

# PATOLOGÍA UROLÓGICA

Carolina Loayza Silva

Hospital Universitari de Bellvitge

# HISTORIA CLÍNICA

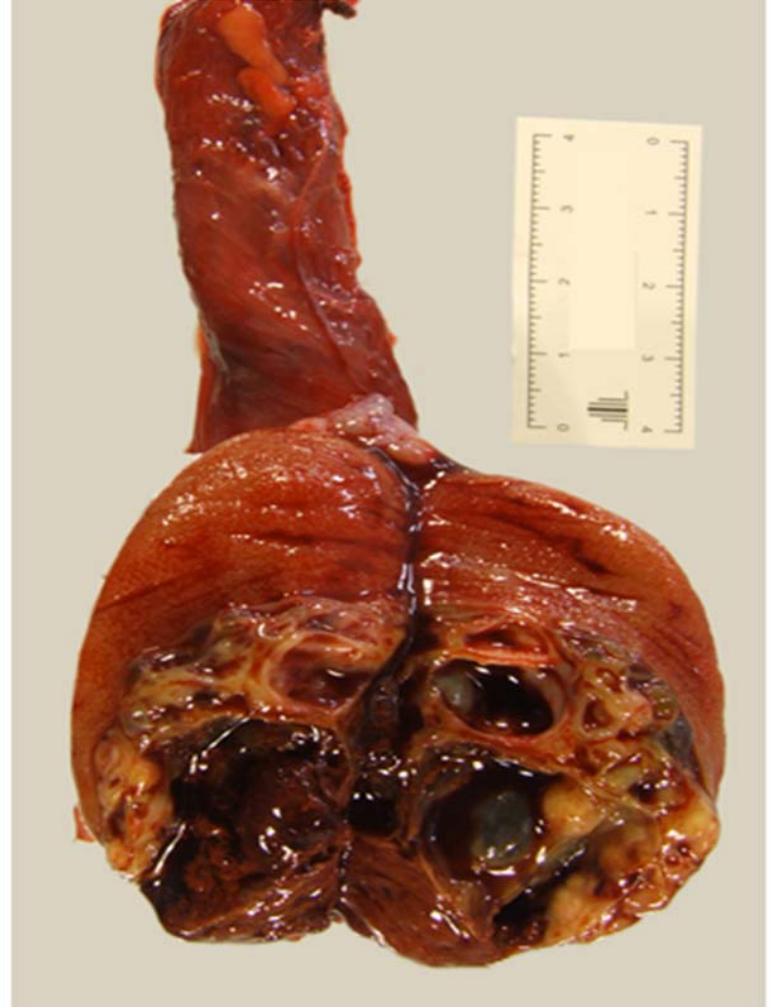
Varón de 22 años.

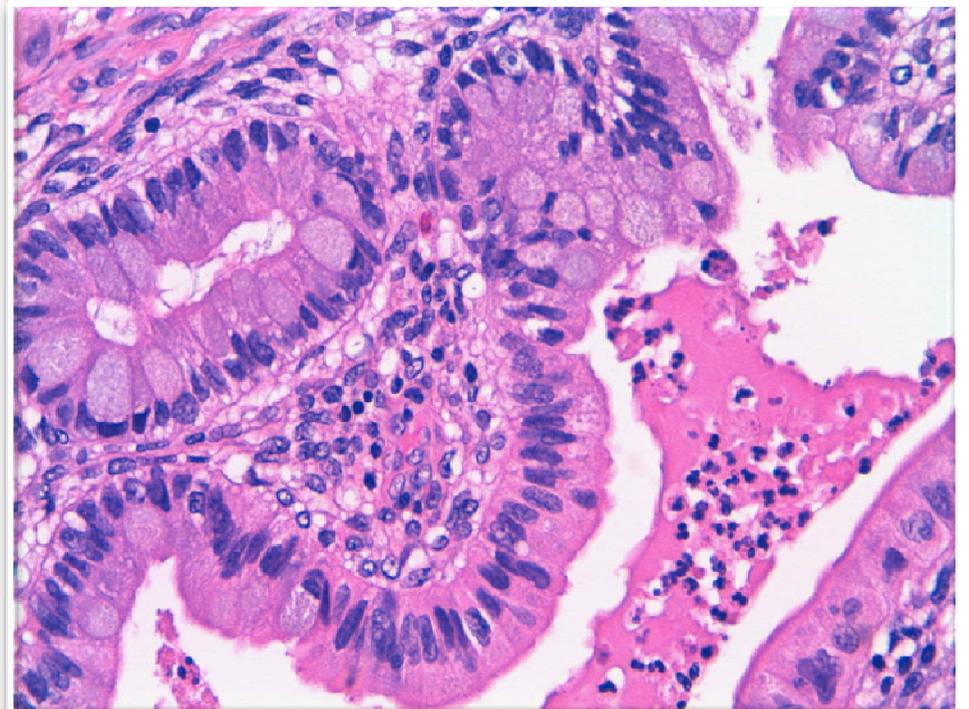
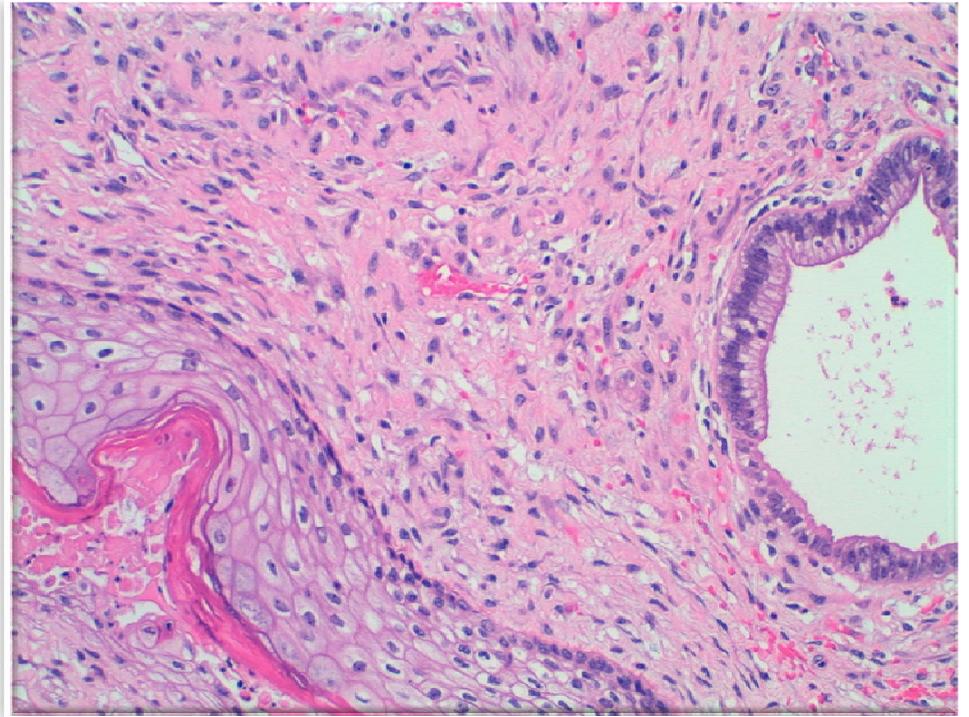
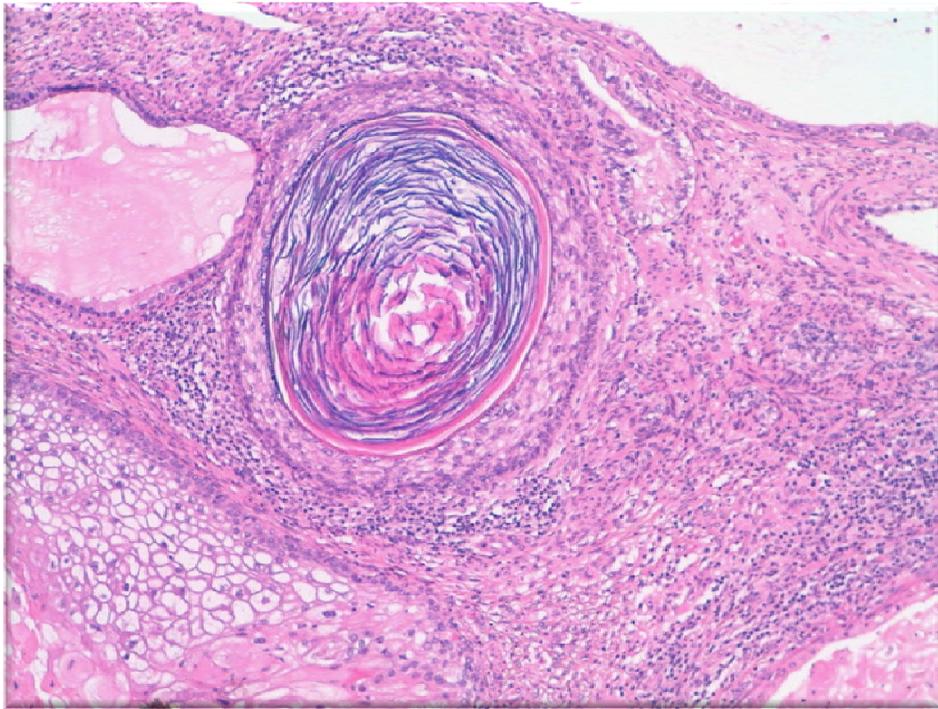
Aumento de tamaño de testículo derecho, no dolor ni signos inflamatorios.

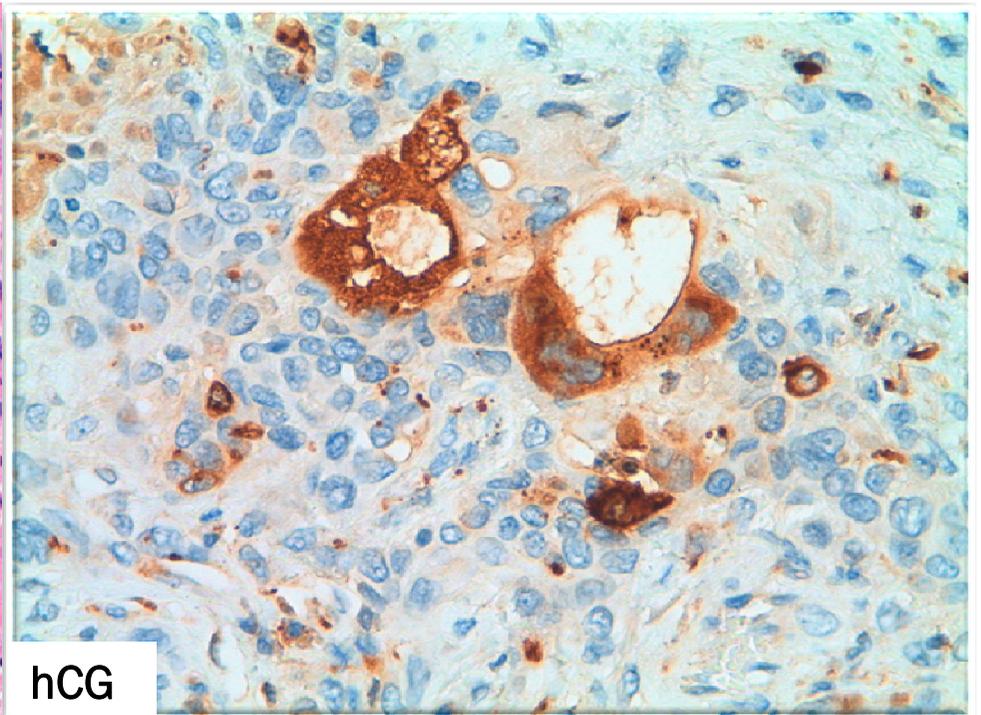
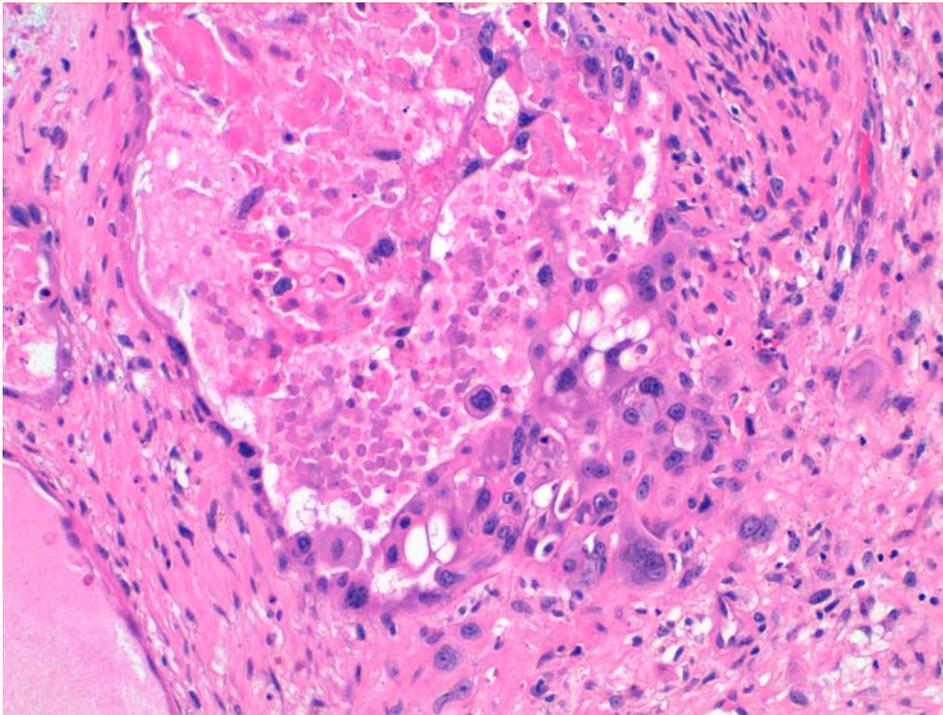
## Analítica:

$\alpha$ FP: 34.4  $\mu$ g/L [ 0 - 7 ]

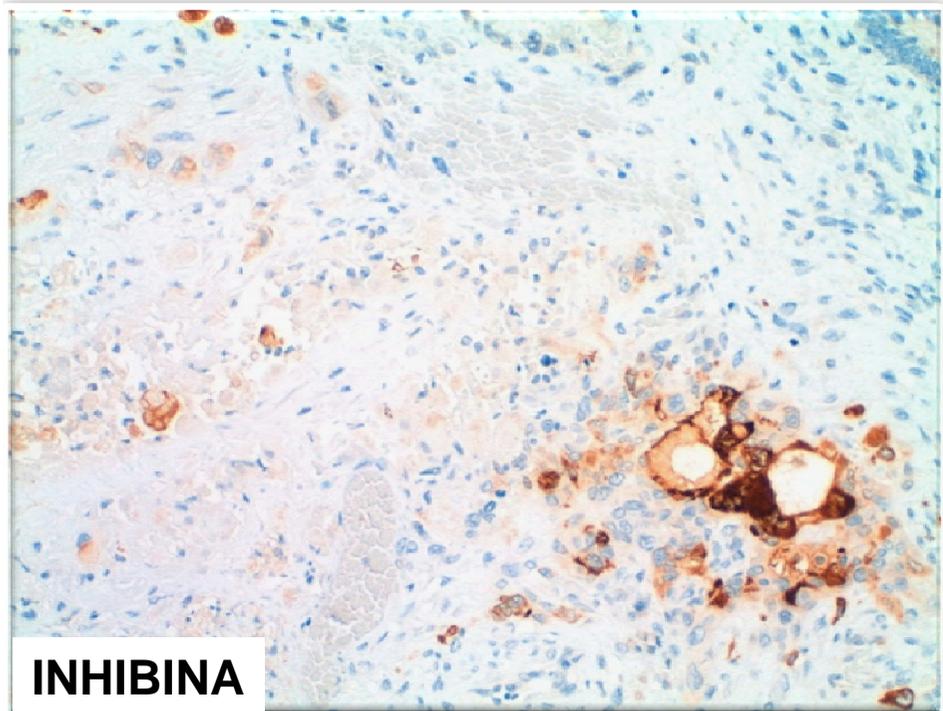
$\beta$ hCG: 92.4 u.int/L [ < 5 ]



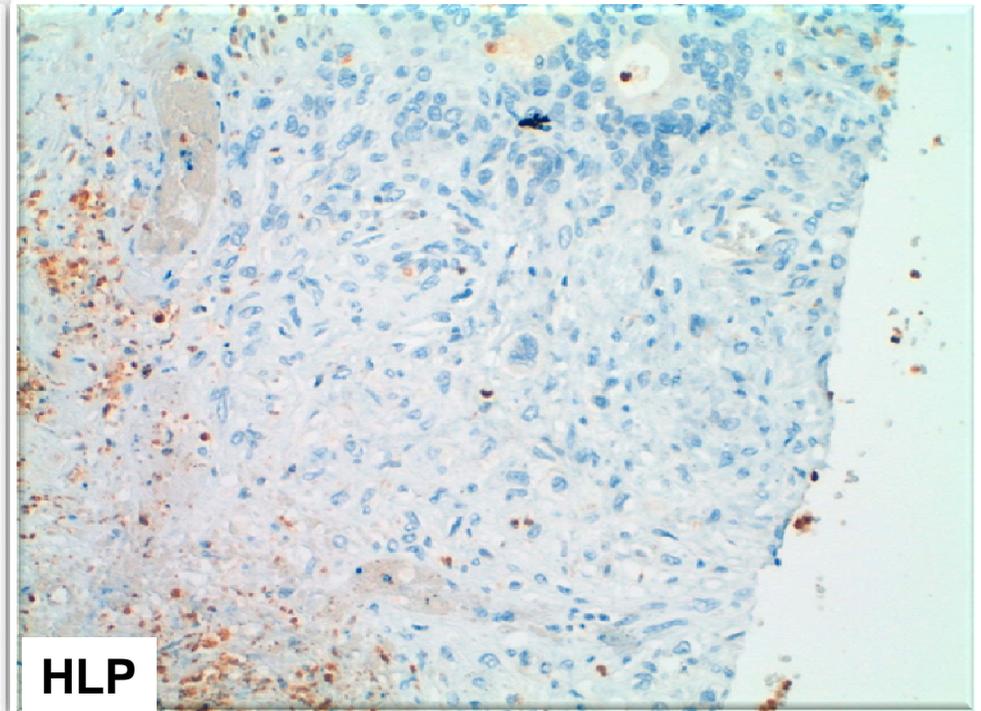




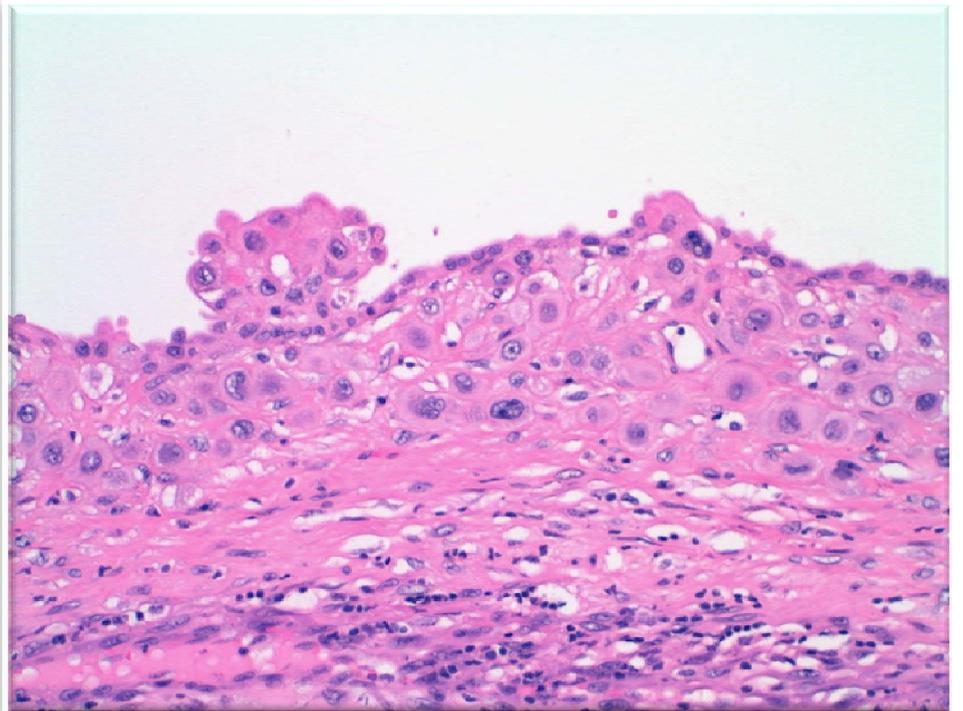
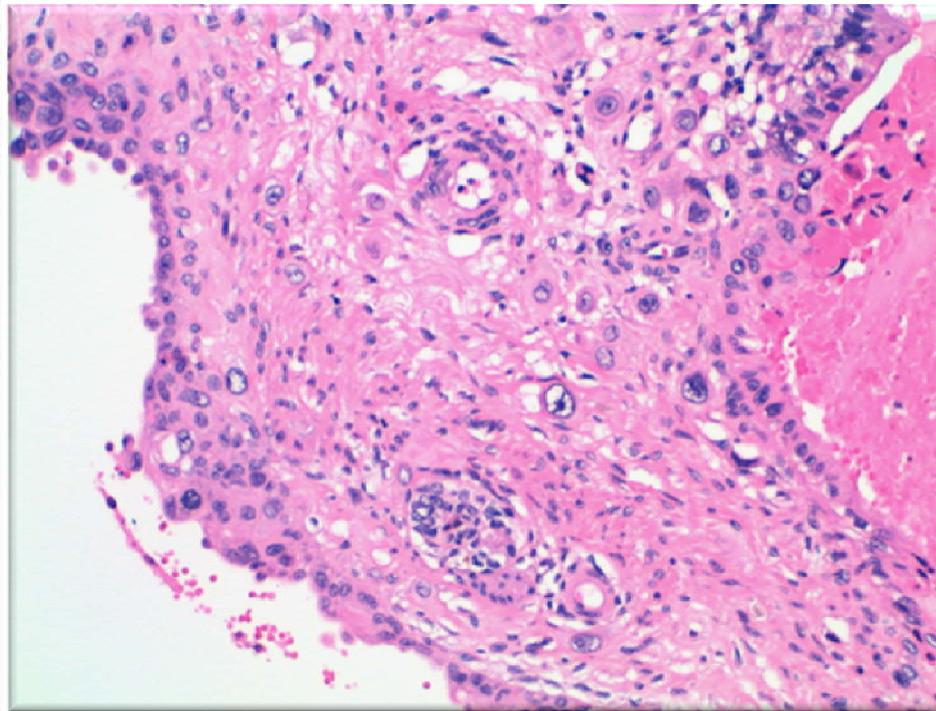
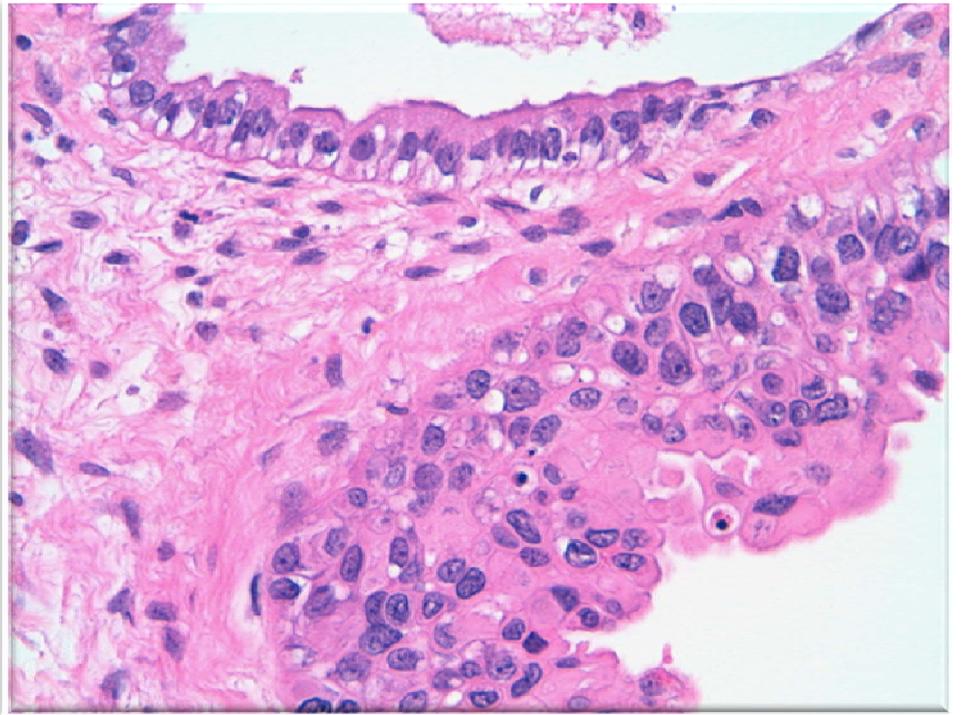
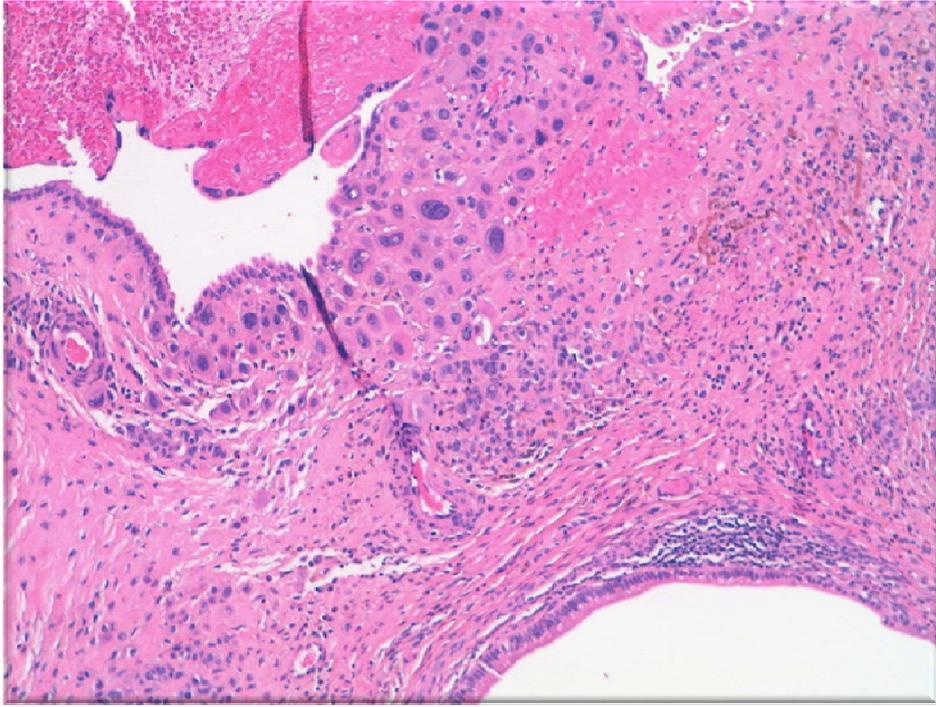
**hCG**

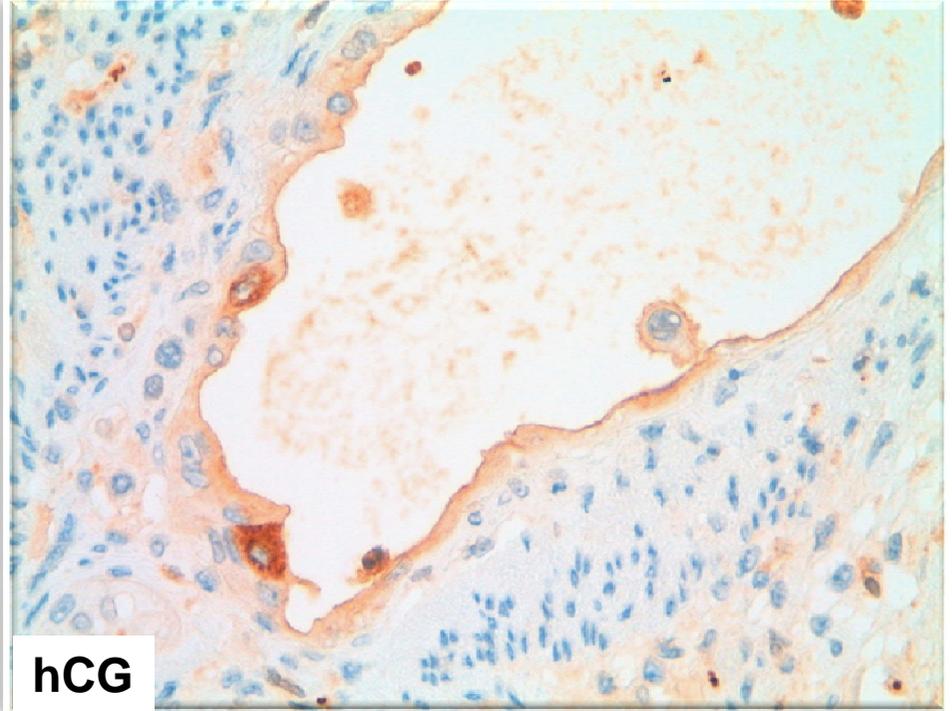
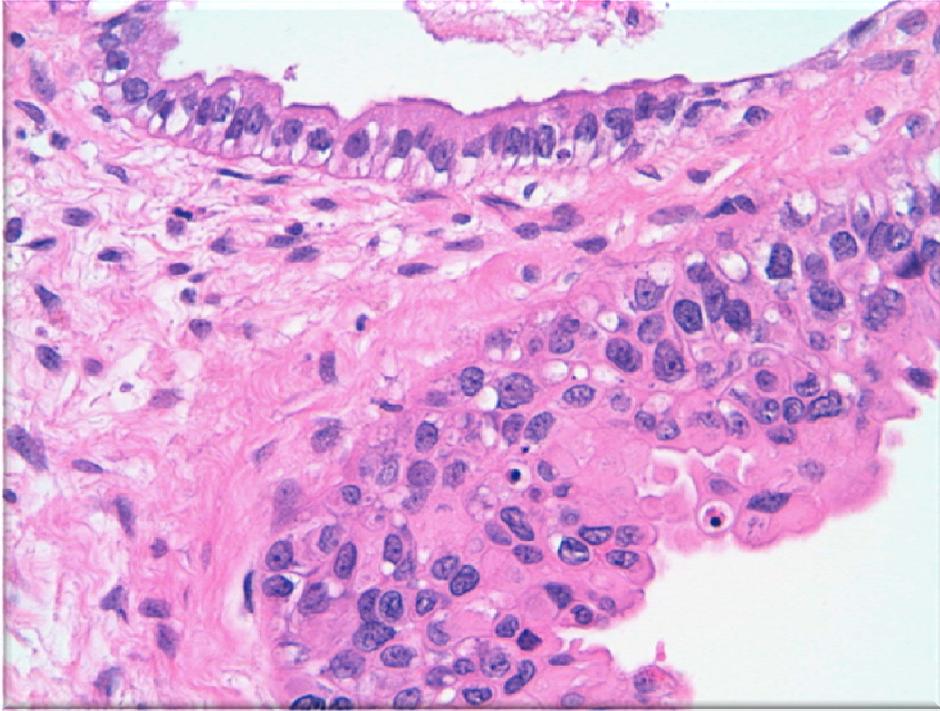


**INHIBINA**

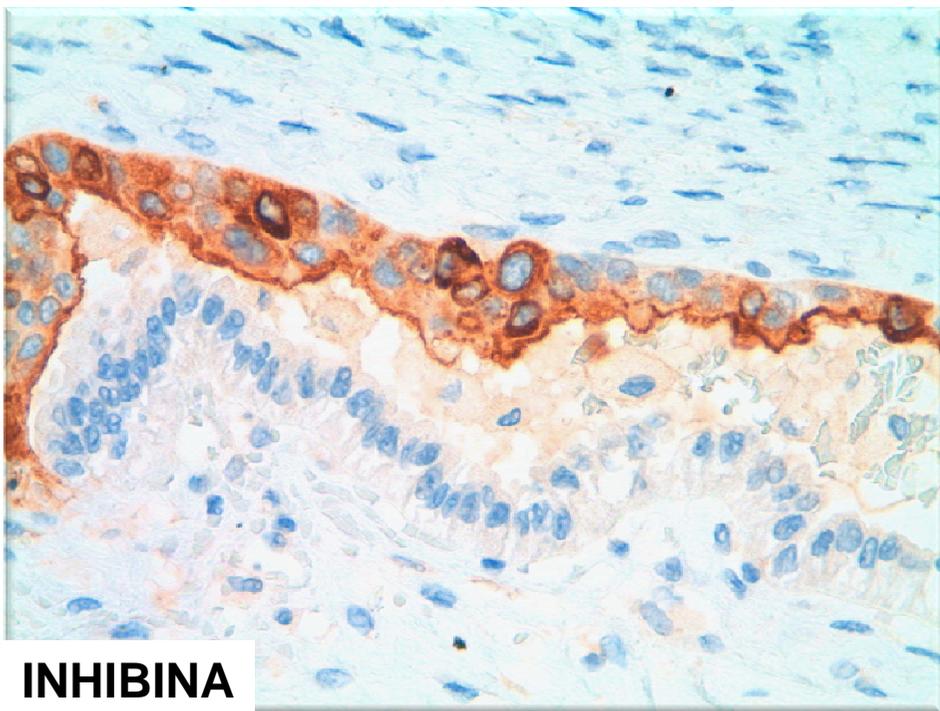


**HLP**

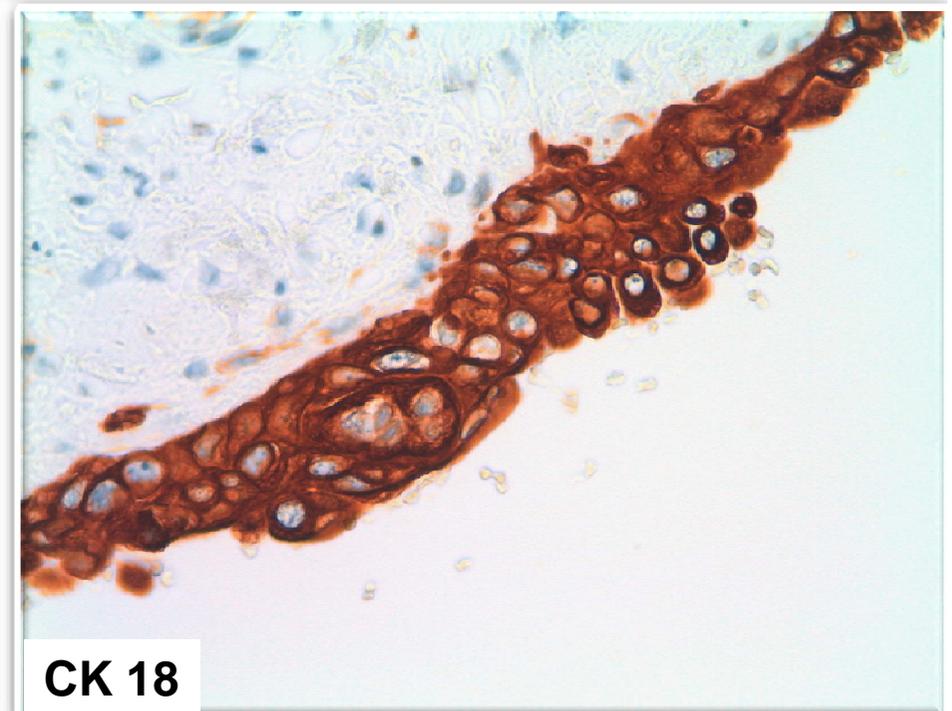




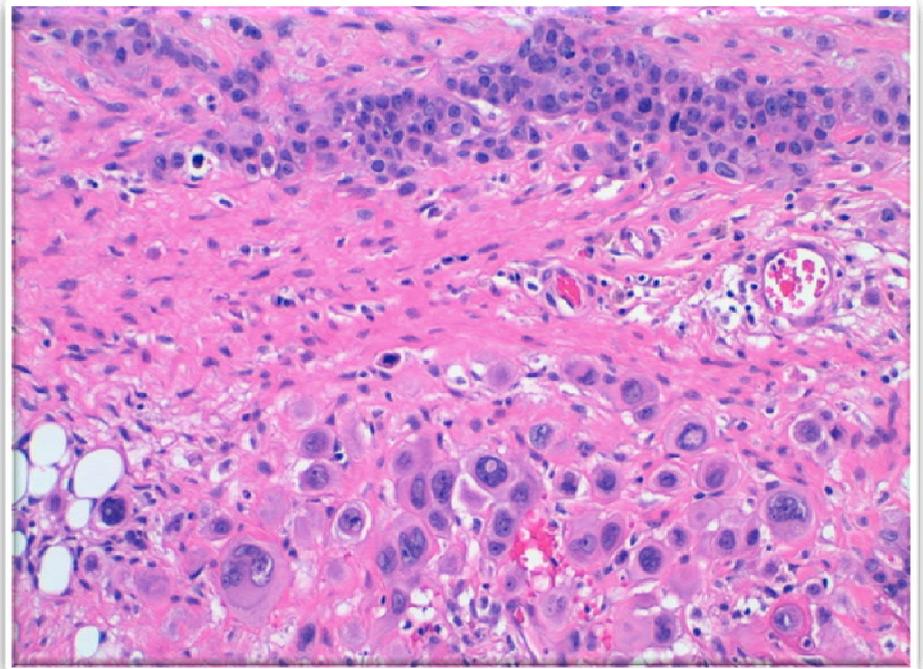
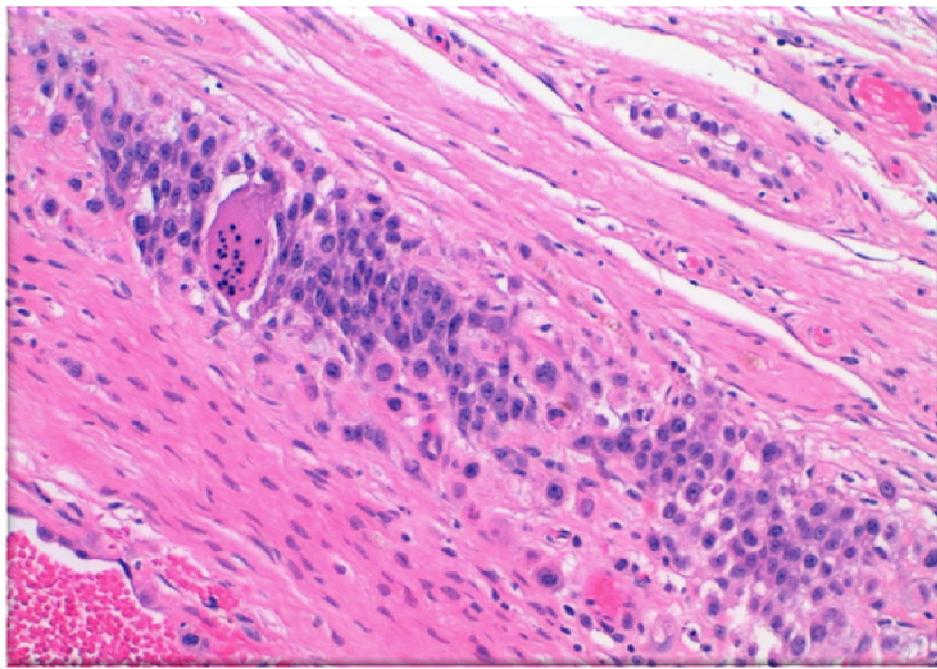
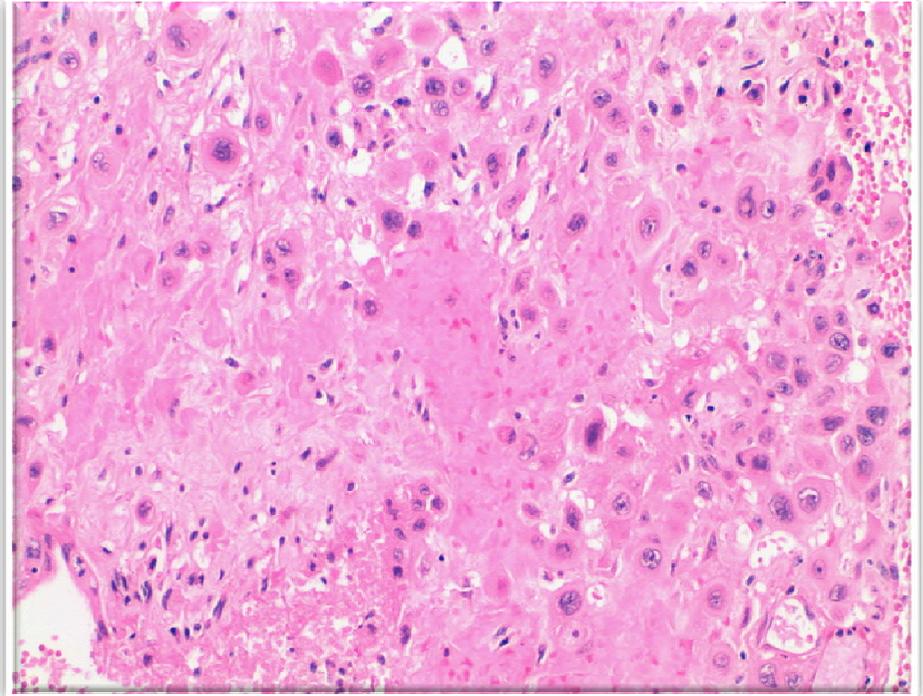
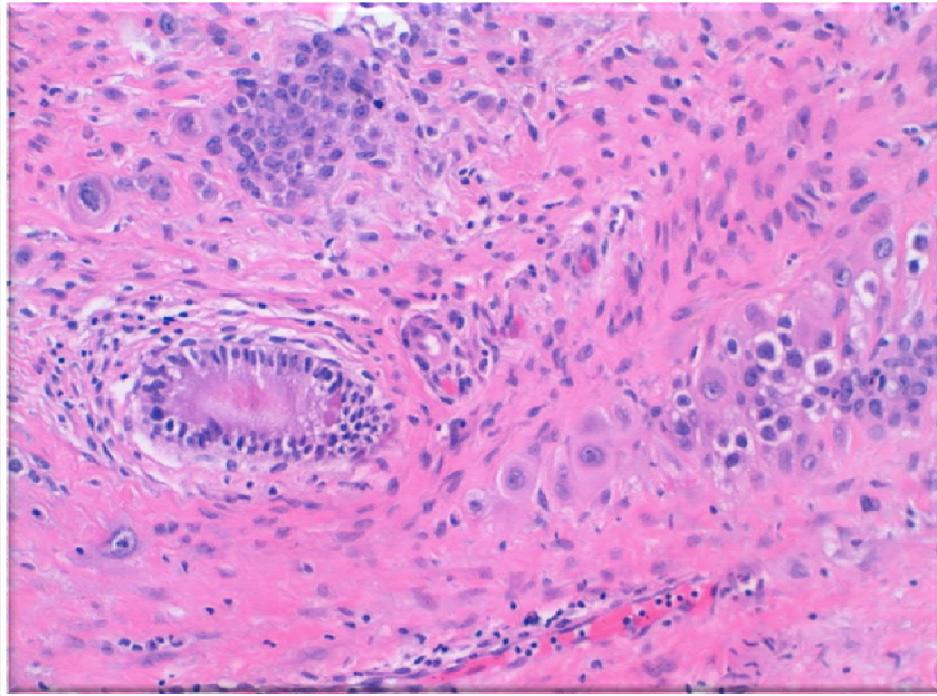
**hCG**

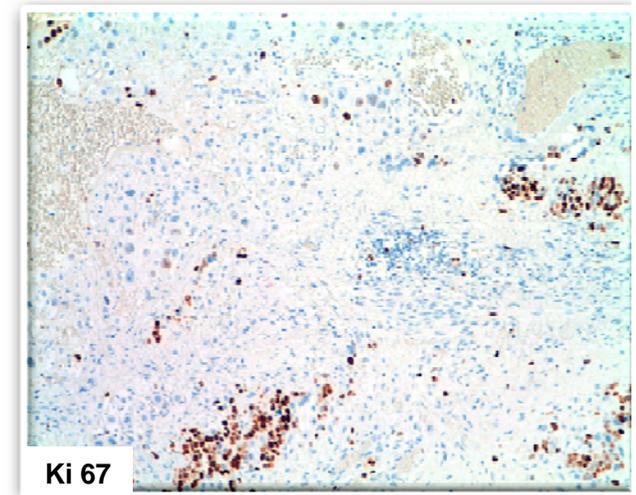
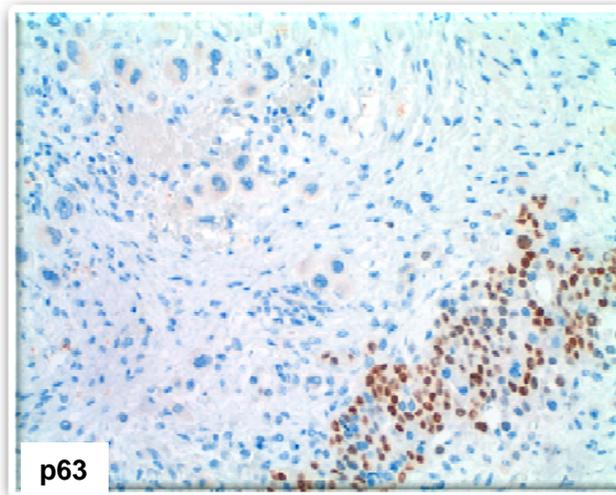
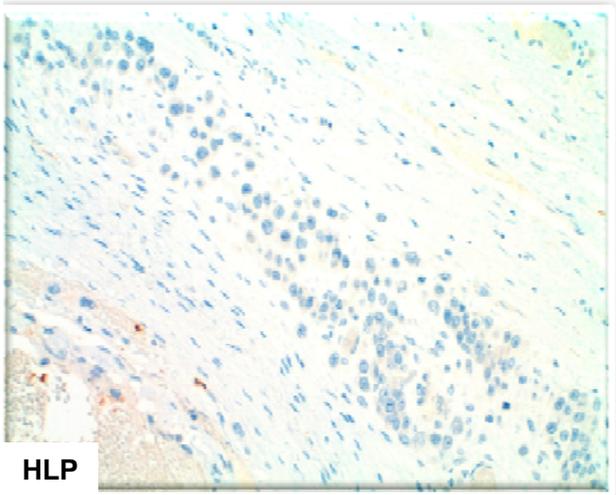
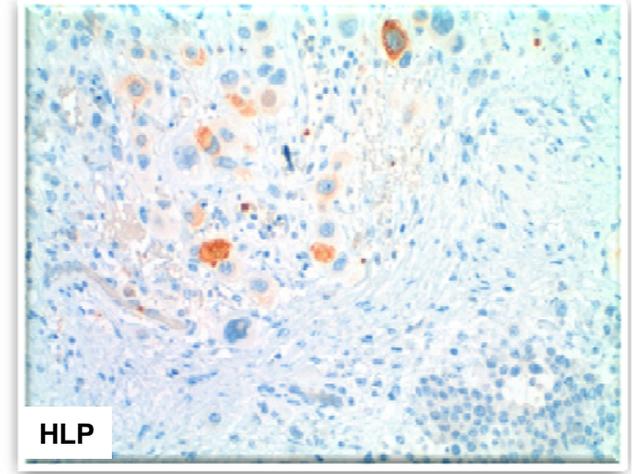
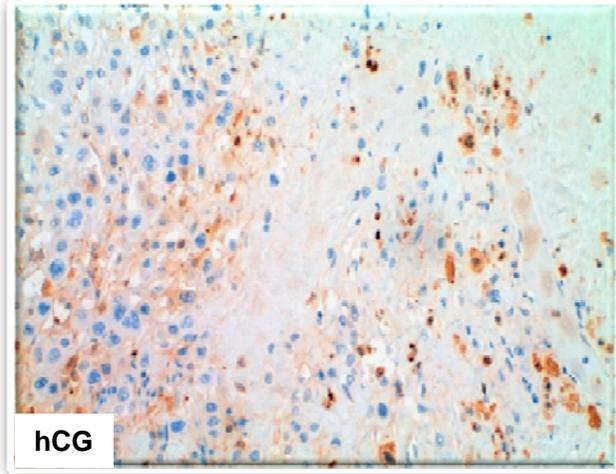
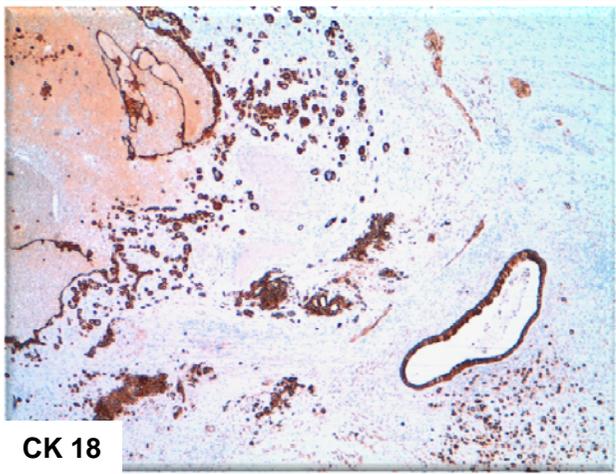


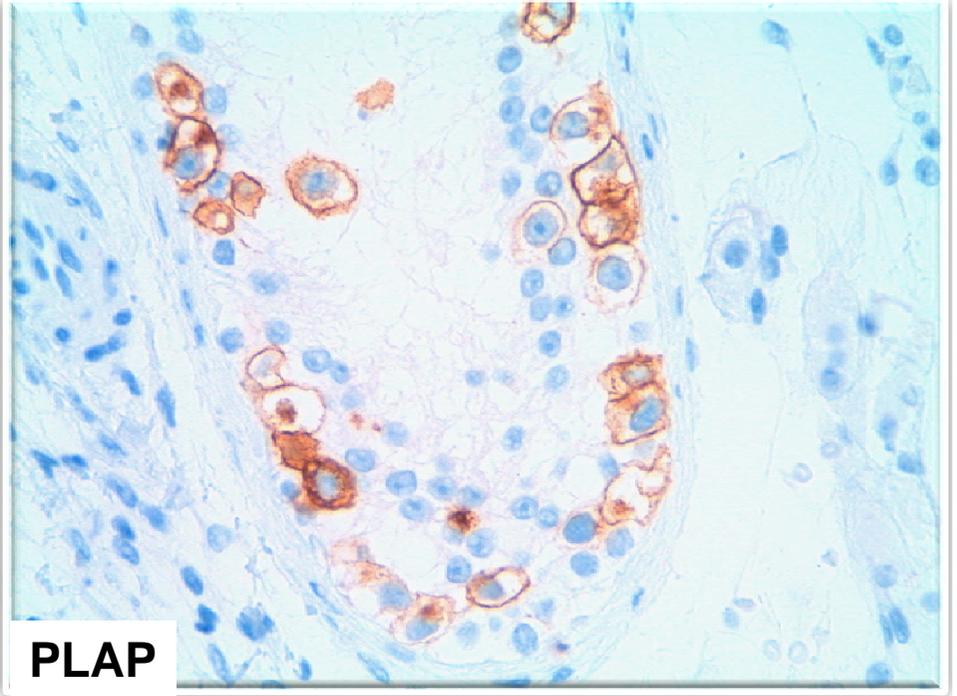
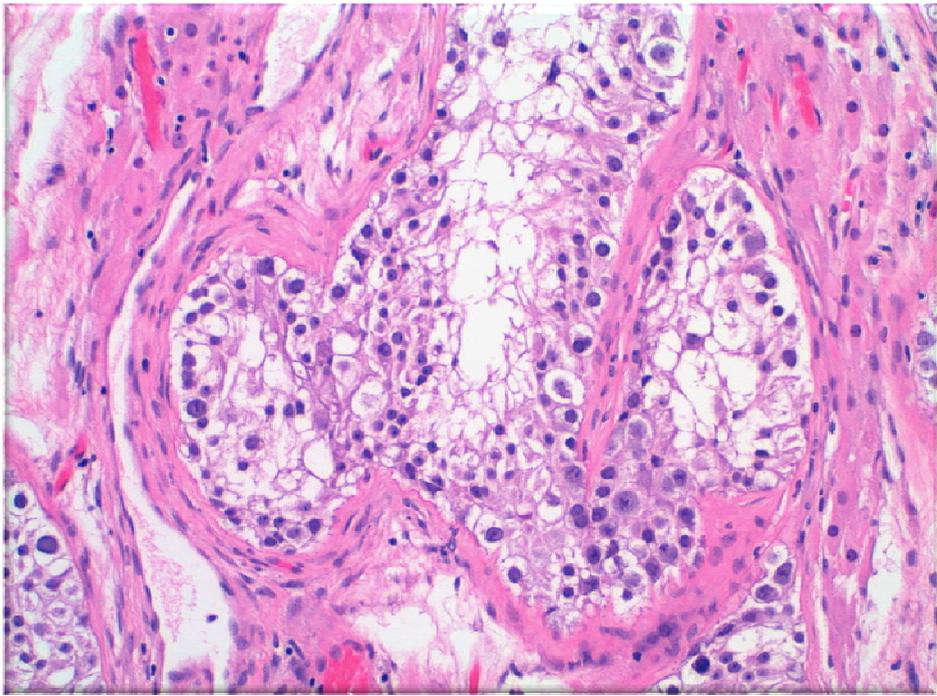
**INHIBINA**



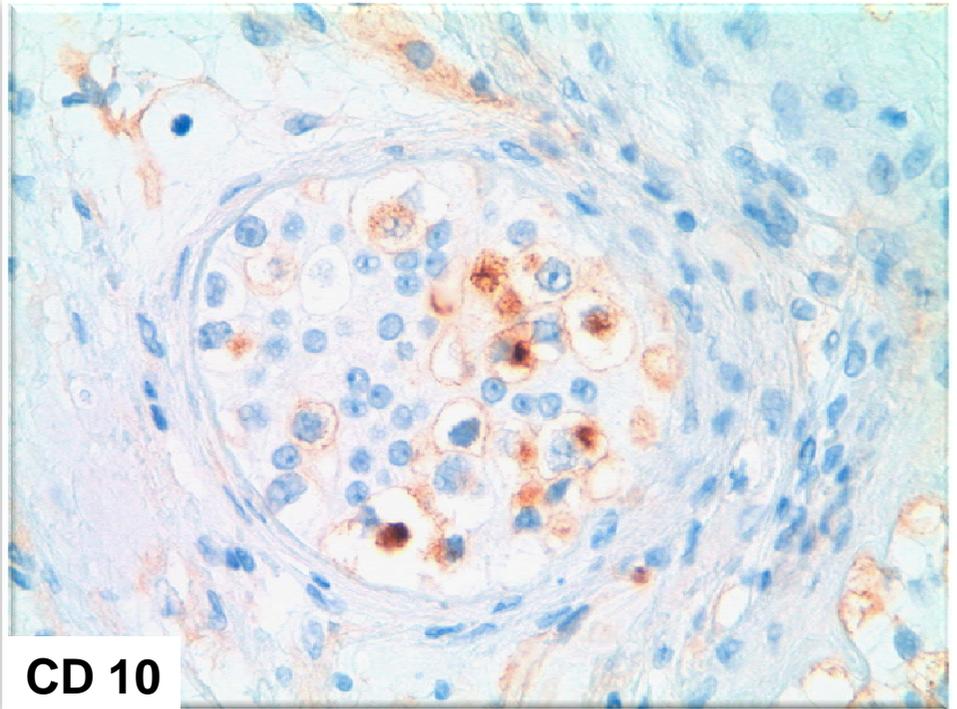
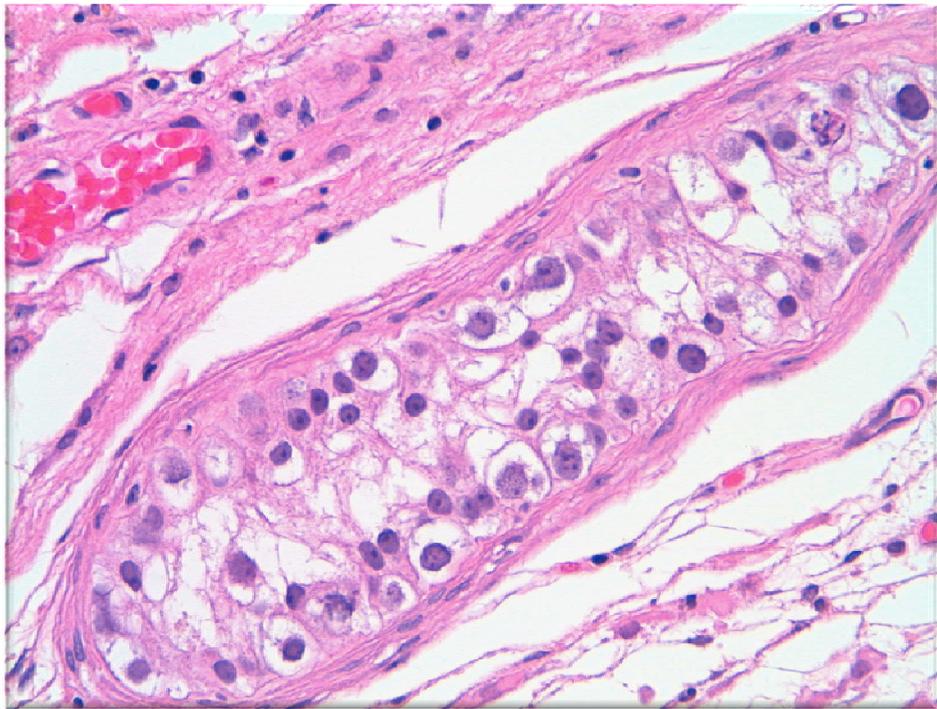
**CK 18**







**PLAP**



**CD 10**

Tumor de células germinales mixto:

- Teratoma

- Focos microscópicos de coriocarcinoma

- Tumor trofoblástico

  - Tumor quístico trofoblástico

  - Tumor de trofoblasto intermedio:

    - Tumor Trofoblástico del Lecho de Implantación Placentaria/ Tumor Trofoblástico Epiteliode.

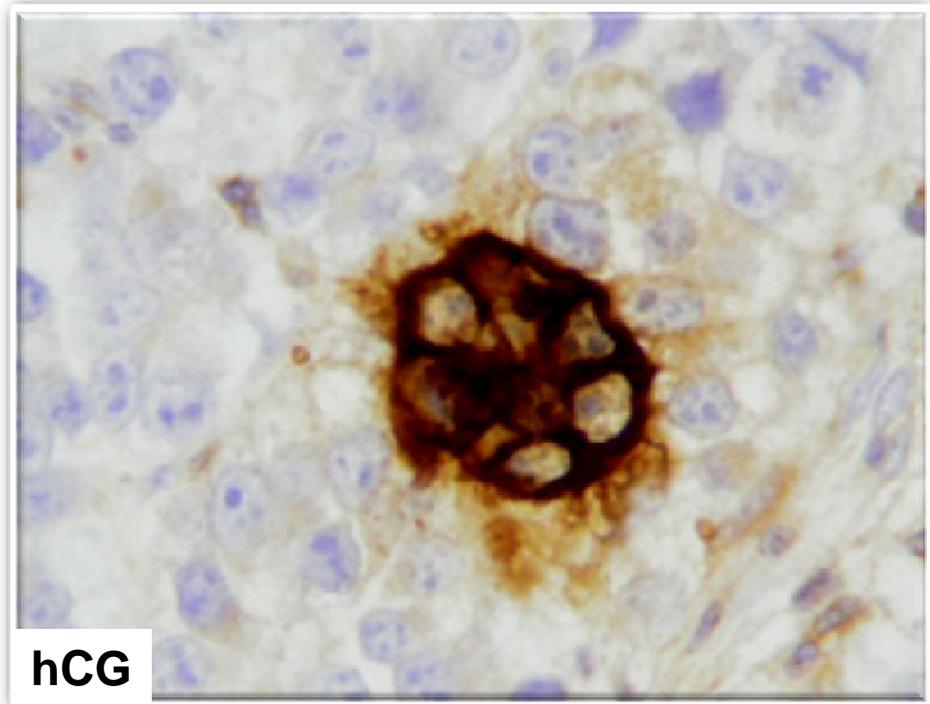
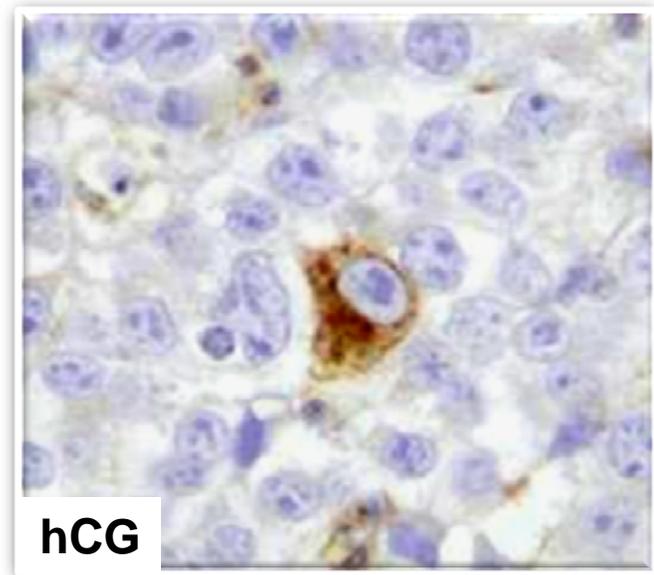
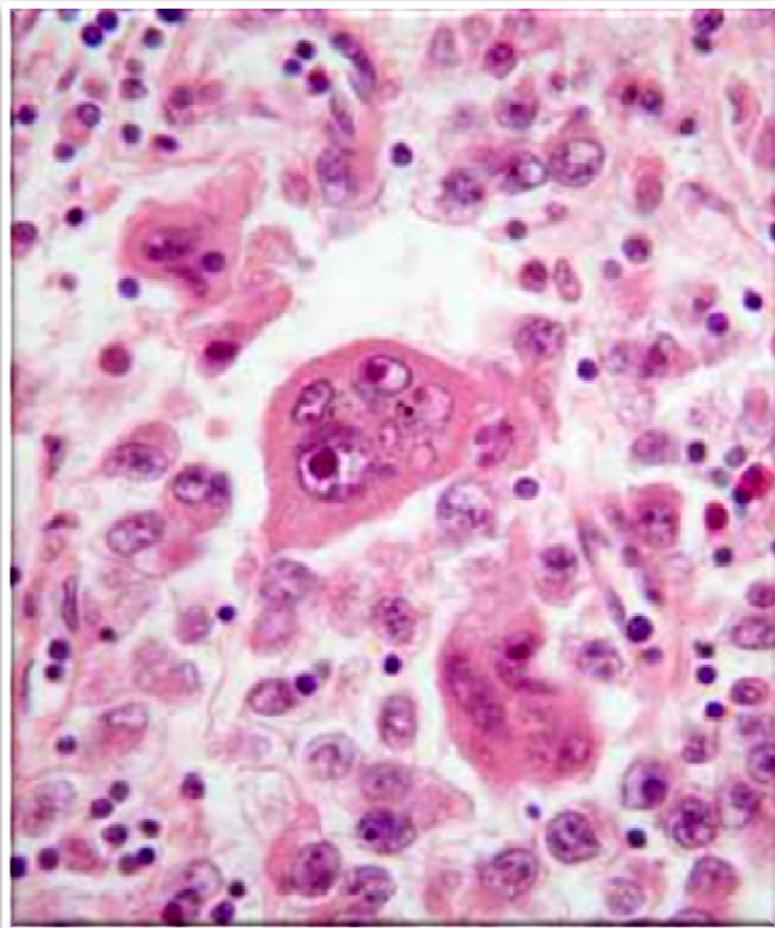
- Neoplasia intratubular de células germinales, tipo indiferenciado.

- TUMORES GERMINALES TESTICULARES-  
LESIONES TROFOBLÁSTICAS
  - CÉLULAS SINCITIOTROFOBLÁSTICAS AISLADAS
  - CORIOCARCINOMA BIFÁSICO (CLÁSICO)
  - TUMOR QUÍSTICO TROFOBLÁSTICO
  - TUMORES DE TROFOBLASTO INTERMEDIO
    - PSTT / ETT

**Seminoma con células trofoblásticas:**

hCG en suero elevada (100mU/ml)

hCG (+) hasta en el 25 % de los casos

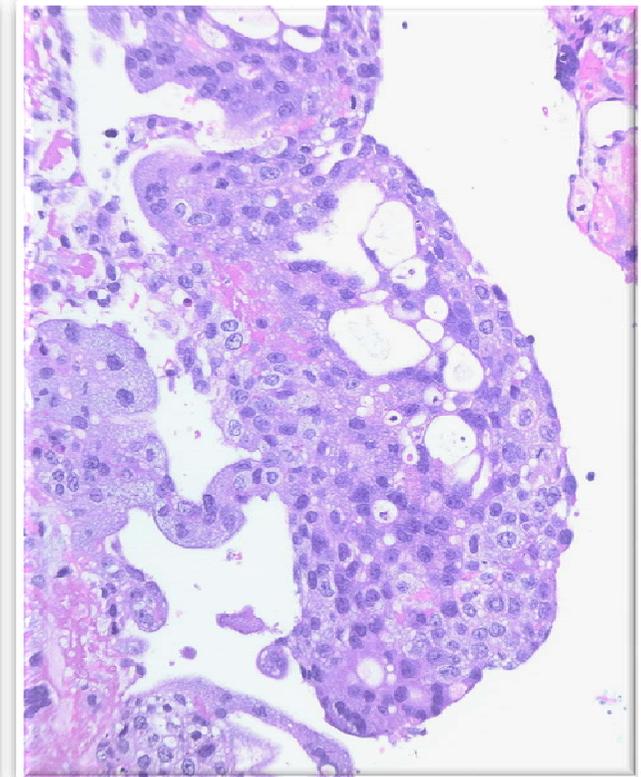
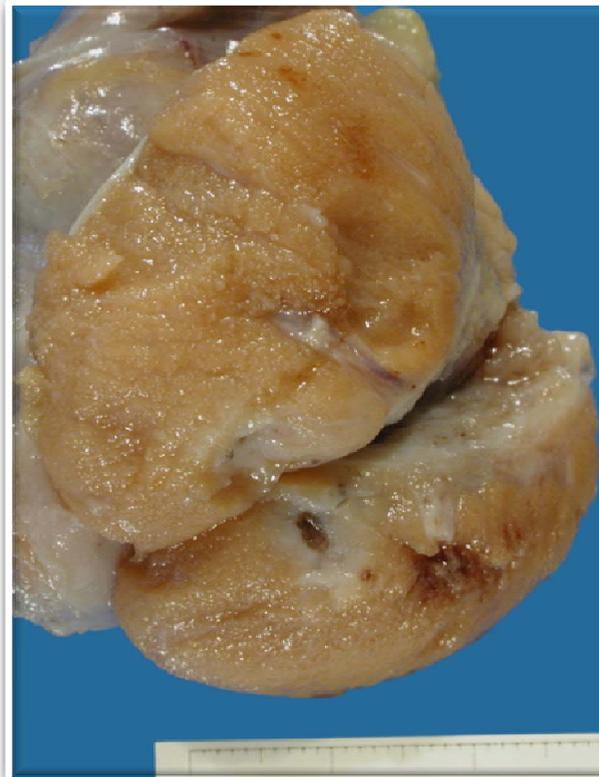
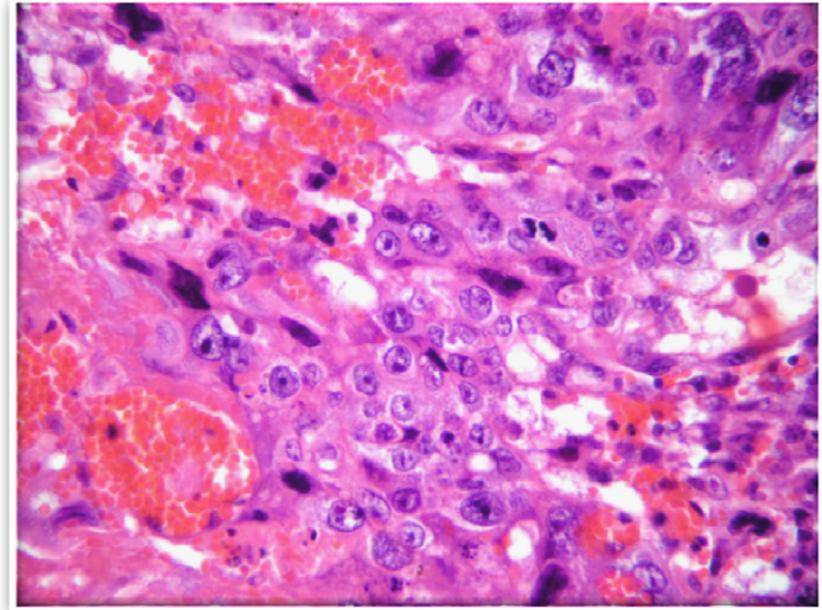


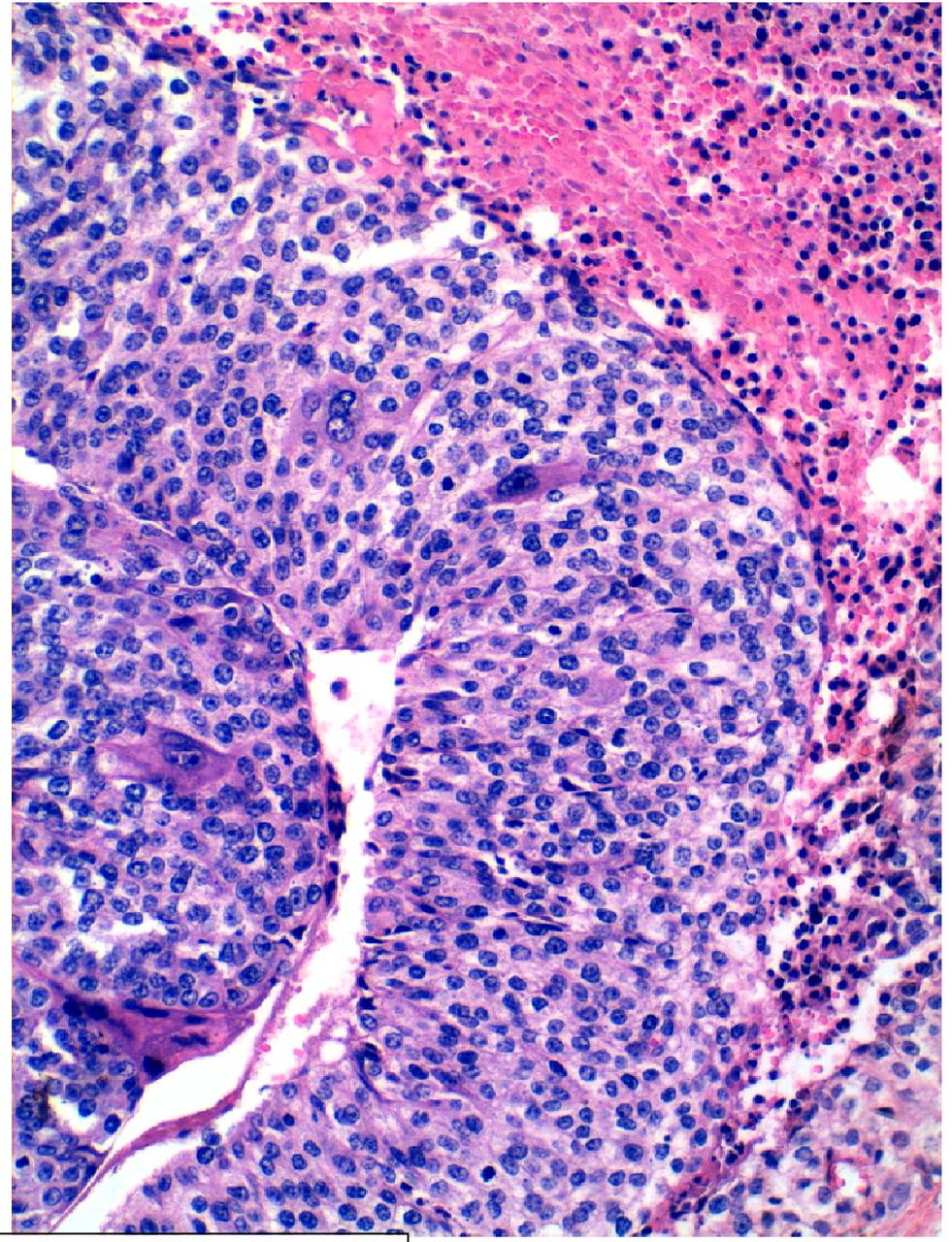
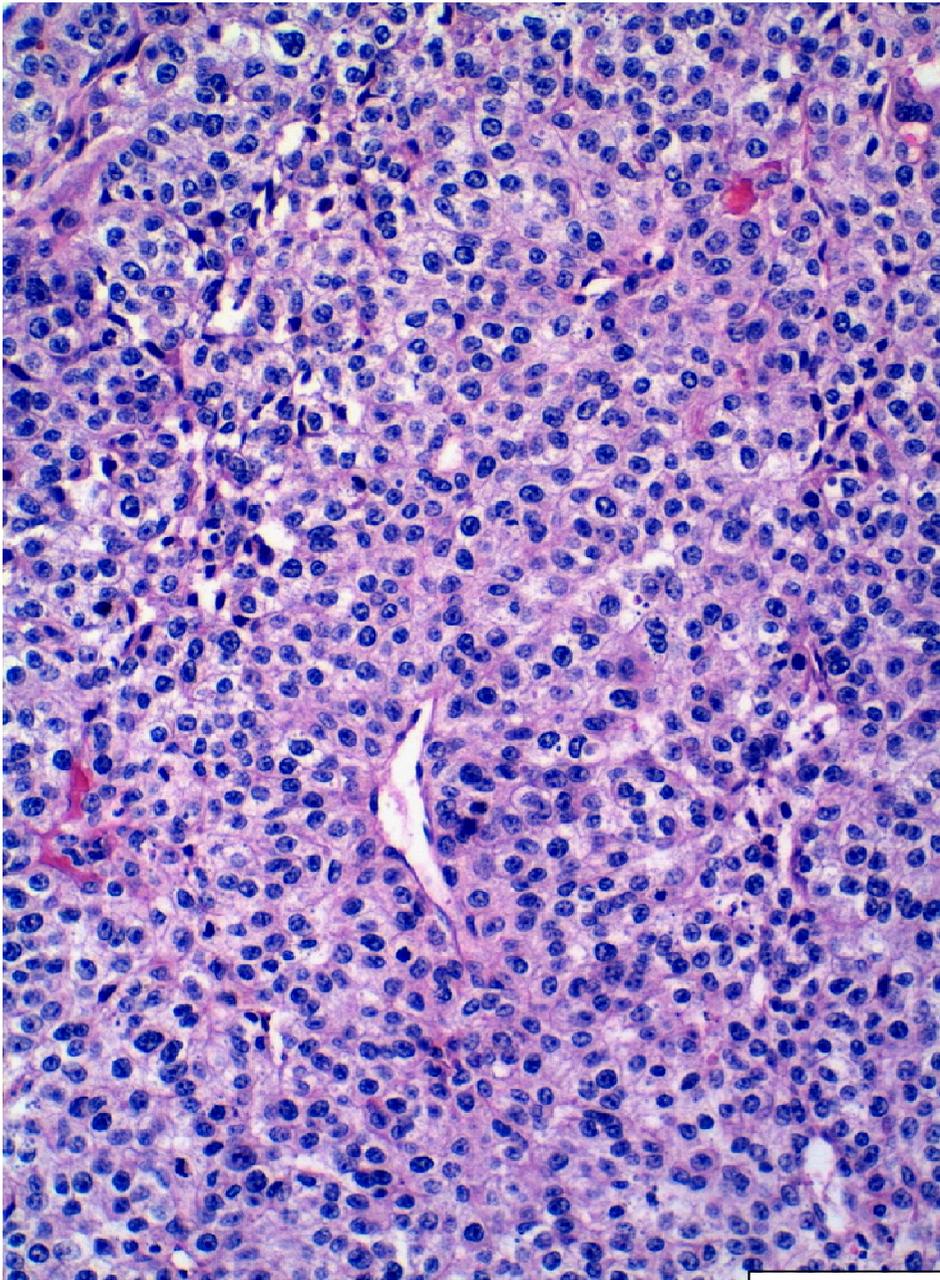
## Coriocarcinoma clásico:

0,8 casos por año por cada 100.000 hombres.

Coriocarcinoma **puro**: menos del 1% de los tumores de células germinales del testículo.

Presente en 8% de los tumores de células germinales testiculares





**MICHAEL T. MAZUR, MD**

***Cancer 50:1833-1846, 1982.***

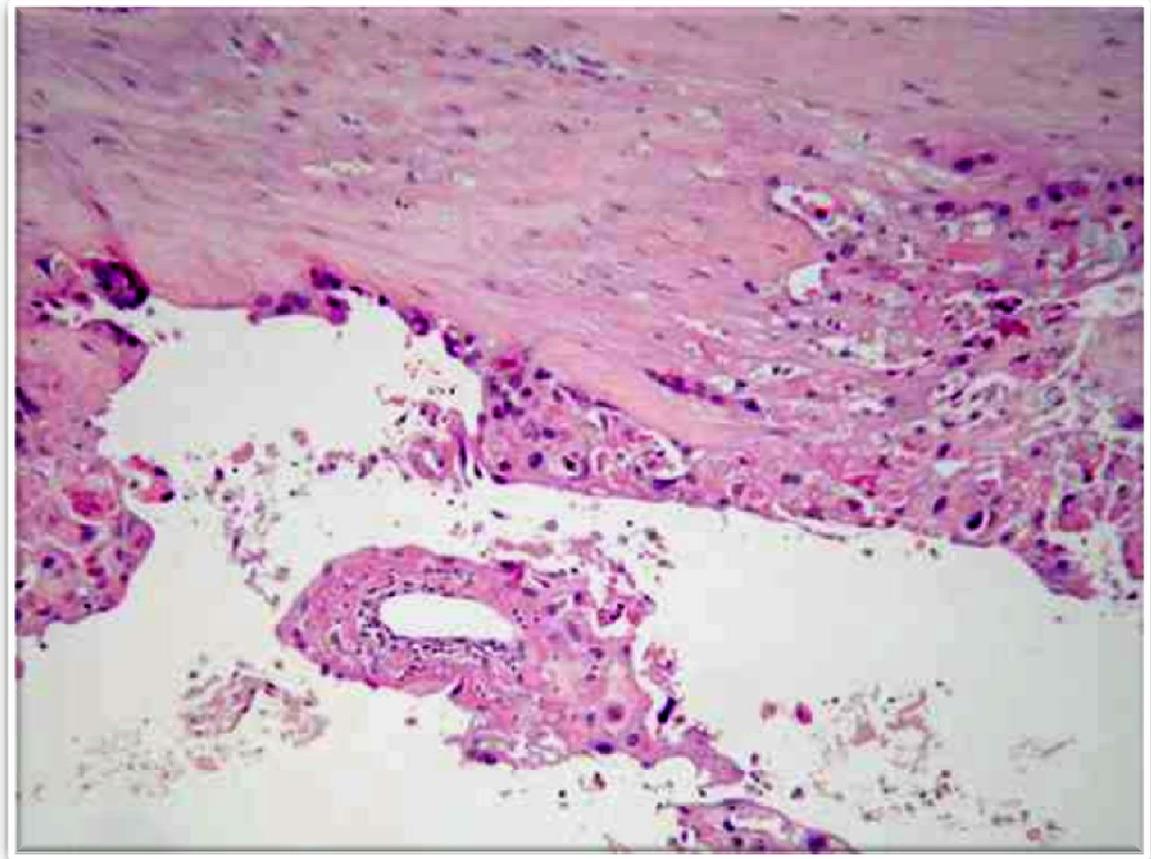
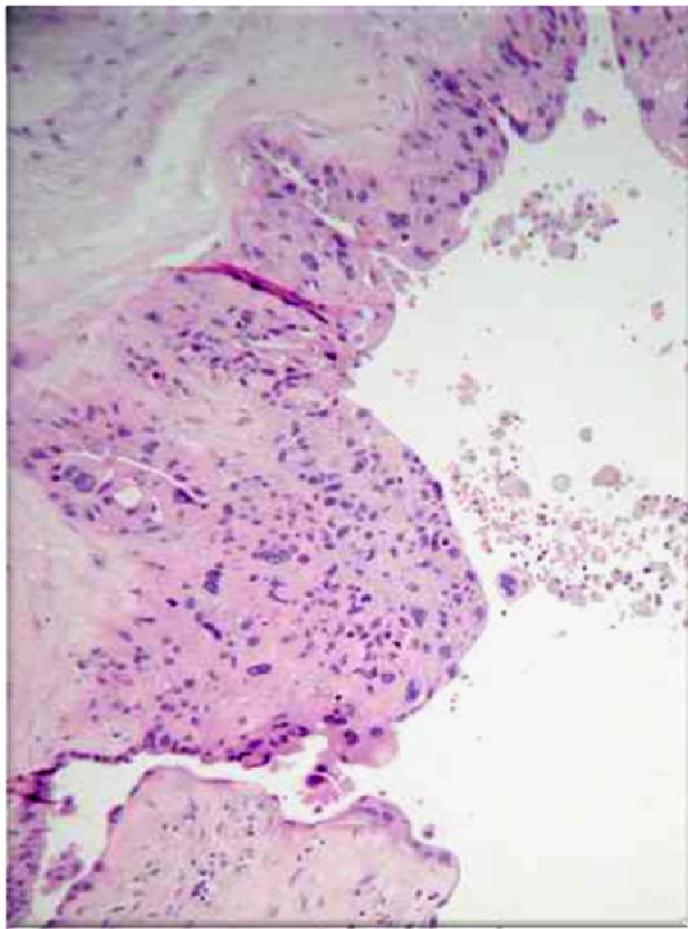
***Cancer 63:1370-1377, 1989.***

# Cystic Trophoblastic Tumor

*A Nonaggressive Lesion in Postchemotherapy Resections of Patients With Testicular Germ Cell Tumors*

*Thomas M. Ulbright, MD,\* John D. Henley, MD,\* Oscar W. Cummings, MD,\* Richard S. Foster, MD,† and Liang Cheng, MD\**

*(Am J Surg Pathol 2004;28:1212–1216)*



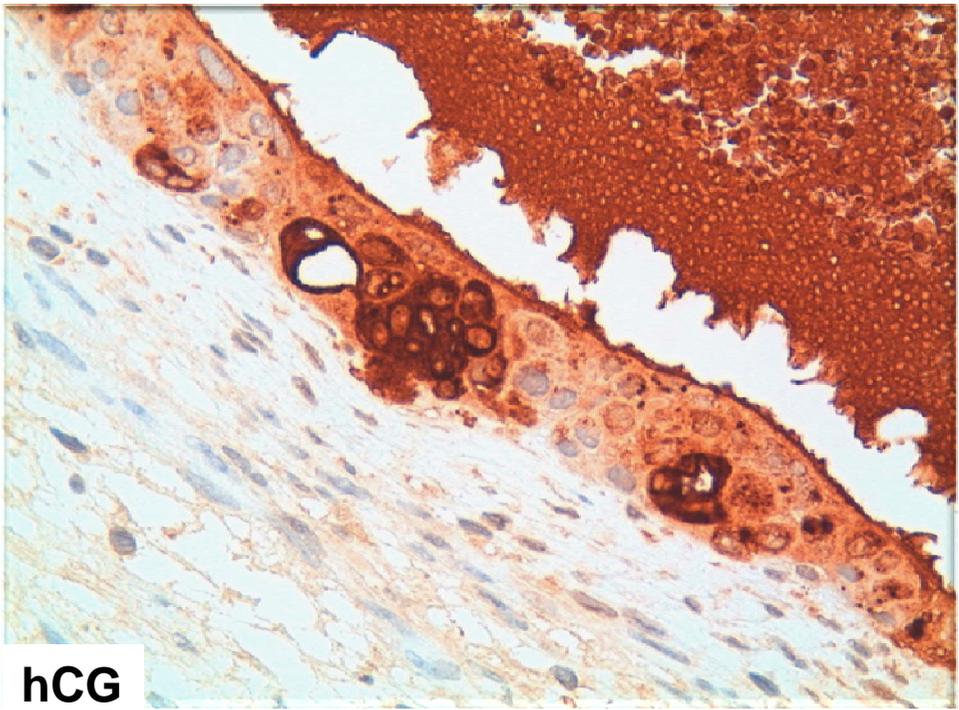
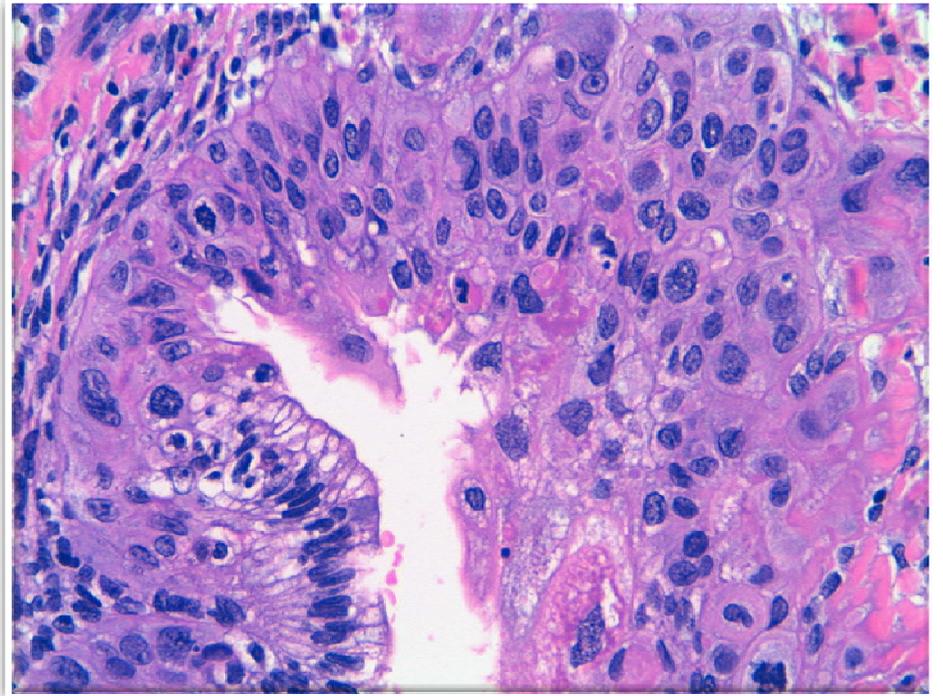
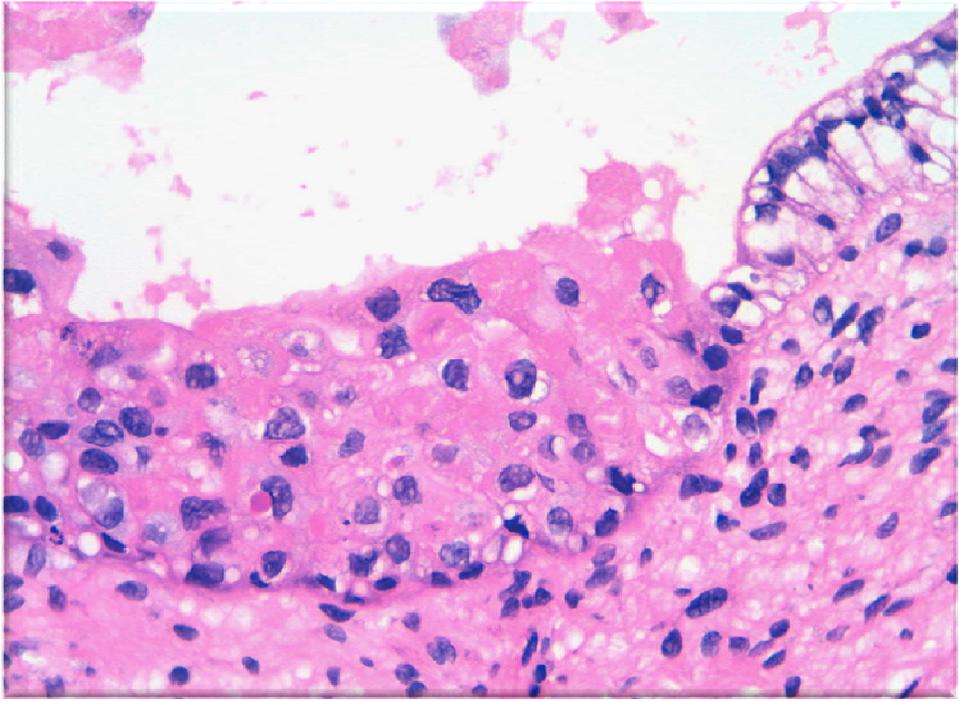
**TABLE 1.** Characteristics of Cystic Trophoblastic Tumor

Characteristic	No. of Cases (%)
Cystic	17/17 (100)
Association with teratoma	17/17 (100)
Well-circumscribed growth	16/17 (94)
hCG immunoreactivity	10/12 (83)
Multifocality	13/17 (76)
Fibrinoid changes	7/17 (41)
Mitotic figures	3/17 (18)
Hemorrhagic background	0/17 (0)

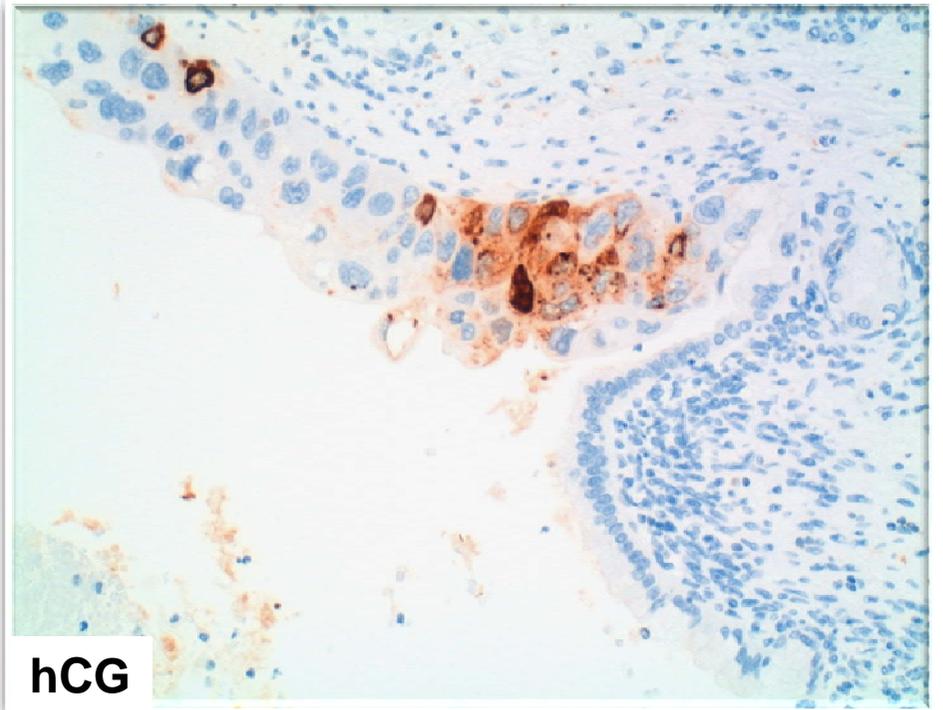
**TABLE 2.** Differential Features of Cystic Trophoblastic Tumor (CTT) Versus Choriocarcinoma

Characteristic	CTT	Choriocarcinoma
Size	Small (mean, 2.7 mm)	Usually large (>1 cm)
Architecture	Cystic	Nodular/nested
Biphasic pattern	Absent	Often present
Mitotic figures	Infrequent	Frequent
Hemorrhage	Absent	Usually present
Necrosis	Absent	Present
Infiltrative growth	Absent	Present
hCG immunoreactivity	Usually focal	Positive

(*Am J Surg Pathol* 2004;28:1212–1216)



**hCG**

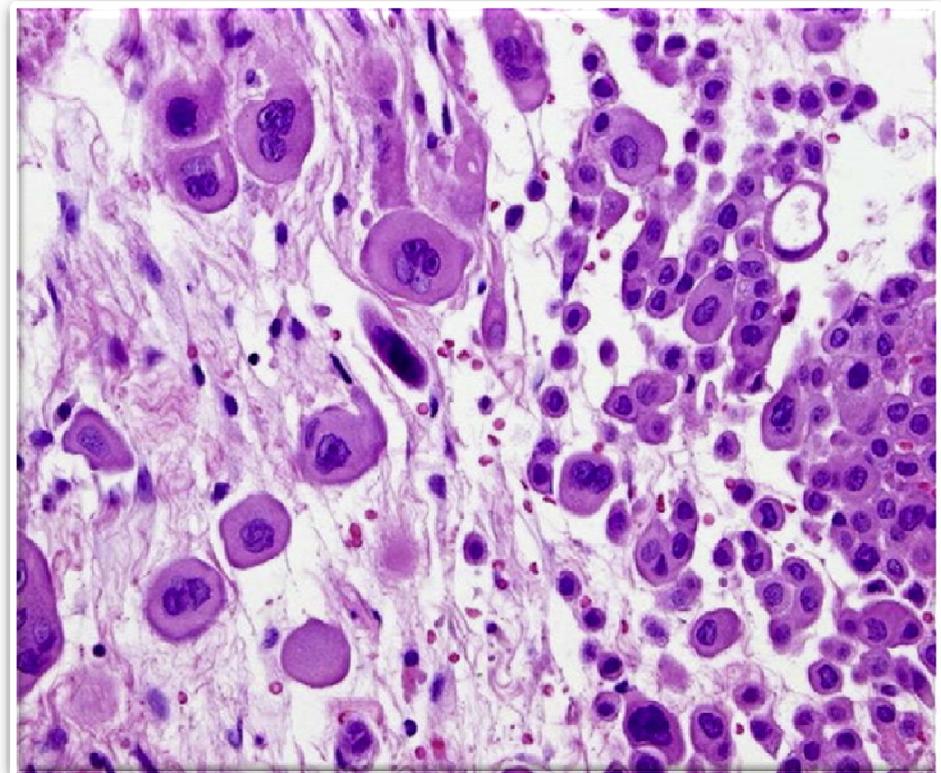
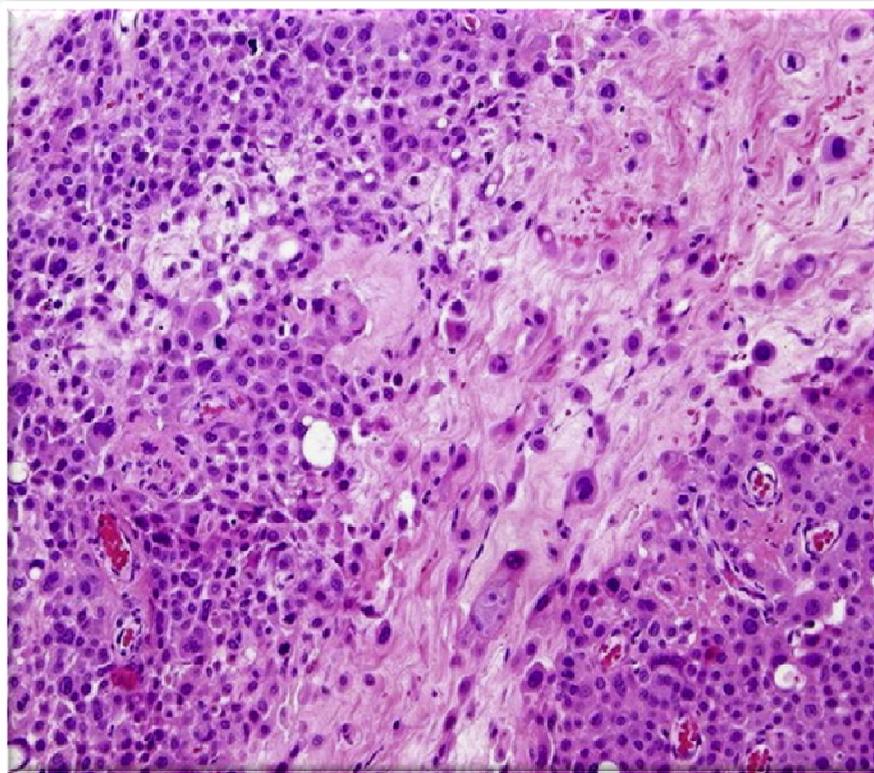


**hCG**

# Testicular germ cell tumor composed of placental site trophoblastic tumor and teratoma ☆

Fredrik Petersson MD, PhD<sup>a,b</sup>, Petr Grossmann MSc<sup>b</sup>, Tomas Vanecek MSc<sup>b</sup>,  
Marijana Coric MD, PhD<sup>c</sup>, Mirjana Cacic MD, PhD<sup>c</sup>,  
Ondrej Hes MD, PhD<sup>b</sup>, Michal Michal MD<sup>b,\*</sup>

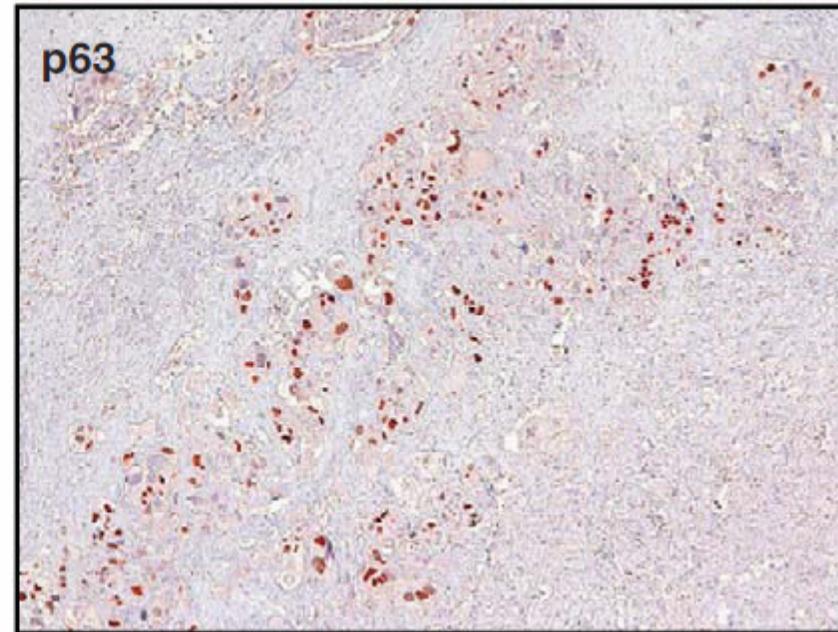
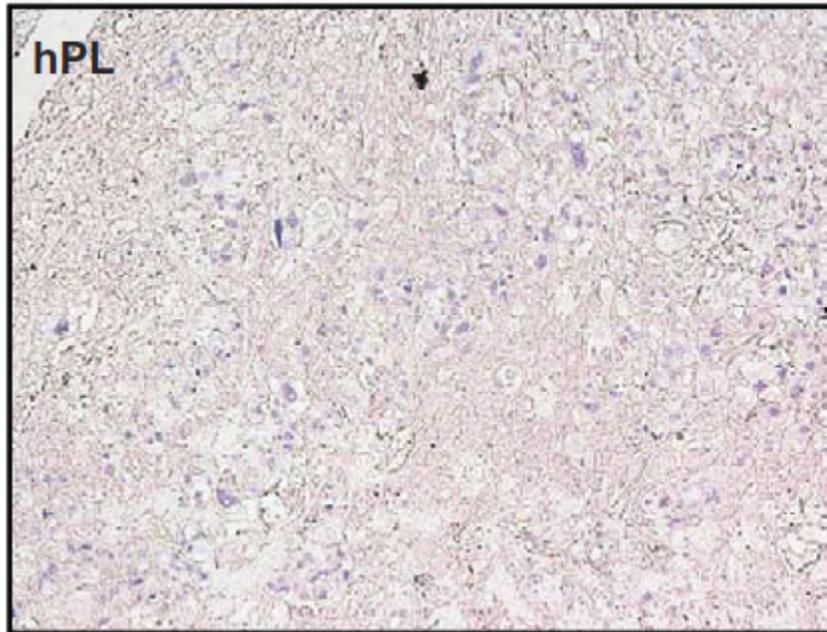
Human Pathology (2010) 41, 1046–1050



# Metastatic Epithelioid Trophoblastic Tumor in a Male Patient With Mixed Germ-cell Tumor of the Testis

*Robert W. Allan, MD,\* Chester B. Algood, MD,† and Ie-Ming Shih, MD, PhD‡*

*Am J Surg Pathol 2009;33:1902–1905*

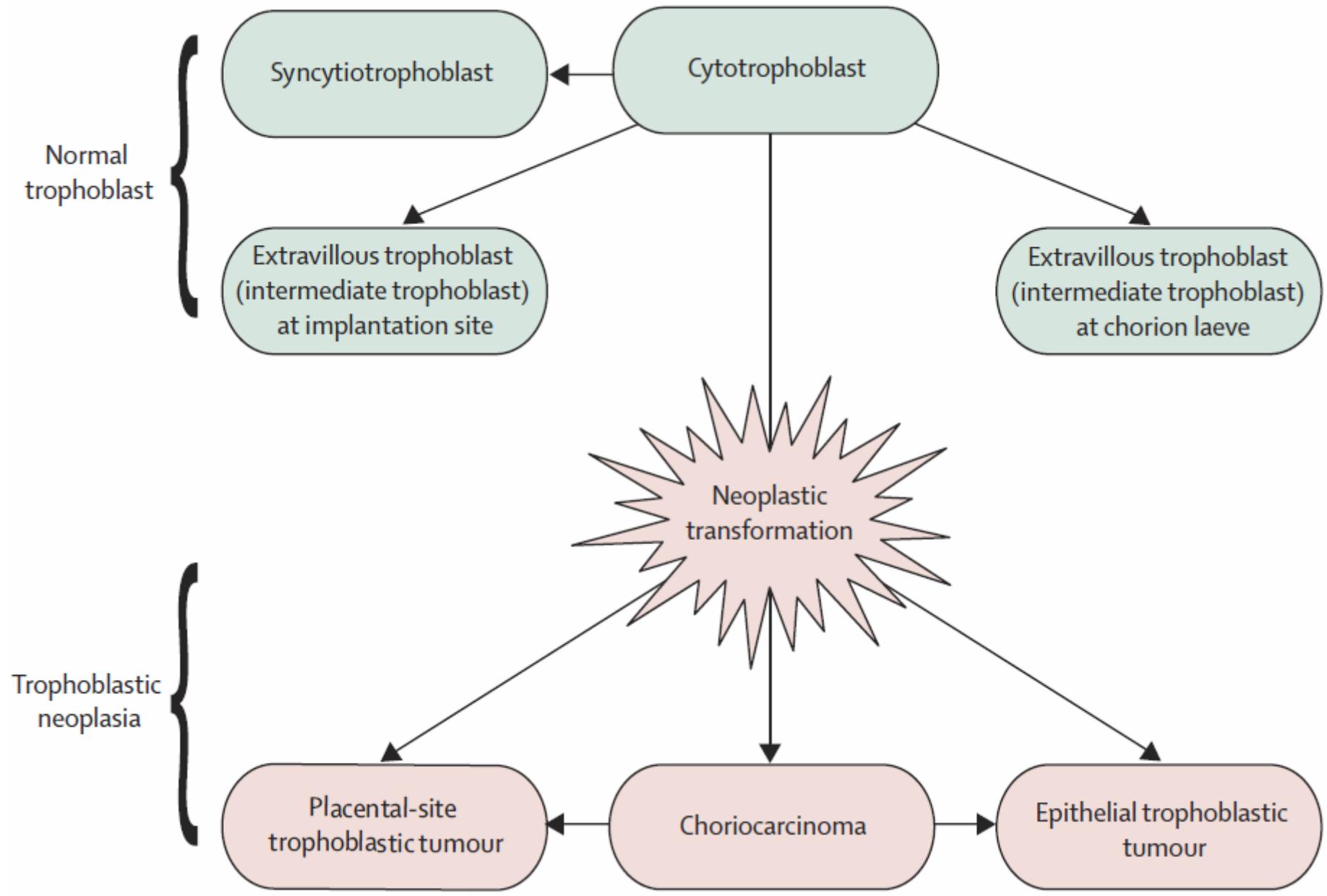


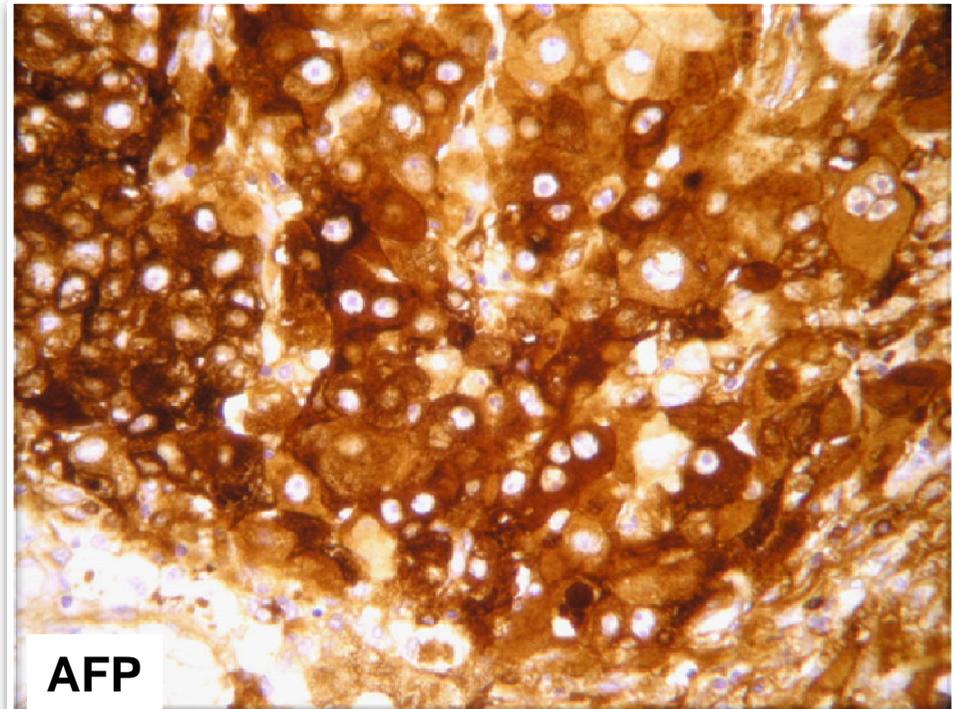
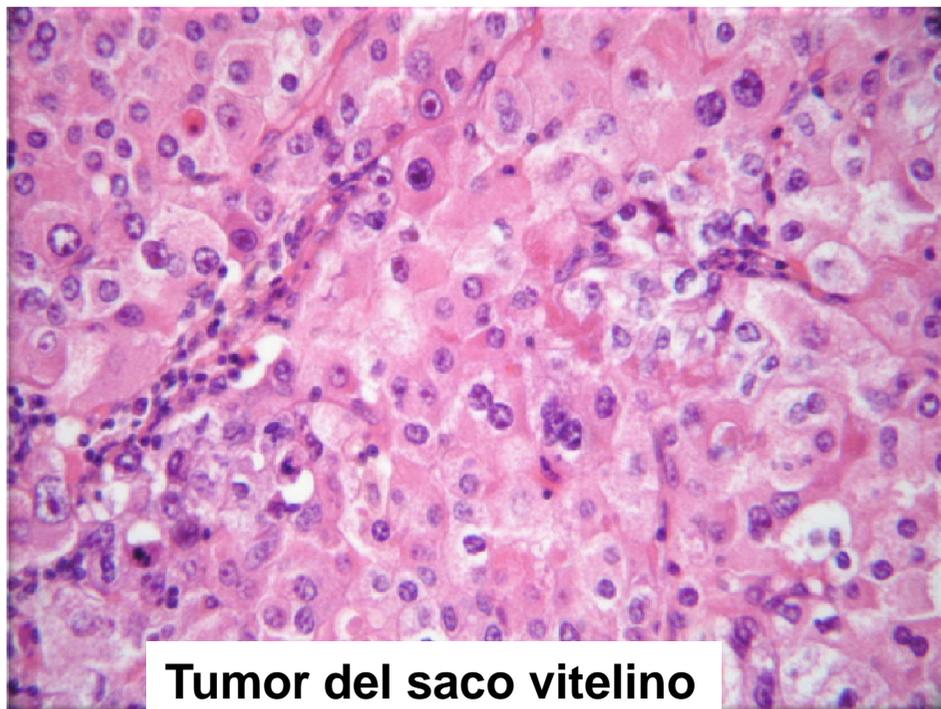
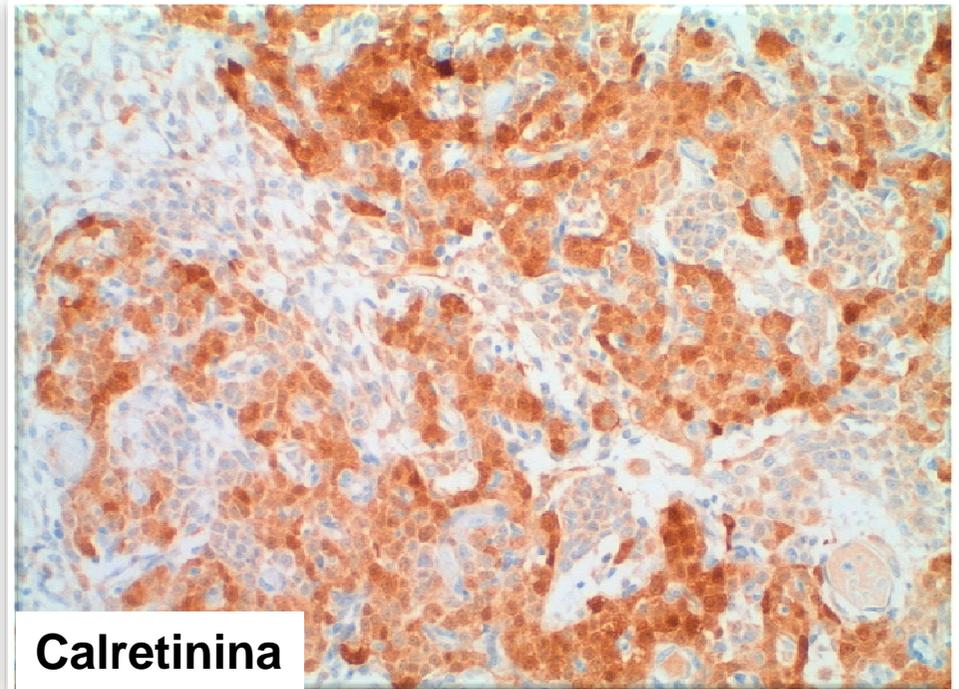
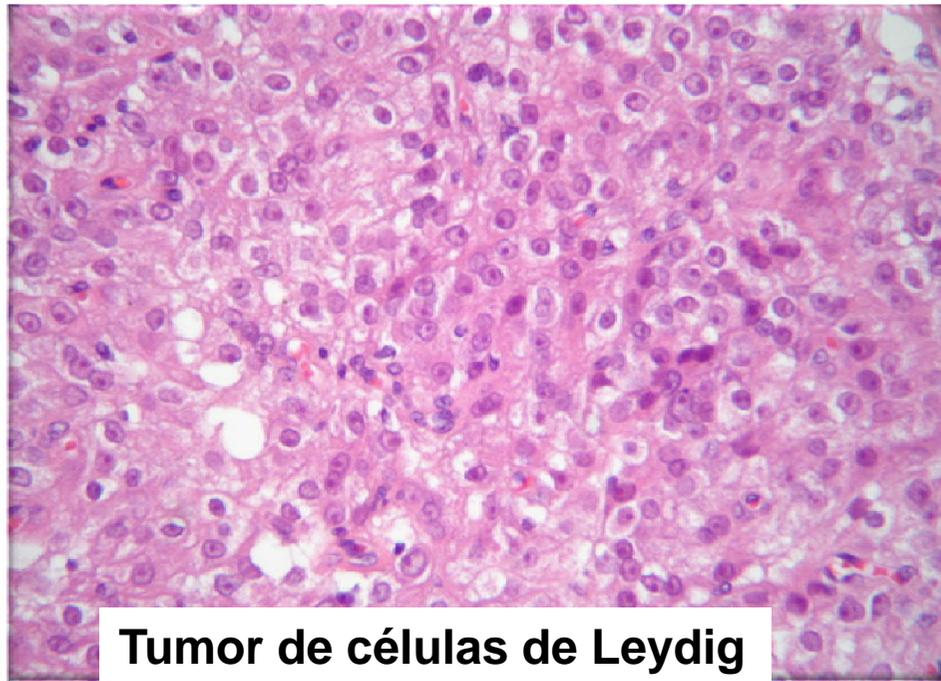
PSTT	ETT
<ul style="list-style-type: none"> <li>▪ Células poligonales de distintos tamaños, aisladas o en nidos</li> <li>▪ Citoplasma oxifílico, vacuolado o claro</li> <li>▪ 1-4 núcleos, moderadamente pleomórficos</li> <li>▪ Algunos nucléolos grandes</li> <li>▪ Estroma mixoide.</li> </ul>	<ul style="list-style-type: none"> <li>• Población uniforme de células redondas: nidos, cordones</li> <li>• Citoplasma eosinófilo-claro</li> <li>• Núcleo uniforme</li> <li>• Mononucleadas, cromatina fina, nucléolo discreto a prominente</li> <li>• Estroma hialino</li> </ul>

**TABLE 3.** Results of Immunostaining for HLA-G, Mel-CAM, hPL, and p63 in PSTTs and in ETTs

	Mel-CAM		HLA-G		p63		hPL	
	Percentage of Cases	Extent of Expression						
ETT	80	–	80	+	20	–	100	–
					20	+		
	20	+	20	–	20	++		
					40	+++		
PSTT	100	+++/ ++++	100	+++/ ++++	100	–	12.5	–
							62.5	+
							12.5	++
							12.5	+++

ETT indicates epithelioid trophoblastic tumor; HLA, human leukocyte antigen; hPL, human placental lactogen; PSTT, placental site trophoblastic tumor; –, no staining; +, < 25%; ++, 26% to 50%; +++, 51% to 75%; + + + +, > 75%.





**Formas poco frecuentes de neoplasia trofoblástica, distintas de coriocarcinoma**

**Casi siempre en metástasis, post-quimioterapia**

**Mejor pronóstico que coriocarcinoma clásico**



**GRACIAS**