

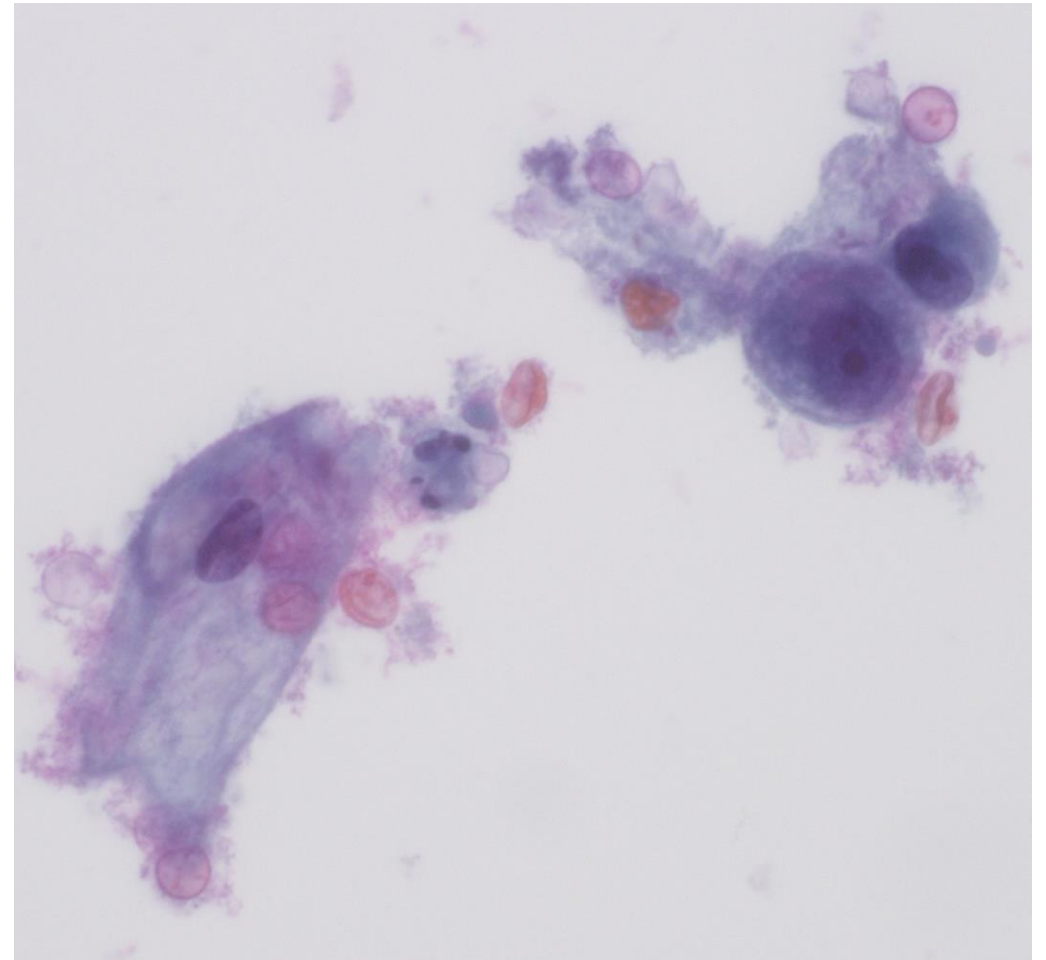
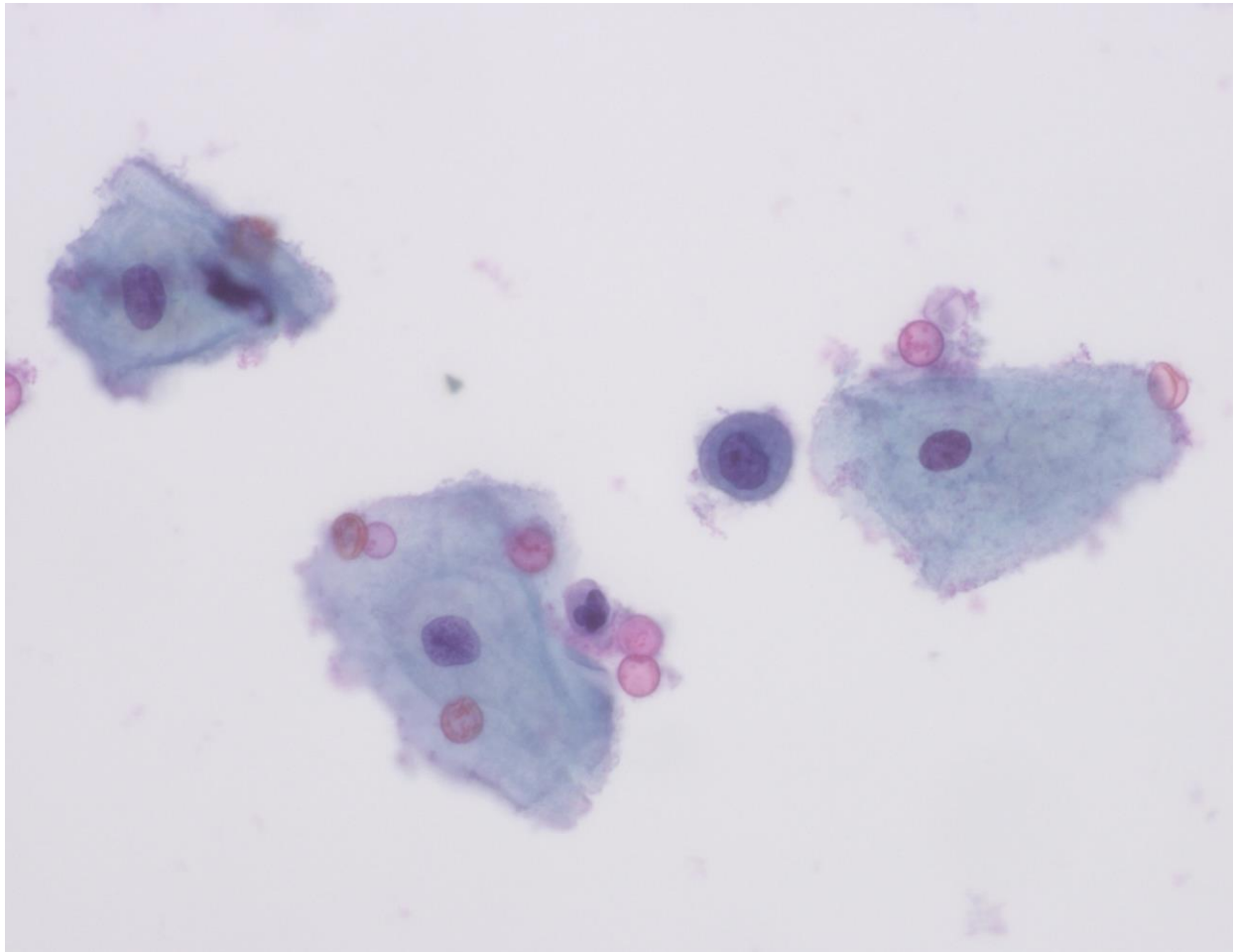
Unusual Cases

Michael Thrall MD

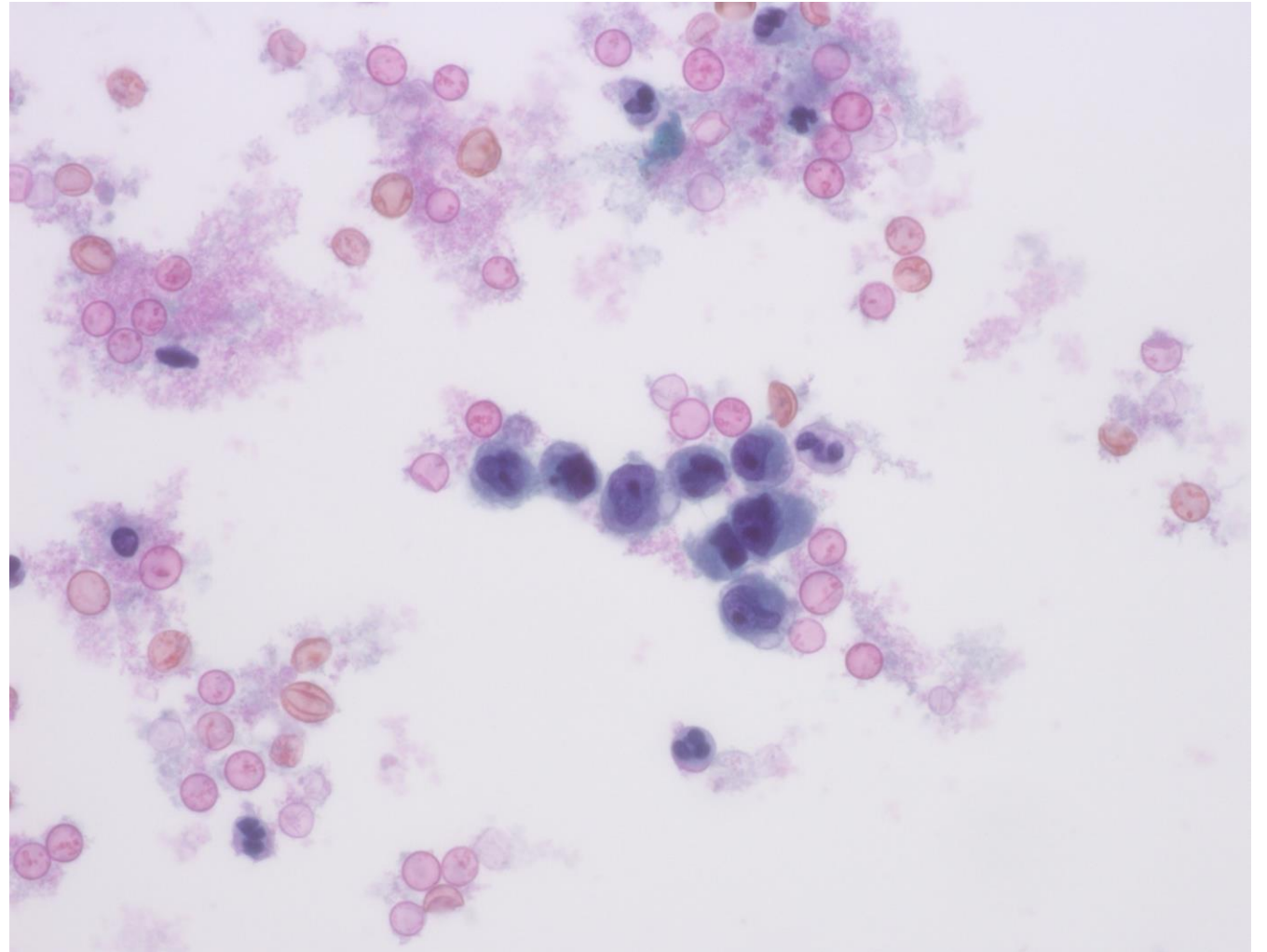
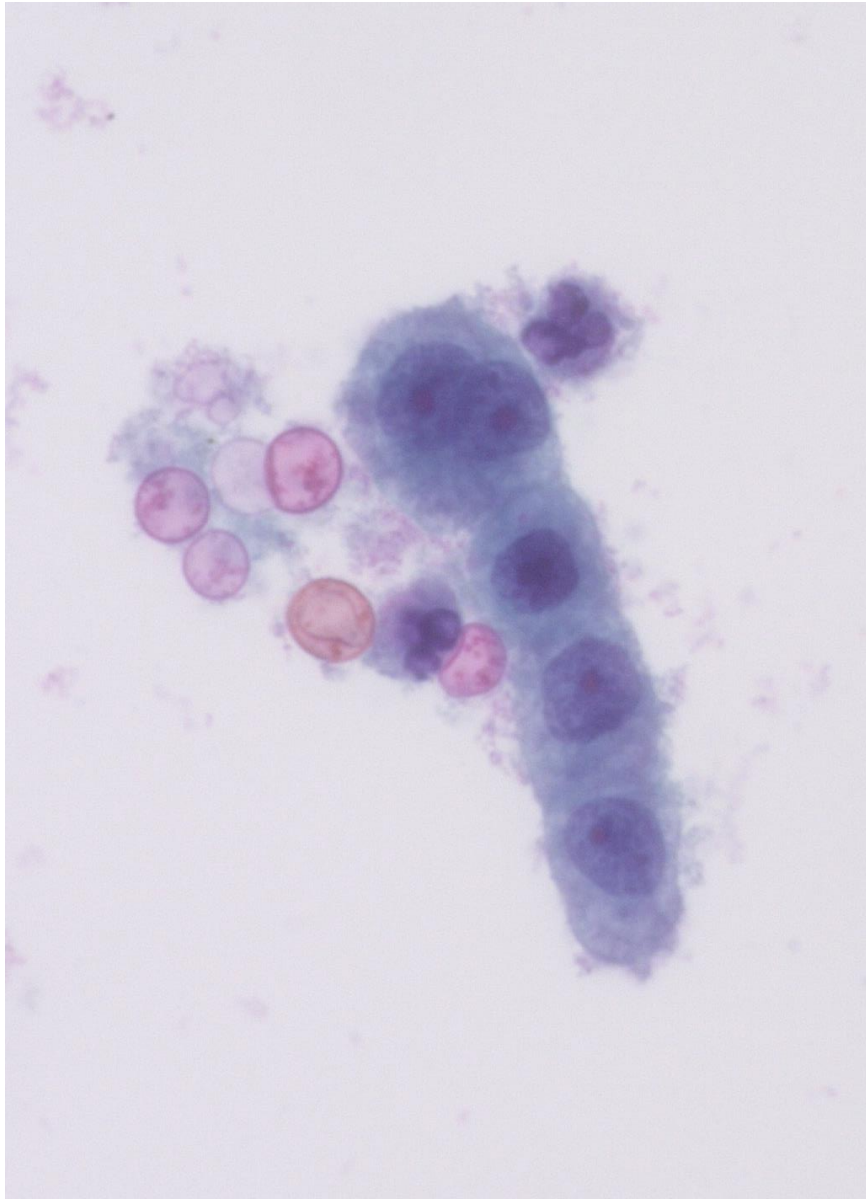
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- 48 year old female
- History of Crohn's disease with vaginal fistula
- Vaginal ulcer noted during pelvic exam

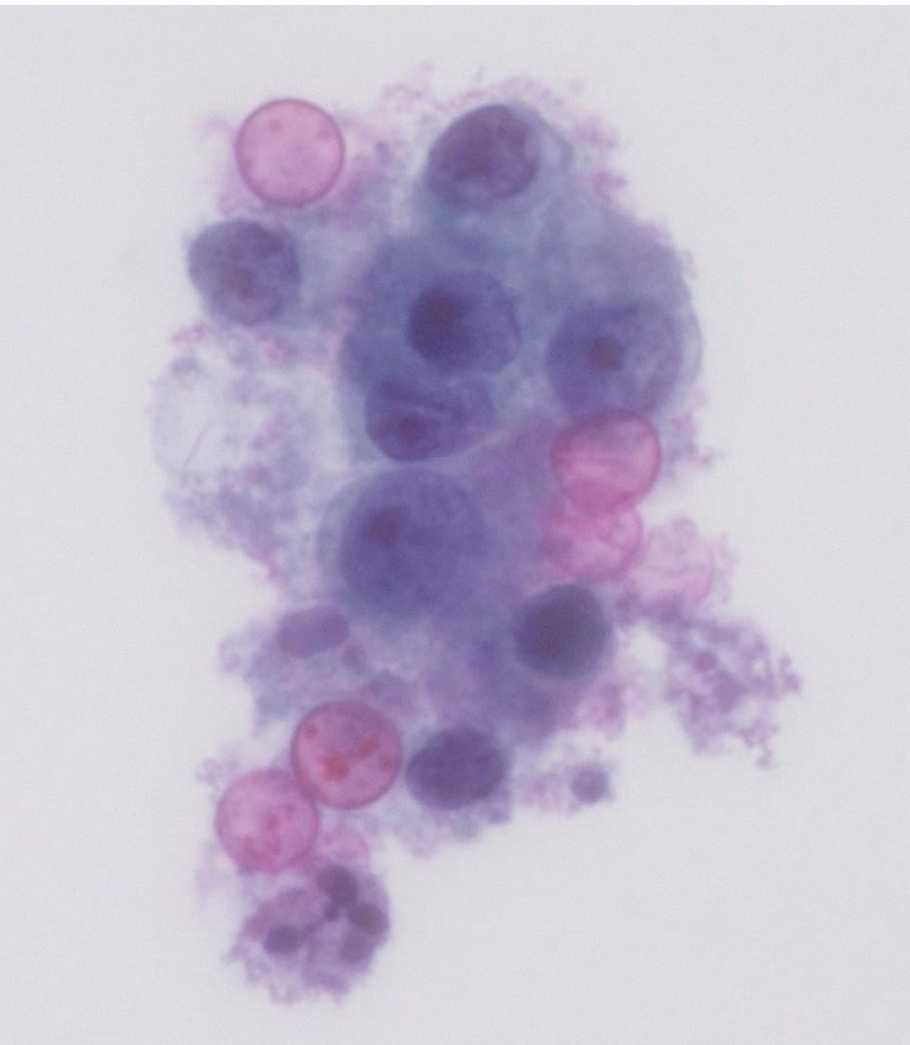
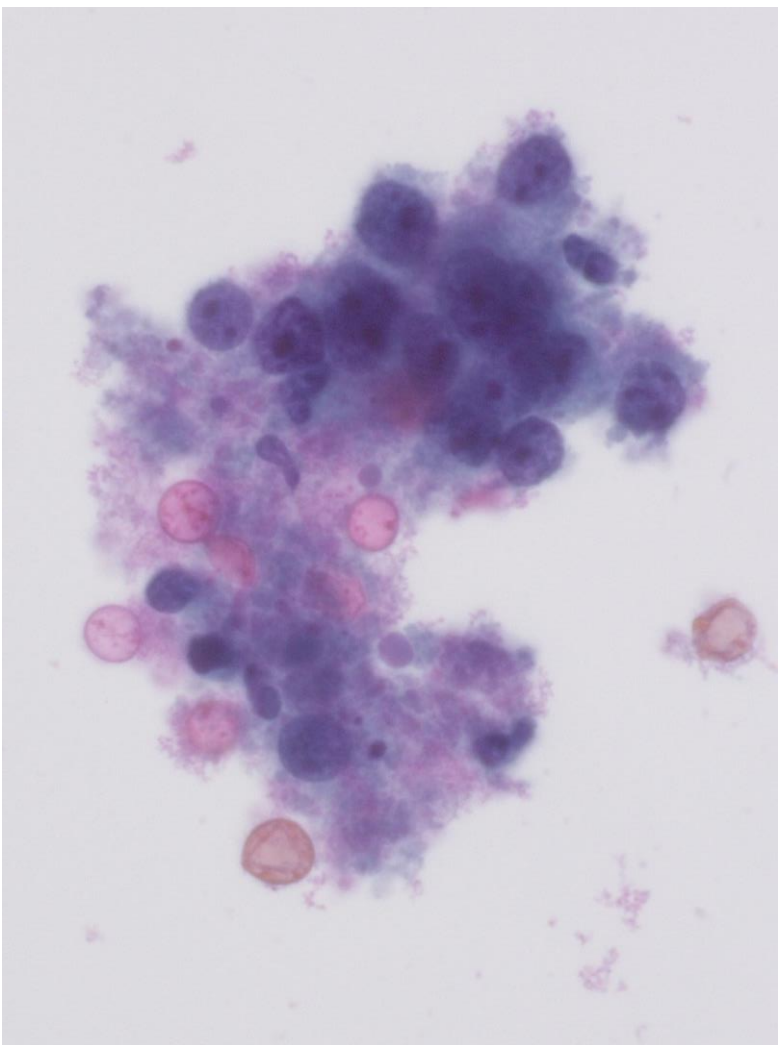
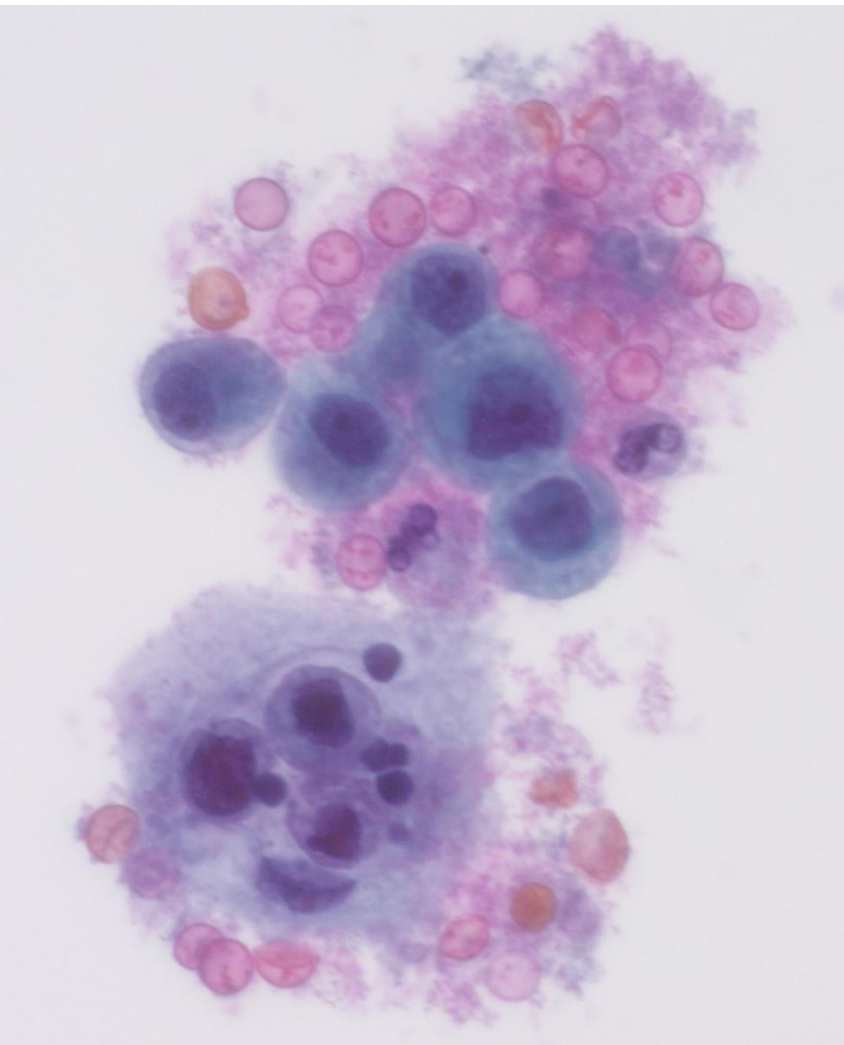
Small cells with large nuclei



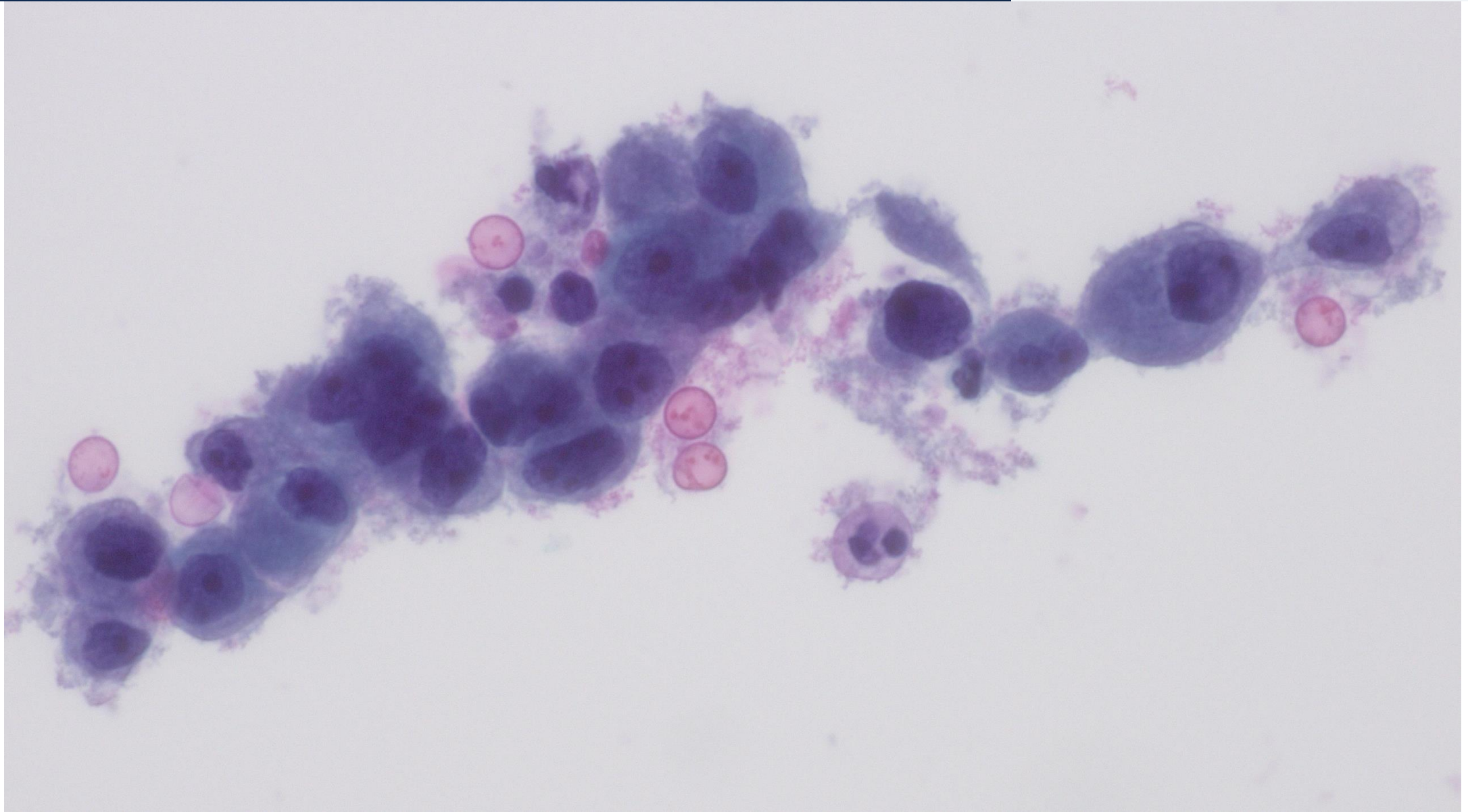
Background blood and debris



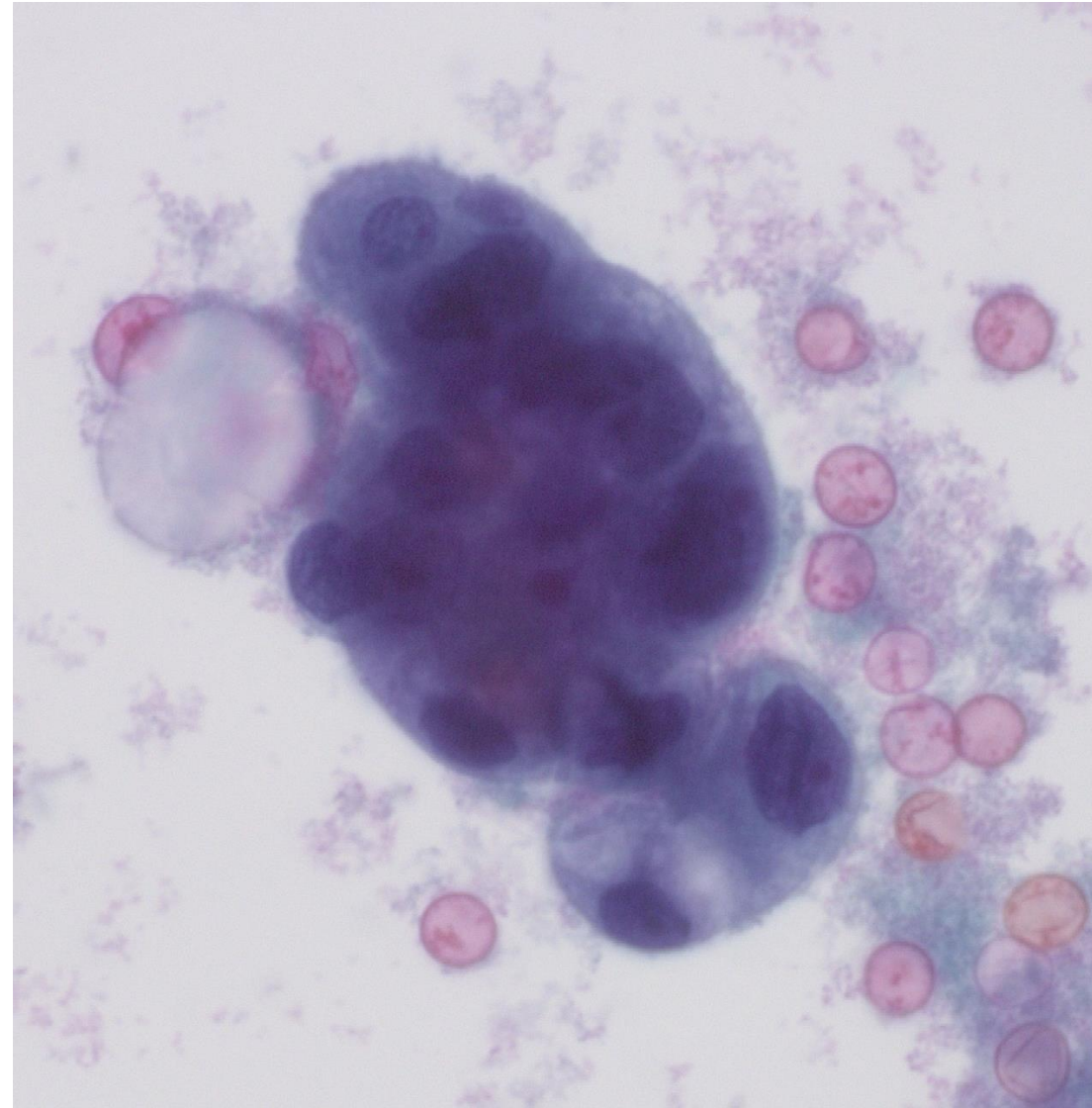
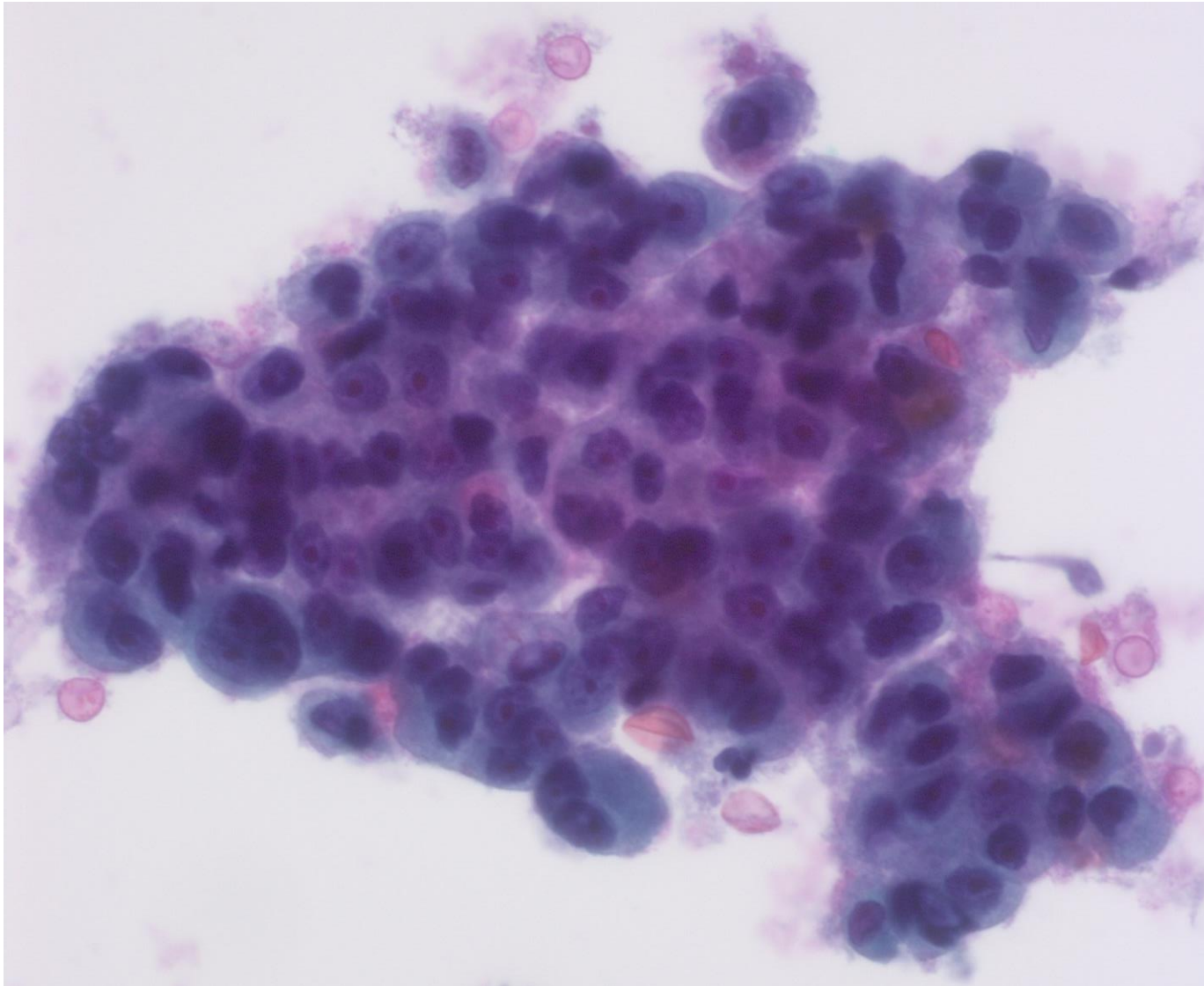
Loosely cohesive and degenerating



Prominent nucleoli



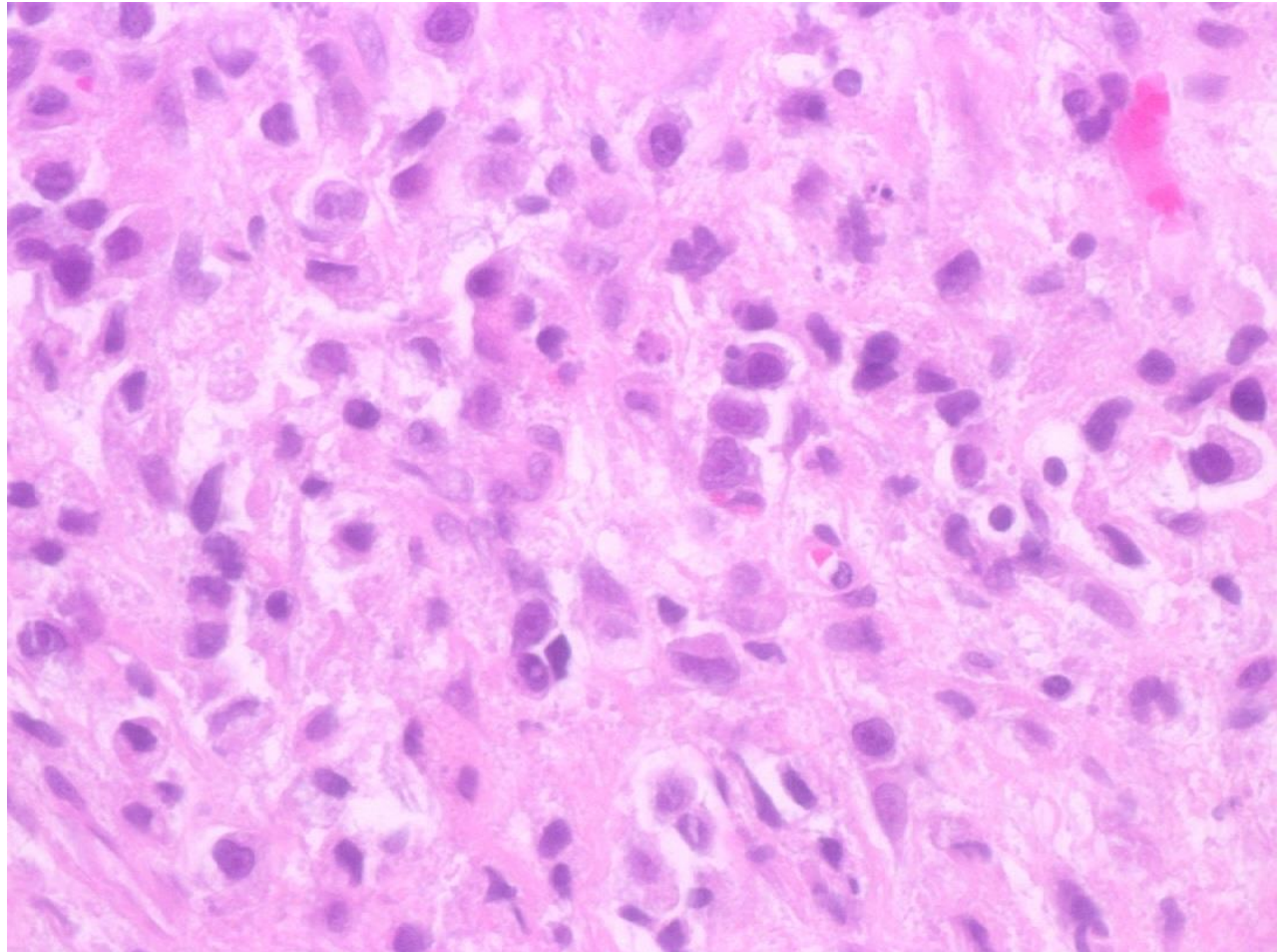
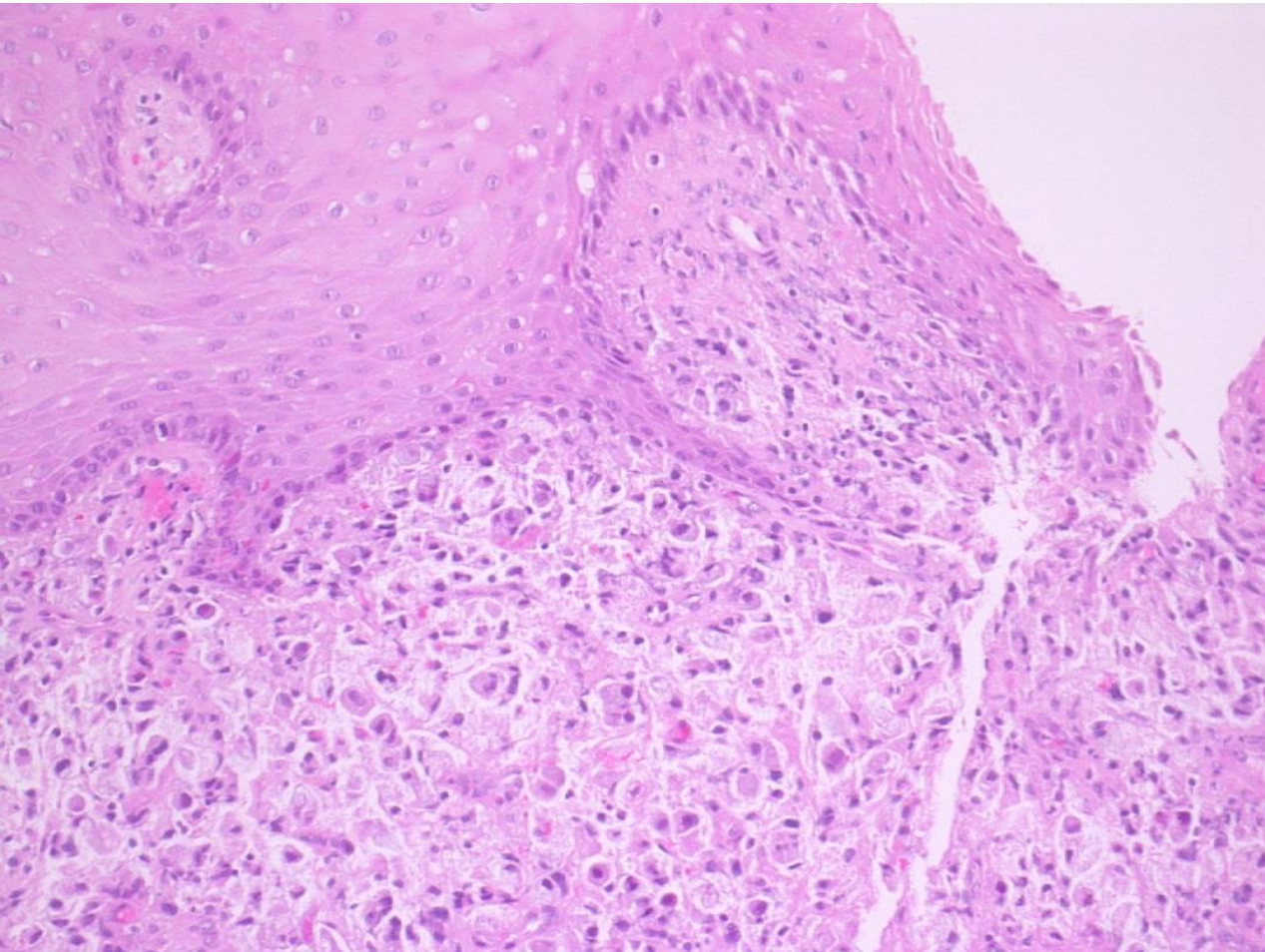
Few larger aggregates of cells



Differential diagnosis?

- Small cells
 - High nucleus to cytoplasm ratio
 - Enlarged nuclei
 - Prominent nucleoli
 - Vacuolated cytoplasm
 - Diathesis
-
- Most common: Non-keratinizing squamous cell carcinoma
 - Best fit for morphology: Adenocarcinoma with signet-like features

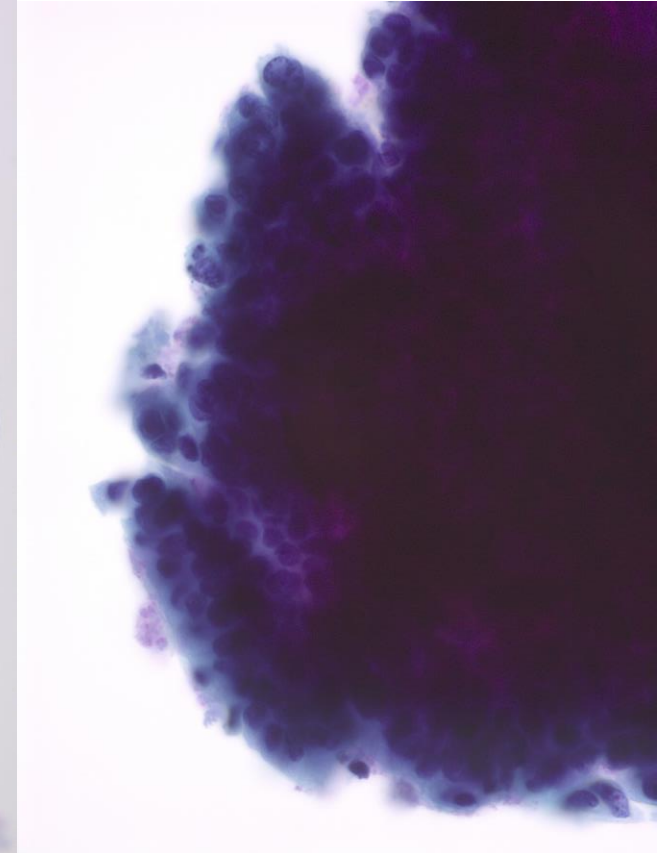
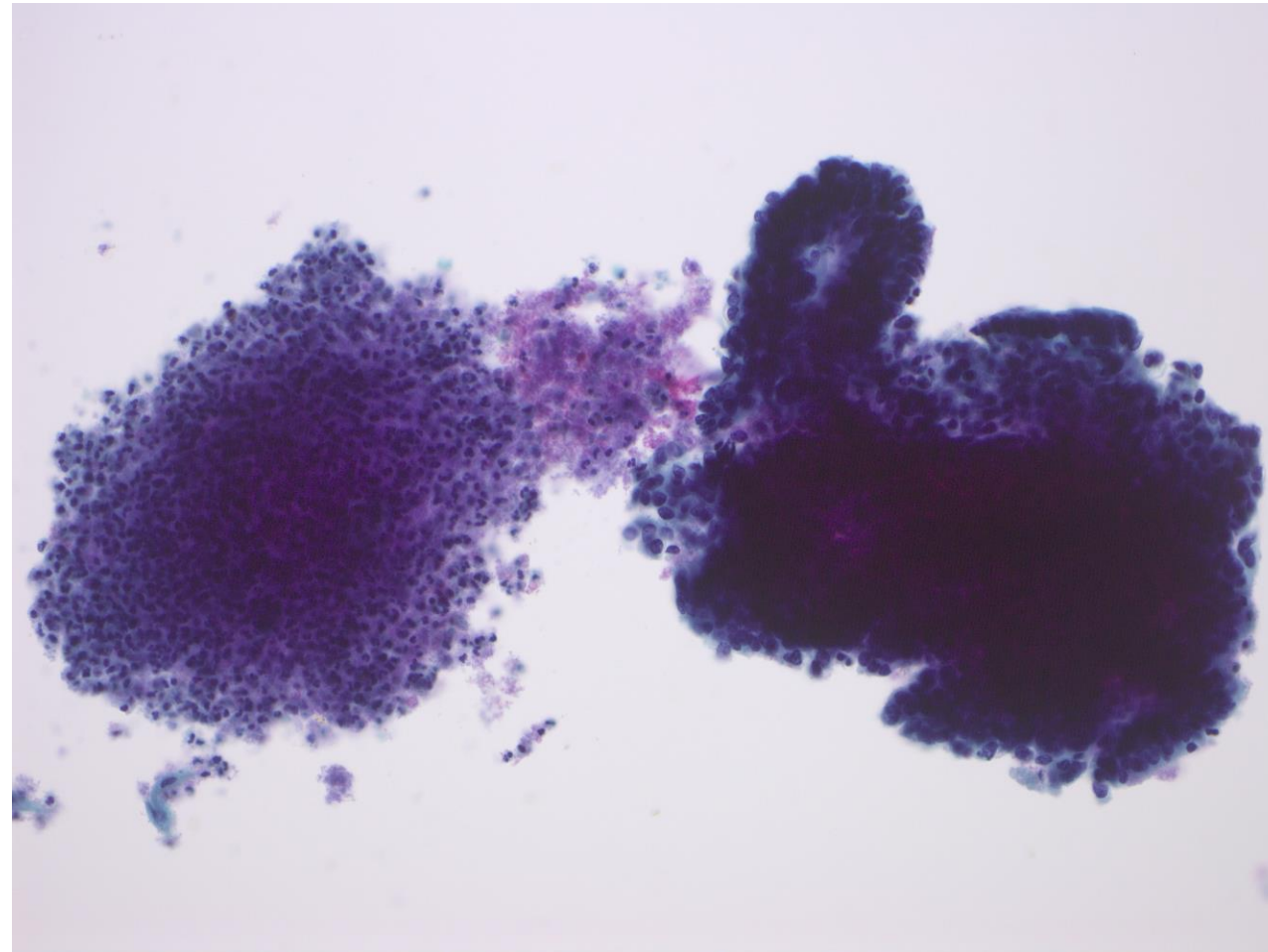
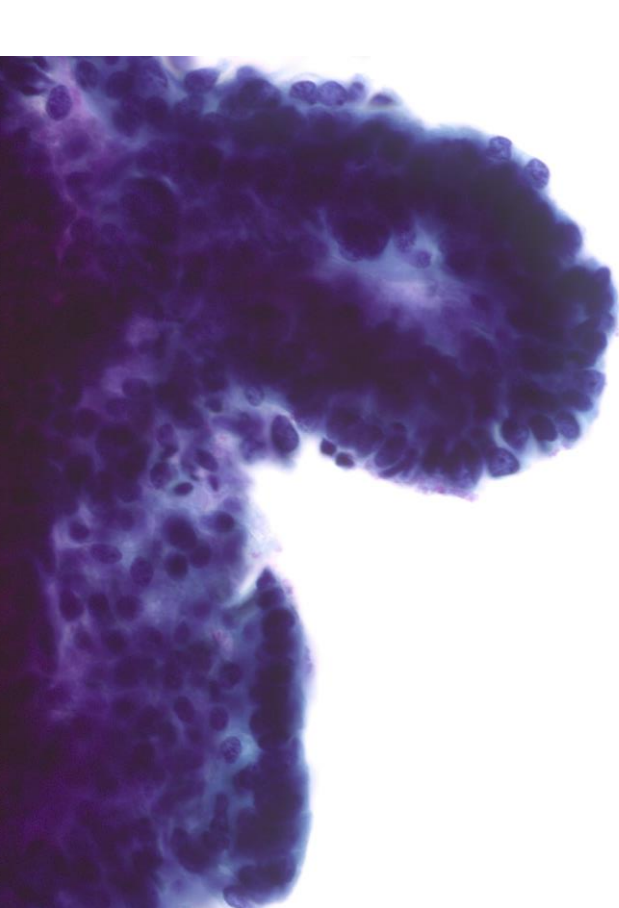
Histology



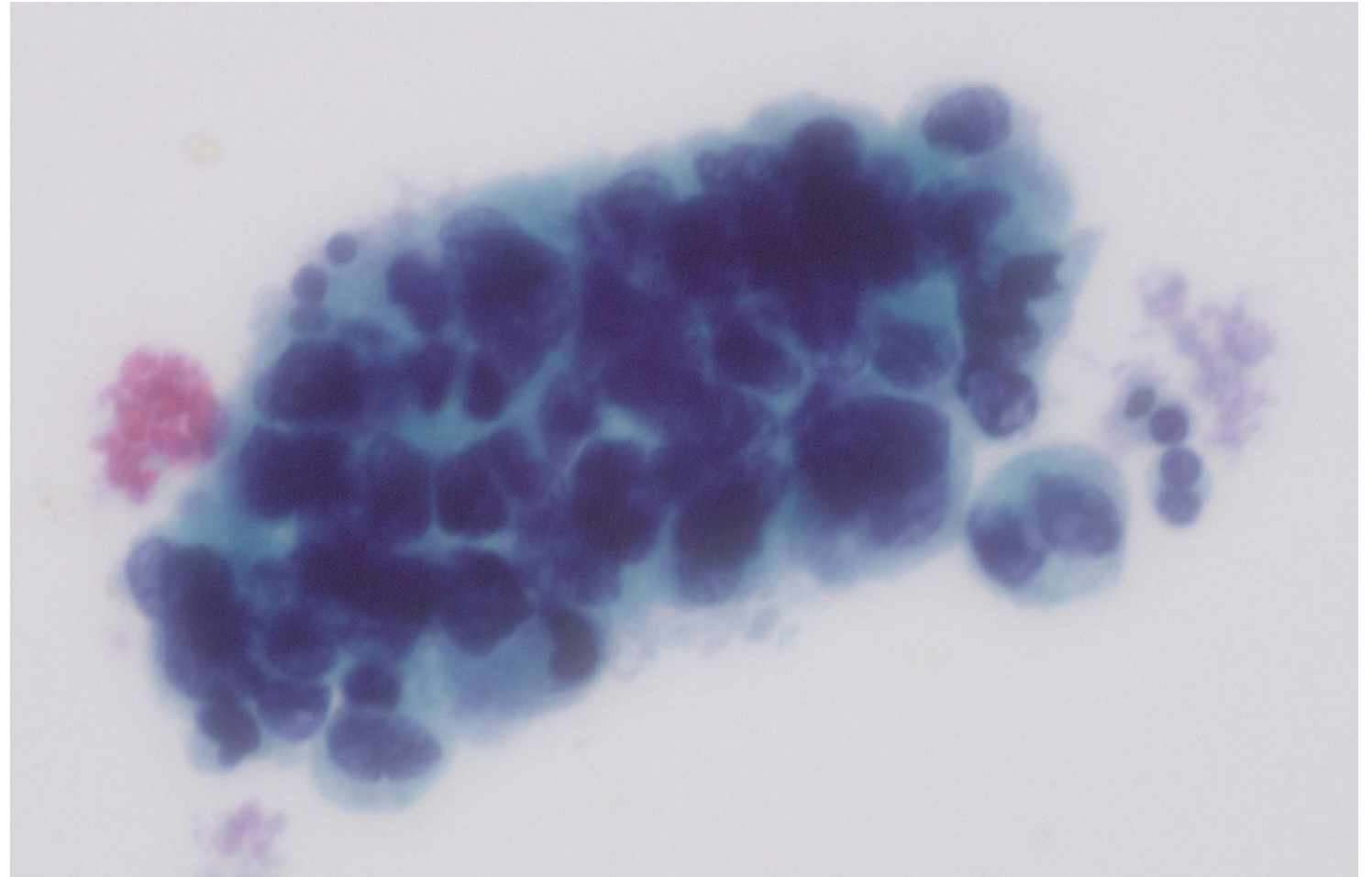
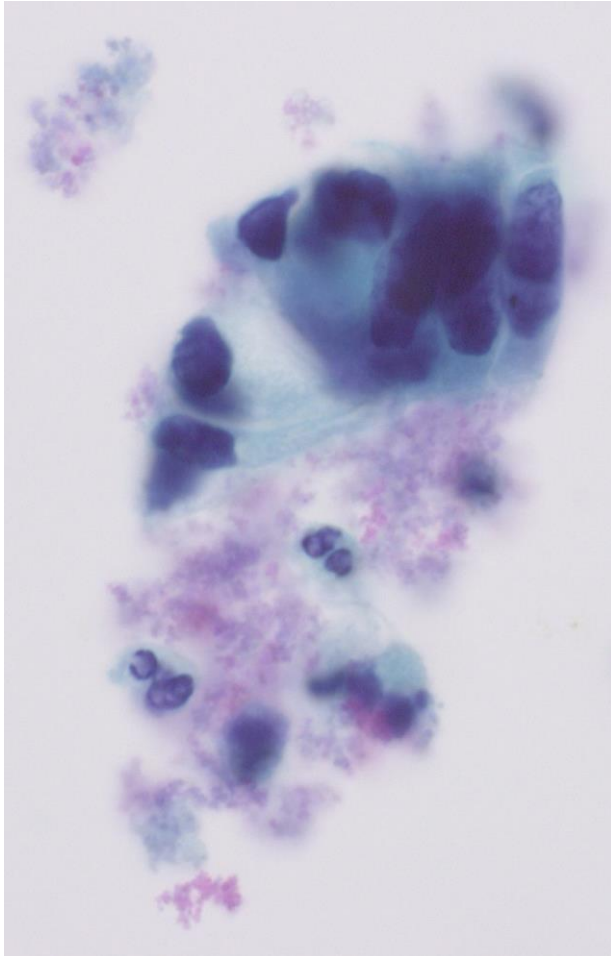
- The patient had developed adenocarcinoma in the rectum that directly extended to the vagina along the fistulous tract
- Metastasis could also be considered: lobular breast carcinoma or diffuse-type gastric adenocarcinoma could look similar

- 60 year old female
- Abnormal bleeding and discharge
- Rectal carcinoma with low anterior resection and excision of rectovaginal fistula
- Positive vaginal margin, now with recurrence

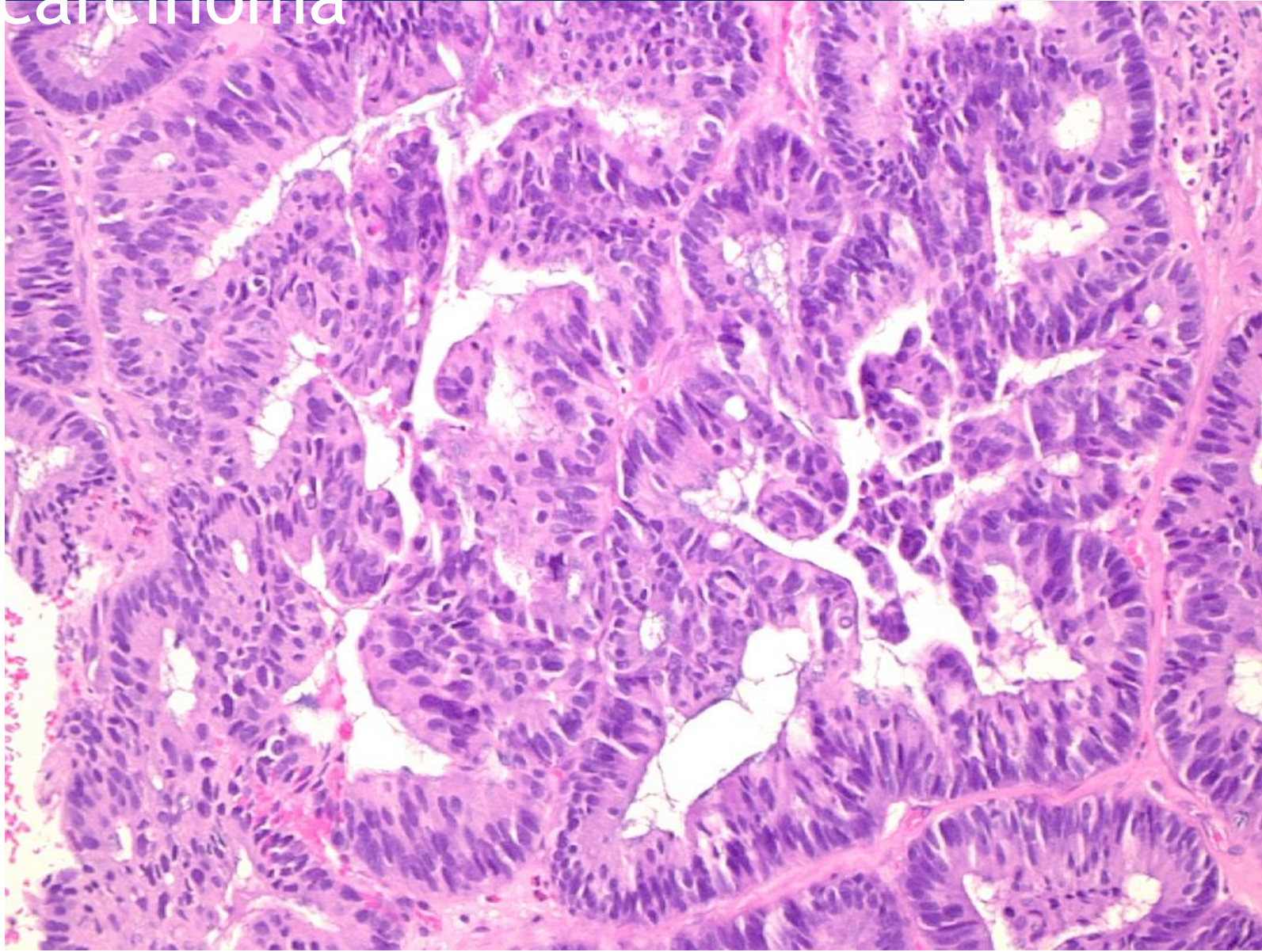
Tumor and purulent debris



Smaller clusters of tumor cells

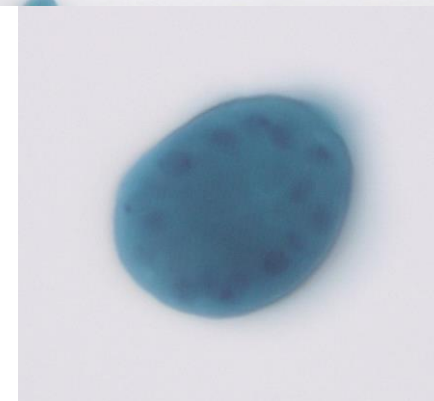
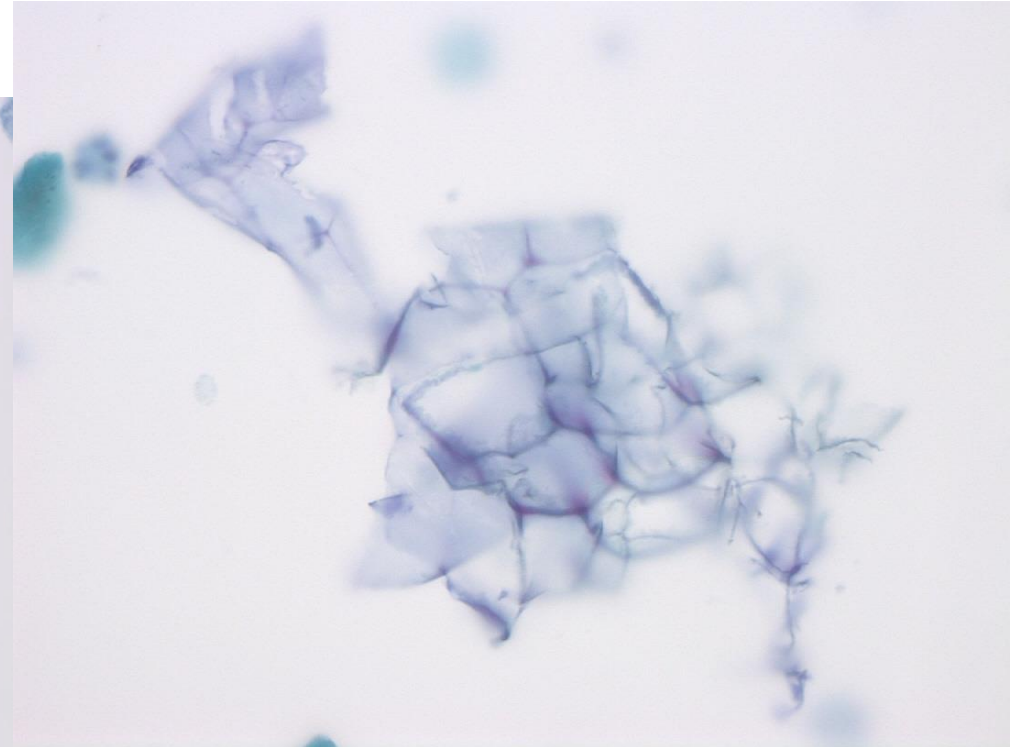
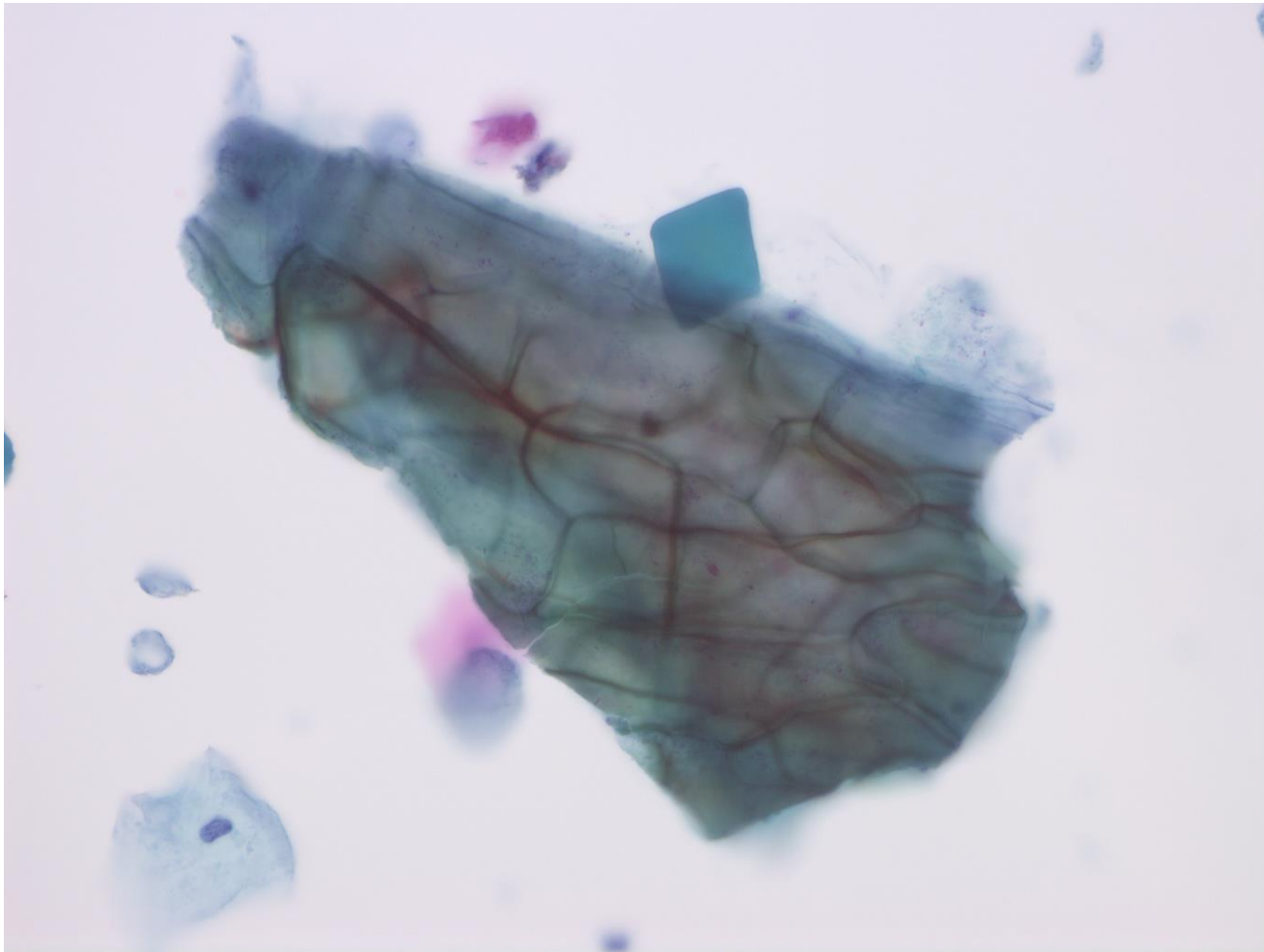


Usual-type rectal adenocarcinoma

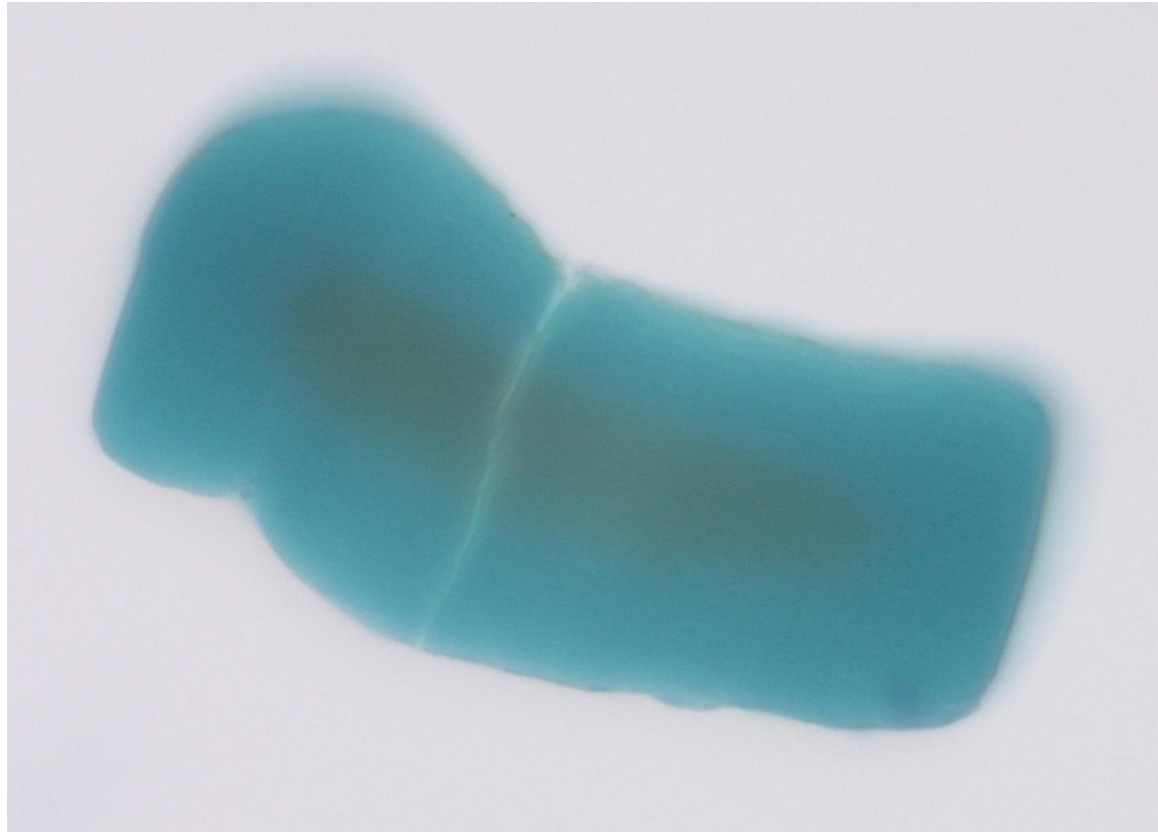


- 80 year old female
- In the emergency room with vaginal discharge
- History of endometrial carcinoma with hysterectomy and radiation

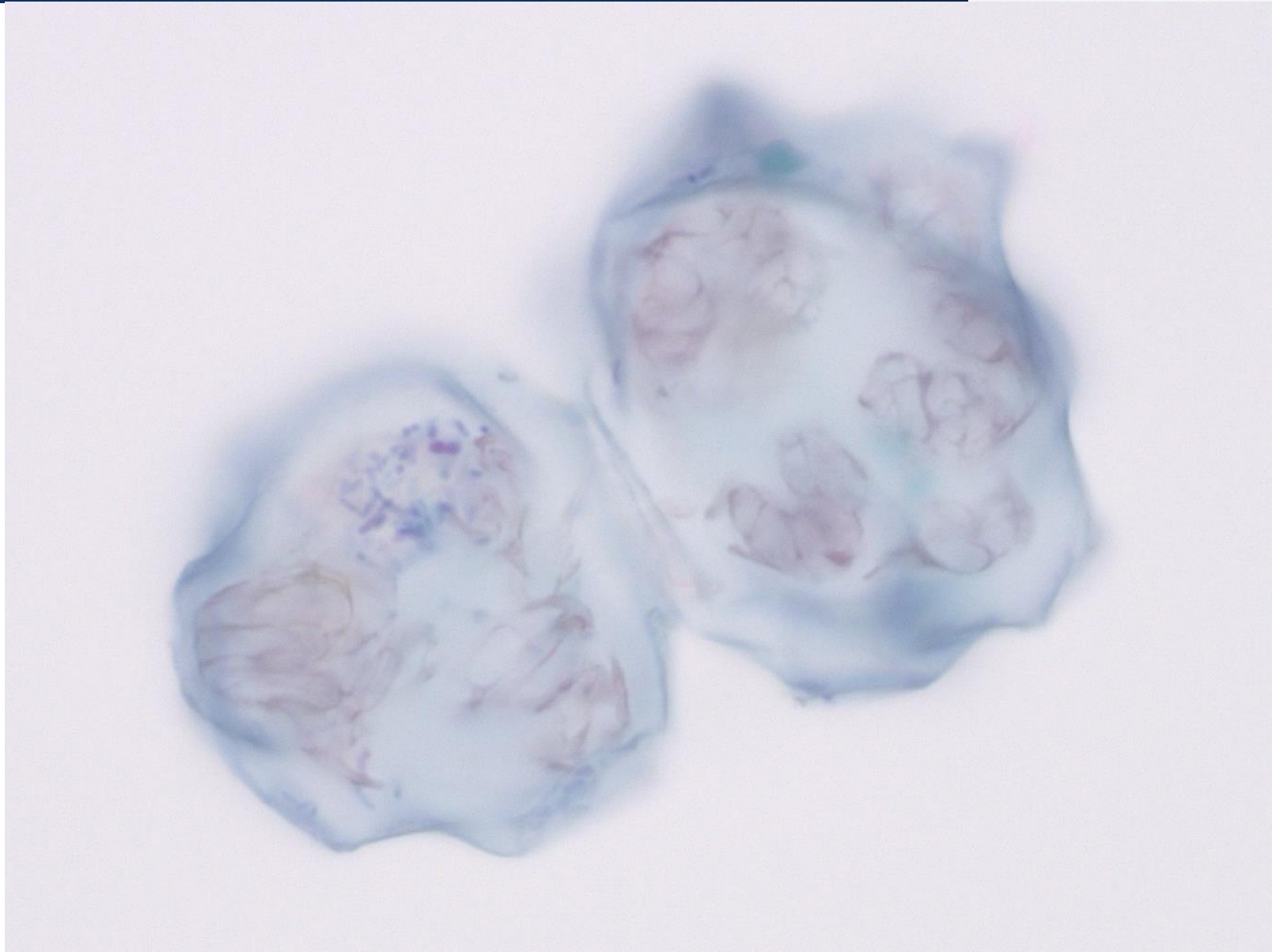
Foreign material



Degenerated skeletal muscle



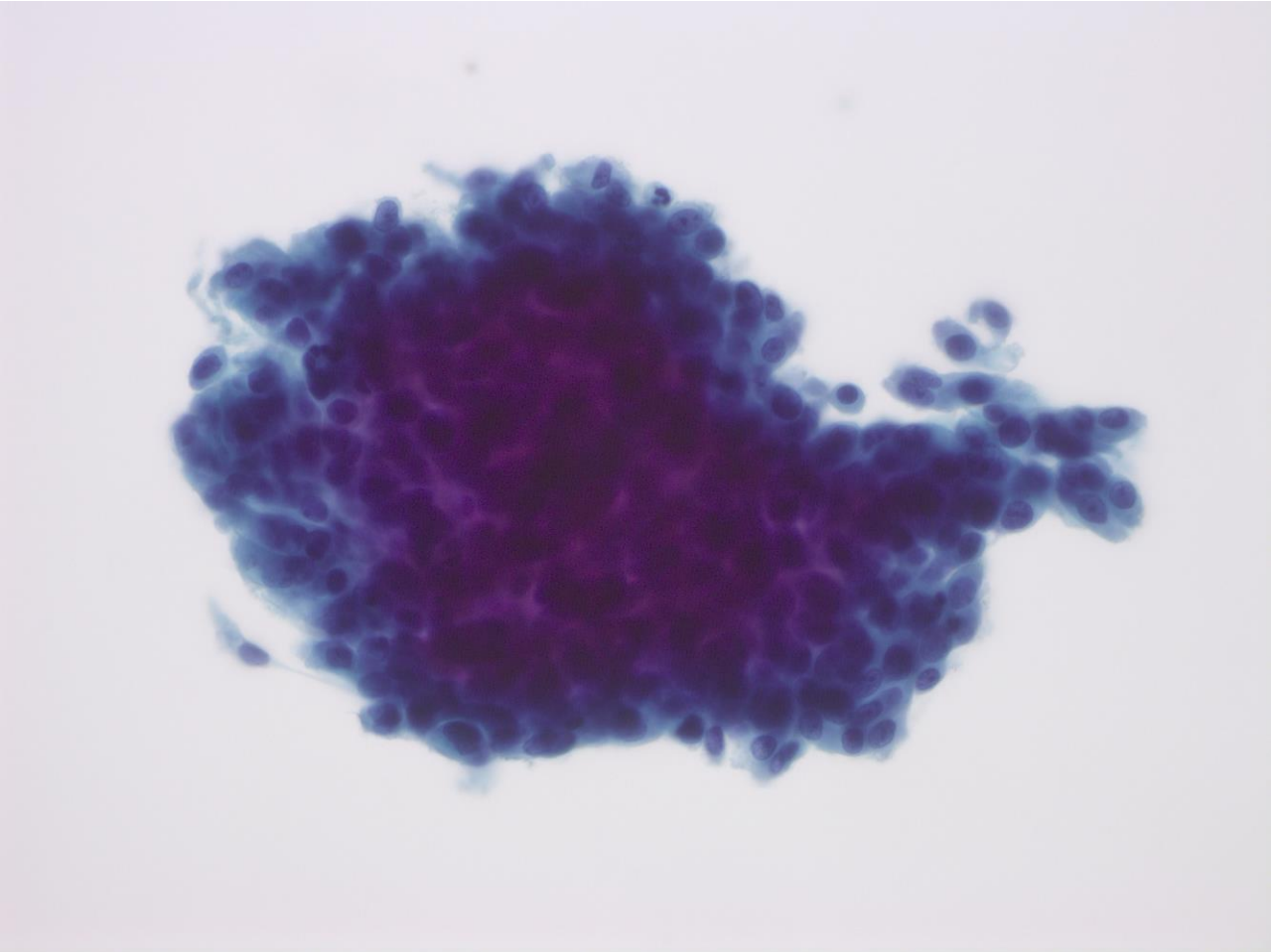
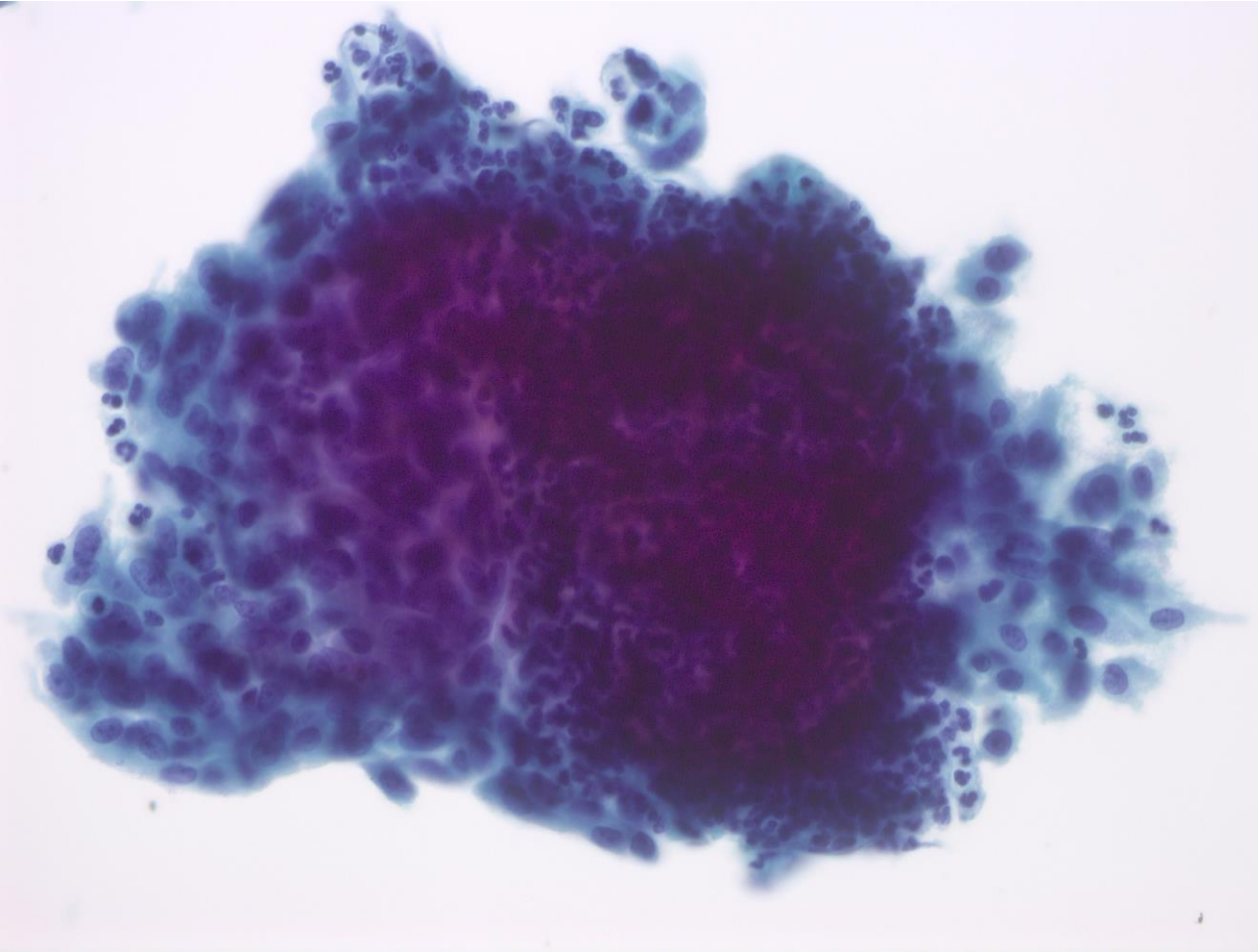
Vegetable matter



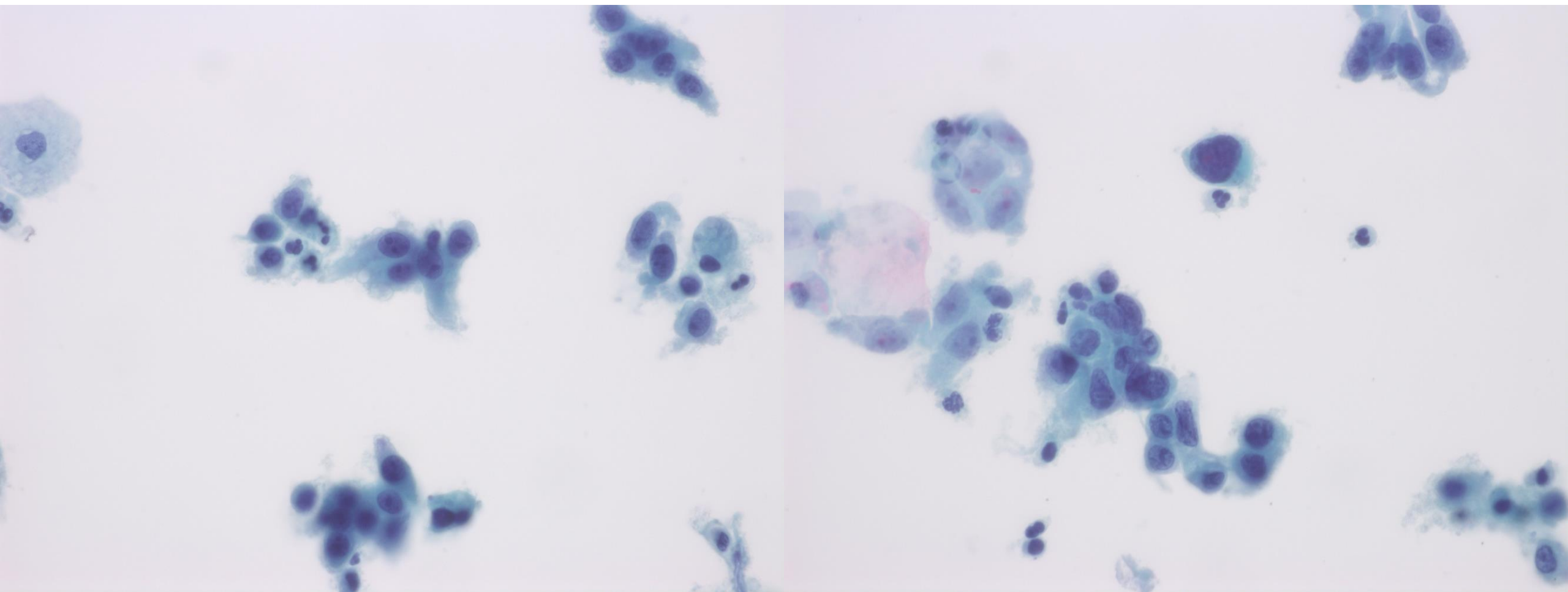
- Vegetable matter and skeletal muscle from a radiation-induced fistula
- No recurrence of malignancy identified

- 73 year old female
- HPV negative
- Bleeding and discharge

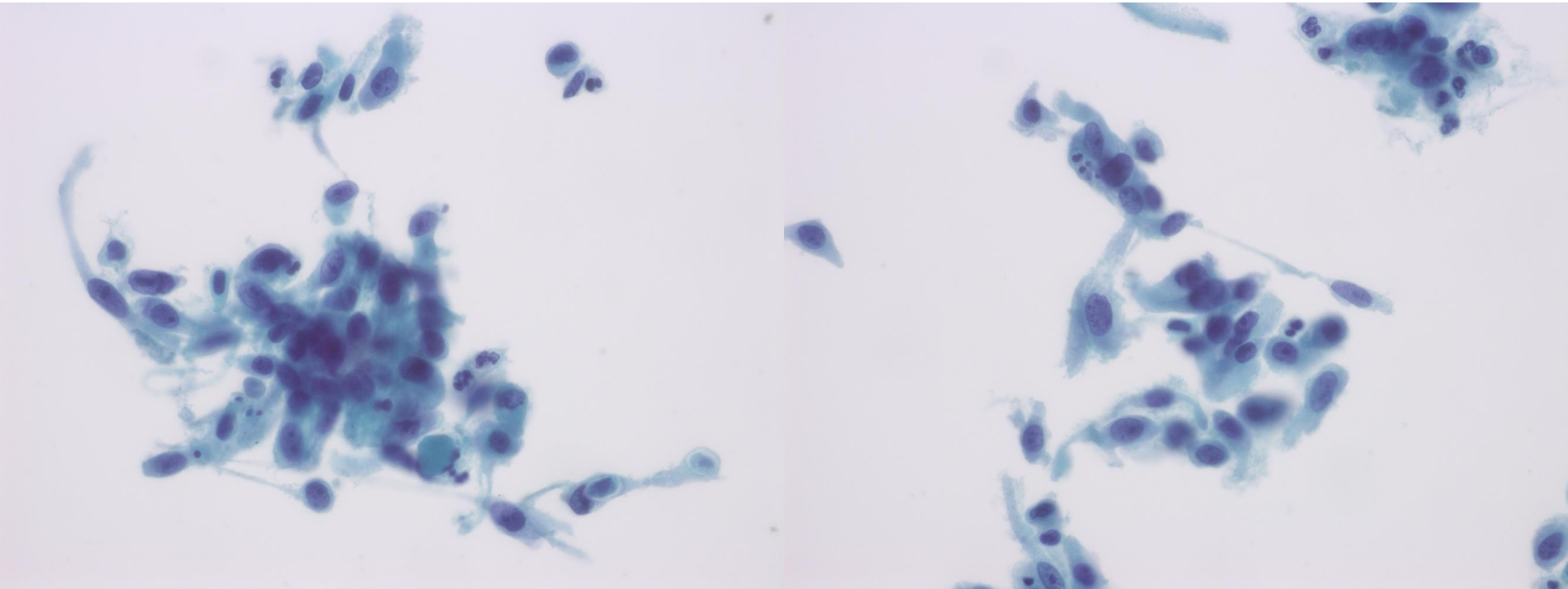
Large aggregates of malignant cells



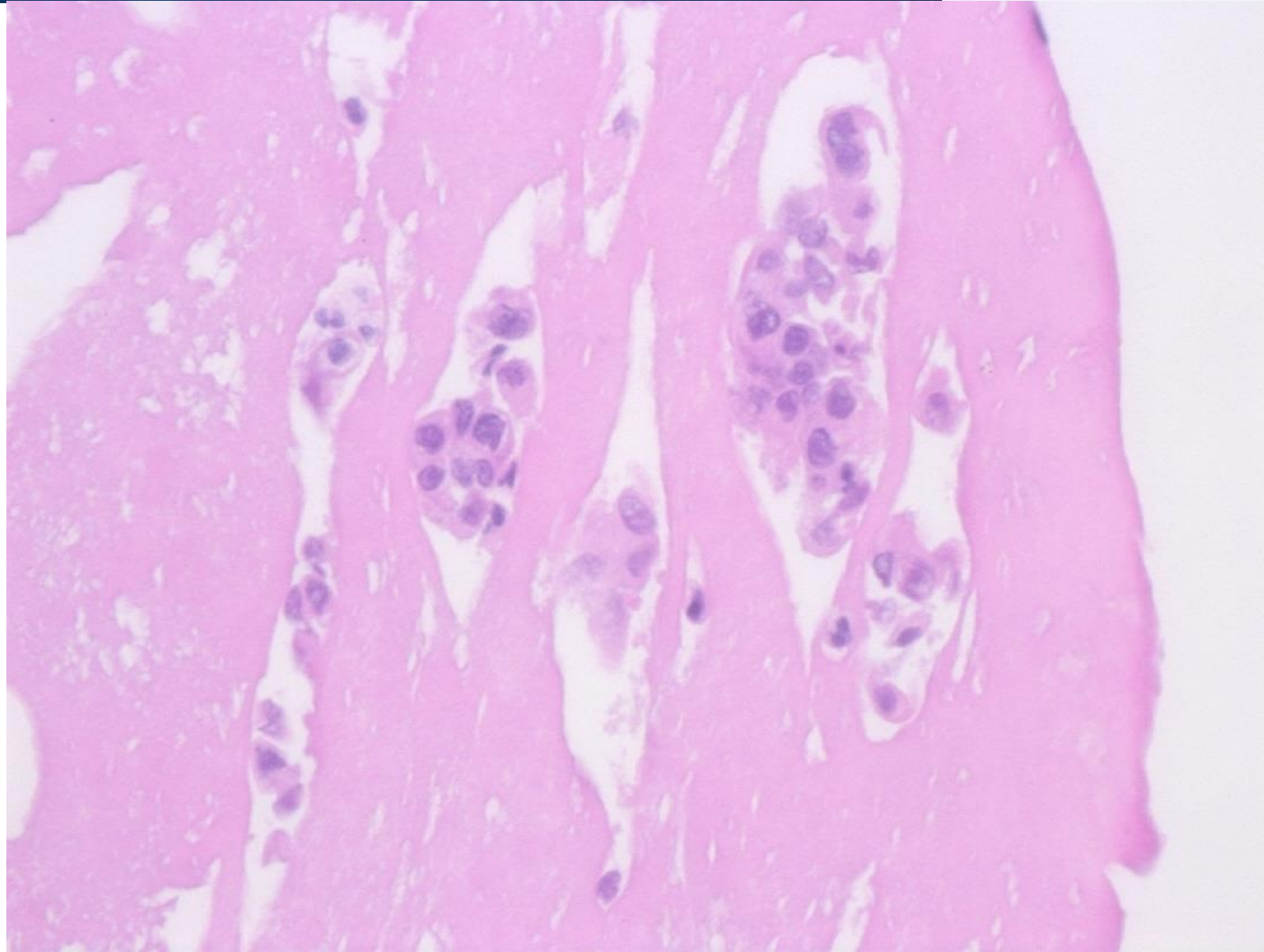
Large dark nuclei with nucleoli



Prominent cytoplasmic tails



Vaginal biopsy - p16 negative

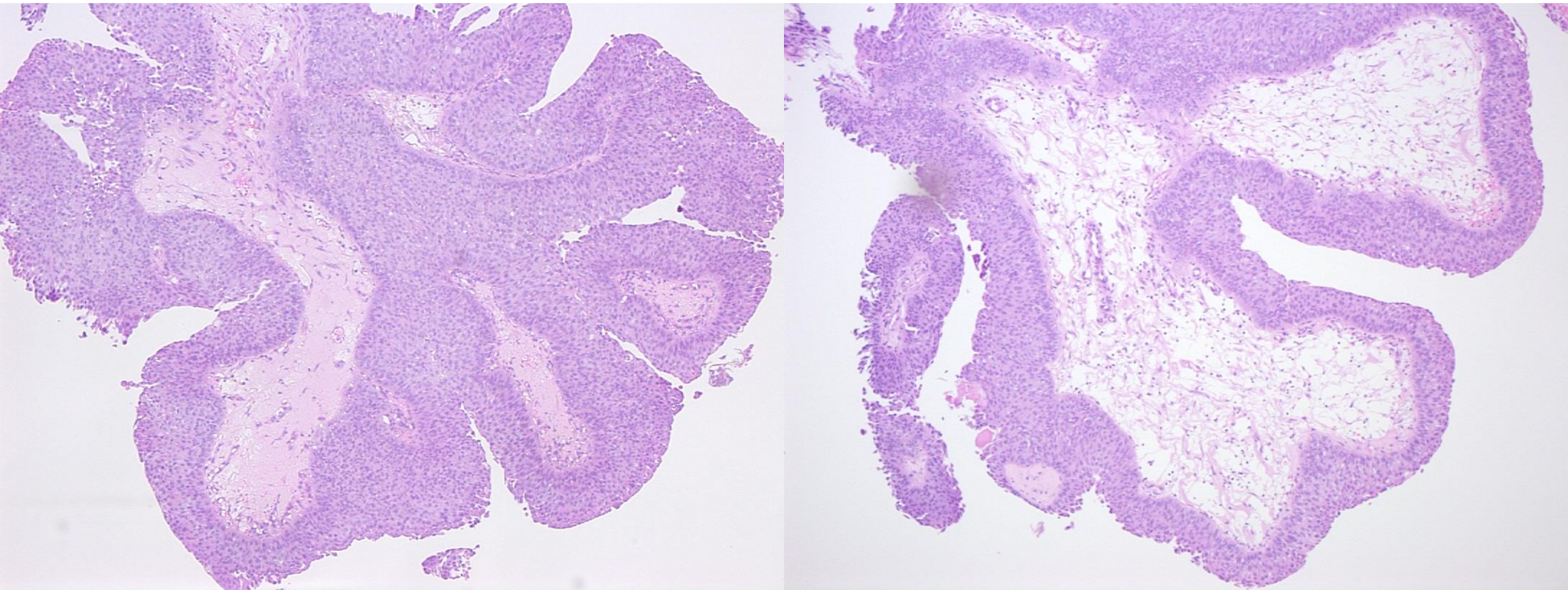


Differential diagnosis

- “Squamoid” malignant cells
- Nuclear pleomorphism
- Dark, clumpy chromatin
- Engulfment of neutrophils

- Most common: Squamous cell carcinoma
- Another relatively common possibility: Endometrial carcinoma with squamous/squamoid appearance
- Also consider: Extrauterine carcinoma

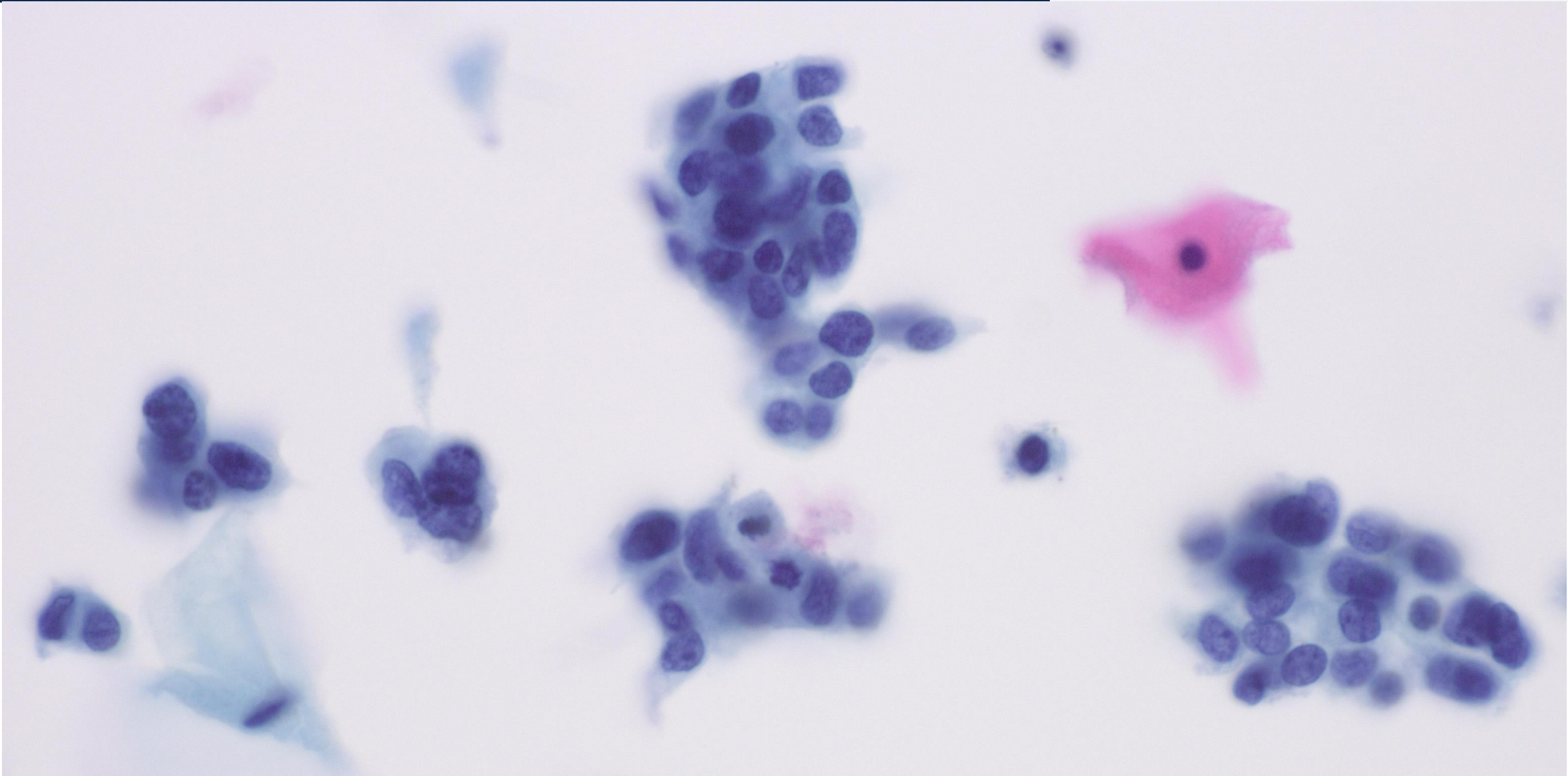
Bladder biopsy from 2 years earlier



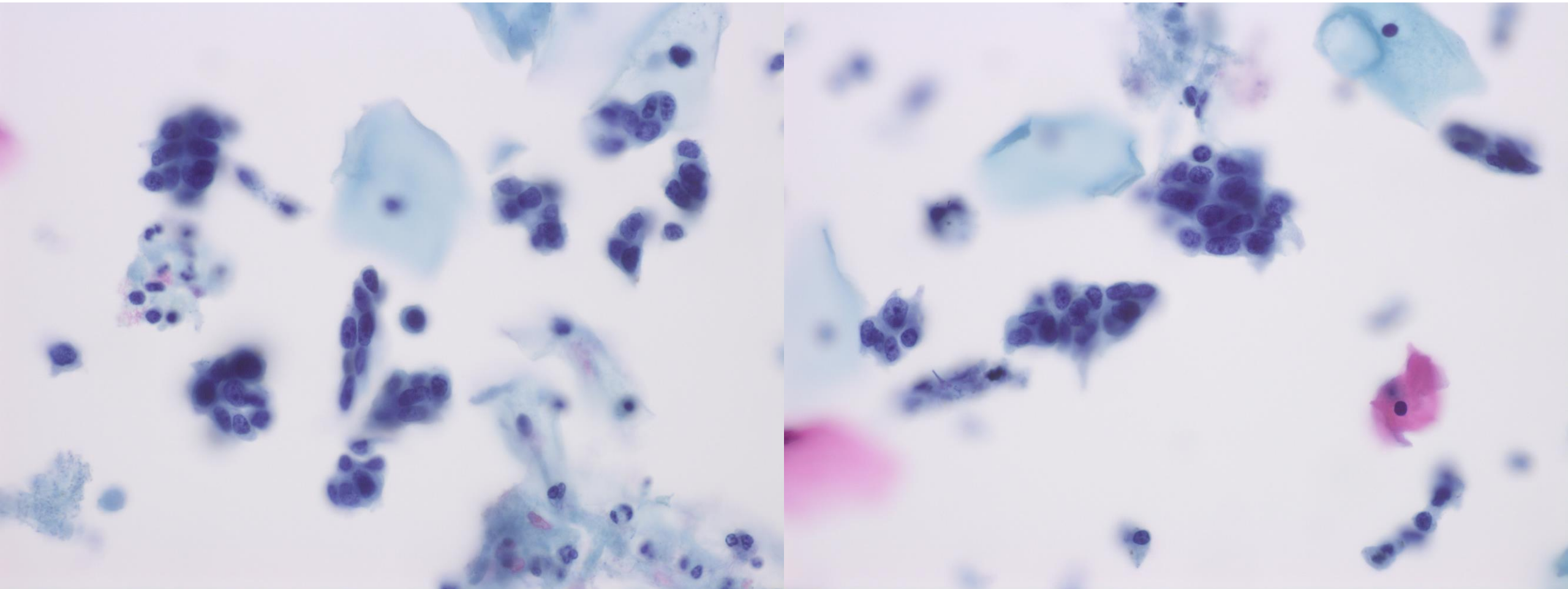
- The patient had a bladder carcinoma that directly extended into the vagina
- The “squamoid” cells are better thought of as “cercariform” cells once the diagnosis is known

- 40 year old female
- Vaginal bleeding
- LEEP for HSIL 4 years ago
- Lost to follow-up after LEEP

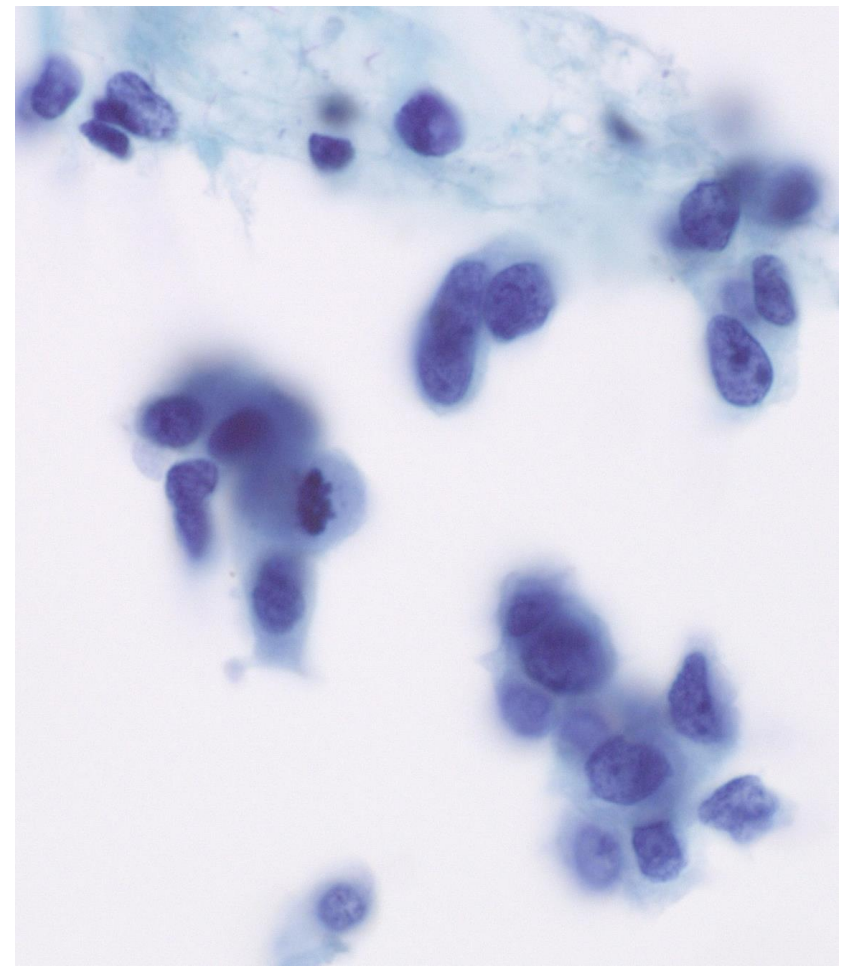
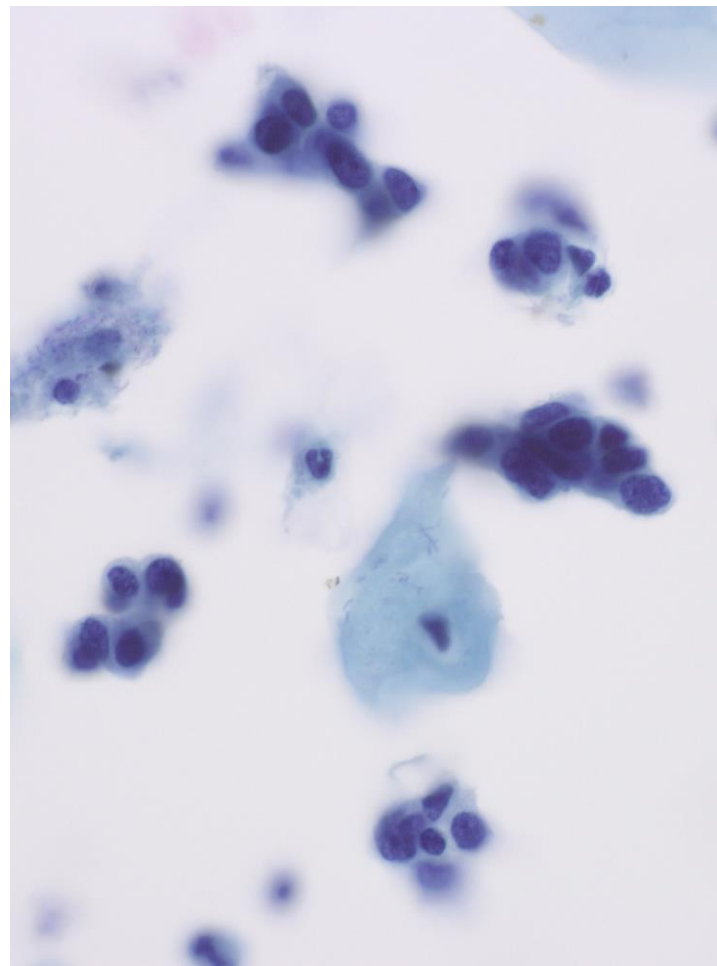
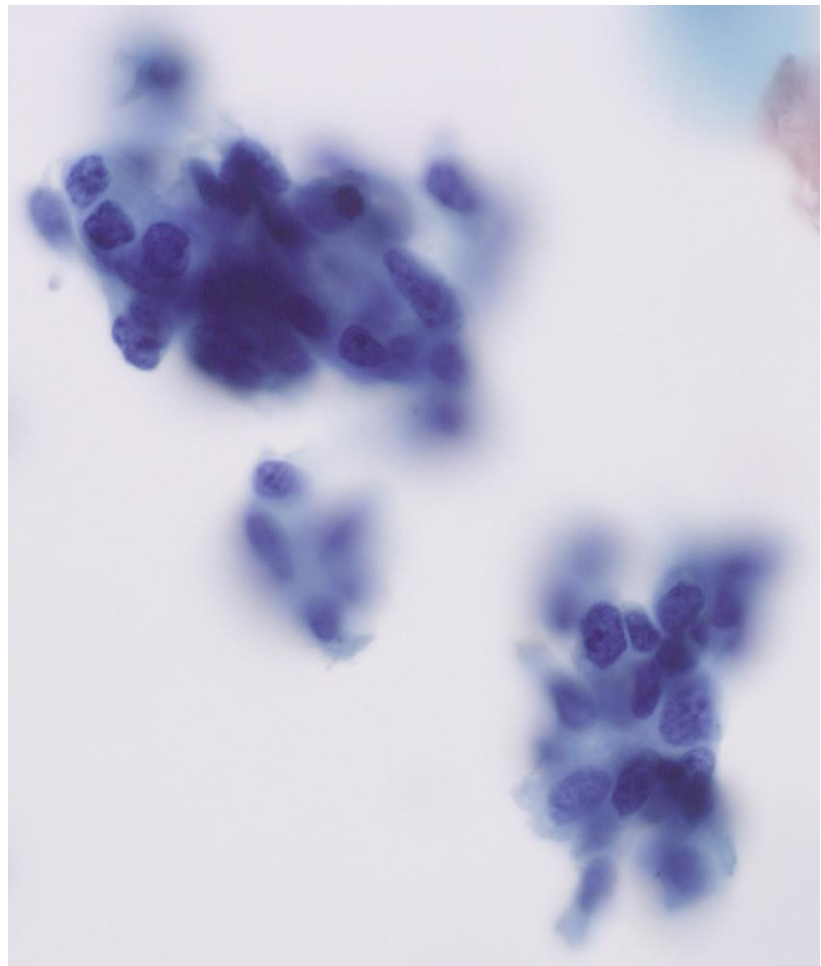
Pleomorphic nuclei with mitosis



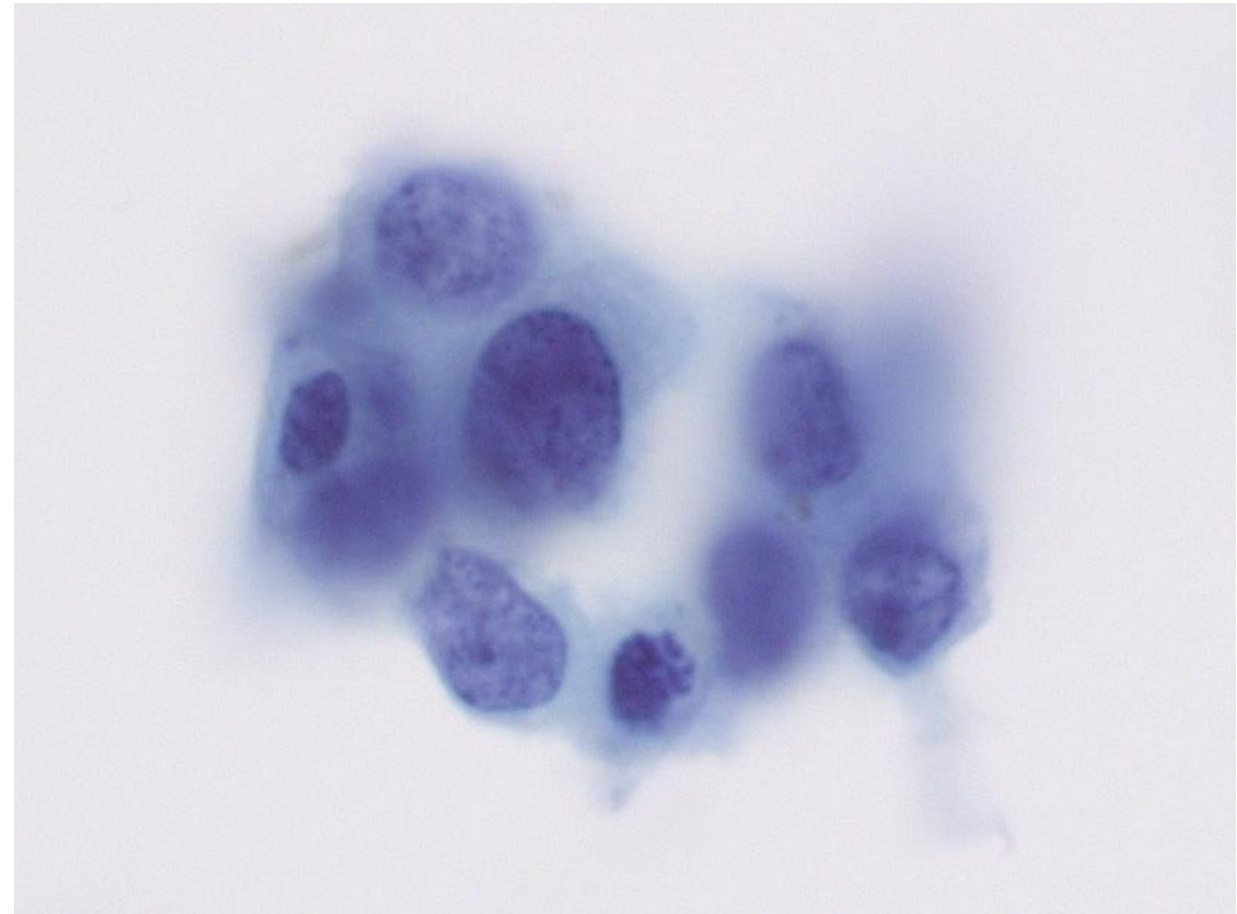
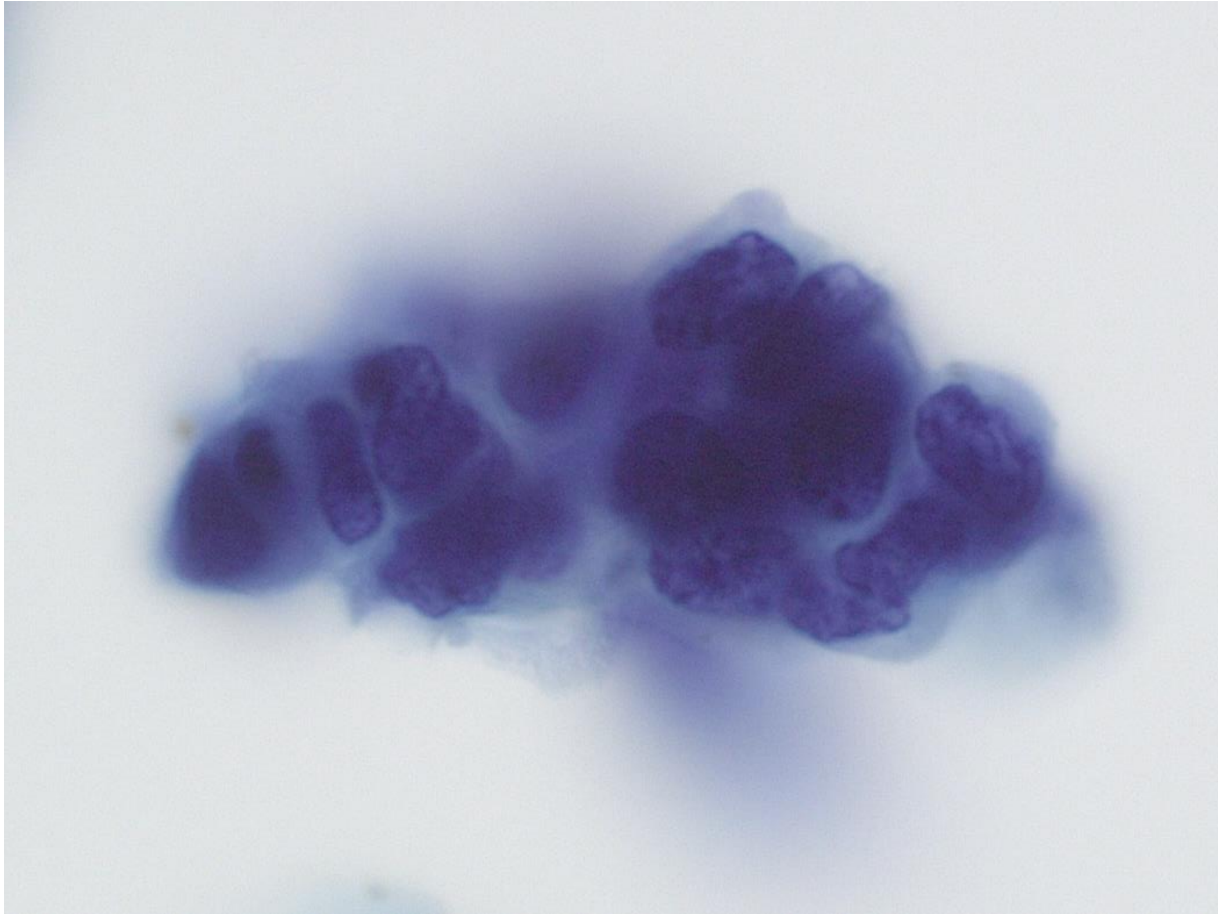
High nucleus to cytoplasm ratio



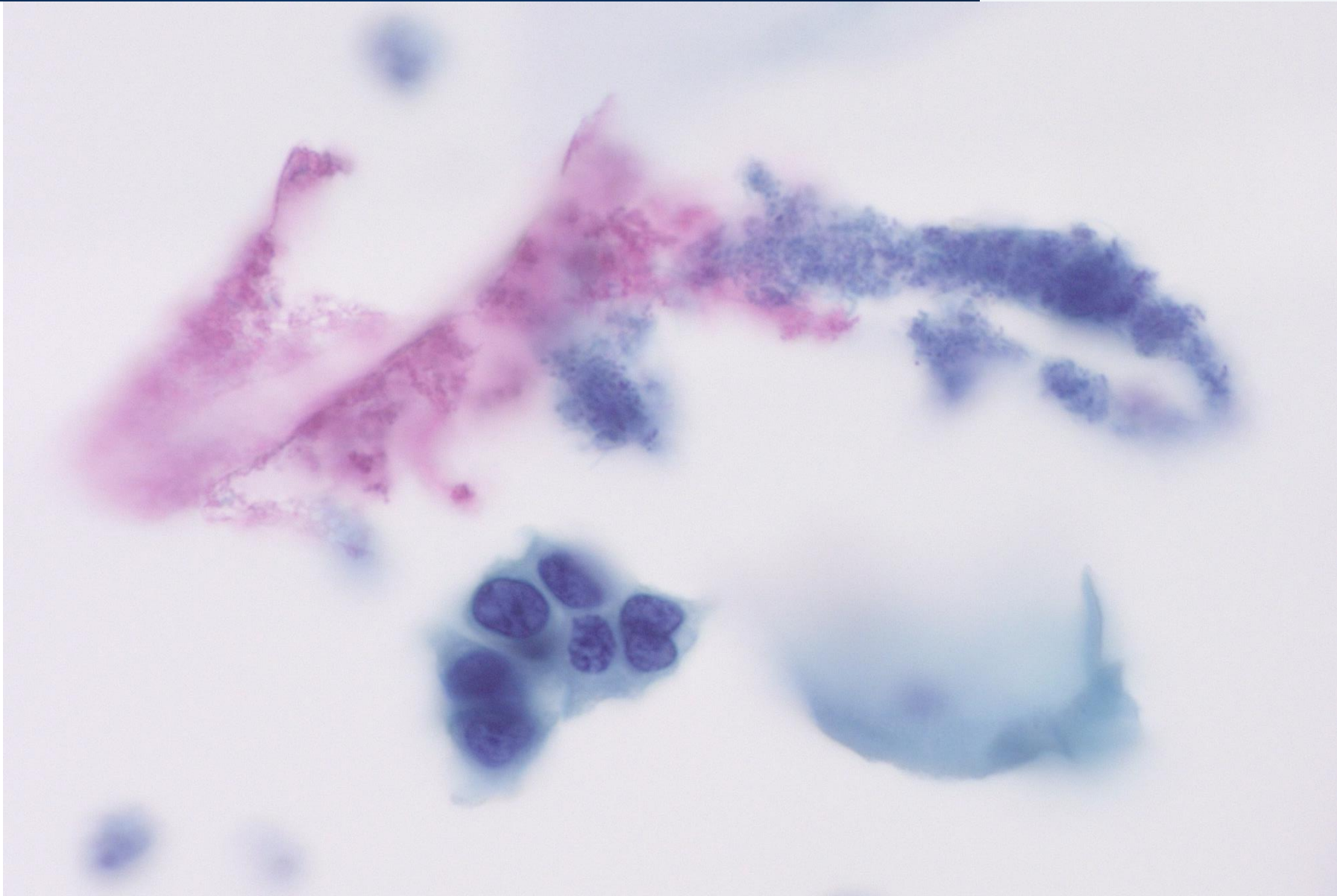
Dark nuclei



Clumpy chromatin



Diathesis

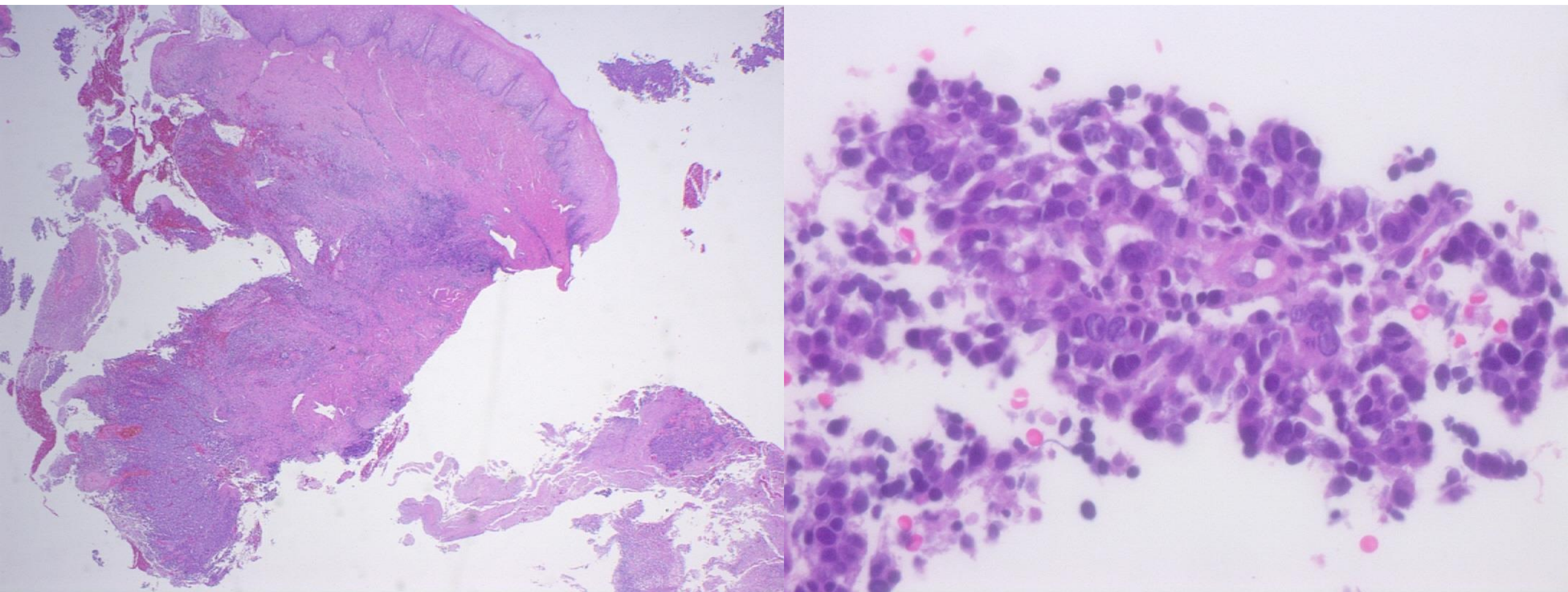


Differential diagnosis

- High nucleus to cytoplasm ratio cells
- Nuclear contour irregularities and pleomorphism
- Clumpy chromatin
- No obvious nucleoli
- Vaguely rosette-like architecture focally

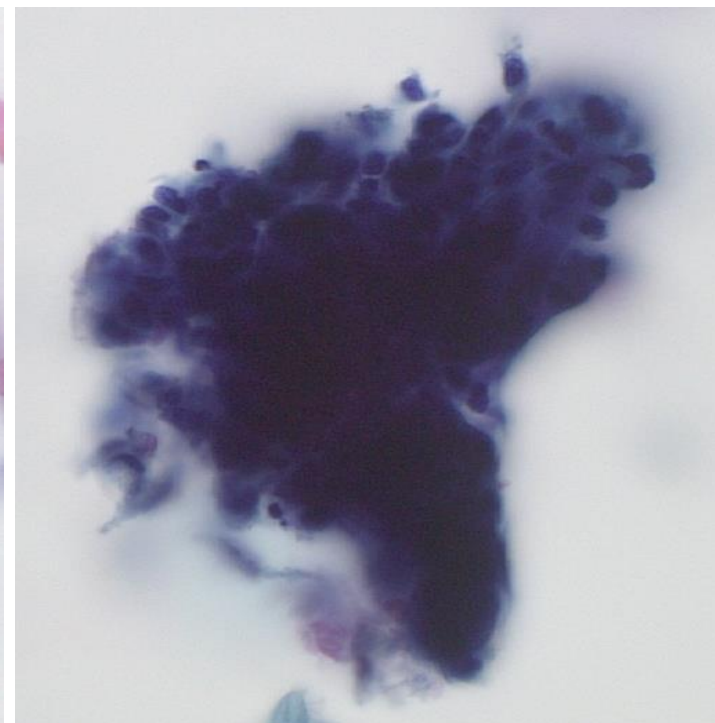
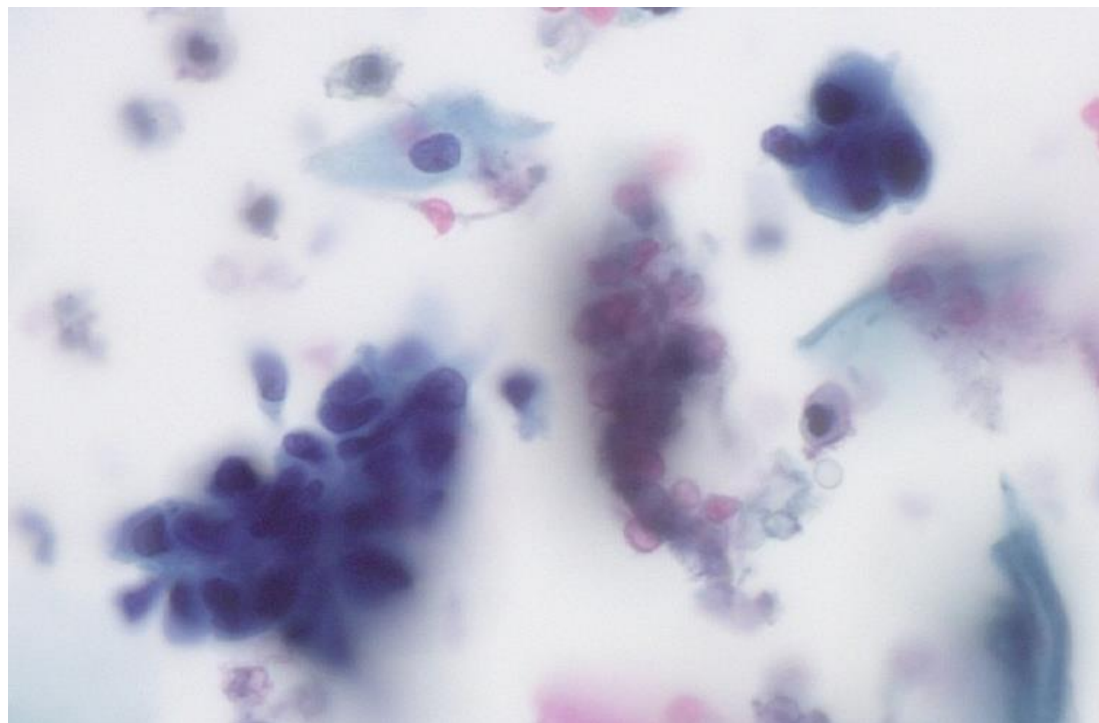
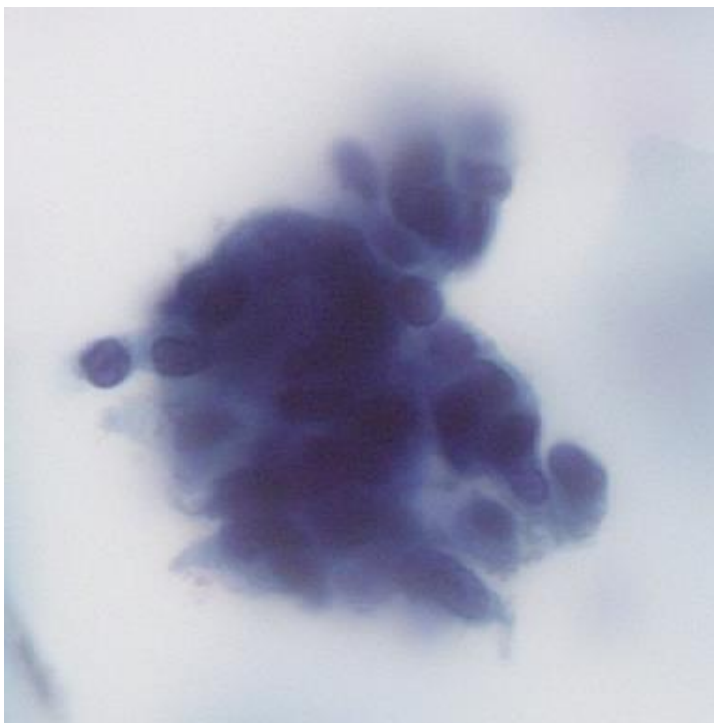
- Most common: Squamous cell carcinoma
- Another possibility: Adenocarcinoma in situ
- Something else to think about: Menstrual endometrium
- History of SIL now with aggressive cancer: Small cell carcinoma

Cervical biopsy - p63- and CD56+



- Small cell carcinoma is rare as a cervical primary
- It is associated with HPV (types 18 and 16)
- May have a previous history of HPV+ or SIL
- Highly aggressive and usually fatal
- May be difficult to distinguish from metastasis
 - Younger age favors cervical primary
 - HPV testing of the tumor may be helpful

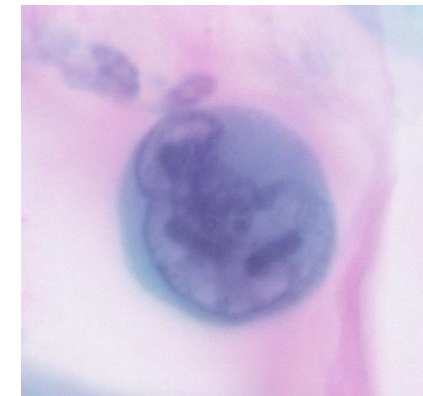
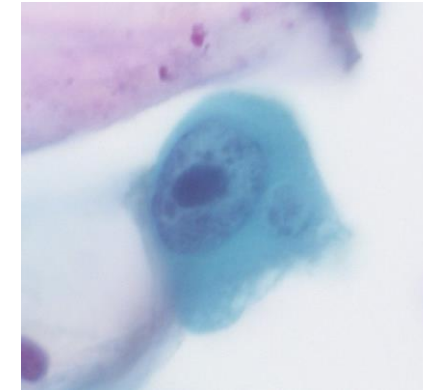
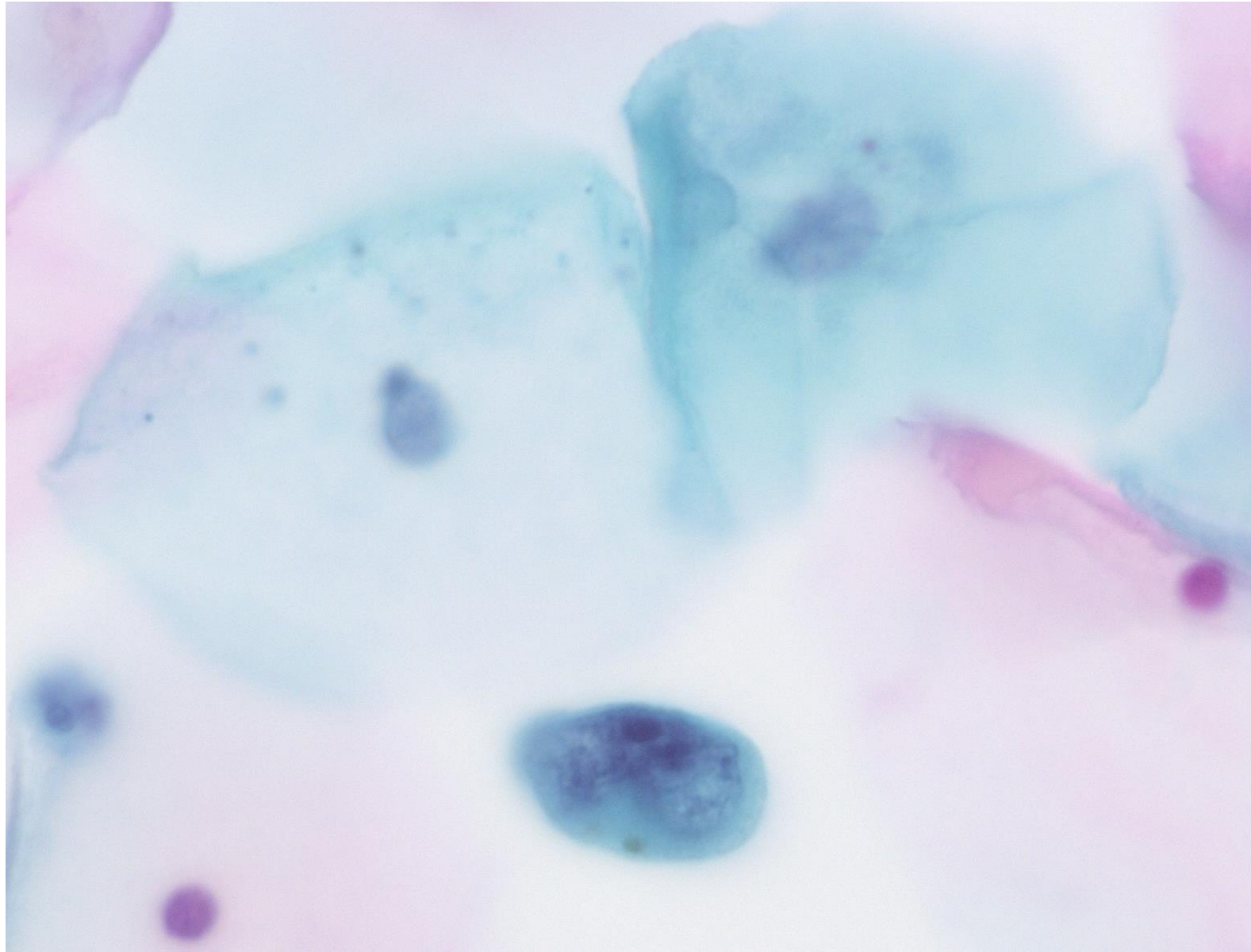
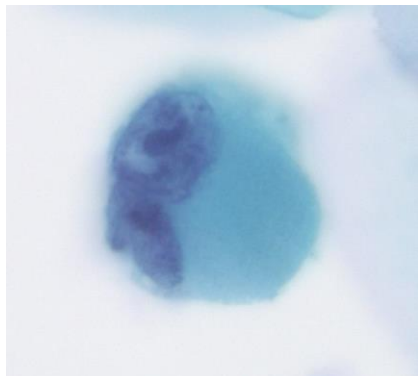
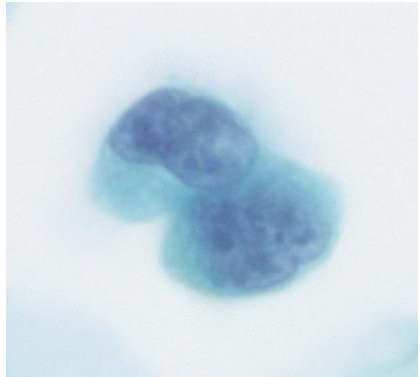
Case #3b - menstrual endometrium



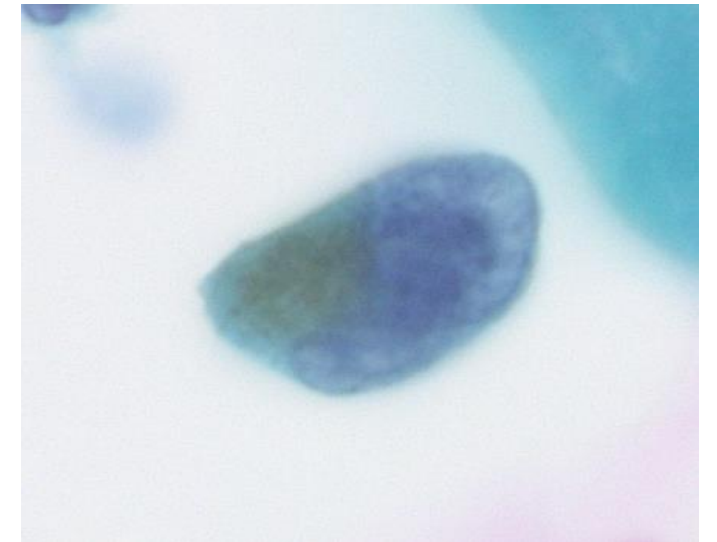
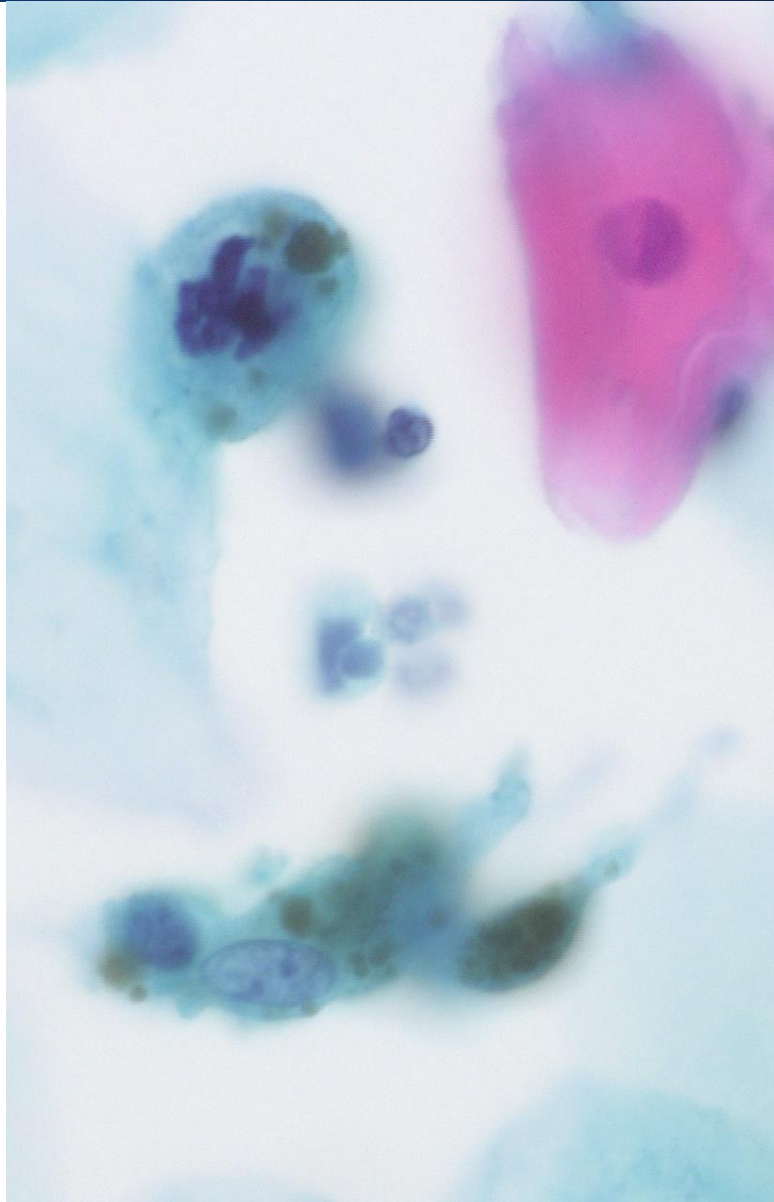
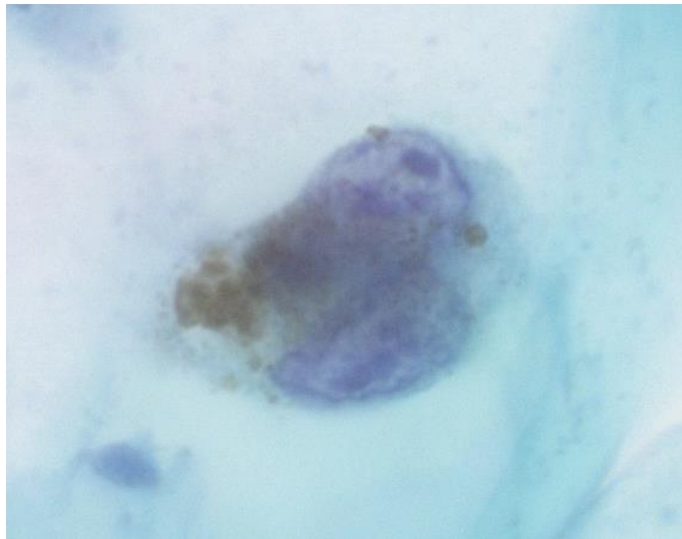
Case #4

- 62 year old female
- Cervical mass

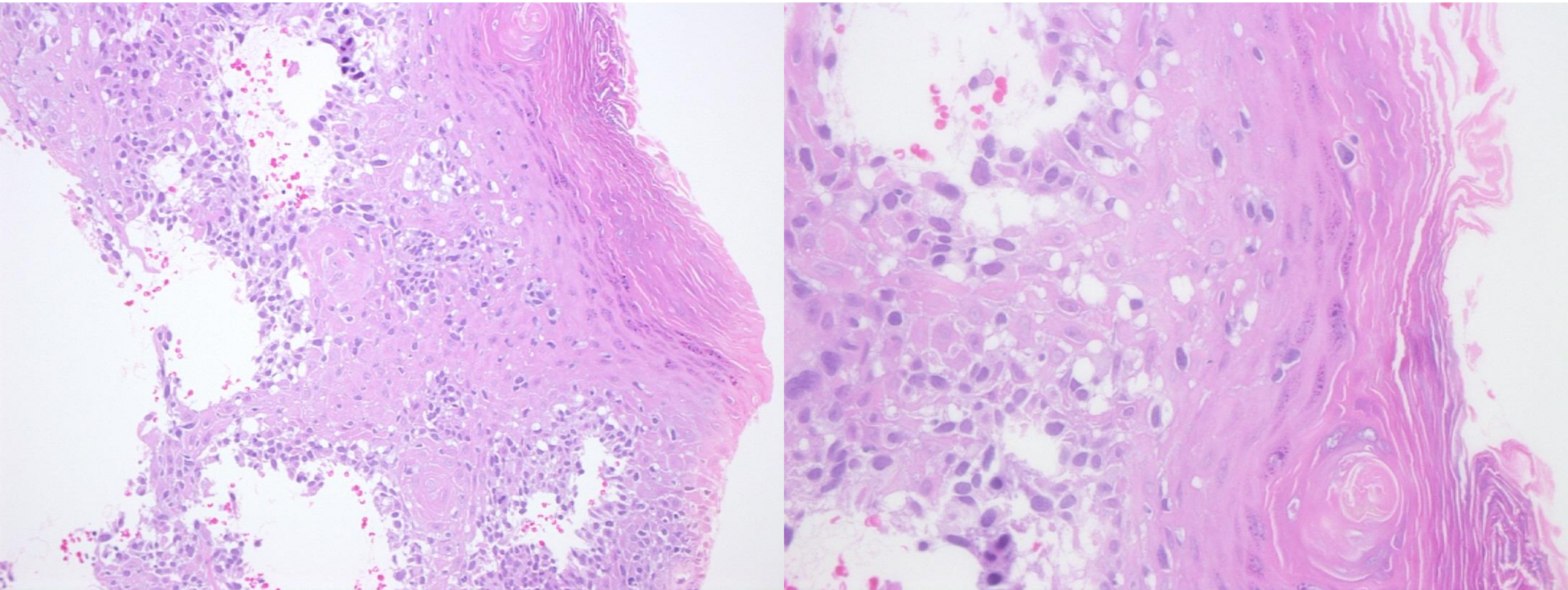
Isolated malignant cells



Cytoplasmic pigment



Cervical biopsy



- The patient had a history of melanoma in situ of the vulva
- The disease spread to the vagina and cervix and became deeply invasive in the cervix
- Primary melanoma of the cervix is rare
- Pap tests may rarely detect vulvar melanoma
- Metastatic melanoma to the gynecologic tract may occur

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