

Cytec Corporation - Case Presentation Archive - March 1999

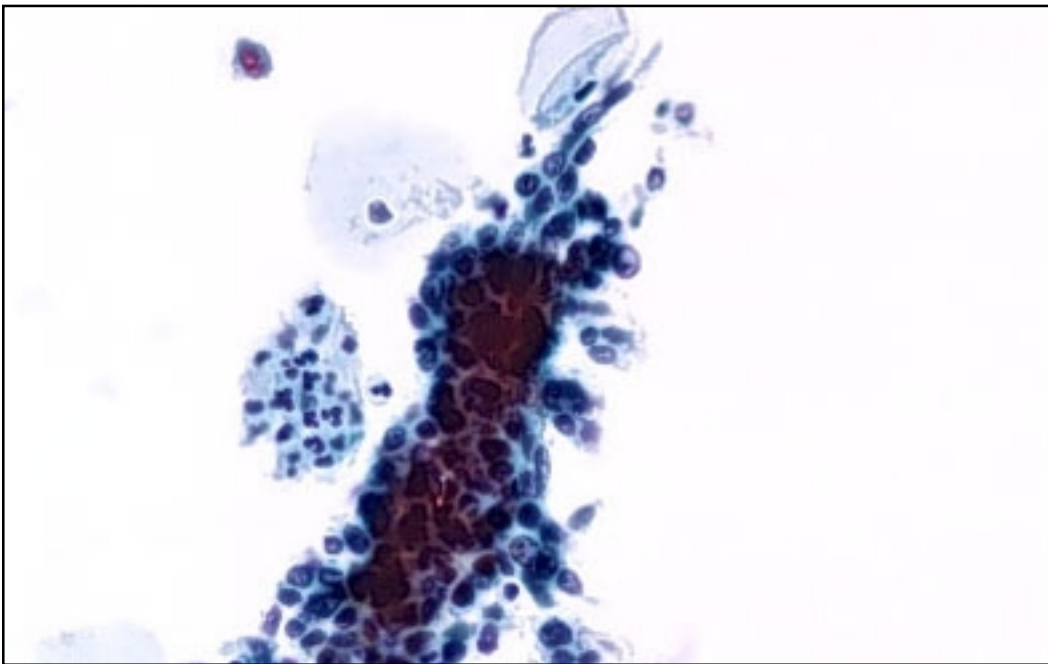
ThinPrep®PapTest™

History: 30 Years Old

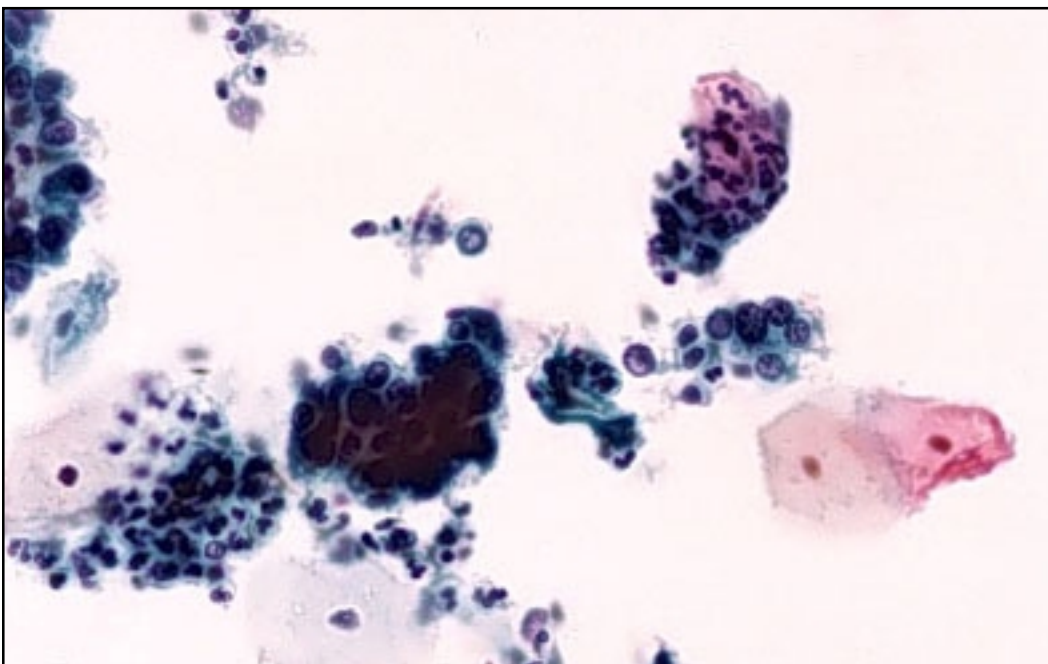
LMP: Day 13

Case provided by Bruce R. Dziura, MD of Greater Springfield Pathology, Springfield, MA

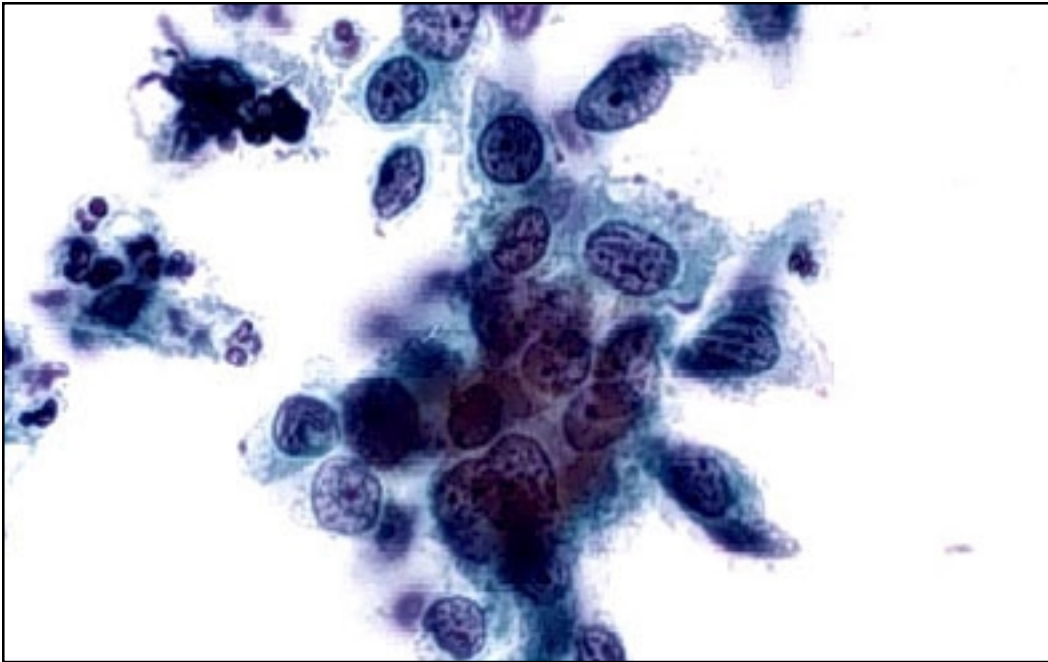
*The images, analysis and diagnosis for this case study were provided by an independent physician. All conclusions and opinions are those of the physician and not Cytec Corporation.



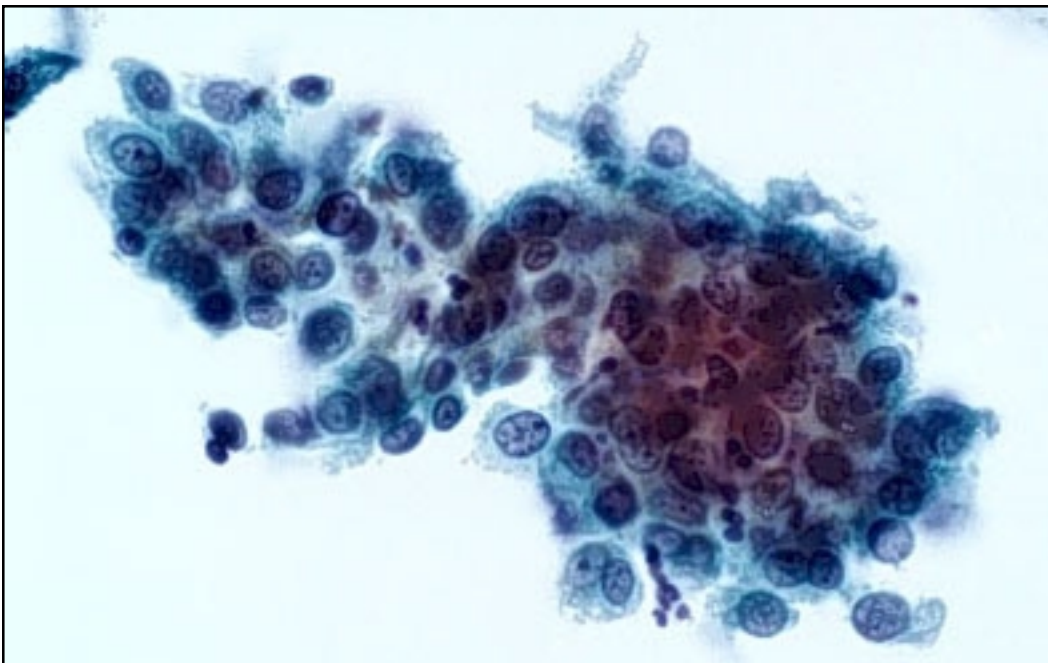
Slide 1



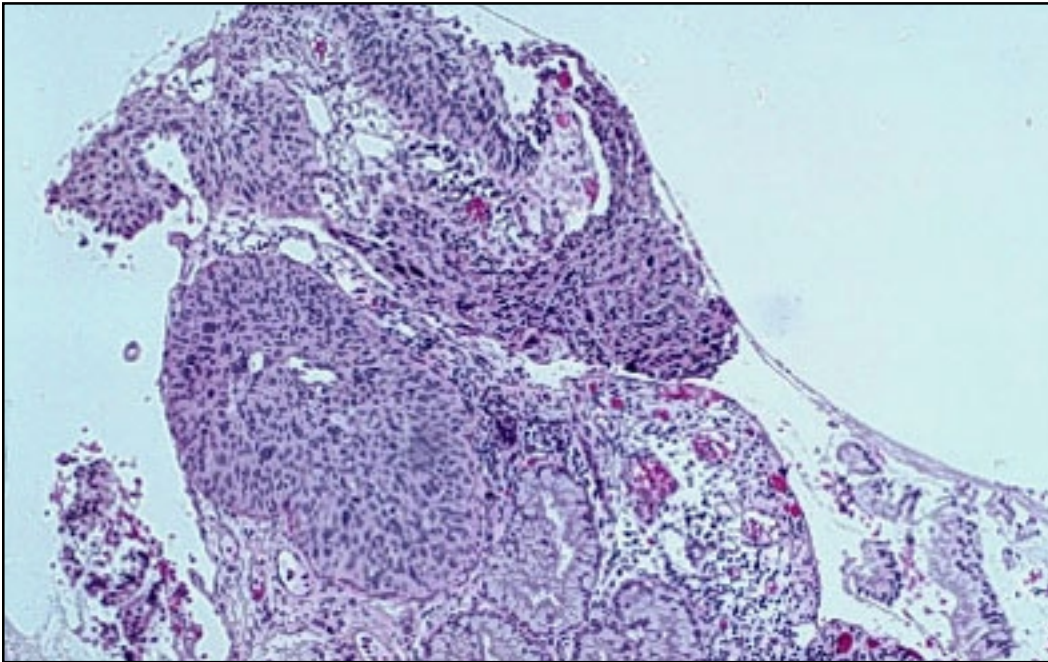
Slide 2



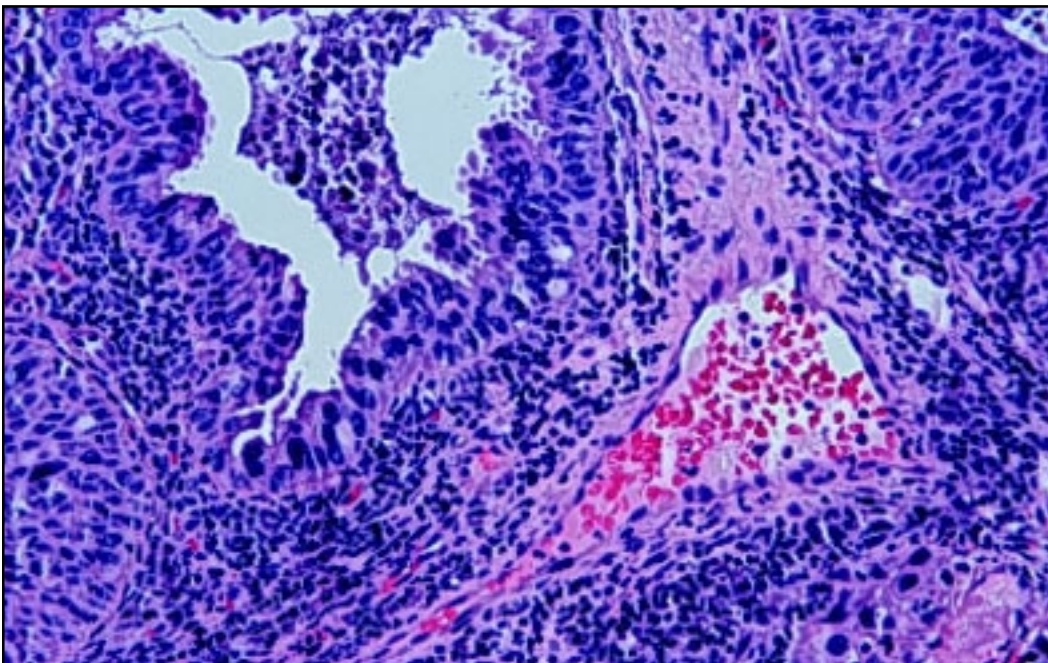
Slide 3



Slide 4



Slide 5



Slide 6

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Discussion:

Slide 1: A large cluster of crowded epithelial cells showing some feathering at the top.

Slide 2: The central cluster of probable glandular cells shows pseudostratification. A smaller cluster shows an acinar formation.

Slide 3: Cells with hyperchromatic nuclei with clumped chromatin, an increased nuclear to cytoplasmic ratio, irregular nuclear membranes, hard cytoplasmic borders and a loss of polarity within the group represent HSIL, probably CIS.

Slide 4: A syncytial group of cells representing either CIS or glandular involvement of the HSIL.

Slide 5: Tissue section showing CIS and a gland filled with dysplastic squamous cells.

Slide 6: A tissue fragment showing glandular epithelium involving AIS adjacent to CIS involving glands

Cytologic Diagnosis:

Specimen adequacy: Satisfactory for evaluation.

Descriptive diagnosis: Epithelial cell abnormality: High grade squamous epithelial lesion (HSIL). Carcinoma in Situ, (CIN III), with endocervical gland involvement; endocervical adenocarcinoma in situ cannot be ruled out.

Tissue Diagnosis:

Cervical biopsy, 6 o'clock: Squamous cell carcinoma in situ, (CIN III) Note: Focal microinvasion cannot be ruled out. Cervical biopsy, 11 and 12 o'clock: Squamous cell carcinoma in situ, (CIN III), and endocervical adenocarcinoma in situ.

ECC: Rare detached fragments of Squamous cell carcinoma in situ and endocervical adenocarcinoma in situ.