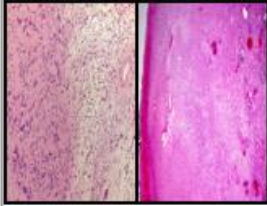
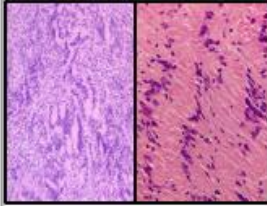
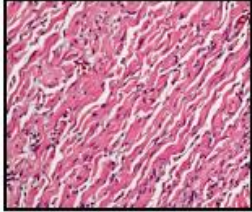
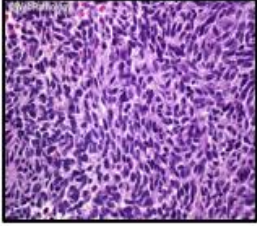


Patho 3

Disease	Feature	Lab	Sign & Symptoms	Histology & Microscopically	Other
Schwannomas	<ul style="list-style-type: none"> Benign Encapsulated Occur in soft tissues, internal organs, or spinal nerve roots. 	<ul style="list-style-type: none"> Shwannoma : Antoni A & B  <ul style="list-style-type: none"> Verocay bodies 	<ul style="list-style-type: none"> Most commonly affected cranial nerves the vestibular portion of the eighth nerve, symptoms nerve root related to , which compression .here hearing loss includes 	<ul style="list-style-type: none"> Grossly : 1. Circumscribed masses abutting an adjacent nerve. Microscopically : 1. Antoni A: dense areas, bland spindle cells arranged into intersecting fascicles, often align to produce nuclear → palisading Verocay bodies: alternating bands of nuclear & .anuclear areas 2. Antoni B: loose areas, the spindle cells are spread apart by a prominent myxoid extracellular matrix. walled hyalinized -Thick vessels often are present 3. Axons are largely excluded.from the tumor 4. Hemorrhage or cystic changes. 	<ul style="list-style-type: none"> Most are sporadic %10~ are associated with familial Neurofibromatosis type 2 (2(NF
Neurofibromas	<ul style="list-style-type: none"> Benign Not Encapsulated 		<ul style="list-style-type: none"> Can be localized cutaneous tumors, Diffuse or Plexiform 	<ol style="list-style-type: none"> Neoplastic Schwann cells in neurofibroma are admixed with other cell types, mast cells, fibroblast like cells, & perineurial-like cells. The background stroma often contains loose .wavy collagen bundles 	<ul style="list-style-type: none"> Malignant Peripheral Nerve Sheath Tumors can arise from them)1NF(%50
Malignant Peripheral Nerve Sheath Tumors (MPNST)	<ul style="list-style-type: none"> Malignant 			<ul style="list-style-type: none"> Highly cellular and exhibit features of overt malignancy ; 1. Anaplasia 2. necrosis 3. infiltrative growth pattern 4. Pleomorphism 5. high proliferative activity (mitoses). 	<ul style="list-style-type: none"> (50% NF)1 May arise from transformation of a neurofibroma, (usually .of the plexiform type) About one-half of such tumors arise in patients with NF 10-3(% , 1of all patients with NF1 develop MPNST.

Disease	Incidence	Cause	Sign & Symptoms	Associated with
<p style="text-align: center;">Familial Neurofibromatosis Type 1</p>	<ul style="list-style-type: none"> • Most common • 1:3000 	<ul style="list-style-type: none"> • Autosomal dominant • Chr.17 	<ol style="list-style-type: none"> 1. Pigmented nodules in iris (Lisch nodule) 2. Pigmented skin lesions (freckling & café-au-lait spots) 	<ol style="list-style-type: none"> 1. Neurofibromas 2. malignant peripheral nerve sheath tumors 3. optic gliomas
<p style="text-align: center;">Familial Neurofibromatosis Type 2</p>	<ul style="list-style-type: none"> • 1:40000 	<ul style="list-style-type: none"> • Autosomal dominant • Chr.22 	<ol style="list-style-type: none"> 1. Hearing loss 2. vertigo 3. Multiple cranial nerve neuropathies. 	<ol style="list-style-type: none"> 1. Multiple schwannomas 2. meningiomas 3. ependymomas.