

NON NEOPLASTIC VULVAR DISEASES			
	Liechen sclerosis	Liechen simplex chronicus	Condyloma accuminatum
Causes	Post-menopausal (maybe AI)	End result of inflammation	HPV 6,11
Features	Thinned skin, white plaques No rete pegs Hydrotropic basal cell degeneration	Leukoplakia Thickened epithelium, hyperkeratosis	Koliocytosis (perinuclear cytoplasmic vacuolization + nuclear pleomorphism)
Notes	Non pre-malignant	Non pre-malignant	Non pre-malignant

NEOPLASTIC VULVAR, VAGINAL, CERVICAL DISEASES				
	Intra-epithelial neoplasia (IN)	High grade IN	Vulvar squamous cell carcinoma (SCC)	
			Basaloid poorly differentiated SCC	Well differentiated SCC
Causes	High risk HPV 16,18	Genetic, immune, environmental, HPV superinfection	More common, HPV related, younger ages, CIN (precursor)	Older ages, not HPV
Features	Dysplasia (↑ N:C ratio, abnormal membrane) Severity graded: IN I, II, III depending on epithelial thickness	IN II, III Multi-foci or with invasive leisons IN III: carcinoma in situ (full thickness)	Poorly differentiated HPV leisons on vagina or cervix	Well differentiated May be with liechen leisons

NON NEOPLASTIC ENDOMETRIAL DISEASES				
	Endometritis	Adenomyosis	Endometriosis	Endometrial hyperplasia
Cause	- infxn (pelvic imflam. disease PIC) - miscarriage, delivery - intrauterine device (IUCD)	Endometrial stroma & glands in myometrium	Endometrial gland & stroma outside uterus Diagnosed by 2 of 3 features: endometrial Glands/ stroma/ hemosiderin pigment.	↑ estrogen relative to progesterin → ↑ proliferation → may progress to cancer
Features	Damage to fallopian tubes	Thick uterine wall, enlarged uterus	Multi focal (pelvis: ovaries, doglas, uterine ligaments, tubes, rectovaginal septum) Distant (umbilicus, LN, lung)	architectural crowding and cytologic atypia (determine severity)
Symptoms	Fever, abdominal pain, menstrual abnormalities, infertility, miscarriage	Menorrhagia, dysmenorrhea (due to exaggerated contractions)	Infertility, dysmenorrhea, pelvic pain, chocolate cyst (blood mass in pelvis) contains functionalis endometrium → cyclic bleeding. Leads to: fibrosis, sealing of fimbria, ovary distortion	1- typical hyperplasia (simple or complex) 2- Atypical hyperplasia (20% risk of cancer).
Notes	- can be acute or chronic - treat: remove cause, antibiotic, D&C	derived from striatum basalis → no cyclic bleeding	4 theories: 1) Regurgitation (menstrual backflow and implantation) 2) Metaplastic (coelomic epithelium → endometrium) 3) Vascular/lymphatic dissemination (explain extrapelvic/intranodal implants) 4) Extrauterine stem/progenitor cell (circulating cells from bone marrow turns to endometrial tissue)	risk factors: obesity, DM, Htn, infertility, prolonged estrogen replacement therapy, estrogen-secreting ovarian tumors.

TUMORS OF ENDOMETRIUM				
	Benign endometrial polyps	Endometrial carcinoma	Endometrioid carcinoma	Serous carcinoma
Cause		1) perimenopausal with ↑ estrogen 2) older women with endometrial atrophy.	Precancerous lesion: endometrial hyperplasia Mutation in DNA mismatch repair genes & PTEN	Mutation in p53 tumor suppressor gene Not hormone dependent
Features	Sessile, pedunculated endometrial dilated glands, with small muscular arteries and fibrotic stroma.	type I cancers: prototype is endometrioid type II cancers: prototype is serous carcinoma	Similar to normal endometrium	
Notes	no risk of endometrial cancer.	Most common female genital cancer	5 year survival: Stage I: 90% Stage III, IV: 40%	Prognosis worse than endometrioid (depends on operative staging with peritoneal cytology)

TUMORS OF MYOMETRIUM		
	Leiomyoma	Leiomyosarcoma
Features	<ul style="list-style-type: none"> - fibroids, benign tumor of smooth muscle cells - estrogen-dependent; shrink after menopause. - circumscribed, firm gray-white masses with whorled cut surface. - intramural, submucosal, or subserosal - may develop hemorrhage, cystic change, calcification. - asymptomatic or symptomatic, menorrhagia, dragging sensation, anemia, etc... 	<ul style="list-style-type: none"> - Malignant - not from preexisting leiomyomas. - hemorrhagic, necrotic, infiltrative borders. - diagnosis: coagulative necrosis, cytologic atypia, mitotic activity.
Notes	most common benign tumor in reproductive age almost never transform into sarcomas, multiple lesions does not increase risk of malignancy	<ul style="list-style-type: none"> - Recurrence common, metastasize - 5 year survival: 40%.