

Pathology Review

Chapter 11: Gynecologic Pathology

UPDATE: February 2014

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38. Describe the morphology of clear cell carcinoma of the ovary.
- Varied patterns: solid, papillary, tubulocystic, or mixed.
 - Hobnailed cells with relatively uniform hyperchromatic nuclei, prominent nucleoli.
 - Clear or eosinophilic cytoplasm, with relatively low mitotic activity.
 - Presence of hyaline globules or psammoma bodies (possible).
 - **Hyalinised stroma.**

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42. Describe the morphological features of an ovarian mucinous borderline tumor, and list the differential diagnosis.
- Morphology:
 - No invasive component or only microinvasion.
 - Complex and stratified mucinous lining (endocervical/**seromucinous**, mucin poor, or **intestinal**/goblet cell type).
 - Papillary protrusions (possible).
 - Mild to moderate cytological atypia.
 - Differential diagnosis:
 - Adenocarcinoma (primary or secondary).

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84. List the gross and histologic features of each type of endometrial stromal tumor.
- Gross:
 - Endometrial stromal nodule (ESN): well-circumscribed, yellow/soft, usually solitary.
 - **Low grade** endometrial stromal sarcoma (ESS): poorly circumscribed/demarcated, diffuse permeative growth, yellow/soft cut surface.

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- Undifferentiated endometrial sarcoma (UES): similar to LMS.
- Histologic:
 - ESN: bland round to oval cells, sometimes arranged around hyalinized arterioles.
 - ESS: similar cytological features to ESN, but extensive myometrial finger-like projections/permeative growth with lymphovascular invasion.
 - UES: pleomorphic spindle cell tumor with high grade nuclear features.

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50. Discuss how to differentiate AGCTs from poorly differentiated carcinomas, based on clinicopathological findings.

AGCT	Poorly differentiated carcinoma
• Rarely bilateral.	• Bilateral tumor more frequent.
• Indolent course even when clinically malignant; patients have a good prognosis.	• Rapid course; patients have a poor prognosis.
• Typically low stage.	• Typically high stage.
• Cell nuclei uniform, pale, some with grooves.	• Cell nuclei hyperchromatic, unequal size and shape.
• Low mitotic count.	• High mitotic count with atypical mitosis.
• IHC: inhibin+, calretinin+, WT1+, CD10+, FOXL2+.	• IHC: WT1+/-, inhibin -, calretinin-, CD10-, FOXL2-.

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126. List histochemical and immunohistochemical characteristics of Paget disease.

- Mucicarmine+ (PAS-, Alcian blue-).
- CK7+, EMA+, CEA+, B72.3+, GCFAP15+ (S100-, HMB45-, CK20-), Her2/neu+.