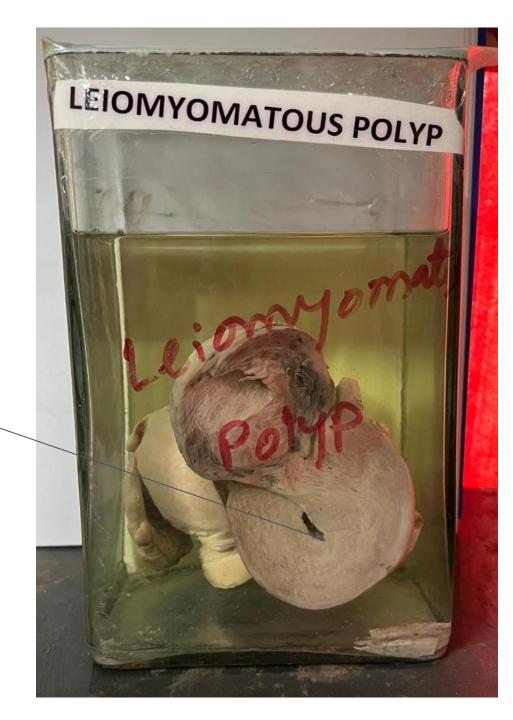
Leiomyomatous Polyp

Gross:

- Received a specimen of uterus along with polypoid tissue piece, externally grey white in colour.
- On cut section, whitish whorled pattern seen.

- Section shows tumour cells arranged in whorls.
- Individual tumour cells are spindle in shape, with elongated cigar shaped nuclei with tapering ends and abundant eosinophilic cytoplasm.
- Congested blood vessels are seen.
- No mitosis/ necrosis seen.



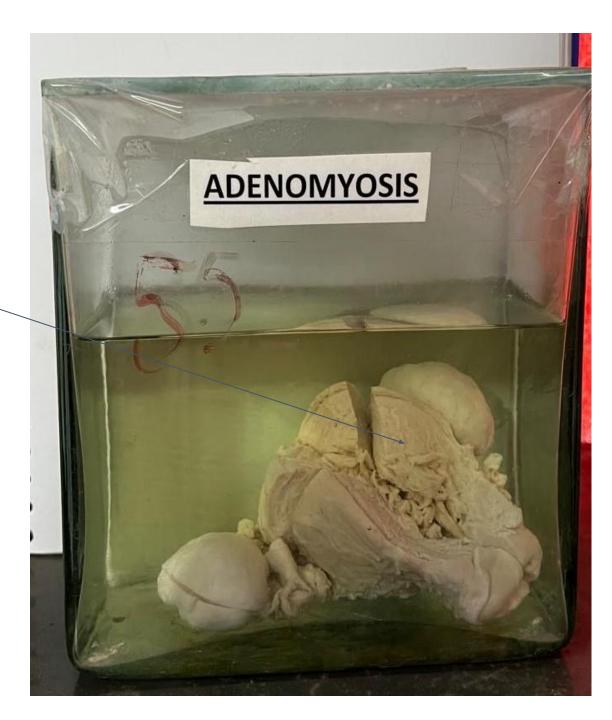
Adenomyosis

Gross:

- Received asymmetrical enlarged specimen of uterus showing diffuse thickening of uterine wall.
- Cut surface shows areas of trabeculations.
- Area of hemorrhages of seen.

Microscopy:

 Section studied from the myometrium shows round to oval endometrial glands lined by cuboidal to columnar pseudostratified epithelium present deep into the myometrium present 2.5 mm below the basal layer of endometrium.

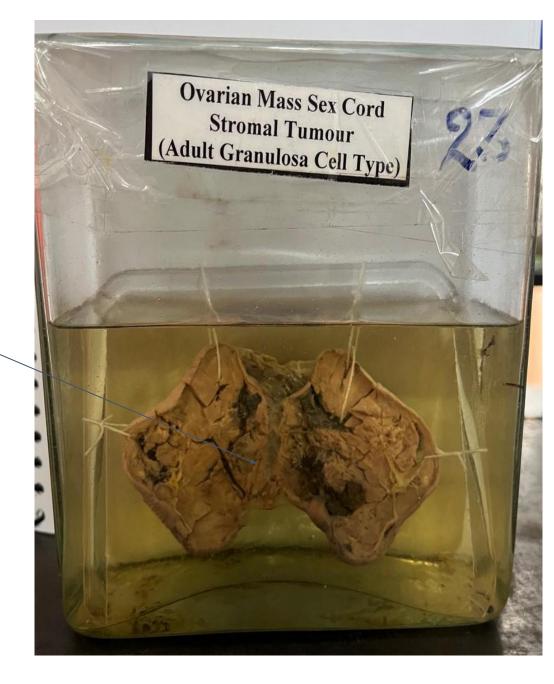


Sex cord stromal tumor - Granulosa cell tumour of ovary

Gross:

- Received an ovarian mass.
- Externally congested and capsule is intact, tan to yellow in color.
- Cut section is solid and partly cystics with yellowish brown areas.

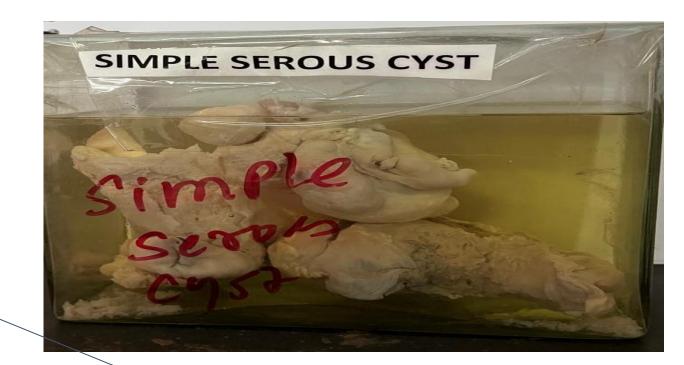
- Section shows tumour cells arranged in sheets and trabeculae.
- Individual tumour cells are round with vesicular nuclei having nuclear grooves and eosinophilic cytoplasm.
- occasional tumour cells arranged in tubules containing pink eosinophilic hyaline material are seen (Call Exner bodies).



Simple serous cyst of ovary Gross:

- Received specimen of ovarian cyst.
- Externally congested, smooth and glistening.
- On cutting open, a small, unilocular cyst containing clear, serous fluid is seen.
- Papillary projection/ calcification/ necrosis not seen.

- Section shows cyst lined by single layer of ciliated columnar epithelial cells.
- Cyst wall is composed of ovarian stroma and fibrocollagenous tissue.
- There is no evidence of atypia/ malignancy.





Mature Teratoma

Gross:

- Received specimen of ovarian cyst.
- Externally congested and capsule is intact.
- On cutting open, multi-loculated cyst is seen filled with pultaceous material.
- A solid area is seen (Rokitansky's protuberance) that projects into the cyst and contains hair, teeth, and bone.

- Section shows cyst wall lined by keratinized stratified squamous epithelium of the skin.
- Cyst wall is composed of ovarian stroma along with hair follicles, bony trabeculae and cartilage.



HYDATIDIFORM MOLE

GROSS:

Received multiple hemorrhagic tissue pieces along with grape like vesicles.

MICROSCOPY:

- Section studied shows multiple villi of various sizes lined by syncytiotrophoblast and cytotrophoblast.
- Diffuse villous enlargement and marked villous hydrops with cistern formation seen.



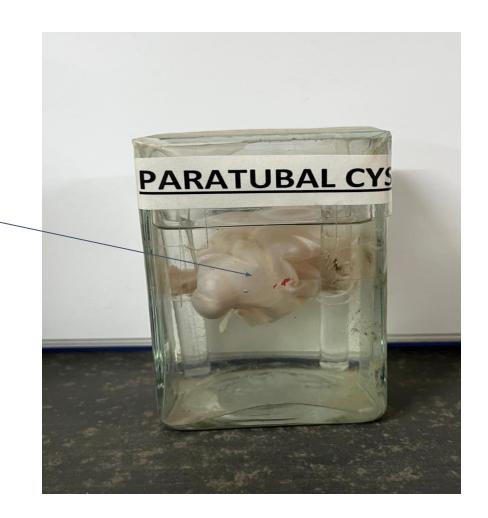
PARATUBAL CYST

GROSS:

- Received a fallopian tube with attached cyst.
- On cutting open, clear serous fluid is seen.

MICROSCOPY:

- Section studied shows cyst lined by ciliated tubal type epithelium.
- Cyst wall is composed of fibrocollagenous tissue.



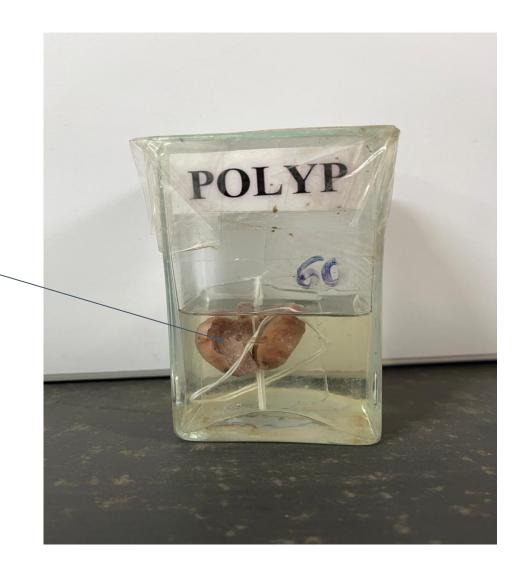
ENDOMETRIAL POLYP

GROSS:

- Received a polypoid tissue piece, externally smooth and congested.
- Cut surface shows whitish soft homogeneous areas.

MICROSCOPY:

- Section studied reveals polyp lined by cuboidal to columnar epithelium.
- Polyp is composed of endometrial glands and spindled stroma.
- Congested blood vessels are seen.

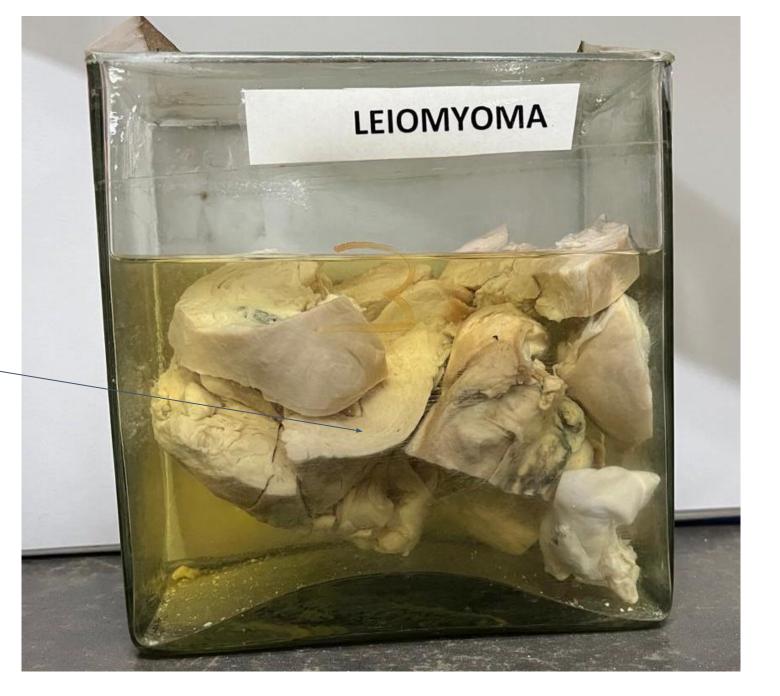


LEIOMYOMA

Gross:

- Received a multiple tissue pieces.
- Externally congested.
- On cut section a characteristic whorled pattern noticed with white homogenous areas..

- Section shows tumour cells arranged in whorls.
- Individual tumour cells are spindled, with elongated cigar shaped nuclei with tapering ends and abundant cytoplasm.



LEIOMYOSARCOMA

Gross:

- Received a tissue mass which is externally congested and bulky with well circumscribed border.
- Cut section shows whitish whorl like areas with areas of necrosis and hemorrhage.

Microscopy:

- Section shows tumour cells arranged in storiform pattern. Cells are set in long intersecting fascicles parallel and perpendicular to plane of section
- Individual tumour cells are spindled, with pleomorphic, elongated cigar shaped nuclei with tapering ends and abundant cytoplasm. 15 / 10 hpf mitosis are seen.

.

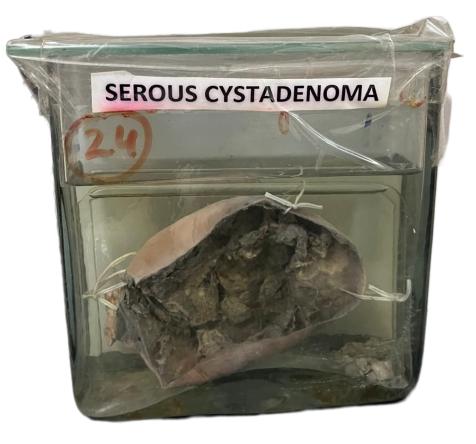


Serous Cystadenoma

Gross:

- Received specimen of ovarian cyst.
- Externally congested, smooth and glistening.
- On cutting open, a small, unilocular cyst containing clear, serous fluid is seen .
- Papillary projection/ calcification/ necrosis not seen.

- Section shows cyst lined by single layer of ciliated columnar epithelial cells.
- Cyst wall is composed of ovarian stroma and fibrocollagenous tissue.
- There is no evidence of atypia/ malignancy.

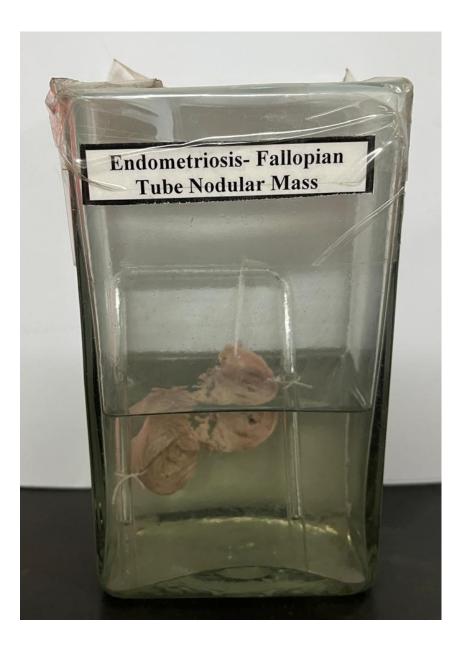


Endometriosis: fallopian tube nodular mass

Gross:

- Specimen received shows a nodular, firm mass located within the fallopian tube.
- On cut surface section show dark brown contents(chocolate cyst).
- Cystic spaces containing brown chocolate –like material, representing old hemorrhage.

- Sections show the presence of ectopic endometrial glands and stroma in the fallopian tube wall or serosa.
- Associated hemosiderin-laden macrophages indicating prior hemorrhage.



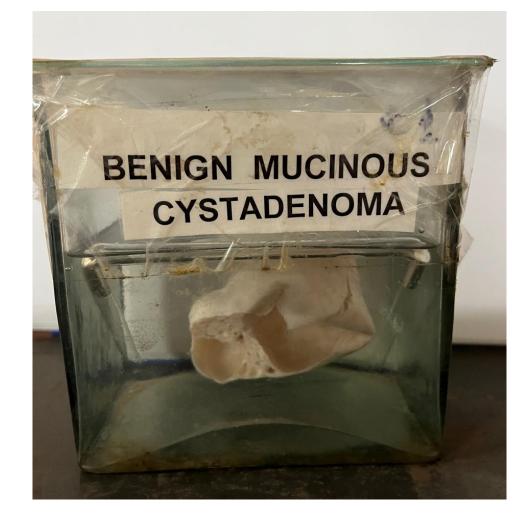
BENIGN MUCINOUS CYSTADENOMA

Gross:

• These tumors are typically large, with smooth bosselated surface. multilocular (i.e., composed of multiple cystic spaces), and filled with thick, gelatinous mucinous material.

Microscopic:

- Section shows tumor, multilocular cystic neoplasm composed of multiple cysts and glands lined by single layer of bland mucinous epithelium.
- No mitotic activity seen of multiple cystic spaces (locules) separated by thin septa.



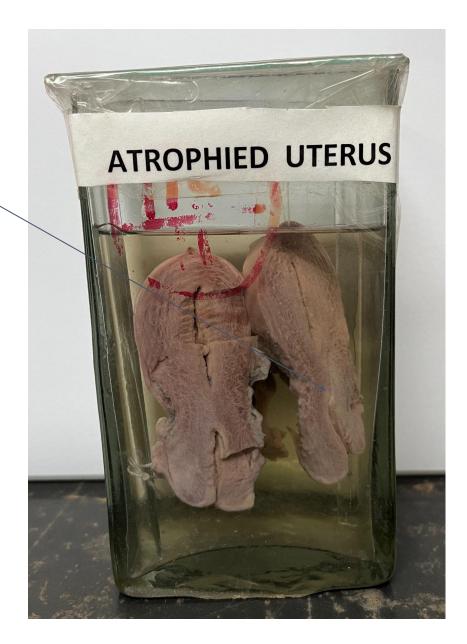
ATROPHIED UTERUS

Gross:

- Specimen received is smaller in size with thinner walls, particularly in the myometrium and endometrium, and a pale appearance.
- On cut surface reveals a thinned-out endometrium due to a reduction in both endometrial glands and thickness and potentially show cystic dilatation of glands.

Microscopy:

 Sections studied show thinning and reduced cellularity of the endometrium and myometrium, along with decreased glandular activity and vascularity.



ECTOPIC TUBAL PREGNANCY

Gross:

- Specimen received shows a distended, thin-walled fallopian tube with a dark, dusky serosa, and may contain a collection of hemorrhagic and villous tissue.
- On cut surface, the foetal tissue not discernable. **Microscopy:**
- Sections studied reveals chorionic villi within the fallopian tube accompanied by hemorrhage and trophoblastic tissue.



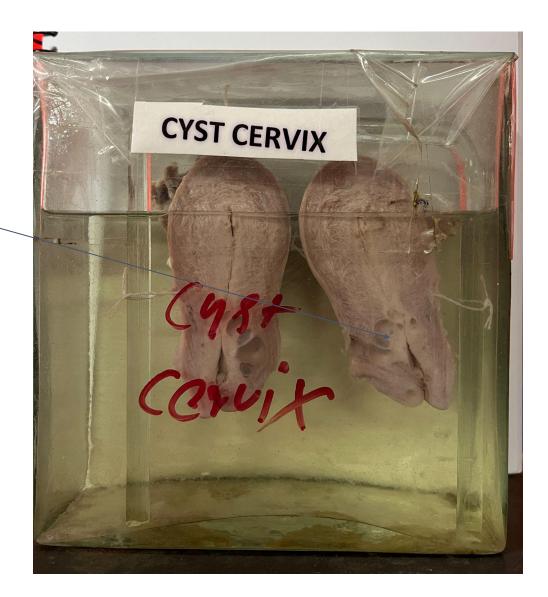
CYST CERVIX

Gross:

- Specimen received shows multiple, small, translucent to opaque, whitish-yellow nodules on the cervix.
- Cut surface reveals retention cysts of cervical glands, filled with mucin.

Microscopy:

• Sections studied show mucin-filled cysts lined by a single layer of epithelial cells, typically columnar, cuboidal, or flattened, with a characteristic appearance of bland nuclei and minimal mitotic activity.



TUBERCULOSIS UTERUS

Gross:

- Specimen received shows an enlarged uterus with increased density and adhesions.
- On cut surface, masses seen with ulcerations and hemorrhages representing necrosis.
- Beaded appearance of fallopian tubes also seen.

- Section studied reveals granulomas with epithelioid cells, multinucleated giant cells (often of the Langhans type), and caseous necrosis.
- The granulomas are infiltrated with lymphocytes and plasma cells.

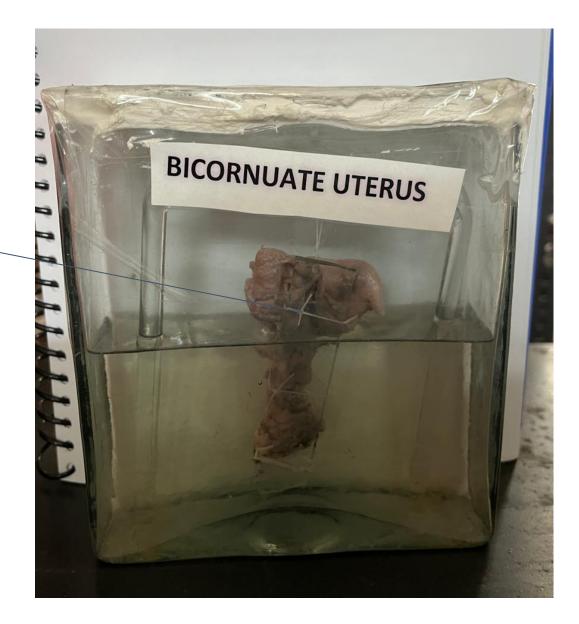


Bicornuate uterus:

Gross:

- The specimen received is of a uterus. It has a heart-shaped appearance on cut surface.
- Distinct indentation or cleft at the top, effectively forming two uterine horns is seen.

- Sections studied show that there is variation in the thickness of the endometrium.
- Rest of the histology resembles with that of a normal uterus.



Hemorrhagic corpus luteum

Gross:

- Specimen received shows an enlarged, cystic or solid-cystic structure within the ovary.
- Well-circumscribed, reddish-brown or dark red in color containing clotted blood an hemorrhagic fluid seen

- Section shows luteinized granulosa and theca interna cells with abundant eosinophilic, vacuolated cytoplasm.
- Round to oval nuclei, no atypia.
- Central hemorrhage and organizing blood clot.
- Fibrin, deposition sometimes with early granulation tissue.
- No atypical mitotic figures or neoplastic features.
- Surrounding ovarian stroma may show edema or reactive changes.