Urothelial_tumors

- Tumors in the collecting system above the bladder are relatively uncommon.
- These tumors are classified into :
- 1 benign papilloma.
- 2-papillary urothelial neoplasms of low grade
- 3-papillary urothelial carcinoma of high grade

Transitional cell carcinoma of UB



Urothelial (transitional) cell carcinomas

- Low-grade carcinomas are always papillary and are rarely invasive.
- they may recur after removal.
- The extent of invasion and spread (staging) at the time of initial diagnosis is the most important prognostic factor

Papillary Urothelial (transitional) carcinoma-low grade



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squamous cell carcinomas

- only 5% of bladder cancers are squamous cell carcinomas.
- Associated with chronic inflammation and stone formation, also Schistosomiasis infection

Clinical Course of bladder cancer

- Painless hematuria is the dominant clinical presentation of all tumors.
- M:F 3:1
- 50 to 70 years.
- Prognosis
- low-grade shallow lesions have good prognosis.
- High grade lesions with deep penetration of the bladder wall \rightarrow 5-year survival rate is less than 20%.

- <u>Predisposing factors</u> :
- Bladder cancer is <u>not</u> familial.
- factors implicated in the causation:
- 1- 50 X more common in those exposed to
 <u>β-naphthylamine.</u>
- <u>2-Cigarette smoking.</u>
- <u>3-Chronic cystitis.</u>
- <u>4-Schistosomiasis</u> of the bladder.
- <u>5-drugs as cyclophosphamide</u>.

• <u>Treatment:</u>

- transurethral resection is both diagnostic and therapeutic
- bacille Calmette-Guérin (BCG)→ granulomatous reaction; triggers local immune response
- Follow-up for recurrence with periodic cystoscopy and urine cytologic studies for the rest of their lives.
- Radical cystectomy and chemotherapy for advanced cases

UROGENITAL SYSTEM LAB -1

Prevalence in children?
LM findings?
IF findings?
EM findings?



Minimal change disease

Prevalence in children? M/C NS
LM findings?none
IF findings? none
EM findings?
Effaced podocyte foot processes



Prevalence in adults, children?
LM findings?
IF findings?



Focal and segmental glomerulosclerosis

•Prevalence in adults? m/c 1* NS in adults •LM findings? **Segmental sclerosis** affecting some of the glomeruli. • IF findings? **Usually negative**



Types?Causes of 2dry?



Membraneous glomerulopathy

- •Types? 1ry and 2rdy
- •Causes of 2dry?
- •Drugs
- heavy metals
 Infections
 malignancy



Types? Characteristic IF findings? Outcome?



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Rapidly Progressive (Crescentic) Glomerulonephritis

•Types? I, II , III

Characteristic IF findings?
Depends on type ...
Outcome?

poor



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What type of special stain is this? What is the characteristic light microscopic finding you see here.



MPGN

What type of special stain is this?

What is the characteristic light microscopic finding you see here.



•Causes ? •Consequences ?



hydronephrosis

•Causes ? **Congenital and** acquired •Consequences ? Chronic renal failure if cause not treated early



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Pyelonephritis

•m/c microorganism ?

Risk factors?Complications

9



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Renal Cysts

•Describe what you see.

• what is the clinical significance of this condition?



Renal Cycts

- •Describe what you see.
- what is the clinical significance of this condition?
- name types and their genetic abnormalities.



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Renal tumors

•what is the type of this tumor?

•Name a genetic predisposing factor for it?



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Renal tumors

- •what is the type of this tumor?
- •Name a genetic predisposing factor for it?
- what is the peak age group of patients?



Renal tumors

- •Types?
- describe the morphology of this lesion.
- name a paraneoplastic syndrome associated with this tumor.



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Bladder tumor

Type? Risk factors?



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