

PATOLOGÍA UROLÓGICA

Carolina Loayza Silva

Hospital Universitari de Bellvitge

HISTORIA CLÍNICA

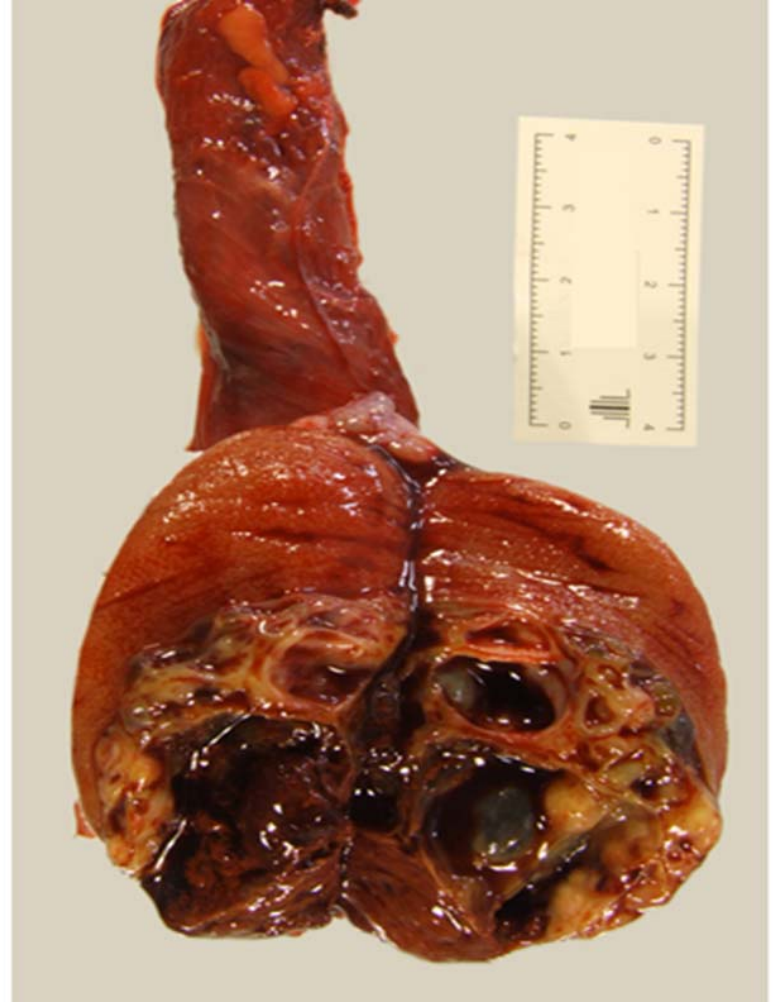
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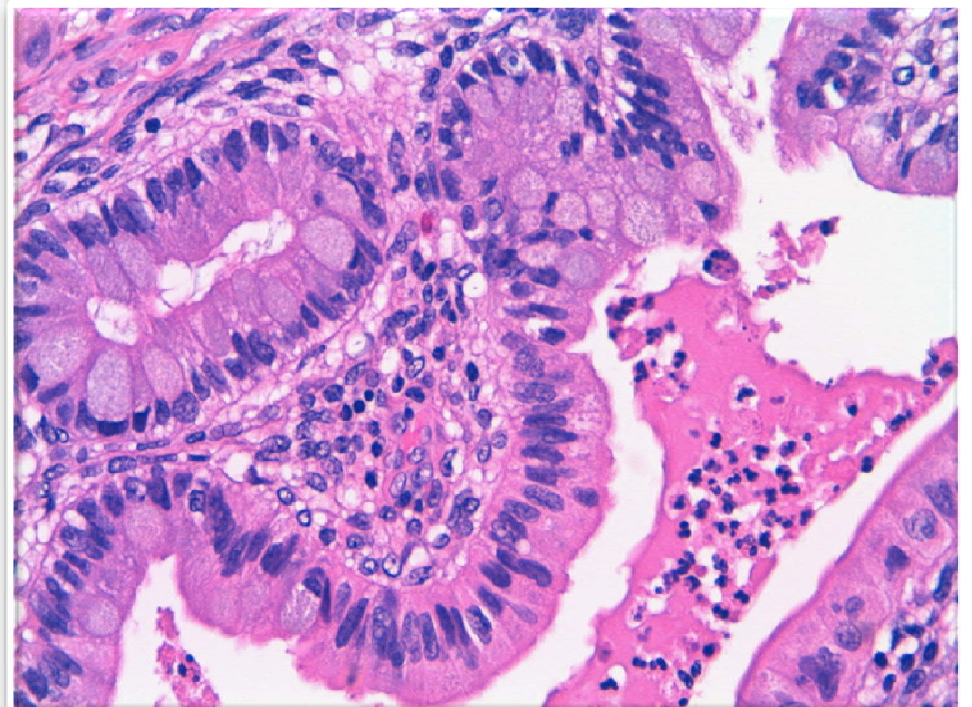
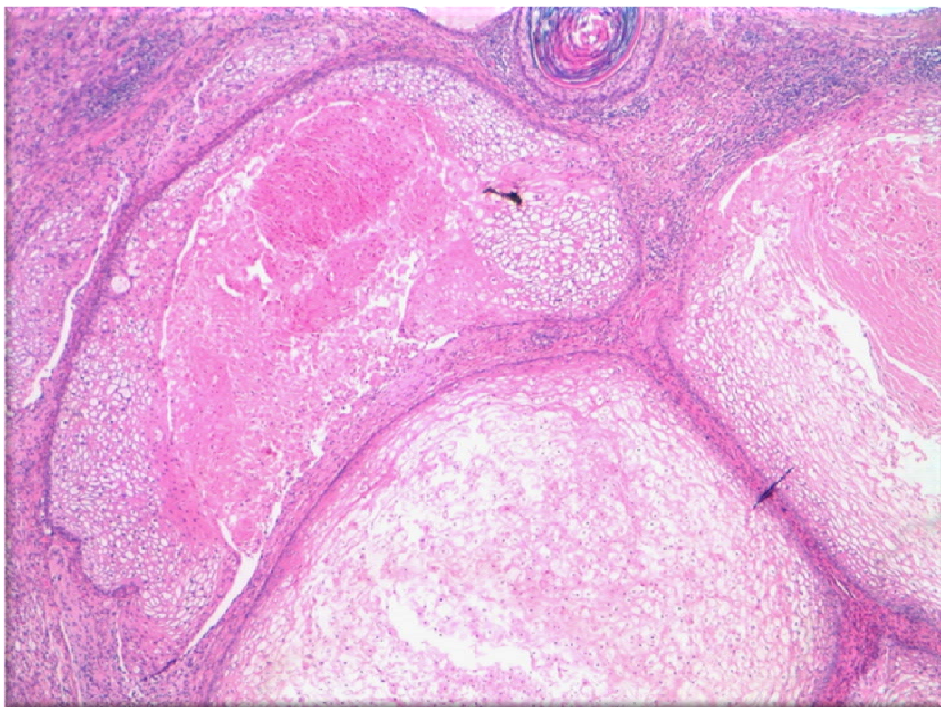
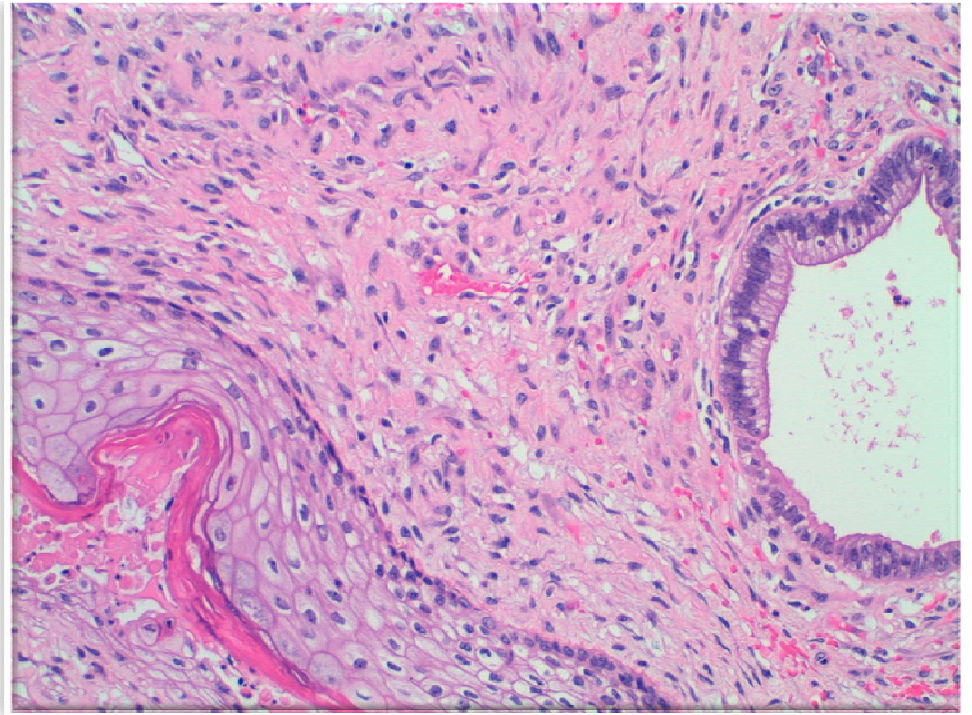
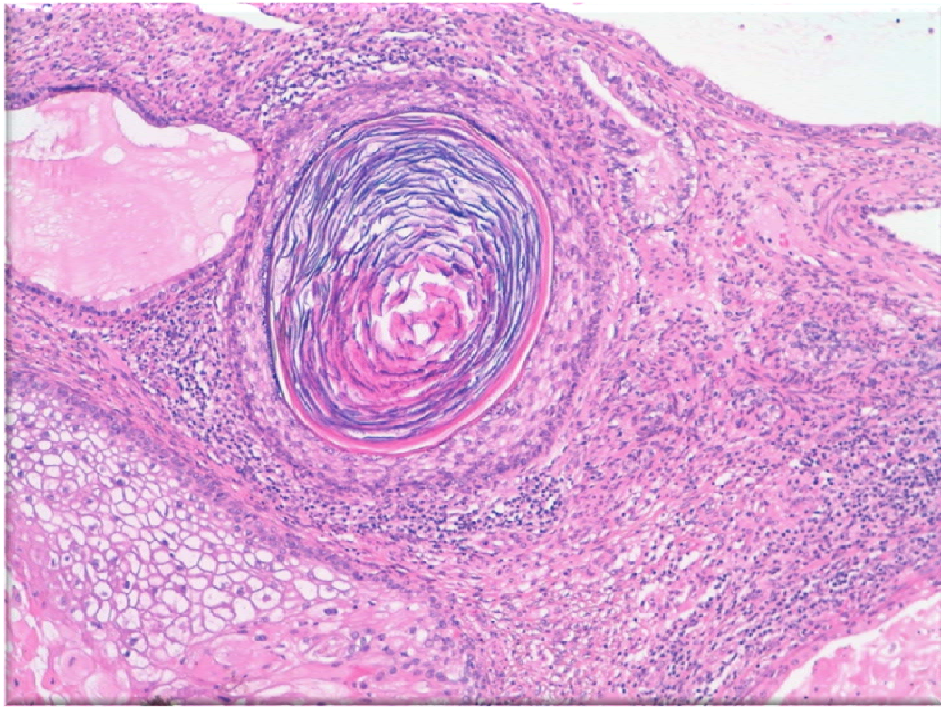
Aumento de tamaño de testículo derecho, no dolor ni signos inflamatorios.

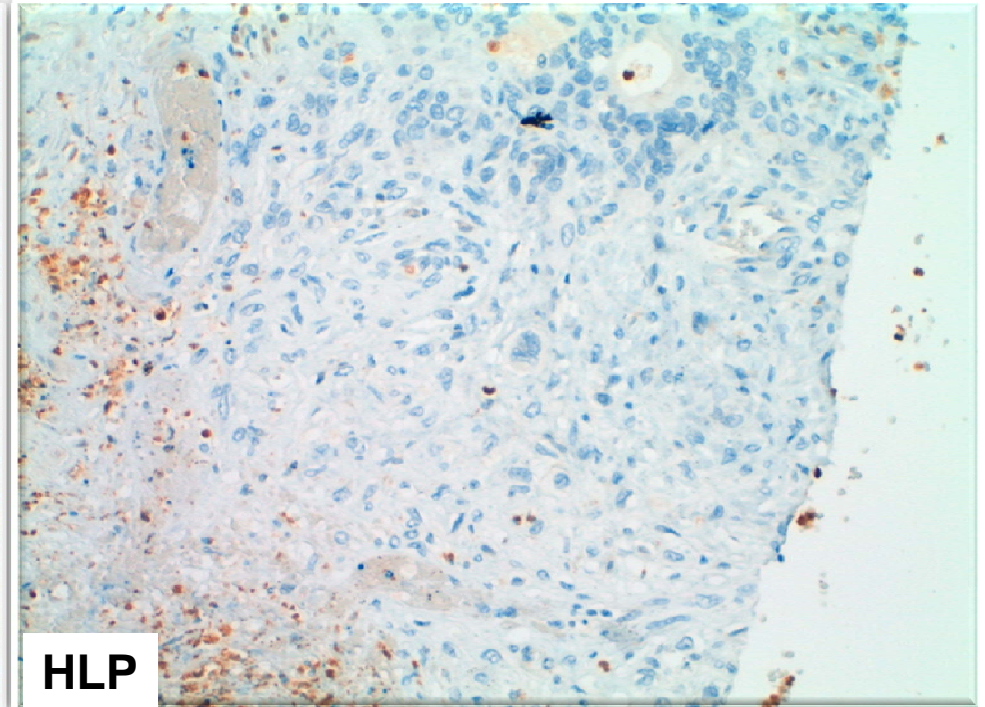
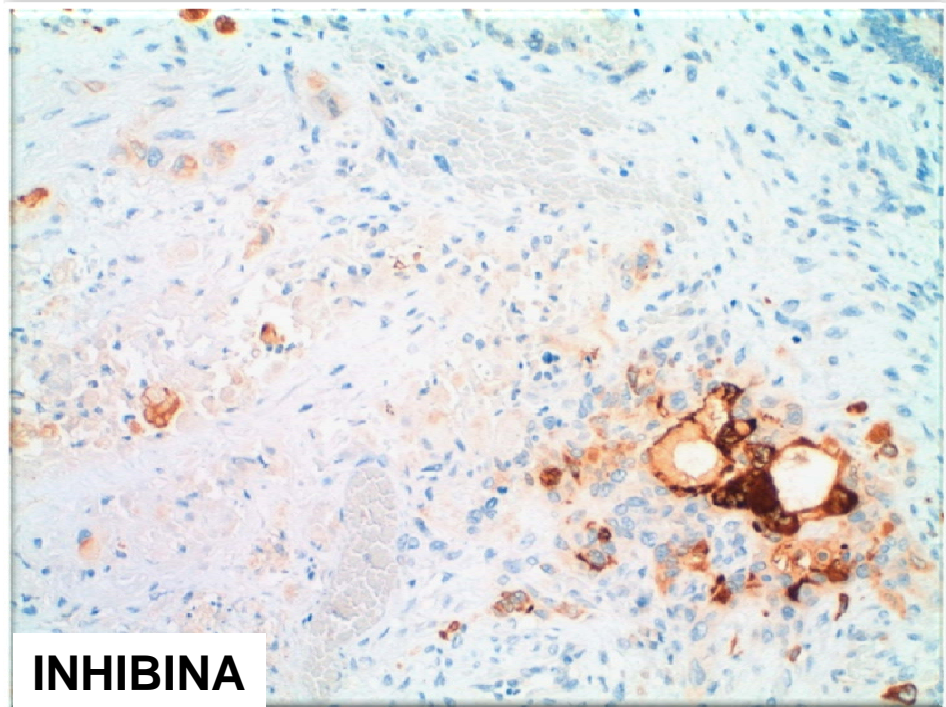
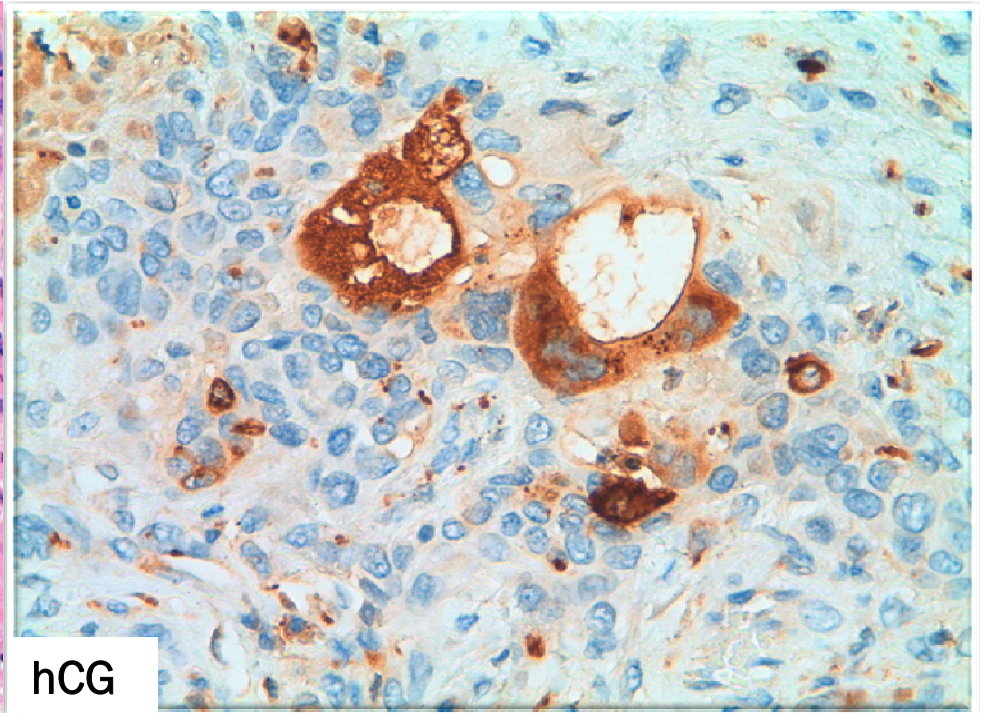
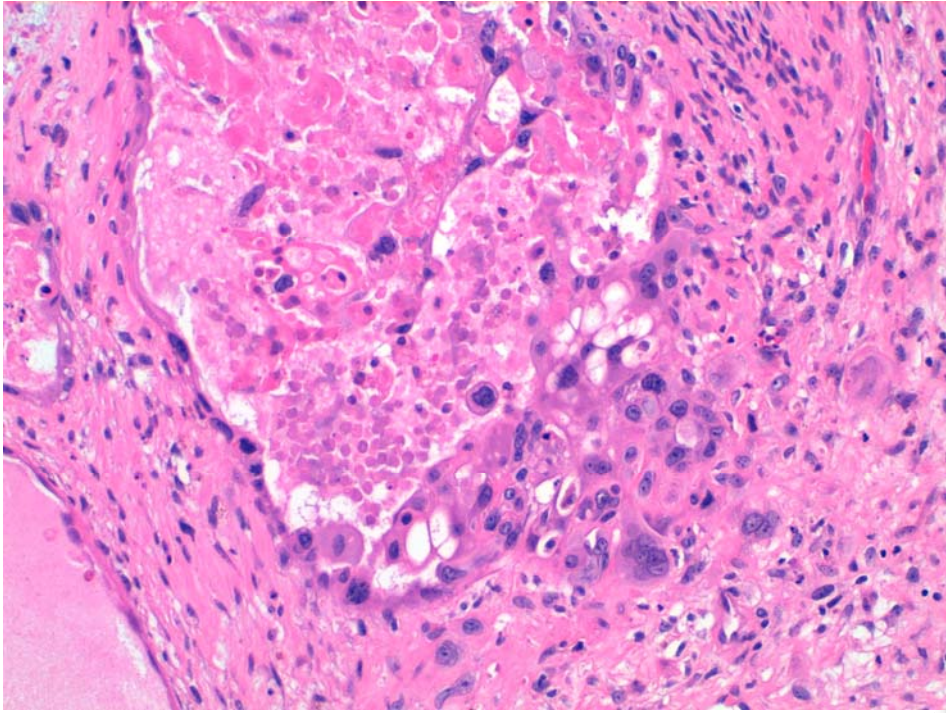
Analítica:

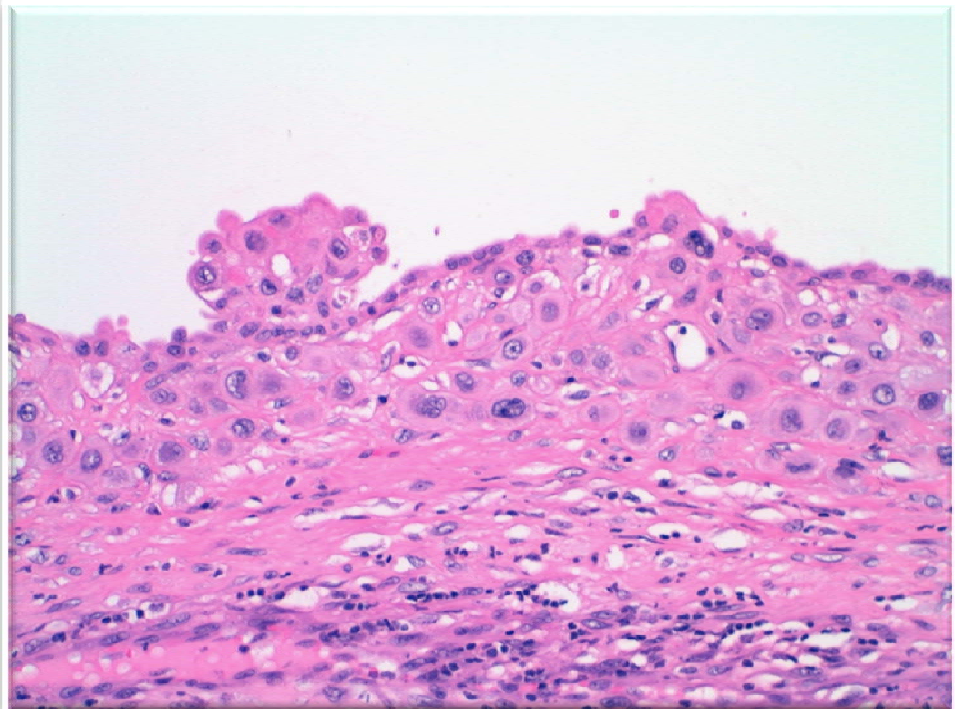
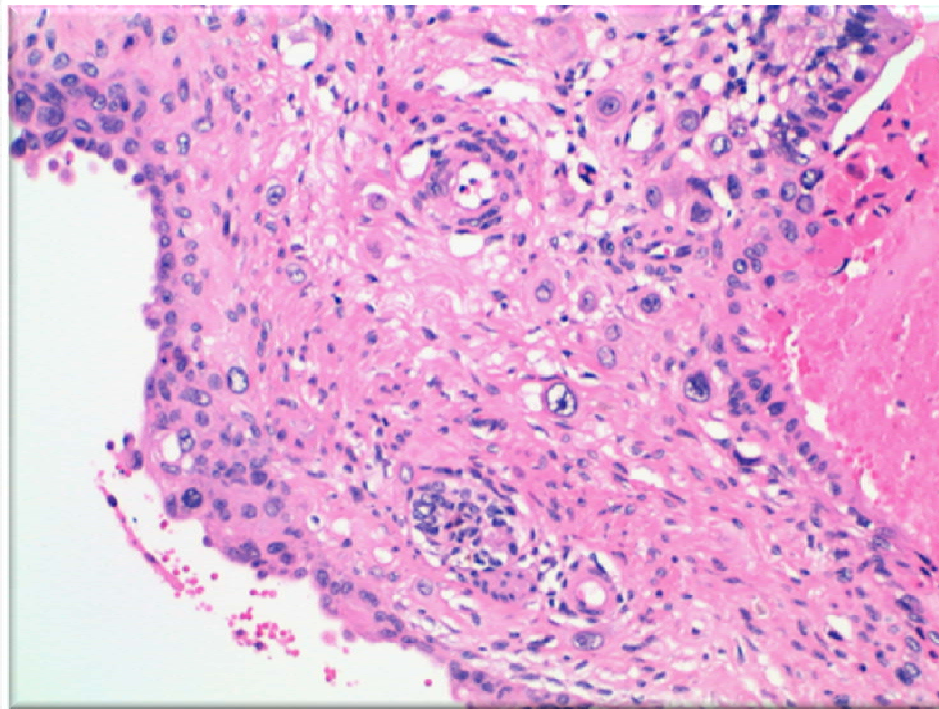
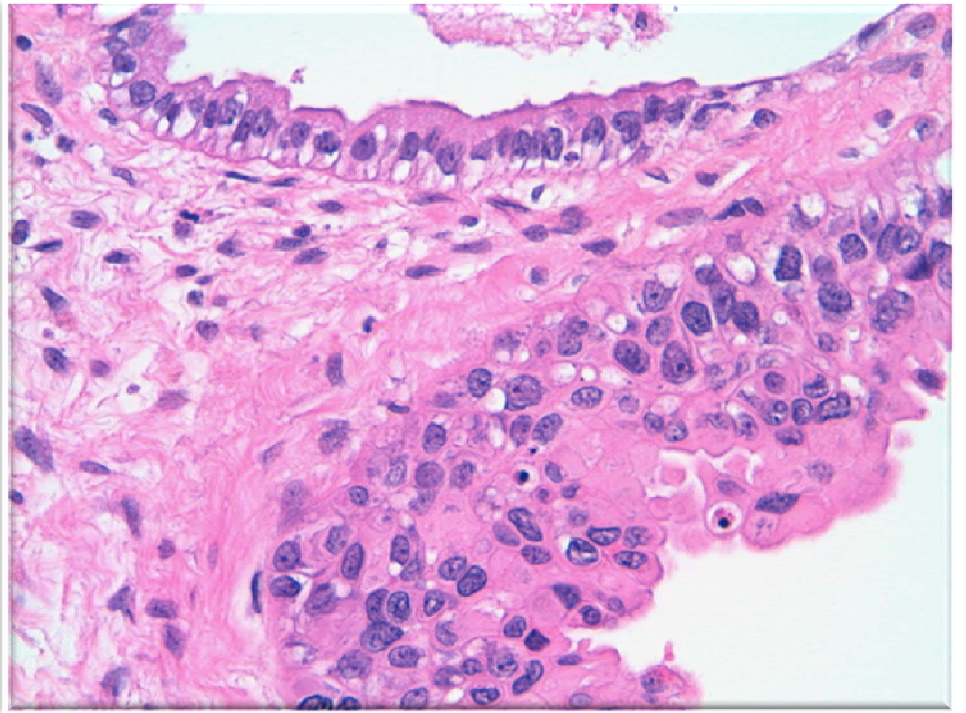
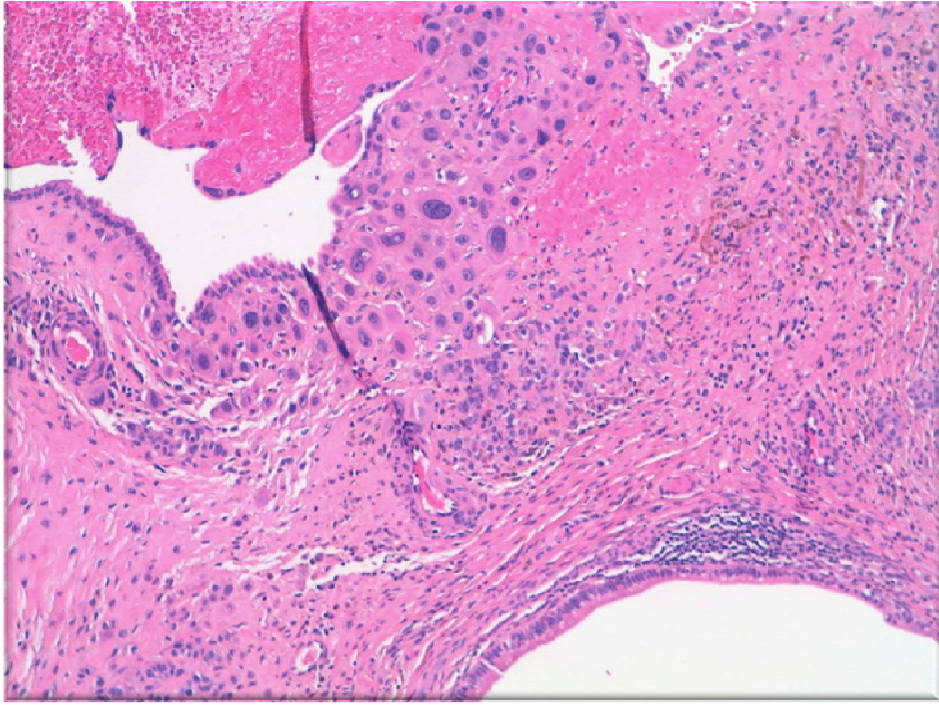
α FP: 34.4 μ g/L [0 - 7]

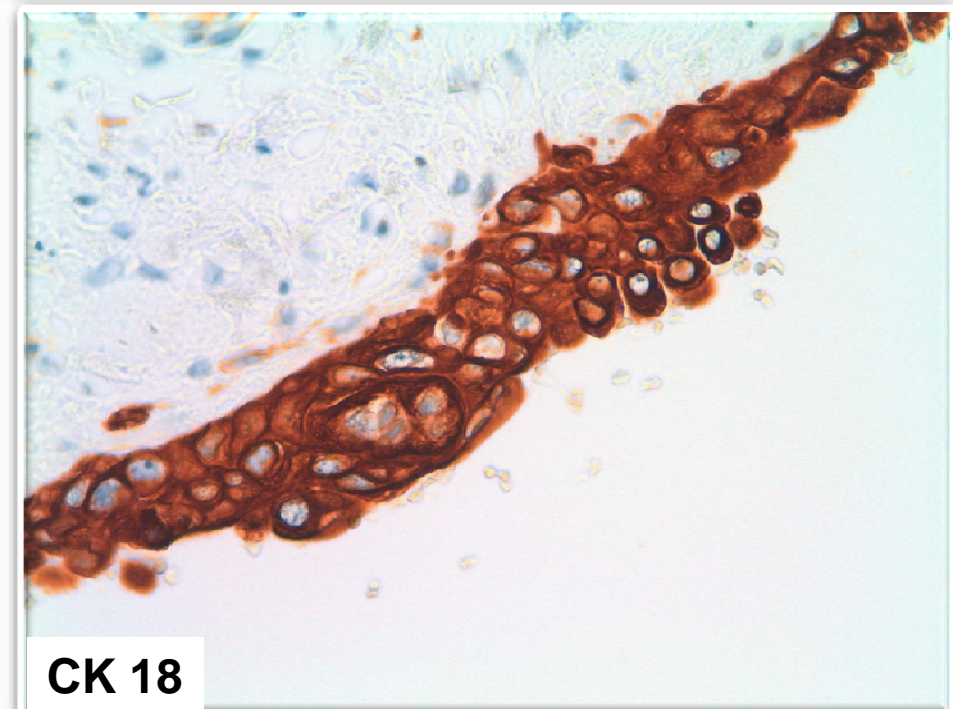
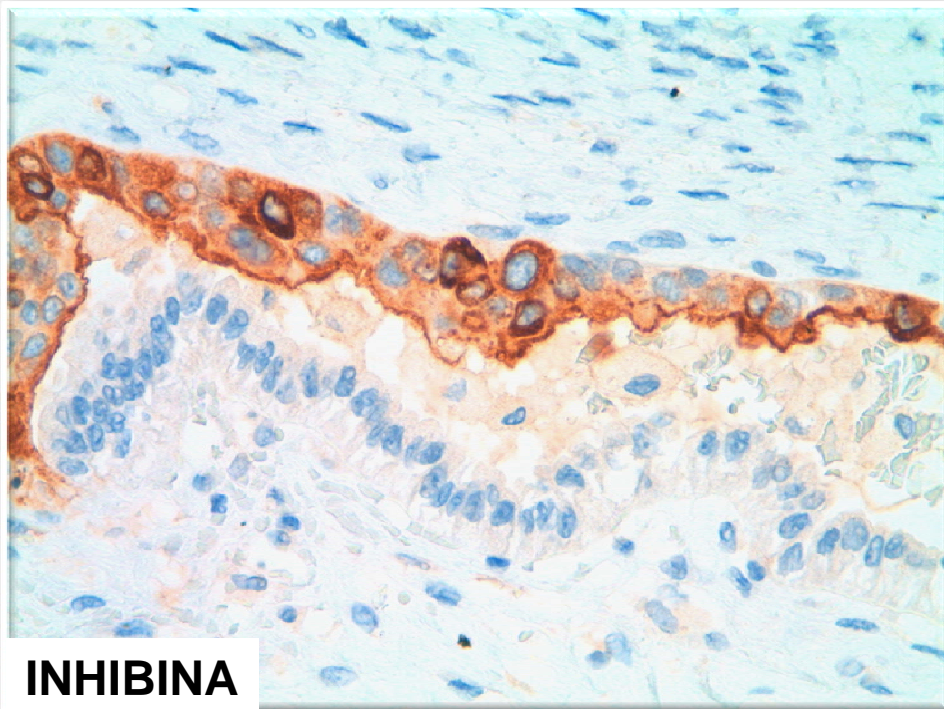
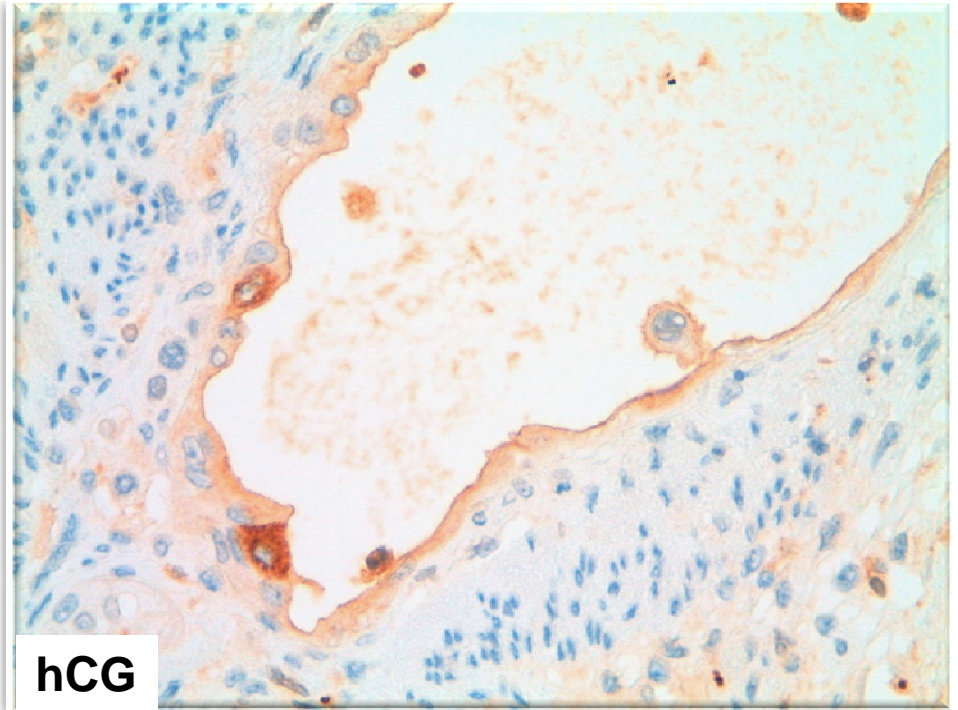
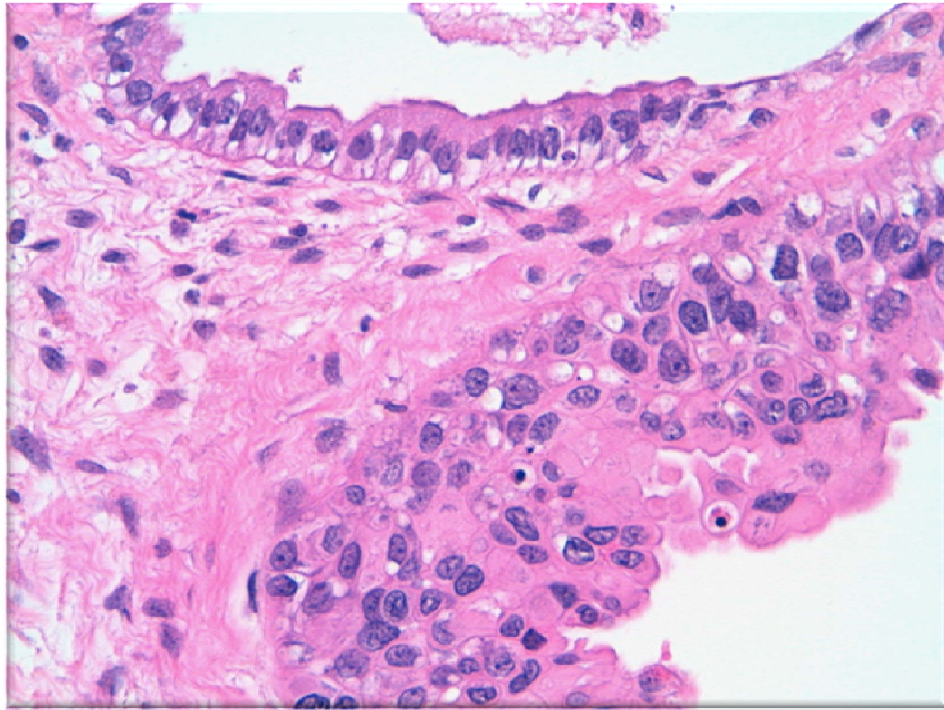
β hCG: 92.4 u.int/L [< 5]

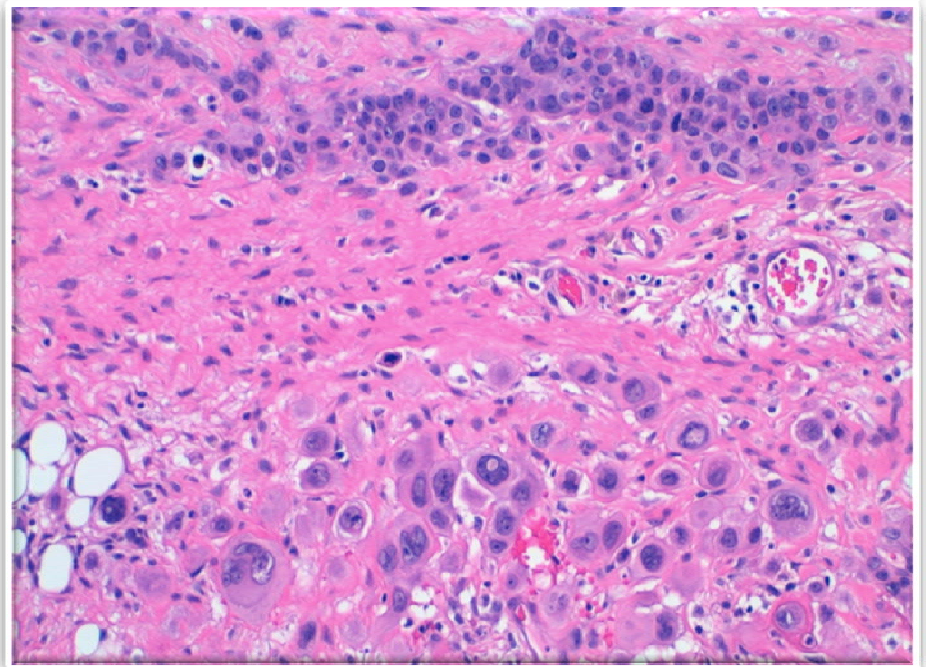
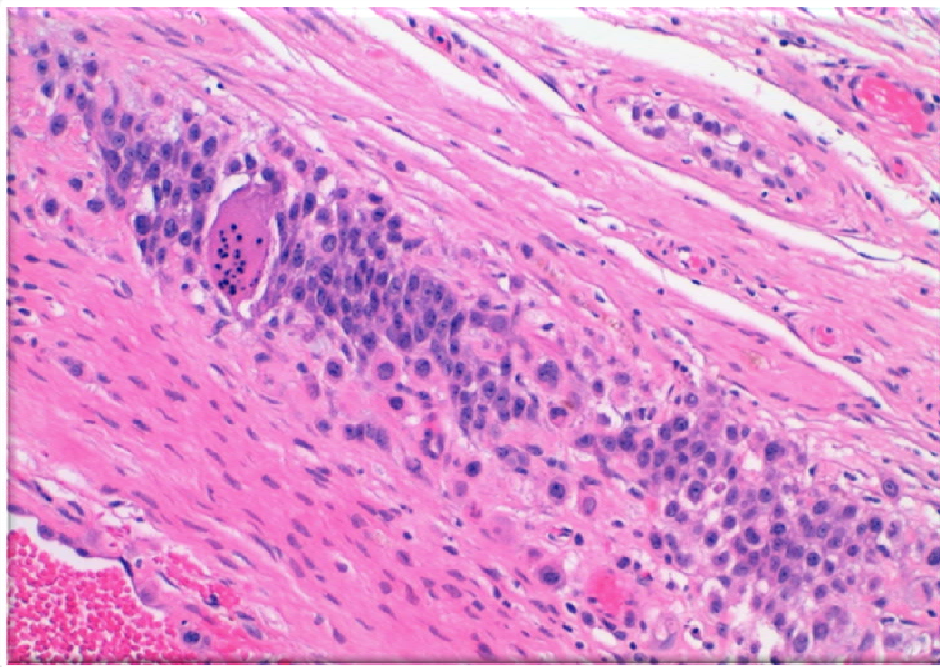
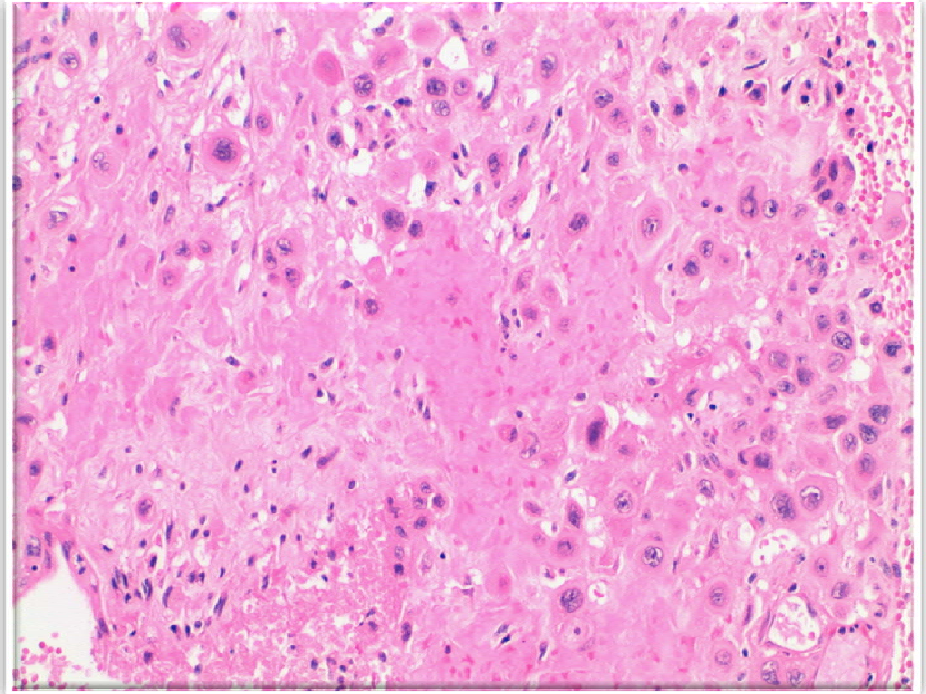
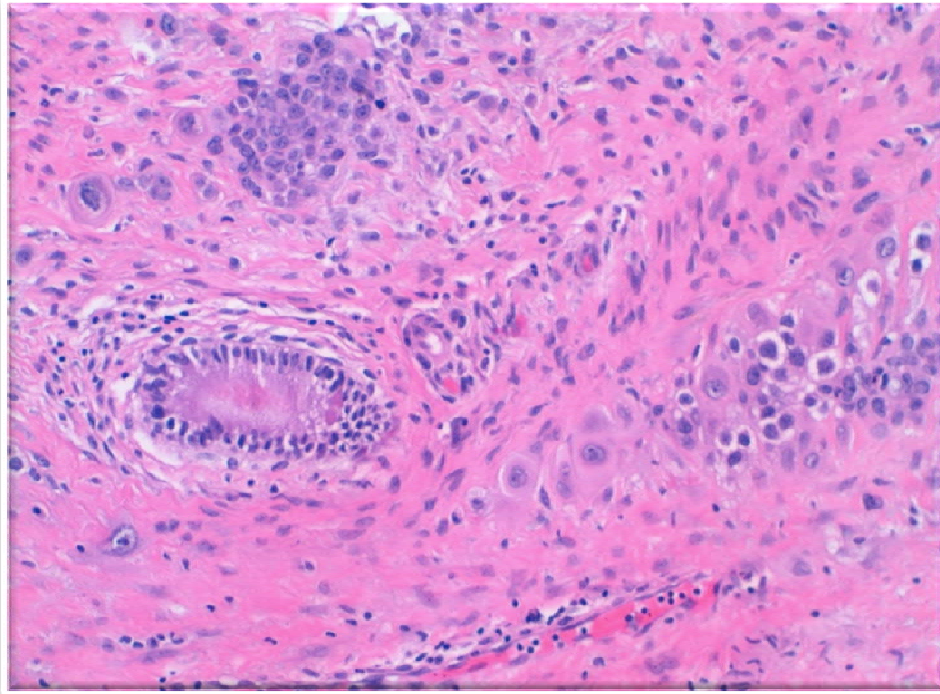


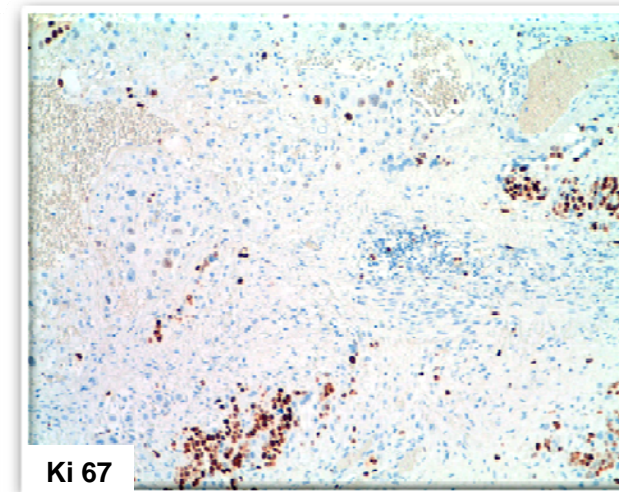
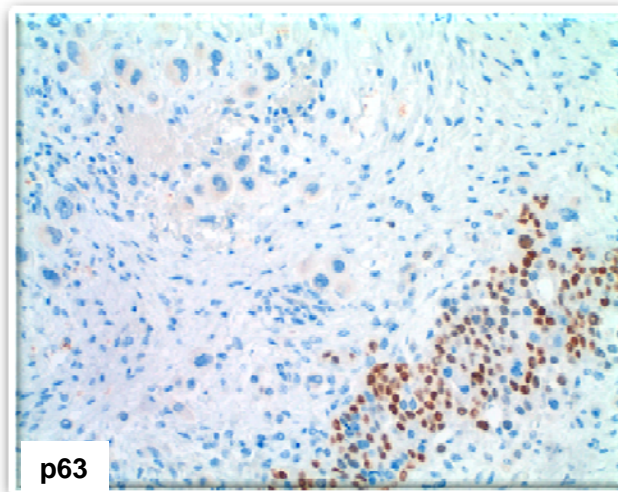
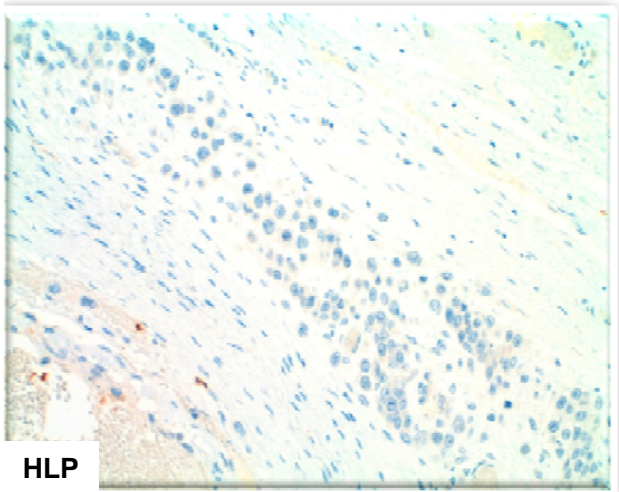
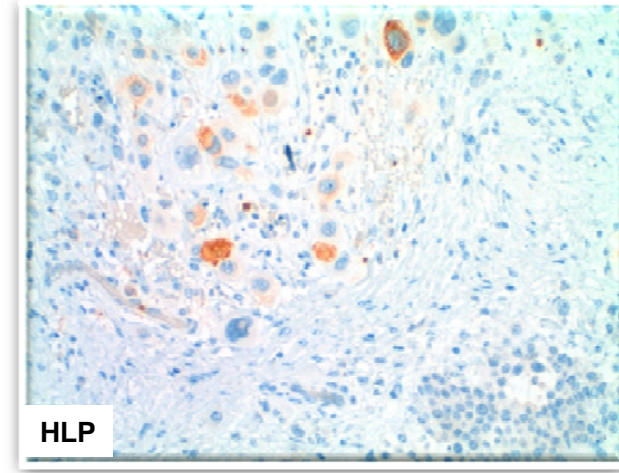
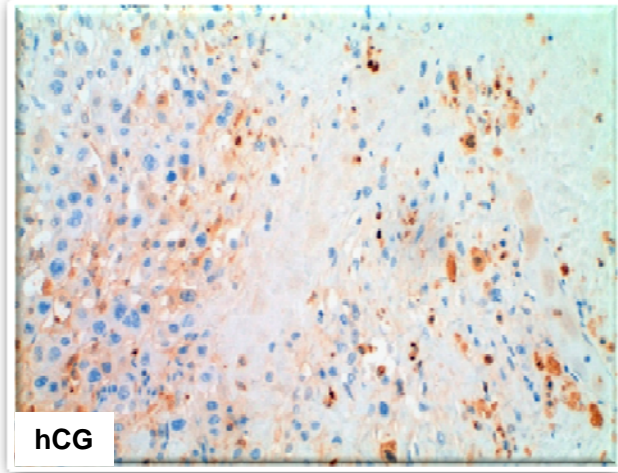
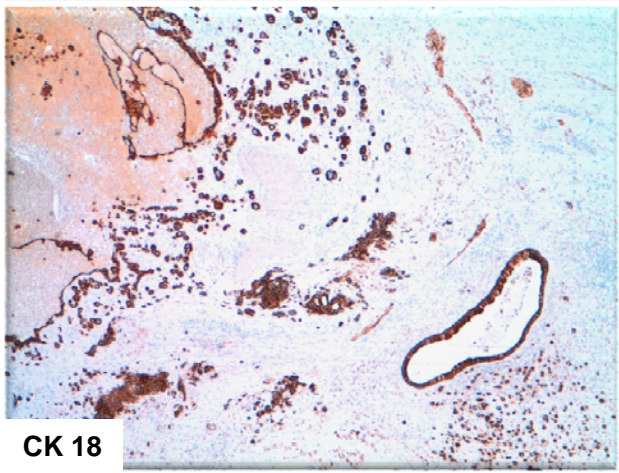


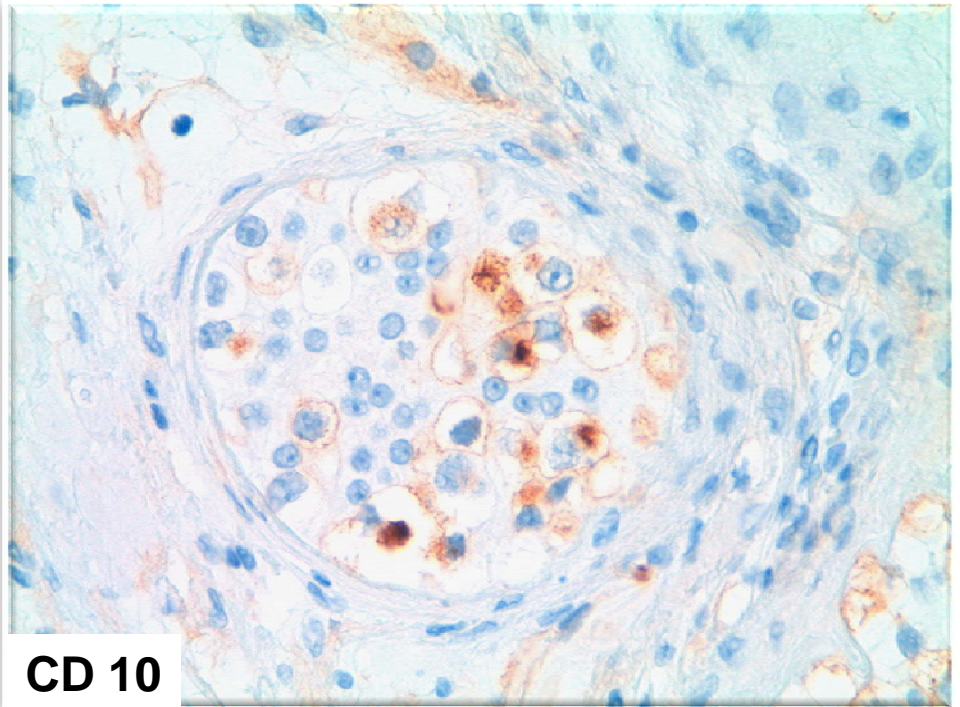
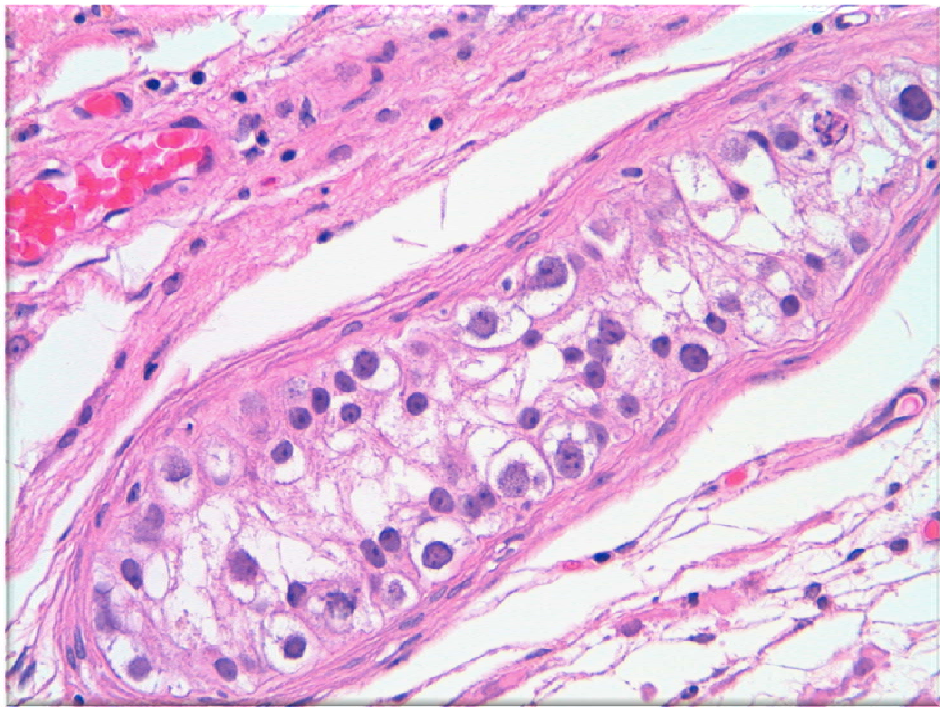
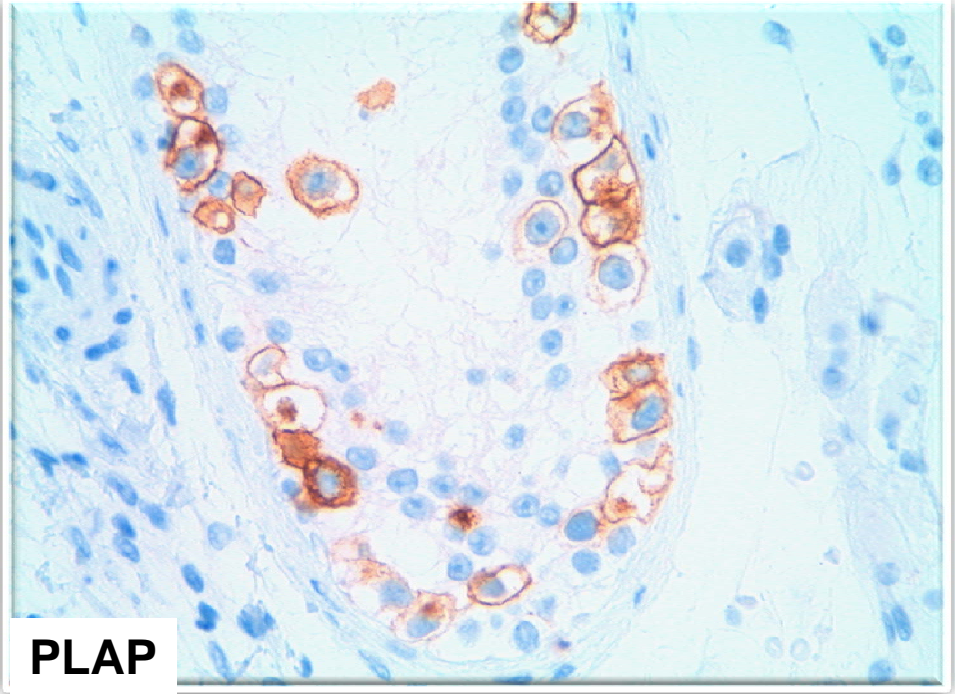
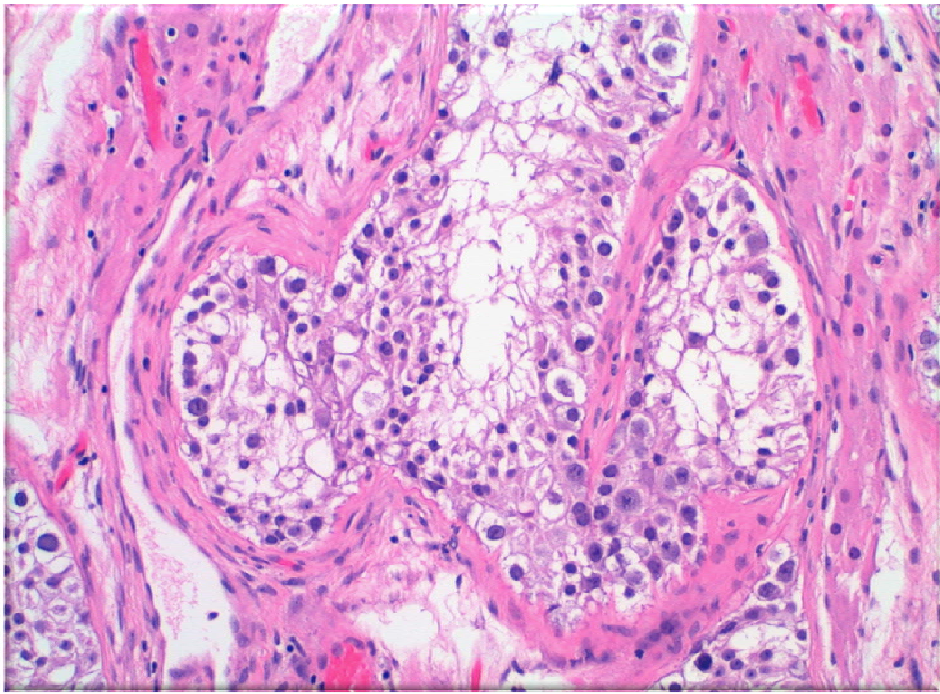












Tumor de células germinales mixto:

- Teratoma

- Focos microscópicos de coriocarcinoma

- Tumor trofoblástico

 - Tumor quístico trofoblástico

 - Tumor de trofoblasto intermedio:

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

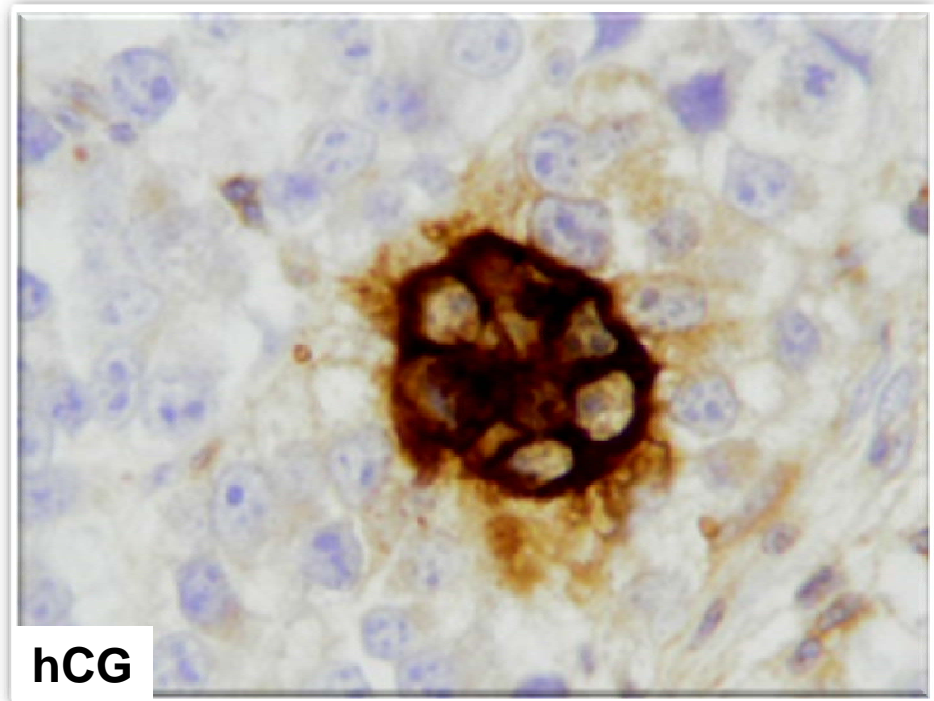
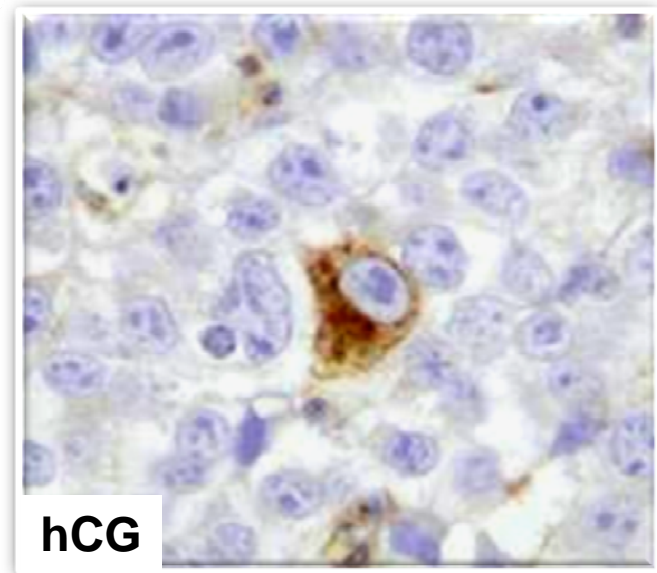
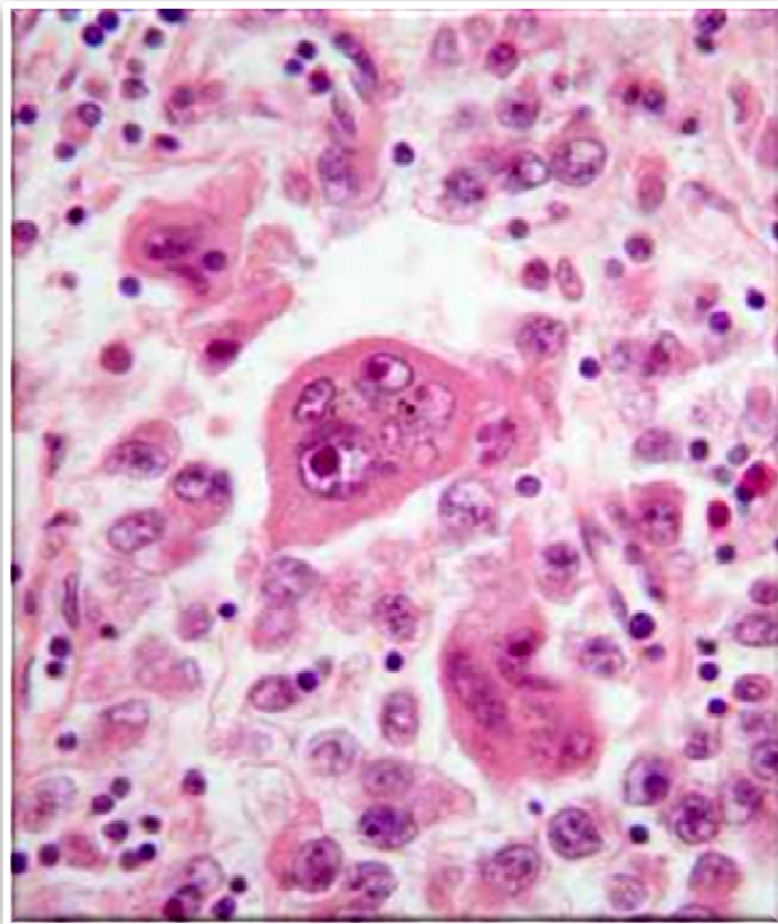
- Neoplasia intratubular de células germinales, tipo indiferenciado.

- 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

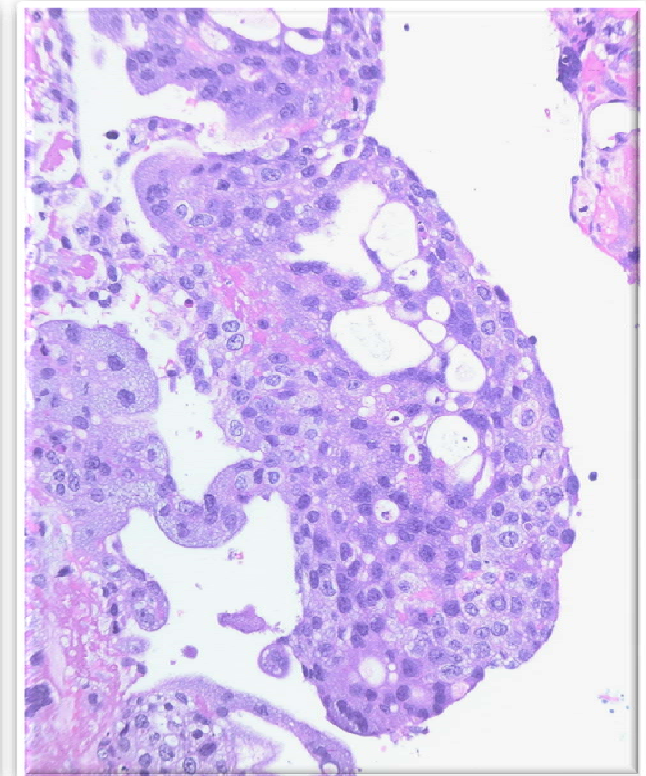
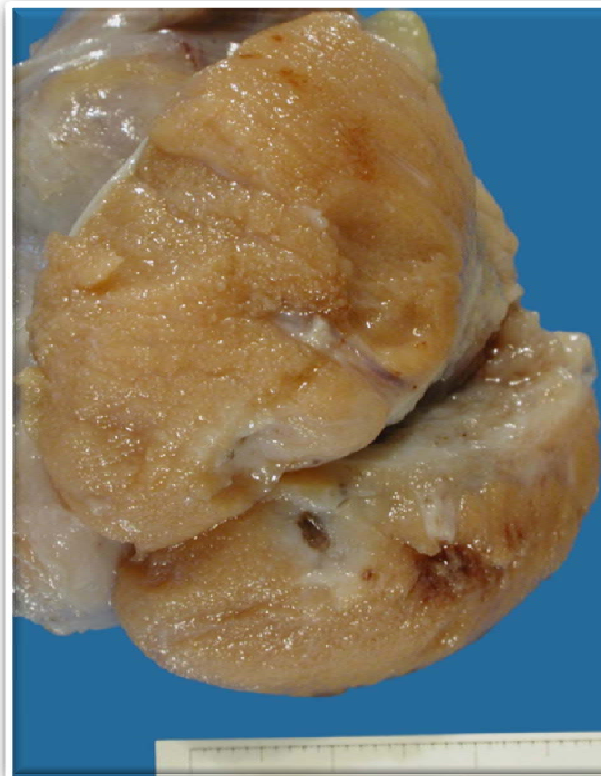
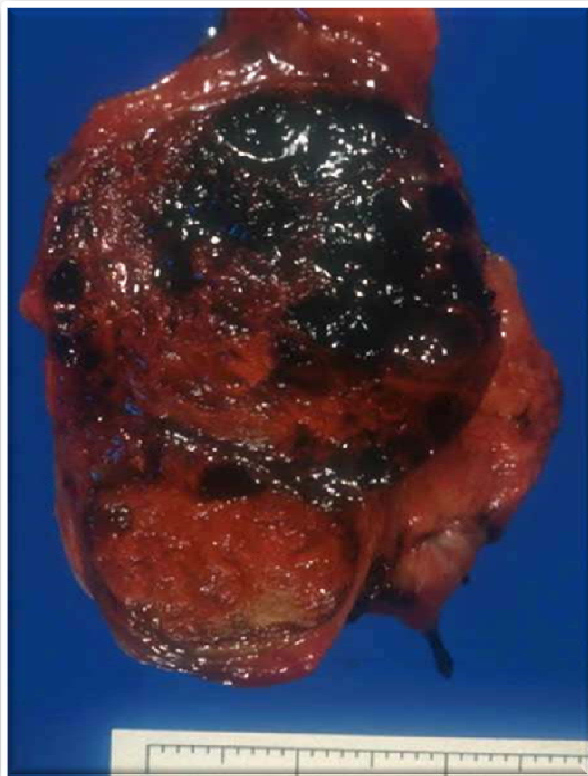
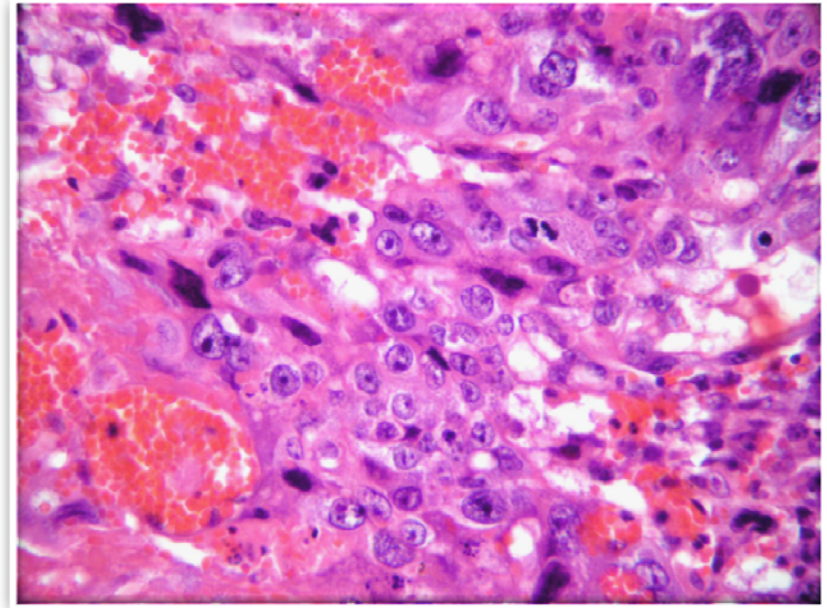


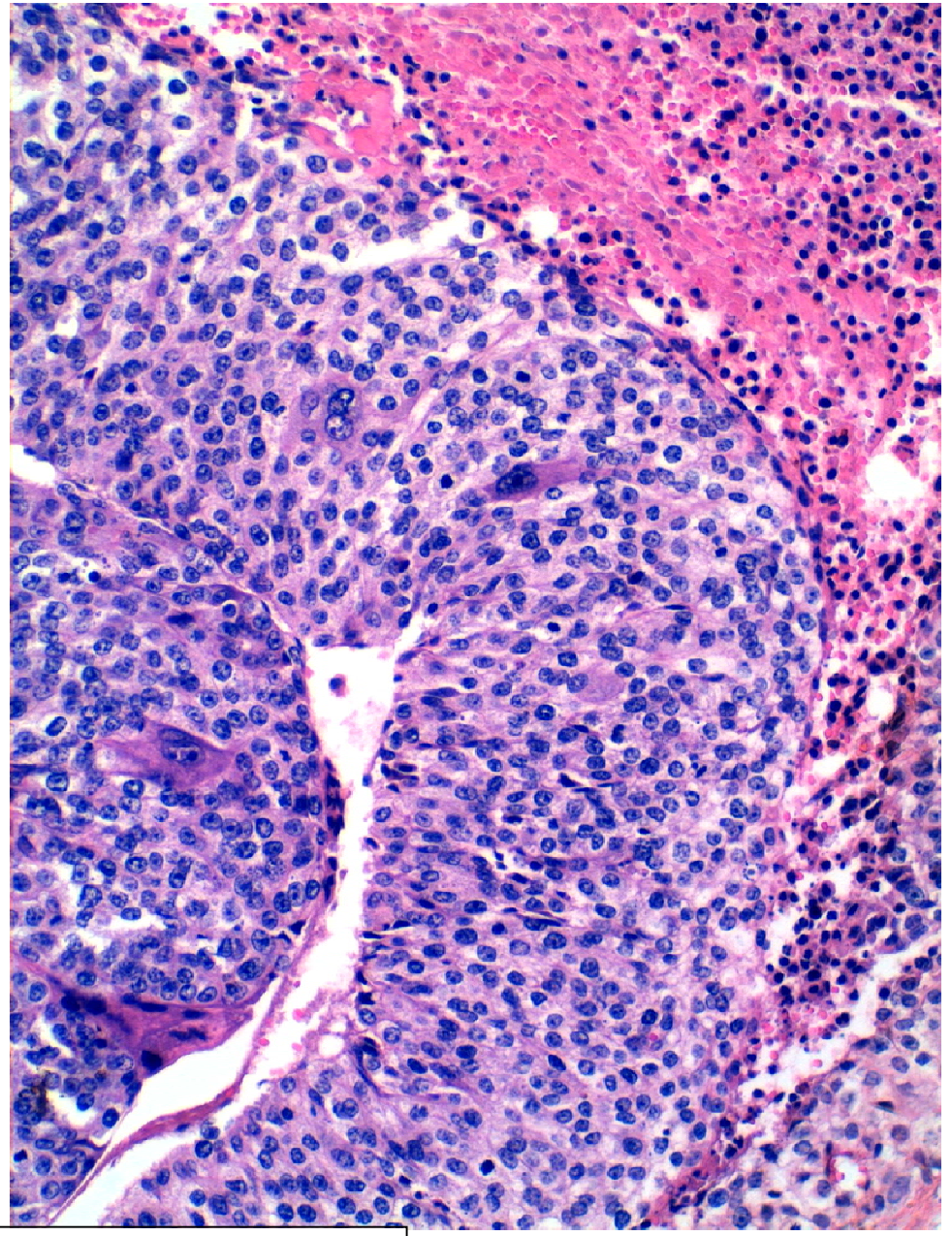
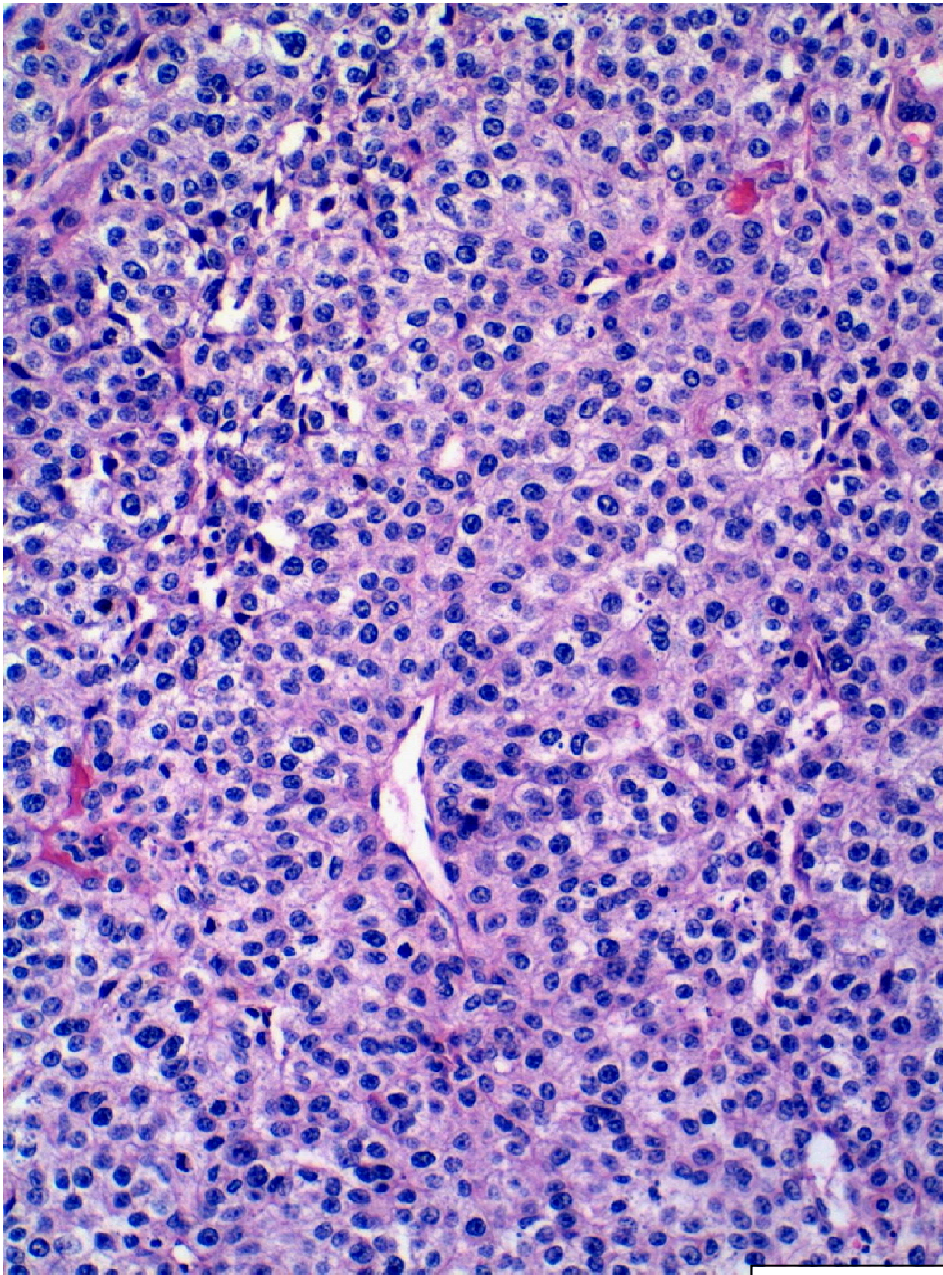
Coriocarcinoma clásico:

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)

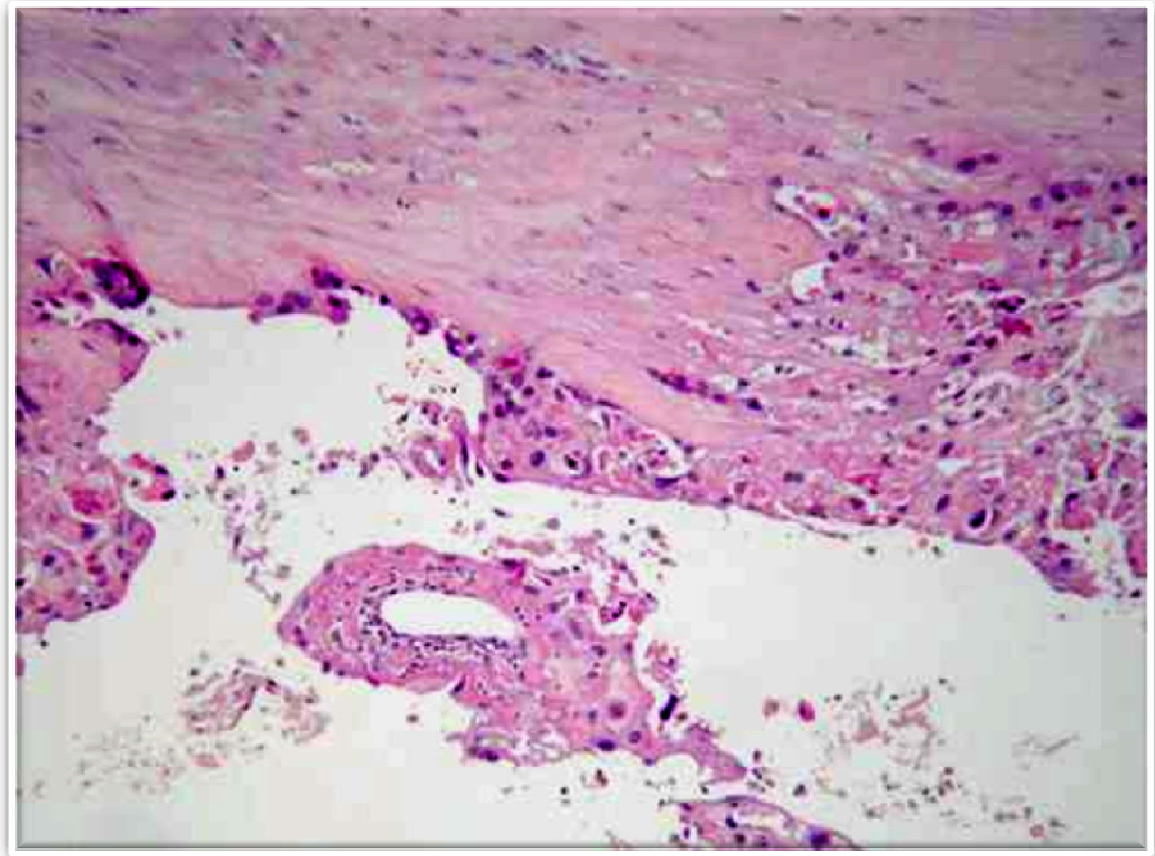
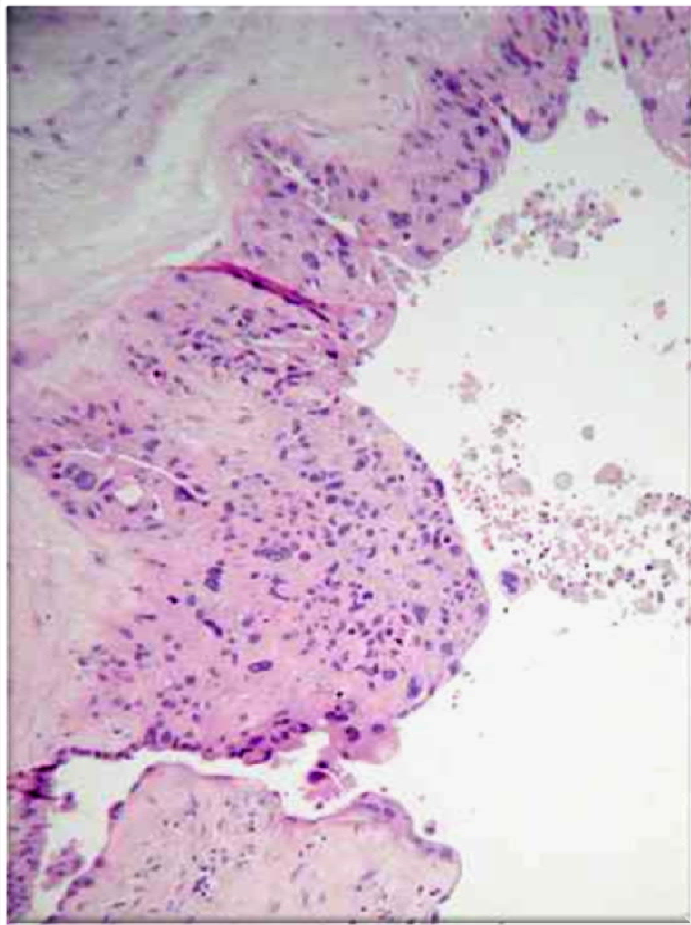


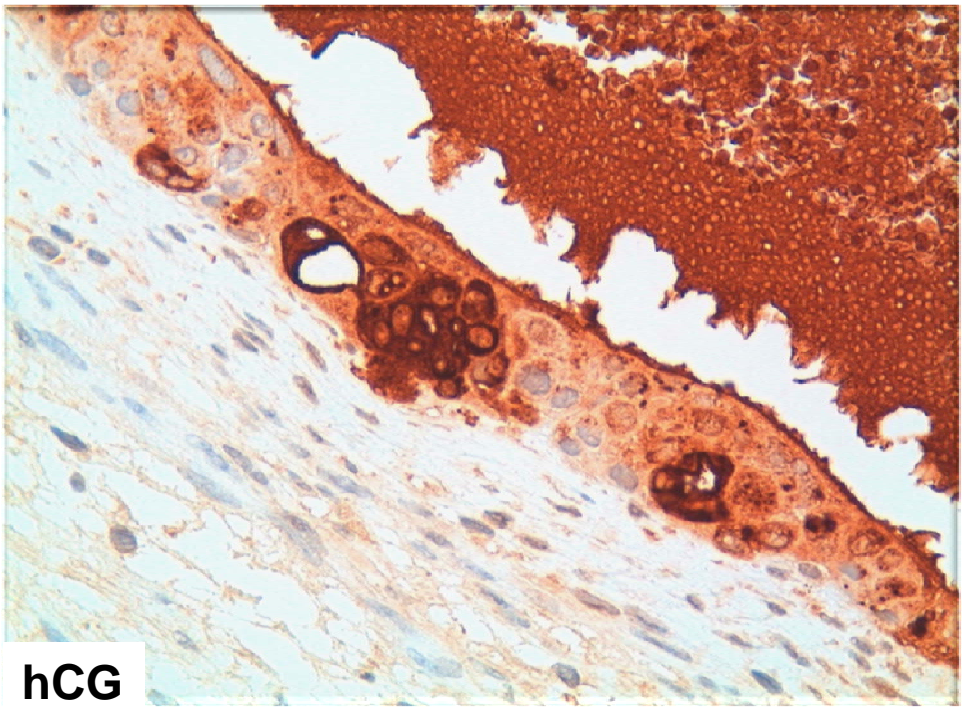
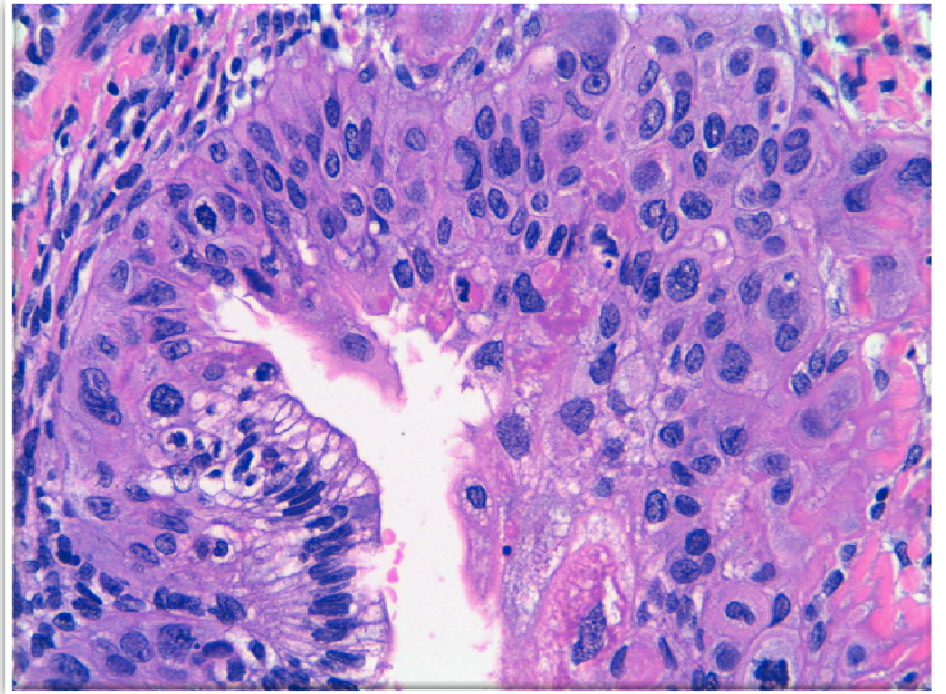
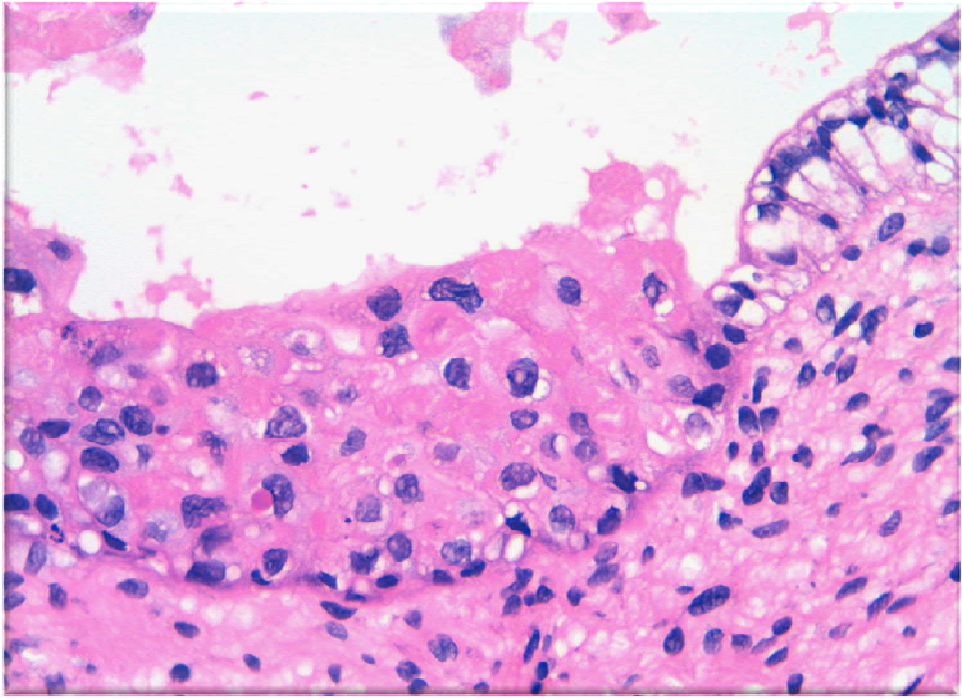
TABLE 1. Characteristics of Cystic Trophoblastic Tumor

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)

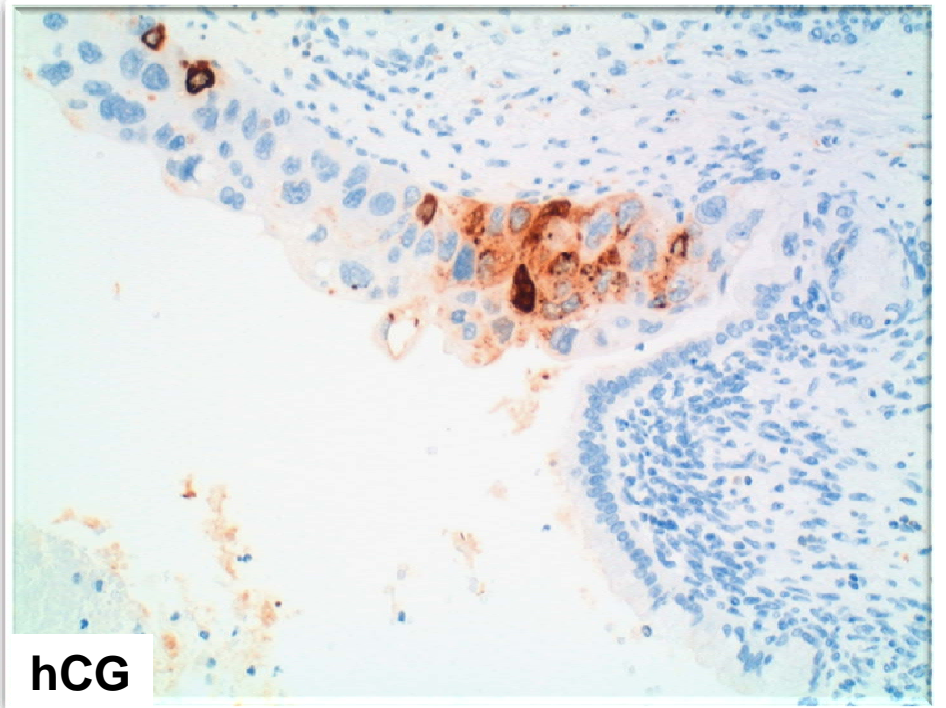
TABLE 2. Differential Features of Cystic Trophoblastic Tumor (CTT) Versus Choriocarcinoma

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

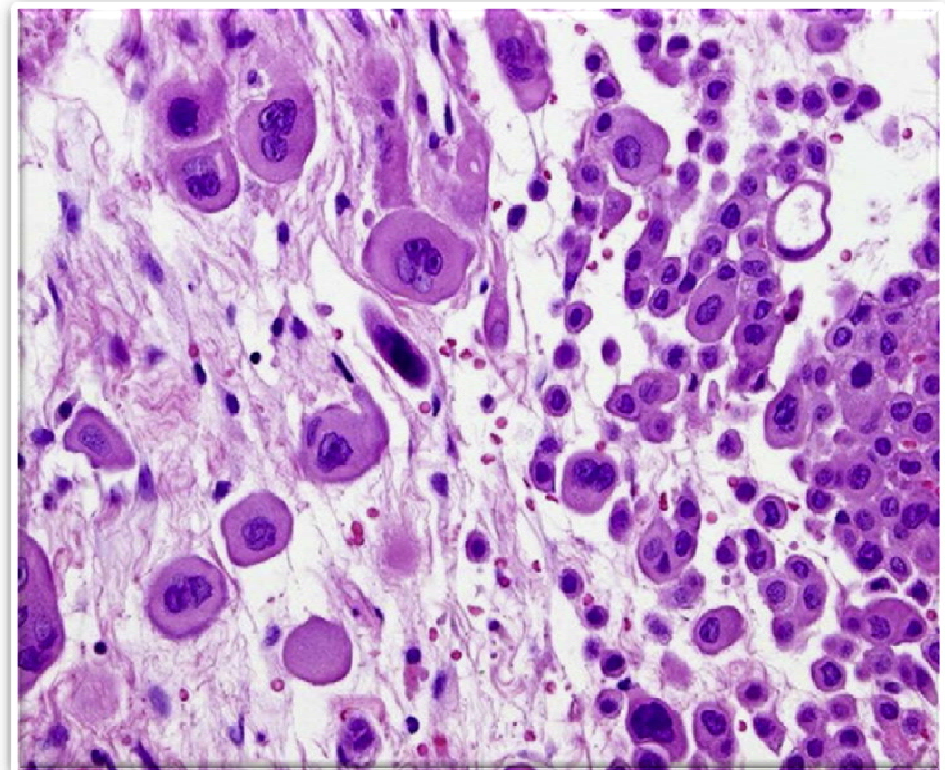
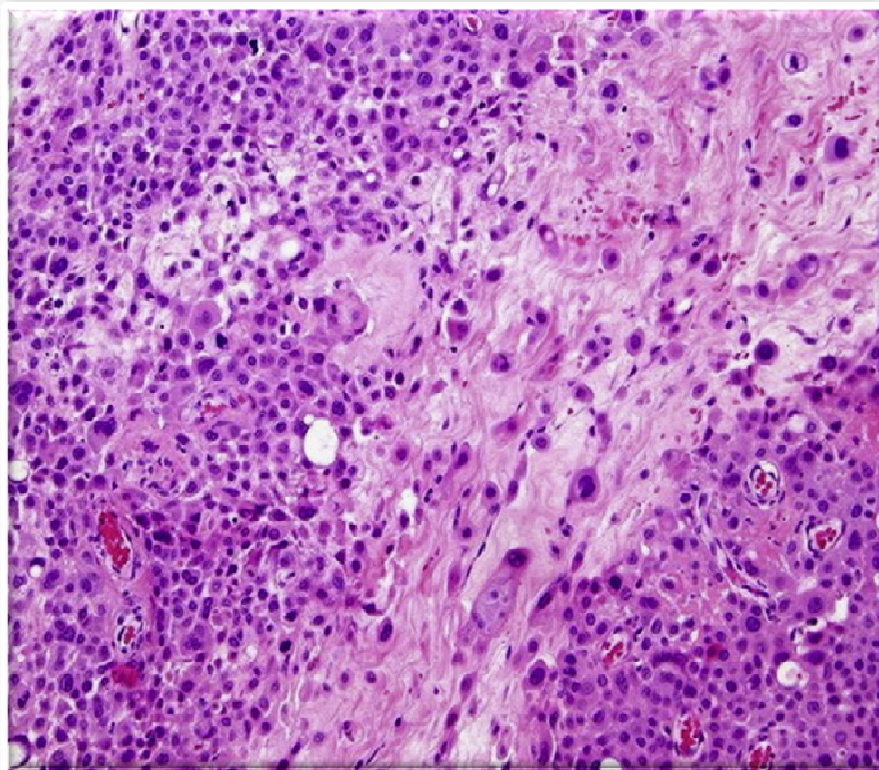


hCG

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

Fredrik Petersson MD, PhD^{a,b}, Petr Grossmann MSc^b, Tomas Vanecek MSc^b,
Marijana Coric MD, PhD^c, Mirjana Cacic MD, PhD^c,
Ondrej Hes MD, PhD^b, Michal Michal MD^{b,*}

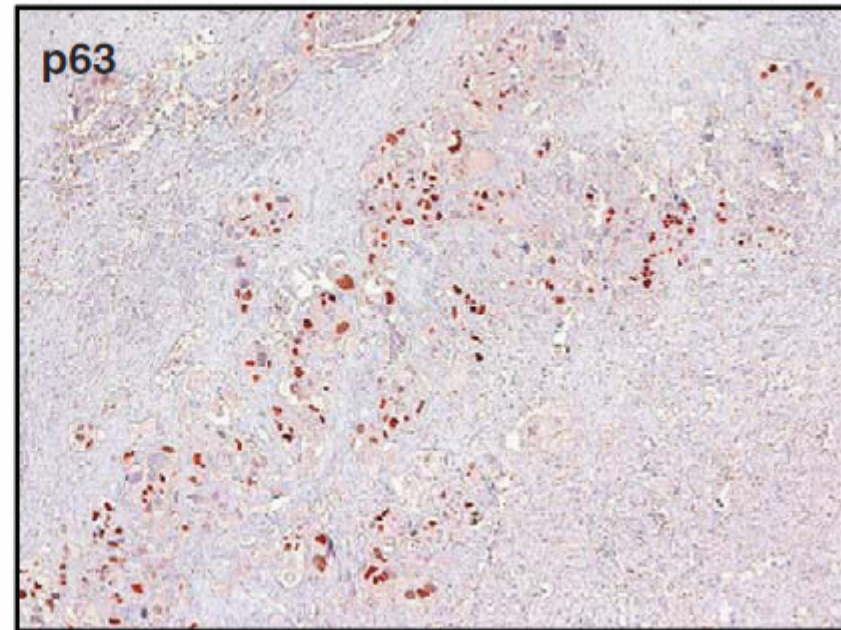
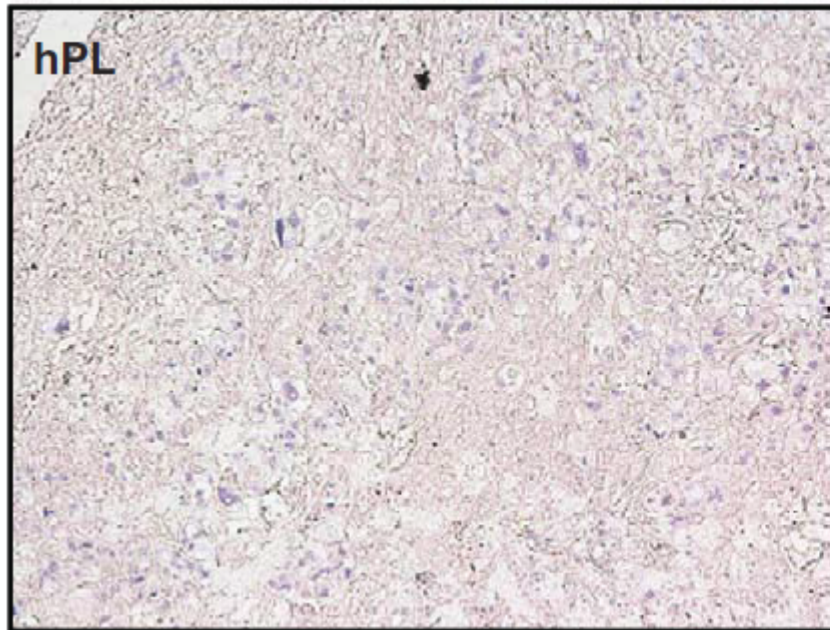
Human Pathology (2010) **41**, 1046–1050



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

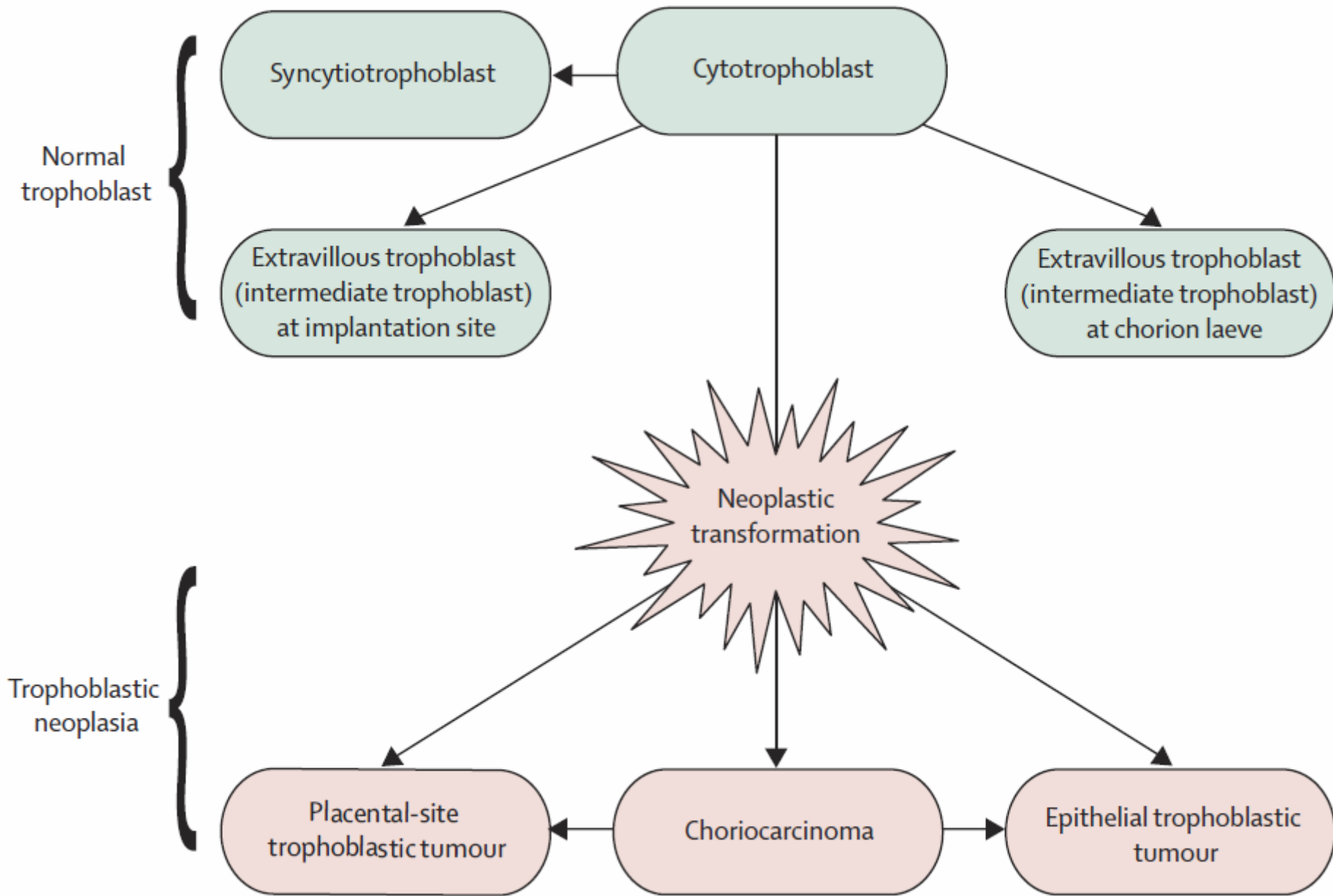


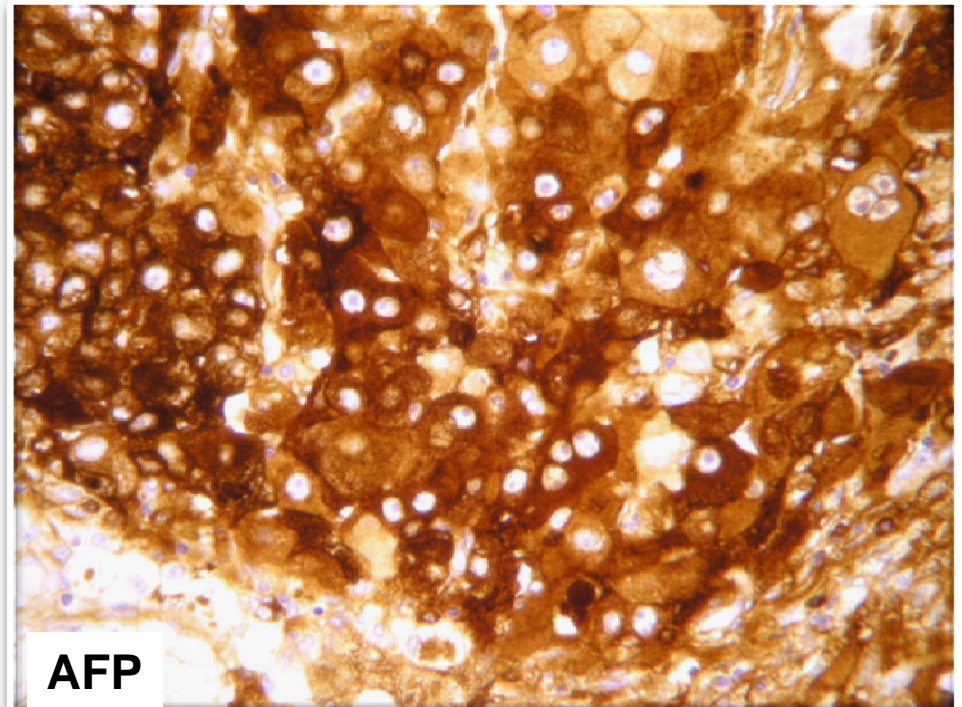
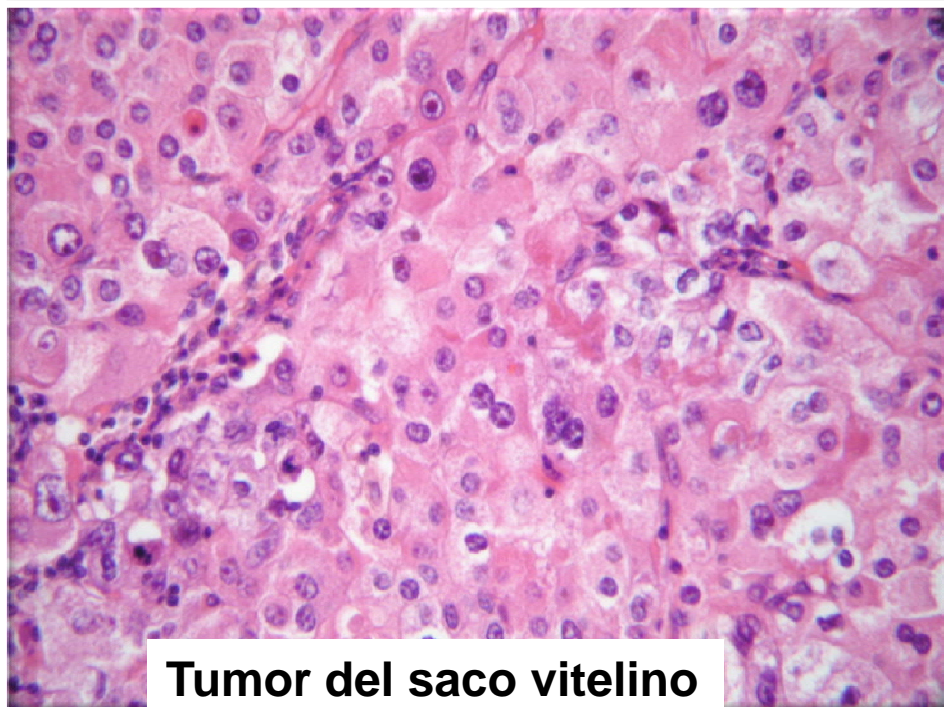
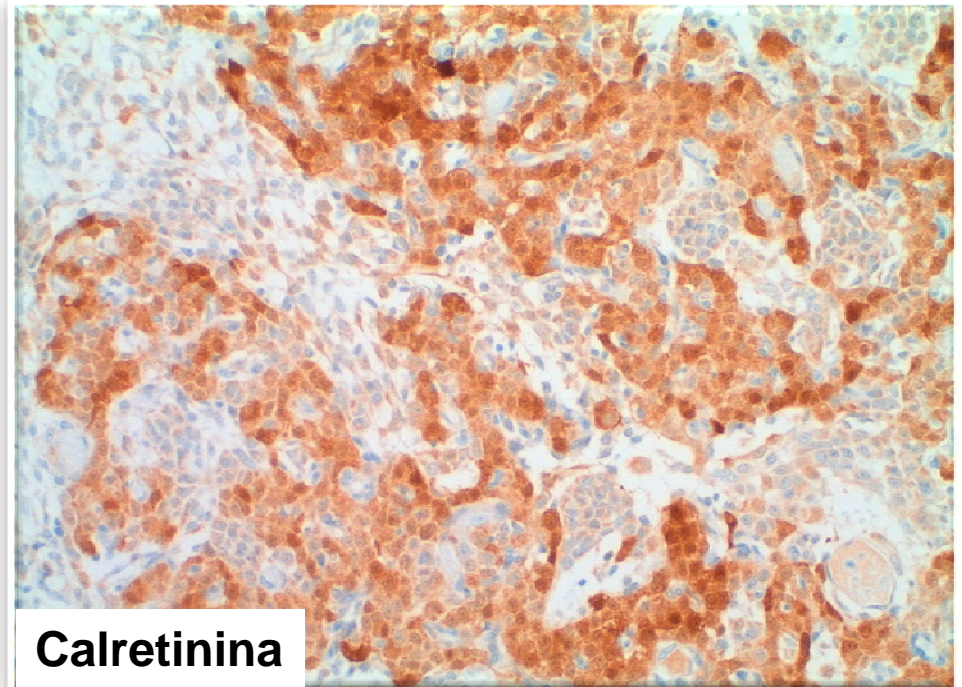
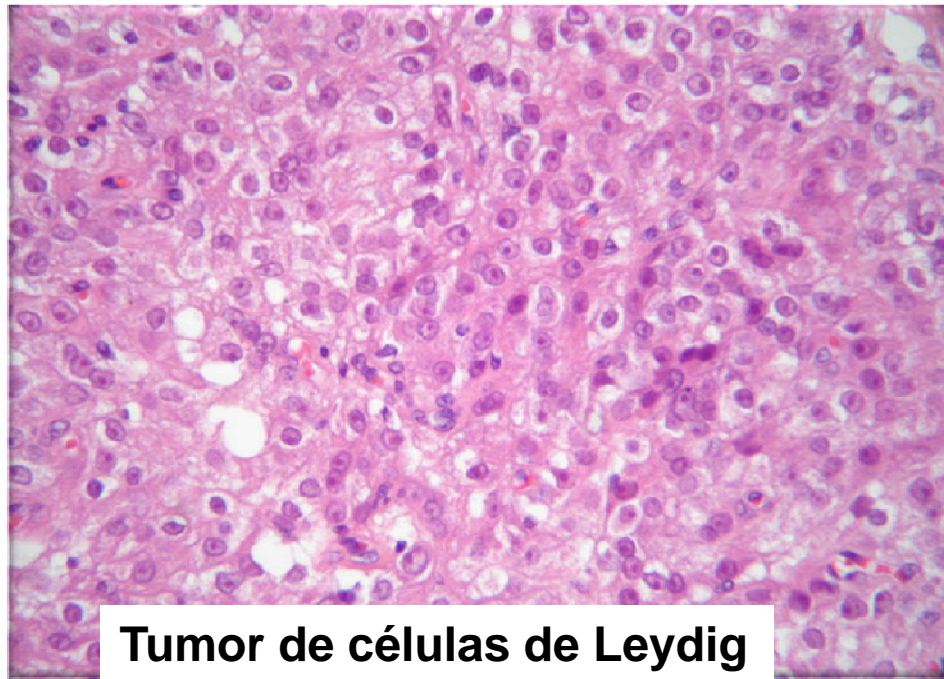
PSTT	ETT
<ul style="list-style-type: none"> ▪ Células poligonales de distintos tamaños, aisladas o en nidos ▪ Citoplasma oxifílico, vacuolado o claro ▪ 1-4 núcleos, moderadamente pleomórficos ▪ Algunos nucléolos grandes ▪ Estroma mixoide. 	<ul style="list-style-type: none"> • Población uniforme de células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

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	Percentage of Cases	Extent of Expression	Percentage of Cases	Extent of Expression	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