

XIX. Martinský bioptický seminár SD-IAP

Kúpele Lúčky 25-26.10.2013



MUDr. Juraj Marcinek, PhD.

Prípado SD-IAP 499

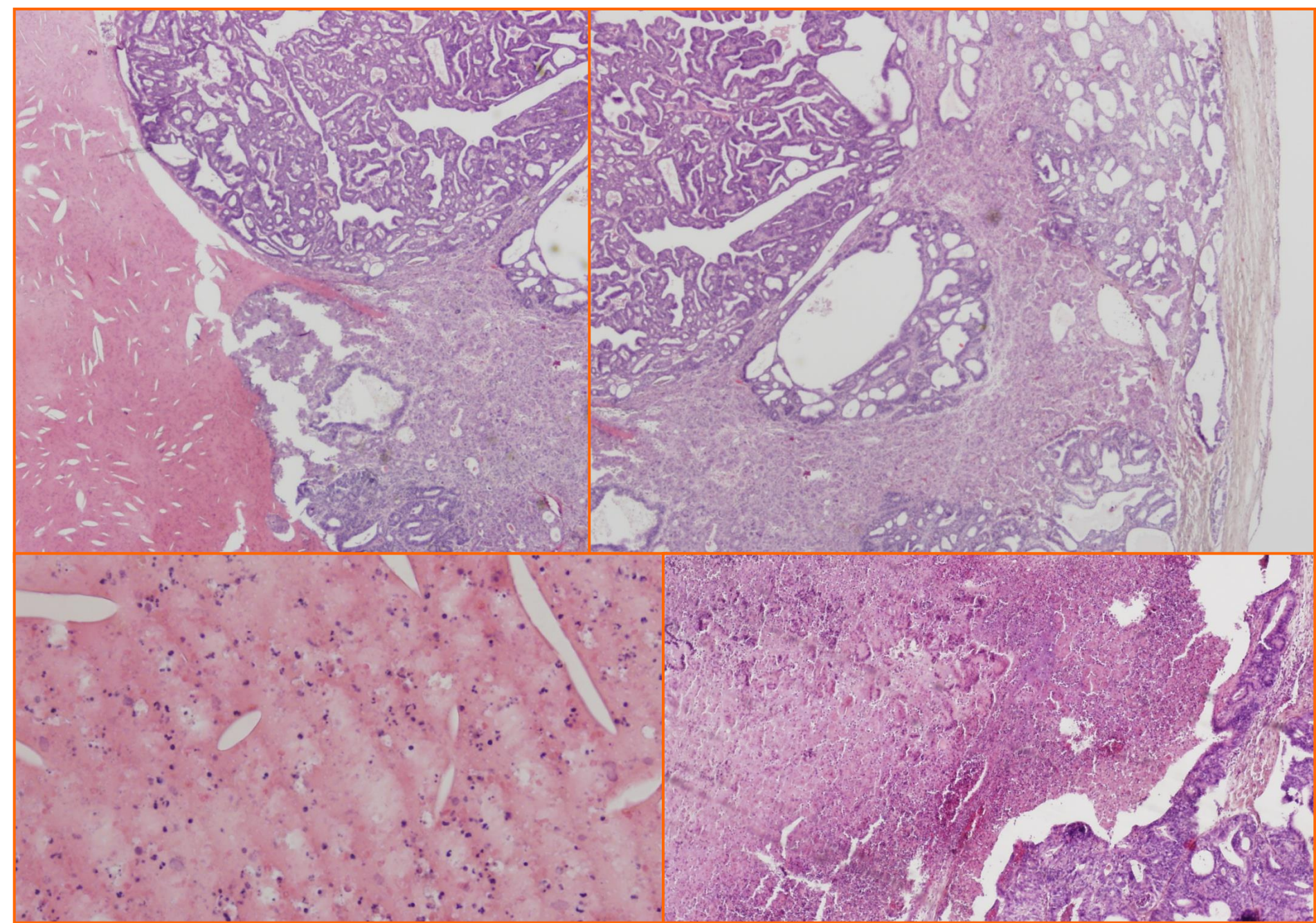


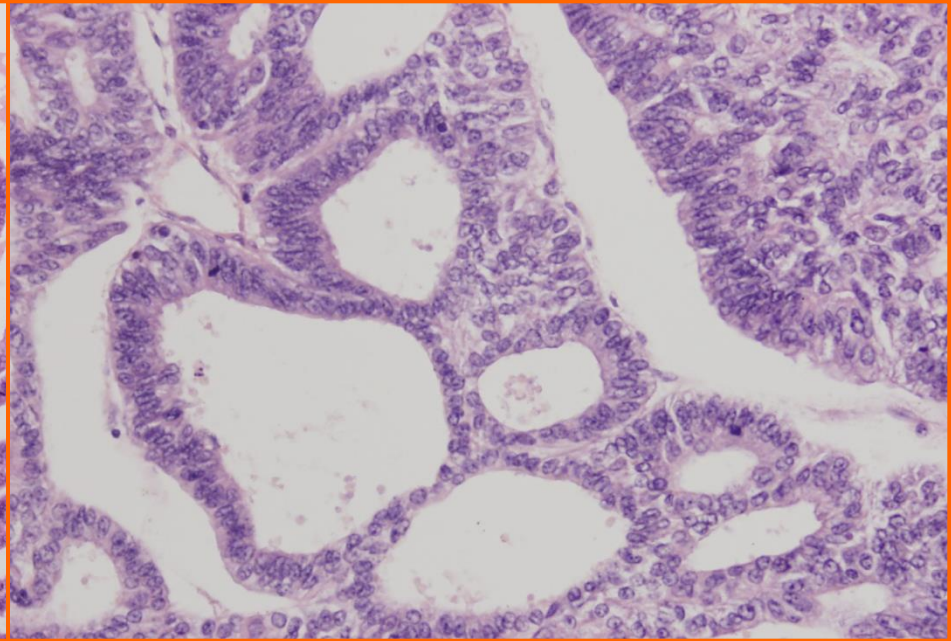
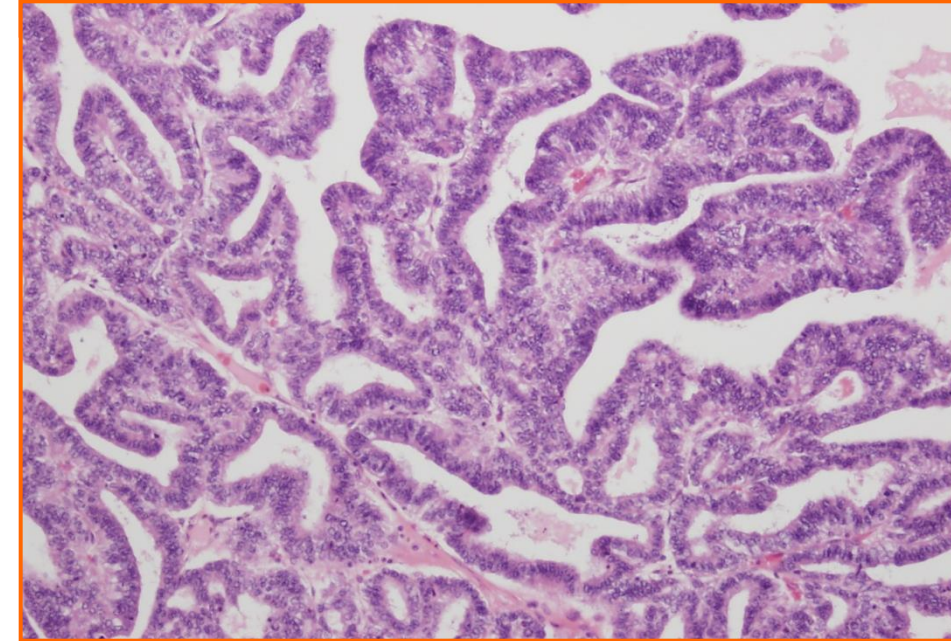
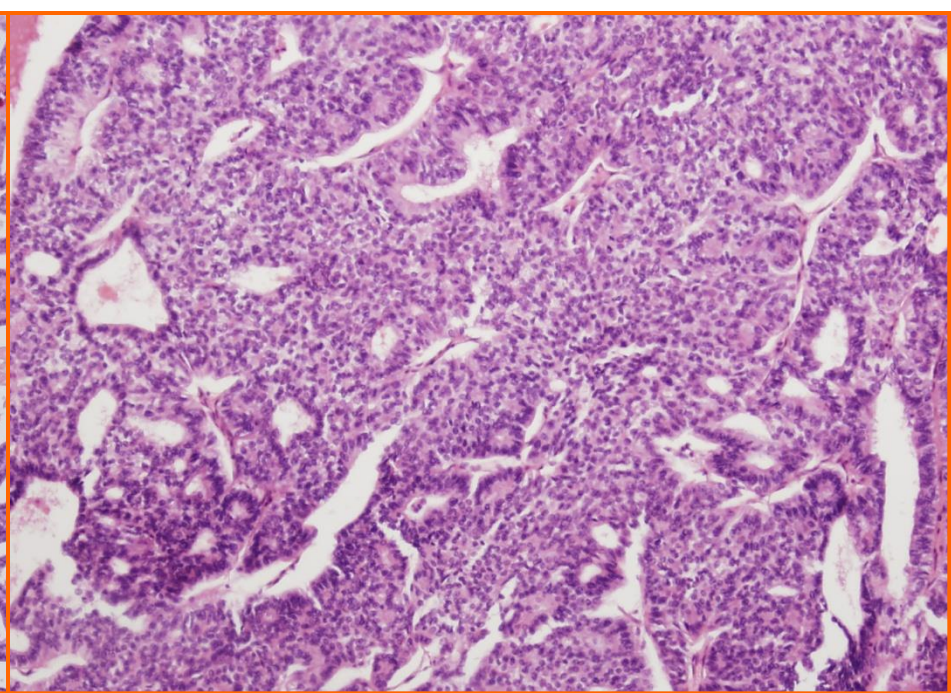
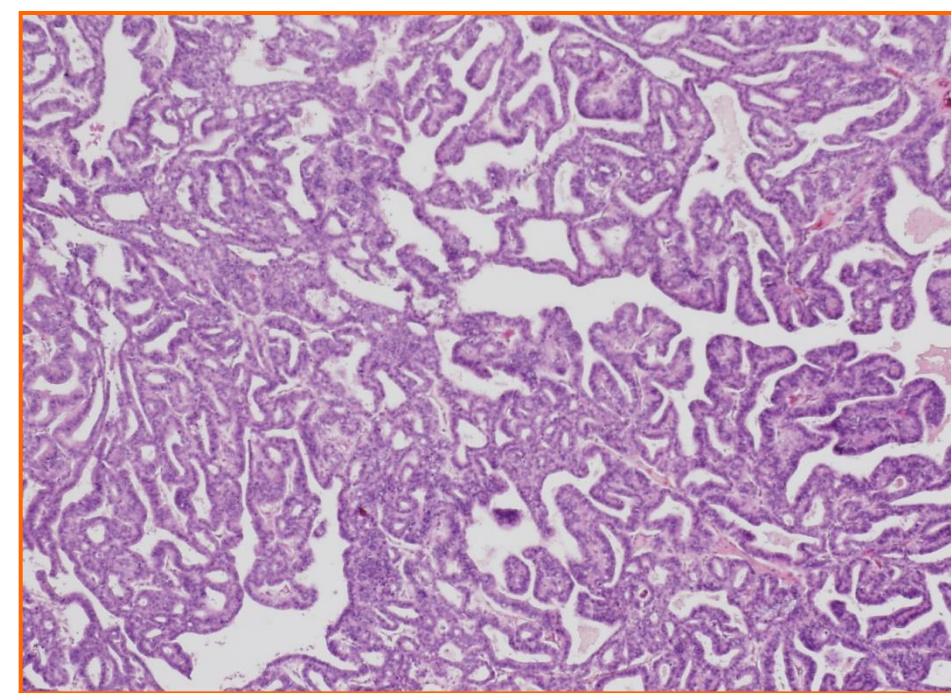
**Ústav patologickej anatómie a Konzultačné centrum
hematopatológie UNM a JLF UK**

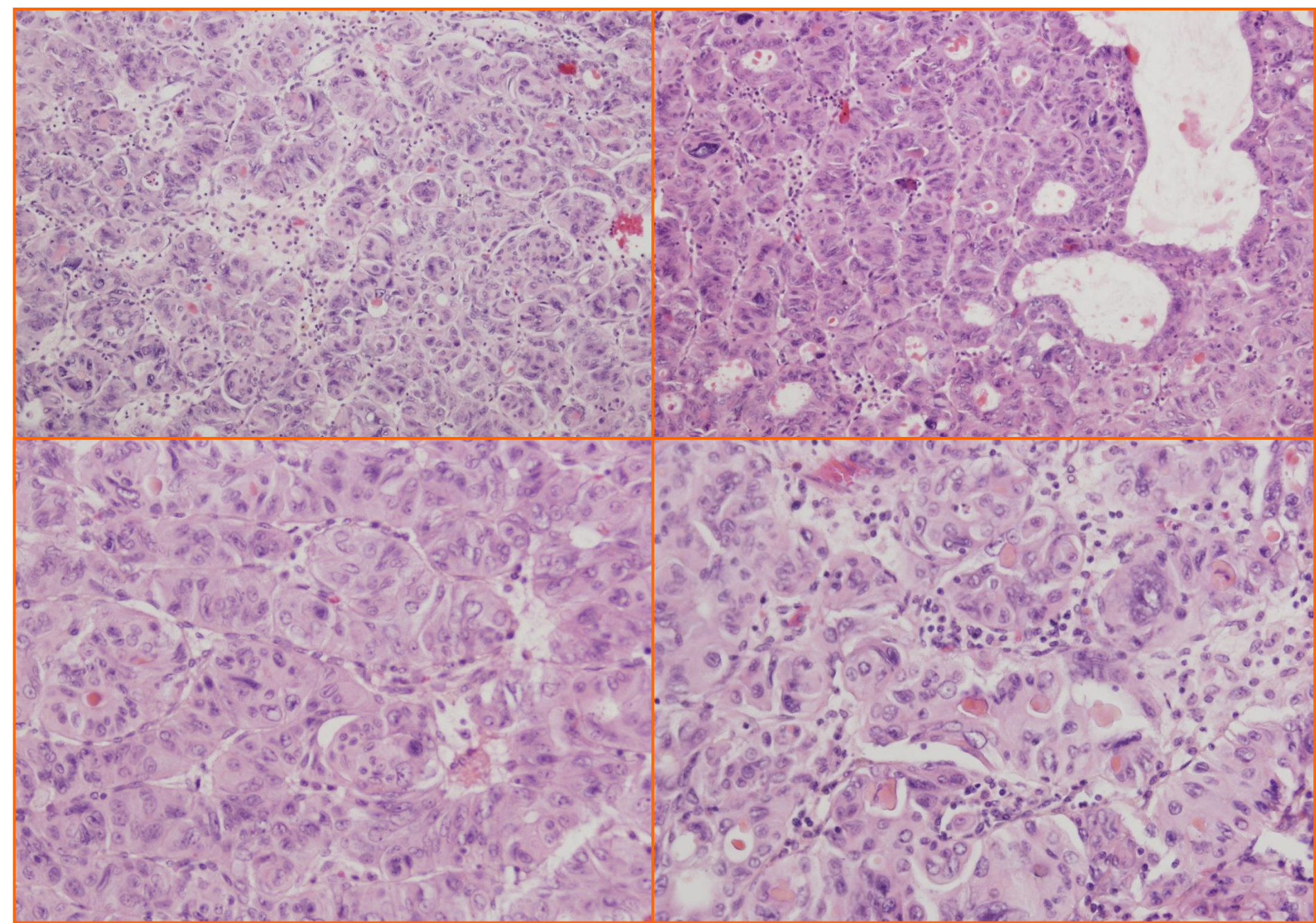
- ❖ **71 ročná žena – st.p. CHT a RT pre adenokarcinóm endometria**
 - CT nález ložiska v S7 heparu s progresiou rastu
 - realizovaná pravostranná hepatectomia
 - klinická diagnóza: Tu hepatis, susp. MTS

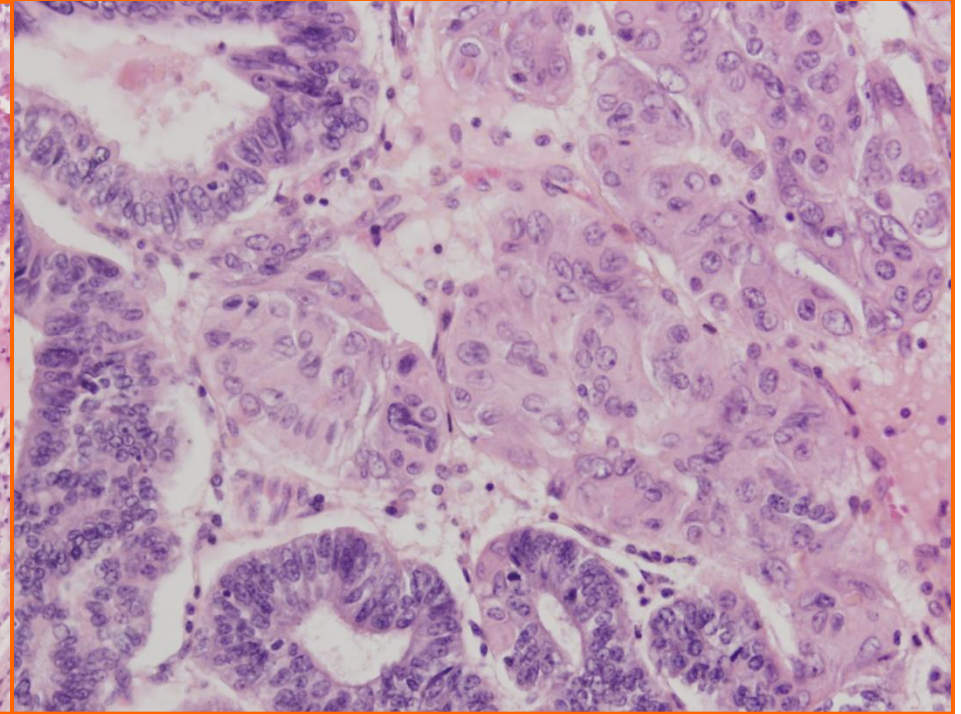
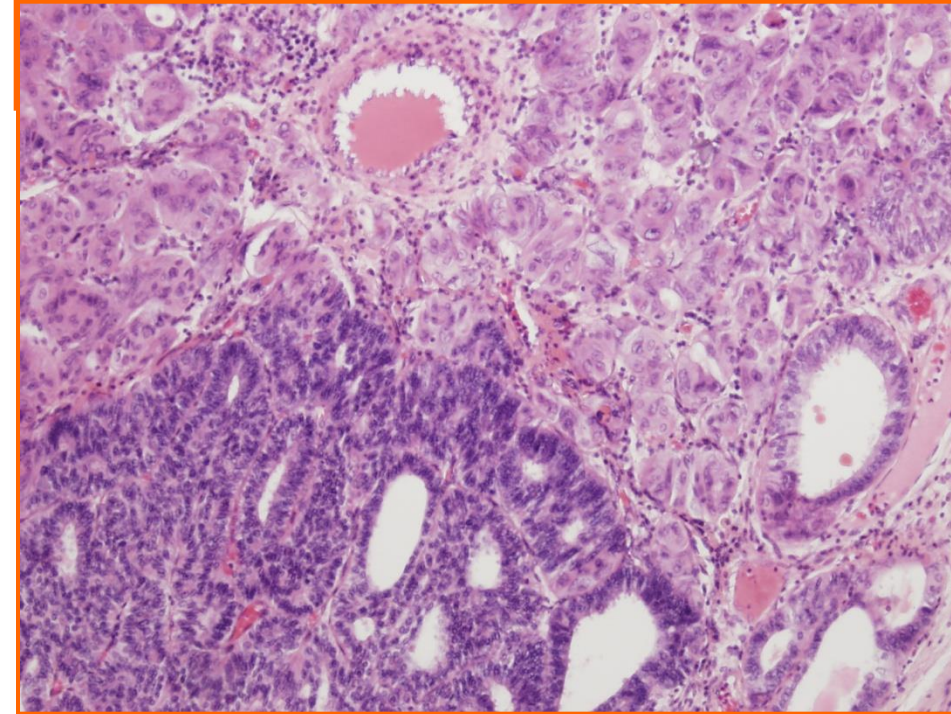
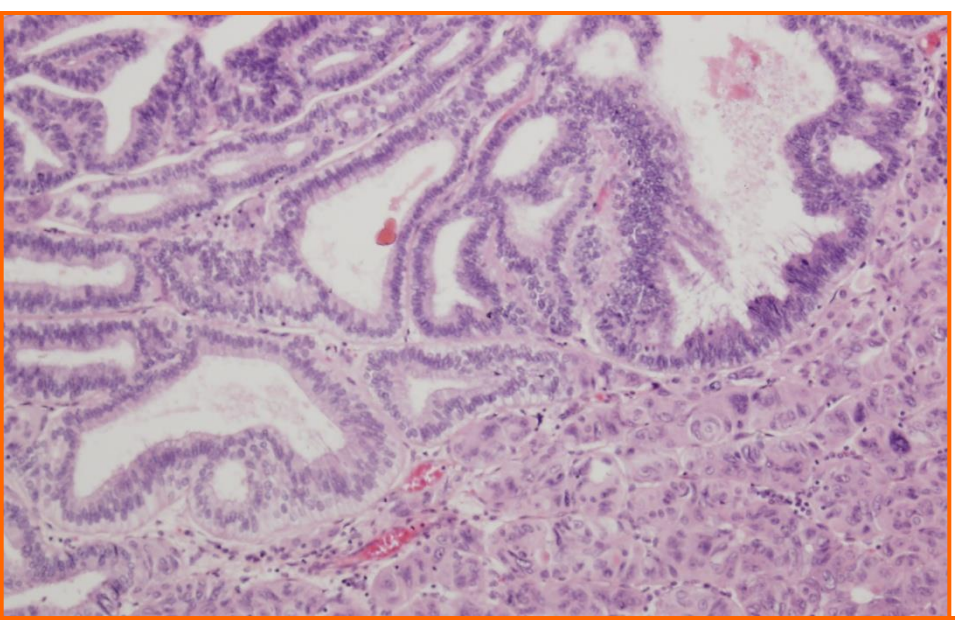
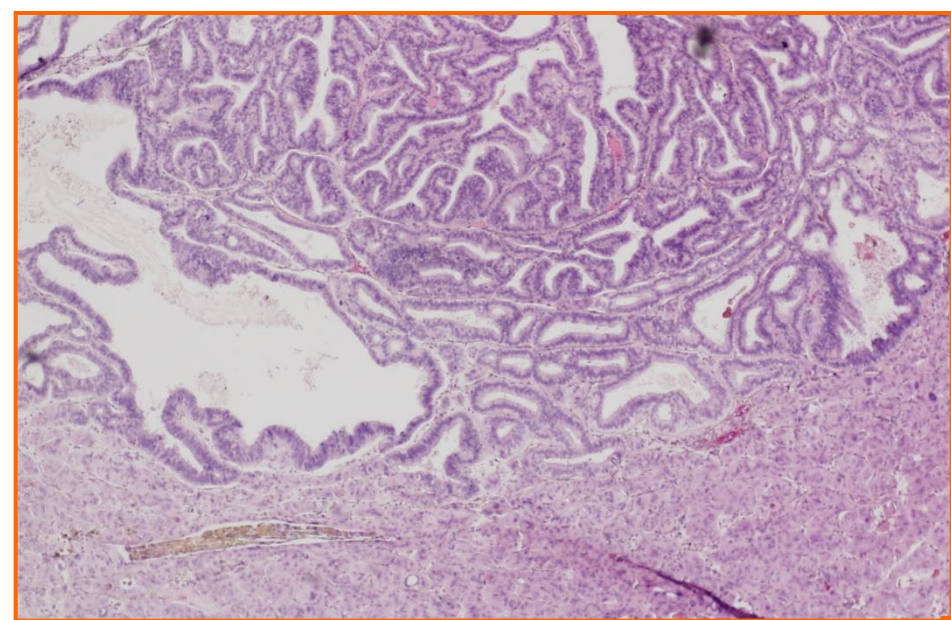
- ❖ **makroskopicky: resekát pravého laloka pečene veľkosti 19x11x11cm s nádorom pseudocystického vzhľadu, granulárnej štruktúry, mäkkej konzistencie s cystami obsahujúcimi hnedo sfarbené, roztekajúce sa nádorové hmoty.**

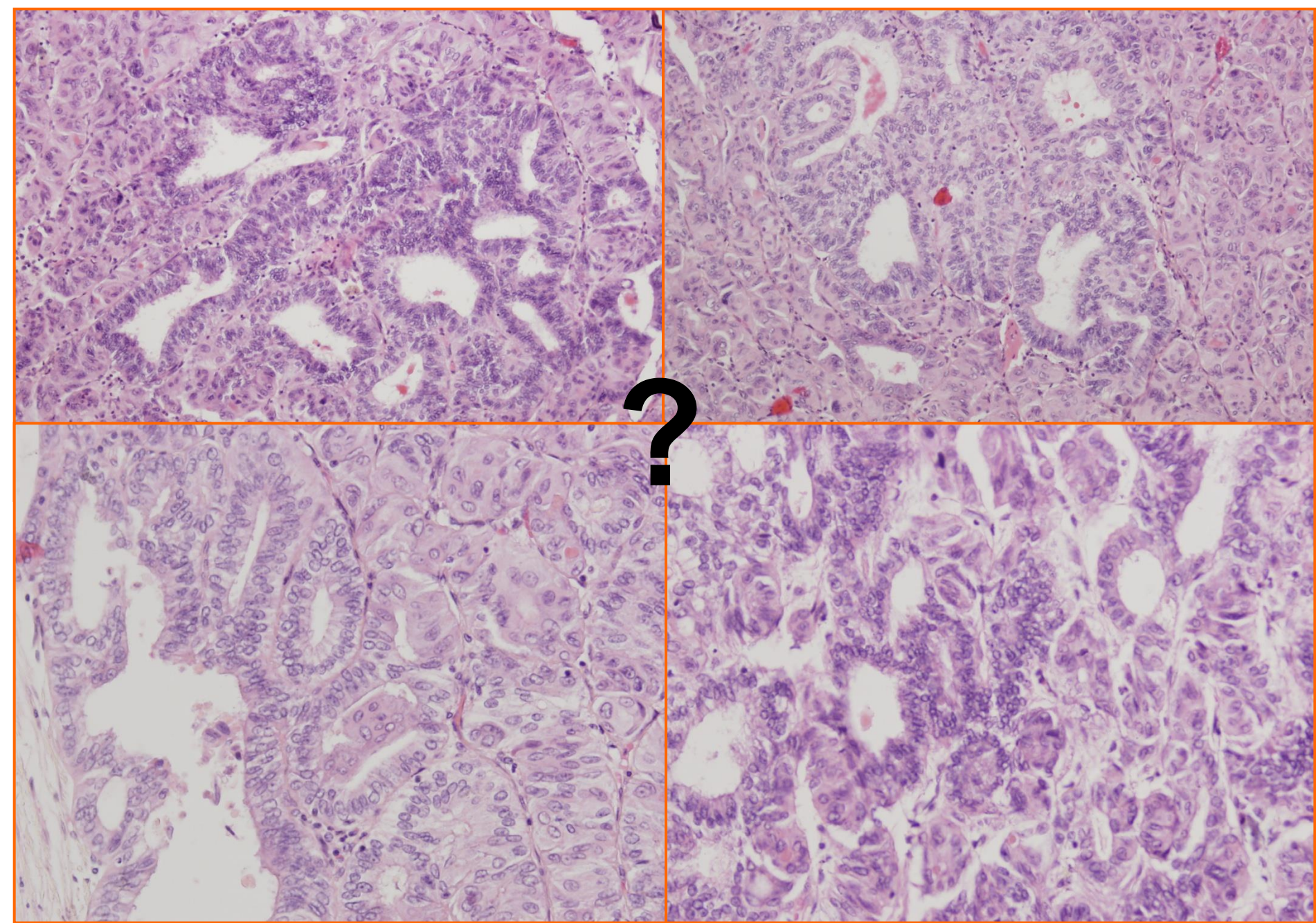










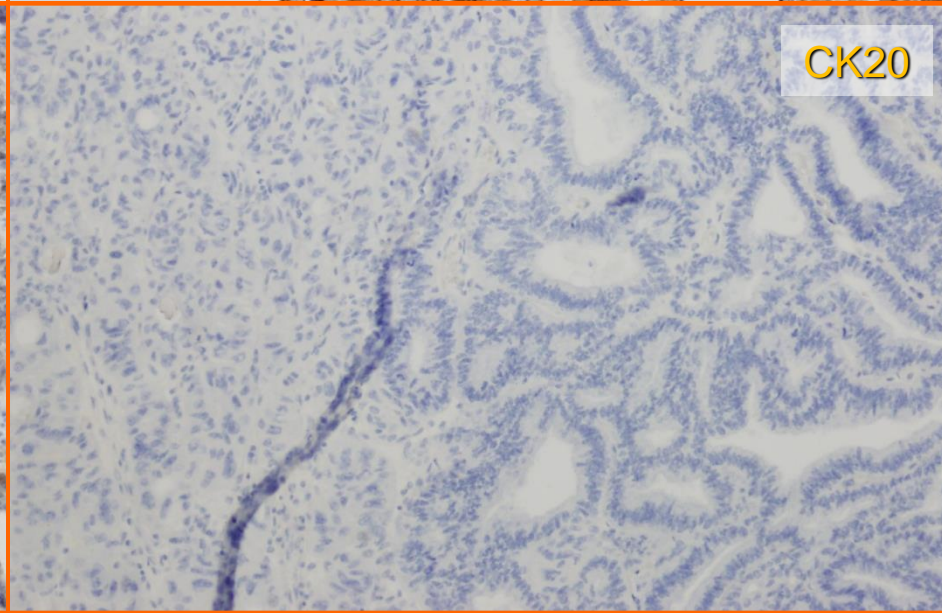
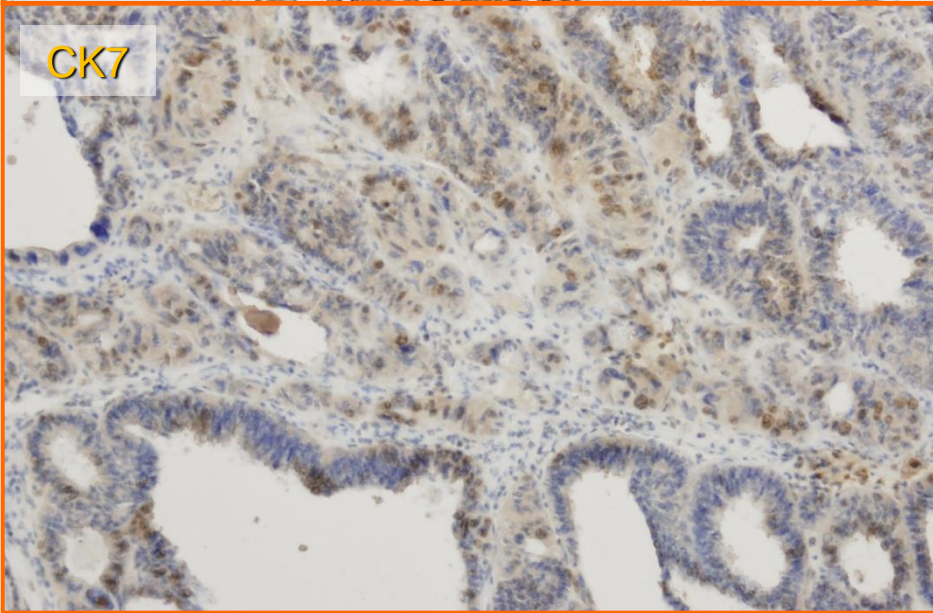
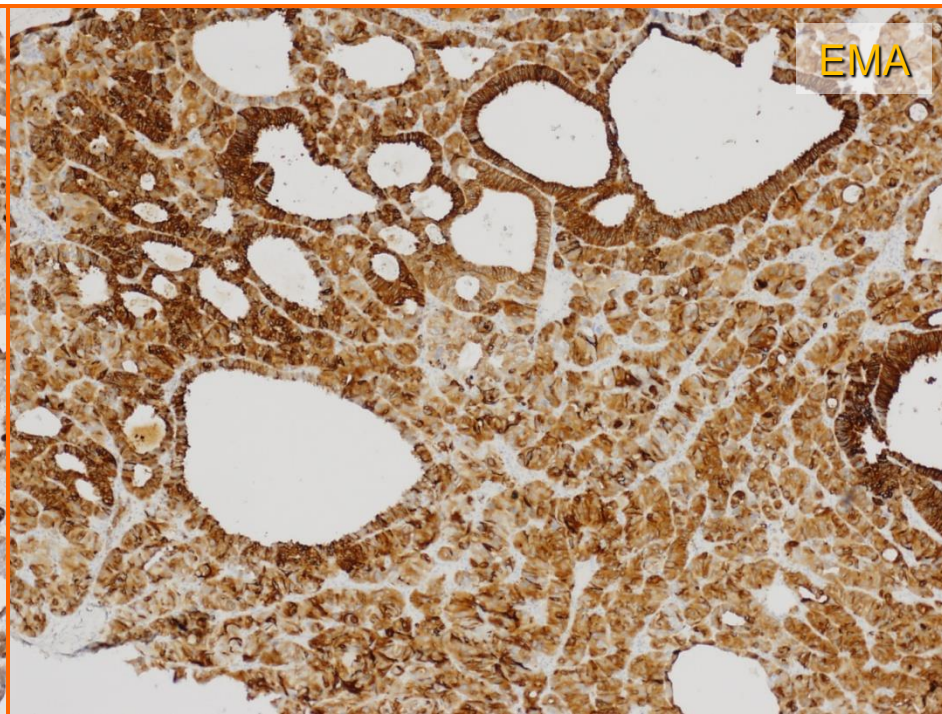
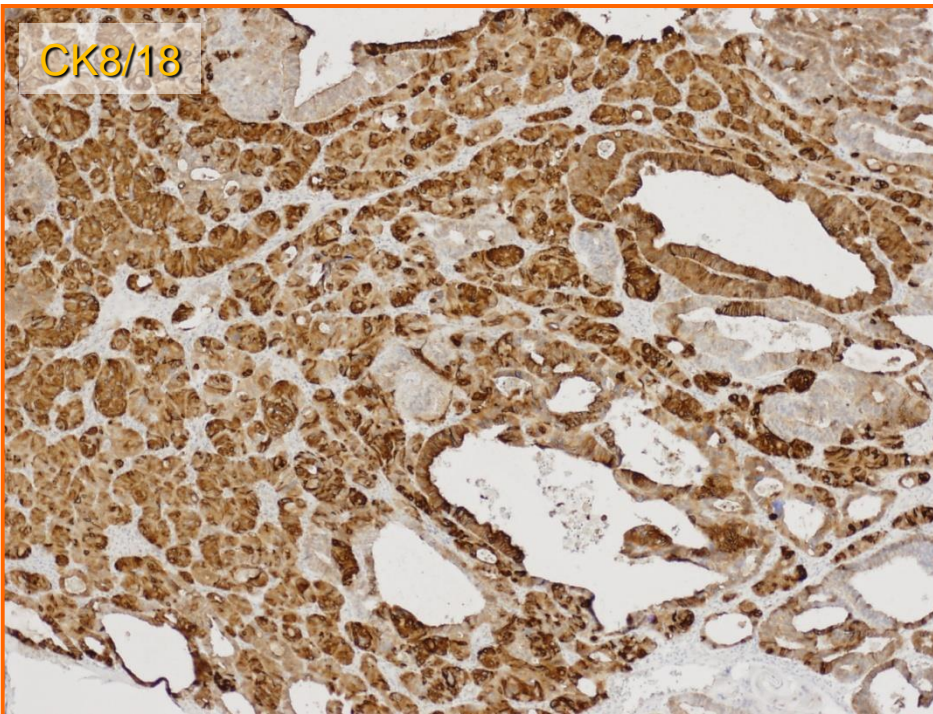


CK8/18

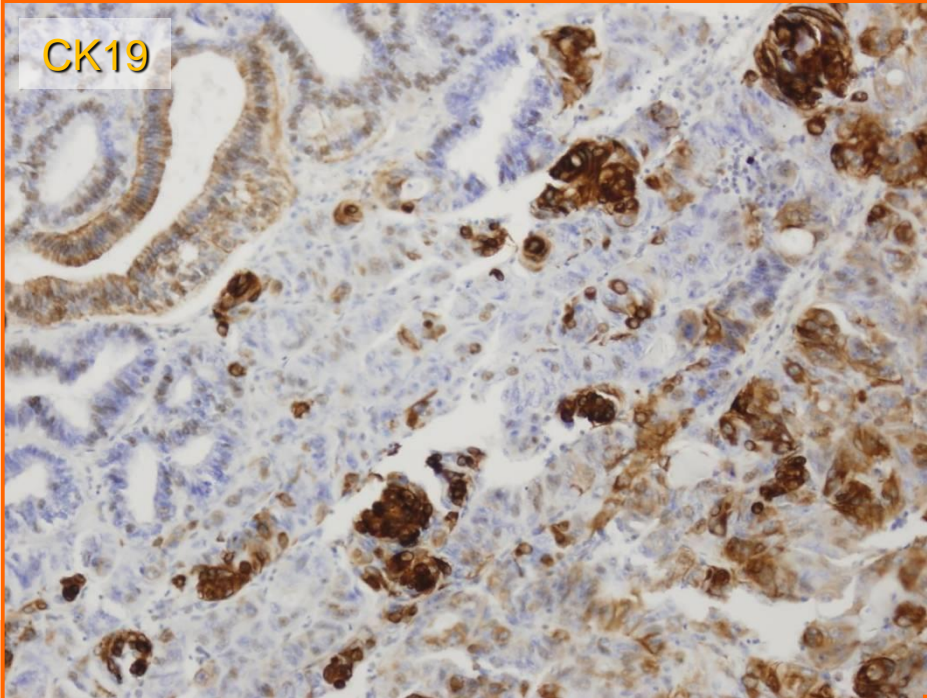
EMA

CK7

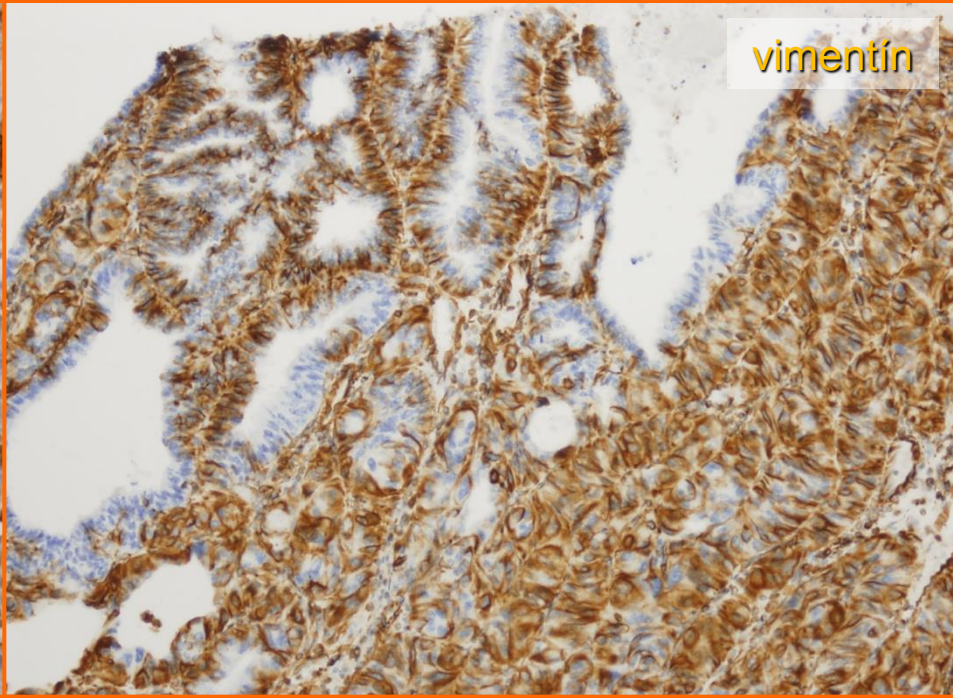
CK20



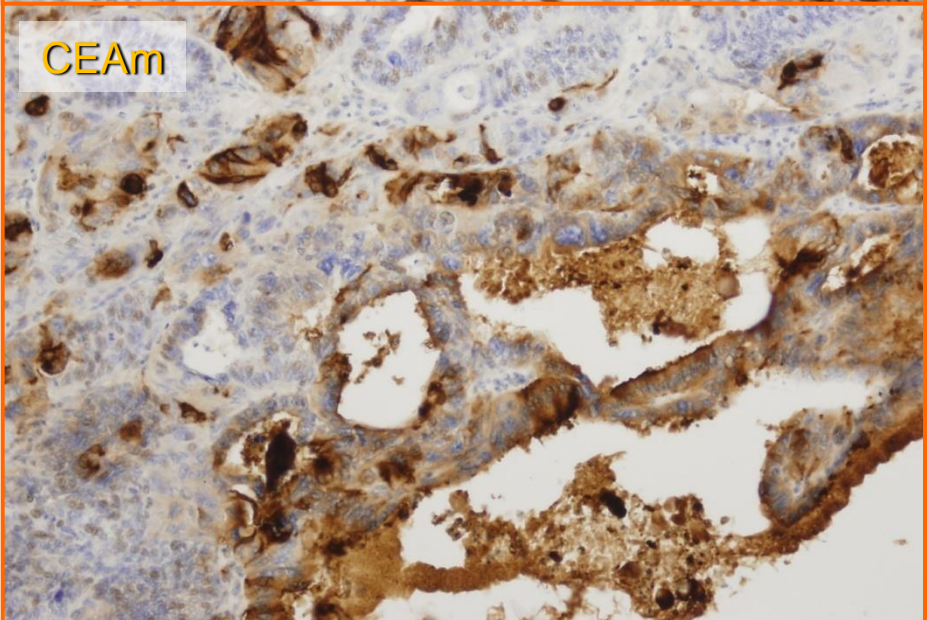
CK19



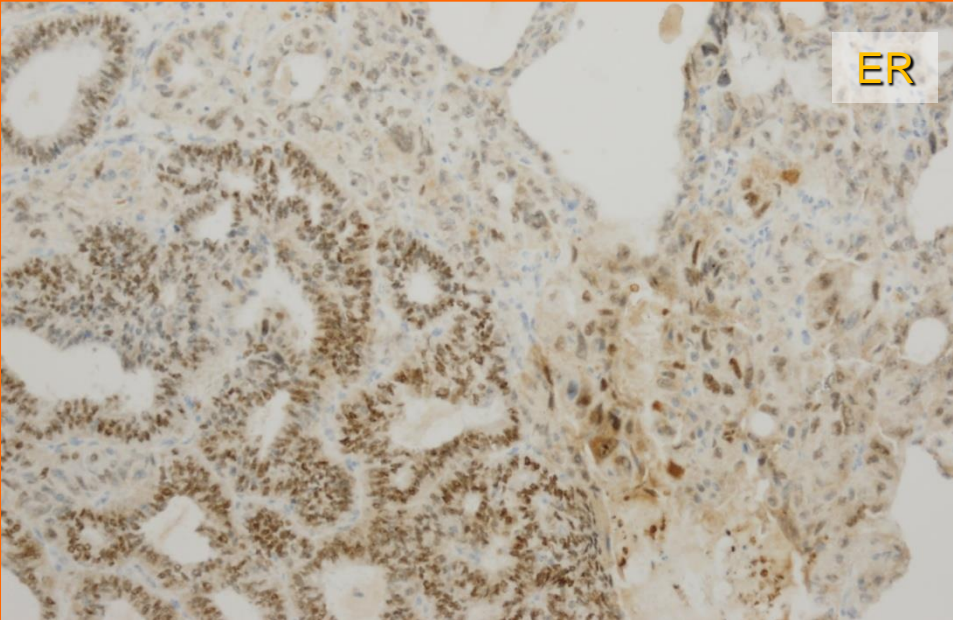
vimentín



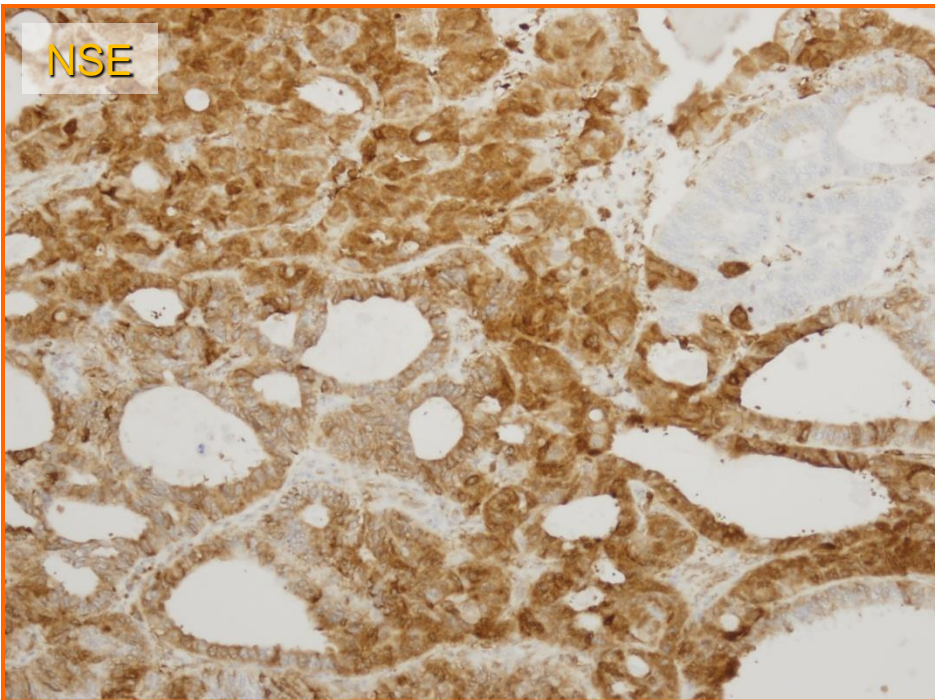
CEAm



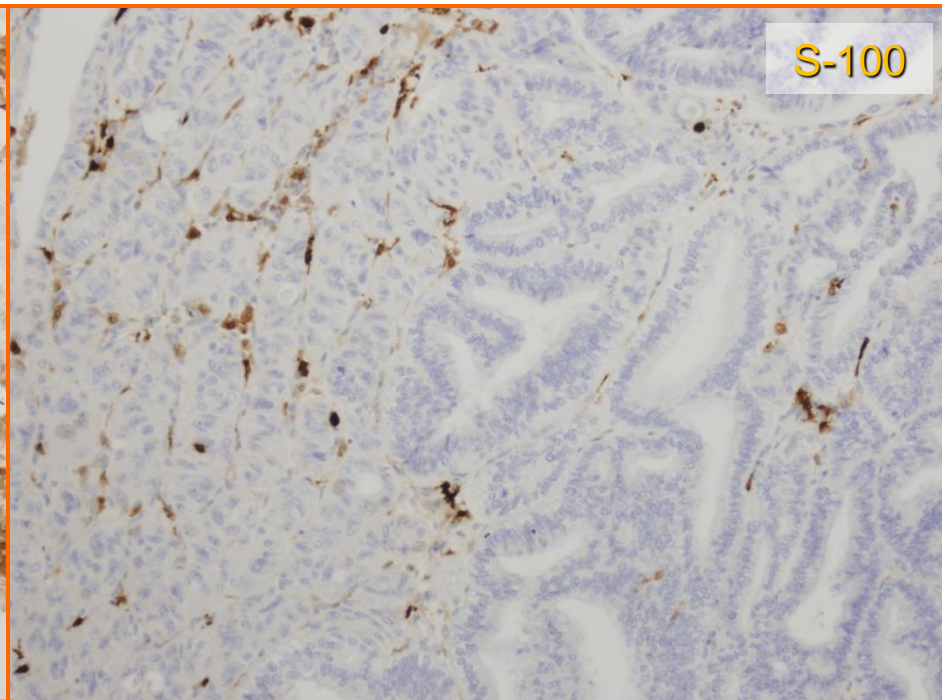
ER



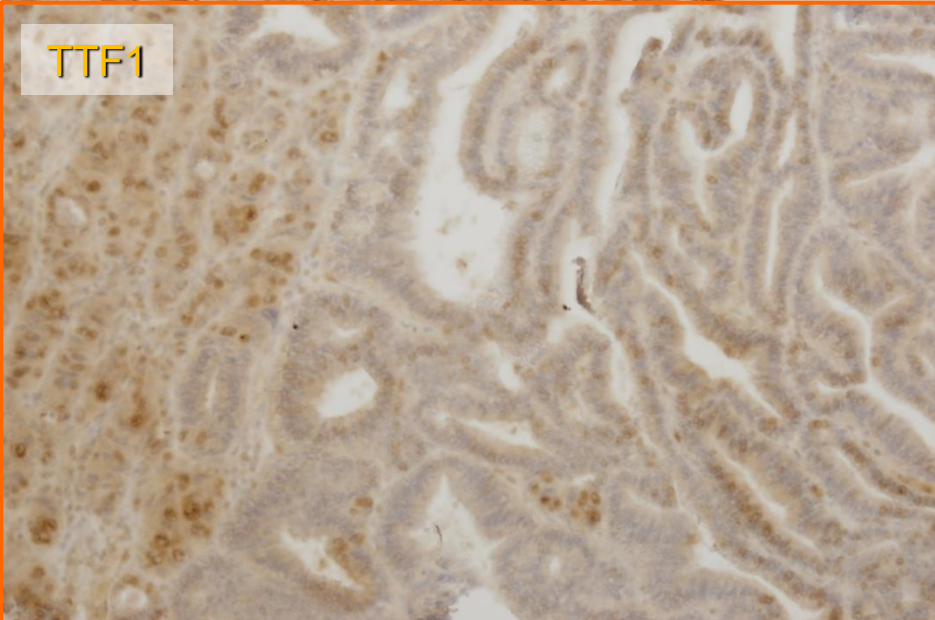
NSE



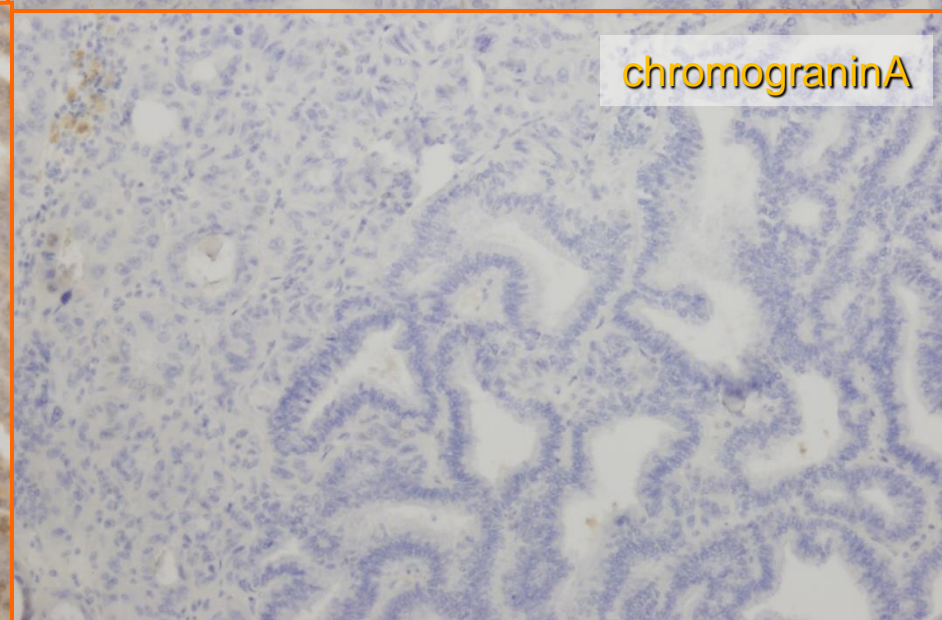
S-100



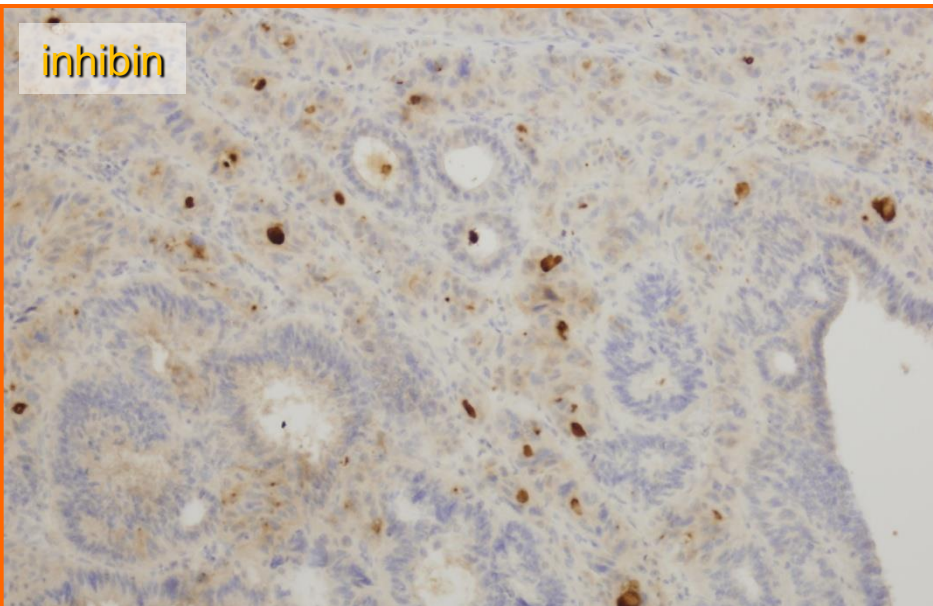
TTF1



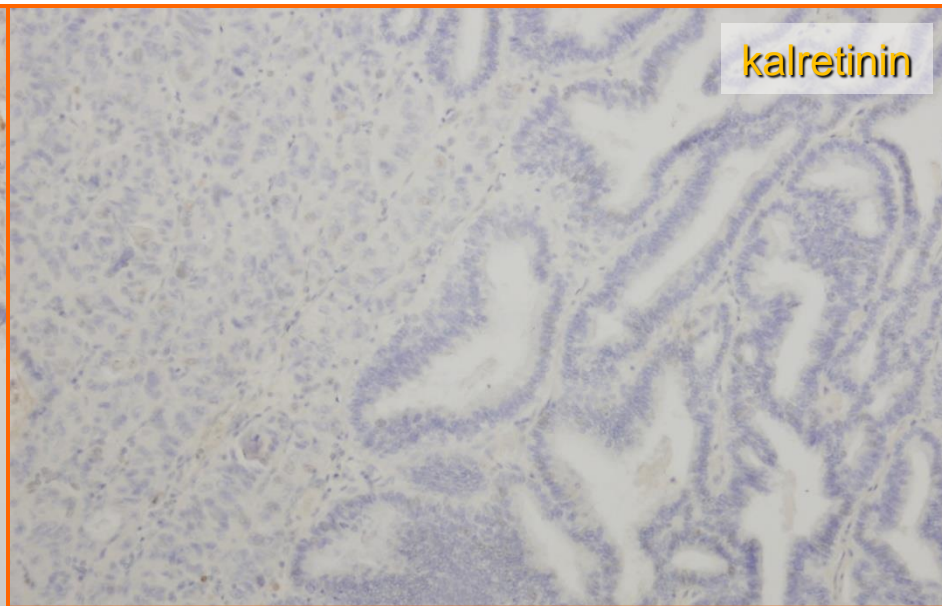
chromograninA



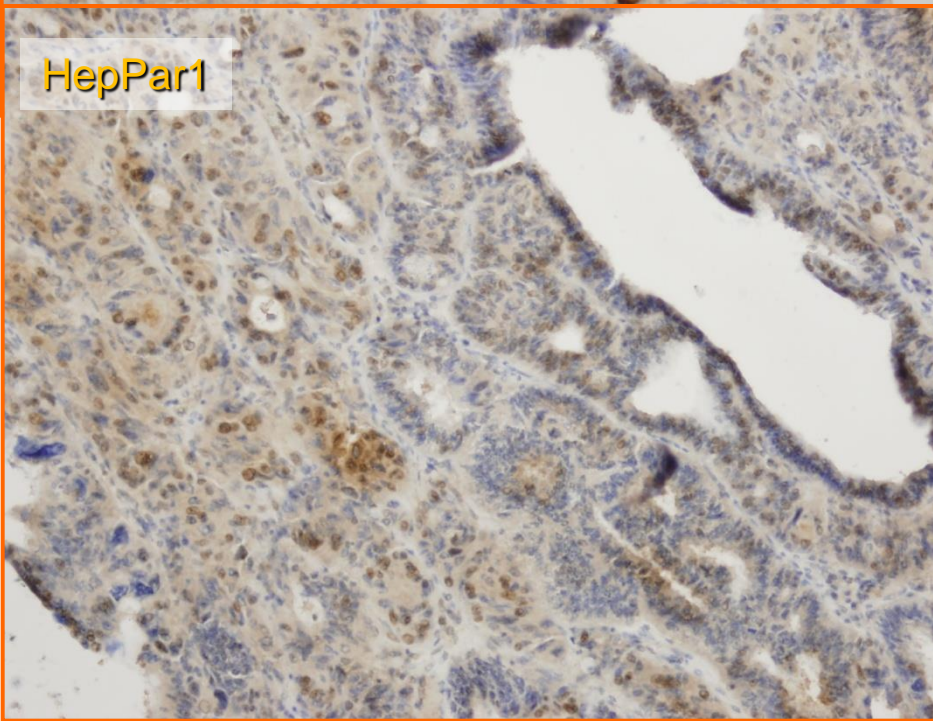
inhibin



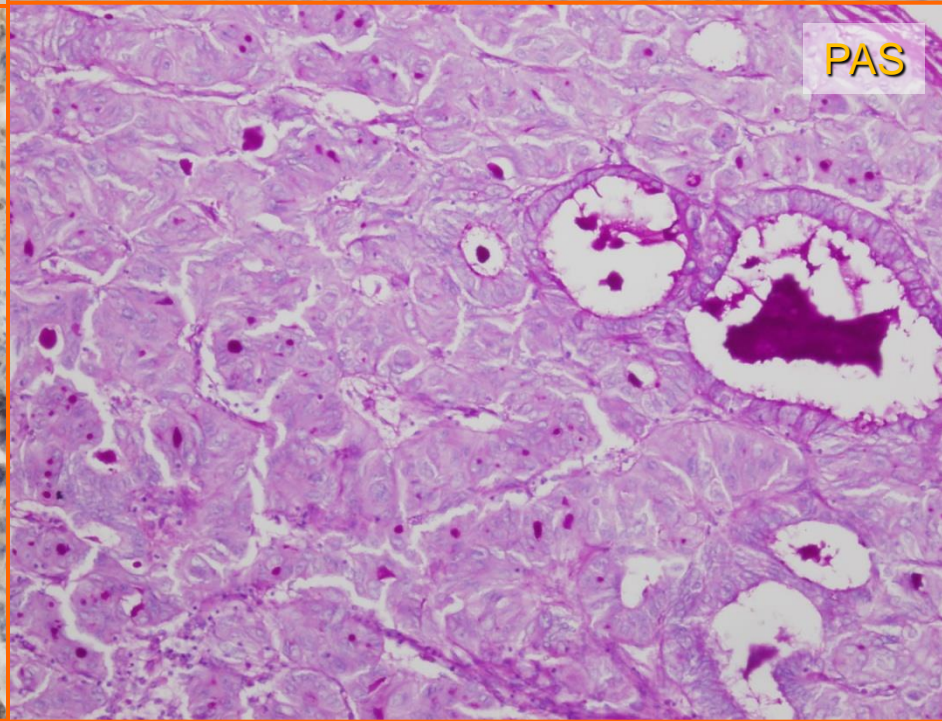
kalretinin



HepPar1



PAS





MTS endometroidného Ca
so sex-cord like diferenciáciou:
Sertoliformný endometroidný Ca

CK8/18	+		+
vimentín	fokálne +		+
EMA	+		+
CEAm	fokálne +	?	fokálne +
CK19	fokálne +		+
ER	+		fokálne +
NSE	fokálne +		fokálne +
CK7	-		-
CK20	-		-
CD10	-		-
S-100	-		-
TTF1	-		-
chromograninA	-		-
Inhibin	-		-
kalretinín	-		-
HepPar1	-		-

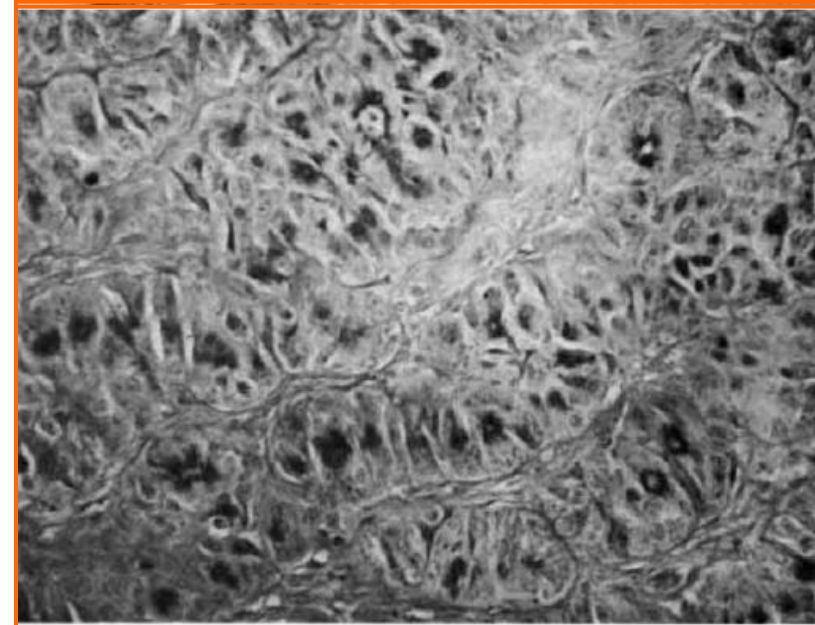
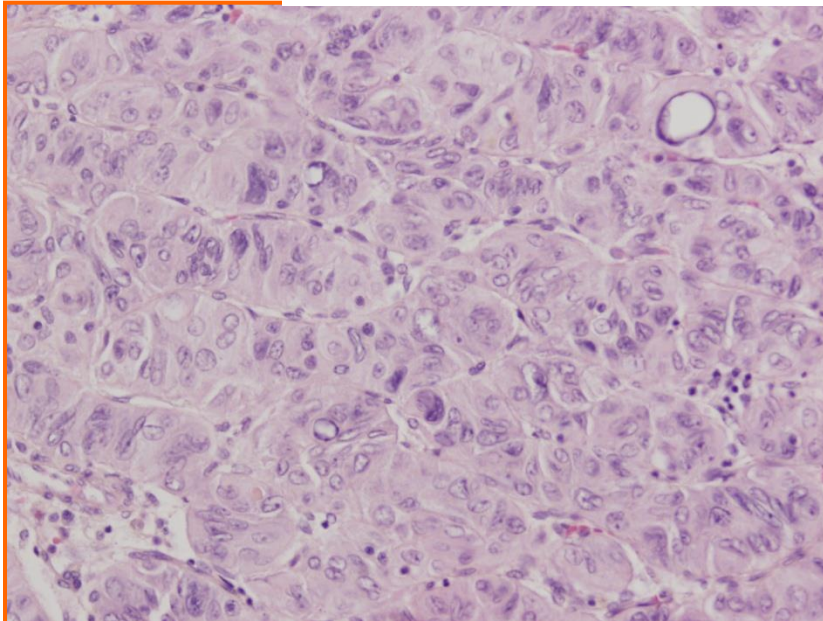
Ovarian Endometrioid Tumors Mimicking Sertoli and Sertoli-Leydig Cell Tumors

Sertoliform Variant of Endometrioid Carcinoma

LAWRENCE M. ROTH, MD*, ERICH LIBAN, MD†, AND BERNARD CZERNOBILSKY, MD‡

We have encountered four cases of an unusual variant of well-differentiated endometrioid carcinoma that was predominantly composed of tubules, solid or hollow, as well as cord-like areas histologically mimicking Sertoli and Sertoli-Leydig cell tumors. The two features most helpful in differential diagnosis were the presence of areas of tumor with the typical confluent pattern of endometrioid carcinoma, and the presence of mucin at the apical borders of the tumor cells and/or within glandular lumina. Other features that were helpful if present, but were observed only in one case each, were foci of squamous metaplasia or the presence of ciliated epithelium. In two cases, ultrastructural studies showed well developed microvilli and perinuclear microfilaments confirming the endometrioid nature of the neoplasm. The patients varied from 22–74 years in age. All tumors were confined to a single ovary, and no tumor is known to have recurred or metastasized. One of the patients died at age 80, six years following operation, presumably without evidence of recurrent neoplasm or metastases. Two other patients are living and well, one and 14 years after diagnosis. In one patient follow-up is short. The clinicopathologic features of this variant of endometrioid carcinoma are reviewed with emphasis on differential morphologic features.

Cancer 50:1322–1331, 1982.



❖ **endometroidné karcinómy podobajúce sa sex-cord stromálnym tumorom**

- **tumory s črtami podobajúcimi sa: Sertoli cell tumorom**

Sertoli-Leydig cell tumorom

Adultným granulózobunkovým tumorom

- **prevažne ovariálne TU, zriedkavý vznik aj v endometriu**

- **klinicky: staršie pacientky (60-70r), bez endokrínnej manifestácie**

❖ endometroidné karcinómy podobajúce sa sex-cord stromálnym tumorom

- **morfologicky:** variabilný pomer klasického endometroidného Ca / solídnych resp. dutých tubulárnych štruktúr pripomínajúcich sex-cord like štruktúry
- anastomozujúce pruhy sú tvorené pseudostratifikujúcimi bunkami
- môžu mať luteinizované stromálne bunky simulujúce luteinizované tekálne bunky sex-cord like tumorov
- často hlienotvorba v apikálnych častiach buniek resp. v lumen žliaz
- môžu byť ložiská skvamóznej diferenciácie, povrchové cílie, endometrióza
- niektorí autori odlišujú „**sertoliform EC**“ od „**uterine tumors resebling ovarian sex-cord tumors**“ (bez klasickej EC komponenty resp. skvamóznej diferenciácie)

- ❖ **endometroidné karcinómy podobajúce sa sex-cord stromálnym tumorom**
 - **imunohistochemicky:** Sertoli-like bunky majú podobný imunoprofil ako endometroidný Ca
 - silná expresia cytokeratínov, často CK7+
 - EMA+ (100%), NSE+/S-100 (11/17), CEA+ (33%)
 - kalretinín-, inhibín-
 - biologické chovanie a prognóza nie sú známe (málo prípadov)

❖ **endometroidné Ca** – môžu vykazovať aj iné **atypické črty**:

sekretorický vzor

„clear cell“ bunky, oxyfilné bunky

luteinizácia stromálnych buniek (sú inhibín+)

yolk sac komponenta

hyalinizácia strómy

vretenovité epiteliálne bunky

zhluky a pruhy epiteloidných / vretenovitých buniek v

hyalinizovanej stróme, alebo bez strómy

(tzv. „corded and hyalinised endometroid Ca“)

tvorba osteoidu

chondroidná matrix

❖ dif.dg. sertoliformného EC:

sex-cord stromálne tumory - klinicky: mladšie pacientky (25r)

častá endokrinná manifestácia

- solídne / tubulárne štruktúry tvorené jednou vrstvou buniek
- bez klasickej EC komponenty, bez skvamóznej diff., bez hlienotvorby
- imunohistochemicky: len fokálna/bodovitá pozitivita cytokeratínov
difúznejšia a silnejšia pozitivita vimentínu
kalretinín+, inhibín+
len ojedinele CEA+
EMA-, NSE-

neuroendokrinné neoplázie – klasické „salt+pepper“ jadrá + imuno

Krukenbergov tumor – často bilaterálny

– mucikarmín+ signet-ring bunky

mucinózny adenokarcinóm – intracelulárna hlienotvorba