"Geschlecht Z": Likely a numerical code or identifier for the gender category.

"Geschlecht": Indicates the gender category in text form.

The values are:

1 (weiblich): Female.

2 (männlich): Male.

3 (divers): Diverse (non-binary or other gender identities).

The table categorizes causes of death ("Todesursachen") with associated codes. Here's an explanation of each cause:

1 - Recurrence (Rezidiv):

Death caused by the recurrence of the primary disease, such as cancer.

2 - Cachexia (Kachexie):

Death related to severe weight loss and muscle wasting, often seen in chronic illnesses like cancer or advanced heart failure.

3 - Pulmonary embolism (Lungenembolie):

Death caused by a blockage in the pulmonary arteries, usually due to a blood clot.

4 - Myocardial infarction (Mycardinfarkt):

Death caused by a heart attack.

5 - Sepsis:

Death caused by a systemic infection leading to organ dysfunction and failure.

6 - Liver failure (Leberinsuffizienz):

Death caused by the inability of the liver to perform its essential functions.

7 - Multiorgan failure (Multiorganversagen):

Death caused by the simultaneous failure of multiple organ systems.

88 - Other cause of death (andere Todesursache):

Death caused by reasons not specified in the above categories.

99 - No information provided (keine Angabe):

No specific data is available regarding the cause of death.

This classification is often used in medical records to document and analyze causes of mortality.

The table classifies the condition of stability ("stabil/instabil") with two possible values. Here's an explanation:

0 - Instable (instabil):

Indicates an unstable condition, which could mean medical, physical, or structural instability depending on the context.

1 - Stable (stabil):

Indicates a stable condition, meaning no immediate danger or risk, and the state is under control.

This classification is likely used to document the status of a patient, system, or structure in a medical or related context.

The table categorizes medical procedures or treatments based on their urgency ("elektiv/Notfall"). Here's the explanation:

0 - Elective (elektiv):

The procedure or treatment is planned and scheduled in advance, not requiring immediate attention.

1 - Emergency (Notfall):

The procedure or treatment is performed urgently due to a medical emergency.

This classification is commonly used to prioritize and document medical care based on the level of urgency.

The table categorizes cytological cell forms ("zytologische Form") based on their appearance under a microscope. Here's an explanation of each type:

1 - Pleomorphic (pleomorph):

Cells show significant variability in size and shape, often associated with high-grade malignancies.

2 - Clear cell (hellzellig):

Cells appear clear due to cytoplasmic changes, often seen in specific tumors like renal cell carcinoma.

3 - Small cell (kleinzellig):

Cells are small with scant cytoplasm, commonly associated with small-cell carcinoma.

4 - Spindle cell (spindelzellig):

Cells are elongated and spindle-shaped, typical of sarcomas or other mesenchymal tumors.

5 - Medium/large cell (mittel/groß):

Cells are medium or large in size, with more cytoplasm compared to small cells, seen in some types of lymphomas or other malignancies.

99 - No information provided (keine Angabe):

No specific data is available about the cytological form.

This classification helps pathologists describe and diagnose different types of tumors or conditions based on cell morphology.

The table describes liver injuries classified according to the Moore grading system, with codes representing different types of liver damage. Here's a simple explanation of each entry:

Capsular tear/defect:

Damage limited to the outer capsule of the liver (the protective covering).

Parenchymal injury 1–3 cm:

A small injury (1–3 cm in size) to the functional tissue of the liver (the part responsible for most of its functions).

Parenchymal injury >3 cm:

A larger injury (greater than 3 cm) to the functional tissue of the liver.

Parenchymal rupture of one liver lobe:

A tear or rupture affecting one of the lobes of the liver (the liver has right and left lobes).

Extensive injury to both liver lobes:

Severe damage involving both lobes of the liver.

No specification ("keine Angabe"):

No information provided about the liver injury.

The table describes the involvement of liver lobes ("Leberlappenbefall") using codes to indicate which part of the liver is affected. Here's a simple explanation:

1 - Right (rechts):

The right lobe of the liver is affected.

2 - Left (links):

The left lobe of the liver is affected.

3 - Both (beidseits):

Both the right and left lobes of the liver are affected.

99 - No information provided (keine Angabe):

No specific information is available about liver lobe involvement.

This type of classification is often used in clinical settings to document the extent of liver involvement in diseases or injuries.

This table refers to the Lauren classification, which categorizes gastric (stomach) cancer into different histological types. Each entry includes:

intestinaler Typ (Intestinal Type):

This type has a glandular structure resembling intestinal tissue.

Typically occurs in older individuals and is often linked to environmental factors like diet and Helicobacter pylori infection.

Generally associated with a better prognosis compared to the diffuse type.

diffuser Typ (Diffuse Type):

This type is poorly differentiated and consists of scattered cancer cells that are not cohesive.

It is often linked to genetic factors rather than environmental ones.

It tends to be more aggressive and is associated with a worse prognosis.

Mischtyp (Mixed Type):

This represents a combination of both intestinal and diffuse types.

Histologically, it exhibits characteristics of both types.

keine Angabe (No Information Provided):

Indicates that no information is available regarding the classification for the specific case.

This classification is widely used in the study of gastric cancer to describe tumor behavior and guide treatment decisions.

This table titled "C Klatskin Klassifikation" refers to the Bismuth classification for Klatskin tumors (hilar cholangiocarcinomas), which are cancers located at the junction of the right and left hepatic bile ducts. The classification is based on the location and extent of bile duct involvement. Here's an explanation of the entries:

Klatskin Typ I nach Bismuth:

Tumor involves the common hepatic duct below the bifurcation (right and left hepatic ducts are not involved).

Klatskin Typ II nach Bismuth:

Tumor involves the bifurcation of the right and left hepatic ducts but does not extend into the secondary branches.

Klatskin Typ IIIa nach Bismuth:

Tumor extends into the secondary branches of the right hepatic duct.

Klatskin Typ IIIb nach Bismuth:

Tumor extends into the secondary branches of the left hepatic duct.

Klatskin Typ IV nach Bismuth:

Tumor involves the secondary branches of both right and left hepatic ducts or is multicentric (extensive).

99 (keine Angabe):

No information provided about the classification.

This classification is essential for determining the extent of the tumor, guiding treatment (e.g., surgical resection, palliative care), and predicting prognosis.

The table categorizes inflammation by severity levels. Here's an explanation:

1 - Mild (mild):

Indicates a low level of inflammation with minimal impact on the affected tissue.

2 - Moderate (moderate):

Indicates a medium level of inflammation that may cause noticeable effects on the tissue.

3 - Severe (severe):

Indicates a high level of inflammation, likely causing significant damage or dysfunction in the tissue.

4 - None (none):

Indicates no inflammation is present.

This classification is typically used to assess and document the extent of inflammation in a specific context, such as in pathology or clinical diagnoses.

The table categorizes tumor grading, which describes the differentiation of tumor cells, indicating how abnormal they appear compared to normal cells. Here's the explanation:

1 - G1:

Well-differentiated tumor cells, resembling normal cells closely. Indicates a low-grade tumor with slower growth.

2 - G2:

Moderately differentiated tumor cells, with some features deviating from normal cells. Represents an intermediate-grade tumor.

3 - G3:

Poorly differentiated tumor cells, appearing quite different from normal cells. Indicates a high-grade tumor with faster growth.

4 - G4:

Undifferentiated tumor cells that bear no resemblance to normal cells. Indicates the highest-grade tumor with aggressive behavior.

5 - Gx:

Grade cannot be assessed due to insufficient or indeterminate information.

This grading system is used in pathology to assess tumor aggressiveness and guide treatment strategies.

The table categorizes fat distribution ("Fettverteilung") in liver tissue. Here's an explanation of each category:

1 - Periportal:

Fat accumulation is primarily located around the portal tracts (areas where the bile ducts, arteries, and veins enter the liver).

2 - Pericentral (Perzentral):

Fat accumulation is primarily located around the central veins in the liver lobules.

3 - Predominantly periportal (vorwiegend periportal):

Fat distribution is mainly periportal, but some fat may also be present in other areas.

4 - Predominantly pericentral (vorwiegend perizentral):

Fat distribution is mainly pericentral, with some fat potentially in other regions.

5 - Mixed:

Fat is distributed evenly or variably throughout the liver, without a clear preference for periportal or pericentral regions.

6 - No fatty changes (no fatty changes):

No evidence of fat accumulation in the liver tissue.

This classification is often used in pathology or radiology to describe patterns of fatty liver disease (steatosis).

The table categorizes fat morphology ("Fettmorphologie") in liver tissue. Here's an explanation of each category:

1 - Microvesicular (Mikrovesikulär):

Fat is stored in small droplets within liver cells, often associated with metabolic conditions or acute liver damage.

2 - Macrovesicular (Makrovesikulär):

Fat is stored in large droplets that displace the nucleus of liver cells, commonly seen in non-alcoholic fatty liver disease (NAFLD).

3 - Predominantly microvesicular (vorwiegend Mikrovesikulär):

Fat distribution is mainly microvesicular, with some macrovesicular fat also present.

4 - Predominantly macrovesicular (vorwiegend Makrovesikulär):

Fat distribution is mainly macrovesicular, with some microvesicular fat also present.

5 - Mixed:

A combination of both microvesicular and macrovesicular fat is present, without a clear predominance of either type.

6 - No fatty changes (no fatty changes):

No evidence of fat accumulation in the liver tissue.

This classification helps describe the type and distribution of fat in liver diseases such as steatosis or steatohepatitis.

The table categorizes types of diabetes mellitus using associated codes. Here's an explanation of each type:

1 - Type I (Typ I):

Insulin-dependent diabetes, typically caused by autoimmune destruction of insulin-producing beta cells in the pancreas.

2 - Type IIa (Typ II a):

A subtype of Type II diabetes with a milder insulin resistance component and some remaining insulin production.

3 - Type IIb (Typ II b):

A subtype of Type II diabetes with more severe insulin resistance and reduced insulin production.

4 - Type II unspecified (Typ II unspez):

A general classification for Type II diabetes where the subtype (a or b) is not specified.

5 - Type IIIa (Typ III a):

Diabetes associated with genetic defects of beta-cell function.

6 - Type IIIb (Typ III b):

Diabetes caused by genetic defects in insulin action or other specific mechanisms.

99 - No information provided (keine Angabe):

No specific information is available regarding the type of diabetes.

This classification is used to identify and categorize diabetes types based on their underlying cause and clinical presentation.

The table categorizes pressure ulcers (decubitus ulcers or bedsores) by their severity ("Dekubitus Grad"). Here's an explanation of the grades:

1 - Grade I (Grad I):

Skin is intact but shows redness that does not fade when pressure is relieved. The affected area may feel warmer or firmer than the surrounding tissue.

2 - Grade II (Grad II):

Partial-thickness skin loss involving the epidermis and possibly the dermis. The area may appear as an open blister or shallow ulcer.

3 - Grade III (Grad III):

Full-thickness skin loss with damage to or necrosis of the subcutaneous tissue. The ulcer may extend down to, but not through, underlying fascia.

4 - Grade IV (Grad IV):

Full-thickness skin and tissue loss with extensive damage to muscle, bone, or supporting structures (e.g., tendons or joints).

99 - No information provided (keine Angabe):

No specific data is available regarding the grade of the pressure ulcer.

This classification system is commonly used in healthcare to assess the severity of pressure ulcers and guide treatment plans.

The table classifies the stages of chronic kidney disease (CKD) ("Chronische Niereninsuffizienz") based on the glomerular filtration rate (GFR), which measures kidney function. Here's an explanation of each stage:

99 - No information provided (keine Angaben):

No specific data is available regarding the stage or GFR.

1 - Stage I (Stadium I):

GFR ≥ 90 ml/min/1.73 m²

Normal or high kidney function with evidence of kidney damage (e.g., proteinuria).

2 - Stage II (Stadium II):

GFR 60–89 ml/min/1.73 m²

Mild decrease in kidney function with evidence of kidney damage.

3 - Stage IIIa (Stadium IIIa):

GFR 48–59 ml/min/1.73 m²

Moderate decrease in kidney function.

4 - Stage IIIb (Stadium IIIb):

GFR 30–44 ml/min/1.73 m²

More severe decrease in kidney function within the moderate range.

5 - Stage IV (Stadium IV):

GFR 15–29 ml/min/1.73 m²

Severe decrease in kidney function.

6 - Stage V (Stadium V):

GFR < 15 ml/min/1.73 m²

End-stage kidney disease (ESKD) or kidney failure, often requiring dialysis or transplantation.

This classification is widely used in nephrology to assess and monitor the progression of chronic kidney disease.

This table, labeled "C Bindegewebsanteil", represents the connective tissue proportion within a sample or tumor. This is often evaluated in histological or pathological examinations to understand the tissue's characteristics, which can influence disease progression and treatment strategies.

Explanation of Items:

"0 - kein":

Indicates that no connective tissue is present in the sample.

Suggests that the sample is primarily composed of cells or other structures, with no connective tissue involvement.

"1 - gering":

Indicates a low amount of connective tissue.

Suggests minimal structural or supportive tissue present.

"2 - mäßig":

Indicates a moderate amount of connective tissue.

This might suggest balanced structural support within the tumor or tissue.

"3 - hoch":

Indicates a high amount of connective tissue.

Could reflect fibrotic changes, desmoplasia (growth of connective tissue often associated with tumors), or other alterations indicating significant connective tissue involvement.

"99 - keine Angabe":

Indicates no data provided or not applicable.

The connective tissue proportion wasn't measured or isn't relevant for this sample.

Relevance to Liver Cancer (HCC):

Fibrotic or connective tissue changes:

In liver cancer, particularly hepatocellular carcinoma (HCC), the proportion of connective tissue is crucial.

Fibrosis or cirrhosis, often a precursor to liver cancer, is characterized by increased connective tissue.

Desmoplasia might occur in some tumors, indicating a dense connective tissue response.

The proportion of connective tissue can indicate tumor behavior:

Low connective tissue: More aggressive tumor growth.

High connective tissue: Potentially slower growth but might complicate surgical resection.

This table helps classify the connective tissue proportion and could inform treatment or prognosis based on the sample's histological findings.

The table categorizes the amount of connective tissue ("Bindegewebsanteil") present in a sample. Here's an explanation of each category:

0 - None (kein):

No connective tissue is present.

1 - Low (gering):

A small amount of connective tissue is present.

2 - Moderate (mäßig):

A moderate amount of connective tissue is present.

3 - High (hoch):

A large amount of connective tissue is present.

99 - No information provided (keine Angabe):

No specific data is available regarding the amount of connective tissue.

This classification helps describe the histological composition of a sample, often relevant in pathology for diagnosing or assessing the extent of fibrosis or tissue changes.

The table categorizes methods used to assess or measure data, likely related to tissue analysis or pathology. Here's an explanation of each category:

1 - Estimated (geschätzt):

The values are estimated rather than precisely measured.

2 - Measured (ImageJ, Cells/Cells) (gemessen (ImageJ, Zellen/Zellen)):

Data is measured using the ImageJ software, specifically focusing on cell-to-cell analysis.

3 - Measured (ImageJ, Area/Area) (gemessen (ImageJ, Fläche/Fläche)):

Data is measured using the ImageJ software, focusing on area-based analysis.

4 - Measured (HistoCAD, Droplet) (gemessen (HistoCAD, Droplet)):

Data is measured using the HistoCAD software, focusing on droplet-based analysis.

5 - Measured (HistoCAD, Gen. Class.) (gemessen (HistoCAD, Gen. Class.)):

Data is measured using the HistoCAD software, focusing on generalized classification.

This classification specifies the method or software used for data acquisition, which is important for standardizing results and comparing analyses.

The table describes the grading of liver fibrosis according to the Desmet system, which is often used to assess the severity of fibrosis (scarring) in the liver. Here's an explanation of the fibrosis grades (Fibrosegrad):

F1 - Mild, portal fiber proliferation:

Minimal fibrosis with an increase in connective tissue around the portal areas.

F2 - Moderate, (in)complete porto-portal septa:

Moderate fibrosis with the formation of septa (fibrous bands) that may connect portal tracts.

F3 - Severe, septa formation and architectural distortion:

Advanced fibrosis with numerous septa and distortion of the normal liver structure.

F4 - Cirrhosis:

The most severe stage, with extensive scarring that replaces normal liver tissue and disrupts the liver's architecture, often leading to loss of liver function.

F0 - No fiber proliferation:

No fibrosis present; the liver appears normal in terms of connective tissue.

n.a. - Not applicable/no information:

No information is provided about the fibrosis grade.

This grading system is used to evaluate liver fibrosis severity in conditions such as chronic hepatitis, fatty liver disease, or other liver disorders.

This table refers to the UICC (Union for International Cancer Control) staging system, which is used to classify cancer progression based on TNM data. The columns are:

"UICC Code": Represents the code or numbering for UICC stages.

"UICC": Indicates the cancer stage according to the UICC staging system.

The stages listed are:

Stadium 0: Early-stage cancer, typically carcinoma in situ (localized and non-invasive).

Stadium IA: Early localized cancer with minimal spread.

Stadium IB: Slightly more advanced localized cancer.

Stadium IIA: Local cancer with potential early regional spread.

Stadium IIB: More advanced regional cancer involvement.

Stadium III: Locally advanced cancer with significant regional spread.

Stadium IV: Advanced cancer with distant metastasis (spread to other organs).

This classification helps to standardize cancer descriptions, guide treatment decisions, and predict outcomes.

This table refers to the venous invasion (V) classification in the TNM staging system, which assesses whether a tumor has invaded veins. The columns include:

"Veneninvasic": Likely represents the numbering or categorization of venous invasion cases.

"Veneninvasic": Indicates the V classification, which describes the extent of venous invasion.

The values are:

V0: No venous invasion.

V1: Microscopic venous invasion (detected under a microscope).

V2: Macroscopic venous invasion (visible to the naked eye or imaging).

Vx: Venous invasion cannot be assessed (insufficient information).

Venous invasion is an important prognostic factor in cancer staging, as it often indicates a higher likelihood of metastasis and aggressive tumor behavior.

This table outlines the tumor (T) classification from the TNM staging system, which describes the size and extent of the primary tumor. The columns include:

"Tumor Zahl": Translates to "Tumor Number," indicating the numbering or identification of cases or stages.

"Tumor": Refers to the T classification in the TNM system.

The values are:

pT0: No evidence of the primary tumor.

pTis/Ta: Tis means carcinoma in situ (tumor confined to its site of origin and not invasive); Ta indicates non-invasive papillary carcinoma, often used in bladder cancer.

pT1: Tumor invades the subepithelial connective tissue or equivalent.

pT2: Tumor invades into surrounding structures (e.g., muscle).

pT3: Tumor invades into deeper structures or tissues.

pT4: Tumor invades into adjacent organs or tissues (e.g., beyond the organ of origin).

pTx: Primary tumor cannot be assessed due to insufficient information.

This table relates to the perineural invasion (PN) classification, commonly used in cancer staging and pathology. The columns include:

"Perineuralsch": Likely represents the identification or numbering system for perineural status.

"Perineuralsch" (again, same name): Indicates the PN classification, which assesses the presence of cancer spread along nerves.

The categories listed are:

Pn0: No evidence of perineural invasion.

Pn1: Perineural invasion is present.

Pnx: Perineural invasion status cannot be assessed (insufficient information).

This classification is important in oncology as perineural invasion is often associated with aggressive tumors and may influence treatment planning and prognosis.

This image appears to show a table related to TNM staging, which is a system used in oncology to describe the extent of cancer spread. The columns are titled:

"Nodulus Zah": This likely represents the numbering or identification of nodes, which could be lymph nodes or another classification system.

"Nodulus": This shows the pathological N category (pN) of the TNM system.

The "pN" categories in the table are:

pN0: No regional lymph node metastasis.

pN1: Regional lymph node metastasis present to a limited extent.

pN2: More extensive regional lymph node metastasis.

pN3: Very extensive regional lymph node metastasis.

pNX: Regional lymph nodes cannot be assessed.

Explanation: C Metastase TNM Table

This table documents the metastasis status of a tumor using the TNM classification system. The information helps evaluate whether cancer has spread to distant organs or tissues.

Fields:

Metastase Zahl: Refers to the numerical identifier of the metastasis status entry in the table. It helps organize and distinguish records.

Metastase: Indicates the metastatic status based on pathological findings:

pM0: No distant metastasis detected. The cancer has not spread to other parts of the body.

pM1: Distant metastasis present. The cancer has spread to other organs or tissues.

pMx: Metastatic status cannot be assessed. This might occur if there is insufficient information to determine whether metastasis has occurred.

Summary:

The table is critical for understanding the cancer stage, as the presence or absence of metastasis greatly influences prognosis and treatment planning. Let me know if you need further clarification!

Explanation: C Lymphinvasion TNM Table

This table describes the lymphatic invasion status of a tumor using the TNM classification system, which provides standardized codes for evaluating the extent of cancer.

Fields:

Lymphinvasion: This field indicates the status of lymphatic invasion based on histological examination. The categories are:

L0: No lymphatic invasion is observed. The tumor has not spread into lymphatic vessels.

L1: Lymphatic invasion is present. The tumor has spread into lymphatic vessels.

Lx: Lymphatic invasion status cannot be assessed. This may occur when there is insufficient data or testing to determine lymphatic invasion.

Summary:

This table is used to document whether cancer has invaded the lymphatic system (a key pathway for potential metastasis). The categories help determine the tumor's aggressiveness and guide treatment decisions. Let me know if you'd like more details!

The table classifies the timing of metastasis ("Zeitpunkt Metastase") with respect to the primary tumor. Here's the explanation for each code:

1 - Synchronous (synchron):

The metastasis occurred at the same time as the diagnosis of the primary tumor.

2 - Metachronous (metachron):

The metastasis occurred at a later time, after the primary tumor was diagnosed.

99 - No information provided (keine Angabe):

No specific information is available regarding the timing of metastasis.

This classification is commonly used to describe the progression and timeline of cancer spread.

The table categorizes types of tumor growth ("Wachstumstyp") with associated codes. Here's a simple explanation:

1 - Nodular with capsule (nodulär mit Kapsel):

The tumor grows in a nodular (lump-like) form and is surrounded by a capsule.

2 - Nodular without capsule (nodulär ohne Kapsel):

The tumor grows in a nodular form but lacks a capsule surrounding it.

3 - Infiltrative (infiltrativ):

The tumor grows by infiltrating surrounding tissues.

4 - Diffuse (diffus):

The tumor grows in a scattered or widespread pattern throughout the tissue.

99 - No information provided (keine Angabe):

No specific information is available about the tumor growth type.

This classification helps describe the pattern of tumor growth, which is important for understanding its behavior and planning treatment.

The table categorizes tumor growth forms ("Wachstumsform") with associated codes. Here's the explanation for each type:

1 - Fibrolamellar (fibrolamellär):

A specific growth pattern often seen in fibrolamellar hepatocellular carcinoma, characterized by fibrous bands between tumor cells.

2 - Trabecular (trabekulär):

The tumor grows in a pattern resembling cords or beams of cells.

3 - Pseudoglandular (pseudoglandulär):

The tumor forms gland-like structures that are not true glands.

4 - Compact (kompakt):

The tumor grows densely with minimal space between cells.

5 - Scirrhous (szirrhös):

The tumor is firm and fibrous, often indicating a desmoplastic reaction (growth of fibrous tissue around the tumor).

6 - Adenoid:

The tumor resembles glandular structures.

7 - Solid:

The tumor grows as a solid mass without any specific architectural features.

8 - Tubular (tubulär):

The tumor grows in tube-like structures, similar to certain types of glandular growth.

9 - Glandular (glandulär):

The tumor forms true gland-like structures.

99 - No information provided (keine Angabe):

No specific information is available about the growth form.

These growth forms help describe the microscopic appearance of tumors and are often used in pathology to characterize cancer types.

The table describes the location of tumor recurrence ("Tumorrezidivlokalisation") with associated codes. Here's a simple explanation:

1 - Local recurrence (Lokalrezidiv):

The tumor has recurred in the same location as the original site.

2 - Liver (Leber):

The tumor has recurred in the liver.

3 - Lung (Lunge):

The tumor has recurred in the lungs.

4 - Lymph nodes (Lymphknoten):

The tumor has recurred in the lymph nodes.

5 - Peritoneum:

The tumor has recurred in the peritoneum (the lining of the abdominal cavity).

6 - Bone (Knochen):

The tumor has recurred in the bones.

7 - Brain (Hirn):

The tumor has recurred in the brain.

88 - Other locations (andere Lokalisation):

The tumor has recurred in a location not specified in the above categories.

99 - No information provided (keine Angabe):

No specific information is available about the location of the tumor recurrence.

This classification is typically used in oncology to document and track the sites of tumor recurrence for diagnosis and treatment planning.

The table shown in the image appears to describe types of liver changes (labeled "Leberveränderungen") with associated codes. Here's a simple explanation of each entry:

1: Tumor in fibrosis (liver changes due to fibrotic tissue).

2: Tumor in steatosis (liver changes due to fatty infiltration, also known as fatty liver).

3: Tumor in cirrhosis (liver changes due to scarring from long-term damage, common in chronic liver diseases).

4: Tumor in cholestasis (liver changes due to impaired bile flow).

88: Other liver changes (not specified in this list).

99: No information provided ("keine Angabe" translates to "no specification").

The table categorizes surgical radicality ("Radikalität") with codes that describe the completeness of tumor removal during surgery. Here's an explanation of each code:

1 - R0:

No residual tumor remains after surgery; the tumor has been completely removed with clear margins.

2 - R1:

Microscopic residual tumor remains after surgery; cancer cells are still present at the margin but not visible to the naked eye.

3 - R2:

Macroscopic residual tumor remains after surgery; the tumor is visible and could not be entirely removed.

4 - Rx:

The presence of residual tumor cannot be assessed; the status is unknown.

This classification is commonly used in surgical oncology to evaluate the success of tumor resection and guide further treatment.

The table categorizes multi-resistant pathogens ("Multiresistenz") using codes to specify the type of resistance. Here's an explanation:

1 - MRSA:

Methicillin-resistant Staphylococcus aureus, a type of bacteria resistant to many antibiotics, commonly associated with healthcare-associated infections.

2 - ESBL:

Extended-spectrum beta-lactamases, enzymes produced by some bacteria (e.g., E. coli, Klebsiella) that make them resistant to beta-lactam antibiotics.

3 - VRE:

Vancomycin-resistant enterococci, bacteria that are resistant to vancomycin, an antibiotic often used for serious infections.

4 - KBC:

Likely refers to Klebsiella pneumoniae carbapenemase, a resistance mechanism in Klebsiella species that makes them resistant to carbapenem antibiotics.

5 - NDM-1:

New Delhi metallo-beta-lactamase 1, a gene that makes bacteria resistant to a wide range of beta-lactam antibiotics, including carbapenems.

6 - MRGN:

Multidrug-resistant Gram-negative bacteria, a category of bacteria resistant to multiple antibiotics.

66 - Other (sonstige):

Indicates other types of multi-resistant pathogens not listed above.

99 - No information provided (keine Angabe):

No specific data is available about the type of resistance.

This classification is used in medical settings to identify and manage infections caused by antibiotic-resistant bacteria.

This table represents the Clavien-Dindo classification, which is used to grade postoperative complications based on their severity. The columns include:

"Clavien-Dindo": The identifier or grade of the complication.

"Grad": The specific grade level.

"Definition": Description of the complication's severity and required interventions.

The grades are:

Grad 0: No postoperative complications.

Grad I: Any deviation from the normal postoperative course without the need for intervention.

Grad II: Complications requiring medical treatment, including parenteral nutrition and blood transfusions.

Grad III:

Grad IIIa: Complications requiring surgical, endoscopic, or radiologic intervention without general anesthesia.

Grad IIIb: Complications requiring intervention under general anesthesia.

Grad IV:

Grad IVa: Life-threatening complications requiring intensive care, with dysfunction of a single organ (including dialysis).

Grad IVb: Dysfunction of multiple organs.

Grad V: Death of the patient.

This classification is widely used in surgical and medical fields to standardize the reporting and evaluation of complications, aiding in clinical decision-making and research.

The table categorizes pancreatic fistulas ("Pankreasfistel") by grade, describing their severity and clinical impact. Here's the explanation:

Grade 0 (Grad 0):

No pancreatic fistula is detectable clinically or through laboratory tests.

Grade A (Grad A):

A mild abnormality in the postoperative course, with no need for any intervention.

Grade B (Grad B):

A significant deviation from the normal postoperative course, which may require therapeutic interventions (e.g., drainage).

Grade C (Grad C):

A severe condition requiring reoperation or transfer to the intensive care unit (ICU).

This grading system helps classify and manage pancreatic fistulas based on their severity in the postoperative setting.

This table refers to the WHO classification of gastric (stomach) cancer, which categorizes gastric adenocarcinomas based on histological features. Here's an explanation of the entries:

tubulär (Tubular Adenocarcinoma):

This type is characterized by the formation of tubular structures by tumor cells.

It is the most common histological subtype of gastric cancer.

papillär (Papillary Adenocarcinoma):

This type is characterized by finger-like or papillary projections formed by tumor cells.

It is less common than tubular adenocarcinoma.

muzinös (Mucinous Adenocarcinoma):

This type produces a large amount of mucin, which accumulates within the tumor and extracellularly.

It has a distinct gelatinous appearance.

Siegelring-Ca (Signet Ring Cell Carcinoma):

This type is composed of cells with prominent intracellular mucin, which pushes the nucleus to the side, giving the appearance of a "signet ring."

It is associated with a diffuse growth pattern and worse prognosis.

The WHO classification is widely used in pathology and oncology to describe the histological types of gastric cancer, which helps guide treatment and assess prognosis.

This table refers to the Siewert classification, which categorizes gastroesophageal junction (GEJ) tumors based on their location relative to the esophagus and stomach. Here's an explanation of the entries:

Typ 1: Tumorzentrum im distalen Ösophagus (Type 1: Tumor Centered in the Distal Esophagus):

The tumor originates in the distal esophagus, just above the gastroesophageal junction.

Often associated with Barrett's esophagus and intestinal metaplasia.

Typ 2: Tumorzentrum im Bereich der Z-Linie (Type 2: Tumor Centered at the Z-Line):

The tumor originates precisely at the gastroesophageal junction (Z-line, where the esophagus meets the stomach).

Also referred to as true carcinoma of the gastroesophageal junction.

Typ 3: Tumorzentrum im Bereich des Magens aber Z-Linie betroffen (Type 3: Tumor Centered in the Stomach but Involving the Z-Line):

The tumor originates in the proximal stomach (gastric cardia) and extends to involve the Z-line.

99: Keine Angabe (No Information Provided):

Indicates that no information is available about the tumor's classification.

This classification helps guide the surgical and oncological management of gastroesophageal junction tumors.

The table categorizes the location of esophageal carcinoma ("Lokalisation Oesophaguskarzinom") by dividing the esophagus into sections. Here's an explanation of each category:

1 - Upper third (oberes Drittel):

The carcinoma is located in the upper third of the esophagus.

2 - Middle third (mittleres Drittel):

The carcinoma is located in the middle third of the esophagus.

3 - Lower third (unteres Drittel):

The carcinoma is located in the lower third of the esophagus.

4 - Multiple areas (mehrere Bereiche):

The carcinoma spans multiple sections of the esophagus.

99 - No information provided (keine Angabe):

No specific data is available regarding the tumor's location.

This classification is used to describe the tumor's anatomical location, which is important for diagnosis, treatment planning, and prognosis.

The table categorizes the location of stomach cancer ("Lokalisation Magenkarzinom") by dividing the stomach into regions. Here is the explanation:

1 - Cardia (Kardia):

The tumor is located in the upper part of the stomach, near the junction with the esophagus.

2 - Corpus & Fundus:

The tumor is located in the middle (corpus) or upper dome-shaped portion (fundus) of the stomach.

3 - Antrum & Pylorus:

The tumor is located in the lower part of the stomach (antrum) or the opening to the small intestine (pylorus).

4 - Multiple areas (mehrere Bereiche):

The tumor affects multiple regions of the stomach.

99 - No information provided (keine Angabe):

No specific data is available regarding the tumor's location.

This classification helps in identifying the specific region of the stomach affected by cancer, which is important for diagnosis and treatment planning.

The table categorizes the macroscopic appearance of cholangiocarcinoma (CCC), a type of bile duct cancer. Here's the explanation of each category:

1 - Polypoid (polypös):

The tumor appears as a polyp-like growth within the bile ducts.

2 - Nodular-ulcerative (nodulär-ulcerös):

The tumor has a nodular and ulcerative appearance.

3 - Scirrhous (szirrhös):

The tumor is hard and fibrous, typically associated with desmoplastic reactions.

4 - Infiltrative-sclerosing (infiltrativ-sklerosierend):

The tumor infiltrates and causes sclerosis (hardening) of the surrounding tissue.

5 - Infiltrative-destructive (infiltrativ-destruierend):

The tumor infiltrates surrounding tissues and destructively invades them.

6 - Necrotizing (nekrotisierend):

The tumor shows areas of tissue necrosis (cell death).

7 - Mixed type (Mischtyp):

The tumor exhibits a combination of different macroscopic patterns.

99 - No information provided (keine Angabe):

No specific data is available regarding the macroscopic appearance.

This classification helps in describing the gross morphology of the tumor, which is essential for diagnosis, staging, and treatment planning.

The table categorizes the histological types of cholangiocarcinoma (CCC), based on microscopic features. Here's an explanation of each category:

1 - Mucinous (mucinös):

The tumor produces mucus, often associated with gland-forming cancers.

2 - Cribriform (cribriform):

The tumor has a perforated, sieve-like glandular structure.

3 - Tubular-acinar (tubulär-acinös):

The tumor forms small tube-like or acinar (cluster-like) glandular structures.

4 - Papillary (papillär):

The tumor has a papillary (finger-like) structure.

5 - Signet-ring type (Siegelringtyp):

The tumor cells have a signet-ring appearance, where a large vacuole displaces the nucleus to one side.

6 - Columnar cell type (zylinderzellig):

The tumor cells are tall and column-shaped, resembling columnar epithelium.

99 - No information provided (keine Angabe):

No specific data is available about the histological type.

This classification is essential for understanding the tumor's cellular structure, which aids in diagnosis, treatment decisions, and prognosis.

This table refers to the Borrmann classification, which is used to describe the macroscopic growth patterns of advanced gastric cancer. Here is an explanation of the entries:

Polypöses Wachstum (Polypoid Growth):

The tumor appears as a polyp-like, protruding mass.

Usually well-defined and localized.

Schüsselförmiges scharf begrenztes Ulcus (Fungating, Sharply Demarcated Ulcer):

The tumor has a crater-like shape with clear and sharp edges.

Commonly associated with ulceration.

Unscharf begrenztes Ulcus (Ulcer with Poorly Defined Margins):

The tumor shows an ulcerated structure with indistinct or poorly defined edges.

Diffus infiltrierendes Wachstum (Diffuse Infiltrative Growth):

The tumor grows diffusely and infiltrates the gastric wall.

Associated with linitis plastica (thickened and rigid stomach wall).

Keine Angabe (No Information Provided):

Indicates that no classification information is available for the tumor.

This table titled "C Lebererkrankungen" refers to various liver diseases. Each row lists a specific liver condition with a corresponding code or identifier. Here's the explanation of the entries:

Leberzysten: Liver cysts.

primär sklerosierende Cholangitis: Primary sclerosing cholangitis (a chronic disease causing inflammation and scarring of bile ducts).

primär biliäre Cirrhose: Primary biliary cirrhosis (now called primary biliary cholangitis, an autoimmune disease affecting bile ducts).

Autoimmunhepatitis: Autoimmune hepatitis (inflammation of the liver caused by the immune system attacking liver cells).

kryptogene Cirrhose: Cryptogenic cirrhosis (cirrhosis of unknown cause).

akutes Leversagen: Acute liver failure (rapid loss of liver function).

sekundär sklerosierende Cholangitis: Secondary sclerosing cholangitis (bile duct inflammation caused by other underlying conditions).

Leberabszesse: Liver abscesses (pus-filled pockets in the liver).

Hämochromatose: Hemochromatosis (a condition causing excess iron accumulation in the body, including the liver).

keine Angabe: No information provided.

This table titled "C Child Stadium" refers to the Child-Pugh classification, a system used to assess the severity of chronic liver disease, including cirrhosis. Here's an explanation of the entries:

0 (keine Zirrhose):

No cirrhosis is present.

1 (Child A):

Mild or compensated cirrhosis.

Represents the least severe stage with better liver function.

2 (Child B):

Moderate or decompensated cirrhosis.

Indicates significant liver dysfunction and more advanced disease.

3 (Child C):

Severe or decompensated cirrhosis.

Represents the most advanced stage with poor liver function and prognosis.

99 (keine Angabe):

No information provided about the stage.

The Child-Pugh classification evaluates liver function based on clinical and laboratory parameters to predict disease progression and guide treatment decisions.