XXV Congreso de la Sociedad Española de Anatomía Patológica

Club Patología Hepatobiliar

Seminario deTumores Hepáticos Inusuales

Caso 8

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-Historia Clínica

- Varón 71 años
- MAYO 2008
  - Molestias abdominales con estreñimiento y abultamiento abdominal
  - Edemas en MMII
- JULIO 2008
  - Episodio de desvanecimiento y pérdida de conocimiento
  - Ingreso
    - Hipoglucemia en varias ocasiones (hasta 33 mg/dl)
    - ECO ABDOMINAL: MASA (27 CM diámetro y Ascitis)
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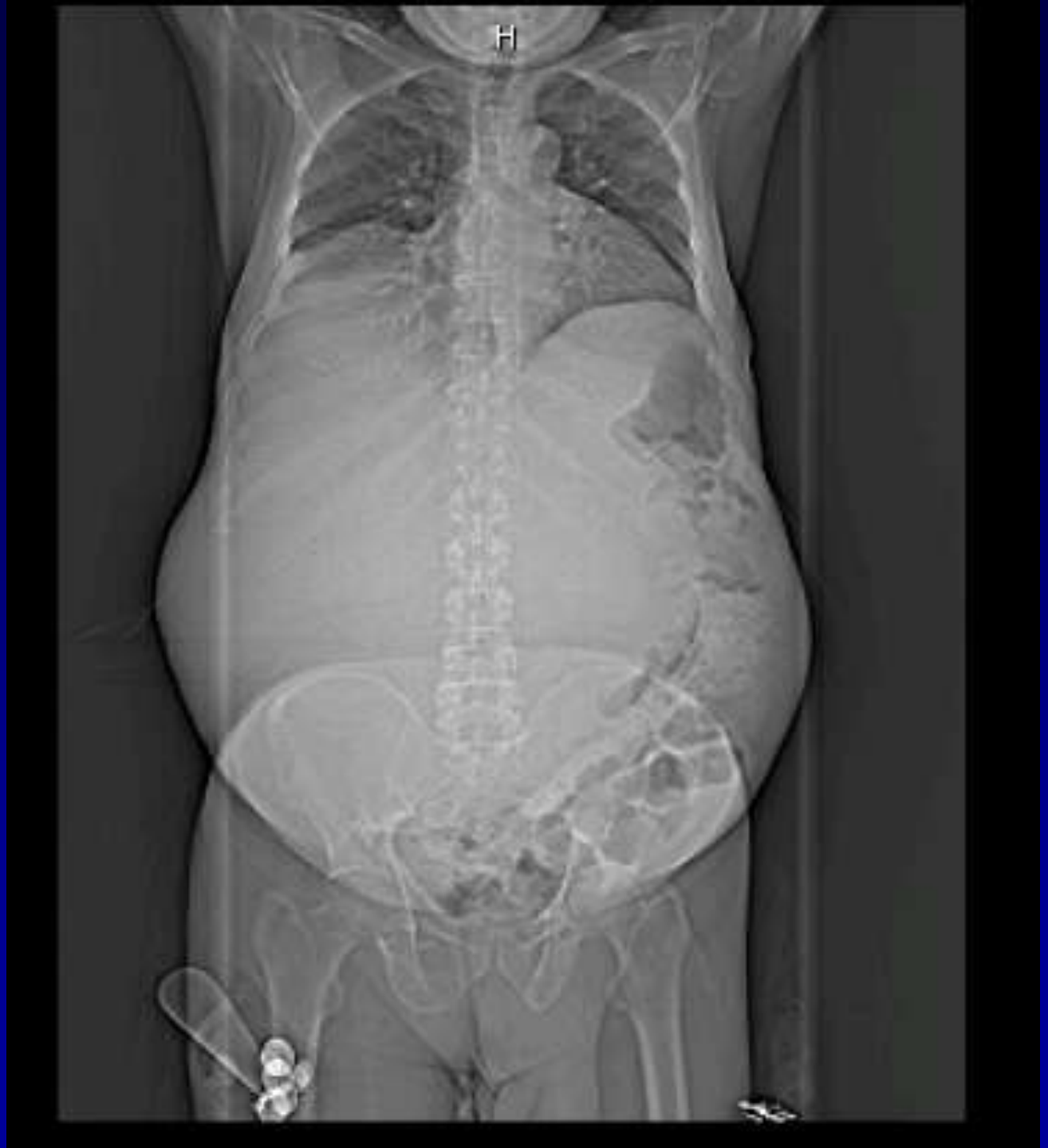
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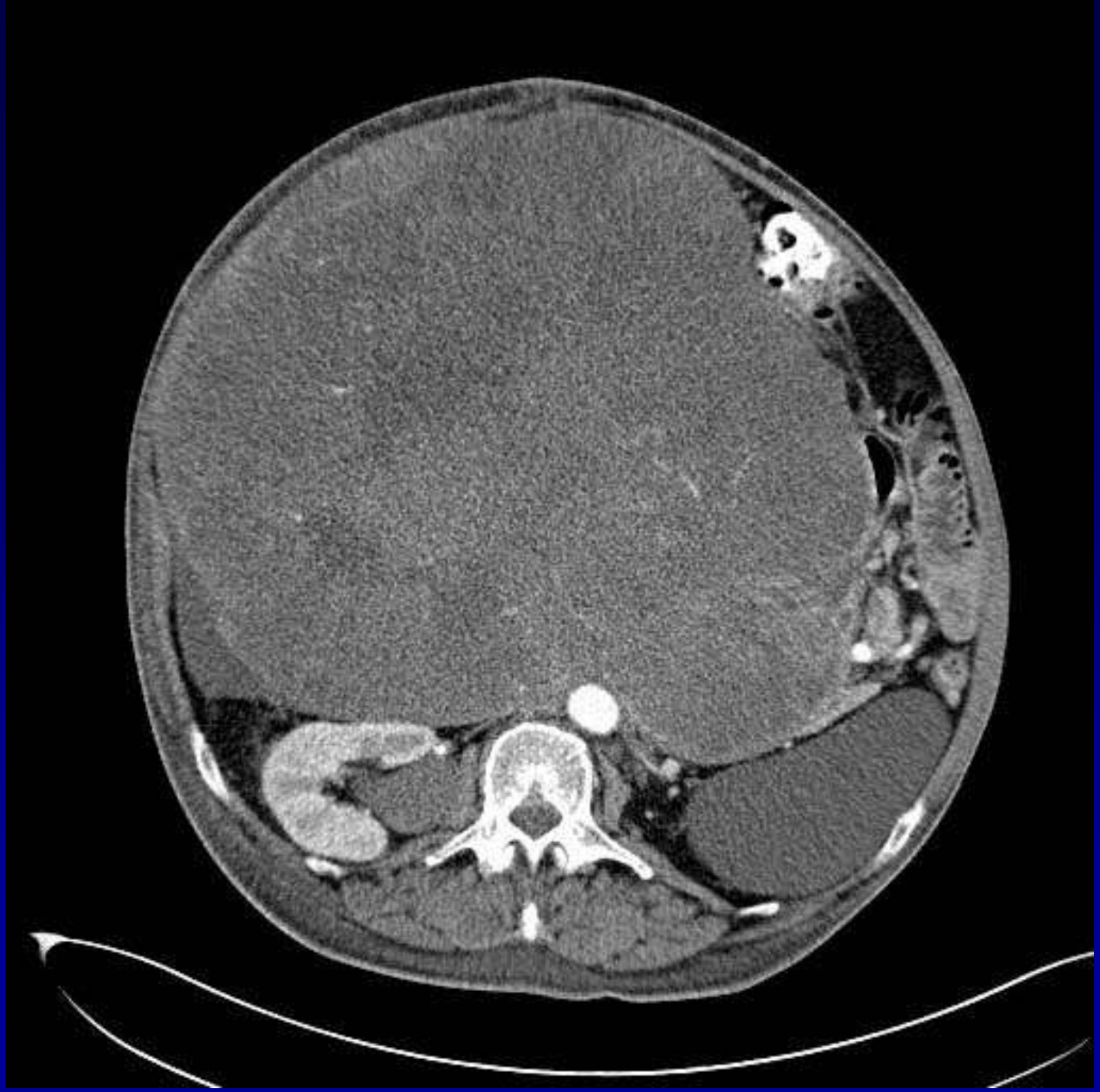

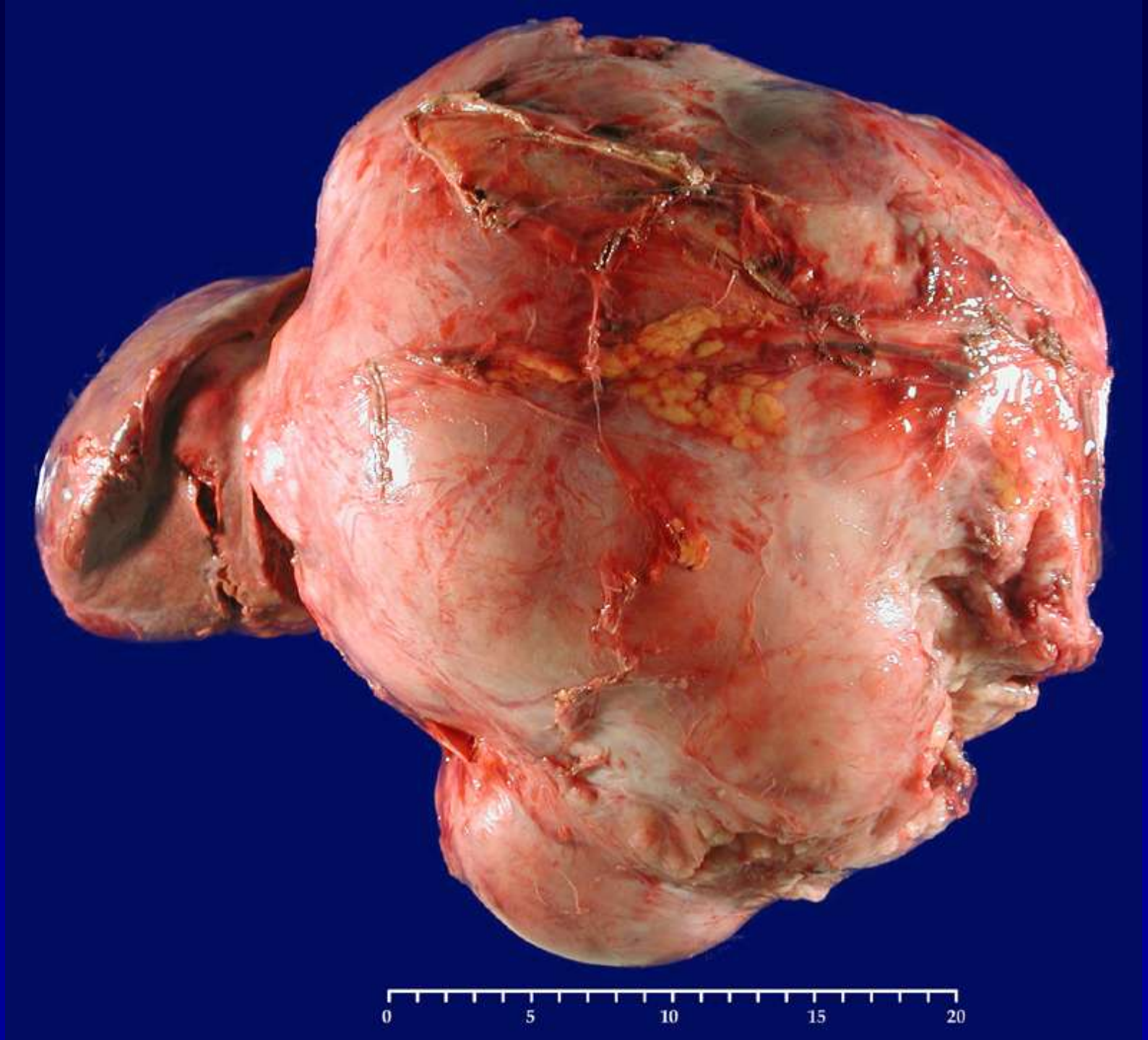
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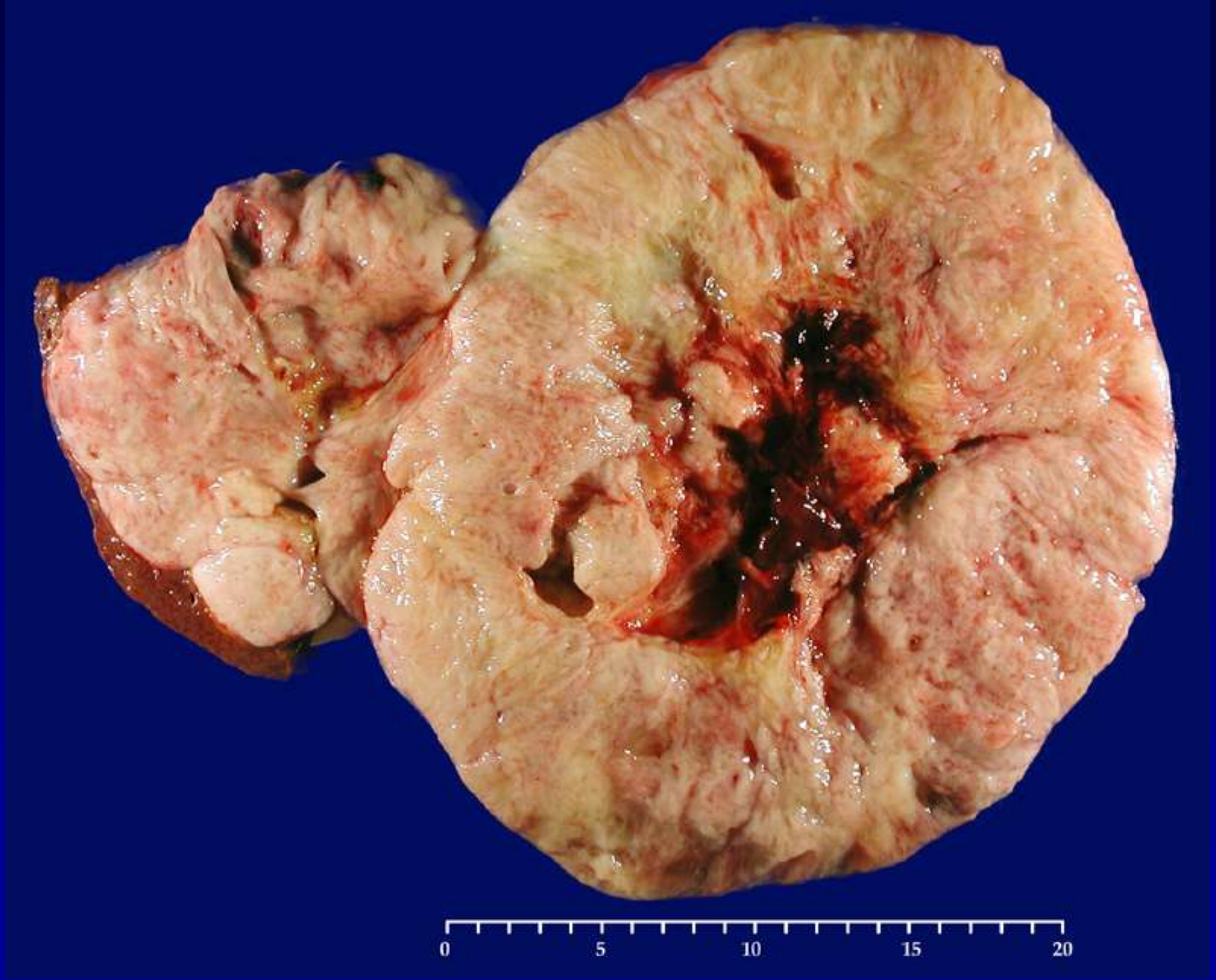
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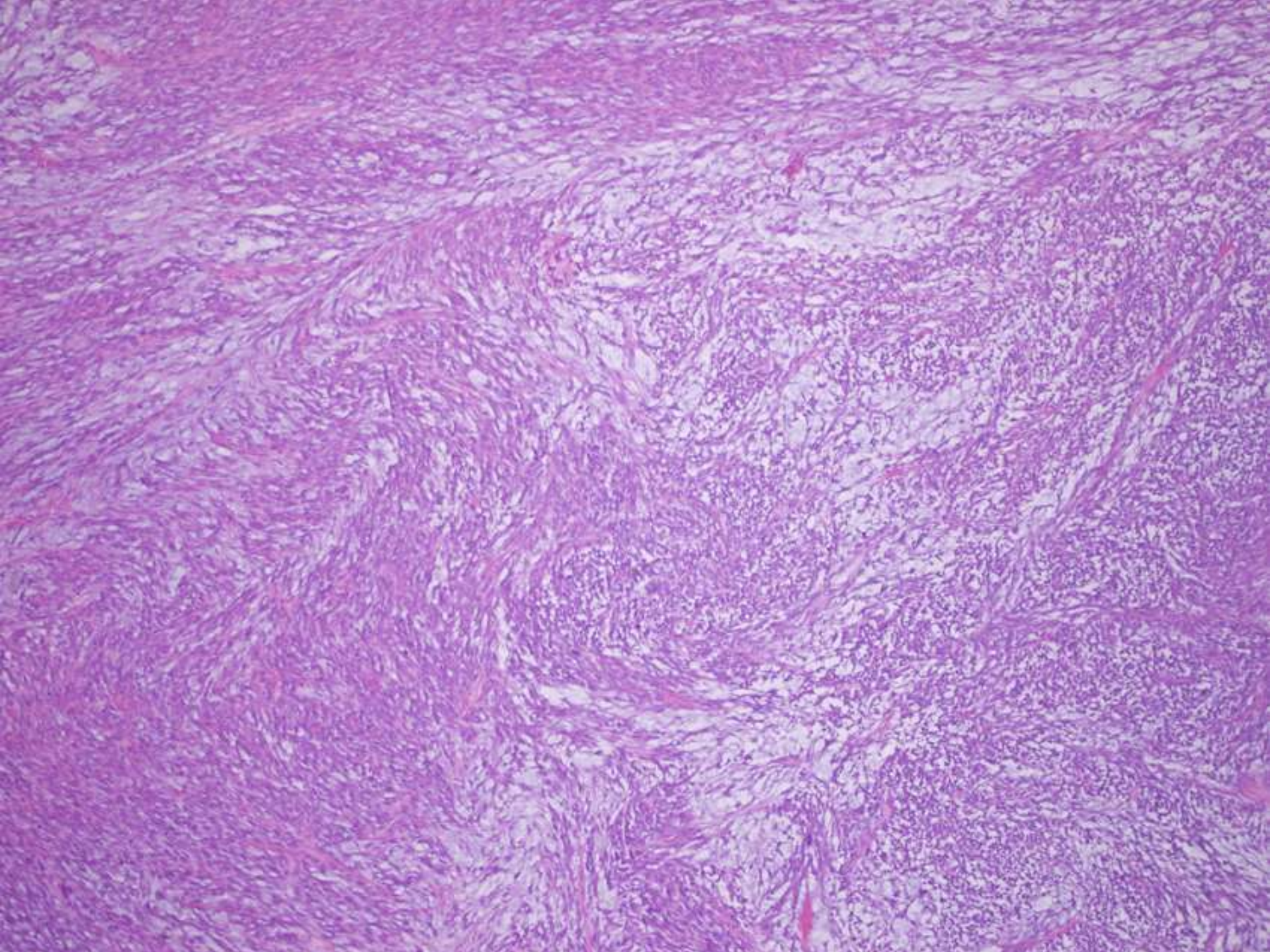
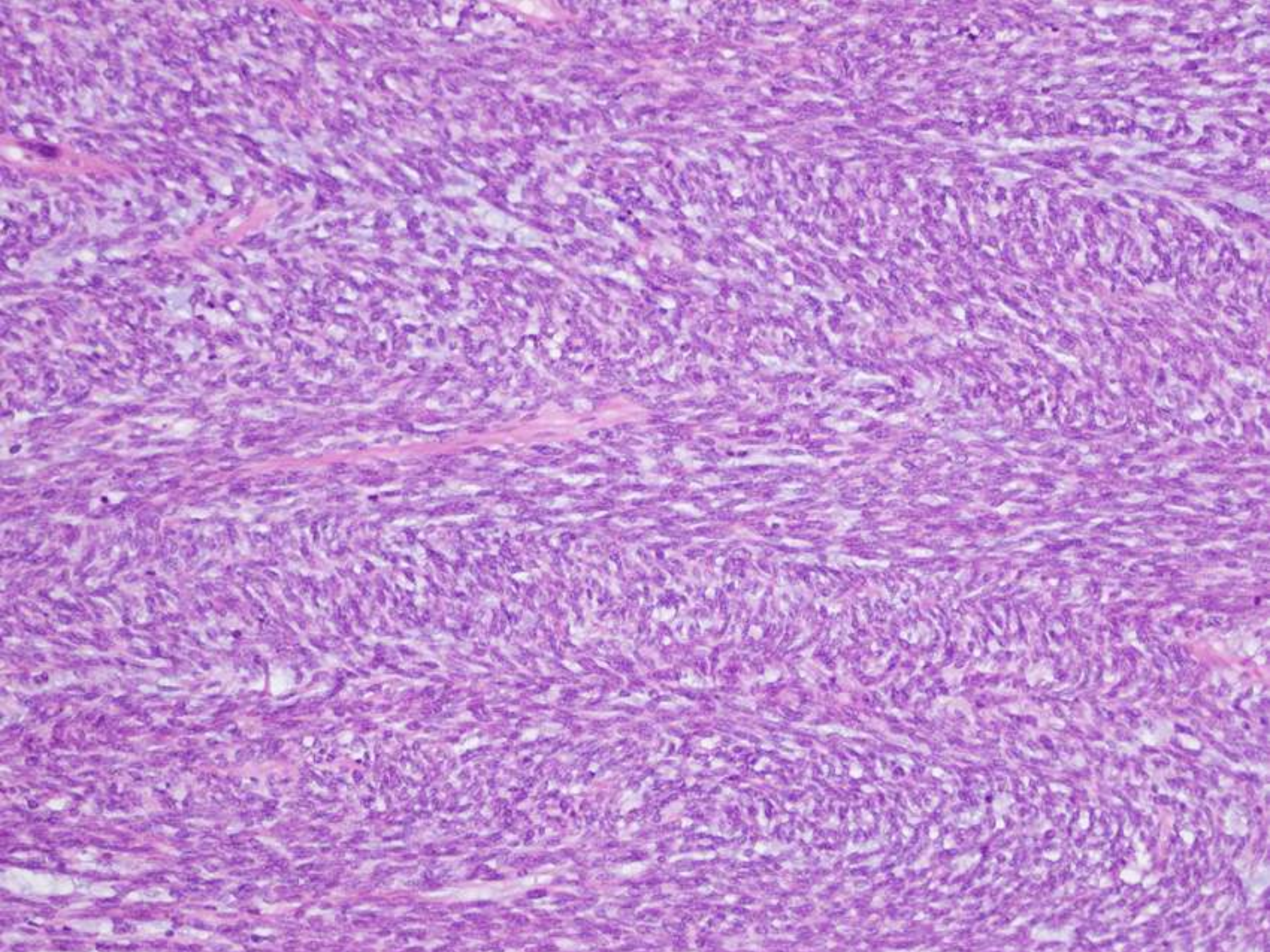
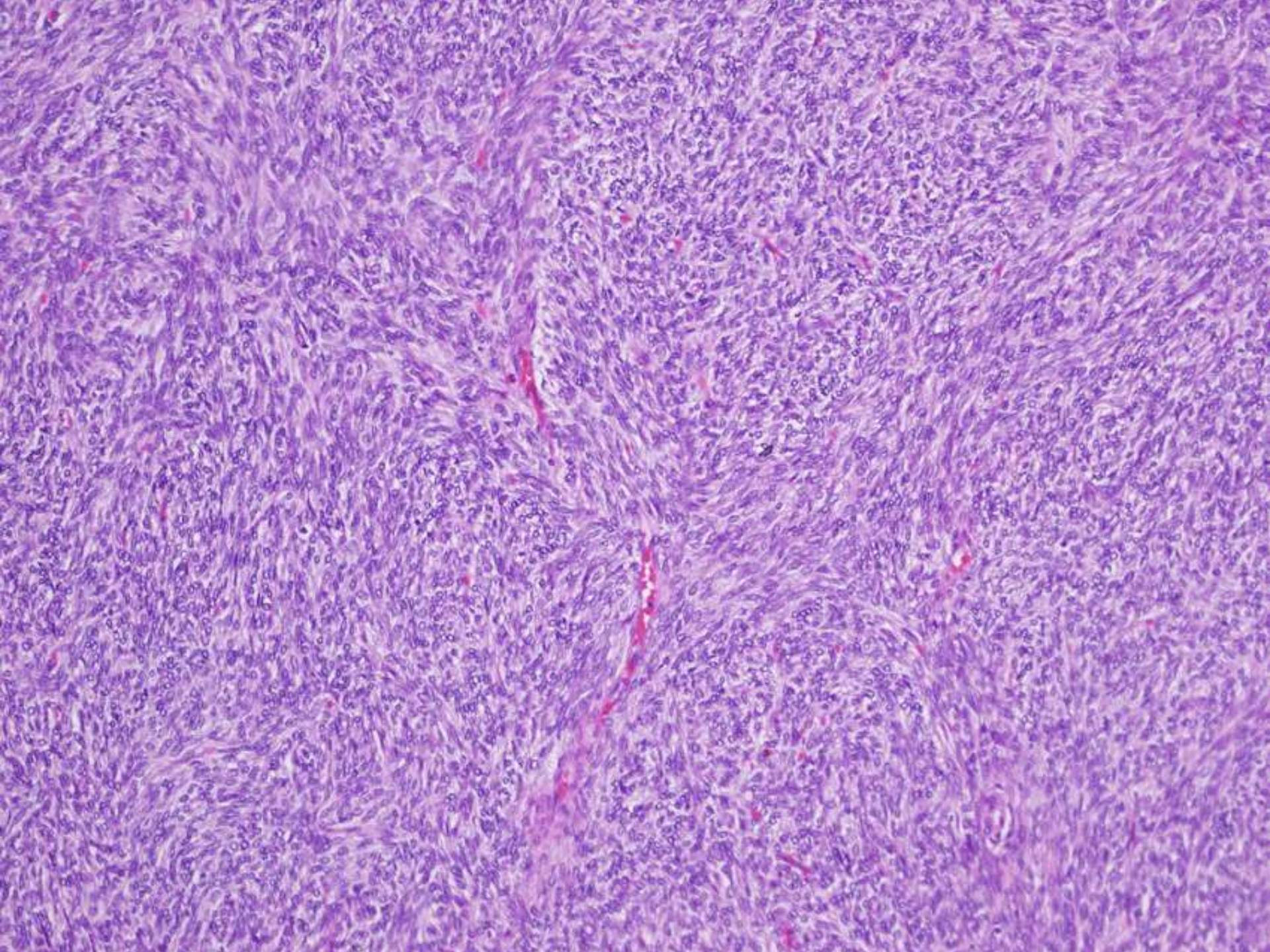
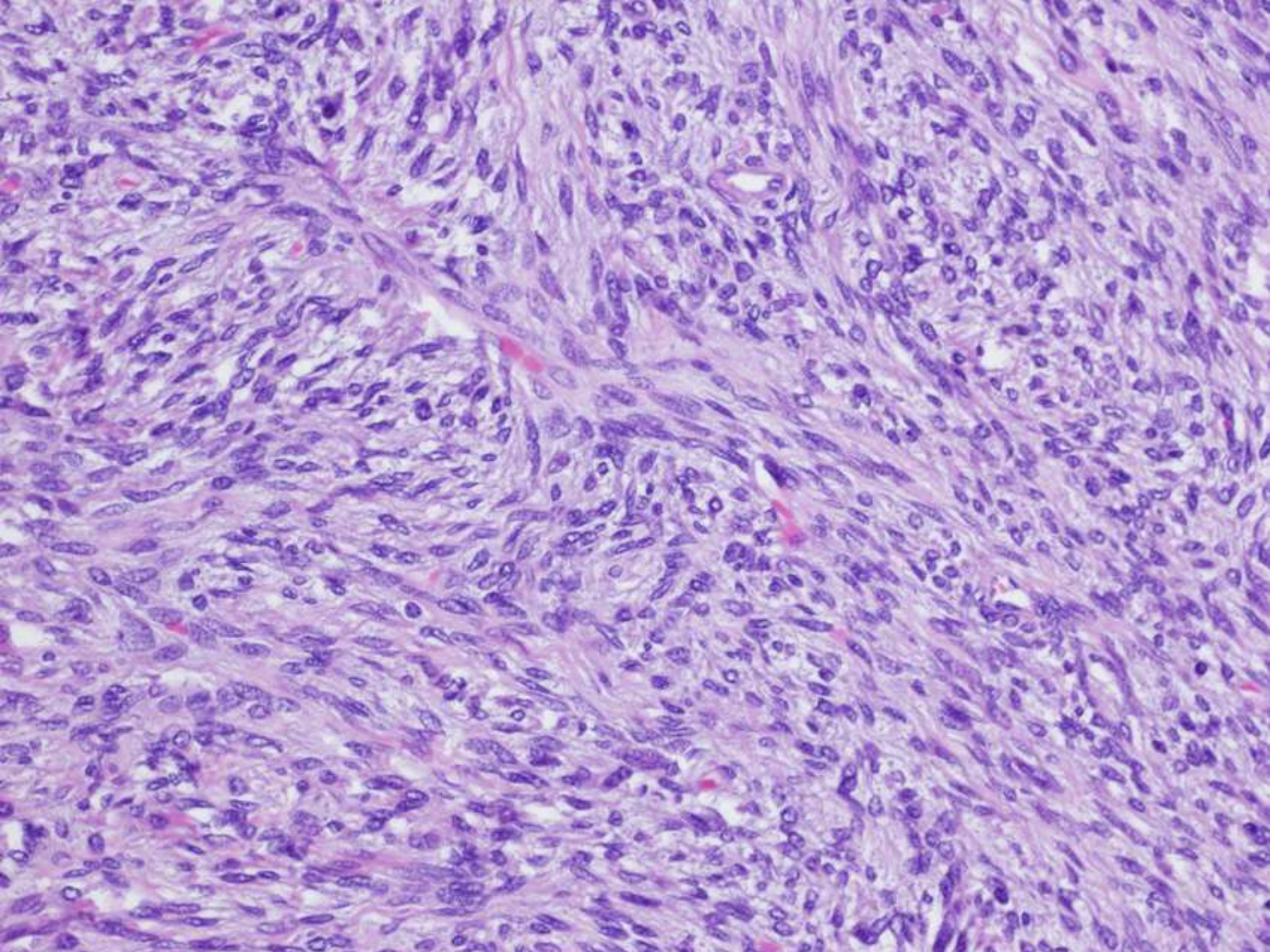
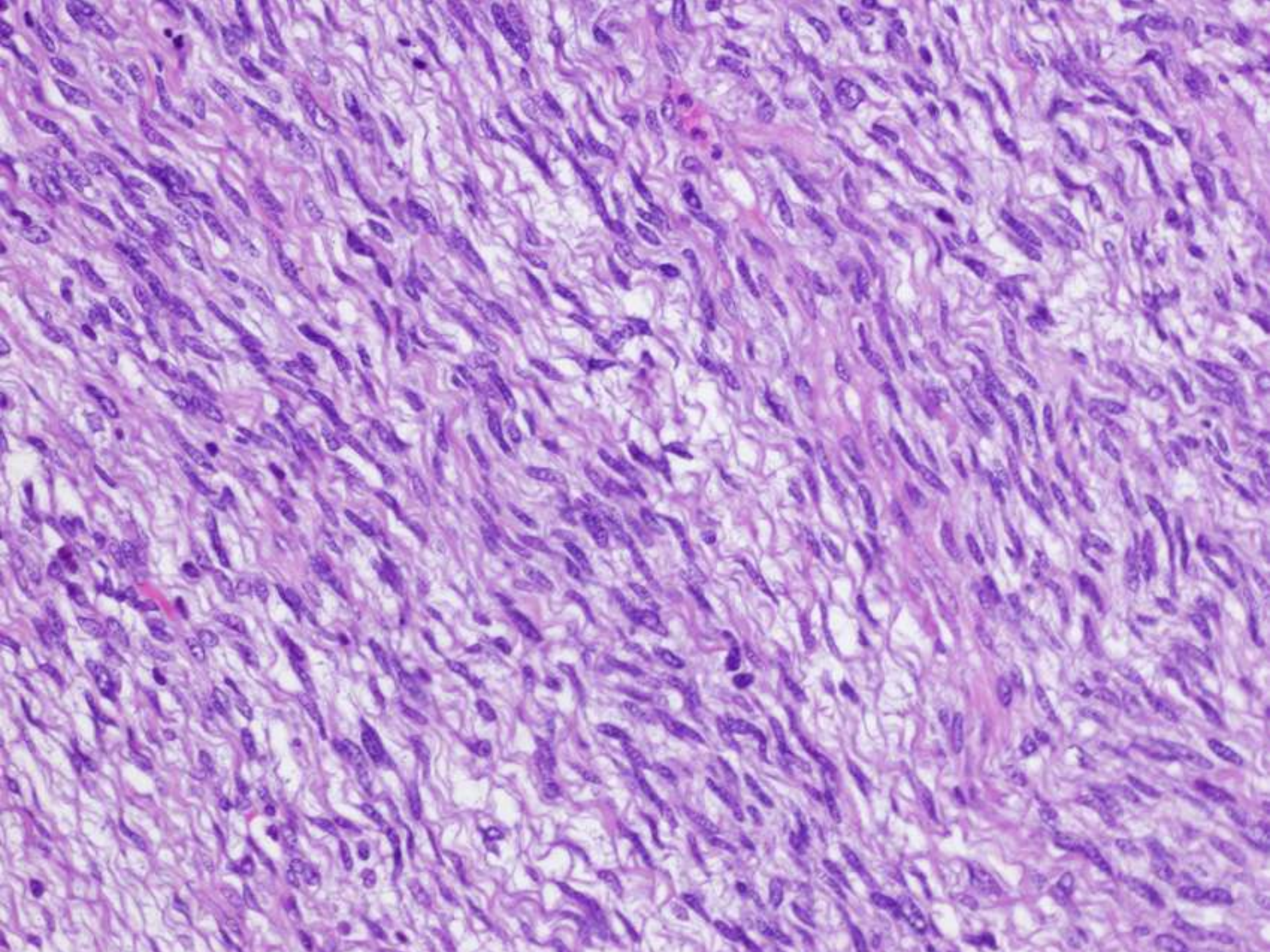
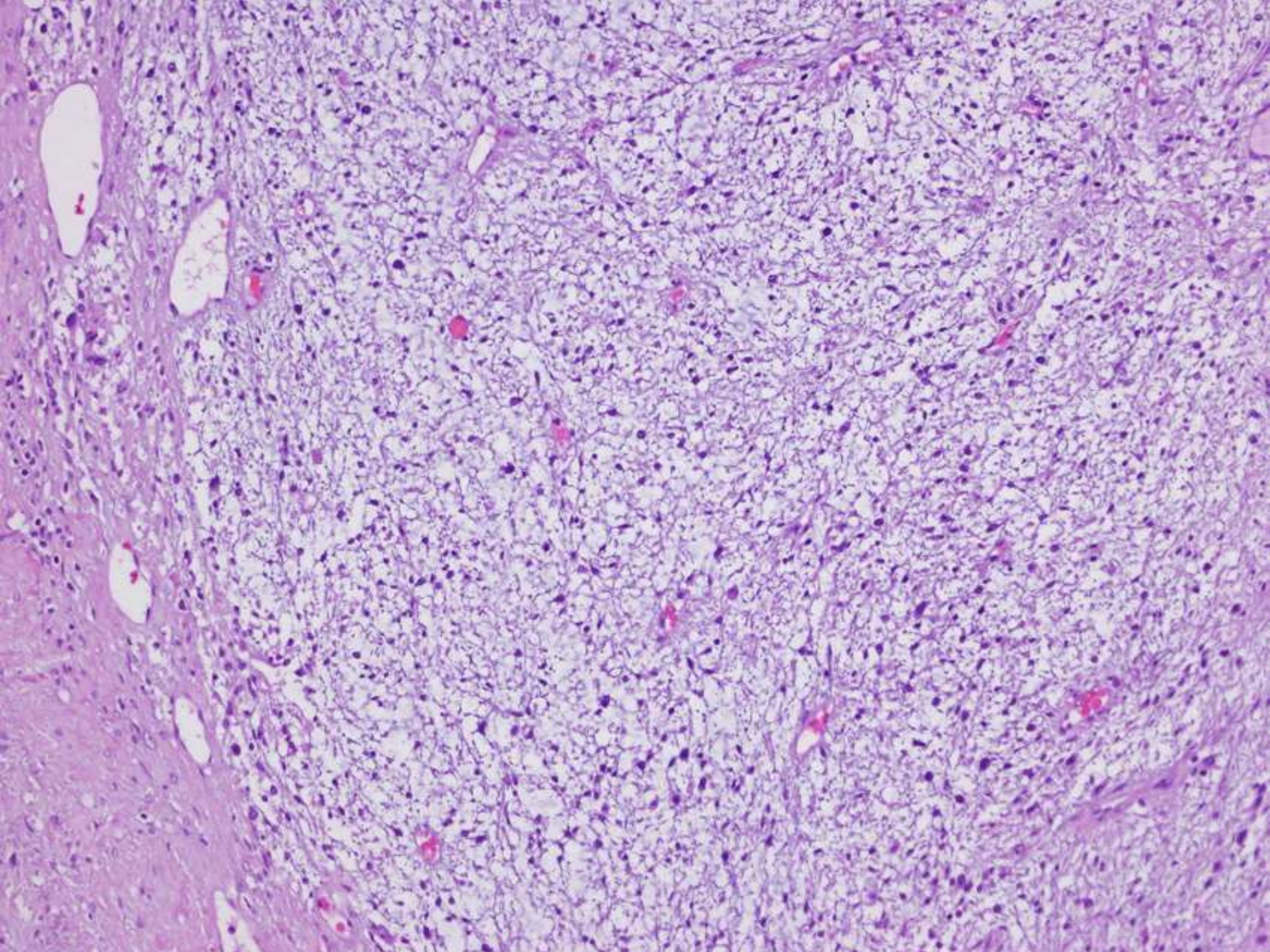


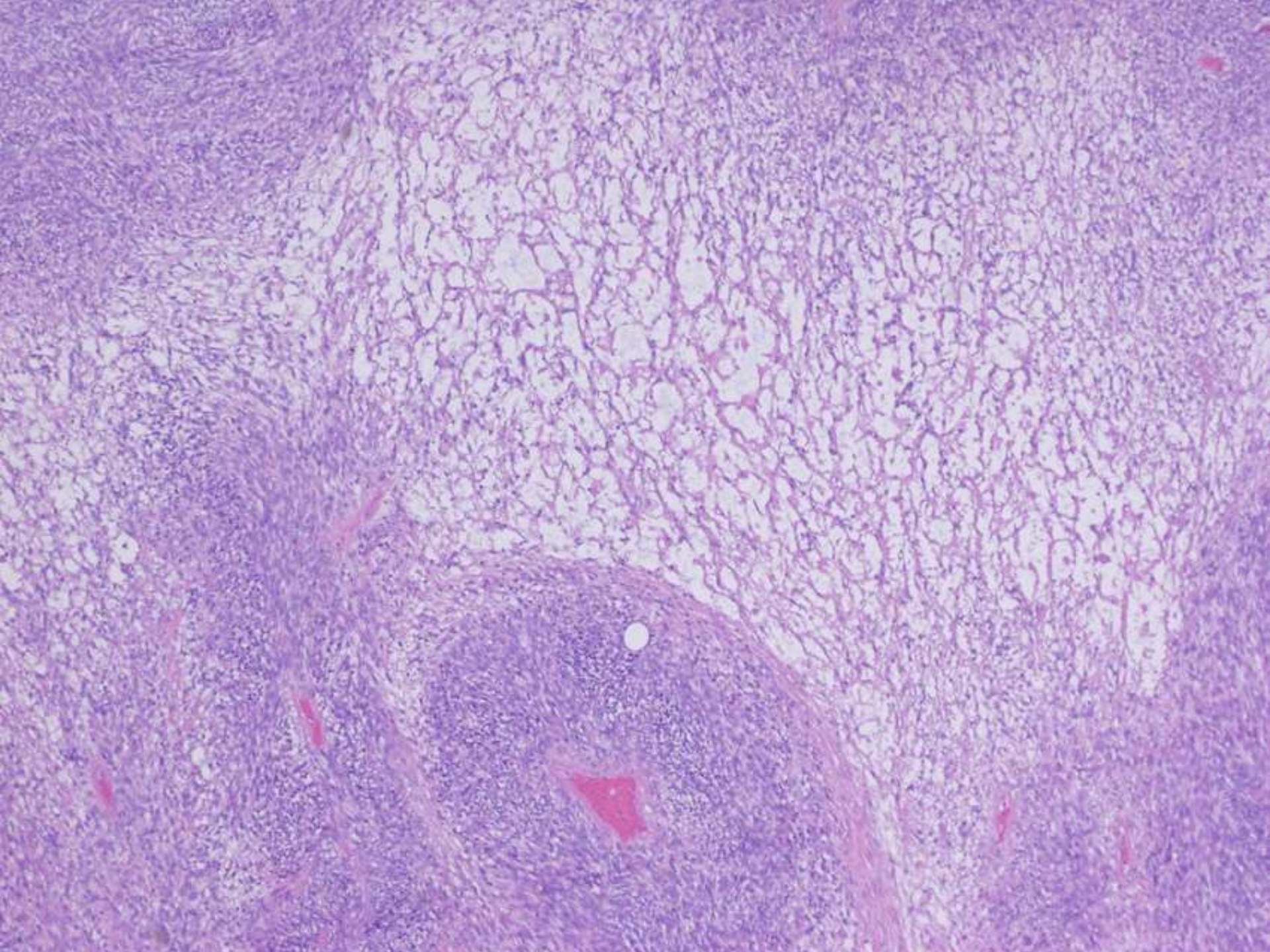


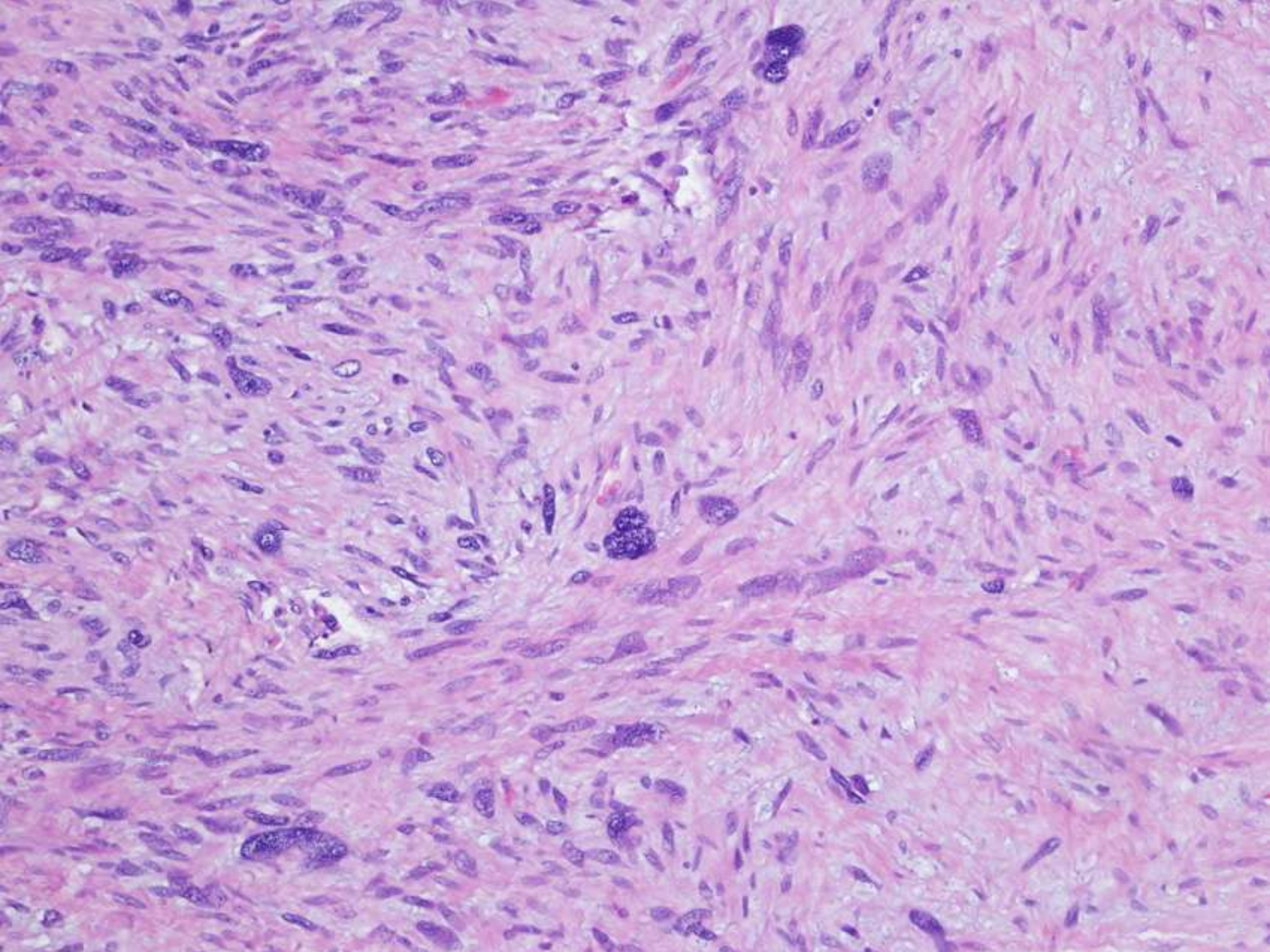


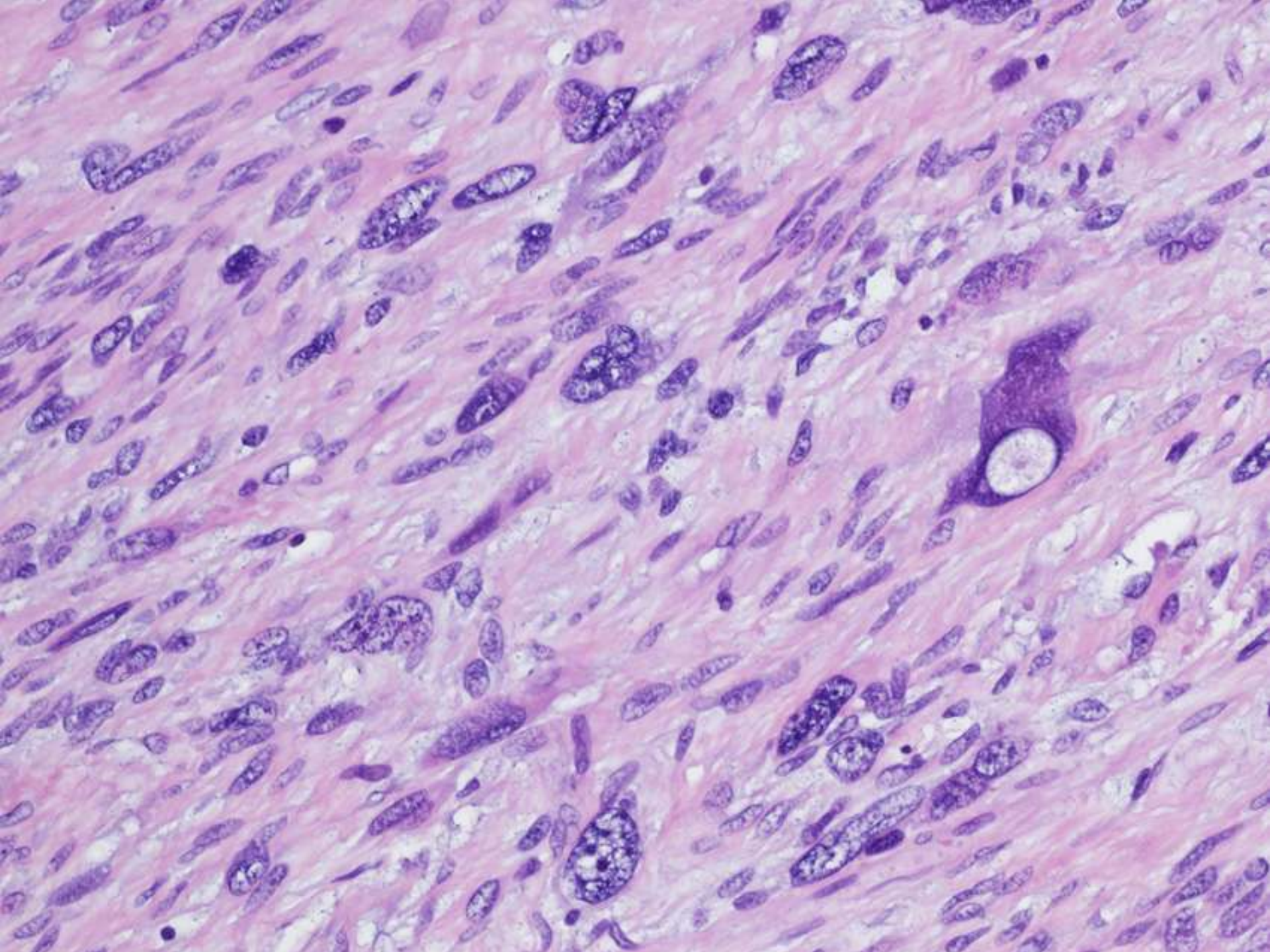


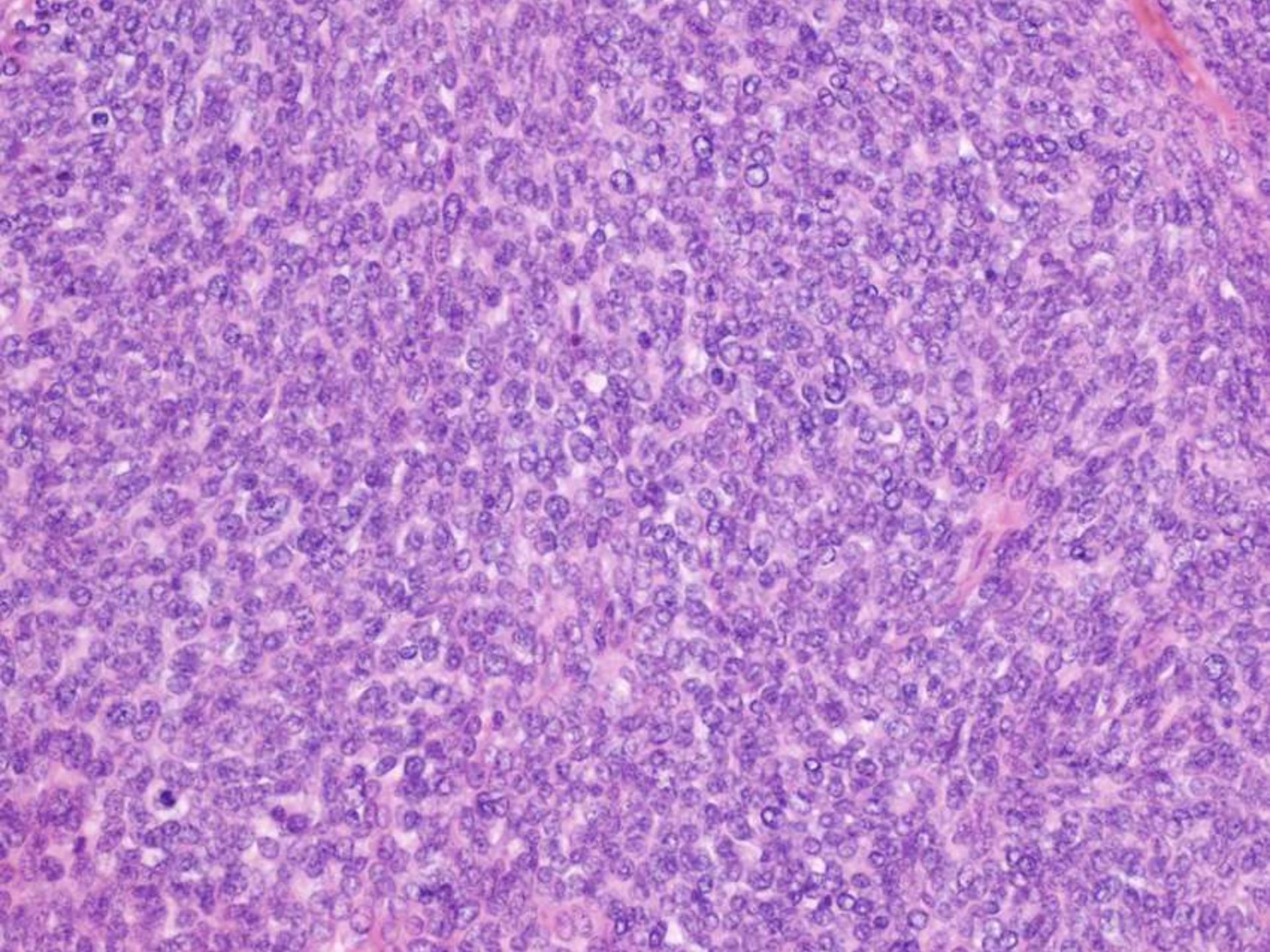


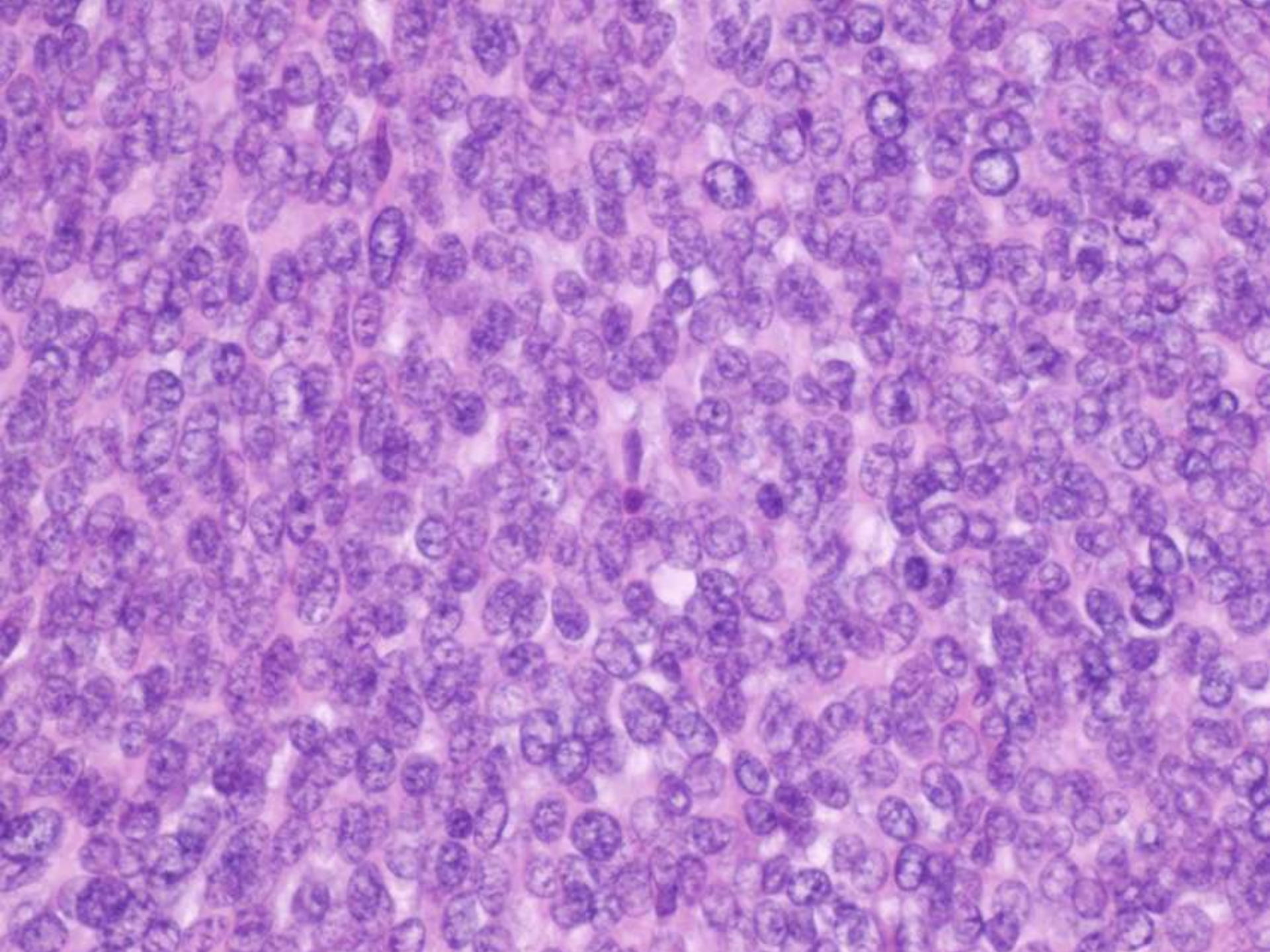


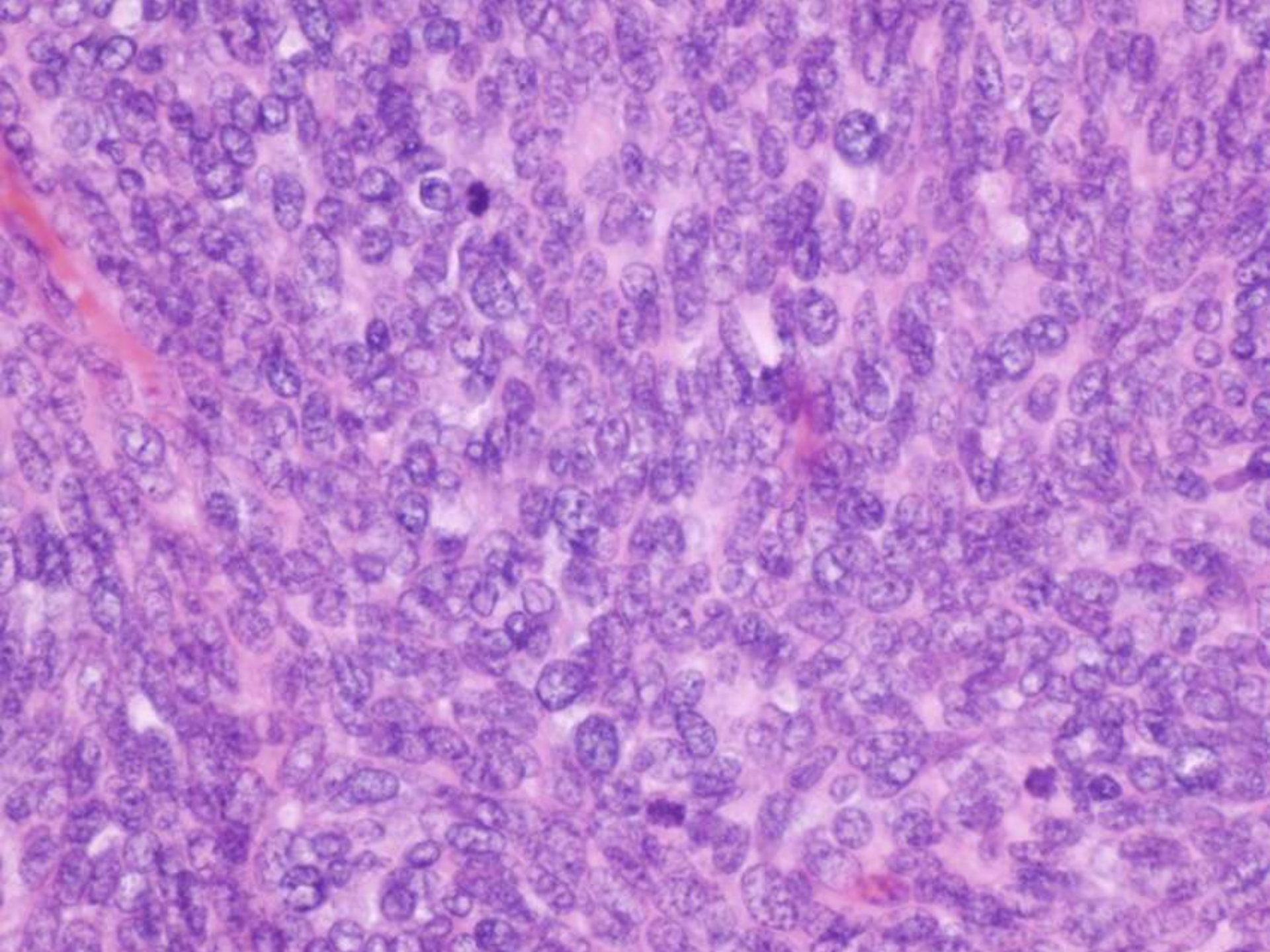


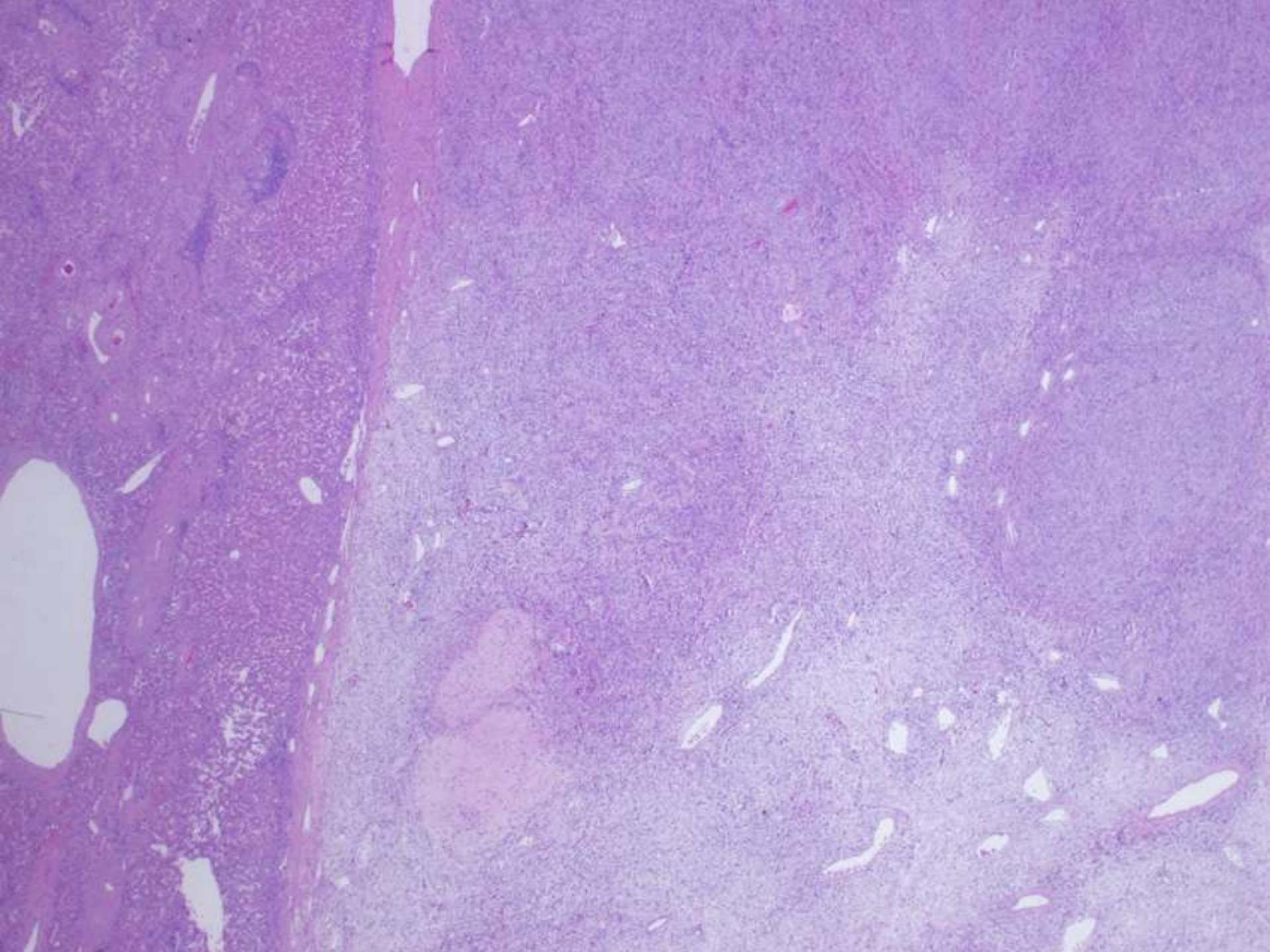


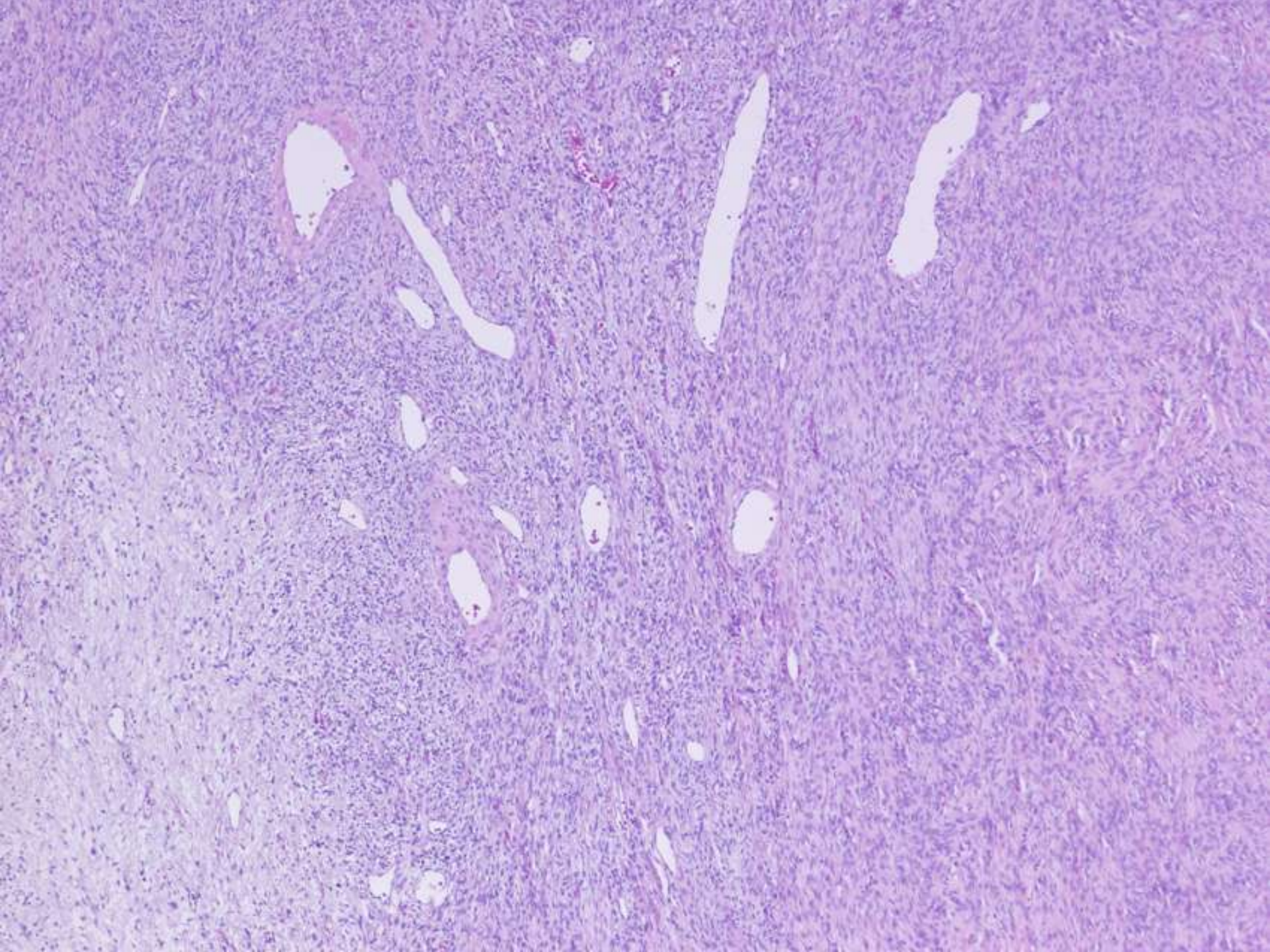


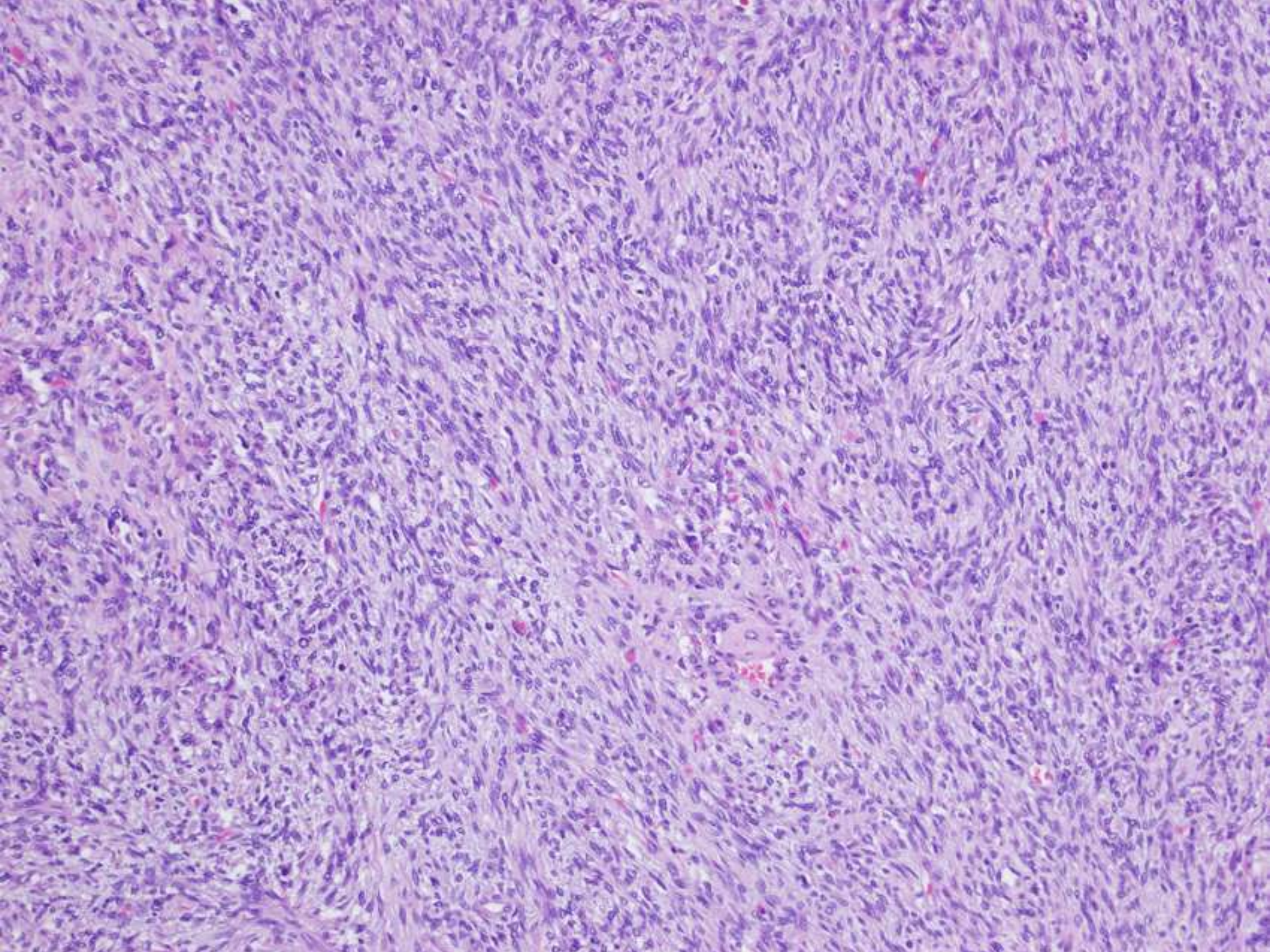


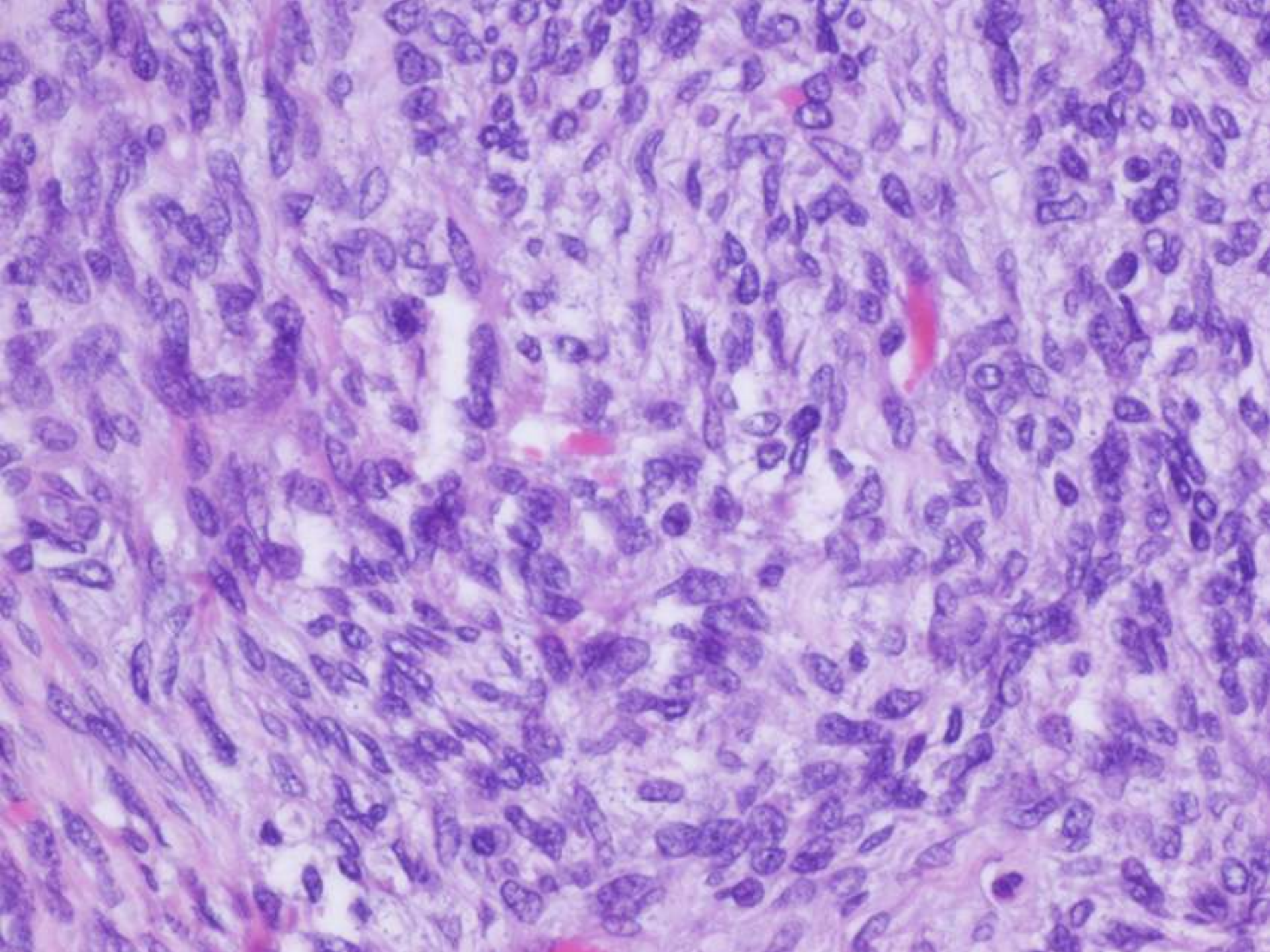


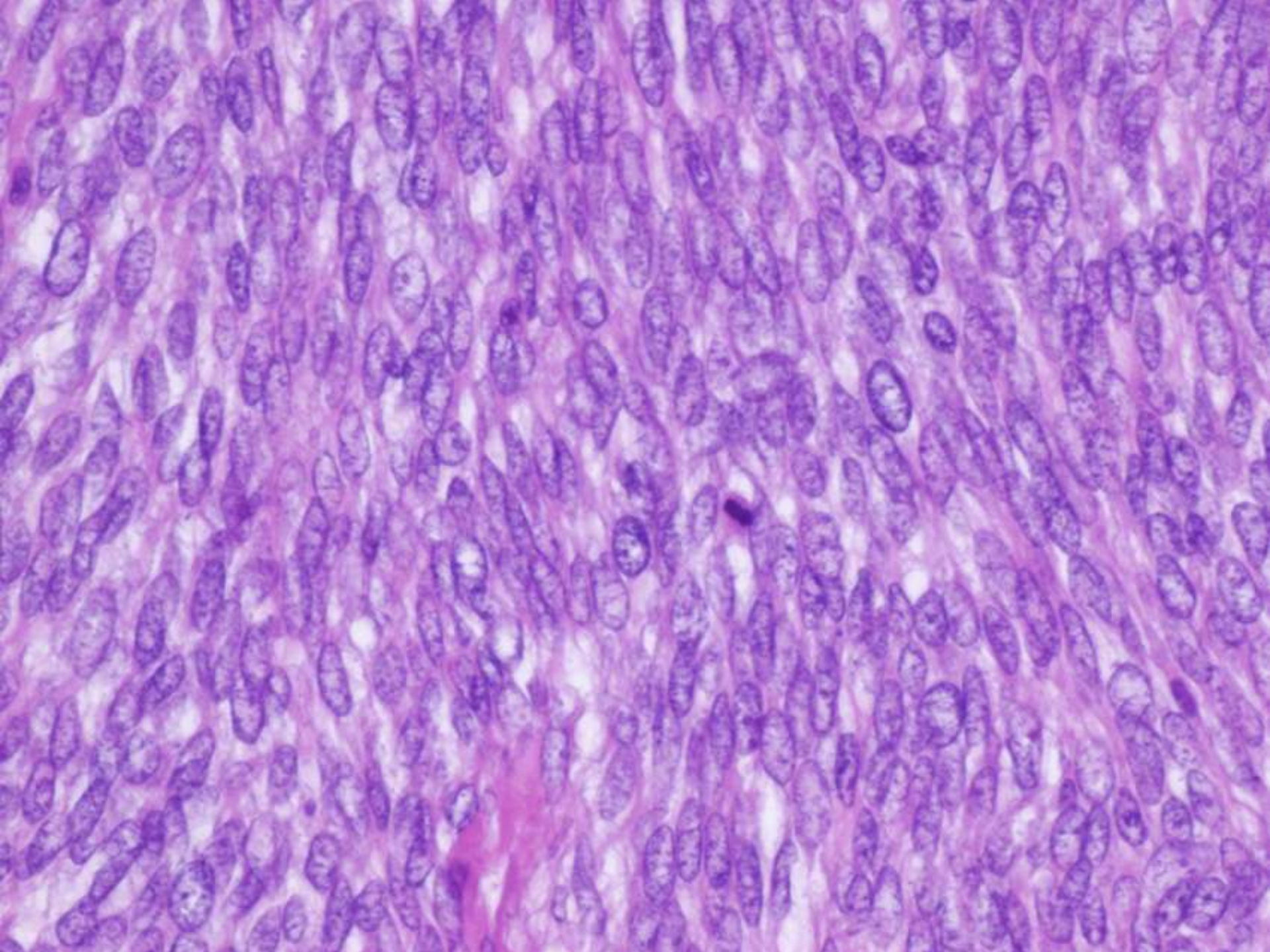








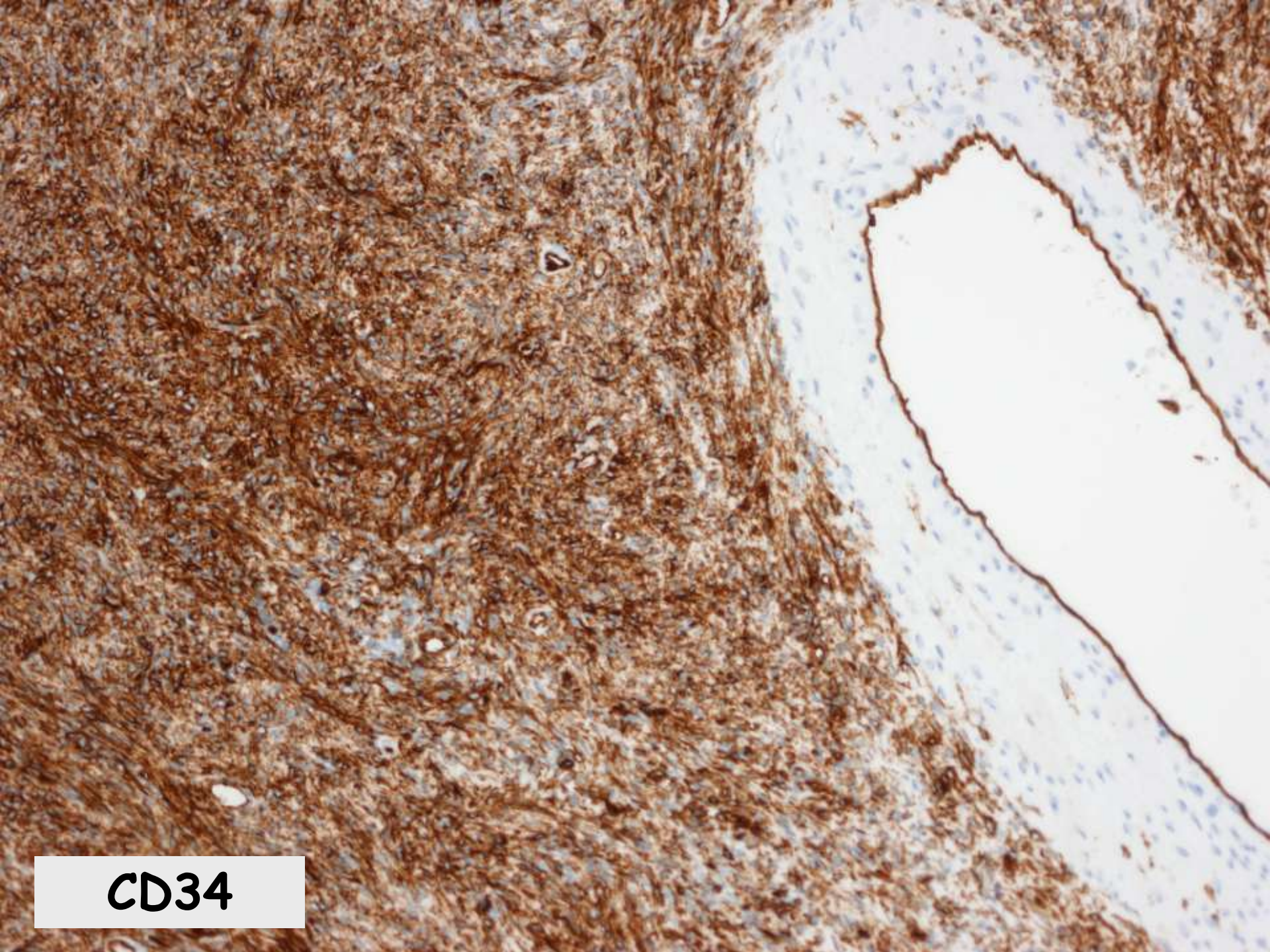


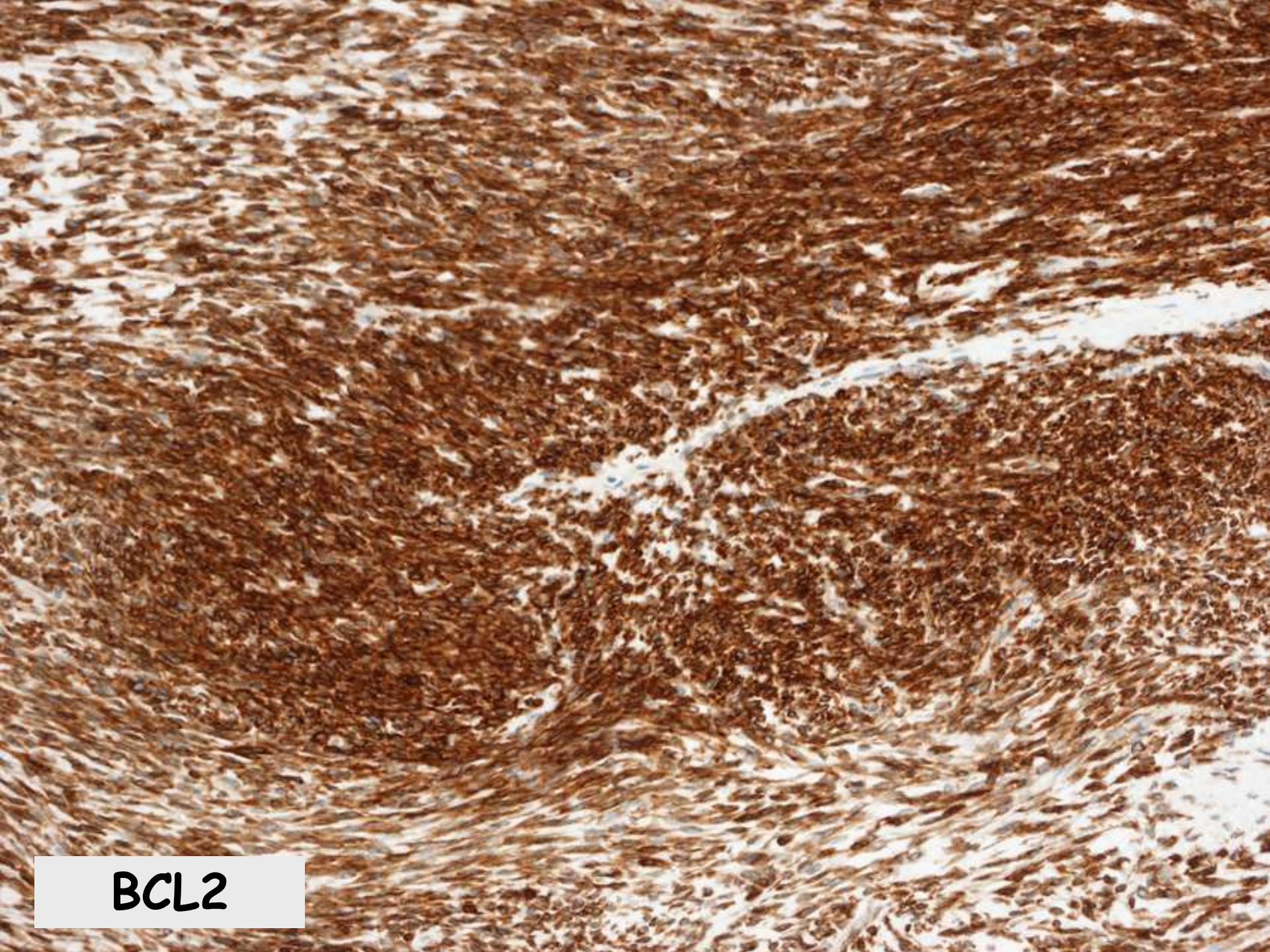


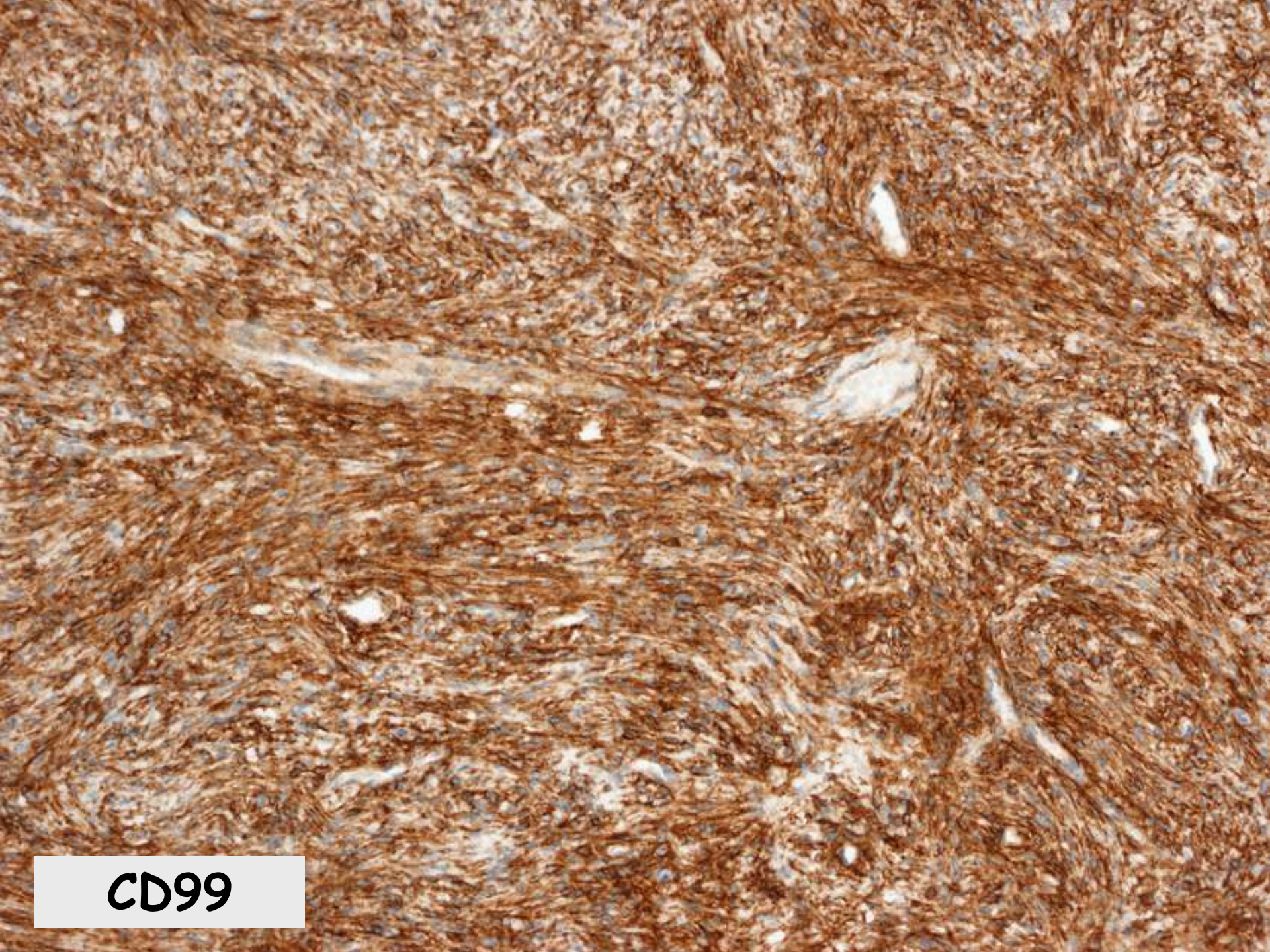
DIAGNÓSTICO DIFERENCIAL

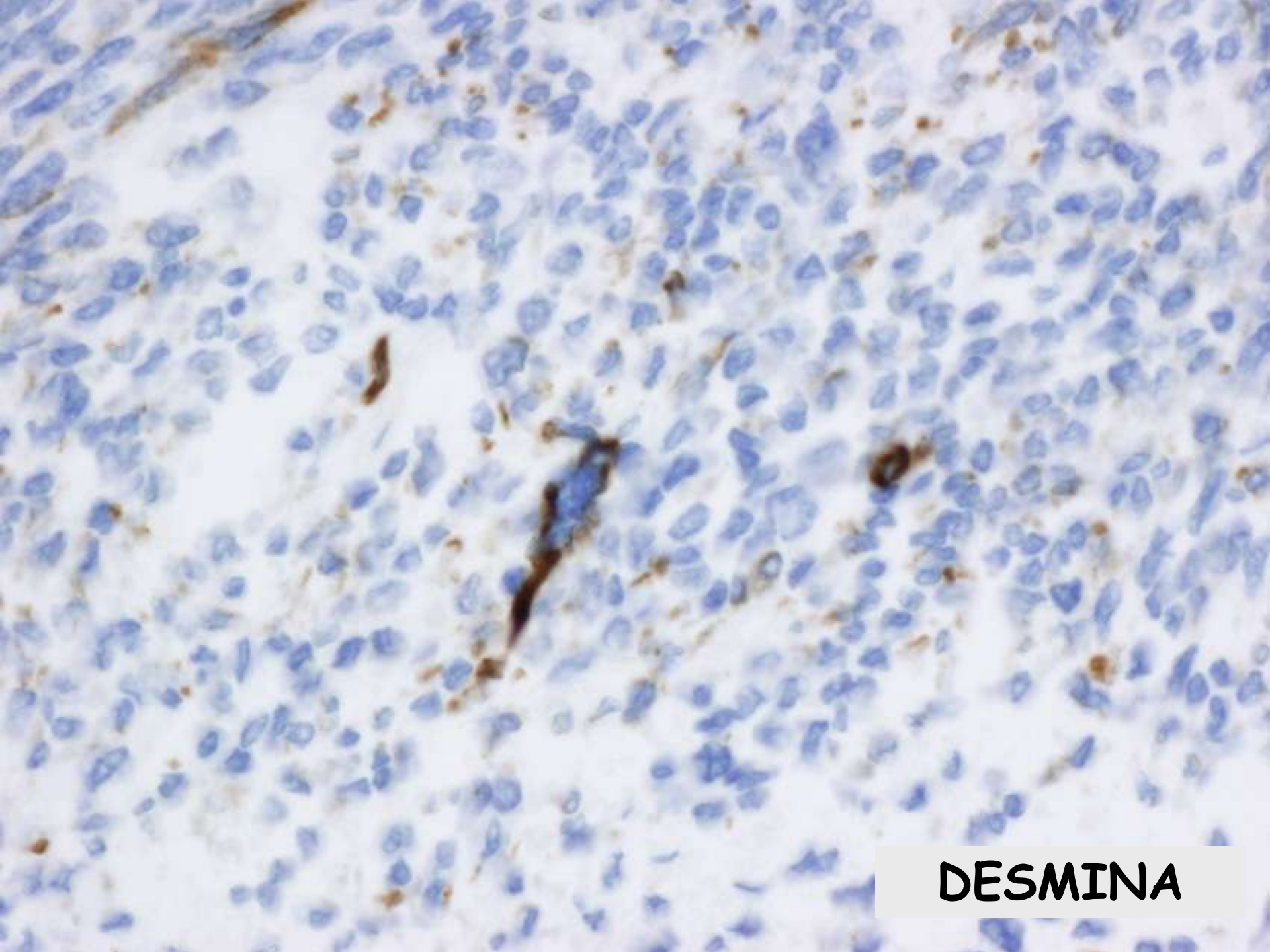
- GIST
- HISTIOCITOMA FIBROSO MALIGNO
- PSEUDOTUMOR INFLAMATORIO
- LEIOMIOSARCOMA
- SCHWANOMA MALIGNO / MPSNT
- SARCOMA SINOVIAL
- FIBROSARCOMA
- ANGIOSARCOMA
- TUMOR FIBROSO SOLITARIO (MALIGNO)

- CA. HEPATOCELULAR SARCOMATOIDE


CD34


BCL2


CD99


DESMINA

PERFIL INMUNOHISTOQUÍMICO

POSITIVO

- Vimentina
- CD34
- Bcl2
- CD99
- Desmina focalmente
- Actina focalmente

NEGATIVO

- S100
- Pan Ck
- EMA
- c-kit
- AE3-AE1

DIAGNÓSTICO…

- TUMOR FIBROSO SOLITARIO (MALIGNO) HEPÁTICO

-Historia Clínica

- Varón 71 años
- MAYO 2008
  - Molestias abdominales con estreñimiento y abultamiento abdominal
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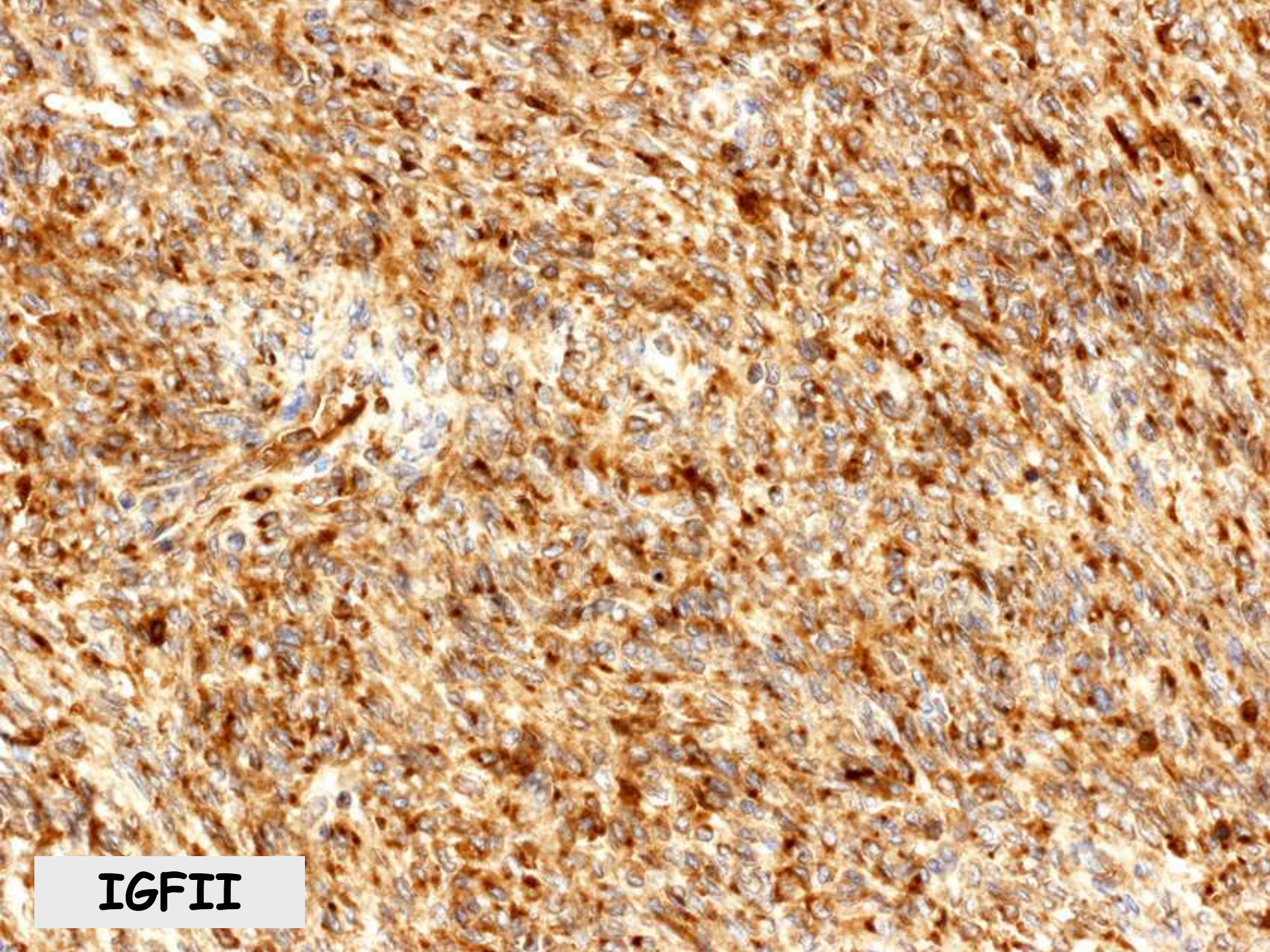
IGFII

DIAGNÓSTICO

- TUMOR FIBROSO SOLITARIO HEPÁTICO MALIGNO CON HIPOGLUCEMIA SINTOMÁTICA (Sd. De Doege-Potter)

CRITERIOS DIAGNÓSTICOS DE TUMOR FIBROSO SOLITARIO

- DIAGNÓSTICO MORFOLÓGICO DE EXCLUSIÓN
- 3 DIFERENTES PATRONES MORFOLÓGICOS COMPATIBLES
  - 1) "PATTERNLESS PATTERN"
  - 2) TIPO HEMANGIOPERICITOIDE
  - 3) CELULAR o ESTORIFORME
- IHQ:
  - CD34,VIMENTINA, BCL2, CD99

LOCALIZACIÓN TFS

- **TORÁCICOS (68 %)**
  - PLEURALES 37 %
  - PULMONARES 24 %
  - MEDIASTINICOS 4 %
  - DIAFRAGMÁTICOS 4 %
- **PELVIS (16 %)**
  - APARATO GENITAL MASCULINO (PROSTATA 6 %);(CORDON ESPERMÁTICO 1%)
  - APARATO GENITAL FEMENINO 9%
- **PERITONEALES / VISCERALES / RETROPERITONEALES (8%)**
  - *HÍGADO 2 %*
  - OMENTO 1 %
  - PANCREAS 2%
  - RIÑON 2%
- **CABEZA Y CUELLO 6 %**
- **SNC (Meninges)**

CANCER February 15, 2002 / Volume 94 / Number 4

CRITERIOS MORFOLÓGICOS DE MALIGNIDAD

- *Tamaño (>10 cm)*
- Celularidad aumentada
- Nº Mitosis (>3 Mitosis por 10 CGA)
- Atipia citológica y nuclear
- Presencia de Necrosis y/o Hemorragia

10% DE LOS SFT

Hypoglycemia Induced by Secretion of High Molecular Weight Insulin-like Growth Factor-II from a Malignant Solitary Fibrous Tumor of the Pleura

Kazuma KISHI, Sakae HOMMA, Shigeo TANIMURA*, Hiroshi MATSUSHITA** and Koichiro NAKATA

Abstract

A 49-year-old woman with a malignant solitary fibrous tumor of the pleura presented with hypoglycemia. Most of the serum insulin-like growth factor II (IGF-II) existed as high molecular weight IGF-II. Furthermore, there were larger amounts of high molecular weight IGF-II found in the tumor cystic fluid than in the serum. After surgical resection of the tumor, high molecular weight IGF-II was not detected in the serum and the hypoglycemia resolved. Immunohistochemically, IGF-II was localized in the so-called Golgi area of the tumor cell. These findings suggest that hypoglycemia in this patient was caused by the high molecular weight IGF-II produced by the tumor.
(Internal Medicine 40: 341–344, 2001)

molecular weight IGF-II.

Case Report

A 49-year-old woman visited our hospital because of a pleural mass detected on chest radiography in November 1997. She had no history of smoking or asbestos exposure. A chest CT scan showed a large mass measuring 12×7×7 cm in the right thorax associated with a moderate pleural effusion and paraaortic lymph node enlargement. The microscopic appearance of a biopsied specimen of the mass showed fibrous mesothelioma suggestive of malignancy. The patient received two cycles of chemotherapy with methotrexate, vindesine and cisplatin, with no reduction in the size of the mass. The serum fasting glucose levels in November 1997 and August 1998 were

TUMORES PRODUCTORES DE IGF-II

- HEPATOCARCINOMA
- TUMOR FIBROSO SOLITARIO
- GIST
- HEMANGIOPERICITOMA
- TUMOR FILODES GIGANTE DE LA MAMA
- CARCINOMA DE MAMA DISEMINADO
- Carcinoma de células renales
- Tumor de Leydig metastásico en riñón
- Tumor gástrico metastásico en hígado
- Carcinoma de páncreas metastásico
- Linfoma Burkitt (asociado a VIH)