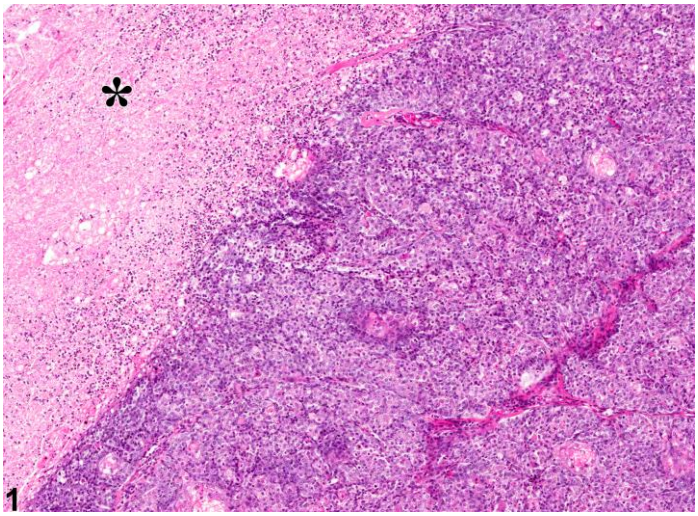
Preputial Gland – Necrosis



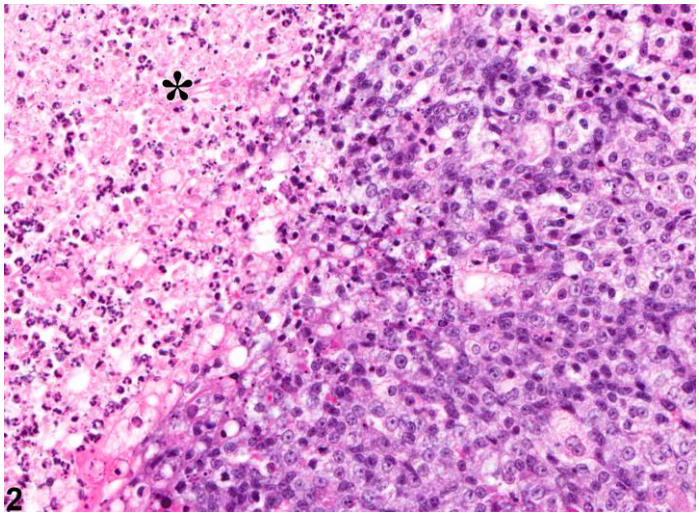
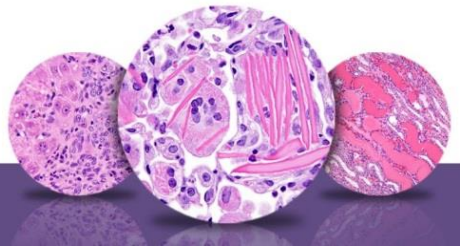


Figure Legend: Figure 1 Preputial Gland - Necrosis. Asterisk indicates area of necrosis from a male F344/N rat in a chronic study. **Figure 2** Preputial Gland - Necrosis. Higher magnification of Figure 1. Asterisk indicates accumulation of cellular, pyknotic, and karyorrhectic debris from a male F344/N rat in a chronic study.

Comments: Necrosis of preputial gland consists of loss of cellular detail, hypereosinophilia, and replacement by cellular and karyorrhectic debris (asterisk, Figure 1 and Figure 2). The necrotic area is often distinct from the adjacent unaffected gland (Figure 1 and Figure 2). The necrotic debris should be carefully differentiated from the hypereosinophilic keratinous material normally observed within ducts. Necrosis can be focal or multifocal, may involve one or both glands, and may be associated with inflammation. In Figure 1 and Figure 2, the necrosis is the major response without associated inflammation.

Recommendation: Necrosis should be recorded and graded, and if exacerbated by chemical administration, this should be documented in the pathology narrative. If both glands are affected, the diagnosis should be qualified as bilateral and the severity based on the more severely affected gland. When necrosis is present as a secondary response to inflammation, it need not be diagnosed unless unusually severe but may be mentioned in the pathology narrative.



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