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Gestational trophoblastic disease associated with ectopic pregnancy: a report of three cases

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Introduction Gestational trophoblastic diseases (GTD) are extremely rare conditions, especially the ones associated with ectopic pregnancies (EP).
Case reports Only three cases (0.26%, 3/1133) of GTD associated with EP were diagnosed at the Department of Histopathology and Clinical Cytology in the last 14 years. The first patient, age 29 underwent salpingectomy for clinical suspicion of tubal pregnancy, whereas in the second, age 49 hysterectomy with bilateral salpingo-oophprectomy (HSOP) was performed for a clinical diagnosis of ovarian endometriosis. The third patient, age 42 underwent HSOP for malignant ovarian tumour which metastasised to lungs. Pathological findings: Chorionic villi were found in the tubal lumen of the first patient, showing marked hydropic degeneration, reduced/absent vascularisation and excessive trophoblastic cell growth. Diagnosis of partial hydatiform mole was established, and the patient remained under surveillance for the HCG level. Atypical trophoblastic cells, which penetrated the full thickness of the tubal wall and invaded the ovarian blood vessels of the second patient, led to the diagnosis of an invasive mole. The third patient was diagnosed with choriocarcinoma due to the presence of a tumour consisting of malignant trophoblastic cells that infiltrated the right ovary, tube and uterine cornu. The last two patients received chemotherapy and have been well for 15 and 118 months, respectively.
Conclusion Due to extremely low incidence of GTD associated with EP, these entities are rarely clinically recognised. Therefore, a careful histopathologic examination of the adnexal masses is essential for the establishment of the correct diagnosis and further treatment of the patients.

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Advantages of liquid-based cytology in the diagnosis of atypia (ASCUS) - a follow-up study

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Introduction In an organized screening programme for cervix cancer the diagnosis atypia (ASCUS) has always been a problem. The subsequent histological examination shows different diagnoses, such as negative, inflammation, CIN I-III (SIL) and carcinoma. In the County of Funen, a well-organized screening programme has existed since 1989.Using the cytological diagnosis of atypia, we distinguish between atypia 1 (ASC-US) probably inflammatory and atypia 2 (ASC-H) probably dysplasia. In previous studies on PAP-smears we have shown histological follow-up diagnoses for atypia 1(ASC-US): negative 84.3% and CIN I-III 15.7%, and for atypia 2 (ASC-H): negative 41.6%, CIN I-III 57% and carcinoma 1,4%. Since June 2001 we have implementated liquid-based cytology (LBC) ThinPrep, Cytyc. The aim of this investigation is to show the histological follow-up diagnoses of cytological atypia when using LBC-technique.
Materials and methods The total number of LBC-samples in 2002 were examined. The recommandations for atypia 1 are a repeated cervical sample, and for persistent atypia 1 or atypia 2 colposcopy, cervical biopsies and abrasion within 3 months.
Results In 2002 a total of 34,585 smears, including 30,060 LBC-samples, were examined. The diagnoses of the LBC-samples were: negative 92,9%, inadequate 2,8% (a reduction of 50% compared with PAP-smears), atypia 2,8 % and CIN I 4%. Preliminary histological follow-up diagnoses for atypia 1 and 2 were: negative 59% and CIN I-III 41%.
Conclusion ThinPrep shows two significant advantages: a markedly reduced number of cytological atypia diagnoses (40%) compared with PAP-smears and a higher diagnostic quality with fewer false positive diagnoses.

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Ovarian Sertoli-Leydig cell tumor with heterologous elements of rhabdomyosarcoma: A case report

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Introduction Ovarian Sertoli-Leydig cell tumors (SLCT) are very rare sex cord-stromal tumors and among them, tumors with heterologous sarcomatous elements are exceptional. Aims: A unilateral ovarian stage Ic SLCT with heterologous mesenchymal elements is presented.
Materials and methods A 29-year-old woman, para 1, was admitted to hospital with severe abdominal pain. At laparotomy, resection of a large right ovarian cyst was carried out. Histological examination revealed a SLCT, and subsequently surgical staging was performed. No adjuvant therapy was given. At 2 years follow-up she was well and without signs of recurrence. Routine staining of slides from 34 paraffin blocks and immunohistochemistry (IHC) were available.
Results Gross examination revealed a 18 x 14 x 11 cm large multilocular ovarian cyst with smooth interlocular septa and outer surface. Microscopy disclosed a SLCT of intermediate diff-erentiation with a very few Leydig cells. Major areas consisted of a hypocellular stroma with edema, hemorrhage and necrosis. In a few sections small foci of cartilage were seen. In a number of sections groups of small cells with indistinct cytoplasm and hyperchromatic nuclei were present. Mitotic and apoptotic figures were common. IHC revealed a positive reaction for desmin, myf4 and myogenin, indicating rhabdomyosarcoma of embryonal type.
Conclusion The most important prognostic factors of SLCT are stage and grade of differentiation. Variants of SLCT with immature skeletal muscle are often fatal. IHC with myf4 or myogenin with a high sensitivity and specificity for rhabdomyosarcoma, combined with inhibin is very important in differing immature Sertoli cells from rhabdomyoblasts, in order to diagnose the rhabdomyosarcoma and to grade the SLCT correctly.