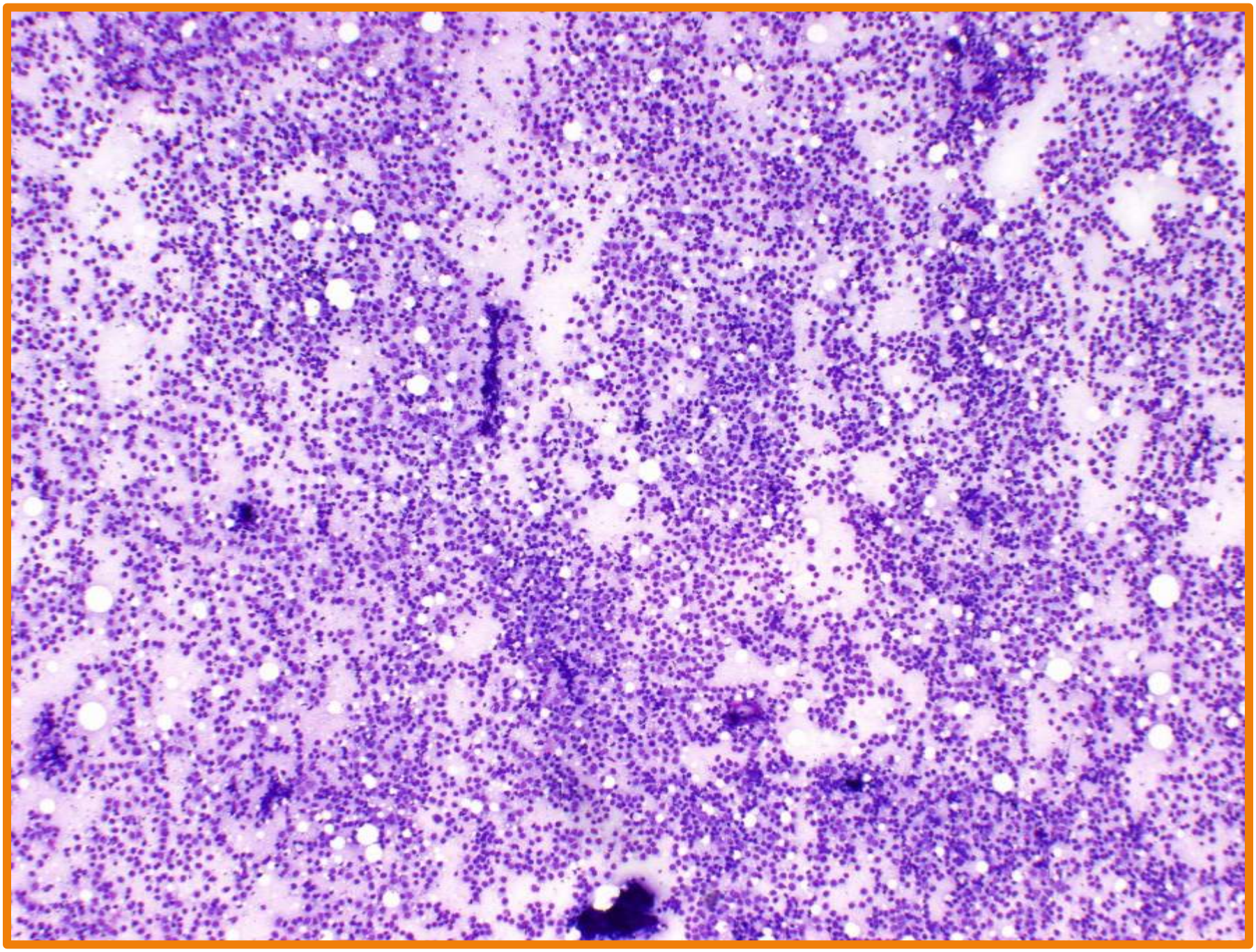
Gran seminario citología. Congreso SEAP 2011 caso 7

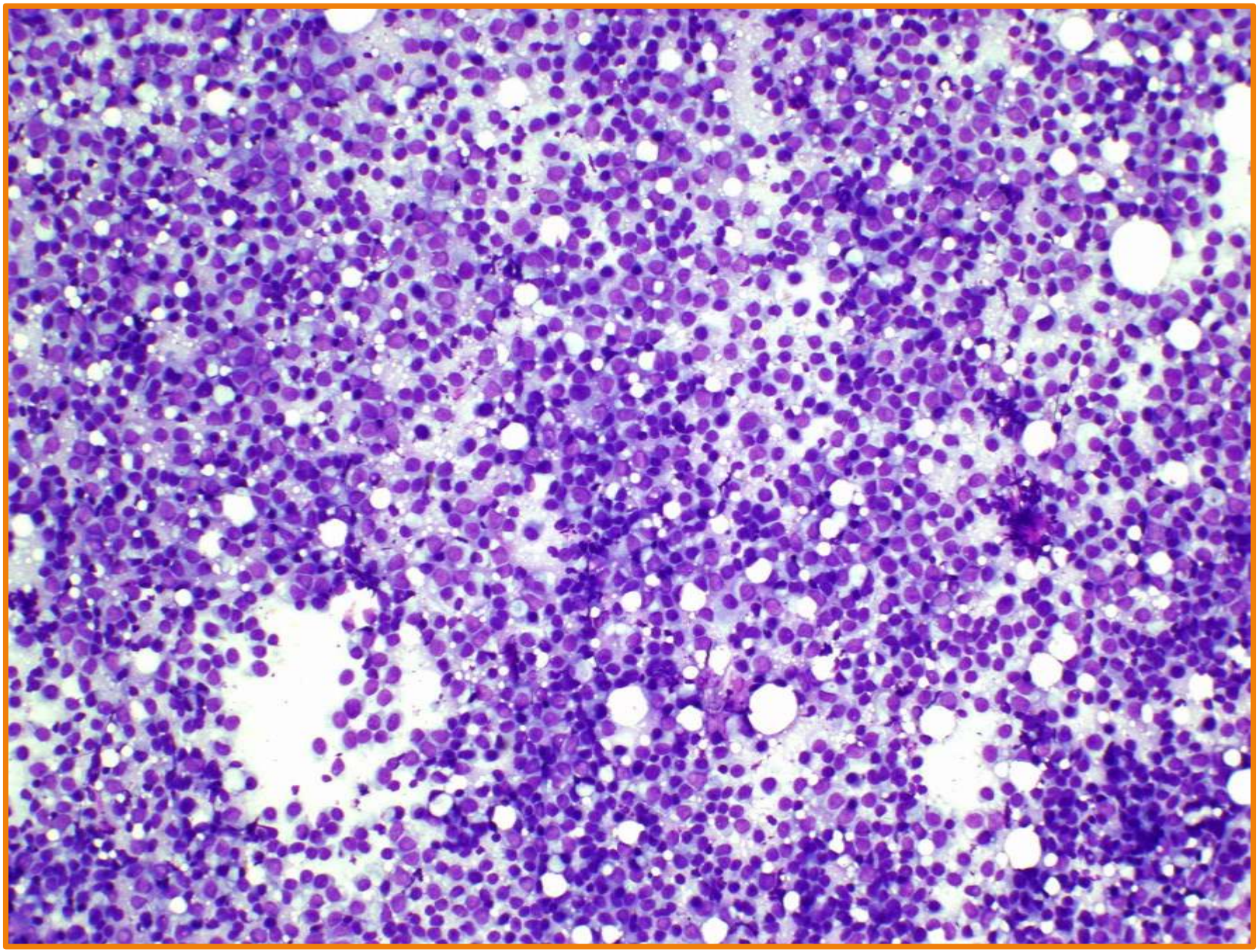
BEATRIZ EIZAGUIRRE ZARZA

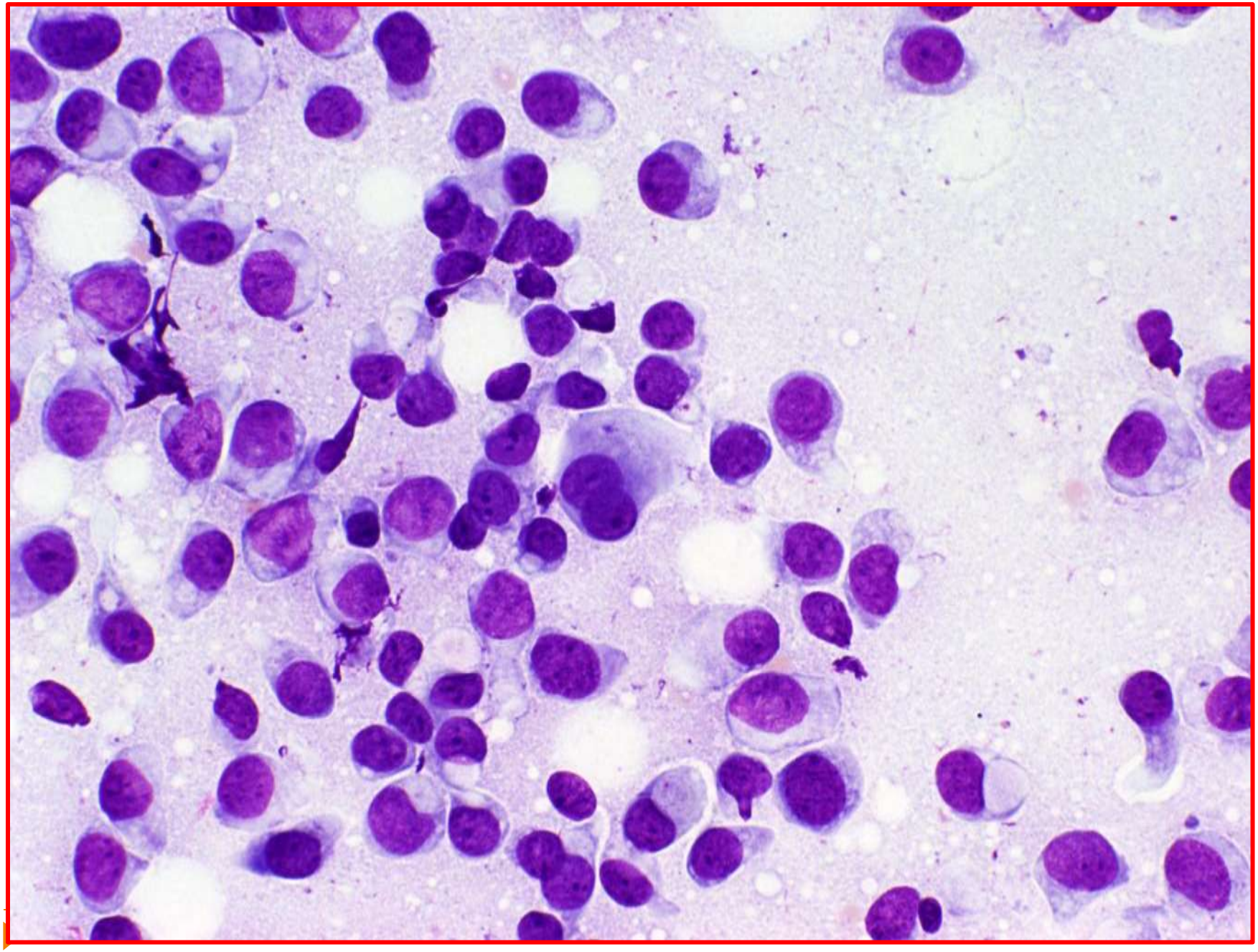
HOSPITAL ROYO VILLANOVA. ZARAGOZA

Historia clínica

- Mujer, 53 a
- Tumor parotídeo izquierdo con parálisis facial completa
- AP:
  - Neo mama hace 7 a.
  - Bocio nodular larga evolución tratado con yodo radiactivo. PAAF nódulo > hace 2 años.
- PAAF parótida

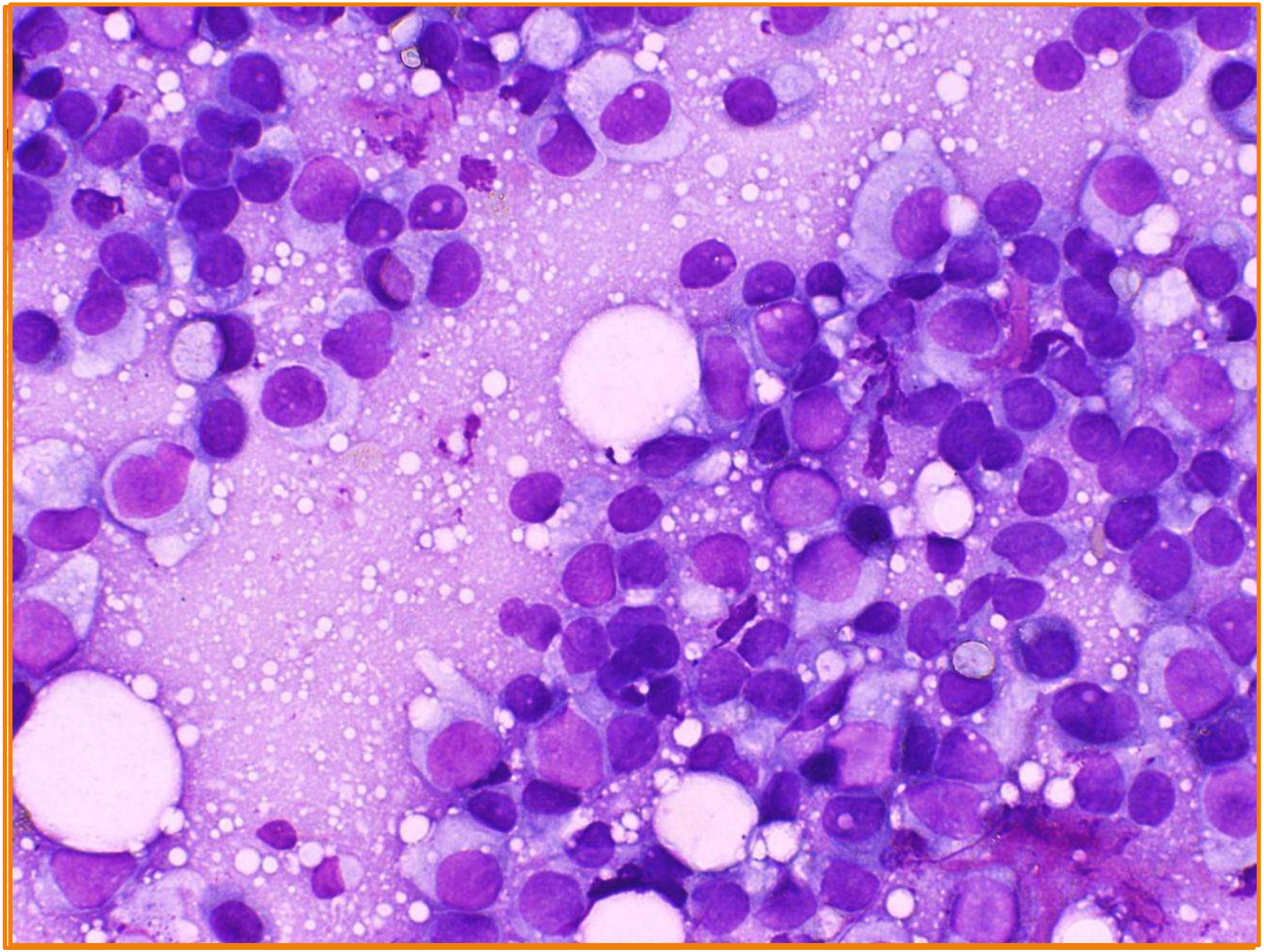


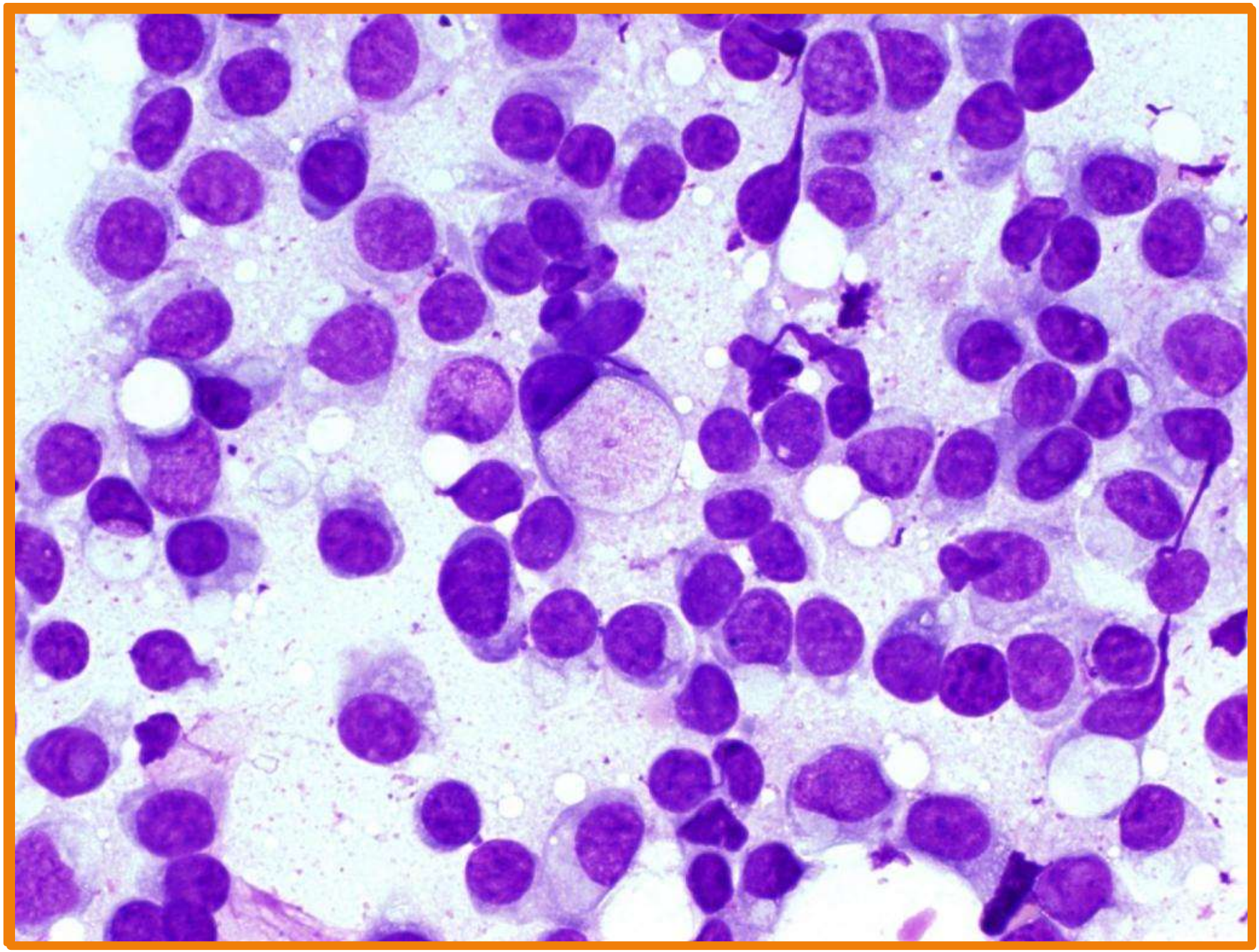


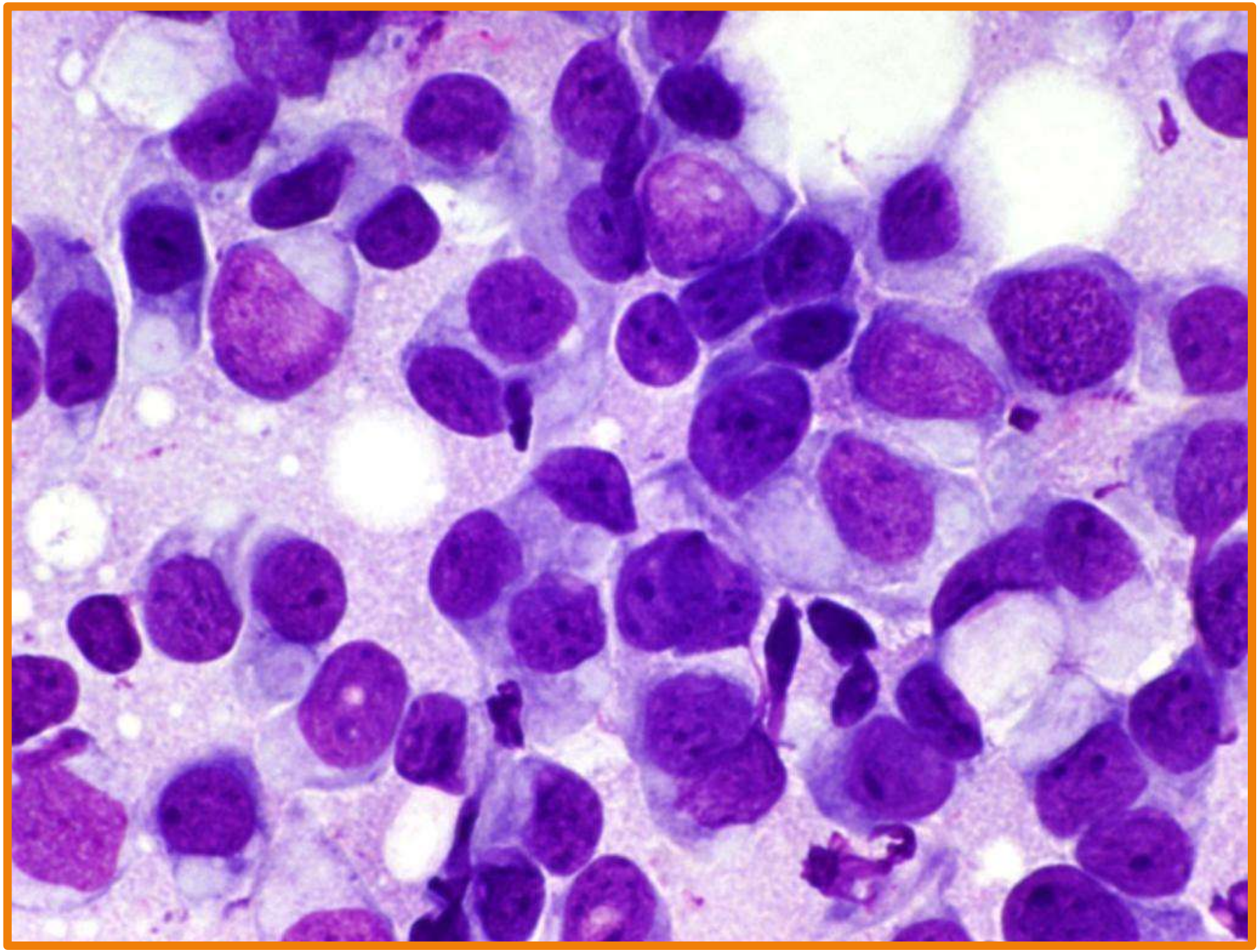


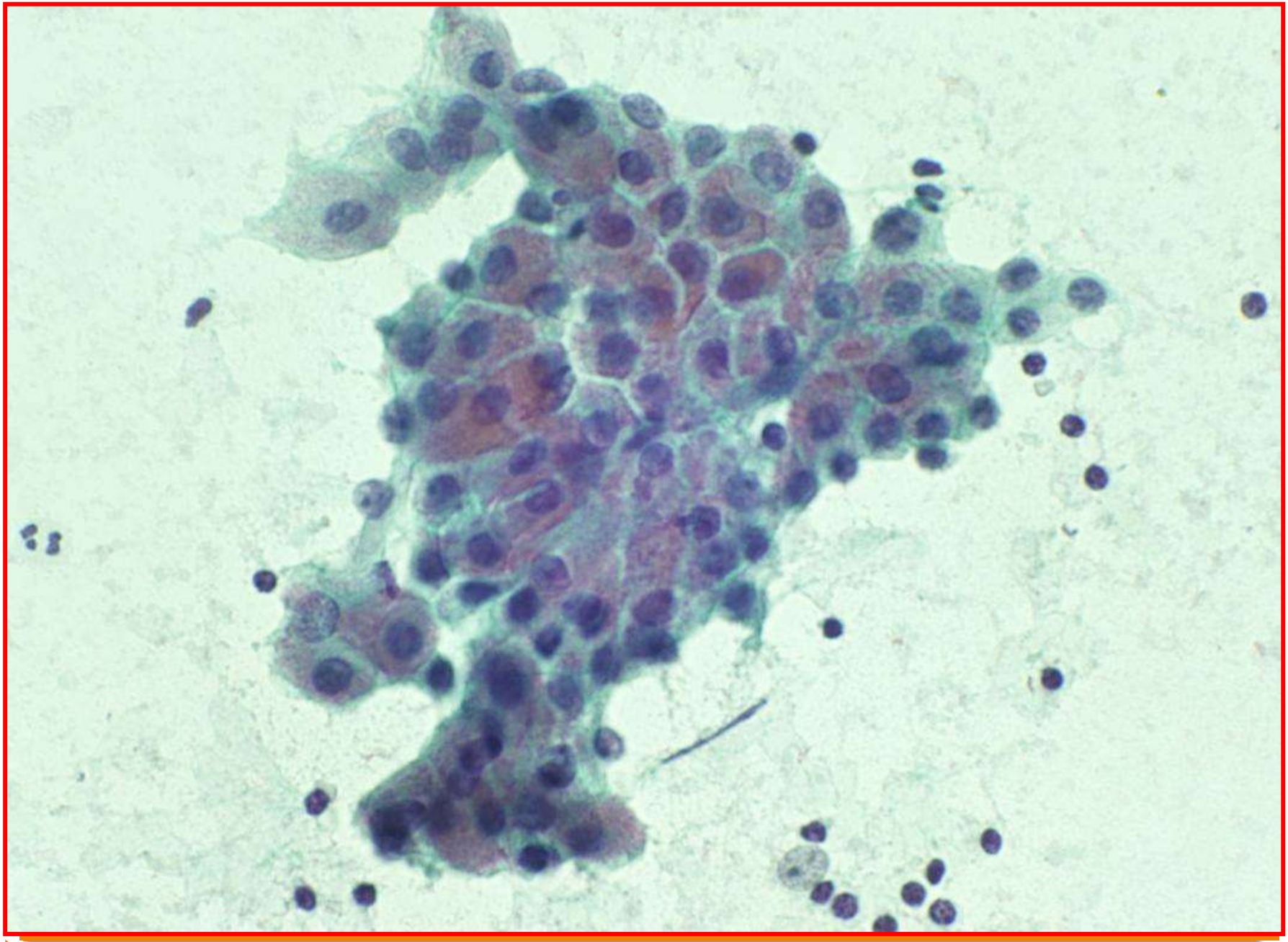
Diagnóstico citológico

- 1.-CARCINOMA MUCOEPIDERMOIDE
- 2.-CARCINOMA DUCTAL
- 3.-CARCINOMA EX ADENOMA PLEOMORFO
- 4.-METÁSTASIS

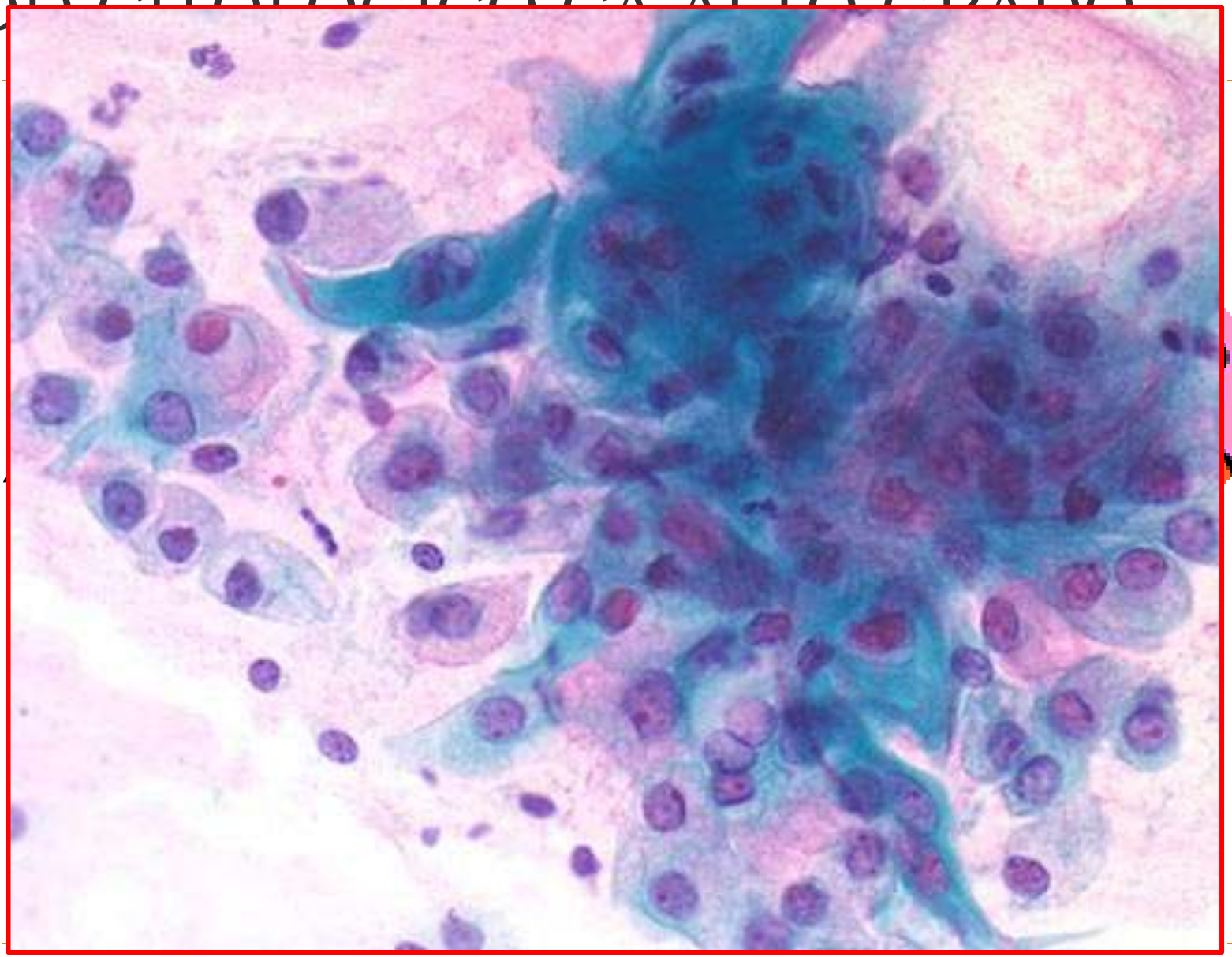




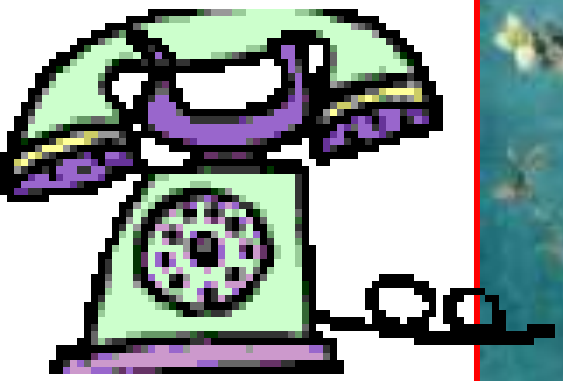




DD CITOLÓGICO CA ALTO GRADO

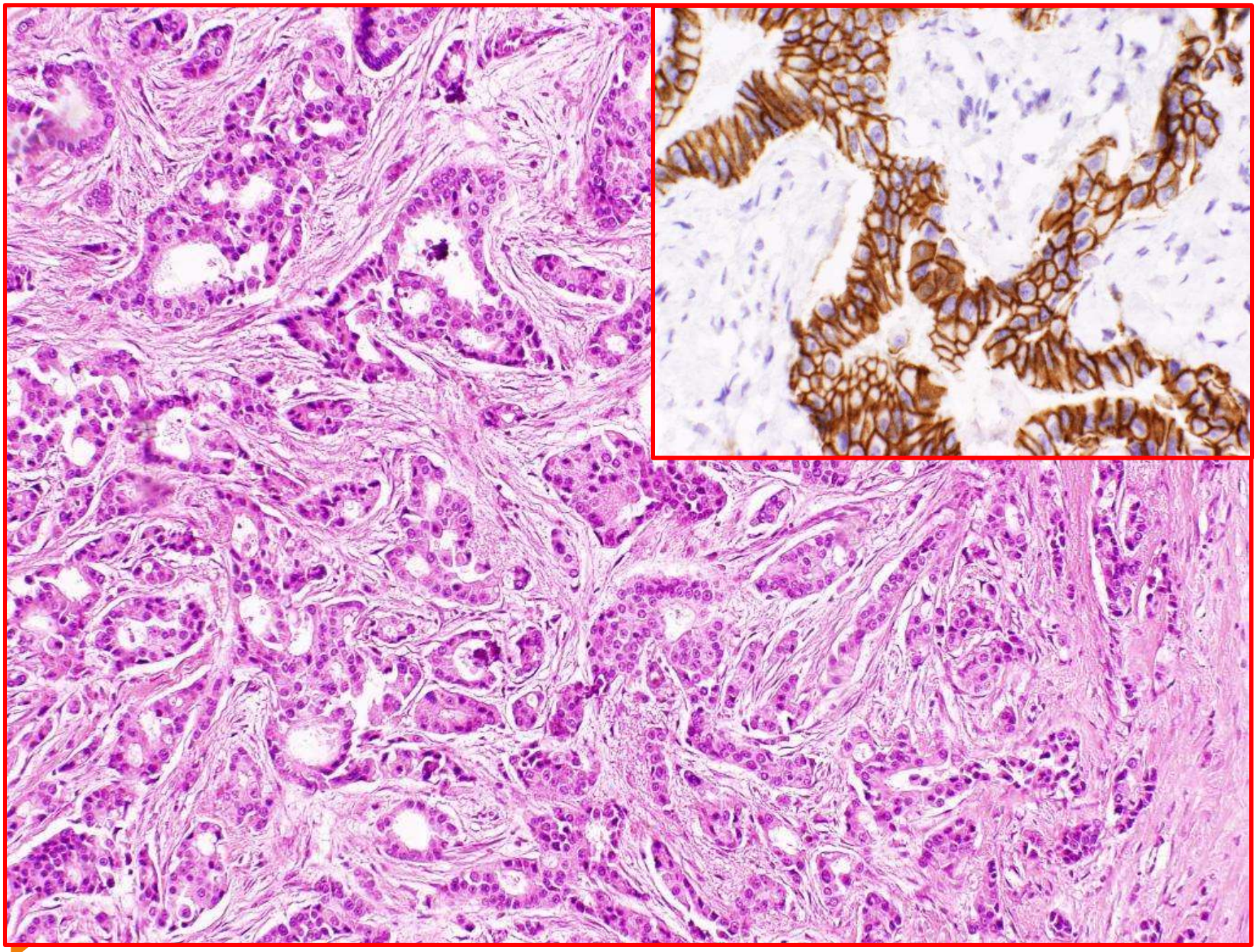


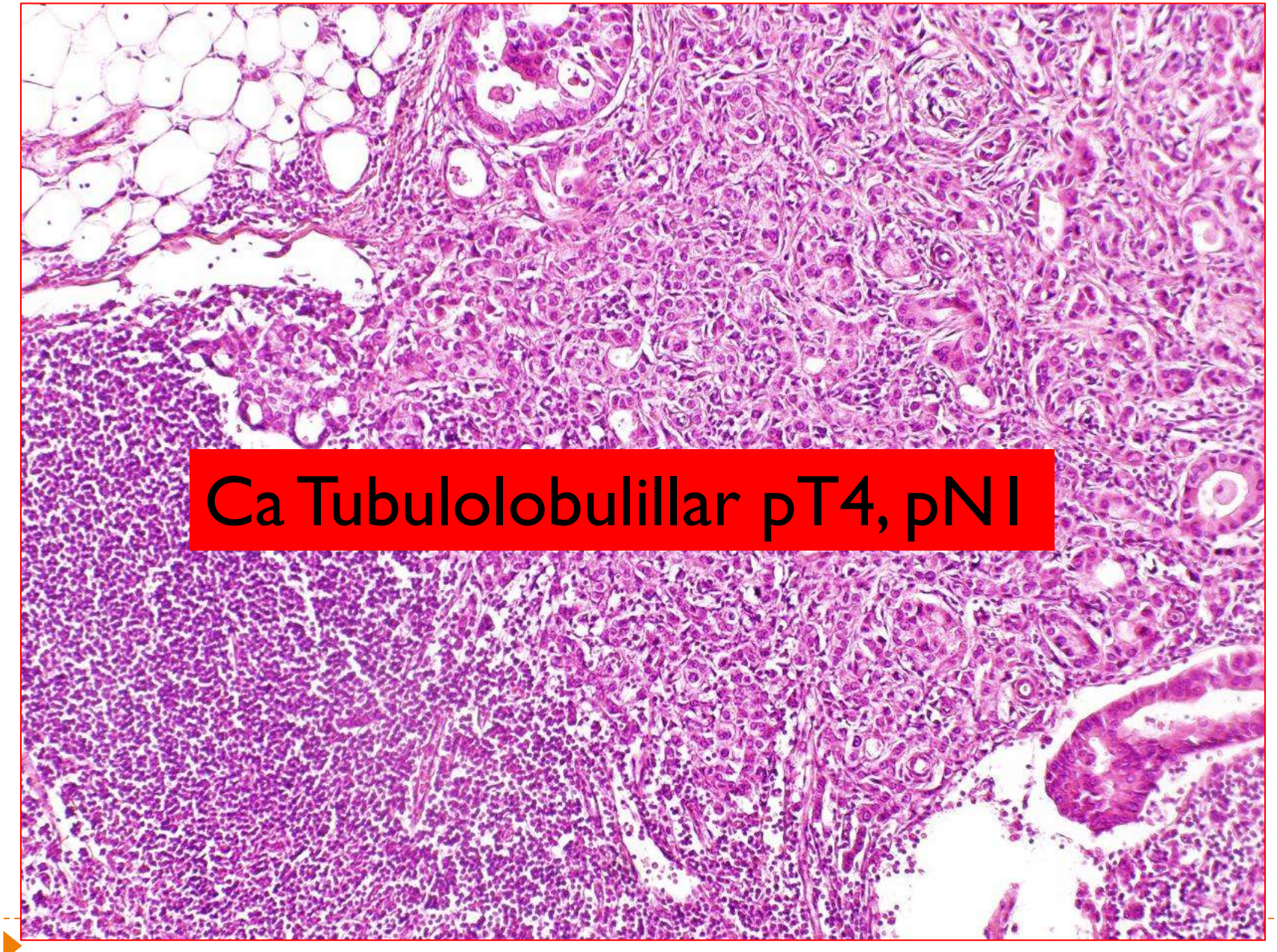
Antecedentes personales



HACE 7 AÑOS

Ca mama

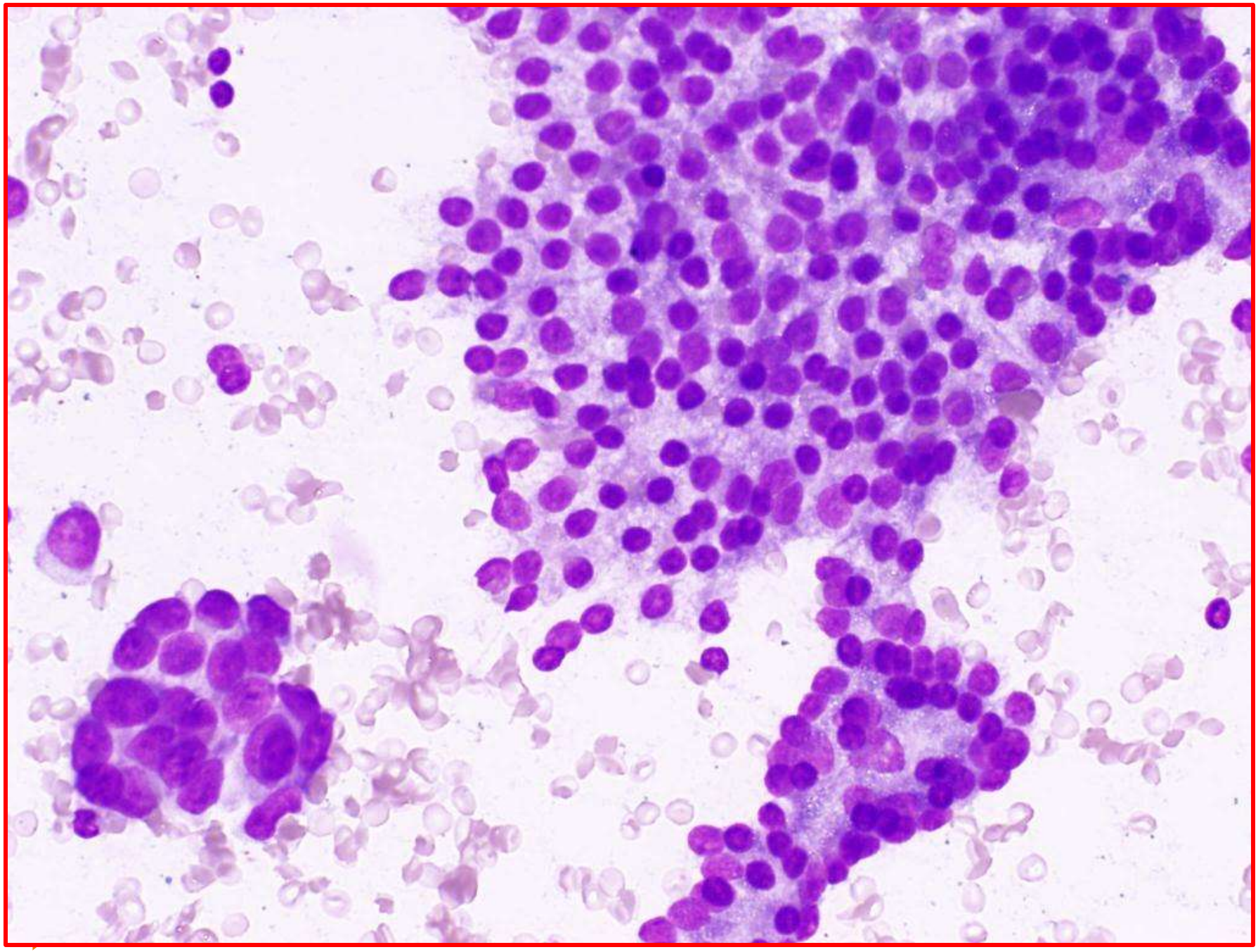


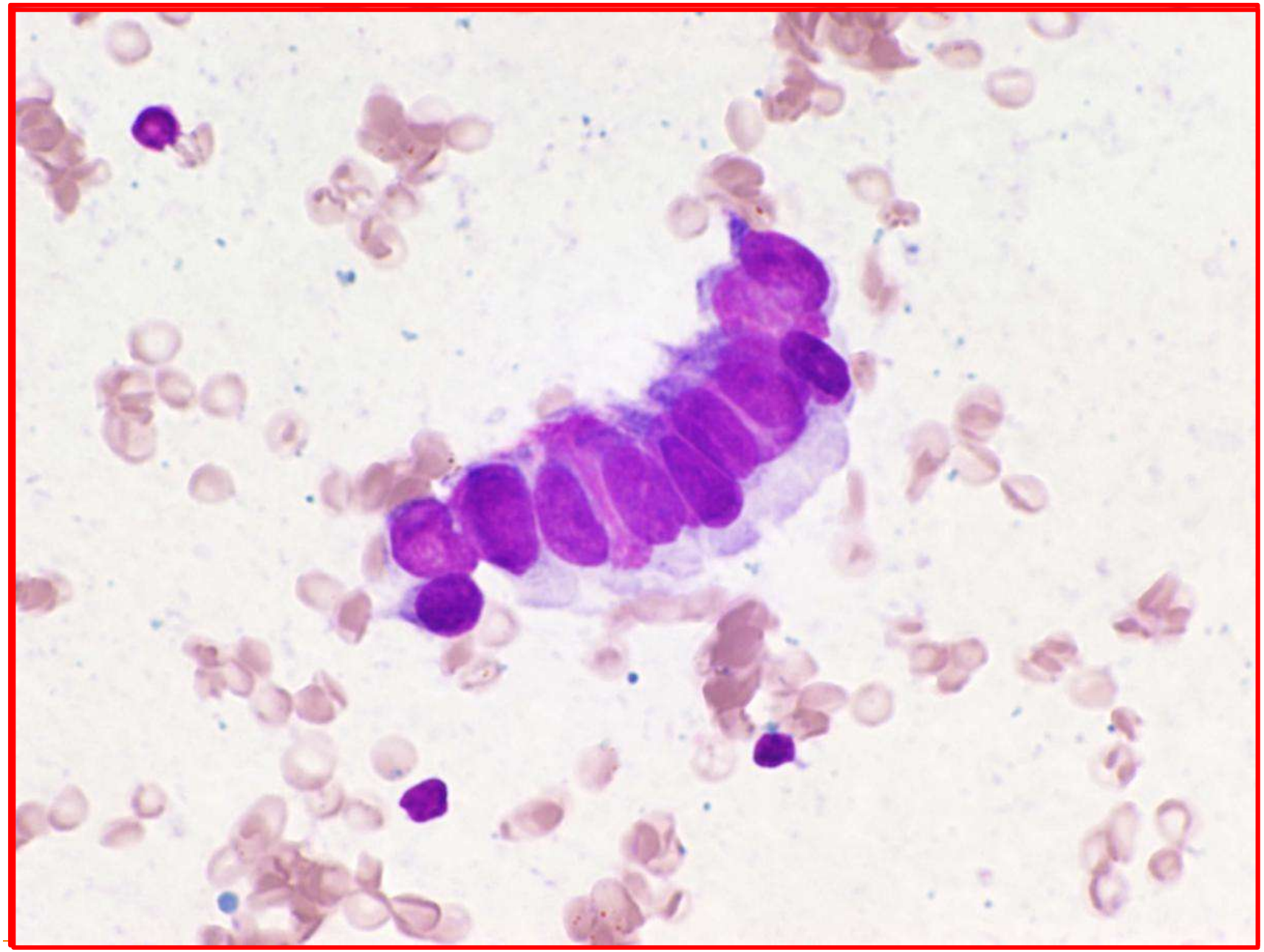

Ca Tubulolobulillar pT4, pN1

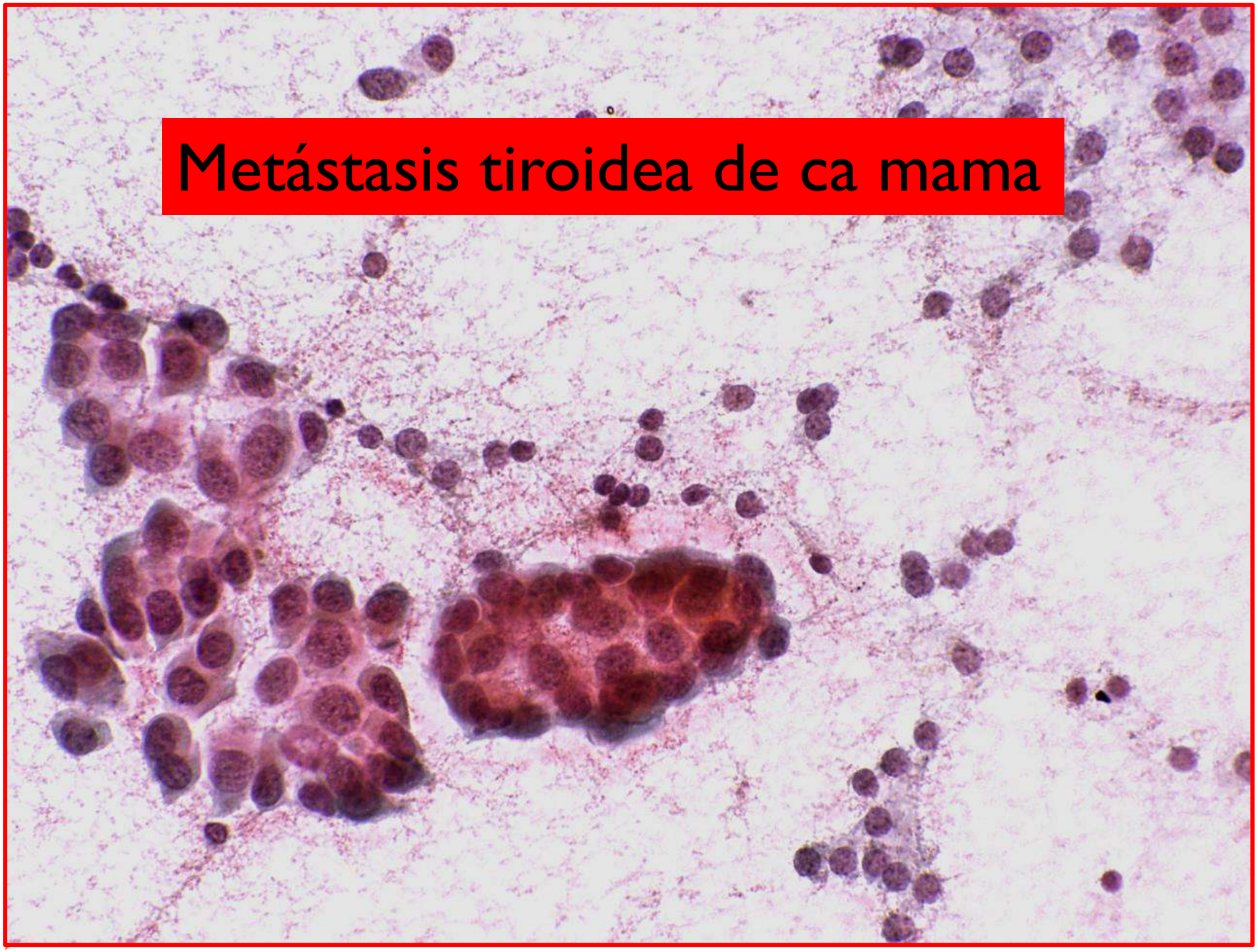
HACE 2 AÑOS

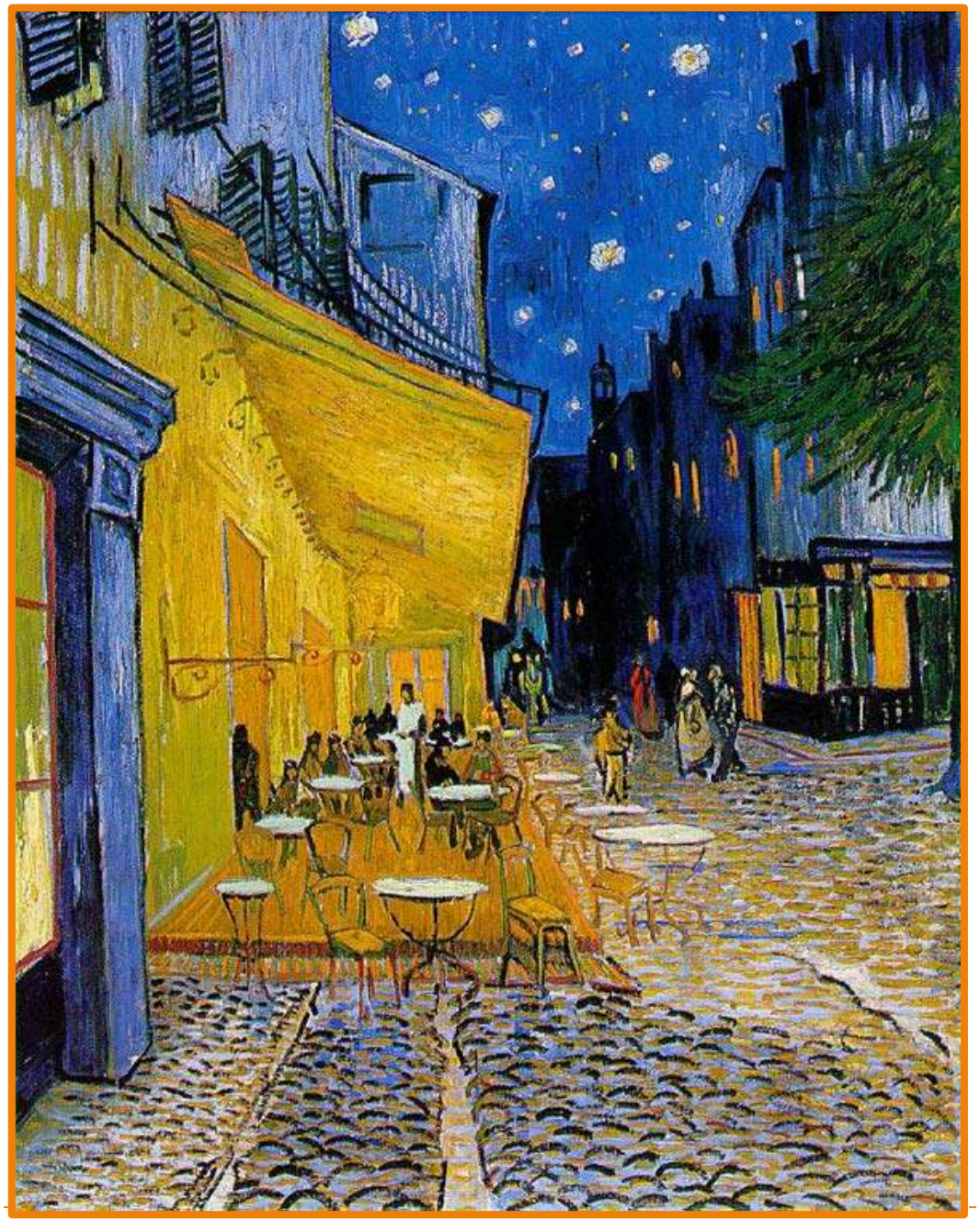
Bocio multinodular

PAAF NÓDULO > TAMAÑO






Metástasis tiroidea de ca mama



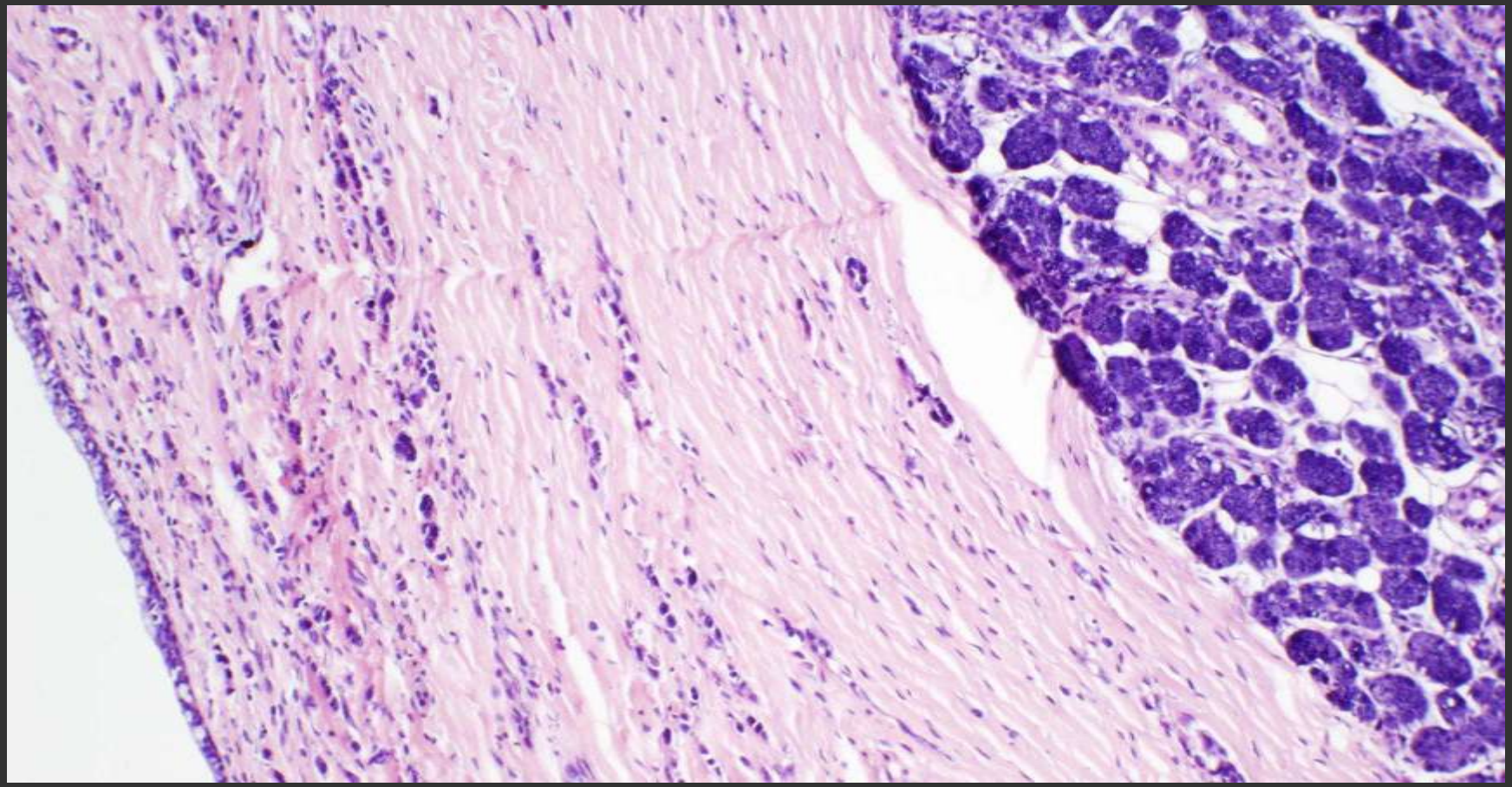
DIAGNÓSTICO CITOLÓGICO

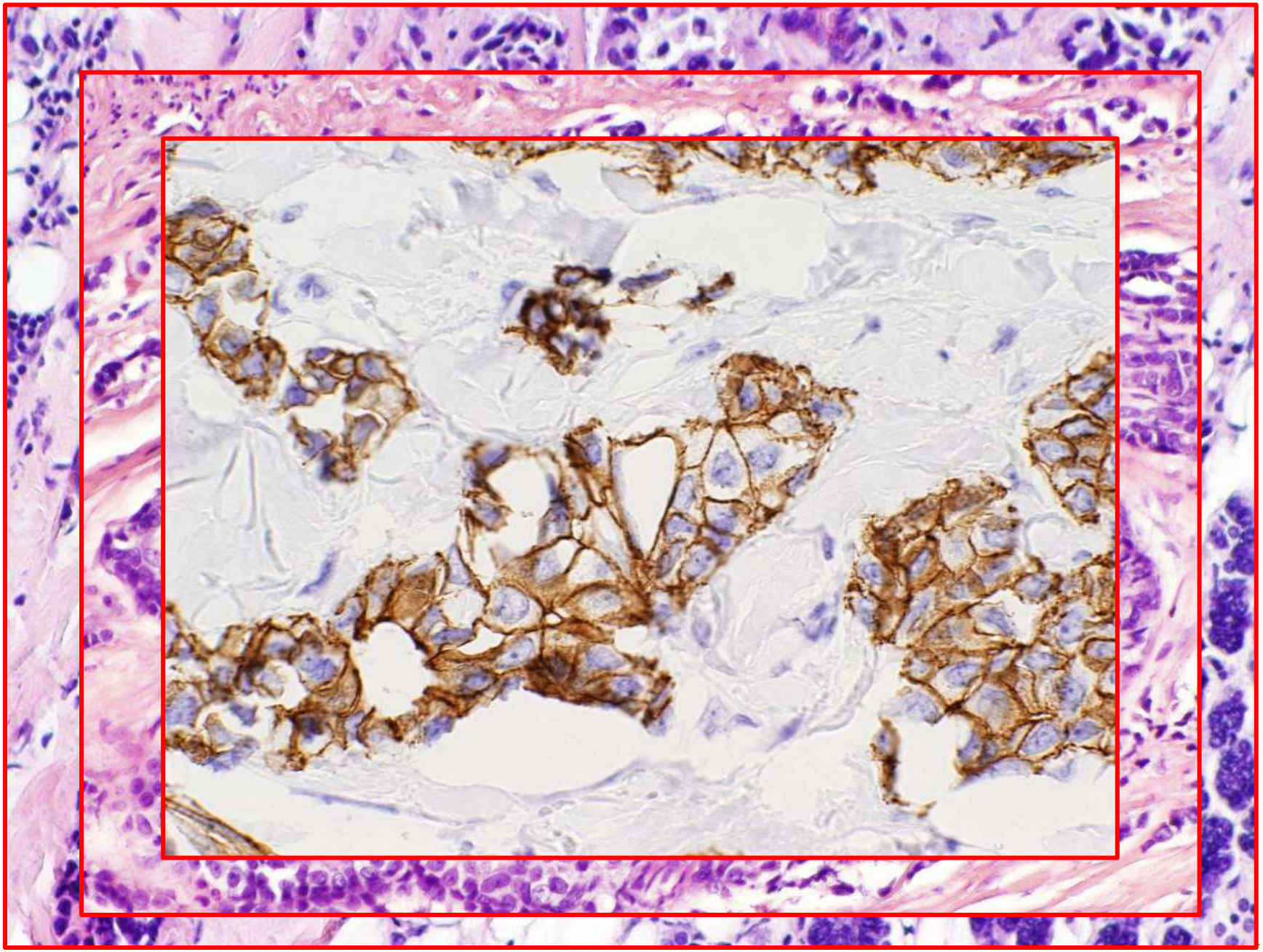
PAAF PARÓTIDA: CARCINOMA DE ALTO GRADO.

COMPATIBLE CON METÁSTASIS DE CA MAMA

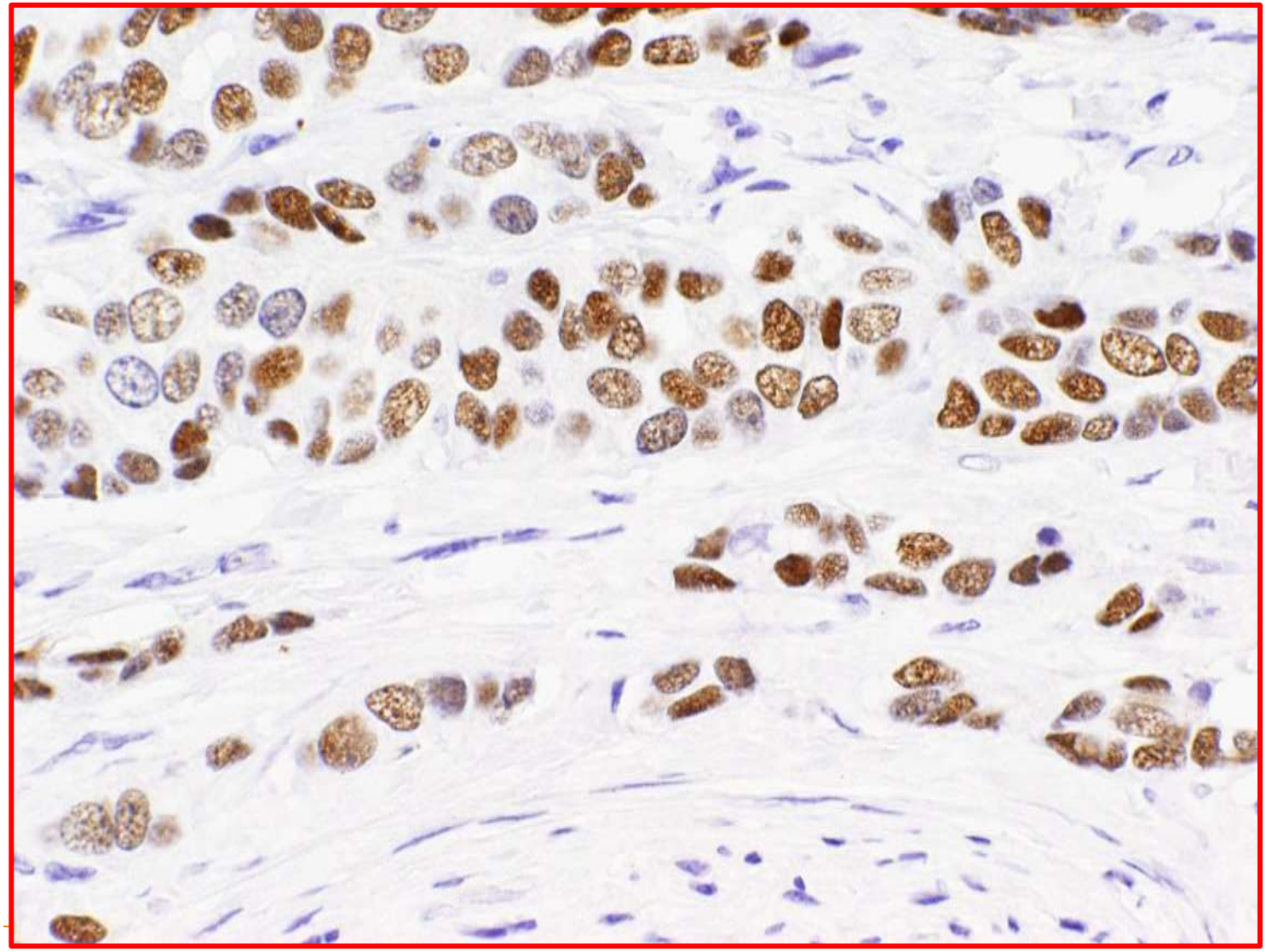
Parotidectomía

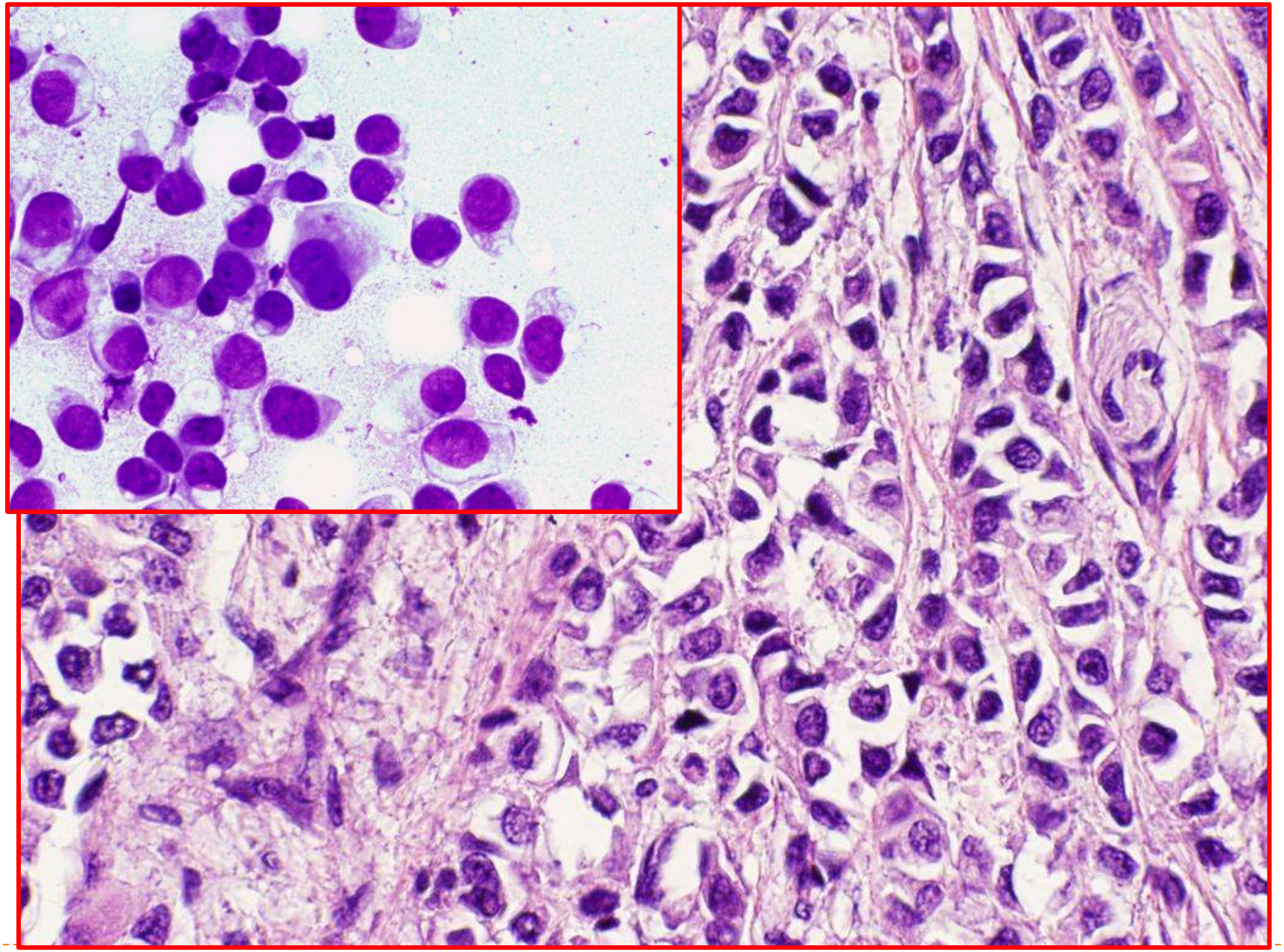
Mas disección cervical izda +mastoidectomía y tarsorrafia izda





Estrógenos



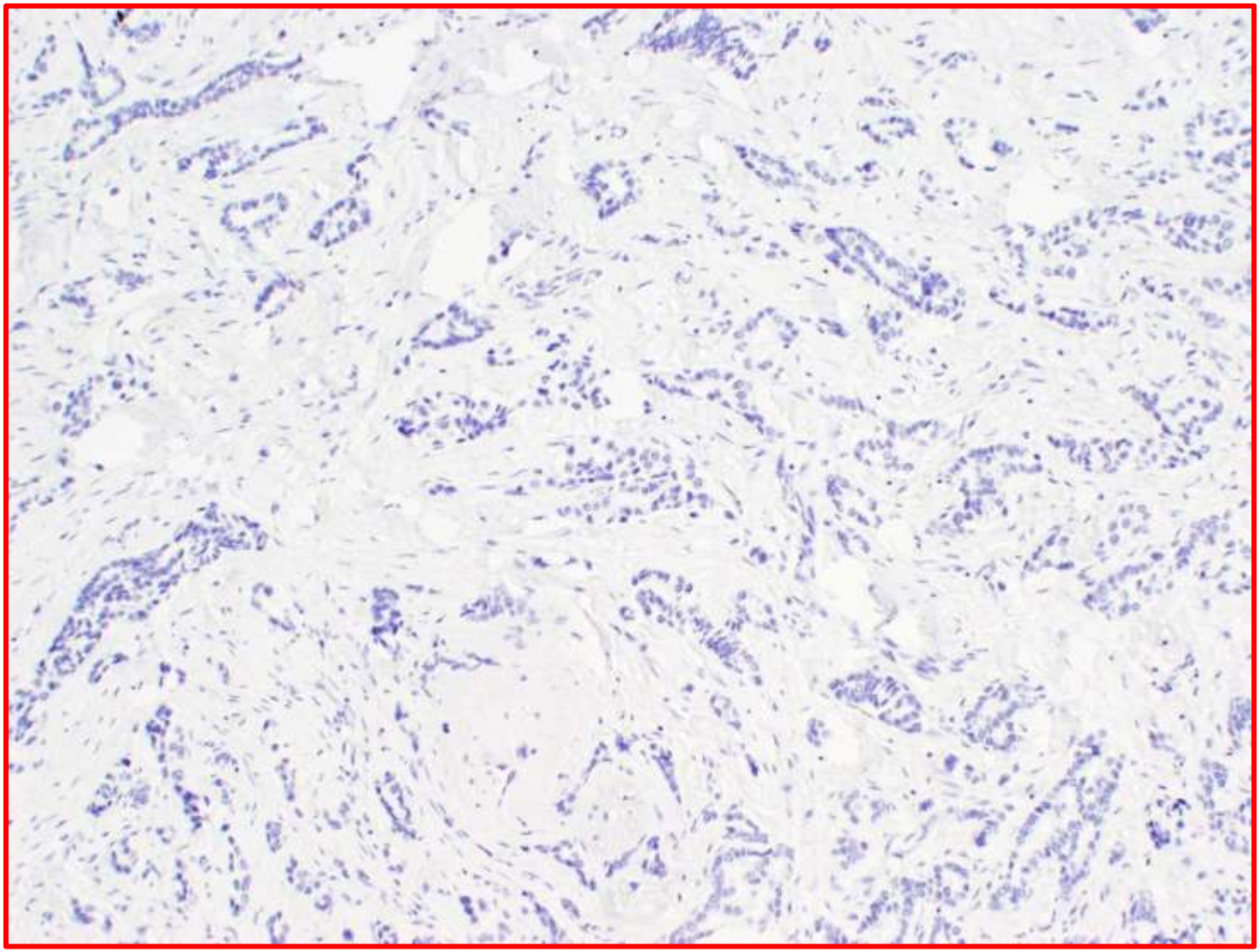


DIAGNÓSTICO DEFINITIVO

INFILTRACIÓN TUMORAL POR CA TUBULOLOBULILLAR DE ORIGEN MAMARIO.

AFECTACIÓN DE GS, 6 ADENOPATÍAS MÚSCULO ESTRIADO Y VENA YUGULAR

Ki 67



Seguimiento

- **1997:** neo mama T4, N1, neoadyuvancia y matectomía izquierda.
- **2002**: sensacion de cuerpo extraño a la deglución, bocio en tto con Tirodril, paaf nodulo dominante: mtx
- **2003** mastectomía dcha: mtx en un ganglio. Fibrosis mamaria
- **2004** : tumor parotideo
- **2005** progresión ganglionar cervical izda
- **2006** cefalea. RNM metátasis temporal dcha, mtx óseas. TAC: mtx hepáticas, pulmonares, ganglionares, óseas. Infitracion médula ósea

T. metastásicos en GS

- 5% t mg GS.
  - Parótida la más afectada 80% (4% t glandulares, 21-42% t mg parotídeos)

- *Origen:*
  - *80%: t. cutáneos de cabeza y cuello, sobre todo ca escamoso y melanoma.*
  - *20% son infraclaviculares*

- *Pueden ser*
  - *parenquimatosas o*
  - *mtx linfáticas a ganglios intraglandulares*
  - *Mtx hematógenas*

- *En orden descendente de frec la localización de t primario infraclavicular es: pulmón, riñón y mama*

Cuidado!

- Ca Escamoso mtx:
  - Metaplasia escamosa atipica en Warthin
  - Ca mucoepidermoide alto grado
  - Ca escamoso primario
- Adenocarcinoma mtx:
  - Carcinoma ductal
  - Ca polimorfo bajo grado
  - Carcinoma ex adenoma pleomorfo
  - Productores de mucina: ca adenoide quístico

- Ca Basocelular mtx
  - Adenoma cél basales
  - Adenoma pleomorfo celular
  - Adenocarcinoma cél basales
  - Ca adenoide quístico
  - Ca escamoso metastásico
  - Ca cél pequeña 1° o mtx
- Ca nasofaringeo mtx:
  - Linfoma 1°

Fine-N … asms Involv …

A Repo …

Cuanxian … rella, MD,[2] Jerr … Barbara …

Key Words: Ne …

We … be c … histo … mat … such … cell … cert … al … c …

Table 1
Clinical Data and Cytologic Diagnosis of Fine-Needle Aspiration (FNA) Specimens of Neoplasms Secondarily Involving the Salivary Glands

Patient No./Sex/Age (y)	History	Salivary Gland	Cytologic Diagnosis	Surgical Resection*	Histologic Diagnosis
1/M/83	Adenocarcinoma, nose	Parotid	Adenocarcinoma	ND	NA
2/F/66	Adenocarcinoma, lung	Submandibular	Adenocarcinoma	Resection	Moderately differentiated adenocarcinoma
3/M/60	Adenocarcinoma, lung	Parotid	Adenocarcinoma	ND	NA
4/F/70	Adenocarcinoma, breast	Parotid	Adenocarcinoma	ND	NA
5/F/35	Basal cell carcinoma, cheek	Parotid	Neoplasm† with basal cell features	Resection	Secondary basal cell carcinoma
6/M/83	Squamous cell carcinoma, ear	Parotid	Squamous cell carcinoma	ND	NA
7/M/77	Squamous cell carcinoma, forehead	Parotid	Squamous cell carcinoma	Resection	Squamous cell carcinoma
8/F/65	Squamous cell carcinoma, cheek	Submandibular	Squamous cell carcinoma	ND	NA
9/F/71	Squamous cell carcinoma, scalp	Submandibular	Squamous cell carcinoma	Resection	Squamous cell carcinoma
10/M/47	Undifferentiated carcinoma, nasopharynx	Parotid	Undifferentiated carcinoma	ND	NA
11/M/57	Melanoma, ear	Parotid	Melanoma	Resection	Melanoma
12/F/29	Melanoma, neck	Parotid	Melanoma	Resection	Melanoma
13/M/84	Melanoma, face	Parotid	Melanoma	Resection	Melanoma
14/M/55	Melanoma, face	Parotid	Melanoma	ND	NA
15/M/78	Melanoma, scalp	Parotid	Melanoma	ND	NA
16/M/74	Melanoma, face	Parotid	Melanoma	ND	NA
17/M/81	Melanoma, forehead	Parotid	Melanoma	Resection	Melanoma
18/F/77	Melanoma, forehead	Parotid	Melanoma	ND	NA
19/M/62	Melanoma, head and neck regions	Parotid	Melanoma	ND	NA
20/M/49	Melanoma, forehead	Parotid	Negative	Resection	Desmoplastic melanoma
21/M/53	Osteosarcoma, maxilla	Parotid	Osteosarcoma	ND	NA
22‡/M/19	Osteosarcoma, mandible	Parotid/ submandibular	Osteosarcoma	Resection	Osteosarcoma
23/M/59	Multiple myeloma	Parotid	Multiple myeloma	ND	NA
24†/F/83	Multiple myeloma	Parotid	Multiple myeloma	ND	NA
25†/M/82	Chronic lymphocytic leukemia	Parotid	Chronic lymphocytic leukemia	ND	NA
26/F/27	Lymphoblastic lymphoma of breast	Parotid	Lymphoblastic lymphoma	ND	NA
27/M/60	Lymphoplasmacytoid lymphoma	Parotid	Malignant lymphoma	ND	NA
28/M/84	Lymphoma, small cleaved cell type	Parotid	Malignant lymphoma	ND	NA
29/M/53	Lymphoma, mixed small and large cell type	Parotid	Malignant lymphoma	Resection	Lymphoma, mixed small cell and large type
30/F/89	Lymphoma, mixed small and large cell type	Parotid	Malignant lymphoma	ND	NA
31‡†/M/57	Lymphoma, mixed small and large cell type	Bilateral parotid	Malignant lymphoma	ND	NA
32/F/63	Lymphoma, large cell type	Parotid	Malignant lymphoma	ND	NA
33/M/69	Lymphoma, large cell type	Parotid	Malignant lymphoma	ND	NA
34/M/72	Lymphoma, large cell type	Parotid	Malignant lymphoma	ND	NA

ND, not done; NA, not available.
* FNA diagnoses were confirmed by comparison of the FNA specimen with previous surgical or cytologic specimens in 18 cases; 11 cases were confirmed by subsequent resection of the salivary gland lesions.
† Results of ancillary studies performed for 4 patients were as follows: patient 4, immunopositive for estrogen and progesterone receptors; patient 24, flow cytometry: light chain restriction; patient 25, flow cytometry: light chain restriction and CD5+; and patient 31, flow cytometry: light chain restriction.
‡ Two FNA specimens were available from different salivary glands.

Tener en cuenta

- Importante su distinción del resto de Ca alto grado por la implicación clínica y terapéutica
- Difícil el DD citológico:
  - Mtx Ca ductal/ Ca ductal 1° Gs
- **IMPRESCINDIBLE Hº CLÍNICA**
- Clave: comparación de la morfología actual con el tumor 1°


Muchas gracias