XXV XX I

PATOLOGÍA INFECCIOSA

Fidel A. Fernández Fernández

Prof. Titular UC – Jefe de Sección Anatomía Patológica HUMV

Séfora Malaxetxebarría Unibaso

MIR Anatomía Patológica HUMV

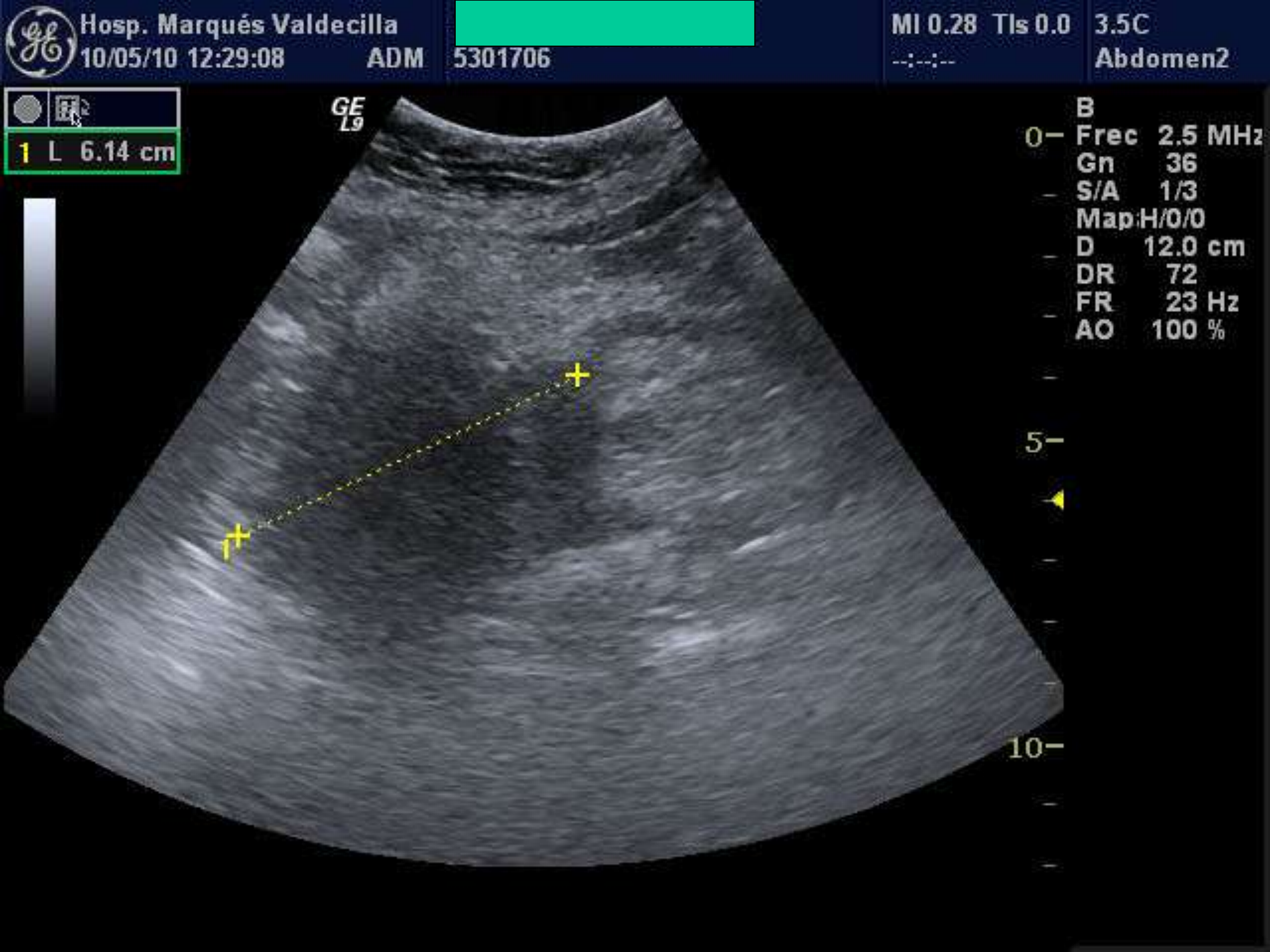
Zaragoza, 18 a 21 de mayo de 2011

- ***Mujer de 78 años***
- ***SAG y anemia***
- ***TAC abdominal: Tumor mesentérico de 8 x 5 x 5 cm. Componente desmoplásico***
- ***Pared intestino delgado engrosada: Infiltración tumoral***
- ***Tumor pélvico (sigma) de 5,5 x 4,7 cm***
- ***Adenopatías***
- ***Pequeñas lesiones hepáticas (angioma, quistes,...)***
- ***Divertículos, útero miomatoso,...***

Tumor mesentérico

Células fusiformes

- Tumor desmoide
- GIST
- Tumor fibroso solitario
- Tumor miofibroblástico inflamatorio
- Seudotumor: Inflamación - Infección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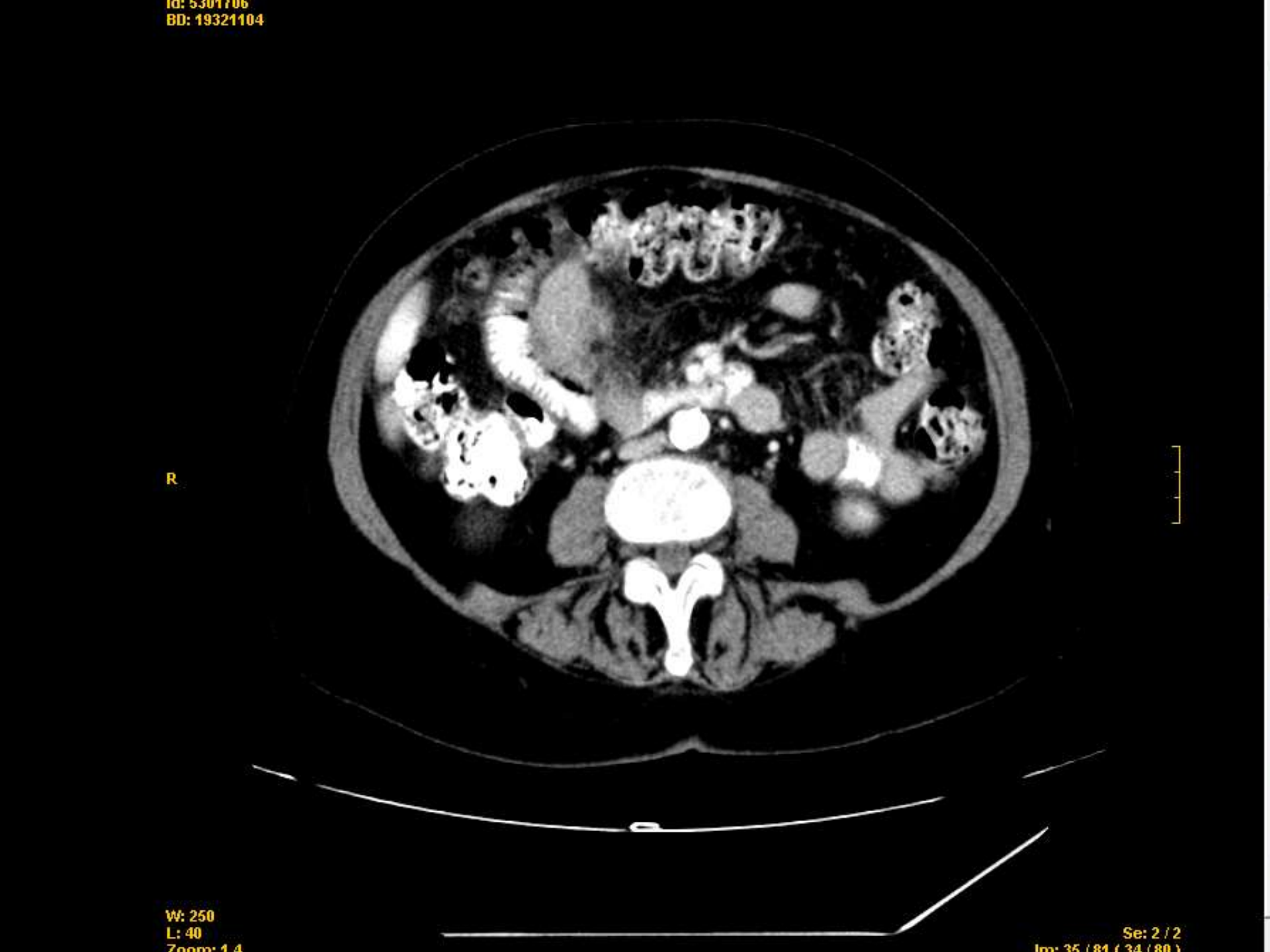
3.5C
Abdomen2
1 L 6.14 cm
GE
L9
B
Frec 2.5 MHz
Gn 36
S/A 1/3
Map H/0/0
D 12.0 cm
DR 72
FR 23 Hz
AO 100 %
0
5
10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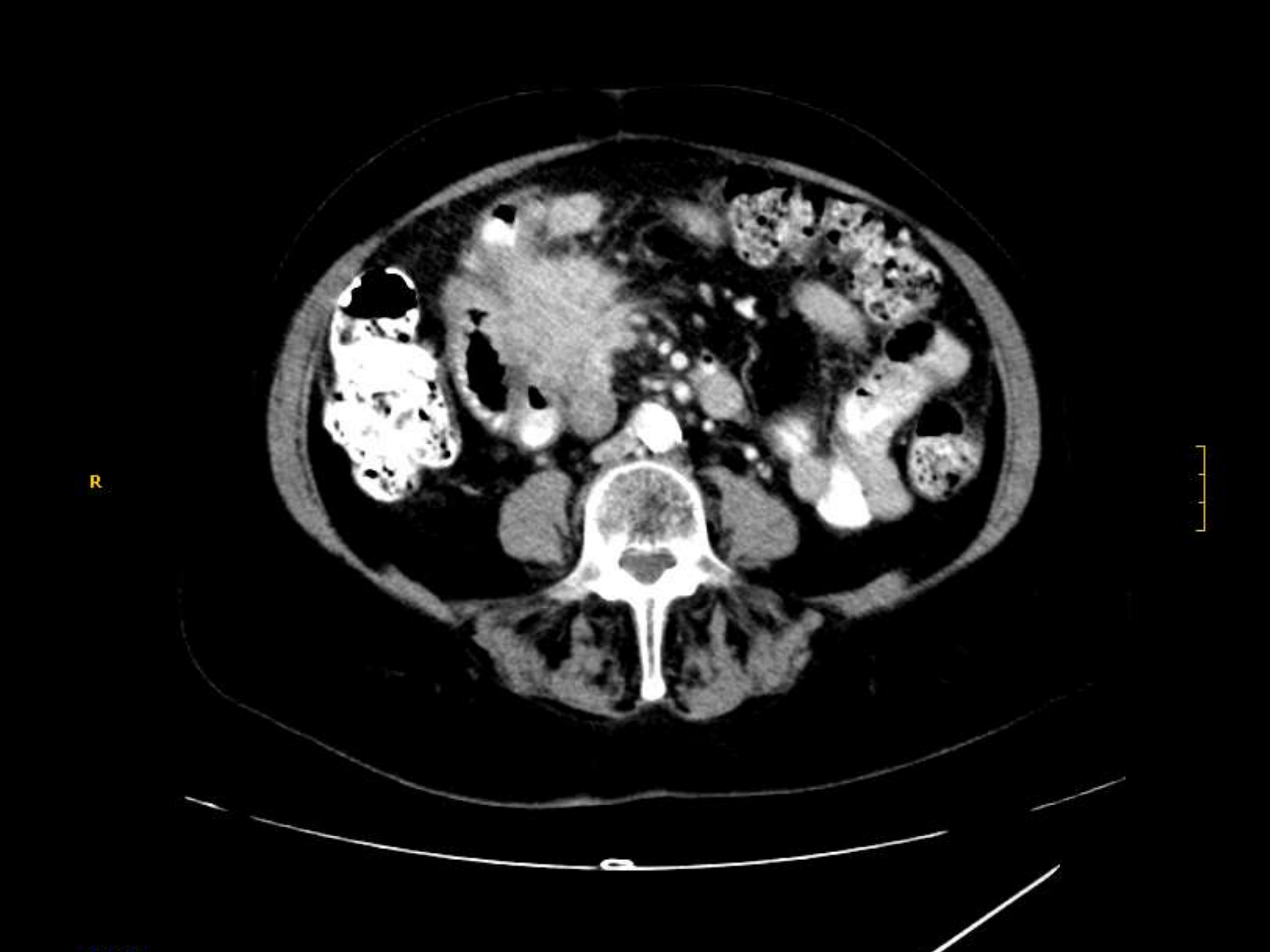
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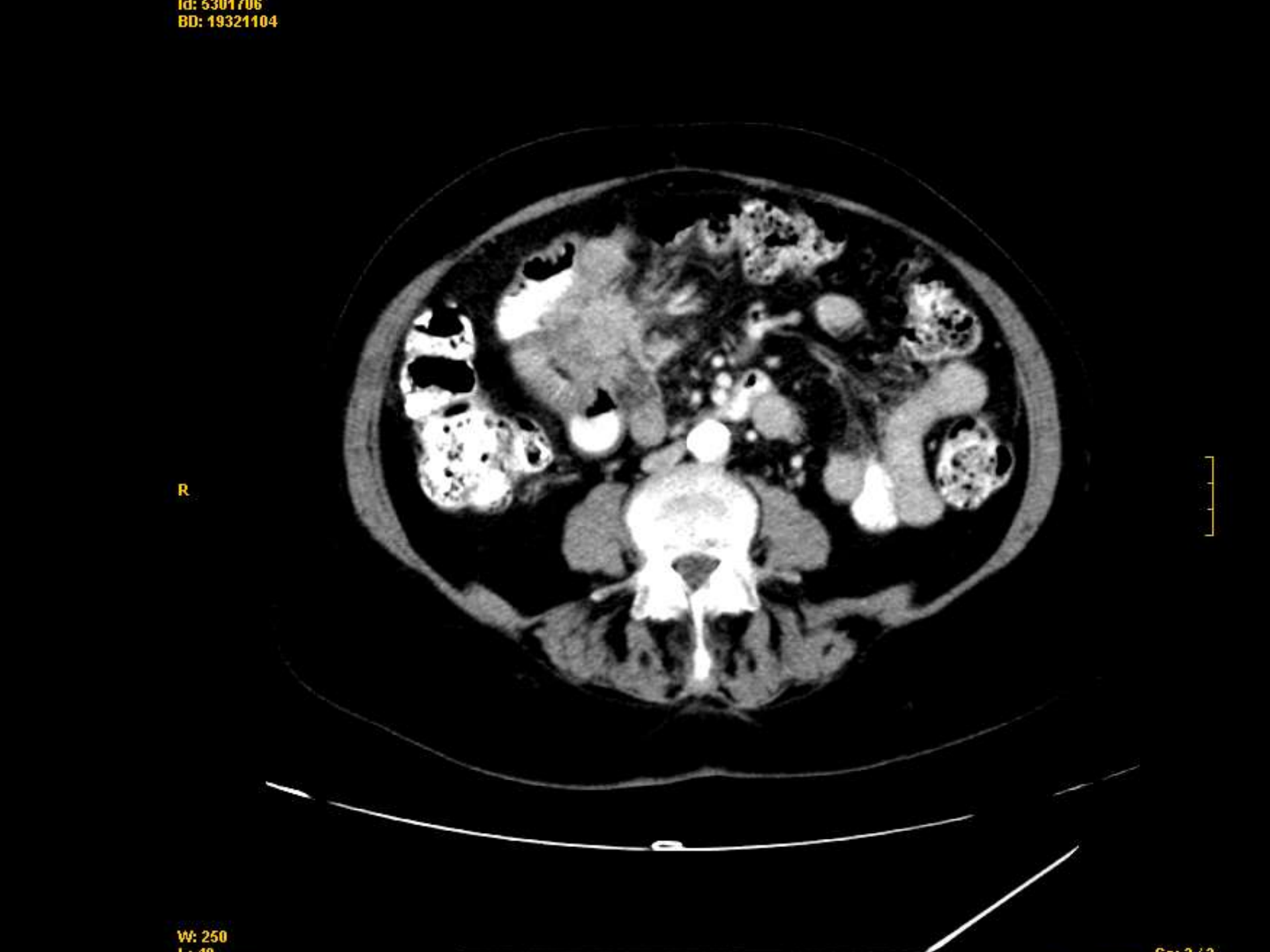
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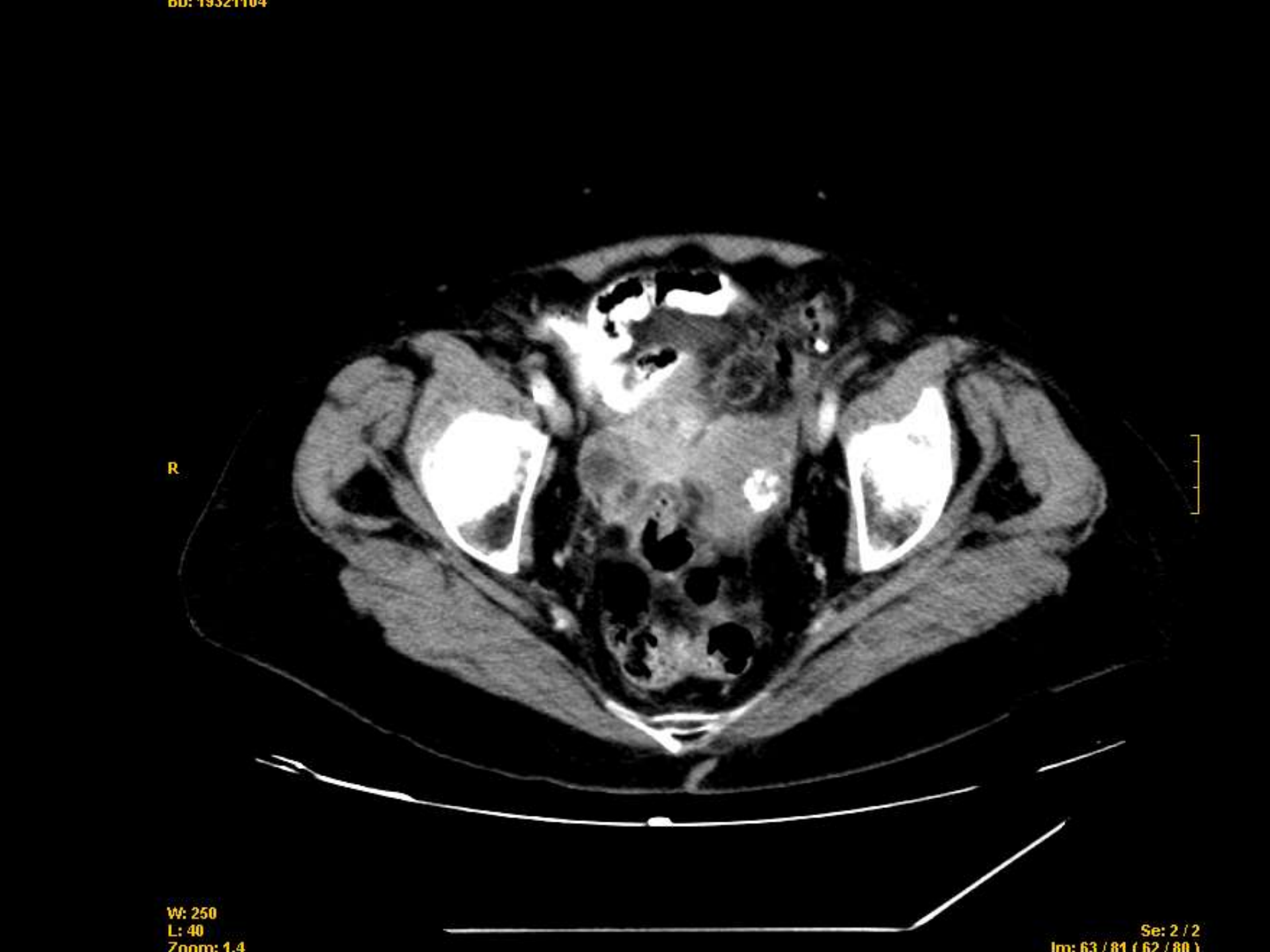
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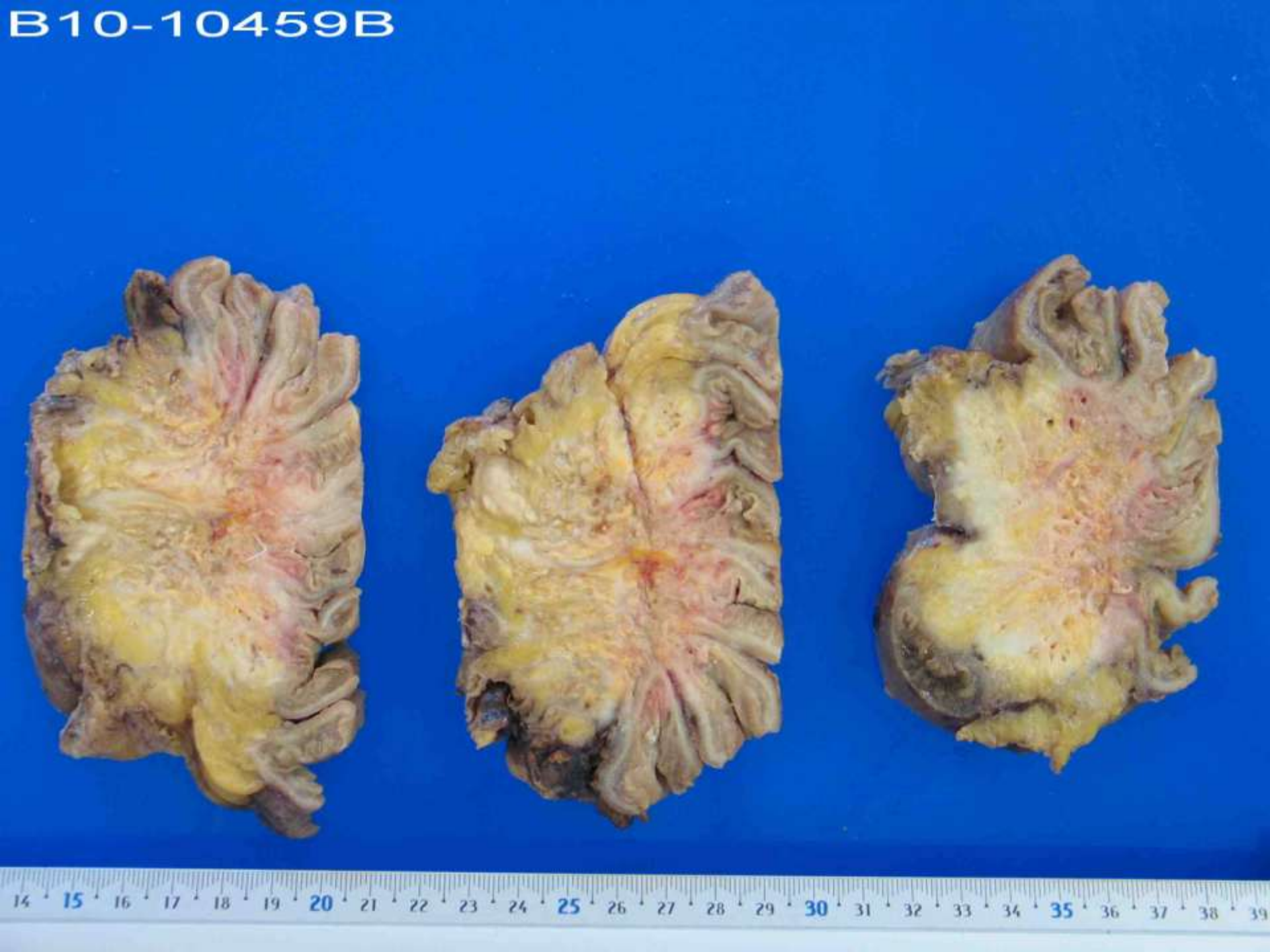
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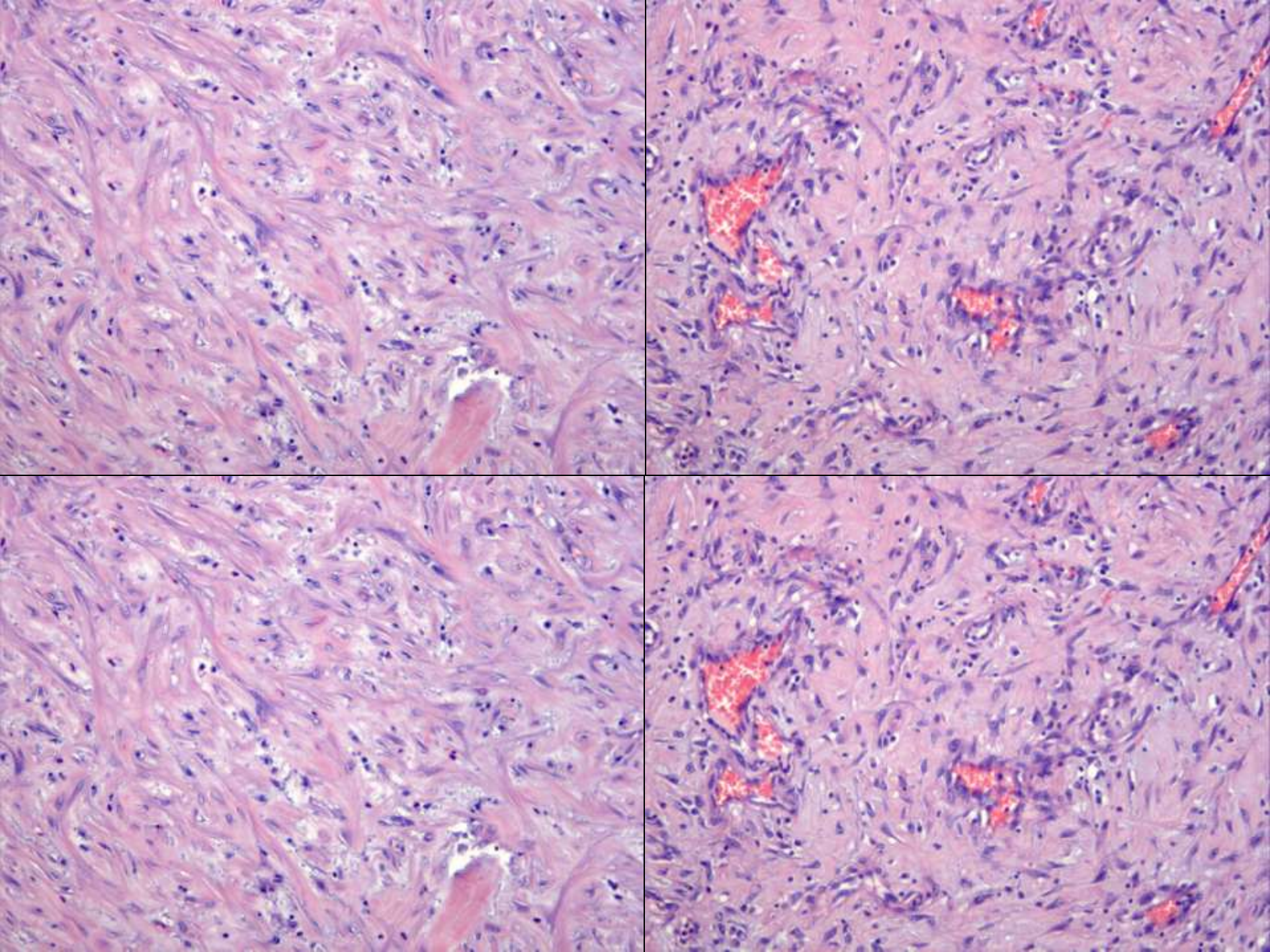

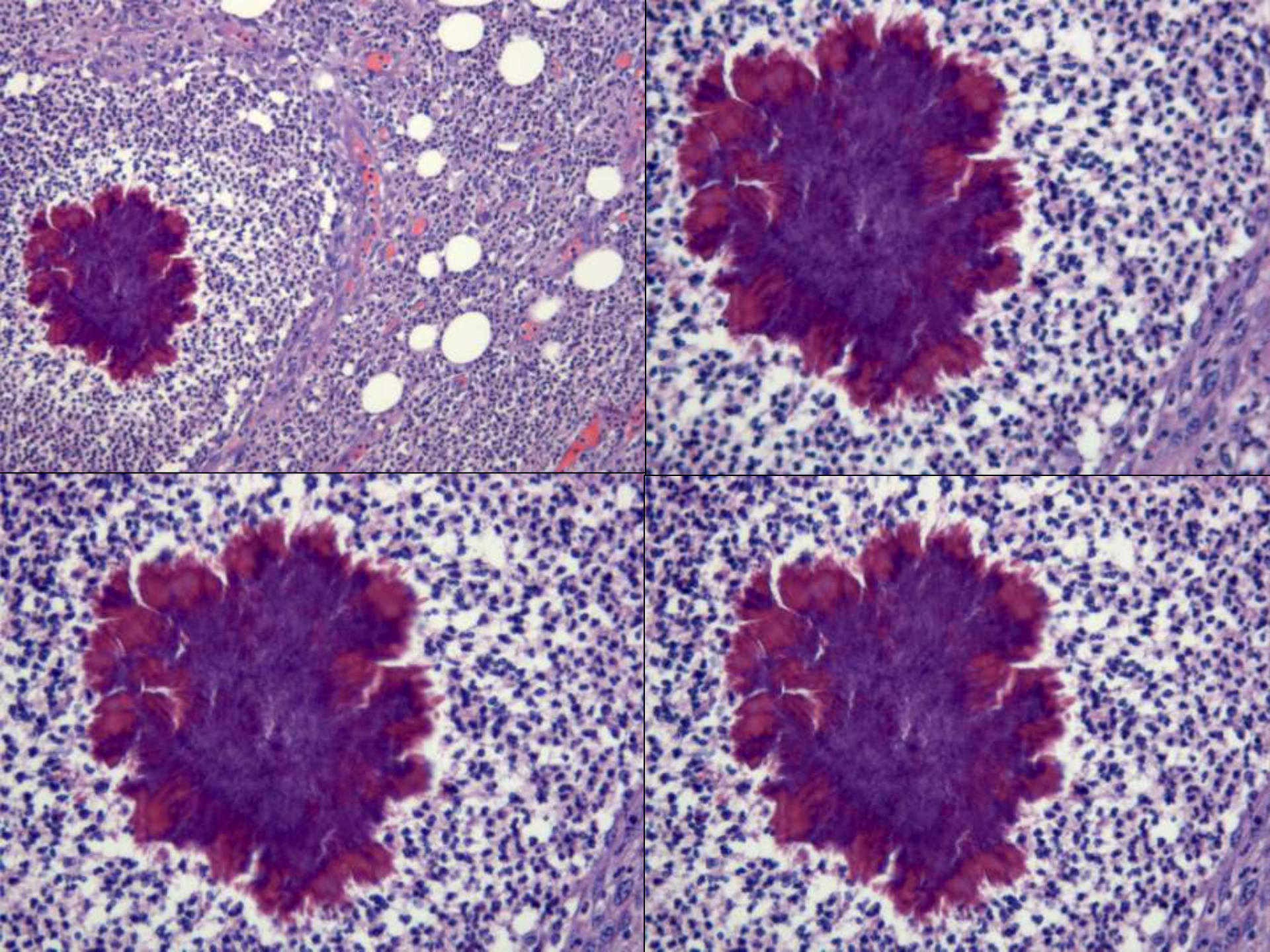

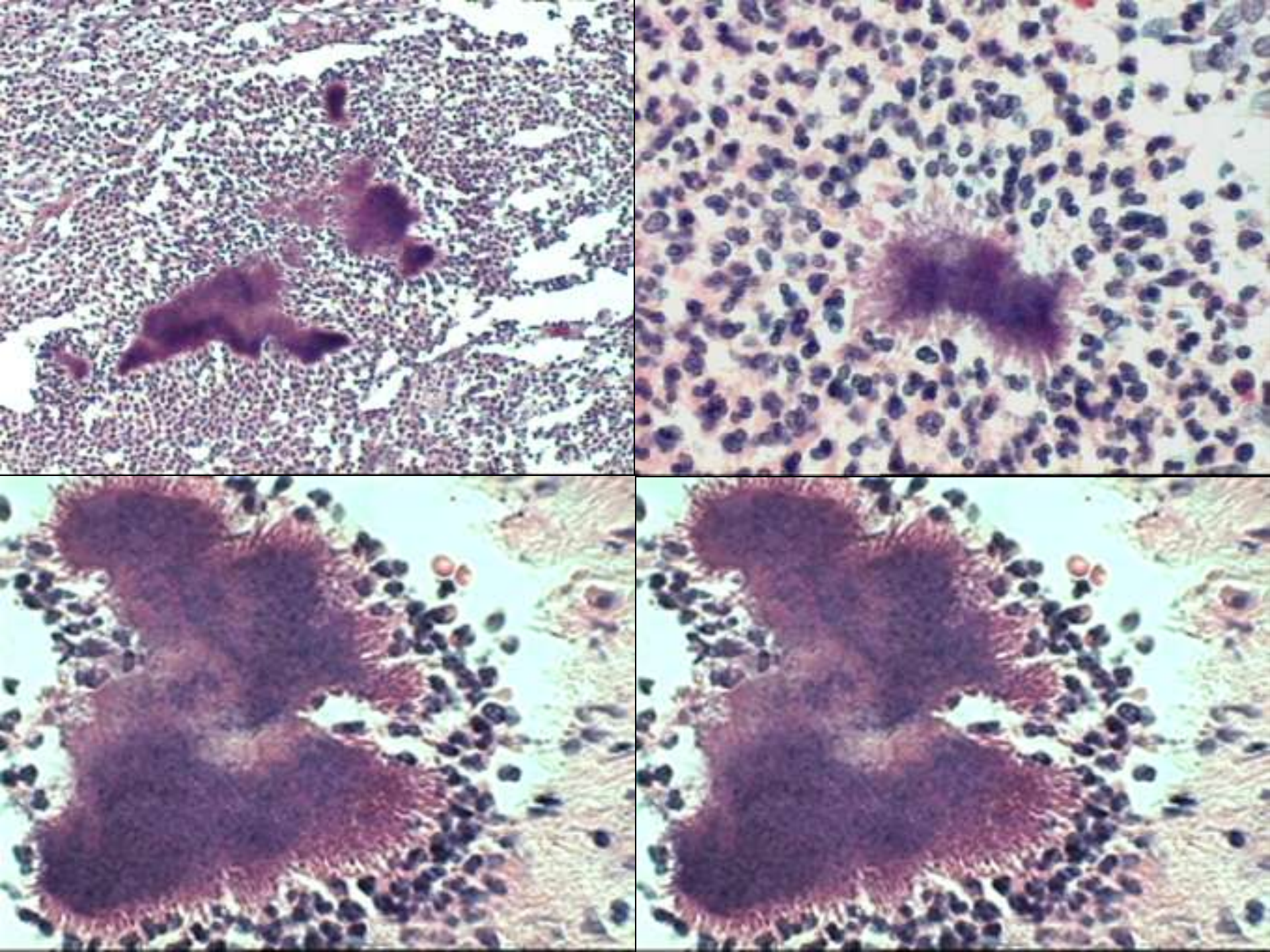

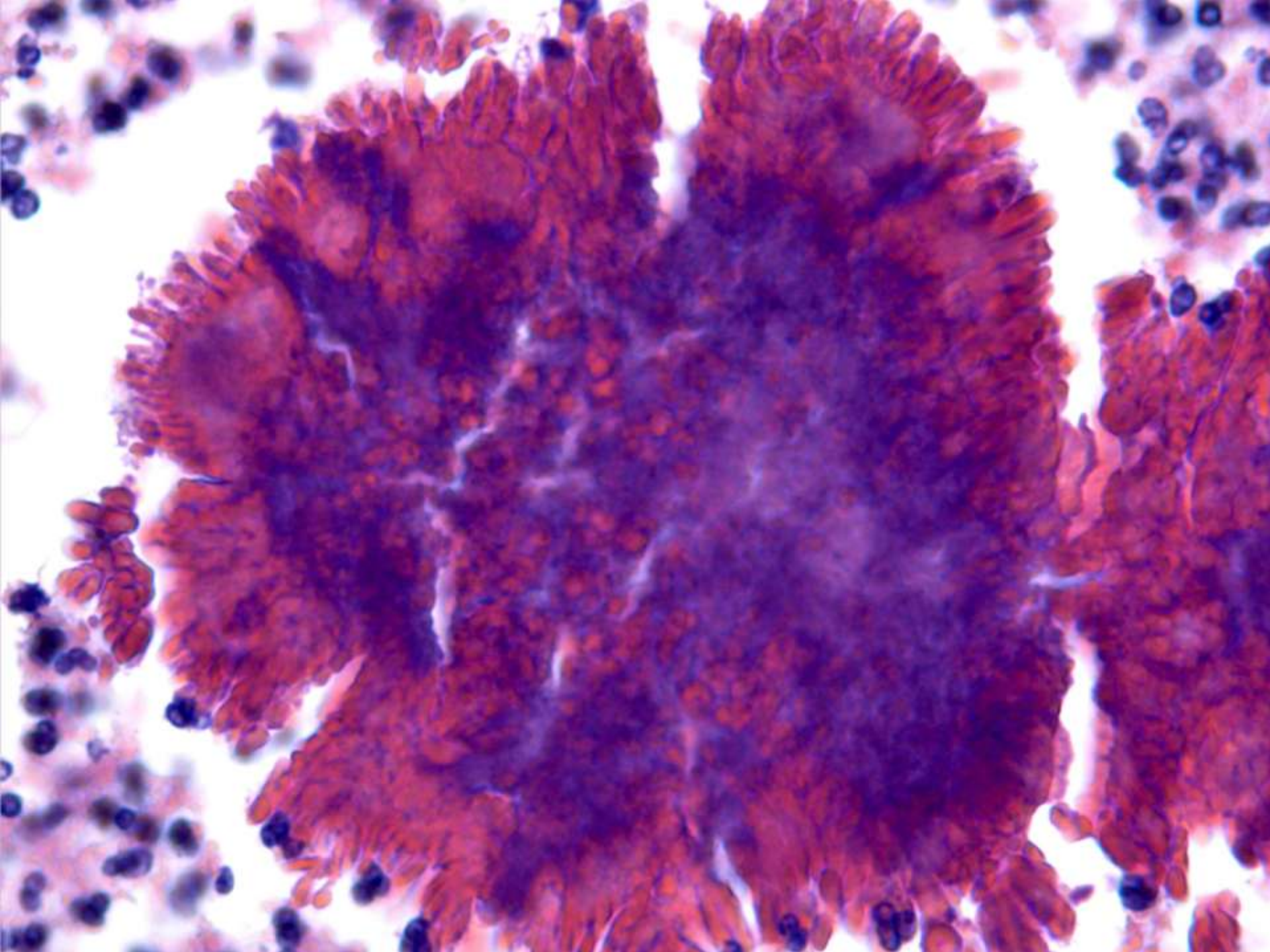

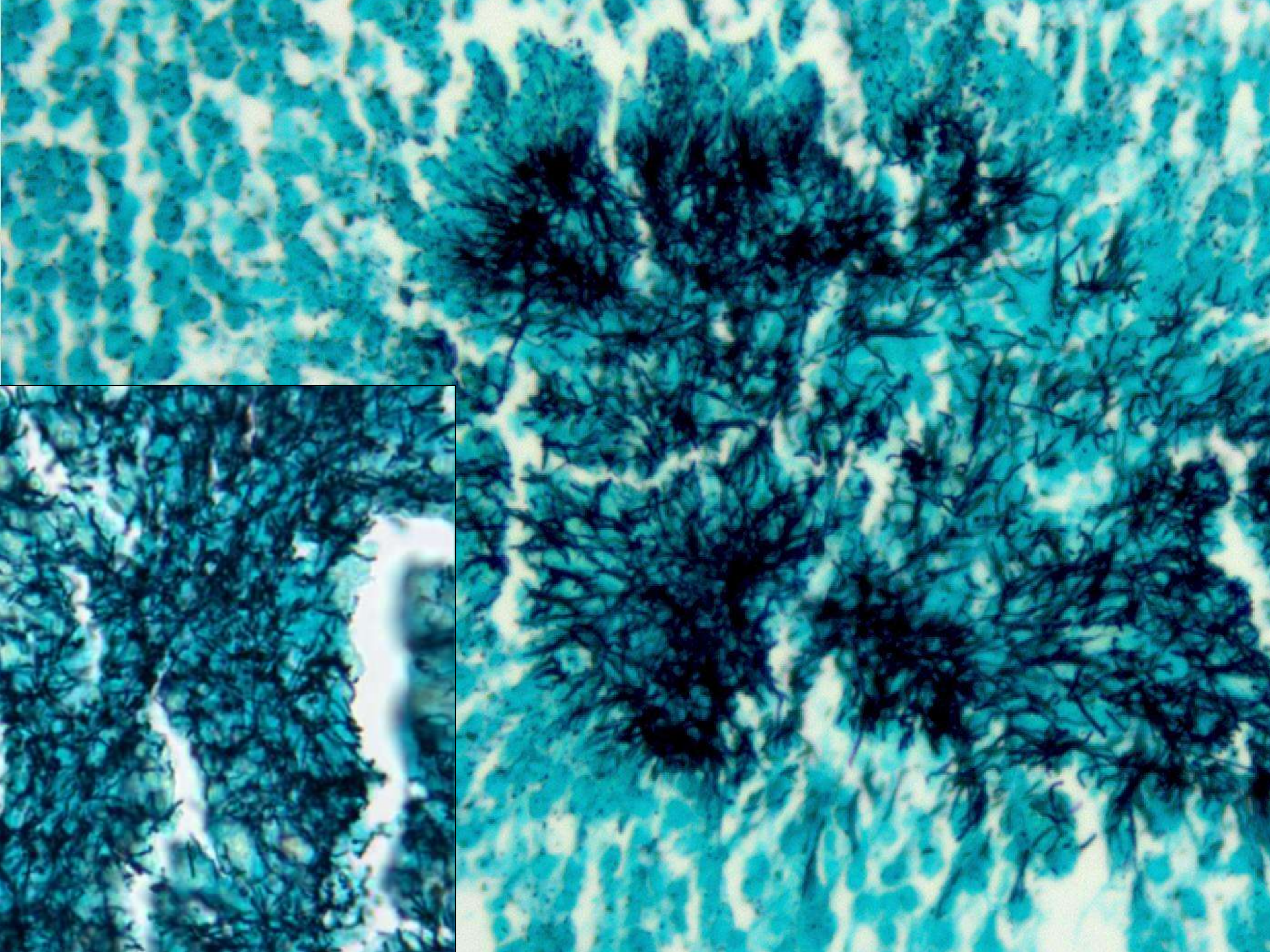

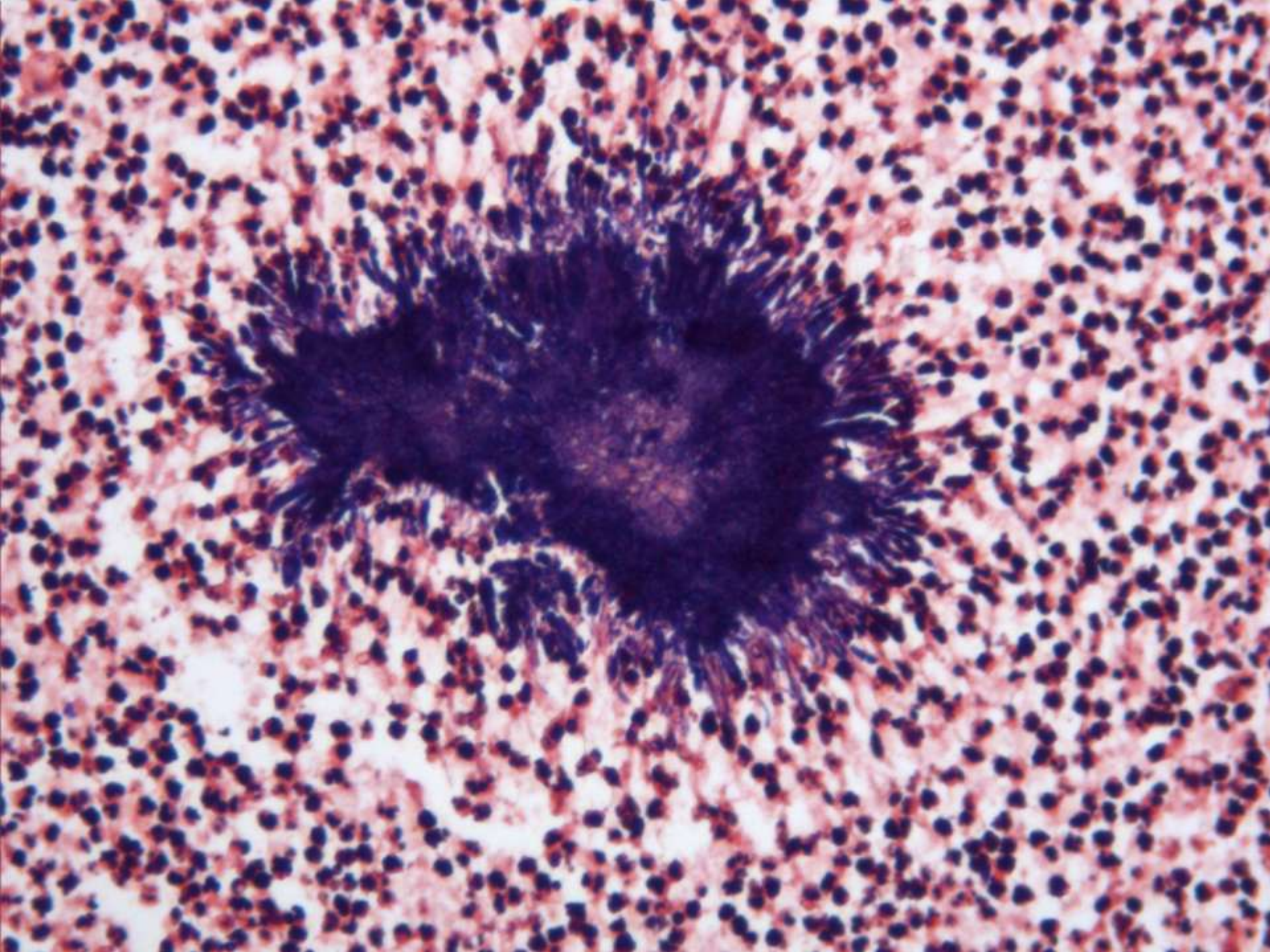

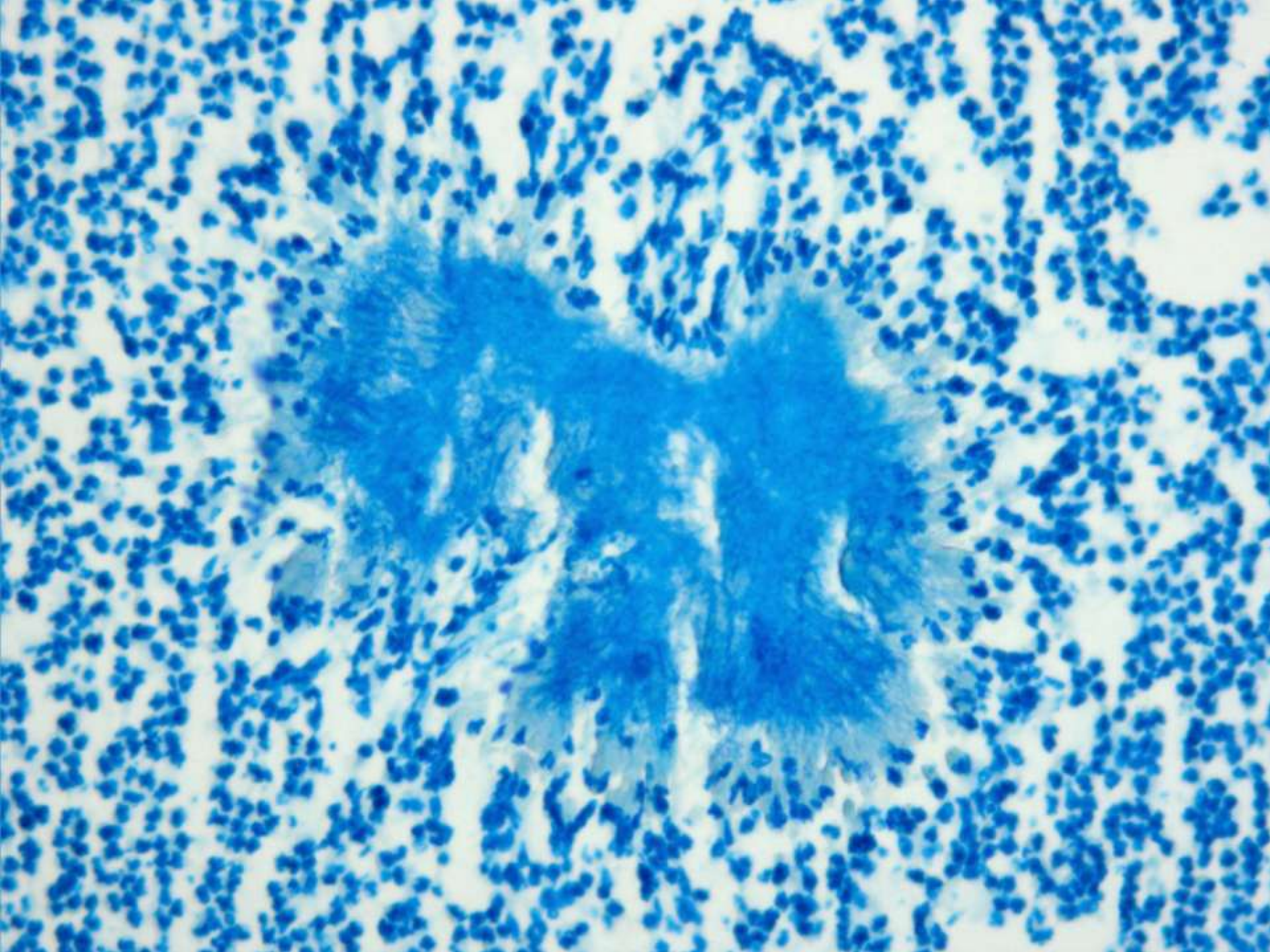

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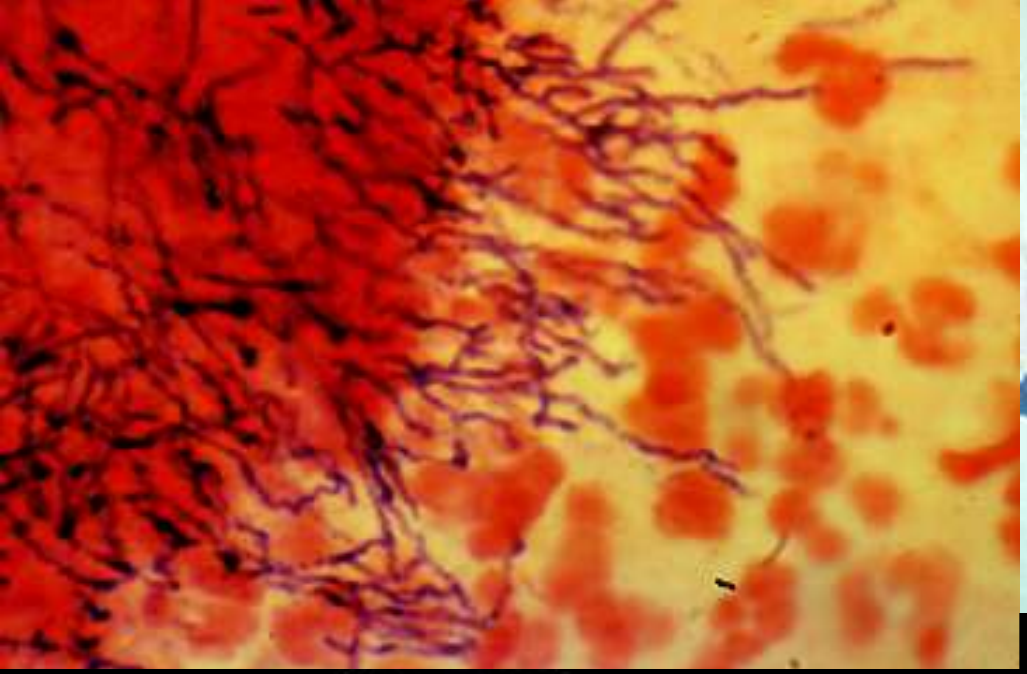

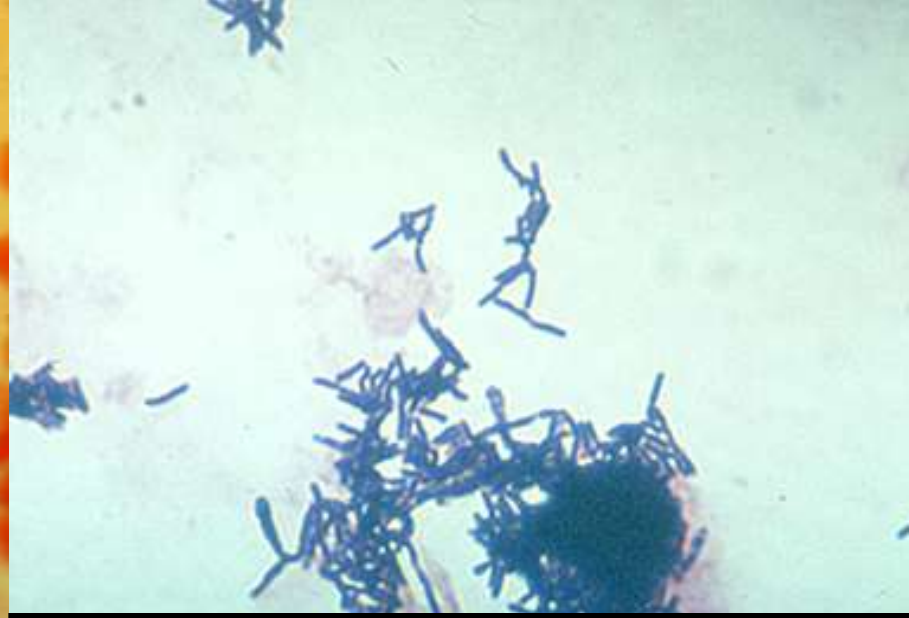

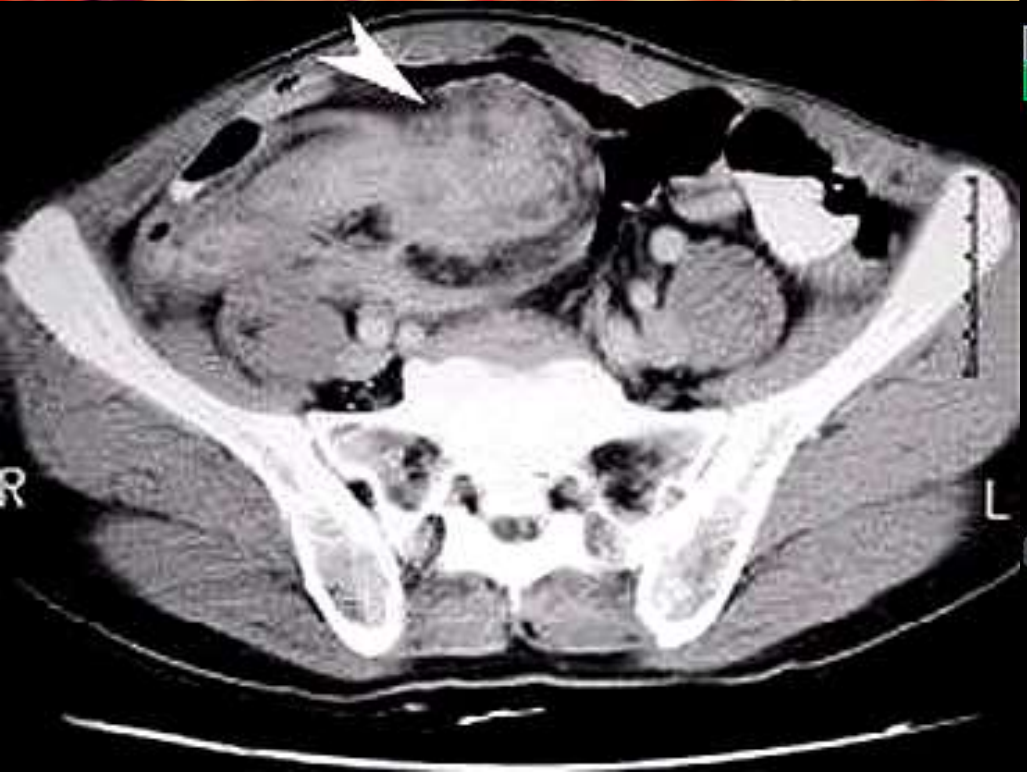
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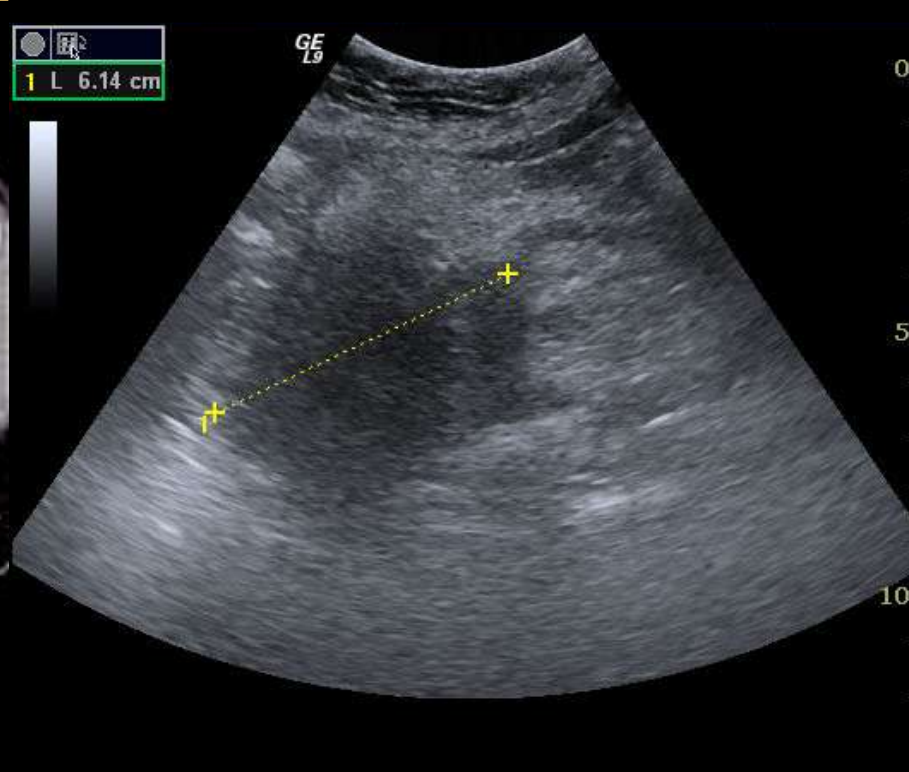
1 L 6.14 cm
GE
L9
0
5
10

- A case of abdominal actinomycosis presenting as mesenteric mass
Kim SY et al.
Korean J Gastroenterol 2008; 51: 48-51

- Mesenteric actinomycosis: A case report with US, CT and MR imaging findings
Segovia-García C et al.
Eur J Radiol 2008; 68: 43-7

- A case of abdominal actinomycosis resembling a mesenteric tumor
Fujimura N et al.
Japan J Clin Radiol 2001; 46: 942-6

-Mesenteric actinomycosis with retroperitoneal involvement

Díaz-Oller J et al.

Internat Surg 2001; 86: 57-61

-Mesenteric actinomycosis

Chan Y-L et al

Abdominal Imaging 1993; 18: 286-7

Actinomicosis mesentérica

- Dolor abdominal
- Anemia
- Tumor mesentérico

Actinomicosis

- Cérvico-facial (55%)
- Abdominopélvica (20%)
  - Apéndice cecal
  - Ileon terminal y ciego
  - Otros
- Tóracopulmonar (15%)
- Otras

Table 1. Pseudoneoplasms in Various Portions of the Gastrointestinal Tract

Site	Pseudoneoplasm
Entire alimentary tract	Inflammatory fibroid polyp
	Xanthoma
	Lipoma-like lesions
	Ectopias and heterotopias
	Pseudotumors due to infections
	Benign signet ring cells infiltrate
Esophagus	Fibrovascular polyp
	Melanosis of the esophagus
	Pseudodiverticulosis
Stomach	Gastritis cystica profunda
	Inverted hyperplastic polyp
	Russell bodies gastritis
Intestines	Mucosal prolapse-related lesions
	Malakoplakia
	Tumefactive endometriosis
	Prolapsing mucosal folds of diverticular disease
	Hypertrophic and papilla
	Elastofibromatous lesions

Data from Fitzgibbons.[93]

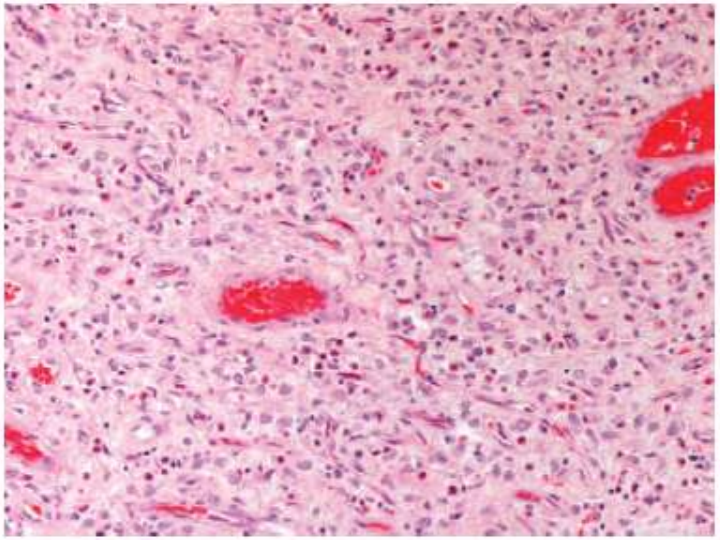

Figure 1. *Inflammatory fibroid polyp. Typical components are numerous eosinophils in the background of a proliferation of bland spindle cells with prominent vasculature and loose stroma (hematoxylin-eosin, original magnification ×200).*

licles, plasma cells, mast cells, and a regular network of variably sized blood vessels are present. Spindle-shaped cells are occasionally concentrically arranged (onion skinning) around vessels and mucosal glands; this is better demonstrated in the stomach than in other sites. Inflammatory fibroid polyps originate in the submucosa and can extend throughout the entire thickness of the wall of the intestine. Because of its submucosal origin, an IFP presents as a sessile or polypoid lesion without a stalk. In the small intestine, it may assume a dumbbell shape, perhaps because of intussusception (Figure 2, B). The overlying mucosa is often ulcerated. Grossly, IFPs may cause splitting

of gastric and small bowel IFPs may be determined by the age of the lesion. Smaller lesions have a better-developed, concentric distribution of spindle-shaped cells (Figure 2, C and D), and as the lesion grows, the dominant histologic type progresses through the different phases to become sclerotic in larger IFP.[8] Different histologic patterns may coexist in the same lesion, and the edematous pattern has been suggested as an artifact of intestinal obstruction.[8]

The CD34 immunostain is the most useful immunostain to confirm the diagnosis of IFP. The stromal cells of IFP stain positive for CD34, especially around vessels (Figure 2, C). Occasionally, CD34 stain is negative, especially in