KLINICKÁ PATOLÓGIA

PREŠOV

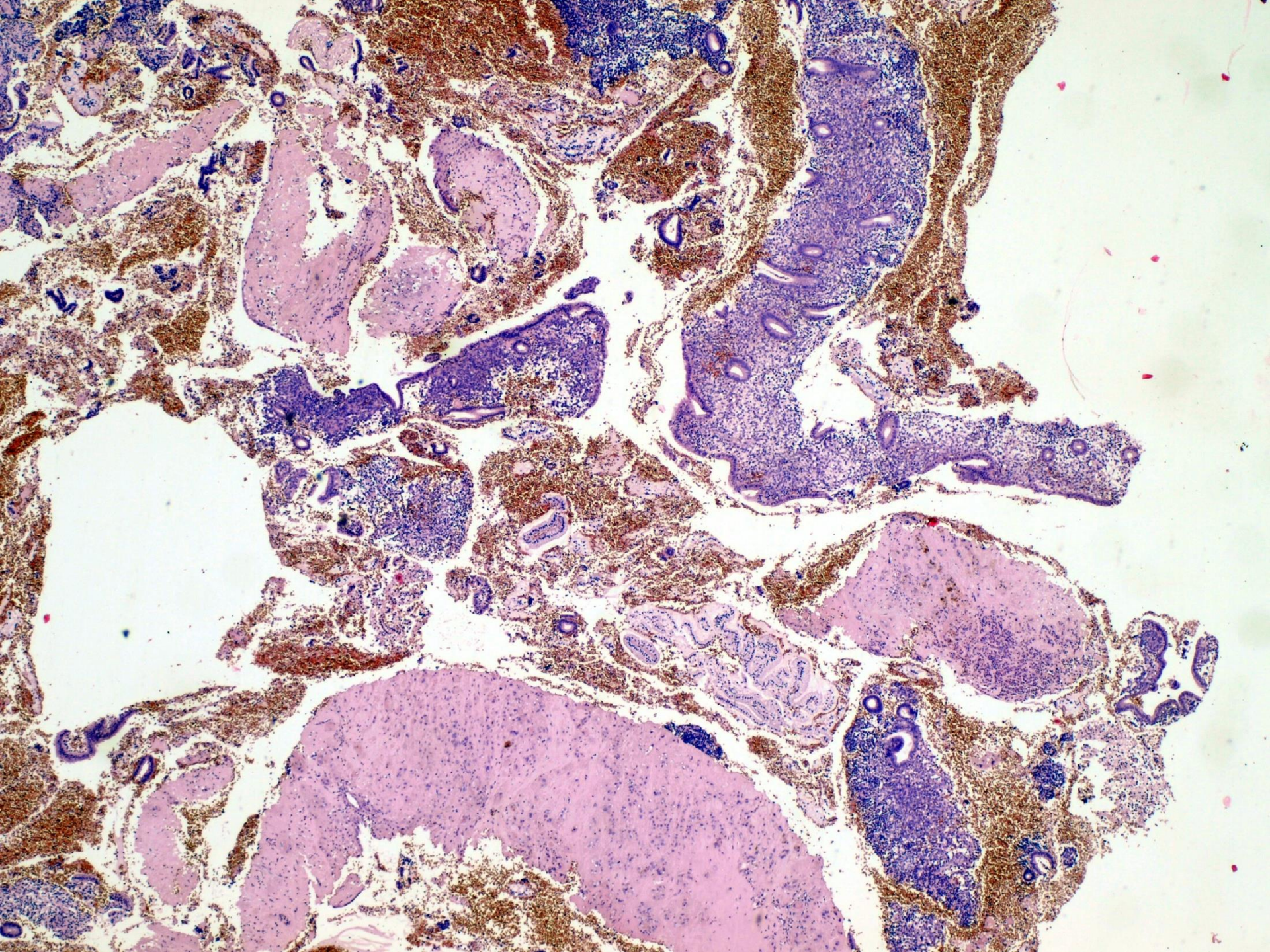
XXI.Martinský bioptický seminár
Lúčky 2015
SD-IAP

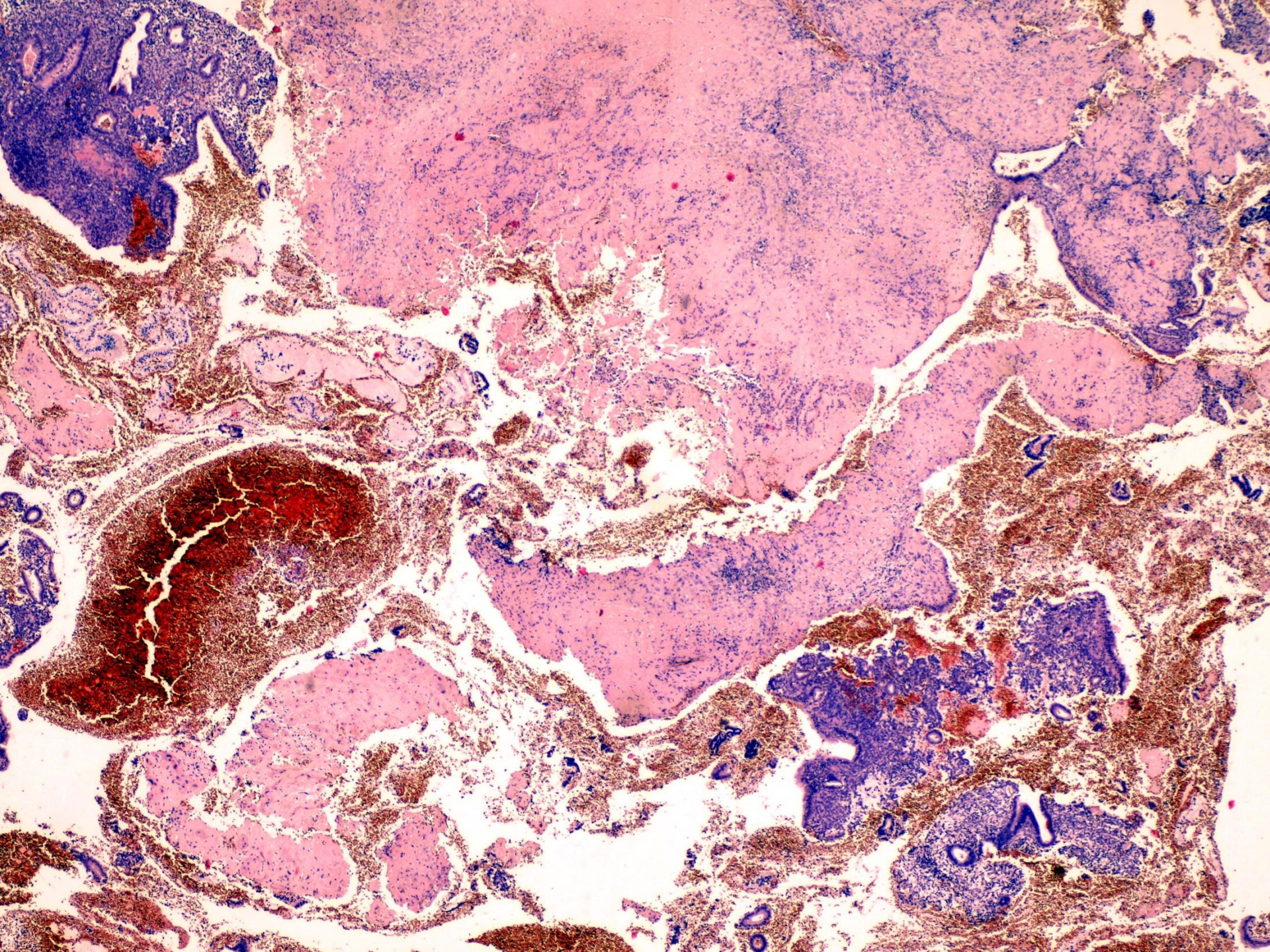
Prípad č. 544

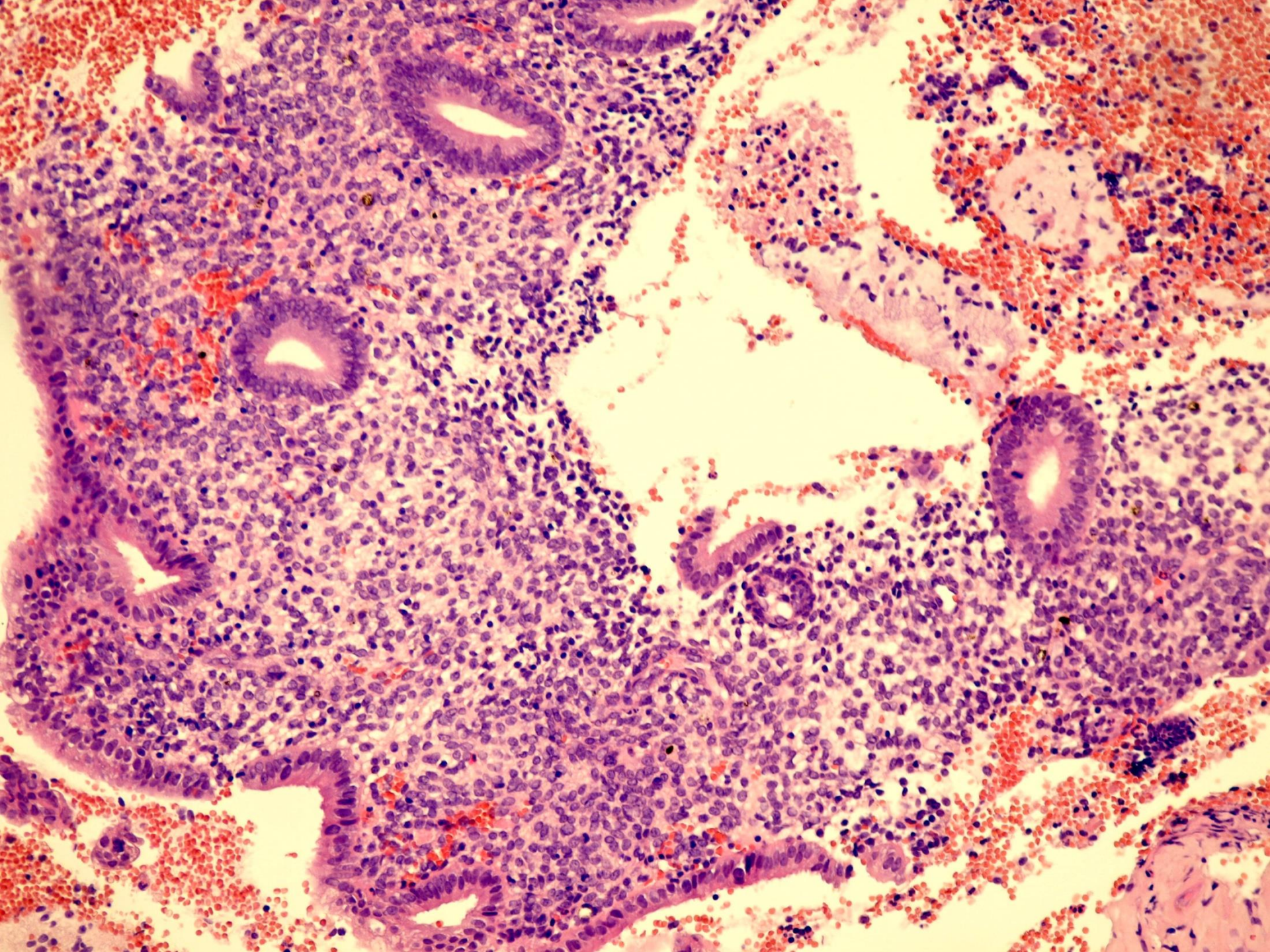
Ľ. Straka

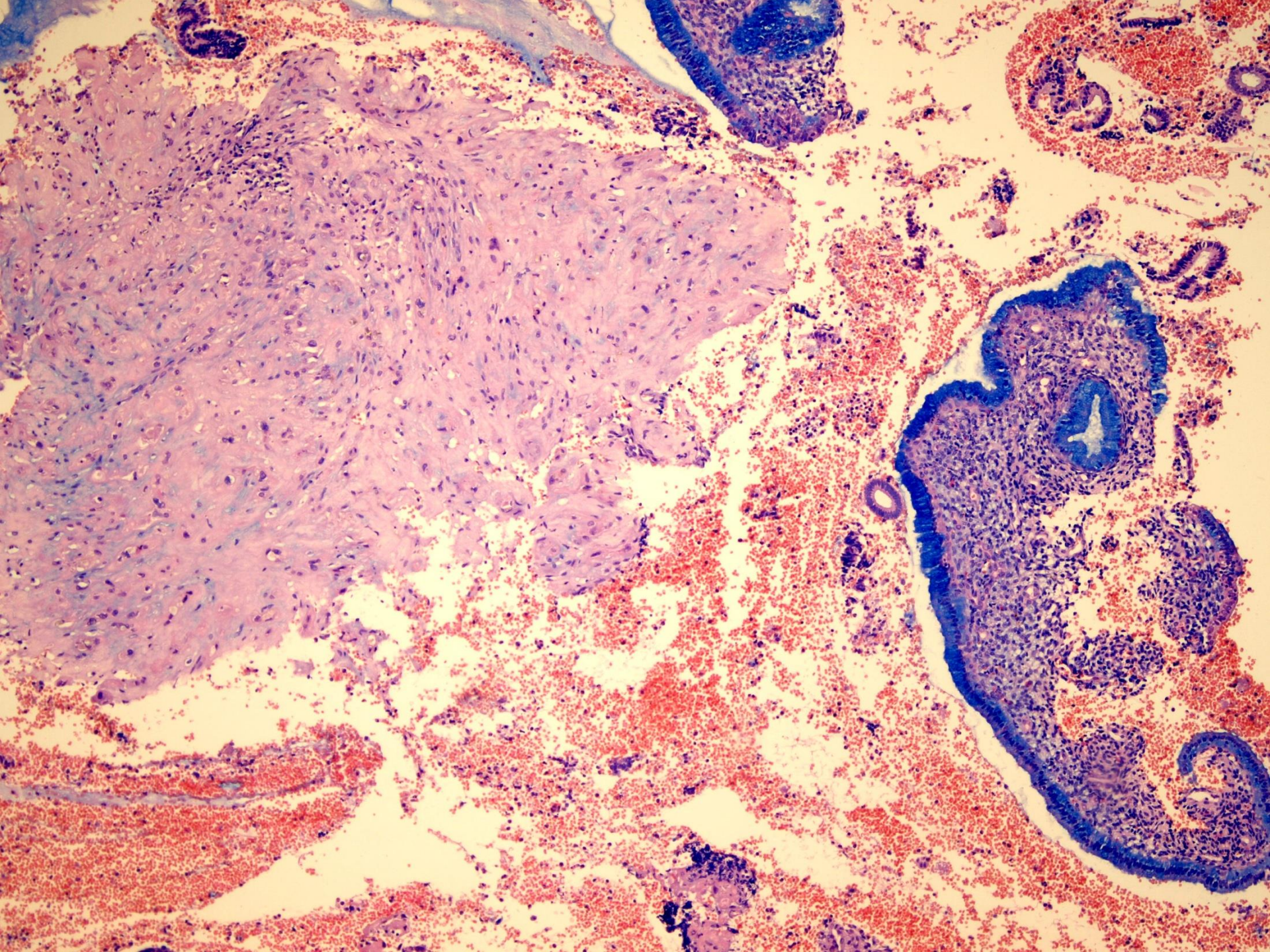
Prípad SD-IAP č. 544

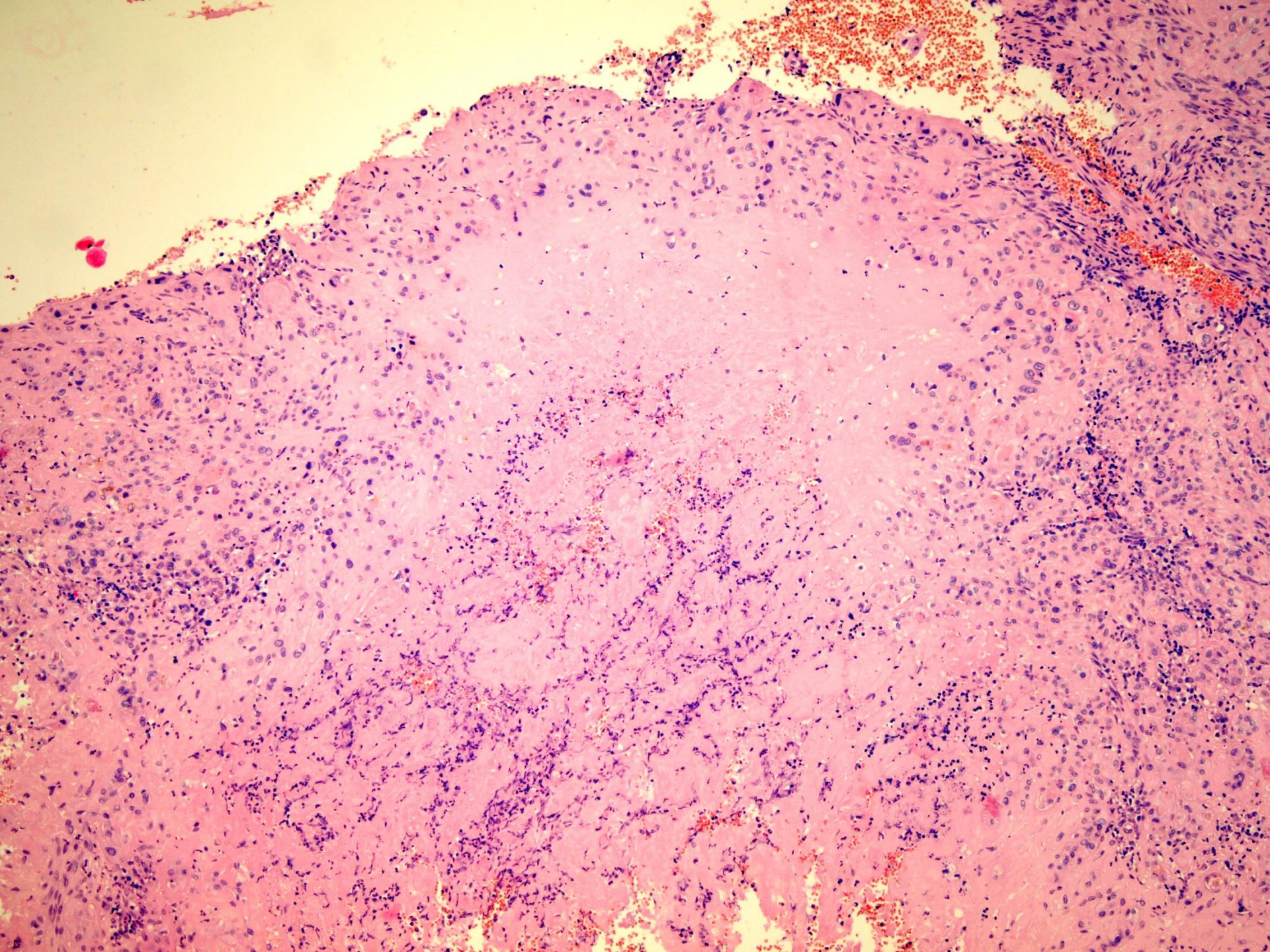
- 31 ročná pacientka
- Klin. dg.: endometriálny polyp
- Na vyšetrenie zaslaný kyret sliznice tela maternice

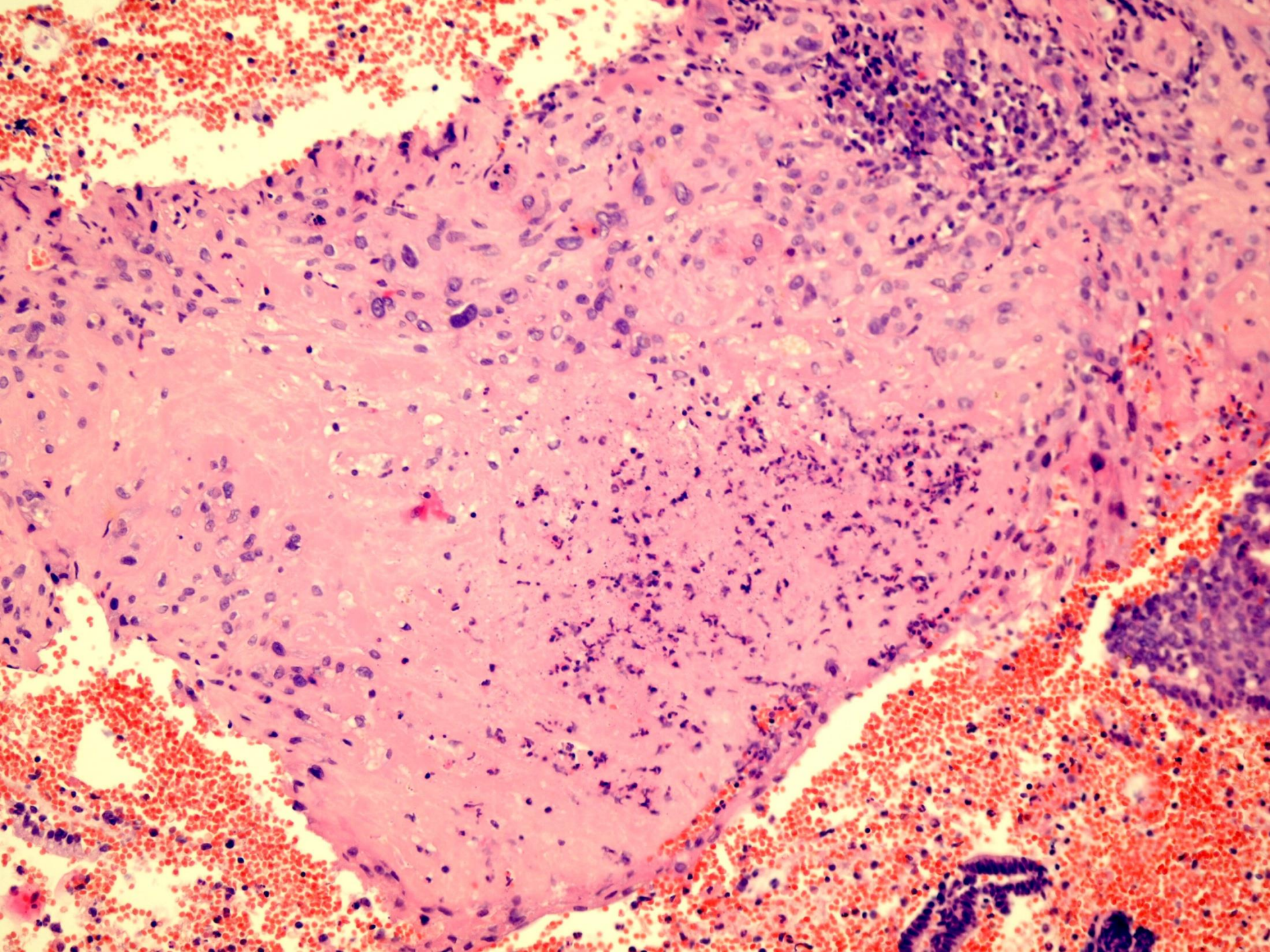


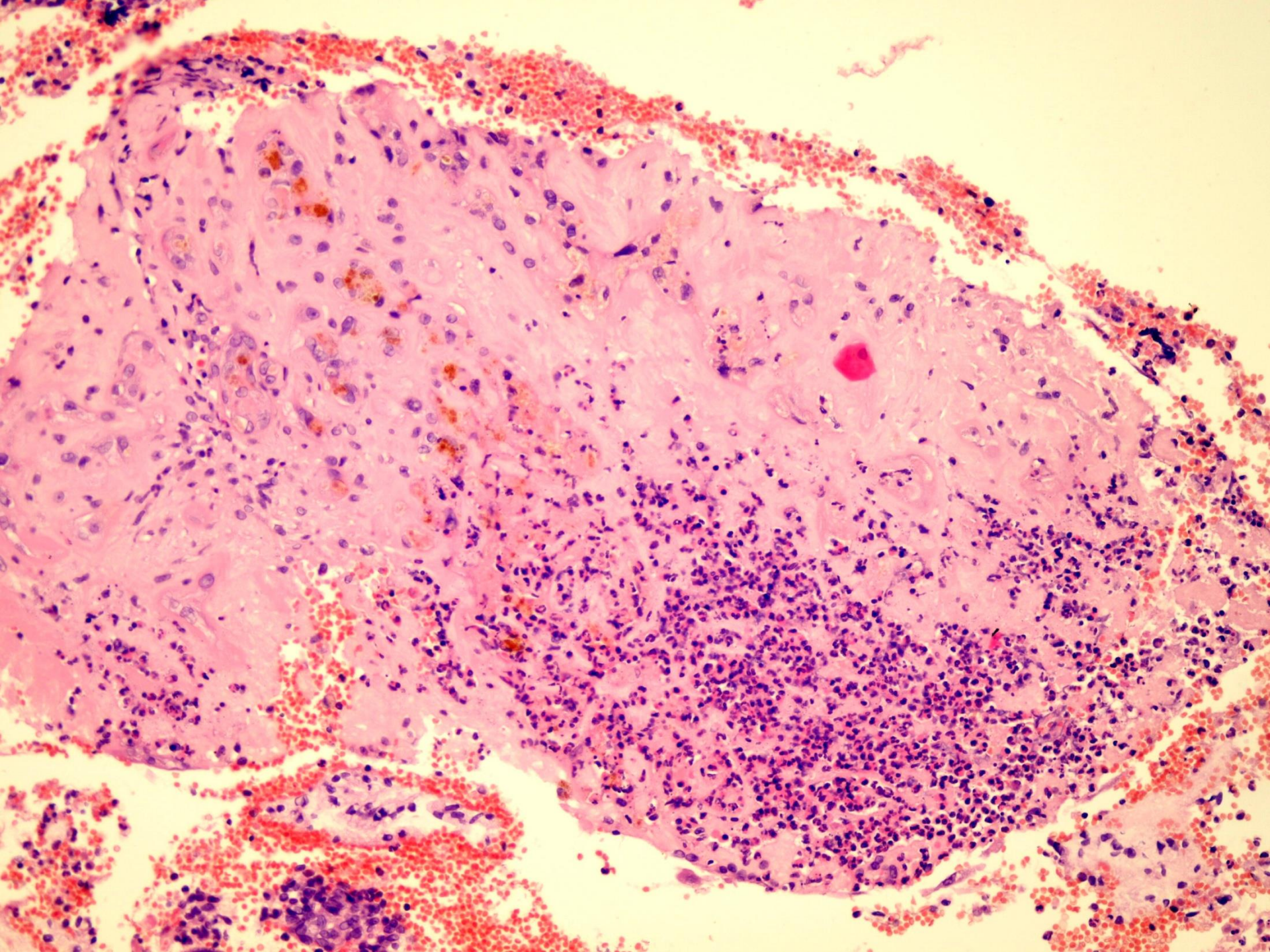


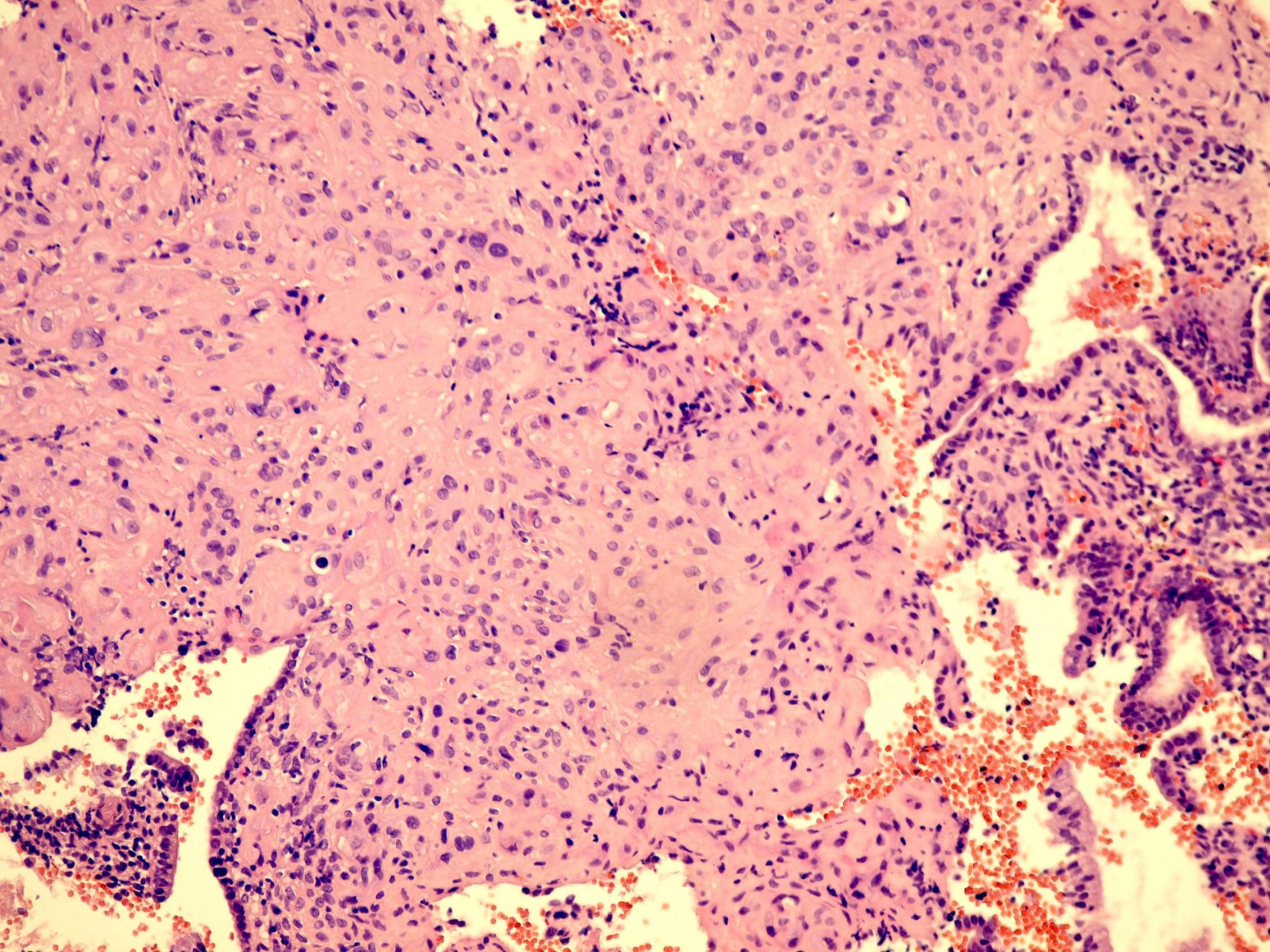


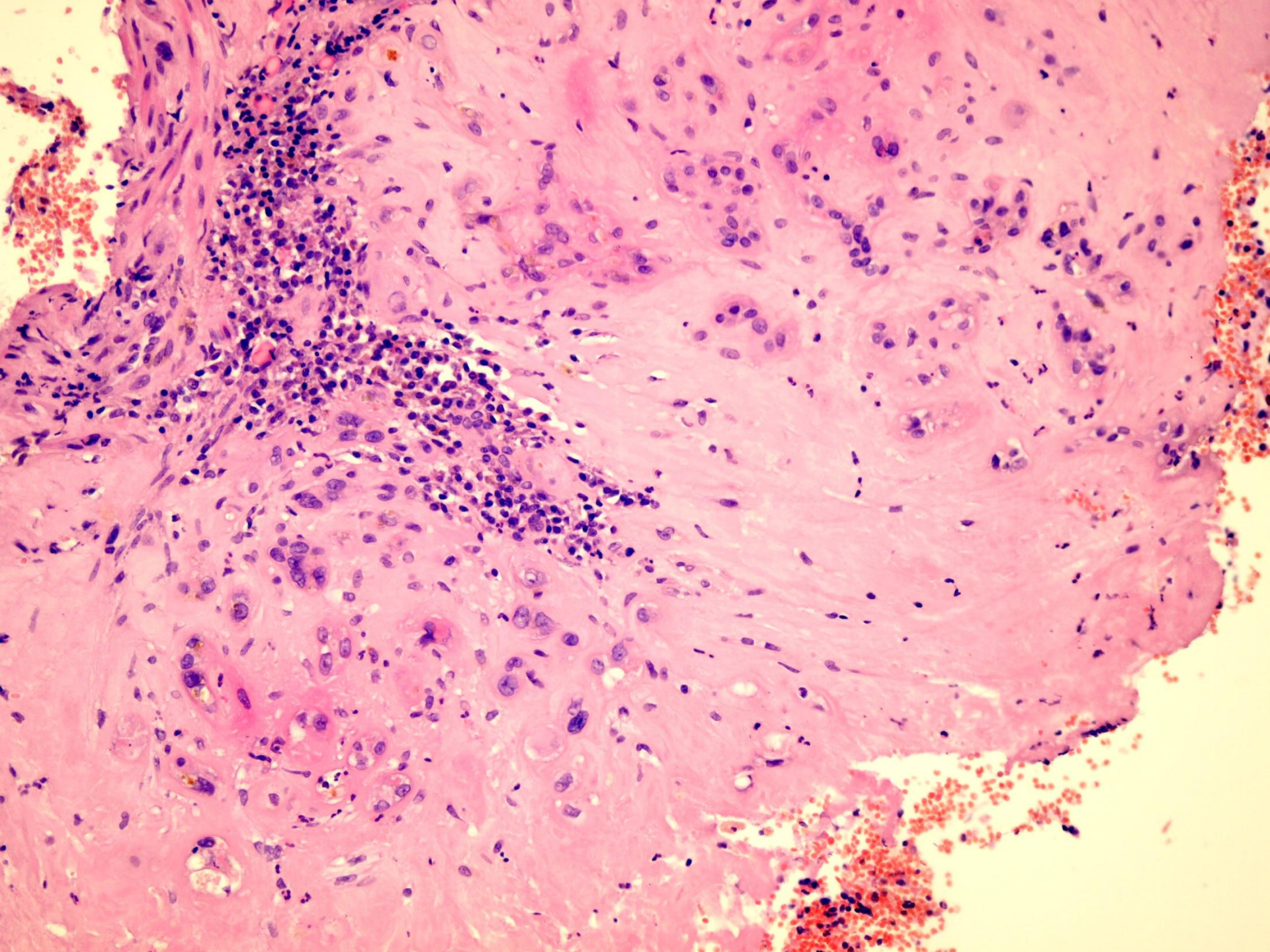


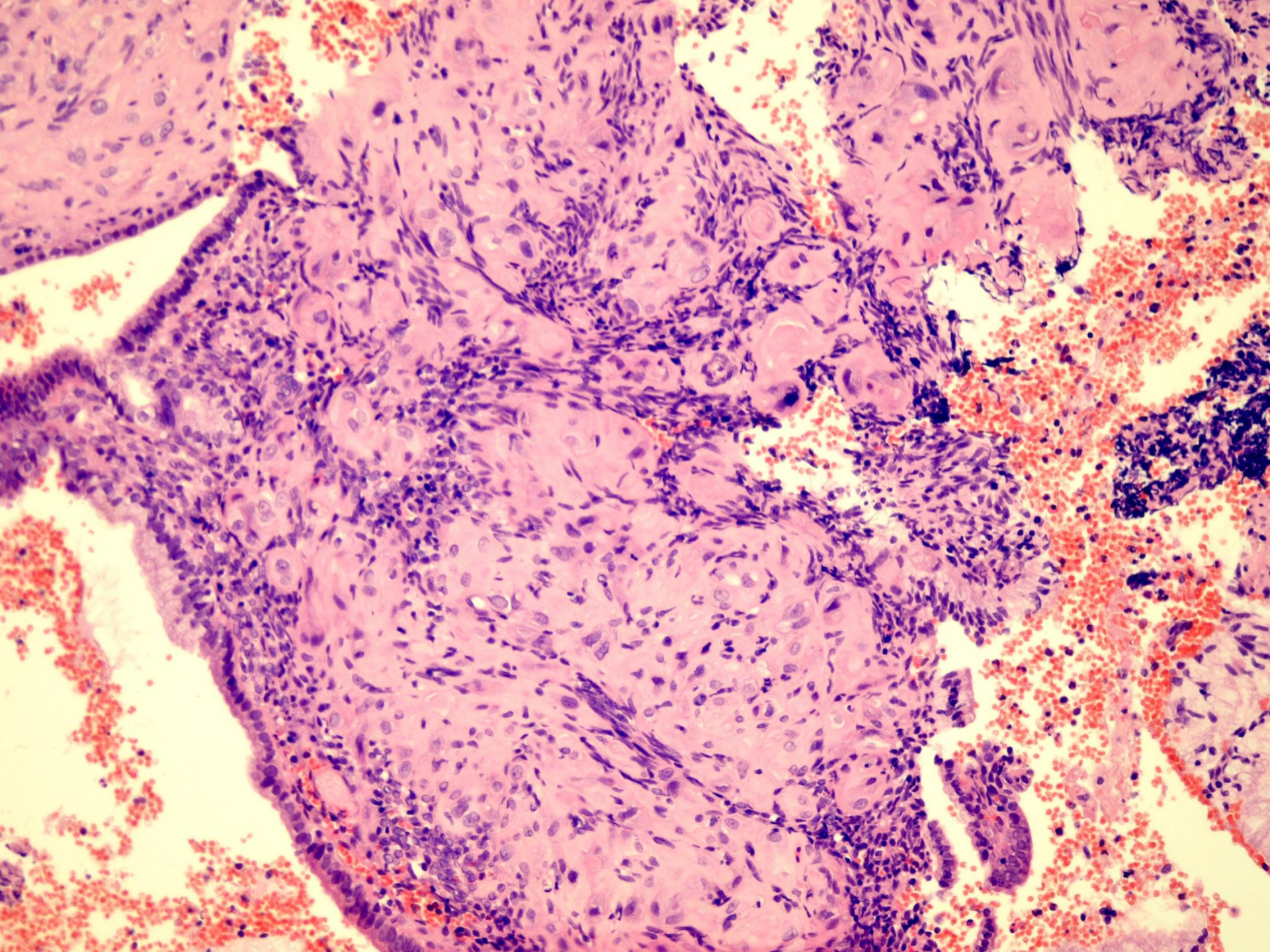


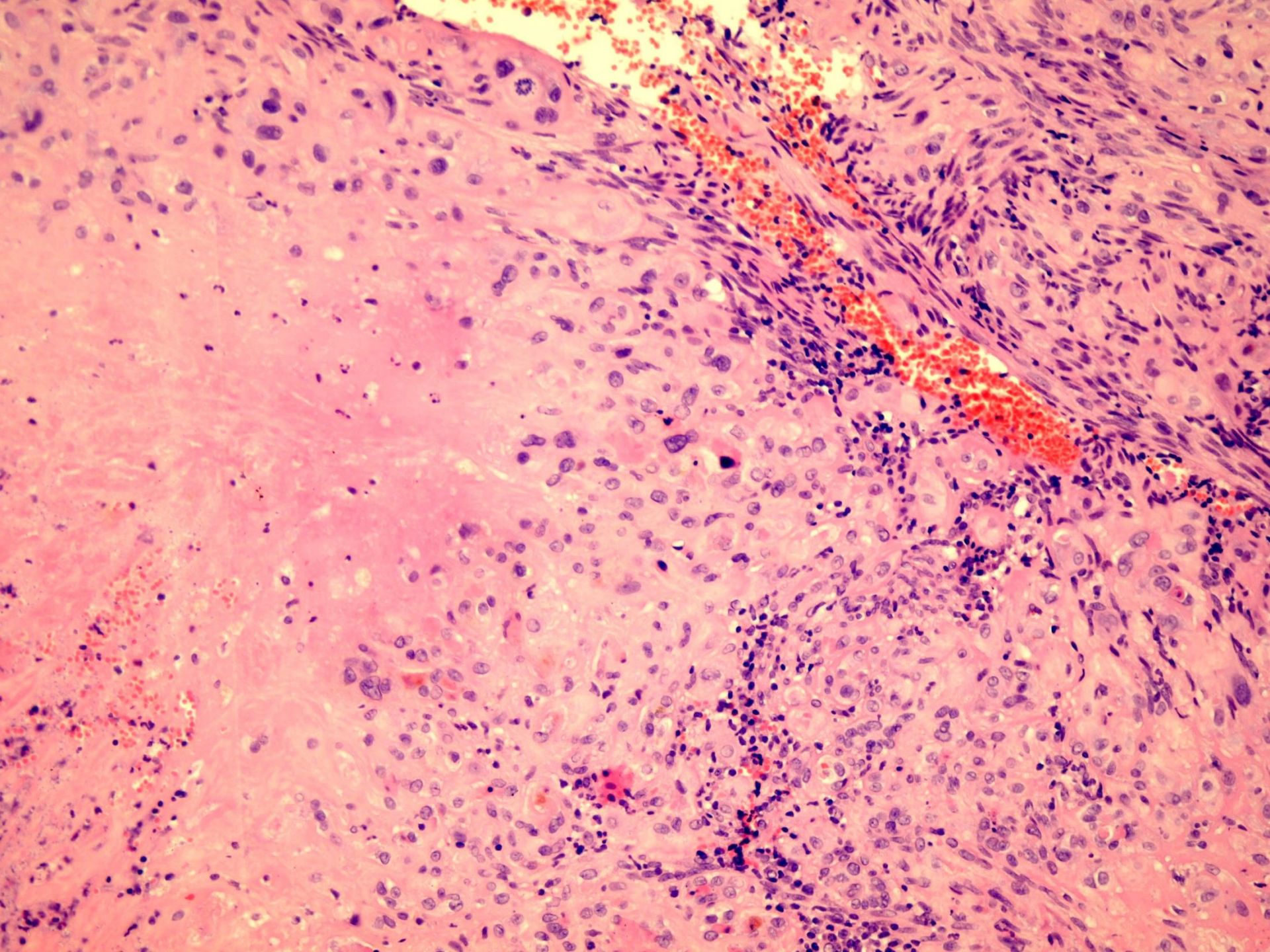


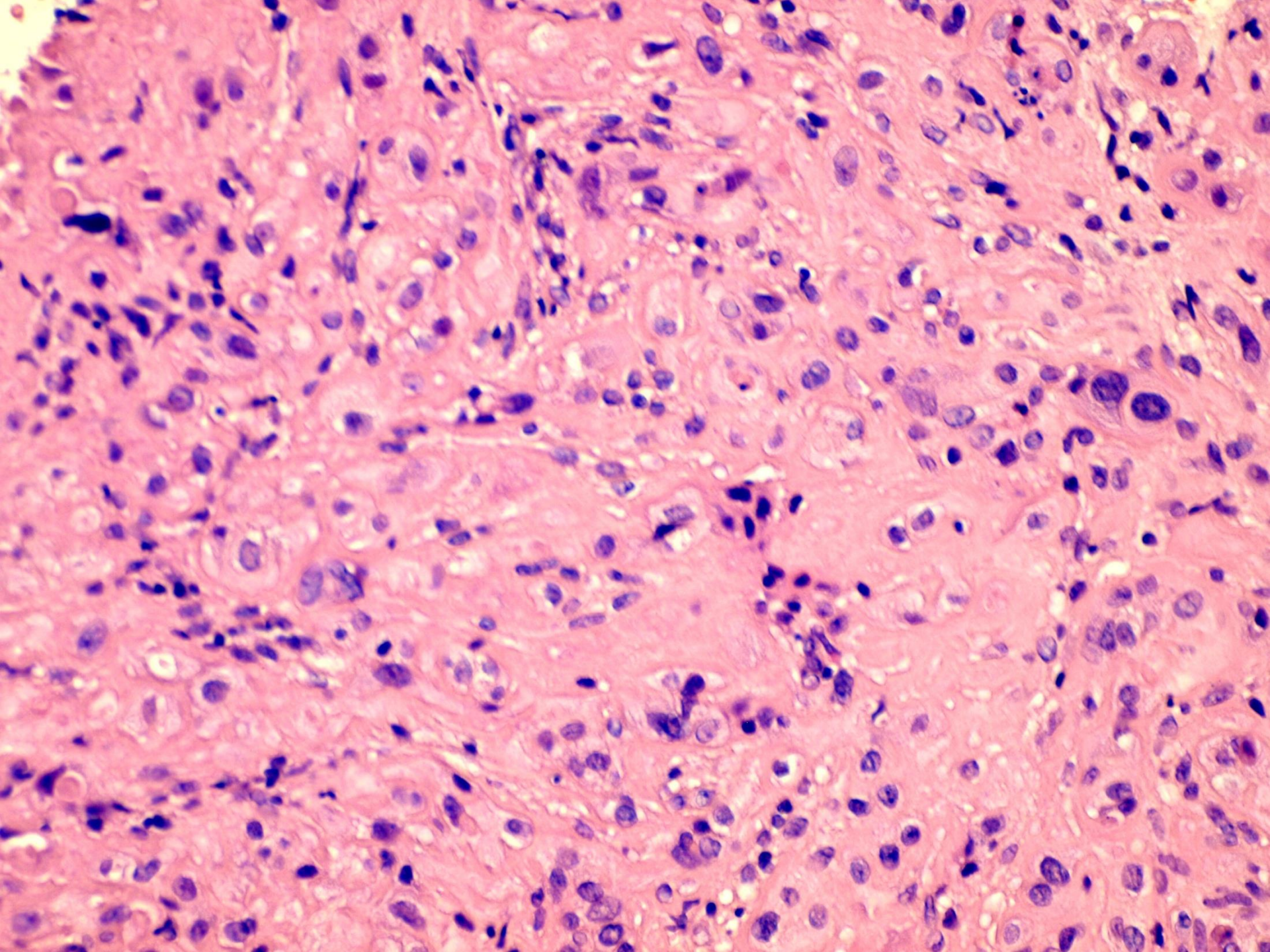


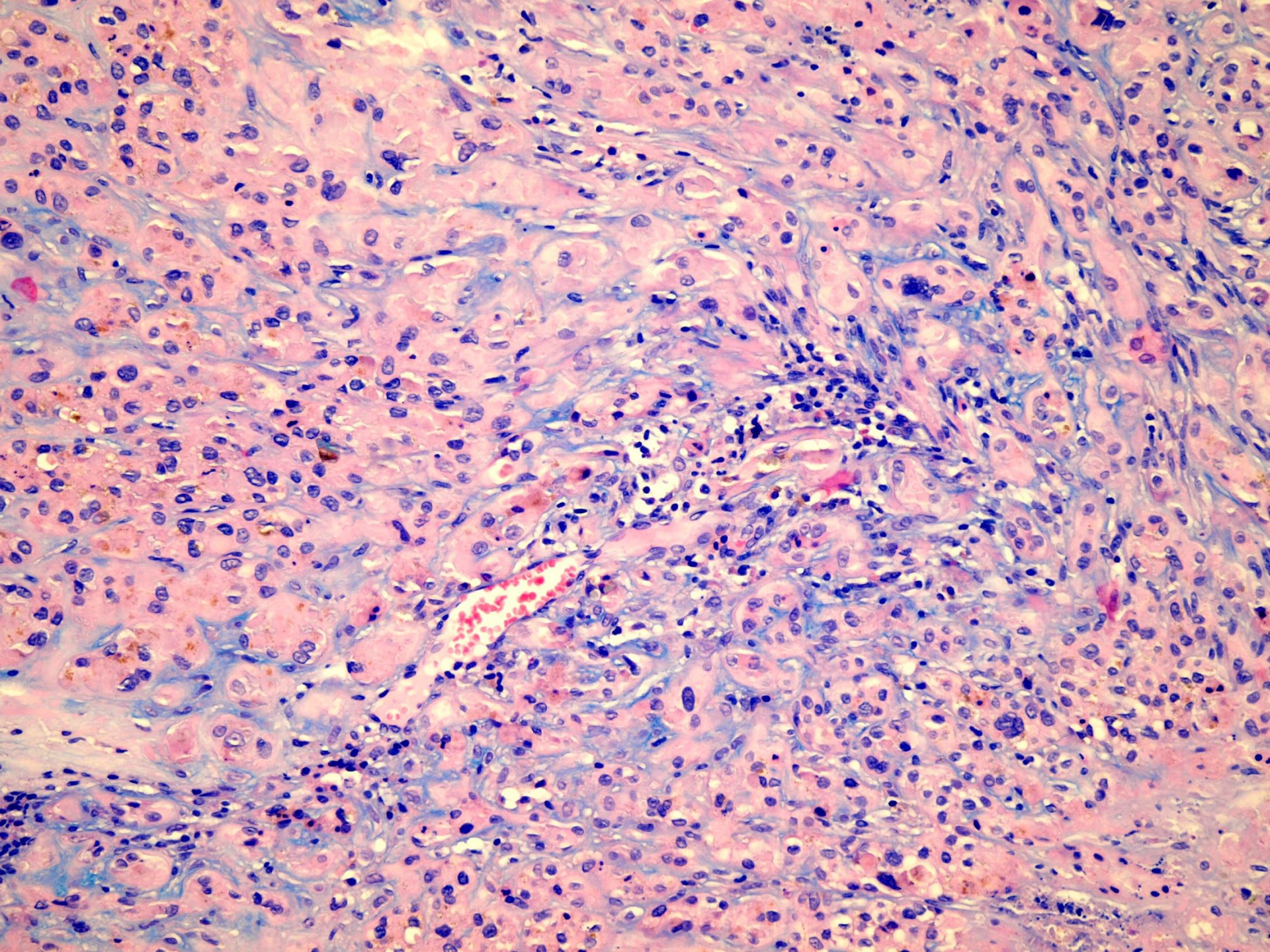


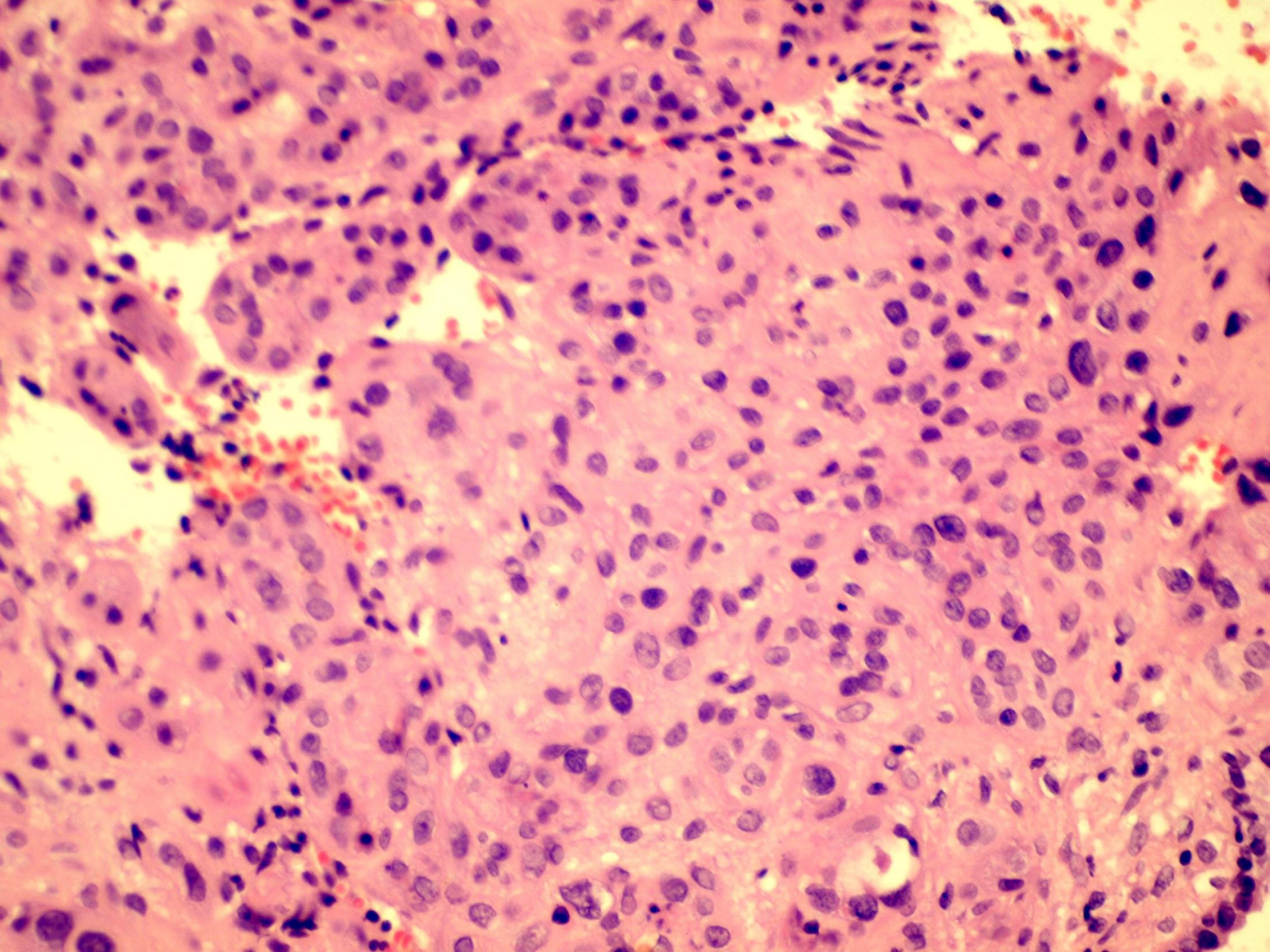


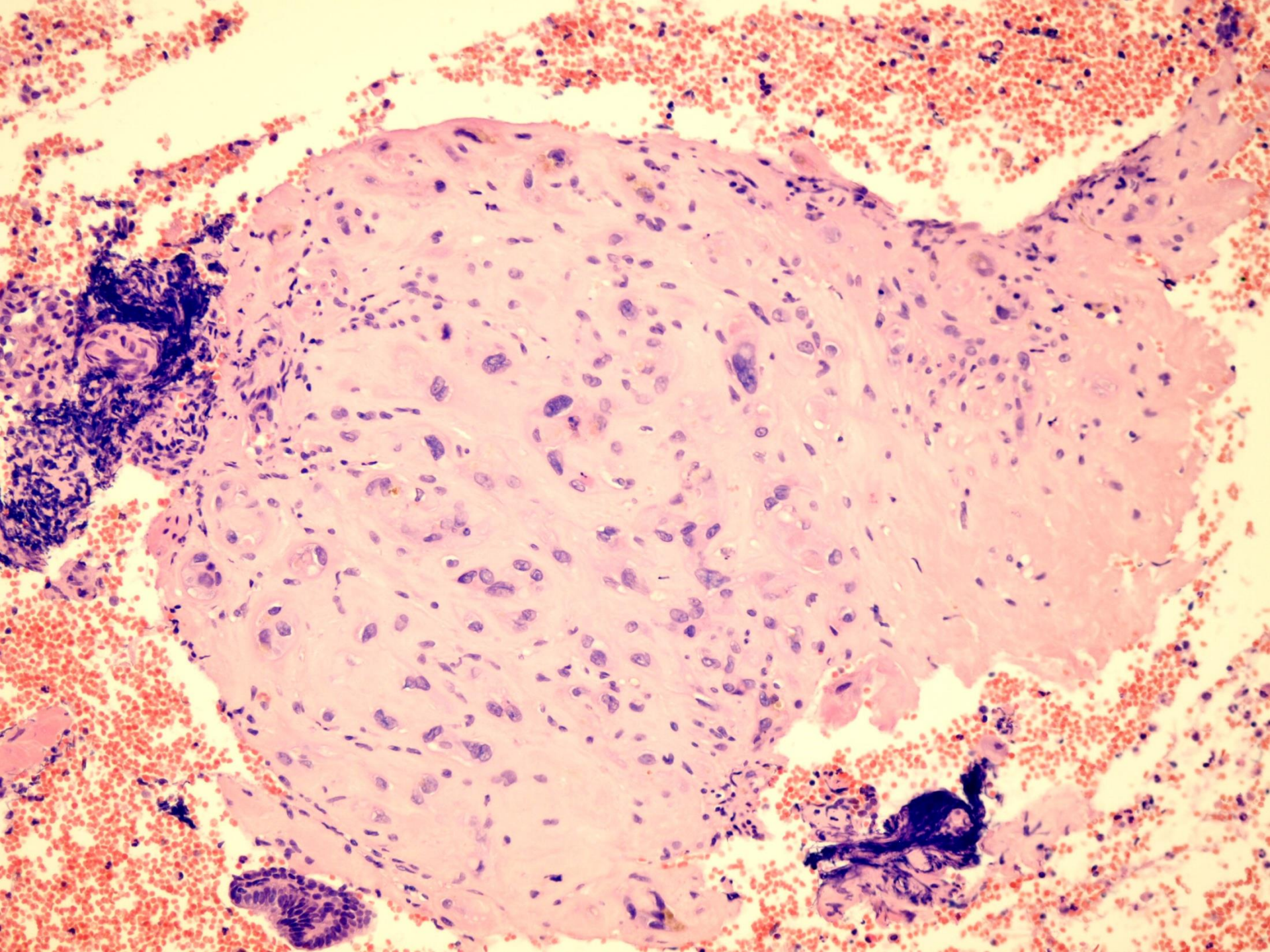


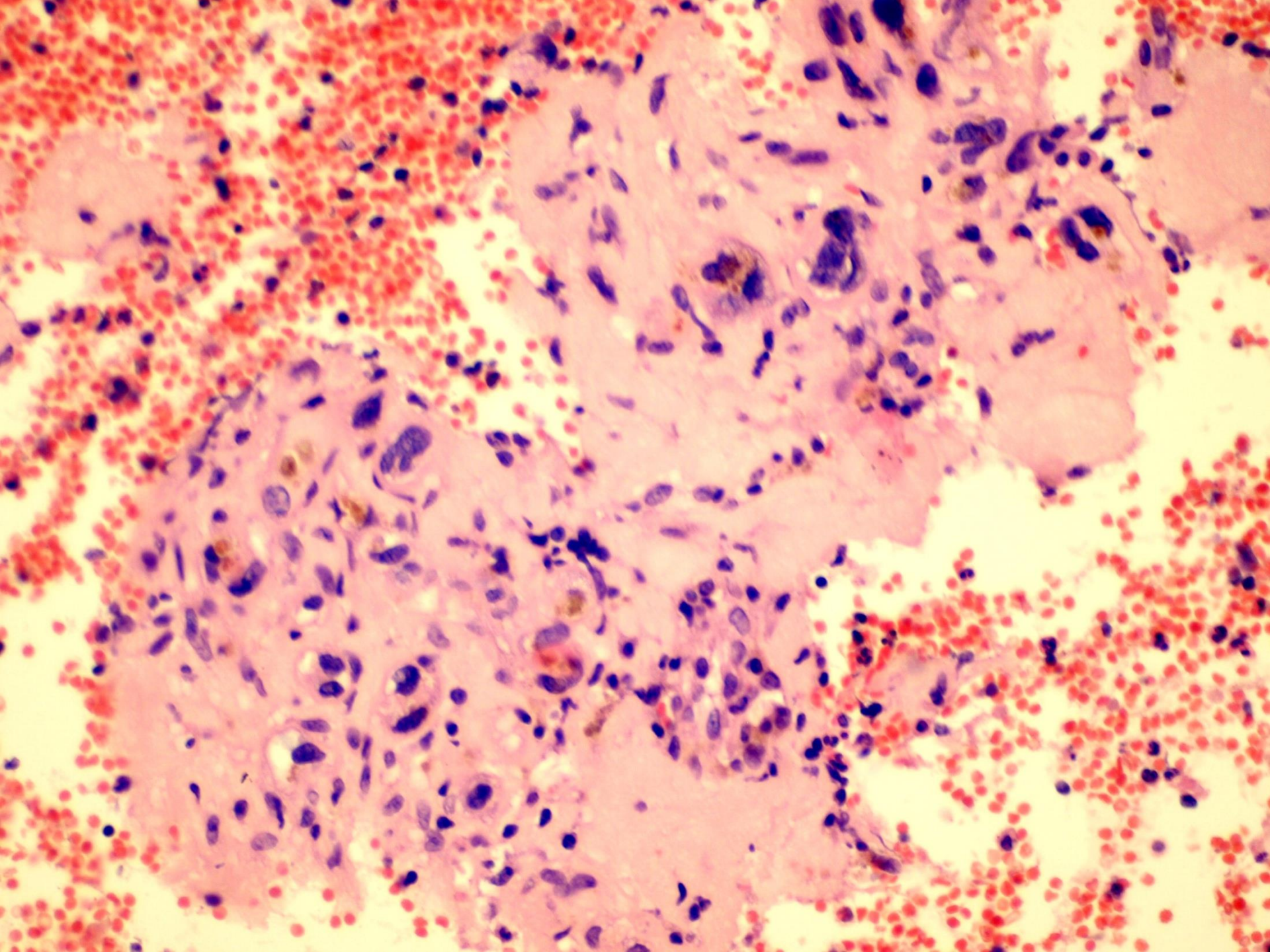


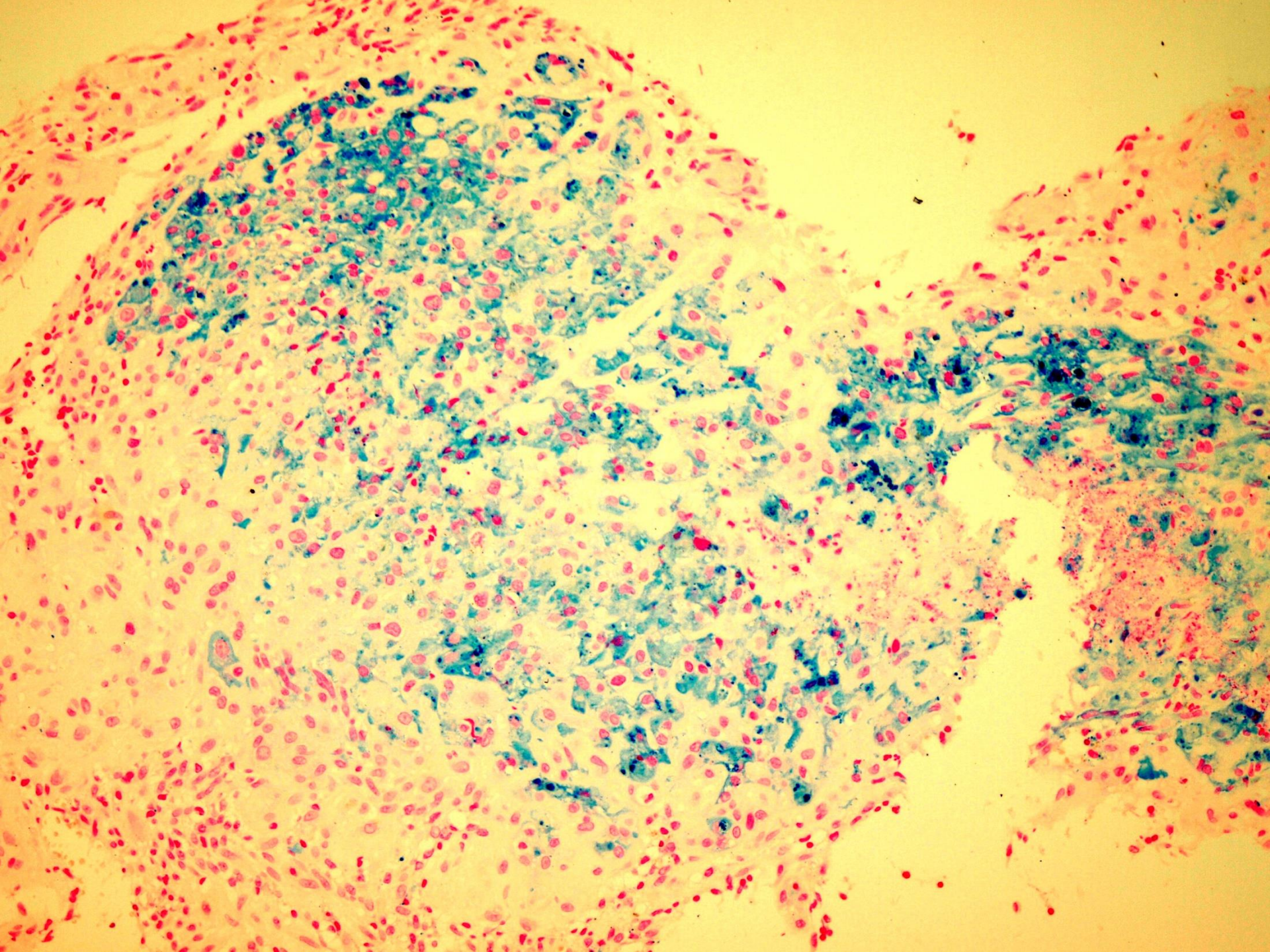


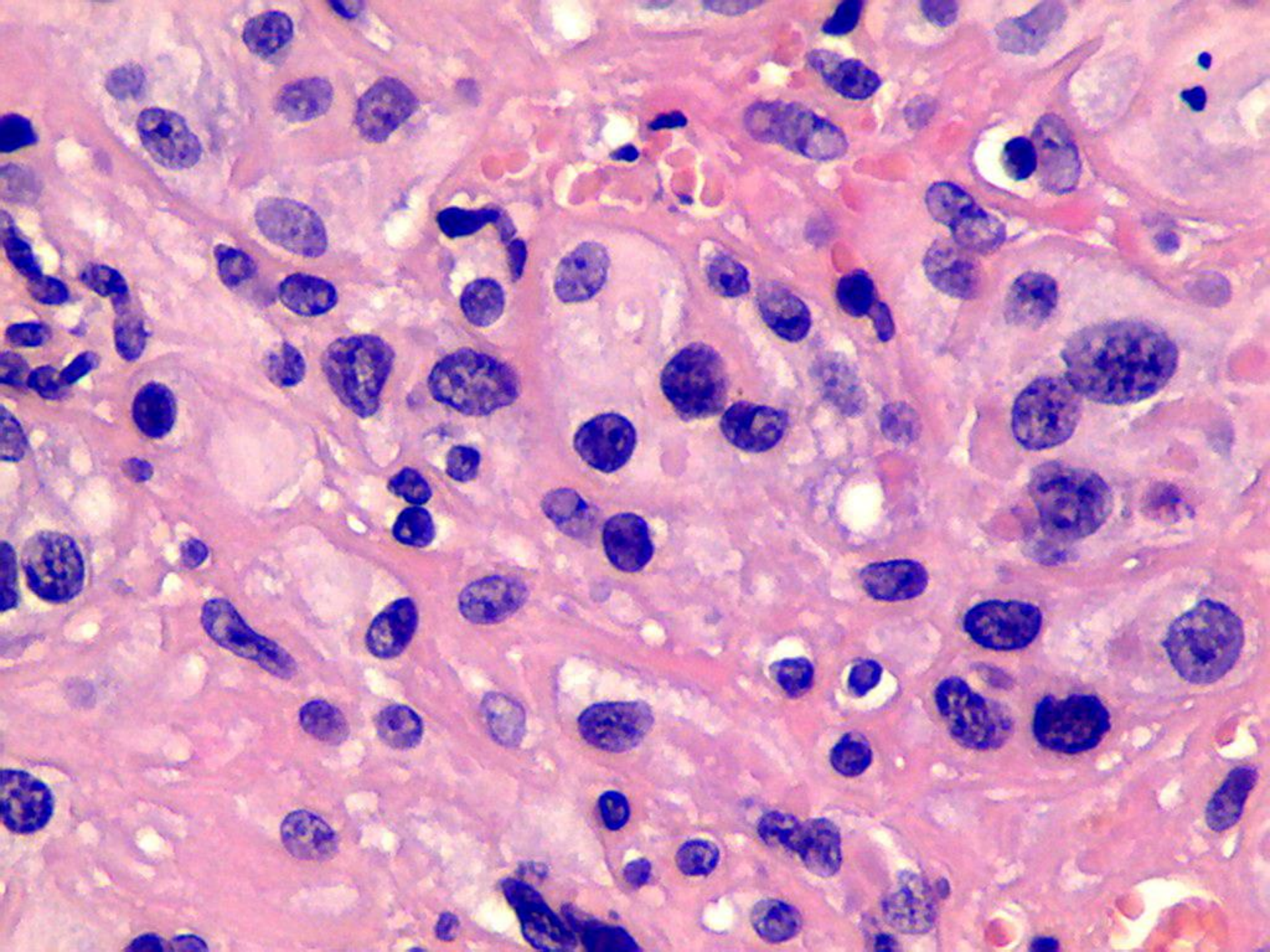


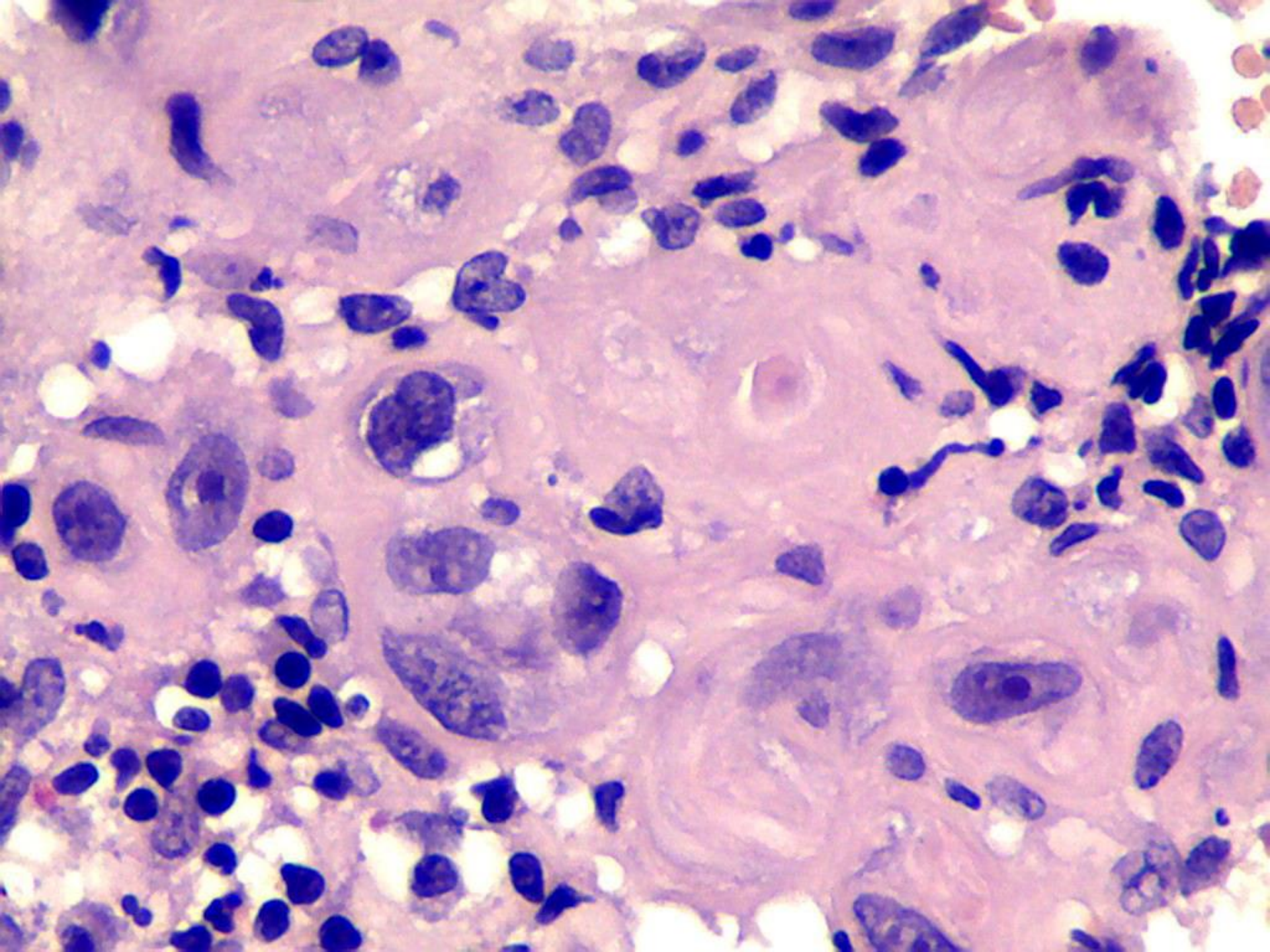


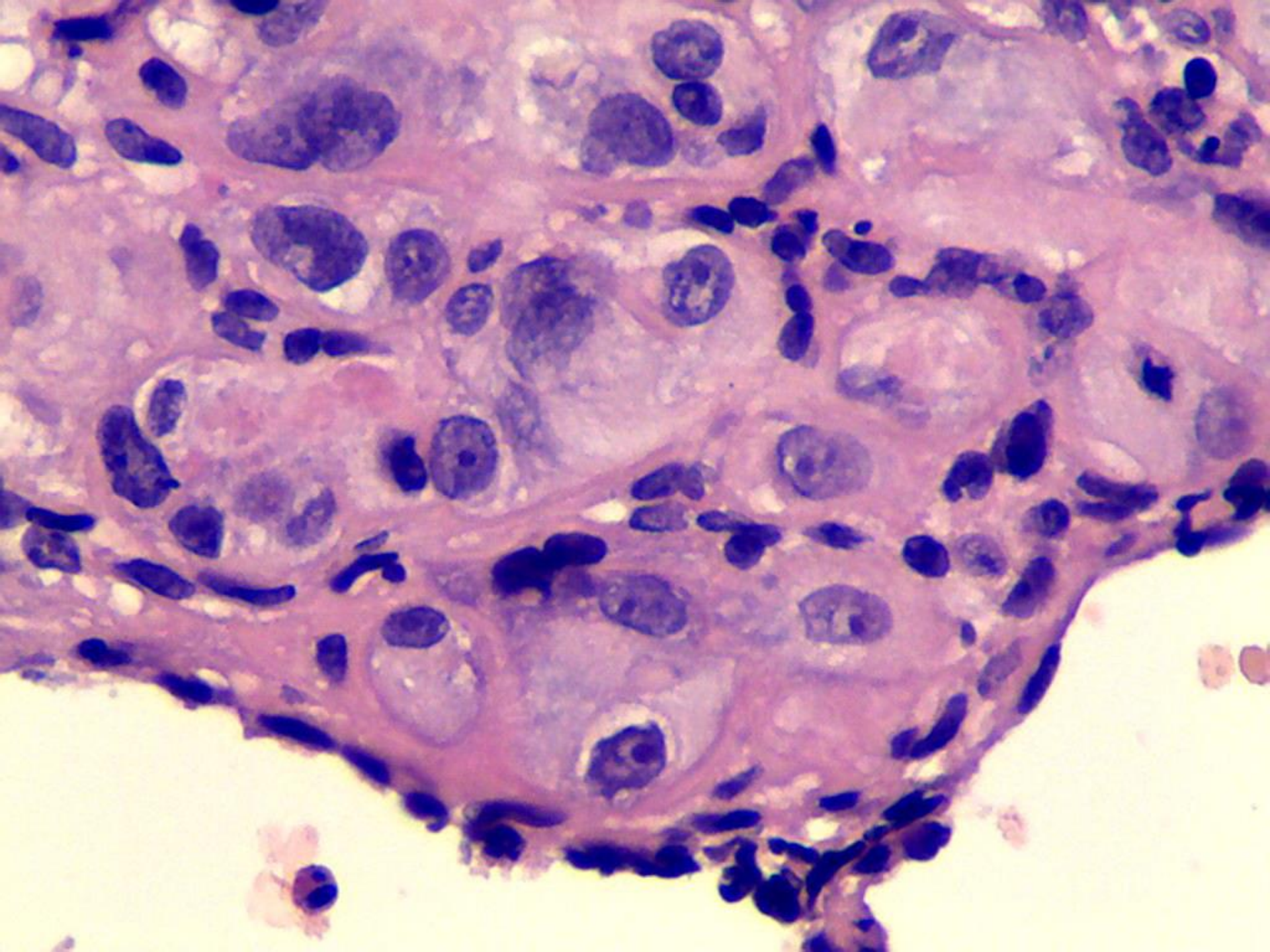


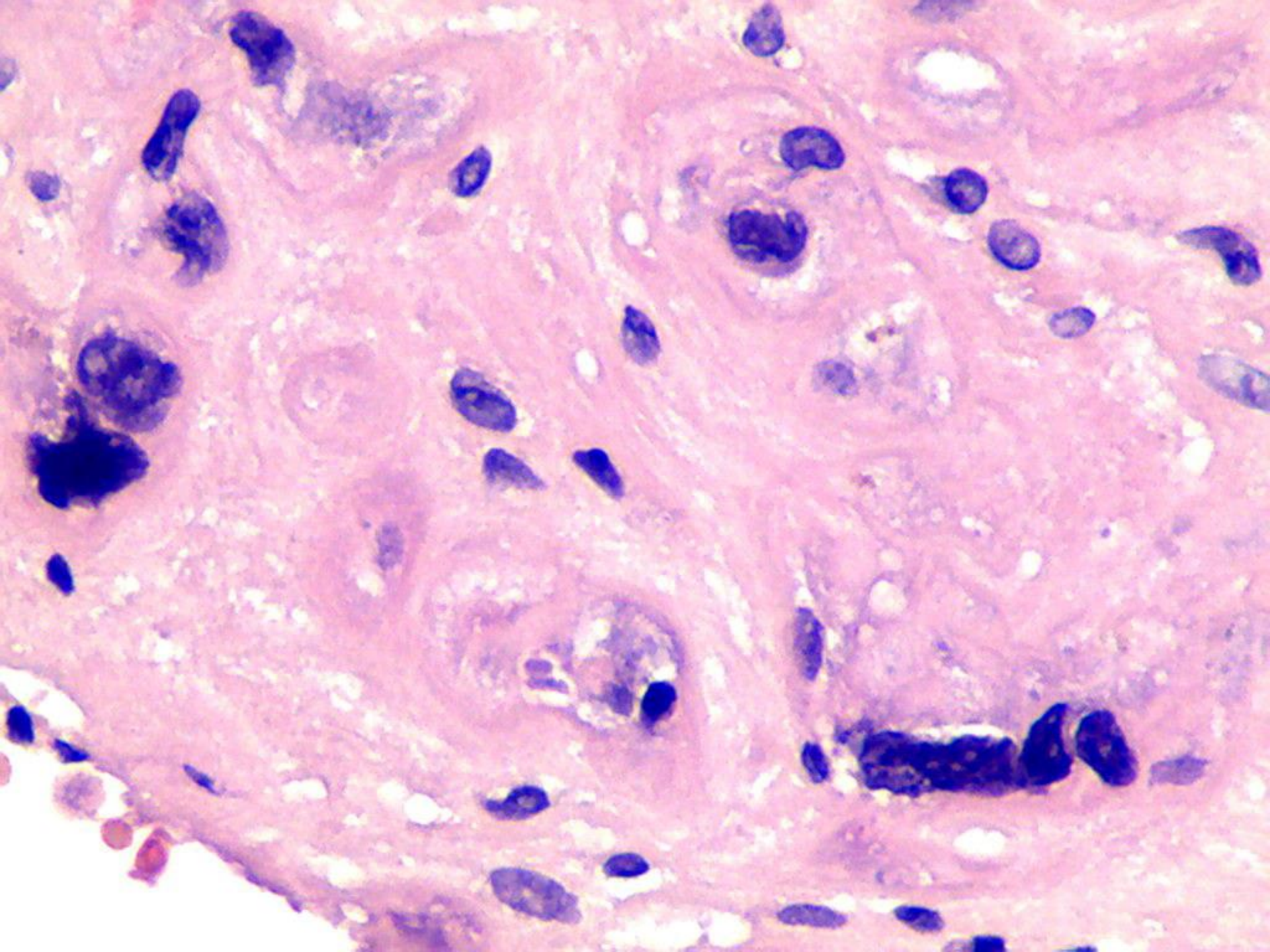








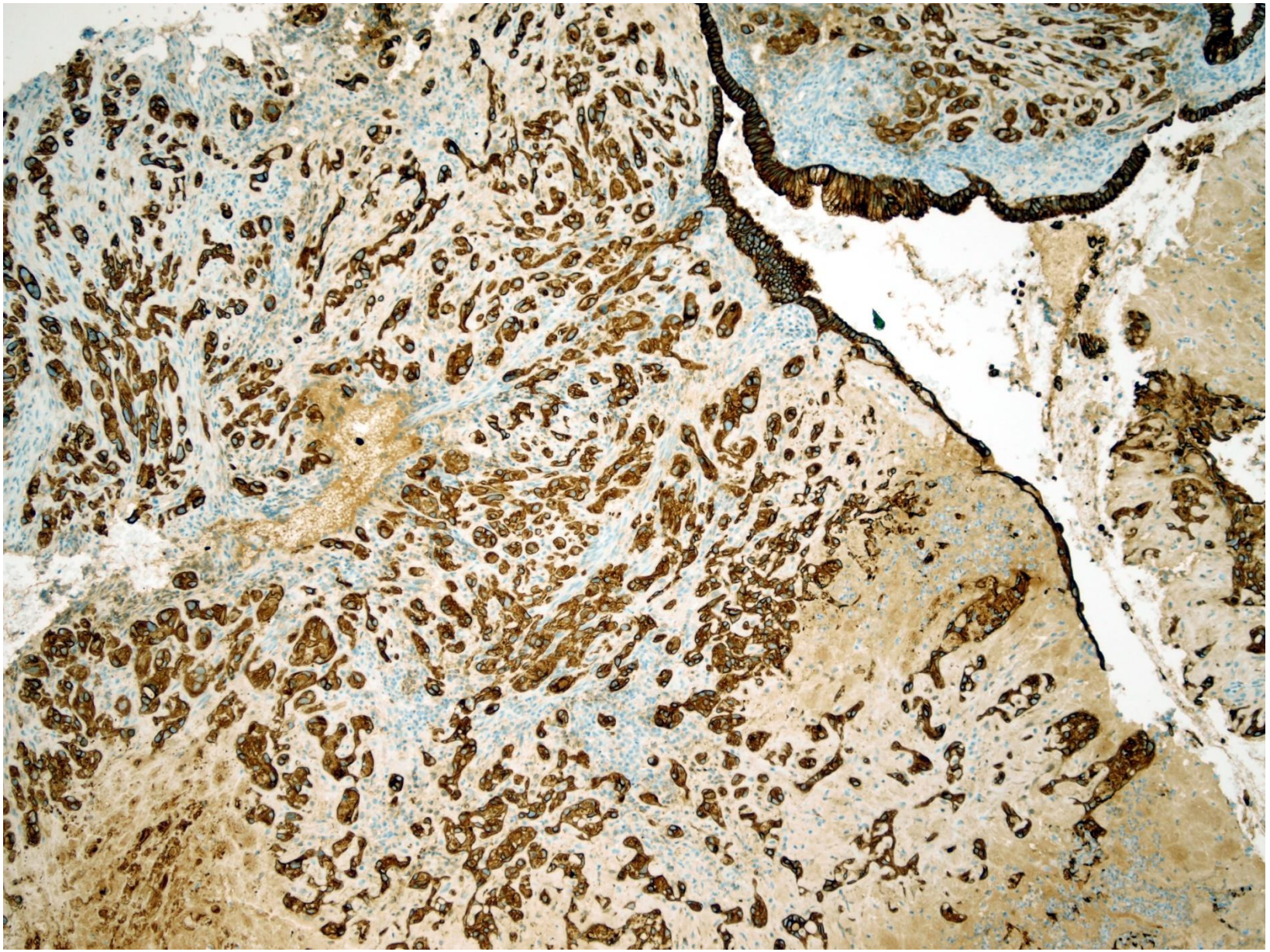




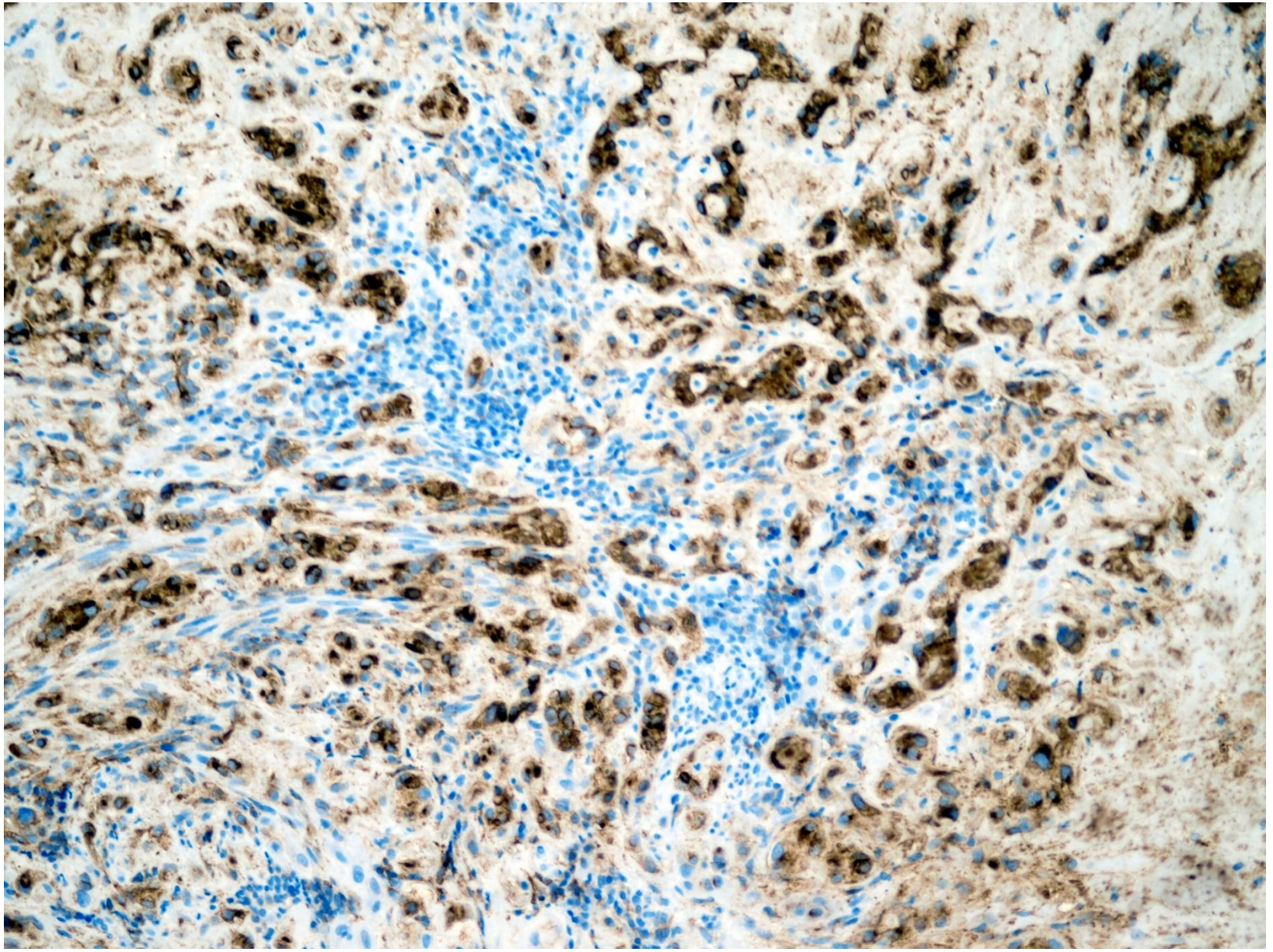
Dodatočne získané klinické údaje:

- Sledovaná na neurológii pre migrény
- 3 x pôrod, 1 x spont, 2 x SC, jedno dieťa zomrelo vo 3 r. na metabolocké ochorenie
- Ab:0, UPT:0
- Posledný pôrod cca pred 1.5 rokom
- Dlhodobé krvácanie z pošvy rôznej intenzity, špinenie a bolesť v podbrušku, trvajúce cca 16 mesiacov

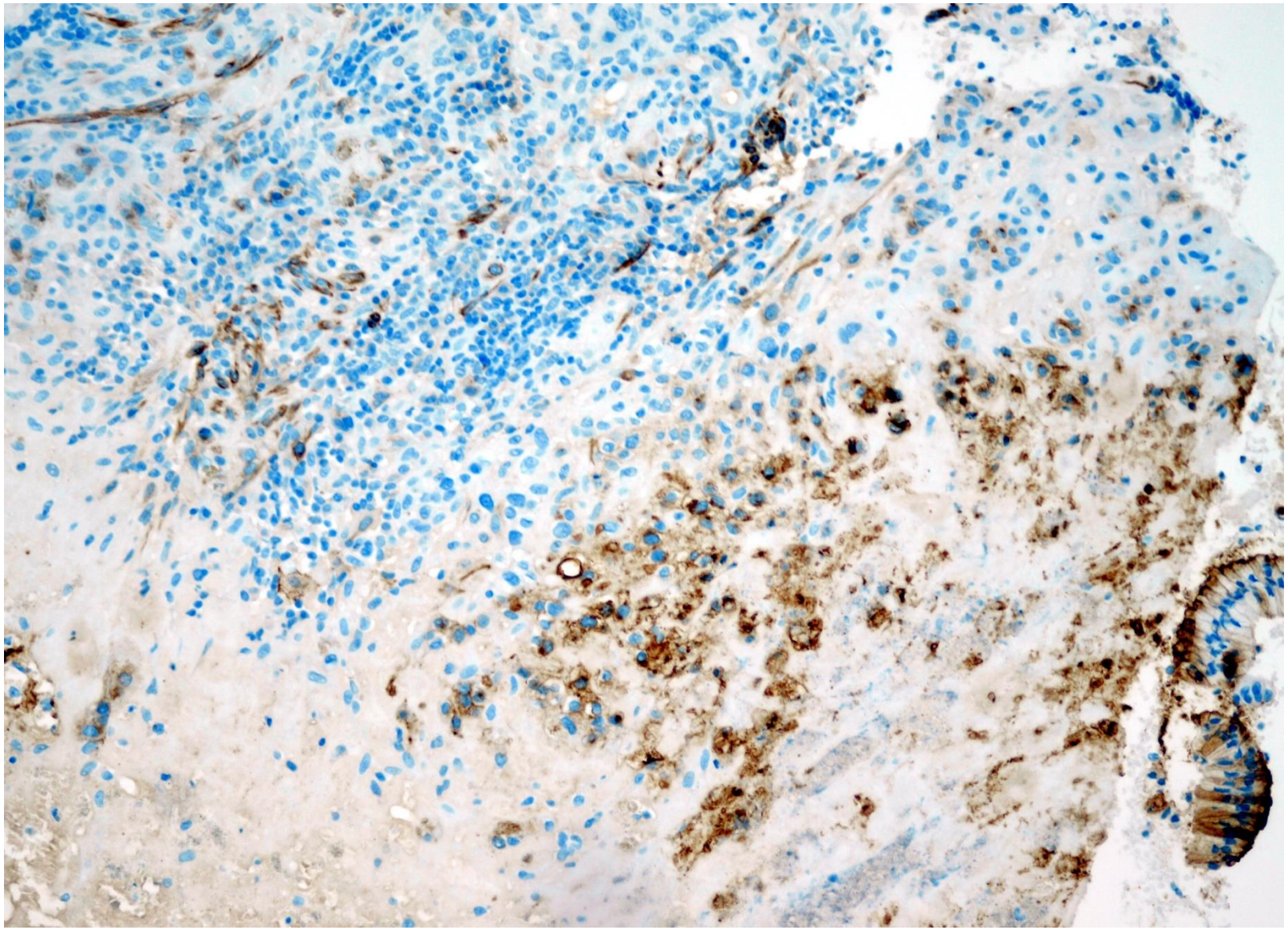
AE1/3



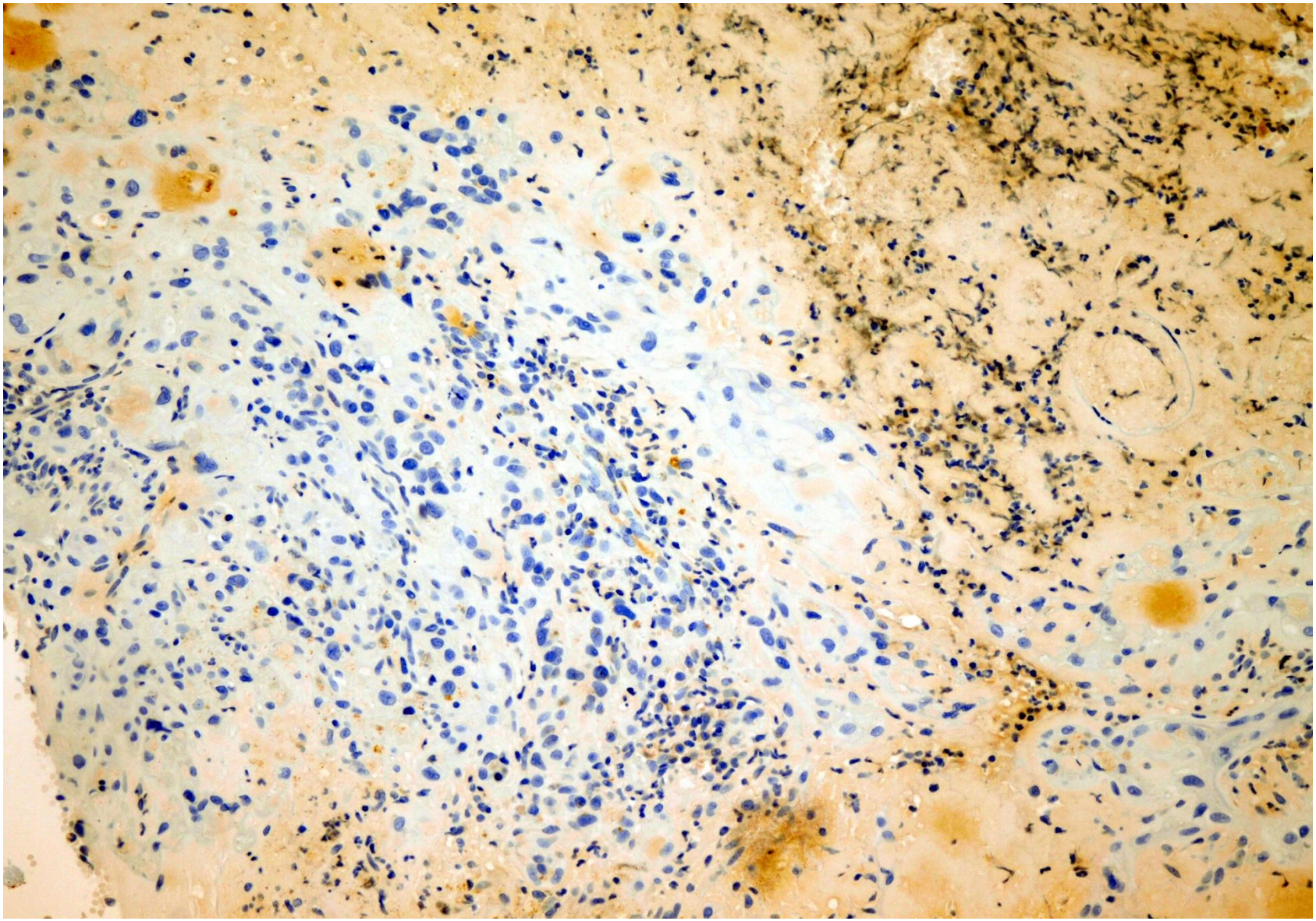
CD10



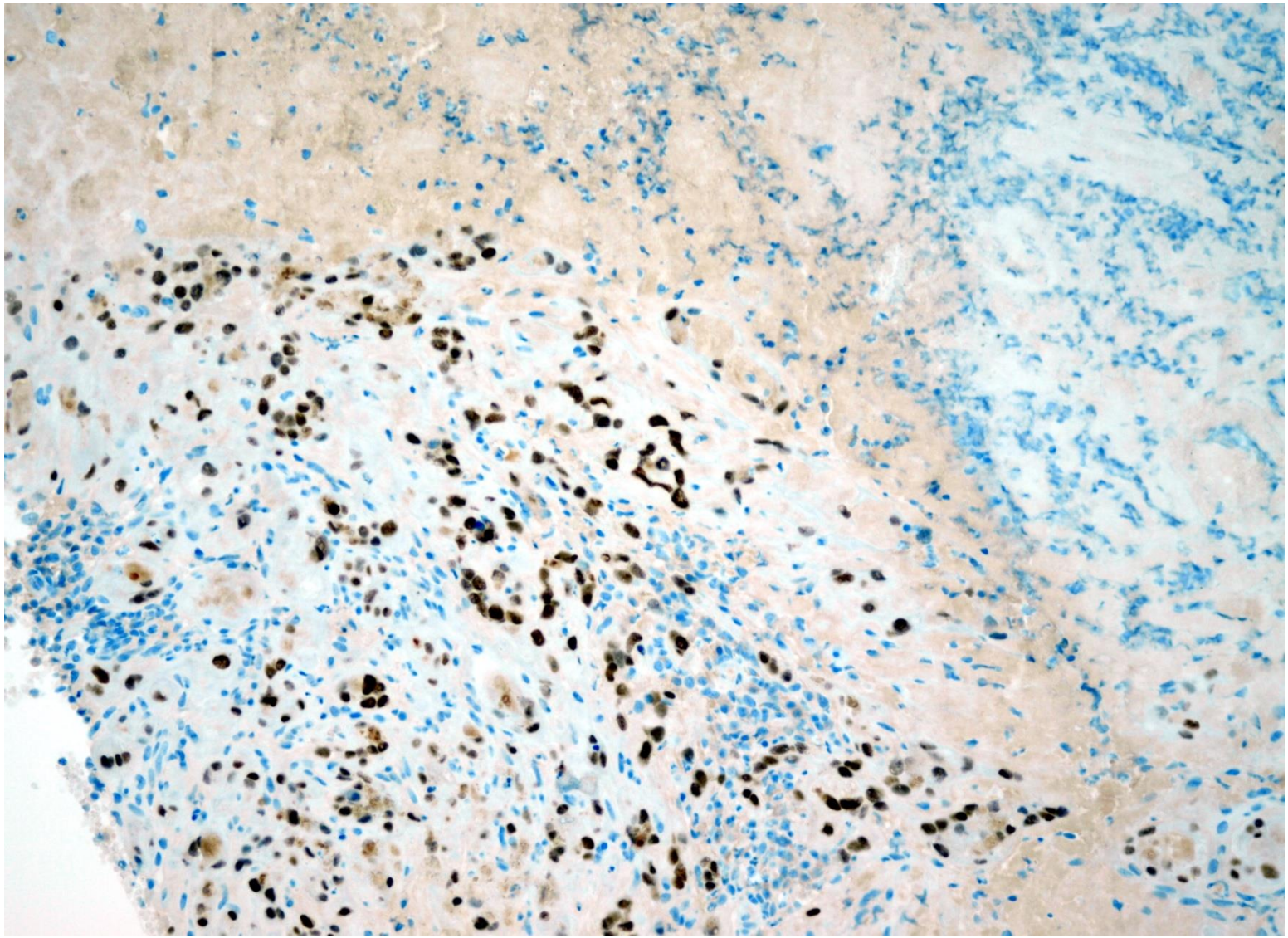
PLAP



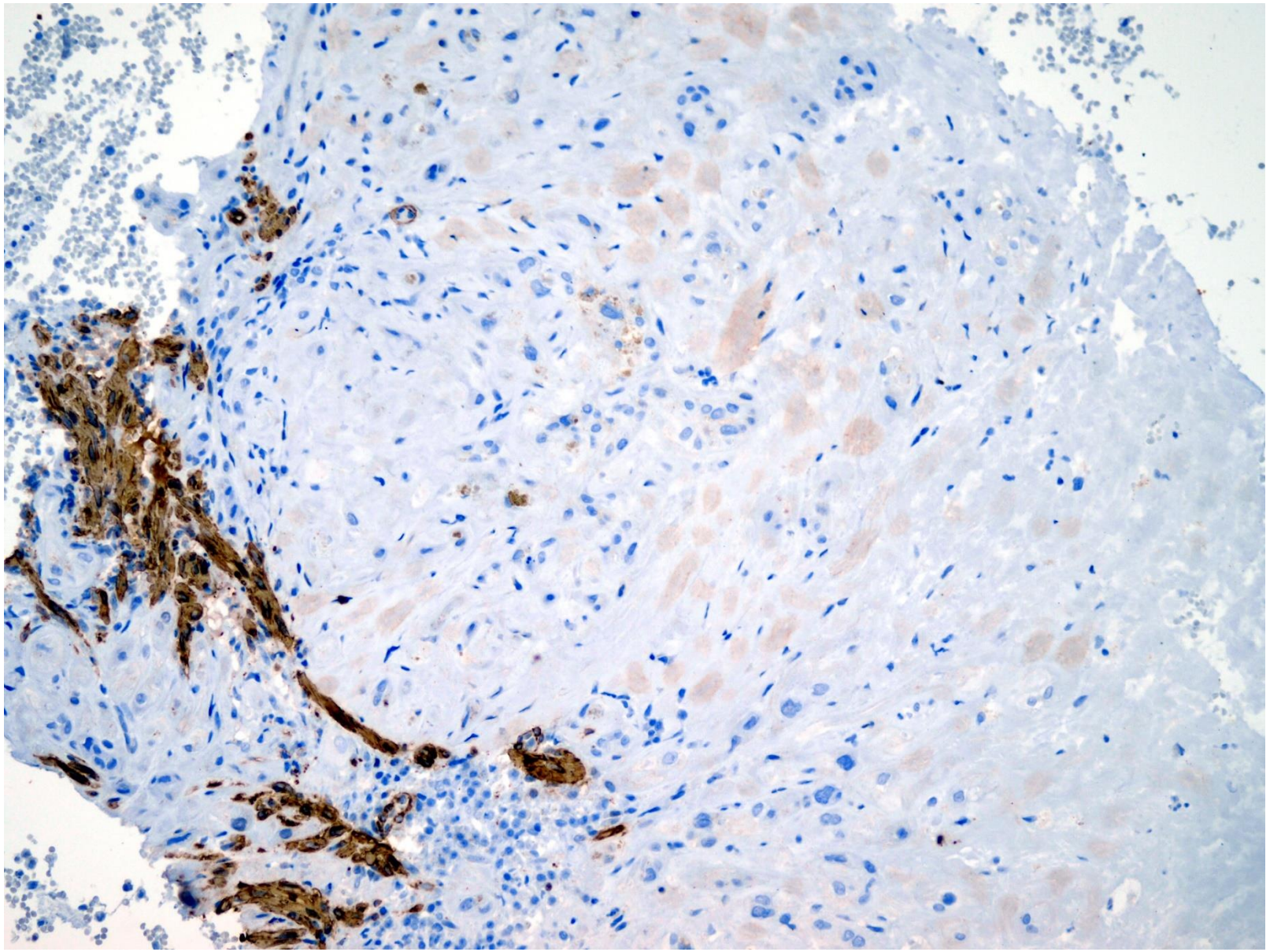
HCG



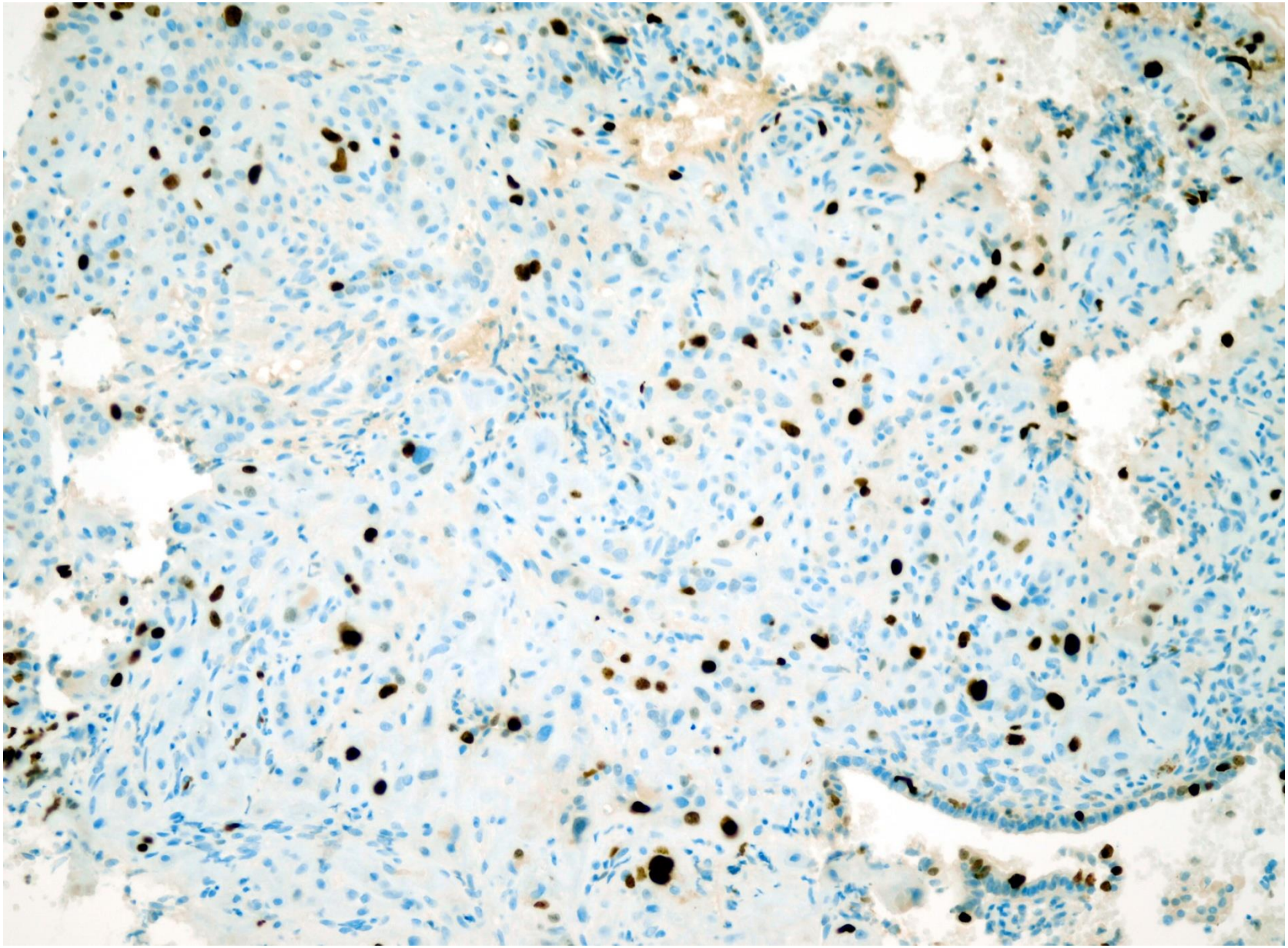
p63



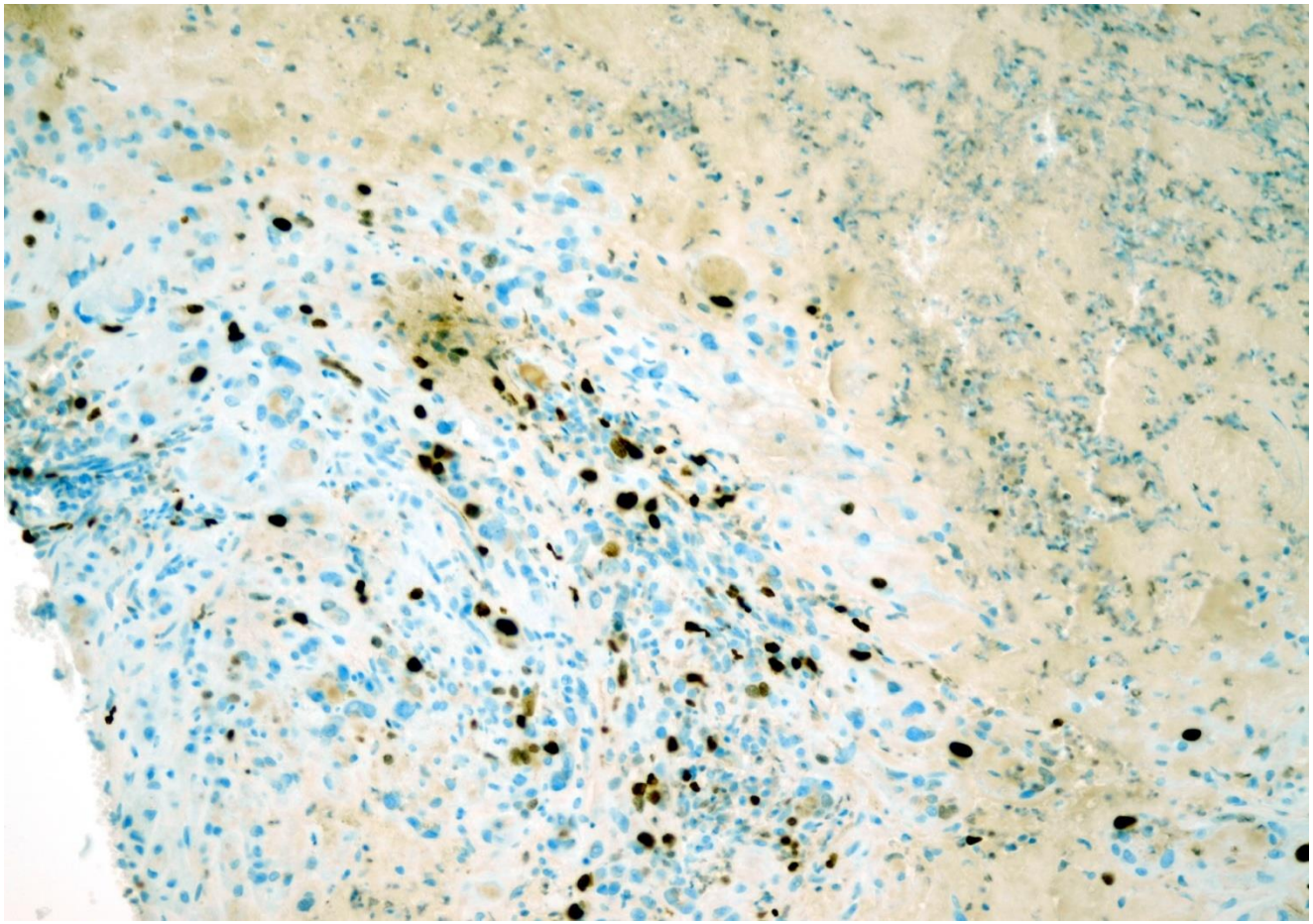
H-caldesmon



Ki-67



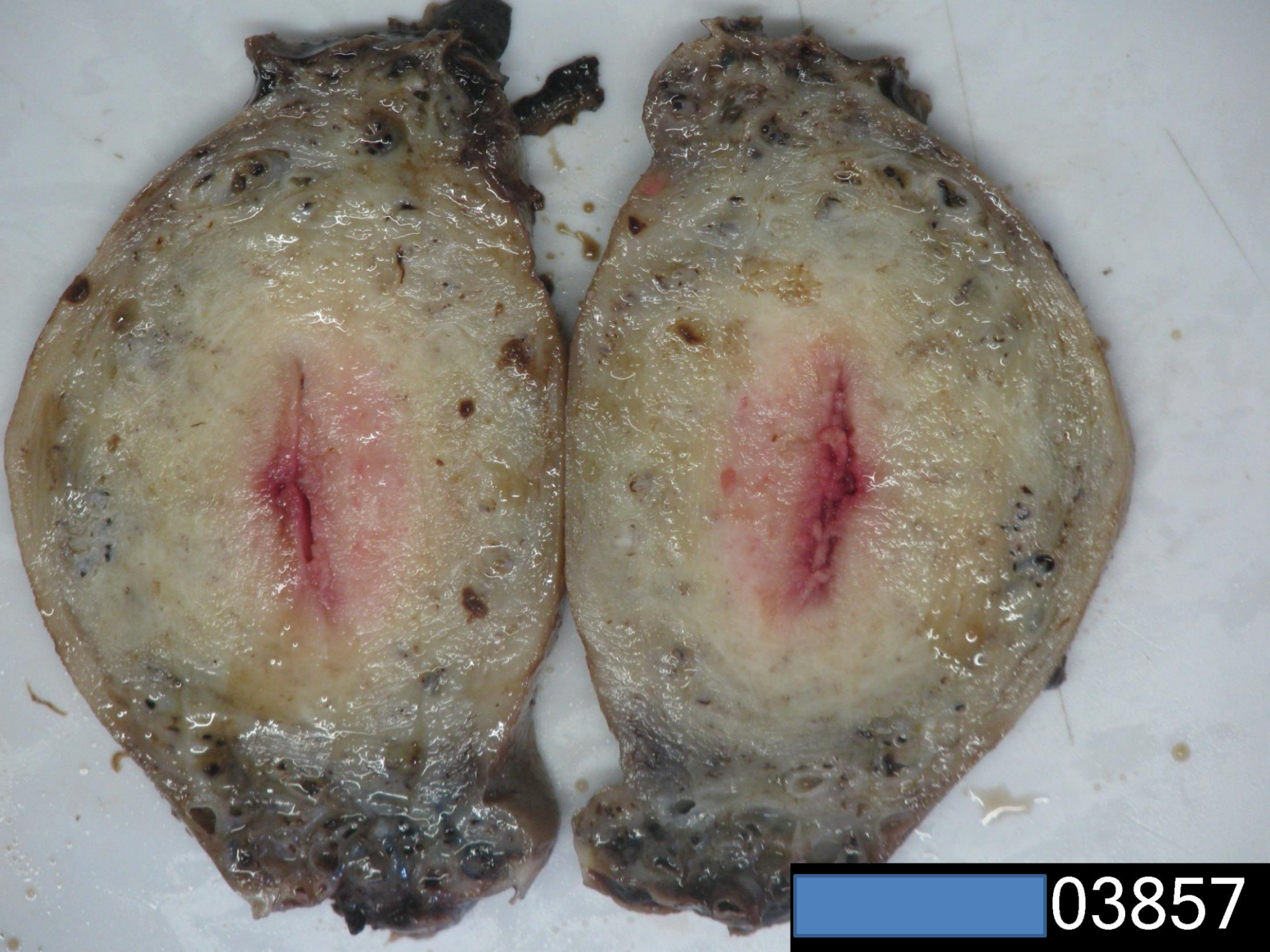
Ki-67



Inhibin+
E-cadherin+
HPL-
Aktin-
Vimentin-

???

- Epiteloidný trofoblastický tumor ???
- Placental side trofoblastický tumor ???
- Placental side nodule ???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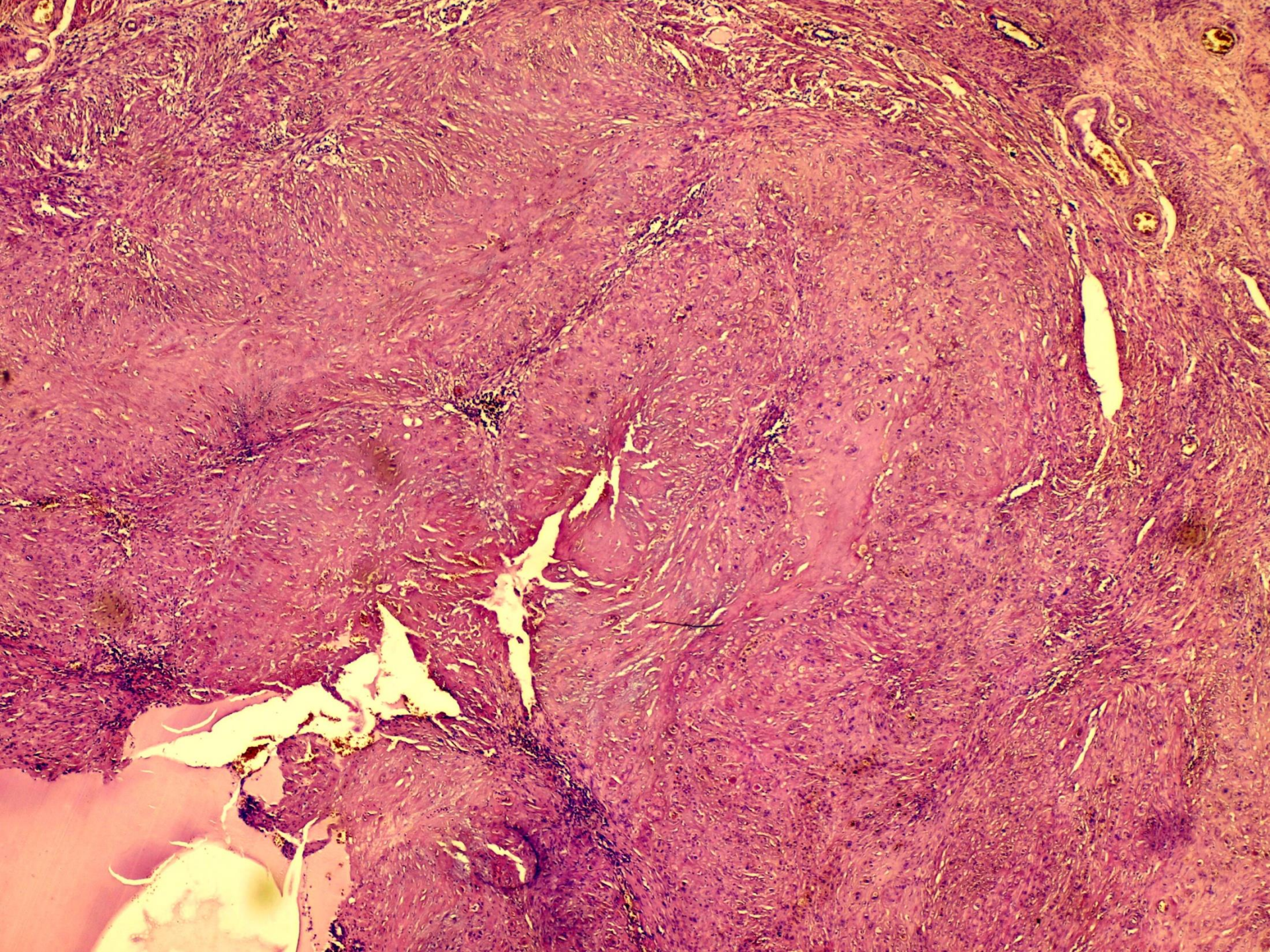

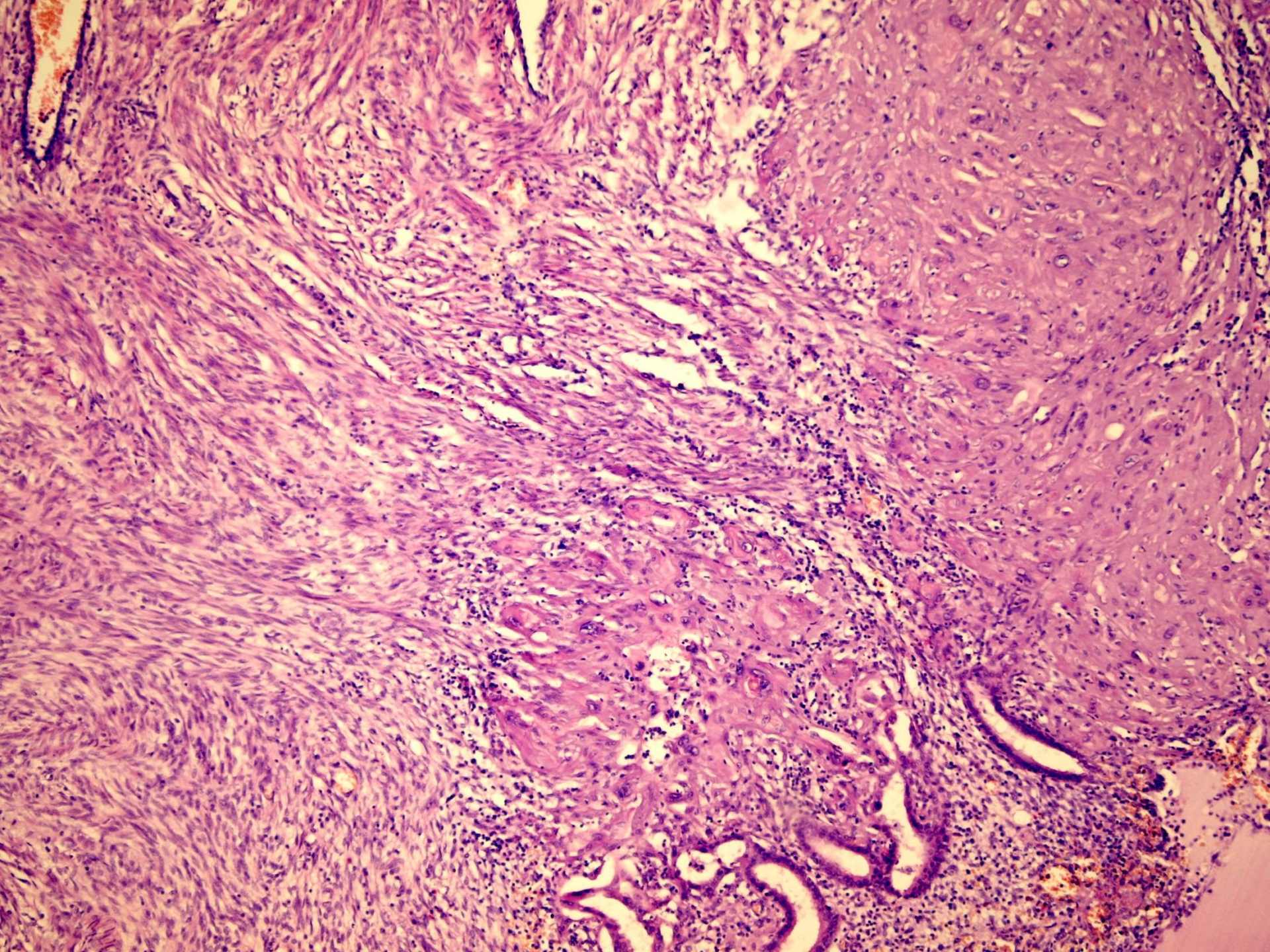

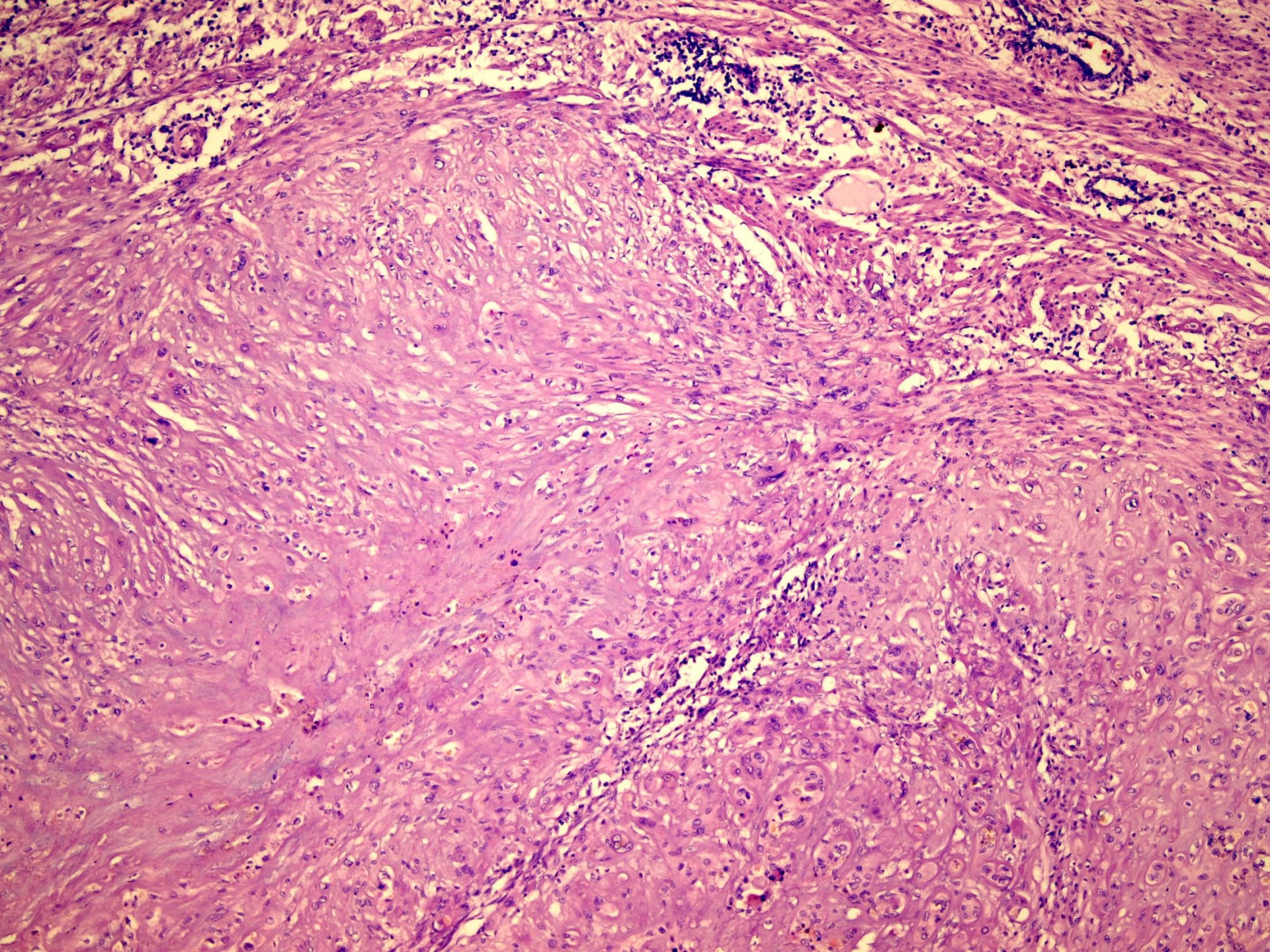

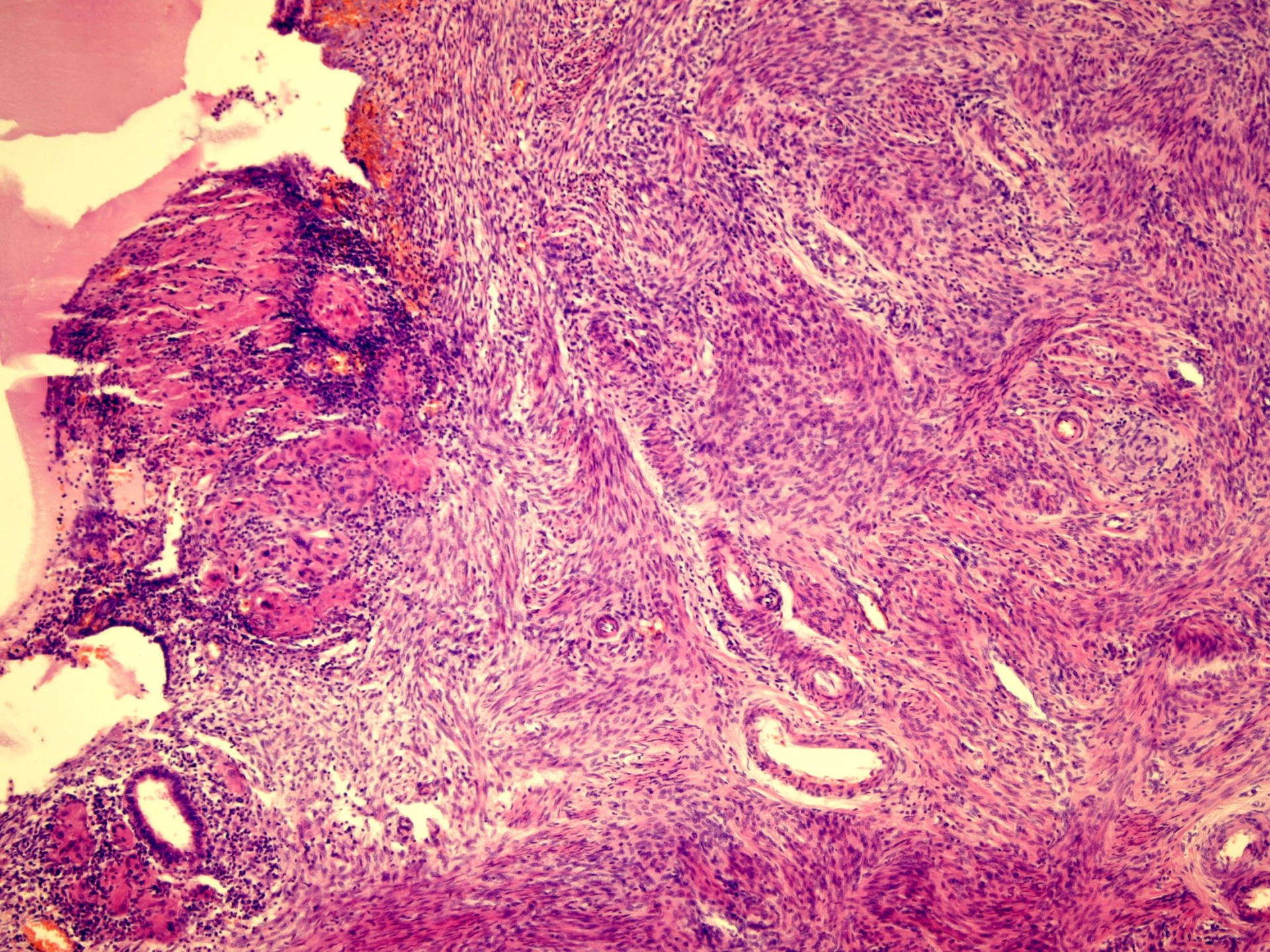

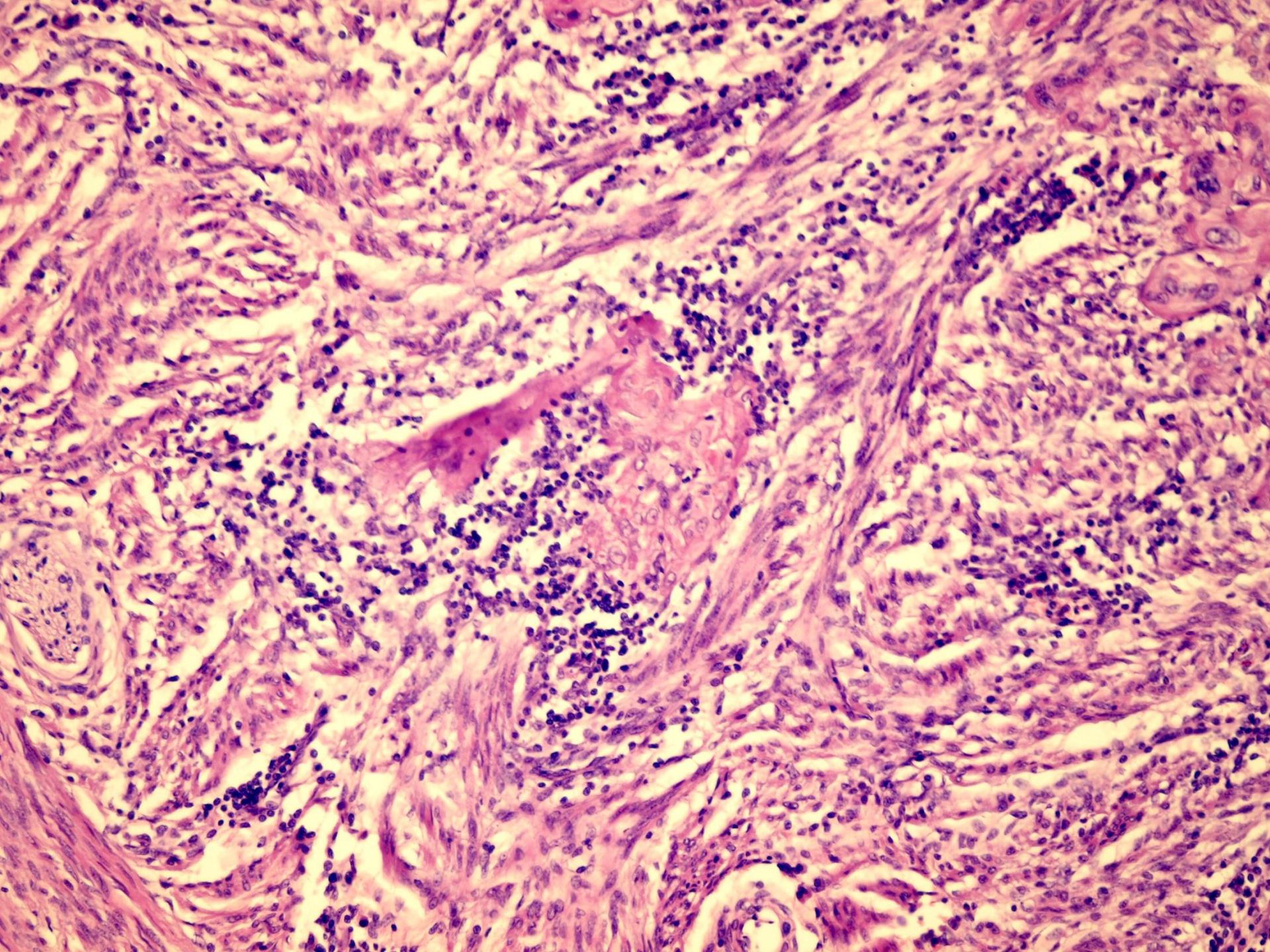

Dg.:

Atypický „placental side nodulus“

Gestational Trophoblastic Disease (GTD)

- Placental site nodule (PSN)
- Exaggerated placental site reaction (EPSR)
- **Atypical placental site nodule (APSN).**
- Placental site trophoblastic tumor (PSTT)
- Epithelioid trophoblastic tumor (ETT)

Placental site nodule (PSN)

- Malý, ohraničený endometriálny uzol (4 mm)
- Intermediárny trofoblast chorionového typu
- Zvyčajne náhodný nález, zriedkavo symptomaticky (abnormálne krvácanie, opakované potraty, abnormálny cervikálny ster, infertilita)

Atypical placental site nodule (APSN).

- > 4 mm
- Zvýšená celularita, kohezívnejšie hniezda a pruhy
- Mierna cytonukleárna atypia
- Vyšší index Ki-67
- Klinický význam neistý
- Veľmi zriedkavý (0,5%)

APSN

- 10-15% asociácia s malígnou GTD
- Nefiguruje v súčasnej WHO klasifiácii
- Intermediárne histologické črty (PSN-ETT)
- Exaktný cut-off nebol stanovený
- PSN a ETT – intermediárny trofoblast typu chorion leave
- PSTT a EPSR – intermediárny trofoblast typu implantation site

International Journal of Gynecological Pathology
34:152–158, Lippincott Williams & Wilkins, Baltimore
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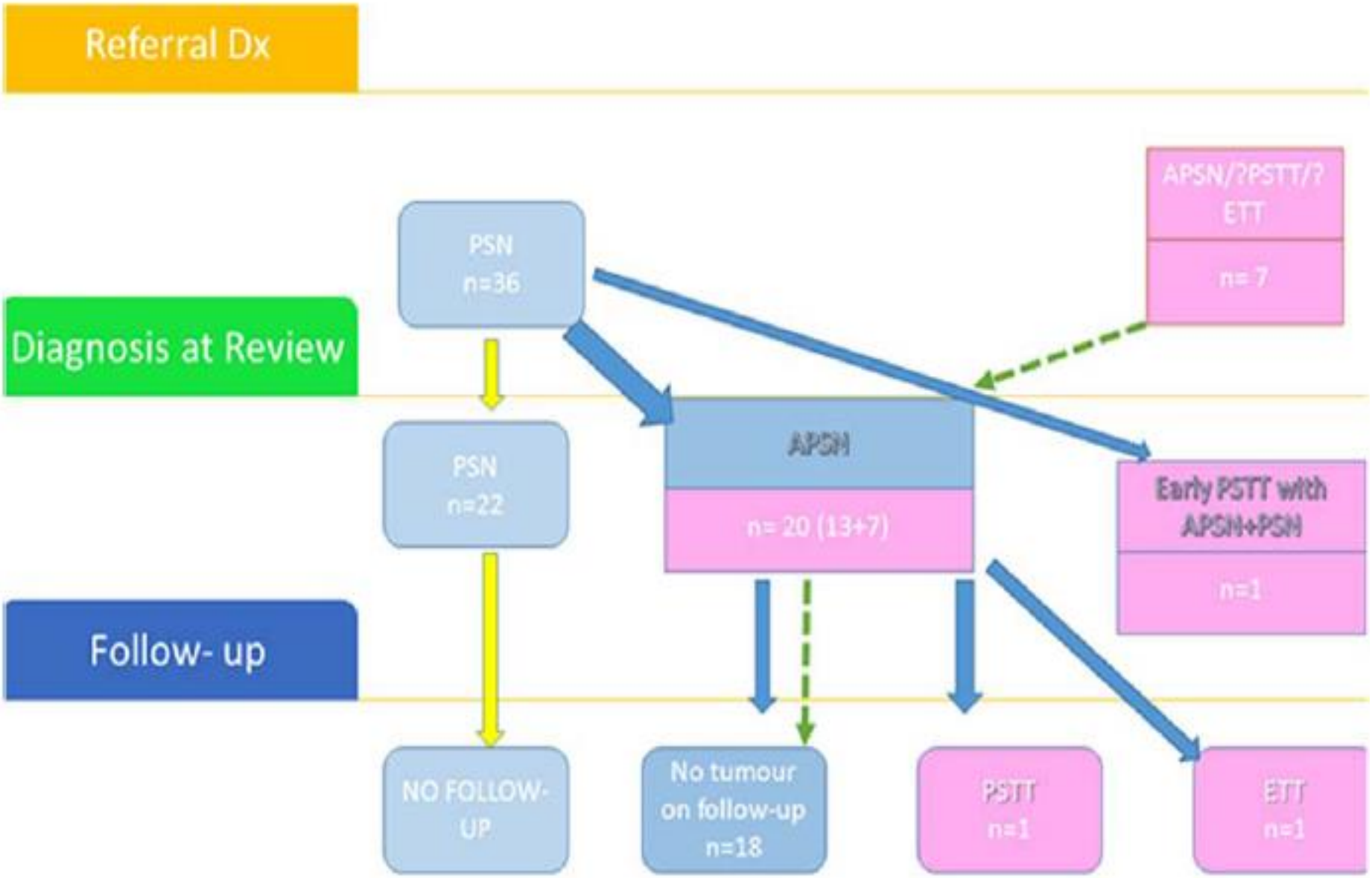
Original Article

Atypical Placental Site Nodule (APSN) and Association With Malignant Gestational Trophoblastic Disease; A Clinicopathologic Study of 21 Cases

Baljeet Kaur, F.R.C.Path., Dee Short, Rosemary A. Fisher, Ph.D., F.R.C.Path., Philip M. Savage, Ph.D., F.R.C.P., Michael J. Seckl, Ph.D., F.R.C.P., and Neil J. Sebire, F.R.C.Path.

APSN AND ASSOCIATION WITH MALIGNANT GTD



Human Pathology (2015) 46, 1036–1039

Human PATHOLOGY

www.elsevier.com/locate/humpath

Case study

Atypical postcesarean epithelioid trophoblastic lesion with cyst formation: a case report and literature review

Feng Zhou MD[a], Kaiqing Lin MD[b], Haiyan Shi MM[a], Jiale Qin MD[c], Bingjian Lu MD[a], Lili Huang MD[b,*]

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[b]*Department of Obstetrics and Gynecology, Women's Hospital, School of Medicine, Zhejiang University, Hangzhou, Zhejiang 310006, China*
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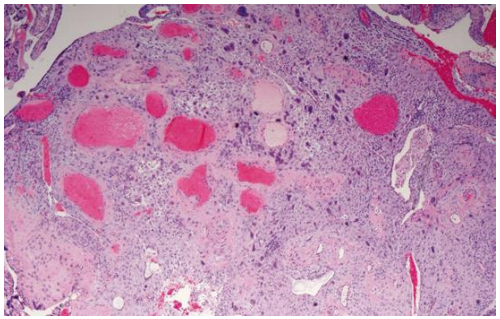
Diferenciálna dg.

- PSN
- EPSR
- ETT
- PSTT
- Choriokarcinóm
- Hyalinizujúci skvamocelulárny karcinóm
- Hladkosvalové tumory

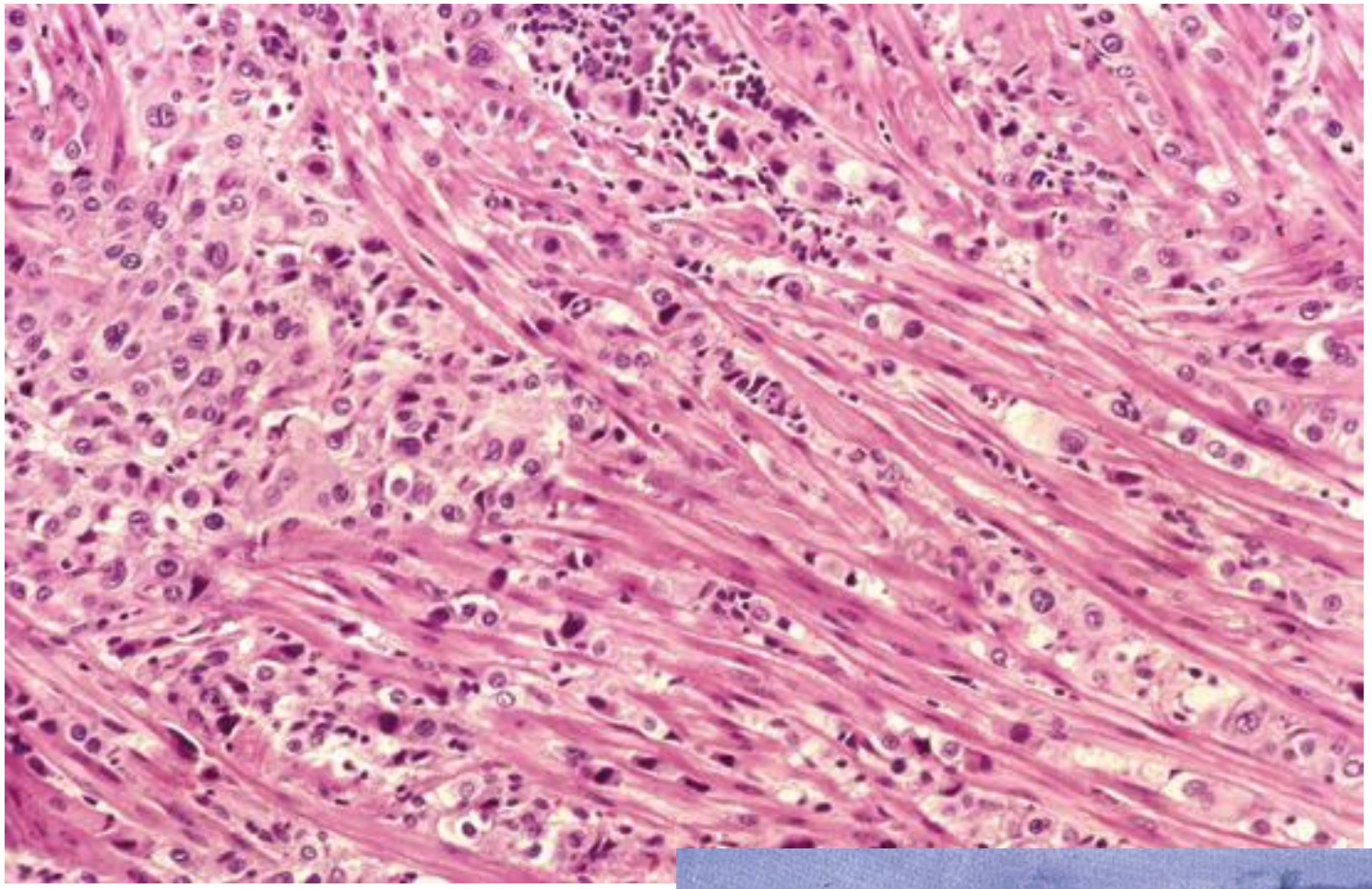
EPSR

- Nadmerný počet „implantation site“ IT buniek extenzívne infiltrujúcich endometrium a priliehajúce myometrium
- Ki-67 : 0
- Vyskytuje sa fyziologicky v placentárnom lôžku
- Normále tehotenstvo, abort, MH

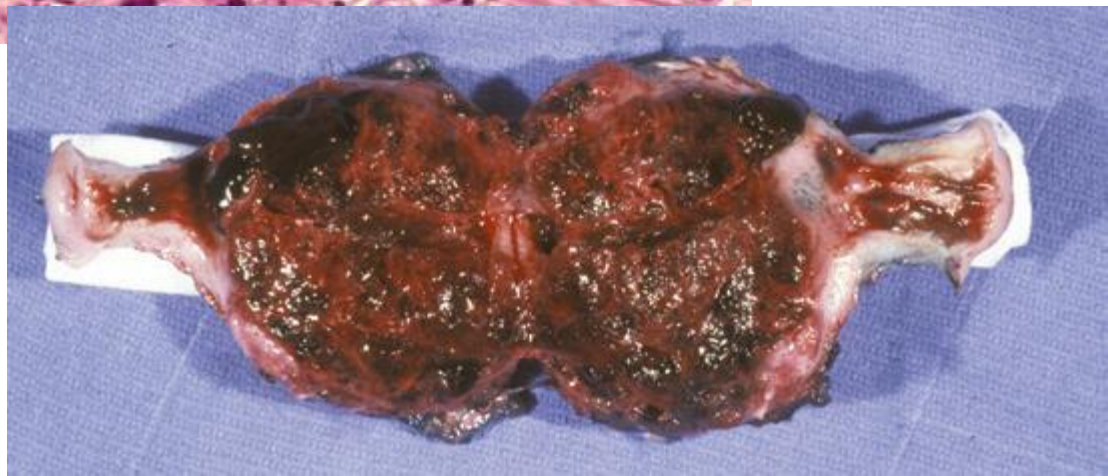


PSTT

- Invaduje hlboko do myometria
- Mikroskopicky podobný trofoblastickej infiltrácie endometria a myometria v priebehu včasnej gravidity
- Formuje konfluentné masy a plachty buniek s výrazne atypickými jadrami
- <5 mitóz/10 HPF
- Kurabilný resekciou tu alebo HE
- Aj po rokoch možné recidívy a mts



PSTT

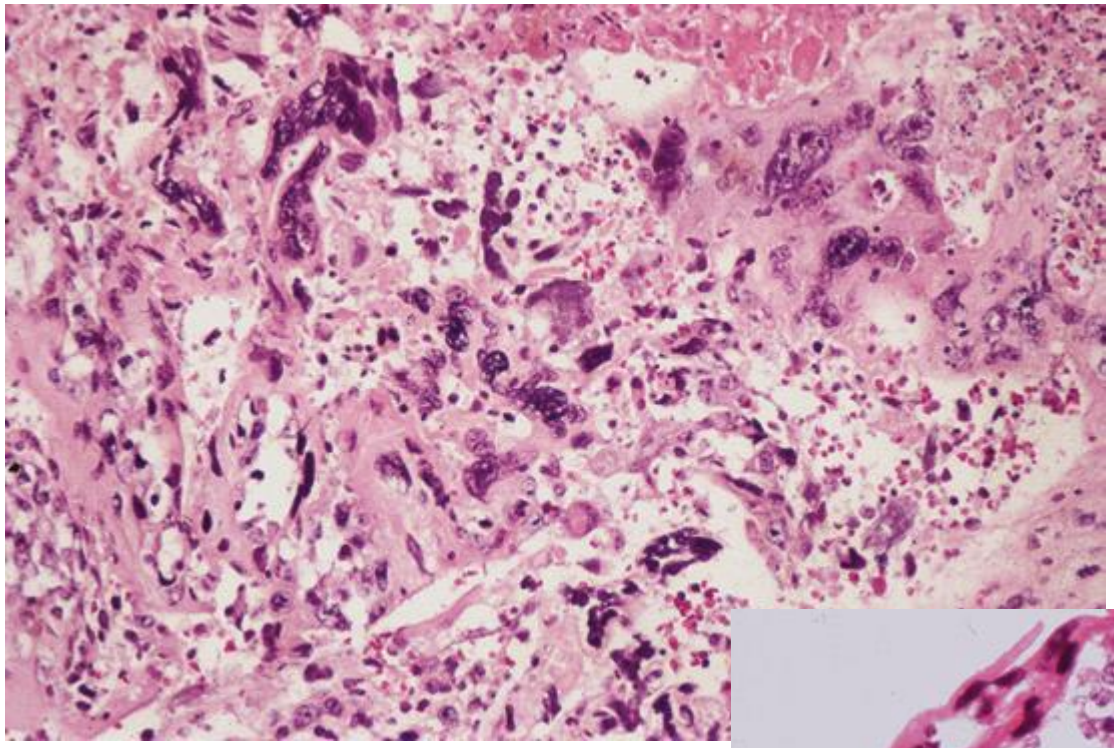


ETT

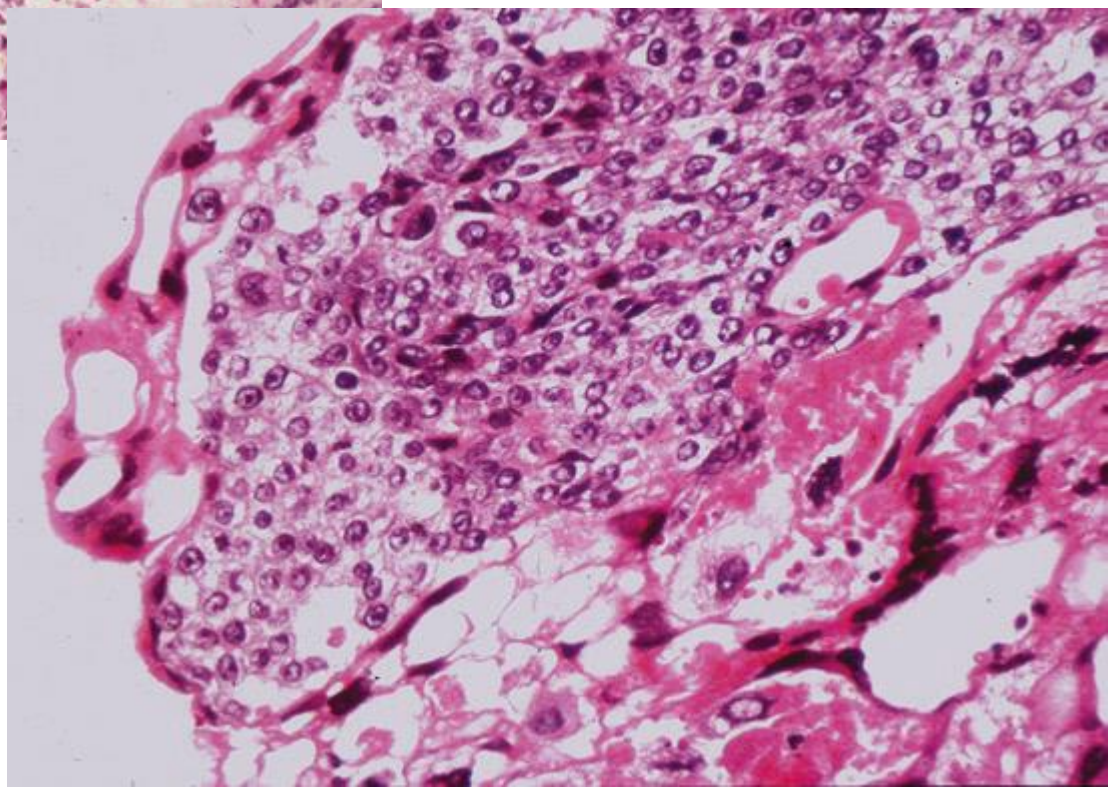
- Morfologicky podobný karcinómu
- Z IT buniek chorionového typu
- Noduly, plachty masy, infiltrujúce ostrovčeky
- Nádorové ostrovčeky sprevádzané eosinofilným fibrinoidným materiálom, pripomína SCC

Choriocarcinoma

- Neoplastická transformácia CT
- Asociovaná s akoukoľvek gestačnou udalosťou (MH)
- Rekapituluje diferenciáciu CT vo včasnej gr.
- Mixtúra CT, IT a ST
- Charakteristický dimorfný vzhľad
- Vysoké HCG
- V niektorých prípadoch atenuovaný ST komponent !



CHCA



CHCA

Markery asociované s trofoblastom

- **HSD3B1** (hydroxyl-delta-5-steroid dehydrogenáza) – špecifický a senzitívny marker exprimovaný vo všetkých typoch t.t.
- **p63** – marker IT chorionového typu (PSN, APSN, ETT)
- **hPL** – marker IT implantation site (PSTT, EPSR)
- **HCG** (beta-HCG) – marker syntytiotrofoblastu (CHCA)

Markery asociované s trofoblastom

- **Ki-67**

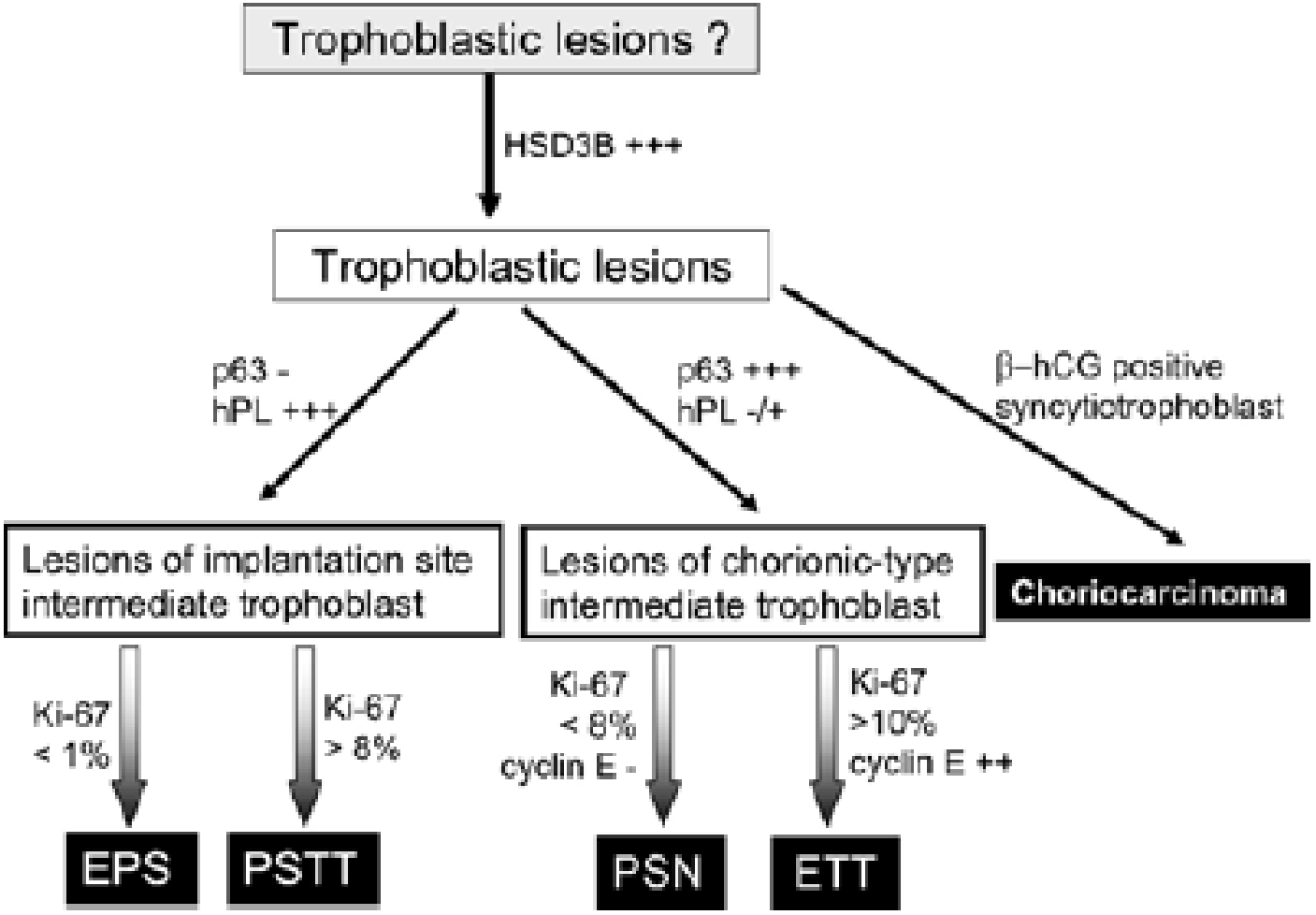
- CT vo včasnej placente 25-50%
- STB a IT implantation site sú Ki67-
- Chorionový typ IT buniek – 3-5%
- CHCA > 50%
- PSTT, ETT 8-20%
- PSN do 10%

Markery asociované s trofoblastom

- **Cyclin E**

- v trofoblastických stlpcoch kotviacich klkov
- v implantation site IT bunkách
- PSTT+
- PSN nexprimuje
- APSN- slabá expresia

Trophogram


Trophoblastic lesions ?
HSD3B +++
Trophoblastic lesions
p63 -
hPL +++
p63 +++
hPL -/+
β–hCG positive
syncytiotrophoblast
Lesions of implantation site
intermediate trophoblast
Lesions of chorionic-type
intermediate trophoblast
Choriocarcinoma
Ki-67
< 1%
Ki-67
> 8%
Ki-67
< 8%
cyclin E -
Ki-67
>10%
cyclin E ++
EPS
PSTT
PSN
ETT

Záver

- APSN je lézia s intermediárnymi črtami medzi PSN a ETT („borderline“)
- Prítomnosť APSN je indikáciou pre dôsledné klinické, rádiologické vyšetrenie a sledovanie
- 10-15% APSN má asociáciu s malígnou GTD (PSTT/ETT), patogenetické vzťahy sú nejasné
- Diagnostika z kyretu veľmi problematická

EAST SID