

# SESSIÓ DE NOUS PATÒLEGS

BERTA BELLA BURGOS

# CAS CLÍNIC

- Home de 37 anys sense antecedents d'interès
- **MOTIU DE CONSULTA A URGÈNCIES:**
  - Dolor a FID i diarrees 24h evolució
  - Nàusees i vòmits
  - Febrícula (37.6°C)
- **EXLORACIÓ FÍSICA:**
  - Abdomen tou, dolorós a FID amb defensa
  - Test de Blumberg positiu
  - No masses ni megàlies

# CAS CLÍNIC

- ECOGRAFIA ABDOMINAL:

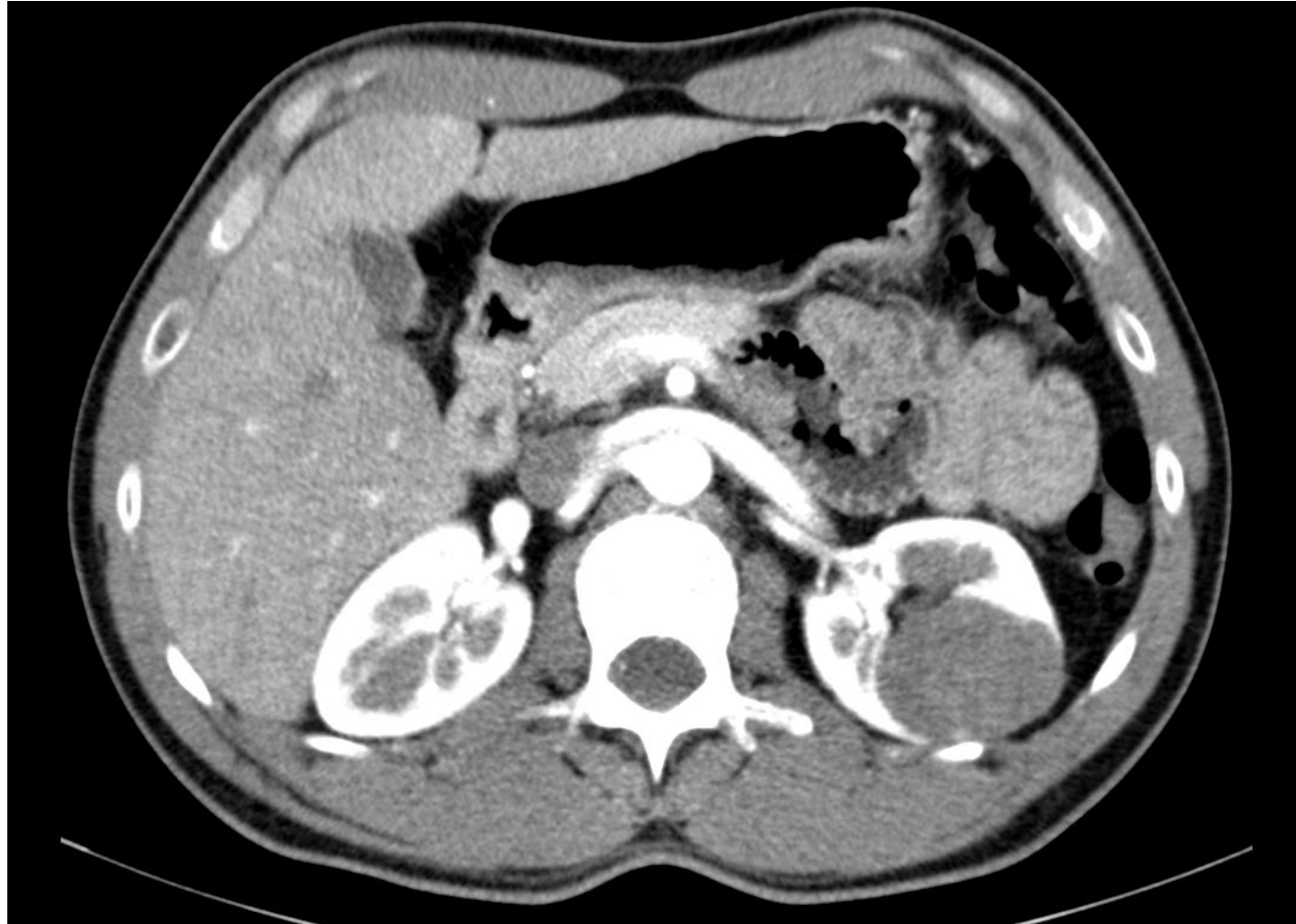
- Apèndix cecal i ili terminal d'aspecte normal
- **Ronyó esquerre** amb lesió sòlida nodular de 3,7 x 3,5 cm al terç mig



TC ABDOMINAL

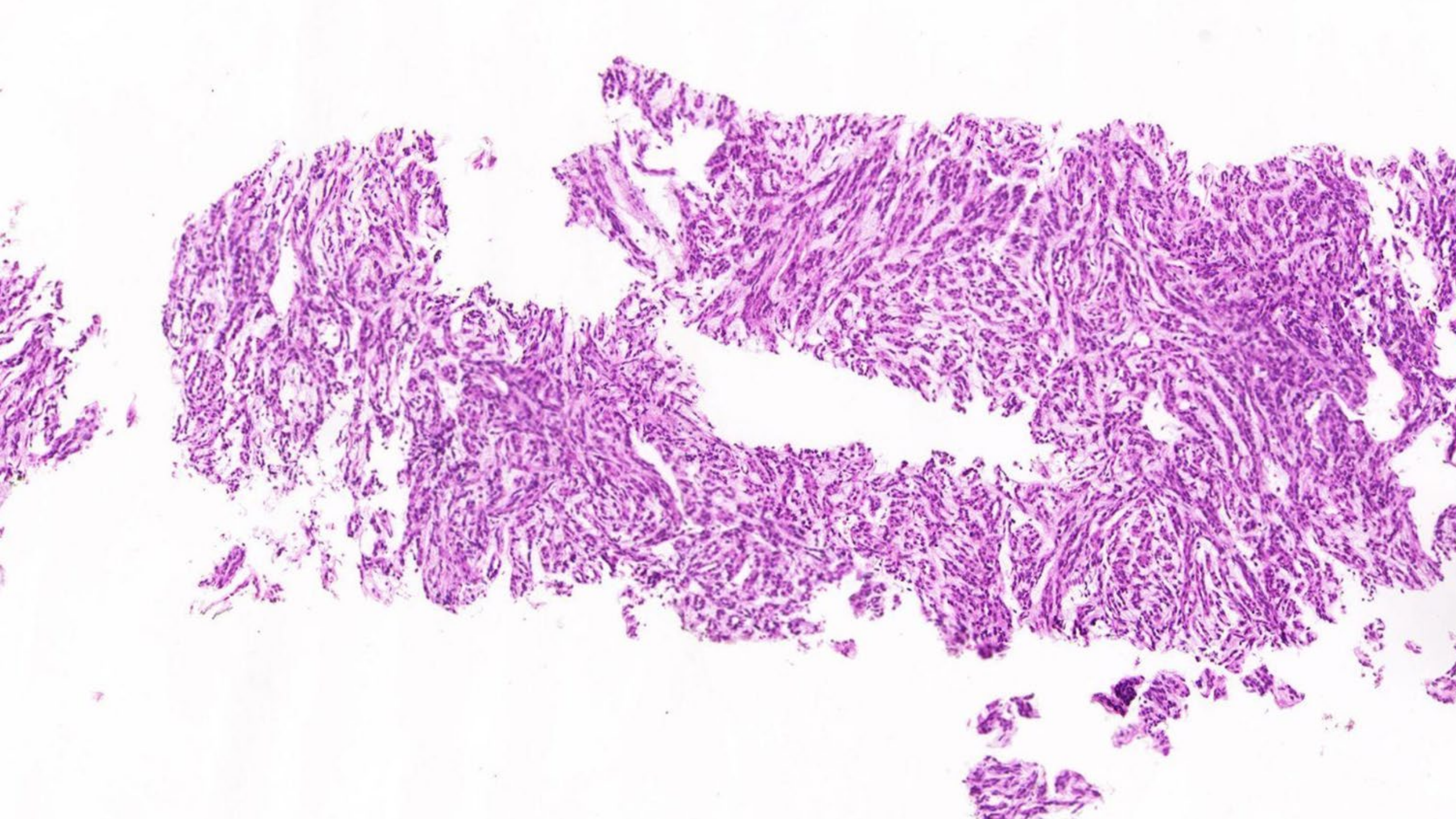
# CAS CLÍNICO

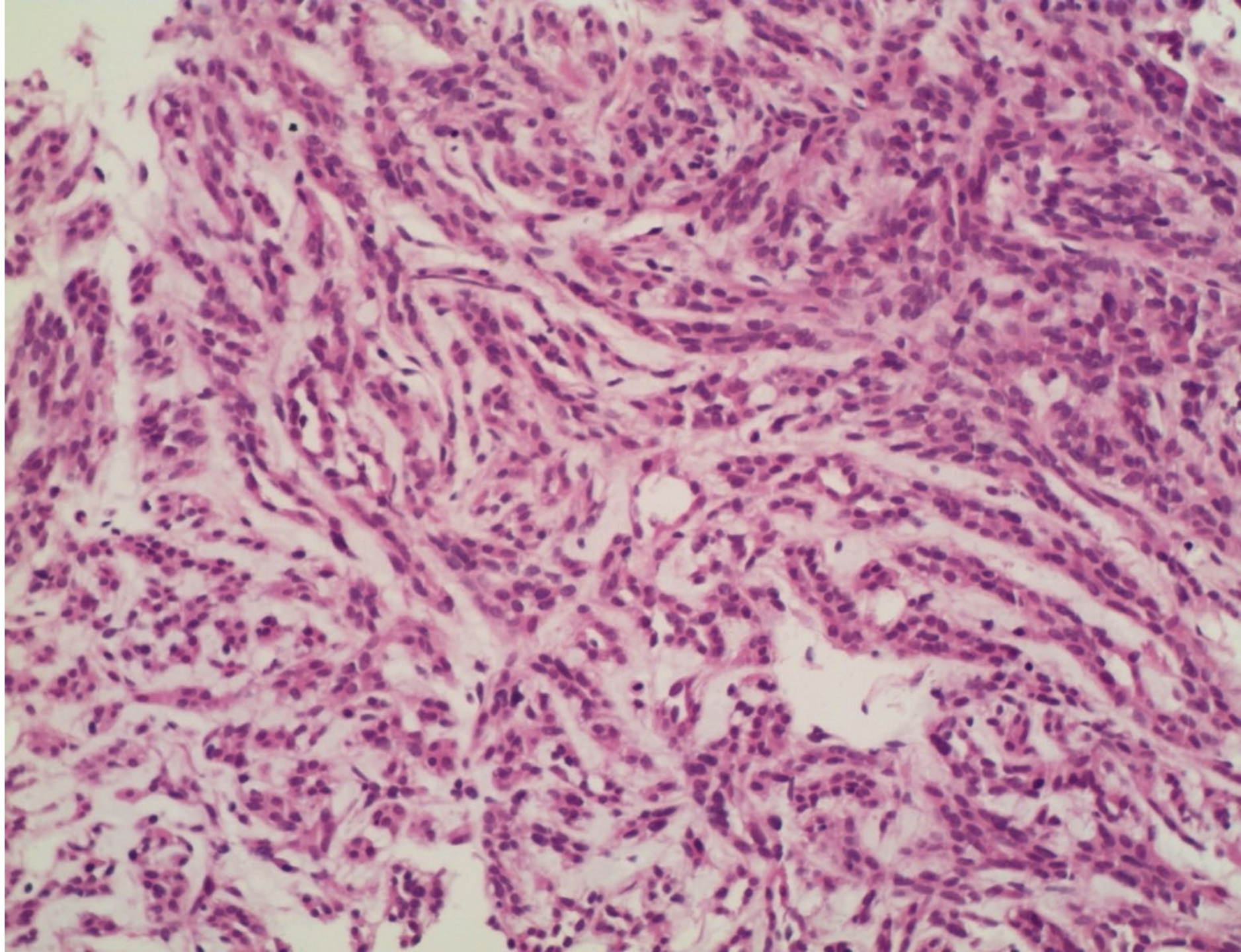
- TC ABDOMINAL:

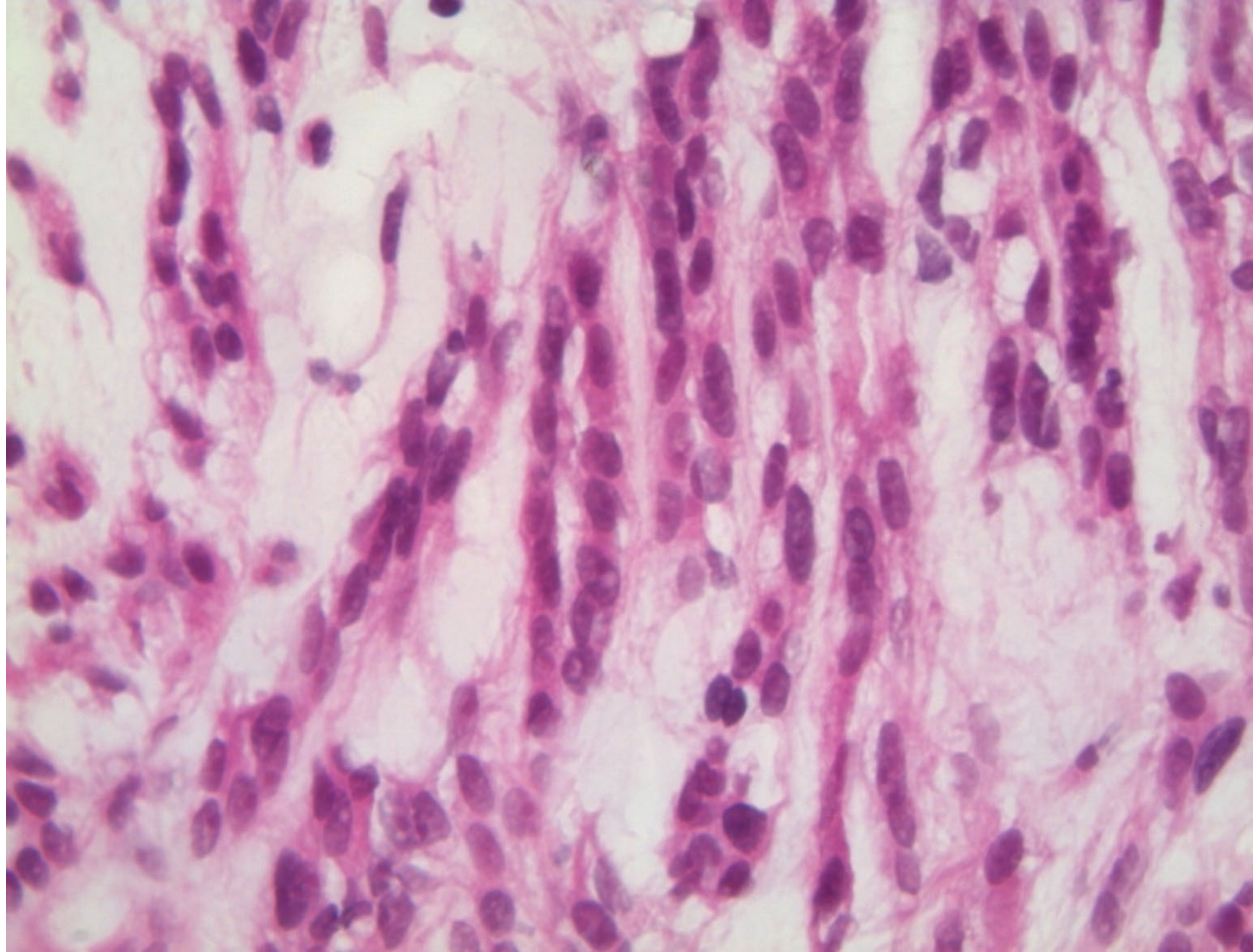


# BIÒPSIA TRU-CUT

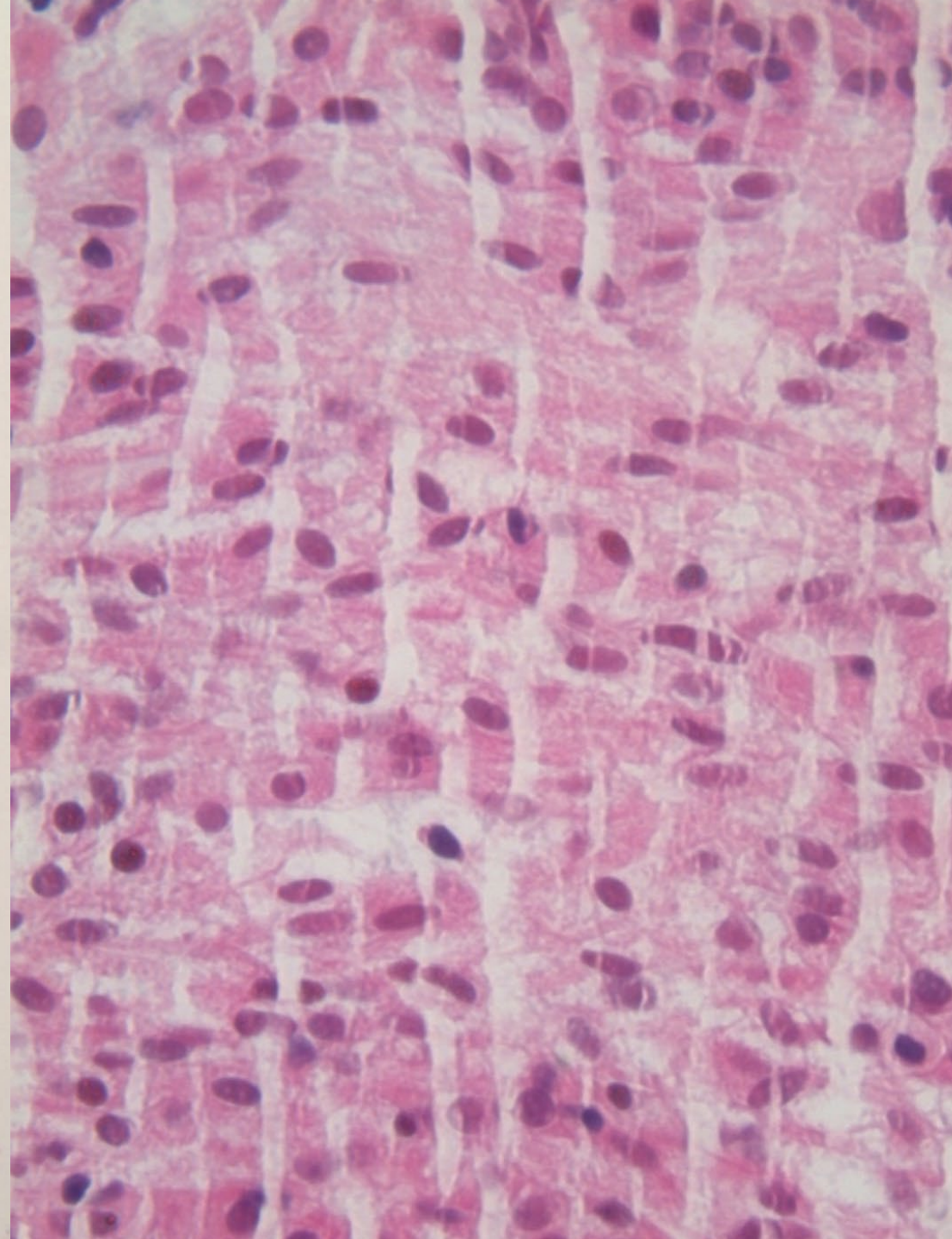
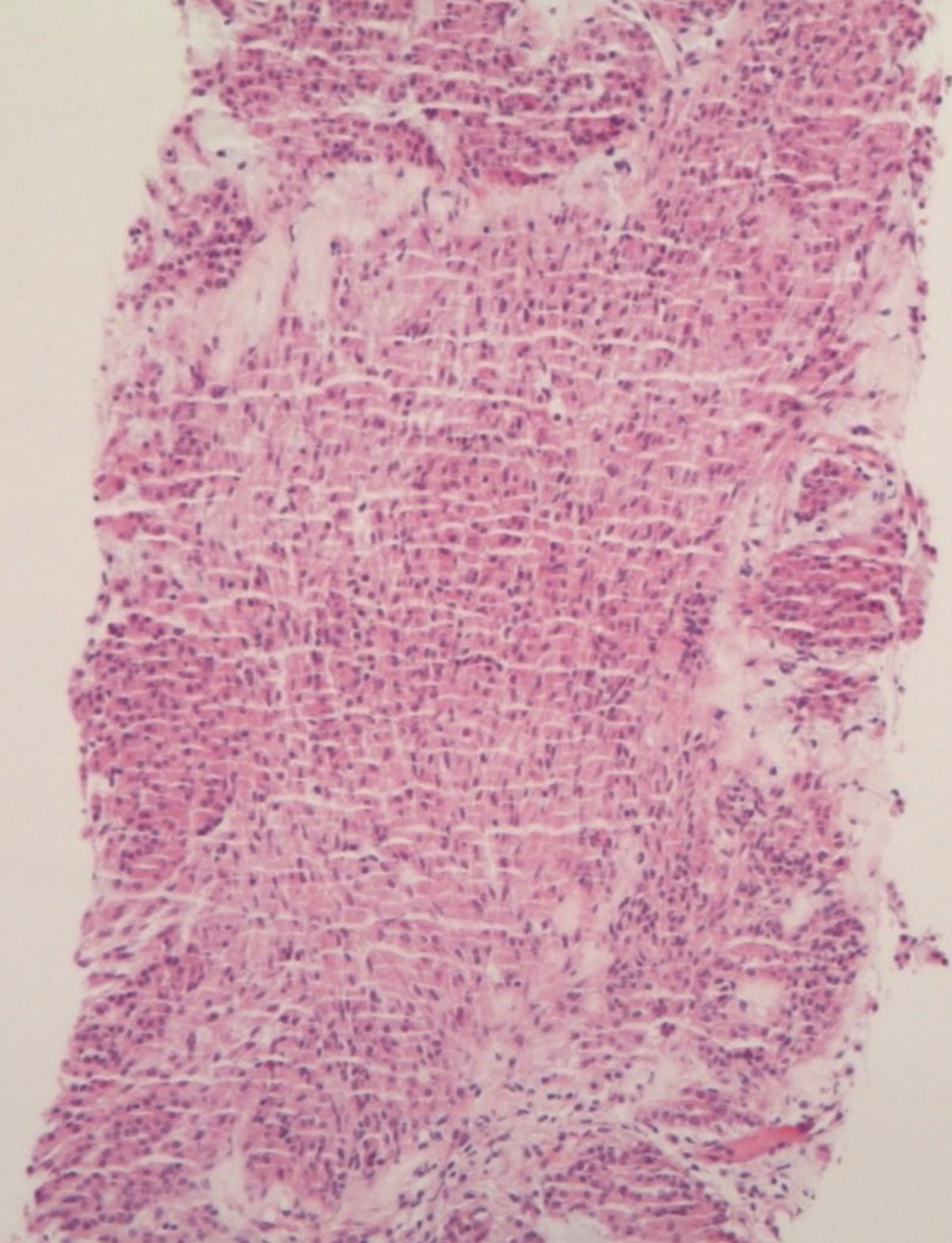


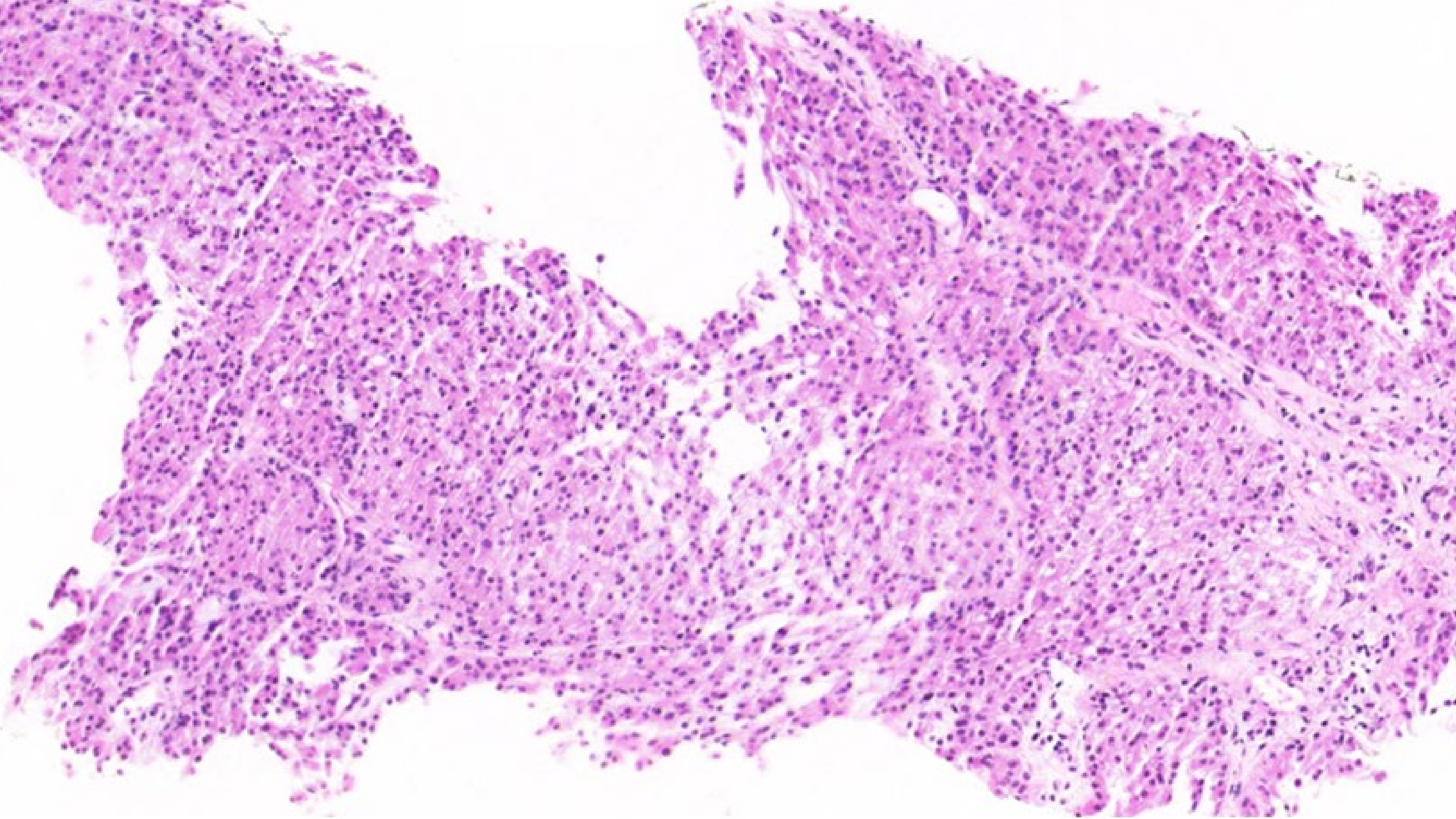


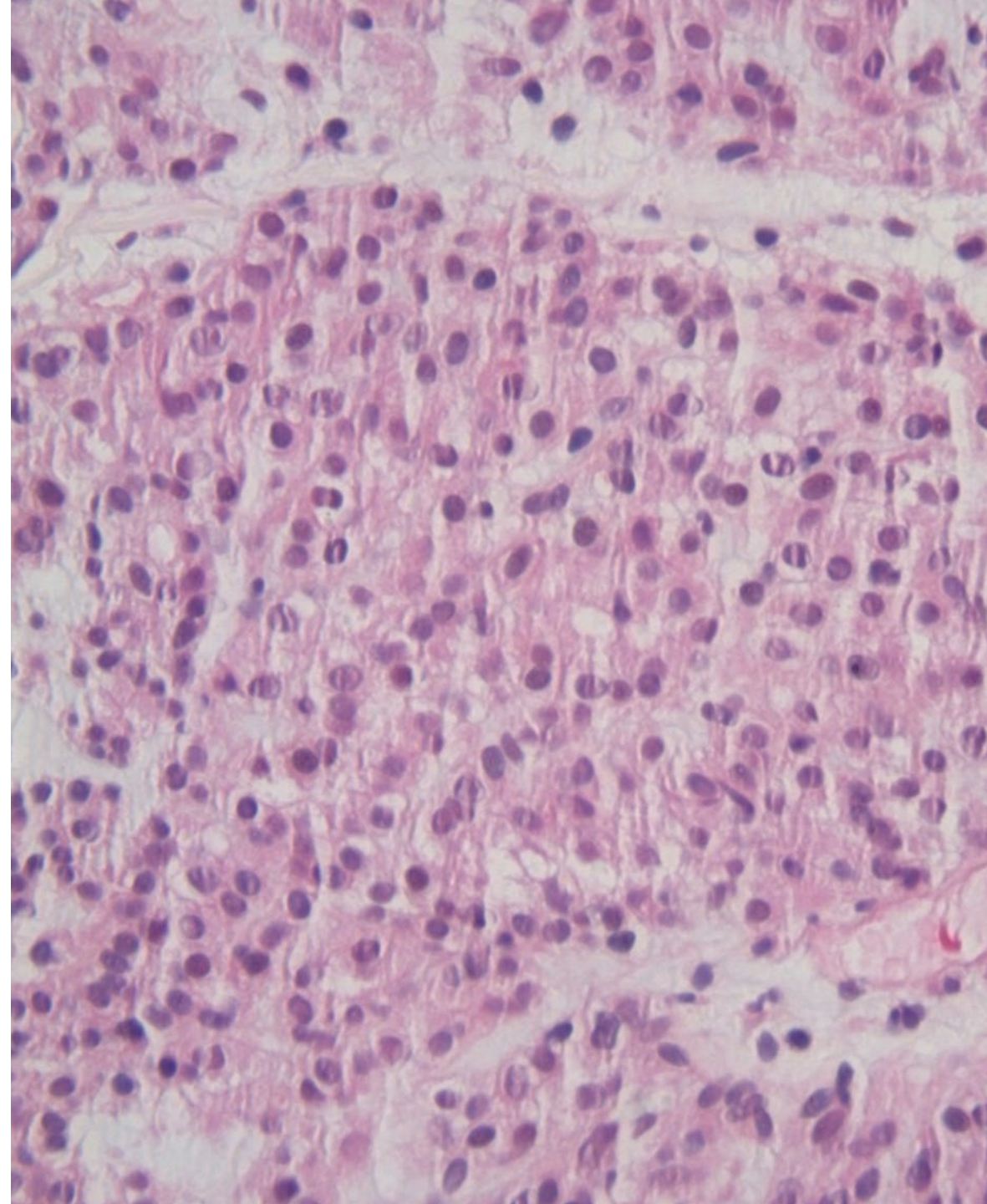
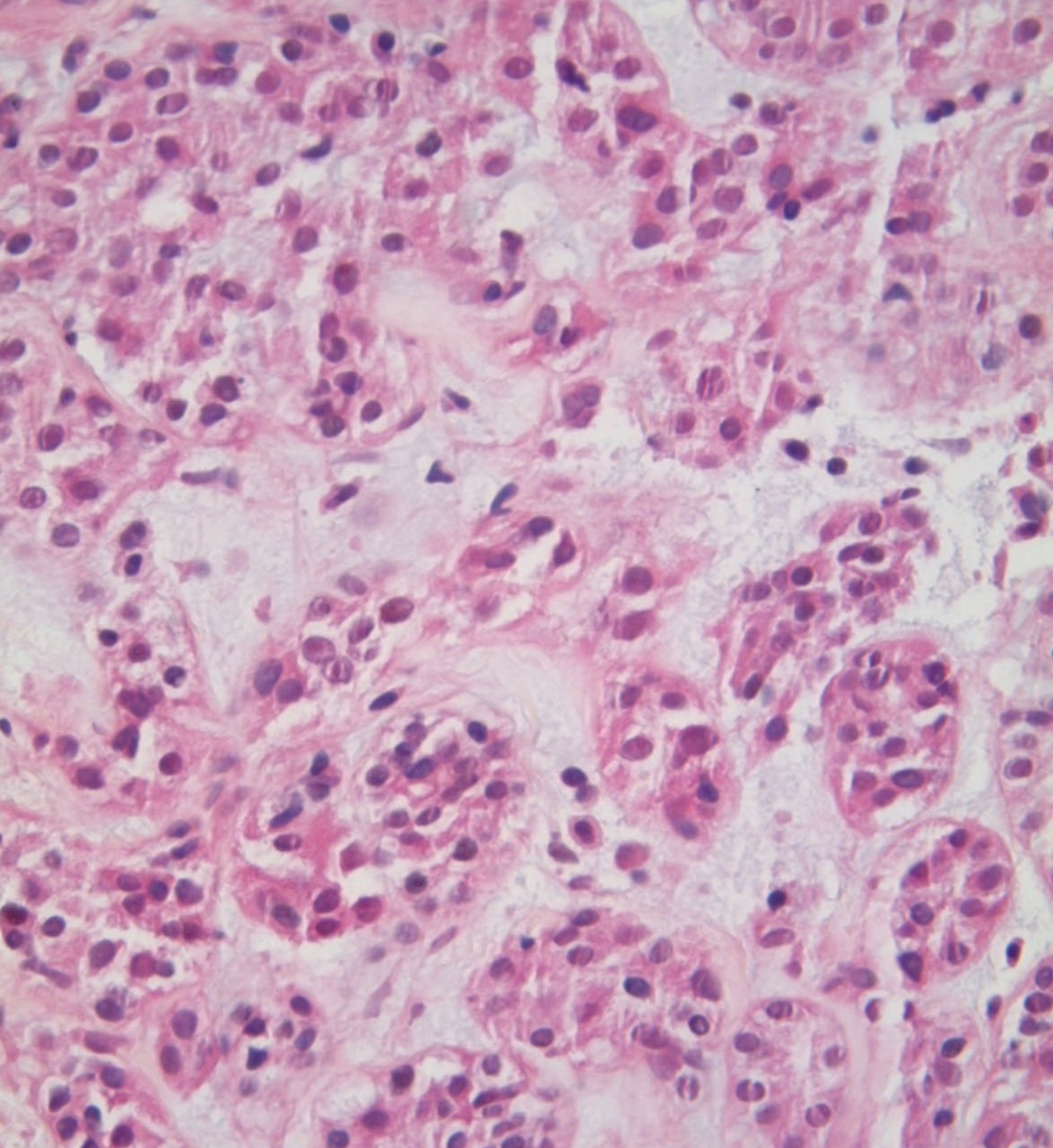


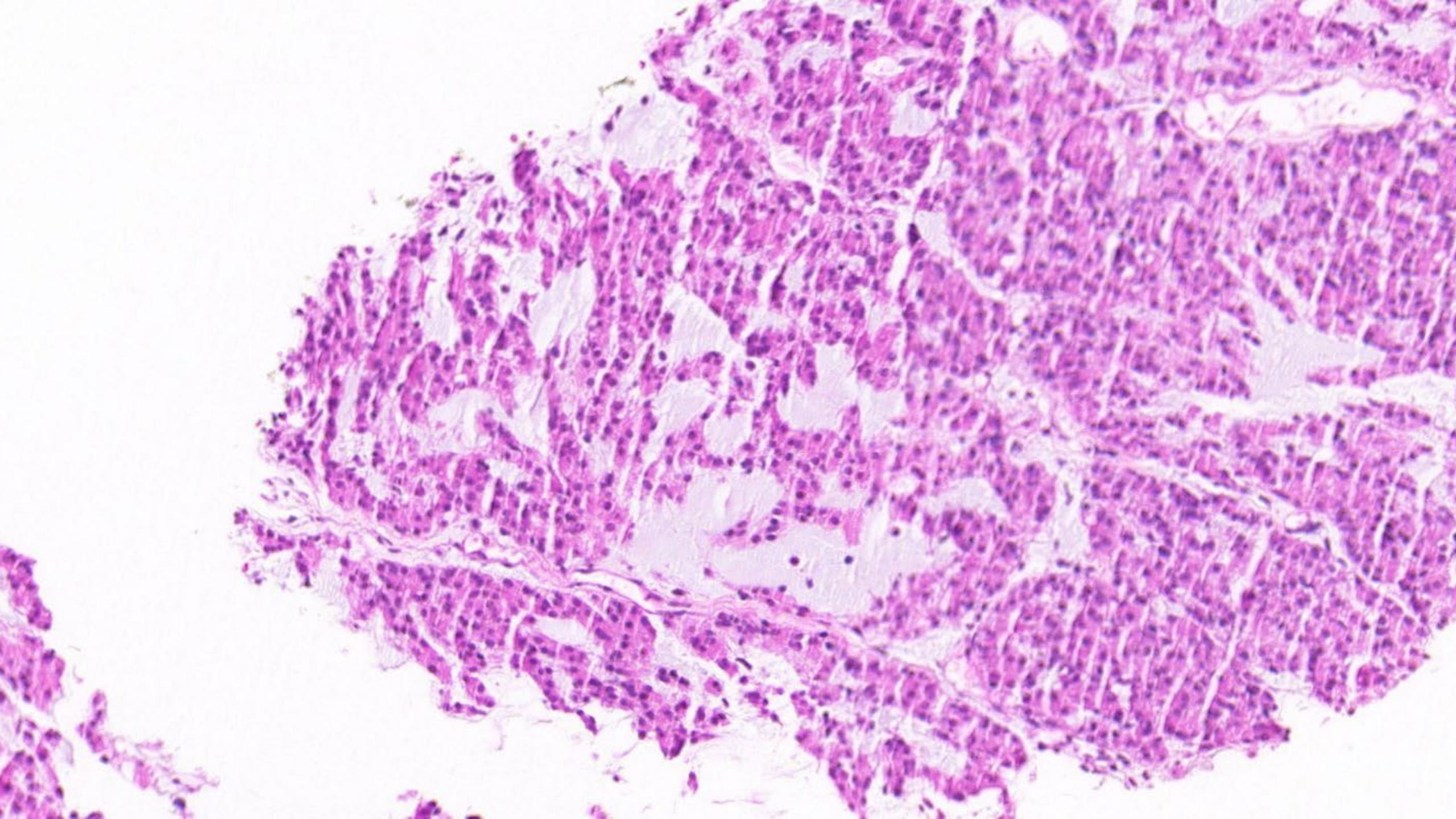




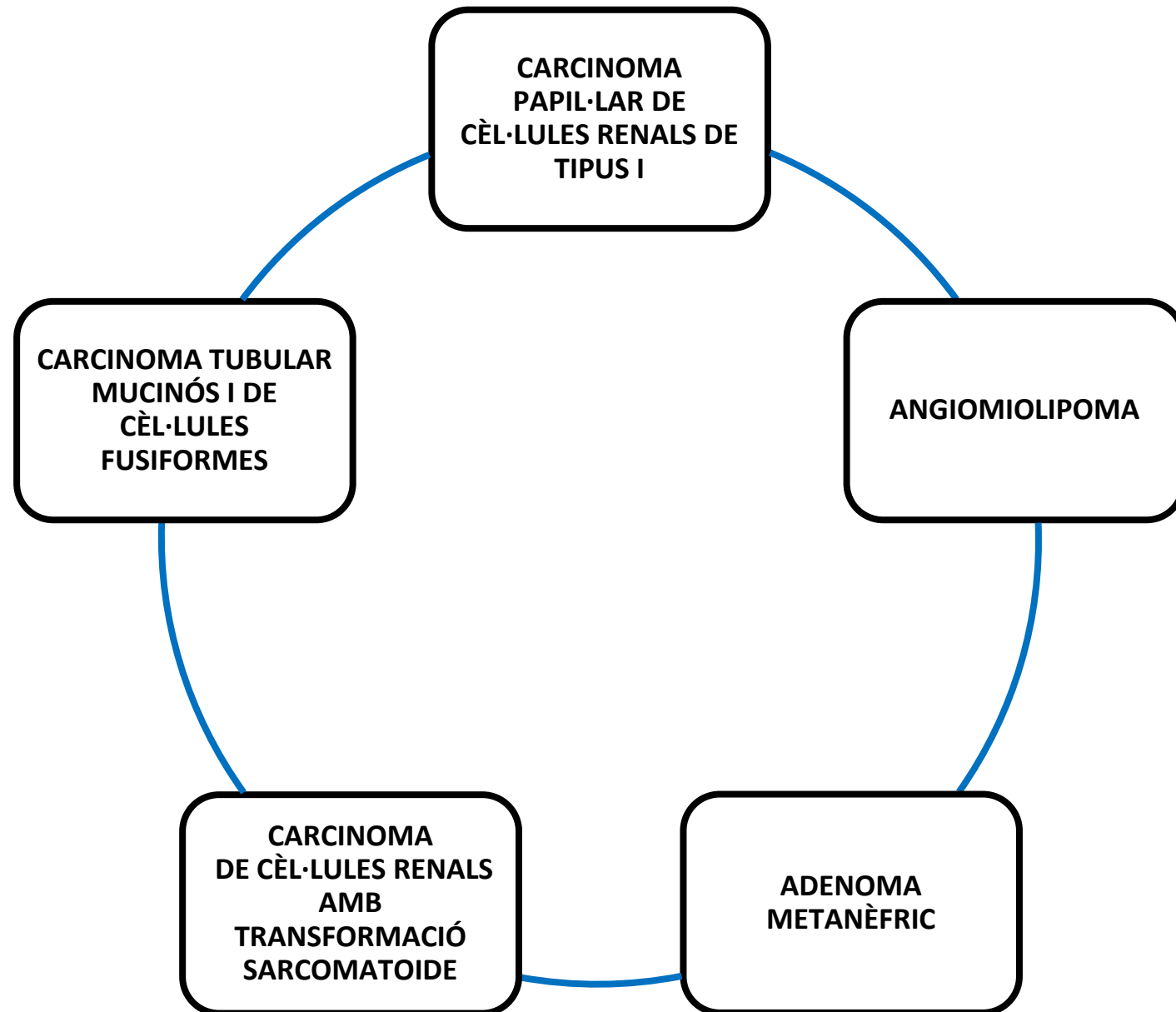




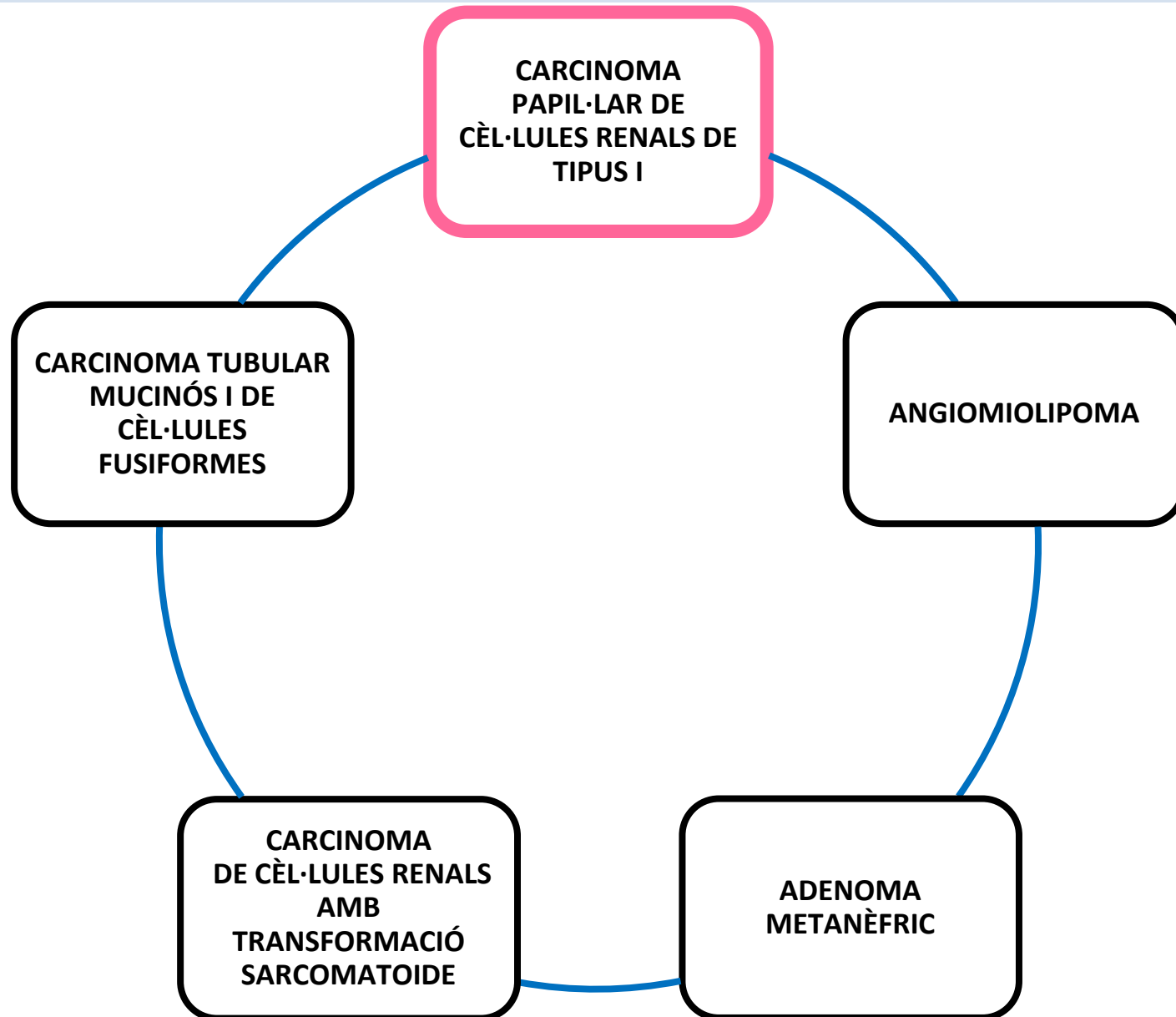


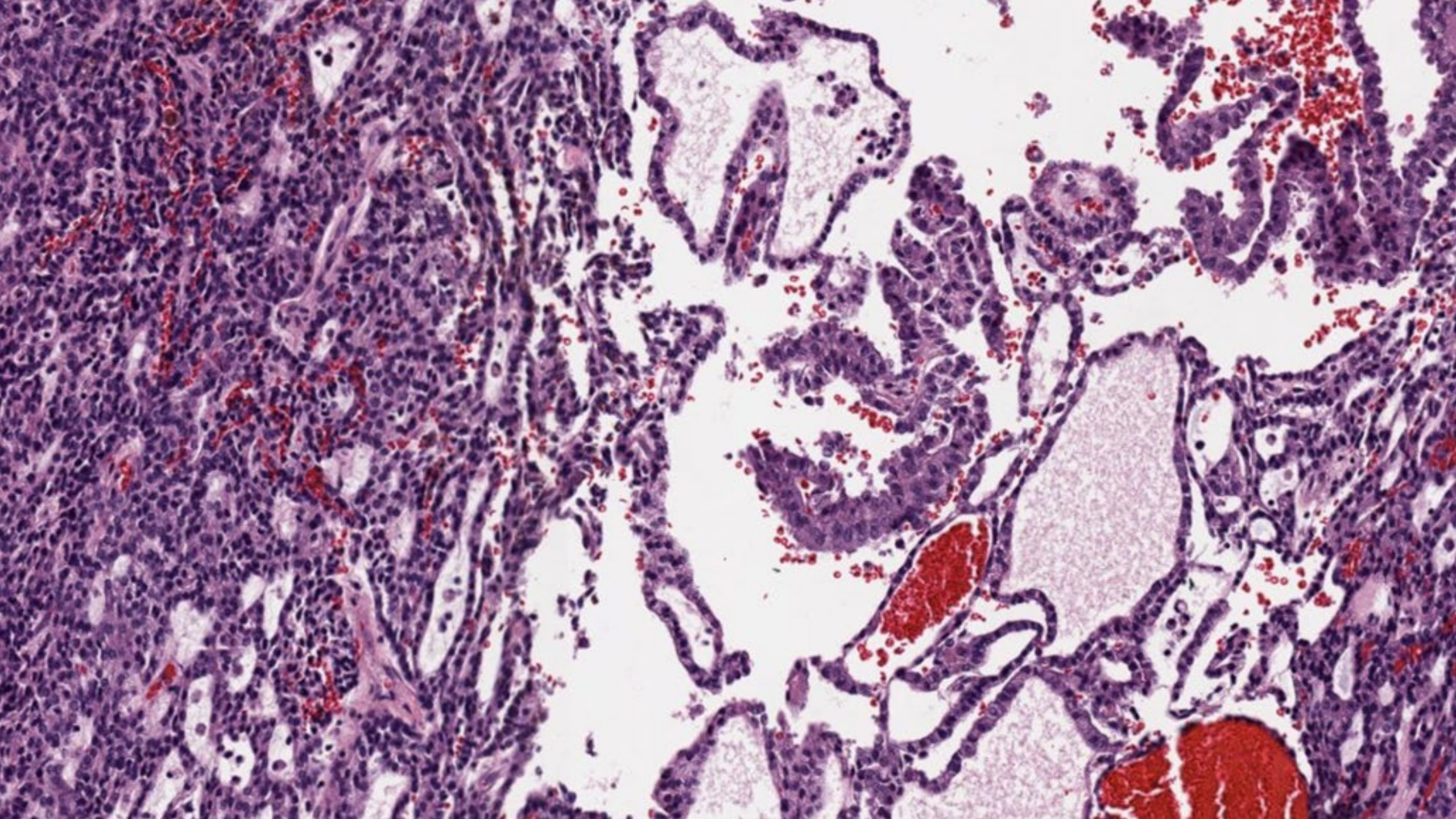


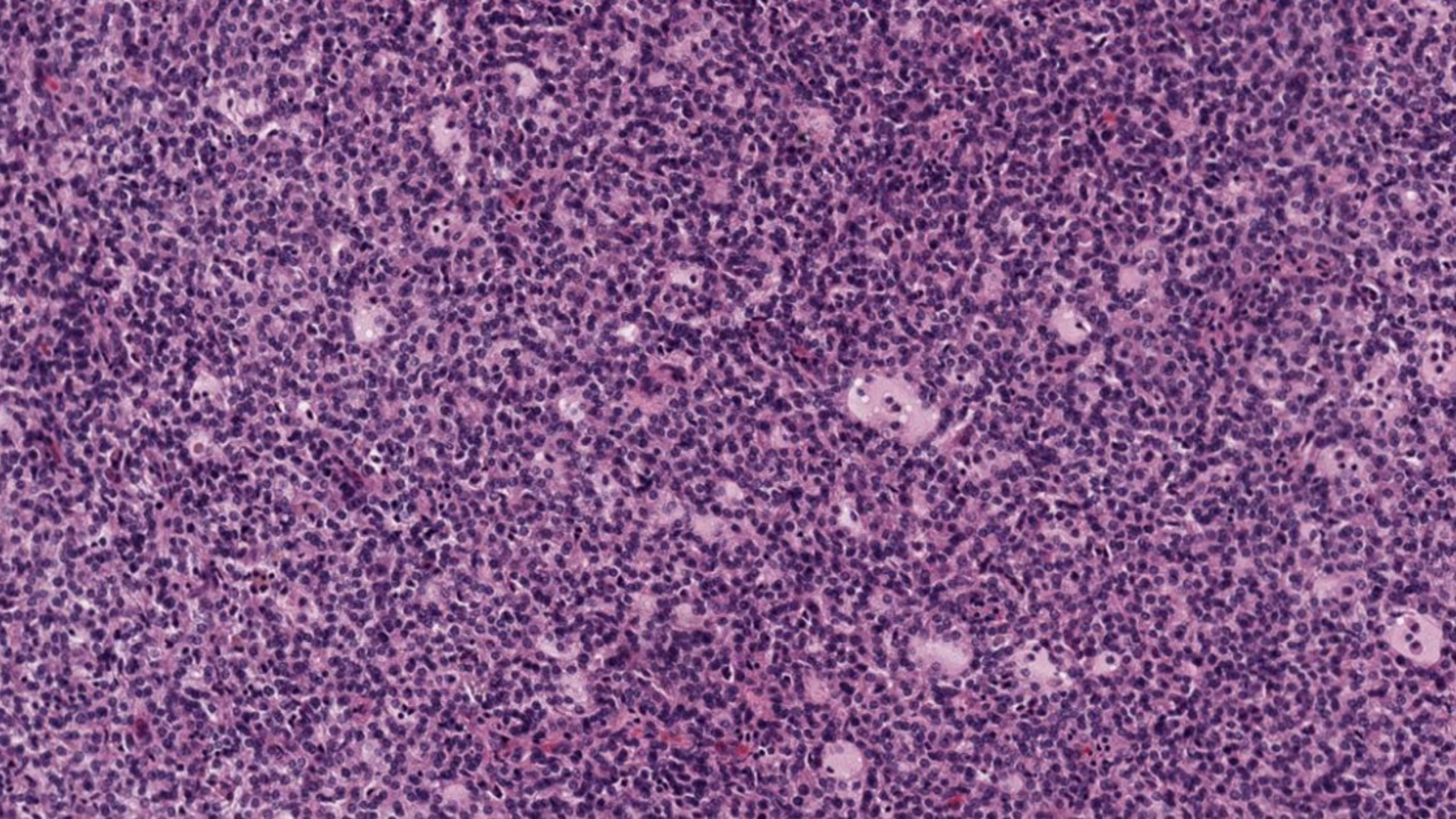
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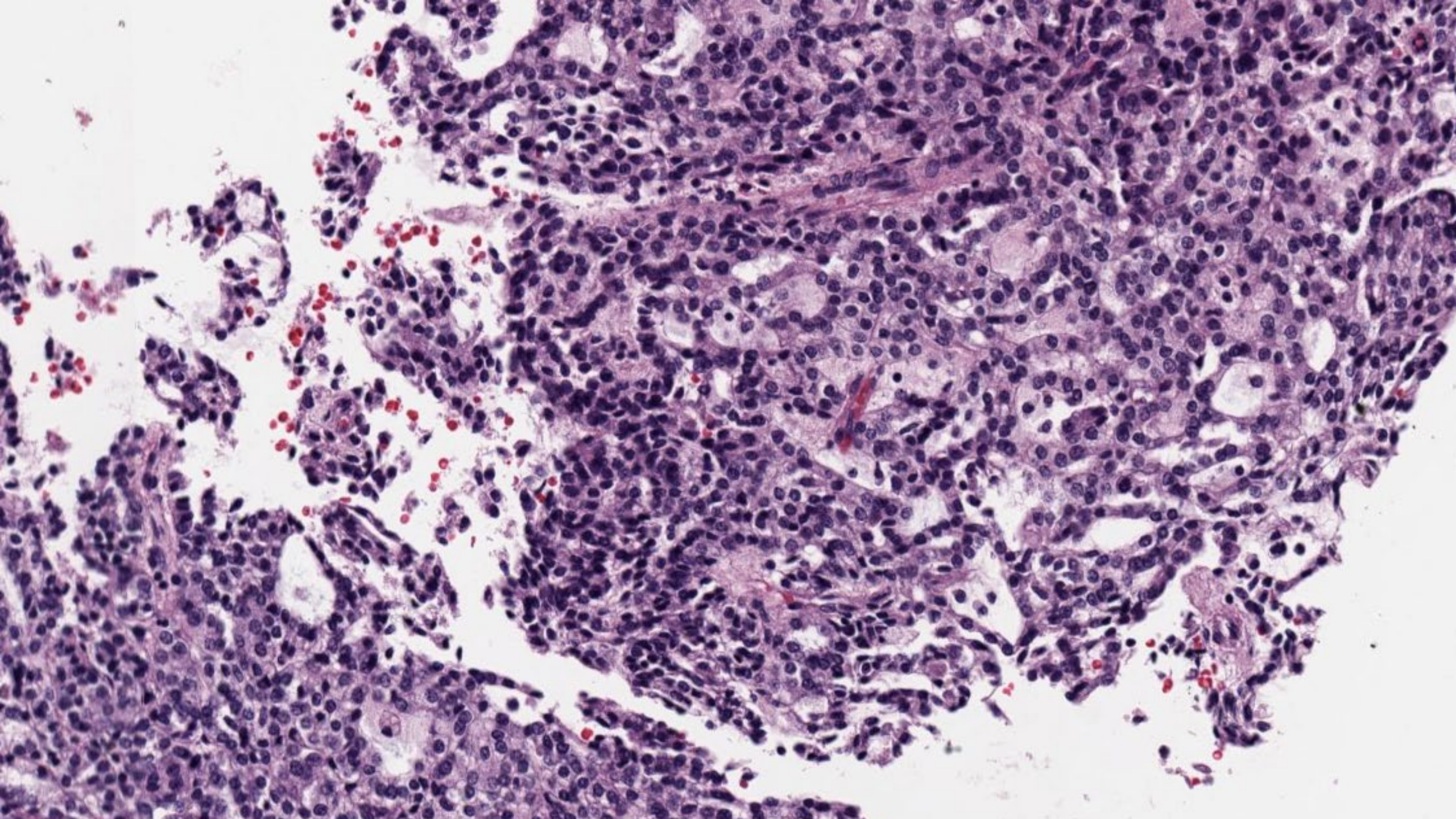
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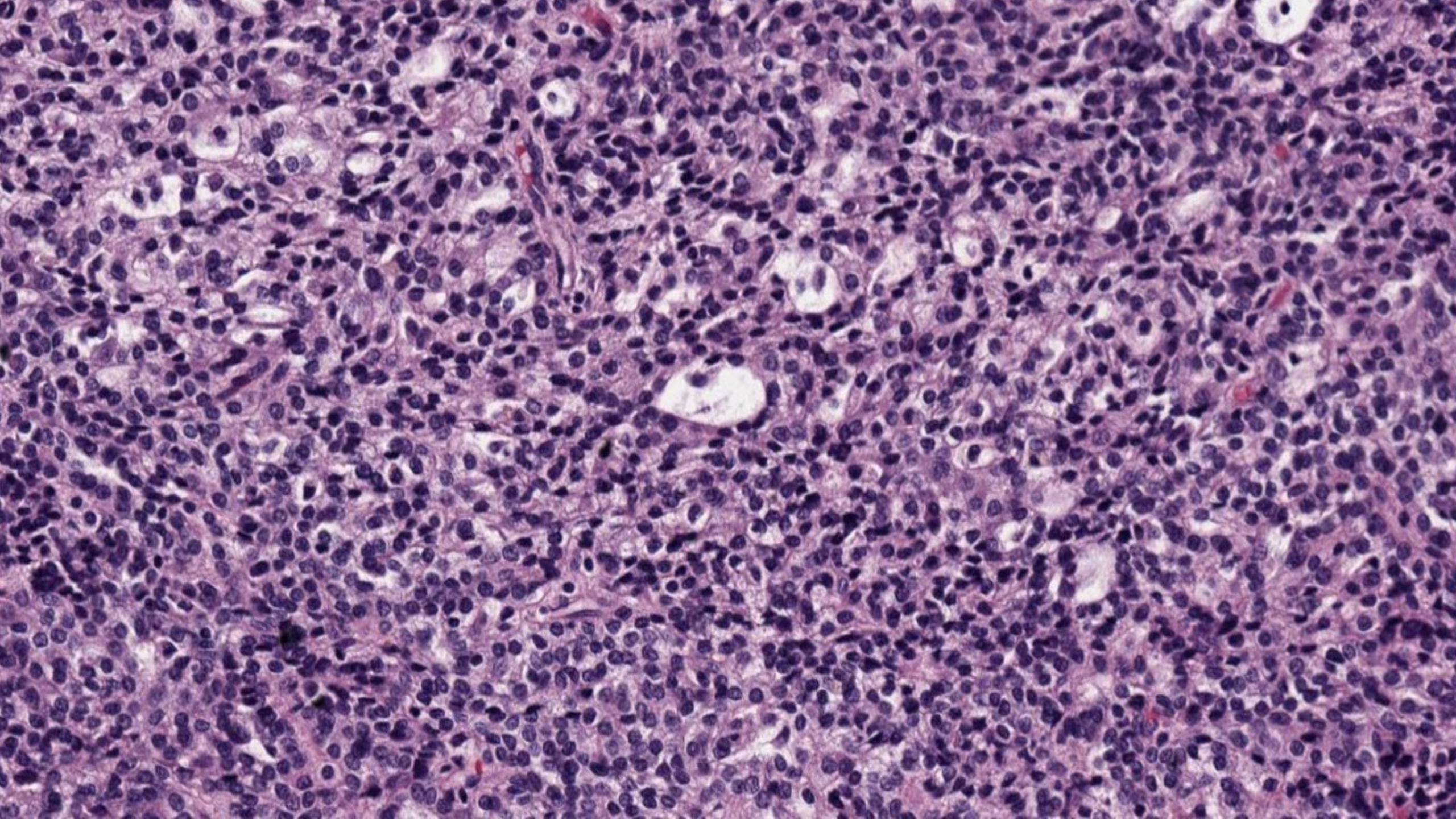












# CARCINOMA DE CÈL·LULES RENALS PAPIL·LAR DE TIPUS 1

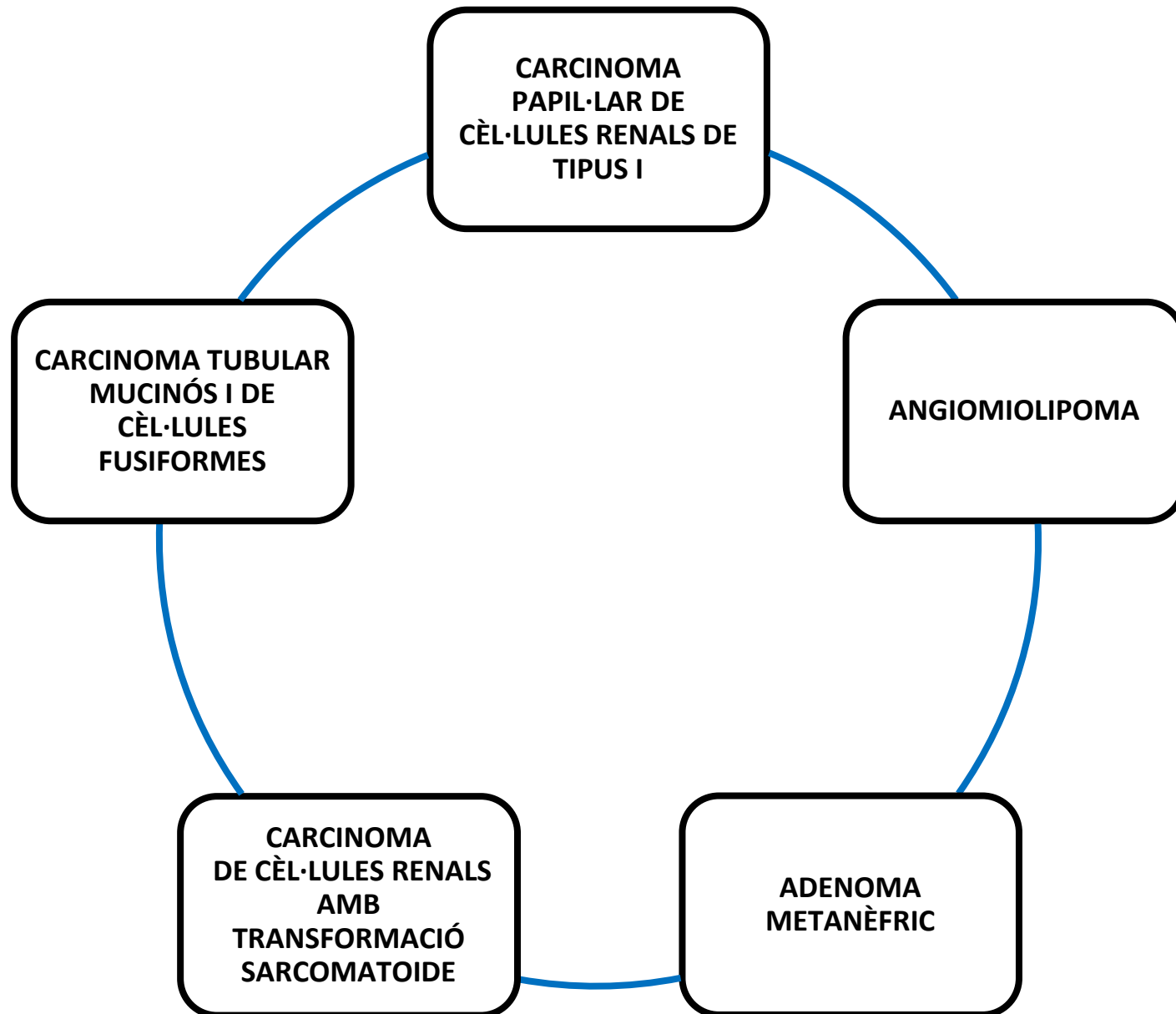
- PERFIL IMMUNOHISTOQUÍMIC:

AMACR	+
CK7	+
CD10	+

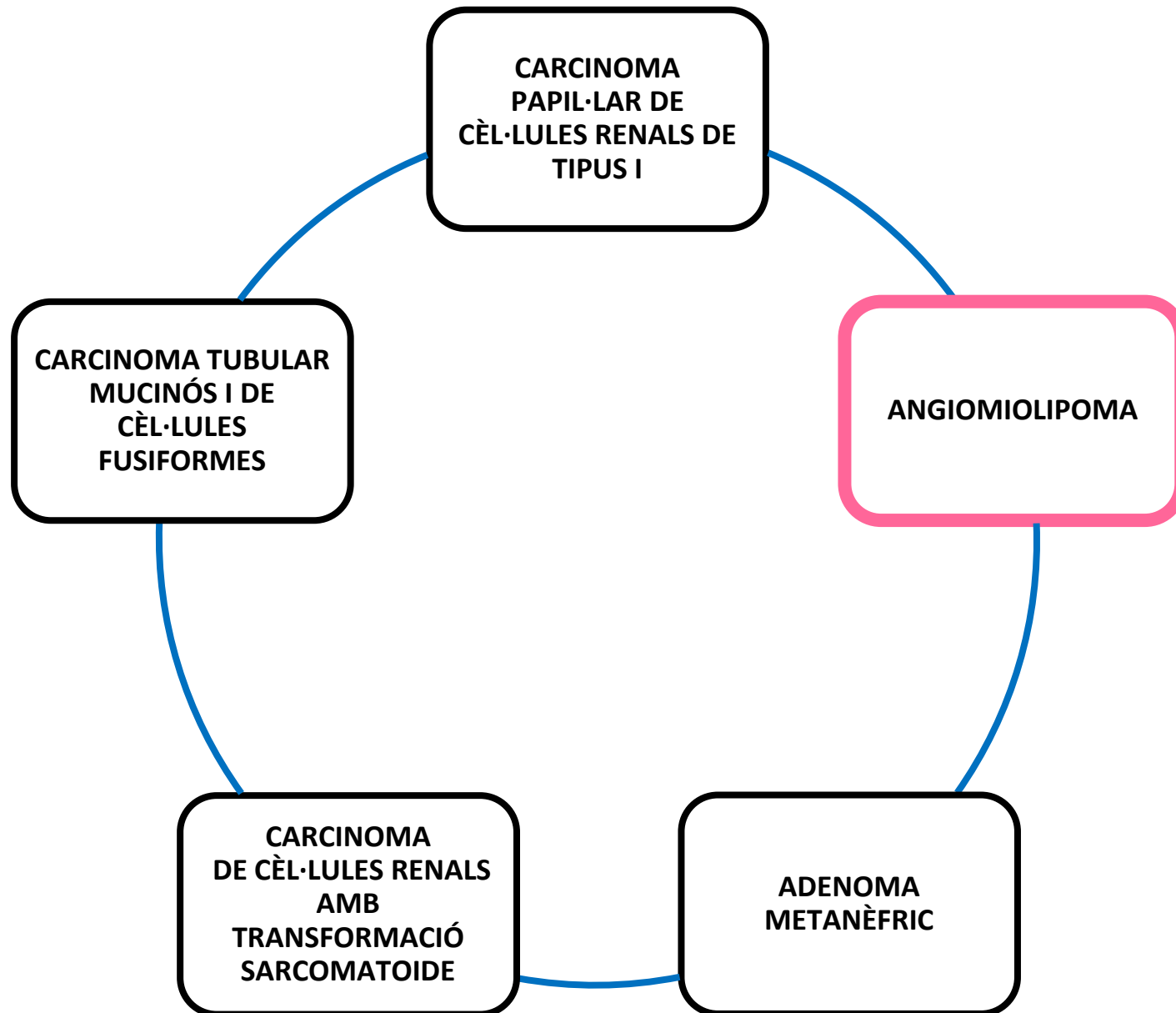
- CARACTERÍSTIQUES MOLECULARS:

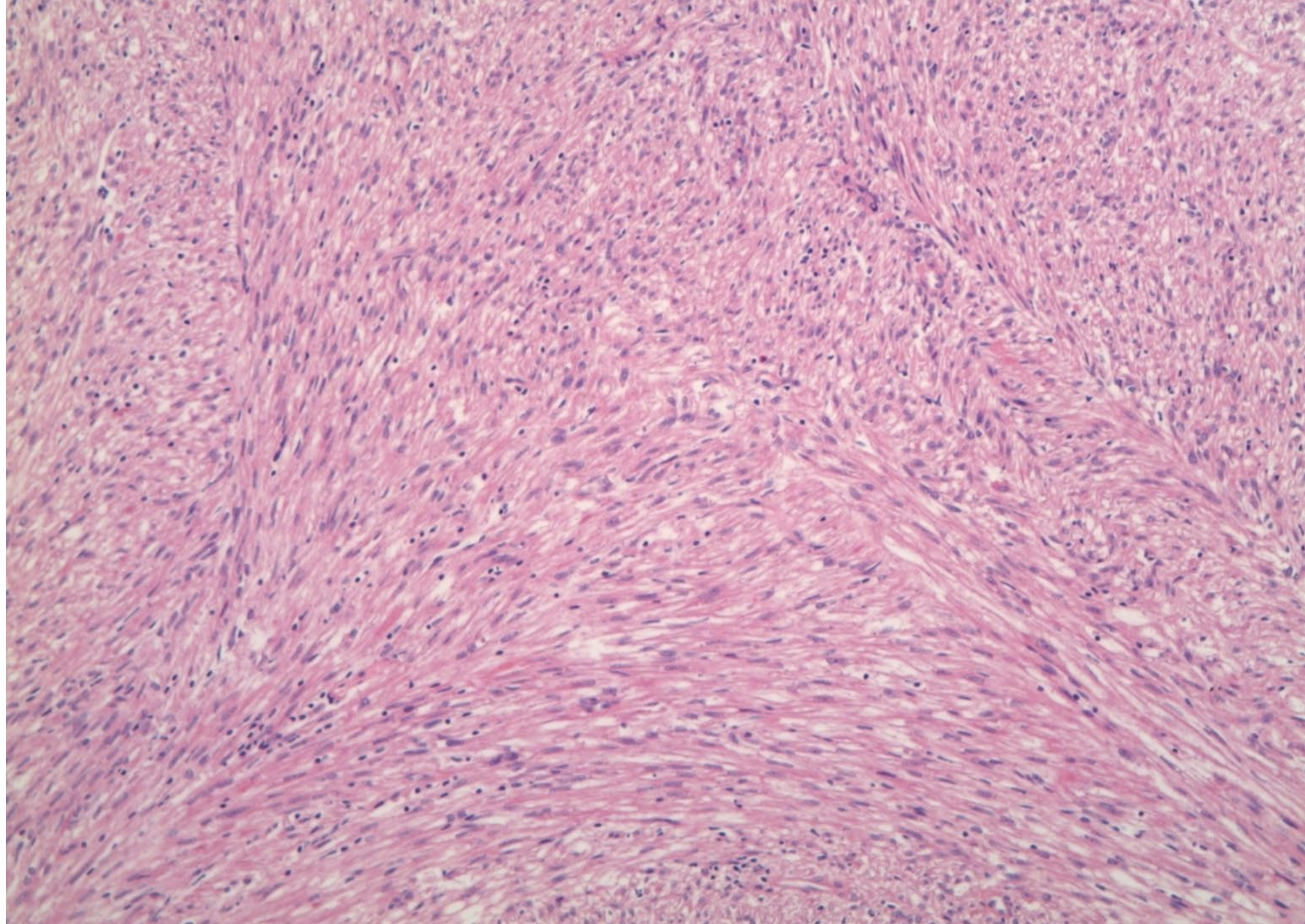
- Trisomia cromosomes 7 i 17 i pèrdua de cromosoma Y

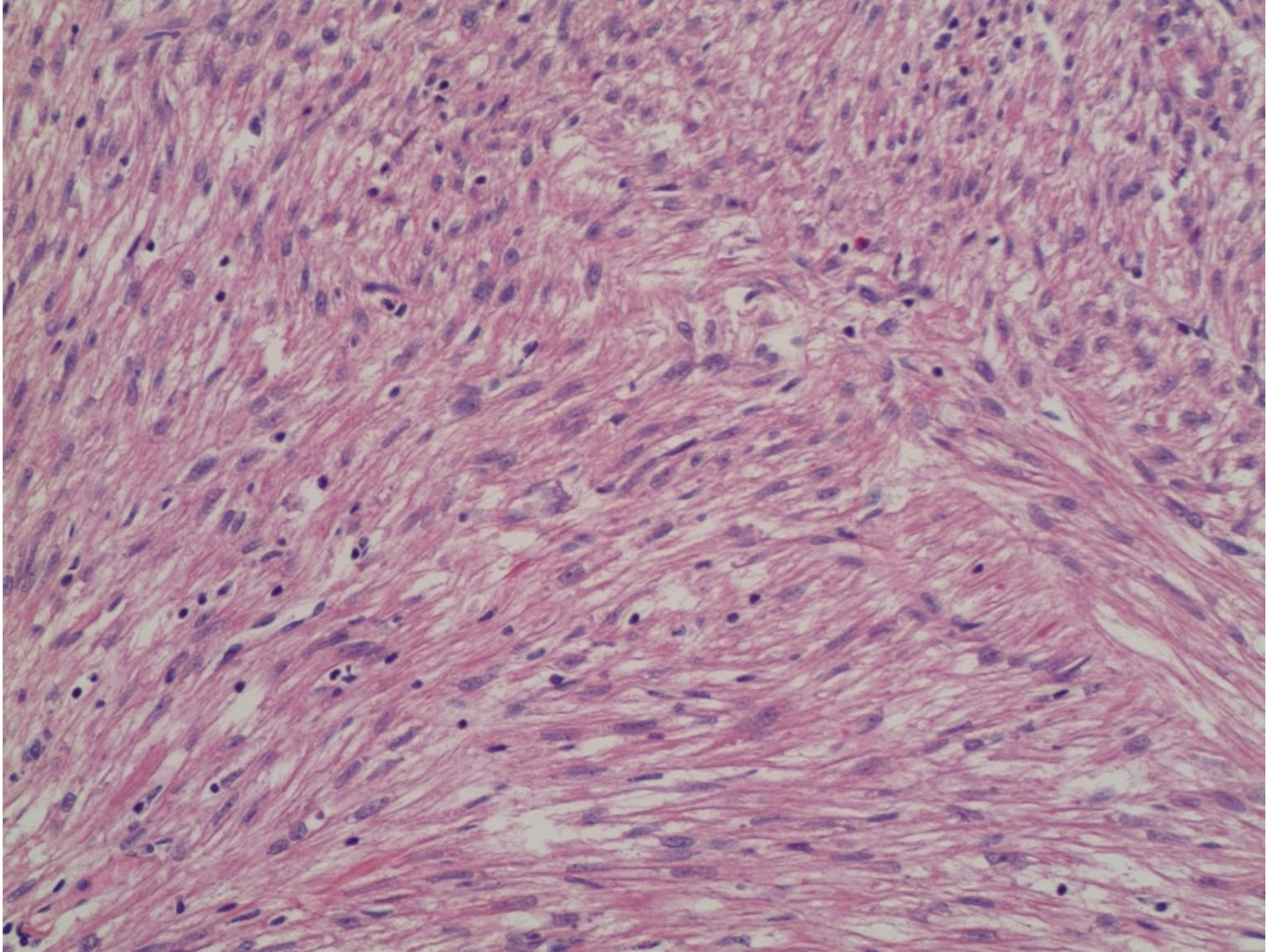
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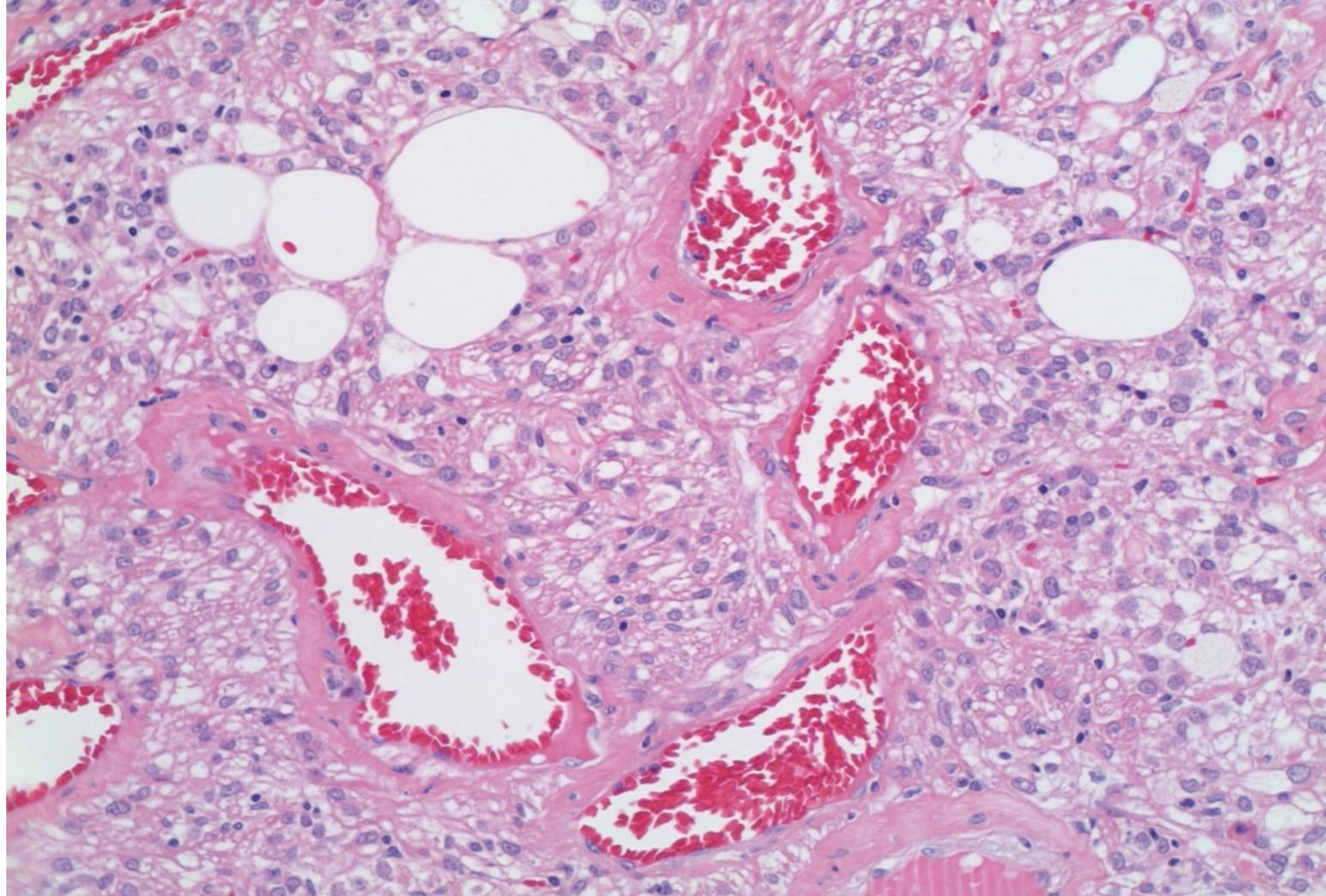


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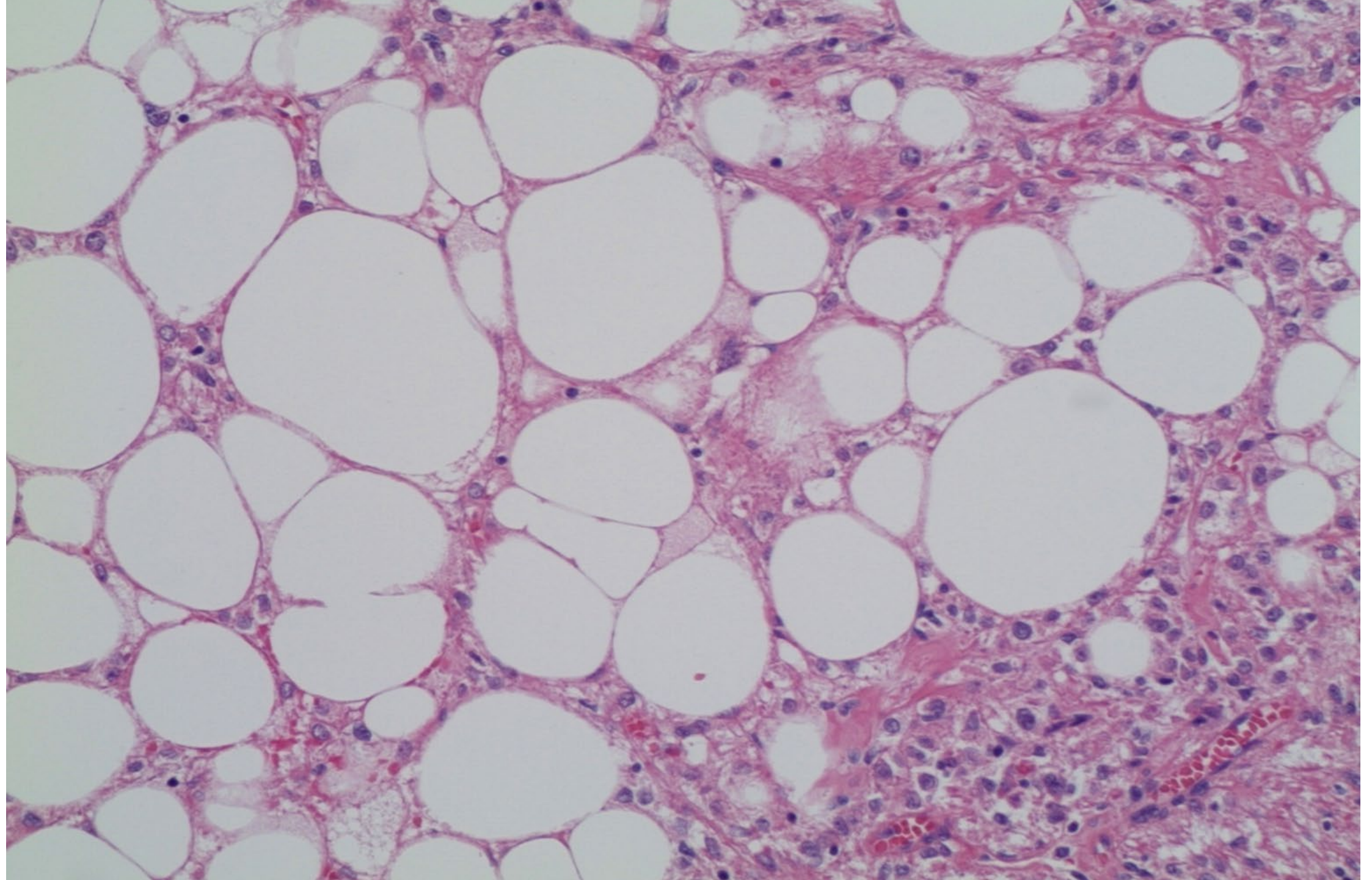
















# ANGIOMIOLIPOMA

- PERFIL IMMUNOHISTOQUÍMIC:

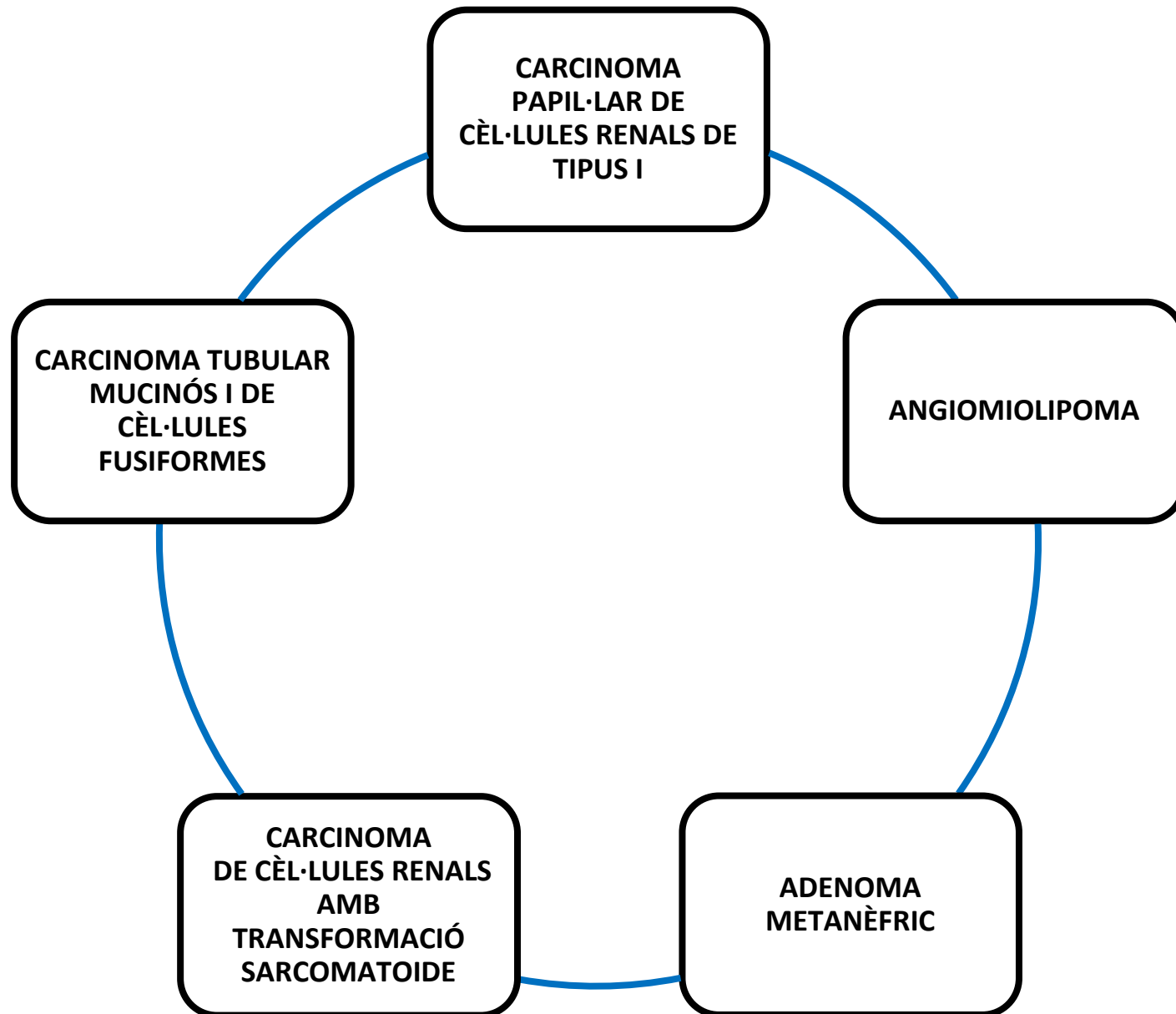
HMB45 i MELANA	
SMA i CALDESMON	
CATEPSINA K	
CITOQUERATINES	

- 80% pacients amb esclerosi tuberosa desenvolupen AML
- < 50% pacients amb AML tenen esclerosi tuberosa

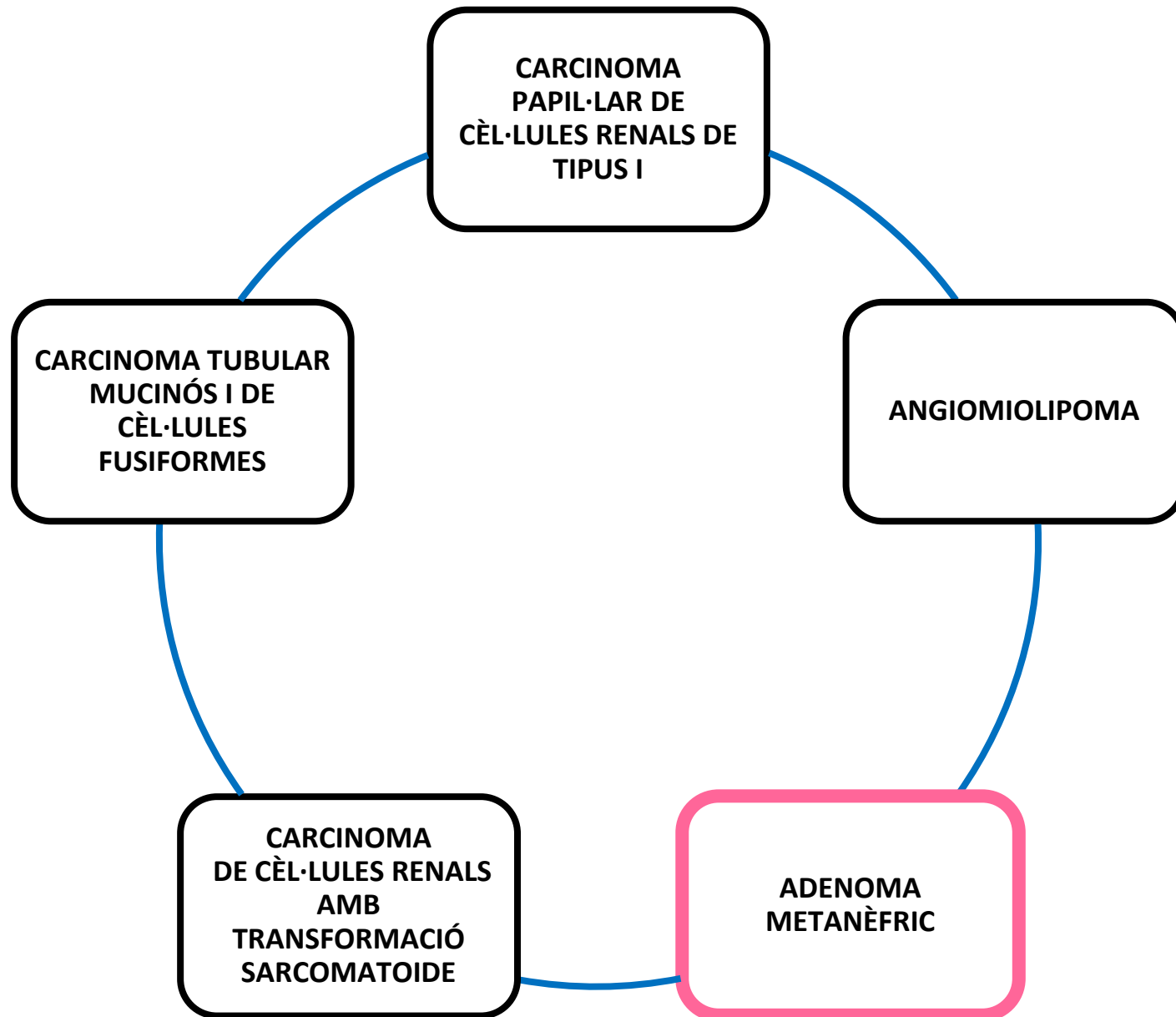
- CARACTERÍSTIQUES MOLECULARS:

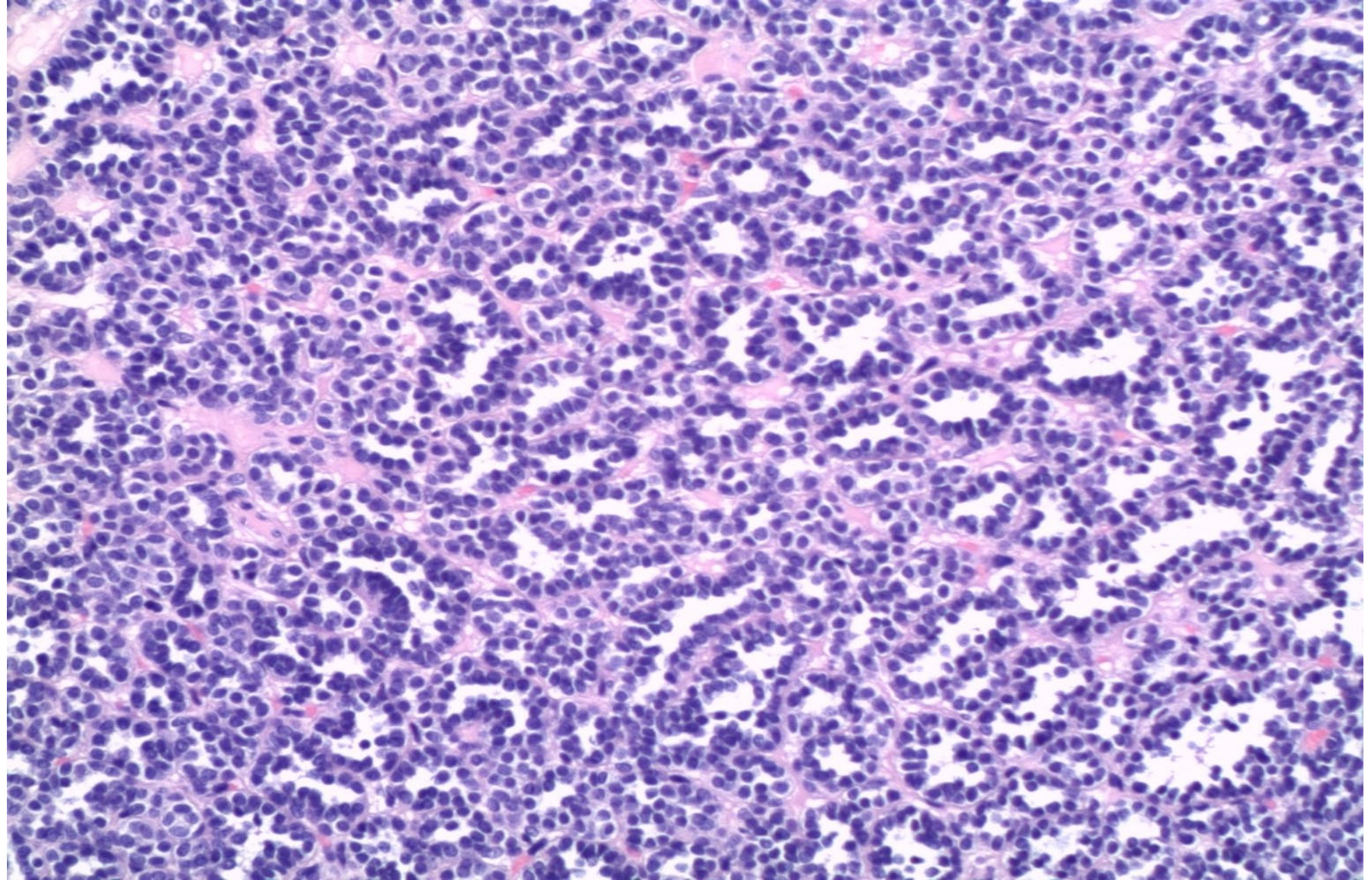
- Esporàdic: alteracions gens *TSC2*

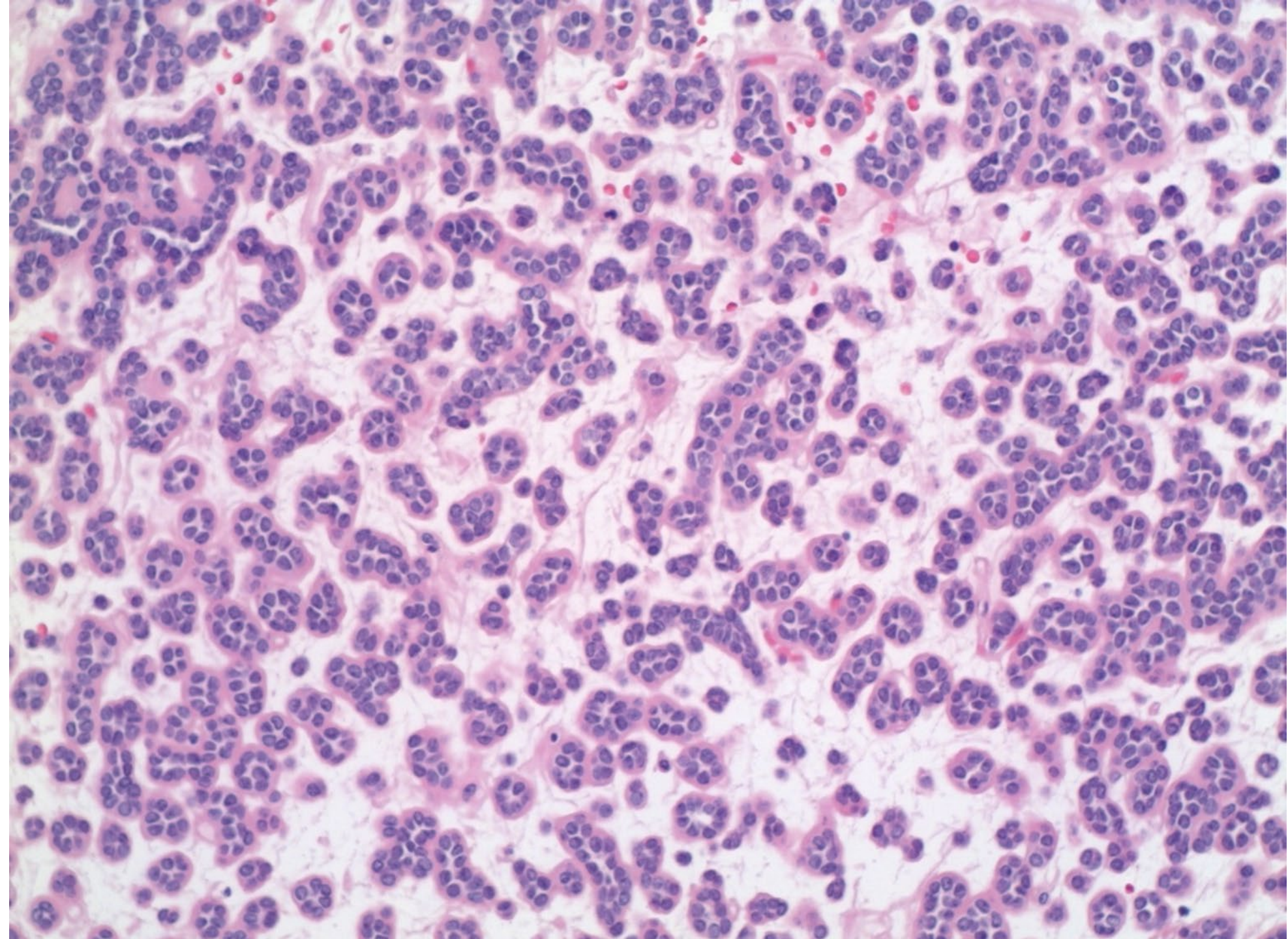
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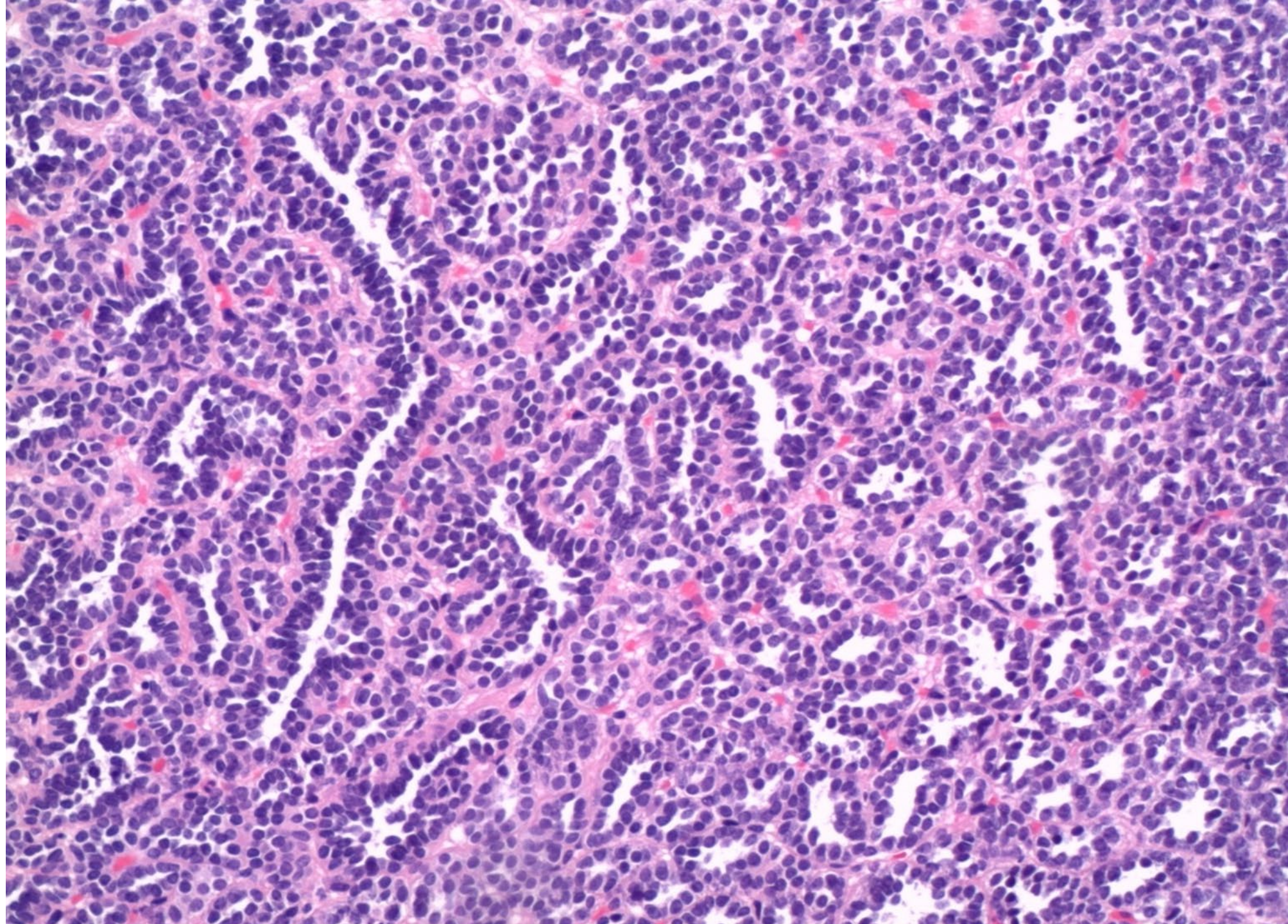


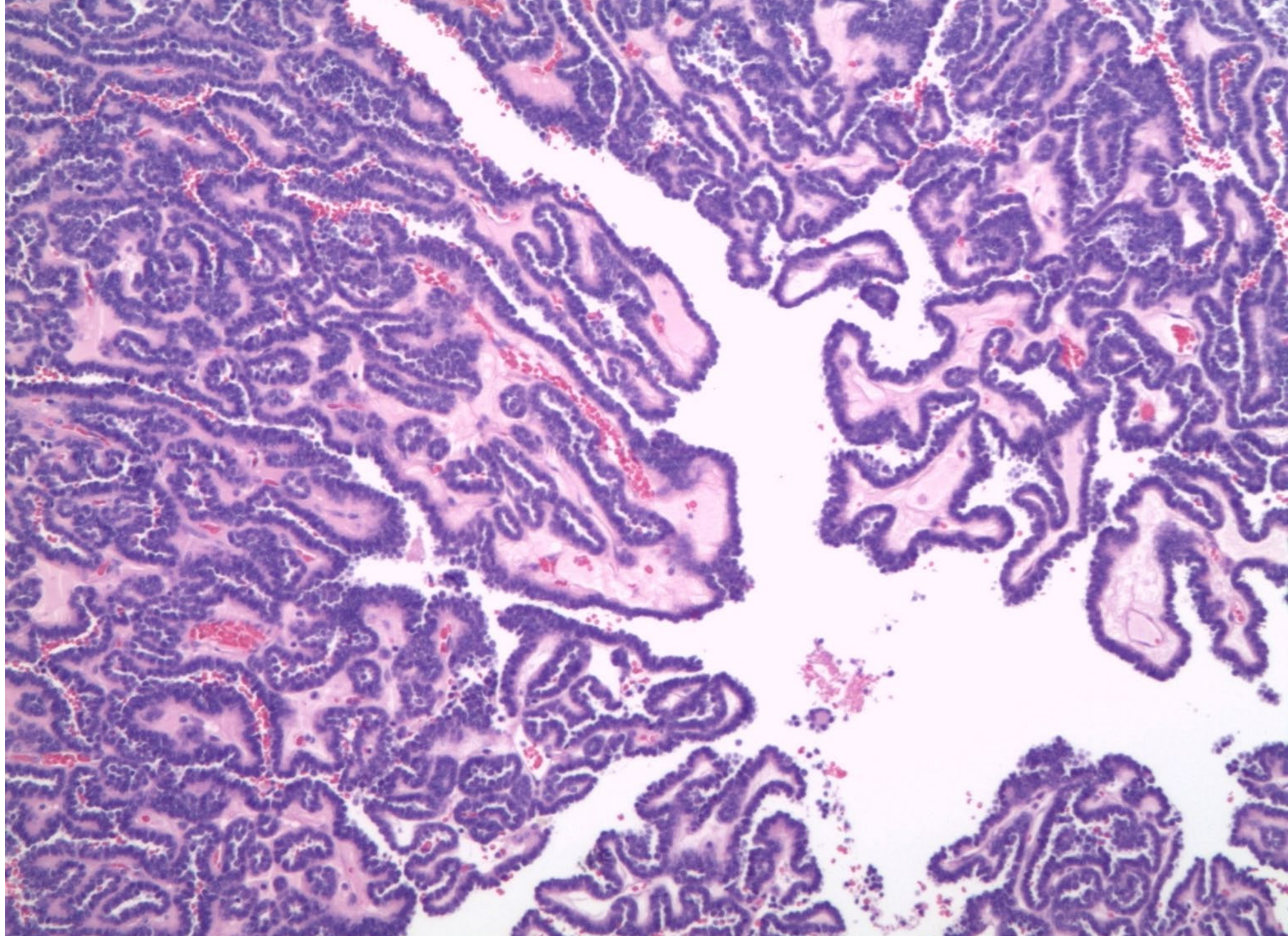
# DIAGNÒSTIC DIFERENCIAL



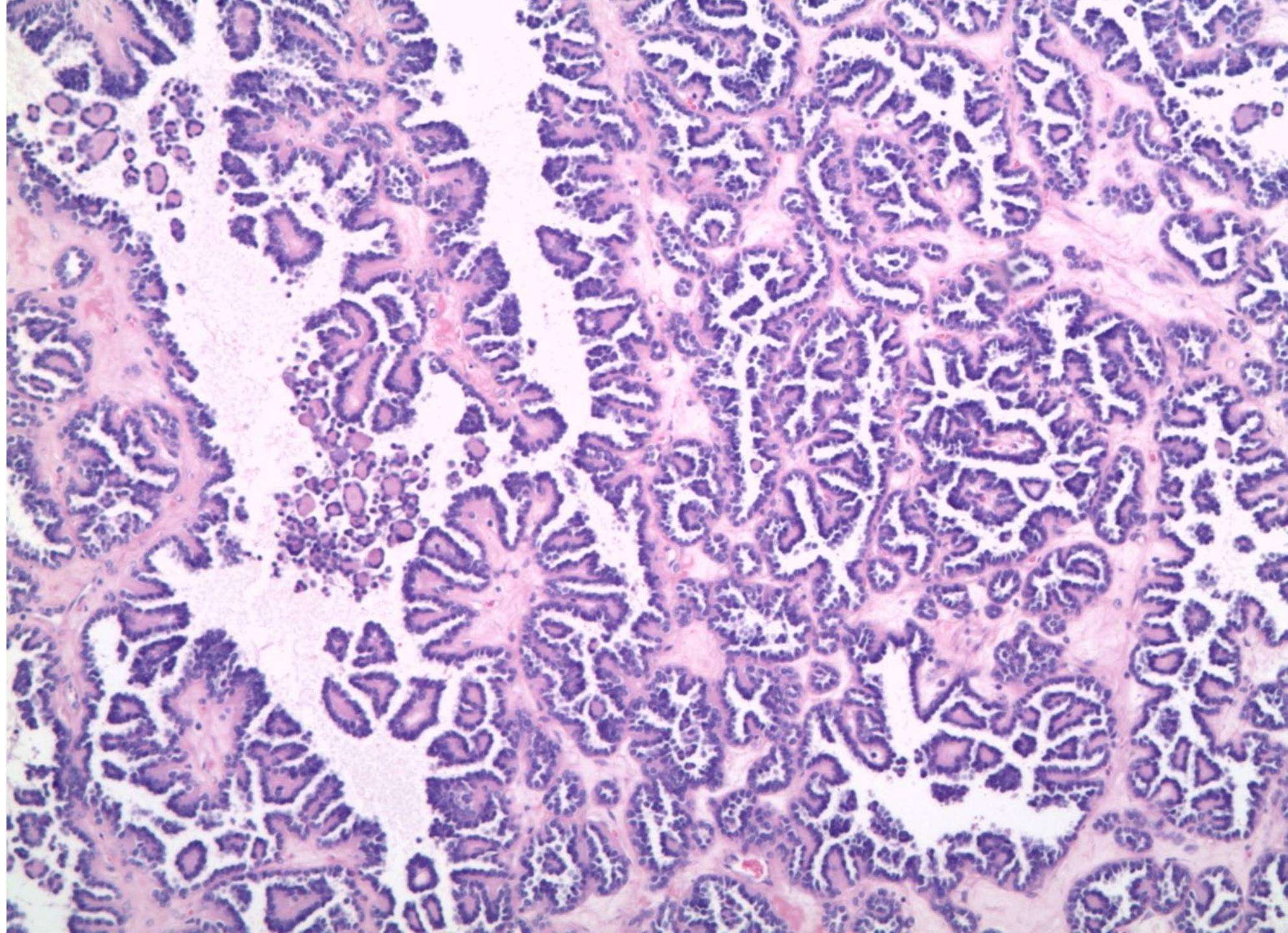


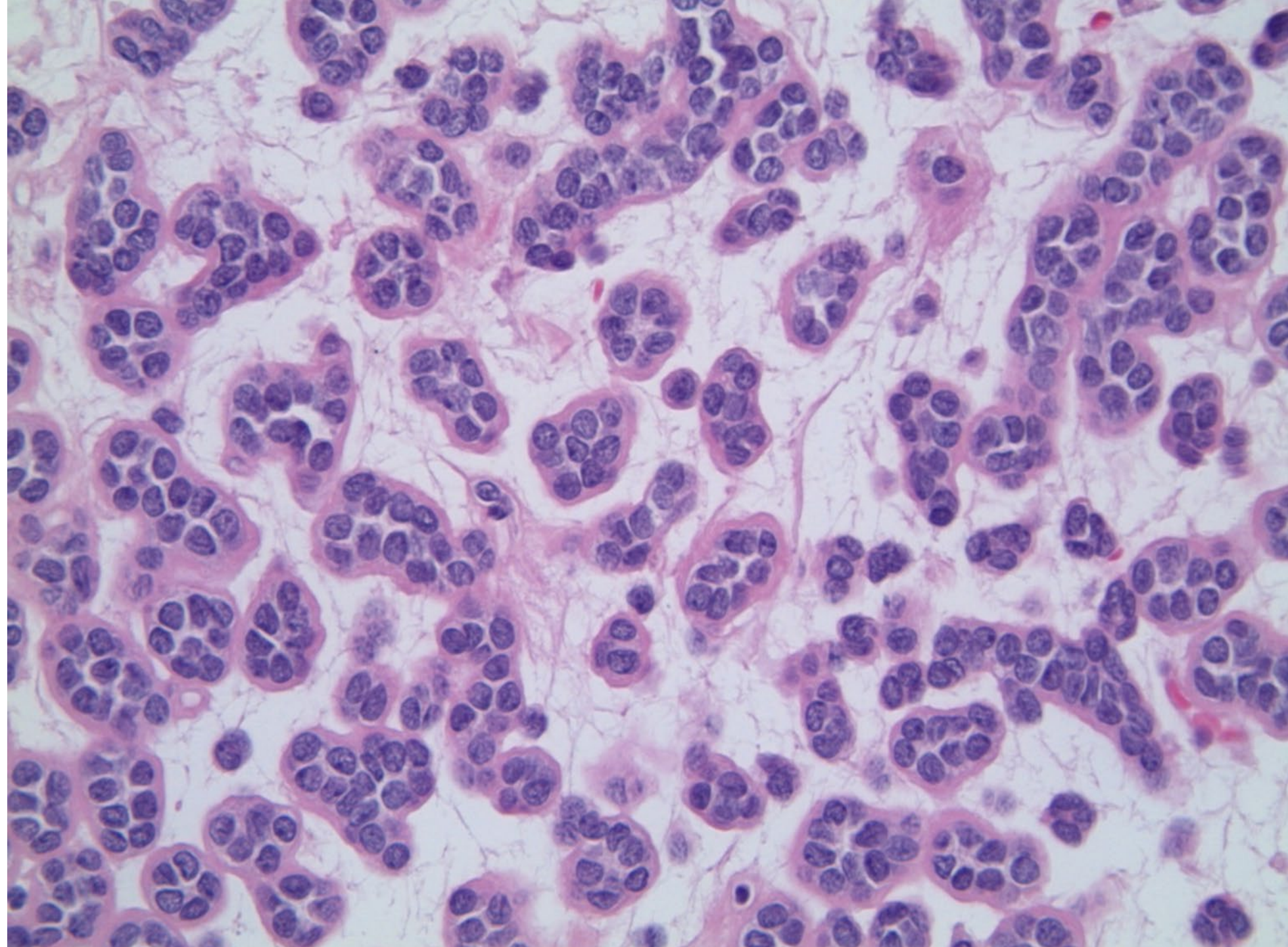


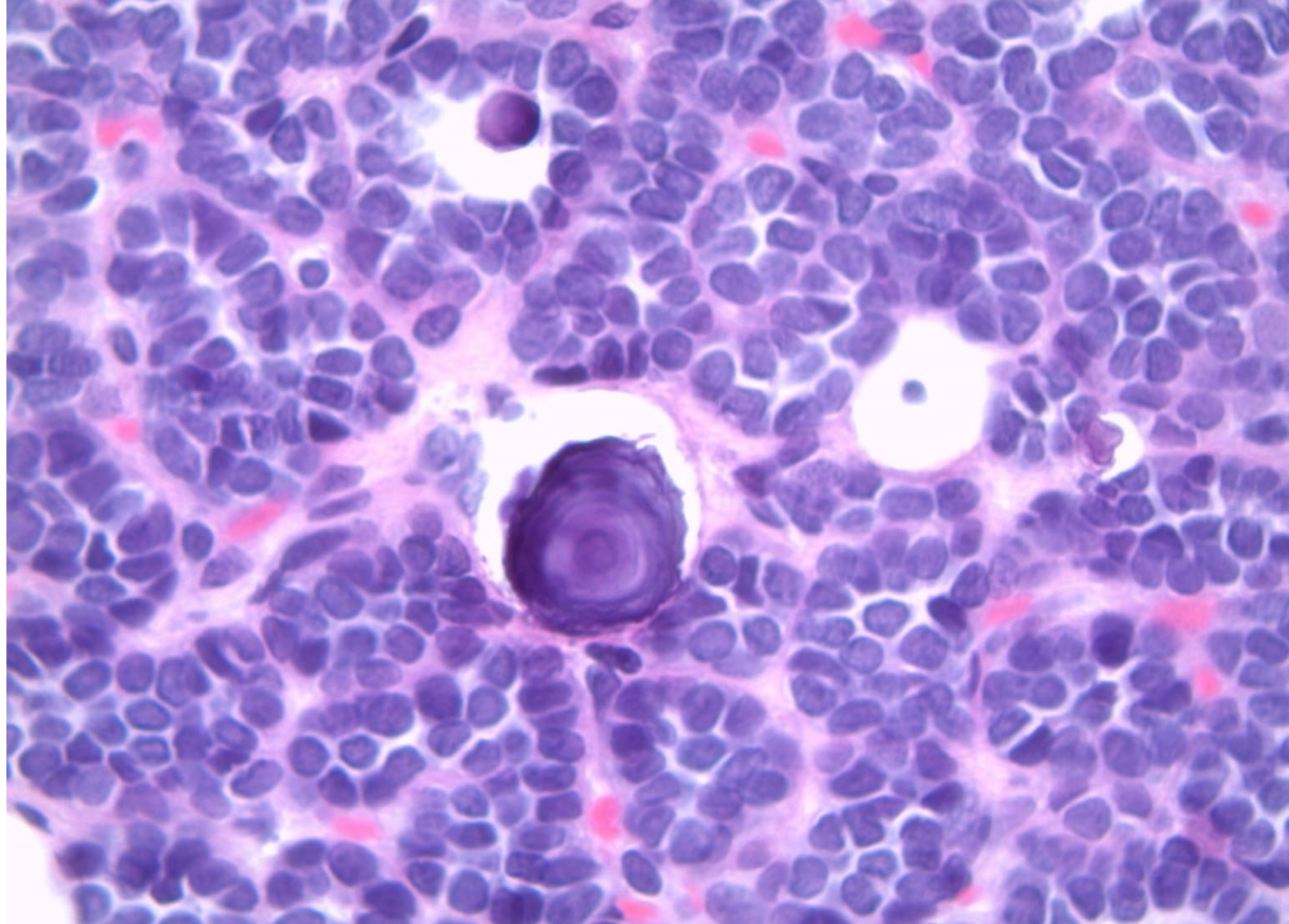








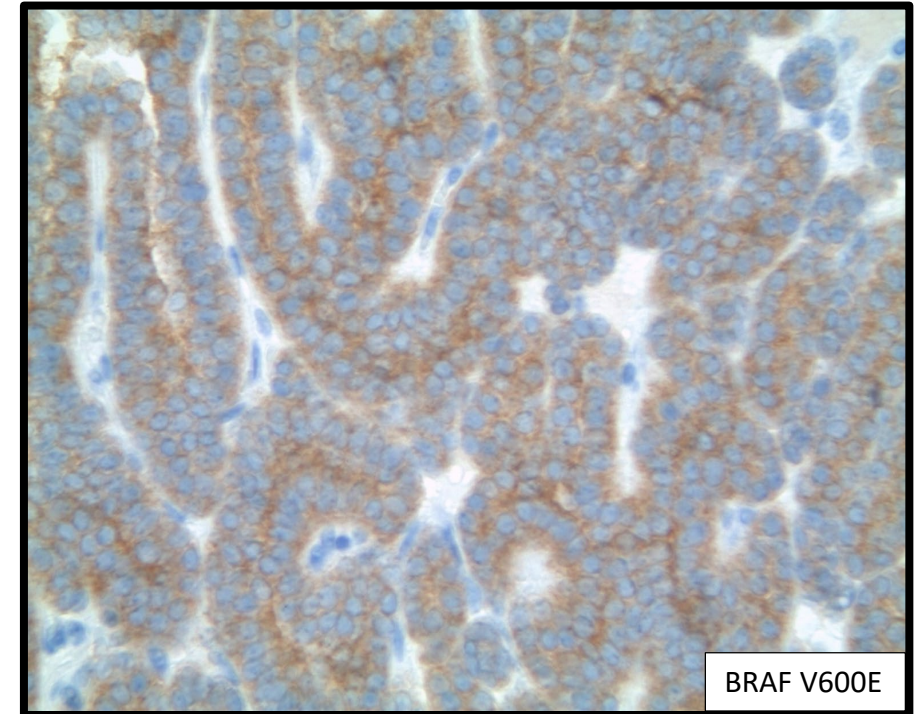




# ADENOMA METANÈFRIC

- PERFIL IMMUNOHISTOQUÍMIC:

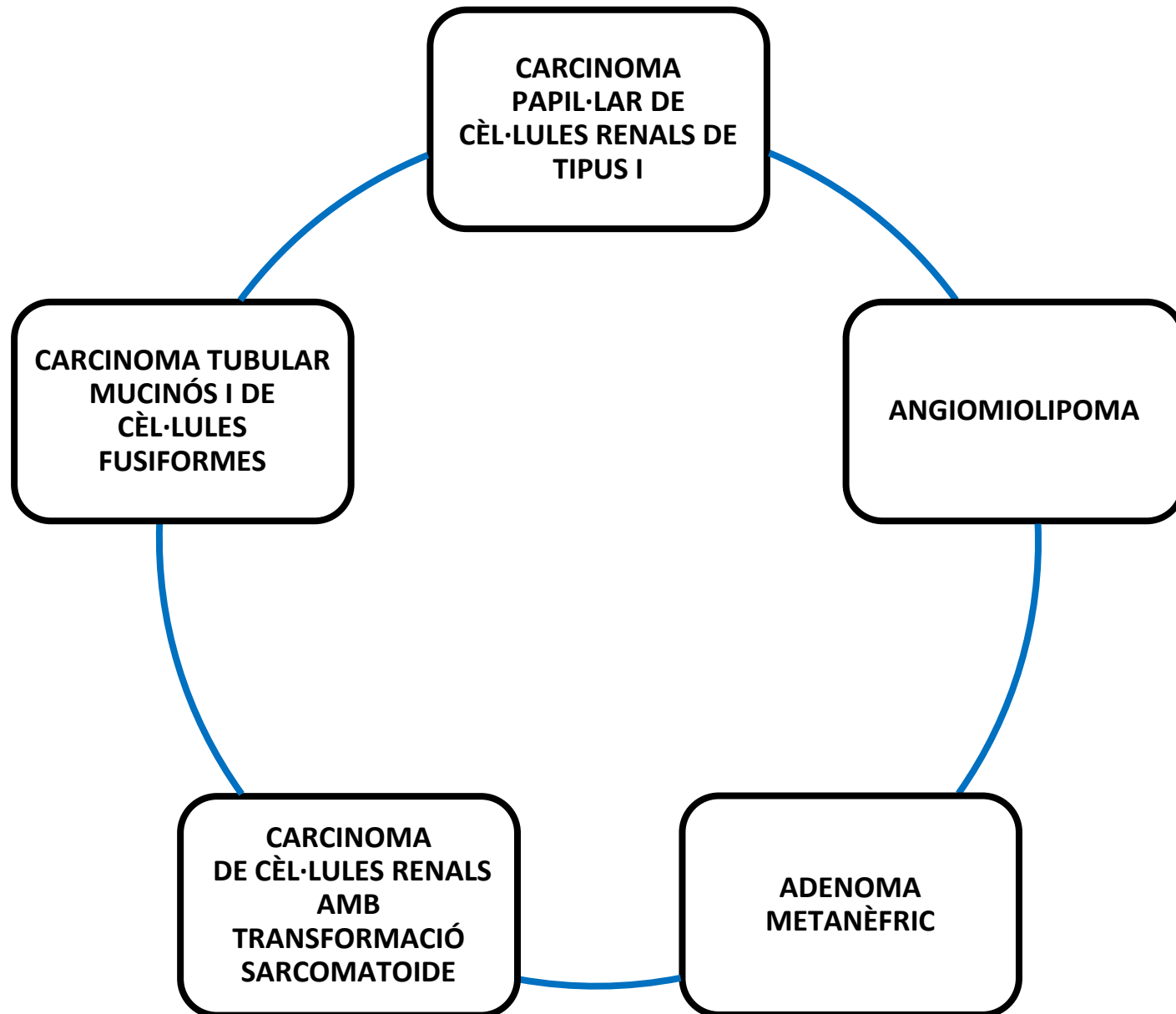
WT1	+
CD57	+
AMACR	-
CK7	-



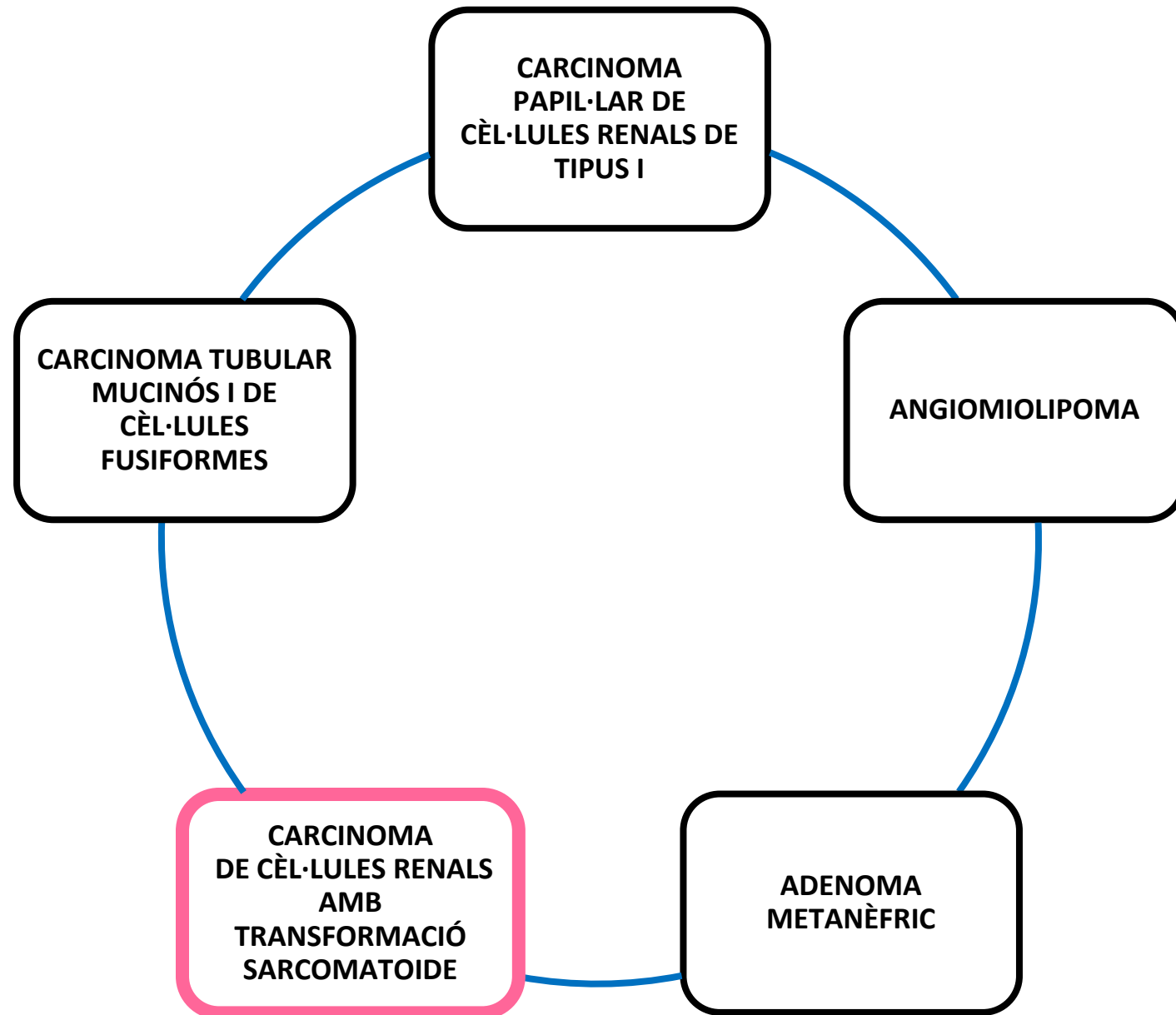
- CARACTERÍSTIQUES MOLECULARS:

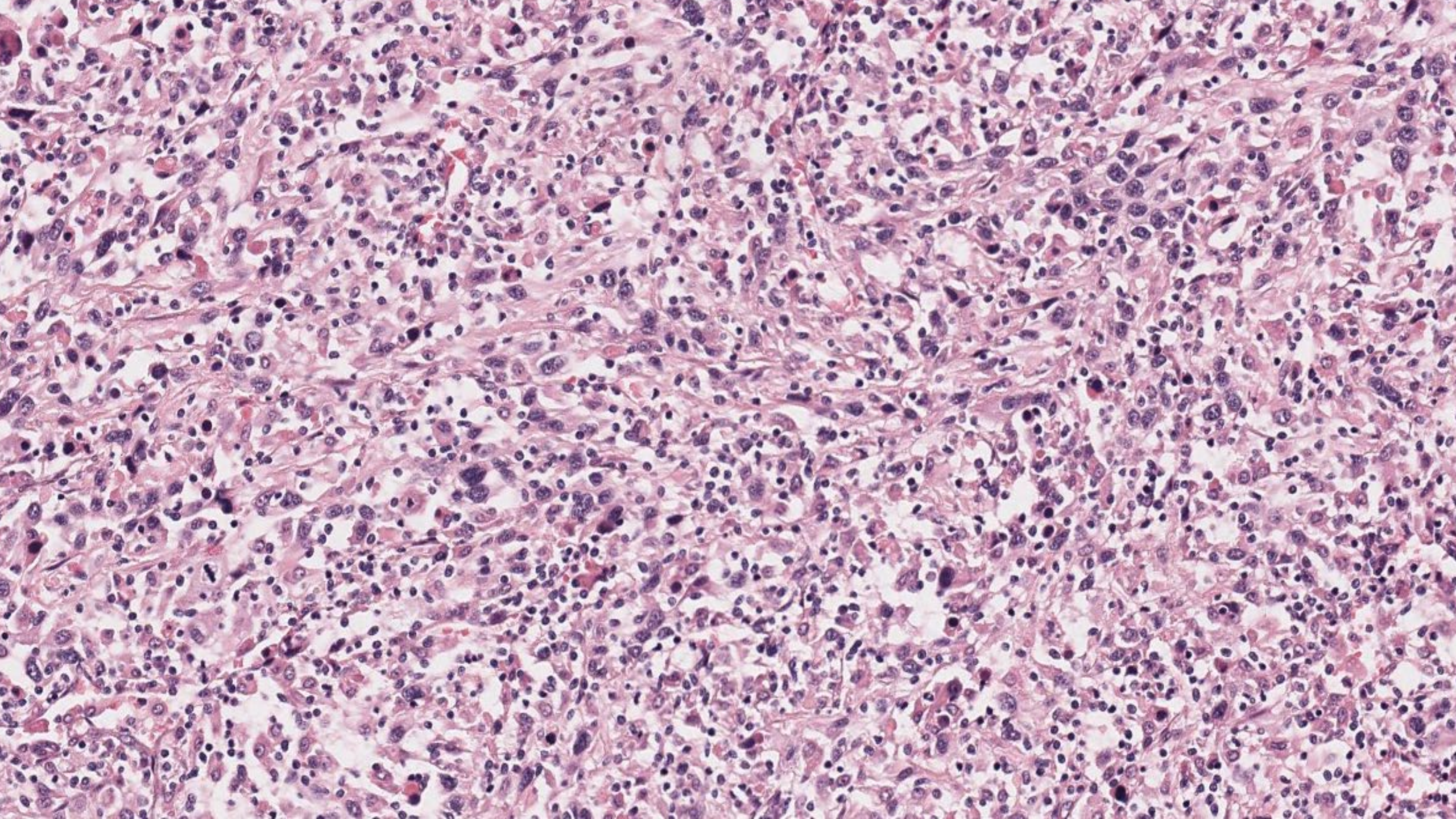
- Mutació *BRAF V600E* (90%)
- No trisomia cromosomes 7 i 17 ni pèrdua de cromosoma Y

# DIAGNÒSTIC DIFERENCIAL

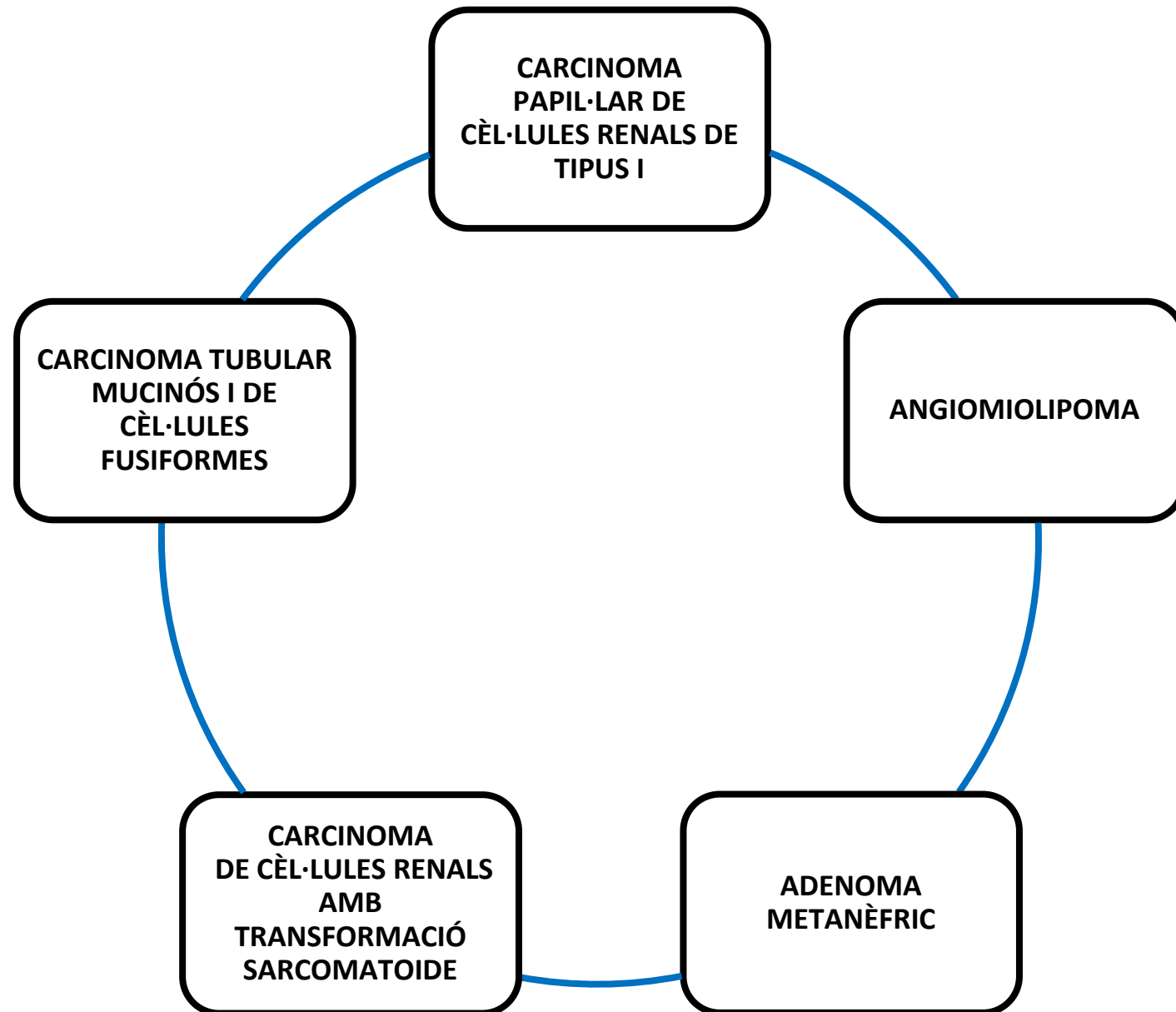


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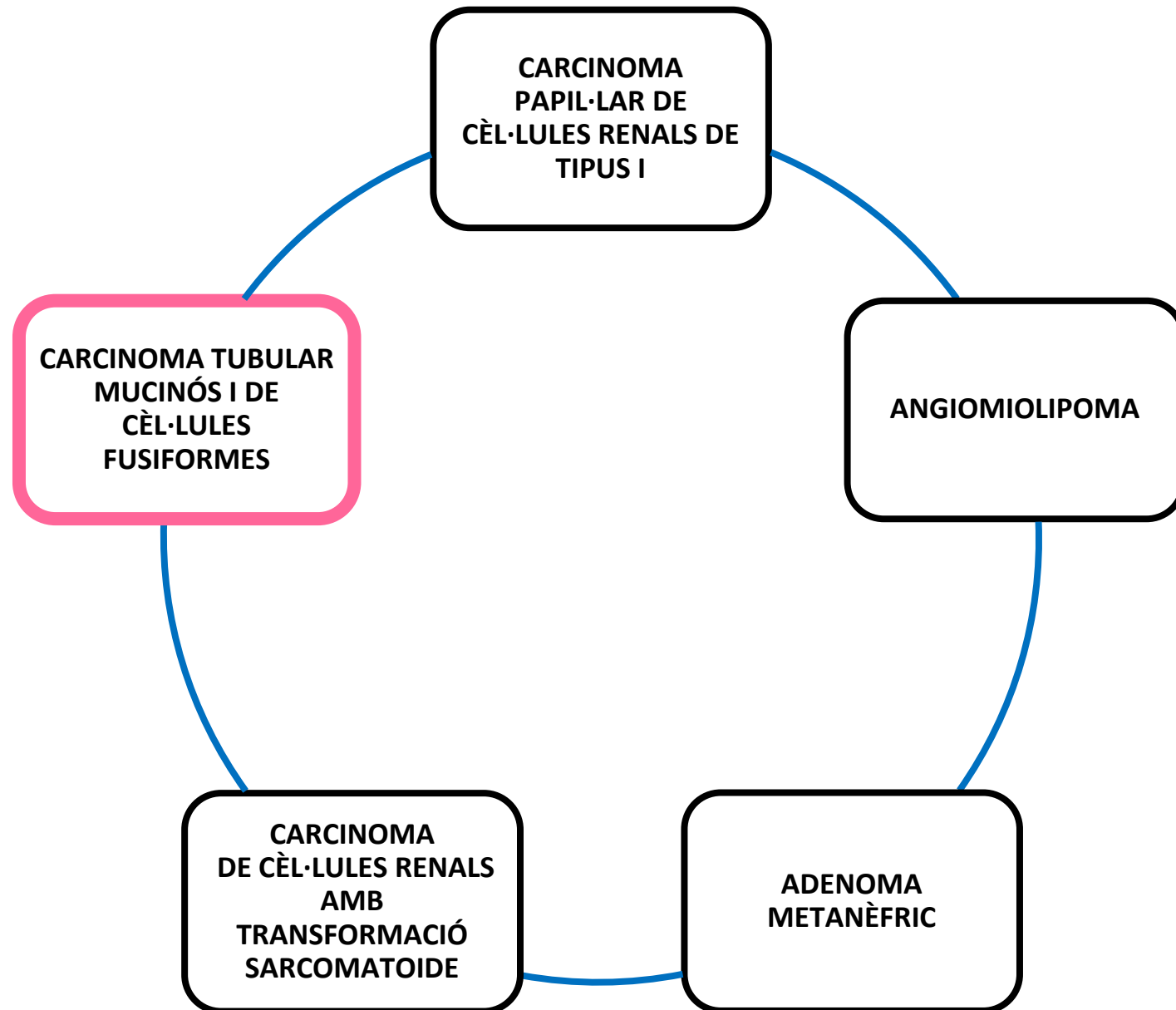


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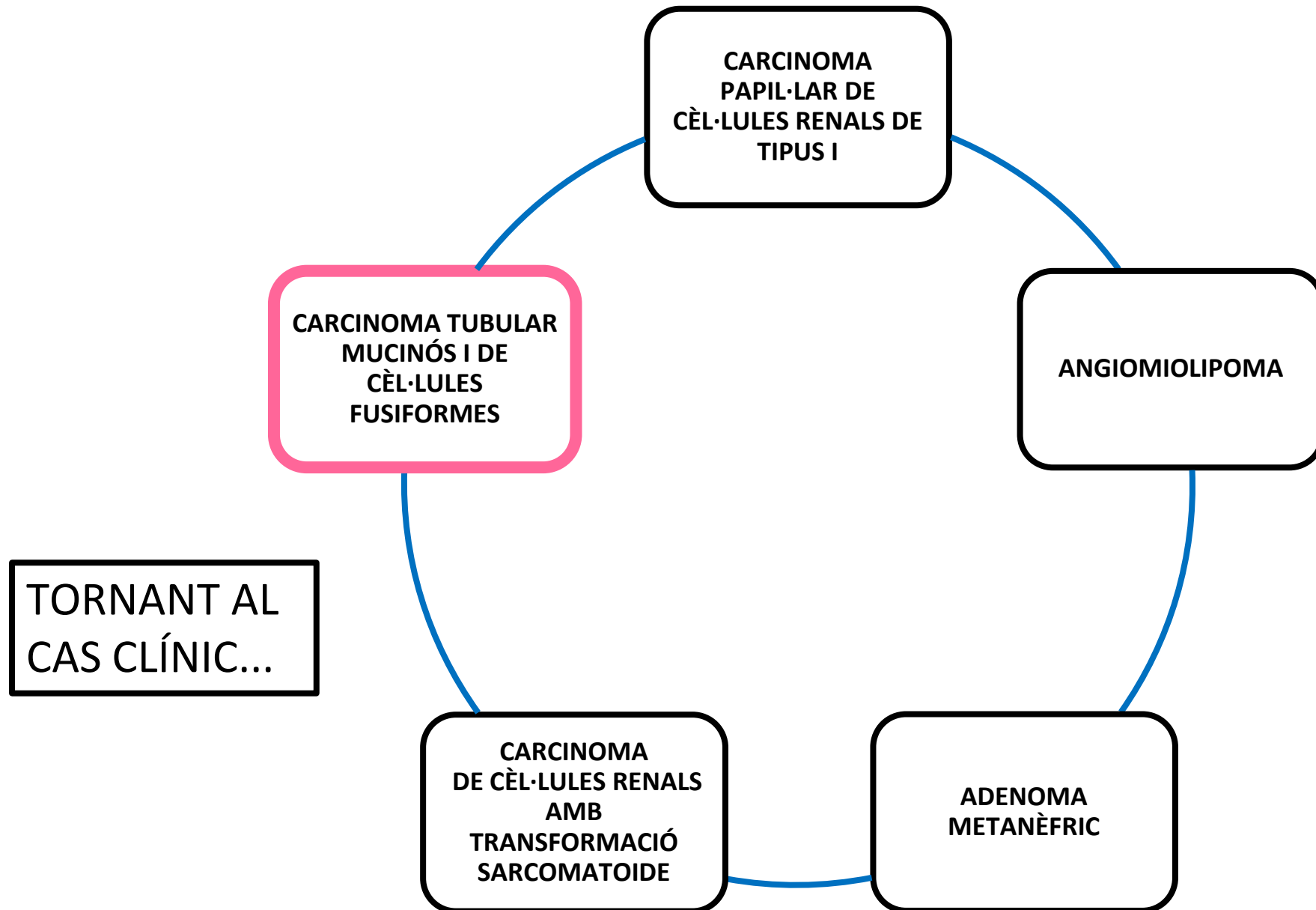




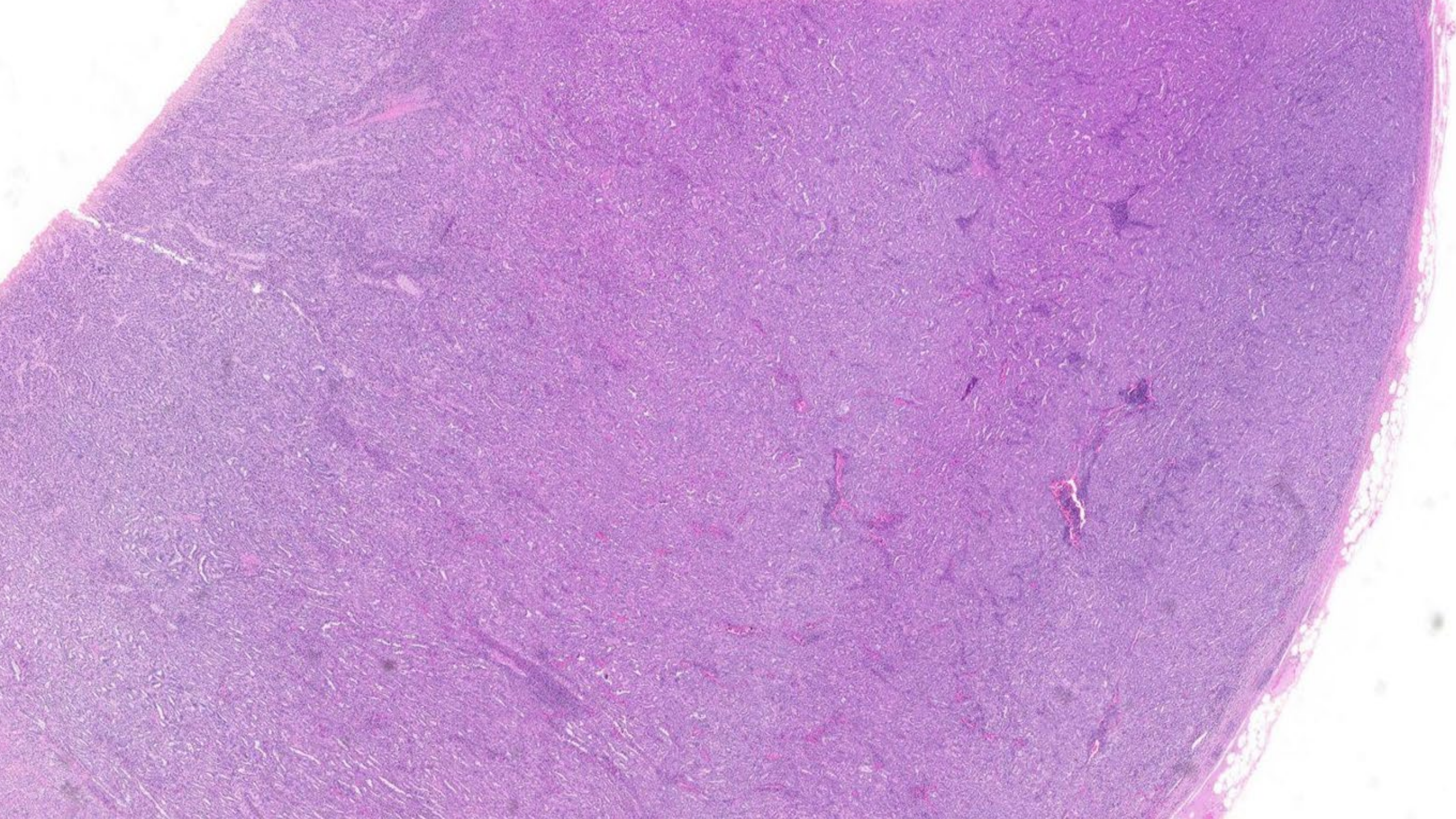
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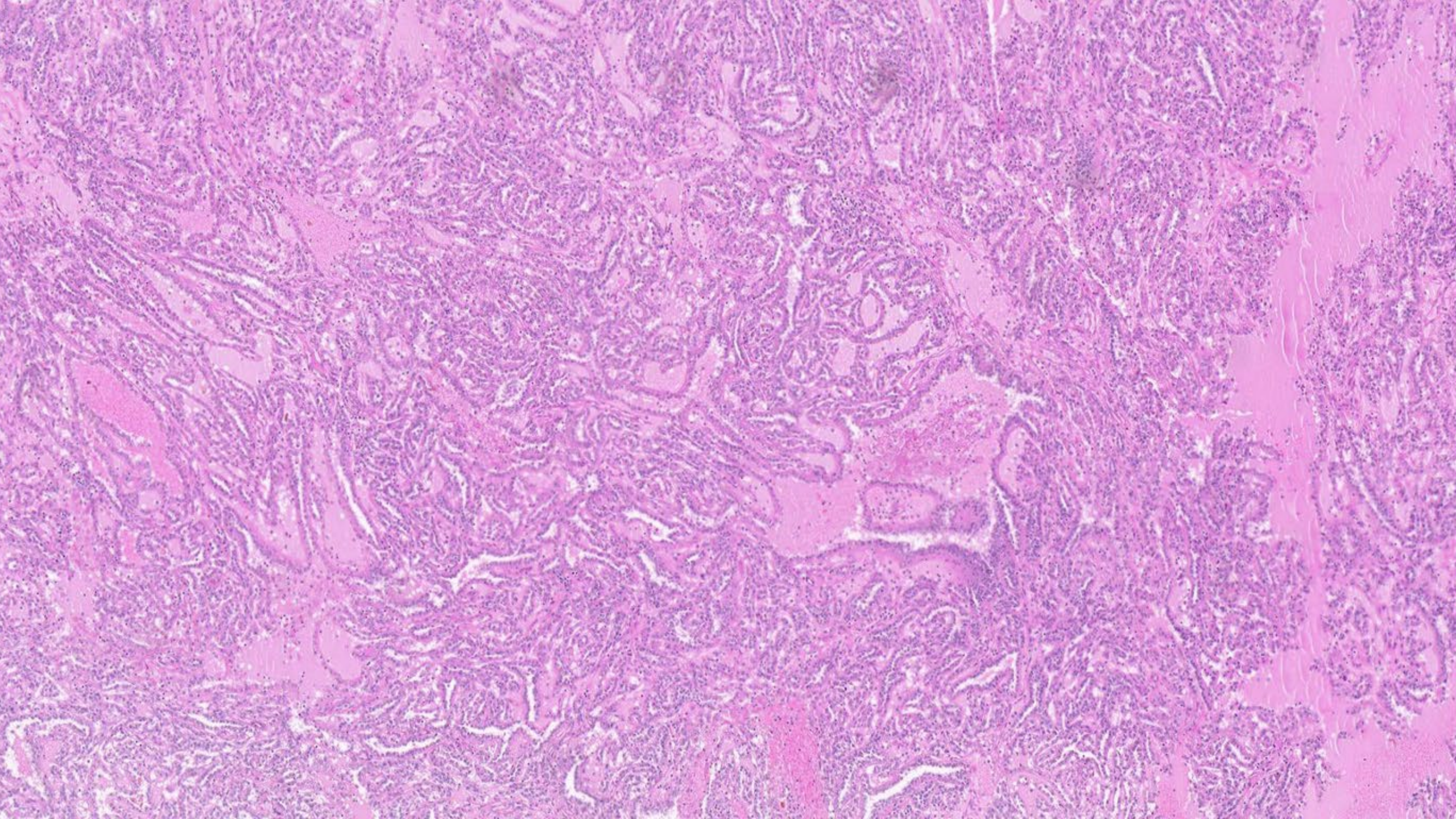


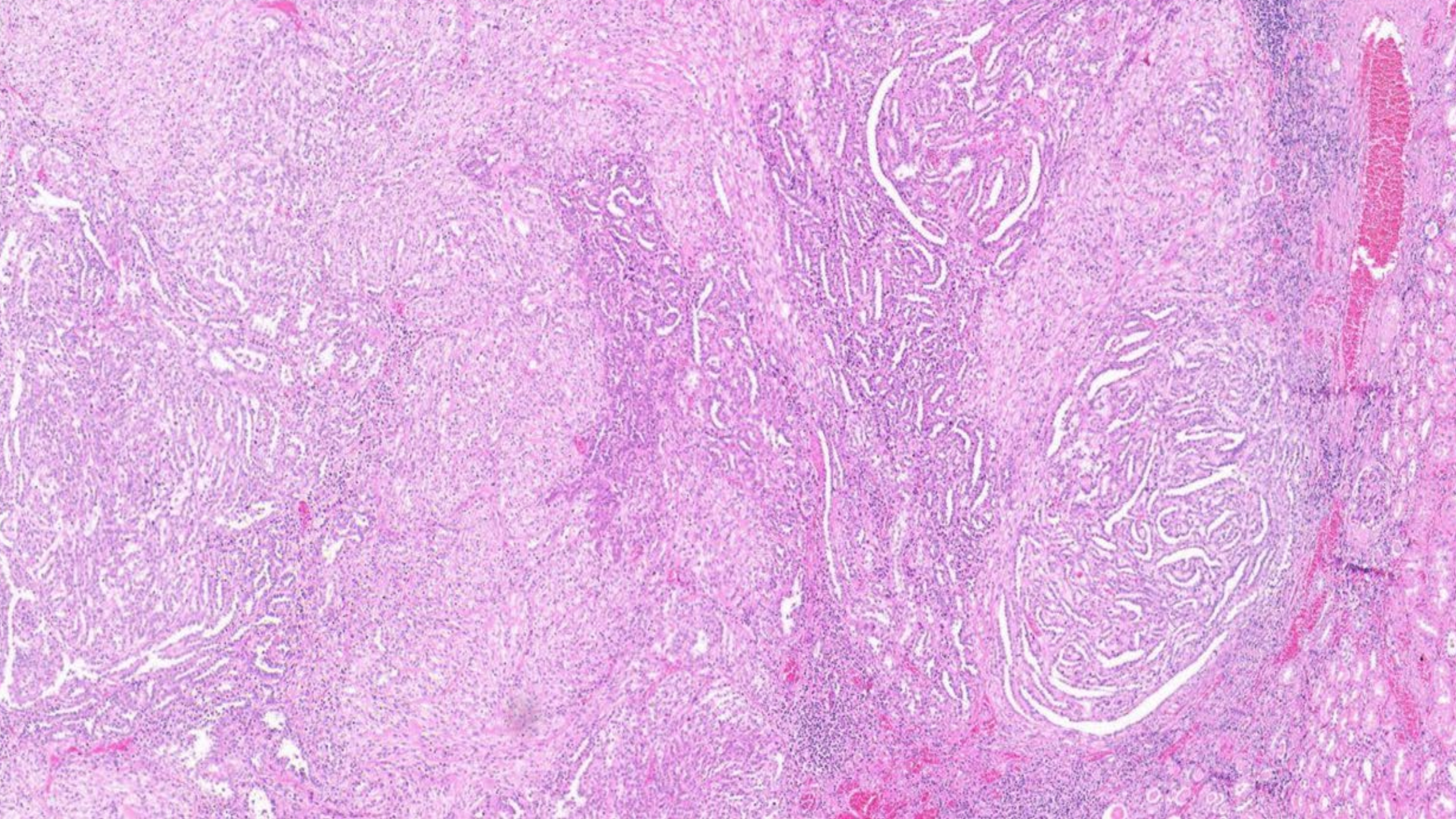
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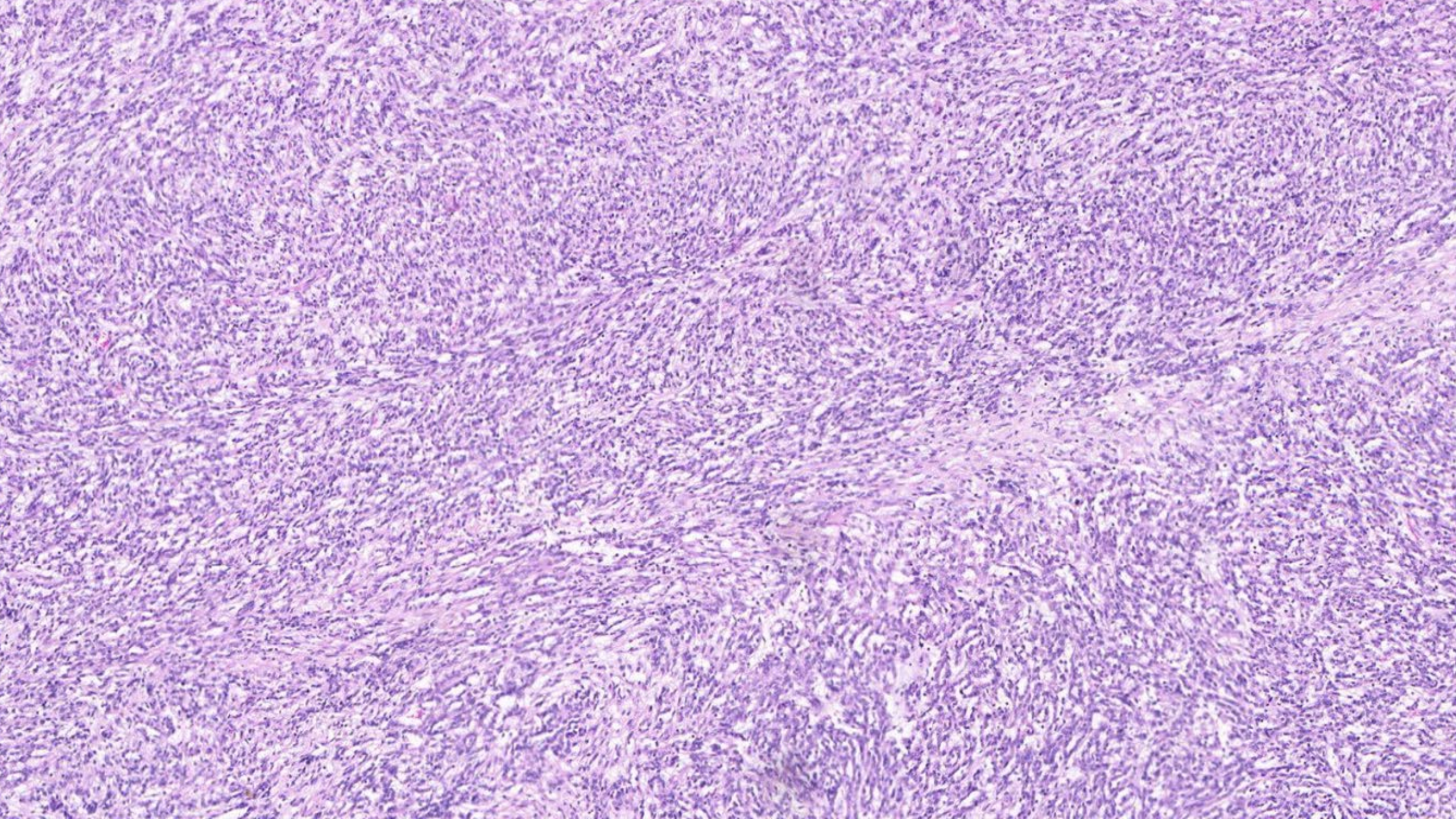


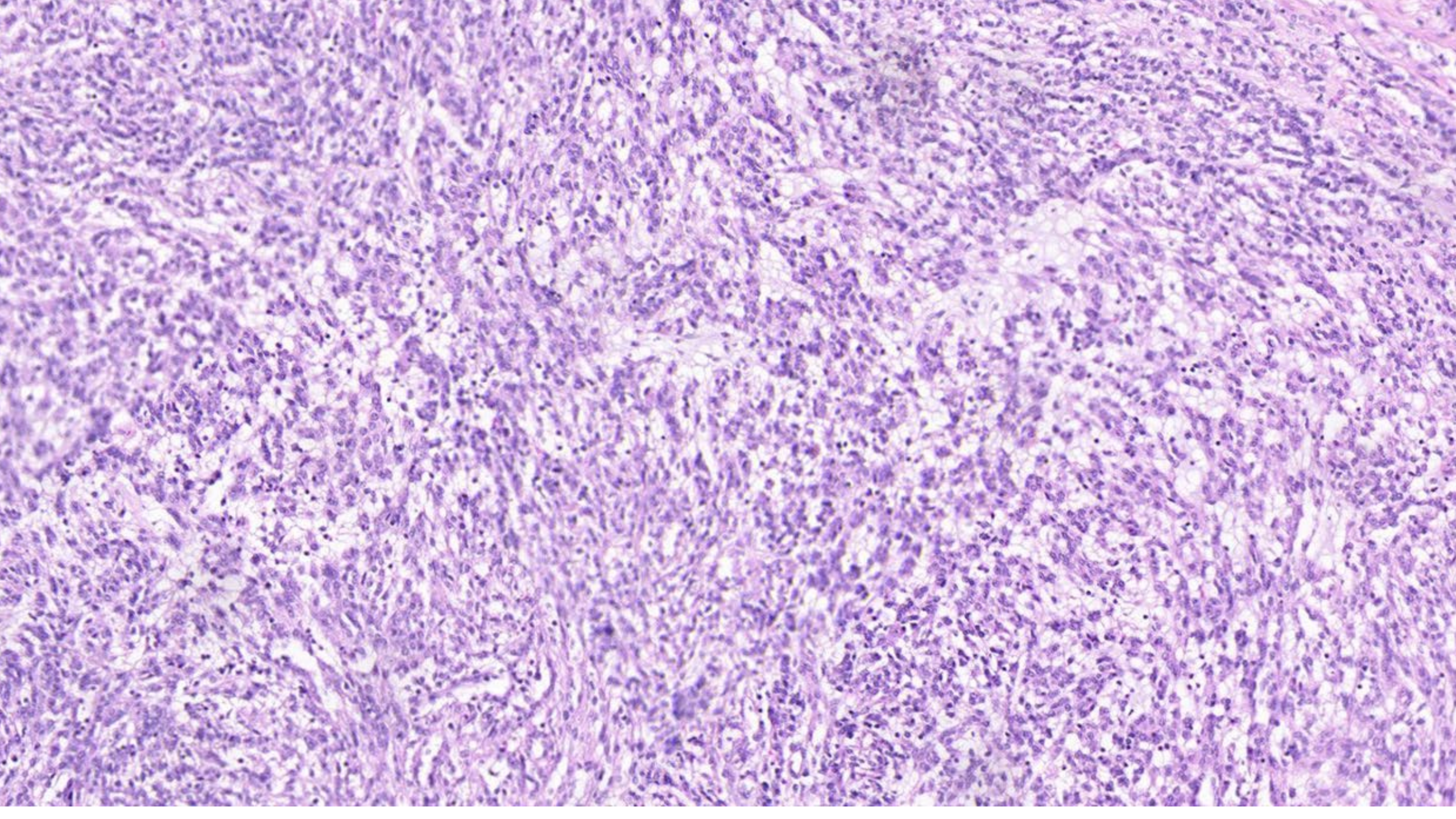




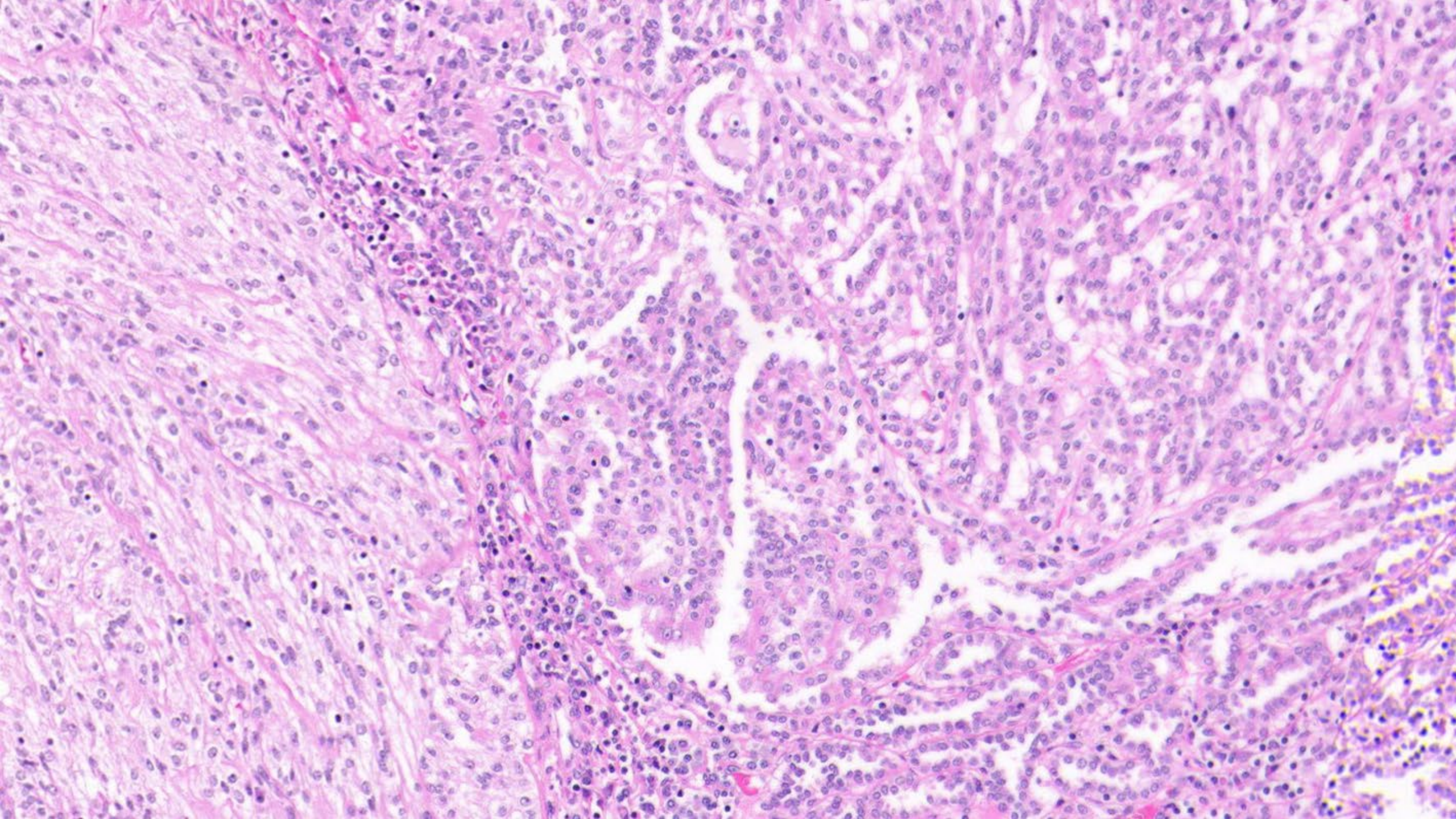


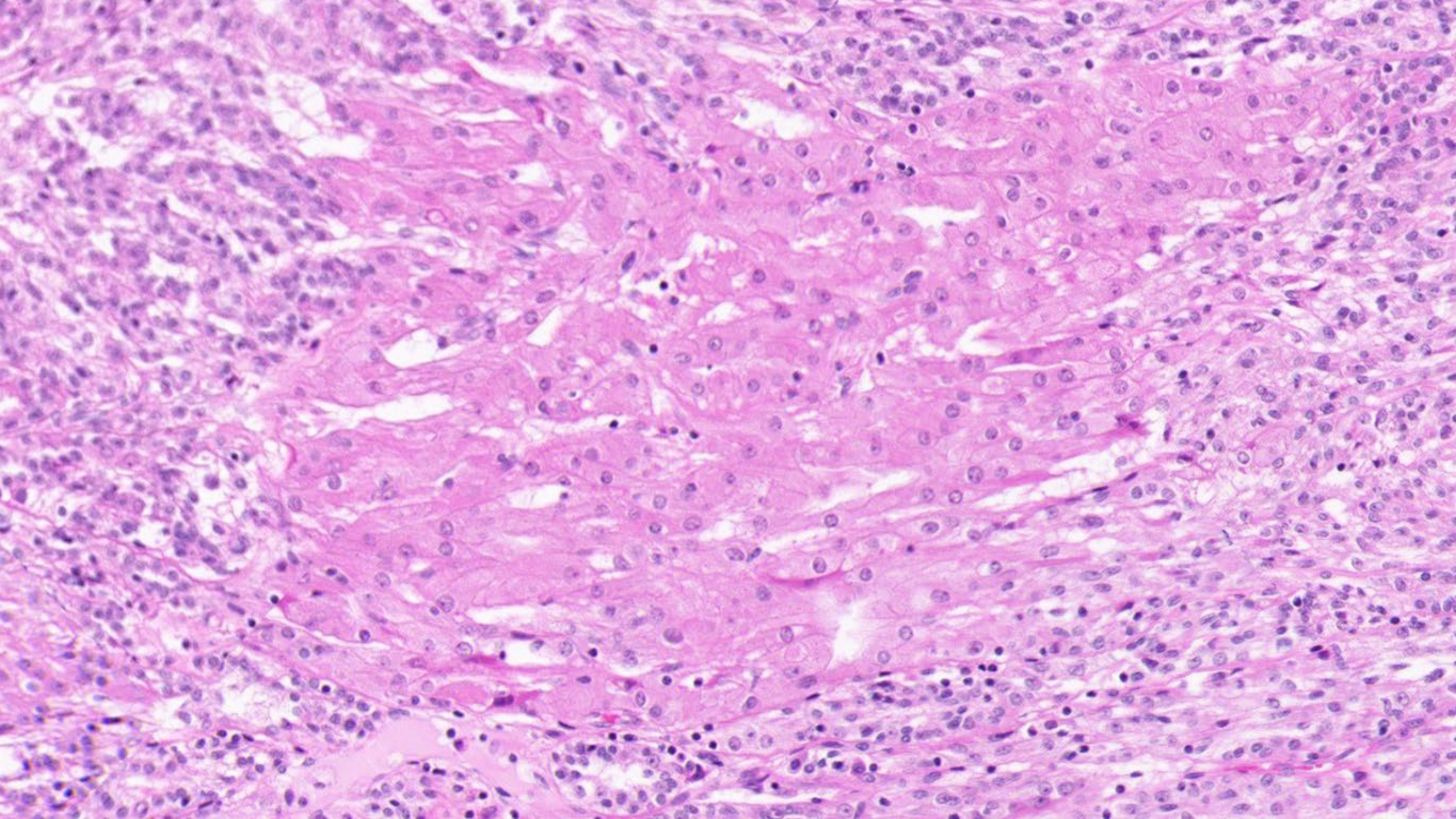


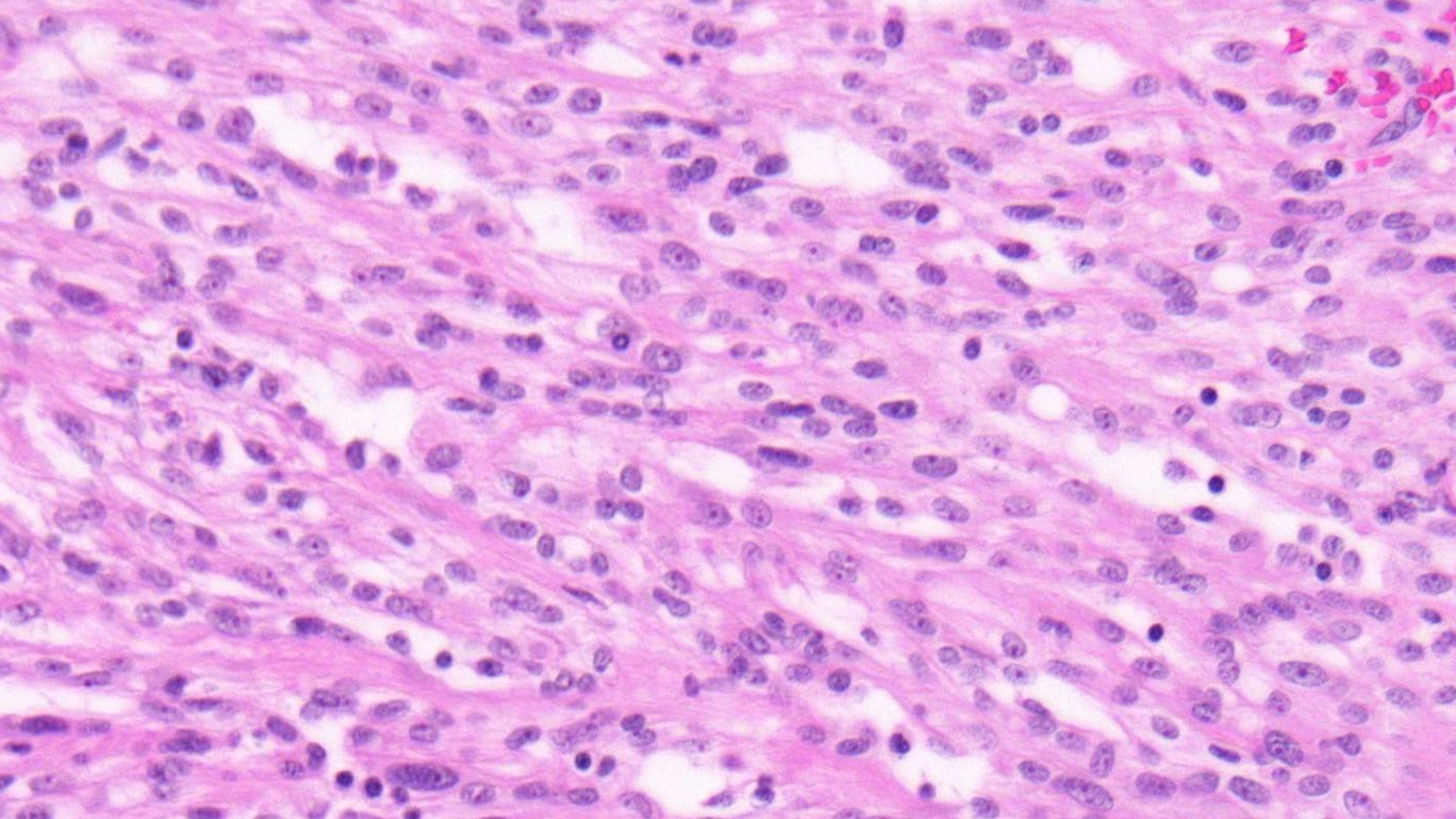


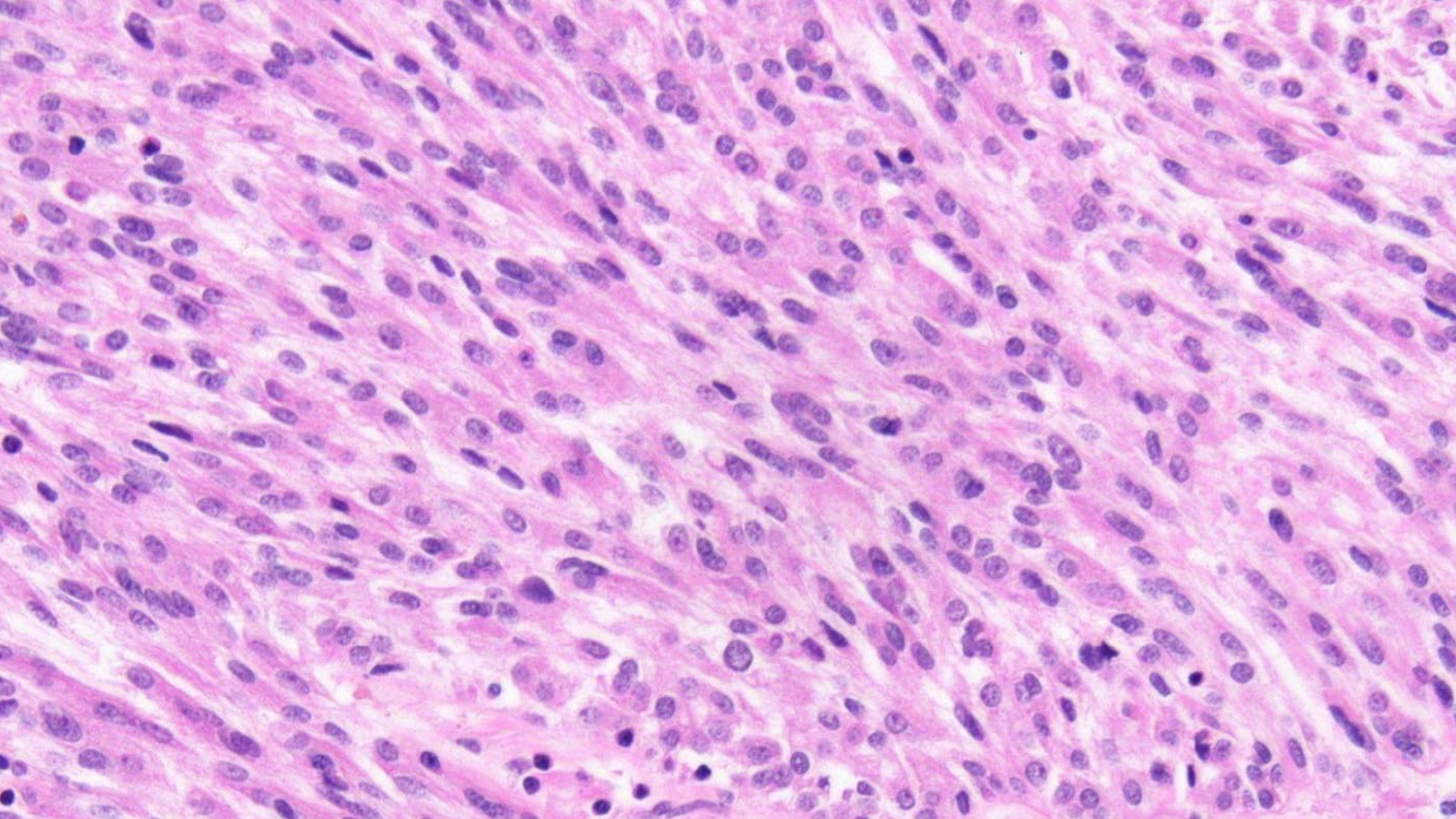








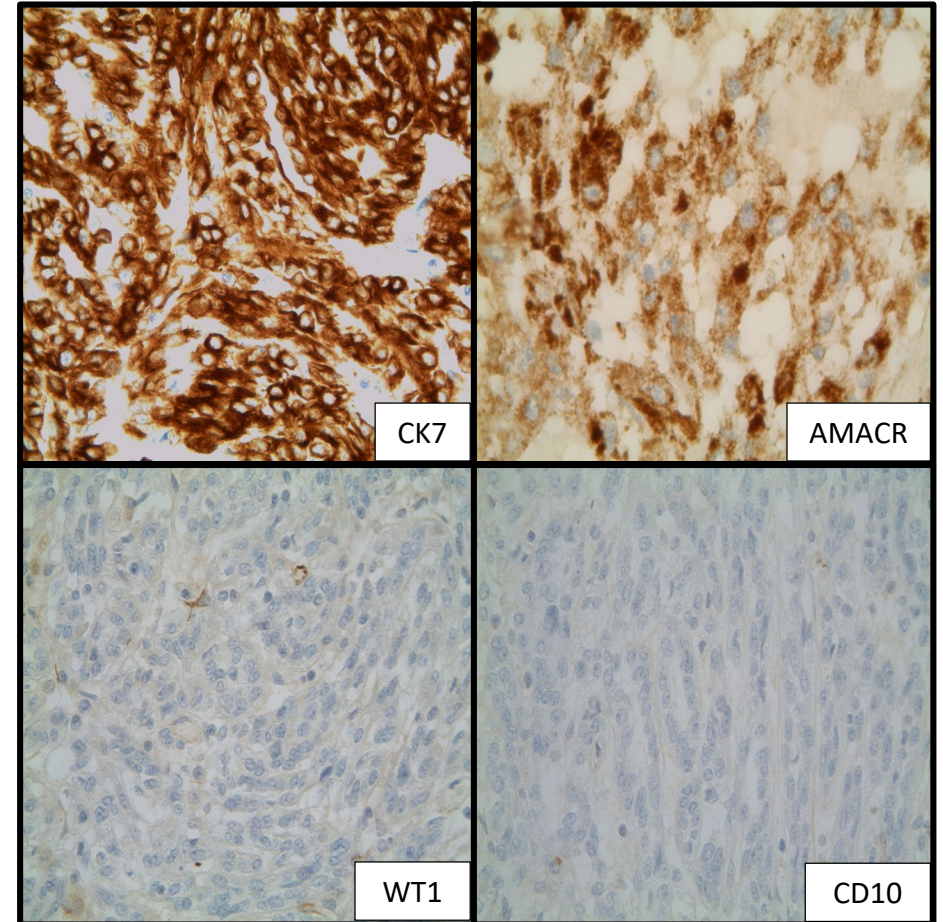




# CARCINOMA TUBULAR MUCINÓS I DE CÈL·LULES FUSIFORMES

- PERFIL IMMUNOHISTOQUÍMIC:

CK7	+
AMACR	+
WT1	-
CD10	-



- CARACTERÍSTIQUES MOLECULARS:

- Pèrdua de cromosomes 1, 4, 6, 8, 9, 13, 14, 15 i 22
- Guany de cromosomes 11q, 16q, 17 i 20q
- No trisomia cromosomes 7 i 17 ni pèrdua de cromosoma Y

Entitat	Semblances morfològiques amb MTSCC	Característiques distintives	IHQ	Característiques moleculars
CCR Papil·lar (I)	Patró de creixement sòlid o tubular amb túbuls elongats	Patró predominantment tubulopapil·lar Ramificacions papil·lars complexes No estroma mucinós ni cèl·lules fusiformes	CD10+	Guany de cromosomes 7 i 17 i pèrdua de cromosoma Y
CCR Sarcomatoide	Patró de creixement predominantment fusocel·lular	Cèl·lules fusiformes pleomòrfiques	No útil	No específic
Lesions mesenquimals	Cèl·lules fusiformes monomòrfs en fascicles i espirals	Angiomiolipoma: Adipòcits, vasos de parts gruixudes No túbuls ni estroma mucinós	Angiomiolipoma: HMB45+, SMA+	<i>TSC2</i>
Adenoma metanèfric	Túbuls primers empaquetats	Citoplasmes basòfils Cossos de Psammoma Estroma mixoide	WT1+, CD57+	<i>BRAF V600E</i>

# CARCINOMA TUBULAR MUCINÓS I DE CÈL·LULES FUSIFORMES

- < 1% neoplàsies renals
- Mitja 60 anys, predomini dones
- Asimptomàtics, troballes incidentals en exploracions radiològiques
- **Característiques morfològiques habituals:**
  - **Estructures tubulars**
    - Ramificacions
    - Túbuls petits rodons
    - Superfícies luminals llises
  - Àrees de **cèl·lules fusiformes** de baix grau amb nuclis similars a àrees epitelials.
    - Entre les estructures tubulars epitelials
    - Poden formar làmines sòlides
  - **Mucina basòfila extracel·lular**
  - Àrees papil·lars focals
  - Cèl·lules de baix grau, amb nuclèol poc evident
  - Infiltrat inflamatori amb cèl·lules plasmàtiques
  - No hemorràgia ni necrosi

# CARCINOMA TUBULAR MUCINÓS I DE CÈL·LULES FUSIFORMES

- **Característiques morfològiques poc habituals:**

- Component de cèl·lules fusiformes o epitelial prominents
- Escassa mucina
- Citologia focal de cèl·lules clares o eosinòfila
- Presència de macròfags espumosos
- Àrees papil·lars multifocals
- Àrees d'alt grau histològic/ diferenciació sarcomatoide

- **Estroma mixoide no específic:**

- RCC de cèl·lules clares
- Carcinoma de ductes col·lectors
- RCC papil·lar
- Carcinoma medul·lar renal

- **Pronòstic:**

- Indolent
- Ocasionals casos amb diferenciació sarcomatoide i metàstasis (també en casos amb morfologia típica de baix grau)



## CONCLUSIONS

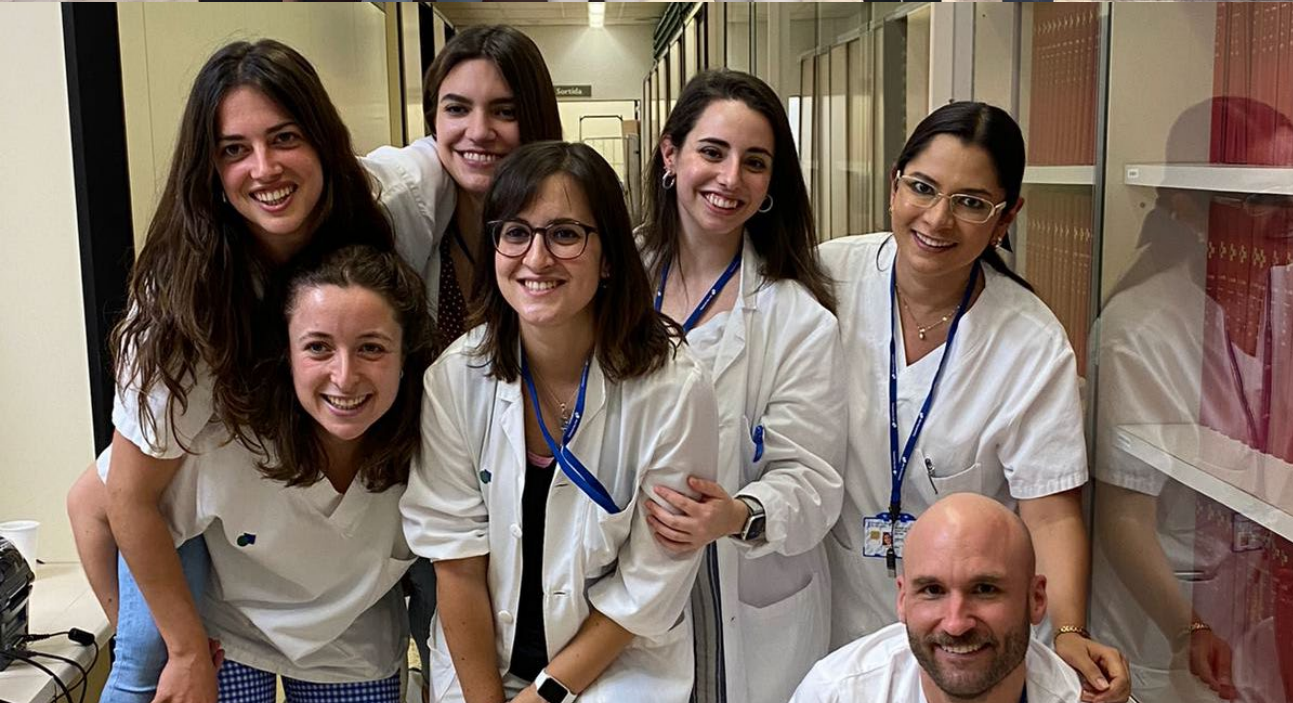
- Diversitat de patrons molt característics però limitant en biòpsies petites
- Presència d'estroma mixoide no exclusiva d'aquesta lesió
- Estudi immunohistoquímic no determinant
- Importància d'estudi molecular en cas de dubte diagnòstic

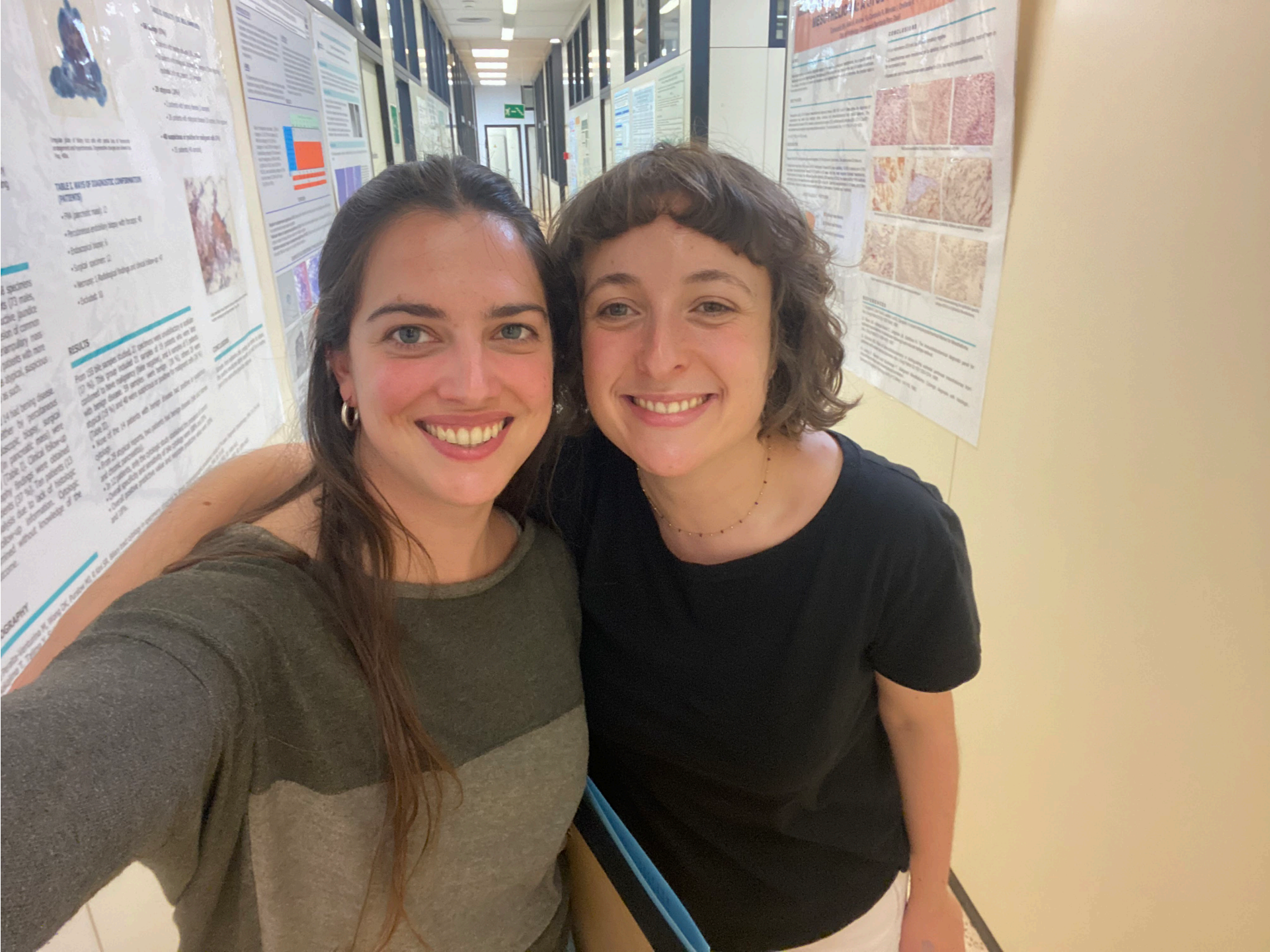
# **BIBLIOGRAFIA**

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- Zhao M, He X, Teng X. **Mucinous tubular and spindle cell renal cell carcinoma: a review of clinicopathologic aspects.** Diagnostic Pathology. 2015; 10:168.
- Uchida S, et al. **Mucin-poor and aggressive mucinous tubular and spindle cell carcinoma of the kidney: Two case reports.** Molecular and clinical oncology. 2017; 7: 777-782.
- **Diagnóstico patológico genitourinario.** Amin Tickoo. 2ª edición. Amolca.
- **WHO:** Classification of Tumours of the Urinary System and Male Genital Organs. 2016.

**GRÀCIES!**







**TABLE 1. MAINS OF DIAGNOSTIC COMPONENTS (PATIENTS)**

- 70 patients (male: 2)
- 7 patients with history of trauma
- 1 patient with history of surgery
- 1 patient with history of infection
- 1 patient with history of malignancy
- 1 patient with history of immunosuppression

**RESULTS**

From 123 96 cases studied, 22 patients were considered to have confirmed to have respiratory (R) disease, and 101 patients were confirmed to have large disease. In patients with large disease, 101 (81.3%) had a history of trauma, 10 (8.0%) had a history of surgery, 10 (8.0%) had a history of infection, 10 (8.0%) had a history of malignancy, and 10 (8.0%) had a history of immunosuppression.

**DISCUSSION**

From 123 96 cases studied, 22 patients were considered to have confirmed to have respiratory (R) disease, and 101 patients were confirmed to have large disease. In patients with large disease, 101 (81.3%) had a history of trauma, 10 (8.0%) had a history of surgery, 10 (8.0%) had a history of infection, 10 (8.0%) had a history of malignancy, and 10 (8.0%) had a history of immunosuppression.

**CONCLUSION**

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**RESPIRATORY DISEASE**

From 123 96 cases studied, 22 patients were considered to have confirmed to have respiratory (R) disease, and 101 patients were confirmed to have large disease. In patients with large disease, 101 (81.3%) had a history of trauma, 10 (8.0%) had a history of surgery, 10 (8.0%) had a history of infection, 10 (8.0%) had a history of malignancy, and 10 (8.0%) had a history of immunosuppression.

**CONCLUSION**

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