

XXVII. Martinský bioptický seminár SD-IAP

12. - 13. 11. 2021, Martin

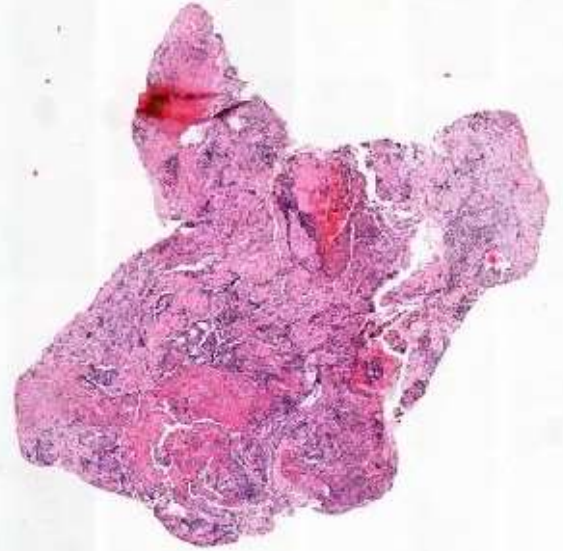
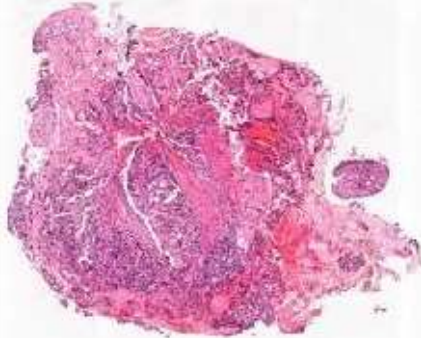
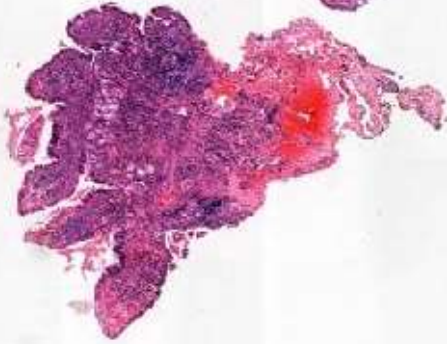
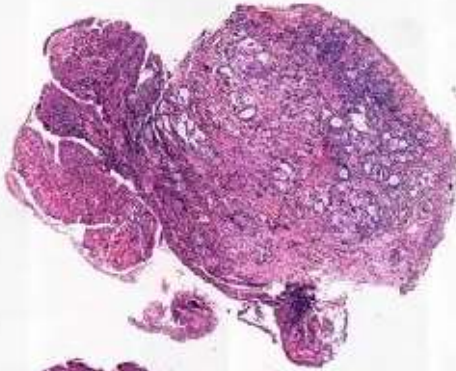
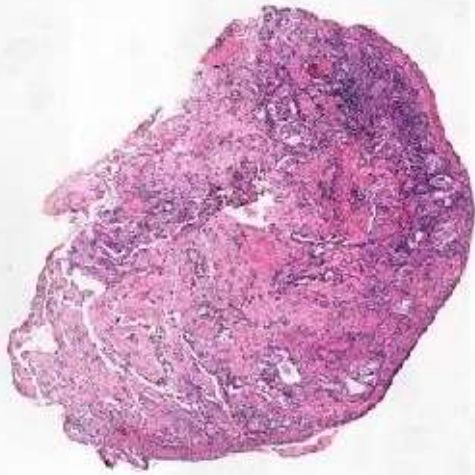
Prípad SD-IAP 777

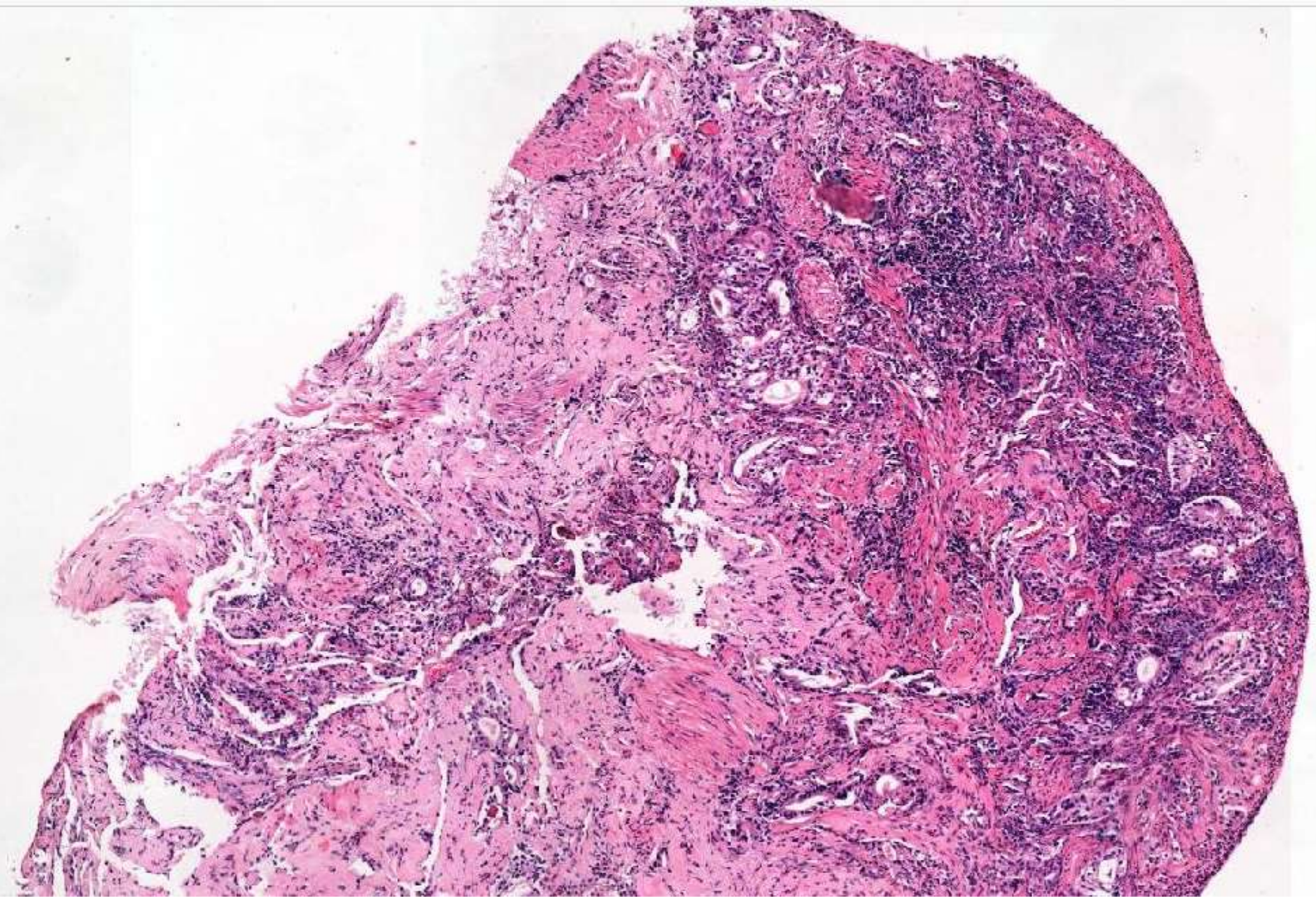
MUDr. Michal Kalman, PhD.,

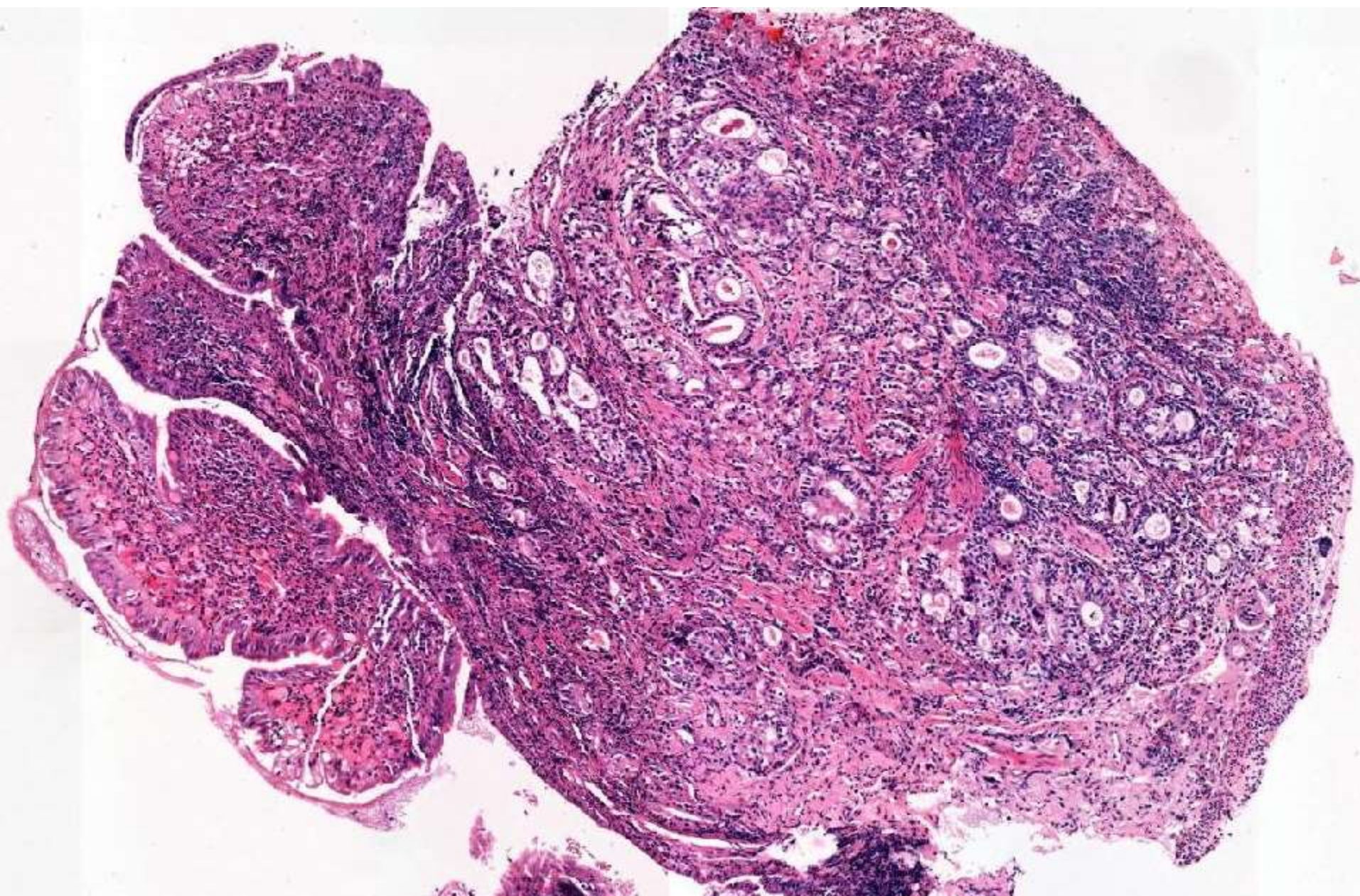
ÚPA JLF UK a UNM, Martin

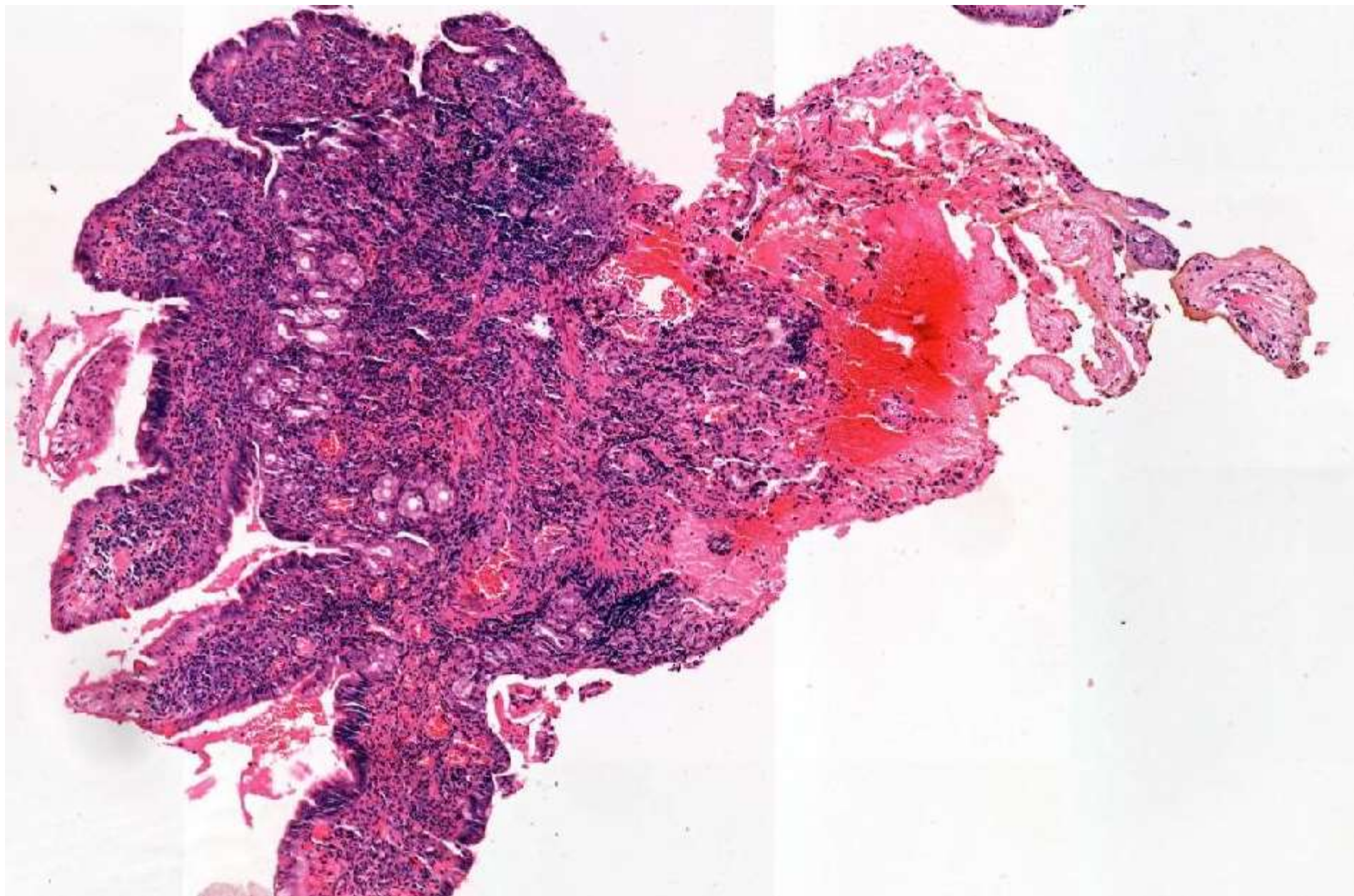
Žena, 69 rokov, biopsia z duodena

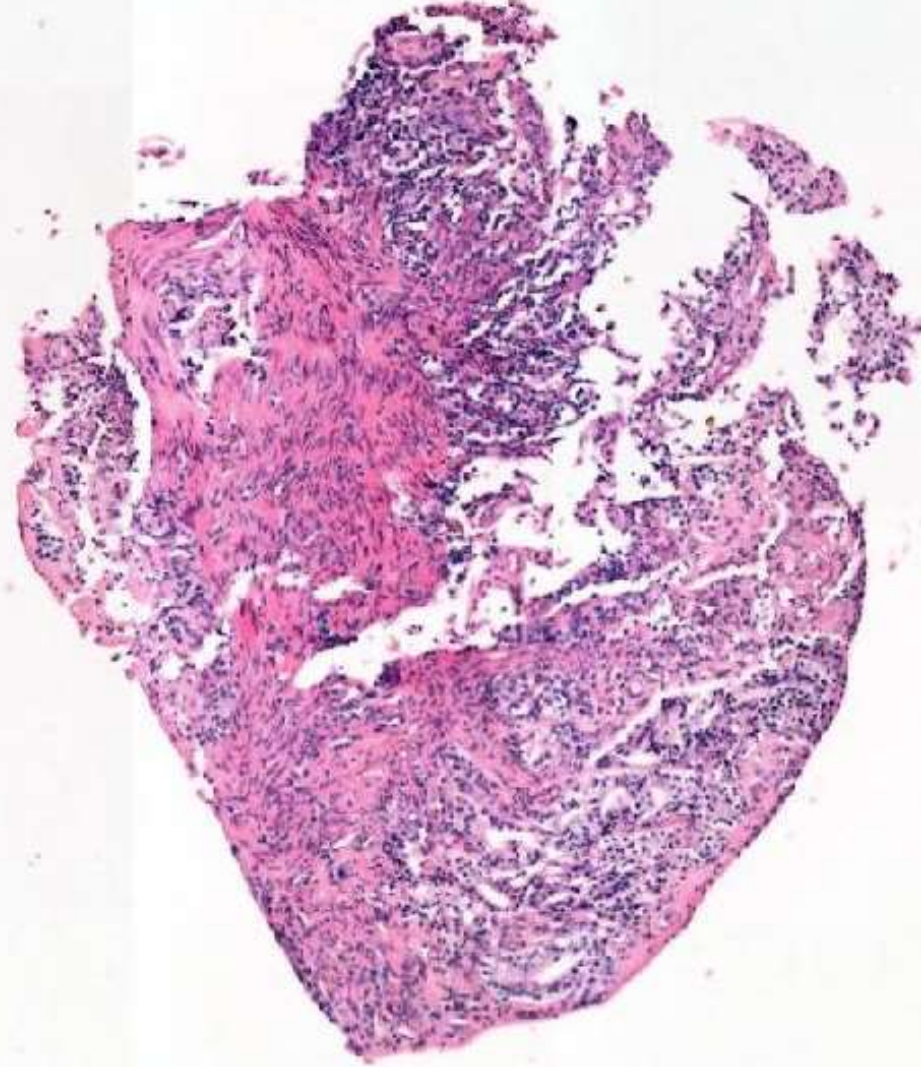
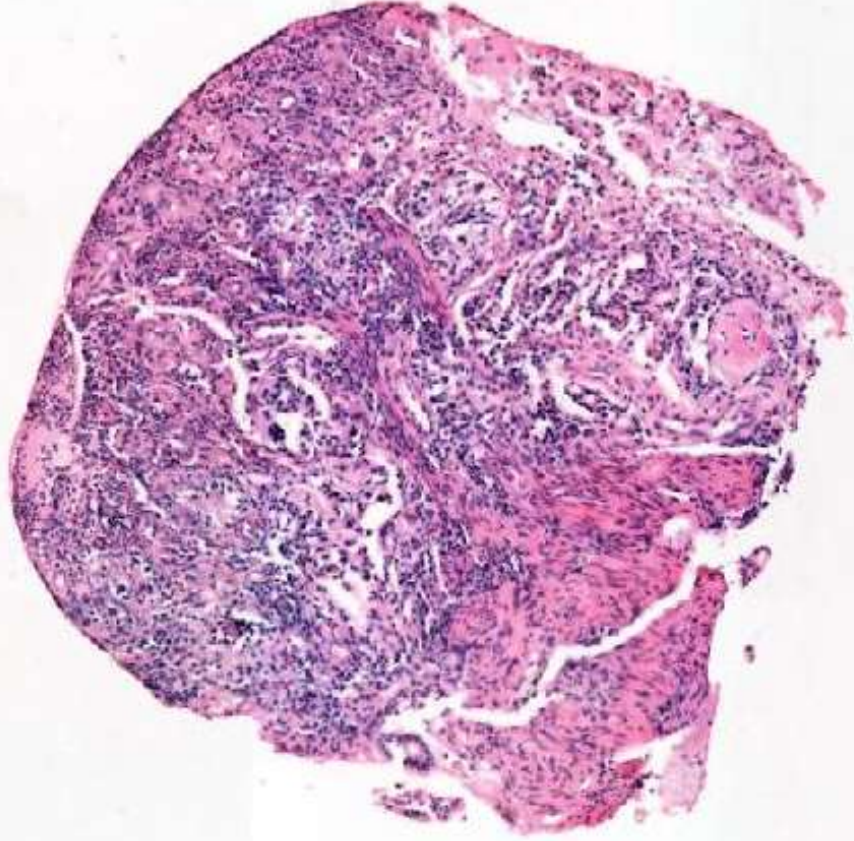
Klinická dg: Nezhubný nádor dvanástnika, ampulóm v.s. CA

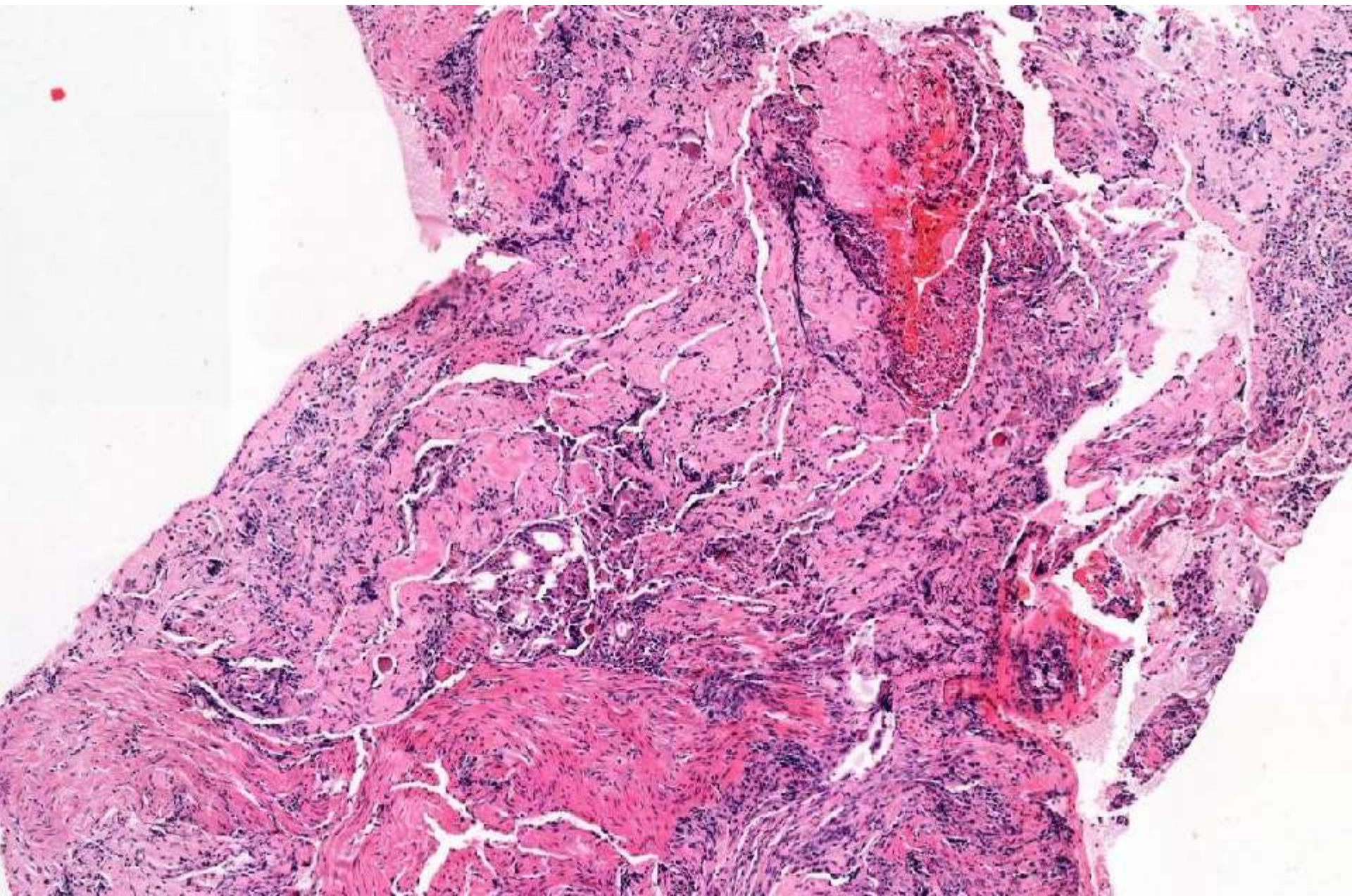


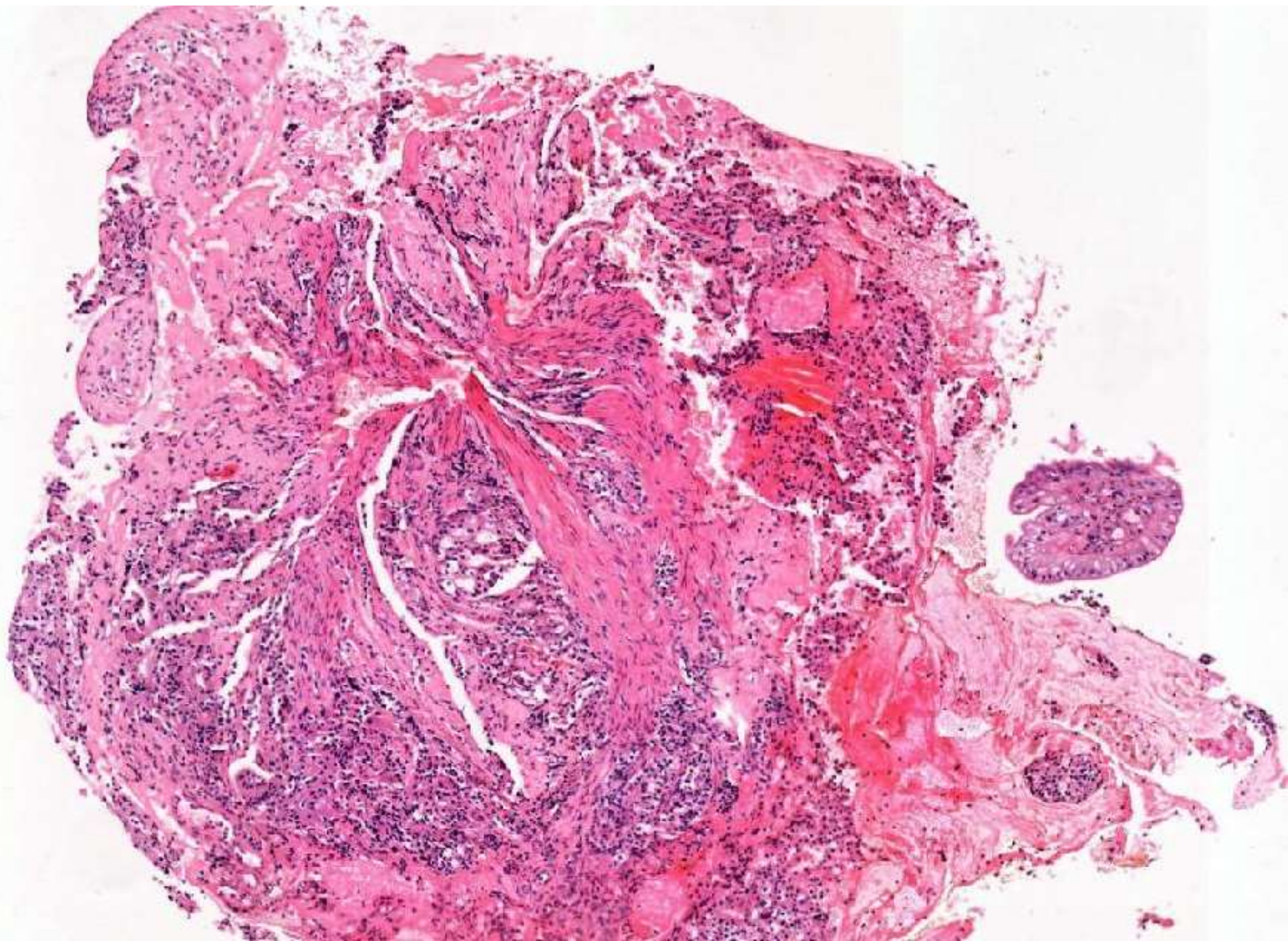


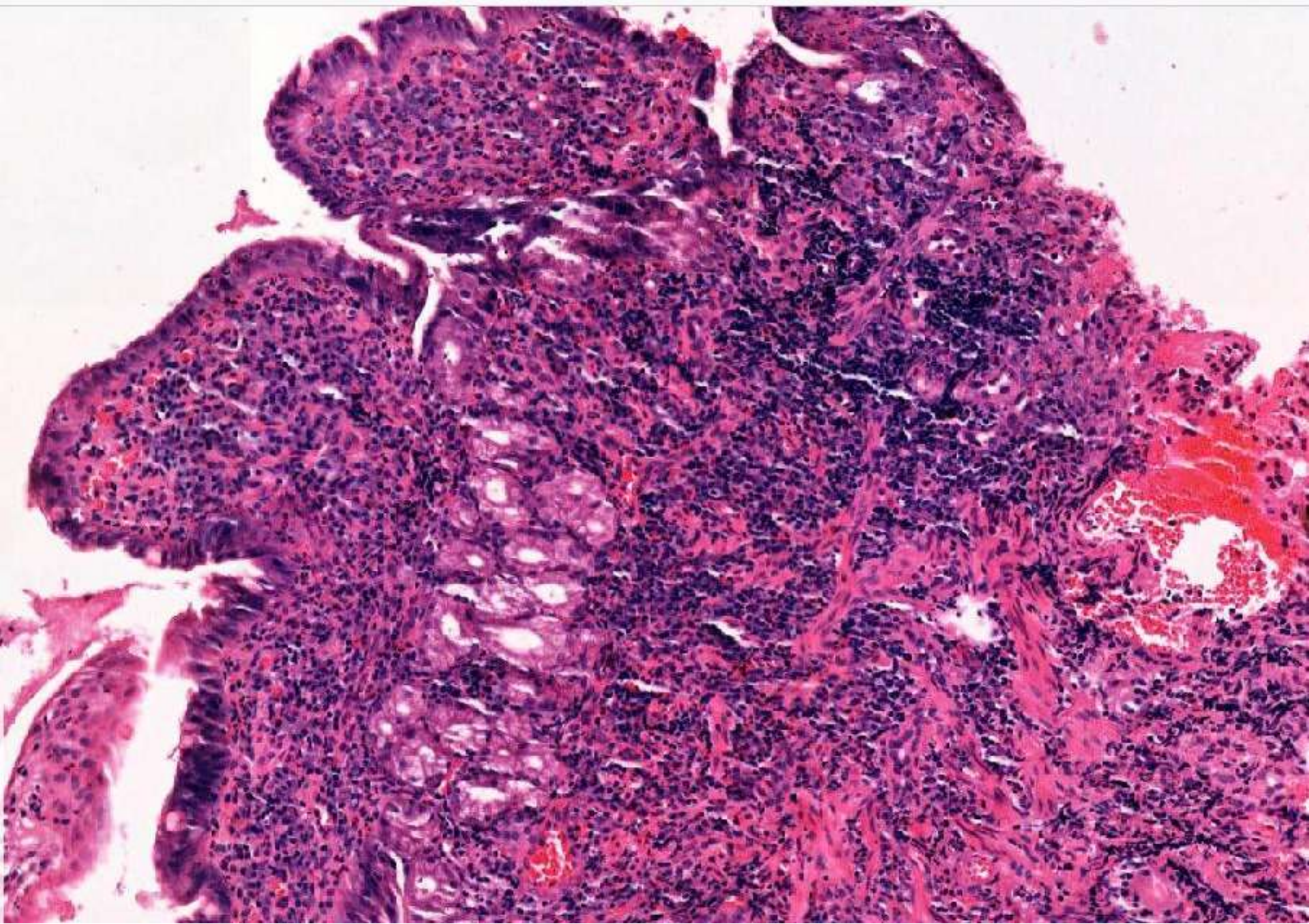


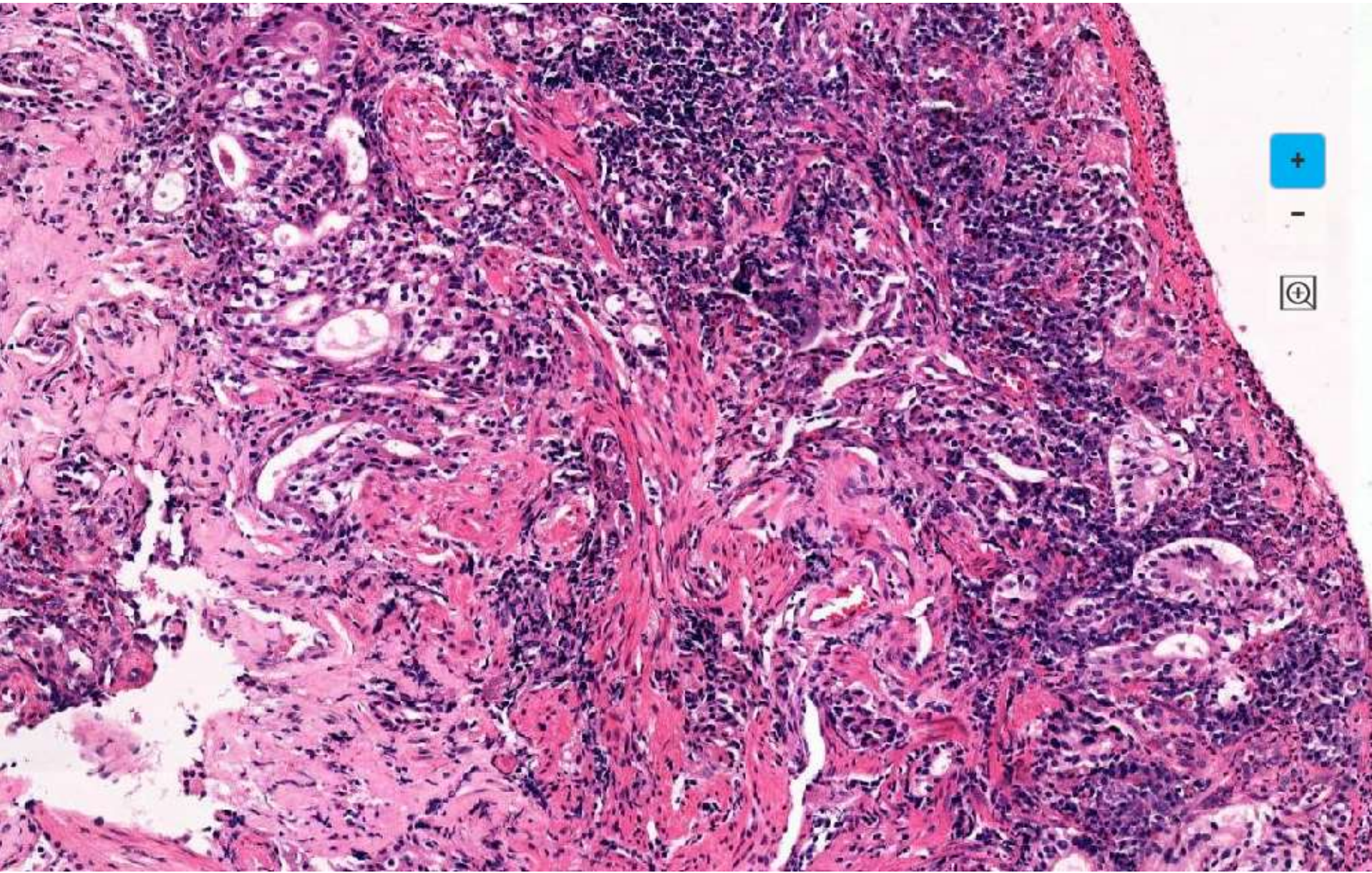


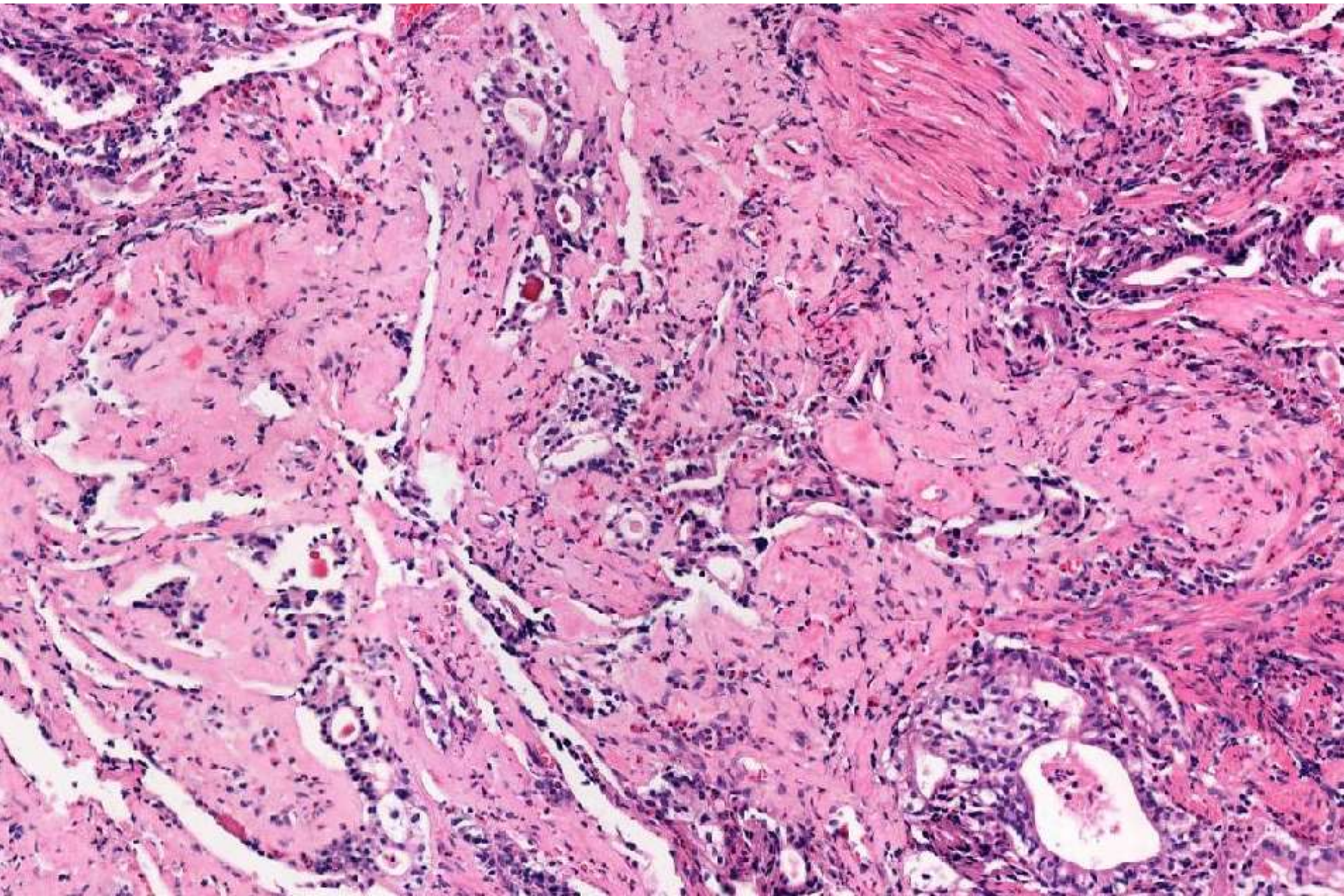


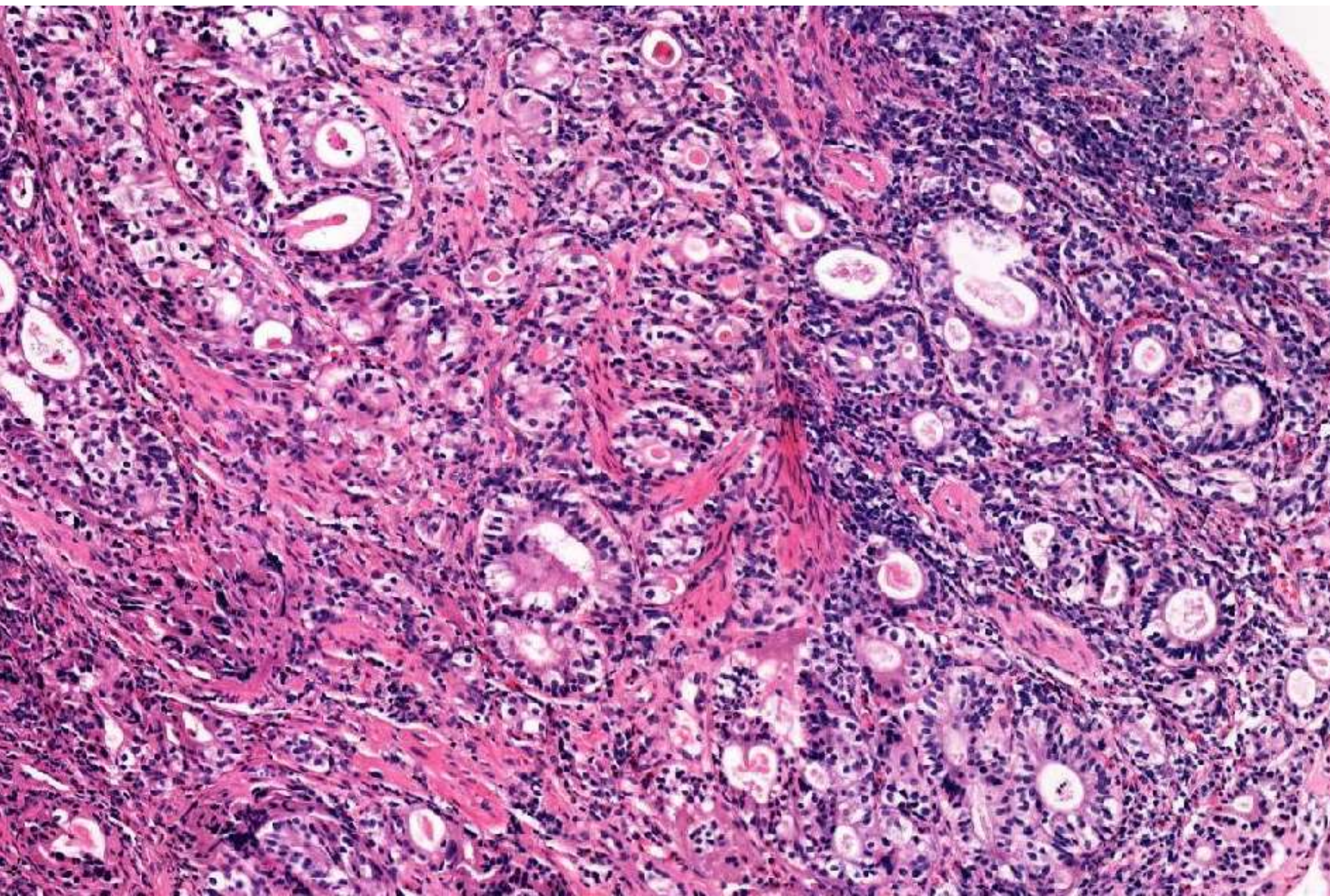


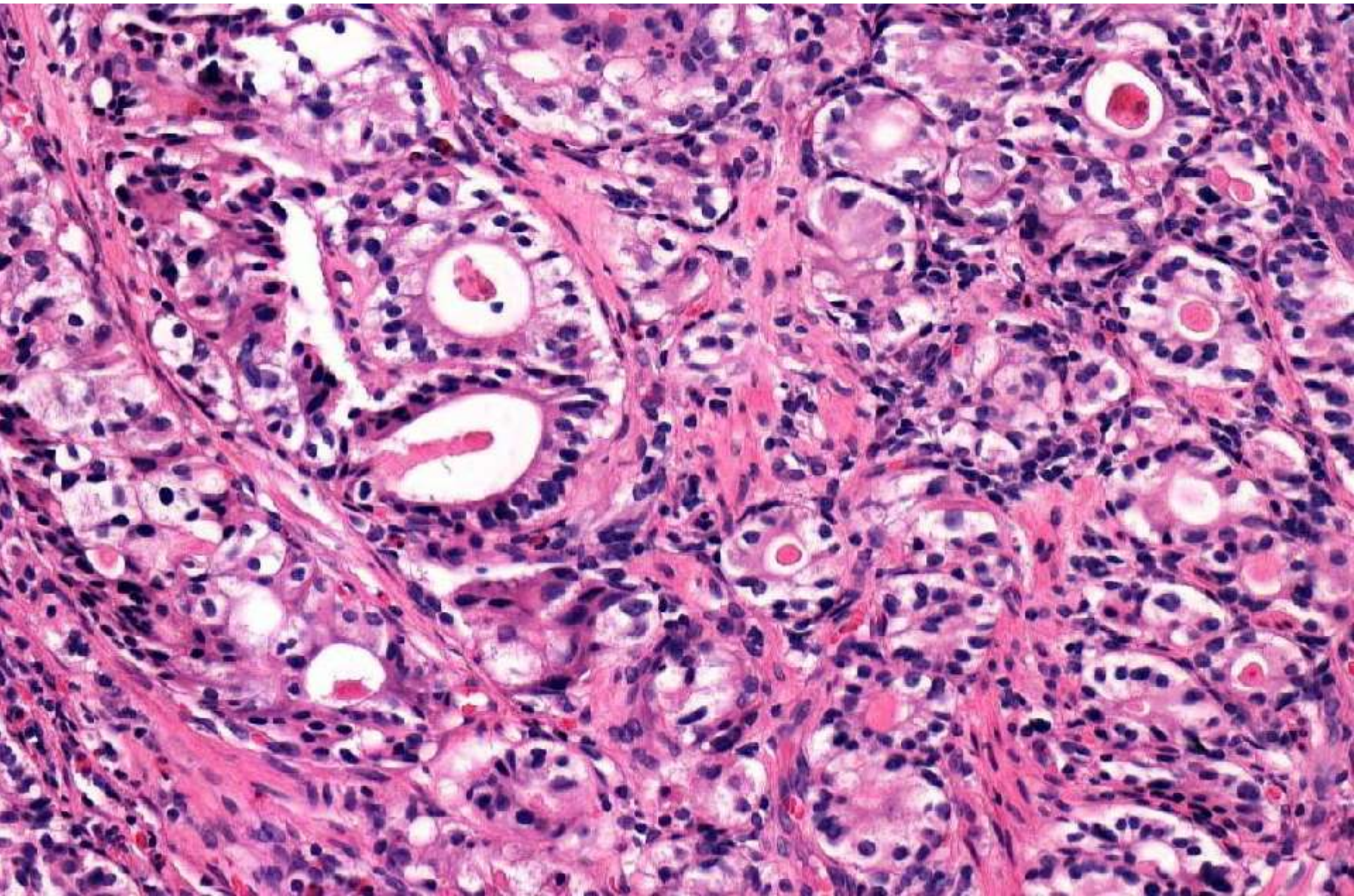


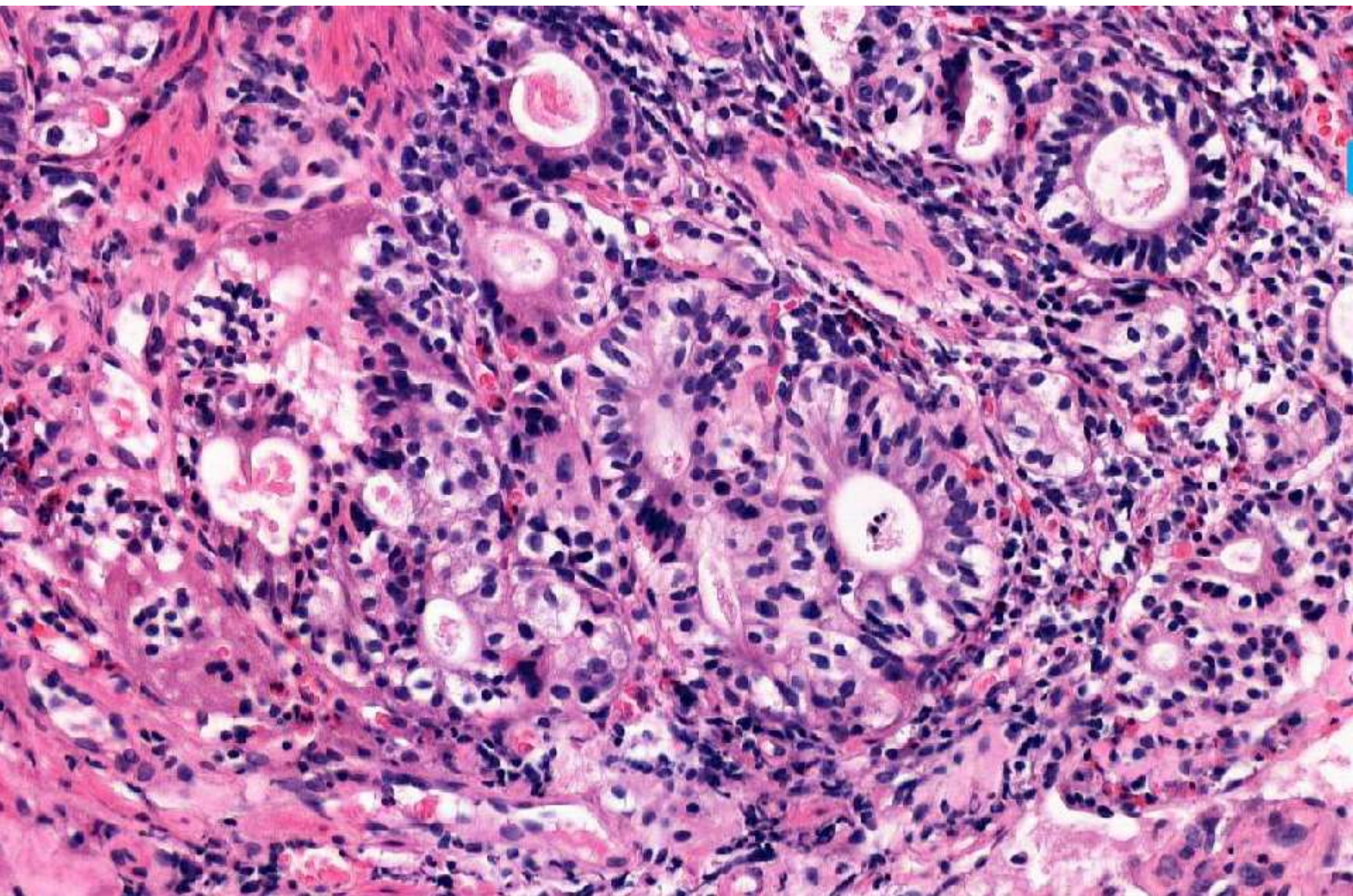


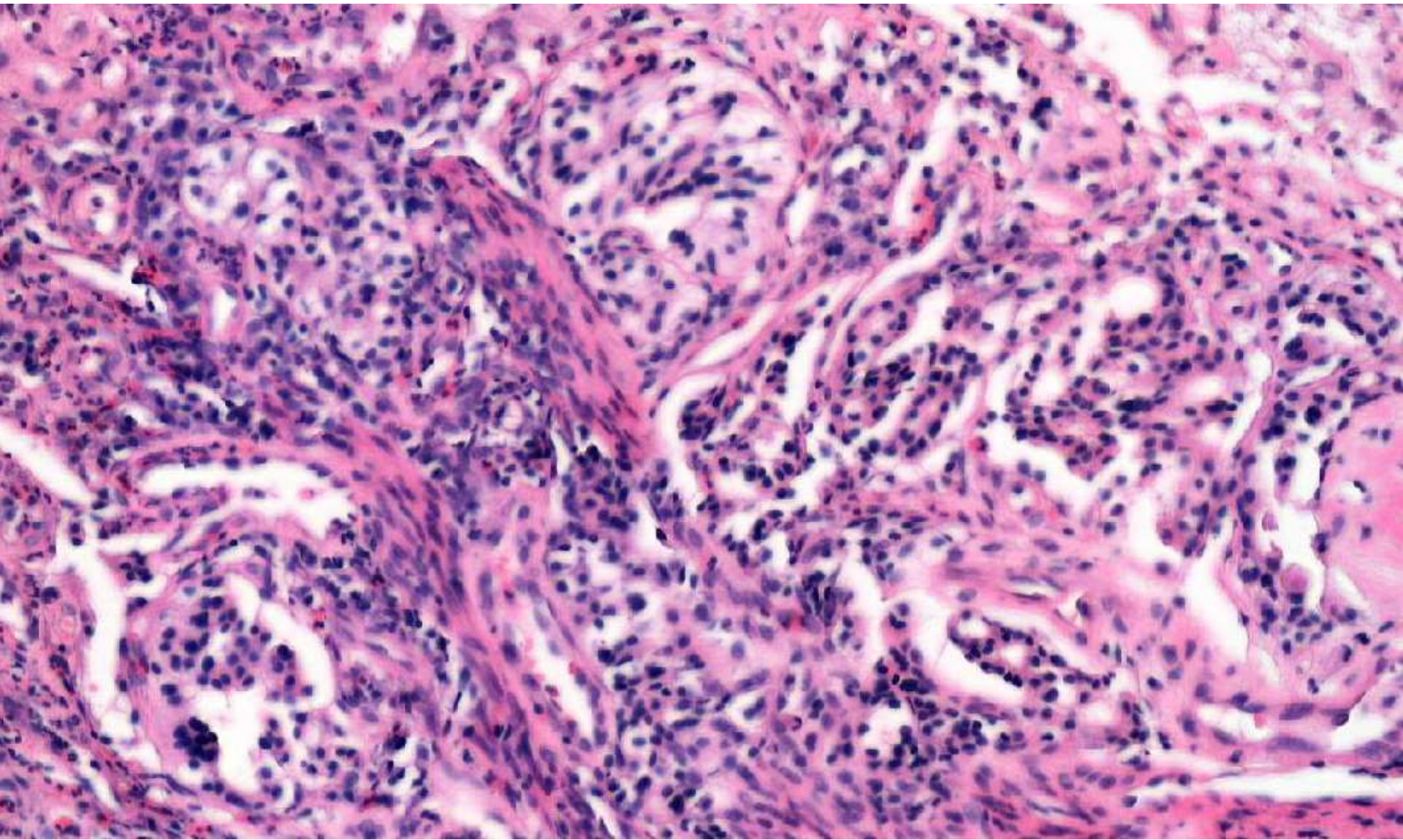


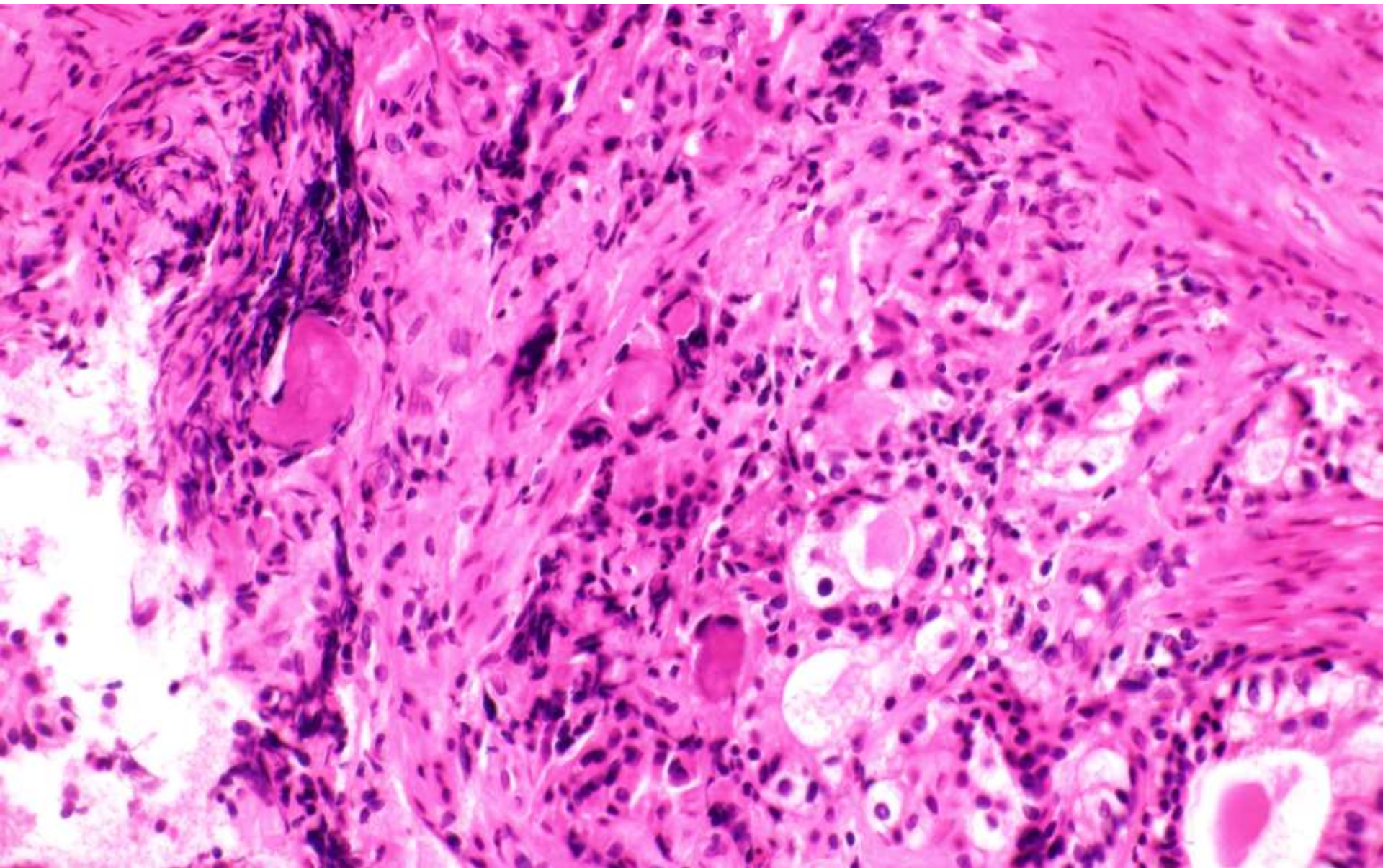




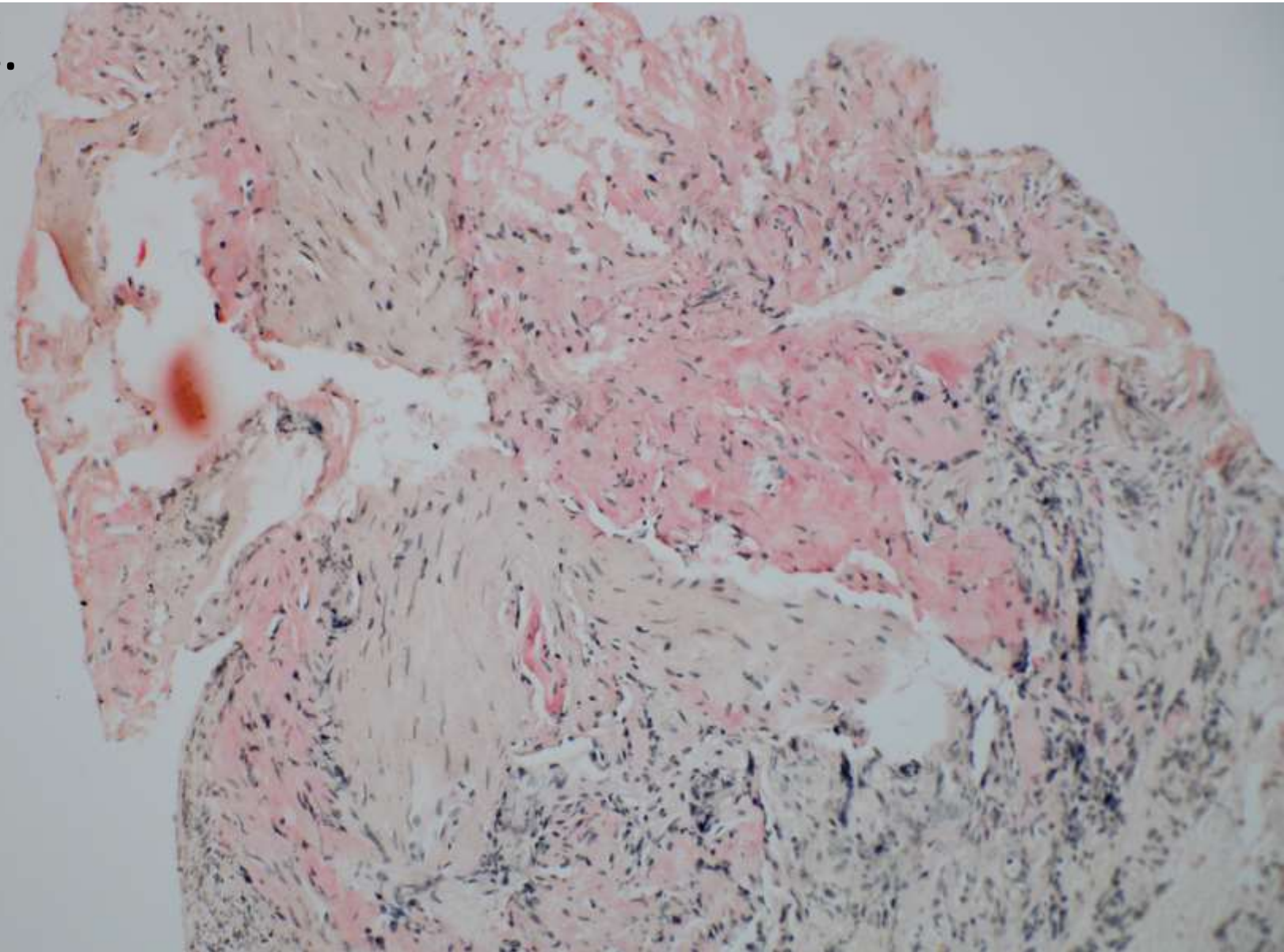




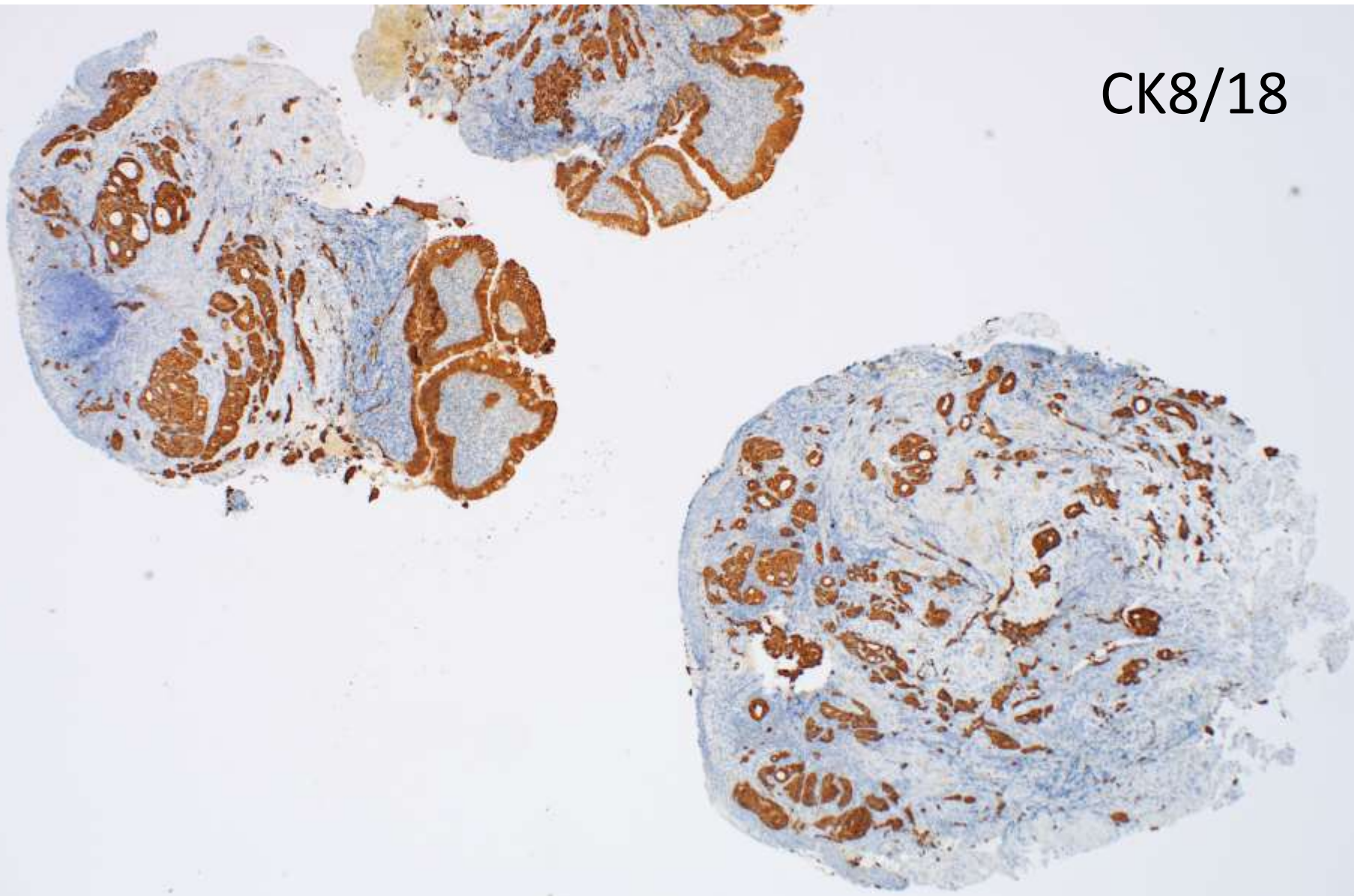




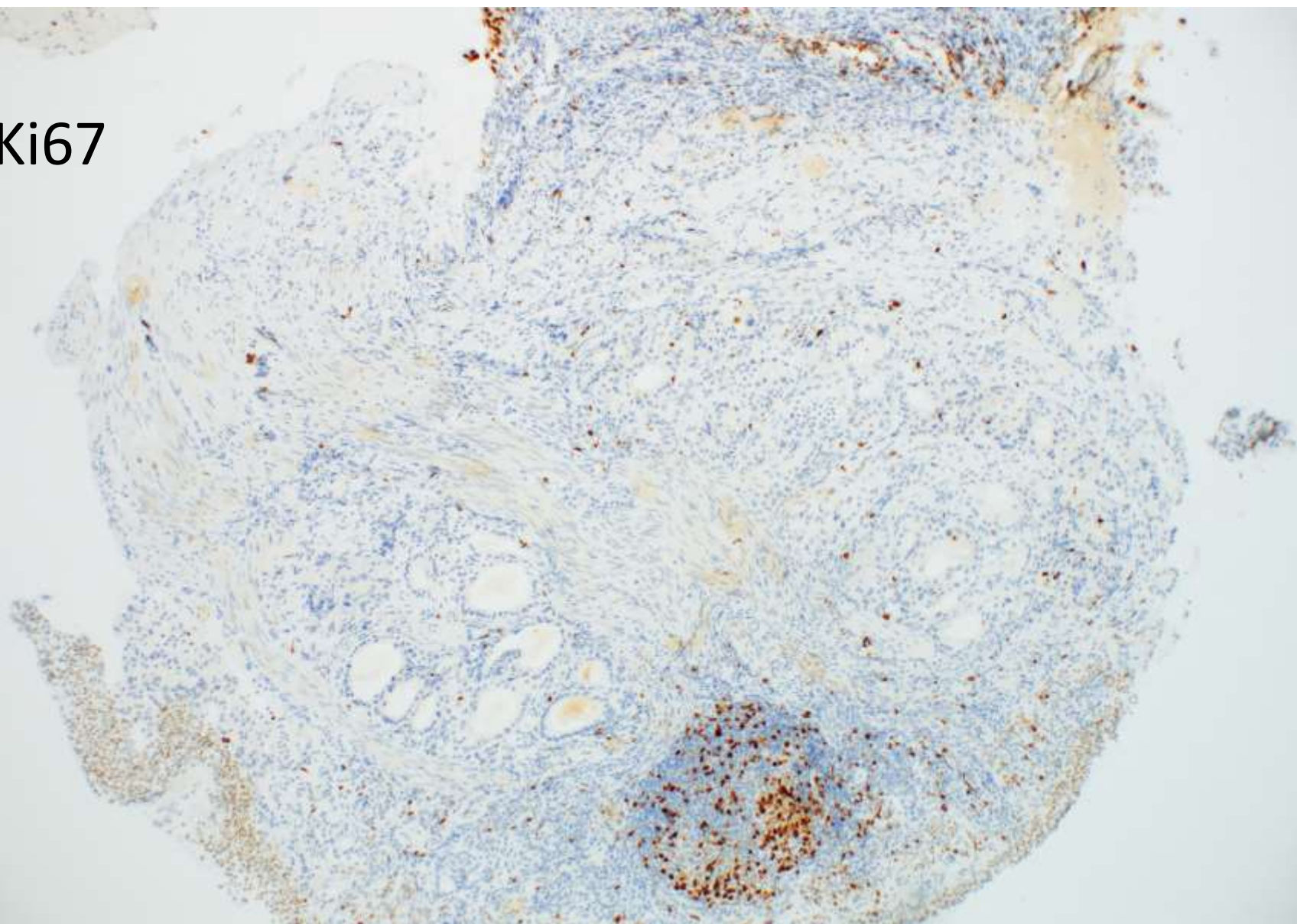
Kongo Č.



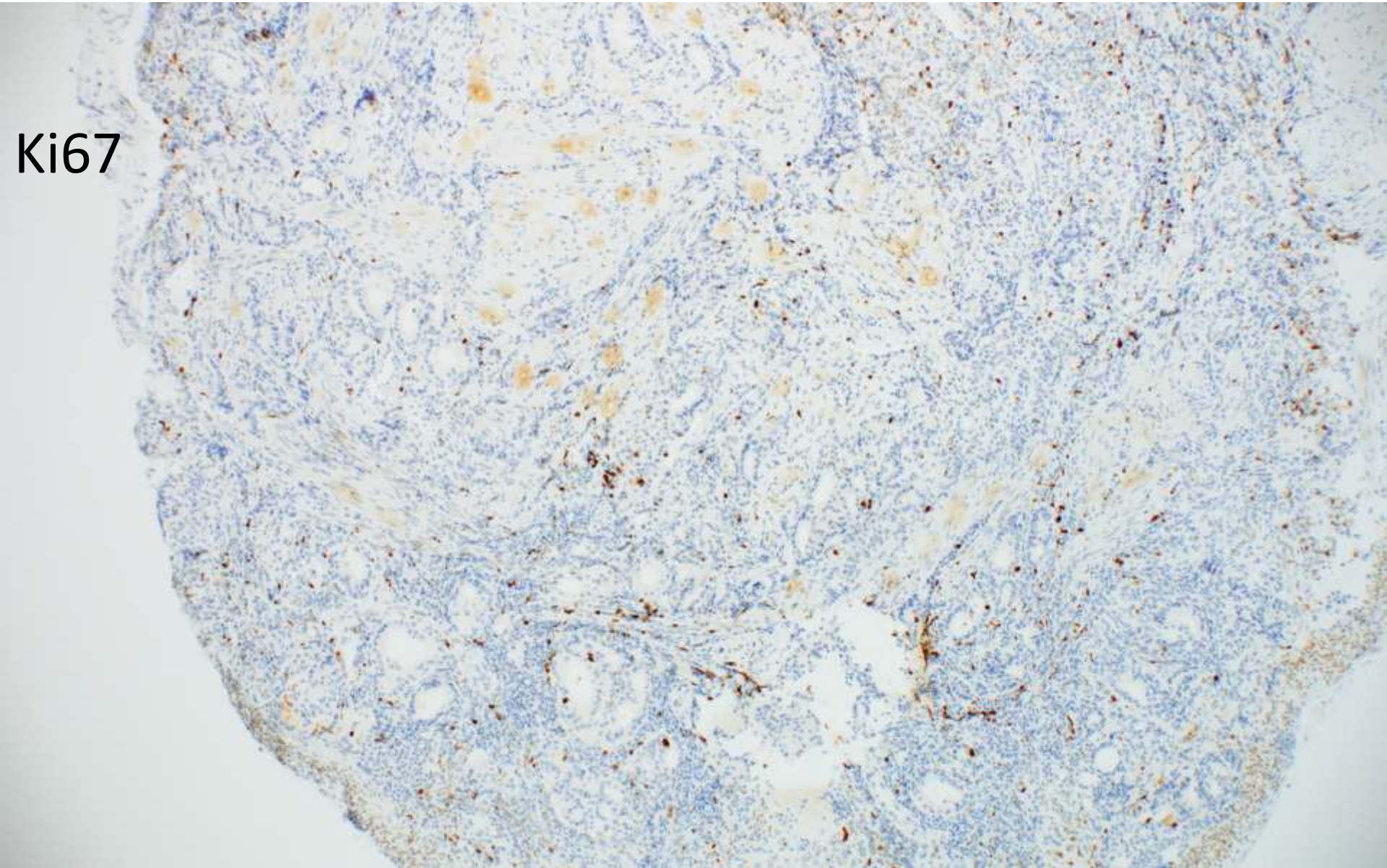
CK8/18

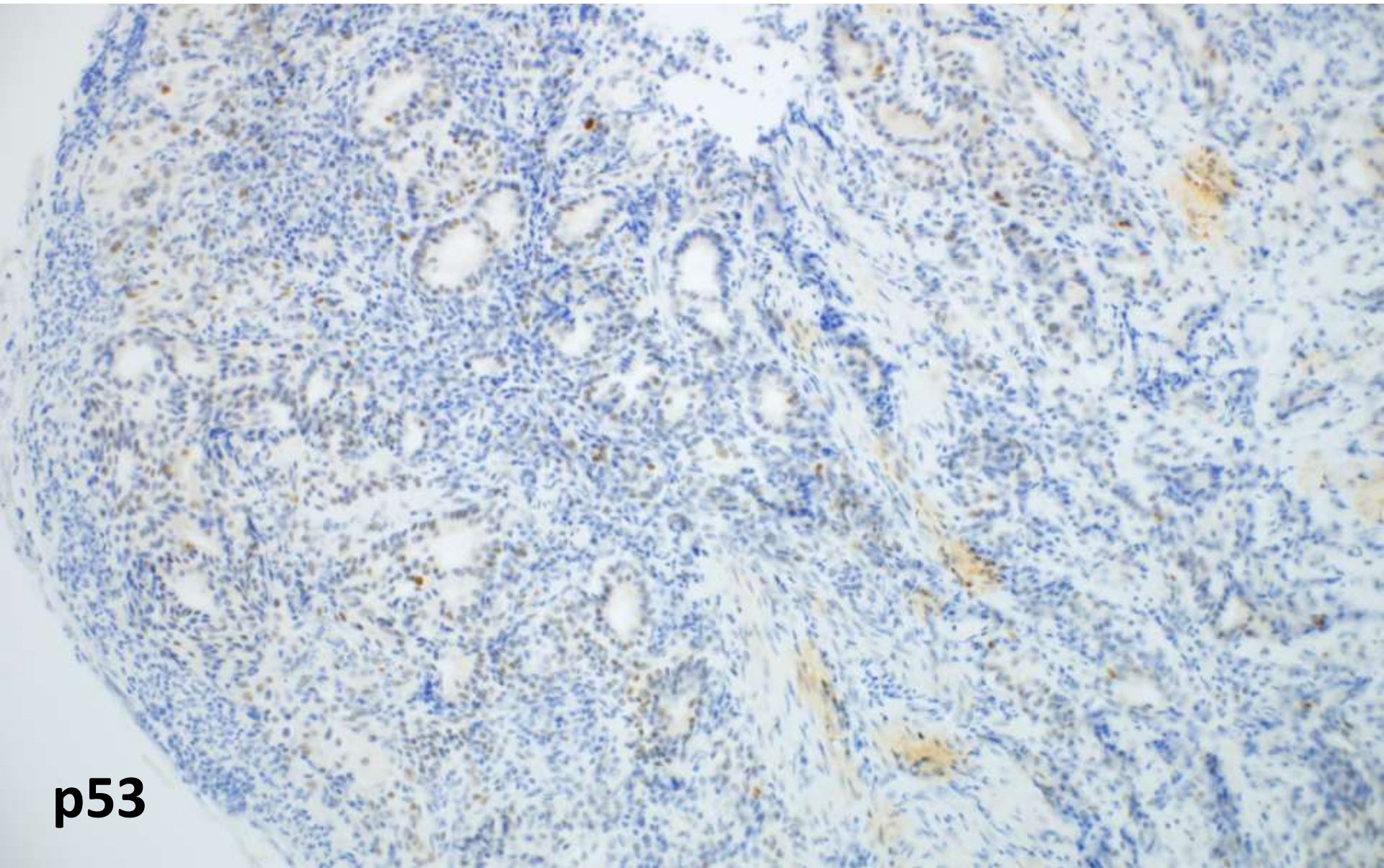


Ki67

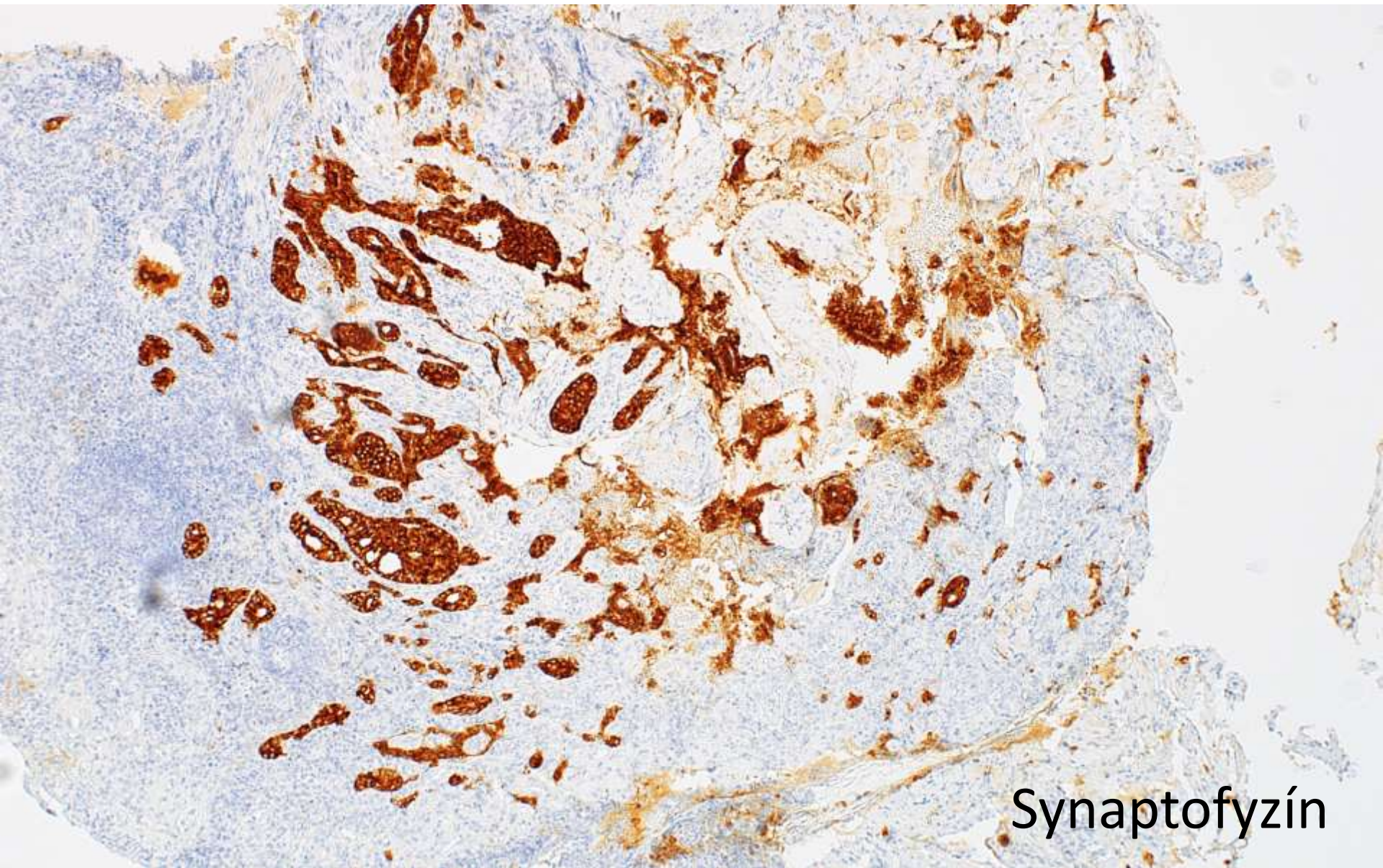


Ki67



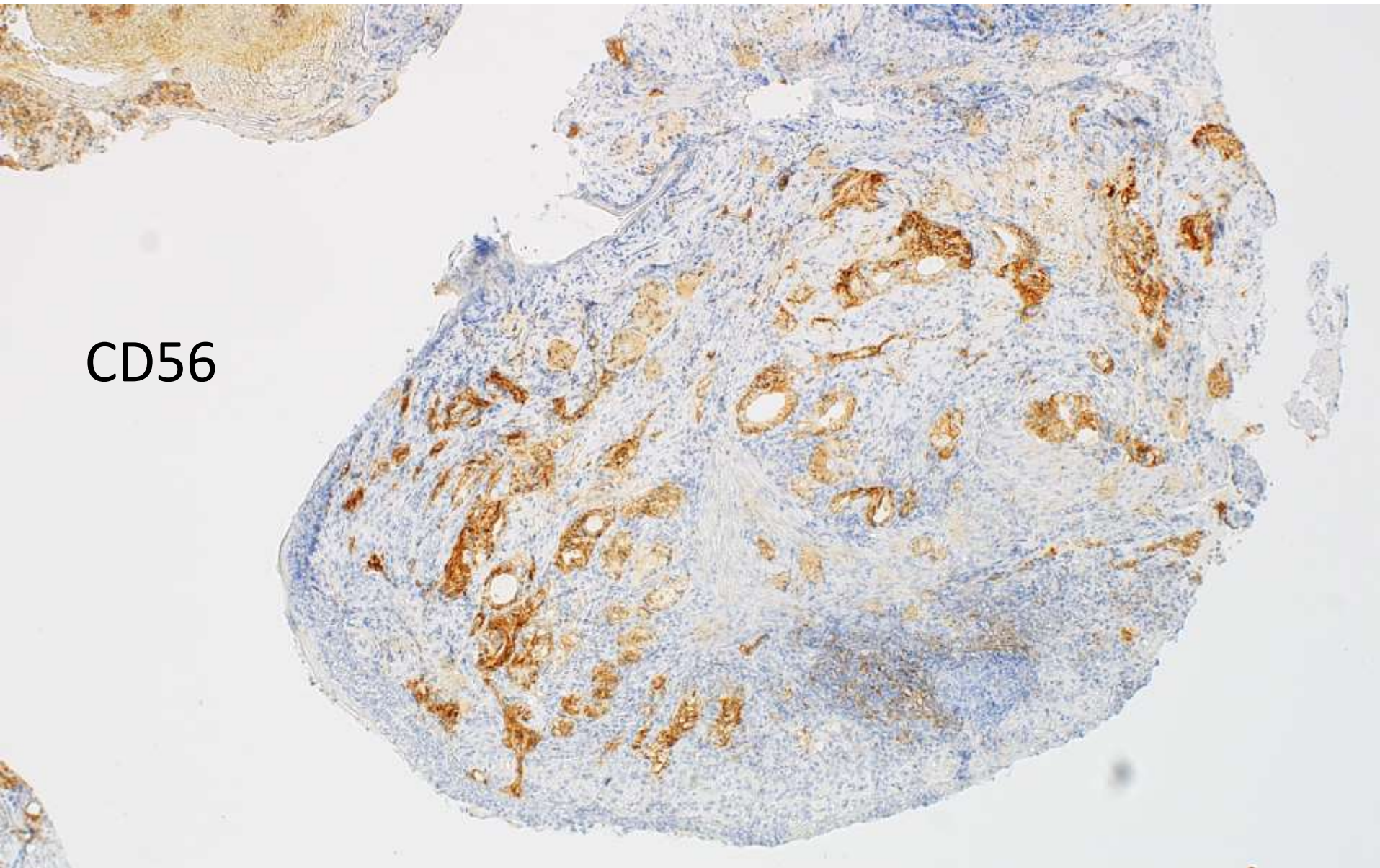


p53

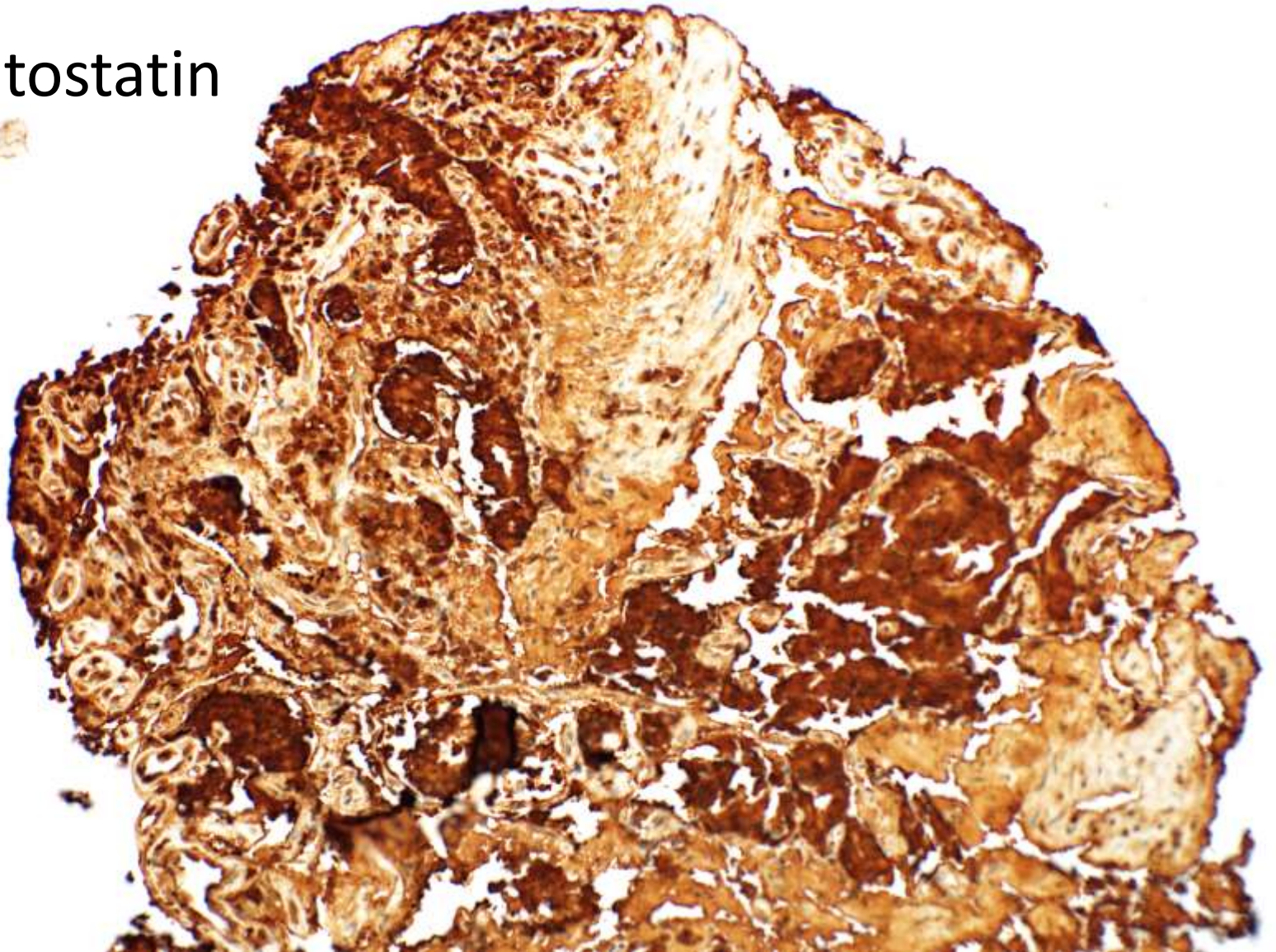


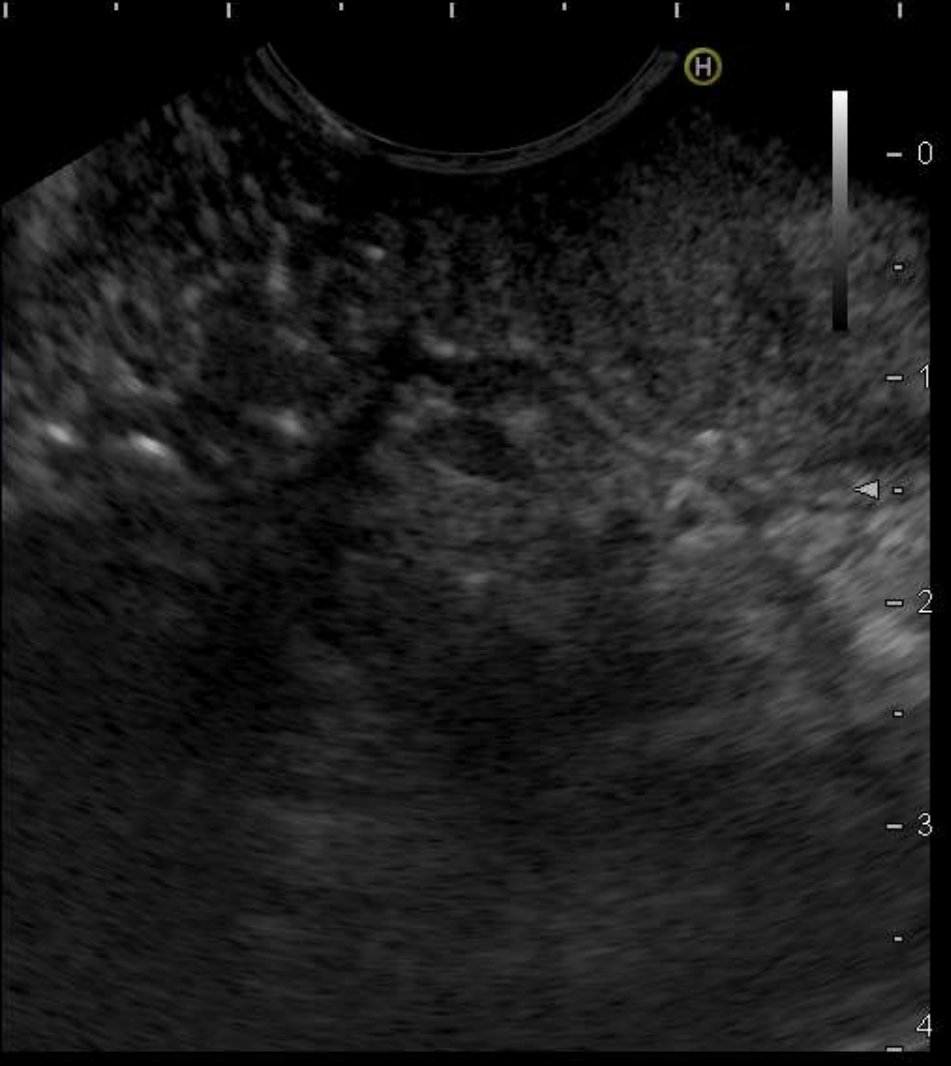
Synaptofyzín

CD56



Somatostatin





Diagnóza

D-bunkový somatostatin produkujúci
dobře diferencovaný neuroendokrinný tumor,
“low-grade“ G1

Dobre diferencované neuroendokrinné tumory (WD NET) tenkého čreva

WD NETy predstavujú 1/3 neoplázií tenkého čreva

Embryologicky ich rozdeľujeme na foregut (duodenum) a midgut (jejunum a ileum), odlišujú sa neuroendokrinnou diferenciáciou a biologickým správaním

Pre diagnózu rozhodujúca morfológia, IHC dôkaz neuroendokrinné diferenciácie (synaptofyzin, chromogranin A, INSM1) a stanovenie proliferatívnej/mitotickej aktivity

Terminology	Differentiation	Grade	Mitotic rate ^a (mitoses/2 mm ²)	Ki-67 index ^a
NET, G1		Low	< 2	< 3%
NET, G2	Well differentiated	Intermediate	2–20	3–20%
NET, G3		High	> 20	> 20%
NEC, small cell type (SCNEC)			> 20	> 20%
NEC, large cell type (LCNEC)	Poorly differentiated	High ^b	> 20	> 20%
MINEN	Well or poorly differentiated ^c	Variable ^c	Variable ^c	Variable ^c

Duodenálne WD NETy - produkujúce Somatostatin

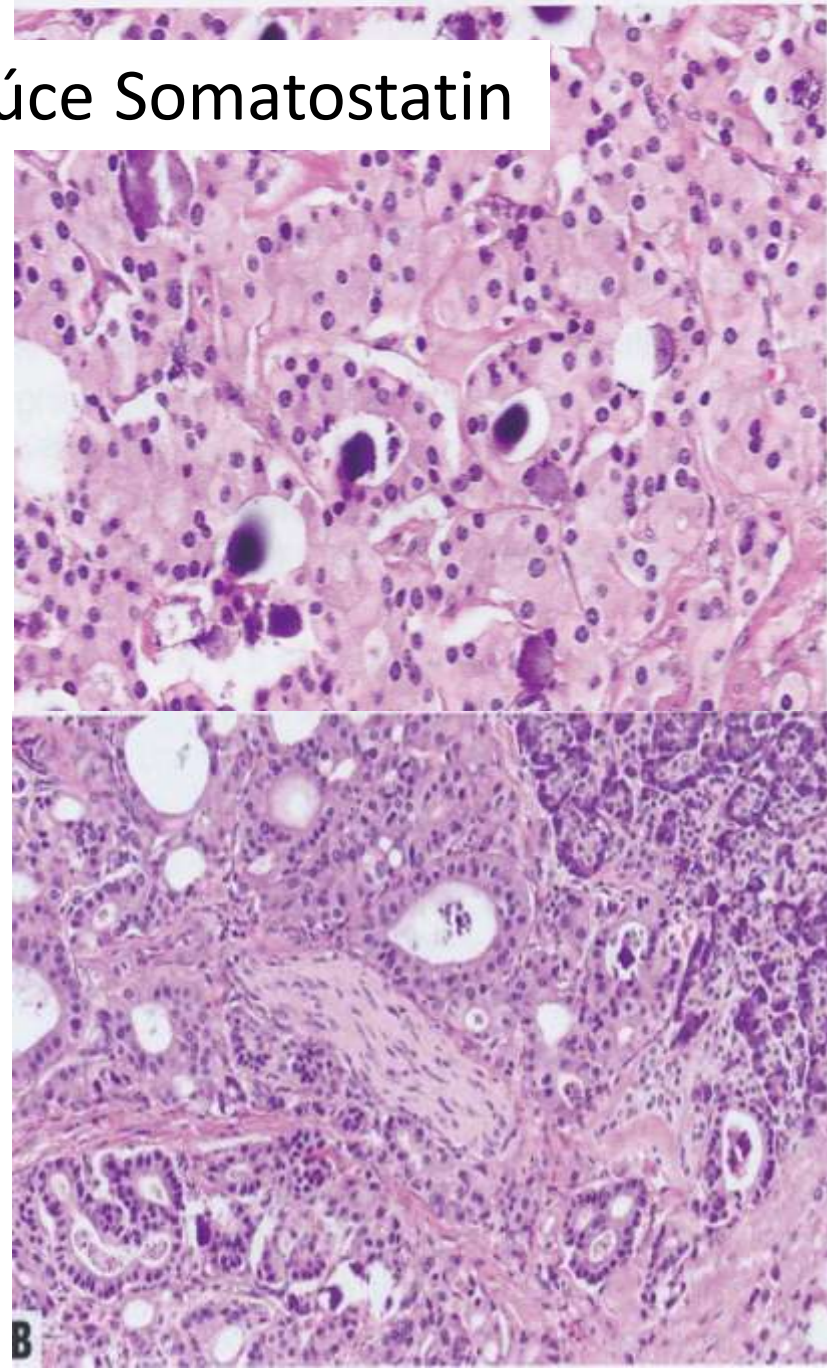
1/3 duodenálnych WDNET vykazuje D-bunkovú diferenciáciu (somatostatin),
tubuloglandulárny rastový vzor so psamoma telieskami

Vznikajú takmer výlučne v **periampulárnej oblasti**, môžu byť asociované s NF1

Somatostatinový syndróm asociovaný s pankreatickými formami somatostatinómu, sa **u intestinálnych foriem prakticky nevyskytuje**

Funkčné somatostatinomy a gastrinómy u mladších žien

5 roč. prežívanie lokalizované ochorenie 60-100%,
MTS 15-60%

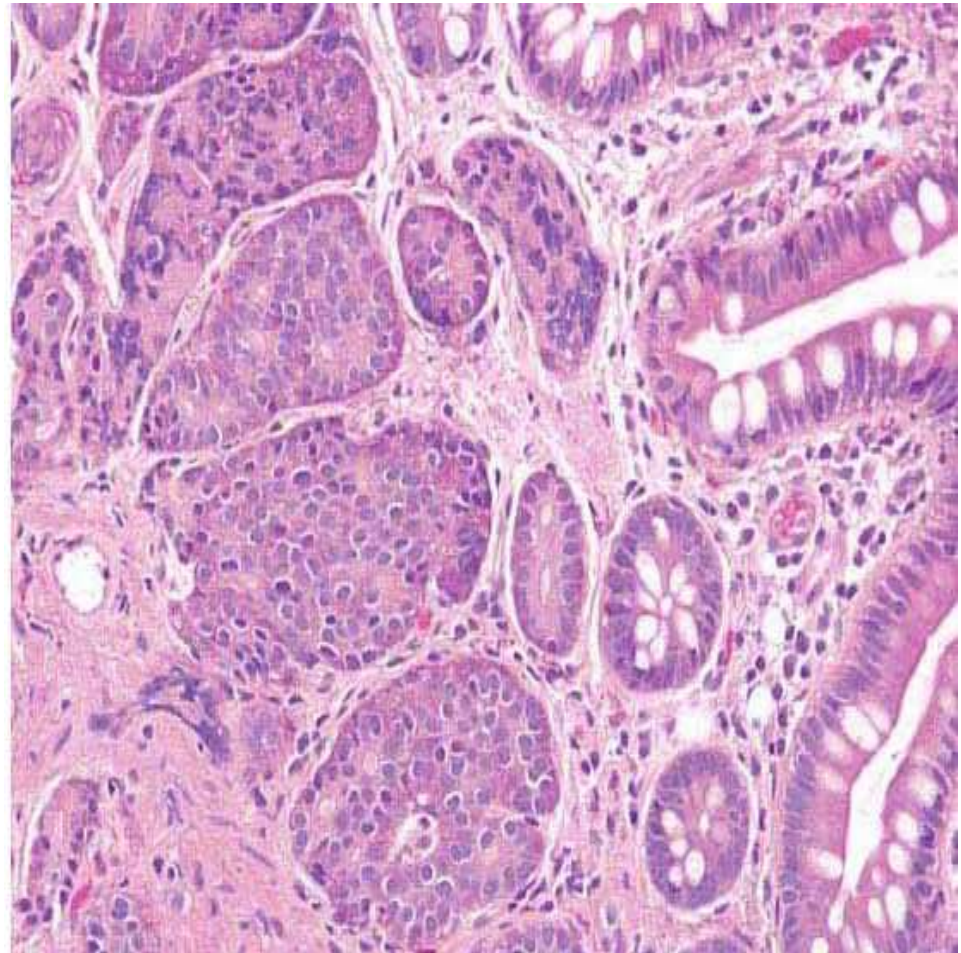


Jejunoileálne WD NETy

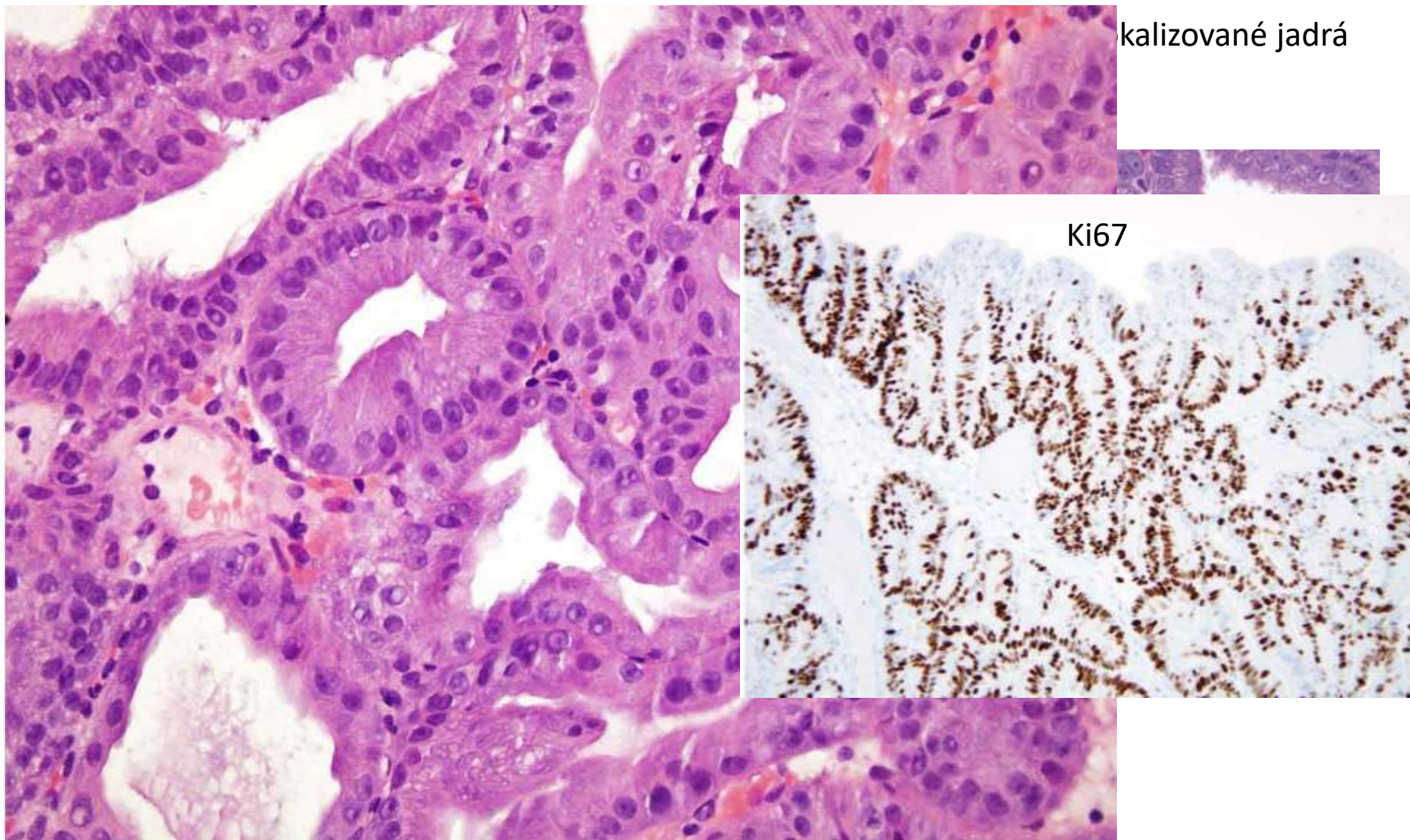
Serotonin produkujúce EC-bunkové, solídne hniezda s periférnym palisádovaním a pseudoglandulárne štruktúry

Častejšie multicentrické, väčšie >2cm, lokálne pokročilé s postihnutím mezentéria a lokoregionálnych LU

5-roč. prežívanie lokalizované 70-100%, vzdialené MTS 35-60%



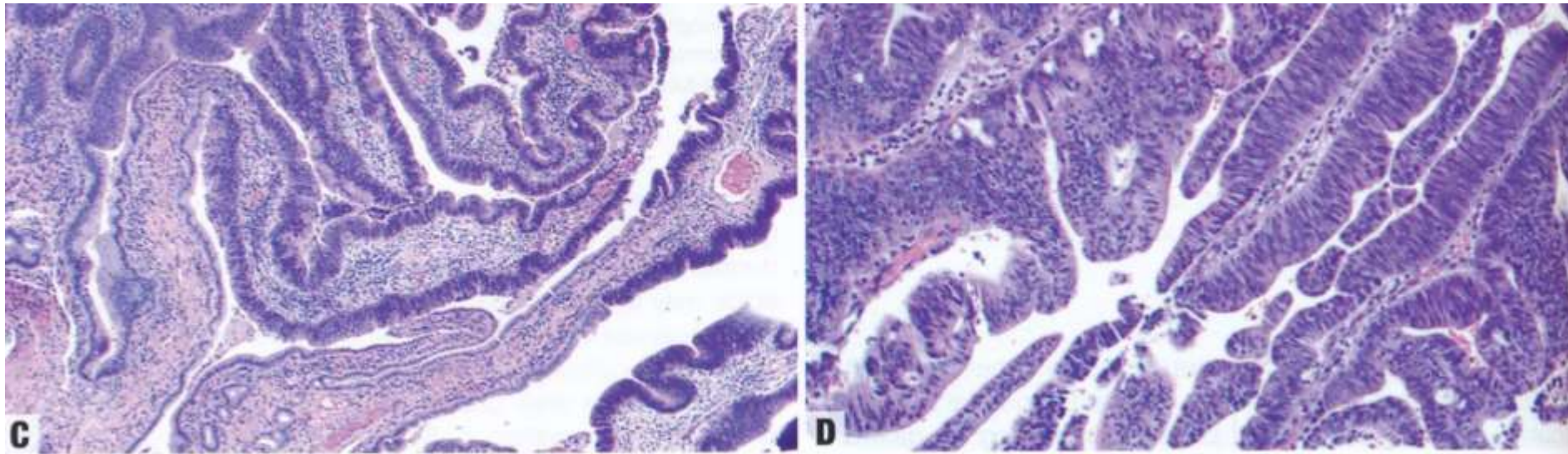
PYLORIC GLAND ADENOM DUODENA



AMPULÁRNY ADENOM

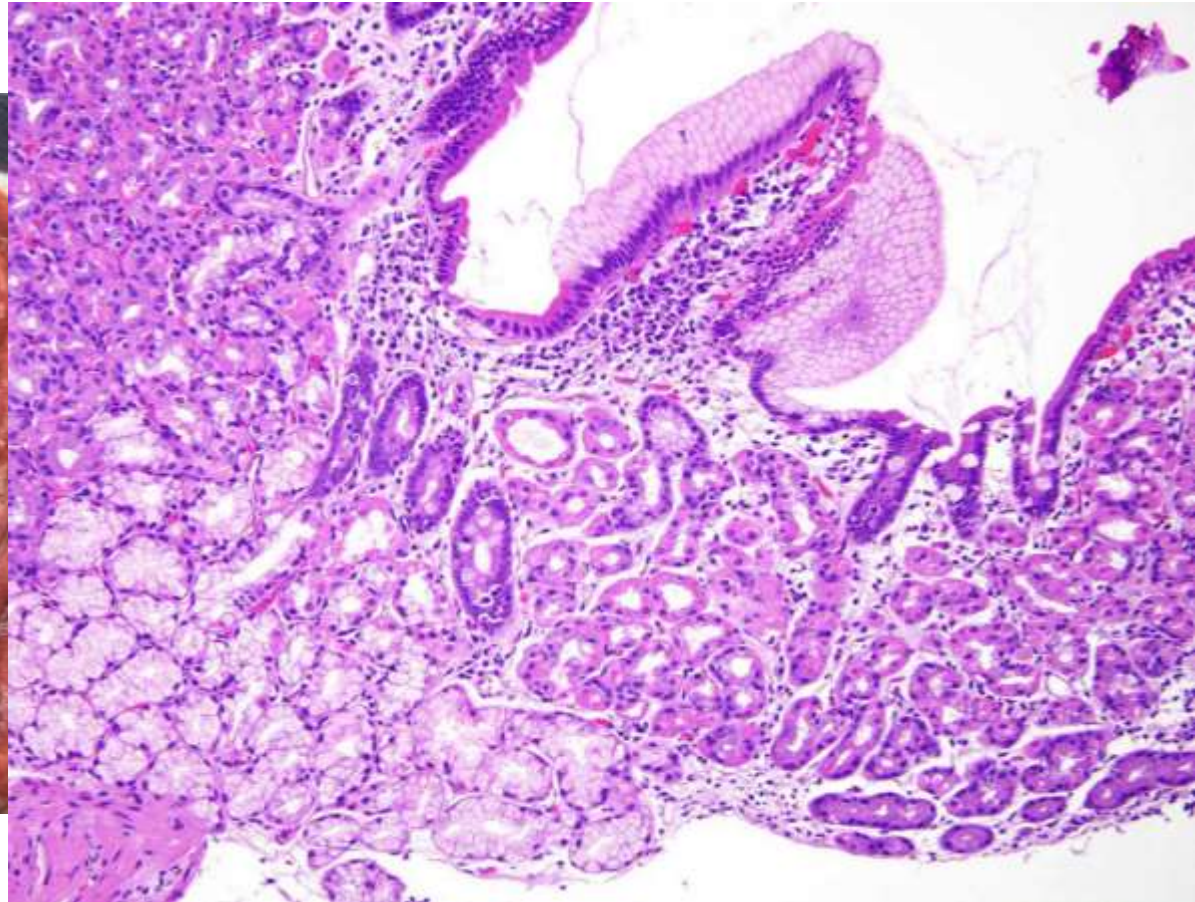
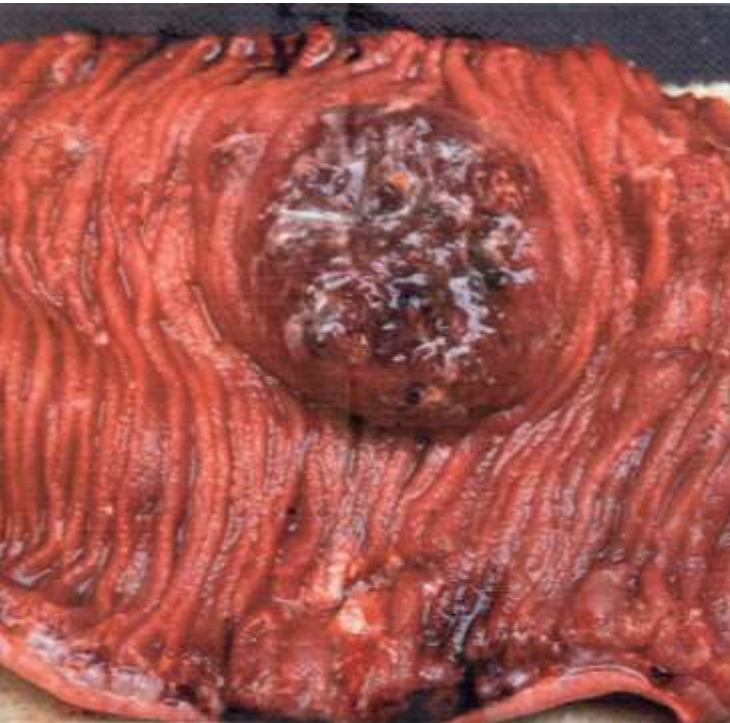
Intestinálna a/alebo pankreatobiliárna diferenciácia

Neinvazívny tumor s vilóznym alebo papilárnym rastom

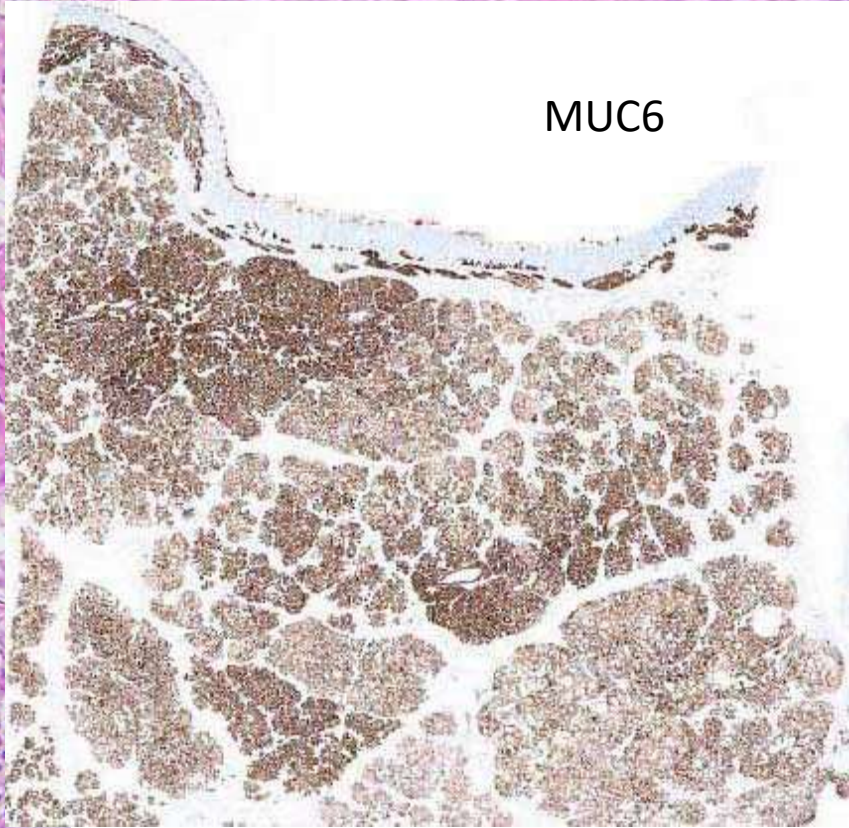
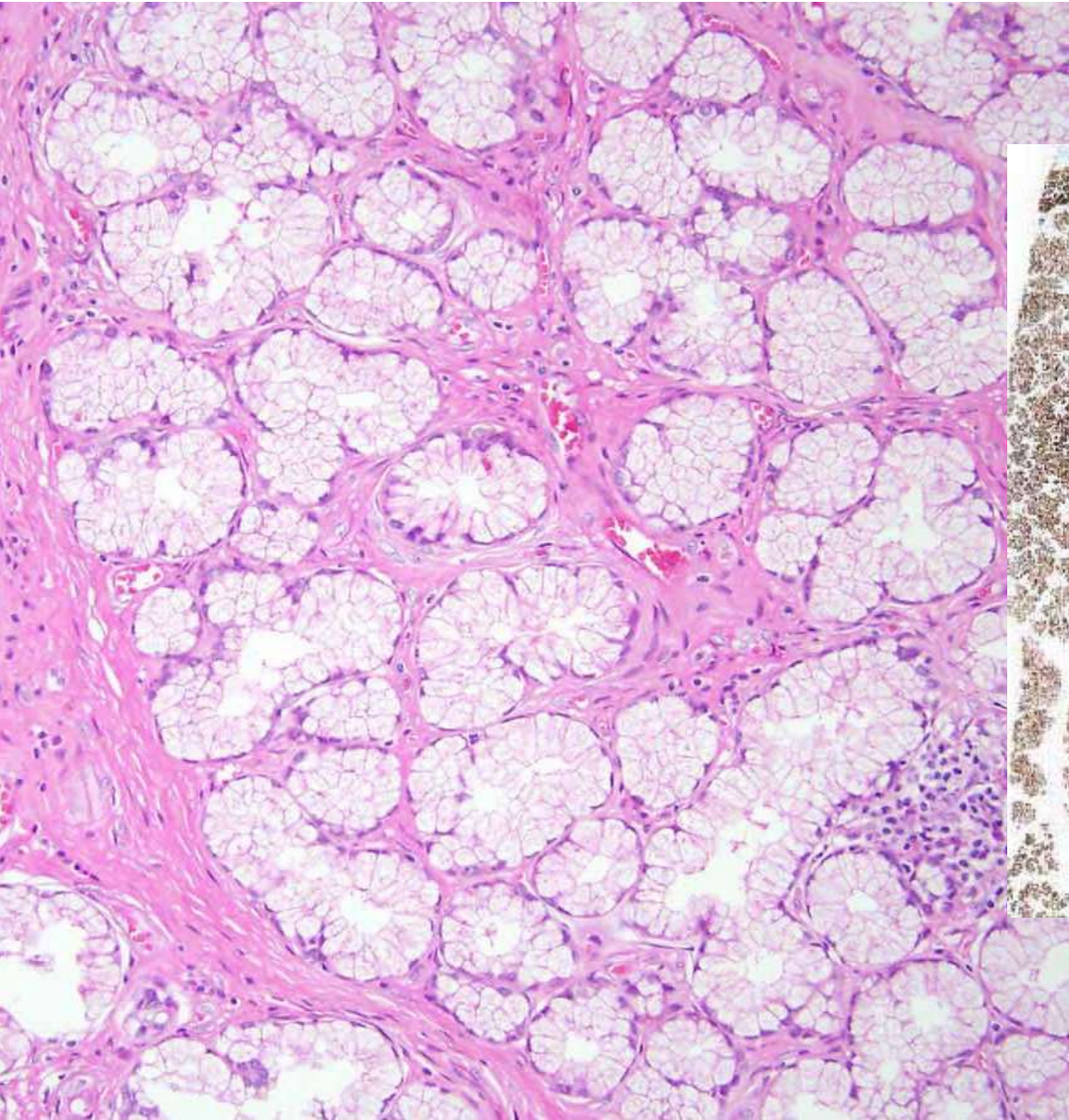


Gastrická heterotopia

Prítomnosť oxyntických žliaz

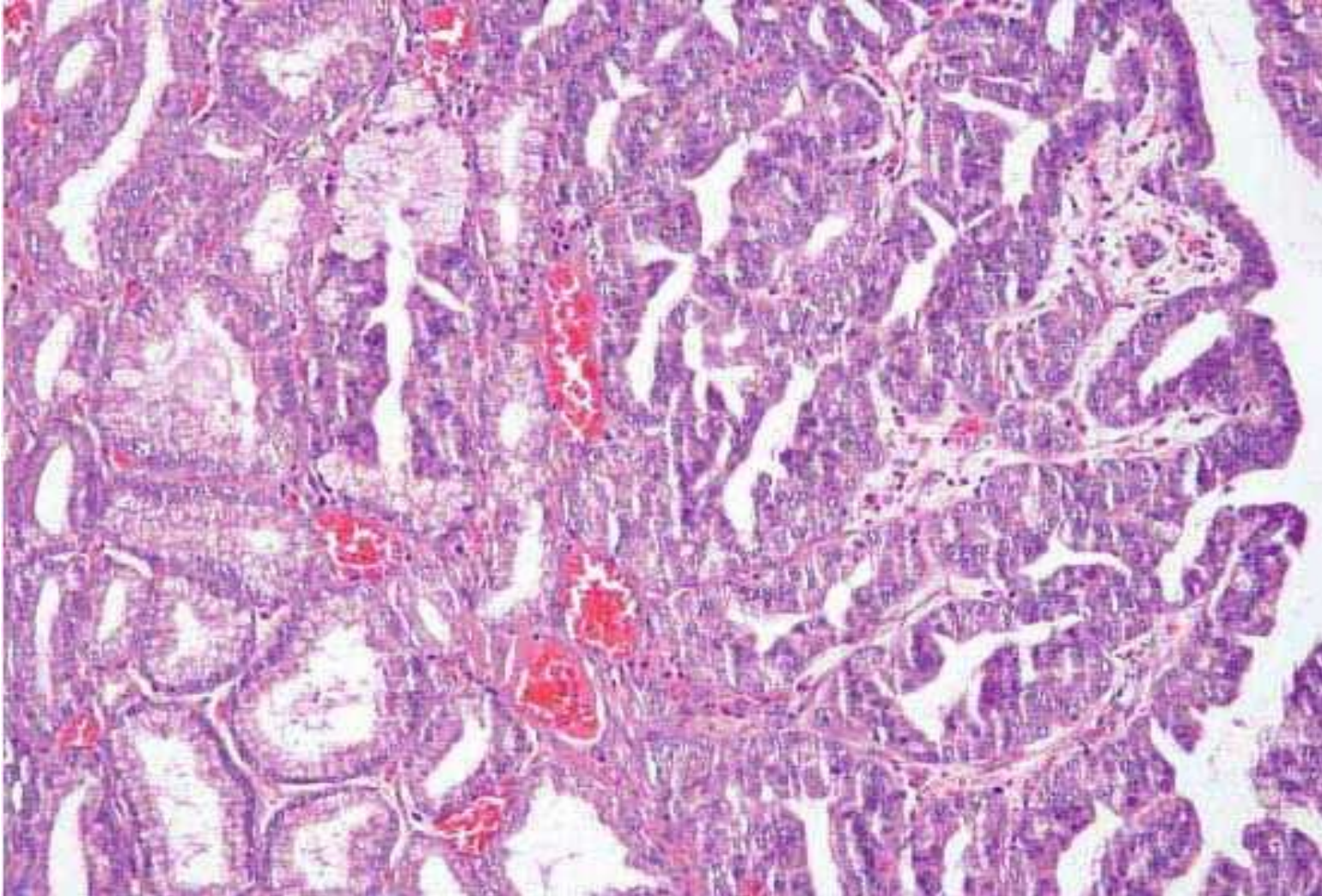


BRUNER GLAND POLYP

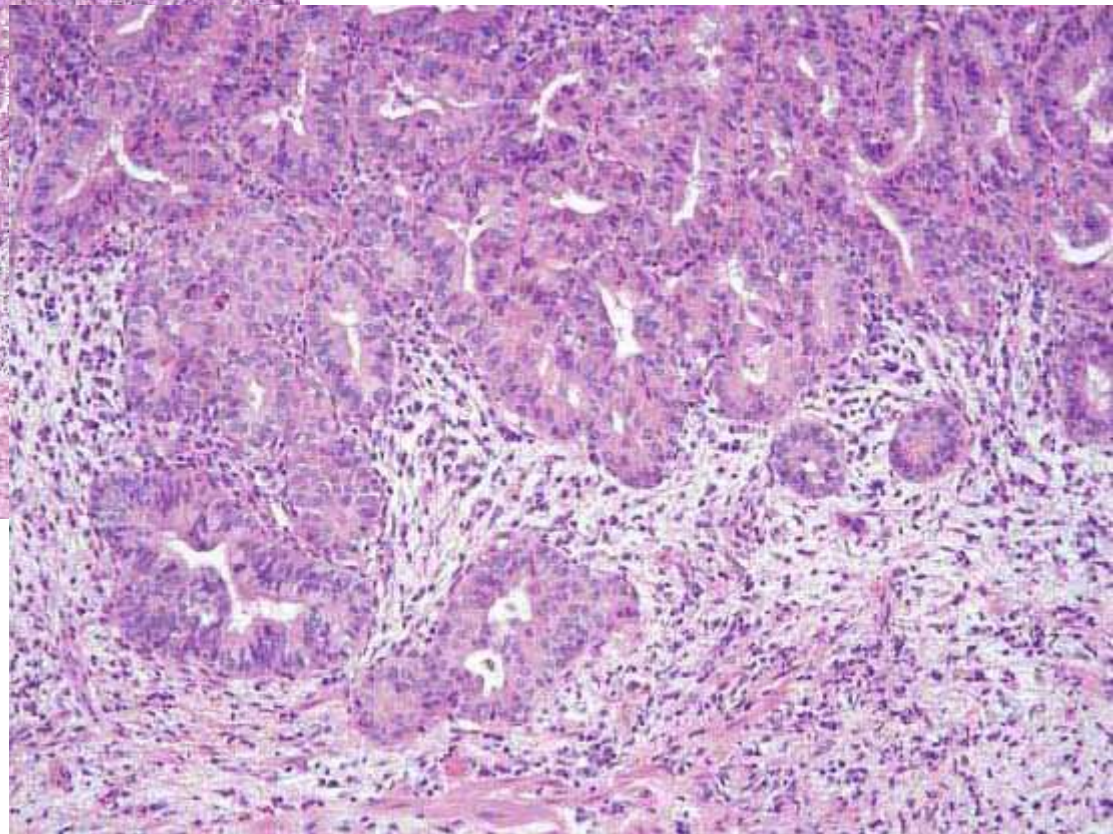
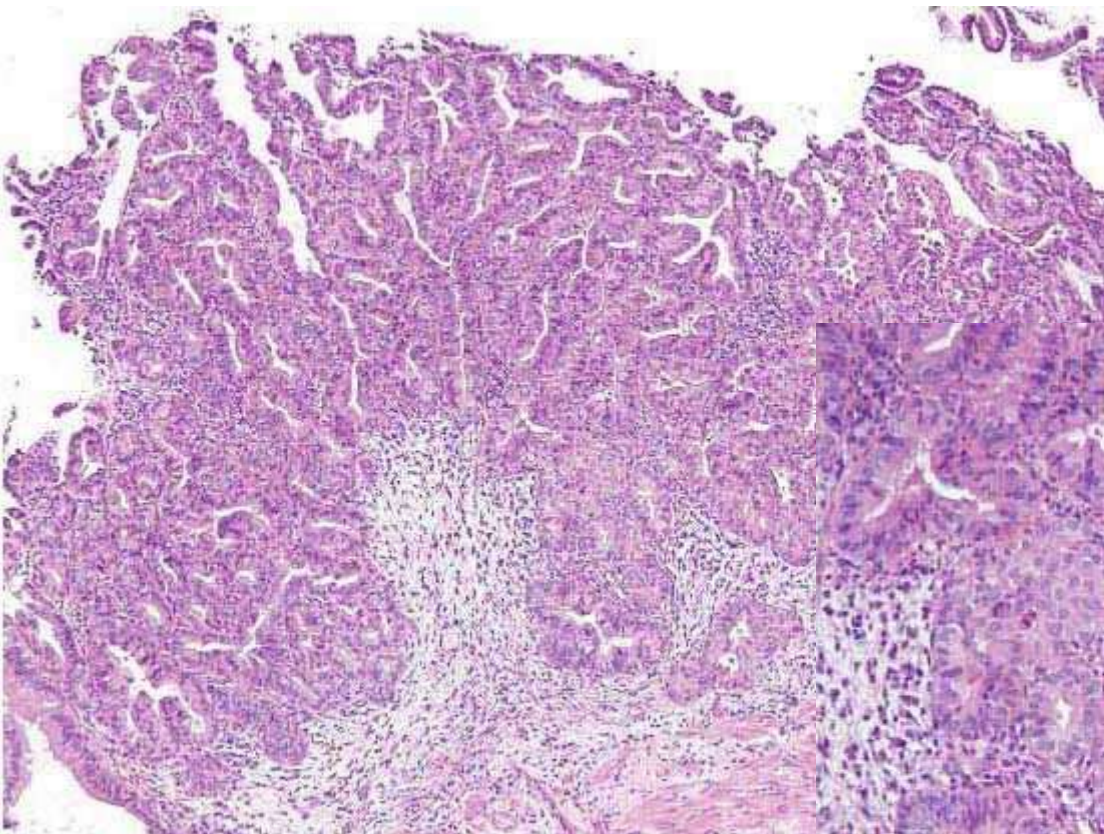


BRUNER GLAND POLYP

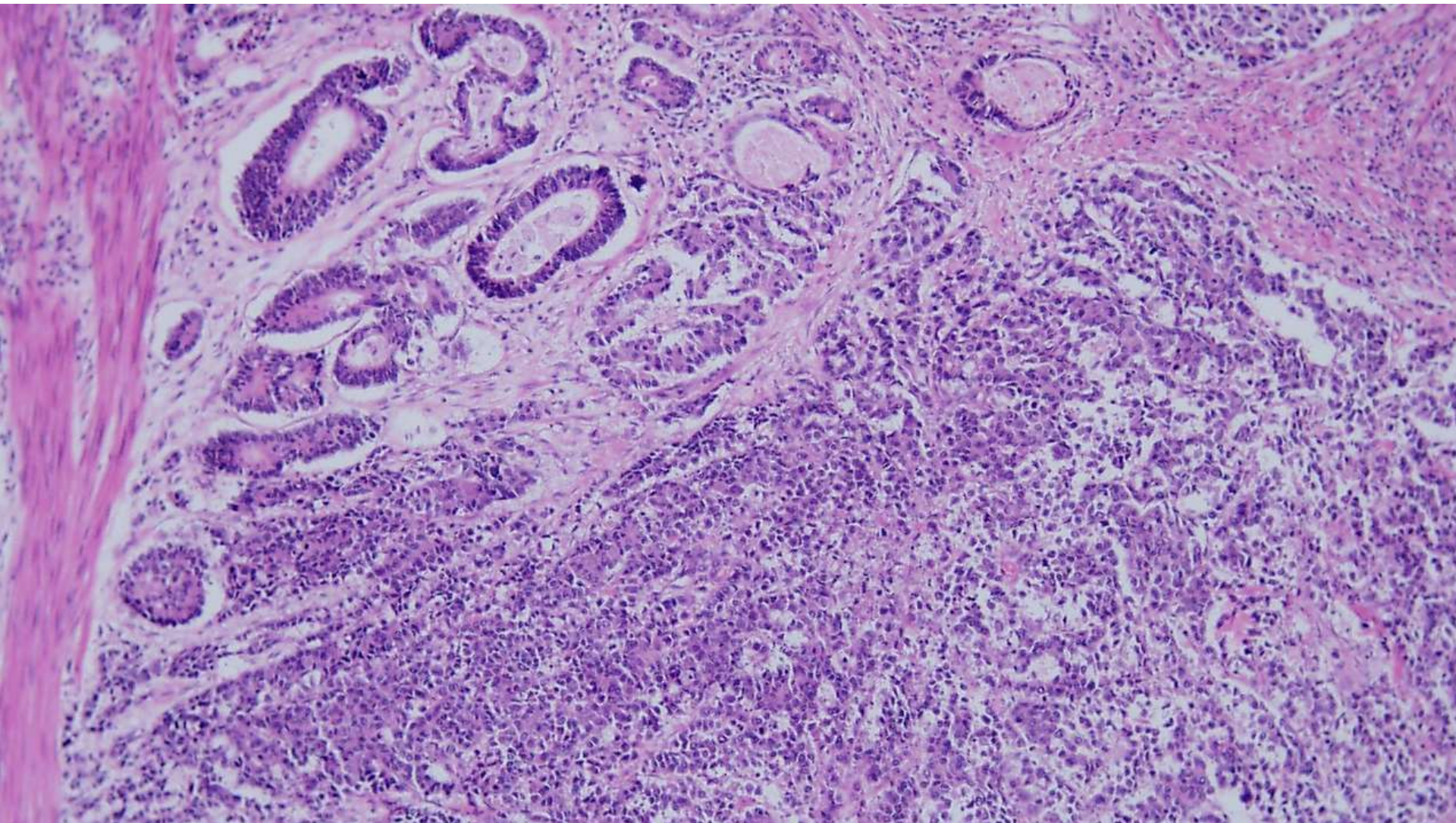
Brunnerove žľazy s dyspláziou

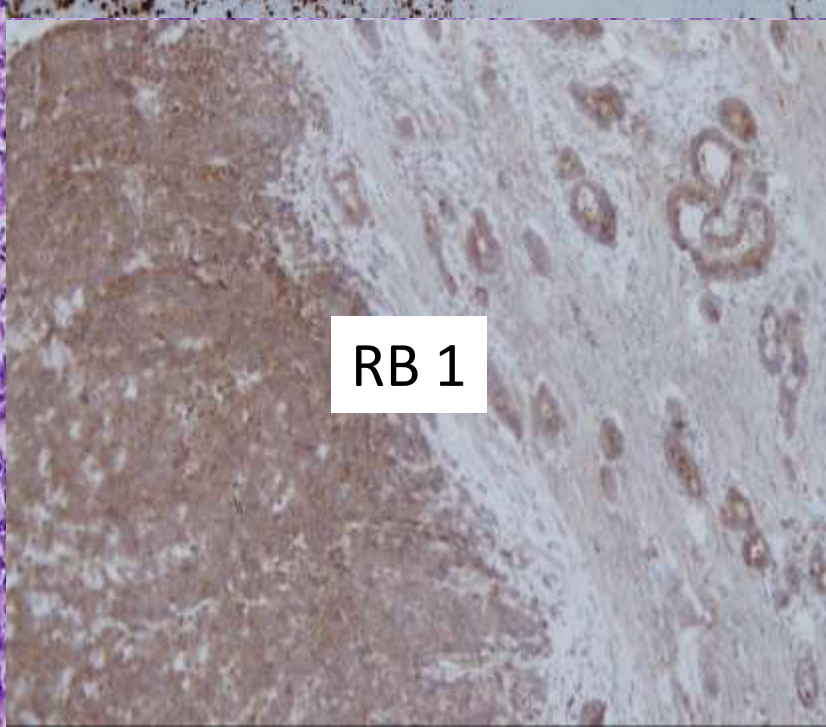
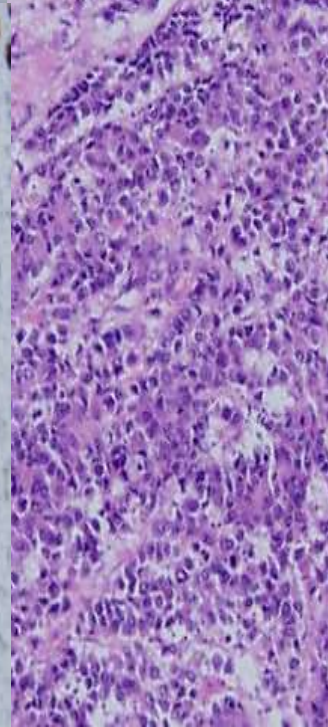
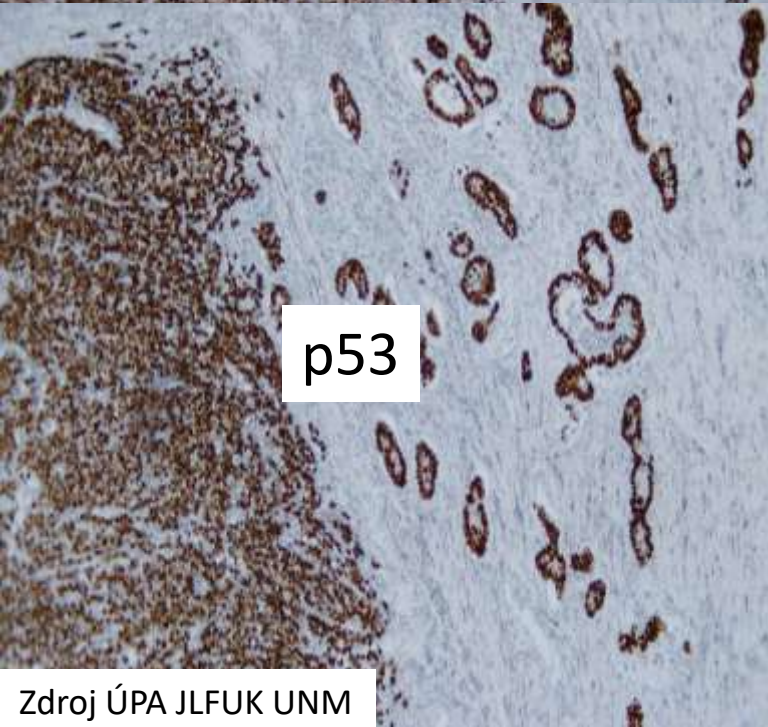
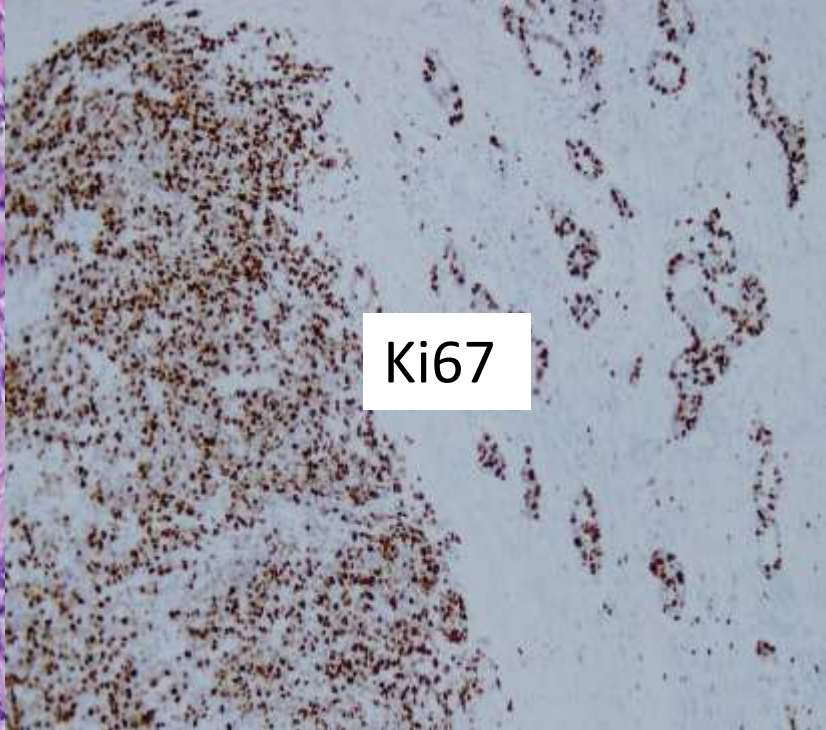
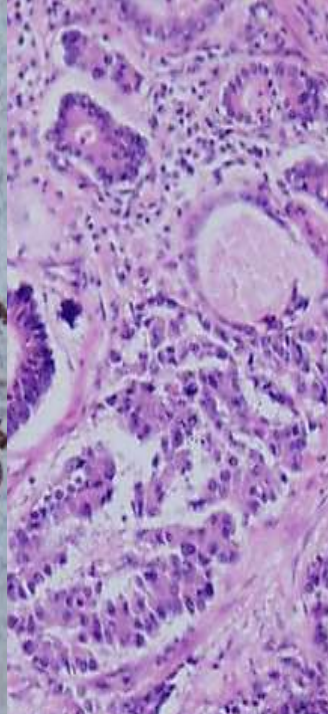
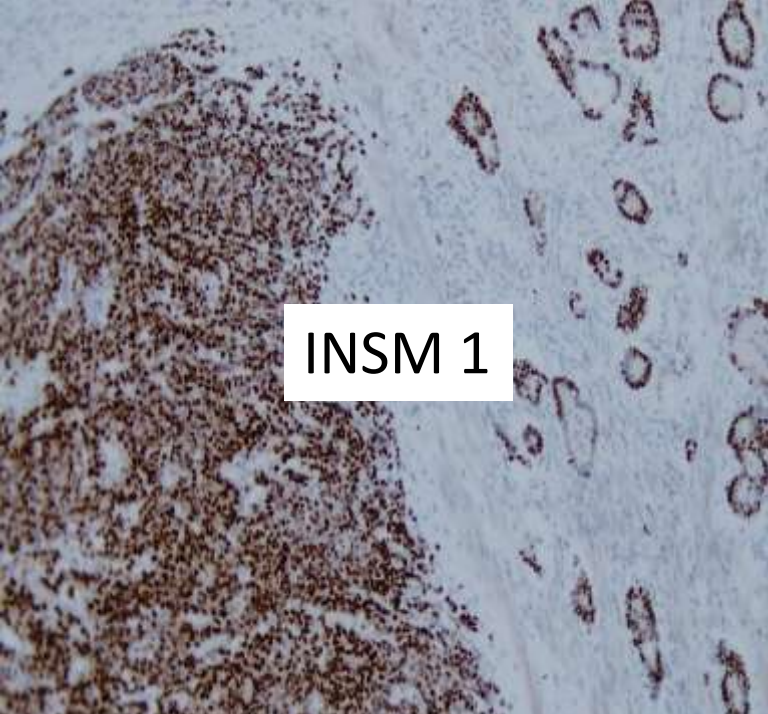


AMPULÁRNY KARCIÓM

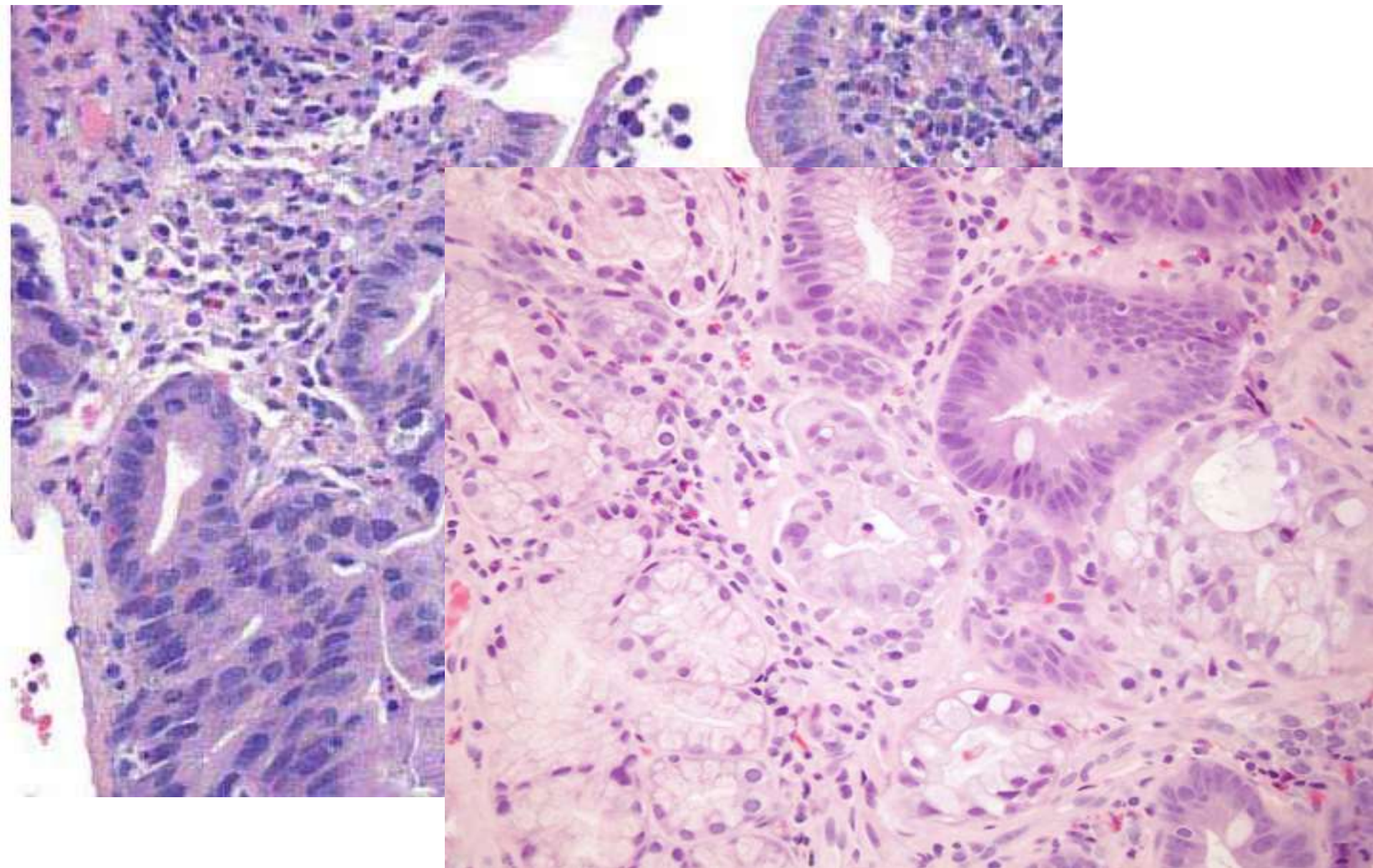


NEUROENDOKRINNÝ KARCINÓM

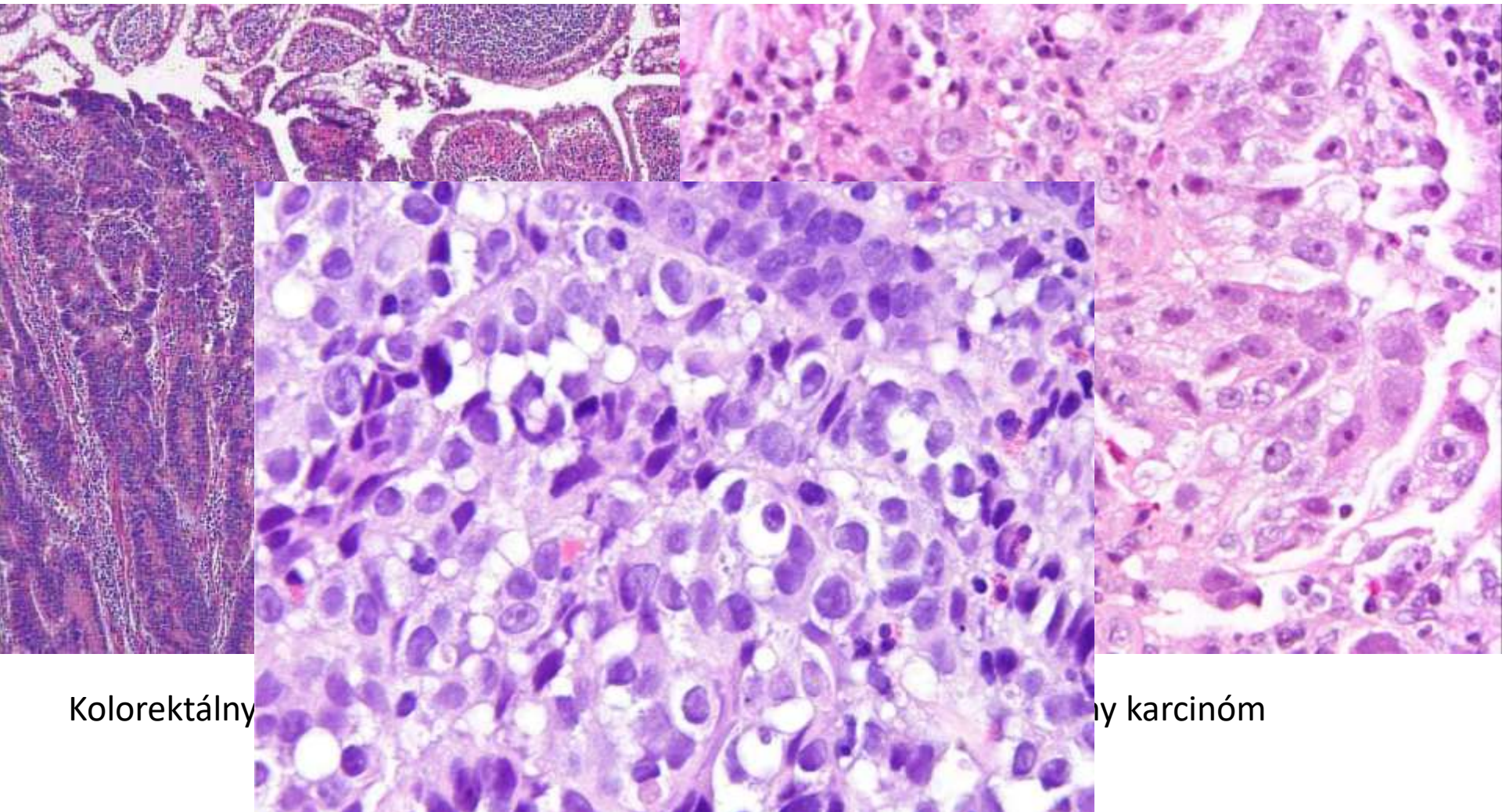




Pankreatický duktálny karcinóm propagujúci sa do sliznice



MTS



Kolorektálny

ny karcinóm

melanom

Take home message

Nie všetky WD NETy majú klasický histomorfologický obraz (inzulárny, trabekulárny)

Glandulárny-tubulárny rastový vzor so psamomatóznymi telieskami a nízkym Ki67 je typický pre somatostatin produkujúce NETy v periampulárnej oblasti

Označenie somatostatinóm je rezervovaný pre pankreatické NETy asociované so somatostatinovým syndrómom, samotný dôkaz expresie somatostatínu nie je dostačujúci

Väčšina týchto NETov je „low-grade“ G1-G2

Funkčné NETy v duodene sú prognosticky horšie ako nefunkčné