

Short Communication

Pathology Terminology Dilemmas in Gynaecology-To Act upon or Treat as Normal?

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Introduction

We often come across terminology in the pathology reports, which makes us, think whether to act on the report or to treat as normal. In this article, we have tried to consolidate a few of the histopathological diagnosis. The list is not exhaustive and we have tried to focus on the frequently occurring non-common terminologies.

Meaning of common terms:

- Hyperplasia-proliferation of cell
- Metaplasia-conversion in cell type
- Atypia-structural abnormality in cells
- Dysplasia-change in cell
- Neoplasia-abnormal proliferation
- Pleomorphism-variability in the size, shape and staining of cells and/or their nuclei

Vulva-Paget's Disease of Vulva

James Paget was the first to describe Paget Disease (PD) in 1874, while Extramammary Paget Disease (EMPD) was first described by Crocker in 1888 [1]. The condition consists of an intraepithelial adenocarcinoma. In general, EMPD lesions are found in areas such as the vulva, anus, perianal region and axillae in which the density of apocrine glands is high. In women, the most common site of EMPD is the vulva; however, EMPD is responsible for less than 1% of all vulvar neoplasms [2]. Diagnosis of EMPD usually occurs between 50 and 80 years of age, with the disease being more common in Caucasian women [3]. The most common clinical symptom is pruritus. The lesion may be erythematous or eczematous, with islands of hyperkeratosis [4].

Surgical resection with wide margins is considered the standard treatment; however, successful surgical excision of the disease is a challenge and recurrences are common. Alternative treatments such as photodynamic therapy, laser therapy, radiotherapy, topical treatments such as 5% imiquimod cream, or even chemotherapy have been the subjects of debate and it is important to evaluate the available evidence [5] (Figure 1).

Cervix-ECUS

The term Epithelial Changes of Uncertain Significance (ECUS)

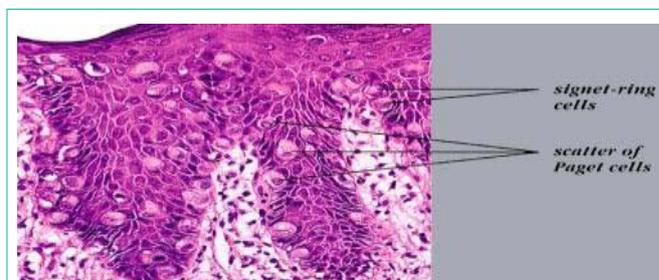


Figure 1: Extra mammary Paget's disease.

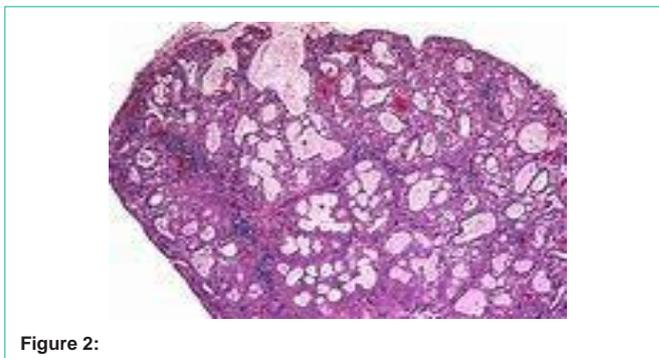


Figure 2:

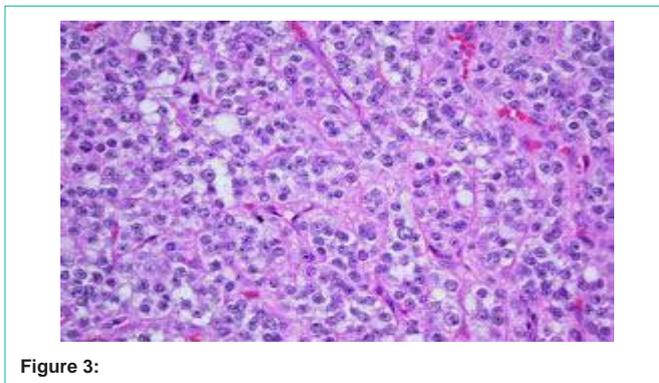


Figure 3:

describes a minor degree of nuclear pleomorphism limited to the basal layers of cervical epithelium in the absence of severe inflammation with associated normal mitoses, koilocytosis or koilocytosis associated features. Comparison of follow up data in this study revealed a similar prognosis in the two groups in terms of regression to normal, persistence of low-grade disease or progression to high grade CIN giving us the conclusion that low-grade cervical disease (ECUS and CIN1) should be managed according to similar treatment protocols [6].

Cervix-Microglandular Hyperplasia Cervix

Benign, non-neoplastic proliferation of endocervical glands.

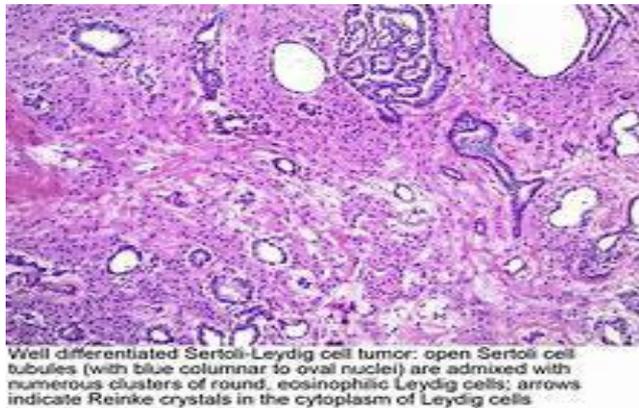


Figure 4:

Also called microglandular adenosis, microglandular change. Microglandular Hyperplasia (MGH) of the cervix is an epithelial (endocervical mucosa) benign abnormality (lesion) associated with gland proliferation. It is common in reproductive aged women and associated with birth control pills (progestins) or pregnancy in young women, although present in postmenopausal women. Usually incidental may grow as a polypoid mass [7] (Figure 2).

Ovaries-Leydig Cell Hyperplasia

If we perform oophorectomy and get, the histological report of Leydig cell hyperplasia the next step should be removal of both ovaries. Also with exclusion of adrenal origin and other obvious ovarian disease, virilization in postmenopausal women may be the result of Leydig cell hyperplasia for which a bilateral salpingo-oophorectomy or bilateral oophorectomy is the cure [8]. A hyperandrogenic phenotype has a detrimental effect on the quality of life in postmenopausal patients as increased facial hair and loss of scalp hair may cause emotional and psychological distress [9] (Figure 3,4).

Fallopian Tubes-Atypical Tubal Metaplasia

Tubal (or ciliated cell) metaplasia of the endometrium is a frequent finding in endometrial sampling specimens and is commonly associated with the follicular phase of the menstrual cycle and with anovulatory cycles [10]. Occasionally, tubal metaplasia with cytologic atypia (atypical tubal metaplasia) is encountered in non-neoplastic endometrial biopsy or curettage specimens. The features of atypical tubal metaplasia may histologically resemble some cytologic features seen in uterine serous carcinoma and serous endometrial intraepithelial carcinoma. This study evaluated the immunoprofile of atypical tubal metaplasia and the long-term outcomes in these patients. The study shows that the clinical behavior of atypical tubal metaplasia differs from that of invasive or intraepithelial serous carcinoma, as

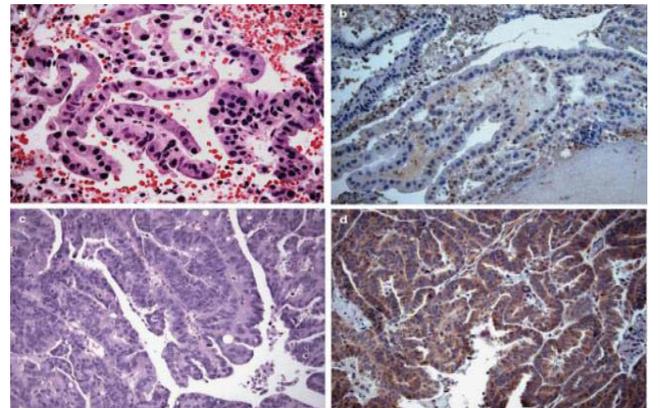


Figure 5: Atypical tubal metaplasia with pleomorphic, hyperchromatic nuclei (a) is negative for TERT (b), whereas serous adenocarcinoma (c) displays cytoplasmic staining with TERT (d). (a-d-20 x).

after an average follow-up period of 5 years, the presence of atypical tubal metaplasia in endometrial samplings did not increase the risk of developing hyperplasia or malignancy (Figure 5).

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