

SURGICAL PATHOLOGY

COMMENTS OF THE

JARS



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BREAST

Diagnosis	Breast carcinoma	
	1: (B3)	2: (B3,4)
Anatomical (A jar containing)	<ul style="list-style-type: none"> • A <i>female breast</i> because it is a solid fatty organ covered with skin containing a nipple & areola. 	
Pathological	<ul style="list-style-type: none"> • The cut surface shows a <i>rounded / an irregular</i> mass which is grayish in color, without capsule & infiltrating surrounding breast tissue. • The skin shows <i>Peau d'orange</i> appearance. • A piece of <i>underlying muscle / clavicle</i> is present. • So it is <u>cancer breast</u> (at least stage II). 	
Removed by	<ul style="list-style-type: none"> • <i>Radical mastectomy</i>. 	<ul style="list-style-type: none"> • <i>PM specimen</i> due to the presence of a piece of clavicle.

THYROID GLAND

Diagnosis	Multi-nodular goiter (E1)		4: Solitary thyroid nodule (E4)
	1 & 2	3	
Anatomical (A jar containing)	<ul style="list-style-type: none"> • A <i>thyroid gland</i> because it is a solid butterfly-shaped organ (formed of 2 lobes connected by an isthmus). 	<ul style="list-style-type: none"> • 4 <i>solid masses</i> which are irregular in size & shape (parts of thyroid gland lobes). 	<ul style="list-style-type: none"> • ½ of a <i>rounded nodule</i> surrounded by thyroid tissue.
Pathological	<ul style="list-style-type: none"> • The cut surface shows <i>multiple nodules</i> which are different in size & shape, containing brownish colloid & separated by whitish bands of fibrous tissue. • The external surface is <i>nodular</i>. • So it is <u>multi-nodular goiter</u> (simple or toxic according to clinical presentation). • Malignancy cannot be excluded except by biopsy. 		<ul style="list-style-type: none"> • ½ of a thyroid nodule, about 4 cm in diameter & encapsulated. • The cut surface is brownish. • The external surface is <i>regular</i>. • So it is a <u>solitary thyroid nodule</u> for histo-pathological examination e.g.: <ul style="list-style-type: none"> ○ Adenoma. ○ Solitary nodule of simple or toxic goiter.
Removed by	<ul style="list-style-type: none"> • <i>Sub-total thyroidectomy</i>. 		<ul style="list-style-type: none"> • <i>Hemi-thyroidectomy</i> but the isthmus is not present.

GASTRO-INTESTINAL SYSTEM

Diagnosis	1: Chronic duodenal peptic ulcer (D1)
Anatomical (A jar containing)	<ul style="list-style-type: none"> • <i>The distal part of the stomach & the 1st part of duodenum</i> because it is a large hollow cavitory organ with: <ul style="list-style-type: none"> ○ Wide proximal & narrow distal part. ○ Inner mucosal & outer serosal surface.
Pathological	<ul style="list-style-type: none"> • The duodenum shows a <i>deep ulcer</i> which is oval in shape with over-hanging edges proximally & sloping edges distally, smooth floor & adherent pancreatic tissue at the back of the ulcer due to its penetration.
Removed by	<ul style="list-style-type: none"> • <i>Distal partial gastrectomy</i> with Billroth I or II anastomosis. • It is not removed as a <i>PM specimen</i> because the cardiac end of the stomach is not present.

Diagnosis	Chronic calcular chole-cystitis (CCC)	
	1 & 2: (D30 & 31)	3: (D32)
Anatomical (A jar containing)	<ul style="list-style-type: none"> • <i>A gall bladder</i> because it is a hollow cavitory organ, pyriform in shape having fundus, body & neck. 	<ul style="list-style-type: none"> • <i>A markedly enlarged GB</i> because it is a hollow ...
Pathological	<ul style="list-style-type: none"> • The GB wall is <i>thick</i>. • There are 2 openings, one in the fundus & the other in the neck showing multiple faceted black (mixed stones – small size) or whitish stones (cholesterol stones – smooth or granular surface – oval shape). 	<ul style="list-style-type: none"> • The GB wall is <i>greatly thick</i>. • There is 1 opening in the neck showing 2 cholesterol stones (faceted – whitish – smooth or granular surface – oval shape). • So it is <u>empyema</u> or <u>muco-cele</u> of the <u>GB</u> according to its content (pus or mucus).
Removed by	<ul style="list-style-type: none"> • <i>Chole-cystectomy</i>. 	

Diagnosis	1 & 2: Acute suppurative appendicitis (D6)
Anatomical (A jar containing)	<ul style="list-style-type: none"> • <i>A vermin-form appendix</i> because it is a blind-ended tubular structure covered with serosal & has a mesenteric border.
Pathological	<ul style="list-style-type: none"> • The appendix is constricted in the middle with swelling & edema at the tip. • The serosal surface lost its normal luster & shows <i>fibrinous exudates / fibrinous exudates & blackish areas</i>.
Removed by	<ul style="list-style-type: none"> • <i>Appendectomy</i>.

Diagnosis	Bilharzial polypi of the colon	
	1: with bilharzial peri-colic mass & sub-serosal infiltration (D4)	2&3: (D5)
Anatomical (A jar containing)	<ul style="list-style-type: none"> • <i>A part of the colon cut longitudinally</i> because it is a hollow tubular structure with: <ul style="list-style-type: none"> ○ Appendices epiploicae & taenia coli on its outer surface. ○ Mucosal folds on its inner surface. • The muscle layer is continuous all-over the length of the specimen denoting a benign lesion which does not invade the colonic wall. 	
Pathological	<ul style="list-style-type: none"> • The mucosal surface shows: <ul style="list-style-type: none"> ○ <i>Multiple polypi</i> which are variable in size & shape, sessile & pedunculated. ○ <i>Small irregular shallow ulcers</i>. 	
	<ul style="list-style-type: none"> • The outer surface shows: 	
	<ul style="list-style-type: none"> ○ A large grayish peri-colic mass. ○ Enlarged LNs. 	
	<ul style="list-style-type: none"> ○ Extensive sub-serosal fatty infiltration (bilharzial reaction). 	
Removed by	<ul style="list-style-type: none"> • <i>Segmental colectomy</i> due to the presence of a mass (sigmoid because bilharzial lesions are common in the sigmoid colon & rectum & caused by schistosoma mansoni). • If there is suspicious malignancy of the mass, do histo-pathological examination. 	<ul style="list-style-type: none"> • <i>Segmental colectomy</i> (sigmoid because ...). • It may be removed as a <i>PM specimen</i> (because there is no indication for resection in bilharzial polypi).

Diagnosis	4: Amoebic ulcers of the large intestine
Anatomical (A jar containing)	<ul style="list-style-type: none"> • <i>A part of the colon cut longitudinally</i> because it is a hollow ...
Pathological	<ul style="list-style-type: none"> • The mucosa shows <i>multiple ulcers</i> which are irregular, rounded or oval in shape, variable in size with necrotic floor & normal mucosa in-between.
Removed by	<ul style="list-style-type: none"> • <i>Segmental colectomy</i> if the patient is presented by 1 complication of amoebic liver abscess.

Diagnosis	6&7: Adeno-carcinoma of the large intestine (D13 & 14)		5: Adeno-carcinoma of the caecum 'fungating type' (D12)
	'ulcerative type'	'stricture type'	
Anatomical (A jar containing)	<ul style="list-style-type: none"> • <i>A part of the colon cut longitudinally</i> because it is a hollow tubular structure with: <ul style="list-style-type: none"> ○ Appendices epiploicae & taenia coli on its outer surface. ○ Mucosal folds on its inner surface. 		<ul style="list-style-type: none"> • <i>A part of the terminal ileum, caecum & ascending colon cut longitudinally</i> because it is a hollow ...
Pathological	<ul style="list-style-type: none"> • The specimen shows <i>an ulcer</i> with everted edges & necrotic floor. 	<ul style="list-style-type: none"> • The specimen shows <i>an infiltrating (Stenotic) mass</i> with stenosed lumen opposite the mass. 	<ul style="list-style-type: none"> • The lumen of the caecum shows <i>a fungating mass</i>.
	<ul style="list-style-type: none"> • The muscle layer is interrupted opposite <i>the ulcer / the mass</i> denoting malignancy (adeno-carcinoma). 		
Removed by	<ul style="list-style-type: none"> • <i>Radical left hemi-colectomy</i> if it is a part of descending or sigmoid colon. • <i>Radical transverse colectomy</i> if it is a part of transverse colon. • It is not removed by <i>right hemi-colectomy</i> because the specimen does not contain terminal ileum & caecum. 		<ul style="list-style-type: none"> • <i>Radical right hemi-colectomy</i>.

Diagnosis	1: Coarse peri-portal bilharzial fibrosis of the liver (D23)
Anatomical (A jar containing)	<ul style="list-style-type: none"> • <i>A part of the liver cut longitudinally</i> because it is a solid organ & its cut surface shows a portal tract.
Pathological	<ul style="list-style-type: none"> • The cut surface shows <i>a thickened widened portal tract</i> surrounded by grayish white fibrous tissue (<i>pipe-stem appearance</i>). • The outer surface shows: <ul style="list-style-type: none"> ○ Thickened capsule. ○ Irregular surface showing slightly raised areas separated by shallow depressions (<i>low hills</i>).
Removed by	<ul style="list-style-type: none"> • <i>Hepatectomy</i> before hepatic transplantation or <i>a PM specimen</i>.

Diagnosis	1: Spleen
Anatomical (A jar containing)	<ul style="list-style-type: none"> • <i>A spleen</i>.
Removed by	<ul style="list-style-type: none"> • <i>Splenectomy</i> for hyper-splenism.

URINARY SYSTEM

Diagnosis	1: Bilharzial polypi of the urinary bladder (U24)	5: Carcinoma of the urinary bladder (U25)
Anatomical (A jar containing)	<ul style="list-style-type: none"> The urinary system of a child evidenced by the small sized organs: <ul style="list-style-type: none"> <i>Both kidneys</i>: bilateral solid reni-form shaped attached to ureters. <i>Both ureters</i>: bilateral tubular small sized structures. <i>UB</i>: hollow viscus. 	<ul style="list-style-type: none"> A <i>UB</i> because it is a hollow viscus opened to expose the lining mucosa.
Pathological	<ul style="list-style-type: none"> The trigone of the UB shows <i>multiple polypi</i> which are variable in size & shape, sessile & pedunculated. 	<ul style="list-style-type: none"> The specimen shows a cauli-flower mass projecting into the bladder cavity & infiltrating the wall. It is grayish white & ill-defined. The musculosa is interrupted.
Removed by	<ul style="list-style-type: none"> <i>PM specimen.</i> 	<ul style="list-style-type: none"> <i>Radical cystectomy.</i>

Diagnosis	2: Congenital polycystic kidney (U1)	3: Hydro-ureter & hydro-nephrosis (U8)	4: Multiple kidney & ureteric stones (U11)
Anatomical (A jar containing)	<ul style="list-style-type: none"> A <i>kidney</i> because it is a solid reni-form shaped organ with: <ul style="list-style-type: none"> Concave border at hilum. Convex outer border. 	<ul style="list-style-type: none"> A <i>markedly enlarged kidney.</i> 	<ul style="list-style-type: none"> A <i>kidney (opened longitudinally) & the upper part of the ureter</i> because it is a solid reni-form shaped organ attached to a tubular structure at its lower end.
Pathological	<ul style="list-style-type: none"> The kidney is enlarged & contains <i>multiple cysts</i> which are variable in size, separated from each other & bluish in color having thin translucent walls. 	<ul style="list-style-type: none"> The kidney is markedly enlarged with: <ul style="list-style-type: none"> <i>Dilated pelvi-calyceal system.</i> <i>Thin atrophic parenchyma.</i> The cut surface shows <i>multiple thin-walled lobules</i> separated by complete fibrous tissue septa & are continuous with the renal pelvis & ureter. 	<ul style="list-style-type: none"> The <i>pelvi-calyceal system is dilated</i> with multiple stones which are smooth & pale brown in color.
Removed by	<ul style="list-style-type: none"> <i>Nephrectomy</i> before renal transplantation or a <i>PM specimen.</i> 		

SKIN

1: SCC of the scalp (T7)