

# **NEOPLASIA**

**Classification and characters of  
benign and malignant tumors**

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# Outlines

***By the end of this lecture; students should be able to learn the following:***

- Classification of tumors
- Nominate a tumor
- Features of tumor growth (rate of growth and mode of growth)
- Difference of growth of benign and malignant tumors
- General tumor morphology (gross features and microscopic features)

# **CLASSIFICATION OF TUMORS**

# Classification

- *According to behaviour:*

**Benign  
(Innocent-acting)**



**Malignant  
(Evil-acting)**



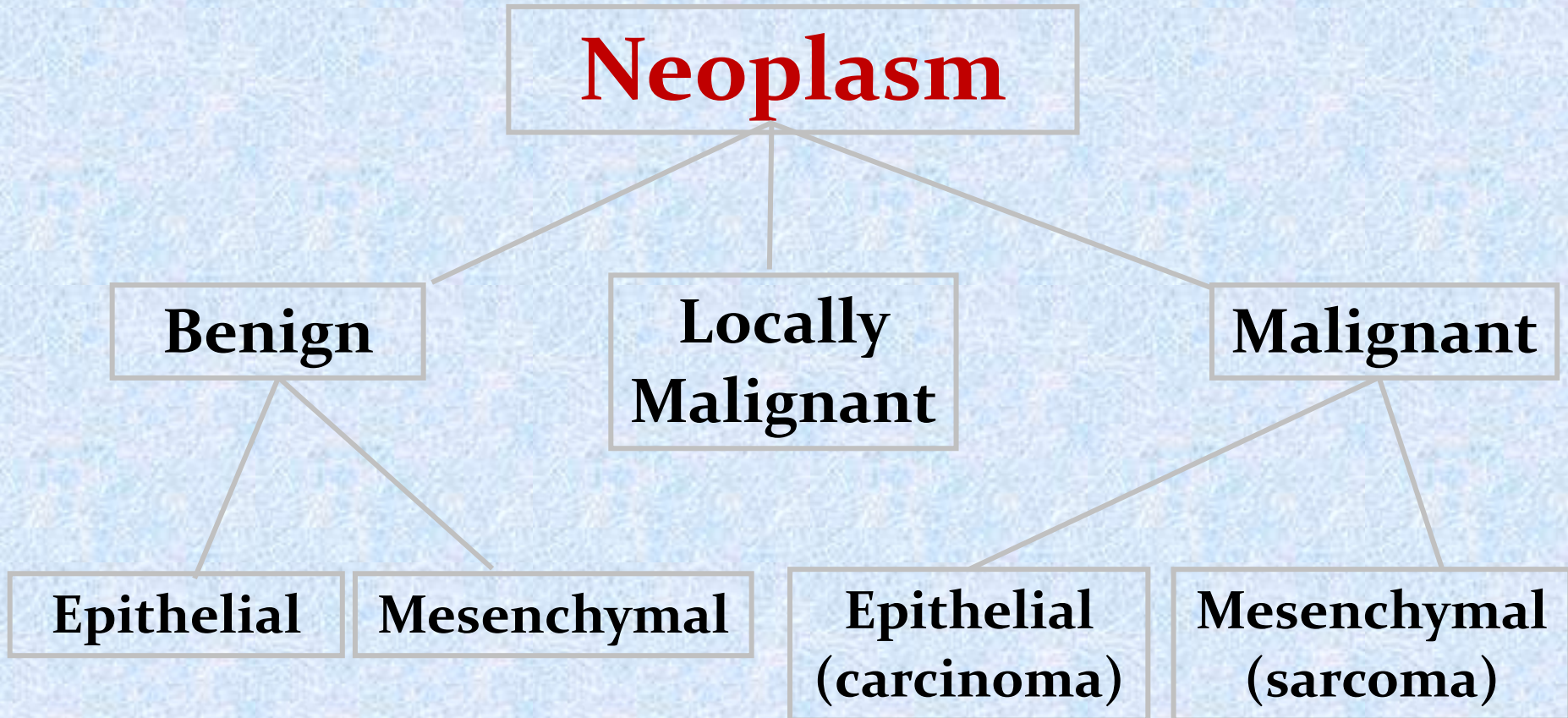
**Locally Malignant**



# Classification

- **According to cell of origin:**
  - **Tumors of epithelial origin:** epithelial cells
  - **Tumors of mesenchymal origin:** connective tissue.
  - **Mixed tumors:** Tumours that constitute both epithelial and mesenchymal components.

# Classification



# **TUMOR NOMENCLATURE**

# Nomenclature

## Benign tumors:

### Benign mesenchymal:

The suffix “-**oma**” is added to the cell type

- Fibroblast: fibroma
- Chondrocyte: chondroma
- Osteocyte: osteoma
- Lipocyte: lipoma
- Smooth muscle: leiomyoma
- Skeletal muscle: rhabdomyoma
- Blood vessels: angioma or hemangioma

### Benign Epithelial:

- **Surface epithelium**: called Papilloma: e.g.
  - Squamous: Squamous cell papilloma
  - Transitional: Transitional cell papilloma
- **Glandular epithelium**: called Adenoma: e.g. Thyroid or pituitary adenoma
- **Glandular epithelium with cyst**: called Cystadenoma: e.g. Cystadenoma of the ovary



# Nomenclature

## Malignant tumors:

### Malignant mesenchymal: suffix - sarcoma

- Fibroblast: fibrosarcoma
- Chondrocyte: chondrosarcoma
- Osteocyte: osteosarcoma
- Lipocyte: liposarcoma
- Smooth muscle: leiomyosarcoma
- Skeletal muscle: rhabdomyosarcoma
- Blood vessels: angiosarcoma

### Malignant Epithelial: suffix - carcinoma

- **Surface epithelium:**
  - Squamous: Squamous cell carcinoma
  - Transitional: Transitional cell carcinoma
- **Glandular epithelium:** called adenocarcinoma: e.g. Breast adenocarcinoma or gastric adenocarcinoma
- **Glandular epithelium with cyst:** called Cystadenocarcinoma: e.g. Cystadenocarcinoma of the ovary.

# Nomenclature

Origin	Benign	Malignant
<ul style="list-style-type: none"><li>● Surface epithelium</li><li>● Glandular epithelium</li><li>● Fibroblast</li><li>● Chondrocyte</li><li>● Osteocyte</li><li>● Lipocyte (fat)</li><li>● Smooth muscle</li><li>● Skeletal muscle</li><li>● Blood vessels</li></ul>	<ul style="list-style-type: none"><li>● Papilloma</li><li>● Adenoma</li><li>● Fibroma</li><li>● Chondroma</li><li>● Osteoma</li><li>● Lipoma</li><li>● Leiomyoma</li><li>● Rhabdomyoma</li><li>● Hemangioma</li></ul>	<ul style="list-style-type: none"><li>● Carcinoma</li><li>● Adenocarcinoma</li><li>● Fibrosarcoma</li><li>● Chondrosarcoma</li><li>● Osteosarcoma</li><li>● Liposarcoma</li><li>● Leiomyosarcoma</li><li>● Rhabdomyosarcoma</li><li>● Hemangiosarcoma</li></ul>

# Nomenclature

- **Mixed tumors**: tumors show mixed structures
  - Fibroadenoma of breast: contain glands + fibrous tissue
- **Blastomas (embryonic tumours)**:
  - Tumors arising from embryonic remnants.
  - **Suffix blastoma** is added to cell of origin: e.g. neuroblastoma, nephroblastoma, retinoblastoma and hepatoblastoma.
- **Exceptions**:
  - ***Malignant tumors that sound benign***:
    - Lymphoma
    - Mesothelioma
    - Melanoma
    - Seminoma
  - ***Non-tumorous lesions that sound like tumors***:
    - Hematoma: interstitial large amount of blood
    - Hamartoma: mass of disorganized **mature** tissues

# Test yourself

*Which of the following describes a benign tumor arising from skeletal muscle?*

- A. Leiomyoma
- B. Papilloma
- C. Rhabdomyoma
- D. Leiomyosarcoma
- E. Rhabdomyosarcoma

*Which of the following describes a non-tumorous lesion?*

- A. Lipoma
- B. Adenoma
- C. Melanoma
- D. Hamartoma
- E. Osteoma

# **CHARACTERS OF BENIGN AND MALIGNANT TUMORS**

# Characters of benign & malignant tumors

## I. Rate and mode of growth

### *a. Benign tumors:*

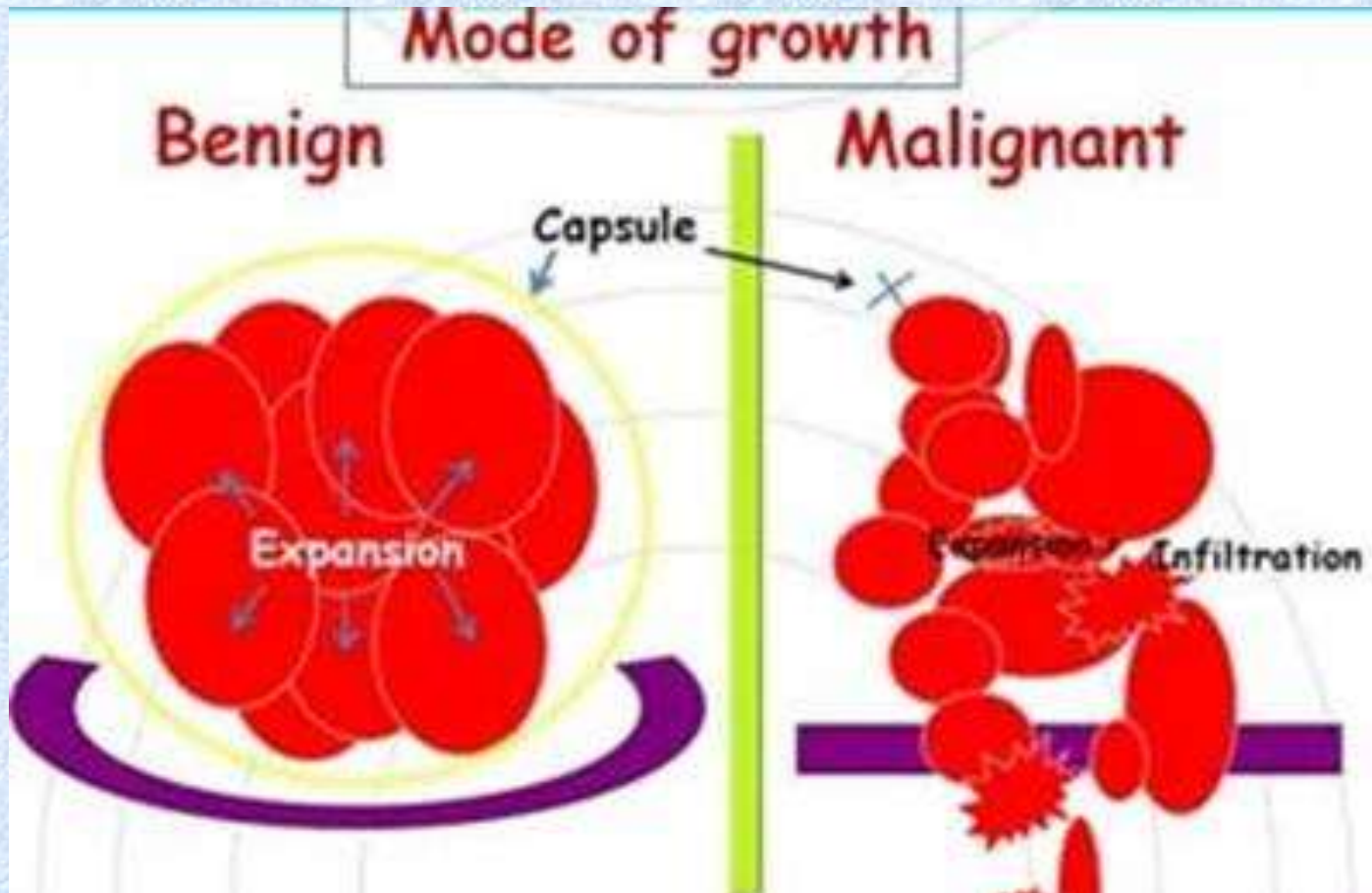
- Slow rate of growth
- Grow by expansion
- Some benign tumor are hormone dependent; so they can grow fast or regress based on hormone availability (**as uterine leiomyoma**)
- The tumor may regress due to insufficient vascular supply

### *b. Malignant tumors:*

- Grow rapidly
- Grow by infiltration of surrounding tissues
- Growth rate may exceed blood supply; so tumor necrosis occurs
- Poorly differentiated tumor grow faster than better differentiated tumors

# Characters of benign & malignant tumors

## I. Rate and mode of growth



# Characters of benign & malignant tumors

## II. Local invasion (direct spread)

### a. Benign tumors:

- Do not infiltrate adjacent tissues
- Usually has a capsule or a pseudo capsule separates it from surrounding tissues

### b. Malignant tumors:

- Usually infiltrate surrounding tissues
- Non capsulated and have ill-defined infiltrative borders.
- Some tumors may look capsulated grossly; however invasion to adjacent tissues can be detected microscopically (e.g. **follicular carcinoma of thyroid gland**).



# Characters of benign & malignant tumors

## III. Distant spread (metastasis)

- **Means:** migration of tumour cells to organ or site away from primary site with formation of secondary tumour masses.
- *It is the single sure sign of malignancy*
- Benign tumors don't metastasize but malignant tumors do.
- Some malignant tumors infiltrate adjacent tissues but have no ability to metastasize (called **locally malignant tumors**).
- Poorly differentiated tumors are more likely to metastasize compared to well-differentiated tumours
- About 1/3 of the tumors are metastatic at time of diagnosis

# **MORPHOLOGY OF BENIGN and MALIGNANT TUMORS**

# Morphology of tumors

## II. Gross appearance

- **Benign tumors:** commonly appears as


- *Mass*
- *Polyp*




Describe *size, shape, surface and cut section*

- **Malignant tumors:** could appears as


- *Mass*
- *Fungating (cauliflower)*
- *Ulcer*
- *Annular*




Describe *size, shape, surface and cut section*



Describe *size, shape, surface and cut section*



Describe *size, edge, base and floor*



*In hollow organs: thick wall and narrow lumen*

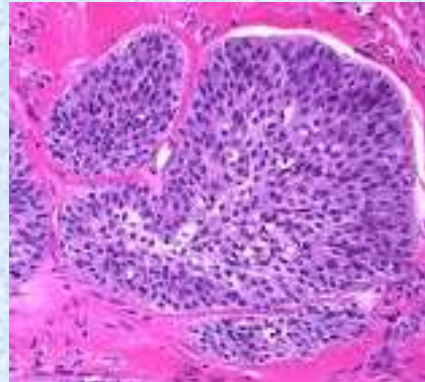
# Morphology of tumors

## II. Microscopic features

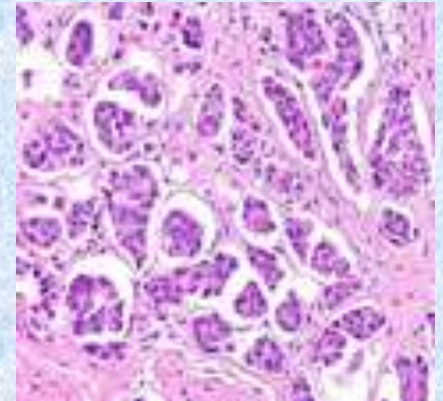
- Tumor cells (parenchyma): The proliferating cells

### A. Growth pattern

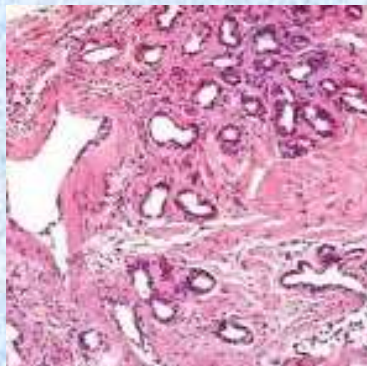
#### 1. Epithelial tumors:



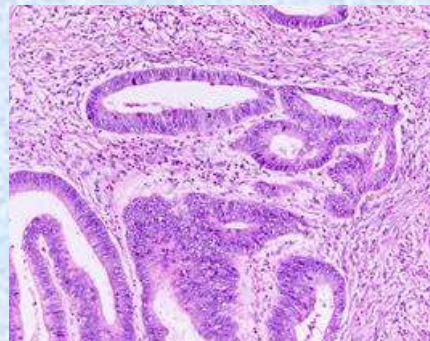
Sheets



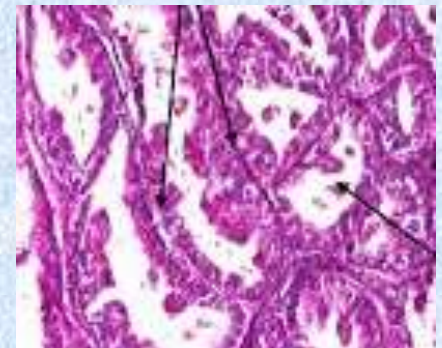
Nests



Acini



Glands



Papillae

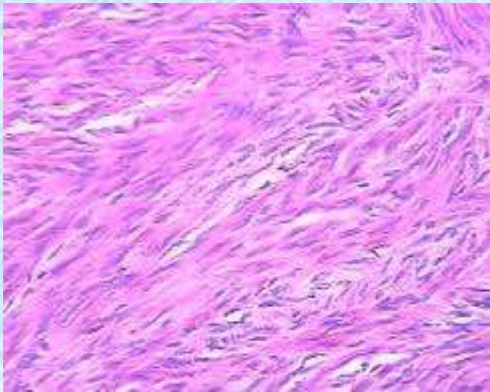
# Morphology of tumors

## II. Microscopic features

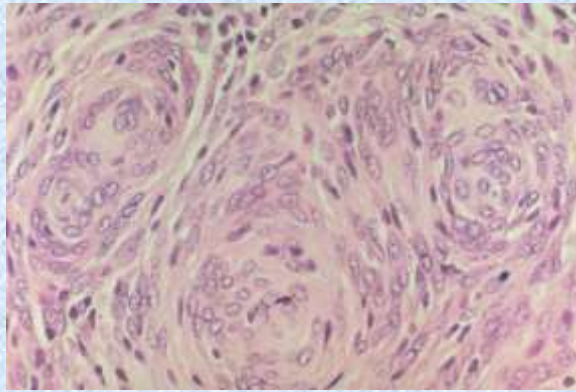
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### A. Growth pattern

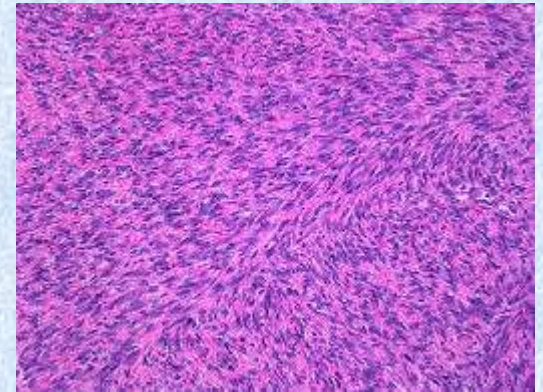
#### 2. Mesenchymal tumors:



Bundles



Whorl



Diffuse

# Morphology of tumors

## II. Microscopic features

- Tumor cells (parenchyma): The proliferating cells

- A. Growth pattern

- B. Cellular features

- a. *Differentiation:*

- To what extent the neoplastic cells resemble native cells
      - In benign tumors; the neoplastic cells closely resemble the native cells (well-differentiated)
      - In malignant tumors: the neoplastic cells have a wide range of differentiation from **well-differentiated** to **undifferentiated** cells (anaplastic).
      - Anaplasia: Means complete loss of differentiation

# Morphology of tumors

## II. Microscopic features

- Tumor cells (parenchyma): The proliferating cells

- A. Growth pattern

- B. Cellular features

- b. Cellular criteria of malignancy:*

- *Pleomorphism*: tumor cells are variable in size and shape
      - *Loss of polarity*: change orientation of tumor cells to each other.
      - *Hyperchromatic* nuclei: the nuclei are deeply stained
      - *Increased nucleo-cytoplasmic ratio (N/C ratio)*: the nucleus become large
      - *Prominent nucleoli*: the nucleolus become large
      - *Frequent mitosis*
      - *Tumor giant cells*

# Morphology of tumors

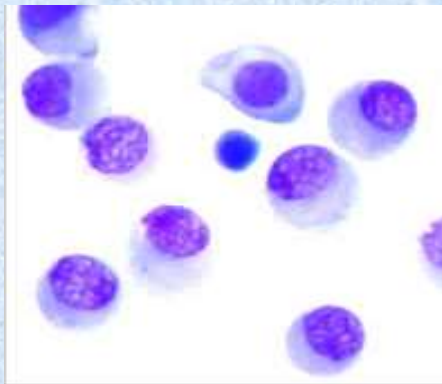
## II. Microscopic features

- Tumor cells (parenchyma): The proliferating cells

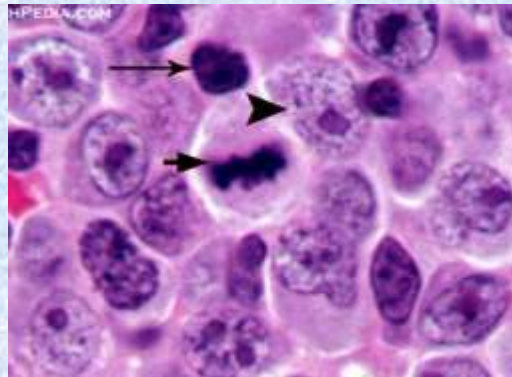
- A. Growth pattern

- B. Cellular features

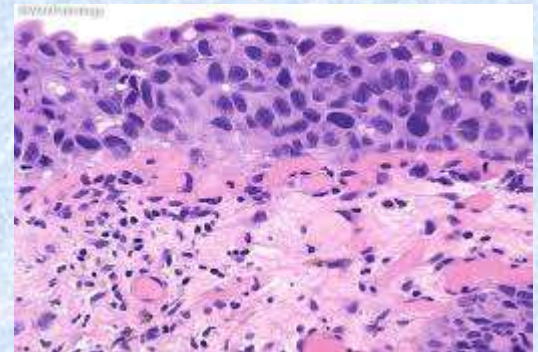
- b. Cellular criteria of malignancy:*



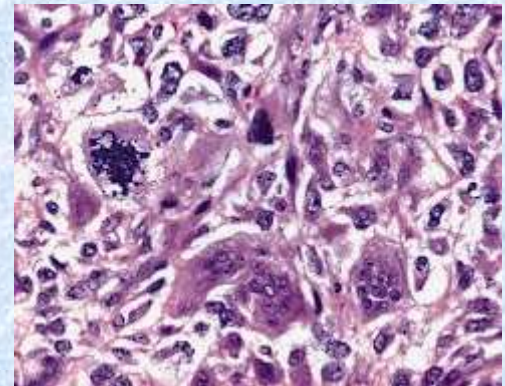
High N/C ratio



Mitosis &  
prominent nucleoli



Loss of polarity



Tumor giant cells



**Good luck**

**Dr. Ahmed Roshdi**