



Décimo Sexto Encontro do Núcleo de Especialidades da SBP

Dra. Sheila Aparecida Coelho Siqueira
Sebastião Nunes Martins Filho
HC-FMUSP

Identificação

- ACM
- Sexo masculino
- 62 anos

História Clínica

- História da Doença Atual:
 - Junho 2011: quadro progressivo de pletora facial e dispnéia a decúbitos.
 - 21/12/2011: submetido a herniorrafia inguinal direita, com alta hospitalar no dia seguinte
 - 24/12/2011: internação em PS por quadro de confusão mental e oligúria
 - 25/12/2011: transferência para UTI da nefrologia do HC-FMUSP.

História clínica

- Antecedentes pessoais:
 - HAS
 - Obesidade
 - Ex- tabagista
 - Tumor carcinóide em pulmão em 2004 (sic)
 - Carcinoma folicular de tireóide (2012)

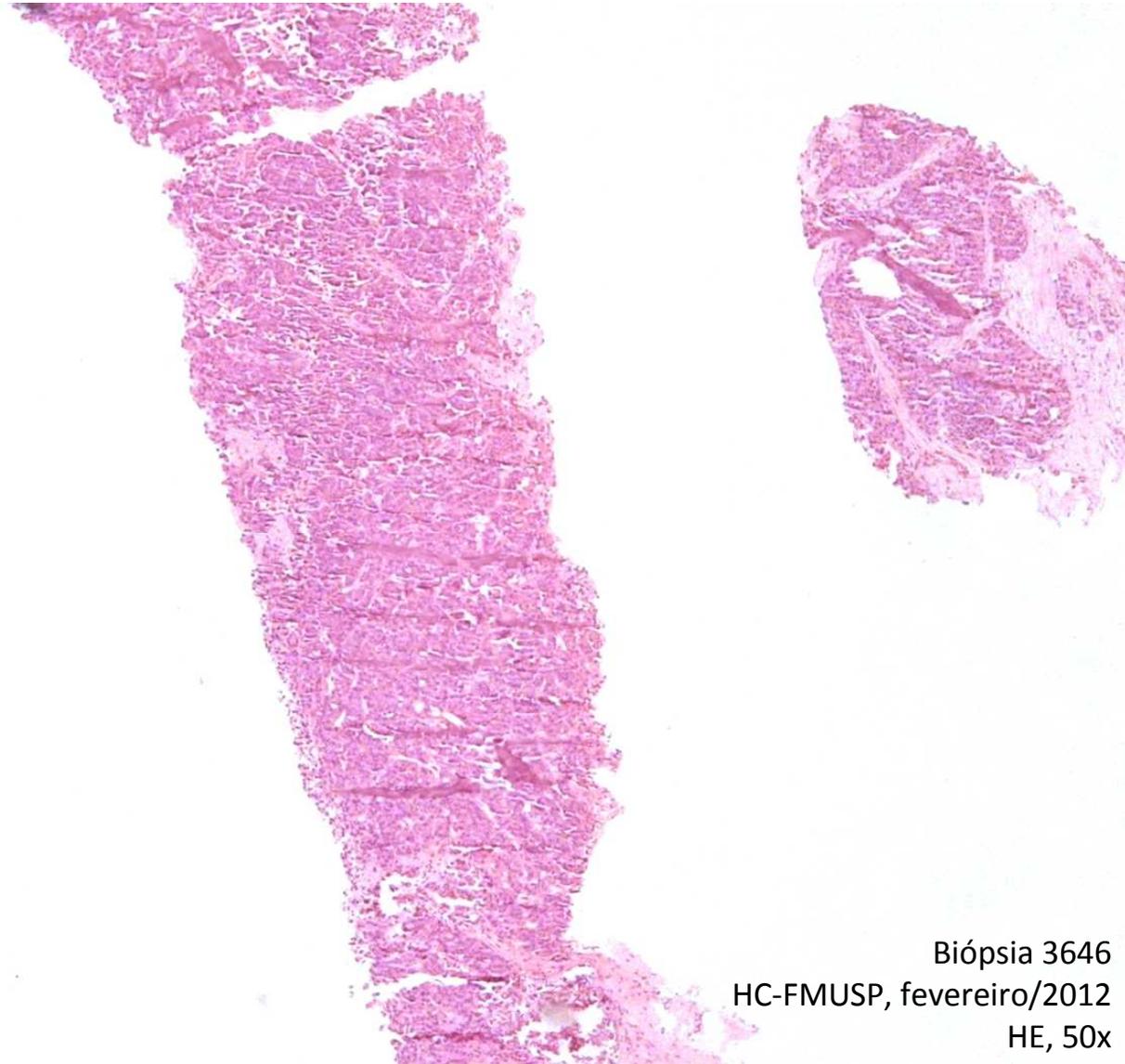
Evolução Clínica

- TC de abdome superior:
 - Múltiplas massas sólidas, heterogêneas com calcificações grosseiras em fígado

Avaliação radiológica

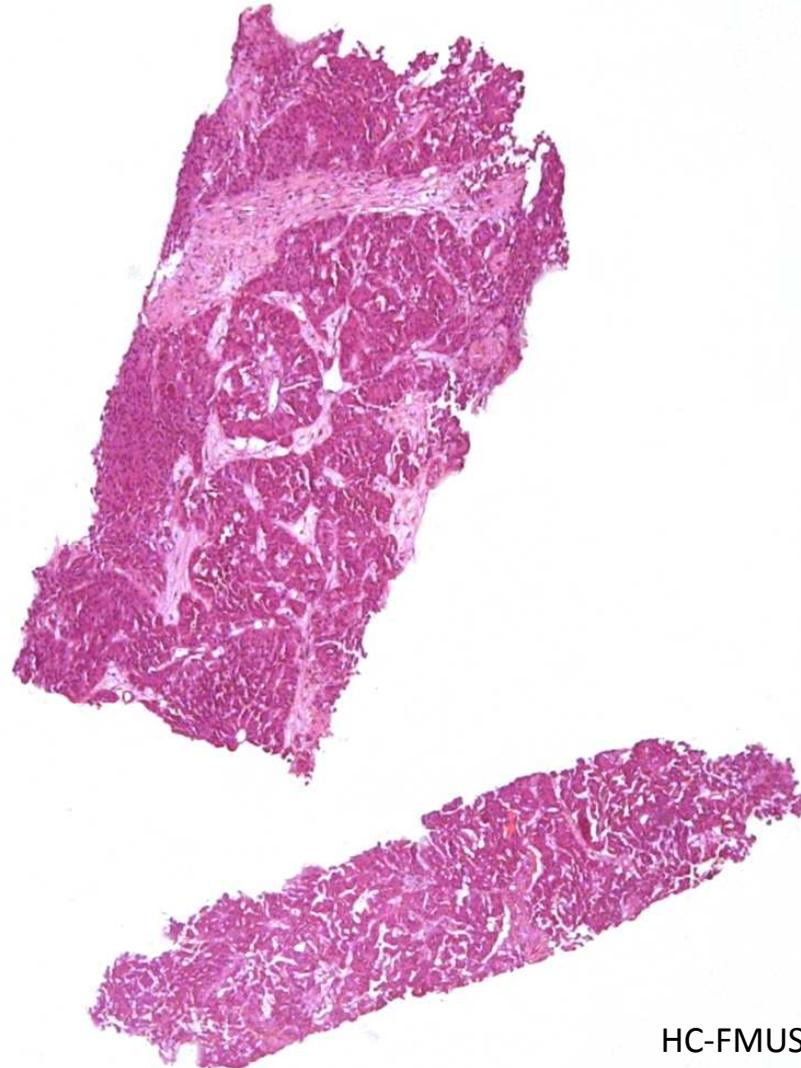


Biópsia hepática



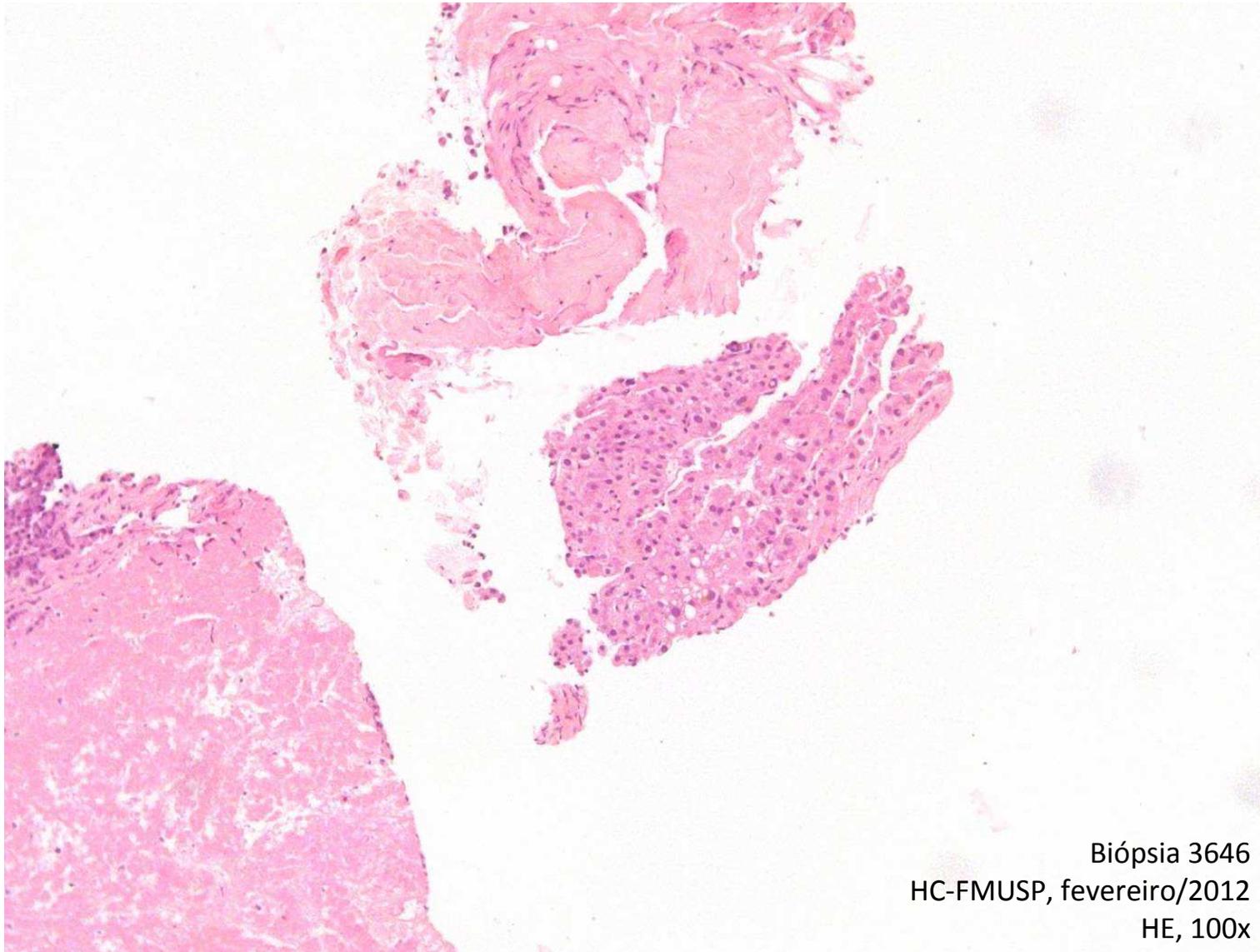
Biópsia 3646
HC-FMUSP, fevereiro/2012
HE, 50x

Biópsia hepática

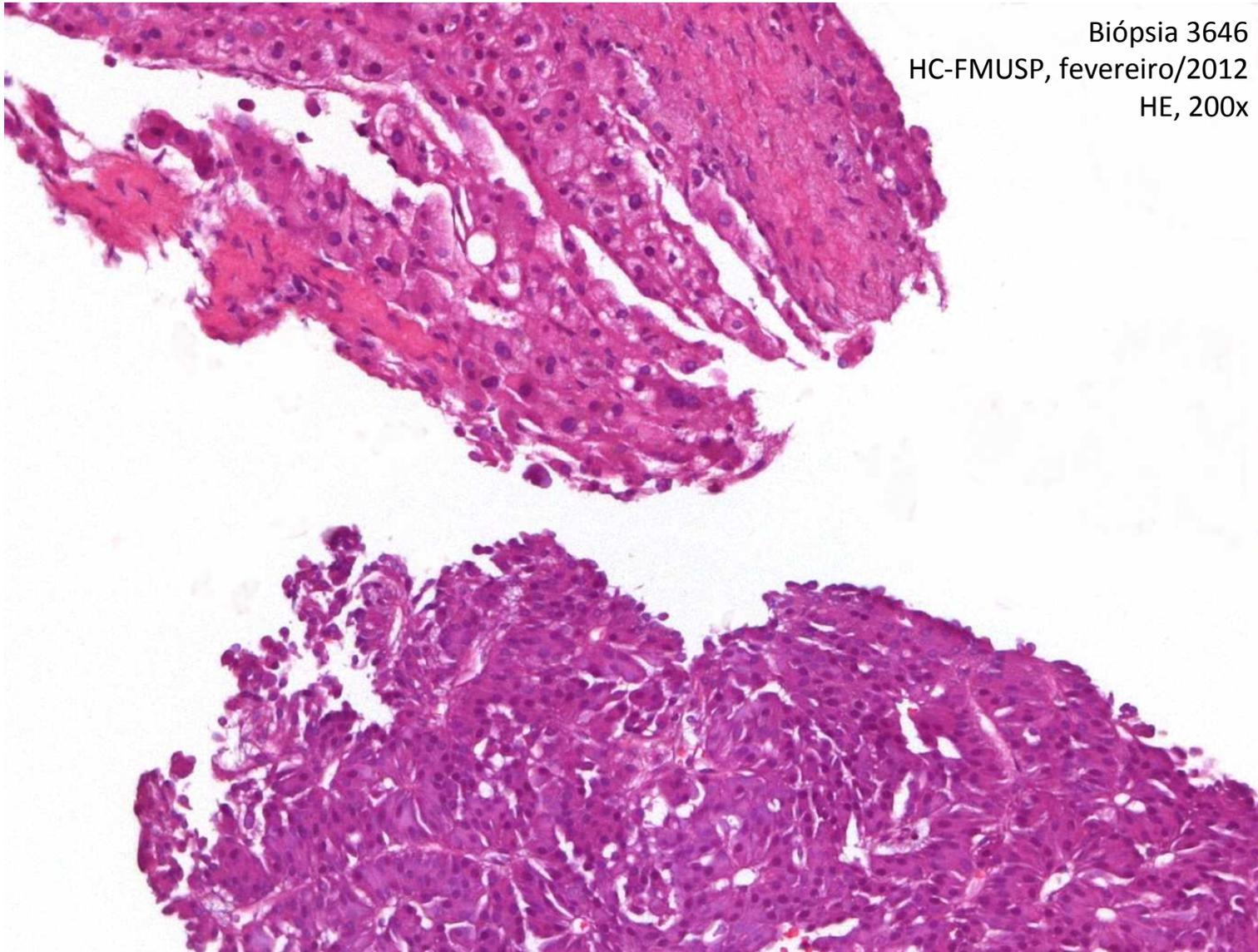


Biópsia 3646
HC-FMUSP, fevereiro/2012
HE, 50x

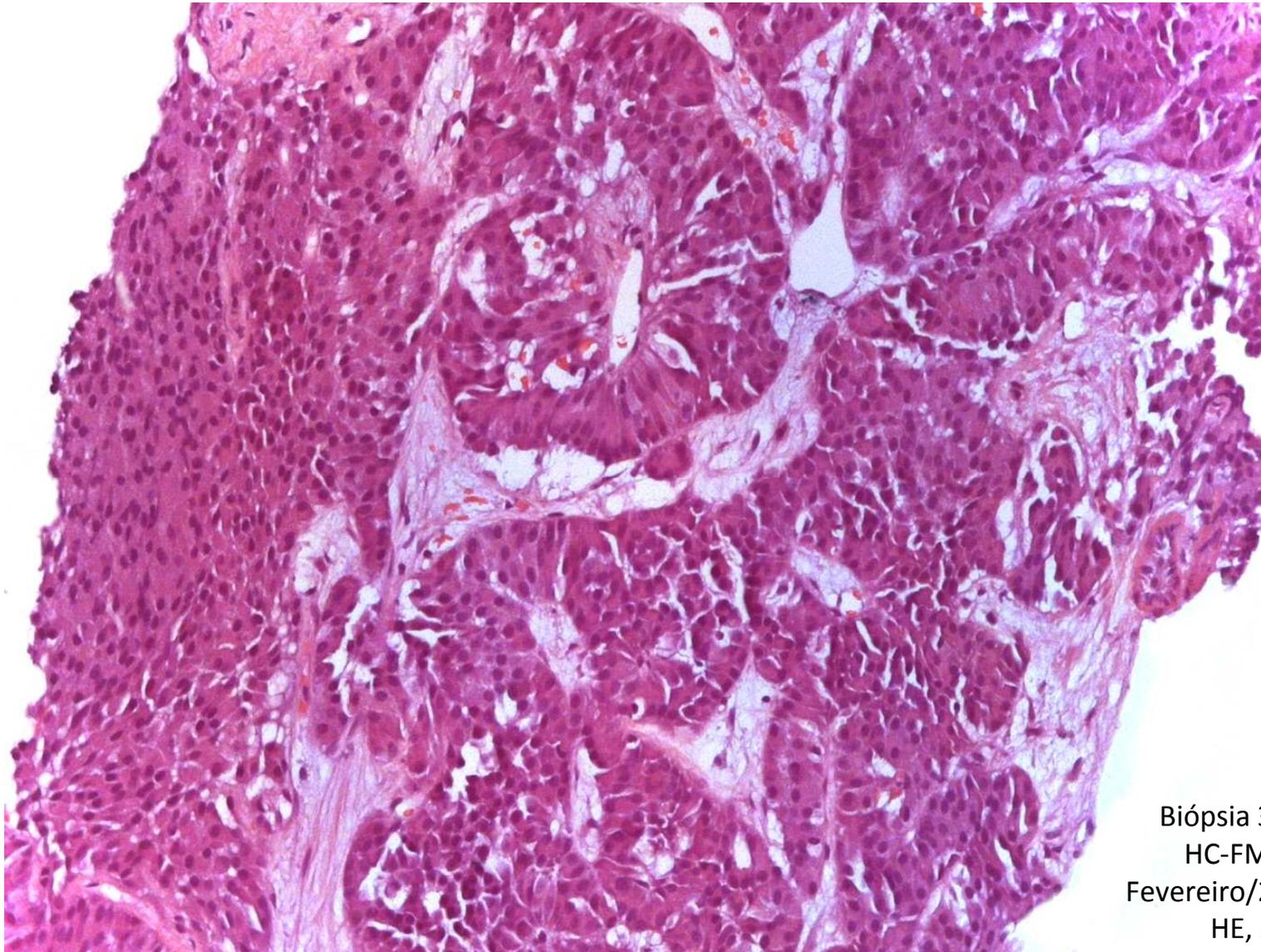
Biópsia hepática



Biópsia hepática

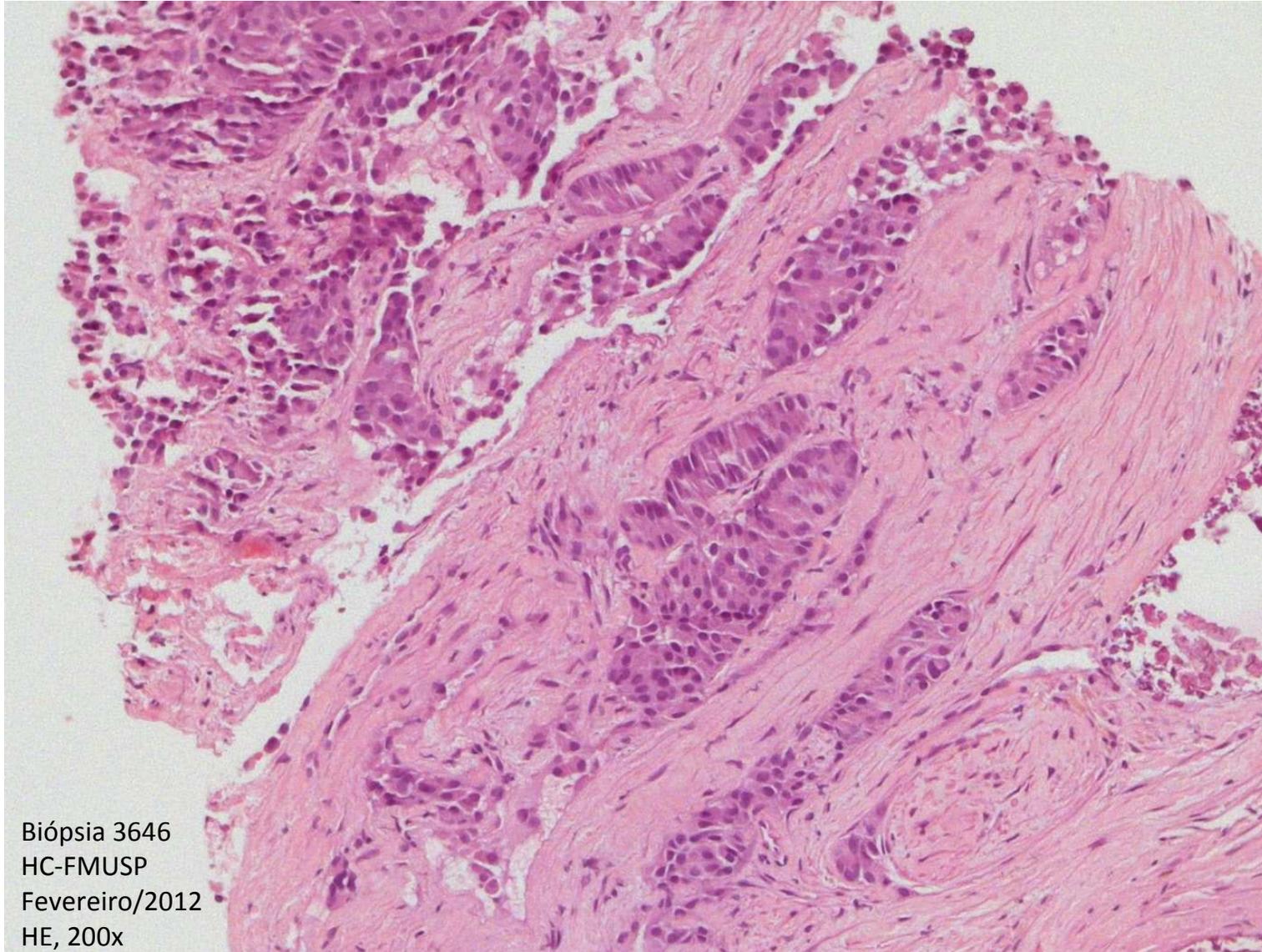


Biópsia hepática



Biópsia 3646
HC-FMUSP
Fevereiro/2012
HE, 200x

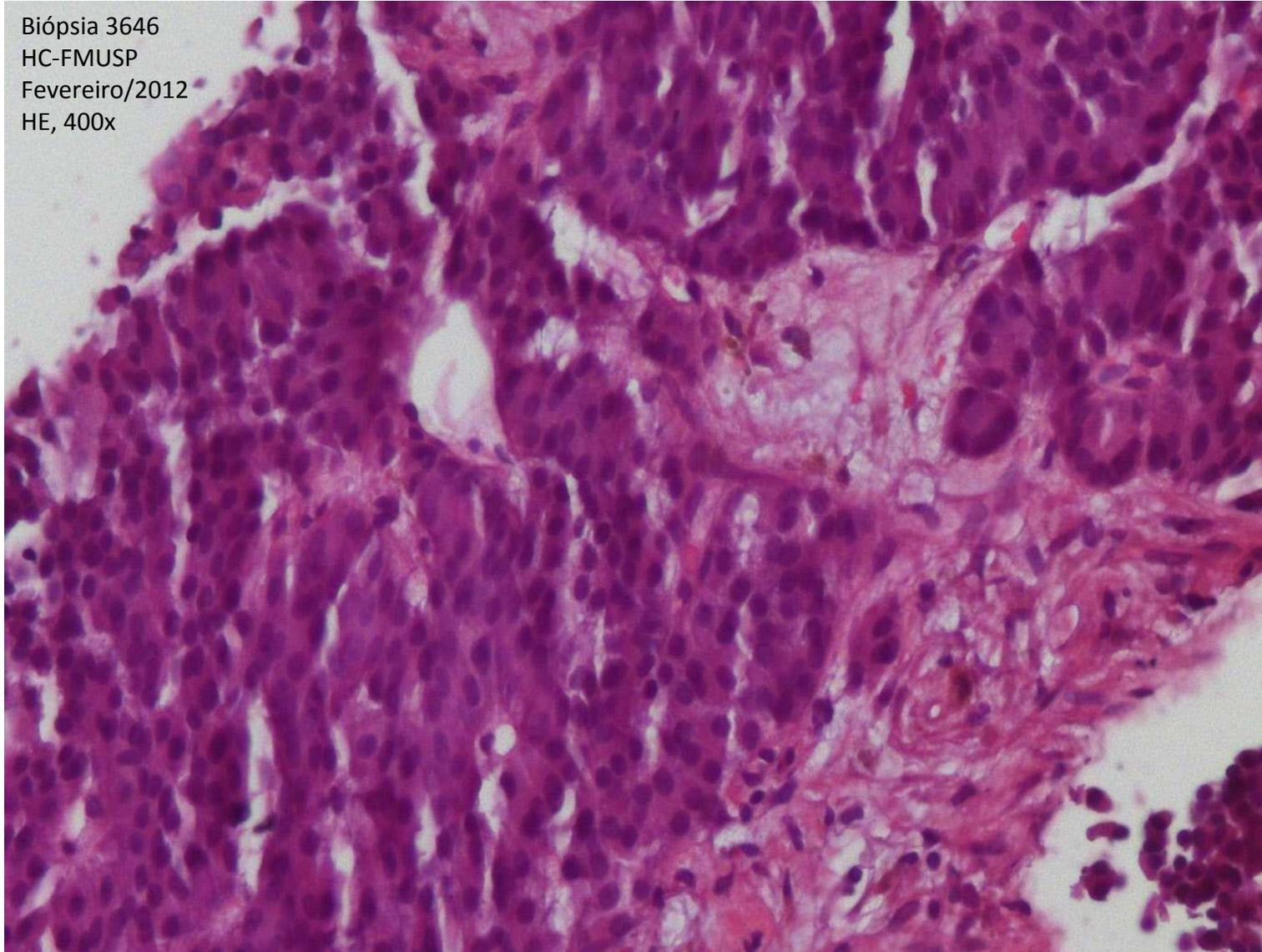
Biópsia hepática



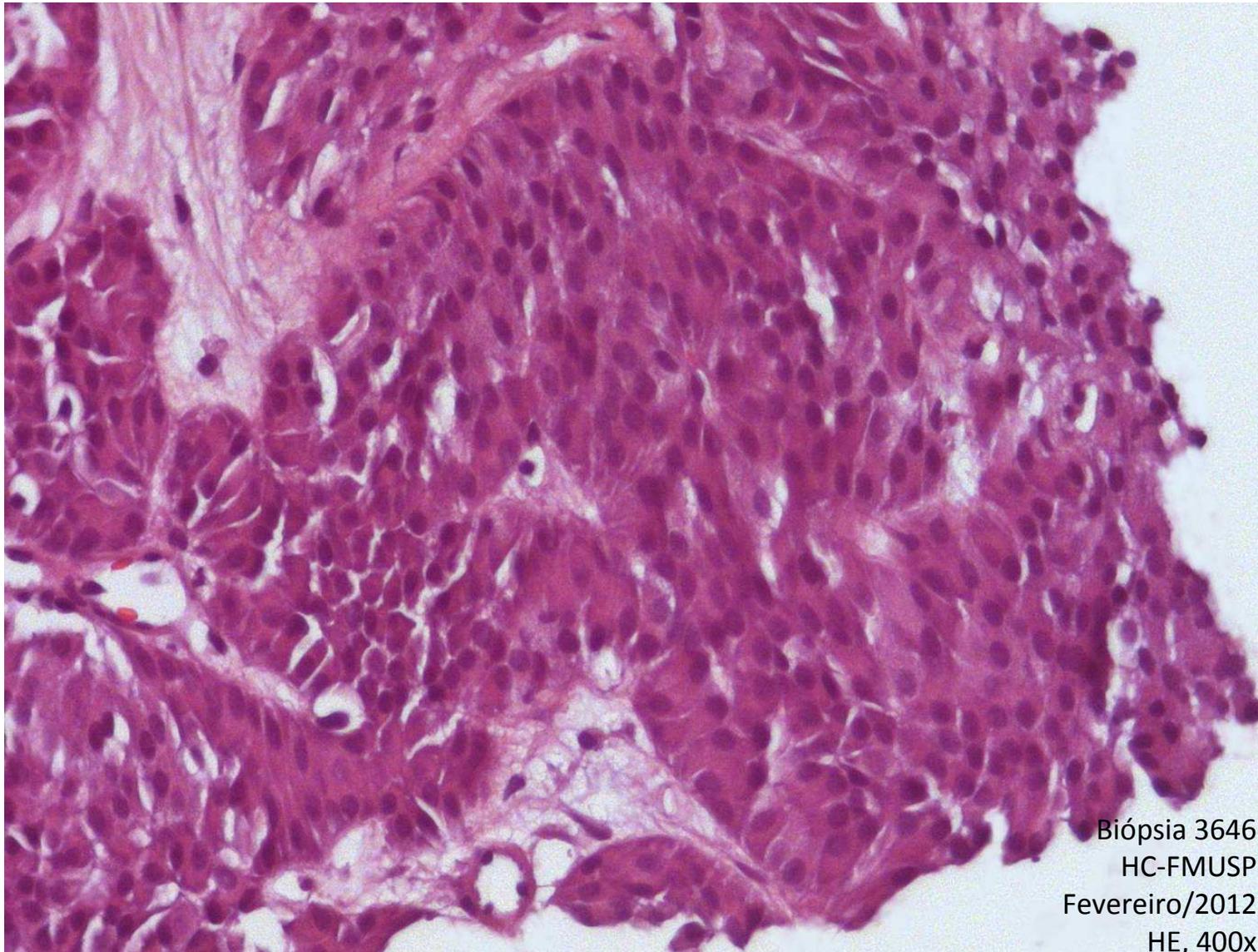
Biópsia 3646
HC-FMUSP
Fevereiro/2012
HE, 200x

Biópsia hepática

Biópsia 3646
HC-FMUSP
Fevereiro/2012
HE, 400x



Biópsia hepática

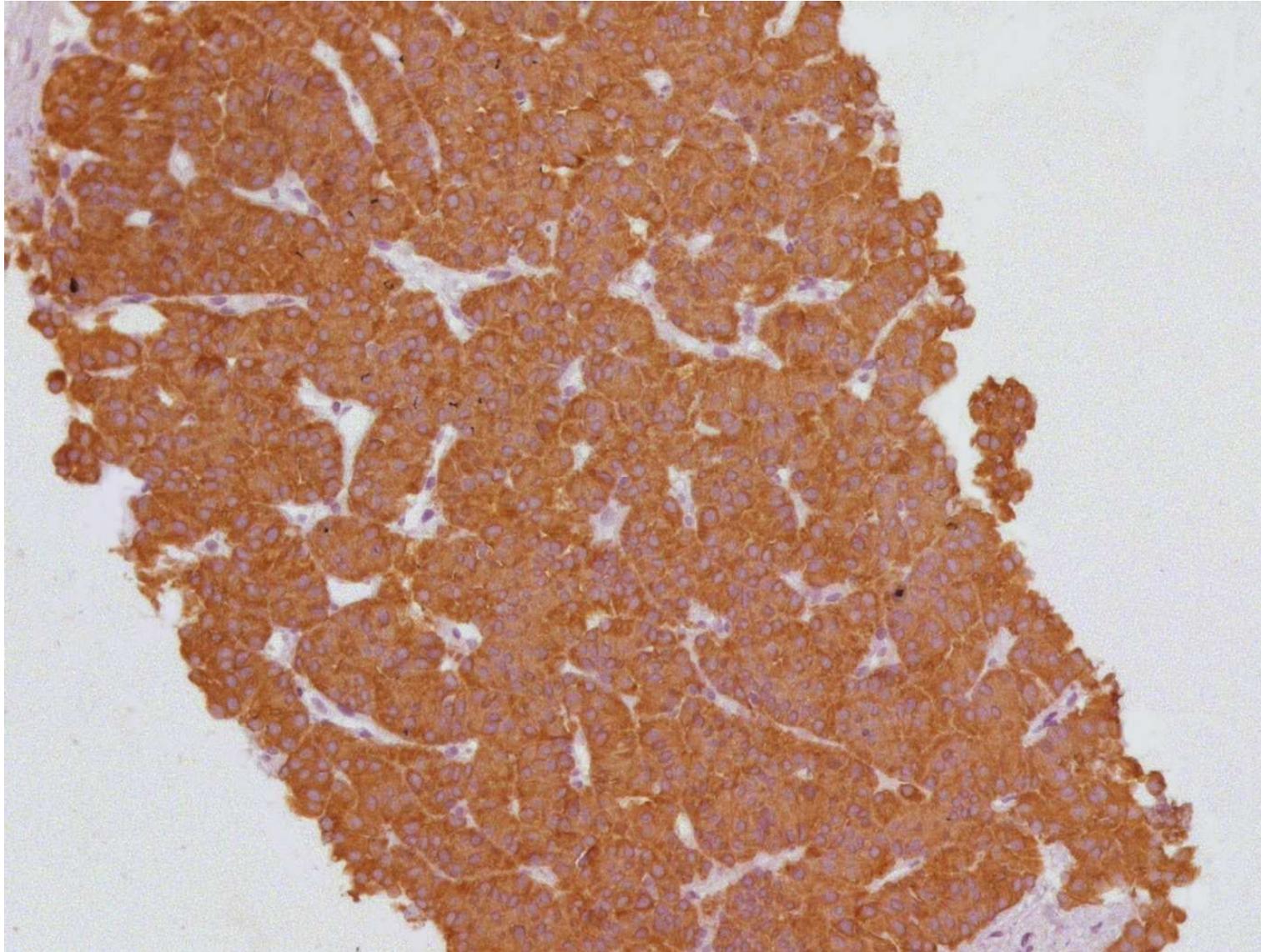


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HC-FMUSP
Fevereiro/2012
HE, 400x

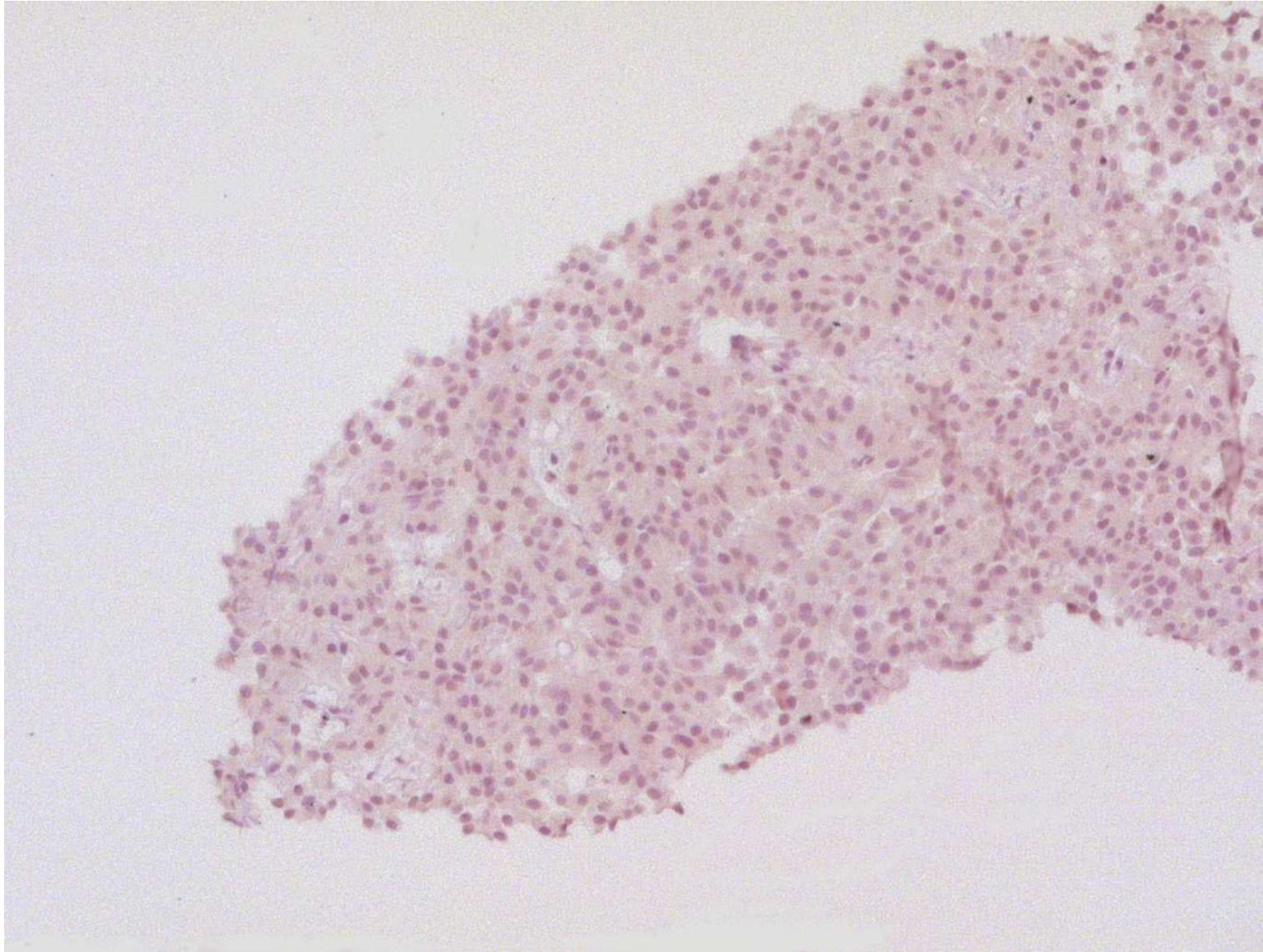
Laudo anatomopatológico provisório

- Biópsia hepática:
 - Carcinoma pouco diferenciado infiltrando parênquima hepático.

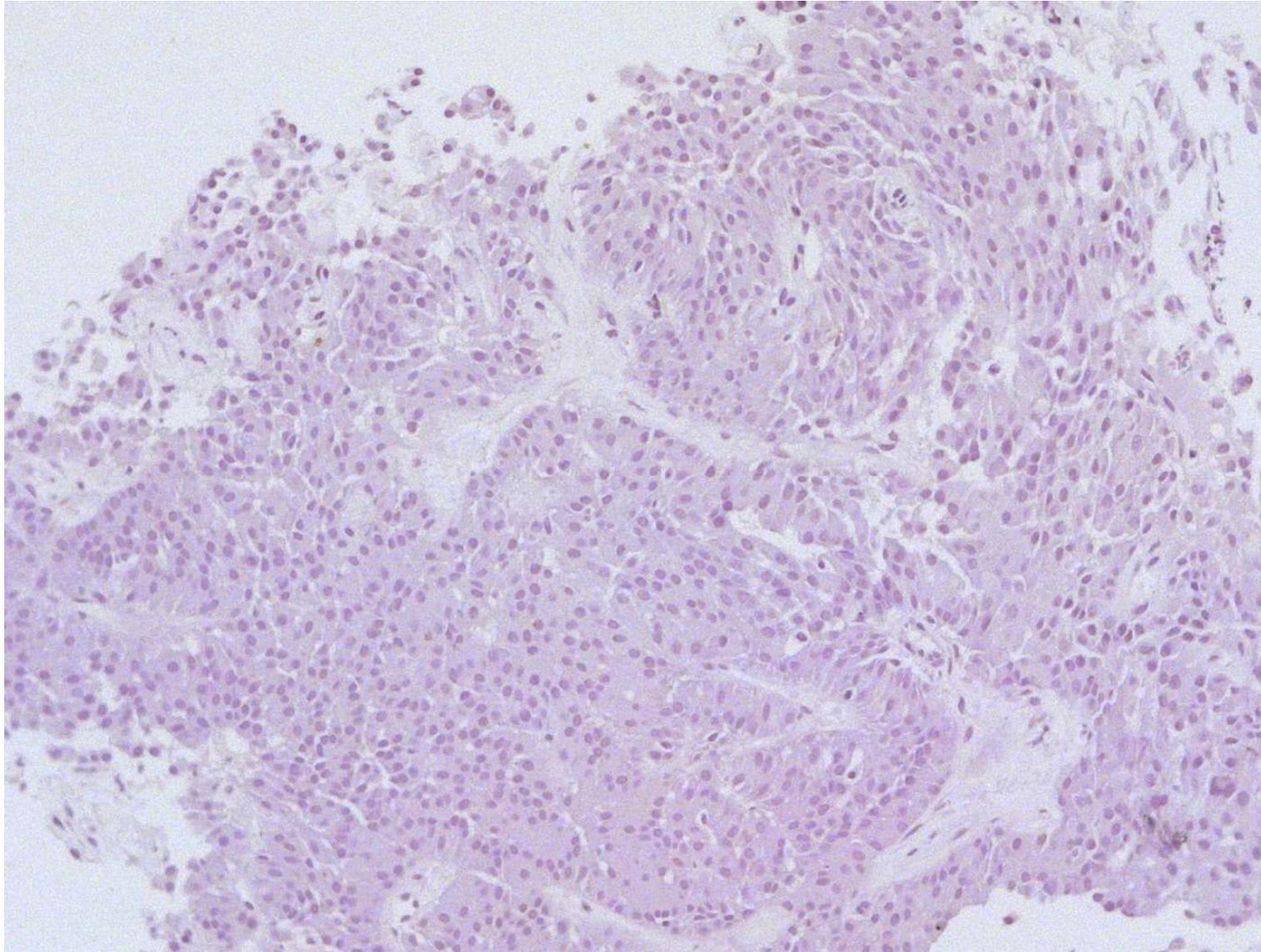
Imunohistoquímica – 35 β H11



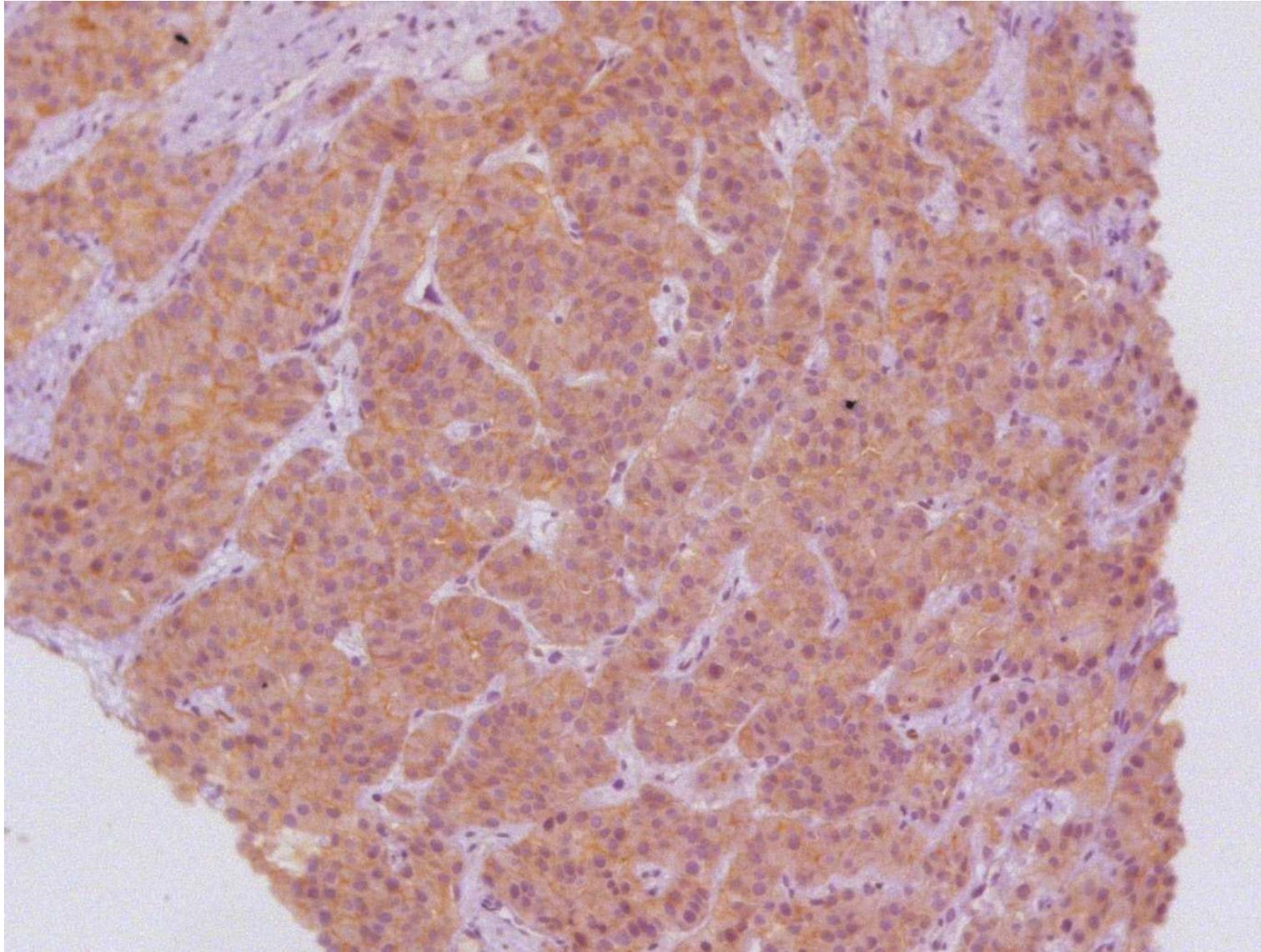
Imunohistoquímica – TTF-1



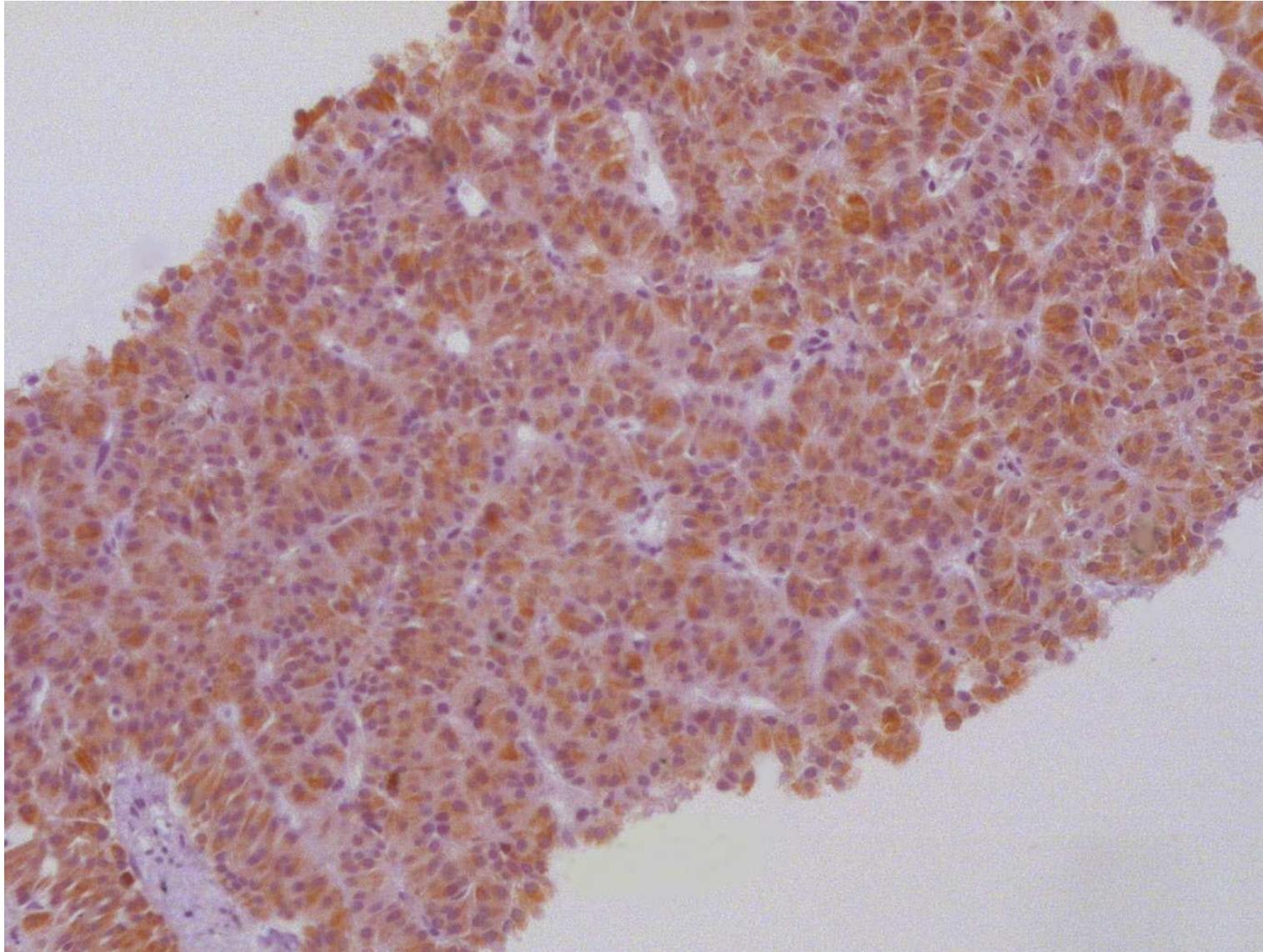
Imunohistoquímica - Calcitonina



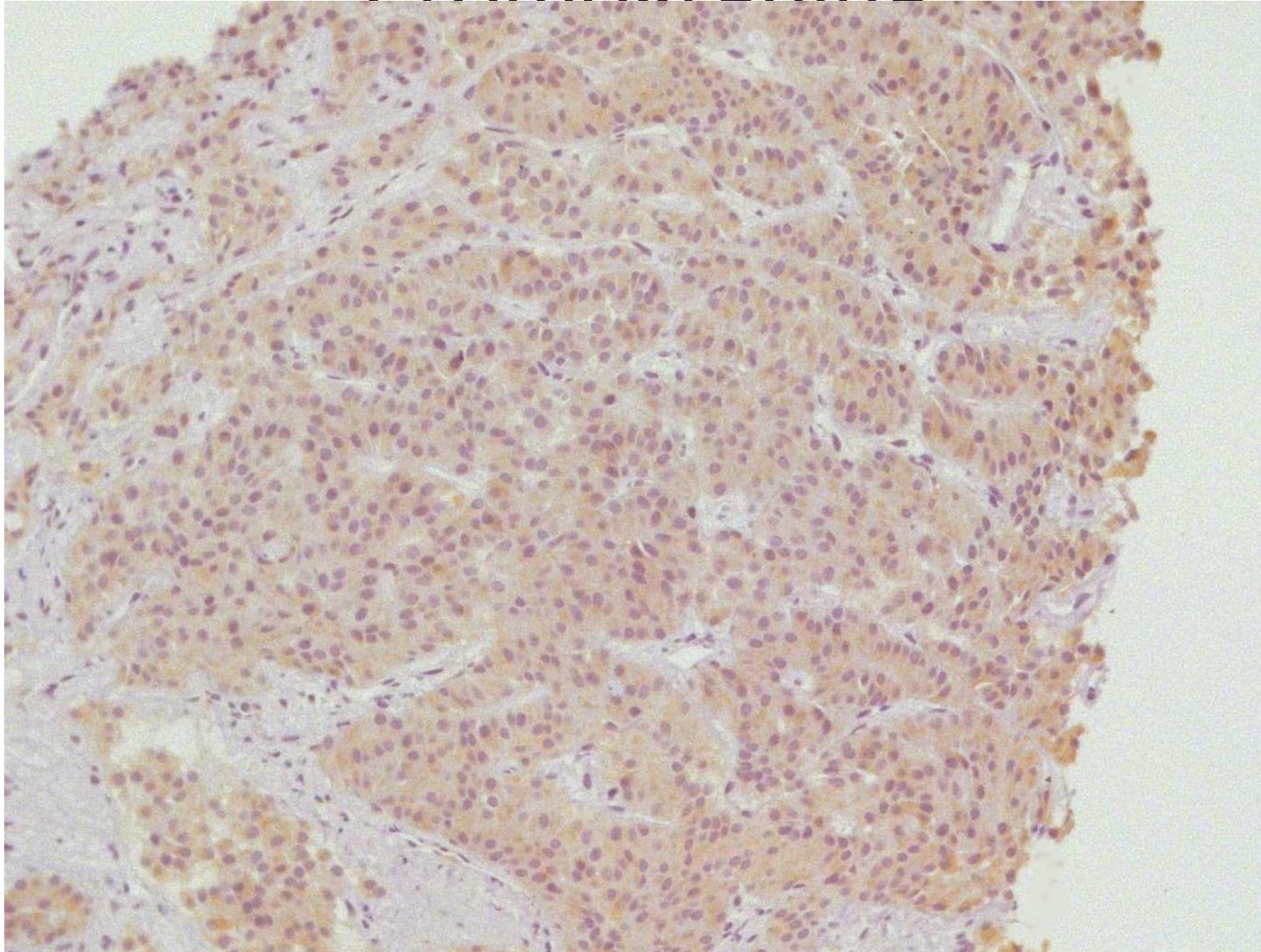
Imunohistoquímica – CEA policlonal



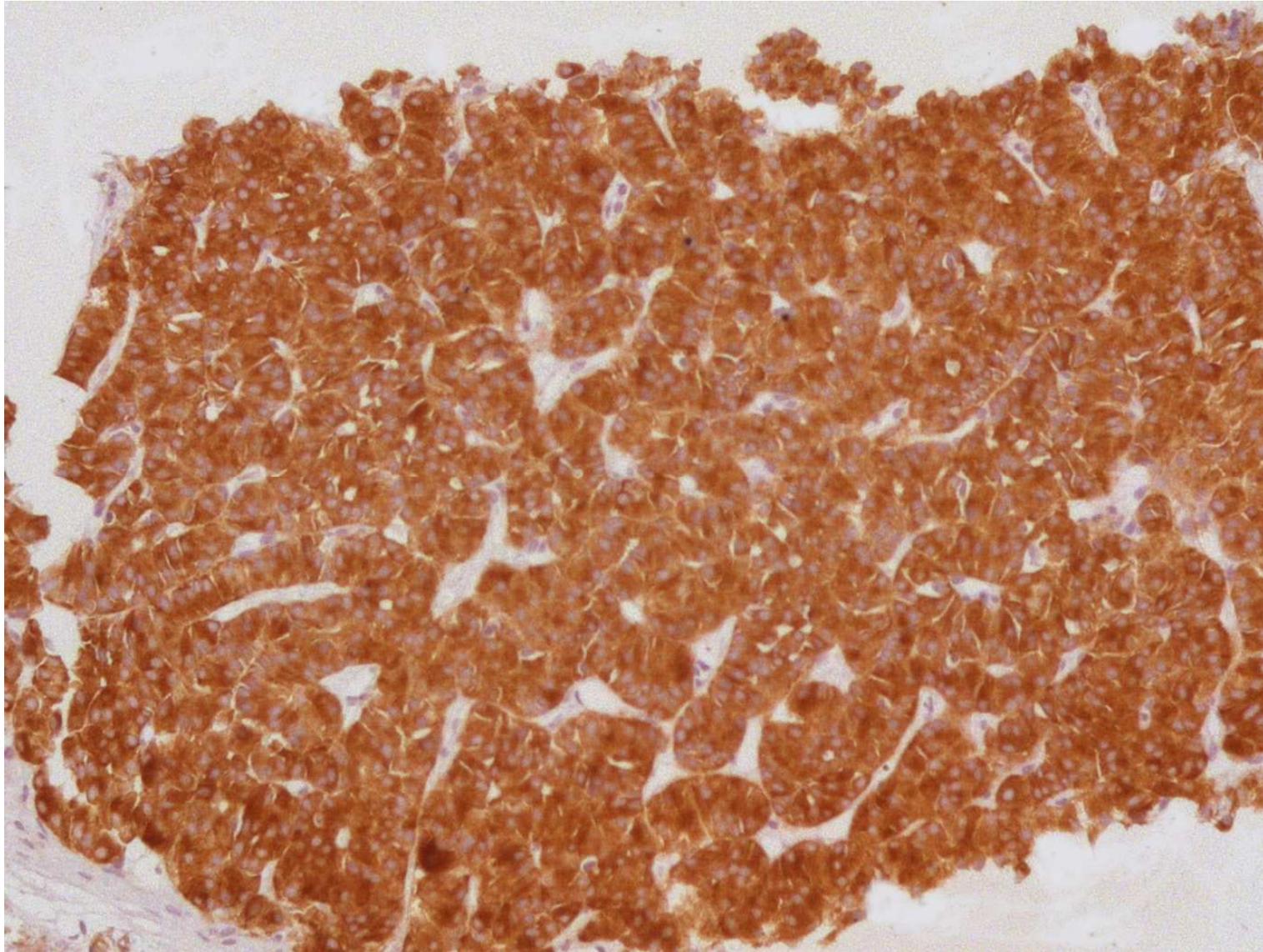
Imunohistoquímica – Hep Par 1



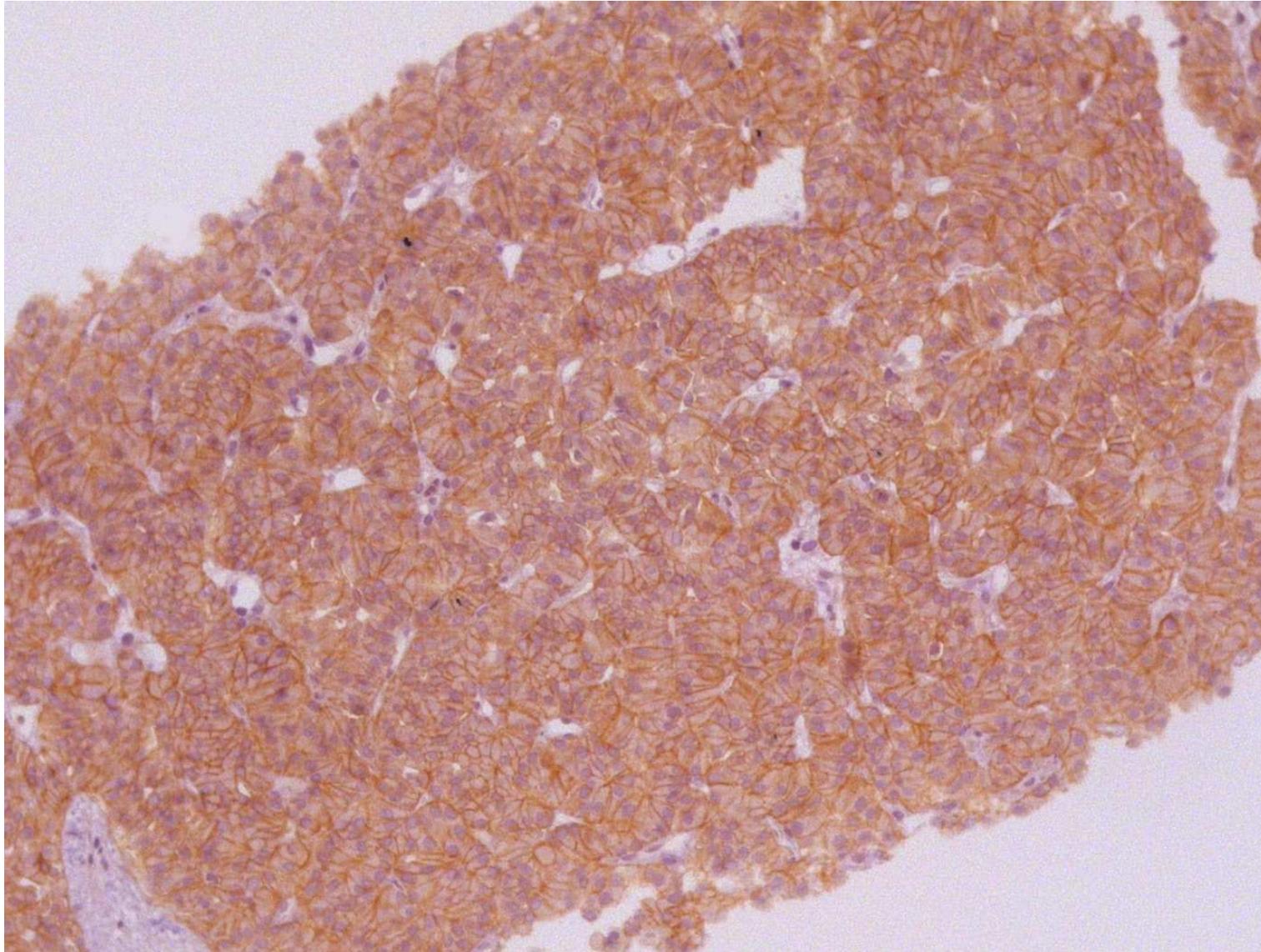
Imunohistoquímica - Cromogranina



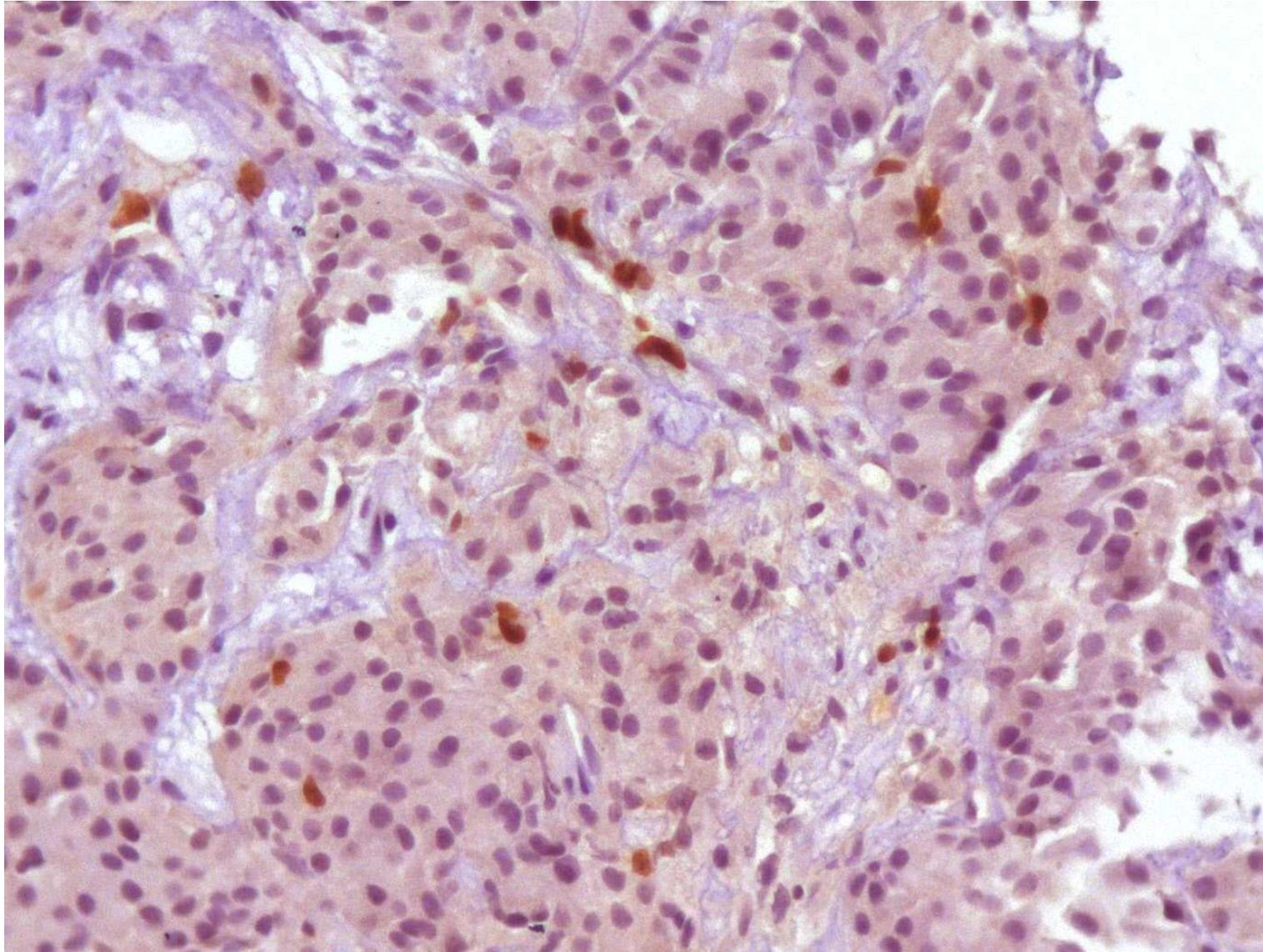
Imunohistoquímica - Sinaptofisina



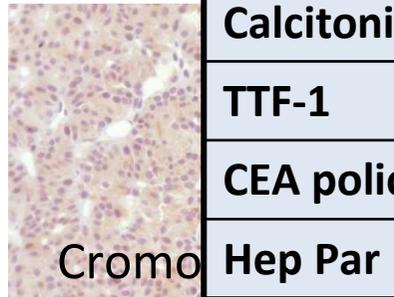
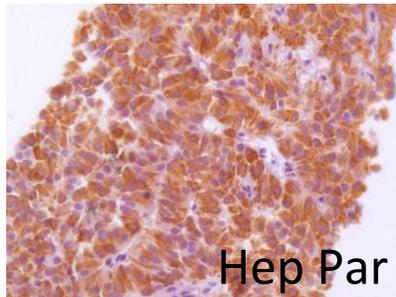
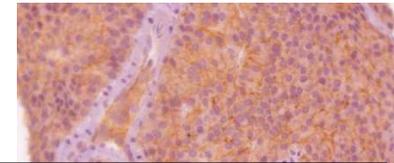
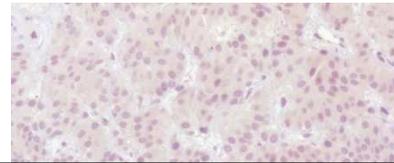
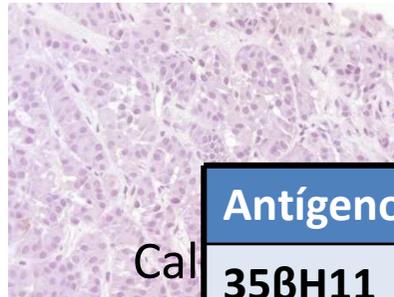
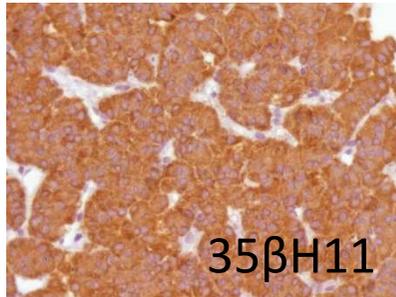
Imunohistoquímica – CD 56



Imunohistoquímica – Antígeno Ki-67



Painel imunohistoquímico



Antígeno	Reação
35βH11	Positiva
Calcitonina	Negativa
TTF-1	Negativa
CEA policlonal	Positiva
Hep Par	Positiva
Cromogranina	Positiva
Sinaptofisina	Positiva
CD 56	Positiva
Antígeno Ki-67	Positiva (<2%)

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HC-FMUSP, fevereiro/2012

IH, 400x

Laudo anatomopatológico

- Biópsia hepática:
 - Perfil imuno-histoquímico compatível com **tumor neuroendócrino** de padrão trabecular com Ki-67 inferior a 2% e com menos de 2 mitoses em 10 CGA (<2/10 CGA).

Dúvidas

Tumor carcinóide com
expressão de Hep Par 1?

THE AMERICAN JOURNAL OF SURGICAL PATHOLOGY

Am J Surg Pathol. 2002 Aug;26(8):978-88.

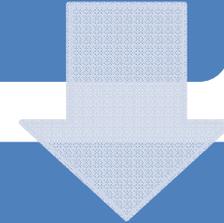
Hepatocyte antigen as a marker of hepatocellular carcinoma: an immunohistochemical comparison to carcinoembryonic antigen, CD10, and alpha-fetoprotein.

Chu PG, Ishizawa S, Wu E, Weiss LM.

Department of Pathology, City of Hope National Medical Center, Duarte, California, USA. pchu@coh.org

Dúvidas

Tumor carcinóide com
expressão de Hep Par 1?



Achados morfológicos
sugestivos de
neuroendócrino?

Neuroendocrine metastatic tumors of the liver resembling hepatocellular carcinoma

Julián Arista-Nasr,* Jose Antonio Fernández-Amador,* Braulio Martínez-Benítez,*
Jazmín de Anda-González,* Leticia Bornstein-Quevedo*

* Pathology Department. Instituto Nacional de Ciencias Médica y la Nutrición, S.Z. (INCMNSZ), México City. México.

Table 2. Histological findings in core needle hepatic biopsy

	MNET (7 TUMORS)	HCC (14 TUMORS)
Fibrotic Stroma	7	6
Ovoid cells	5	6
Ovoid and spindle cells	2	4
Ovoid and polygonal cells	0	4
Nucleomegaly	2	11
Hyperchromatic nuclei	6	5
Plasmacytoid cells	6	0
Sinusoids	6	12
Intranuclear inclusions	2	8
Nucleoli	2	12
Biliary pigment	0	8
Salt-and-pepper chromatin	0	0
Clear cells	0	3

MNET: Metastatic neuroendocrine tumors. **HCC:** Hepatocellular carcinomas.

Neuroendocrine metastatic tumors of the liver resembling hepatocellular carcinoma

Table 3. Histological features in core needle hepatic biopsy.

	MNET	HCC
Fibrotic stroma	Moderate to marked	Moderate
Cell size	Small/moderate	Moderate/large
Nucleomegaly	Occasional	Common
Hyperchromatic nuclei	Common	Occasional
Plasmacytoid cells	Common	Absent
Sinusoids in the neoplasm	Common	Common
Intranuclear inclusions	Rare	Common
Clear cells	Absent	Occasional

MNET: Metastatic neuroendocrine tumors. **HCC:** Hepatocellular carcinomas.

Dúvidas

Tumor carcinóide com
expressão de Hep Par 1?

Achados morfológicos
sugestivos de tumor
neuroendócrino?

Tu neuroendócrino primário
de fígado x metástase?



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CASE REPORT

Primary hepatic carcinoid: A case report and literature review

Luigi Maria Fenoglio, Sara Severini, Domenico Ferrigno, Giovanni Gollè, Cristina Serraino, Christian Bracco, Elisabetta Castagna, Chiara Brignone, Fulvio Pomerio, Elena Migliore, Ezio David, Mauro Salizzoni

Correspondence to: Dr. Luigi Maria Fenoglio, Department of Internal Medicine, Santa Croce Hospital, Via Michele Coppino 26, 12100 Cuneo, Italy. fenoglio.l@ospedale.cuneo.it

Referências Bibliográficas

- Rosai, Juan. Rosai and Ackerman's surgical pathology. 10ª ed. Elsevier, 2011.
- McPHEE, S.J.; PAPADAKIS, M.A. & RABOW, M.W. - 2011 CURRENT Medical Diagnosis & Treatment. 50ªed, McGrawHill Medical, 2011.
- Arista-Nasr, Julian. Neuroendocrine metastatic tumor of liver resembling hepatocellular carcinoma. Annals os Hepatology. April-June, Vol 9 nº 2, 2010: 186 – 191.
- Primary hepatic carcinoid: A case report and literature review. World Journal of Gastroenterology. 2009. May 21; 15(19)
- PG, CHU. Hepatocyte antigen as a marker of hepatocellular carcinoma: an immunohistochemical comparison to carcinoembryonic antigen, CD10, and alpha-fetoprotein. Am J Surg Pathology. 2002 Aug;26(8): 978-88.



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