

XXI. Martinský bioptický seminár SD-IAP

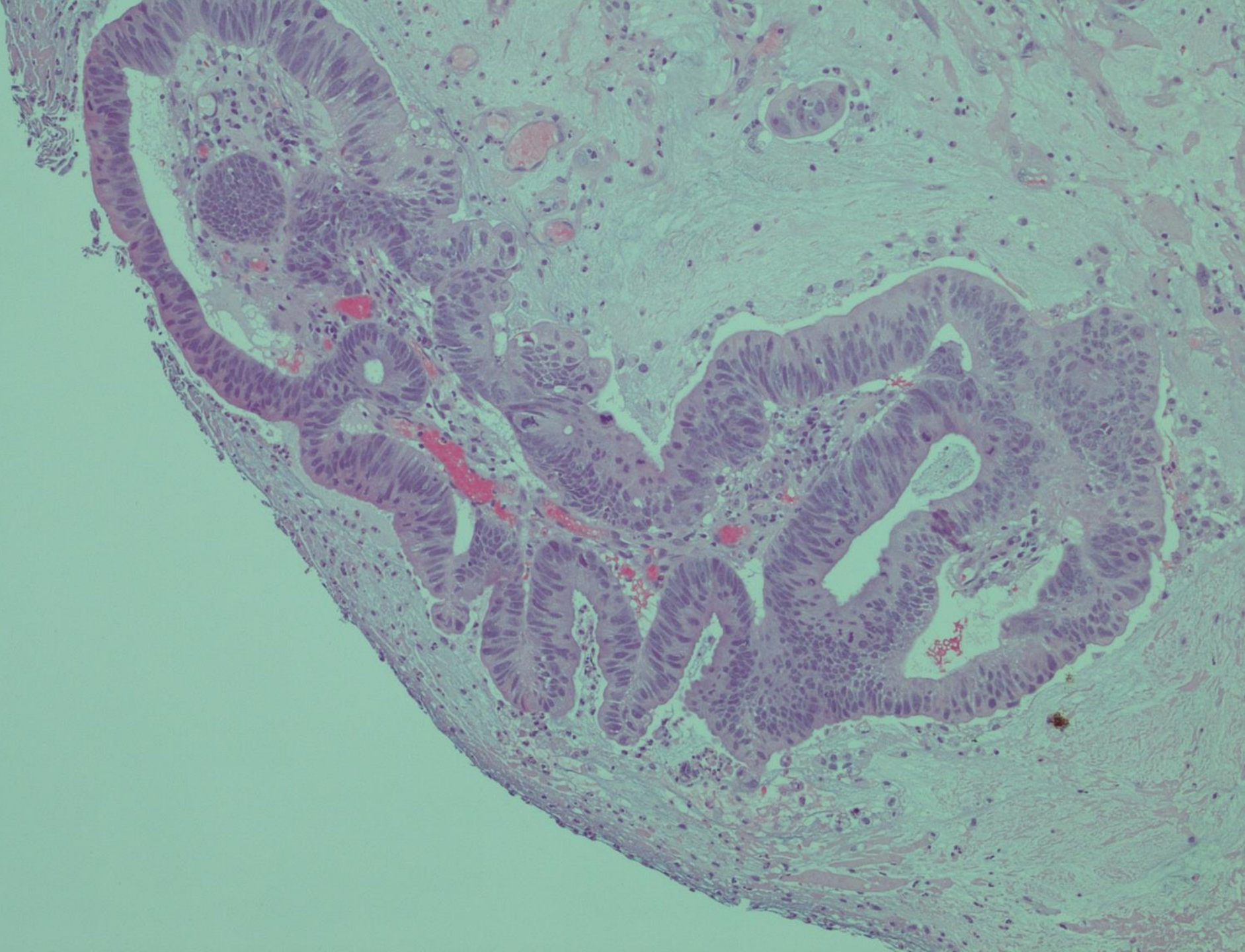
23. – 24. október 2015

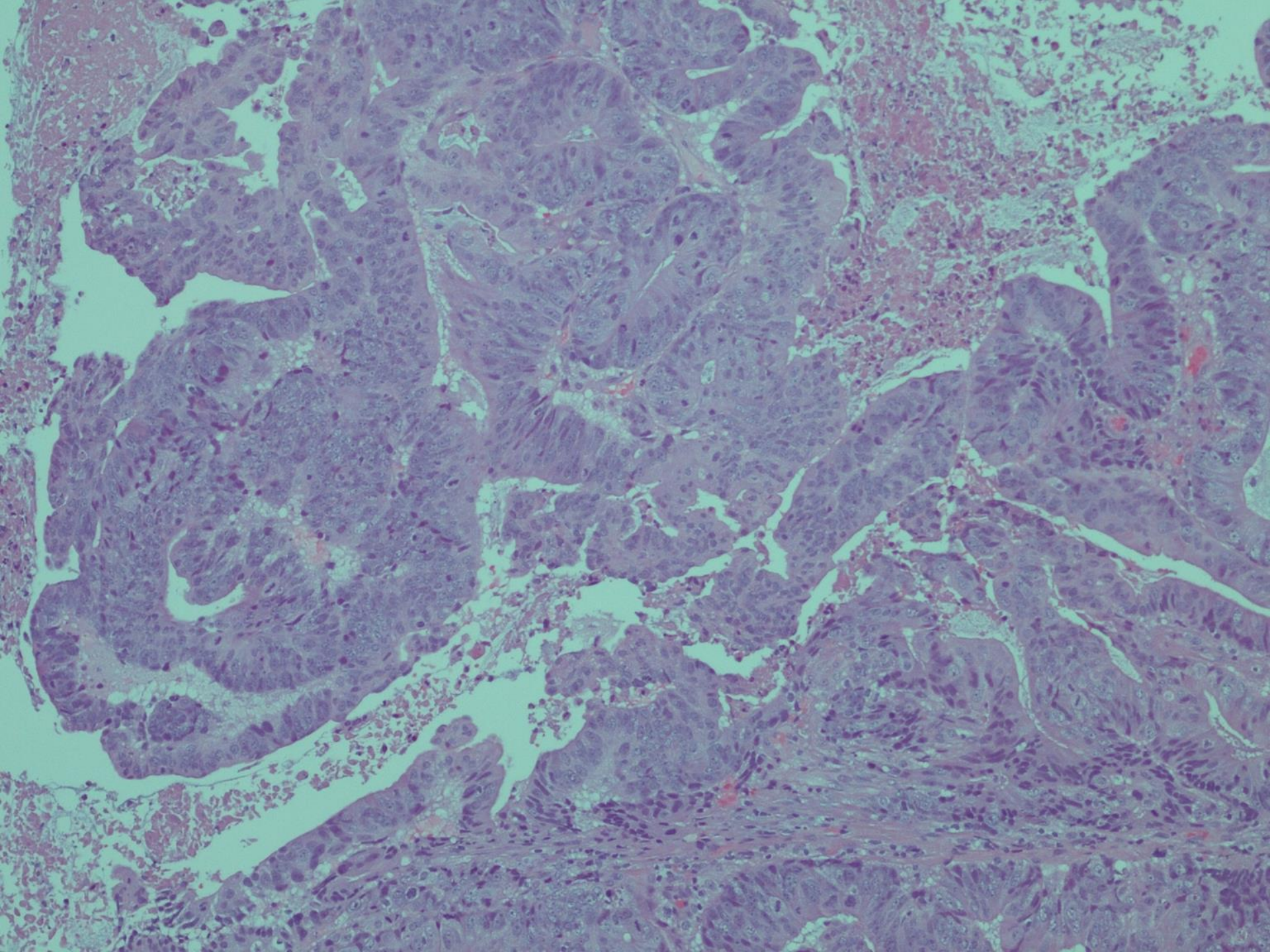
Kúpele Lúčky

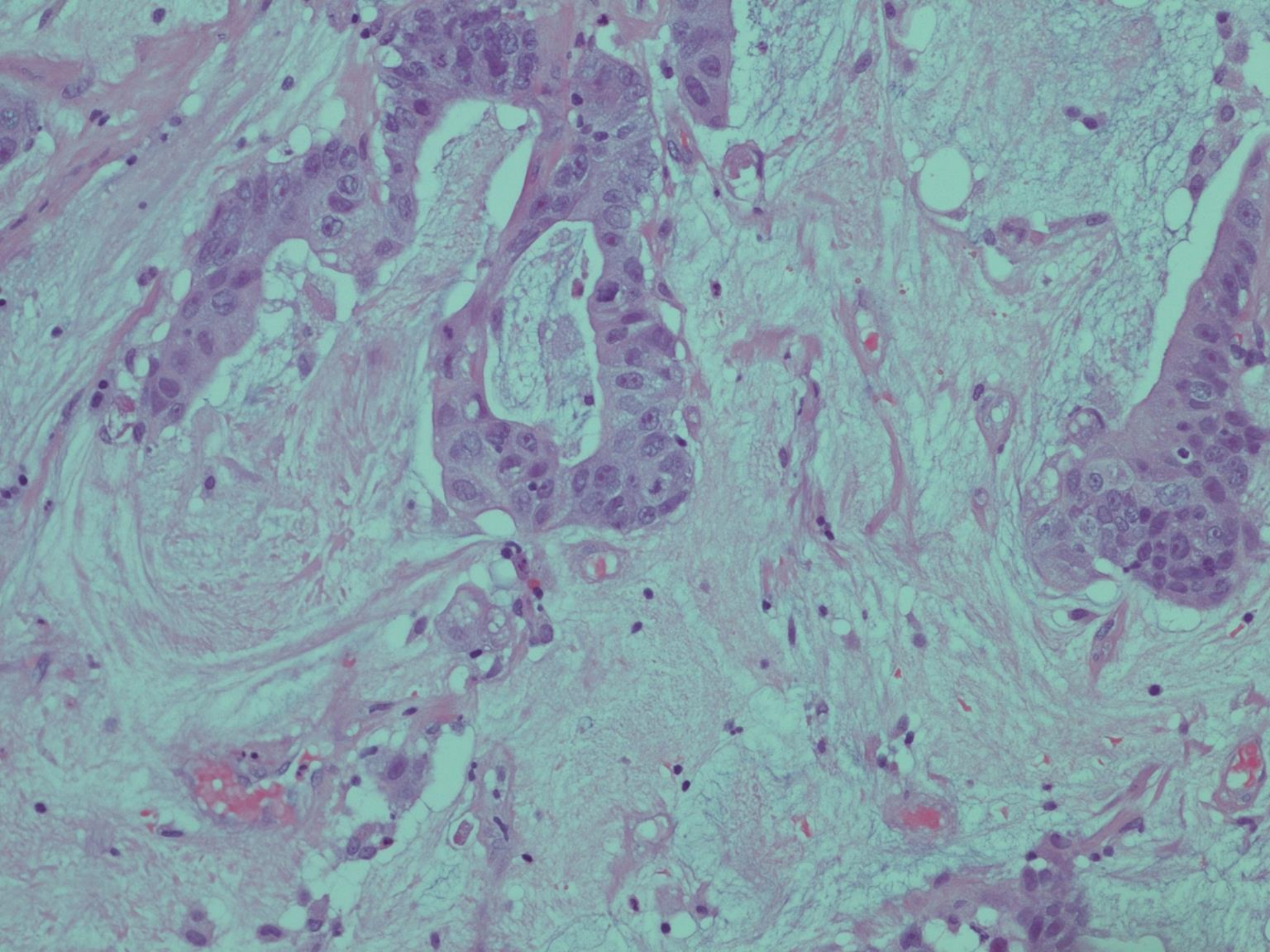
Peter Bohuš, Medicyt s. r. o. Košice

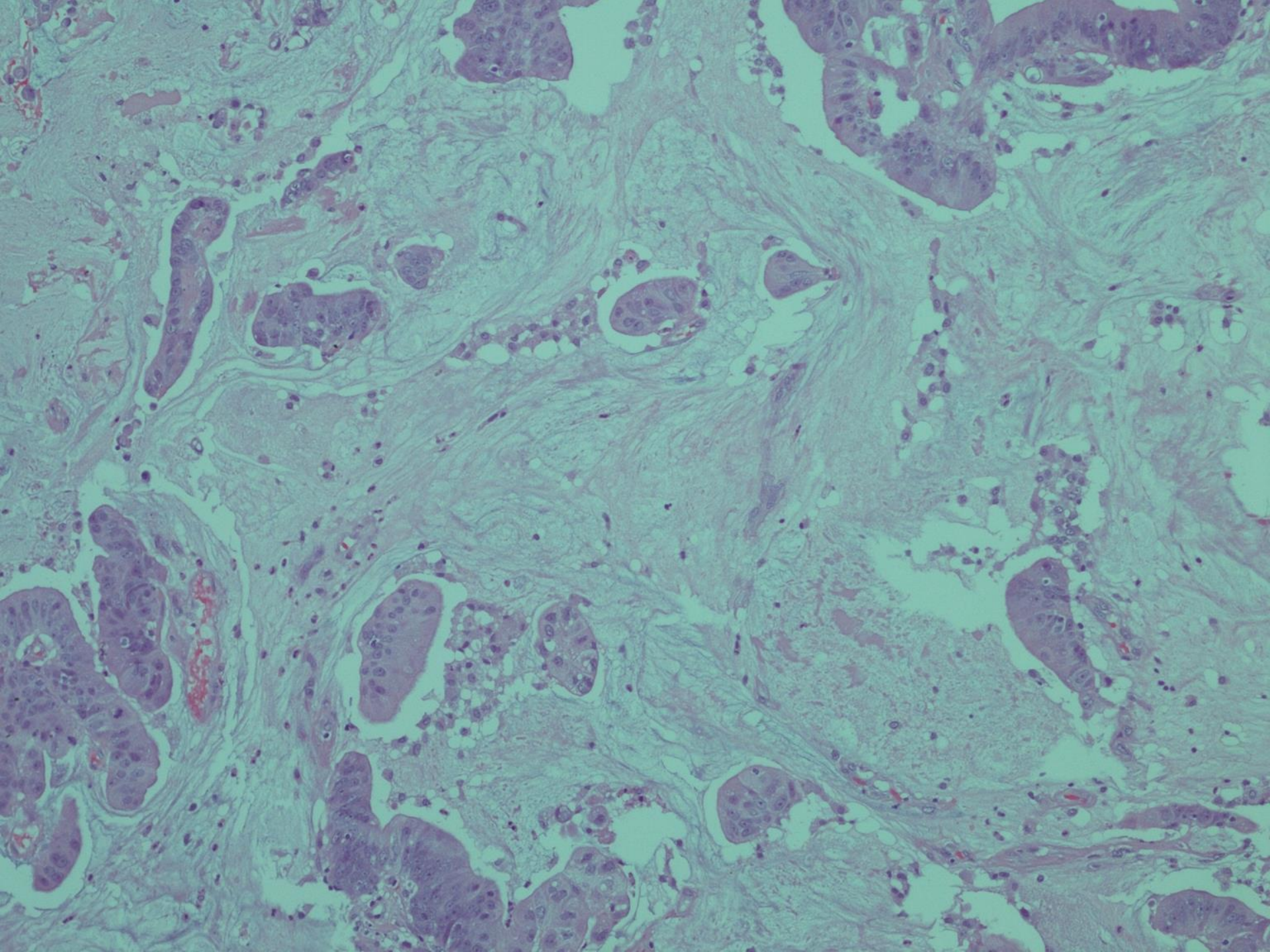
68-ročný pacient s klinickou diagnózou TU cavi nasi I. dx.

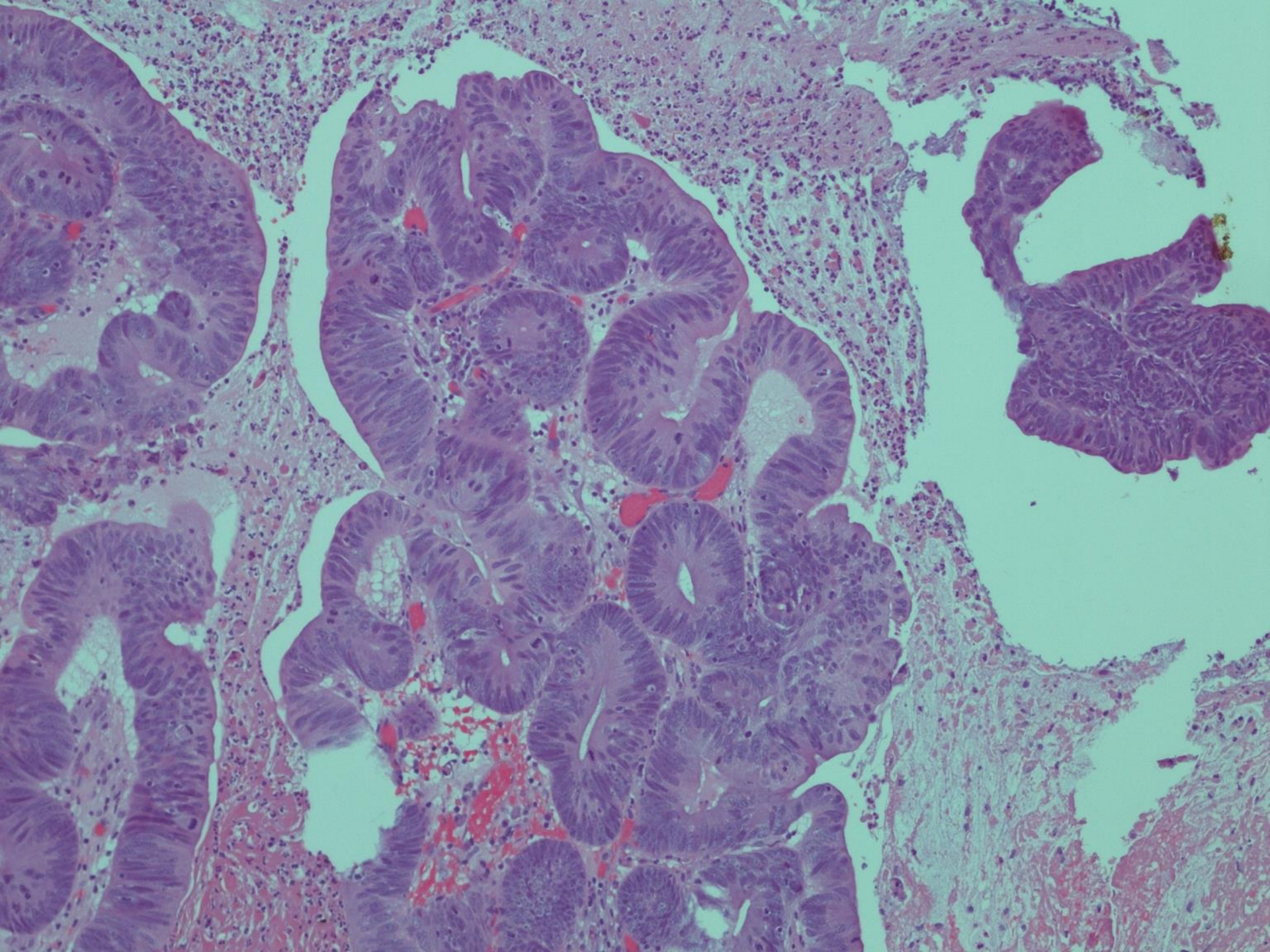
- Makroskopicky išlo o fragmentovaný materiál veľkosti spolu cca 40x30x20 mm, najväčší fragment do cca 25 mm, tkanivo ružovočervené, miestami naznačene lobulizované, mäkkšie.
- Materiál **peroperačne** vyšetrený, nález hlásený ako **schneideriánsky papilóm**.

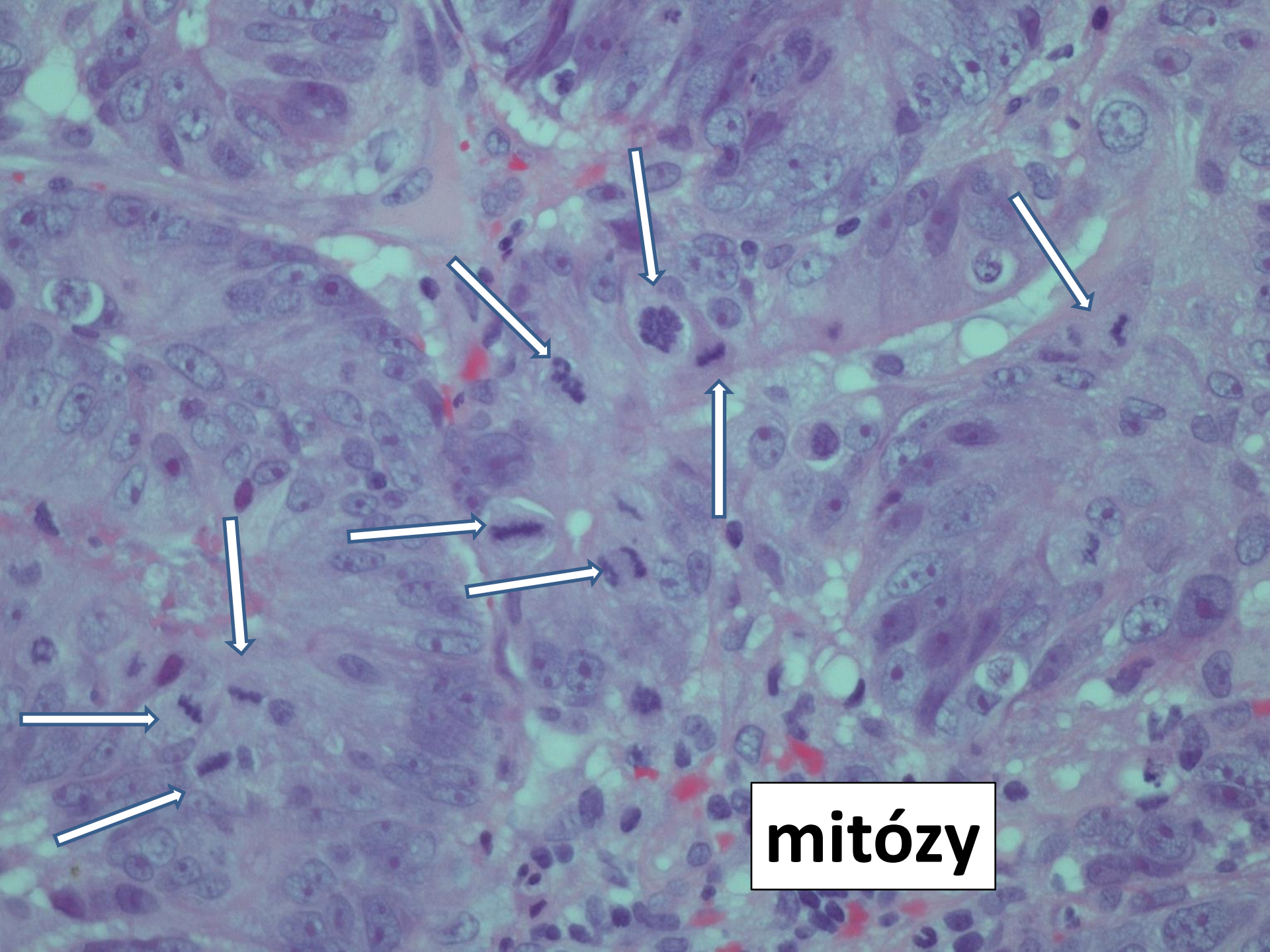




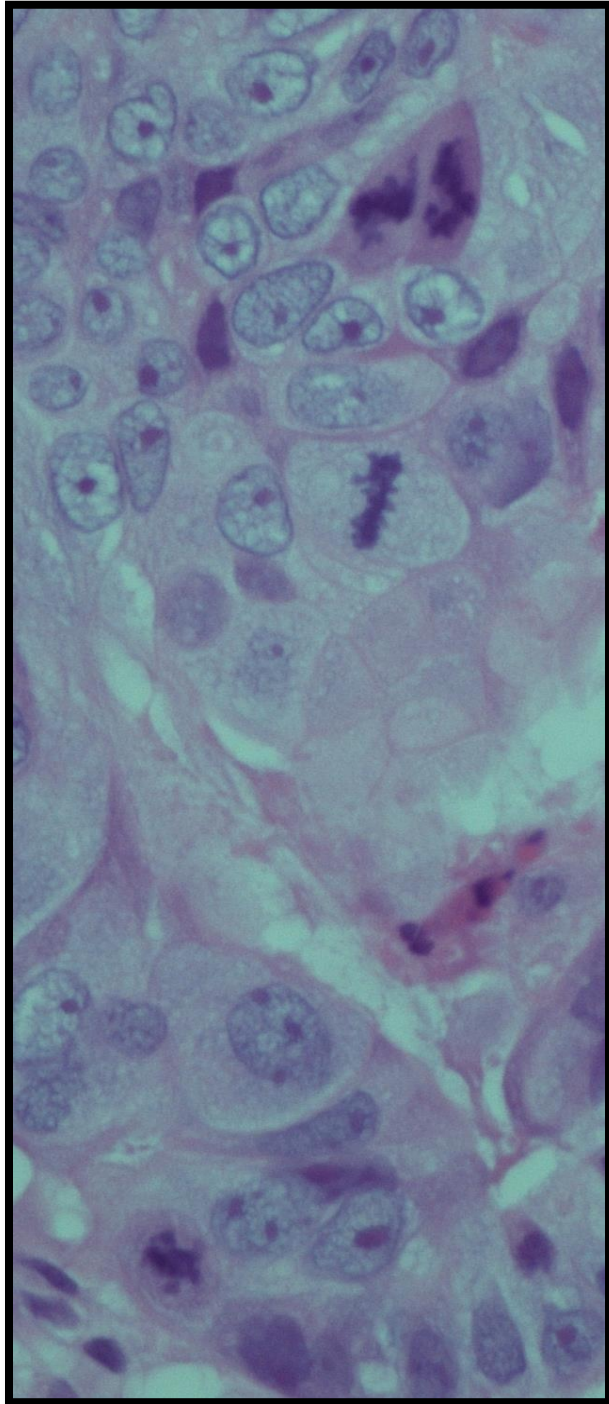
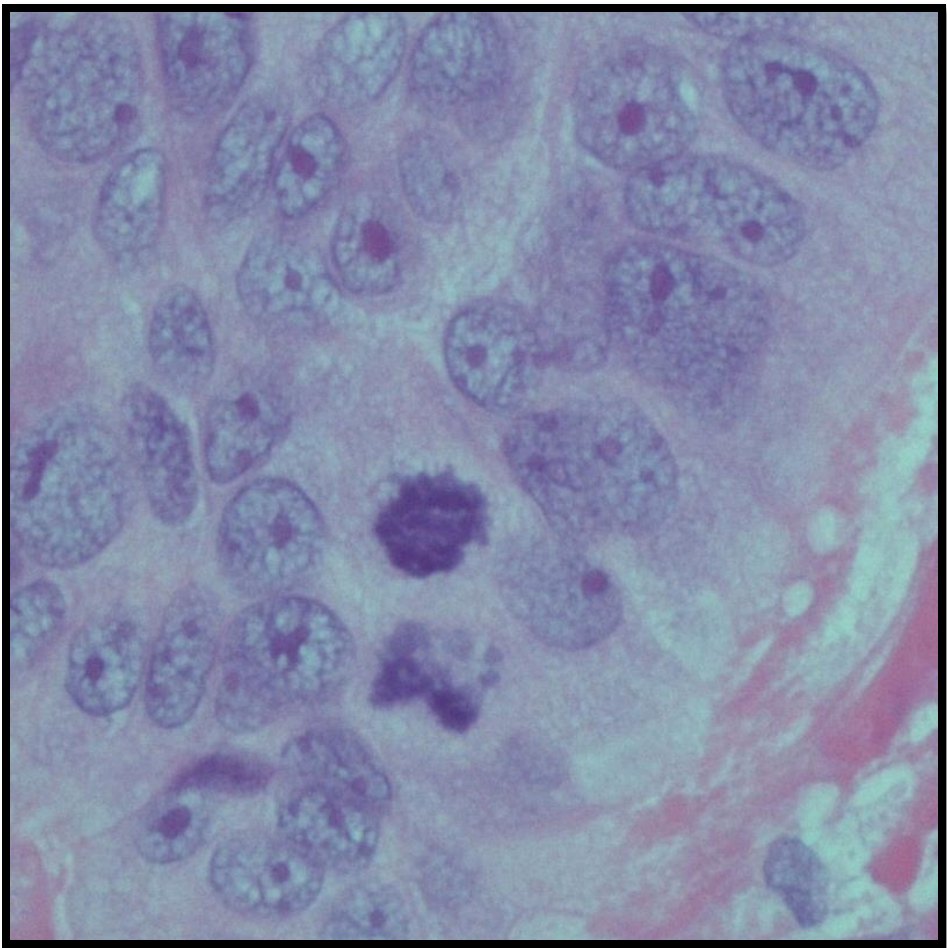


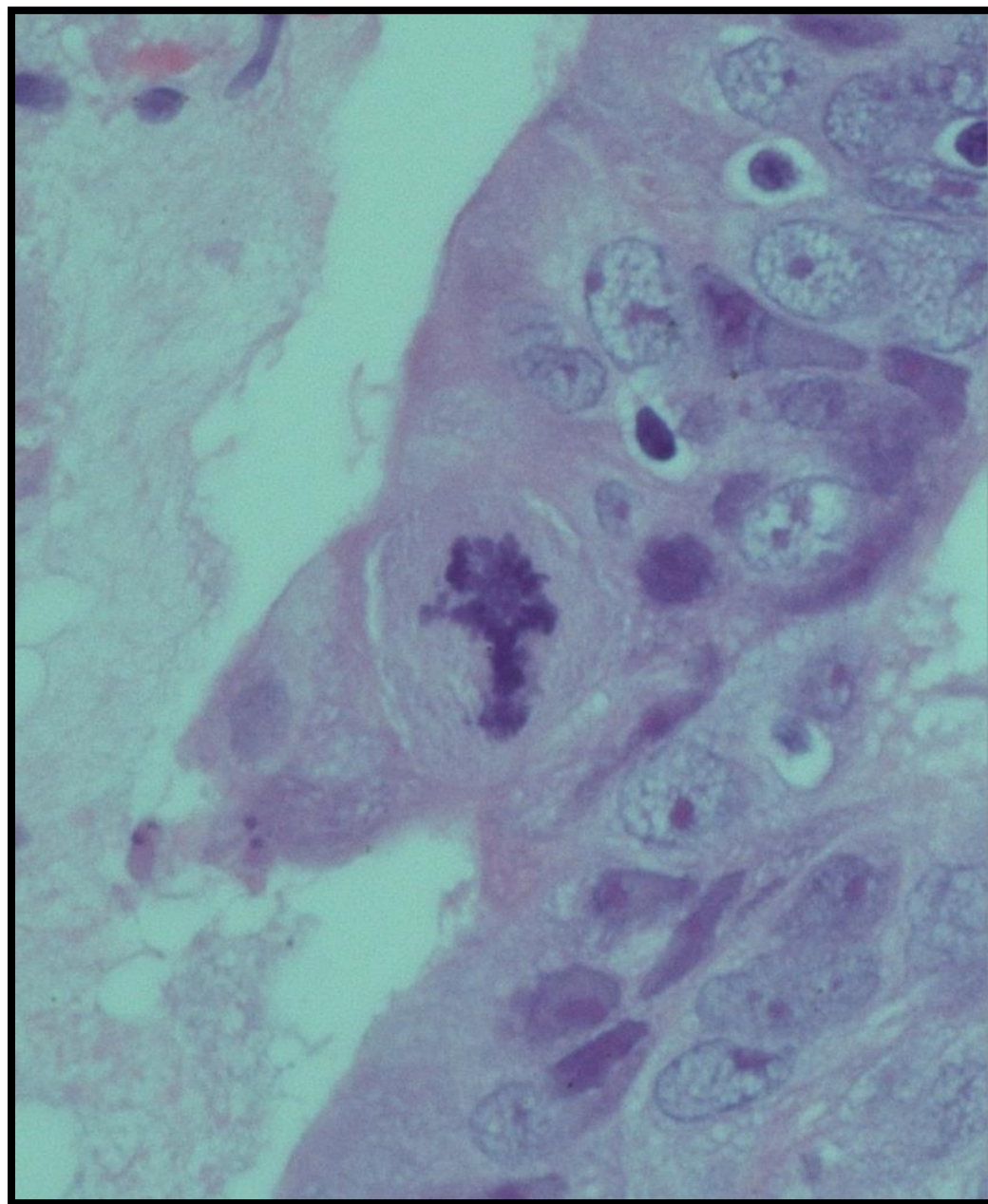
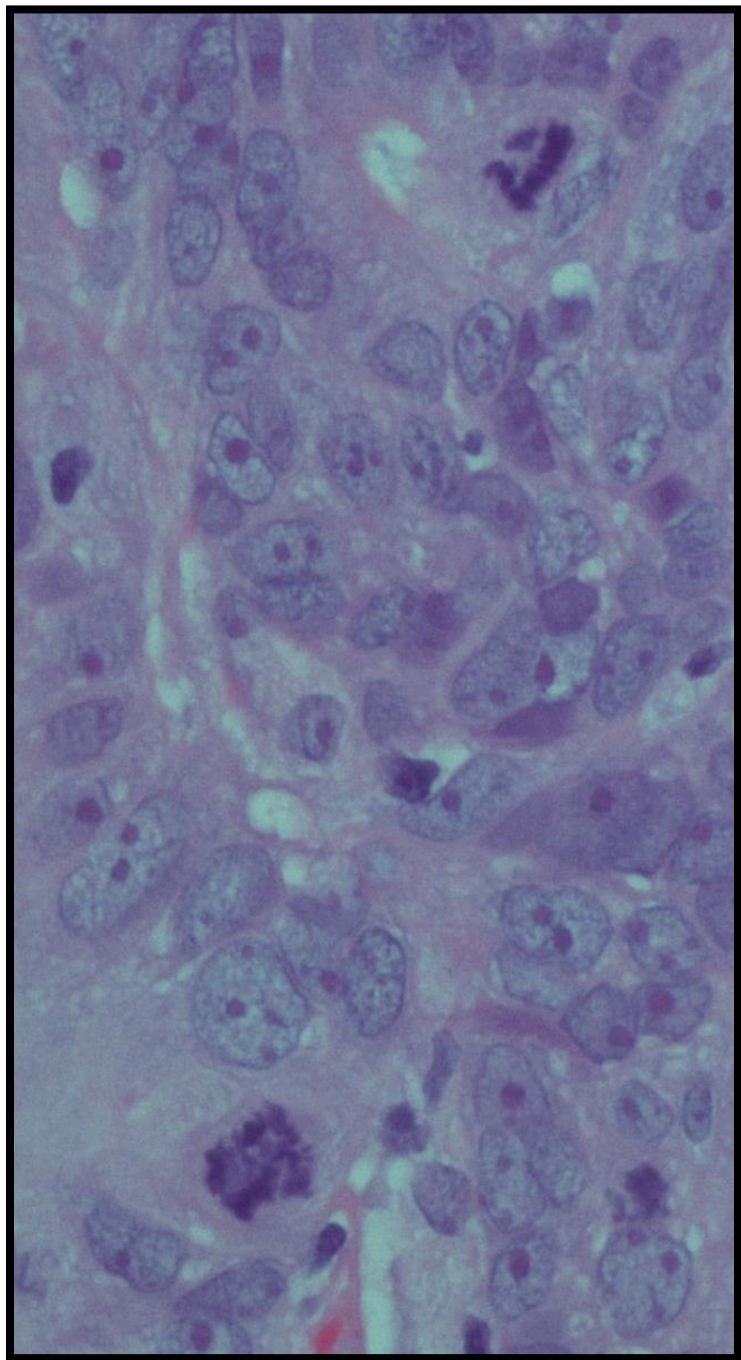




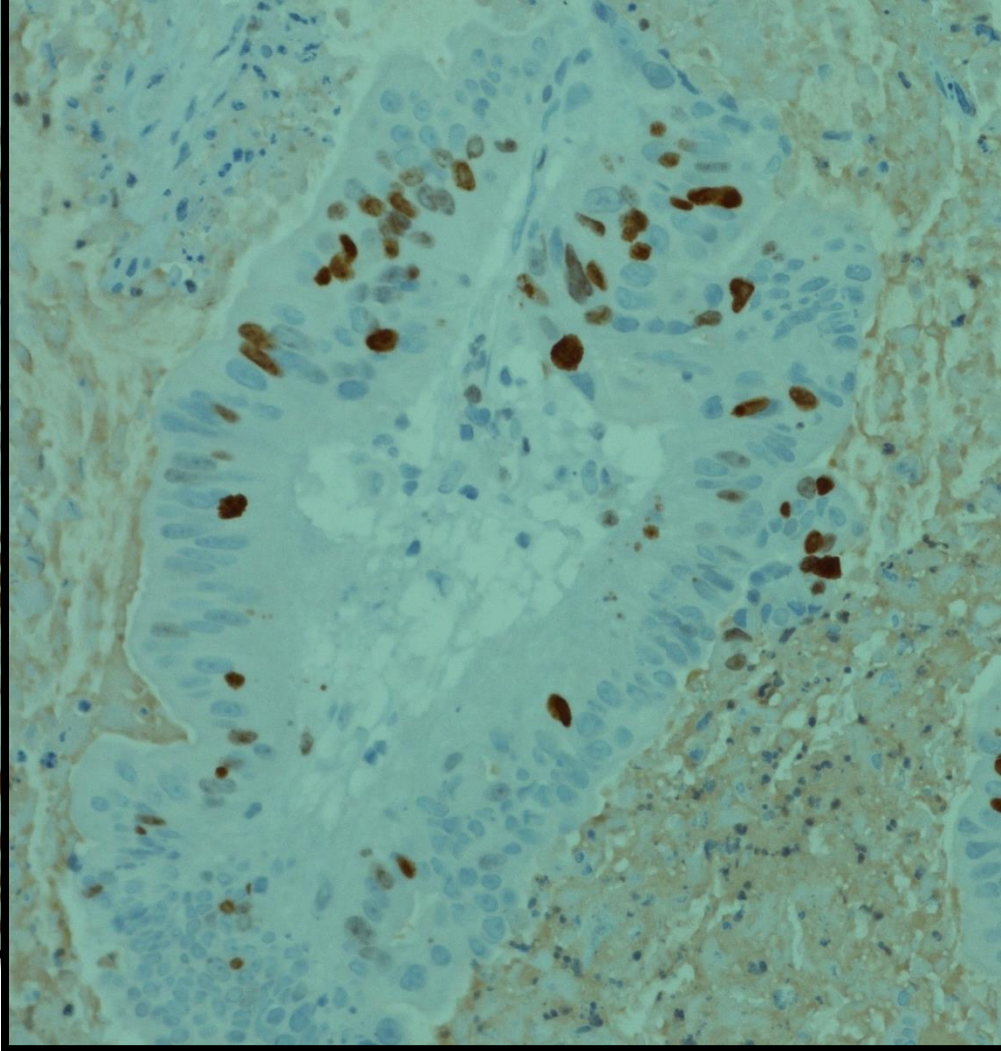
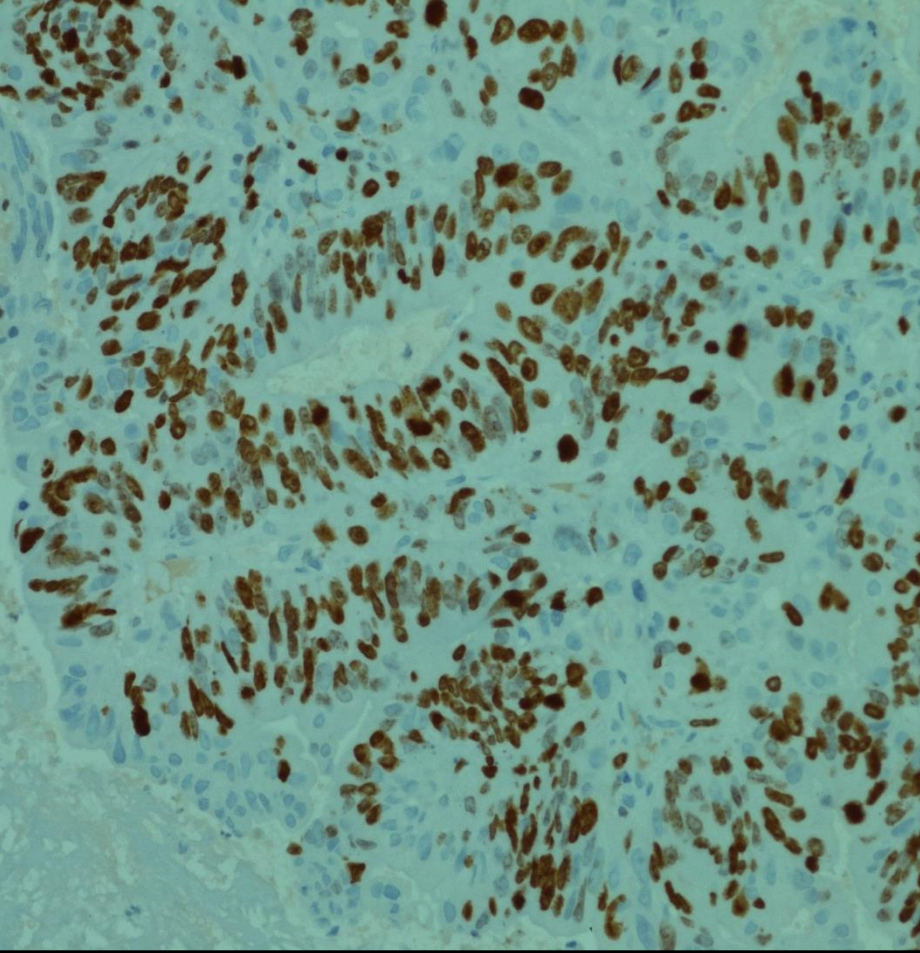


mitózy

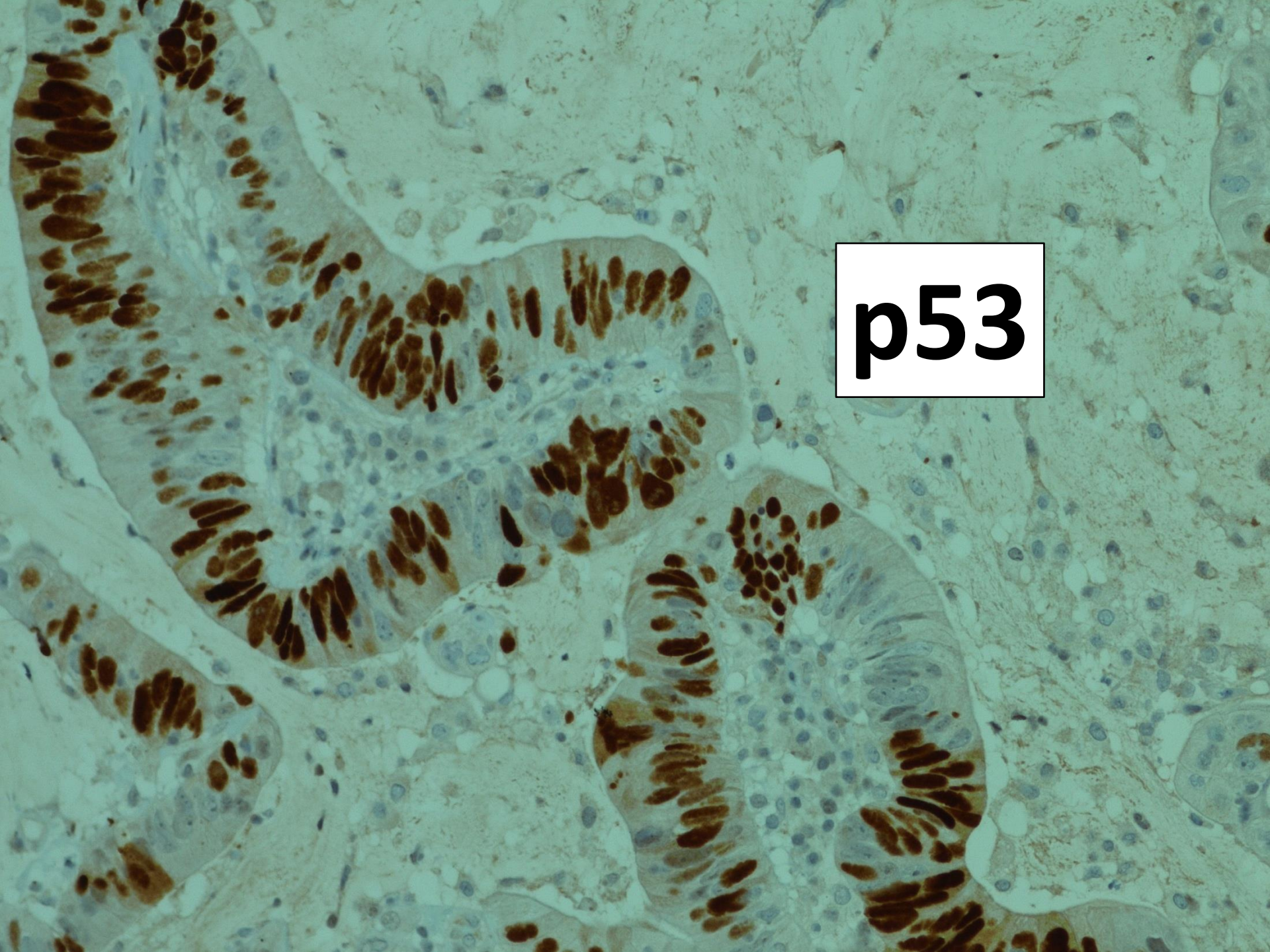




?

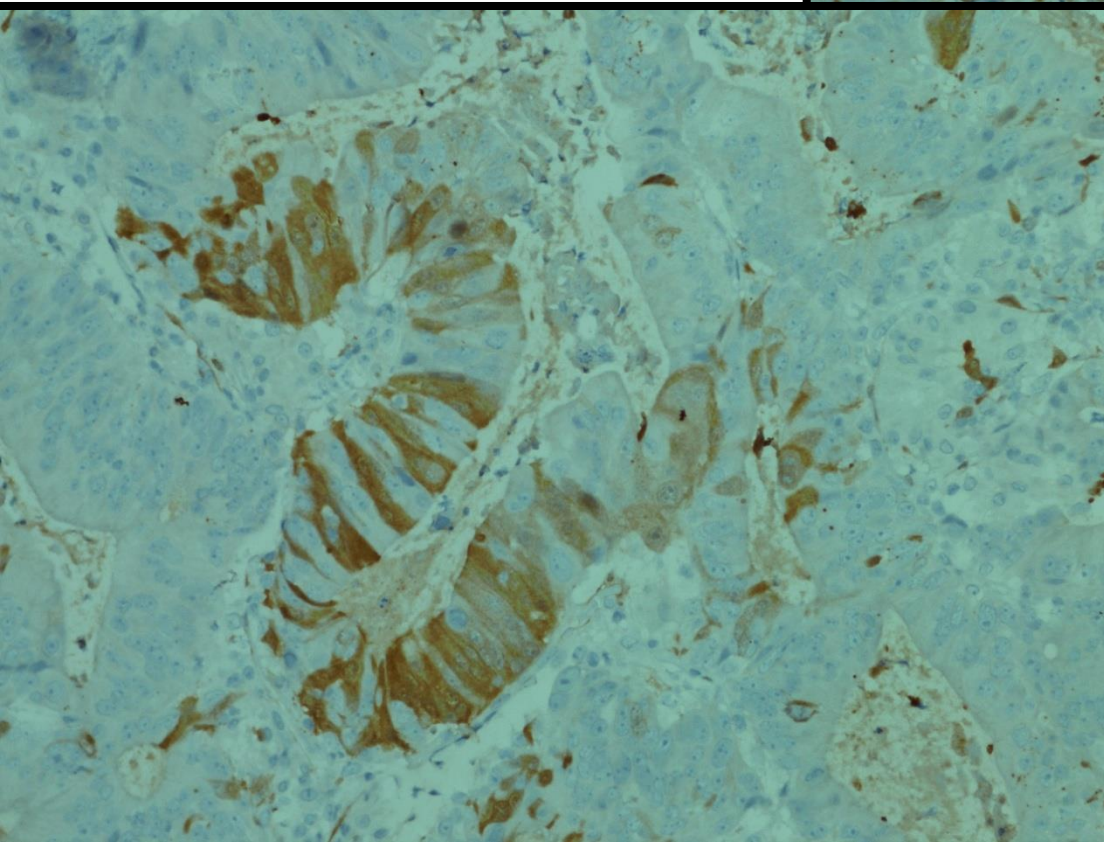
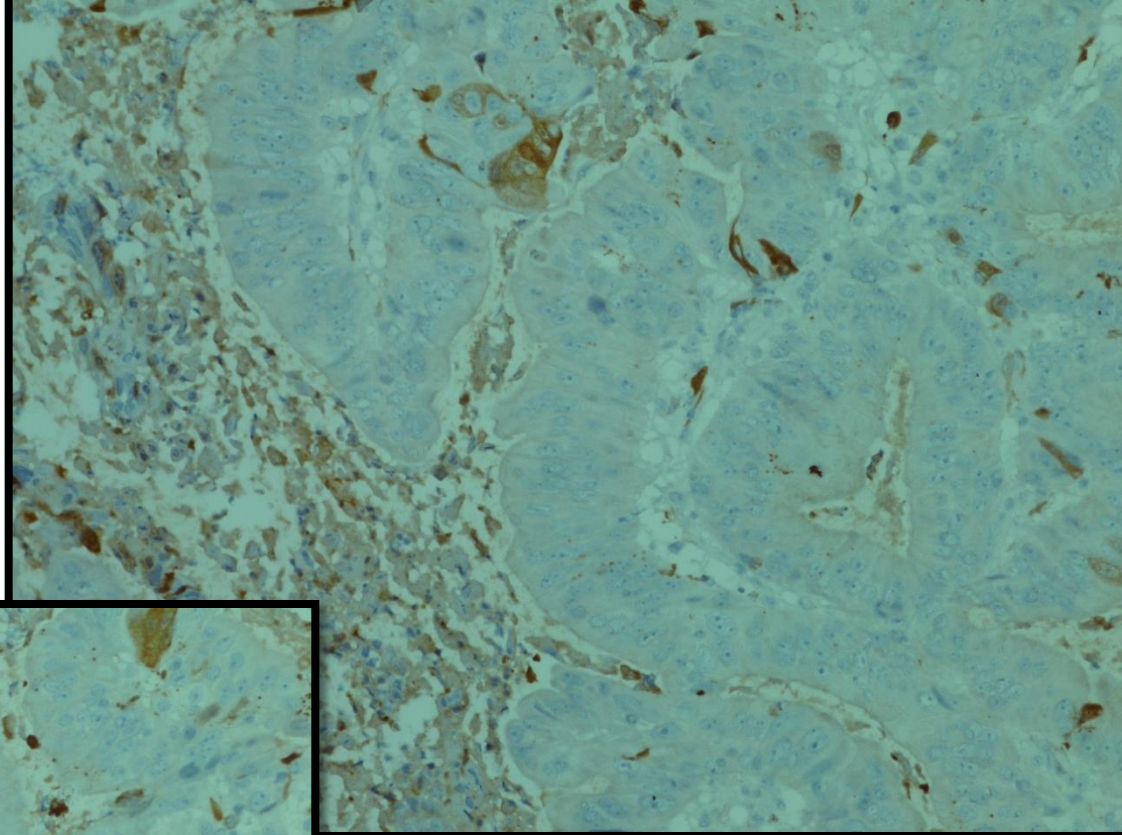


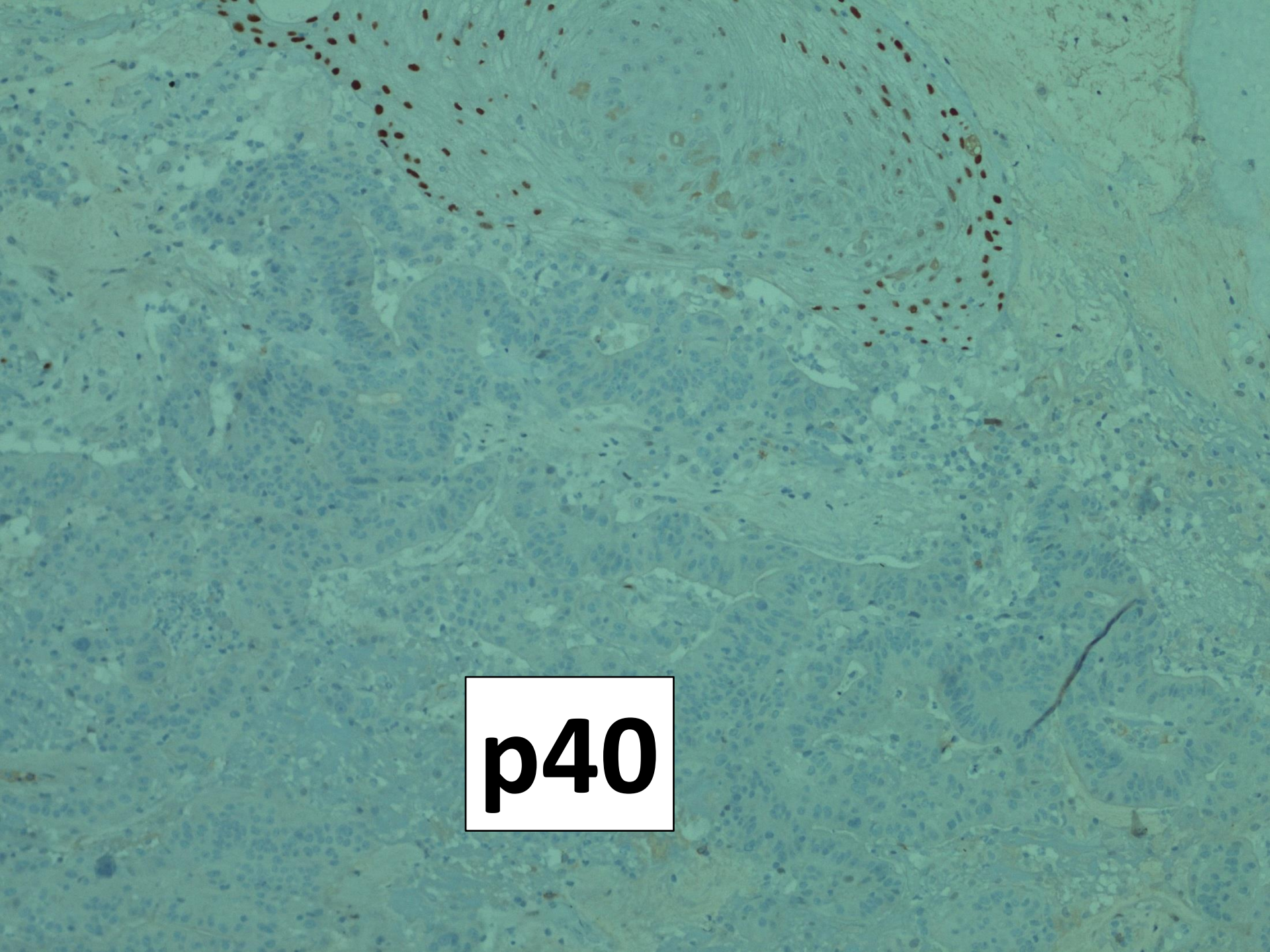
Ki-67



p53

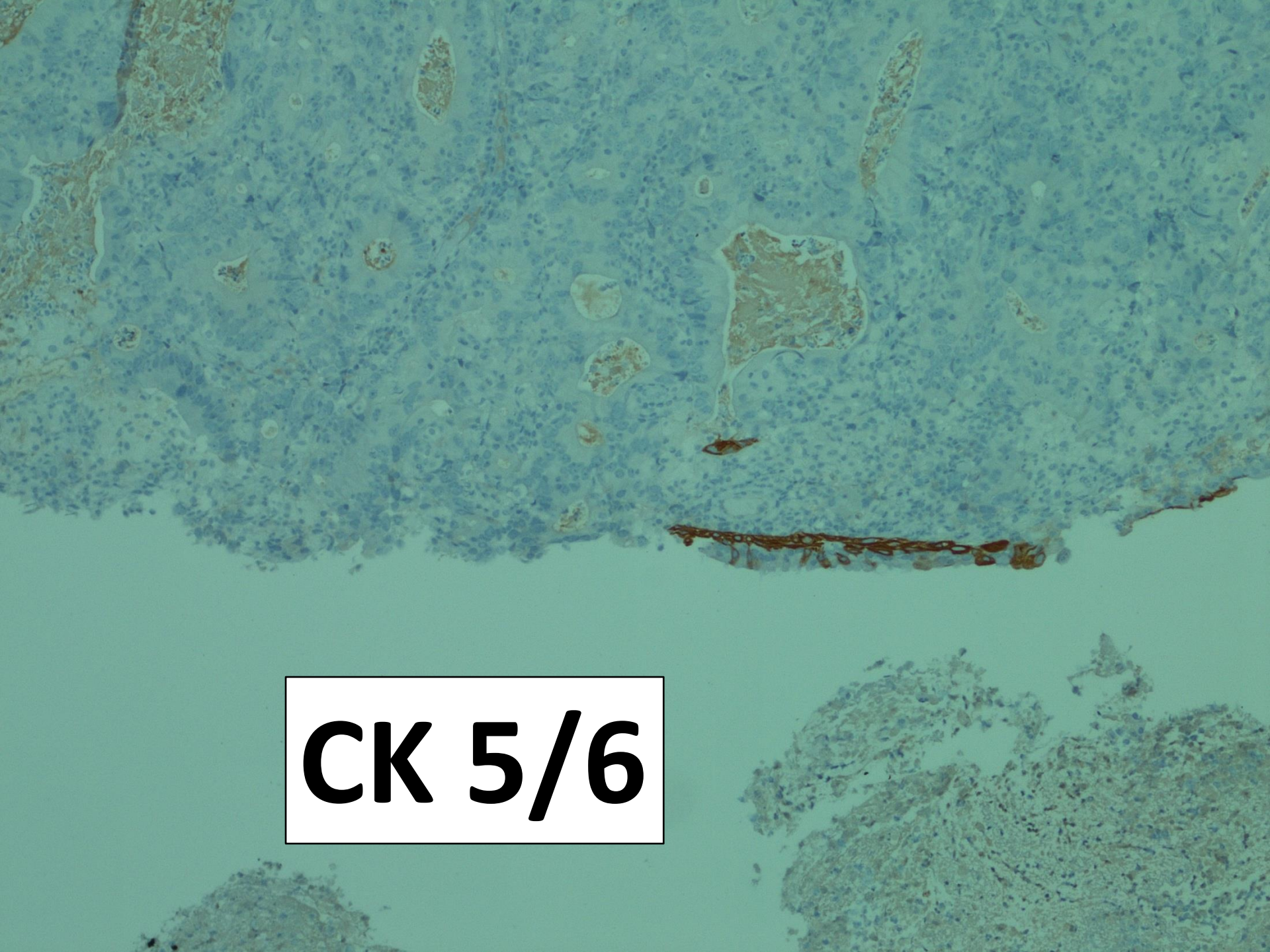
p16





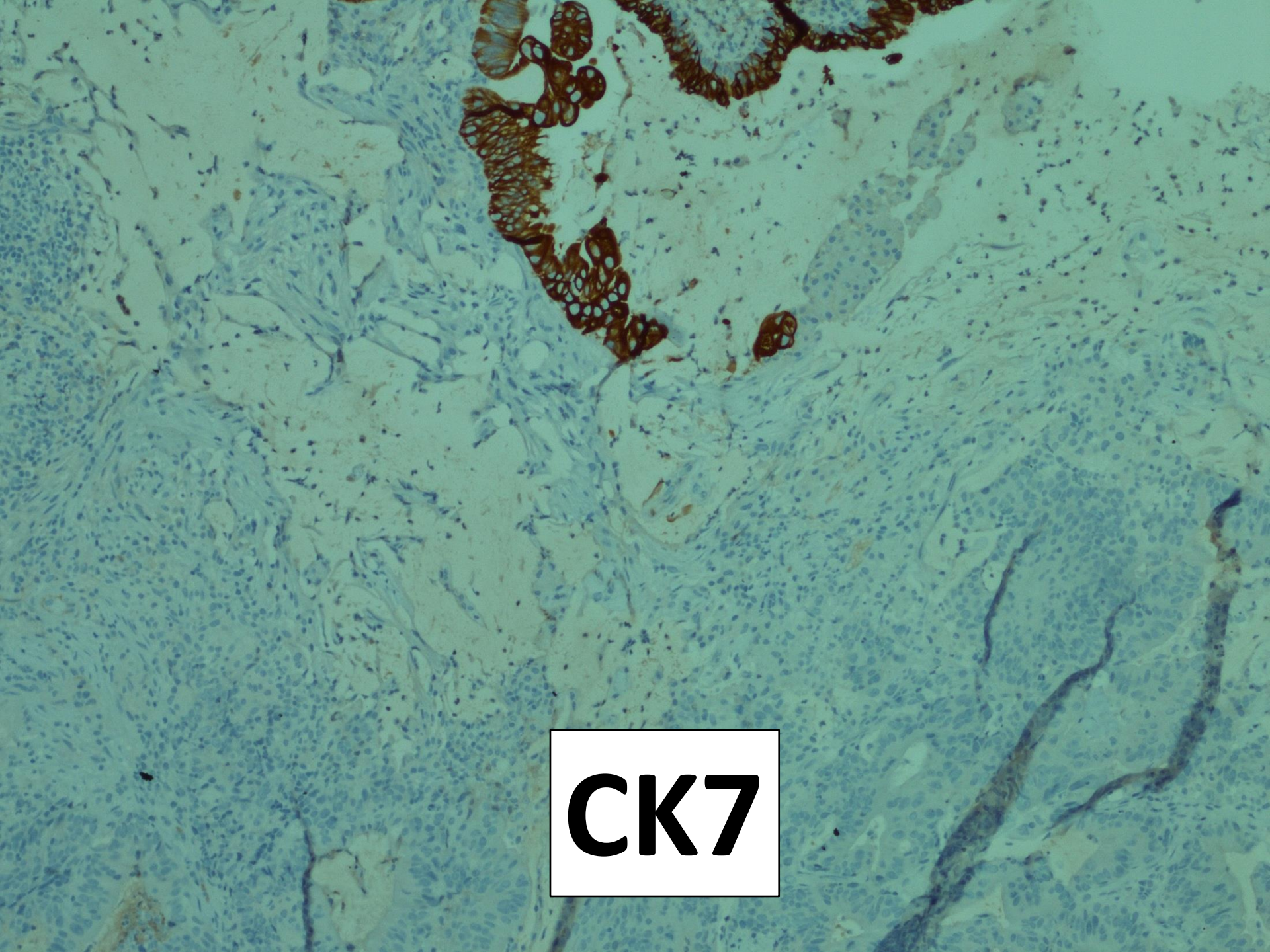
A histological slide showing a tissue section stained with hematoxylin and eosin (H&E). The tissue is composed of numerous small, round cells with blue nuclei, arranged in a somewhat disorganized pattern. There are several elongated, light-colored structures scattered throughout the tissue. A prominent feature is a large, irregular, light-colored area in the upper right quadrant, which appears to be a cyst or a large glandular space. The overall texture is granular and somewhat mottled.

p40

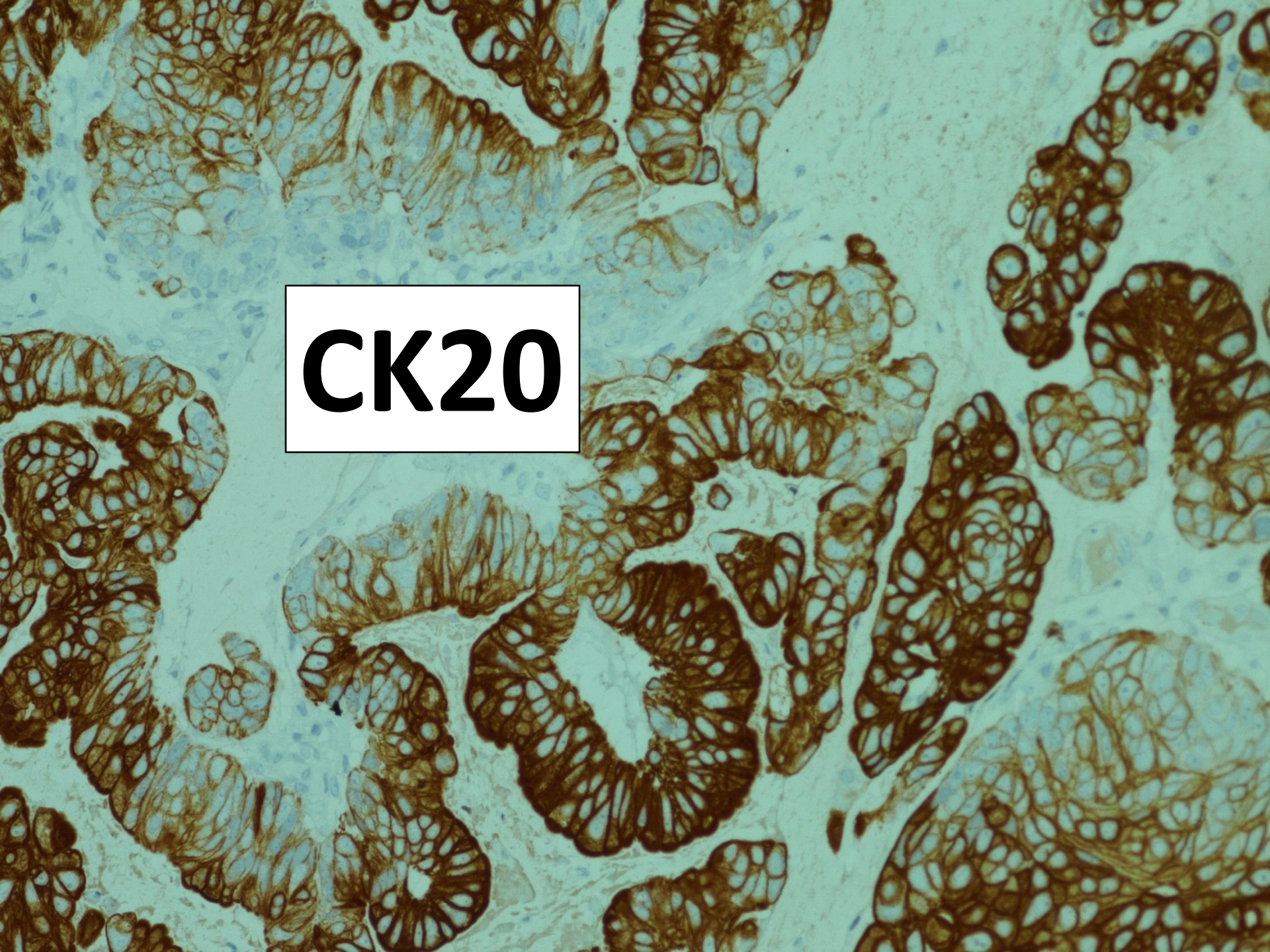


A histological slide showing a tissue section stained with CK 5/6. The tissue is predominantly blue, indicating a negative result for CK 5/6. There are several brown, irregularly shaped structures scattered throughout the tissue, which are likely artifacts or non-specific staining. A prominent, elongated, brown structure is visible in the lower right quadrant. The overall texture is granular and somewhat mottled.

CK 5/6

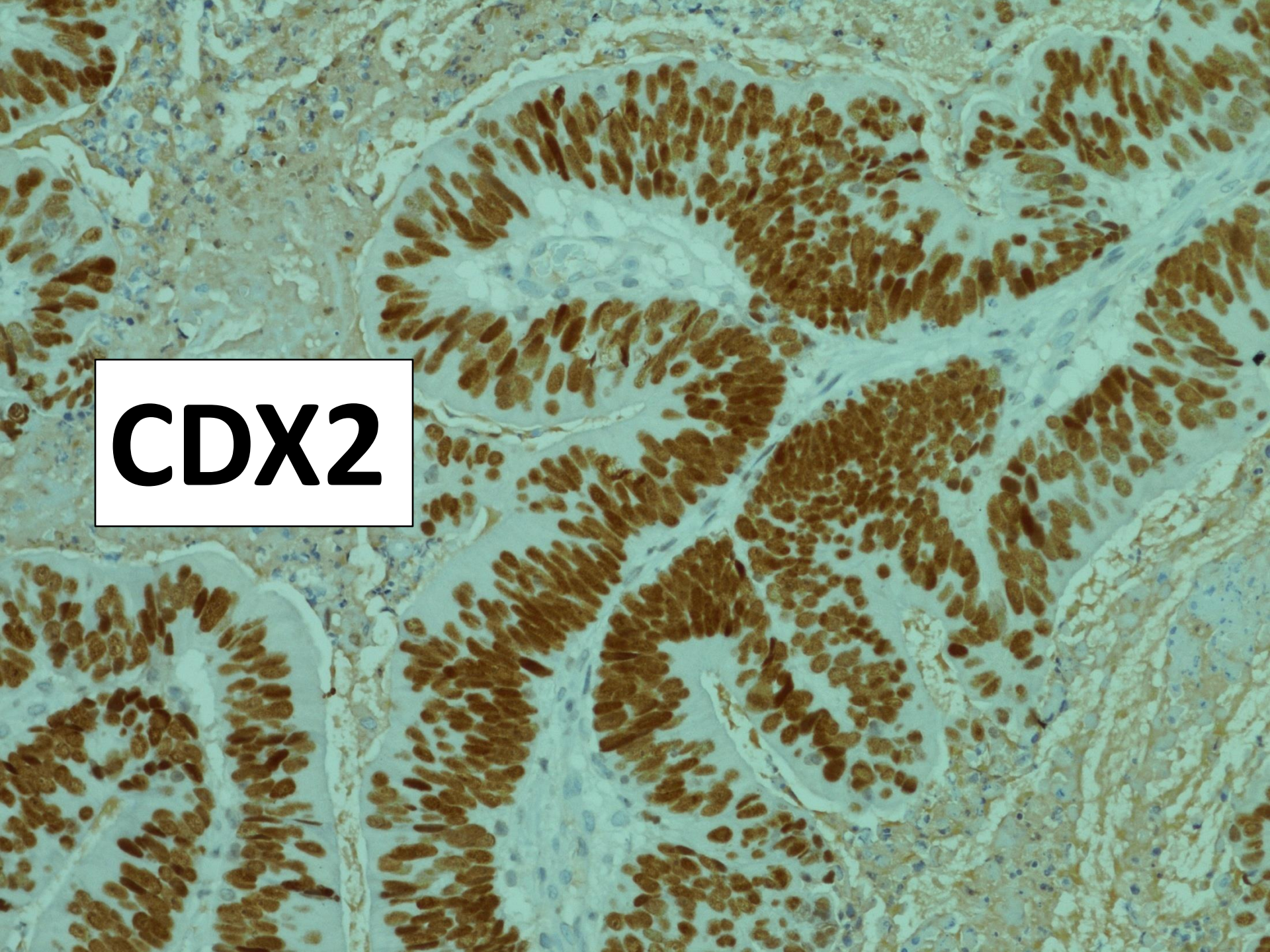


CK7



CK20

This immunohistochemistry (IHC) image displays glandular tissue, likely from the gastrointestinal tract, stained for CK20. The glands are arranged in a complex, irregular pattern. The CK20 staining is visible as brown, granular deposits within the glandular structures, indicating the presence of this cytokeratin. The background tissue is stained with a light blue counterstain, likely hematoxylin, which highlights the nuclei of the cells. The overall appearance is characteristic of a histological section used for diagnostic purposes in pathology.



CDX2

IHC

- **CK20+**
- **CDX2+**
- **P53+**
- **Ki-67 - 60-70%**
- **CK7-**
- **CK5/6-**
- **P40-**
- **P16-**
- **GATA3-**
- **Chromogranin A-**

?

Sinonazálny adenokarcinóm intestinálneho typu (ITAC)

Grade 2

M-8144/3

- *Poznámka:*
Podľa nášho názoru ide o primárny sinonazálny ITAC, doporučujeme však vylúčiť možnosť metastázy z GITu.

WHO histological classification of tumours of the nasal cavity and paranasal sinuses

Malignant epithelial tumours

Squamous cell carcinoma	8070/3
Verrucous carcinoma	8051/3
Papillary squamous cell carcinoma	8052/3
Basaloid squamous cell carcinoma	8083/3
Spindle cell carcinoma	8074/3
Adenosquamous carcinoma	8560/3
Acantholytic squamous cell carcinoma	8075/3
Lymphoepithelial carcinoma	8082/3
Sinonasal undifferentiated carcinoma	8020/3

Adenocarcinoma

Intestinal-type adenocarcinoma	8144/3
Non-intestinal-type adenocarcinoma	8140/3

Salivary gland-type carcinomas

Adenoid cystic carcinoma	8200/3
Acinic cell carcinoma	8550/3
Mucoepidermoid carcinoma	8430/3
Epithelial-myoepithelial carcinoma	8562/3
Clear cell carcinoma N.O.S.	8310/3
Myoepithelial carcinoma	8982/3
Carcinoma ex pleomorphic adenoma	8941/3
Polymorphous low-grade adenocarcinoma	8525/3

Neuroendocrine tumours

Typical carcinoid	8240/3
Atypical carcinoid	8249/3
Small cell carcinoma, neuroendocrine type	8041/3

Benign epithelial tumours

Sinonasal papillomas	
Inverted papilloma	
(Schneiderian papilloma, inverted type)	8121/1
Oncocytic papilloma	
(Schneiderian papilloma, oncocytic type)	8121/1

Benign tumours

Myxoma
Leiomyoma
Haemangioma
Schwannoma
Neurofibroma
Meningioma

Tumours of bone and cartilage

Malignant tumours

Chondrosarcoma
Mesenchymal chondrosarcoma
Osteosarcoma
Chordoma

Benign tumours

Giant cell lesion
Giant cell tumour
Chondroma
Osteoma
Chondroblastoma
Chondromyxoid fibroma
Osteochondroma (exostosis)
Osteoid osteoma
Osteoblastoma
Ameloblastoma
Nasal chondromesenchymal hamartoma

Haematolymphoid tumours

Extranodal NK/T cell lymphoma
Diffuse large B-cell lymphoma
Extramedullary plasmacytoma
Extramedullary myeloid sarcoma
Histiocytic sarcoma

Sinonazálne adenoCA (non-salivary gland type)

- Glandulárne malígne novotvary sinonazálneho traktu, okrem definovaných karcinómov salivárneho typu
- Sinonazálne adenoCA + salivary gland type CA tvoria cca 10-20 % primárnych sinonazálnych malígnych novotvarov.

Sinonazálne adenoCA

- Intestinal - type adenoCA
- Non - intestinal - type adenoCA
- Low – grade
- High - grade

Intestinal-type adenoCA (ITAC)

DEFINÍCIA

- Malígne epitelové tumory sinonazálneho traktu histologicky pripomínajúce intestinálny adenokarcinóm, alebo adenóm (*Wenig, Heffes; Atlas of Head and neck pathology*)

ITAC typy

2 klasifikácie

Barnes

- Papillary
- Colonic
- Solid
- Mucinous
- Mixed

Kleinsasser / Schroeder

- Papillary+tubular+cylinder cell (Grade I, II, III)
- Alveolar goblet
- Signet ring cell
- Transitional

ITAC typy (Barnes)

- Papillary (Grade I) 18 %
- Colonic (Grade II) 40 %
- Solid (Grade III) 20 %
- Mucinous
- Mixed

pattern. Predominantly cuboidal or goblet tumour cells are present in single layers at the periphery of mucus lakes.

EP4, BRST-1, Leu-M1, and human milk fat globule (HMFG-2) [1687]. They show CK20 positivity (73%) and variable CK7

Table 1.1 Classification and survival of intestinal-type adenocarcinoma

Barnes [124]	Kleinsasser and Schroeder [1333]	3-year cumulative survival ^b
Papillary-type	PTCC-I ^a	82%
Colonic-type	PTCC-II	54%
Solid-type	PTCC-III	36%
Mucinous type	Alveolar goblet Signet-ring	48% 0%
Mixed	Transitional	71%
^a PTCC, papillary tubular cylinder cell		
^b Survival data derived from Kleinsasser and Schroeder [1333]		

Intestinal-type adenoCA (ITAC)

- muži > ženy
- s. ethmoidalis > nosové dutiny > s. maxillaris
- pokročilé CA: infiltrácia orbity a dutiny lebečnej
- 10 % ITAC má v čase dg. MTS krčných LU
- klinika: 1stranná nazálna obštrukcia, rhinorea, epistaxa, +/- neurologické príznaky, bolesť, exophthalmus...

ITAC

etiológia

- **Drevný prach**
- **Kožený prach**
- Textilný priemysel, potravinárstvo, vodiči automobilov, poľnohospodárstvo
- Čiastočky > 5 mikrónov
- Karcinogenéza ... ?
- biol. aktívne látky v drevnom a koženom prachu: alkaloidy, saponíny, stilbény, fungálne proteíny, aldehydy, oleje ... ?

ITAC

- *Asociované s povoláním*
- ***Sporadické: ženy > muži; maxilárna dutina***

- ITAC bez ohľadu na podtyp simuluje histológiu intestinálnej sliznice
- Môže obsahovať: klky, Panethove bb, enterochromafinné bb, muscularis mucosae
- IHC:
CK20 (73%), CK7 (43-93%), CDX2+++
časté ojedinelé **chromogranin A+ bb**

ITAC IHC

WHO

- CK20+
- CK7+
- CDX2+
- Prímes bb Chr A +/-

Prezentovaný prípad

- CK20 +
- CK7 -
- CDX2 +
- Prímes bb chr A -

ITAC

diferenciálna diagnóza

- MTS adenoCA z GITU (vzácné) – klinika *vzácné*
cave! identická morfológia aj IHC
- Non-intestinal, non-salivary gland adenoCA
- AdenoCA salivárneho typu
- Nasopharyngeal low grade papillary adenoCA
lokalita, PTC-like; TTF1+, TGB-
- MTS adenoCA z non-GIT

ITAC

liečba a prognóza

- Chirurgická intervencia
- RAT (lokálne pokročilé novotvary, high-grade)
- ITAC je vždy potencionálne agresívny a letálny
- 5-ročné prežívanie cca 40 %
- MTS do krčných LU a vzdialené MTS sú vzácne (20 %, 10 %)
- Lokálne agresívne – 50 % (local failure)
- Histologický typ je významný prognostický faktor (papillary ITAC – G 1 – indolentý)
- Nie je rozdiel v biologickom správaní medzi ITAC „z expozície pri povolanií“ a sporadickým ITAC

Prezentovaný pacient

- Profesionálna expozícia: ?
- Follow up: ?
- Stav GITu: ?
- Na POKO nie je registrovaný, navrhovanú rádioterapiu na VOÚ odmietol

ĎAKUJEME ZA POZORNOST