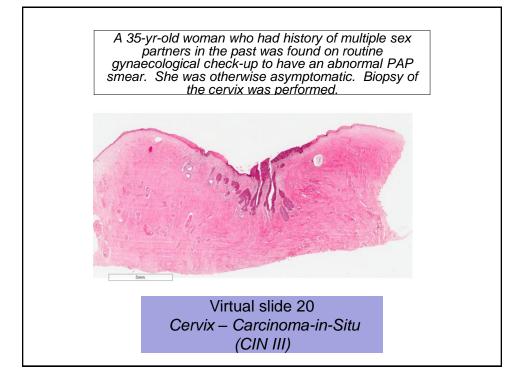
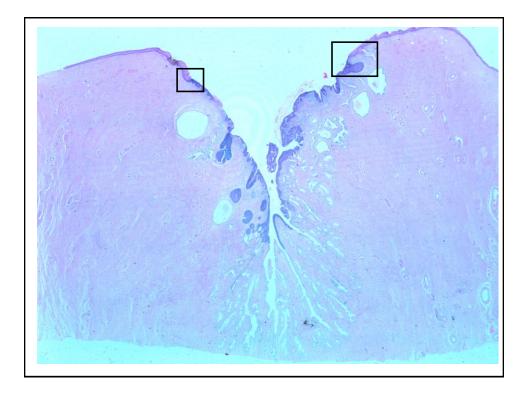
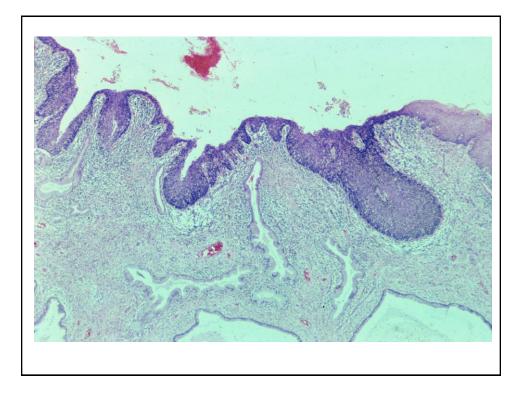
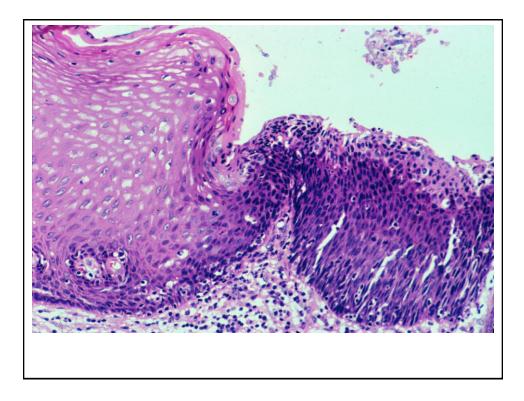
Slides Practical FEMALE GENITAL TRACT

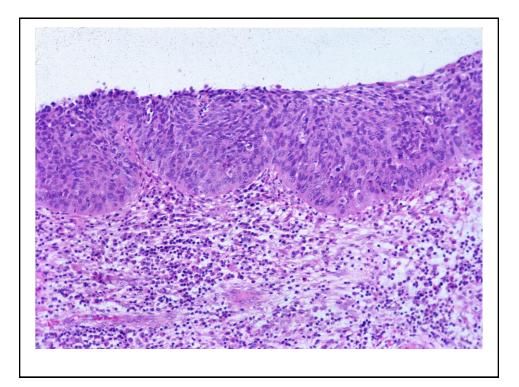
- Slide 20 : Cervix Carcinoma-in-Situ (CIN III)
- Slide 21 : Cervix Squamous cell carcinoma
- Slide 22 : Uterus Leiomyoma
- Demo slide : Uterus Adenomyosis

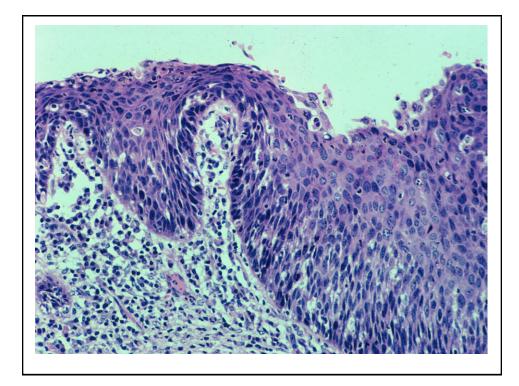


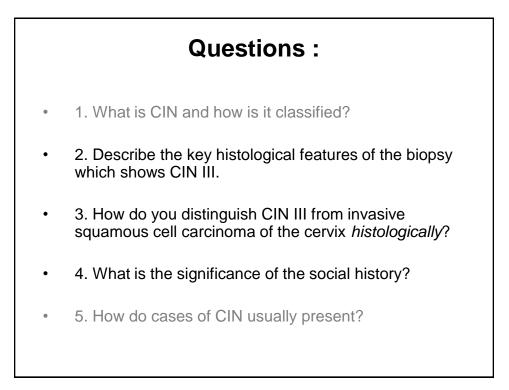








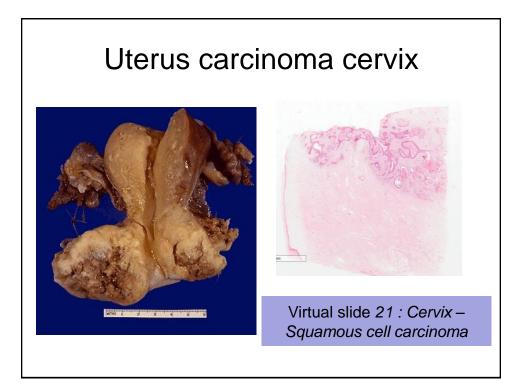


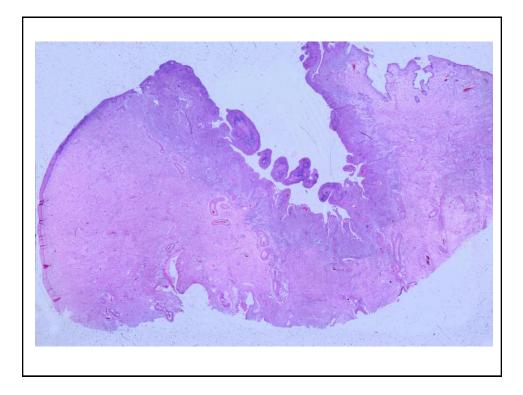


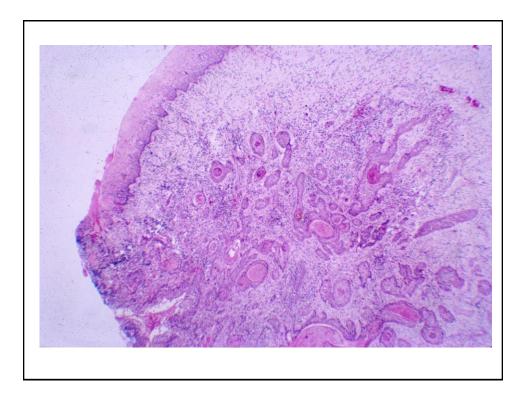
SLIDE 21 Cervix – Squamous cell carcinoma

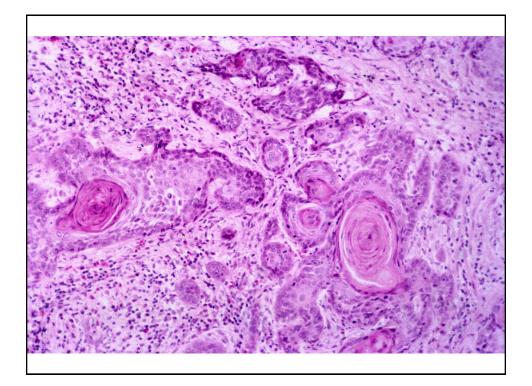
A 50-yr-old woman noticed post-coital bleeding 6 months ago. She now has intermittent spotting and vaginal discharge. An ulcerated exophytic growth was seen in the cervix. A PAP smear was taken followed by definite surgery.

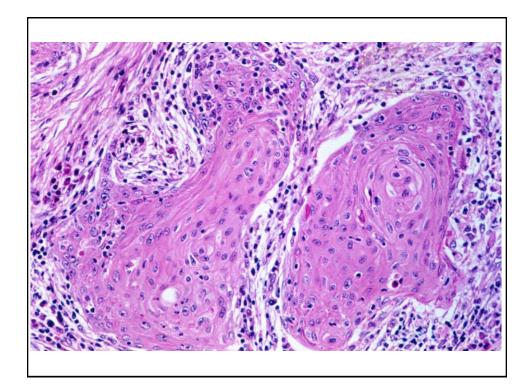


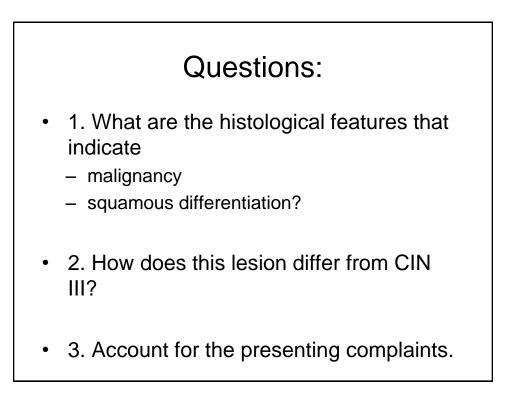


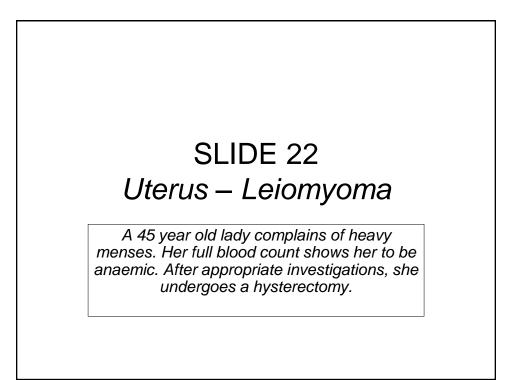


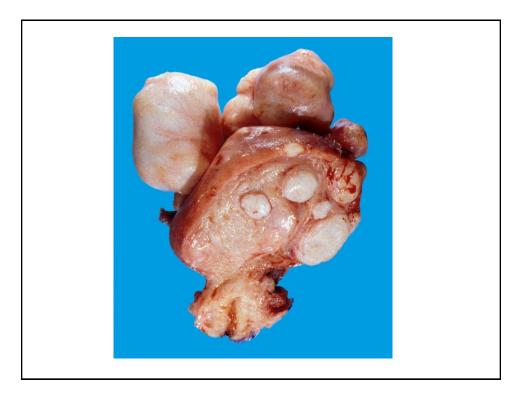


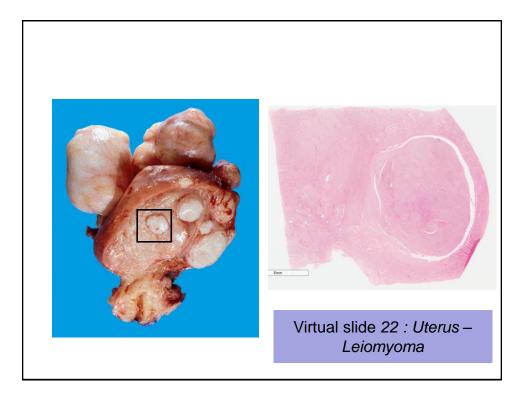


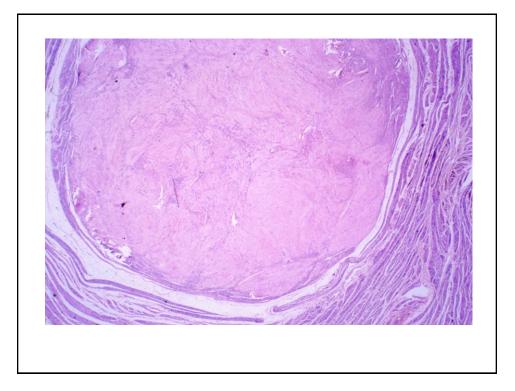


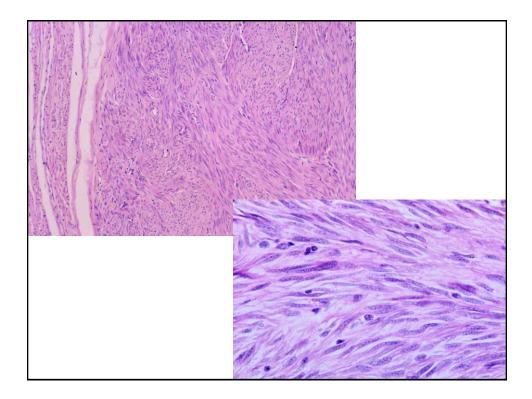


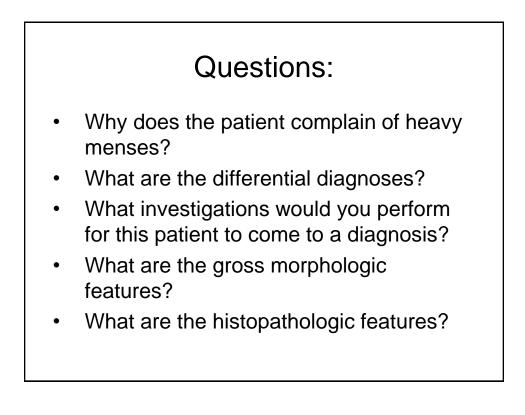






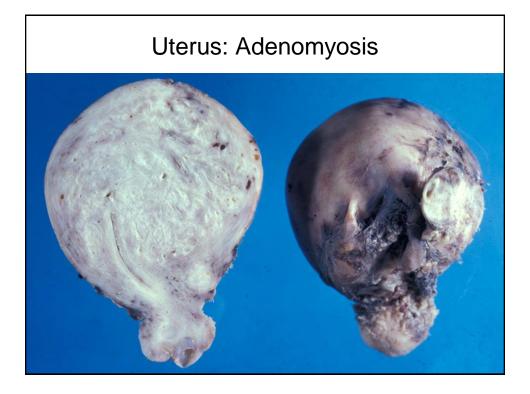


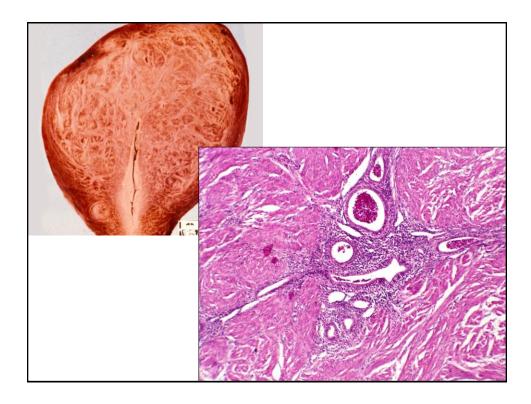


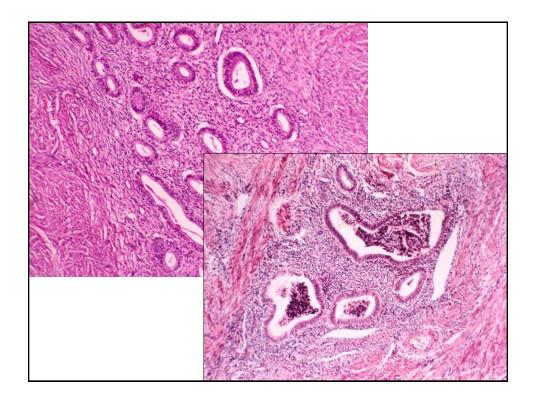


Demo slide : Uterus – Adenomyosis

A 45-yr-old woman complains of heavy periods associated with pelvic pain during menstruation for the past 8 months.







Questions:

- 1. What are the differential diagnoses?
- 2. Describe the histological features of this condition.
- 3. How do you distinguish it from endometrial adenocarcinoma invading the myometrium?
- 4. Why should there be heavy menstrual flow?
- 5. What is the relationship of the condition to hormones?
- 6. What is endometriosis?