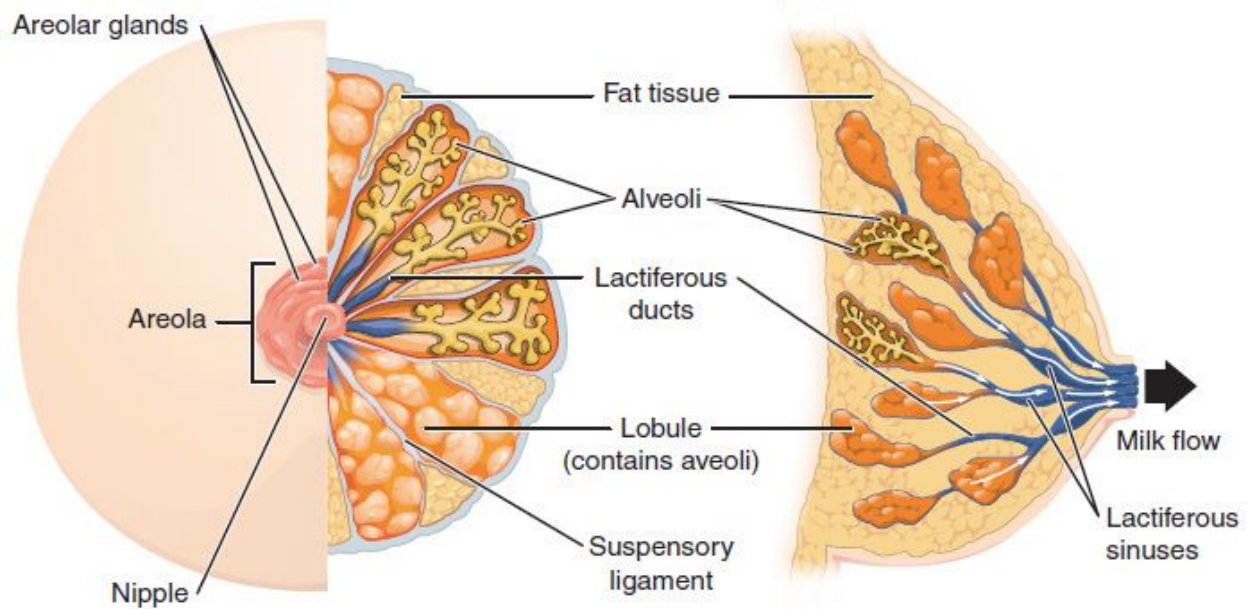




The 4th week



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Case 1

a 19-year-old male who presents to the clinic because he's had a sore on his penis for one week, Last sexual exposure was three weeks prior, without a condom. No history of recent travel. Last HIV antibody test (two months prior) was negative. Reports three children with two different women.

Q1:What is the diagnosis?

Primary syphilis.

Q2:What is the other types of syphilis?

Secondary Syphilis, Tertiary Syphilis, Latent Syphilis and congenital Syphilis.

Q3:What is the pathogenesis of Syphilis?

- 1-Bacteria access through in-apparent skin or mucosal breaks.
- 2-Slow multiplication produces endarteritis (inflammation of the inner lining of an artery) & granulomas.
- 3-Ulcer heals but spirochete¹ disseminates.
- 4-Latent periods may be due to surface binding of host components.
- 5-Injury is due to delayed hypersensitivity responses to the persistence of the spirochetes.

Q4:How can we diagnose it?

- 1-Dark field microscopy of smear from primary or secondary lesions.
- 2-Serologic tests.
- 3-IgM is used for detection of congenital syphilis.

Q5:What is the appropriate treatment?

Penicillin or cephalosporin

Case 2

A 68-year-old woman presents with a palpable mass and an eczematous area of the nipple,, firm right breast mass on clinical breast exam. There is no history of recent breast trauma and no prior history of breast cancer, biopsy, or surgery.

1-What is the most likely diagnosis ?

Breast cancer (Paget's disease)

2. Mention the patient clinical presentation ?

1- palpable mass

2- nipple discharge

Sometimes could the patient has a pain in her breast

3- Mention the risk factors in this case ?

Age: increase incidence of breast cancer older women

Age at Menarche: The younger a women age at menarche, the higher her risk of breast cancer.

Estrogen Exposure: Factors associated with exposure to increased levels of estrogen

First Degree relative with Breast Cancer (Genetic)

History of breast cance or others cancer

Obesity , Exercise and Breast feeding .

You could sub-classify the risk factors in: Genetic, hormonal and Environmental.

4-How can we diagnose it?

1- Mammogram A mammogram is an x-ray that allows a qualified specialist to examine the breast tissue for any suspicious areas.

2- Ultrasound A breast ultrasound is a scan that uses penetrating sound waves that do not affect or damage the tissue and cannot be heard by humans

3- Biopsy A breast biopsy is a test that removes tissue or sometimes fluid from the suspicious area

4- Lab Tests 5- MRI.

1-talk briefly about Breast Carcinoma?

1- Non-invasive (Carcinoma In Situ)

1. Ductal 80%

Non-invasive but high risk of development of invasive carcinoma
High risk of recurrence following treatment.

Subtypes: comedo, cribriform, micropapillary and. Solid. T

Paget's disease: mucin positive Paget cells are ductal neoplastic cells that infiltrate the epidermis. Might be mistaken for Eczema

2. Lobular 20%

Infrequent, multicentric and bilateral.

Does not form a palpable mass and cannot be detected clinically.

Microcalcifications are infrequent and so mammography is not used.

REMEMBER:

- DCIS is more common than LCIS.
 - DCIS has a high chance of recurrence.
 - The calcifications frequently seen with DCIS are *dystrophic*, making it more sensitive to mammography.
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2- Invasive

1. Ductal 80% It may cause skin dimpling or nipple retraction.

Gross: stellate infiltration.

Histology: cells are larger than normal epithelium

2. Lobular 10 % May occur alone or with ductal carcinoma

Bilateral-Multicentric.

Gross: firm/hard irregular

margins

Histology: Single infiltrating cells (Indian file pattern)

3. Medullary 2% Mistaken for fibroadenoma. Soft and fleshy (encephaloid).

Gross: well circumscribed.

Histology: presence of Lymphocytes and plasma cells surround tumor cells.

4. Colloid "mucinous" In older women. (Has a good prognosis). soft and gelatinous.

Gross: sharply circumscribed.

Histology: small islands of tumors cells floating in extracellular mucin.