

SEMINARIO DE CASOS CLUB DE UROLOGIA

XXII CONGRESO NACIONAL DE LA SOCIEDAD ESPAÑOLA DE
ANATOMIA PATOLOGICA, MALLORCA MAYO 2005

CASO 1

DRA. I. DE TORRES.

EXPERTO: DRA. P. GONZÁLEZ-PERAMATO.

Historia clinica

- Varón de 37 años sin antecedentes de interés
- Tumor sólido de 3 cm. en teste izquierdo
- Adenopatias en cadena espermática
- Varios nodulos tumorales en cola pancreática hígado y adenopatias en tronco celiaco



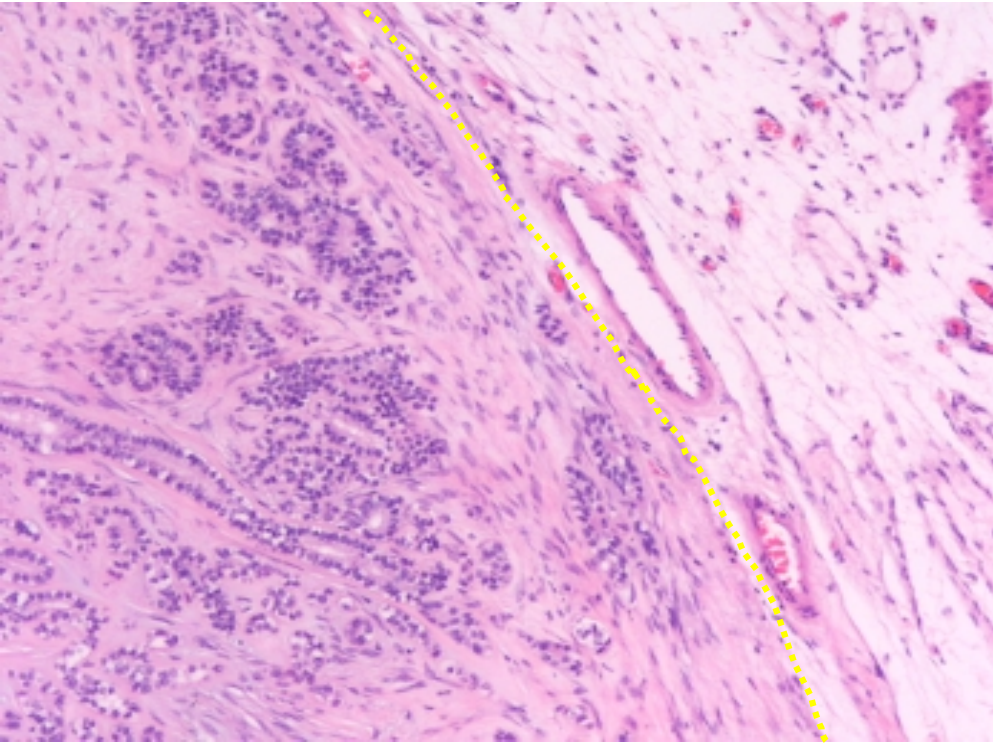
H.U. Vall d'Hebron Anatomia Patològica

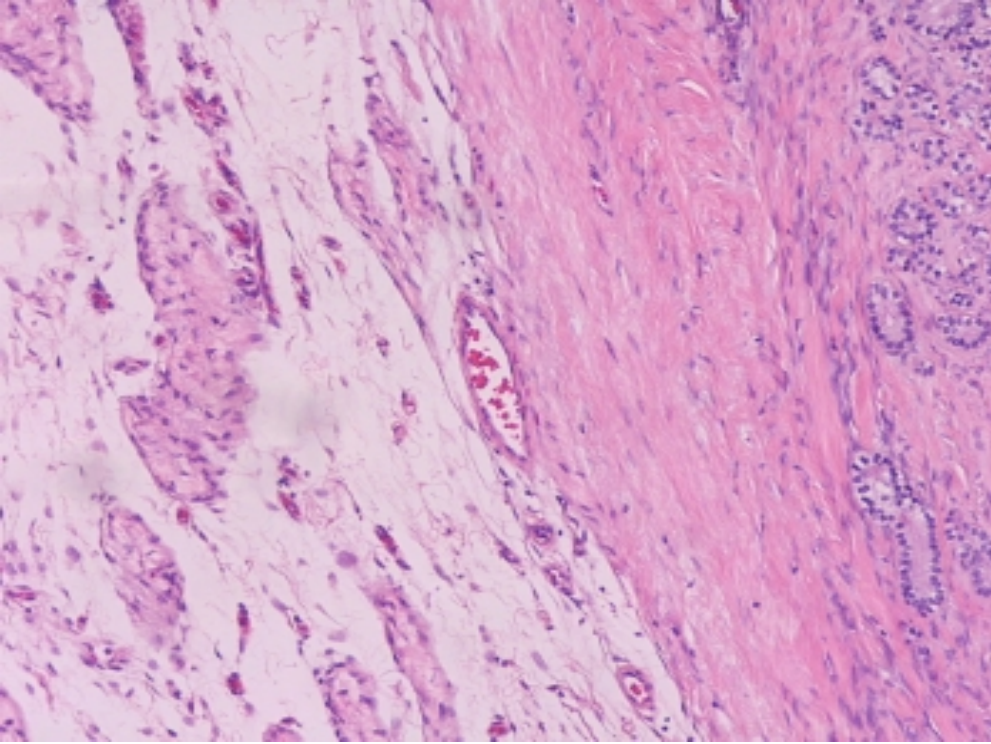
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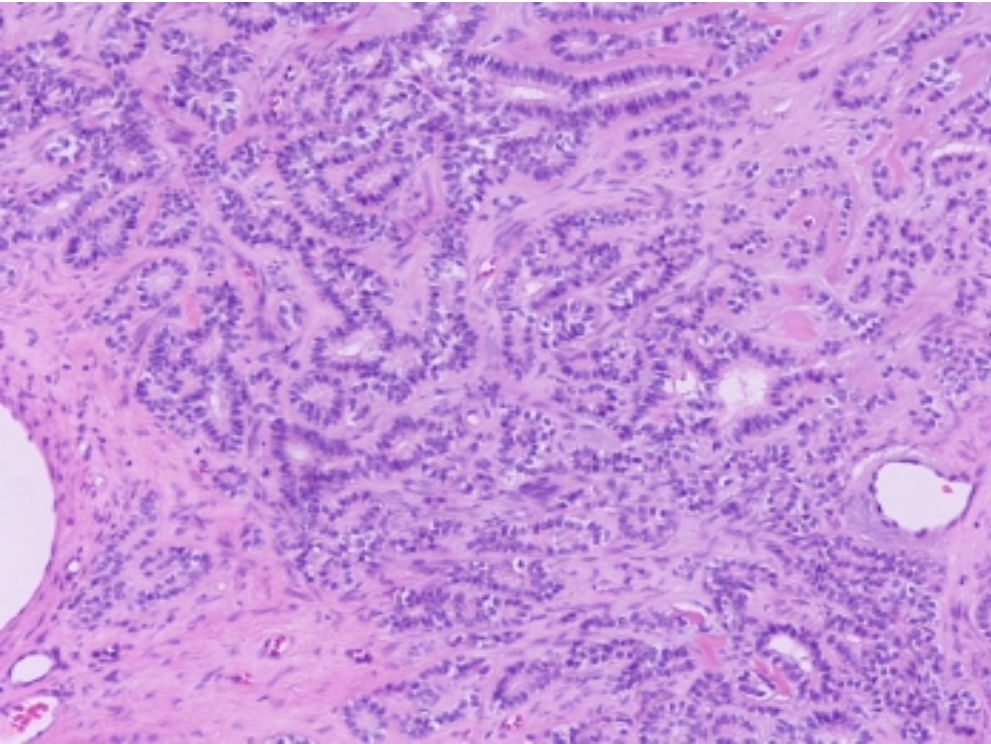


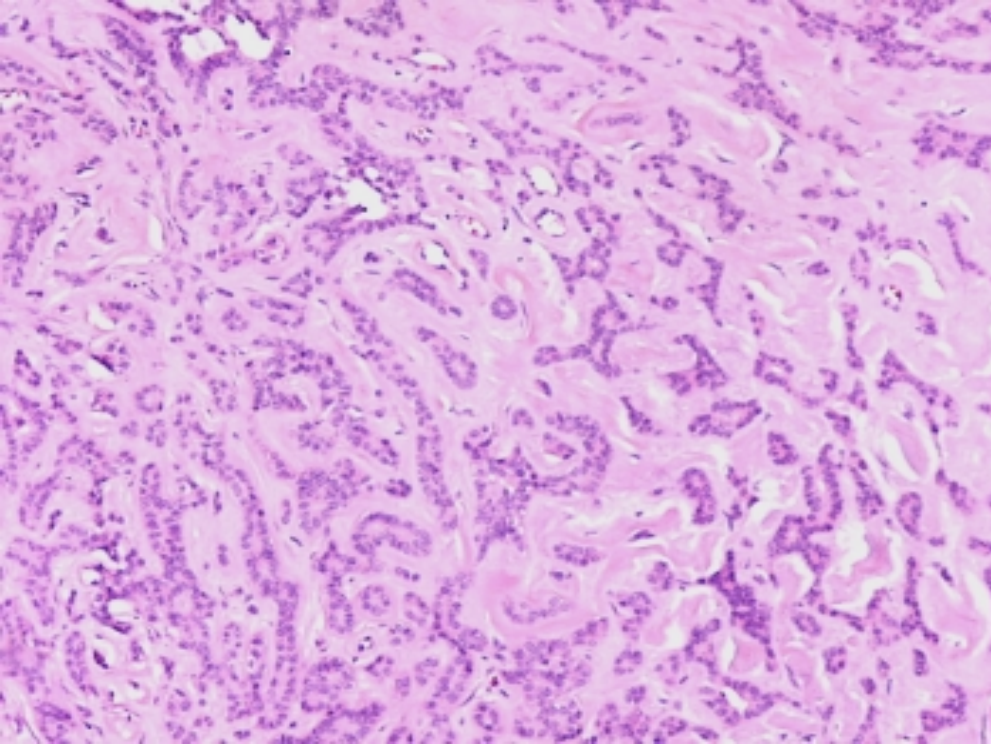
H. U. Vall d'Infermiers Anatomia Patològica

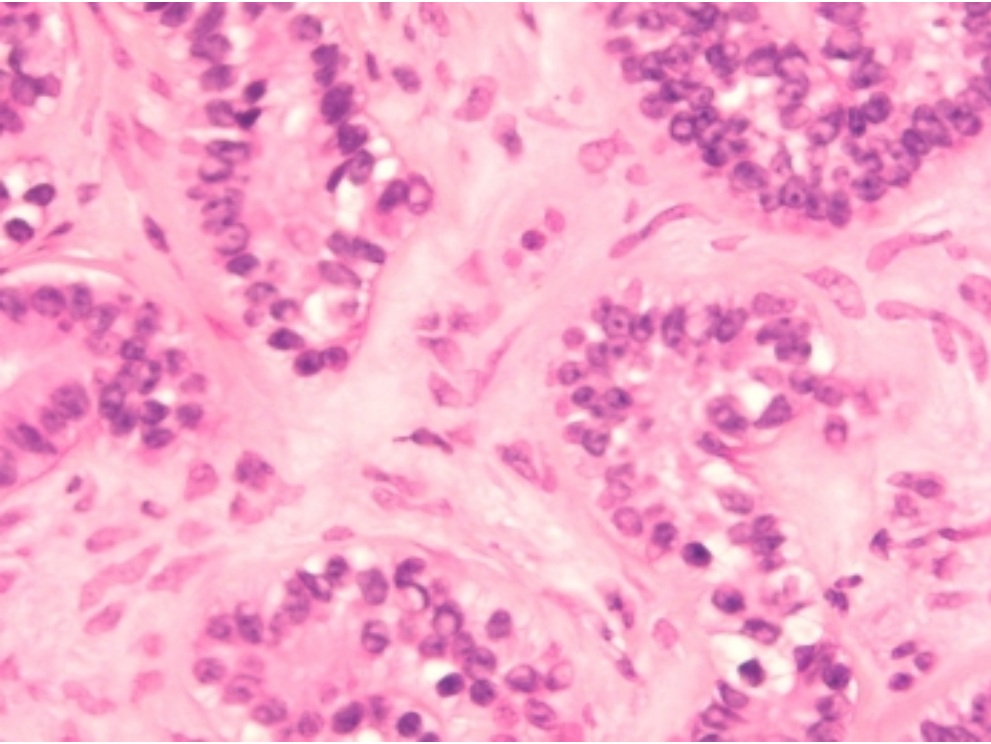
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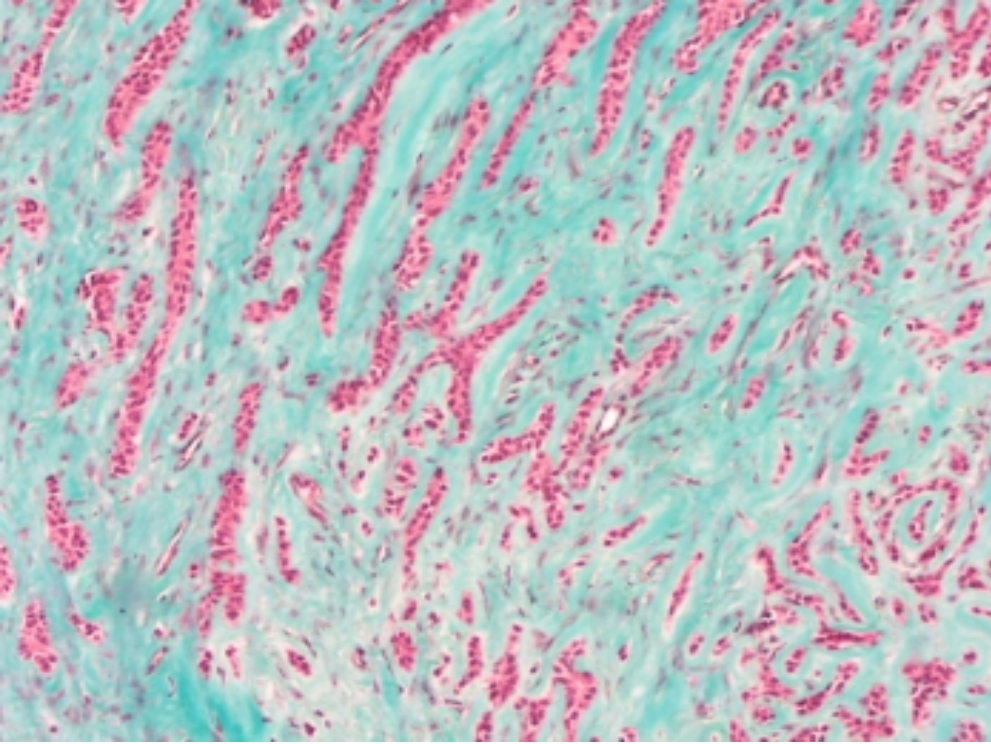


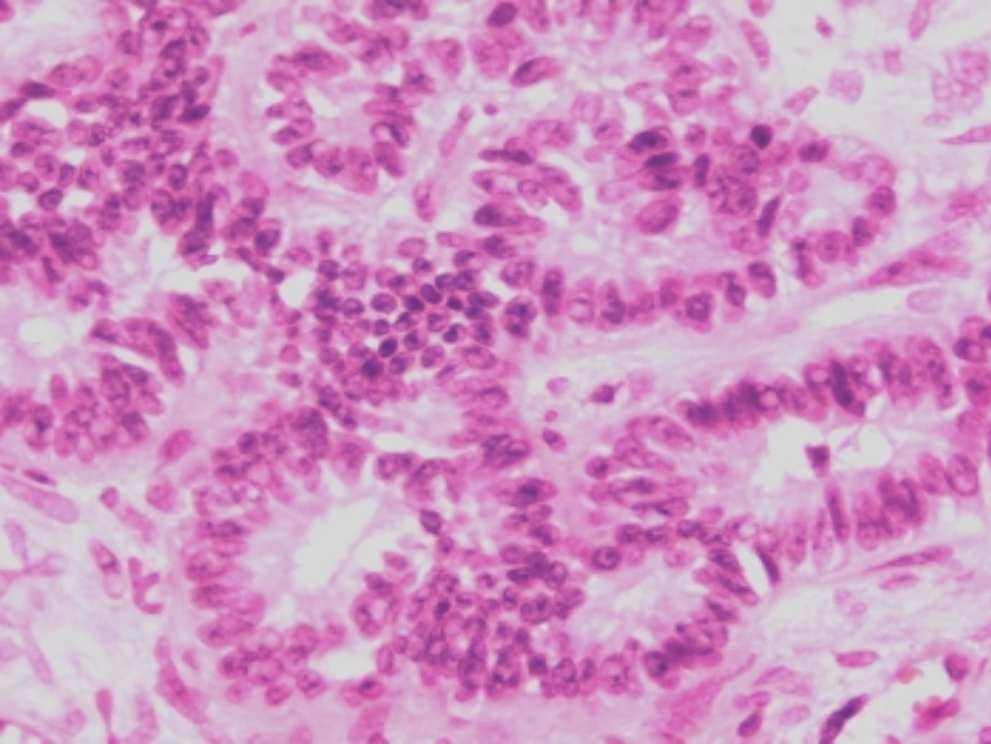


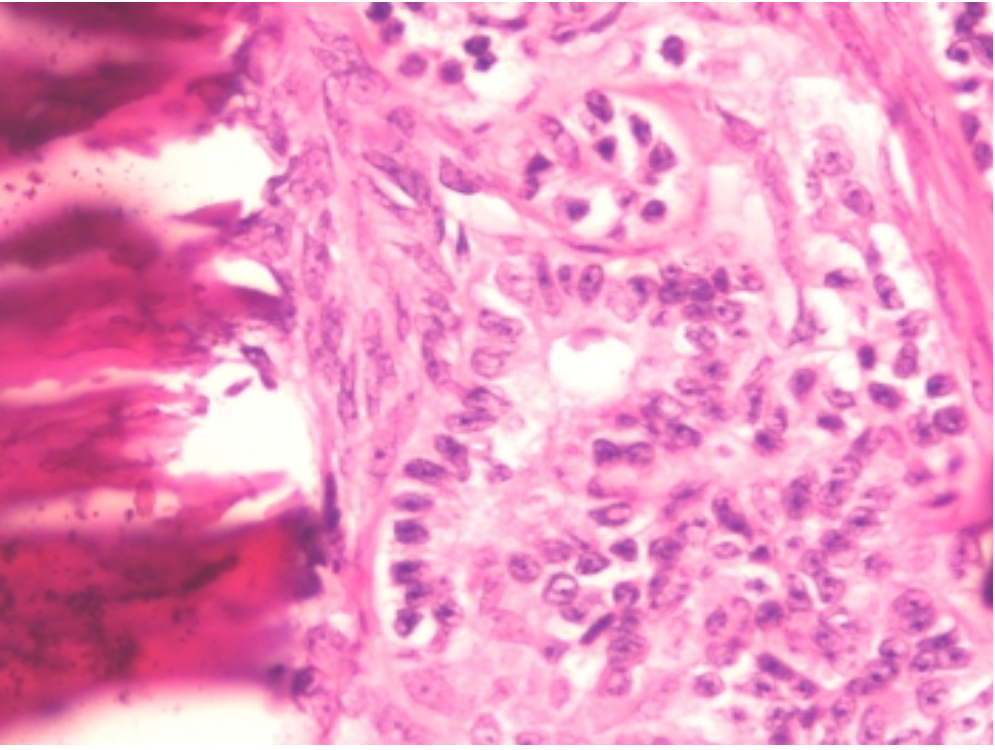








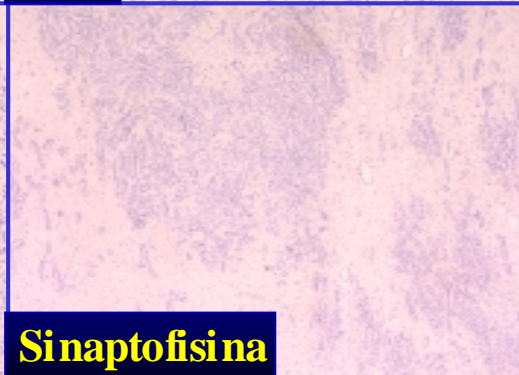
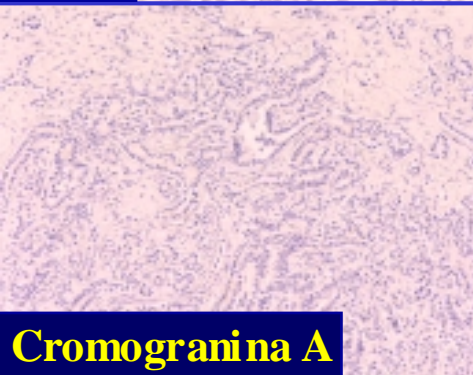
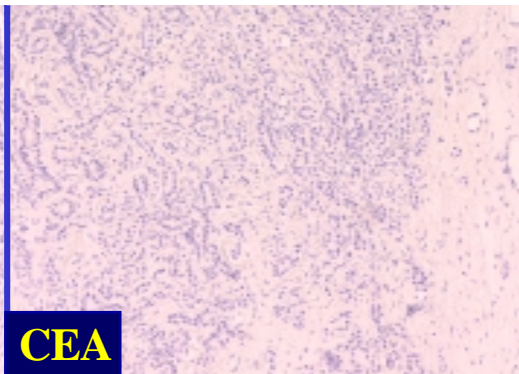
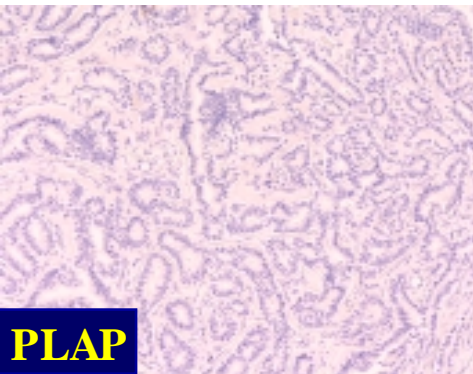


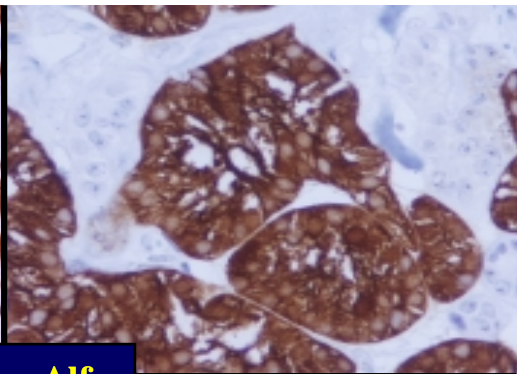
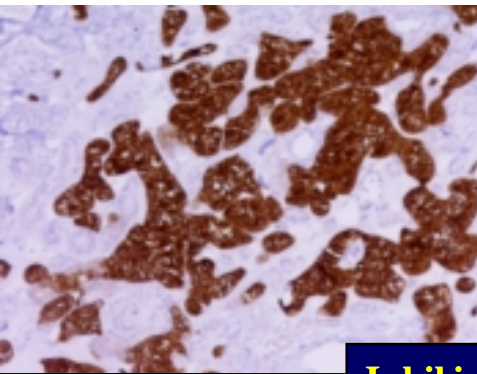




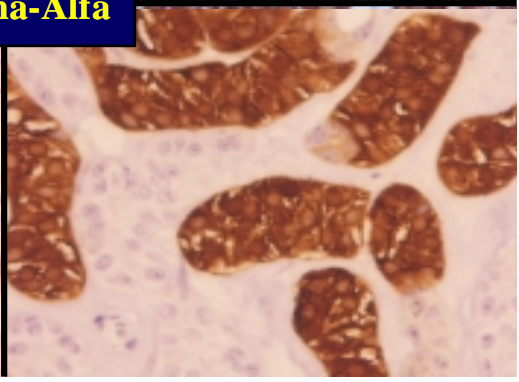
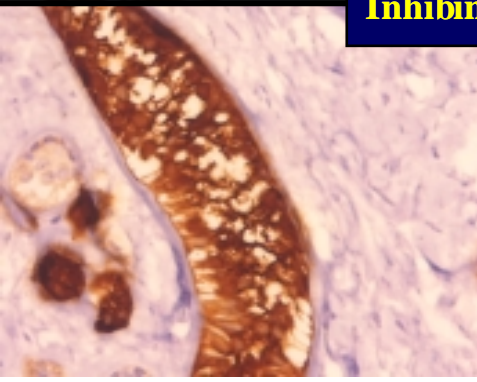
Cam 5.2

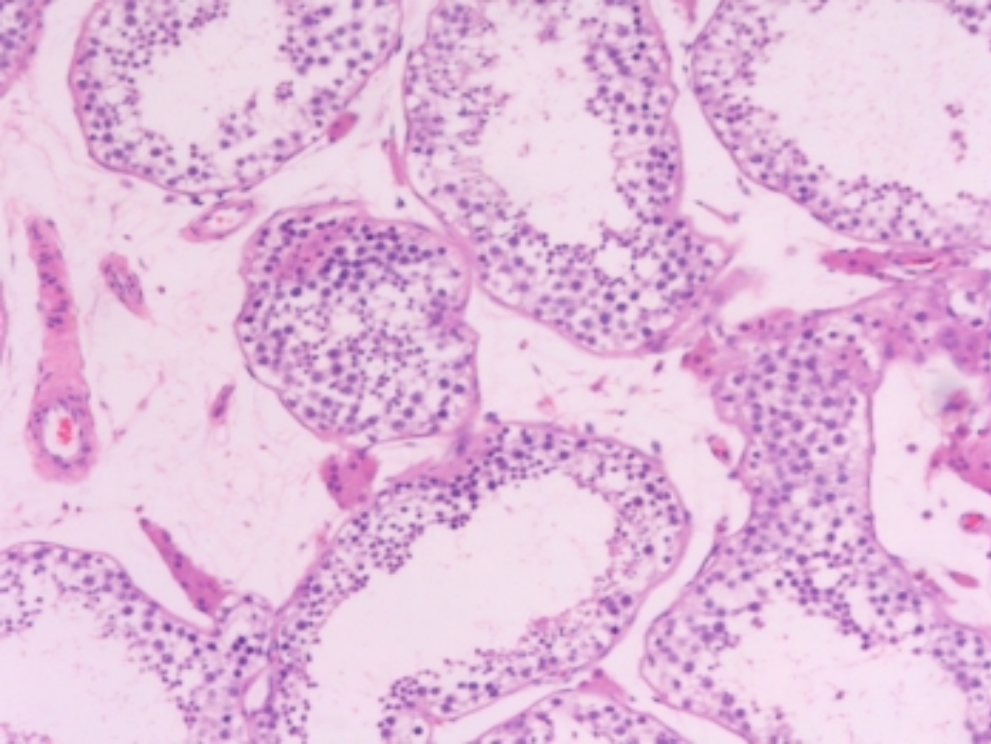
VIM





Inhibina-Alfa





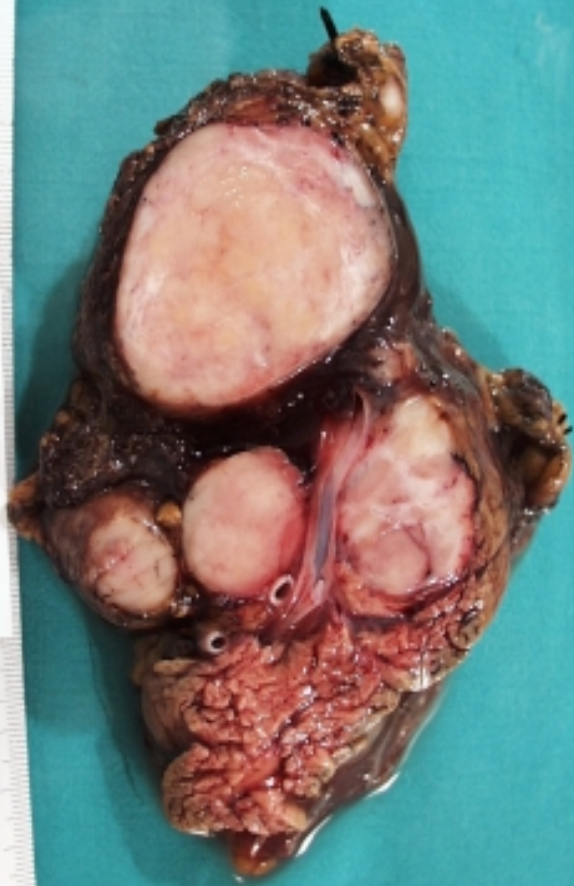
Problemas

1.- Tumor testicular
¿benigno o maligno?

2.- Si maligno
¿primario o metastásico?



Pieza de duodenopancreatectomia caudal + esplenectomia



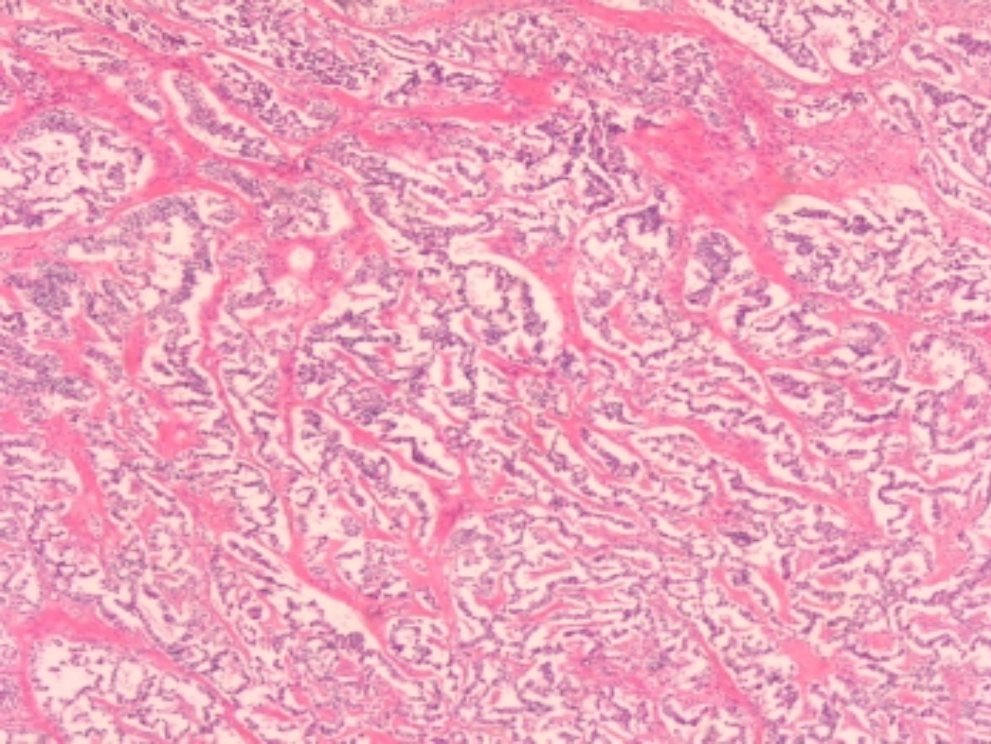
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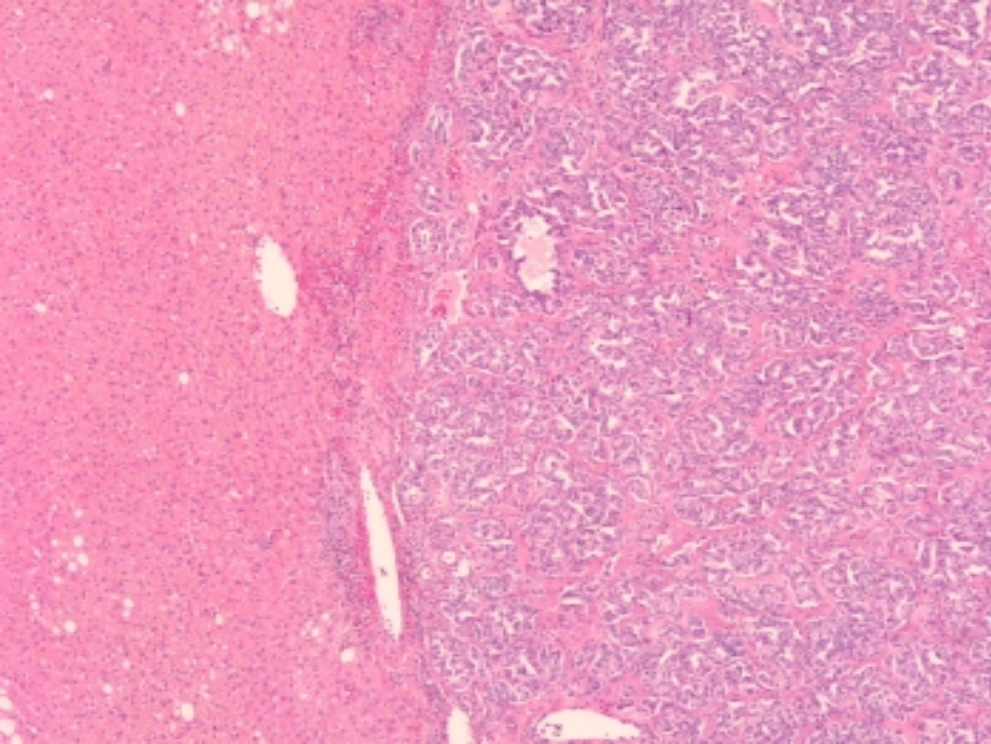
WU Vali of Theodor Antonis Papadogiannis

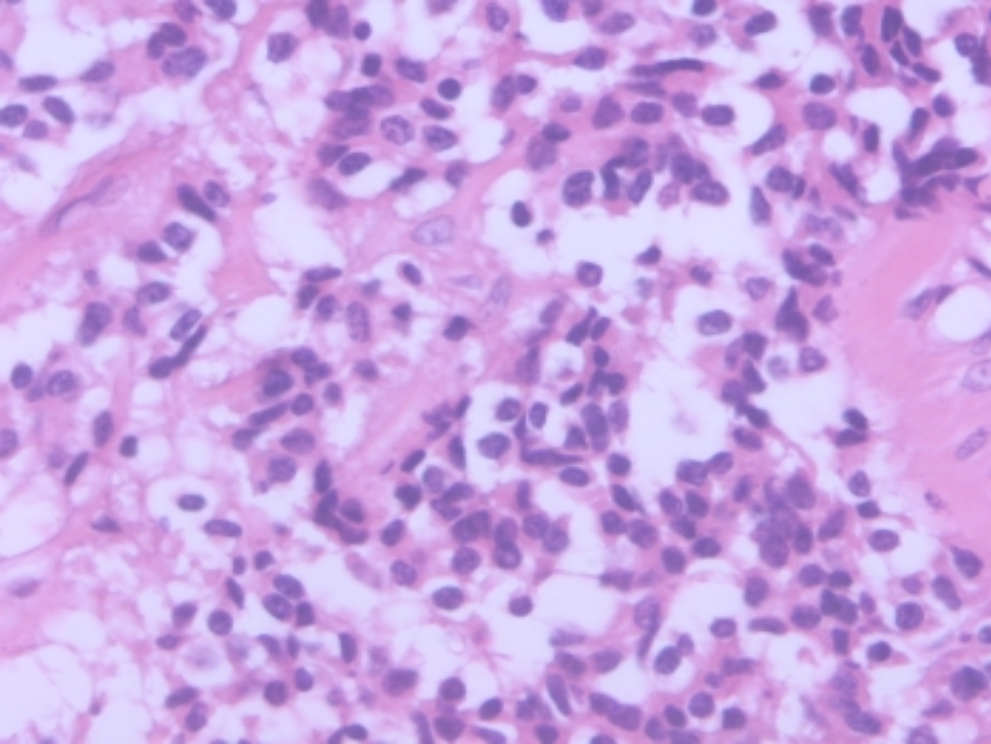


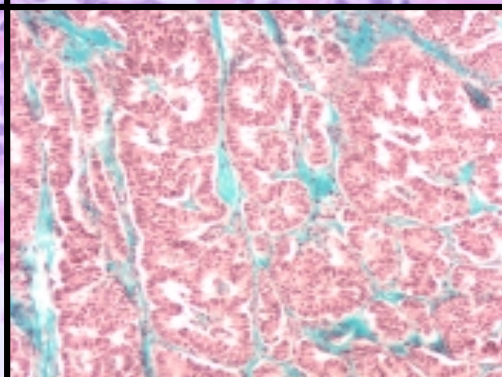
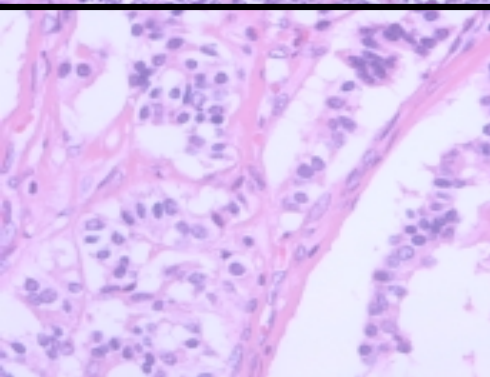
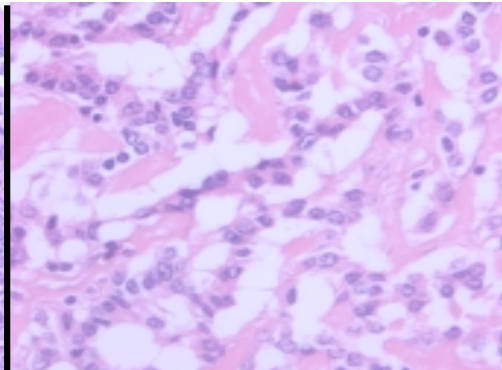
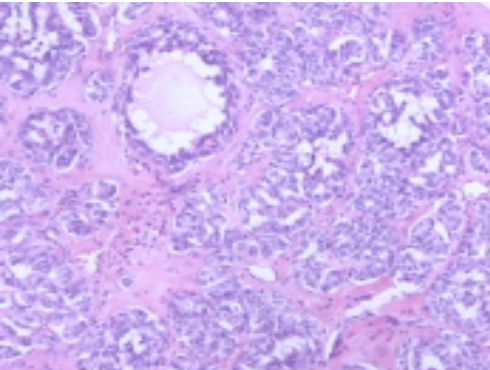
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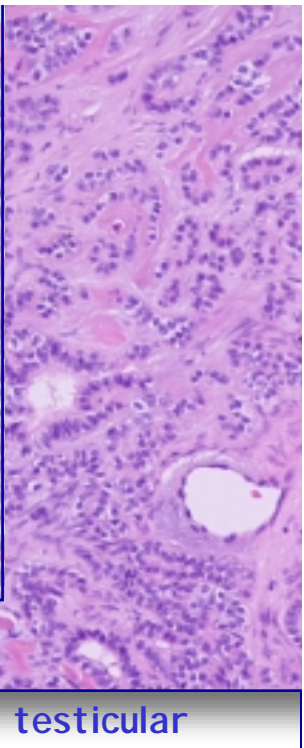
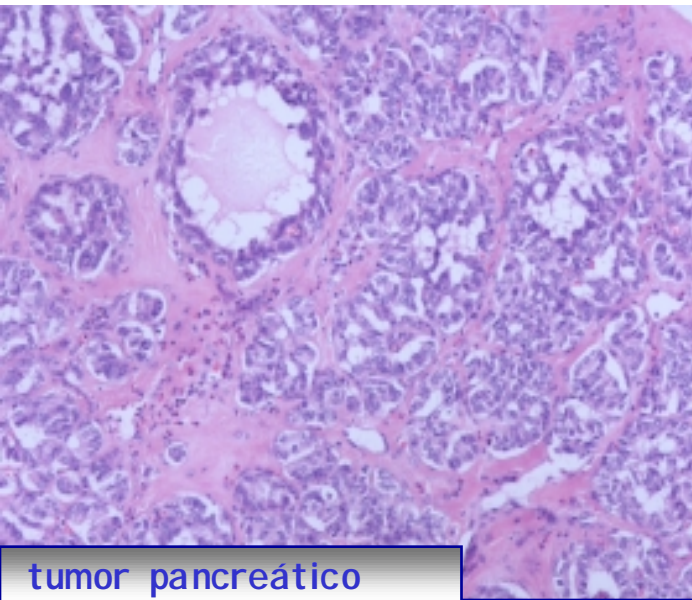
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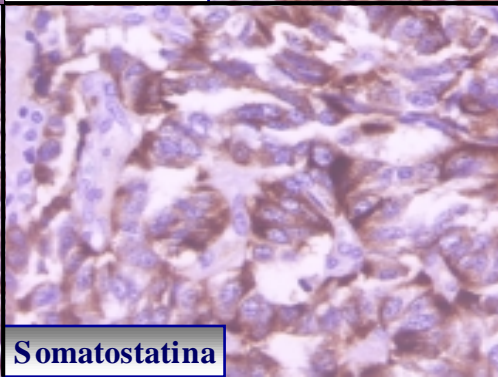
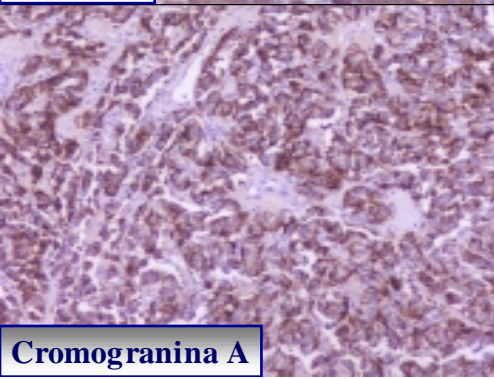
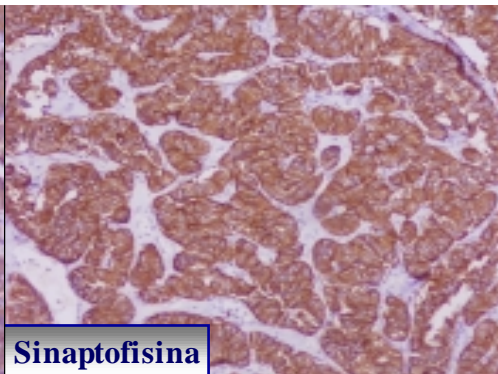
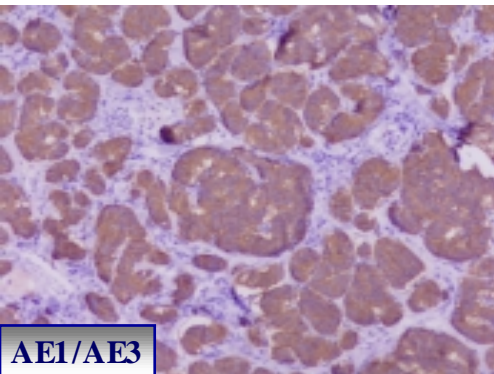


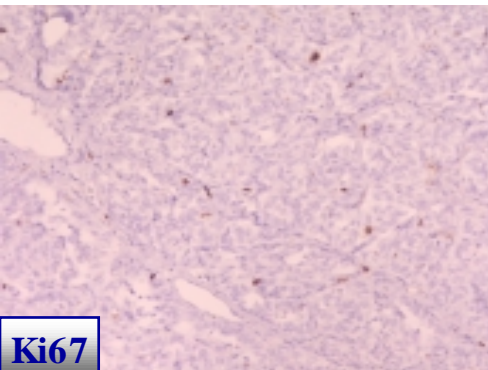




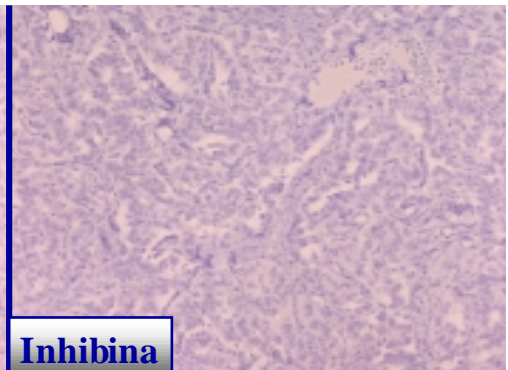




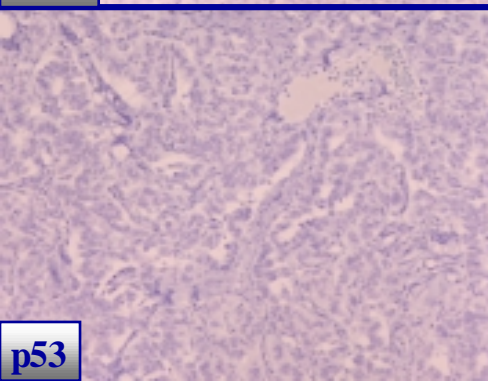




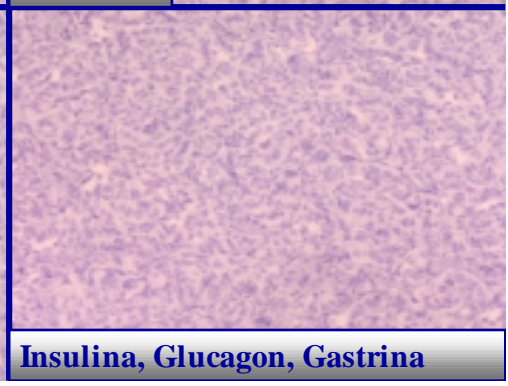
Ki67



Inhibina



p53



Insulina, Glucagon, Gastrina

Inmunohistoquímica (tumor páncreas)

- * Sinaptofisina (+) y Cromogranina A (+)
- * Insulina (-)
- * Glucagon (-)
- * Somatostatina (+)
- * Gastrina (-)
- * AE1/AE3 (+)
- * Inhibina (-)
- * p53 (-)
- * Ki 67 (+) 10%

Discusión del caso

OPINIÓN DEL EXPERTO

CASO 1

Seminario de Uropatología

XXII Congreso de la Sociedad Española de Anatomía
Patológica
(25-28 Mayo 2005)

Pilar González-Peramato
Manuel Nistal

Caso 1

A. Tumor testicular

- ¿El origen de la neoplasia testicular es primario o metastático?
- ¿El tumor testicular es maligno o benigno?

B. Masas Pancreáticas y Hepáticas

C. ¿Existe alguna relación entre las neoplasias pancreáticas y hepáticas con la neoplasia testicular?

Caso 1

- Tumor de células de Sertoli

Diagnóstico diferencial:

- Tumor mixto de cordones sexuales – estroma gonadal
- Tumor de células de Leydig
- Adenocarcinoma endometriode de testículo
- Tumor adenomatoide intratesticular
- Cistoadenoma sertoliforme de rete testis
- Tumor Carcinoide

Caso 1

Diagnóstico:

- Testículo: Tumor de células de Sertoli NOS
- Páncreas: Carcinoma de células insulares
- Hígado: Metástasis de carcinoma insular

2 neoplasias incidentales de presentación sincrónica

Caso 1

- T. céls de Sertoli asociados a:
 - Síndrome de insensibilidad a andrógenos
 - Síndrome de Carney
 - Síndrome de Peutz-Jeghers

 - Tumores neuroendocrinos- carcinoma insular de páncreas ?

Caso 1

Bibliografía

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Caso 1

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Diagnóstico

Dra. I. De Torres

1.- Tumor de células de Sertoli

(variedad esclerosante)

2. - Carcinoma de células insulares de páncreas:

“somatostatina” con

- metástasis hepáticas (3) y ganglionares peripancreáticas (8/13)

(ganglios tronco celíaco y cadena espermática reactivos)

Seguimiento clínico

Tto: inhibidores de somatostatina

Recidiva a los 14 meses

Metástasis hepáticas (9) y
ganglionares retroperitoneales (4)

Actualmente libre de enfermedad

Tumor testicular + tumor neuroendocrino en paciente joven.

¿Síndrome de Carney ?

¿Sde de Peutz-Jeghers?

¿ Tumor incidental?

