子宮頸細胞病理教學手冊
單元 1-2
(下)

資料提供：台灣病理學會細胞委員會 / 劉之怡 醫師

台灣病理學會
TAIWAN SOCIETY OF PATHOLOGY
The Taiwan Division of the International Academy of Pathology

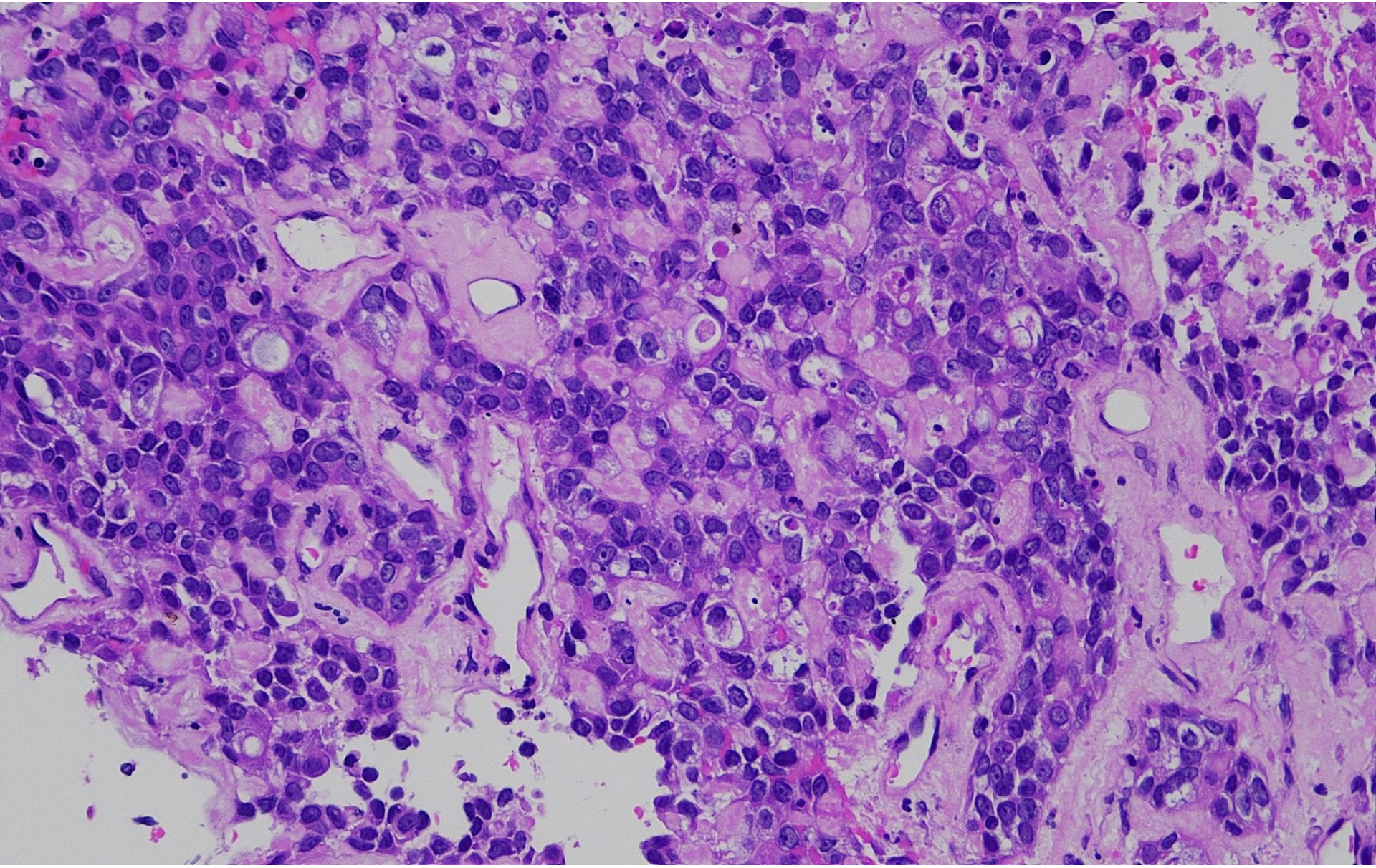
子宮頸細胞病理教學手冊
單元 1-2

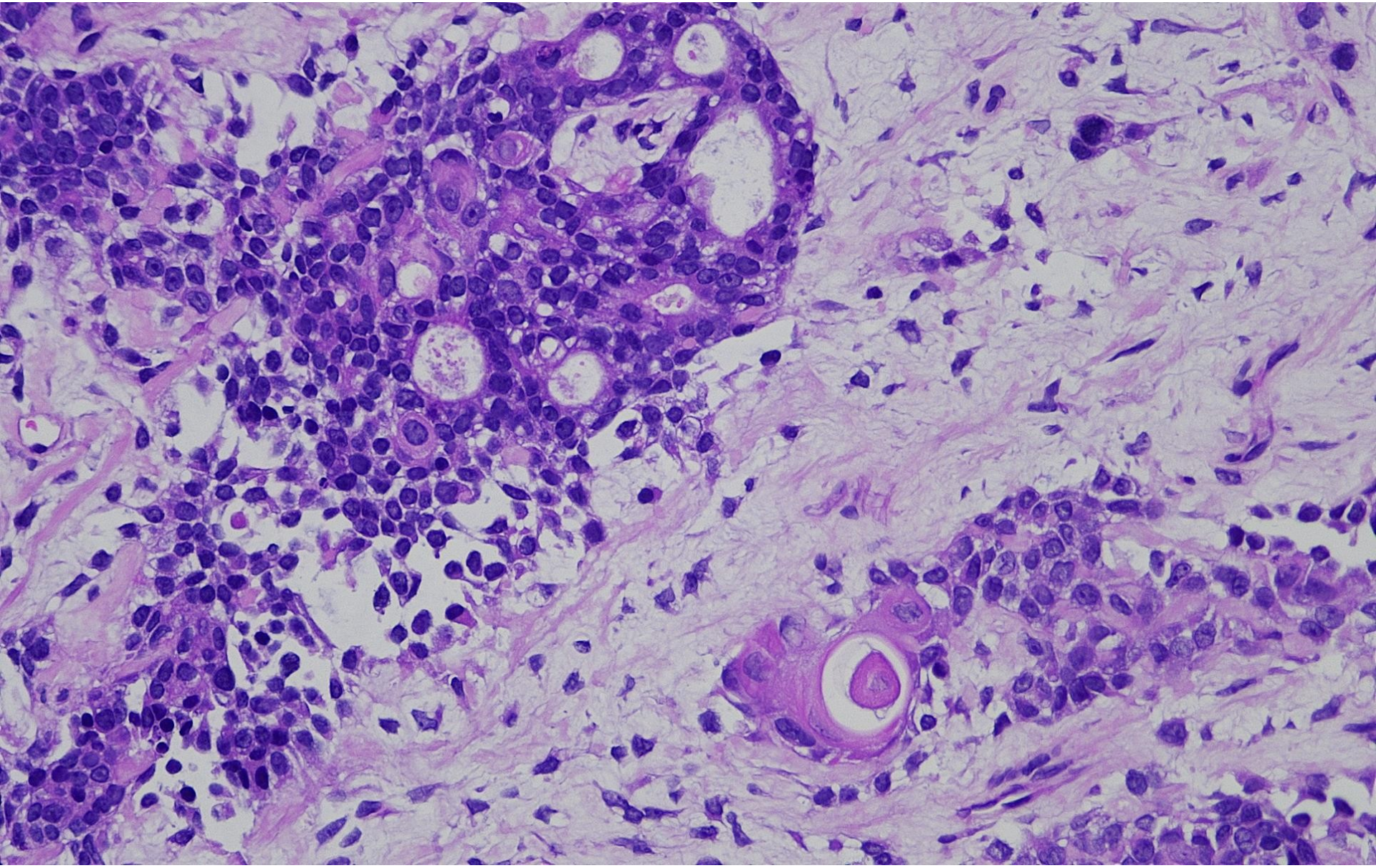
Case presentation:

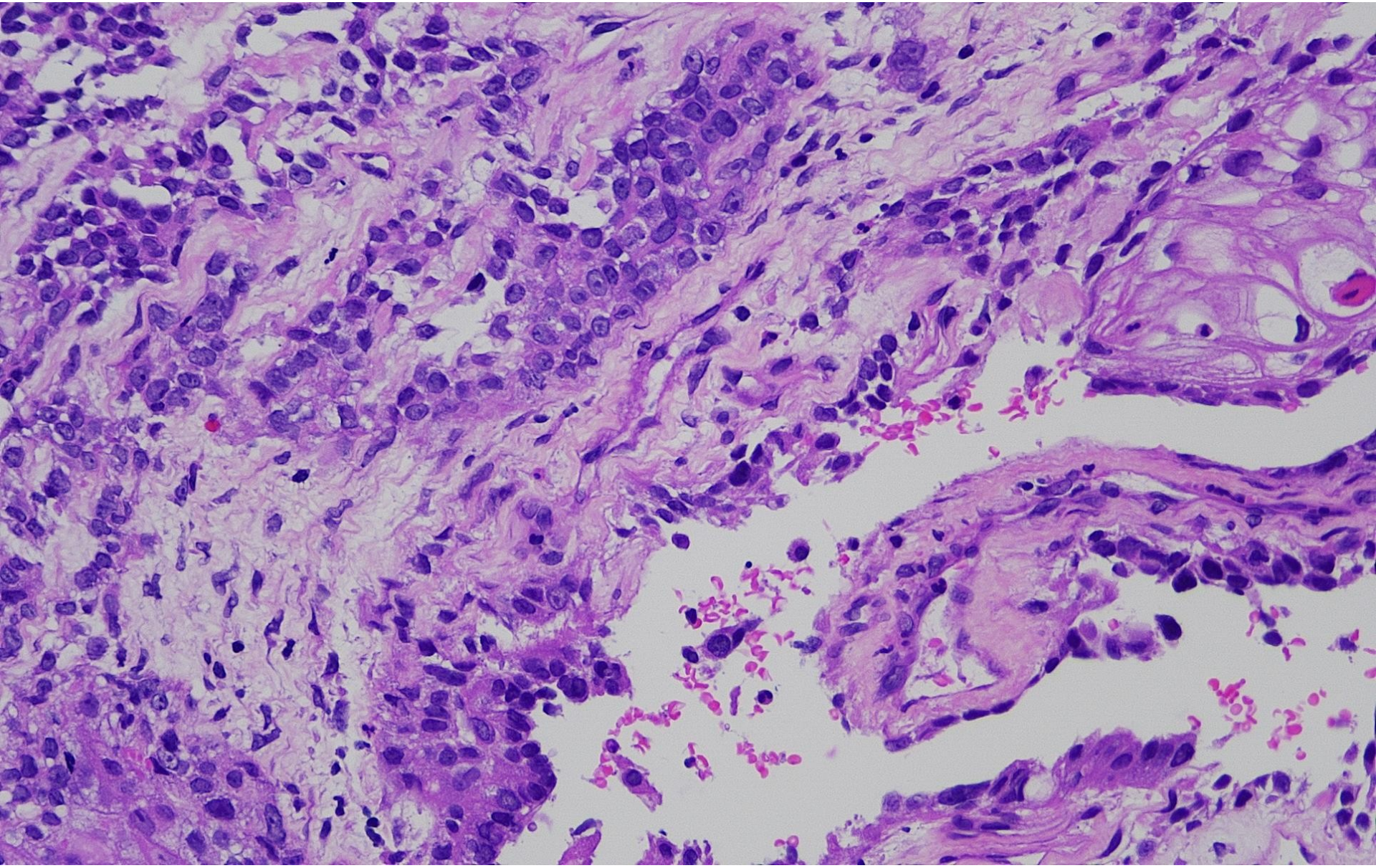
- Case #1-2: 54 y/o female patient

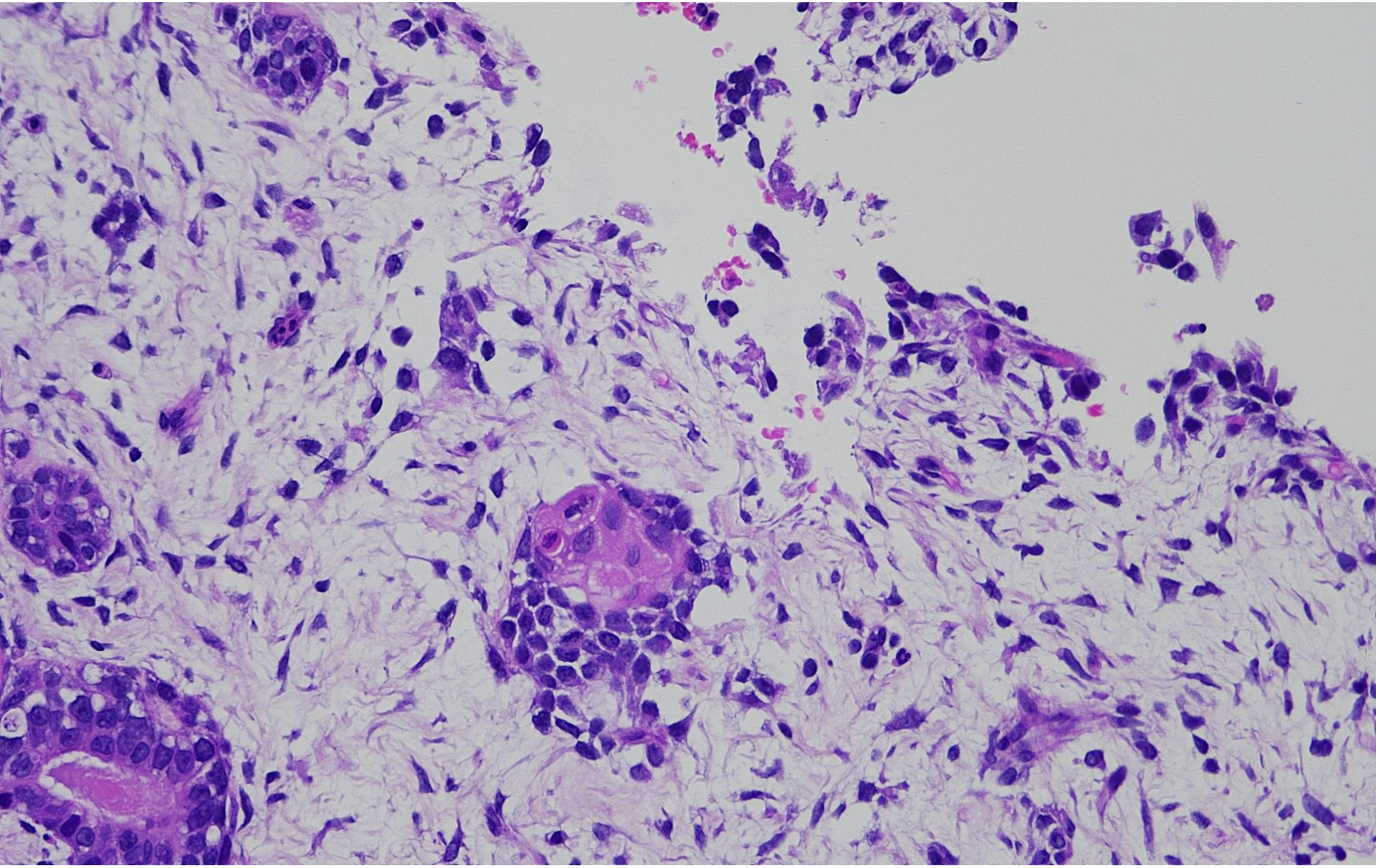
- Endometrial curettage and cervix biopsy

台灣病理學會
TAIWAN SOCIETY OF PATHOLOGY
The Taiwan Division of the International Academy of Pathology









子宮頸細胞病理教學手冊
單元 1-2

Final Diagnosis:

Endometrioid carcinoma of endometrium (with squamous differentiation)

子宮頸細胞病理教學手冊
單元 1-2

Co-existence of adenocarcinoma and squamous cell component in cervical smear

Mixed atypical cellular components of squamous and glandular types

- Primary cervical adenocarcinoma and high-grade SIL
- Adenosquamous carcinoma of the cervix
- Endometroid carcinoma with squamous differentiation

Primary cervical adenocarcinoma

- Abnormal chromatin ranging from fine ‘sanded’ to coarse aggregated appearance
- Nuclei enlarged and irregular but may be significantly smaller
- Cells arranged in hyperchromatic crowded groups with chaotic ‘supercrowded’ honeycomb appearance
- ‘Feathering’: protruding bare elongated nuclei at different levels ± ‘tipped’ by wispy cytoplasm

Primary cervical adenocarcinoma

- Pseudostratification: nuclei seen at different levels
- Rosette formation: rounded groups of cells with nuclear palisades at periphery and cytoplasm facing the center
- Features suggestive of invasion include tumor diathesis and abundant single dyskaryotic glandular cells in the background

Adenosquamous Carcinoma of the Cervix

- Either squamous to adenocarcinoma patterns, or a combination of both, may be found in cytologic samples.
- Mixed glandular and squamous malignant cells, and tumor diathesis
- Glandular component is usually of the endocervical type
- Malignant squamous elements can be keratinized or non- keratinized SCC.
- Both components are difficult to distinguish in a poorly differentiated pattern.

Endometrial Adenocarcinoma

- Clusters, balls and single atypical glandular cells
- Enlarged and pleomorphic nuclei
- Raised nuclear : cytoplasmic ratios
- Variable chromatin pattern
- Enlarged and irregular nucleoli
- Variable cytoplasmic vacuolation with engulfed neutrophils
- ± mitotic activity
- ± diathesis

Endometrioid carcinoma with squamous differentiation

- Squamous differentiation is composed of keratinizing cells and/or eosinophilic cells, with or without nuclear atypia
- Squamous differentiation occurs in 10-25% of endometrioid carcinomas
- The primary origin may not be evident on the basis of cytologic diagnosis

Features	Endocervical Ca	Endometrial Ca	Extrauterine Ca
Cellularity	Hypercellular	Low cellularity usually	Rare cells (unless direct extension/mets)
Pattern	Strips, rosettes, sheets with feathering, single malignant cells	Small clusters, rarely papillae, single cells	Varies depending upon primary and mode of spread
Diathesis	Visible, type varies by preparation	Variable, watery or subtle or absent	Usually absent unless direct spread or mets
Cell shapes	Oval, columnar, pleomorphic	Round, irregular, usually smaller	Variable, do not belong
Nuclei	Oval, elongated, pleomorphic, vesicular	Round, irregular in higher grade	Variable
Cytoplasm	Mucin +	Degenerative vacuoles	Variable
SIL or Sq Ca	Present in >50 %	Absent	Absent
High-risk HPV	Positive in most	Negative	Negative
p16	Block positive	Patchy/focal except in high grade/serous	Variable, depends on type

Nayar, R., & Wilbur, D. C. (2015). The Bethesda system for reporting cervical cytology: Definitions, criteria, and explanatory notes.

子宮頸細胞病理教學手冊
單元 1-2

References:

- Nayar, R., & Wilbur, D. C. (2015). The Bethesda system for reporting cervical cytology: Definitions, criteria, and explanatory notes.
- Levine, T., Vielh, P., Kardum-Skelin, I., Gray, W., & Kocjan, G. (2013). Diagnostic Cytopathology Essentials: Expert Consult: Online and Print. Elsevier.
- Koss, L. G. (2015). Koss' Diagnostic Cytology and Its Histopathologic Bases. Philadelphia: Wolters Kluwer.
- Jiménez-Ayala, M., & Jiménez-Ayala, P. B. (2011). Cytopathology of the glandular lesions of the female genital tract. Basel: S. Karger.