CONSOLIDANDO PUENTES

SEAP-IAP

sec

SEPAF

XXV CONGRESO DE LA SOCIEDAD ESPAÑOLA DE ANATOMÍA PATOLÓGICA Y DIVISIÓN ESPAÑOLA DE LA ACADEMIA INTERNACIONAL DE PATOLOGÍA (SEAP-IAP)

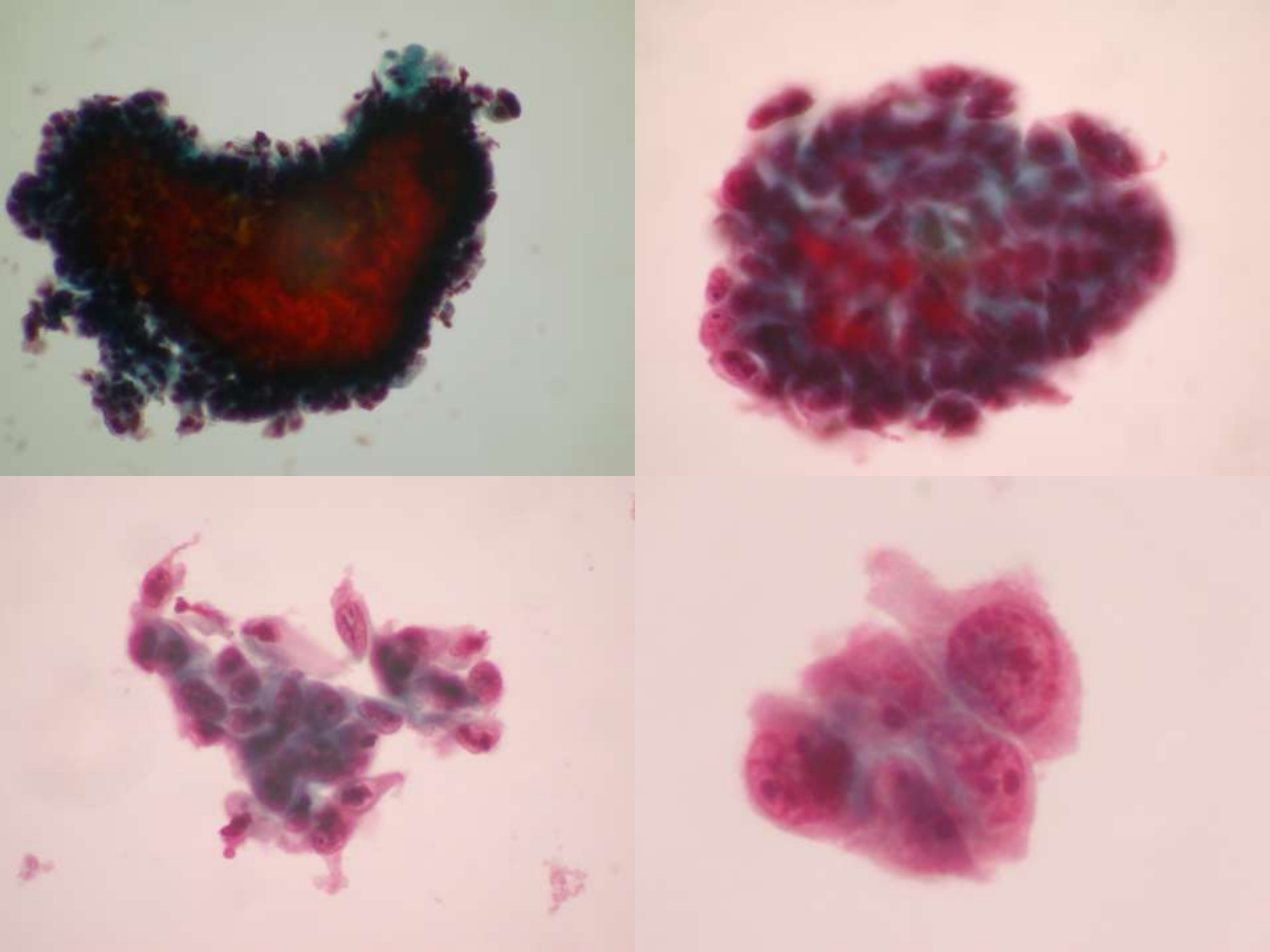
XX CONGRESO DE LA SOCIEDAD ESPAÑOLA DE CITOLOGÍA (SEC)

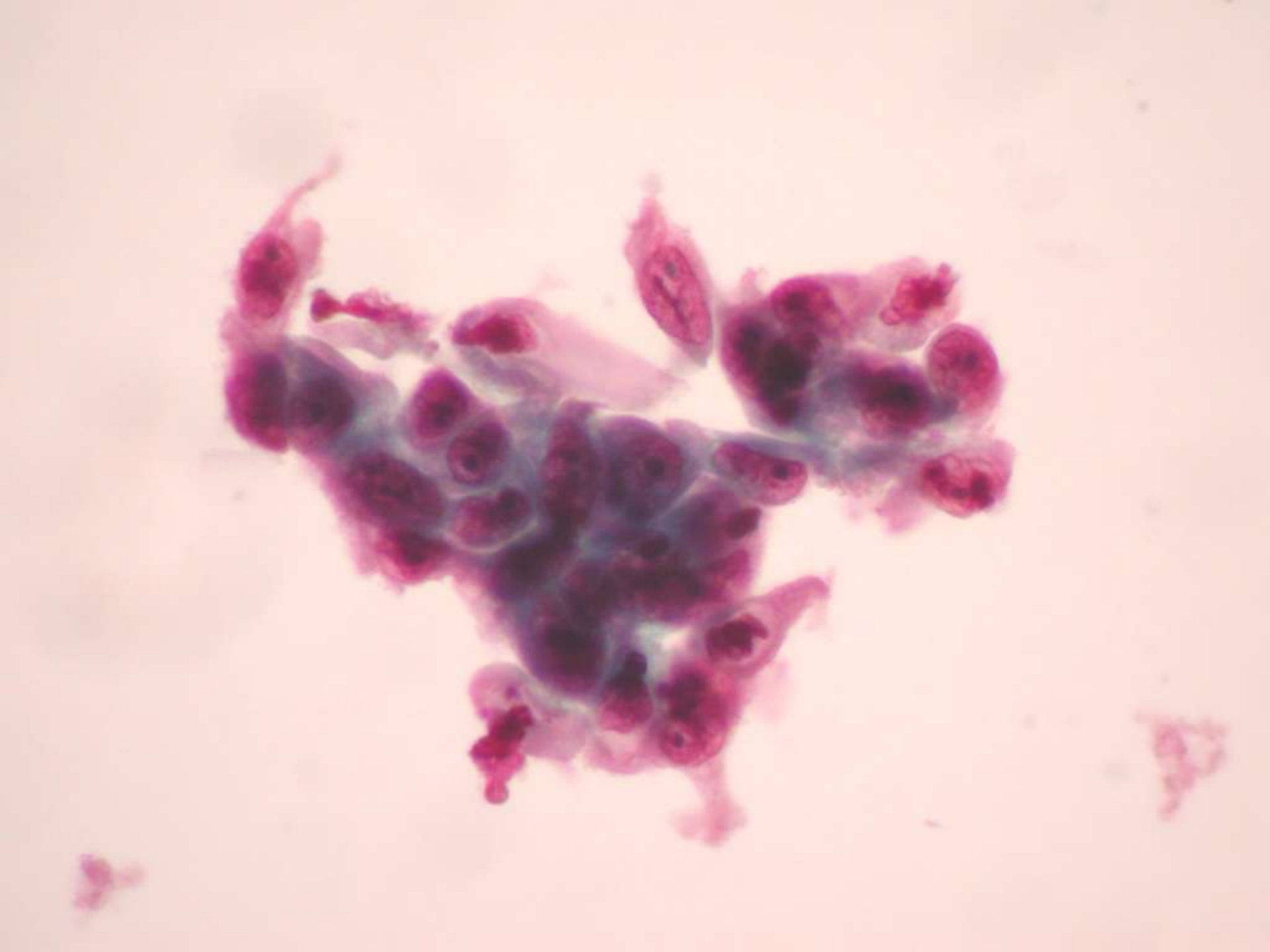
I CONGRESO DE LA SOCIEDAD ESPAÑOLA DE PATOLOGÍA FORENSE (SEPAF)

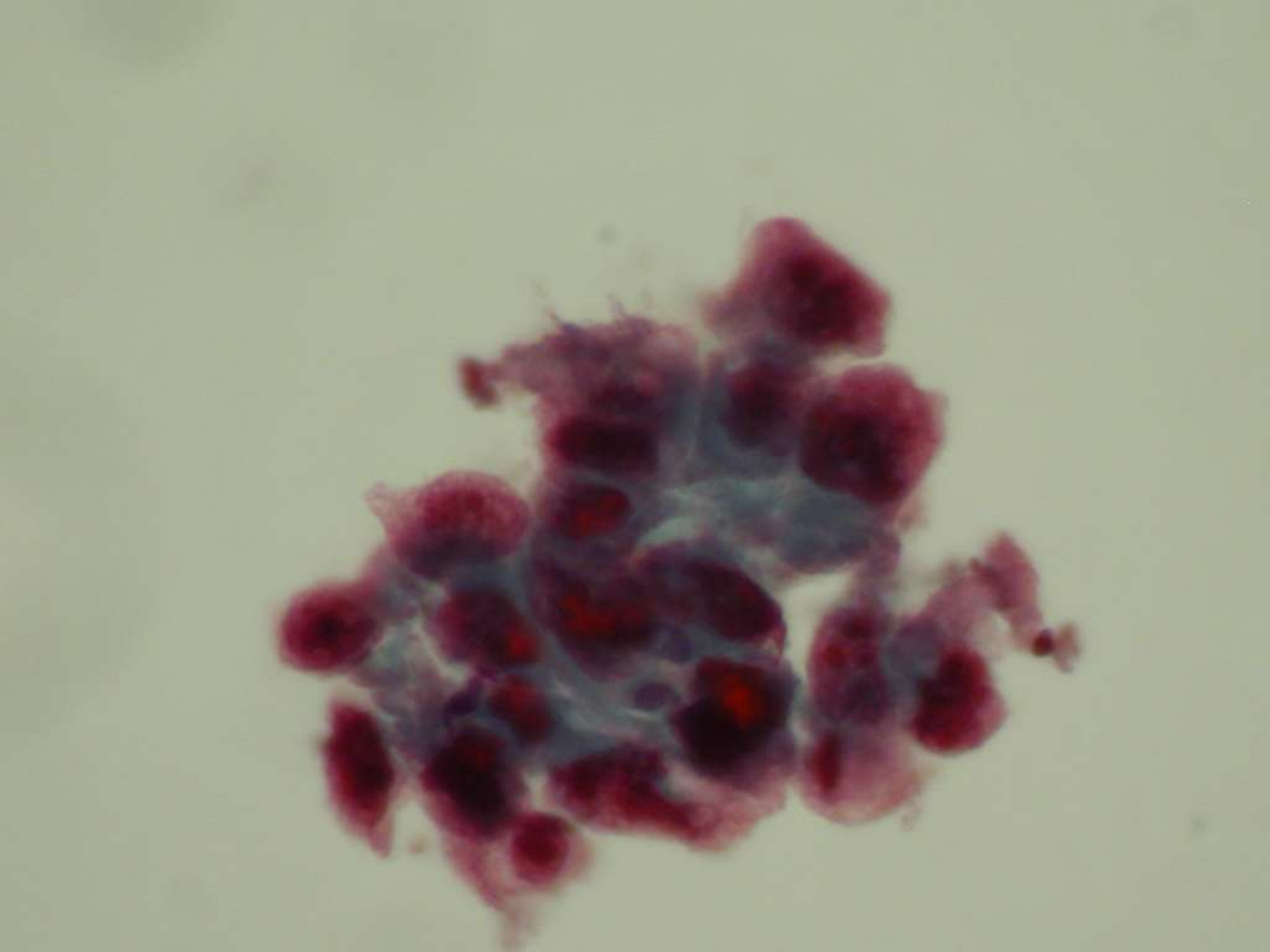
16:00-18:30 Seminario interactivo de tiroides, glándula salival y ganglios linfáticos

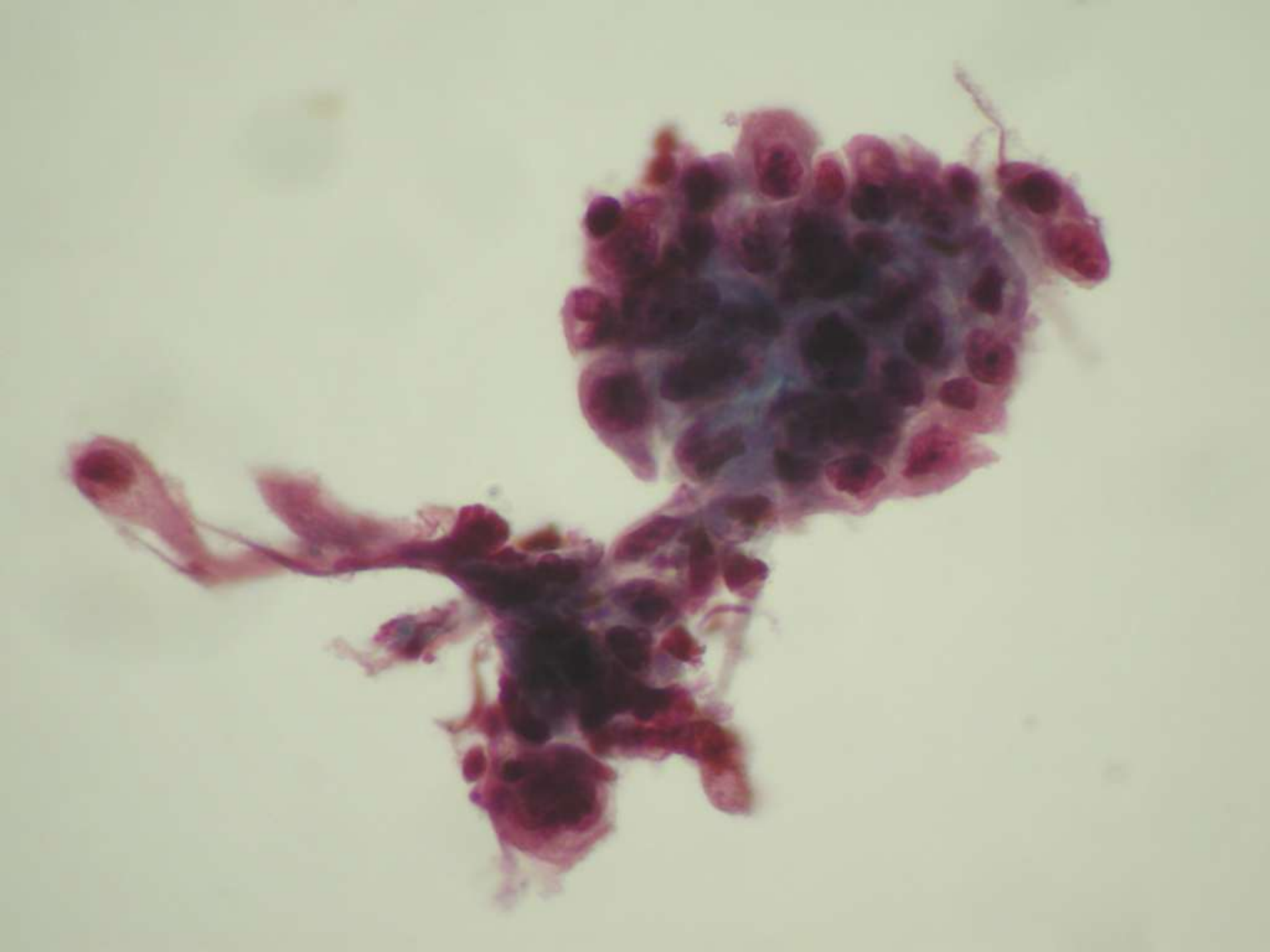
Coordinador: Jorge Calvo de Mora
Domingo de Agustín

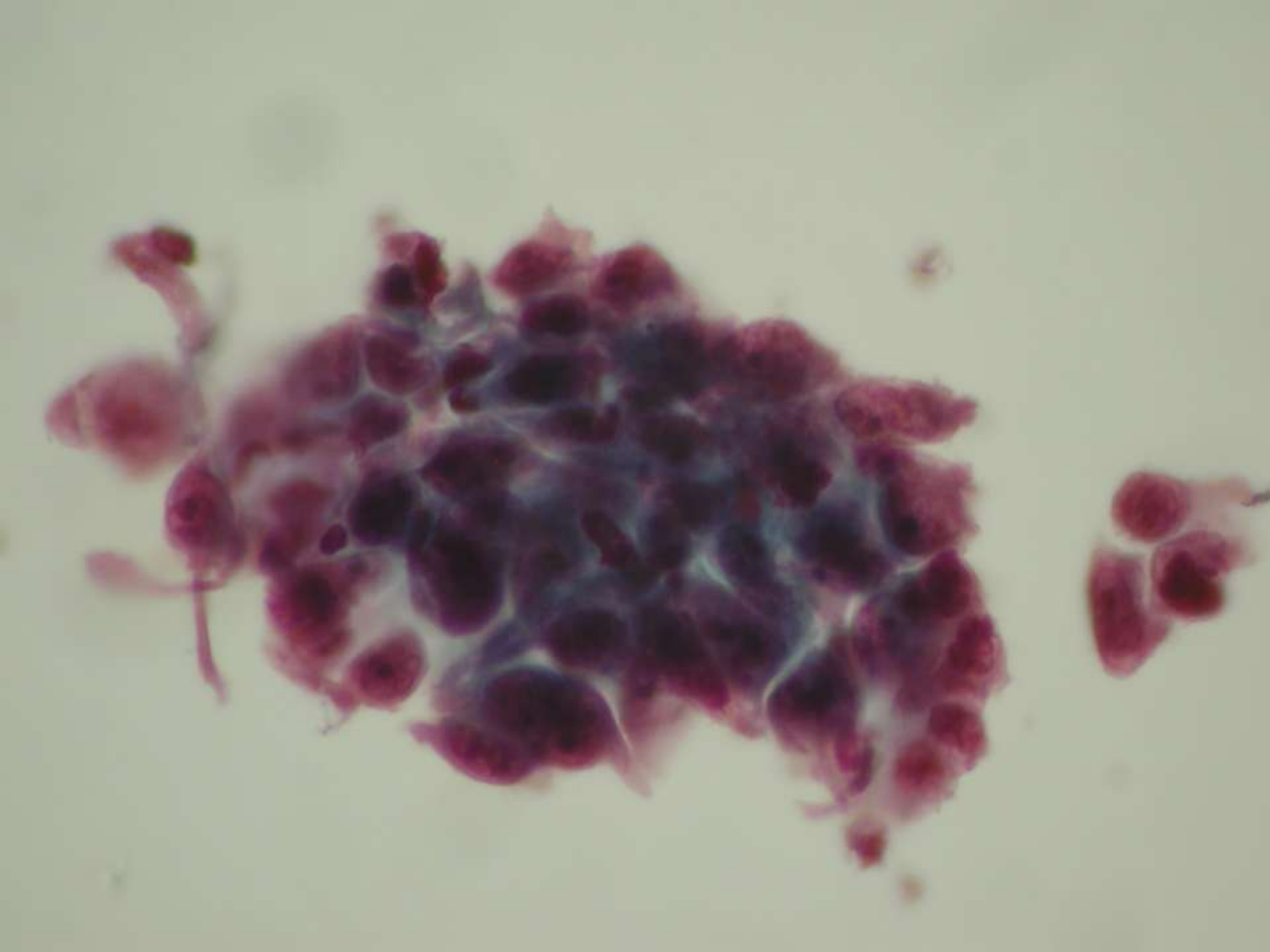
- hombre, 89 años.
- Parótida izquierda. Masa de crecimiento lento con “reblandecimiento” brusco reciente.
- Sin antecedentes de interés.
- Se realiza PAAF, remitido tras la pertinente consulta médica en ORL. No aporta analítica ni pruebas de imagen relevantes.

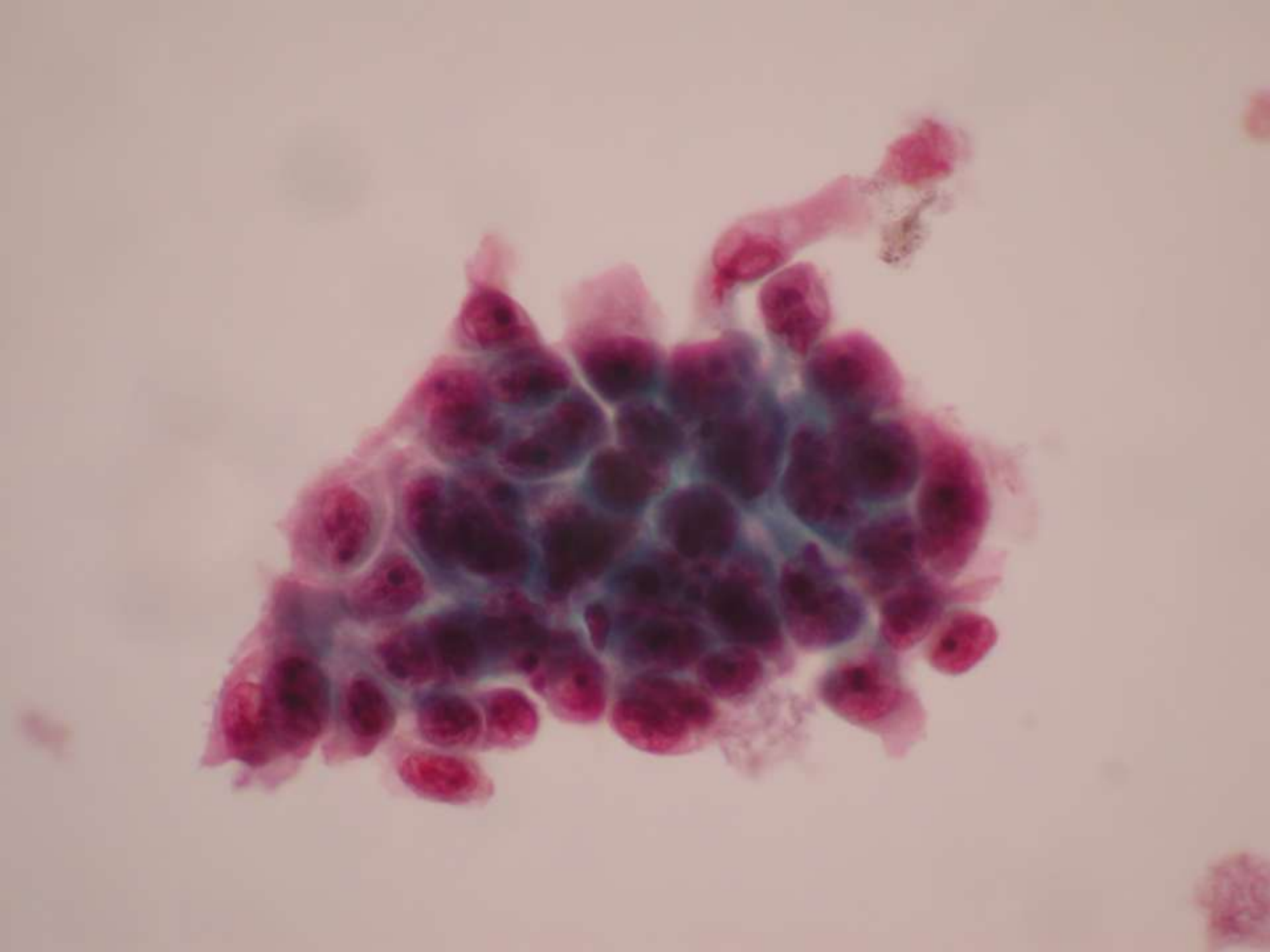


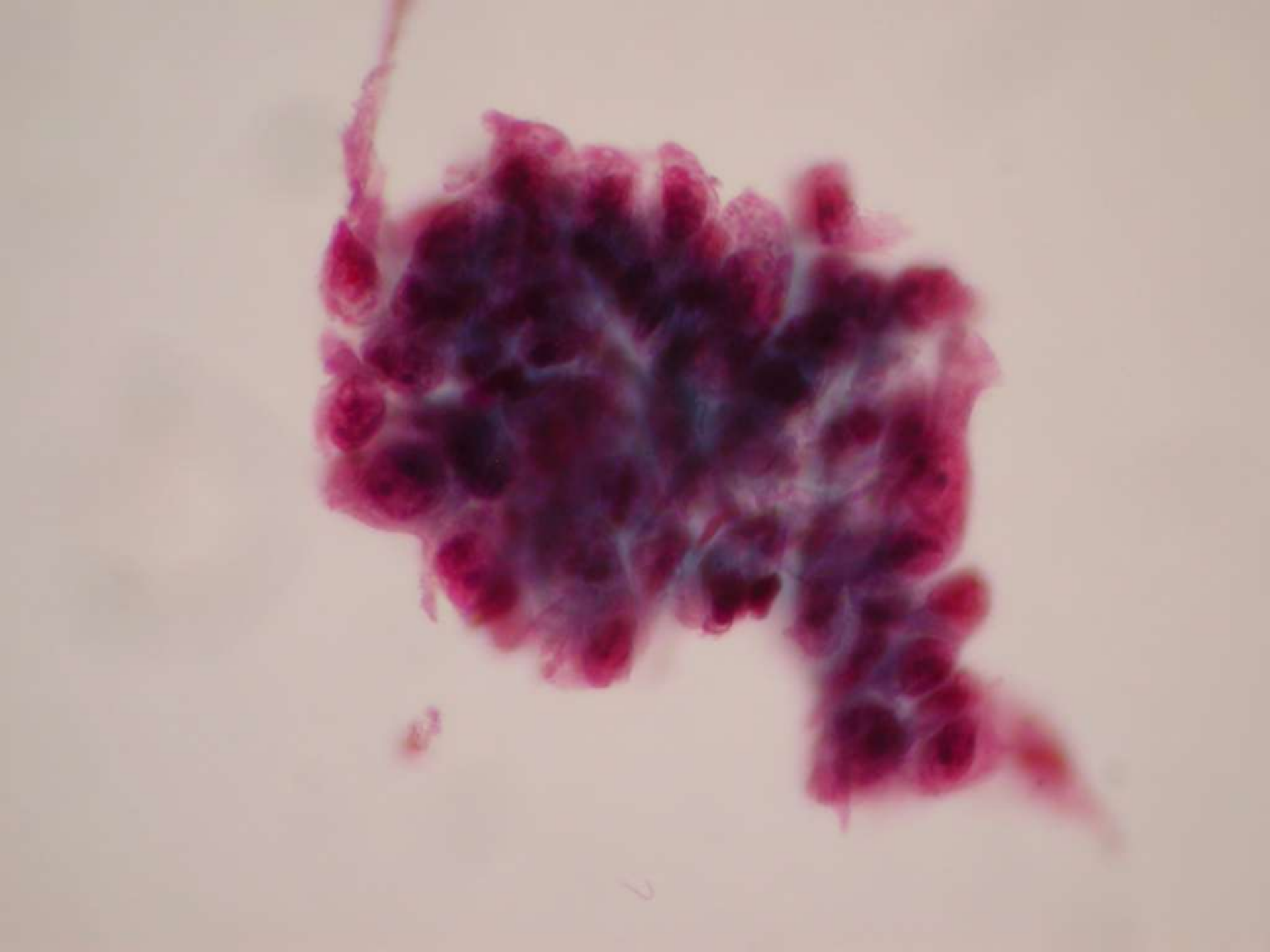


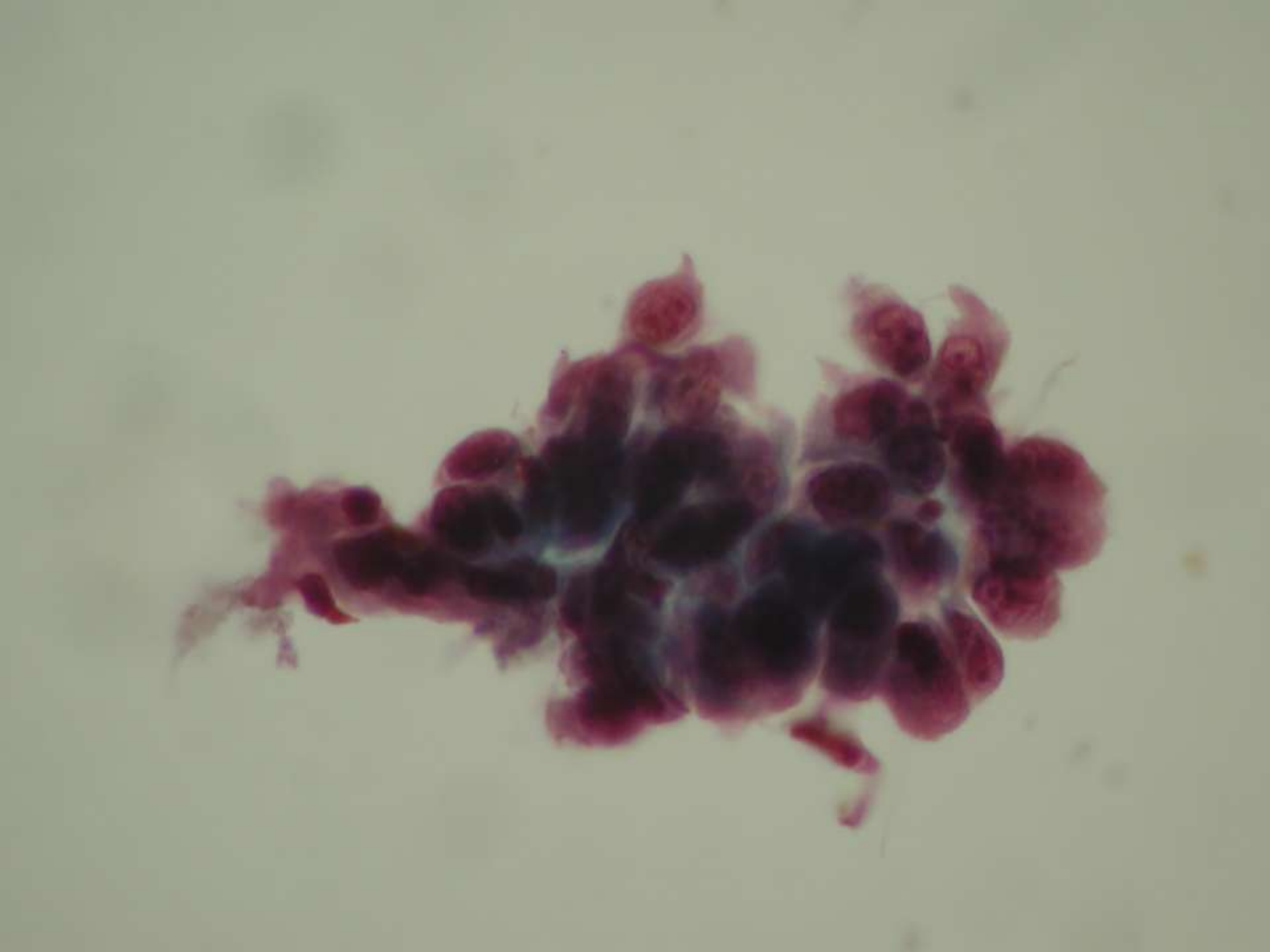


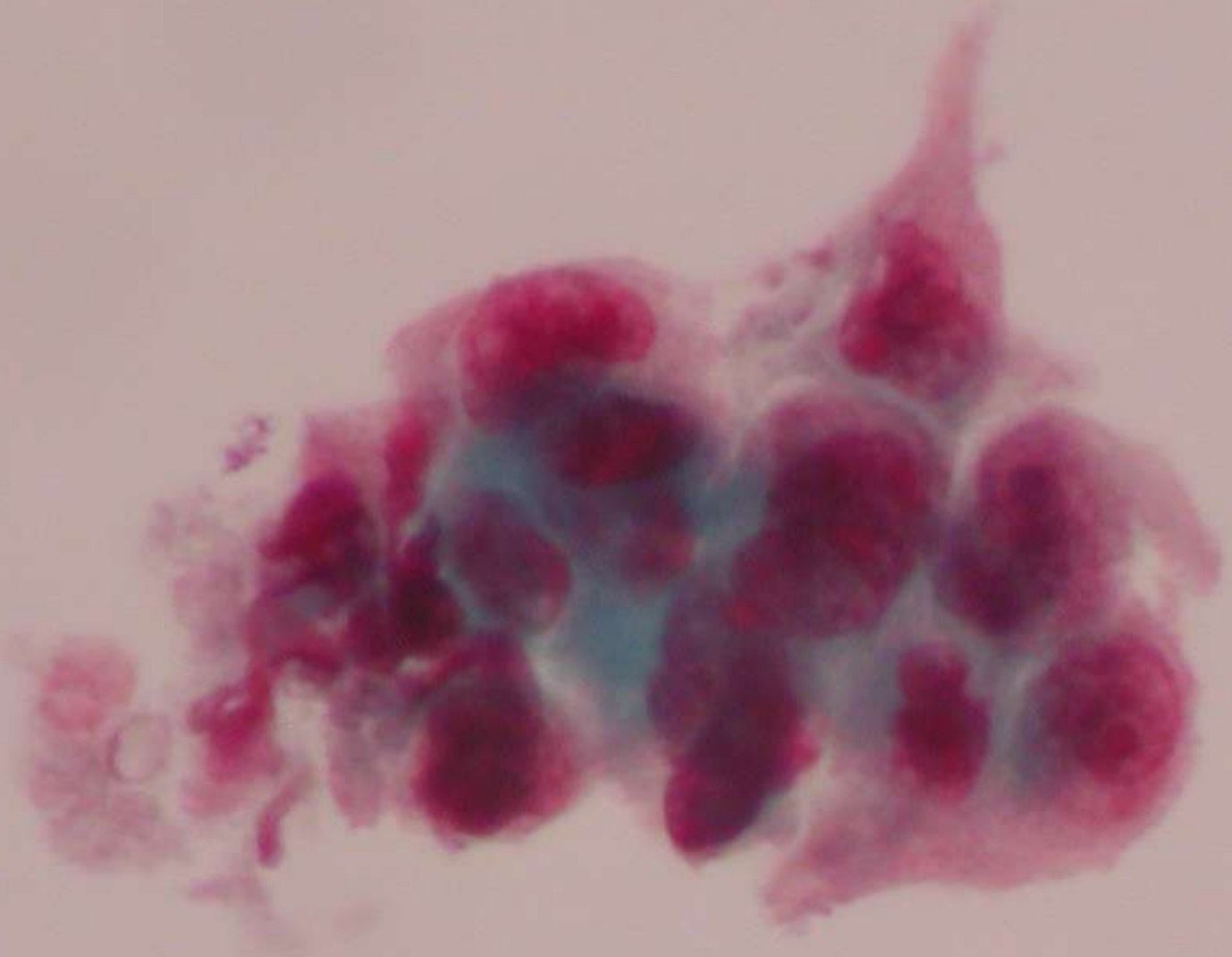


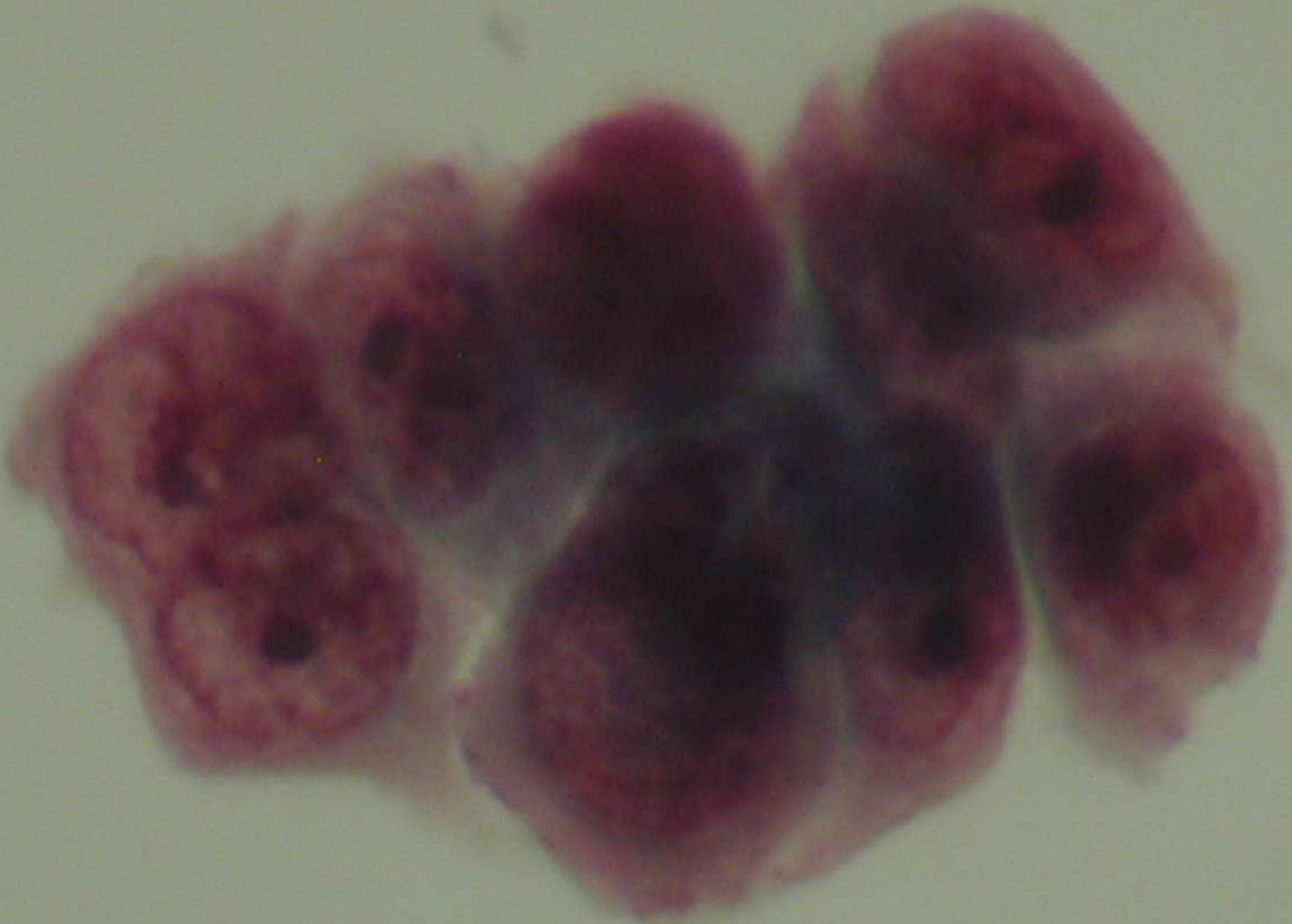






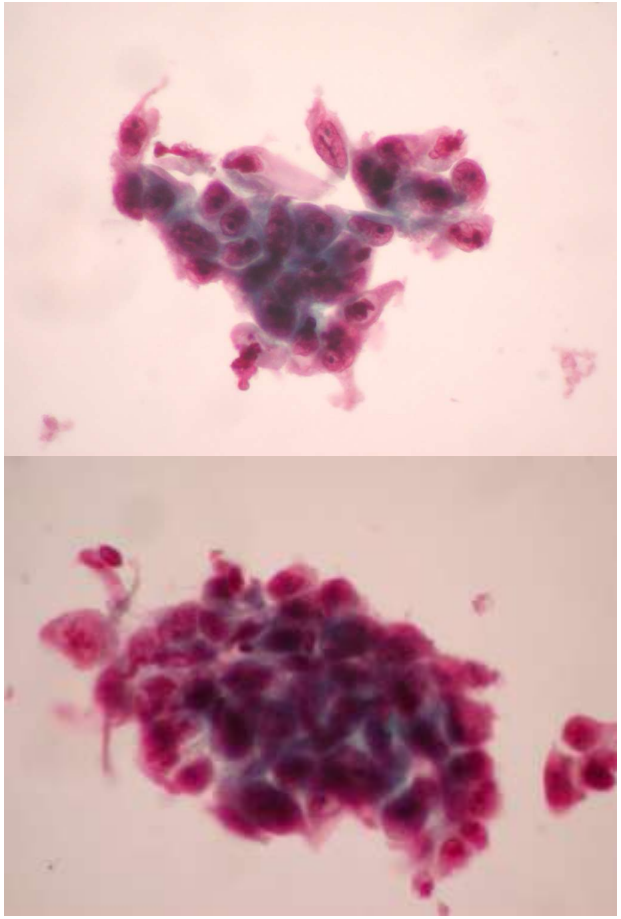






Hallazgos citológicos

- Grupos poco cohesivos
- Fondo limpio
- Celularidad irregular en talla, forma y disposición
- Citoplasmas densos, definidos.
- Nucleolos




CE

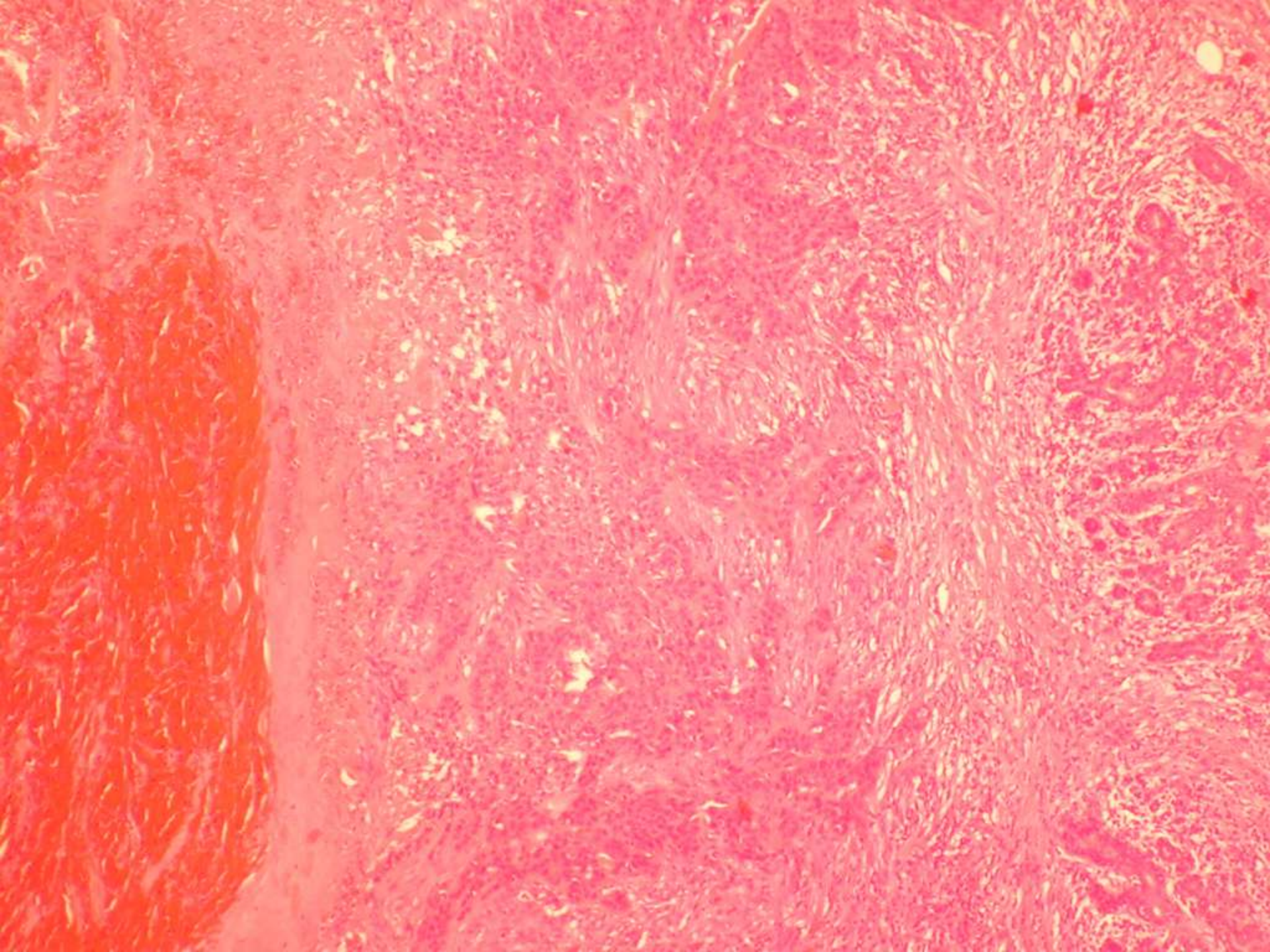
DIAGNÓSTICO:

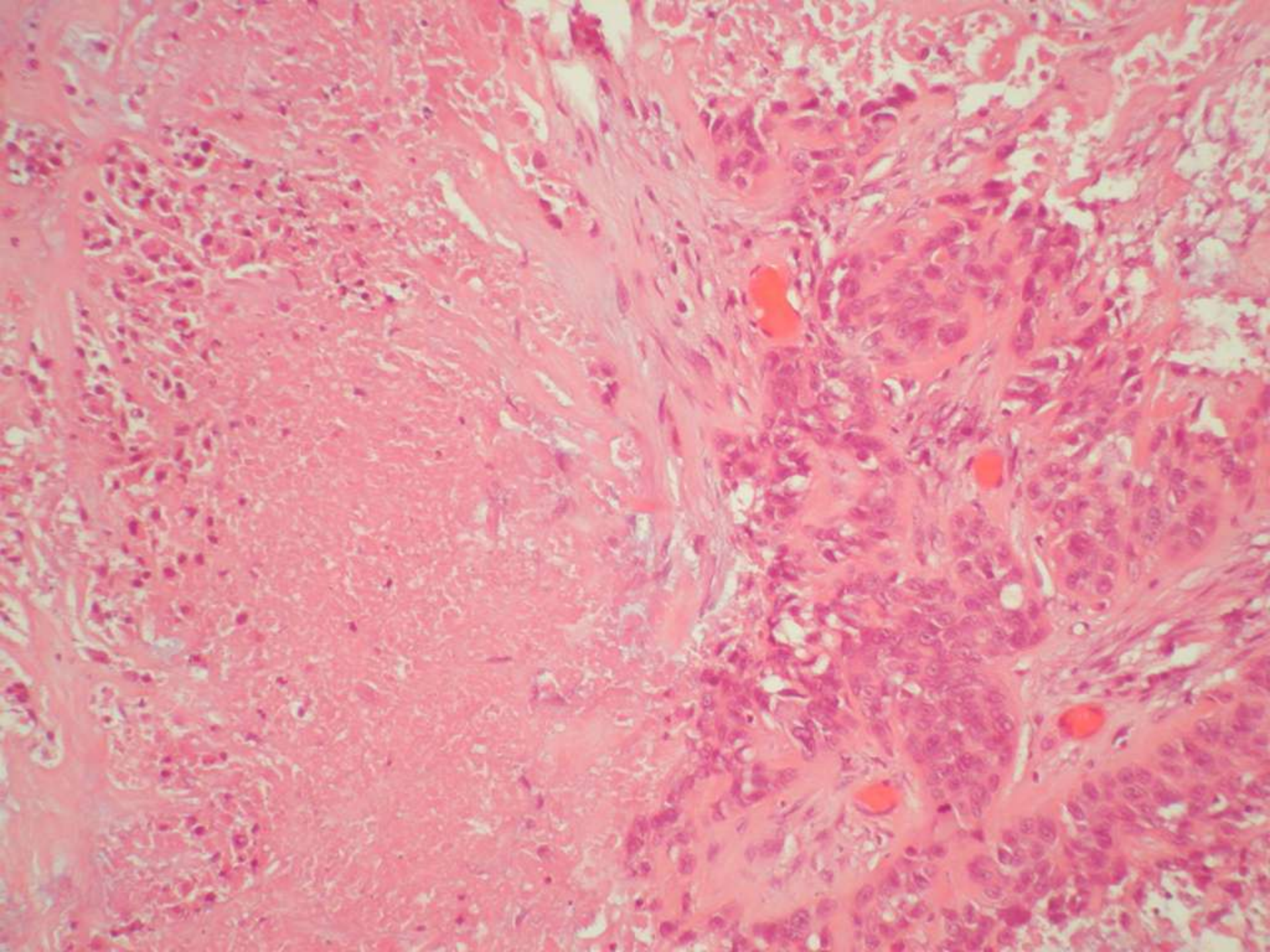
- Oncocitoma.
- Carcinoma de células acinares.
- Carcinoma mucoepidermoide de alto grado.
- Adenocarcinoma.

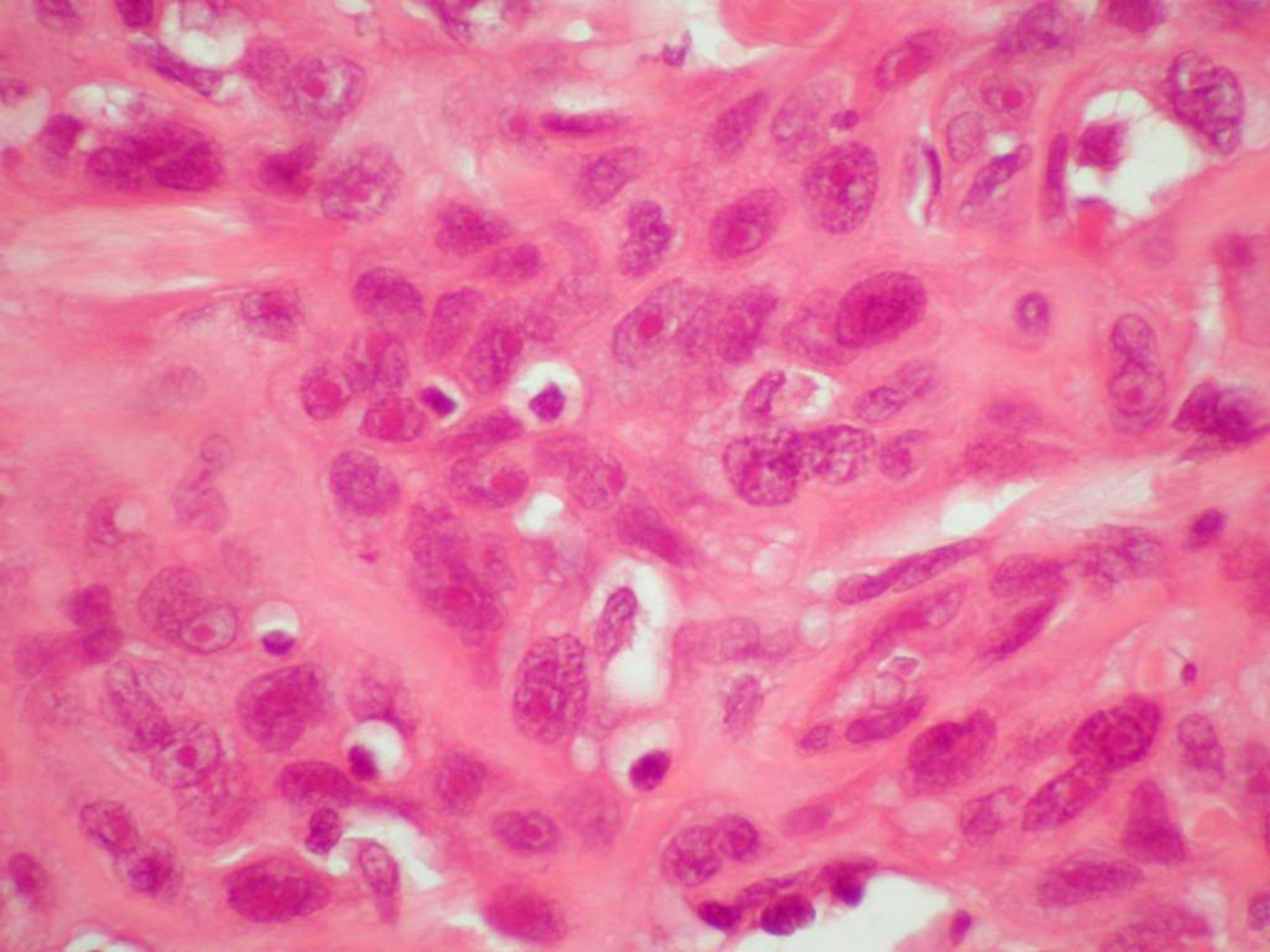
Diagnóstico

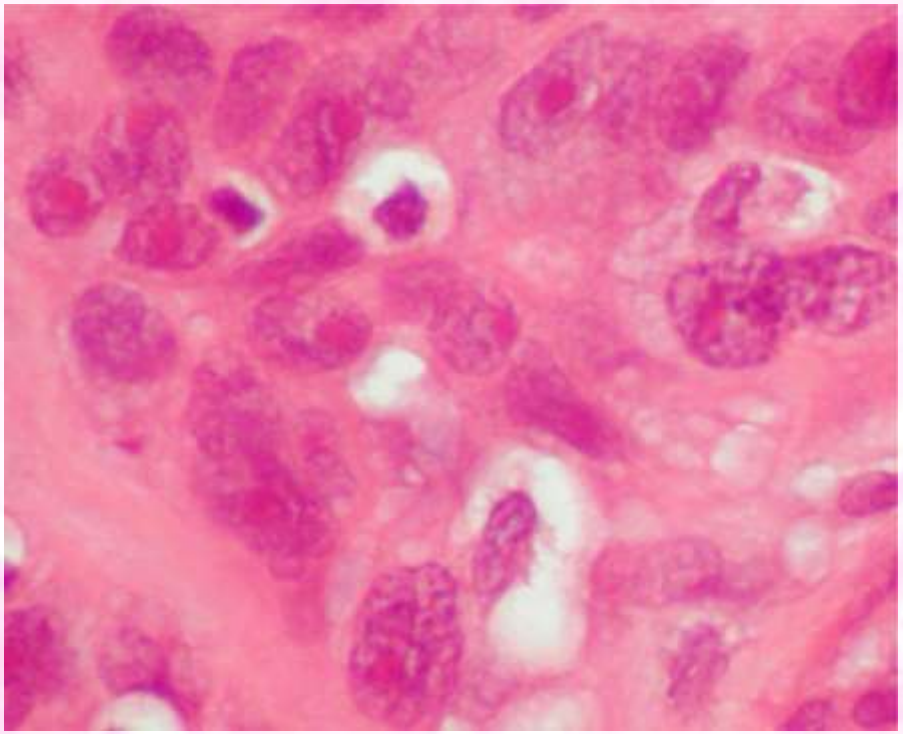
- Tumor epitelial maligno.
- Se aconseja resección quirúrgica.
- *“Se aconseja estudio histológico”.*

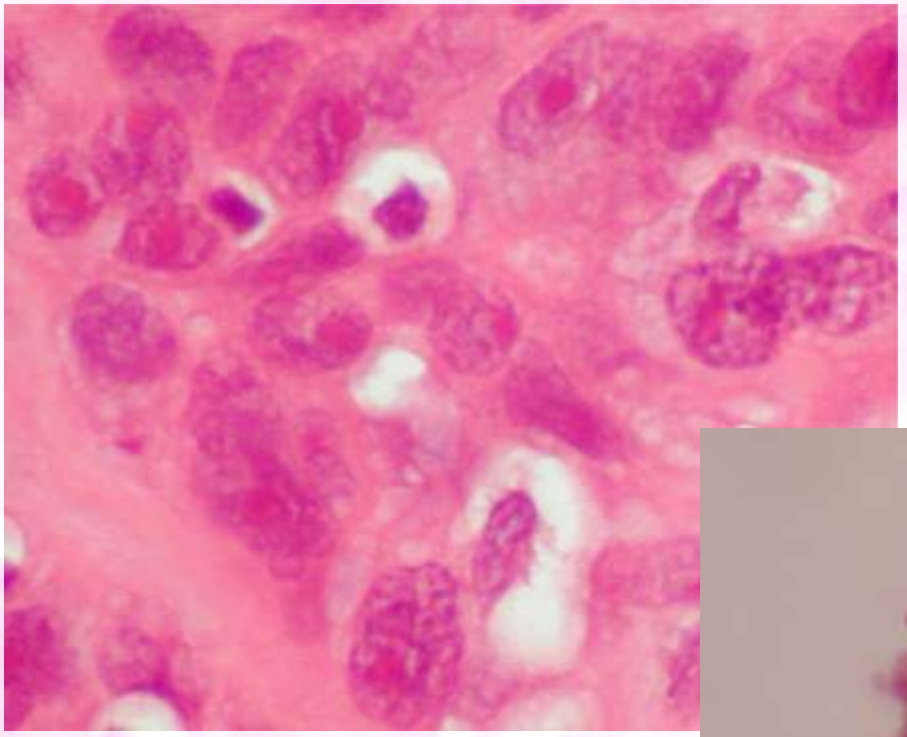
- ***ADENOCARCINOMA***

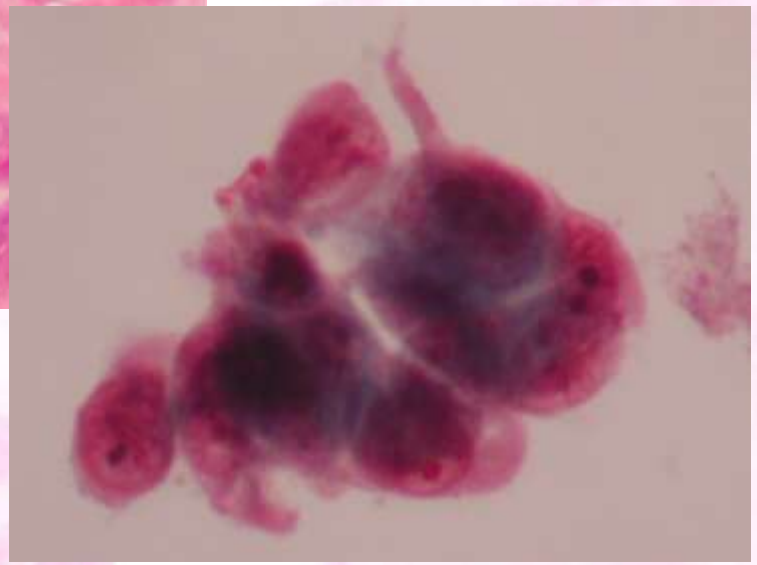


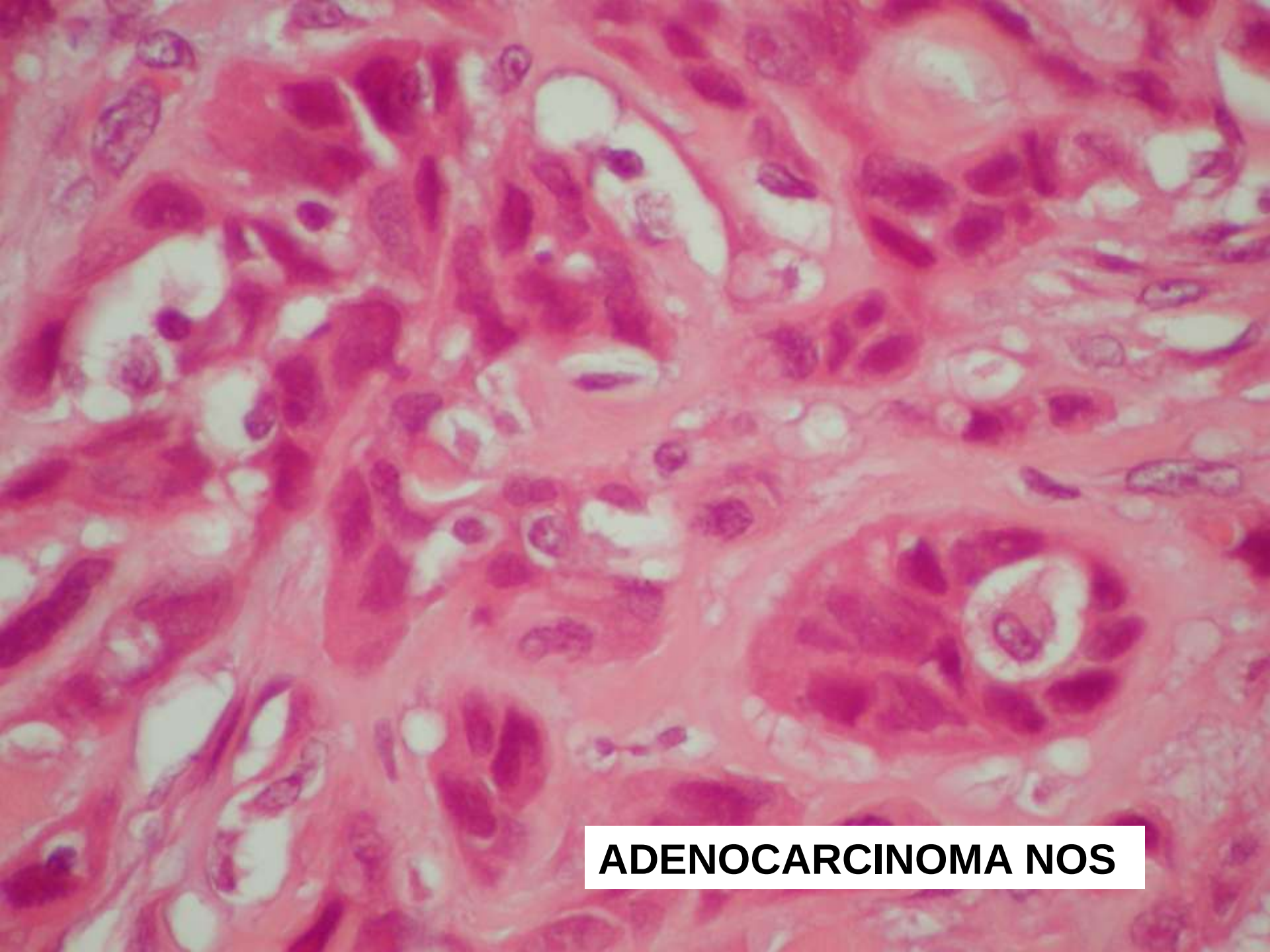











ADENOCARCINOMA NOS

benignos	**malignos**		
	Bajo grado	*Intermedios*	*Alto grado*
Adenoma pleomorfo	Ca. Mucoepidermoide BG	Ca. Mucoepidermoide	Ca. Mucoepidermoide AG
Oncocitoma	Ca. c. acinares	Ca. Adenoquístico	Ca. Oncocítico
T. Warthin	Adenoca. Polimorfo BG		Ca. ex – adenoma pleom.
Mioepitelioma	Ca. Epitelial-Mioepitelial	Ca. Mioepitelial	Carcinosarcoma
Adenoma c. basales	Adenoca. c. basales		Ca. Epidermoide
Adenoma Canalicular	Sialoblastoma		Ca. céls. pequeñas
Adenoma Sebáceo	Ca. células claras, NOS	Ca. sebáceo	Ca. C. Grandes
Linfadenoma			Ca. Linfoepitelial
Papiloma Ductal	Adenocarcinoma NOS	Adenocarcinoma NOS	Adenocarcinoma NOS
Cistoadenoma	Cistoadenocarcinoma		Carcinoma Ductal GGSS
Hemangioma	Linfoma MALT		Linfoma B difuso CG

benignos	**malignos**		
	Bajo grado	*Intermedios*	*Alto grado*
Adenoma pleomorfo	**Ca. Mucoepidermoide BG**	**Ca. Mucoepidermoide**	**Ca. Mucoepidermoide AG**
Oncocitoma	**Ca. c. acinares**	**Ca. Adenoquístico**	Ca. Oncocítico
T. Warthin	Adenoca. Polimorfo BG		Ca. ex – adenoma pleom.
Mioepitelioma	Ca. Epitelial-Mioepitelial	Ca. Mioepitelial	Carcinosarcoma
Adenoma c. basales	Adenoca. c. basales		Ca. Epidermoide
Adenoma Canalicular	Sialoblastoma		Ca. céls. pequeñas
Adenoma Sebáceo	Ca. células claras, NOS	Ca. sebáceo	Ca. C. Grandes
Linfadenoma			Ca. Linfoepitelial
Papiloma Ductal	**Adenocarcinoma NOS**	**Adenocarcinoma NOS**	**Adenocarcinoma NOS**
Cistoadenoma	Cistoadenocarcinoma		**Carcinoma Ductal**
Hemangioma	Linfoma MALT		Linfoma B difuso CG

Frecuencia de las lesiones más frecuentes:

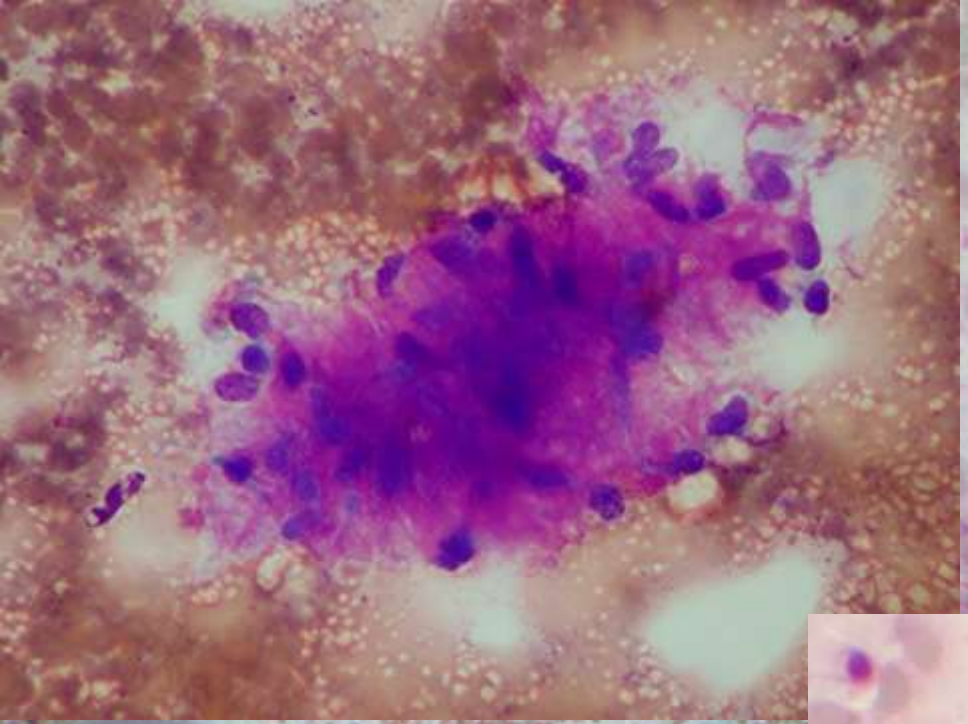
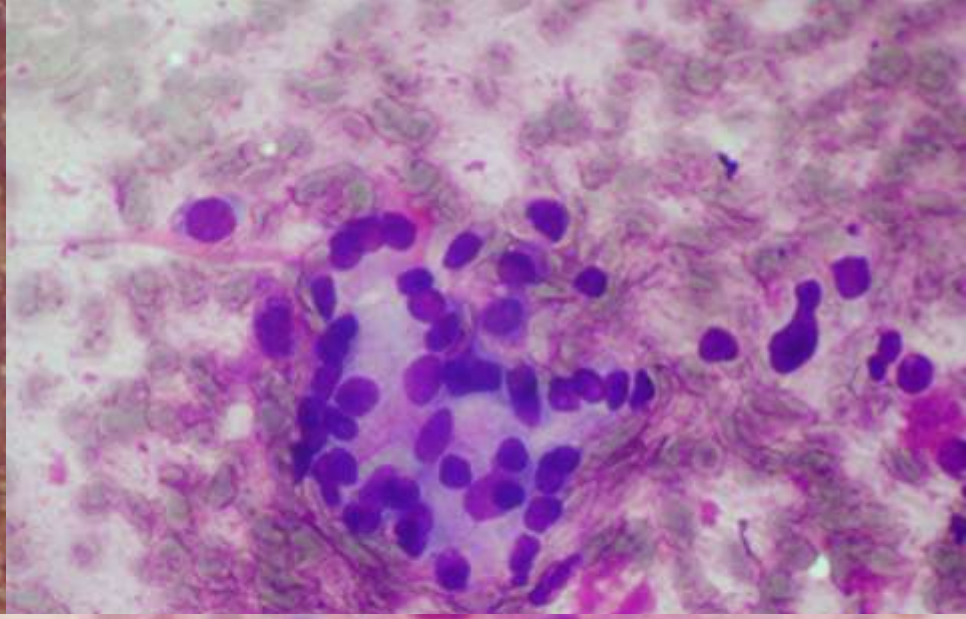
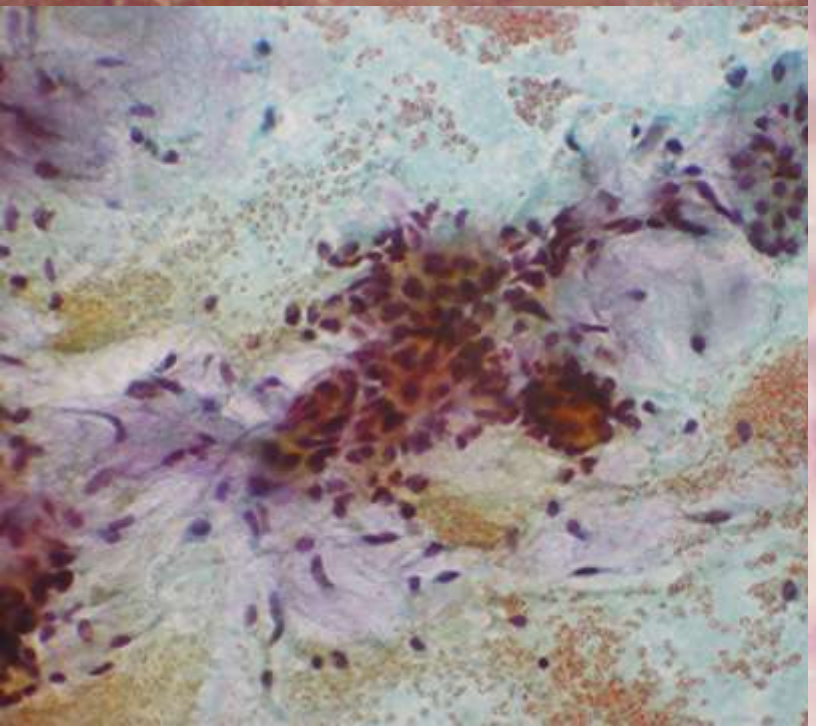
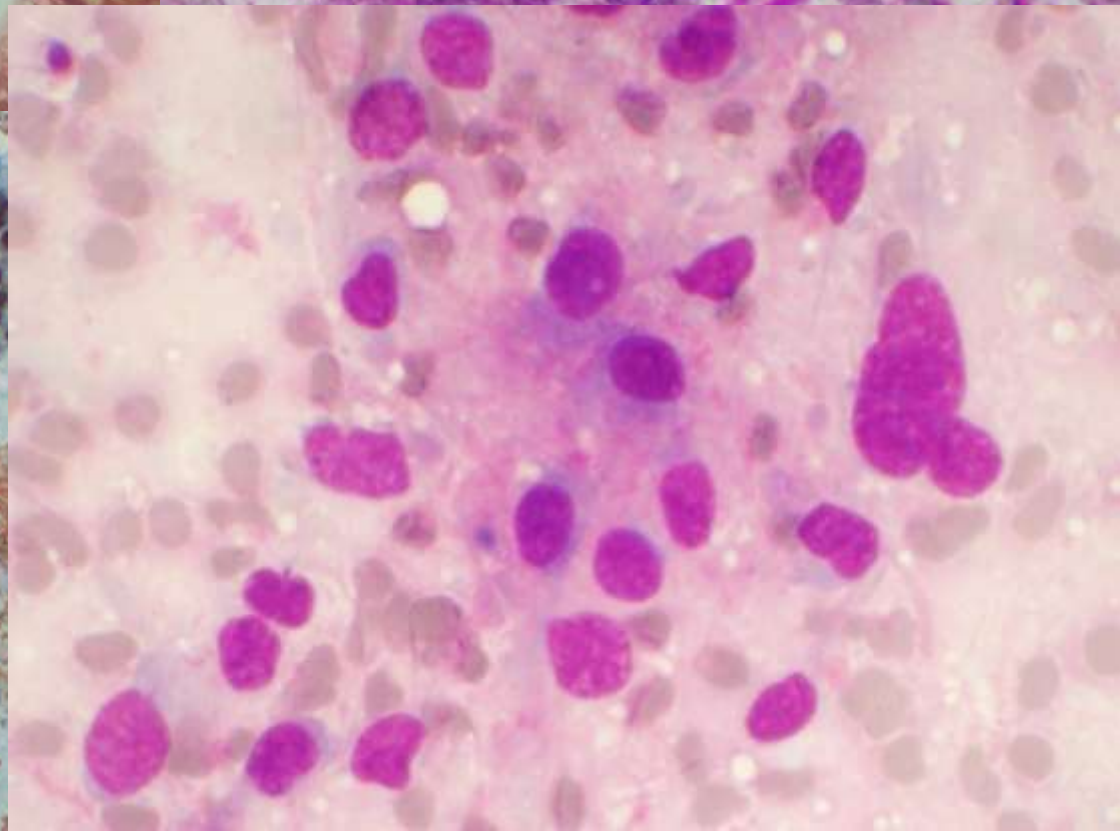
- Adenoma pleomorfo: 50-60 % 55
- T. de Warthin: 5-15% 10
- Ca. Mucoepidermoide: 10-15% 12
- Adenocarcinoma, NOS: 9% 09
- Ca. células acinares: 6% 06
- Ca. adenoquístico: 4-10% 07
- Suma: 99 %

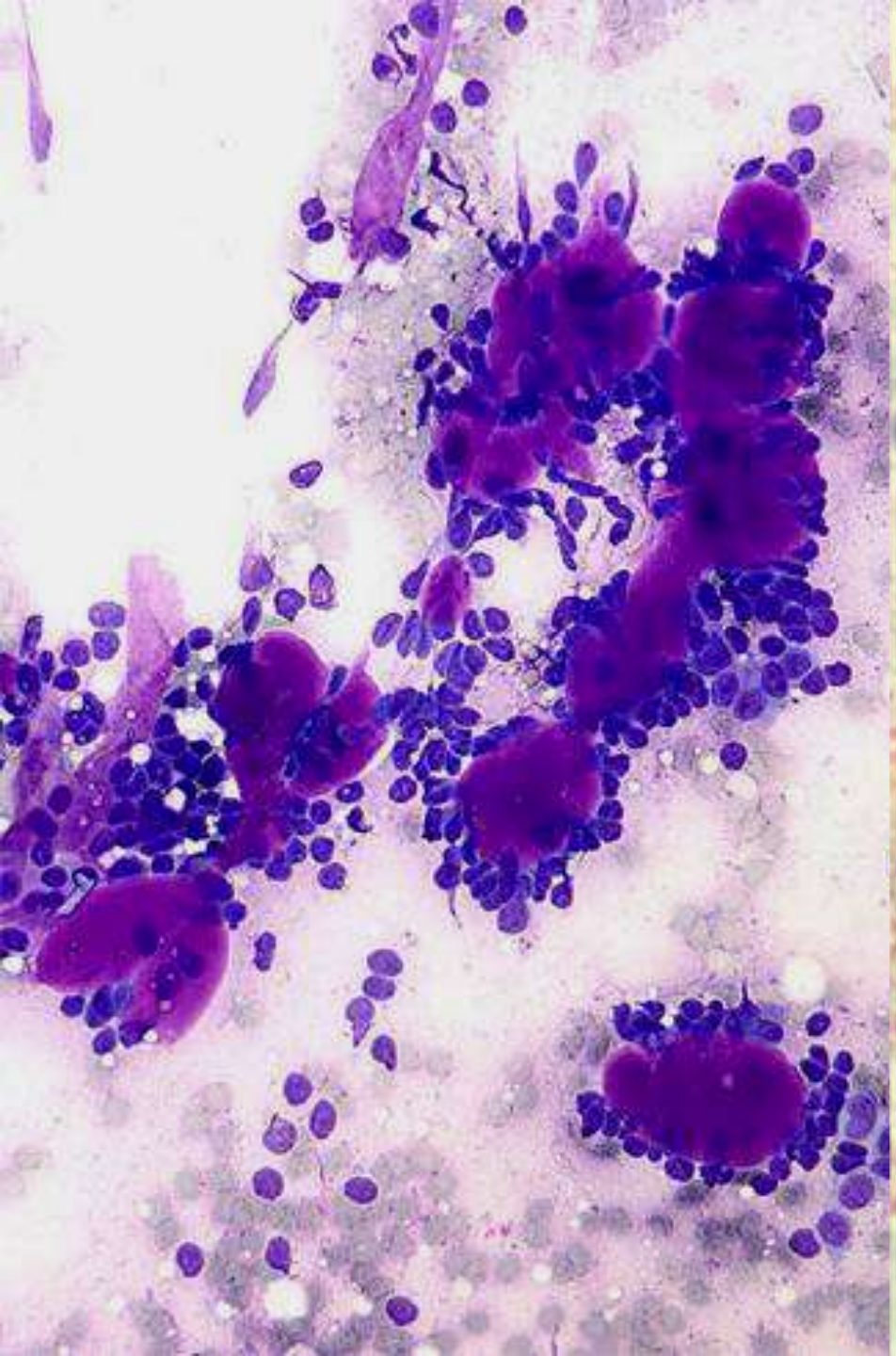
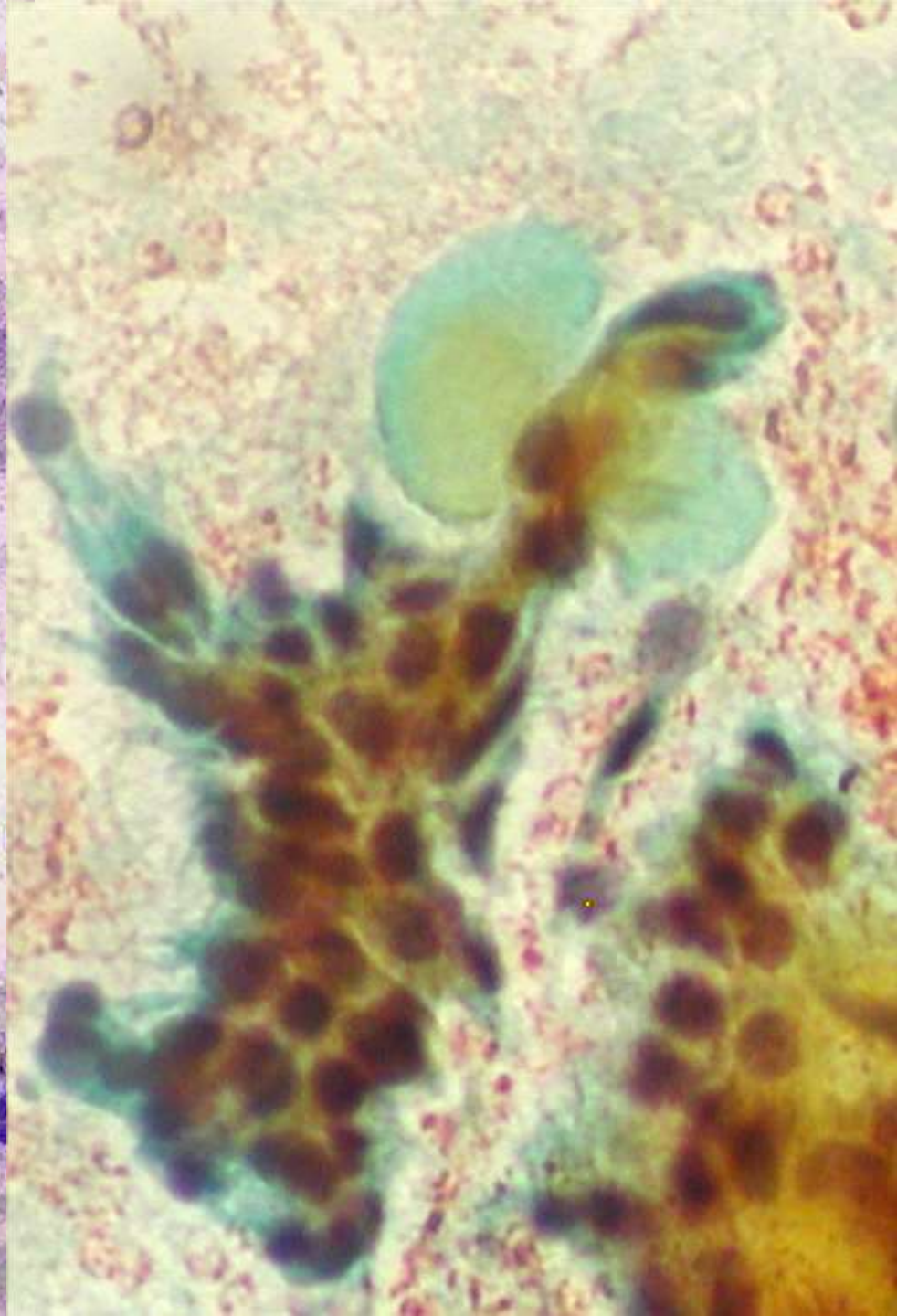
Posibilidades de realizar un diagnóstico

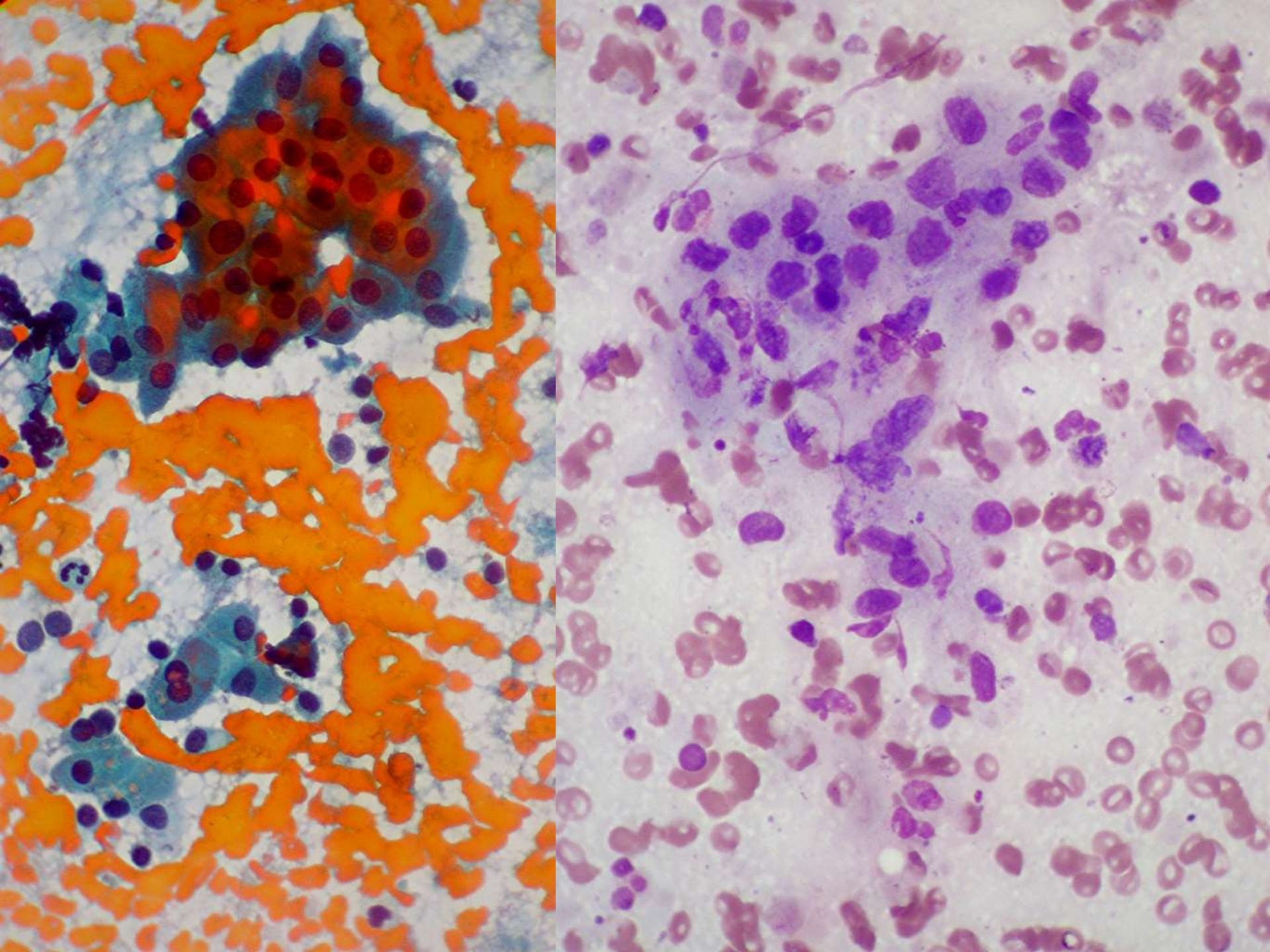
Casi siempre	Depende	Generalmente “descriptivo”
Adenoma pleomorfo	**Ca. Adenoquístico**	Adenoma c. basales tubulotrabecular y sólido
Tumor de Warthin	**Ca. Mucoepidermoide BG**	**Ca. Mucoepidermoide AG**
Sialoadenitis aguda y crónica	Ca. ex - adenoma pleomorfo	**Ca. ductal de GGSS**
Adenoma c. basales membranoso	Metástasis	Adenoca. Polimorfo BG
Ganglio linfático reactivo	Ca. de células pequeñas	Adenoca. c. basales
Linfoma	Mucocele	Ca. epitelial-mioepitelial
	Oncocitoma	**Adenocarcinoma**
	Sialoadenitis linfoepitelial	
	Ca. células acinares	

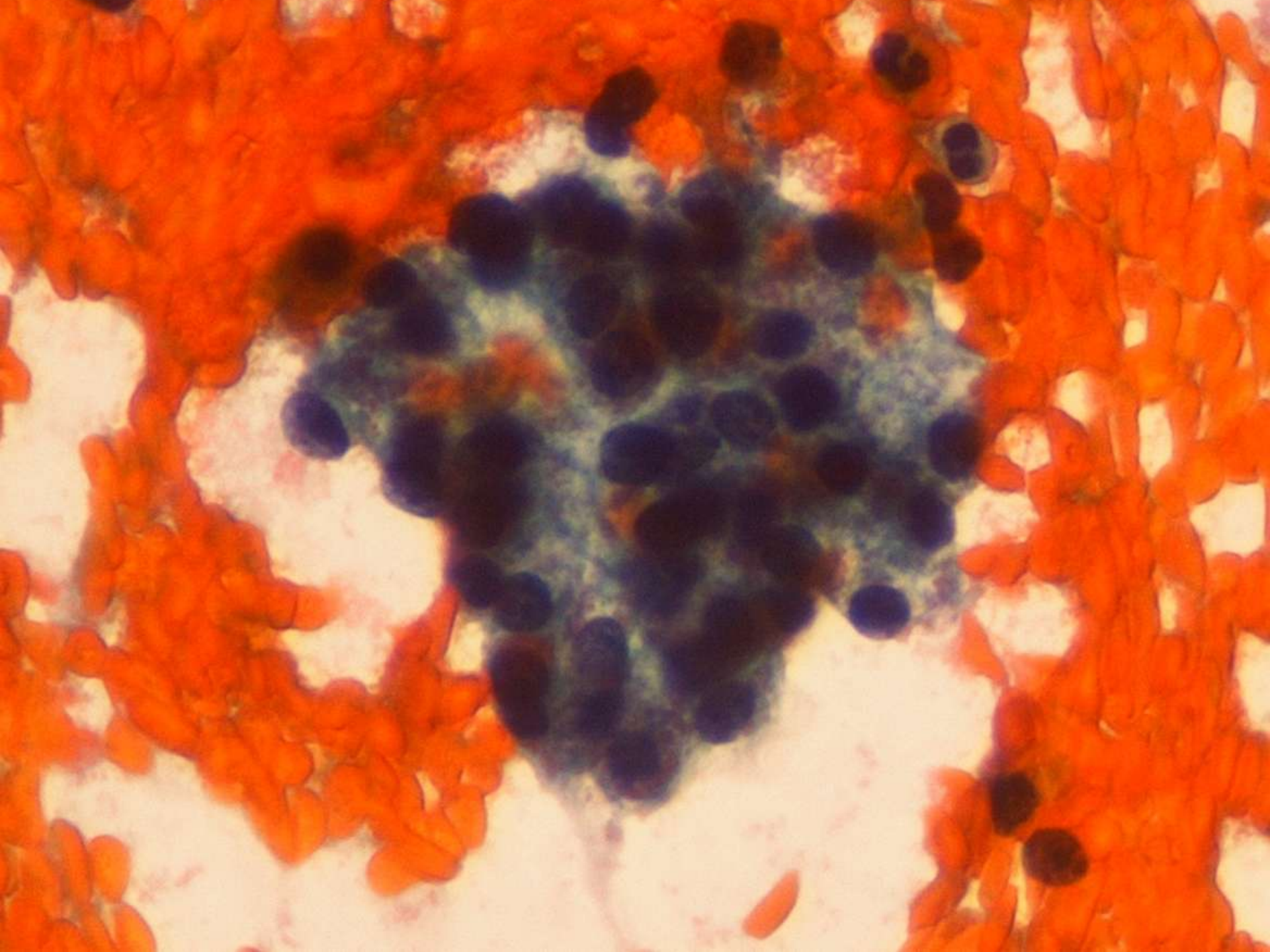
WC Faquin y CN Powers. Salivary Gland Cytopathology. Ed. DL Rosenthal. Ed. Spinger Science+Business Media, New York, 2008.

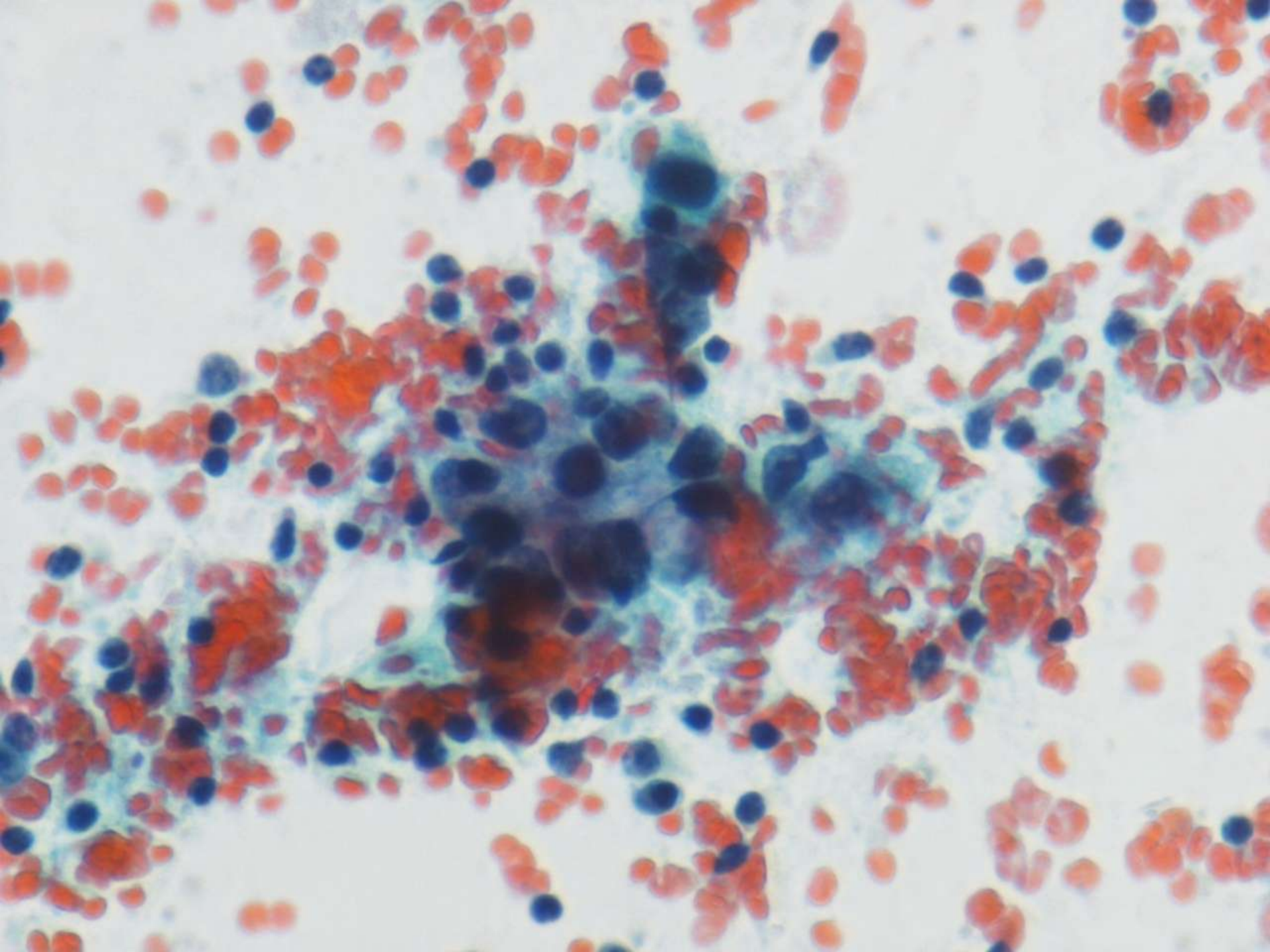
	ENTIDAD	Fondo (panópticos)	Células (Pap)	Otros	
1	**A. pleomorfo**	- Estroma (masas y madejas)	- Ductales - Mioepitel.	- Metaplasia - Condrocitos - Atipia ?	
2	**Ca. Adenoquístico**	- Membrana (bolas y láminas)	- Basalioides > Pequeñas	- Escaso citoplasma	
3	**T. Warthin**	- Inflamatorio (linfocitos y plasmáticas) - “granulado”	- Oncocíticas (placas pequeñas)	-Degeneración - metaplasia - granulación	
4	**Ca. céls. acinares**	- Inflamatorio - Sangre - Citólisis	- Oncocíticas - Microvac.	- Grupos de morfología muy variada	
5	**Ca. Mucoepid. (BG / AG)**	- Moco	- Mucosas - Epiderm.	- Atipia ?	
6	**Adenocarcinoma**	- Necrosis - Sangre	- Alto grado	- Mitosis	

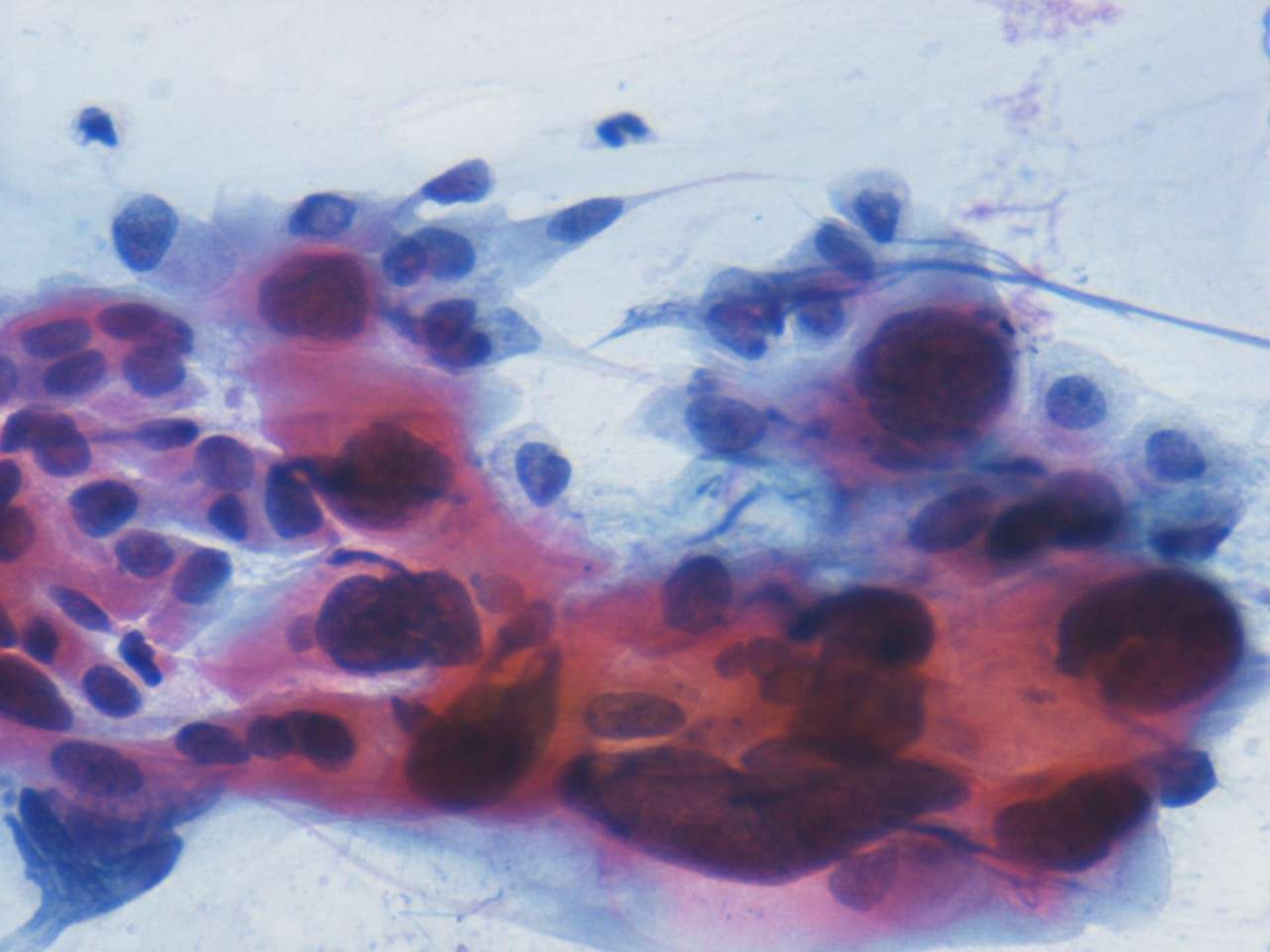













Principales fuentes de error

Celularidad linfoide	Sialoadenitis linfoepitelial	**vs**	Linfoma
Lesiones con matriz	Adenoma pleomorfo	**vs**	Ca. Adenoquístico
Celularidad basalioide	Adenoma y Ca. Céls. Basales	**vs**	Ca. Adenoquístico (variante sólida)
Celularidad oncocítica	T. de Warthin y Oncocitoma	**vs**	Ca. Células acinares
Quistes con moco	Mucocele	**vs**	Ca. Mucoepidermoide de BG
Lesiones de "alto grado"	Ca. Mucoepidermoide AG	**vs**	Ca. Ductal / Adenocarcinoma / Metástasis
Lesiones fusocelulares	Schwanoma	**vs**	Mioepitelioma
Lesiones de células claras	Mioepitelioma	**vs**	Ca. Epitelial-Mioepitelial

Modificado de WC Faquin y CN Powers. Salivary Gland Cytopathology. Ed. DL Rosenthal. Ed. Spinger Science+Business Media, New York, 2008.

diferencial

- Ca. ductal: grupos cribiformes.
- Ca. mucoepidermoide de alto grado: más “escamoso”.
- Ca. ex adenoma pleomorfo: “fondo” estromal.
- Metástasis.

conclusiones

- La **malignidad** viene referenciada por la irregularidad:
  - Fondo sucio, necrosis.
  - Grupos tridimensionales, irregulares
  - Anisocitosis, anisonucleosis
  - Nucleolos, mitosis
- Es más importante una **orientación diagnóstica**, con relevancia terapéutica (cirugía, si procede), que un diagnóstico exacto > la PAAF de GGSS sigue siendo de gran utilidad.
- Guardar material para **citología líquida** (*Thin-Prep*®) puede ser la única forma de alcanzar un resultado útil.

Head Neck. 2010 Jan;32(1):104-8.

Value of fine-needle aspiration biopsy of salivary gland lesions.

Christensen RK, Bjørndal K, Godballe C, Krogdahl A.

Department of Pathology, Odense University Hospital, Odense, Denmark.

Abstract

BACKGROUND: The aim of this study was to assess the utility of fine-needle aspiration biopsy (FNAB) in the diagnosis and treatment planning of the lesions of the salivary gland.

METHODS: Eight hundred seventy-nine aspiration biopsies of the lesion of the salivary gland over a 10-year period, from 1997 to 2006, were reviewed with special reference to its value in the clinical treatment of patients.

RESULTS: Cytologic as well as histologic diagnoses of 382 patients were available. In these diagnoses, the sensitivity of malignancy was 83% and specificity was 99%. The positive predictive value was 98%, and the negative predictive value was 97%. The overall accuracy was 93%. The correct subtyping of the benign lesions was 97%, and the exact type-specific concordance of the malignant lesions was 71%.

CONCLUSION: Considerable benefit to the patient may result from the cautious use of FNAB of lesions of the salivary gland. The close co-operation between pathologist and surgeon can improve individual treatment.

PMID: 19459210 [PubMed - indexed for MEDLINE]

Acta Cytol. 2001 Jul-Aug;45(4):567-74.

Salivary gland fine needle aspiration using the ThinPrep technique: diagnostic accuracy, cytologic artifacts and pitfalls.

Al-Khafaji BM, Afify AM.

Department of Pathology, University of Michigan Medical School, Ann Arbor, USA. basim.al-khafaji@stjohn.org

Abstract

OBJECTIVE: To retrospectively assess the diagnostic accuracy, cytologic features and pitfalls of ThinPrep (TP) (Cytyc Corporation, Marlborough, Massachusetts, U.S.A.) versus conventional (smear) preparation (CP) in salivary gland fine needle aspiration biopsies (FNABs) and second, to evaluate the reproducibility of the cytomorphologic criteria used in the evaluation of FNABs prepared by CP versus TP.

STUDY DESIGN: All salivary gland fine needle aspiration biopsies (SGFNABs) between January 1996 and June 1999 were retrieved from the cytology files of the University of Michigan Hospital. Histologic correlation was identified when available. Two cytopathologists reevaluated the slides for artifacts, cellular preservation, background material, cellularity, and cytoplasmic and nuclear details.

RESULTS: Seventy-four of the 134 (55%) cases identified had histologic follow-up. Fifty (68%) cases were processed by TP and 24 (32%) by CP. FNAB processed by TP and CP correctly identified malignancy in 14 and 9 cases, respectively. There were three (4%) false negative cases. These included two acinic cell carcinomas and one mucoepidermoid carcinoma. There were 37 true negative cases (24 TP and 13 CP) and one false positive case of cellular pleomorphic adenoma (cytologic interpretation, mucoepidermoid carcinoma). All discrepant cases were processed using the TP method. The overall specificity and sensitivity were 98% and 88%, respectively. However, specificity and sensitivity for TP-processed SGFNABs were 96% and 82% as compared to a 100% specificity and sensitivity for CP. Additionally, there were 10 (14%) nondiagnostic cases, 8 of which were processed by TP. Cytologic artifacts associated with TP included diminished/distorted extracellular and stromal elements, cellular shrinkage and tissue fragmentation

CONCLUSION: The diagnostic accuracy of TP-processed SGFNABs approaches that of the CP. However, there are several artifacts that may lead to erroneous diagnoses. Additional studies, that depend on real-life clinical samples processed by TP are suggested to modify current diagnostic criteria.

PMID: 11480720 [PubMed - indexed for MEDLINE]

Cancer. 2007 Apr 25;111(2):123-9.

Comparison of ThinPrep and conventional smears in salivary gland fine-needle aspiration biopsies.

Parfitt JR, McLachlin CM, Weir MM.

Department of Pathology, University of Western Ontario and London Health Sciences Centre, London, Ontario, Canada. jrparfit@uwo.ca

Abstract

BACKGROUND: ThinPrep (TP) cytology for evaluation of nongynecological specimens is being increasingly used. There are few studies comparing TP with conventional smears (CS) in salivary gland (SG) fine-needle aspiration biopsies (FNAB). This study compares diagnostic accuracy and morphology of TP and CS in SG FNABs.

METHODS: The authors retrospectively reviewed 98 satisfactory SG FNABs with both TP and CS. All cases had surgical resection. CS and TP slides were assessed for multiple morphological parameters, as well as the ability to make the diagnosis. Chi-square analysis was performed to compare CS and TP.

RESULTS: An accurate diagnosis was rendered more commonly with CS compared with TP (57% versus 42%; P = .032), whereas the unsatisfactory rate was greater with TP compared with CS (19% versus 9%; P = .041). The error (4%) and indeterminate (35%) rates for TP were similar to CS. The diagnostic yield was greater for cellular cases, which were more frequent with CS compared with TP, than for cases of low cellularity; the diagnostic yield of cellular TP cases and cellular CS cases was similar. Artifacts (crush, air drying, obscuring blood) were more frequent (12%, 13%, and 27% versus 2%, 0%, and 1%; P <or= .006) in CS compared with TP. Although fragmentation was greater and nuclear detail was better in TP (P <or= .03), cell size was larger in CS (P = .002). A specific diagnosis of pleomorphic adenoma (PA) was more frequently rendered with CS compared with TP (83% versus 63%; P = .045). PA stroma was more abundant, and an epithelial-stromal interface (ESI) was more frequent in CS compared with TP (ESI, 76% versus 38%; P <or= .001).

CONCLUSIONS: There are morphological differences between TP and CS in SG FNABs, especially with respect to stromal appearance. Although CS appears to be preferable to TP in the diagnosis of PA overall, CS and TP have equivalent diagnostic yield in highly cellular cases. Complementary use of both TP and CS preparations to achieve optimal diagnostic yield is recommended, given the artifacts of some CS and the not infrequent unsatisfactory nature of 1 preparation alone.

PMID: 17330273 [PubMed - indexed for MEDLINE] Free Article