

















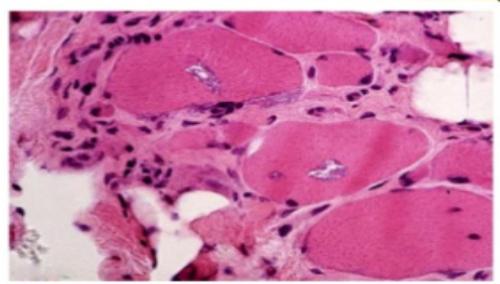






"in this file we just label the notes that doctor said But You have to Know all the information about each picture because the question maybe case or about any gene in our lectures or about the treatment"

### **Inclusion body myositis**





Vacuole filled with granules

Basophilic rimmed vacuoles

Vacuolated muscle fibres infiltrated with CD8/MHC-1complexes. Beta-amyloid deposits and cytochrome oxidase negative fibres may be seen.



Some patients have autoantibodie For this disease like mi-2 /p155 / p140

**Dermatomyositis** 

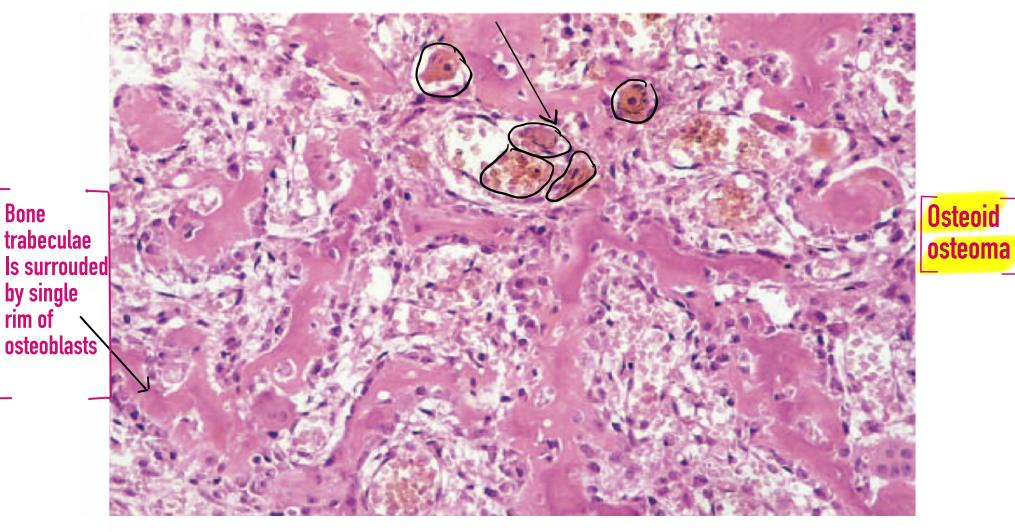
Gottron's papules. Discrete erythematous papules overlying the metacarpal and interphalangeal joints in a patient with juvenile dermatomyositis

### **Heliotrope Rash**



Malar rash

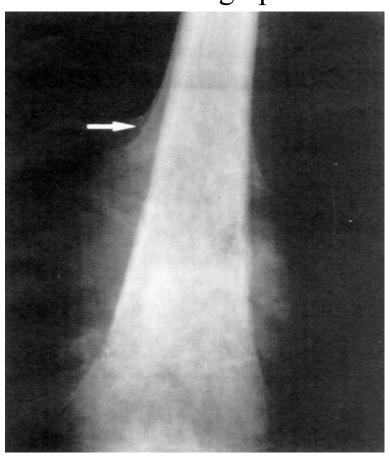
#### The interspaces are filled by vascularized loose CT



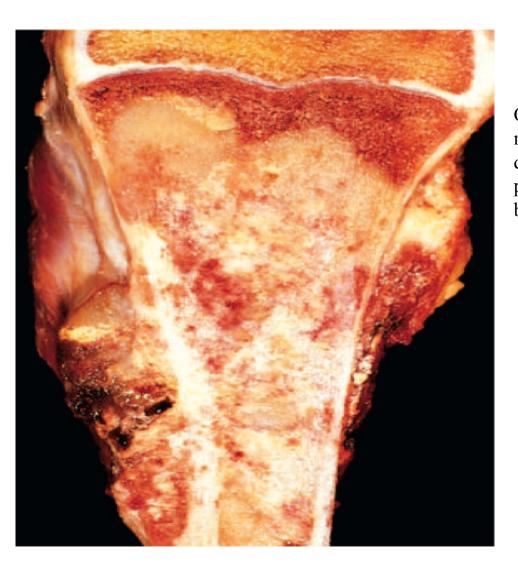
Bone

rim of

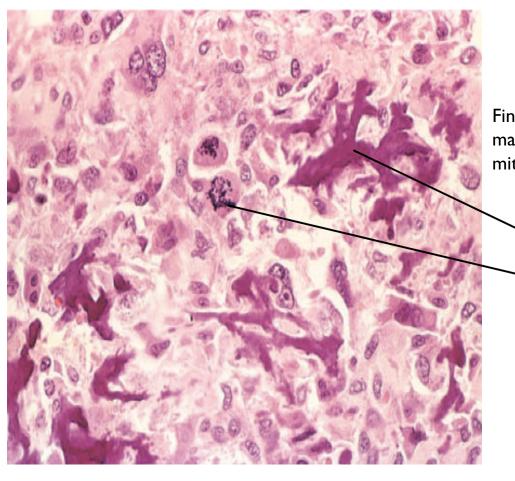
### Osteosarcoma Radiograph



Distal femoral osteosarcoma with prominent bone formation extending into the soft tissues. The periosteum, which has been lifted, has laid down a triangular shell of reactive bone known as a Codman triangle



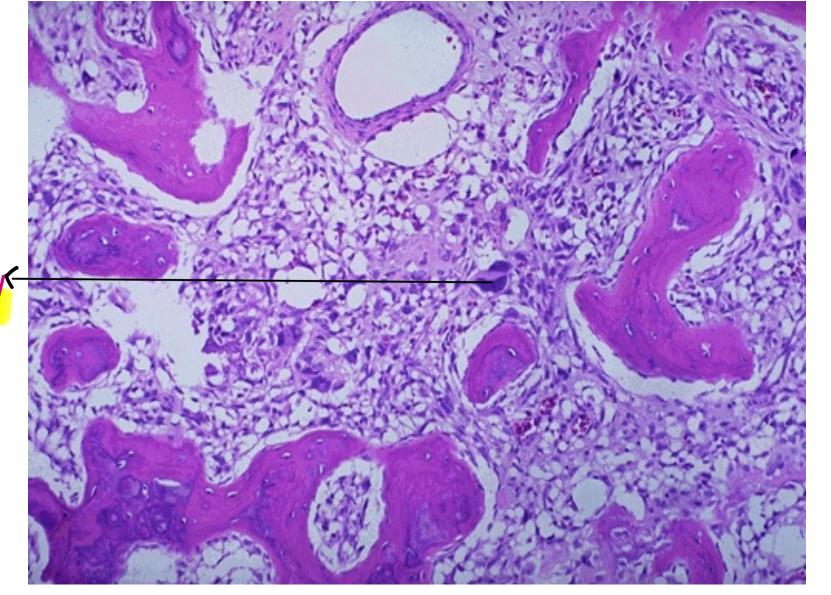
Osteosarcoma of the proximal tibia. The tan-white tumor fills most of the medullary cavity of the metaphysis and proximal diaphysis. It has infiltrated through the cortex, lifted the periosteum, and formed soft tissue masses on both sides of the bone.



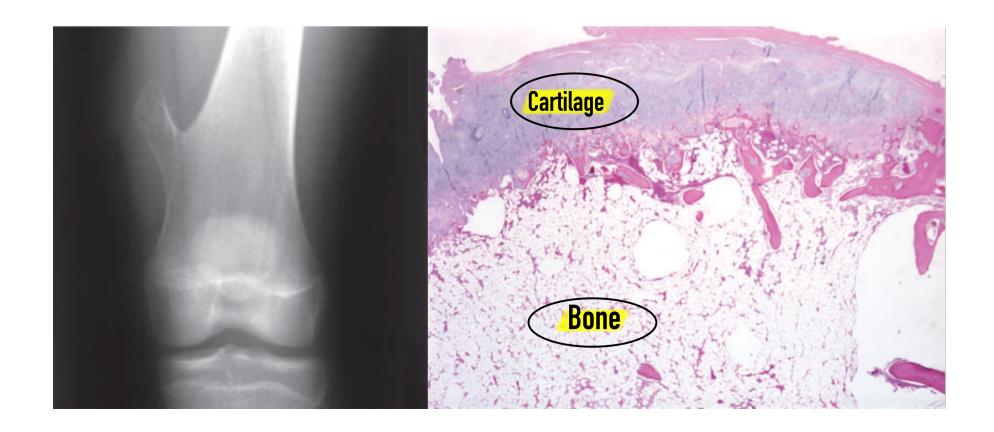
Fine, lacelike pattern of neoplastic bone produced by anaplastic malignant tumor cells in an osteosarcoma. Note the abnormal mitotic figures.

Lacelike bone trabeculae atypical osteocytes

Atypical cells Indicate Malignancy

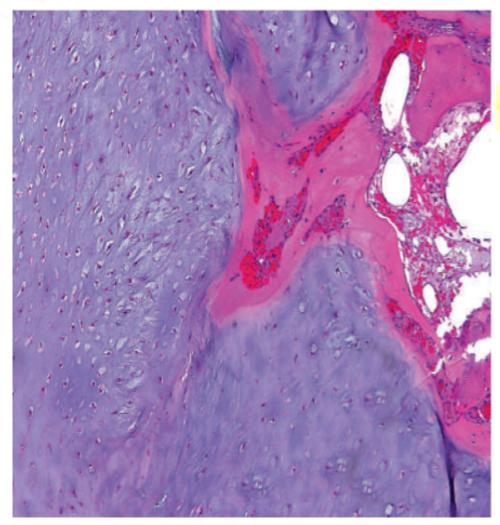


Osteochondroma. Radiograph of an osteochondroma arising from the distal femur. The cartilage cap has the histologic appearance of disorganized growth plate—like cartilage.

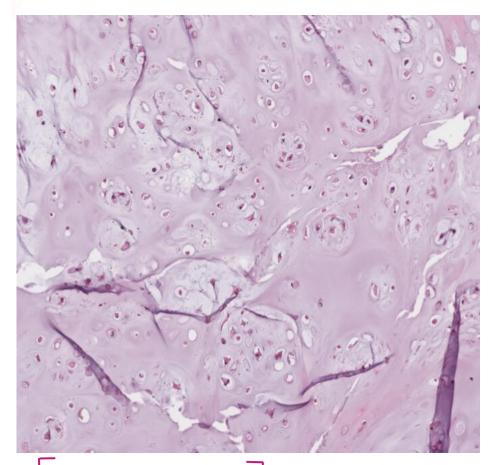


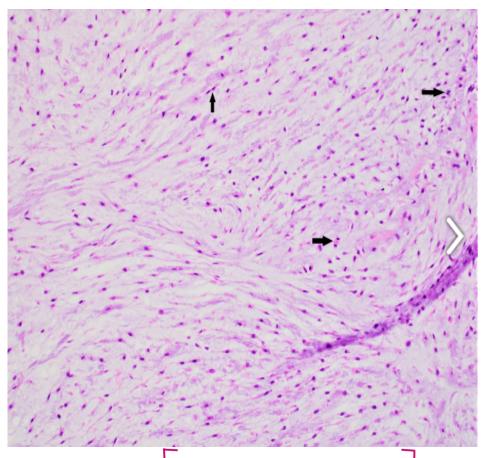


Enchondroma of the proximal phalanx. The radiolucent nodule of cartilage with central calcification thins but does not penetrate the cortex.



Enchondroma composed of a nodule of hyaline cartilage encased by a thin layer of reactive bone.

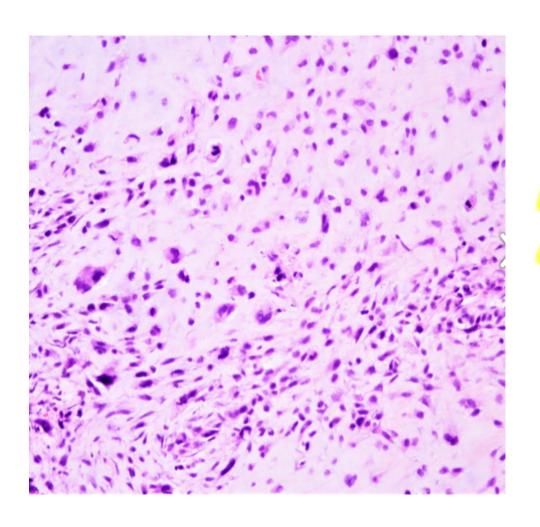




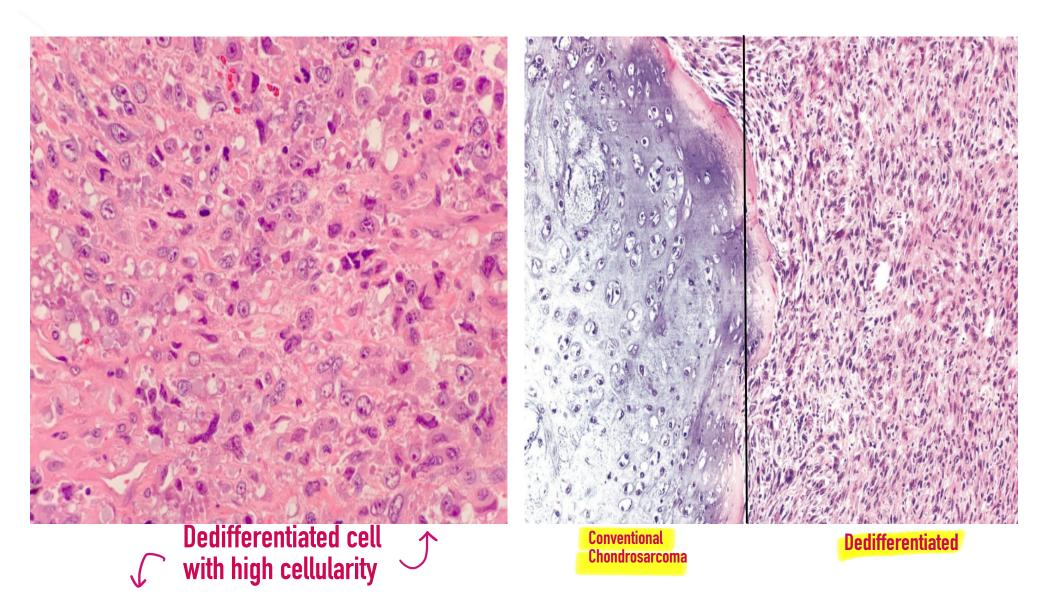
Lacunae contain more Than one cell

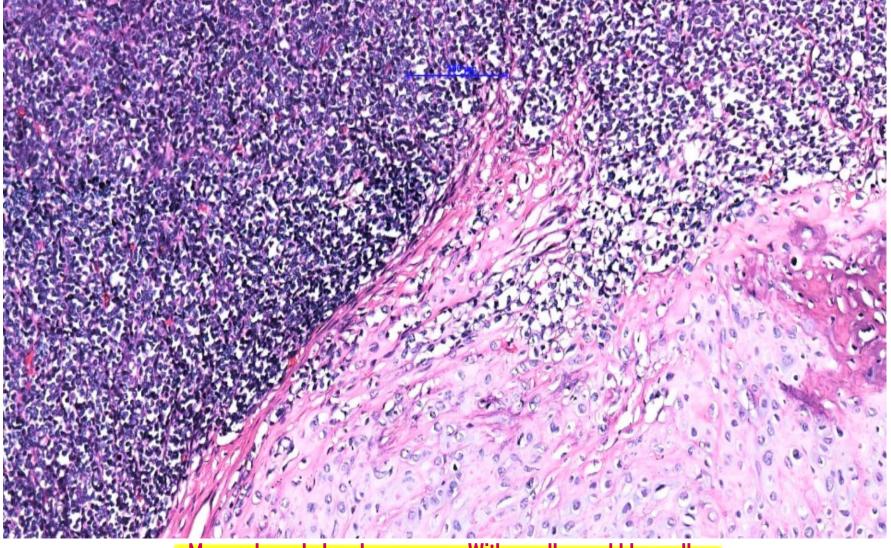
**Grade 1 of chondrosarcoma** 

High cellularity, atyia and mitosis\_

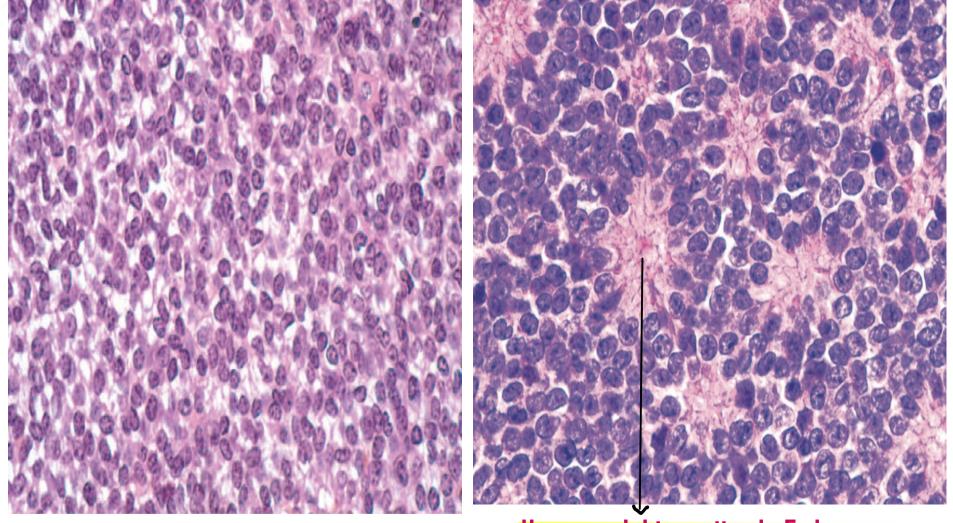


Grade 3 of chondrosarcoma (atypia one and large in cells)

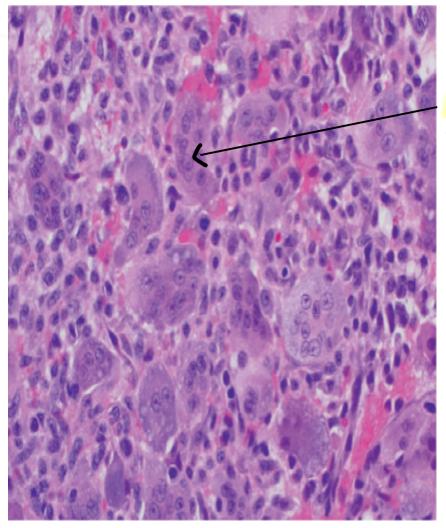




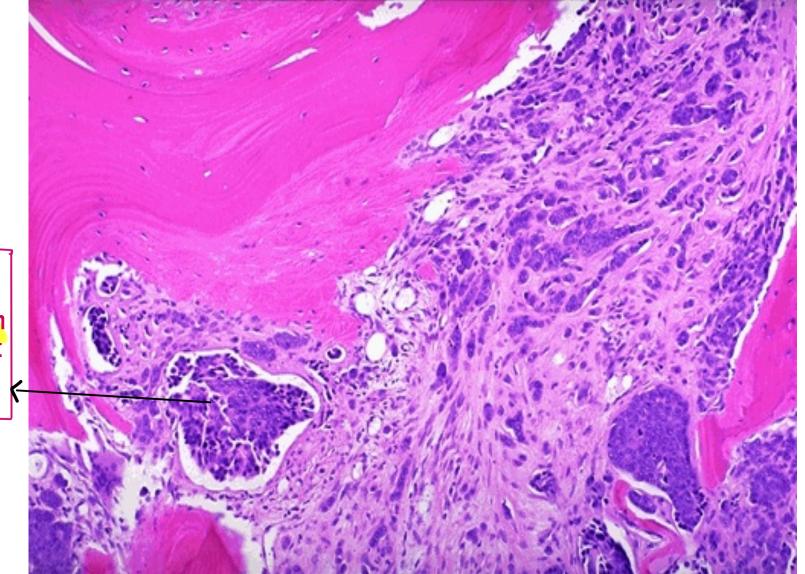
Mesenchymal chondrosarcoma. With small round blue cells



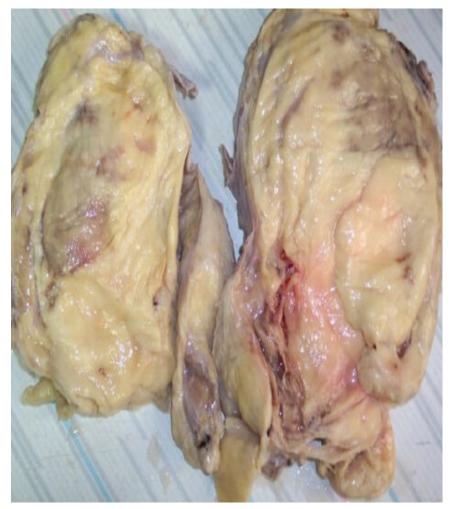
**Homer wright rosettes in Ewing sarcoma** 

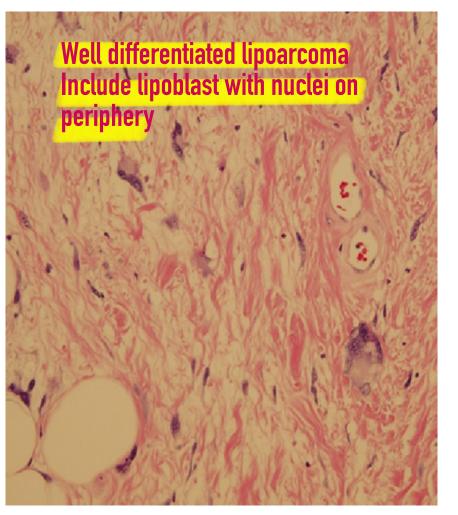


Giant cell tumor illustrating an abundance of multinucleated giant cells with background mononuclear stromal cells.



Blood Vessel Filled with Malignant Cells

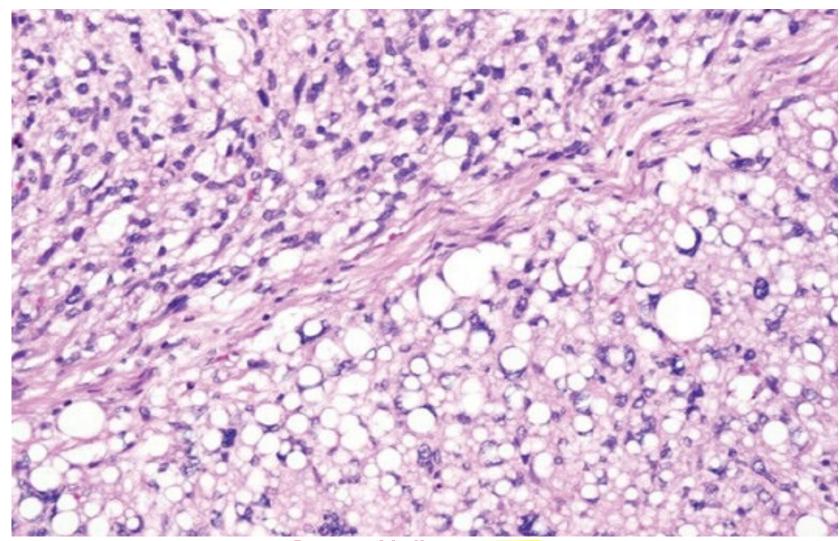




Liposarcomas

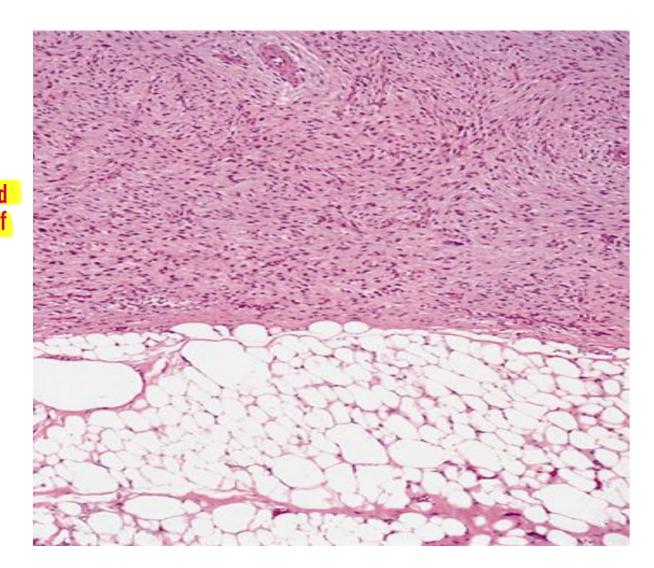


Well differentiated Liposarcoma



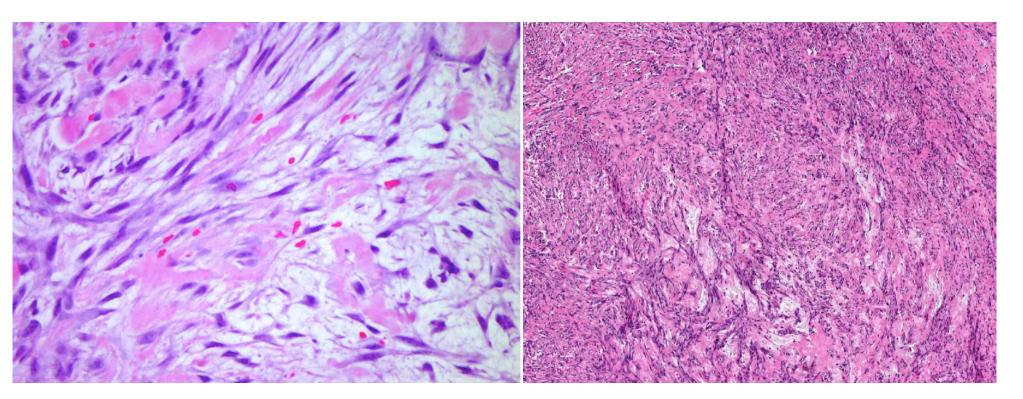
Peomorphic liposarcoma

Well diffferentiated
Is the lower part of
figure ,While the
upper part is
pleomorphic

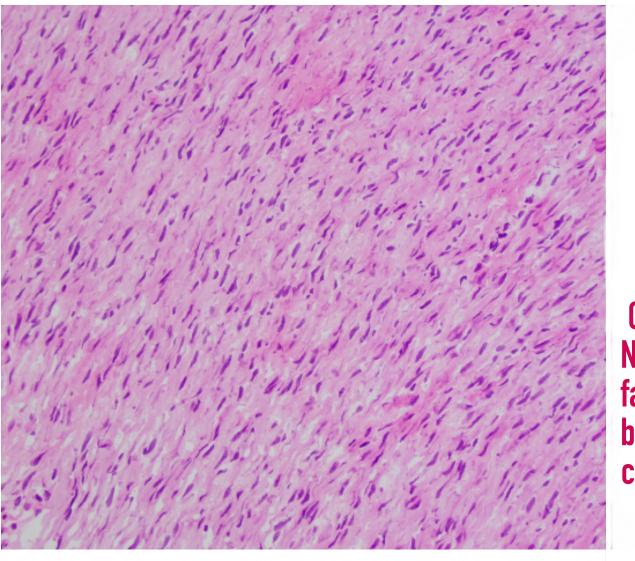


# **Nodular fasciitis** RBC

**Zonation ( agradient of maturation)** 



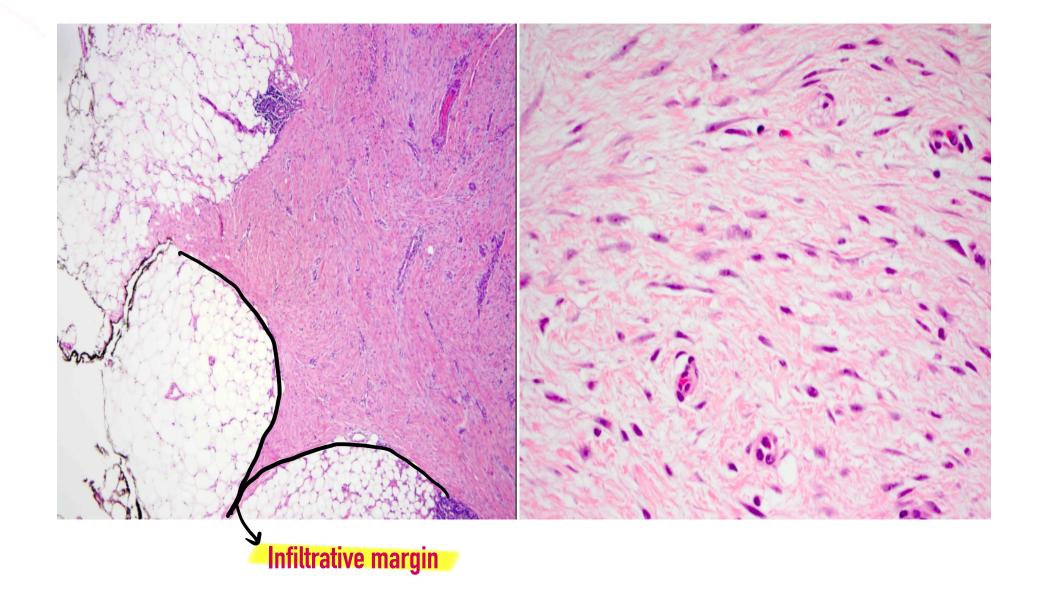
**Zonation ( a gradient of maturation)** 

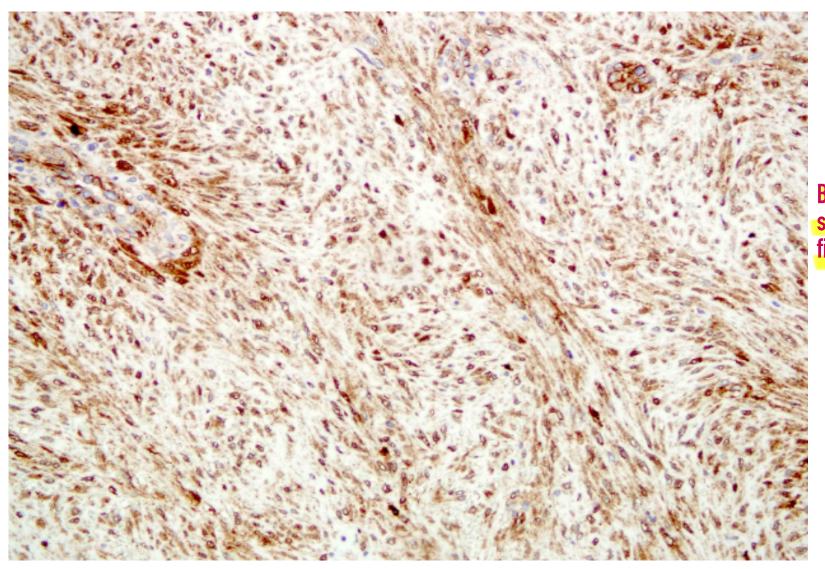


# **Superficial fibromatoses**

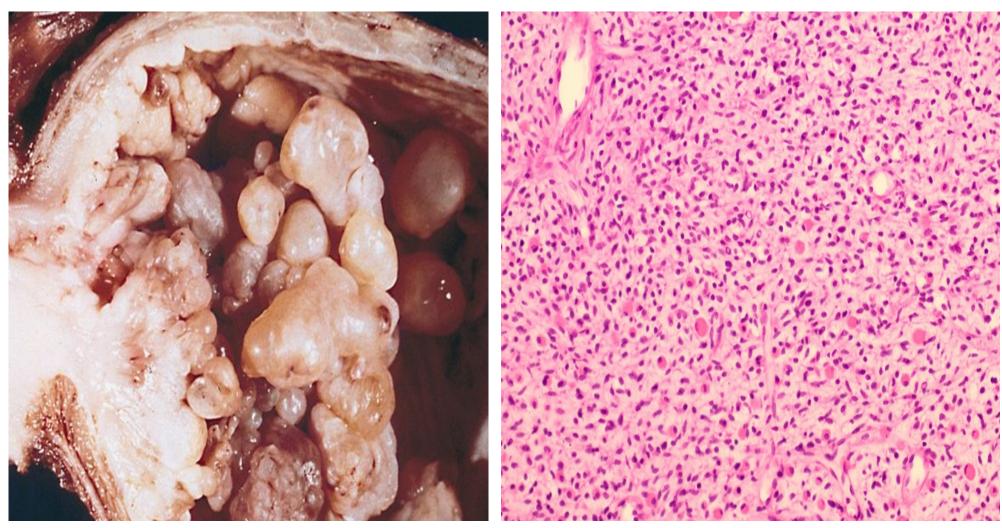
Characterized by Nodular with sweeping fascicles, surrounding by abundant dense collagen



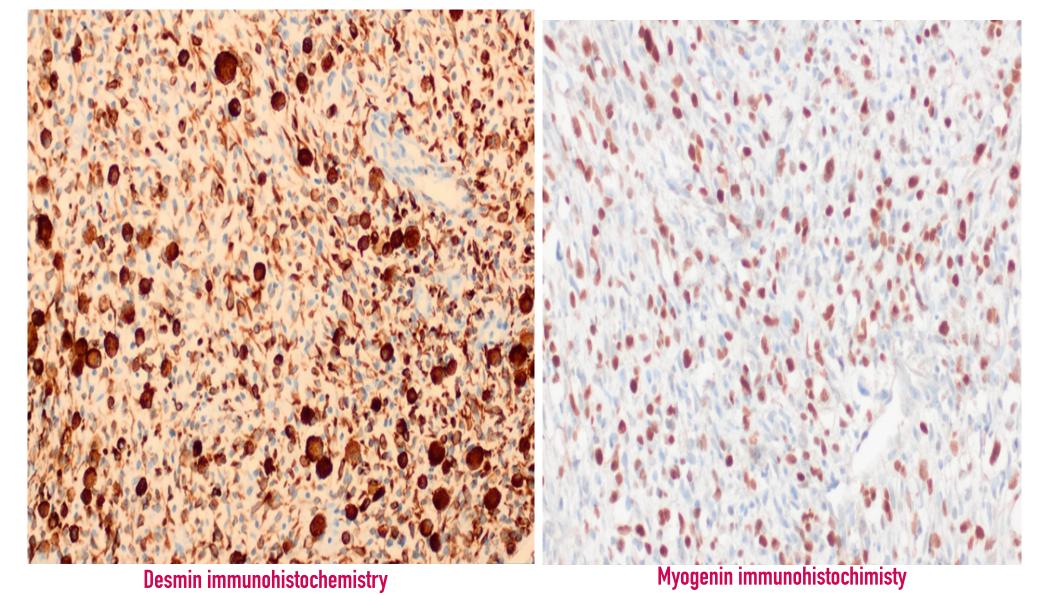


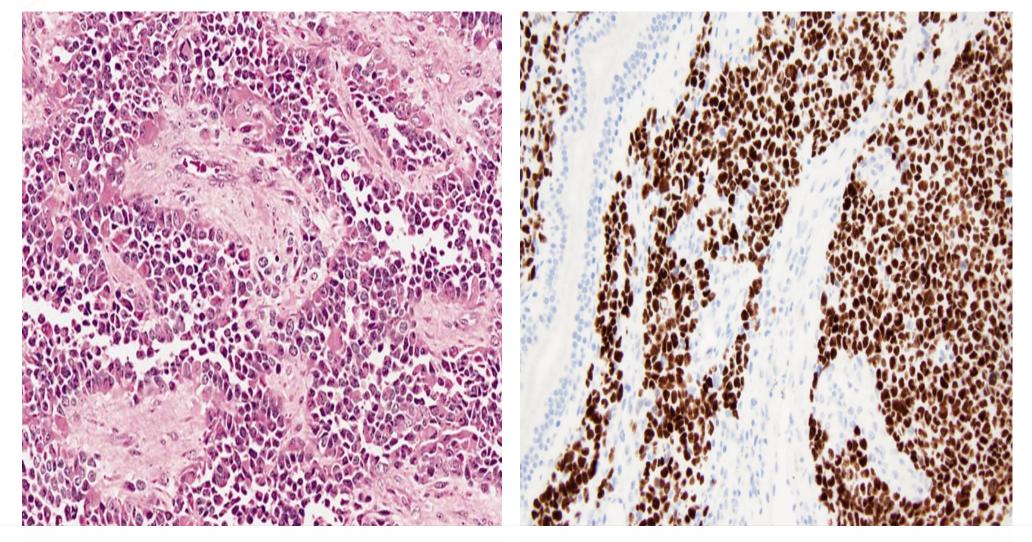


Beta\_ lactenin stain for deep fibromatosis

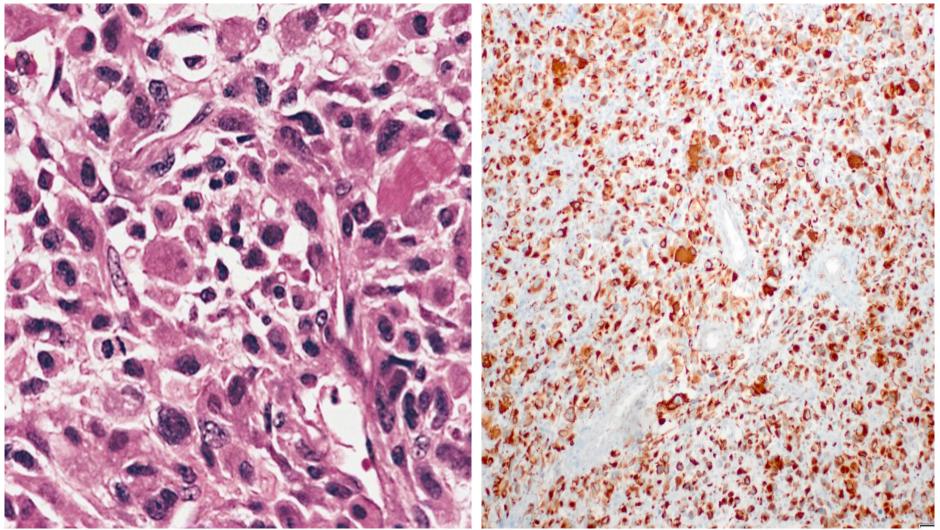


Sarcoma botryoides which is avariant of embryonal rhabdomyosarcoma



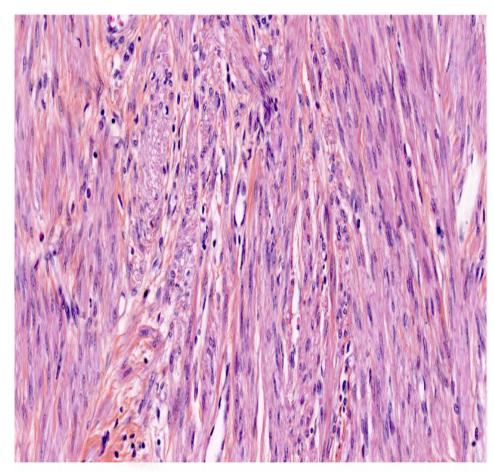


Alveoar rhabdomyosaroma 🛶 look like pulmonary alveoli



Pleomorphlic rhabdomyosarcoma -> Desmin immunohistochemistry

### **Leiomyoma** $\rightarrow$ FH gene

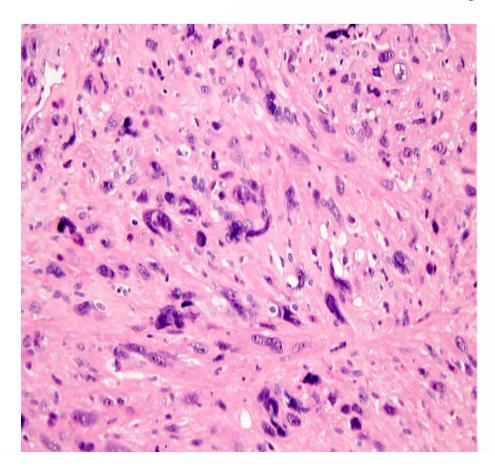


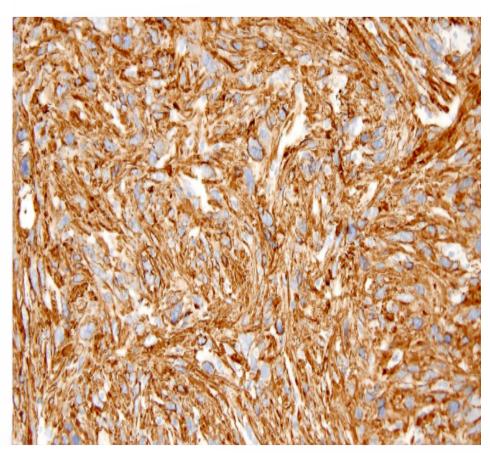
Fascicle of densely eosinophilic spindle cells



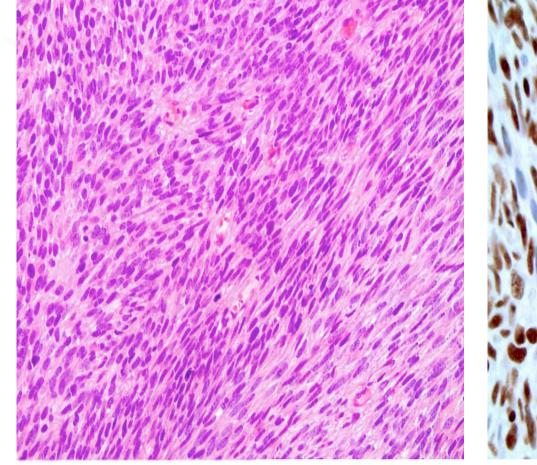
**Desmin stain** 

## Leiomyosarcoma

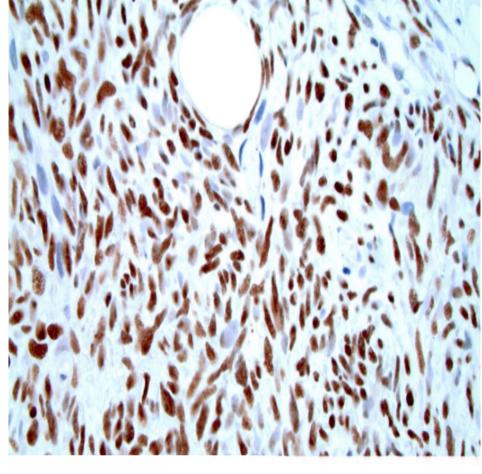




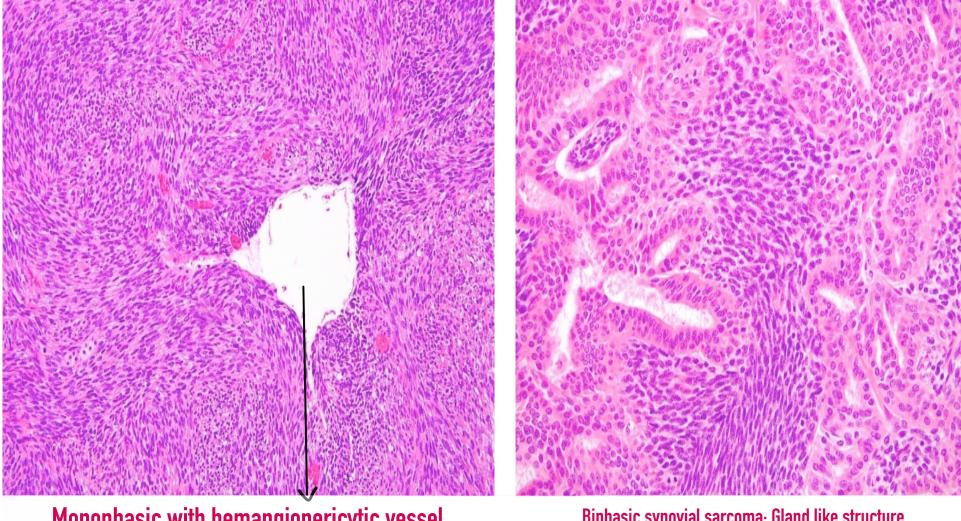
**H\_caldesmon immunohistochemisty** 



**Tumors of uncertain origin** 



Monophasic synovial sarcoma .... TlE1 stain



Monophasic with hemangiopericytic vessel

Biphasic synovial sarcoma: Gland like structure