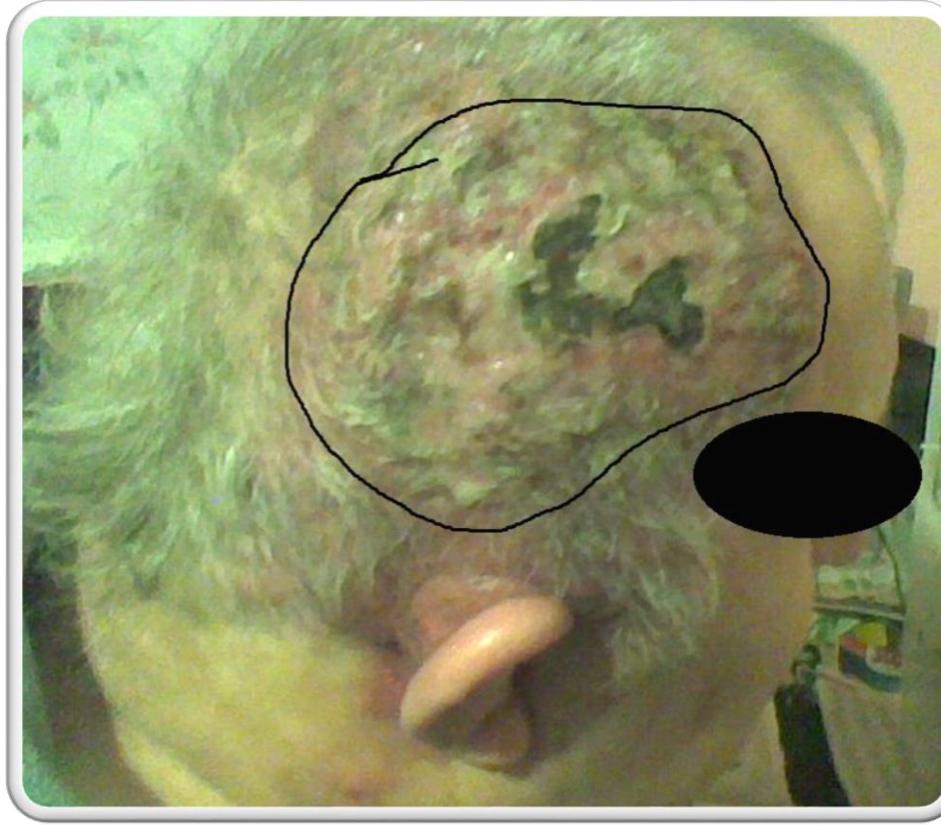


8. Východoslovenský *BIOPTICKÝ SEMINÁR*

27. a 28. apríla 2018, Košice
Golden Royal Boutique Hotel

Prípad SD-IAP 675
Peter Bohuš, Medicyt Košice

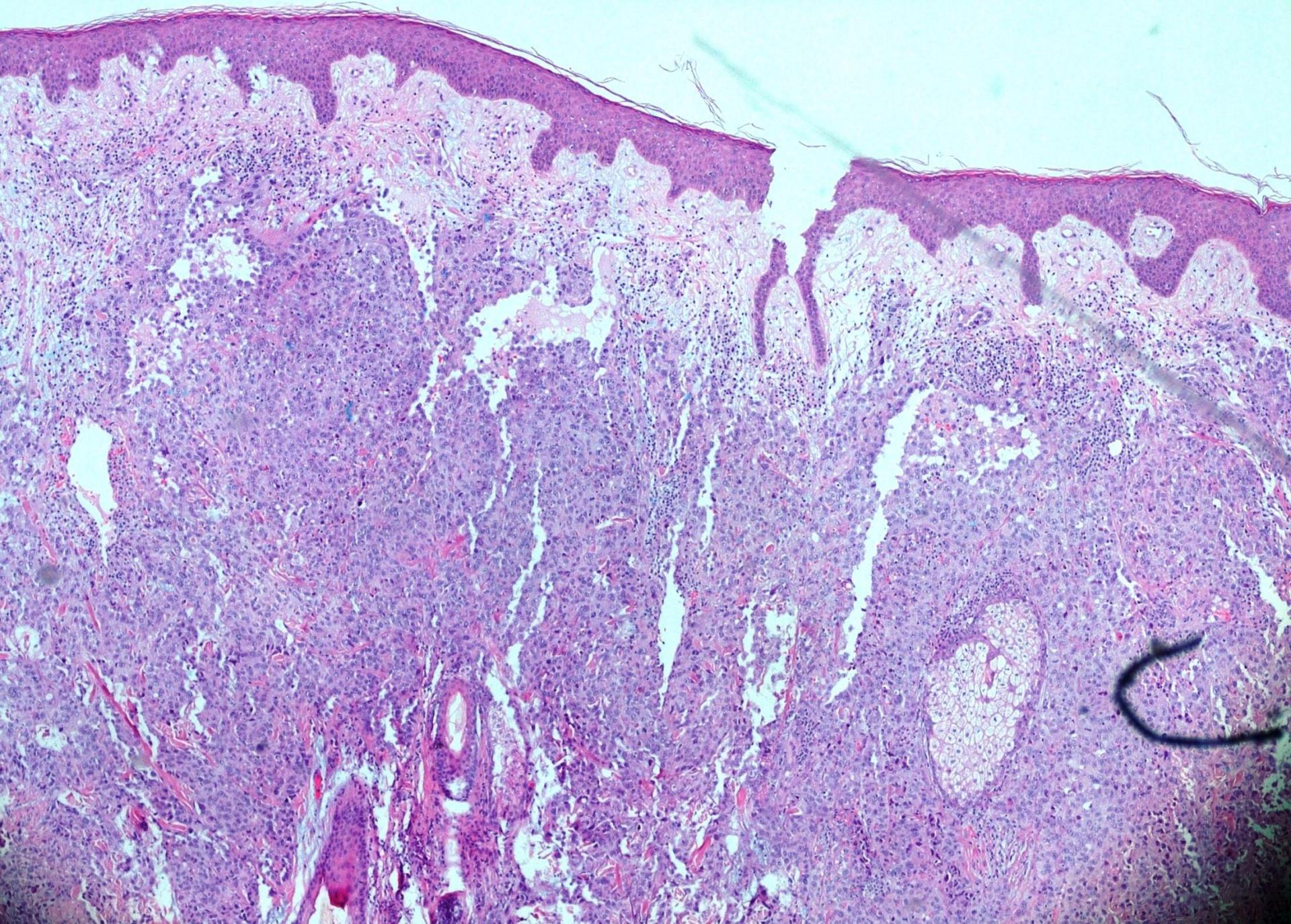


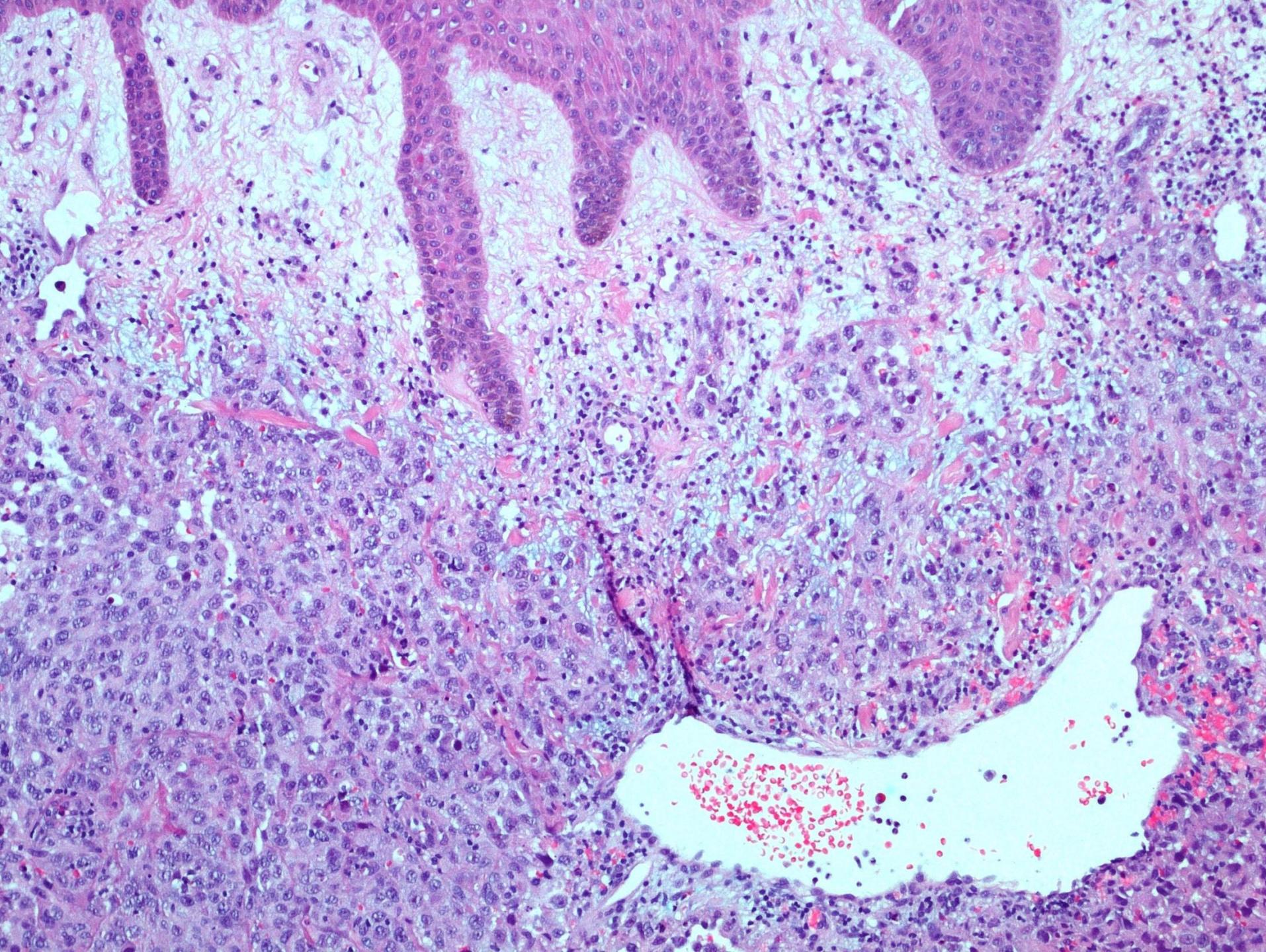
70-ročný pacient
Klinická diagnóza:
***Exulcerovaný tumor pravej strany
vlasatej časti hlavy.***

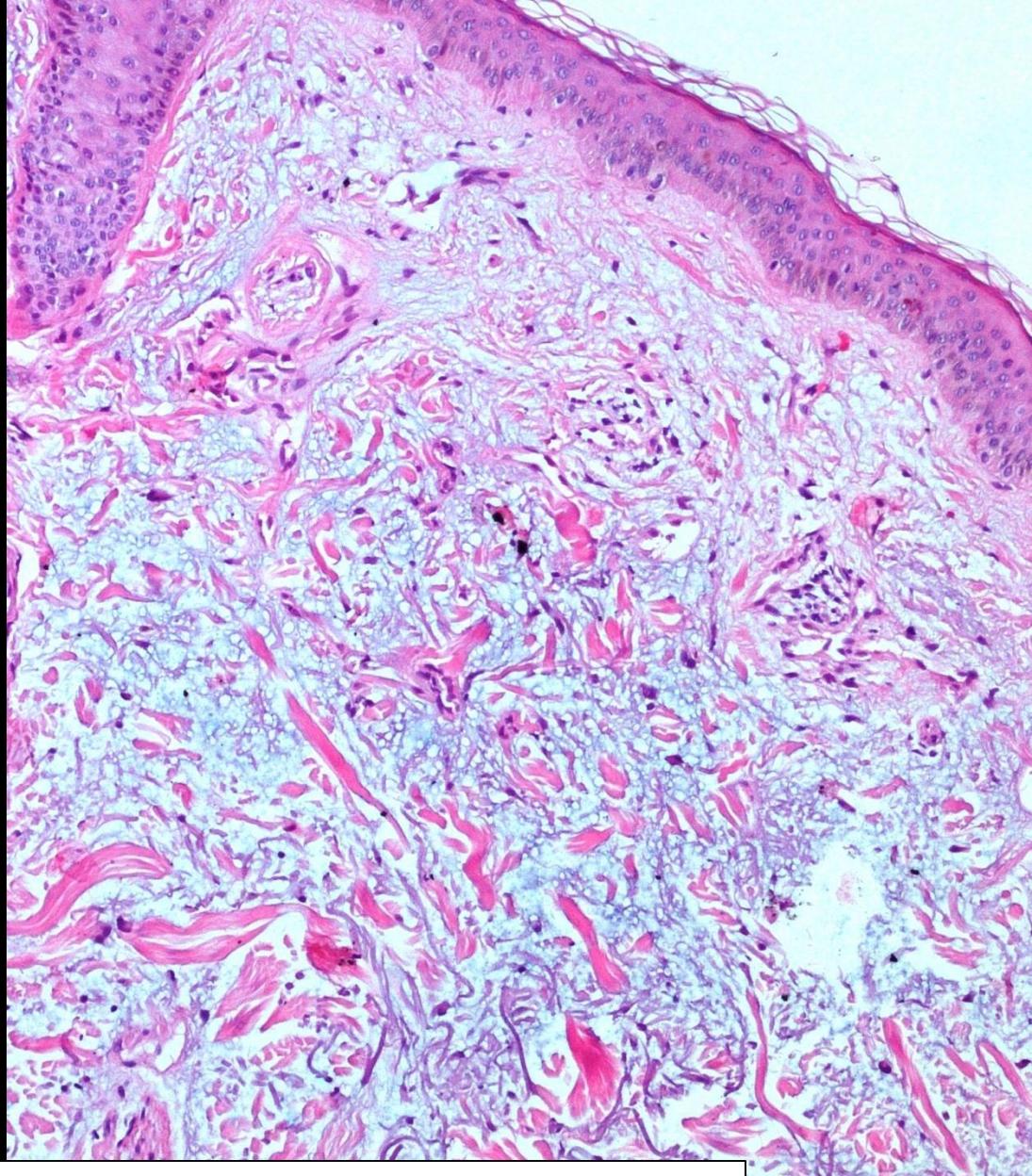
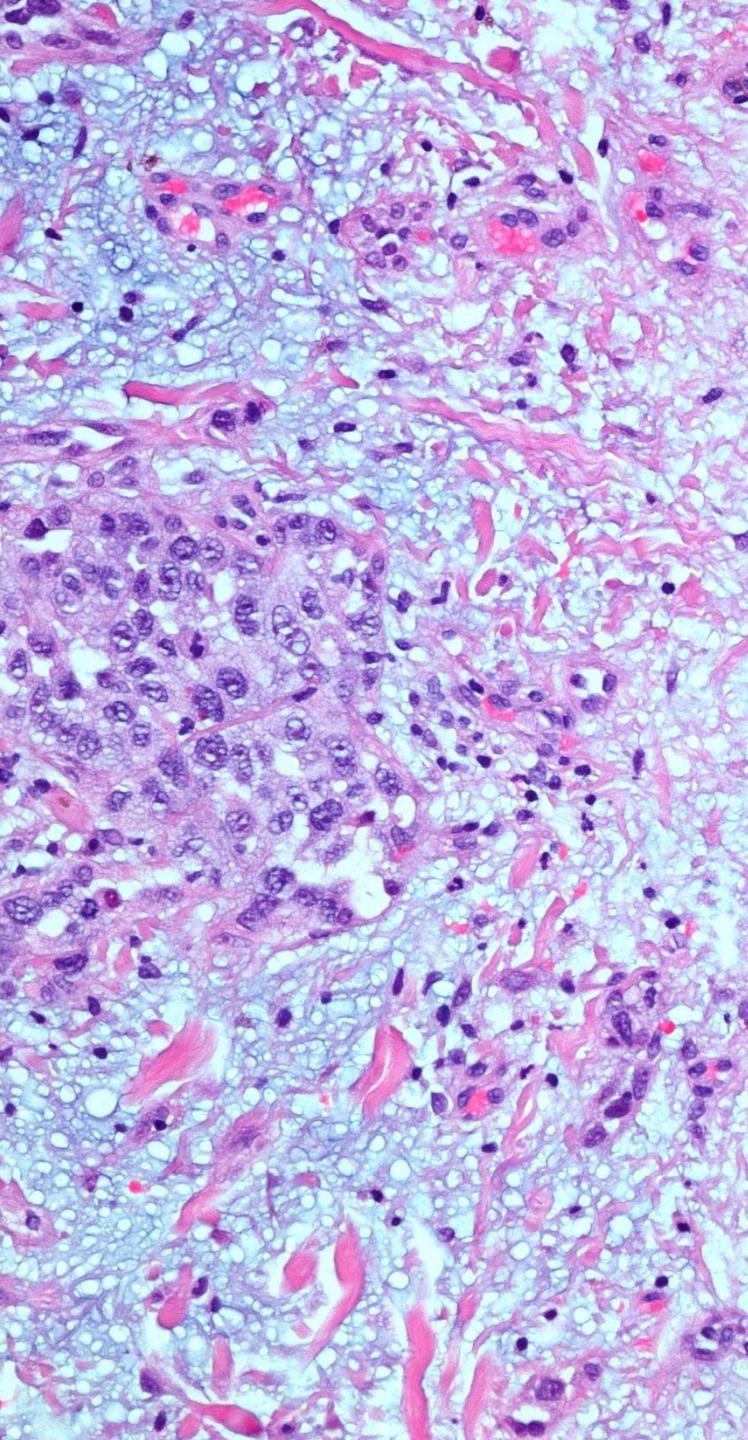
*Fotografia poskytnutá s láskavostou dermatológa – MUDr.
Rugoová*

KLÍNIKA

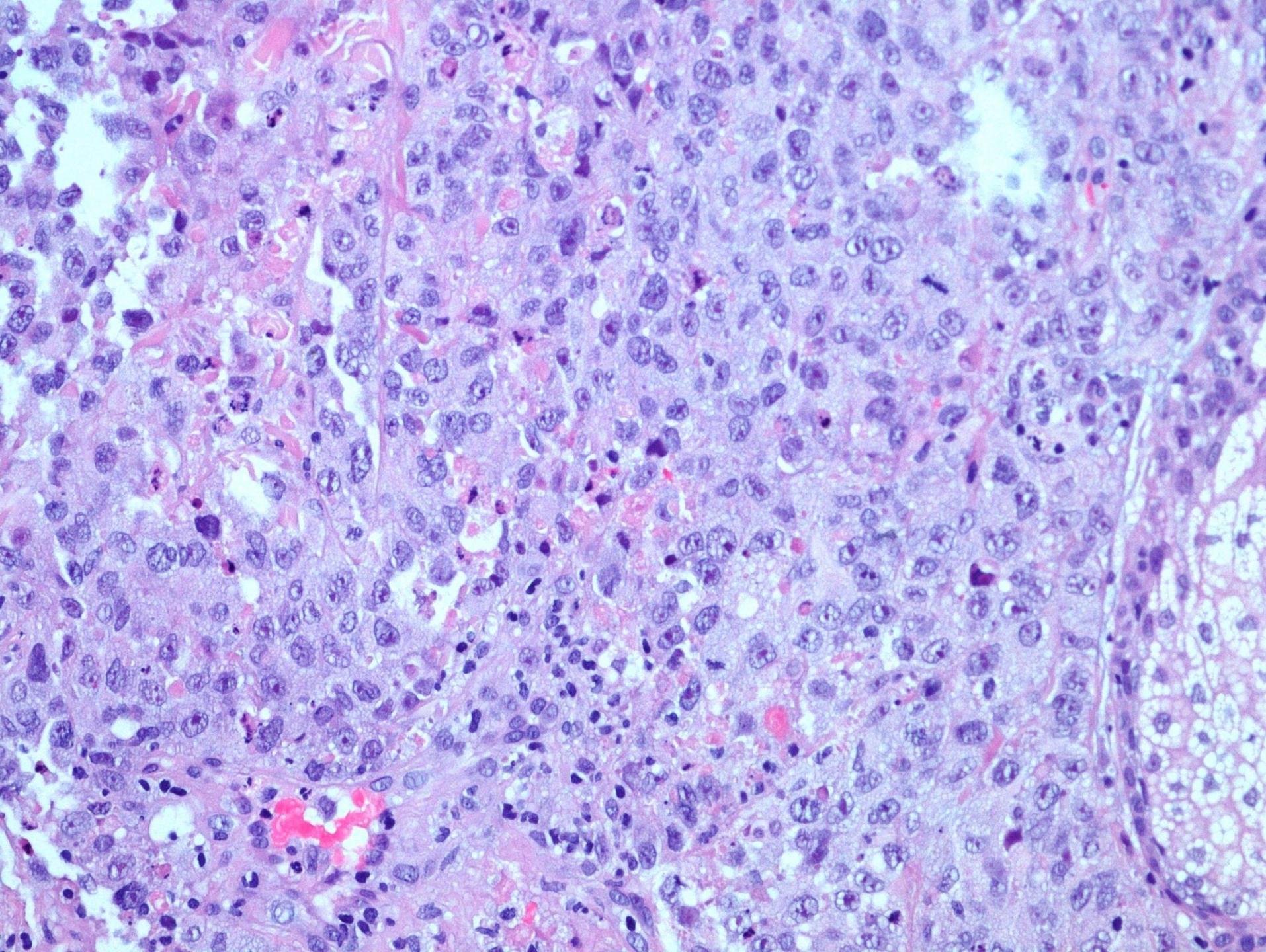
- Imobilný pacient
- Anamnesticky:
- Jún 2017 „po páde hematóm“
- Evidovaný a liečený ako posttraumatický infikovaný ulkus, poúrazový defekt
- Po ½ roku (december 2017 – poskytnutá fotografia) ho vidí dermatológ: zvažuje agresívny maligny novotvar , nevylučuje možnú trichofytia profunda, mykologické vyšetrenie negatívne.

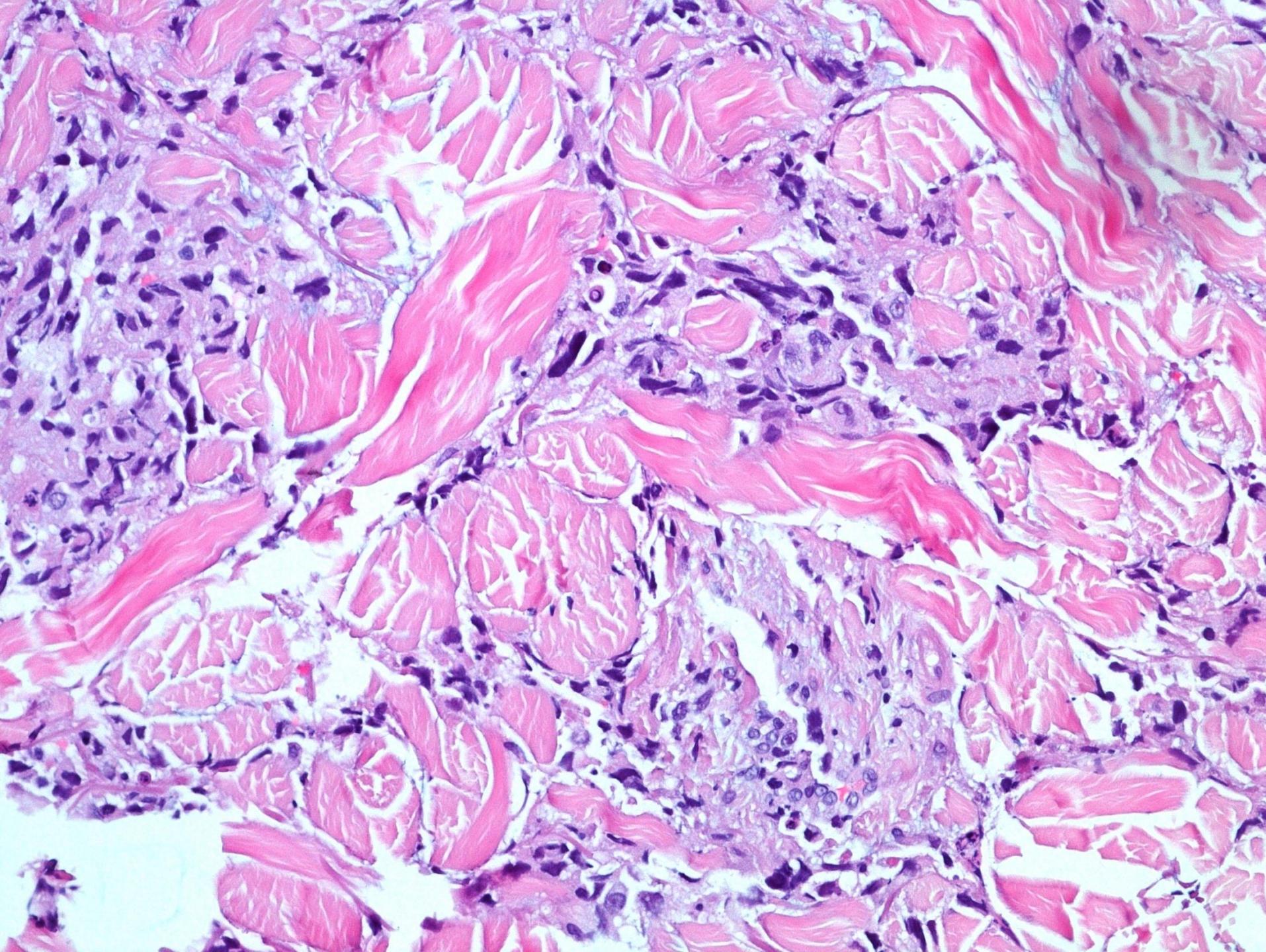


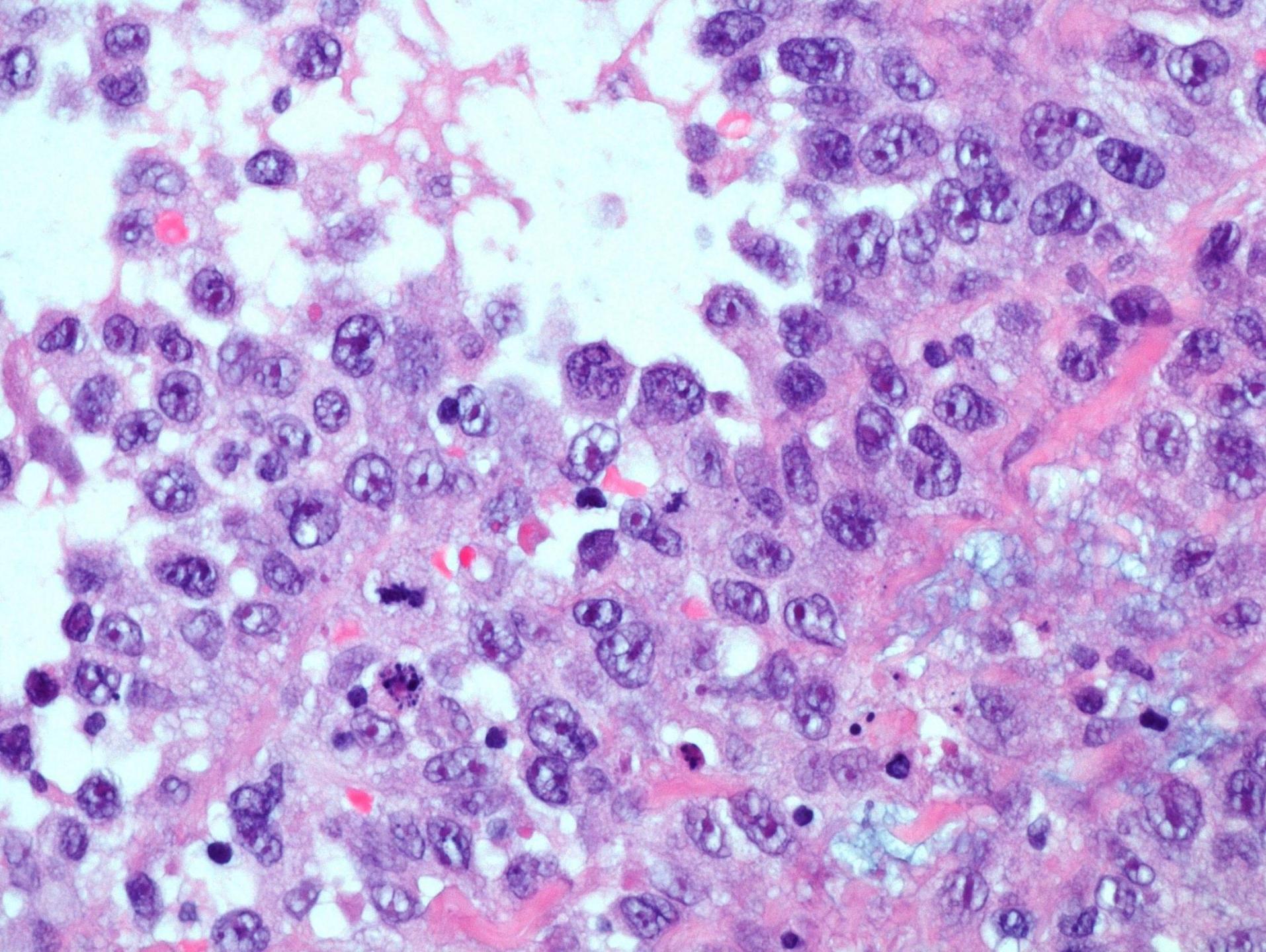


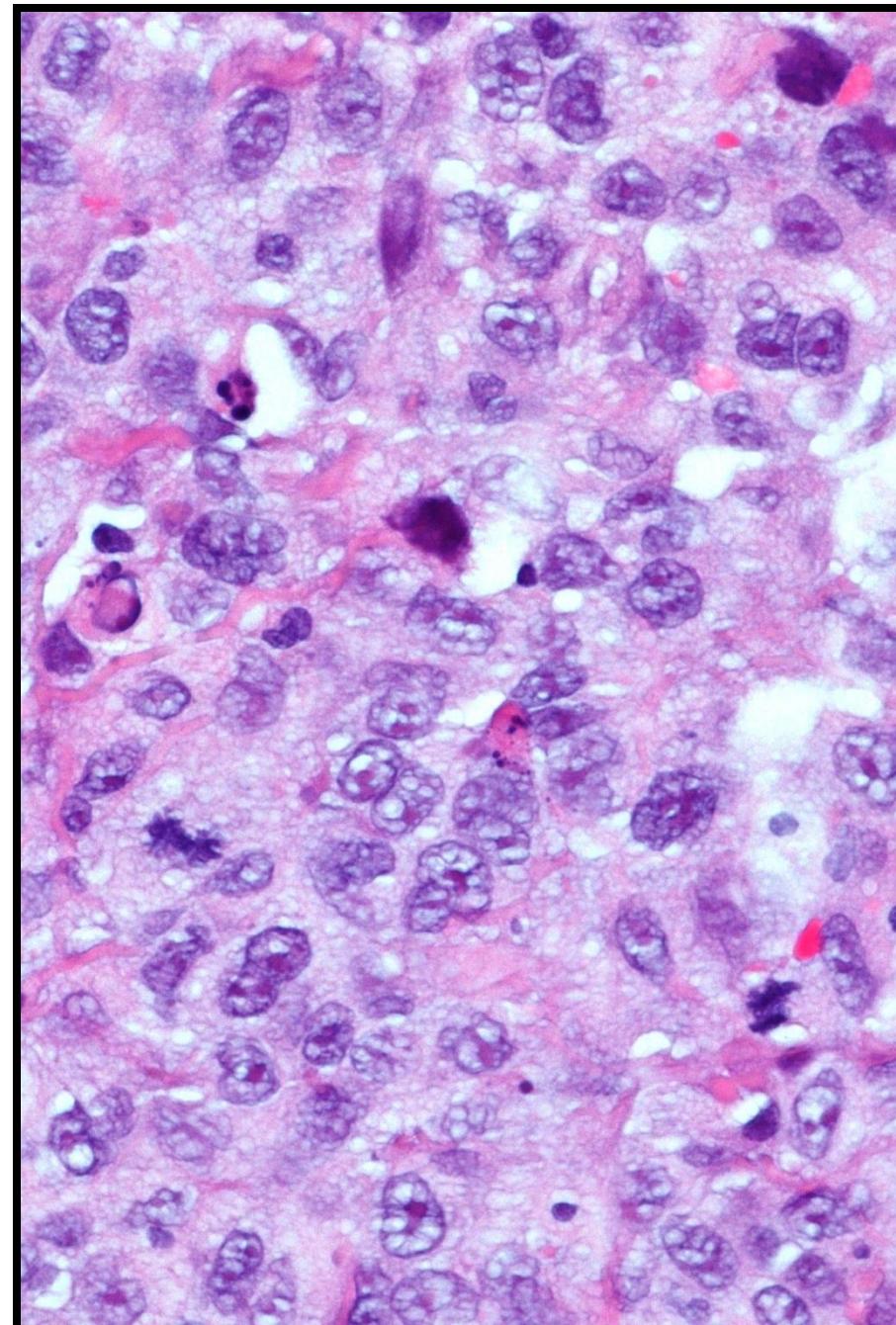
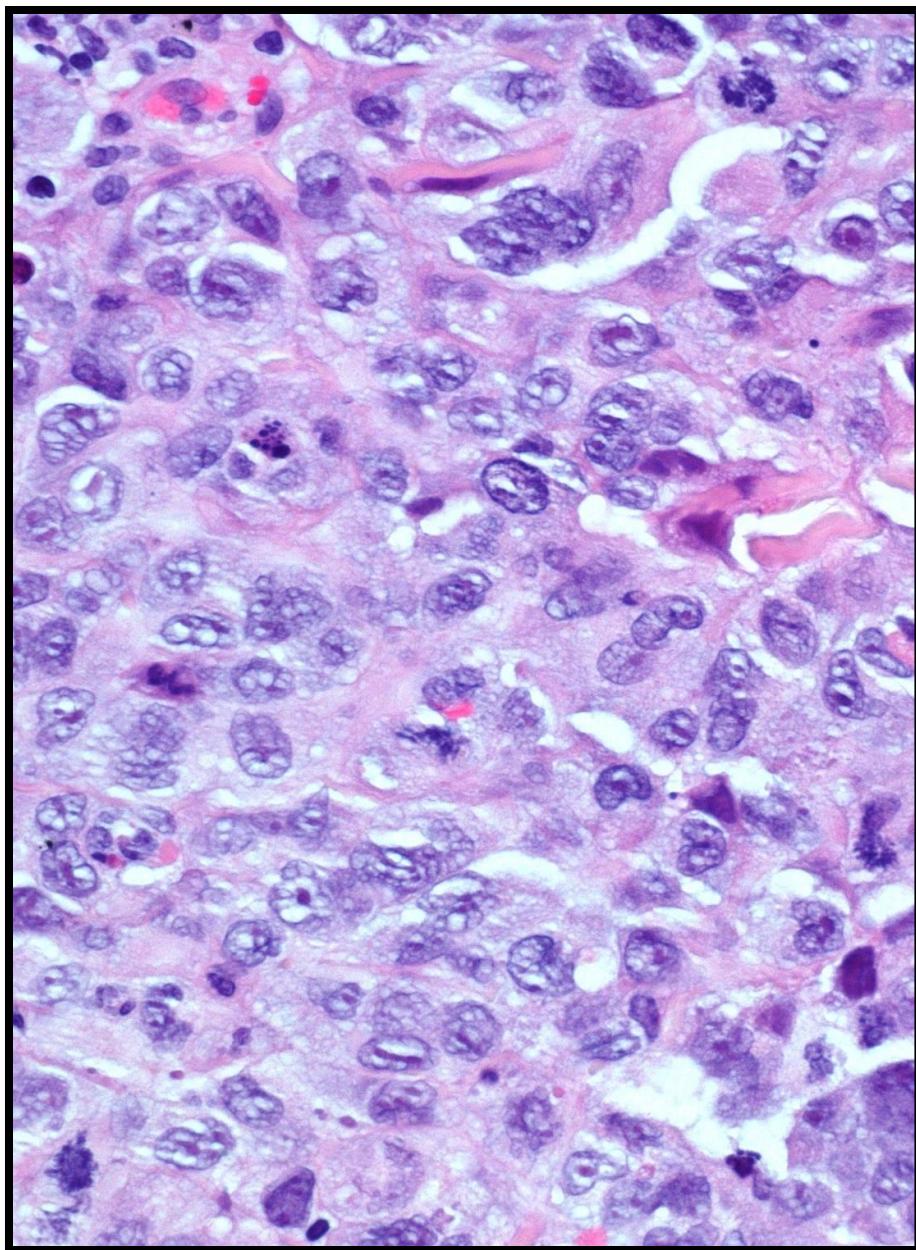


Solárna elastóza

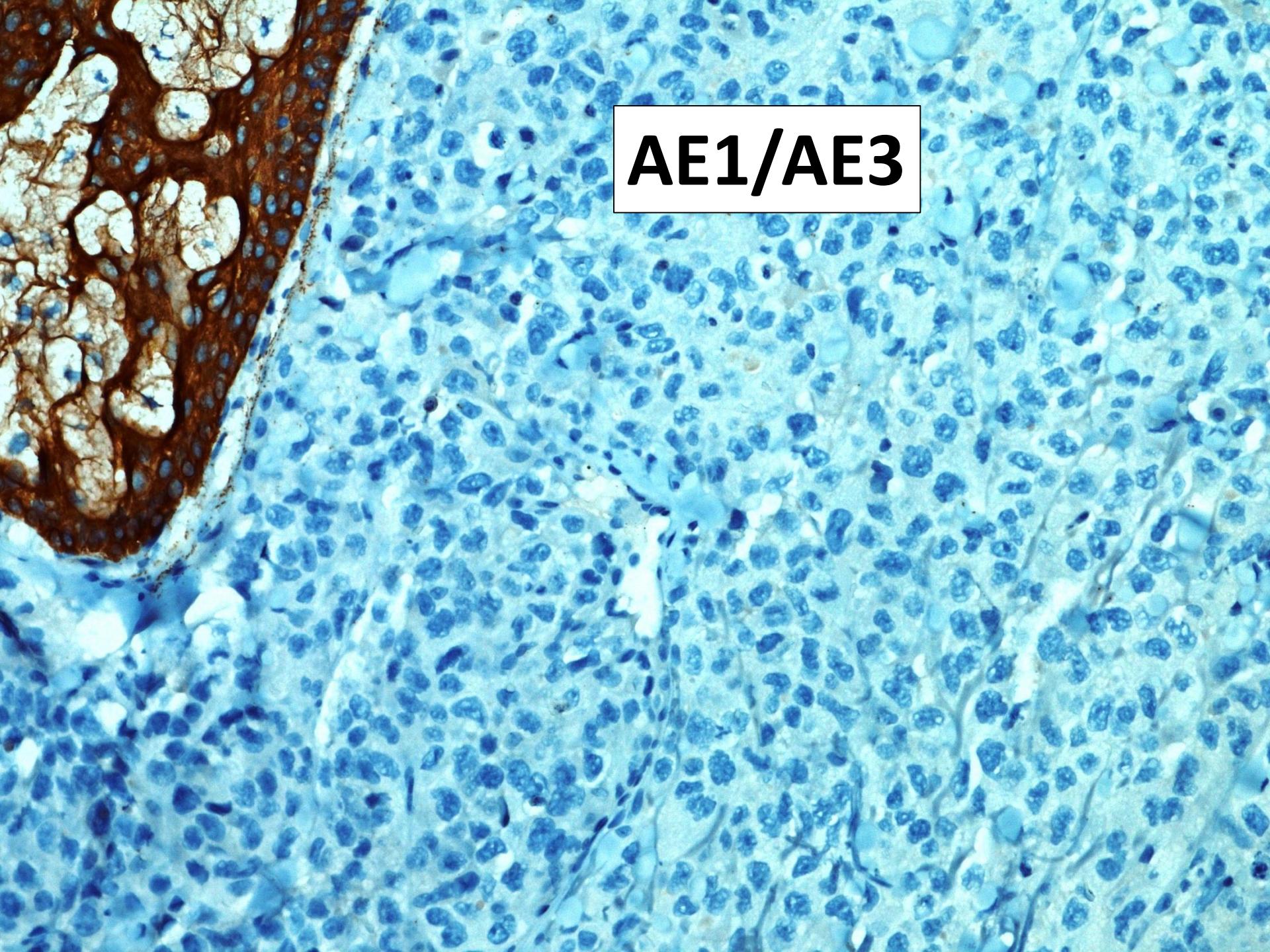




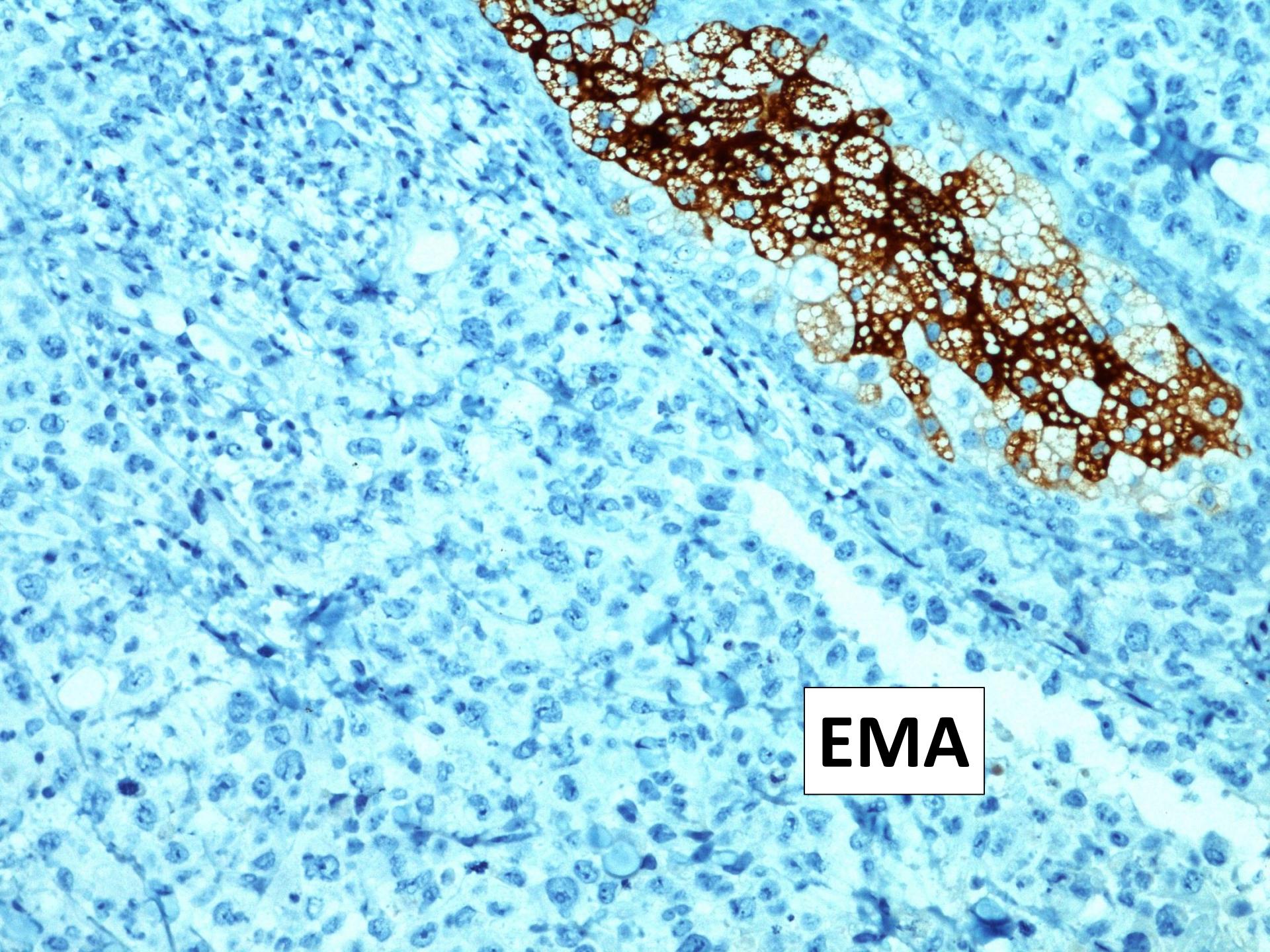




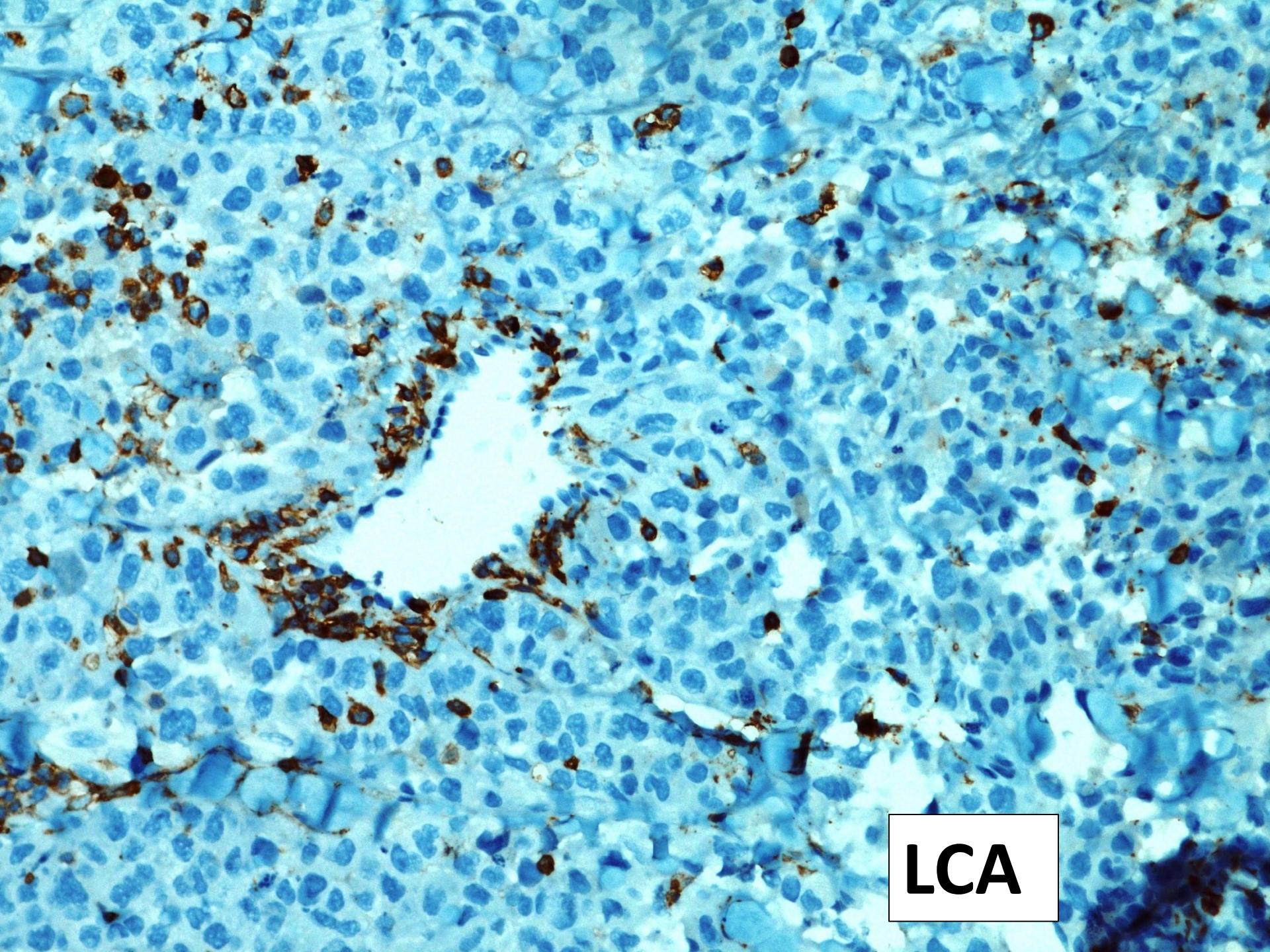
?



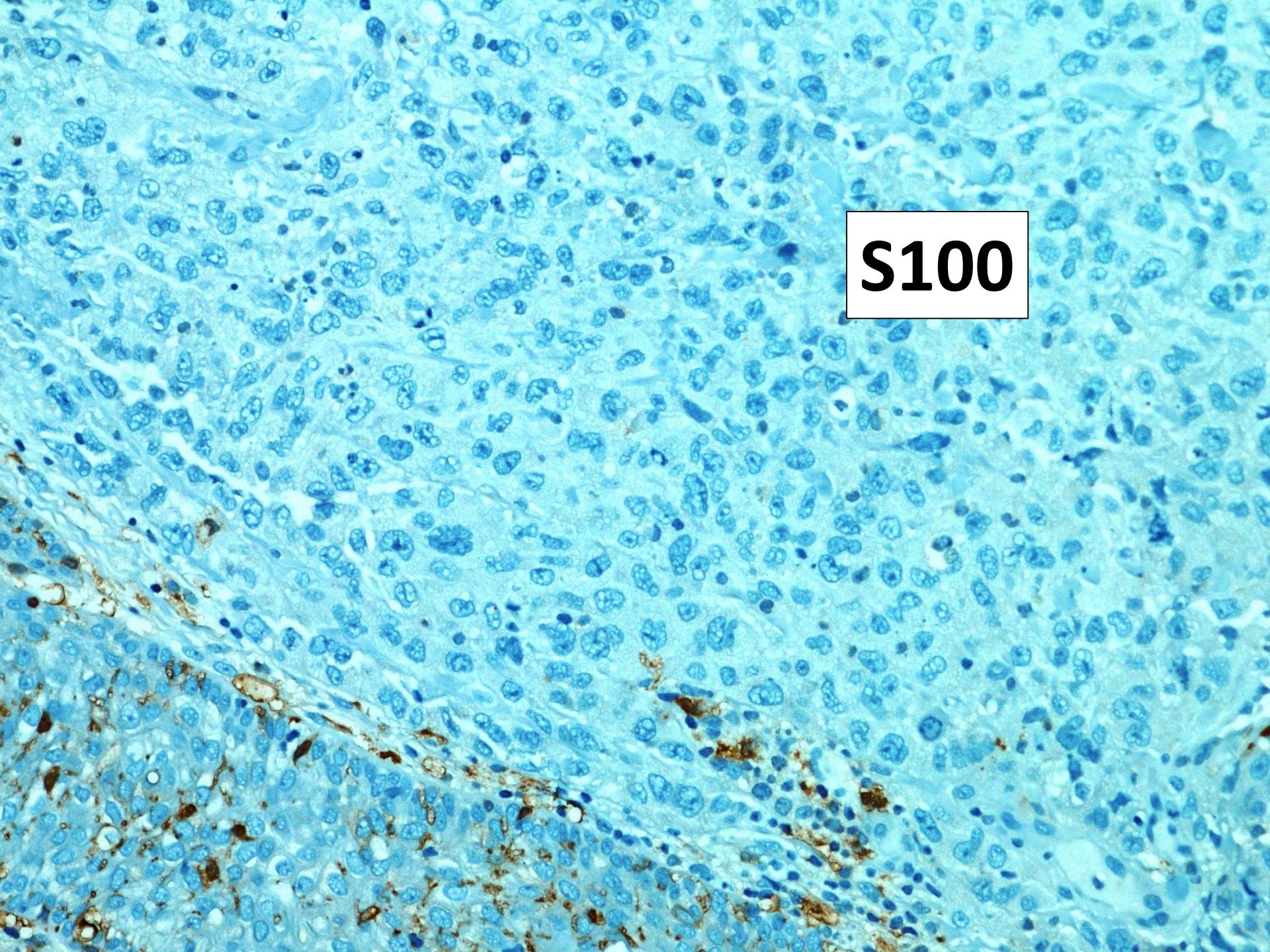
AE1/AE3



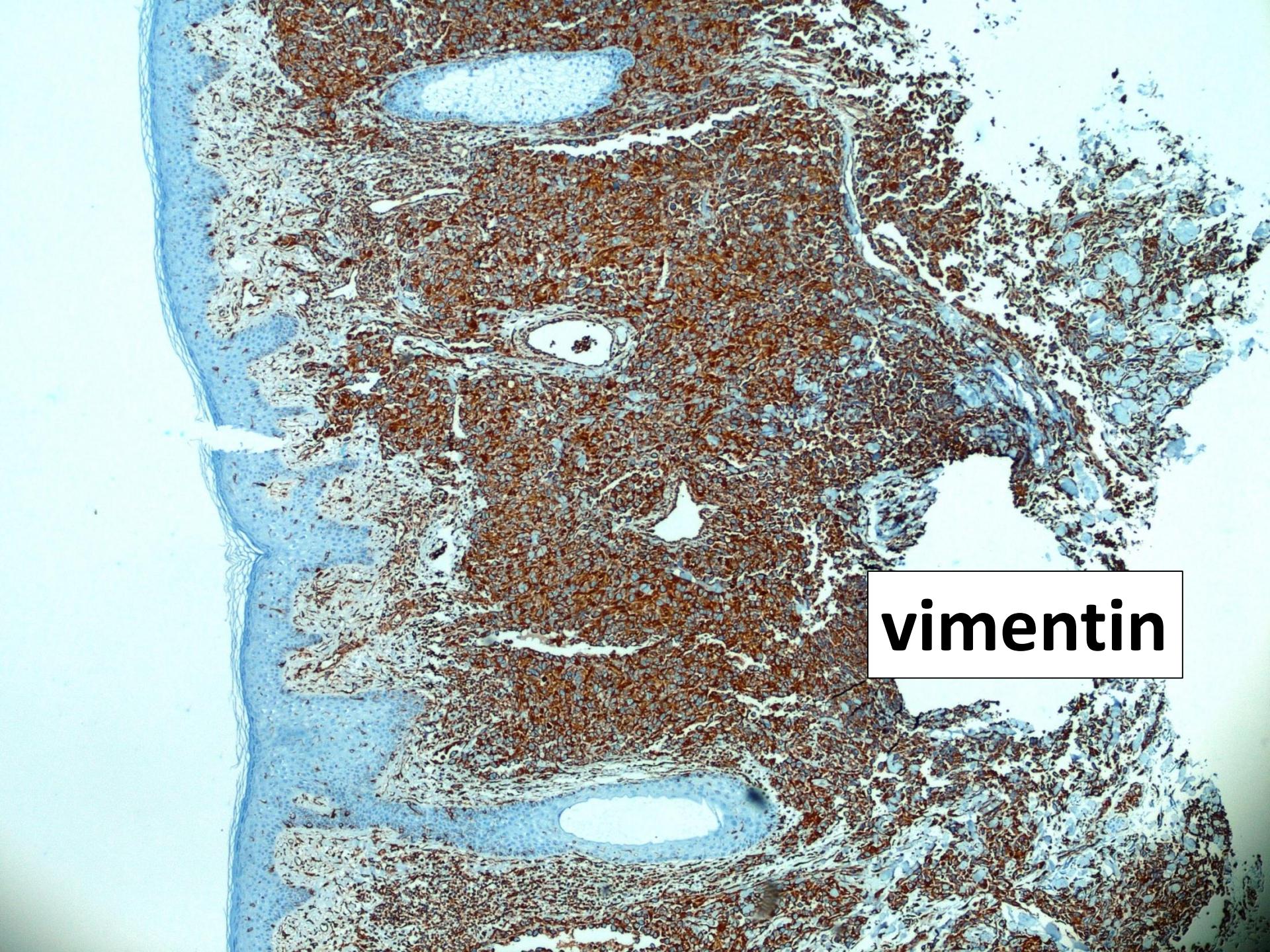
EMA

This image shows a tissue sample stained with the Leucocyte Common Antigen (LCA) antibody. The background is a light blue color, likely from hematoxylin staining. Dark brown, irregularly shaped clusters of cells are visible, representing positive staining for LCA. These clusters are more concentrated in the lower-left and upper-left areas of the field.

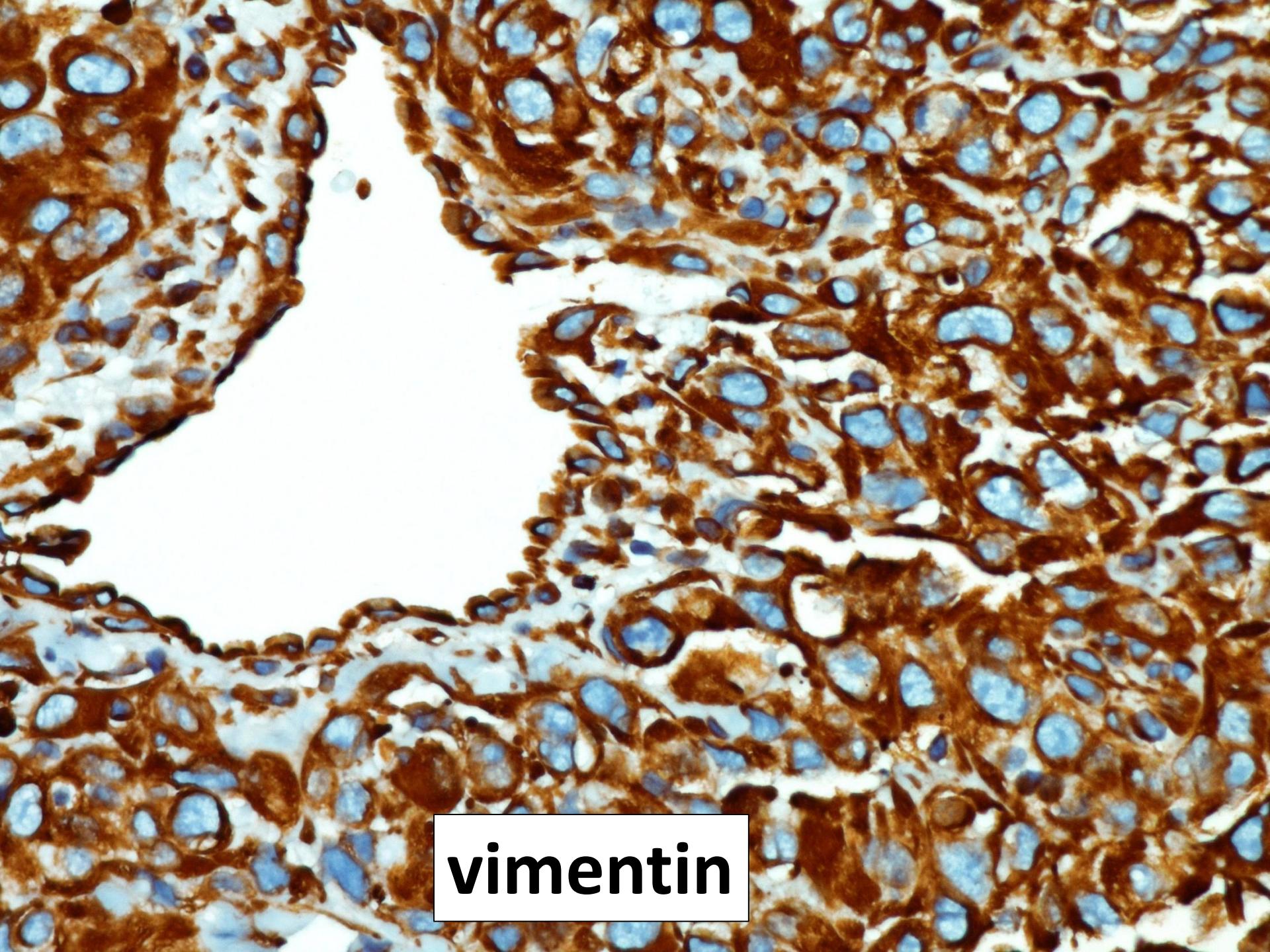
LCA

This image shows a tissue section stained with S100 protein. The background is a light blue color, likely from hematoxylin staining. Scattered throughout are numerous small, dark blue-stained nuclei. In the lower-left corner, there is a prominent, thick, brown-stained band, characteristic of S100-positive Schwann cells. A white rectangular box in the upper-right quadrant contains the text "S100" in large, bold, black capital letters.

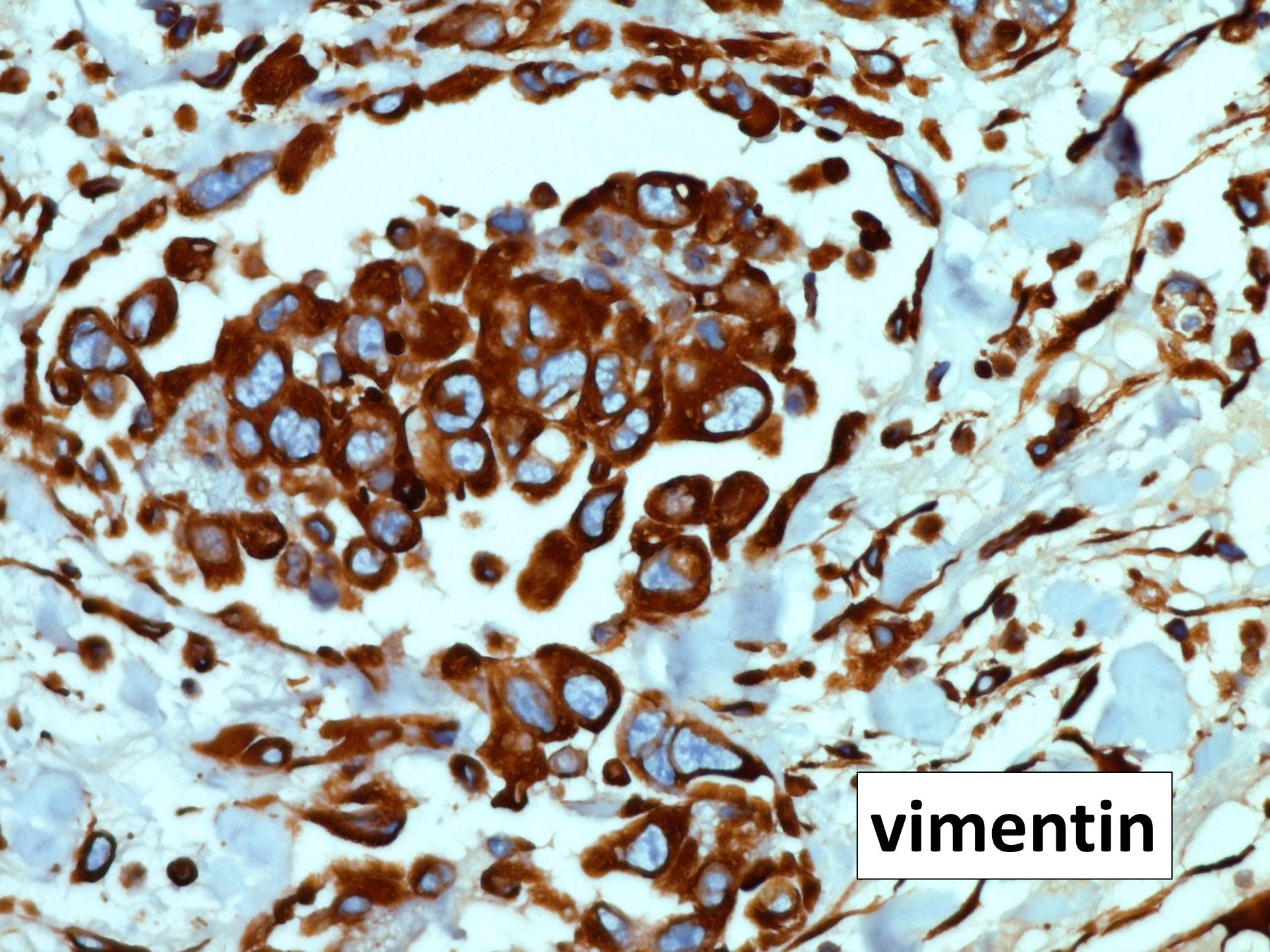
S100



vimentin

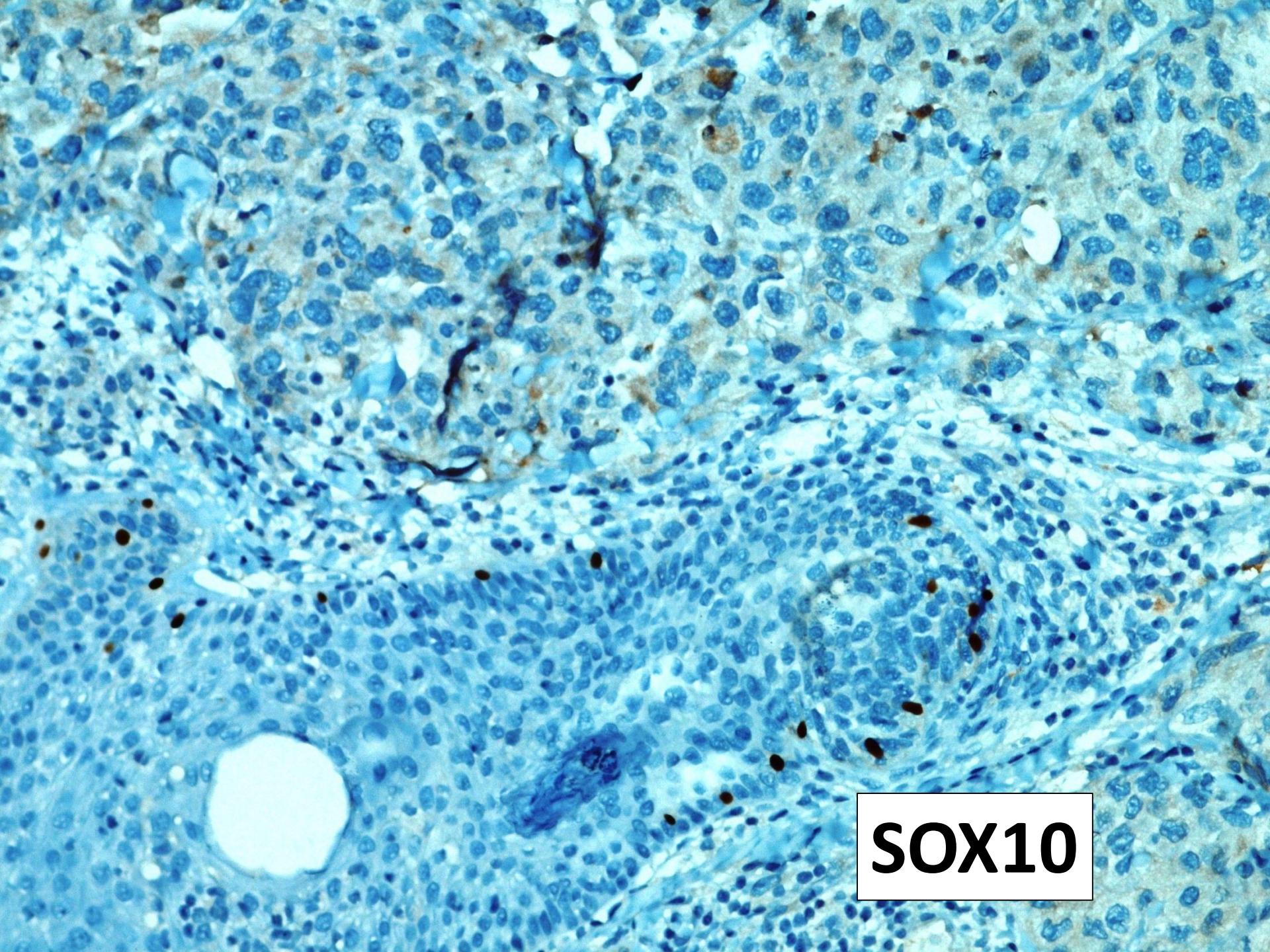
This image shows four adjacent tissue sections stained with vimentin antibody. The sections exhibit a distinct brown color, indicating the presence of vimentin protein. The nuclei of the cells are counterstained with hematoxylin, appearing as bright blue dots. The overall pattern suggests a infiltrative growth of tumor cells. A white rectangular box in the bottom left corner contains the text "vimentin".

vimentin

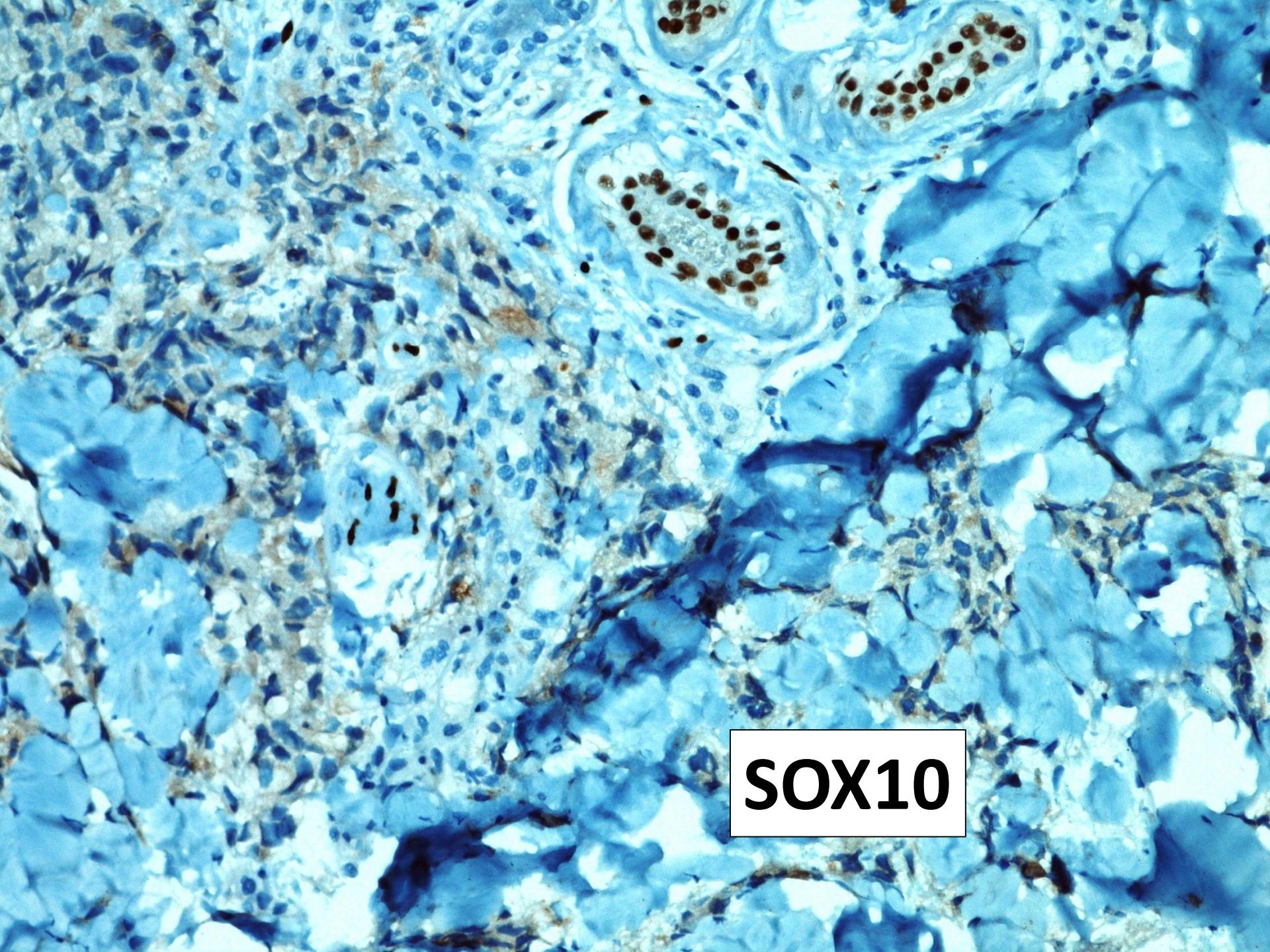


vimentin

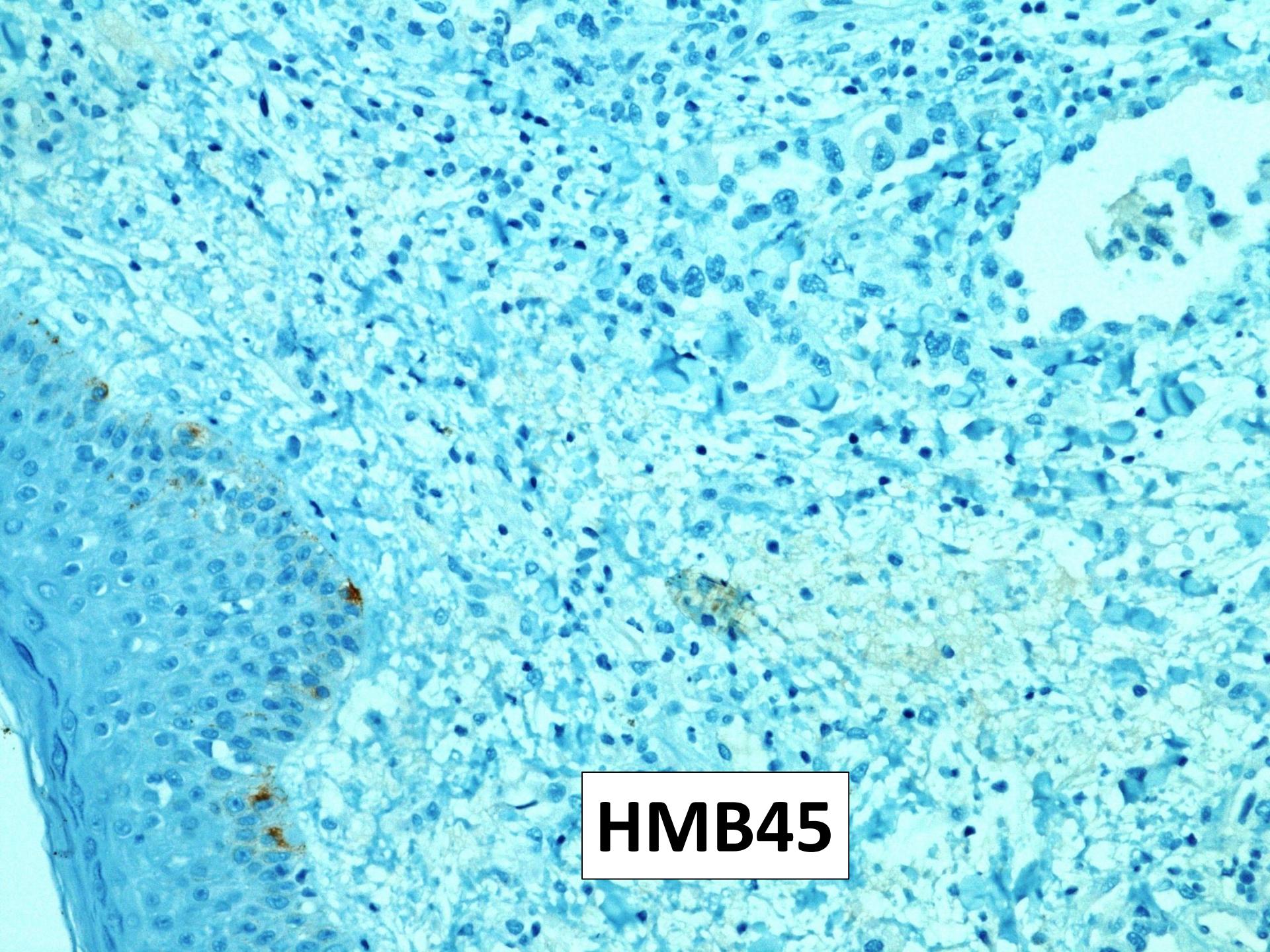
?



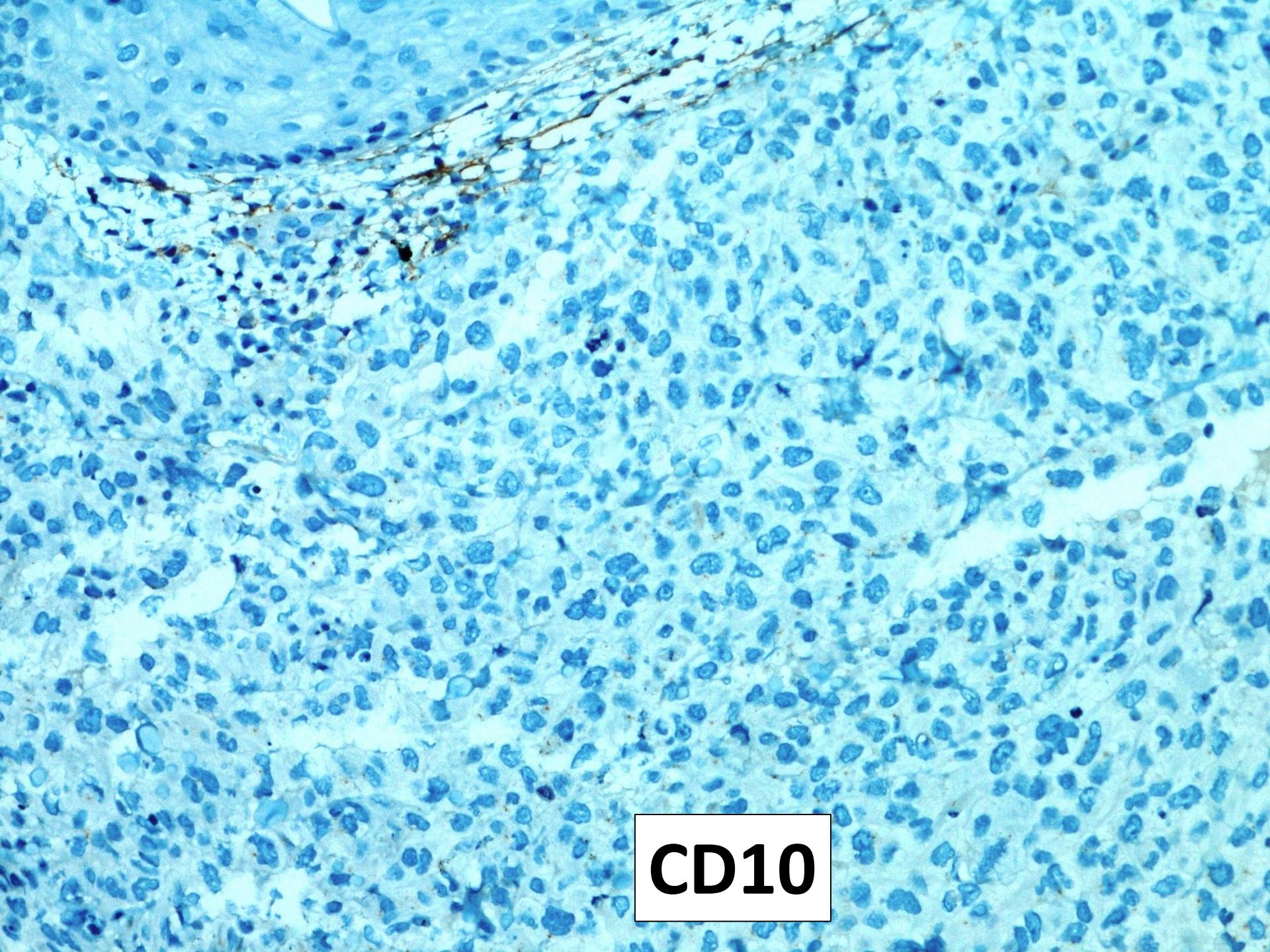
SOX10



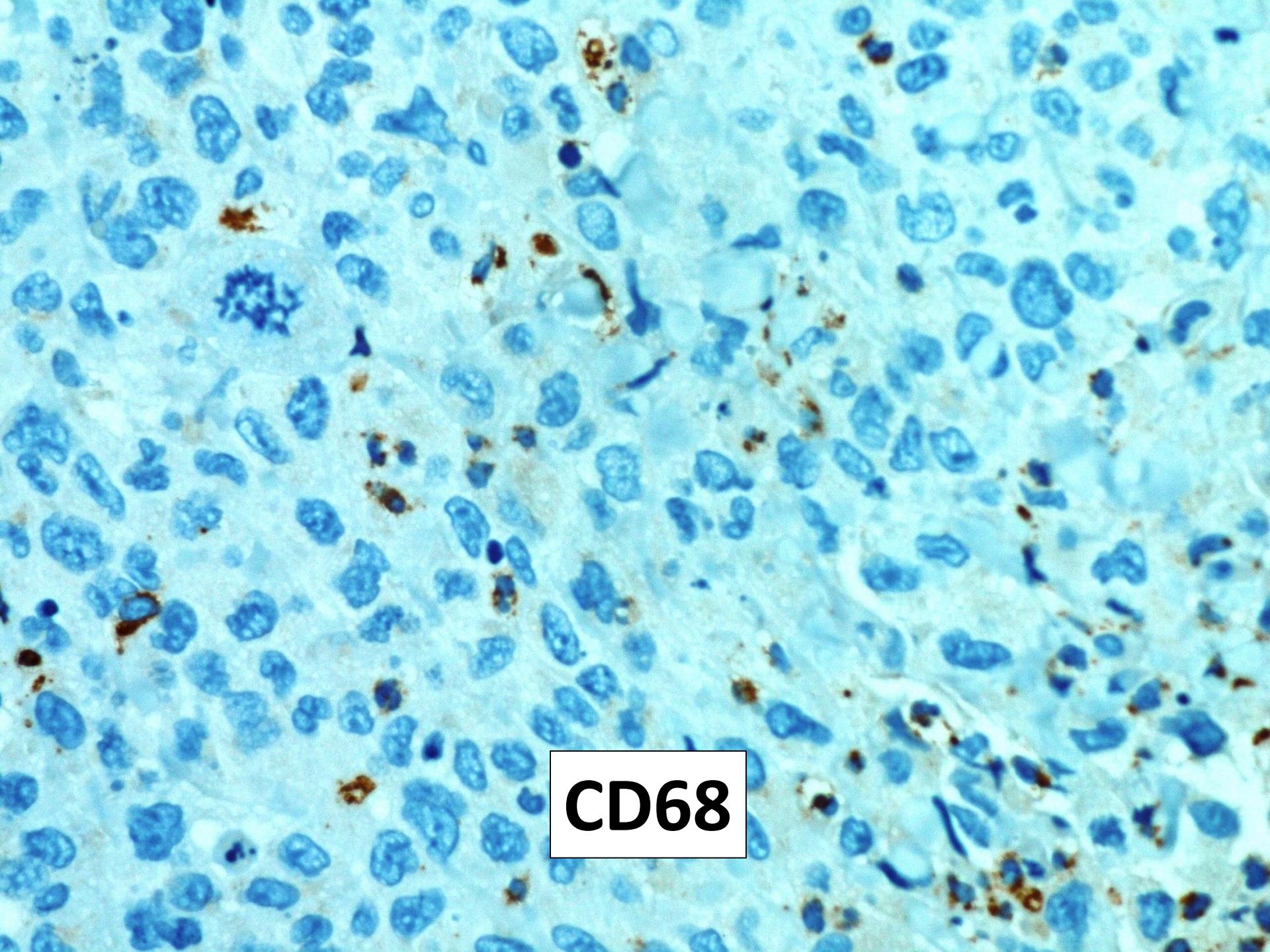
SOX10

This image shows a tissue section stained with HMB45 antibody. The nuclei of the cells are stained blue. There are several brownish-yellow staining artifacts visible, particularly in the lower-left quadrant.

HMB45

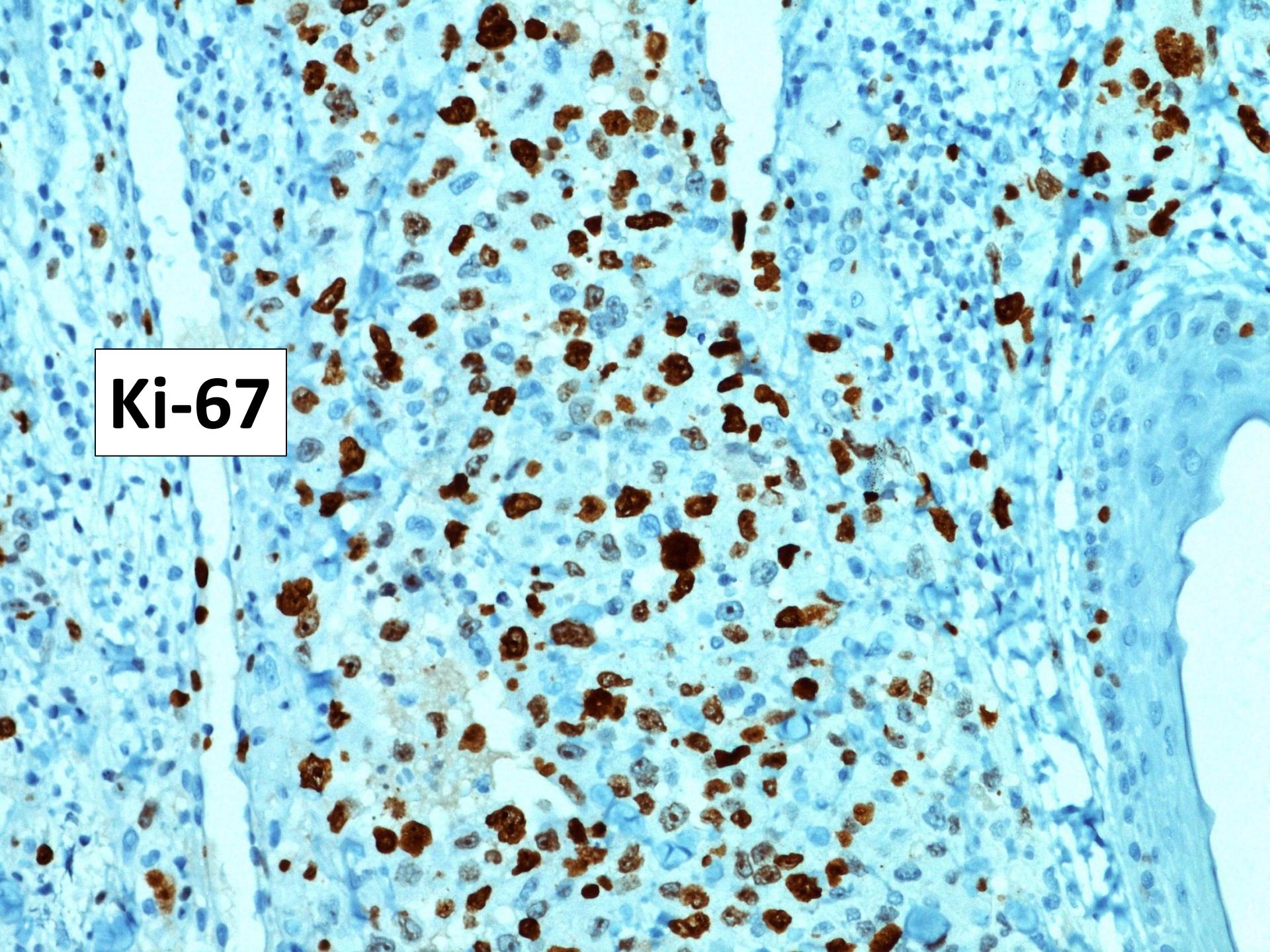


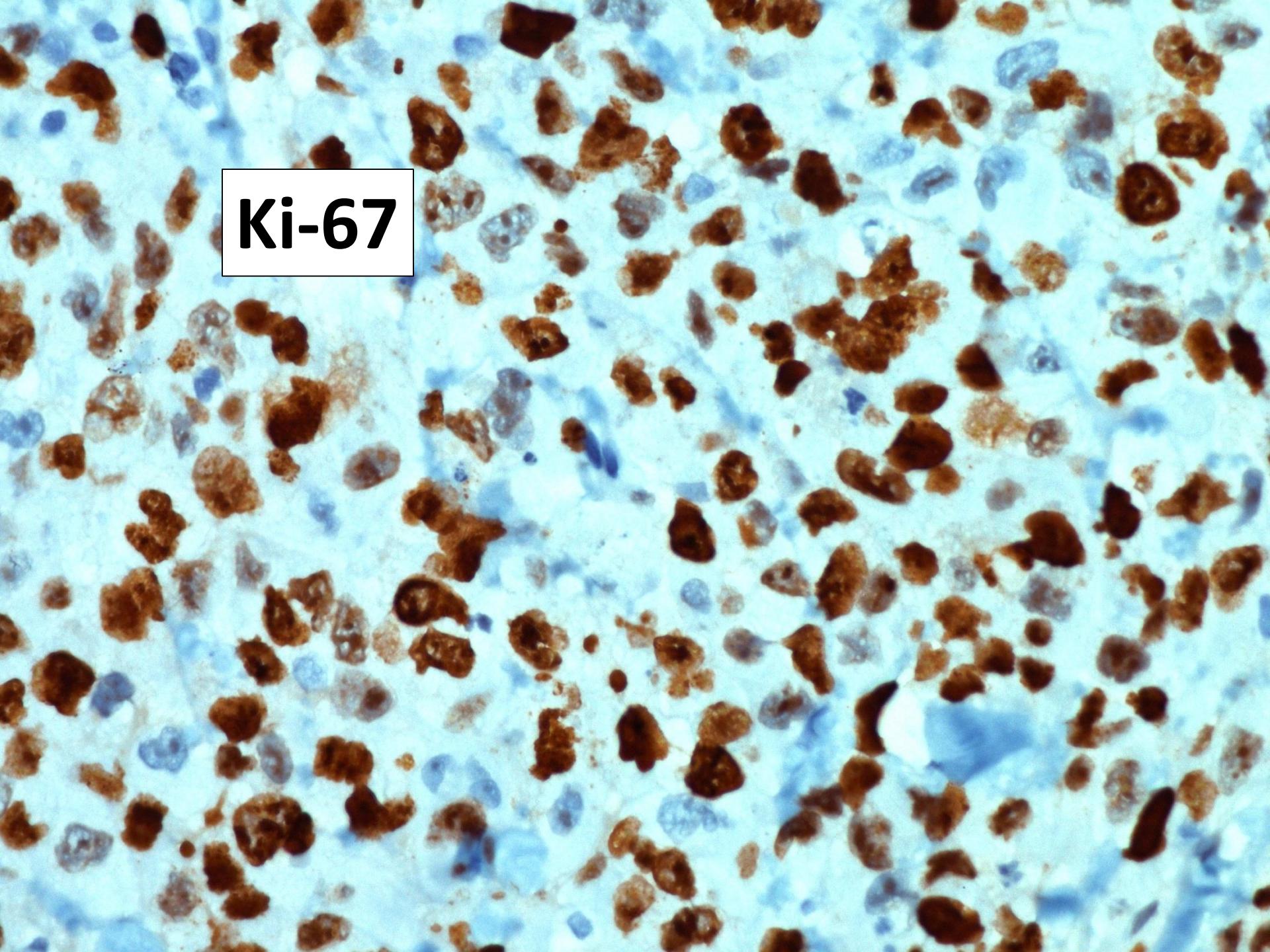
CD10

This image shows a tissue section stained with an antibody against the macrophage marker CD68. The nuclei of the cells are stained blue, while the cytoplasmic expression of CD68 is visualized as brown, granular deposits. These brown deposits are most prominent around blood vessels and appear to be within the cytoplasm of certain cells, indicating the presence of macrophages or foam cells.

CD68

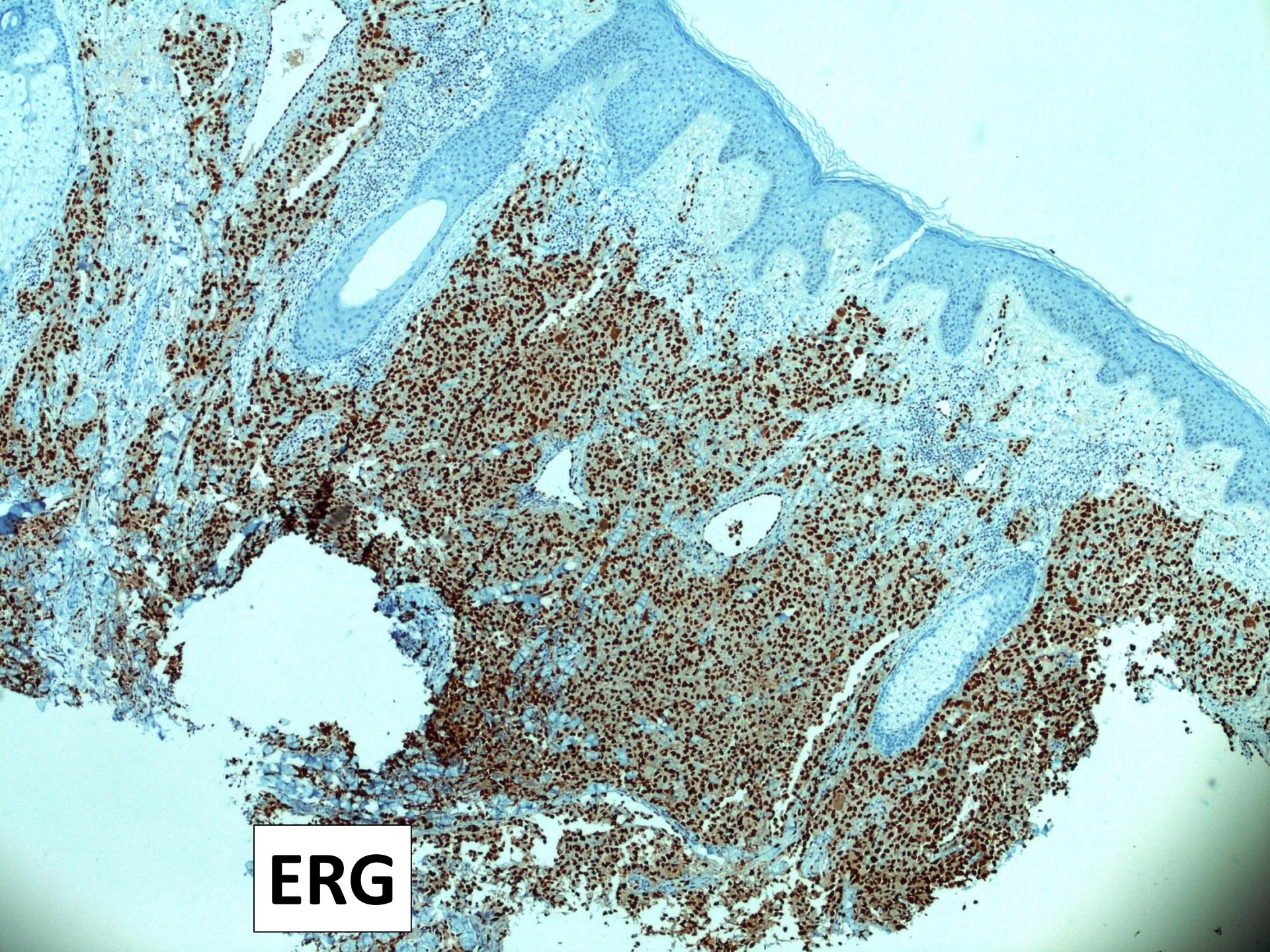
Ki-67





Ki-67

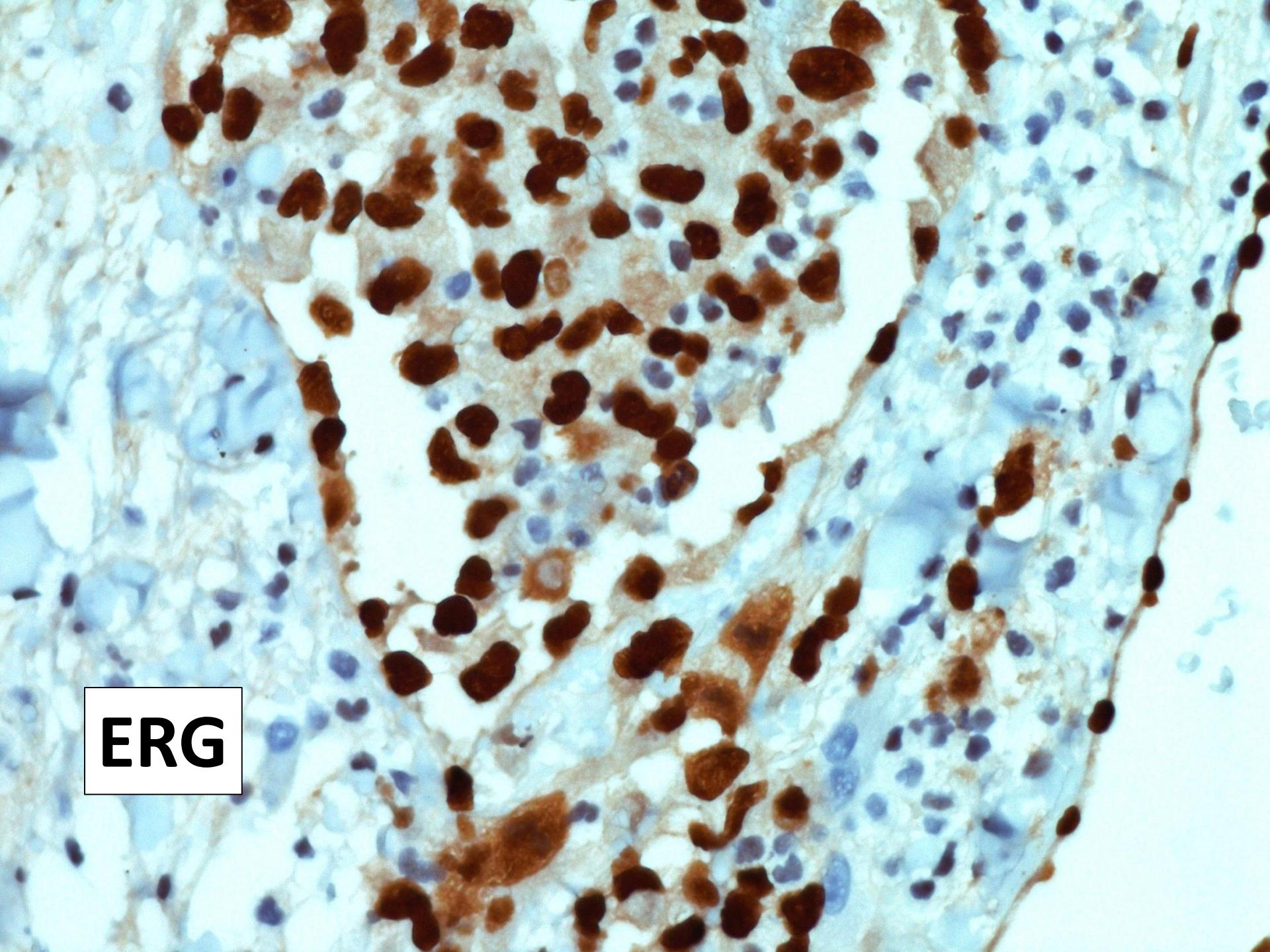
?



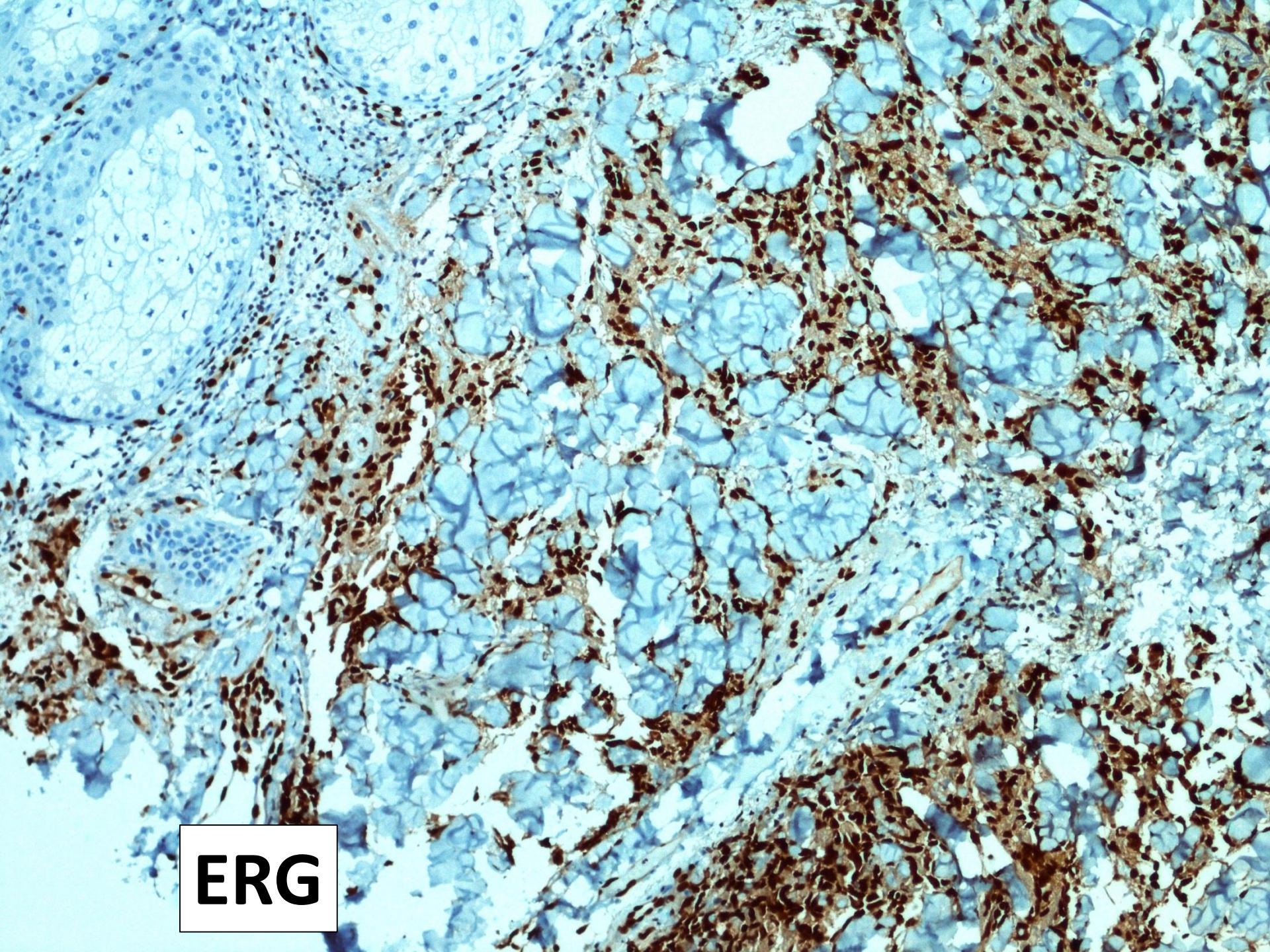
ERG

ERG

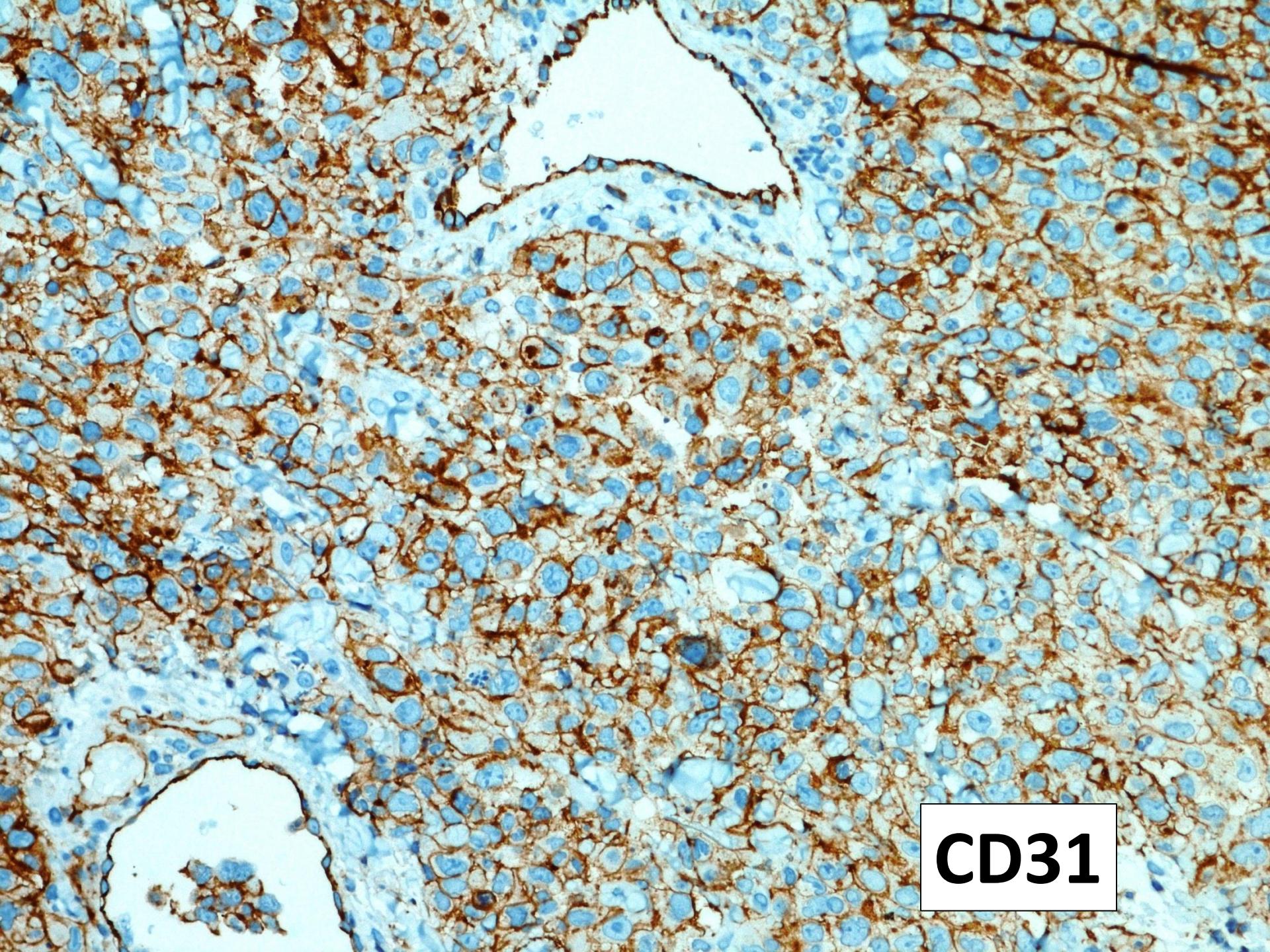
A high-magnification immunohistochemical (IHC) image showing tissue sections. The nuclei of many cells are stained a dark reddish-brown color, indicating positive staining for the ERG protein. The cytoplasm of these cells appears lighter, with some areas showing a blue hue, likely from a counterstain like hematoxylin. The overall pattern suggests a infiltrative tumor growth. A white rectangular box in the upper left corner contains the bold black text "ERG".



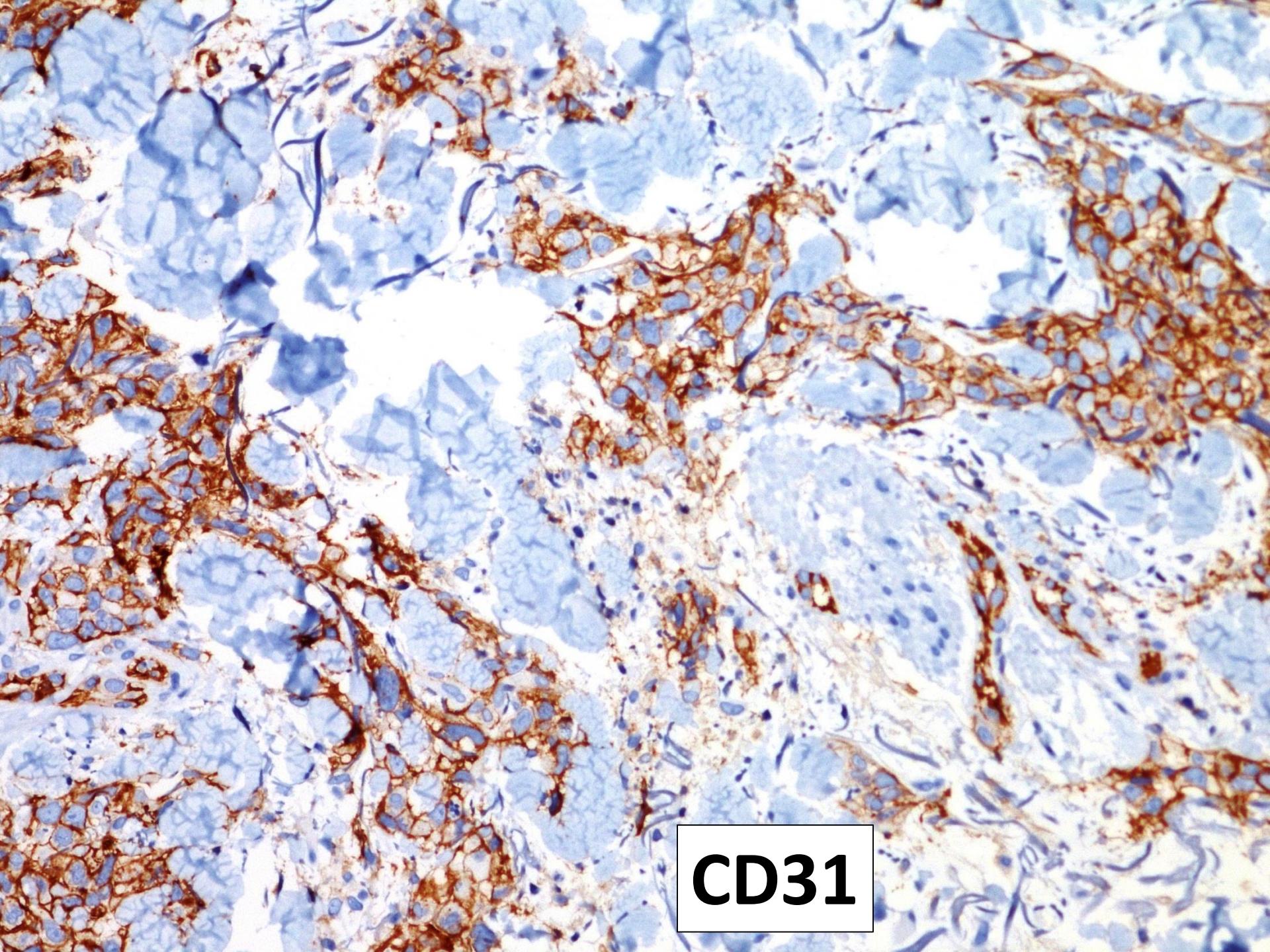
ERG



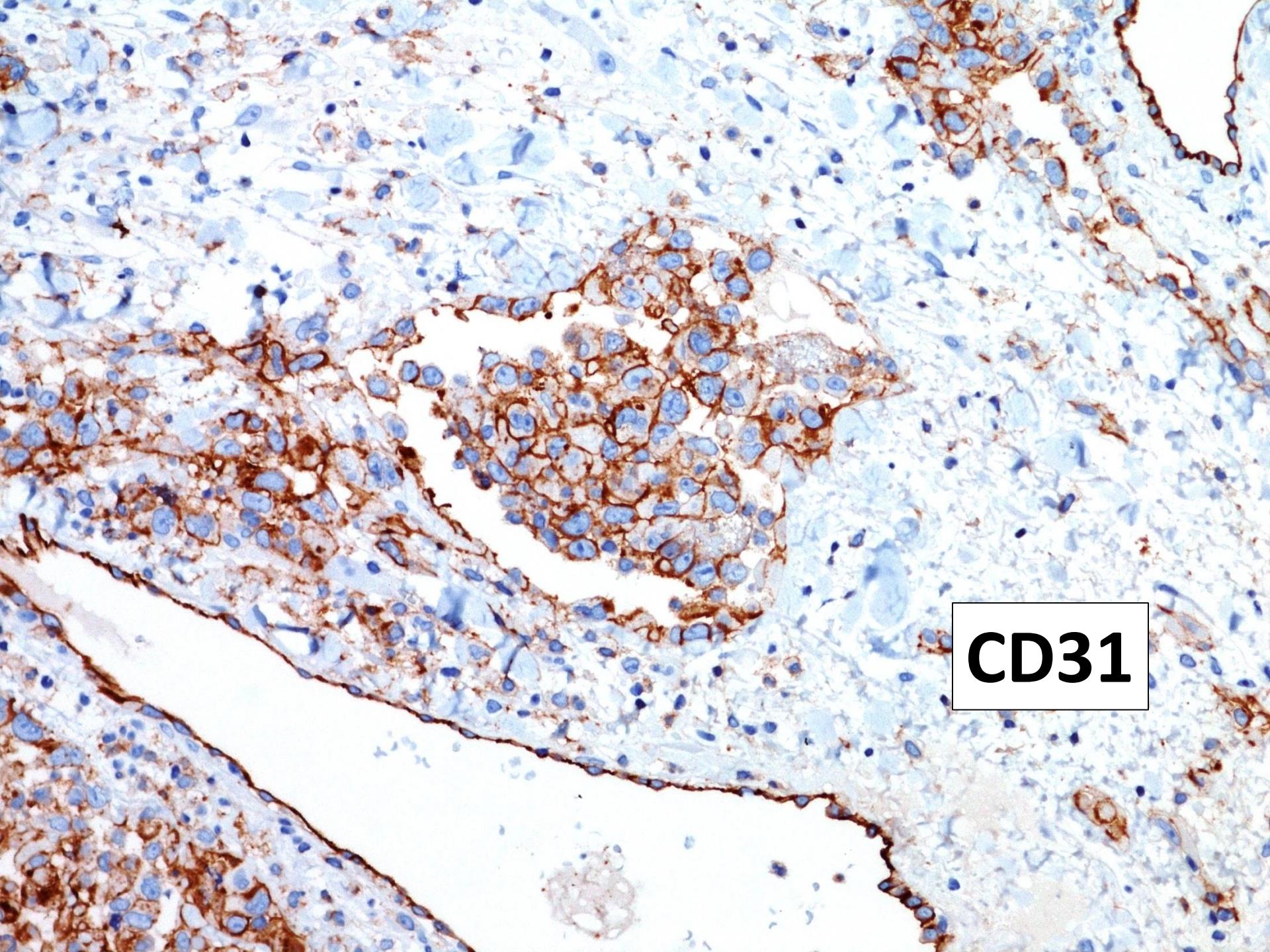
ERG



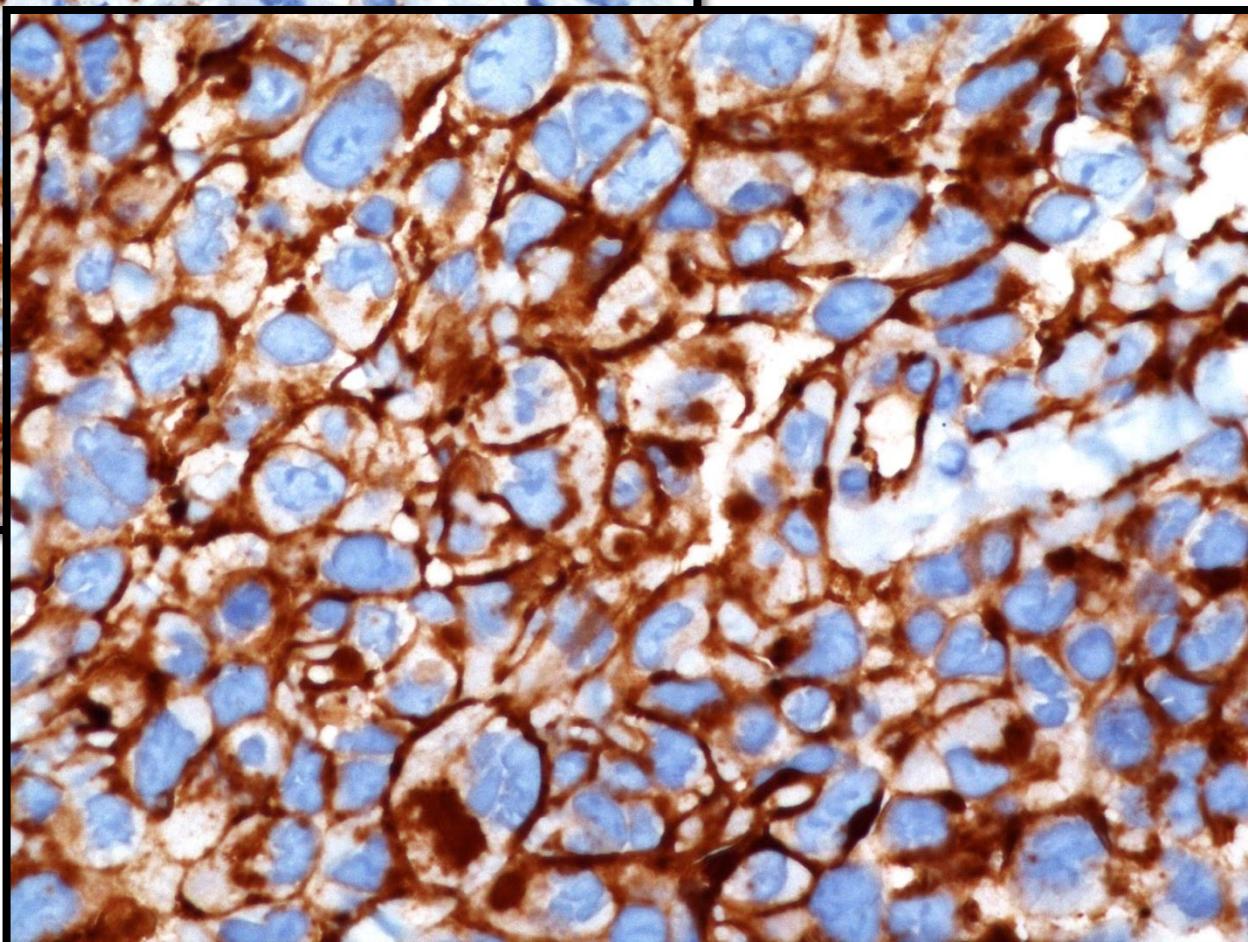
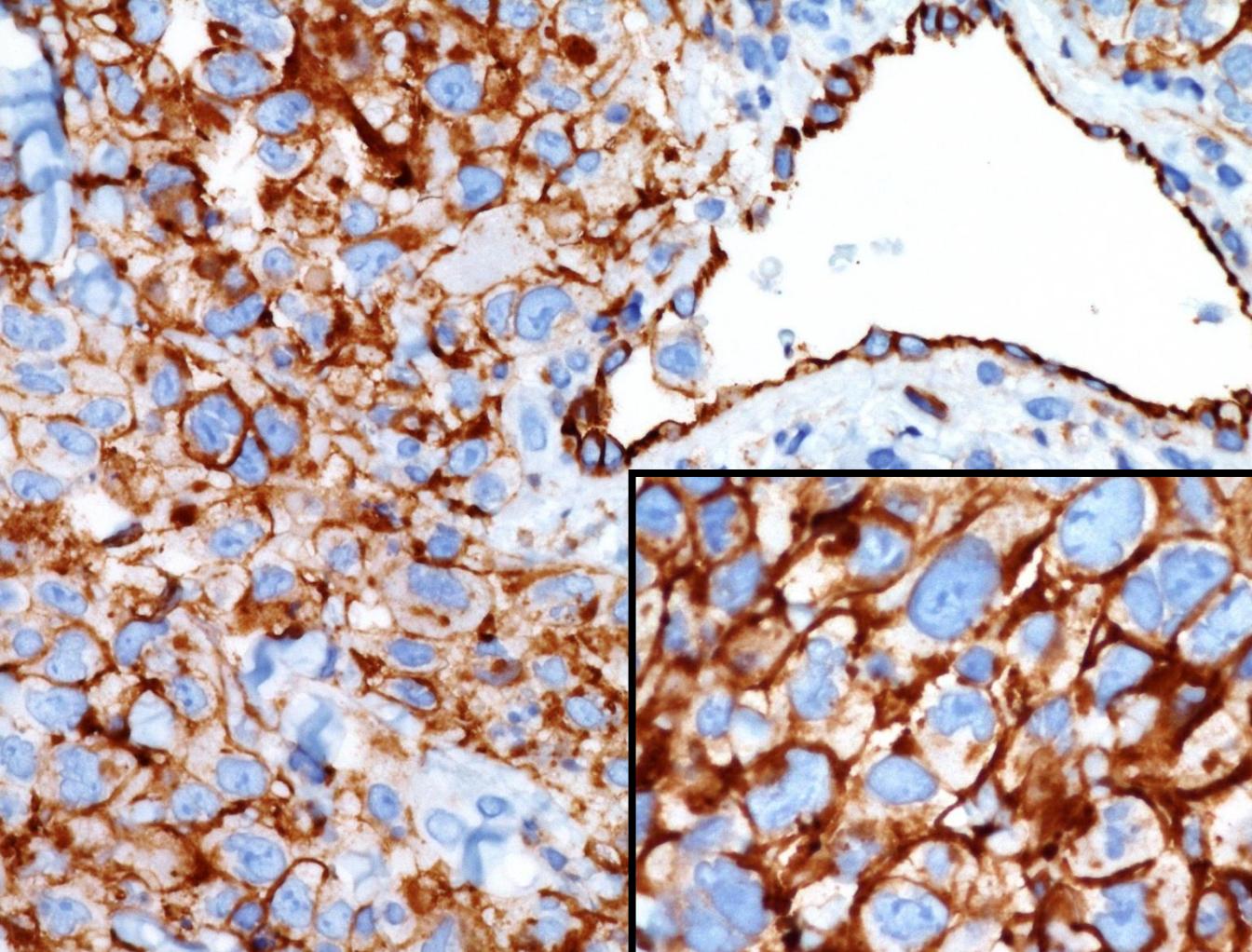
CD31



CD31



CD31



CD31

?

Kutánny angiosarkóm

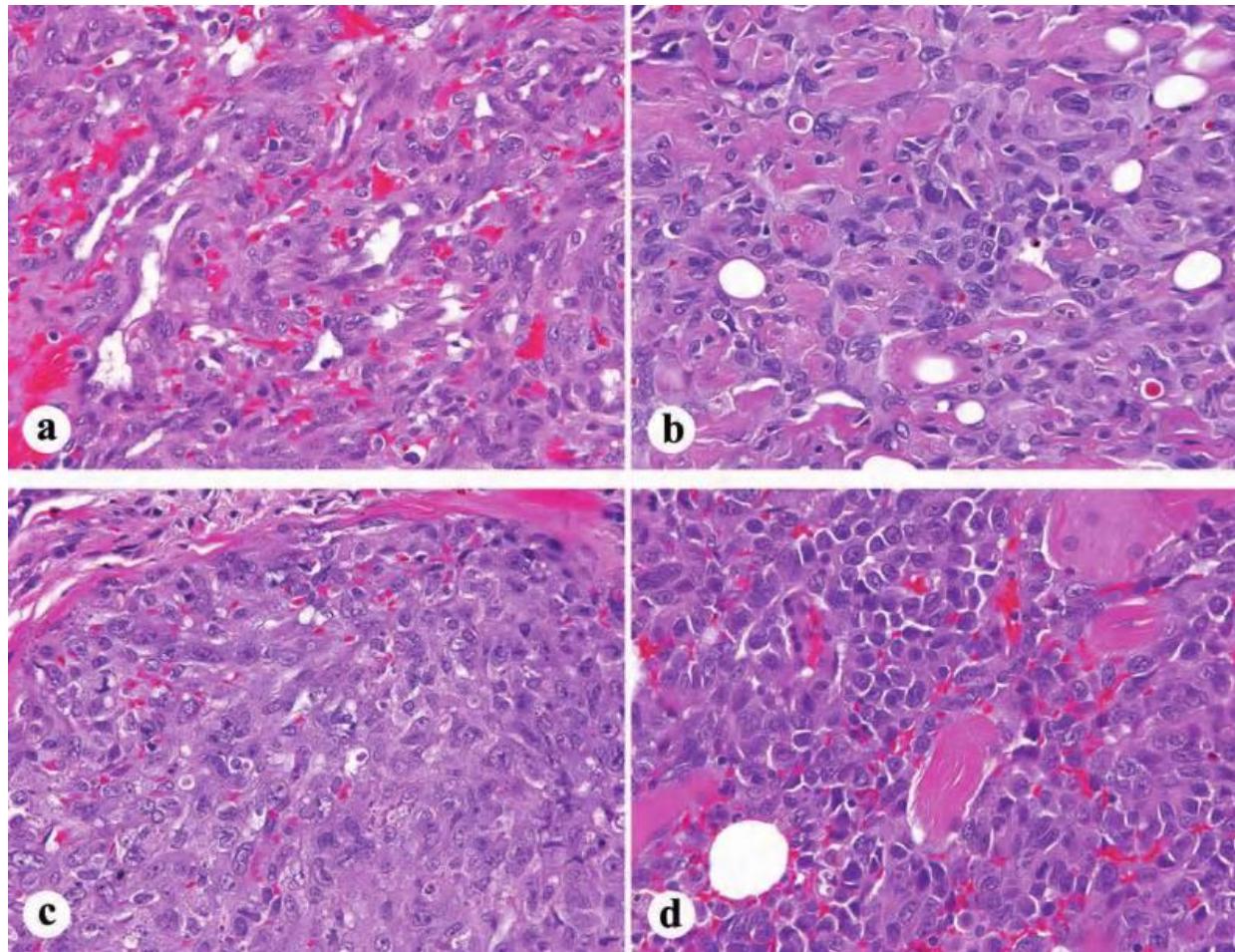
Epiteloidný/nízko diferencovaný

M-9120/3

Poorly differentiated cutaneous AS

Modern Soft Tissue Pathology

Miettinen



ANGIOSARKÓM

- Malígny endotelový novotvar
- < 1 % vaskulárnych novotvarov
- 1 – 2 % všetkých sarkómov
- Tendencia k multifokalite – nie sú zahrnuté v stagingovom systéme sarkómov

Angiosarkóm (AS) – lokalita

(Enzinger 2014; Ann Surg 2010)

- Kutánny (49,6 %)
- Mammárny parenchým (14,4 %)
- Mäkké tkanivá (11,2 %)
- Srdce (6,7 %)
- Kostný (4,1 %)
- Iné lokality (14 %)

Klinické podtypy angiosarkómu

(Enzinger 2014)

- Primárny kutánny AS
- Sekundárny kutánny (asociovaný s lymfedémom) AS
- Poradiačný AS
- AS mammy a iných parenchymatóznych orgánov
- AS mäkkých tkanív

ETIOLÓGIA

- **Chronický lymfedém** (*Stewart Treves syndrome*)
- **Radiácia** (*po časovom odstupe po RAT v miestach bez lymfedému*)
- **Arteriovenózne fistuly** (*transplantované obličky + imunosupresia*)
- **Cudzorodý materiál**
- **Thorotrast** (*cerebrálna angiografia*)
- **Zlúčeniny arzénu** (*pesticídy vo vinohradníctve*)
- Slnečné žiarenie ?

GENETIKA

- Vaskulárne špecifické tyrozín-kinázové receptory: ***TIE1, KDR (VEGFR2), SNRK, TEK, FLT1 (VEGFR1)***
- *Radiačné (LYN, PRKC0) a non-radiačné (FLT1, ACT3) AS*
- Aktivačné mutácie ***KDR*** = možná cielená terapia (*Sunitinib*)
- Amplifikácia ***MYC*** (*poradiačné a s lymfedémom asociované AS; 50 – 100 %*)

PRIMÁRNY KUTÁNNY ANGIOSARKÓM

- $\frac{1}{2}$ AS
- M > Ž
- 90 % belosi
- Po 70-tke
- 50 % oblast' kože hlavy a krku (skalp, horné čelo)
- Expozícia slnečnému (UV) žiareniu ???



MAKROSKOPICKÝ OBRAZ

- „Modrina“
- Noduly
- Ulcerácia
- Multifokalita
- Nejasné hranice
- Rezné plochy: hemoragické / špongiovité areály

MIKROSKOPICKÝ OBRAZ

- Väčšina kutánnych AS je dobre a stredne diferencovaných
- *Tvorba vaskulárnych priestorov*
- *Iregularita*
- *Disekcia dermálneho kolagénu a fascie*
- *Papilárne intraluminálne projekcie (papillations, tufting)*
- Minorita kutánnych AS = *high grade (vretenobunkové, epiteloidné) tumory*
- ***Foamy cell variant AS***

Cutaneous Angiosarcoma of the Scalp

A Multidisciplinary Approach

Pawlik et al.

CANCER October 15, 2003 / Volume 98 / Number 8

- **TABLE 1**

- **Patient Characteristics (*n* 29 patients)**

- **Characteristic No. (%)**

- Age (yrs)

- Median 71.0

- Range 33–90

- Gender

- Female 11 (37.9)

- Male 18 (62.1)

- Follow-up (mos)

- Median 18.3

- Range 3.2–106.0

- Delay in diagnosis (mos)

- Median 5.1

- Range 0–12

- Total no. of lesions on presentation

- One lesion 17 (58.6)

- One lesion plus satellitosis 4 (13.8)

- Multifocal disease 8 (27.6)

- T classification of disease

- Initial clinical T1 18 (62.1)

- Initial clinical T2 11 (37.9)

- Final pathologic T1 7 (24.1)

- Final pathologic T2 21 (72.5)

- No pathologic T stage available (no surgery) 1 (3.4)

- **Grade of angiosarcoma**

- **Low 6 (20.7 %)**

- **High 19 (65.6 %)**

- Unknown (no surgery) 1 (3.4)

- Not available for review 3 (10.3)

GRADING

STANFORD (AS of the breast)

- **Low grade tumors**
 - **Prominent freely anastomosing vascular channels**
 - Papillary growth and endothelial tufting minimal to absent
 - **Cytologic atypia may be difficult to identify** even after extensive sampling
- **Intermediate grade tumors**
 - Freely anastomosing vascular channels
 - **Papillary growth and endothelial tufting**
 - May have focal solid areas with polygonal or spindle cells
- **High grade tumors**
 - **Prominent solid areas of clearly malignant cells**
 - Polygonal and spindled cells
 - **Blood lakes and necrosis are common**
 - **Vascular channels may be difficult to identify**
 - May require extensive sampling, especially at edge of lesion
 - Demonstration of vascular nature may require immunohistology

IHC

- CD31
- CD34
- FLI1
- ERG (senzitívny vaskulárny marker nezávislý od stupňa diferenciácie / Miettinen)
- Claudin- 5

- **CD117** (50-60 % AS; expresia ako u fetálnych endotélií; Miettinen – bez KIT mutácie exónov 11 a 17, bez efektu liečby TKI)
- CK7, CK8, EMA (!)

Kutánny AS

diferenciálna diagnostika

Non - vaskulárne lézie

- Melanoma
- Lymphoma
- Carcinoma (aj MTS RCC)
- ...sarcoma

Vaskulárne lézie

- Hemangioma (*hobnail, spindle cell, angiomatosis, papillary endothelial hyperplasia - Masson*)
- Kaposi sarcoma
- Hemangioendothelioma
(*epitheloid, Kaposiform, hobnail – Dabska+retiform, epitheloid sarcoma-like / pseudomyogenic, composite*)
- AVL

Kutánny AS

Prognóza

- Agresívny novotvar
- Časté vzdialené MTS
- 50 % pacientov umiera do 15 mesiacov
- 15 % pacientov prežíva > 5 rokov

Prognostické faktory AS

(všetky lokality)

FAVORABLE	UNFAVORABLE
< 50 rokov	> 50 rokov
Trup	Hlava a krk
Unifokalita	Multifokalita
Lokalizovaný proces	Šírenie do okolia
< 5 cm	> 5 cm
Povrchová lokalizácia	Hlboké mäkké tkanivá / orgány
Negatívne resekčné okraje	Pozitívne resekčné okraje
Nonepiteloidná histológia	Epiteloidná histológia
Absencia nekrózy	Prezencia nekrózy

FOLLOW UP

- Bioptický nález
- Onkológia – hospitalizácia, nález plúcnych MTS
- Cca 1 mesiac exitus letalis

ĎAKUJEM ZA POZORNOSŤ