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Gynecologic Cancer

Controversies in Management

GYNECOLOGIC CANCER

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This book is dedicated to all those women
with gynecologic cancers who,
in the face of information gaps and therapeutic controversies,
have participated in clinical trials. Their hope, faith, courage,
and the support of their families have taught us
invaluable lessons about the human spirit.

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Investigational Approaches to the Treatment of Gynecologic Cancers

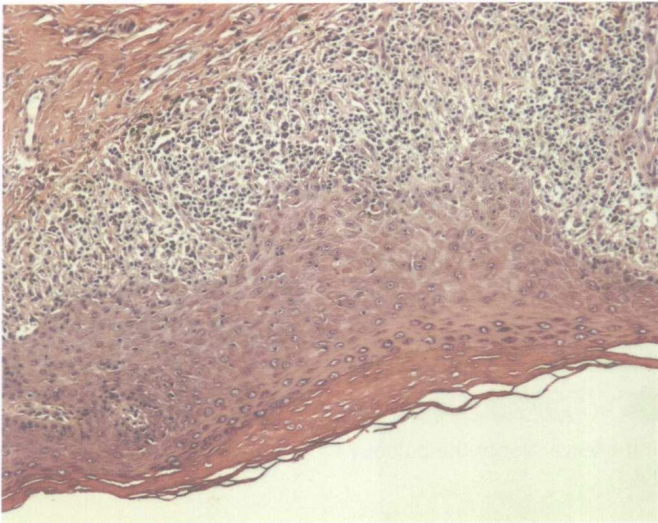


Figure 3-1. Lichen planus, an example of a dermatosis that can be seen in the vulva.

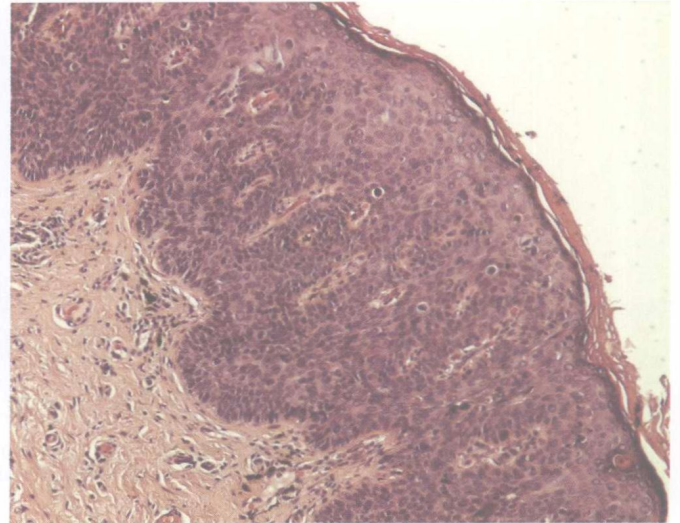


Figure 3-3. Vulvar intraepithelial neoplasia: VIN III, basaloid or undifferentiated type.

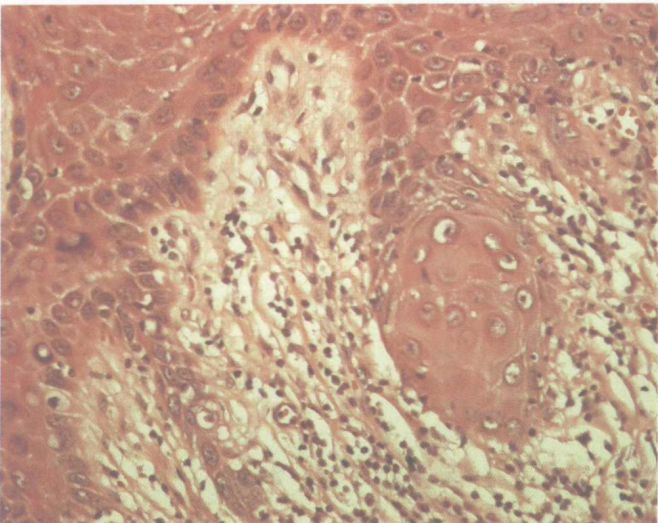


Figure 3-2. Vulvar intraepithelial neoplasia: simplex or differentiated type.

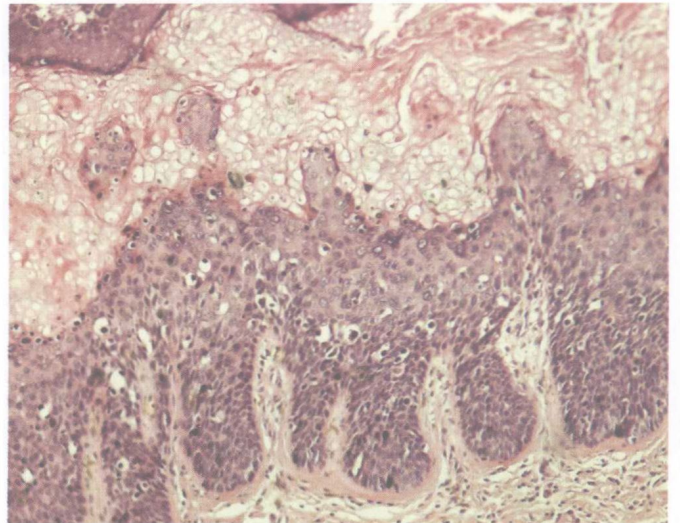


Figure 3-4. Vulvar intraepithelial neoplasia: VIN III, warty or condylomatous type.

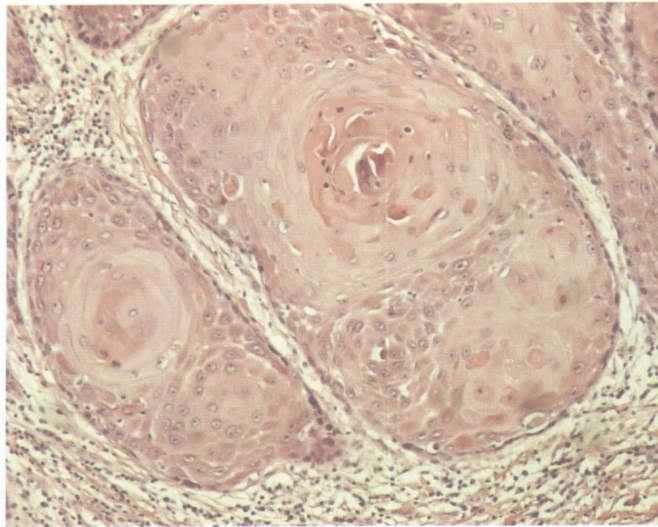
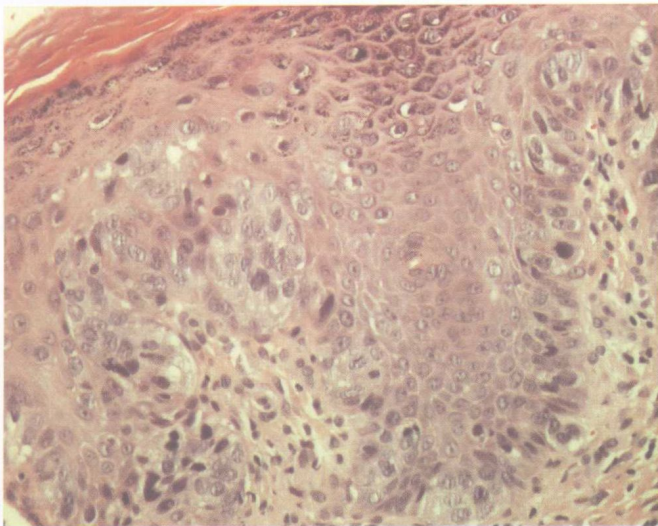
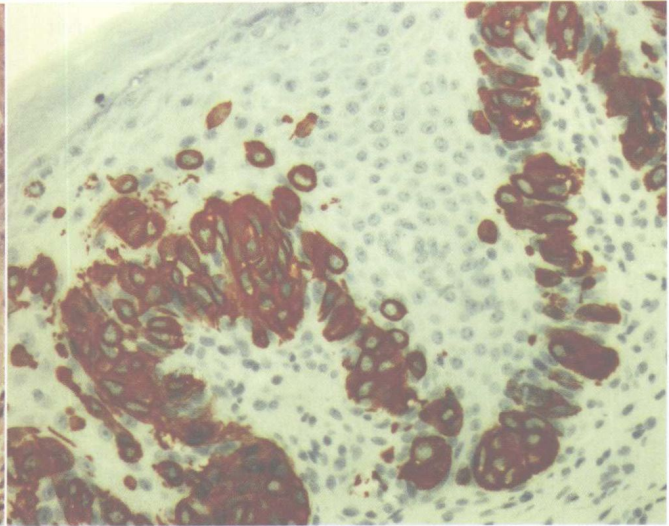


Figure 3-5. Verrucous carcinoma of the vulva. Notice the bulbous pegs and absence of significant atypia.



A



B

Figure 3-6. A, Primary vulvar intraepithelial Paget's disease (hematoxylin-eosin stain). B, Cytokeratin 7 enhances the neoplastic cells.

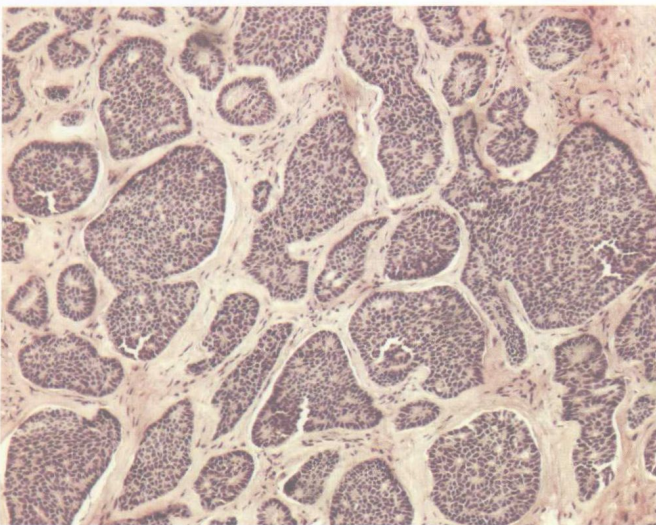


Figure 3-7. Adenoid cystic carcinoma of the Bartholin gland.

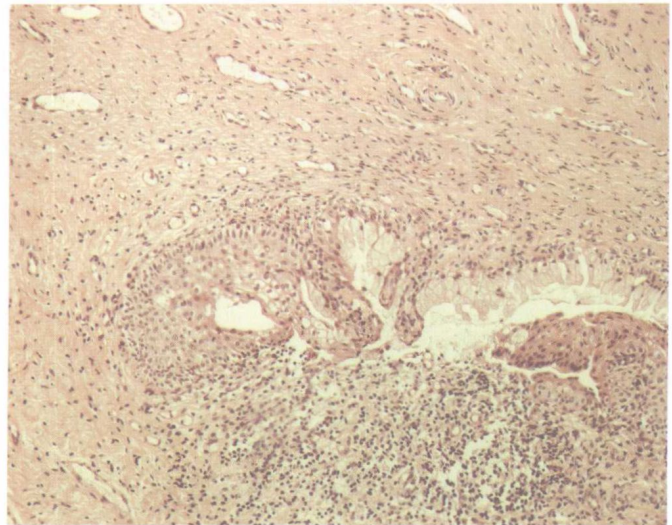


Figure 3-8. Adenosis and metaplastic squamous epithelium.

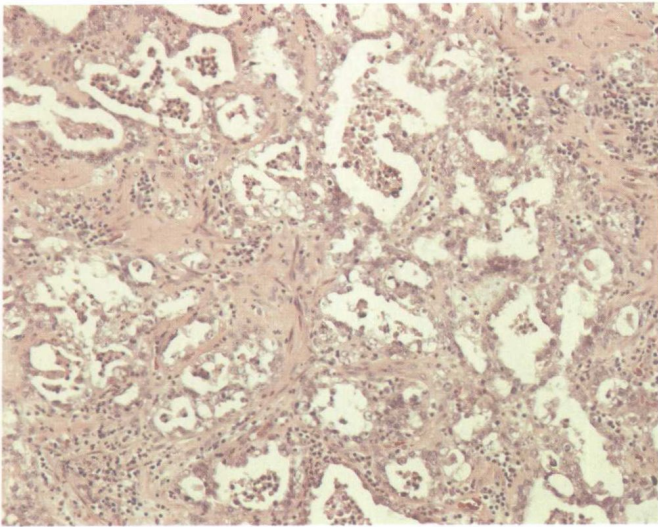


Figure 3-9. Clear cell carcinoma of the vagina.

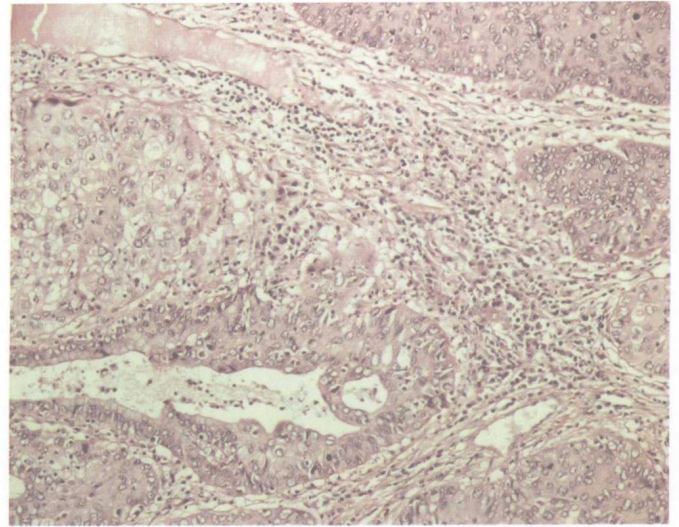


Figure 3-12. Adenosquamous carcinoma. Both malignant squamous and glandular components are present.

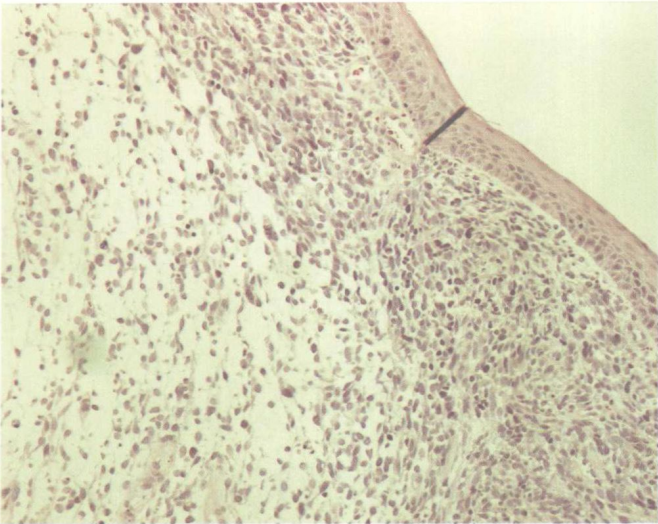


Figure 3-10. Embryonal rhabdomyosarcoma.

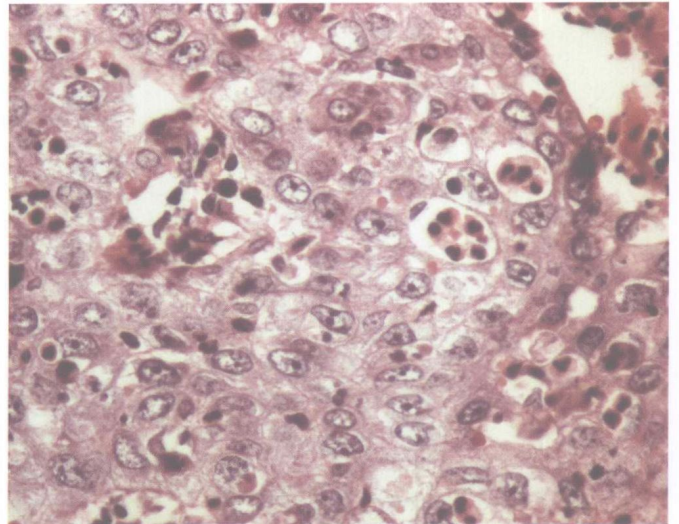


Figure 3-13. Glassy cell carcinoma. The cells have distinct borders, abundant eosinophilic to amphophilic cytoplasm, and large vesicular nuclei with macronucleoli.

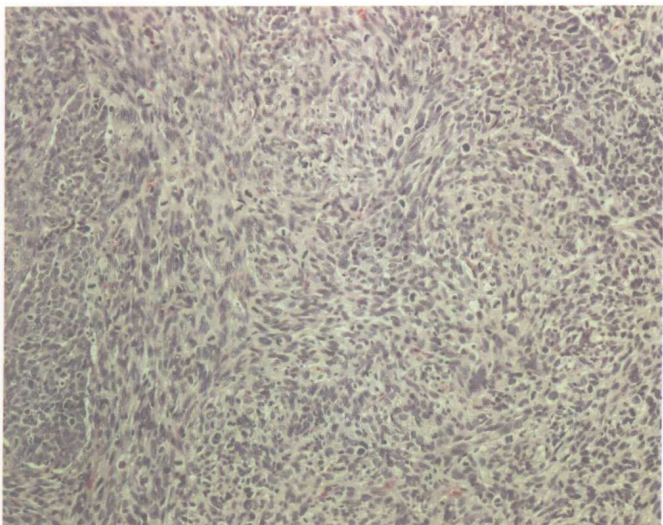


Figure 3-11. Sarcomatoid squamous carcinoma. Islands of typical squamous carcinoma blend into malignant spindle cells.

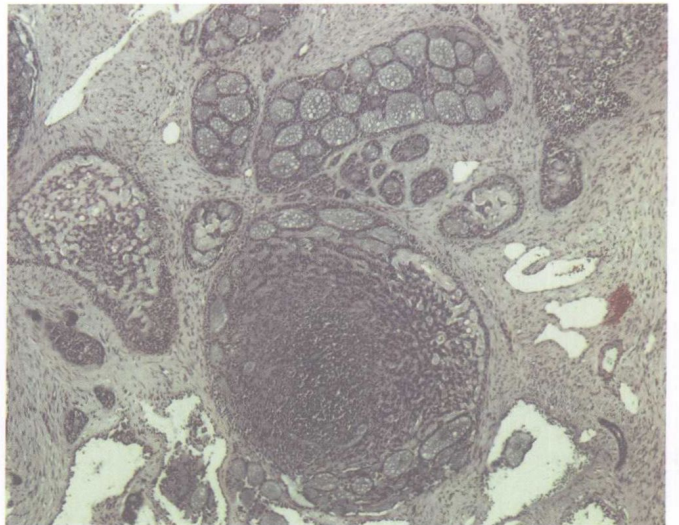


Figure 3-14. Adenoid cystic carcinoma. The tumor has a cribriform pattern with spaces containing mucinous and hyaline material.