Slide Seminar on Cervical & Vaginal Pathology

Case 12

Dr. W.K. Ng
Senior Medical Officer
Department of Pathology
Pamela Youde Nethersole Eastern Hospital
Clinical History

- F / 49 with post-coital bleeding
- Clinical Diagnosis: CA cervix, FIGO stage IB
- Cone biopsy performed
Histopathology

- **Low-power architecture:**
  - Exophytic papillary architecture
  - Underlying infiltrative growths

- **High-power histology:**
  - Frequent koilocytic atypia (↑ mitosis, vesicular nuclei & distinct nucleoli)
  - Parakeratotic squamous cells
Histologic Diagnosis

Warty (Condylomatous) Carcinoma of Cervix
Histologic Differential Diagnosis

- **Condyloma acuminatum:**
  - Less koilocytic atypia
  - No stromal invasion

- **Papillary squamotransitional cell CA:**
  - Clear cells, if present, resemble “urothelial cells” rather than “koilocytes”

- **Squamous cell CA with clear cell change**
Warty Carcinoma: General Information

- Squamous cell CA with obvious koilocytic change
- Occurs in cervix, vagina, vulva, penis & perineal region
- Rare (< 2% of all invasive squamous cell CA of cervix)
Liquid-based Cytology

- **Low-power:**
  - Clusters & syncytial sheets with vague papillary structures

- **High-power:**
  - Koilocytes with extreme cytologic atypia
  - Dyskeratotic cells
  - Squamous CA cells with tumor diathesis
Cytologic Differential Diagnosis

- LSIL (HPV + CIN I)
- Squamous cell CA with clear cell change
HPV Association

- HPV Type 16
- Coinfection of multiple HPV genotypes
Clinical Behavior of Warty CA

- Limited studies
- In-between verrucous CA & conventional squamous cell CA
Significance of Recognizing This Entity

- Diagnostic pitfalls in cytologic & histologic assessment
- Abundance of koilocytes in cytology samples ≠ Indolent behavior