

NTP Nonneoplastic Lesion Atlas

Clitoral Gland – Angiectasis

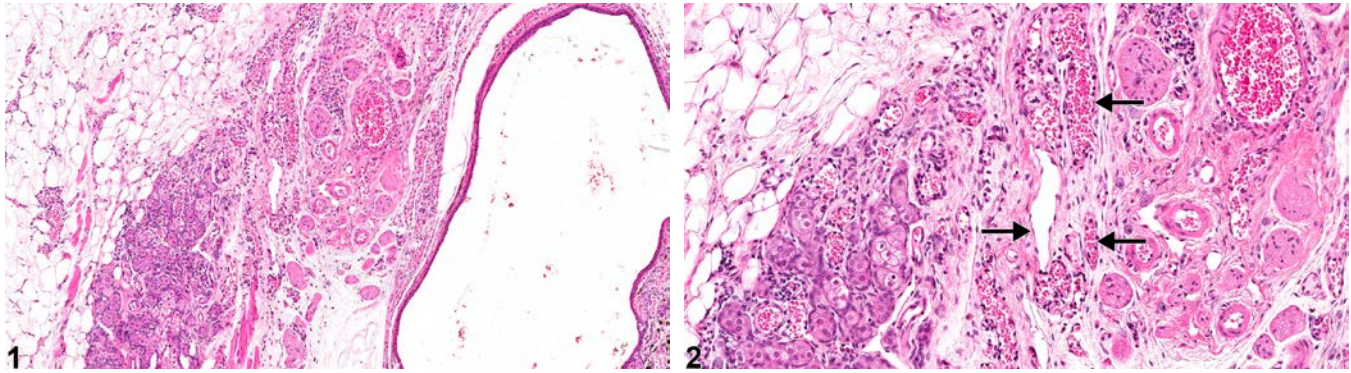


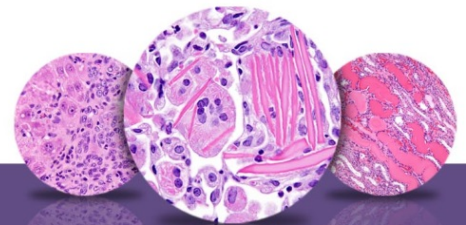
Figure Legend: **Figure 1** Clitoral gland - Angiectasis in a female B6C3F1/N mouse from a chronic study. Variably sized and shaped channels are distributed throughout the clitoral gland. **Figure 2** Clitoral gland - Angiectasis in a female B6C3F1/N mouse from a chronic study (higher magnification of Figure 1). Channels (arrows) are lined by flattened spindle cells and contain variable numbers of red cells.

Comment: In angiectasis, preexisting clitoral gland blood vessels become dilated and filled with blood cells, accompanied by compression of the clitoral gland parenchyma (Figure 1 and Figure 2). A distinction between angiectasis and hemangioma should be attempted, although the distinction is not always obvious. Hemangiomas tend to be well-circumscribed, unencapsulated masses composed of tightly packed, dilated vascular spaces. Each vascular space is enclosed and lined by a single layer of normal-appearing endothelial cells aligned on collagenous septa, which are usually thin, although some have broad collagenous stroma. Angiectasis does not usually present as a well-circumscribed mass: the dilated vascular channels often course irregularly through the tissue. Compression of adjacent parenchyma may occur in both angiectasis and hemangioma.

Recommendation: Clitoral gland - Angiectasis should be diagnosed and graded whenever present.

Reference:

National Toxicology Program. 2003. NTP TR-509. Toxicology and Carcinogenesis Studies of 2,4-Hexadienal (89% *trans,trans* Isomer, CAS No. 142-83-6; 11% *cis,trans* Isomer) in F344/N Rats and B6C3F₁ Mice (Gavage Studies). NTP, Research Triangle Park, NC.
Abstract: <http://ntp.niehs.nih.gov/go/14896>



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