
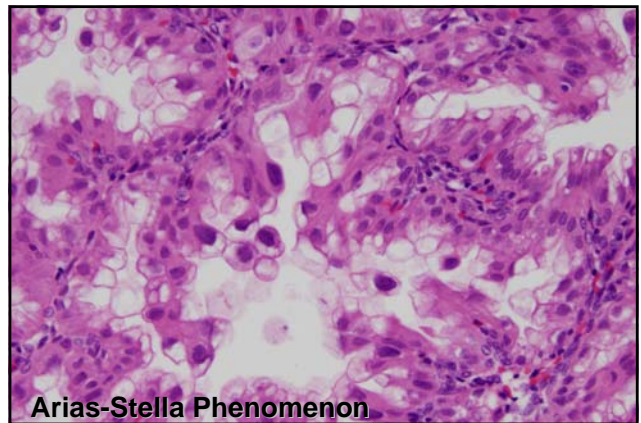
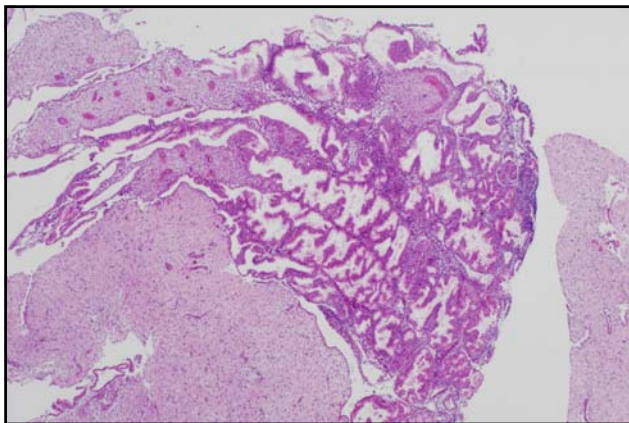
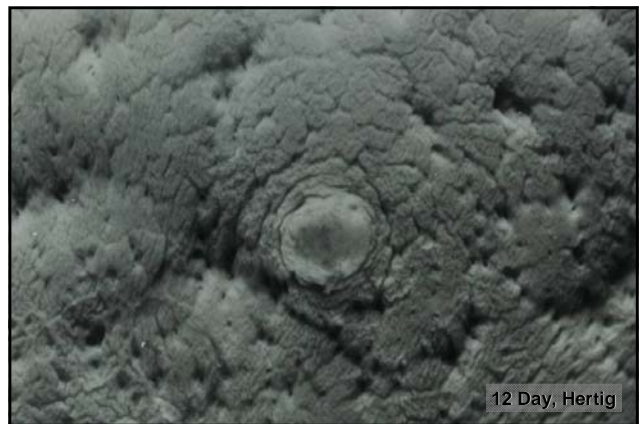
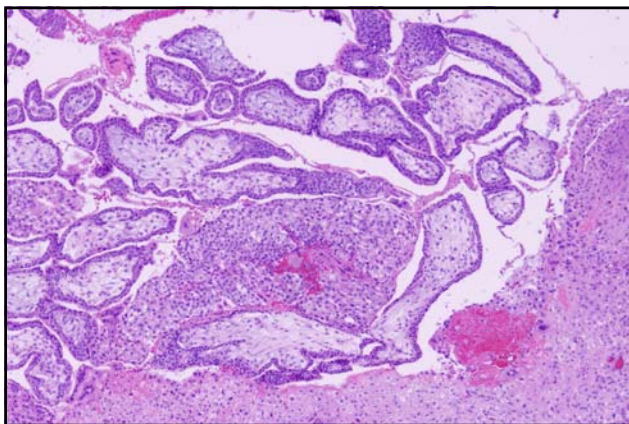
 **cap** Course AP104

Non-Neoplastic Things You Can Miss

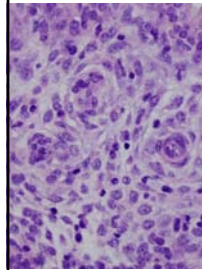
 George L. Mutter, MD
Harvard Medical School and
Brigham and Women's Hospital
Boston, MA



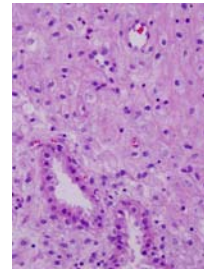
Decidua

- If necrotic decidualized stroma with uncollapsed “ghosts” consider pregnancy or hormonal therapy.
- If Preg, Intrauterine or Ectopic

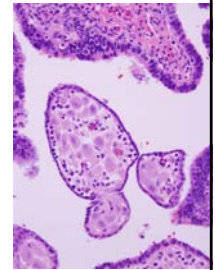
Stromal Decidual Response



Predecidua
Cycling

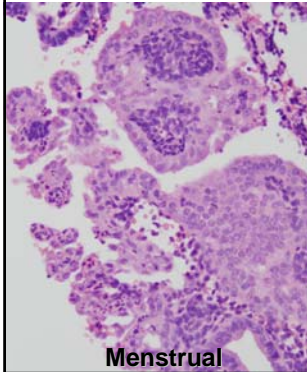


Decidua (vera)
Pregnant (em)

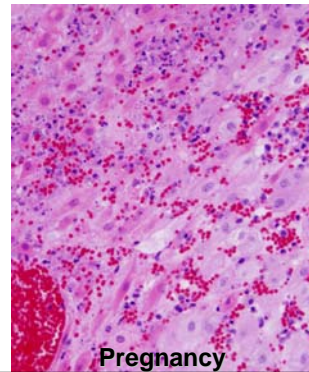


Pseudodecidua
non-em, drug

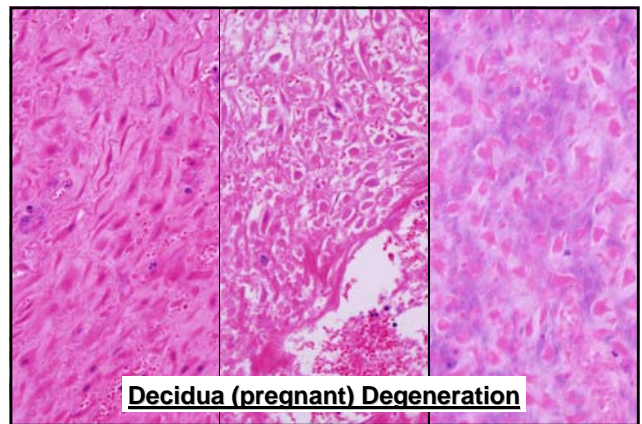
Breakdown



Menstrual



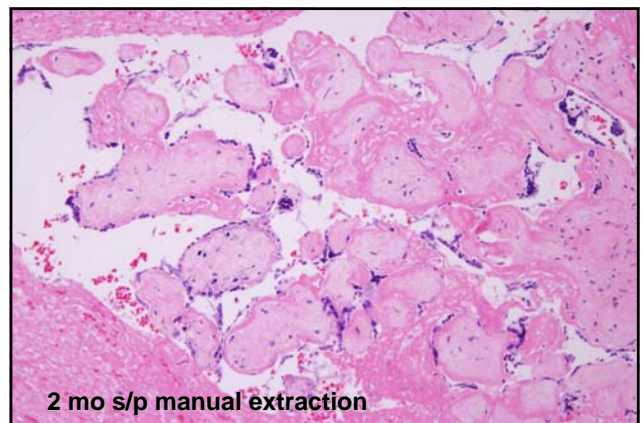
Pregnancy



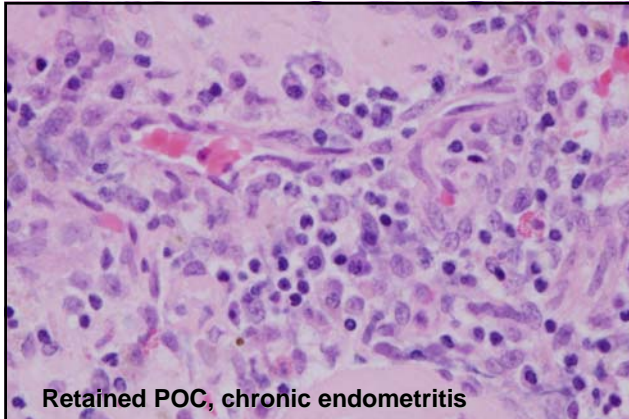
Decidua (pregnant) Degeneration

Retained POCs

- Various em patterns
- Pt usually symptomatic
- Rule out chronic endometritis

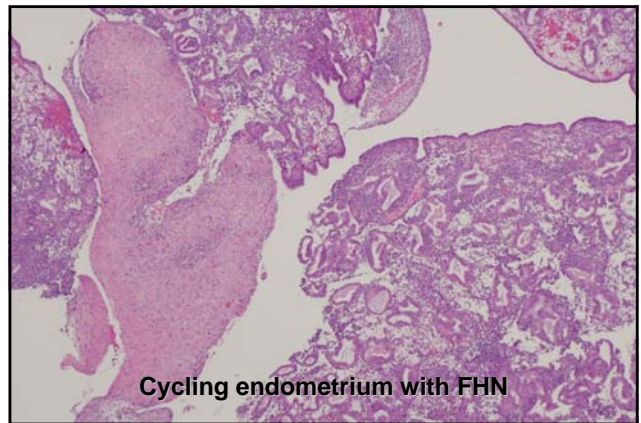
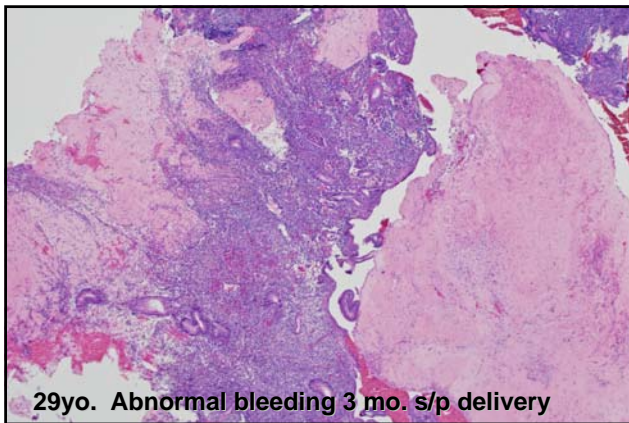
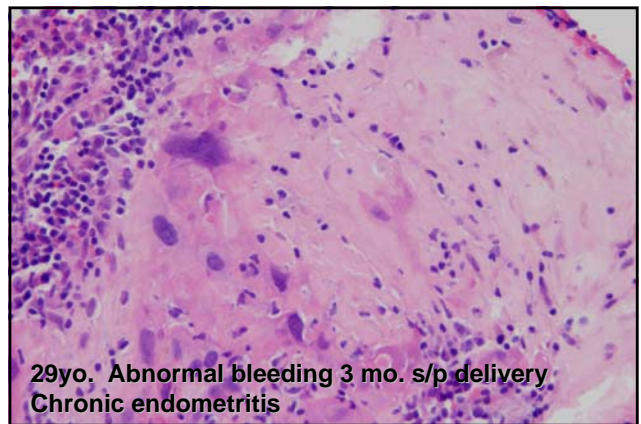


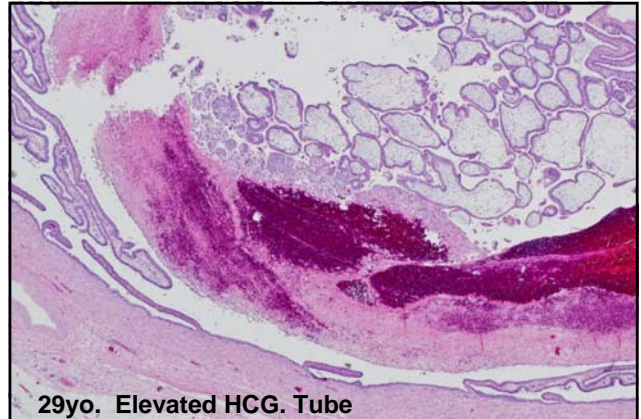
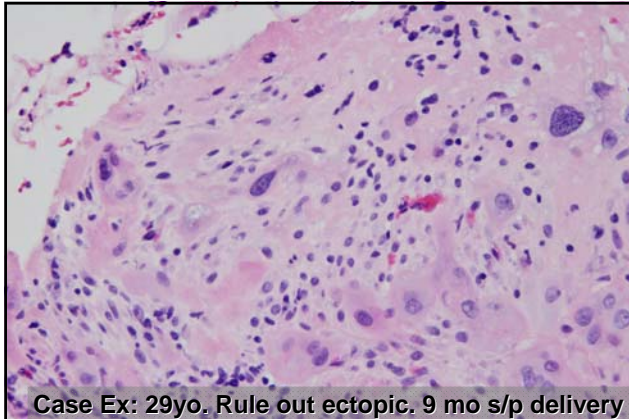
2 mo s/p manual extraction



Fibrohyaline Nodules

- Beware dating of fibrohyaline nodules. Can last for years.
- If found look for other signs of ongoing pregnancy.
- CAUTION when R/O ectopic





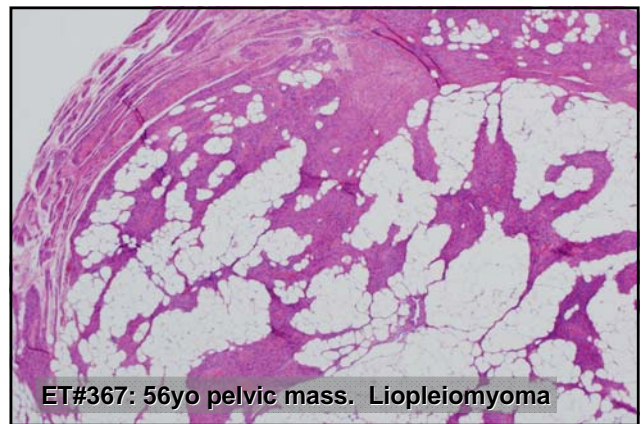
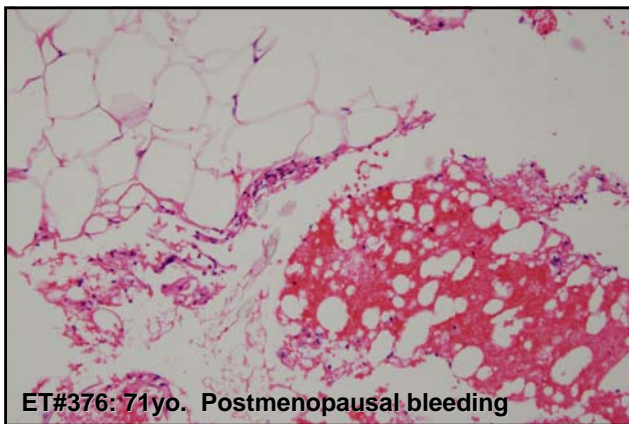
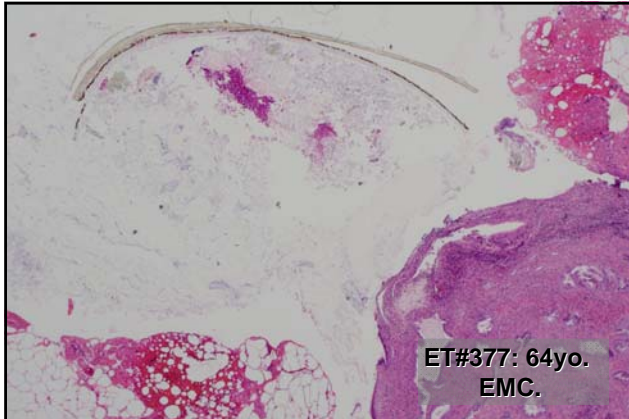
Villi to Ignore

Beware when villous maturity is discordant with clinical gestational age.



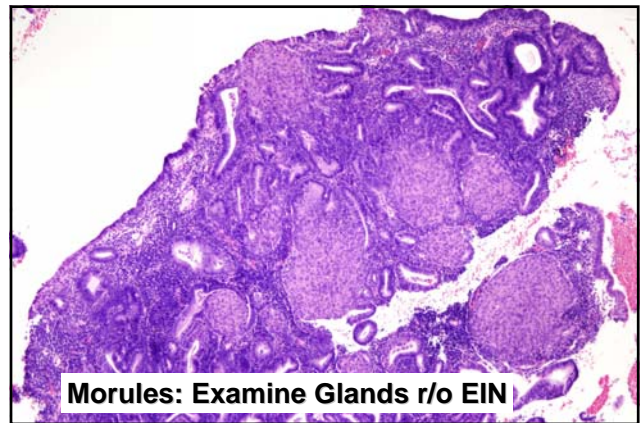
Perforation

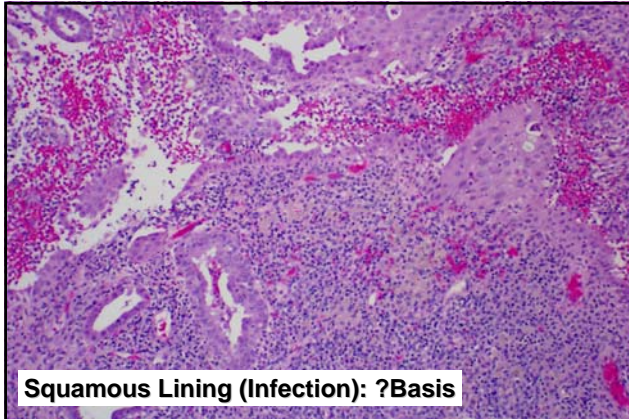
- **Extrauterine tissue**
- **vs. Artifact (float)**
- **vs. Stromal Metaplastic**



Squamous: Morules vs Surface

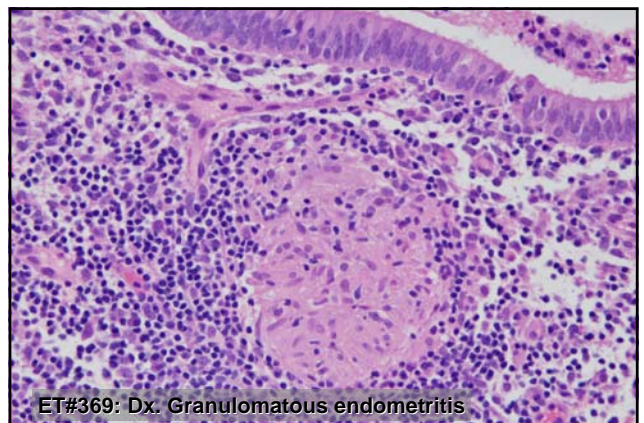
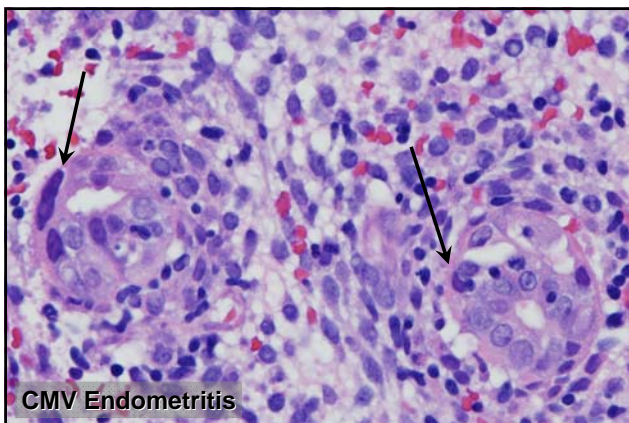
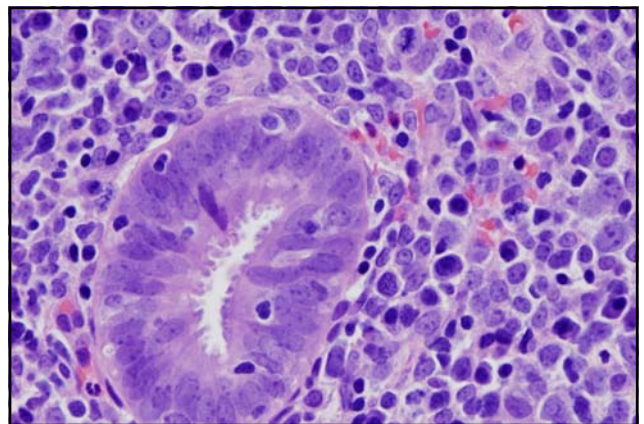
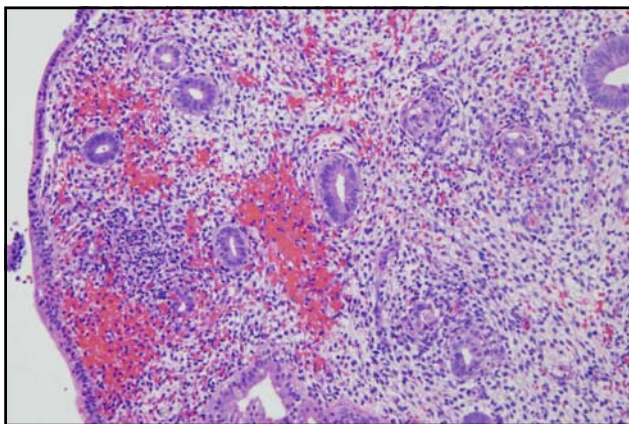
- **Morules:** Glands - ?EIN
- **Surface:** Look for endometritis, consider underlying cause

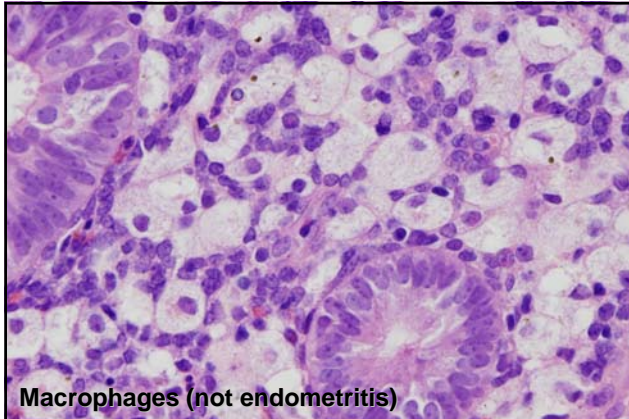




Inflammatory

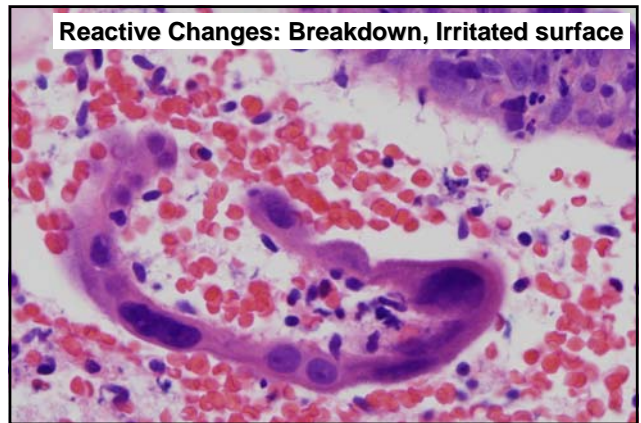
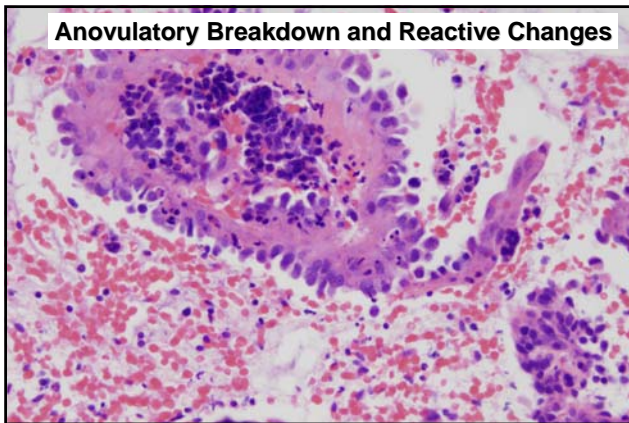
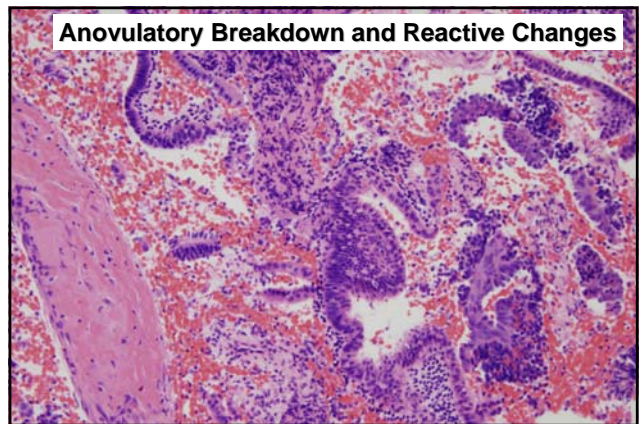
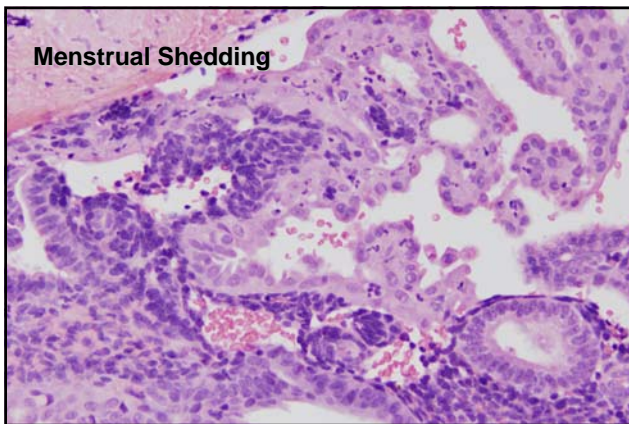
- Look for plasma cells if something is remiss at low power.
- Chronic Endometritis: Plasma cells
- Pyometrium: Anatomic/Foreign/Tumor
- BEWARE macrophage infiltrate.





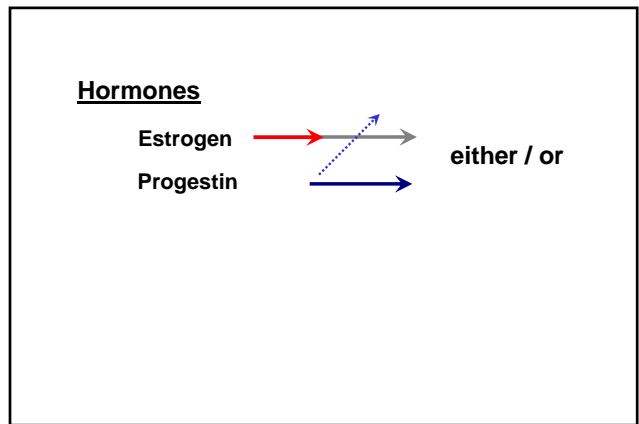
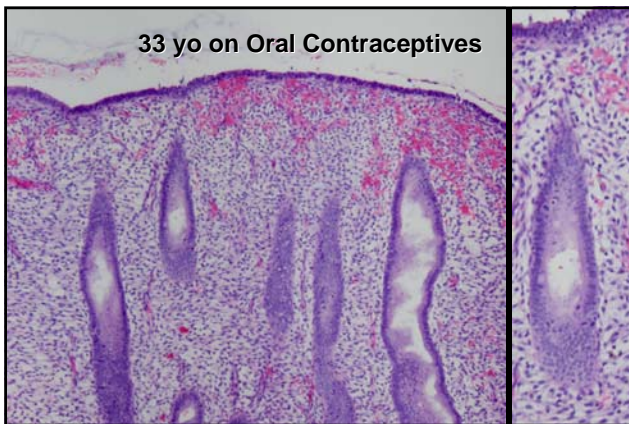
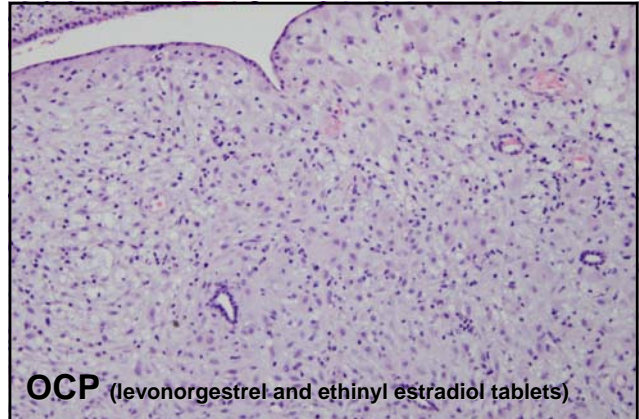
Breakdown

- Do not overreact to epithelium
- Residual clues – abn cycle
- Hormonal vs microinfarct



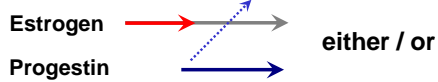
Exogenous Hormones

- History often missing or wrong
- Diagnostic vs consistent findings
- Not always E2-Progesterone

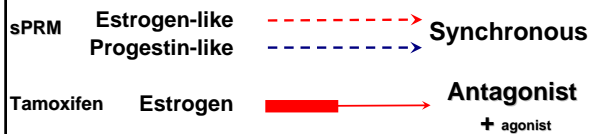


Synthetic Modulators

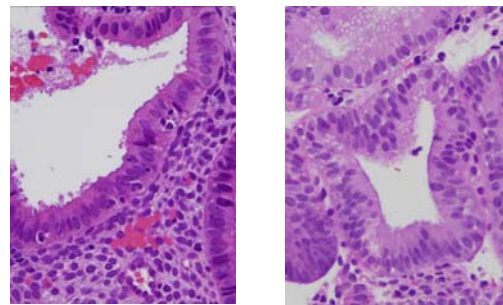
Hormones



Receptor Modulators



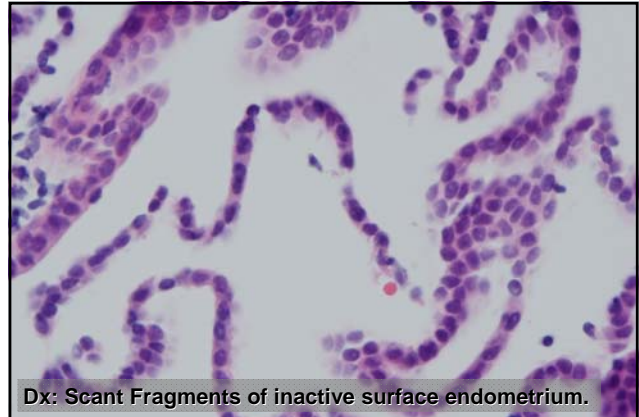
Selective Prog Recept Modulators



mitoses & apoptosis mitoses and secretory

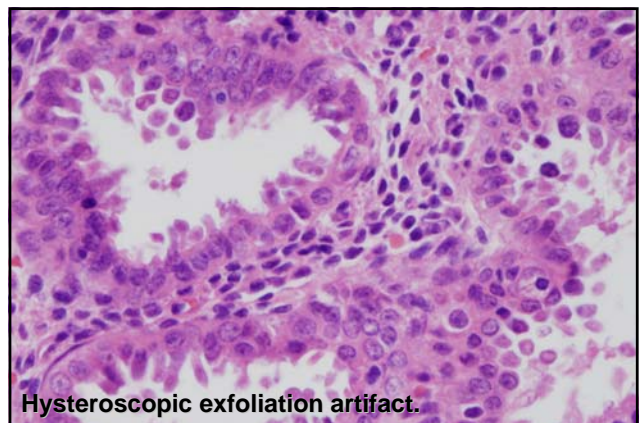
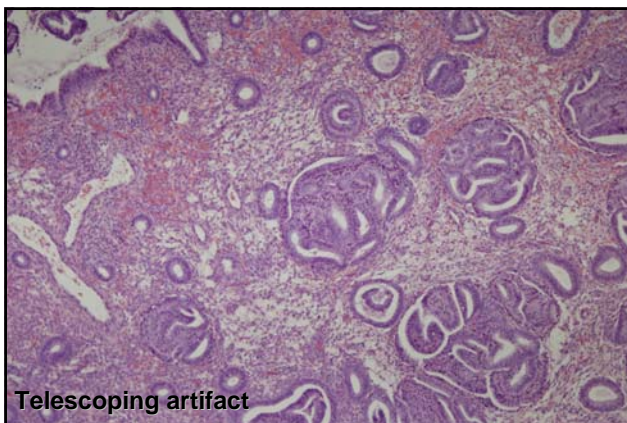
Adequacy

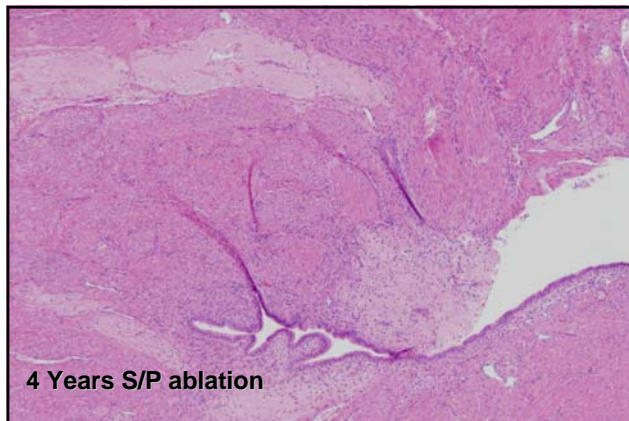
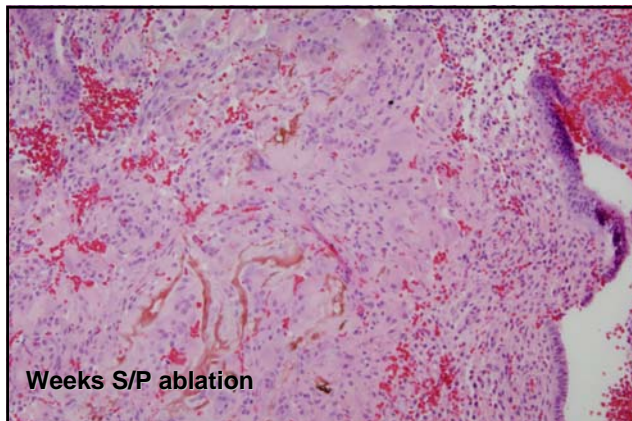
- No tissue? Say so.
- Scanty tissue? Say what.
- Scanty can be normal. Expected.



Artifacts

- “High tech” artifacts.
- Hysteroscopy. Exfoliation.
- Ablation. Granulomas-pockets.
- Floaters
- If artifact interferes, say so, and consider rebiopsy





Inferred Lesions

- Secondary EM changes
- Dx as “consistent with”
 - e.g. strips of aglandular endometrium consistent with submucous leiomyoma

