

CONSOLIDANDO PUENTES

SEAP-IAP



**XXV CONGRESO DE LA SOCIEDAD ESPAÑOLA
DE ANATOMÍA PATOLÓGICA Y DIVISIÓN
ESPAÑOLA DE LA ACADEMIA INTERNACIONAL
DE PATOLOGÍA (SEAP-IAP)**

**XX CONGRESO DE LA SOCIEDAD ESPAÑOLA
DE CITOLOGÍA (SEC)**

**I CONGRESO DE LA SOCIEDAD ESPAÑOLA DE
PATOLOGÍA FORENSE (SEPAF)**

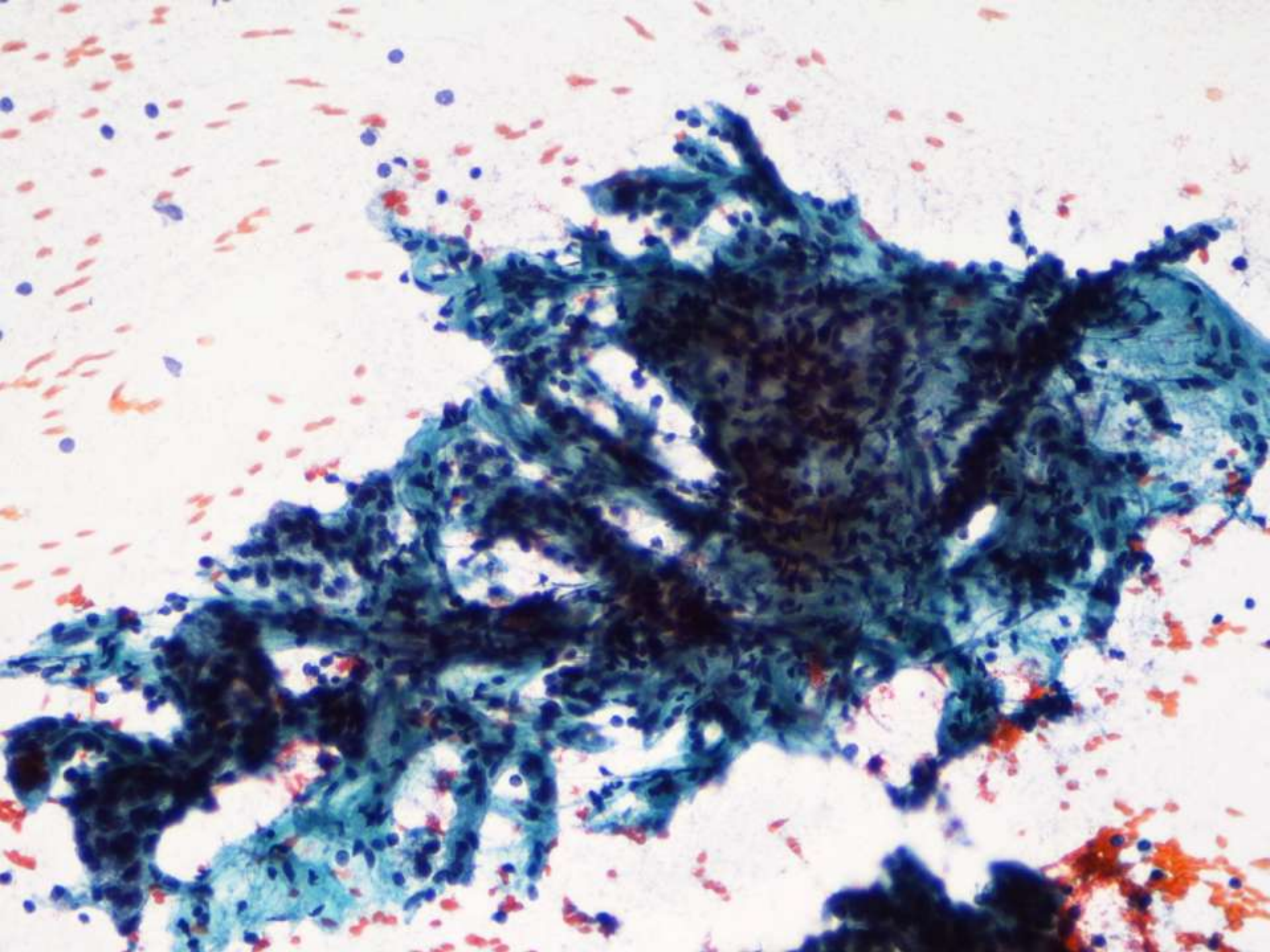


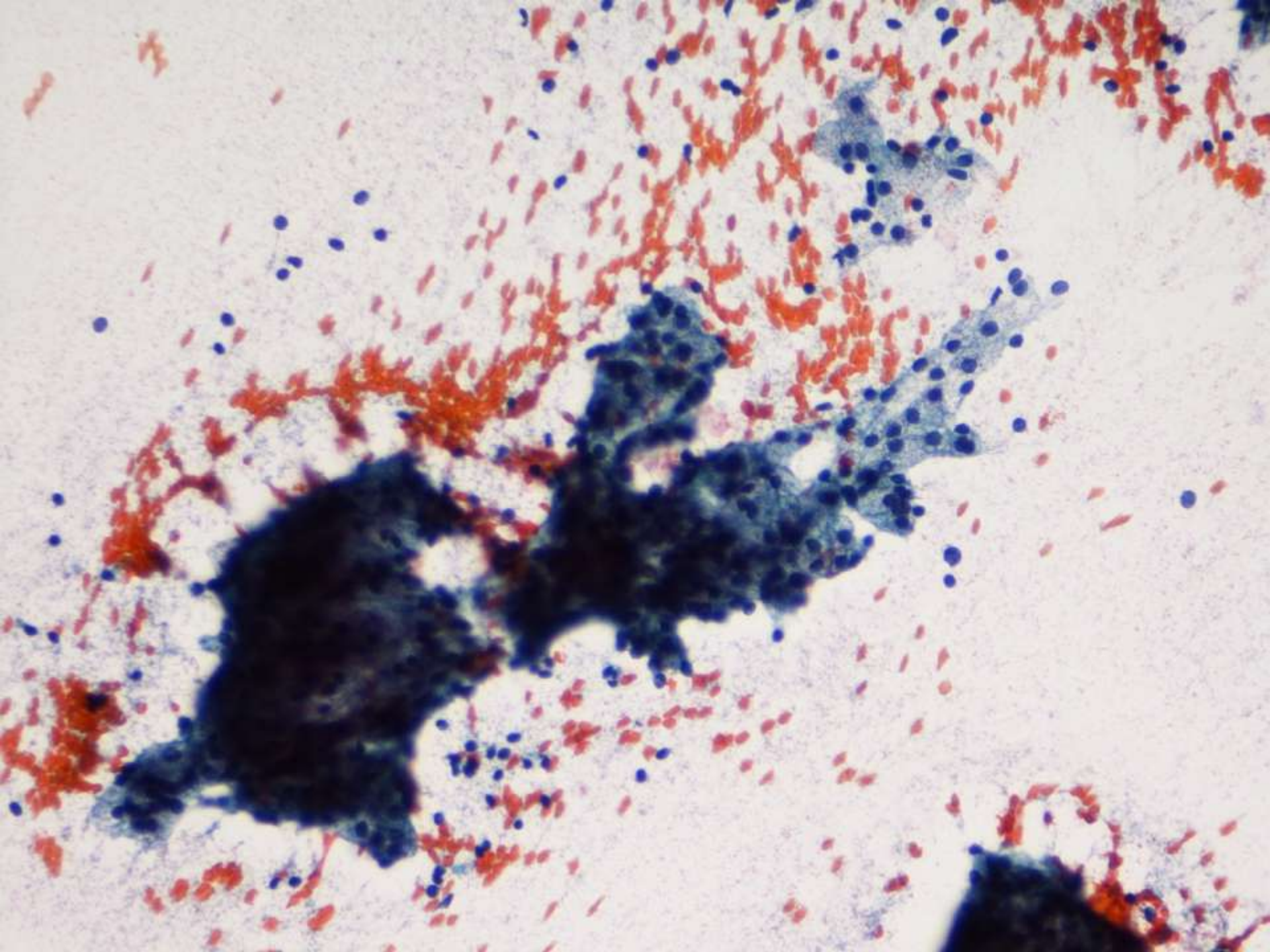
**16:00-18:30 Seminario interactivo de tiroides, glándula salival y ganglios
linfáticos**

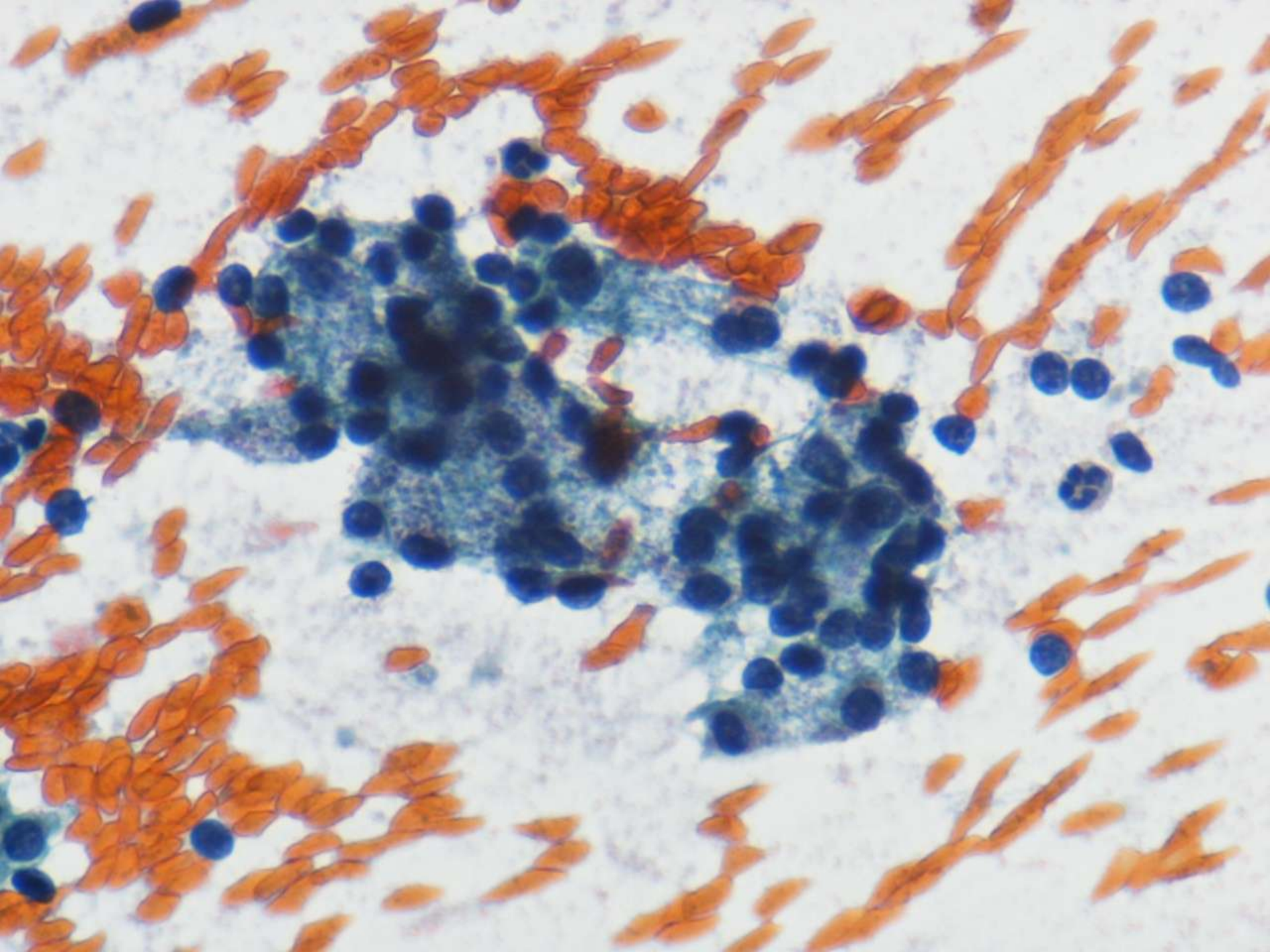
Coordinador: Jorge Calvo de Mora
Domingo de Agustín

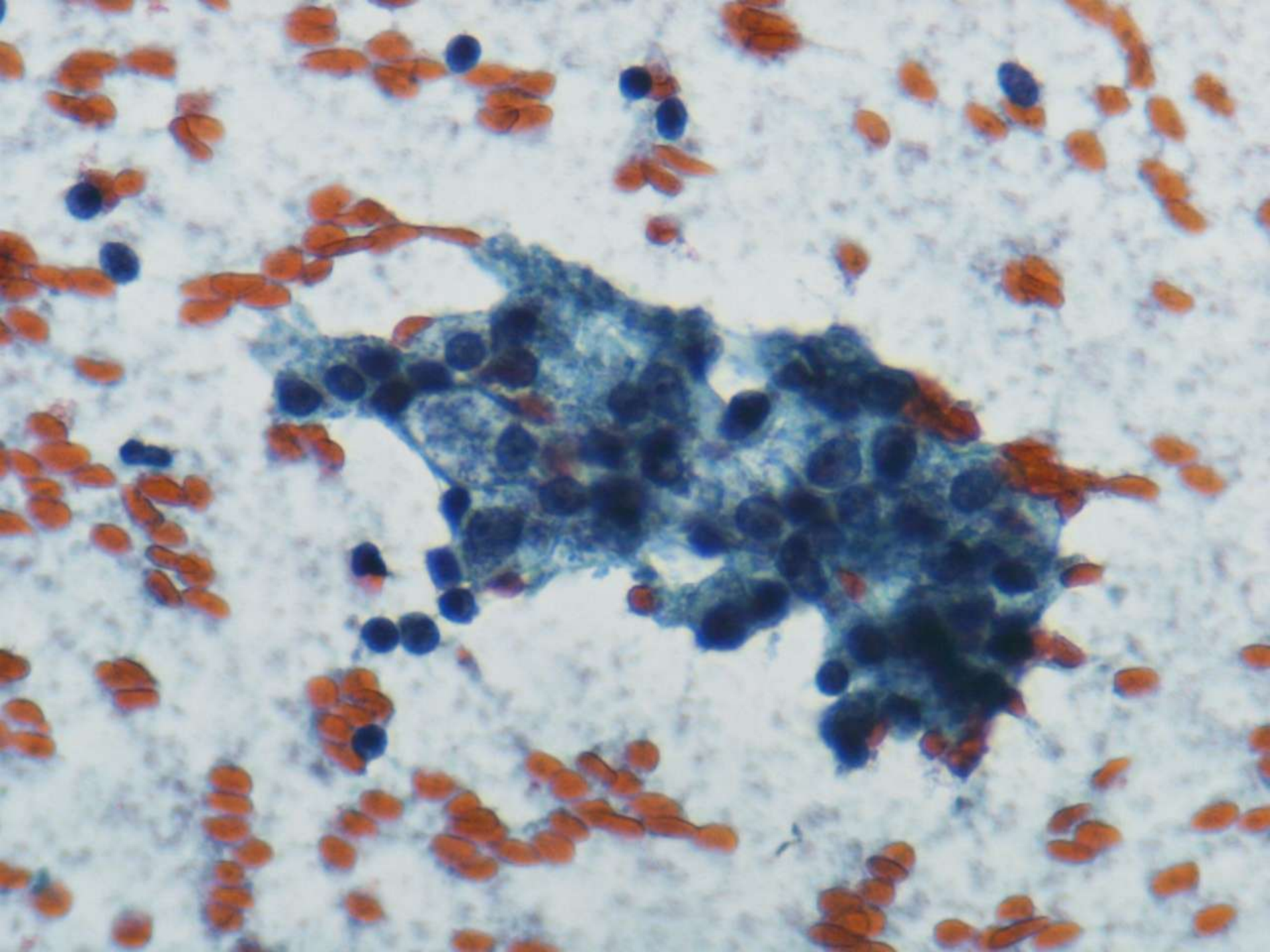
- hombre, 70 años.
- Parótida izquierda.
- Sin antecedentes de interés.
- Se realiza PAAF

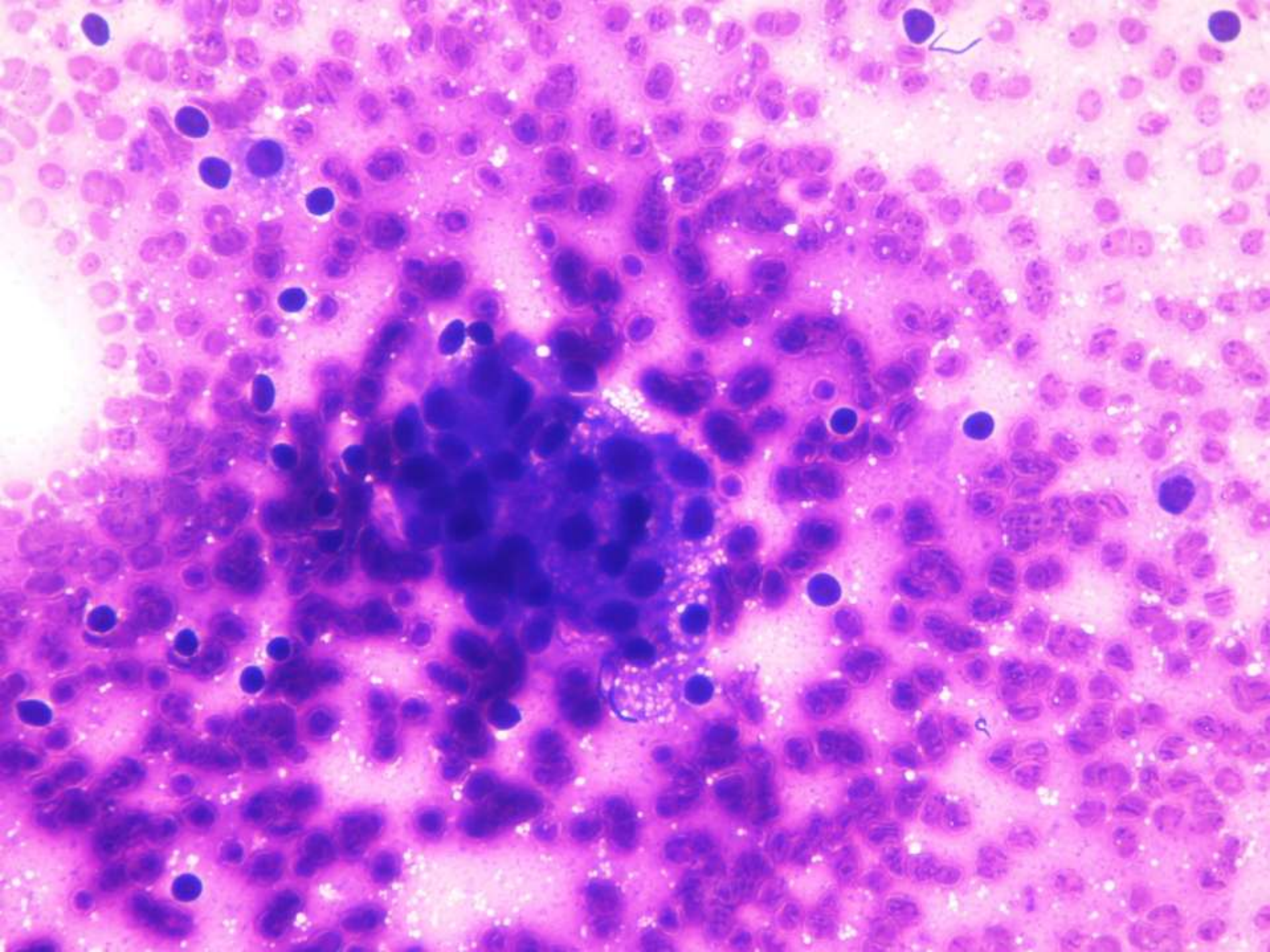


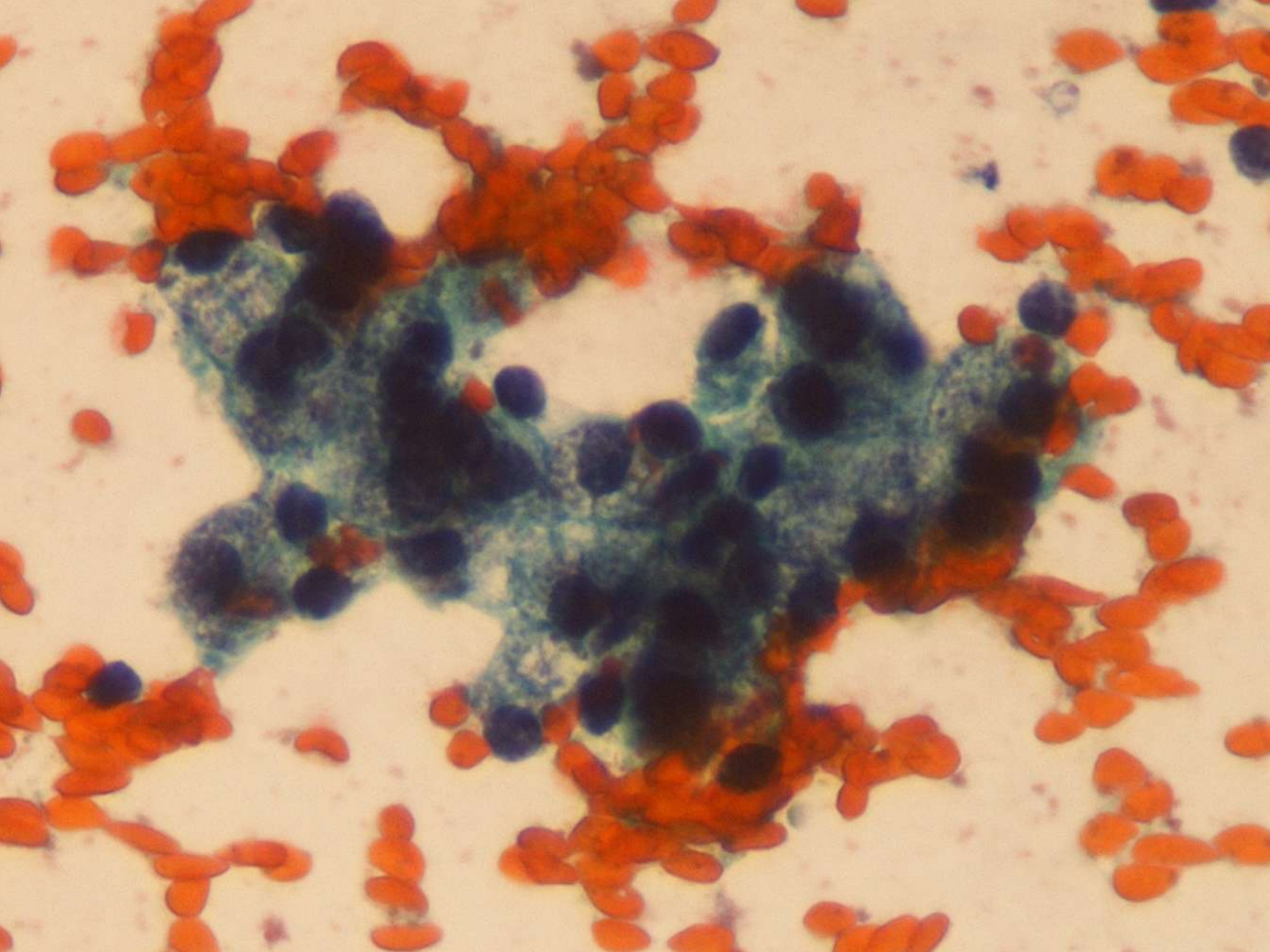


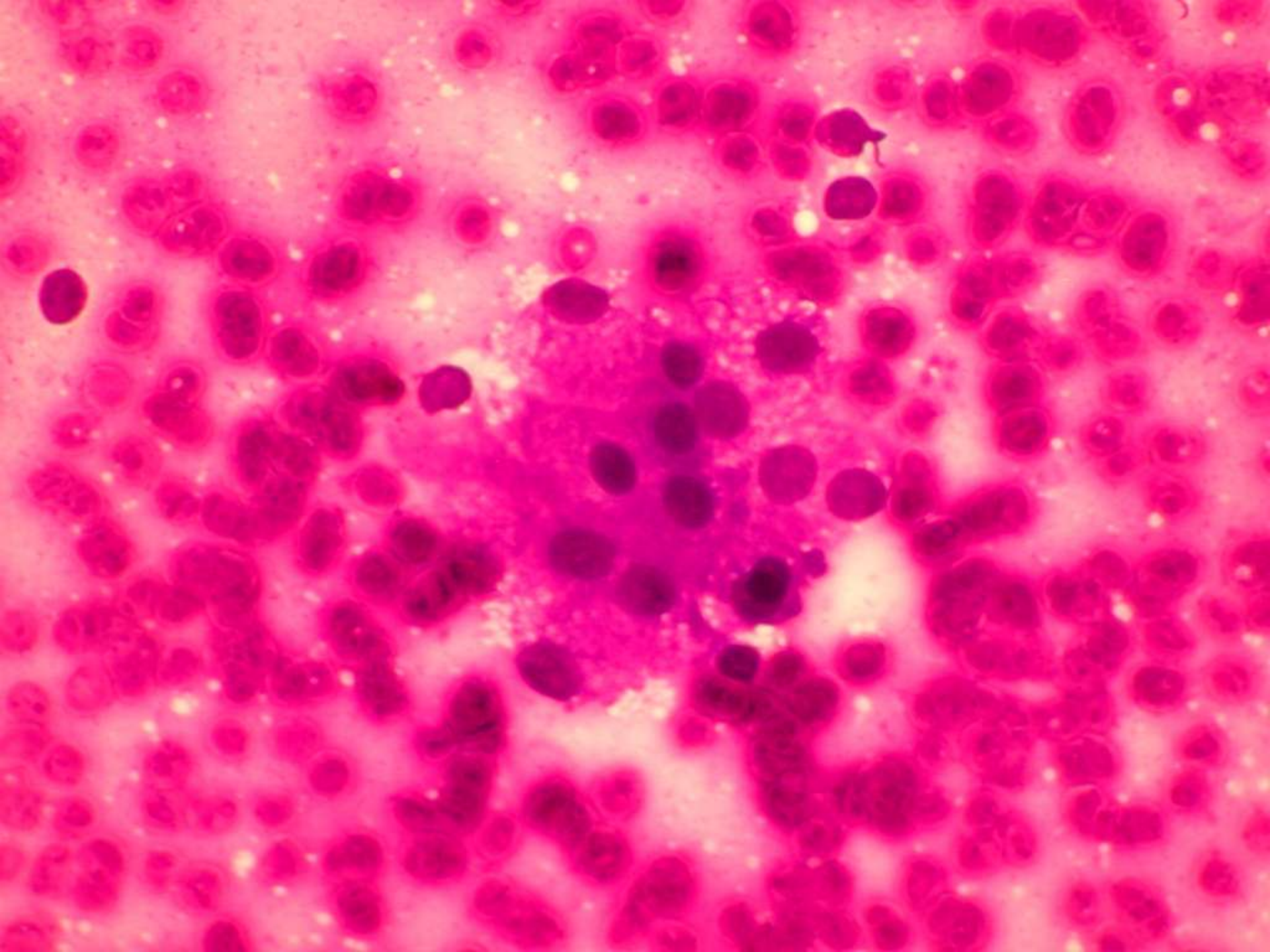


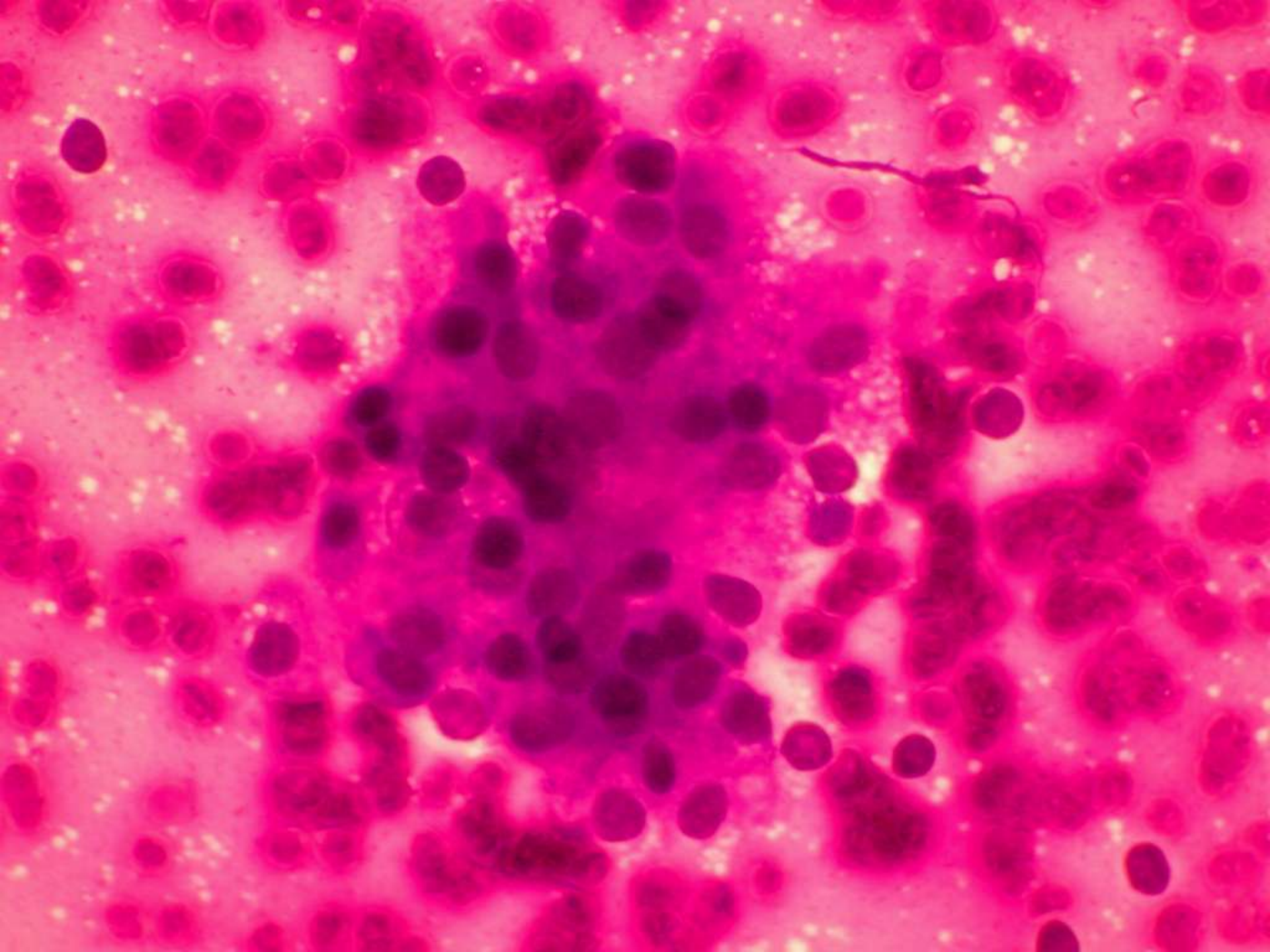


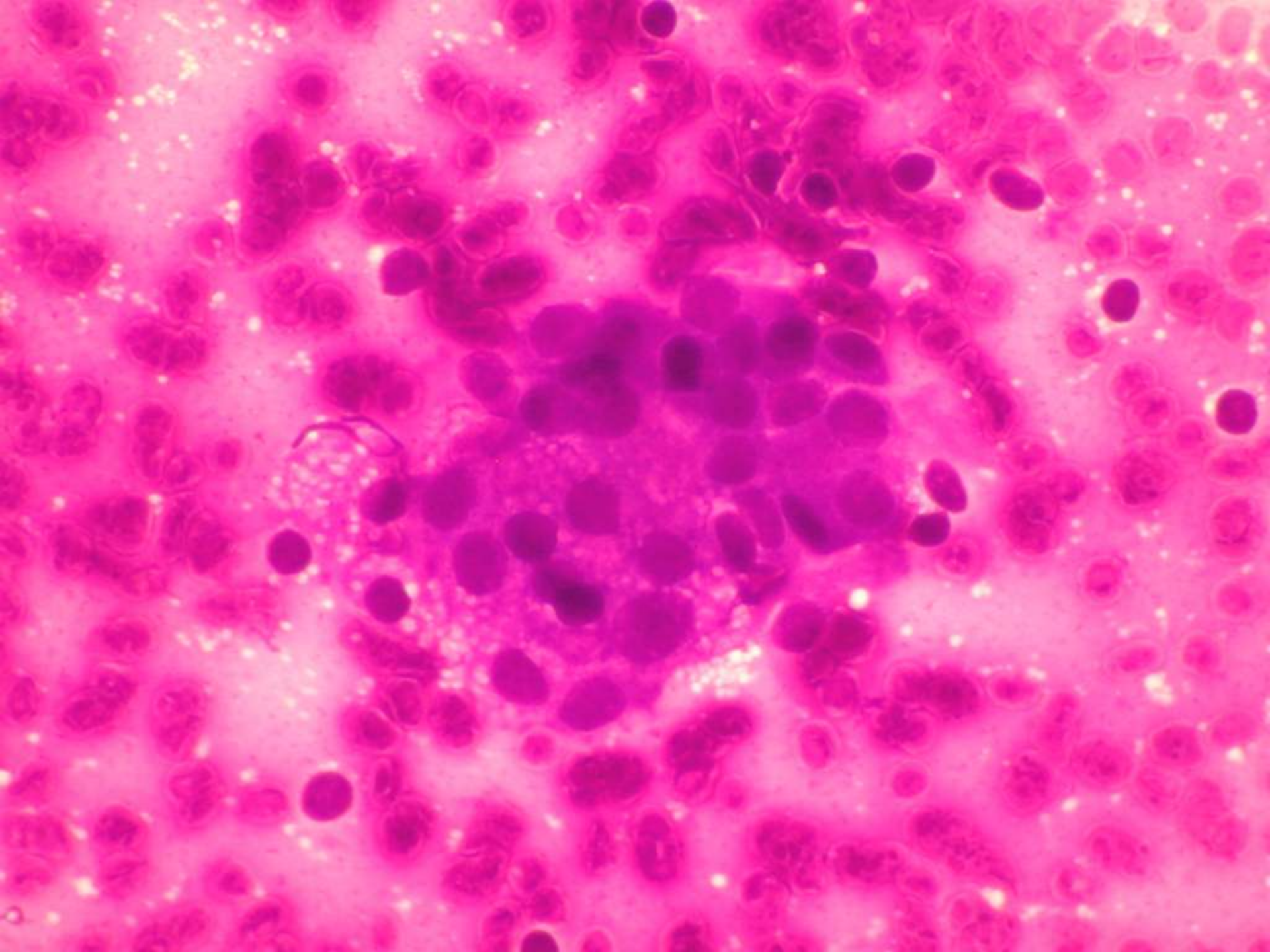


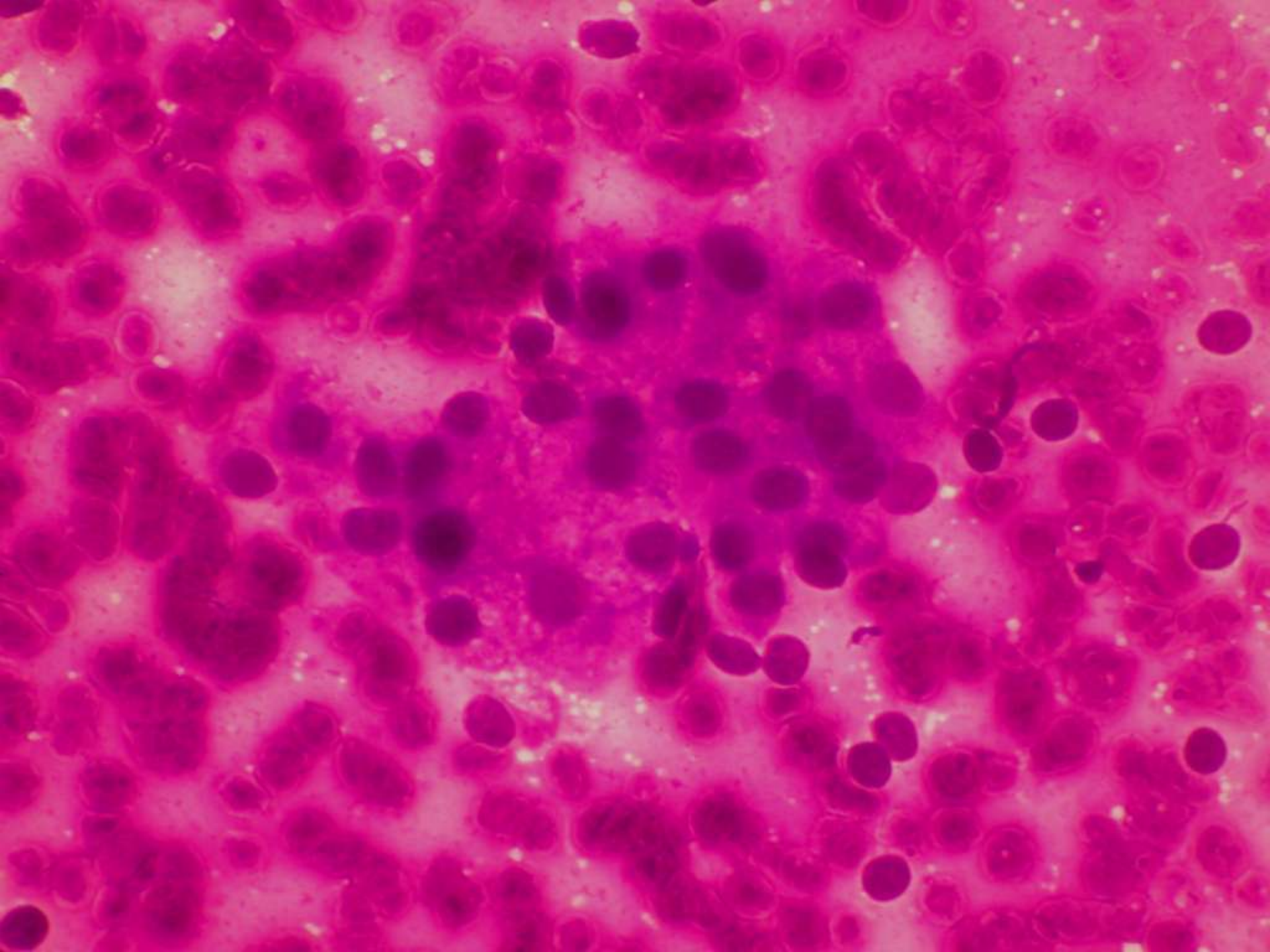






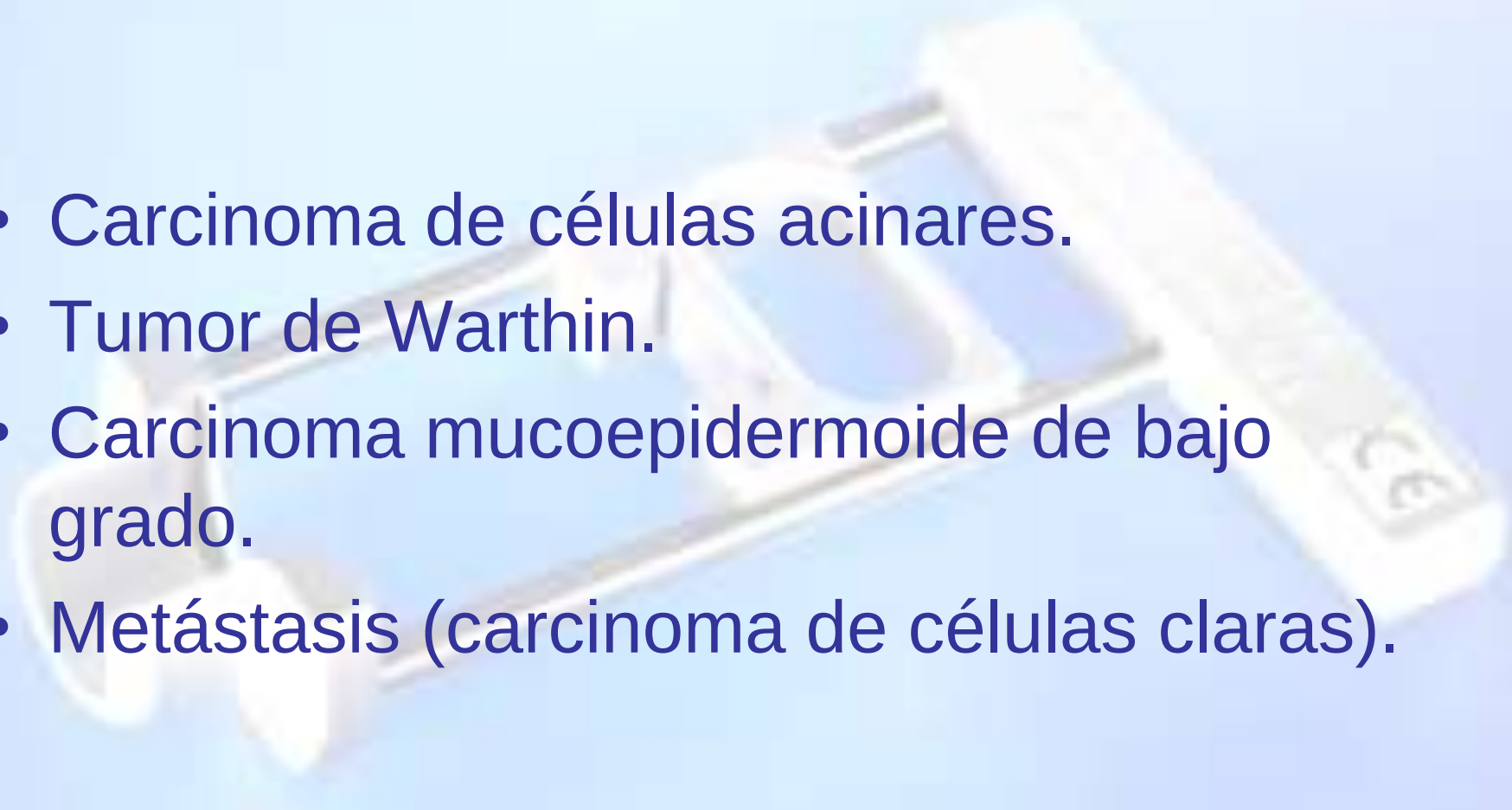


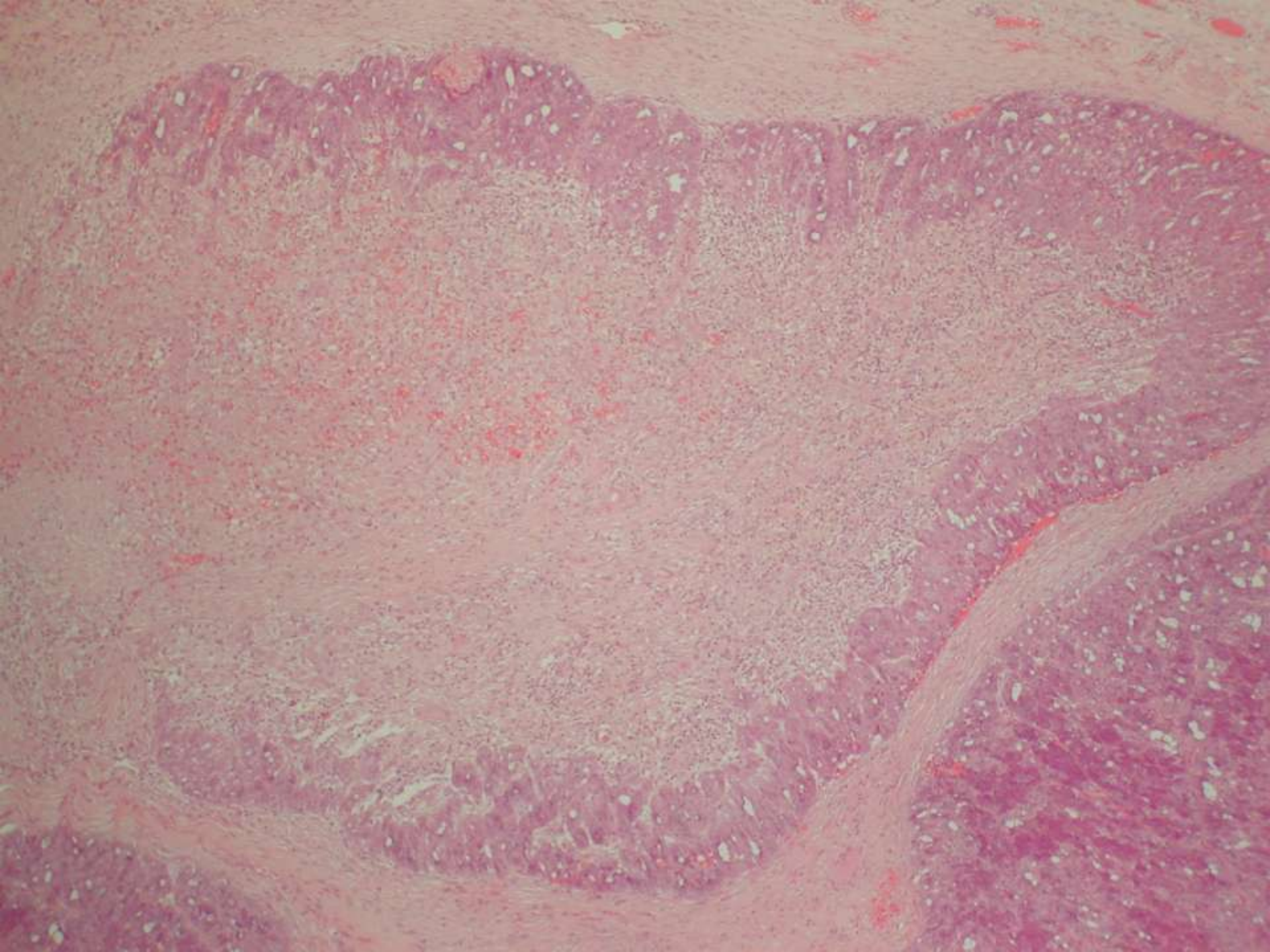


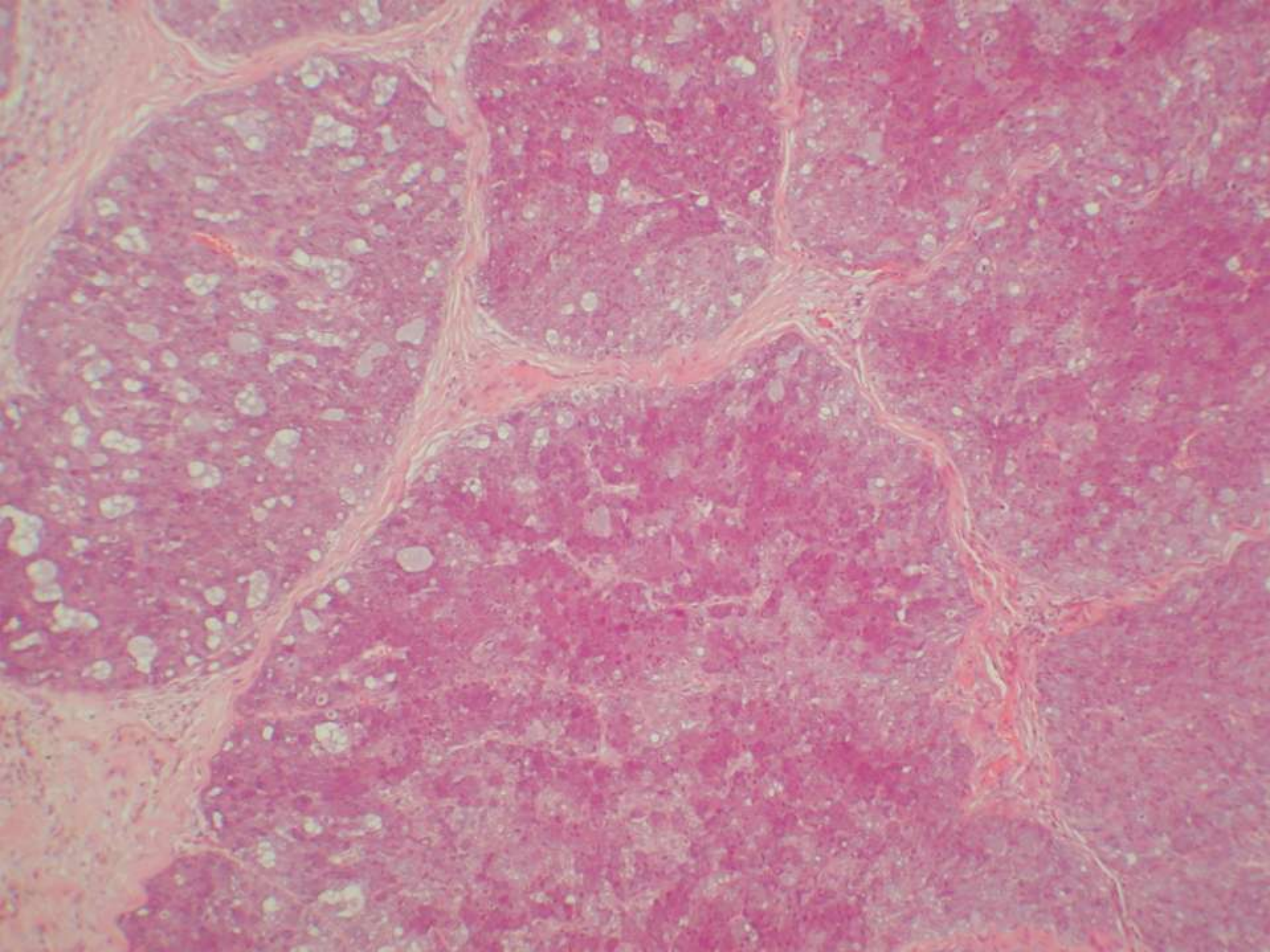


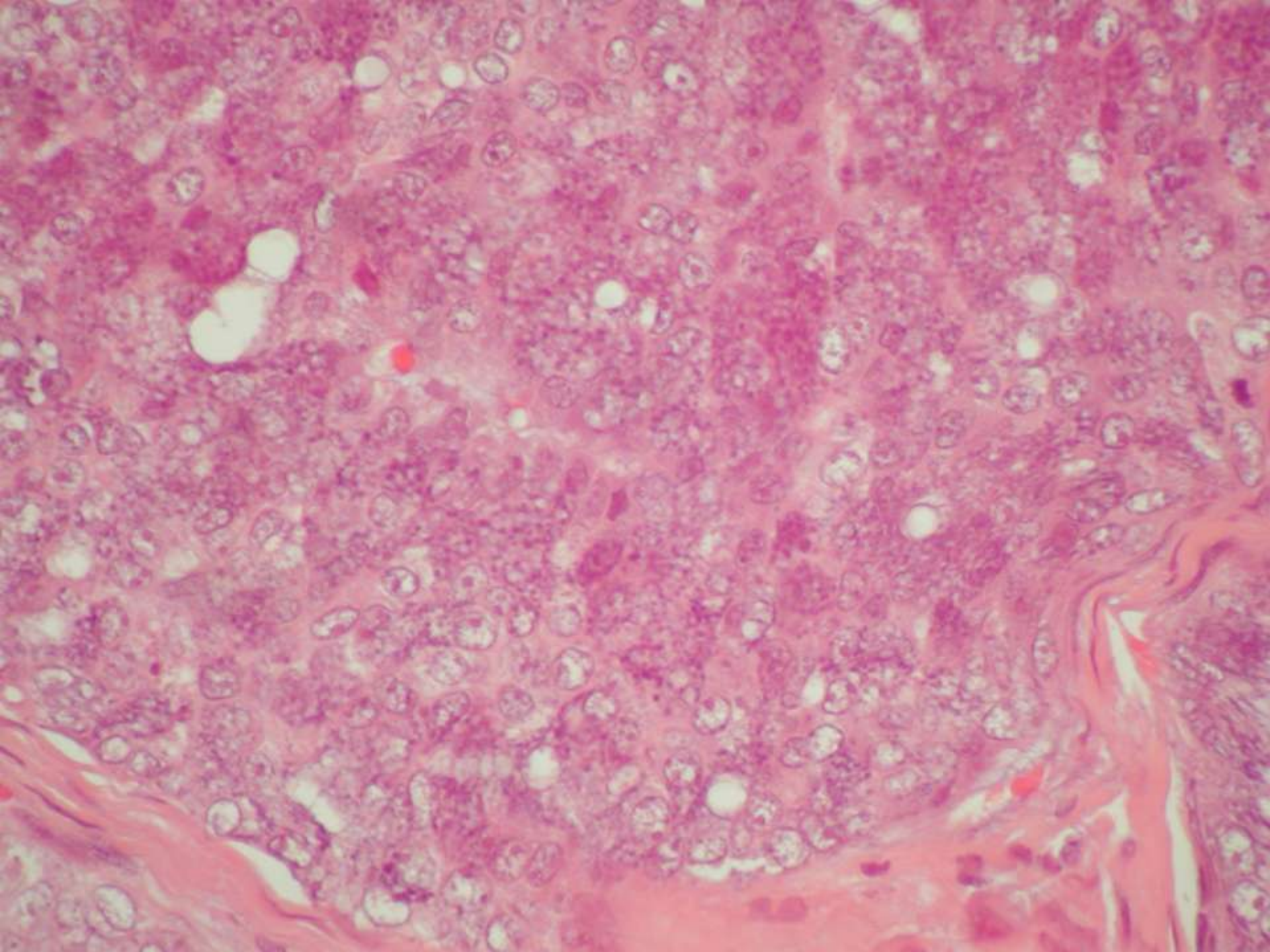


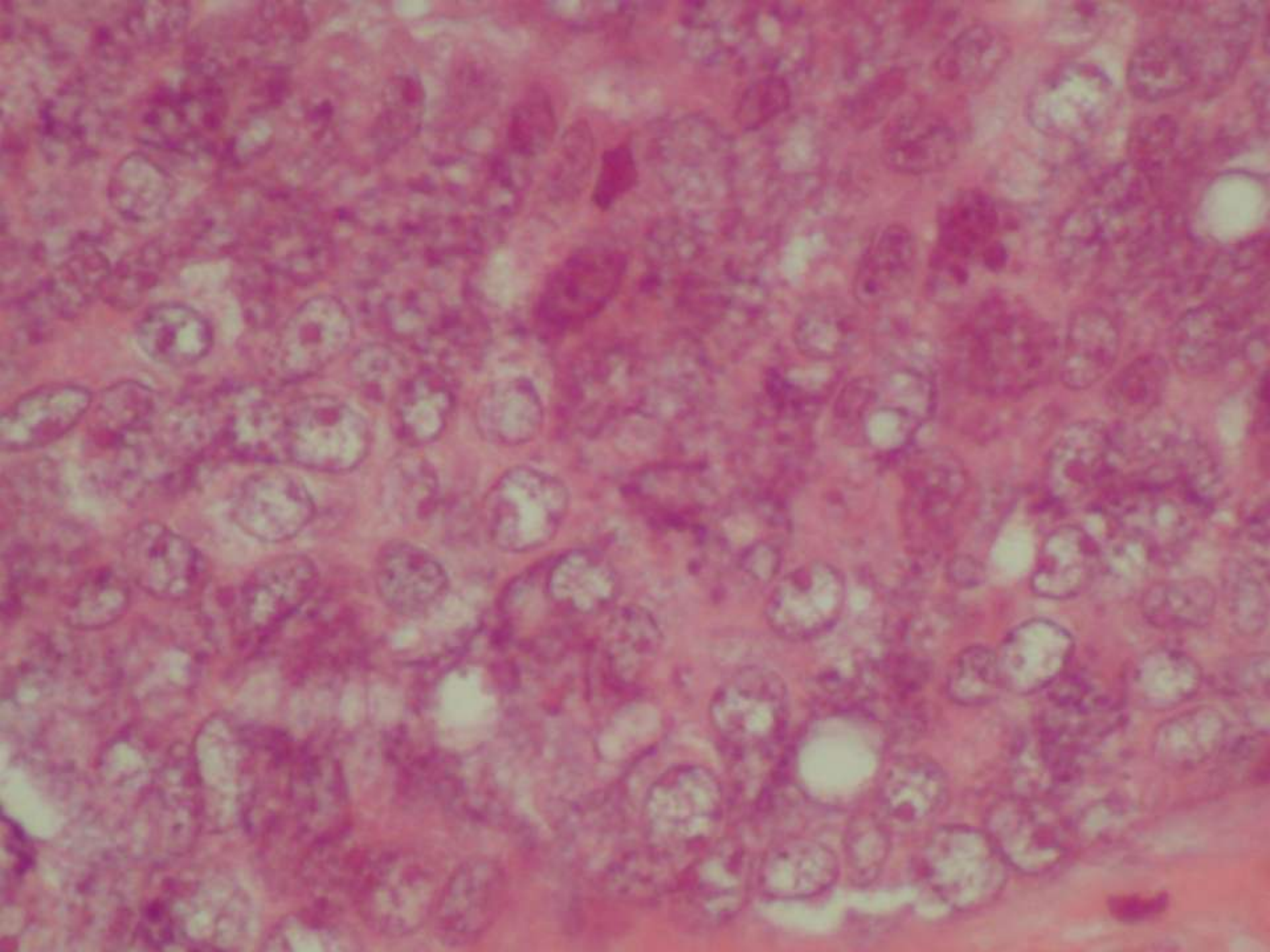
DIAGNÓSTICO:

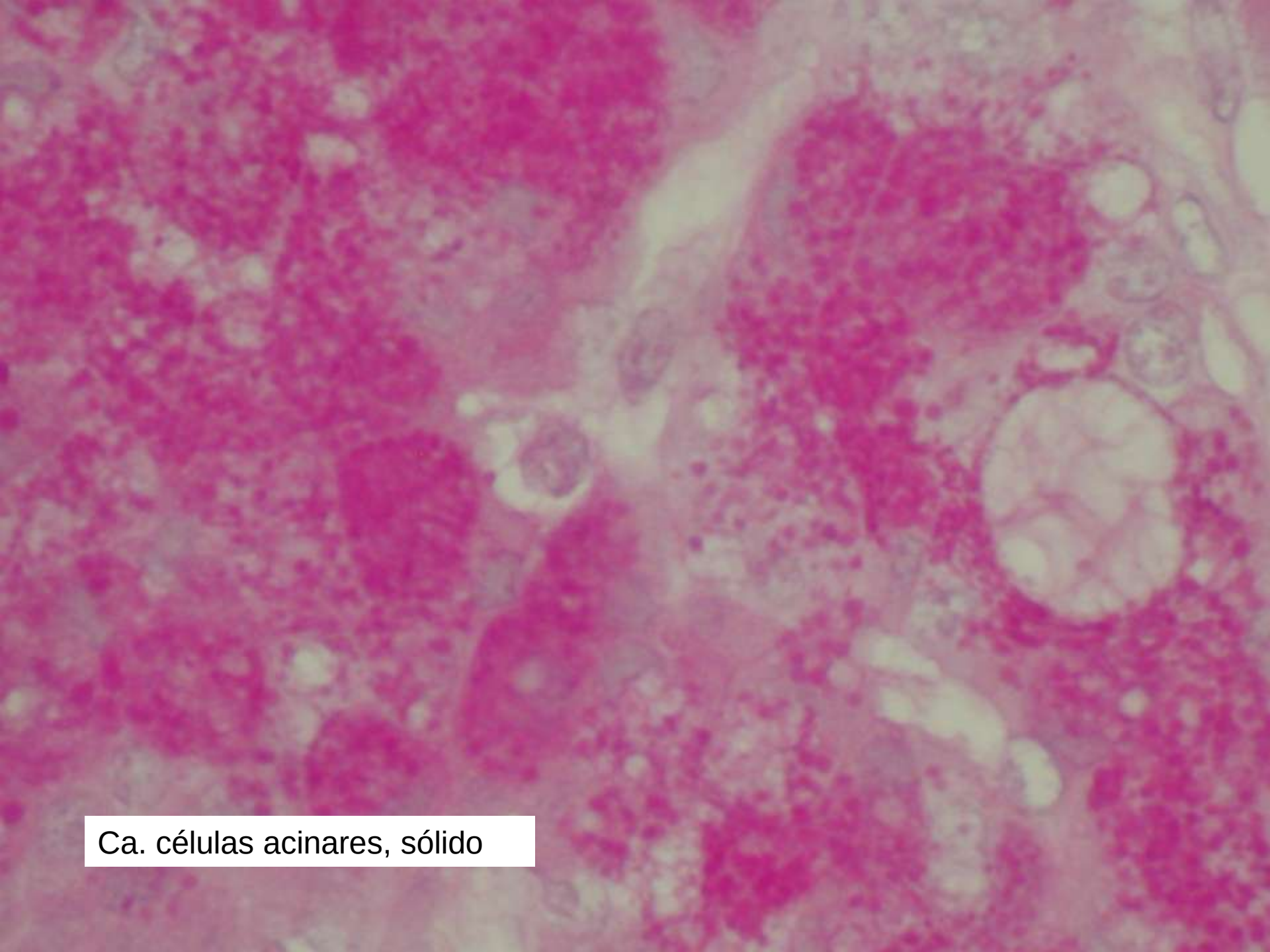
- Carcinoma de células acinares.
 - Tumor de Warthin.
 - Carcinoma mucoepidermoide de bajo grado.
 - Metástasis (carcinoma de células claras).
- 











Ca. células acinares, sólido

clasificación

benignos	malignos		
	<i>Bajo grado</i>	<i>Intermedios</i>	<i>Alto grado</i>
Adenoma pleomorfo	Ca. Mucoepidermoide BG	Ca. Mucoepidermoide	Ca. Mucoepidermoide AG
Oncocitoma	Ca. c. acinares	Ca. Adenoquístico	Ca. Oncocítico
T. Warthin	Adenoca. Polimorfo BG		Ca. ex – adenoma pleom.
Mioepitelioma	Ca. Epitelial-Mioepitelial	Ca. Mioepitelial	Carcinosarcoma
Adenoma c. basales	Adenoca. c. basales		Ca. Epidermoide
Adenoma Canalicular	Sialoblastoma		Ca. céls. pequeñas
Adenoma Sebáceo	Ca. células claras, NOS	Ca. sebáceo	Ca. C. Grandes
Linfadenoma			Ca. Linfoepitelial
Papiloma Ductal	Adenocarcinoma NOS	Adenocarcinoma NOS	Adenocarcinoma NOS
Cistoadenoma	Cistoadenocarcinoma		Carcinoma Ductal GGSS
Hemangioma	Linfoma MALT		Linfoma B difuso CG

clasificación

benignos	malignos		
	<i>Bajo grado</i>	<i>Intermedios</i>	<i>Alto grado</i>
Adenoma pleomorfo	Ca. Mucoepidermoide BG	Ca. Mucoepidermoide	Ca. Mucoepidermoide AG
Oncocitoma	Ca. c. acinares	Ca. Adenoquístico	Ca. Oncocítico
T. Warthin	Adenoca. Polimorfo BG		Ca. ex – adenoma pleom.
Mioepitelioma	Ca. Epitelial-Mioepitelial	Ca. Mioepitelial	Carcinosarcoma
Adenoma c. basales	Adenoca. c. basales		Ca. Epidermoide
Adenoma Canalicular	Sialoblastoma	Ca. células claras, NOS	Ca. céls. pequeñas
Adenoma Sebáceo		Ca. sebáceo	Ca. C. Grandes
Linfadenoma			Ca. Linfoepitelial
Papiloma Ductal	Adenocarcinoma NOS	Adenocarcinoma NOS	Adenocarcinoma NOS
Cistoadenoma	Cistoadenocarcinoma		Carcinoma Ductal GGSS
Hemangioma	Linfoma MALT		Linfoma B difuso CG

lesiones más frecuentes:

• Adenoma pleomorfo: 50-60 %	55
• T. de Warthin: 5-15%	10
• Ca. Mucoepidermoide: 10-15%	12
• Adenocarcinoma, NOS: 9%	09
• Ca. células acinares: 6%	06
• Ca. adenoquístico: 4-10%	<u>07</u>
• <u>Suma:</u>	99 %

	ENTIDAD	Fondo (panópticos)	Células (Pap)	Otros	D.D.
1	A. pleomorfo	- Estroma (masas y madejas)	- Ductales - Mioepitel.	- Metaplasia - Condrocitos - Atipia ?	
2	Ca. Adenoquístico	- Membrana (bolas y láminas)	- Basalioides > Pequeñas	- Escaso citoplasma	
3	T. Warthin	- Inflamatorio (linfocitos y plasmáticas) - “granulado”	- Oncocíticas (placas pequeñas)	-Degeneración - metaplasia - granulación	
4	Ca. céls. acinares	- Inflamatorio - Sangre - Citólisis	- Oncocíticas - Microvac.	- Grupos de morfología muy variada	
5	Ca. Mucoepid. (BG / AG)	- Moco	- Mucosas - Epiderm.	- Atipia ?	
6	Adenocarcinoma	- Necrosis - Sangre	- Alto grado	- Mitosis	

PAAF GGSS: Ca. células acinares

- < 6% (17% de malignos), 90 % parótida, 3% bilateral
- Citología:
 - Alta celularidad
 - Grupos variables (variantes: sólido, microquístico, papilar quístico y folicular): pseudoacinis, papilas, túbulos, folículos y masas sólidas..... con morfología epitelial y atipia muy variable (generalmente baja); núcleos desnudos.
 - Citoplasmas granulares – microvacuolados
 - Tipo seroso: gránulos de zimógeno PAS+, diastasa resistentes
 - Núcleos pequeños y micronucleolos
 - Fondo sucio: necrosis, citólisis, hemorragia linfocitos
 - Papilares: cuerpos de psammoma, capilares

	ENTIDAD	Fondo (panópticos)	Células (Pap)	Otros	D.D.
1	A. pleomorfo	- Estroma (masas y madejas)	- Ductales - Mioepitel.	- Metaplasia - Condrocitos - Atipia ?	
2	Ca. Adenoquístico	- Membrana (bolas y láminas)	- Basalioides > Pequeñas	- Escaso citoplasma	
3	T. Warthin	- Inflamatorio (linfocitos y plasmáticas) - “granulado”	- Oncocíticas (placas pequeñas)	- Degeneración - metaplasia - granulación	
4	Ca. céls. acinares	- Inflamatorio - Sangre - Citólisis	- Oncocíticas - Microvac.	- Grupos de morfología muy variada	- g.s. normal - t. c. clara
5	Ca. Mucoepid. (BG / AG)	- Moco	- Mucosas - Epiderm.	- Atipia ?	
6	Adenocarcinoma	- Necrosis - Sangre	- Alto grado	- Mitosis	

Tumores “oncocíticos”

- Ca. de células acinares
- T. de Warthin
- Oncocitoma
- Ca. mucoepidermoide (variante oncocítica)
- Metástasis (ca. células renales)

Principales fuentes de error

Celularidad linfoide	Sialoadenitis linfoepitelial	vs	Linfoma
Lesiones con matriz	Adenoma pleomorfo	vs	Ca. Adenoquístico
Celularidad basaloide	Adenoma y Ca. Céls. Basales	vs	Ca. Adenoquístico (variante sólida)
Celularidad oncocítica	T. de Warthin y Oncocitoma	vs	Ca. Células acinares
Quistes con moco	Mucocele	vs	Ca. Mucoepidermoide de BG
Lesiones de “alto grado”	Ca. Mucoepidermoide AG	vs	Ca. Ductal, Adenocarcinoma y Metástasis
Lesiones fusocelulares	Schwanoma	vs	Mioepitelioma
Lesiones de células claras	Mioepitelioma	vs	Ca. Epitelial-Mioepitelial

Modificado de WC Faquin y CN Powers. Salivary Gland Cytopathology. Ed. DL Rosenthal. Ed. Springer Science+Business Media, New York, 2008.

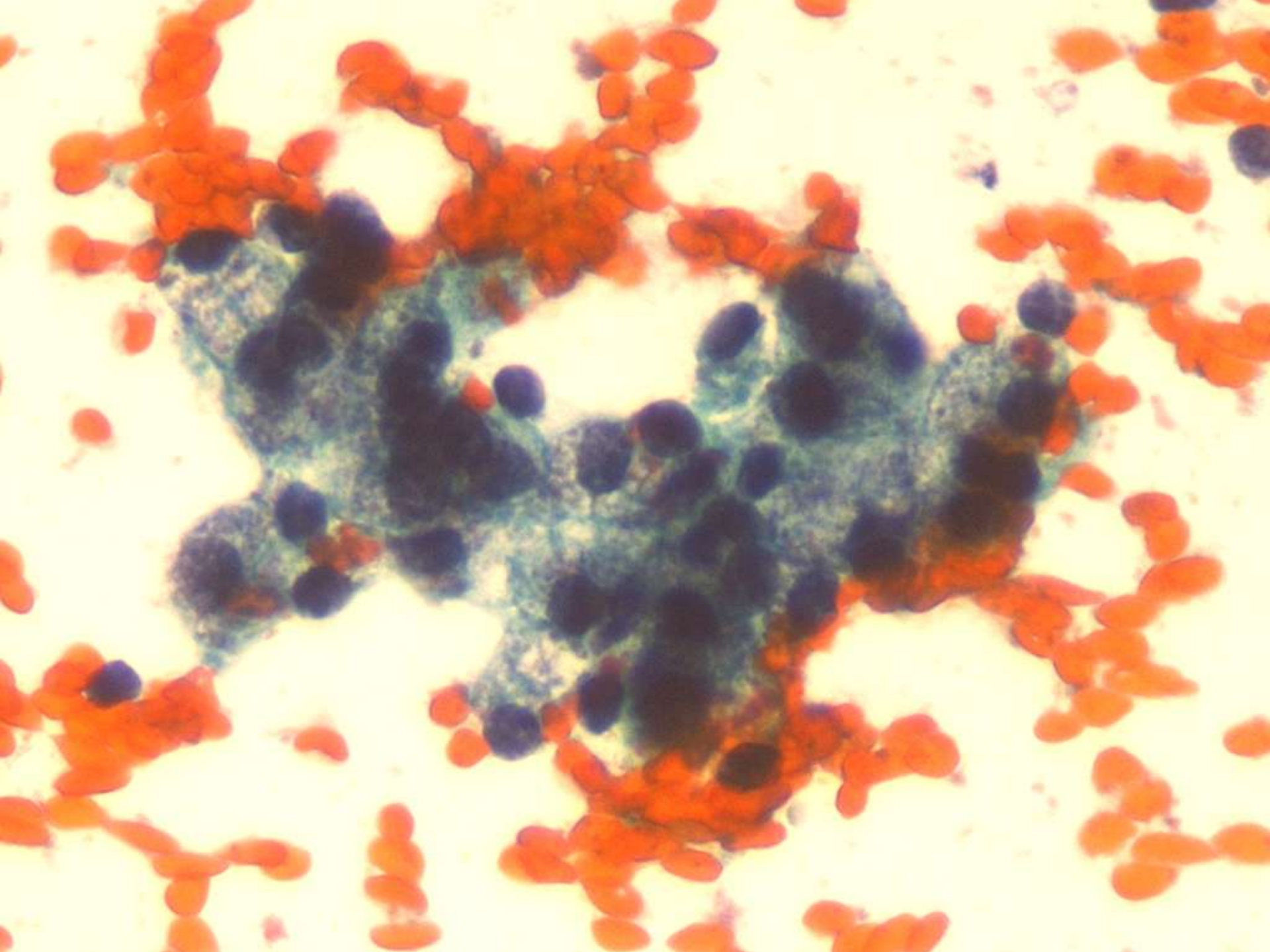
Cytological characteristics of acinic cell carcinoma (ACC) diagnosed by fine-needle aspiration biopsy (FNAB). A study of four cases.

[Article in English, Spanish]

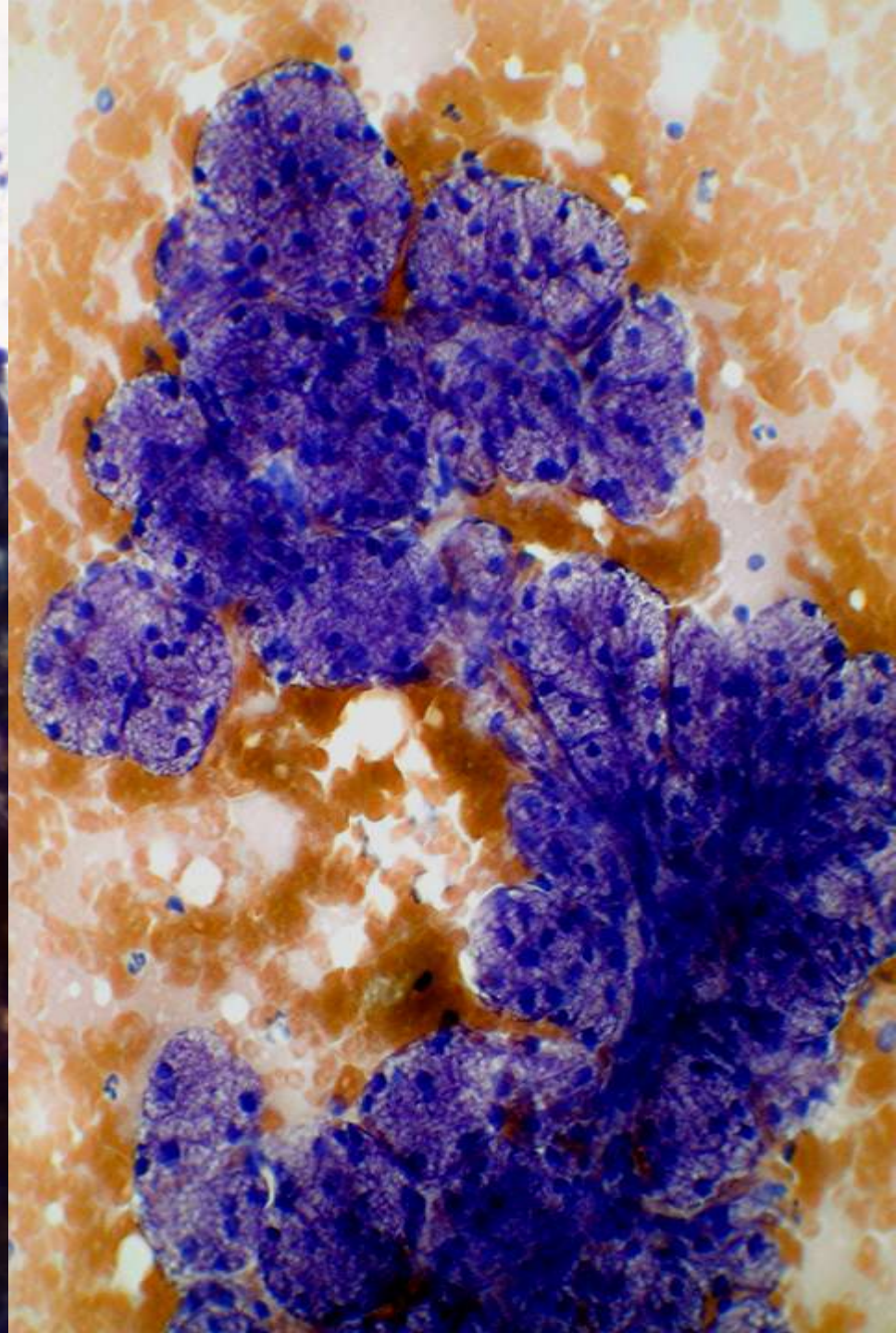
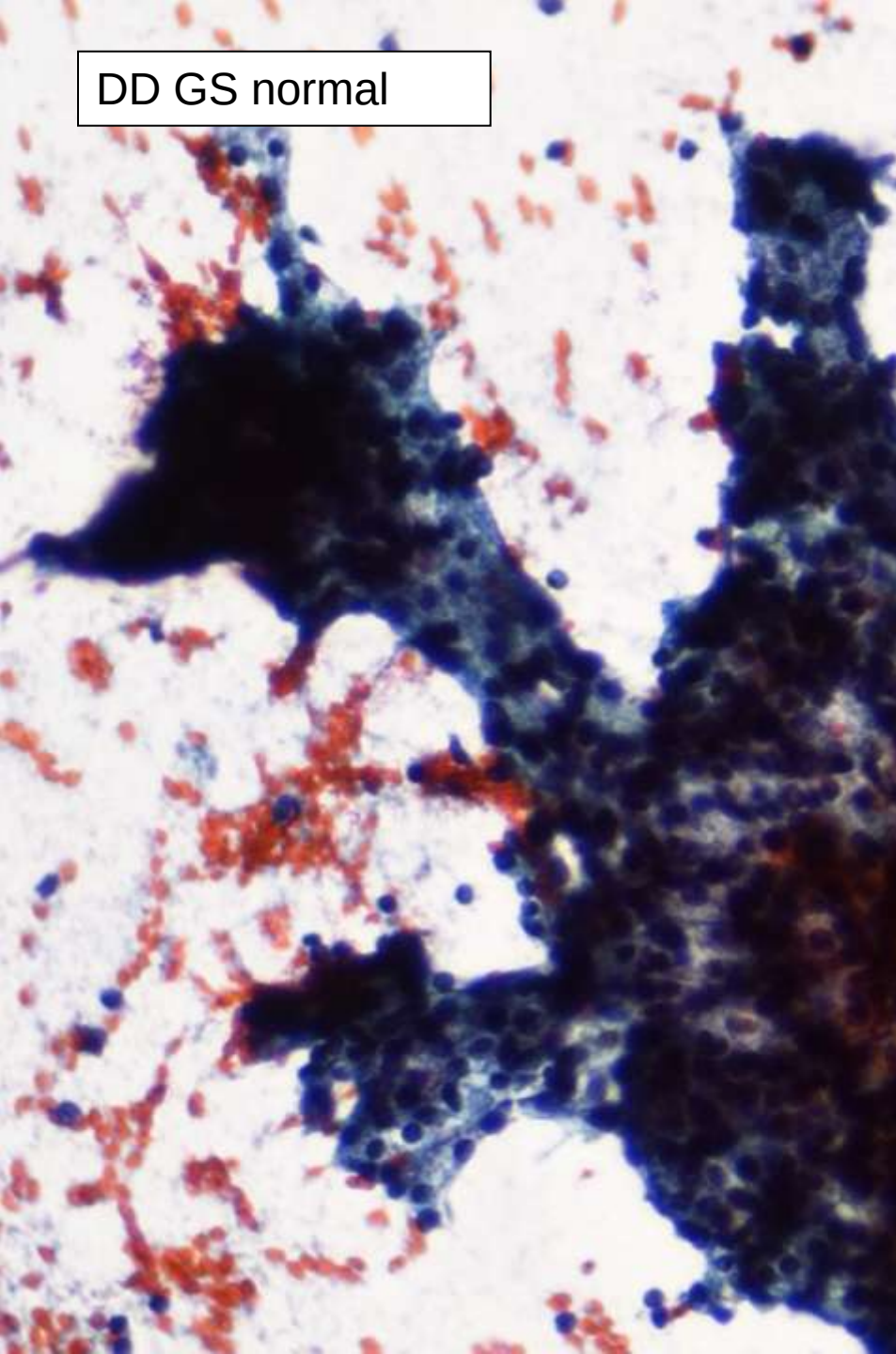
[Prieto-Rodriguez M](#), [Artes-Martinez MJ](#), [Navarro-Hervas M](#), [Camanas-Sanz A](#), [Vera-Sempere FJ](#).

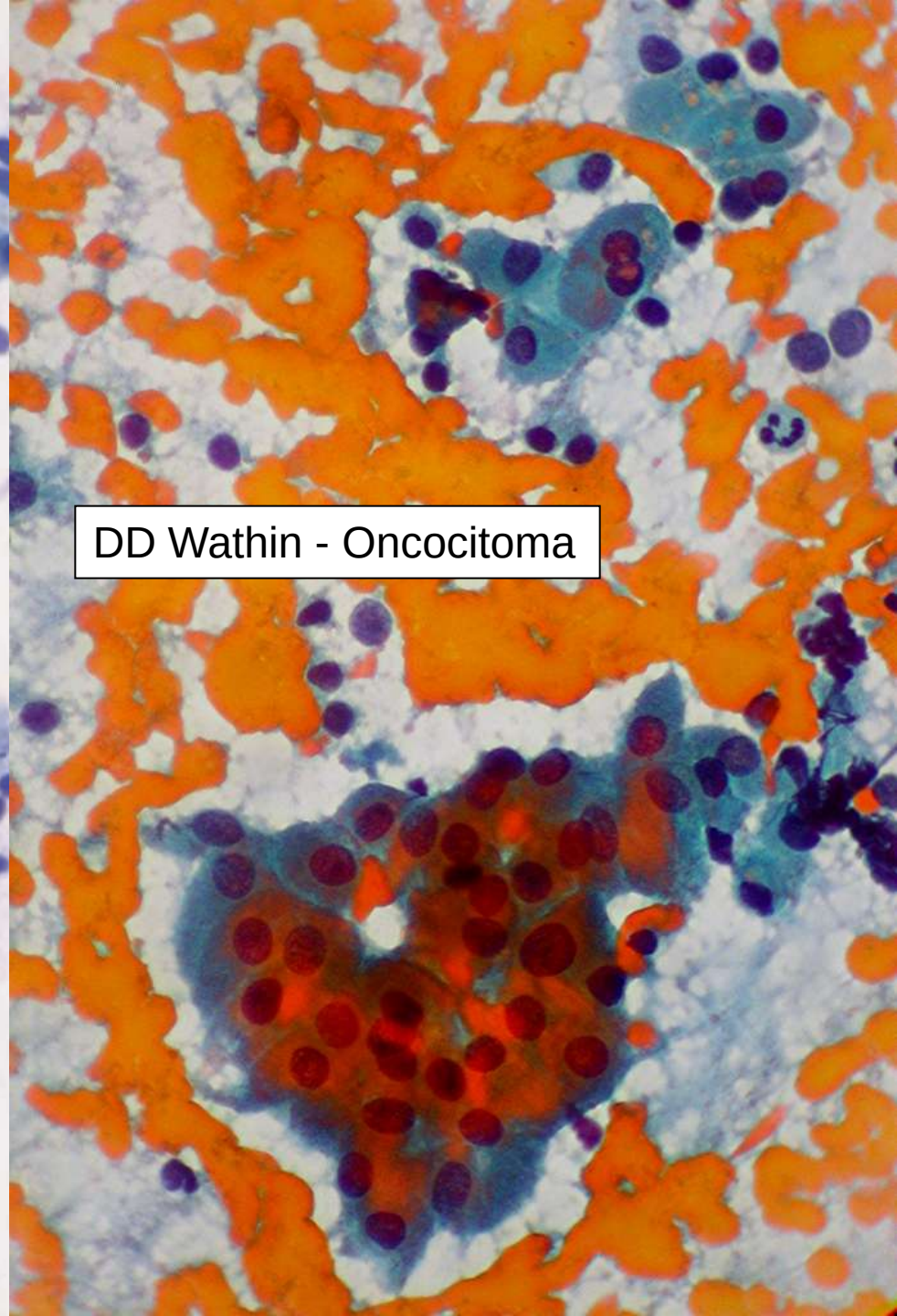
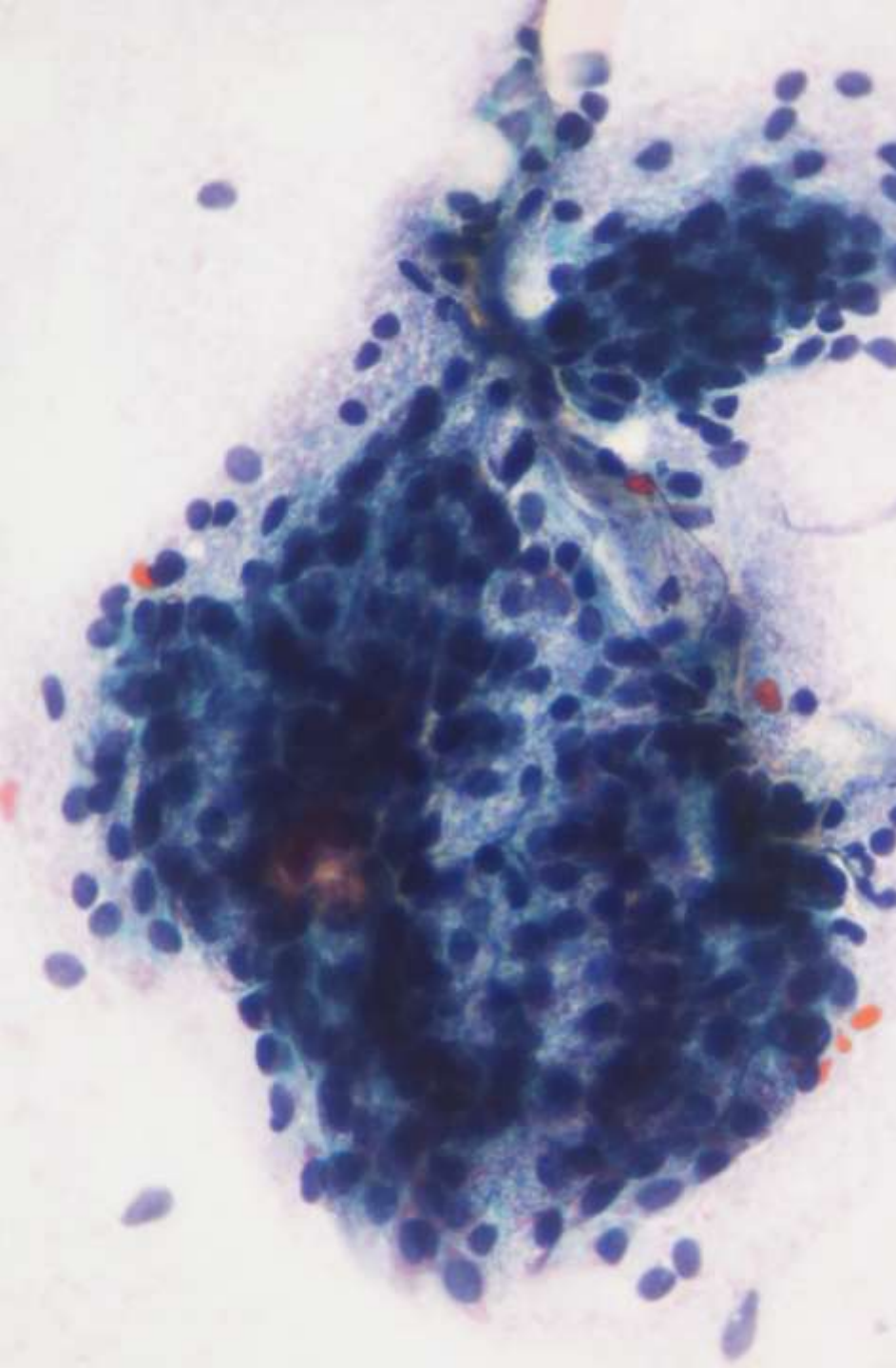
Hospital Universitario La Fe, Valencia, Spain.

OBJECTIVE: To present the cytopathological characteristics of acinic cell carcinoma (ACC) as well as its cyto-histological correlation, commenting on the differential diagnostic problems of this entity based on four observations studied using fine-needle aspiration biopsy (FNAB). **CLINICAL CASES:** Two males of 52 and 53 years of age, one 79 year-old woman and a girl of 12 years of age, who presented tumors located in the parotid area (cases 1, 2 and 4) and at the laterocervical level (case 3). In 3 patients, the FNAB was, together with the image studies, the first diagnostic indication; case 3 corresponding to a puncture of metastatic laterocervical adenopathies in a patient with a history of parotid ACC. **CYTOLOGICAL FINDINGS:** The cytologic smears revealed abundant tumoral cellularity arranged in small monolayered sheets, forming acinar structures or isolated cells. The abundance of bare nuclei at the background of the smears, and the absence of adipose tissue and ductal epithelium are highlighted. The cells possessed round or oval monomorphic nuclei, few nucleoli and abundant granular or finely vacuolate cytoplasm. **DISCUSSION:** FNAB provides essential information on the diagnostic-therapeutic management of salivary gland tumors; this methodology is highly sensitive in its diagnostic efficacy. The diagnosis of ACCs frequently presents difficulties, owing to the great cytologic similarity of the tumor cells with the normal acinar component of the salivary gland. The differential diagnosis is considered, fundamentally, with clear cell carcinomas, mucoepidermoid carcinomas, Warthin's tumor, and oncocytomas. Our observations confirm the validity of FNAB in a first diagnostic approximation for those lesions accessible to direct puncture.



DD GS normal



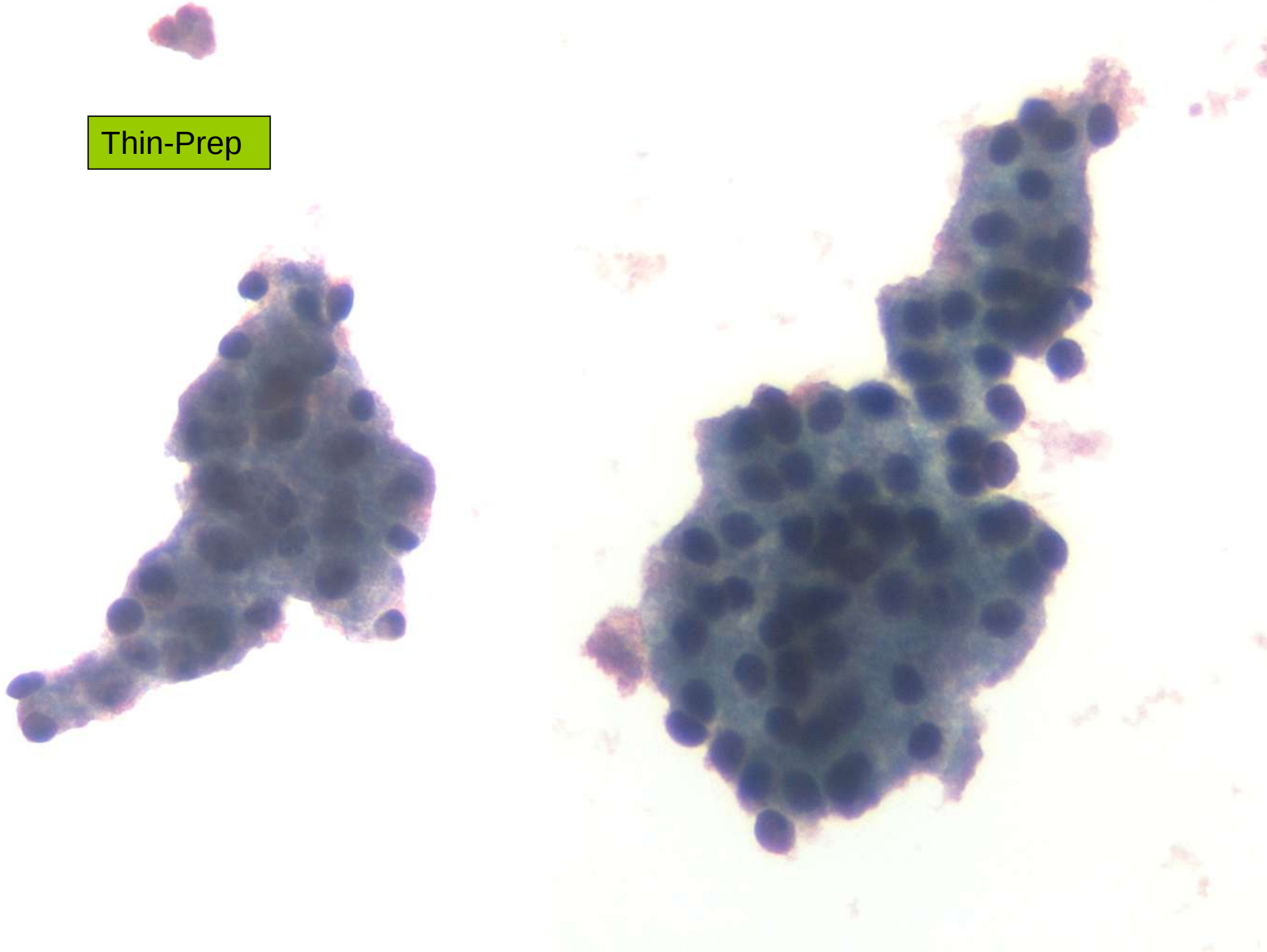


DD Wathin - Oncocytoma

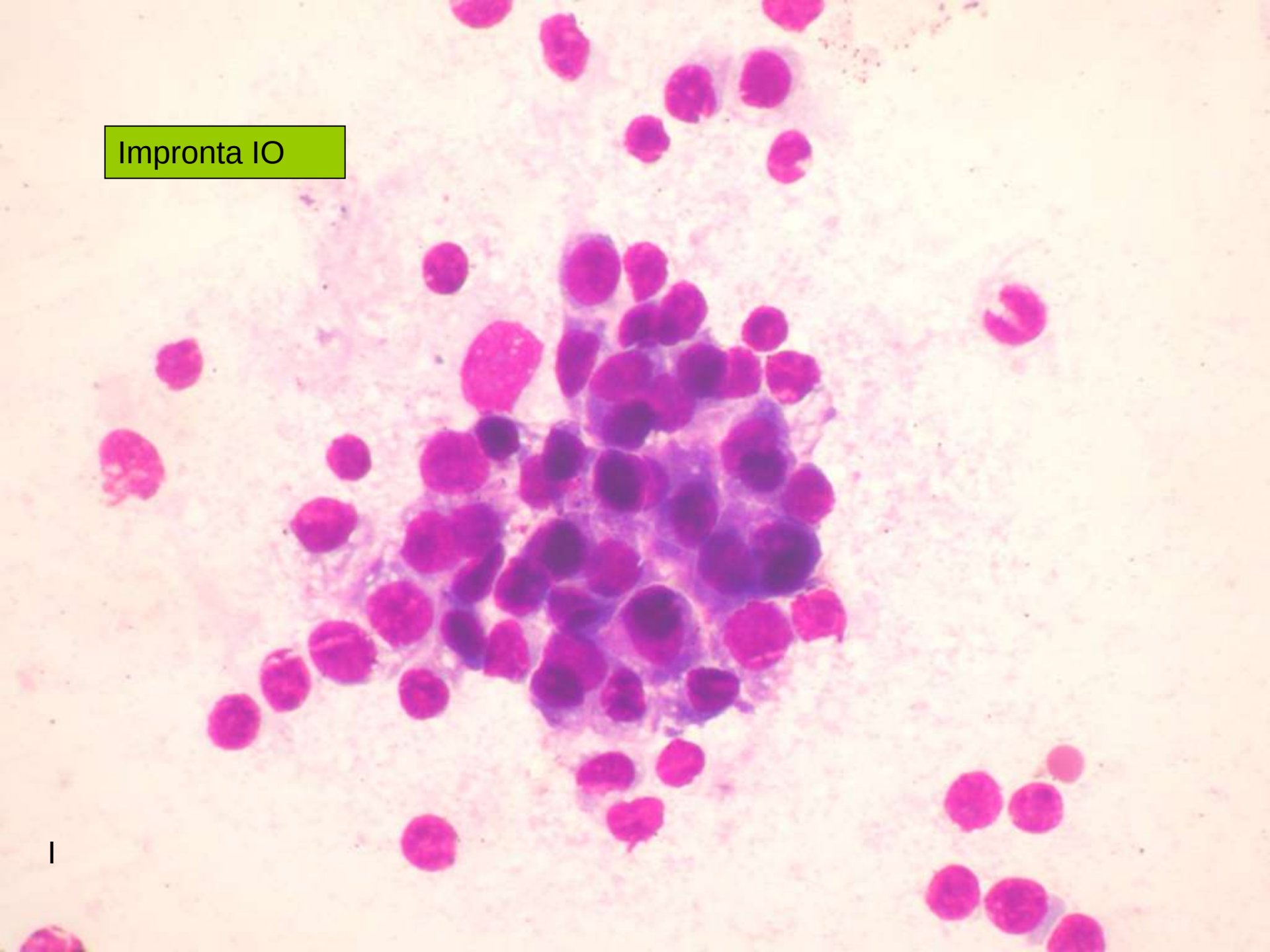
Ca. células renales

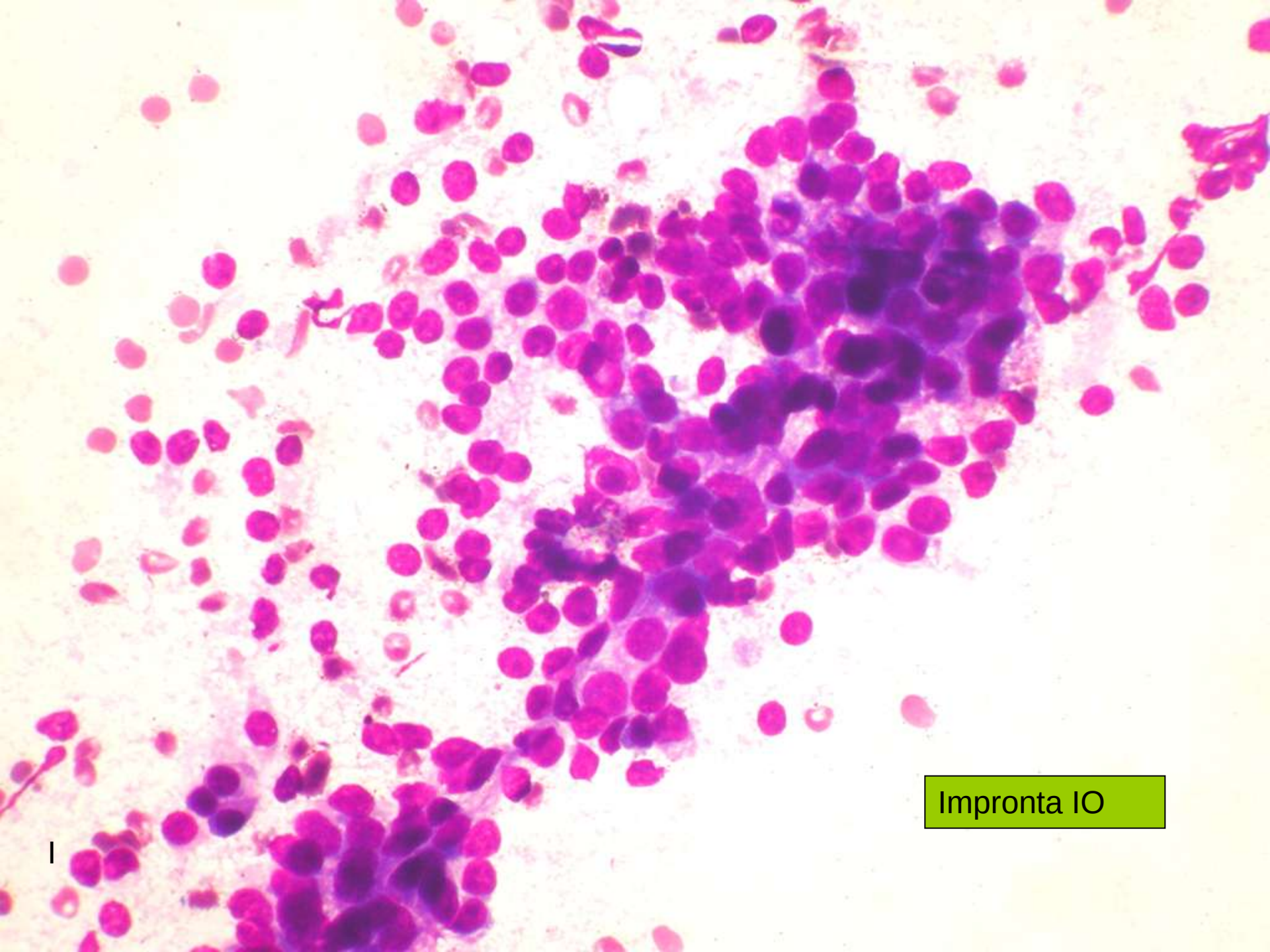
- Historia
- CD10 y EMA +
- CK7 -

Thin-Prep



Impronta IO





Impronta IO

Posibilidades de realizar un diagnóstico

Casi siempre	Algunas veces	Generalmente “descriptivo”
Adenoma pleomorfo	Ca. Adenoquístico	Adenoma c. basales tubulotrabeular y sólido
Tumor de Warthin	Ca. Mucoepidermoide BG	Ca. Mucoepidermoide AG
Sialoadenitis aguda y crónica	Ca. ex - adenoma pleomorfo	Ca. ductal de GGSS
Adenoma c. basales membranoso	Metástasis	Adenoca. Polimorfo BG
Ganglio linfático reactivo	Ca. de células pequeñas	Adenoca. c. basales
Linfoma	Mucocele	Ca. epitelial-mioepitelial
	Oncocitoma	
	Sialoadenitis linfoepitelial	
	Ca. células acinares	

WC Faquin y CN Powers. Salivary Gland Cytopathology. Ed. DL Rosenthal. Ed. Springer Science+Business Media, New York, 2008.

Arch Pathol Lab Med. 2005;129:26-31

Pitfalls in salivary gland fine-needle aspiration cytology: lessons from the College of American Pathologists Interlaboratory Comparison Program in Nongynecologic Cytology.

[Hughes JH, Volk EE, Wilbur DC; Cytopathology Resource Committee, College of American Pathologists.](#)

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Falsos positivos	Falsos negativos
Adenoma monomorfo	Linfoma
Ganglio intraparotídeo	Ca. células acinares
Oncocitoma	Ca. mucoepidermoide BG
Sialoadenitis granulomatosa	Ca. adenoquístico

WC Faquin y CN Powers. Salivary Gland Cytopathology. Ed. DL Rosenthal. Ed. Springer Science+Business Media, New York, 2008.