

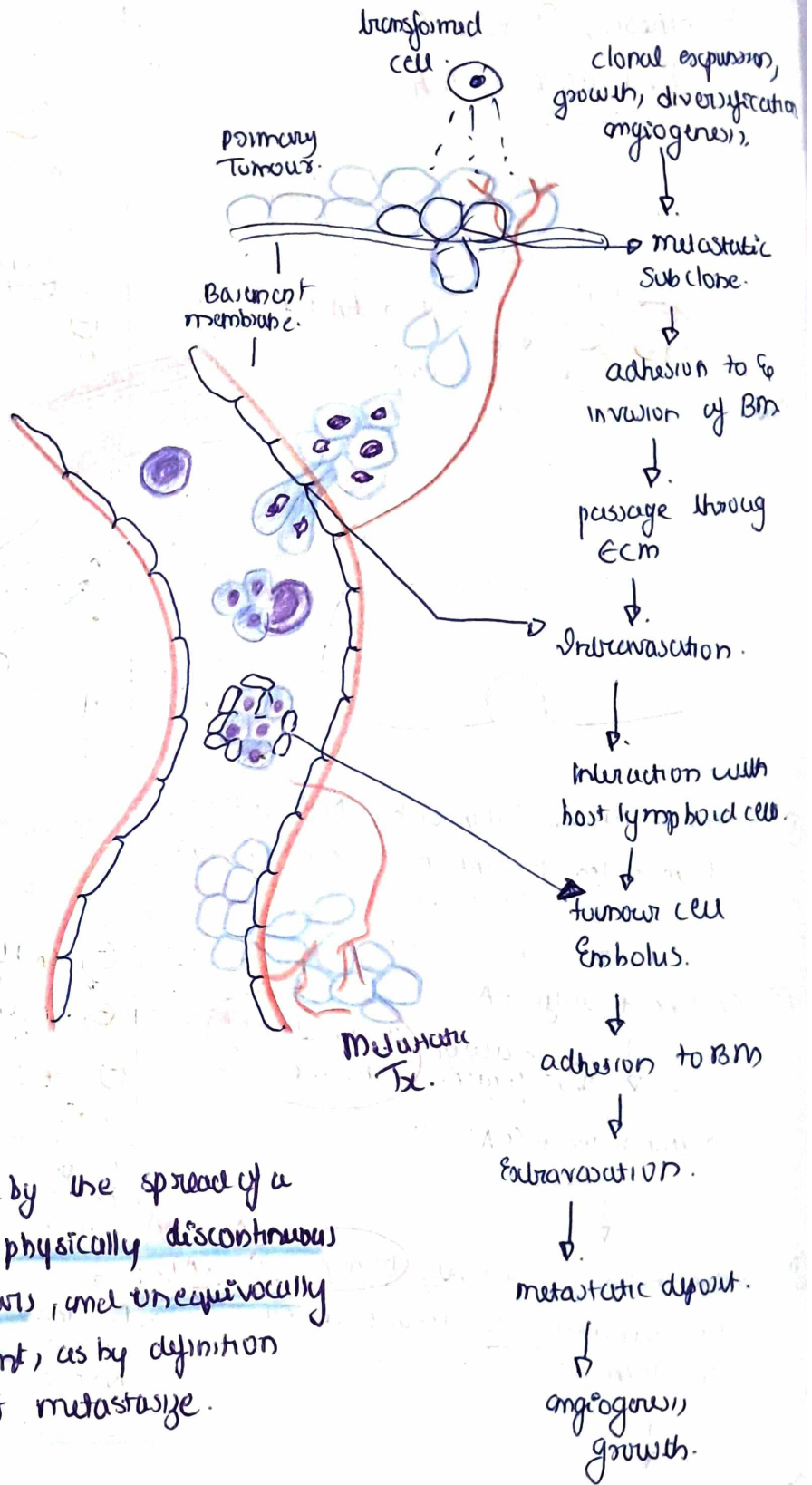
Cholinergic receptors.

• muscarinic & nicotinic.

↓
M₁ - M₅ ↓
 NM
 NN.

Location, action

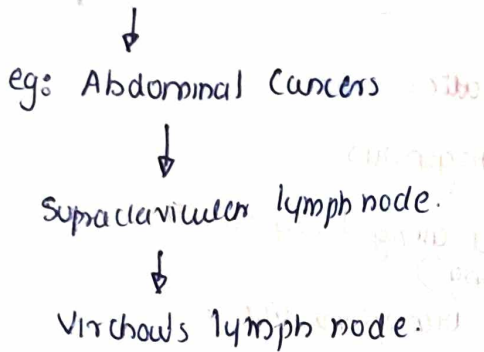
table from text ✓



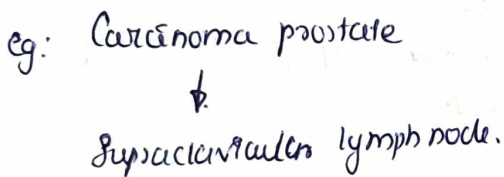
Robbins: Metastasis is defined by the spread of a tumour to sites that are physically discontinuous with the primary tumour, and unequivocally marks a tumour as malignant, as by definition benign neoplasms do not metastasize.

skip metastasis?

Here, local lymph nodes are bypassed and metastases develop in lymph nodes distant from site of 1^o tumor.

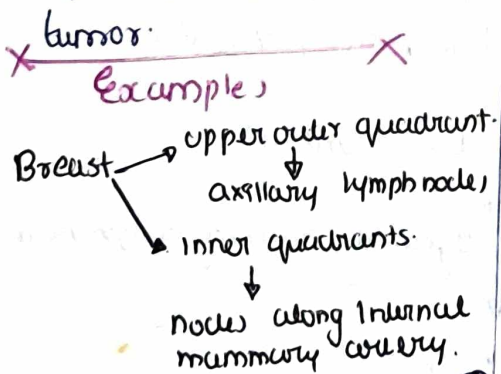


Retrogade → spread against lymphatic flow.



Sentinal lymph node.

• first node in a regional lymphatic basin that receives lymph flow from the 1^o tumor.



• Lung → perihilar, bronchobronchial, mediastinal.

II. Hematogenous Spread.

• usual → sarcoma.

Vessels invaded →

• easily invade capillaries and venules.

• arterioles and arteries

↓

relatively resistant.

mc Pattern → venous invasion

↓

pattern of metastases follows the venous flow.

Tumors with affinity for venous invasion

① Renal cell carcinoma.

↓

invade renal vein.

↓

grows in snake like fashion up the IVC

↓

Sometimes reach right side of heart.

② Hepatocellular carcinoma.

↓

invade branches of portal & hepatic vein.

Target organ for metastasis by hematogenous.

① Liver and Lungs - most freq. involved

Liver → all portal vein drains into liver.

Lungs → all caval blood flows to lungs

② vertebral column.

carcinoma of thyroid, prostate.

↓

paravertebral plexus

↓

vertebral column.

③ Bone

• prostate, lung, thyroid, breast, liver etc.

④ Brain

lung cancer (common), kidney, adrenal.

Organs relatively resistant

• spleen

• skeletal muscle.

Morphology

GROSS

multiple round nodules of varying size found throughout the organ.

mc

generally resemble primary tumor.

Seeding of Body Cavities & Surfaces.

① Trans coelomic spread.

~~Occurs when~~ malignant tumor arising in organs adjacent to body cavities.

↓ may seed body cavities.

↓ peritoneal (most common).

- pleural
- pericardial
- joint space.
- subarachnoid space.

* peritoneal cavity.

- Ovarian tumors.
- GI tract tumors.
- ↓
- ascites.

* pleural cavity.

peripherally situated lung tumors → pleural effusions

* subarachnoid space.

Oligoblastoma.
↓ through CSF.
to spinal cord.

• Pseudomyxoma.
peritonei. - from appendiceal mucinous carcinoma.

② spread along epithelial lined space.

* Carcinoma Endometrium.
↓ via fallopian tube.

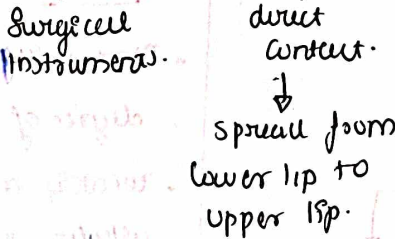
ovary

* Kidney.
↓ via ureters.

lower urinary tract

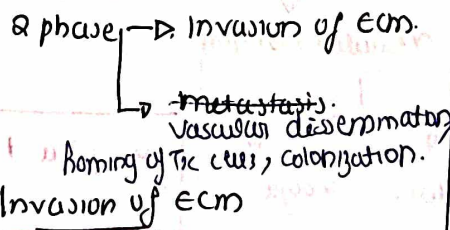
Direct Transplantation.

Direct transplantation



✓ figure.

Invasion - metastatic Cascade



① Loosening of tumor cell.

loss of E-cadherin
↓
loosening of tumor cells.
↓
cells get detached from primary tumor.

2. Local degradation/ proteolysis of basement membrane and interstitial connective tissue.

↓
due to secretion of degrading enzyme by tumor cells and stromal cells in cancer.

↓
matrix metalloproteinase MMP; U-PA, C.
↓ cathepsins.
↓
degradation.

3. Adhesion of tumor cells to ECM proteins.

local degradation of BM.

↓
new anchoring site

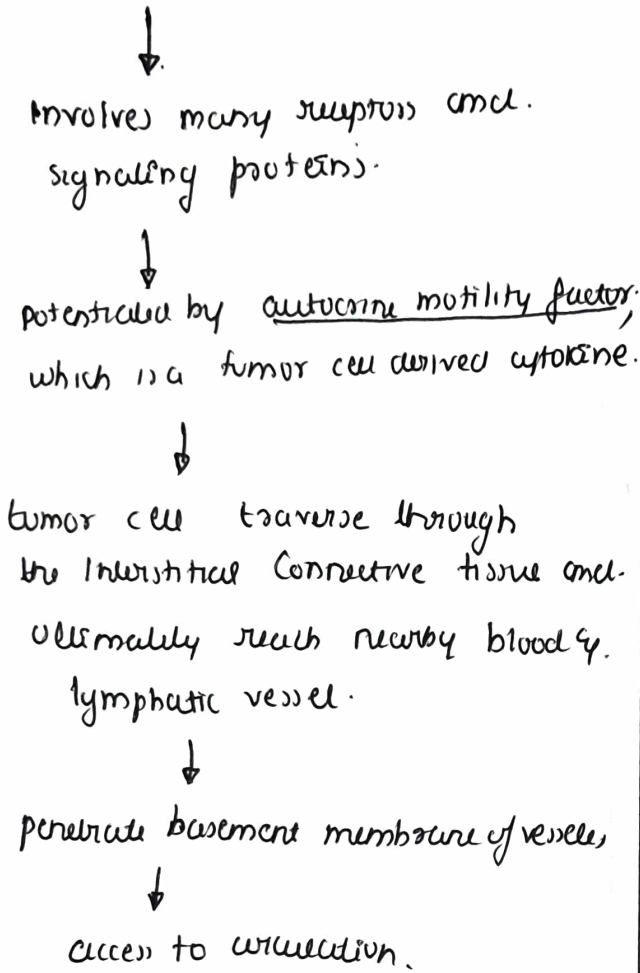
↓
receptors on tumor cells (eg: integrin).

↓
attach to the new site

↓
(+) tumor cell migration.

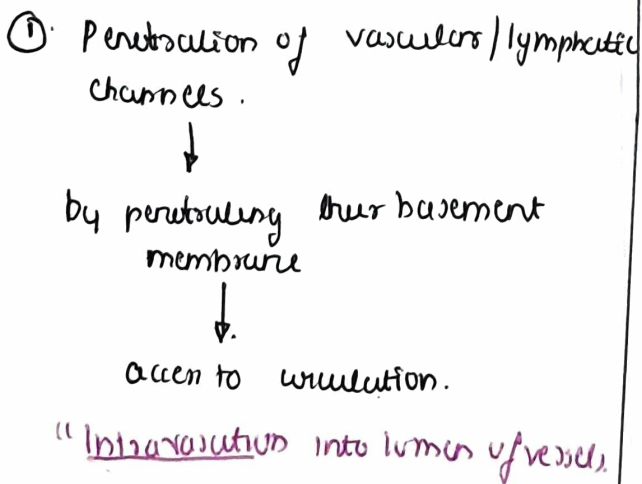
④ Amoeboid migration.

↓
drives tumor cell forward through degraded BM & zones of proteolysis in interstitial connective tissue.

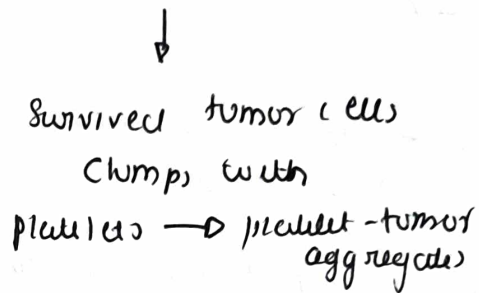


Metastasis ✓ figure.

(vascular dissemination and Homing of Tumor cells)



② Interaction of tumor cells with host → lymphoid cells, mechanical stress, apoptosis.



↓

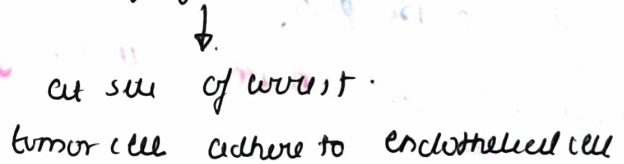
bind with Coagulation factor.

↓

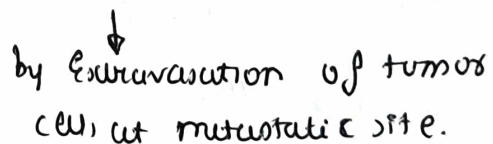
Tsc. emboli.

③ Transit through circulation

④ Arrest. → at distant location away from 1° tumor



⑤ Exit from circulation into a new tissue site.



↓

micro metastasis: prostate → bone
Neuroblastoma - liver, bone

↓

Angiogenesis

↓

metastatic tumor