

XXVIII. Martinský bioptický seminár

Prípad SD-IAP 794



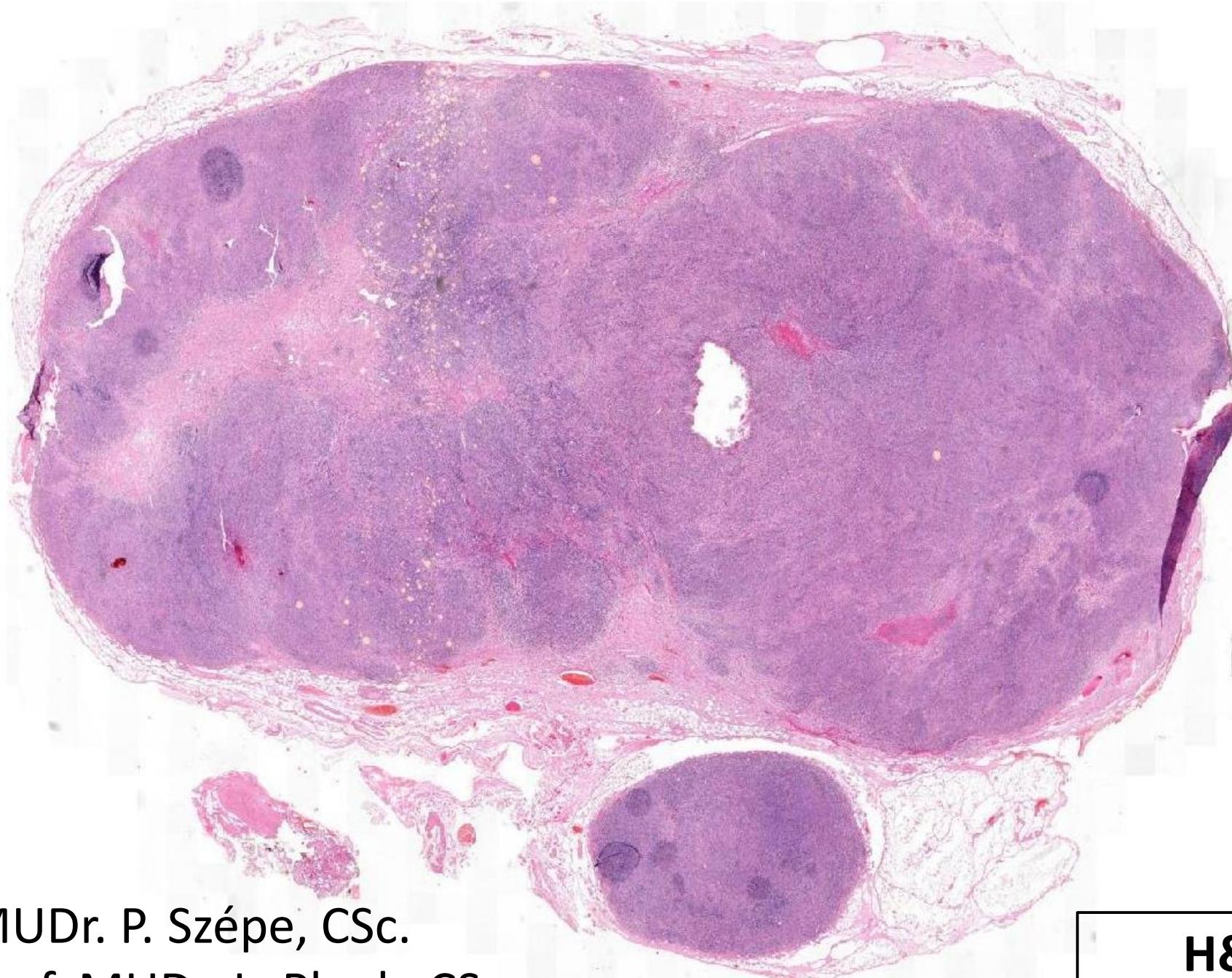
Katarína Lešková

Ústav patologickej anatómie JLF UK a UN Martin

11.-12. november 2022

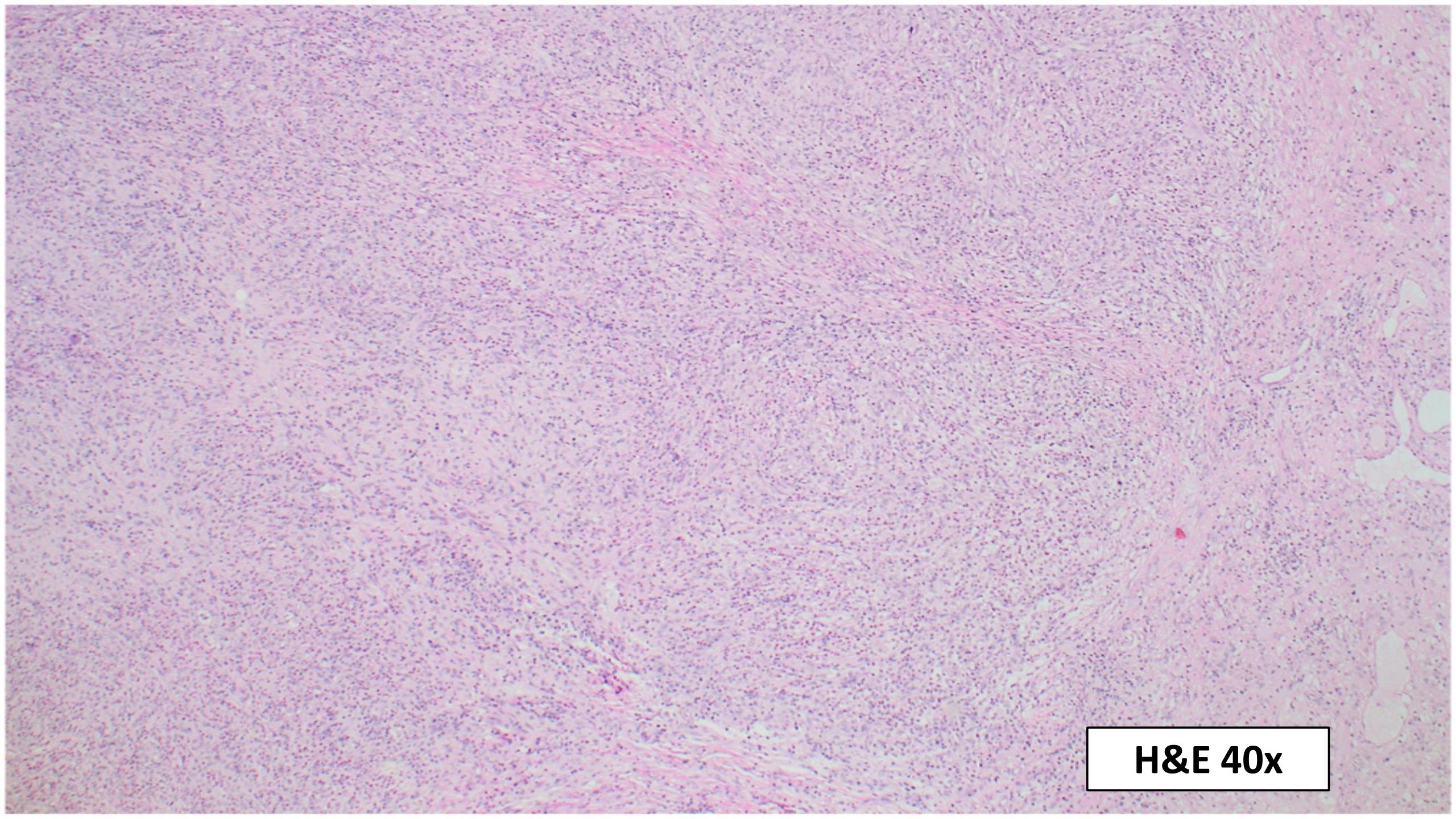


- 82- ročná žena
- **Predmet vyšetrenia:** krčná LU vľavo (Unilabs, s.r.o. BB)
- **Makroskopicky:** atopografické belavé laločnaté nepravidelné tkanivo veľkosti $4 \times 2-2,5 \times 1-1,5$ cm (MUDr. Ján Dzuracký, Unilabs, s.r.o. BB)
- **Klinická diagnóza:** lymfadenopatia colli, susp. MTS postihnutie, resp. primárne ochorenie

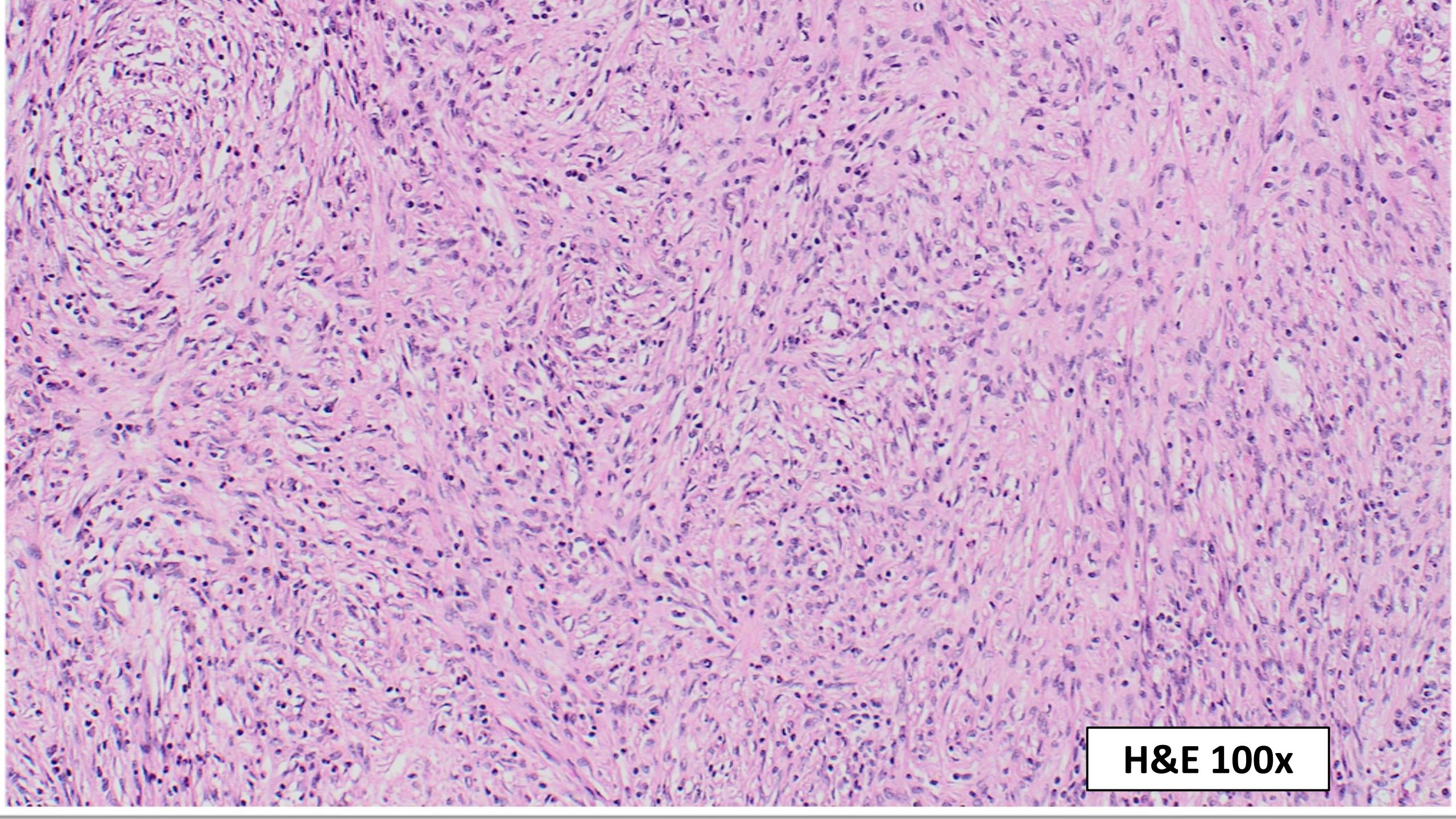


Vyšetřili: MUDr. P. Szépe, CSc.
prof. MUDr. L. Plank, CSc.

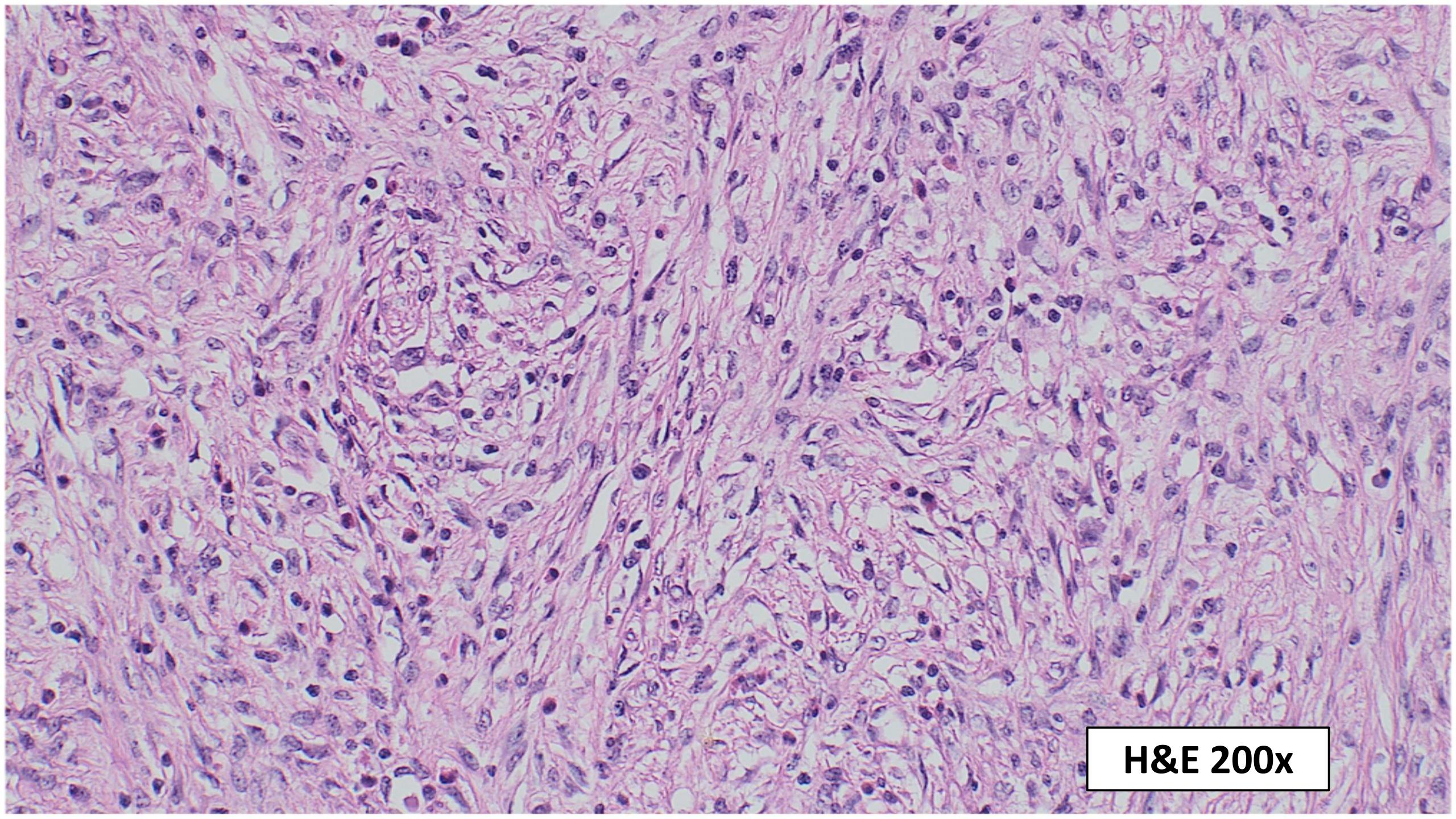
H&E



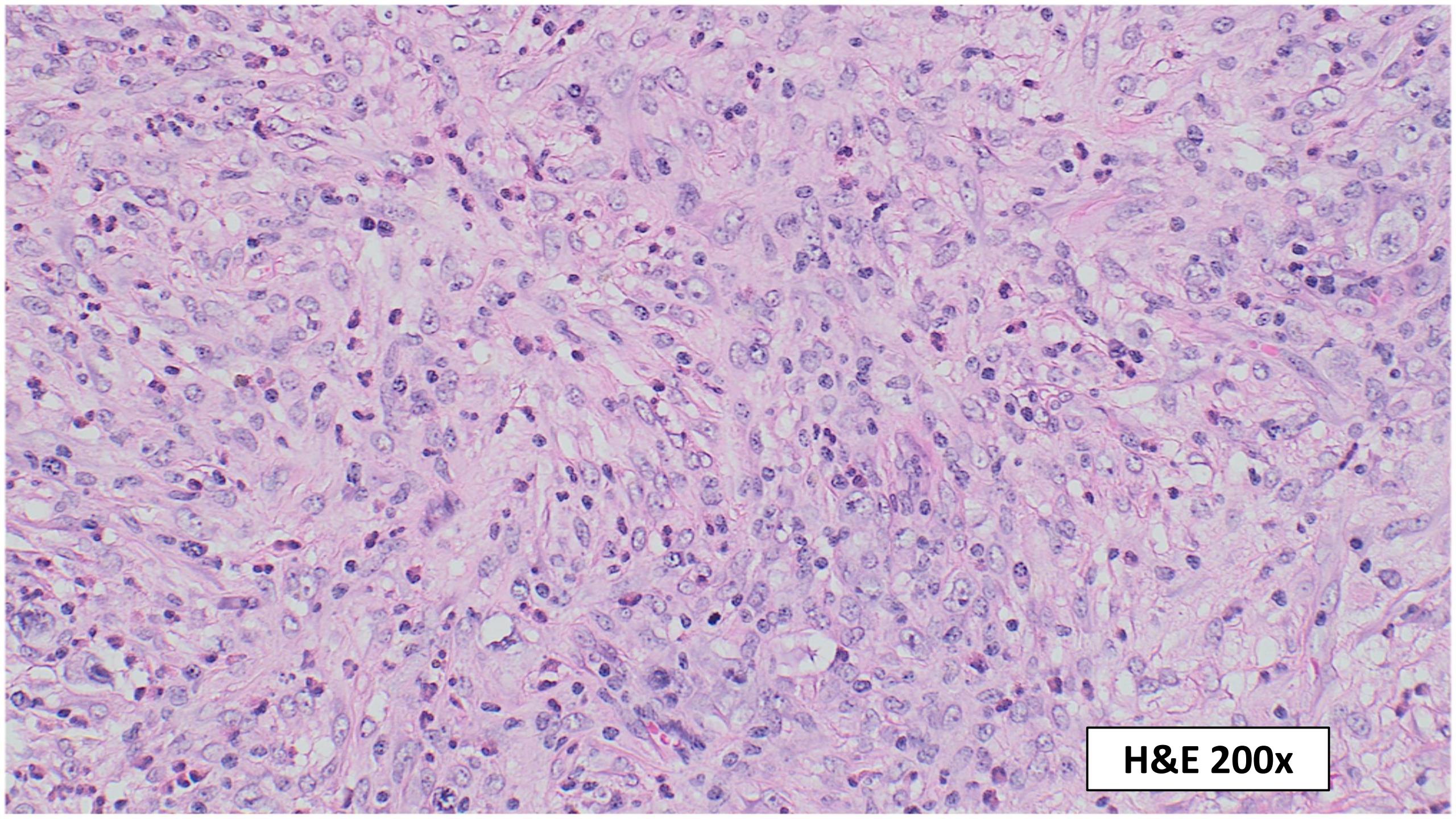
H&E 40x

A high-magnification H&E-stained histological image showing a dense, interwoven arrangement of small, dark-staining nuclei and a pinkish-red background of connective tissue stroma. The nuclei are uniform in size and distribution.

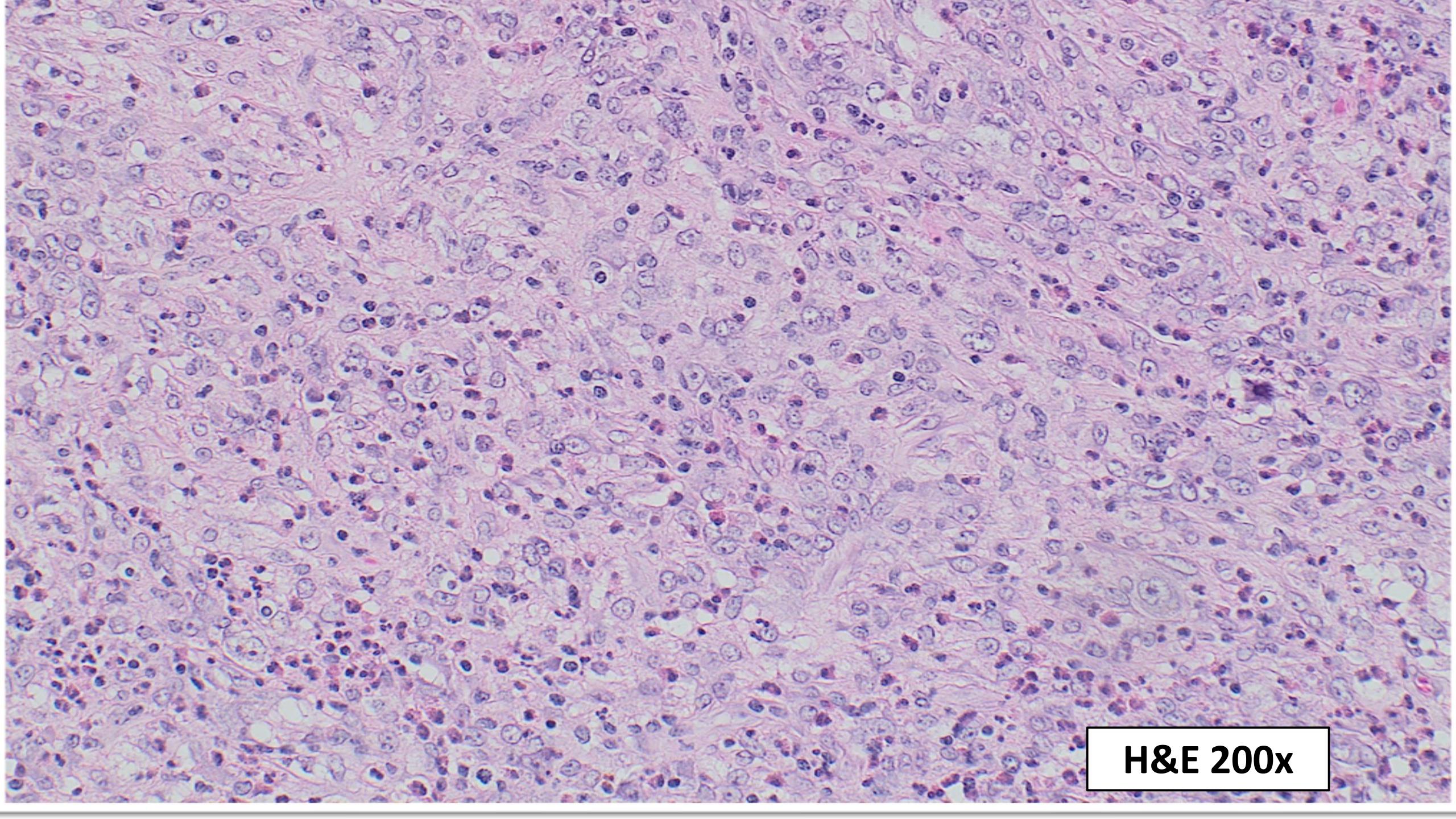
H&E 100x



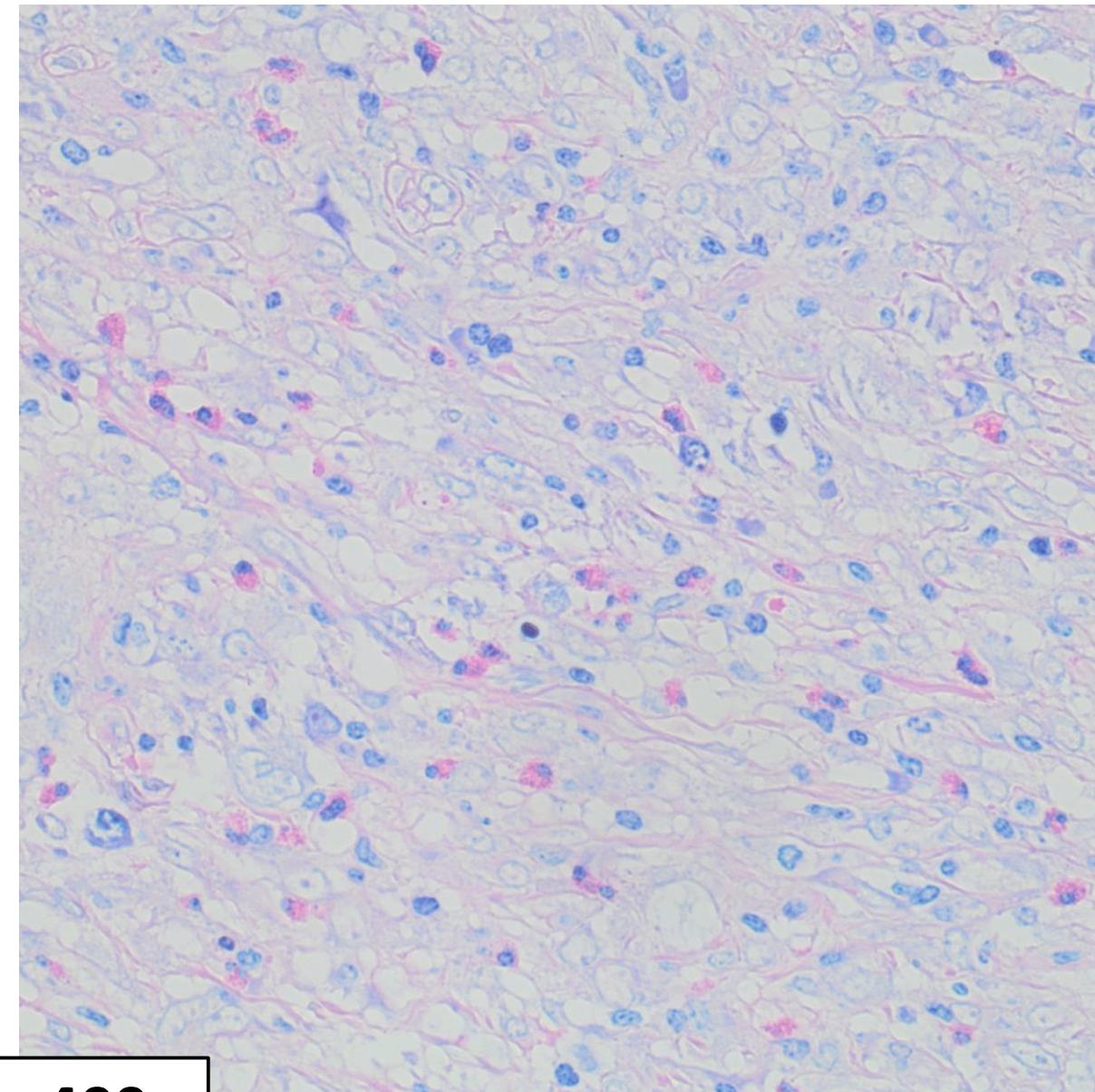
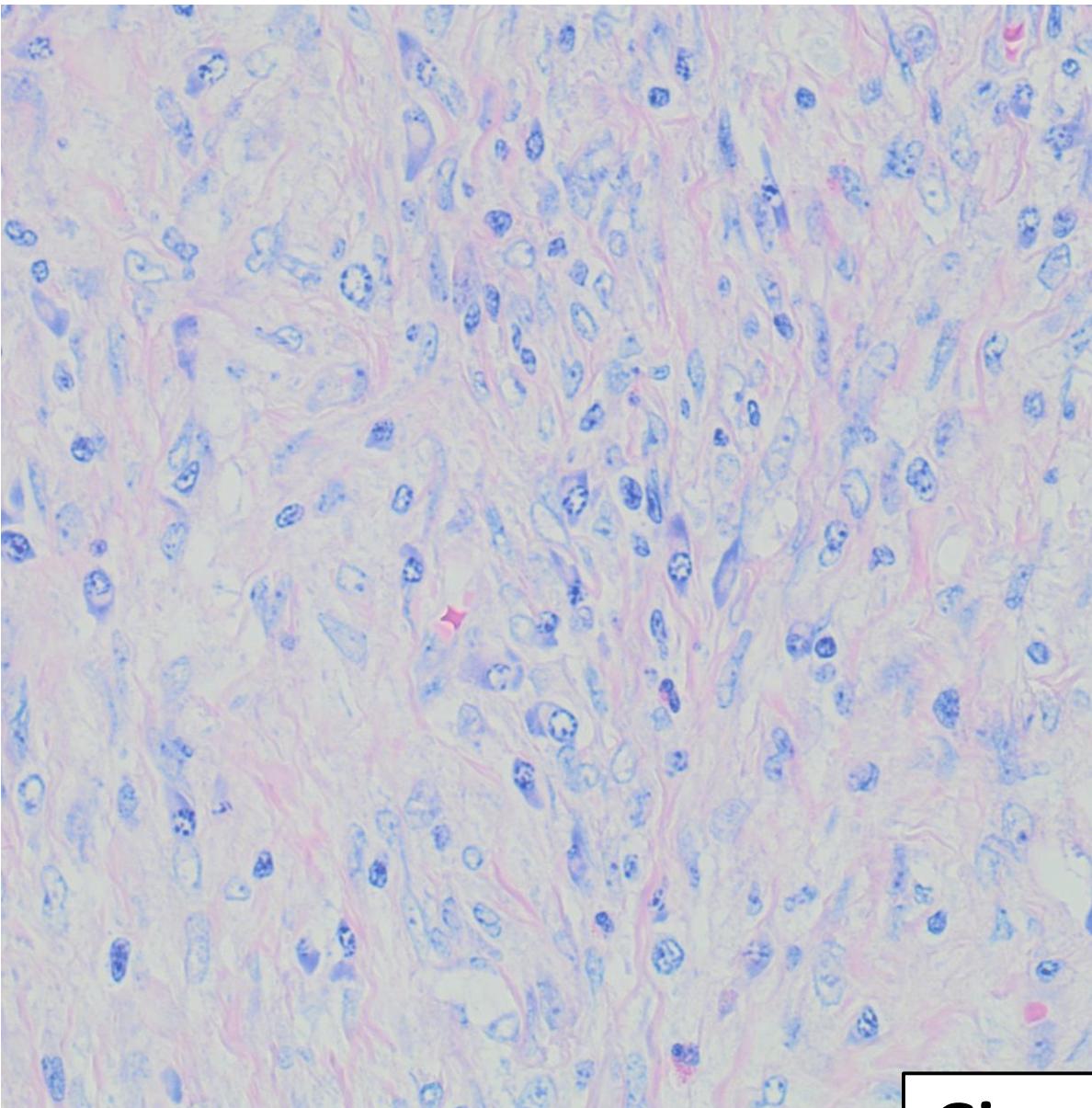
H&E 200x



H&E 200x



H&E 200x

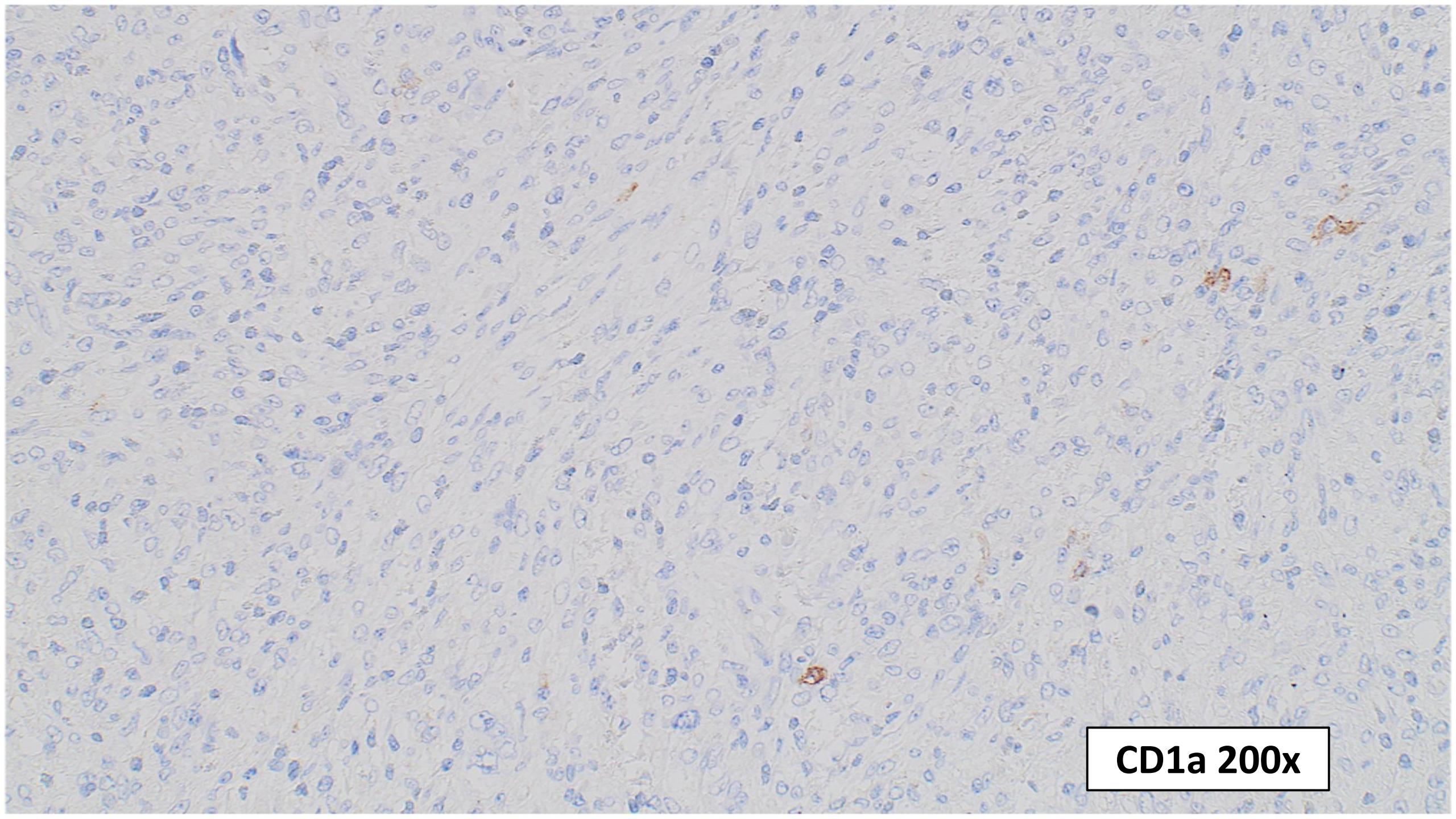


Giemsa 400x

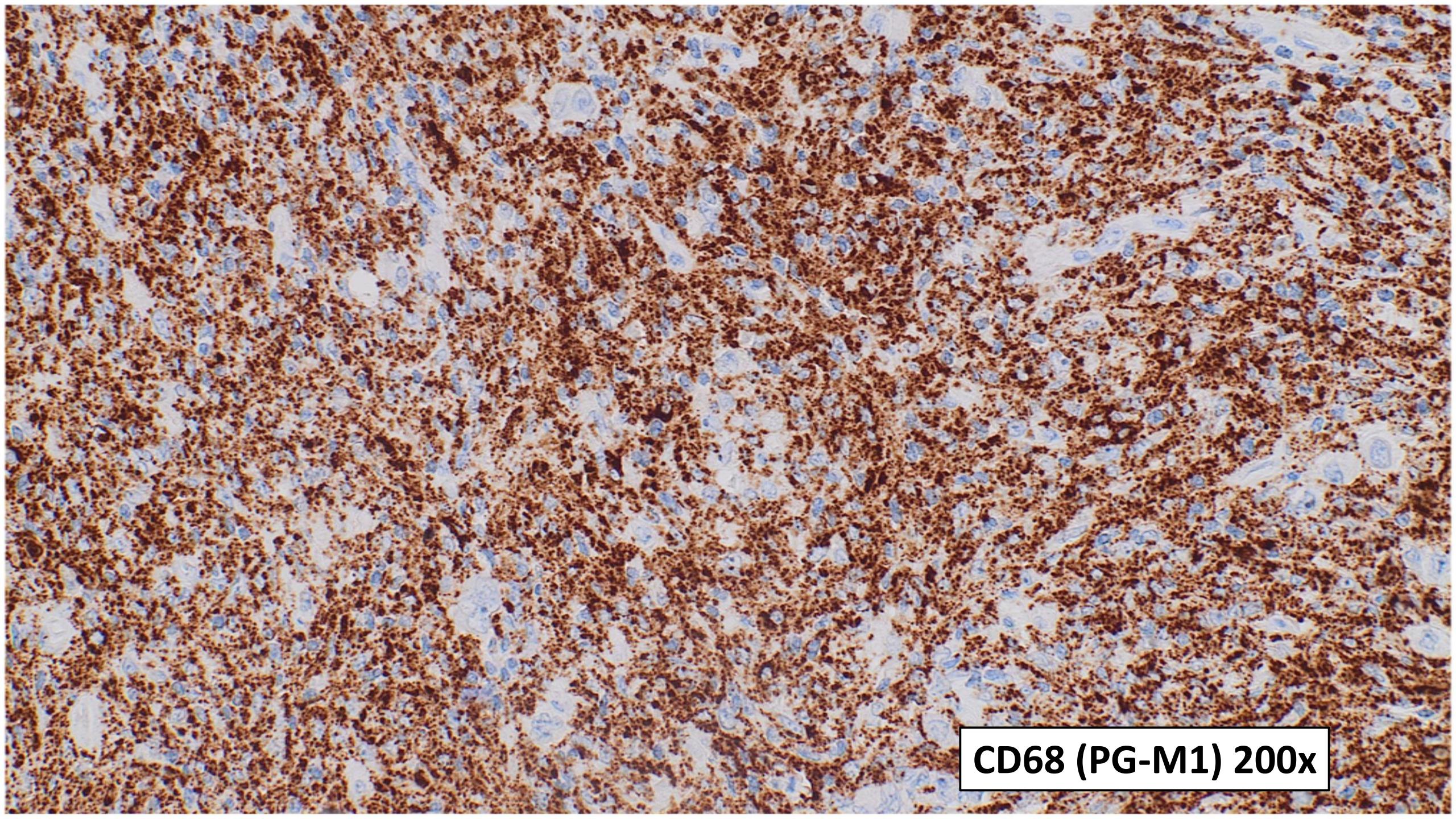
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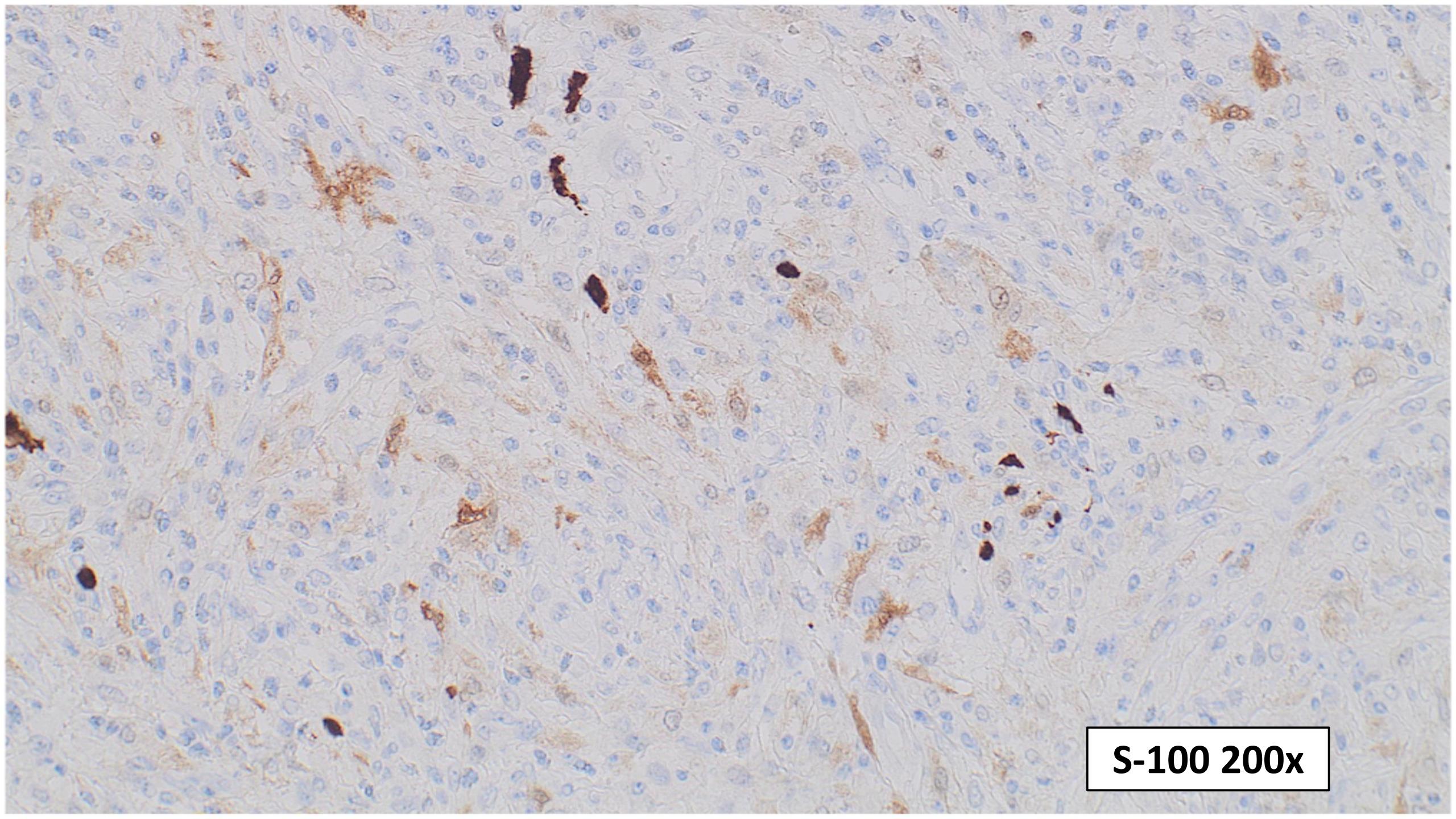




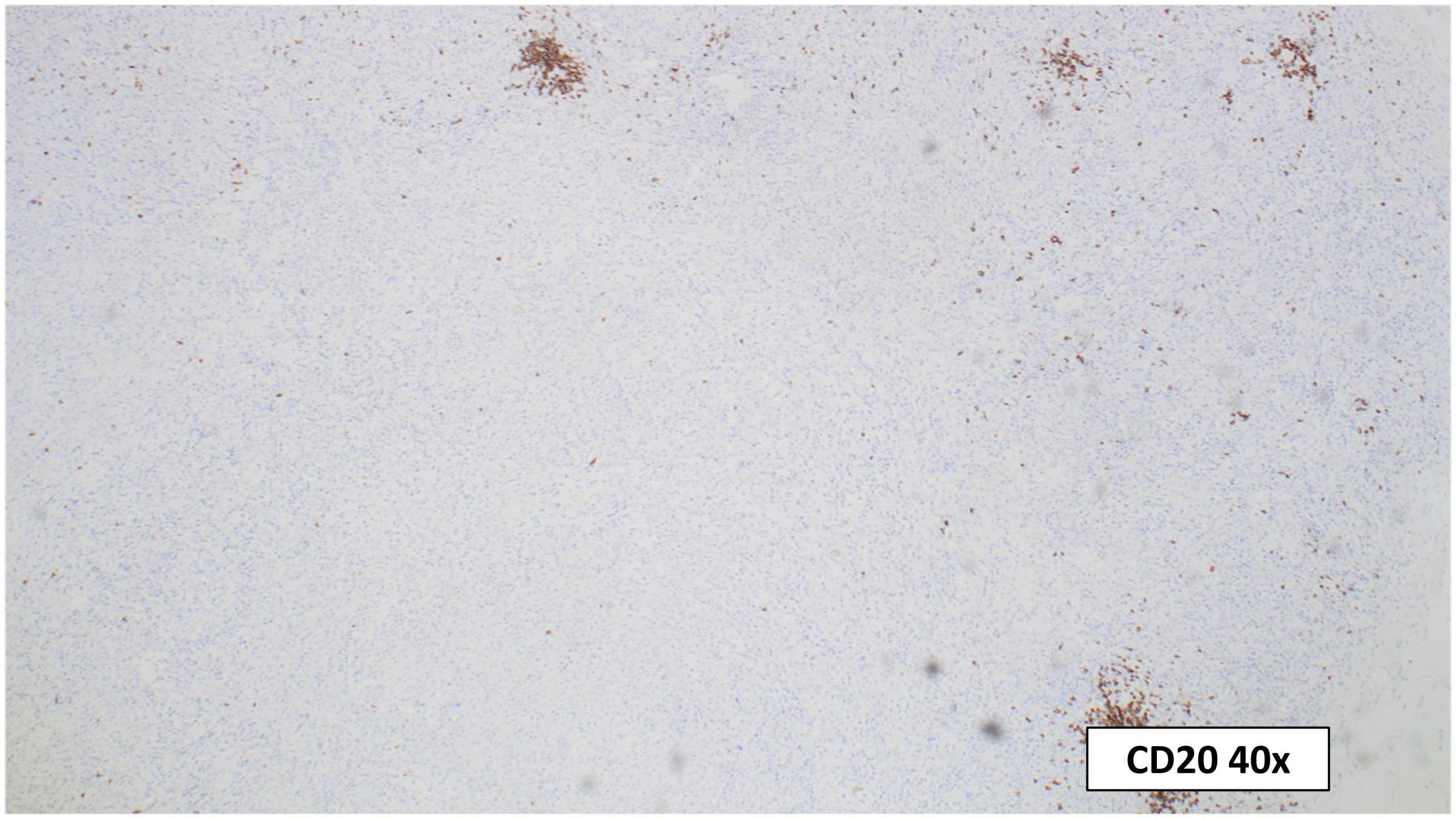
CD1a 200x

A high-magnification immunohistochemical (IHC) image showing a tissue section stained for the macrophage marker CD68 (PG-M1). The image is dominated by a dense population of cells with dark brown, granular cytoplasmic staining, characteristic of activated macrophages or Kupffer cells. These stained cells are interspersed among other tissue components, which appear lighter blue or unstained. The overall pattern suggests a chronic inflammatory or fibrotic process.

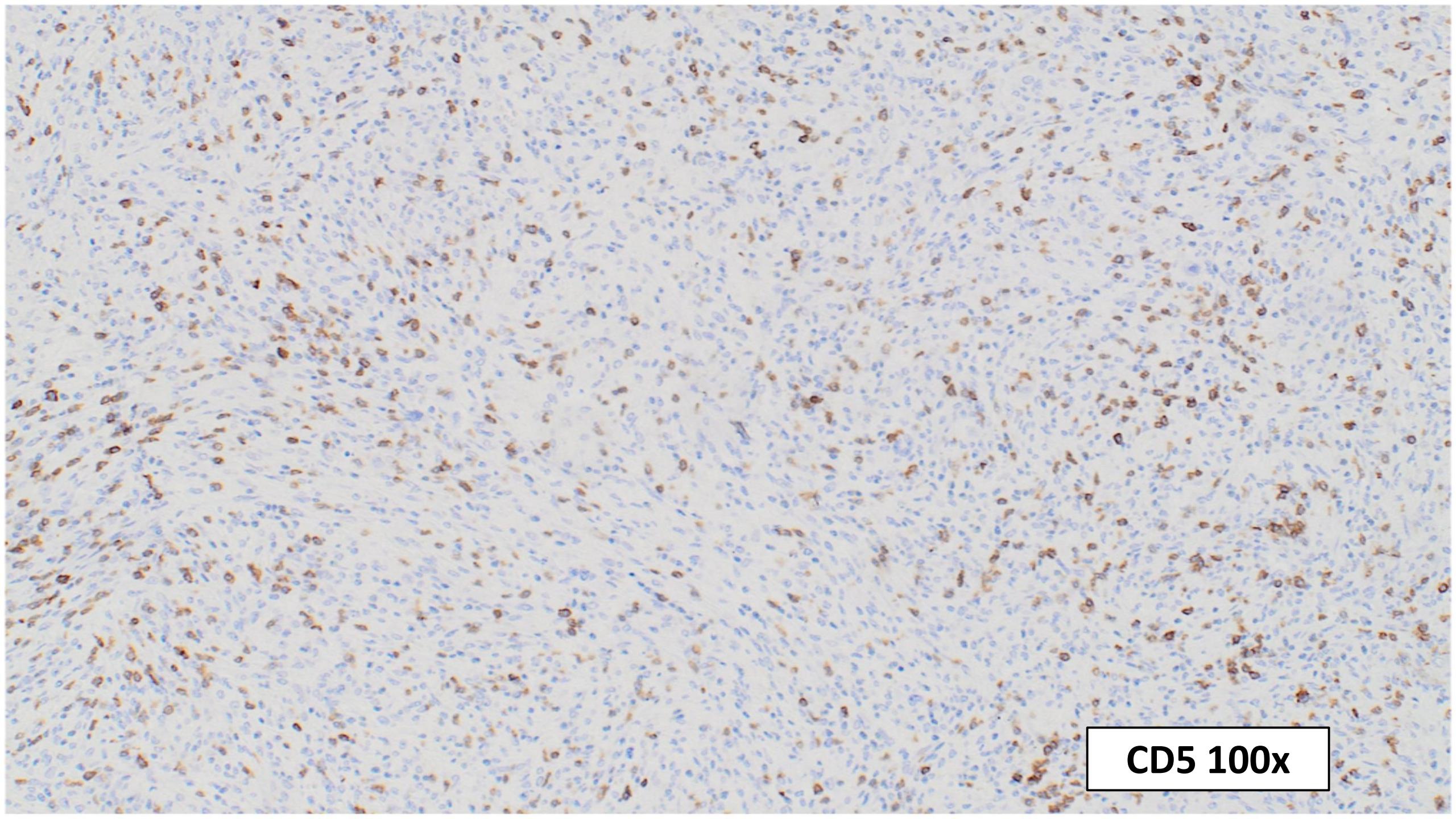
CD68 (PG-M1) 200x

This image shows a tissue section stained for S-100 protein. The background is light blue, representing hematoxylin-stained nuclei. Brownish-orange staining indicates the presence of S-100 protein, which is typically found in glial cells. The staining is most prominent in large, multipolar glial cells, some of which exhibit long, thin processes. There are also smaller, more uniform brownish-orange spots scattered throughout the field, likely representing smaller glial cells or satellite cells.

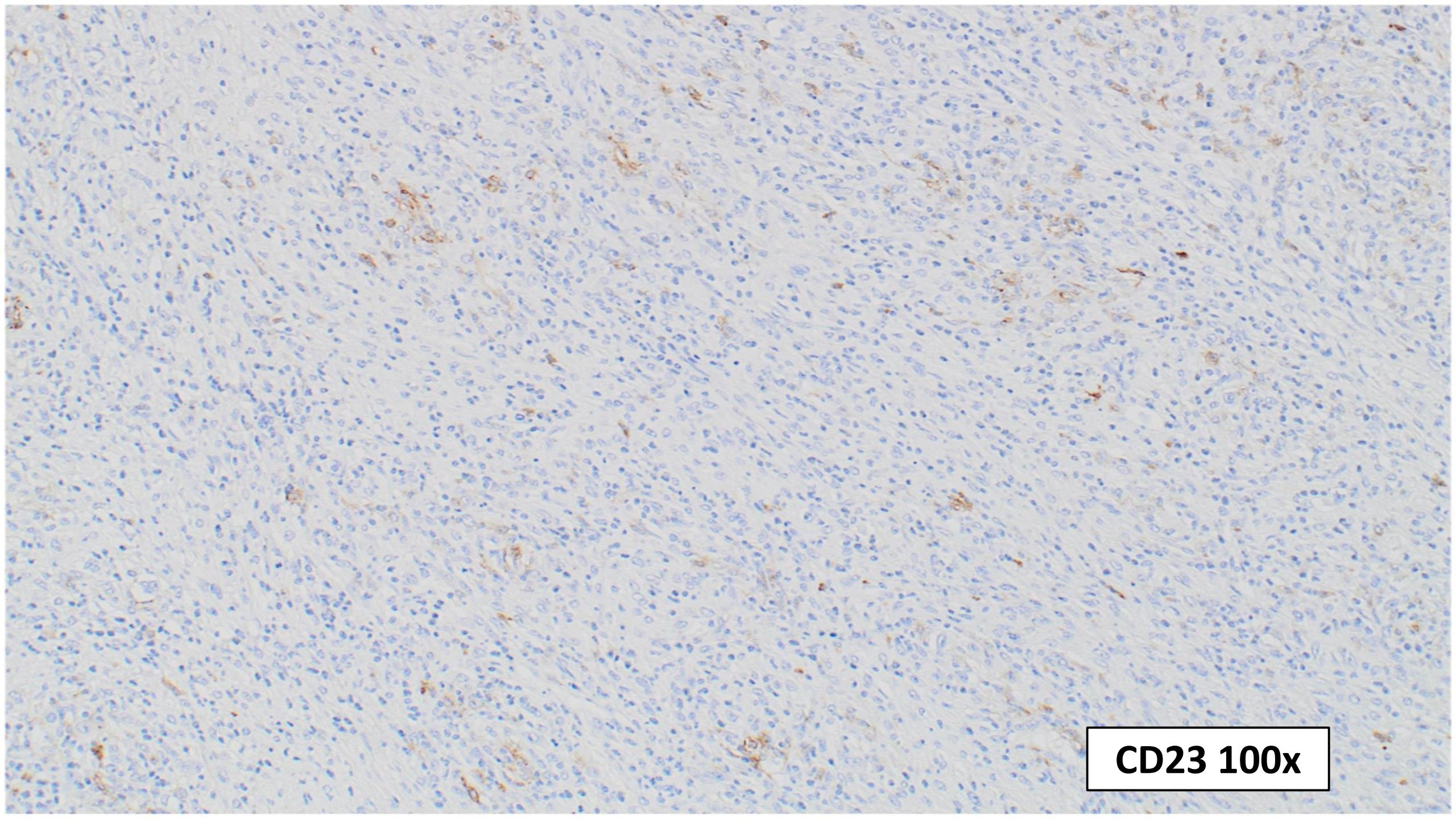
S-100 200x



CD20 40x



CD5 100x

This image shows a tissue section stained for the protein CD23. The background is a light blue color, likely from hematoxylin staining. Scattered throughout are numerous small, dark brown or black spots, which represent the presence of the CD23 antigen. These spots are more concentrated in certain areas, suggesting a specific cellular distribution or density of the protein.

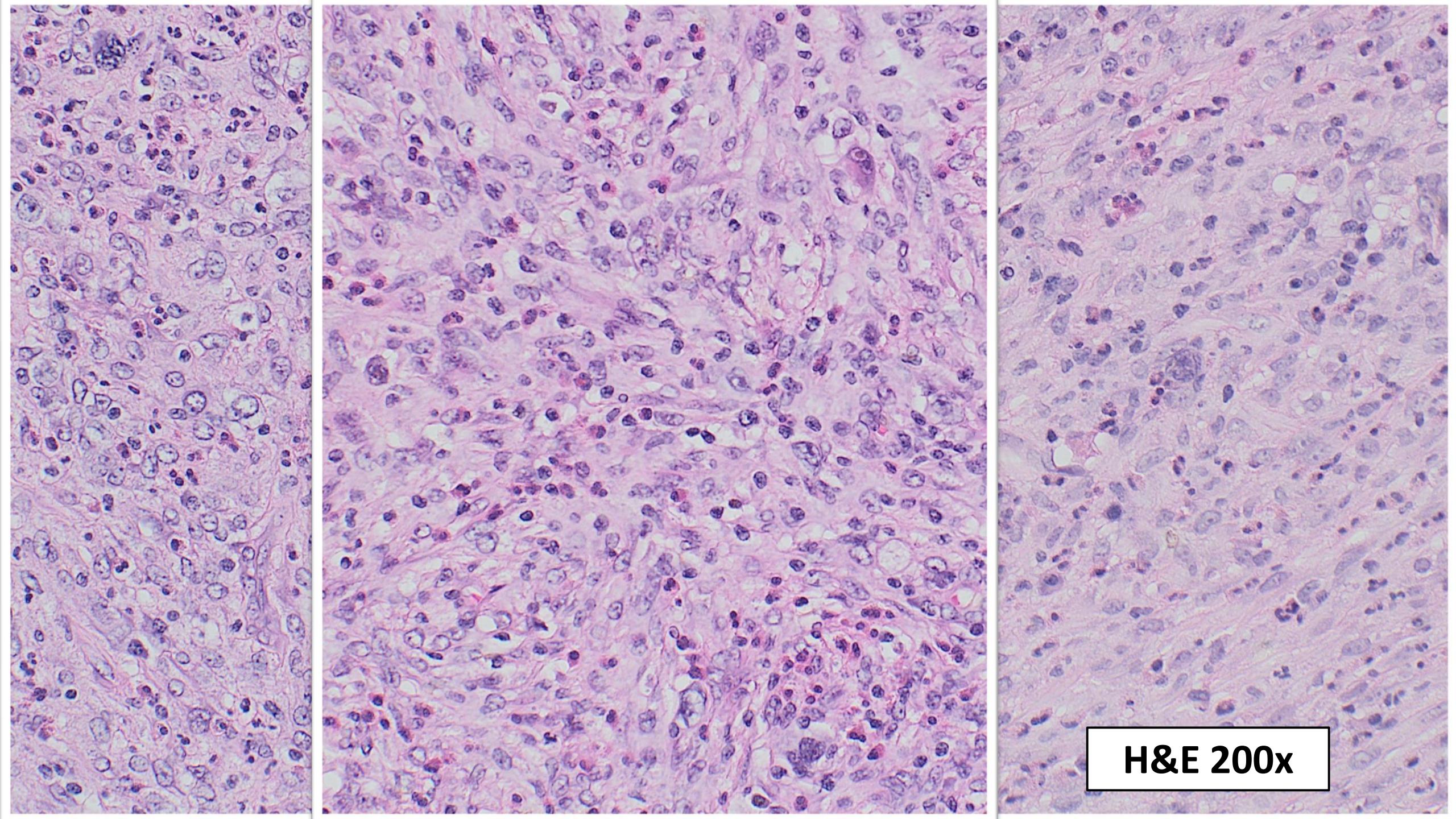
CD23 100x

Zhrnutie výsledkov IHC vyšetrení:

- **Negativita:**
- CD1a
- CD5
- CD20
- CD23
- S-100 mono

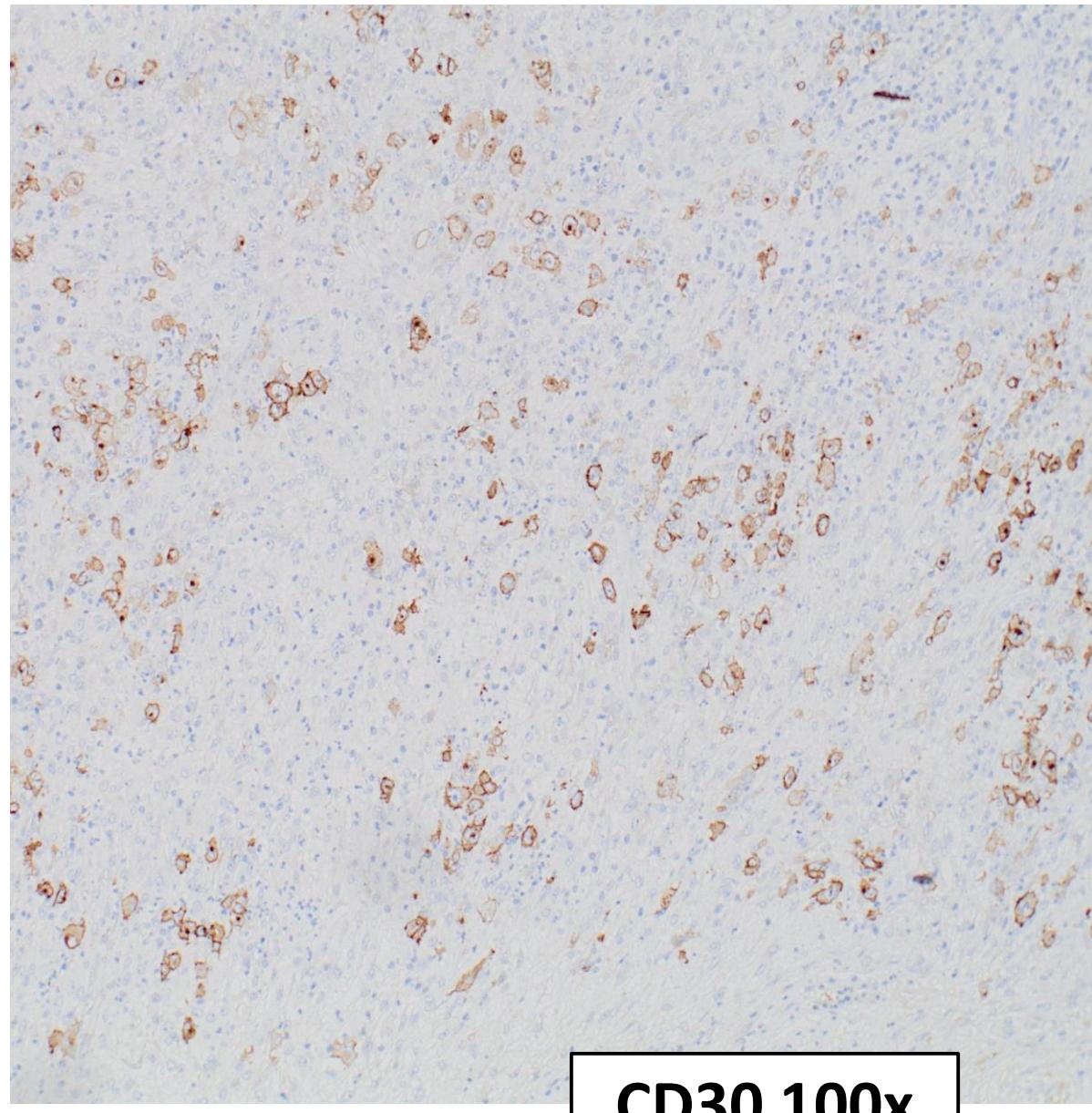
- **Pozitivita:**
- CD68



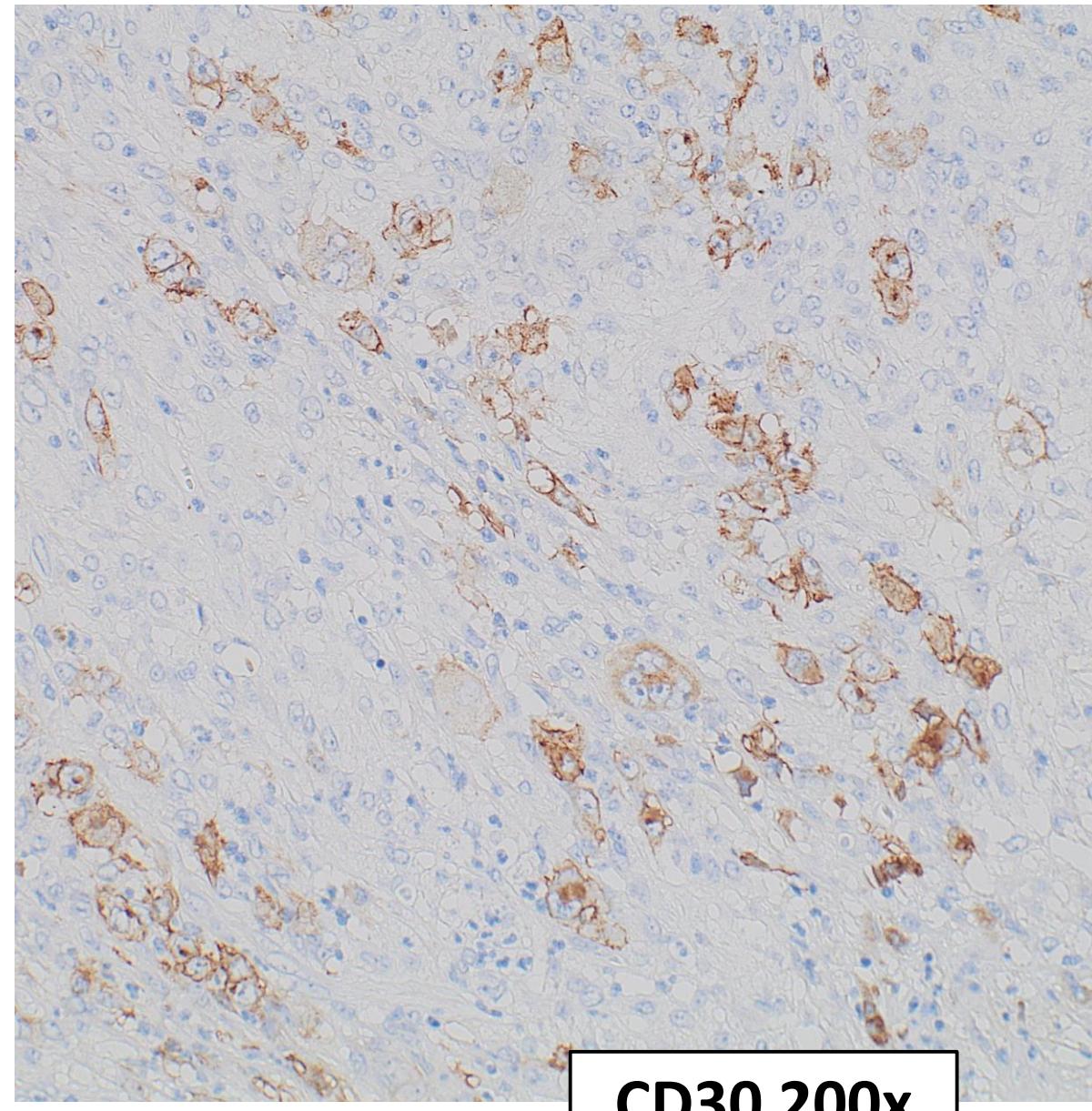


H&E 200x

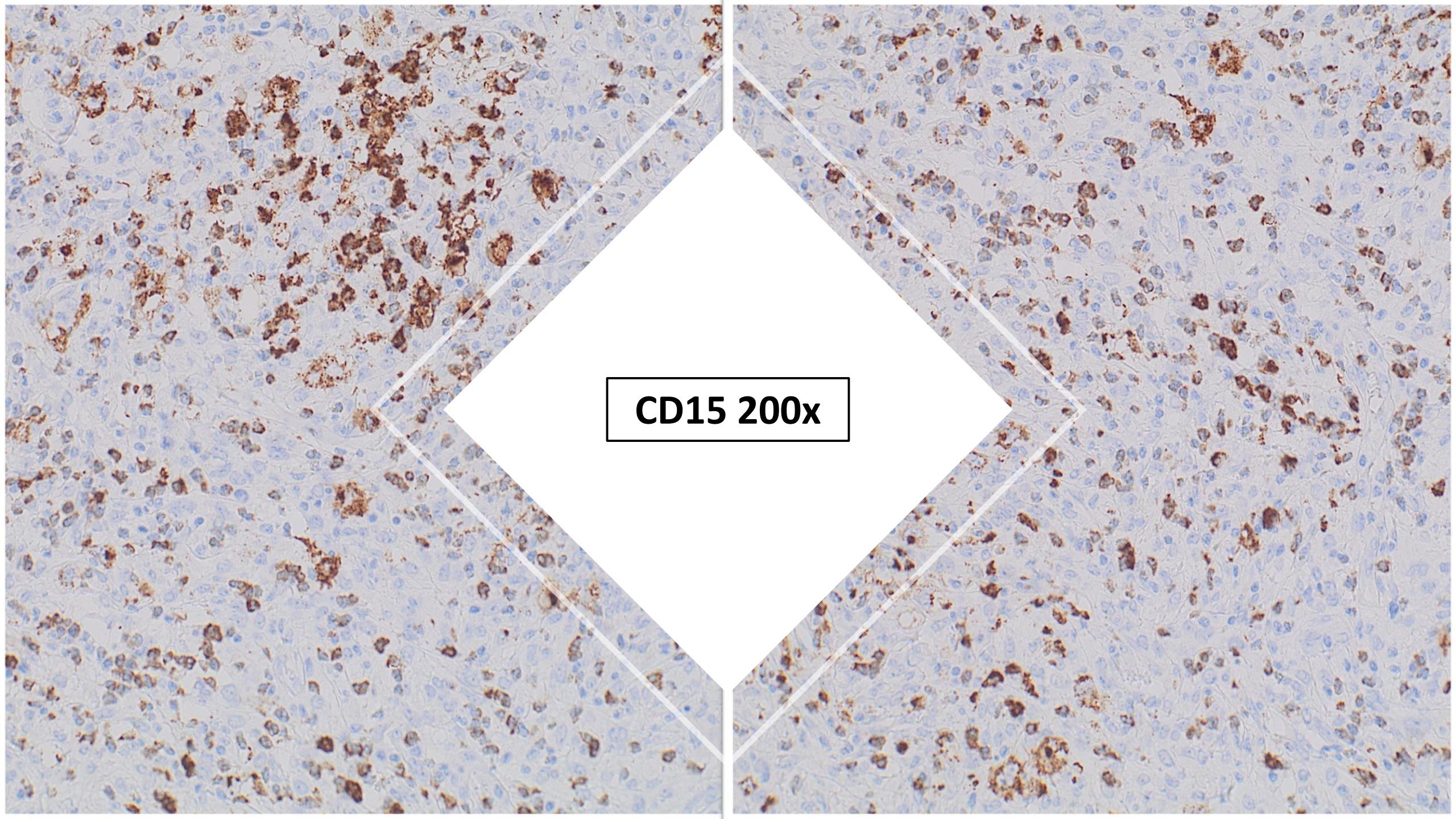
The image consists of three side-by-side panels of a histological slide. Each panel shows a dense arrangement of cells with dark purple nuclei and pinkish-red cytoplasm. The cells vary in size and shape, some appearing more rounded while others have more elongated or pleomorphic features. The overall pattern suggests a neoplastic or highly proliferative process. The background is a light blue-grey, likely representing the hematoxylin-stained nuclei.



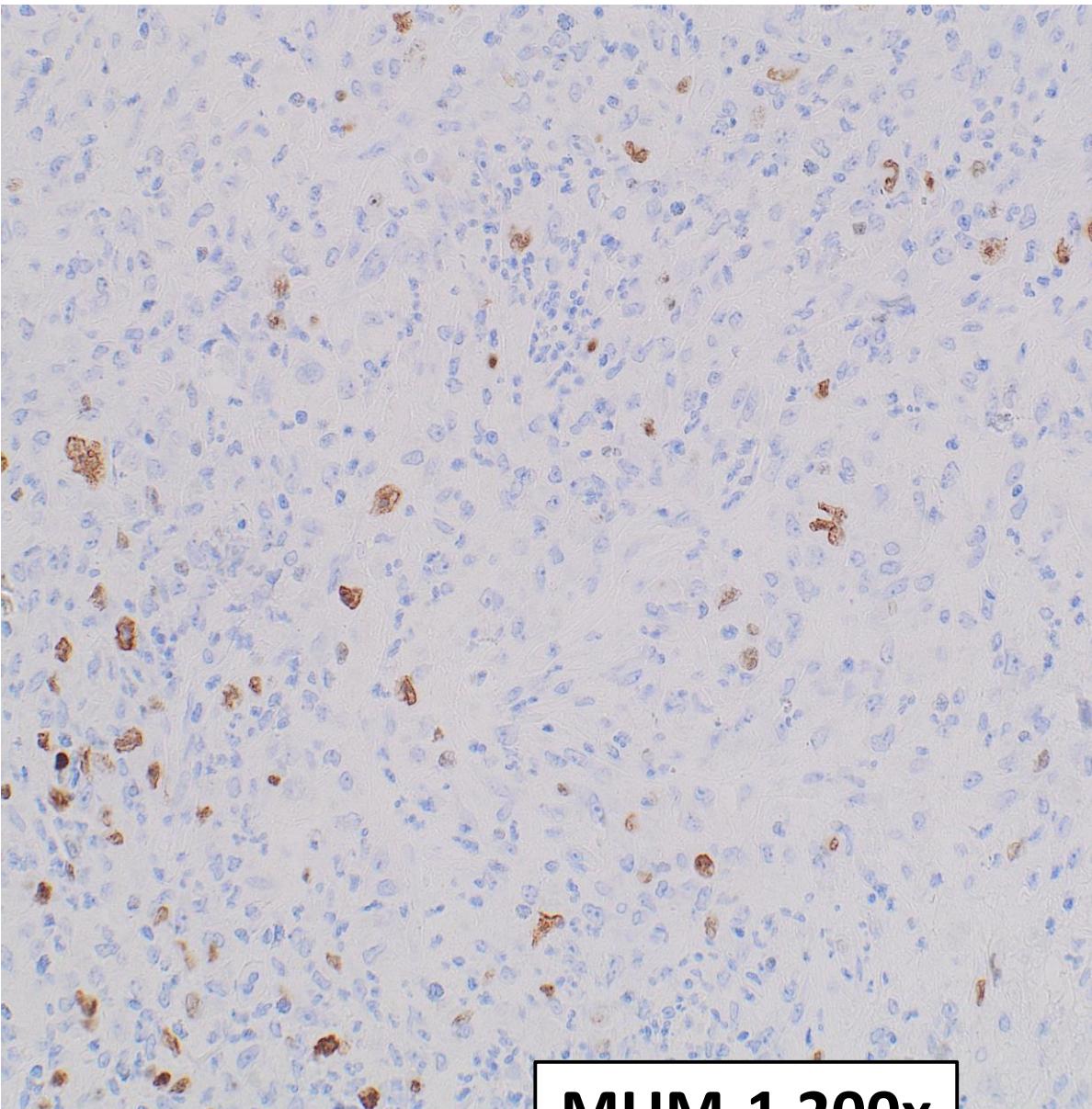
CD30 100x



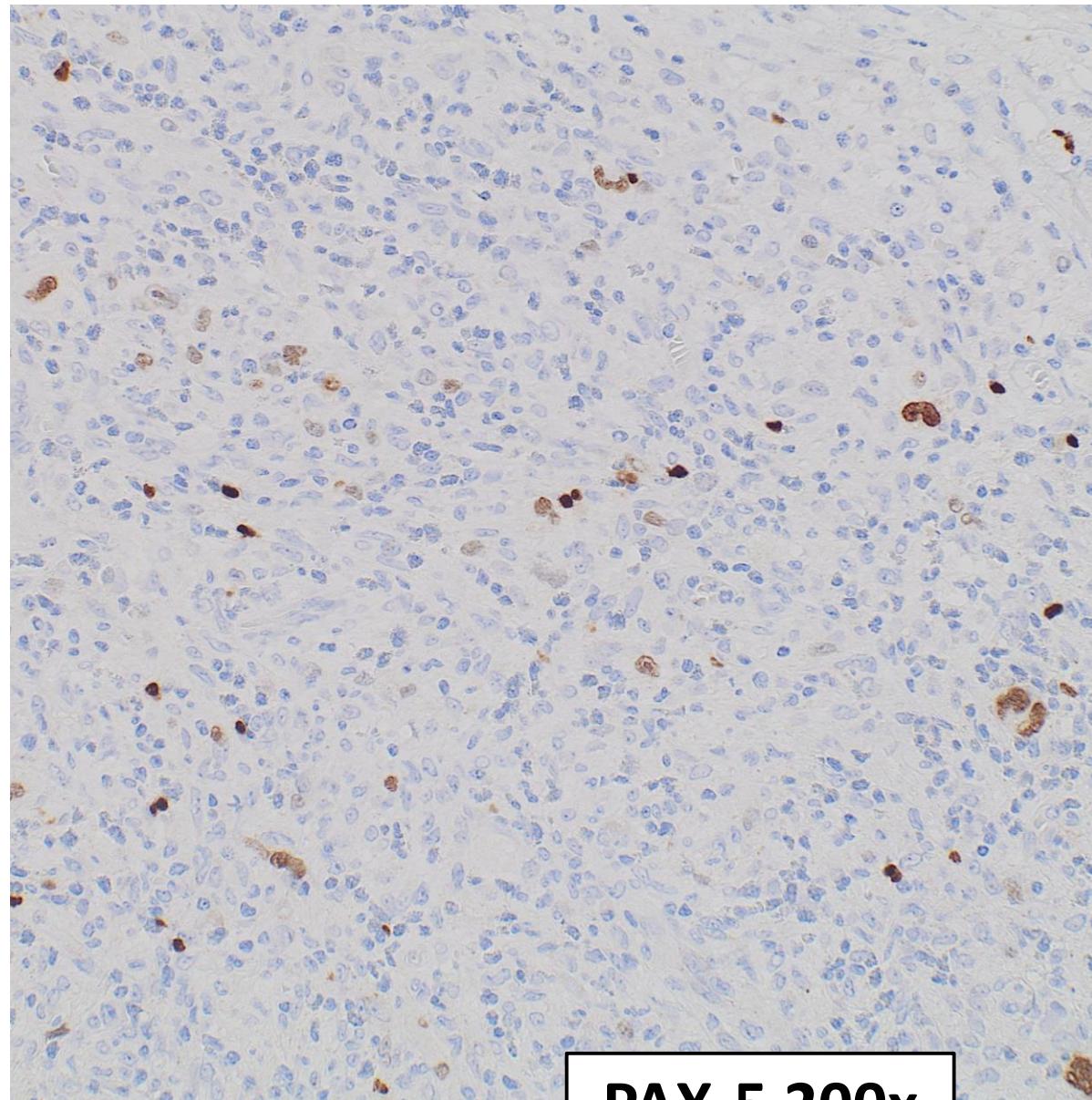
CD30 200x



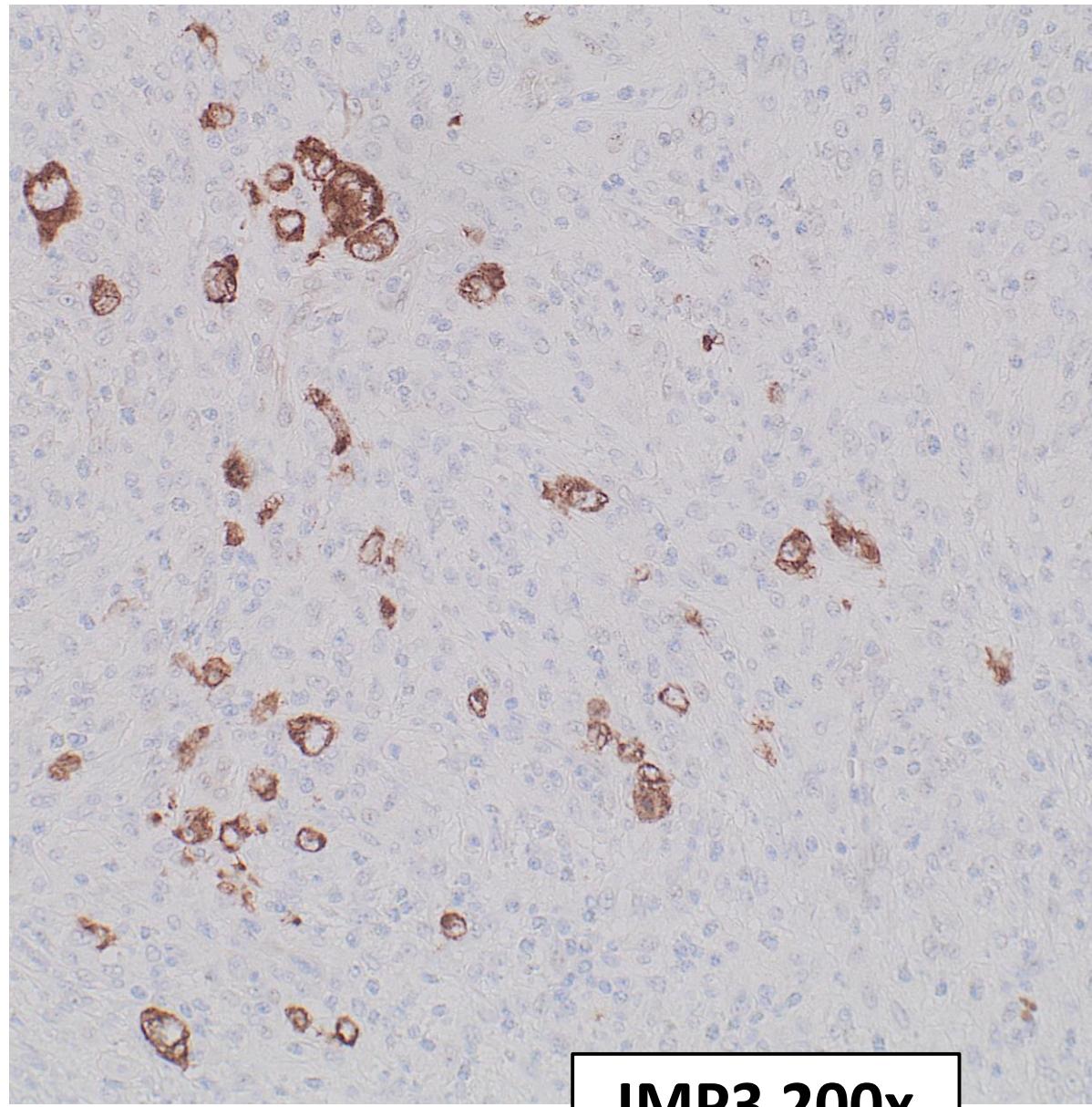
CD15 200x



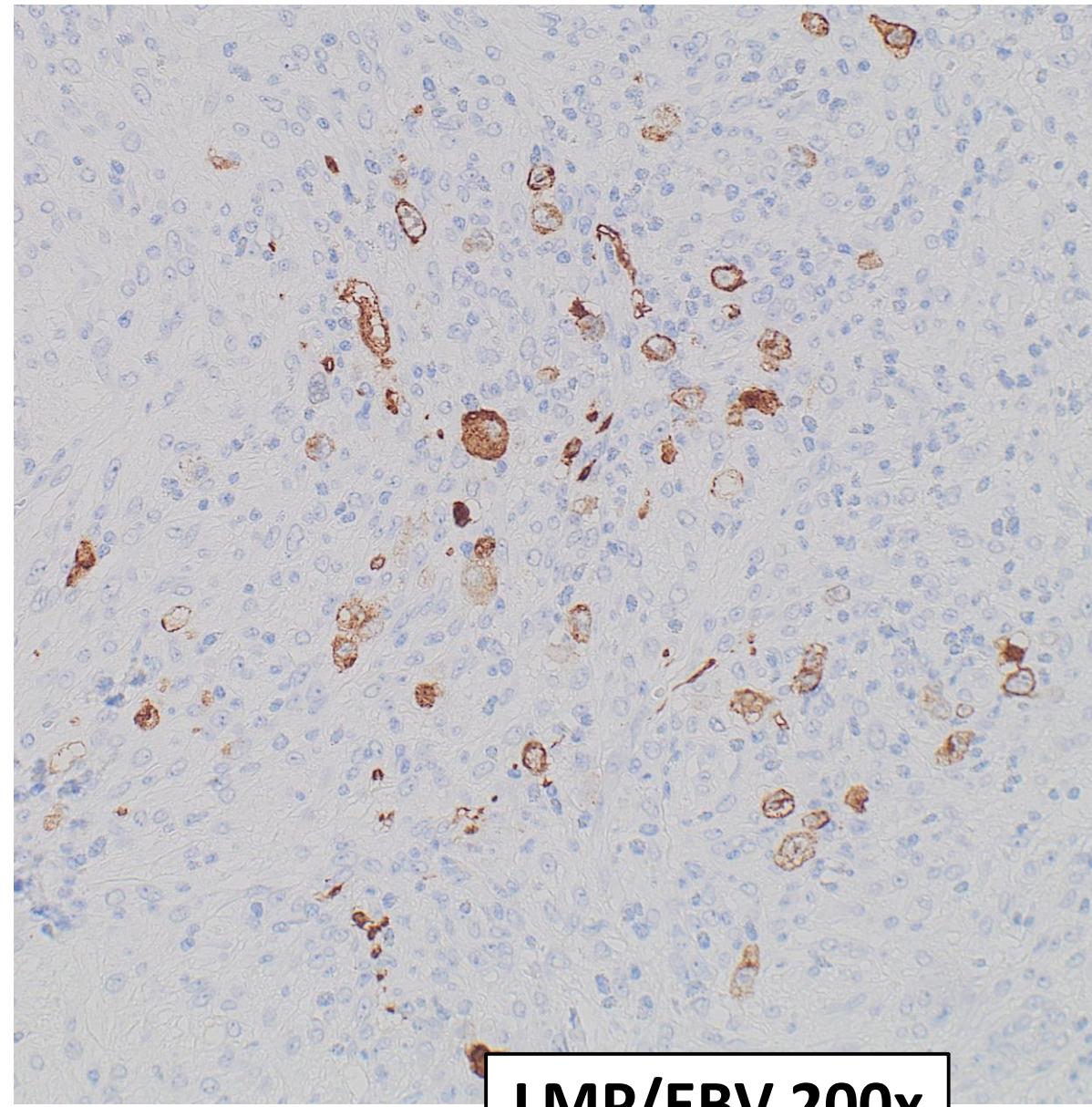
MUM-1 200x



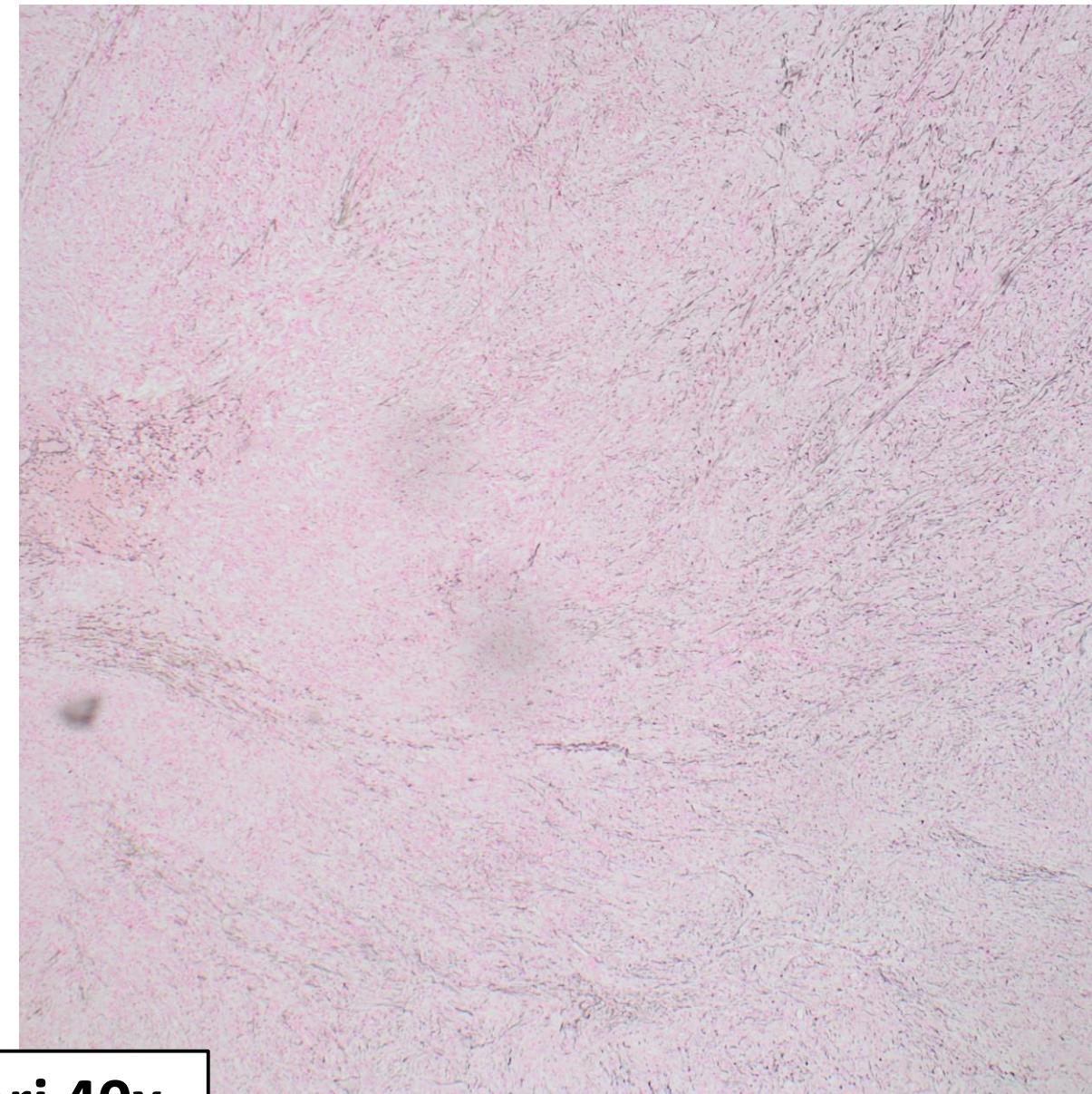
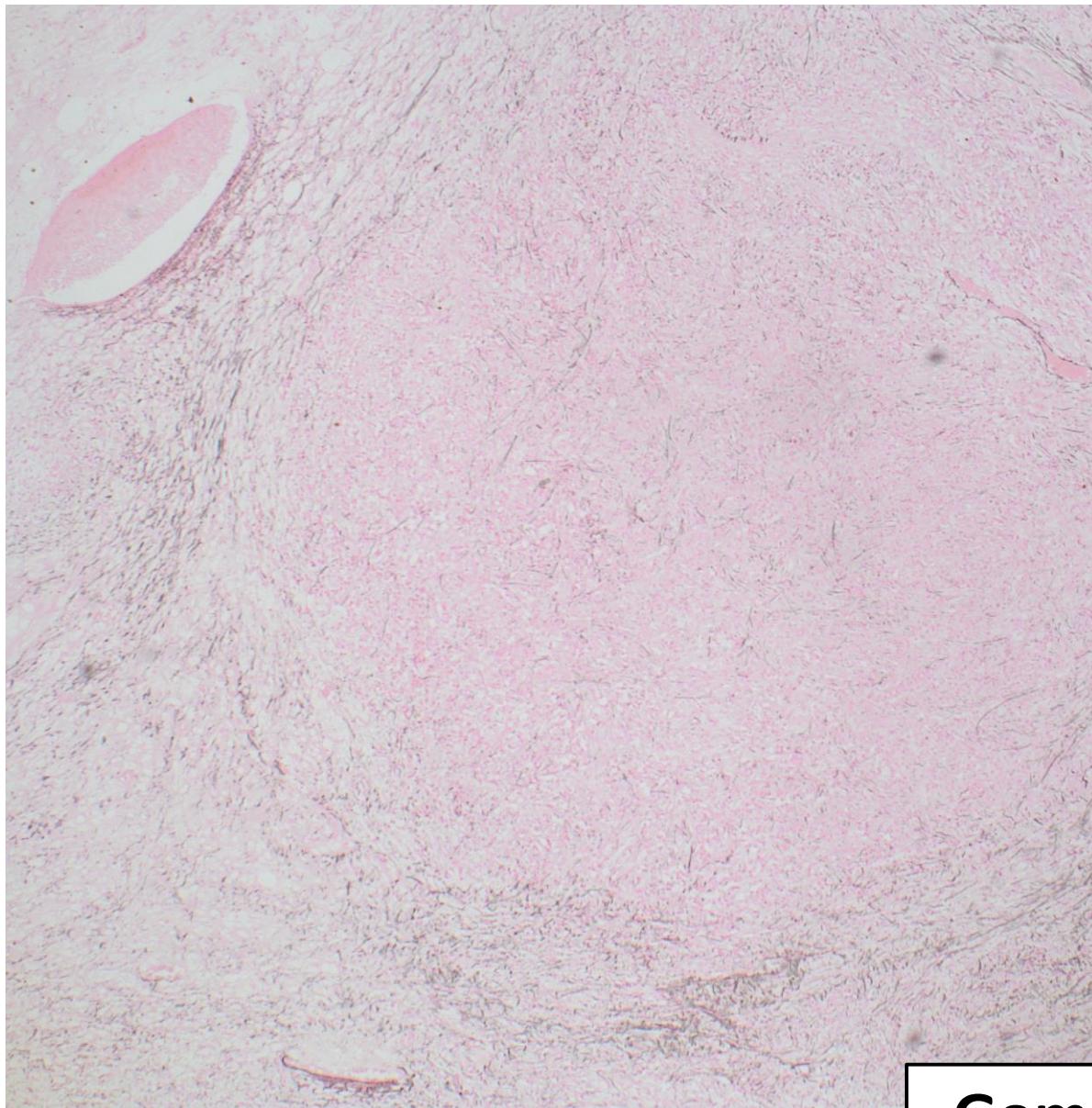
PAX-5 200x



IMP3 200x



LMP/EBV 200x



Gomori 40x

Klasický Hodgkinov lymfóm s nodulárnou sklerózou

- asociovaný s EBV infekciou
- s vystupňovanou epitheloidnebunkovou reakciou

c-HL, MC

- ~20% of CHL
- malé lymfocyty, neutrofily, eozinofily, histiocity, plazmatické bunky, epitheloidné granulómy
- periférne LU, slezina, KD
- deti a dospelí > 60 rokov, M > Ž,
- väčšina (70 - 80%) EBV+

c-HL, NS

- ~70% of CHL
- malé lymfocyty, neutrofily, eozinofily, histiocity, plazmatické bunky, nekrózy a mikroabscesy, pruhovitá fibróza
- mediastinálne, krčné, supraklavikulárne LU
- vek 15-35 rokov, Ž > M
- malá časť (10 - 25%) EBV+

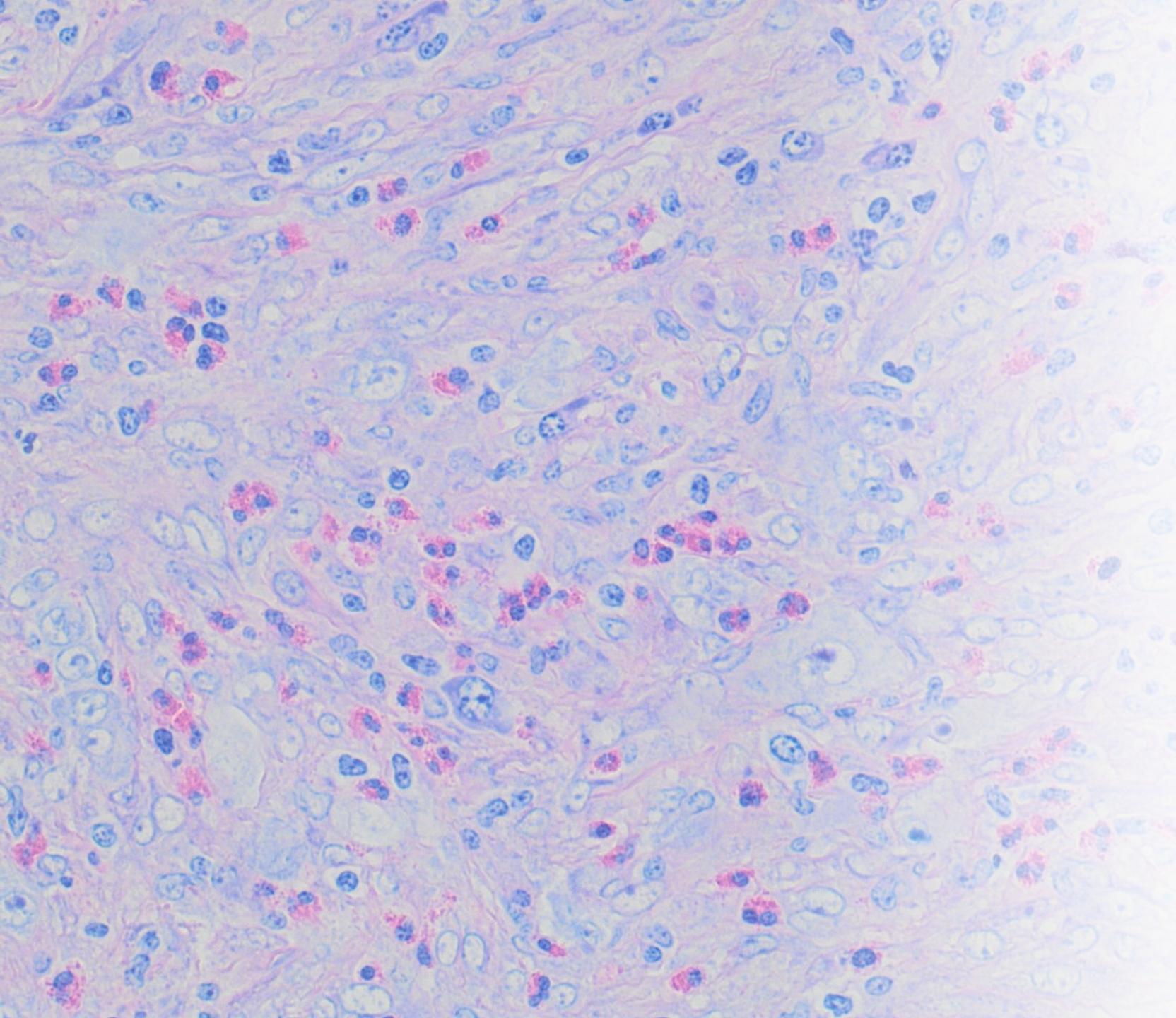
- Vysoké percento CD68 pozitívnych makrofágov v diagnostickej LU je asociované s kratším PFS a zvýšeným rizikom neúspešnej liečby v 2. línii, vrátane autológnej SCT

Diferenciálna diagnostika:

- **Histiocytové a dendritické neoplázie:**

Diagnóza	Pozitivita IHC	Negativita IHC
Klasický Hodgkinov lymfóm, NS	CD30+, PAX-5 slabo+, MUM1+, IMP3+ CD15+/-, LMP/EBV+/-	CD20-/+ CD45-
Histiocytárny sarkóm	CD163+, CD68+, lyzozým, CD45+ S-100 slabo+/-	CD15-/slabo+ CD1a-, langerín-, CD21-, B-/T-markery-
Nádory Langerhansových buniek (LCH)	CD1a+, langerín+, S-100+, vimentín+, CD68+	B-/T-markery-, CD30-, CD21-, CD23-
Sarkóm z interdigitujúcich dendritických buniek (IDC)	S-100+, vimentín+ CD68 slabo+/-, lyzozým+/-, CD45+/-	CD1a-, langerín-, CD21-, CD23-, CD30-, B-/T-markery-
Folikulárny dendritický sarkóm (FDC)	CD21+, CD23+, vimentín+, EGFR+ EMA+/-, S-100+/-, CD68+/-	CD45-/, CD20-/+ CD1a-, CD3-, CD79a-, CD30-, lyzozým-

- **Granulomatázne zápaly**



Na záver:

- nezabúdať na možnú malignitu aj v zdanlivo neneoplastickom zápalovom morfologickom obraze



**Ďakujem za
pozornosť**

