



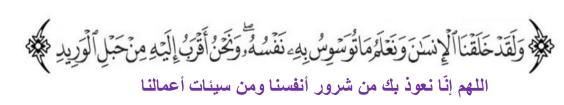


FINAL | Lecture 9

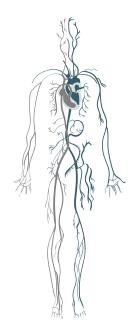
CVS Tumors

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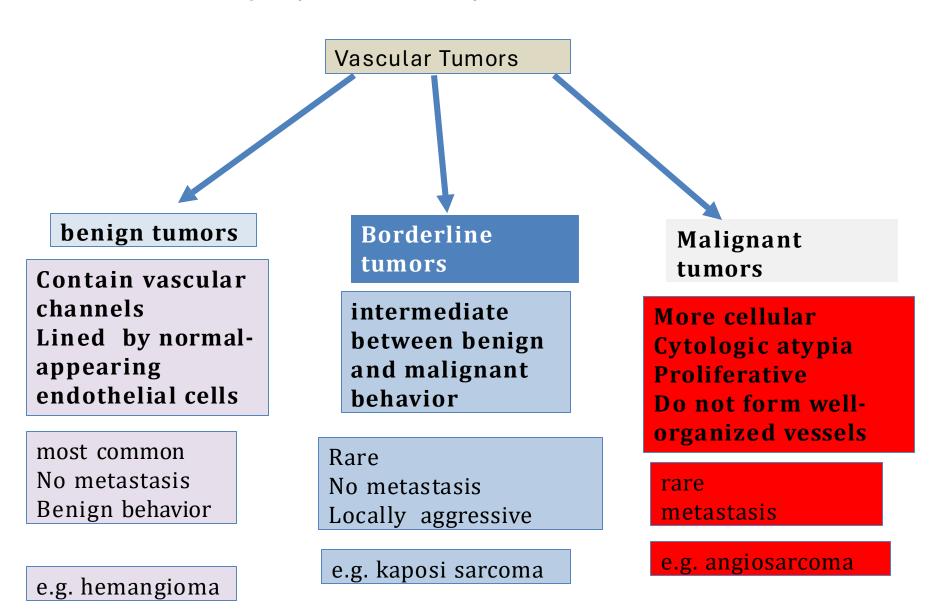
وَ لِلَّهِ الْأَسْمَاءُ الْحُسْنَى فَادْعُوهُ بِهَا

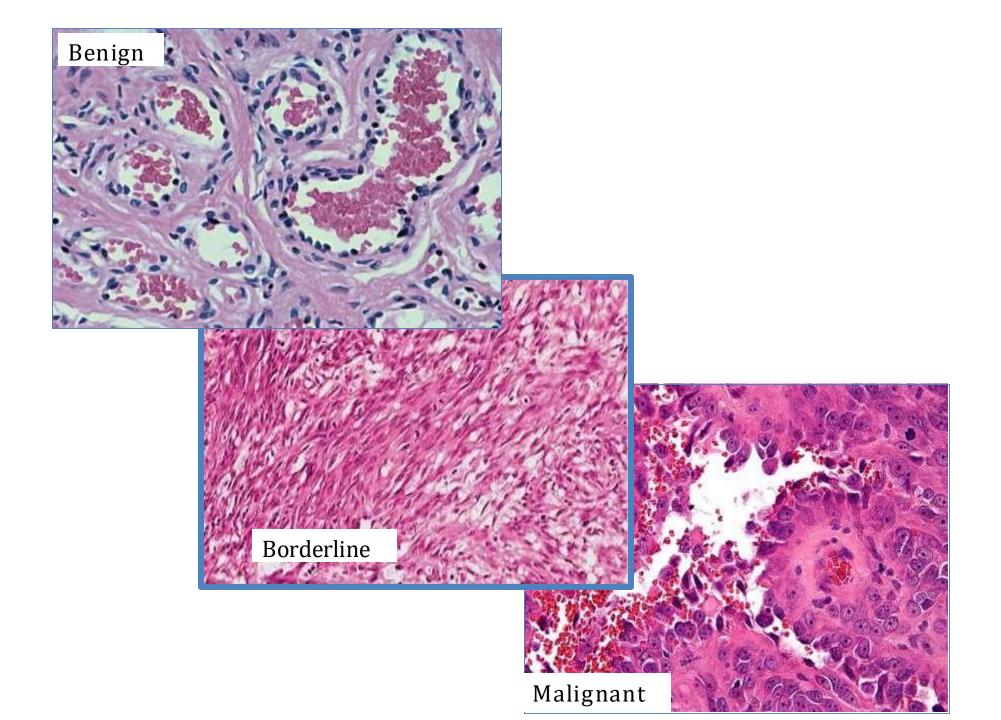




اضغط هنا لشرح أكثر تفصيلًا

Vascular tumors: a group of diverse neoplasms that arise from endothelial cells.





Morphology:

- Benign: Resemble normal endothelial cells (flat, with minimal or no cytologic atypia).
- Borderline: Exhibit increased cytologic atypia and often appear spindle-shaped, forming small or abnormally shaped vascular channels.
- Malignant: Display marked cytologic atypia and anaplasia with numerous mitotic figures; they typically fail to form well-organized vascular channels.

Nomenclature

- Remember:
 - -oma → mostly benign
 - Sarcoma -> A malignant tumor of mesenchymal origin
- Hem-angi-oma:
 - Hem- = blood → the tumor contains blood-filled vascular spaces
 - Angio- = vessel
- Lymph-angi-oma:
 - Lymph- = lymph; the tumor shows lymphatic-type vessels
 - Does not contain blood
- Angiosarcoma

Hemangioma

- Common
- Composed of blood-filled vessels.
- Most common affected age group: infancy & childhood
- Most are present from birth. Many regress spontaneously (decrease in size and become lighter in color as the child grows), and some regress completely.
- Many regress spontaneously (↓ size)
- Most common location: head and neck
- Some can affect in internal organs about 1/3 of them involve the liver
- Malignant transformation: very rare







- 1. Capillary Hemangioma
- It is the most common type of hemangioma.
- It affects the skin and the mucous membranes of the oral cavity and lips.
- **Histology:** The vascular spaces formed within the tumor look exactly like capillaries, hence the name.
- Gross Appearance: It typically looks like a strawberry (bright red) or a bruise, depending on its depth.

Histologic & Clinical Variants

- 2. Strawberry Hemangioma of the Newborn (Juvenile Hemangioma)
- Most commonly in the head and neck region.
- Course: It typically appears at birth and regresses spontaneously with time.
 - Do your own research





Histologic & Clinical Variants

3. Pyogenic Granuloma

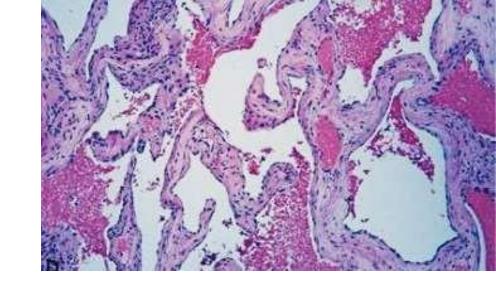
- Rapidly growing, pedunculated lesions that usually appear on the gingival mucosa.
- Approximately one-third of cases have a history of trauma.
- The name is a misnomer! It is neither "pyogenic" (pus-producing) nor a true "granuloma."



Histologic & Clinical Variants

4. Cavernous Hemangioma

- "Cavernous" comes from "cave."
- It is named so because it contains large, dilated vascular channels.
- Location: Mostly affects **deep organs** (the **liver** is the most common site).
- Prognosis: Unlike its "capillary hemangioma" counterparts, it does not spontaneously regress.



Intermediate-Grade Borderline Tumors

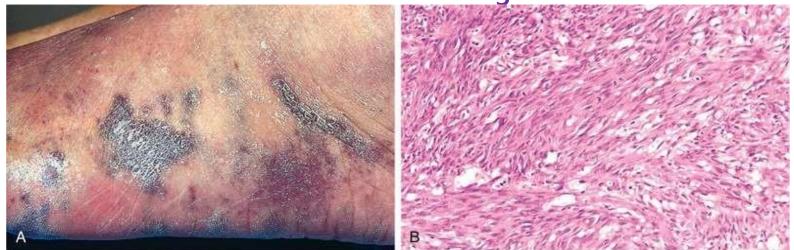
- Kaposi sarcoma:
- A vascular neoplasm caused by Human Herpesvirus-8 (HHV-8).
- There are four main types:
 - Classic, Endemic (African), Transplantation-associated, and AIDS-associated (Epidemic).
- Significance in HIV: AIDS-associated KS (Epidemic). It is an AIDS-defining illness (used as a criterion for diagnosis of AIDS). Because It is the most common HIV-related malignancy.
- Pathogenesis:
 - HIV: Weakens the immune system (T-cell suppression).
 - HHV-8: The virus is reactivated/potentiated by the immunosuppression, leading to endothelial proliferation and tumor formation.

Kaposi Sarcoma:

 Grossly: Multiple red-purple skin plaques or nodules, usually on the distal lower extremities; progressively increase in size and number and spread proximally

Kaposi Sarcoma Histology:

• Under the microscope, these look like **spindle-shaped cells** that are quite **crowded** and **do not form** well-organized vascular channels.



Malignant Tumors

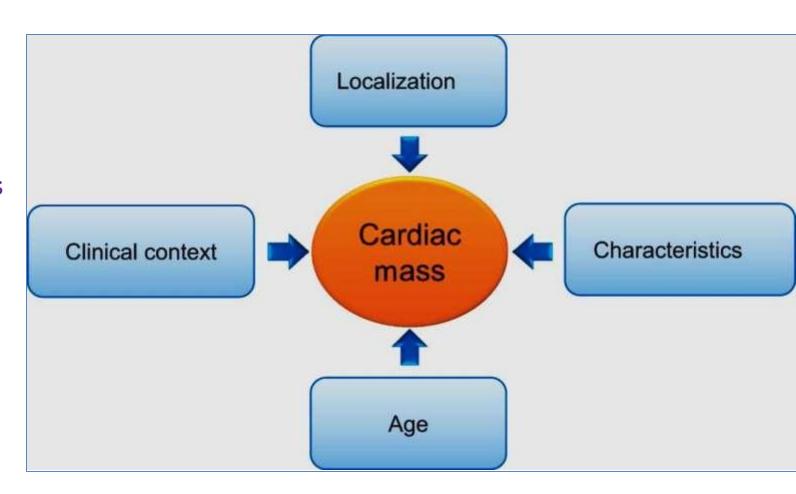
- Angiosarcoma:
- Lesions can occur at any site, but most often involve the skin, subcutaneous tissue, soft tissue, breast, and liver.
- Pathogenesis: Some cases are linked to specific carcinogens, but generally it is idiopathic.
- Latency: A distinct latent period (often years) is noted between exposure to the carcinogen and tumor development.

Risk Factors of Angiosarcoma

- Chemical Carcinogens: These are regarded as a risk factor, specifically for Liver Angiosarcoma.
- Irradiation: Radiation therapy of any organ can be a risk factor for the development of Angiosarcoma in that particular organ.
- Lymphedema:
 - Examples: Ipsilateral lymphedema in the upper extremity that develops several years after radical mastectomy with lymph node resection for breast cancer.
 - **Incidence:** It is very rare. Only a small percentage of people treated for breast cancer develop lymphedema, and only a small group of *those* are at risk for Angiosarcoma.
- Presence of Foreign Bodies → Long-term presence (years) of foreign bodies.

Cardiac Tumors

- Many factors play a role in the prognosis and outcome of the lesion:
- Location: Specifically, whether it is within a chamber or involving a valve.
- Clinical context: The manner in which the cardiac mass presents.
- Patient age.
- Lesion characteristics: Including the specific behavior of the tumor.



Cardiac Tumors

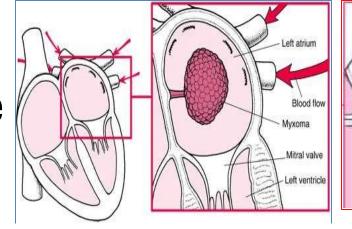
- Very rare
- Metastatic Neoplasms are the most common malignancy of heart (about 5% of patients dying of cancer).
- Most common source → Lung cancer
- Angiosarcomas

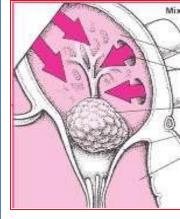
 most common primary malignant tumor of heart.
- Benign tumors are also very rare but important for their critical location



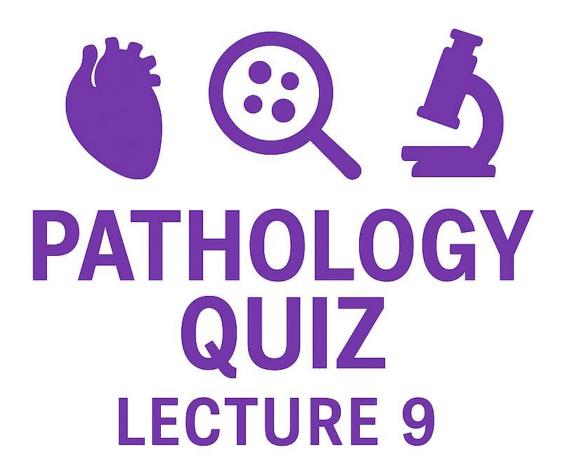
Cardiac Magnetic Resonance Imaging (CMRI)

Clinical Features & Significance





- 1. The presence of "Ball-valve" obstruction:
 - The tumor, with its pedunculated stalk, can move during systole and diastole with the blood flow.
 - This leads to transient occlusion of the valve
- 2. The risk of Embolization: A fragment of the friable tumor can embolize and enter the systemic circulation.
- 3. Fever and malaise → The systemic manifestations of inflammation that are related to tumor elaboration of interleukin-6
- Diagnosis: Echocardiography
- **Treatment**: depends on type and the exact location but generally include Surgical resection in **benign** tumors.



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Corrections from previous versions:

| Versions | Slide # and Place of Error | Before Correction | After Correction |
|----------|----------------------------|-------------------|------------------|
| V0 → V1 | | | |
| V1 → V2 | | | |