

SEMINARIO DE PATOLOGÍA QUIRÚRGICA

“Un puente entre dos caminos”

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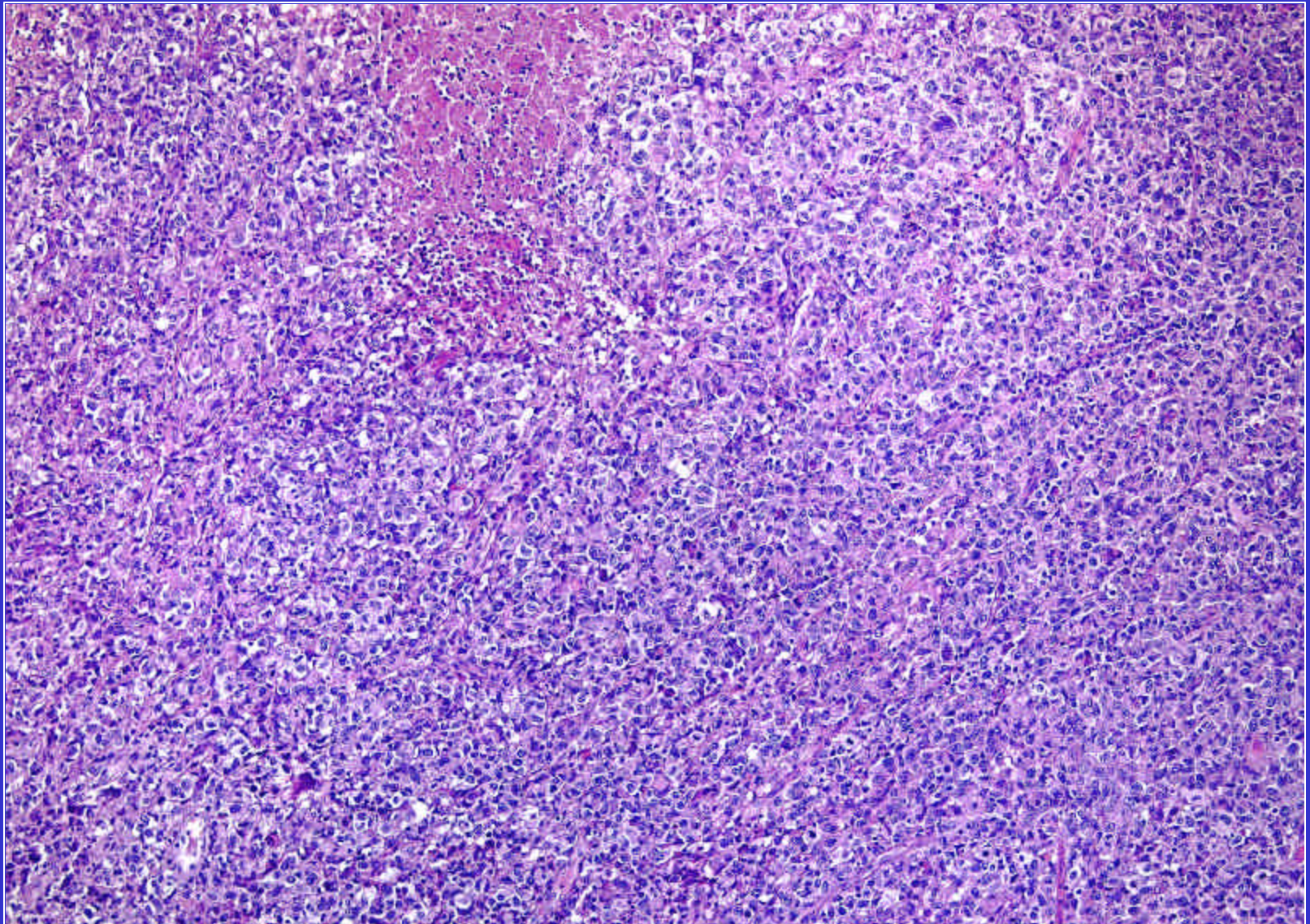


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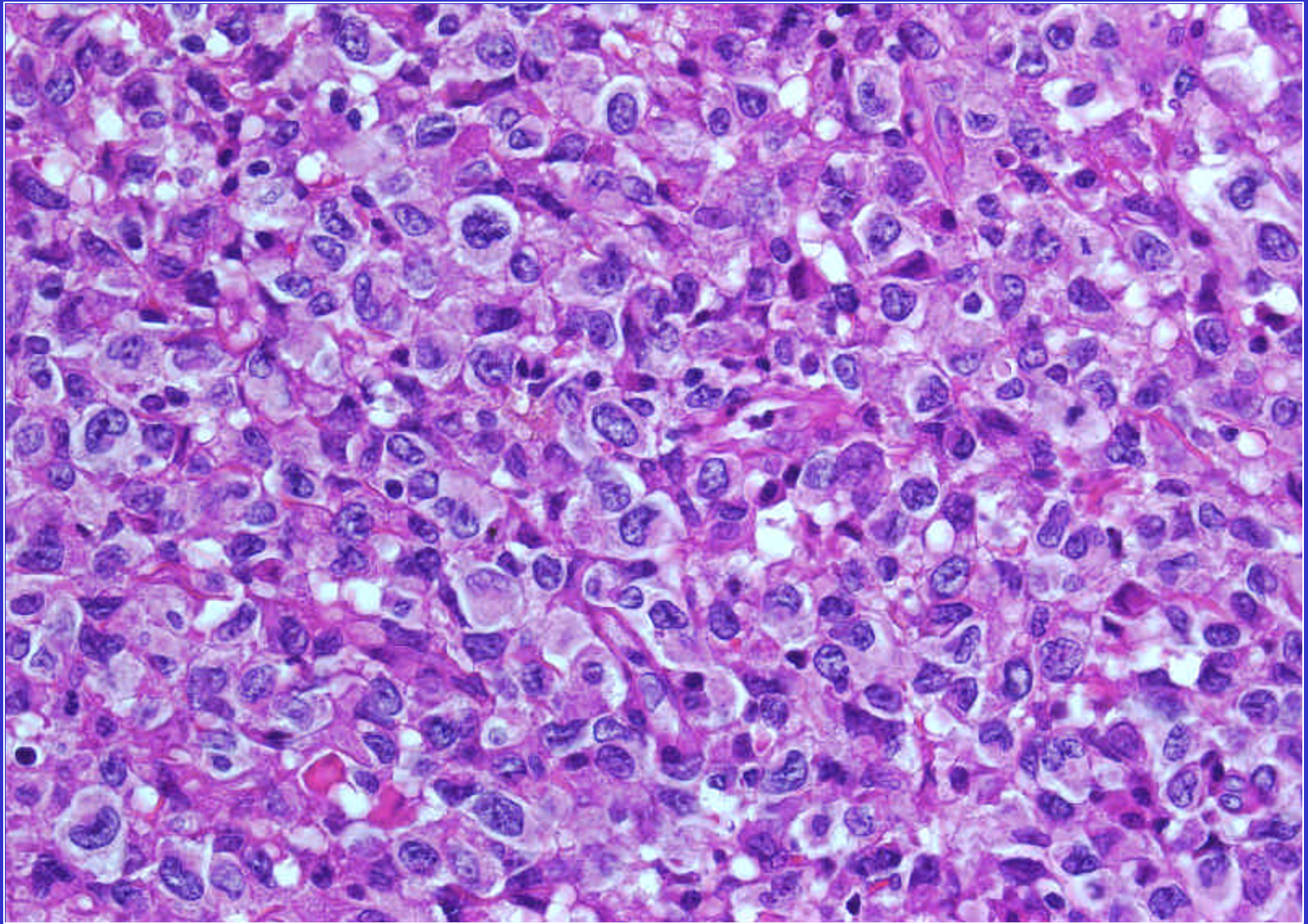


Caso 1 (Forteza)

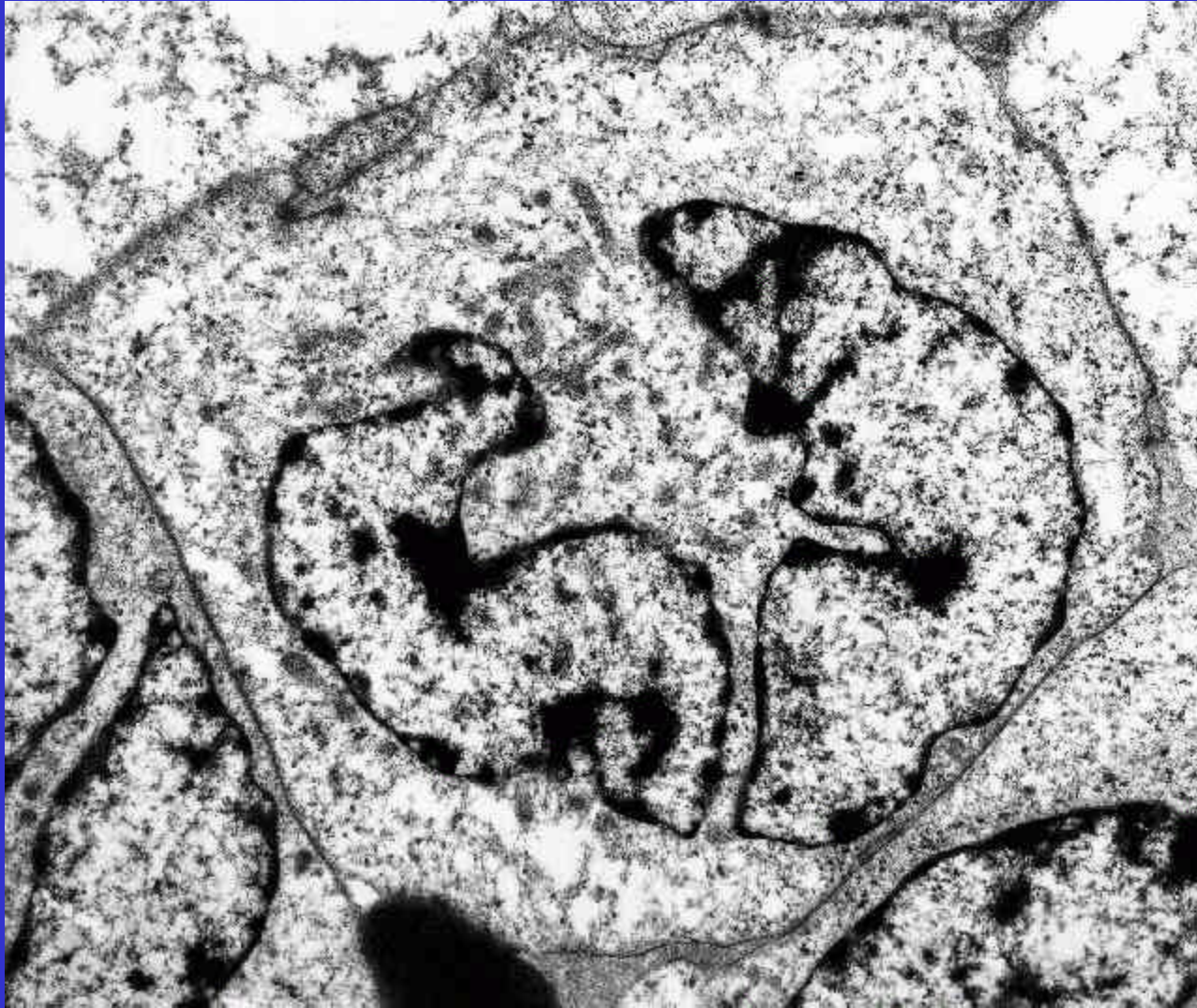
Varón de 65 años con odinofagia, síndrome general de un mes de evolución. Tumoración amigdalар bilateral y adenopatías cervicales bilaterales. Radiografía con ensanchamiento de mediastino y con nódulos pulmonares.



HE. Amígdala



HE. Amígdala



ME

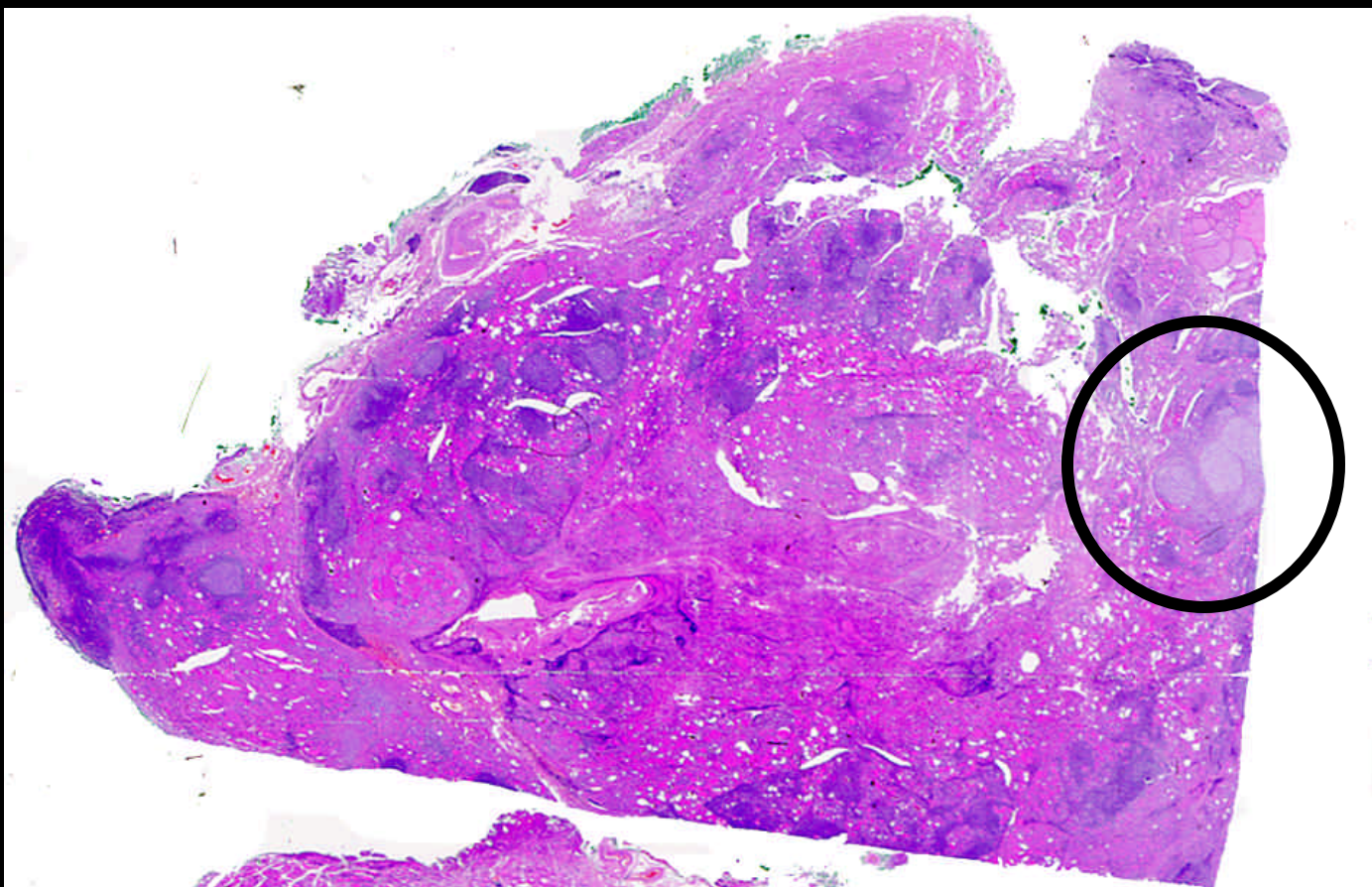
“Imagen sugestiva”

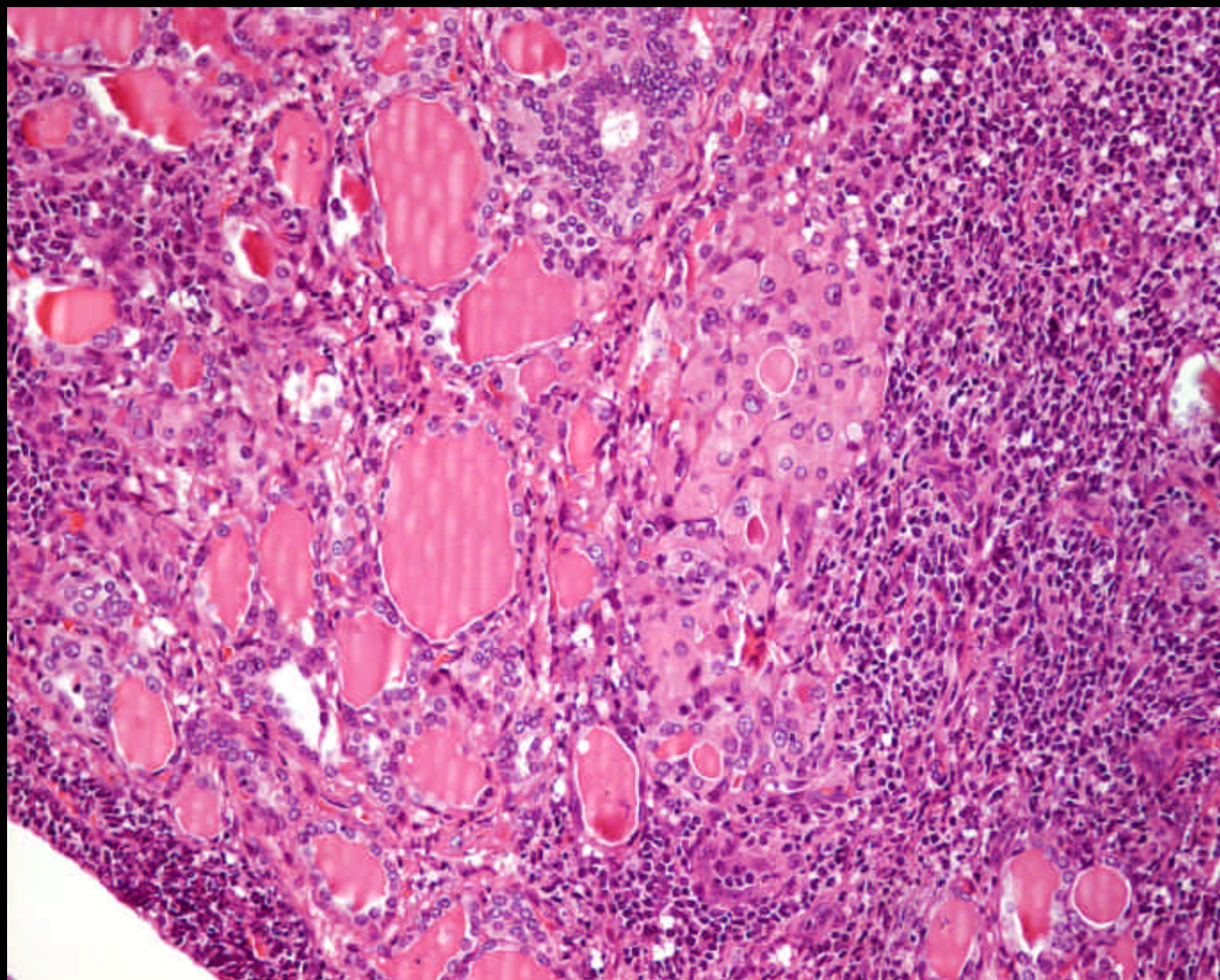
Evolución

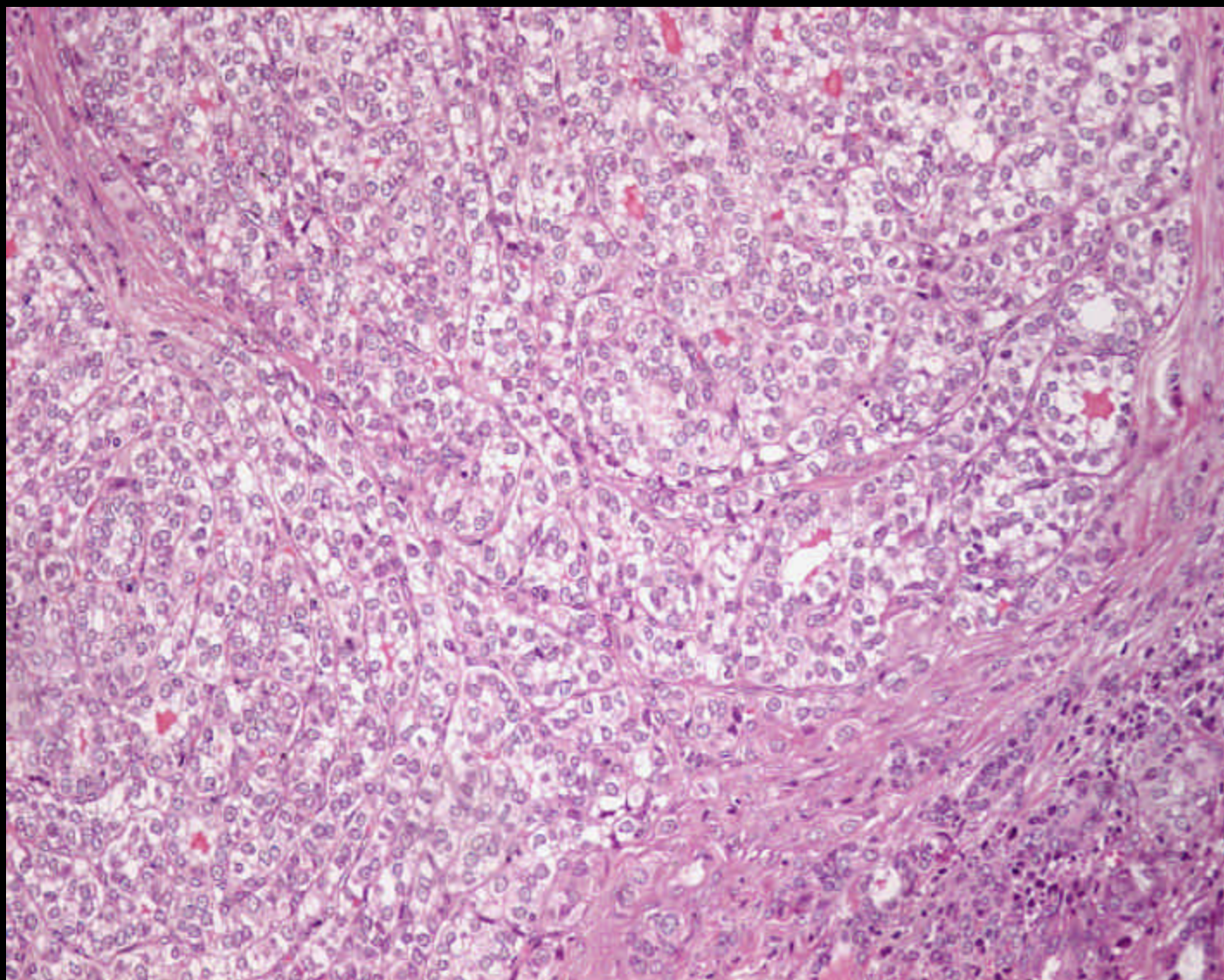
- **Éxitus tras doce días**
- **Necropsia**
 - **Infiltración ganglionar fundamentalmente mediastínica, pulmonar, hepática, esplénica y de médula ósea**
 - **Tuberculosis miliar asociada**

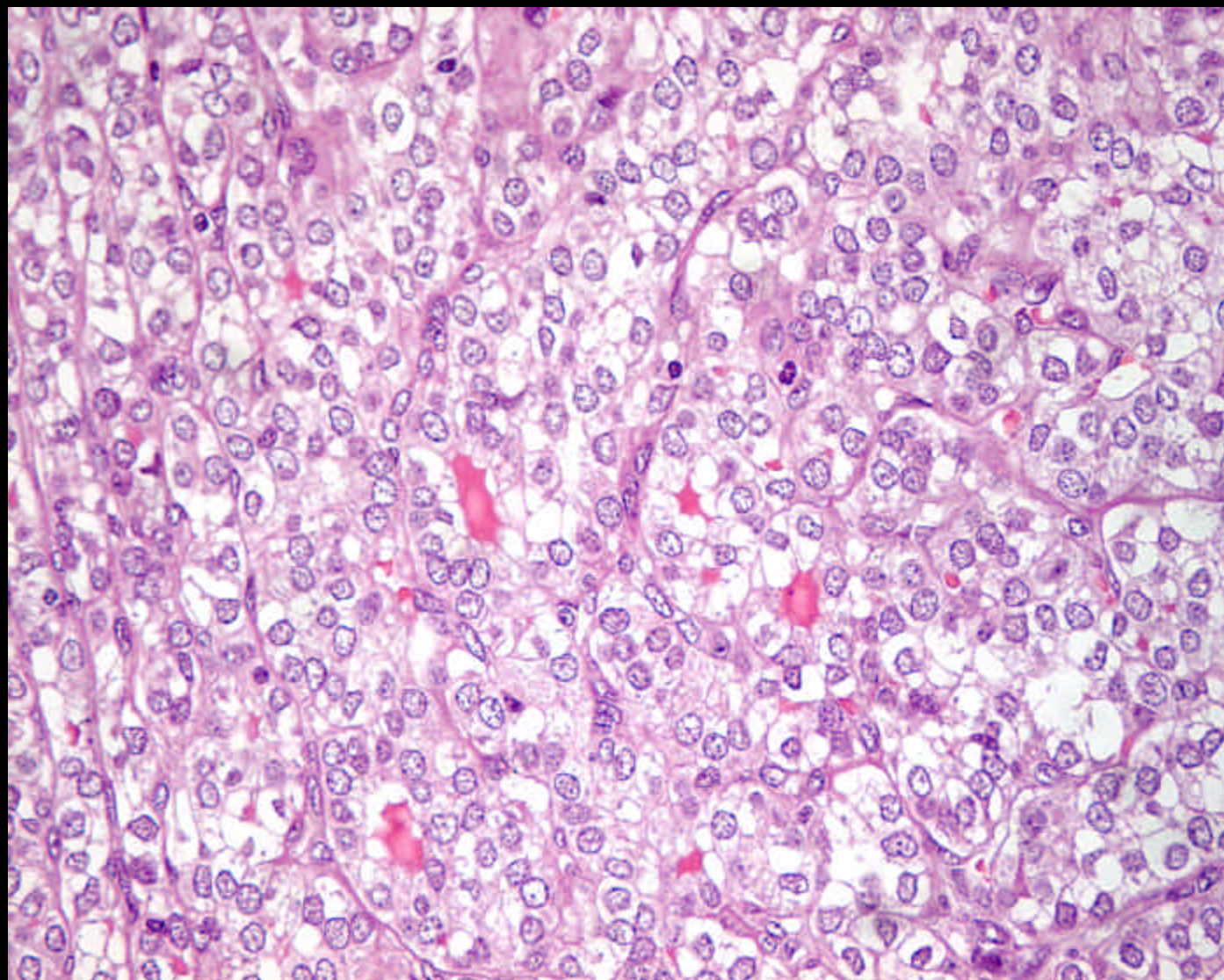
CASE 2 (Rosai)

45-year-old female with multinodular thyroid enlargement. A subtotal thyroidectomy was carried out. Grossly, the gland weighed 68 g and had a bosselated outer surface. The cut surface was vaguely multinodular. At the very edge of one of the sections of the left lobe there was a well-circumscribed solid whitish nodule measuring 1.1 x 1.0 cm.









Caso 3 (Forteza)

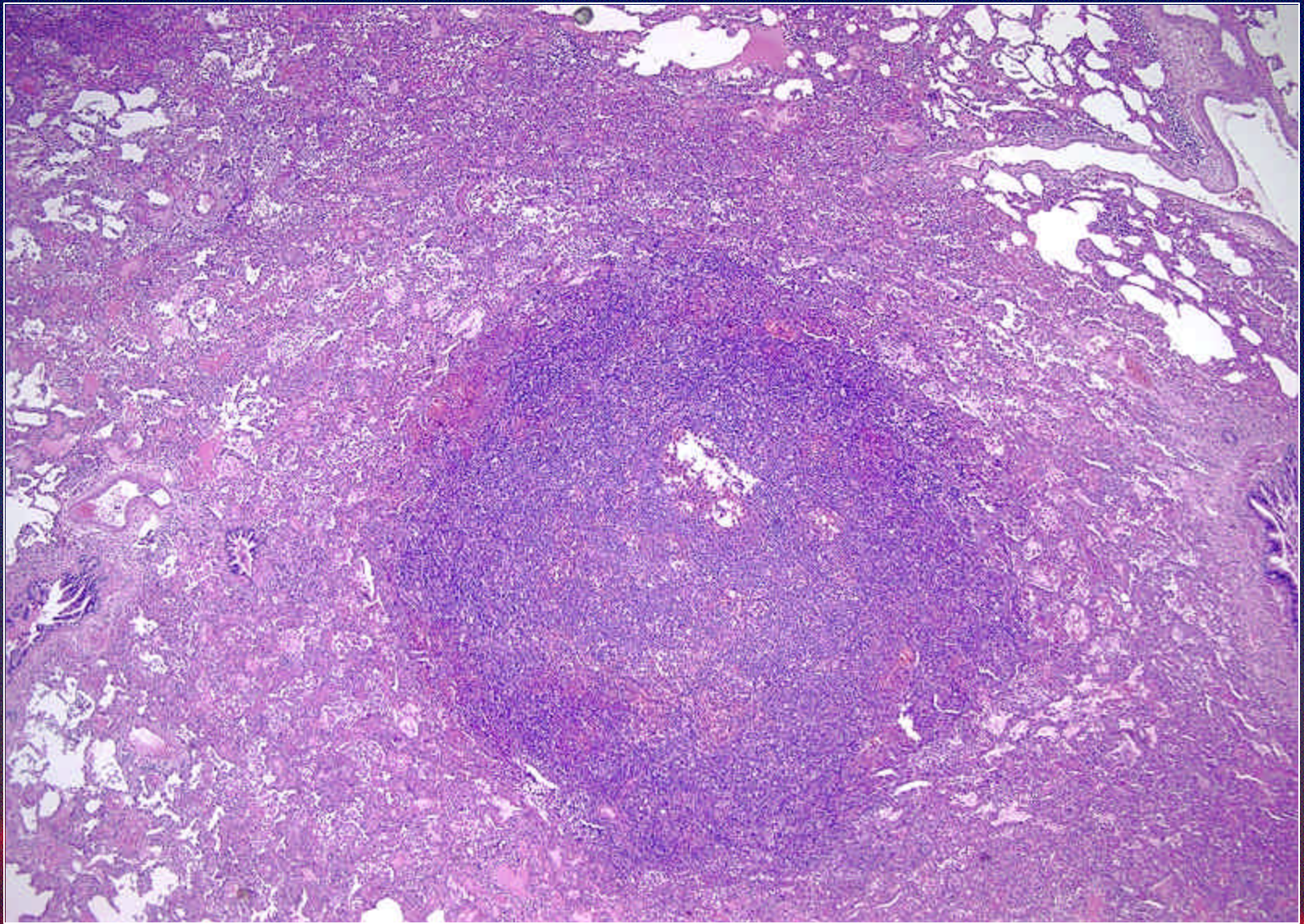
Mujer de 31 años, con clínica sistémica, febril, con empeoramiento progresivo. Radiografía de tórax muestra infiltrados pulmonares, que se confirman con TAC torácico. Por cuadro séptico y shock, la paciente se traslada a la UCI, donde fallece.



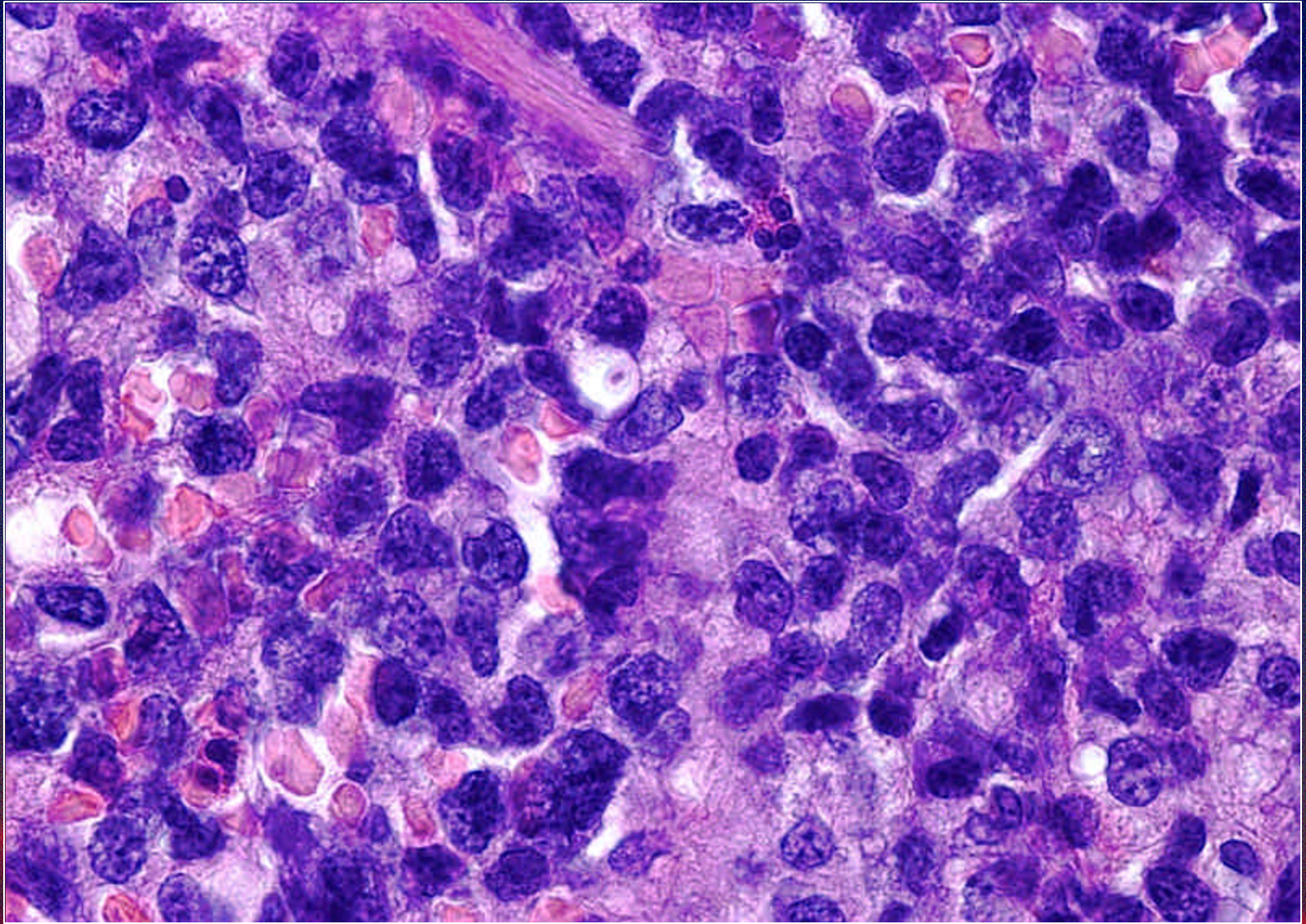
TAC de Tórax



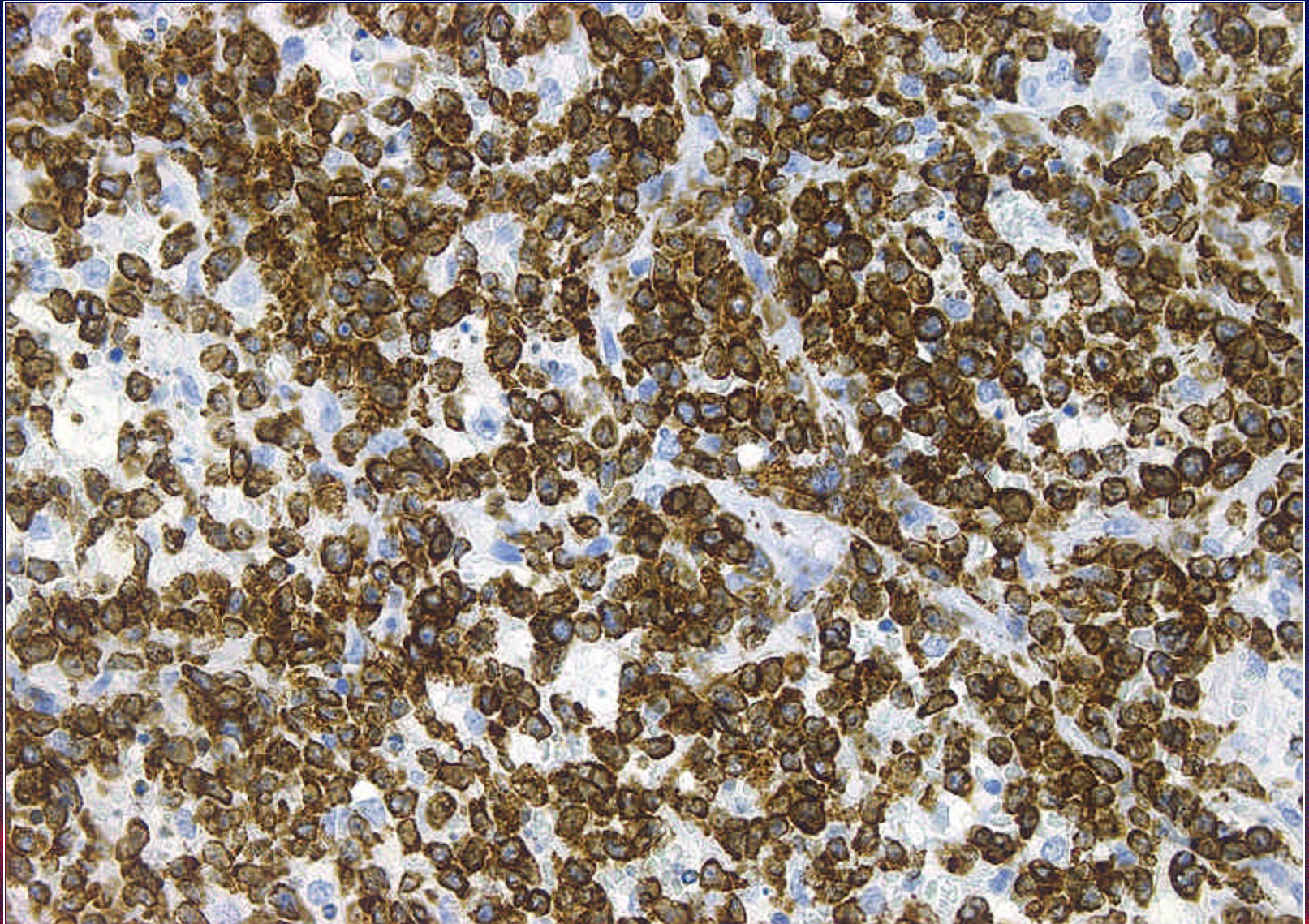
Pieza macroscópica pulmones



HE



HE



CD3

CASE 4 (Rosai)

A 15-year-old girl presented with periumbilical and left upper quadrant abdominal pain. Diagnostic studies, including esophagogastroduodenoscopy, small bowel series, and gastric and duodenal biopsies, were within normal limits. Months later she presented with increasing abdominal pain, non-bloody non-mucous diarrhea, fever, nausea, and several bouts of bilious vomitus. She also reported a 9 kg weight loss during the last year.

Her past medical record was remarkable for a history of acute lymphoblastic leukaemia, pre-B cell type, with hyperdiploidy (DNA index of 1.26), in 1992.

CASE 4 (cont.)

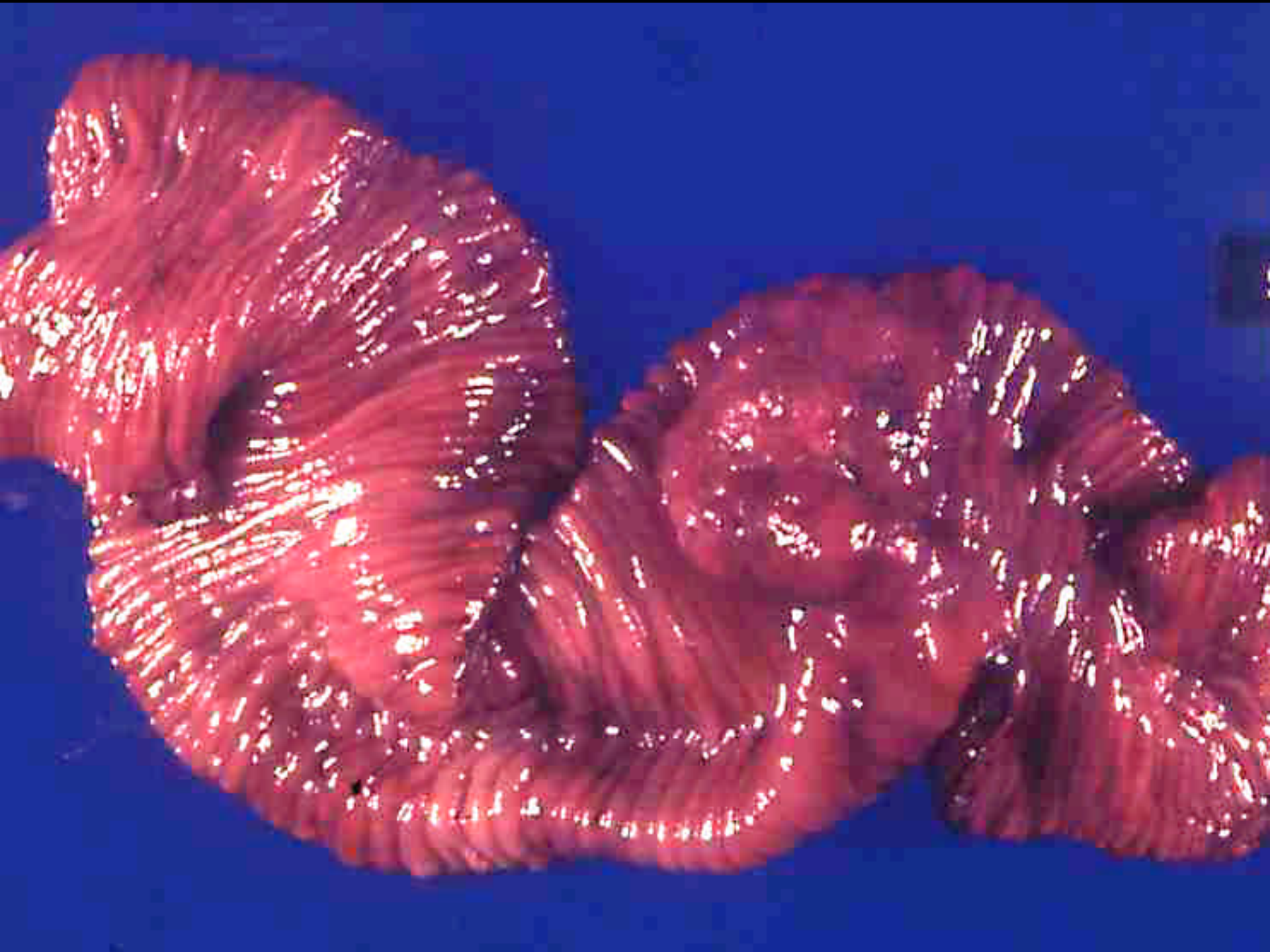
Bone marrow chromosomal analysis performed at that time revealed a complex hyperdiploid karyotype, with no chromosomal translocations. There was no evidence of CNS leukemic involvement. The patient received chemotherapy.

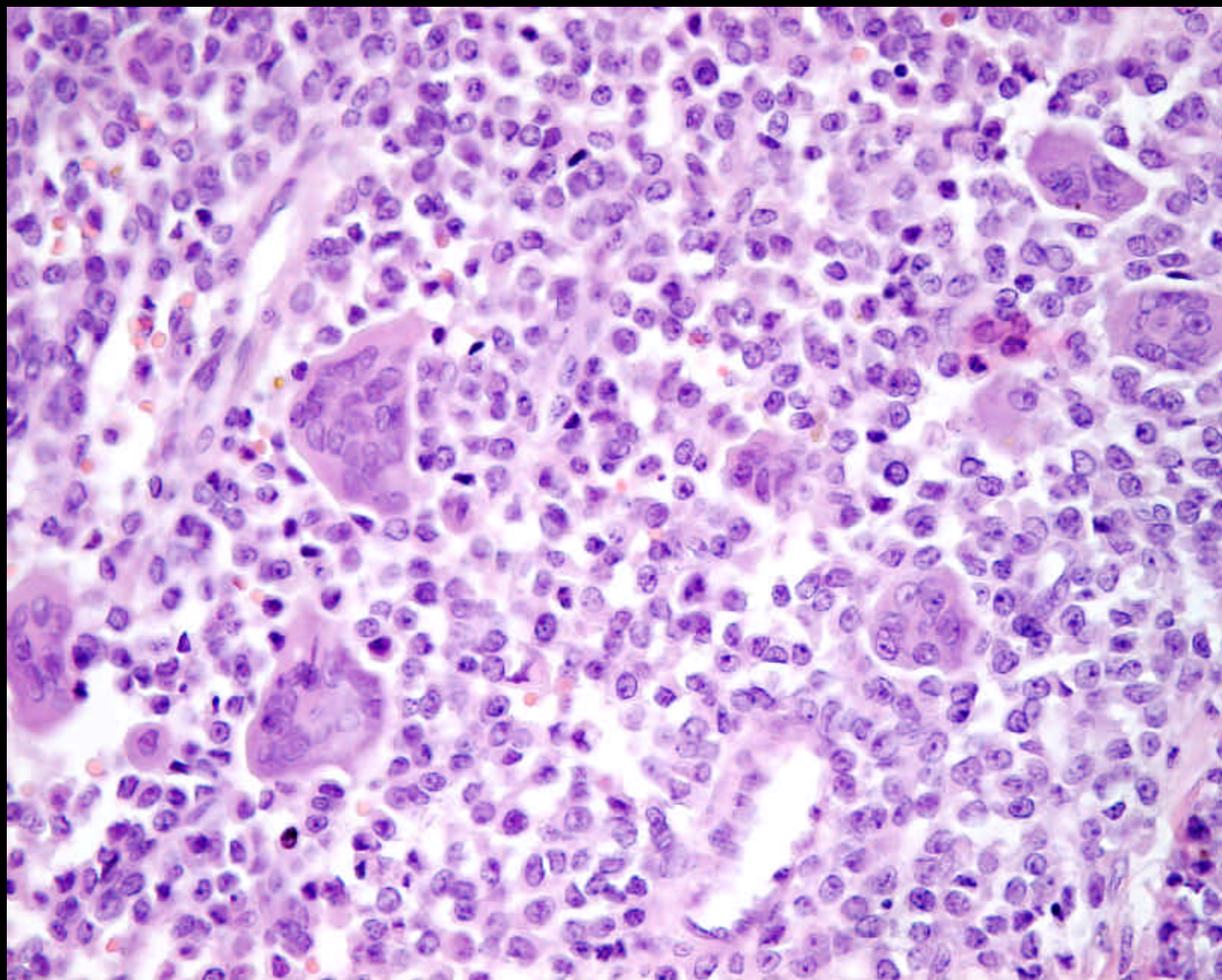
Ultrasound examination during her present admission revealed 3 enlarged mesenteric lymph nodes measuring 3 cm in the aggregate. A CT scan showed thickened loops in the midjejunum and confirmed the presence of 3 enlarged lymph nodes, which were regarded as consistent with leukemic involvement. No evidence of distant metastases was found by imaging studies and bone scan. At laparotomy, several large mesenteric lymph nodes were found, together with an intramural rubbery mass in the adjacent midjejunum.

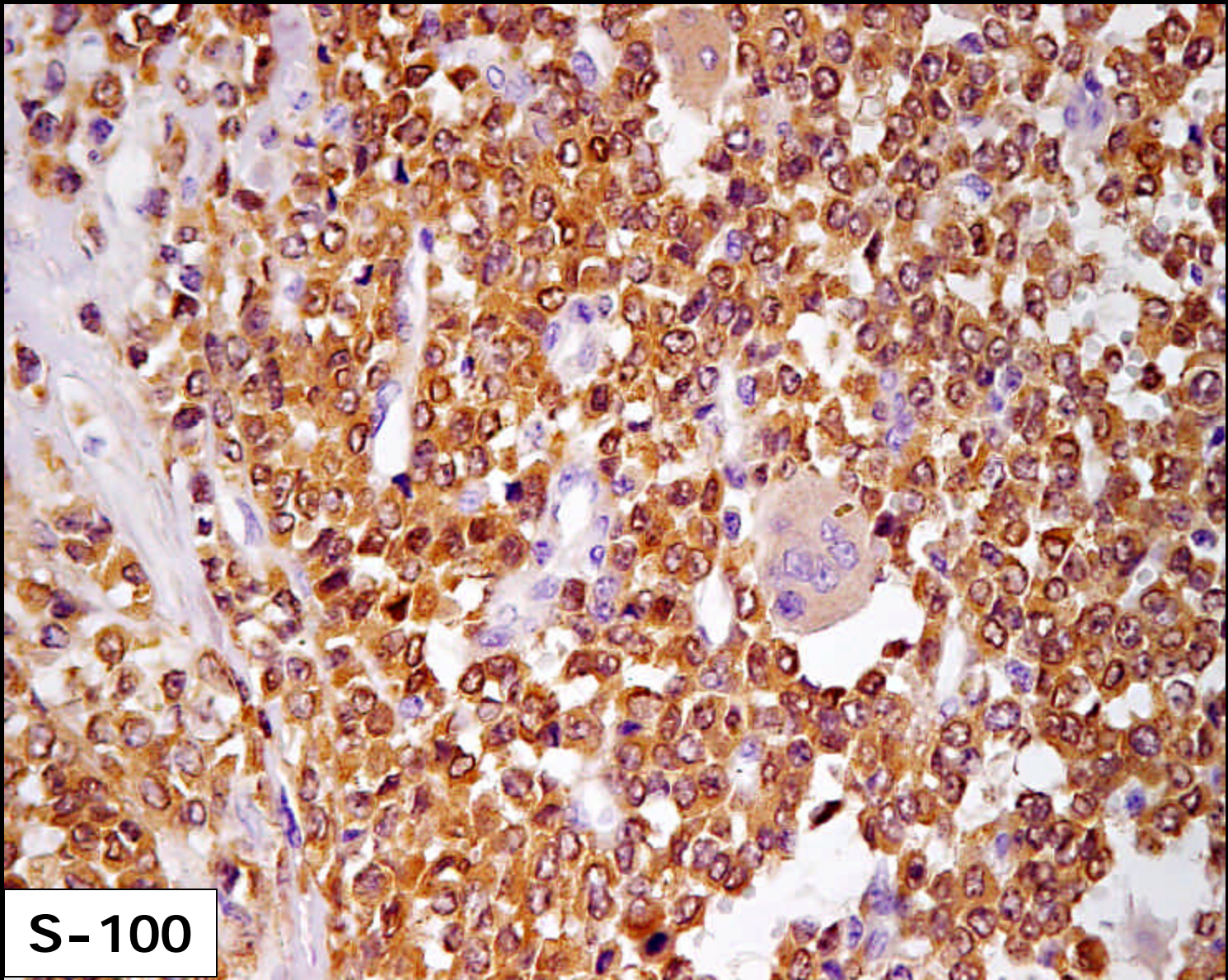
CASE 4 (cont.)

This mass was removed together with the enlarged lymph nodes through a partial midjejunal resection. The segment of resected small bowel measured 25 cm in length. A 5 cm tumor mass was present involving the entire thickness of the wall.

It protruded in a polypoid fashion within the lumen and abutted on the serosa. The adjacent mesentery contained matted lymph nodes measuring 5 x 3 cm in diameter on the aggregate. The patient underwent further tumor debulking followed by chemotherapy.



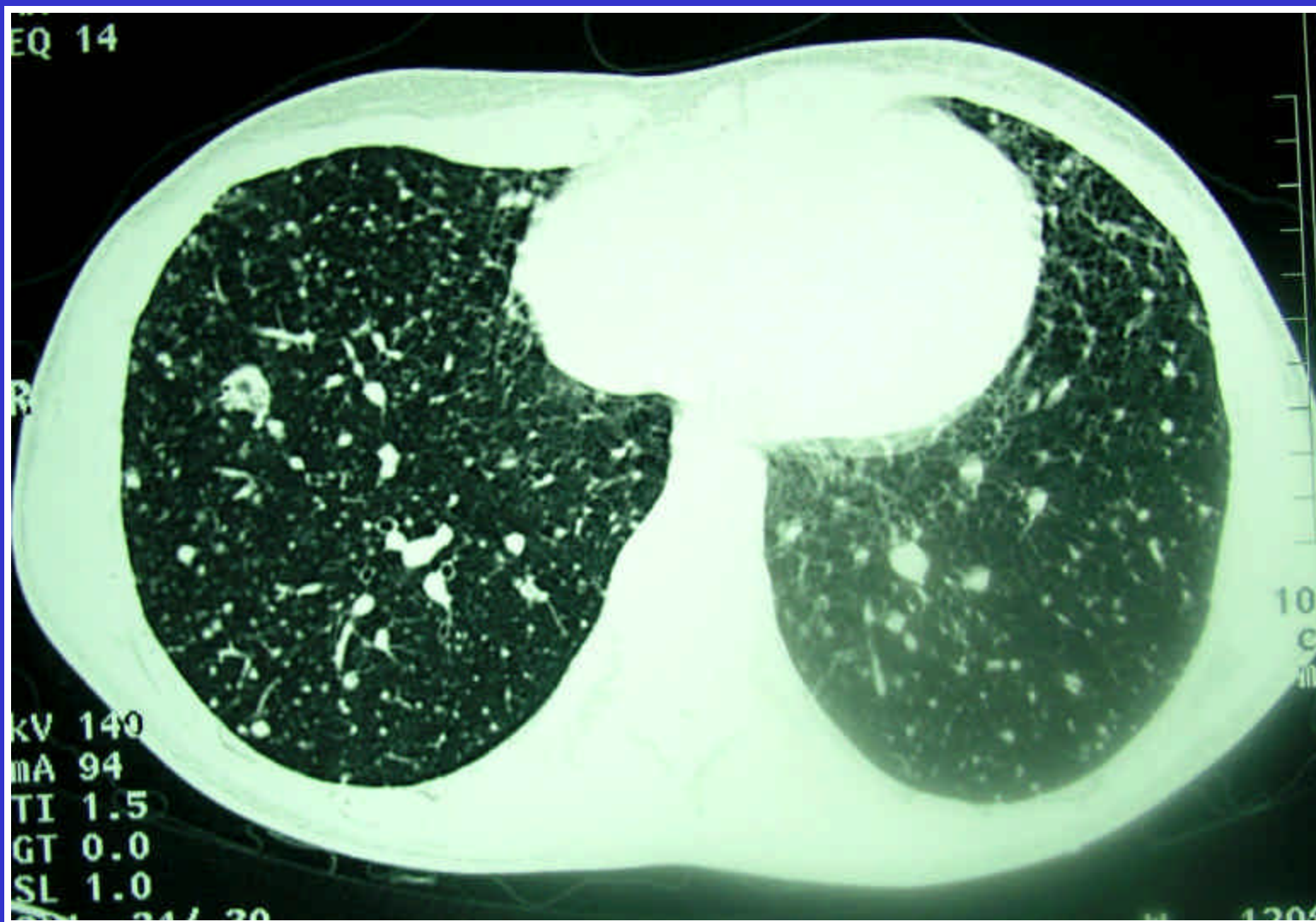




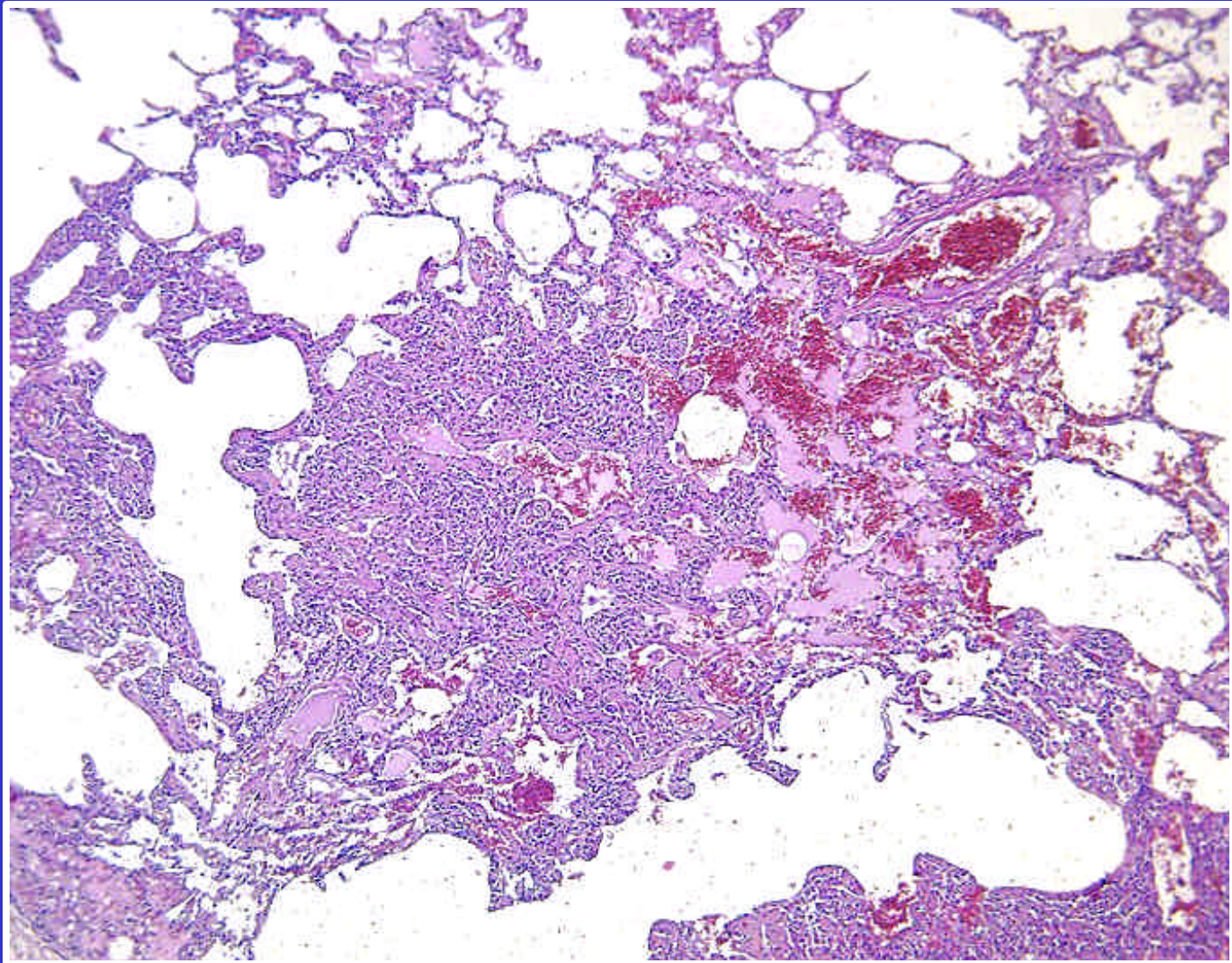
S-100

Caso 5 (Forteza)

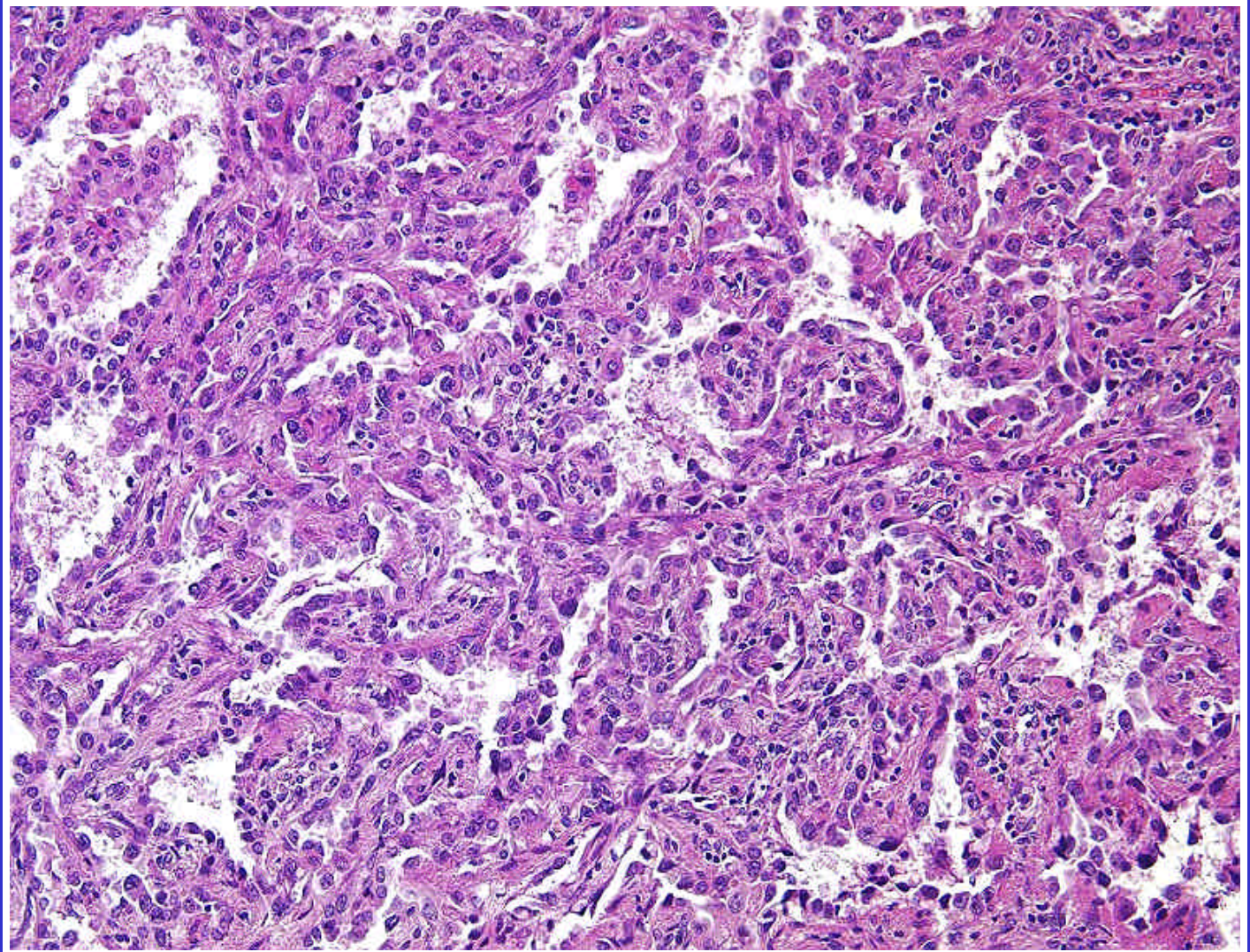
Mujer de 26 años de edad, que a los 10 años, es diagnosticada en el servicio de Dermatología de angiofibromas cutáneos (predominantes en región malar). Posteriormente, a la paciente se le identifican facomas en pilar inferior y retina nasal del ojo derecho, y se descubren en pruebas de imagen (TAC y RMN) hamartomas subcorticales. La paciente desarrolla un cuadro de microhematuria y en la ecografía renal, se identifican un angiomiolipoma en riñón derecho y lesiones quísticas bilaterales. En 2002, presenta clínica respiratoria, y en las pruebas de imagen (Rx simple y TAC torácico) se observa un patrón pulmonar intersticial bilateral. Se procede a la biopsia de los tres lóbulos pulmonares derechos.



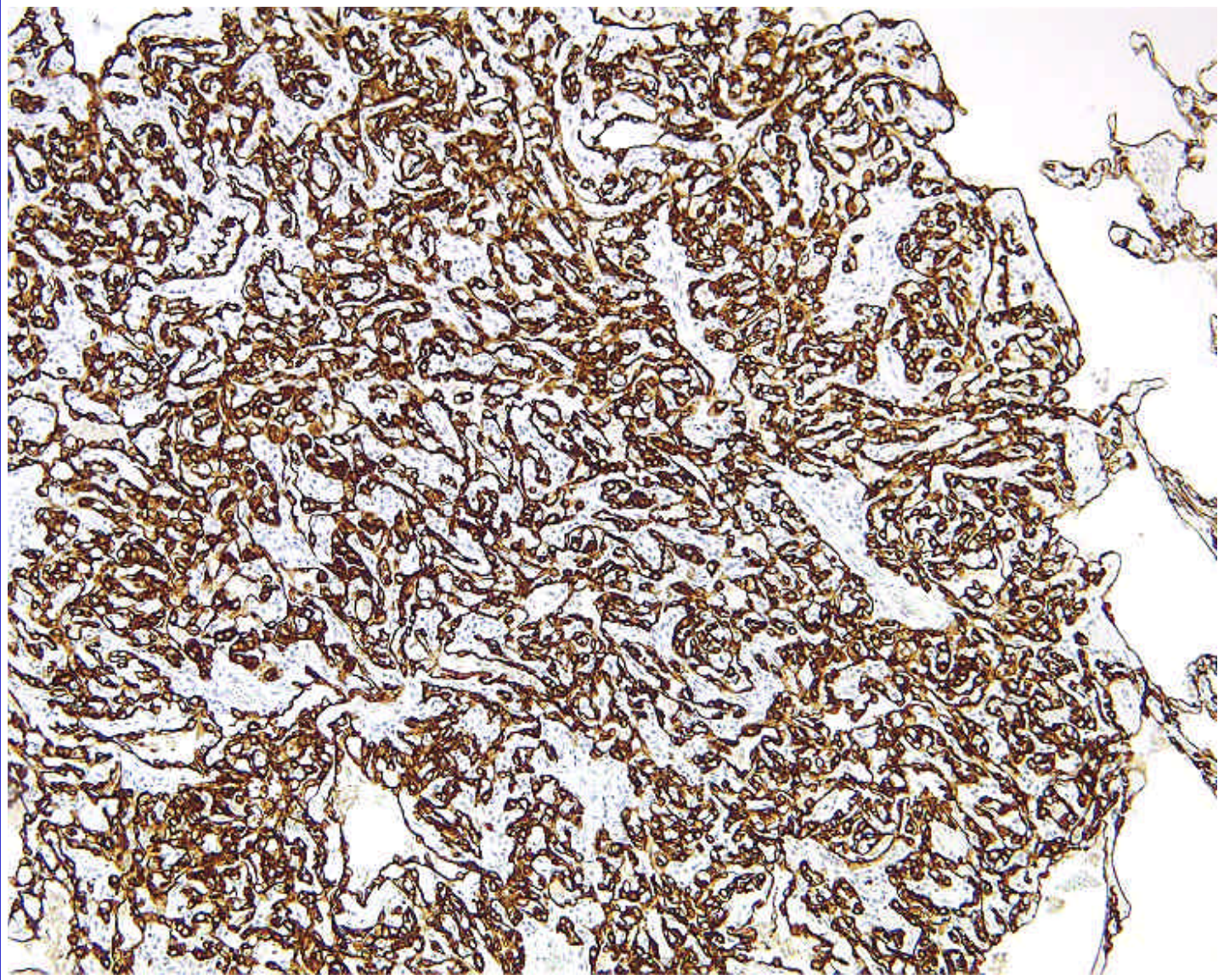
TAC de Tórax



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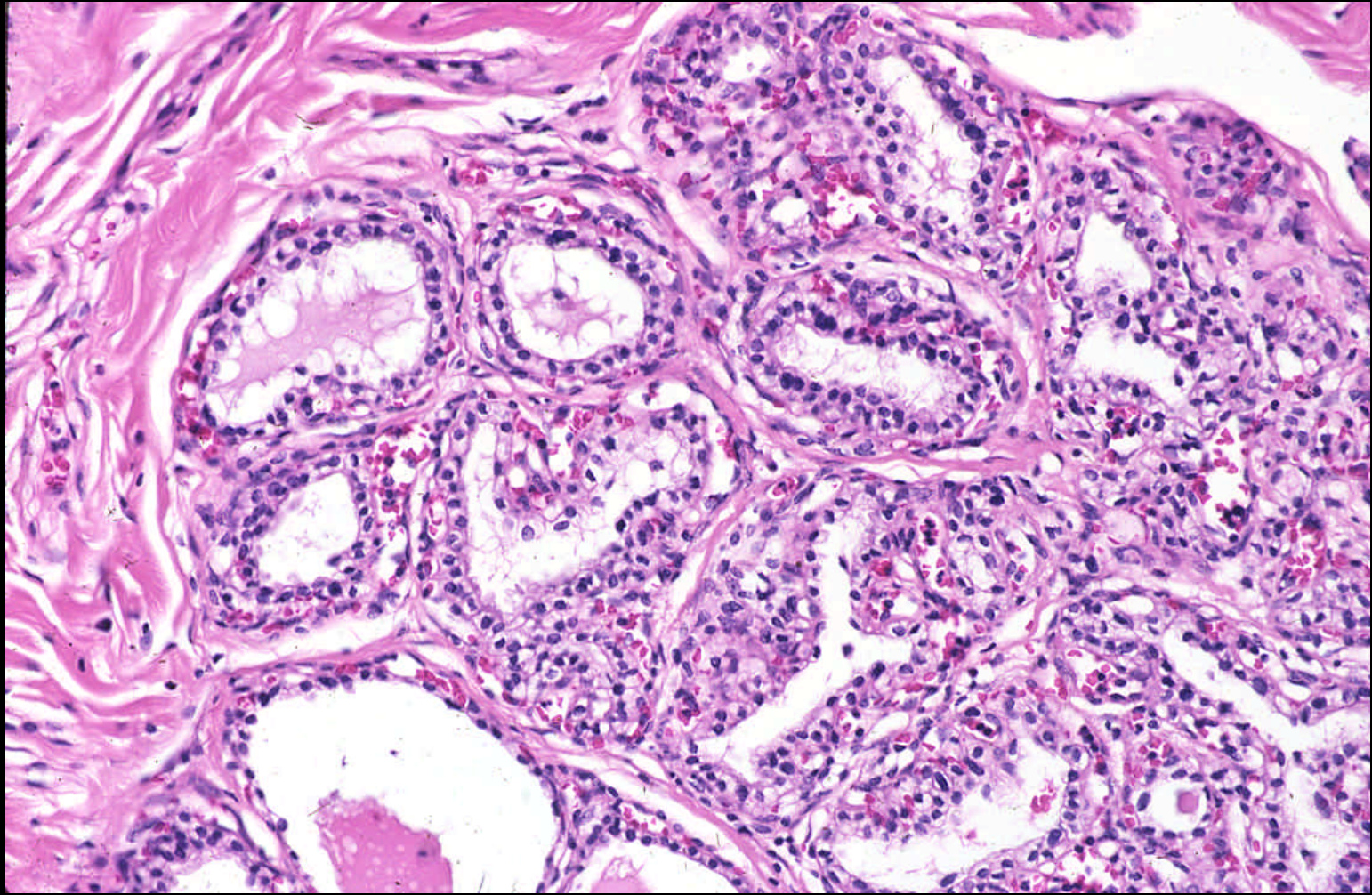
CKAE1-AE3

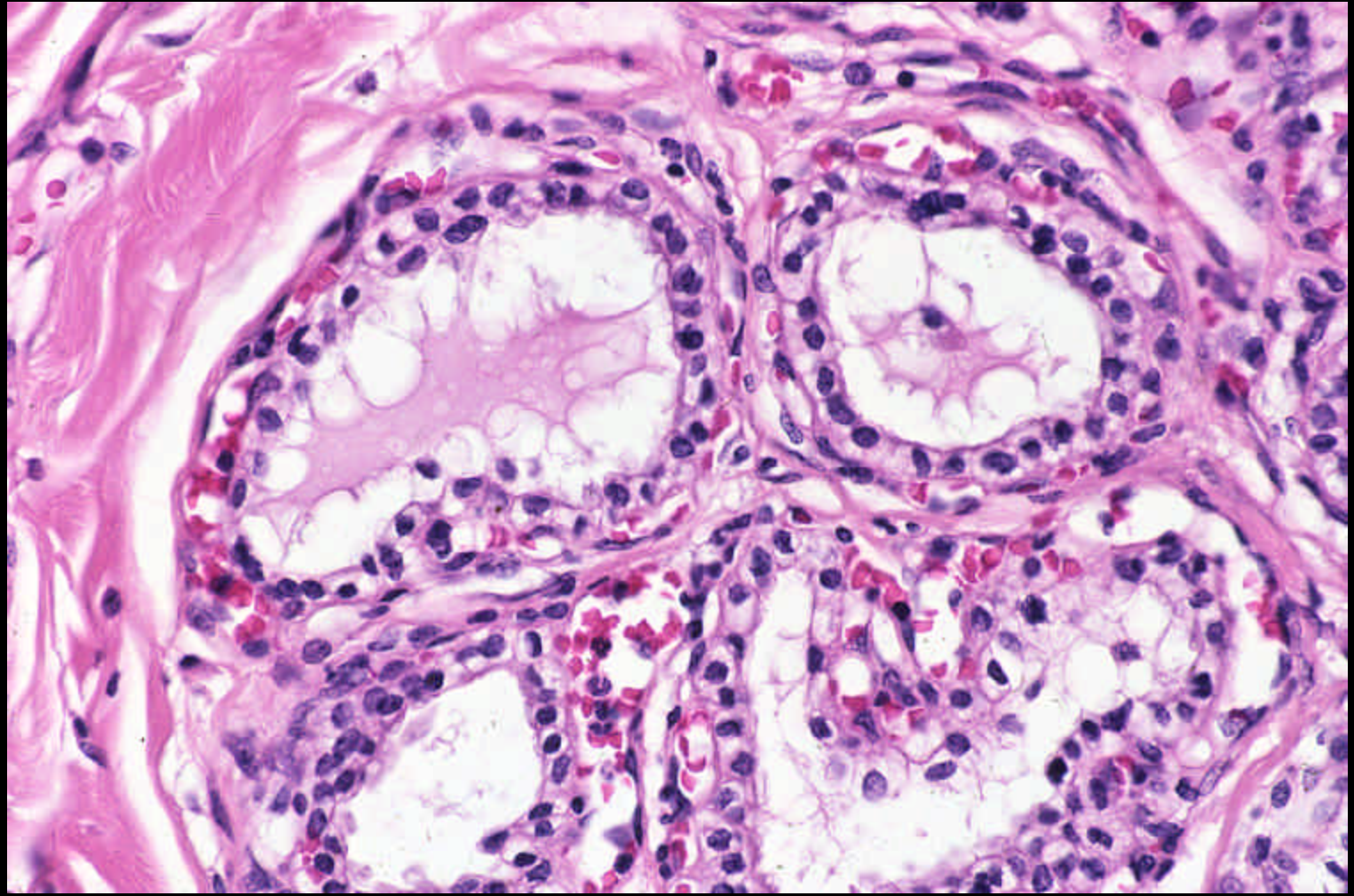
CASE 6 Rosai)

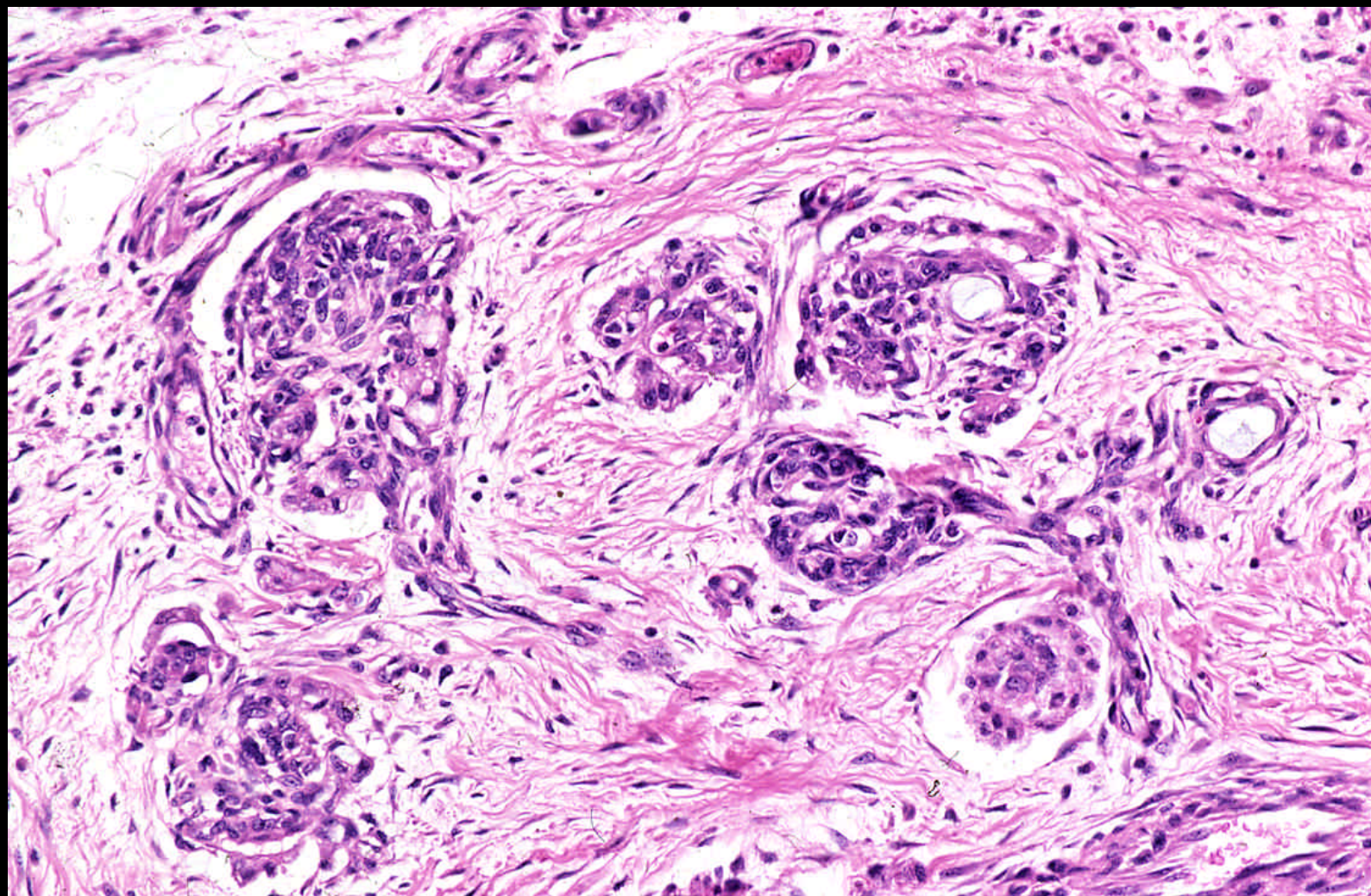
A 32-year-old woman presented with shortness of breath for several months. She had had a radical resection for dermatofibrosarcoma protuberans in the left hip 5 years prior. She had no history of asbestos exposure. Chest X-ray demonstrated an effusion in the left pleural cavity. Pleuroscopy showed multiple pleural-based lesions. Following biopsy, the patient underwent pleurodesis with talc, followed by extrapleural pneumonectomy.

CASE 6 (cont.)

Grossly, the lung showed diffuse adhesions, with variously sized multiple white nodules measuring up to 2.5 cm. Most of the nodules were present between the visceral and parietal pleura, with others located at the base of the lung and diaphragm, and still others in the soft tissues of the chest wall. Tumor was also identified in four lymph nodes, including perihilar, paraesophageal, level 4 and level 7 lymph nodes. The operation was followed by chemotherapy with Taxol and Carboplatin, and subsequent radiation therapy to the tumor bed area by 5900 cGy over 48 days.











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TEATRO ALLA SCALA, MILANO