

The background is a light blue gradient with several realistic water droplets of various sizes scattered across the surface. The droplets have highlights and shadows, giving them a three-dimensional appearance.

# UROGENITAL MODULE PATHOLOGY LAB

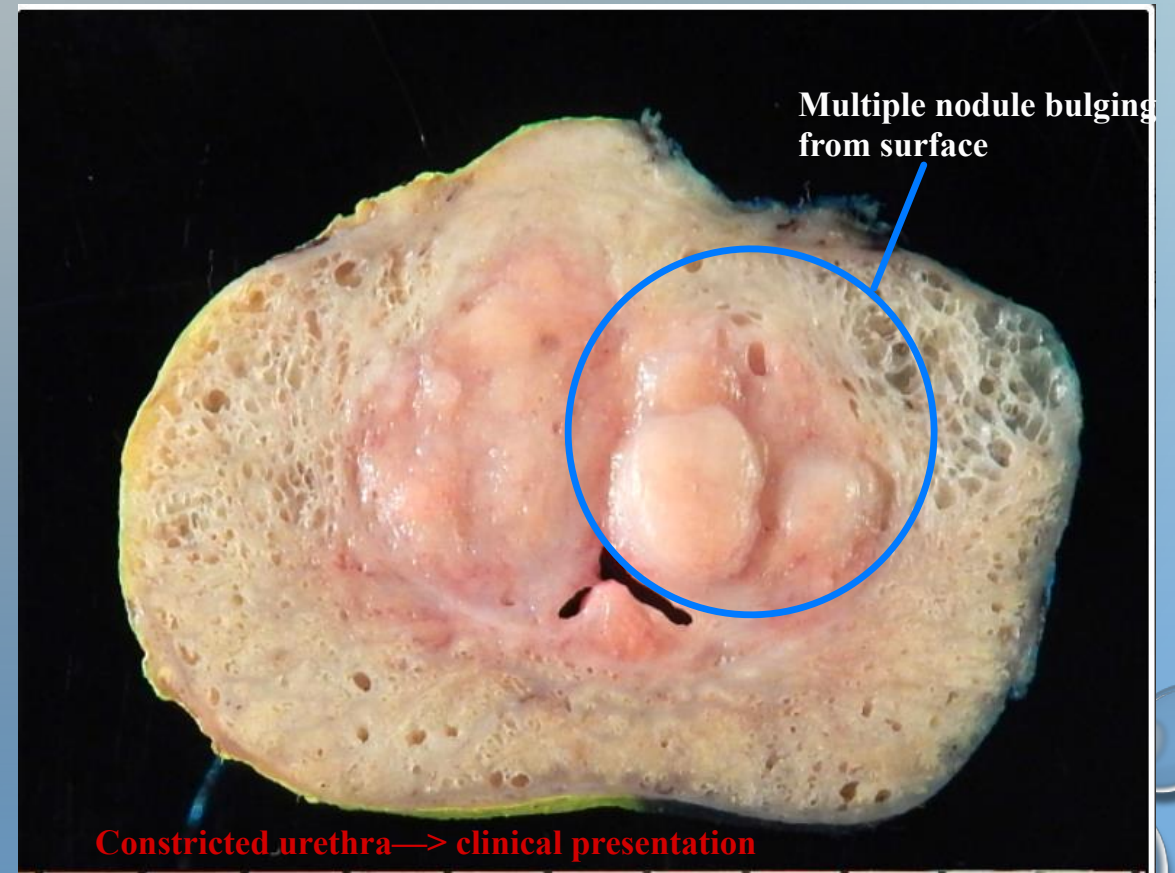
DR. EMAN KREISHAN, M.D.

# BENIGN PROSTATIC HYPERPLASIA

Normal prostate



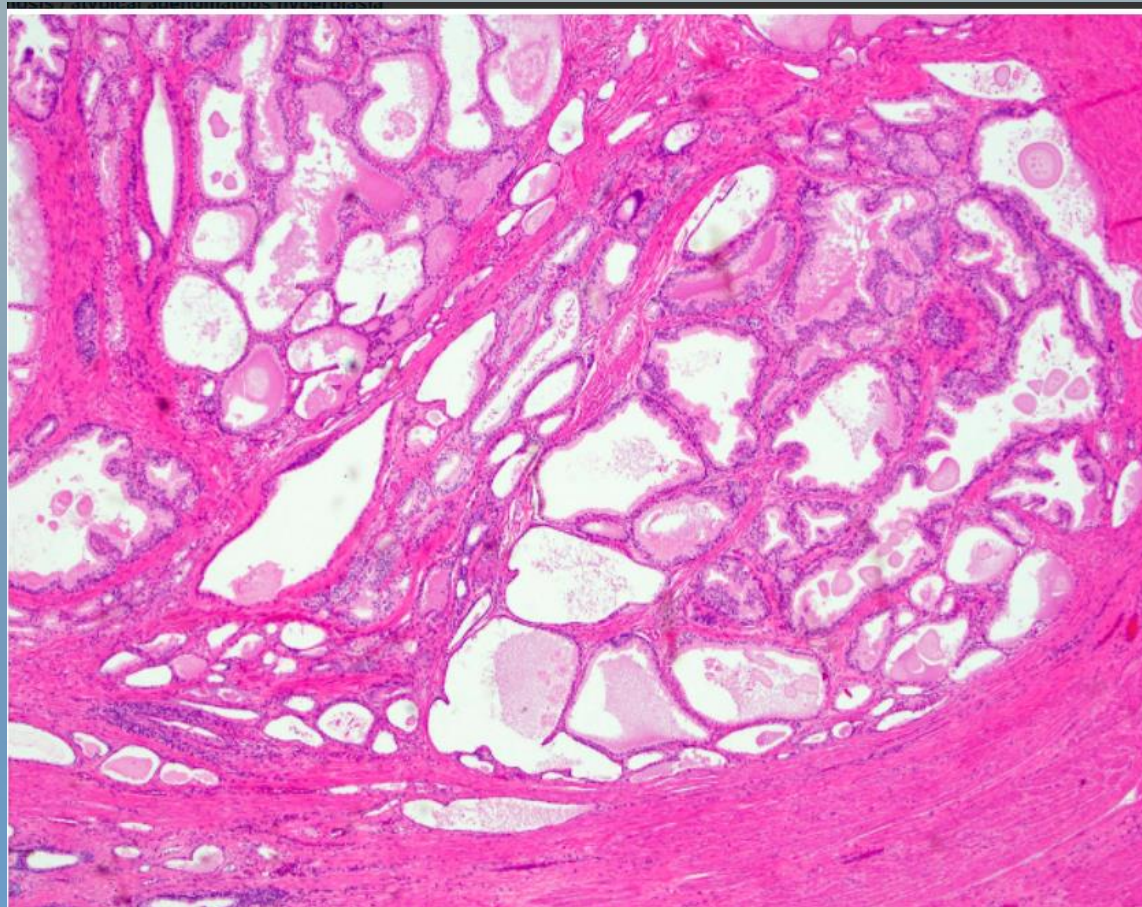
Prostatic with BPH





# BPH histology represent just like normal histology

Variably dilated gland lined with two type of cell ( columnar & basal cell layer )  
—> positive for both PSA & cytokeratin ( basal cell marker )

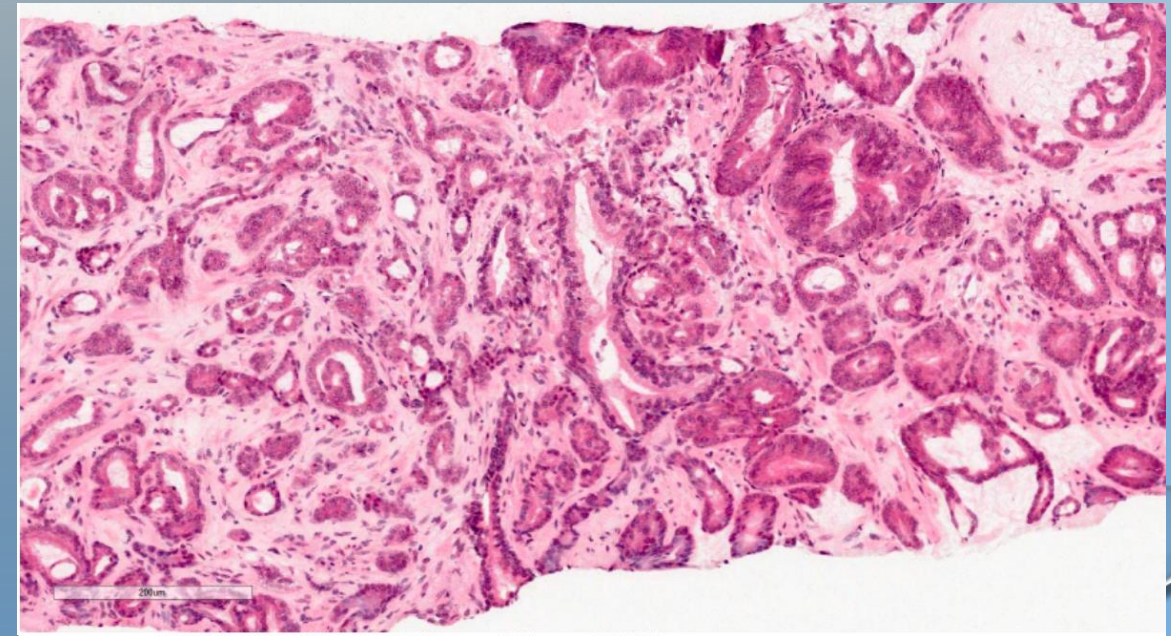
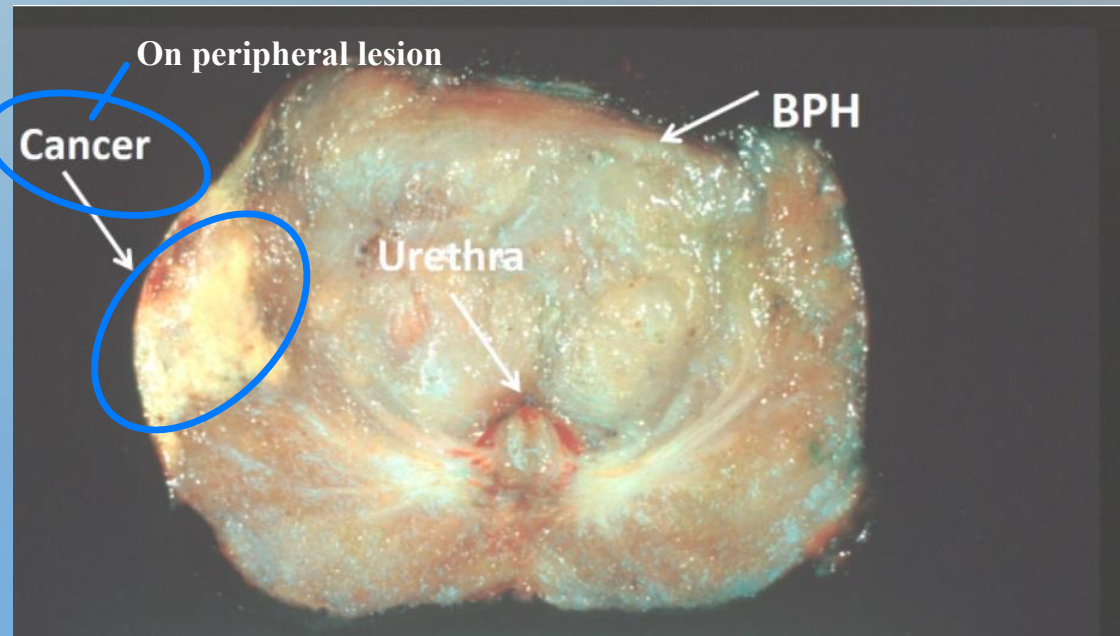




# CARCINOMA OF THE PROSTATE

## Cancer prostate histology

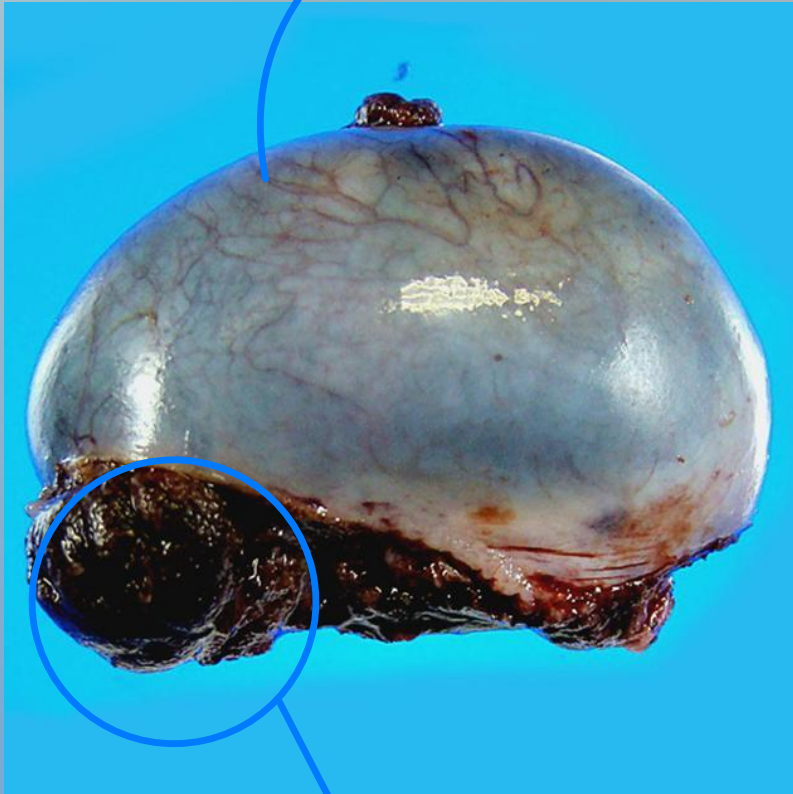
- 1- neoplastic proliferatory gland
- 2- numerous gland with smaller size than normal
- 3- losing basal cell marker but retain PSA  
POSITIVE  
—> cytokeratin NEGATIVE



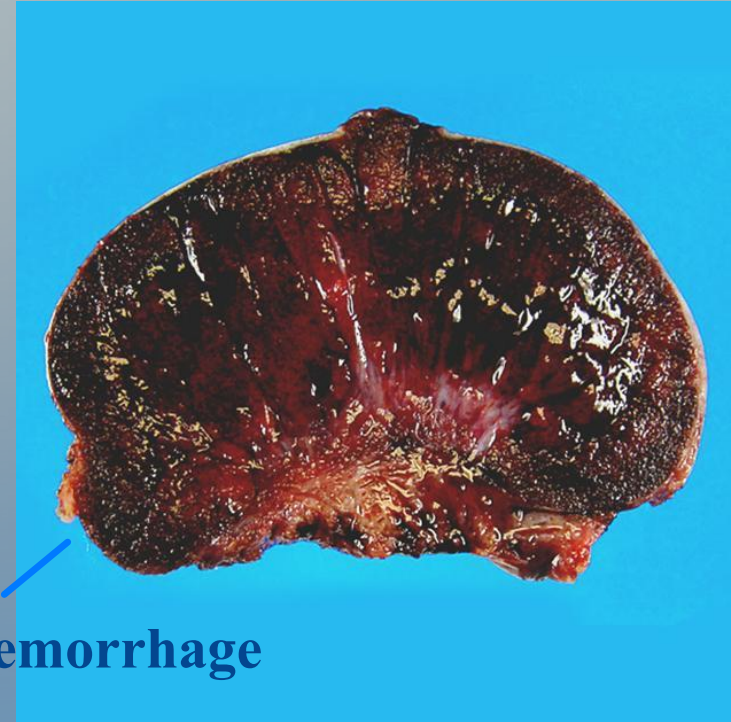
# Testicular torsion

- 1- due to high mobility of tests in relation to spermatic cord ( called bell clapper abnormality)
- 2- result in early normal arterial supply but impaired venous drainage

Distended capsule



Area of hemorrhage

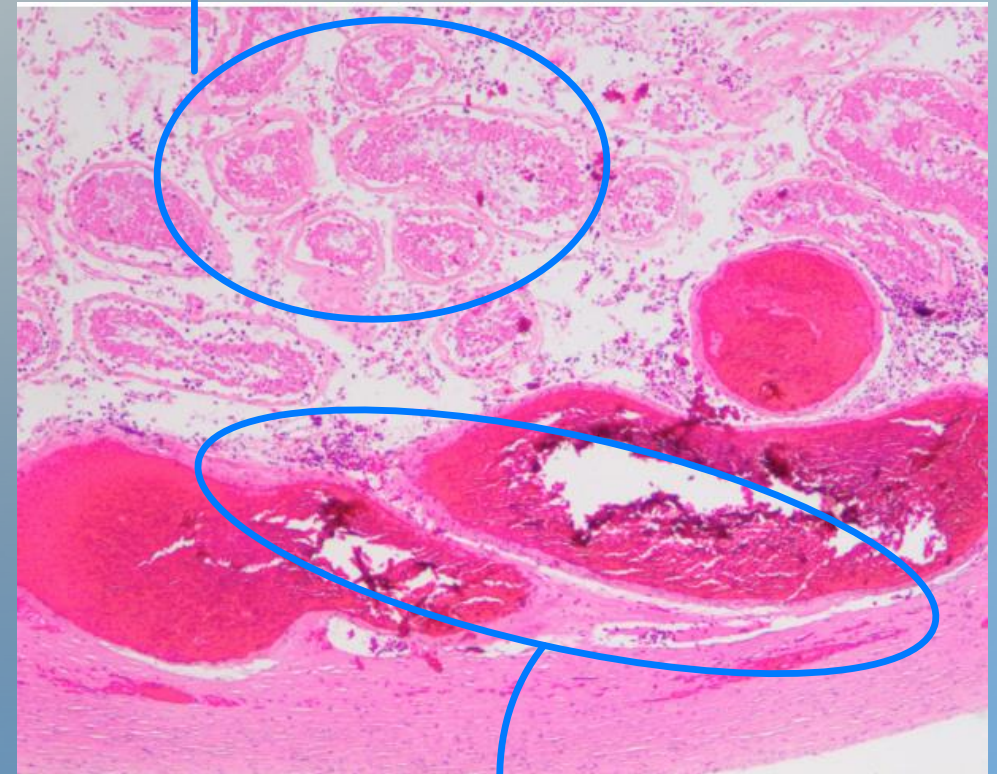
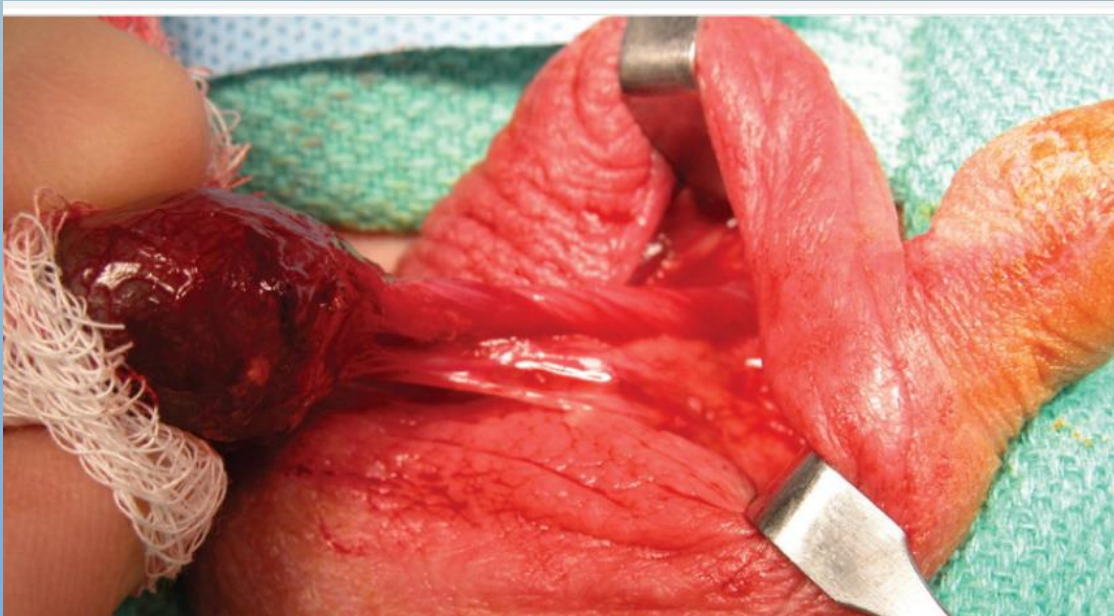


Area of hemorrhage



## Ischemic coagulative necrosis of adjacent seminiferous tubules due to blood engorgement

Surgical intervention ( testicular retwisting ) with golden 6 hour to preserve function of tests



Engorged blood vessel ( filled with blood)



# Most common adult testicular tumor

## SEMINOMA

The first histological feature is filled seminiferous tubule by malignant cells

Nodular appearance with well defined mass growth without hemorrhage or necrosis



Dense lymphocytic infiltrate between neoplastic tubules

- 1- well defined
- 2- normochromic
- 3- no pleomorphism
- 4- patent lumen

Non neoplastic

Seminoma

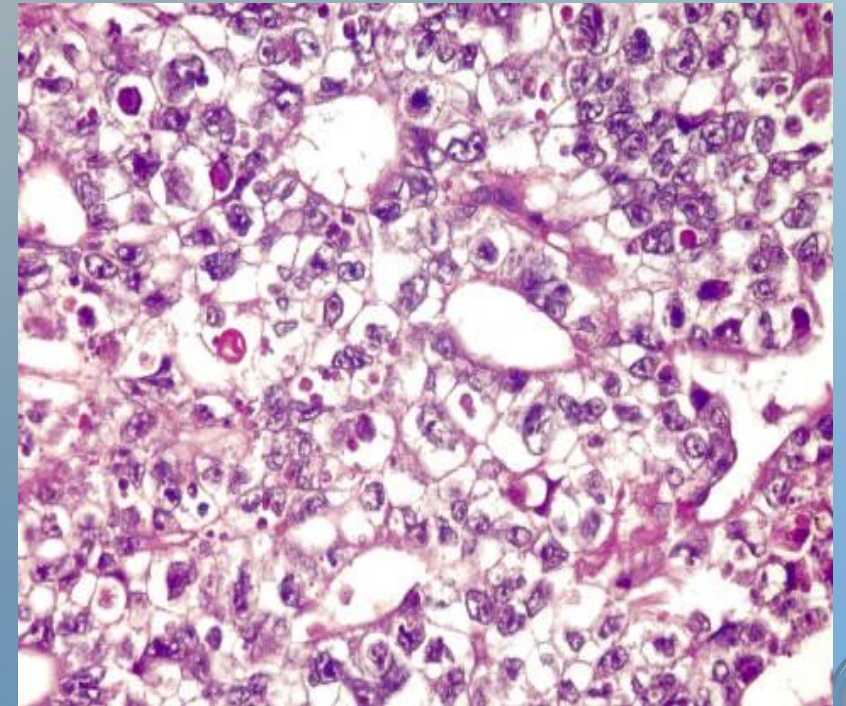




# EMBRYONAL CARCINOMA

Ugly tumor

- 1- poorly differentiated
- 2- no histologic feature indicate that its testicular tumor



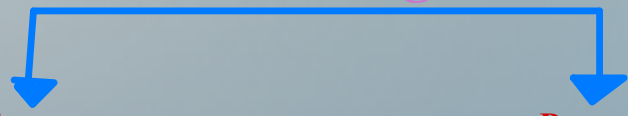
Area of hemorrhage & necrosis



# YOLK SAC TUMOR

Common testicular tumor in children

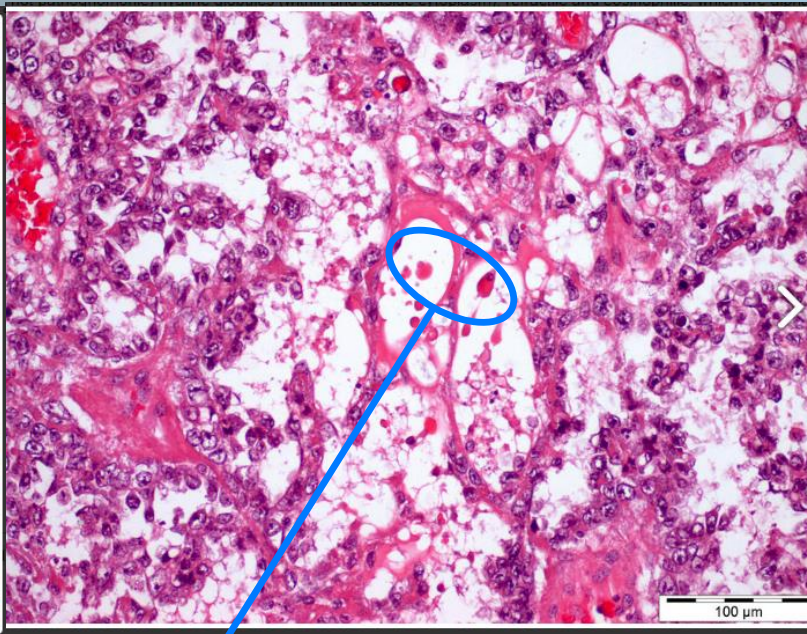
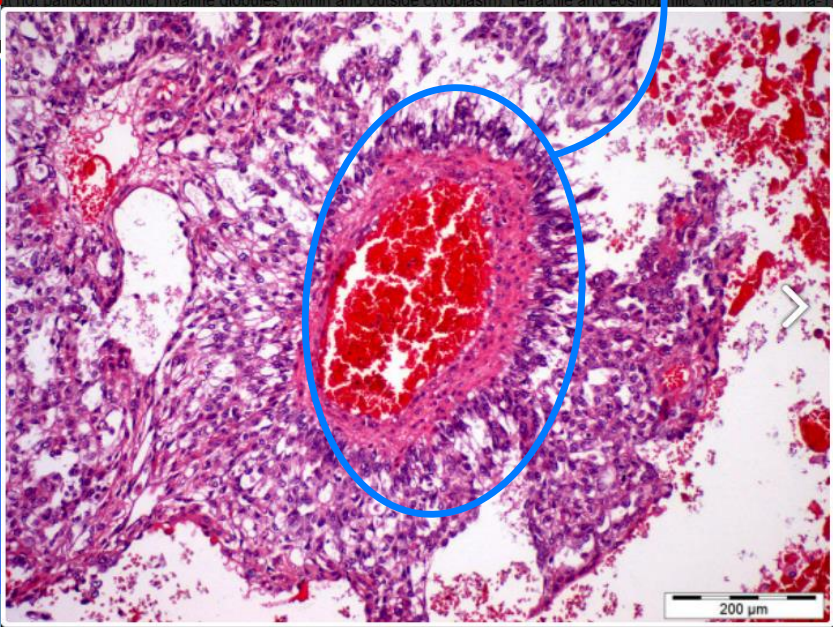
## Cardinal histological feature



Poorly defined tumor with area of hemorrhage & necrosis

Schiller- Duval bodies  
Central blood vessel surrounded by tumor cells

Presence of certain molecules (  $\alpha$ -fetoprotein &  $\alpha$ 1-anti trypsin



Eosinophilic granules



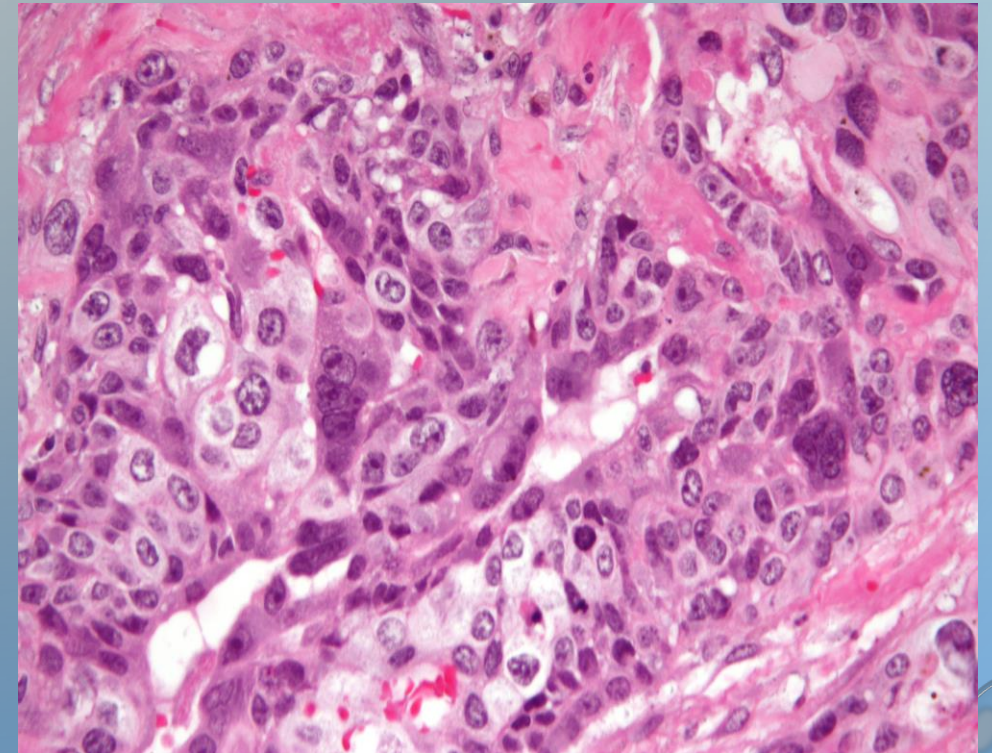
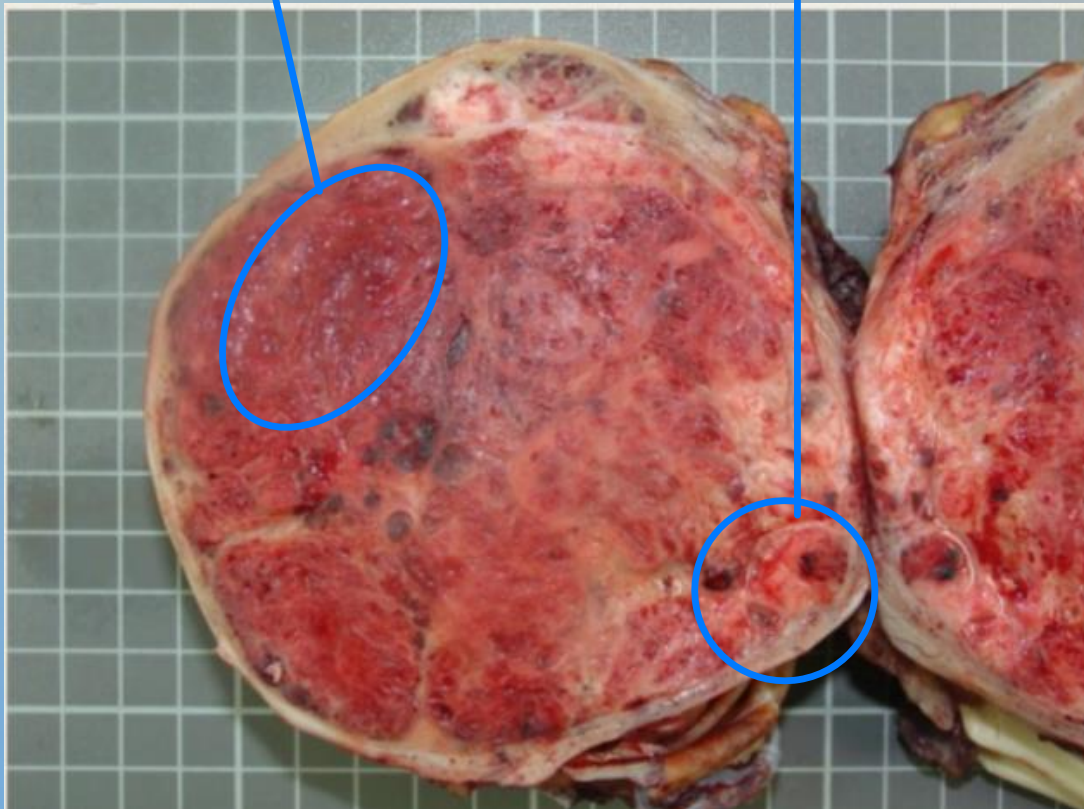
- 1- aggressive fetal tumor
- 2- usual clinical presentation is made in metastasis everywhere

# CHORIOCARCINOMA

- In histology presence of 3 cells
- 1- syncytiotrophoblast
  - 2- intermediate trophoblast
  - 3- cytotrophoblast

Hemorrhage

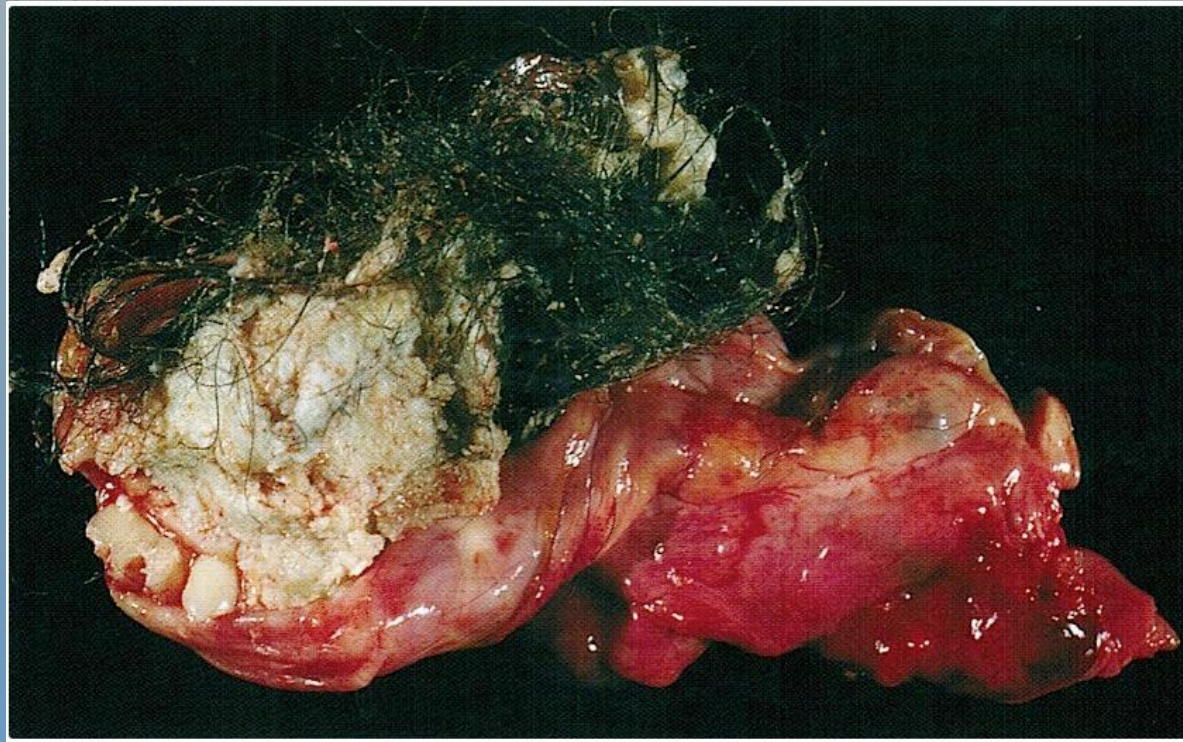
Necrosis



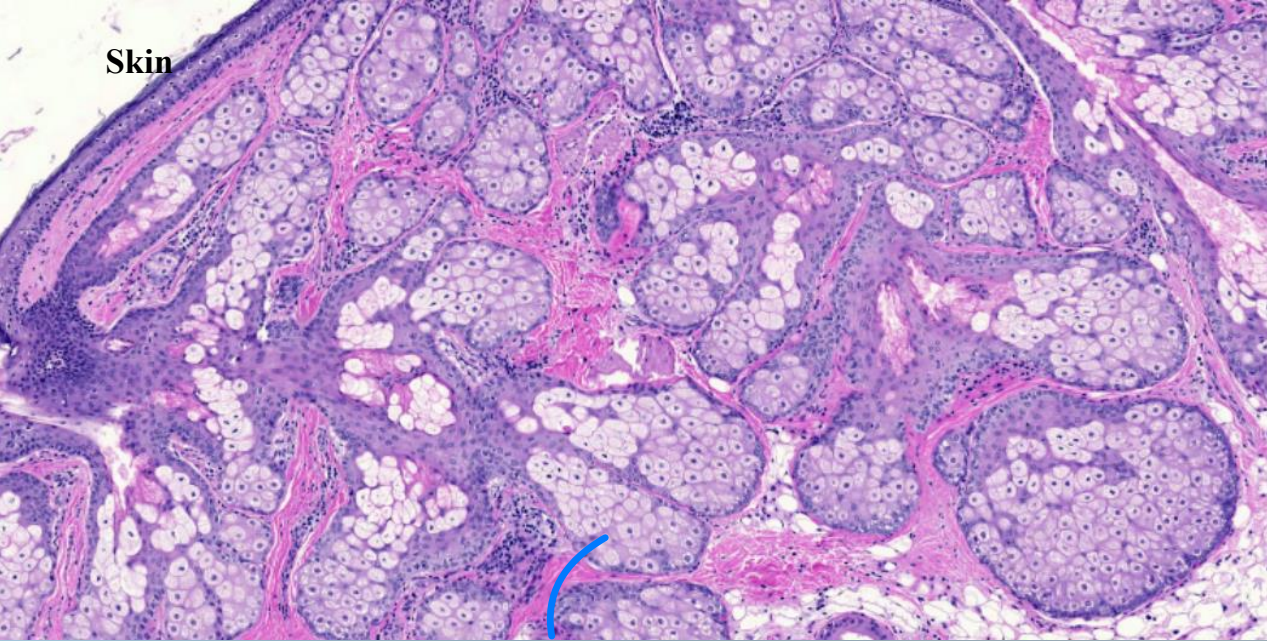


# TERATOMA

Multiple elements derived from all 3 embryonic layers

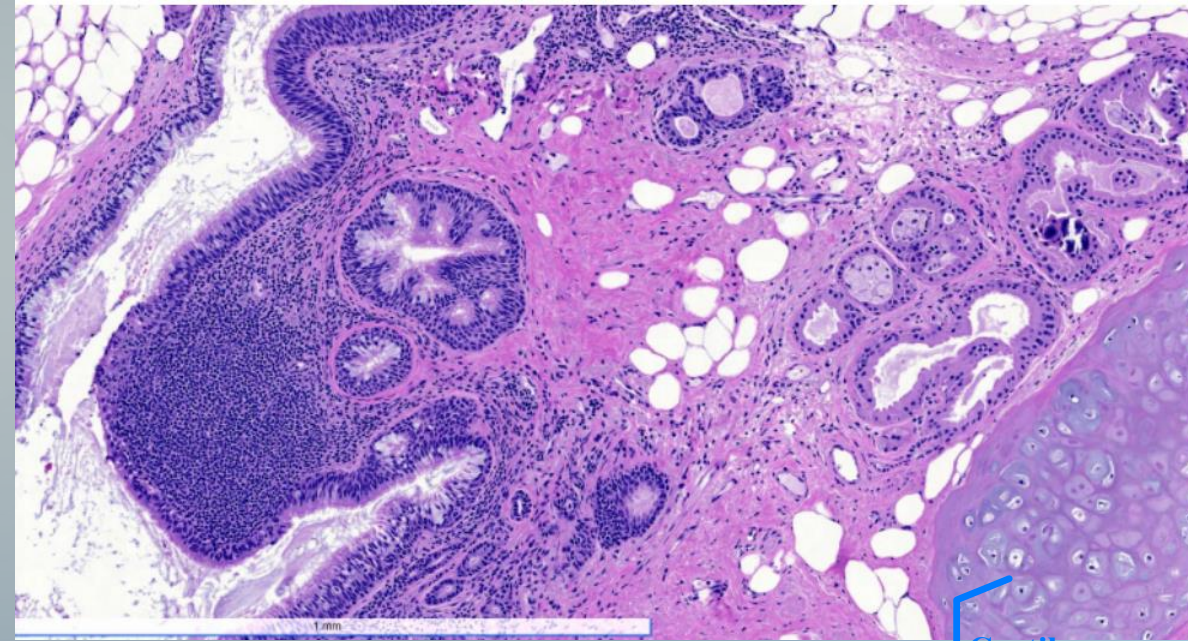






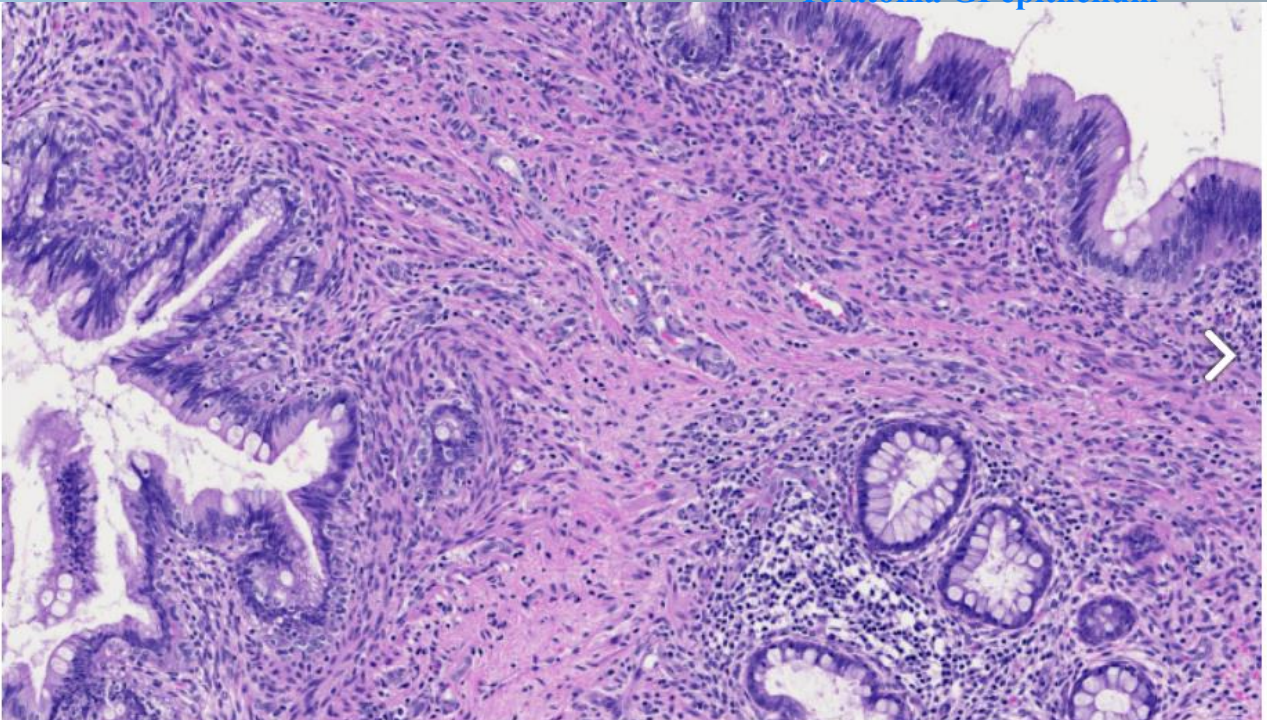
Skin

Subcutaneous gland in dermis



Cartilage

Teratoma GI epithelium



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Neural epithelium

