

Sesión de Residentes (II): Intraoperatorias

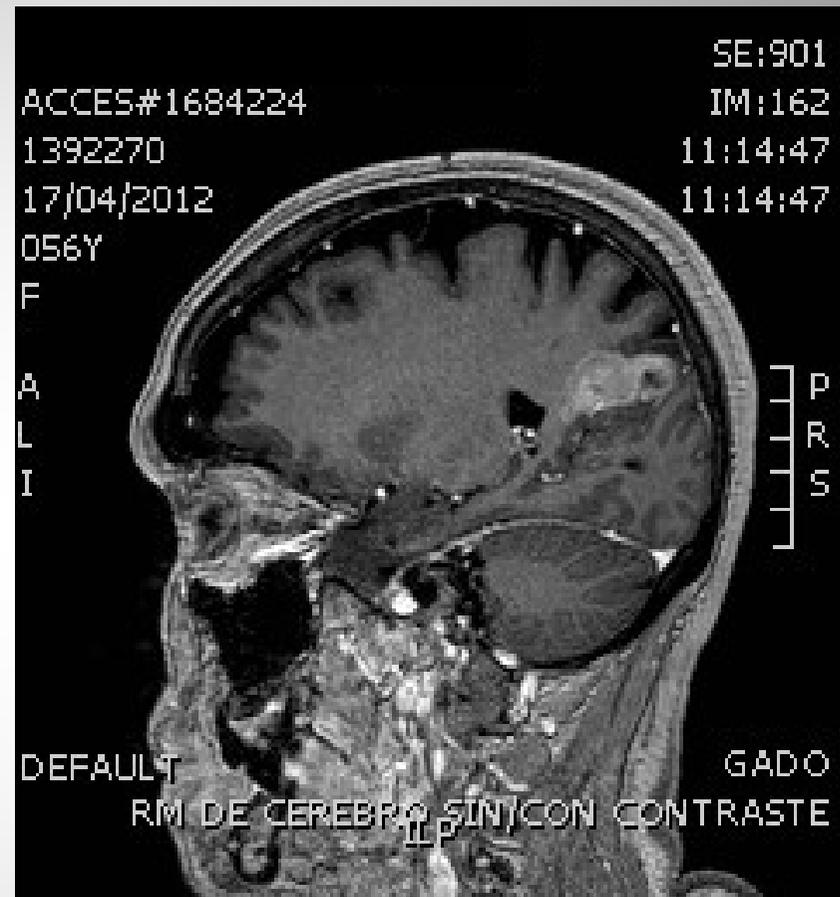
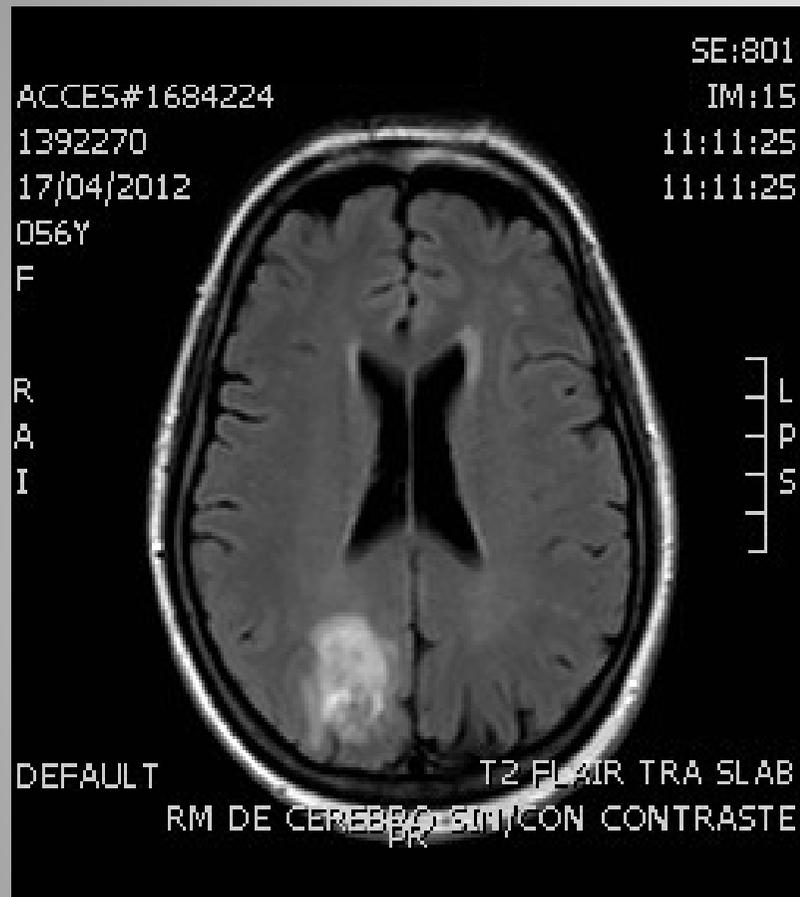


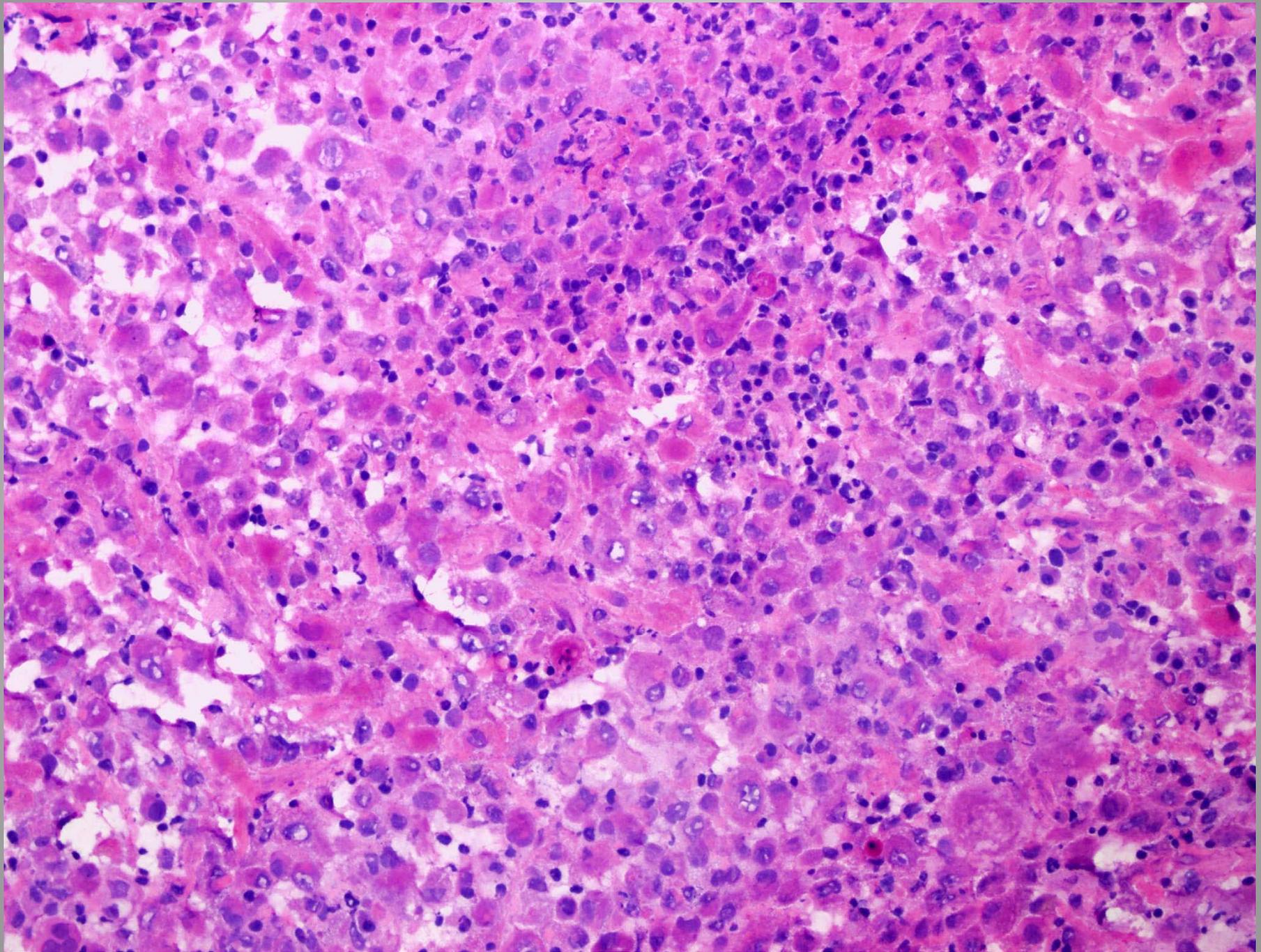
Justyna Szafrńska
Hospital de la Santa Creu i Sant Pau

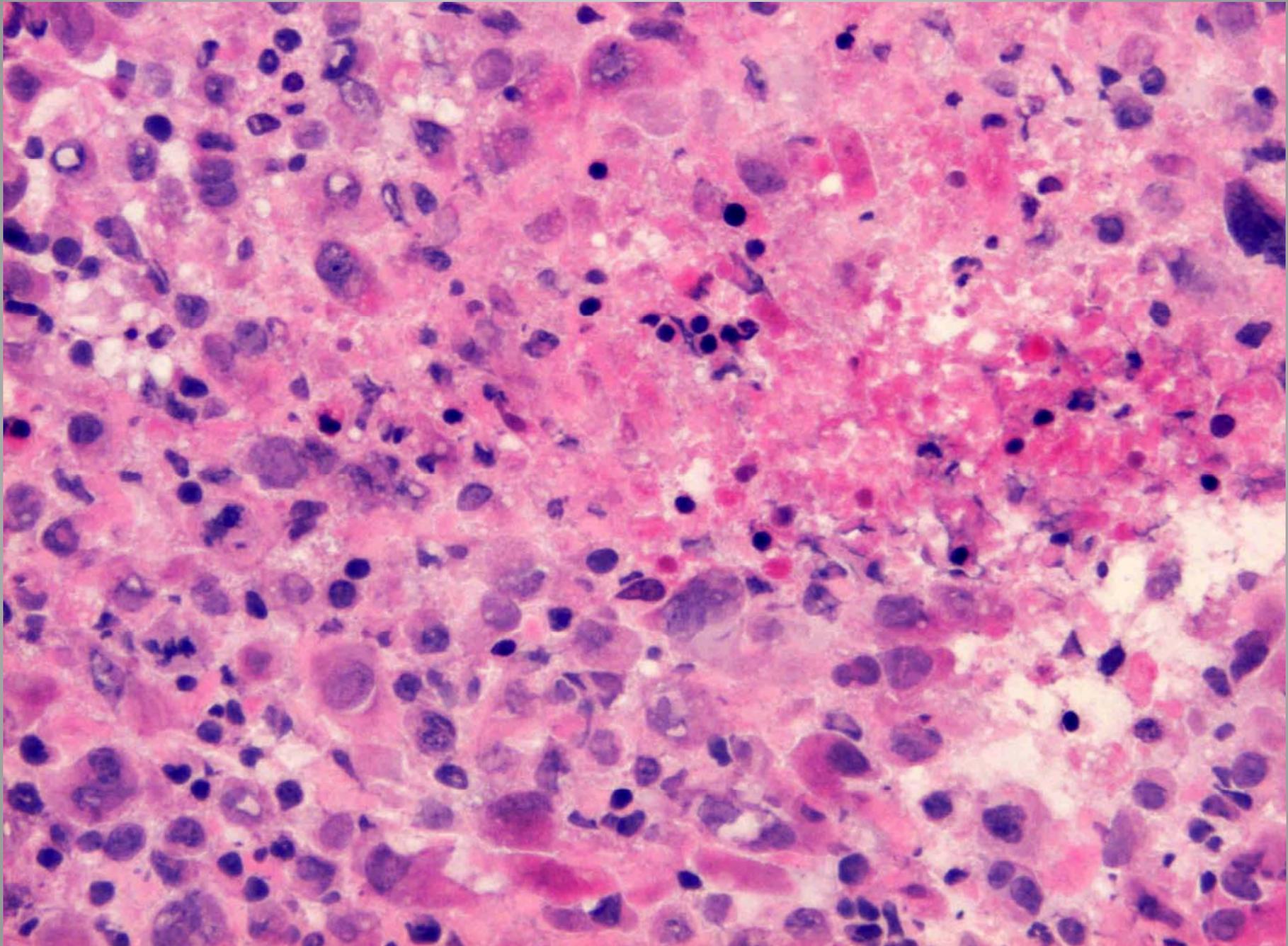
Historia clínica

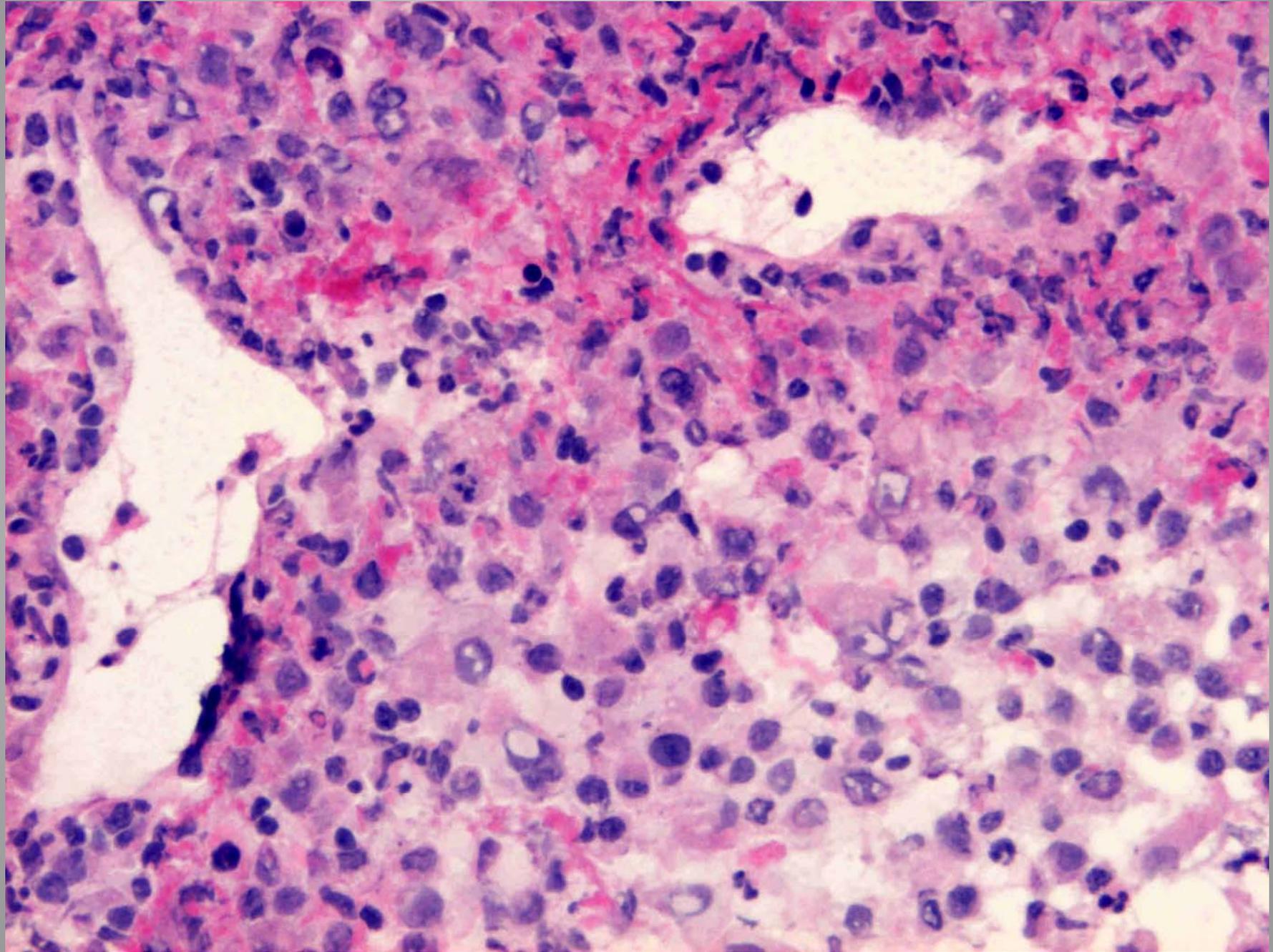
Mujer 56 años con AP:

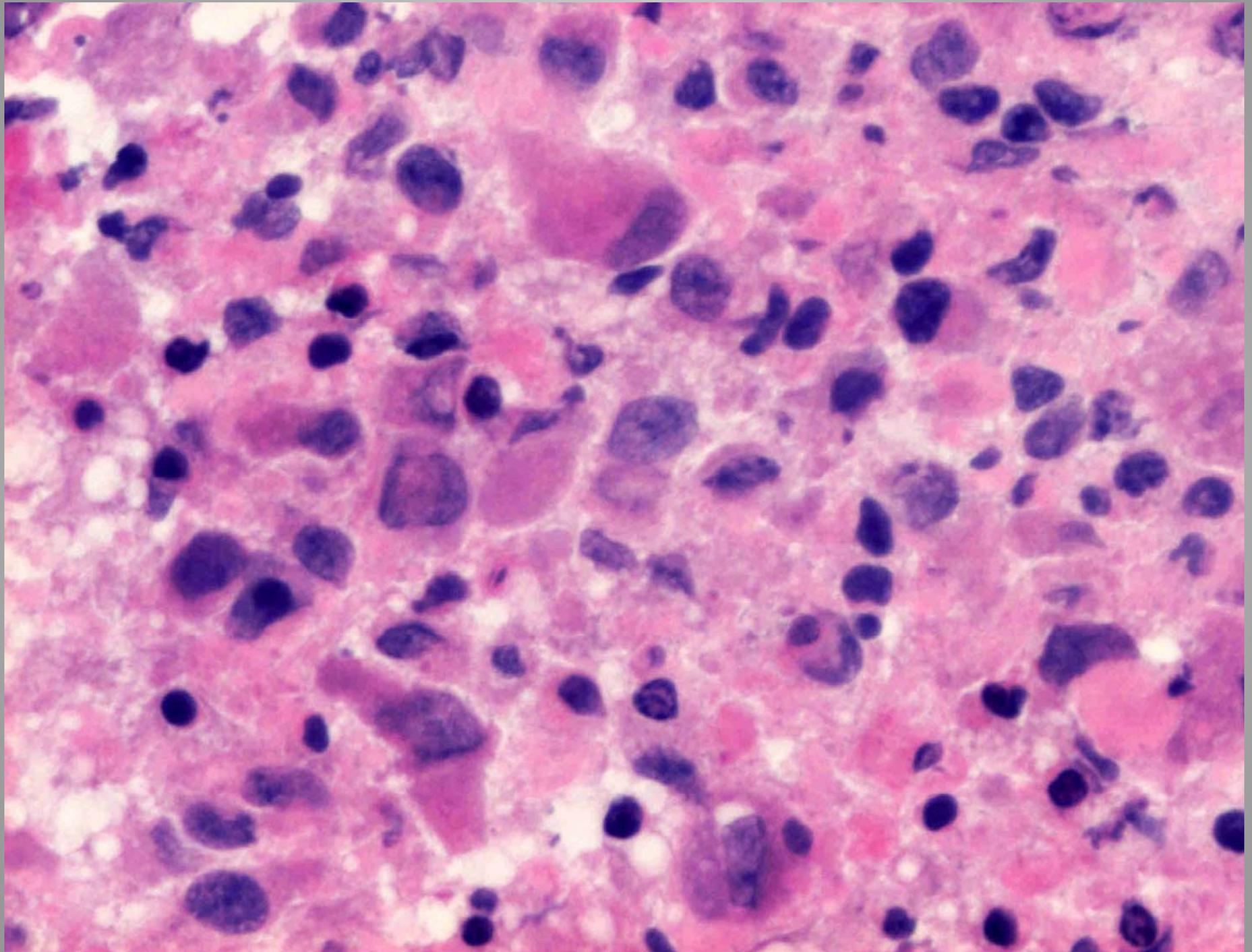
- 2004 Neoplasia de mama (Remisión completa)
- 2011 Adenocarcinoma endometriode de endometrio grado III/III estadio IB (controles ginecológicos negativos)
- 04/2012 acudió a las URGS por mareo, sensación de inestabilidad y torpeza al caminar



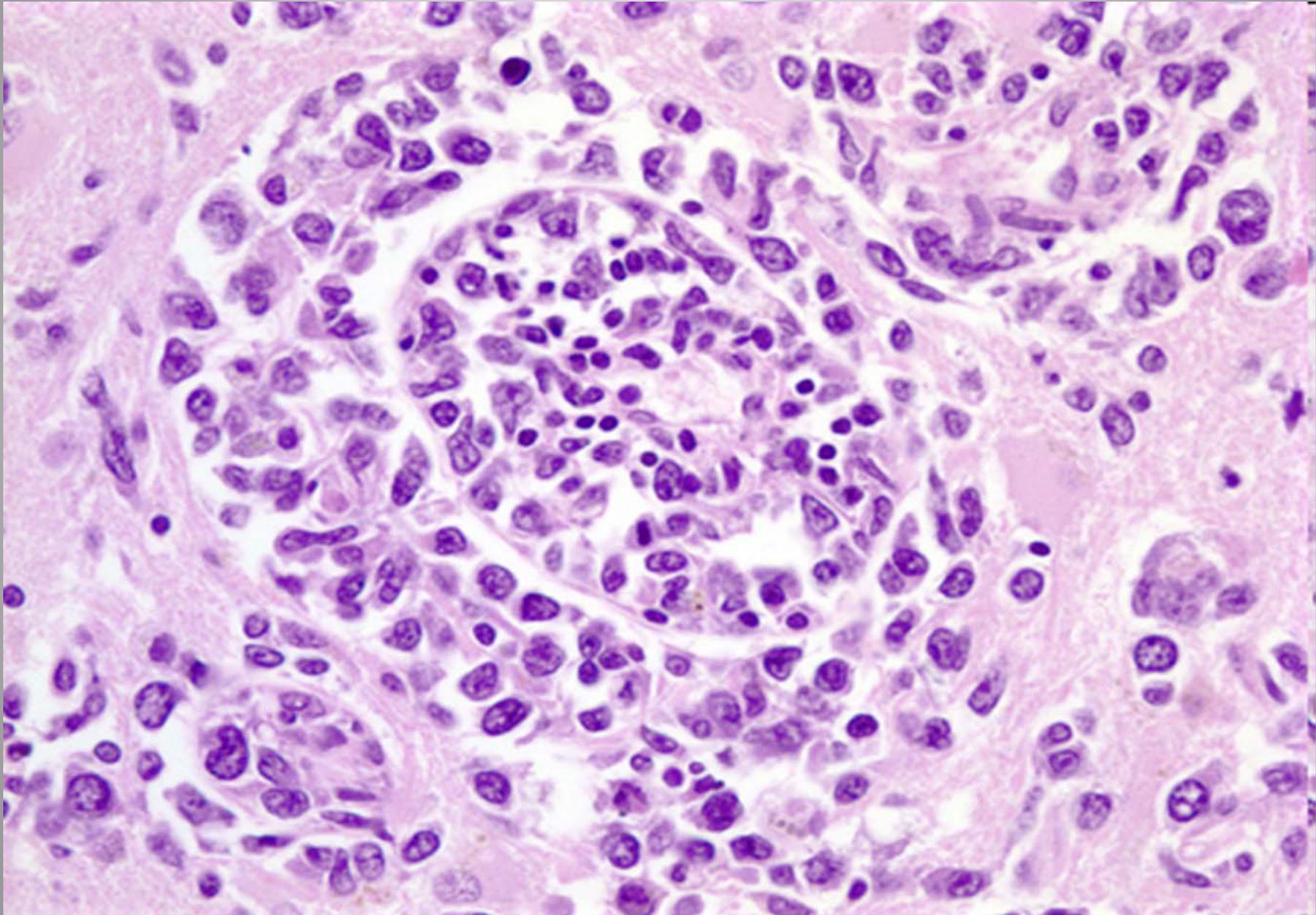




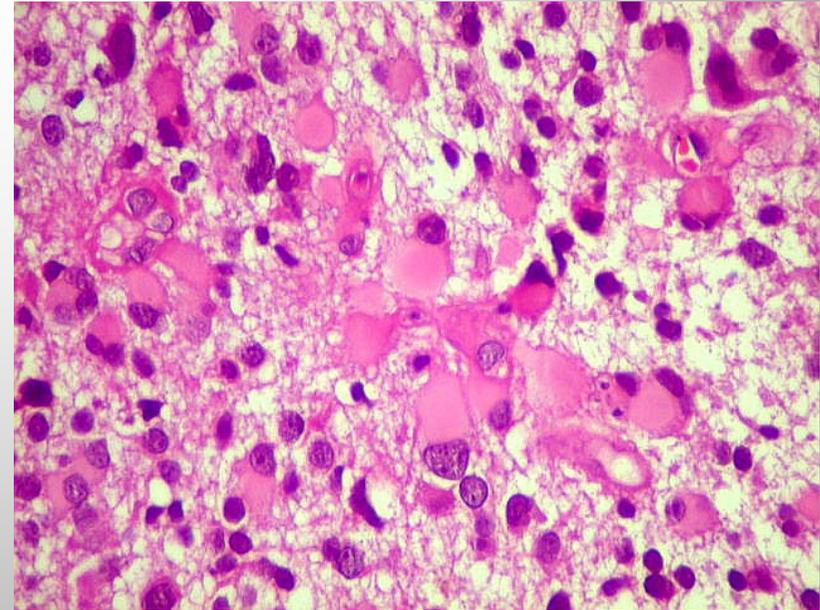
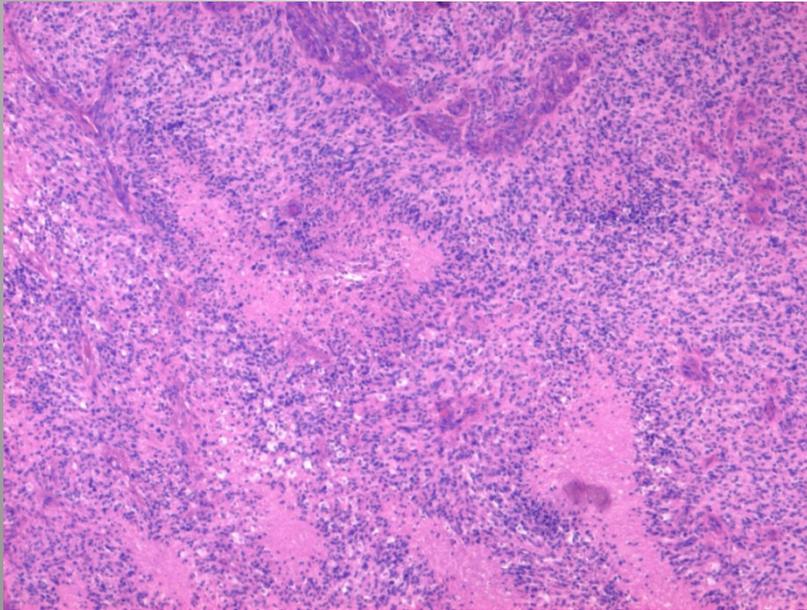
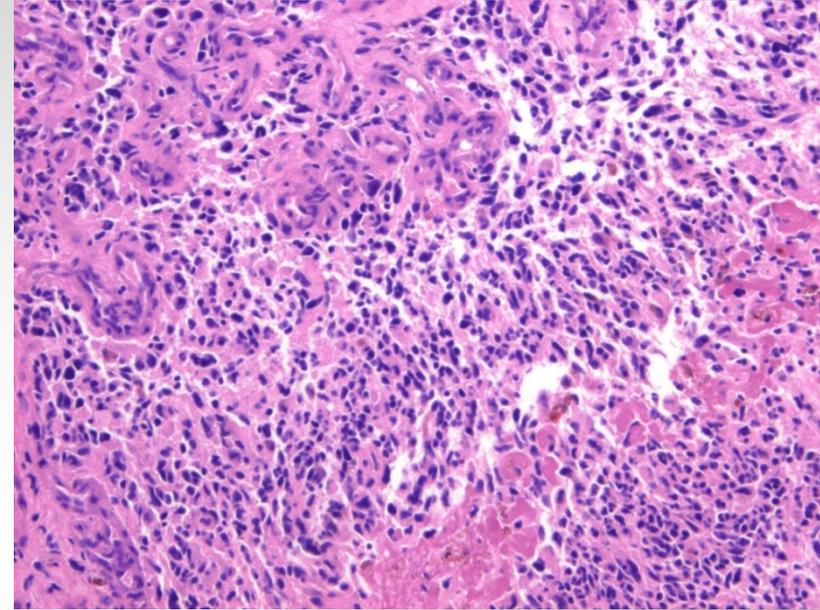
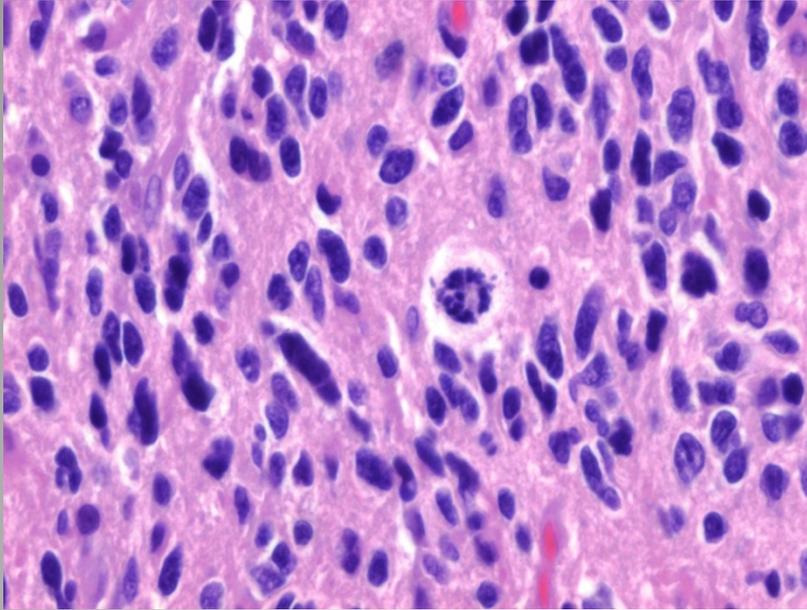




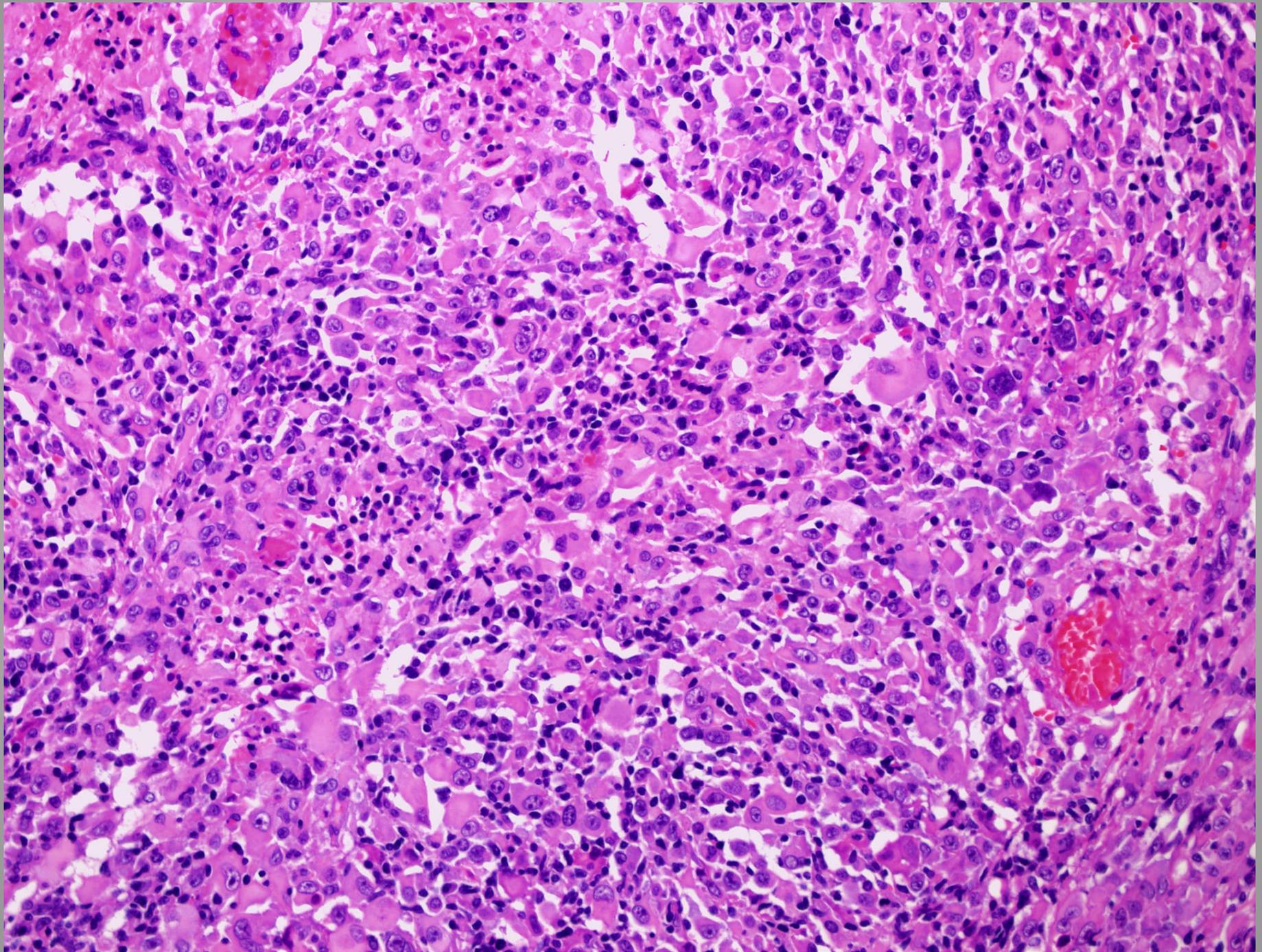
Linfoma difuso de célula grande B



Glioblastoma múltiforme

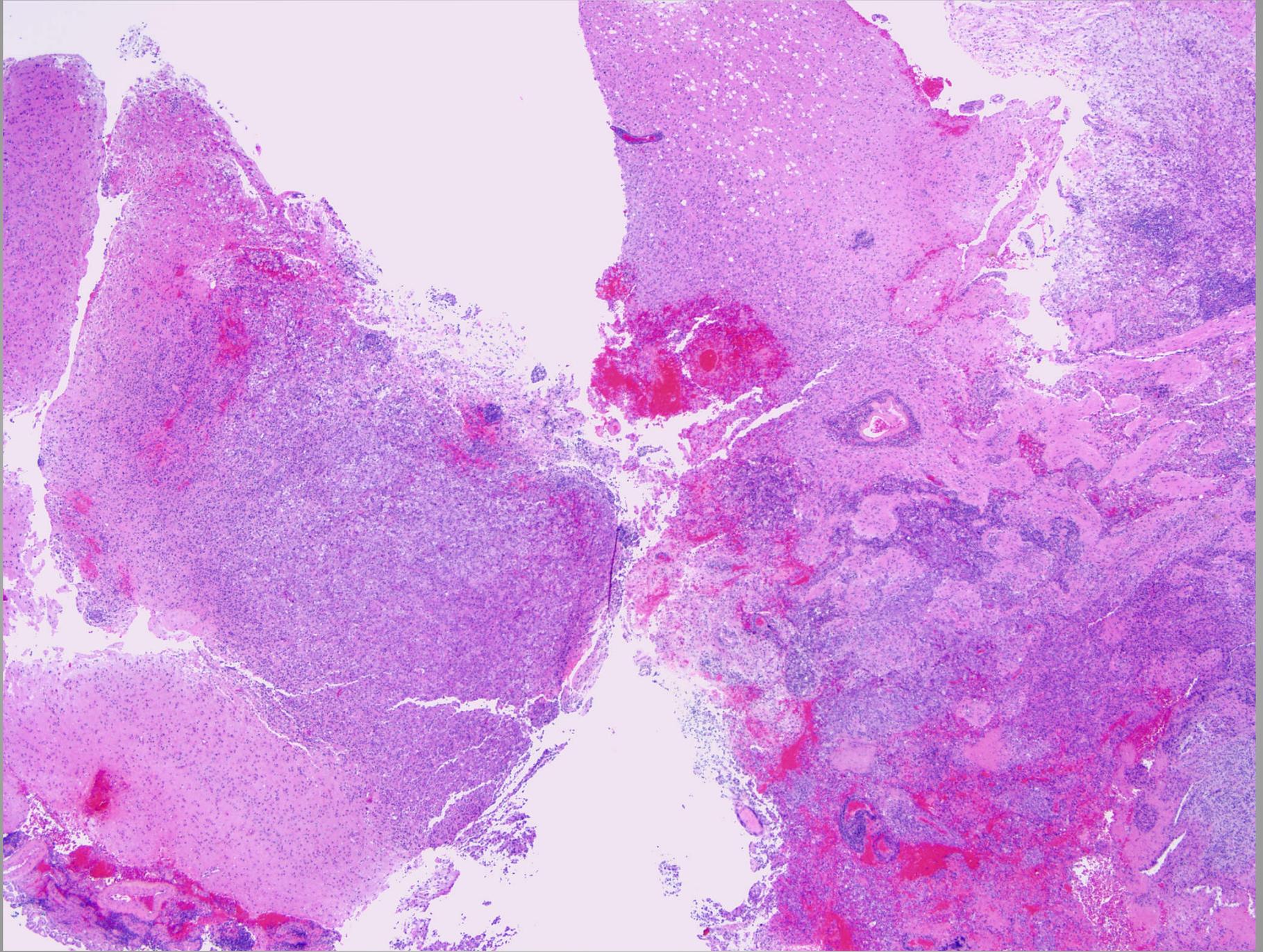


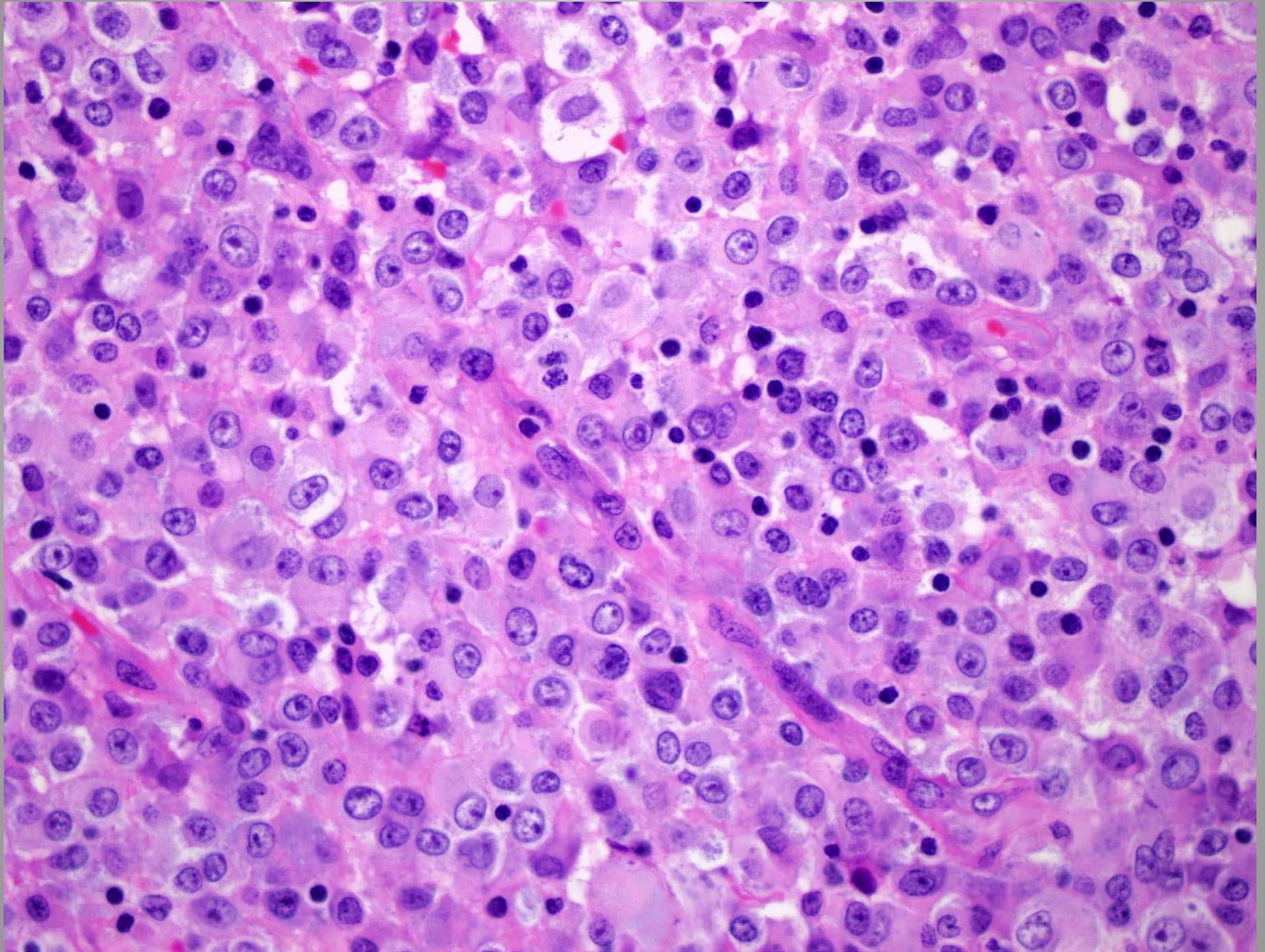


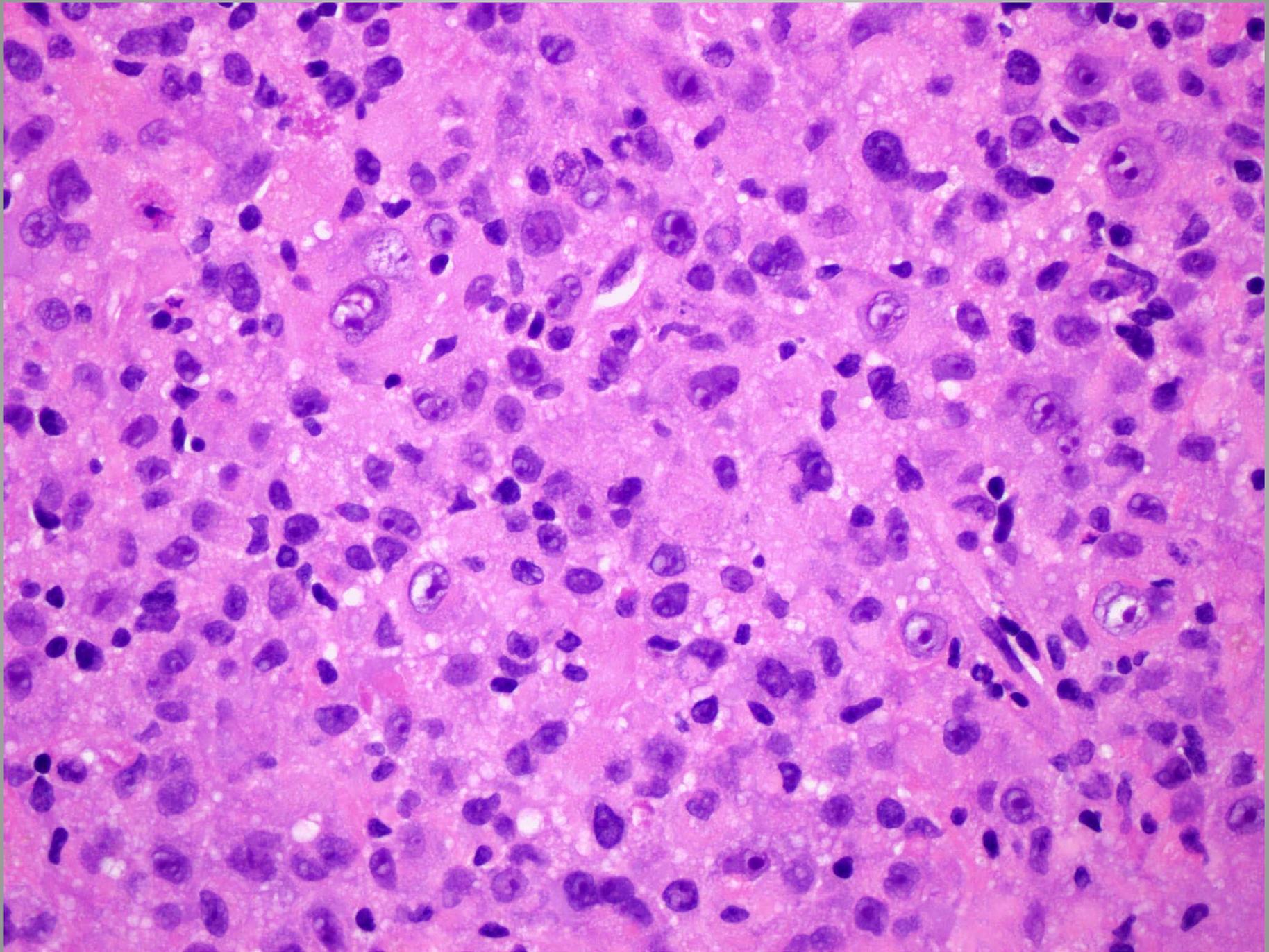


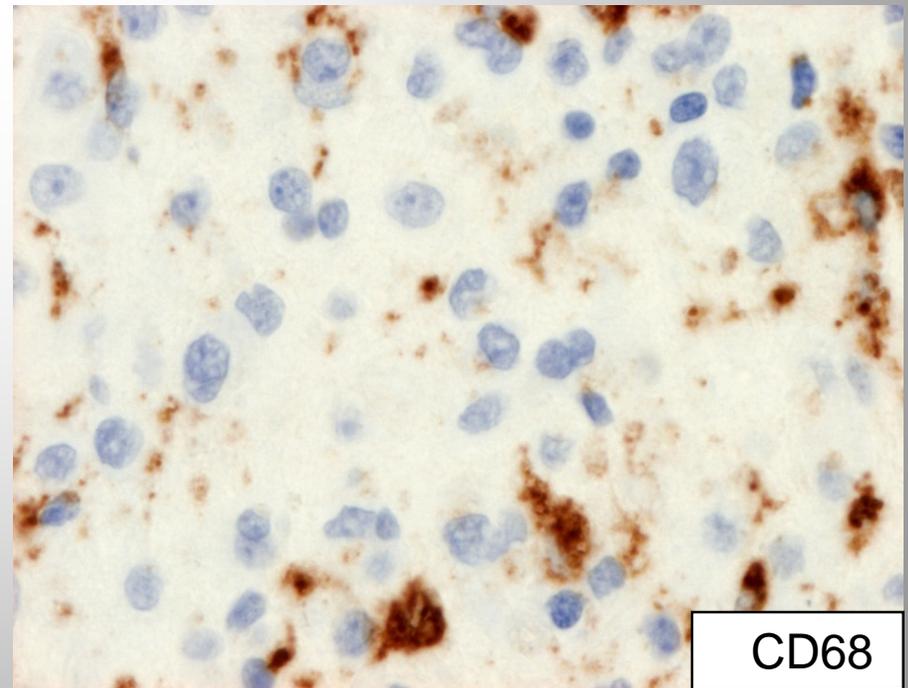
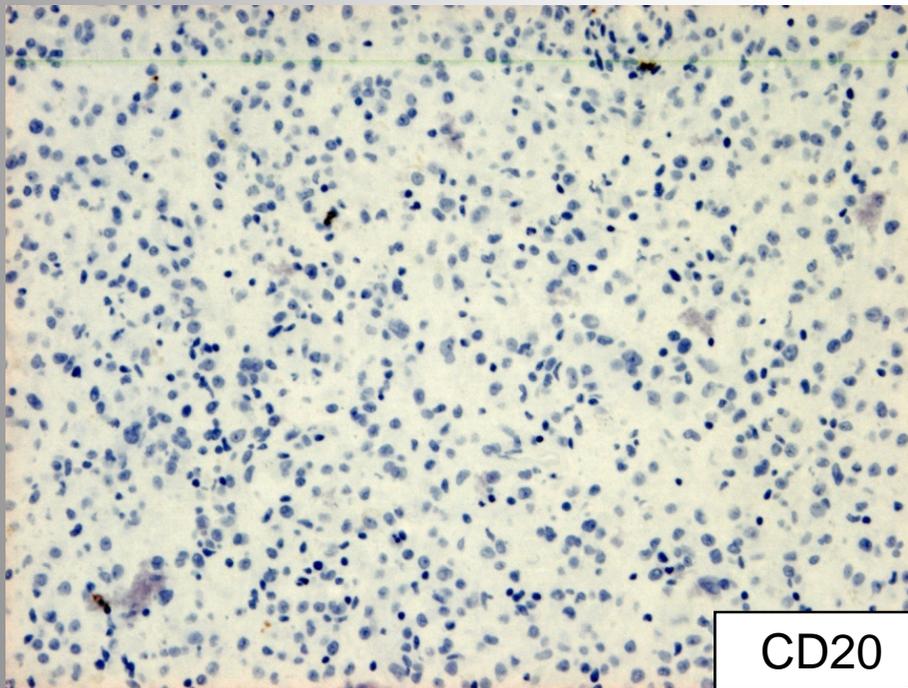
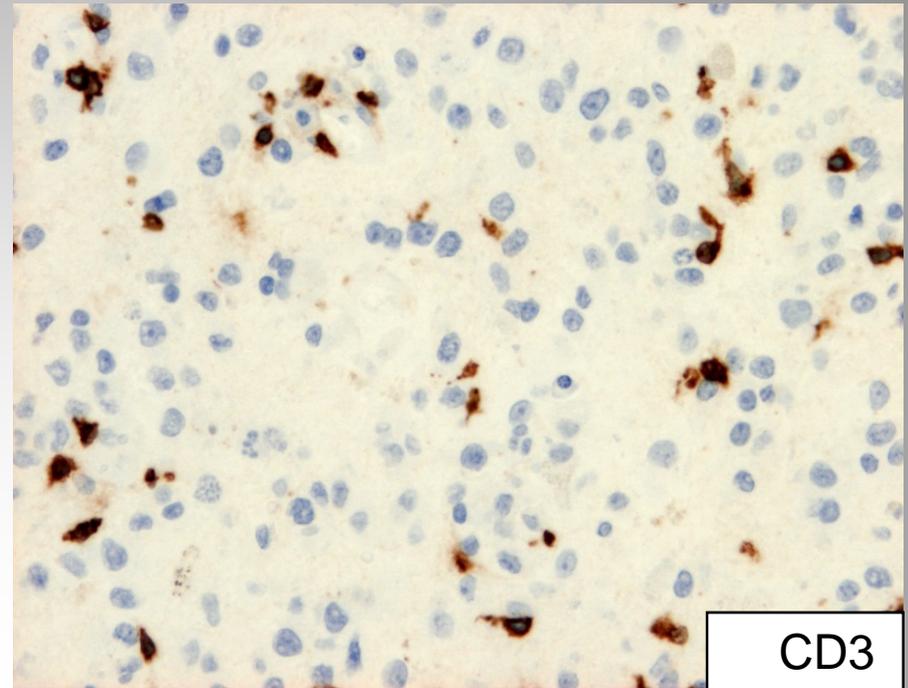
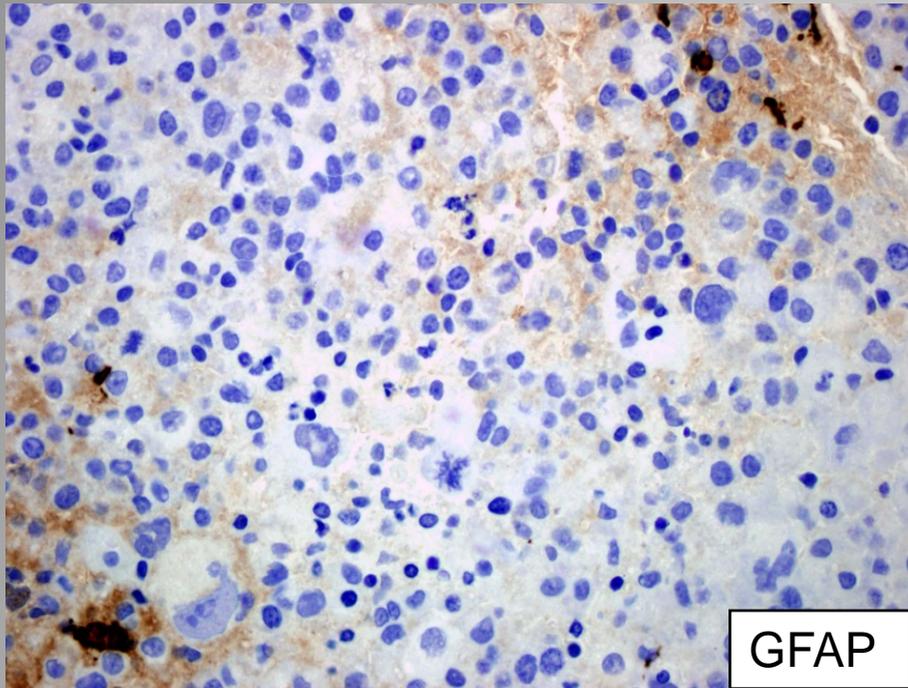
DIAGNÓSTICO INTRAOPERATORIA:

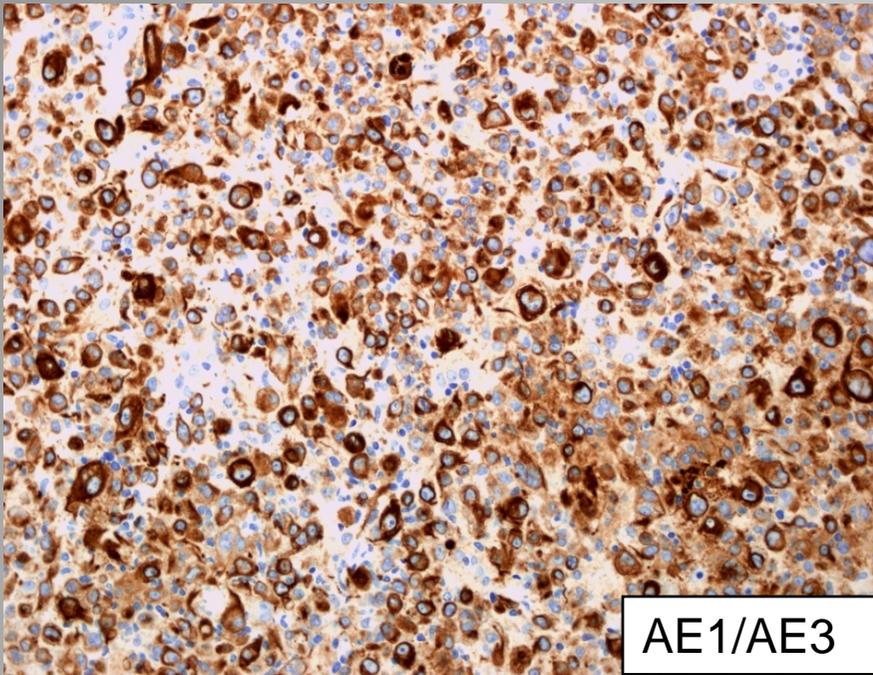
COMPATIBLE CON METÁSTASIS DE
ADENOCARCINOMA ENDOMETRIOIDE
DE ENDOMETRIO



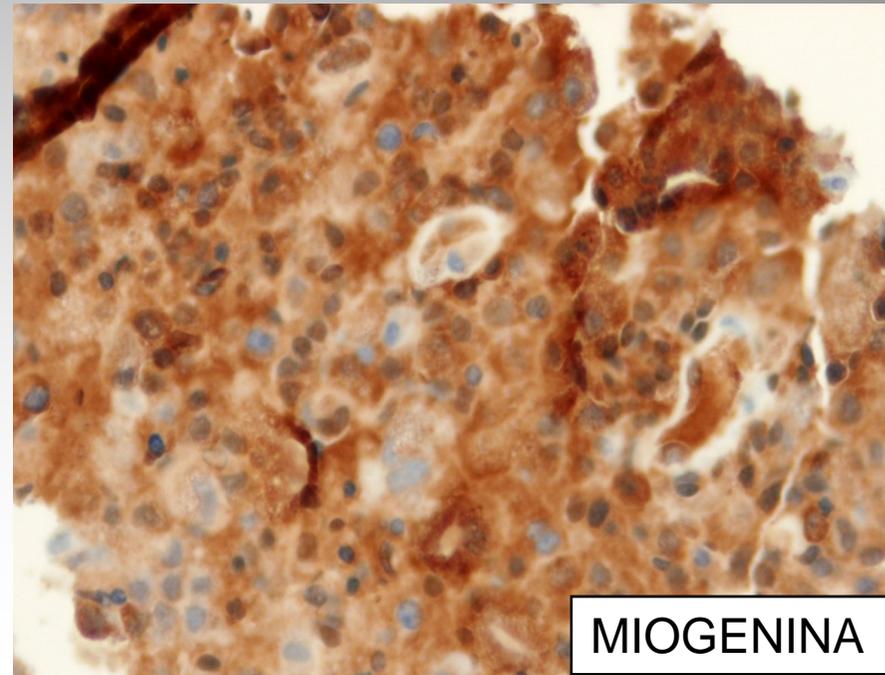




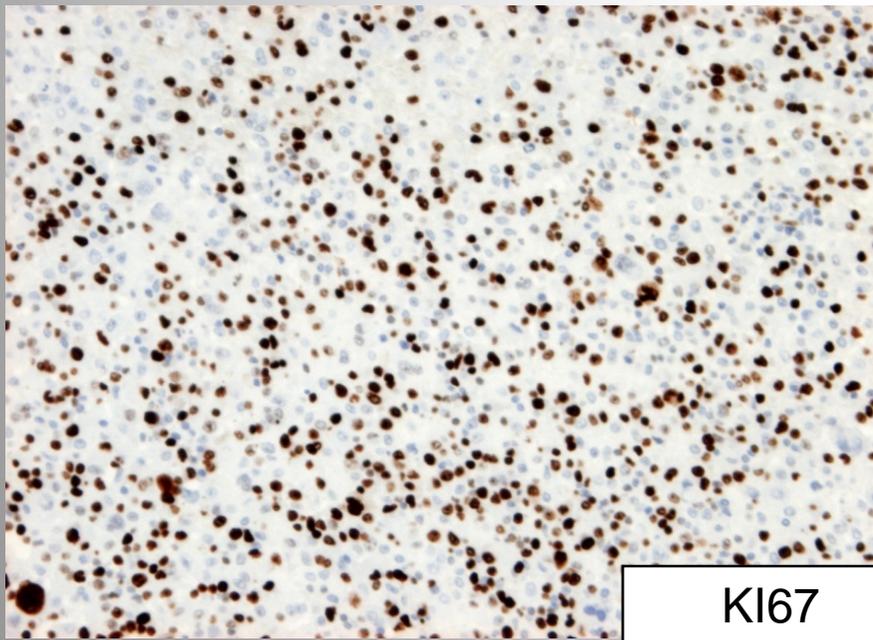




AE1/AE3



MIOGENINA



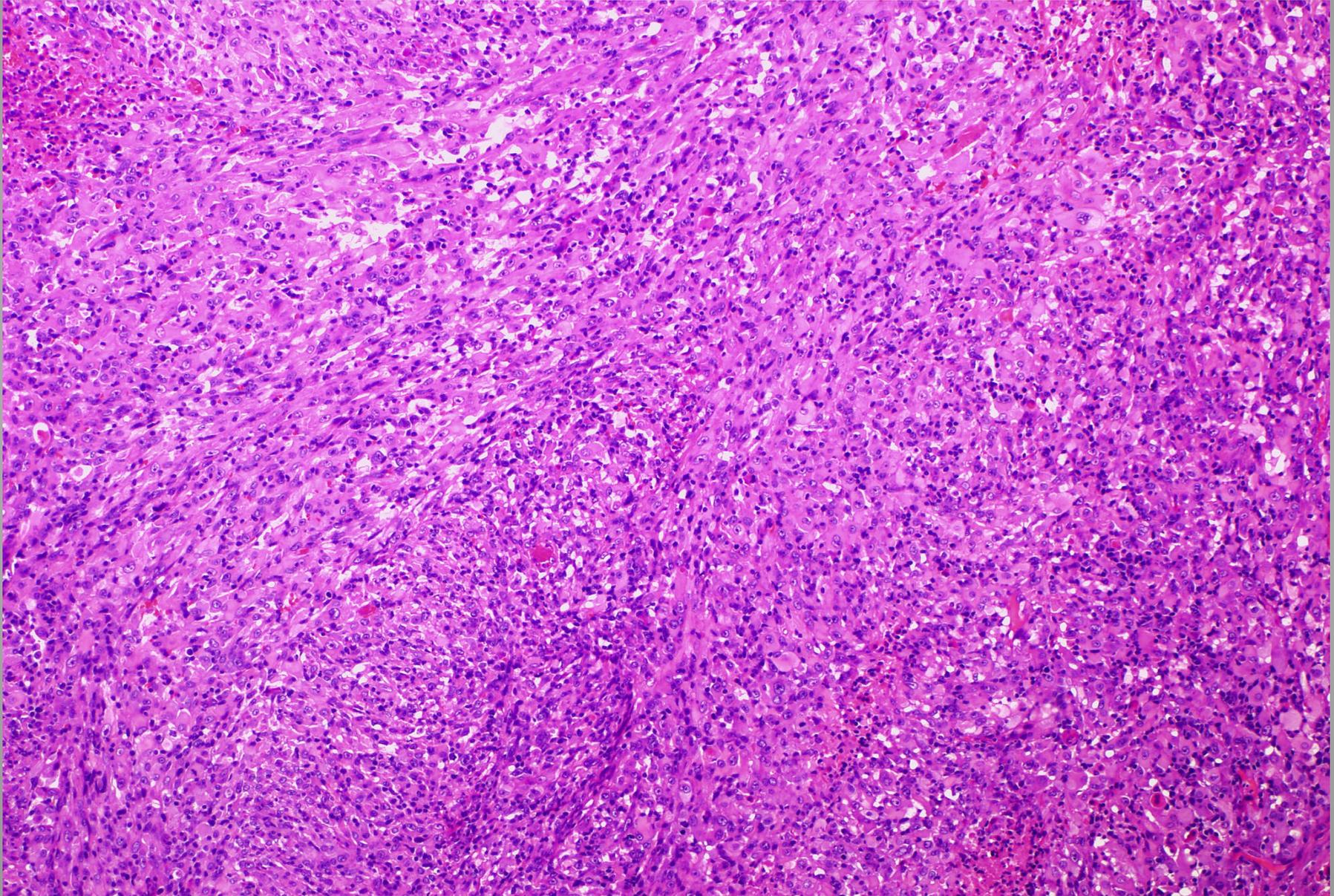
KI67

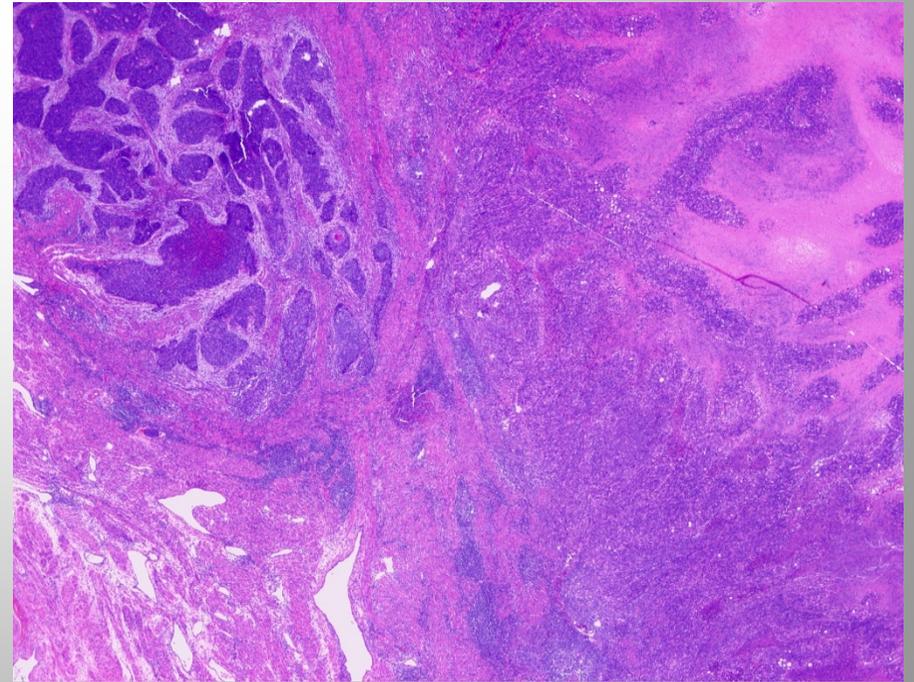
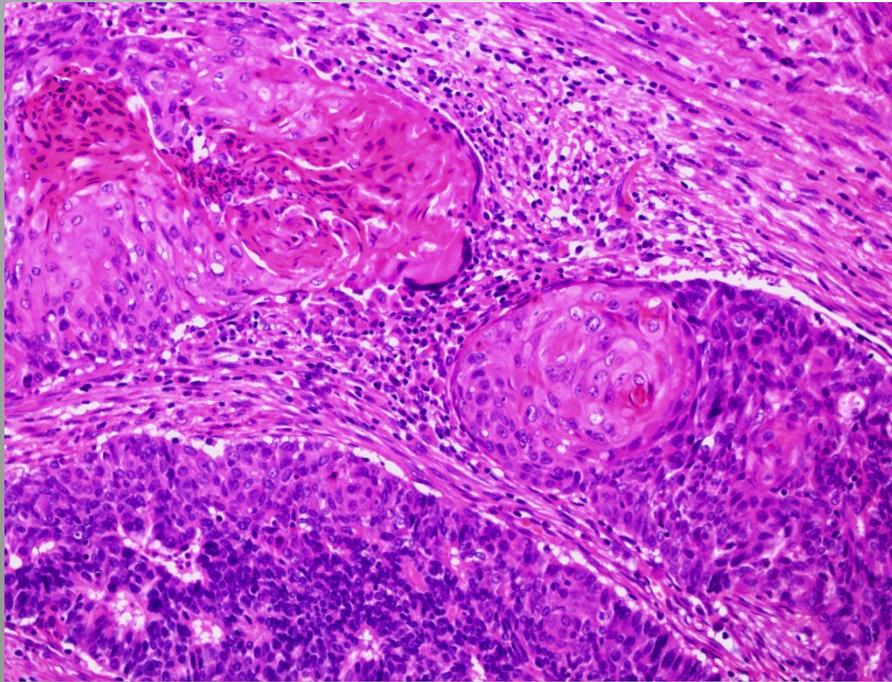
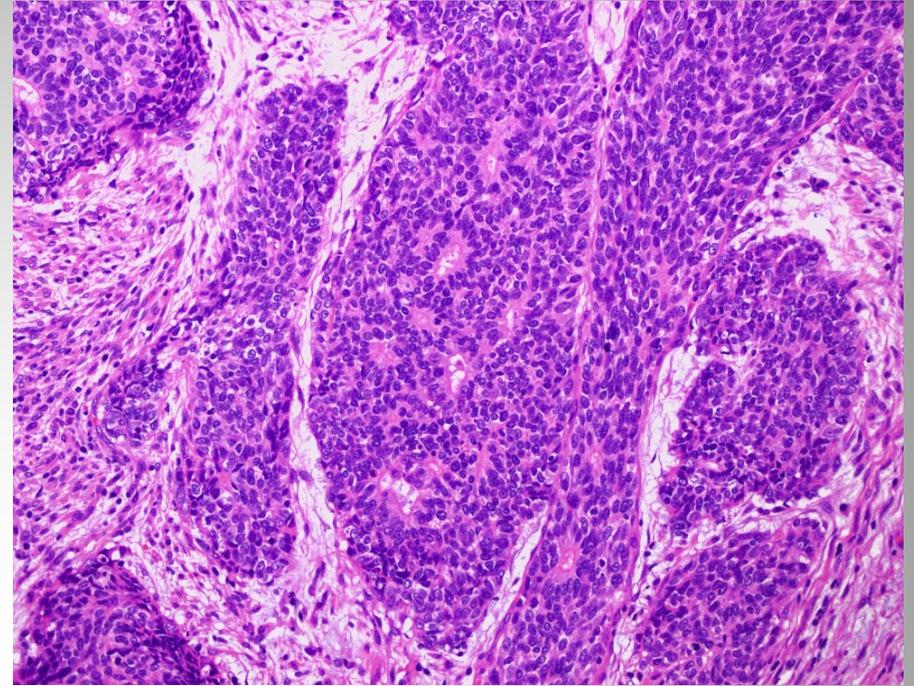
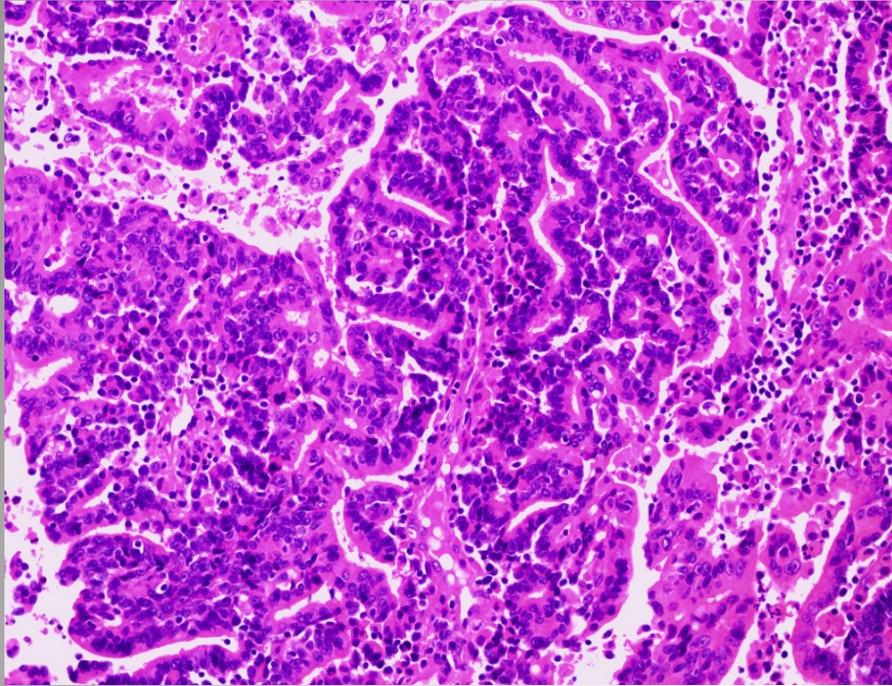
- CK7 -
- CK20 -
- CD 138 -

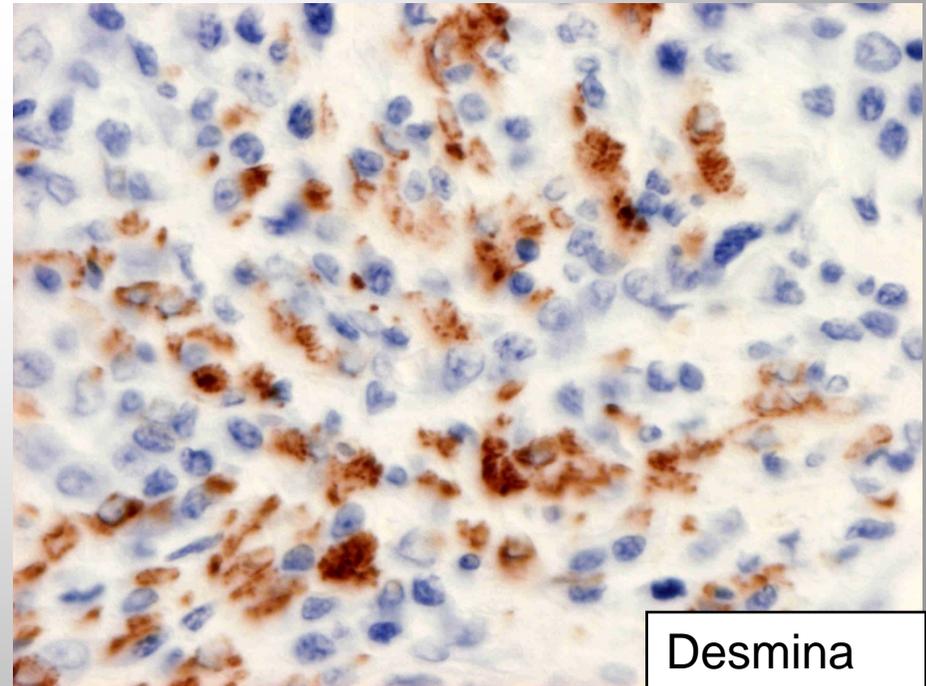
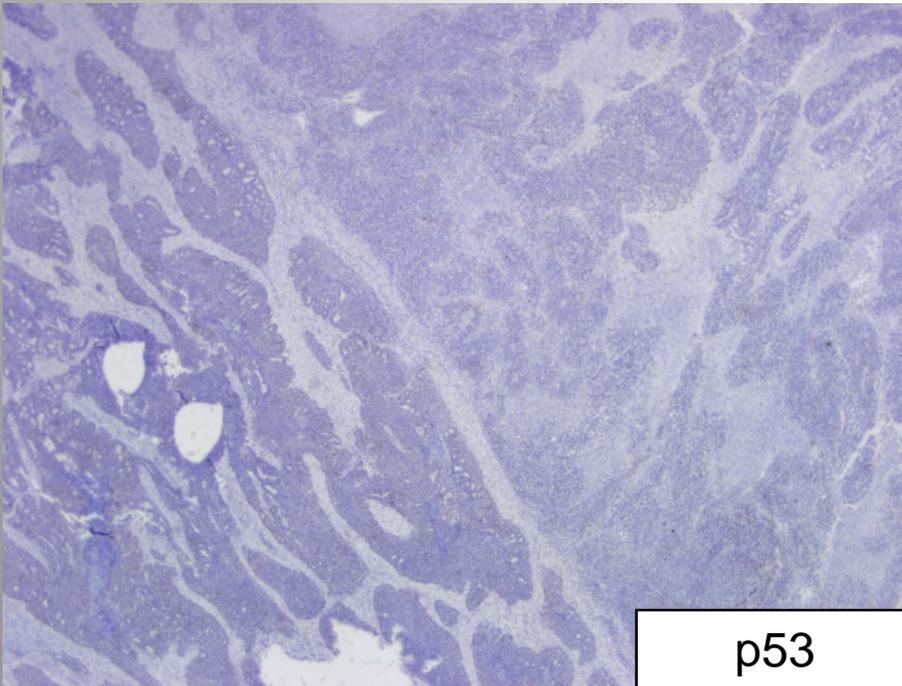
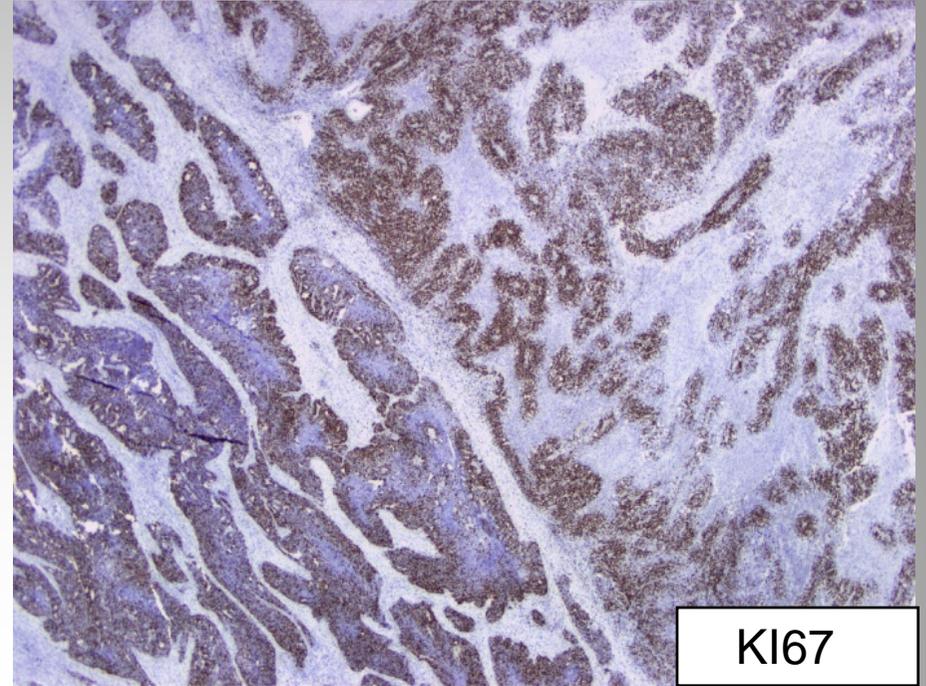
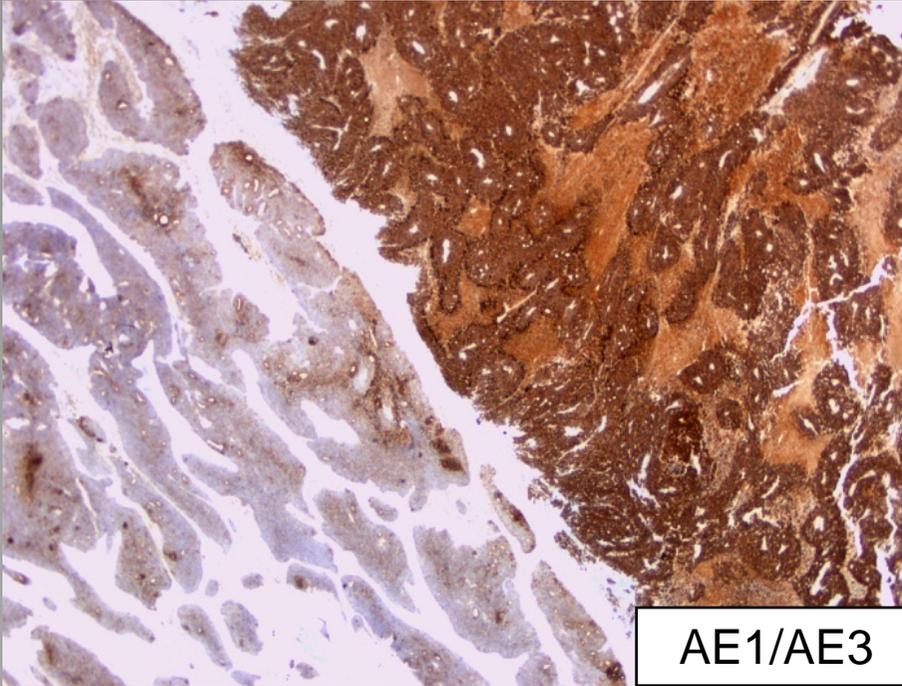
DIAGNÓSTICO DEFINITIVO:

METÁSTASIS DE ADENOCARCINOMA
ENDOMETRIOIDE DE ENDOMETRIO
CON COMPONENTE RABDOIDE
CONOCIDO

Histerectomía







Adenocarcinoma de endometrio grado 3 de 3 FIGO

- Componente sólido > 50% (no mórulas escamosas)
- Células de áreas sólidas se parecen a células de componente glandular y forman nidos, trabéculas o cordones
- Metástasis: Ganglios linfáticos regionales

Organ site	Relative frequency (%)
Lung	41
Peritoneum and omentum	39
Ovary	34
Liver	29
Bowel	29
Vagina	25
Bladder	23
Vertebra	20
Spleen	14
Adrenal	14
Ureter	8
Brain or skull	5
Vulva	4
Breast	4
Hand	
Femur	
Tibia	Rare
Pubic bone	
Skin	

Undifferentiated Carcinoma of the Endometrium

Basel Altrabulsi, MD, Anais Malpica, MD,† Michael T. Deavers, MD,† Diane C. Bodurka, MD,‡
Russell Broaddus, MD, PhD,† and Elvio G. Silva, MD†*

(Am J Surg Pathol 2005;29:1316–1321)

Association of Low-Grade Endometrioid Carcinoma of the Uterus and Ovary With Undifferentiated Carcinoma: A New Type of Dedifferentiated Carcinoma?

Elvio G. Silva, M.D., Michael T. Deavers, M.D., Diane C. Bodurka, M.D., and Anais Malpica, M.D.

Int J Gynecol Pathol, Vol. 25, No. 1, January 2006

Endometrial and ovarian carcinomas with undifferentiated components: clinically aggressive and frequently underrecognized neoplasms

Laura J Tafe^{1,3}, Karuna Garg^{1,3}, Ivy Chew¹, Carmen Tornos² and Robert A Soslow¹

¹Department of Pathology, Memorial Sloan-Kettering Cancer Center, New York, NY, USA and ²Department of Pathology, Stony Brook University Medical Center, New York, NY, USA

Molecular Profile of Grade 3 Endometrioid Endometrial Carcinoma: Is it a Type I or Type II Endometrial Carcinoma?

Teresa Alvarez, MD, Ezra Miller, PhD, Linda Duska, MD, and Esther Oliva, MD

Am J Surg Pathol • Volume 36, Number 5, May 2012

TABLE 3. Grade 3 EEC: Main Molecular Profiles

<u>Expression Patterns</u>	<u>N</u>
<u>Low-grade ECC-like with no p16/p53/Her-2 overexpression</u> MLH-1/MSH-2 loss ± cyclin D1 overexpression	6
<u>Low-grade ECC-like</u> MLH-1/MSH-2 loss and cyclin D1 overexpression; and p53 ⁺	1
<u>Non-low-grade EEC-like</u>	<u>Total: 10</u>
<u>p16 overexpression</u>	7 (2 cyclin D1 overexpression)
<u>p53 overexpression</u>	8 (1 cyclin D1 overexpression)
<u>Her-2 overexpression</u>	3 (1 cyclin D1 overexpression)

Evolución

- 04-07/2012 RT-holocraneal. Seguimiento posterior sin evidencia de enfermedad
- 21/02/2013 Paciente consulta por empeoramiento de la clínica neurológica (alucinaciones, mayor ataxia que conduce a caídas)
- PET-TAC: Restos tumorales en lecho quirúrgico
- Pendiente de valoración por comité

