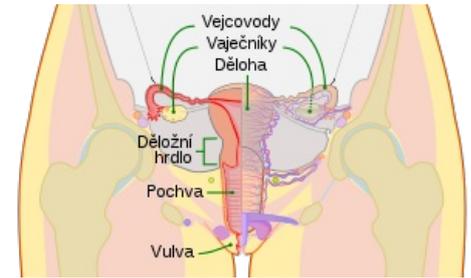


Tumors of the cervix

Squamous cell lesions of the cervix

Benign

- Condyloma acuminatum - is characterized macroscopically by papillary projections and microscopically by stratified squamous cell epithelium (HPV induced).
- Squamous cell papilloma - this is a tumor having a simple papilla on which there is a mature epithelium without atypia and koilocytes (without evidence of HPV induction).
- Fibroepithelial polyp = stromal polyp - the stroma of this polyp contains huge multinucleated cell elements (not caused by HPV).



Reproductive system

Precarcinoma

 For more information see *Cervical precancers*.

- Cervical intraepithelial neoplasia - dysplastic changes of the ectocervix are divided according to the Bethesda nomenclature into LgSIL and HgSIL.

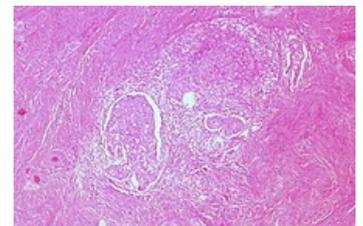
Malignant

 For more information see *Malignant tumors of the cervix*.

- Microinvasive squamous carcinoma - is defined as carcinoma invading to a depth of 3–5 mm. If it invades less than 3 mm into the stroma, it causes metastases in less than 1% of cases.
- Invasive squamous cell carcinoma - most infiltrate in the form of anastomosing bands that may look like irregular islands of malignant squamous epithelium. The vast majority are caused by human papillomaviruses (HPV), but it appears that a small number of these cancers may not be related to HPV infection.
 - Keratinizing and non-keratinizing variants of squamous cell carcinoma - the most common type.
 - Basaloid carcinoma - relatively aggressive type.
 - Verrucous carcinoma - highly differentiated type, there are no signs of HPV infection.
 - Warty carcinoma - also sometimes called condylomatous squamous carcinoma, HPV is found in it.
 - Papillary squamous cell carcinoma - it consists of thin or wide papillae with a central stroma.
 - Squamous transitional cell carcinoma (squamotransitional carcinoma) - is rare and morphologically indistinguishable from bladder carcinoma.
- Rarer cancers and neuroendocrine tumors:
 - adenosquamous carcinoma - the glandular and squamous components are usually equally malignant;
 - glassy cell carcinoma - a poorly differentiated variant of adenosquamous carcinoma;
 - adenoid cystic carcinoma - has a similar appearance to the same tumors in the salivary glands;
 - adenoid basal carcinoma - it is well differentiated, consists of basaloid cells with focal glandular differentiation;
 - neuroendocrine tumors - are defined by the presence of neuroendocrine granules, small cell and large cell carcinoma have a very poor prognosis;
 - Undifferentiated carcinoma - this is a tumor lacking any differentiation.



Endometrioid adenocarcinoma



Invasive squamous cell carcinoma

Glandular lesions of the cervix

Benign

- Müllerian papilloma - found almost exclusively in children between 2-5 years of age, presents with bleeding and has a polypoid to papillary shape.
- Endocervical polyp - a frequent benign lesion of the cervix.

Preinvasive adenocarcinoma

 For more information see *Cervical precancers*.

- Glandular dysplasia.
- In situ adenocarcinoma of the endocervix – neoplastic glandular cells line the endocervical glands. It shows the presence of HPV.
- Microinvasive adenocarcinoma - is histologically defined by stromal invasion. They form cribriform, papillary or solid structures, the depth of invasion is measured from the endocervix.

Adenocarcinoma

 For more information see *Malignant tumors of the cervix*.

- Endocervical adenocarcinoma - accounts for about 70% of all cervical adenocarcinomas, has little mucus and only a distant resemblance to normal endocervical epithelium.
- Intestinal adenocarcinoma – contains goblet cells and rarely endocrine and Paneth cells.
- Signet ring cell adenocarcinoma - it must be distinguished from metastasis of similar-looking carcinomas, especially from the digestive system.
- Minimally deviated adenocarcinoma - most glands are well differentiated, but it is possible to find parts that are poorly differentiated, there are many benign endocervical lesions that mimic this tumor.
- Viloglandular adenocarcinoma – produces typical long papillary structures that are lined with layers of malignant epithelium, has a very good prognosis.
- Endometrioid adenocarcinoma - has very little mucin in the cytoplasm and is histologically difficult to distinguish from primary adenocarcinoma of the endometrium.
- Clear cell adenocarcinoma - most often found in the postmenopausal age.
- Serous adenocarcinoma - has a papillary architecture with frequent finding of psammomatous bodies and is morphologically identical to serous ovarian adenocarcinoma, it is rare.
- Mesonephric adenocarcinoma - arises from mesonephric remnants of the lateral parts of the cervix, it is very rare.

Links

Related Articles

- Malignant tumors of the cervix
- Malignant tumors in gynecology
- Cervical precancers

External links

- [Human papillomavirus (<https://mefanet.lfp.cuni.cz/clanky.php?aid=186>)]

References

- BURGHARDT, E – OSTÖR A, A – FOX, H. The new FIGO definition of cervical cancer stage IA: A Critique. *Gynecol Oncol.* 1997, vol. 65, no. 1, p. 1-5, ISSN 0090-8258 (Print), 1095-6859 (Electronic). PMID: 9103382 (<http://www.ncbi.nlm.nih.gov/pubmed/9103382>).
- TAVASSOLI, Fattaneh A – DEVILEE, Peter. *Pathology and genetics of tumors of the breast and female genital organs*. World Health Organization classification of tumors edition. Lyon : IARC Press, 2003. 432 pp. vol. 5. ISBN 92-832-2412-4.