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Medical College Hospital & R.C.

DEPARTMENT OF PATHOLOGY

MALE GENITAL

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MATURE TERATOMA

Gross:

- Received well-circumscribed lobulated testicular mass.
- On cut section solid and cystic areas seen with fatty area and hair.

Microscopy:

- Section reveal skin, hair follicles, neural tissue, cartilage, bone, muscle, fat, respiratory epithelium and gastrointestinal glands embedded within normal testicular tissue.



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SEMINOMA

Gross:

- Well-circumscribed , homogenous, bulging testicular mass.
- On cut –firm in consistency, lobulated and pale in color.

Microscopy:

- Section show sheet and nest of large uniform tumor cells, having clear cytoplasm and central round nuclei with prominent nucleoli.
- Lymphocytes infiltrate in fibrous septa seen.



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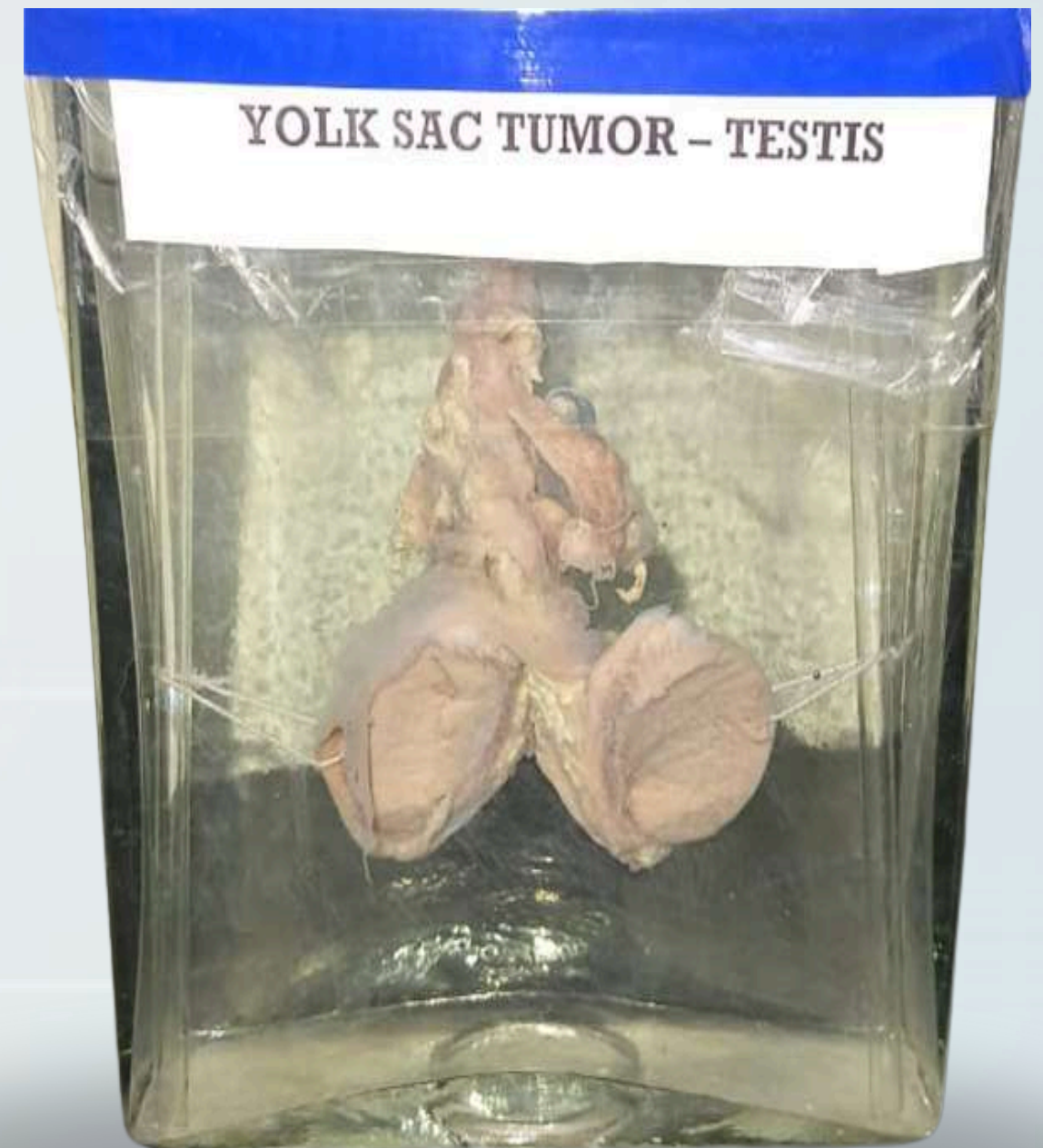
YOLK SAC TUMOR

Gross:

- Soft, encapsulated testis received.
- On cut section -yellow -white

Microscopy:

- Section show varied pattern of tumor cells- loose reticular, solid, papillary, glandular.
- Tumor cells have flattened to cuboidal epithelium with clear vacuolated cytoplasm.
- Central vessel / spaces surrounding by tumor cells-Schiller -Duval bodies seen.



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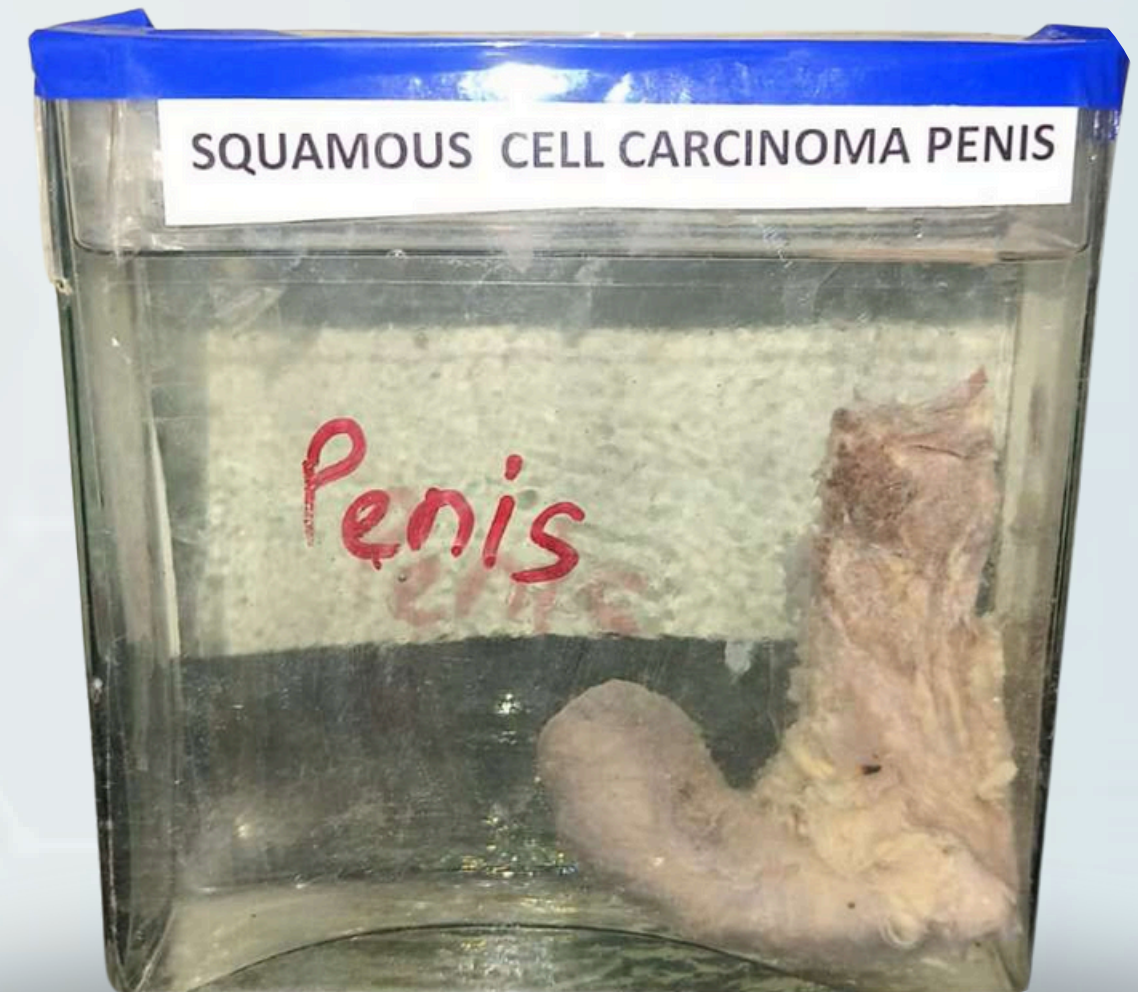
SQUAMOUS CELL CARCINOMA PENIS

Gross:

- Received an ulcerated fungating growth over penis.
- On cut - Firm to hard in consistency.

Microscopy:

- Sections show sheets and nest of malignant squamous cells having hyperchromatic nuclei, high N:C ratio with abundant eosinophilic cytoplasm.
- Keratin pearls are seen.
- Mitotic figure and necrosis present.



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ATROPHIC TESTIS

Gross:

- Received small, firm testis.
- On cut section-homogenous, pale in colour

Microscopy:

- Sections show marked tubular atrophy with thickened and hyalinized basement membrane.
- Leydig cells hyperplasia seen at places.



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HEMORRHAGIC TESTIS

Gross:

- Received enlarged and dark black congested testis.
- On cut section-Soft to firm in consistency.

Microscopy:

- Sections show normal testicular tissue and areas of extensive hemorrhage and necrosis.
- Infiltration by neutrophils, macrophages and some hemosiderin-laden macrophages.



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TESTICULAR TORSION

Gross:

- Received enlarged, swollen testis dark brown in colour.
- On cut section –homogenous and soft in consistency with areas of hemorrhage.

Microscopy:

- Sections show necrosed and congested tubules with loss of normal testicular architecture.
- Interstitial edema with inflammatory cells and vascular congestion seen.



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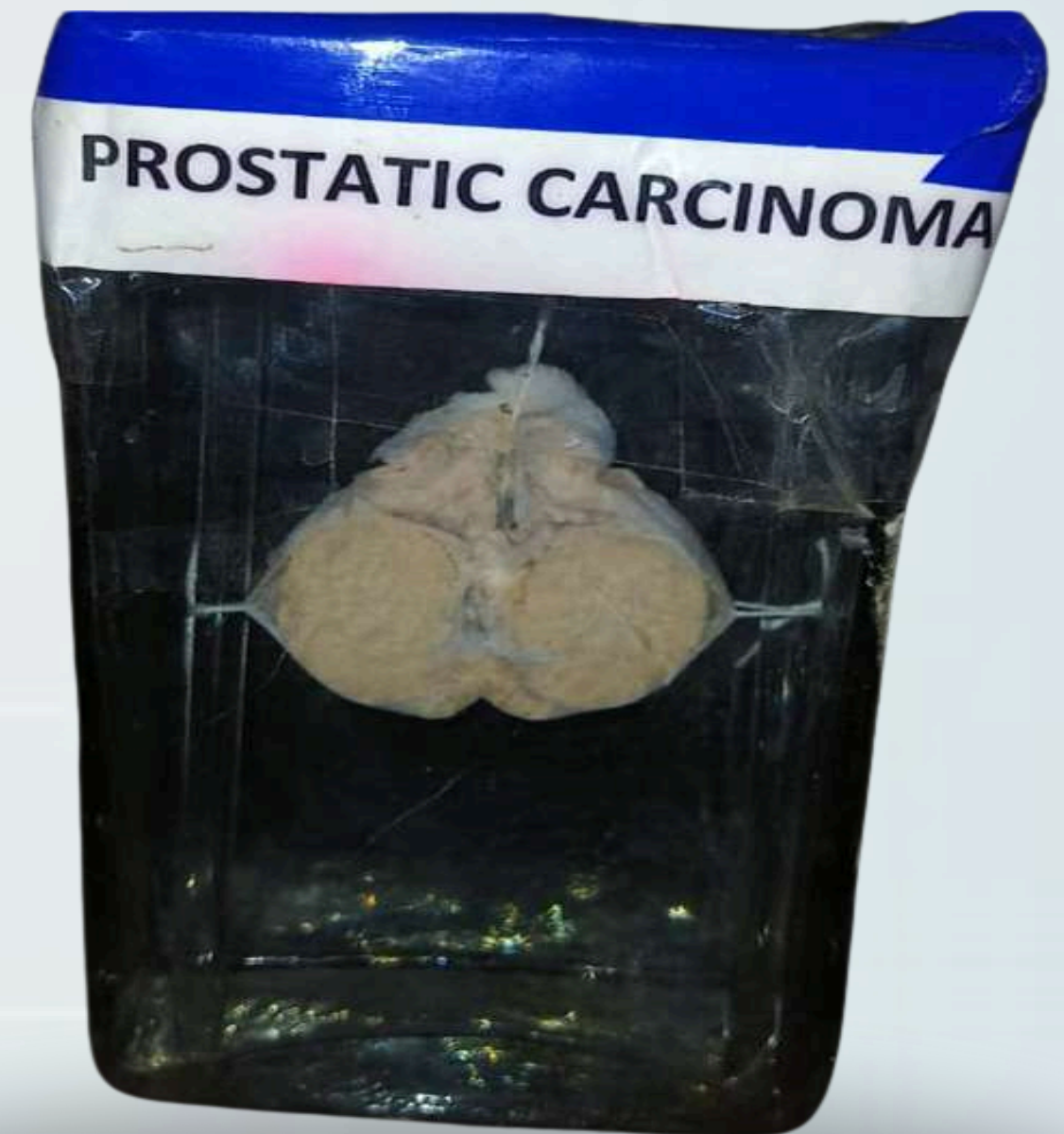
PROSTATIC CARCINOMA

Gross:

- Received grey white soft to firm mass.
- On cut section -Yellow white, firm in consistency.

Microscopy:

- Sections show small irregular crowded glands lined with single cuboidal cells having high N:C ratio, prominent nucleoli with loss of basal polarity.
- Stroma shows inflammatory cells infiltrate. At places perineural invasion seen.



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TRAUMATIC TESTIS

Gross:

- Received enlarged and congested testis.
- On cut section-Soft to firm in consistency with areas of hemorrhage and necrosis.

Microscopy:

- Sections show normal testicular tissue and areas of extensive hemorrhage and necrosis.
- Interstitium shows infiltration by neutrophils and RBCS.



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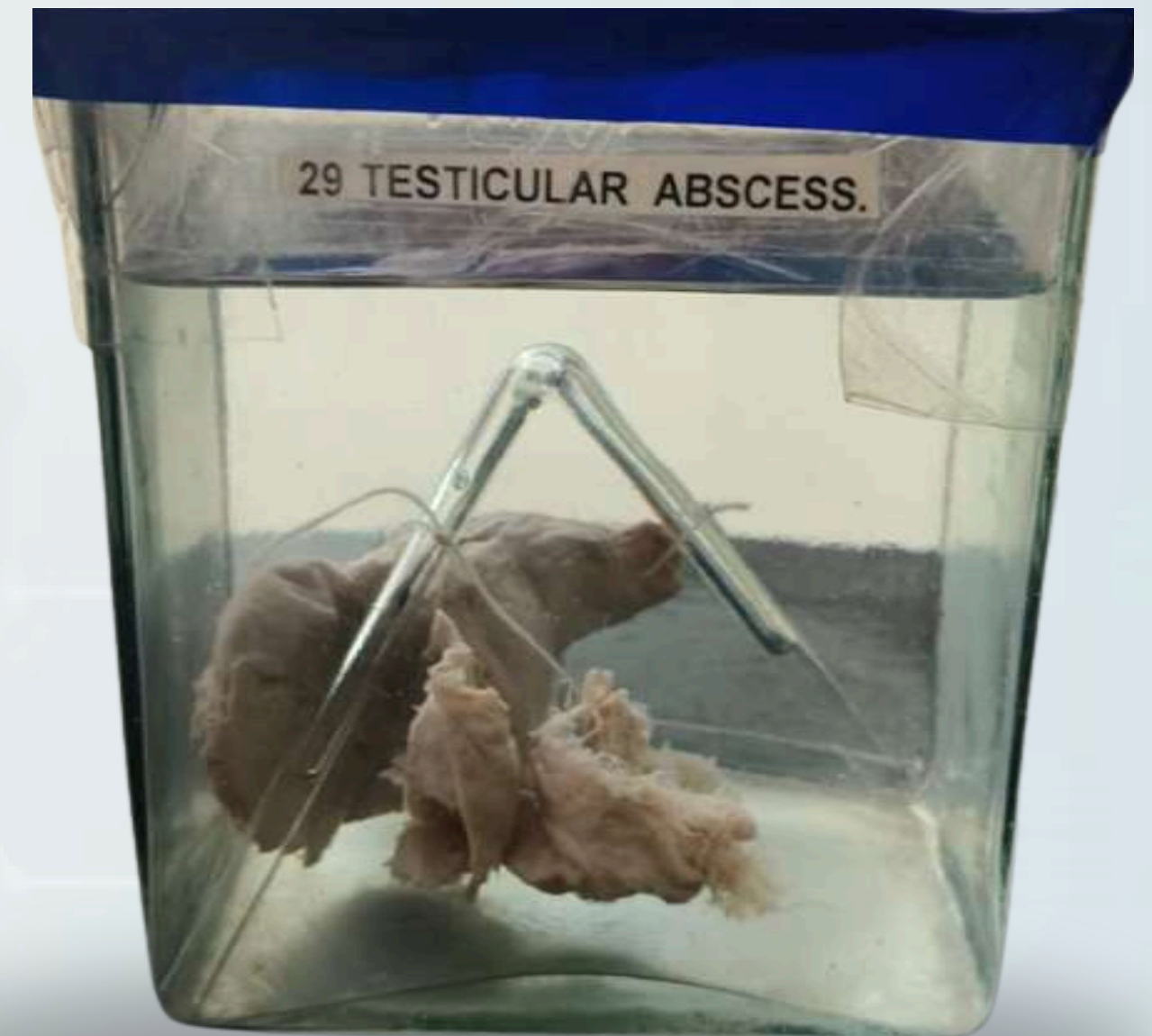
TESTICULAR ABSCESS

Gross:

- Received an enlarged testis specimen.
- On cut section-cystic space identified filled with yellow-green material.

Microscopy:

- Sections show normal testicular tissue and cystic space lined by fibro-collagenous tissue with inflammatory cells infiltrate composed of neutrophils, lymphocytes and macrophages.
- At places degenerated and atrophied tubules are seen.



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TESTICULAR LYMPHOMA

Gross:

- Received an enlarged testis specimen.
- On cut section -solid, gray-white and fleshy appearance.

Microscopy:

- Sections show sheet of large atypical lymphoid cells replacing testicular parenchyma. Cells have high N:C ratio, prominent nucleoli and scant cytoplasm.
- At places perivascular infiltration seen
Epididymis and spermatic cord are also involved.



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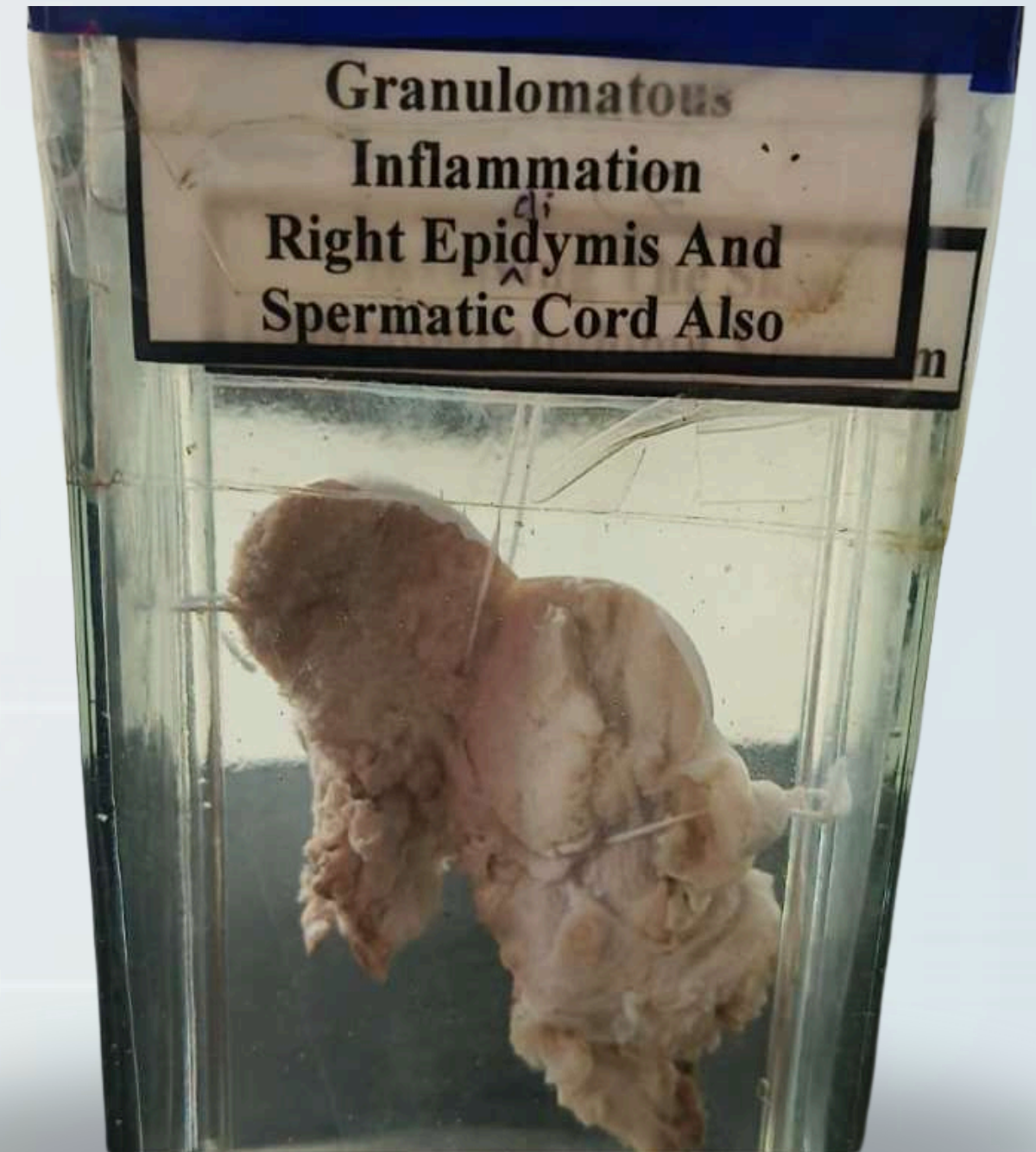
GRANULOMATOUS LESION OF EPIDIDYMIS AND SPERMATIC CORD

Gross:

- Received enlarged testis with epididymis and spermatic cord.
- On cut section-gray-white with areas of necrosis seen.

Microscopy:

- Sections from epididymis and spermatic cord show granuloma formation comprising of epithelioid histiocytes, multinucleated giant cells, lymphocytes and plasma cells .



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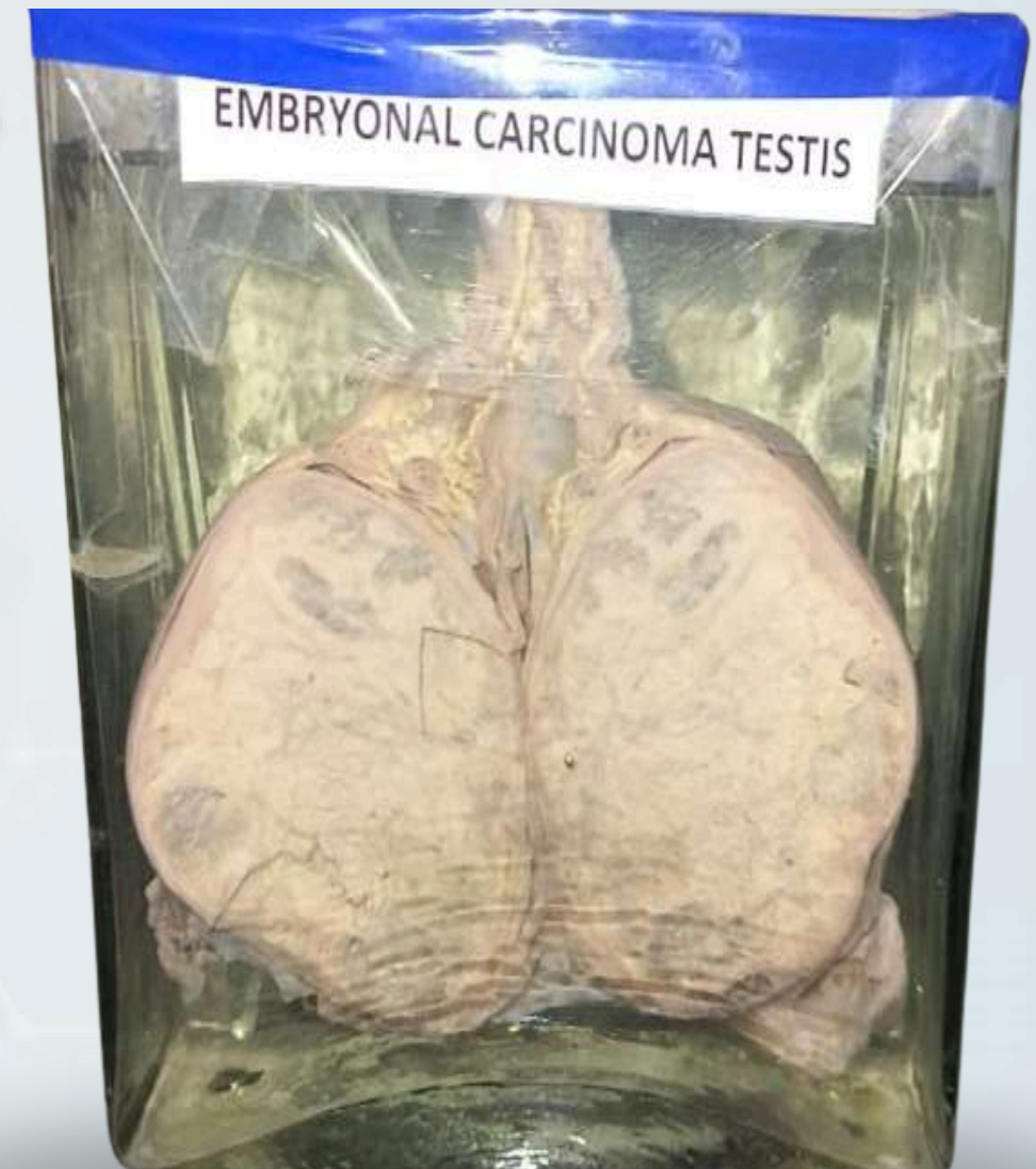
EMBRYONAL CARCINOMA OF TESTIS

Gross:

- Received poorly circumscribed, testicular mass.
- On cut- gray white or tan appearance with variegated surface. Areas of hemorrhage and necrosis seen

Microscopy:

- Sections show primitive ,undifferentiated tumor epithelial cells arranged in papillary, tubular and solid pattern.
- Large anaplastic cells having hyperchromatic nuclei with amphophilic cytoplasm.
- Mitotic figure and tumor giant cells are seen.
- At places areas of hemorrhage and necrosis seen.



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CHRONIC ORCHITIS

Gross:

- Received testis appears enlarged, nodular or homogenous, tan cut surface.
- On cut section fibrosis of tunica albuginea and testicular parenchyma
- Loss of normal testicular architecture.

Microscopy:

- Section shows interstitial fibrosis and tubular atrophy.
- Chronic inflammatory cells including lymphocytes, plasma cells.
- Germ cell loss with hyalinization of seminiferous tubules.
- Spermatogenic arrest or absent spermatogenesis.



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FIBROMATOSIS

Gross:

- Received firm, rubbery mass with well defined border ,but non encapsulated.
- On cut section show gray-white or tan appearance with variable consistency.
- Often seen in muscle, fascia or dermis

Microscopy:

- Section shows composed of fibrous tissue with spindle - shaped fibroblast
- Collagen deposition in a haphazard or storiform pattern.
- No significant cellular atypia.

