

LETNÝ BIOPTICKÝ SEMINÁR SD IAP
25.-26. 5. 2018, Senec

Prípád SD-IAP č. 676

Jozef Bocko

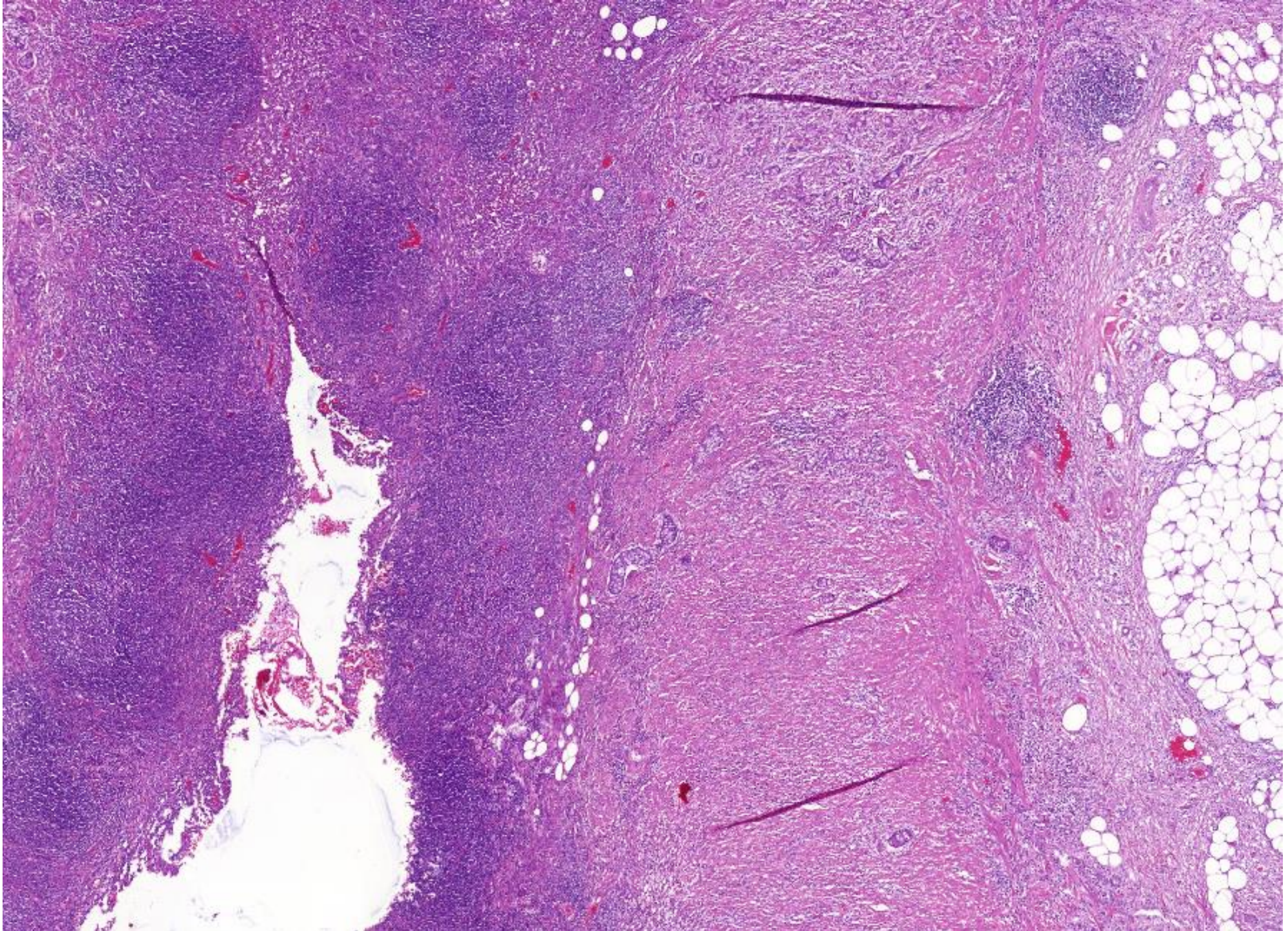


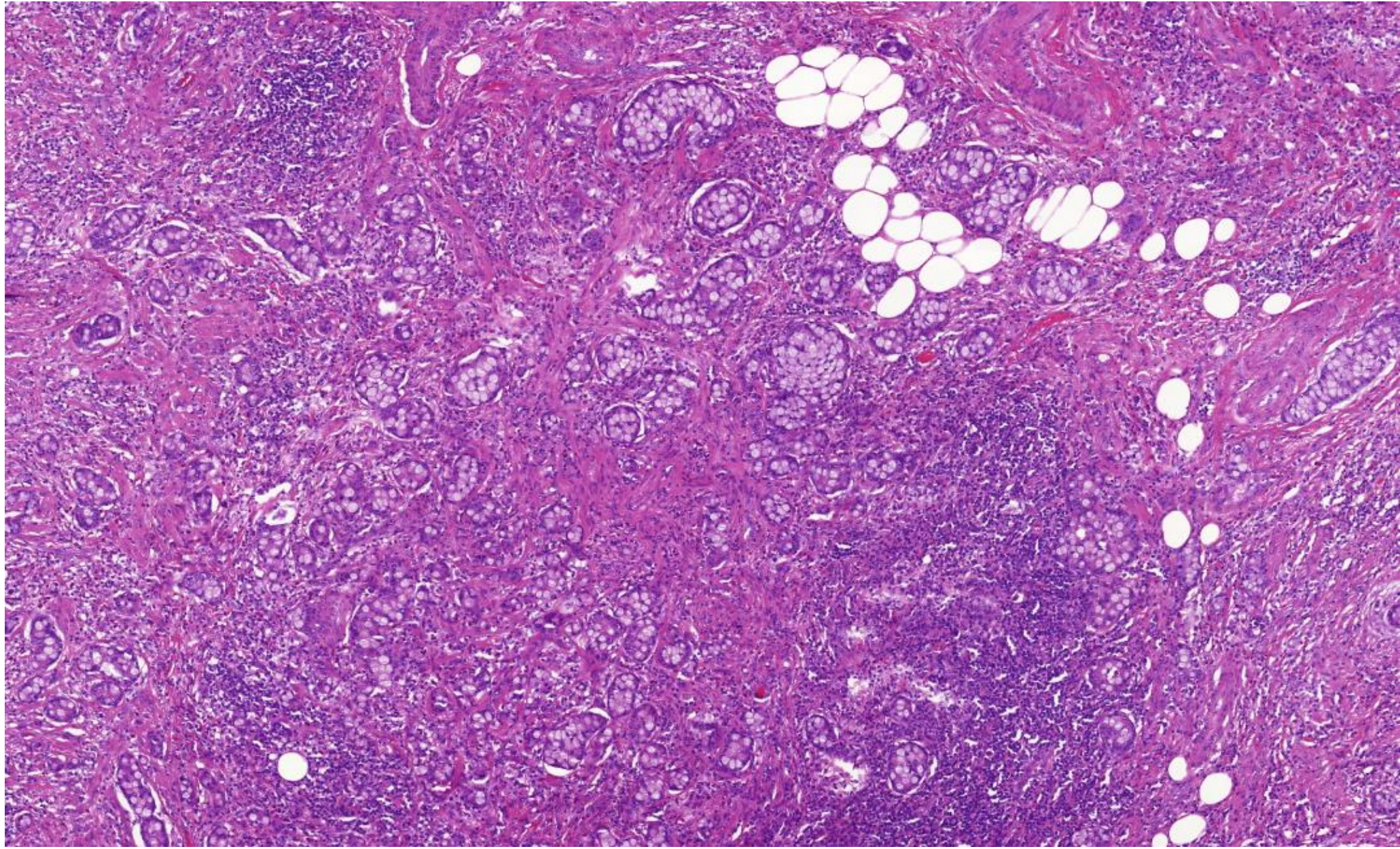
Klinické údaje:

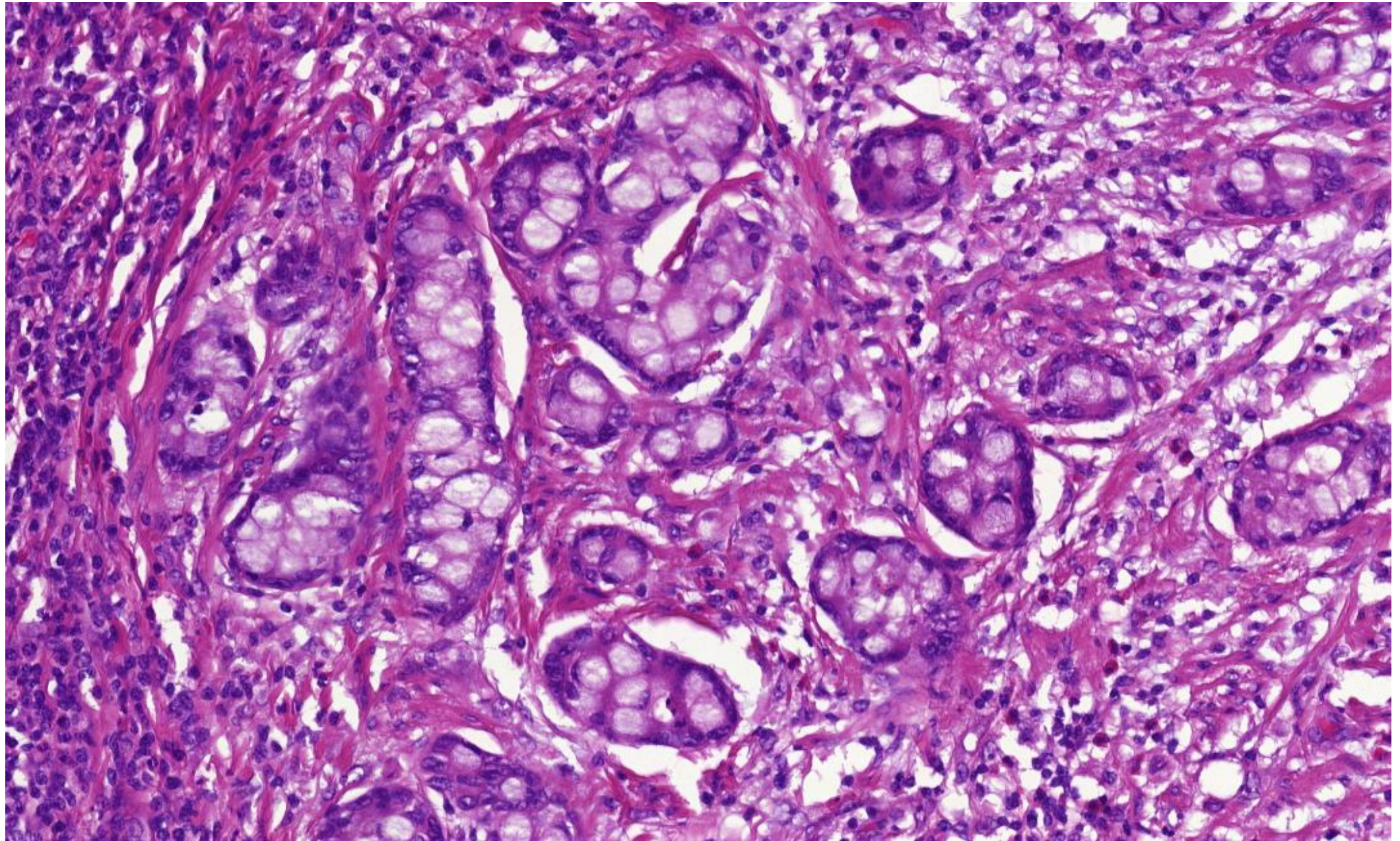
- 74-ročná žena
- apendicitis acuta gangrenosa perforata

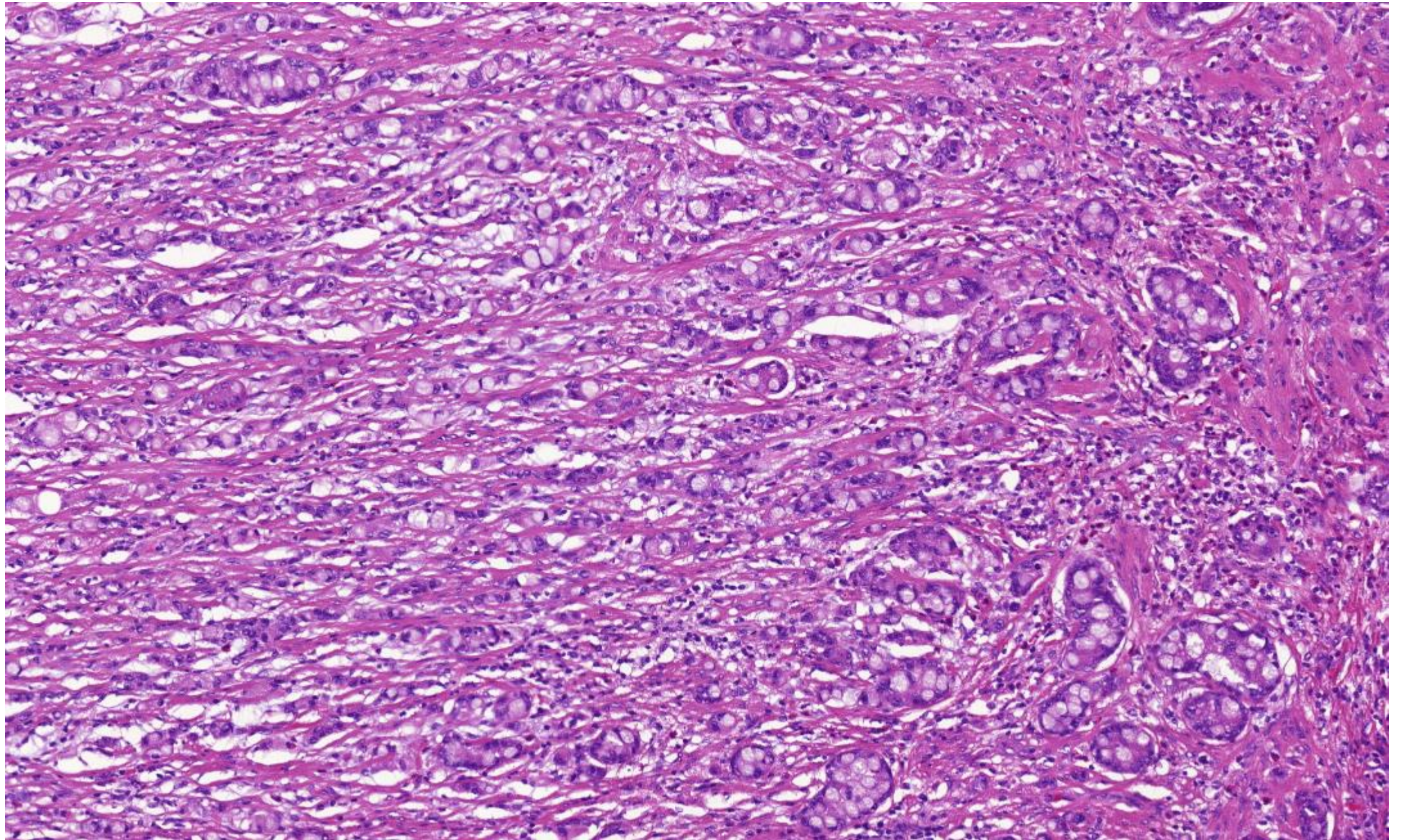
Makropopis:

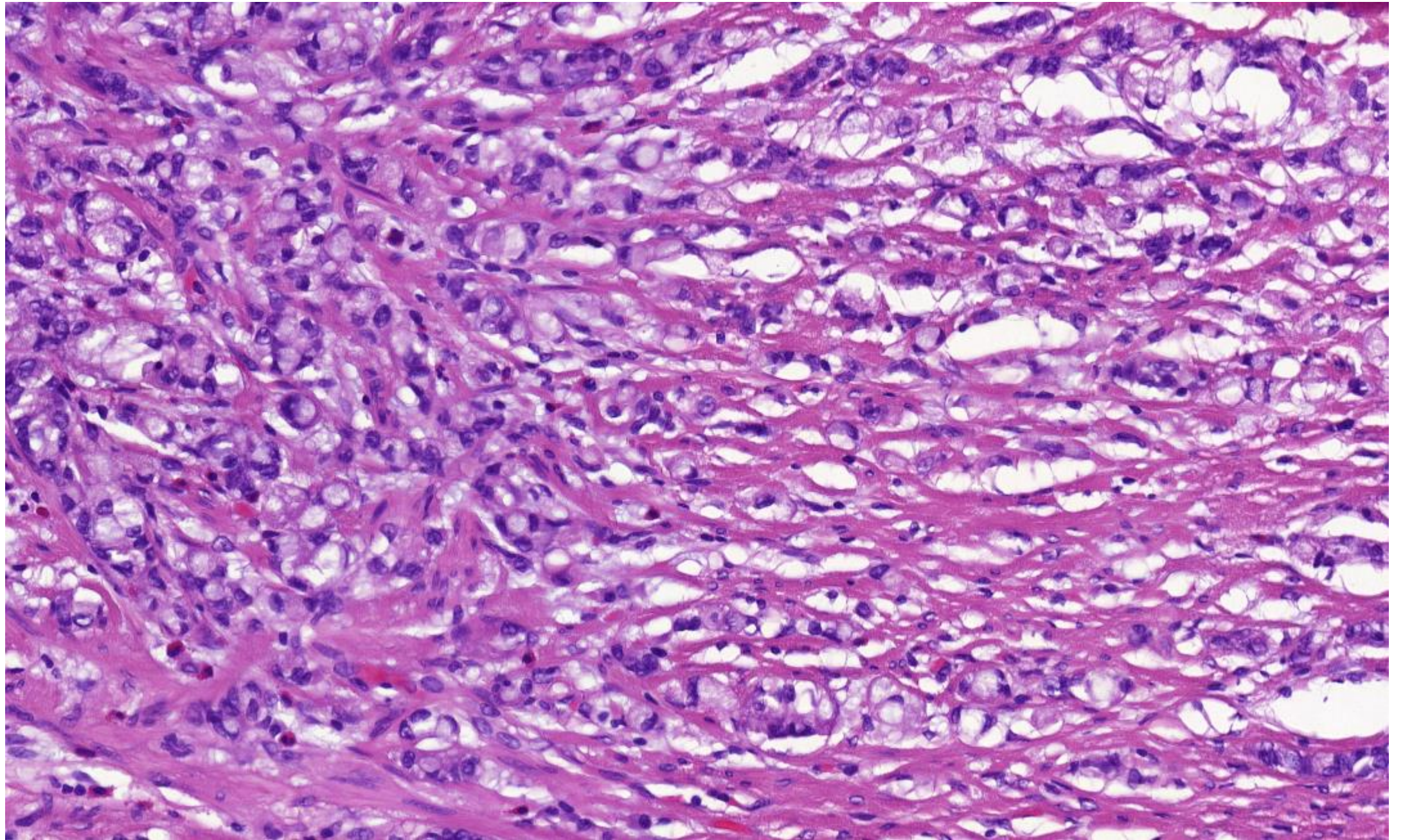
- Apendix s mezoapendikulárnym tukovým tkanivom, celkový rozmer 45 x 35 x 11 mm. Samotný apendix dĺžky 35 mm, priemer 11 mm. V stene apendixu nájdený perforačný otvor veľkosti 15x10 mm. Na peritoneálnom povrchu zápalový exsudát.

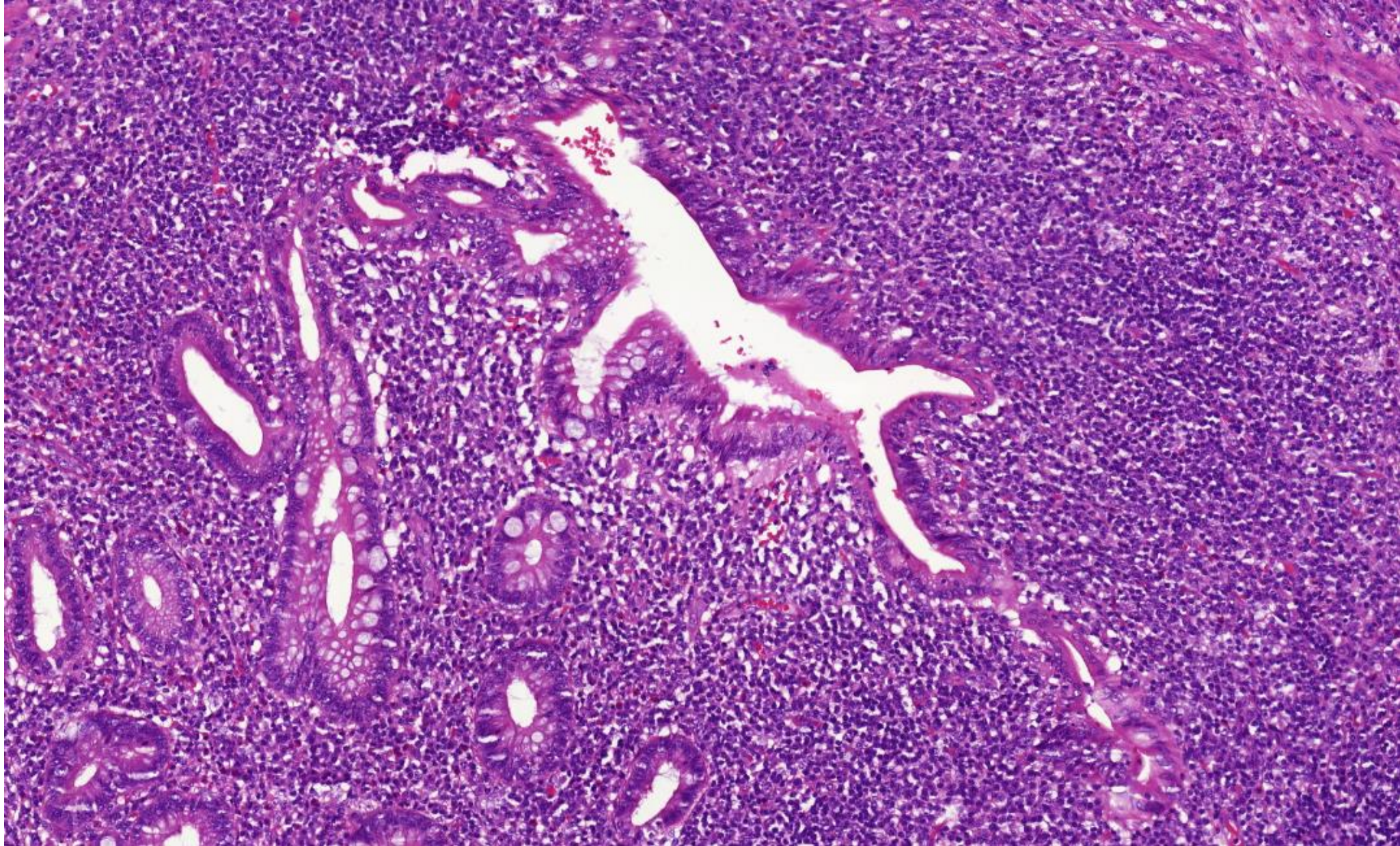




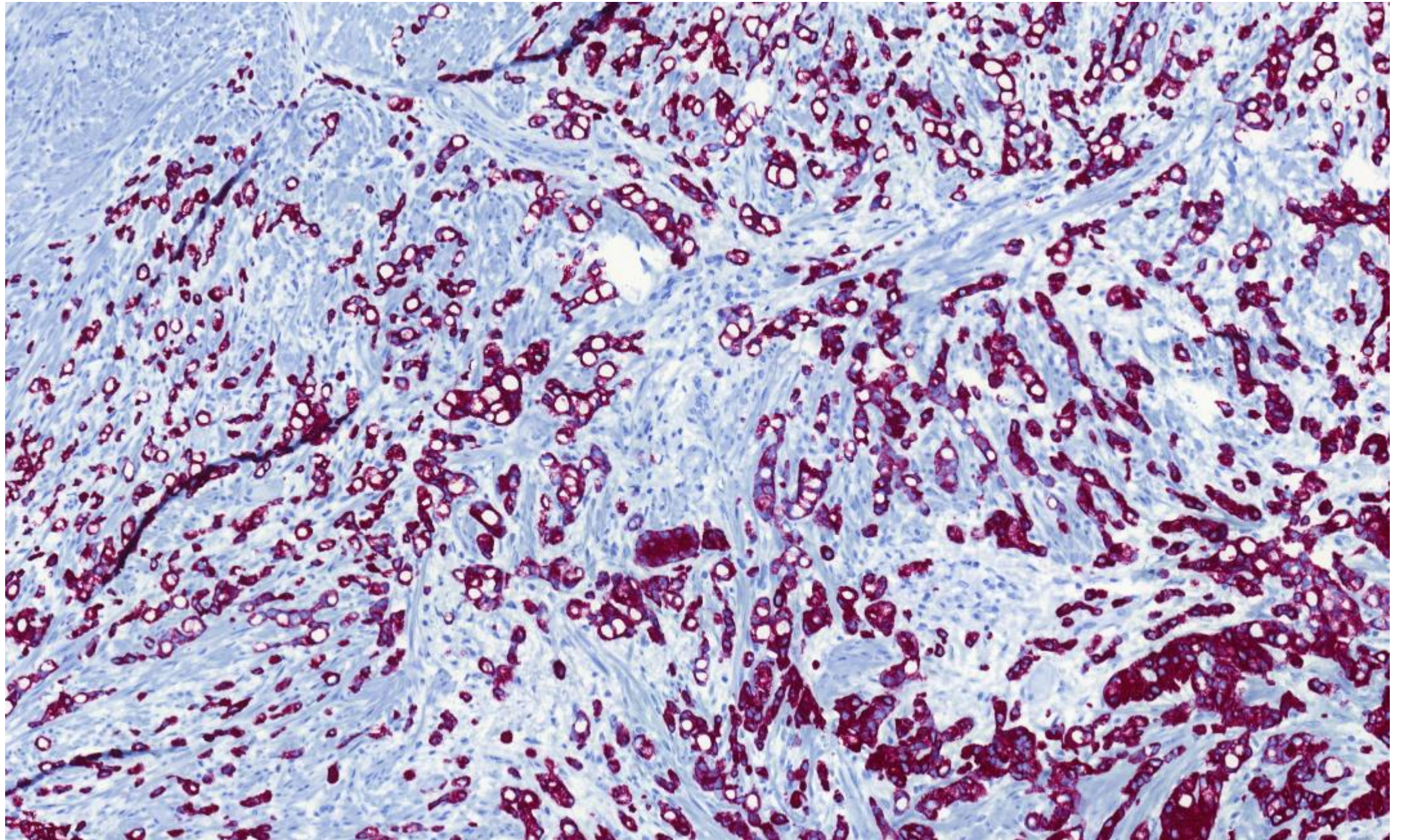




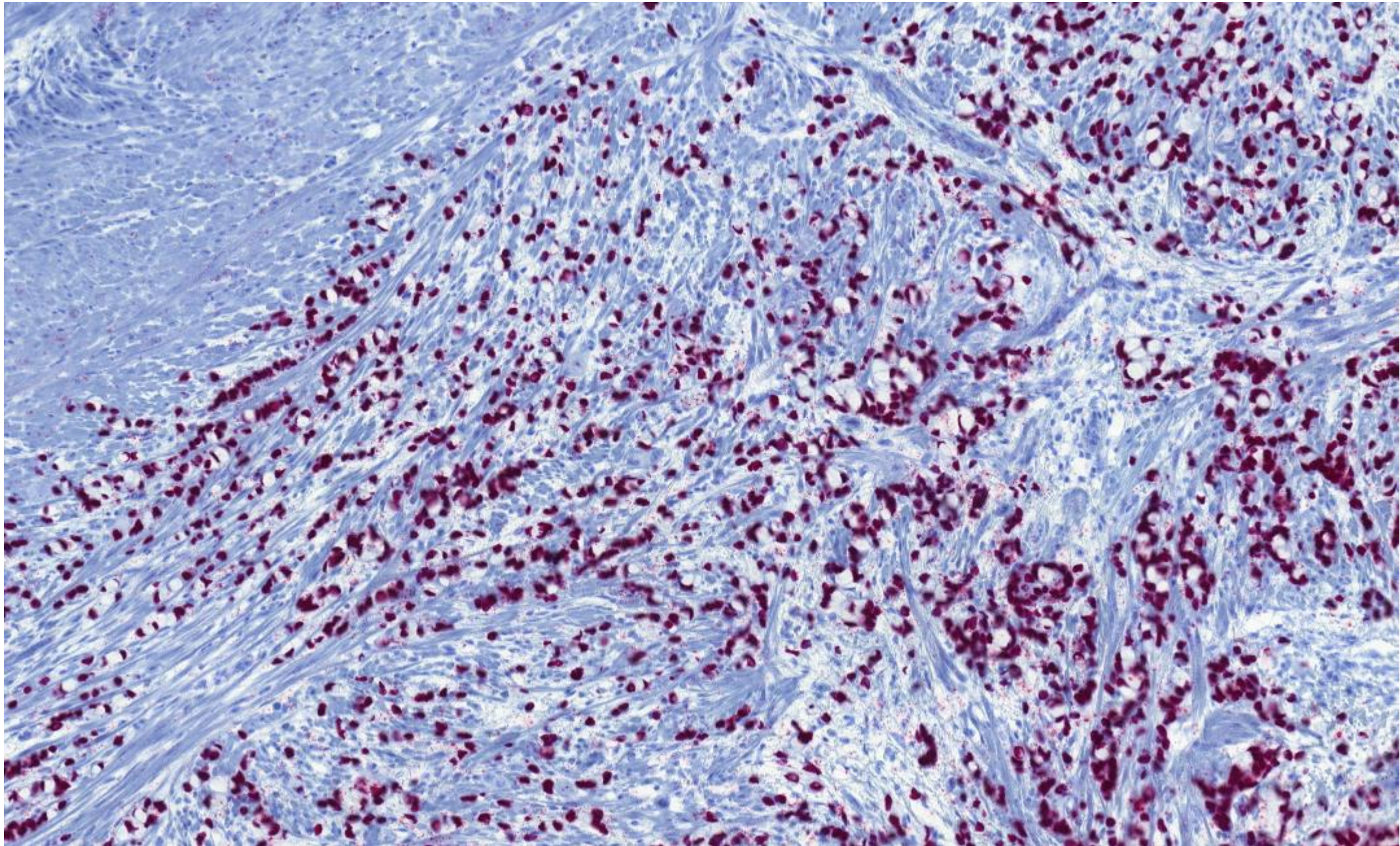




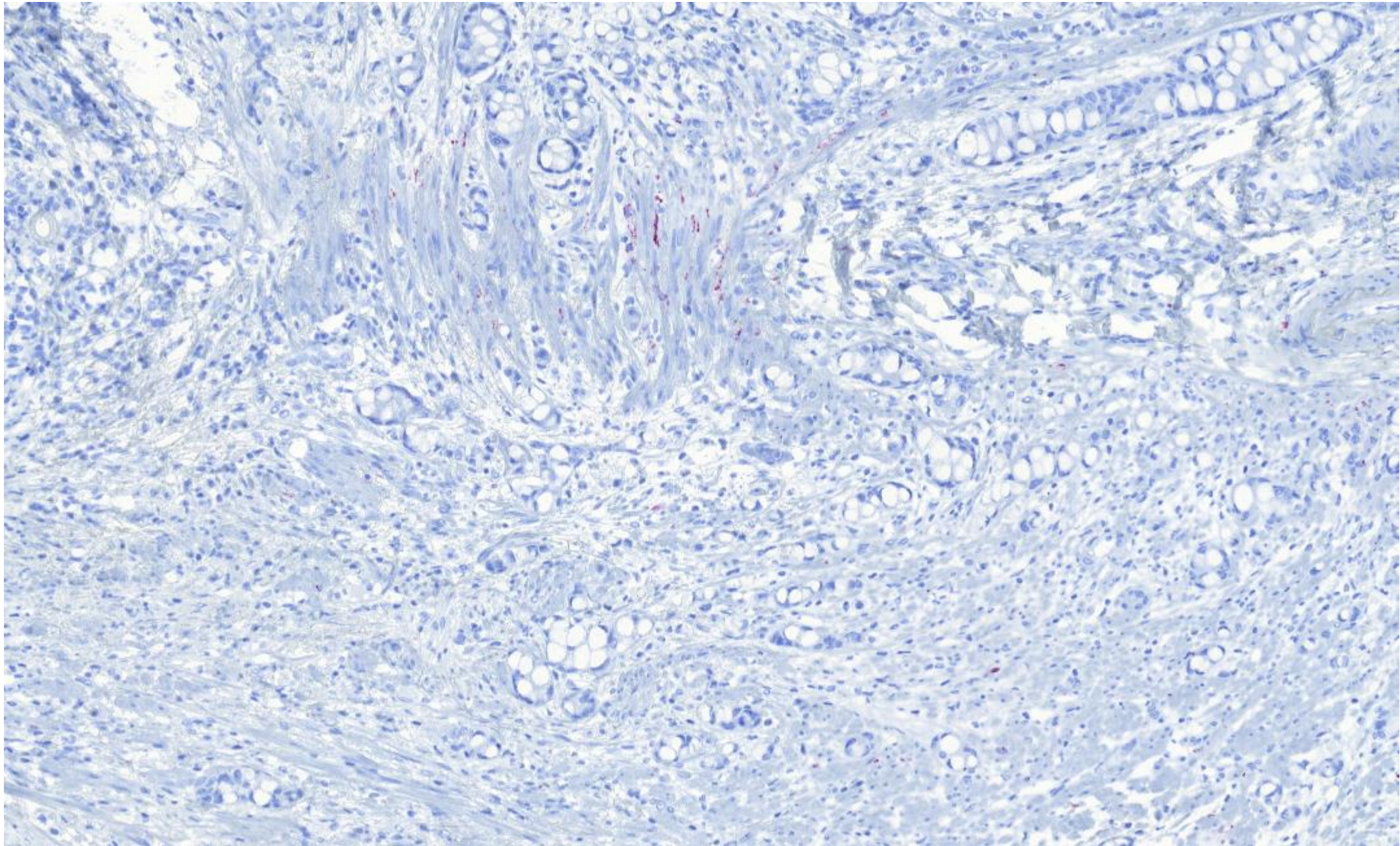




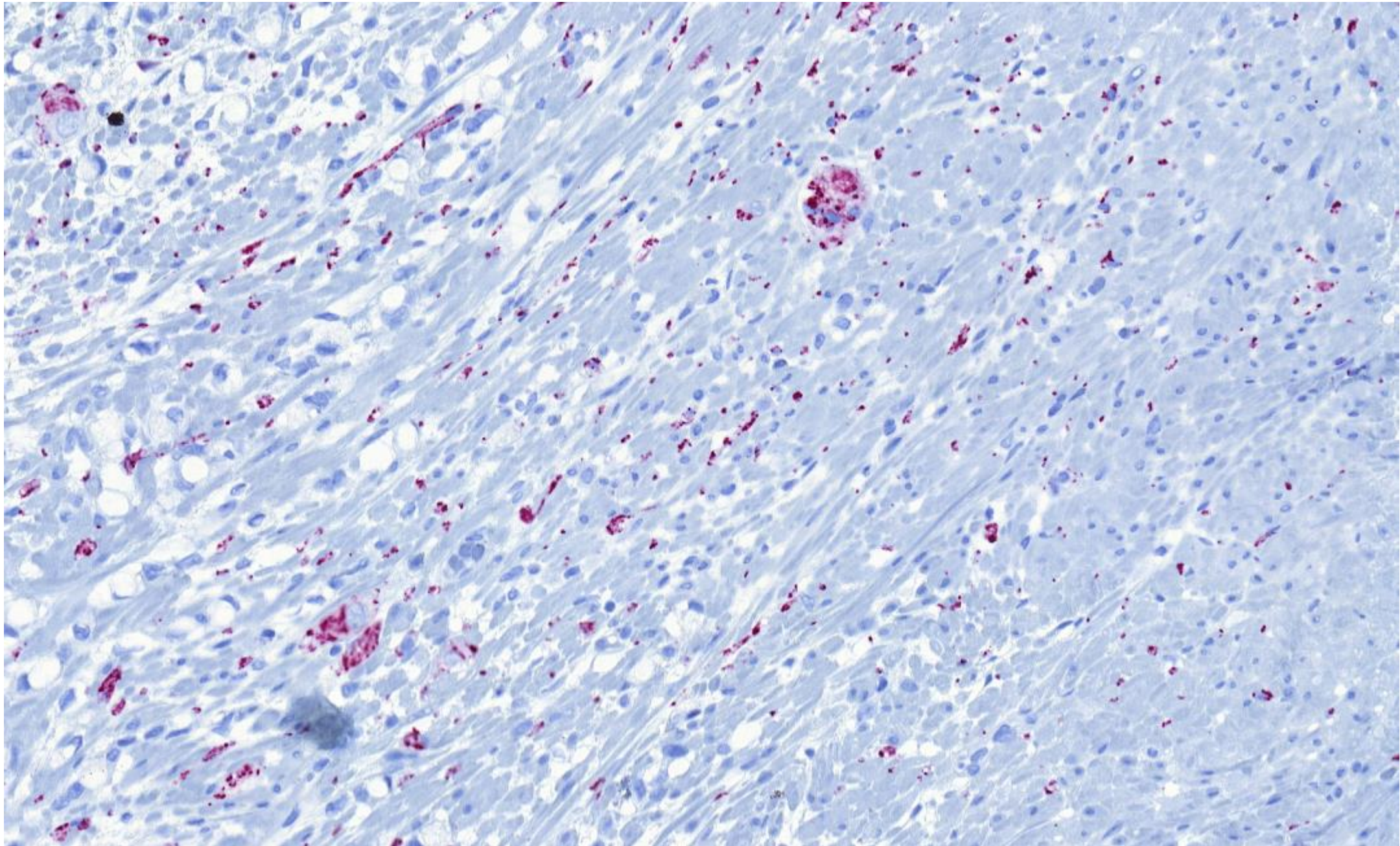
CK20



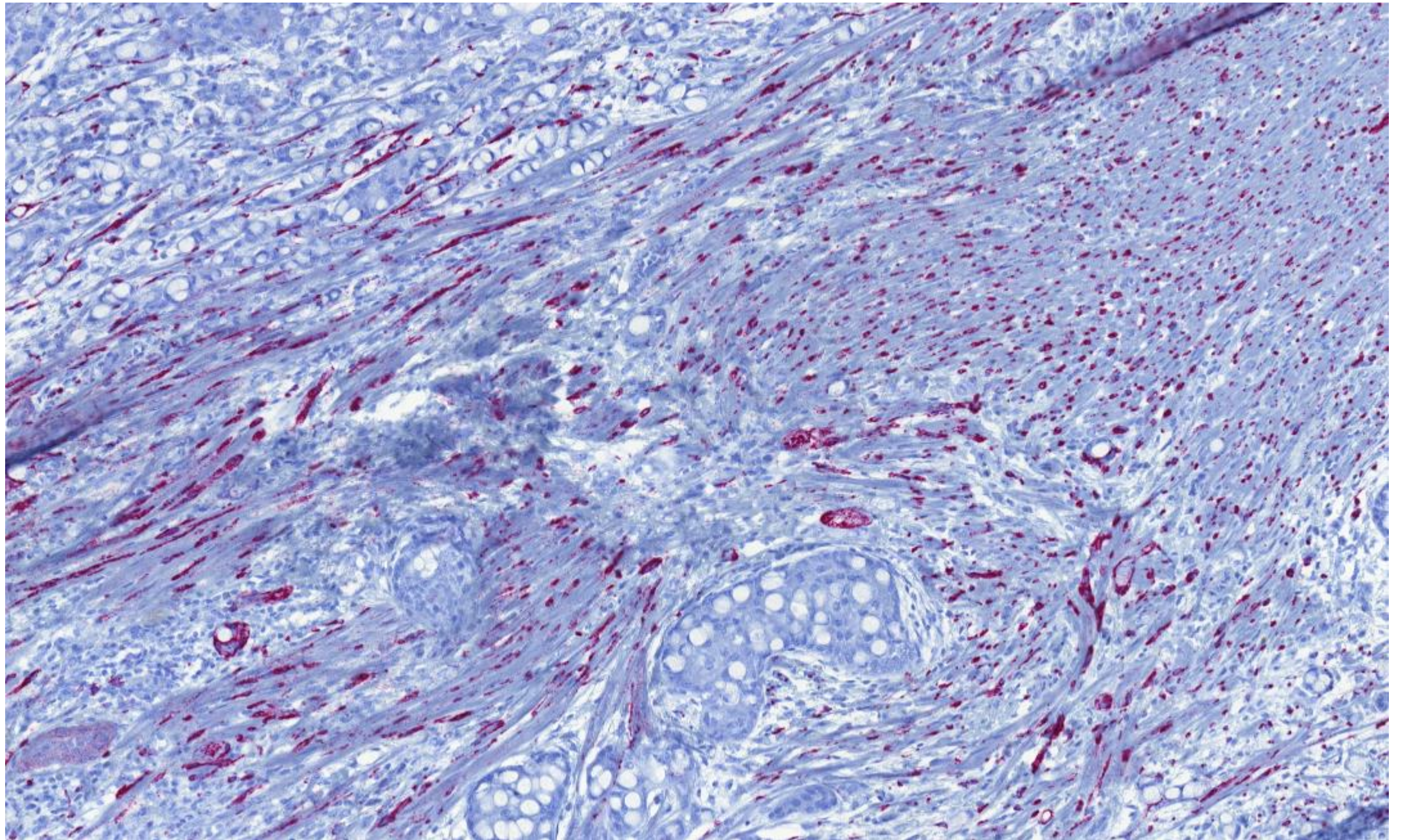
CDX2



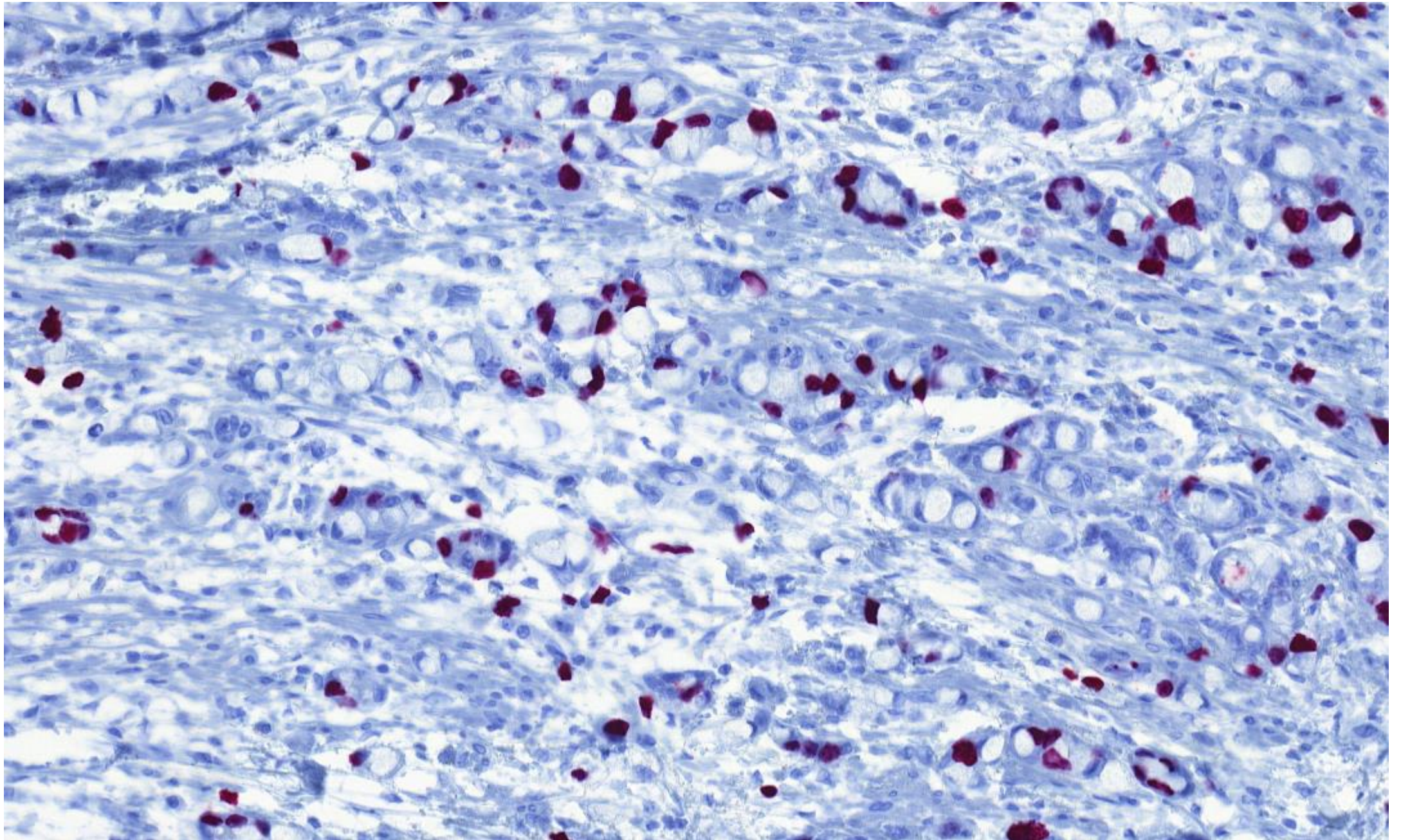
CHRA



SY



CD56



Ki67



*Zmiešaný adenoneuroendokrinný karcinóm ex
goblet cell karcinoid (WHO 2010)*

Adenokarcinóm ex goblet cell karcinoid

Goblet cell carcinoid

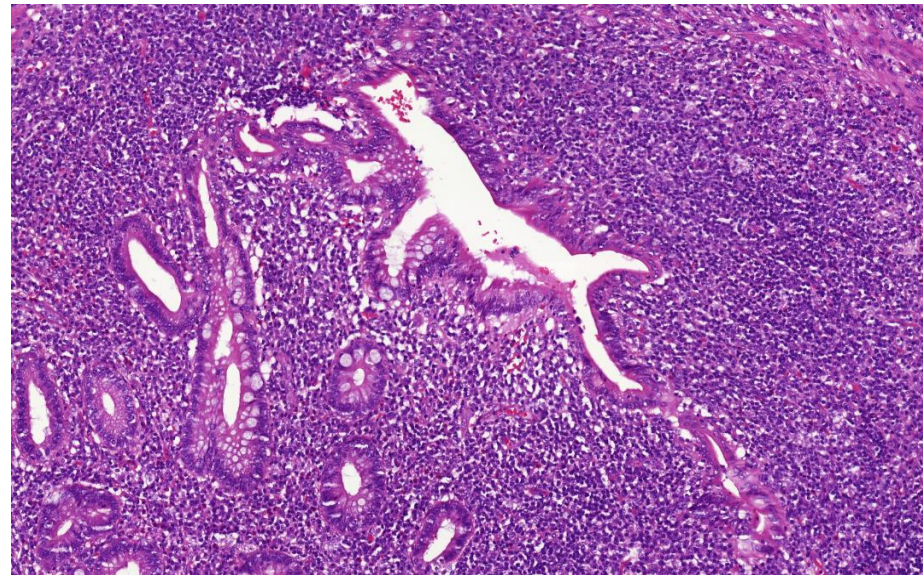
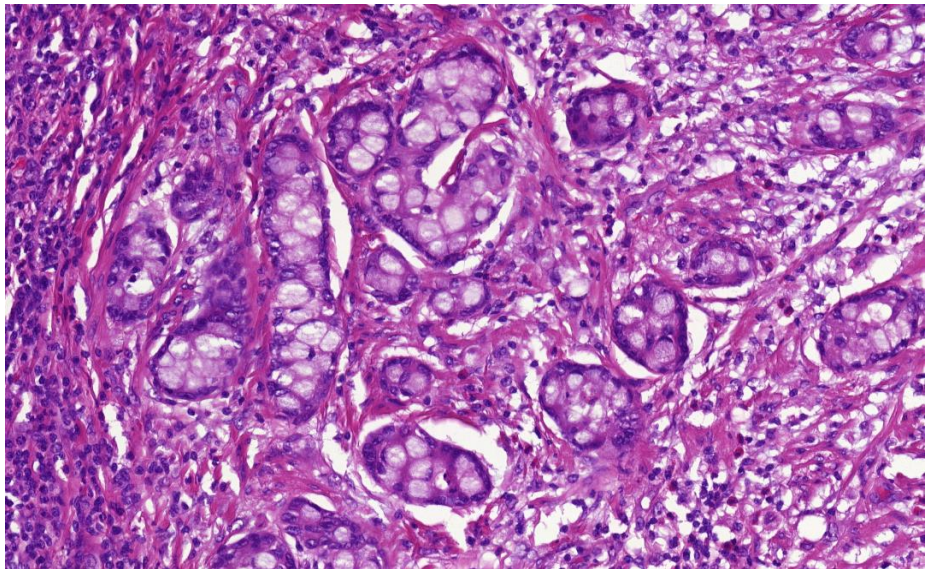
- 1969 - Gagné et al.: Tumors of the appendix associating histologic features of carcinoid and adenocarcinoma
- 1974 – Subbuswamy et al.: Goblet cell carcinoid of the appendix
- Adenocarcinoid
- Mucinous carcinoid tumor
- Microglandular goblet cell carcinoma
- Crypt cell carcinoma

Goblet cell karcinoid

- Starší ľudia, medián 58 rokov
- M:Ž – 1:1
- > 50% sa manifestuje akútnou apendicitidou
- Väčšinou netvorí makroskopicky zreteľný tumor

Goblet cell carcinoid

- Organoidný rast v submukóze a muscularis propria
- Pohárikovité bunky v rôzne veľkých hniezdach
- Panethove bb. a bunky s eozinofilnou cytoplazmou bez hlienu
- Variabilná neuroendokrinná komponenta (0-90%, medián 5%)
- Sliznica bez prekursorovej adeno lézie



Goblet cell karcinoid

- Agresívnejší ako konvečný NET
- Disseminácia v peritoneálnej dutine
- Postihnutie ovárií
- MTS v regionálnych LU

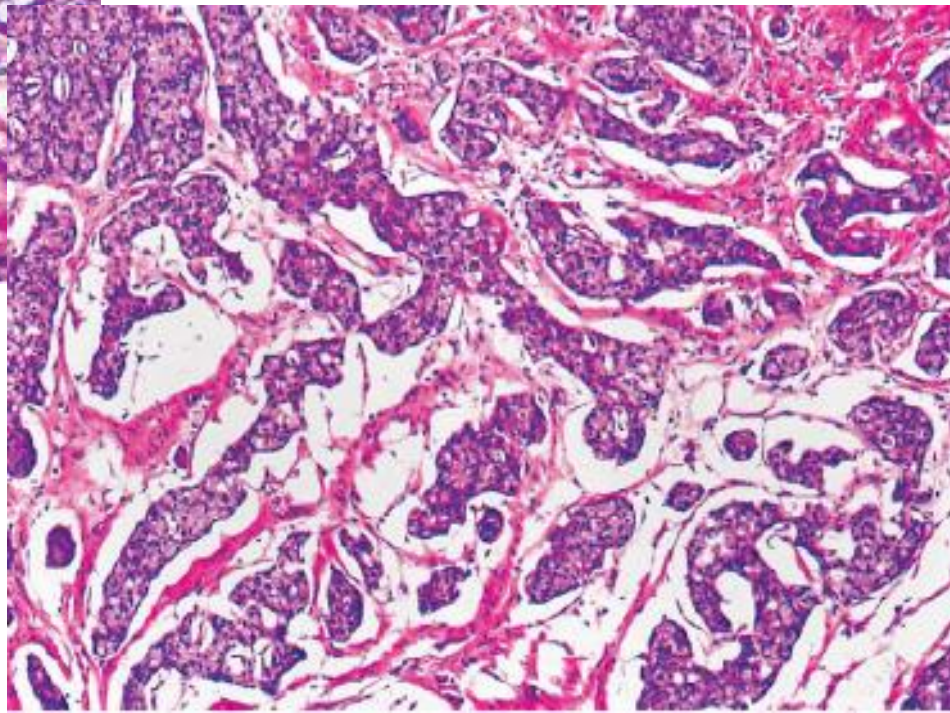
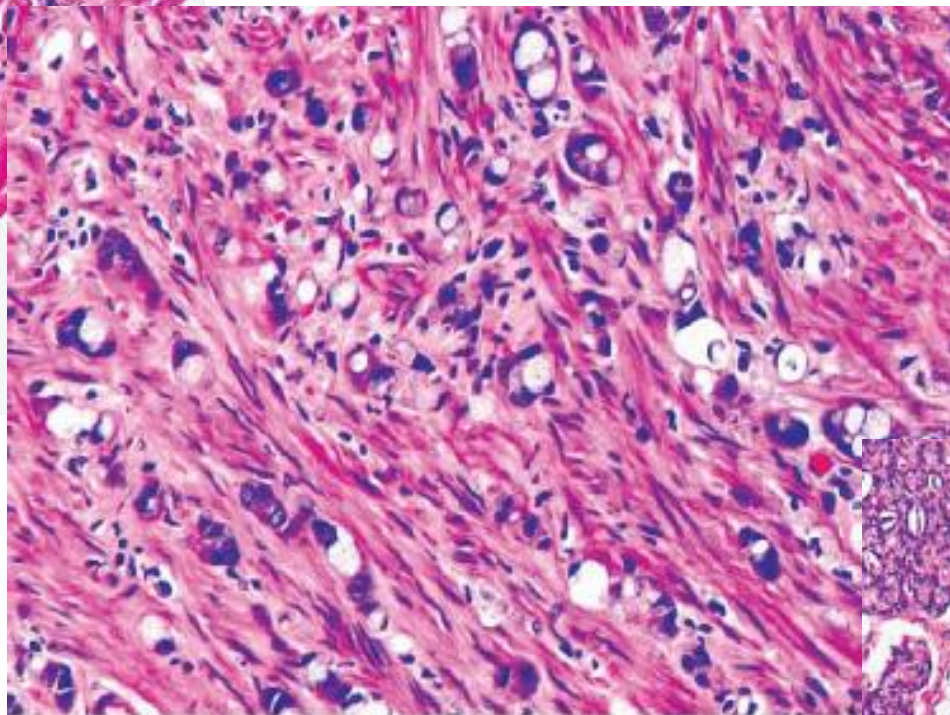
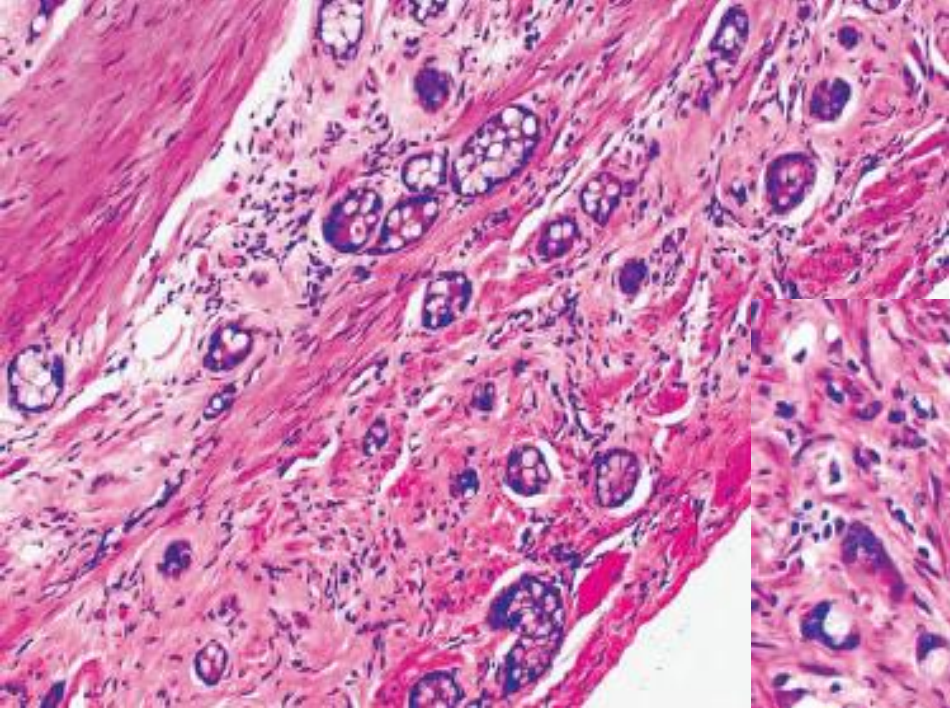
Goblet cell carcinoid

Group	Morphological criteria
A (Typical GCC)	<p>Well-defined goblet cells arranged in clusters or cohesive linear pattern</p> <p>Minimal cytological atypia</p> <p>Minimal to no desmoplasia</p> <p>Minimal architectural distortion of the appendiceal wall</p> <p>Degenerative change with extracellular mucin is acceptable</p>
B (Adenocarcinoma ex GCC, signet-ring type)	<p>Goblet cells or signet-ring cells arranged in irregular large clusters, but lack of confluent sheet of cells</p> <p>Discohesive single file or single cell infiltrating pattern</p> <p>Significant cytological atypia</p> <p>Desmoplasia and associated destruction of the appendiceal wall</p>
C (Adenocarcinoma ex GCC, poorly differentiated type)	<p>At least focal evidence of goblet cell morphology</p> <p>A component (greater than one low power field or 1 mm²) not otherwise distinguishable from a poorly differentiated adenocarcinoma, which may appear as either</p> <ol style="list-style-type: none"> gland-forming confluent sheets of signet-ring cells, or undifferentiated carcinoma

Pathologic Classification and Clinical Behavior of the Spectrum of Goblet Cell Carcinoid Tumors of the Appendix

Laura H. Tang, PhD, Jinru Shia, MD,* Robert A. Soslow, MD,* Deepti Dhall, MD,*
W. Douglas Wong, MD,† Eileen O'Reilly, MD,‡ Jing Qin, PhD,§ Philip Paty, MD,†
Martin R. Weiser, MD,† Jose Guillem, MD,† Larissa Temple, MD,† Leslie H. Sobin, MD,||
and David S. Klimstra, MD**

(Am J Surg Pathol 2008;32:1429-1443)

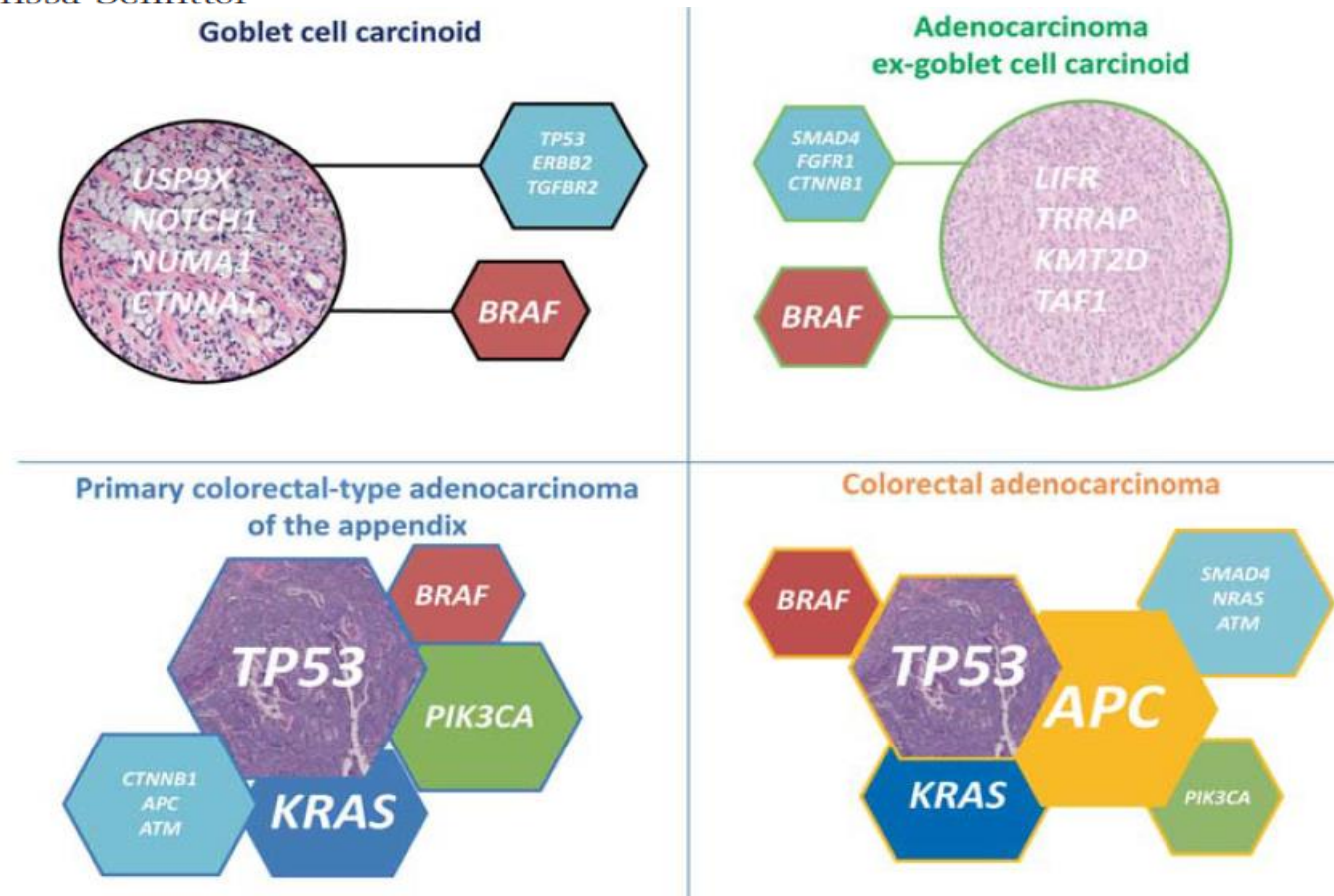


Dif.dg.

- MTS adenokarcinómu do apendixu
- Primárny adenokarcinóm apendixu intestinálneho typu

Appendiceal goblet cell carcinoids and adenocarcinomas ex-goblet cell carcinoid are genetically distinct from primary colorectal-type adenocarcinoma of the appendix

Moritz Jesinghaus^{1,2}, Björn Konukiewitz¹, Sebastian Foersch³, Albrecht Stenzinger^{4,5}, Katja Steiger¹, Alexander Muckenhuber^{1,2}, Claudia Groß¹, Martin Mollenhauer¹, Wilfried Roth³, Sönke Detlefsen⁶, Wilko Weichert^{1,2}, Günter Klöppel¹, Nicole Pfarr^{1,7} and Anna Melissa Schlitter^{1,2,7}





Original contribution

Appendiceal goblet cell carcinoid: common errors in staging and clinical interpretation with a proposal for an improved terminology[☆]



Kwun Wah Wen MD, PhD^a, Gillian Hale MD, MPH^a, Nafis Shafizadeh MD^b,
Mojgan Hosseini MD^c, Anne Huang MD, MPH^d, Sanjay Kakar MD^{a,*}

Human Pathology (2018) 72, 18–27



In this issue

A study of appendiceal crypt cell adenocarcinoma (so-called goblet cell carcinoid and its related adenocarcinoma)[☆]



Daisuke Nonaka MD^{a,b,*}, George Papaxoinis MD, PhD^c, Angela Lamarca MD, PhD^c,
Paul Fulford MBBS, FRCS^d, Juan Valle MBChB, MSc, FRCP^{c,e},
Bipasha Chakrabarty MBBS, MD, FRCPATH^a

Am J Surg Pathol. 2018 Mar 23. doi: 10.1097/PAS.0000000000001056. [Epub ahead of print]

Histologic and Outcome Study Supports Reclassifying Appendiceal Goblet Cell Carcinoids as Goblet Cell Adenocarcinomas, and Grading and Staging Similarly to Colonic Adenocarcinomas.

Yozu M¹, Johncilla ME², Srivastava A³, Ryan DP⁴, Cusack JC⁵, Doyle L³, Setia N⁶, Yang M⁷, Lauwers GY⁸, Odze RD³, Misdraji J⁹.

[+](#) **Author information**

Biomed Pap Med Fac Univ Palacky Olomouc Czech Repub. 2017 Sep; 161(3):281-285.

Are goblet cell carcinoids a group of heterogeneous tumors?

Jirka Macak^{a,c}, Kristina Nemejcova^b, Jana Dvorackova^{a,c}

Tejk houm mesidž ☺

- Goblet cell carcinoid ≠ NET
- Nepoužívať grade platný pre NET ale Tangovej klasifikáciu
- Stage platný pre adenokarcinómy



Protocol for the Examination of Specimens From Patients With Carcinoma of the Appendix

Version: Appendix 4.0.0.0

Protocol Posting Date: June 2017

Includes pTNM requirements from the 8th Edition, AJCC Staging Manual

For accreditation purposes, this protocol should be used for the following procedures AND tumor types:

Procedure	Description
Excision	Includes specimens designated appendectomy with or without segmental resection (right hemicolectomy)
Tumor Type	Description
Carcinoma	Includes adenocarcinoma (and variants), goblet cell carcinoid, mucinous neoplasms, small cell and large cell (poorly differentiated) neuroendocrine carcinoma

- Možno sa dočkáme zmeny v terminológii / klasifikácii