



Benign and malignant tumours growing on lamina propria, showing the principal differences between them.

able prognosis and mortality associated with most may be due to

and destruction of adjacent tissue (secondary tumours). (Intrastatal)

are observed in cases of these (e.g. malignant tumour of the colon)

of a tumour (e.g. ACTH and ADH from

metastatic effects causing weight loss and

and

## Classification

The cell of origin determines biological resemblance to parent tissue allows a graded classification correlates with clinical behaviour

A specific cell of origin of an individual tumour is determined by histopathological examination and name type. This is then incorporated in the name (e.g. squamous cell carcinoma). Classification includes numerous subdivisions, degrees of origin are:

of cells  
of tissues  
of and haemopoietic organs.

Table 11.2 Principal characteristics of carcinomas and sarcomas		
Feature	Carcinoma	Sarcoma
Origin	Epithelium	Connective tissues
Behaviour	Adipose	Adipose
Frequency	Common	Rarely seen
Preferred route of metastasis	Lymph	Blood
In situ phase	Yes	No
Age group	Usually over 50 years	Usually before 50 years

Although some general differences exist between the main groups of malignant tumours (Table 11.2), individual lesions have to be categorised more precisely both in clinical practice and for epidemiological purposes. It is inadequate to label the patient's tumour as merely having an epithelial or connective tissue origin; efforts must be made to determine the precise cell type. The classification of individual tumours is vitally important. Thorough histological examination of the tumour, sometimes using special techniques like genetic analysis and immunocytochemistry, detects subtle features that betray its provenance.

## Histological grade (degree of differentiation)

The extent to which the tumour resembles histologically its cell or tissue of origin determines the tumour grade (Fig. 11.11) or degree of differentiation. Benign tumours are not usually further classified in this way because they nearly always closely resemble their parent tissue and grading the degree of differentiation offers no further clinical benefit in terms of choosing the most appropriate treatment. However, the degree of differentiation of malignant tumours is clinically useful both because it correlates strongly with patient survival (prognosis), and because it often indicates the most appropriate treatment. Thus, malignant tumours are usually graded either as well, moderately or poorly differentiated, or numerically, often by strict criteria, as grade 1, grade 2 or grade 3.

A well-differentiated tumour more closely resembles the parent tissue than does a poorly differentiated tumour, while moderately differentiated tumours are intermediate between these two extremes. Poorly differentiated tumours are more aggressive than well-differentiated tumours.

A few tumours are so poorly differentiated that they lack easily recognisable histogenetic features. There may even be great difficulty in deciding whether they are carcinomas or lymphomas, for example, although immunocytochemistry and genetic analysis often enable a distinction to be made. Tumours defying precise histogenetic classification are often referred to as 'anaplastic', or by some purely descriptive term such as 'spindle cell' or 'small round cell' tumour. Fortunately, advances

# General And Systemic Pathology 5th Edition

**John B. Walter**



## **General And Systemic Pathology 5th Edition:**

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