

Glandular lesions in cervical cytology

An interactive workshop

Topics

1. Atypical Glandular Cells

2. AIS

Subtypes

Benign Mimics

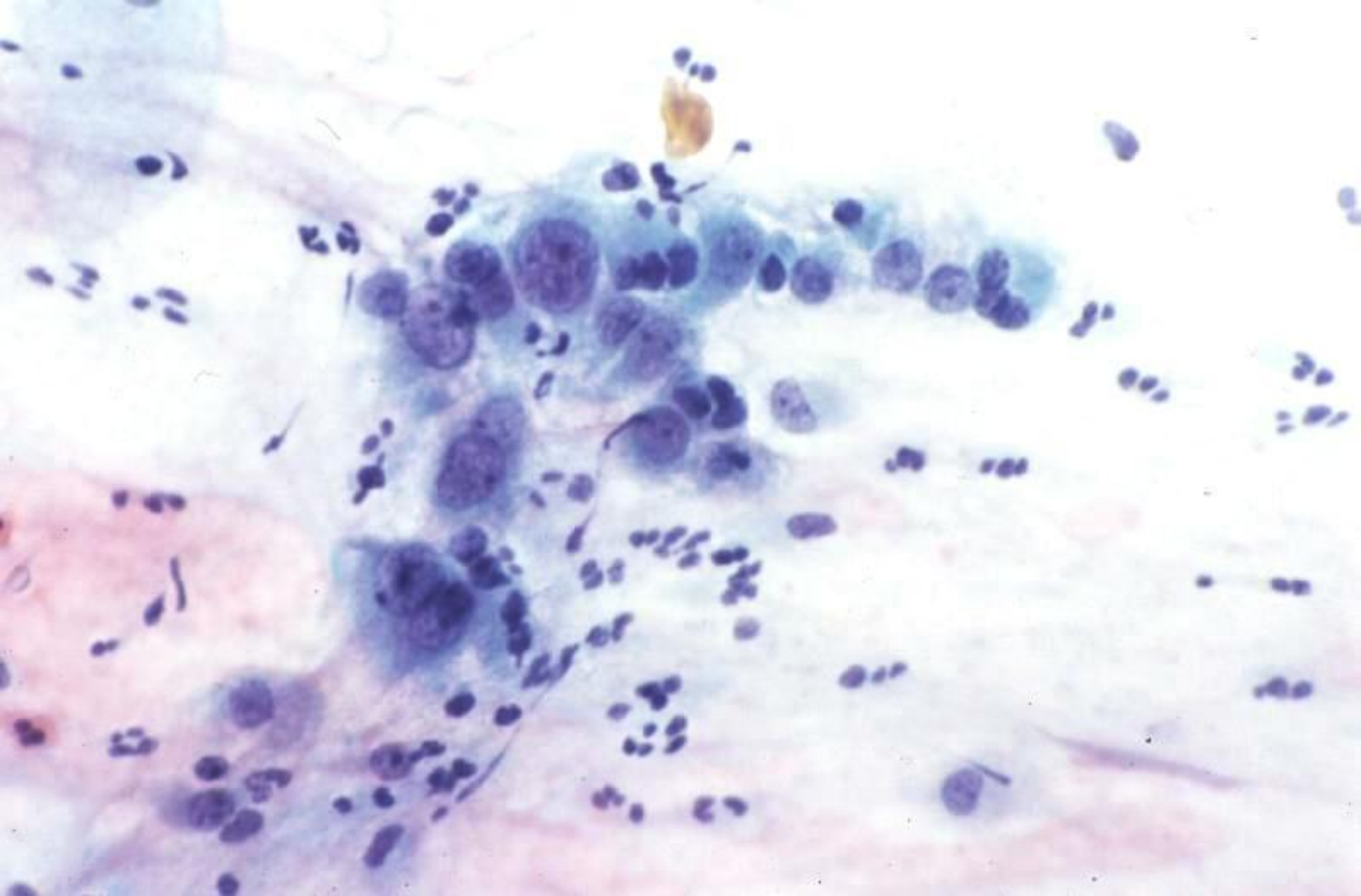
AIS in LBC samples

3. Diagnosing adenocarcinoma

Endocervical carcinomas

Endometrial malignancies

Rare entities



Reactive endocervicals

1. Atypical Glandular Cells

Classification under The Bethesda System

2001: **AGC** = Atypical Glandular Cells

- Atypical Glandular Cells NOS/favour neoplastic
- Atypical Endocervical Glandular Cells NOS/favour neoplastic
- Atypical Endometrial Cells NOS

Adenocarcinoma in situ (AIS) is a specific report category

2. Adenocarcinoma in situ (AIS)

ADENOCARCINOMA IN SITU Subtypes

Well differentiated

Endocervical - dominant component in 59%

Endometrioid - dominant component in 36%

Intestinal – rarely the major subtype

Poorly differentiated

Invasive Adenocarcinoma Cytologic Prediction

Cytology	Proportion invasive
Possible AIS	13.5%
AIS	12.1%
AIS ?Invasion	21.4%
Adenocarcinoma	79.0%
Possible CIN 3	0.2%
CIN 3	1.2%
CIN 3 ?Invasion	19.2%

Acknowledgement: Dr Jenny Roberts, Sydney

3. Invasive Adenocarcinomas

Primary Endocervical Carcinomas

ADENOCARCINOMA

Mucinous: endocervical / intestinal / signet-ring types

Endometrioid: endometrioid with squamous metaplasia

Clear cell adenocarcinoma

Minimal deviation: endocervical type(adenoma malignum)

endometrioid type

Well-differentiated villoglandular

Serous

Mesonephric

OTHER EPITHELIAL TUMOURS OF CERVIX

Adenosquamous carcinoma

Glassy cell carcinoma

Clear cell adenosquamous carcinoma

Mucoepidermoid carcinoma

Adenoid cystic carcinoma

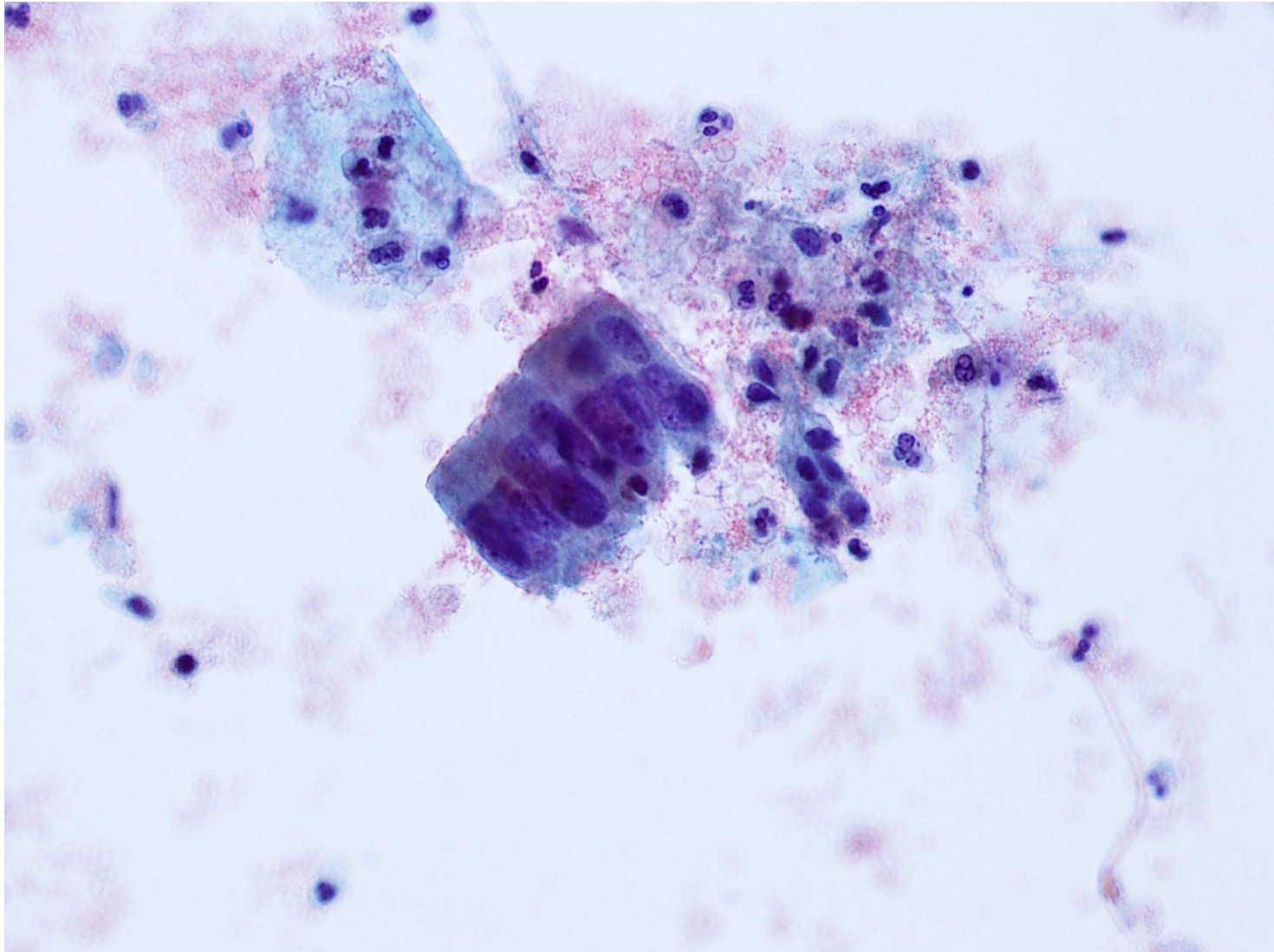
Adenoid basal carcinoma

Typical/ atypical carcinoid tumours

Large cell neuroendocrine carcinoma

Small cell carcinoma

Undifferentiated carcinoma



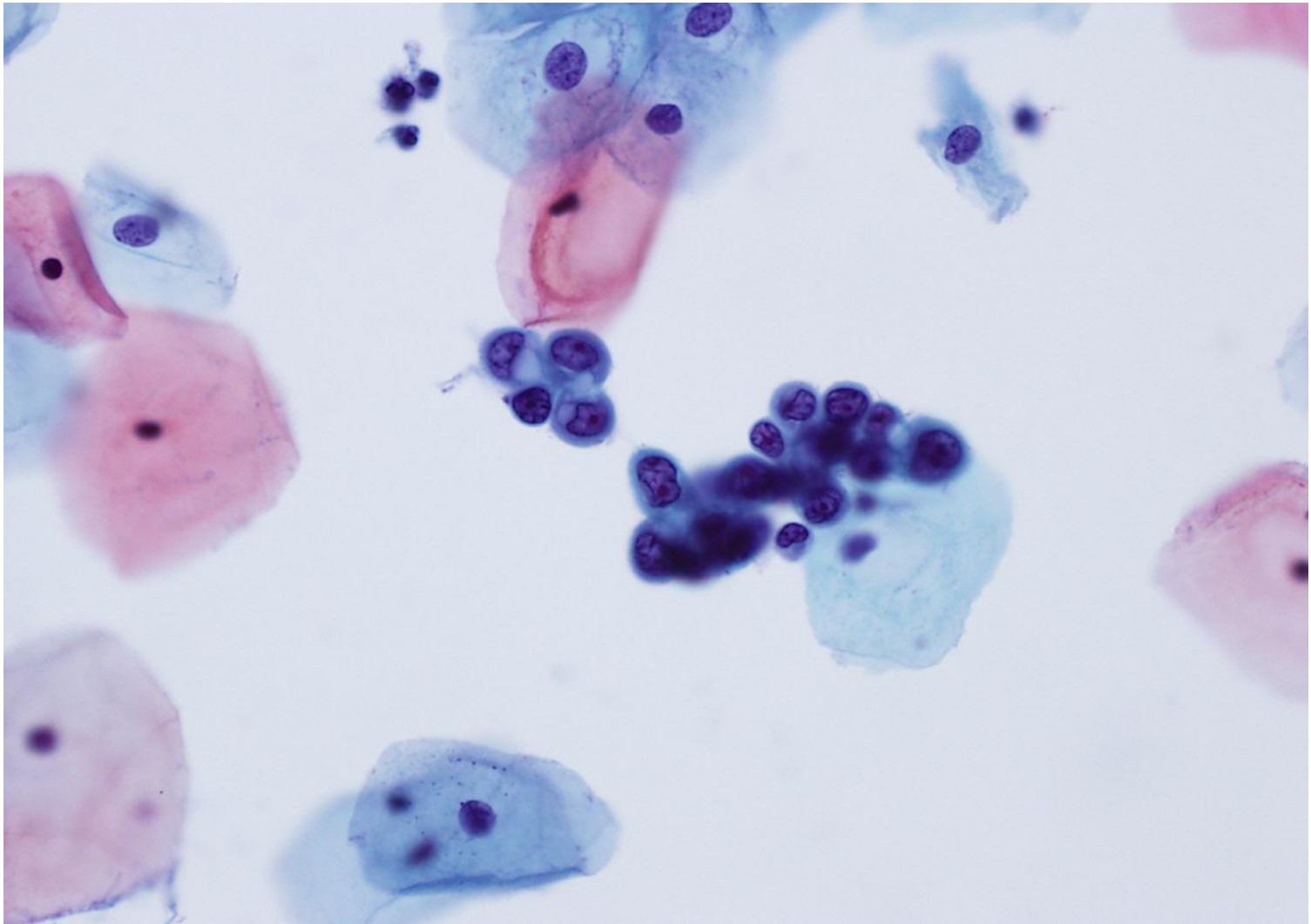
CASE 1

Opinions A. Tubal metaplasia

B. Adenocarcinoma in situ (AIS)

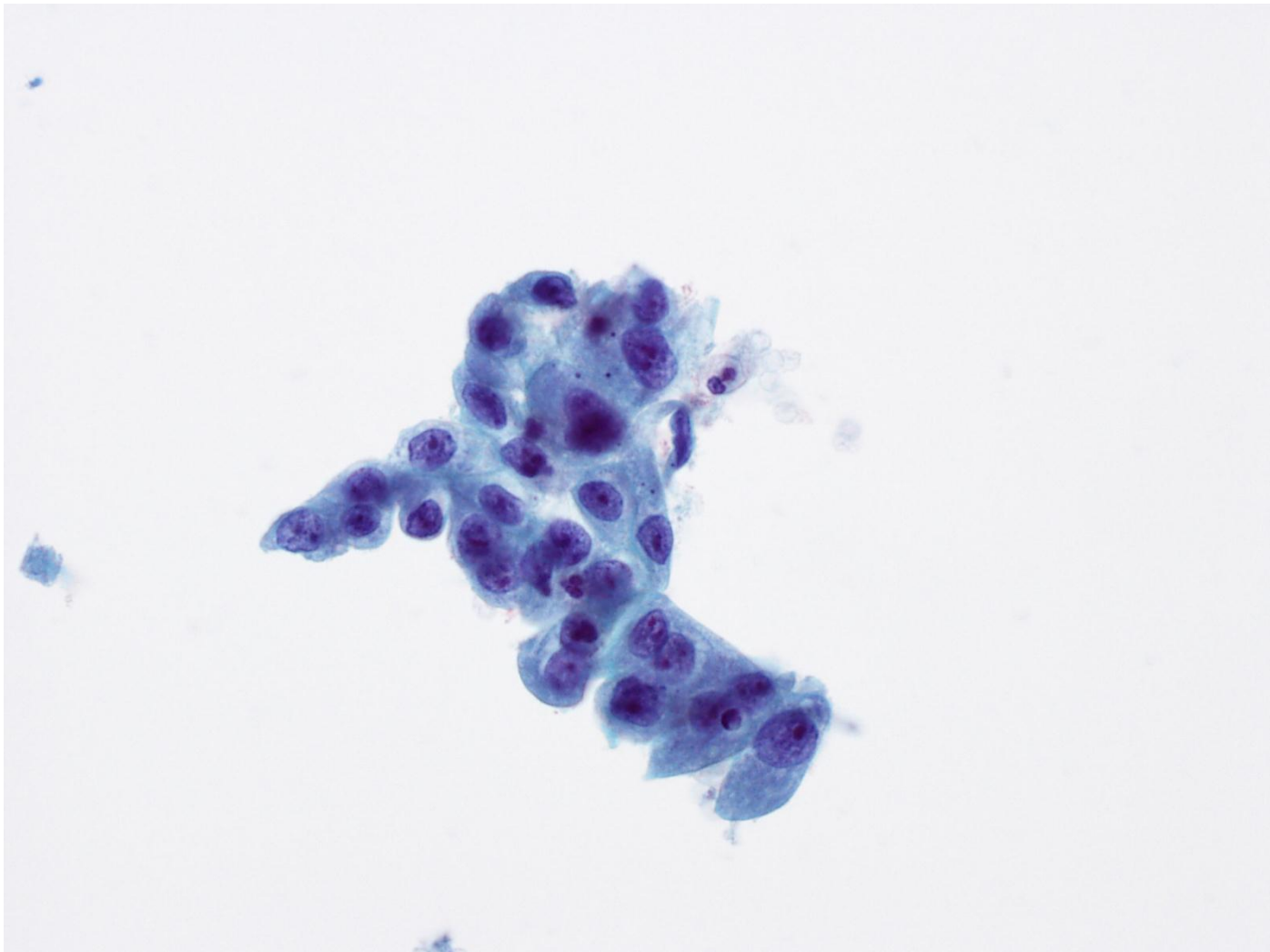
C. Atypical Endocervical Cells (AGC)

D. Atypical Endocervical Glandular Cells, favour neoplasia



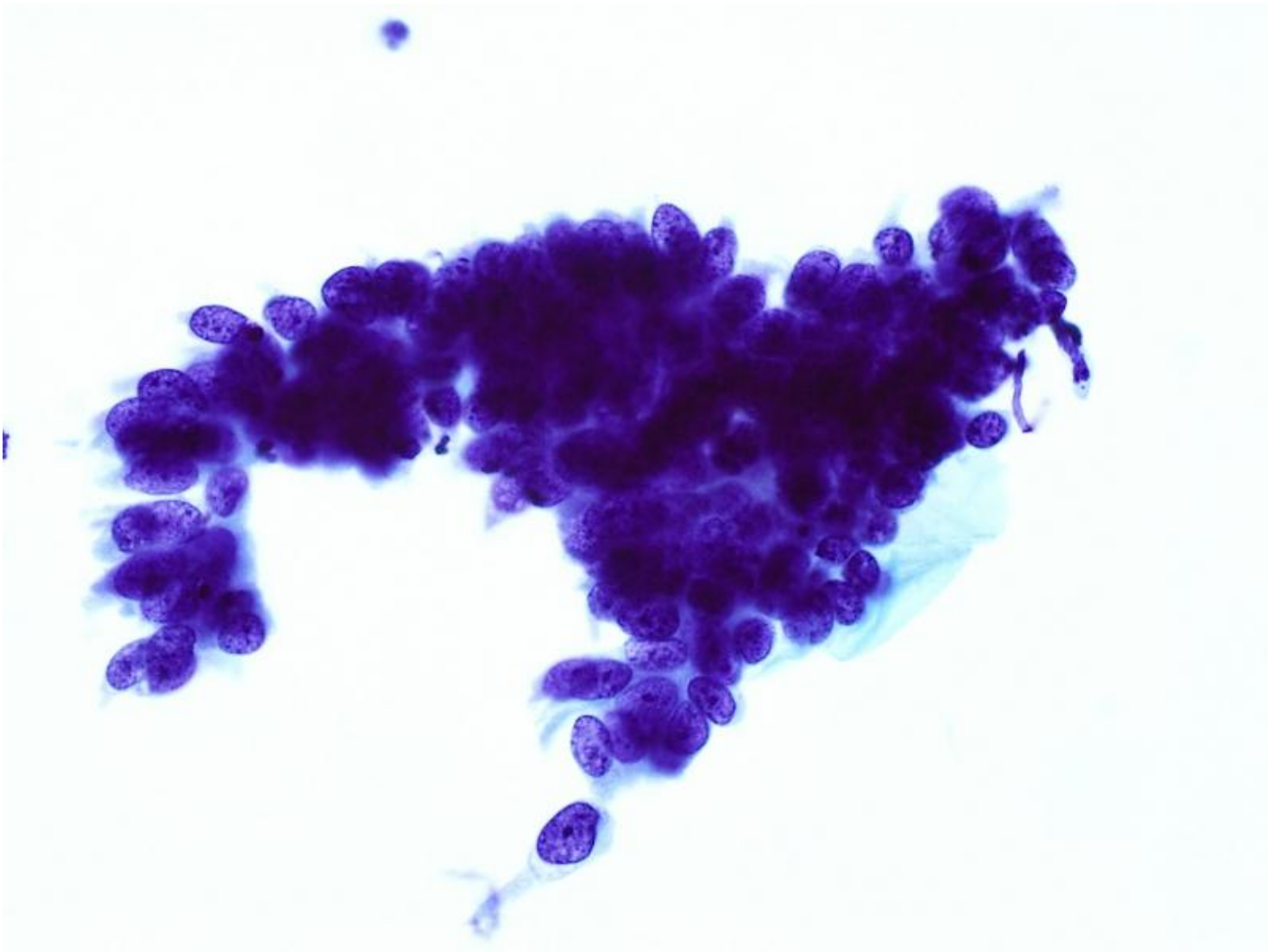
CASE 2

- Opinions
- A. Normal endometrial cells
 - B. Atypical endometrial cells
 - C. Malignant endometrial cells
 - D. HSIL



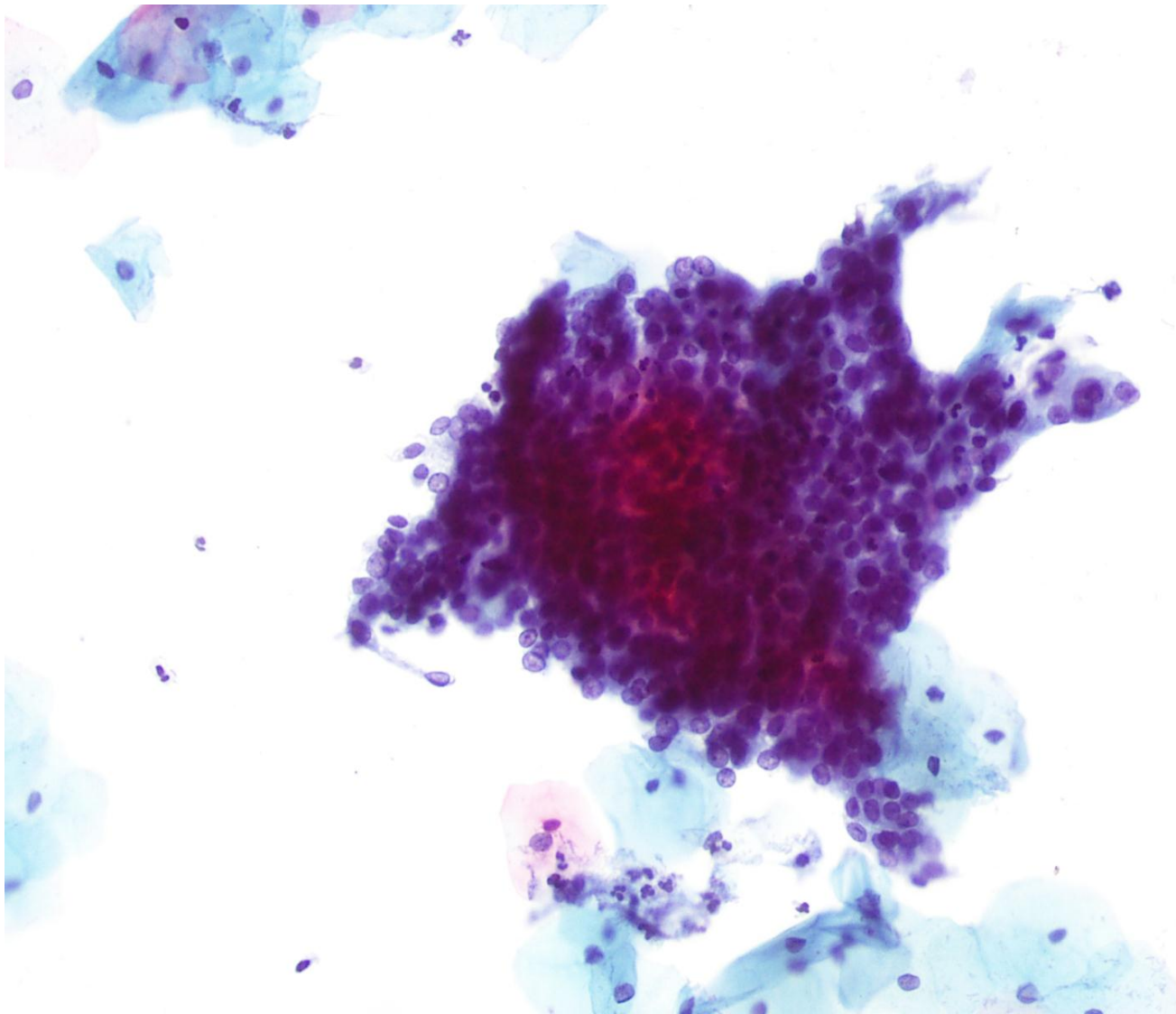
CASE 3

- Opinions
- A. Reactive metaplastic squamous cells
 - B. Reactive endocervical glandular cells
 - C. Atypical Endocervical Glandular Cells
 - D. Adenocarcinoma



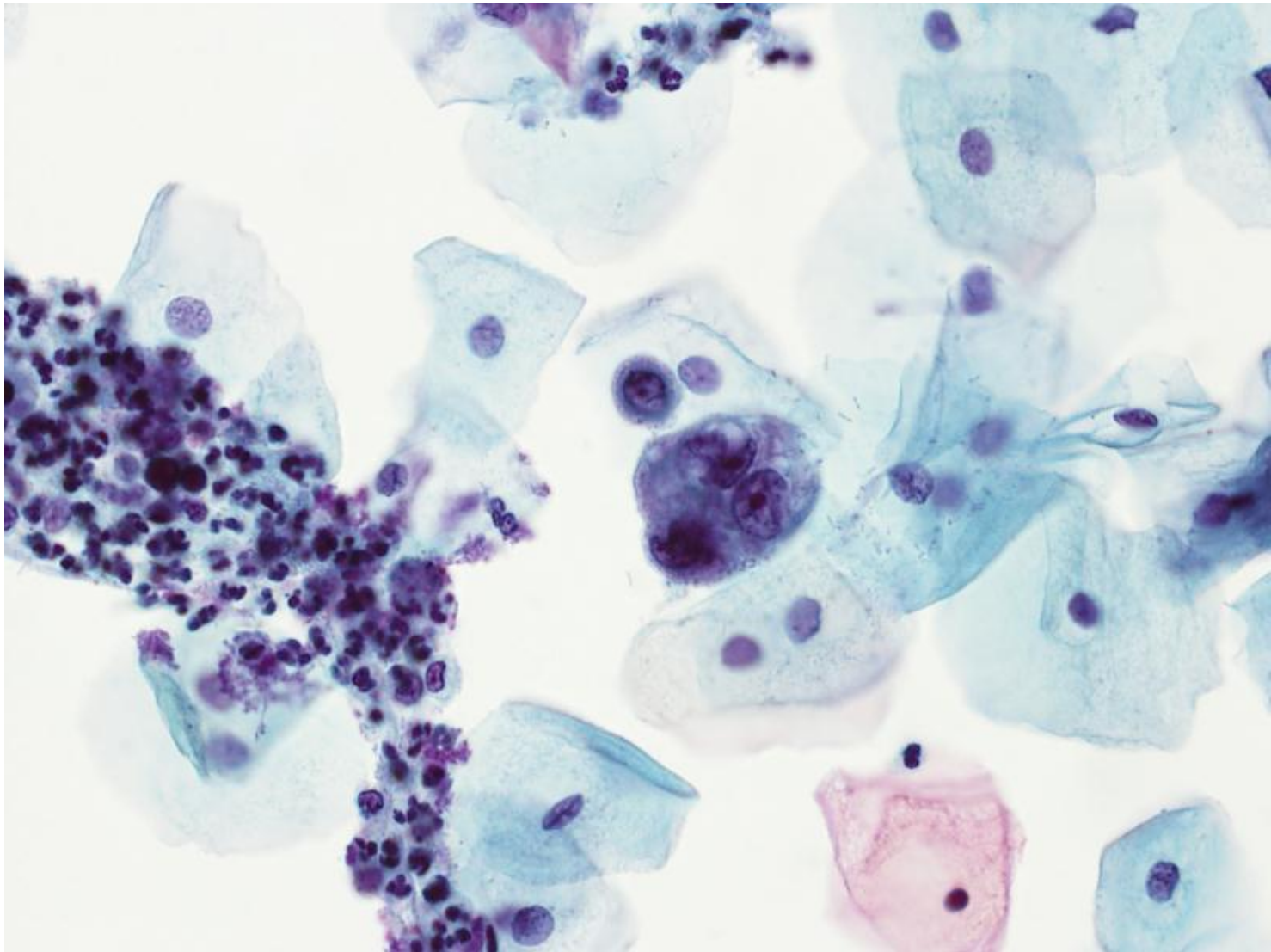
CASE 4

- Opinions
- A. Tubal metaplasia
 - B. Adenocarcinoma in situ (AIS)
 - C. Atypical Endocervical Cells (AGC)
 - D. Atypical Endocervical Glandular Cells, favour neoplasia



CASE 5

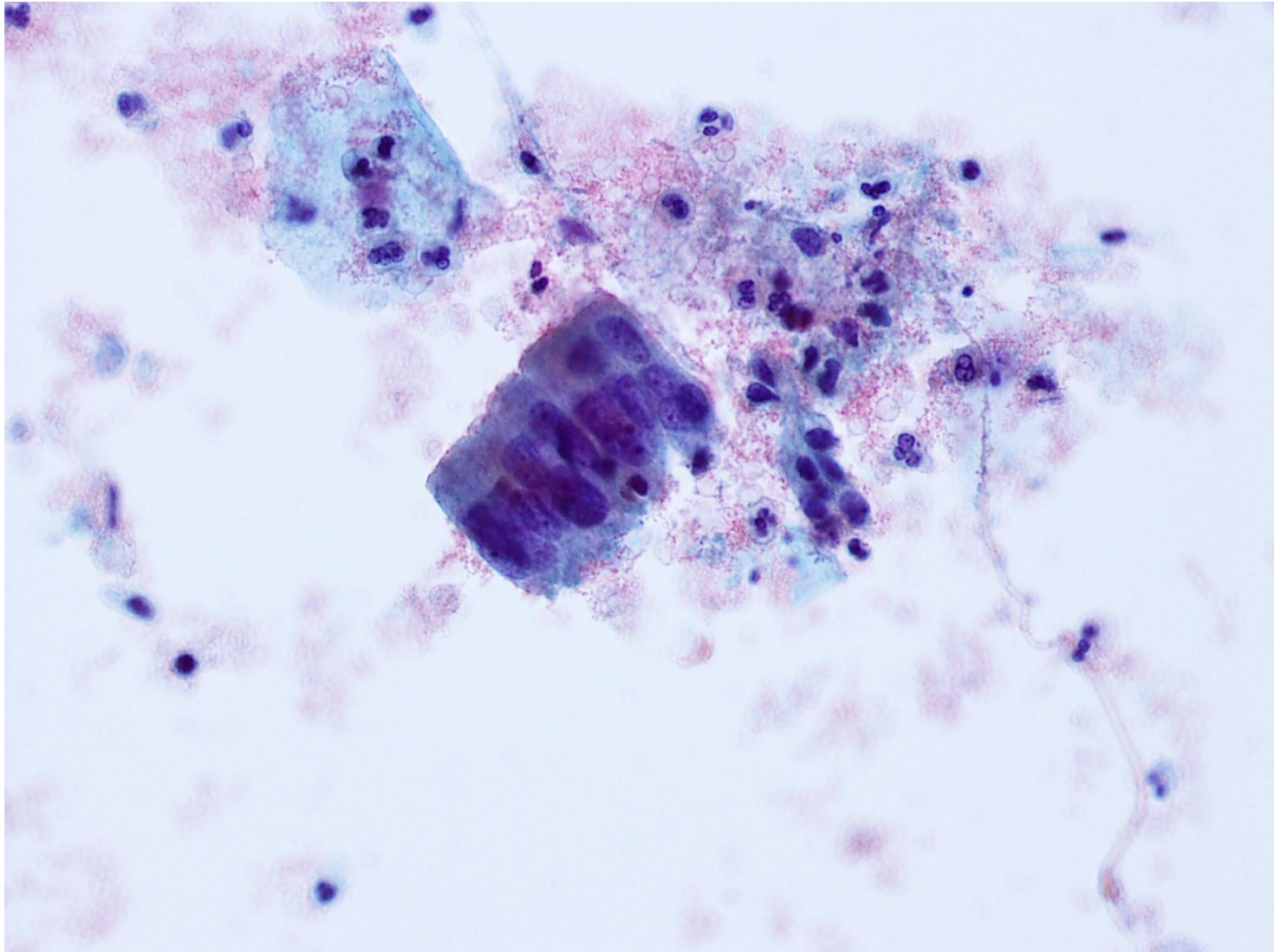
- Opinions
- A. Tubal metaplasia
 - B. Adenocarcinoma in situ (AIS)
 - C. Atypical Endocervical Cells (AGC)
 - D. HSIL



CASE 6

- Opinions
- A. Degenerate endometrial cells
 - B. Endometrial adenocarcinoma
 - C. IUCD cells
 - D. Endocervical adenocarcinoma

End of Unknown Slides



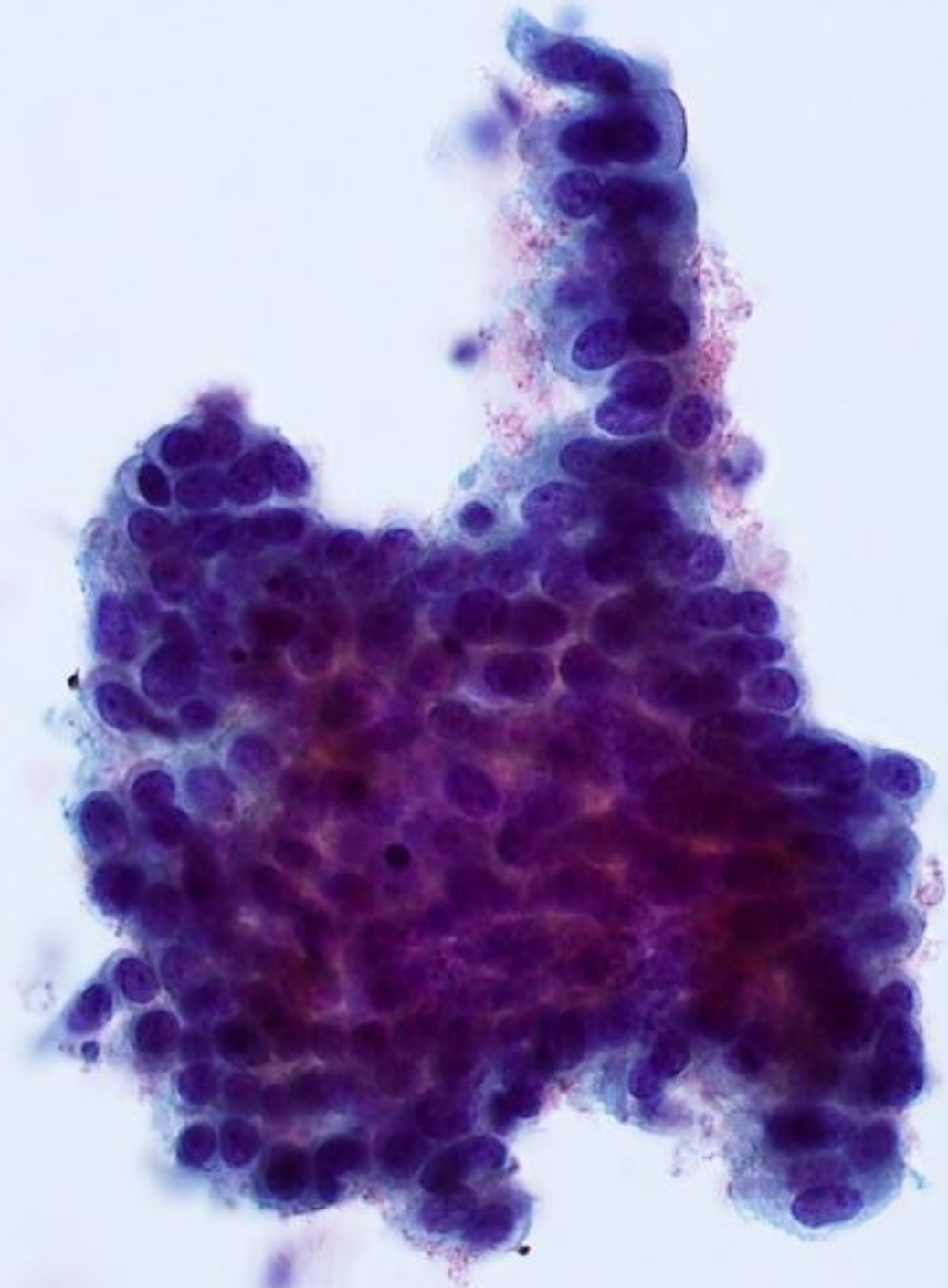
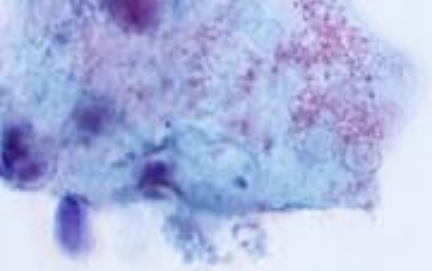
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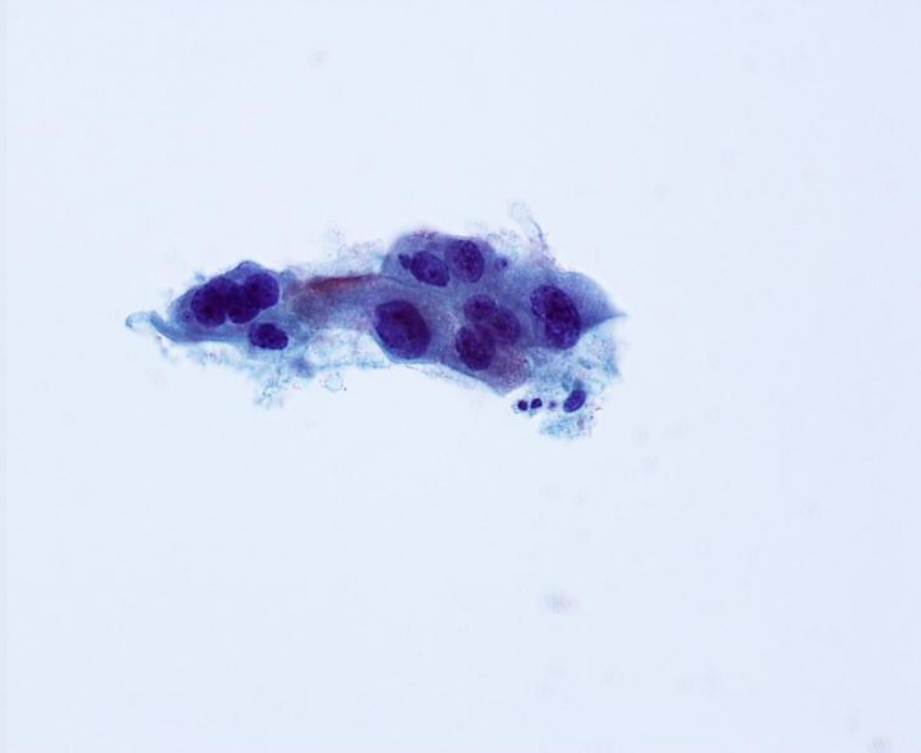
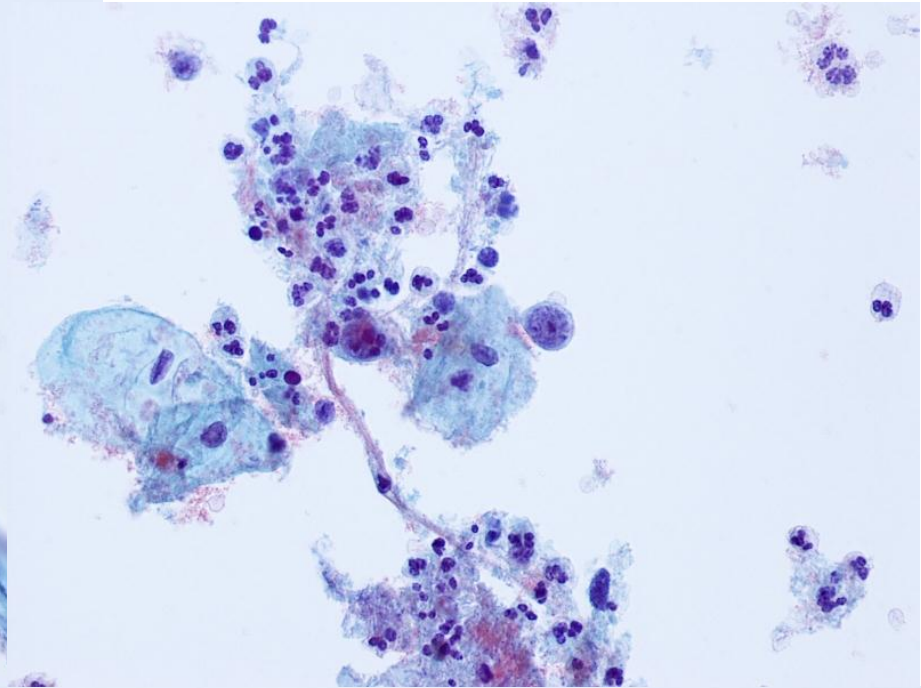
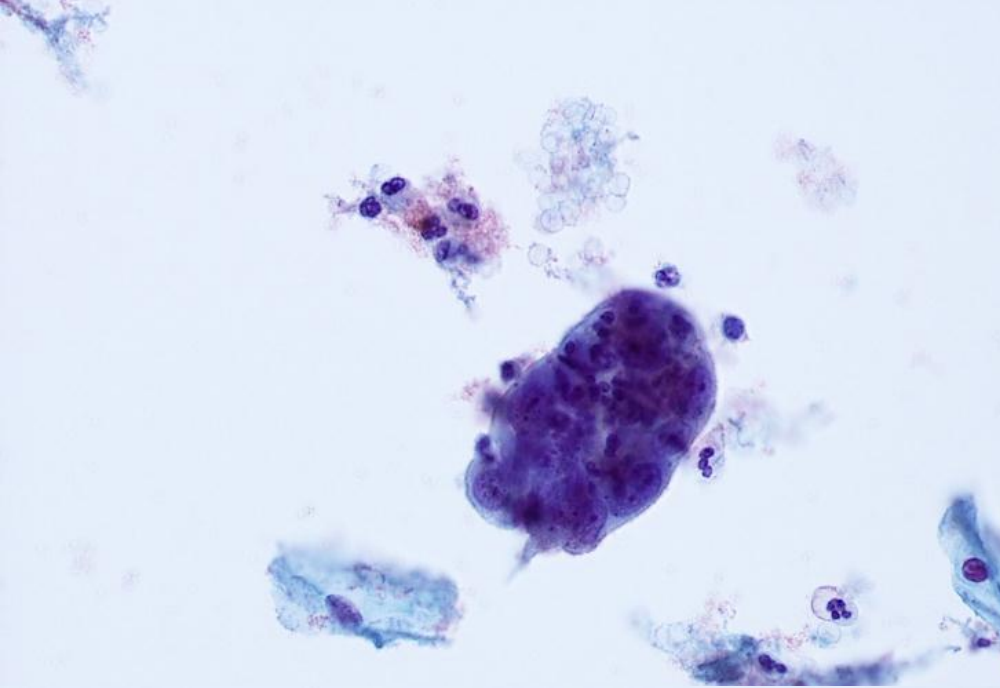
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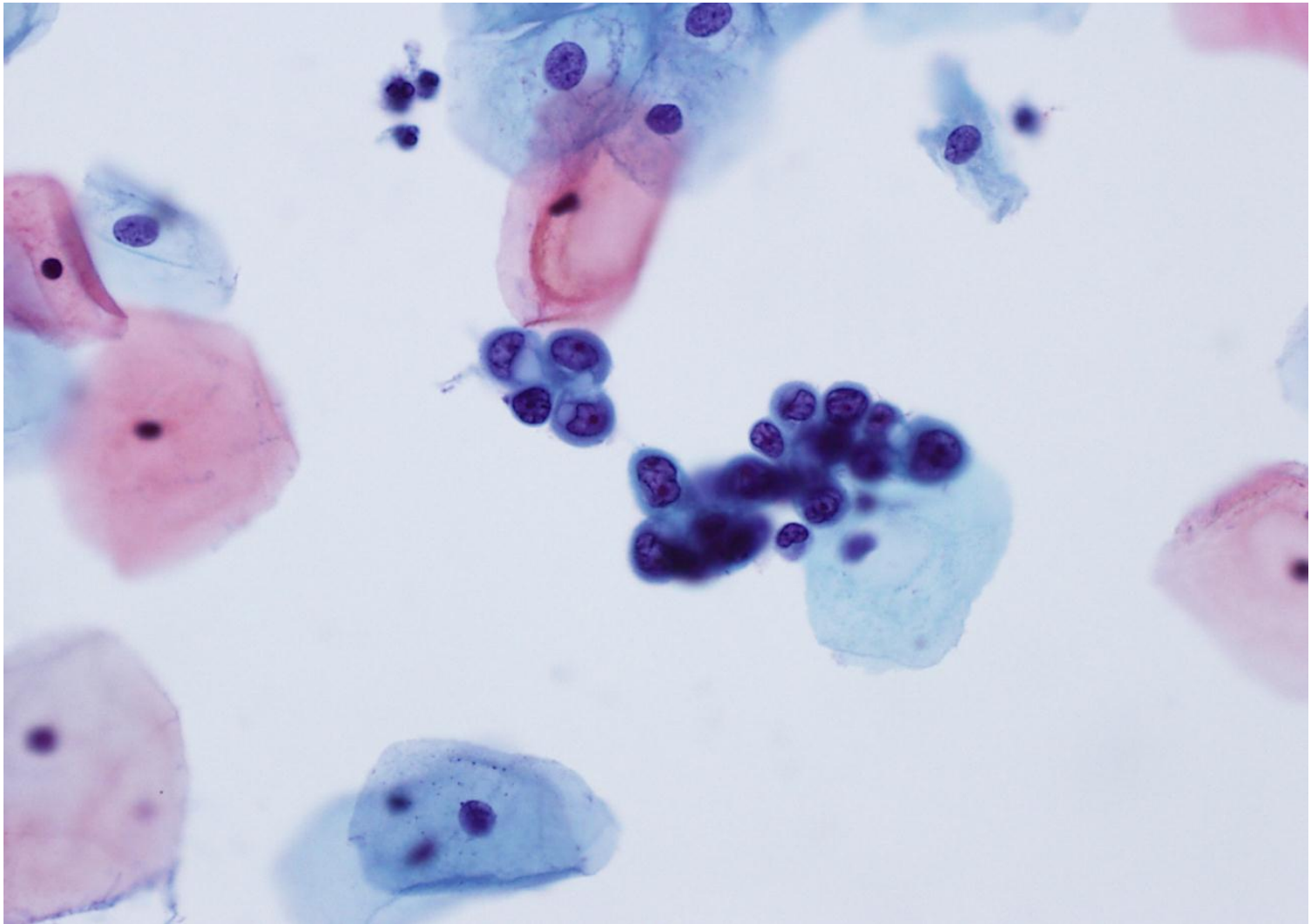
B. **Adenocarcinoma in situ (AIS)**

C. Atypical Endocervical Cells (AGC)

D. **Atypical Endocervical Glandular Cells, favour neoplasia**

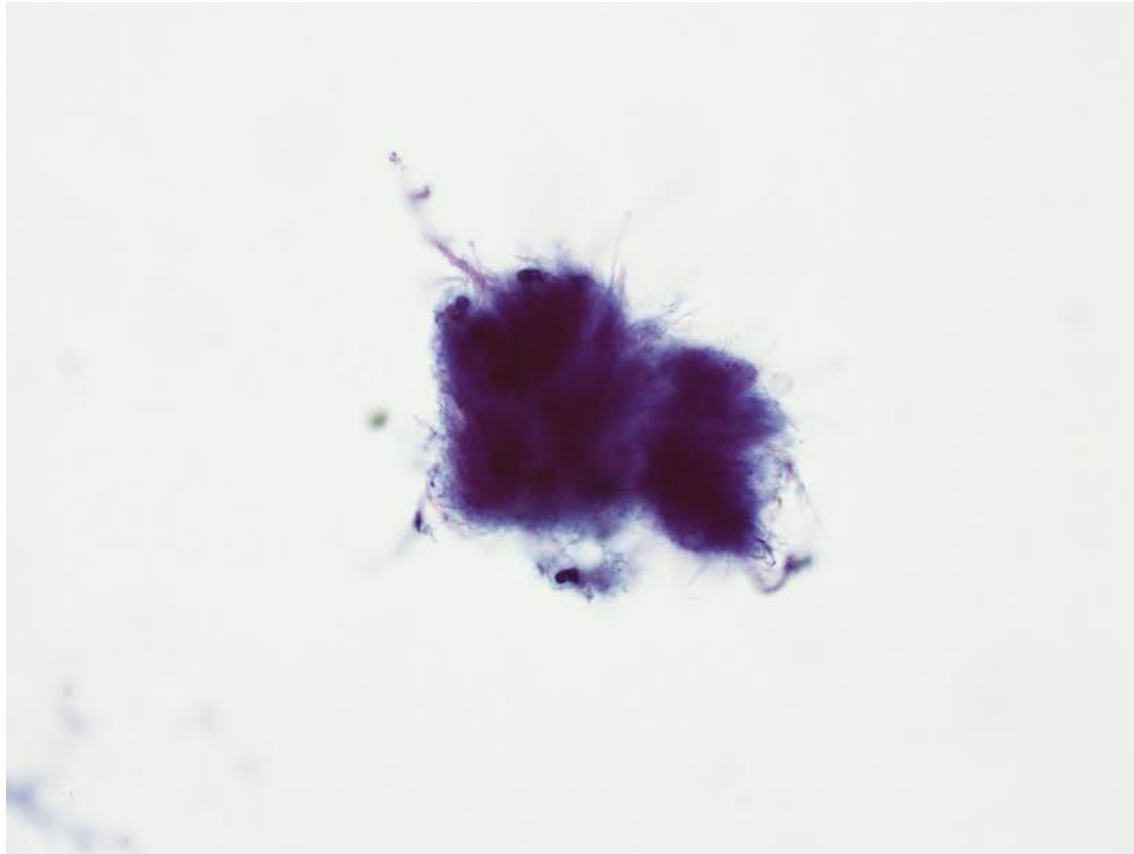




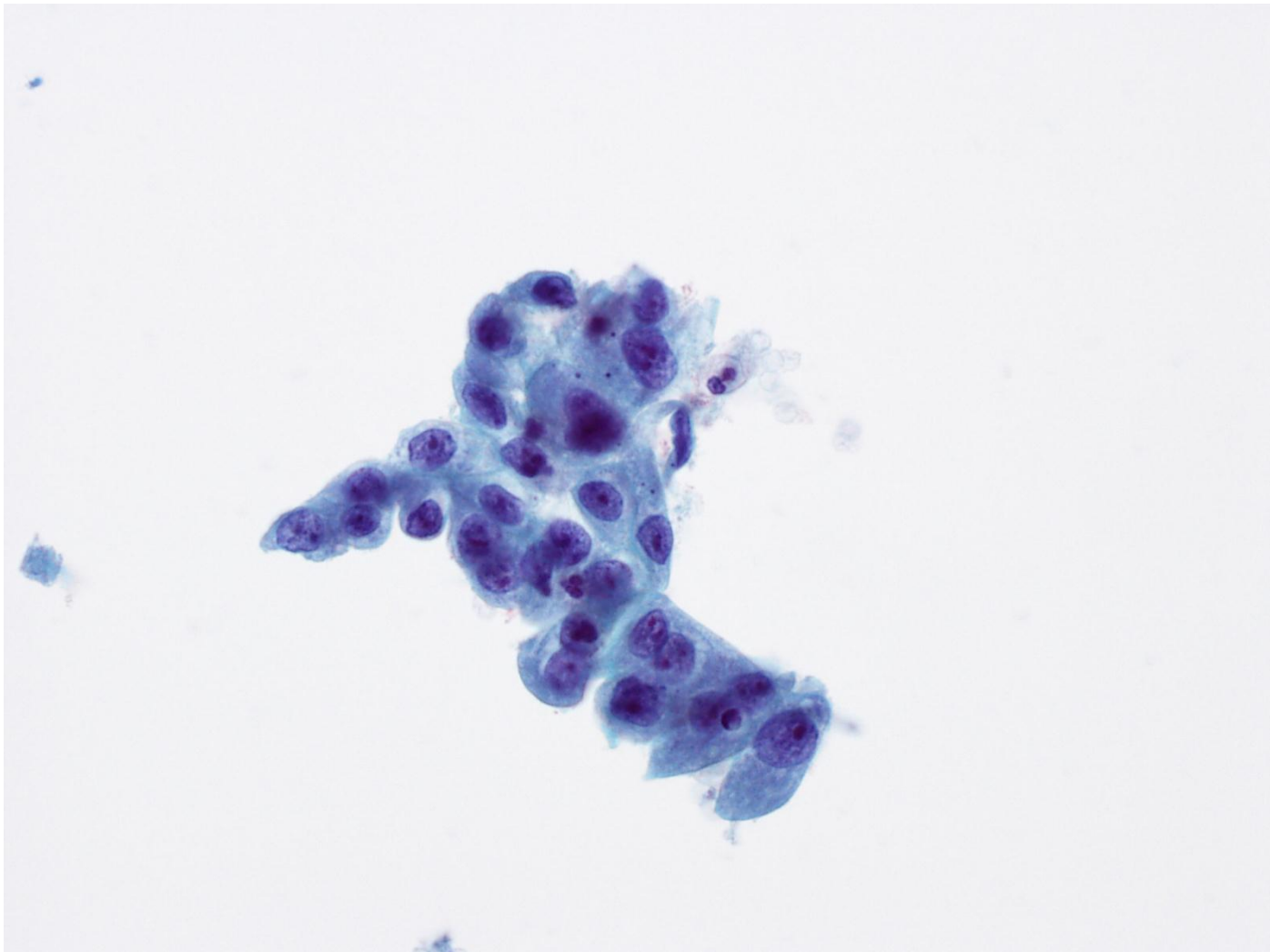


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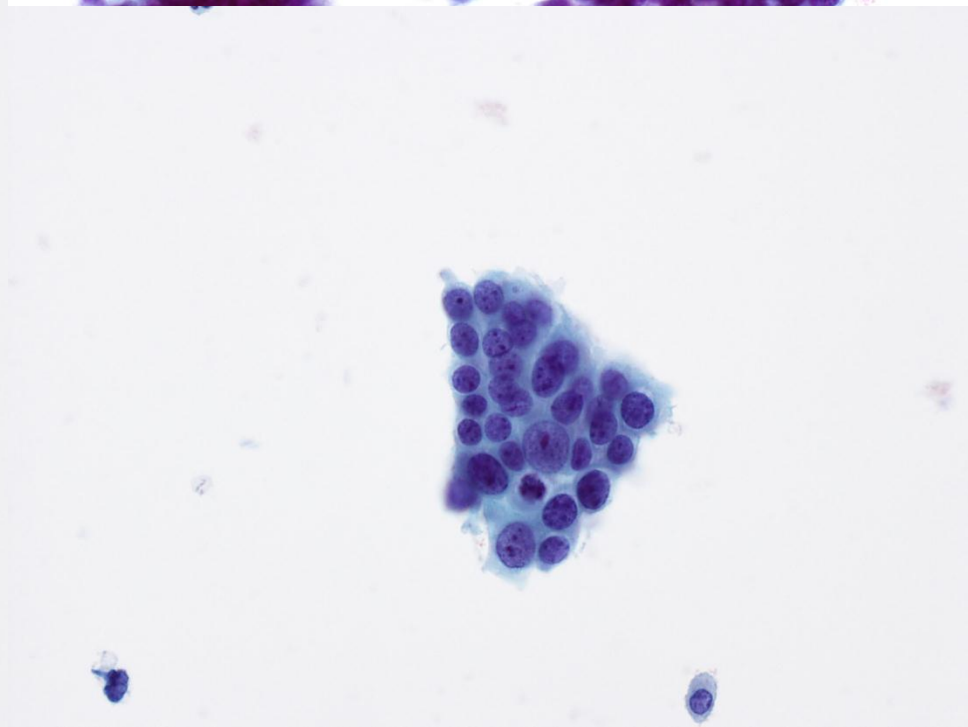
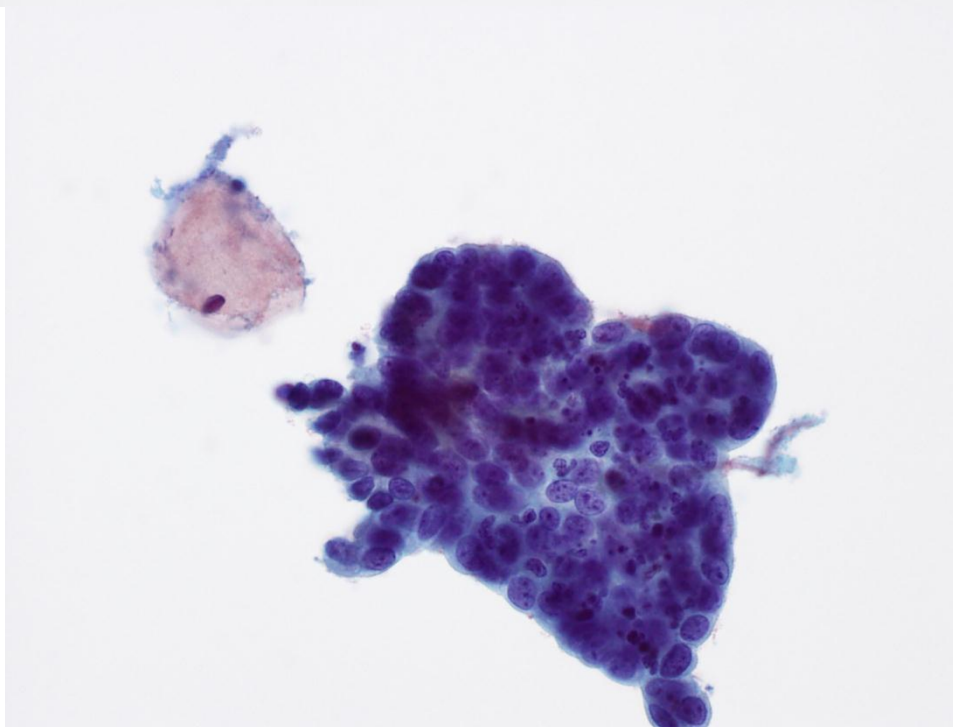
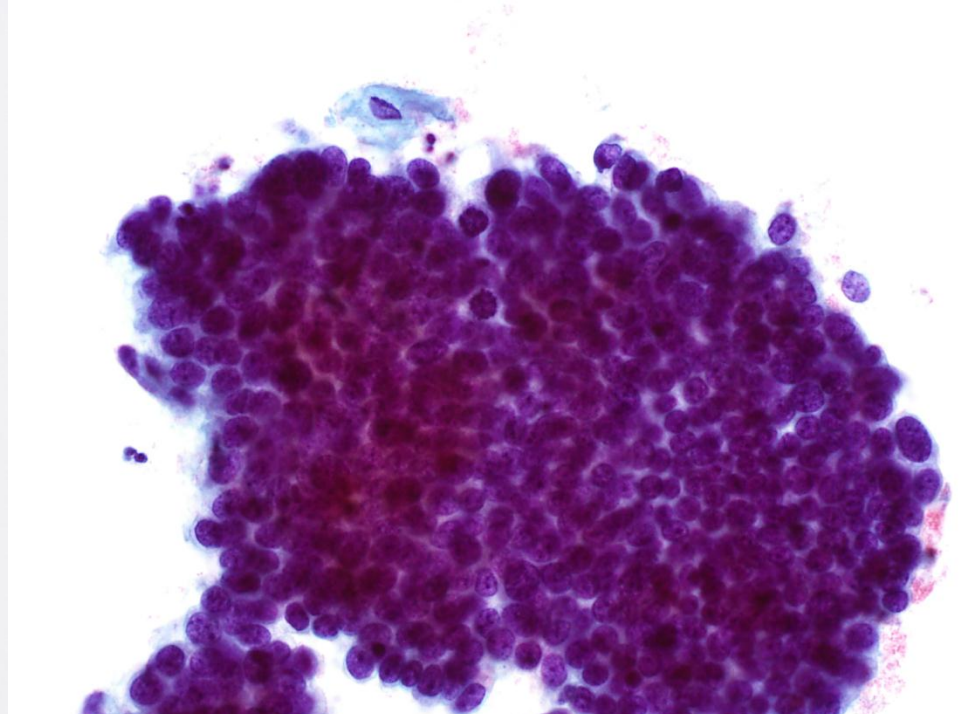
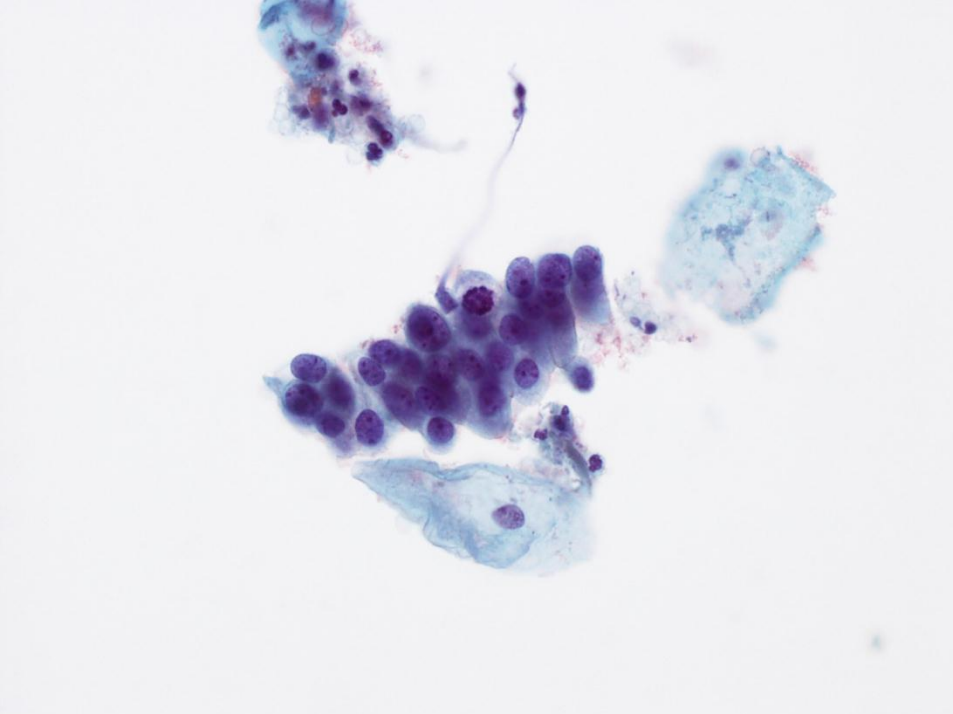


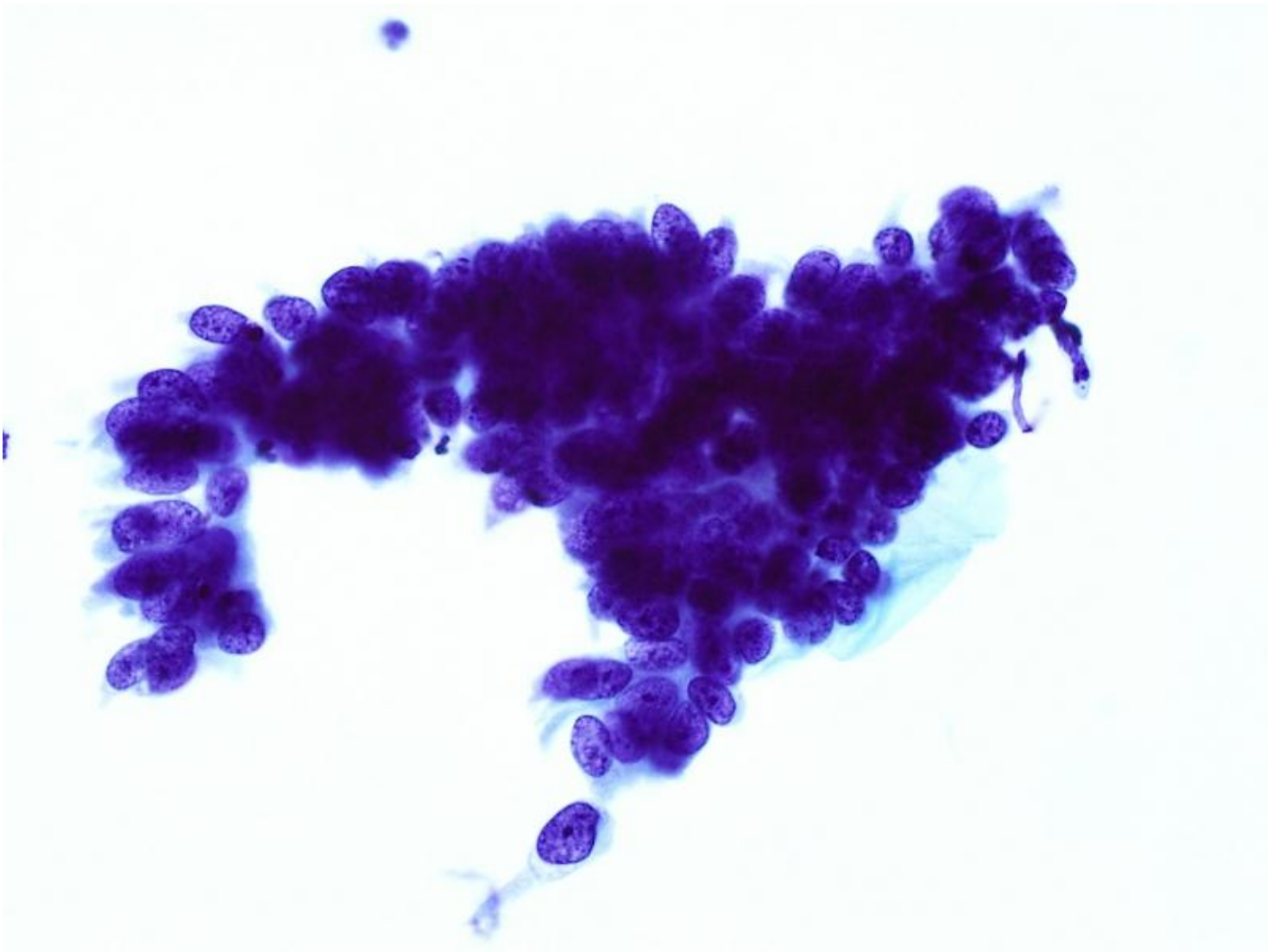
35 years
Asymptomatic, IUCD



CASE 3

- Opinions
- A. Reactive metaplastic squamous cells
 - B. Reactive endocervical glandular cells
 - C. **Atypical Endocervical Glandular Cells**
 - D. **Adenocarcinoma**





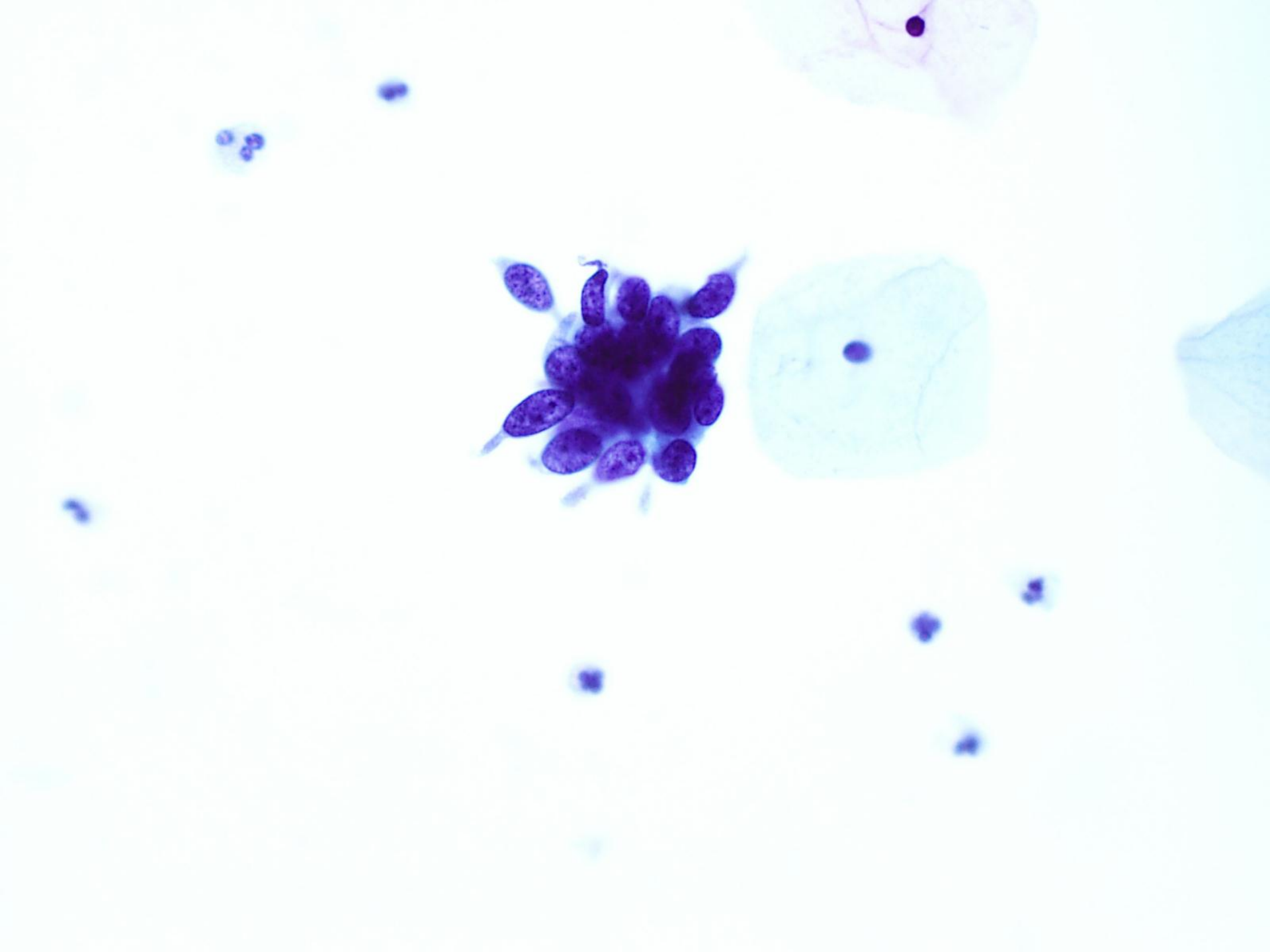
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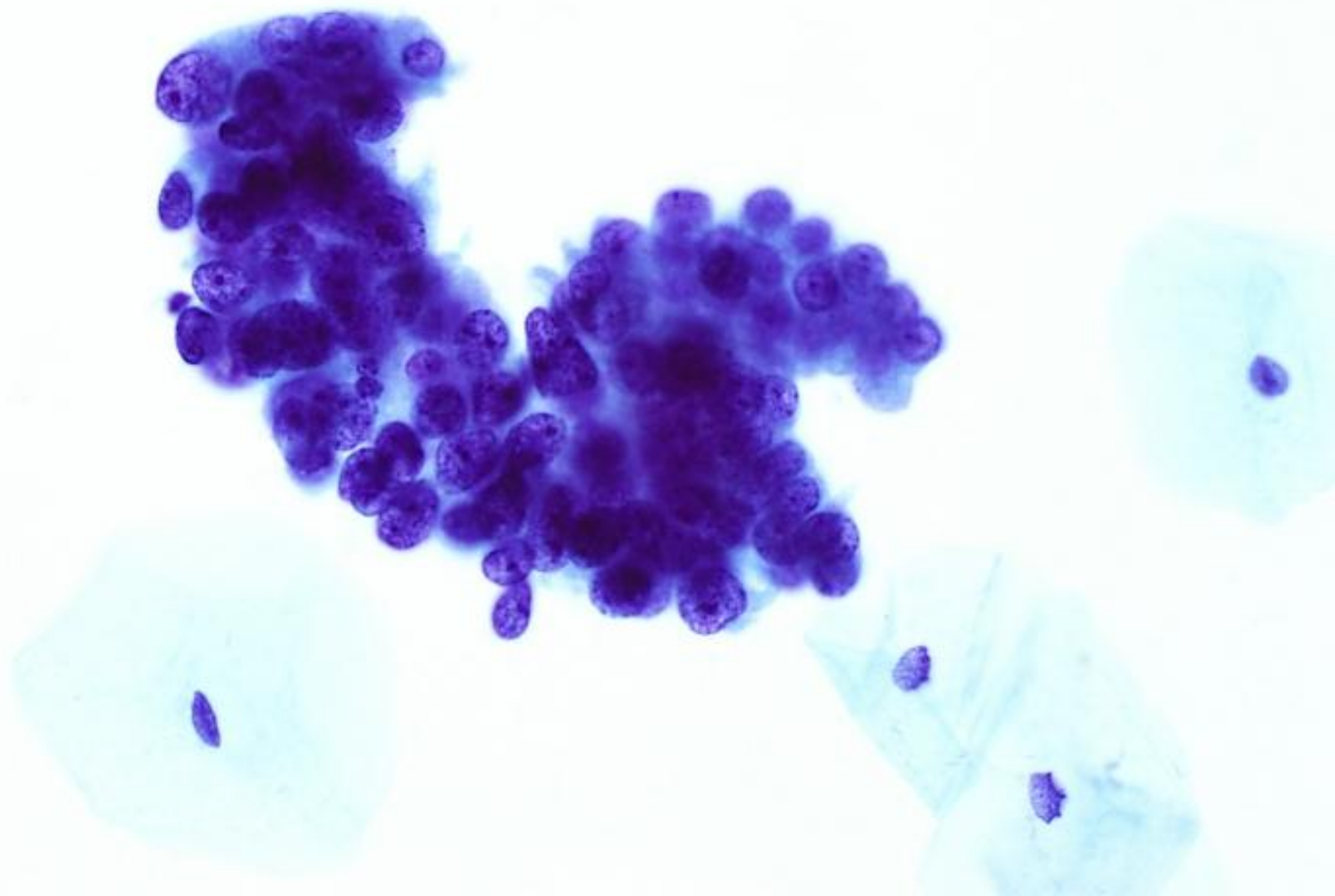
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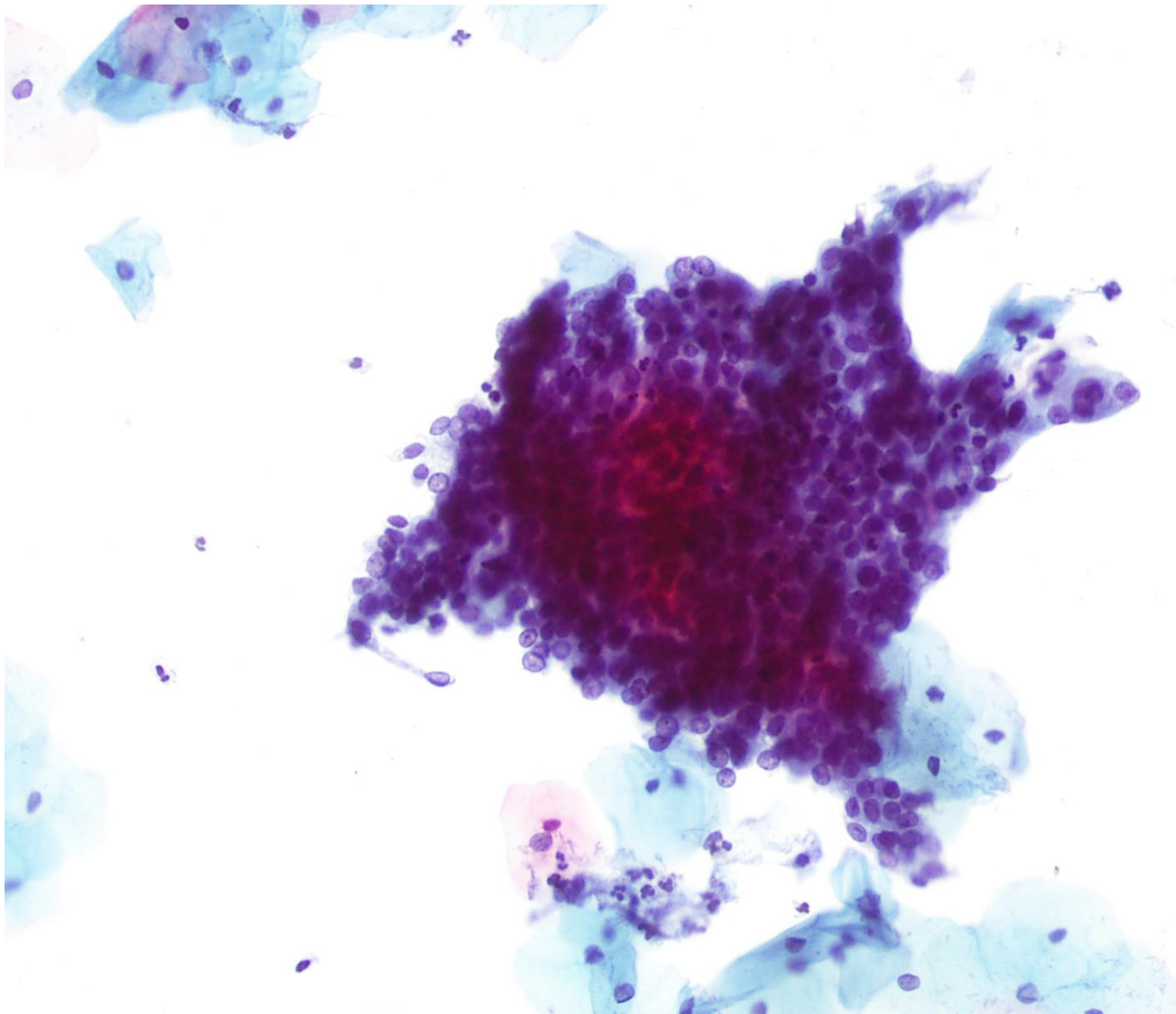
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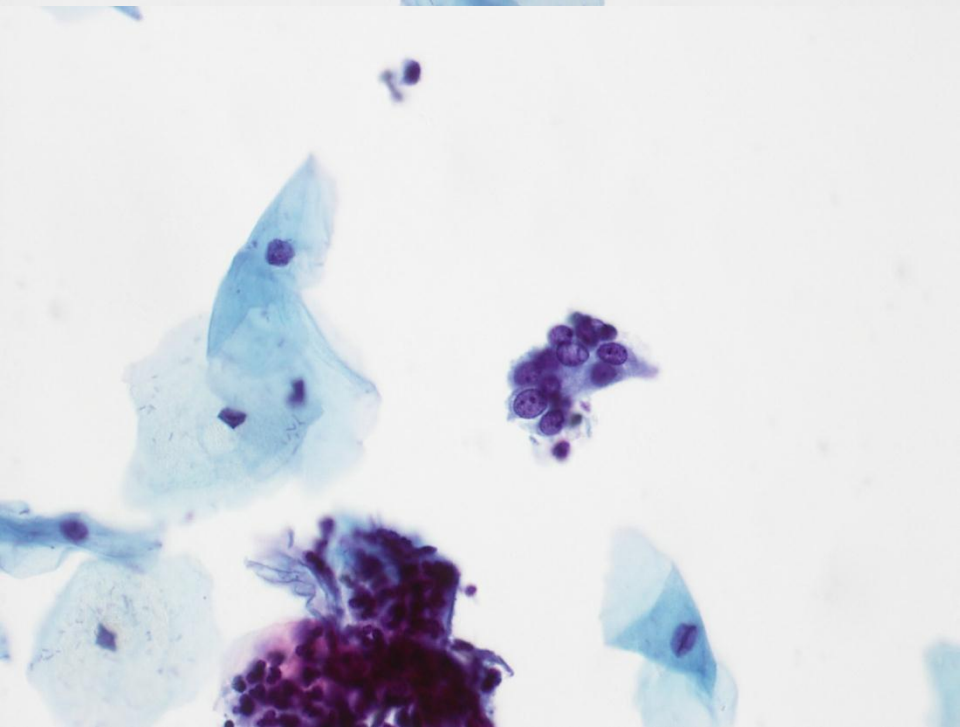
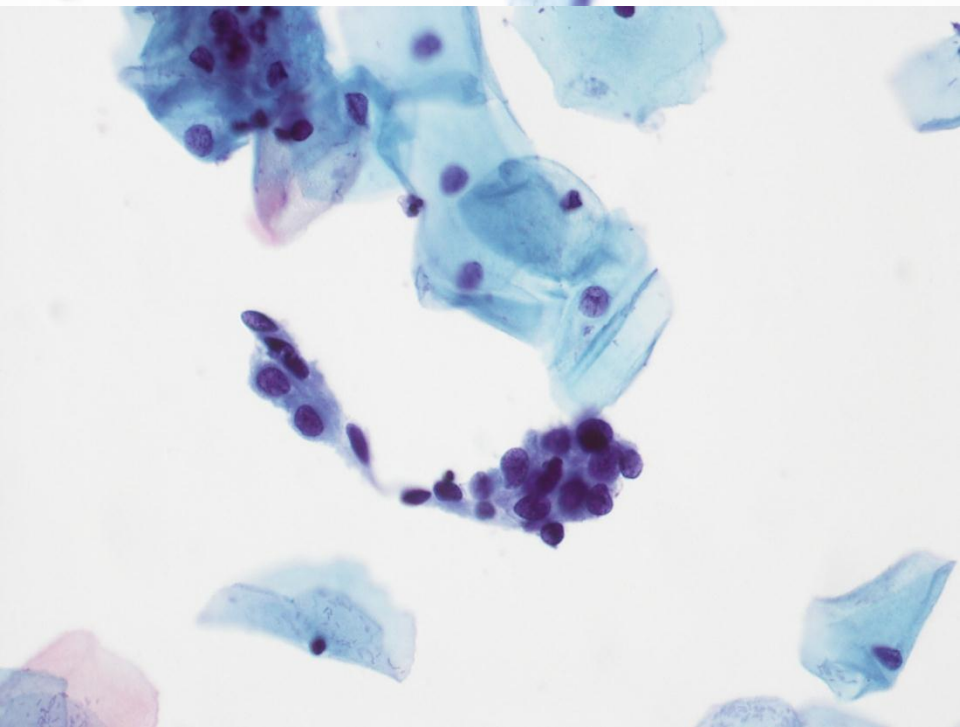
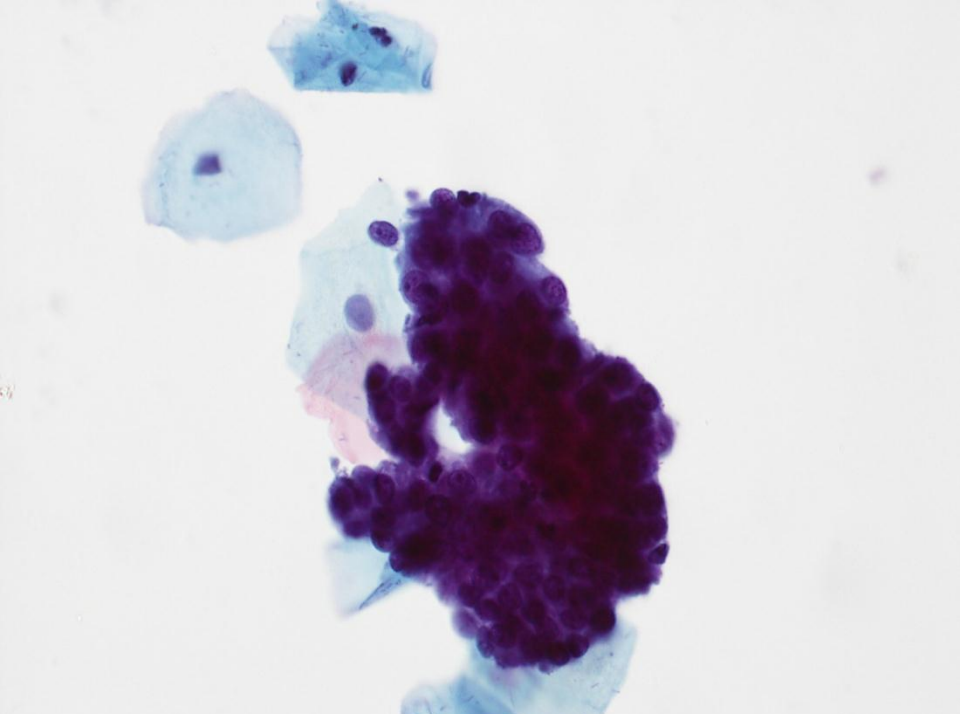
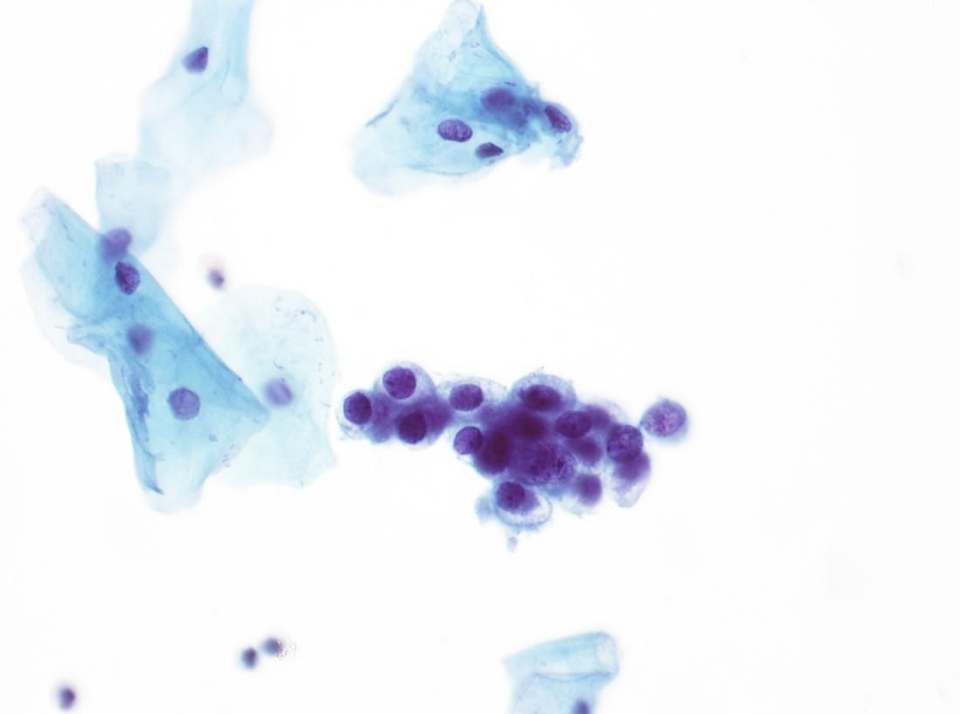


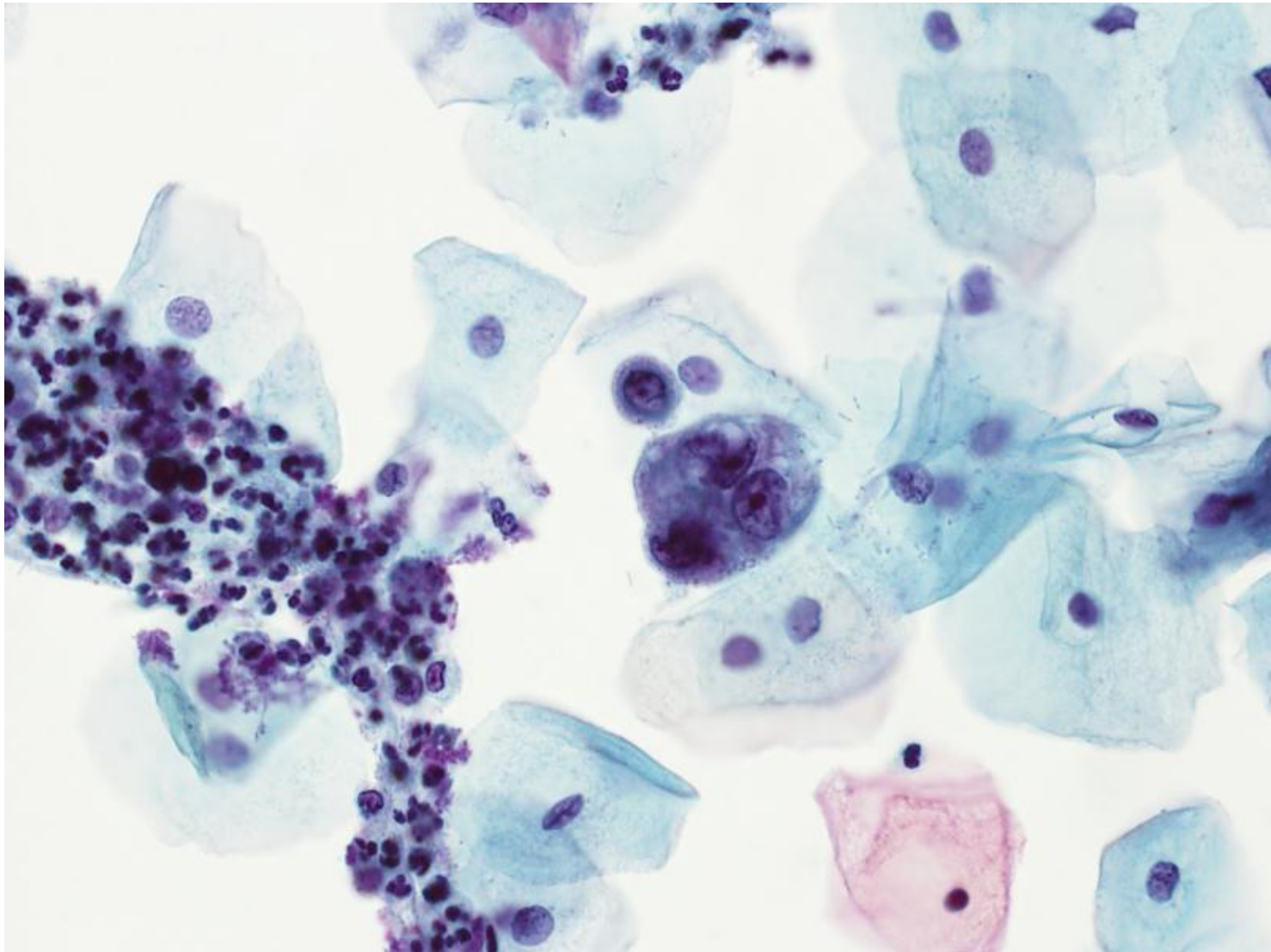




CASE 5

- Opinions
- A. Tubal metaplasia
 - B. Adenocarcinoma in situ (AIS)
 - C. Atypical Endocervical Cells (AGC)
 - D. **HSIL**





CASE 6

- Opinions
- A. Degenerate endometrial cells
 - B. **Endometrial adenocarcinoma**
 - C. IUCD cells
 - D. Endocervical adenocarcinoma