



CURSO TRANSCONGRESO

Correlación y Controversias en Patología del TGI



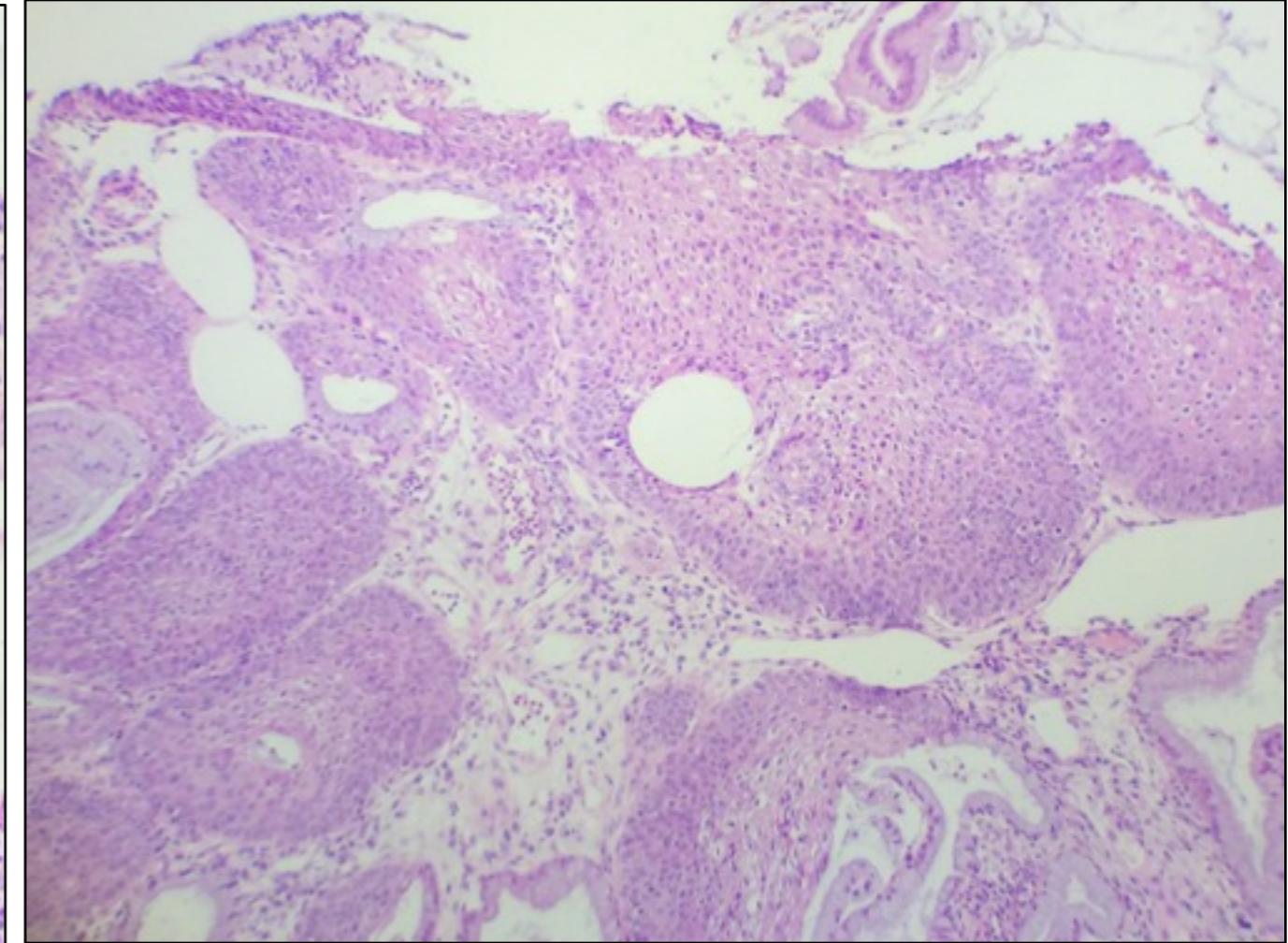
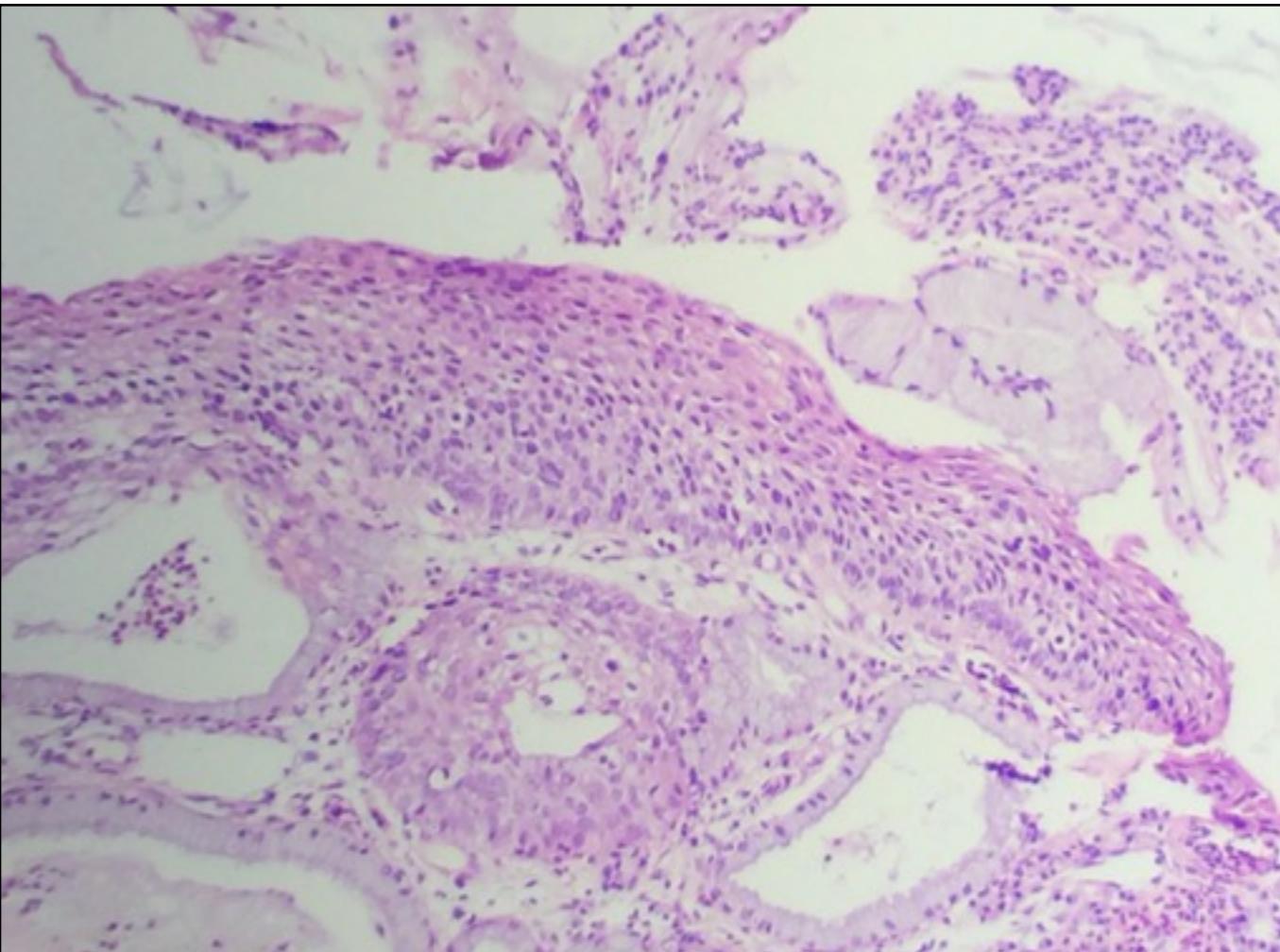
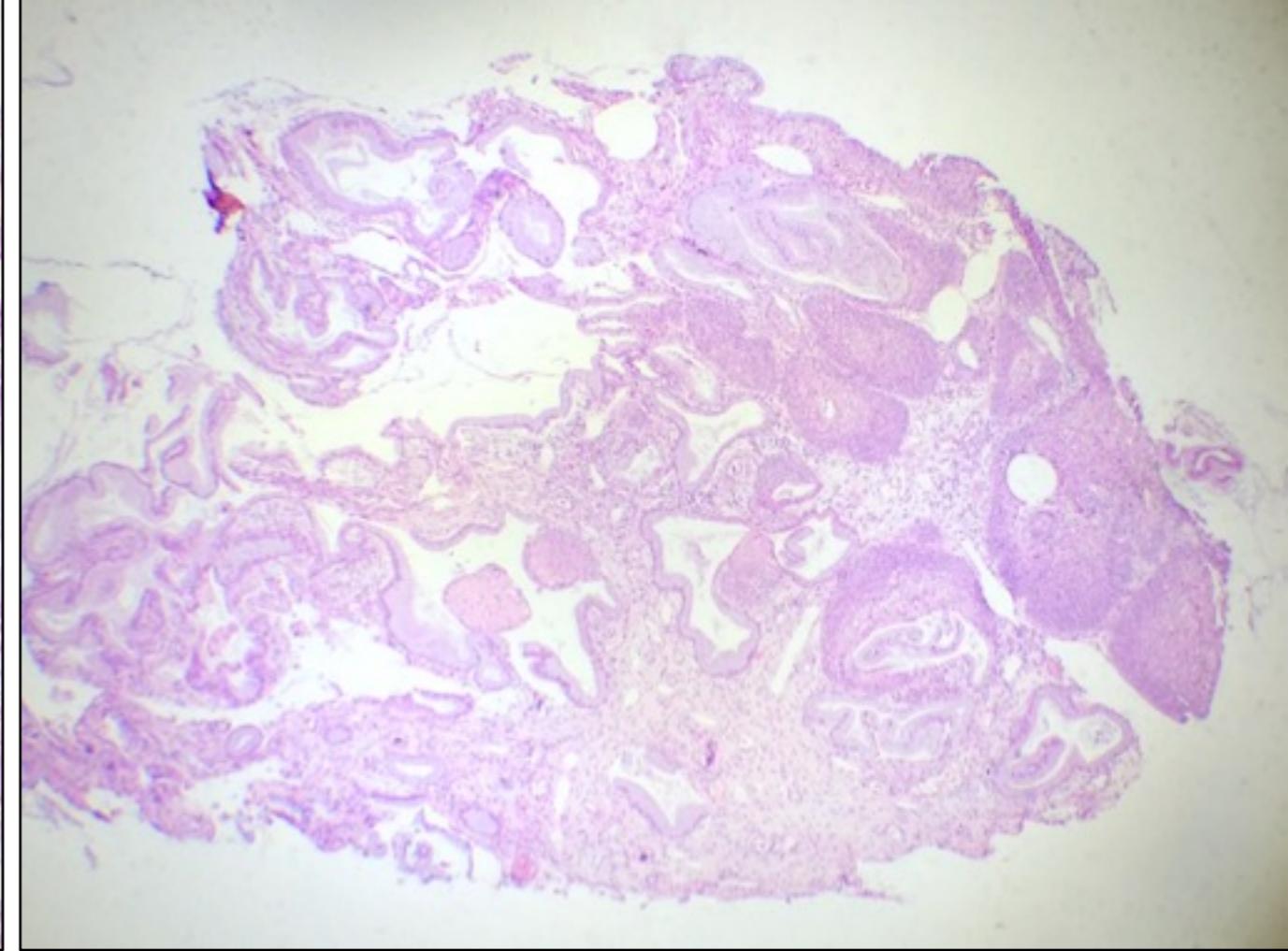
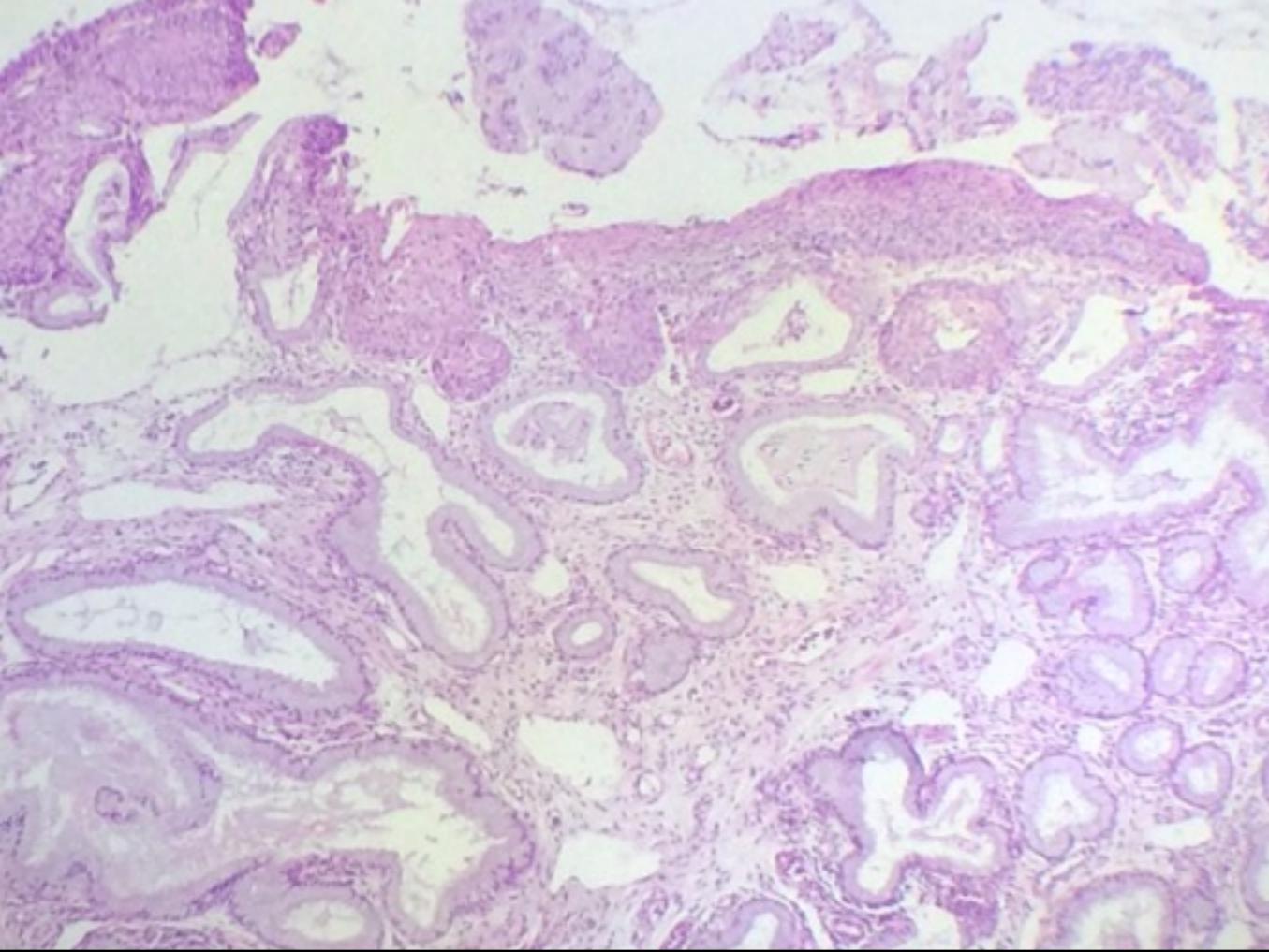
Dra. Alejandra Maciel

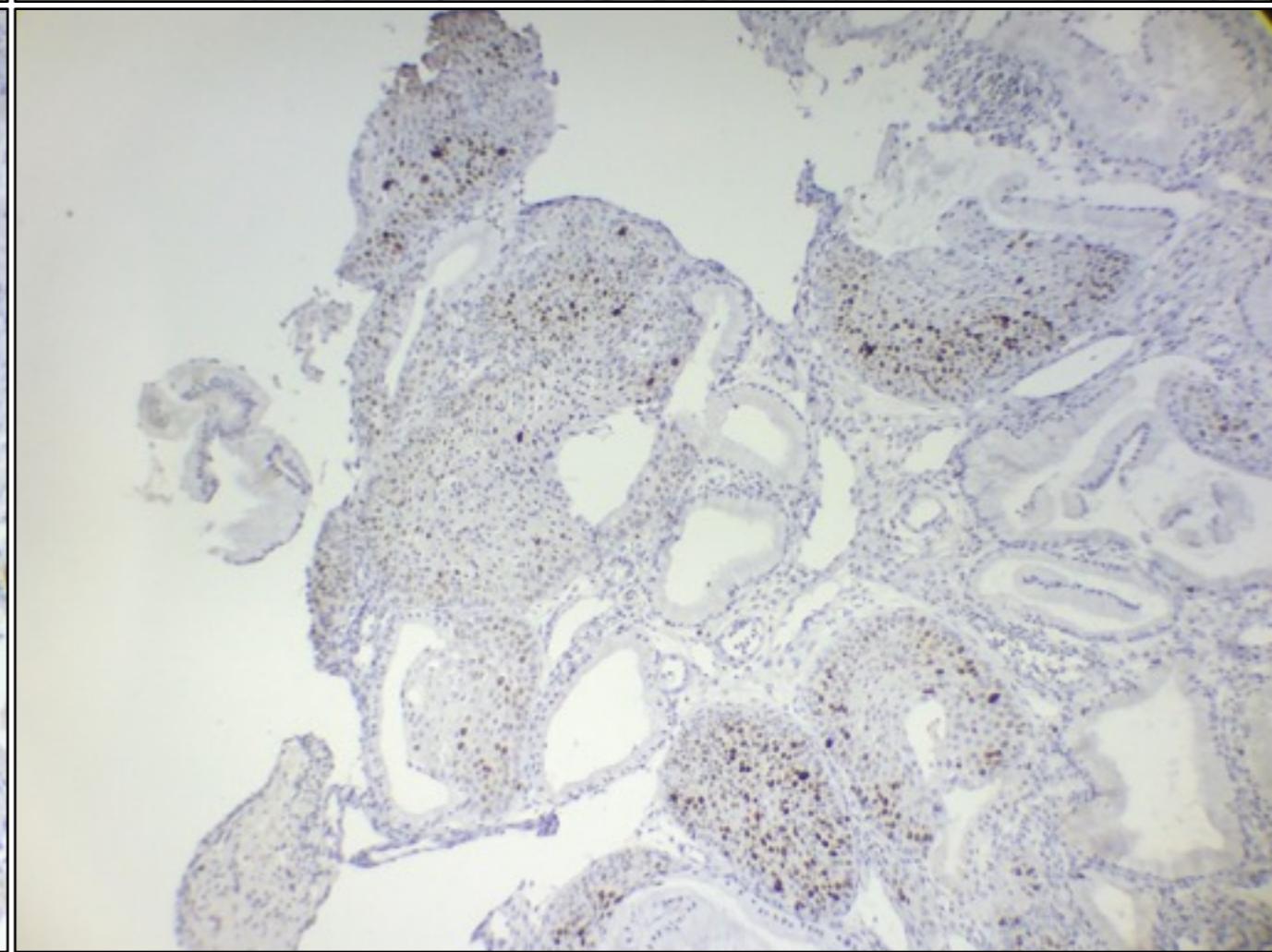
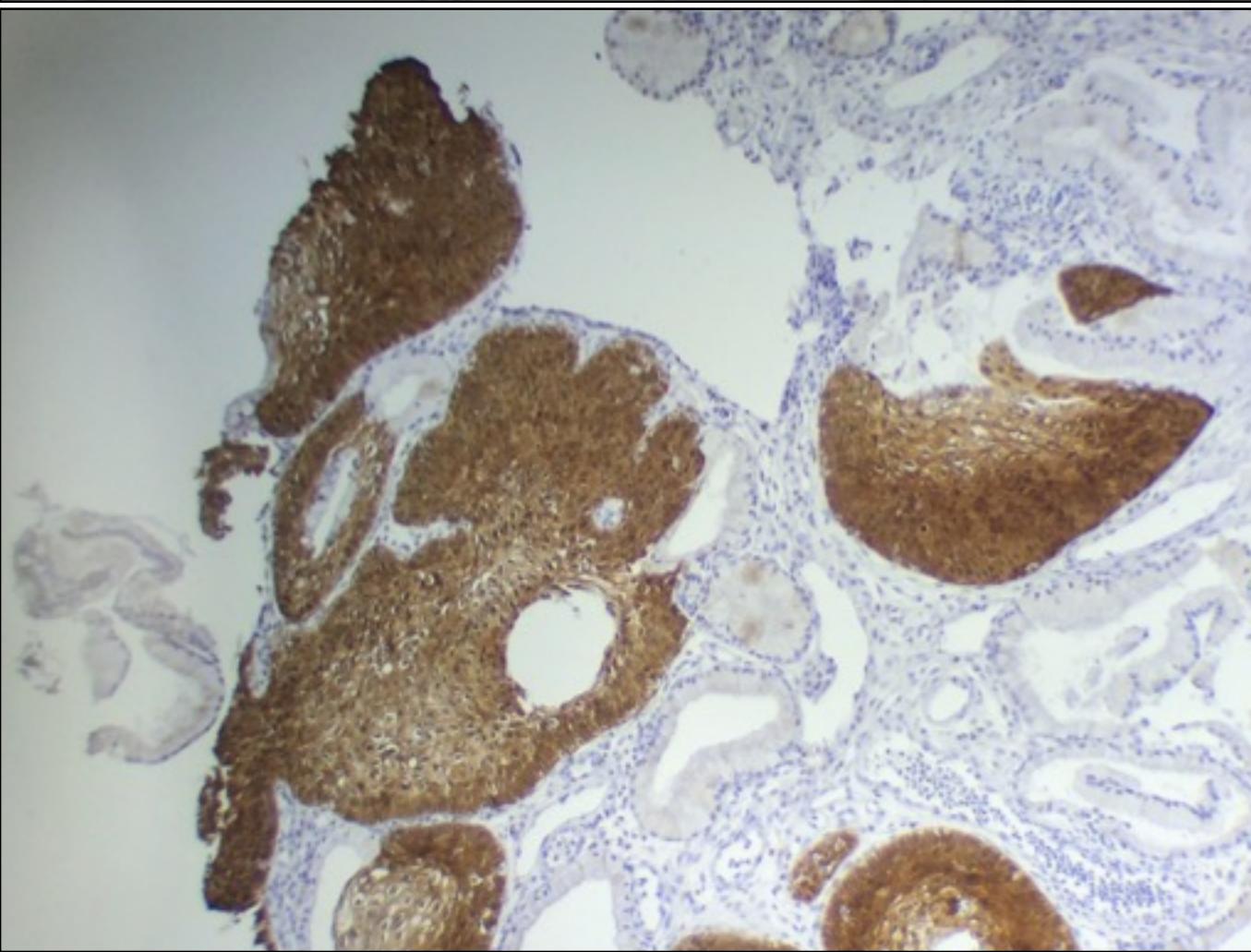
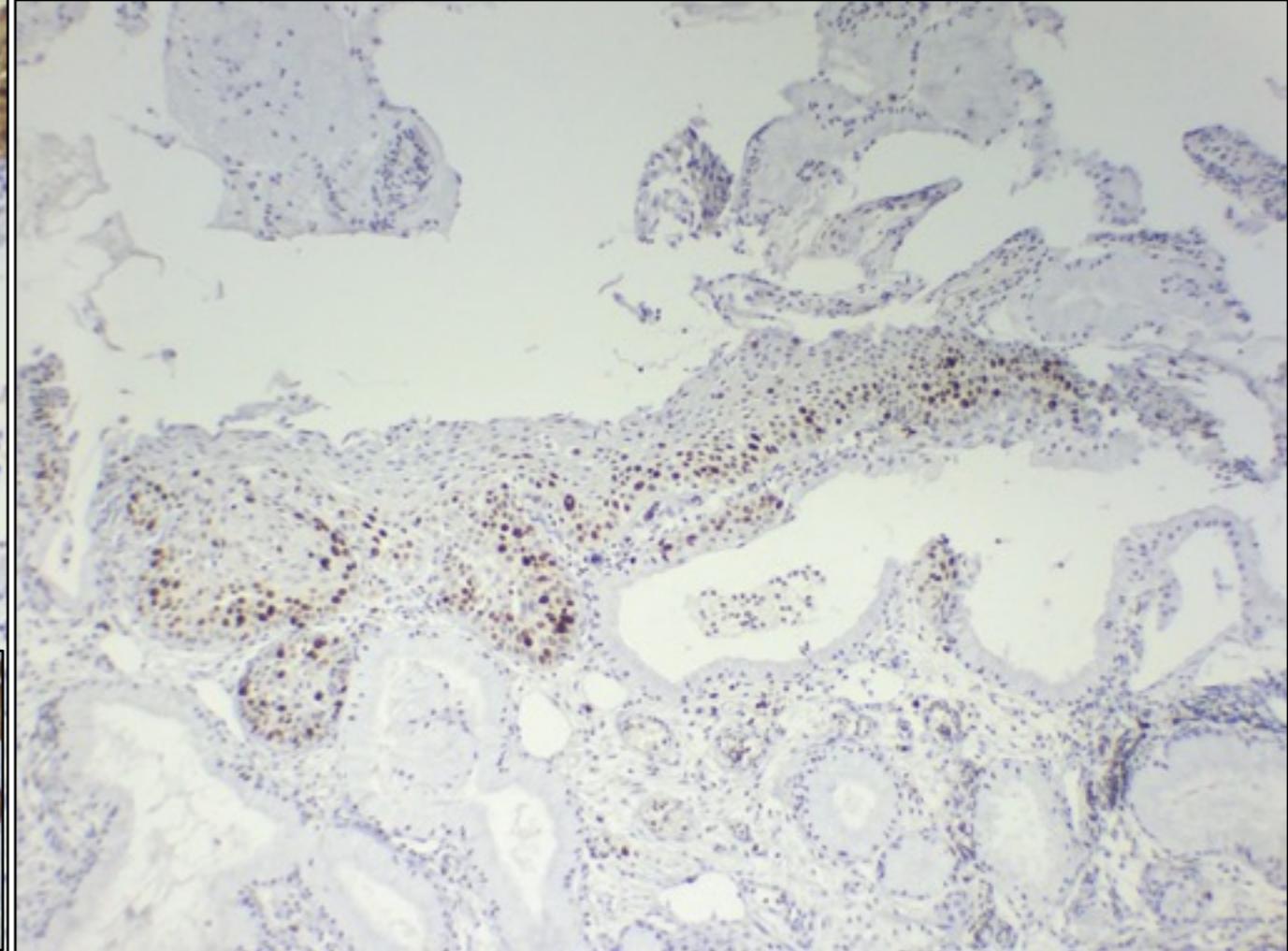
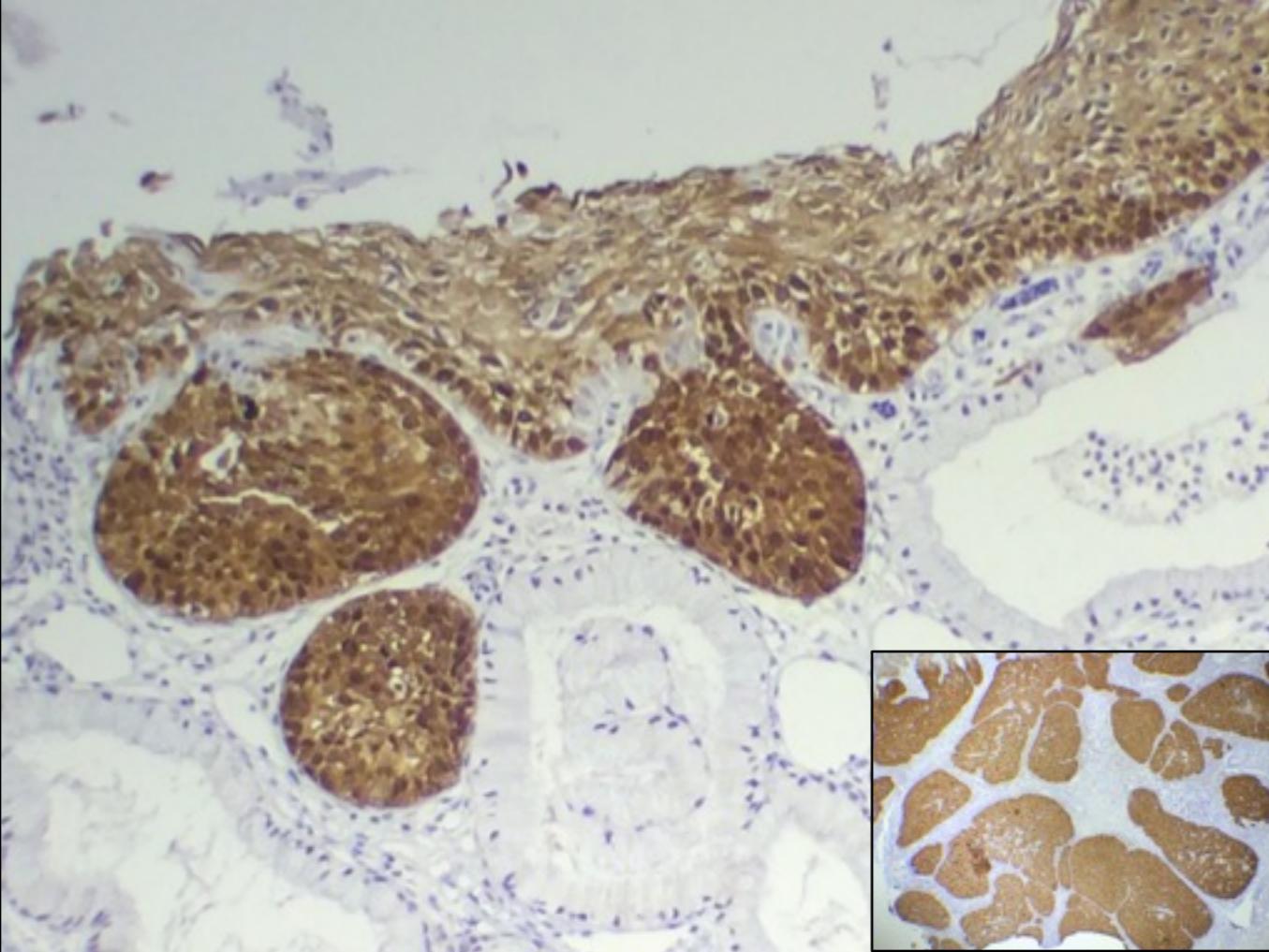
Sociedad Argentina de Patología del Tracto Genital Inferior y Colposcopia

Datos clínicos

- Paciente de 22 años de edad
- Taco en consulta para realizar p16



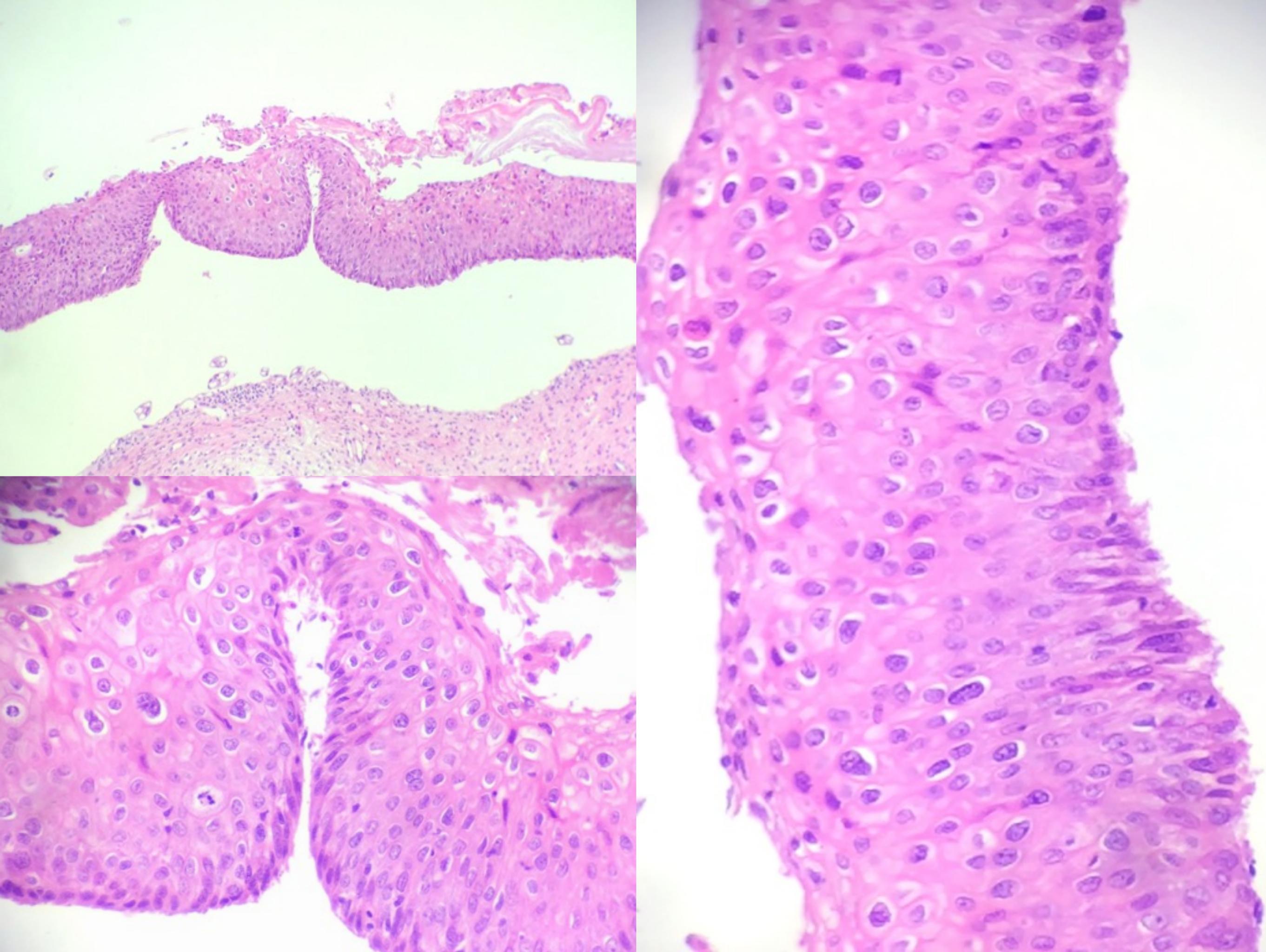


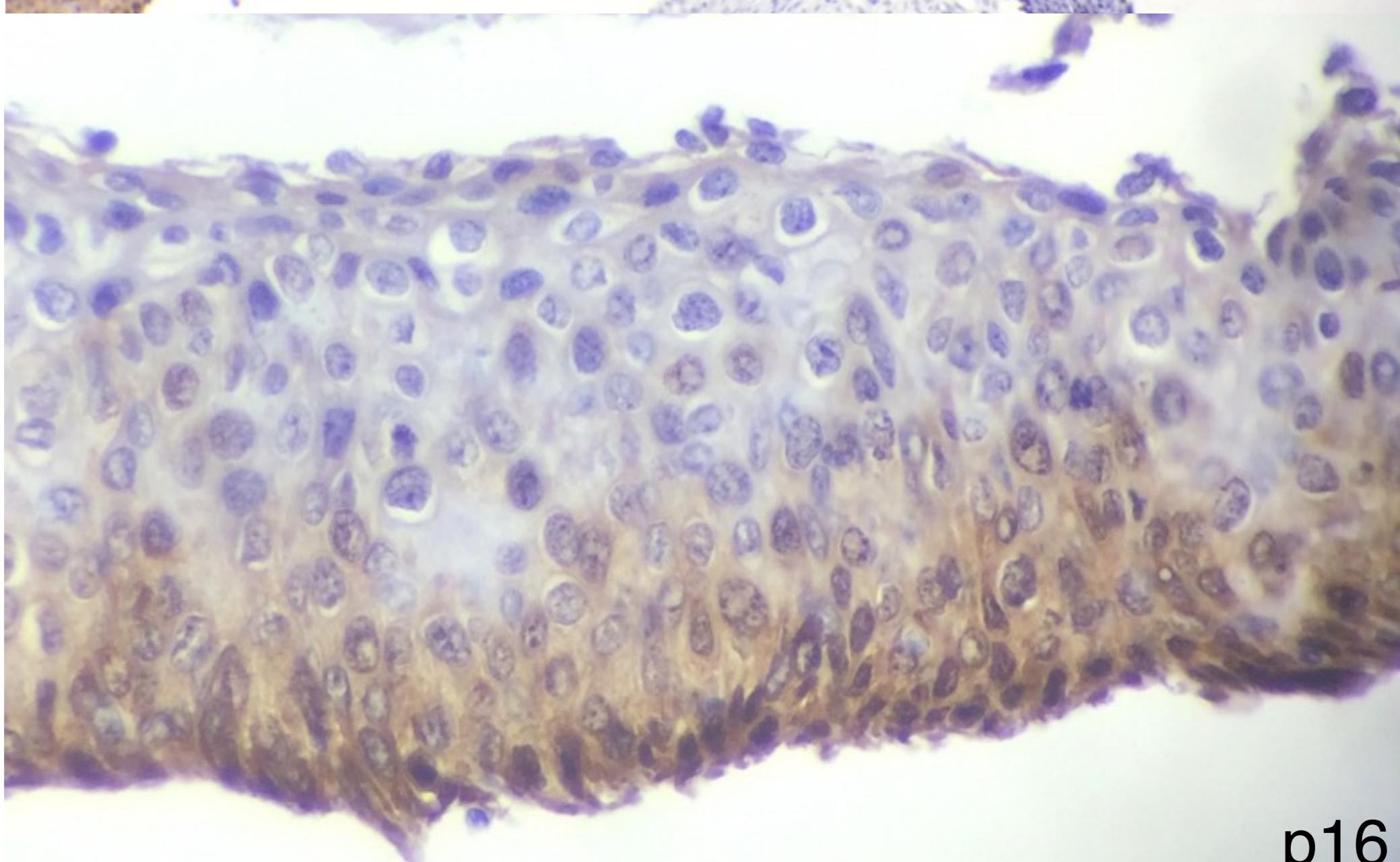
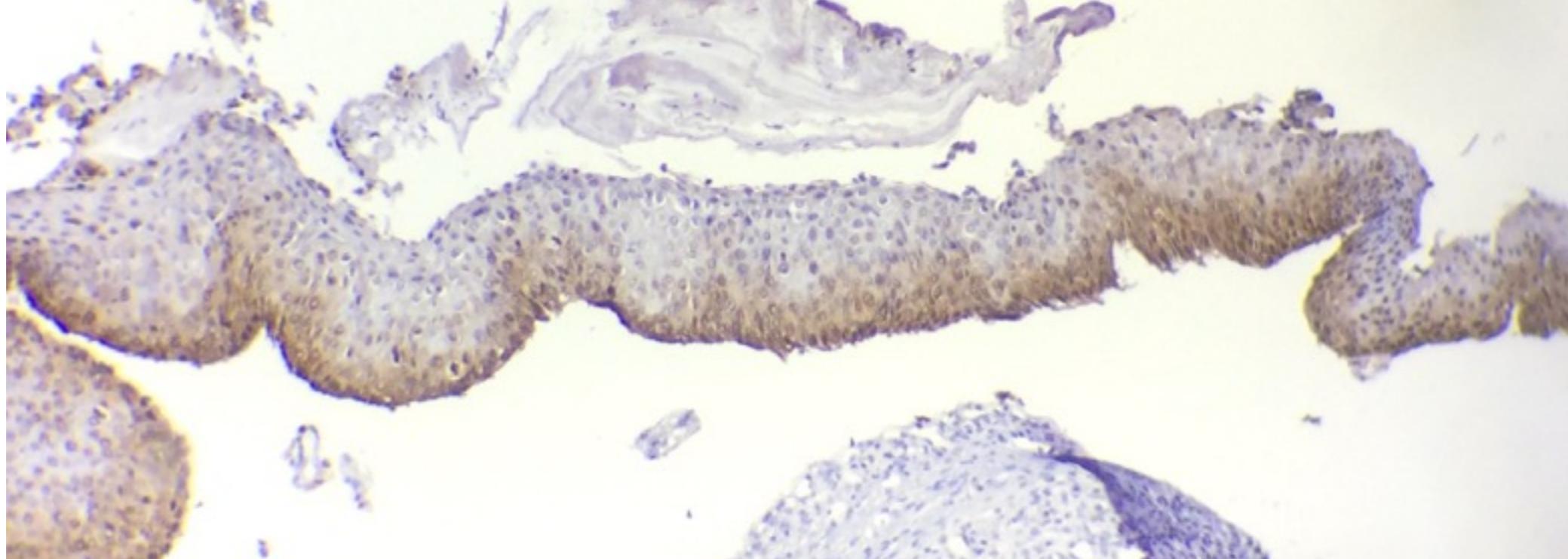


Datos clínicos

- Paciente de 26 años de edad
- Taco en consulta para realizar p16





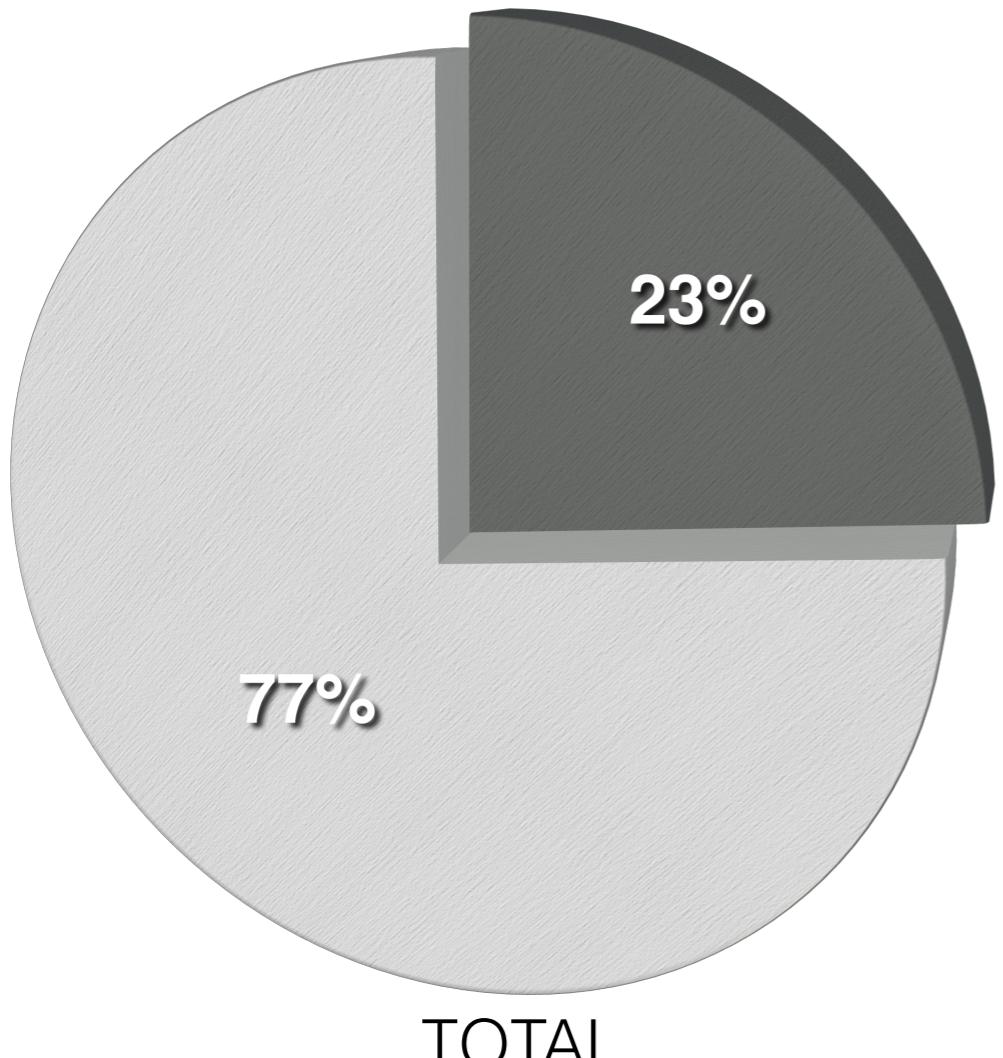


p16



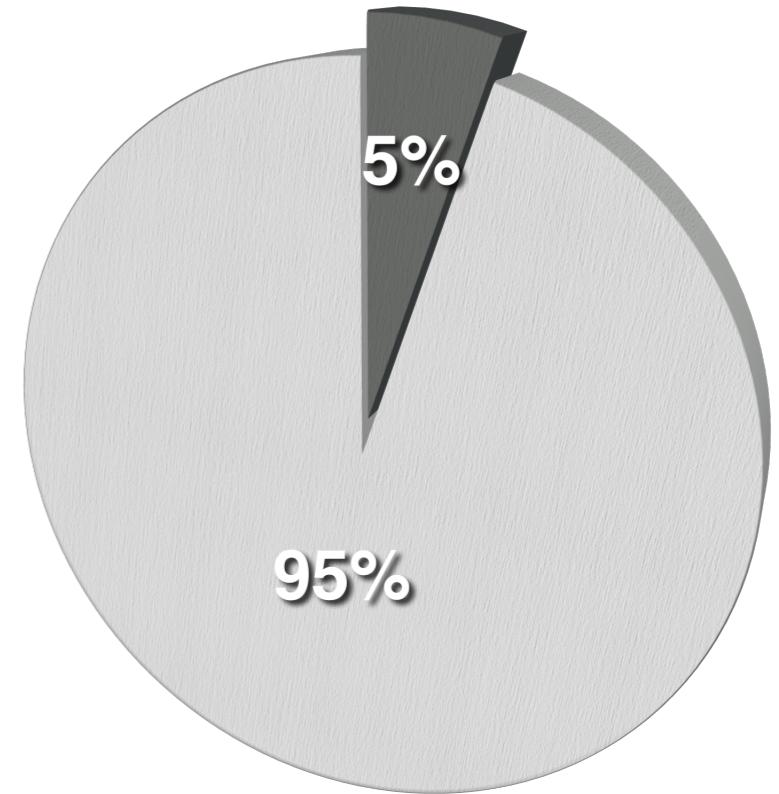
p16 en CIN2

606 bps colposcópicas
(482 pacientes)
100 (16,5%) p16

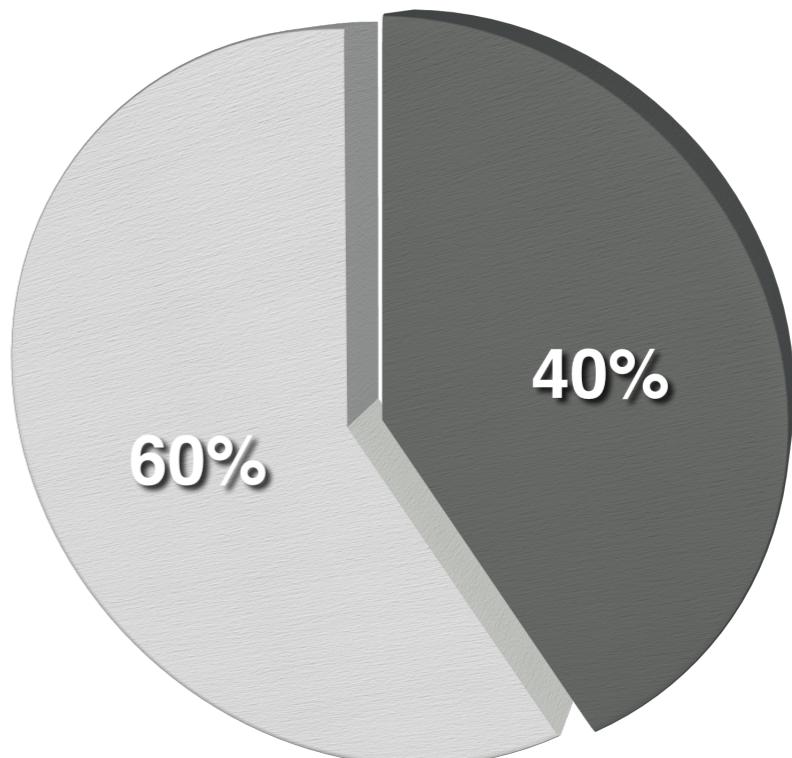


TOTAL
39 CIN2 H&E
30 p16 +
9 p16 -

HTAL RIVADAVIA
19 CIN2 H&E
18 p16 +
1 p16 -



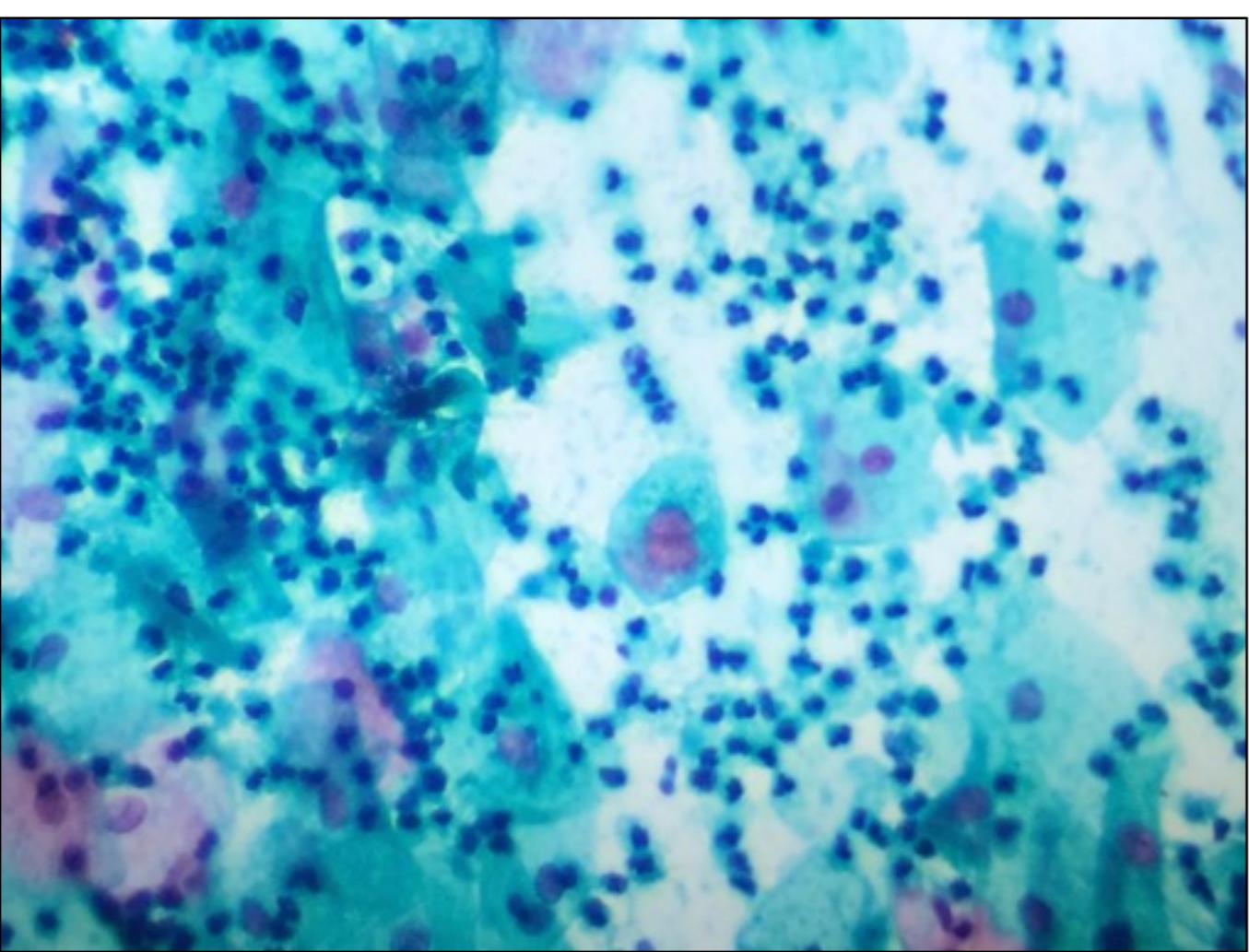
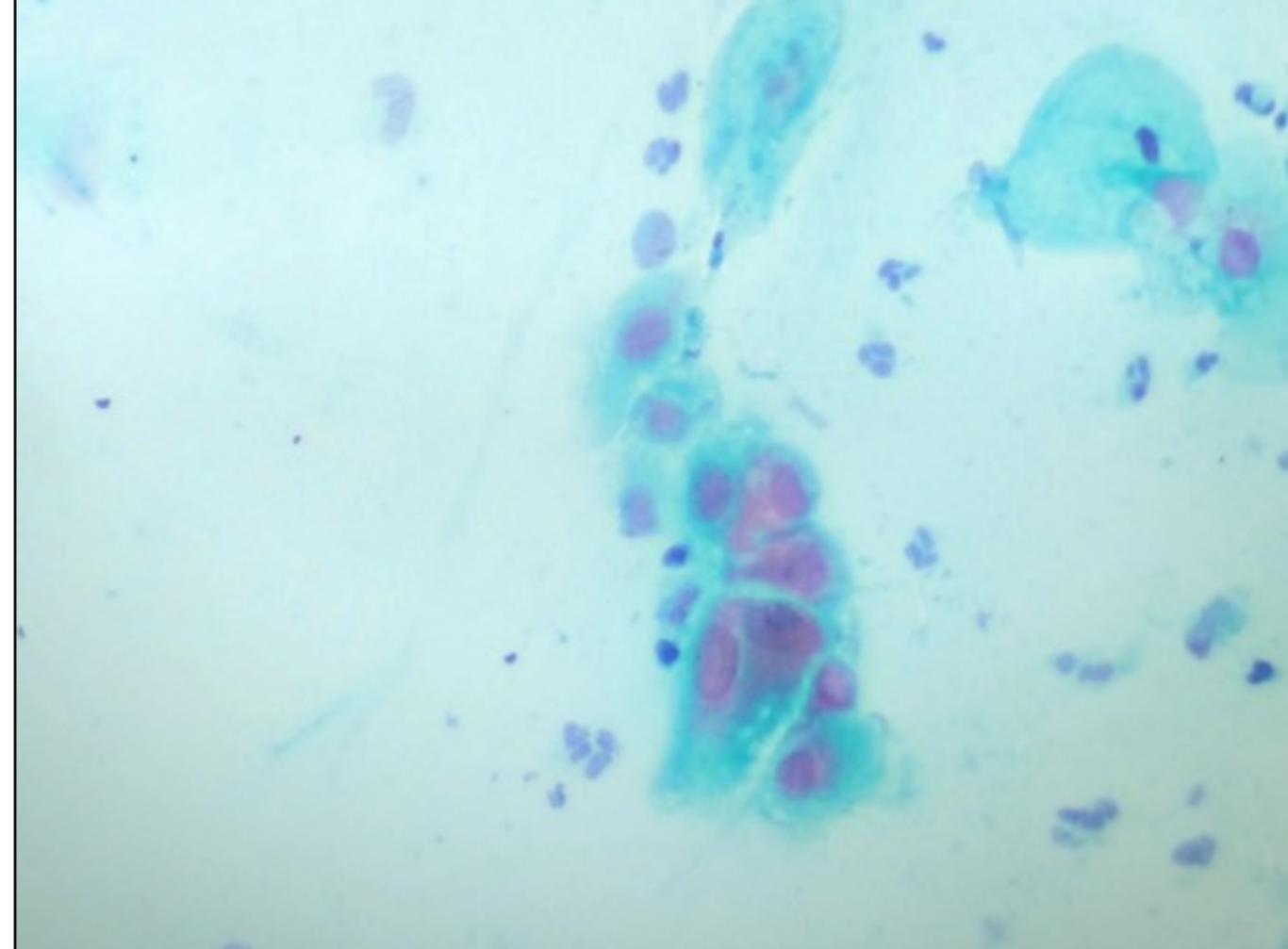
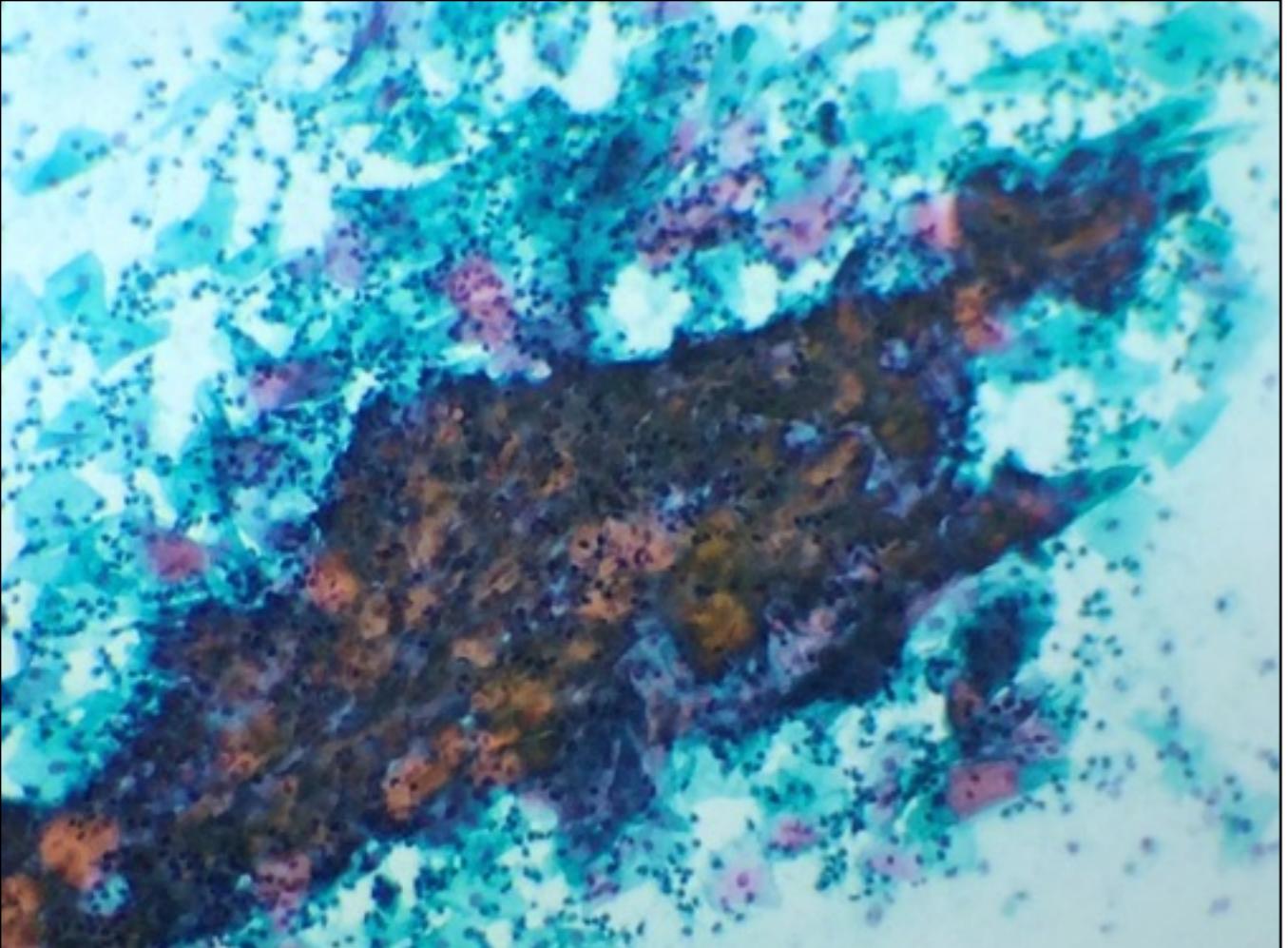
CONSULTAS
20 CIN2 H&E
12 p16 +
8 p16 -

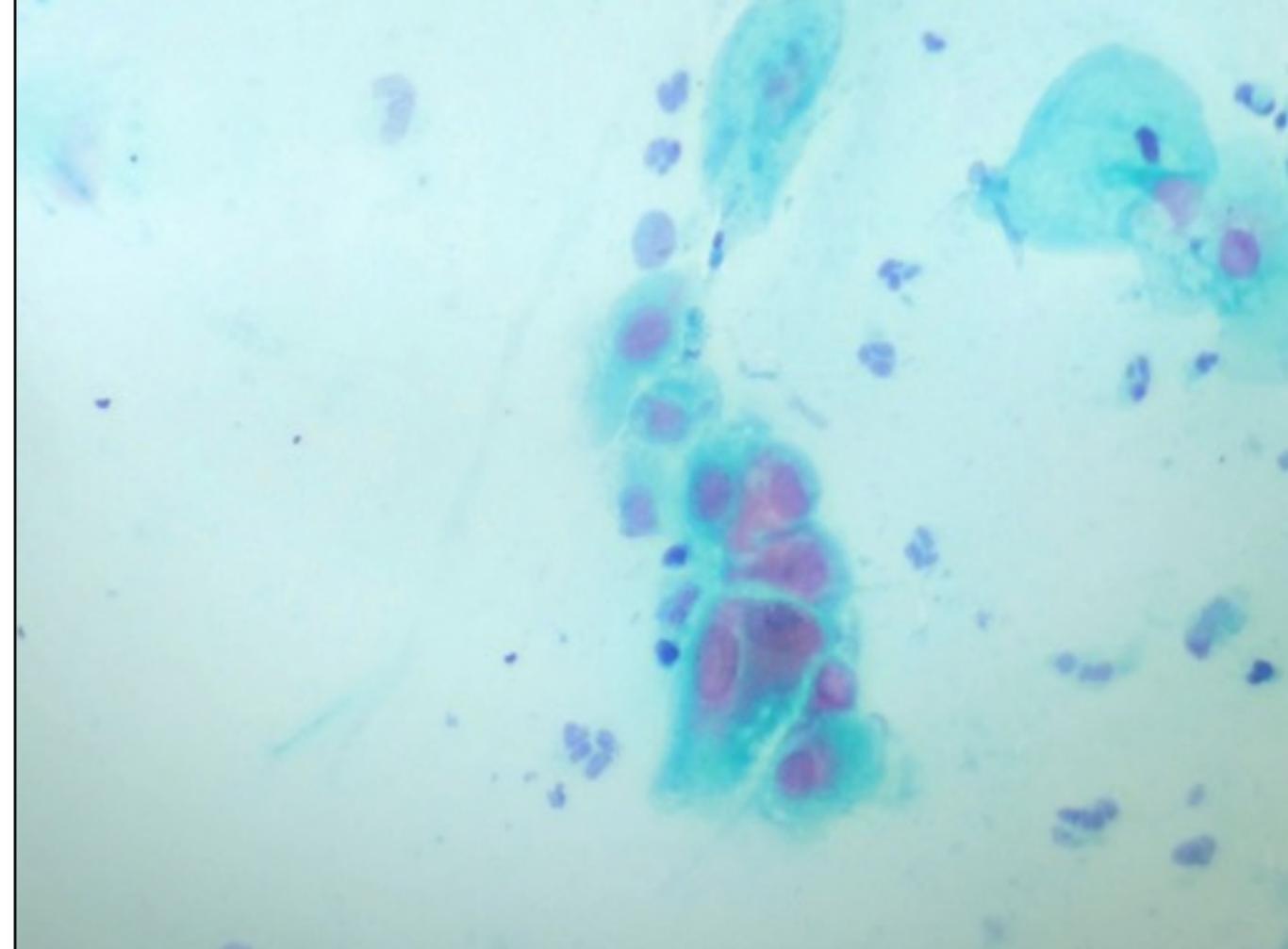
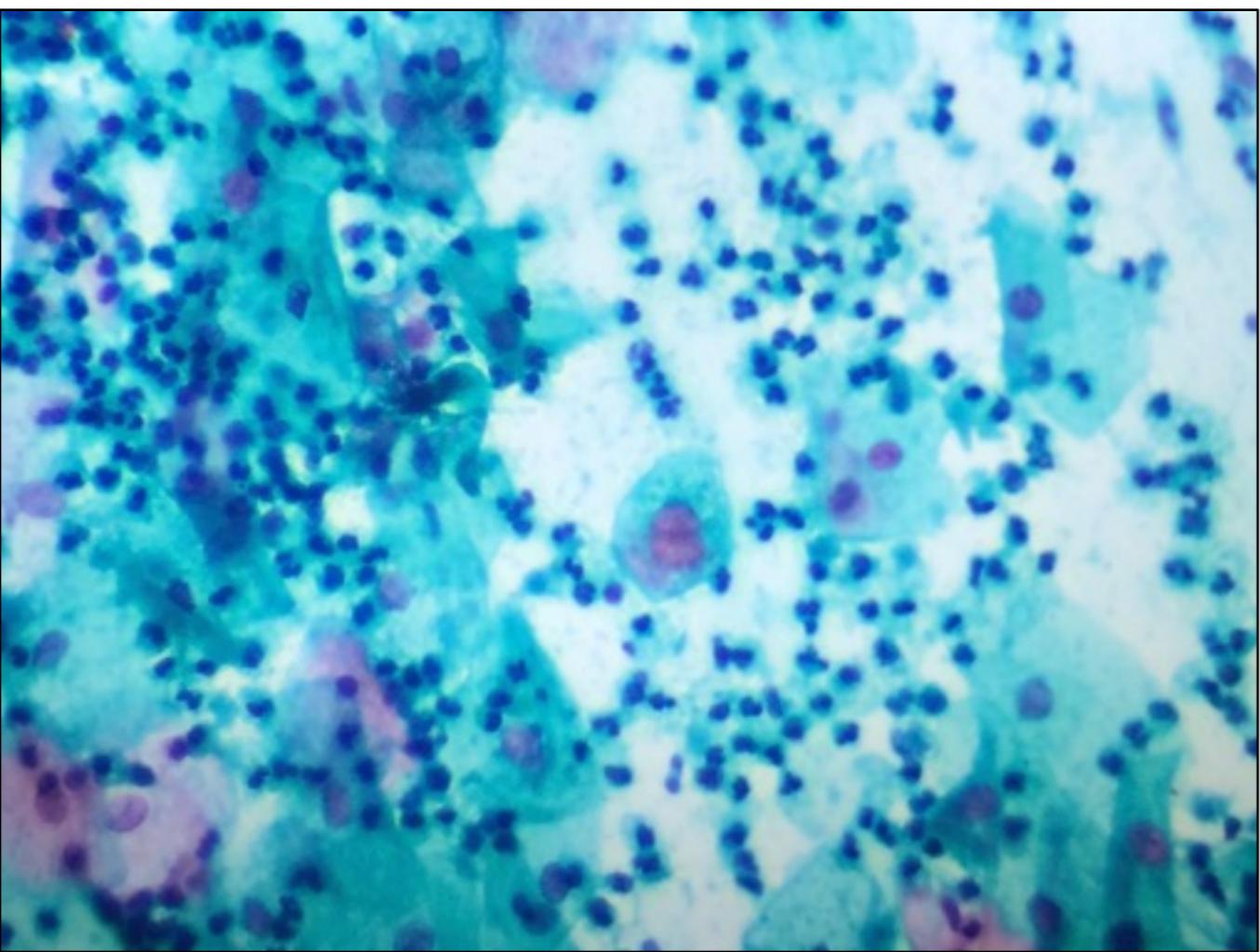
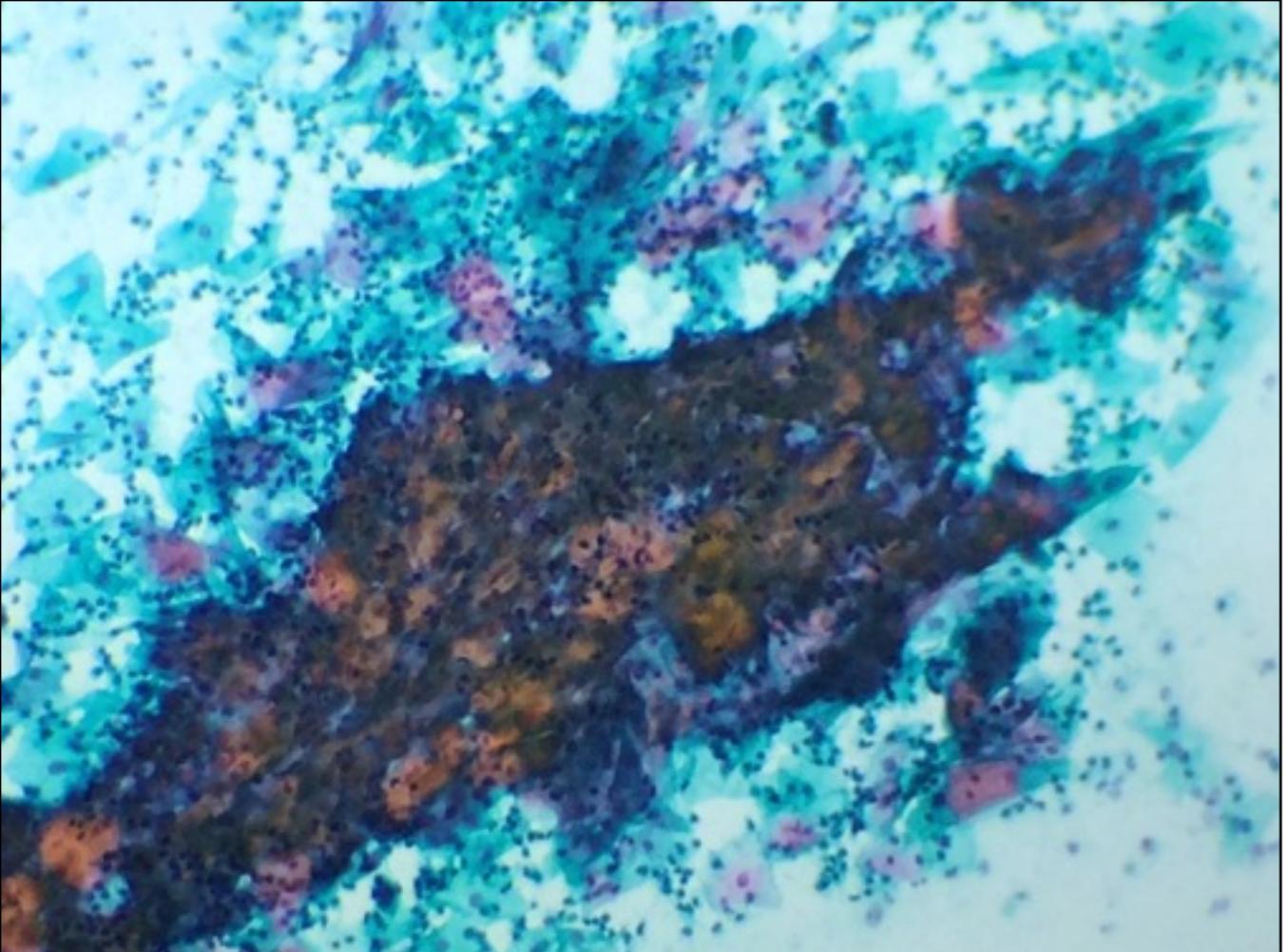


Datos clínicos y colposcopicos

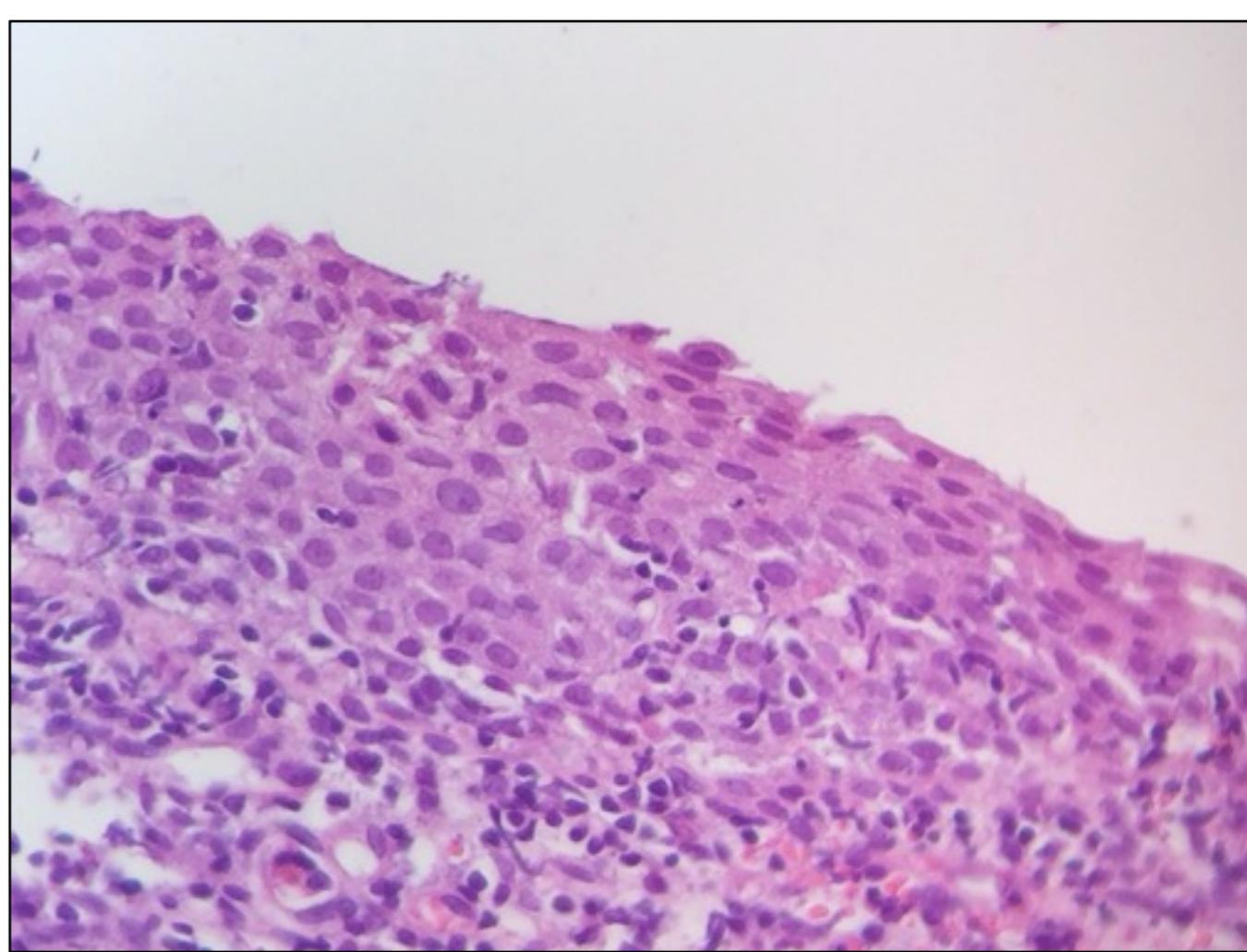
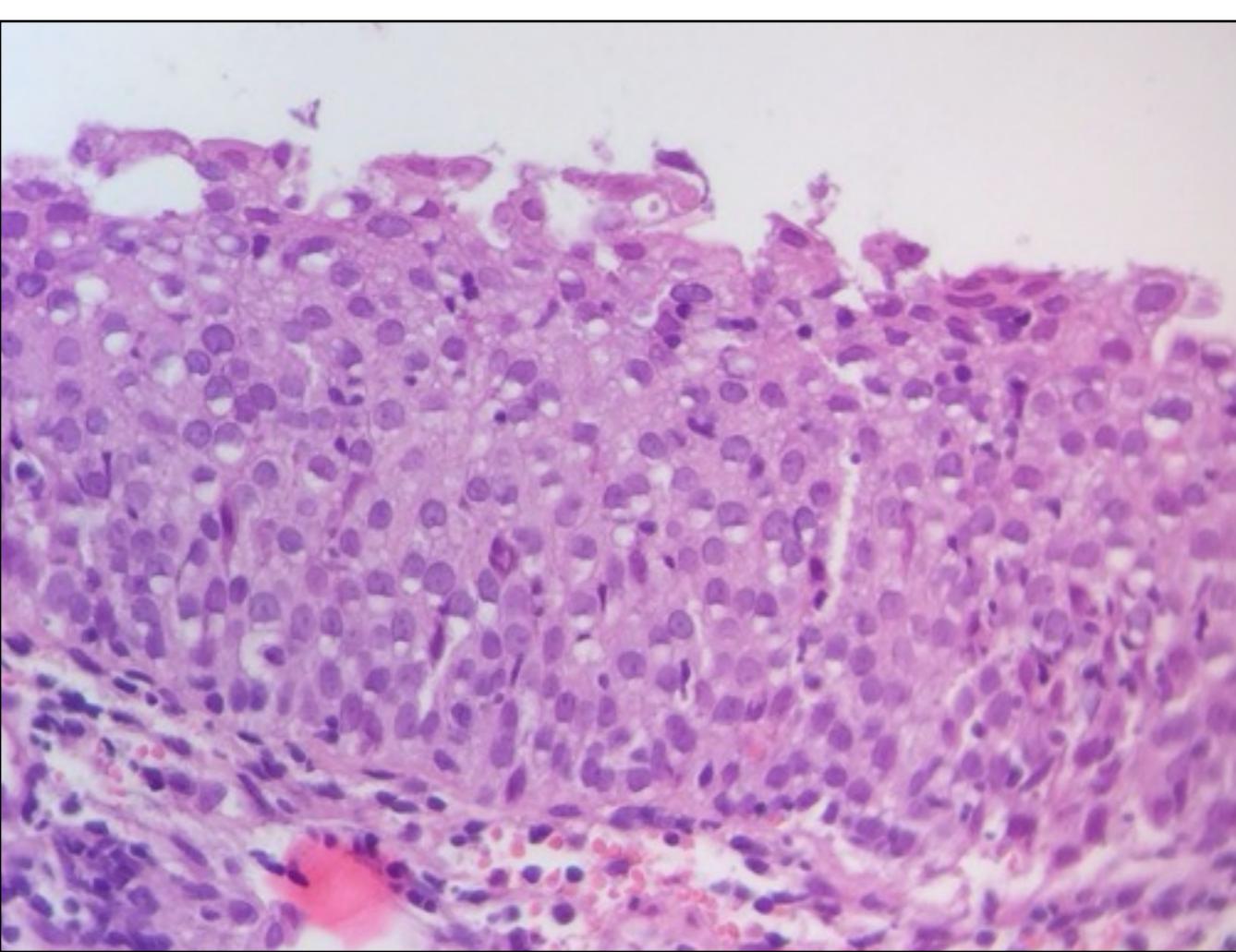
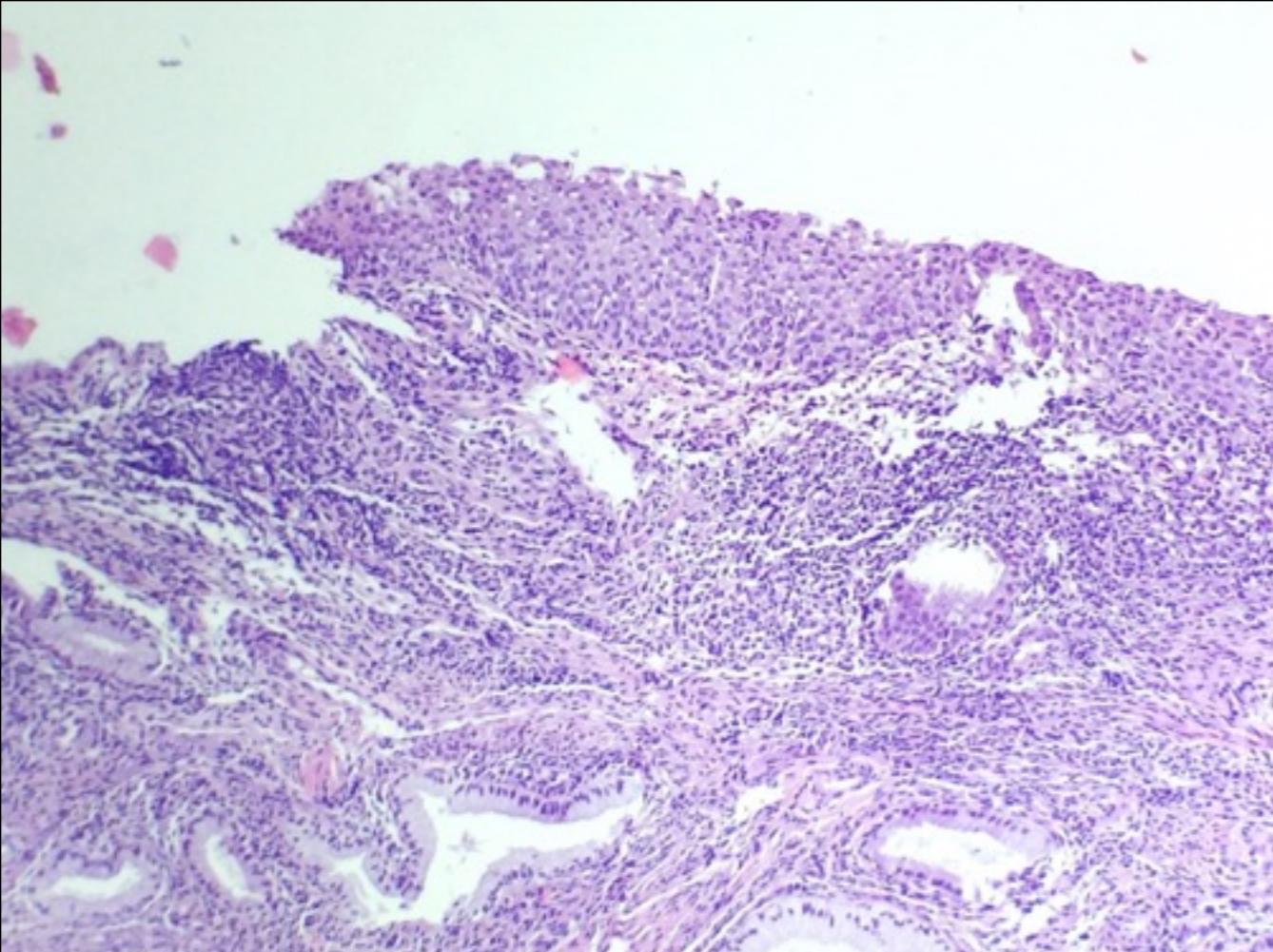
- Paciente de 45 años de edad
- Colposcopia: adecuada, ZT1, vasos atípicos sobre ectopía en H6
- Citología cérvico-vaginal
- Biopsia exocervical

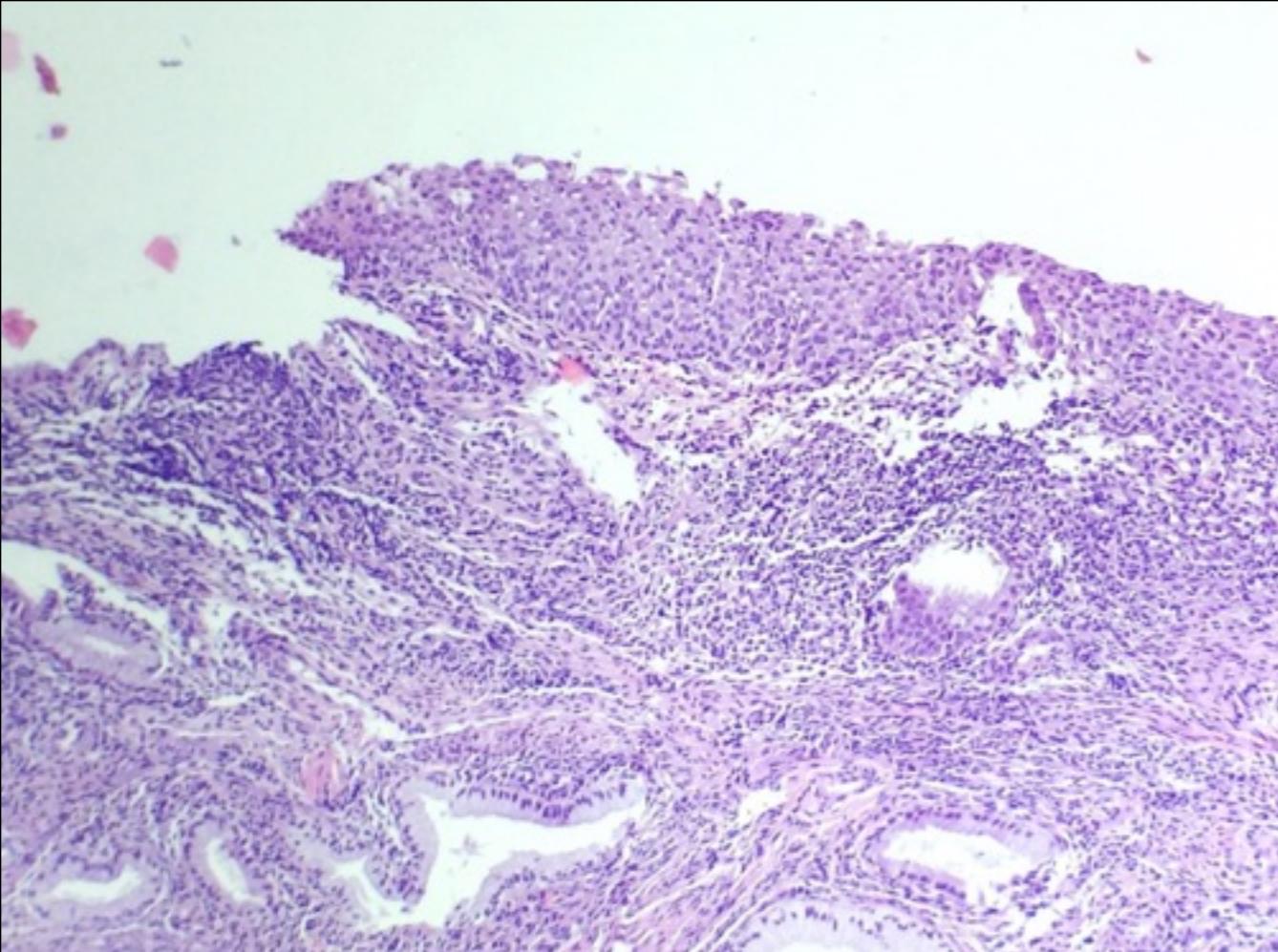




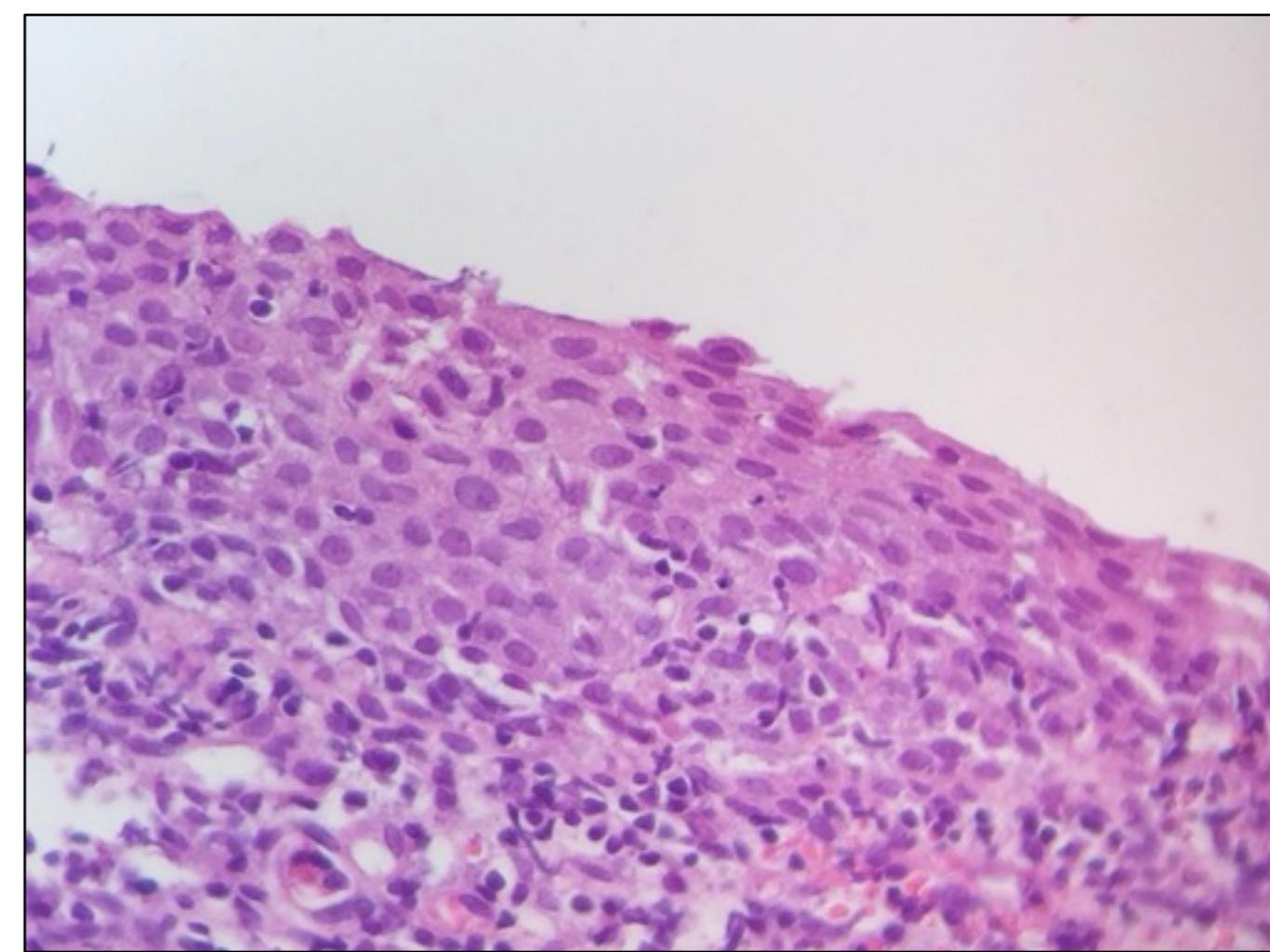
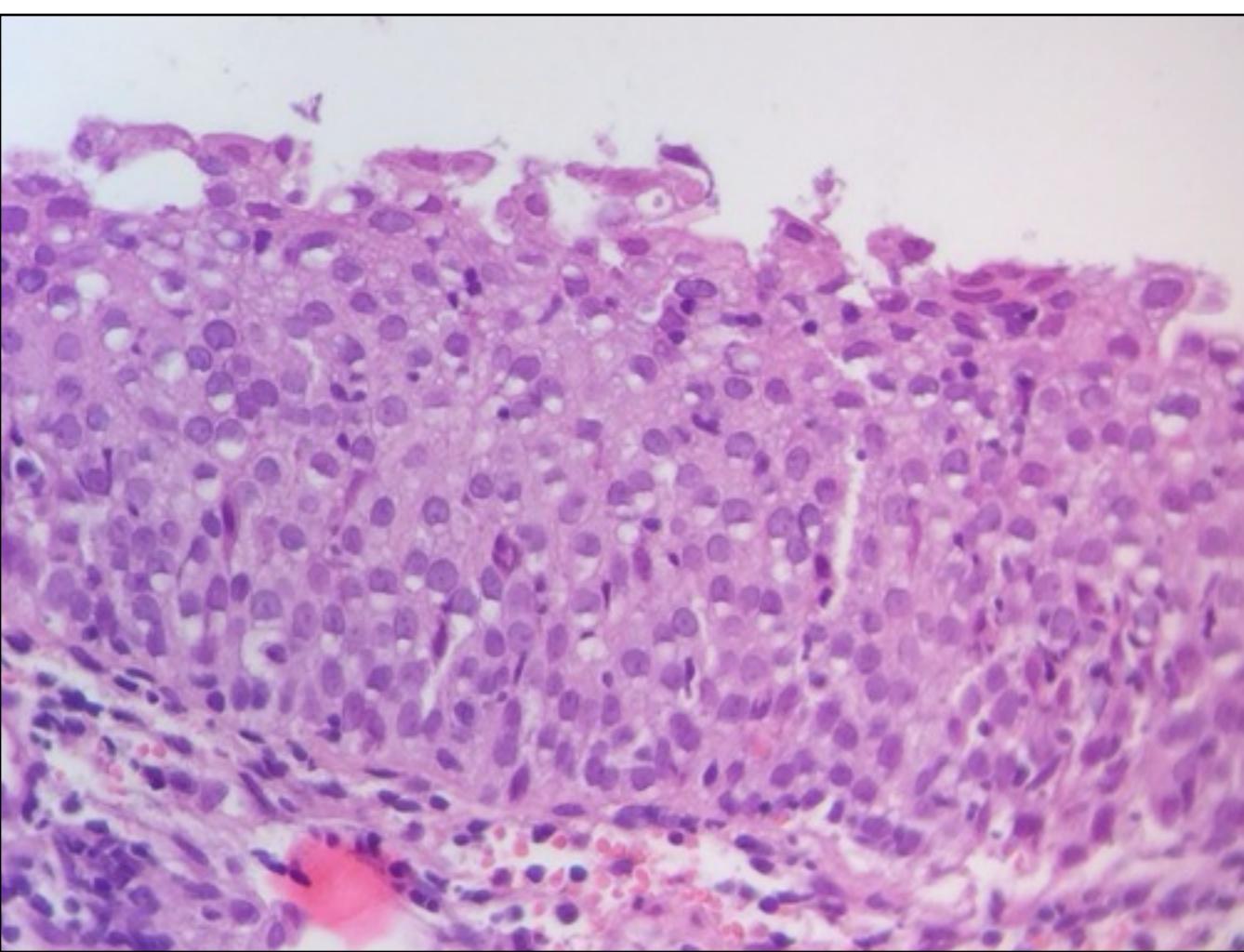


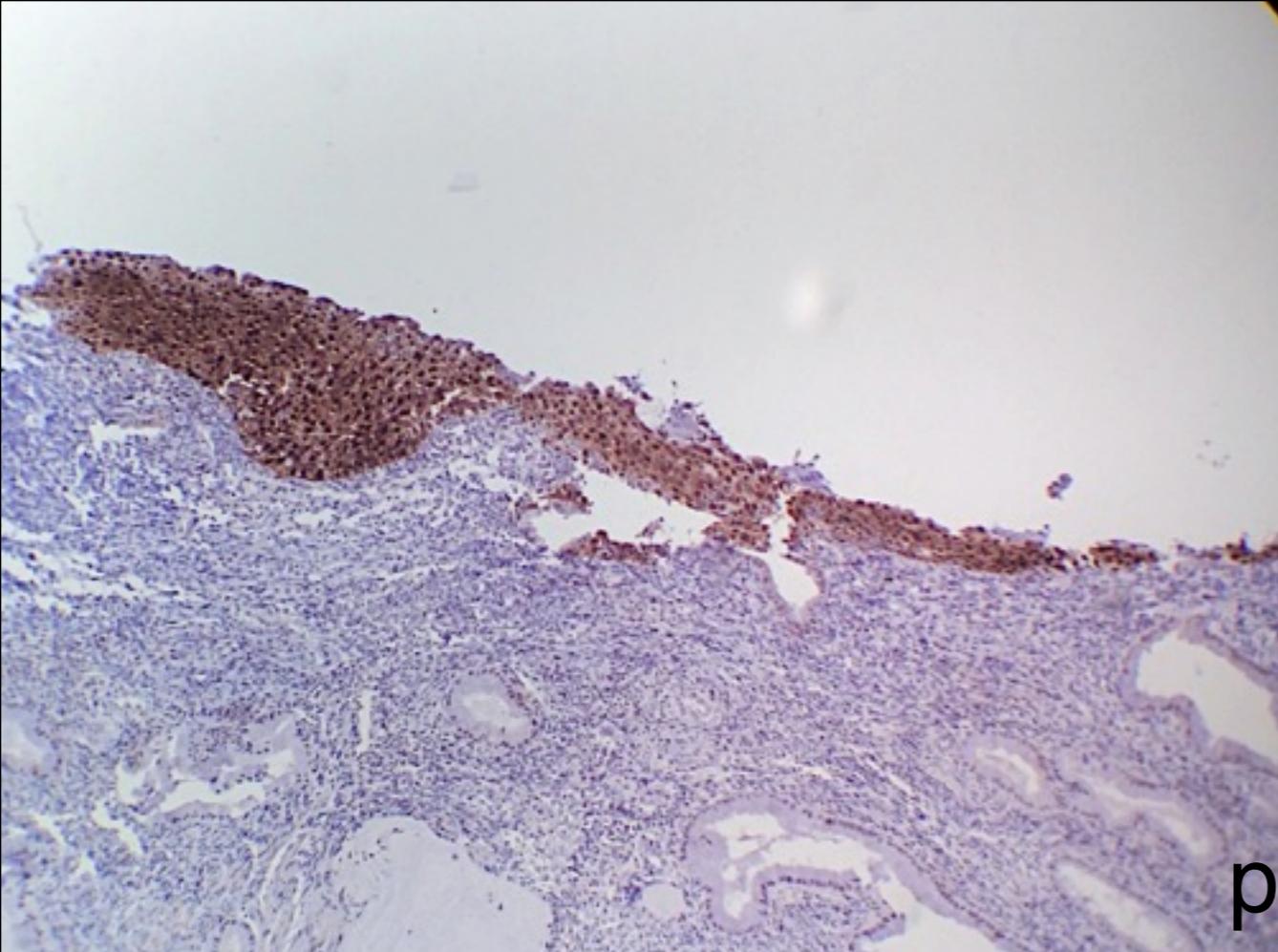
- Diagnóstico citológico: NILM



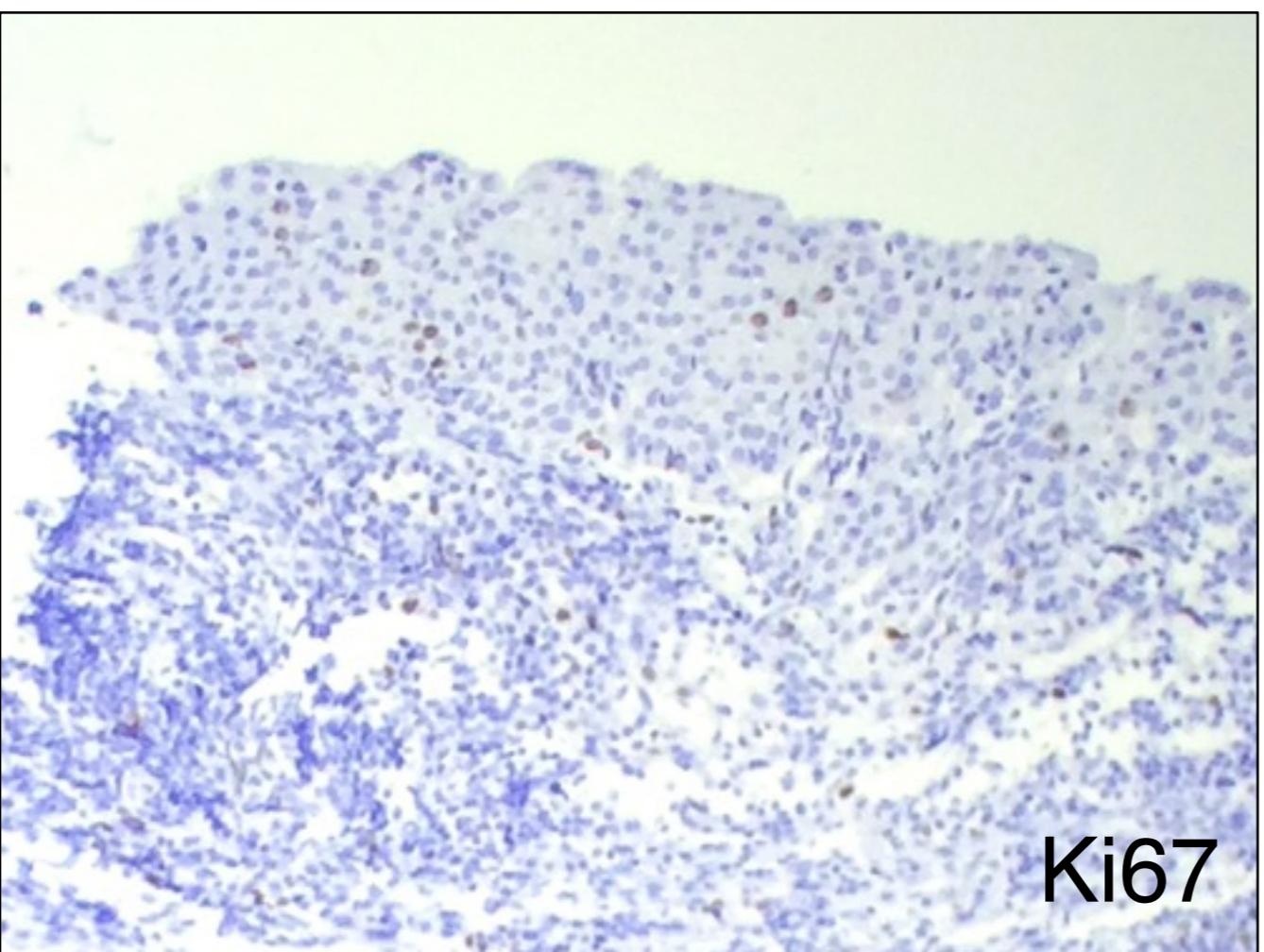
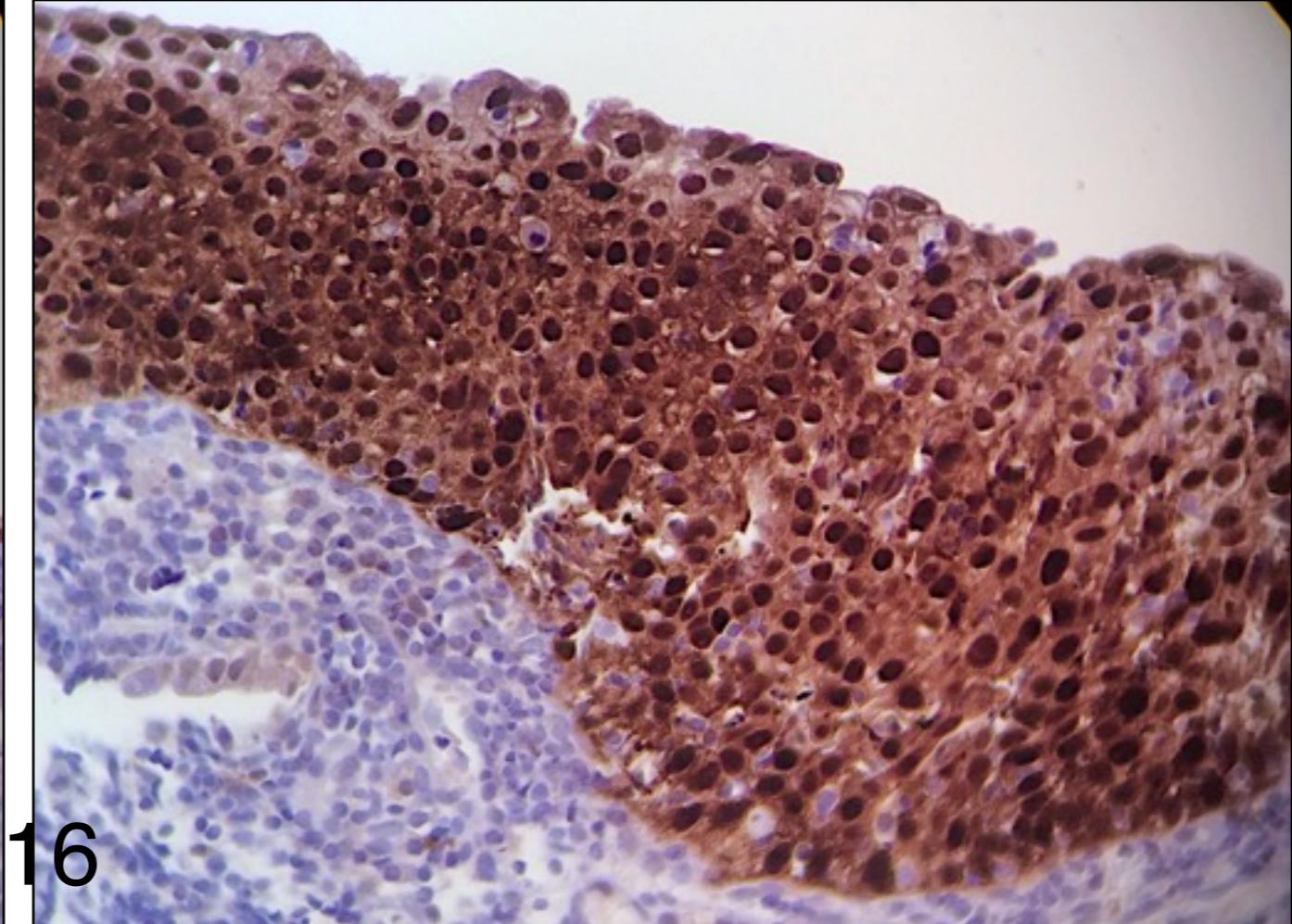


- Diagnóstico histológico ZTEME con infiltración inflamatoria crónica en el corion; epitelio pavimentoso metaplásico con caracteres morfológicos correspondientes a una metaplasia inmadura.
- Se continua el estudio del material mediante la realización de técnica de IHQ, con marcación para p16 y Ki67.





p16



Ki67

- Diagnóstico histológico ZTEME con infiltración inflamatoria crónica en el corion; epitelio pavimentoso metaplásico con caracteres morfológicos correspondientes a una metaplasia inmadura.
- p16 positiva, Ki67 bajo

The clinical impact of using p16^{INK4a} immunohistochemistry in cervical histopathology and cytology: An update of recent developments

Christine Bergeron¹, Guglielmo Ronco², Miriam Reuschenbach³, Nicolas Wentzensen⁴, Marc Arbyn⁵, Mark Stoler⁶ and Magnus von Knebel Doeberitz³

¹ Laboratoire Cerba, 95066 Cergy Pointoise Cedex 9, France

² Center for Cancer Epidemiology and Prevention (CPO), Città della Salute e della Scienza, Via San Francesco da Paola 31, 10123, Torino, Italy

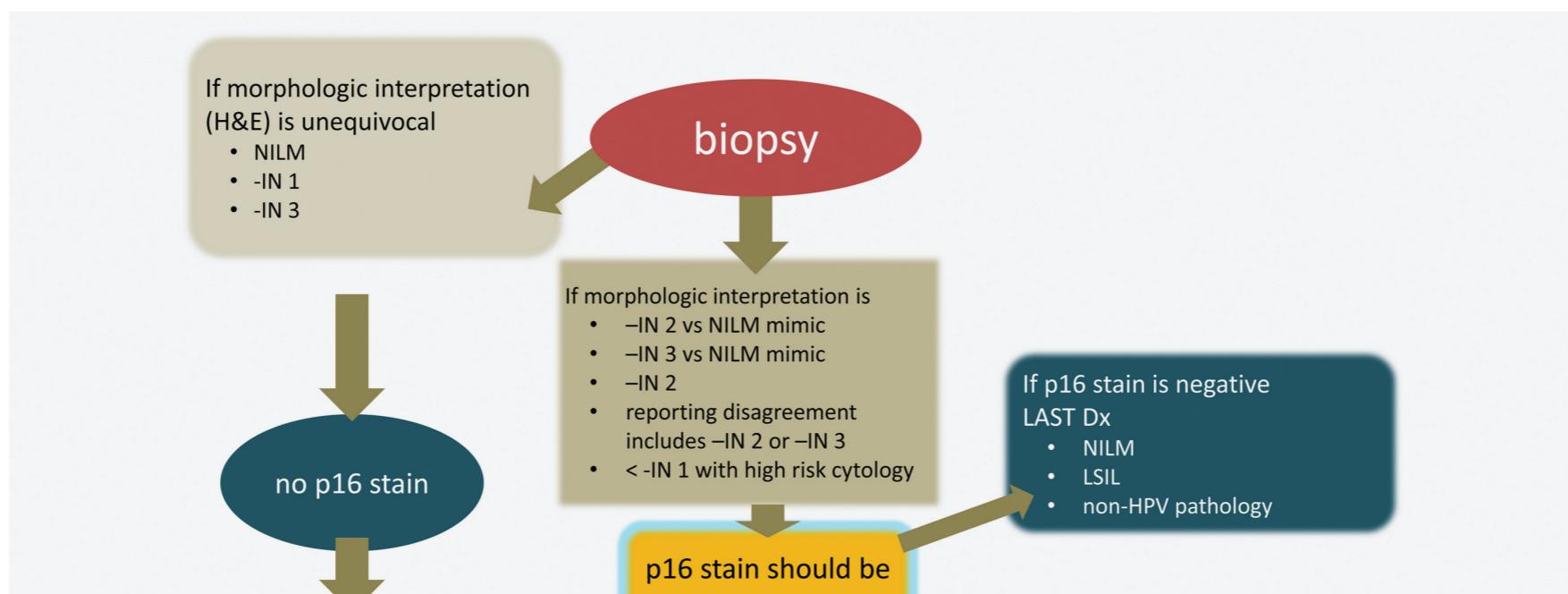
³ Department of Applied Tumor Biology, Institute of Pathology, University of Heidelberg and German Cancer Research Center, Im Neuenheimer Feld 224, 69120 Heidelberg, Germany

⁴ Division of Cancer Epidemiology and Genetics, National Cancer Institute, Rockville, MD

⁵ Unit of Cancer Epidemiology, Scientific Institute of Public Health, Brussels, Belgium

⁶ Department of Pathology, University of Virginia Health System, Charlottesville, VA

Mini Review



Zona p16+ debe presentar criterios morfológicos de H-SIL

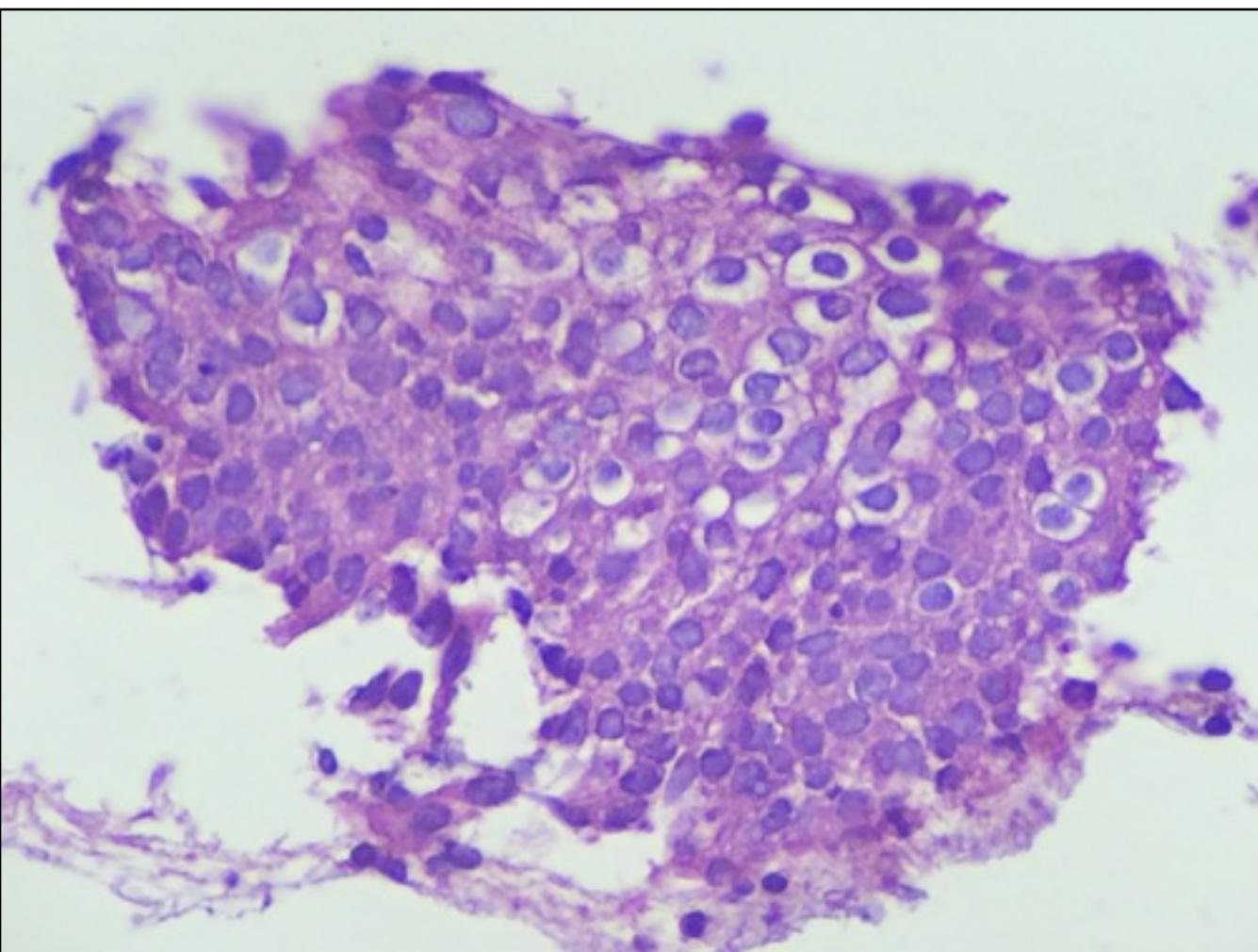
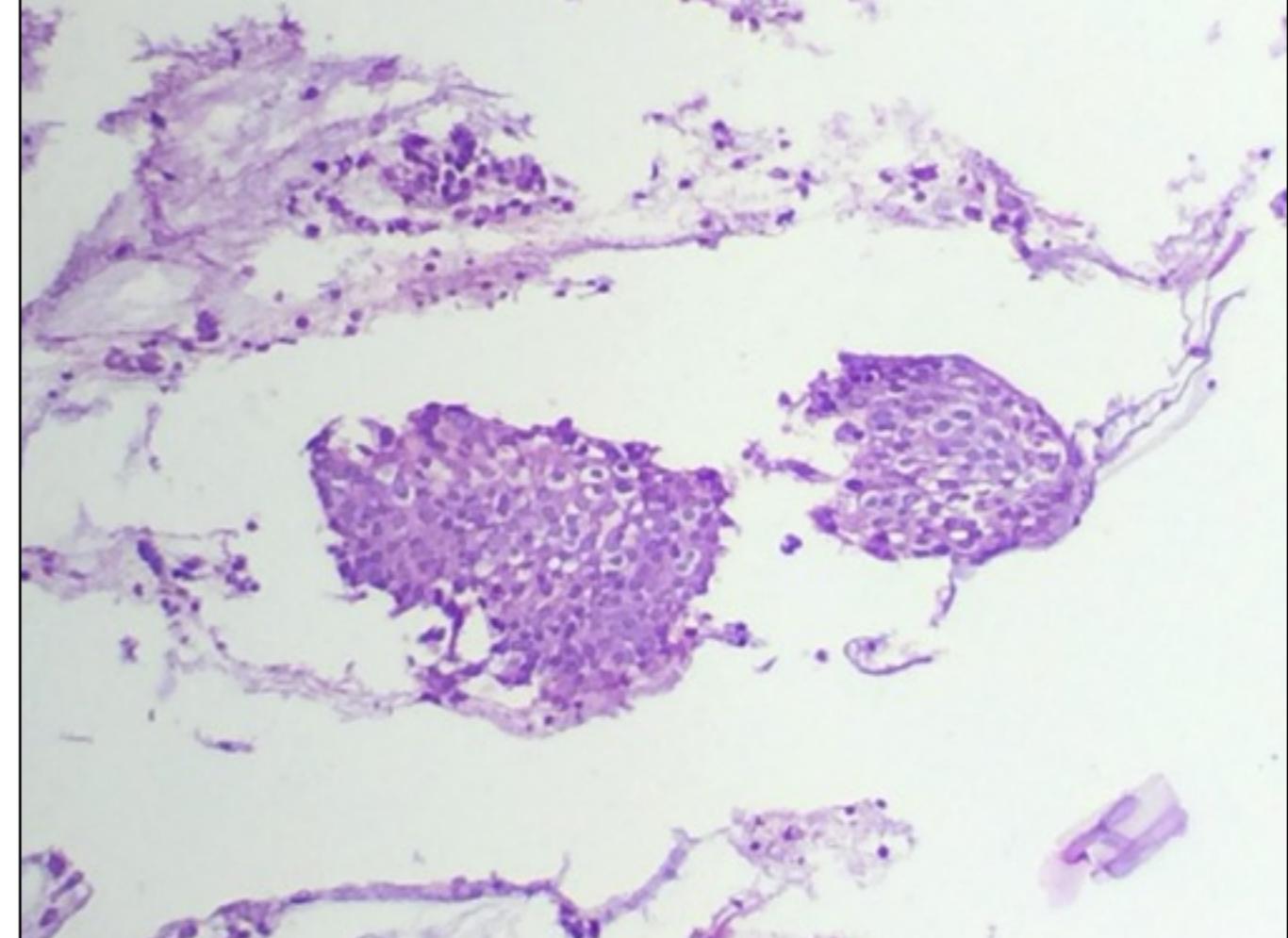
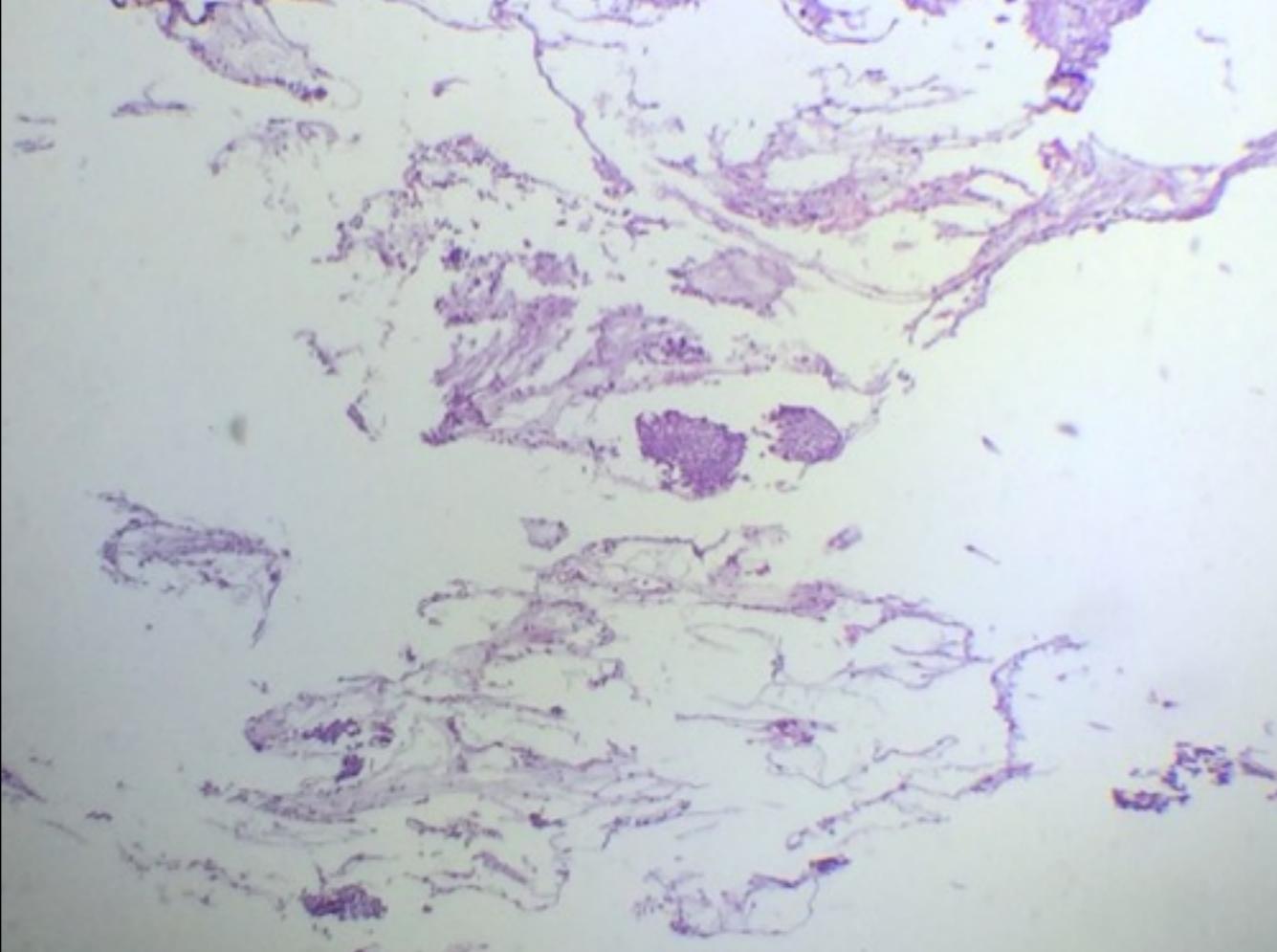
- HSIL

any identified p16-positive area must meet H&E
morphologic criteria for a high grade lesion

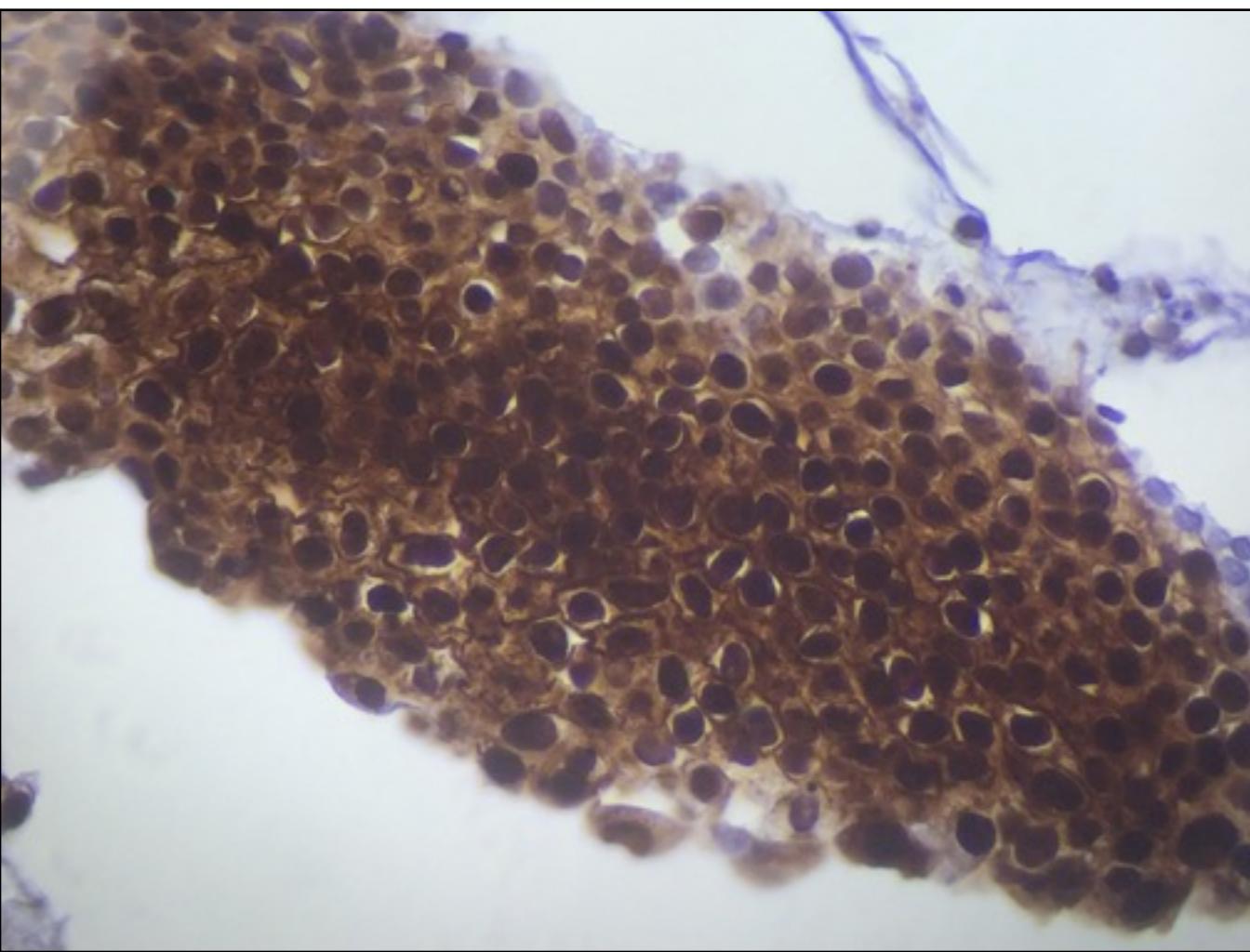
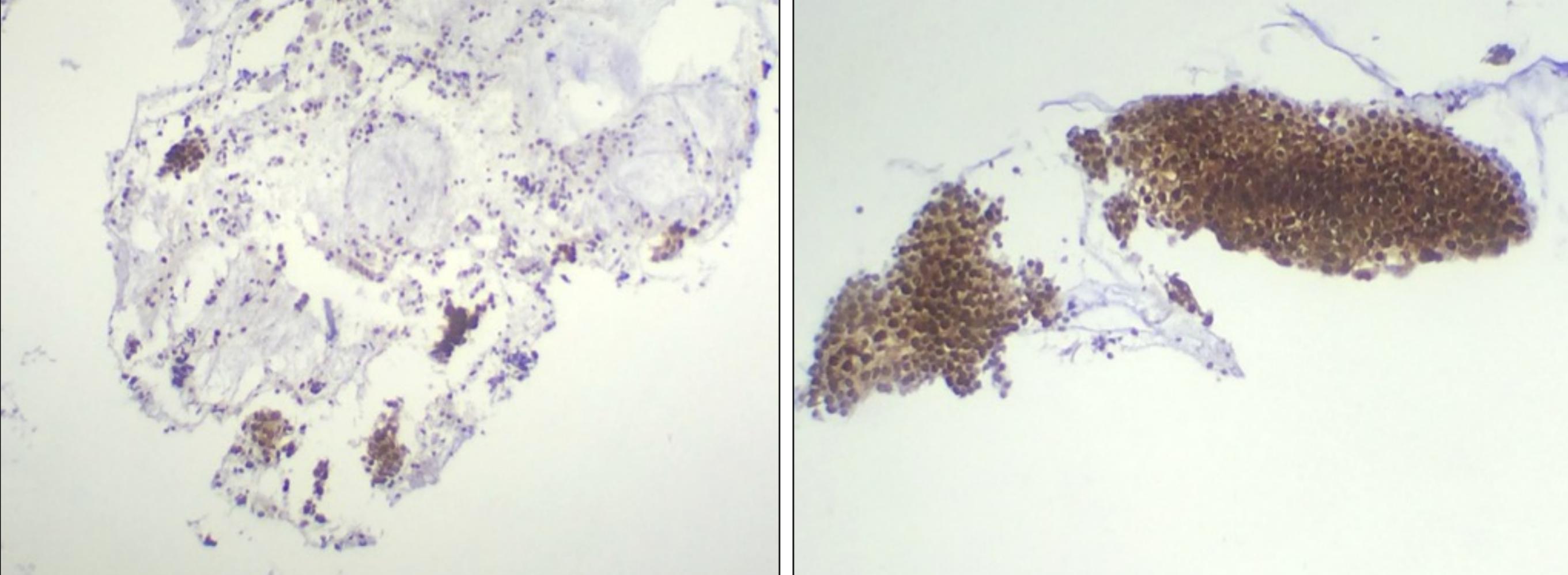
Datos clínicos y colposcópicos

- Paciente de 49 años de edad
- Menopausia desde los 43 años
- Colposcopia: adecuada, ZT3, epitelio atrófico, sinusorragia de 1 mes de evolución
- Citología H-SIL (toma endocervical)
- Biopsia del endocervix



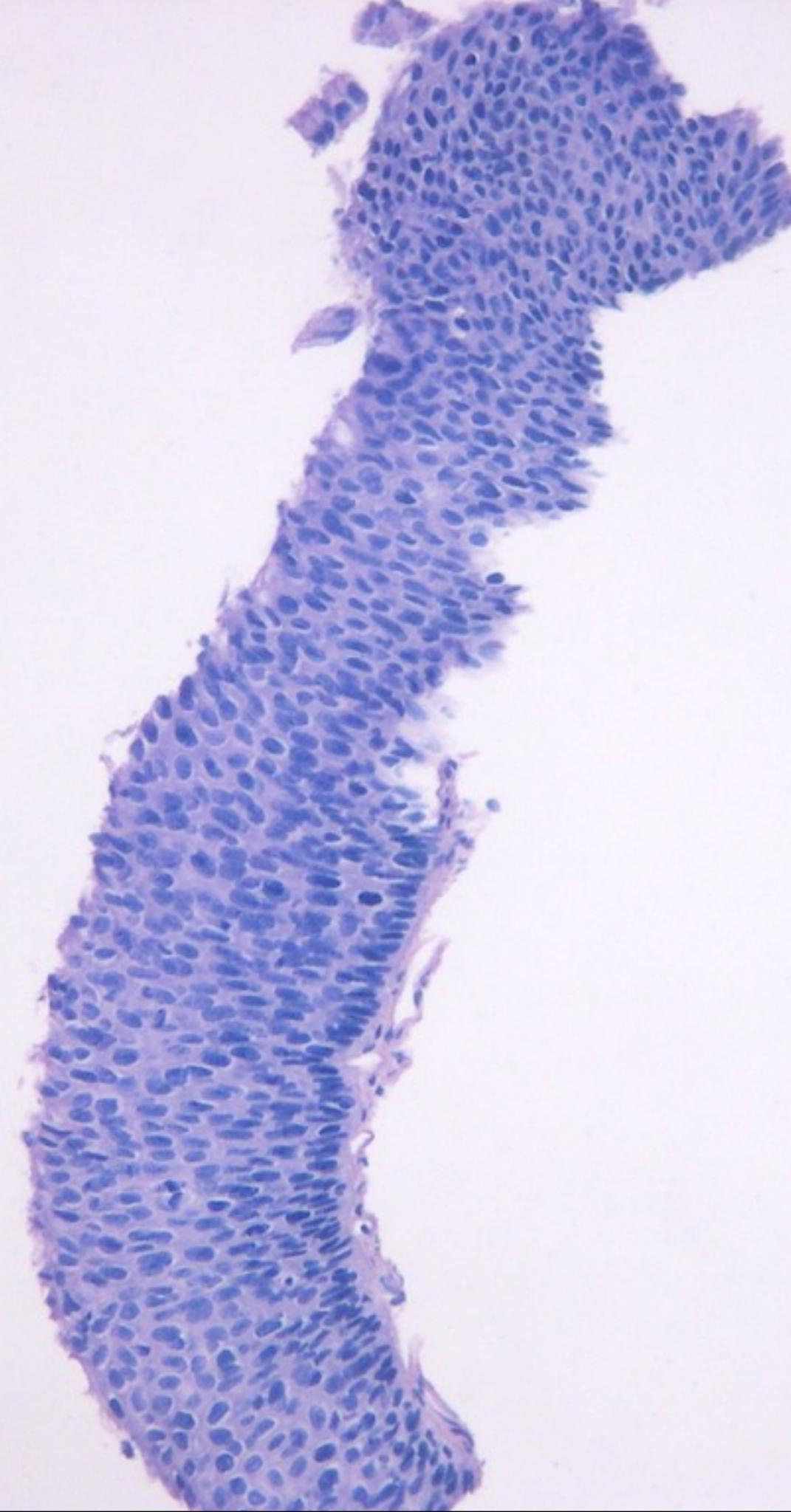


- Diagnóstico histológico LEC con colgajos de epitelio cilíndrico endocervical S/P y colgajos de epitelio pavimentoso con caracteres morfológicos compatibles con H-SIL.
- Se continúa el estudio del material mediante la realización de técnica de IHQ, con marcación para p16.



- Diagnóstico histológico
LEC con colgajos de epitelio pavimentoso p16 positiva, H-SIL

Diagnóstico de Invasión

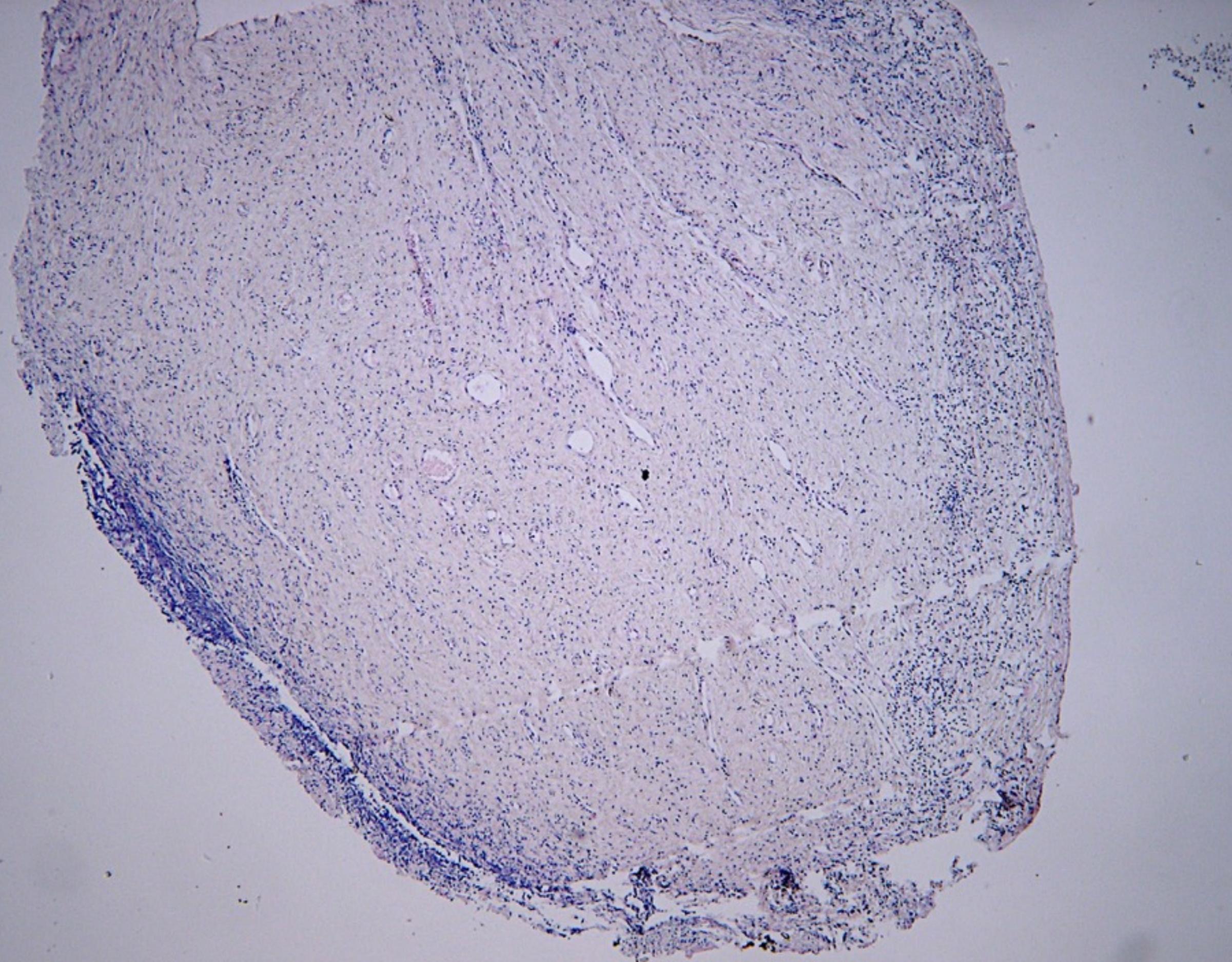


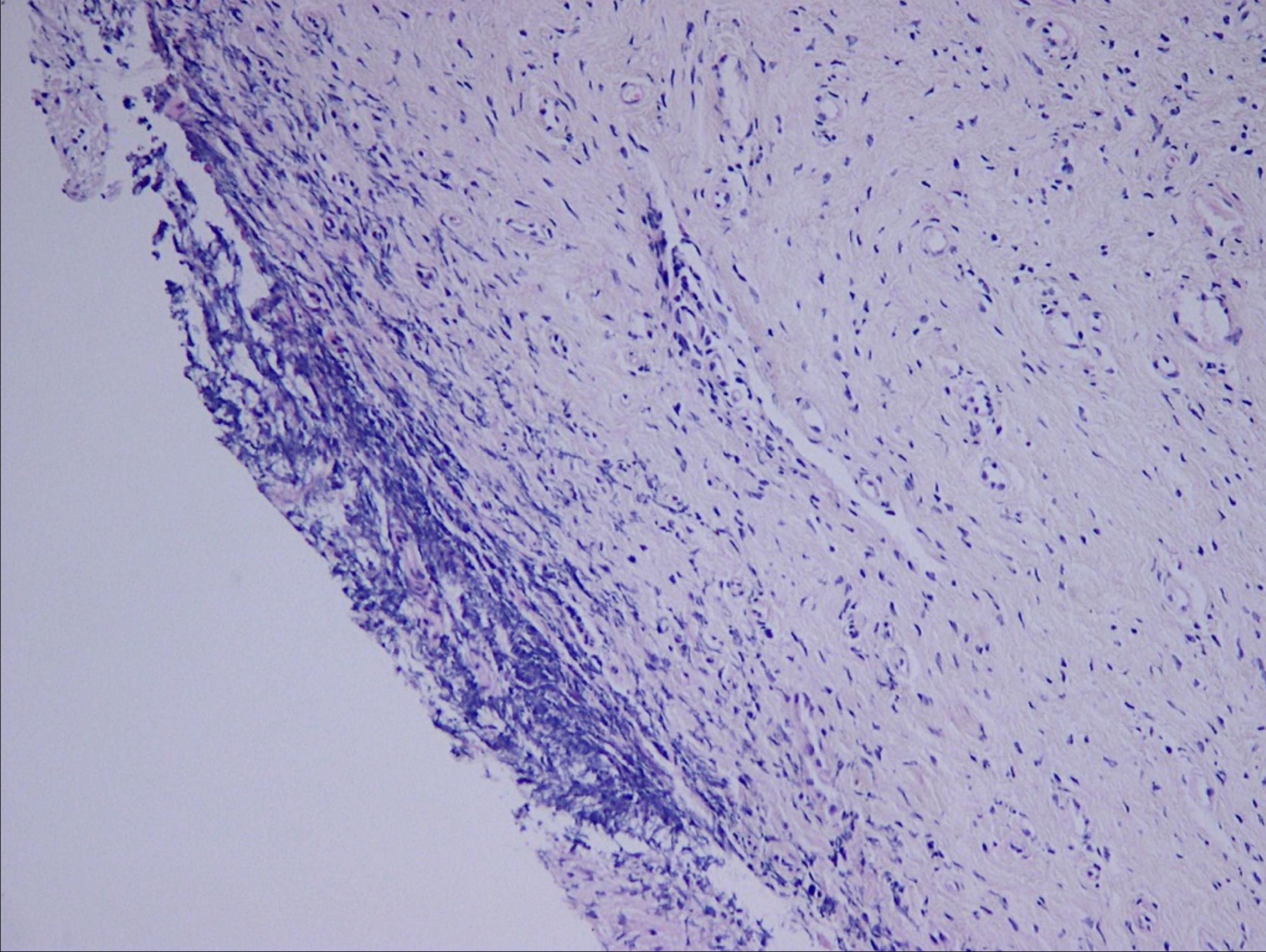
Ausencia de estroma

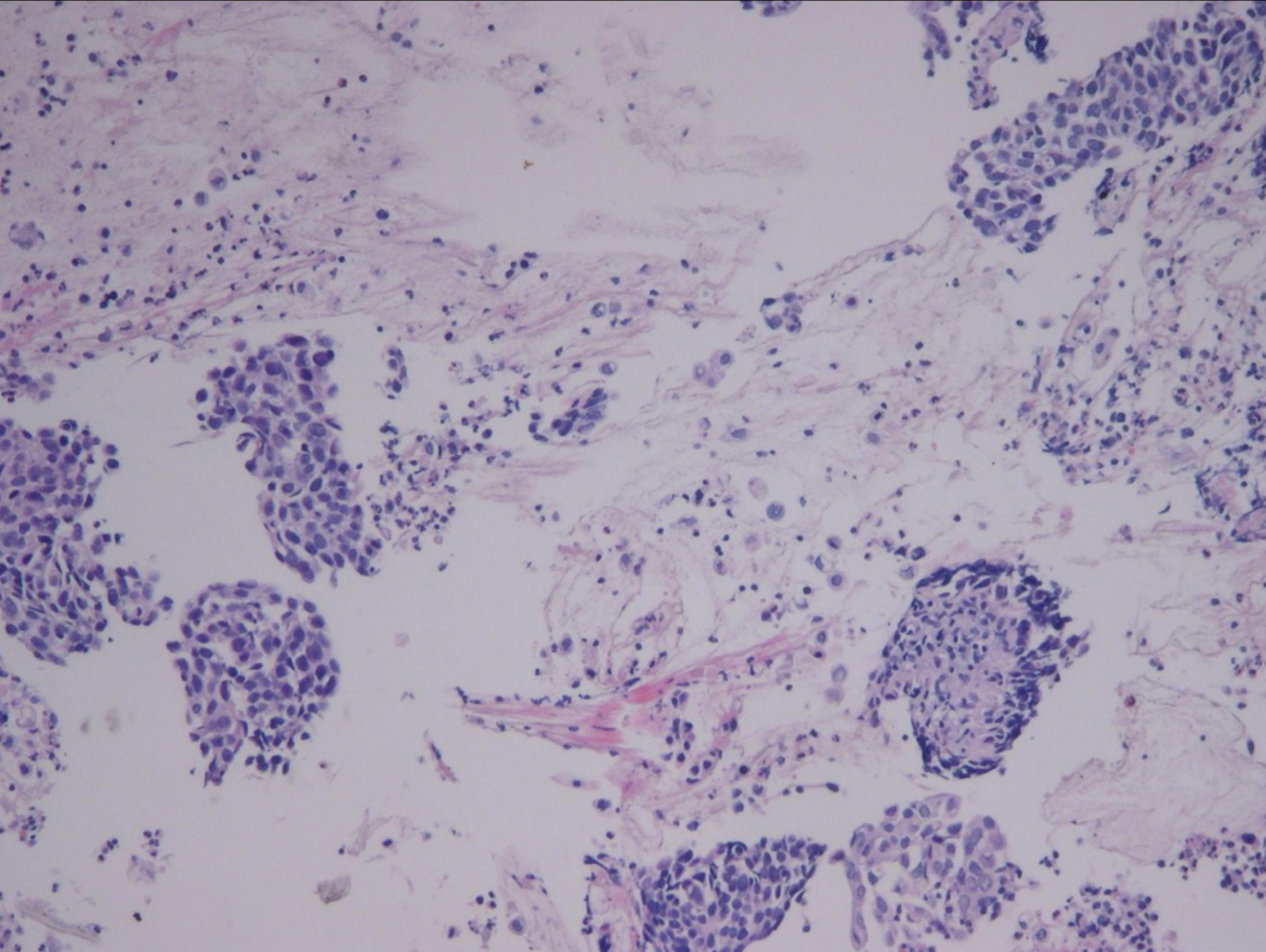
- Colgajos de epitelio escamoso sin corion, con un área de H-SIL con signos de invasión. Dx: carcinoma invasivo escamoso
- Dx: carcinoma invasivo escamoso. Carcinoma escamoso sin corion. Dada las características de la muestra no se puede establecer nivel de invasión
- Carcinoma escamoso semidiferenciado, grado II. El carácter *in situ* o infiltrante no se puede determinar

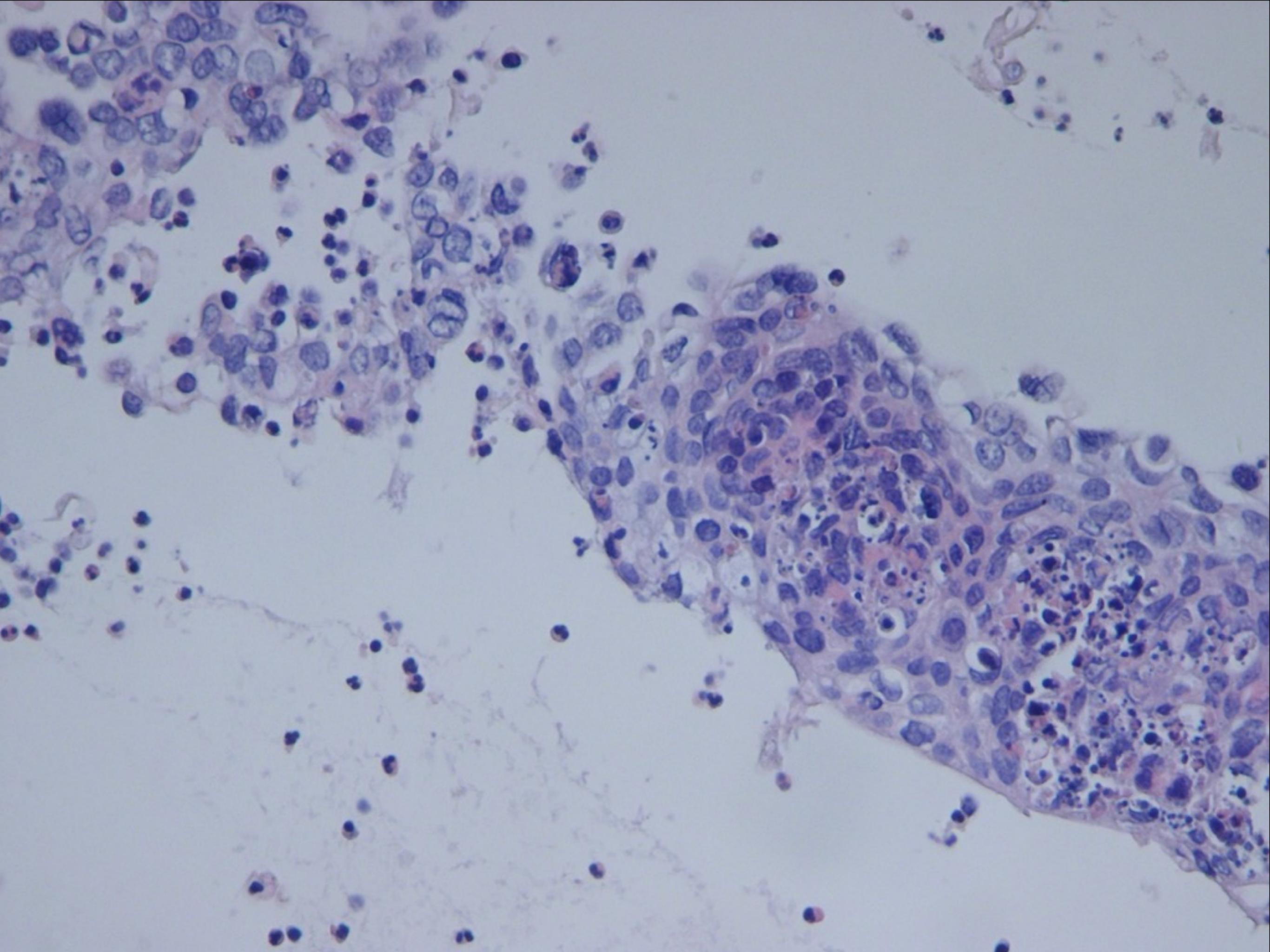
Ausencia de estroma

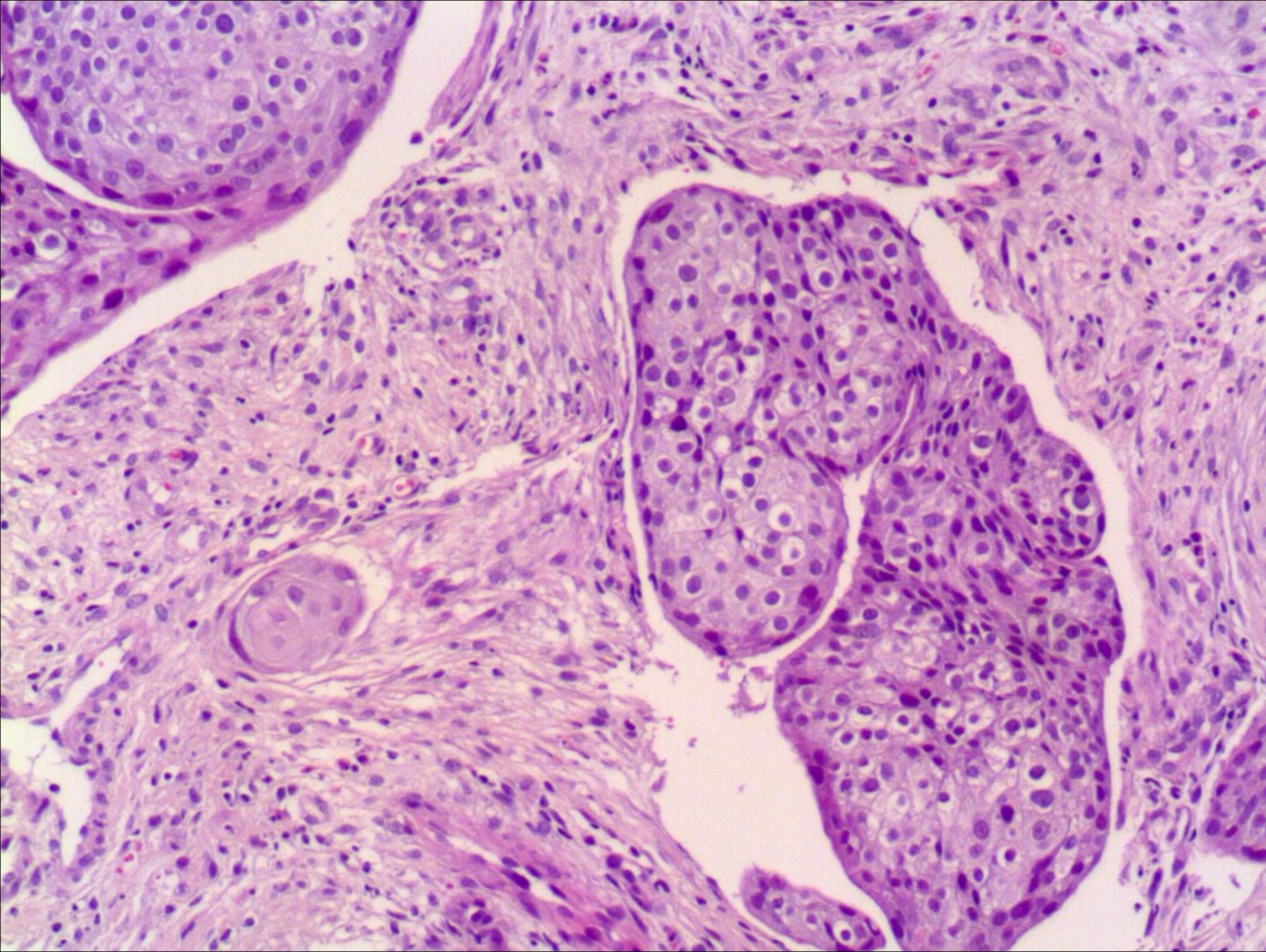
- ...Cuando no se puede descartar invasión en la biopsia porque el epitelio escamoso neoplásico muestra caracteres superpuestos de H-SIL pero el estroma subyacente no está presente, la frase “por lo menos H-SIL, no se puede descartar carcinoma invasor”... (OMS)
- “Colgajos de epitelio escamoso con caracteres de H-SIL. Debido a que se trata de colgajos desprovistos de corion, no es posible descartar la presencia de mayor patología”.











MUCHAS GRACIAS