



GENITOURINARY SYSTEM

SUBJECT : Pathology

LEC NO. : Summary Female 1

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وَقُلْ رَبِّ زِدْنِي عِلْمًا

Vulvar Diseases

non-neoplastic

- less common
- SCC (mostly)

neoplastic

- vulva has moist hair-bearing skin and delicate membrane
 - ↳ prone to inflammations, and dermatologic disorder caused by non-specific microbes
- Intense itching (pruritis) + Scratching → exacerbate primary condition
- 5 most important forms of vulvar infection related to STD (in North America) :-
 - 1- HPV (16, 18 → cervical cancer) (6, 11 → warts)
 - 2- HSV (herpes genitalis) → vesicles
 - 3- Gonococcal suppurative inflammation
 - 4- Syphilis
 - 5- Candida Vulvitis → mostly impacts females if pregnant, or immune compromised, or is diabetic

* Contact Dermatitis

- most common cause of vulvar pruritus
- reactive inflammation to exogenous stimulus
 - irritant contact dermatitis → to irritant
 - Allergic contact dermatitis → to allergen

→ Both present as well-defined erythematous weeping + crusting papules + plaques

↳ acute spongiotic dermatitis

↳ subacute dermatitis with epithelial hyperplasia



Contact dermatitis in Vulva



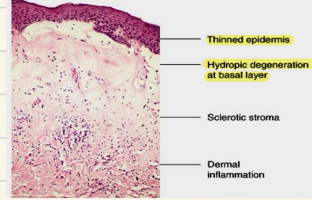
- Very common from diapers
- pees on themselves → allergy
- fungal infection
- solution: change diaper + cream

Non-neoplastic Vulvar Diseases

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Lichen Sclerosus

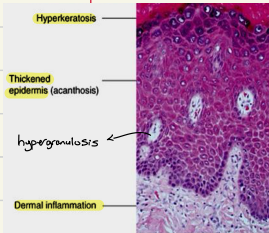
- in postmenopausal women
- smooth white plaques + thinned out skin
- microscopically :-
 - epidermis thinning
 - disappearance of rete pegs
 - hydropic basal cell degeneration
- not pre-malignant lesion, but 15% → develop SCCs



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Lichen Simplex Chronicus

- end result of inflammatory condition
- appears as leukoplakia area
- microscopically :-
 - hyperkeratosis + hypergranulosis + acanthosis
 - epithelium → no atypia
 - leukocytic infiltration of dermis
- no ↑ cancer predisposition, but can be present at margins of adjacent cancer



* Both lichen Sclerosus + Lichen Simplex Chronicus

- non-neoplastic epithelial disorders
- may co-exist in different areas
- may appear grossly as depigmented white patches (leukoplakia)

Tumors

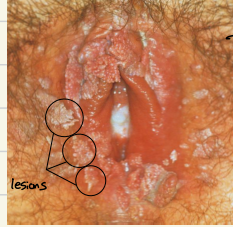
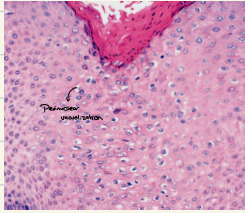
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Condylomas → Benign Tumors

- 2 distinctive biologic forms :-
 - 1- Condyloma lata - occur in secondary syphilis
 - not commonly seen today

2- Condyloma acuminata

- papillary
- multiple, red-pink to brown on vulva
- more common
- Anogenital warts (HPV 6, 11)
- Hallmark: Koilocytosis
- not precancerous by itself



Numerous Condylomata acuminata of the Vulva

Neoplastic Vulvar Diseases

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Vulvar Intraepithelial Neoplasia (VIN)

- high grade VIN = II or III (VIN III → Carcinoma in situ)
- multiple foci, or coexist with invasive lesion
- may be present for years before cancer progression
- genetic, immunologic, environmental influences determine the cause
 - ↳ Smoking, Super-infection of new HPV strains

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Carcinoma of the Vulva

- Caused by HPV 16, 18
- > 60 years old
- 3% of genital tract cancers in women
- 90% → SCC

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Squamous Cell Carcinoma (SCC)

1. Basaloid or poorly differentiated SCC ~ most common
 - younger women
 - HPV 16, 18 related, lesions in Vagina or Cervix
 - poorly differentiated cells

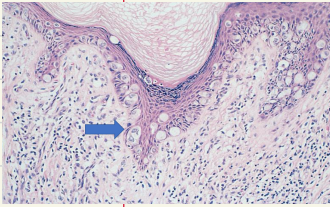
2. Well-differentiated SCC \rightsquigarrow less common

- older women
- not HPV related \rightarrow so it lacks typical cytologic changes of VIN
- well to moderately differentiated cells
- adjacent to lichen simplex or sclerosis

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Extramammary Paget Disease

- intraepithelial carcinoma
- non-demonstrable underlying ca. (unlike breast)
- presentation: red, scaly, crusted plaque or inflammatory dermatosis
- microscopically:
 - large malignant epithelial cells
 - granular cytoplasm
 - cytoplasmic vacuoles containing mucin (PAS+)
 - when confined to epidermis \rightarrow persist years without invasion



Vagina

Vaginitis

Common \rightarrow producing vaginal discharge (Leukorrhoea)

may represent normal commensals that become pathogenic

- DM
- Antibiotic therapy (disrupts normal flora)
- after abortion or pregnancy
- elderly with compromised immunity
- AIDS

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Candidal (monilial) vaginitis

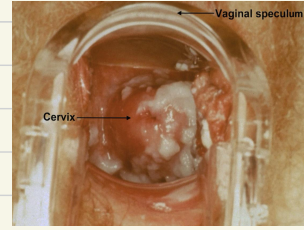
- Curdy - white discharge
- appearance of symptomatic infection involves :-
 - predisposing influences
 - Sexual transmission of new more aggressive strain
- 2 types :-

1- uncomplicated Thrush

- Cause : *Candida albicans*
- Single episode or < 4 episodes in a year
- mild - moderate symptoms

2- Complicated Thrush

- 4 + episodes a year
- Severe symptoms
- Pregnancy , Poorly controlled DM , immune deficiency



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Trichomonas Vaginalis (T. vaginalis)

- watery copious grey-green discharge
- parasite identified microscopically



③

Non-Specific atrophic Vaginitis

- in post menopausal women , with pre-existing mucosal atrophy

Vaginal Neoplastic Diseases

* Vaginal clear cell Adenocarcinoma

- young women (late teens - early 20s)
- mothers took diethylstilbestrol during pregnancy
- sometimes do not appear until 3rd - 4th decades
- 1/3 → arise in cervix



بالتوفيق