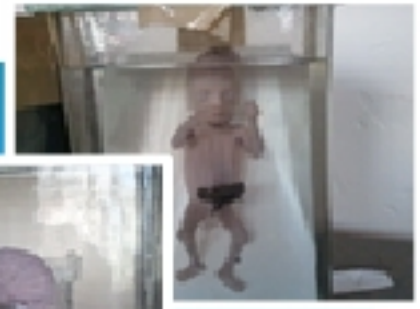
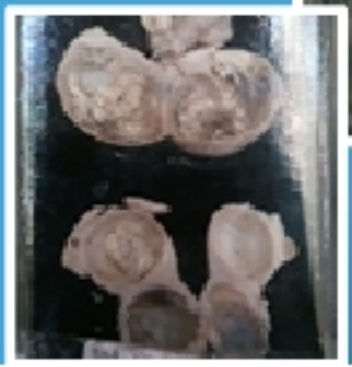
Specimens





SPECIMENS

Description

- Identification of organ/ organs
- To describe the pathology as seen

Identification

Uterinetubes

- **Tubal structure with abdominal ostium surrounded by fimbriae and mesosalpinx**

Ovary

- **Bean shaped organ**
- **Fallopian tube will be usualy attached to it**

Uterus

- ✓ Pear shaped
- ✓ Adenexal attachment
- ✓ Cervical opening

ANTERIOR SURFACE

- ✓ Attachment of round ligament
- ✓ Loose attachment of uterovesical peritoneum

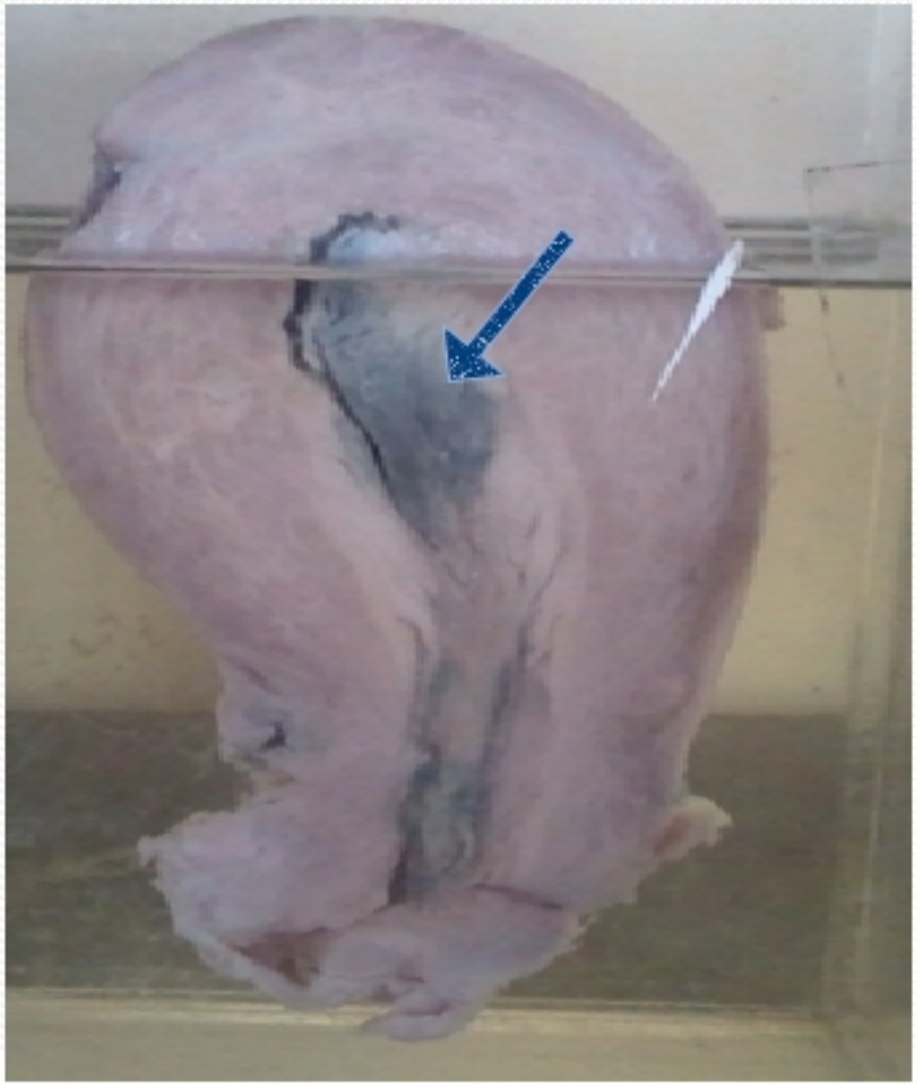
POSTERIOR SURFACE

- ✓ Attachment of ovarian ligament with or without
- ✓ ovary

PLACENTA

- TERM : blue red,rounded,flattened and discoid organ
- 15-20cm in dia ,2-4cm thick ,weighs 400-600gm
- Maternal portion : irregular grooves dividing into cotyledons
- Fetal portions : has functional units- chorionic villi and forms major part of placenta at term.

CARCINOMA ENDOMETRIUM



wet mount specimen of cut section uterus

- Gross enlargement
- Necrotic growth

CLINICAL PRESENTATION

SYMPTOMS

- Aub
- Abnormal vaginal discharge

Signs

- Enlarged uterus
- Tumor
- Pyometra

Physical examination

p/a :

- uterine enlargement
- Ascites
- Hepatomegaly

p/s:

- Bleeding
- Pap smear

P/v:

- utrine enlargement
- Tenderness
- Adnexal mass

Risk factors

- Age >50/posmenopausal
- Race:Caucasians
- Prolonged unopposed estrogen
- Tamoxifen theraphy
- Diabetes hyprtension
- Heriditary: HNPCCsyndrome
- Germ line mutation

Differential diagnosis

- Cervical cancer
- Atrophic endometrium
- Enometrial polyp
- Endometrial hyperplasia
- Atrophic vaginitis
- Oestrogen theraphy
- Estrogen producing ovarian tumor
- Sarcoma uterus

MANAGEMENT

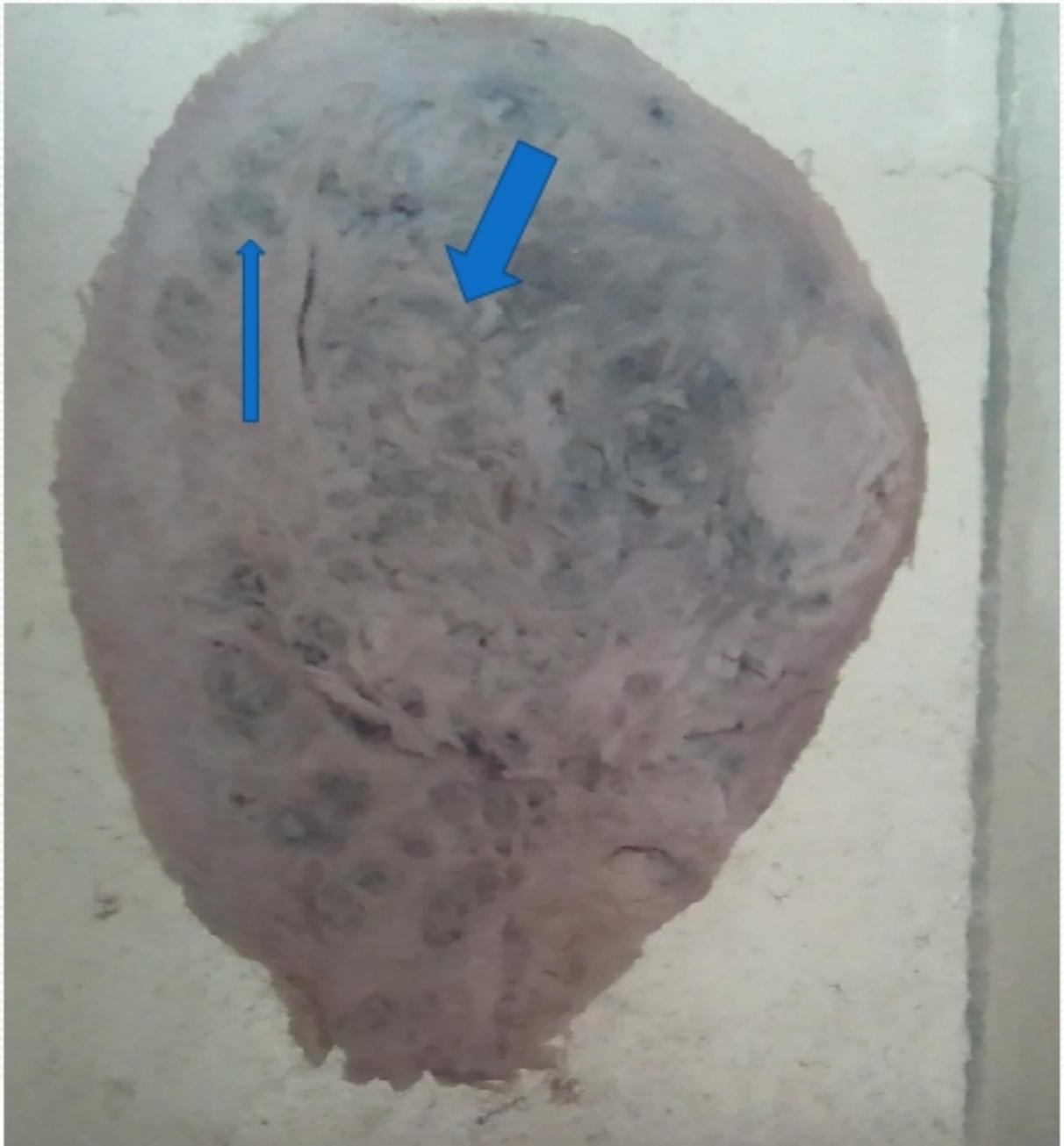
investigation

- Transvaginal ultra sonography
- Sonosalpingiography
- Endometrial tissue for histology
- hysteroscopy

Treatment

- Based on age and general condition , stage of disease and grade of tumor
- Surgical staging mandatory in all women
- Postoperative adjuvant therapy
  - Radiotherapy
    - Vaginal brachytherapy
    - External radiation
  - Chemotherapy

ENDOMETRIAL STROMAL SARCOMA



WET MOUNT SPECIMEN OF CUT SECTION UTERUS

- With an irregular grey tan mass jetting into uterine cavity
- With worm like extension

FEATURES

- <5% of all tumors
- Occour in peri or post menopausal women
- Some estrogen dependent tumor
- Staging same as adeno carcinoma
- Poor prognosis

TREATMENT

- Primary treatment
  - Abdominal total hysterectomy with BSO
- Adjuvant therapy
  - Radiation therapy
  - chemotherapy

UNRUPTURED TUBAL PREGNANCY

WET MOUNT SALPINGECTOMY SPECIMEN

- Tube distended

CLINICAL FEATURES

SYMPTOMS

- Amenorrhoea
- Irregular vaginal bleeding
- Abdominal pain
- Cllasical signs absent

SIGNS

- ABDOMINAL EXAMINATION
  - Abdominal tenderness
- BIMANUAL PELVIC EXAMINATION
  - Slightly smaller than the period of pregnancy
  - Pulsatile small tender mass : adnexa

INVESTIGATIONS

- **Transvaginal sonography**
- **Serum β hCG**
- **Curettage**
- **Laproscopy**

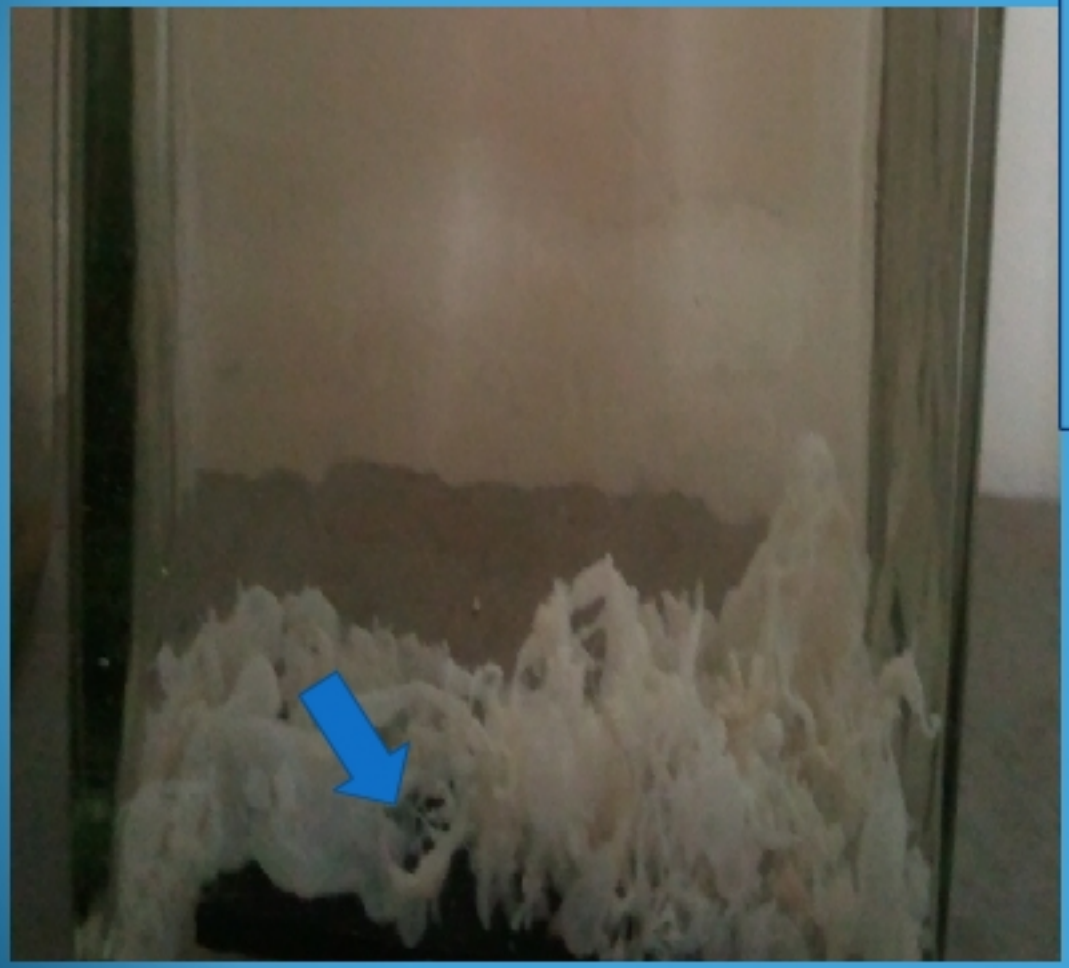
TREATMENT

- SURGICAL MANAGEMENT
  - **CONSERVATIVE**
    - SALPIGOSTOMY
    - SEGMENTAL RESECTION
    - MILKING
  - **RADICAL SALPINGECTOMY**
- MEDICAL MANAGEMENT
- SURGICALY ADMINISTERED MEDICAL MANAGEMENT
- EXPECTANT MANAGEMENT

DIFFERENTIAL DIAGNOSIS

- NORMAL INTRAUTERINE PREGNANCY
- PELVIC INFLAMATORY DISEASE
- TORSION OVARIAN CYST
- THREATENED OR INCOMPLETE ABORTION
- BLEEDING CORPUS LUTEAL CYST

VESICULAR MOLE



WET MOUNT SPECIMEN :

- Grapelike cystic translucent vesicles containing clear fluid
- Tan areas of haemorrhage

Types...

Complete mole..	Partial mole..
✓ Diploid(46 XX/46XY). ✓ No fetal tissue. ✓ No fetal RBC. ✓ Theca lutein cyst common. ✓ Beta hCG very high. ✓ Complications common. ✓ Diffuse hydropic degeneration.	✓ Triploid (69 XXX/69XXY). ✓ Fetal tissue + ✓ Fetal RBC + ✓ Uncommon ✓ Slight increase in beta Hcg. ✓ Complications uncommon. ✓ Focal degeneration.

Symptoms...

- Amenorrhoea followed by bleeding.
- Passage of vesicles pv.
- Hyperemesis.

Signs..

- Uterus > period of amenorrhoea (50%).
- No fetal parts felt.
- No FHS.
- Early onset PE.
- Oaries: Theca lutein cyst.
- Thyrotoxicosis.

INVESTIGATIONS…

- ✓ USG: Snow storm appearance..
  - :Theca lutein cyst in ovaries.
  - :Fetus in partial mole.
- ✓ Beta hCG level

DIFFERENTIAL DIAGNOSIS..

- ❑ Threatened abortion.
  - Ectopic pregnancy.
- ❑ Multiple pregnancy.
- ❑ Wrong dates..

MANAGEMENT..

2 phases..

- Immediate suction evacuation under oxytocin infusion.
- Follow up…….Clinical
  - ……..Biochemical; Weekly beta hCG till become normal.
  - thereafter monthly for 6 months.
- ➢ Contraception: barrier.

BENIGN MATURE CYSTIC TERATOMA...

Cut section of ovary showing...

- ✓ A large unilocular cyst containing pultaceous material admixed with masses of hair and bony tissue..
- ✓ Cyst wall :thin,opaque, grey white..
- ✓ Rokitansky protuberance..

COMPONENTS...

- Ectoderm...Skin,hair,teeth,
  sebaceous material,nervous tissue.
- Mesoderm.....Bone,smooth muscle.
- Endoderm....Thyroid'bronchus,intestine.

CLINICAL FEATURES

- ✓ Asymptomatic mostly
- ✓ Dull abdominal ache.
- ✓ Bilateral in 10 to 12 %.

INVESTIGATIONS..

- ➢ USG:uniloculated cyst wtth echogenic internal components..

COMPLICATIONS..

- Torsion(10%)
- Rupture
- Infections
- Malignancy(1%)
- Gangrene

MANAGEMENT..

- Cystectomy: in premenopausal females..
- If torsion; untwist torsion.Remove entire ovary if gangrenous..

CARCINOMA CERVIX...

Wet mount radical hysterectomy specimen of uterus,tubes and ovaries of both sides with upper vagina and parametrium showing....

- Irregular grey white friable growth in the cervix

SYMPTOMS...

- ✓ Asymptomatic
- ✓ Cachexia
- ✓ AUB
- ✓ Vaginal discharge
- ✓ Pain
- ✓ Pedal edema
- ✓ Urinary symptoms
- ✓ Faecal incontinence

SIGNS....

- ❖ General examination
- ❖ P/A-----Ascitis,organomegaly
- ❖ P/S------Growth,ulcer,vaginal involvement
- ❖ Bimanual
- ❖ PR
- ❖ Resp system.

INVESTIGATIONS…

- Obvious lesion----Deep punch biopsy.
- If suspicious------Colposcopy & Colposcopically directed biopsy .
- If microinvasive carcinoma----Cone biopsy.
- Others----proctoscopy,Sigmoidoscopy,Ba enema

-----Cystoscopy,IVP

-----USG,CXR,Sk Xray,CT,MRI.

MANAGEMENT.

- ✓ STAGE 1A 1—Older---Simple hysterectomy.
  ---Young----Therapeutic conisation
- ✓ STAGE 1A2-----Older------MRH+ Pelvic lymphadenectomy.
  -------young-----Radical Trachelectomy+Pelvic lym
- ✓ STAGE 1B1------RH with Pelvic lymphadenectomy/CR.
- ✓ STAGE 1B2------RH with Pelvic lymphadenectomy& Post op.RT.
- ✓ STAGE 2A------RH with pelvic lymphadenectomy/CR.
- ✓ STAGE 2B,3,4A------CR.
- ✓ STAGE 4B---------Palliative.

ANENCEPHALY…

EITIOLOGY…

- ✓ Nutritional deficiency
- ✓ Chromosomal anomalies
- ✓ Maternal DM
- ✓ Drugs—Valproate,Cabamazepine
- ✓ Family history of NTDs.

DIAGNOSIS…

Prenatal----USG

-----Maternal blood AFP

------Amniotic fluid AFP

COMPLICATIONS…

- o IUD
- o Polyhydramnios
- o Abnormal presentations
- o Shoulder dystocia

MANAGEMENT..

- Active counselling
- Termination.

PREVENTION...

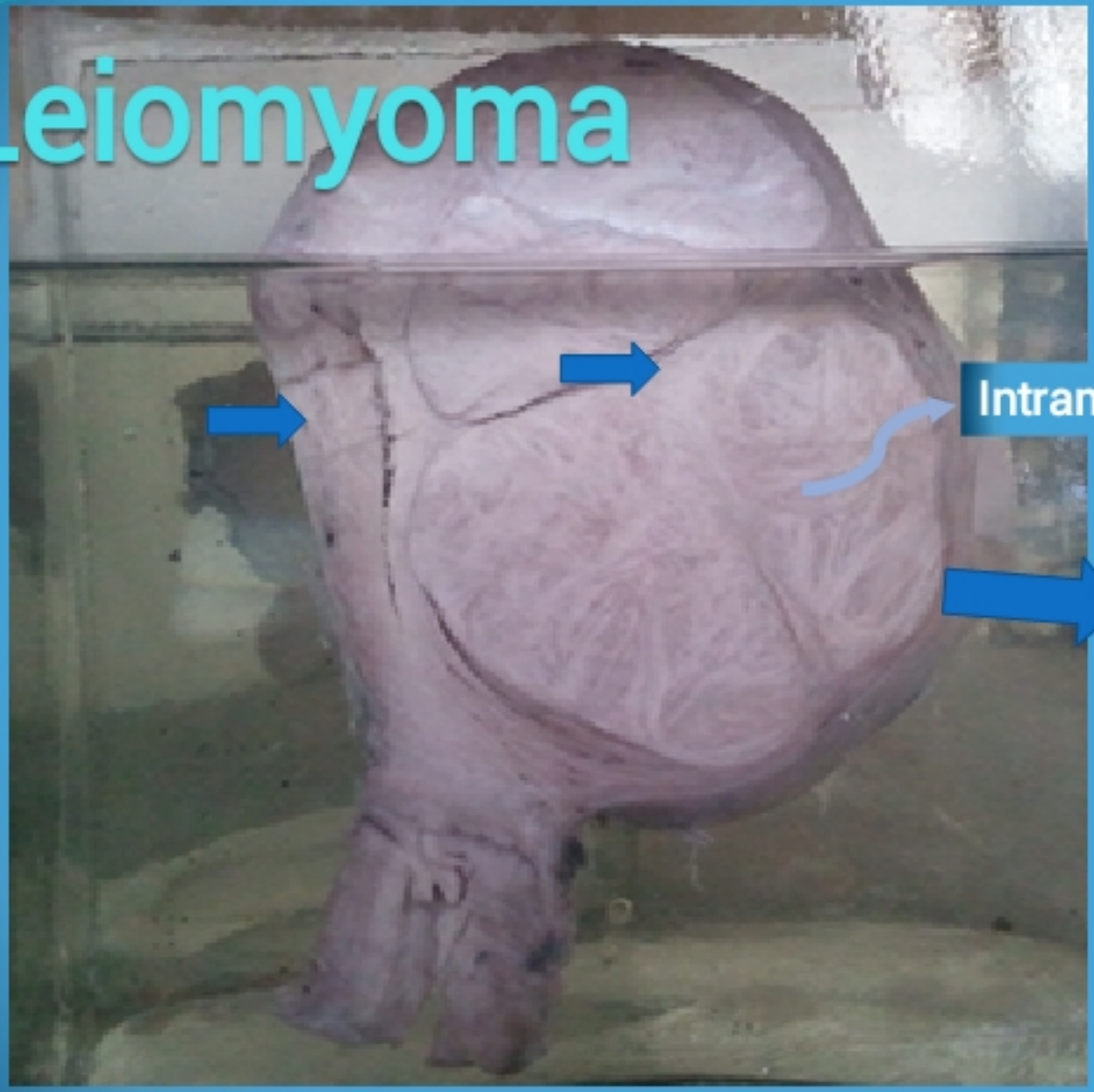
- Folate supplementation periconceptionally.(0.5 mg/day).
- Zn and Vit A Supplementation
- Food fortification

RECURRENCE RISK.....

- 1 Child affected--------3.5%
- 2 Children affected------10%
- 3 affected children---------25%

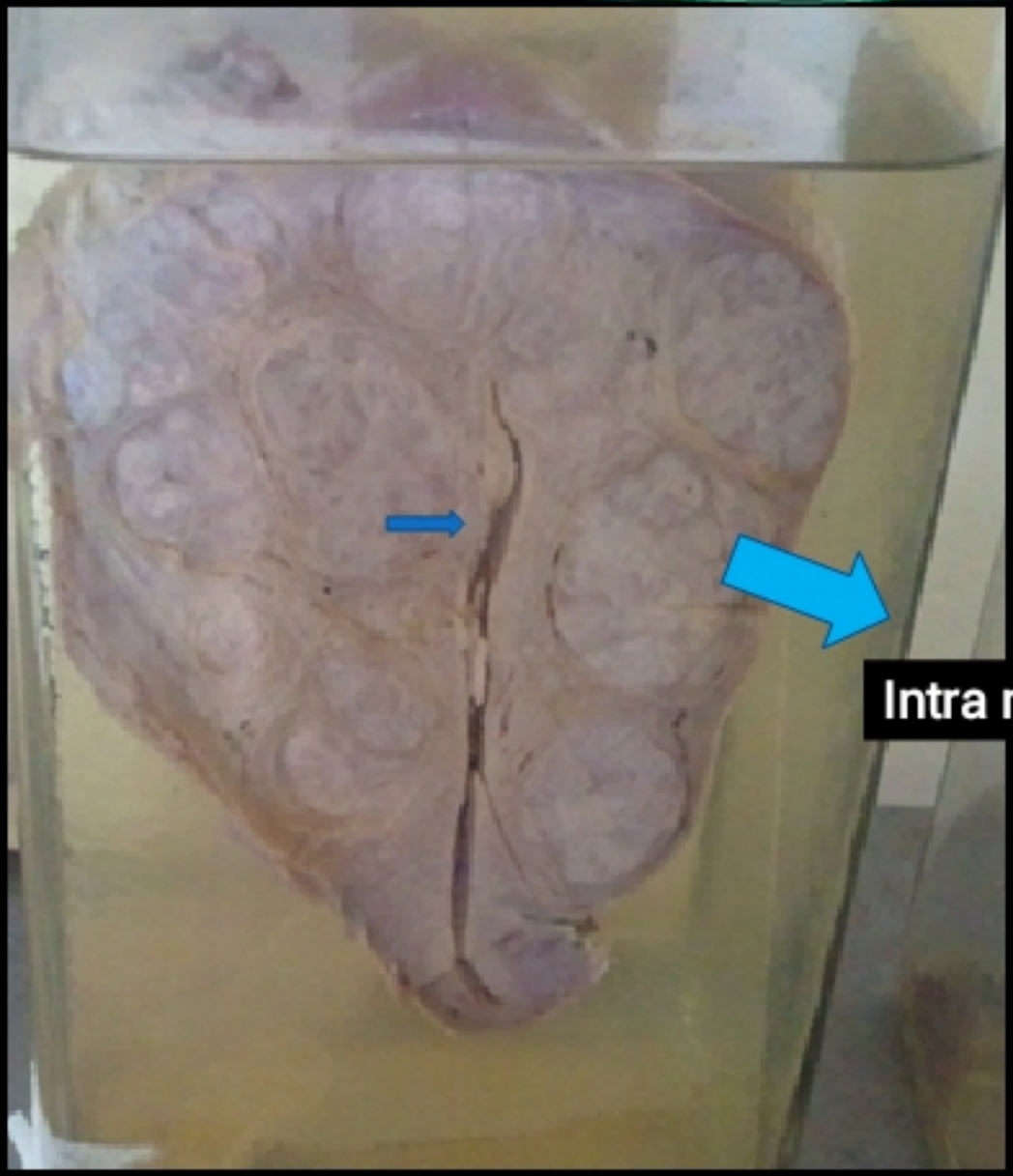
ADVICE PERICONCEPTIONAL FOLATE (5 mg/day) & OFFER PRENATAL DIAGNOSIS IN SUBSEQUENT PREGNANCY..

Leiomyoma



Intramural fibroid

Encapsulated,
Whorled appearance


Intra mural fibroids

Clinical Presentation

- Asymptomatic
- Menstrual symptoms
- Dysmenorhoea
- Pelvic pain
- Pressure symptoms
- sub fertility

signs

- ✓ anemia
- ✓ Abdominal examination
- ✓ Speculum examination
- ✓ Pelvic examination

management

Investigations

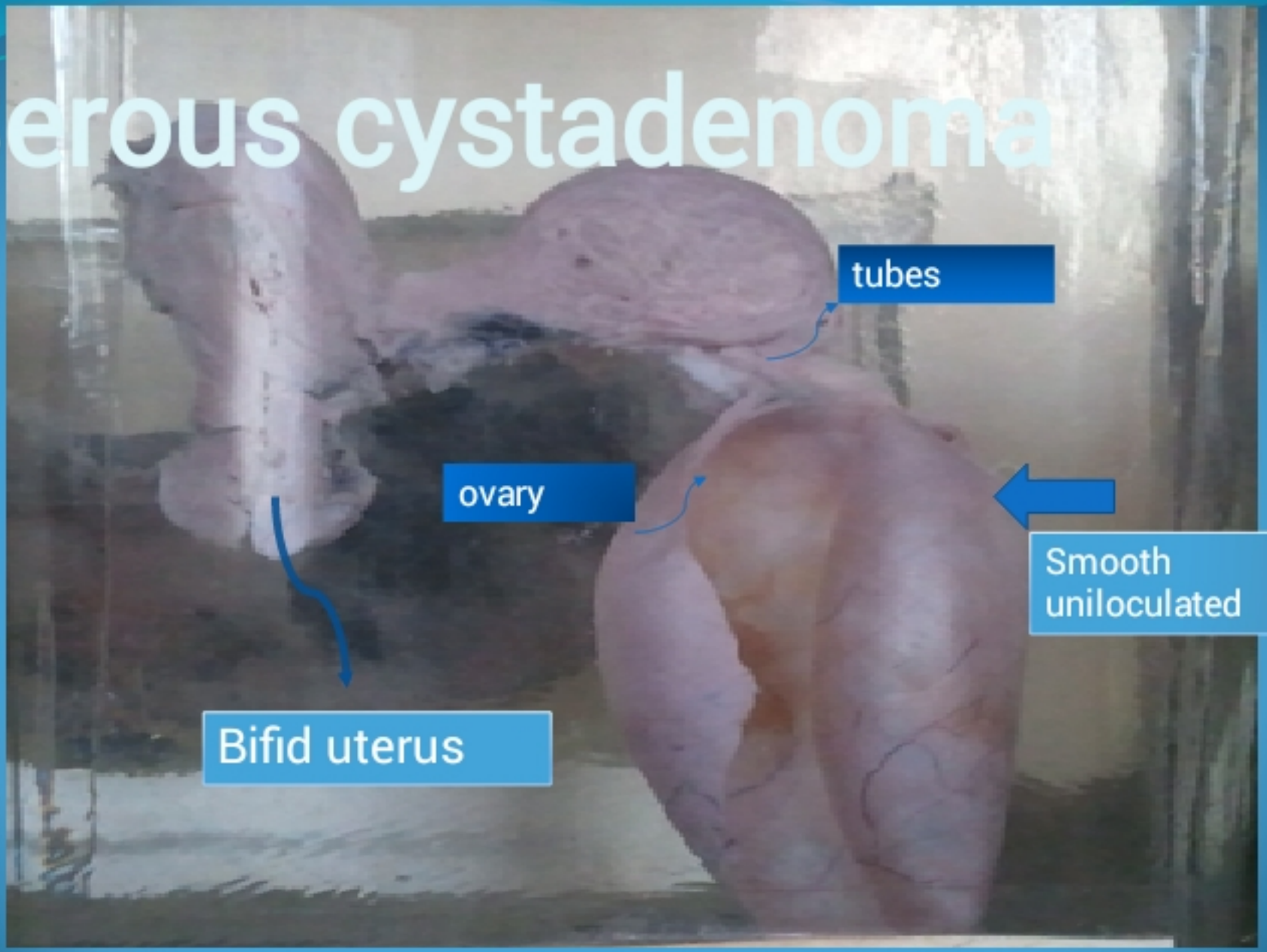
- ✓ ultra sound
- ✓ hysteroscopy
- ✓ laproscopy

- Expectant line
  - Asymptomatic
  - <12 weeks
  - Willing for followup
- Medical
- Surgical
- Conservative
- Uterine artery embolism

Differential diagnosis

- Adenomyosis
- Prenancy
- Ovarian tumour
- Abdominal tumour
- Abdominal tuberculosis

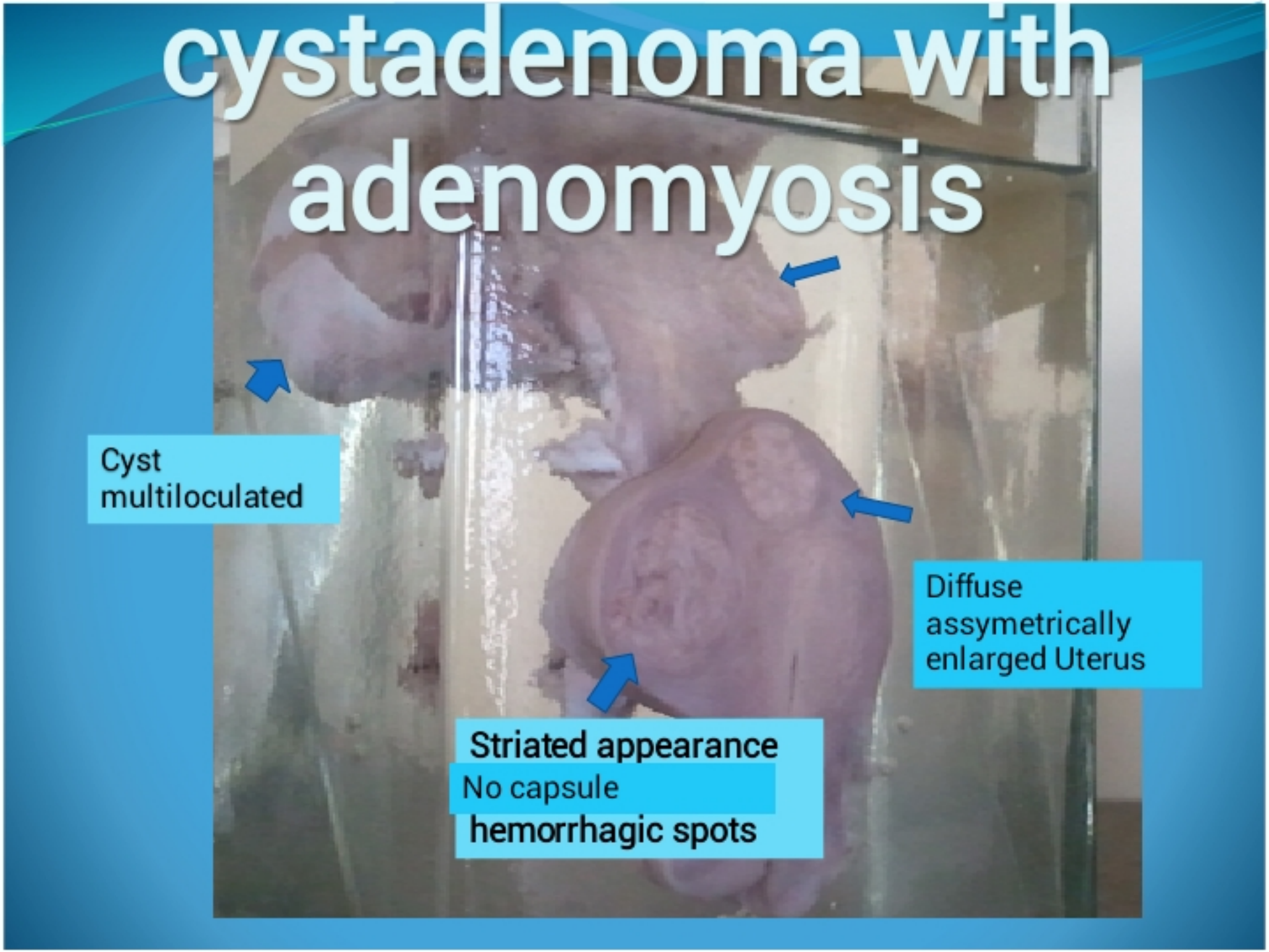
Serous cystadenoma



Clinical features

- 50% bilateral
- Unilocular
- Simple cystic with smooth surface and lining
- Advancing age
- Papillary excresences
- Psammoma bodies present

cystadenoma with adenomyosis



Clinical features

- Constitute 20%
- Lined tall columnar cell
- Resemble endocervix
- Multiloculated
- Can grow large size
- Unilateral
- Essentially benign
- Pseudomyxoma peritonei

General concepts of ovarian tumors

- symptom
  - Asymptomatic
  - Pain
  - Pressure symptom
  - Menstrual disturbances
- Signs
  - Lymphadenopathy
  - Hydrothorax
  - Mass p/a
  - Mass in pod
- Investigation
  - USG
  - CT/MRI
  - Tumour markers
  - Doppler studies
- Treatment
  - Observation-asymptomatic
  - Ovarian cystectomy/ ovariotomy
  - Completed family TH +BSO

Differential diagnosis

- Full bladder
- Pregnant uterus
- Myoma
- ascites

complications

- Torsion
  - Dermoid cyst
  - Long pedicle
  - Post natal
  - T3
- Rupture
  - actively growing-mucinous cyst
- Hemorrhage into cyst
- Infection
- malignancy