

Problemi ginekologa, citologa in patologa pri interpretaciji citoloških in histoloških izvidov

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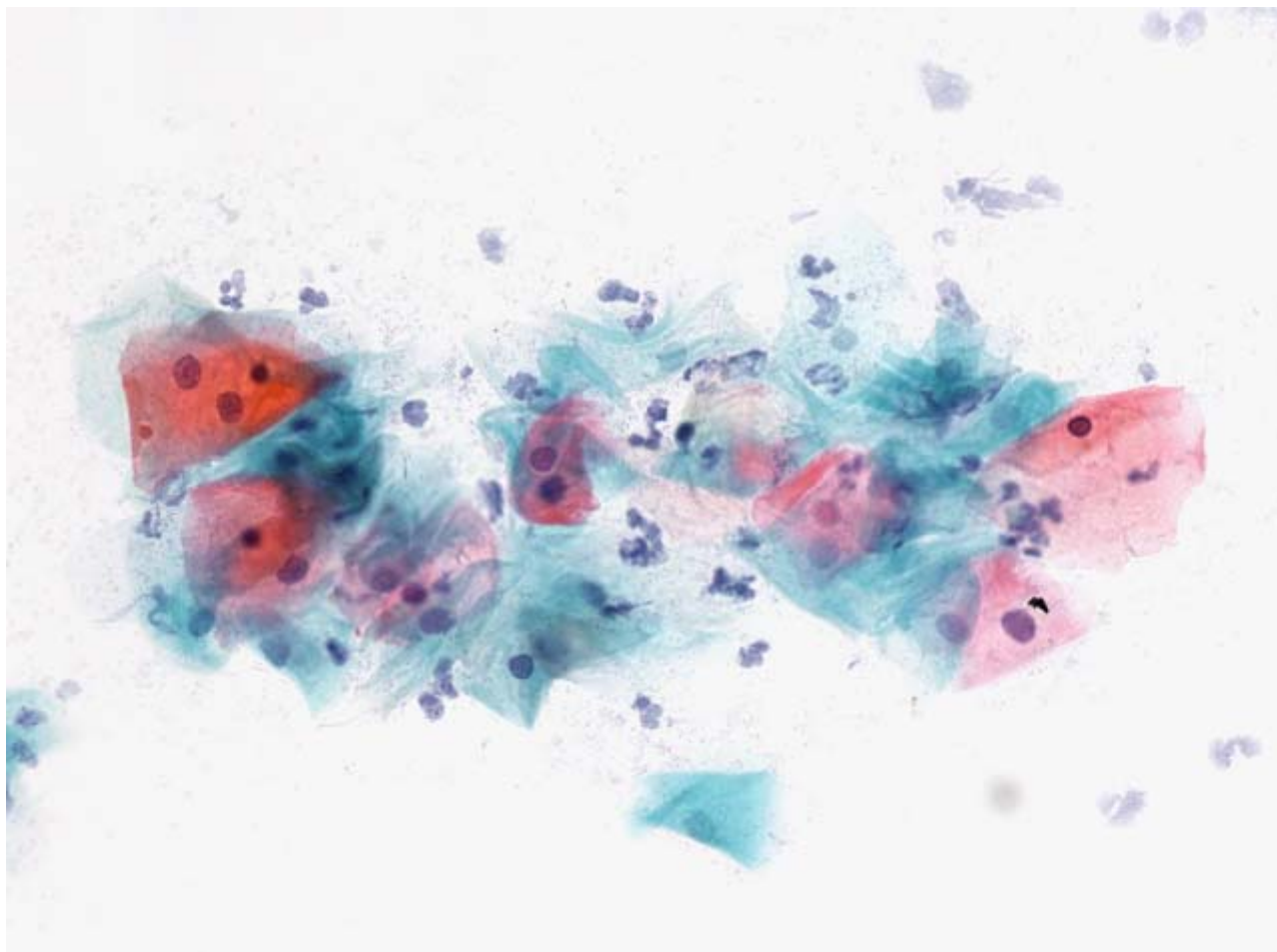
**Splošna bolnišnica Celje

*** UGK Ljubljana

2010

- 47 letna pacientka
- obisk pri ginekologu: strah pred nosečnostjo
- ginekološko brez posebnosti
- zadnji citološki izvid: ?

2010

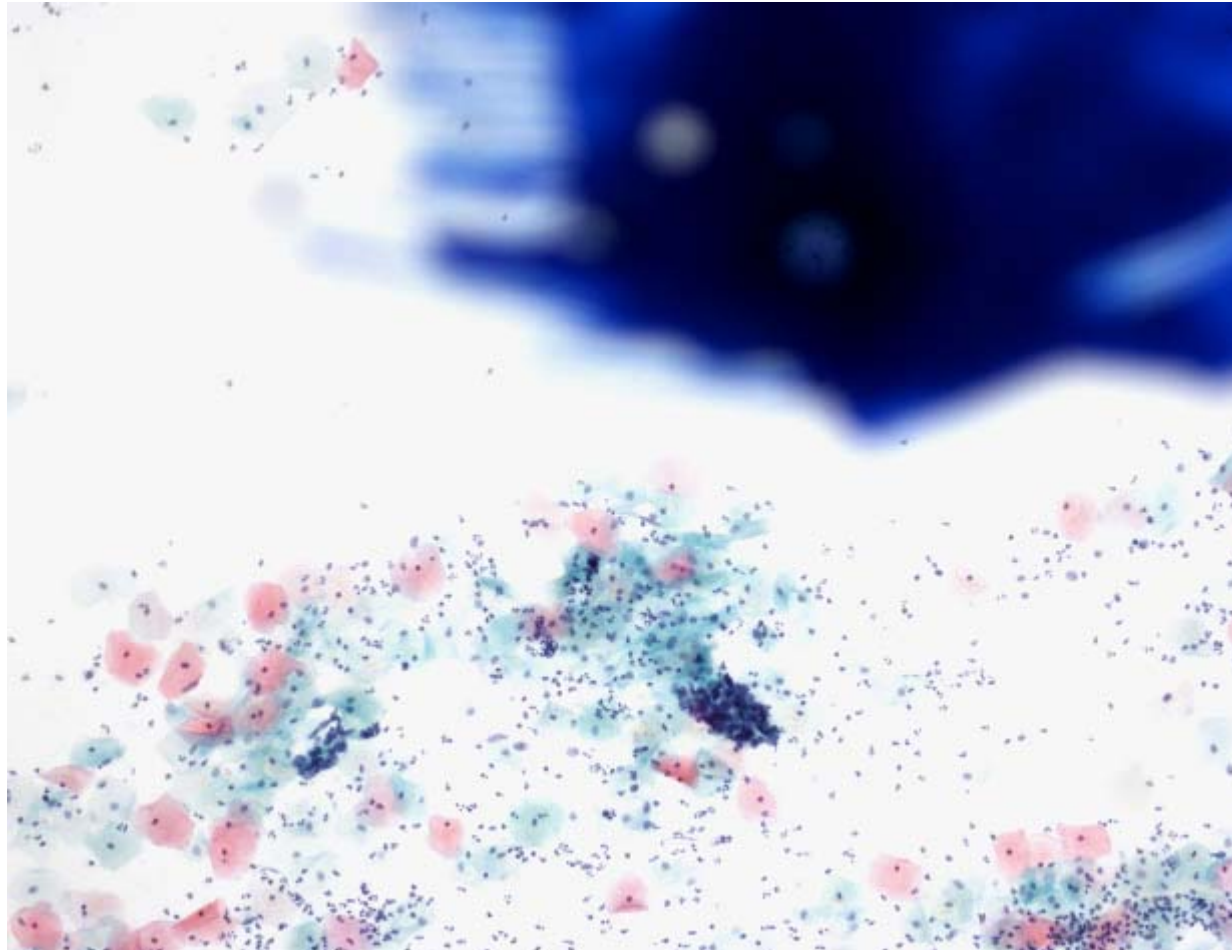


3. Izobraževalni dan programa ZORA – ZORA 2012
Brdo pri Kranju, 20. april 2012

Ocena BMV

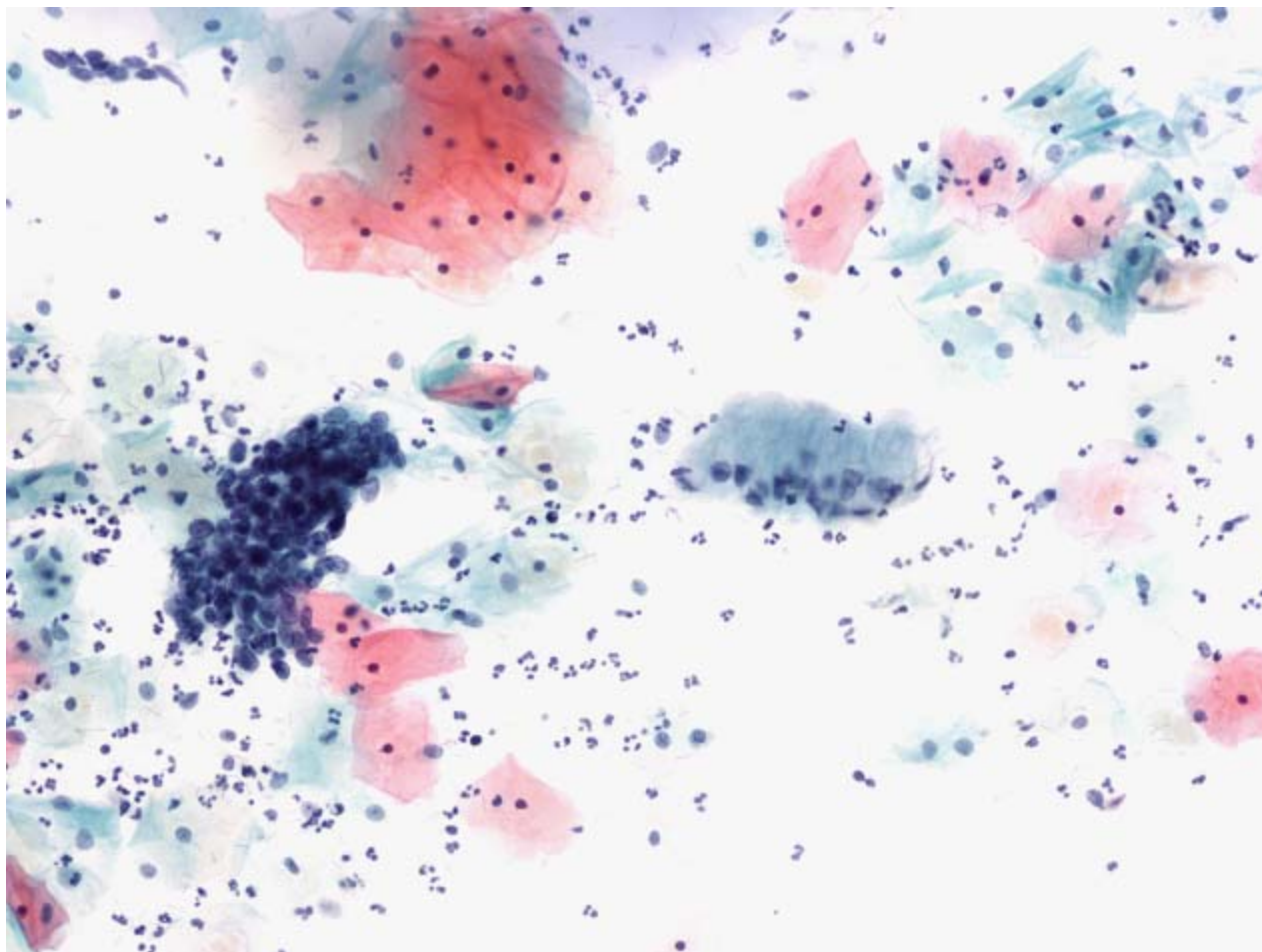
- Bris manj uporaben
(ni endocervikalnih/metaplastičnih celic)
- Bris normalen
(normalne ploščate celice)
- Priporočilo: bris ponoviti

2010



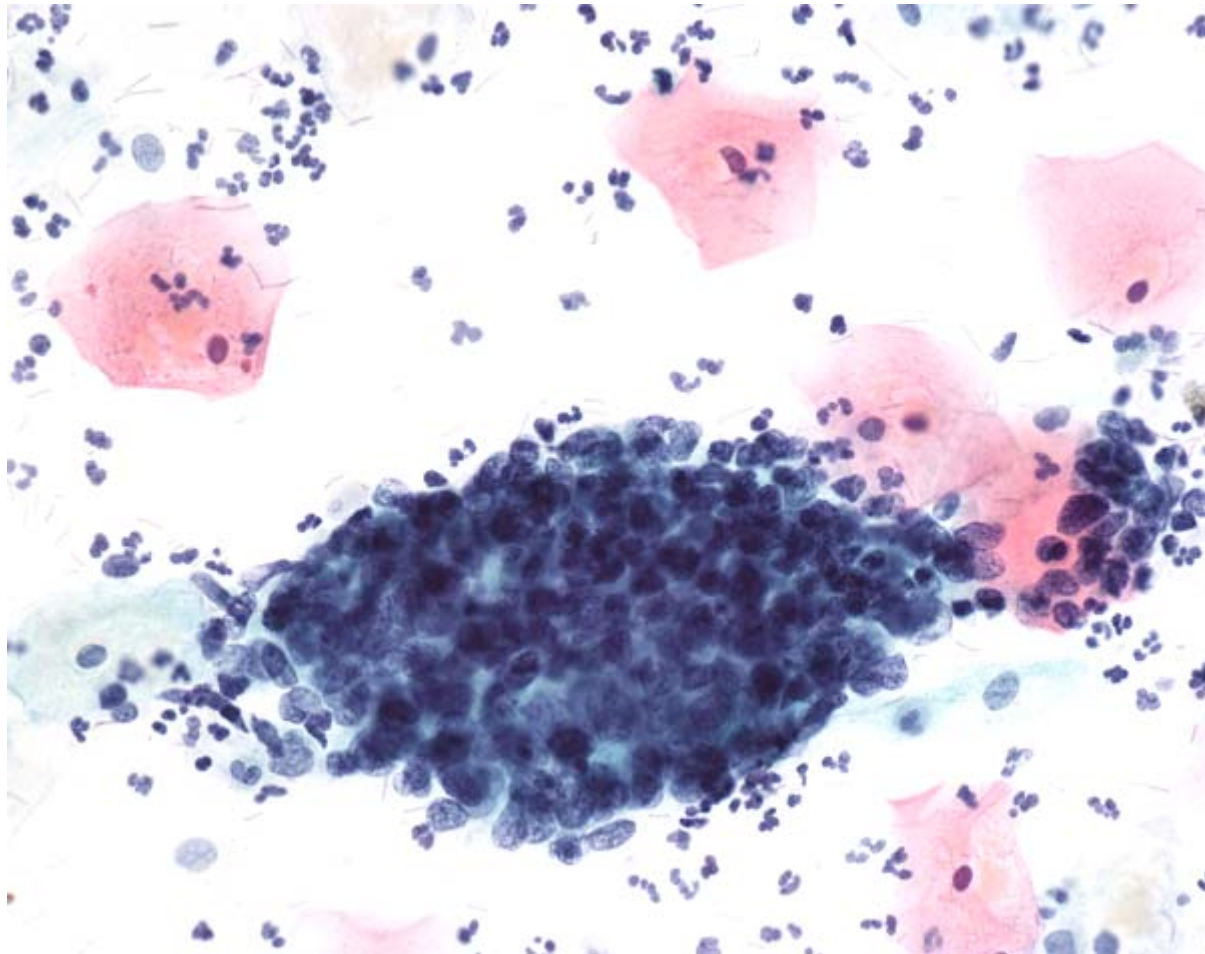
3. Izobraževalni dan programa ZORA – ZORA 2012
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2010



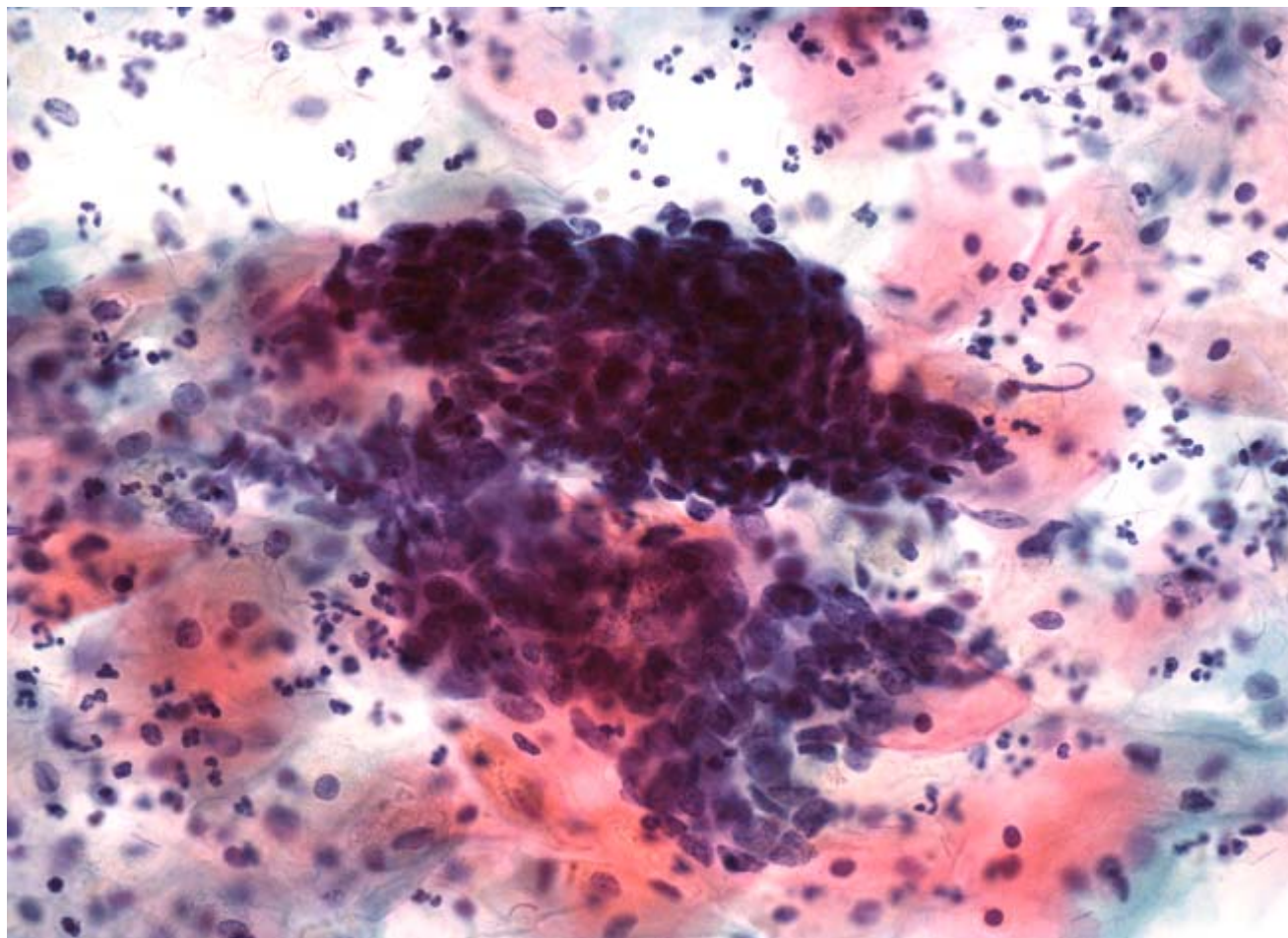
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2010



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Brdo pri Kranju, 20. april 2012

Ocena BMV

- Huda diskarioza ploščatih celic

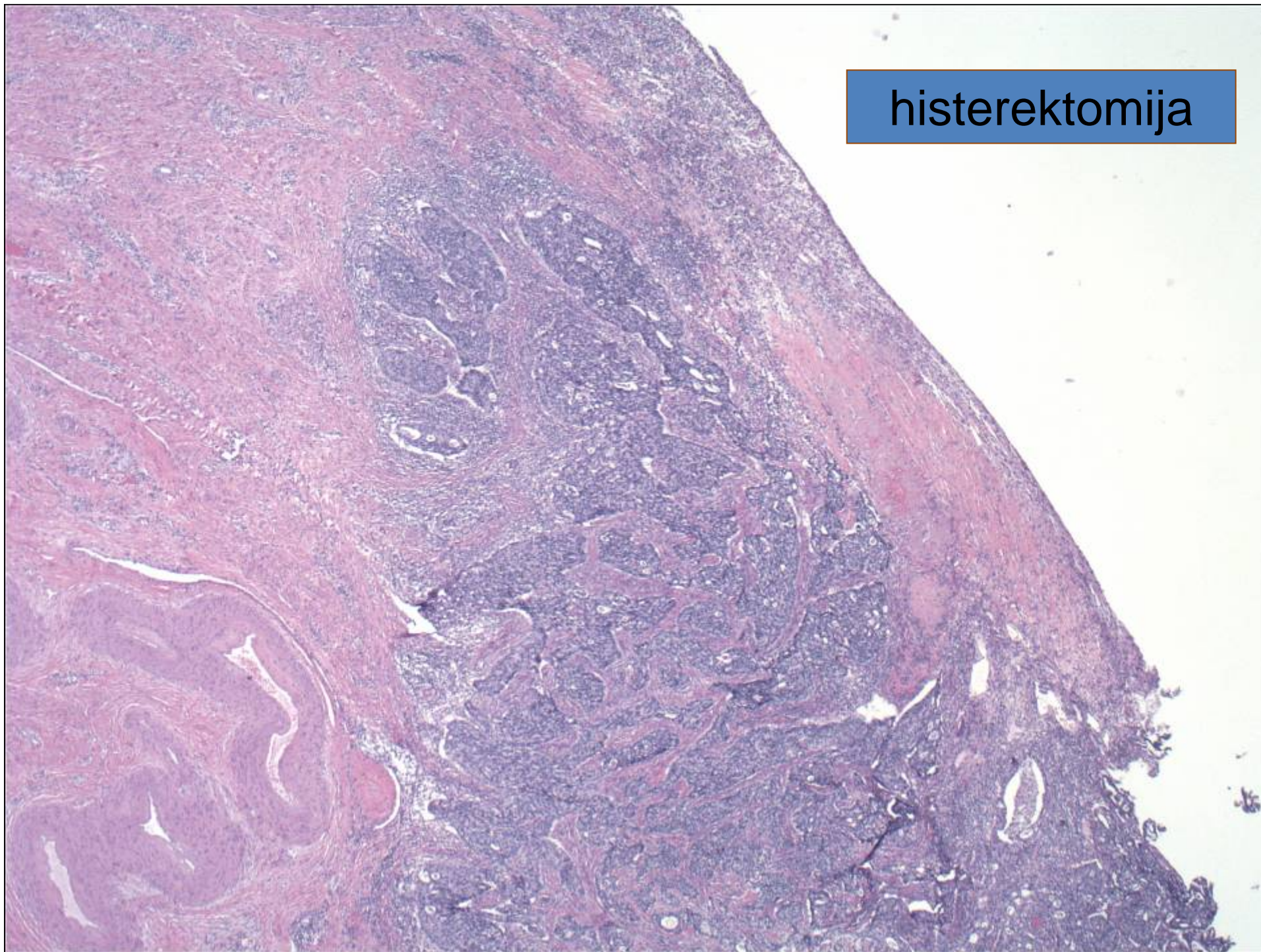
Nadaljnji potek

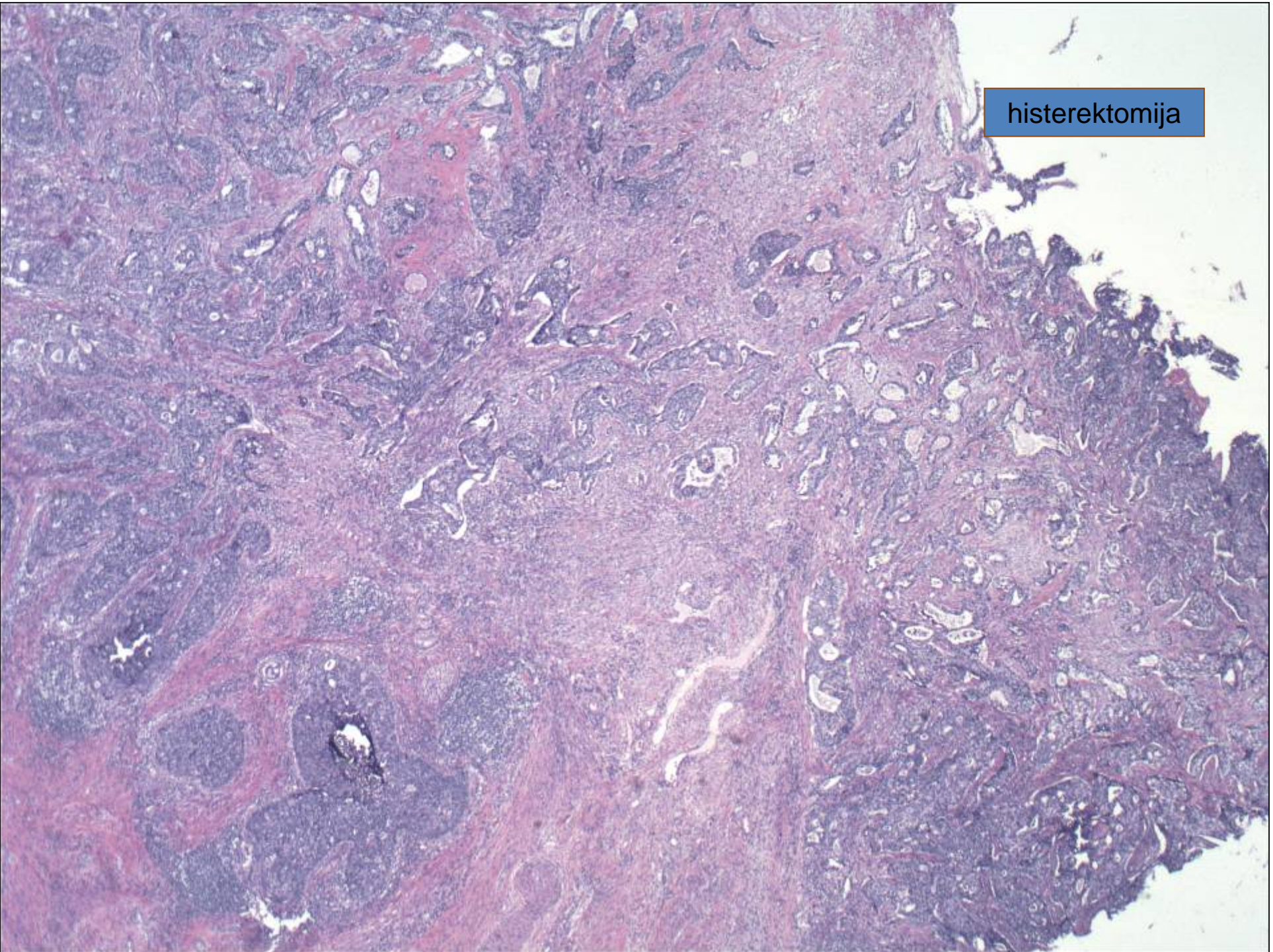
- opravljen LLETZ (november 2010)
- invazivni ploščatocelični karcinom porcije, malocelični tip, brez poroženevanja v pregledanem (T1b)
- >7 mm horizontalni premer, globina invazije 5 mm (T1b)
- ni izrezan v zdravo (v endocervikalnem robu)
- epitelij na površini CIN1

Nadaljnji potek

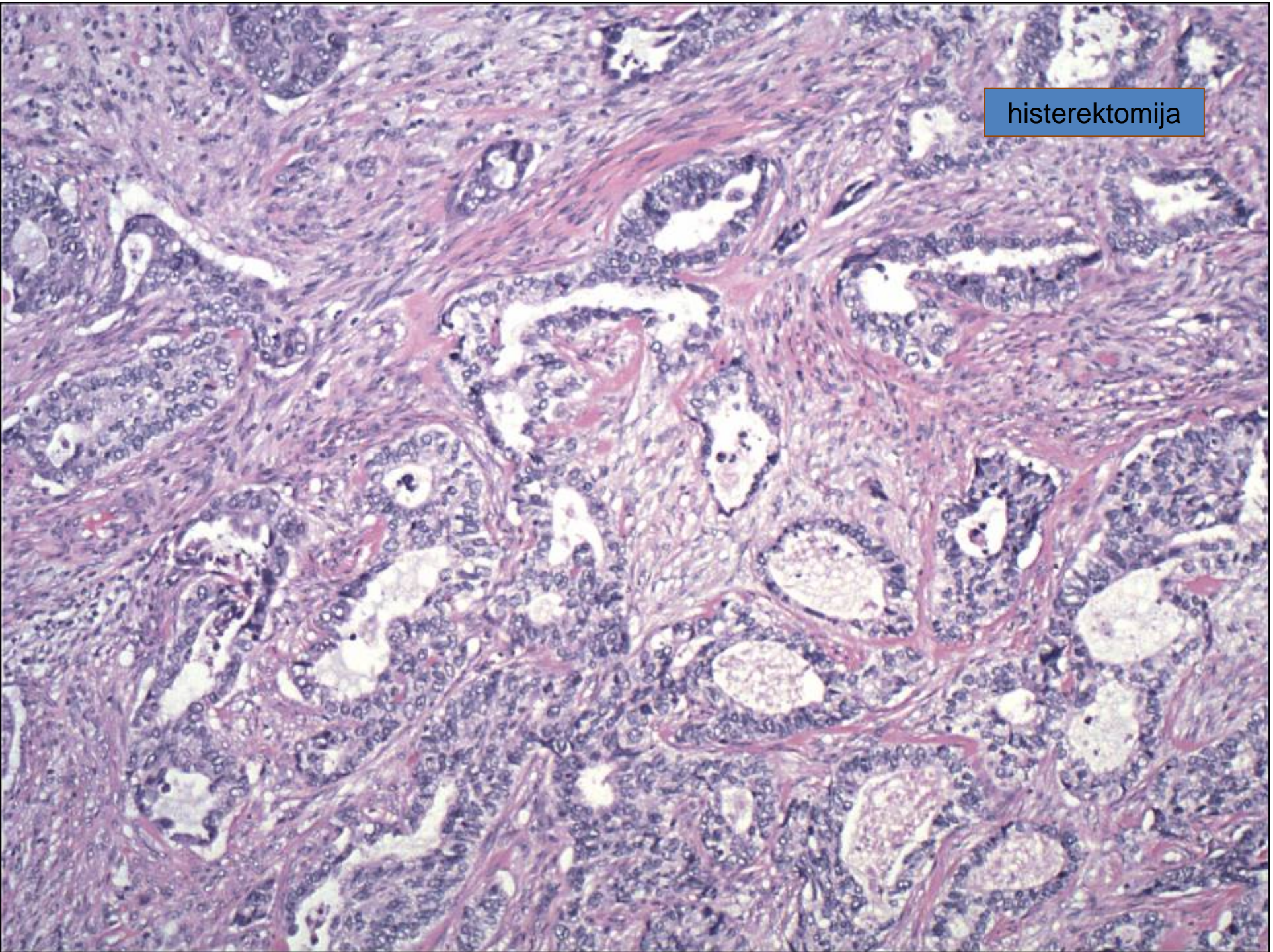
- Histerektomija z bilateralno adnektomijo in pelvično limfadenektomijo (december 2010)

histerektomija

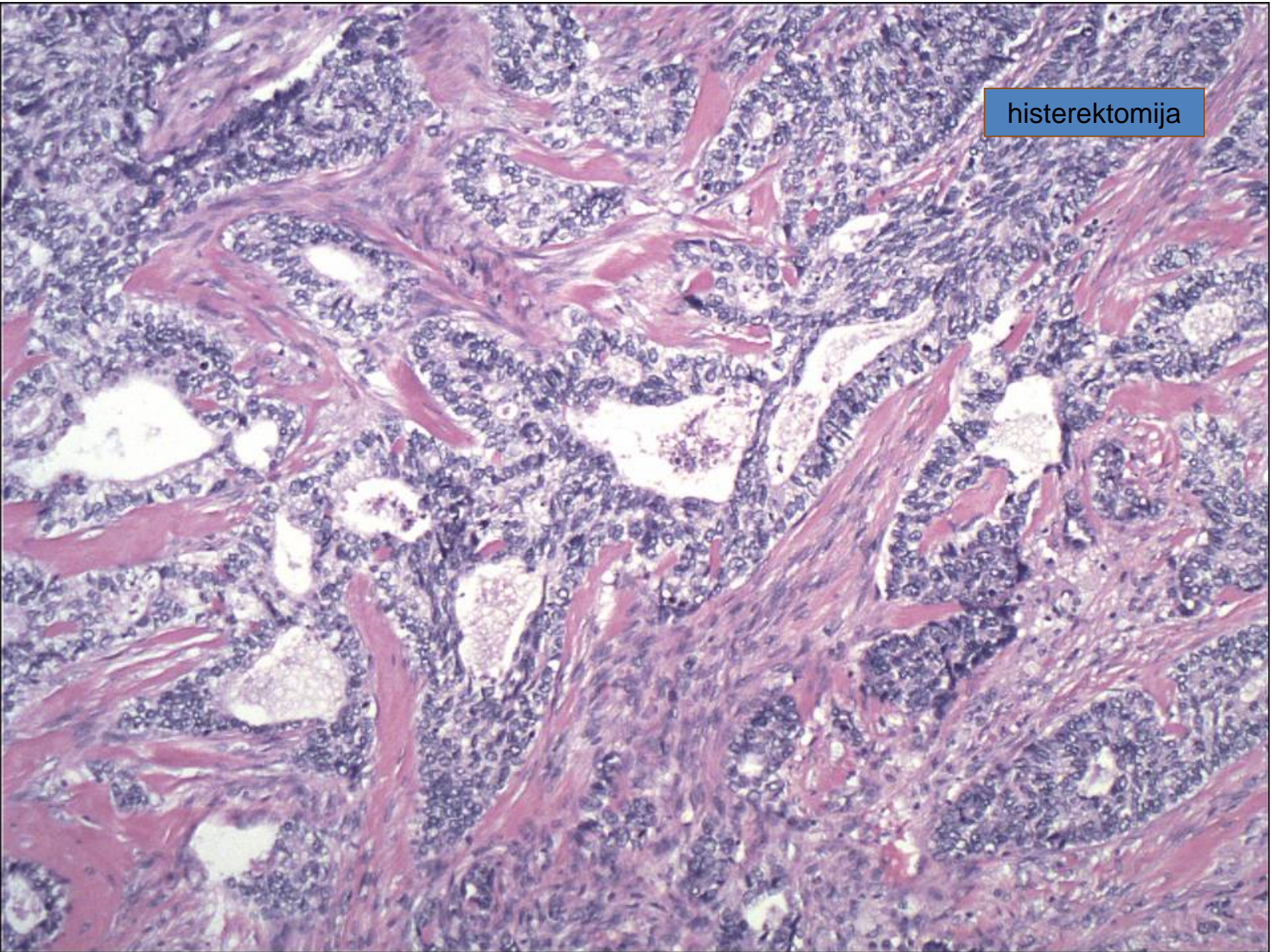




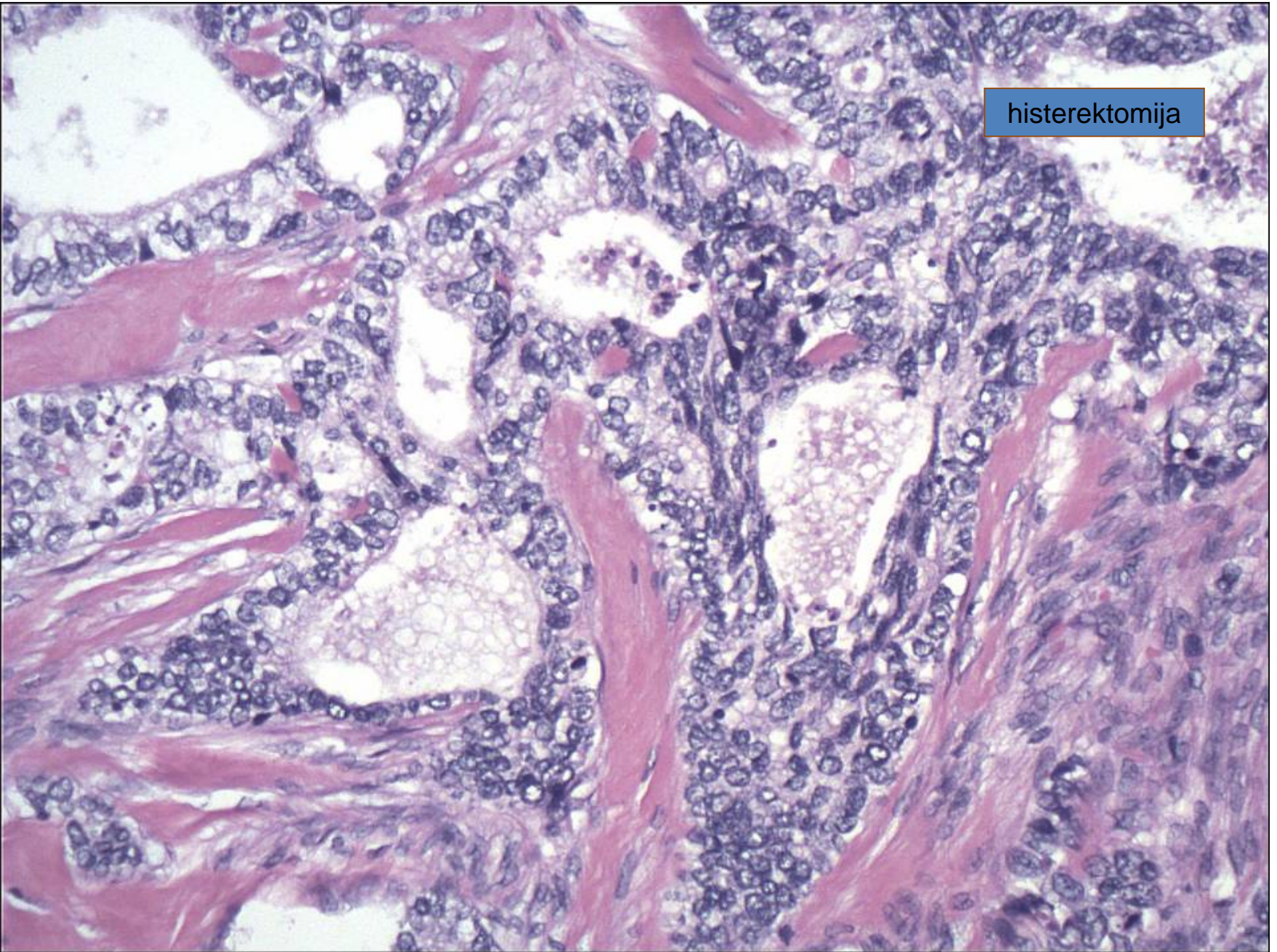
histerektomija



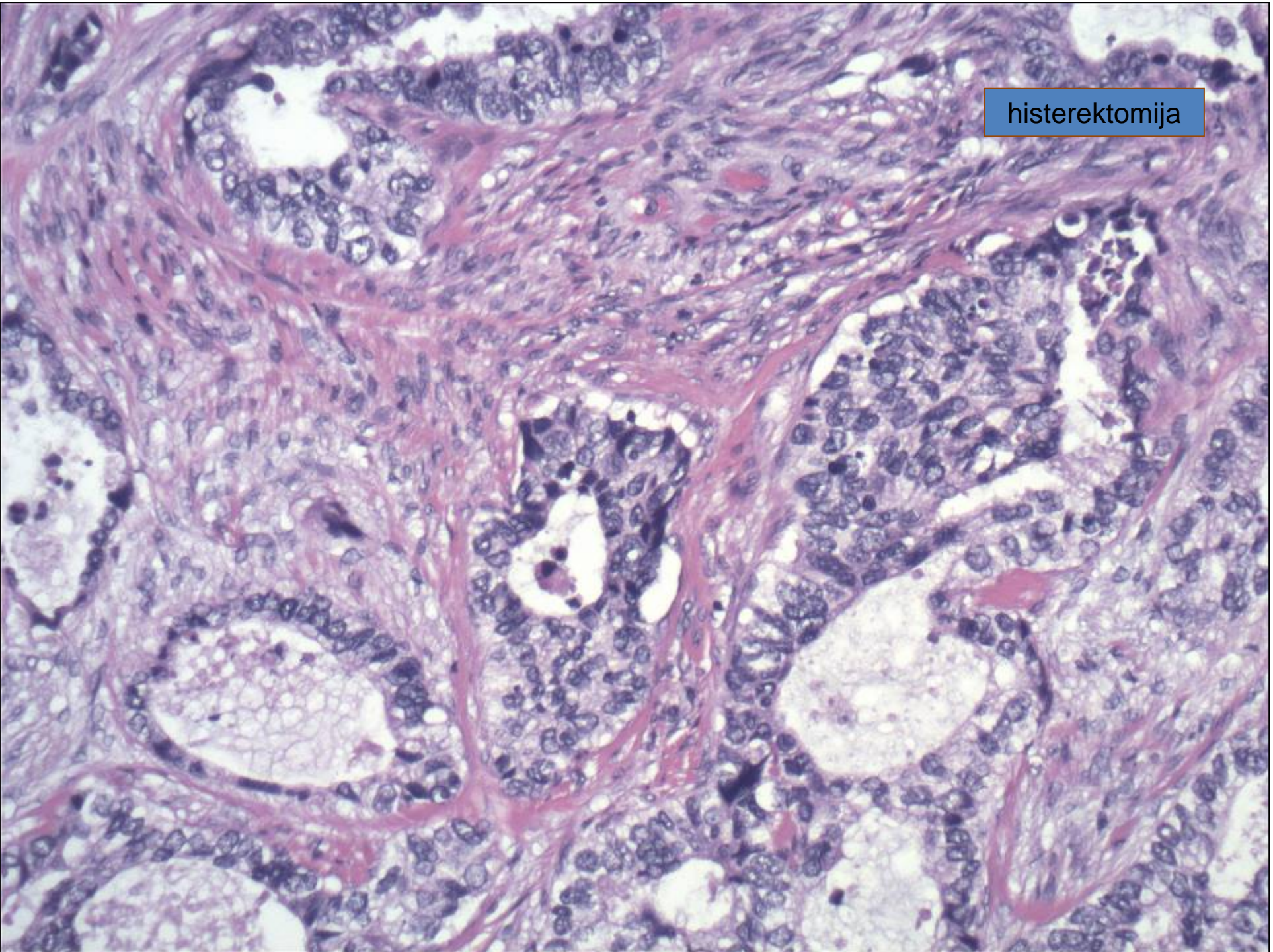
histerektomija



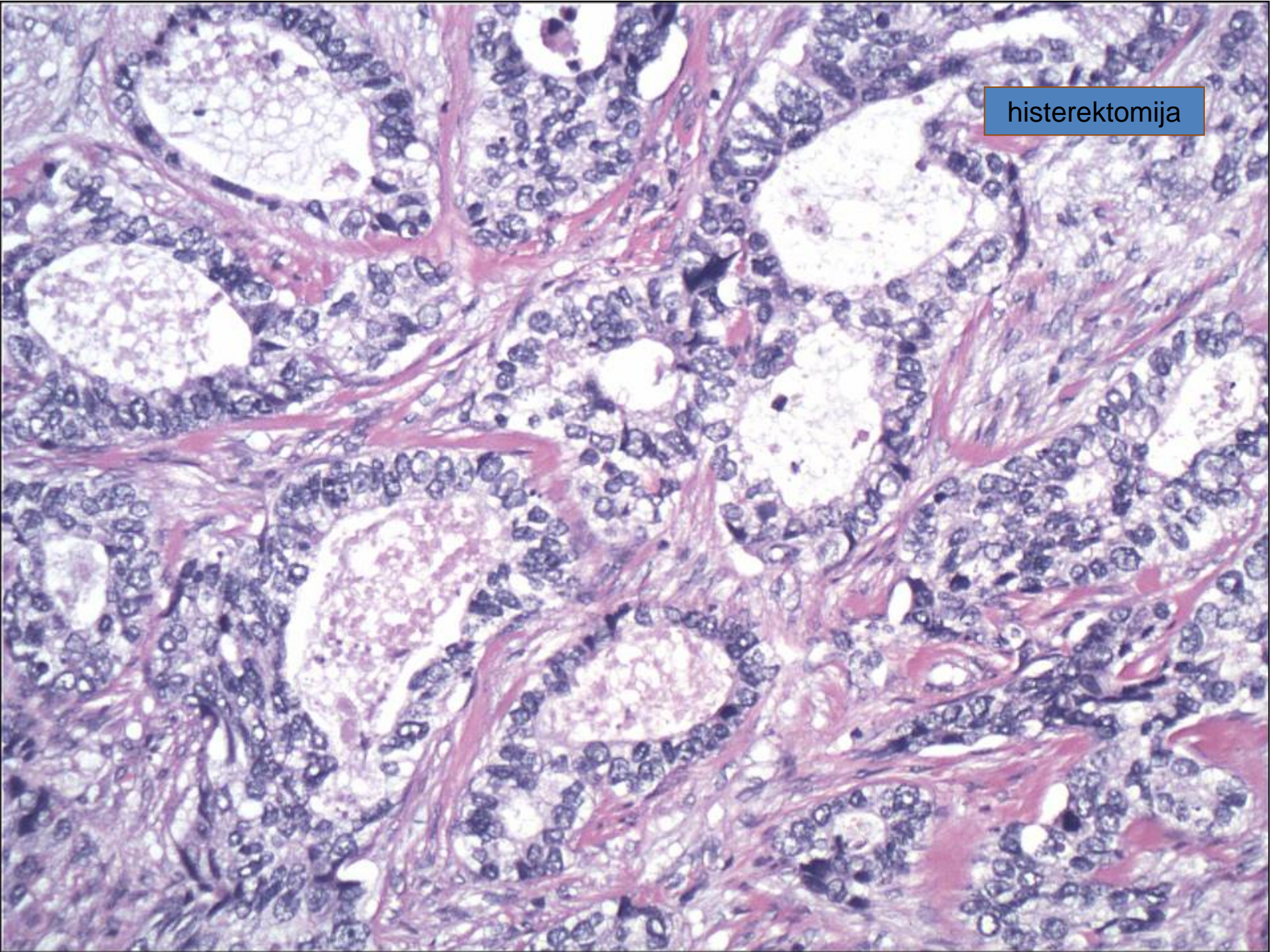
histerektomija



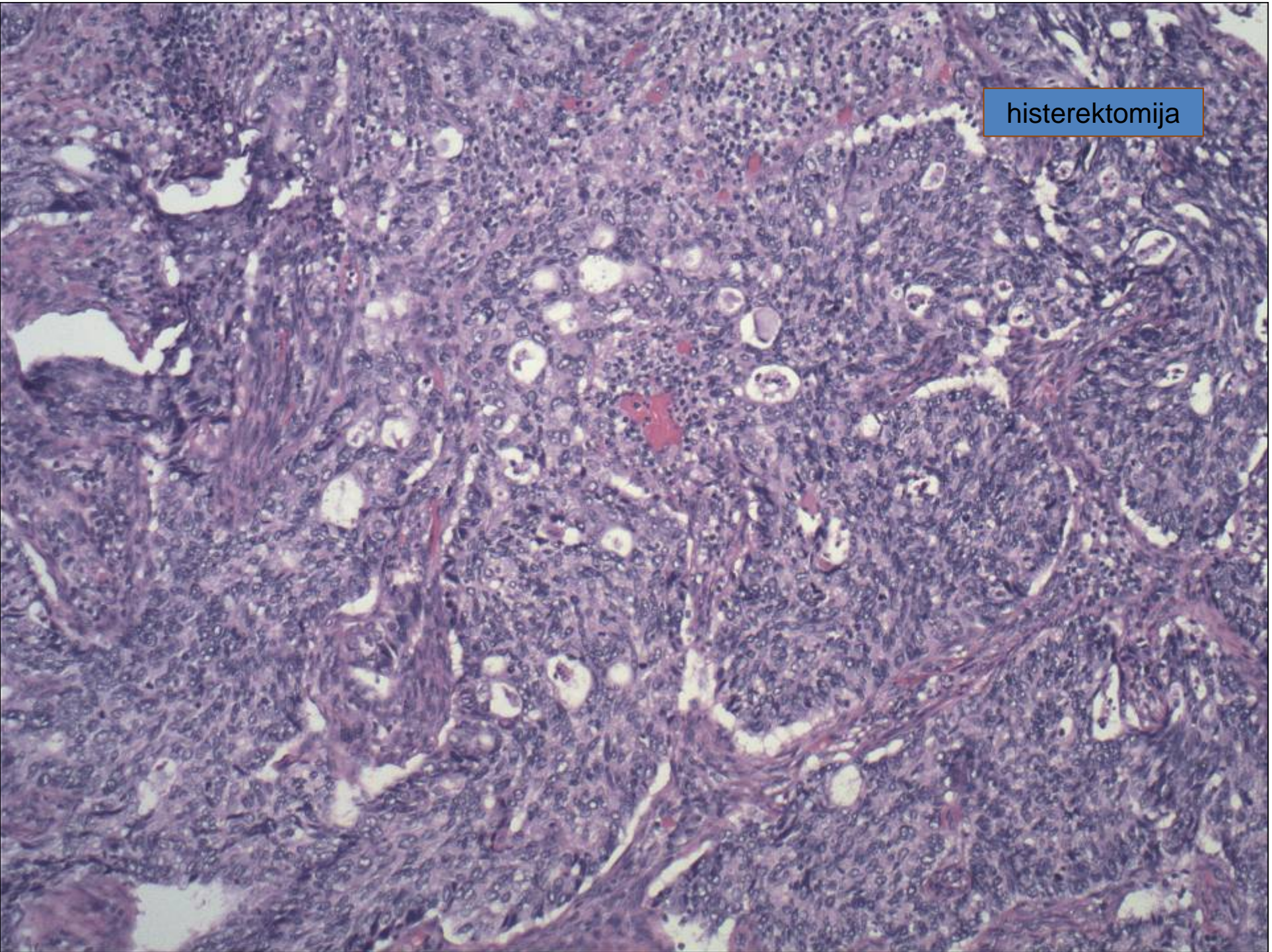
histerektomija



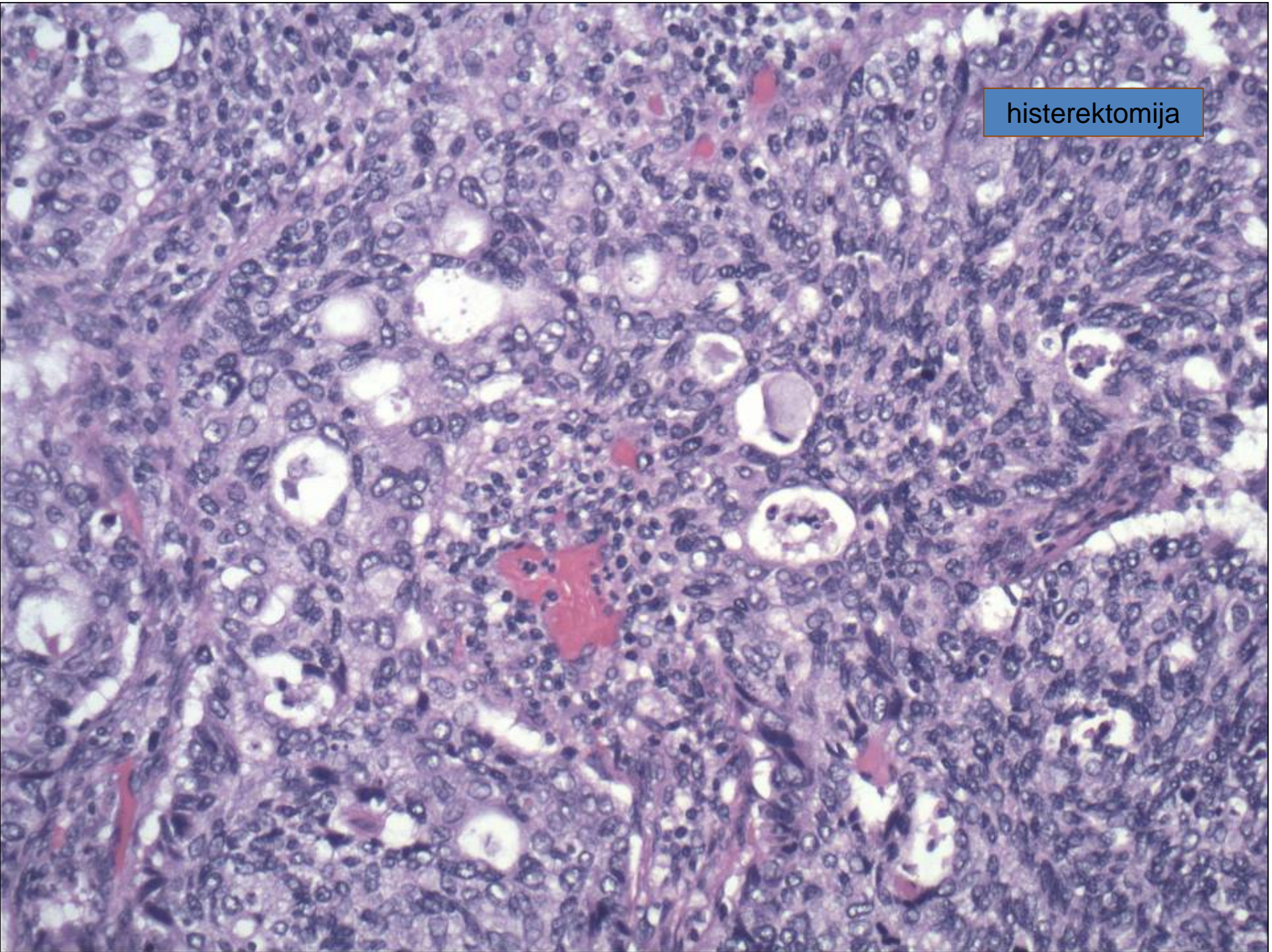
histerektomija



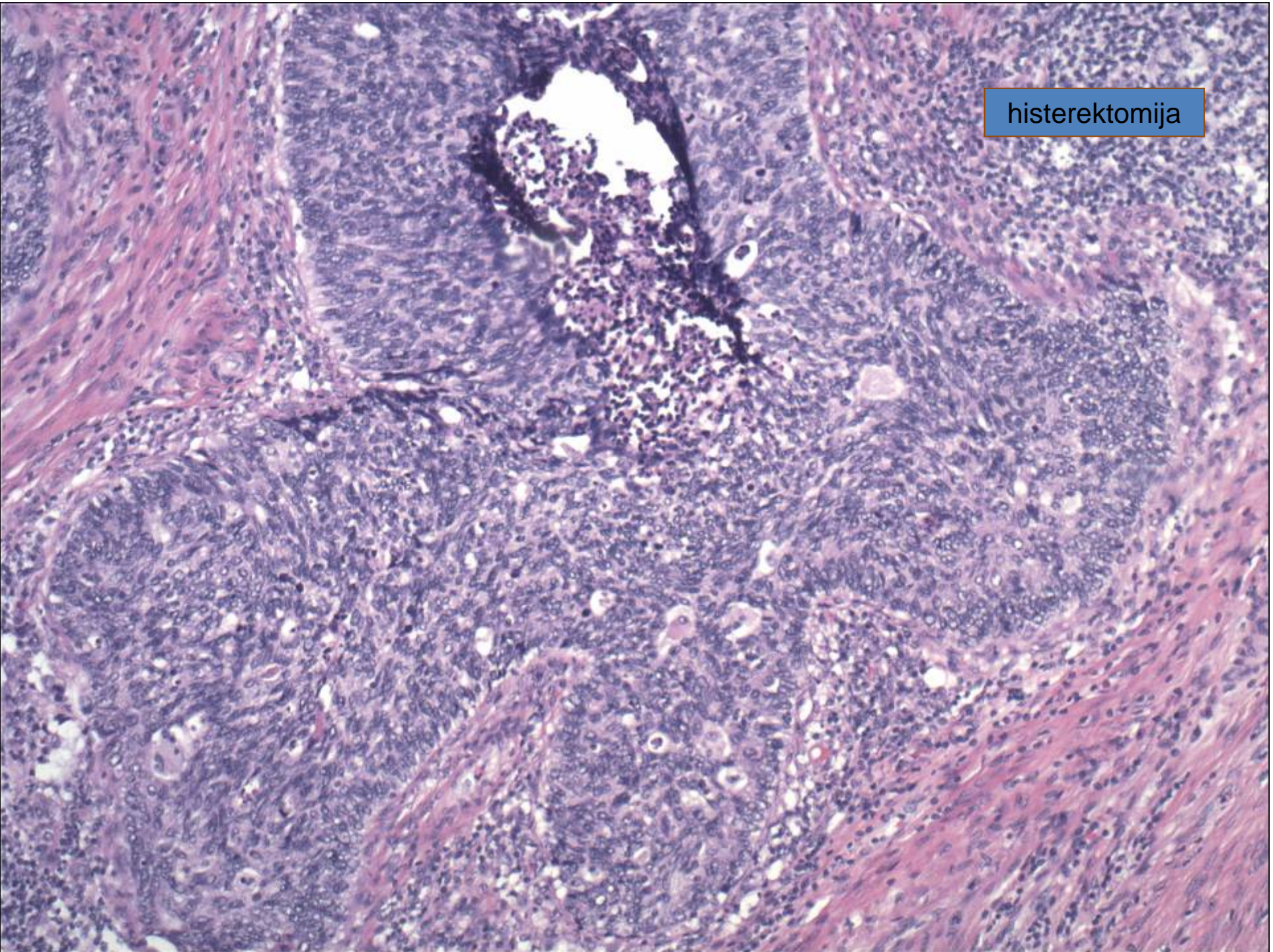
histerektomija



histerektomija



histerektomija



histerektomija

WHO histological classification of tumours of the uterine cervix

Epithelial tumours		Neuroendocrine tumours	
Squamous tumours and precursors		Carcinoid	8240/3
Squamous cell carcinoma, not otherwise specified	8070/3	Atypical carcinoid	8249/3
Keratinizing	8071/3	Small cell carcinoma	8041/3
<u>Non-keratinizing</u>	8072/3	Large cell neuroendocrine carcinoma	8013/3
Basaloid	8083/3	Undifferentiated carcinoma	8020/3
Verrucous	8051/3		
Warty	8051/3		
Papillary	8052/3		
Lymphoepithelioma-like	8082/3		
Squamotransitional	8120/3		
Early invasive (microinvasive) squamous cell carcinoma	8076/3		
Squamous intraepithelial neoplasia			
Cervical intraepithelial neoplasia (CIN) 3 /	8077/2		
squamous cell carcinoma in situ	8070/2		
Benign squamous cell lesions			
Condyloma acuminatum			
Squamous papilloma	8052/0		
Fibroepithelial polyp			
Glandular tumours and precursors			
Adenocarcinoma	8140/3		
Mucinous adenocarcinoma	8480/3		
<u>Endocervical</u>	8482/3		
Intestinal	8144/3		
Signet-ring cell	8490/3		
Minimal deviation	8480/3		
Villoglandular	8262/3		
Endometrioid adenocarcinoma	8380/3		
Clear cell adenocarcinoma	8310/3		
Serous adenocarcinoma	8441/3		
Mesonephric adenocarcinoma	9110/3		
Early invasive adenocarcinoma	8140/3		
Adenocarcinoma in situ	8140/2		
Glandular dysplasia			
Benign glandular lesions			
Müllerian papilloma			
Endocervical polyp			
Other epithelial tumours			
Adenosquamous carcinoma	8560/3		
Glassy cell carcinoma variant	8015/3		
Adenoid cystic carcinoma	8200/3		
Adenoid basal carcinoma	8098/3		
		Mesenchymal tumours and tumour-like conditions	
		Leiomyosarcoma	8890/3
		Endometrioid stromal sarcoma, low grade	8931/3
		Undifferentiated endocervical sarcoma	8805/3
		Sarcoma botryoides	8910/3
		Alveolar soft part sarcoma	9581/3
		Angiosarcoma	9120/3
		Malignant peripheral nerve sheath tumour	9540/3
		Leiomyoma	8890/0
		Genital rhabdomyoma	8905/0
		Postoperative spindle cell nodule	
		Mixed epithelial and mesenchymal tumours	
		Carcinosarcoma (malignant müllerian mixed tumour; metaplastic carcinoma)	8980/3
		Adenosarcoma	8933/3
		Wilms tumour	8960/3
		Adenofibroma	9013/0
		Adenomyoma	8932/0
		Melanocytic tumours	
		Malignant melanoma	8720/3
		Blue naevus	8780/0
		Miscellaneous tumours	
		Tumours of germ cell type	
		Yolk sac tumour	9071/3
		Dermoid cyst	9084/0
		Mature cystic teratoma	9080/0
		Lymphoid and haematopoietic tumours	
		Malignant lymphoma (specify type)	
		Leukaemia (specify type)	
		Secondary tumours	

adenoskvamozni karcinom ?

Poorly differentiated tumours resembling poorly differentiated squamous cell carcinoma but with many mucin-producing cells and lacking keratinization or intercellular bridges should be diagnosed as poorly differentiated adenocarcinoma.

(WHO)

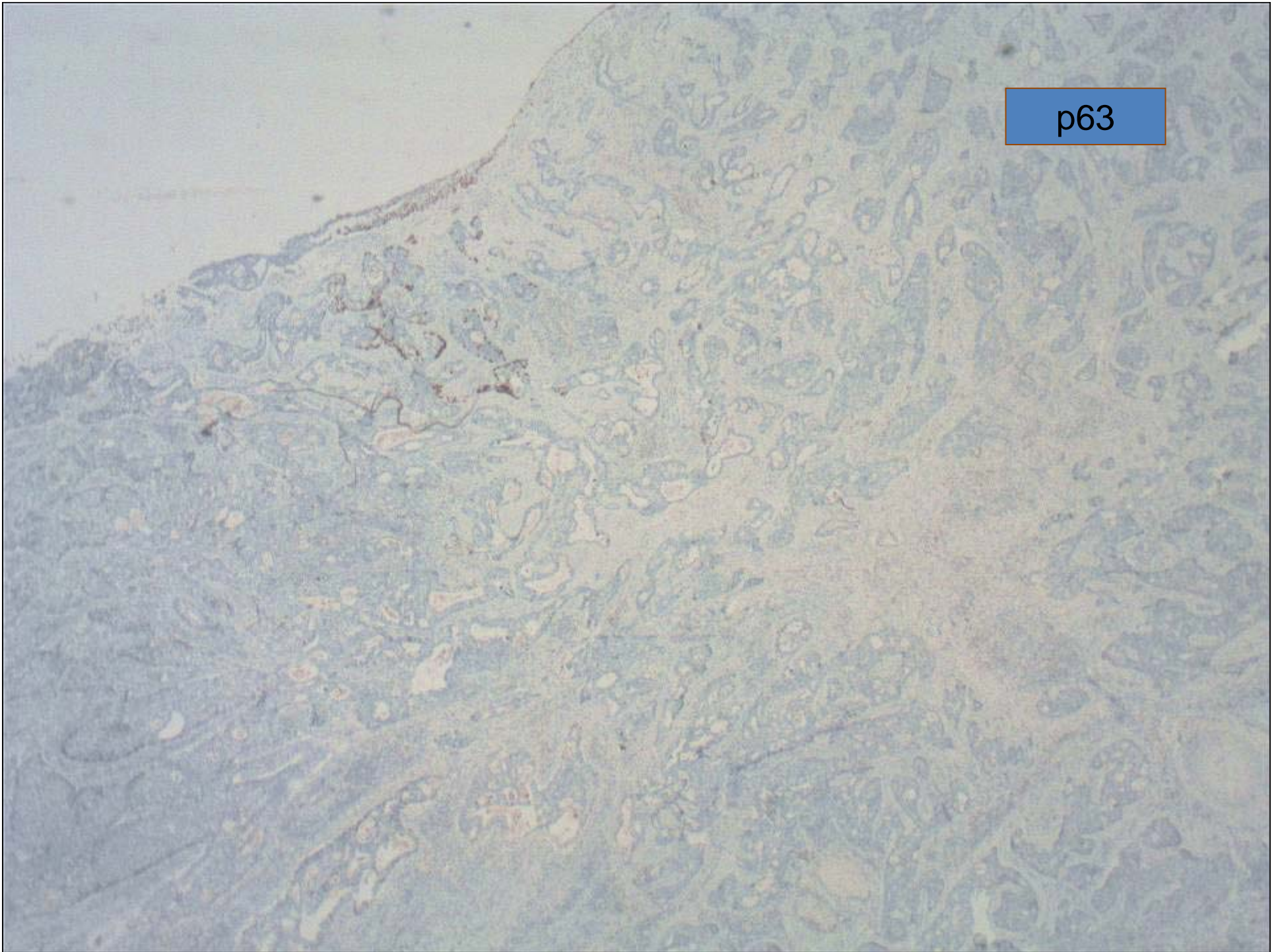
slabo diferenciran adenokarcinom ali skvamozni karcinom?

carcinoma (1646,2975). In poorly differ-
entiated tumours the cells contain less
cytoplasm but usually still form recogniz-
able glandular structures. Co-existent
CIN occur in up to 40% of cases (1720)

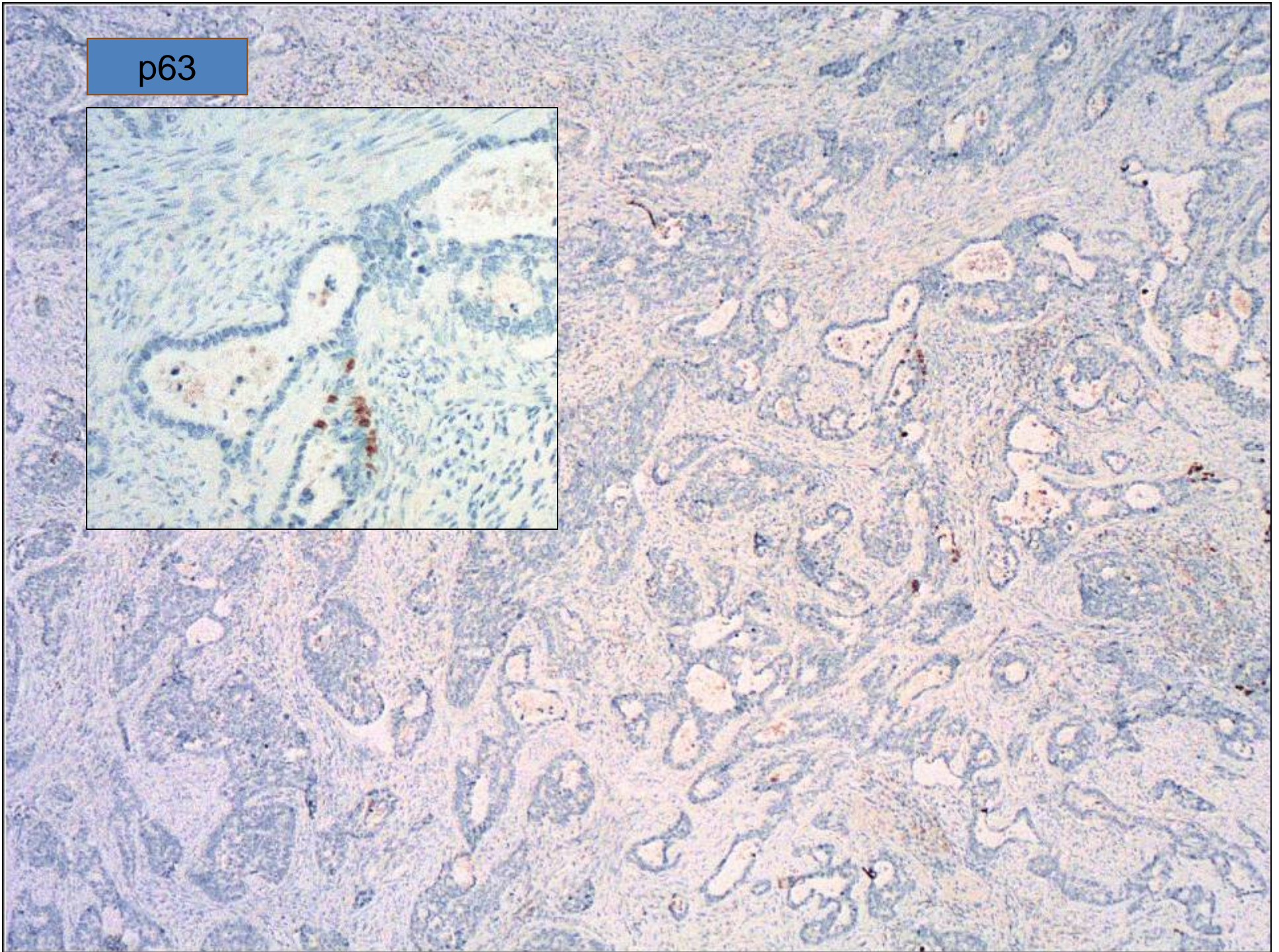
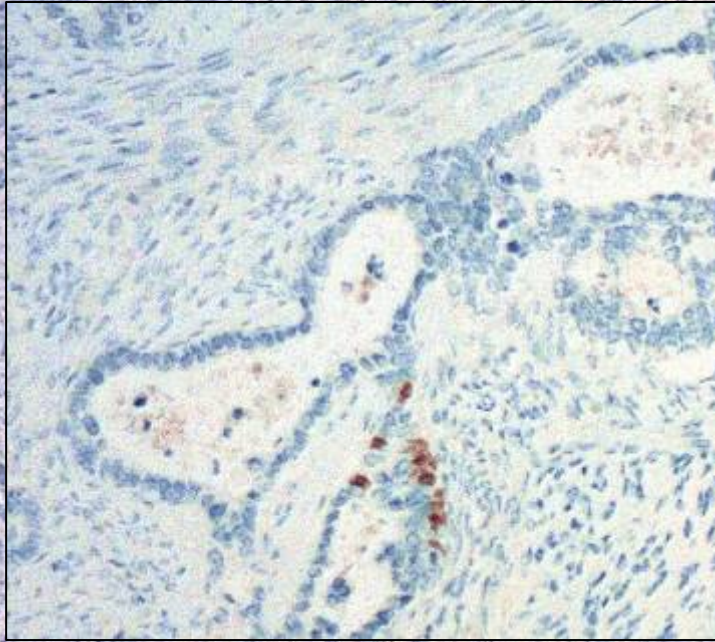
(WHO)

	Skvamozni karcinom	Endocervikalni adenokarcinom
p63	>95% (difuzno)	20% (le fokalno)
CEA	30%	80-90%
CK5/6	>90%	>90%
p16	>95%	>90%

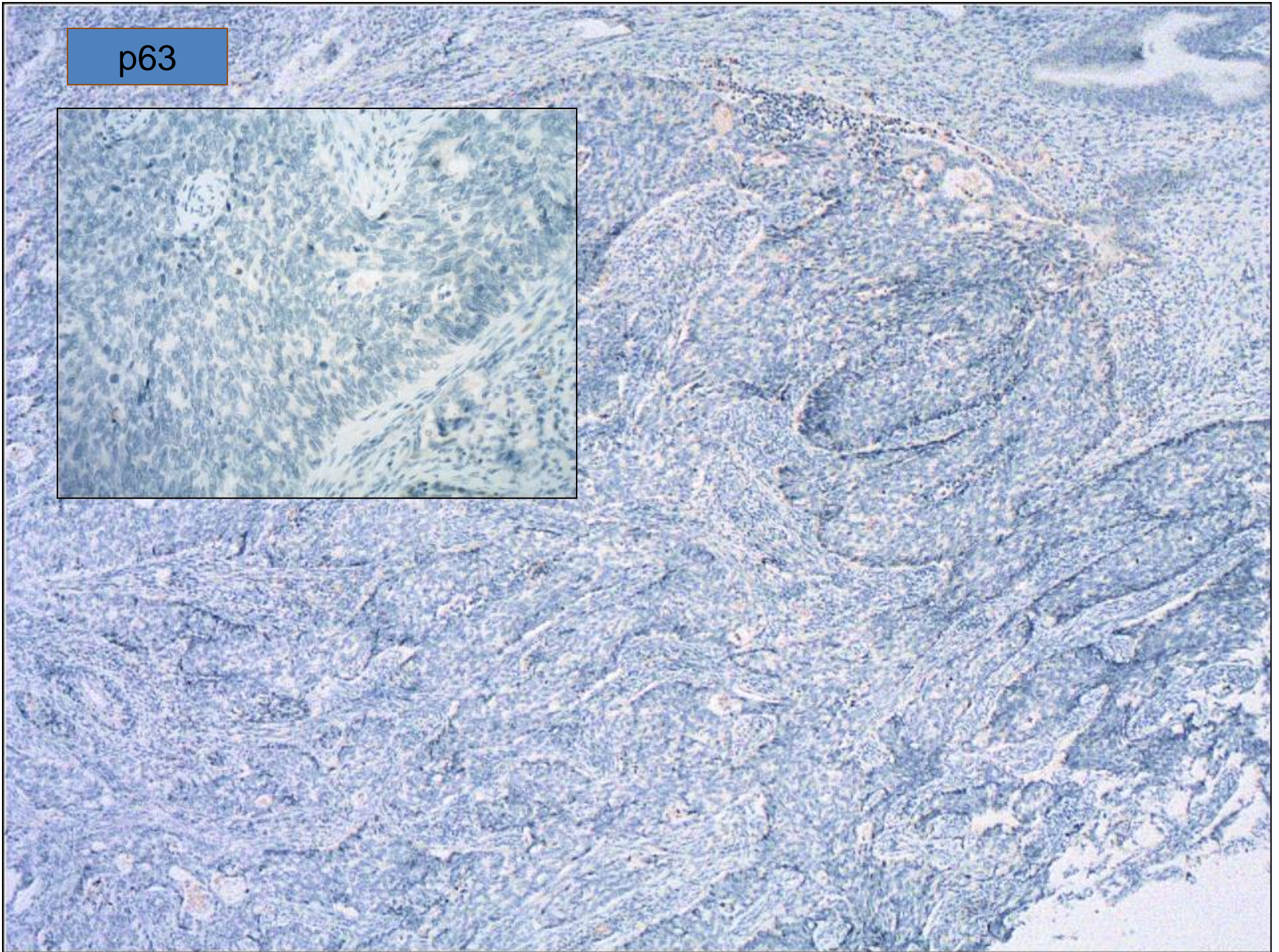
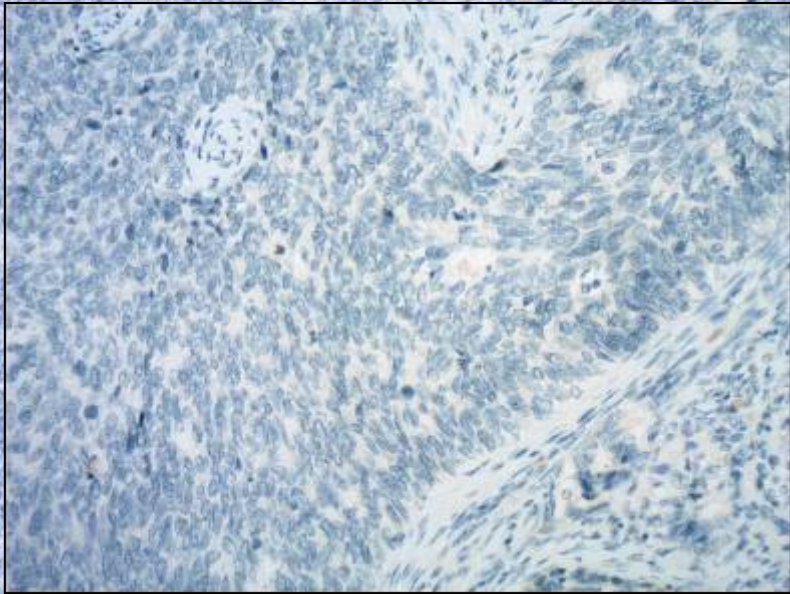
p63



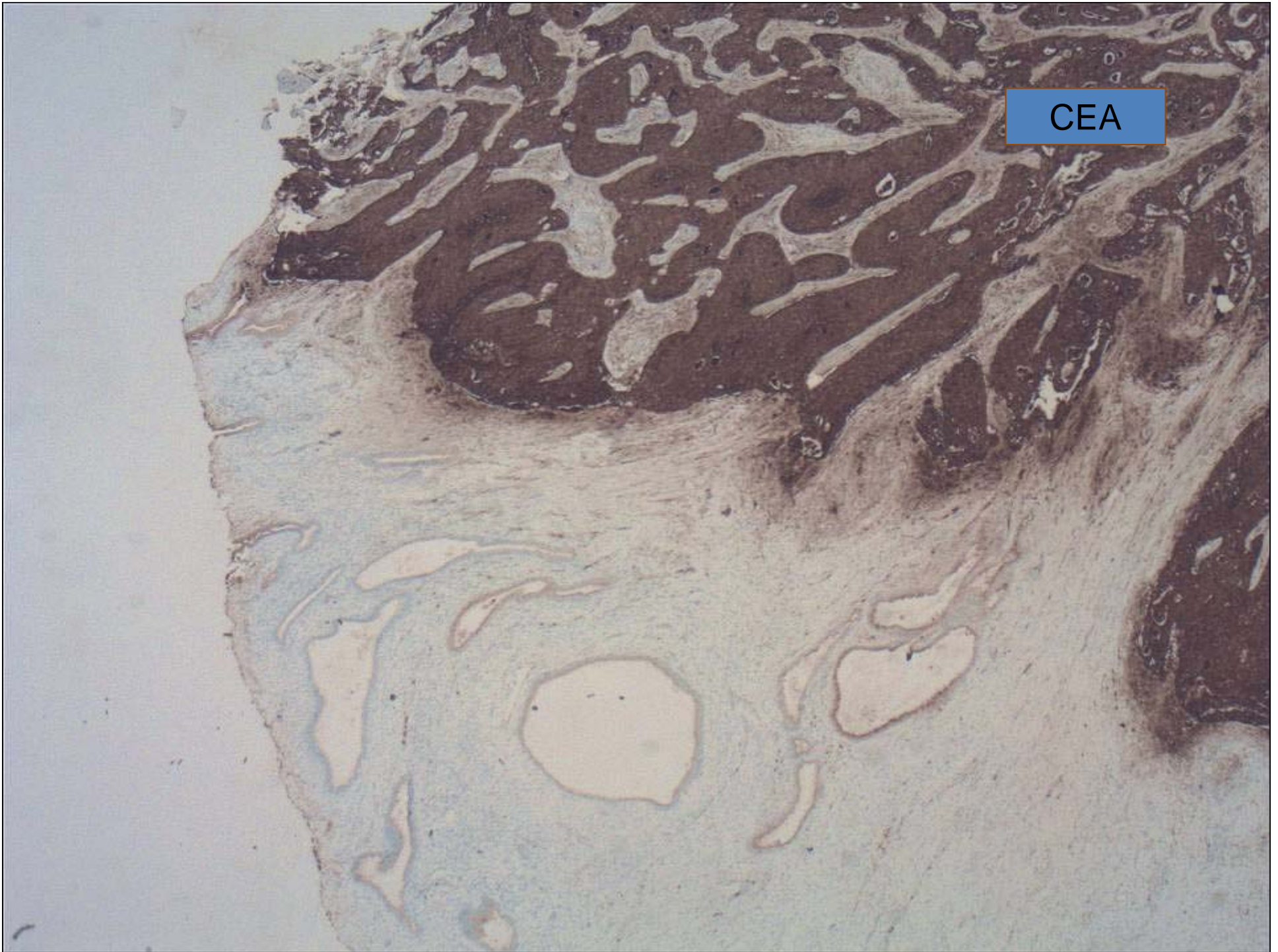
p63



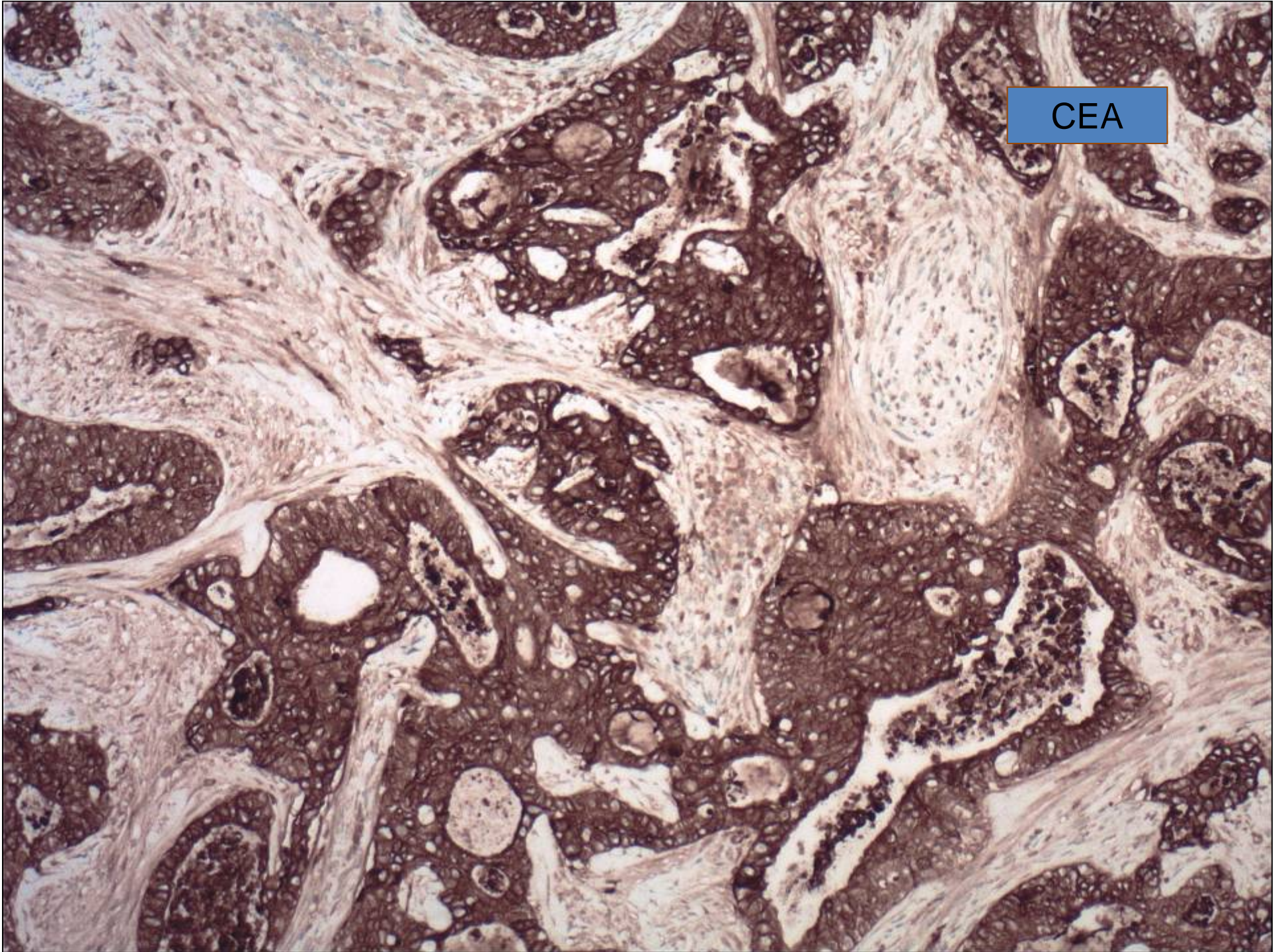
p63



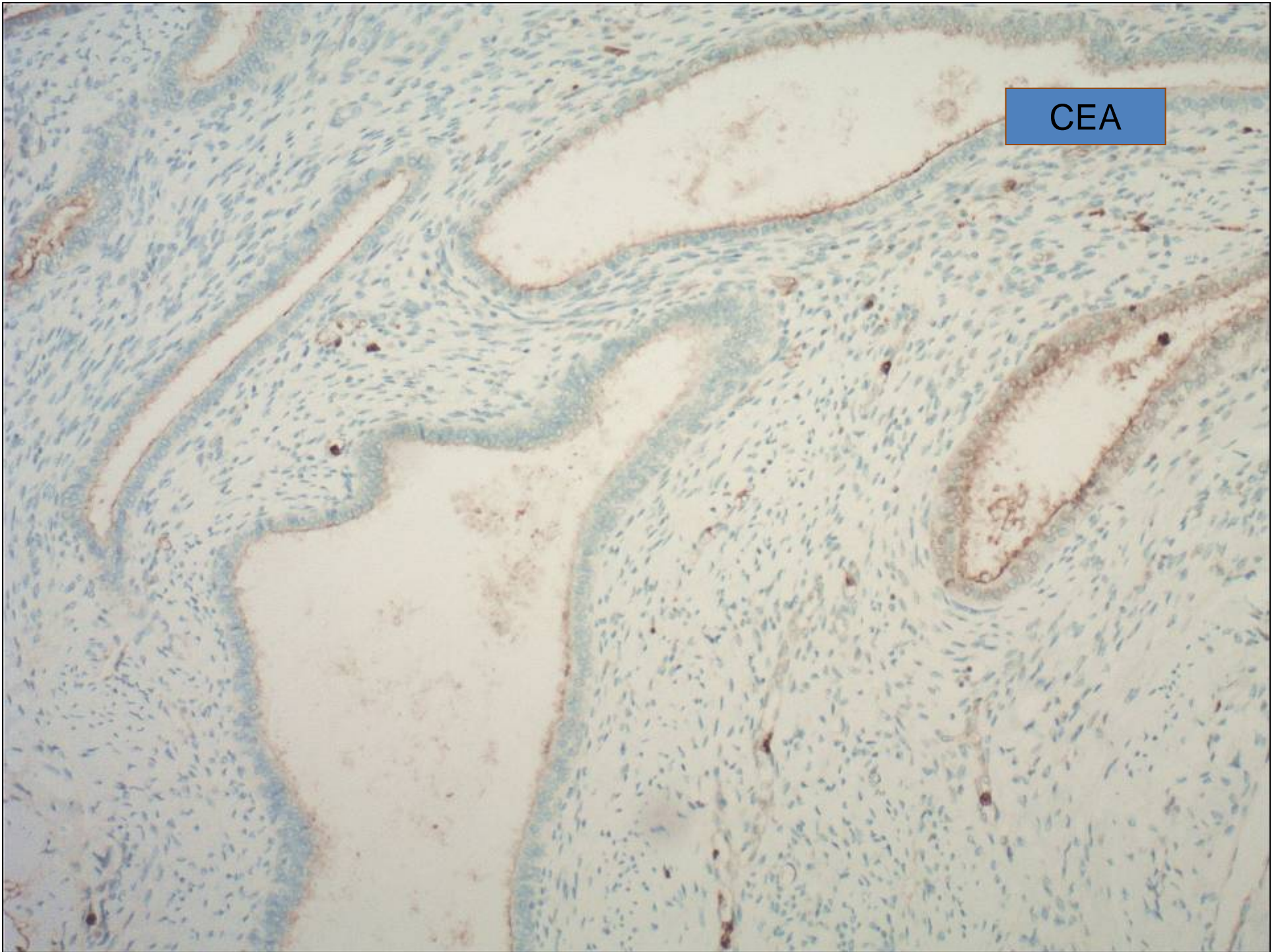
CEA



CEA



CEA



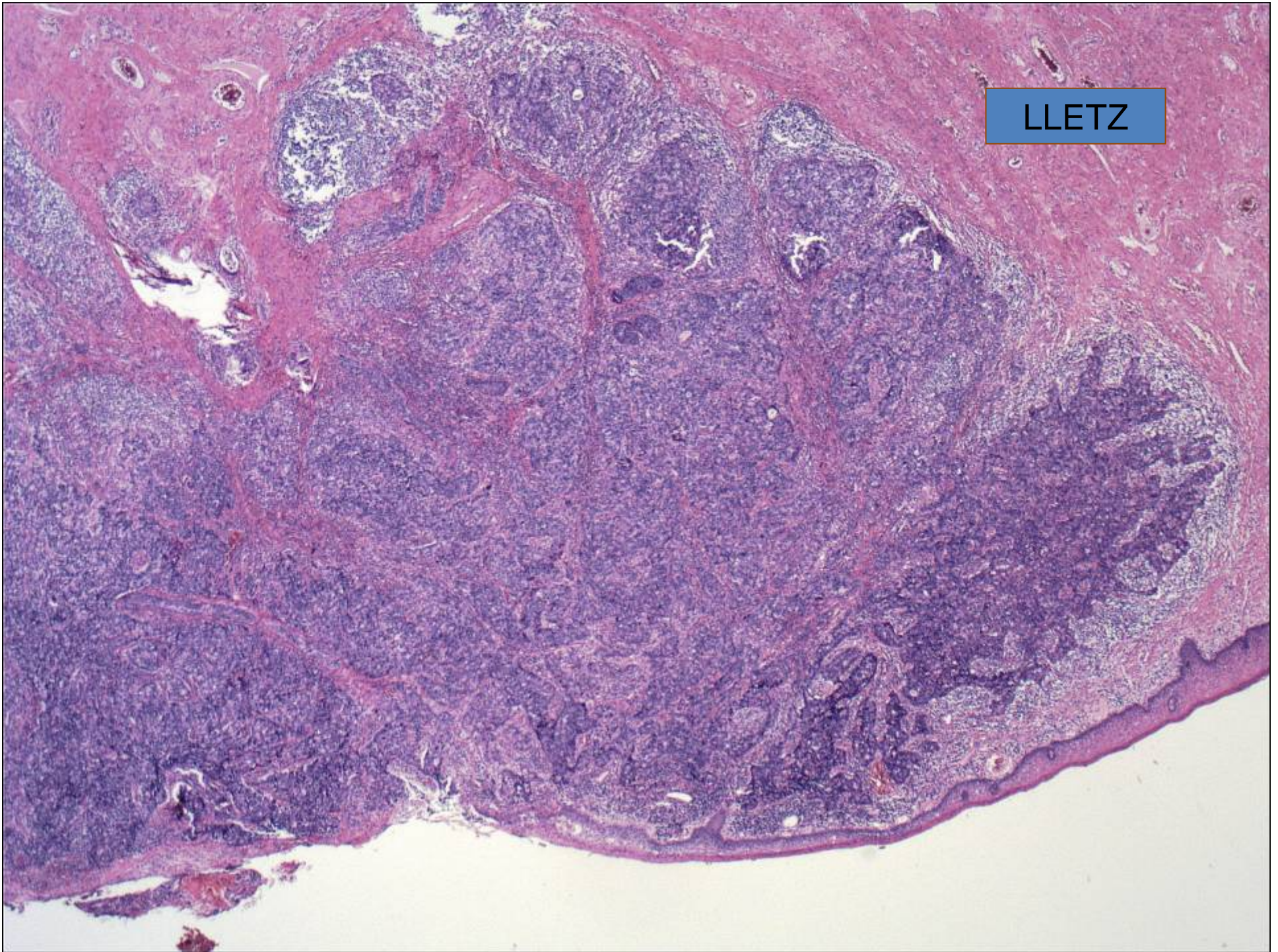
Histološka diagnoza

- invazivni endocervikalni adenokarcinom, slabo diferenciran
- 2-2,5 cm horizontalni premer (upoštevajoč tumor v LLETZ-u) in globina invazije 6,5 mm (T1b1)
- karcinomska limfangioza
- resekcijski robovi bp
- endometrij in obojni adneksi brez posebnosti
- bezgavke brez zasevkov (skupno 0/29)

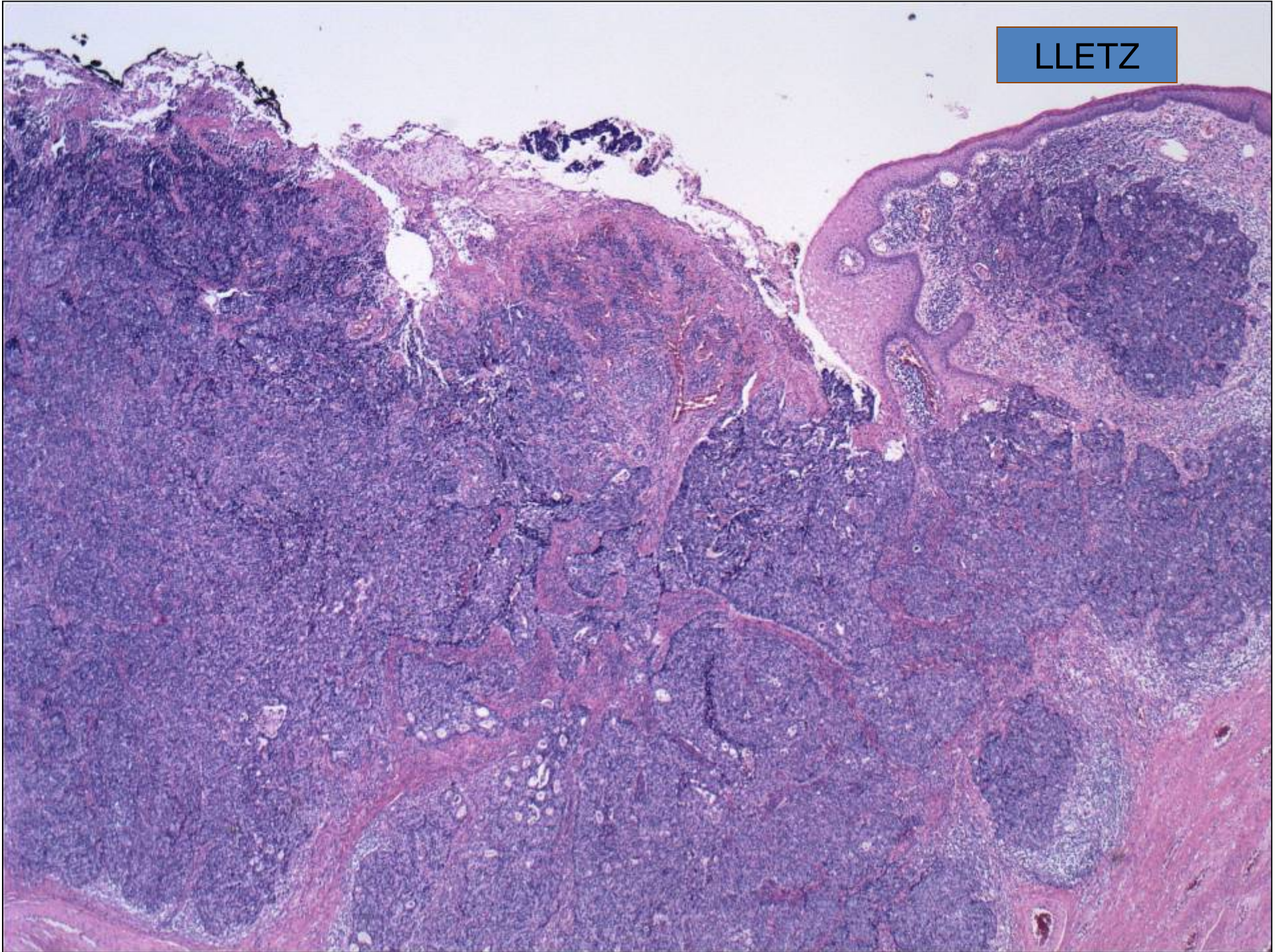
Endocervikalni adenokarcinom

- 90% vseh cervikalnih adenokarcinomov
- običajno zmerno diferencirani
- sinhroni AIS in CIN pogosto prisotni
- čeprav imenovani “mucinozni” pogosto v morfološko ni jasne mucinske produkcije

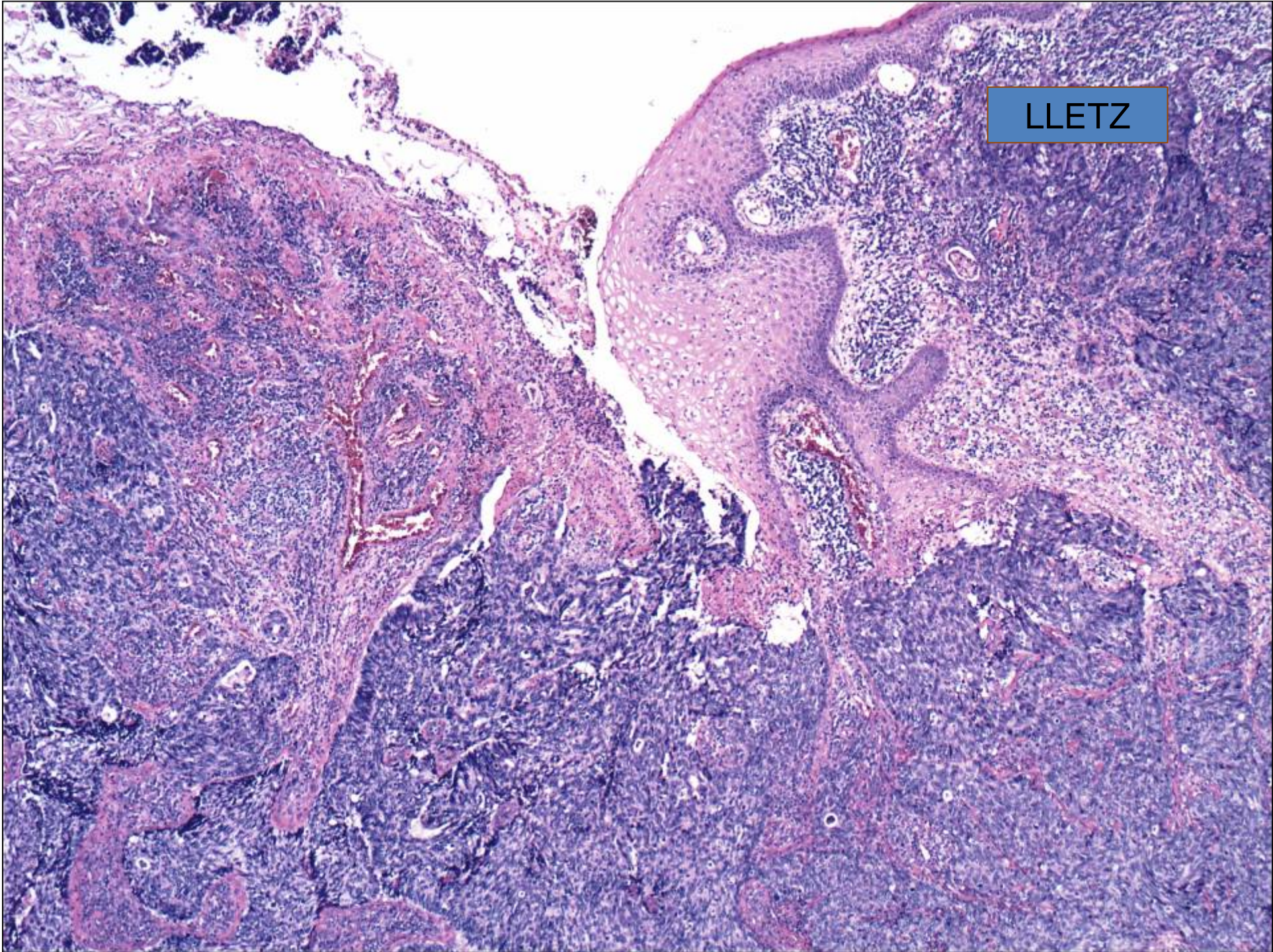
LLETZ



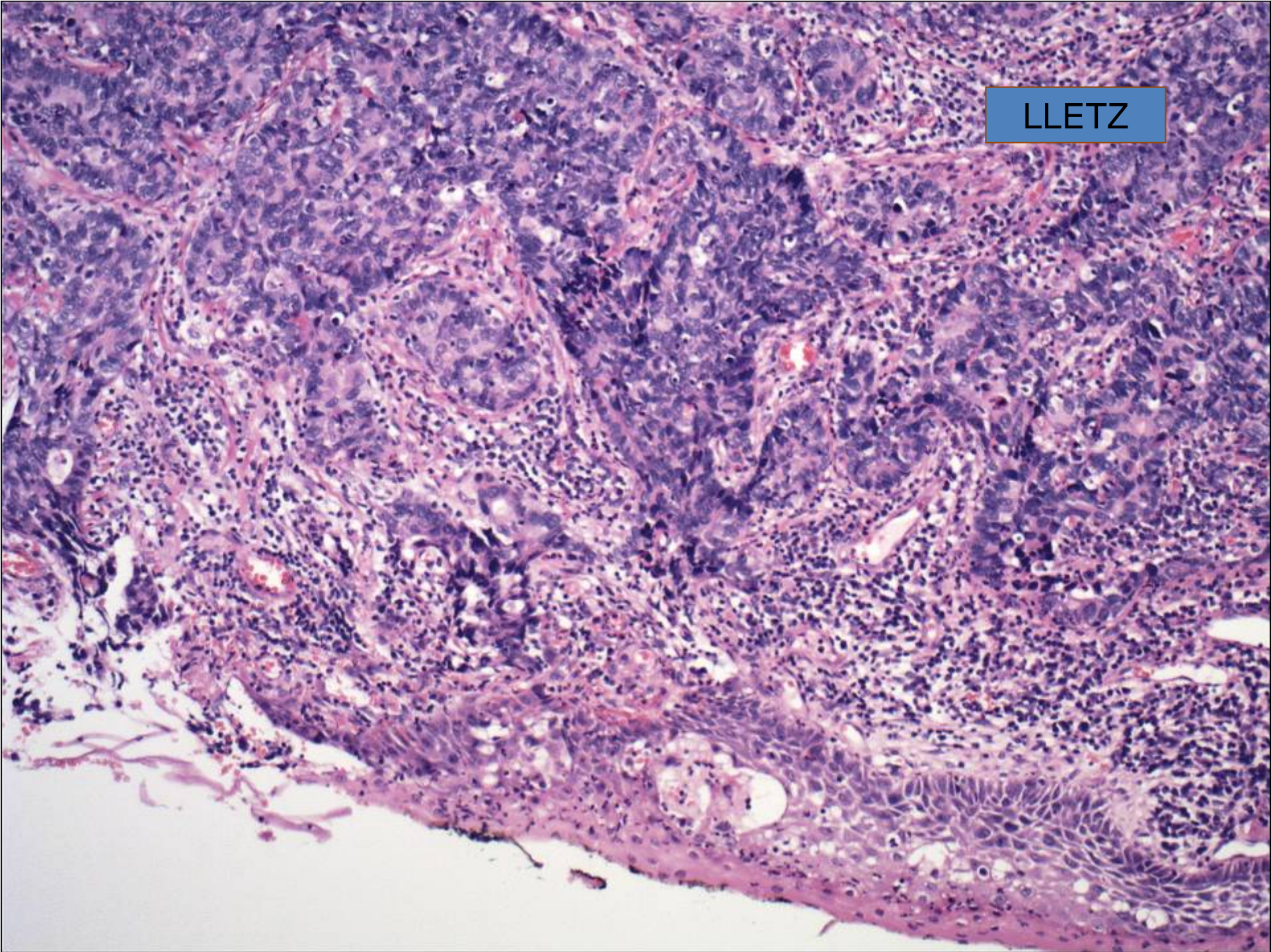
LLETZ



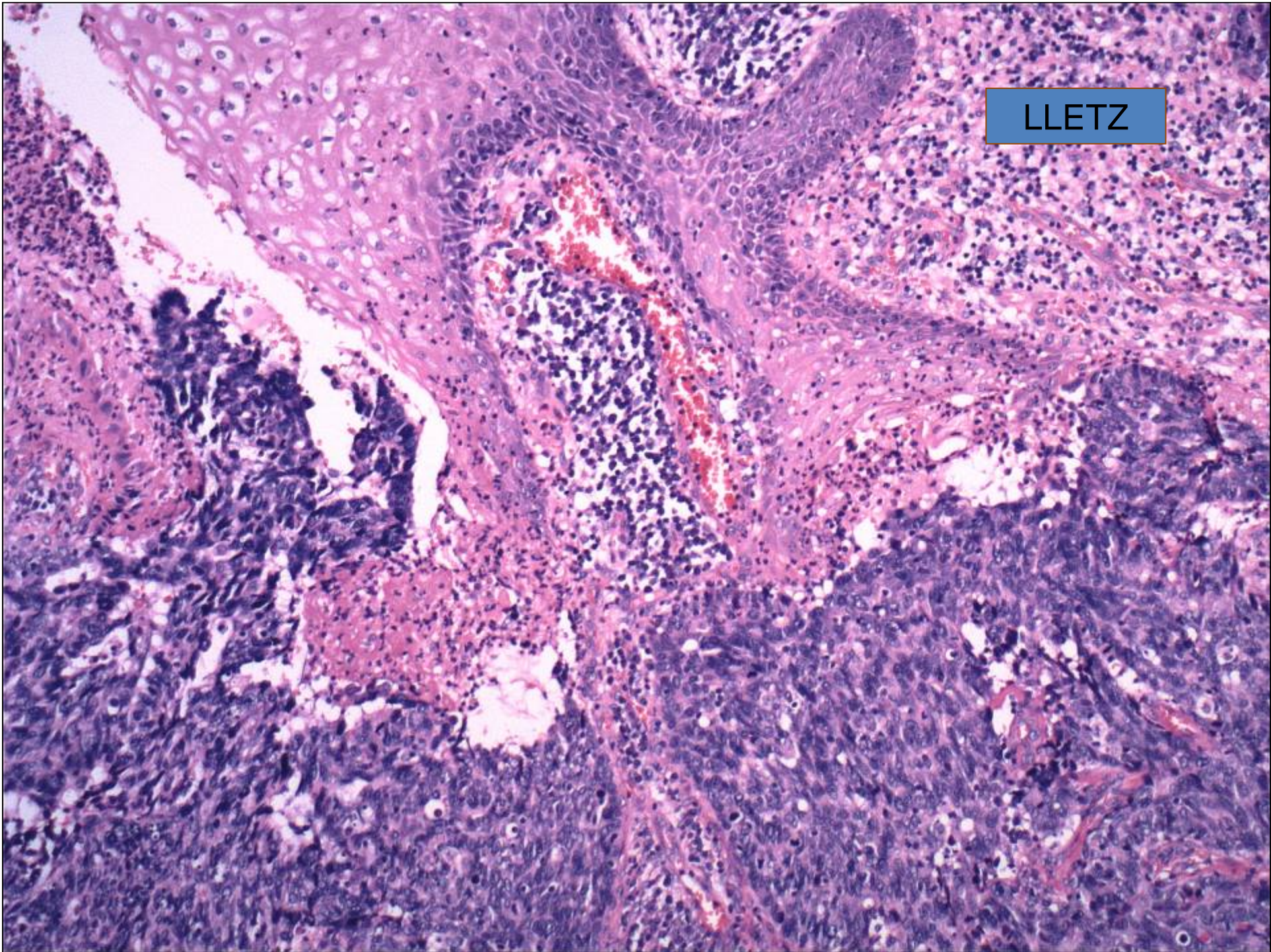
LLETZ



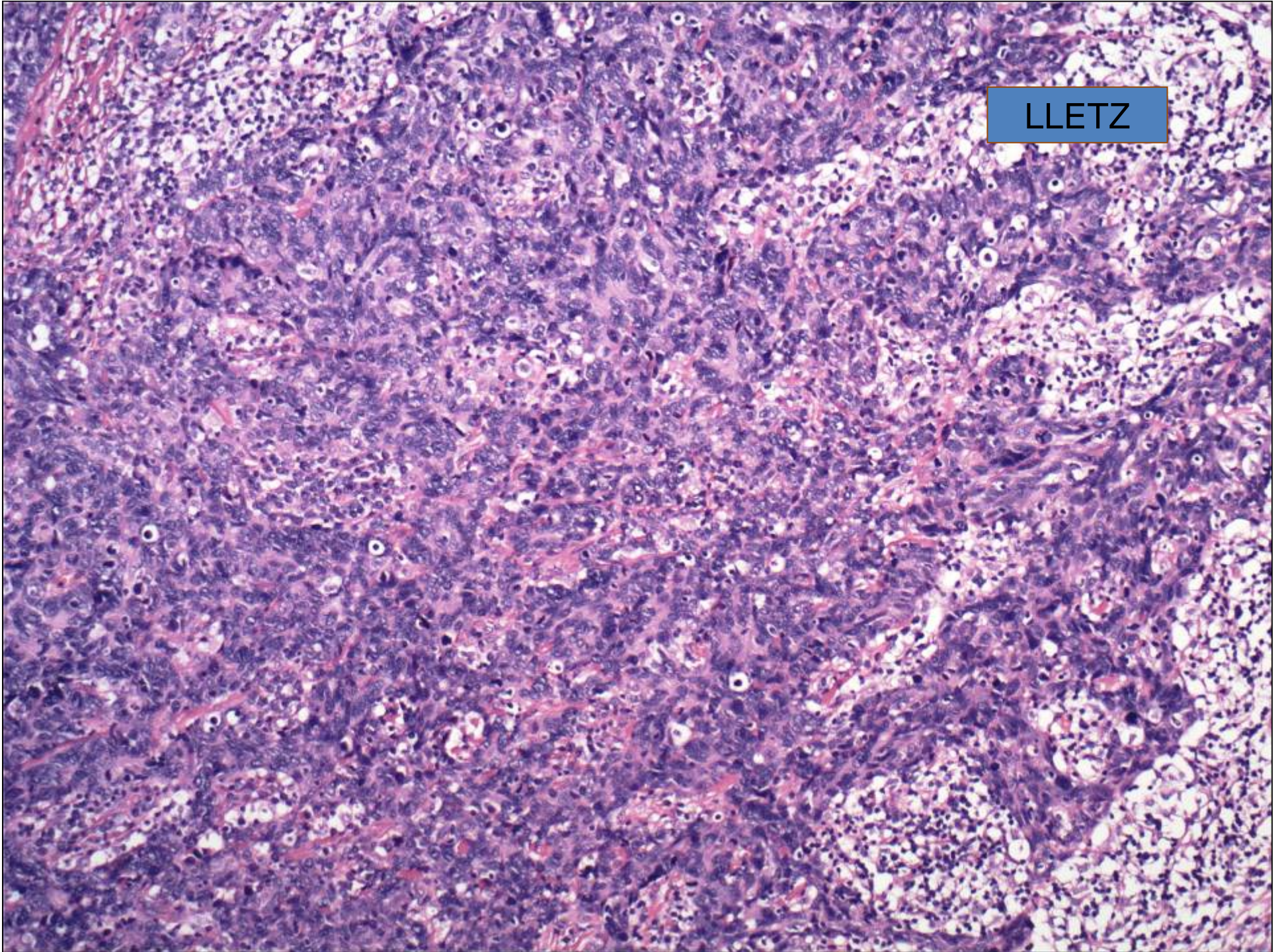
LLETZ



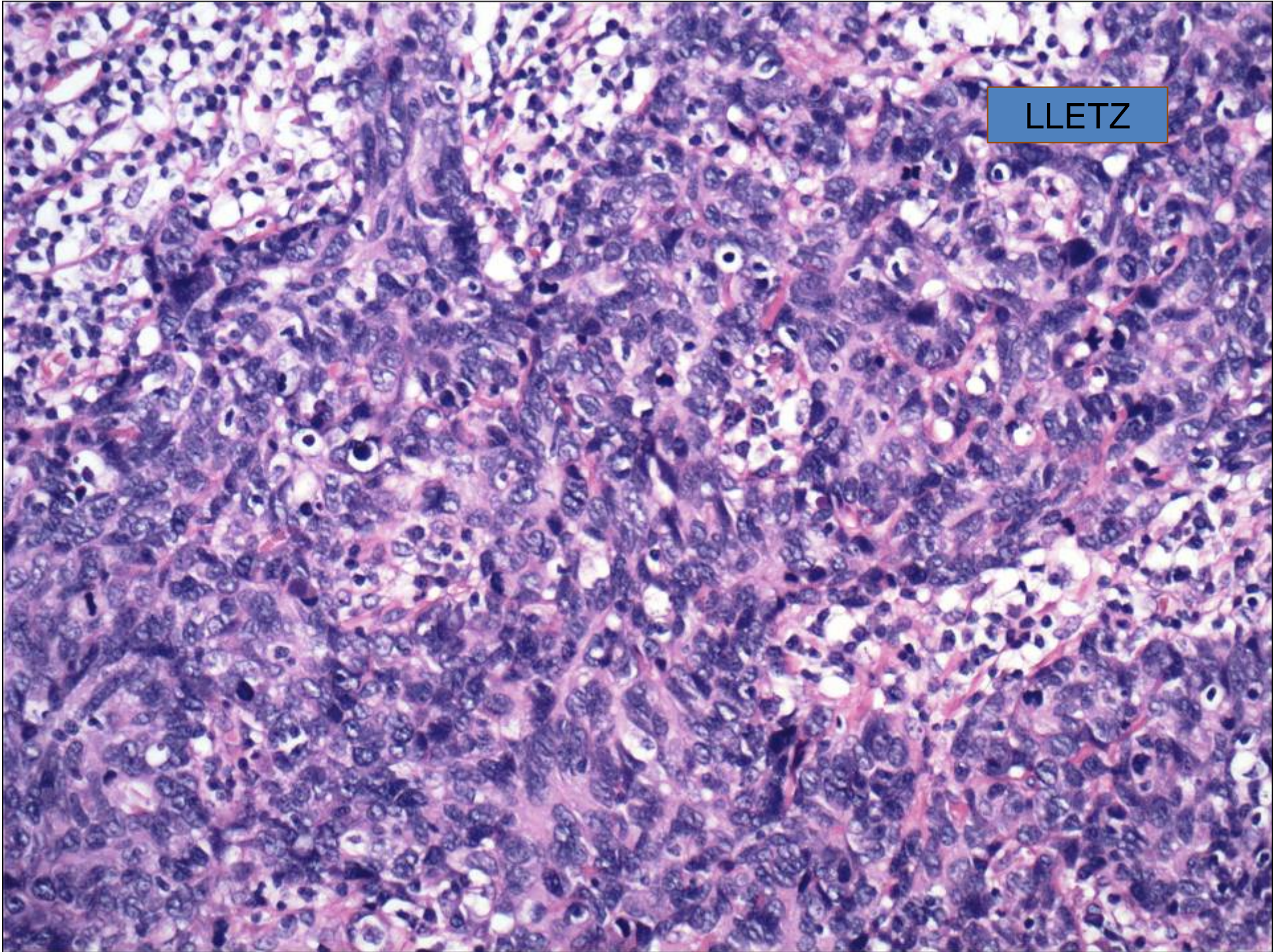
LLETZ



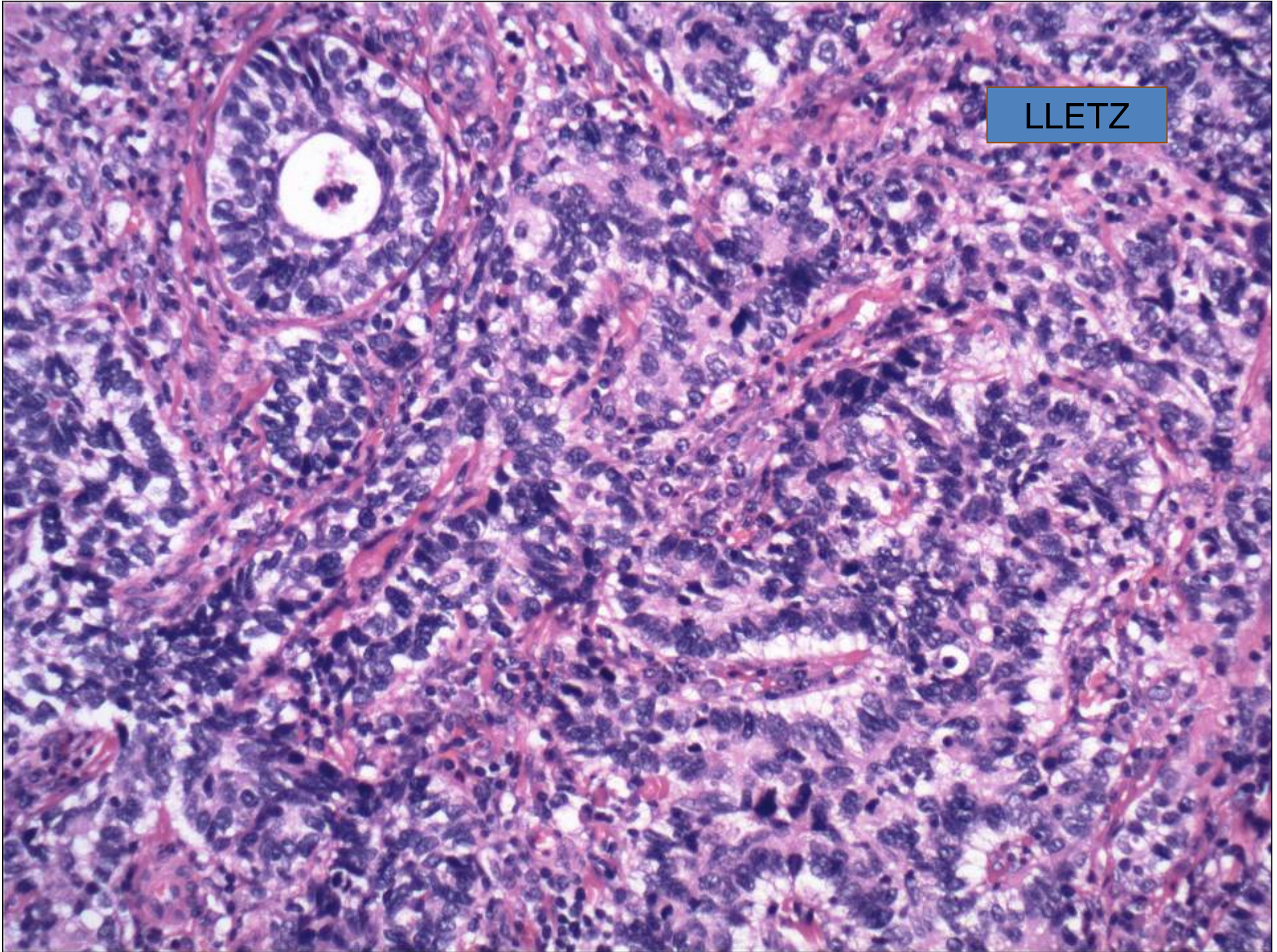
LLETZ



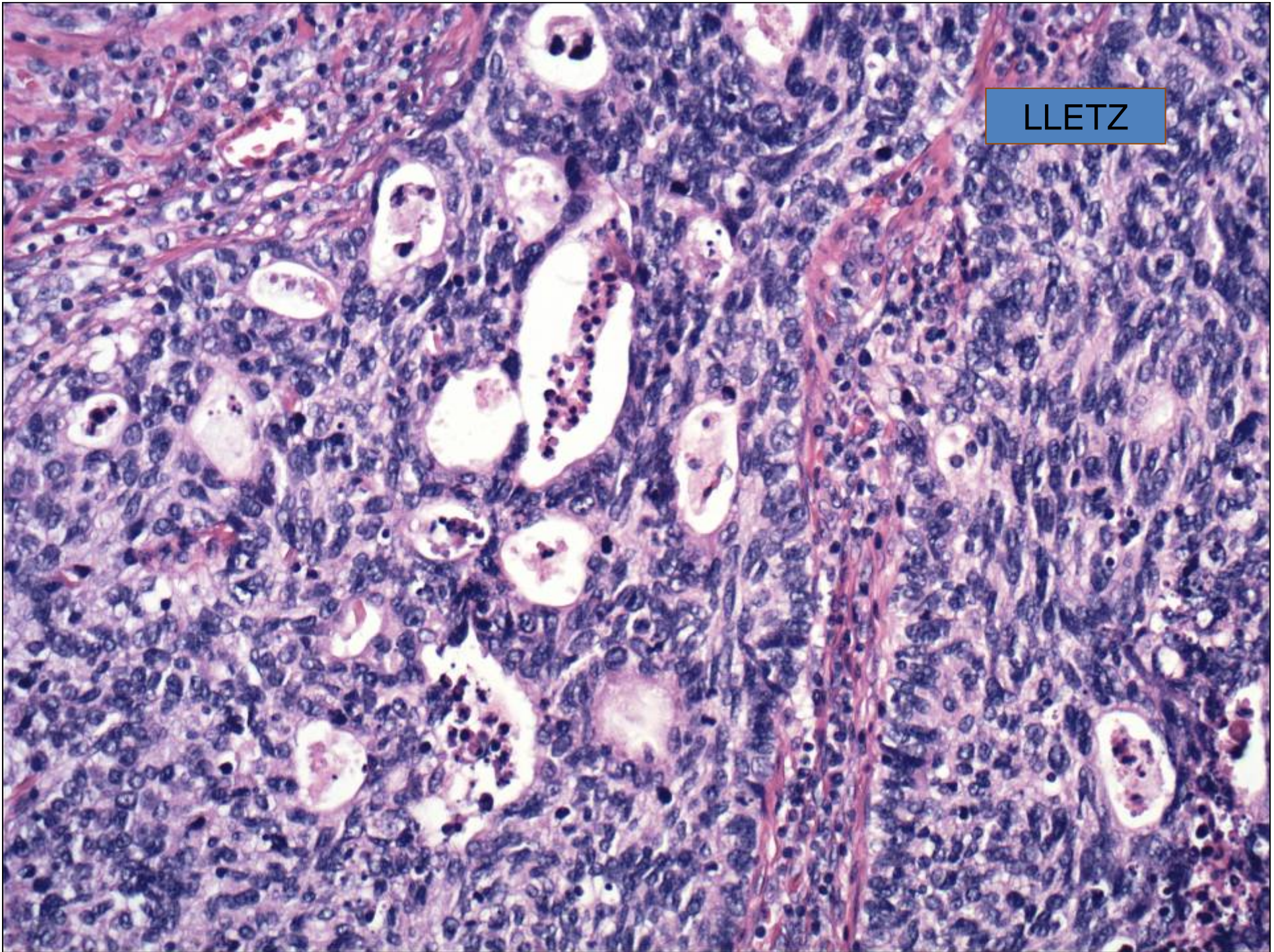
LLETZ



LLETZ



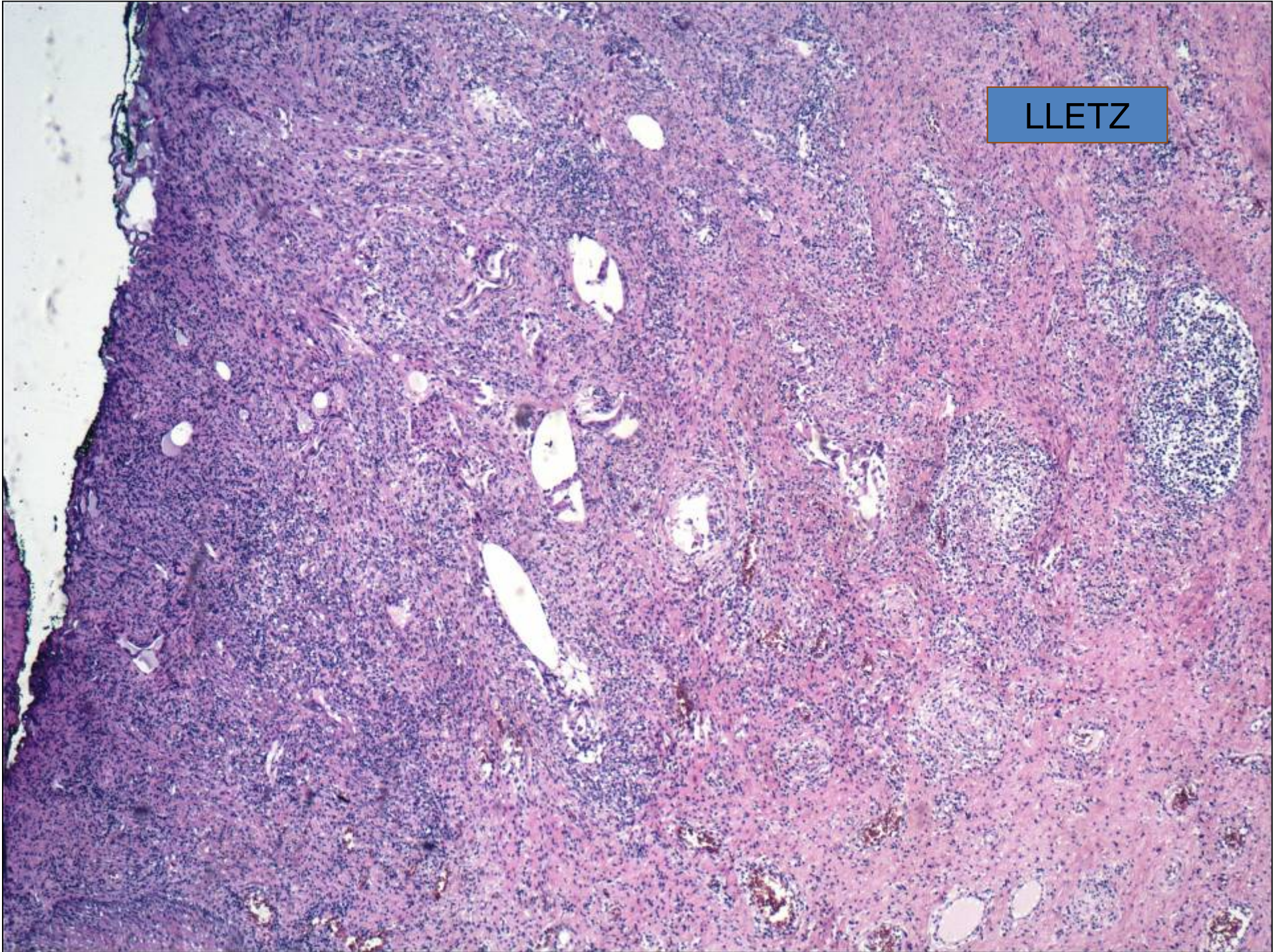
LLETZ



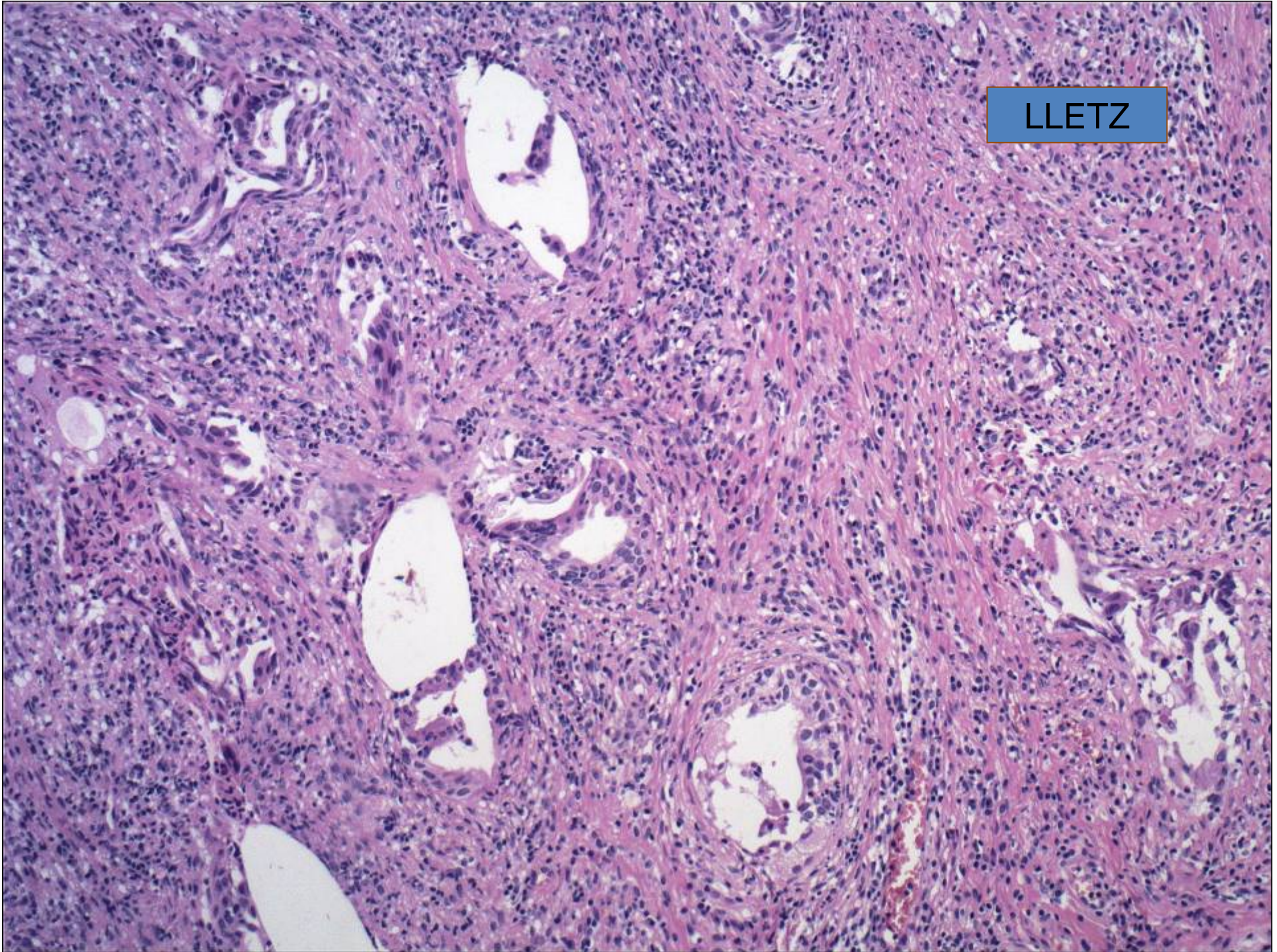
LLETZ



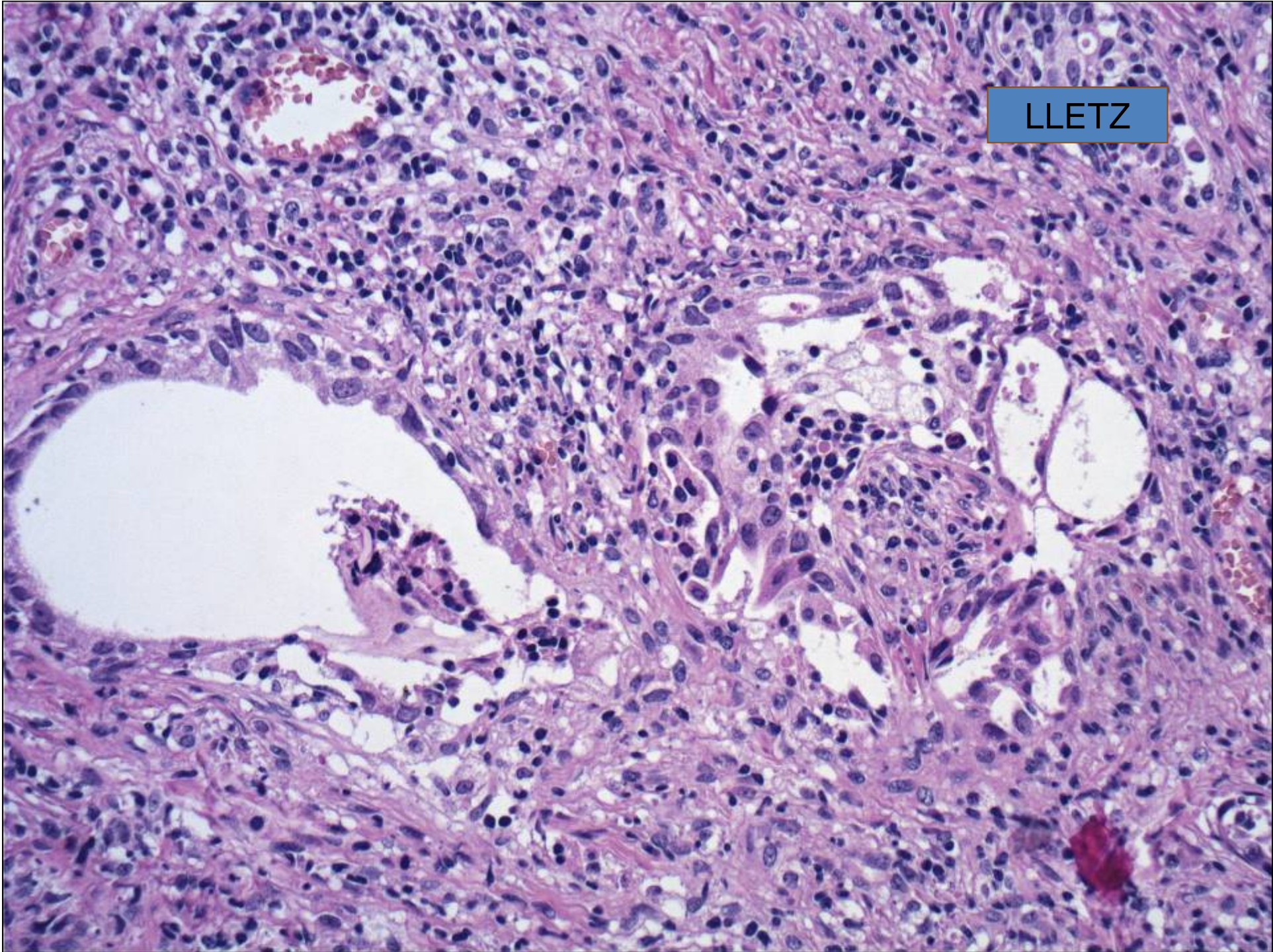
LLETZ



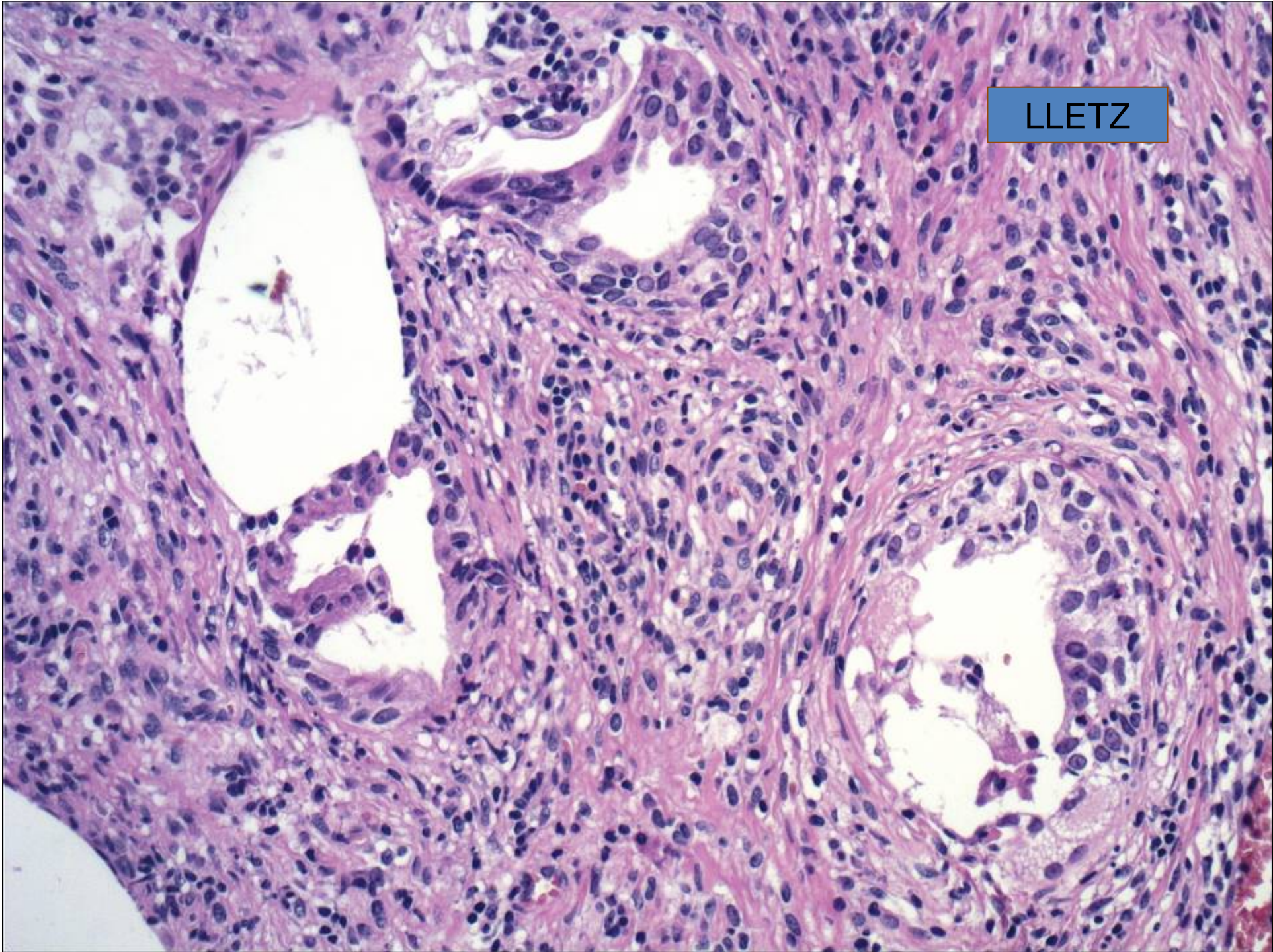
LLETZ



LLETZ



LLETZ



Zaključek

- če bi pacientki in ginekologu “podarili” uporaben bris, bi se vrnila v presejalni program in prišla na pregled s simptomi!
- zanesljiva določitev histološkega tipa in/ali stadija tumorja je v vzorcu LLETZ-a lahko težavna, včasih celo ni mogoča
- ob vsakem histološkem pregledu je priporočljivo, včasih pa tudi nujno, opraviti ponovni pregled prejšnjih citoloških in histoloških preparatov

