

Patološki brisi v pozni pomenopavzi – kako ukrepati?

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Irgel**, Alenka Repše Fokter**, Snježana Frković
Grazio*****

***Zdravstveni dom Trbovlje**

****Splošna bolnišnica Celje**

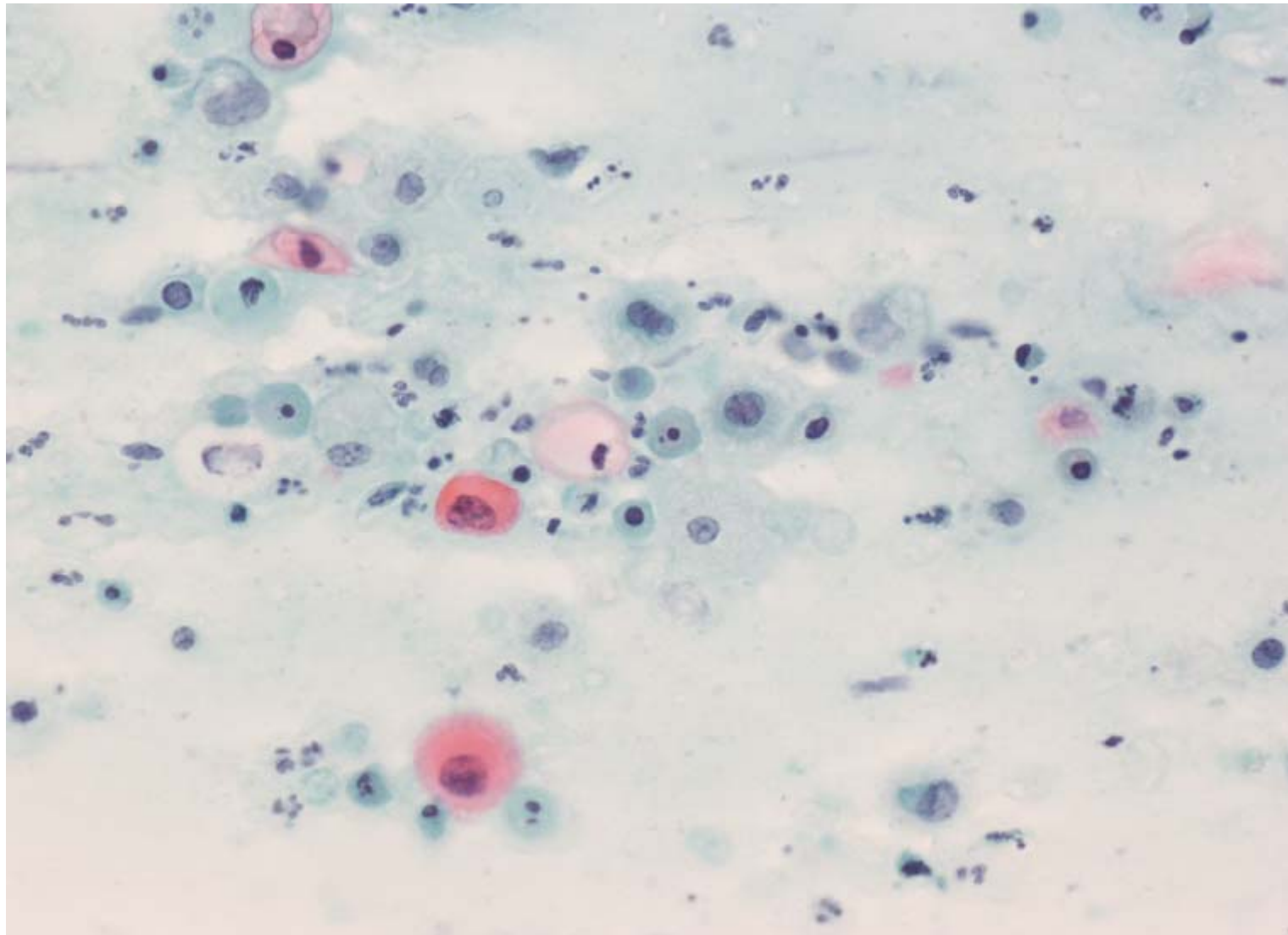
***** UGK Ljubljana**

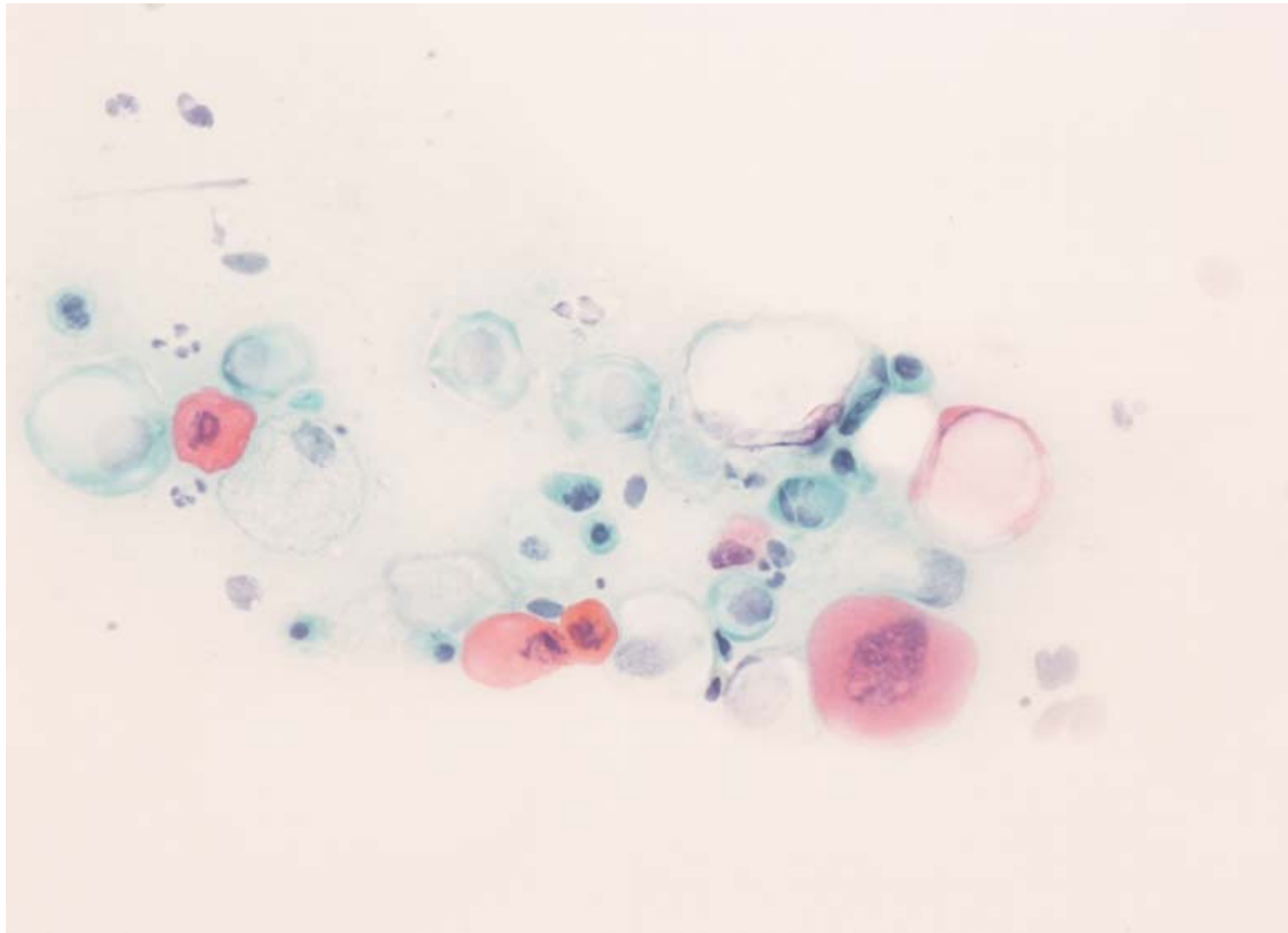
Prikaz primera

- 82-letna ženska**

- BMV 2001: Pap I**

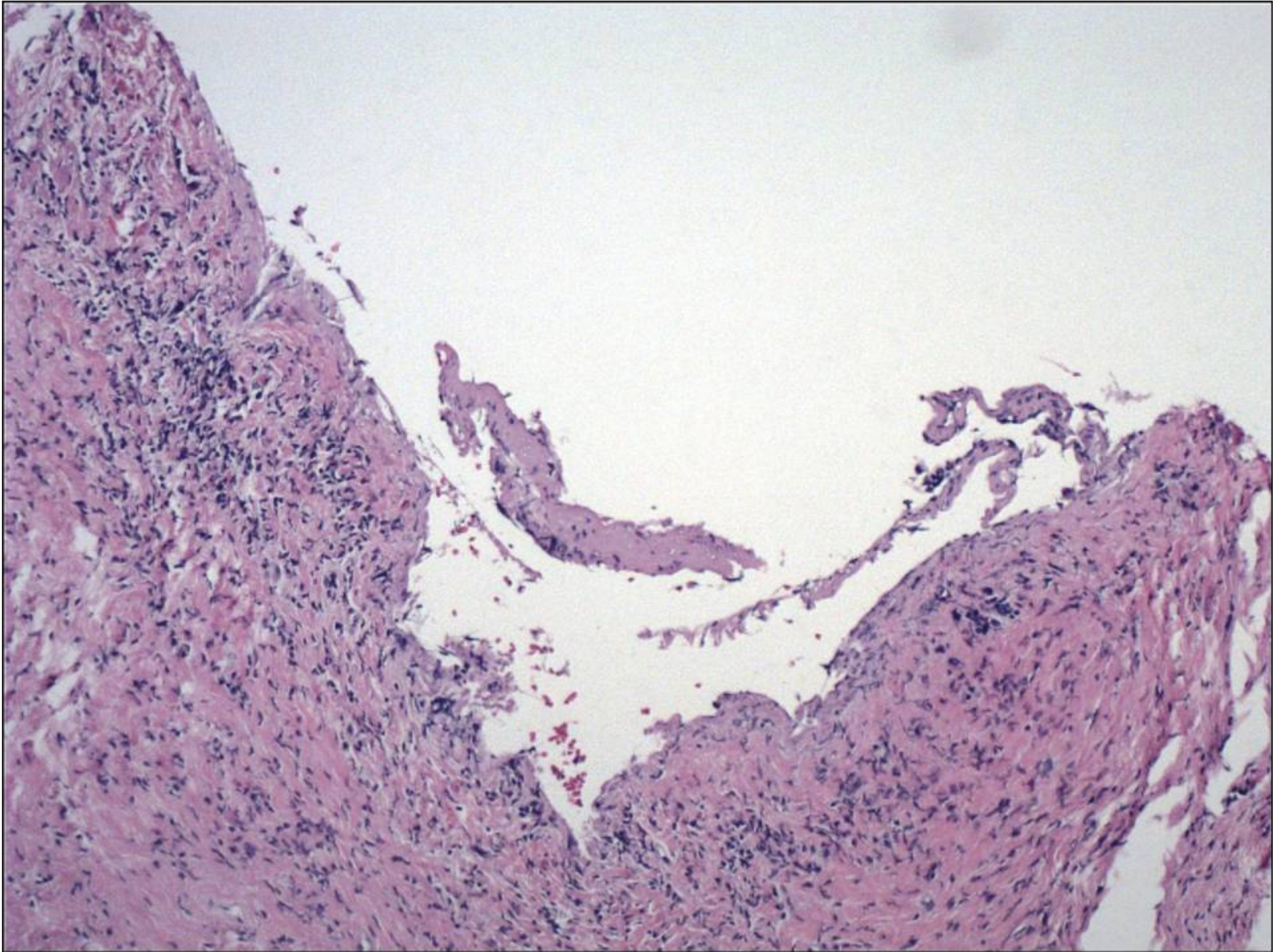
- BMV 2006: sumljivo za ploščatocelični karcinom**

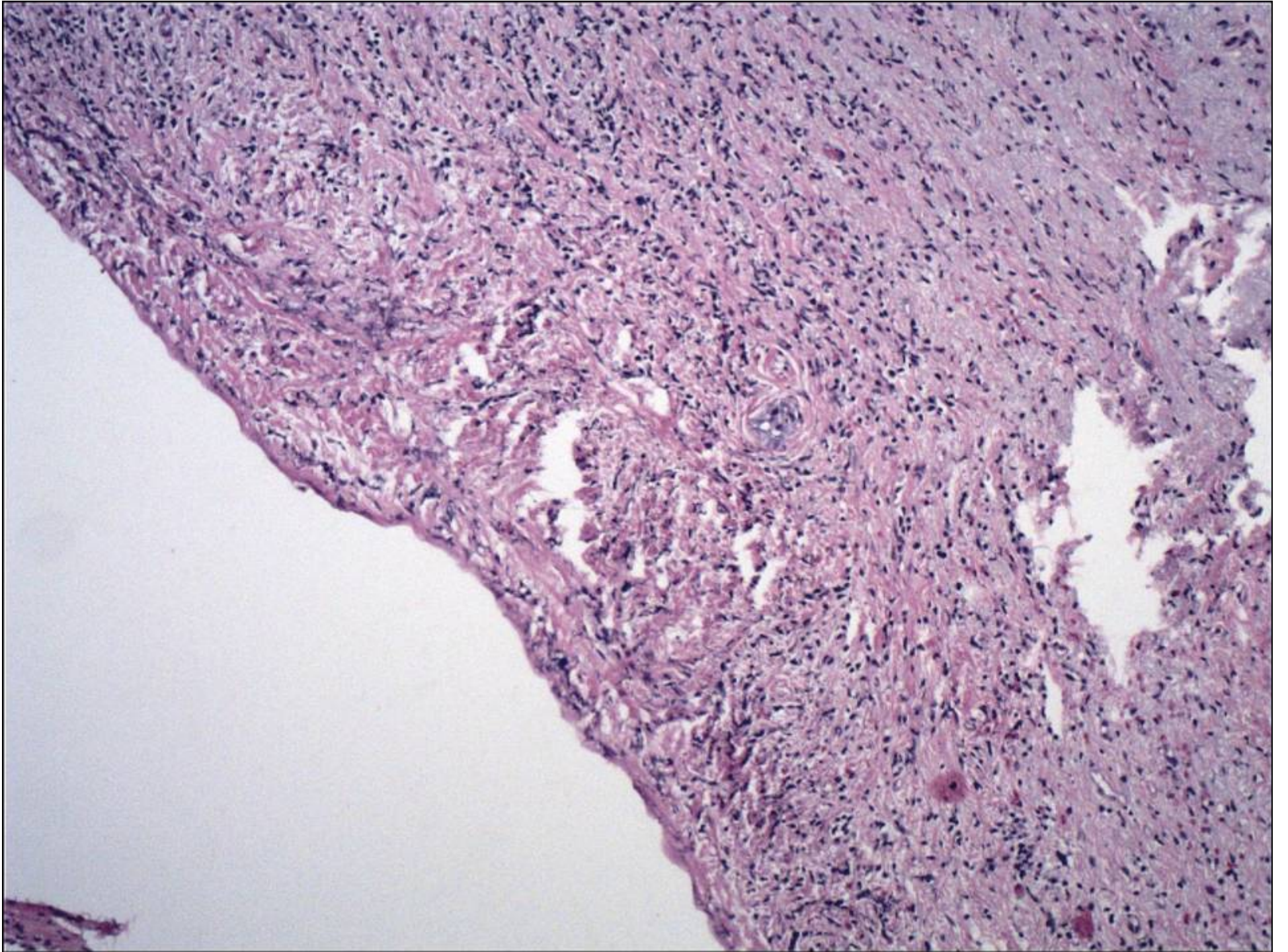


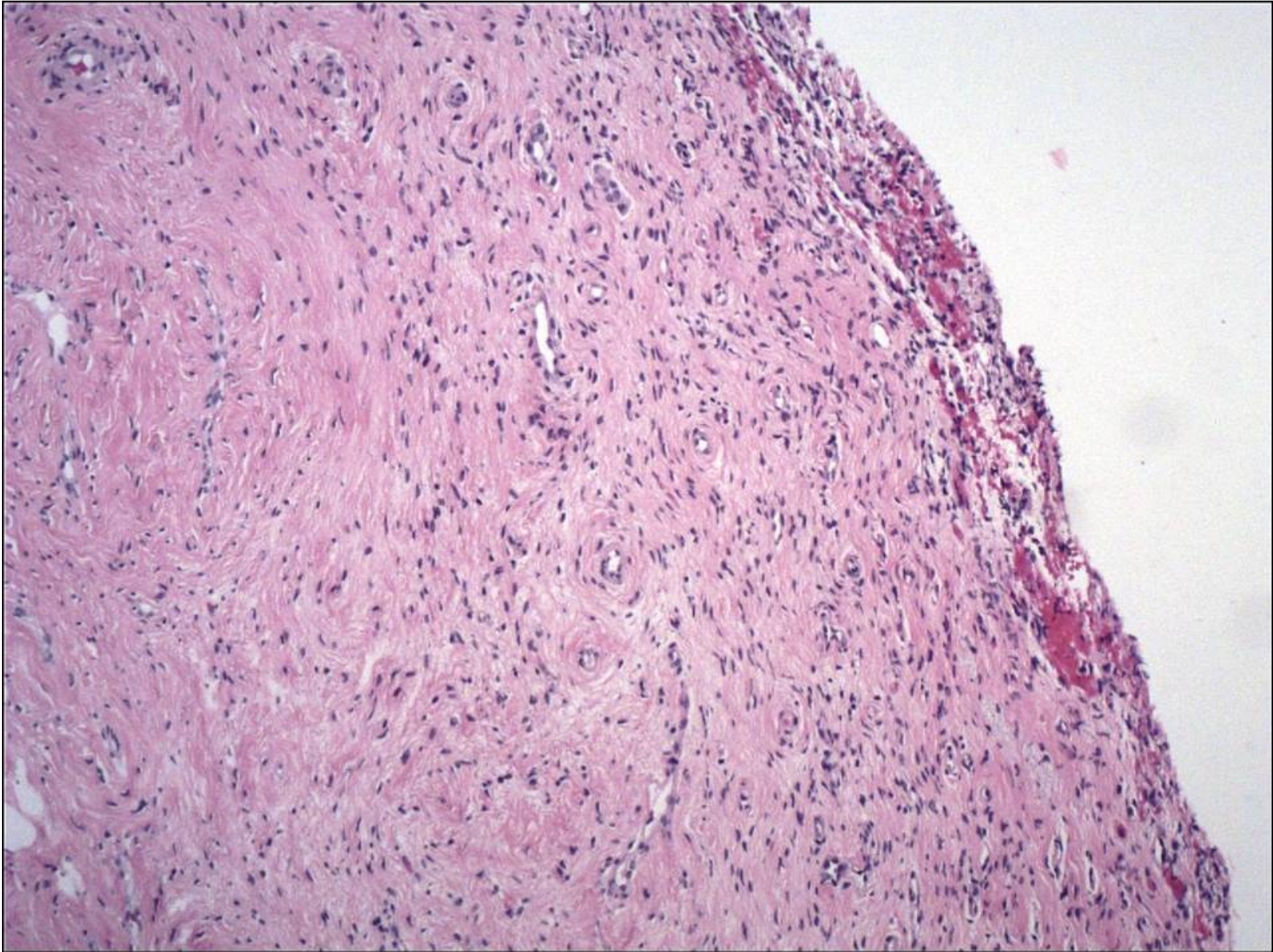


Nadaljnji potek

- Probatorna ekscizija: ni displazije, drobci strome brez cervikalnih kript, brez epitelija na površini**

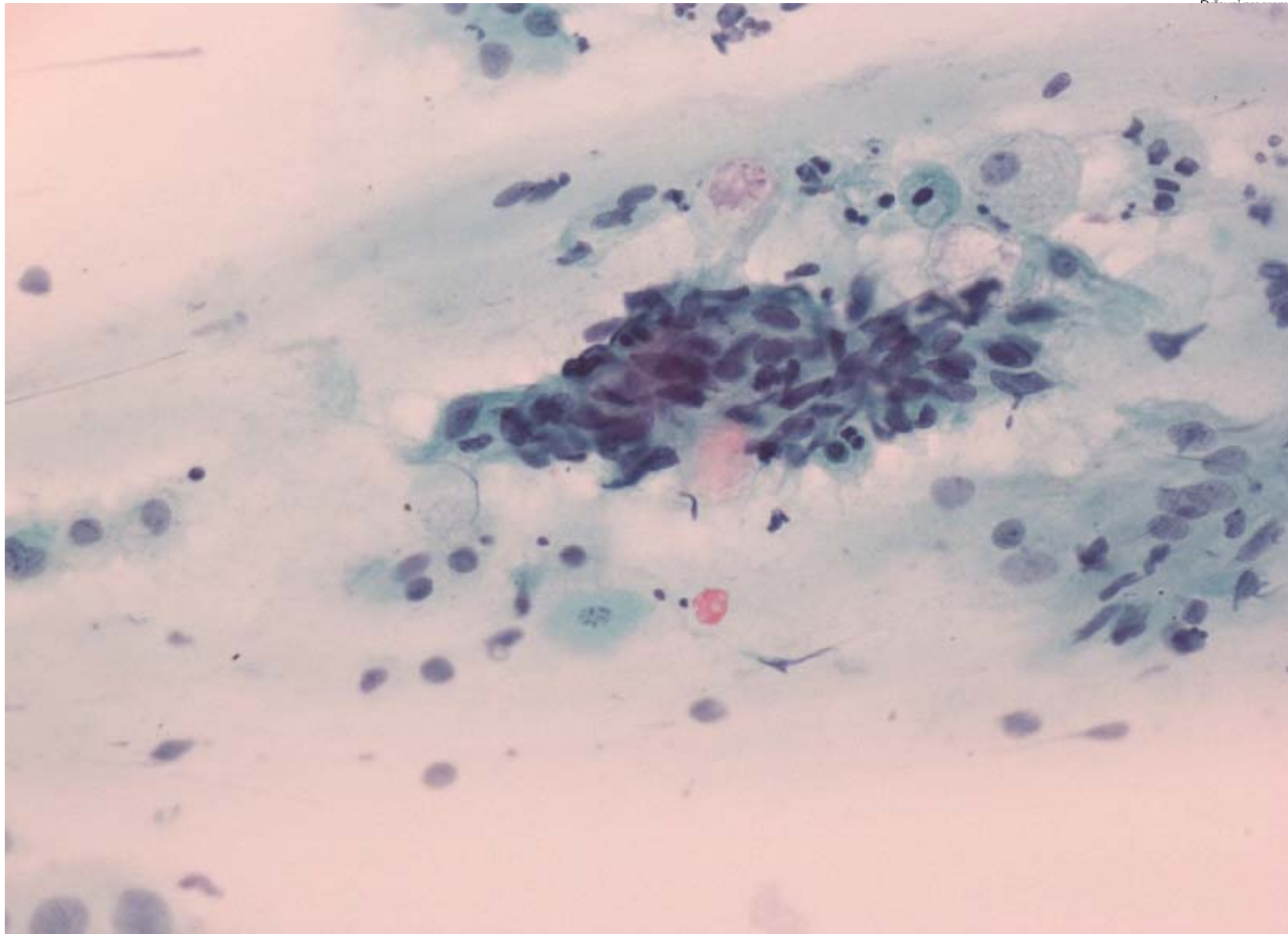


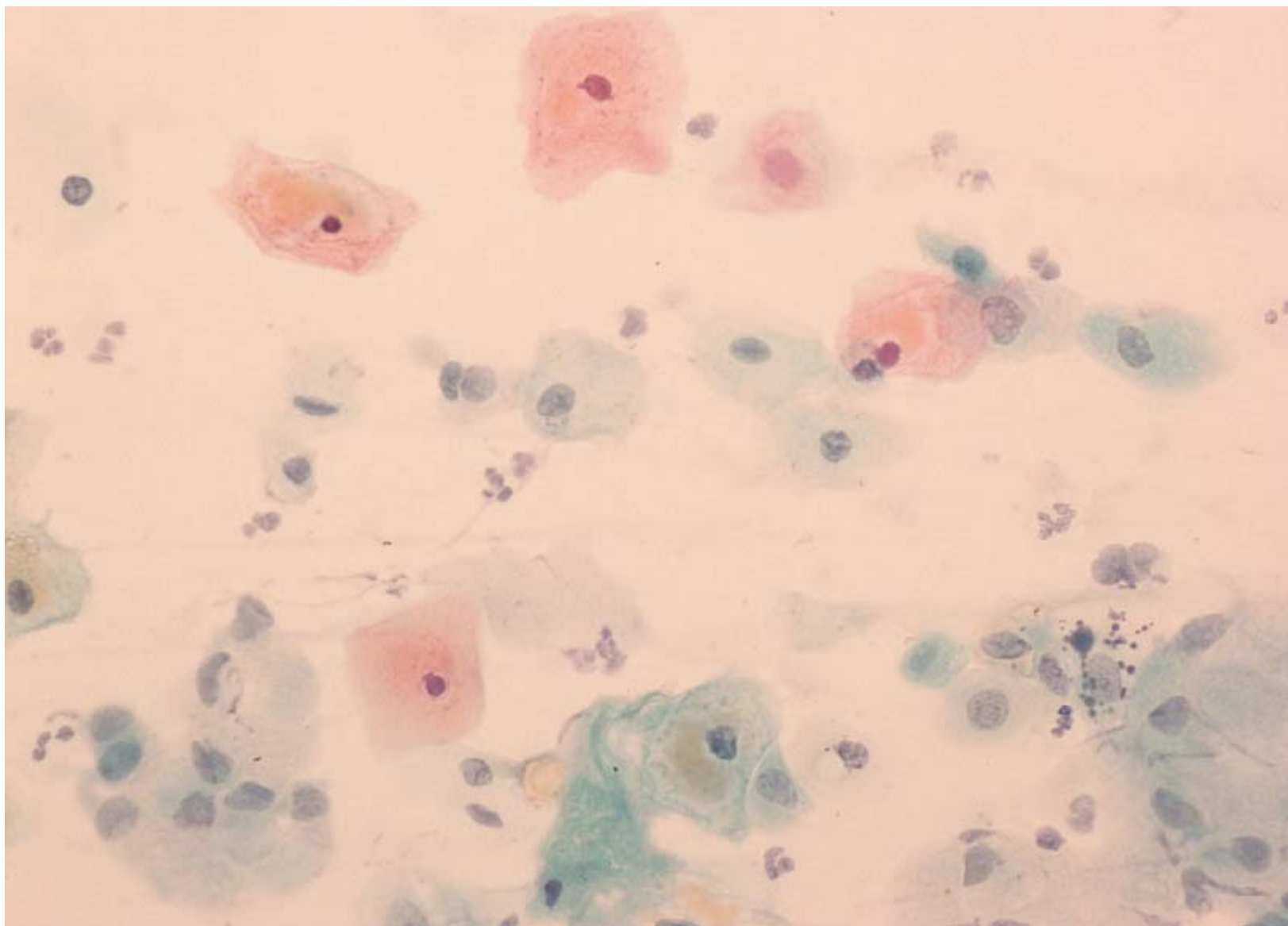


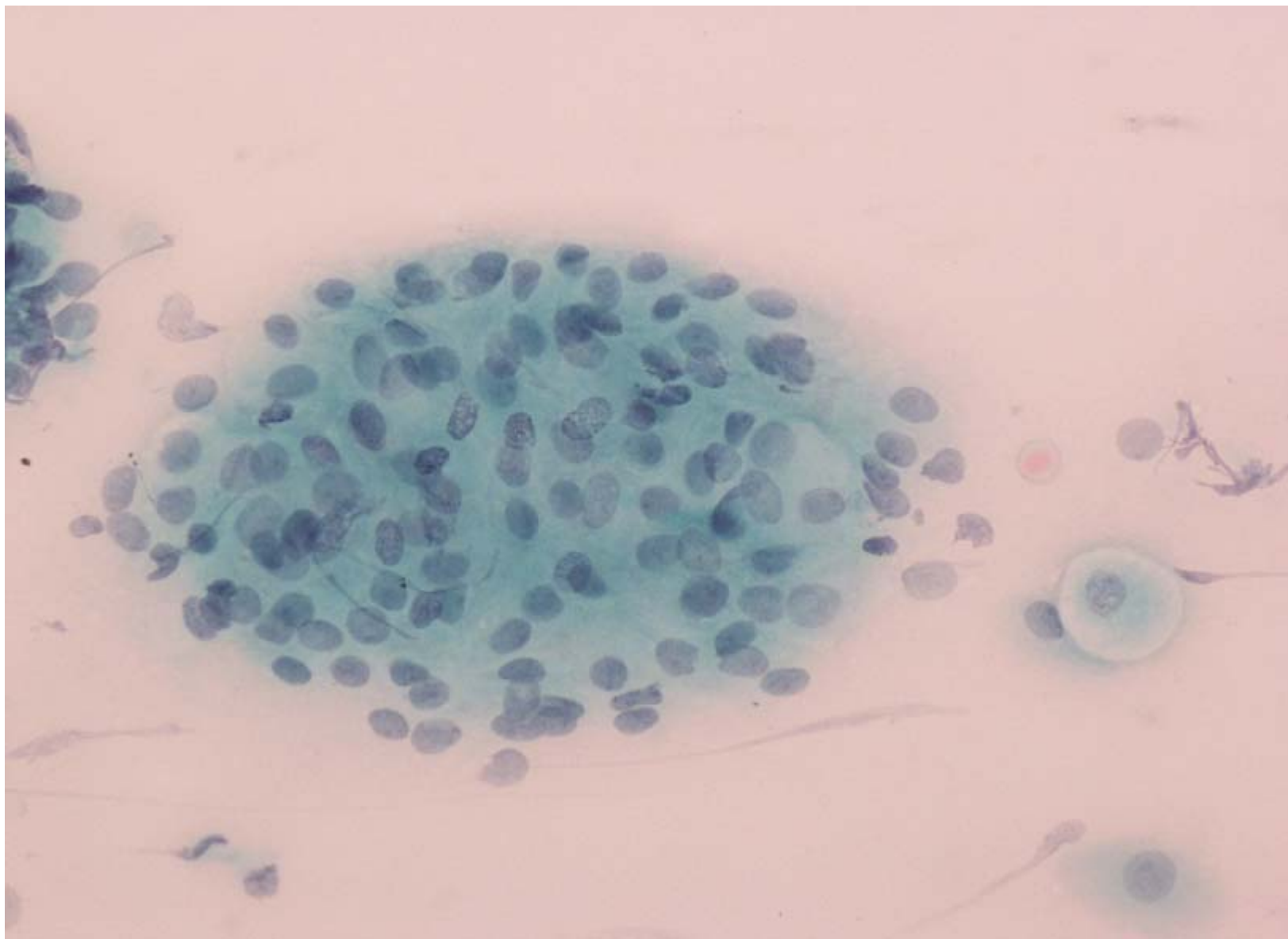


Nadaljnji potek

- kmalu zatem kontrolni BMV negativen
- Januar 2007: atipične ploščate celice
- Februar 2007 (po estrogenskem testu) in september 2007: normalen bris





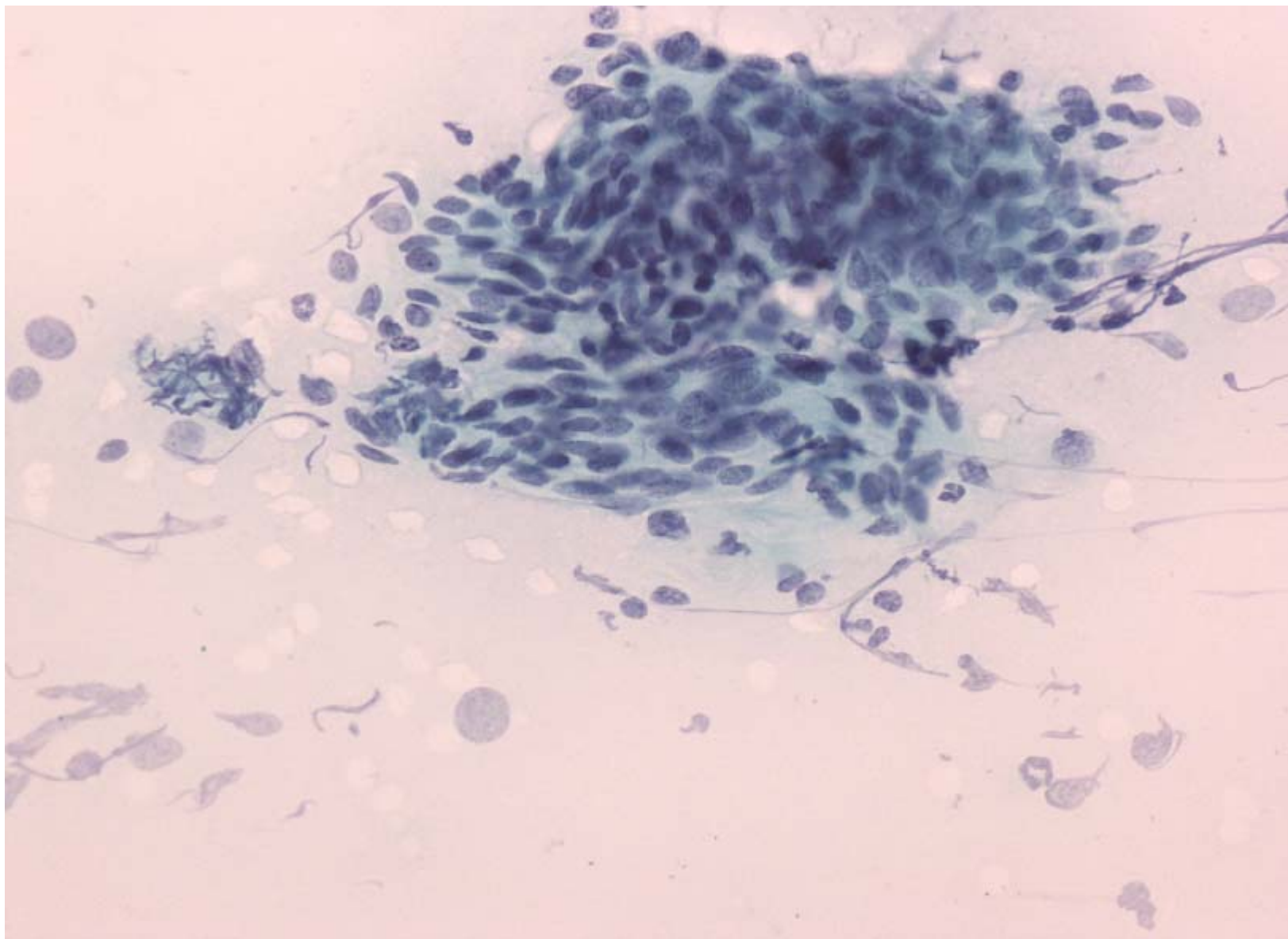


Nadaljnji potek

- September 2009: atipične ploščate celice**

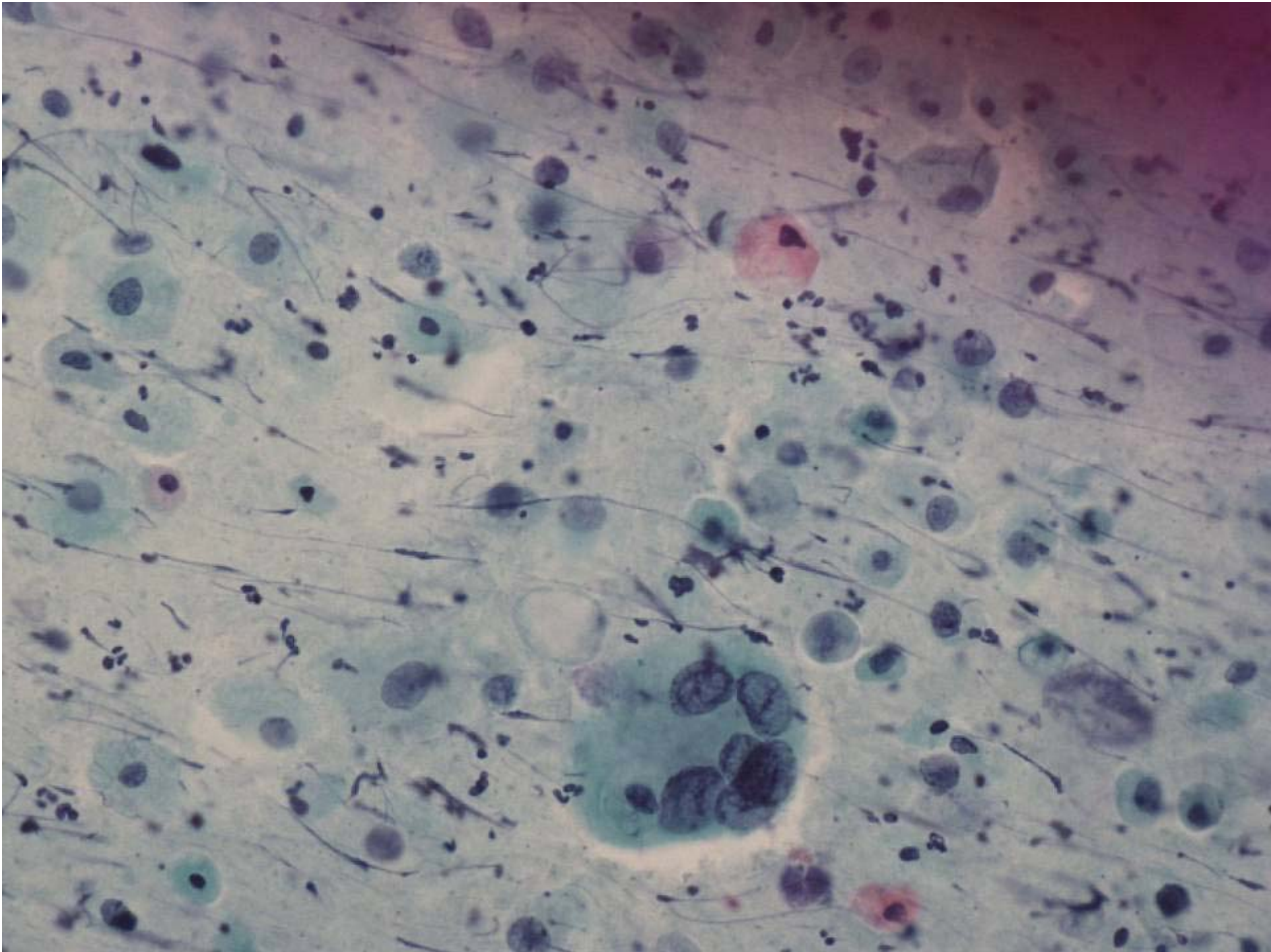
- November 2009: zmerno diskariotične ploščate celice**

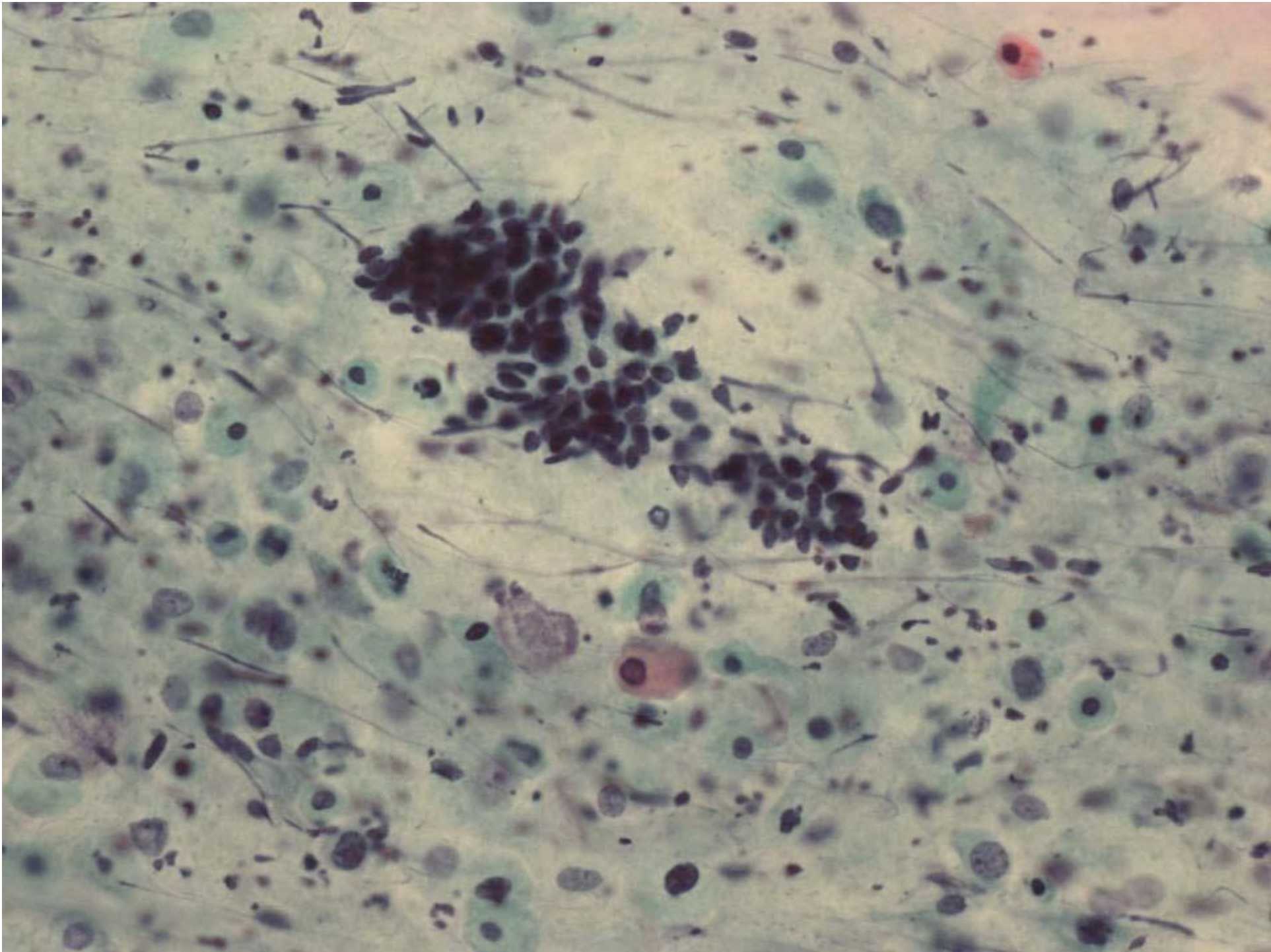
- Januar 2010: normalen bris**

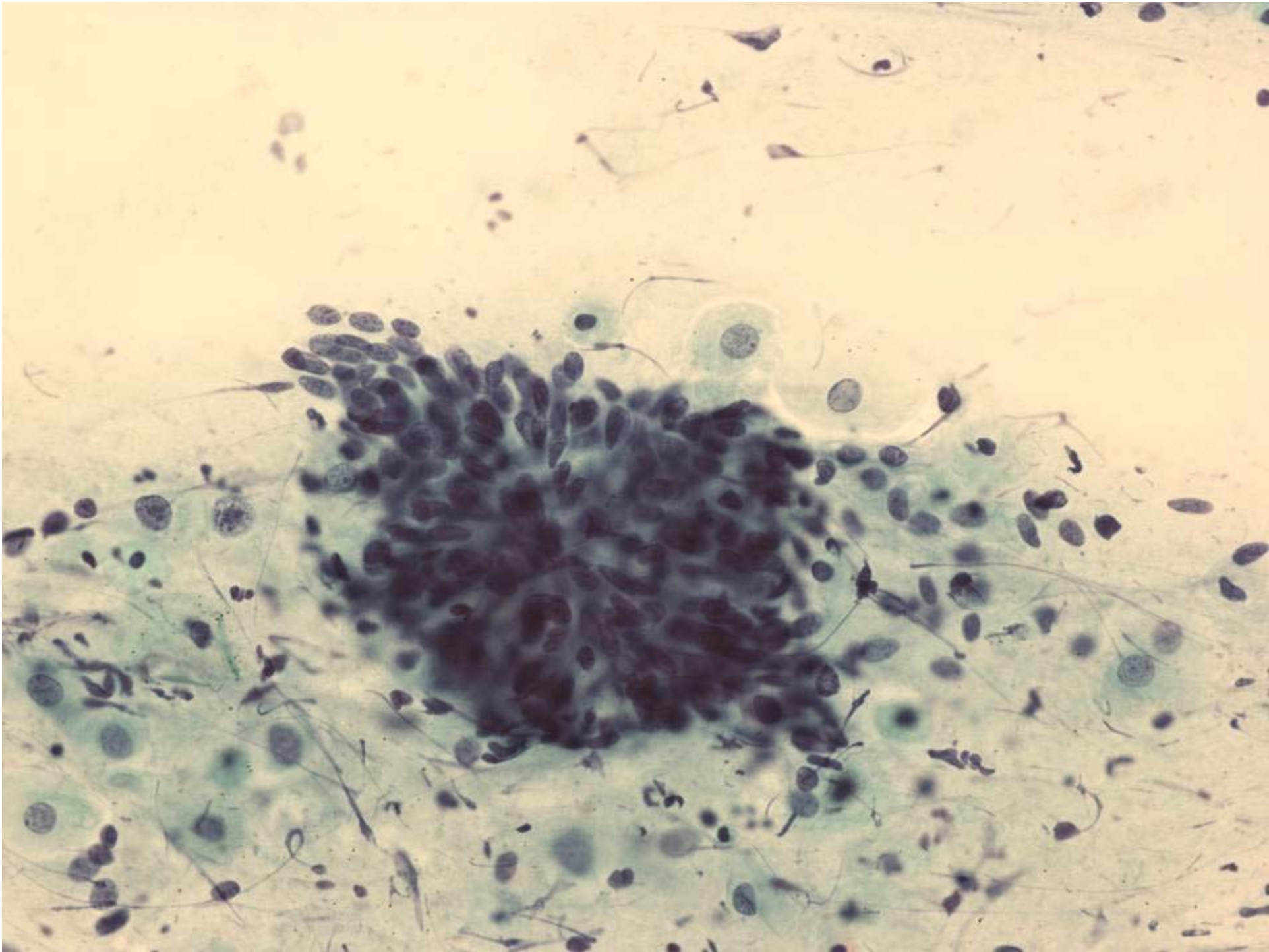


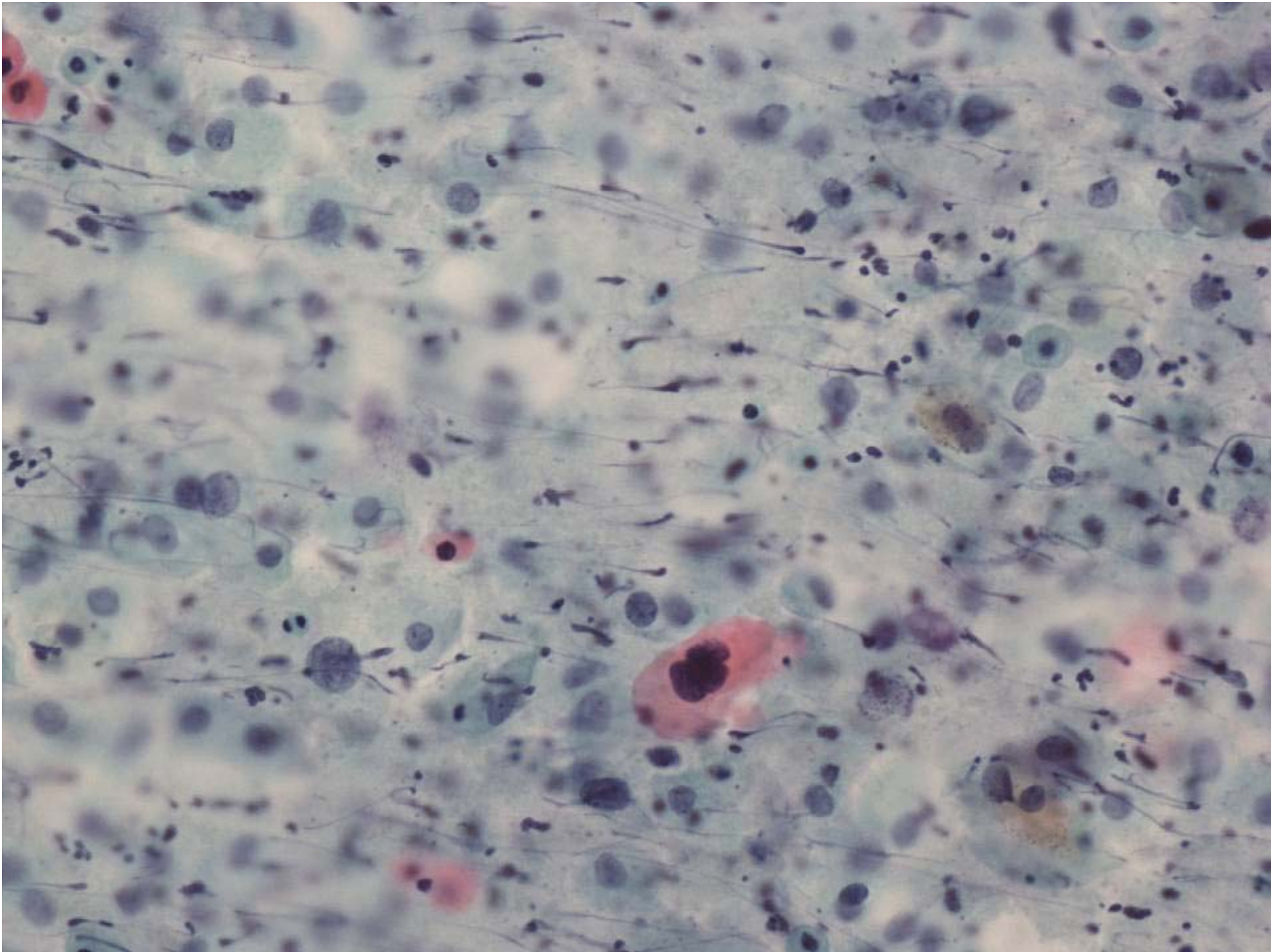
Nadaljnji potek

Oktober 2010: ponovni odvzem brisa





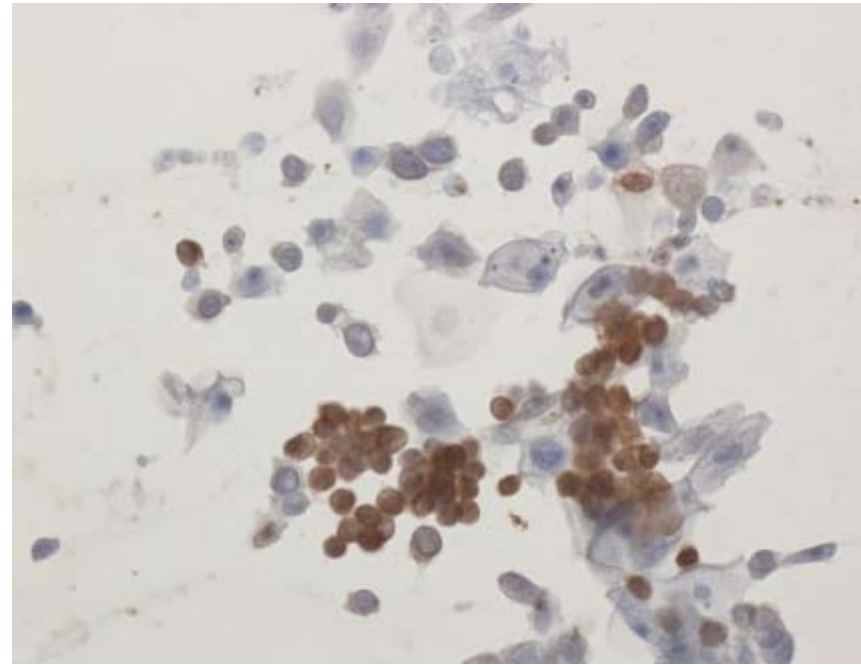
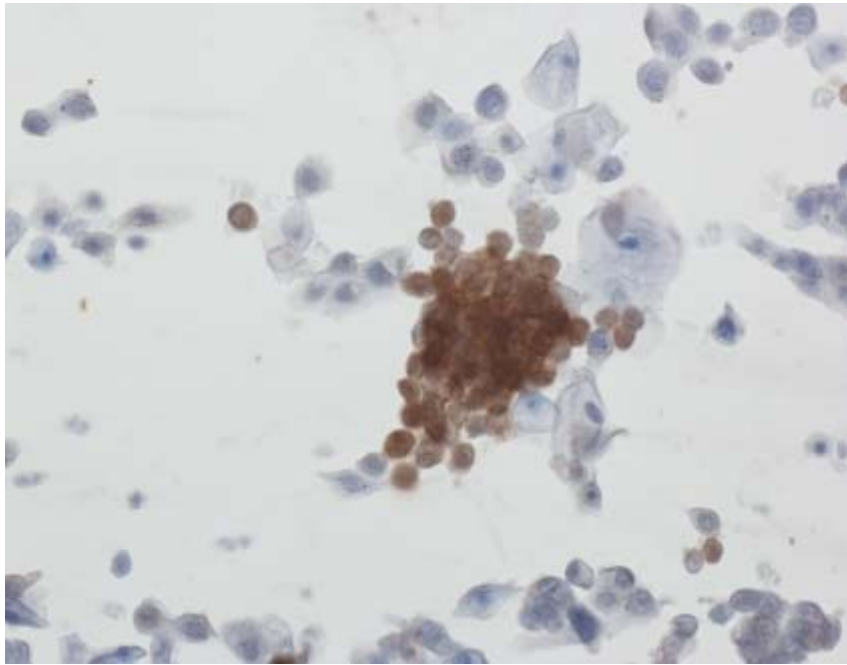




Konzultacija z ostalimi laboratoriji

- Ploščatocelični karcinom (2x)
- Huda diskarioza (2x)
- Najmanj huda diskarioza (2x)
- ASC-H (2x)
- Morda le zgoščena stroma (?imuno) 1x

P 16

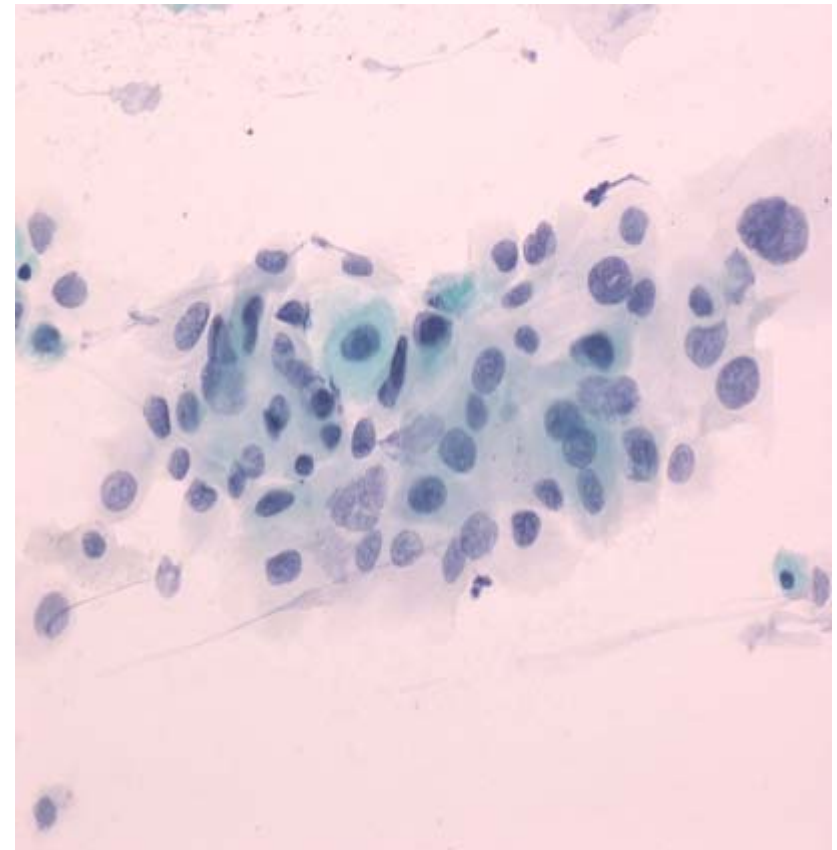
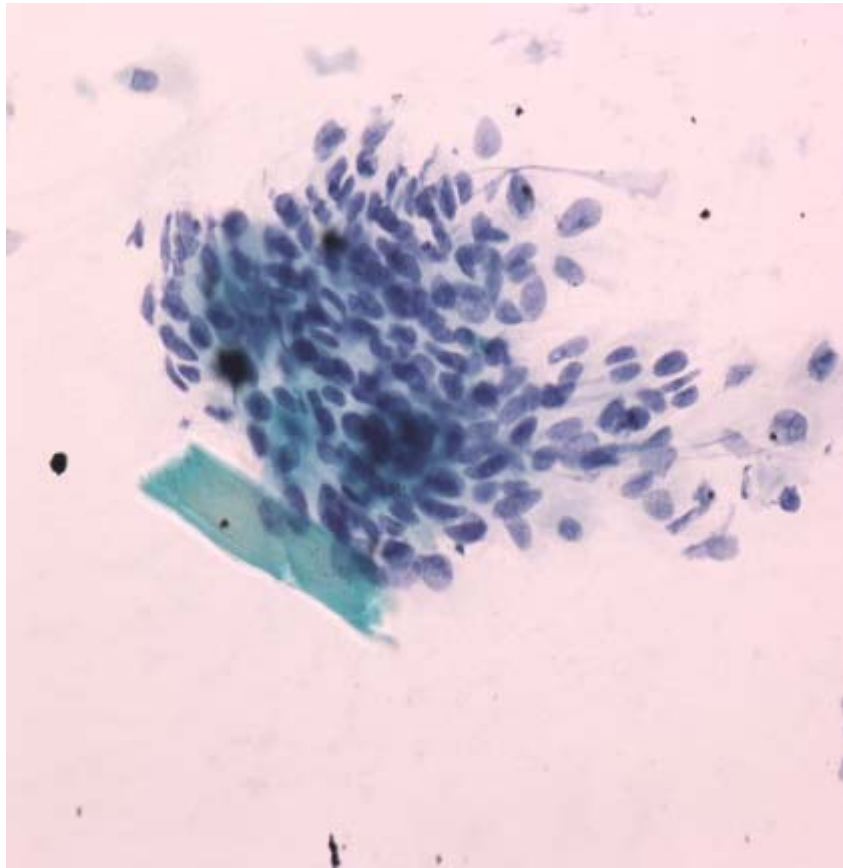


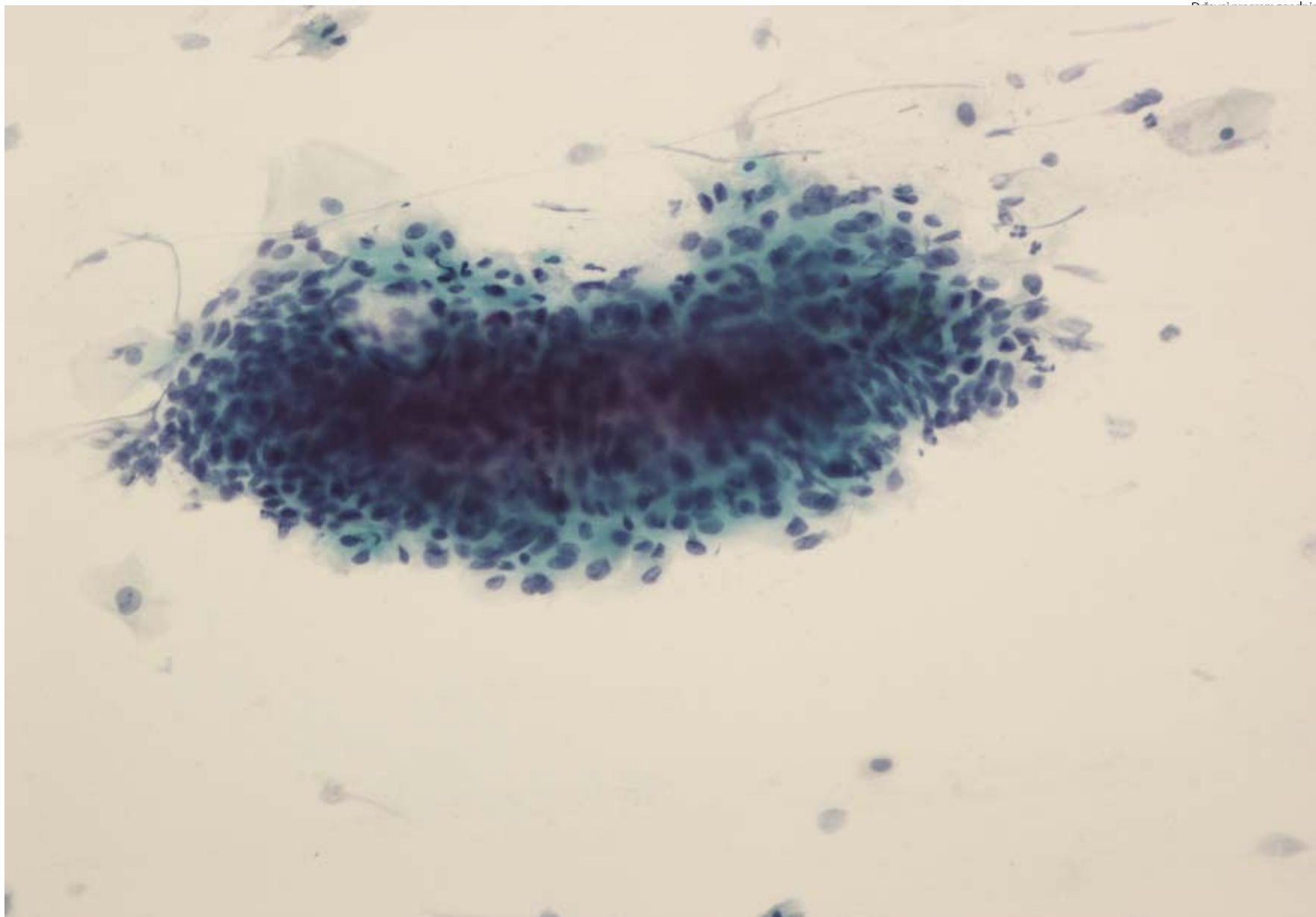
Follow up

- Pacientka je v dobri kondiciji in odklanja operativni poseg (november 2010)**

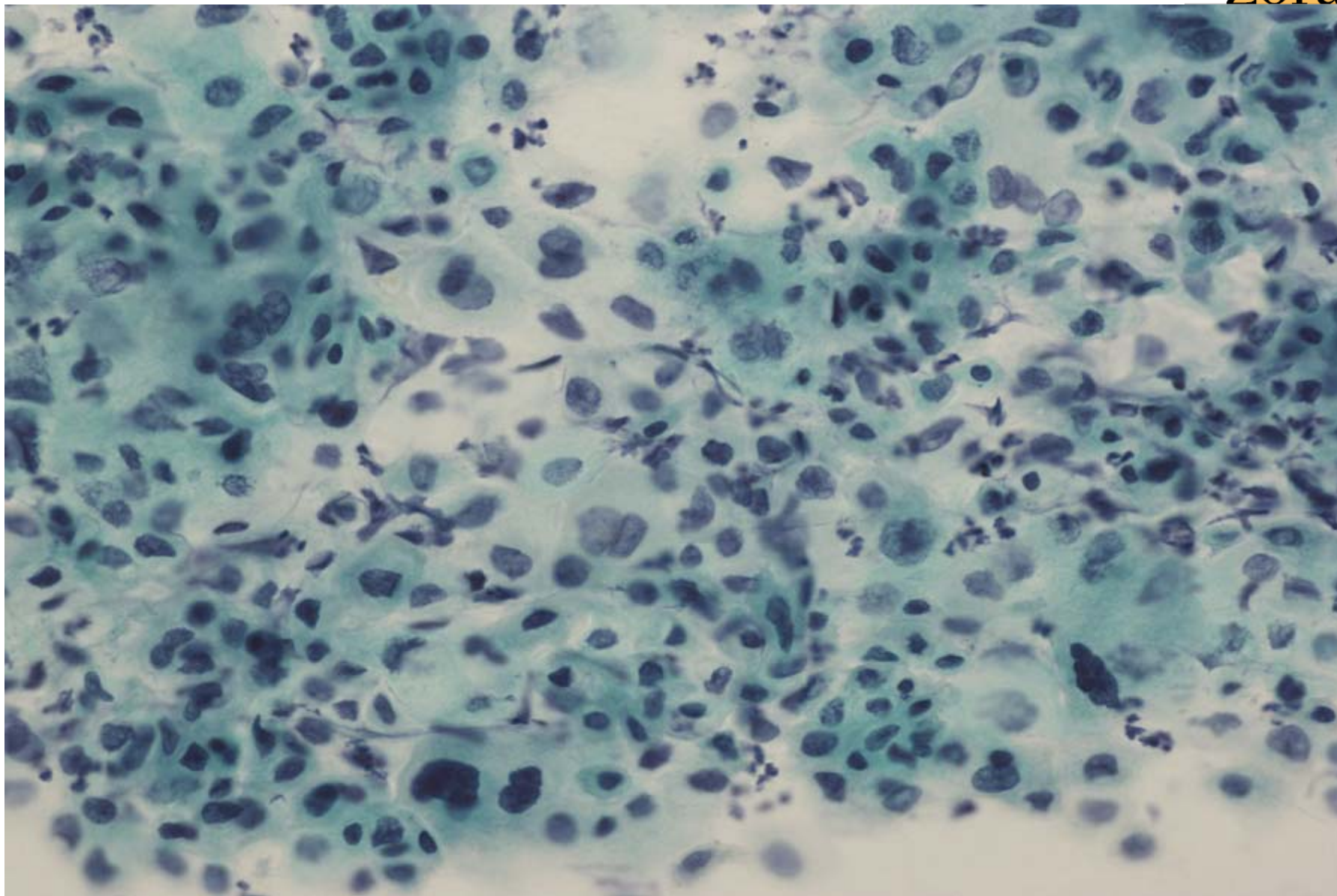
- HPV test: pozitiven (december 2010)**

Ponovni odvzem BMV: 6. 12. 2010

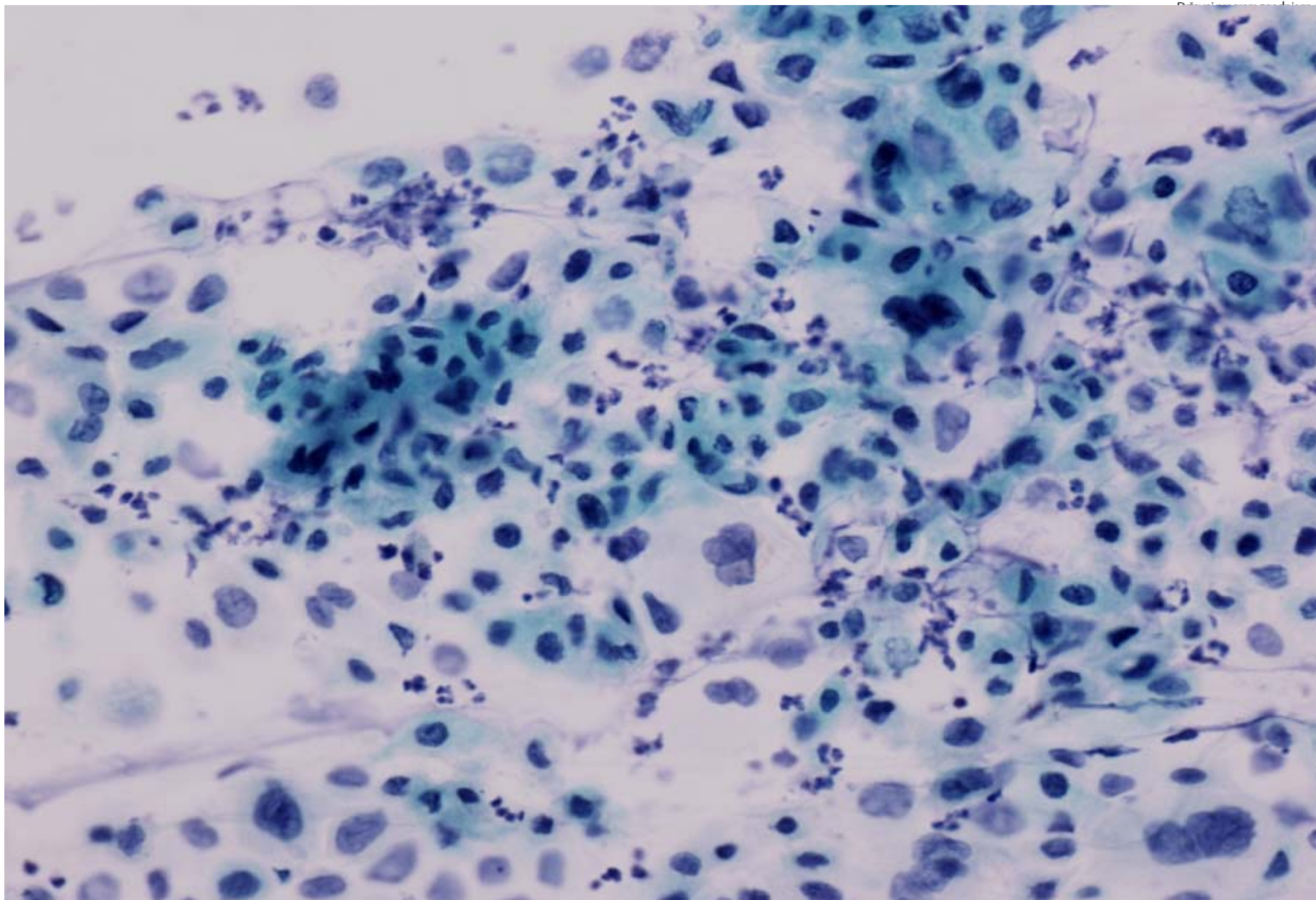




3. Izobraževalni dan programa ZORA – ZORA 2012
Brdo pri Kranju, 20. april 2012



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Konzultacija z ostalimi laboratoriji

- Ploščatocelični karcinom (1x)
- Najmanj huda diskarioza (2x)
- ASC-H (1x)

Konzultacija z dr. Amando Herbert

6. 12. 2010

- ❑ **ASC-H is reasonable, but I would prefer AGC, in view of i) oval nuclei, ii) a mitosis and iii) age. The post-treatment smear is more difficult still, and looks more squamous but less worrying.**

Konzultacija z dr. Amando Herbert

- ❑ I would suggest gynaecological examination, not surgery, as cancer (rather than precancer) is more important to diagnose at that age.

She should have colposcopy and curettage (endometrial carcinoma can be p16+ and is much more likely here). Pelvic ultrasound might help if she doesn't want too much done.

Colposcopy (and cytology) is difficult in this age as things disappear up the canal.

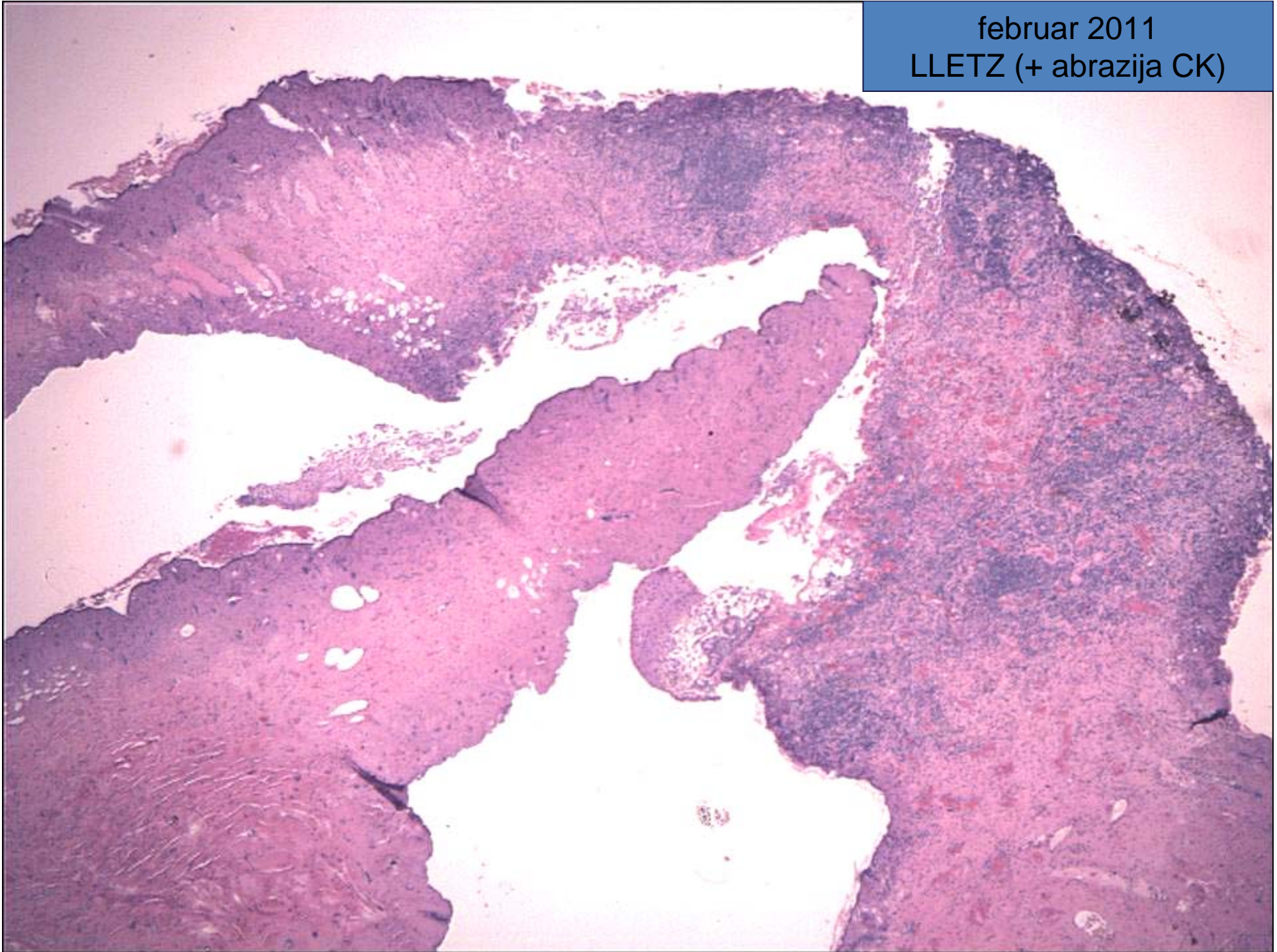
I should pass this back to the gynaecologists as a clinical problem for them to solve, quite possibly on the basis of symptoms.

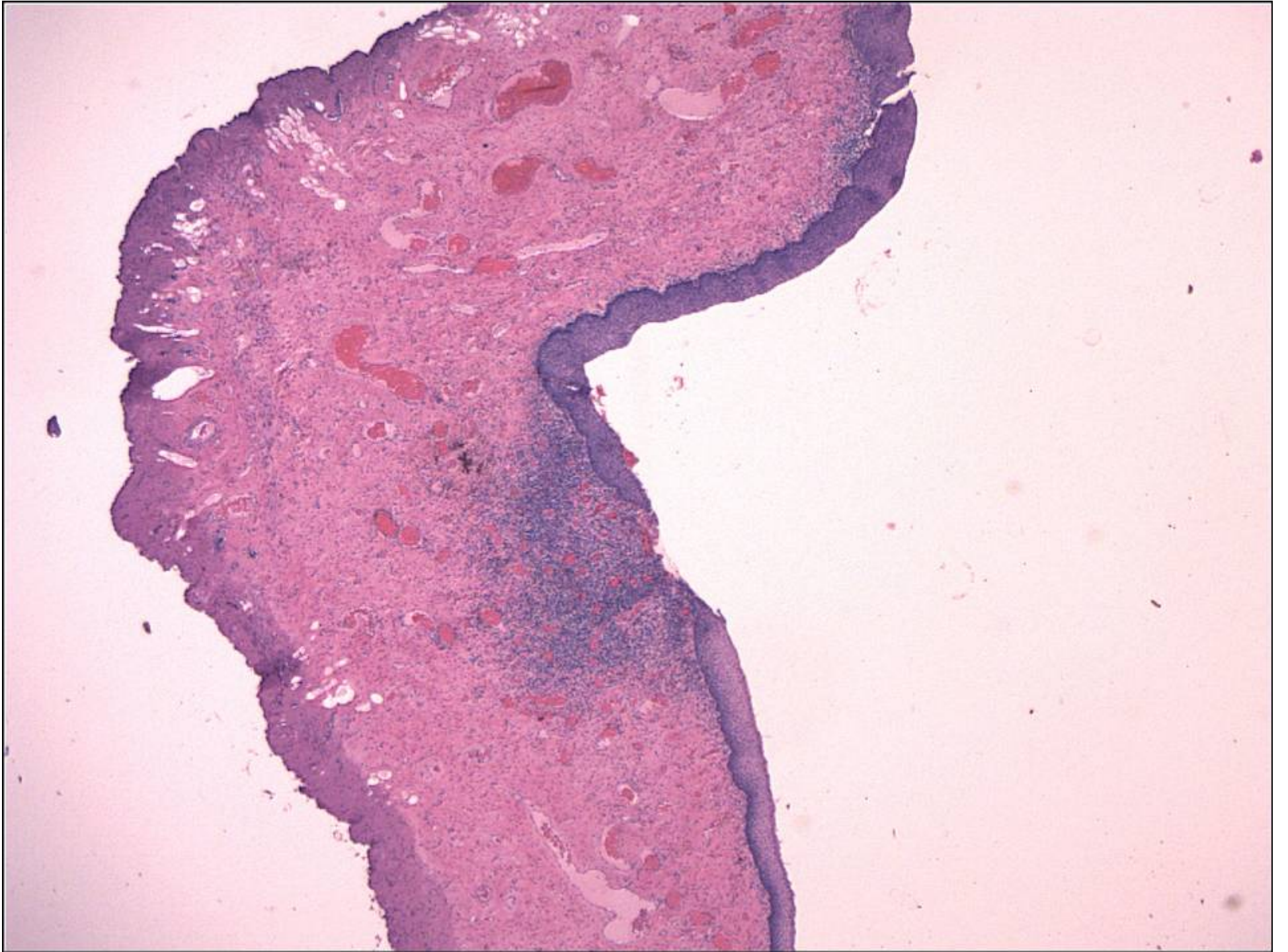
Konzultacija: dr. Pekka Nieminen

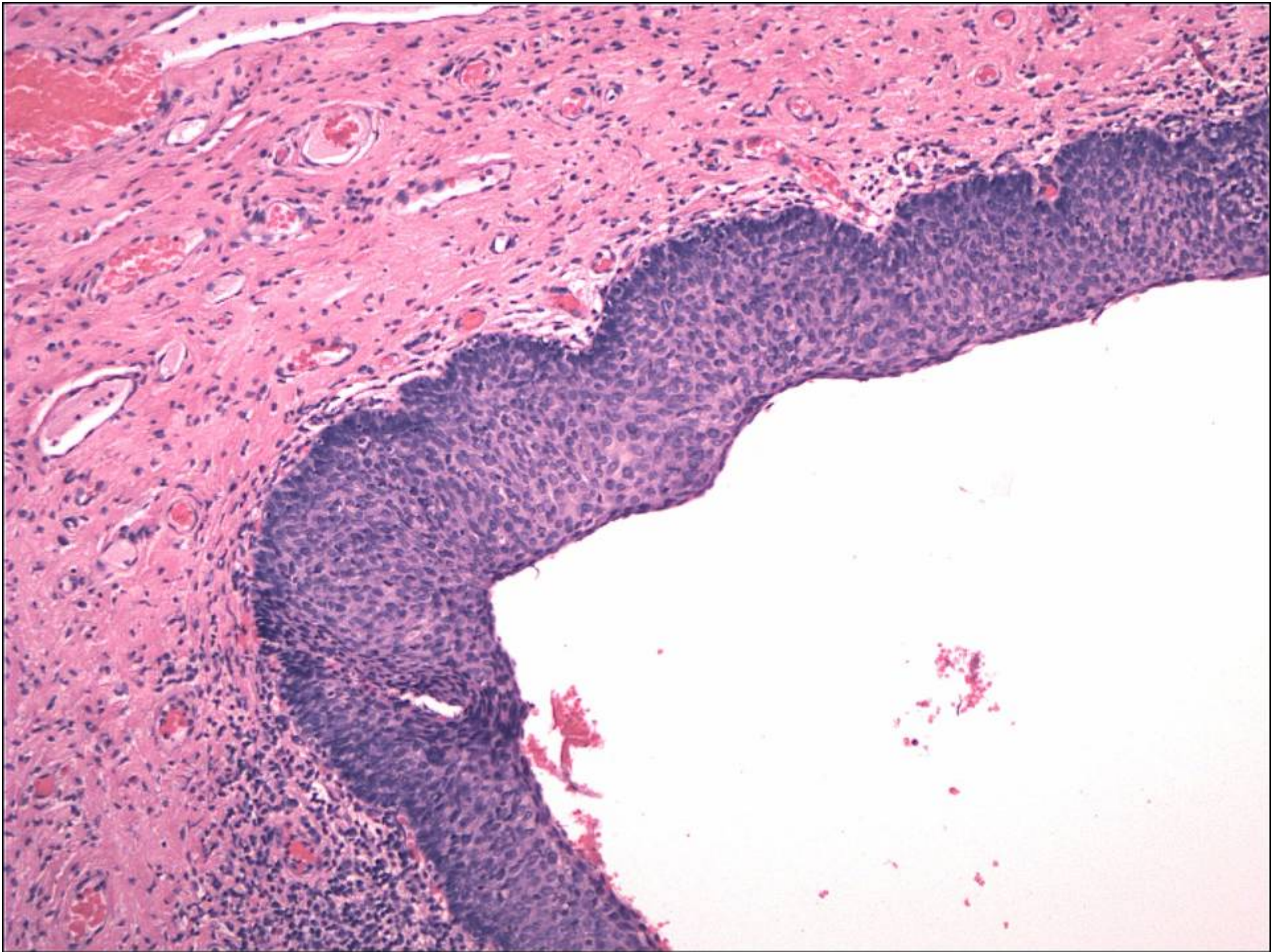
7. 12. 2010

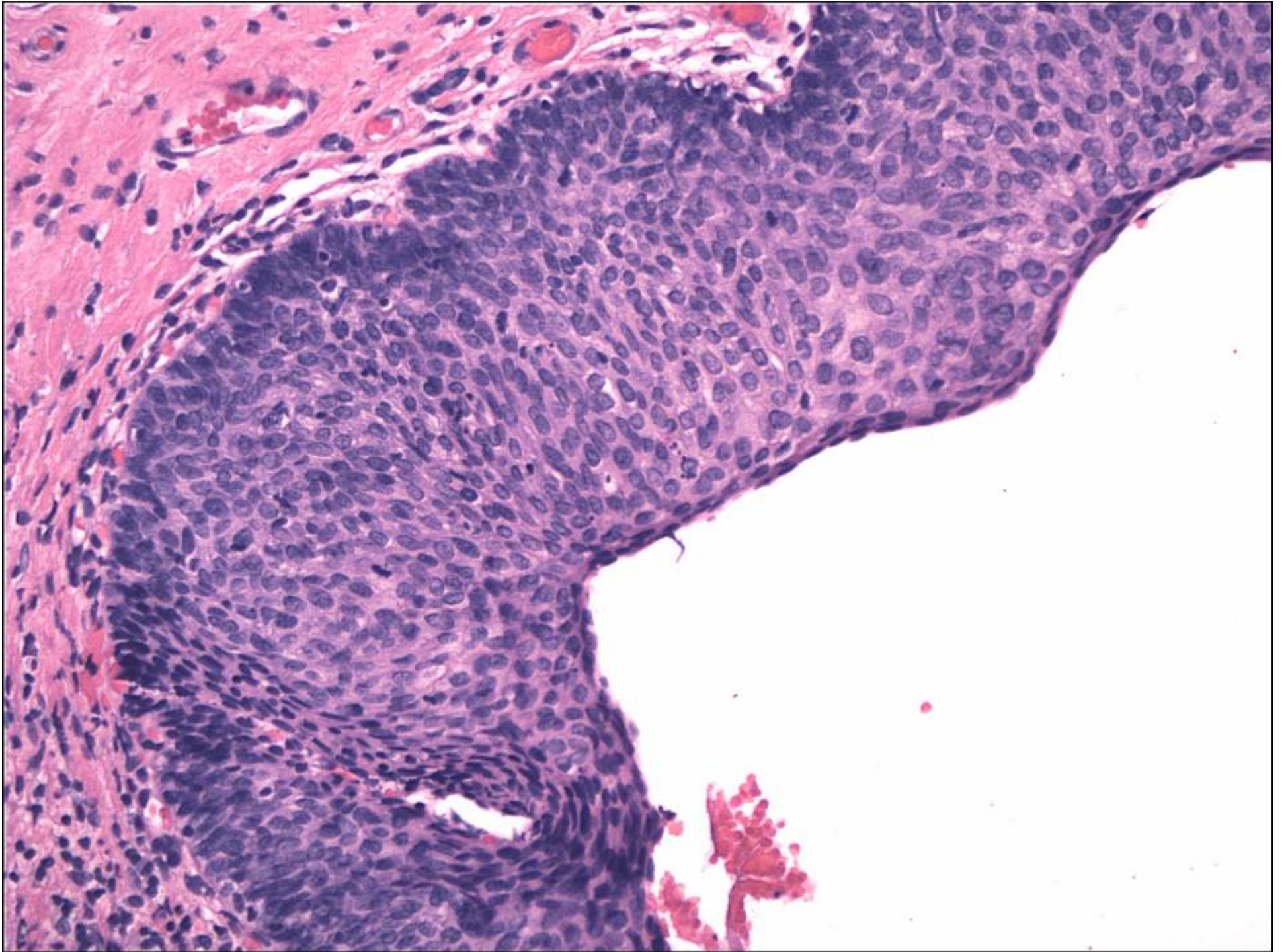
- The cells do not look very nice. The size of the nuclei have a great variation , also chromatin varies, also after local estrogen. The cells are immature so for me it's hard to say, if they are definitely squamous or glandular. **I would consider ASC-H and make a colposcopy with LEEP.**

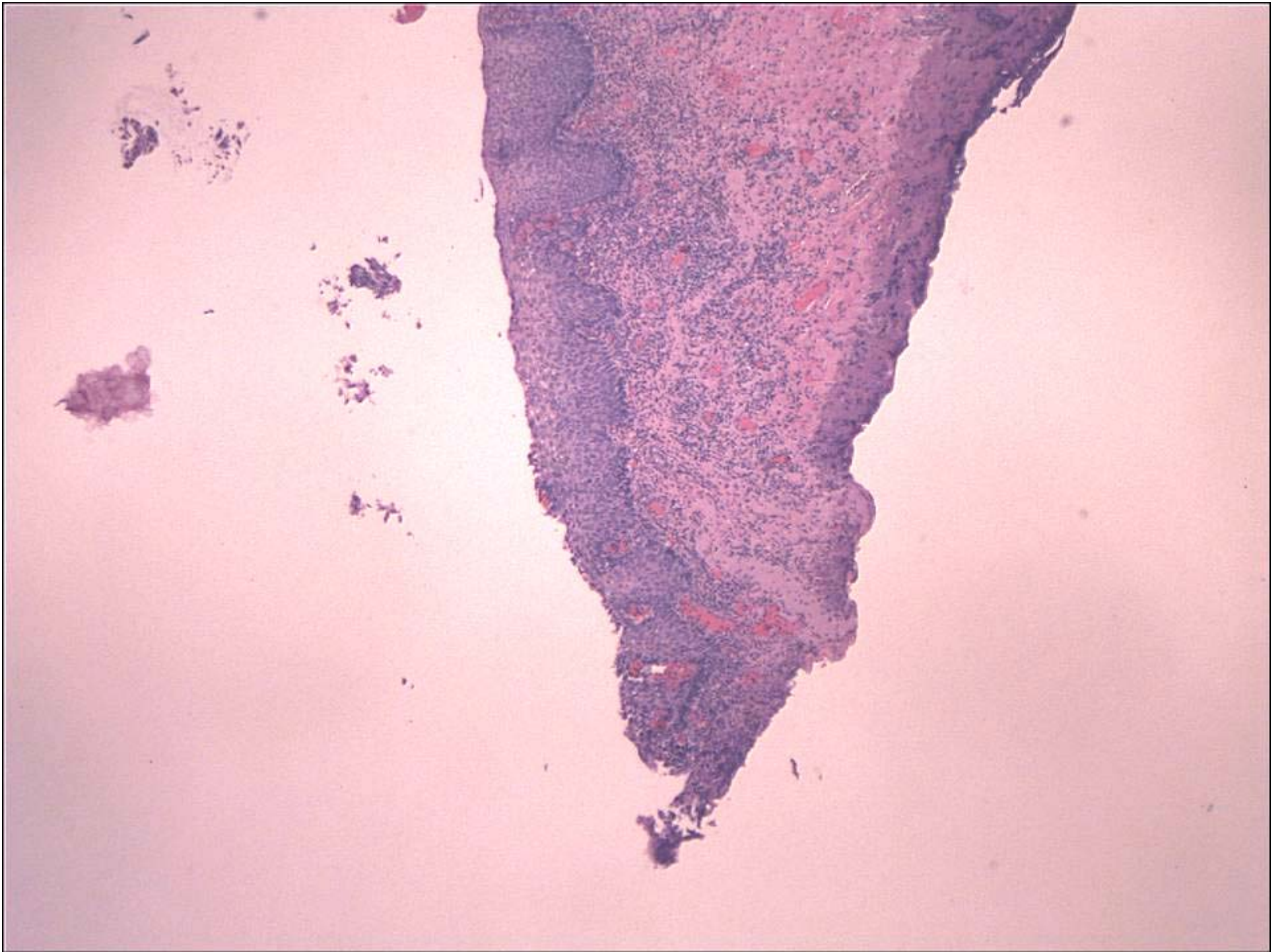
februar 2011
LLETZ (+ abrazija CK)

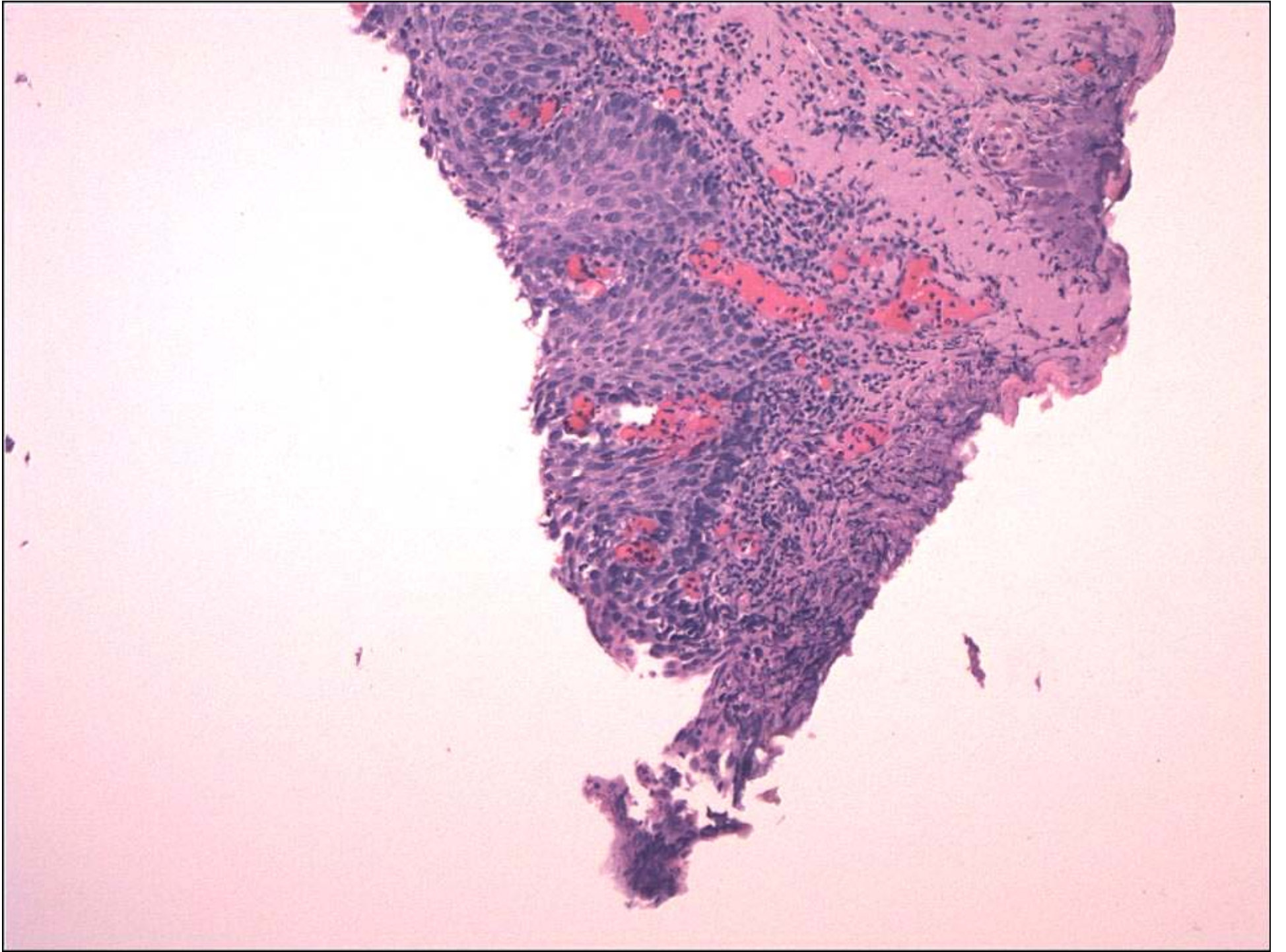




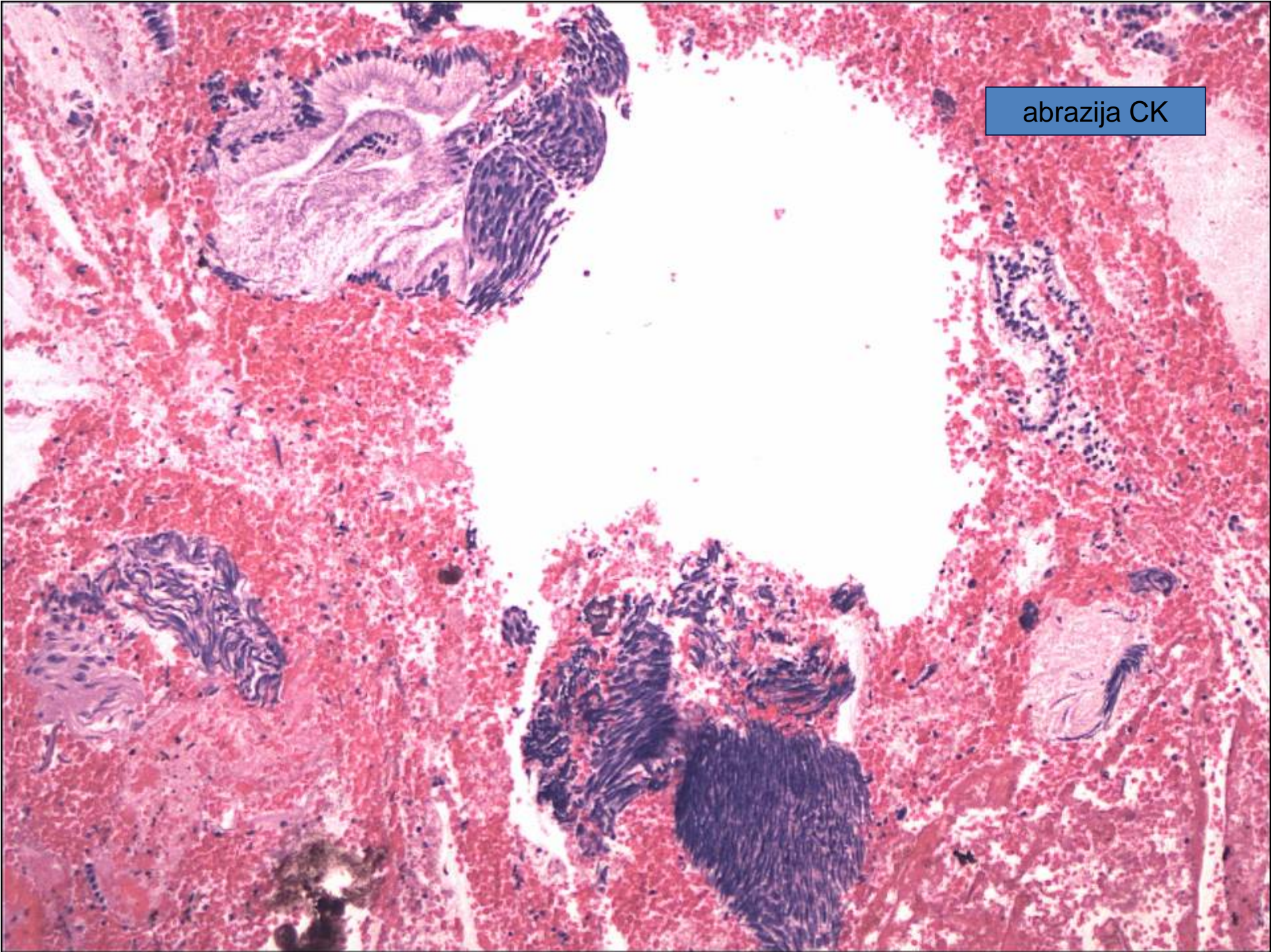




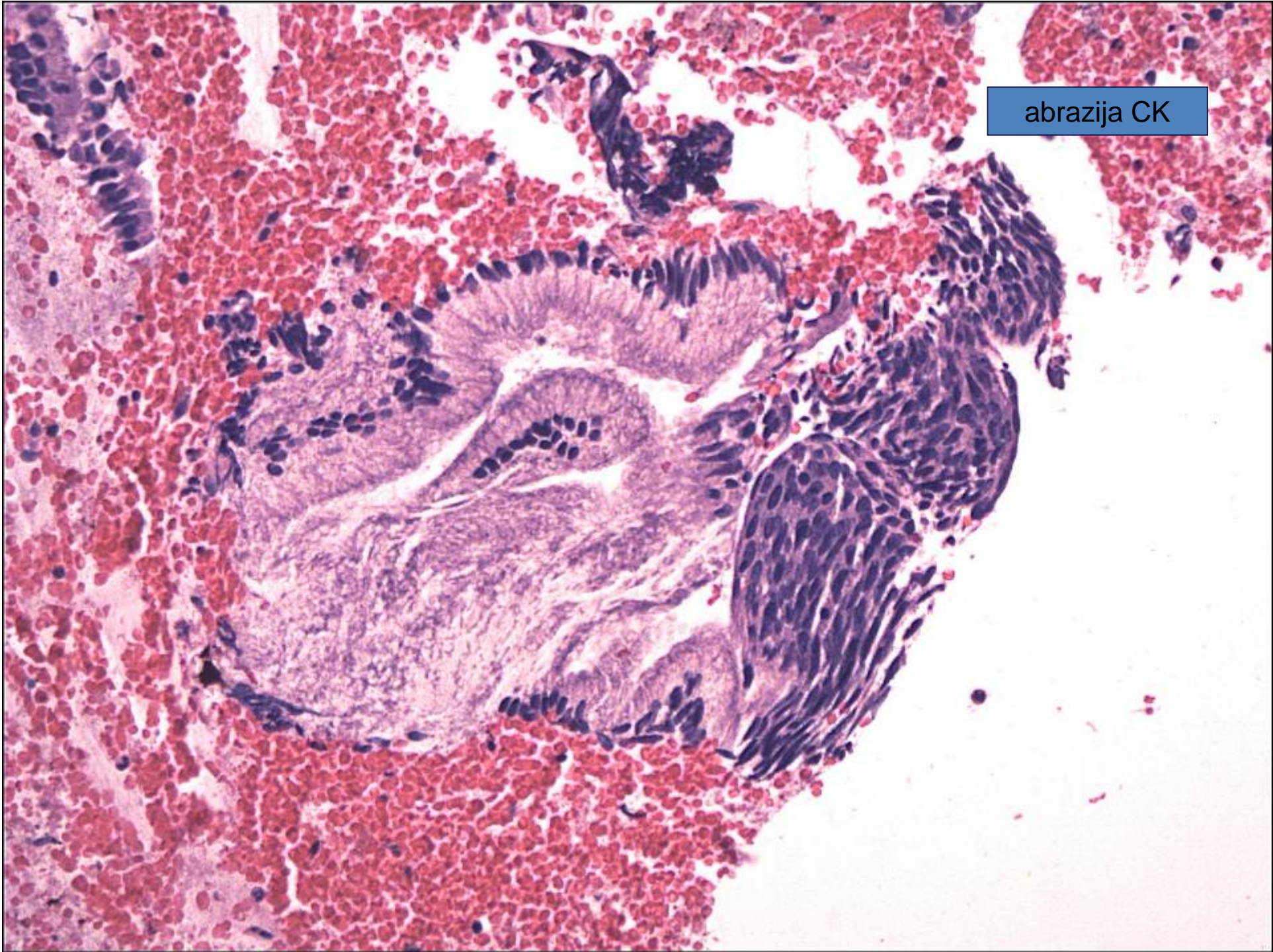




abrazija CK



abrazija CK

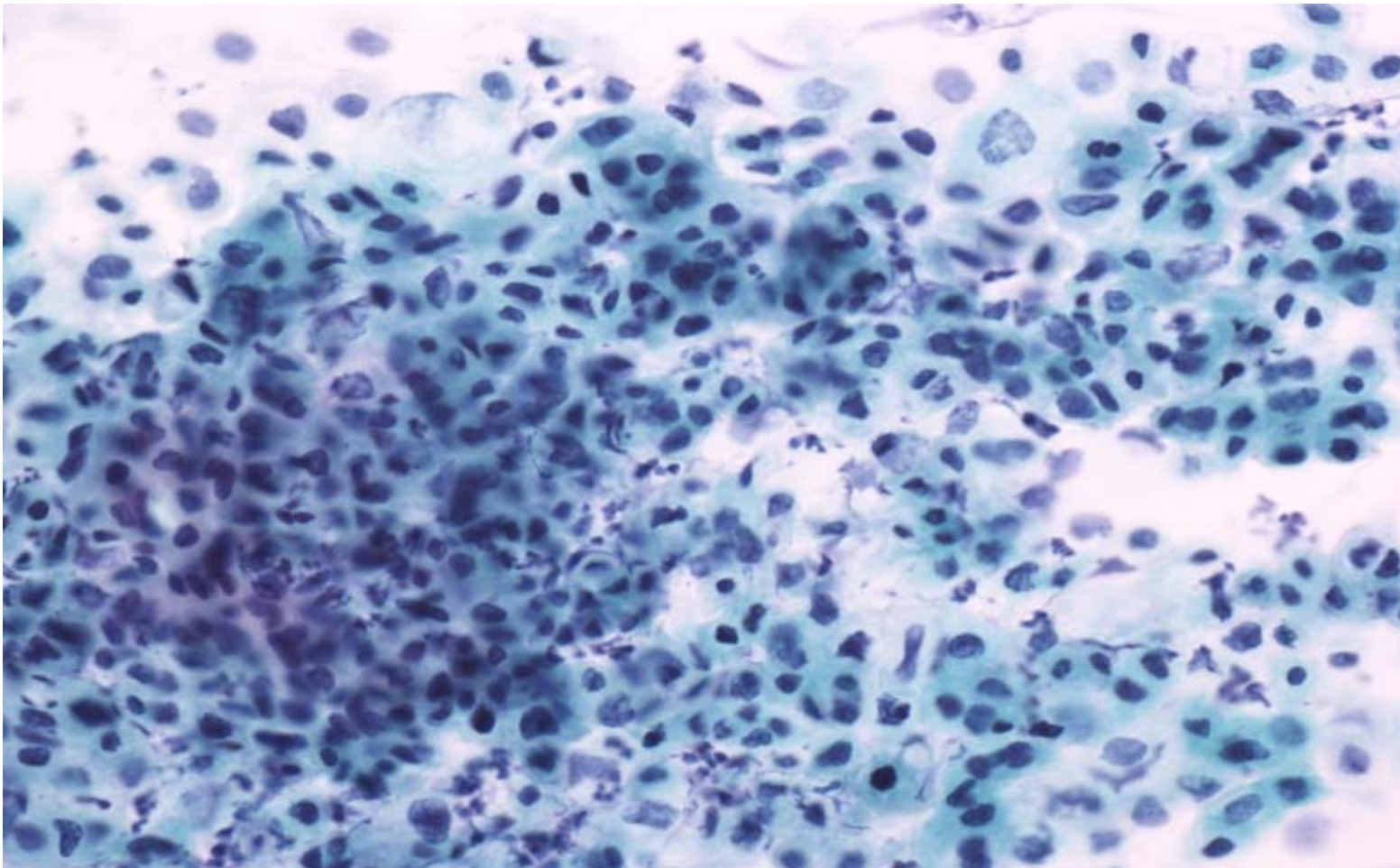


Ginekološko-onkološki konzilij UKC

7.2.2011

- **LLETZ: CIN 2 in CIN 3 vse v notranji operativni rez; spremembe tudi v cervikalnih žlezah; ni odstranjeno v zdravem.**
- **Predlagana konizacija, na katero ni šla**

BMV 17. 1. 2012 –PIL-VS



3. Izobraževalni dan programa ZORA – ZORA 2012
Brdo pri Kranju, 20. april 2012

Januar 2012

- **Gastroskopiija: čaka izvid HP**
- **PAP: PIL – VS; HPV pozit.**

Klinično patološka konferenca (Celje) - 7. 2. 2012

- **Histerektomija ali globok reLLETZ**
- **(oziroma ukrepanje glede na “kondicijo”)**

- **Gospa poslana na Onkološki inštitut zaradi histološko ugotovljenega MALT limfoma želodca**

Zaključek

