

NTP Nonneoplastic Lesion Atlas

Coagulating gland – Hyperplasia

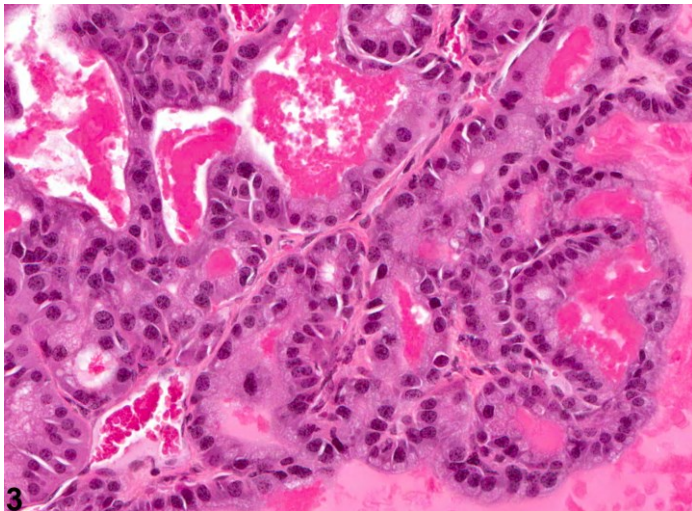
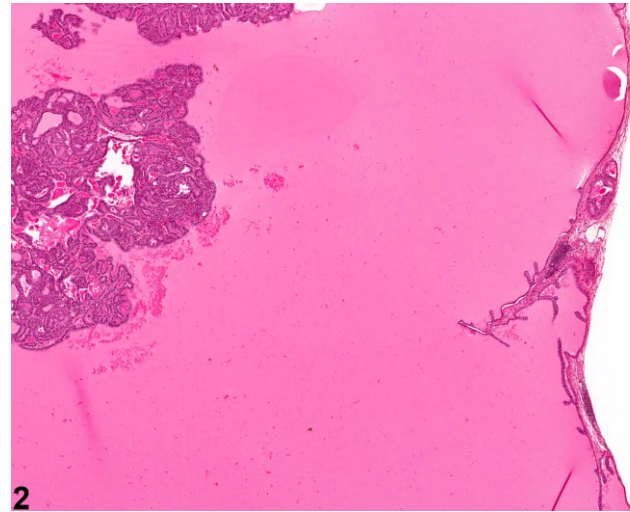
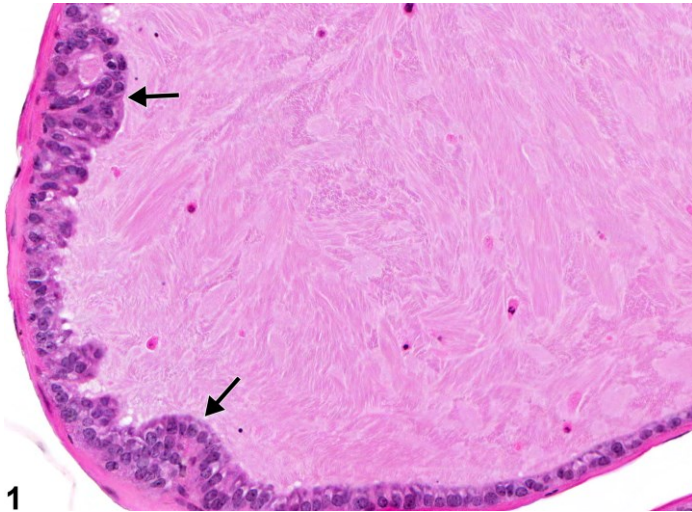


Figure Legend: **Figure 1** Coagulating Gland - Hyperplasia. Arrows indicate bulging of hyperplastic epithelium into the acinar lumen in a male B6C3F1 mouse from a chronic study. **Figure 2** Coagulating Gland - Hyperplasia. Hyperplasia of the coagulating gland in a male B6C3F1 mouse from a chronic study. **Figure 3** Coagulating Gland - Hyperplasia. Higher magnification of Figure 2 showing hyperplasia of the coagulating gland in a male B6C3F1 mouse from a chronic study.

Comments: Hyperplasia of the coagulating gland consists of proliferation of the lining epithelium. The cells may pile up (arrows, Figure 1), form short papillary folds, or bulge into the acinar lumen. Hyperplasia shown in Figure 1 is multifocal but mild; in Figures 2 and 3 it is focally extensive, with formation of papillary folds in the acinar lumen. Hyperplasia of the coagulating gland is likely an age-



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related change. Feminization from prenatal exposure to estrogenic agents, including diethylstilbestrol, has been associated with hyperplastic and metaplastic changes in the coagulating glands of rodents.

Recommendation: Hyperplasia should be graded and recorded, with qualification as bilateral when both coagulating glands are affected. Severity should be based on the more severely affected gland. Correlations with similar changes that may be present in other accessory sex gland should be mentioned in the pathology narrative.

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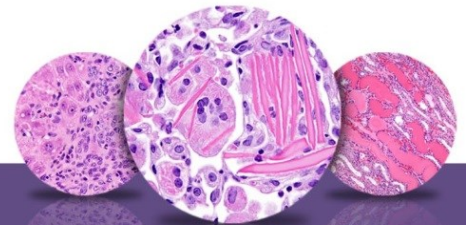
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