

SeAP-IAP

[Sociedad Española de Anatomía Patológica]
[International Academy of Pathology]

**REUNIÓN TERRITORIAL
ANDALUCÍA,
CEUTA Y MELILLA**

Cádiz, 13 de abril de 2018
Salón de Actos, Hospital Puerta del Mar.

“Una forma de presentación muy infrecuente de un tumor muy frecuente”

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Granada



Caso clínico

Varón 69 años

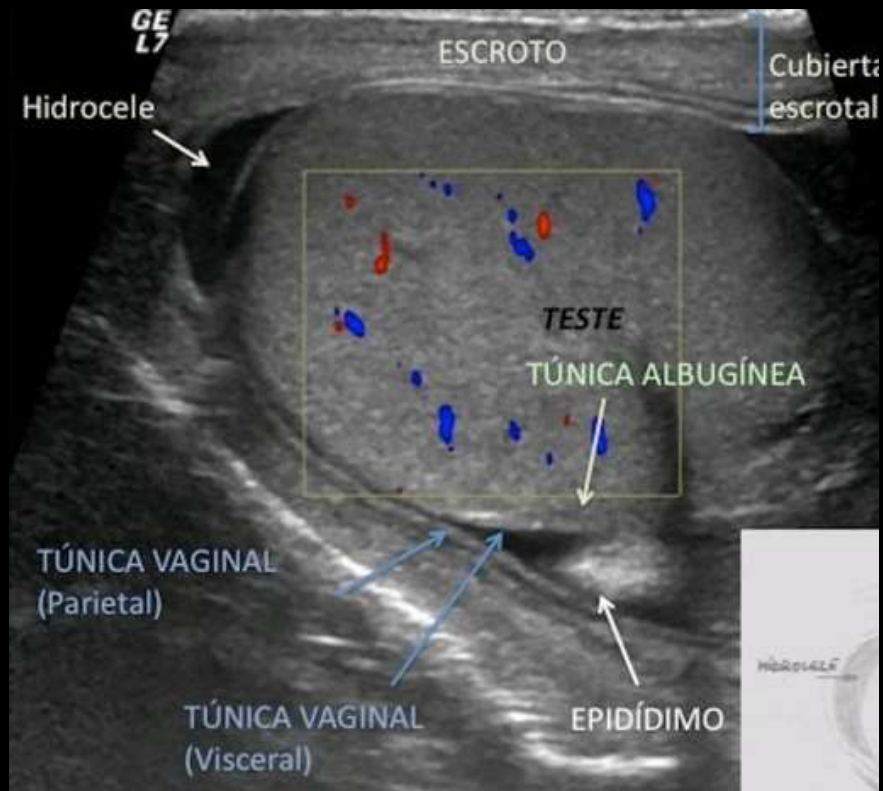
AP:

- Exfumador: 1 paq/día 38 años
- Hipotiroidismo en ttº con tiroxina
- Orquitis** de repetición de un año de evolución con **tumoración** y aumento de tamaño del testículo derecho desde hace 4 meses

Exploración física: masa testicular derecha de gran tamaño con intenso varicocele compresivo

Ecografía

Anatomía testicular

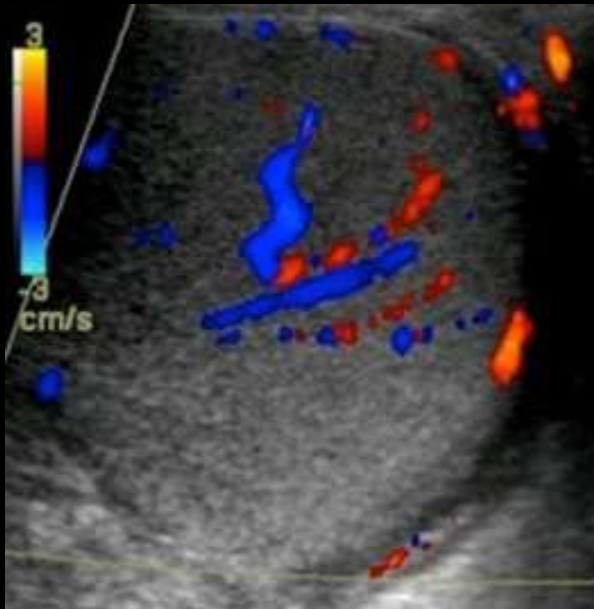


Paciente: testículo derecho

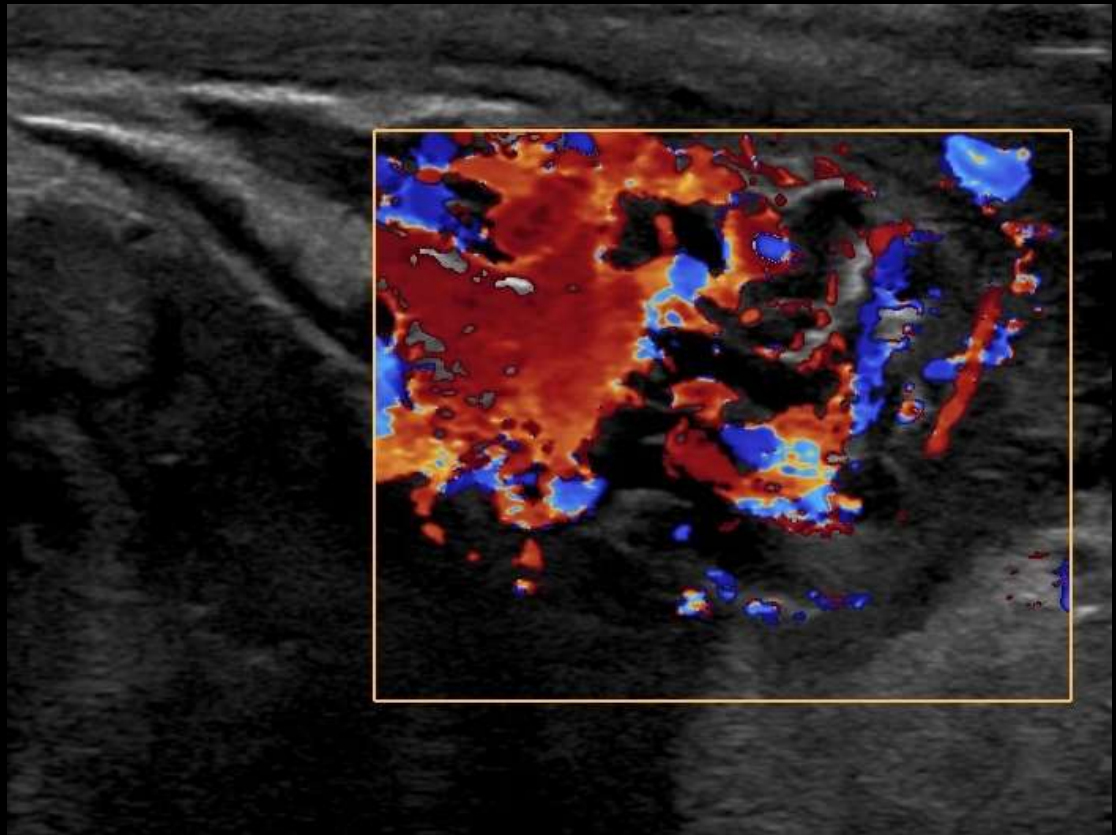


Eco-Doppler

Testículo sano



Paciente



Sospecha clínica:
LINFOMA
sin poder descartar seminoma

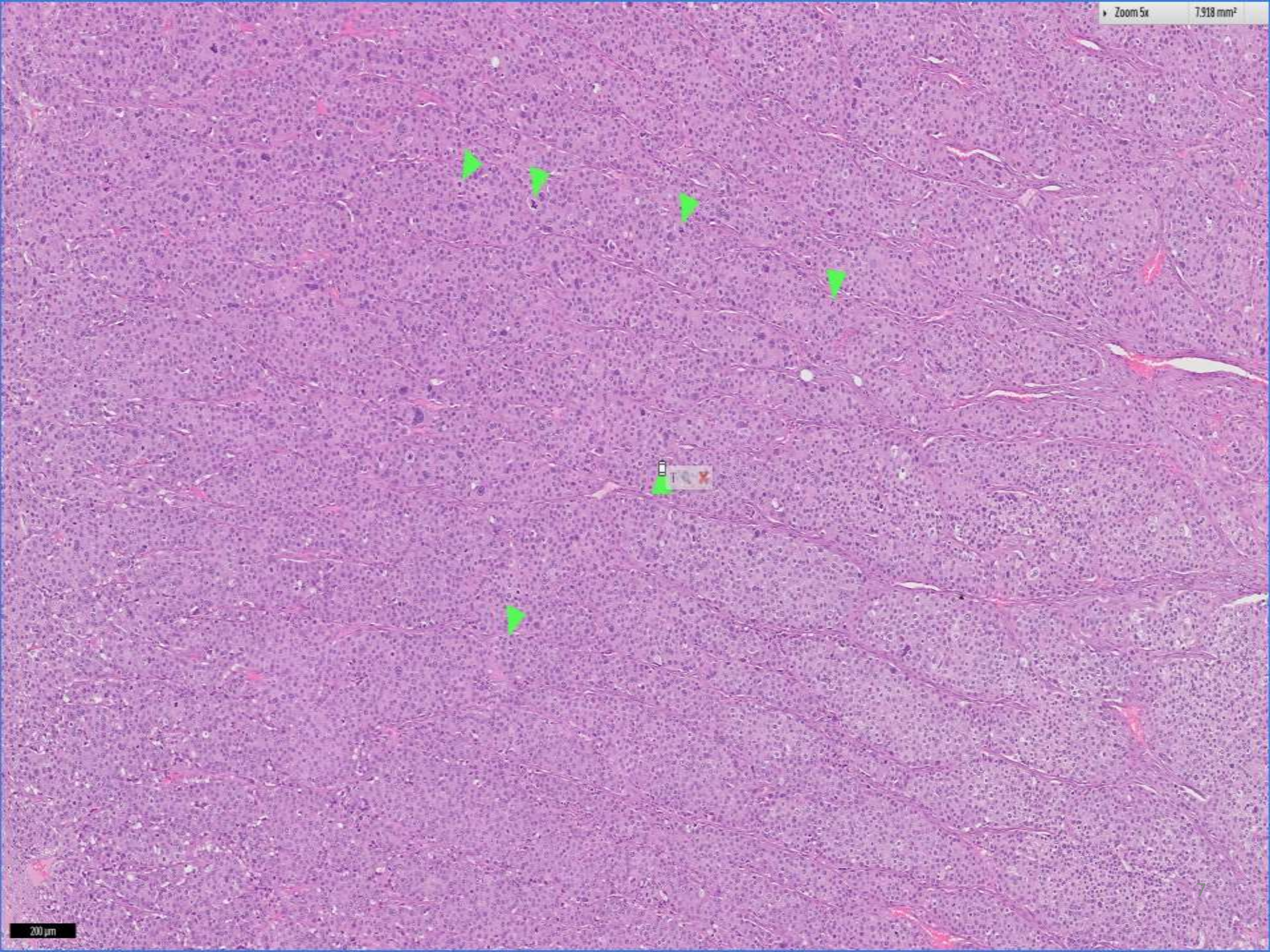


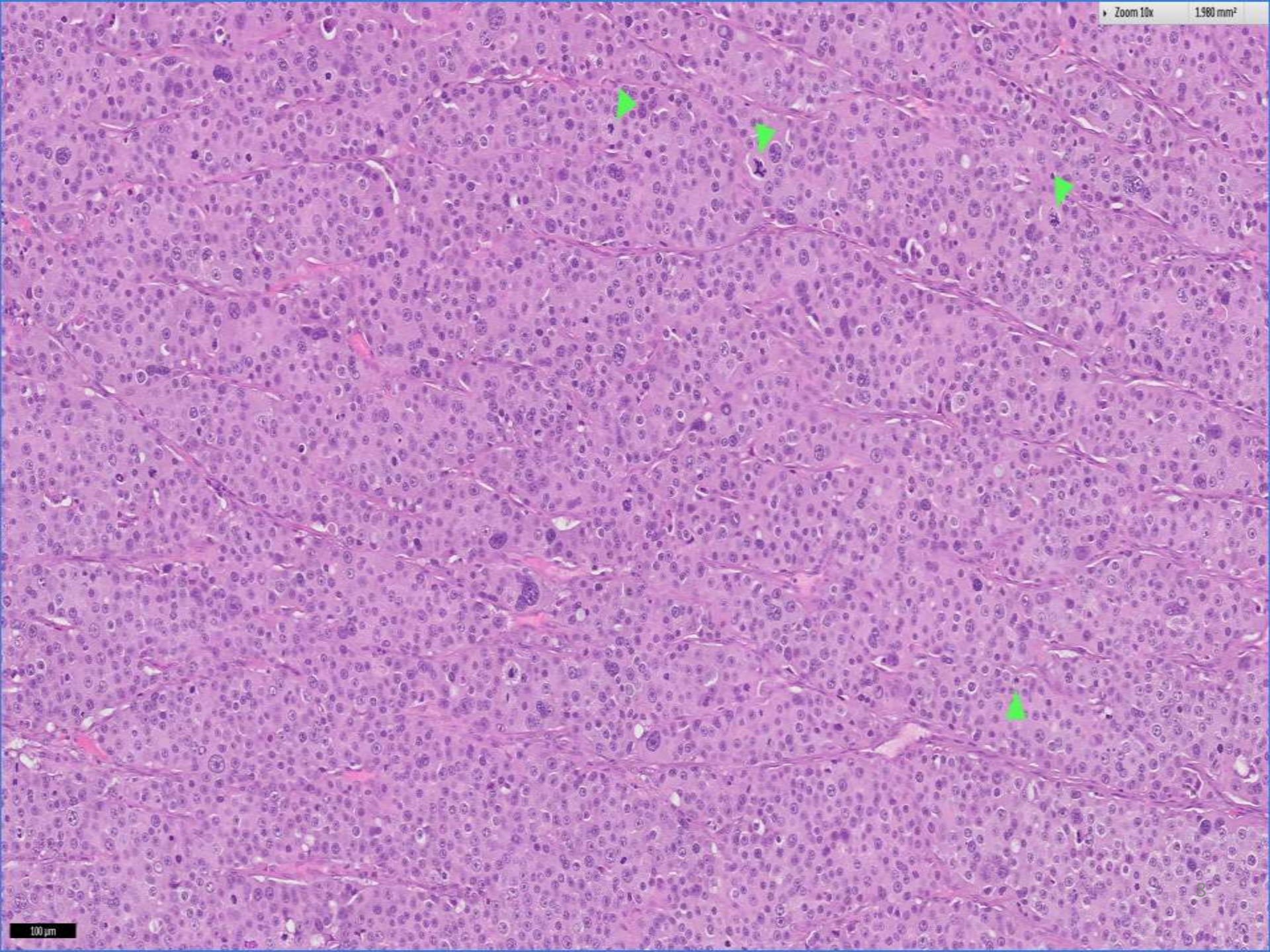
Orquiectomía unilateral derecha

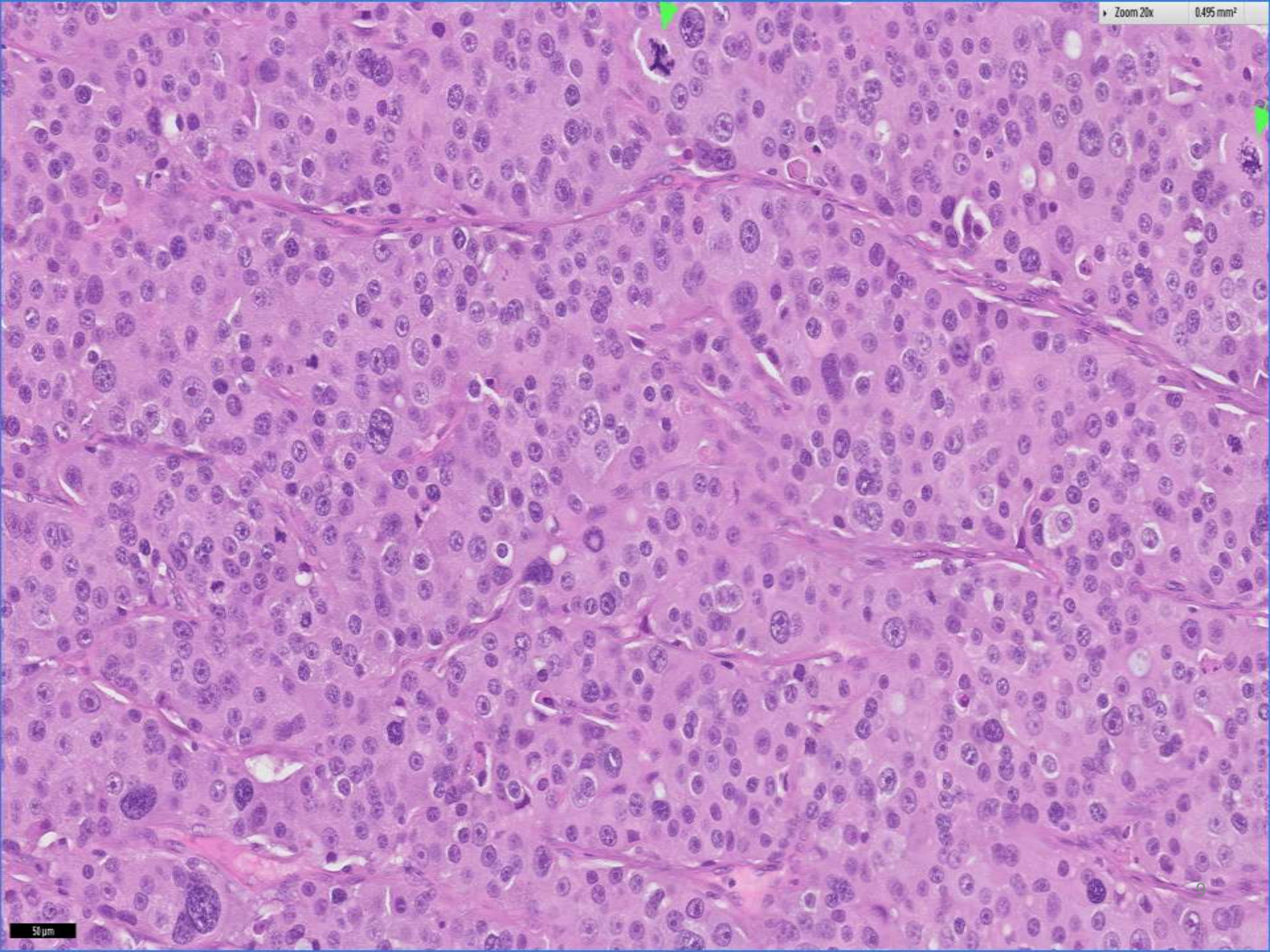
Descripción macroscópica

Pieza de orquiectomía de **17 x 7 x 6 cm** y **420g**

Tumoración de **13,5 x 6,5 cm**, bien delimitada por pseudocápsula, heterogénea de coloración parduzca y aspecto sólido en la periferia con centro necrótico-mixoide (75-80%), con extensión al cordón espermático.



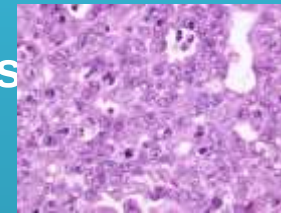
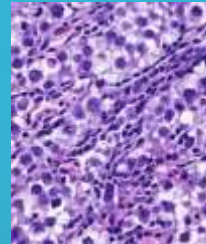




Diagnóstico diferencial

Tumores Germinales:

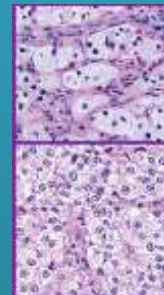
- Seminoma:
 - septos fibrovasculares
 - infiltrado linfocítico intenso
- Carcinoma Embrionario:
 - límites citoplasmáticos poco evidentes**
 - infiltrado linfocítico**
- Tumor del Saco Vitelino:
 - Depósito citoplasmático y extracelular de glóbulos hialinos

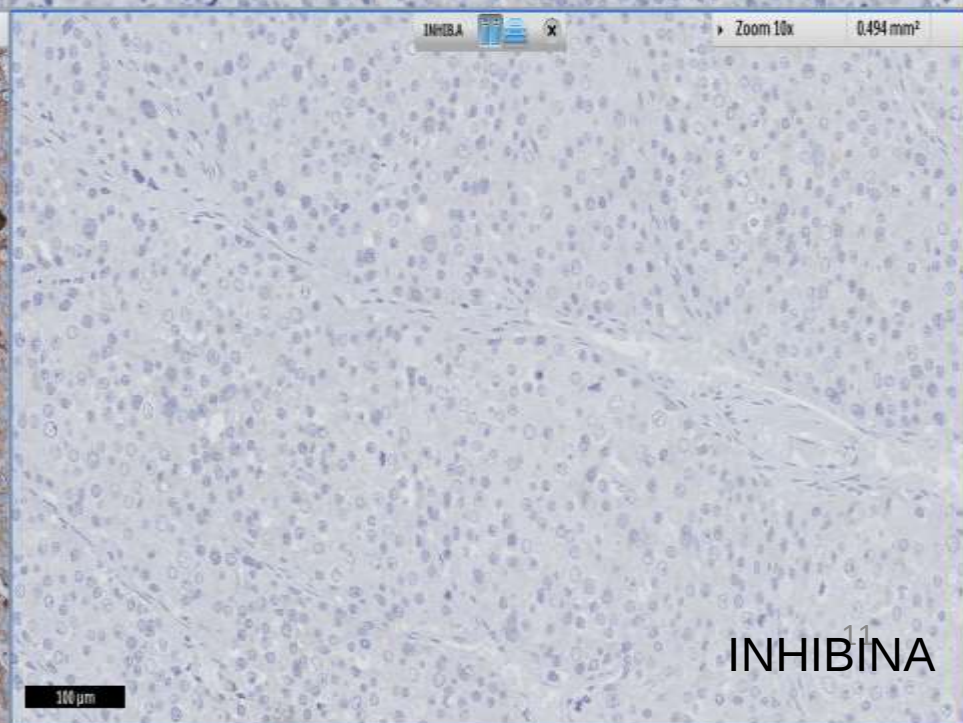
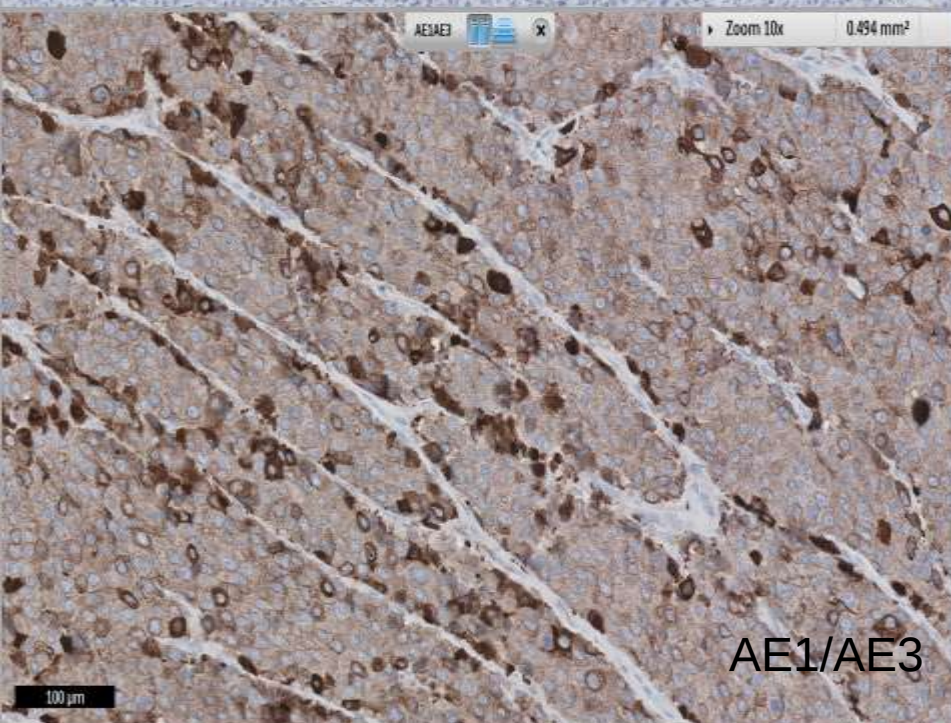
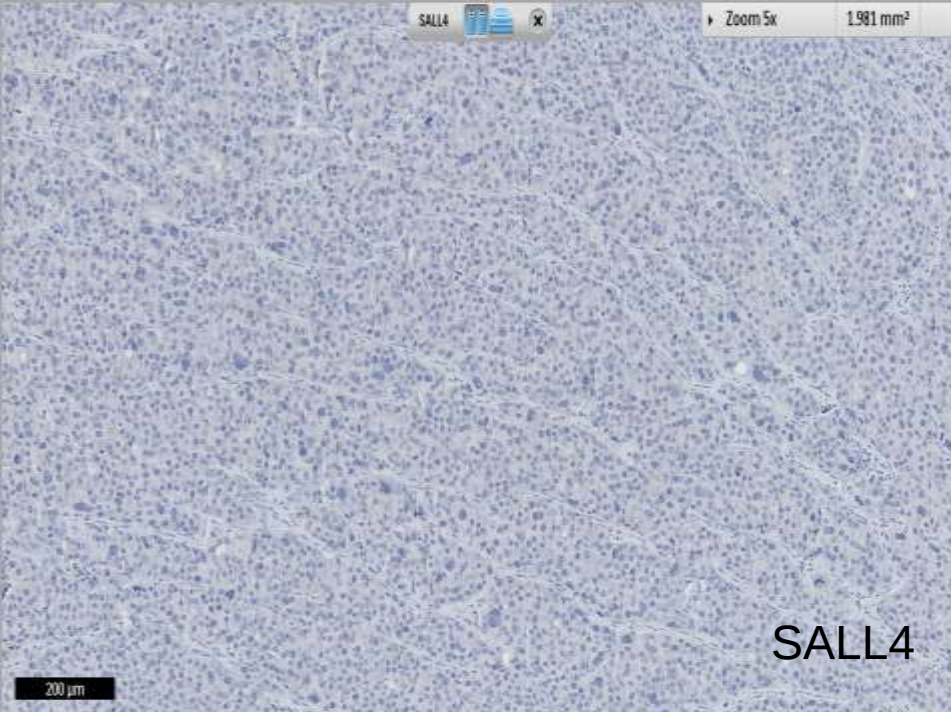


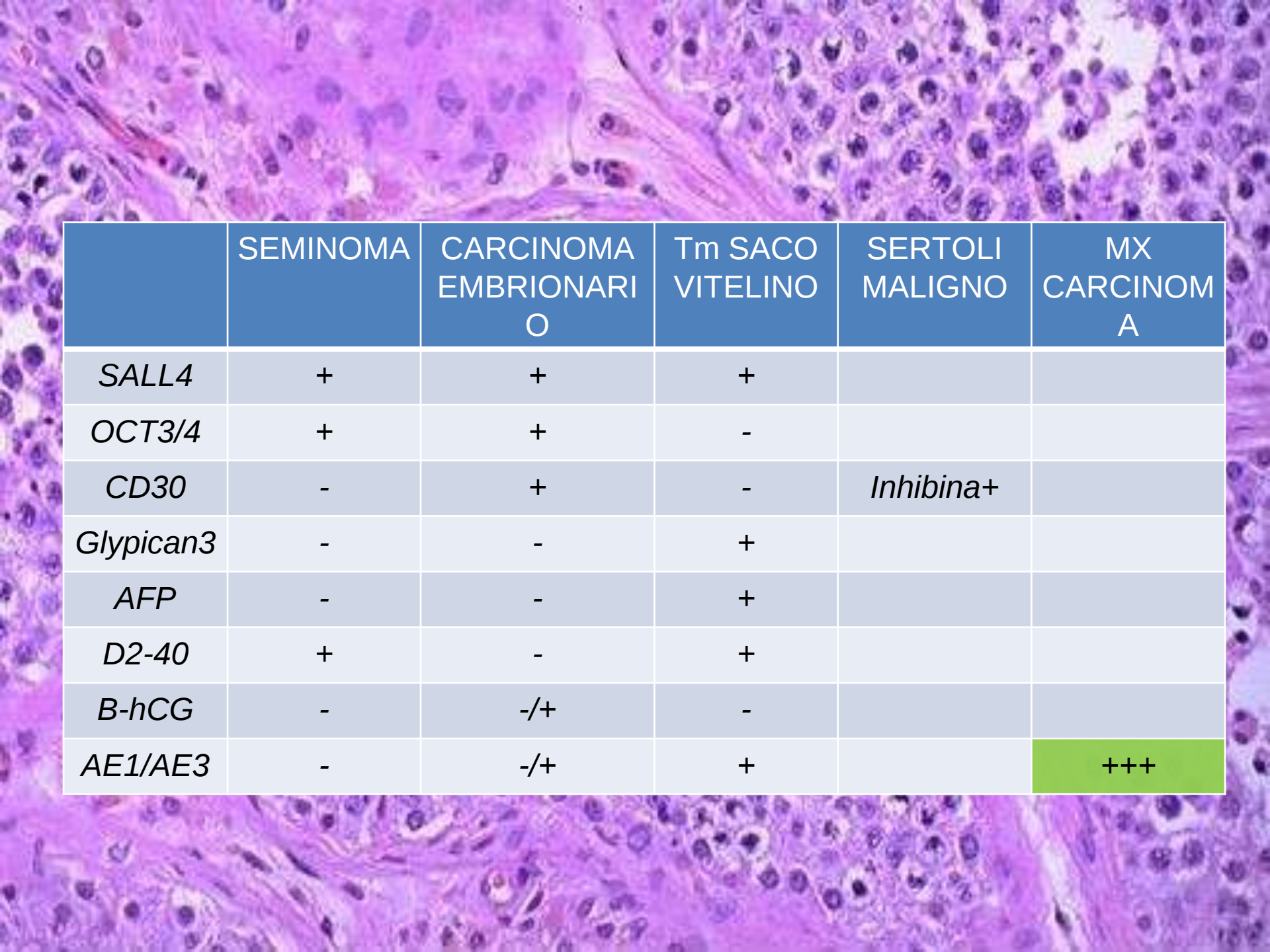
Tumor Sertoli maligno:

- mínima atipia
- núcleos pequeños redondeados

Metástasis de carcinoma







	SEMINOMA	CARCINOMA EMBRIONARI O	Tm SACO VITELINO	SERTOLI MALIGNO	MX CARCINOM A
<i>SALL4</i>	+	+	+		
<i>OCT3/4</i>	+	+	-		
<i>CD30</i>	-	+	-	<i>Inhibina+</i>	
<i>Glypican3</i>	-	-	+		
<i>AFP</i>	-	-	+		
<i>D2-40</i>	+	-	+		
<i>B-hCG</i>	-	-/+	-		
<i>AE1/AE3</i>	-	-/+	+		+++

METÁSTASIS DE CARCINOMA

Suele aparecer en pacientes con AP
neoplasia maligna

60 años (19-90años)

- 62% unilaterales únicas
- 21 % bilaterales
- 17% múltiples

10% masa testicular unilateral, aumento de tamaño testicular y/o hidrocele sin AP de neoplasia

SIGNOS DE ALARMA

- Antecedentes de neoplasia maligna
- Edad >50años
- Bilateralidad de las lesiones
- Morfología no concordante con neoplasias primarias testiculares o paratesticulares
- Invasión linfovascular
- Patrón de crecimiento intratubular

Carcinomatous tumors

Broad spectrum CKs+
S100-, HMB45-
CD45-

CK7+/CK20+	CK7+/CK20-		CK7-/CK20+	CK7-/CK20-	
Urothelial CA uroplakin+ thrombomodulin+ P63+ CK5/6 (~1/2+)	Breast CA ER/PR+ GCDFP+ mammaglobin+ CEA+	Lung SmCC (majority) TTF-1+ NE markers*+ p63-	Colorectal adenoCA CDX2+ CEA+ MUC-2+ MUC5-AC-	Prostate adenoCA PSA+ PAP+ CEA- uroplakin-	Nonseminoma GCTs¹ PLAP+ EMA- Yolk sac tumor: AFP+

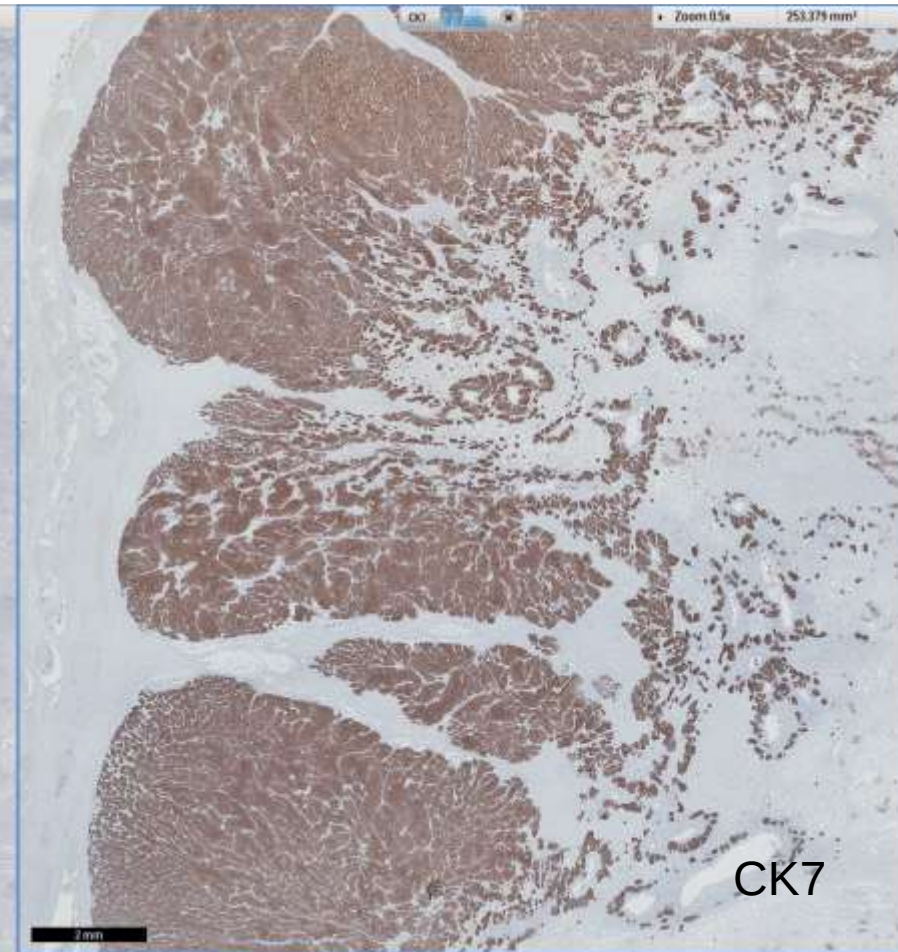
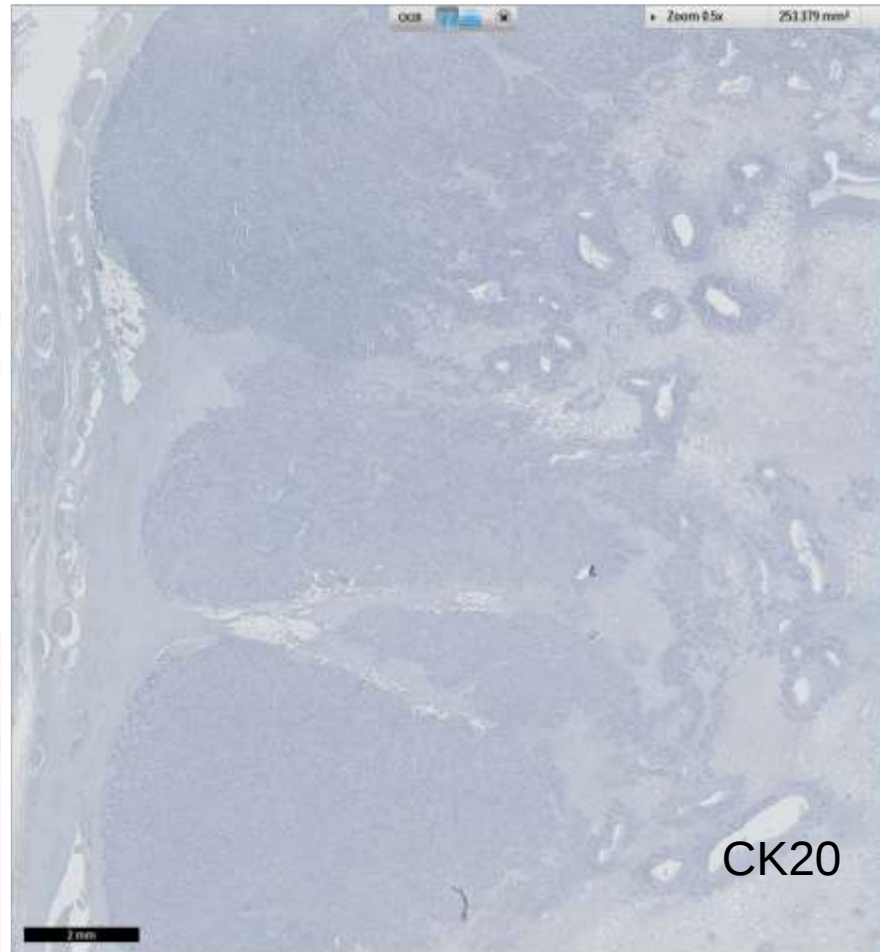
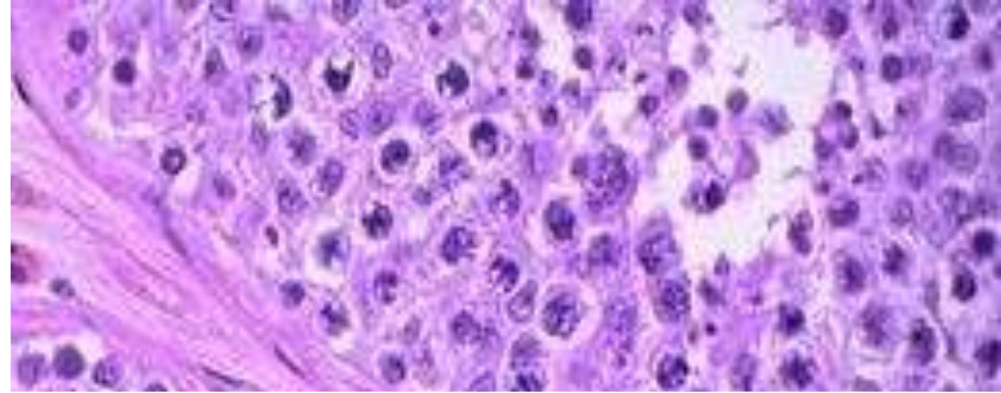
Pancreatic adenoCA (~2/3)
CEA+
CA19-9+
MUC5-AC+
MUC-2-
CDX2 (variable)

Ovarian mucinous CA
MUC5-AC+
MUC-2-
CDX2 (variable)

AdenoCA of bladder
thrombomodulin-
CDX2 (variable)

Gastric adenoCA
(subset)

CholangioCA
(minor subset)

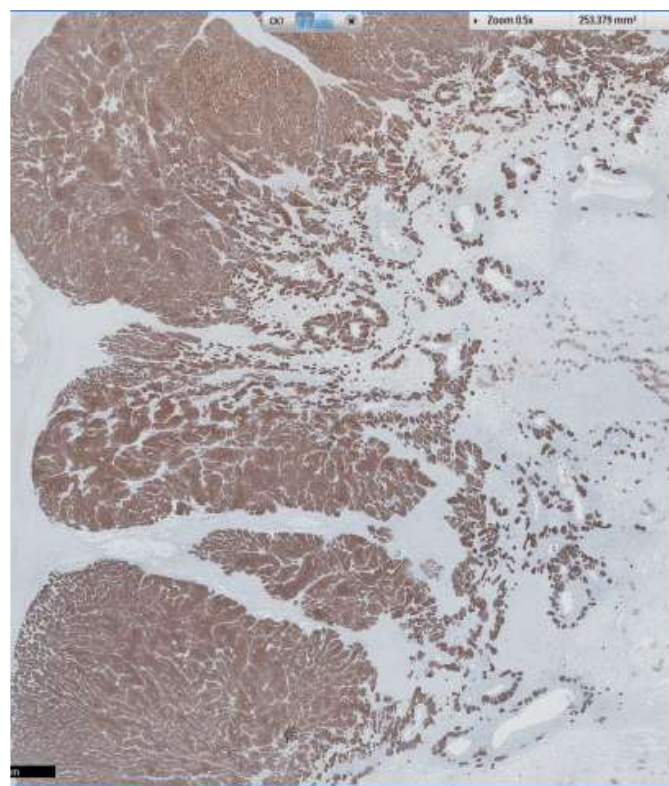
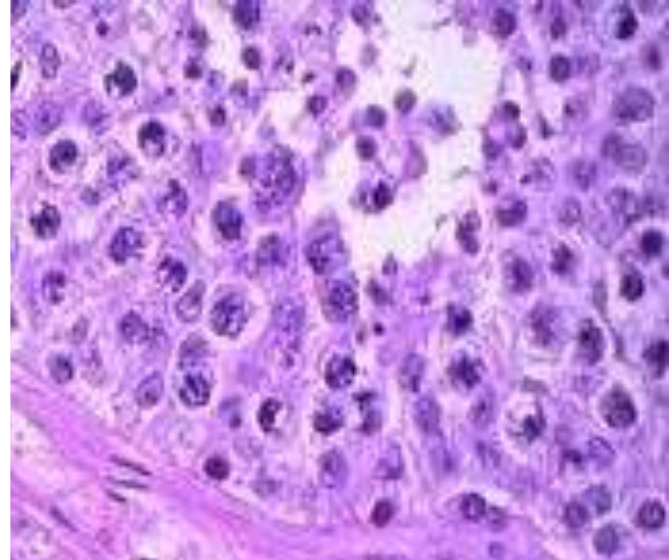


Extraída de Bahrami, A. et al. *Undifferentiated tumor: true identity by immunohistochemistry.*
Archives of pathology & laboratory medicine, 2008, vol. 132, no 3, p. 326-348.

Carcinomatous tumors

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Urothelial CA uroplakin+ thrombomodulin+ P63+ CK5/6 (~1/2+)	Breast CA ER/PR+ GCDFP+ mammaglobin+ CEA+	Lung SmCC (majority) TTF-1+ NE markers*+ p63-	Colorectal adenoCA CDX2+ CEA+ MUC-2+ MUC5-AC-	Prostate adenoCA PSA+ PAP+ CEA- uroplakin- thrombomodulin- p63- CK5/6-	Nonseminoma GCTs[†] PLAP+ EMA- Yolk sac tumor: AFP+ Embryonal CA: OCT3/4+ CD30+
Pancreatic adenoCA (~2/3) CEA+ CA19-9+ MUC5-AC+ MUC-2- CDX2 (variable)	Endometrial adenoCA vimentin+ ER/PR+ CEA-	Mesothelioma (~2/3) calretinin+ WT1+ CK5/6+ thrombomodulin+ D2-40+ mesothelin+ p63- CEA- MOC31- Ber-EP4- TTF-1-	Merkel cell CA NE markers*+	SCC p63+ CK5/6+ thrombomodulin+	Mesothelioma (~1/3)
Ovarian mucinous CA MUC5-AC+ MUC-2- CDX2 (variable)	Endocervical adenoCA CEA+ vimentin- ER/PR-	Thyroid CA TTF-1+ [‡] thyroglobulin+ [‡] CEA- (except medullary CA)	Gastric adenoCA (subset)	RCC vimentin+ RCC marker+ CD10+ CEA-	Lung SmCC (minor subset)
AdenoCA of bladder thrombomodulin+ CDX2 (variable)	Ovarian serous CA WT1+ ER/PR+ mesothelin+ CEA-	SCC of cervix		HCC HepPar1+ pCEA+ [§] CD10+ [§] MOC31- CK19-	Gastric adenoCA (subset)
Gastric adenoCA (subset)	Lung adenoCA TTF-1+ CEA+ CK5/6- p63-	Salivary gland tumor		Adrenocortical CA inhibin+ calretinin+ melanA+ vimentin+ CEA-	
CholangioCA (minor subset)	CholangioCA CEA+ CK19+ MOC31+ CA19-9+ CDX2 (variable) HepPar1-	Urothelial CA (subset)			
		Pancreatic and gastric adenoCA (subset)			

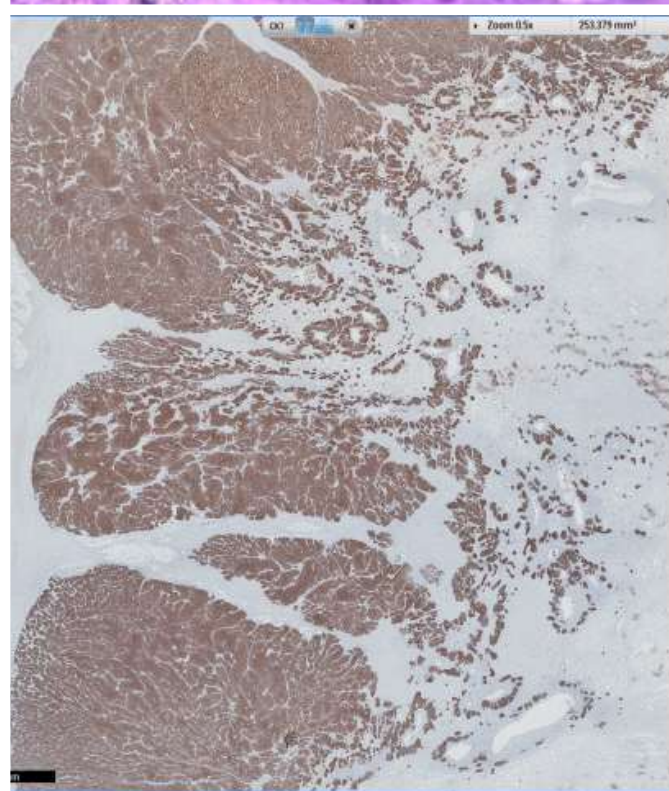
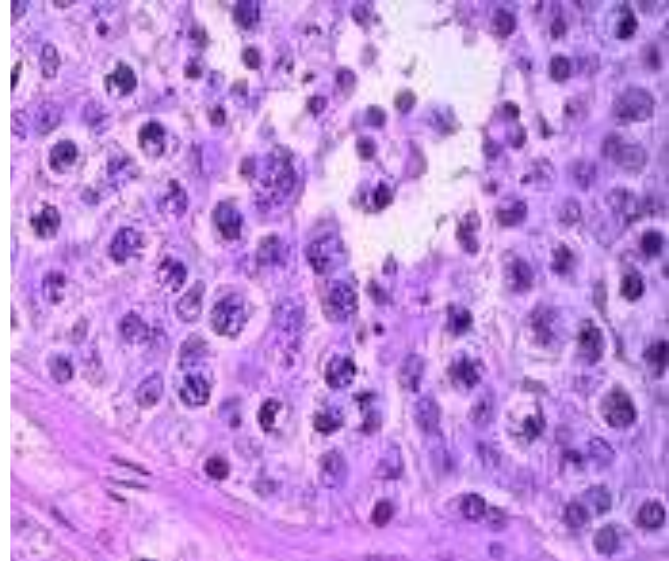


munohistochemistry.

Carcinomatous tumors

Broad spectrum CKs+
S100-, HMB45-
CD45-

CK7+/CK20+	CK7+/CK20-		CK7-/CK20+	CK7-/CK20-	
Urothelial CA uroplakin+ thrombomodulin+ P63+ CK5/6 (~1/2+)	Breast CA ER/PR+ GCDFP+ mammaglobin+ CEA+	Lung SmCC (majority) TTF-1+ NE markers*+ p63-	Colorectal adenoCA CDX2+ CEA+ MUC-2+ MUC5-AC-	Prostate adenoCA PSA+ PAP+ CEA- uroplakin- thrombomodulin- p63- CK5/6-	Nonseminoma GCTs[†] PLAP+ EMA- Yolk sac tumor: AFP+ Embryonal CA: OCT3/4+ CD30+
Pancreatic adenoCA (~2/3) CEA+ CA19-9+ MUC5-AC+ MUC-2- CDX2 (variable)	Endometrial adenoCA vimentin+ ER/PR+ CEA-	Mesothelioma (~2/3) calretinin+ WT1+ CK5/6+ thrombomodulin+ D2-40+ mesothelin+ p63- CEA- MOC31- Ber-EP4- TTF-1-	Merkel cell CA NE markers*+	SCC p63+ CK5/6+ thrombomodulin+	Mesothelioma (~1/3)
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AdenoCA of bladder thrombomodulin+ CDX2 (variable)	Ovarian serous CA WT1+ ER/PR+ mesothelin+ CEA-	SCC of cervix		HCC HepPar1+ pCEA+ [§] CD10+ [§] MOC31- CK19-	Gastric adenoCA (subset)
Gastric adenoCA (subset)	Lung adenoCA TTF-1+ CEA+ CK5/6- p63-	Salivary gland tumor		Adrenocortical CA inhibin+ calretinin+ melanA+ vimentin+ CEA-	
CholangioCA (minor subset)	CholangioCA CEA+ CK19+ MOC31+ CA19-9+ CDX2 (variable)	Urothelial CA (subset)			
		Pancreatic and gastric adenoCA (subset)			

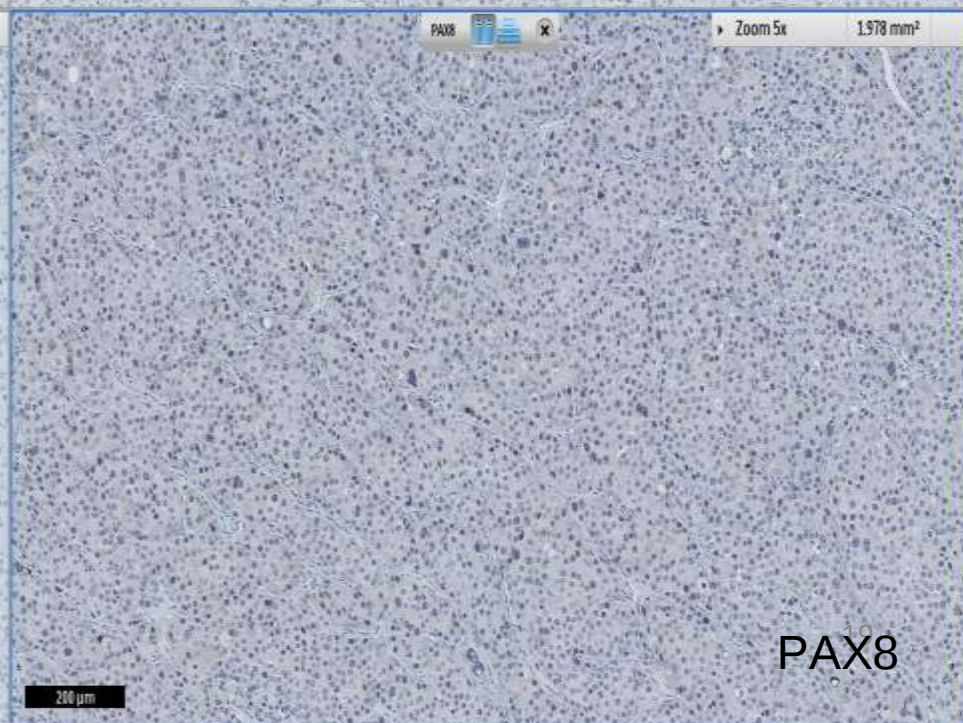
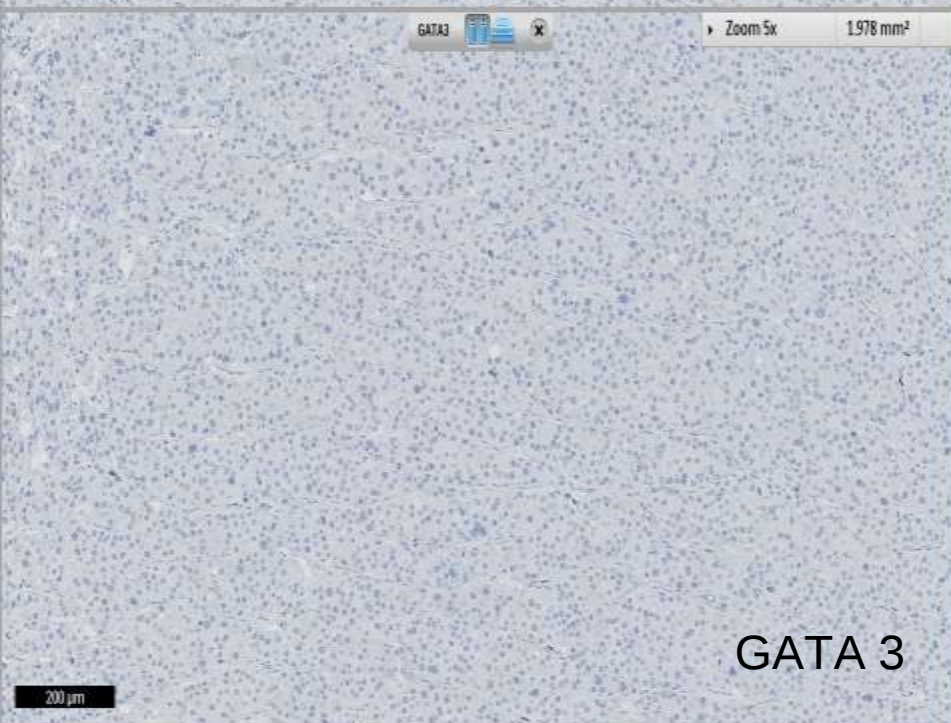


munohistochemistry.

METÁSTASIS EN TESTÍCULO

ADULTOS		< 18 AÑOS	
PRIMARIO	%	PRIMARIO	%
Próstata	33.8	Neuroblastoma	7.4
Tracto GI	14.4	Nefroblastoma	1.8
Riñón	9.8	Rabdomiosarcoma	1.6
Pulmón	9.6	Retinoblastoma	0.4
Melanoma	5.7	Meduloblastoma	0.2
Vejiga y tracto urinario	5.2		
Páncreas	2.2		

Adaptada de *WHO Classification of Tumours of the Urinary System and Male Genital Organs, IARC 2016*



IHQ

POSITIVIDAD
AE1/AE3
CK 7

NEGATIVIDAD
OCT3/4 SALL4
CD30 α FP hCG
Podoplanina Villina
Inhibina Melan A
Racemasa PSAP
GATA-3
CK20 Vimentina S-100
PAX-8

METÁSTASIS DE CARCINOMA
DE
PRIMARIO DESCONOCIDO



Nueva historia clínica → AP Ca Papilar de Tiroides

Estudio de extensión:

Múltiples nódulos en mesenterio, flanco izquierdo, polo superior de riñón derecho y adenopatías y...

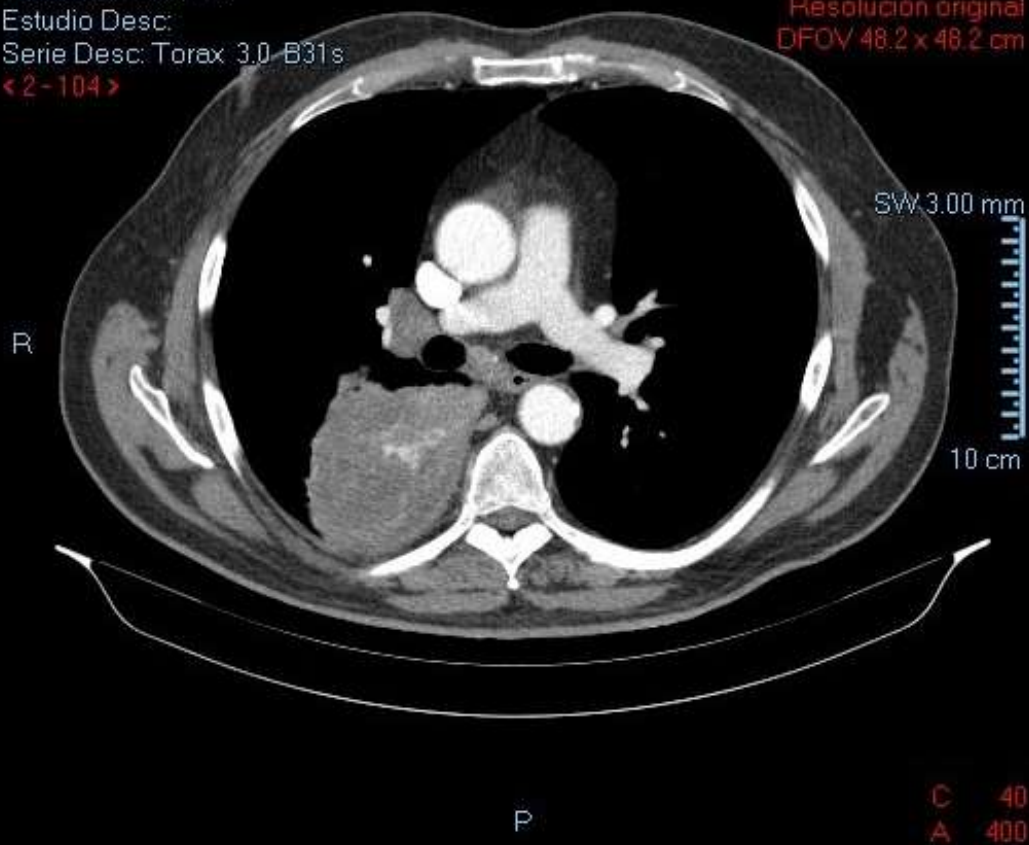
RMN

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Desc:
esc: SAGI
16 >



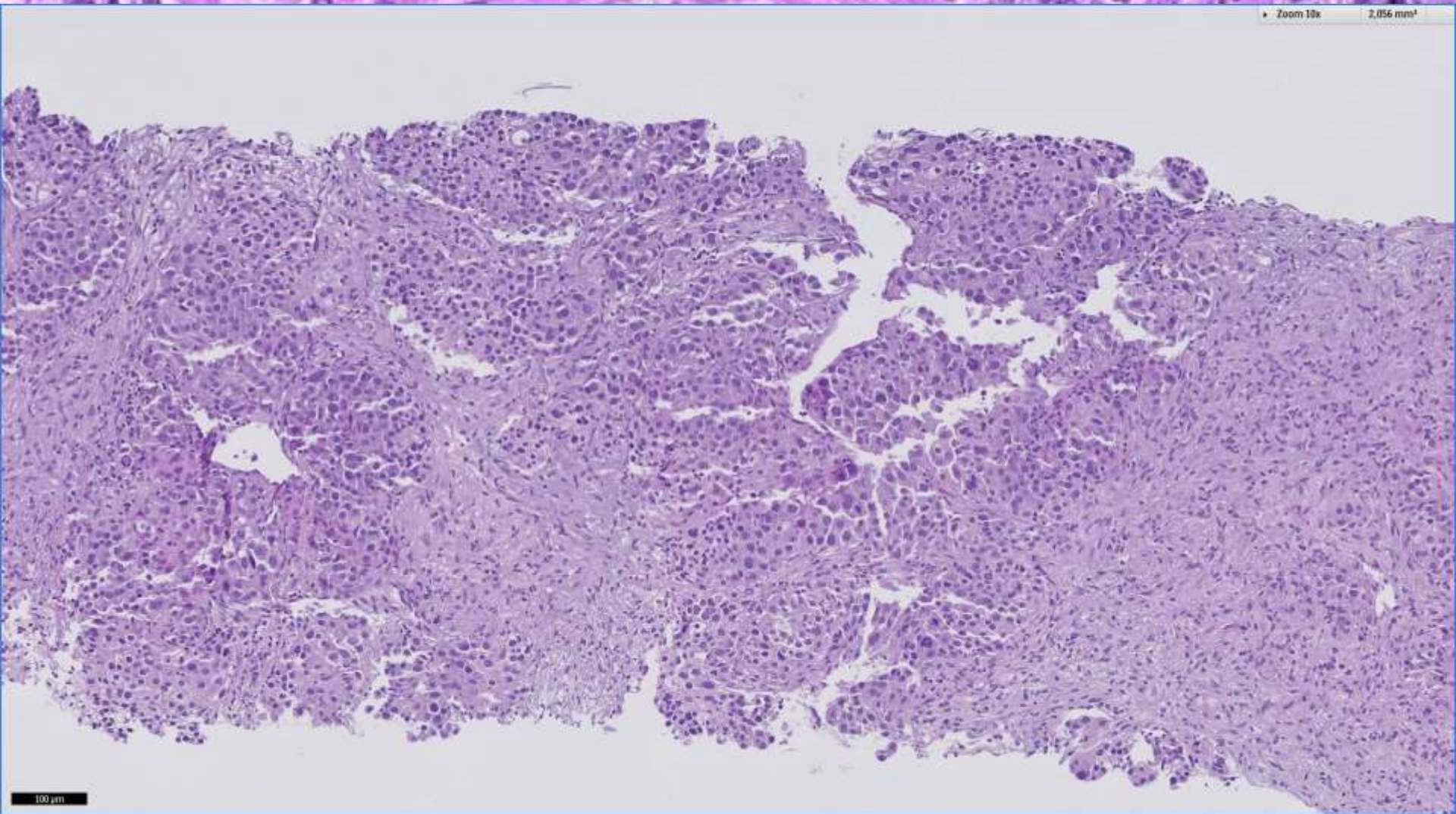
Estudio Desc:
Serie Desc: Torax 3.0 B31s
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Resolución original
DFOV 48.2 x 48.2 cm

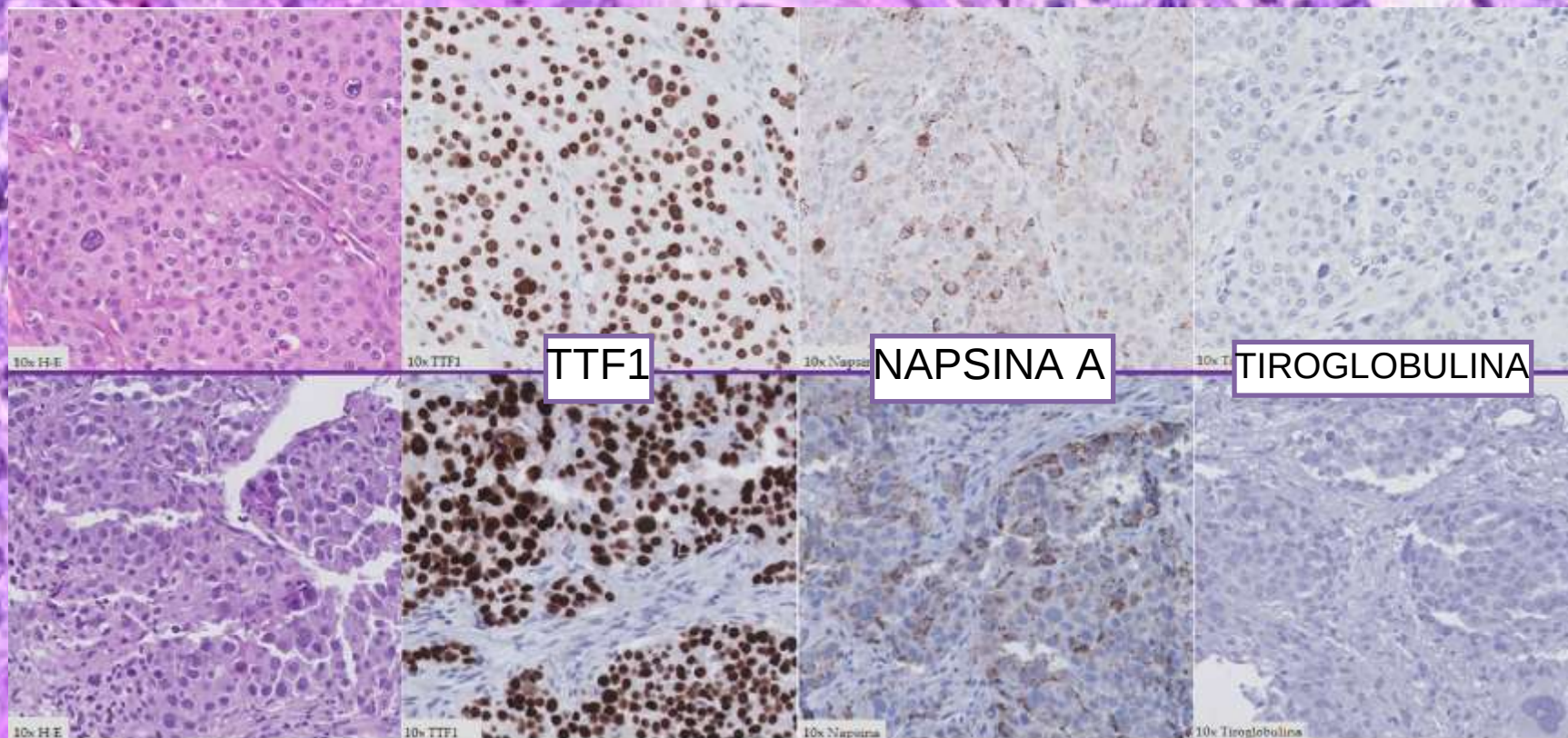


Masa pulmonar derecha de 9 x 8 cm en LID

BAG de masa pulmonar: cilindro de 1,4 cm DM



Masa testicular



Masa pulmonar

+ TTF1, Napsina A
- CK 5/6, GATA3, p63, Tiroglobulina

A microscopic image of lung tissue stained with hematoxylin and eosin (H&E). The image shows a dense population of cells with prominent nuclei, characteristic of adenocarcinoma. The cells are arranged in a solid, infiltrative pattern, with some areas showing glandular formation. The background is a light pink color, and the nuclei are stained a deep purple.

**ADENOCARCINOMA
SÓLIDO INFILTRANTE DE
PULMÓN CON METÁSTASIS
MÚLTIPLES
T3N2M1**

Bibliografía

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