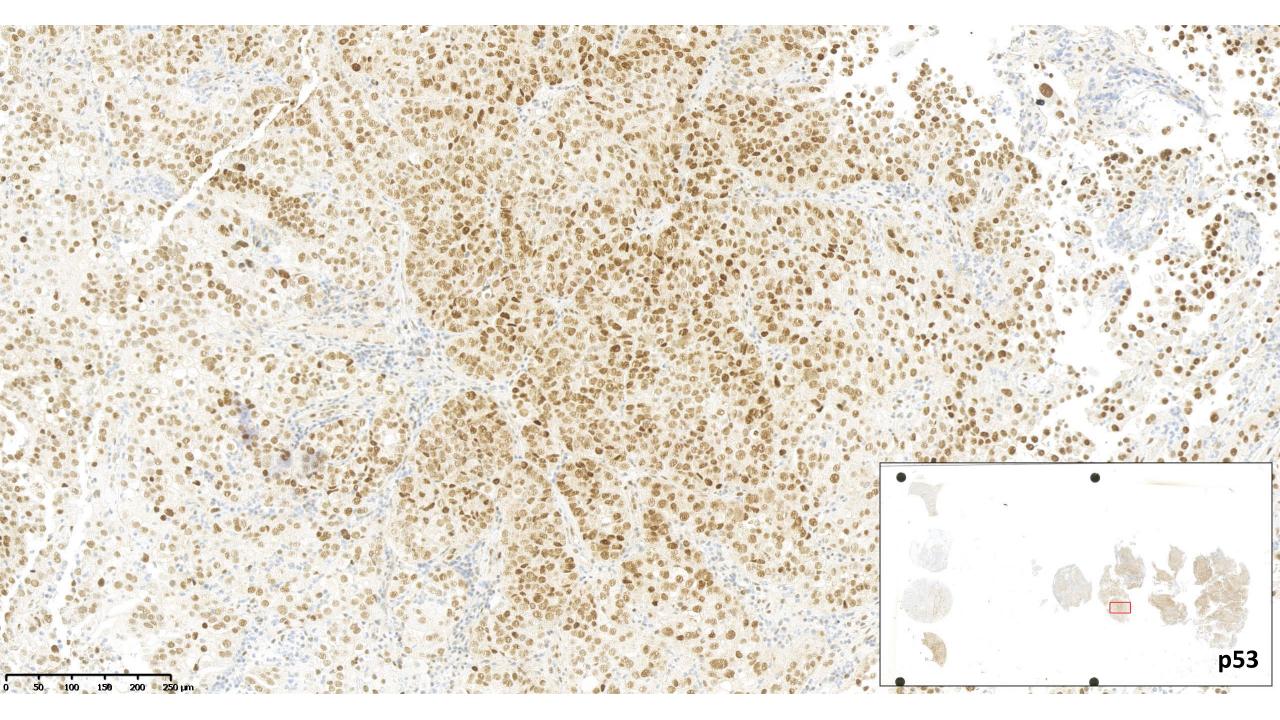
- Female aged 49
- Intermenstrual bleeding
- Smear negative
- Friable growth on cervix, 2 cm, bleeds easily on touch
- Cervical biopsies x 3

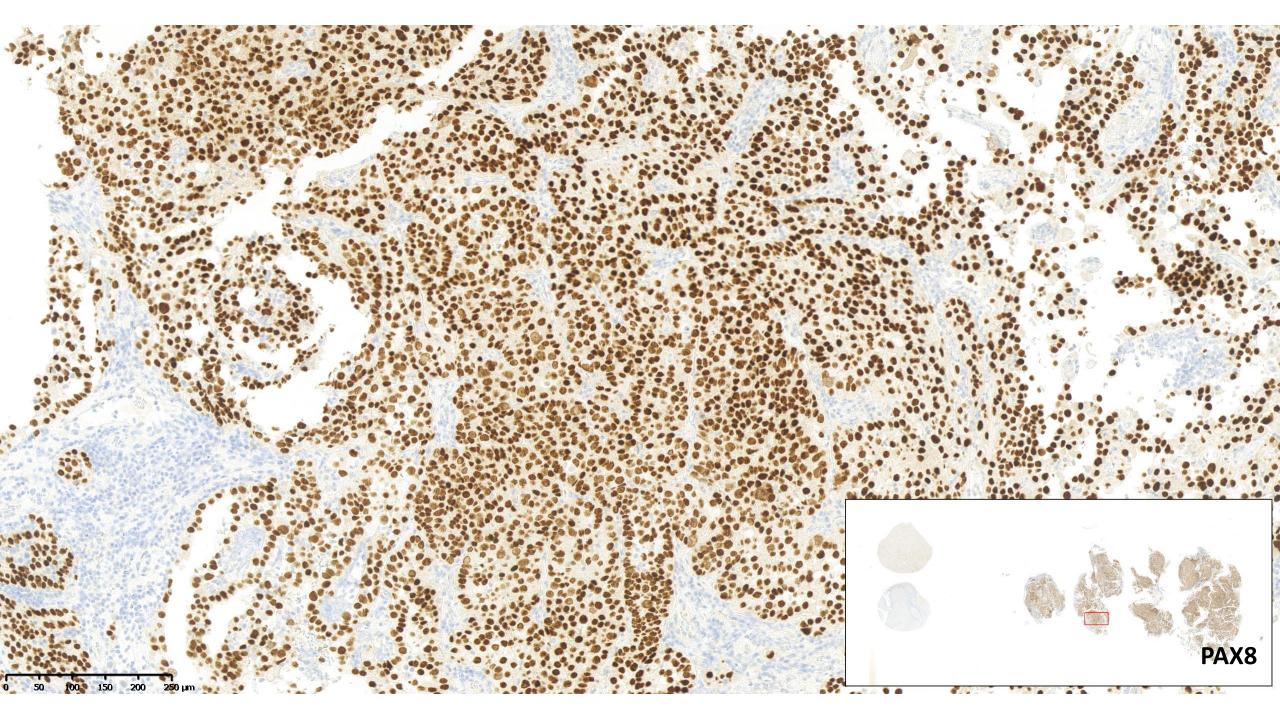


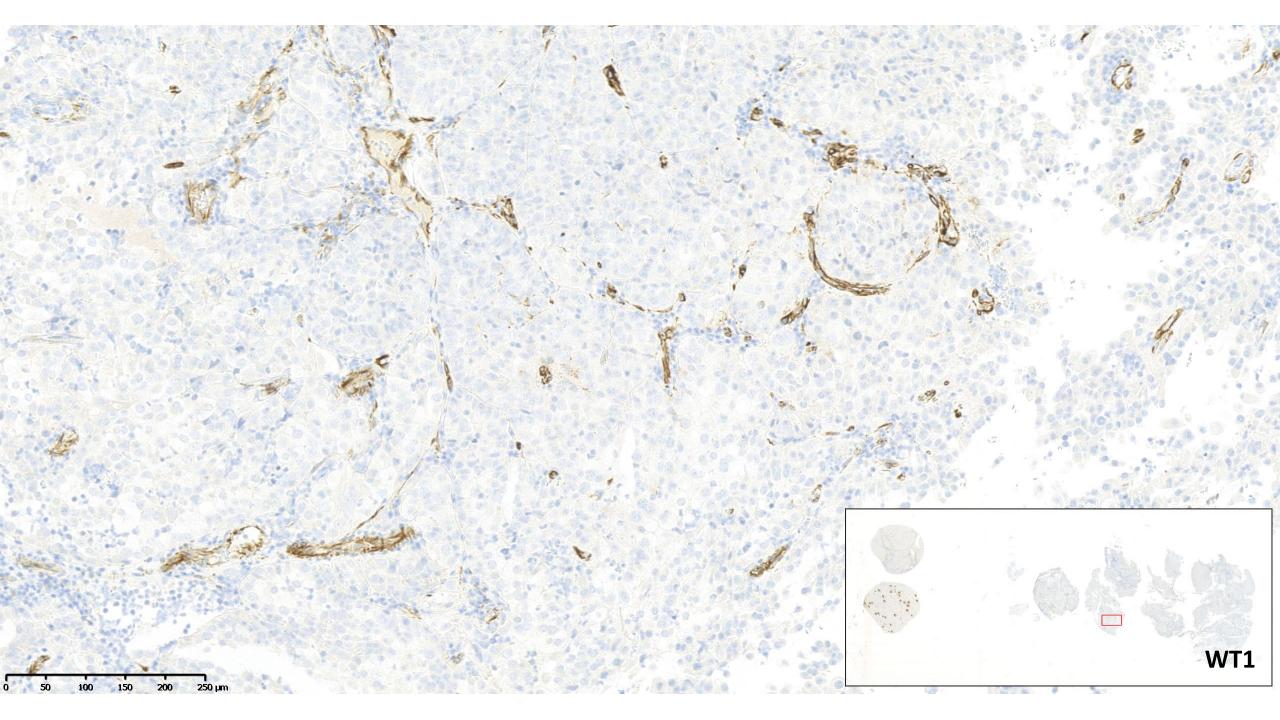






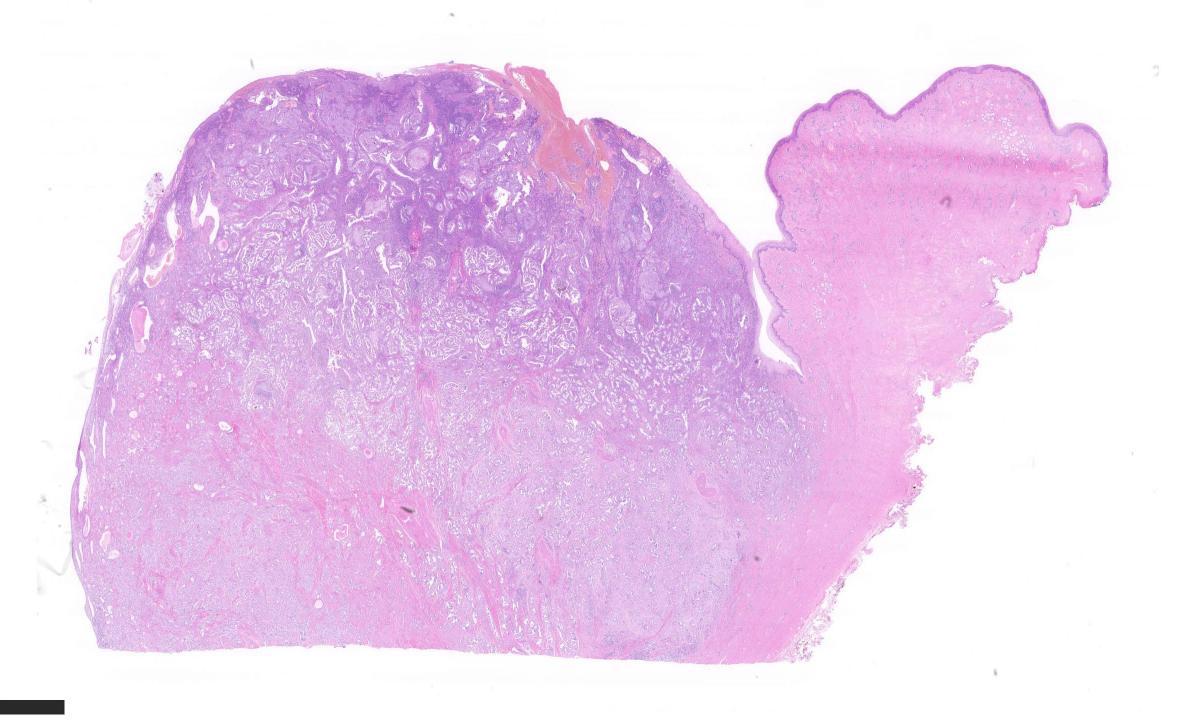


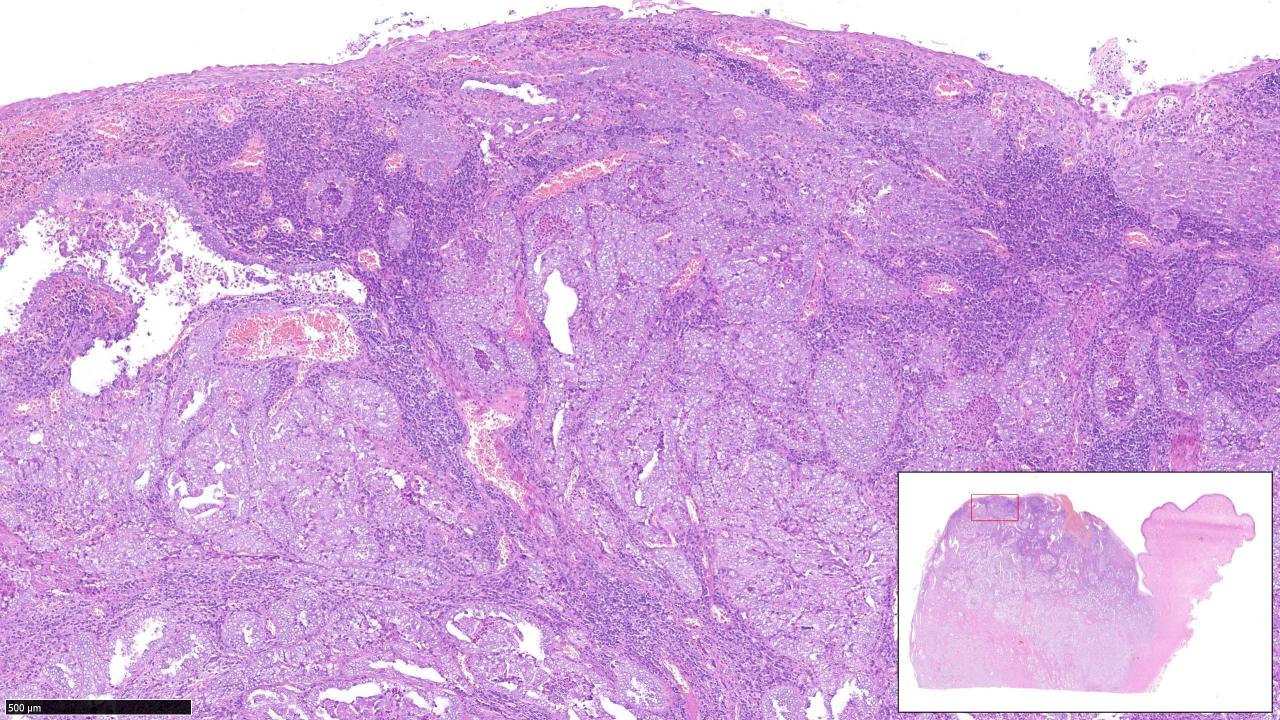


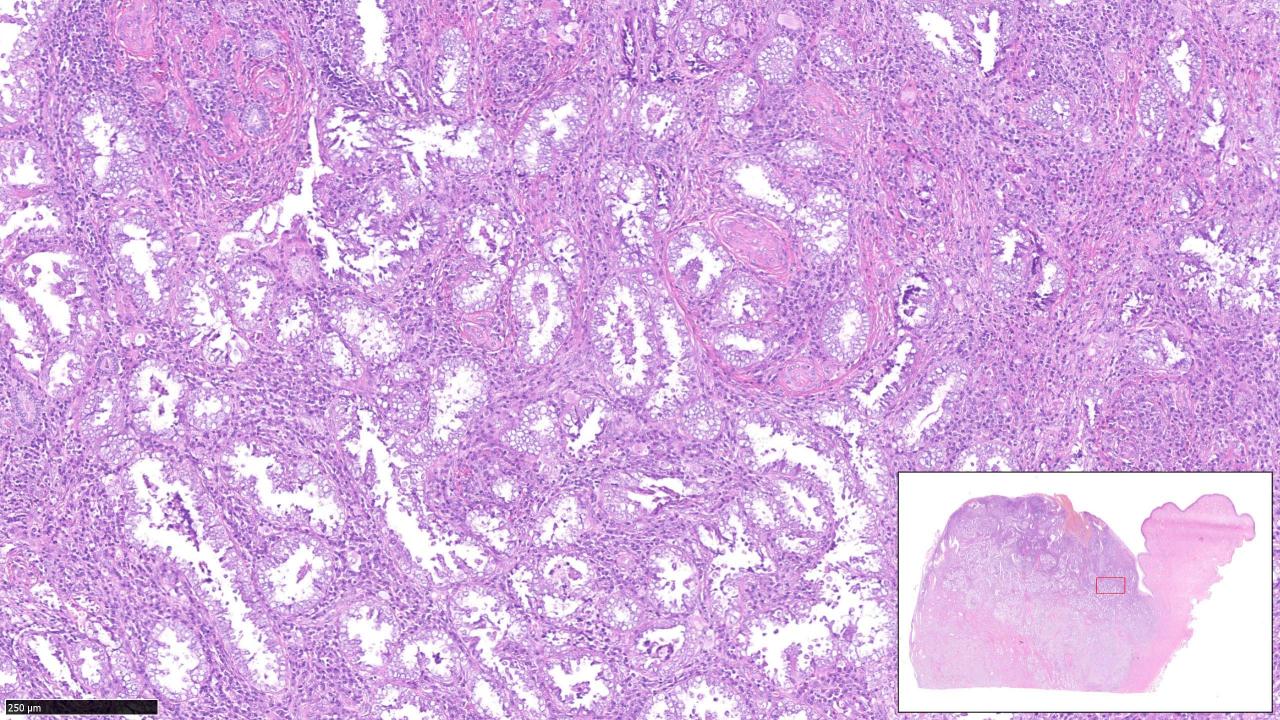


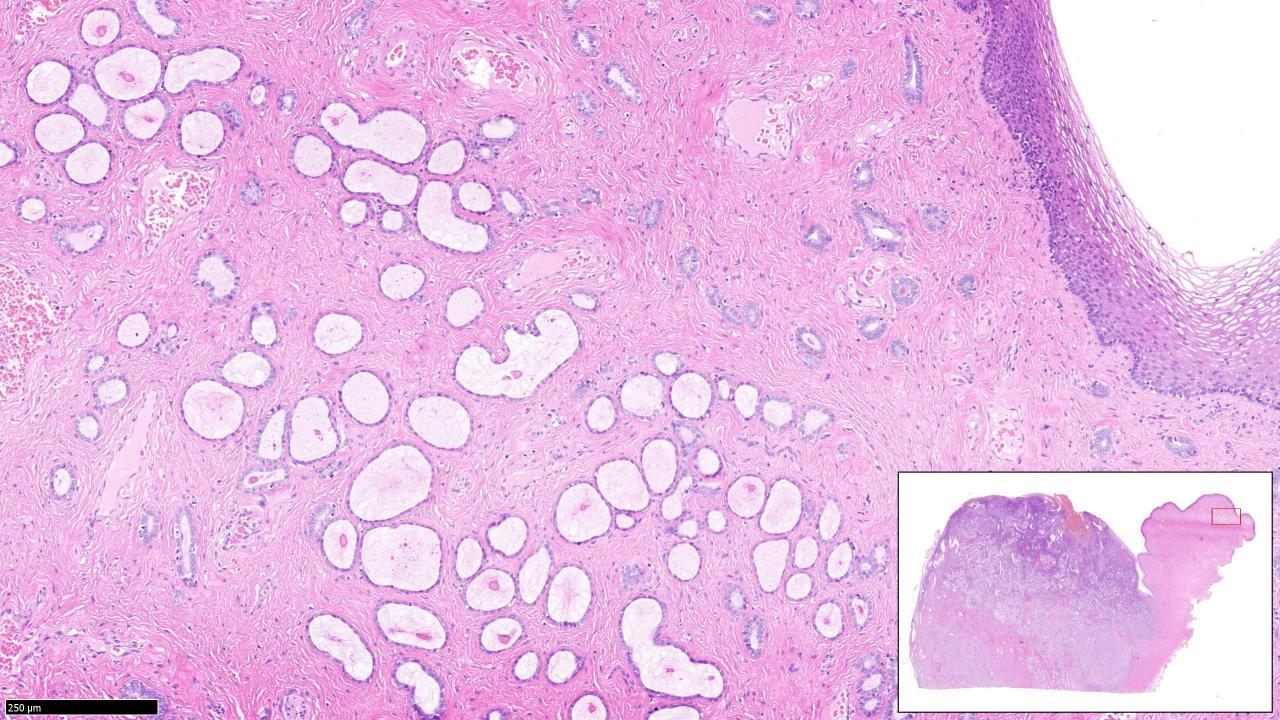
Subsequent operation

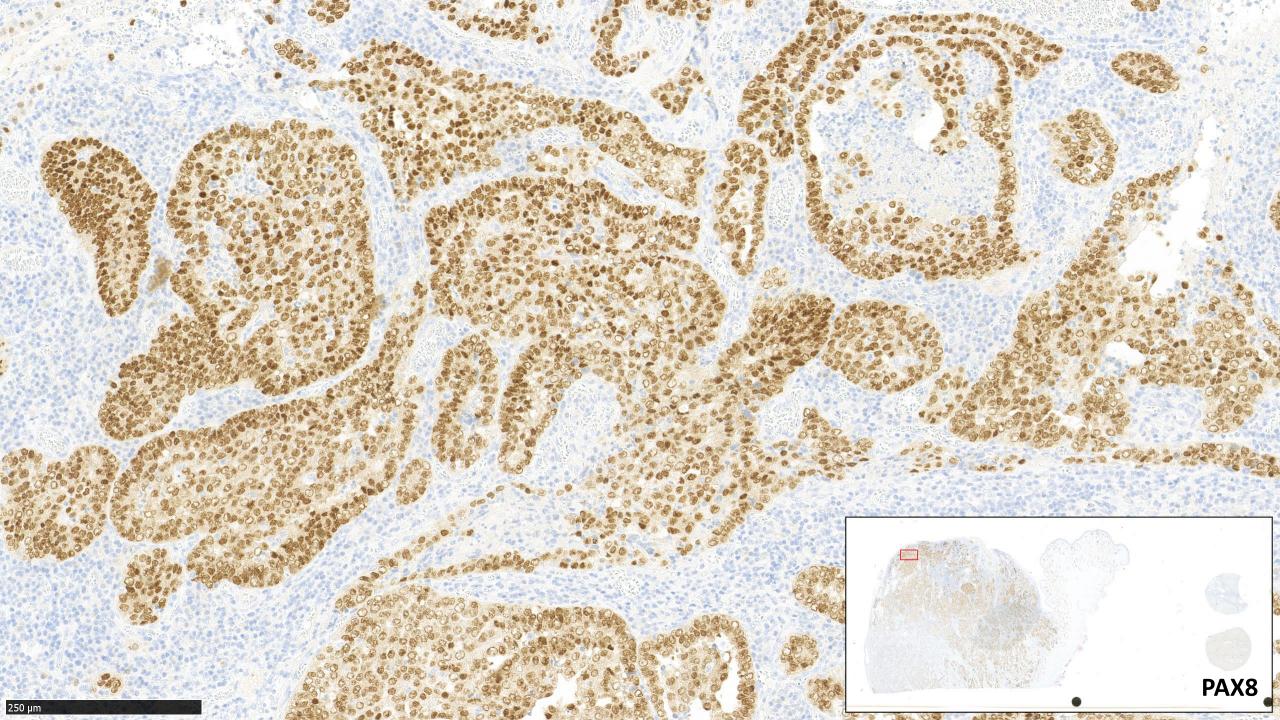
- Wertheim's hysterectomy
- Pelvic and para-aortic lymph node dissection
- Omental biopsy
- Findings
 - Cervical tumour 29 mm in diameter
 - Lymph nodes negative
 - Omentum negative

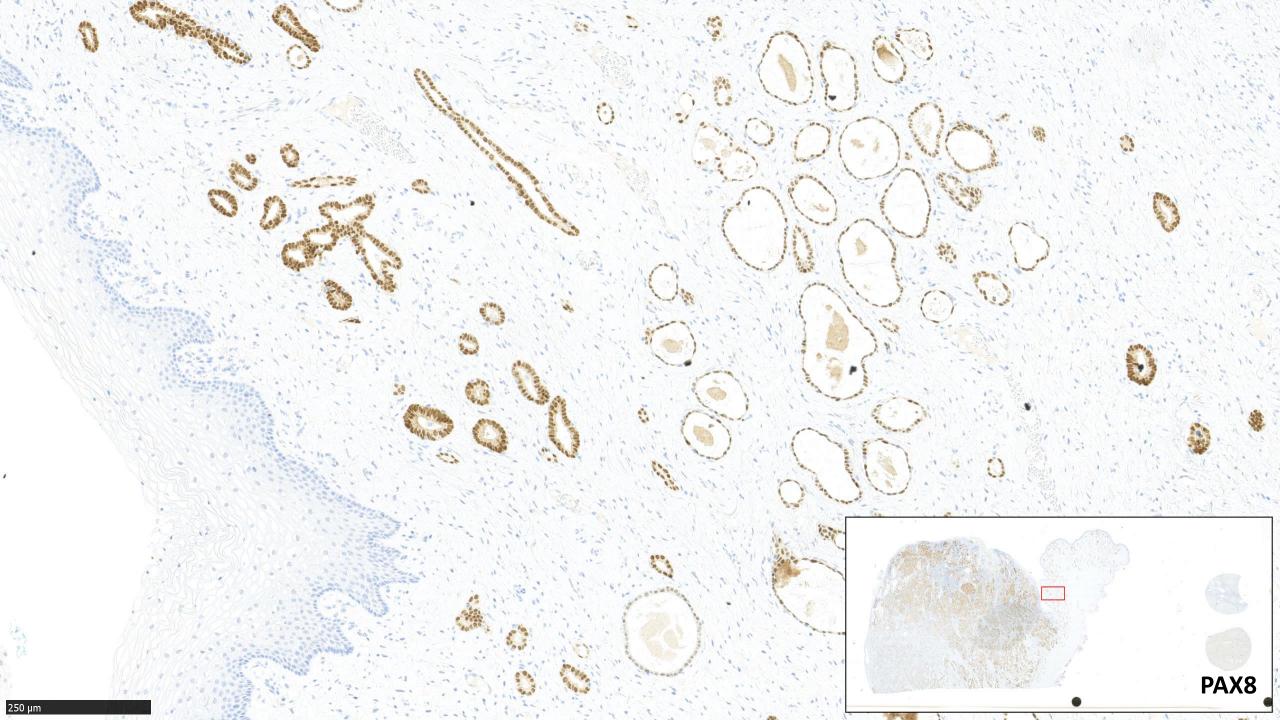


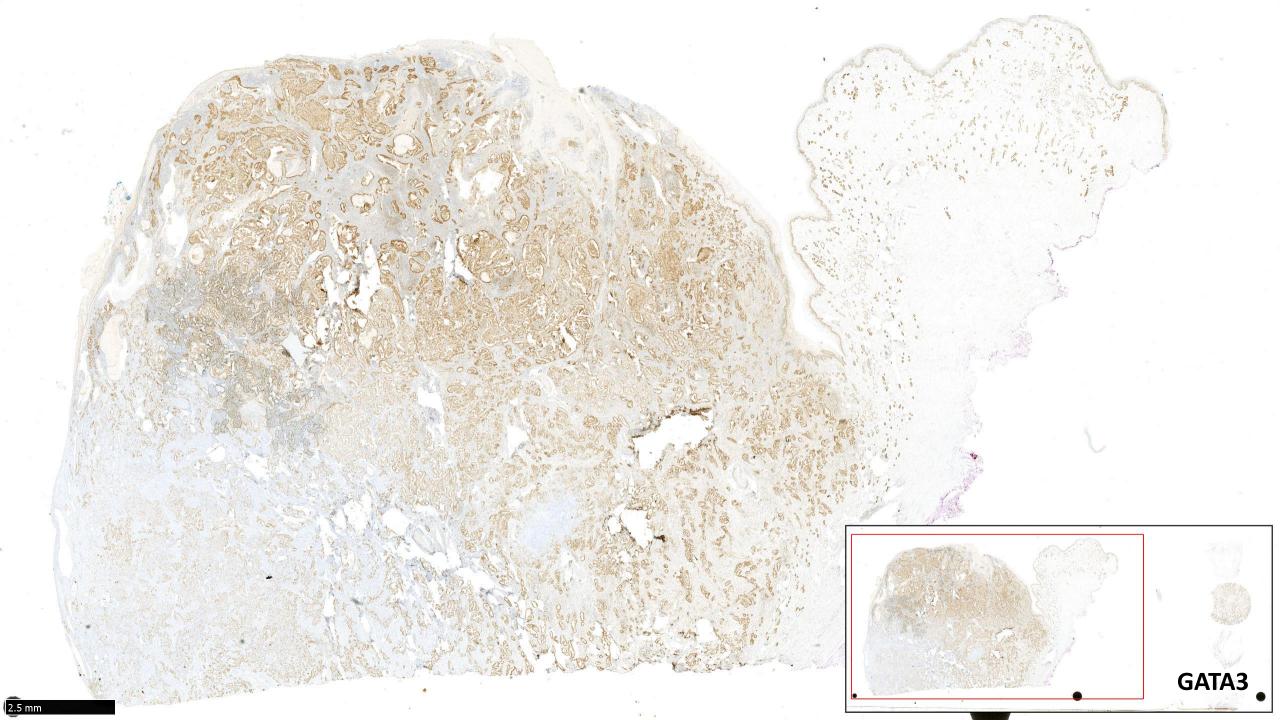












Diagnosis

Mesonephric Carcinoma of the Cervix

Mesonephric Lesions of the Cervix

- Mesonephric duct remnants
- Mesonephric hyperplasia
 - Lobular
 - Diffuse
- Mesonephric carcinoma
- Malignant mixed mesonephric tumour

Mesonephric Lesions of the Cervix

- Typically GATA3 positive
 - But 20% (23/113) carcinosarcomas also stain
- Calretinin, CD10 and p16 less useful
- Typically TTF1 negative

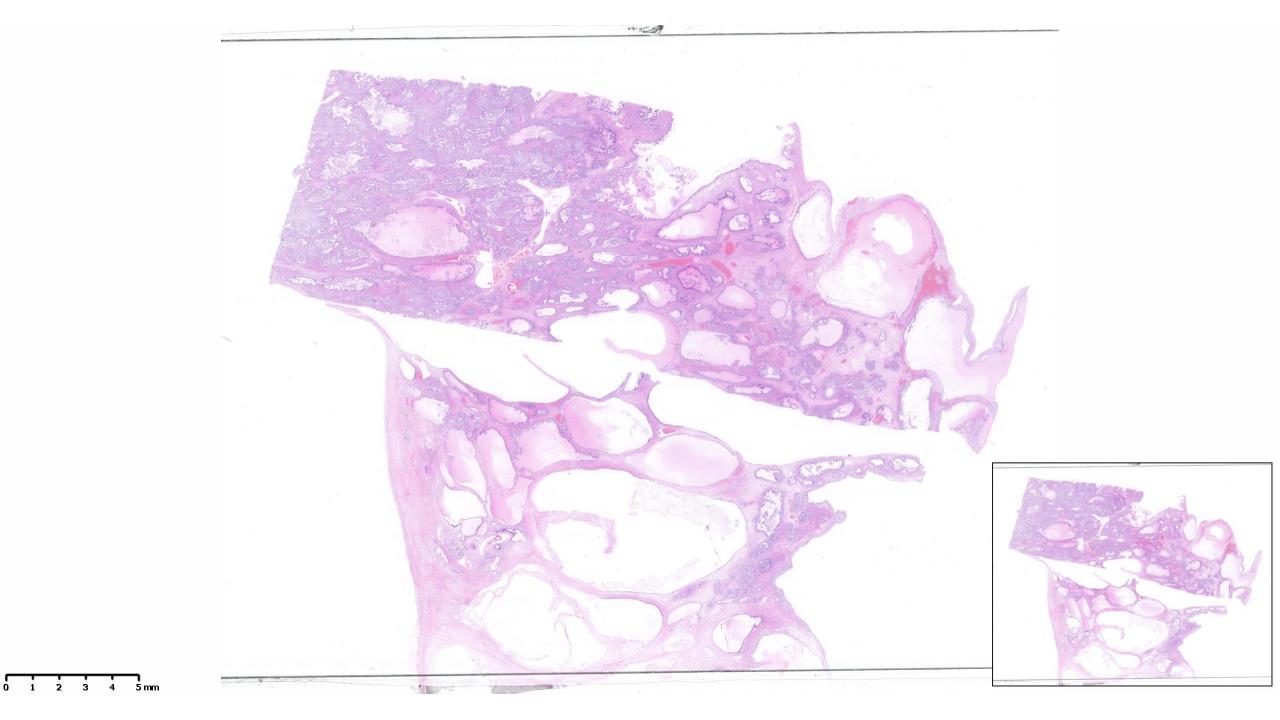
Howitt BE et al Am J Surg Pathol 2015; 39: 1411-9

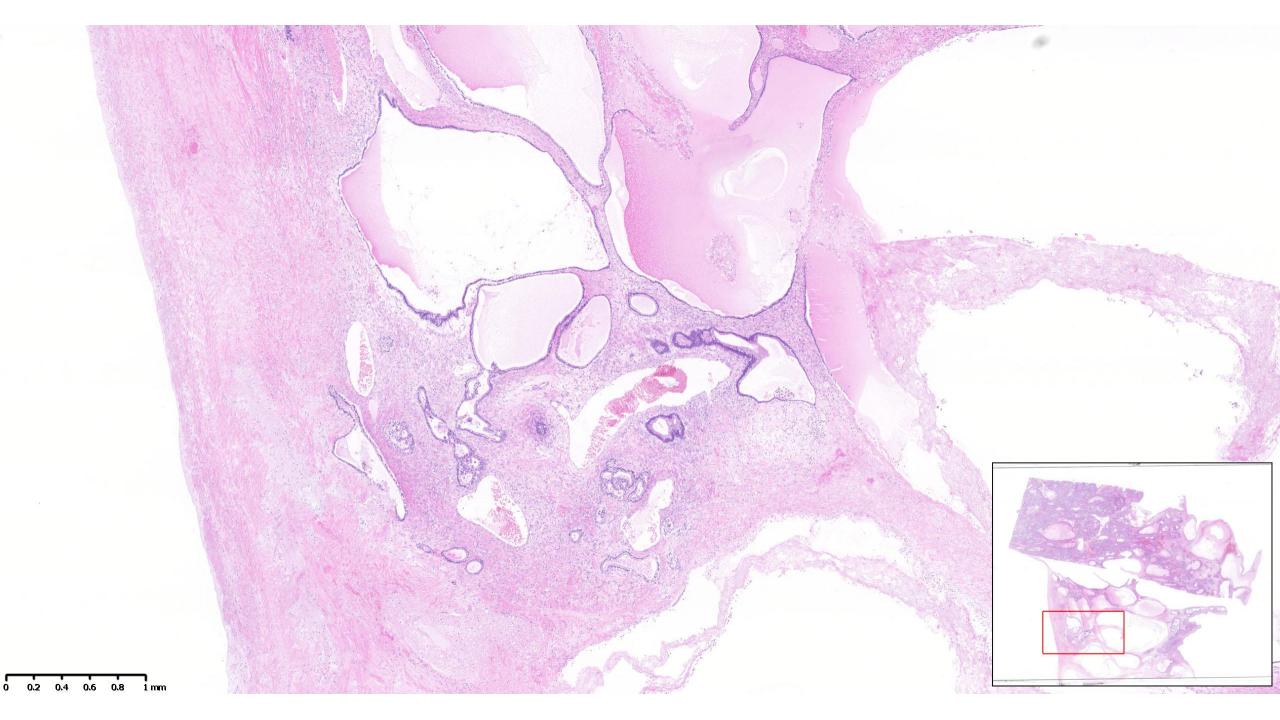
Roma AA et al Int J Gynecol Pathol 2015; 34: 480-6

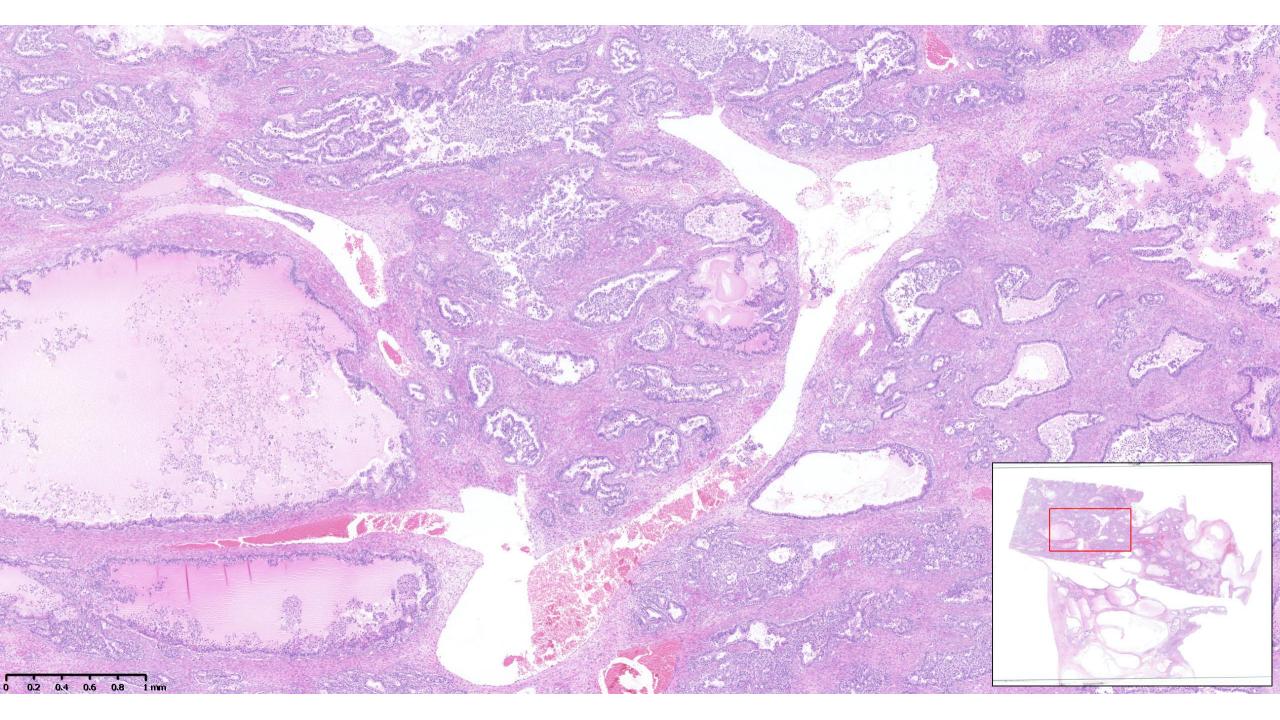
Pors et al Am J Surg Path 2018; 42: 1596-1606

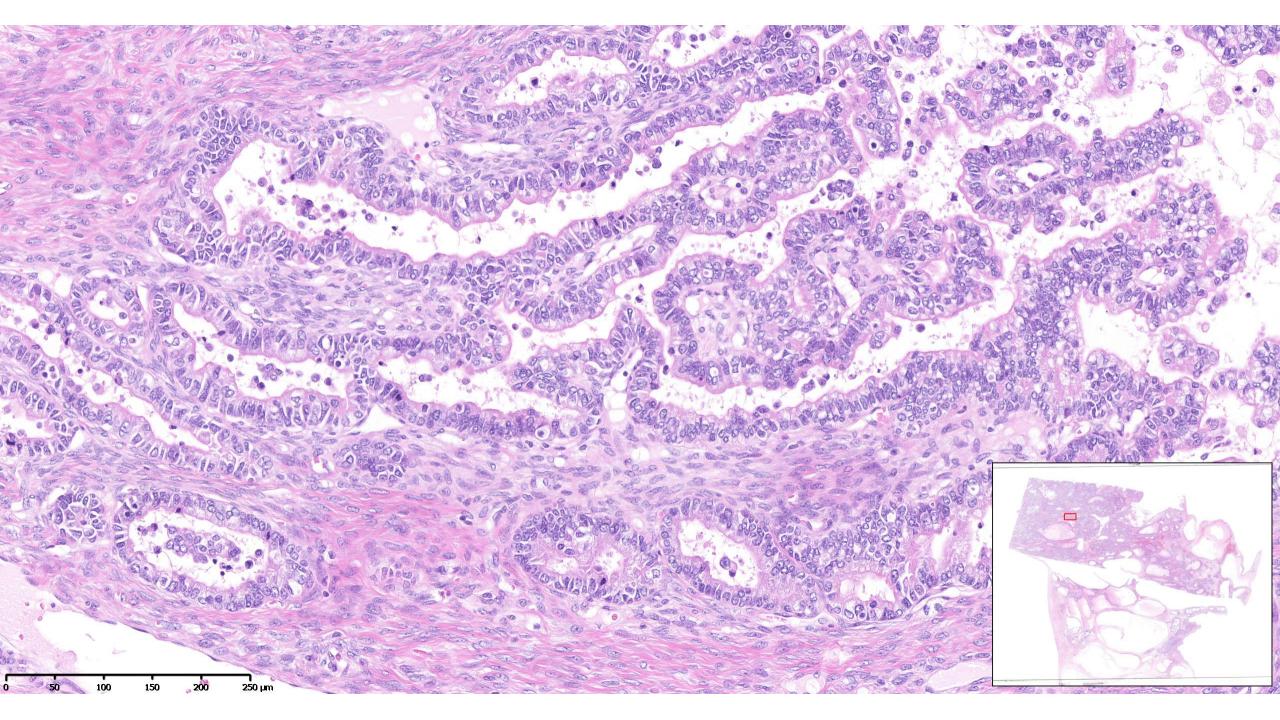
Case 4

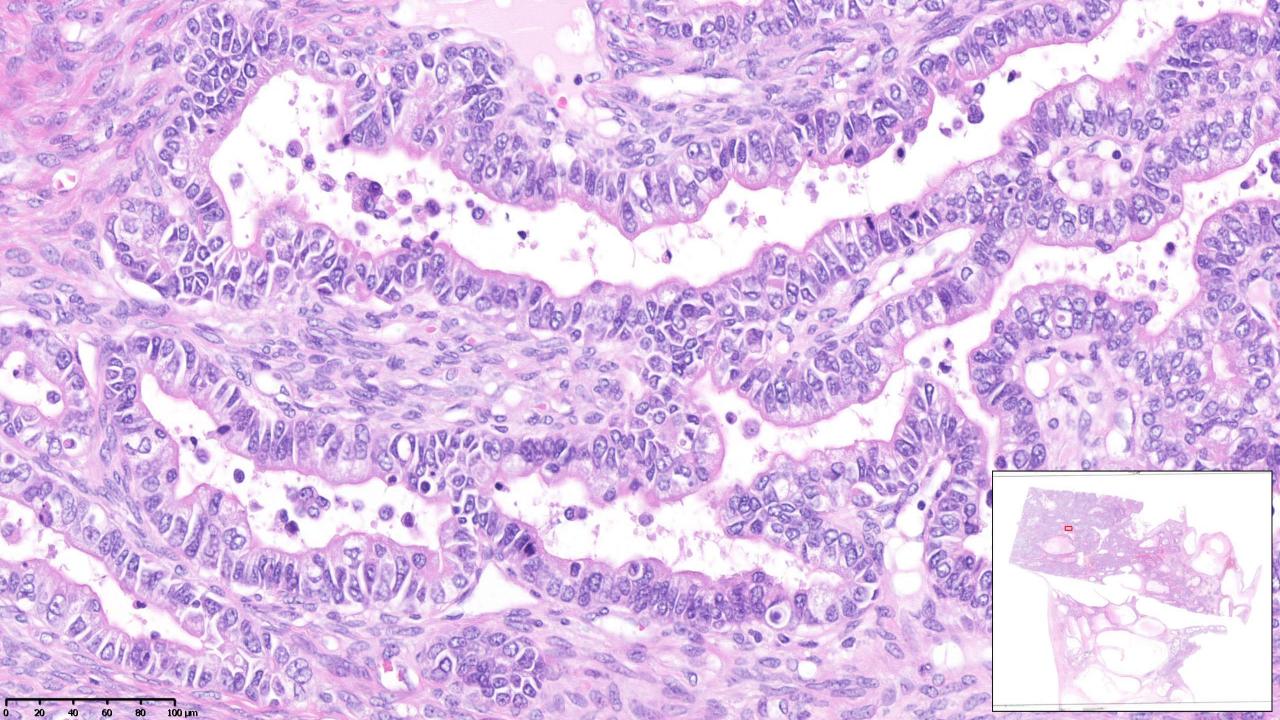
- Female aged 78
- BSO and omental biopsy
- CA125 increased to 130.
- Previous radical radiotherapy for cervical cancer
- Multicystic right ovarian mass 190 x 120 x 80 mm, weighing 620g

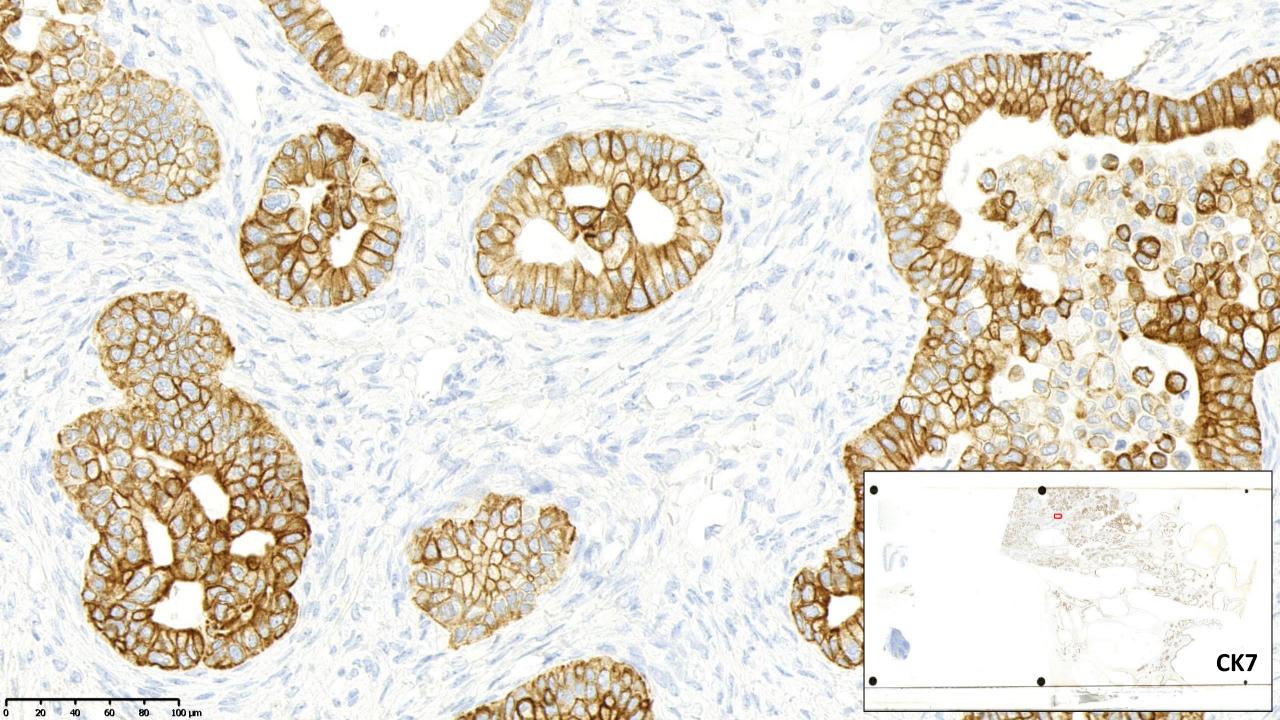


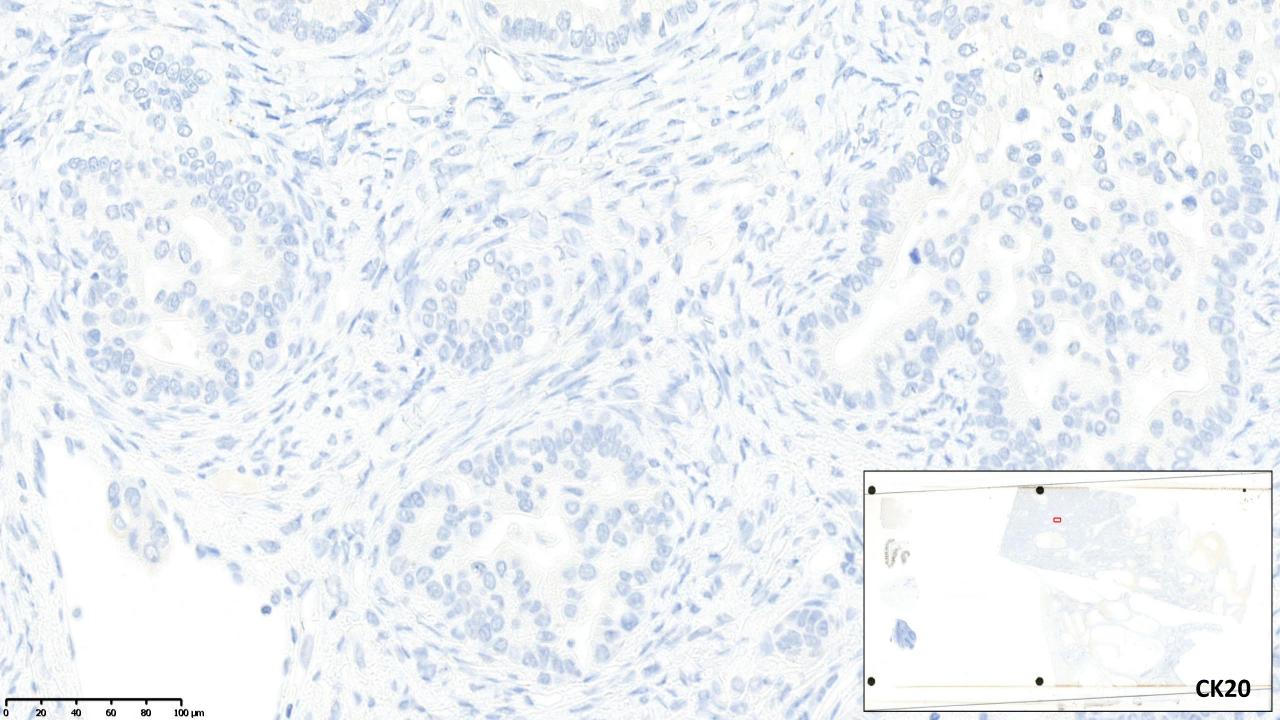


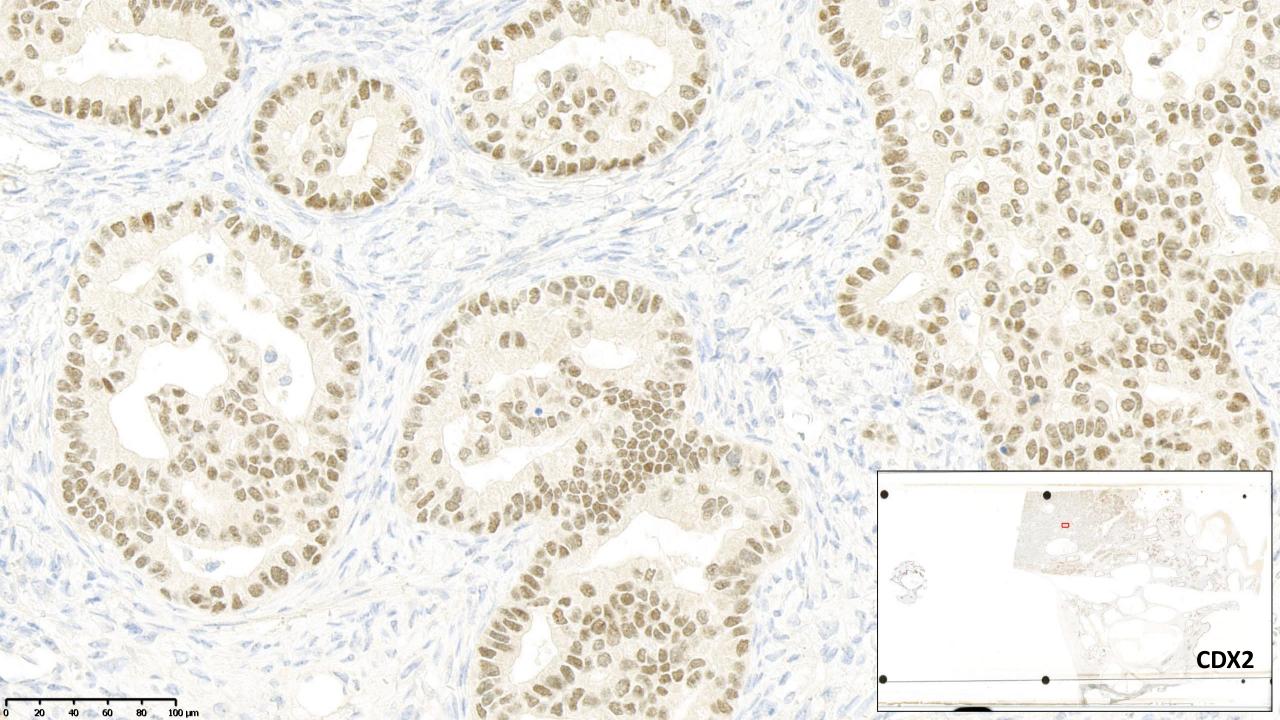


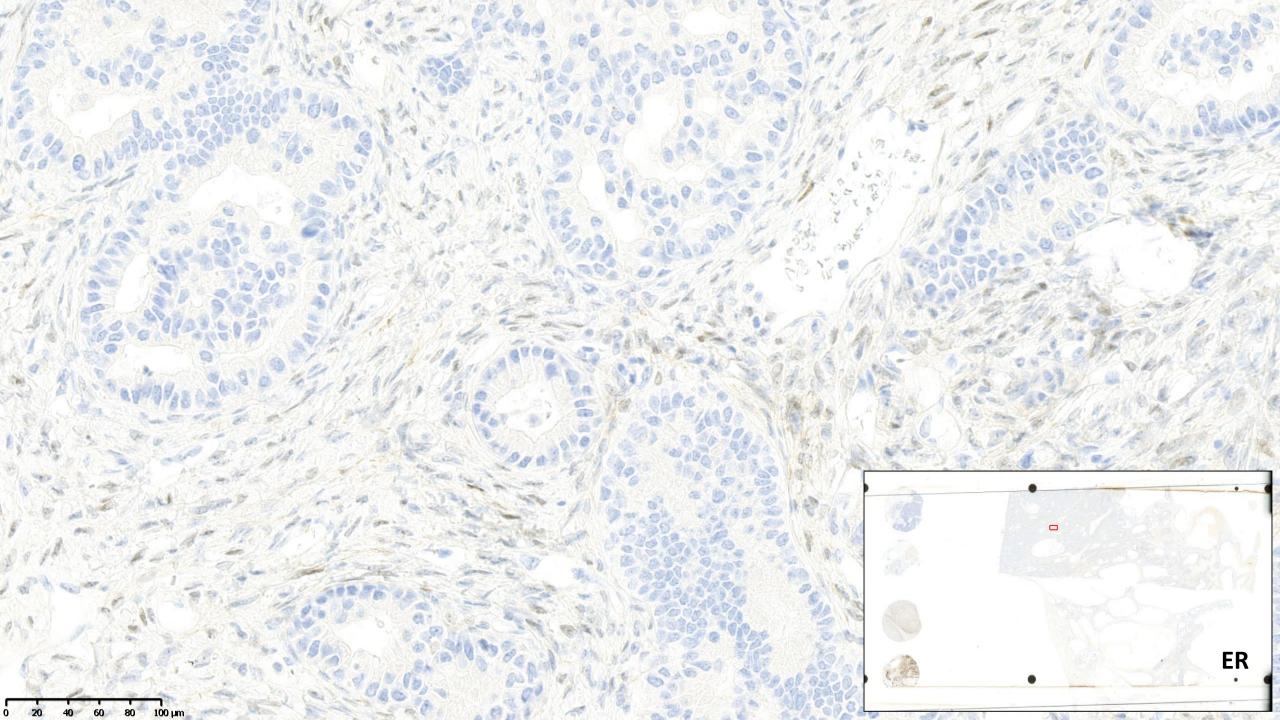


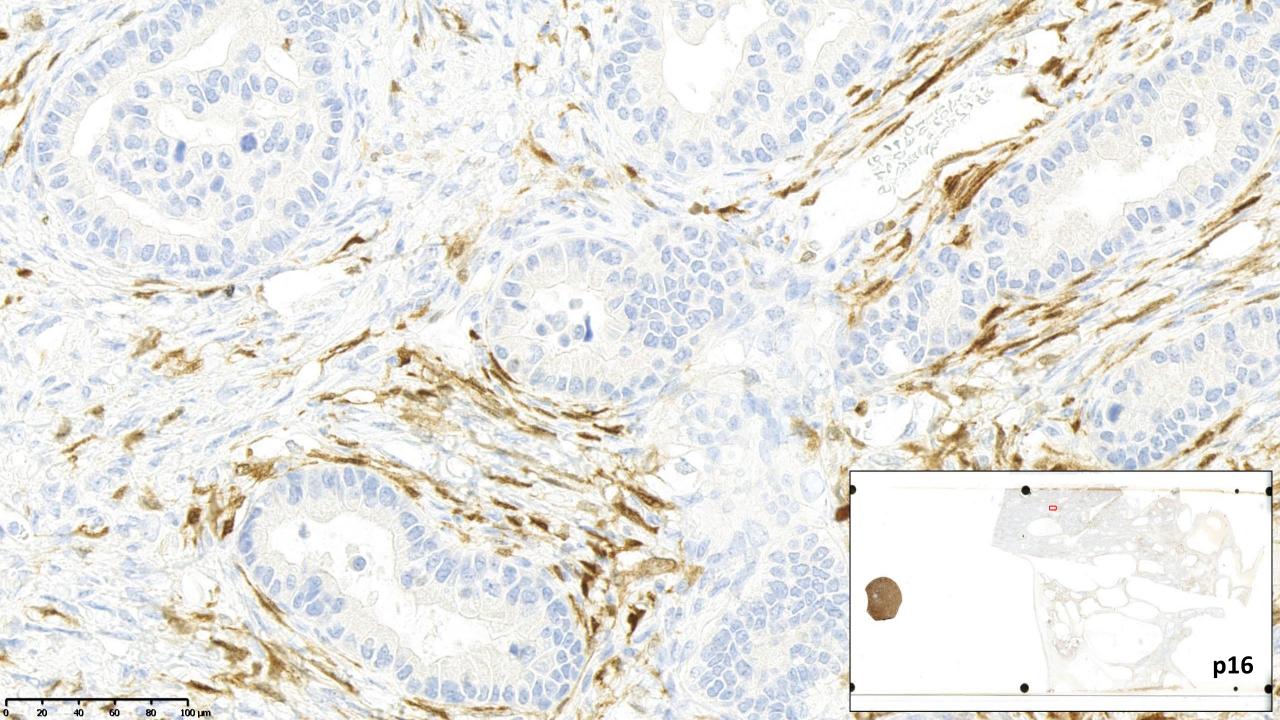










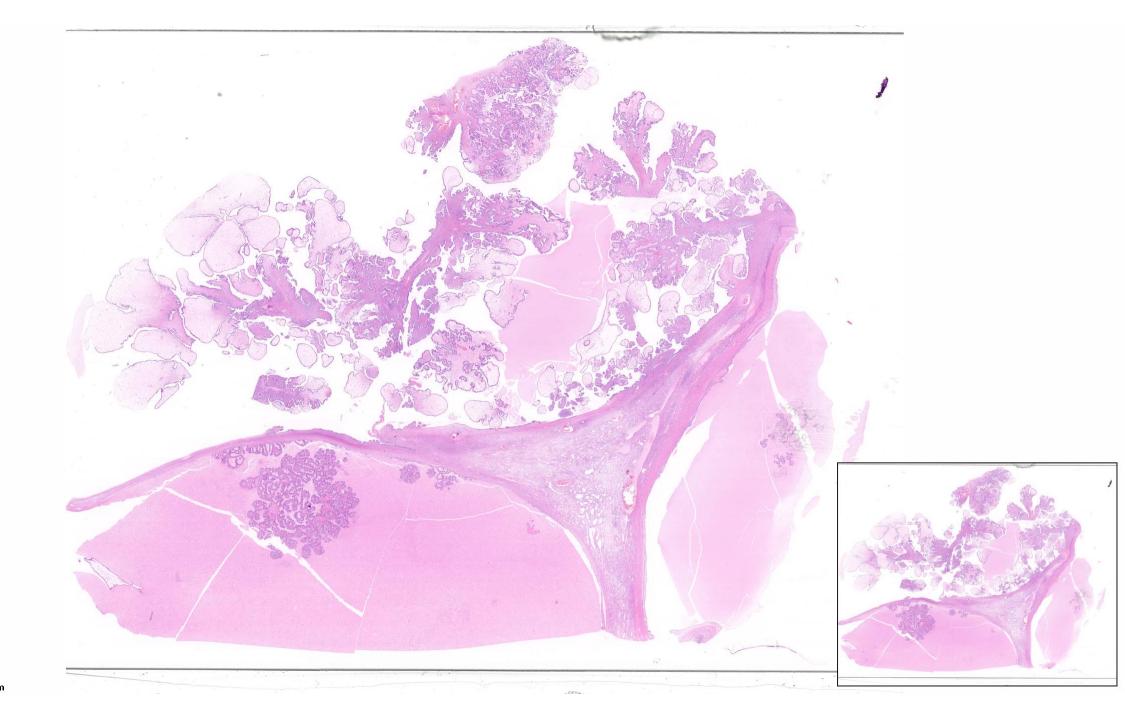


Diagnosis

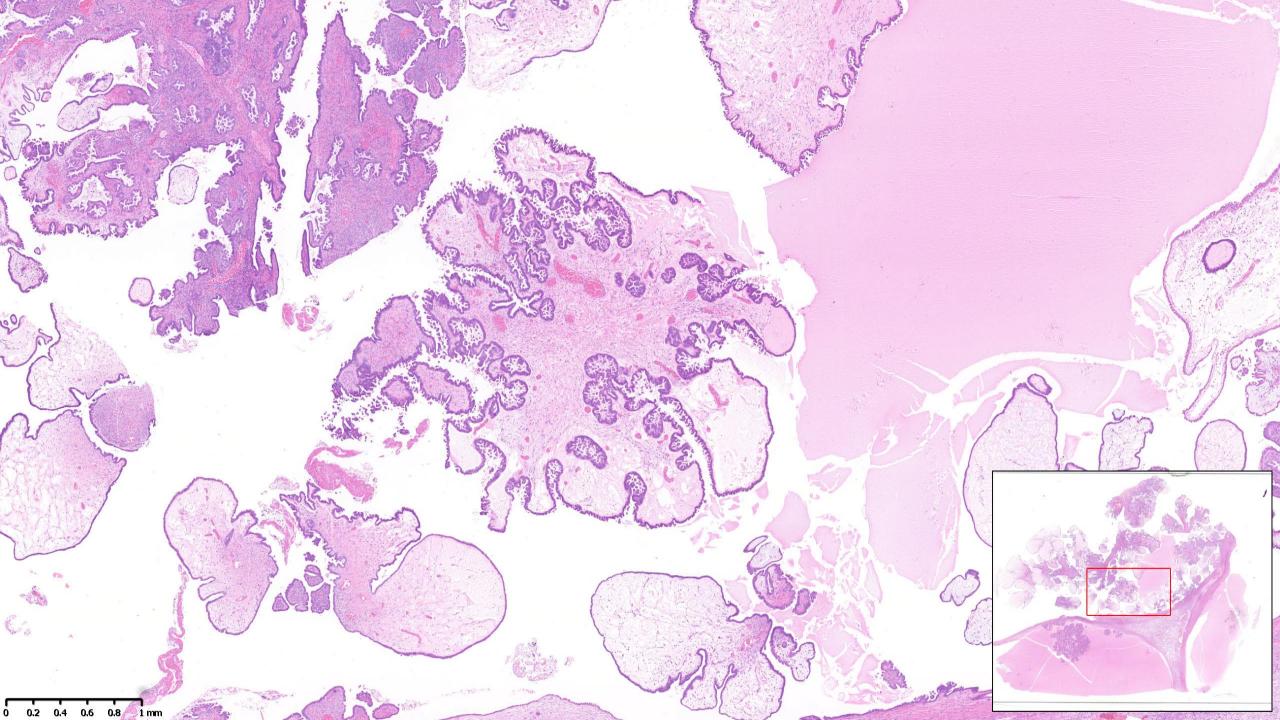
Metastatic Gastric-Type Adenocarcinoma of the Cervix

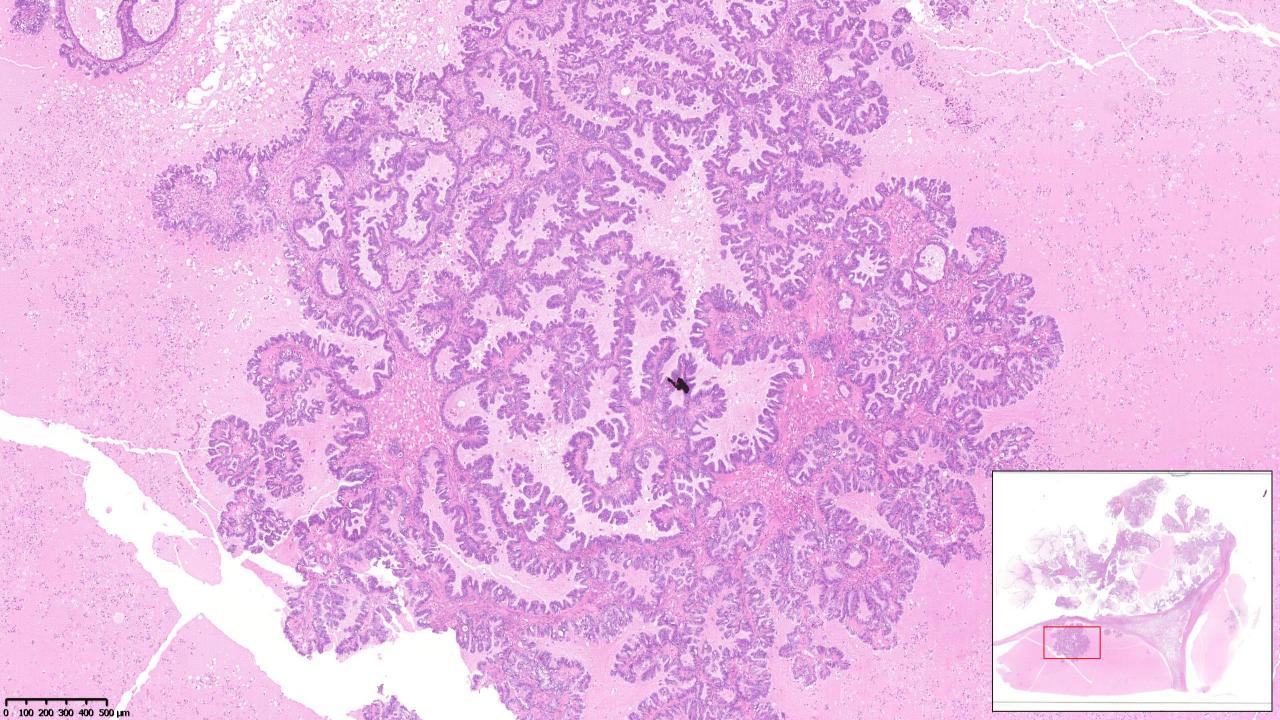
Case 5

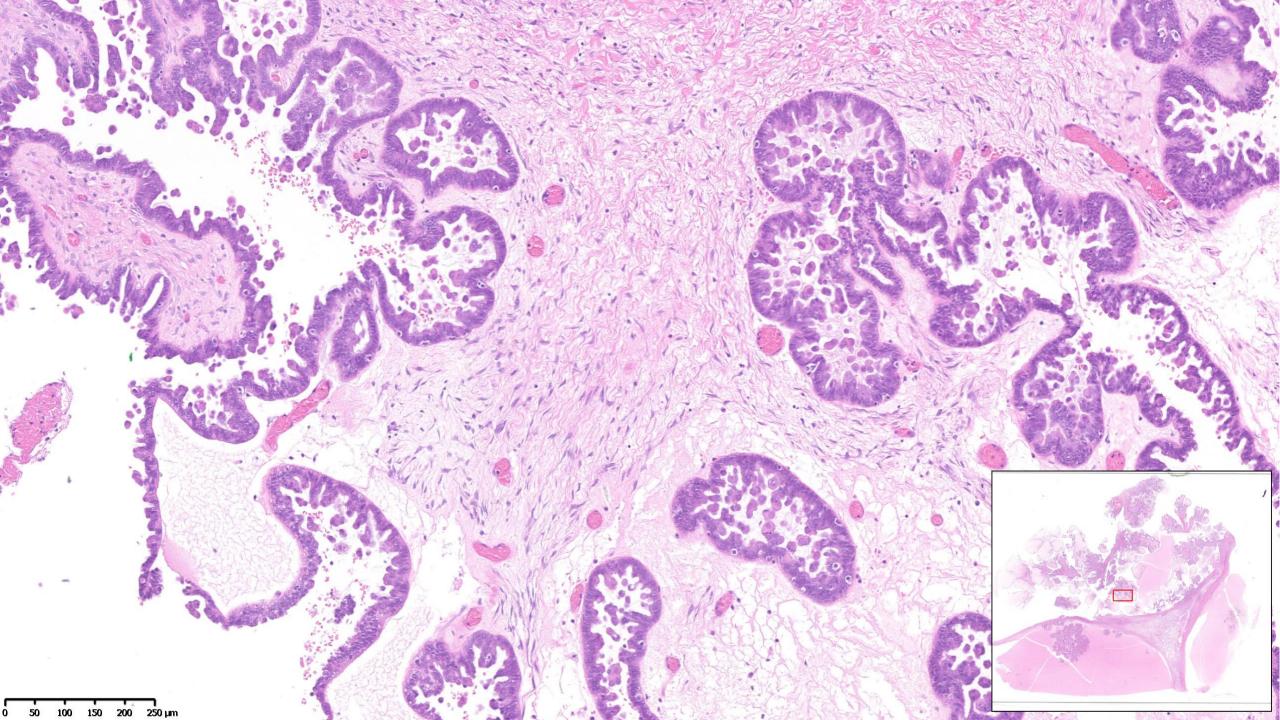
- Female aged 45
- Emergency admission with abdominal pain
- CT suggested dermoid cyst
- At laparotomy, disease involving uterus and colon
- Received TAH, BSO, omentum, sigmoid colon, peritoneal biopsy and washings
- Bilateral cystic ovarian masses 140 x 90 x 70 and 85 x 80 x 50 mm with surface papillary excrescences
- Sections from the (A) right ovarian tumour and (B) colon

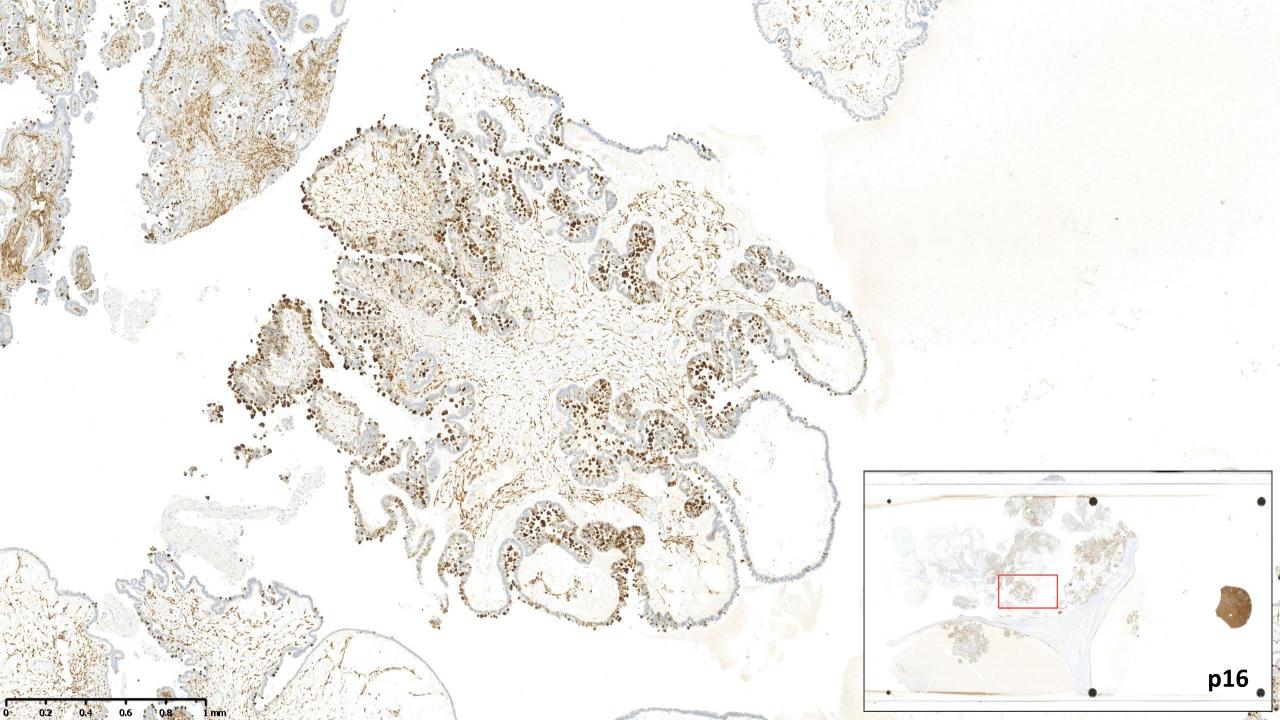


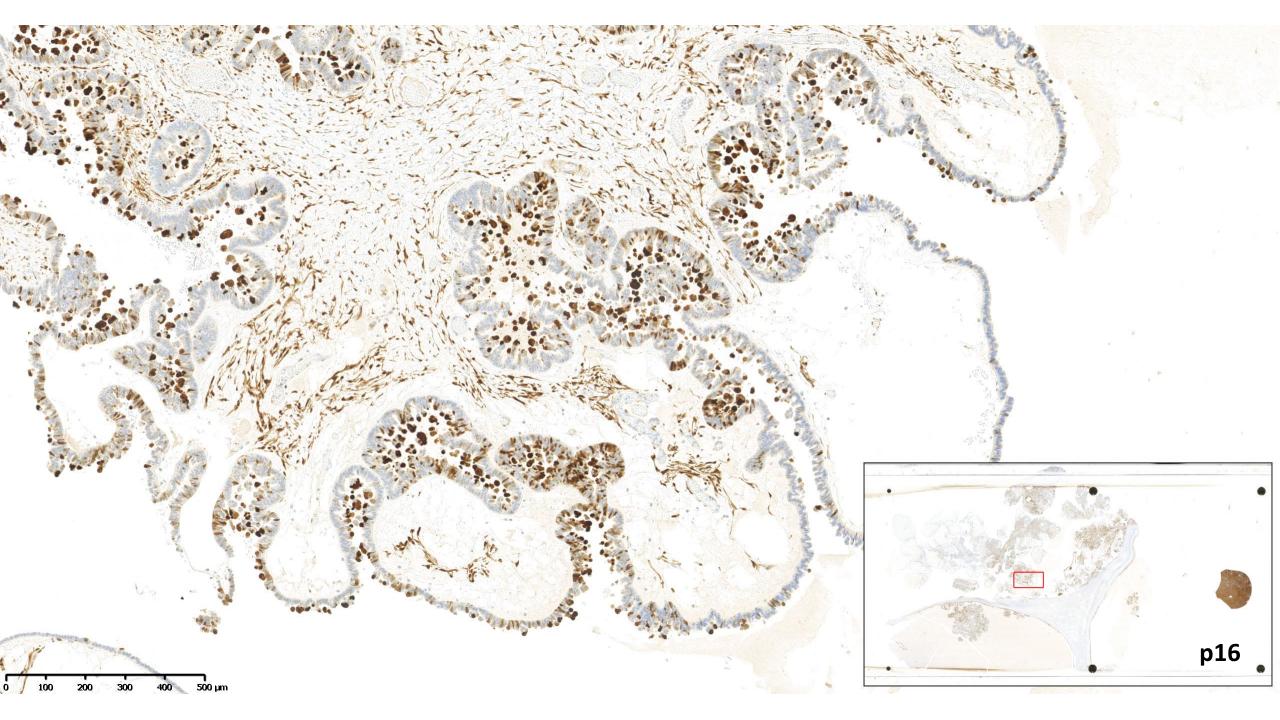
0 1 2 3 4 5 mm



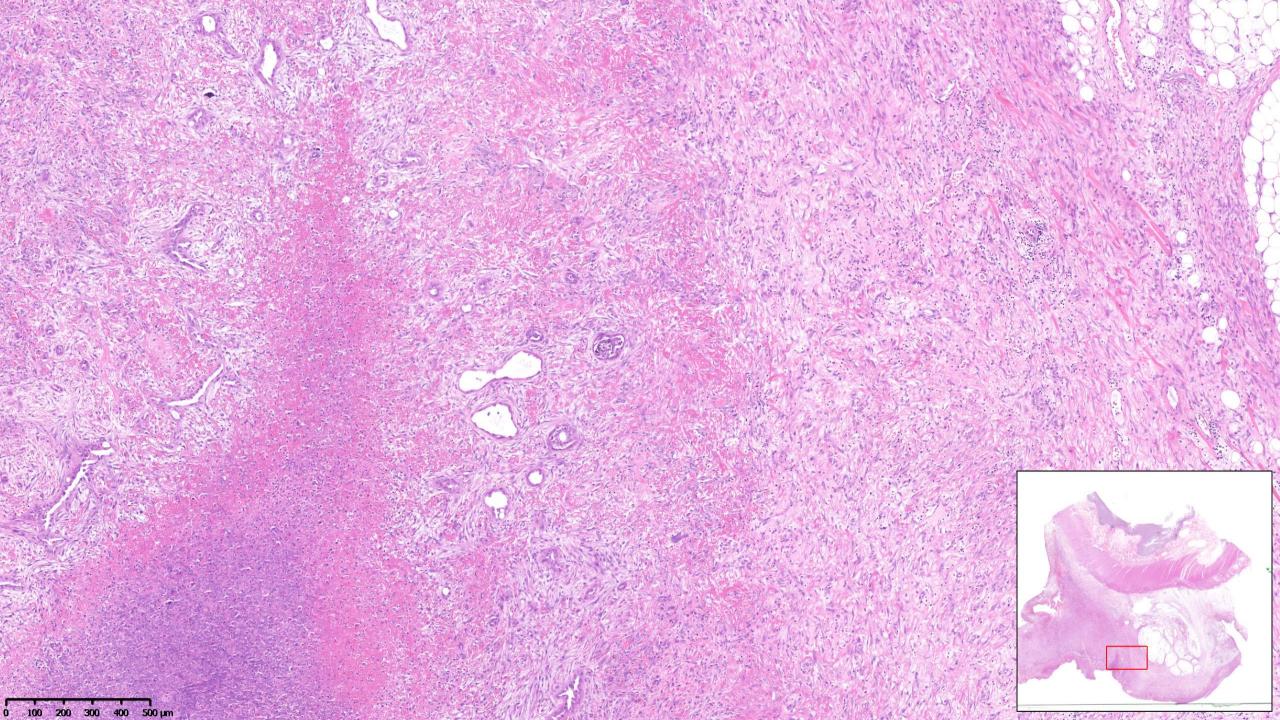


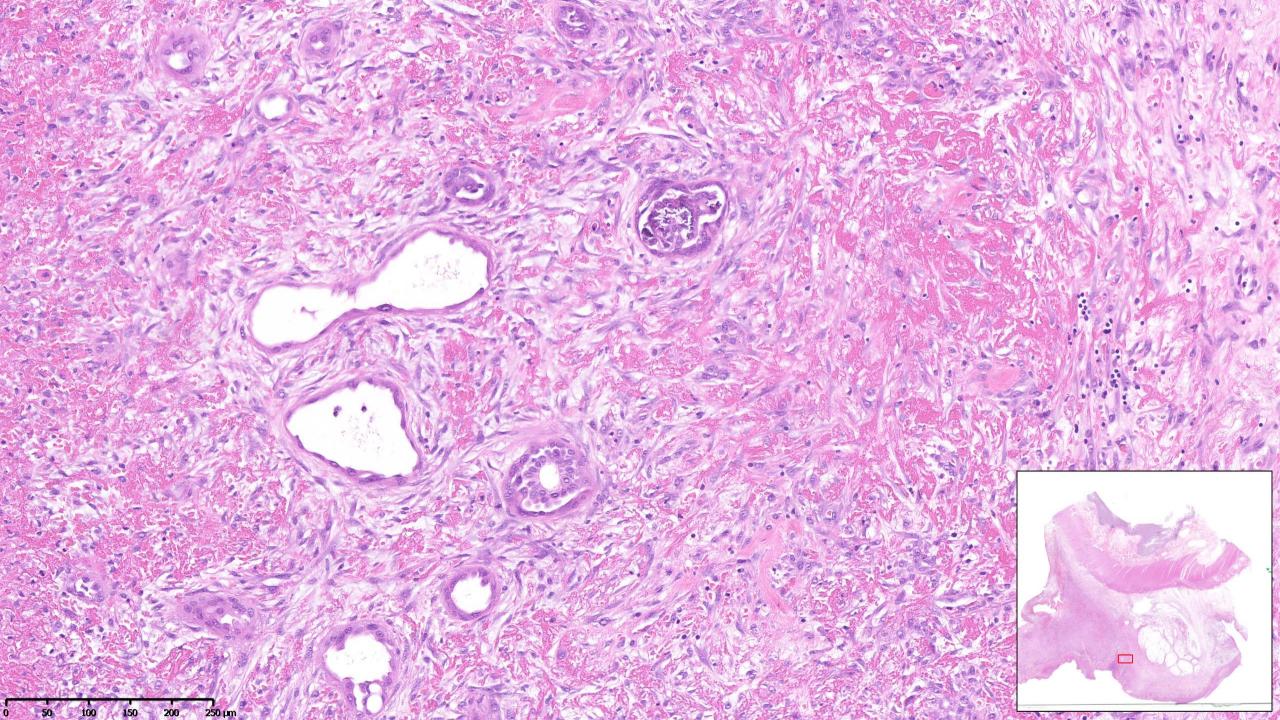










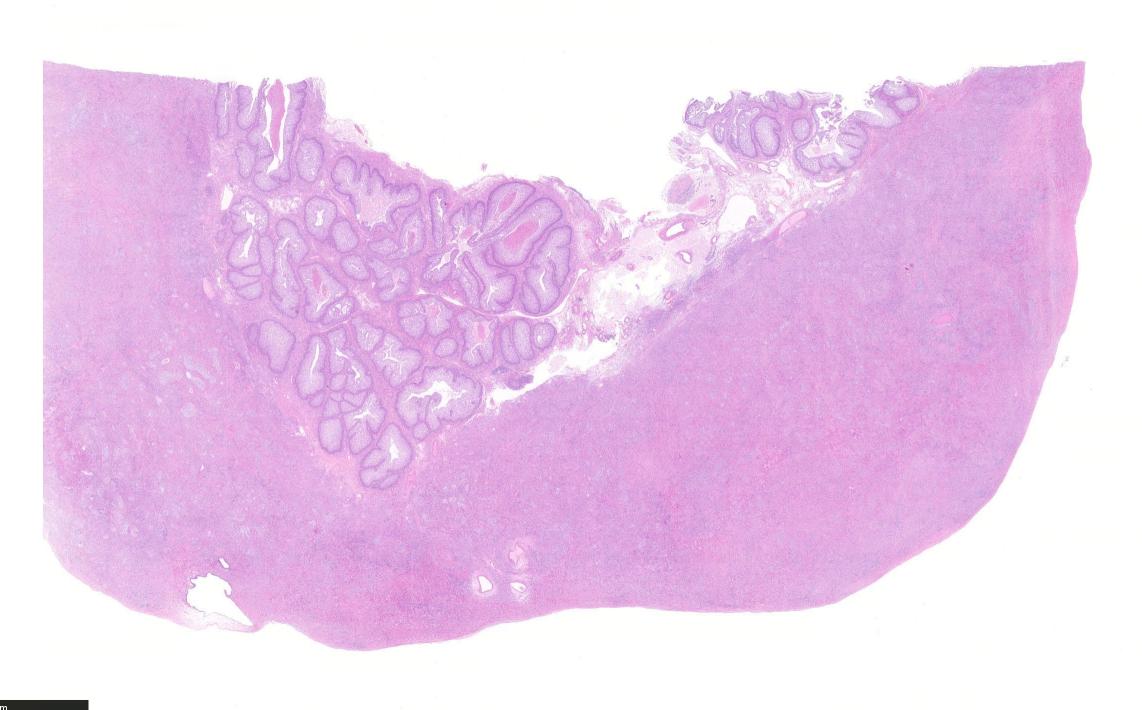


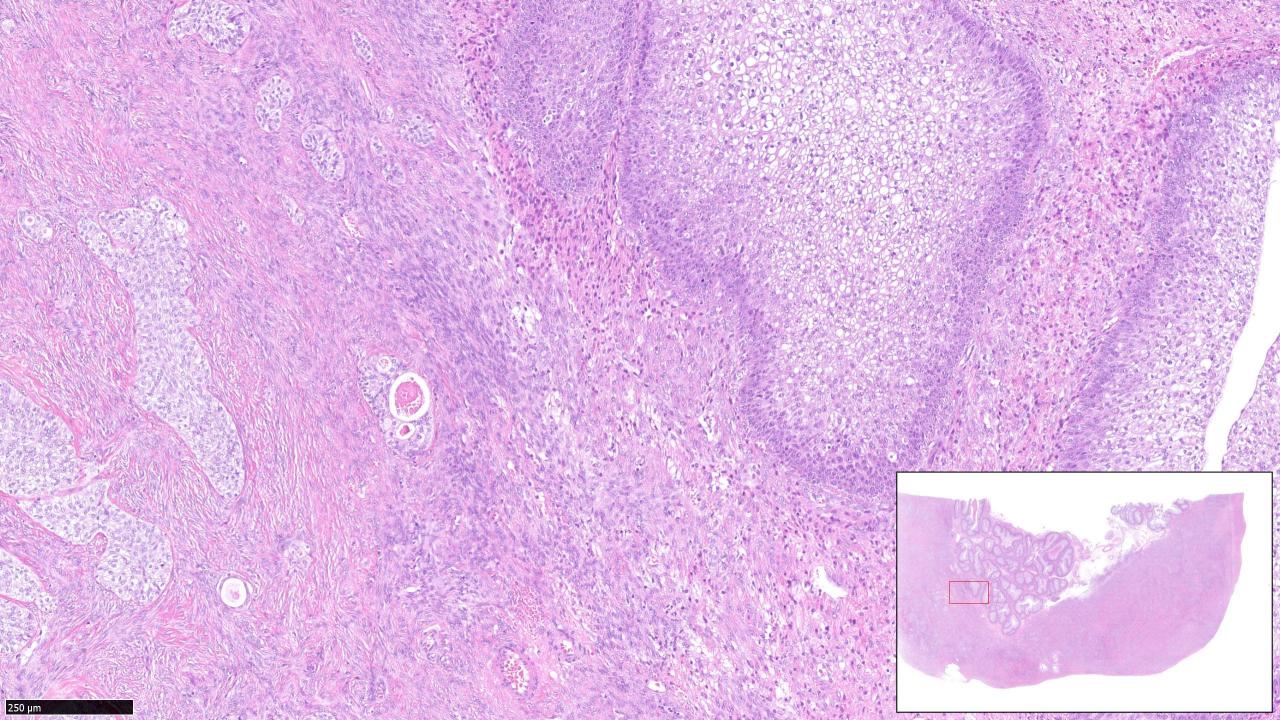
Diagnosis

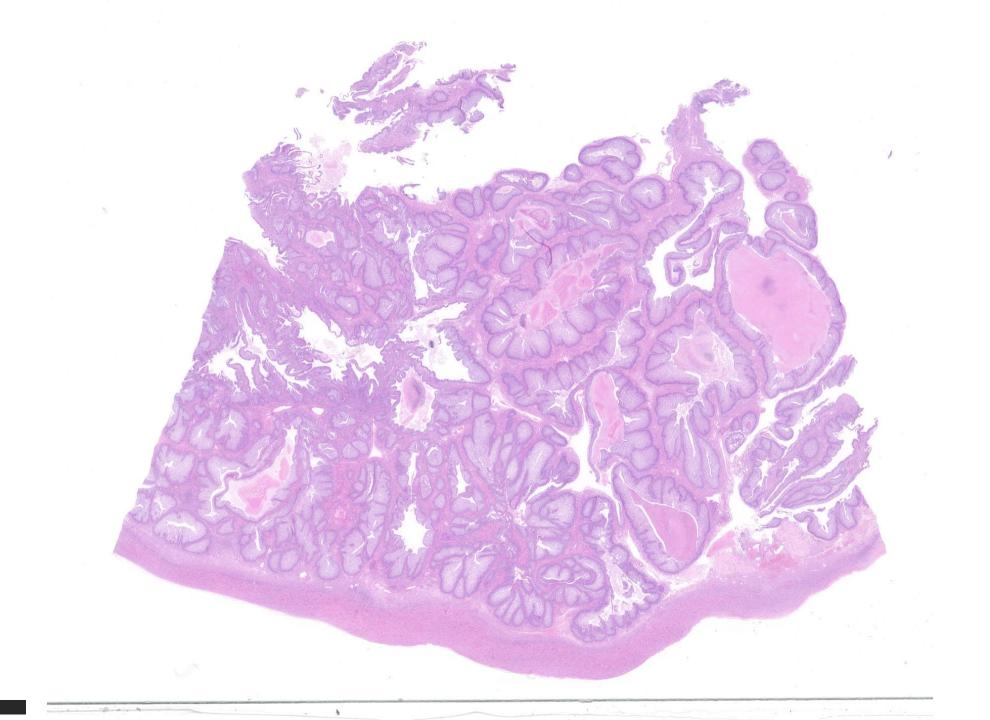
Serous Borderline Ovarian Tumour with Non-Invasive Desmoplastic Implants

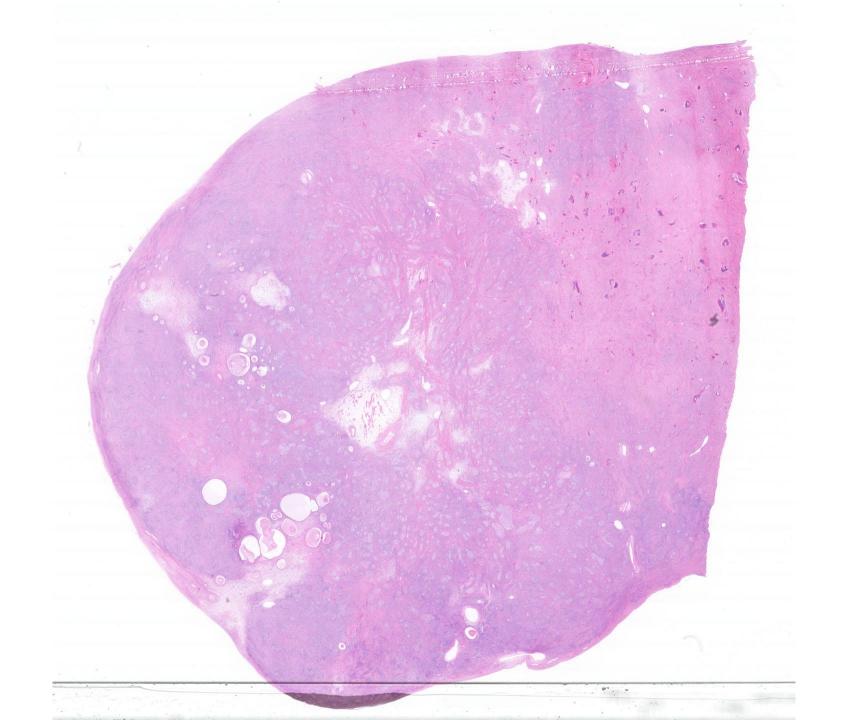
Case 6

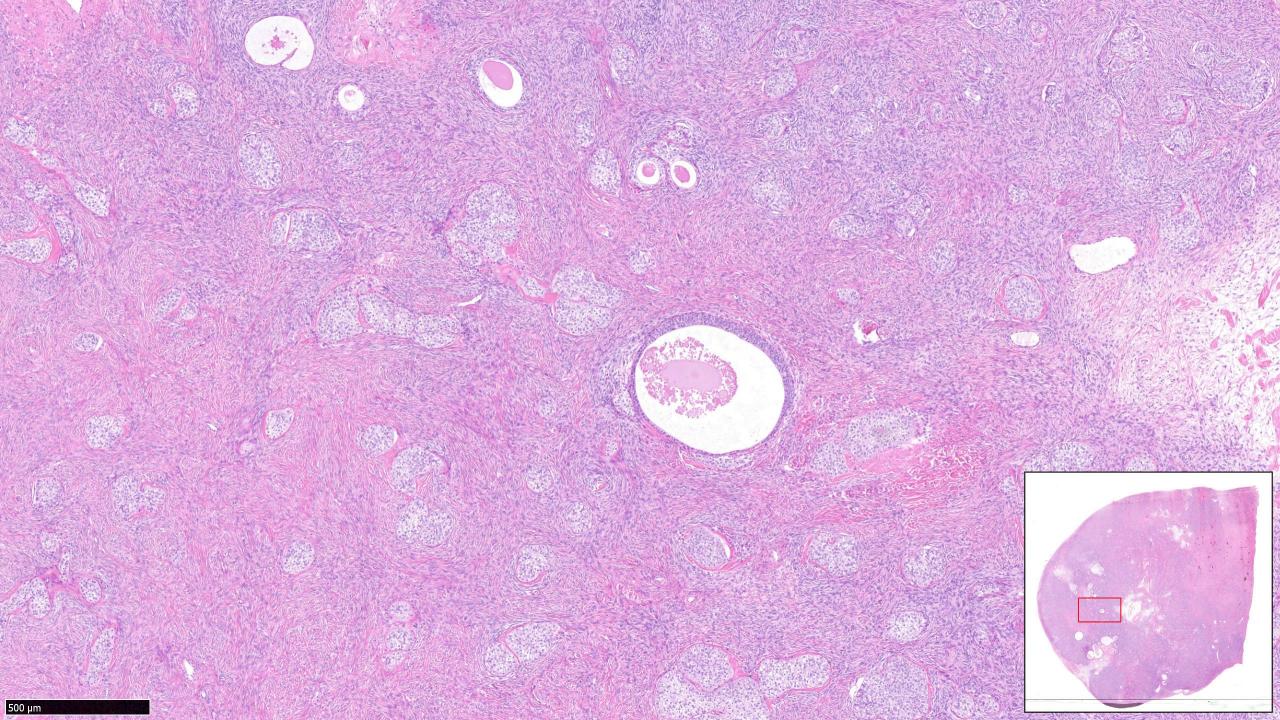
- Female aged 78
- Ovarian cyst
- Normal CA125
- Laparoscopic BSO
- Intact irregular white cyst measuring 75 x 35 x 30 mm
- On sectioning, some areas have a firm 'fibromatous' appearance but elsewhere there is friable tissue











Diagnosis

Borderline Brenner Tumour