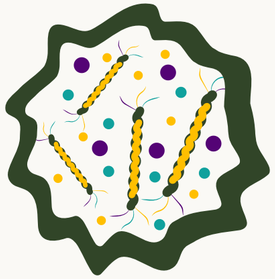
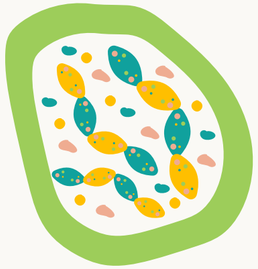
PATHOLOGY LAB

for doctor sura

done by reem ghabayen and hiba makkawi

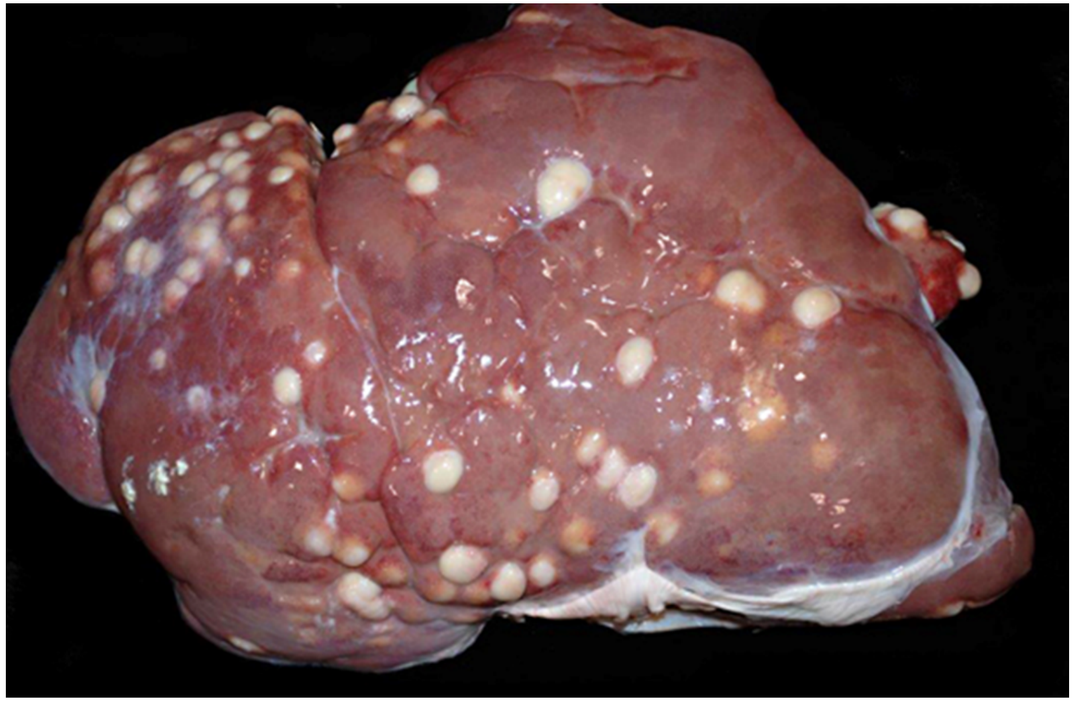


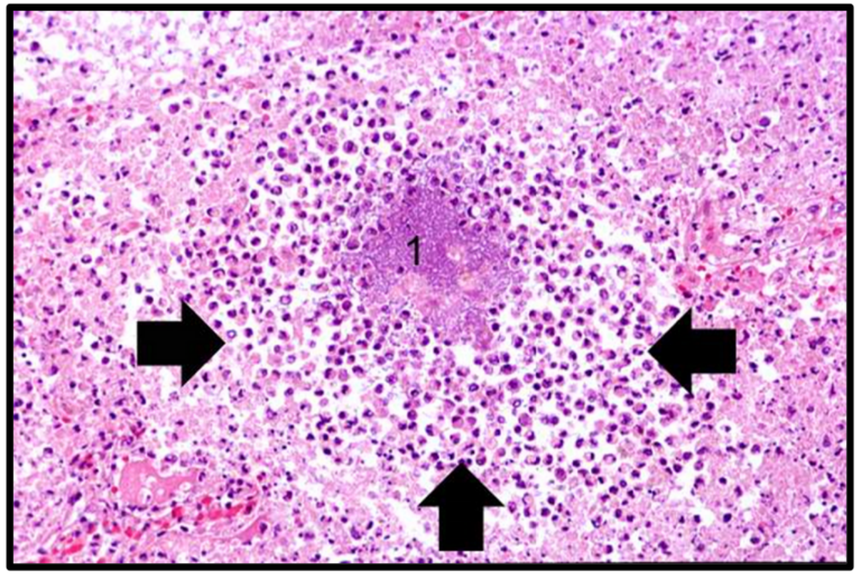


Gross

Variably sized abscesses are distributed randomly throughout all lobes of the liver.

abcess is a collection of neutrophils





Abscess zones:

1.central region with necrotic leukocytes and tissue cells.

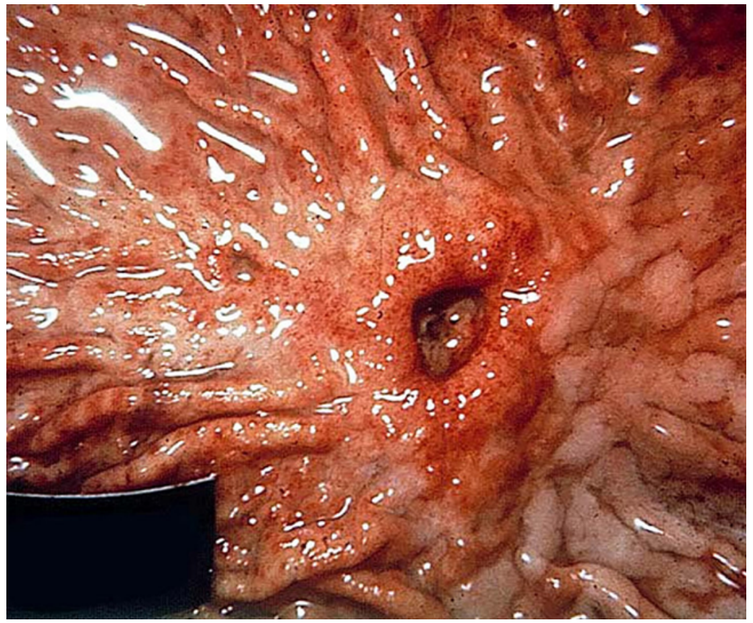
2. zone of preserved neutrophils .

3. outer most zone composed of vascular dilation, parenchymal and fibroblastic proliferation

ULCERS

Gross

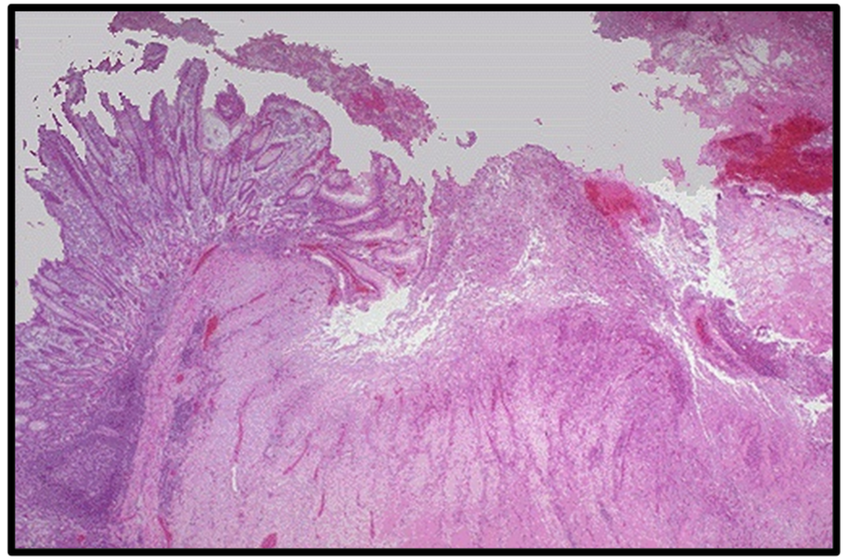
ulcer: An ulcer is a local defect, or excavation, of the surface of an organ or tissue that is produced by the sloughing (shedding) of inflamed necrotic tissue

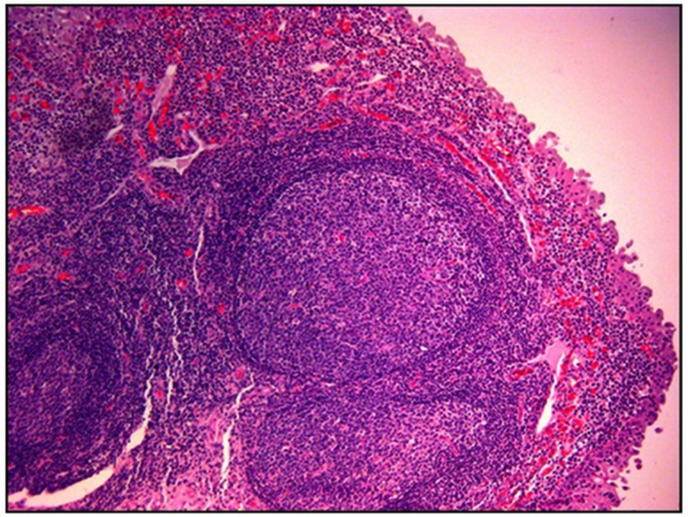


gastric ulcer : loss of teh gastric epithellium mucosa 'shedding'

skin ulcer : loss of epidermis by sloughing

Histology;
acute ulcer:
intense polymorphonuclear infiltration and vascular dilation in the margins of the defect.
Chronic ulcer:
the margins and base of the ulcer develop fibroblast proliferation, scarring, and the
accumulation of lymphocytes, macrophages, and plasma cells.
when chronic ulcer there is a defect without many neutrophils but have mononuclear cells , lymphocytes macrophages plasma cells

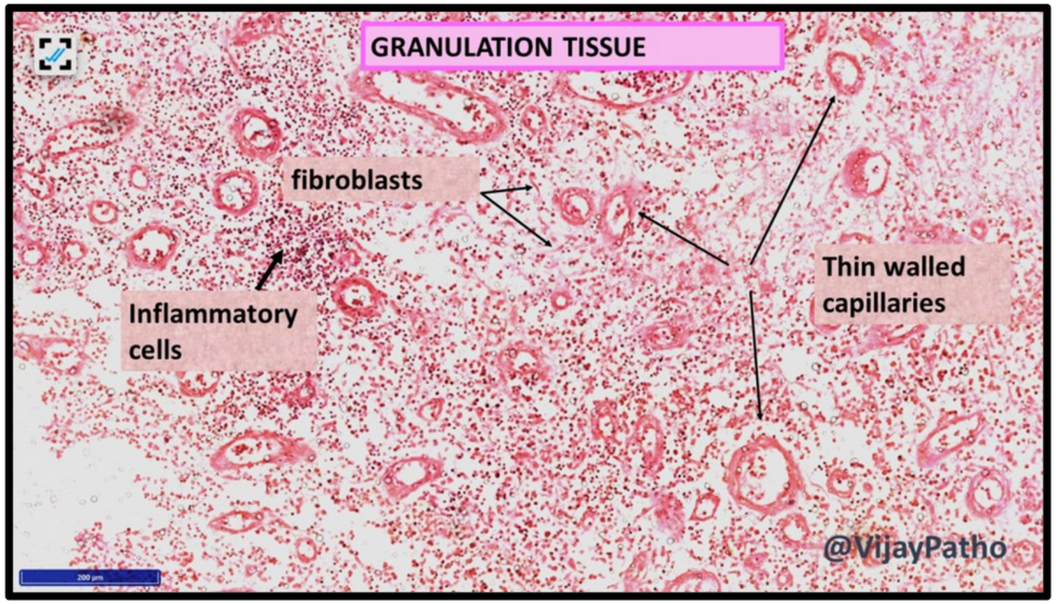


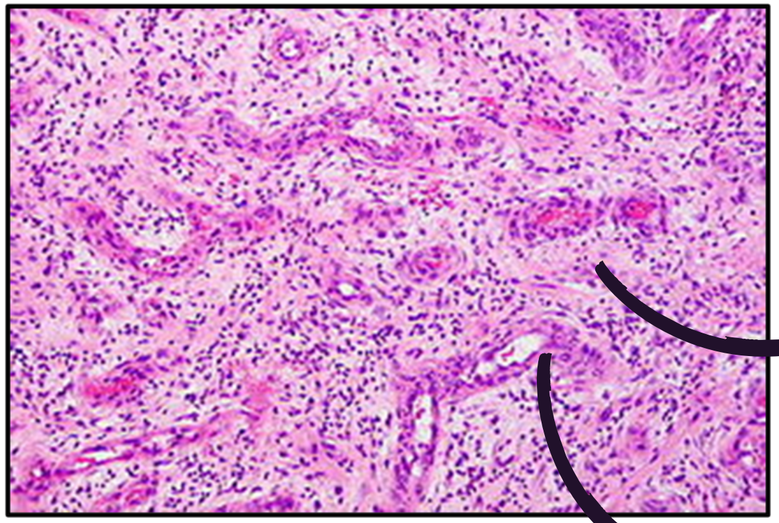


Tertiary lymphoid organs:
definition, examples:
Hashimoto thyroiditis, Helicobacter pylori gastritis

H pylori leads to acute and chronic gastritis when prolong chronic gastritis it leads to tertiary lymphoid organ "accumulation of lymphocytes in lamina propria (reactive germinal center)" they may secrete lymphomas

granulation tissye associate with prolong chronic inflammation



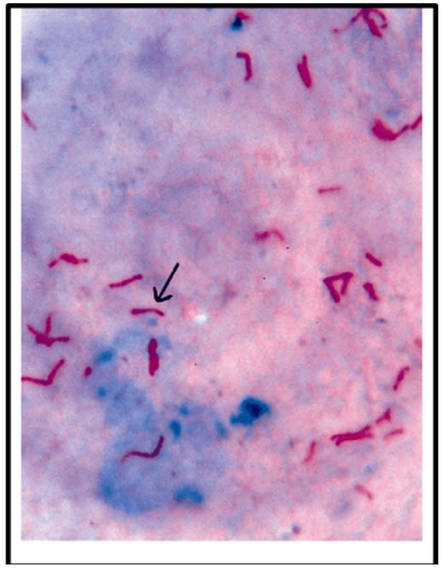


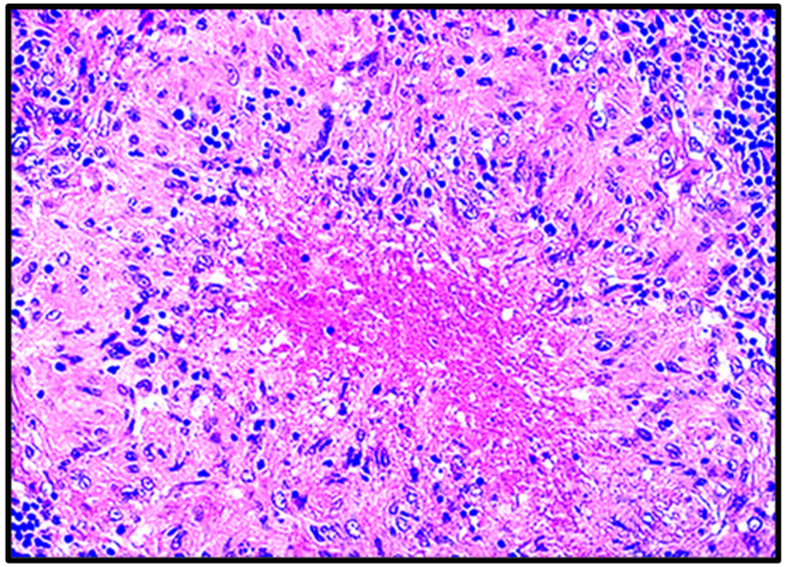
inflammatory cells and fibroblasts in between BV

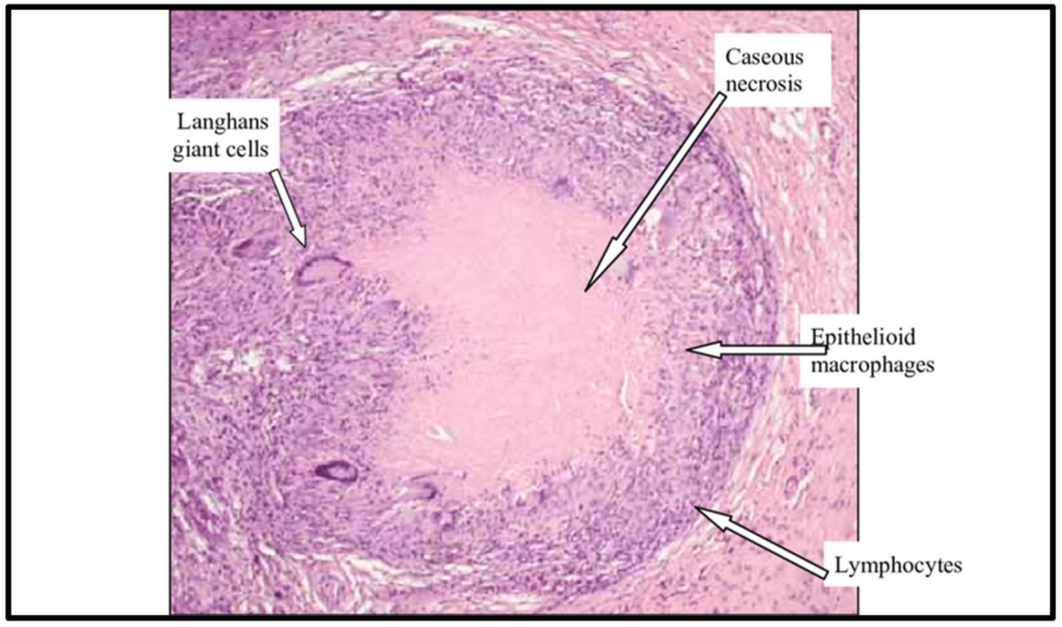
increase BV in granulation tissue

Granuloma formation is a cellular attempt to contain an offending agent that is difficult to eradicate

- by chronic inflammation only
- when causes necrosis inside granuloma u should think of TB type of bacteria is acid fast bacillus







langhans giant cells are multi nucleated giant cells in TB

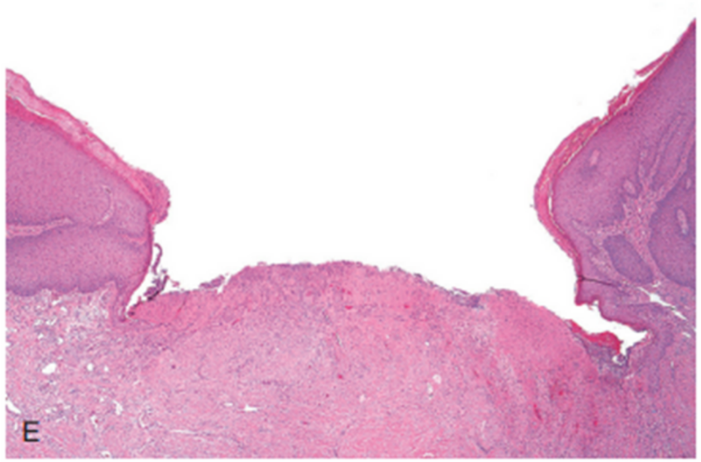
Arterial ulcers:
develop in individuals with
atherosclerosis of
peripheral arteries, especially
associated with
diabetes.

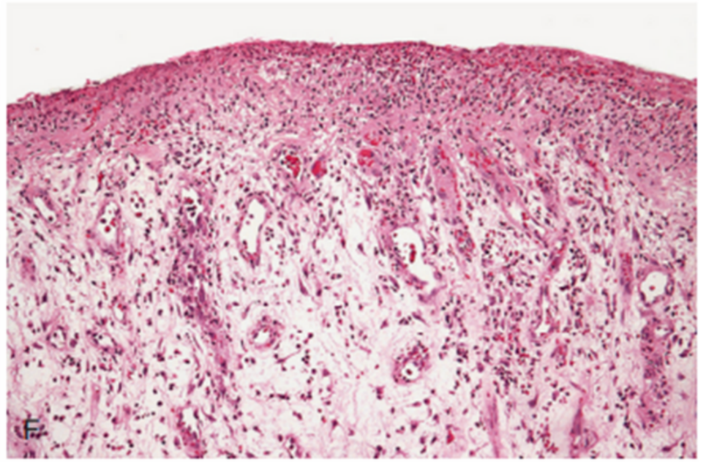
Venous leg ulcers:
seen in chronic venous hypertension
which may be caused
by severe varicose veins or
congestive heart failure

Pressure sores:
caused by prolonged
compression of
tissues against a bone,
for example, in bedridden

DIABETIC ULCERS

caused by:
small vessel disease causing ischemia, neuropathy, systemic metabolic abnormalities, and secondary infections





epithelial ulceration and extensive granulation tissue in the underlying dermis

WOUND RUPTURE (DEHISCENCE)

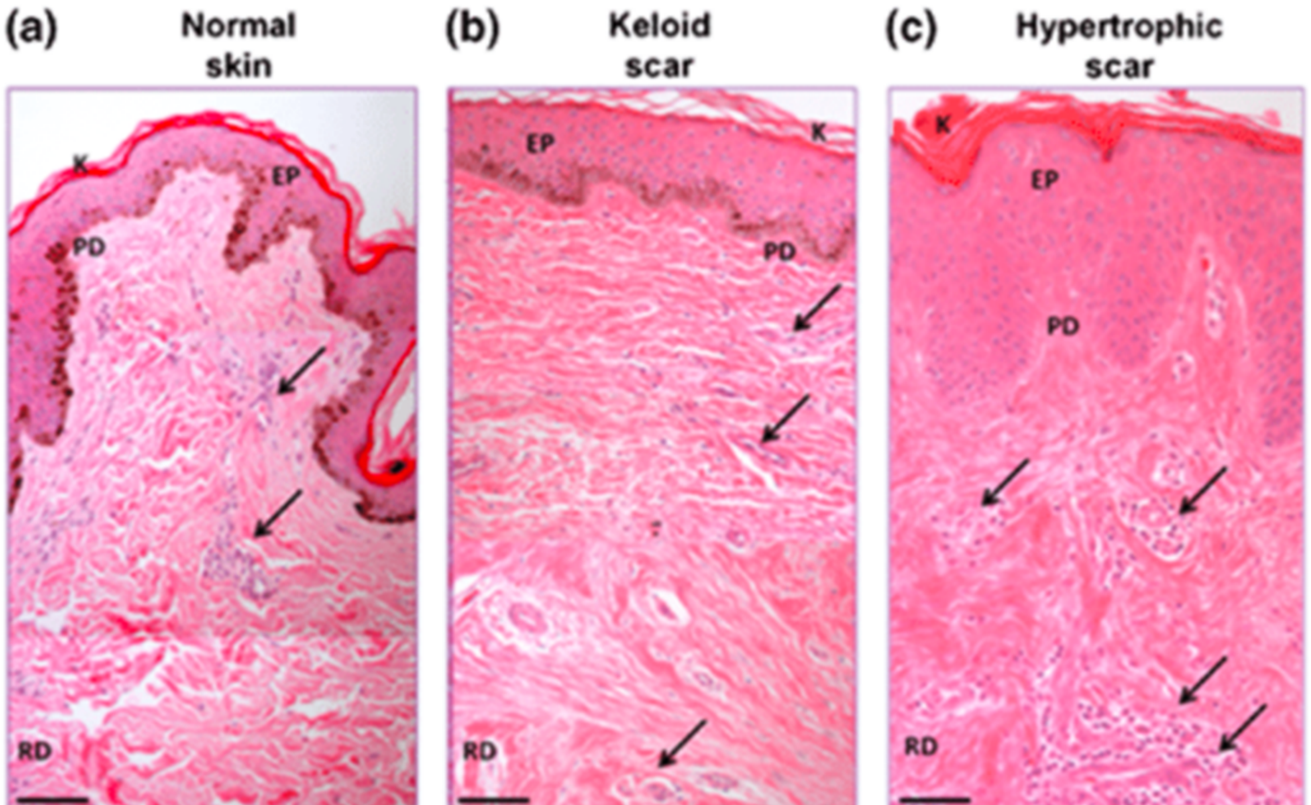
when increased intra abdominal pressure patient after surgery may have "dilation of colon or small bowel" so wide distance between margins

when chronic cough like whooping cough or ileus (painful obstruction of the ileum or other part of intestine)

HYPERTROPHIC SCAR

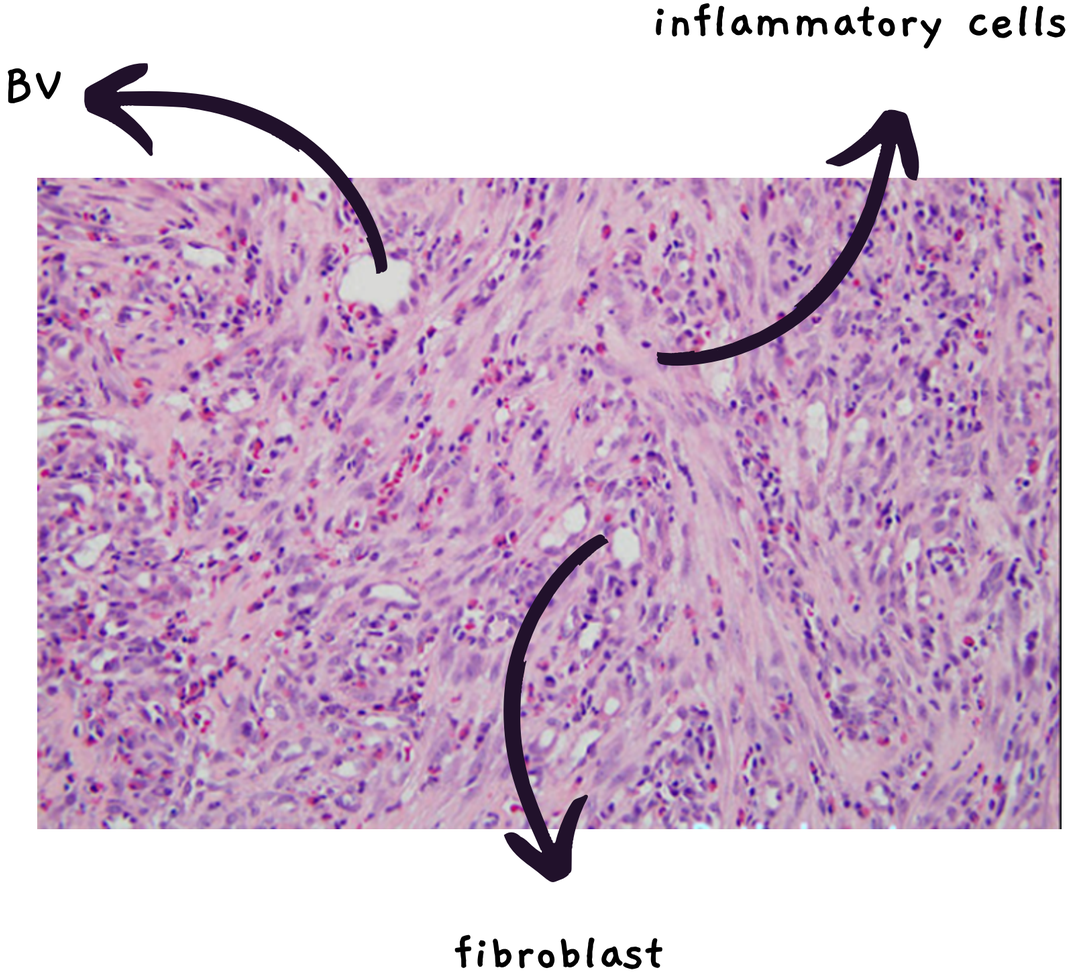
KELOID

growth outside the boundaries



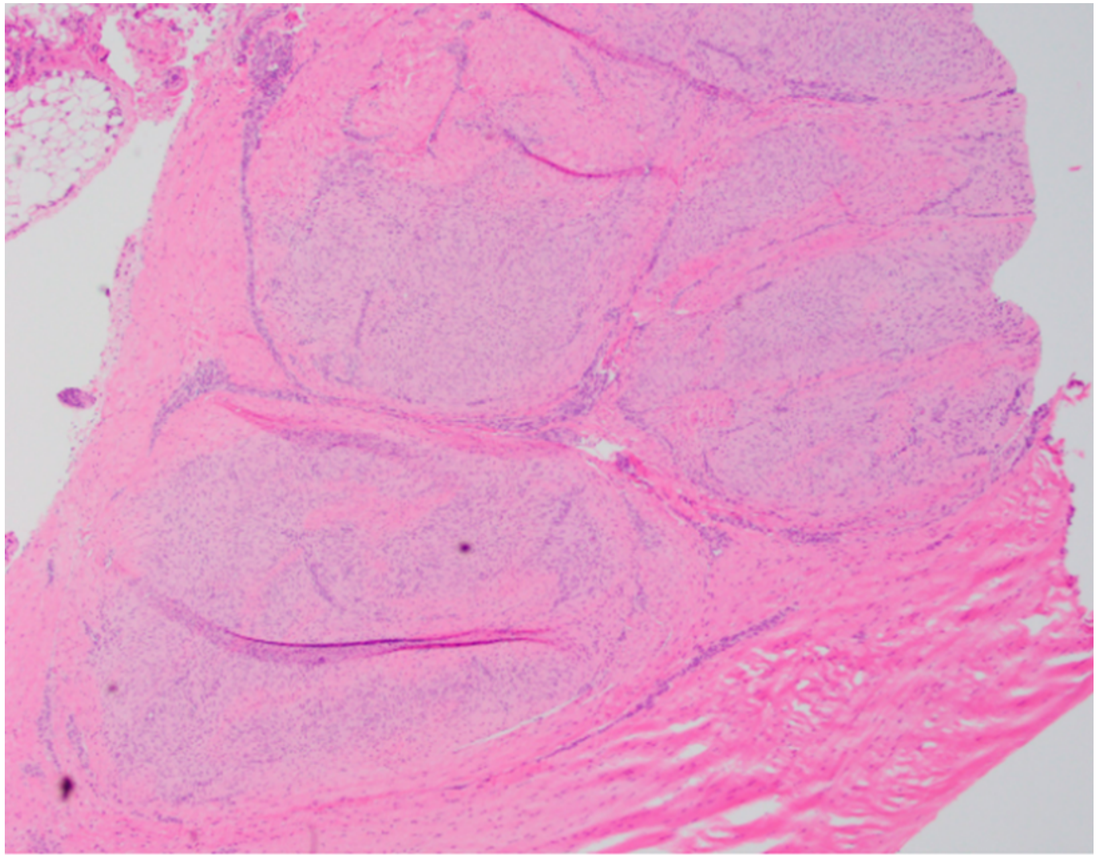
A. In normal skin, the characteristic random orientation and bundle formation of collagen fibres
B. increased number of thick collagen fibres arranged in bundles
C. The collagen fibres were arranged randomly and showed highly cellular zones

EXUBERANT GRANULATION



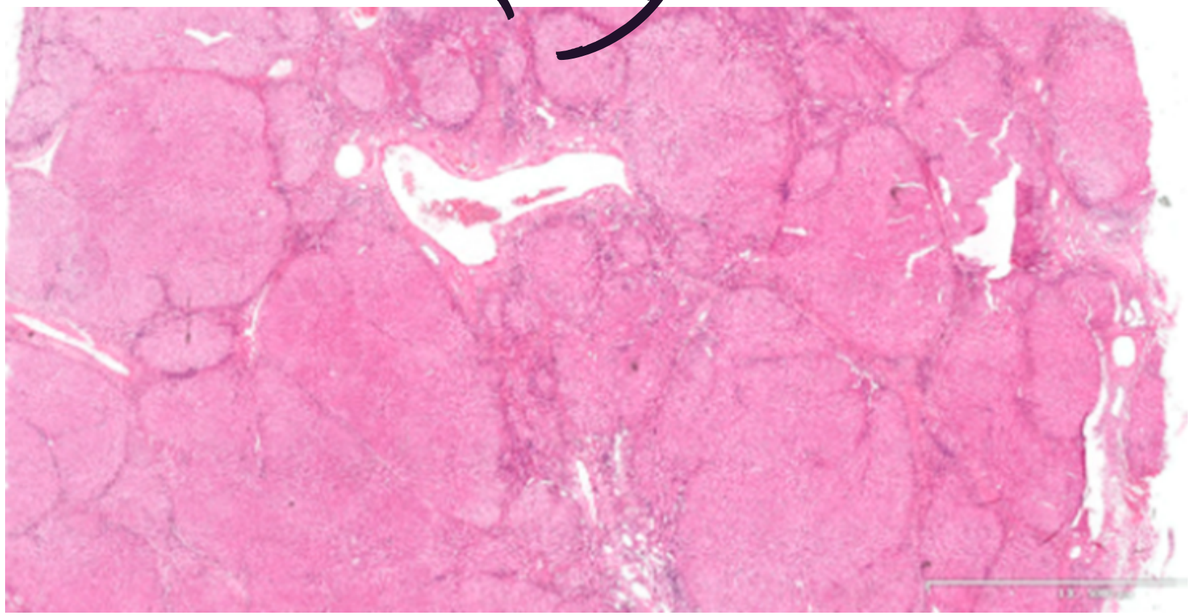
CONTRACTION

high fibrous tissue for when sever burns



LiVER CiRRHOSiS

Diffuse nodulation of liver
due to fibrous bands
subdividing liver into
regenerative nodules
rich in fibers



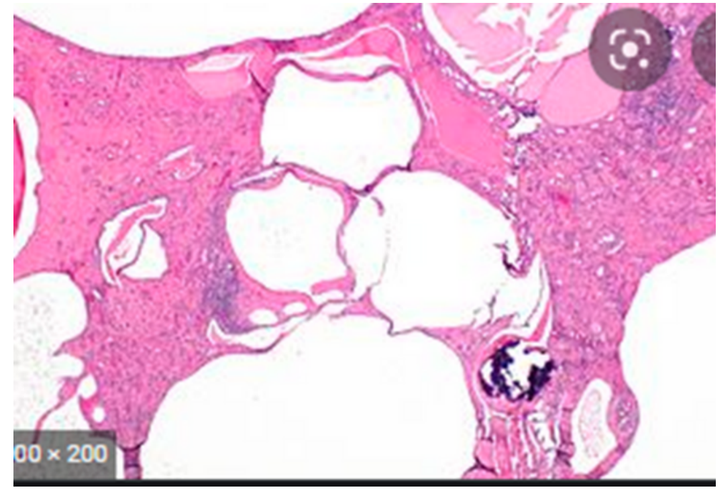
diffuse disruption in architecture of
the liver with
bridging fibrous septa and
parenchymal nodules
formation.

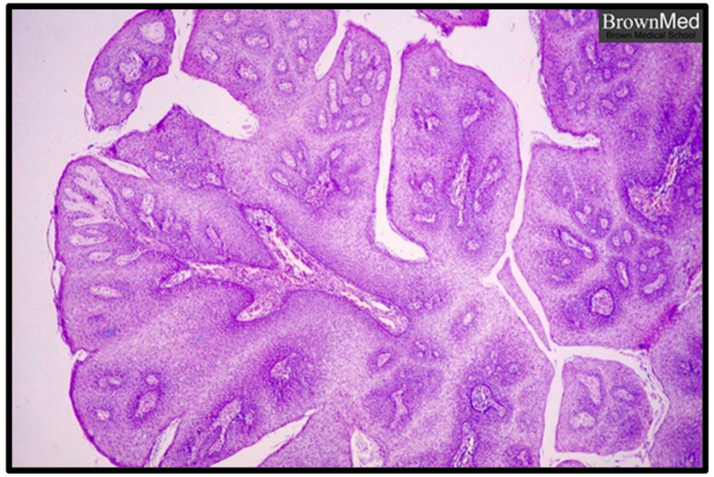
END-STAGE KIDNEY DISEASE HISTOLOGY

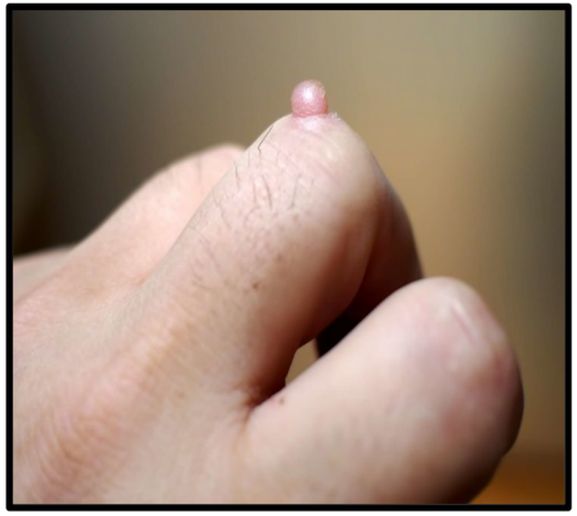
Cystic expansions of all portions of renal tubule and glomerular capsule, lined by atrophic epithelium.

prolong pr the end stage kidney disease

also high fibrous tissue







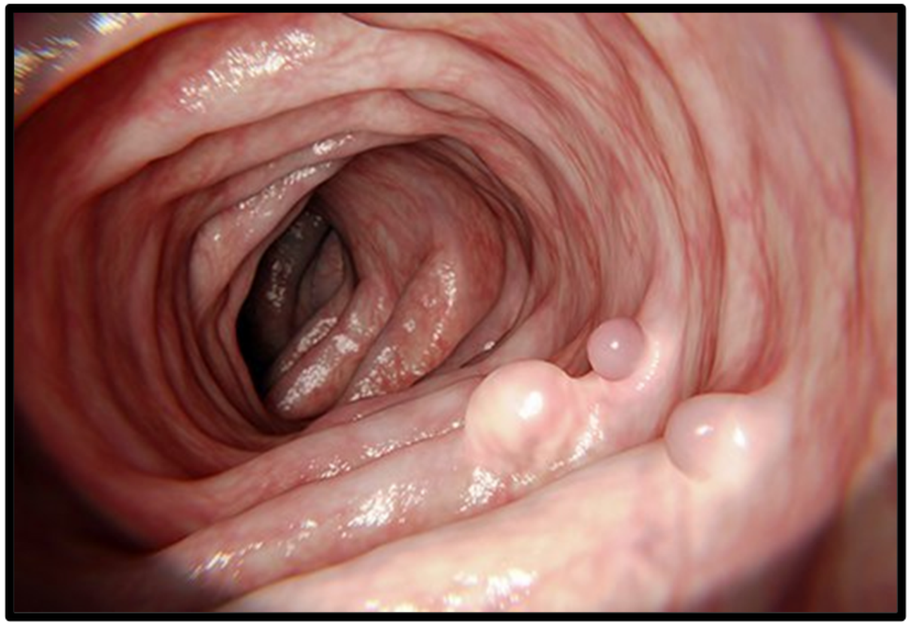
PAPILLOMAS

papillary proliferation of squamous epithelium its benign

the most important in neoplasm is different benign from malignant tumor

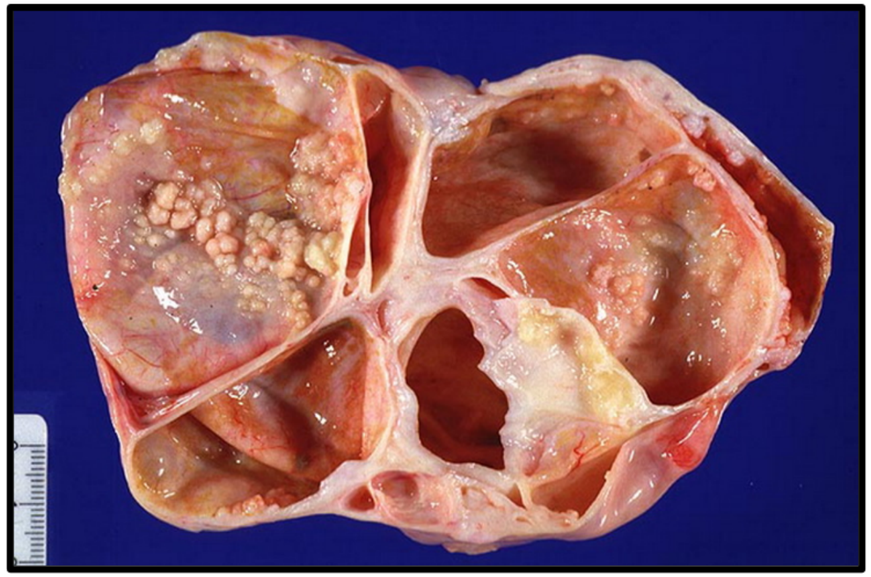
GASTROINTESTINAL POLYP

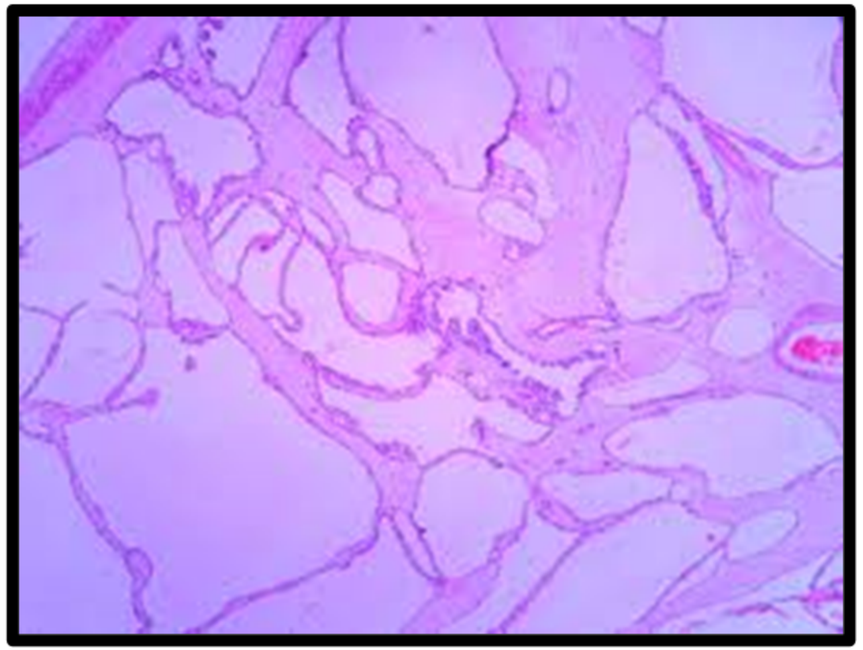
composed of hyper plastic or dysplastic epithelium papillary OR tubular proliferation



OVARIAN CYSTADENOMA

ovarian full of cystic sepsis lined by either serous or mucinous epithelium multilocular many locale inside cyst

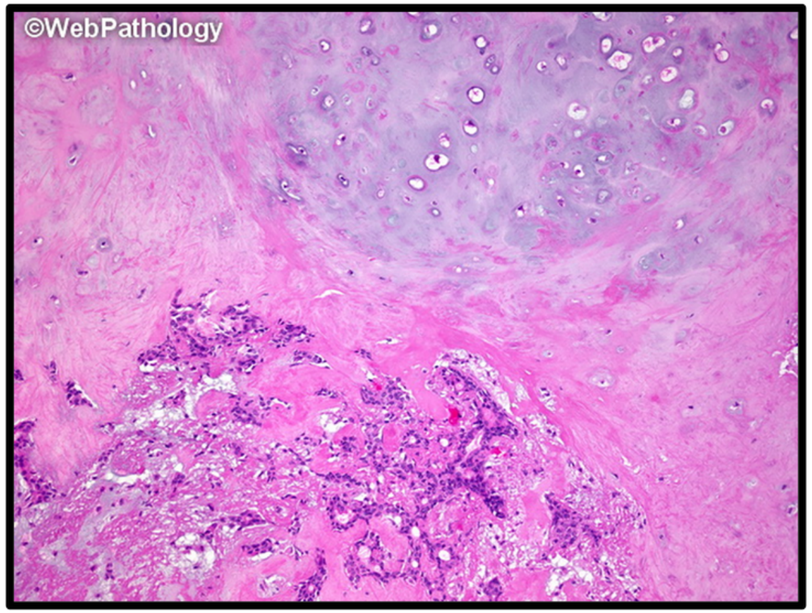


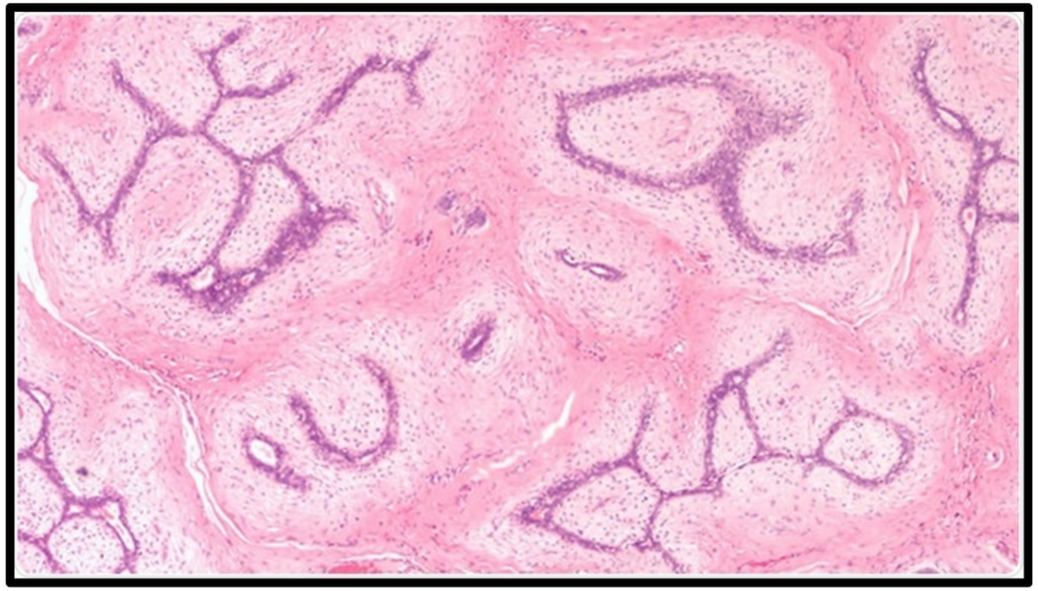


PLEOMORPHIC ADENOMA

It contain epithelial components with islands of cartilage or bone

this is a mixed benign tumor composed of epithelium and mesenchyme and the ducts that show are epithelium





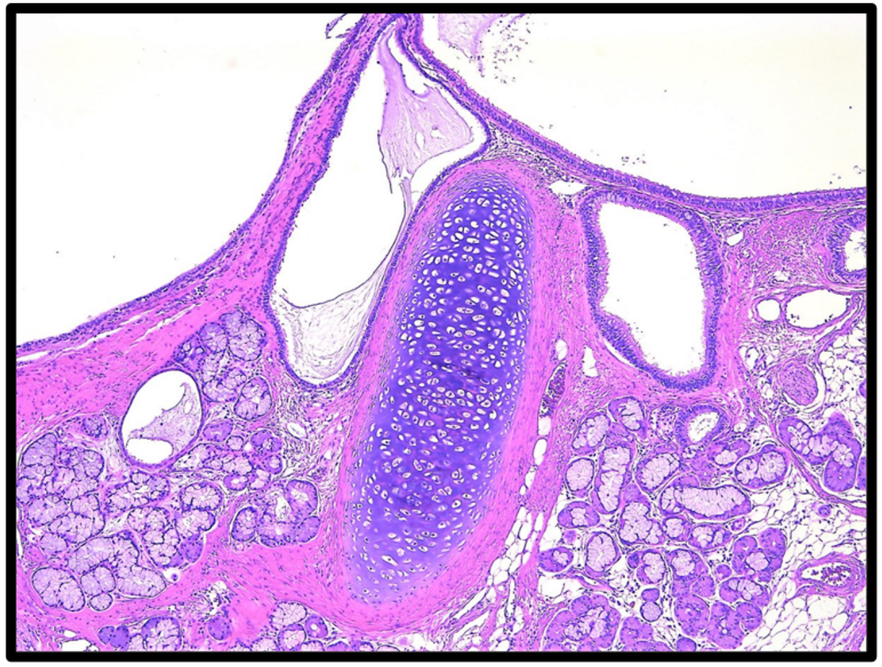
Fibroadenoma of the female breast contain:
proliferating ductal elements (adenoma)
embedded in loose fibrous tissue

when take suction would find epitheliums + fibrous tissue

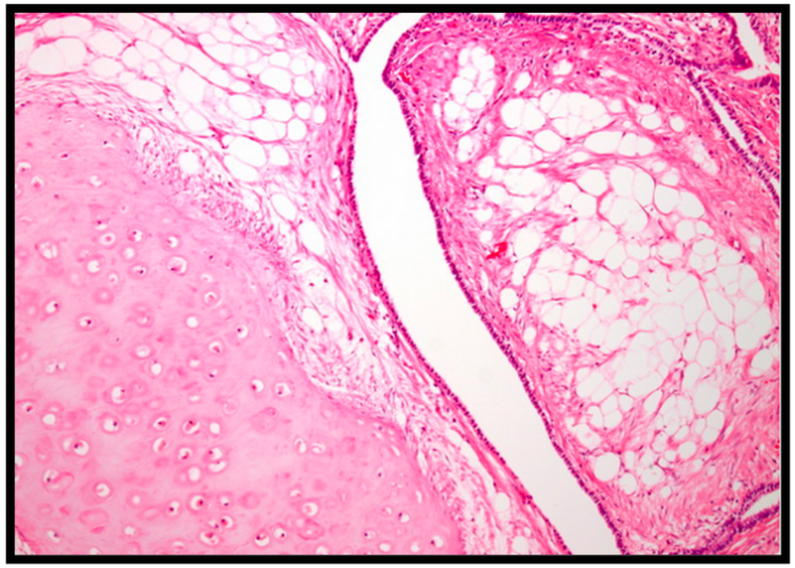
TERATOMA

more than one cell type mesoderm
ectoderm endoderm

you can find any type of
mesenchyme or epithelium



HAMARTOMA

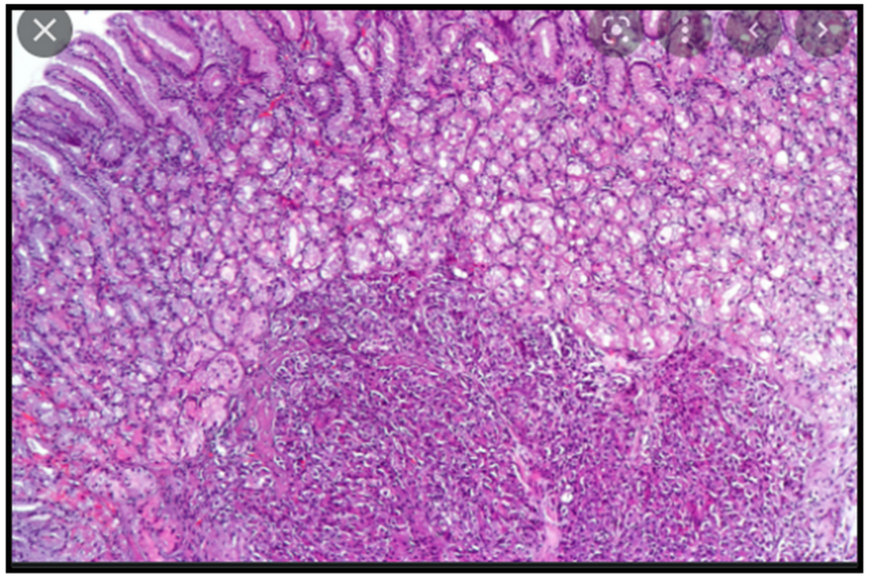


➢ is a mass of disorganized tissue indigenous to the particular site, such as the lung or the liver.

like seeing a bile duct BV and liver parenchyma

same component of the organ but disorganized

CHORISTOMA



is a congenital anomaly consisting of a heterotopic nest of cells.

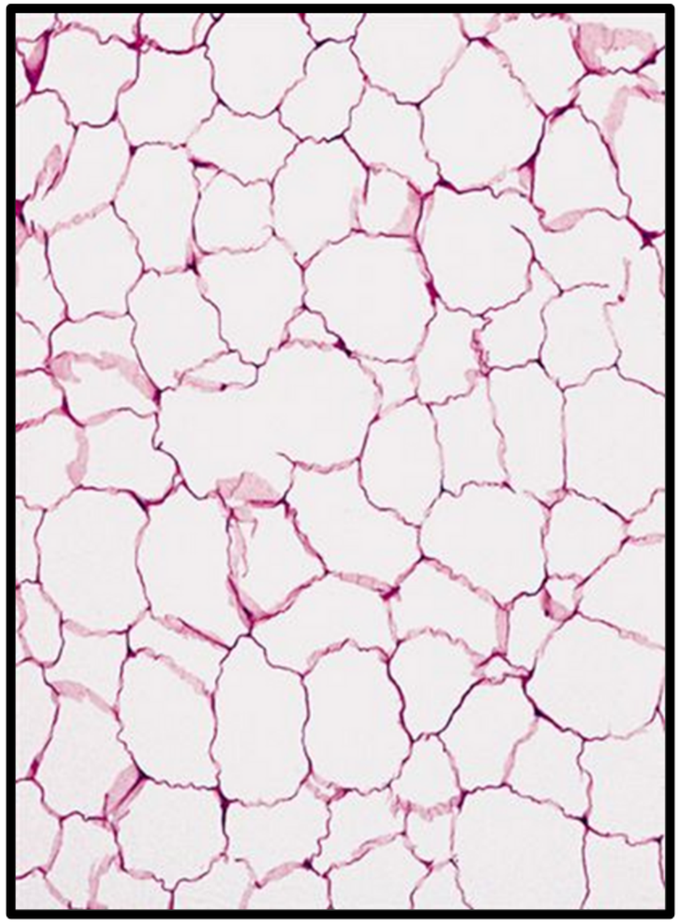
foreign to the organ

pancreatic heterotopia

presence of pancreatic tissue in gastric epithelia

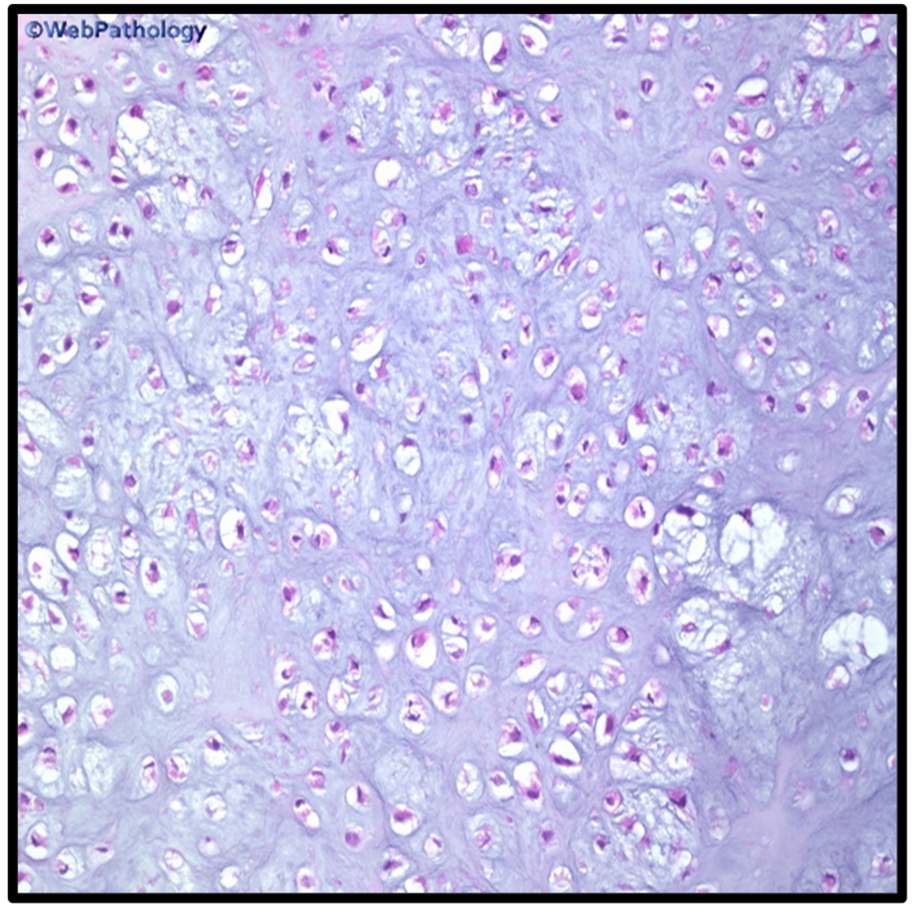
LiPOMA

benign adepocyte

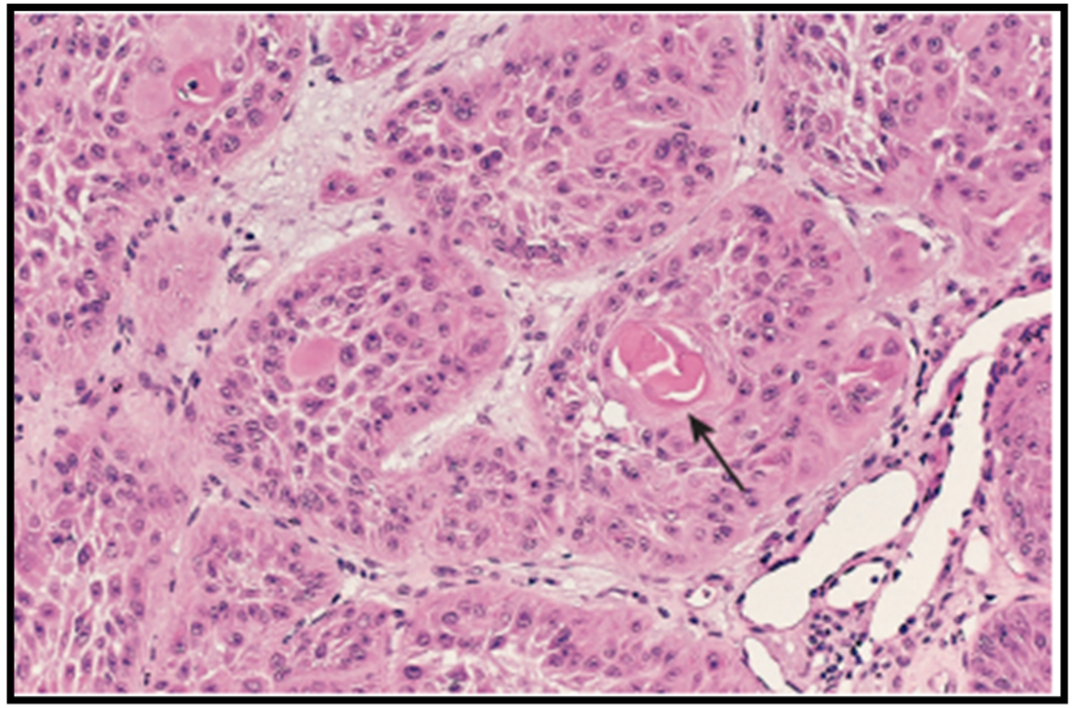


CHONDROMA

benign lobule of cartilage

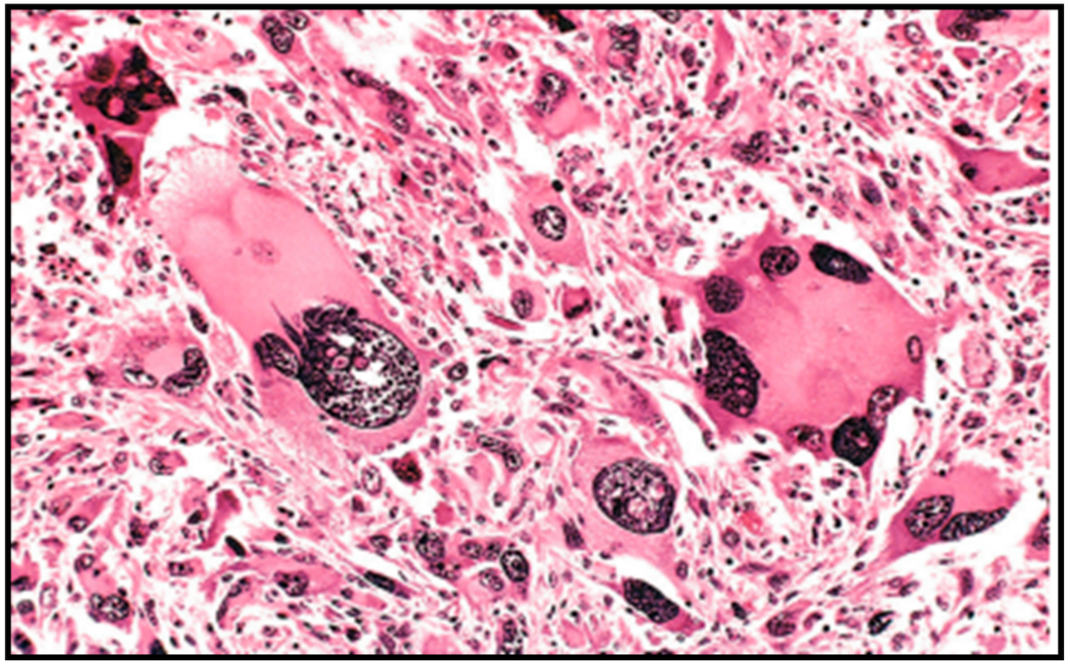


In malignant we debend on differentiation when we name the tumer



Well-differentiated squamous cell carcinoma

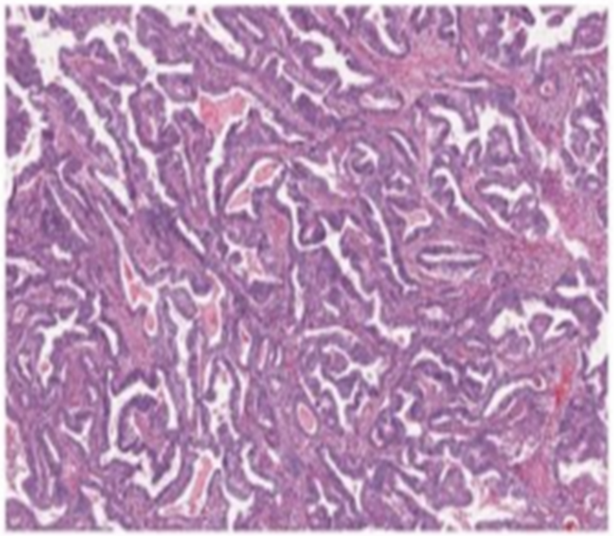
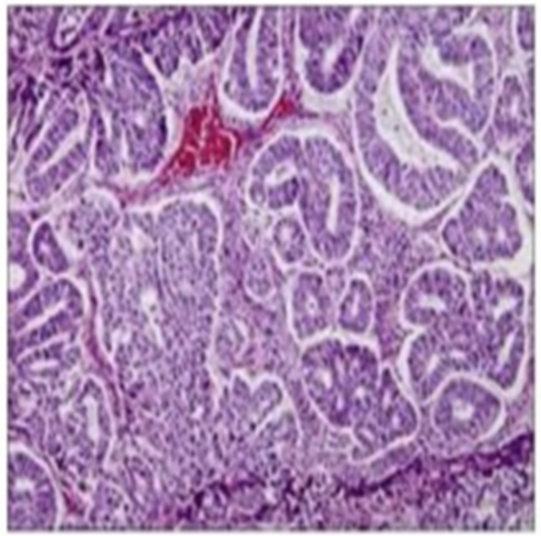
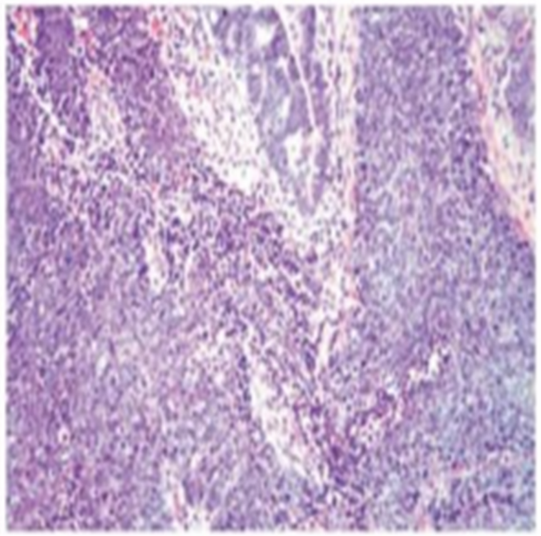
Respect its Origin



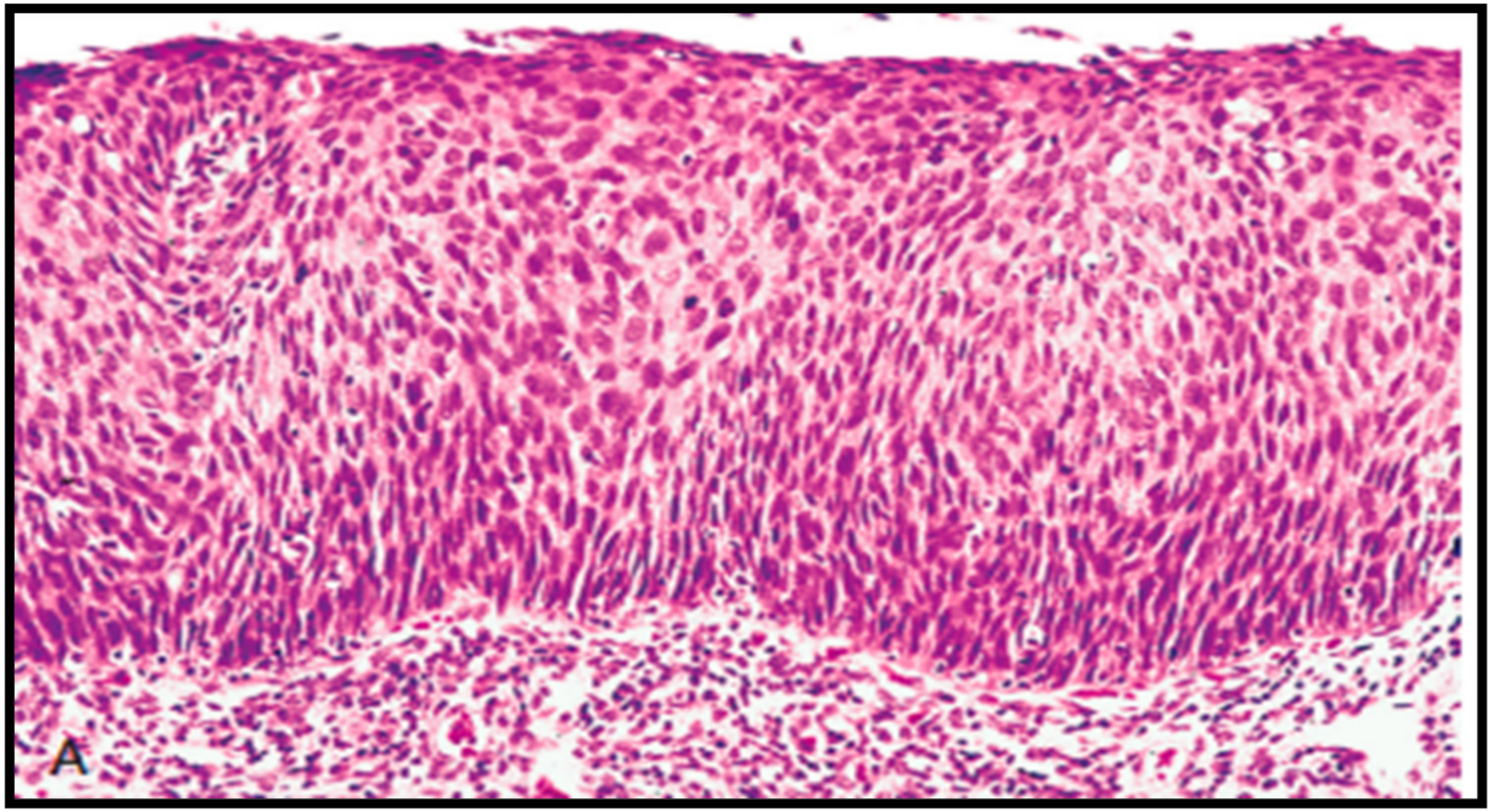
Pleomorphic malignant tumor

poorly differentiated depend on immunostaining
to know its type

the grading differs according to the type of organ

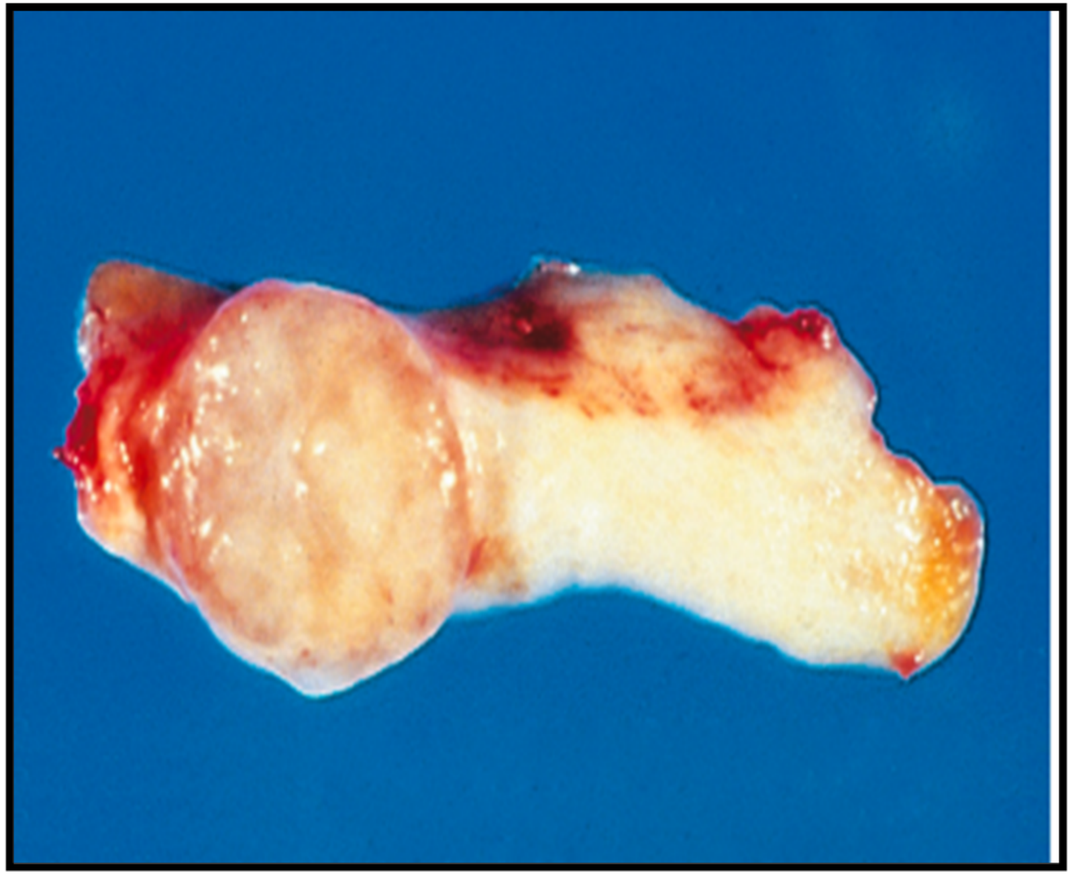
Well differentiated / **grade 1**	Moderately differentiated / **grade 2**	Poorly differentiated/ **grade 3**
		
Well formed glands	Well formed glands with solid sheets (<50%)	glands with solid sheets (>50%)

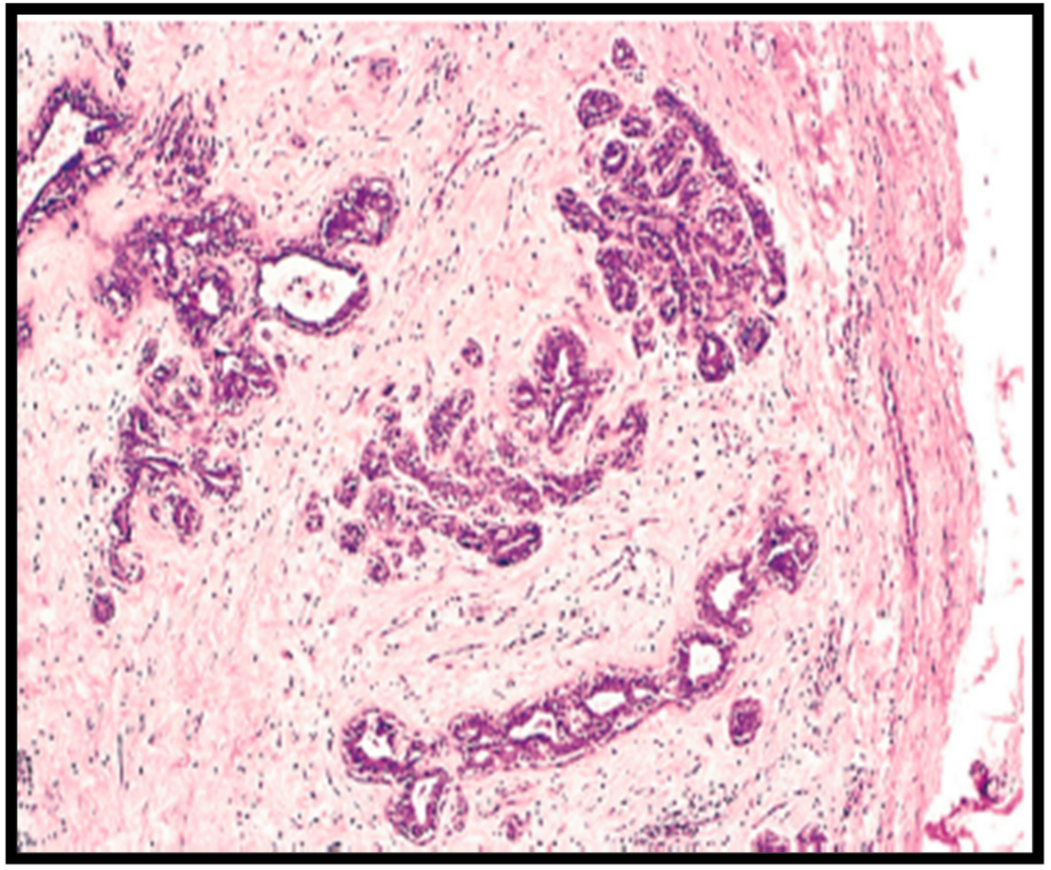
CARCINOMA IN-SITU



Limited to epidermis No invasion to the dermis

FIBROADENOMA



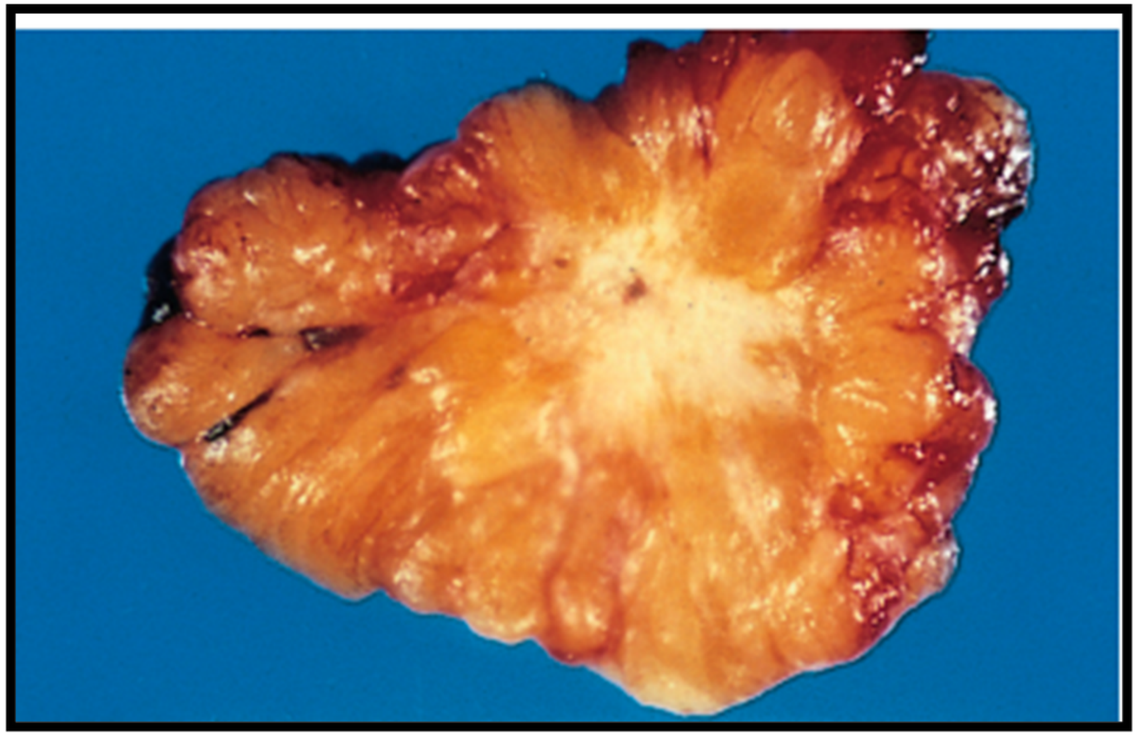


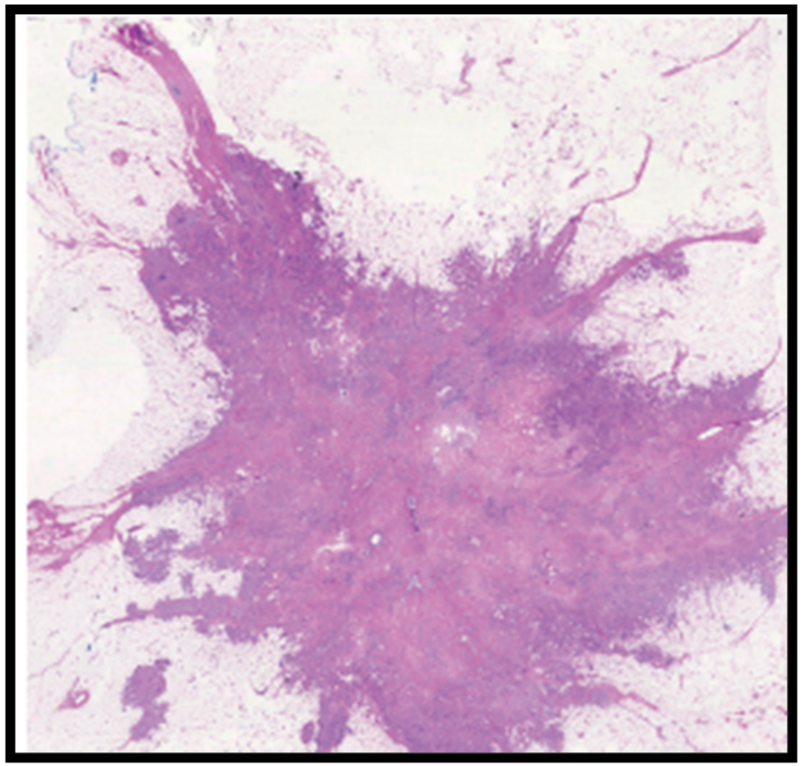
composed of well defined encapsulated "sign of benign tumer"

under microscope benign gland in a loose fibrous stroma

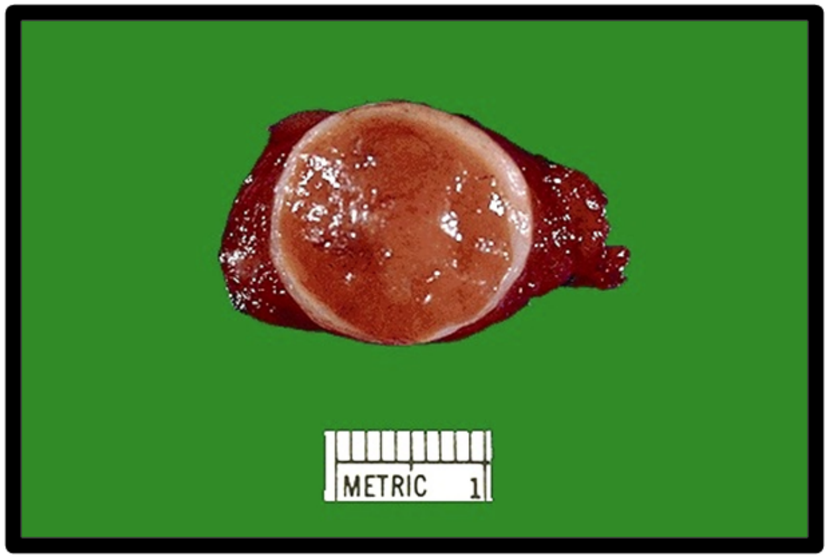
BREAST CANCER

Sign of malignancy ill defined "no capsule" or invasion of the tissue around





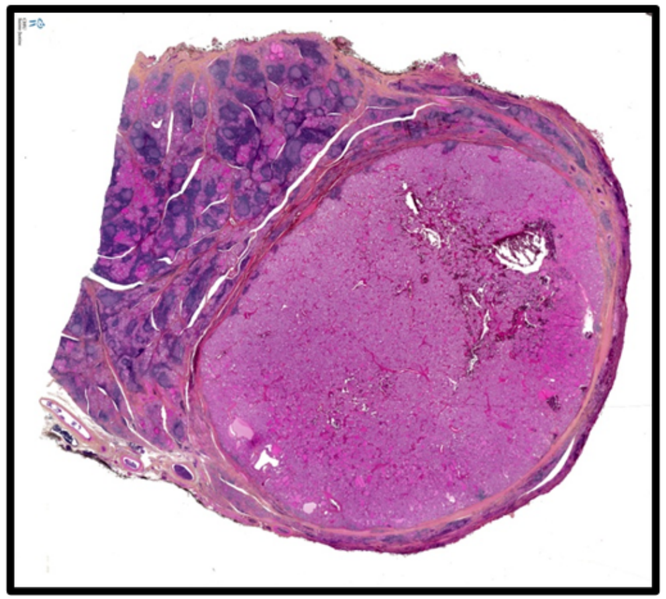
THYROID NODULE



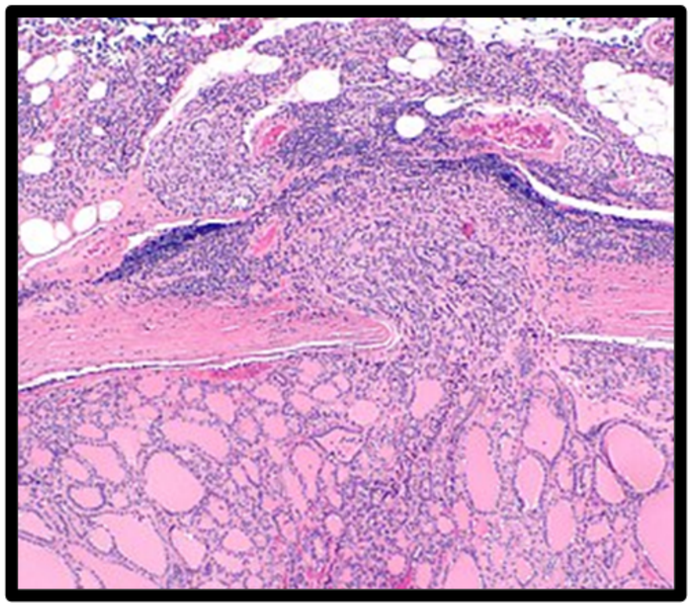
you must Sample the Capsule thoroughly "multible suctionto see area of invasion"

The difference by invasion capsular or vascular

FOLLICULAR ADENOMA



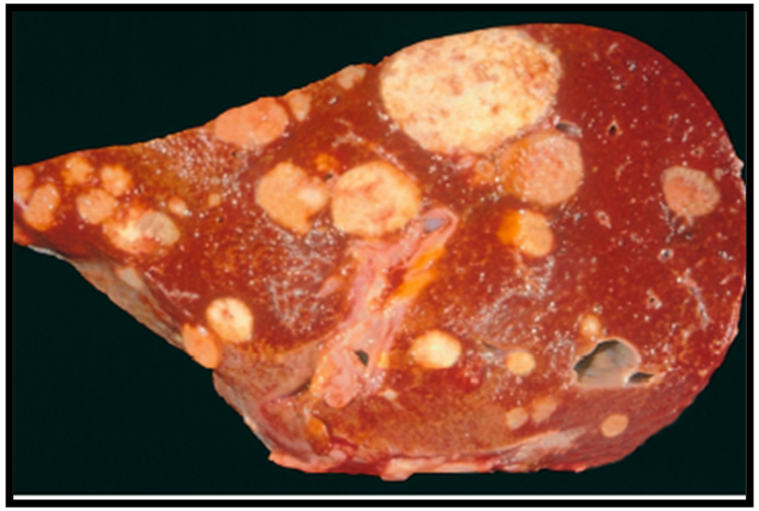
FOLLICULAR CARCINOMA

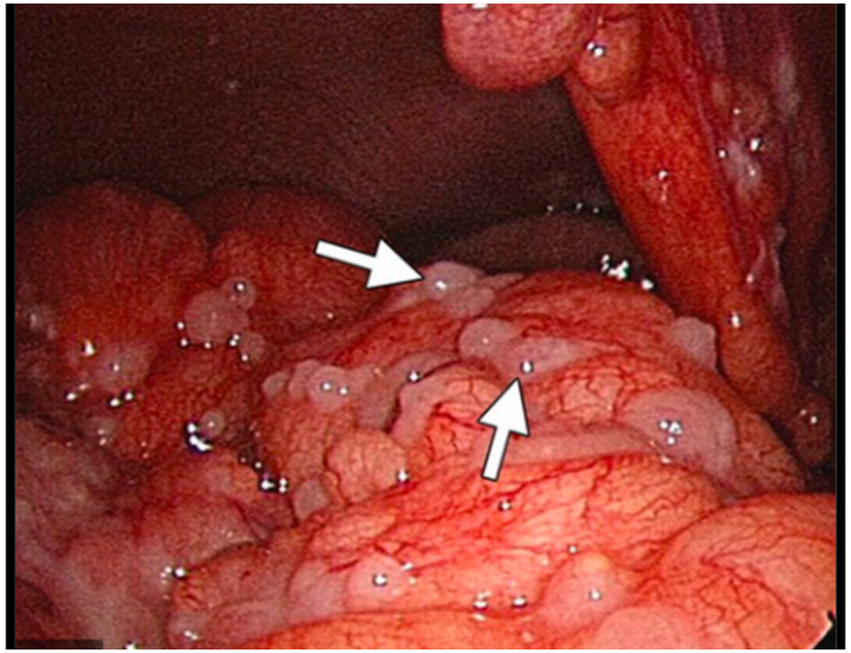


defect of the capsule

get outside of the capsule

MULTIFOCAL HEPATIC METASTSIS





SEEDING OF OVARIAN CANCER IN PERITONEAL SURFACE

GJ U REACHED THE END OF THIS LAB

- HOPE THAT YOUR YEAR IS GONNA BE AS BRIGHT AS U
- ITS NEVER TOO LATE TO BE WHAT U ARE MEANT TO BE SO WORK HARD AND YOU WILL BE ABLE TO DO IT