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Comprisal and Embodiment-Müllerian inclusions Lymph Node

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Introduction

Müllerian inclusions confined to lymph node emerges as a benign condition comprised of glandular inclusions layered by salpingeal or ovarian epithelium impregnating the lymphoid parenchyma. The inclusions appear to lack circumscribing foci of endometrial stroma or focal aggregates of hemosiderophages. Additionally designated as endosalpingiosis, the condition preponderantly arises within pelvic or para-aortic lymph nodes. Up to 41% of intra-abdominal lymph nodes of female subjects or ~20% of females demonstrating gynaecological malignancies display Müllerian inclusions permeating the para-aortic or pelvic lymph nodes. Lymph node inclusions are posited to arise due to transport of epithelial cells through the tubal ostium to assist implantation within enveloping peritoneum. Subsequently, phenomenon such as peeling and transport of inclusions via the lymphatics with consequent amalgamation within pelvic lymph node is encountered.

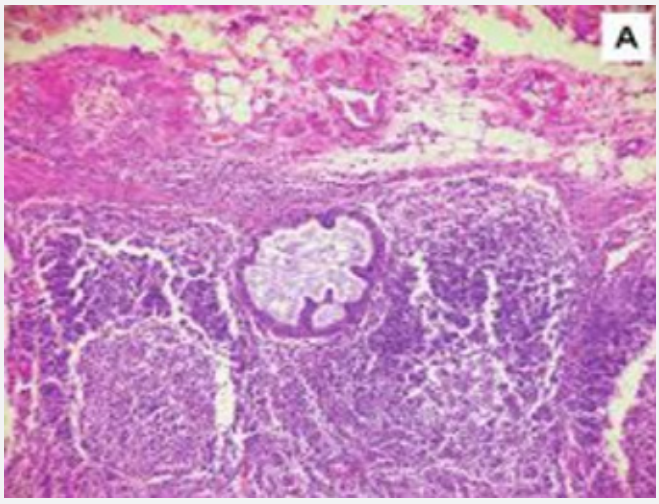


Figure 1: Mullerian inclusions lymph node demonstrating cystic spaces layered by coelomic and columnar epithelium embedded within lymphoid parenchyma and capsule [11].

Additionally, postulates such as metaplastic origin from peritoneum, foci of endometriosis, vestiges of paramesonephricus ducts or distant metastases from ovarian serous borderline tumours may be implicated in the genesis of Müllerian inclusions within lymph node [1,2]. Clinically, the condition may be diagnosed as an incidental feature. Besides, lymph nodes pervaded with Müllerian inclusions appear enlarged [1,2]. Grossly, lymph nodes impregnated with Müllerian inclusions appear enlarged [2,3]. Upon microscopy, lymph node parenchyma is pervaded with glandular or cystic inclusions layered by cuboidal or columnar epithelial cells demonstrating a Müllerian or coelomic countenance. Frequently, inclusions appear embedded within the capsule [3,4] (Figures 1 & 2, Table 1).

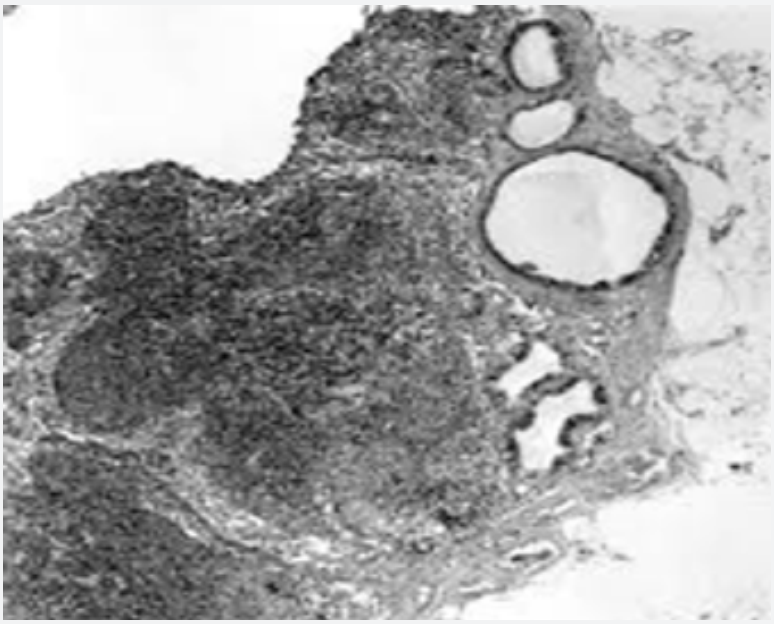


Figure 2: Mullerian inclusions lymph node delineating cystic spaces lined by coelomic and cuboidal epithelium encompassed by lymphoid parenchyma and caspule [12].

Table 1: Distinction between glandular epithelial inclusions and metastatic foci of adenocarcinoma within lymph nodes [5].

Morphological Feature	Inclusions	Adenocarcinoma
Distribution	Lymphoid follicles	Distant to lymphoid follicle
Epithelium subtype	Pseudostratified	Numerous cell layers
Epithelium resembling uterine tube	Present	Absent
Lymph node or vascular involvement	May occur	Present
Psammomatous bodies	Present	Present
Mitoses	Extremely rare	Present
Cells with neoplastic appearance	Absent	Present

Psammoma bodies are commonly observed. The inclusions may depict focal squamous metaplasia. Morphological features as mitotic figures or mild cellular or nuclear atypia may be minimal to absence. Focal desmoplastic stroma or endometrial stroma encompassing the inclusions appear absent [3,4]. Müllerian inclusions confined to the lymph node appear immune reactive to keratin and mucin stains [6,7]. Müllerian inclusions confined to the lymph node necessitate segregation from conditions as distant metastasis from borderline or malignant ovarian tumours or various uterine carcinomas [8,9]. Müllerian inclusions confined to the lymph node configure as benign condition devoid of specific clinical significance [9,10].

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