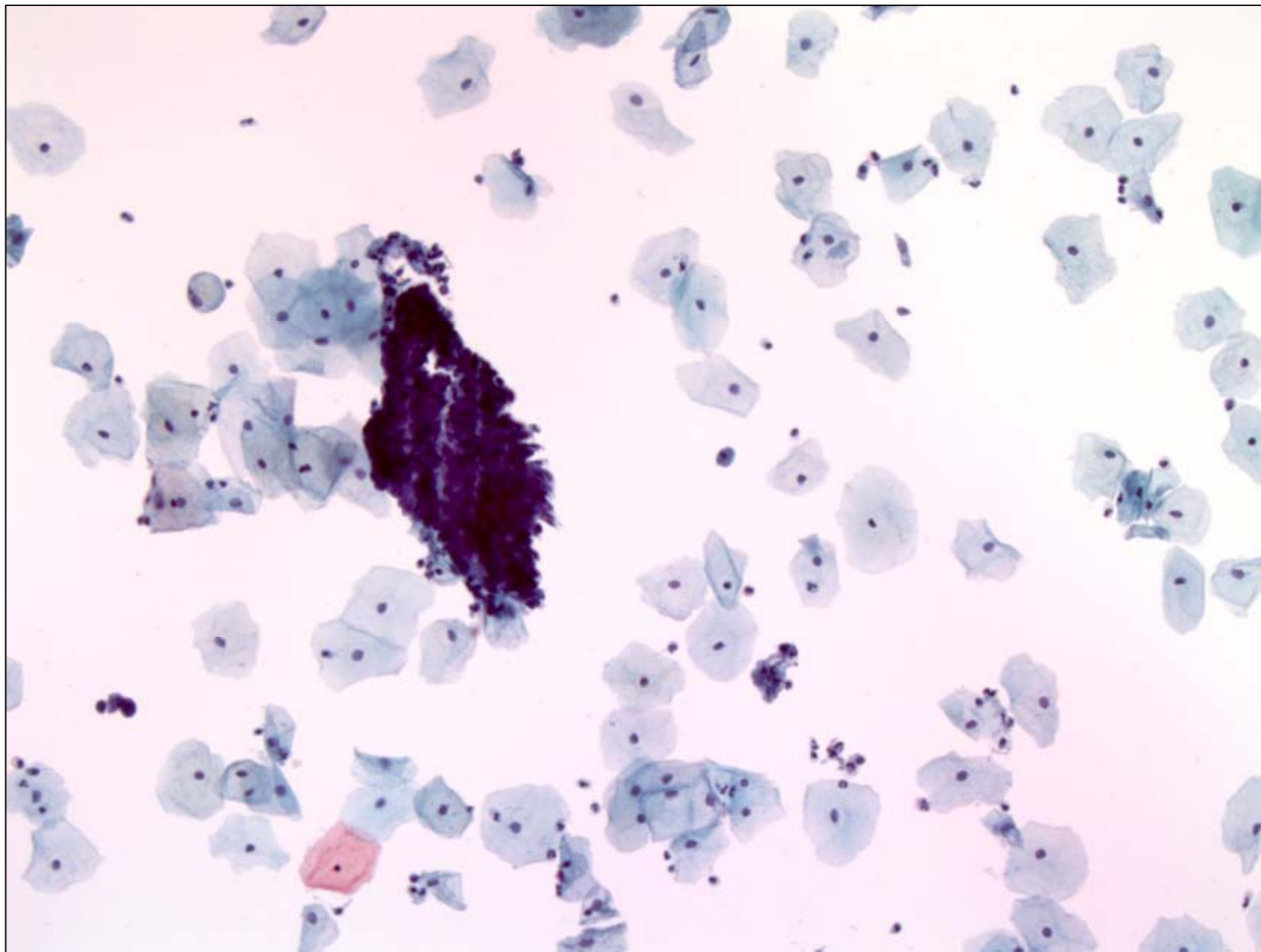


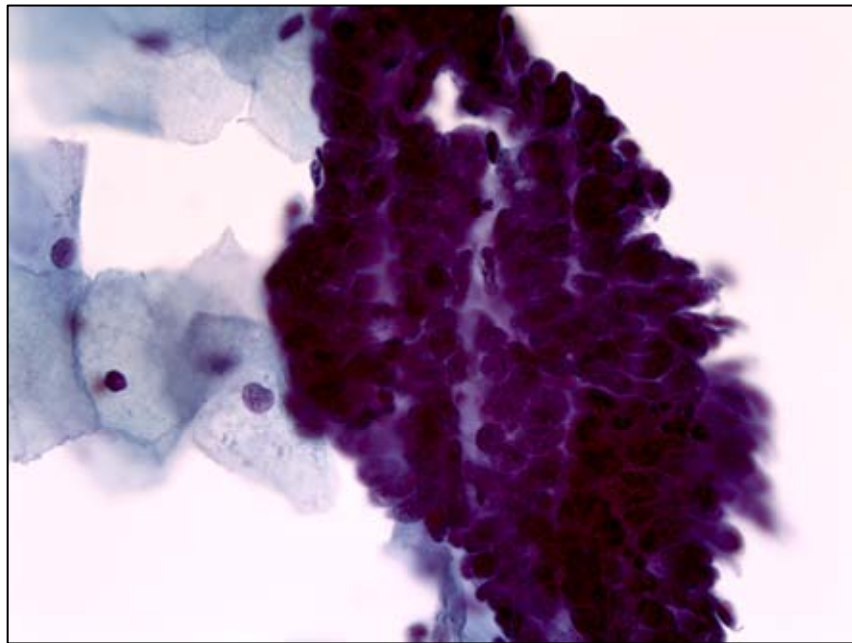
Case 7

Kliniske oplysninger:

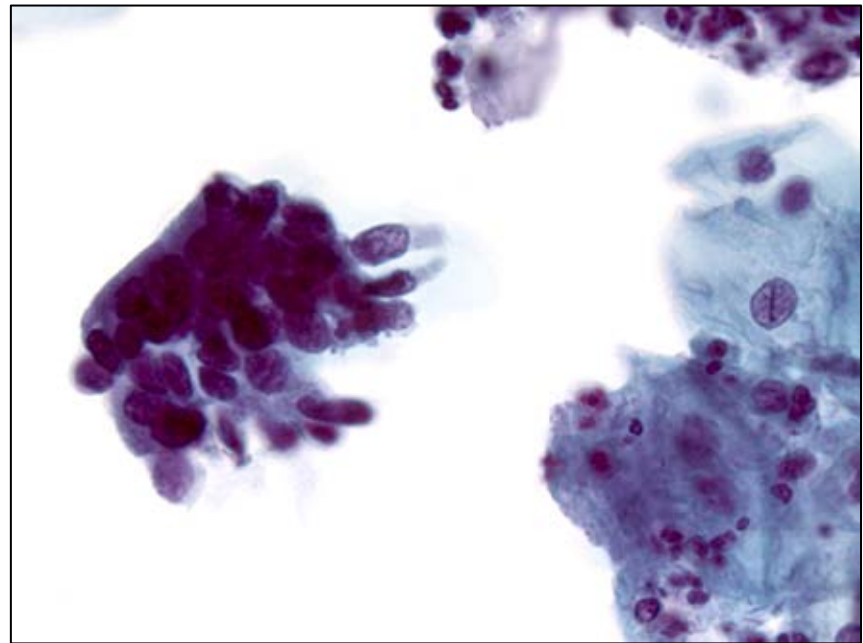
ThinPrep, 35 år, tre tidligere negative prøver, uregelmæssig menstruation, screeningsprøve.



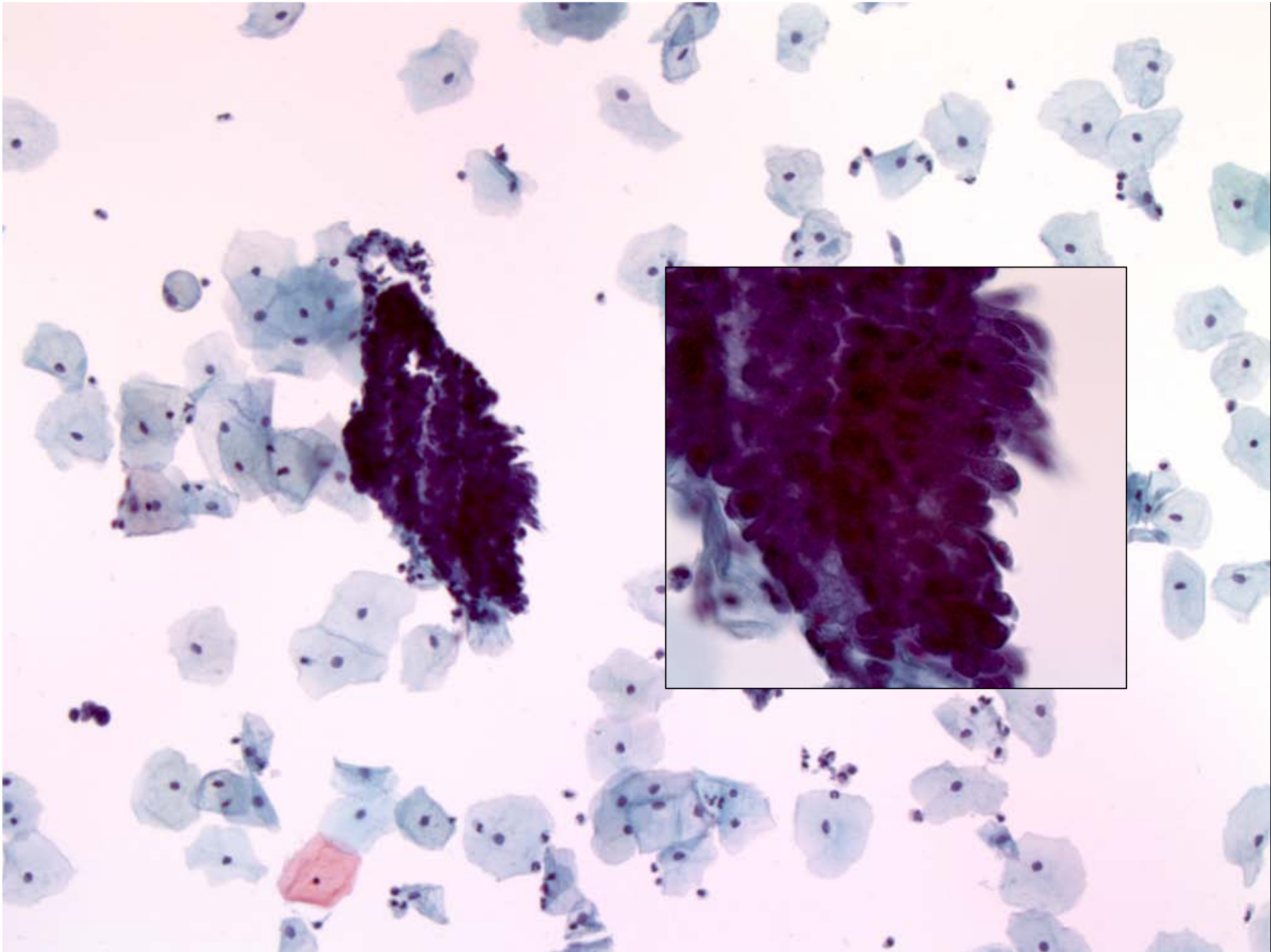
Imaging-PAP x100



Imaging-PAP x 400

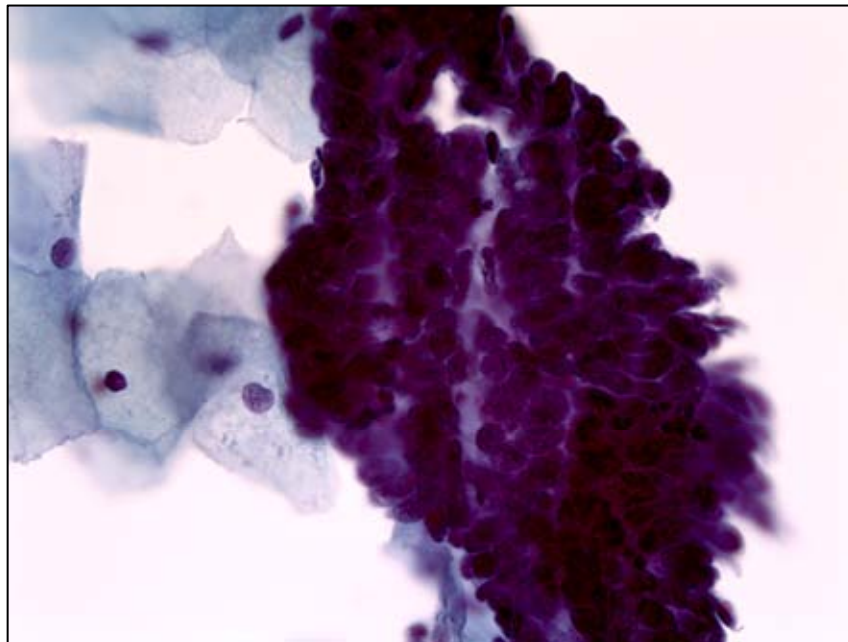


Imaging-PAP x 630



Viktigste cytologiske kriterier:

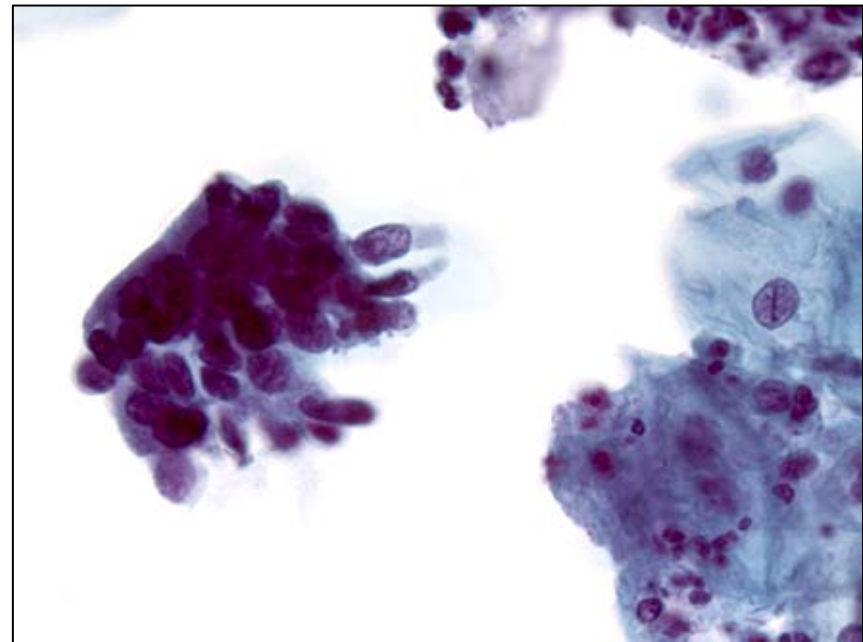
- Kernecrowding
- Fjerstruktur



Imaging-PAP x 400

Viktigste cytologiske kriterier:

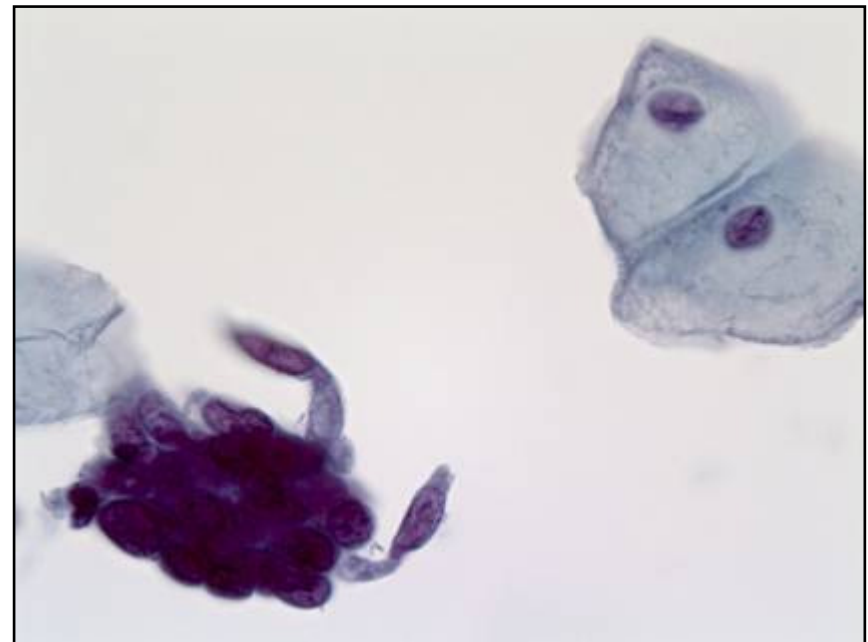
- Pseudolagdelt stribe
- Kernecrowding
- Fjerstruktur
- Kernestørrelsesvariation



Imaging-PAP x 630

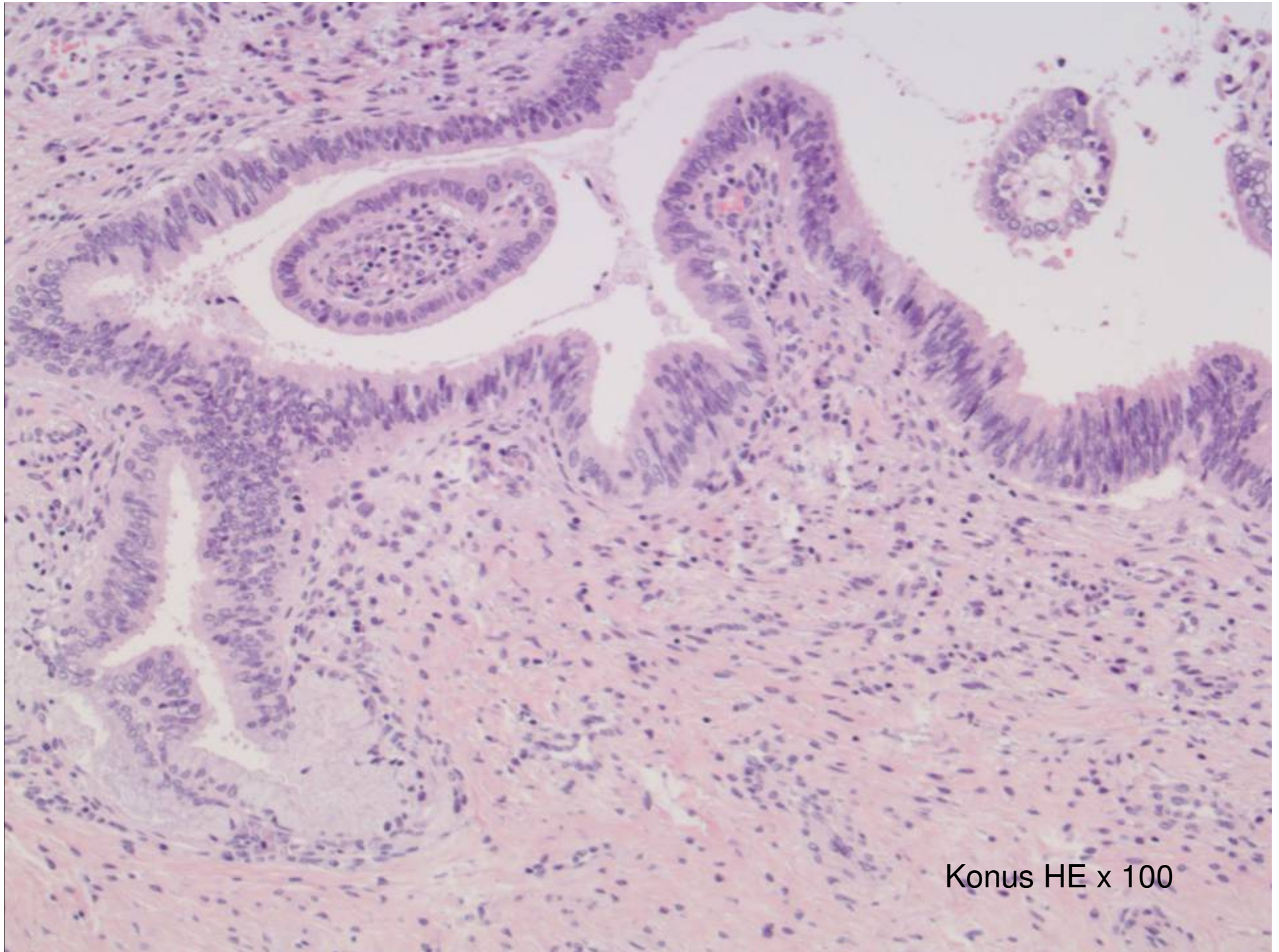
Diagnose

- Cervixcytologi, cervixskrab og konus viser endocervikalt adenokarcinom in situ.
- Negativ opfølgning

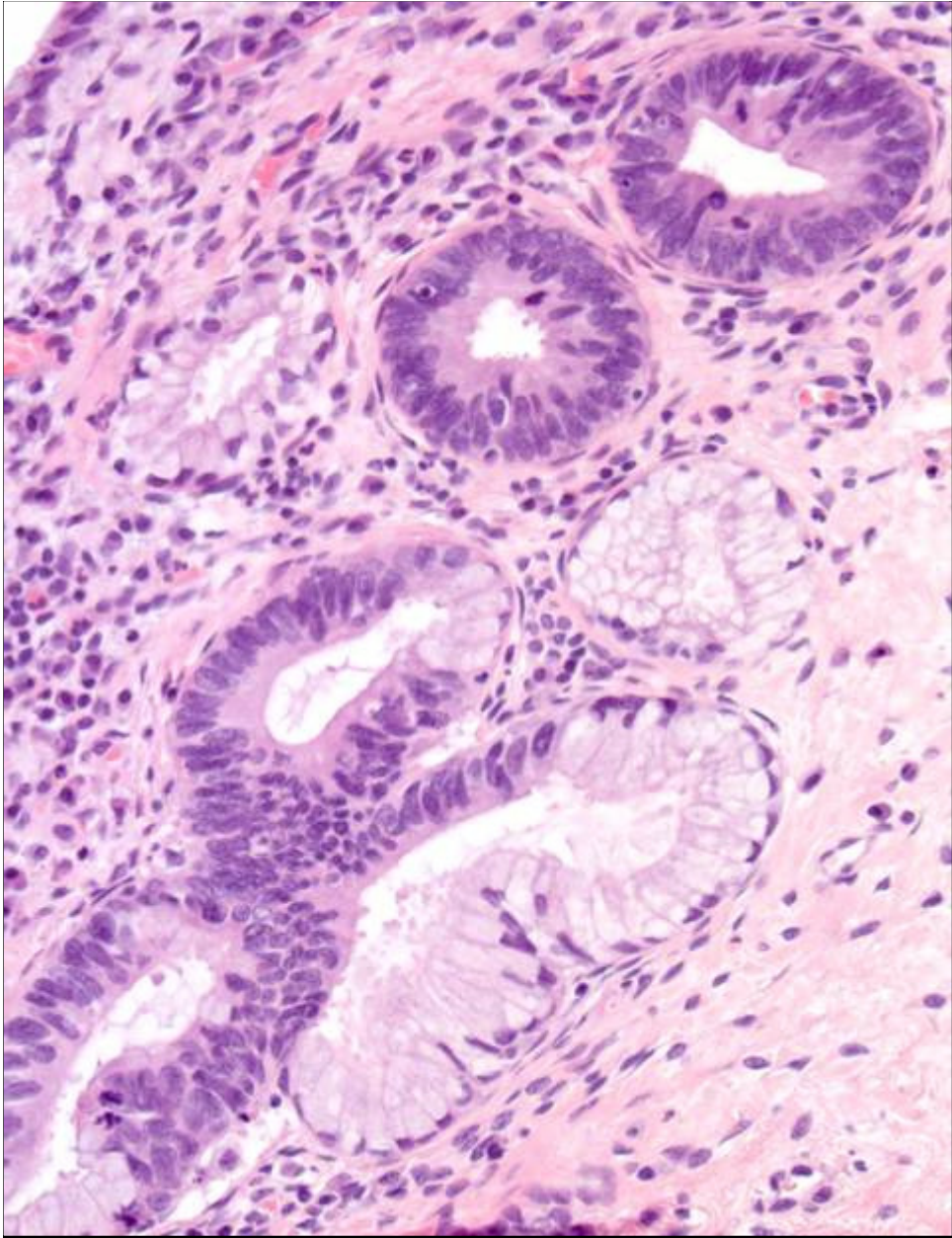


Cytologiske kriterier for AIS

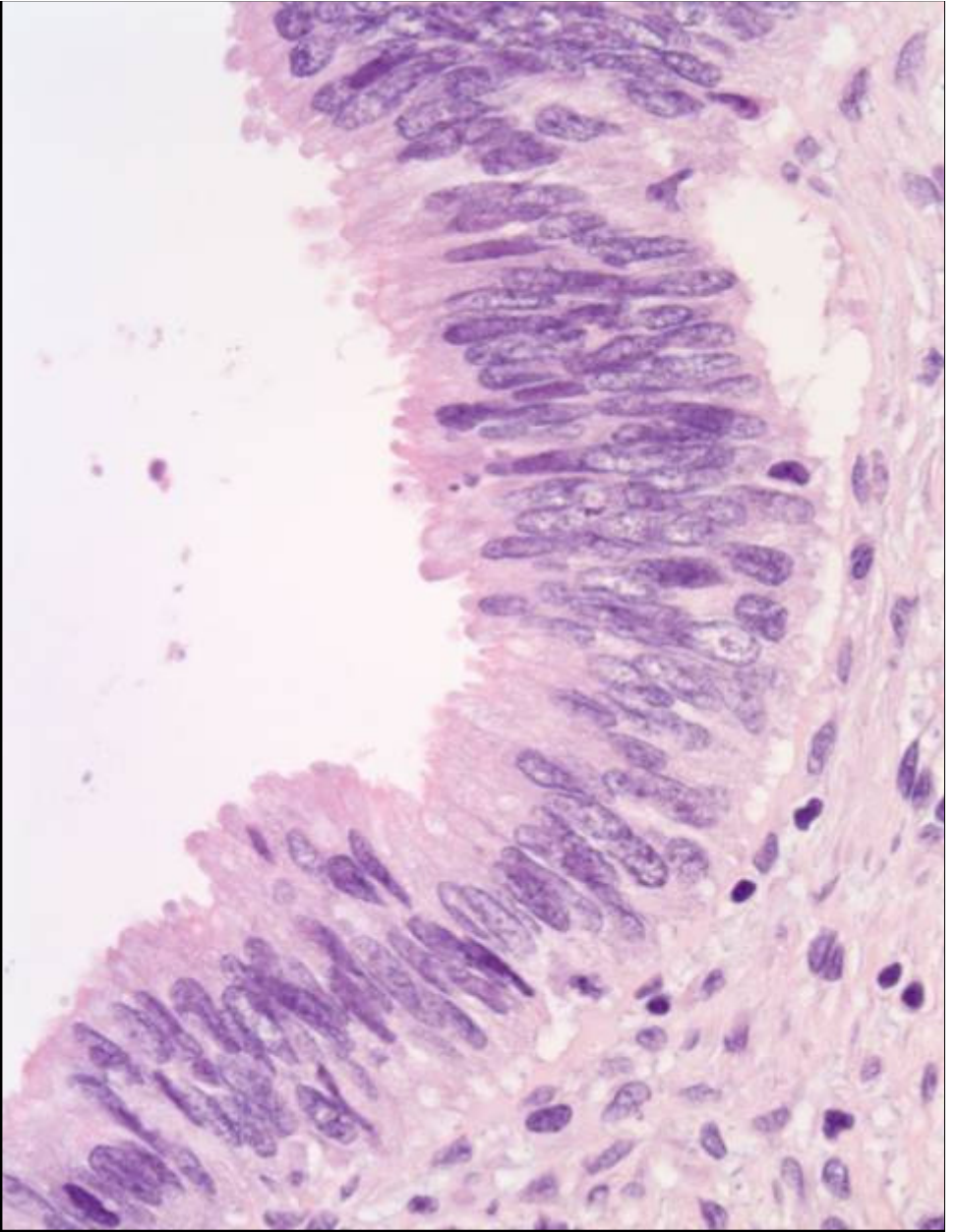
| | |
|---------------------|---|
| Celletype | Endocervikal |
| Lejring | Øget antal cylinderepitelsceller, pseudolagdelte striber, rosetter med fjerstruktur eller hyperkromatiske crowdede grupper |
| Cytoplasma | Sparsomt, fint vakuoliseret (sjældent mucinøse), utydelige cellegrænser |
| K/C ratio | Høj; kernen fylder 2/3 af cytoplasmaet |
| Kerne | Forstørret, størrelsesvarierendesjældent rund - men oval eller aflang |
| Kernemembran | Regelmæssig eller uregelmæssig med indkærvninger, optrukket |
| Kromatin | Groft til fint granuleret, jævnt fordelt, hyperkromatisk. Apoptotiske legemer kan ses |
| Nukleoler | Typisk mikronukleoler, hvis de ses |
| Baggrund | Ingen tumordiatese – ofte samtidig SIL |
| Look-alikes | Reaktivt endocervikalt cylinder, tissue repair, tubar metaplasi, LUS, HSIL |



Konus HE x 100



Konus HE x 200



Konus HE x 630