

XIX. Martinský biooptický seminár SD-IAP

MUDr. I. Mečiarová, AMP Ružinov

25.-26. 10. 2013
KÚPELE LÚČKY

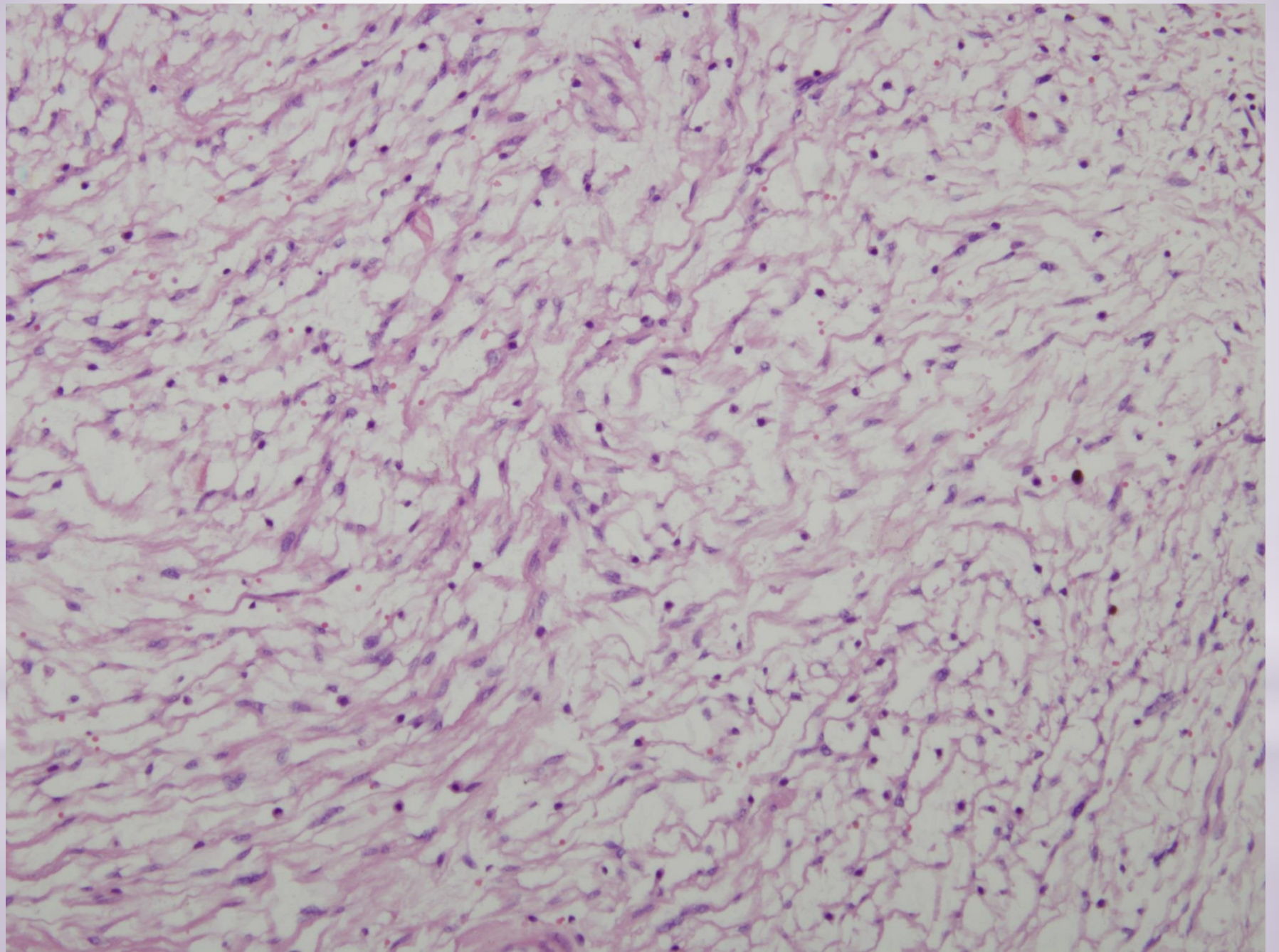
Prípad SD-IAP č. 491

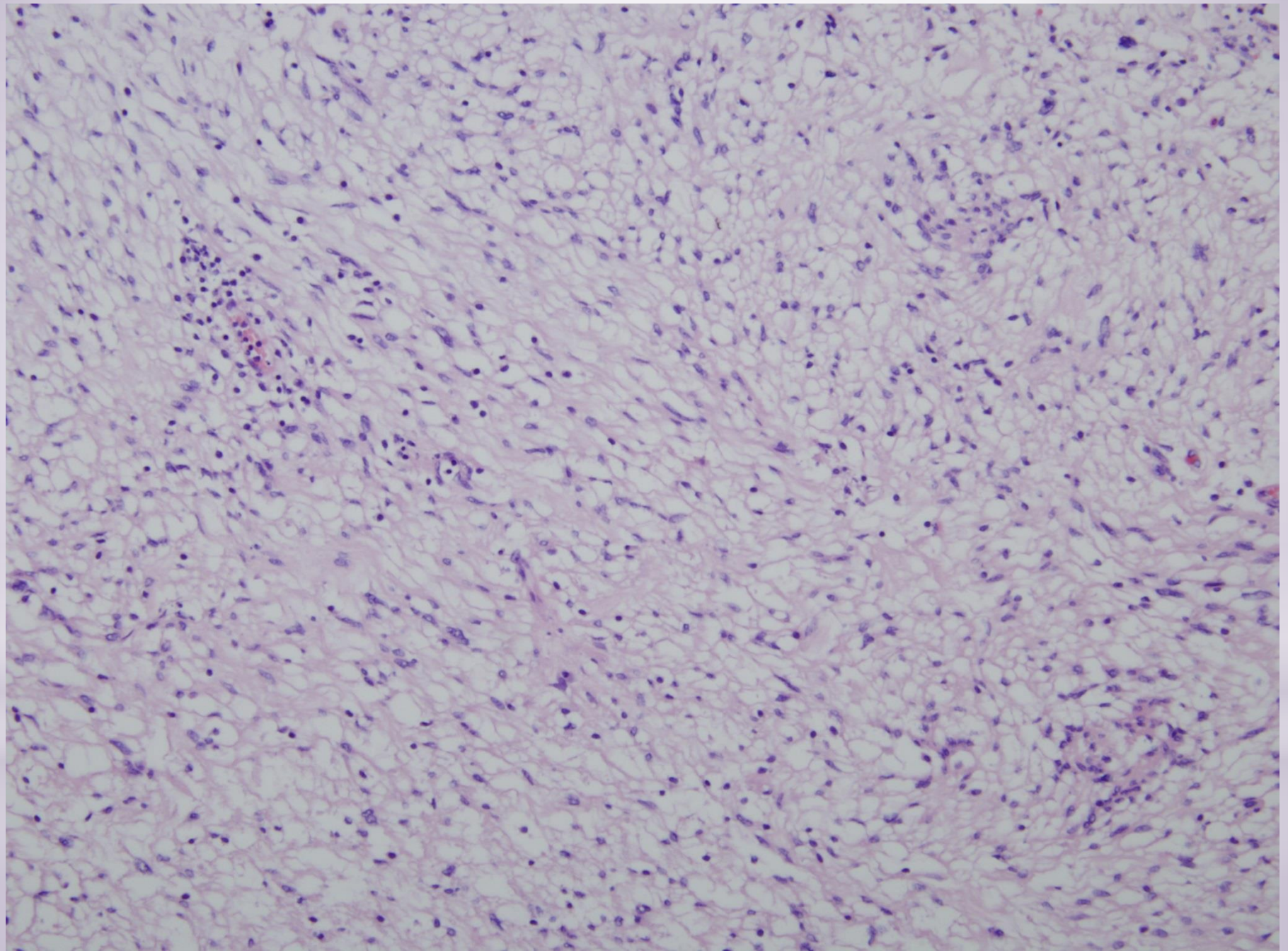
- * 67 ročný muž
- * tumor pažeráka, susp. leiomyóm (klinická dg.)
- * makroskopicky - dobre ohraničený makro v.s. kapsulovaný ovoidný tumor 130x65x55 mm, tuhoelastickej konzistencie, na reze bledo-žlto sfarbený, s drobnými hemorágiami a ložiskovo výraznejšou vaskularizáciou

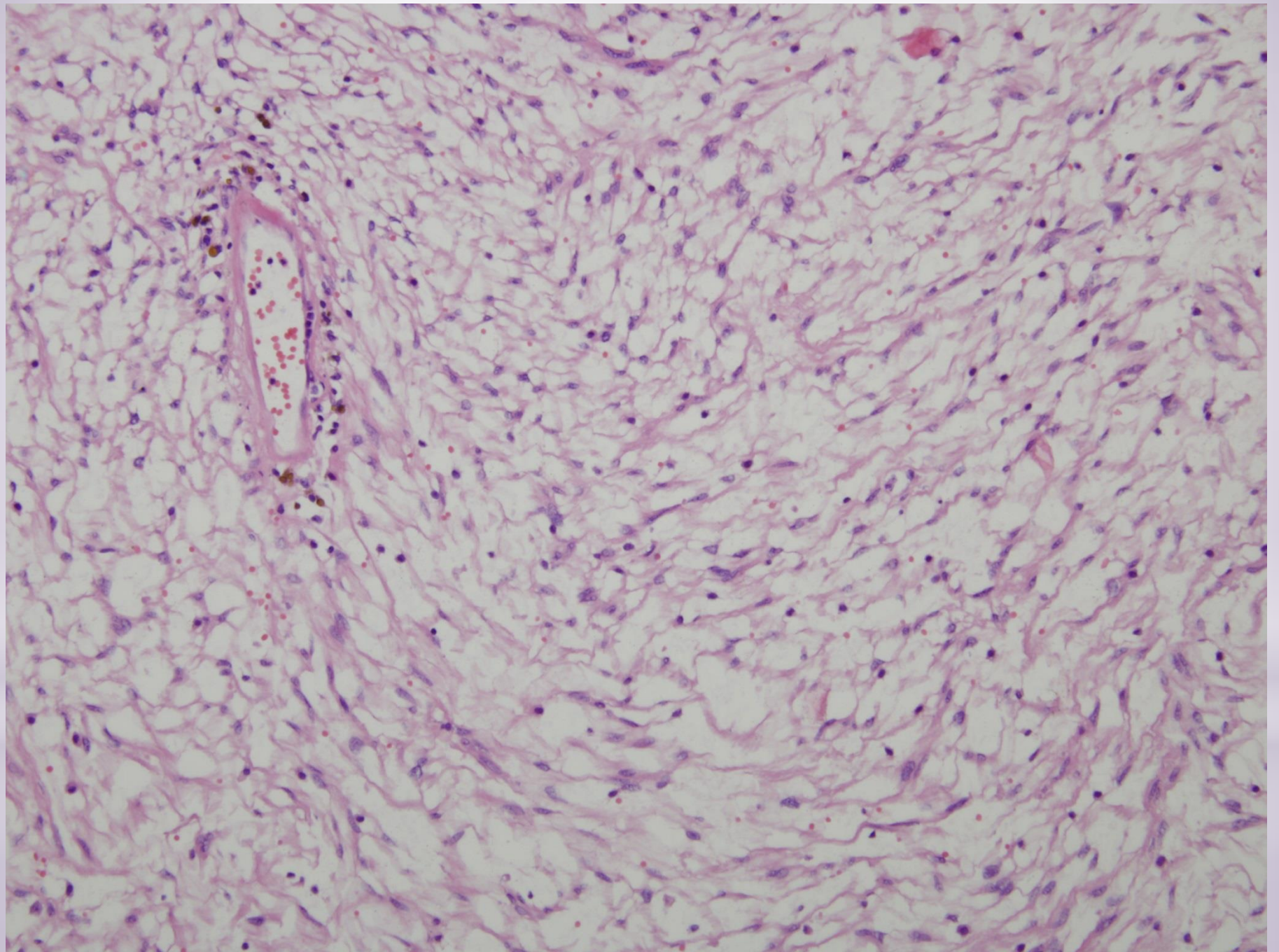
* Klinické informácie

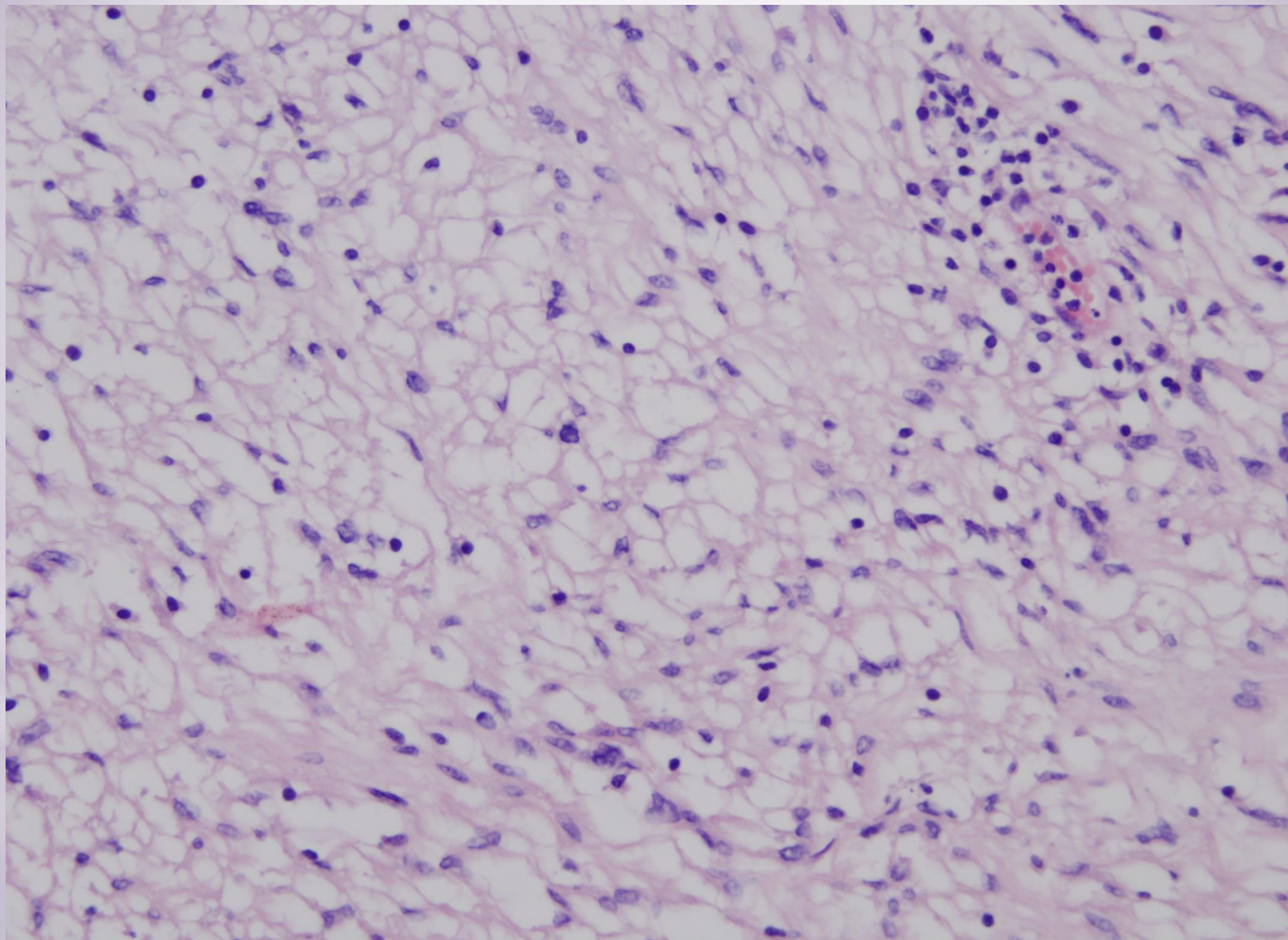


* Tumor ezofágu
(cca)



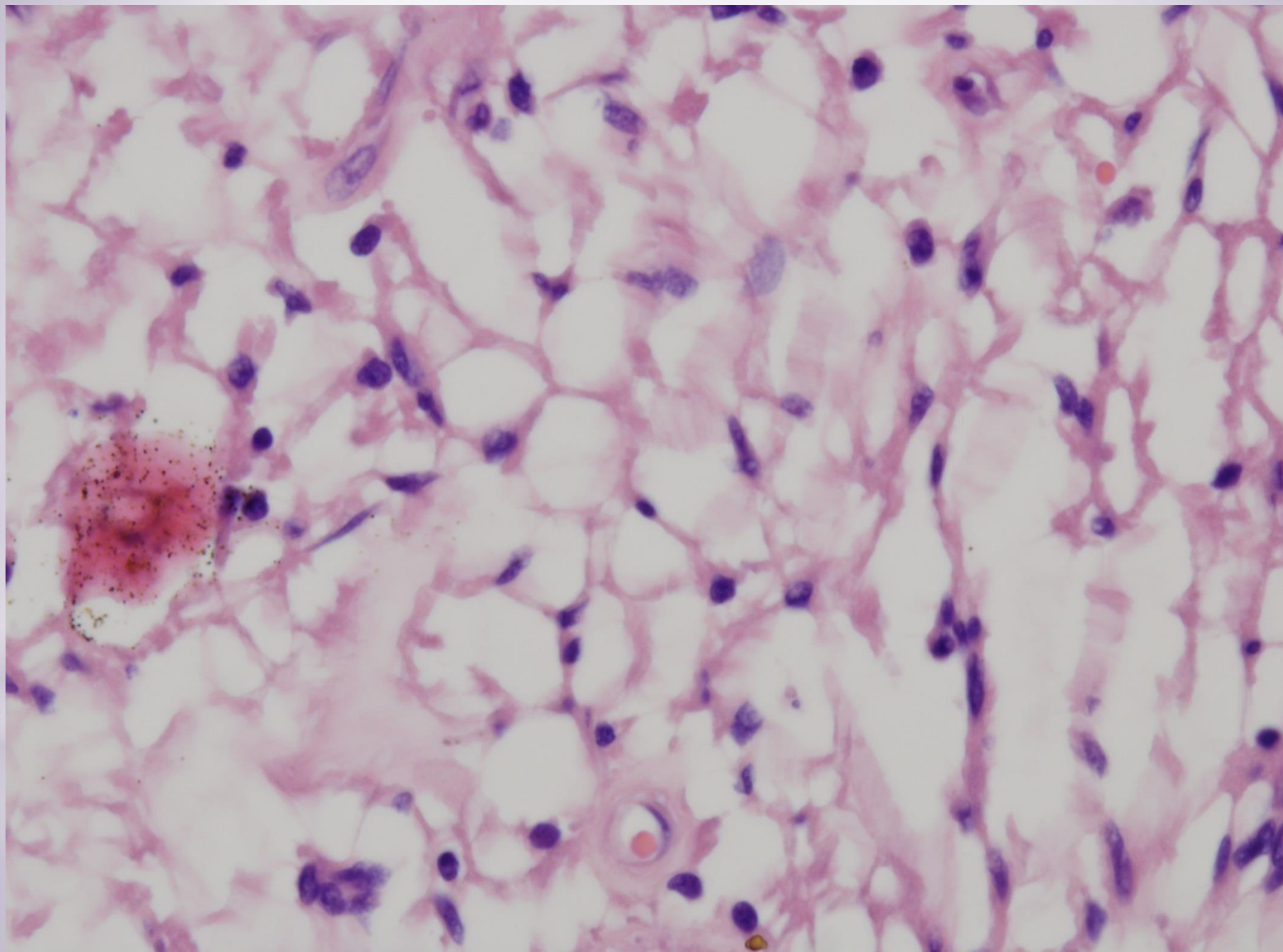


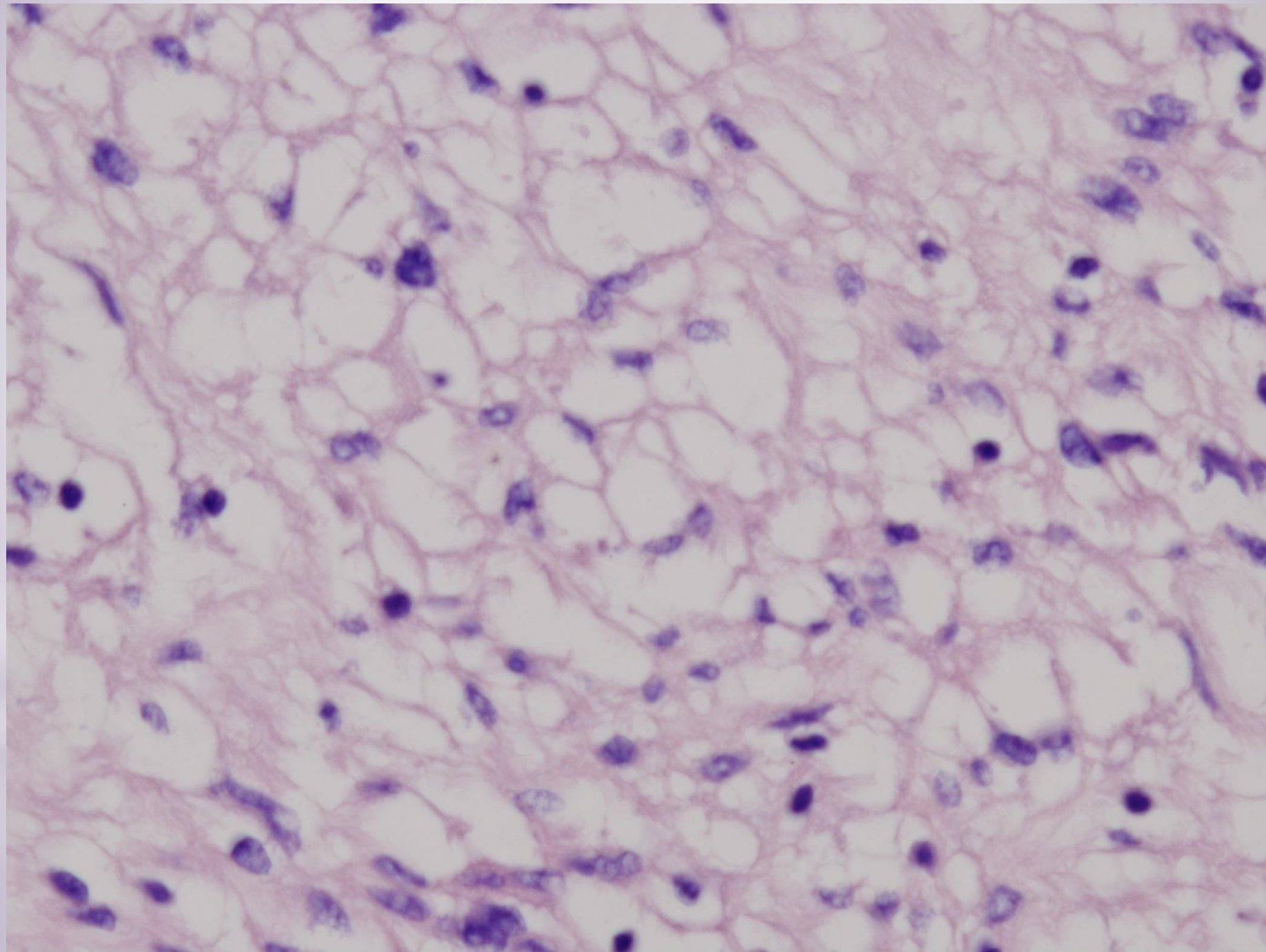




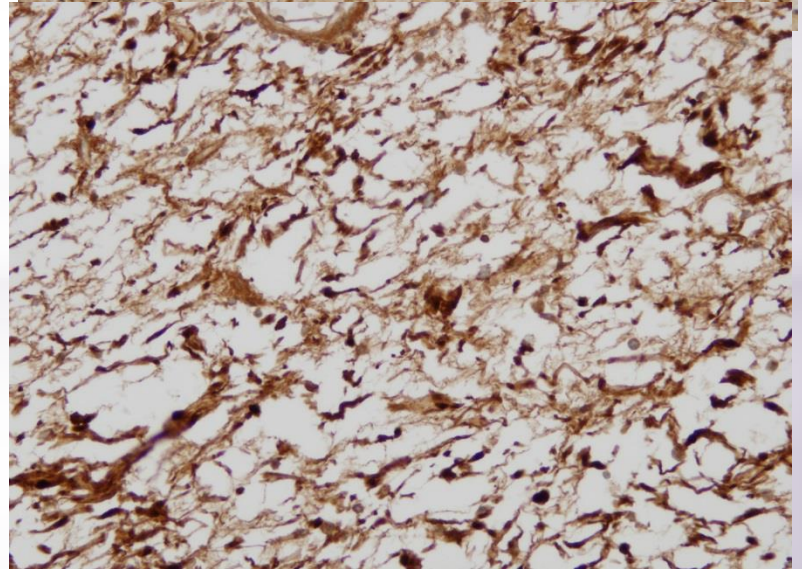
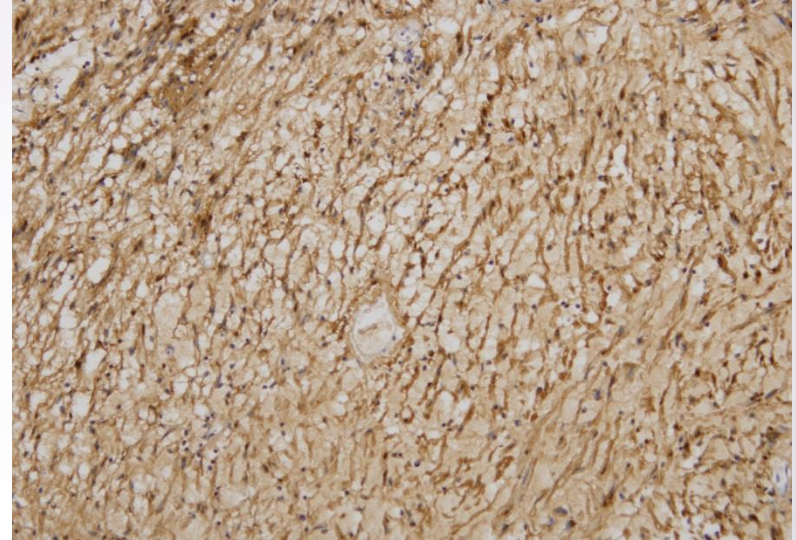
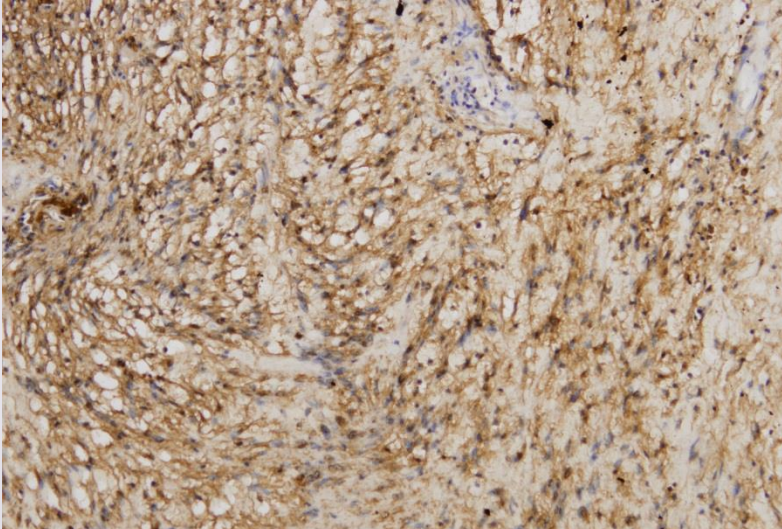


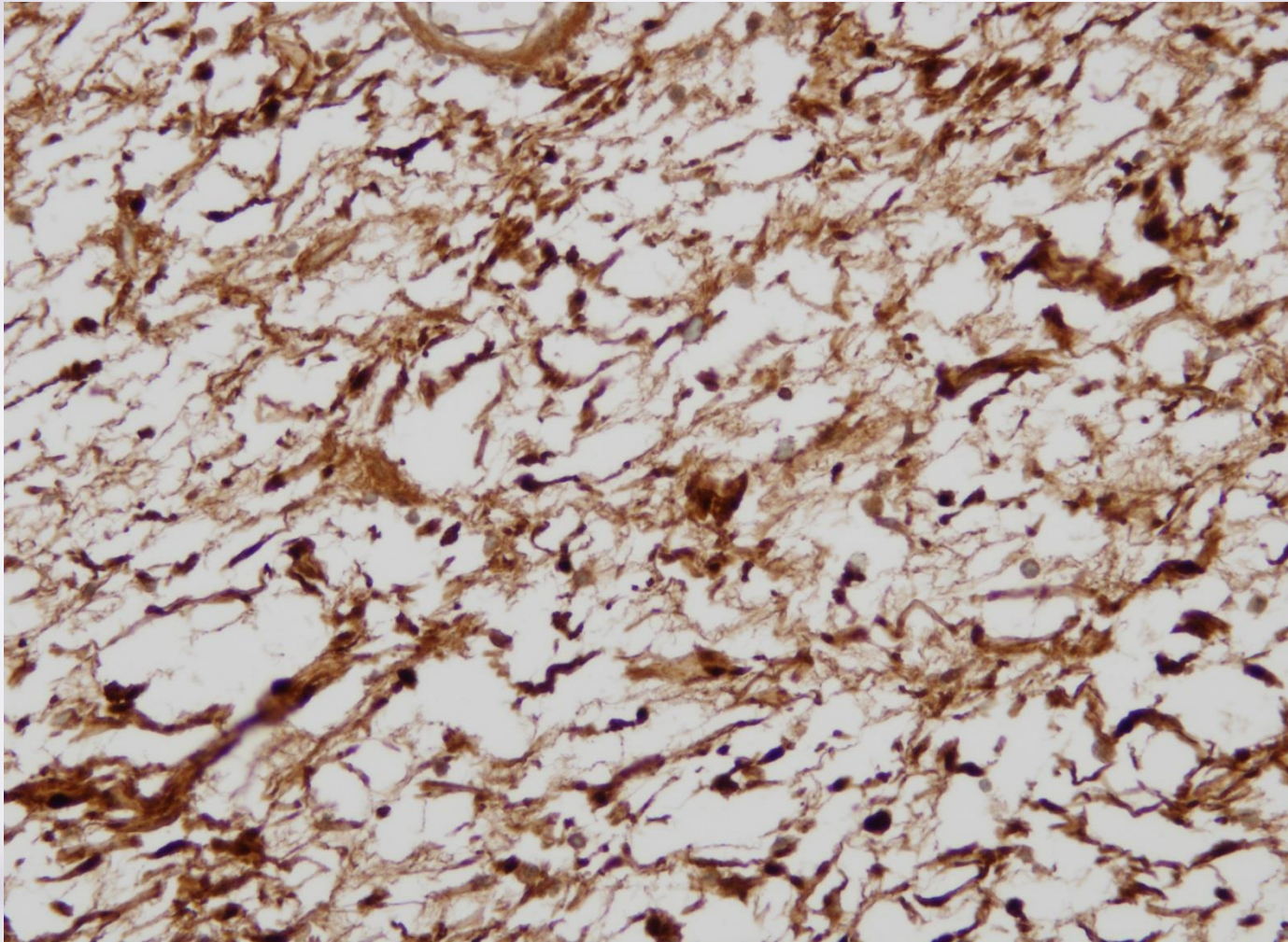
* Dg. ??



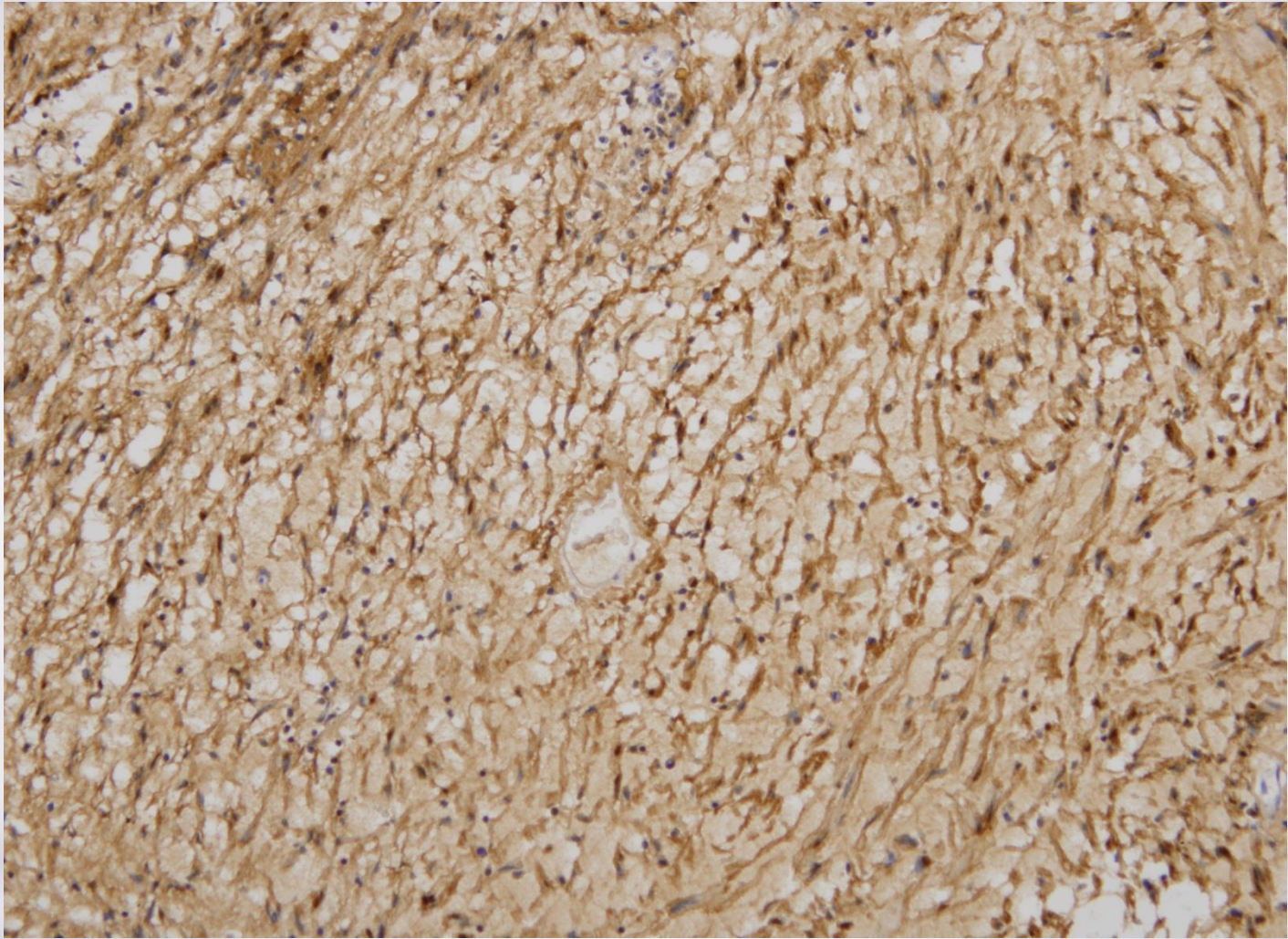


* S-100



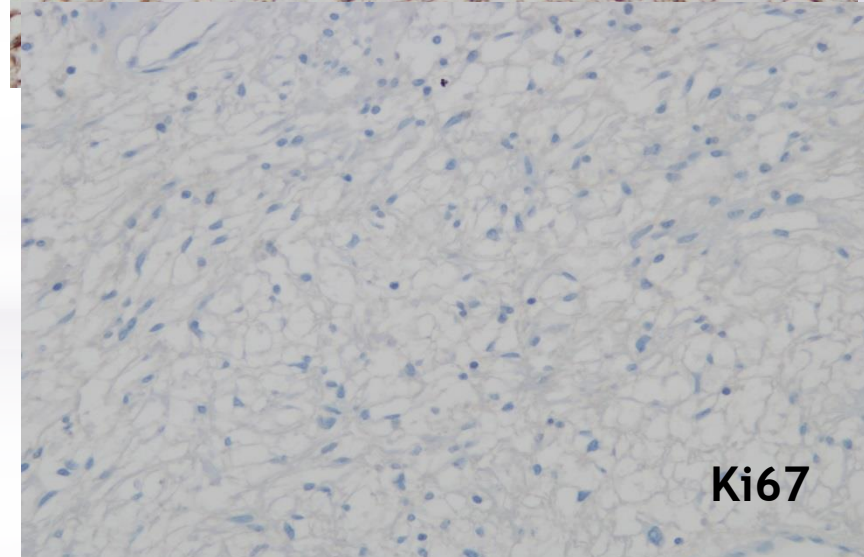
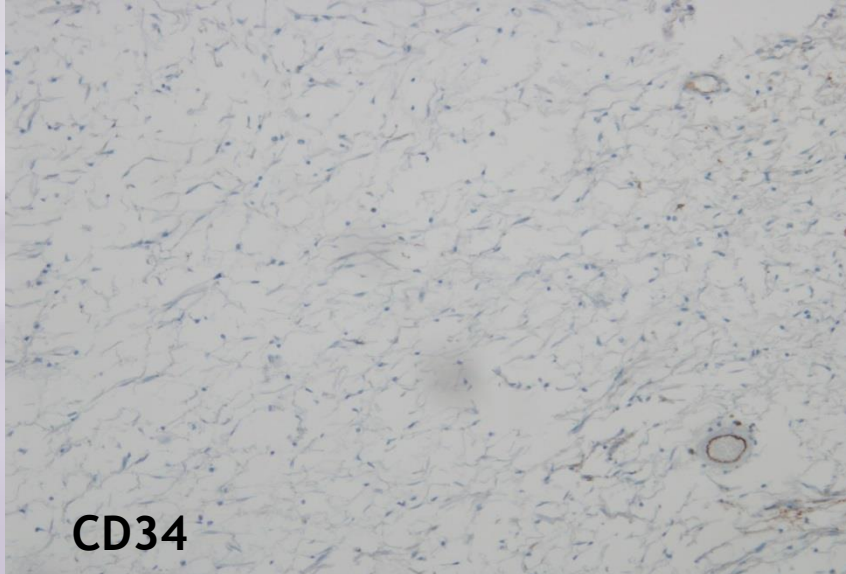
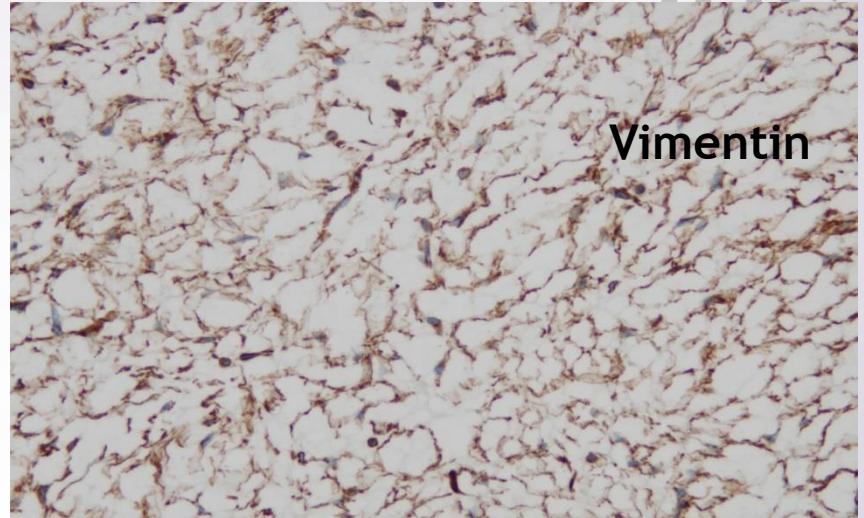
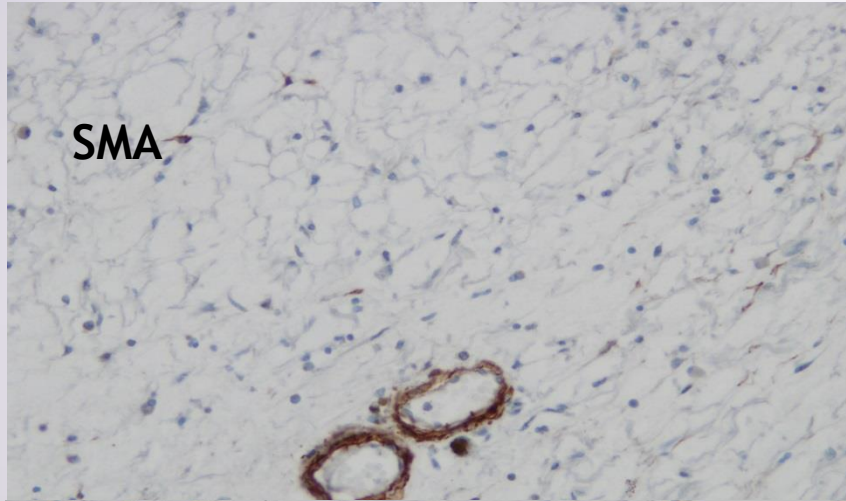


* S-100
S-100



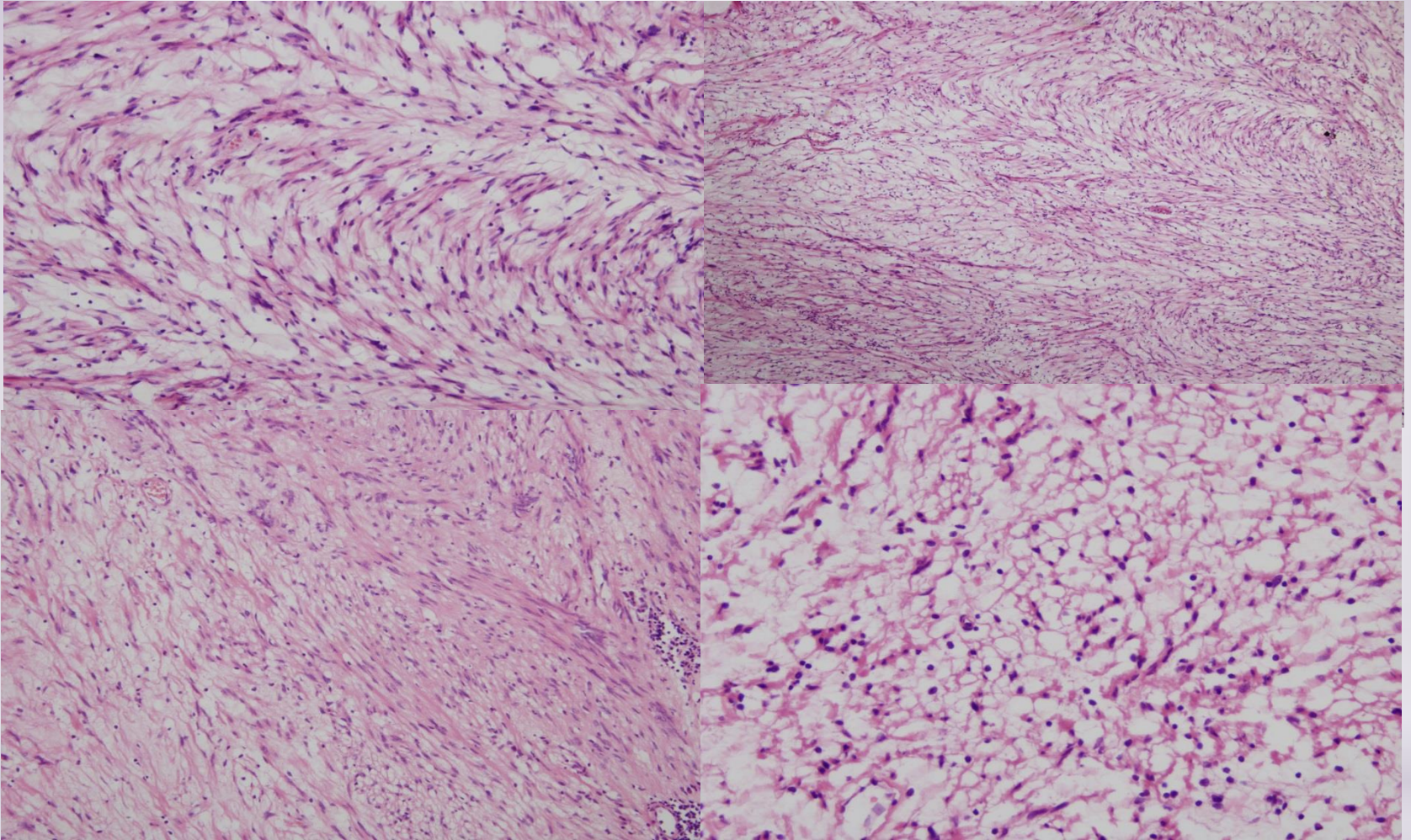
* S-100

* IHC



- * S-100 +
- * Vimentín +
- * CD34-
- * CD117-
- * SMA -
- * Dezmín -
- * CD68 -
- * Cytokeratíny -

* IHC



* Meningioma

* Mikrocysticko-retikulárny Schwannóm

- * Benígne tumory - cca 2% ezofageálnych nádorov
- * Z toho cca 80% sú leiomyómy
- * Primárne schwannómy sú raritné

* Nádory ezofágu

- * benígne, nonrekurujúce nádory
- * najčastejšie subkutánná lokalizácia
- * Klasické varianty Antoni A/B arey s hyalinizovanými cievnyimi stenami
- * Špeciálny variant s mikrocysticko-retikulárnou kompozíciou s predilekčnou viscerálnou lokalizáciou

* Schwannómy

GI Schwannoma

Prominentný lymfoidný lem

Bez kapsulácie

Bez palisádovania, príp. len naznačené

Len ojedinele hyalinizované cievy

Bez xanthoma cells

Chýbanie NF2 mutácie

Soft Tissue Schwannoma

Bez lymfoidného lemu

Enkapsulované tumory

Prominentné palisádovanie,
Verocayove telieska

Frekventné hyalinizované cievy

Frekventné xanthoma cells

40-60% s NF2 mutáciami

* **Odlišnosti: GI vs.
soft tissue schwannómy**

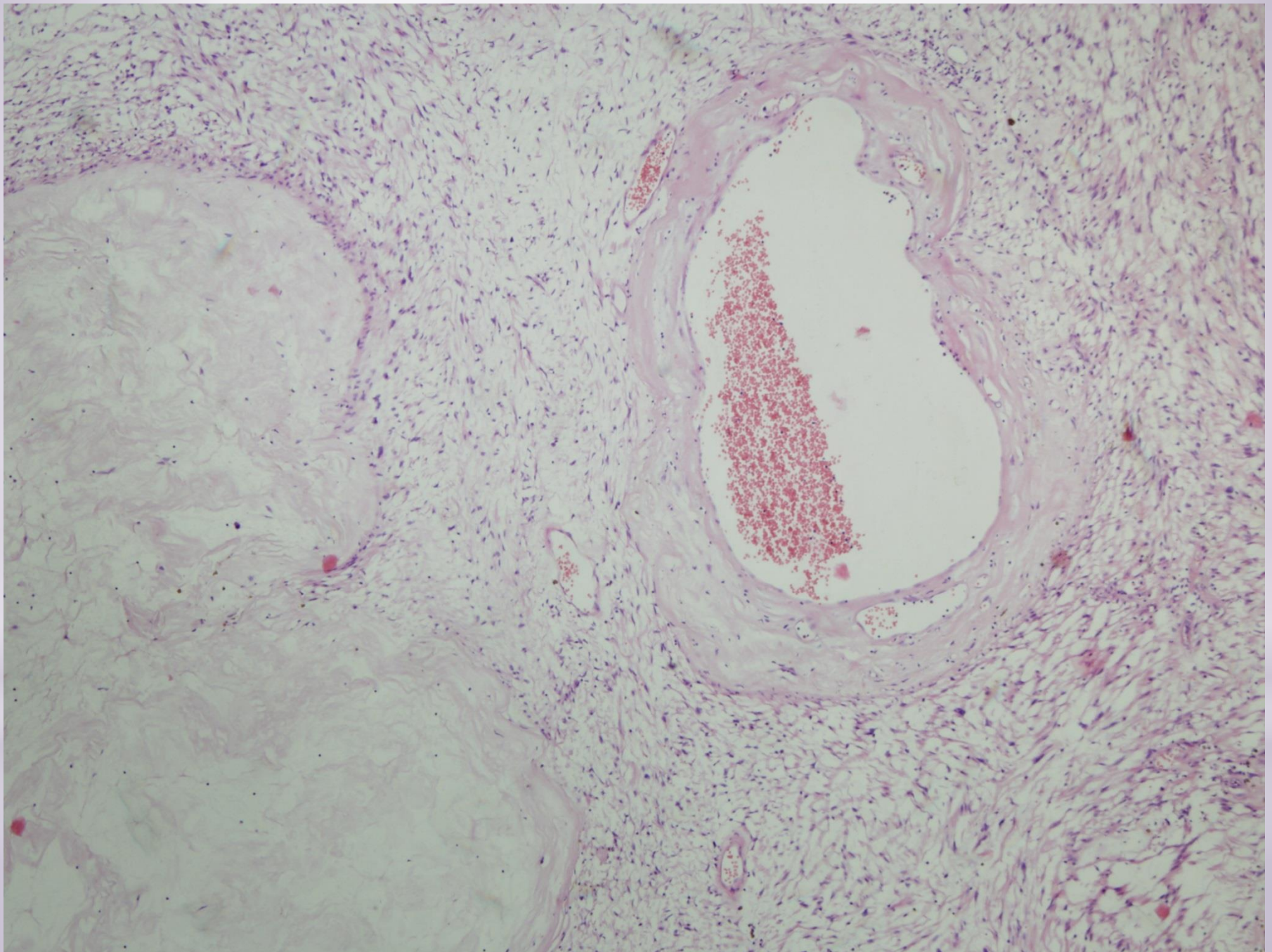
* Mikrocysticko-retikulárny variant

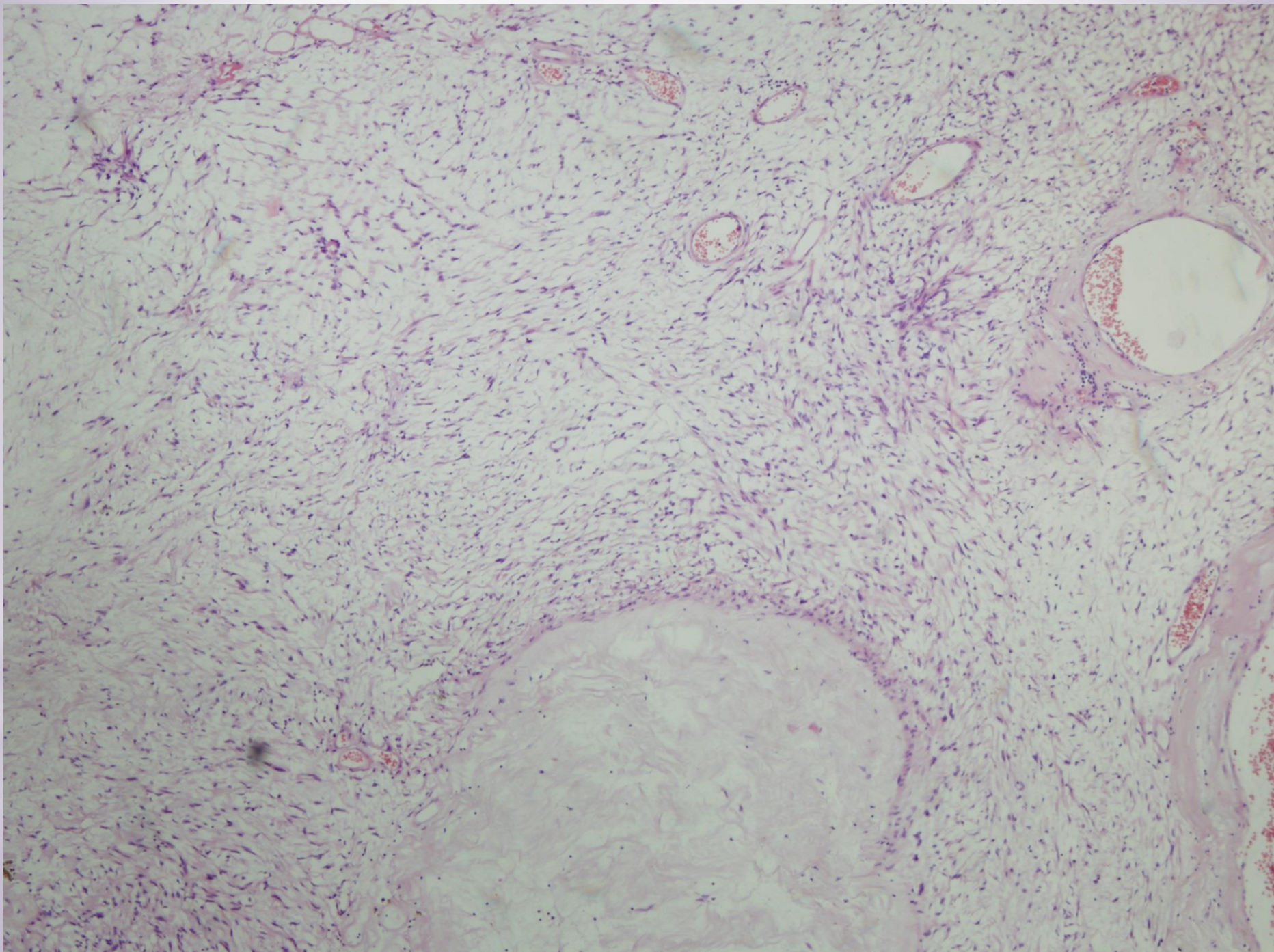
- * Popísaný prvý krát v r. 2008
- * Predilekčne viscerálna lokalizácia, najčastejšie v GIT-e
- * Hrubé črevo, žalúdok, tenké črevo (pankreas, bronchiálna stena, slinné žľazy, nadoblička...)

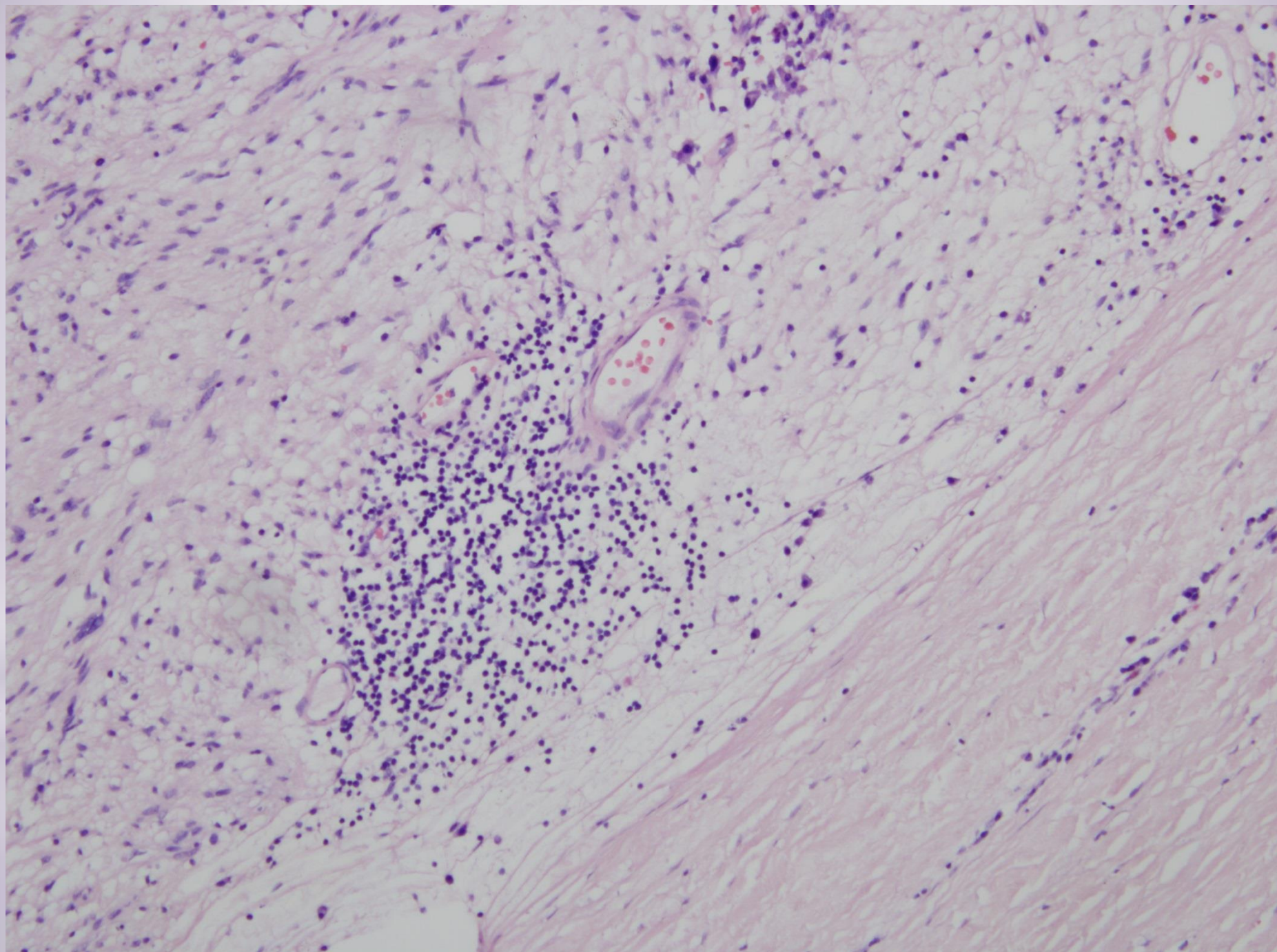
Case No.	Source, y	Age, y/Sex	Site	Size, cm	Growth Pattern
1	Liegl et al,2 2008	73/F	Rectum	0.85	Circumscribed, not encapsulated
2	Liegl et al,2 2008	72/F	Stomach	2.0	Circumscribed, not encapsulated
3	Liegl et al,2 2008	68/M	Cecum	0.4	Circumscribed, not encapsulated/focal infiltration
4	Liegl et al,2 2008	93/F	Jejunum	1.6	Circumscribed, not encapsulated
5	Liegl et al,2 2008	78/M	Small intestine	0.8	Circumscribed, not encapsulated/focal Infiltration
6	Lee et al,5 2009	32/F	Ascending colon	1.4	Circumscribed, not encapsulated/focal infiltration
7	Agaimy et al,3 2010	67/F	Cecum	1.0	Circumscribed, not encapsulated/focal Infiltration
8	Agaimy et al,3 2010	67/F	Jejunum	2.2	Not known
9	Chetty,4 2011	63/F	Stomach	1.9	Circumscribed, not encapsulated
10	Kienemund et al,6 2010	70/F	Sigmoid colon	0.7	Circumscribed, Nonencapsulated
11	Kienemund et al,6 2010	70/F	Sigmoid Colon	1.3	Not known
12	Trivedi & Ligato February 2013	61/M	Sigmoid colon	0.7	Circumscribed, not encapsulated

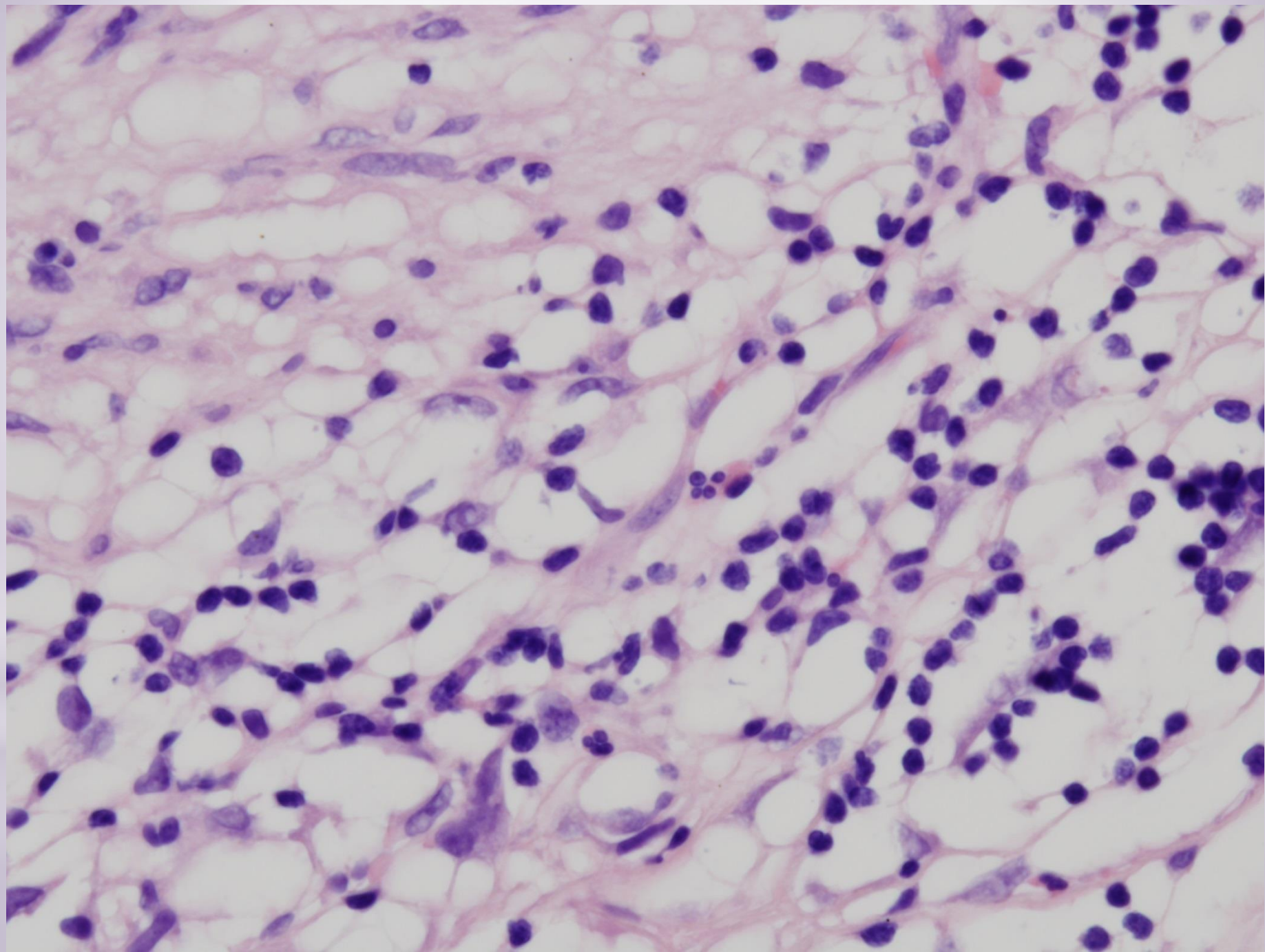
* Mikrocysticko-retikulárny variant

- * Histologicky nádor tvorený poprepletanými, anastomózujúcimi vláknami vretenovitých/epiteloidných buniek s nejasne definovanou svetlo-eozinofilnou cytoplazmou, s mikrocysticko-retikulárnou architektúrou
- * Obraz „signet ring“
- * Myxoidná/fibrilárna kolagénová stróma
- * Často nekapsulované lézie, môže byť (často!!) infiltratívna propagácia, aj intramukozálna
- * Difúzne nukleárna a cytoplazmatická pozitivita S-100, variabilne GFAP+
- * DIF.DG. - zvlášť pri intramukozálnej infiltrácii, v endoskopických vzorkách

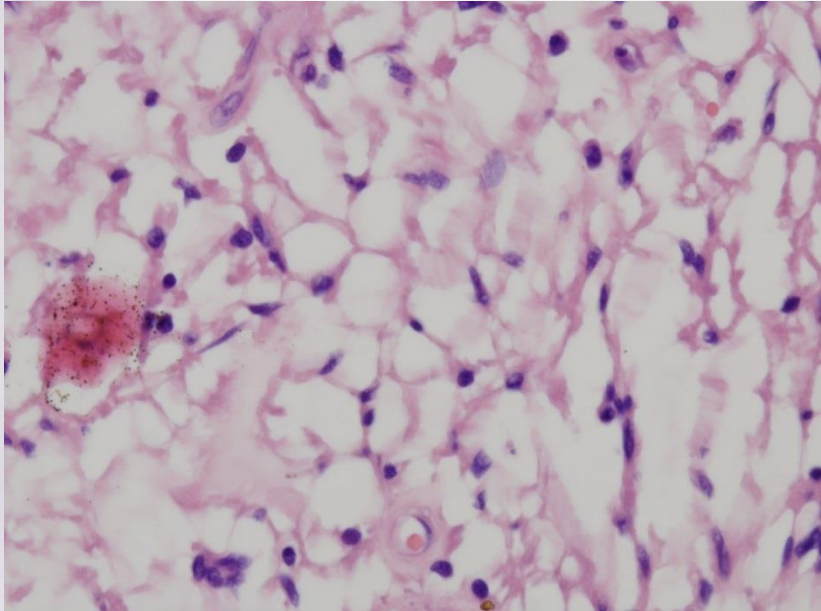




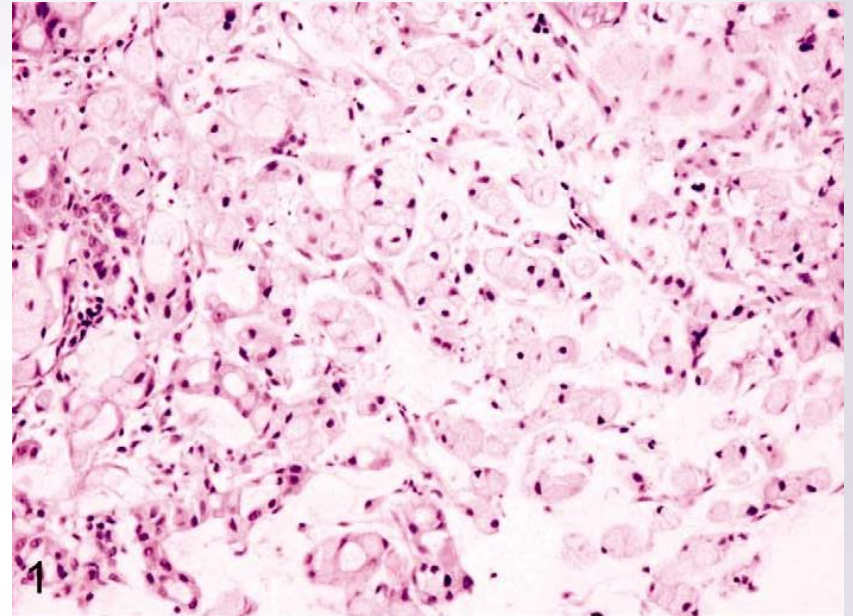




Mikrocysticko-retikulárny Schwannóm

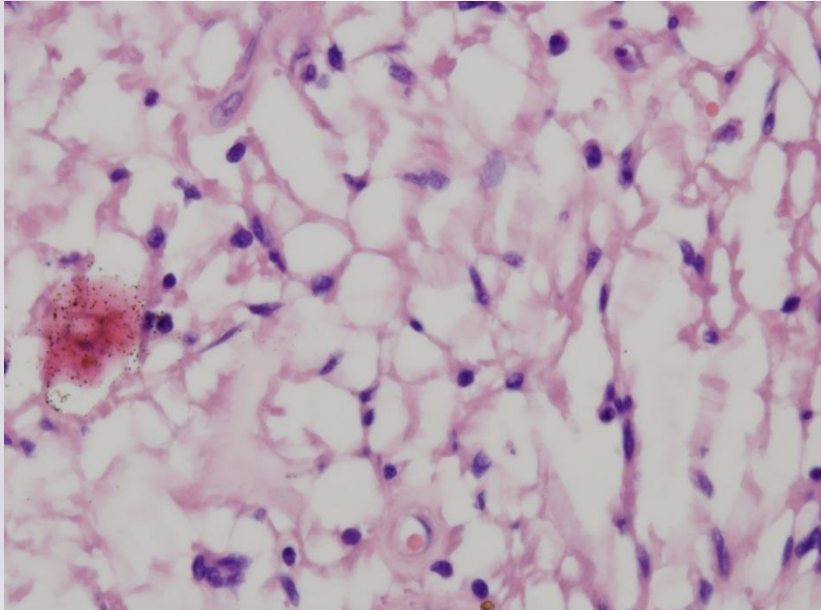


Signet ring karcinóm

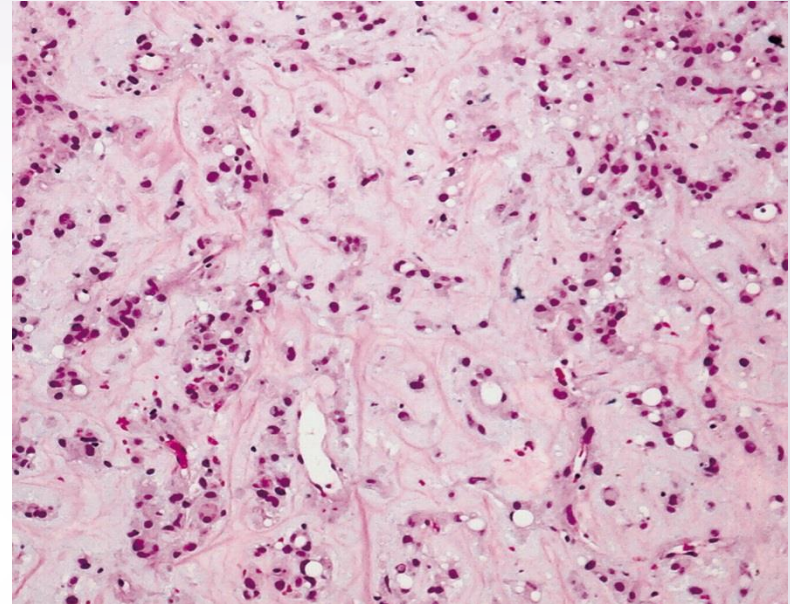


* Dif. Dg.
(CK, S-100)

**Mikrocysticko-retikulárny
Schwannóm**

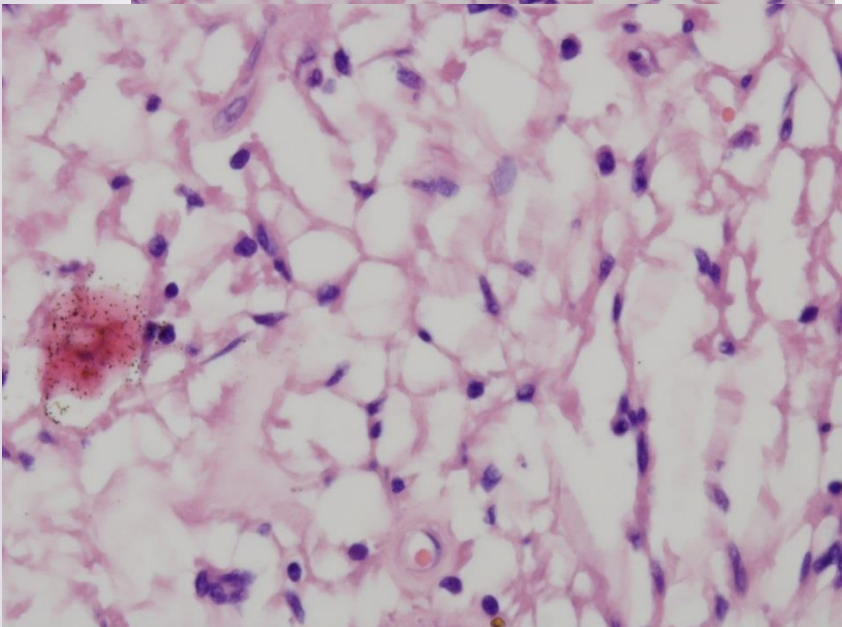


Myxoidný GIST

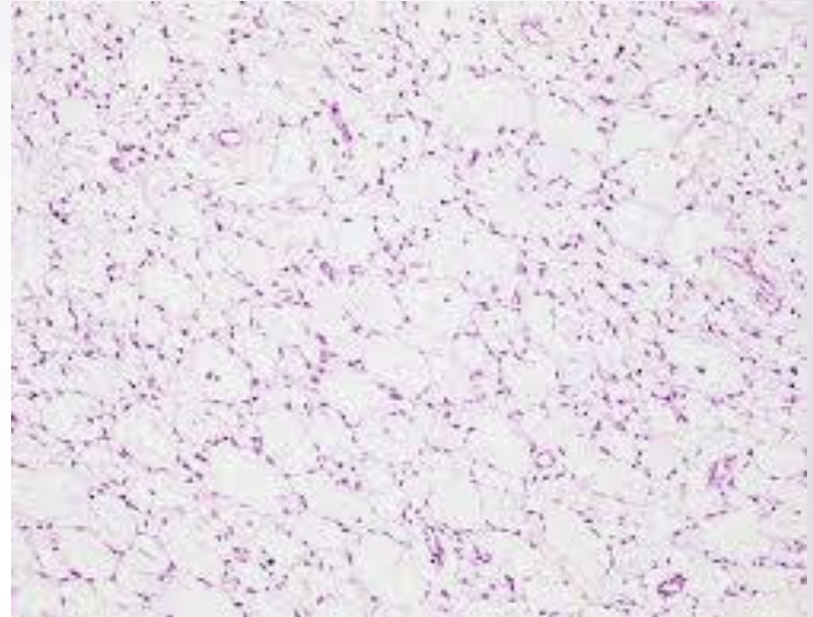


* Dif. Dg.
(CD34, S-100)

Mikrocysticko-retikulárny Schwannóm

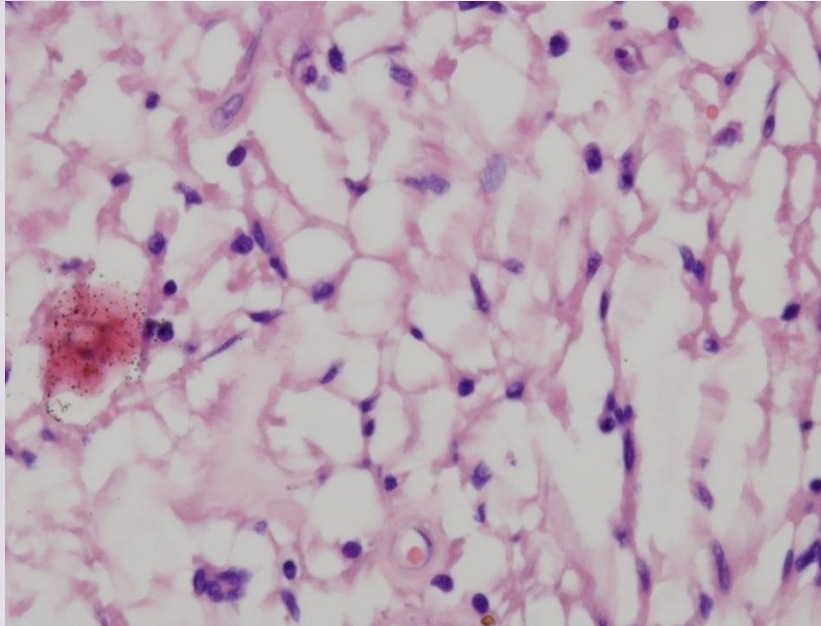


Retikulárny perineurinóm

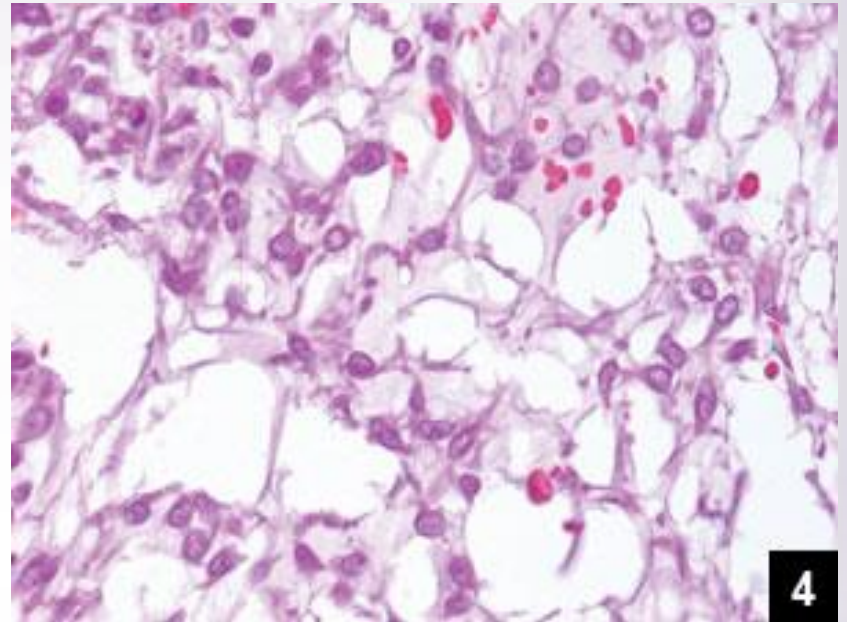


* Dif. Dg.
(S-100, GFAP, EMA)

Mikrocysticko-retikulárny
Schwannóm



Extraskeletálny myxoidný
chondrosarkóm



* Dif. Dg.
(S-100/dg 20%, GFAP)

