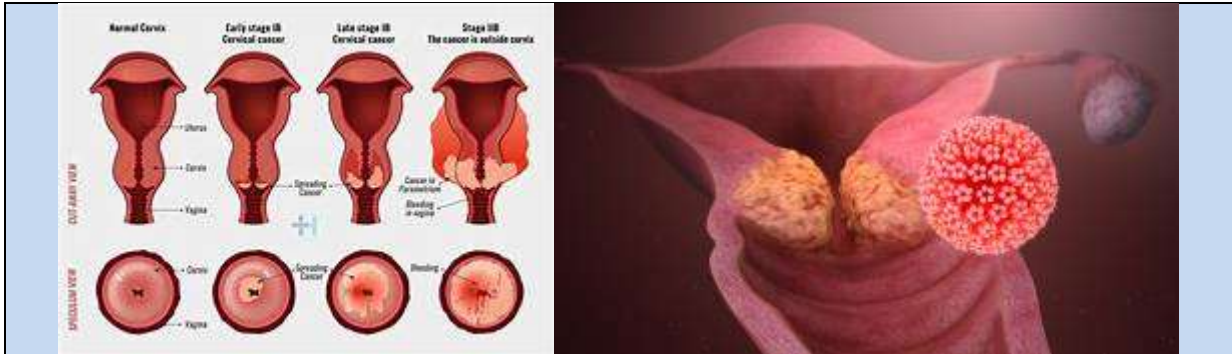


XXI. Diseases of the Female Genital System

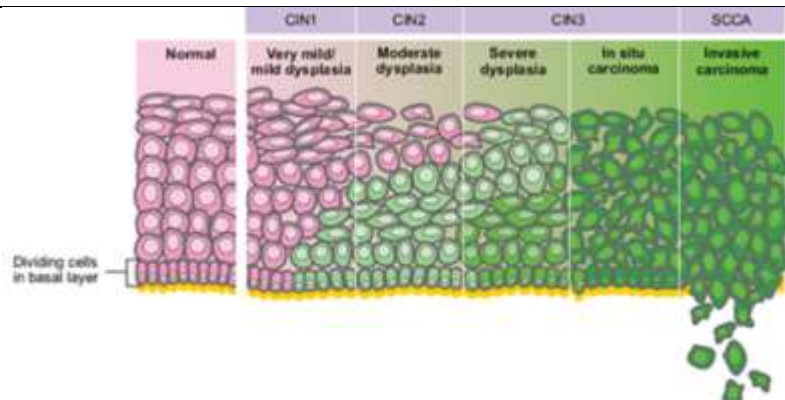


Carcinoma (annular) V- 3, 1. 555

Uterus and cervix:		<ul style="list-style-type: none"> • Are enlarged • At posterior lip of cervix there is a tumour
	The tumour:	<ul style="list-style-type: none"> • Large (moderately) • Irregular • Slightly projecting into the vagina
		<ul style="list-style-type: none"> • Narrowing and filling the cavity • Constricting the wall by diffusely-infiltrating it • Destroying cervical tissue • Infiltrating (malignancy) • Ulcerating in some parts and haemorrhagic in other parts • Pale greyish-white • Firm (in parts) and firm-hard (in other parts) • Granular or friable at margins of os

N.B.:


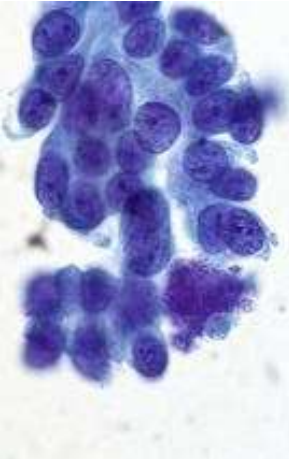

- This is an example of the sclerosing rapidly infiltrating form of carcinoma of cervix with only slight (or superficial) ulceration and little gross distortion of the cervix.





Carcinoma (polypoid, cervical) & Fibromyoma (intramural, uterine) V- 3, 1. 557

Cervix:	<ul style="list-style-type: none"> • Is enlarged • Shows a tumour
	<p>The tumour:</p> <ul style="list-style-type: none"> • Is infiltrative (malignancy). • Arising in the wall and filling the cavity • Non-capsulated • Necrotic in some parts (soft areas) • Opaque greyish-white • Fleshy firm in consistence (in general)
Uterus	<ul style="list-style-type: none"> • Is slightly enlarged • Shows a tumour
	<p>The tumour</p> <ul style="list-style-type: none"> • Is interstitial (in the muscle wall) • Single • Moderate in size • Rounded
	<p>Cut surface:</p> <ul style="list-style-type: none"> • Well-circumscribed • As if encapsulated • Whorled appearance
	<p>Shows:</p> <ul style="list-style-type: none"> • Muscle tissue (brownish) • Intersecting fibrous tissue (pale greyish white): • Fibres run in different directions

		Consistence:	<ul style="list-style-type: none"> Firm-hard and friable
			

N.B.:

- The papillary form of carcinoma of the cervix fungates and usually attains a large size.
- It projects into the cavity of the vagina and appears in the lip of the external os in a cauliflower-like manner.
- It is not so common and has a better prognosis due to:**
 - Early diagnosis and hence early surgical treatment as it produces haemorrhage during sexual contact and
 - Slight extension into the surrounding tissue.



Carcinoma (ulcerative)

Cervix:	<ul style="list-style-type: none"> Is enlarged
	<p>Wall:</p> <ul style="list-style-type: none"> Is thickened by a tumour Shows a centrally-ulcerating plaque
	<p>External os till vagina:</p> <ul style="list-style-type: none"> Deeply ulcerated Lined by a tumour
	<p>Shows:</p> <ul style="list-style-type: none"> Inflammatory exudate Altered blood
	<p>The tumour:</p> <ul style="list-style-type: none"> Chiefly in cervical canal and its wall Moderate in size Infiltrating the whole wall (malignancy) Ulcerating
	<p>The ulcer has:</p> <ul style="list-style-type: none"> Everted edges

		<ul style="list-style-type: none"> • Hard base
	<i>Uterus</i>	<ul style="list-style-type: none"> • Dilated cavity • Dirty exudate

N.B.1:

- **The tumour (a squamous cell carcinoma), though not very large, but it has (by local deep extension) quickly-infiltrated the cervix and appeared through the internal os.**
- The prognosis is not good; the cervix becomes hard and the cervical canal may be blocked resulting in necrosis and accumulation of infected suppurative material → Pyometra.
- The tumour bleeds easily and may be complicated by vesico-vaginal or recto-vaginal fistula.

Cervical cancer

Risk

- Multiple sexual partners
- Smoking
- Oral contraceptives
- Sexually transmitted disease

Signs and symptoms

- Pelvic pain and back pain
- Vaginal bleeding
- Pain during sexual intercourse

Prevention & Treatment

- Vaccination
- Chemotherapy
- Surgery
- Radiation therapy

Cervix viewed from below

- Normal
- Early stage
- Late stage
- Stage IIB

The infographic also includes a world map, a diagram of the female reproductive system (Uterus, Ovary, Endometrium, Cervix, Vagina), and a diagram of Human papillomavirus.

TABLE 1: Modified World Health Organization (WHO) histological classification of invasive carcinoma of the uterine cervix

1 – Squamous cell carcinoma – Keratinizing / Non-keratinizing
Microinvasive squamous cell carcinoma
Invasive squamous cell carcinoma
Verrucous carcinoma
Papillary squamous cell (transitional)
Papillary squamous cell (transitional) carcinoma
Lymphoepithelioma-like carcinoma
2 – Adenocarcinoma
Mucinous adenocarcinoma
Endocervical type
Intestinal type
Signet-ring type
Endometrioid adenocarcinoma

