

Histological Examination Used to the Find Embryonic Component of the Large Seminoma

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Description

The mouse embryonic yolk sac is an extraembryonic membrane that plays a role in hematopoietic circulation during the foetal stage. It is made up of a visceral yolk sac and a parietal yolk sac. Using a variety of molecular markers, the current study examined the normal development of VYS and PYS tissues in mice and developed a novel *in vitro* VYS cell culture system for evaluating VYS cell differentiation potentials. During development, gene expression in VYS and PYS tissues was analyzed using RT-PCR and immune histochemistry, and several useful markers for their identification were found: For VYS epithelial cells, HNF1, HNF4, Cdh1, Krt8, and Krt18, and for PYS cells, Stra6, Snail1, and vimentin. Gene expression and morphology in PYS cells were typical of mesenchymal cells. The number of HNF1-, HNF4-, E-cadherin-, and cytokeratin-positive VYS epithelial cells significantly decreased when VYS cells at 11.5 days of gestation were cultured *in vitro* for 7 days. Instead, the number of Stra6- and vimentin-positive PYS-like cells increased with culture. In addition, RT-PCR analyses revealed that, in the primary culture of VYS cells, gene expression of PYS markers increased while gene expression of VYS markers decreased. The fact that VYS epithelial cells rapidly transdifferentiate into PYS cells with mesenchymal characteristics *in vitro* is supported by these findings. As a result, a culture system that is suitable for investigating the molecular mechanisms underlying VYS Trans differentiation into PYS cells and the epithelial-mesenchymal transition may be developed. The YST was a solid mass in the pancreatic tail that measured 11 centimeters. The tumor had a variety of growth patterns, including microcystic reticular, endodermal sinus, and hepatoid, as well as medullary proliferation of tumor cells.

Similar Genetic or Histological Features of Rare Cancer

The tumor cells expressed Sall4, glypican-3, and alpha-fetoprotein in an immunohistochemically test. A recurrent liver tumor was treated with VIP chemotherapy, which resulted in complete pathological remission. Using this YST's PDX line, a drug-response assay demonstrated that gemcitabine and VIP both inhibit tumor growth. For rare cancers, it is difficult to obtain data on drug responses. Therefore, other available

information, such as drug response data for tumors that frequently develop in other organs with identical or similar genetic or histological features to the target rare cancer and previous case reports of the same tumor type, can be used to select an appropriate chemotherapeutic regimen for rare cancers. Pancreatic yolk sac tumors are extremely uncommon, with only one previous radiological report and no comprehensive pathological description. YST is a malignant germ cell tumor that differentiates to resemble extraembryonic structures like the yolk sac, allantois, and extraembryonic mesenchyme, as defined by the WHO classification of testicular germ cell tumors. Histological growth patterns that YSTs exhibit include microcystic, myxomatous, solid, glandular, endodermal sinus, hepatoid, and others. GCTs typically manifest most frequently in the gonads of children and young adults. GCTs, on the other hand, are not limited to the gonads and frequently develop in the mediastinum, retroperitoneum, intracranial regions, and sacrococcygeal region. Other organs, including the liver, kidney, stomach, and pancreas, can have tumors that are similar to GCT, primarily YSTs and choriocarcinomas. These GCT-like tumors are more prevalent in middle-aged and older adults than normal GCT. The patient, who was 25 years old, presented with a massive seminoma that weighed approximately 2.6 kilograms. The distributions of histological tissue types in this enormous seminoma were thoroughly investigated by us. Seminoma components constituted the majority of the tumor. Additionally, the seminoma mass's root contained extremely small fragments of an embryonal carcinoma and yolk sac tumor. This demonstrates that additional embryonic components of the large seminoma may have been discovered through extensive histological examination. This may indicate that, in a different manner than the original mixed cell germ tumor, leaving the seminoma to grow may generate the other embryonic tumor component, which is not always large enough to be detected during a routine procedure. Primary tumors make up most uterine cervix adenocarcinomas. A case of pancreatic cancer that spread to the uterine cervix is the subject of this report. The patient, a 77-year-old Jehovah's Witness, had been diagnosed with pancreatic cancer ten years earlier. The tumor only underwent segmental excision, followed by radiofrequency wave therapy and chemotherapy because she had refused a blood transfusion for religious reasons. During a standard wellbeing assessment 6 years after her pancreatic growth

resection, a cancer in the left lower curve of her lung was found, and afterward eliminated. Her serum CA19-9 level went up three years after the lung surgery. Tumors were found in the ascending colon and uterine cervix after a thorough examination. After an endocervical cytology, endocervical biopsy, and right hemicolectomy, she received chemotherapy and radiotherapy. She is alive today, roughly ten years after receiving her initial diagnosis, and there are no signs of recurrence or metastatic disease.

Well-Differentiated Pancreatic Adenocarcinoma

Endocervical type adenocarcinoma and adenocarcinoma in situ of the uterine cervix are similar morphologically to well-differentiated pancreatic adenocarcinoma. Natural killer cell-associated lymphoproliferative disorder includes NK/T cell lymphoma, nasal type, and aggressive NK cell leukemia, both of which have poor outcomes. In order to diagnose adenocarcinoma in the uterine cervix, an attentive immunohistochemically examination and a clear understanding of the patient's clinical information are required. NK-cell enteropathy or lymphomatoid gastropathy, on the other hand, is the name given to the benign NK cell proliferative lesion that has been identified in the gastrointestinal tract. We present a 33-year-old woman who presented with chronic cholecystitis

and underwent cholecystectomy as a case of a similar CD56-positive NK-cell proliferative disorder affecting the gallbladder and gastrointestinal tract. There were a few scattered polyps in the gallbladder that were infiltrated by medium-sized atypical lymphoid cells that had eosinophilic cytoplasmic granules in their cytoplasm. The lymphoid cells were positive for T-cell-restricted intracellular antigen-1 and granzyme B on immunohistochemistry, but they were negative for myeloperoxidase. T-cell receptor gene rearrangement was polyclonal, and in situ hybridization was negative for Epstein-Barr virus-encoded RNA. There is no sign of lymphoma during the patient's 36-month close observation. Nodular fasciitis in children is uncommon and typically affects the head and neck. Even in other anatomic areas is phenomenal. This case of nodular fasciitis involves a newborn infant who presented with a rapidly expanding mass in the hand. On T1-weighted MRI images, it was heterogeneously isointense, while on T2-weighted images, it was hyperintense. Consistent with a nodular fasciitis, histological examination revealed short, intersecting fascicles of uniformly spindled myofibroblasts embedded in a myxoid to collagenous stroma. However, due to its rapid growth, vigorous mitotic activity, and focally infiltrative architecture, the lesion was initially identified as an infantile fibro sarcoma. This study shows that atypical nodular fasciitis presentations can lead to misdiagnosis.