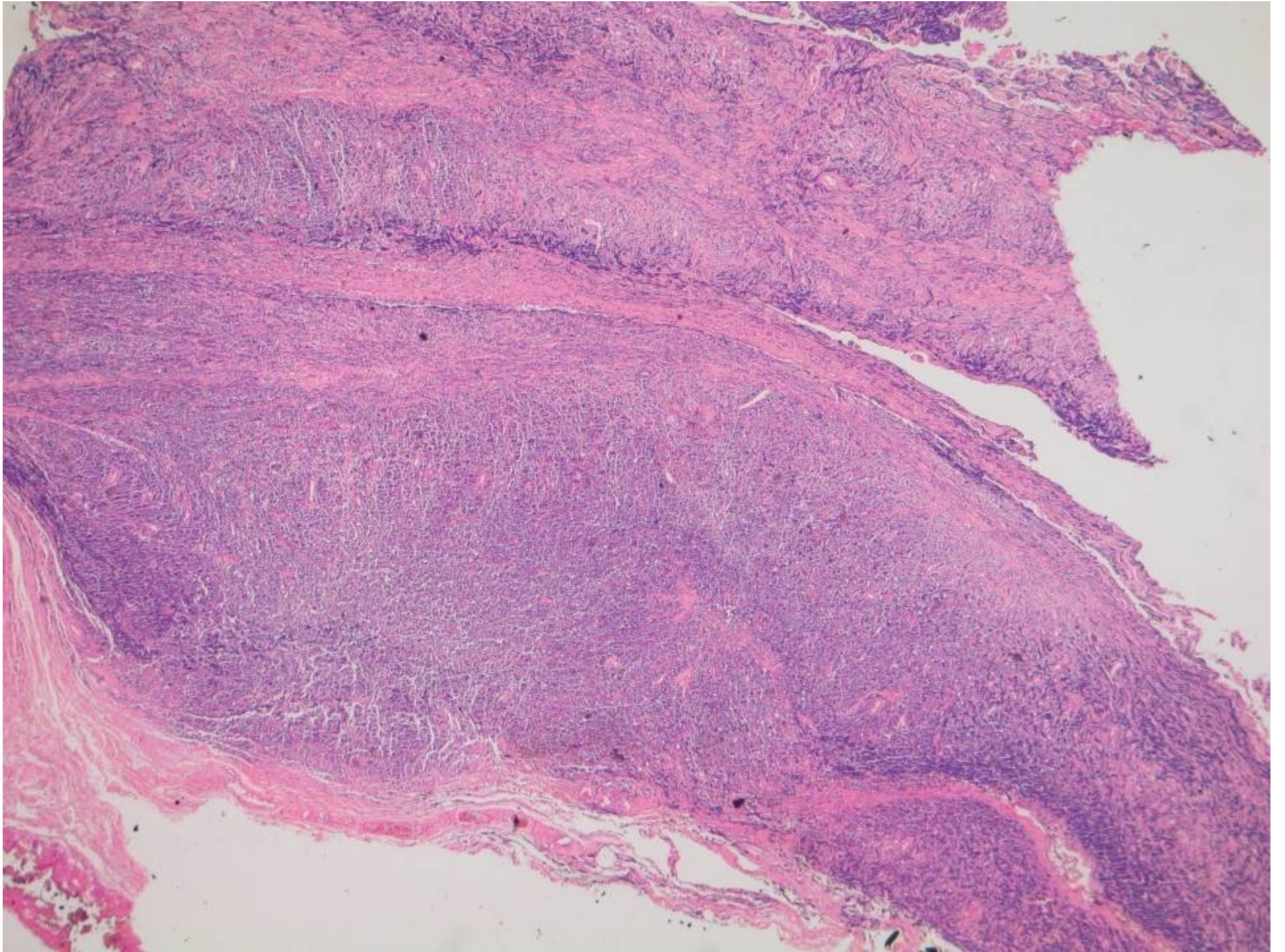

CASO DO MÊS

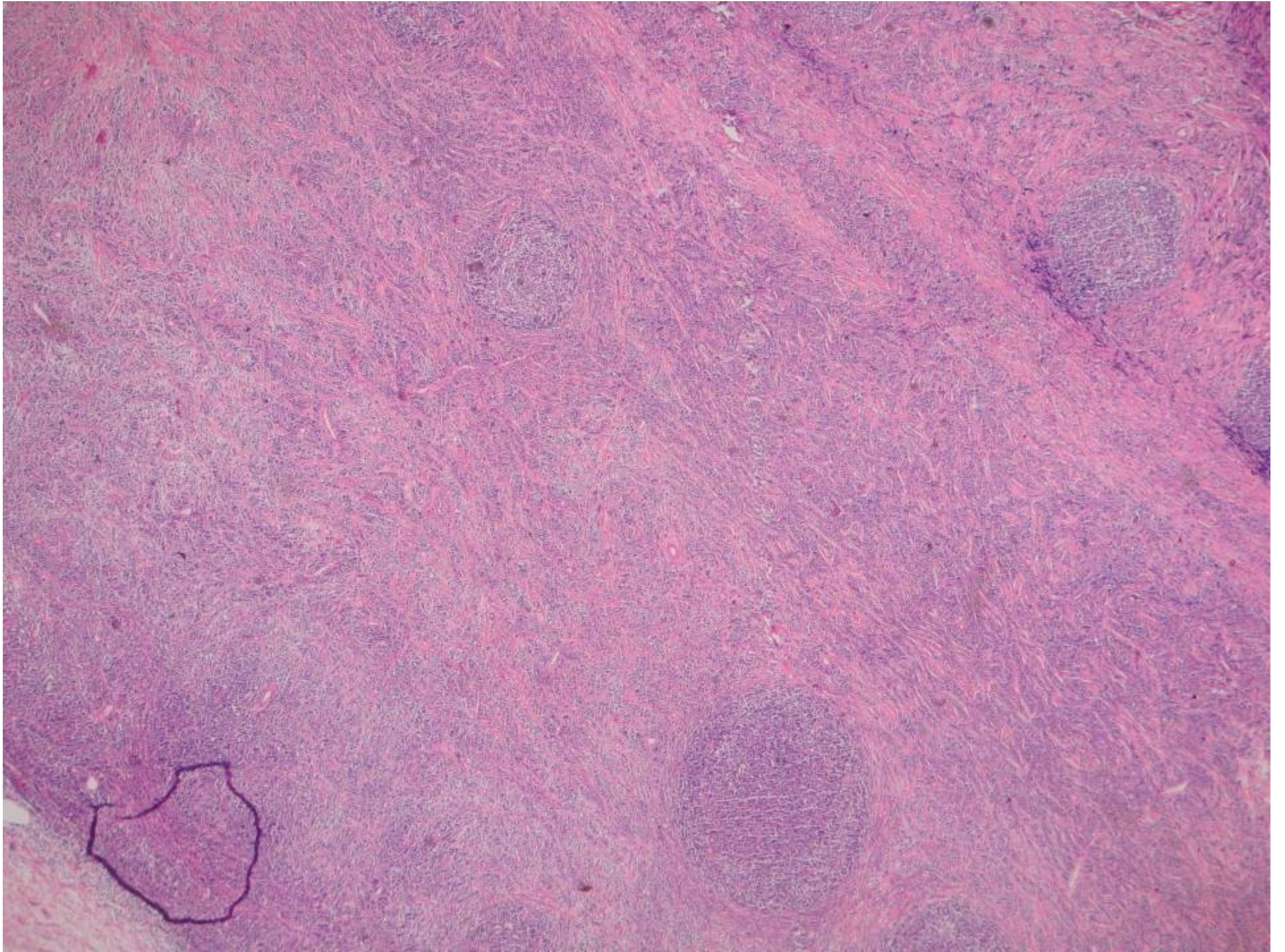
Sociedade Brasileira de Patologia

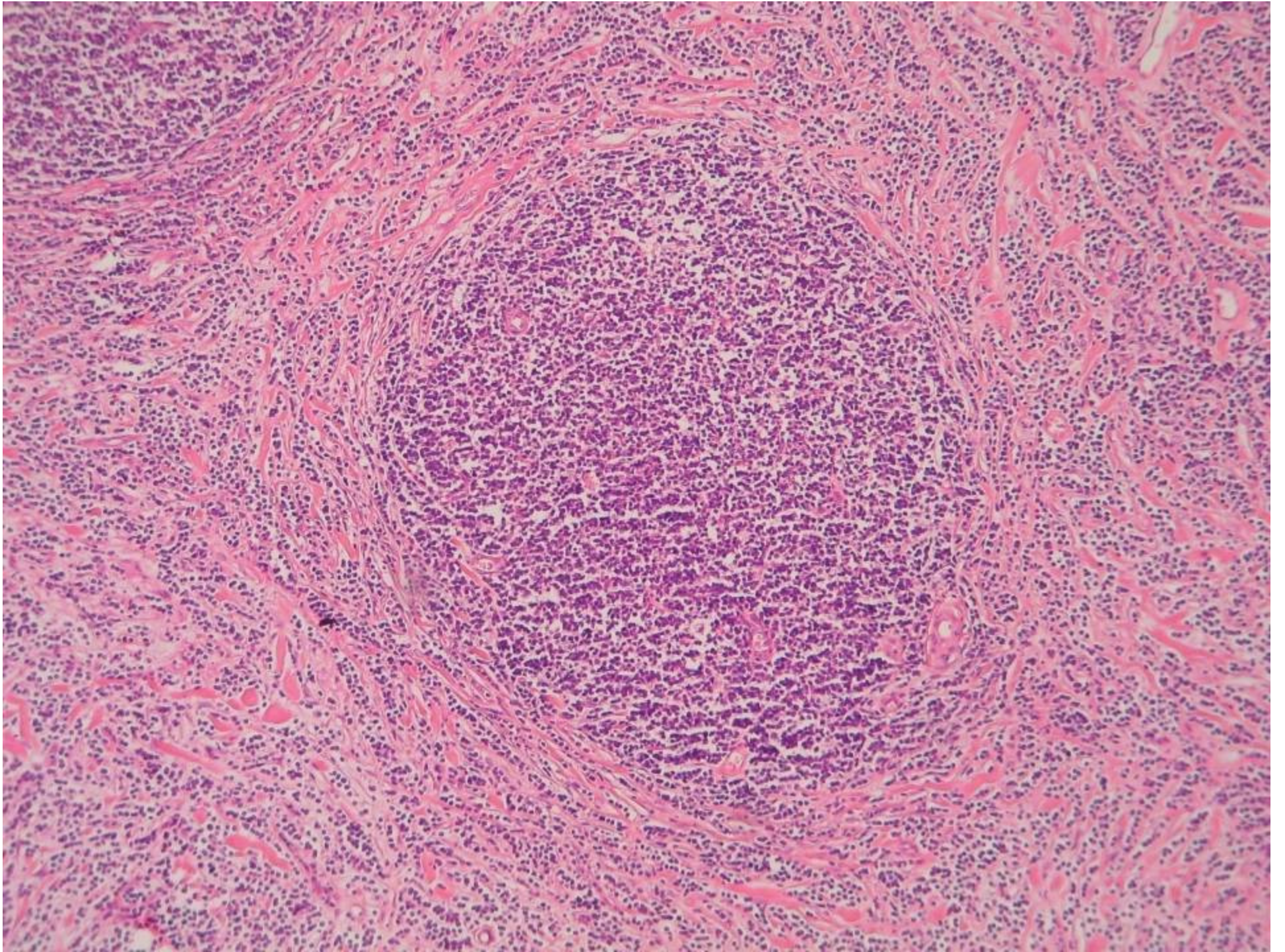
Rodrigo Vismari de Oliveira

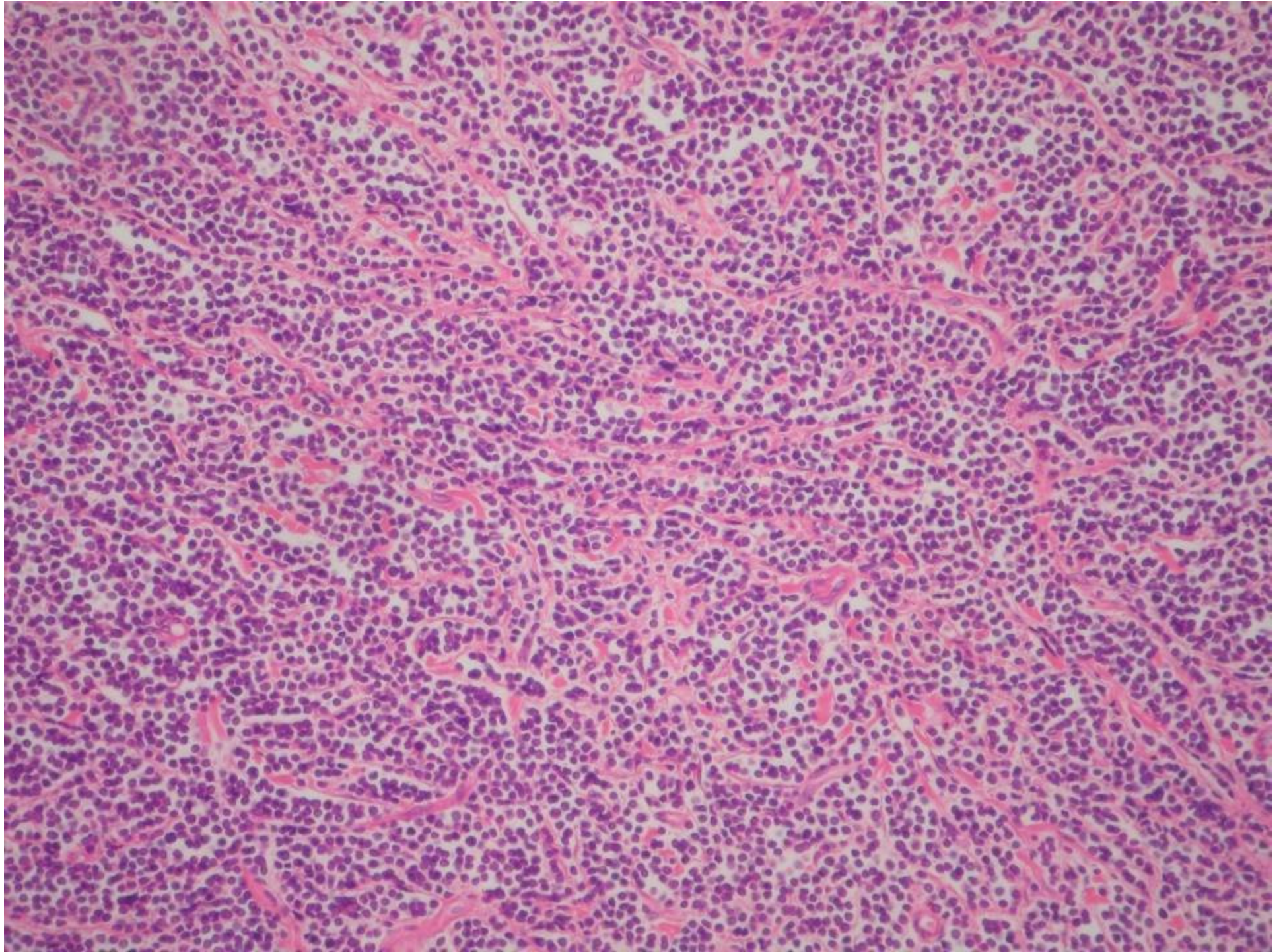
DADOS CLÍNICOS

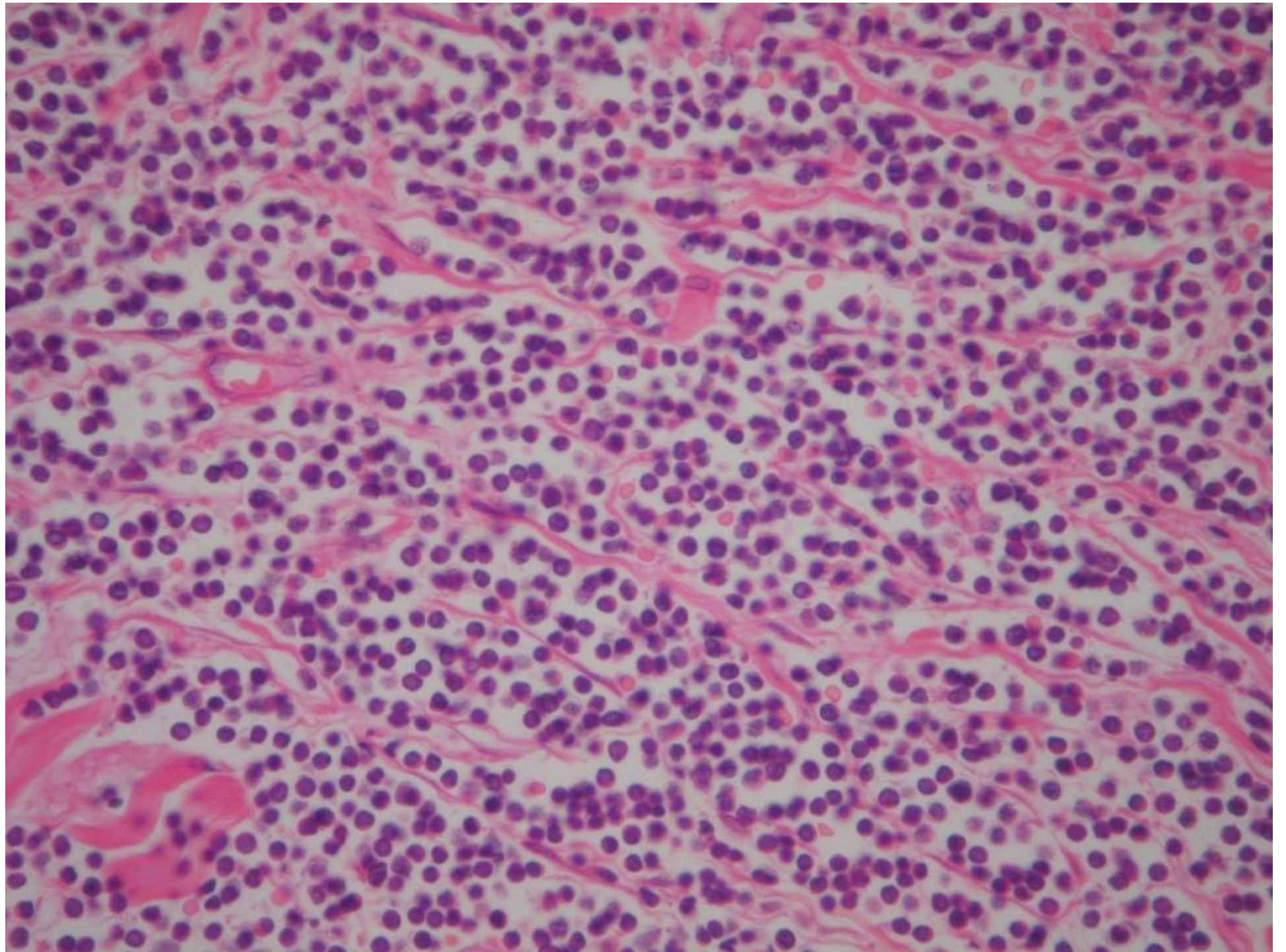
- Masculino, 21 anos
 - Produto de exérese de lesão de pele enviada pela Cirurgia Plástica sem informações clínicas
 - Lesão enviada como “tumor de pele”, medindo 4,5 x 3 x 0,5 cm
-

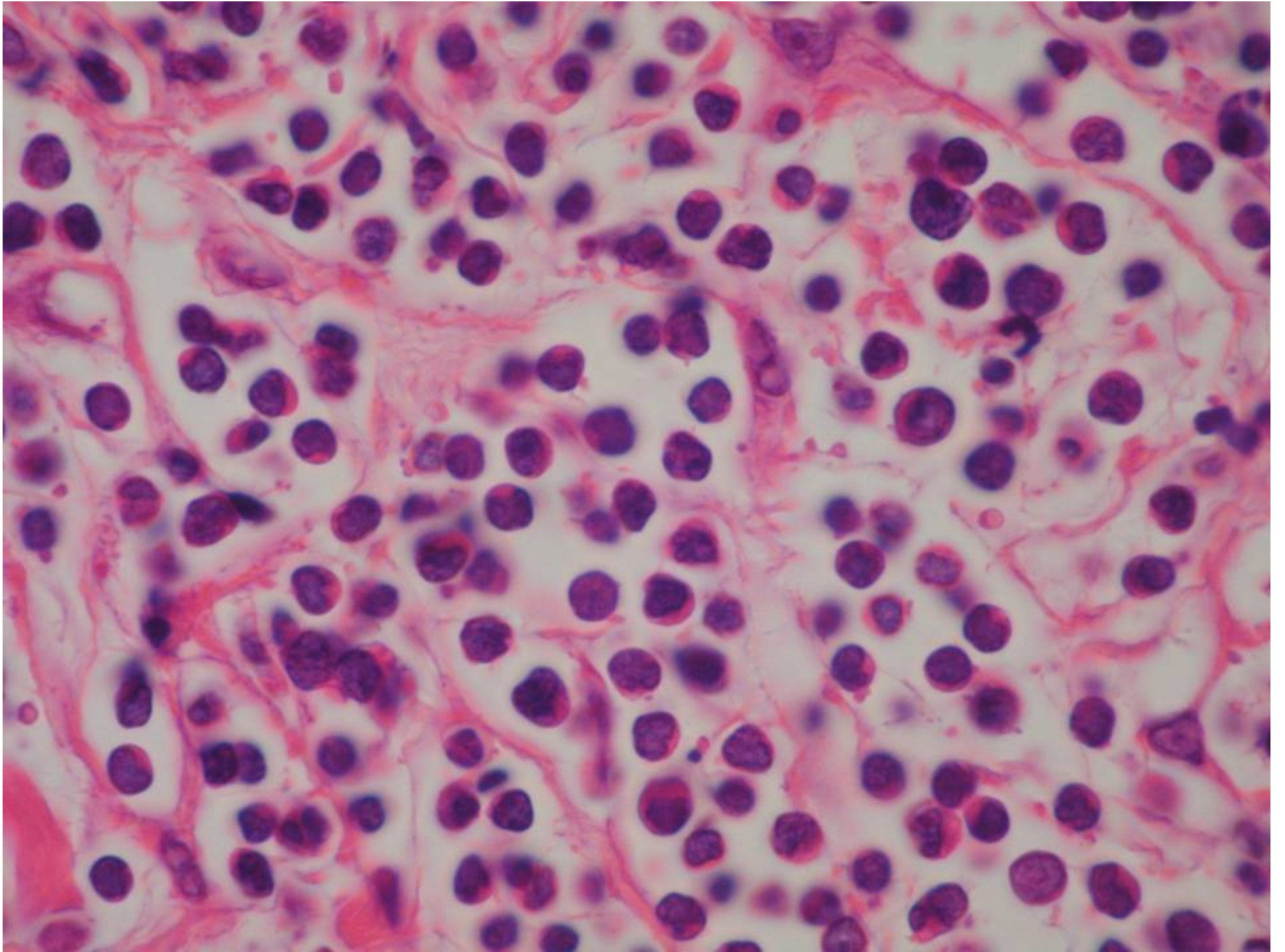


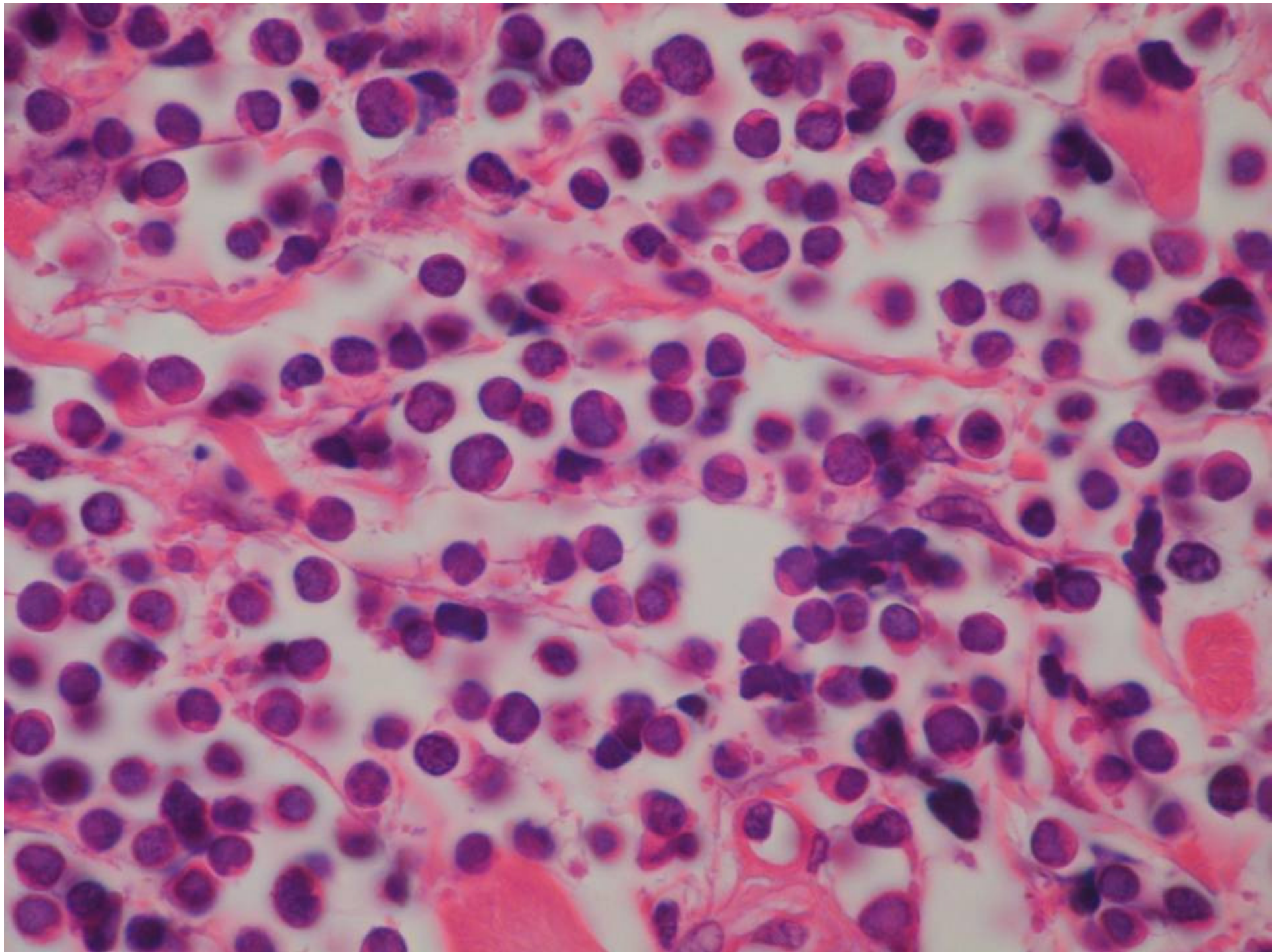






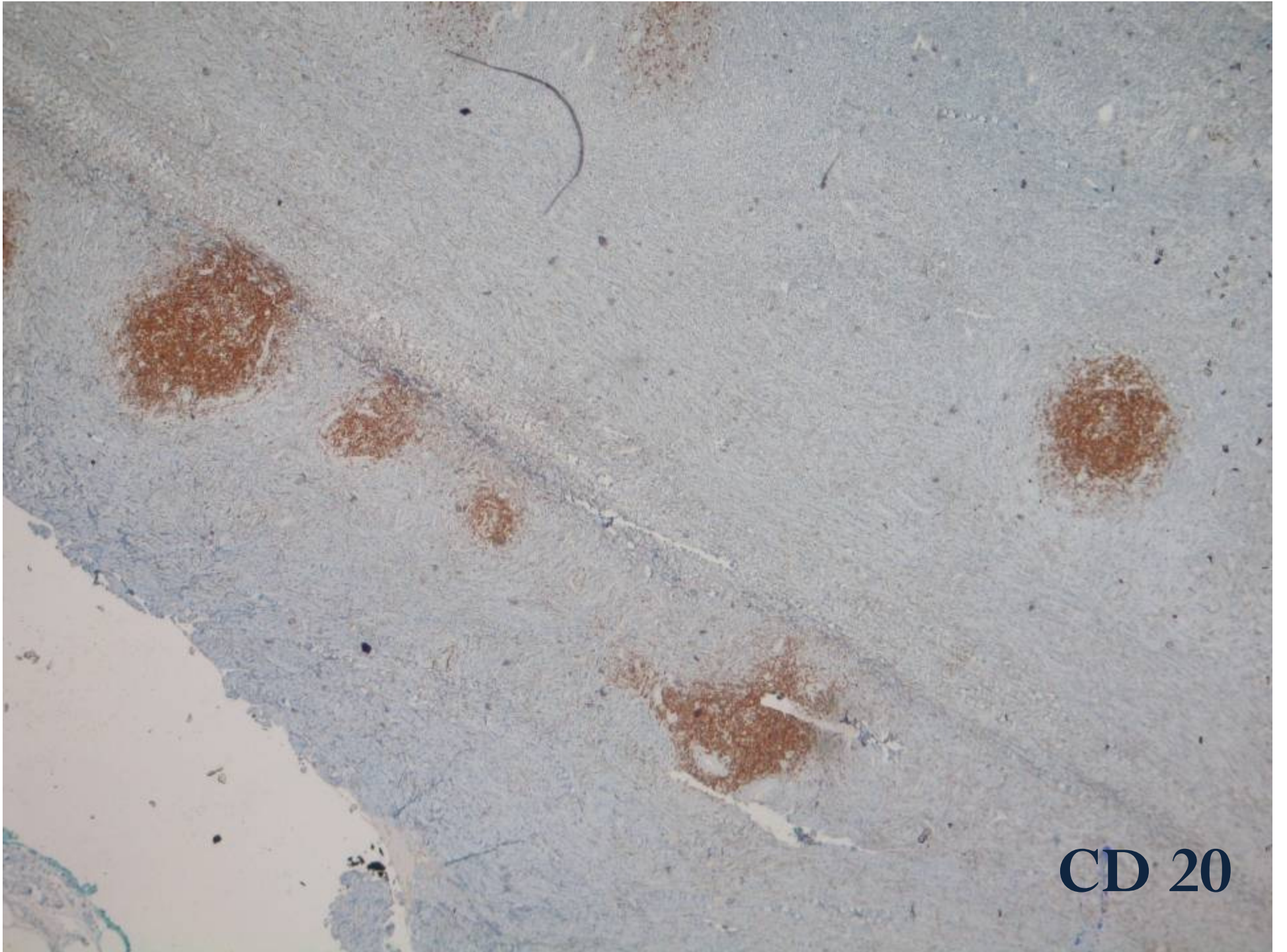




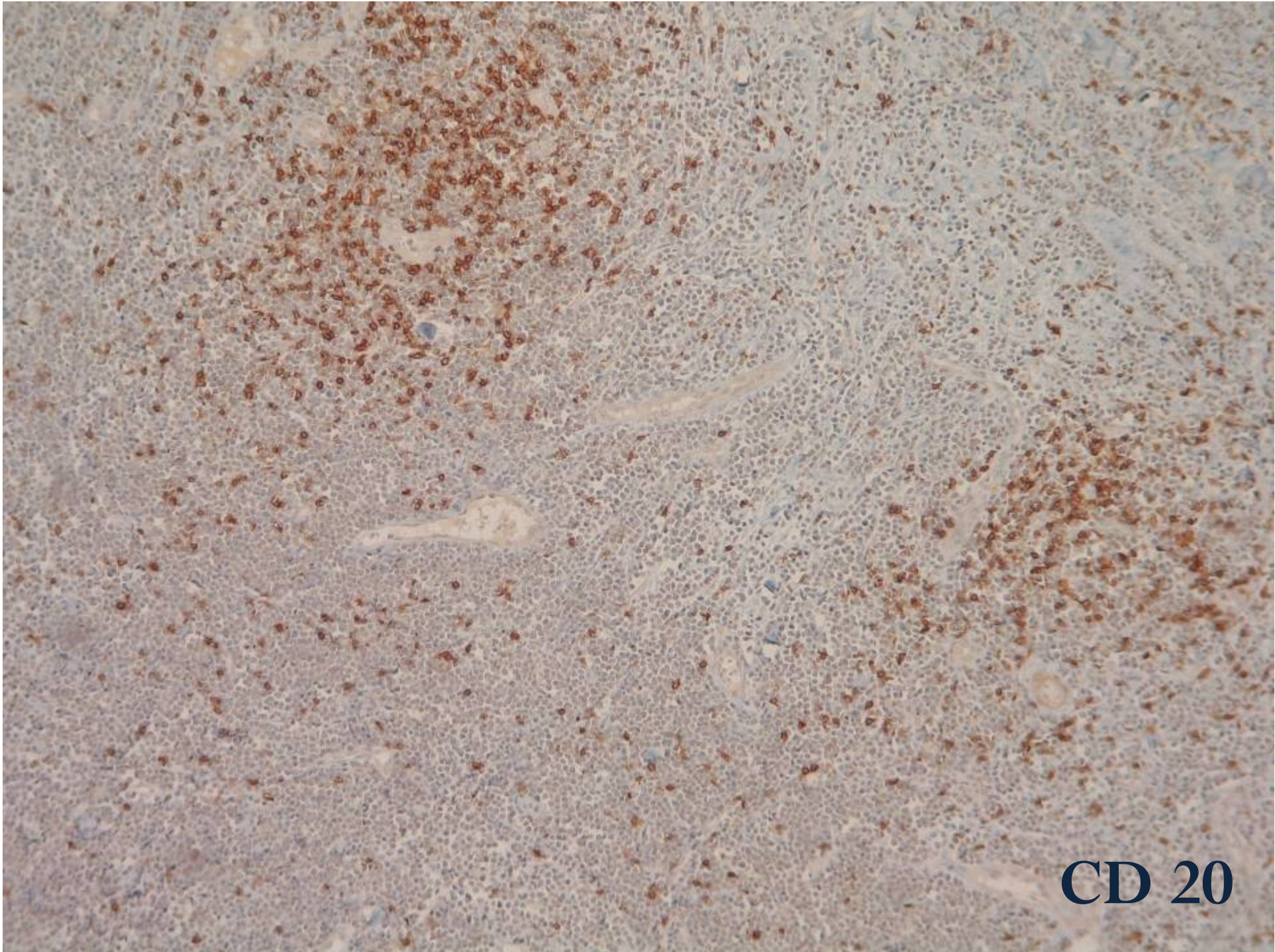


Hipóteses diagnósticas

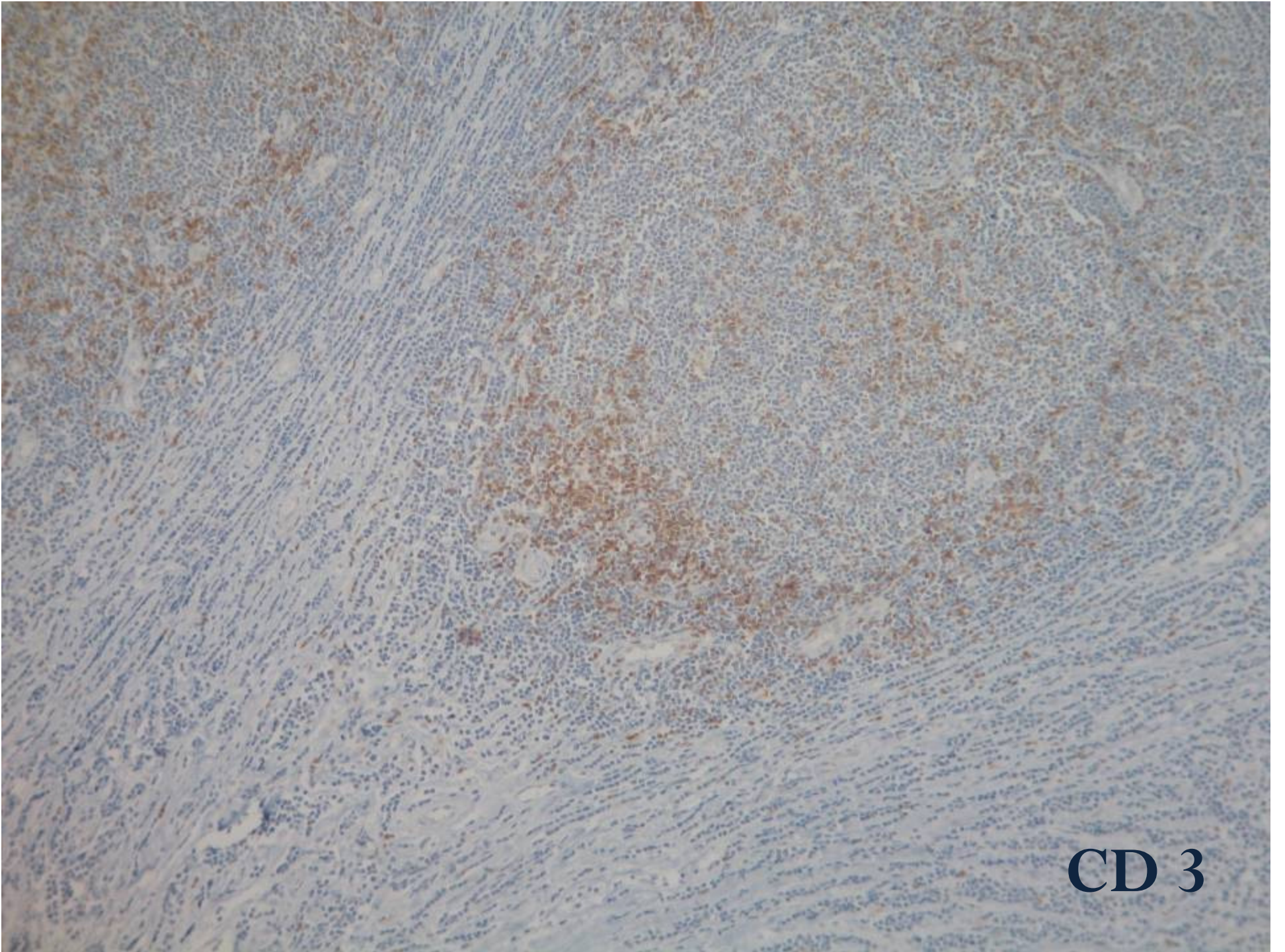
- Linfoma não-Hodgkin de baixo grau histológico ?
 - Linfoma folicular? Manto blastóide?
 - expressão de imunoglobulinas?
 - Linfoma linfoblástico/LLA ?
 - Sarcoma granulocítico?
-



CD 20



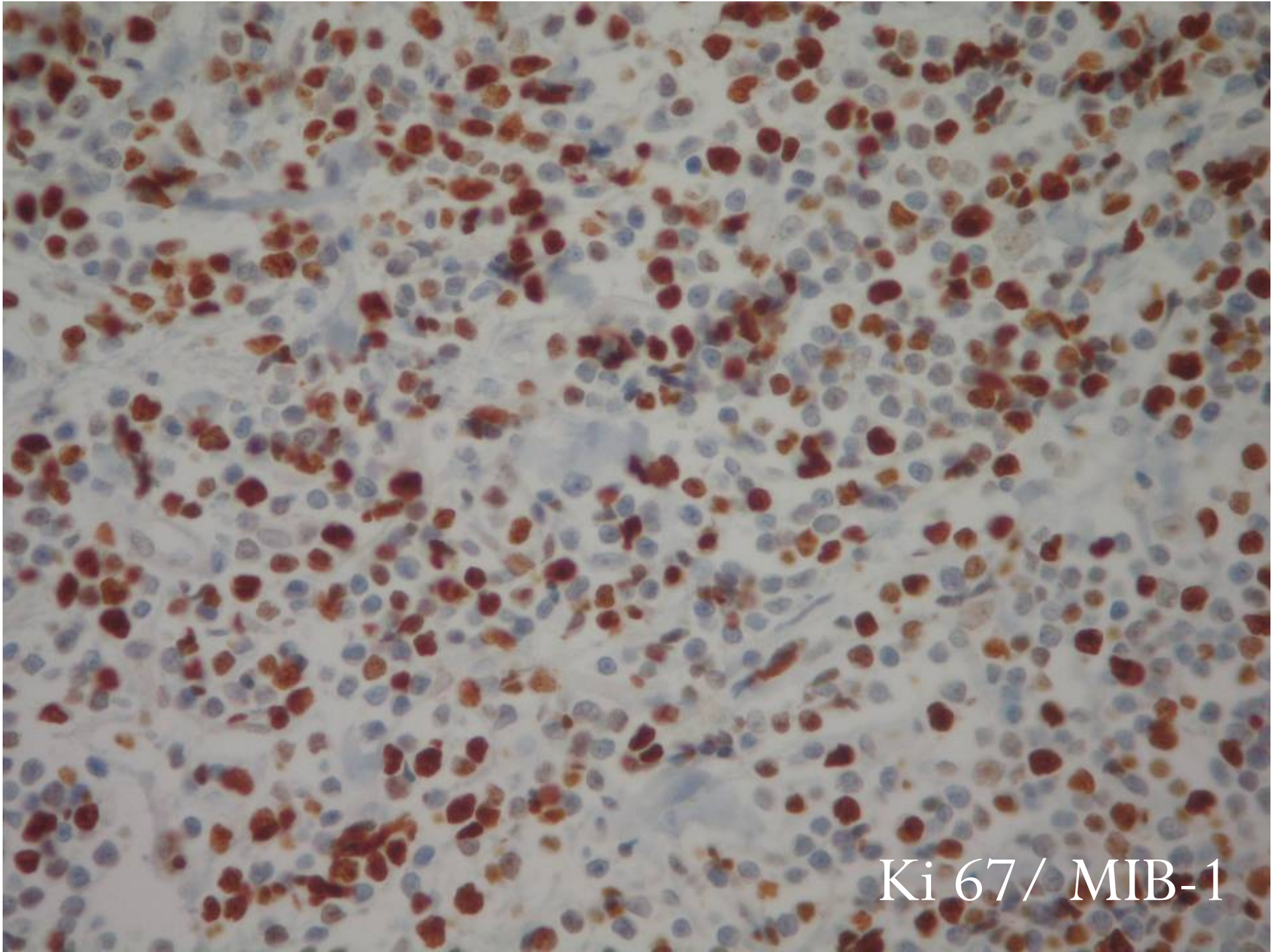
CD 20



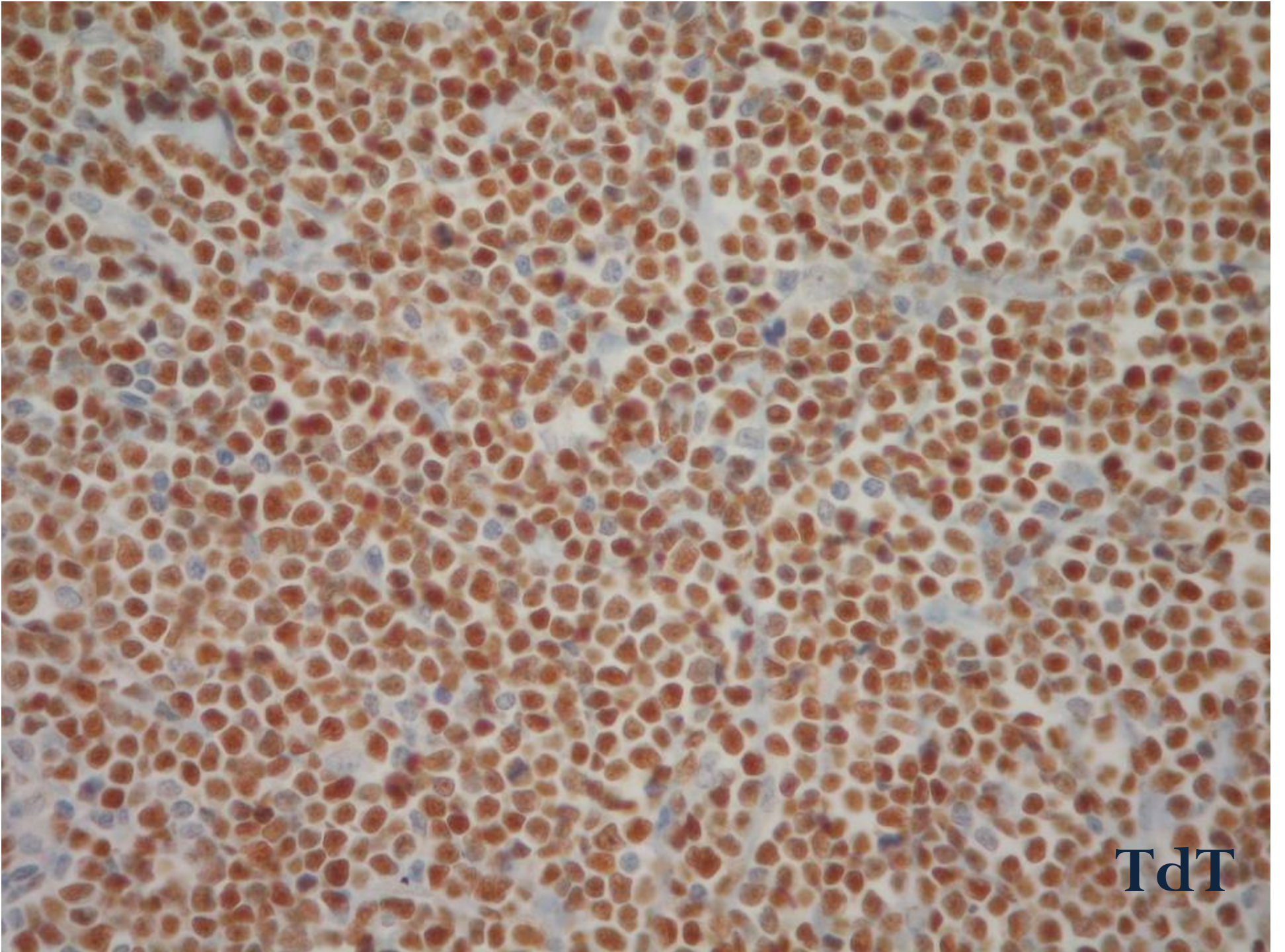
CD 3

Marcadores negativos

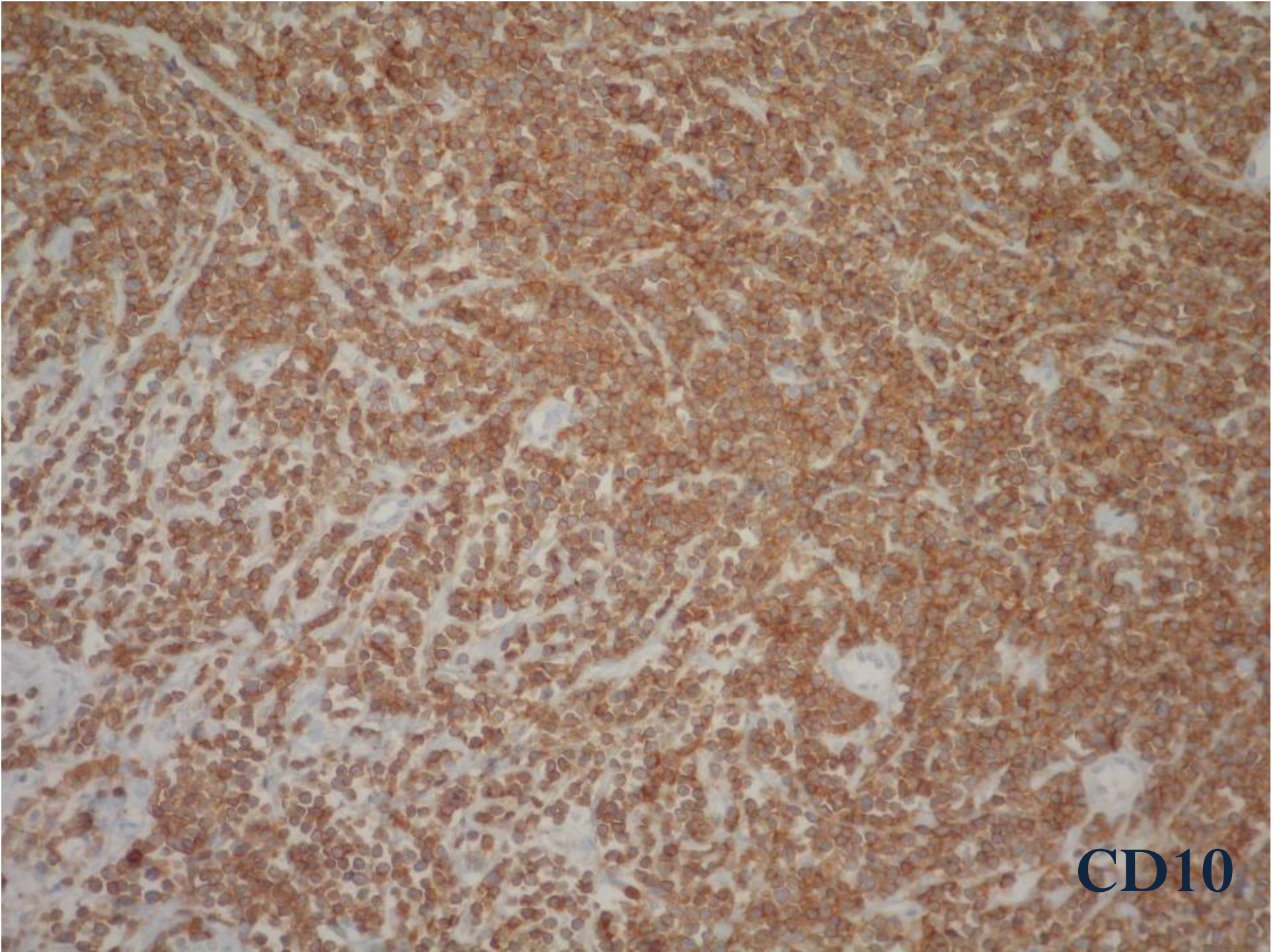
- **CD 5**
 - **Ciclina D1**
 - **CD 23**
 - **Kappa e lambda**
 - **Lisozima**
 - **Mieloperoxidase**
-



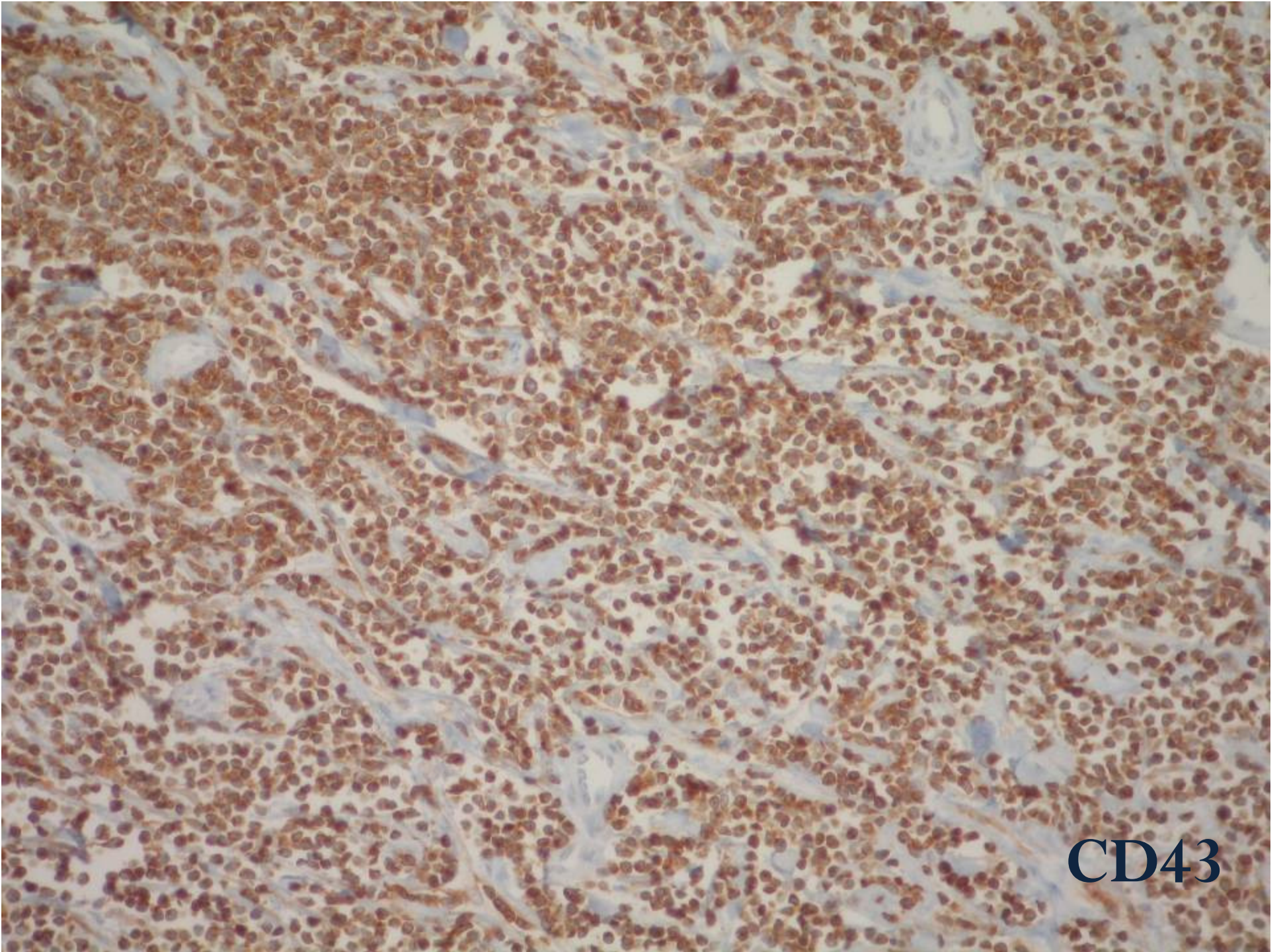
Ki 67/ MIB-1



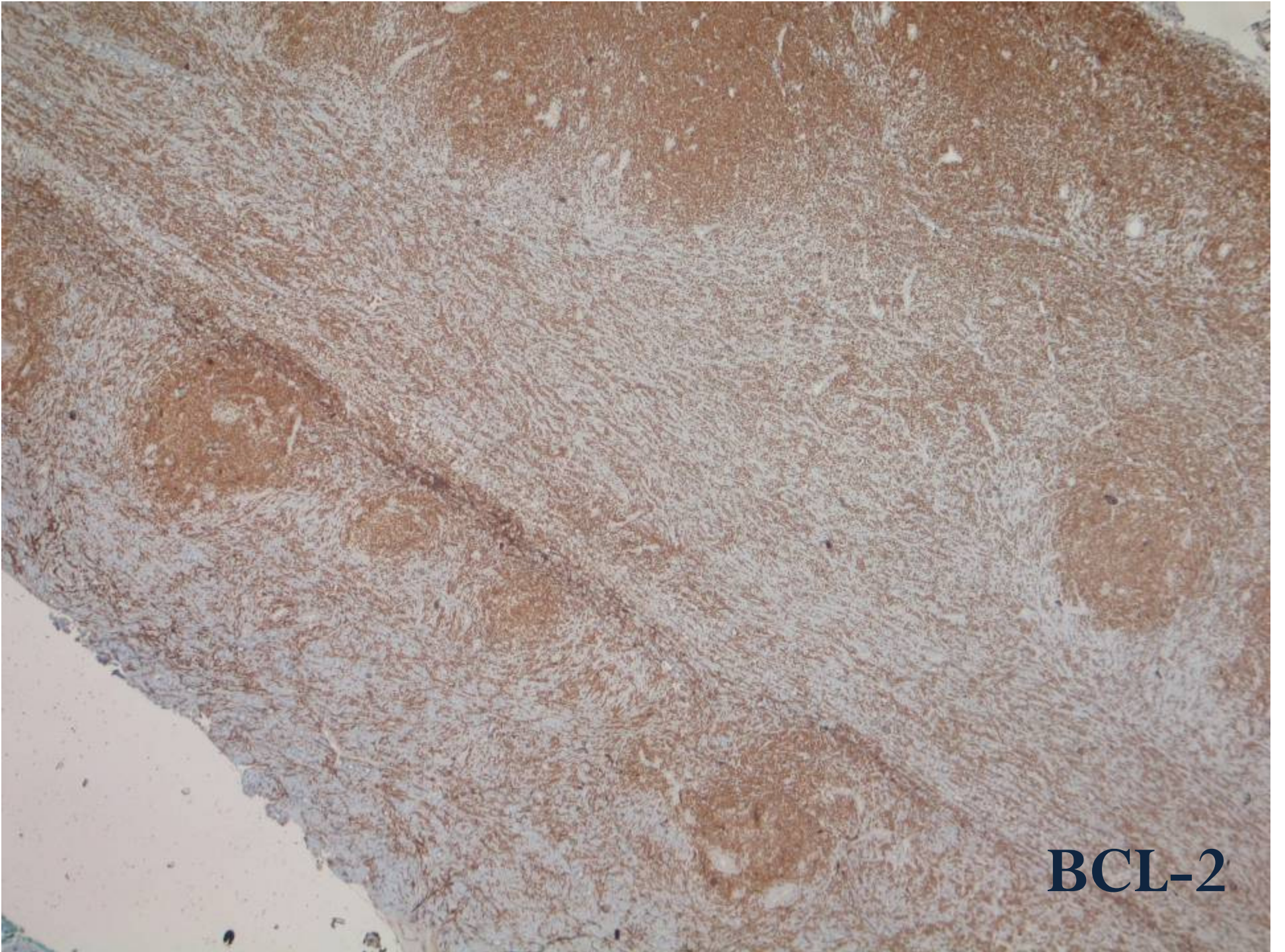
TdT



CD10



CD43



BCL-2

Em resumo

- **Marcadores positivos:**

CD20 (fraco)

CD43

TdT

BCL-2

CD10

Ki67 em cerca de 70% das células

- **Marcadores negativos:**

CD5

CD23

ciclina D1

Kappa e lambda

lisozima

mieloperoxidase

Qual é o diagnóstico mais provável?

Diagnóstico

Linfoma linfoblástico / LLA - B

Estadiamento

- Sangue periférico e medula óssea **não envolvidos** pela neoplasia
- Sem envolvimento de outros órgãos aos exames de imagem

Doença localizada!

Am J Clin Pathol 2001 June;115:868-875

*Precursor B-Cell Lymphoblastic Lymphoma
A Study of Nine Cases Lacking Blood and Bone Marrow
Involvement and Review of the Literature*

*Anirban Maitra, MD, Robert W. McKenna, MD, Arthur G. Weinberg,
MD,*

Nancy R. Schneider, MD, PhD, and Steven H. Kroft, MD

Key Words: Lymphoblastic lymphoma; Precursor B-cell lymphoma,
Precursor B-cell ALL; Acute lymphoblastic leukemia

Resumo dos resultados

- M:F 1,25:1
 - 64% dos linf. linfoblásticos < 18 anos
 - 6/9 pacientes doença limitada
 - 9/9 sem envolvimento de sangue periférico e MO

 - **OMS: 80-85% LLA são imunofenótipo B, mas apenas 10% dos linfomas linfoblásticos são B!
-

Padrões de infiltração da pele

- **In case 1**, there was replacement of the papillary and reticular dermis by a strikingly nodular infiltrate that splayed the adnexal structures without effacing them. A well-demarcated grenz zone was seen, and the overlying epidermis was not ulcerated or infiltrated. While most of the cells constituting the infiltrate had lymphoblastic morphologic features, a minor component of mature lymphocytes was present
-

Padrões de infiltração da pele

- **In case 6**, a perivascular and periadnexal lymphoid infiltrate was observed that generally spared the papillary dermis and was more prominent in the deep dermis. In contrast with case 1, the majority of cells in the superficial areas of the biopsy specimen were mature lymphocytes; the lymphoblastic component was restricted to the subcutaneous fat.
-

IH - positividade

- TdT e CD34 – todos os casos
 - CD20 – parcialmente positivo em 5 de 7 casos
 - Immunohistochemical analysis **in case 6** showed expression of **TdT**, CD45, CD79a, **CD10**, and **CD43** and **lack of CD20**, CD3, CD5, CD8, CD56, TIA-1, and cyclin D1 expression. The neoplastic cells were **bcl-2** positive and had a **high proliferative index by MIB-1** labeling.
-

Diagnósticos diferenciais

- Linfoma do manto blastóide
 - Linfoma folicular
 - Outras neoplasias indiferenciadas de pequenas células
-

**A SOCIEDADE BRASILEIRA
DE PATOLOGIA AGRADECE
SUA PARTICIPAÇÃO.**
