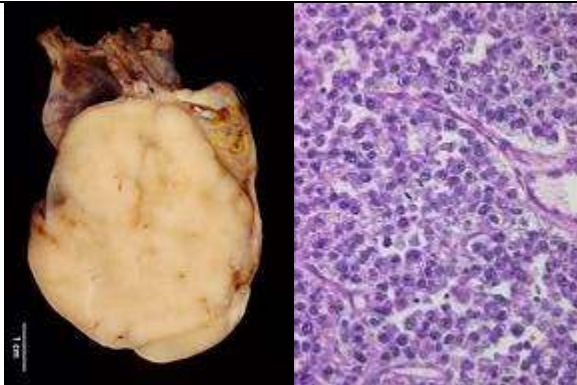
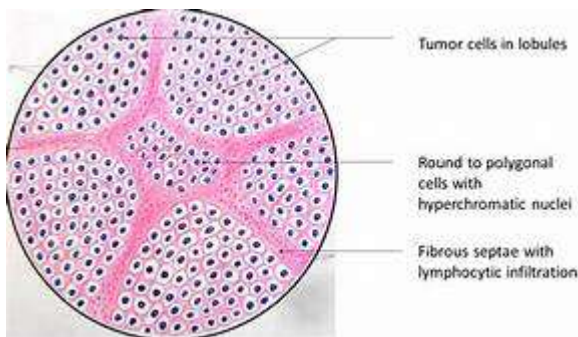


## XXI. Diseases of the Female Genital System

<b>Arrhenoblastoma</b>		
<b>Ovary:</b>		<ul style="list-style-type: none"> <li>• Is enlarged (moderately)</li> <li>• Shows a tumour</li> </ul>
<b>The tumour:</b>	<b>Size:</b>	<ul style="list-style-type: none"> <li>• Is moderately enlarged</li> </ul>
	<b>External surface:</b>	<ul style="list-style-type: none"> <li>• Smooth and rather capsulated</li> </ul>
	<b>Cut surface:</b>	<ul style="list-style-type: none"> <li>• Pale greyish-yellow with areas of necrosis</li> <li>• <b>Some areas of haemorrhage</b></li> <li>• Few small cystic spaces</li> </ul>
	<b>Consistence:</b>	<ul style="list-style-type: none"> <li>• Firm</li> </ul>
<p><b>N.B.:</b></p> <ul style="list-style-type: none"> <li>○ <b>Arrhenoblastoma</b> is a rare tumour arising from the rete ovarii (homologue of male testis). <ul style="list-style-type: none"> <li>▪ It is considered benign or of moderate malignancy (but much greater than was believed).</li> <li>▪ The gross appearance may resemble that of granulosa cell tumour.</li> <li>▪ <b>Clinically</b>, the patient is usually about 20—30 years old and is suffering of <b><u>masculinizing features (after defeminizing ones)</u></b>.</li> </ul> </li> <li>○ <b>Defeminization features:</b> <ul style="list-style-type: none"> <li>▪ Amenorrhea.</li> <li>▪ Atrophy of breasts.</li> </ul> </li> <li>○ <b>Masculinization features:</b> <ul style="list-style-type: none"> <li>▪ Hirsutism (distribution of hair (facial and bodily), as male)).</li> <li>▪ Roughening and deepening of voice.</li> <li>▪ Hypertrophy of clitoris.</li> </ul> </li> <li>○ <b>The clinical picture is nearly similar to that of tumours of the adrenal cortex.</b></li> </ul>		

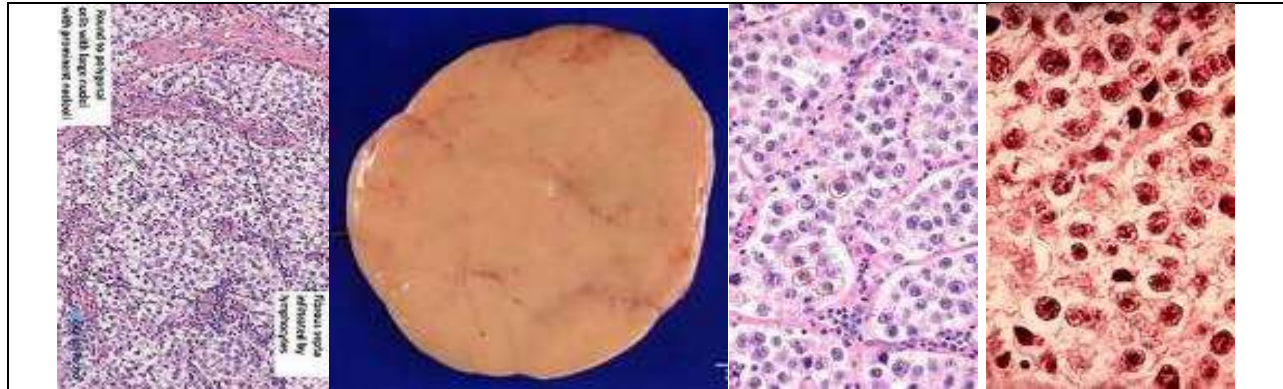
## Dysgerminoma

<b>Ovary:</b>	<ul style="list-style-type: none"> <li>• Is enlarged</li> <li>• Shows a tumour</li> </ul>
	<p><b>The tumour:</b></p> <ul style="list-style-type: none"> <li>• Fairly large</li> <li>• Globular</li> </ul>
	<p><b>Cut surface:</b></p> <ul style="list-style-type: none"> <li>• Shows a capsule</li> <li>• Appears dense-solid</li> <li>• Fleshy</li> <li>• Friable (in few parts)</li> <li>• Homogeneous (in general)</li> <li>• Pale greyish-pinkish-white             <ul style="list-style-type: none"> <li>○ <b>With occasional foci of:</b> <ul style="list-style-type: none"> <li>▪ <b>Necrosis</b></li> <li>▪ <b>Haemorrhage</b></li> </ul> </li> </ul> </li> </ul>
	<p><b>Consistence:</b> Firm-rubbery</p>



### **N.B.I:**

- **Histologically**, it proved to be a dysgerminoma.
- In most cases, this tumour is benign; but, some cases may show evidences of malignancy of variable degrees.
- The tumour arises from indifferent cells of the mesenchyme in the gonad which fail to develop in either a male or female direction.
- **If in the ovary** → **dysgerminoma** (nearly always benign, often large and bilateral).
- **If in the testis** → **seminoma** (malignant).
- **Clinically**, the patient is normal sexually, perhaps with few associated developmental changes (infantilism).
- Occasionally, there is ascites or torsion of the pedicle.



## Dysgerminoma gross features

- Variable size
- Solid, capsulated
- Firm consistency
- Uniform, pale tan to gray-pink cut surface
- Areas of cystic degeneration, necrosis, and hemorrhage are occasionally present

