



**1<sup>st</sup> PBL**  
**FEMALE GENITAL**  
**SYSTEM PATHOLOGY**

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# PBL 1

A 65-year-old woman , **presented** with vulvar and perianal itching with white patches and swelling . It started as erythematous macule , expanding gradually, and finally .turned out to be a white patch. She is without any significant medical or family history

## **Examination**

.Systemic examination was normal

Vulvar examination :-revealed a well-demarcated, mild atrophic white patch with a . violaceous periphery over vulvar and perianal area



- Q1 --- What is your diagnosis and differential diagnosis of her presentation ?

- Q2 --- What is the pathogenesis of this disorders.

- Q3 --- What are the complication of this disorders.

- Q4 --- mention the main histopathological differentiation between the differential diagnosis

- Q1 ---

1- dx:-Lichen sclerosus et atrophicus

2- d.dx

- Lichen sclerosus et atrophicus
- Squamous cell hyperplasia or Lichen simplex chronicus .

- Q2 --- Pathogenesis is uncertain :-

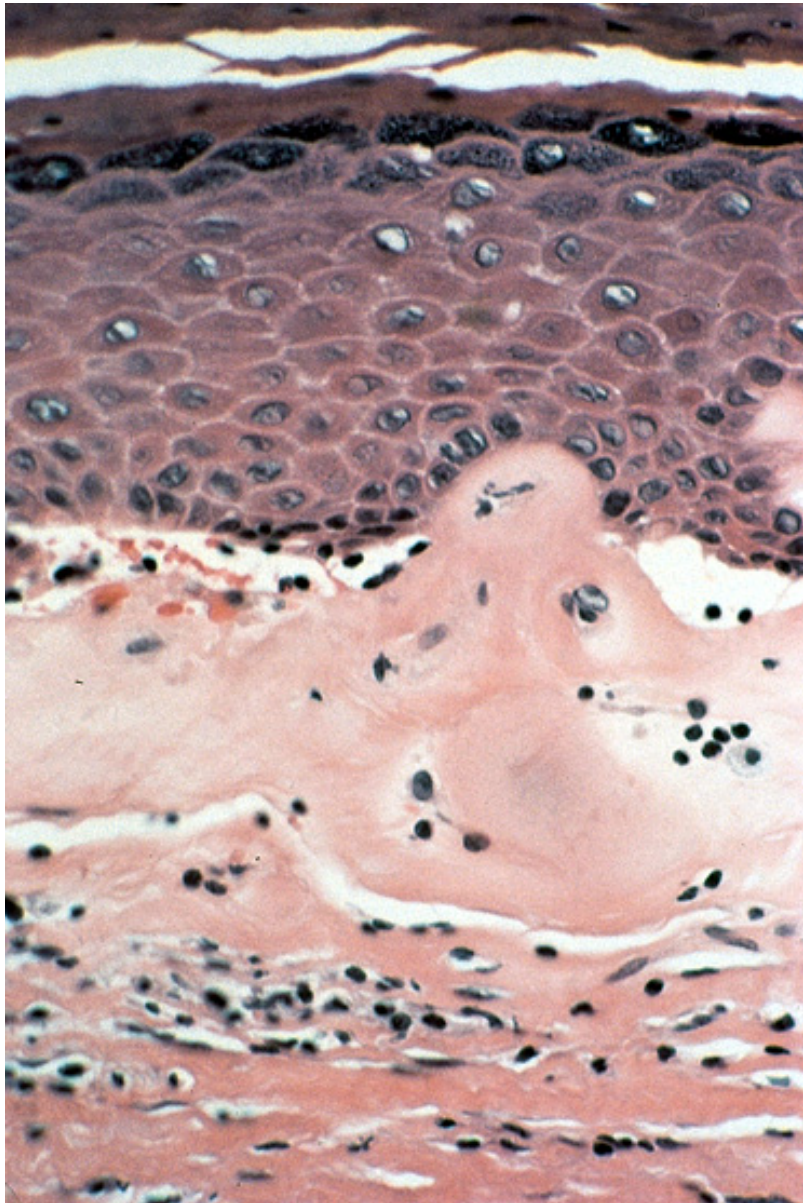
- **Autoimmunity: autoantibody against ECMP1**
- Genetic : high correlation of it has been reported between twins and family members
- Infection: spirochetes(borrelia burgdoferi), or viruses (HPV , Hepatitis C)
- Local skin changes: trauma , oxidative stress DNA and Protein damage
- Hormonal: Since LS is primarily found in women with a low **estrogen** state (prepubertal and postmenopausal women). To date though, very little evidence has been found to support this theory

- Q3 ---

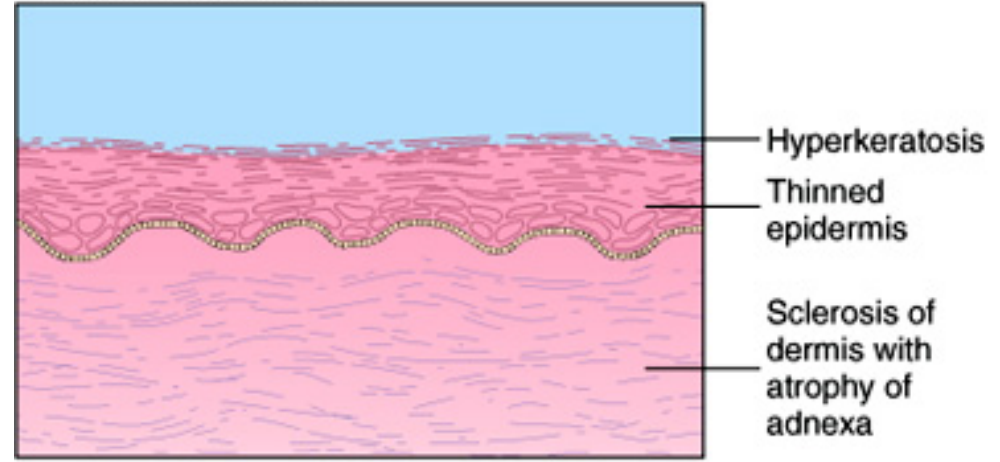
- Main issues are the scarring complications of the disease.

The labia can become atrophic and stiffened, with constriction of the vaginal orifice

- Increased risk of squamous cell cancer of vulva in women with lichen sclerosus



### LICHEN SCLEROSUS

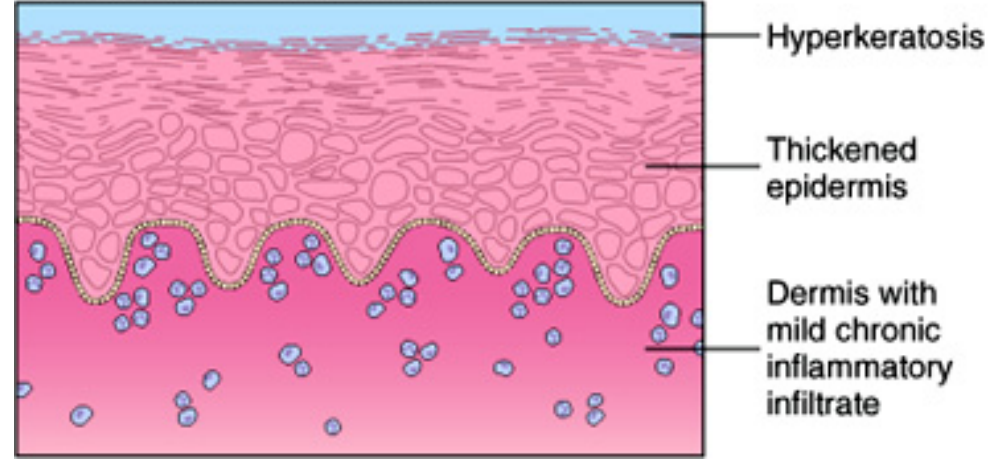


1-4%

CARCINOMA

?

### SQUAMOUS HYPERPLASIA



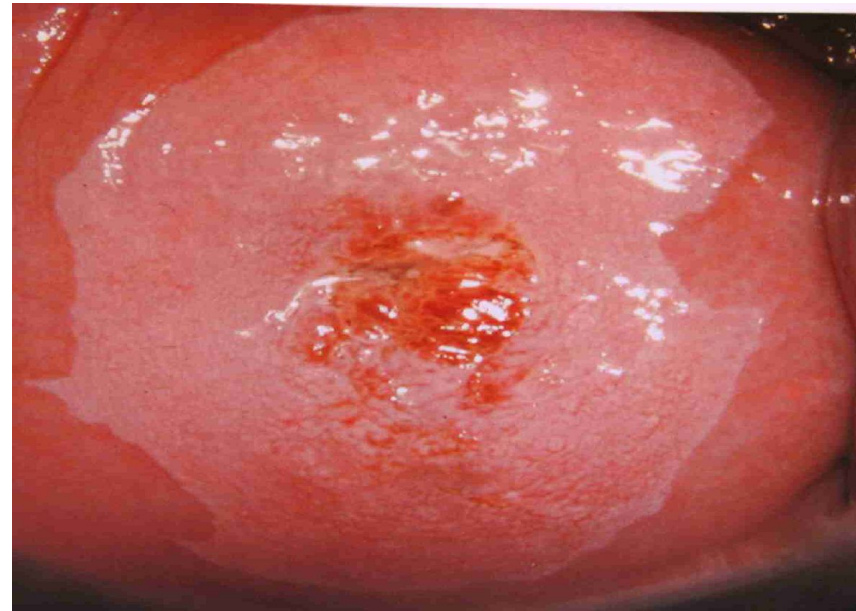
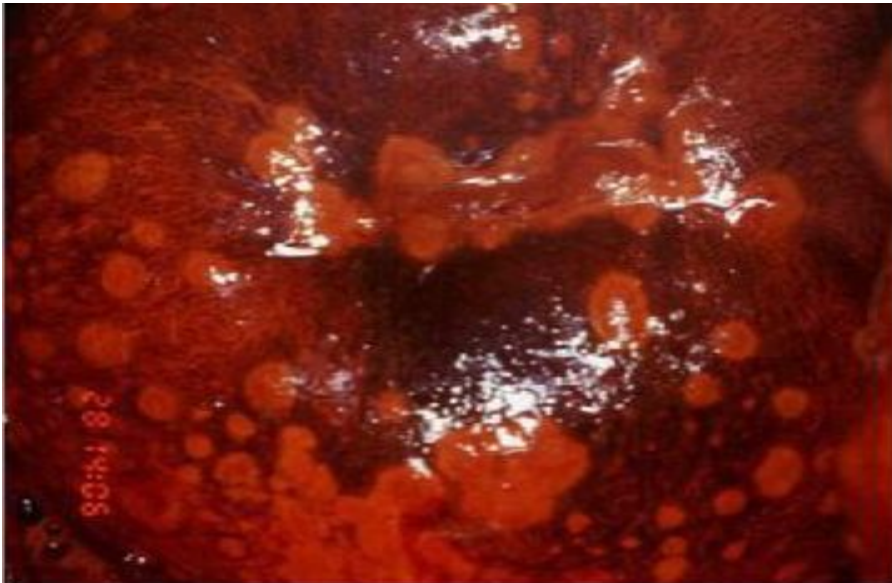
## PBL 2

- A 28-year-old woman attends the colposcopy clinic after an abnormal cytology pap smear test. The smear is reported as 'severe dysplasia'.
- She has history of post-coital bleeding.
- Her first sexual relationship started at the **age of 14 years** and she has had **several partners** since then.
- She was diagnosed with genital herpes several years ago.
- She smokes 15–20 cigarettes per day.
- She has an intrauterine contraceptive device *in situ*.

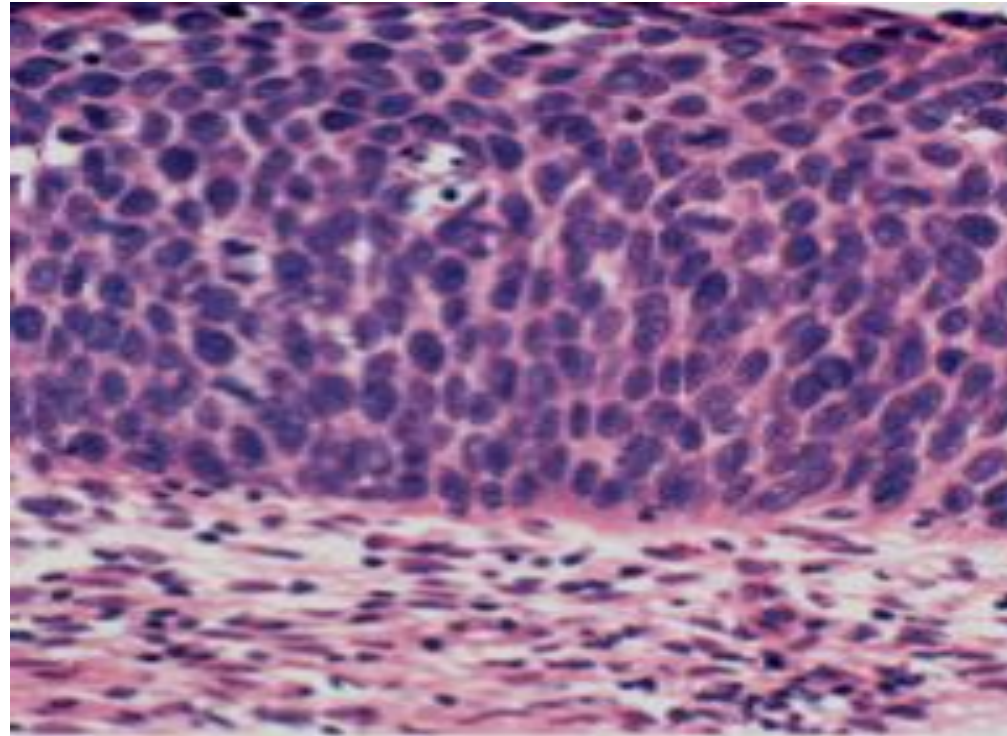
## Examination

The cervix is macroscopically normal.

At colposcopy, acetic acid is applied and an irregular white area is apparent to the left of the os. Lugol's iodine is applied and the same area stains pale while the rest of the cervix stains dark brown. A biopsy is taken.



**Cervical biopsy report: the sample received measures 4 × 2 mm and contains enlarged cells with irregular nuclei occupied all thickness of epithelium .**





- Q1 --- What is your diagnosis and differential diagnosis of her presentation ?

- Q2 --- What are other types of this cervical disease ? Classified it.

- Q3 --- What are the risk factors in this patient to develop this cervical disease ?

- Q 4--- What is the risk of your diagnosis to develop cervical malignancy

- Q1  
1- CIN III

D.DX  
1- CIN I,II,& III  
2- Cervical cancer  
3- Metastatic cervical cancer

- Q2  
**Low - grade or High - grade squamous intraepithelial lesions (LSIL and HSIL, respectively).**

- Q3
  - CIN I & II
  - Early marriage
  - Multiple sexual patter
  - Smoking

- Q4  
**CIN-III→10%**

## PBL 3

A 65-year-old nulliparous woman complain with light vaginal bleeding.

Her last period was at the age of 55 years while her menarche was at 12 years old. She is sexually active but has noticed vaginal dryness on intercourse recently.

She is hypertensive on anti hypertension medications.

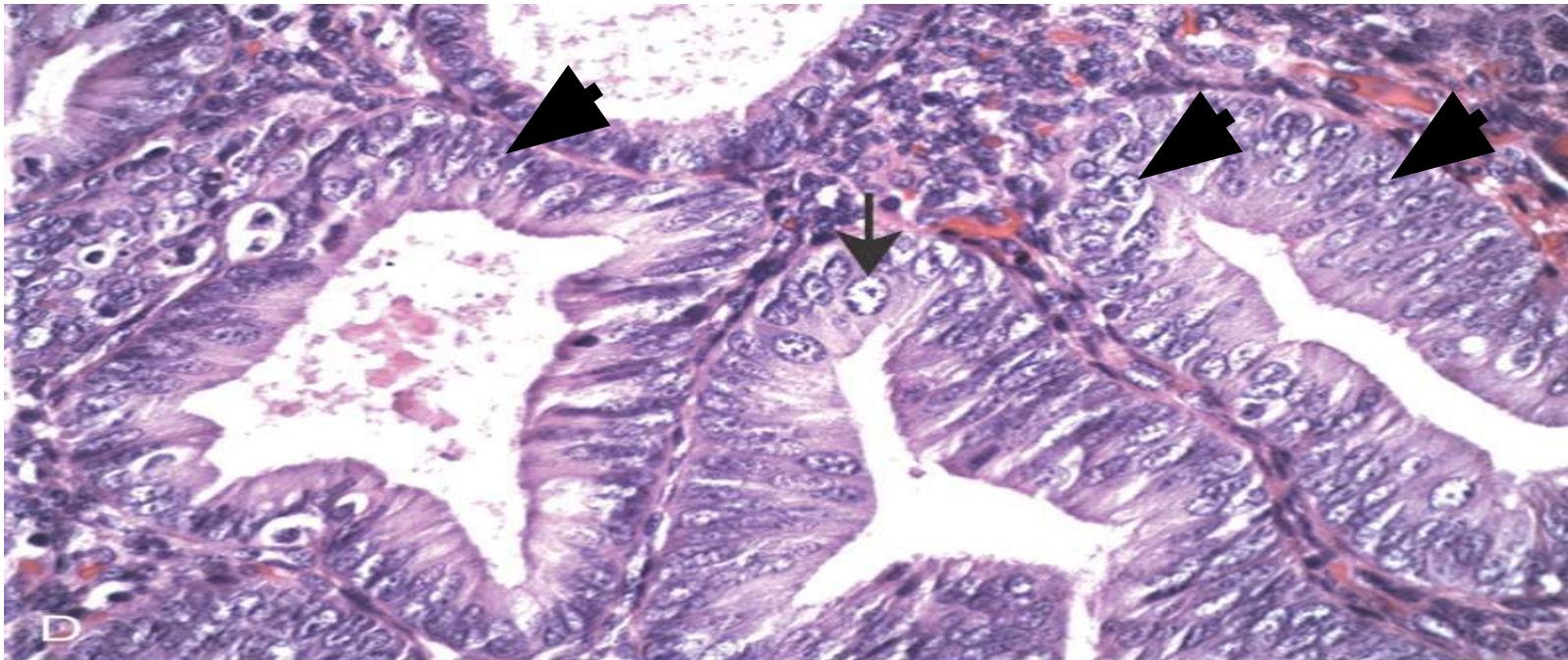
### Examination

She is **overweight**. Abdominal examination is normal. The vulva and vagina appear thin and atrophic ( post menopausal changes ) , the cervix is normal & the uterus is small with no palpable adnexal masses.

Transvaginal ultrasound scan revealed thickening of endometrium.

• Q1 --- What are the differential diagnosis of her presentation ?

Q2 -- An outpatient endometrial biopsy that is taken at the time of examination revealed this picture :-  
What is your dignosis ? mention your finding



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• Q3 --- What are the risk factors in this patient to develop your suspicion & whar are the protective factors you suggest ?

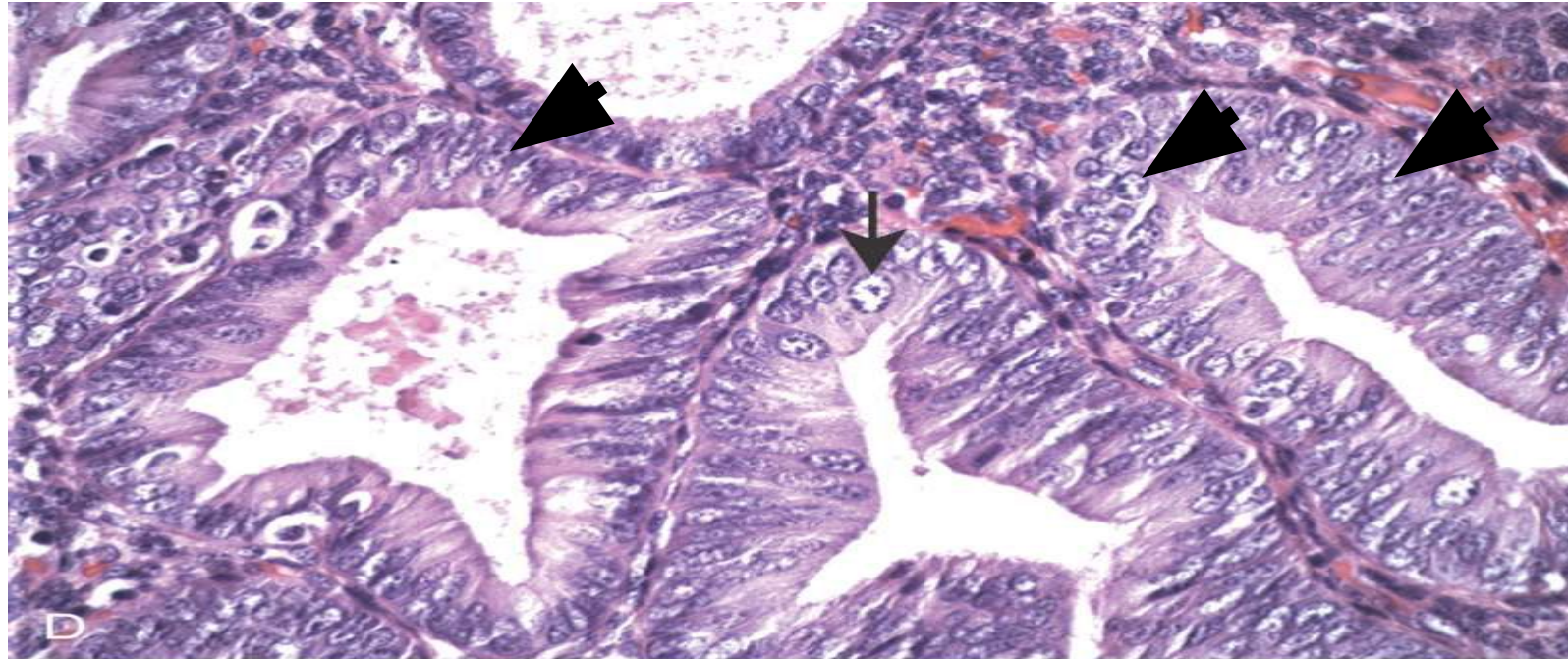
## **Q1 – A-**

**1- Postmenopausal bleeding is considered to be caused by endometrial cancer until proven otherwise.**

**2- Causes of postmenopausal bleeding**

- Endometrial cancer
- Endometrial/endocervical polyp
- Endometrial hyperplasia
- Atrophic vaginitis (Menapousal physiological changes causing atrophic genital tissue that dependent on estrogen)

**Q3 A -- An outpatient endometrial biopsy** that is taken at the time of examination revealed endometrial hyperplasia with atypia (high grade).



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**complex hyperplasia with atypia showing  
overcrowded gland with cells with rounded,  
vesicular nuclei with prominent nucleoli.**

## Q3 A – risk factors

- Older age.
- Early menarche.
- Late menopause.
- Nulliparity.
- Unopposed estrogen (Obesity, HRT).
- Hypertension

Any agent/factor that rises the level or time of exposure to estrogen is a risk factor for endometrial Hyperplasia & carcinoma

## protective factors

- Multiparity.
- Smoking.
- COCP.
- Physical activity.

Any agent/factor that lowers the level or time of exposure to estrogen is a protective factor against endometrial hyperplasia & carcinoma

THANK YOU  
FOR YOUR  
ATTENTION