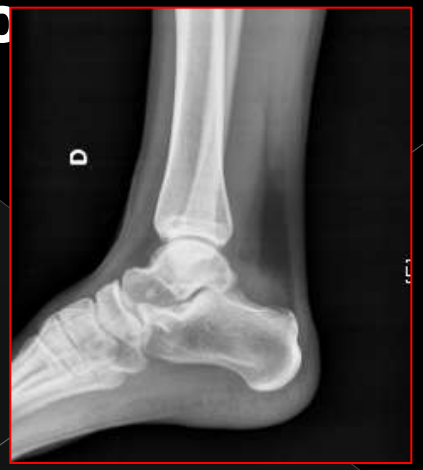
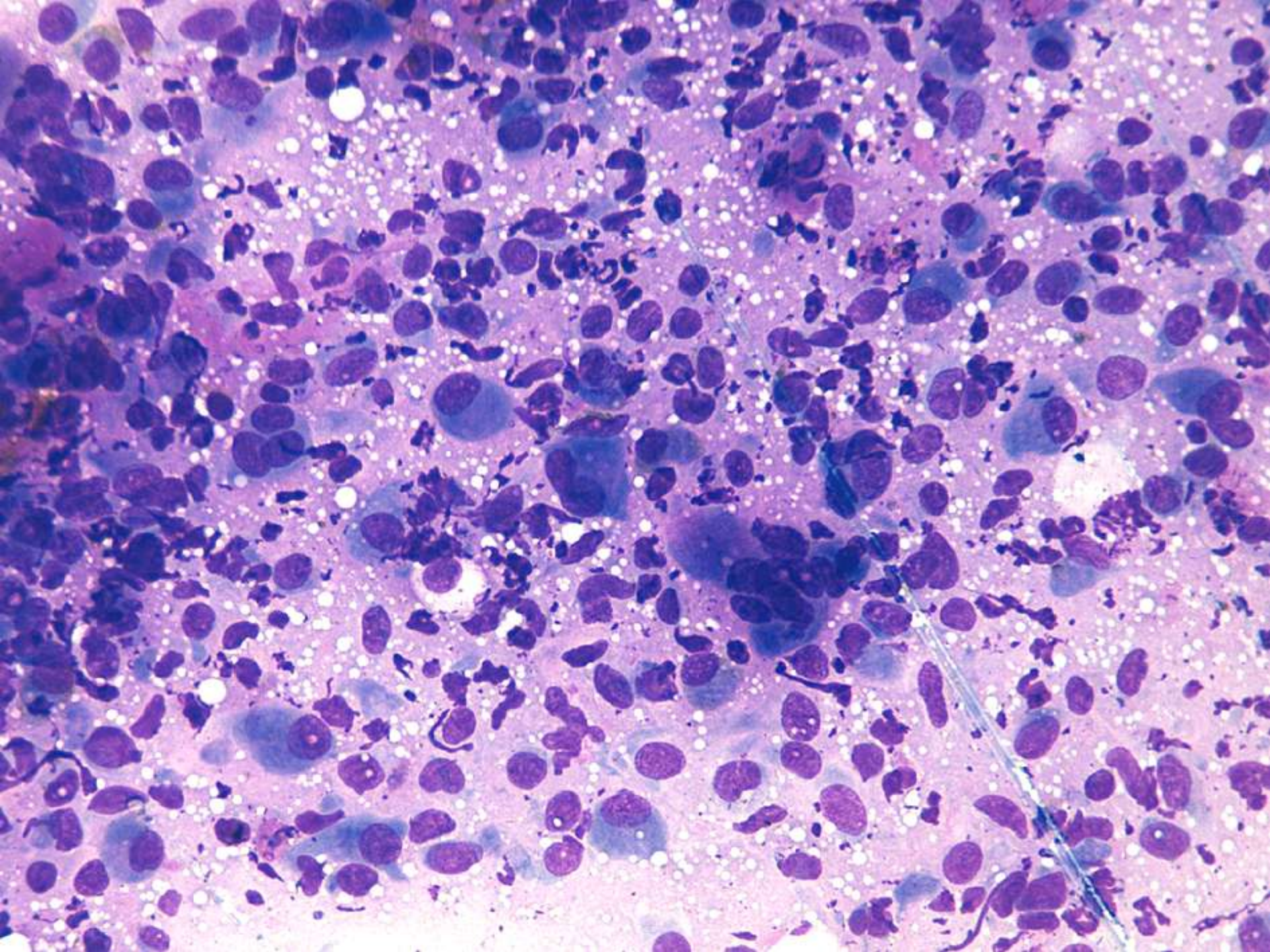
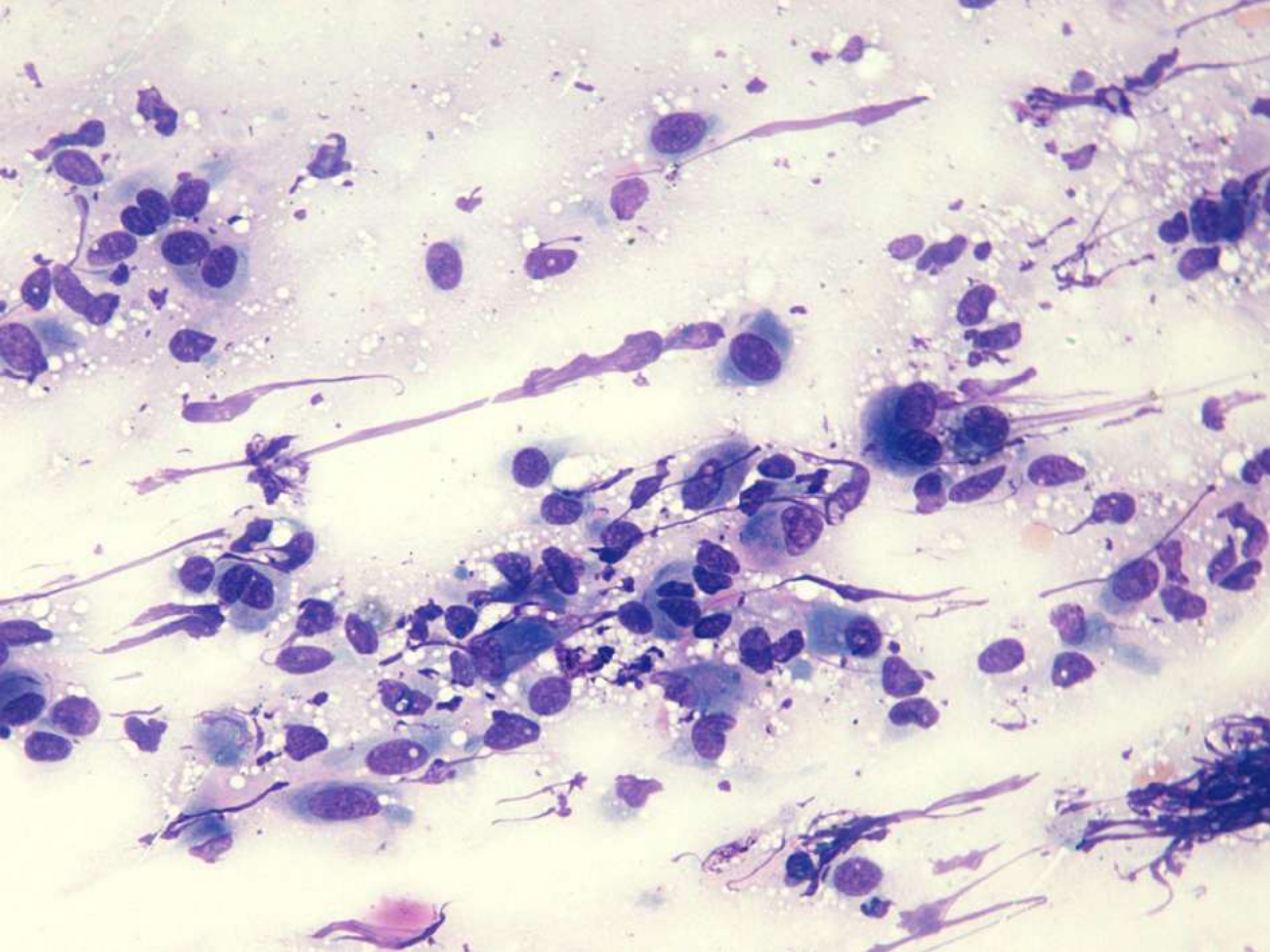
SEMINARIO DE CITOLOGÍA

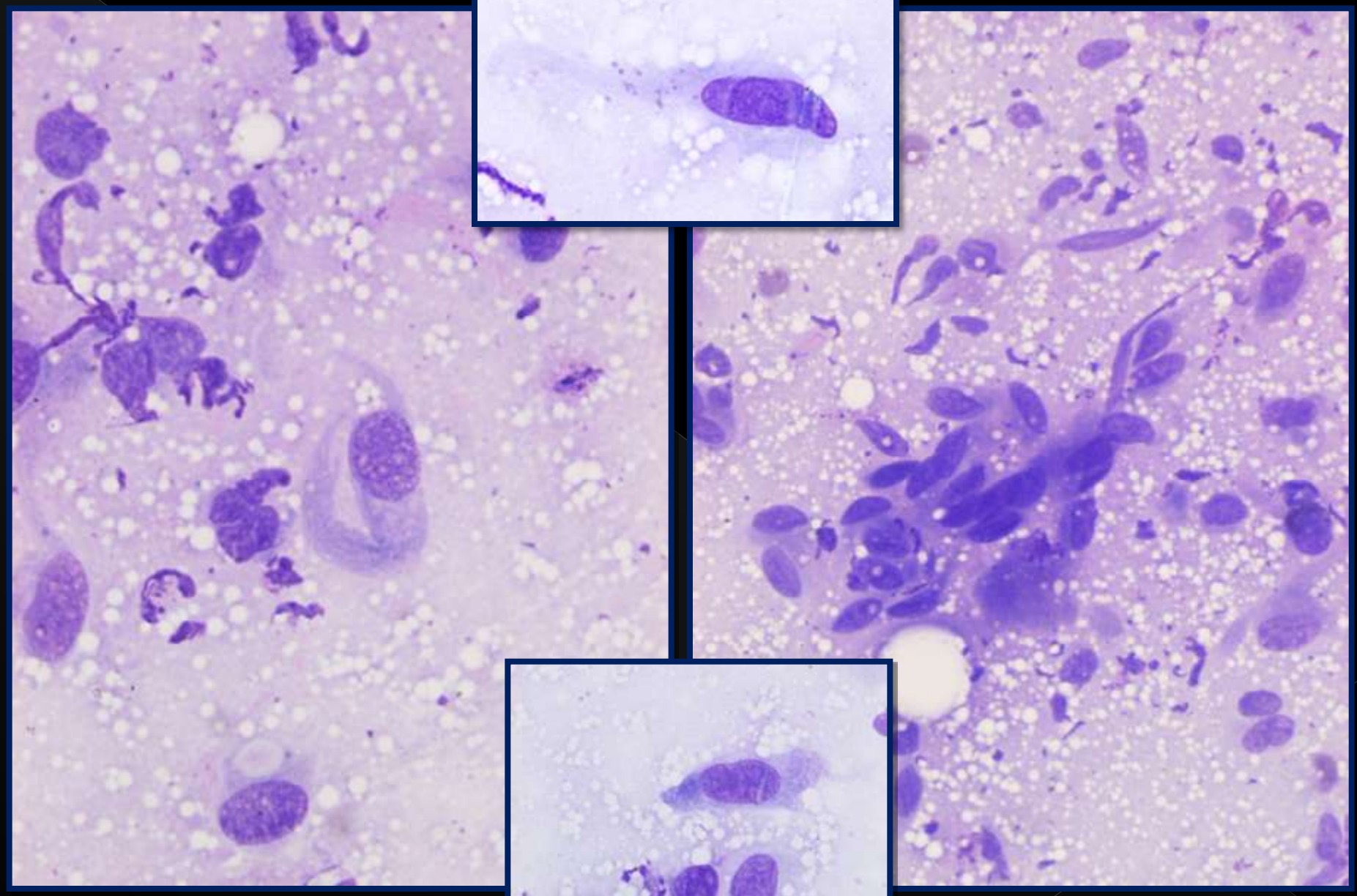
HISTORIA CLÍNICA

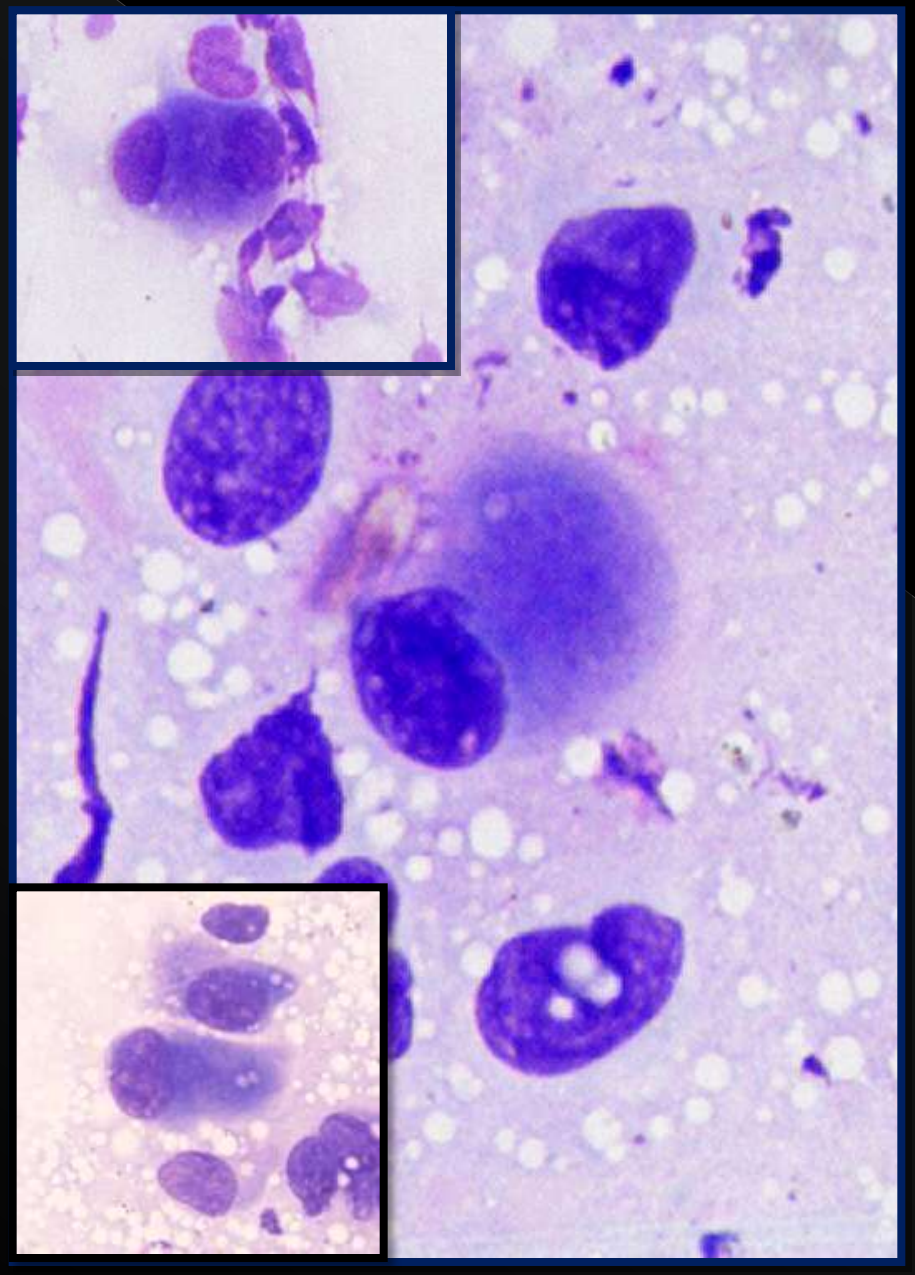
- Niña de 10 años de edad.
- Tumoración de tobillo derecho de 6 meses. No trauma anterior.
- **RMN:** Tumor sólido con realce periférico de 3 x 2cm en zona retromaleolar con extensión a región retroastragalina y craneal al calcáneo, con remodelación del mismo.

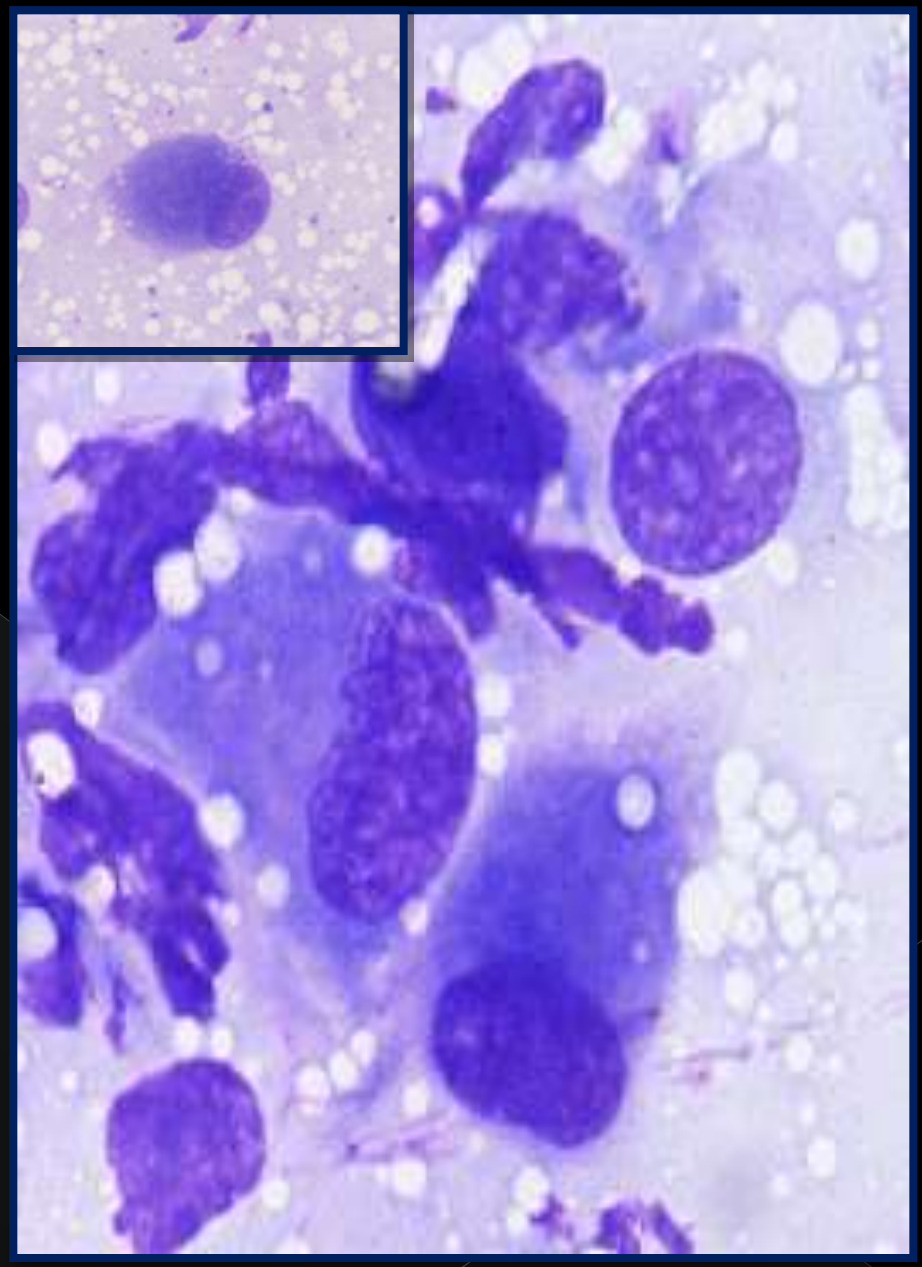


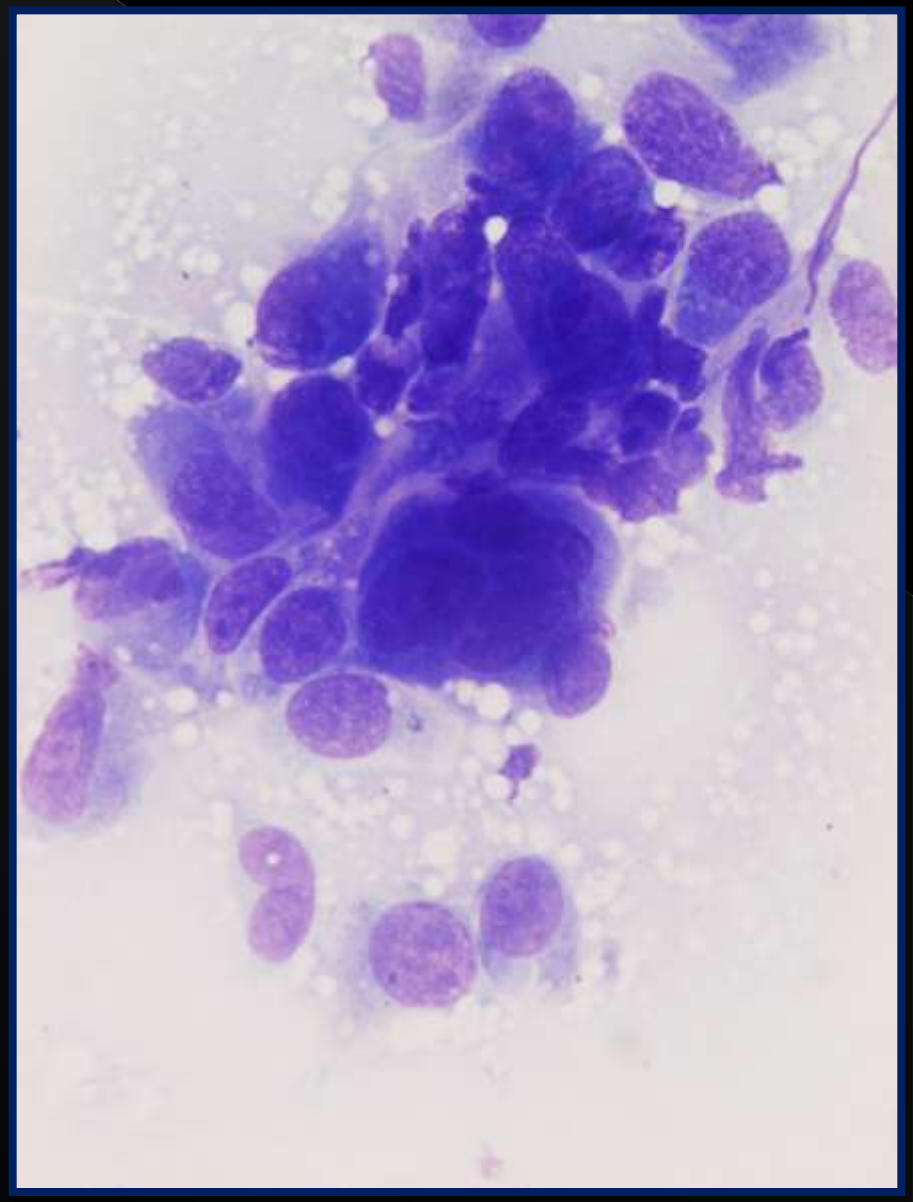


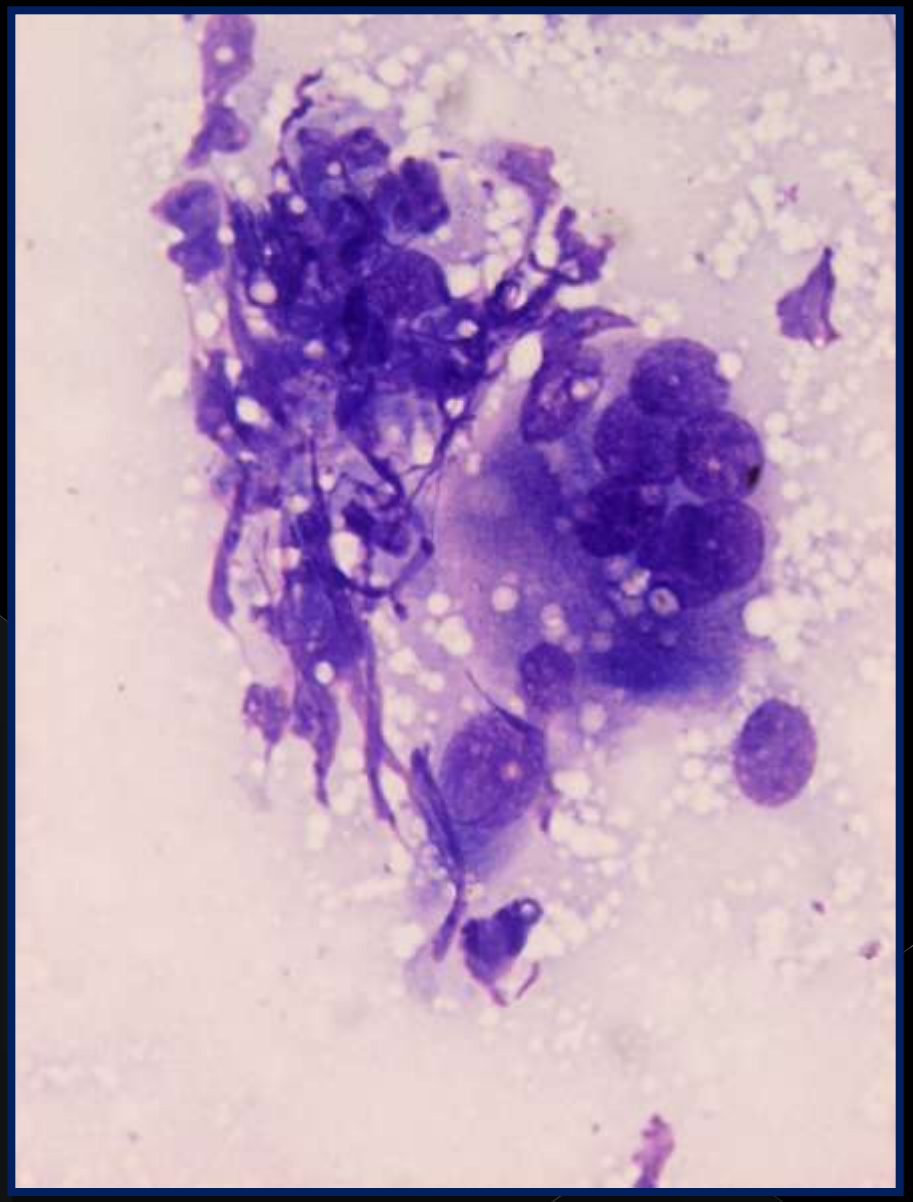


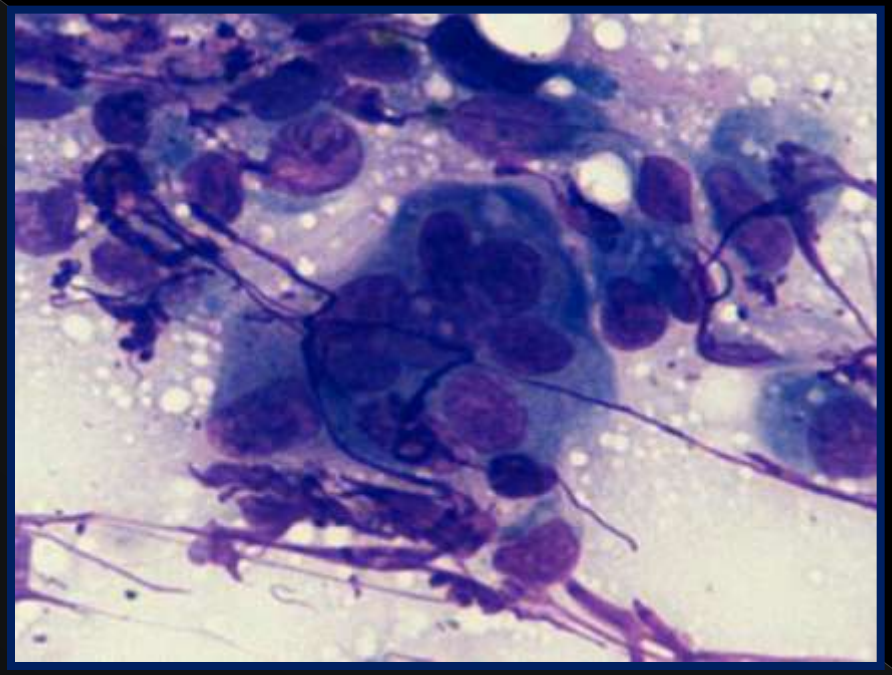
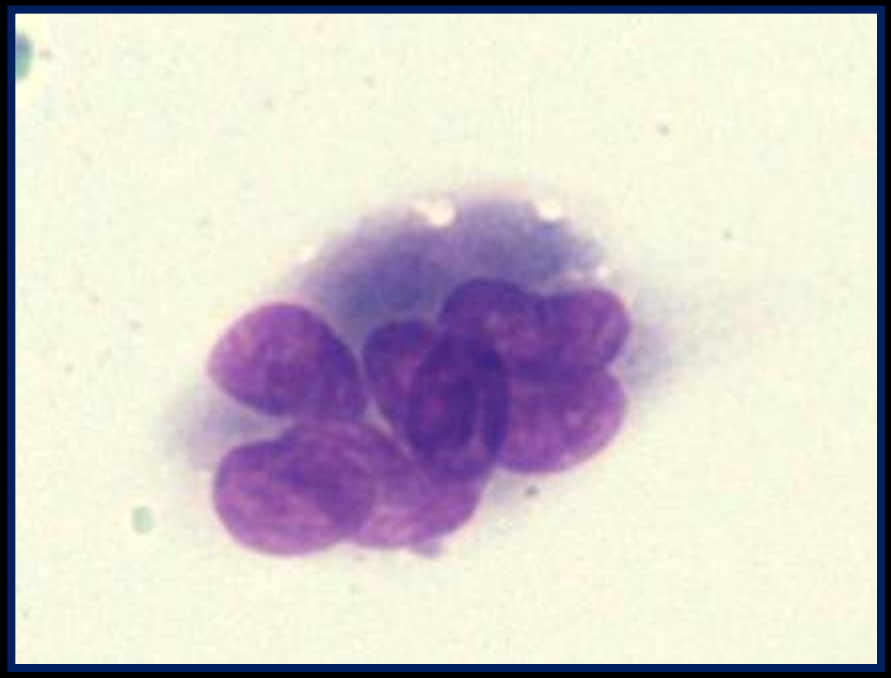
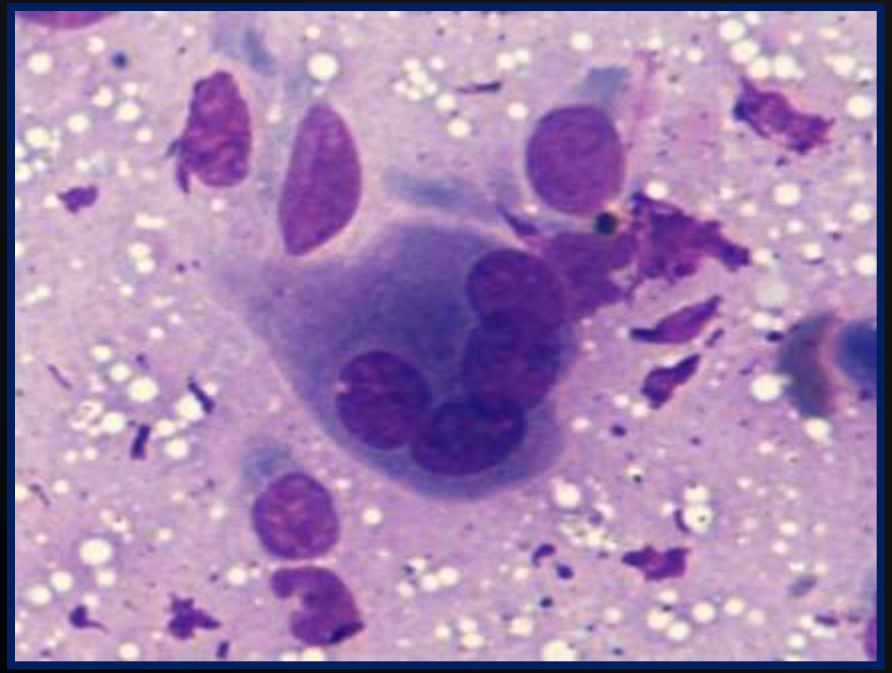
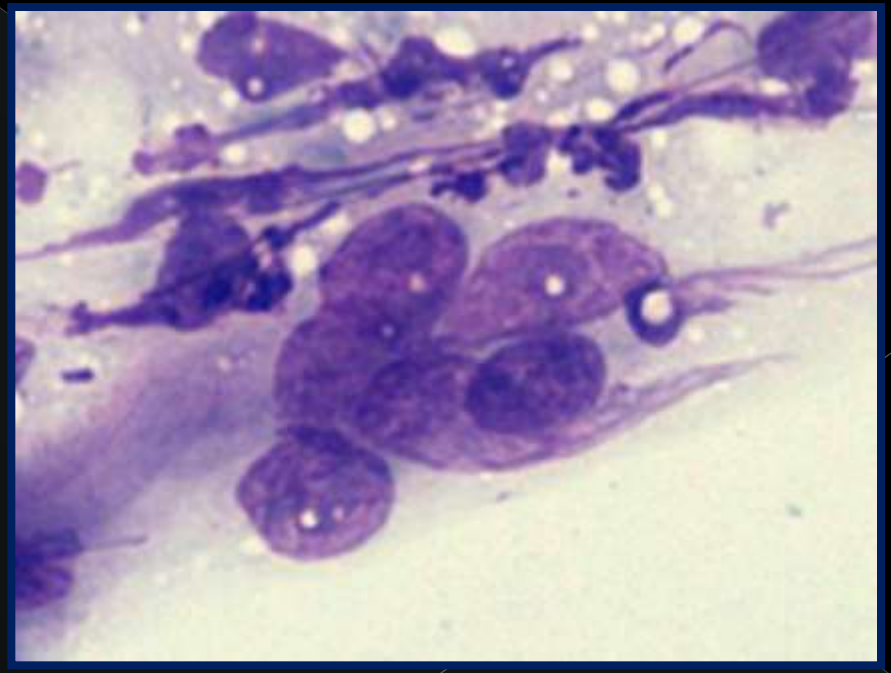


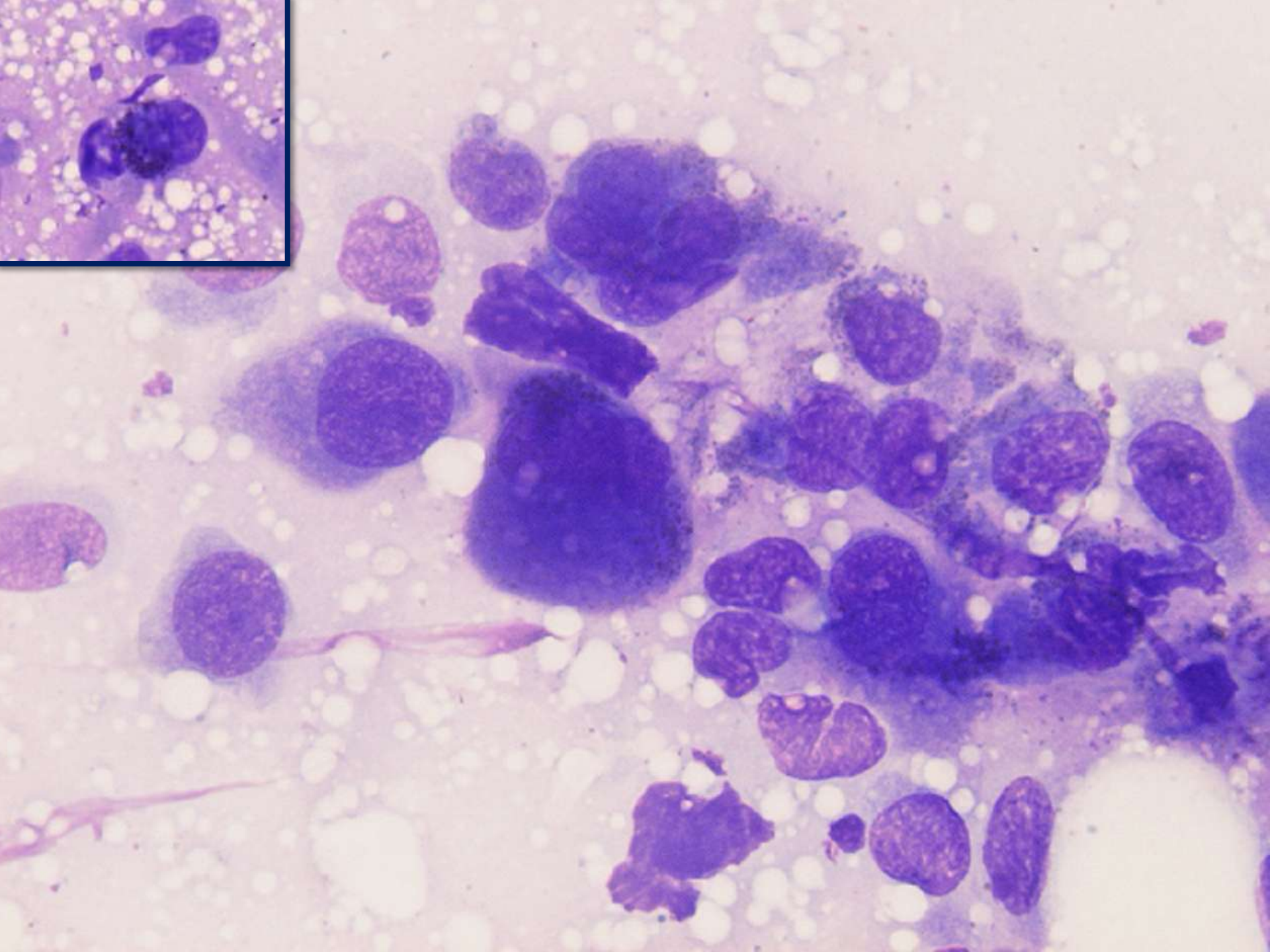


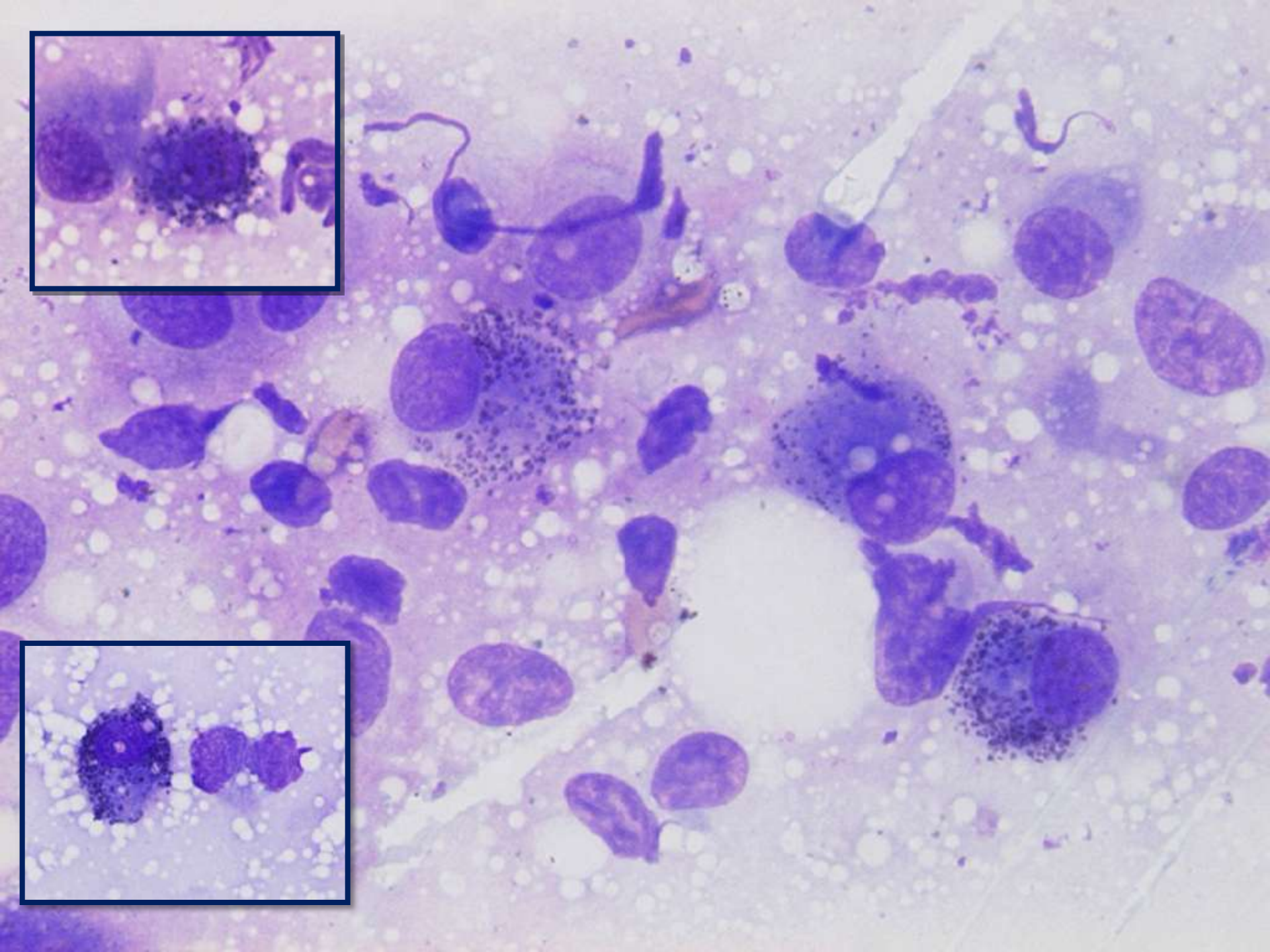


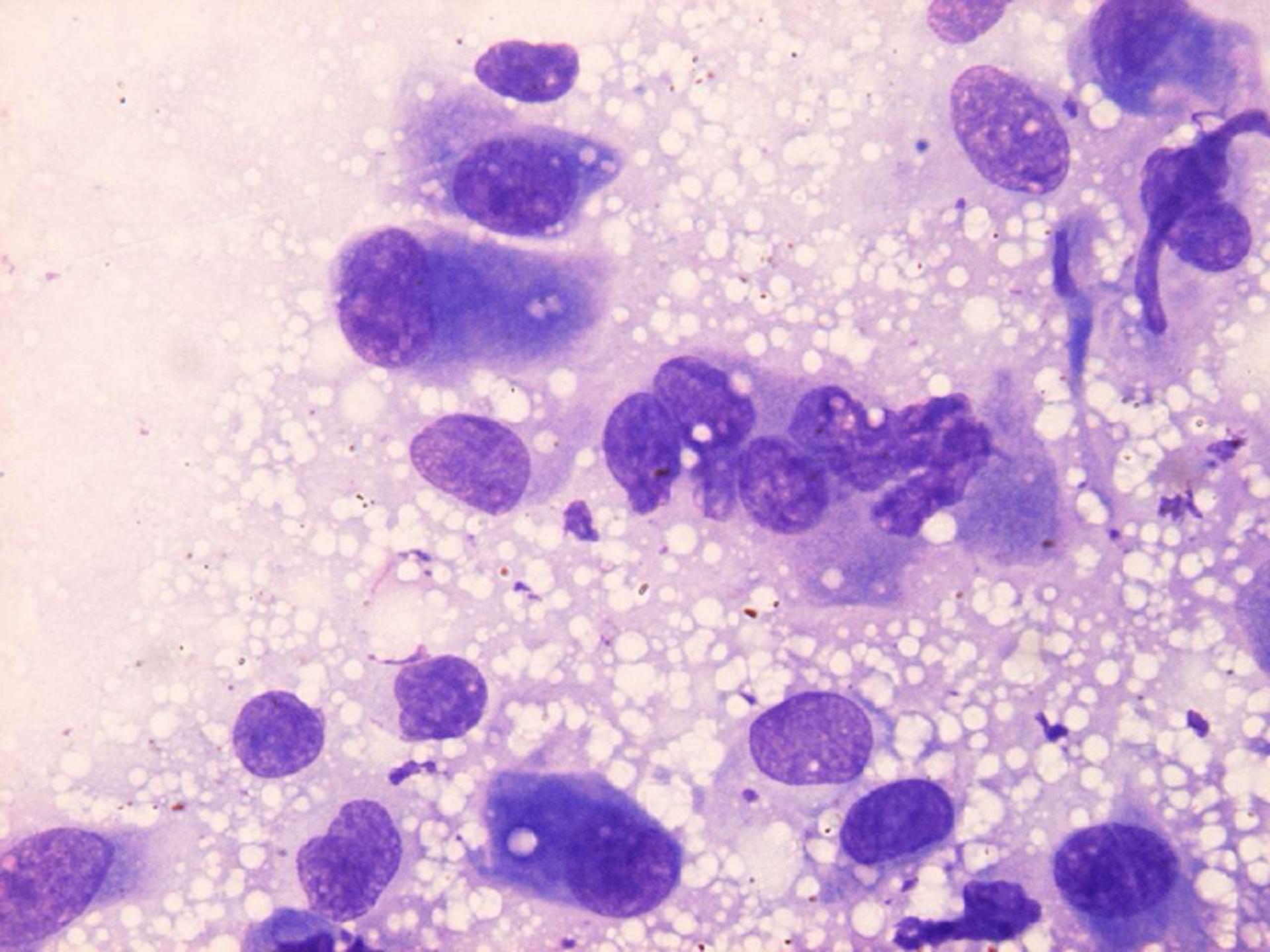


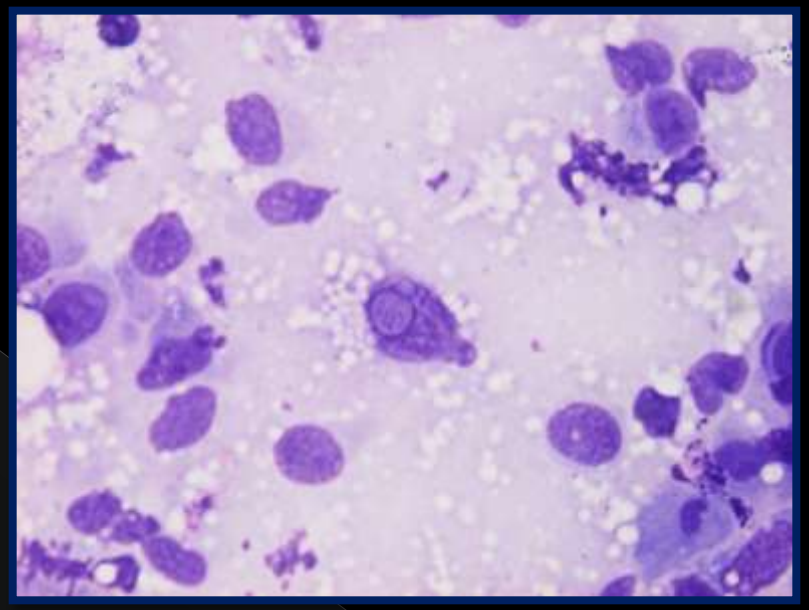


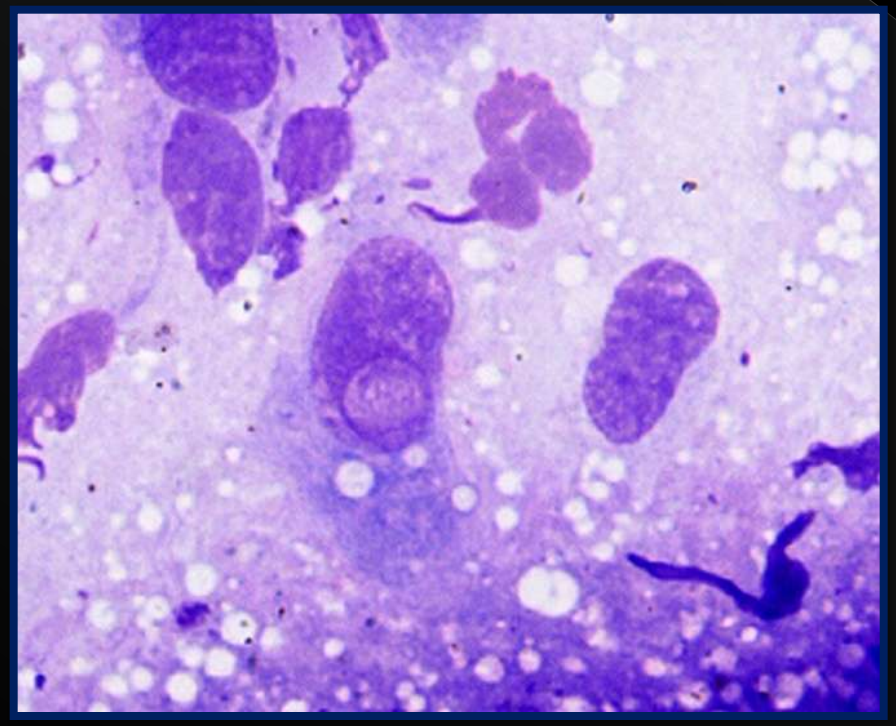





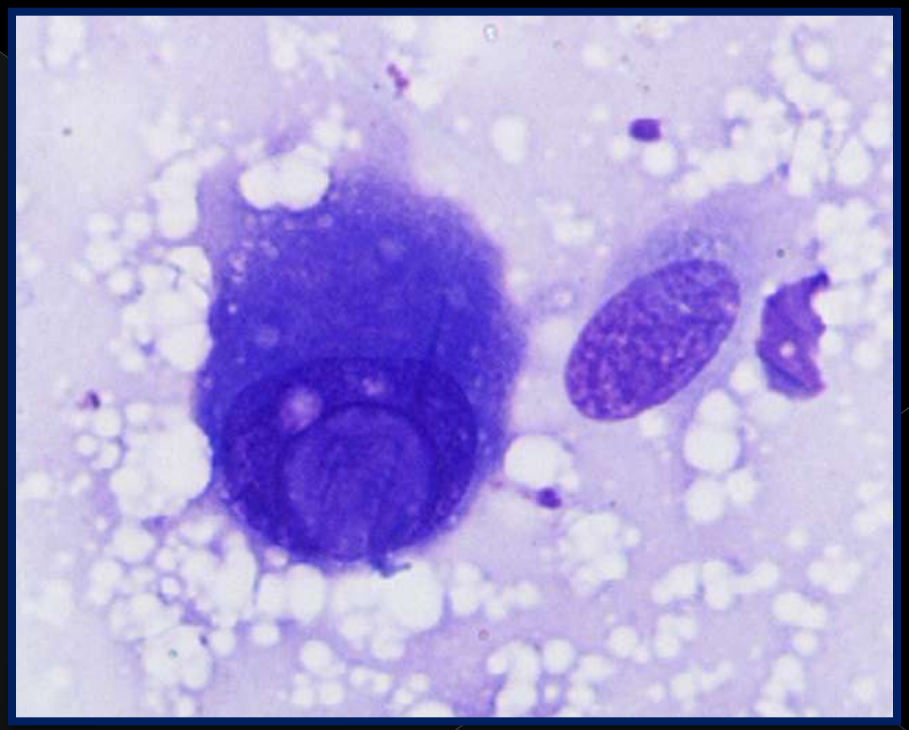


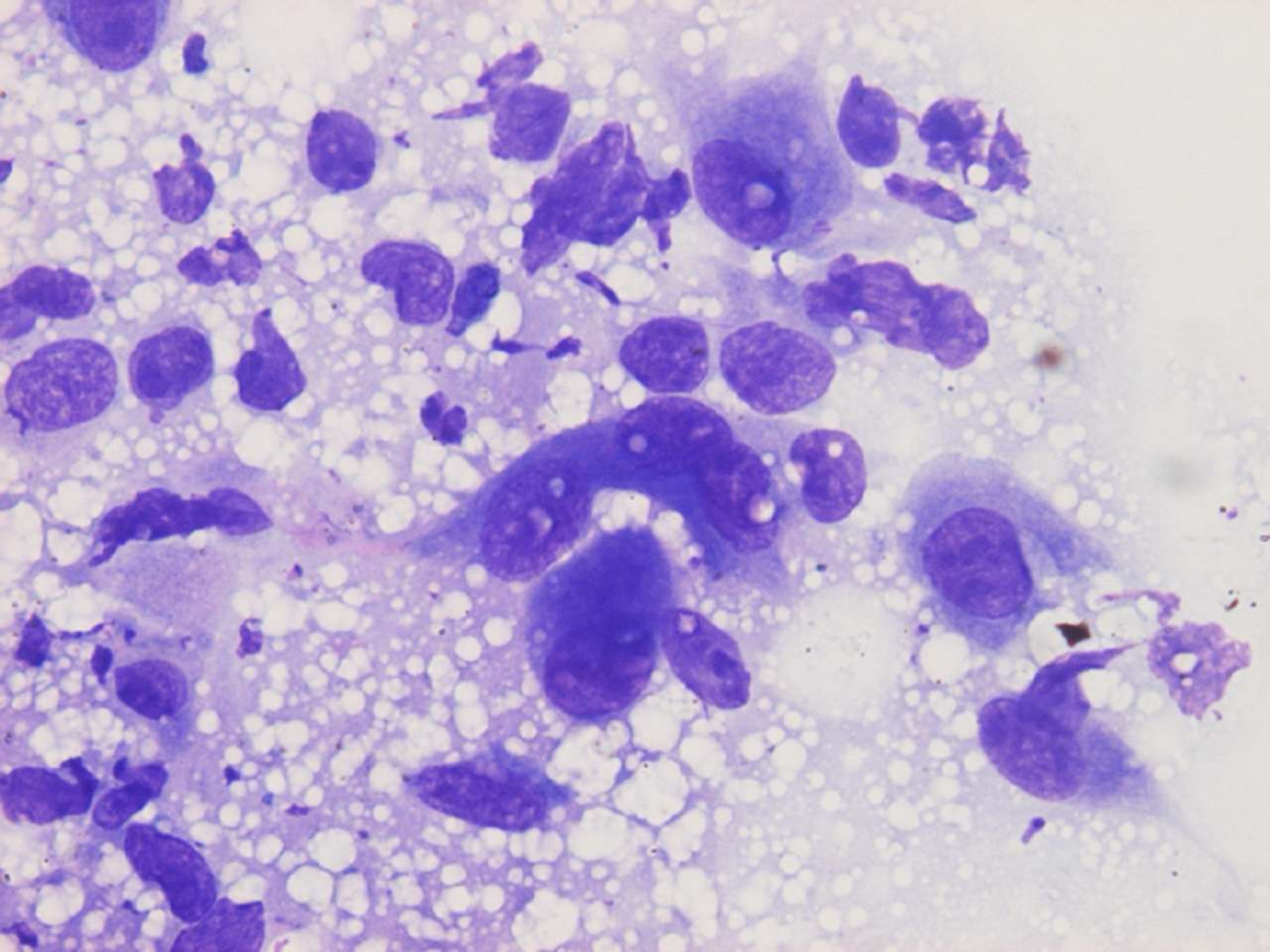


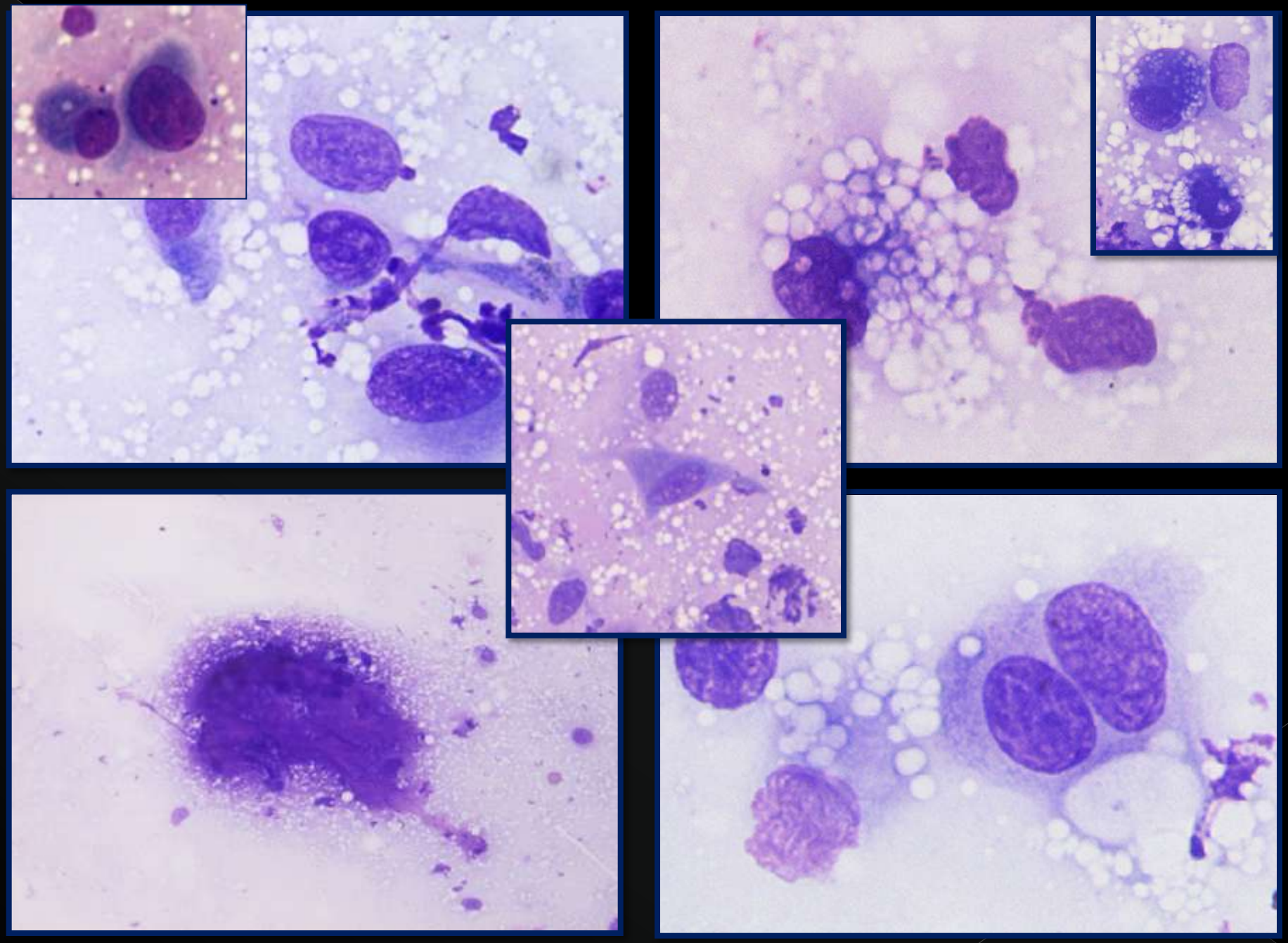












DIAGNÓSTICO

1. Sarcoma de células gigantes de bajo potencial de malignidad
2. Melanoma
3. Tumor de células gigantes de vainas tendinosas
4. Sarcoma epitelioide

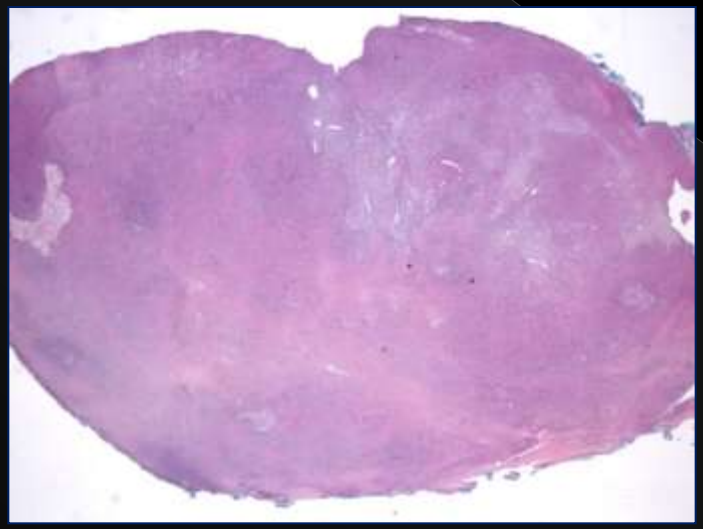
DIAGNÓSTICO

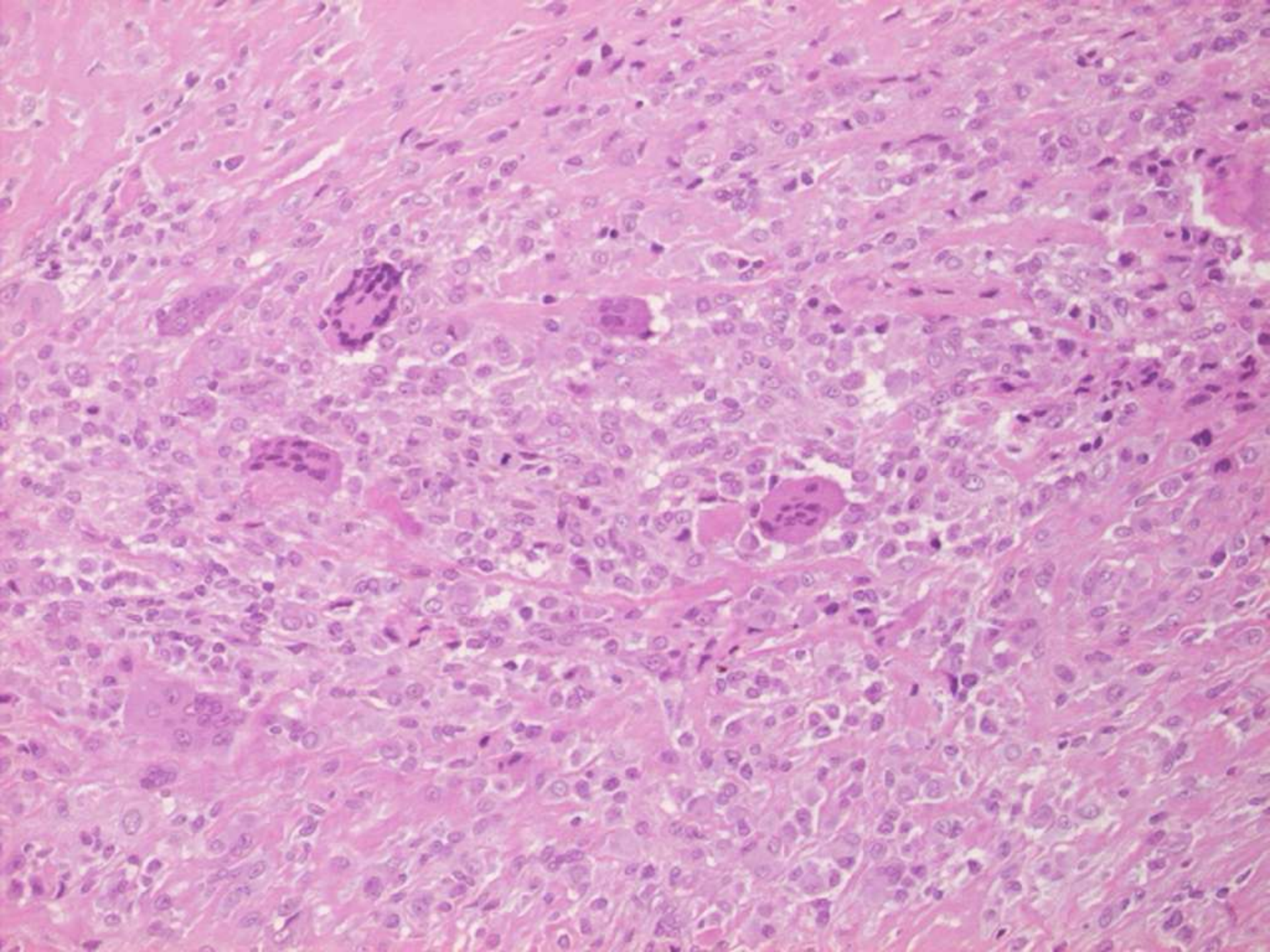
PAAF PARTES BLANDAS:

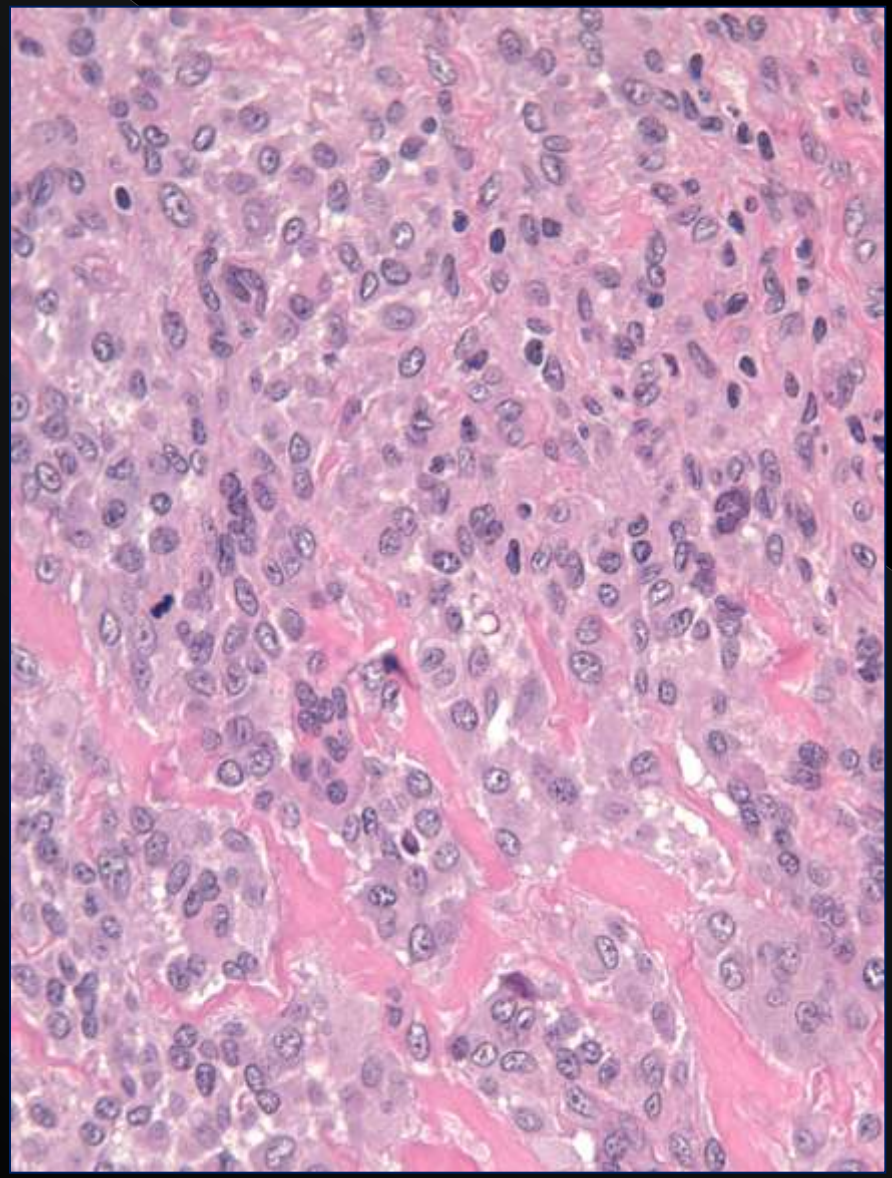
TUMOR MESENQUIMAL DE BAJO GRADO CON CÉLULAS GIGANTES

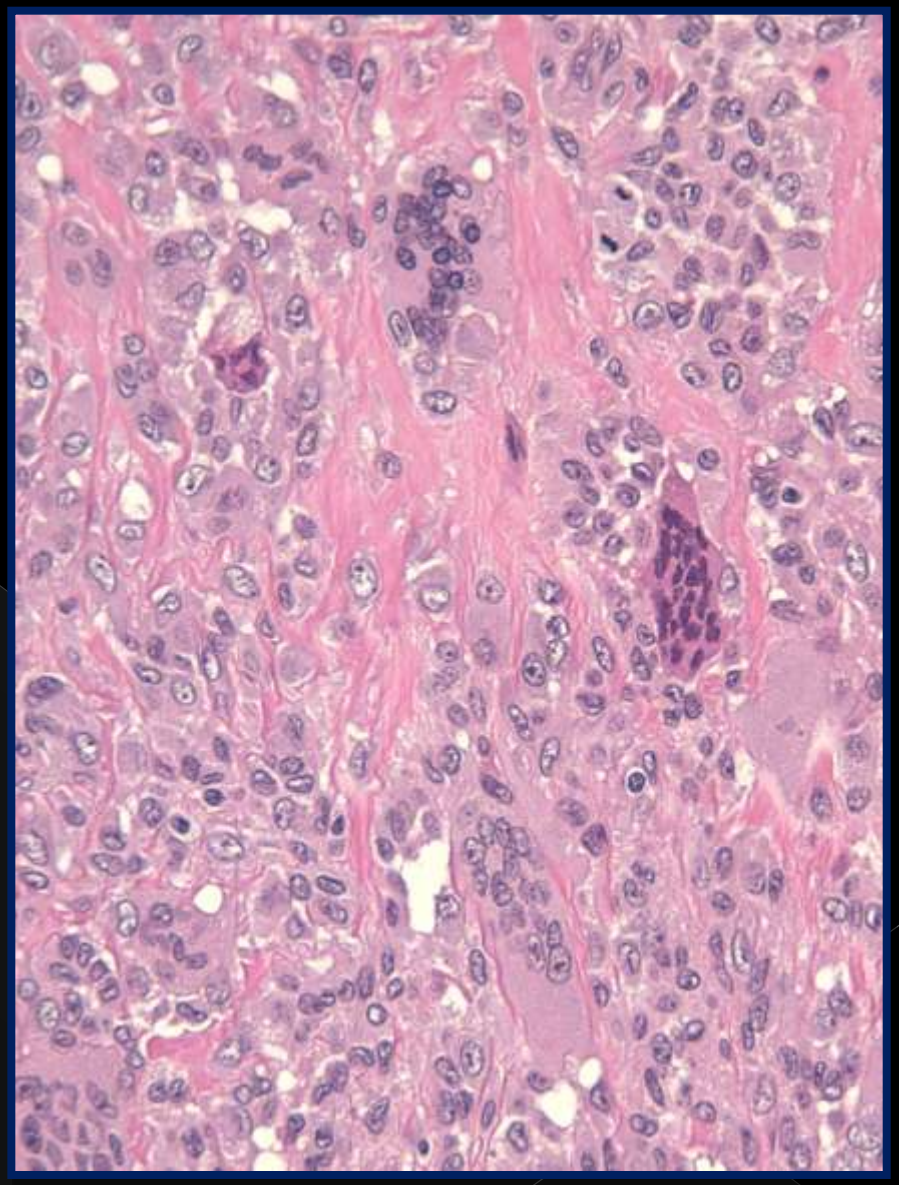
ESTUDIO MACROSCÓPICO

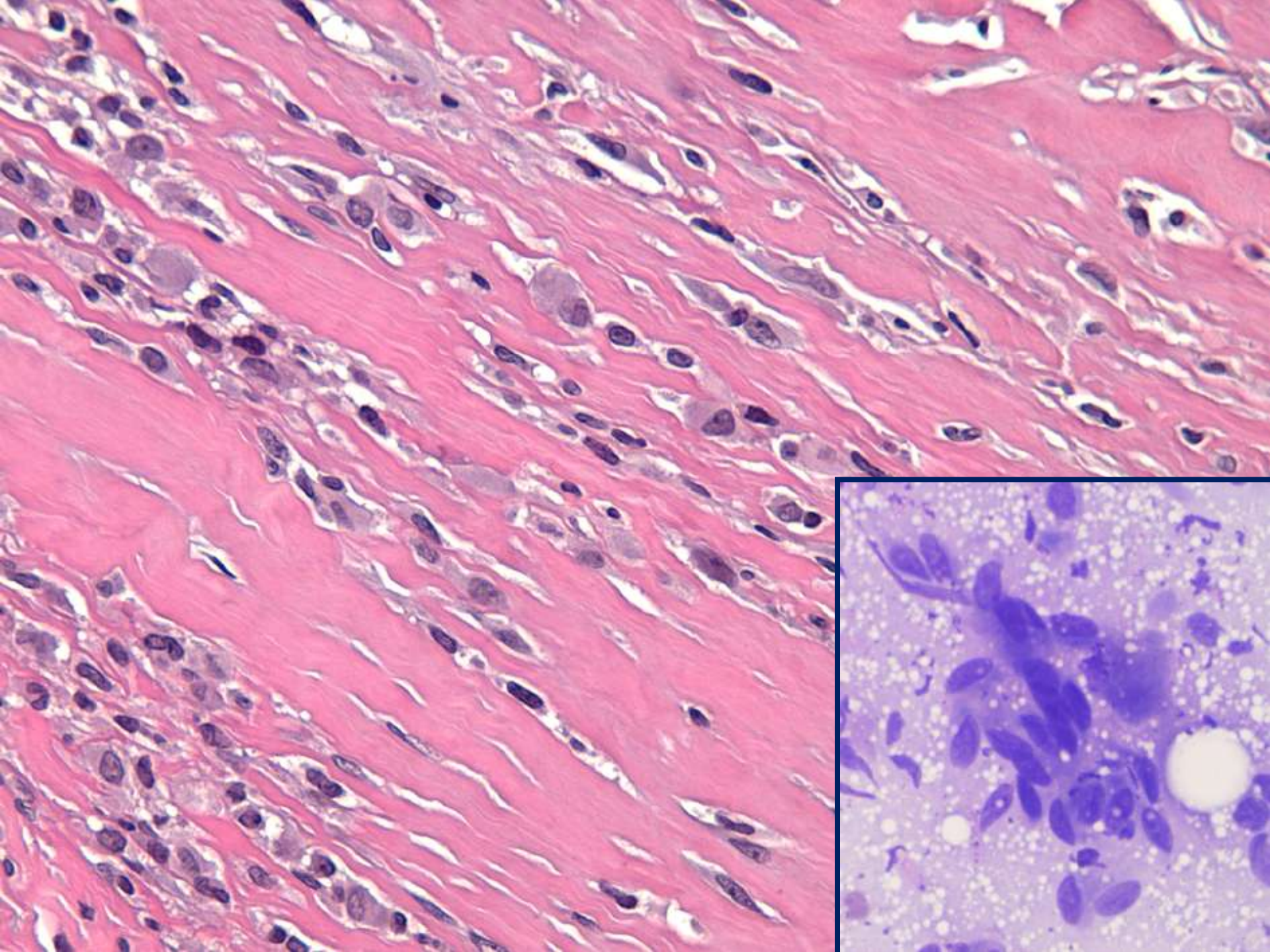
- Nódulo bien delimitado de 2.8 cm
- Superficie de corte homogénea
- Consistencia firme

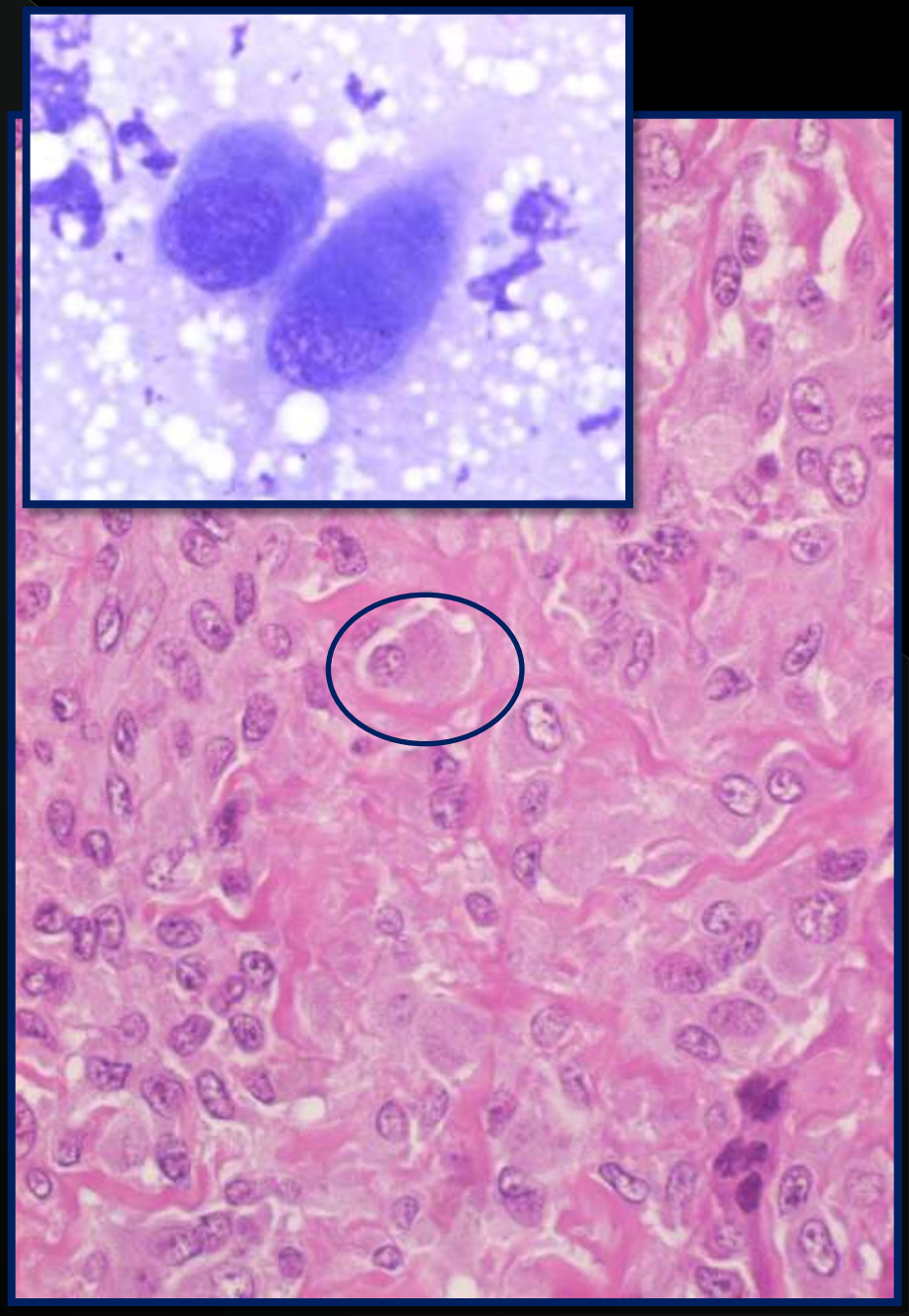


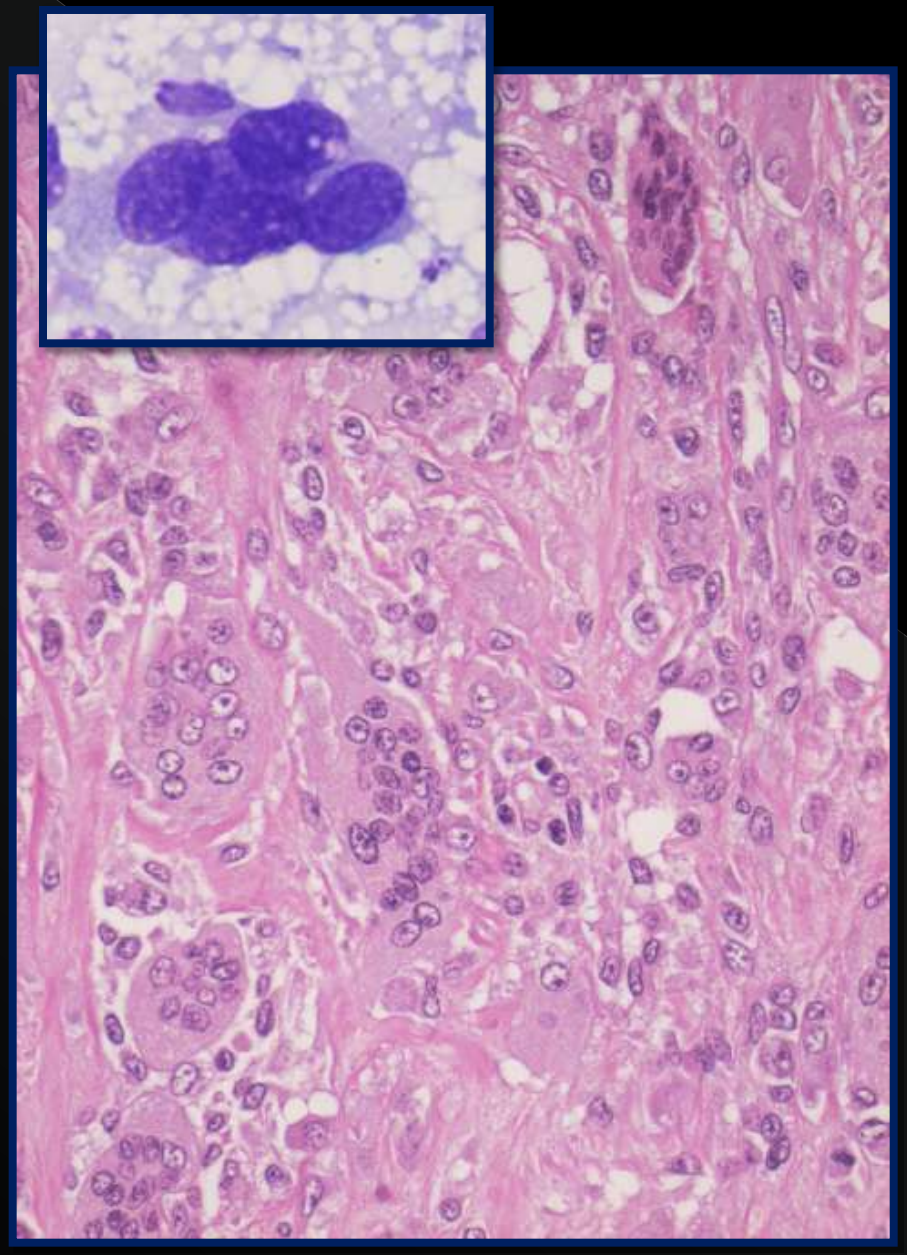


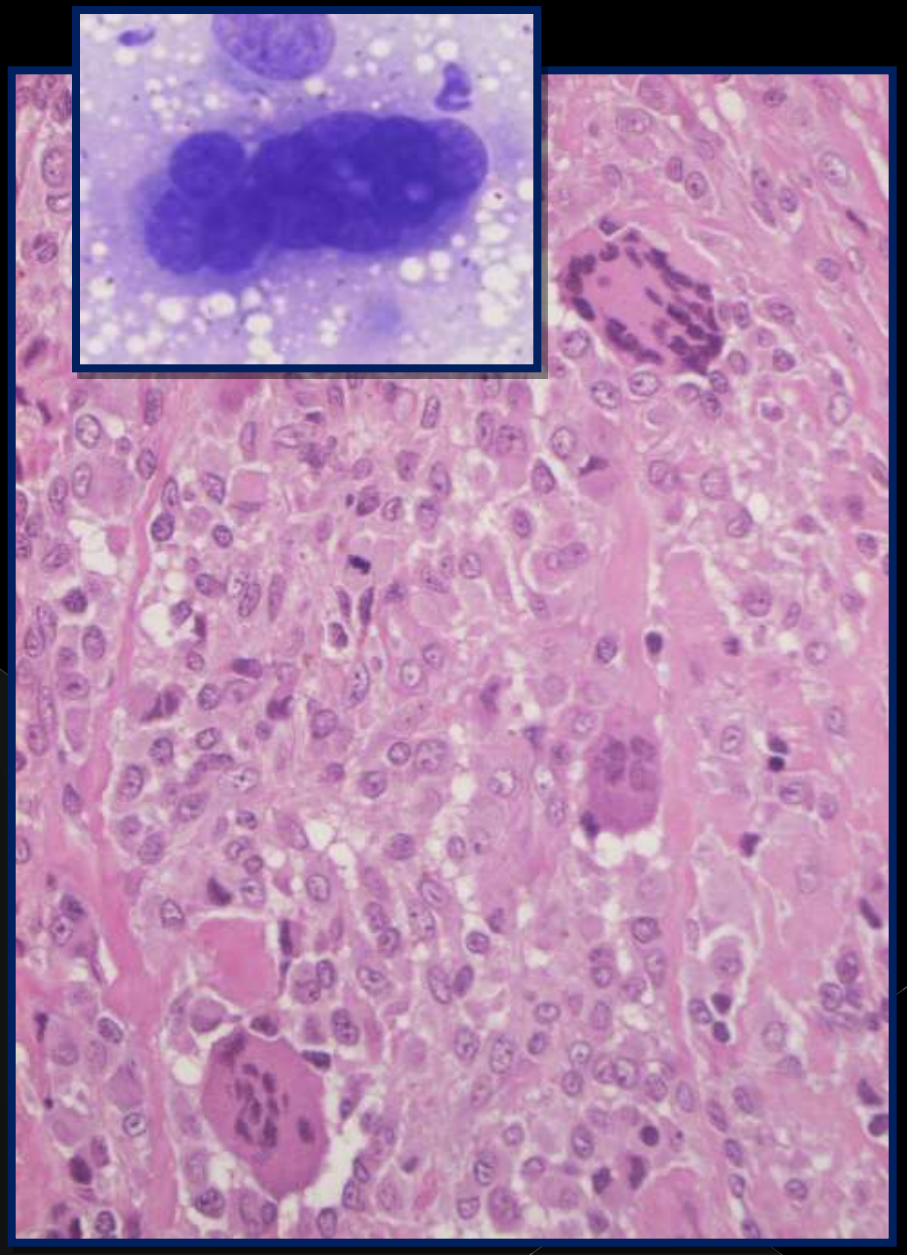


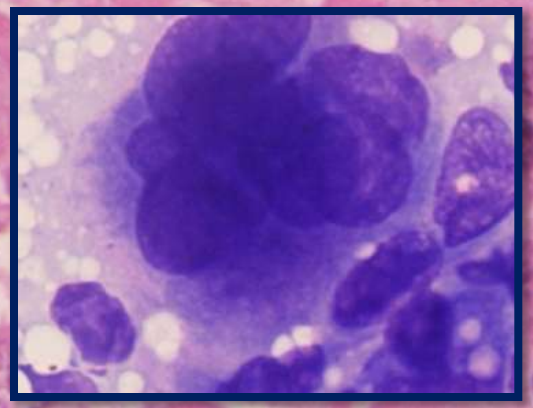


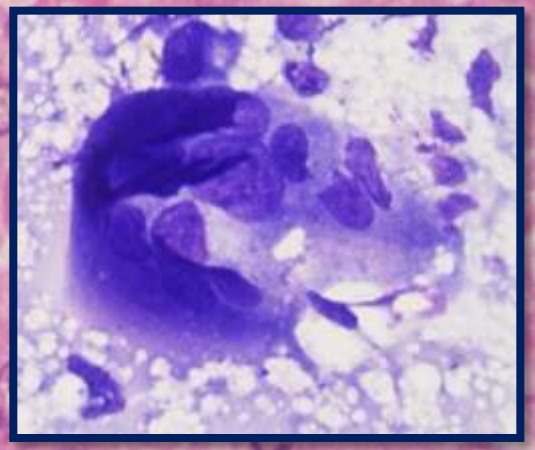


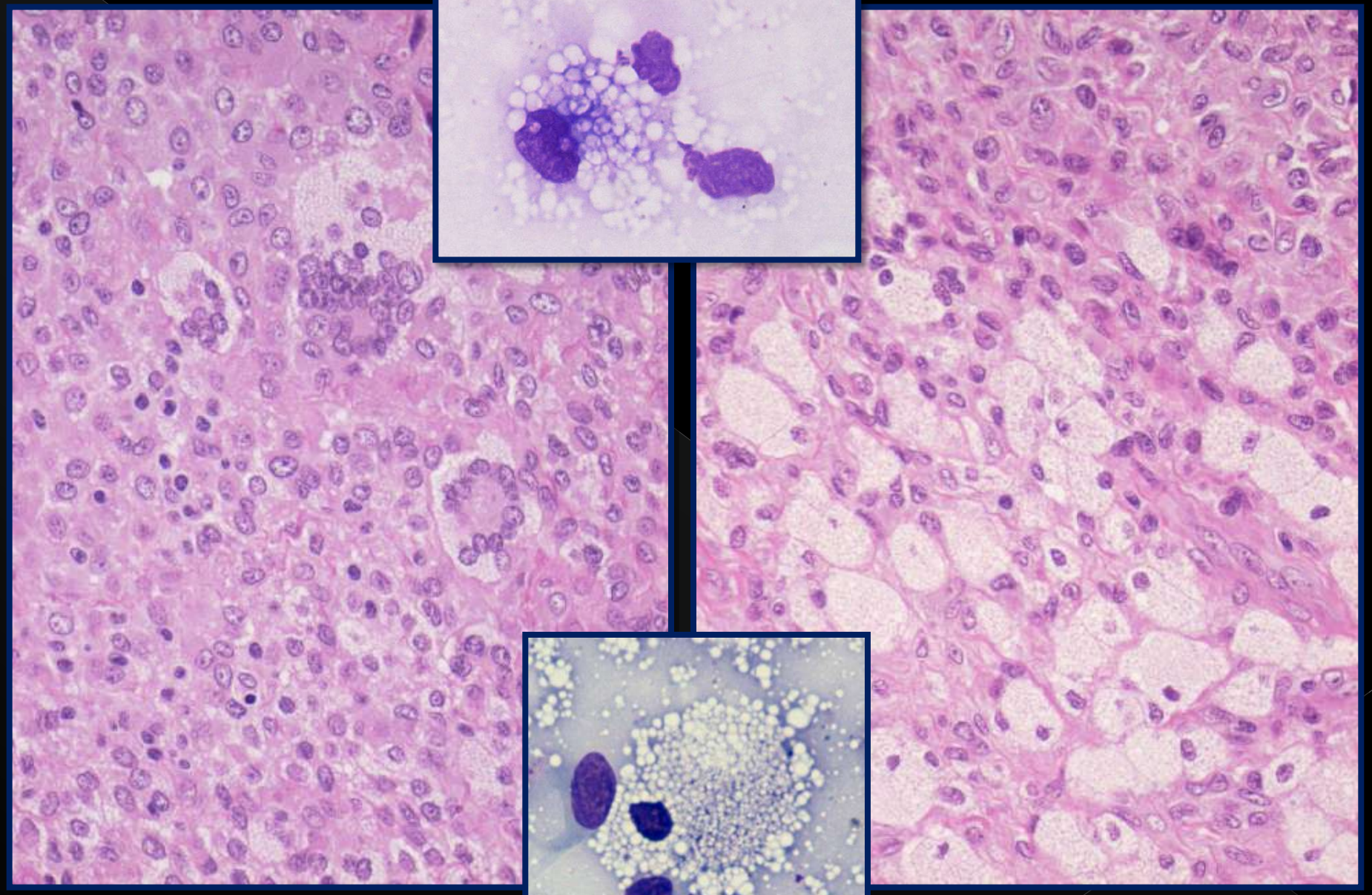


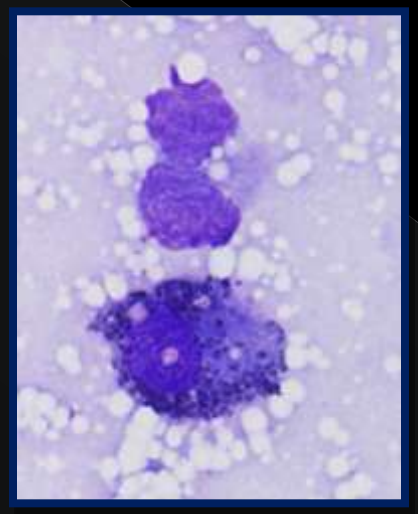


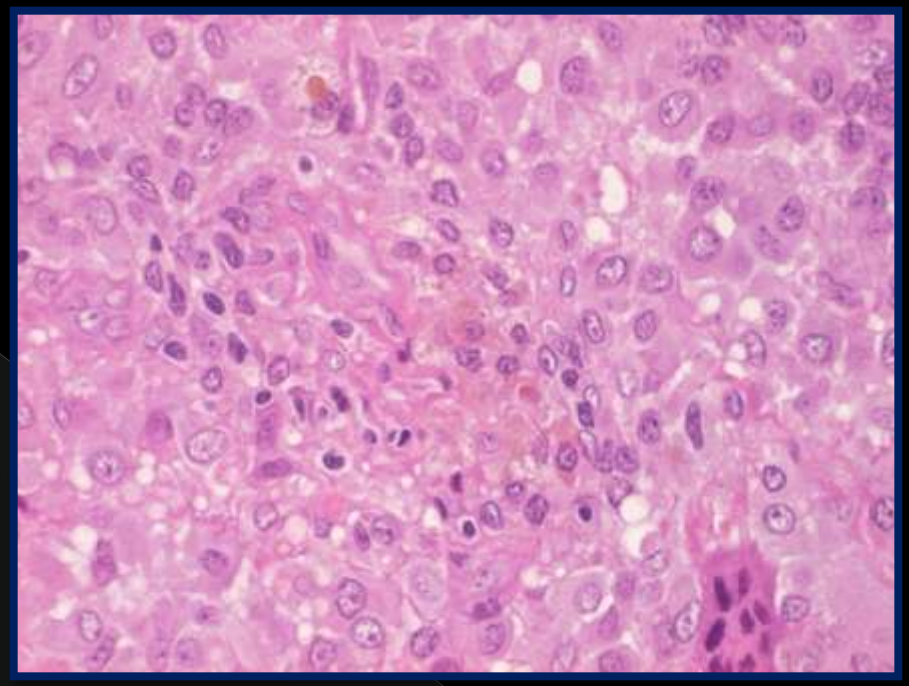


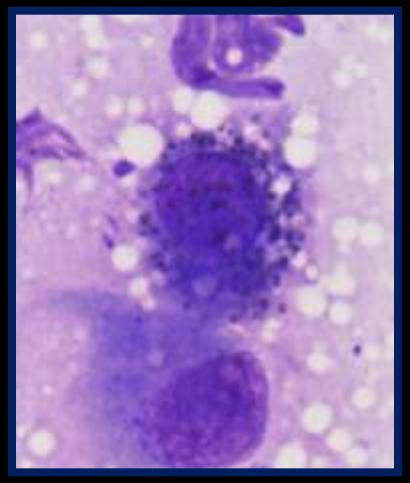


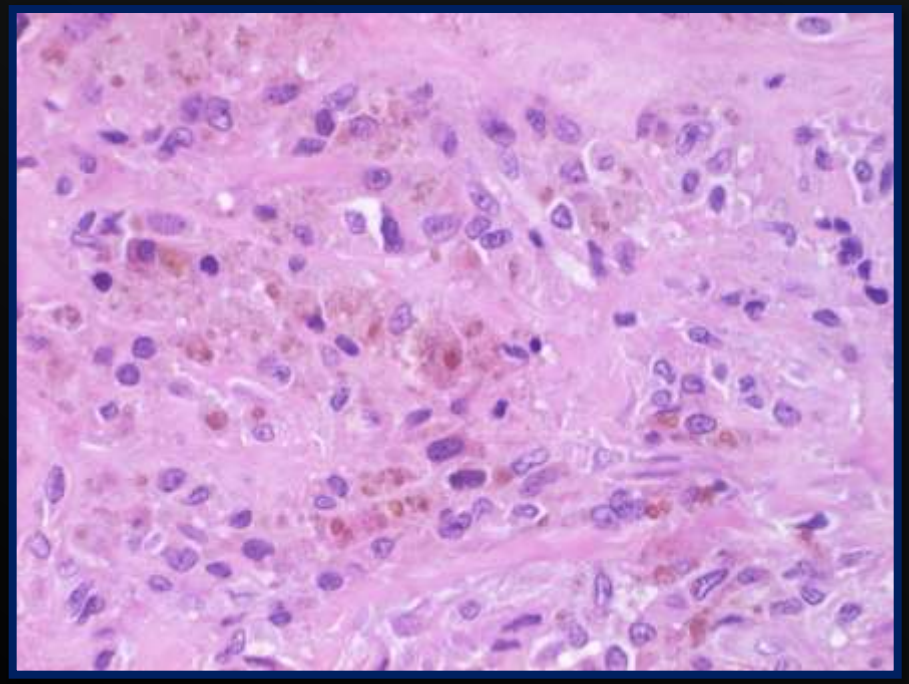


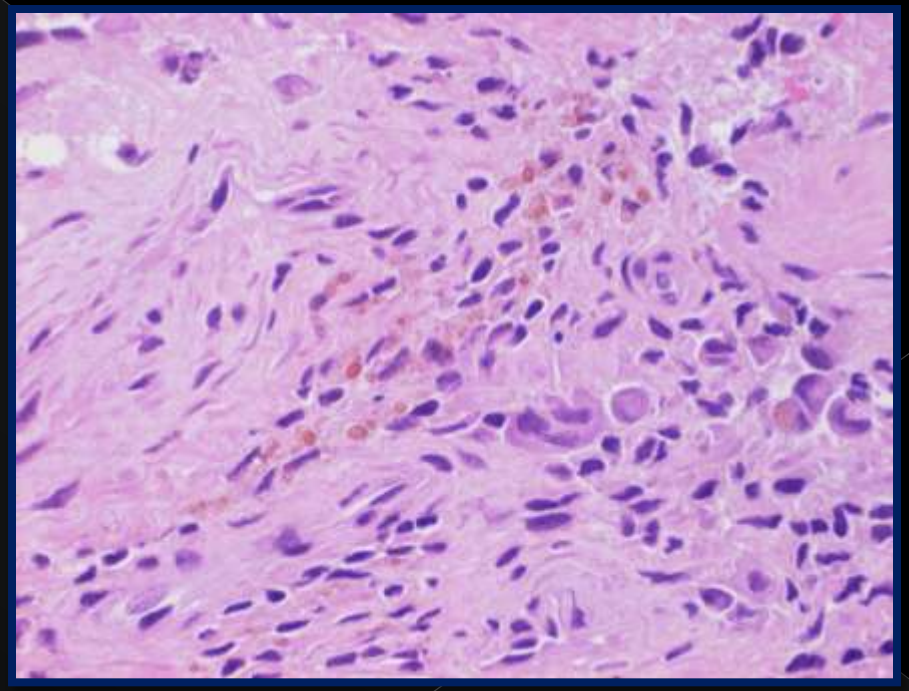


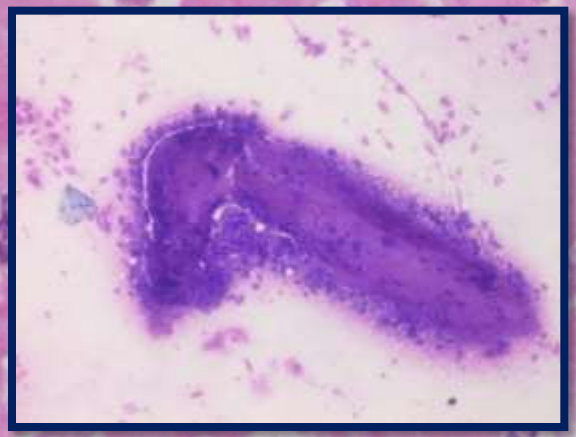


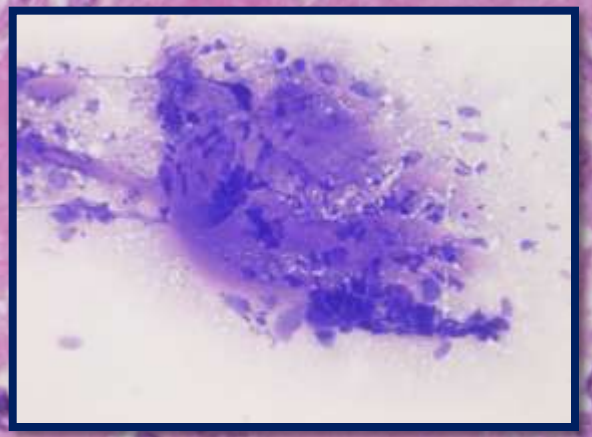


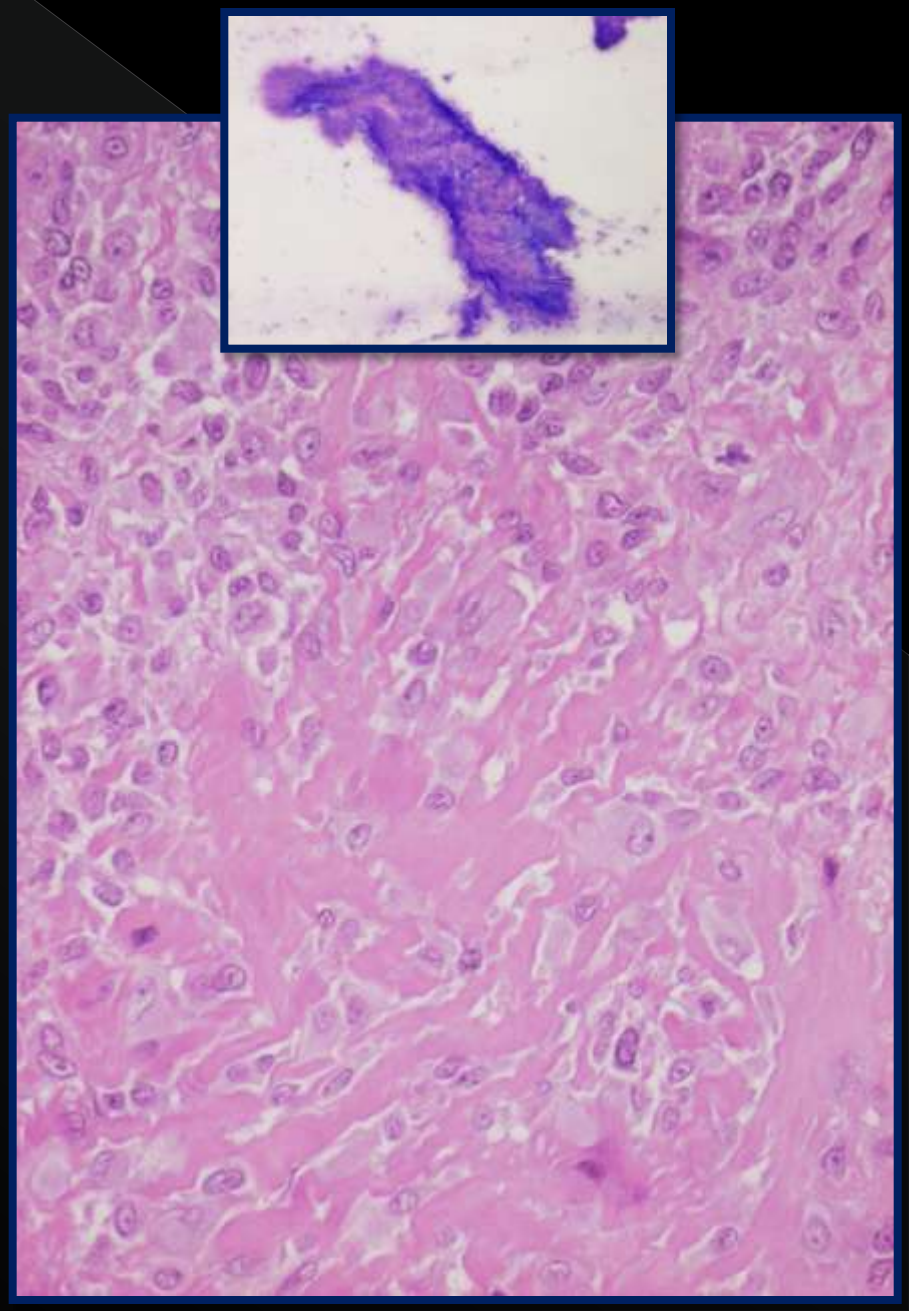


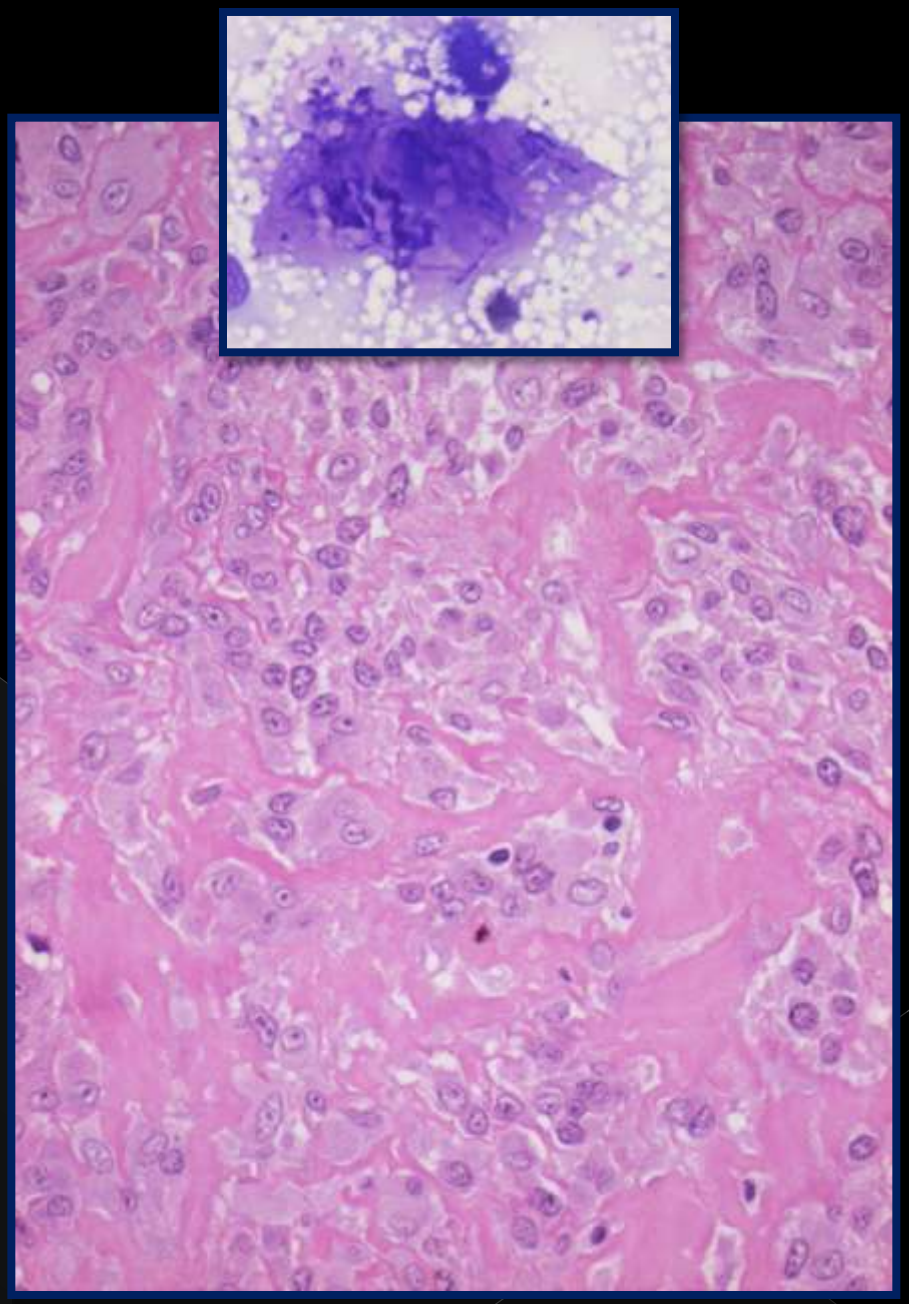


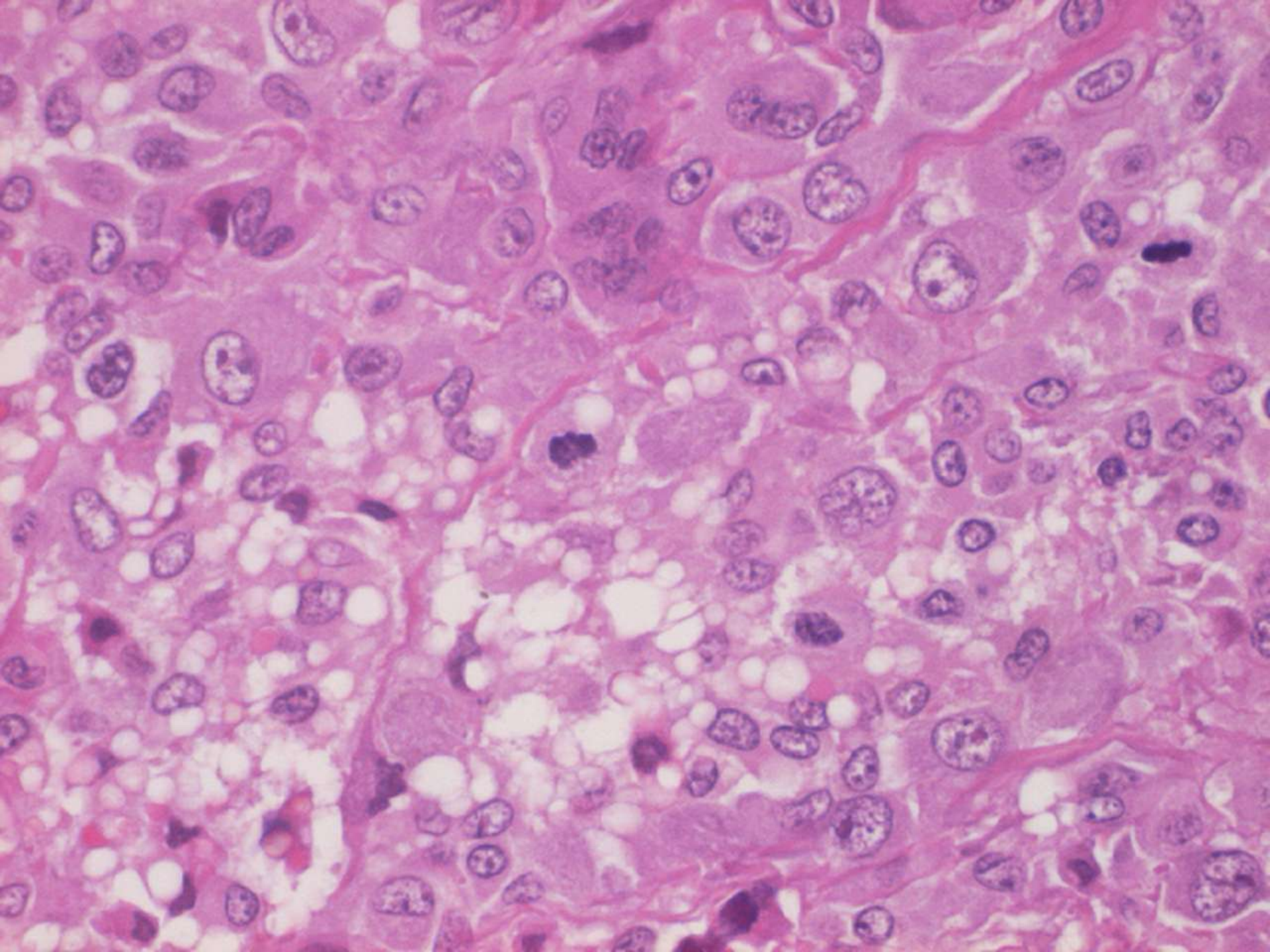












DIAGNÓSTICO

TUMOR DE CÉLULAS GIGANTES DE VAINA TENDINOSA, LOCALIZADO

GCTTS

- Mujeres. 30-50 años
- Manos (+ frec), pies, rodillas
- Largo tiempo de evolución
- Células mononucleadas, multinucleadas, xánticas, inflamatorias y siderófagos
- Hialinización estromal variable
- Mitosis: 3-20/10 CGA
- Recurrencias locales (10-20%)

Giant Cell Tumor of Tendon Sheath

Largest Single Series in Children

Purushottam A. Gholve, MD, MBMS, MRCS, Harish S. Hosalkar, MD, MBMS, FCPS, DNB,† Portia A. Kreiger, MD,‡ and John P. Dormans, MD*†*

- **29 casos, 2-18 años (media: 11 años)**
- **Más frecuente en varones**
- **Localización similar en ES y EI**
- **4 casos: erosión ósea subyacente**
- **No recurrencias tras extirpación completa**

CITOLOGÍA

Fine-Needle Aspiration Cytology of Giant Cell Tumor of Tendon Sheath

and Kusum Verma, M.D., MIAC, FAMS[1]

- Predominio de célu ucleares
- Células poligonales, excéntricos
- Células gigant os
- Hemosiderina

Fine-needle Aspiration Biopsy Cytology of Giant-cell tumor of Tendon Sheath

PAUL E. WAKELY, Jr., MD. AND WILLIAM J. FRABLE, MD

Cytomorphologic Spectrum of Giant Cell Tumor of Tendon Sheat

Acta Cytol, 2008;52:152-8

seudoinclusiones

Localized Tenosynovial Giant Cell Tumor of Tendon Sheat

Acta Cytol, 2000;44:463-6

DIAGNÓSTICO DIFERENCIAL

- SARCOMA DE CÉLULAS GIGANTES DE BAJO POTENCIAL MALIGNO
- MELANOMA
- SARCOMAS DE ALTO GRADO
- SARCOMA EPITELIOIDE
- SARCOMA DE CÉLULAS CLARAS

DIAGNÓSTICO DIFERENCIAL

Fine-Needle Aspiration Cytology of Giant Cell Tumor of Soft Tissue
(Soft Tissue Giant Cell Tumor of Low Malignant Potential)

Matthew Beal, BS, Joel Mayerson, MD, and Paul E. Wakely Jr, MD

Primary Giant Cell Tumor of Soft Tissue
Report of a case with FNAC and histologic findings
Acta Cytol 2003;47: 1103-6

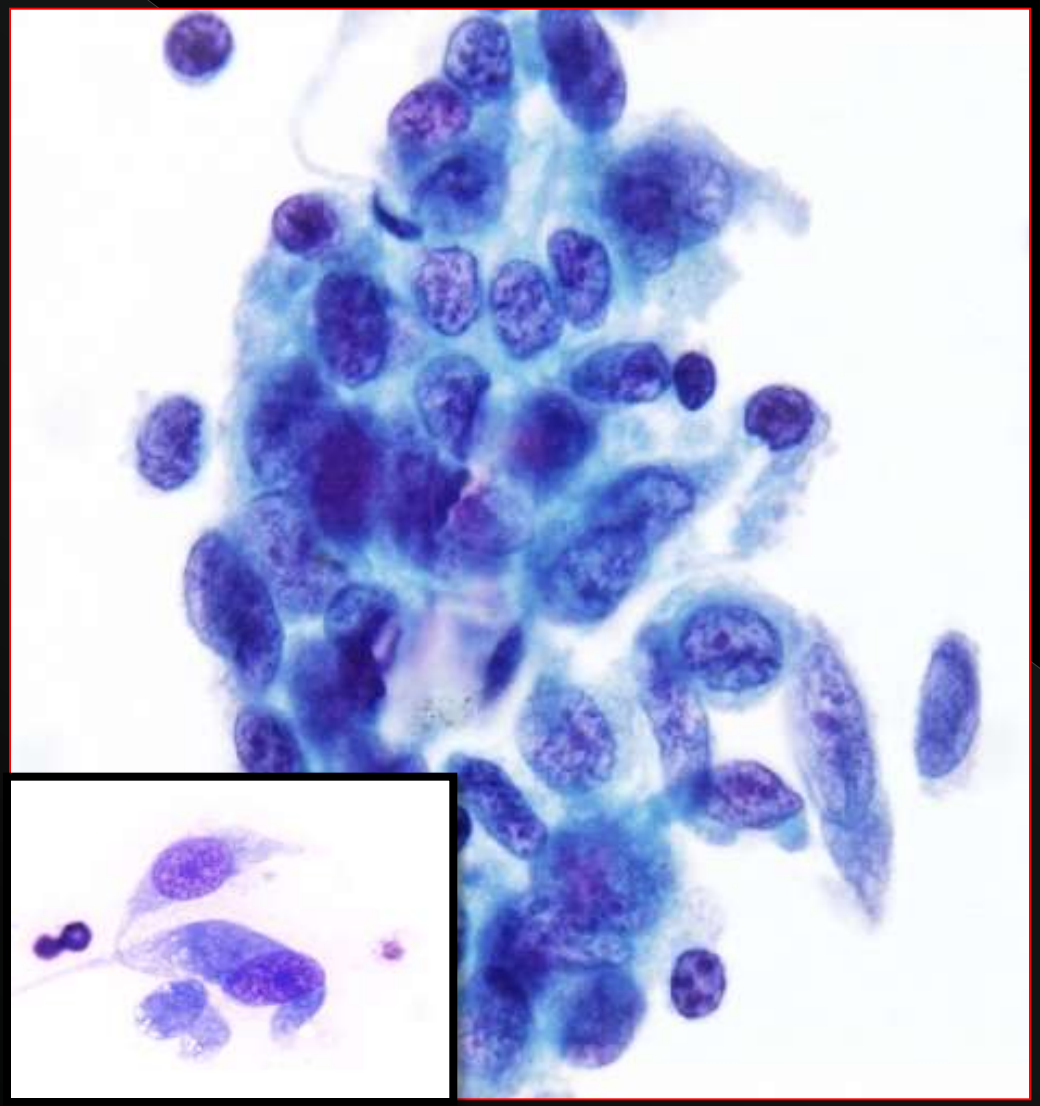
- **5ª década.**
- **Menor heterogeneidad celular: doble población celular**
- **Menor hialinización estromal**
- **Pleomorfismo, raras mitosis, no hemosiderina**

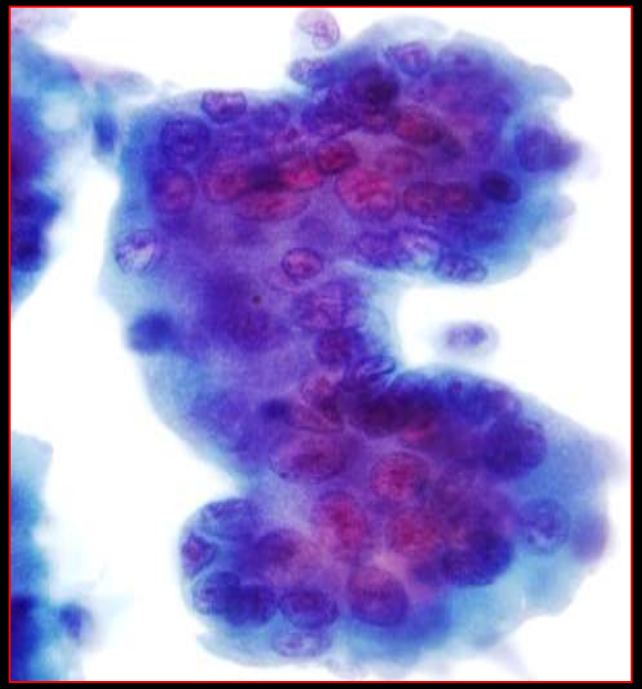
DIAGNÓSTICO DIFERENCIAL

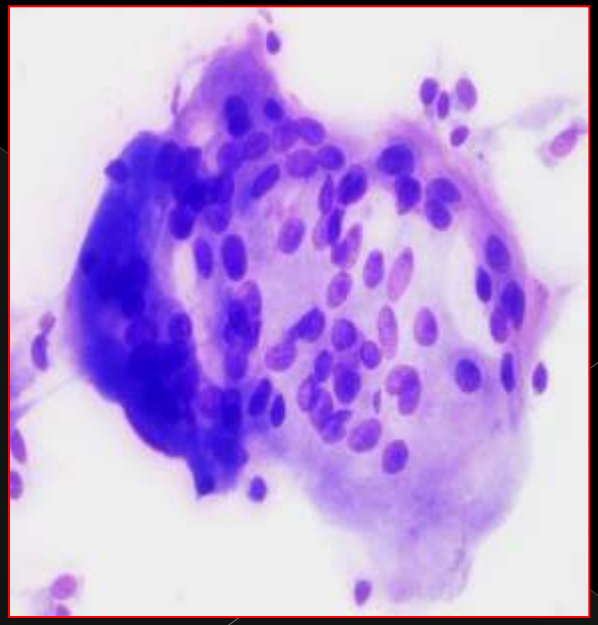
Comparison of Cytologic Features of Giant-Cell Tumor and Giant-Cell Tumor of Tendon Sheath

Kirti Gupta, M.D., P. Dey, M.D., M.I.A.C.,* Ritalin Goldsmith, M.D., and R.K. Vasishta, M.D., FRC Path

- Doble población celular
- Células fusiformes, en grupos y raramente aisladas
- Células multinucleadas con mayor número de núcleos y nucléolos prominentes

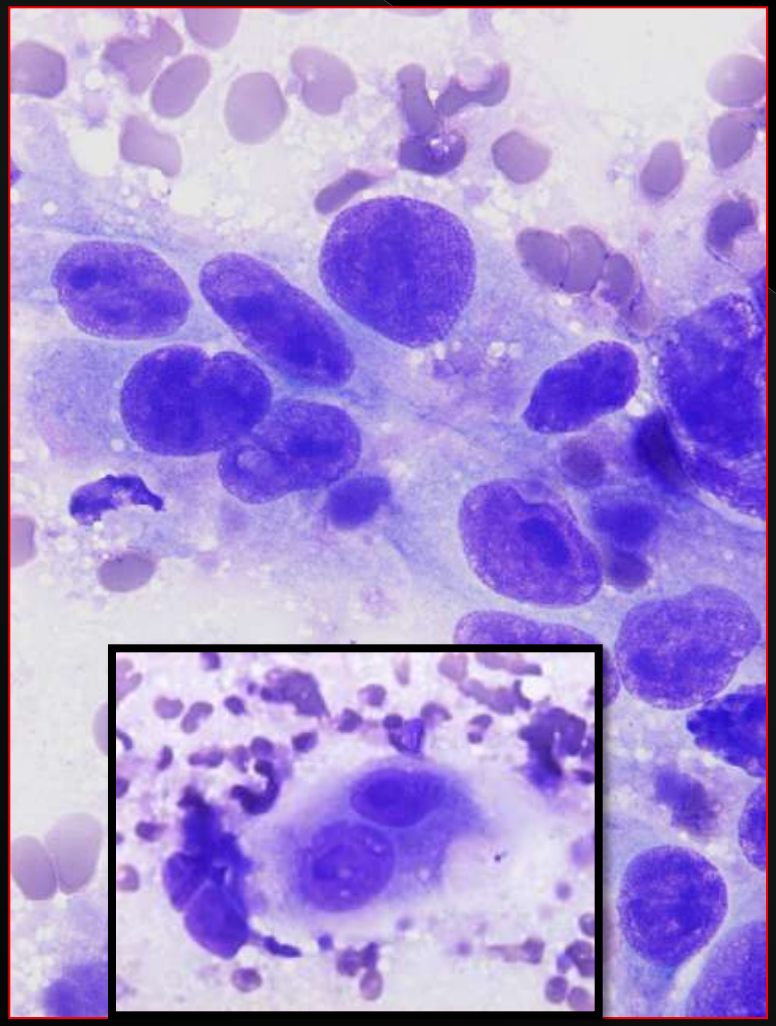




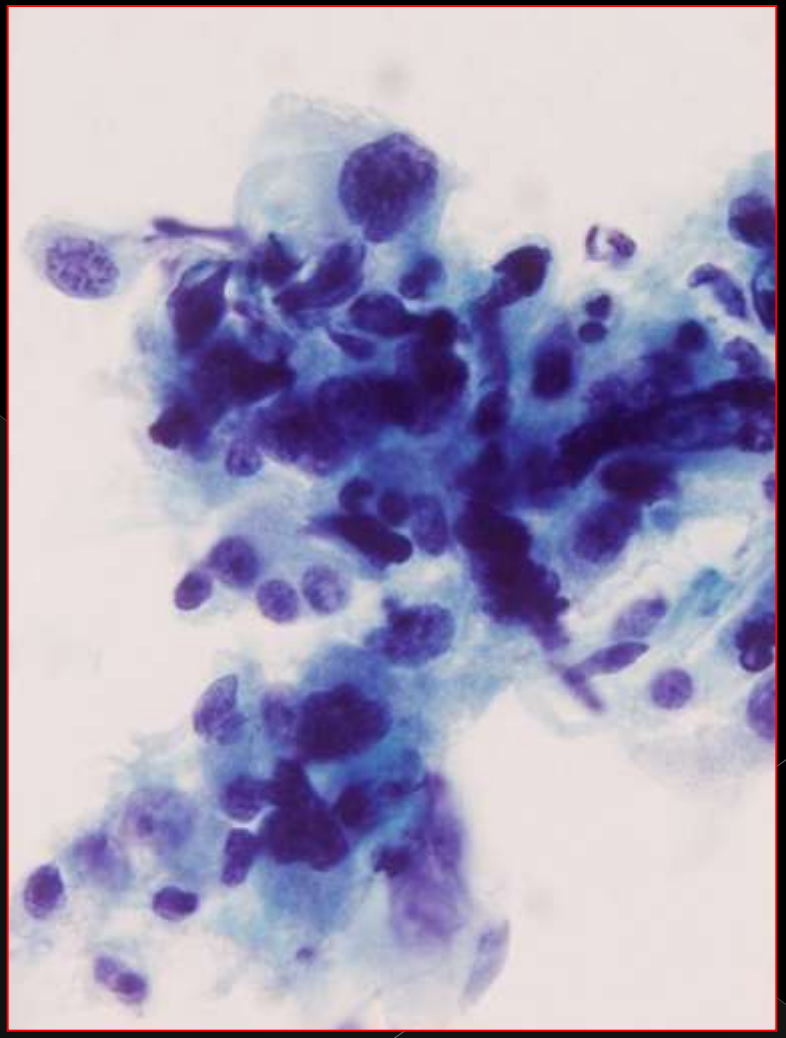


DIAGNÓSTICO DIFERENCIAL

MELANOMA



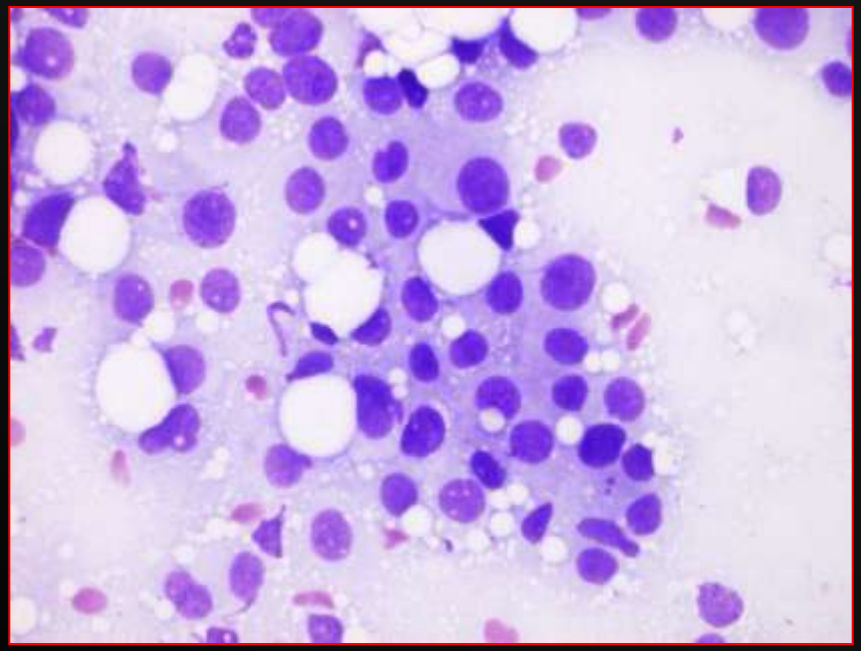
SARCOMAS DE ALTO GRADO

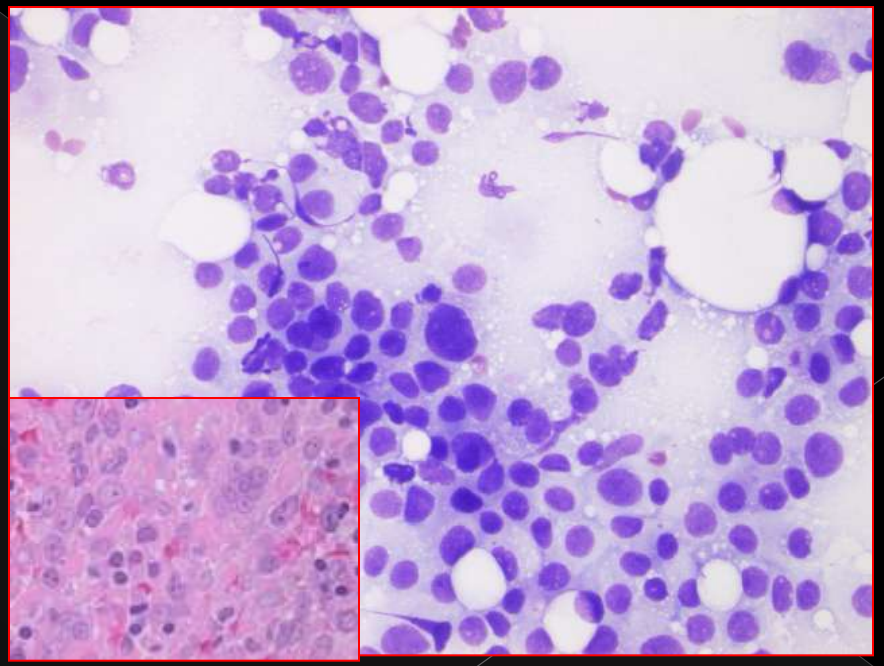


DIAGNÓSTICO DIFERENCIAL

SARCOMA EPITELIOIDE

- **Celularidad uniforme**
- **Abundante citoplasma bien definido**
- **Núcleos grandes, redondos, de contornos lisos**





DIAGNÓSTICO DIFERENCIAL

SARCOMA DE CÉLULAS CLARAS

- 20-40 años. Extremidades inferiores
- Células redondas , poligonales o fusiformes aisladas
- Seudoinclusiones
- Macrófagos con pigmento
- Citoplasmas claros, pálidos
- Nucléolos basófilos prominentes
- Células multinucleadas con núcleos “en corona”
- IHQ: S-100 y anticuerpos melánicos


¡Gracias !