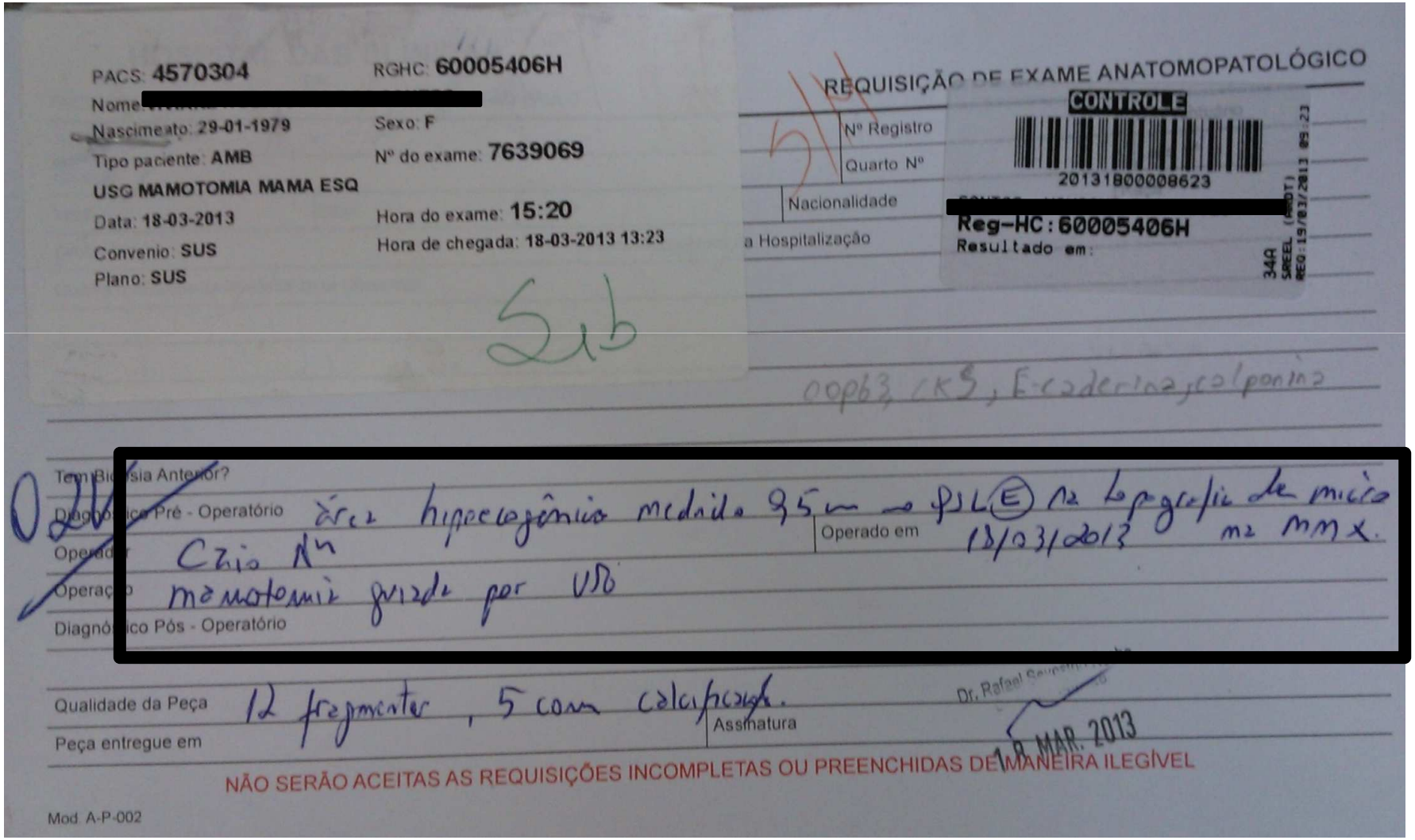
Encontro de especialidades da Sociedade Brasileira de Patologia

R2 Sebastião Nunes Martins Filho

Dra. Sheila Aparecida Coelho Siqueira

Requisição Anátomo-Patológica



PACS: 4570304 RGHC: 60005406H
Nome [redacted]
Nascimento: 29-01-1979 Sexo: F
Tipo paciente: AMB Nº do exame: 7639069
USG MAMOTOMIA MAMA ESQ
Data: 18-03-2013 Hora do exame: 15:20
Convenio: SUS Hora de chegada: 18-03-2013 13:23
Plano: SUS

REQUISIÇÃO DE EXAME ANATOMOPATOLÓGICO
CONTROLE
20131800008623
Nº Registro
Quarto Nº
Nacionalidade
[redacted]
Reg-HC: 60005406H
Resultado em:
34A SAREEL (RMDT) REQ: 19/03/2013 09:23

Hospitalização

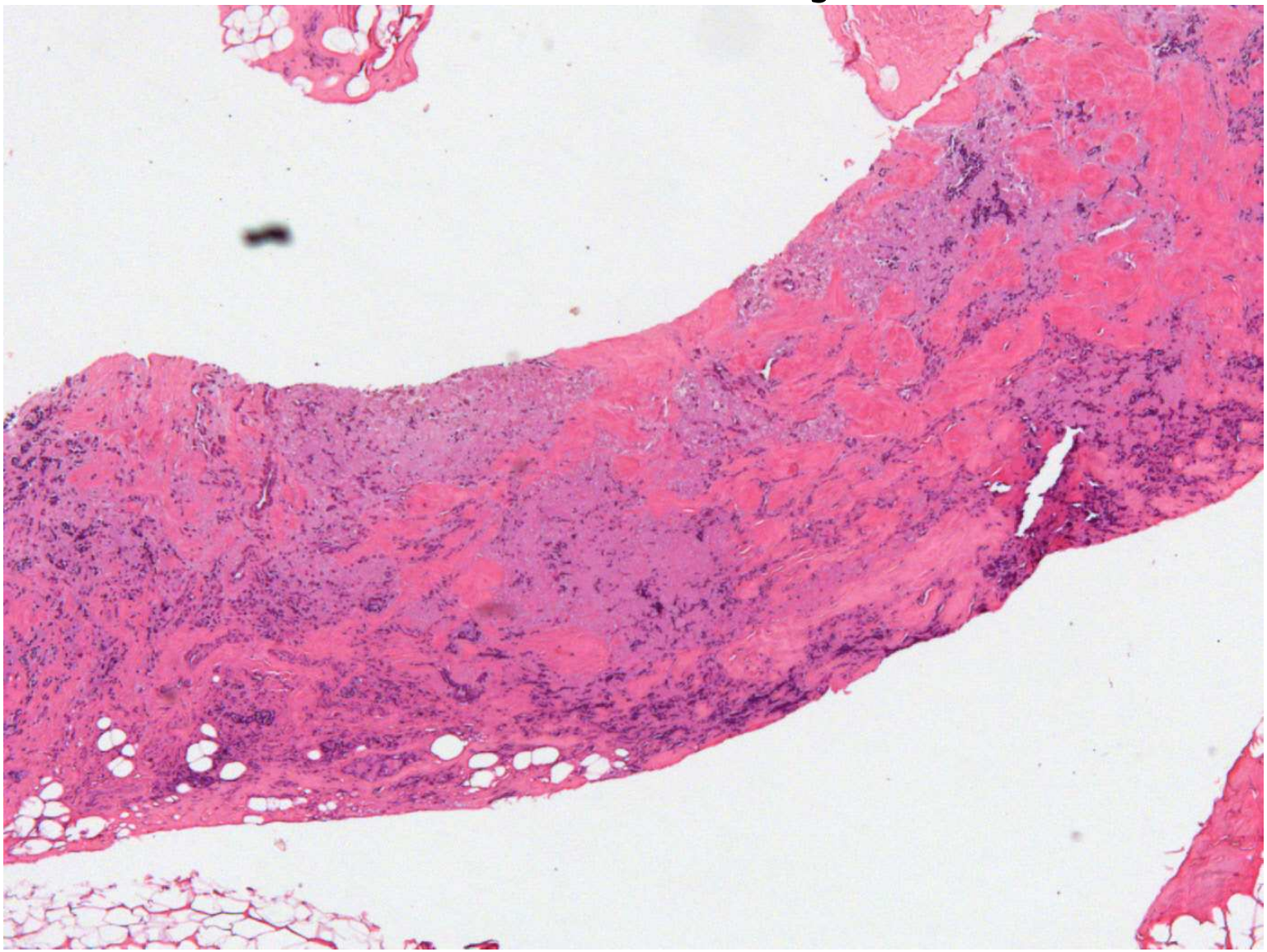
Tem Biópsia Anterior?
Diagnóstico Pré - Operatório área hipoecogênica medida 9,5 mm → QSL (E) na topografia de micro nz mm x.
Operado em 18/03/2013
Operador Cirio Nº
Operação mamotomia guiada por USG
Diagnóstico Pós - Operatório

Qualidade da Peça 12 fragmentos, 5 com calcificação.
Peça entregue em
Assinatura
Dr. Rafael [redacted]
18 MAR. 2013

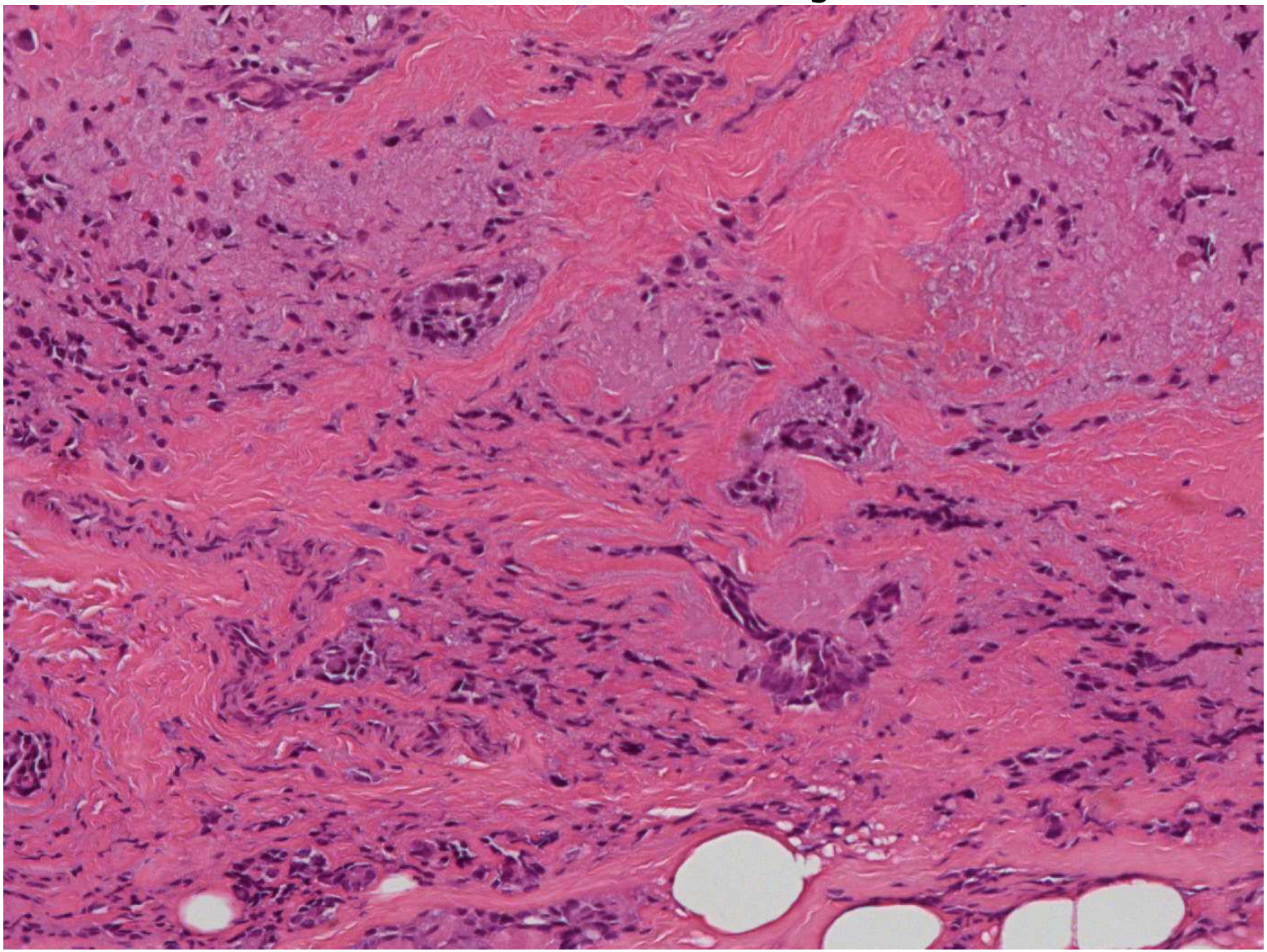
NÃO SERÃO ACEITAS AS REQUISIÇÕES INCOMPLETAS OU PREENCHIDAS DE MANEIRA ILEGÍVEL

Mod. A-P-002

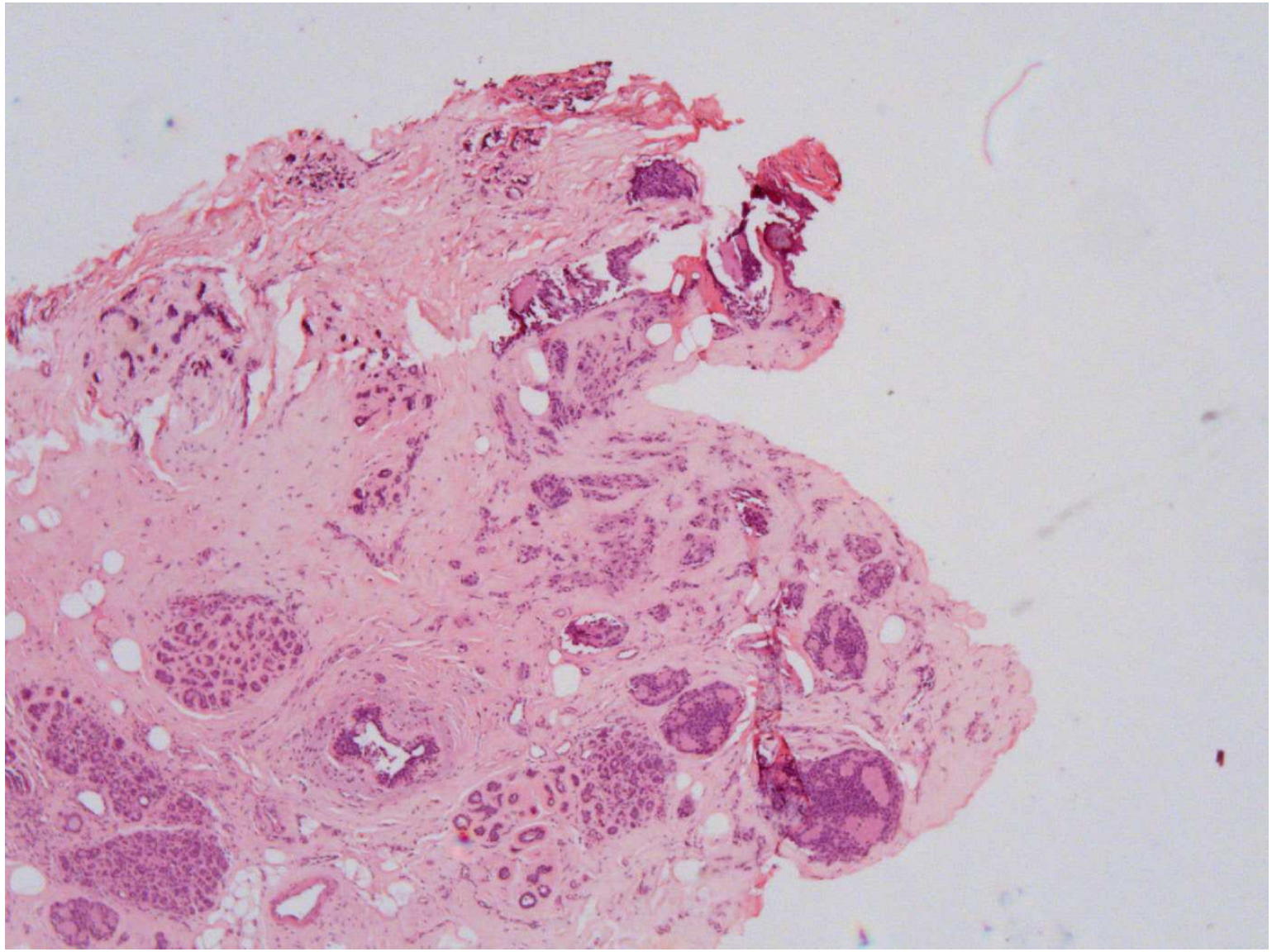
Microscopia – fragmento sem microcalcificações



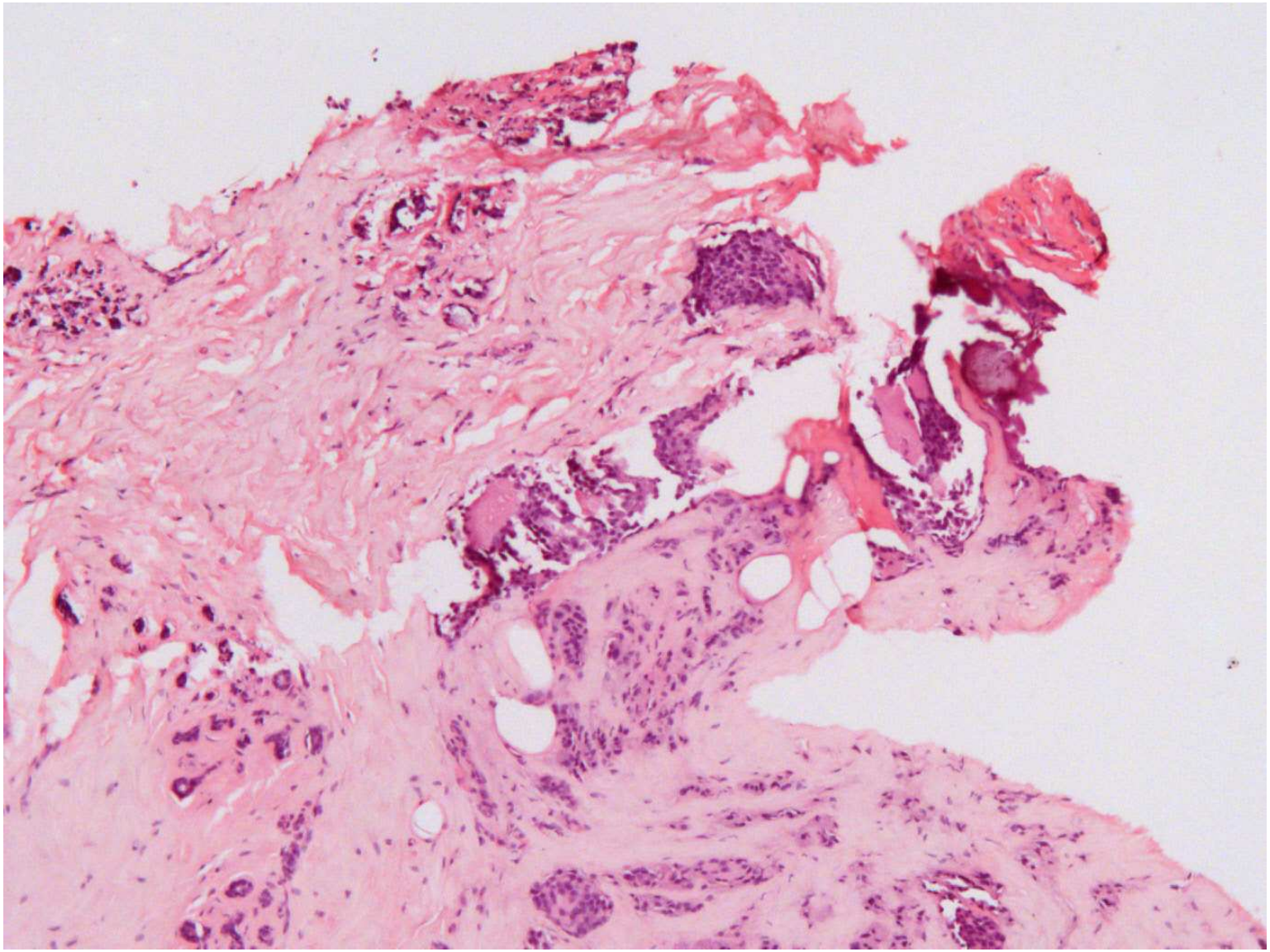
Microscopia – fragmento sem microcalcificações



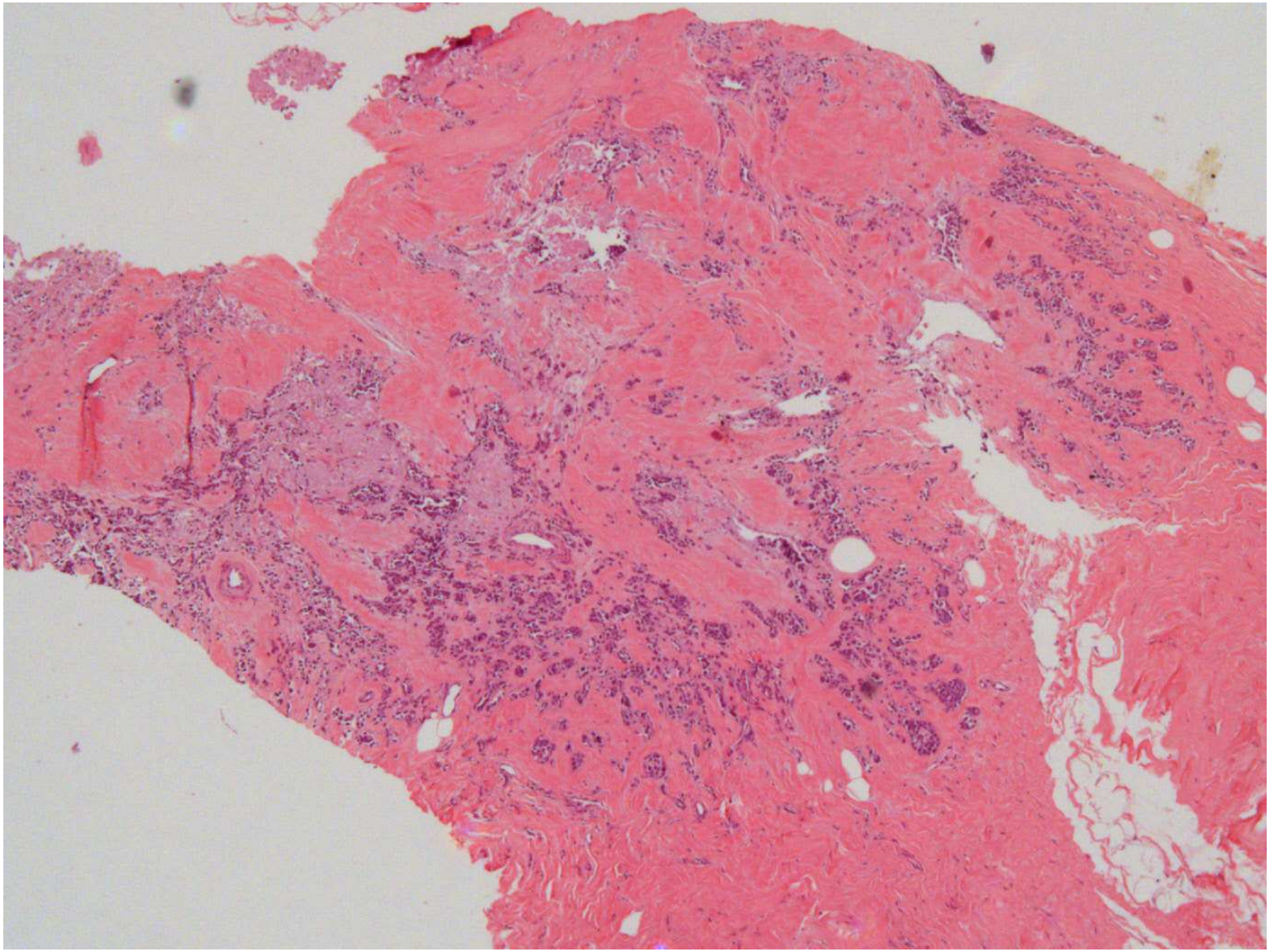
Microscopia - microcalcificações



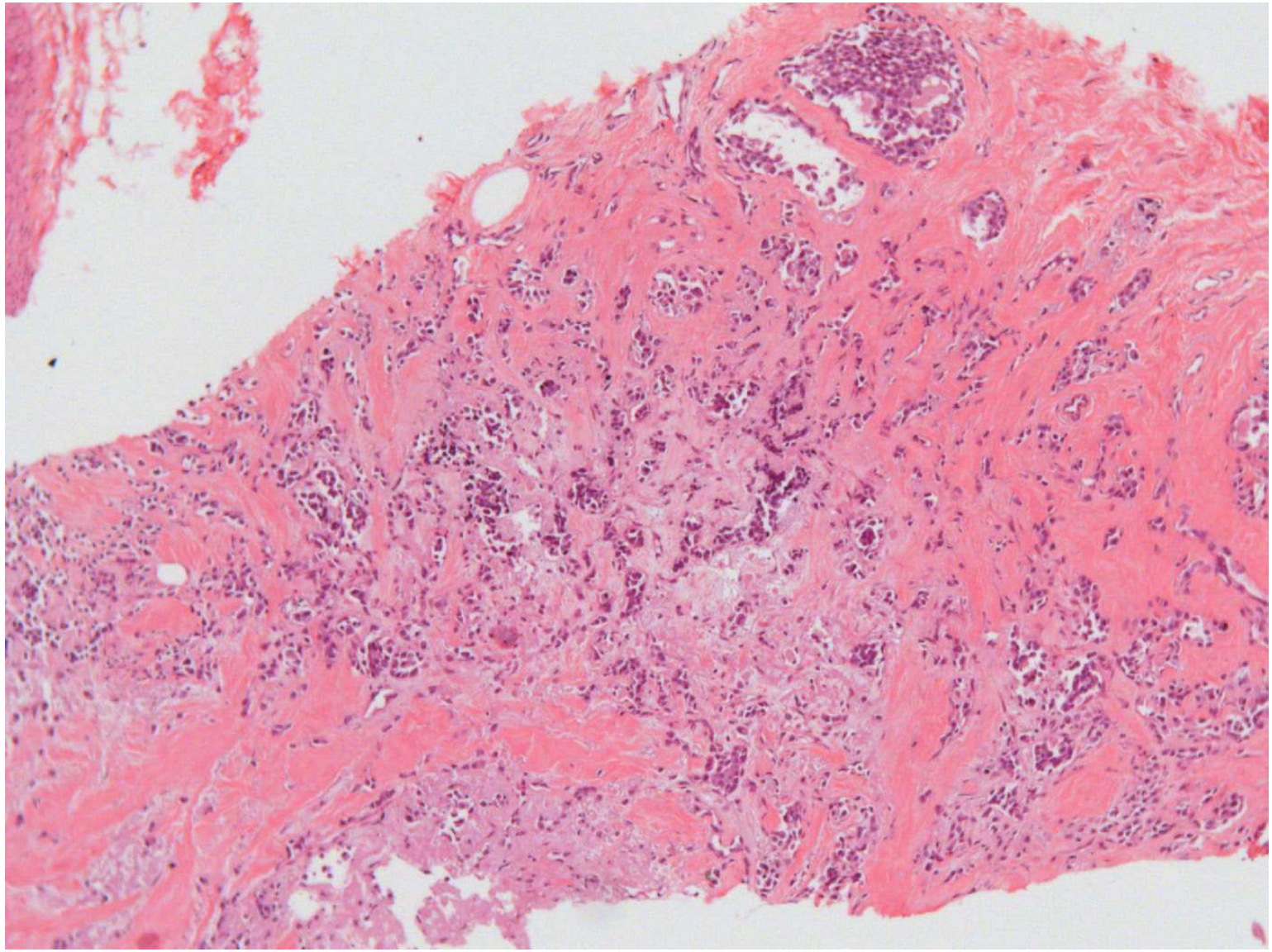
Microscopia - microcalcificações



Microscopia



Microscopia



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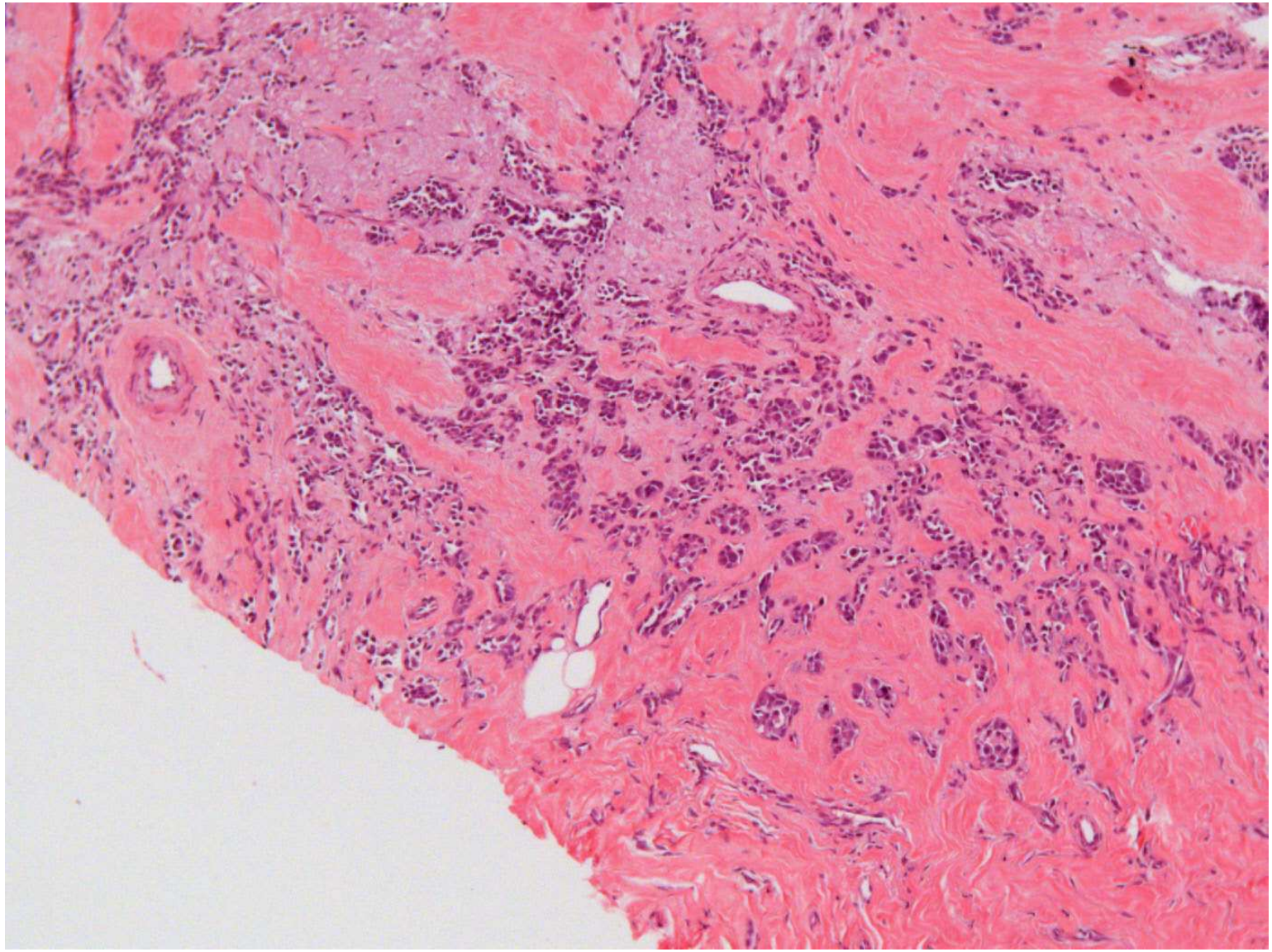

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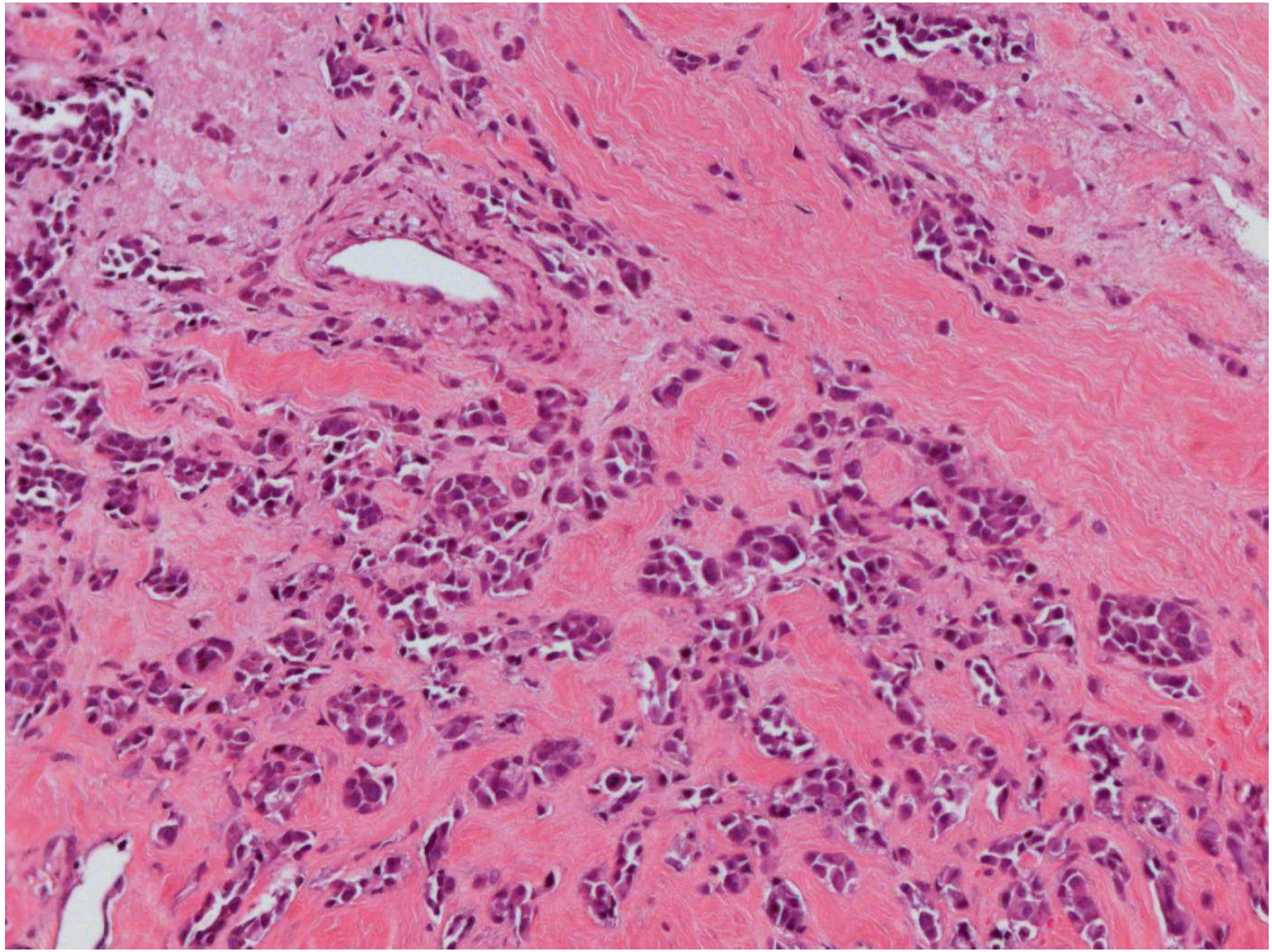
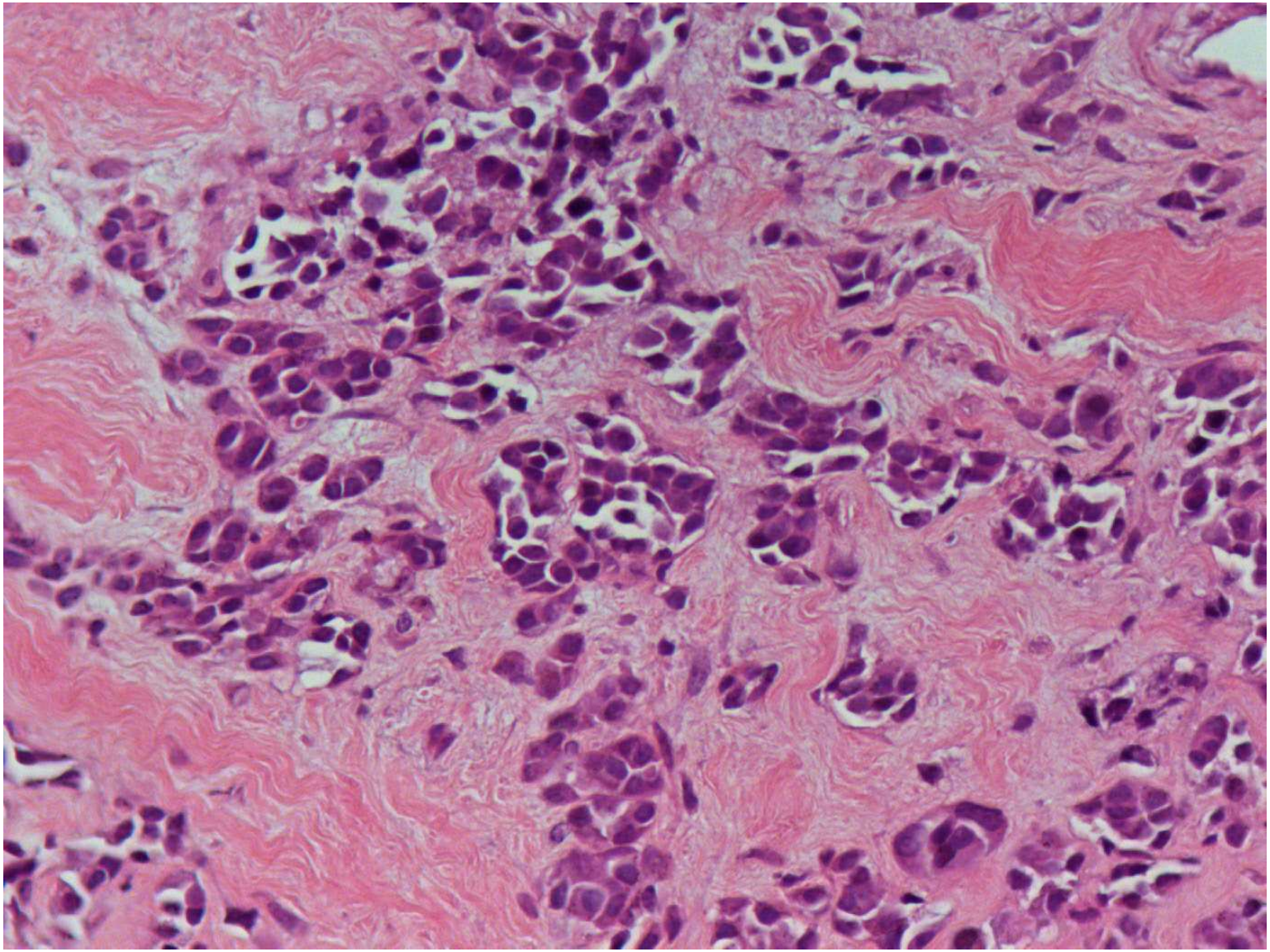
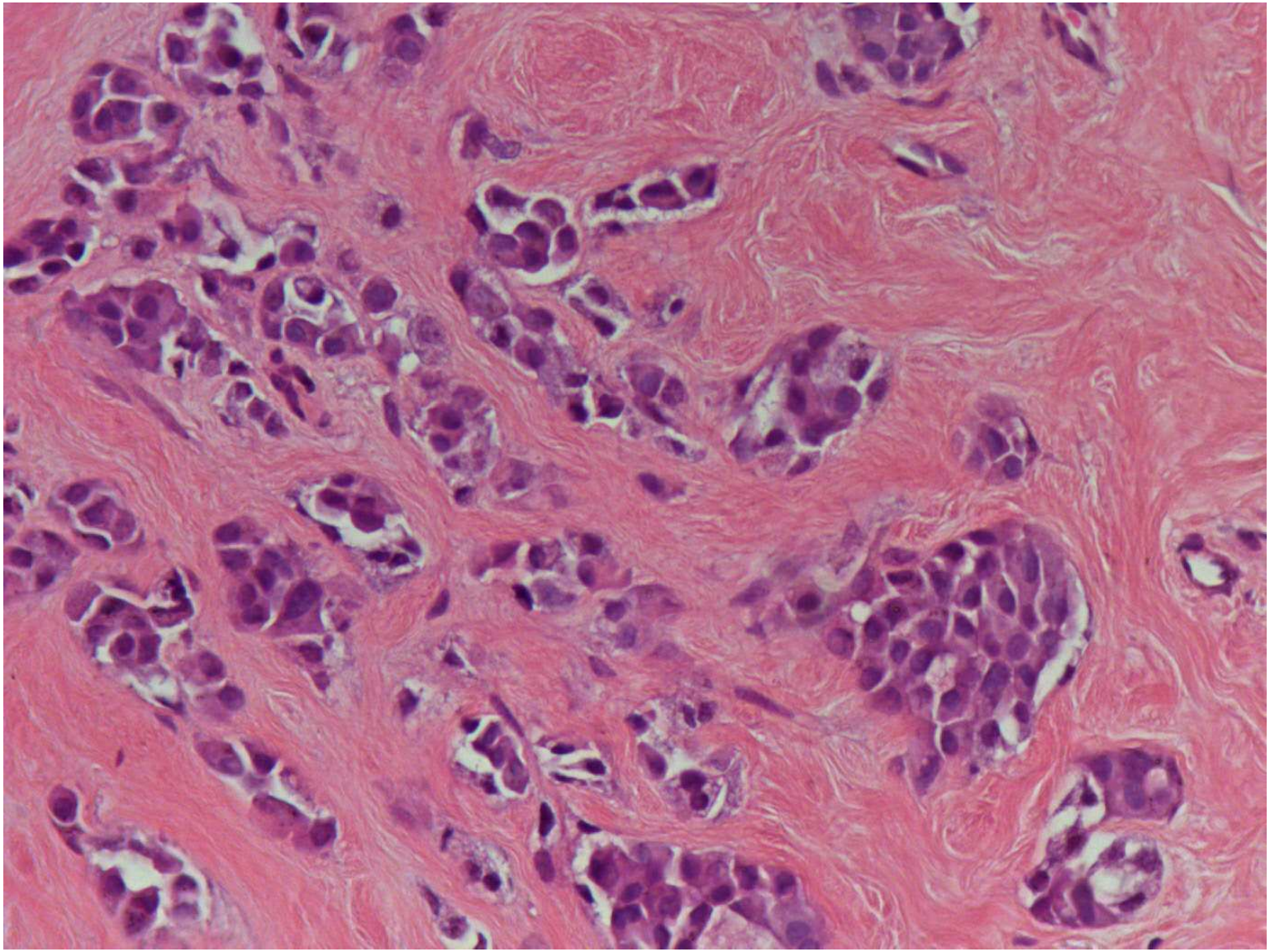


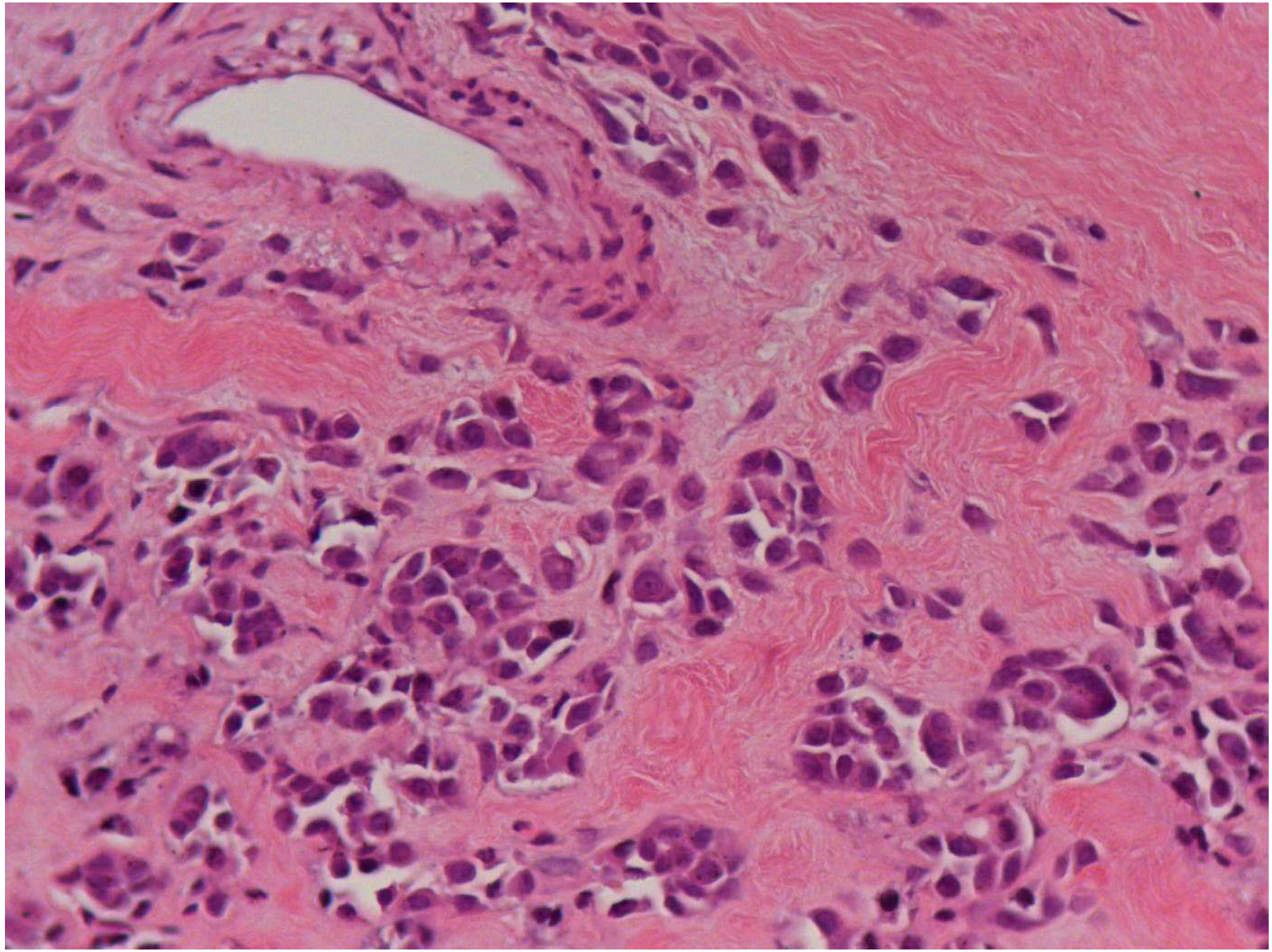
Microscopia



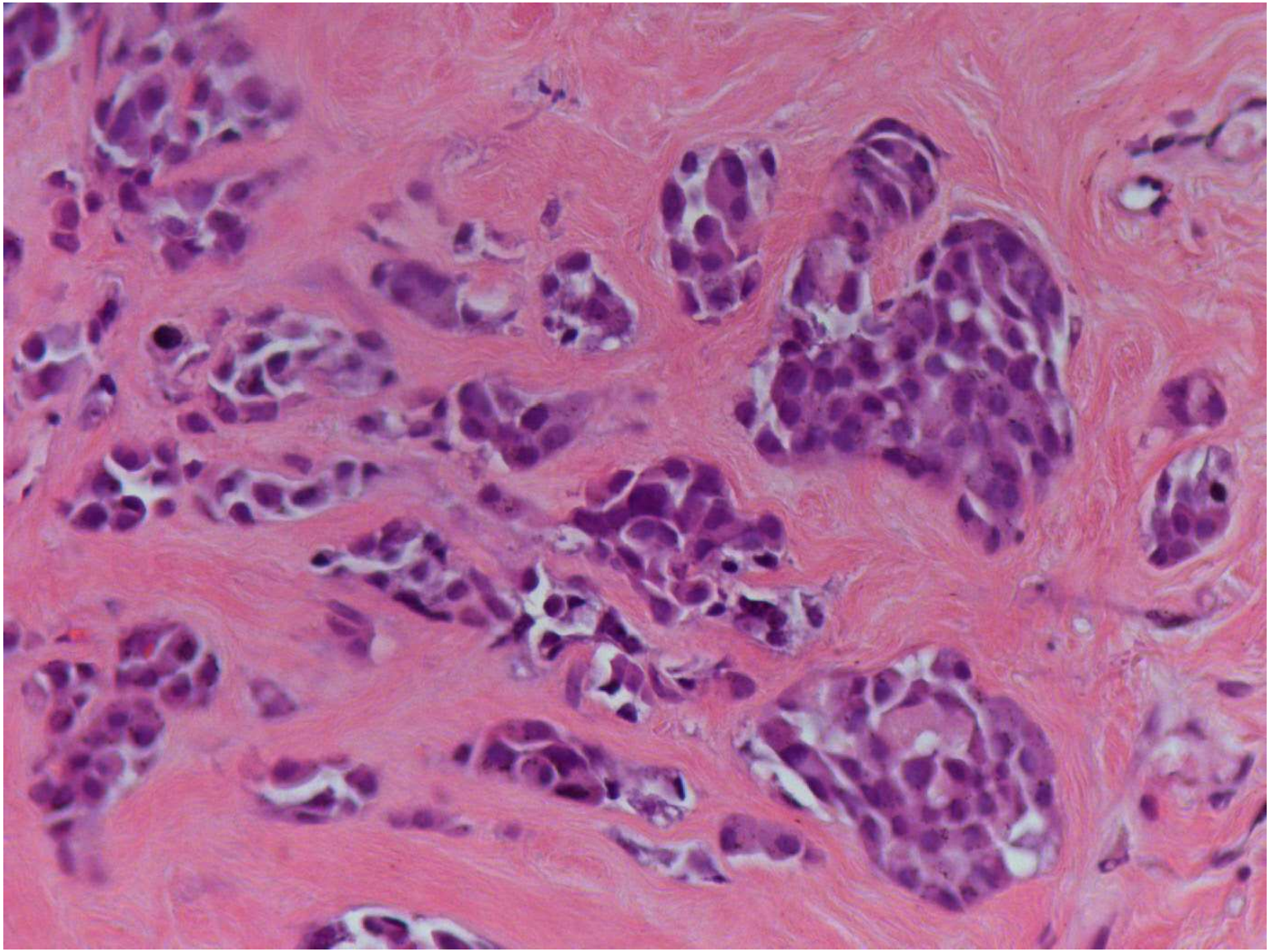
Microscopia



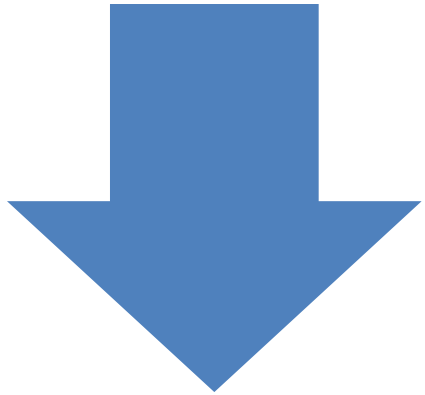
Microscopia



Microscopia

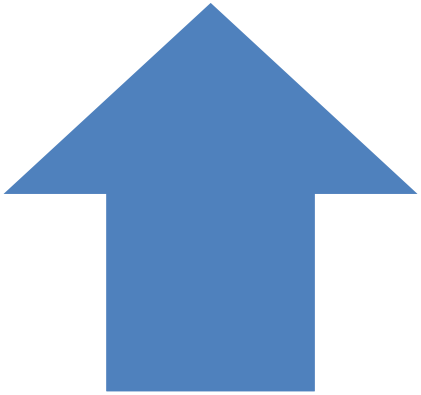


Hipóteses diagnósticas



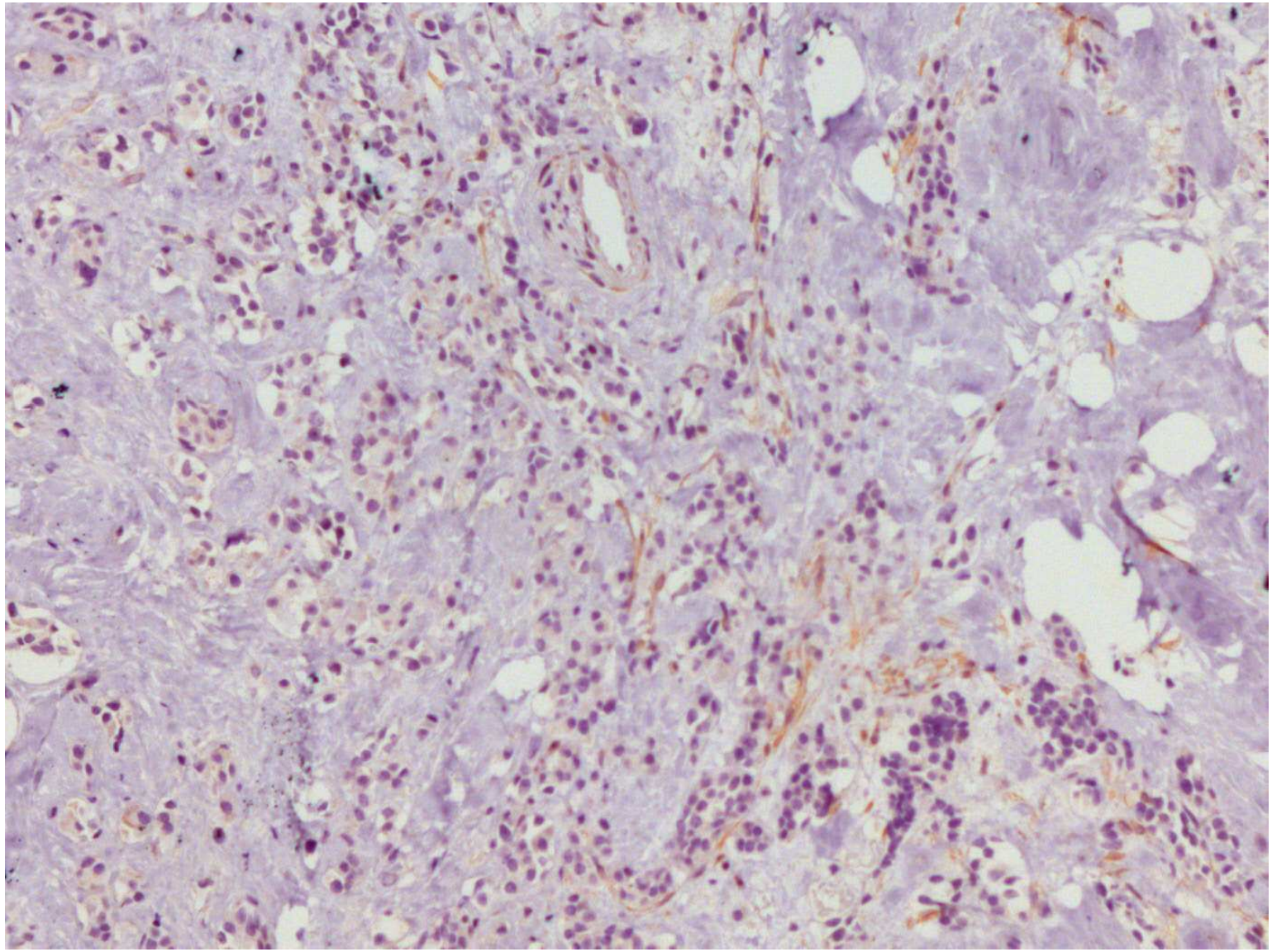
Carcinoma
mamário
DUCTAL

Carcinoma
mamário
LOBULAR

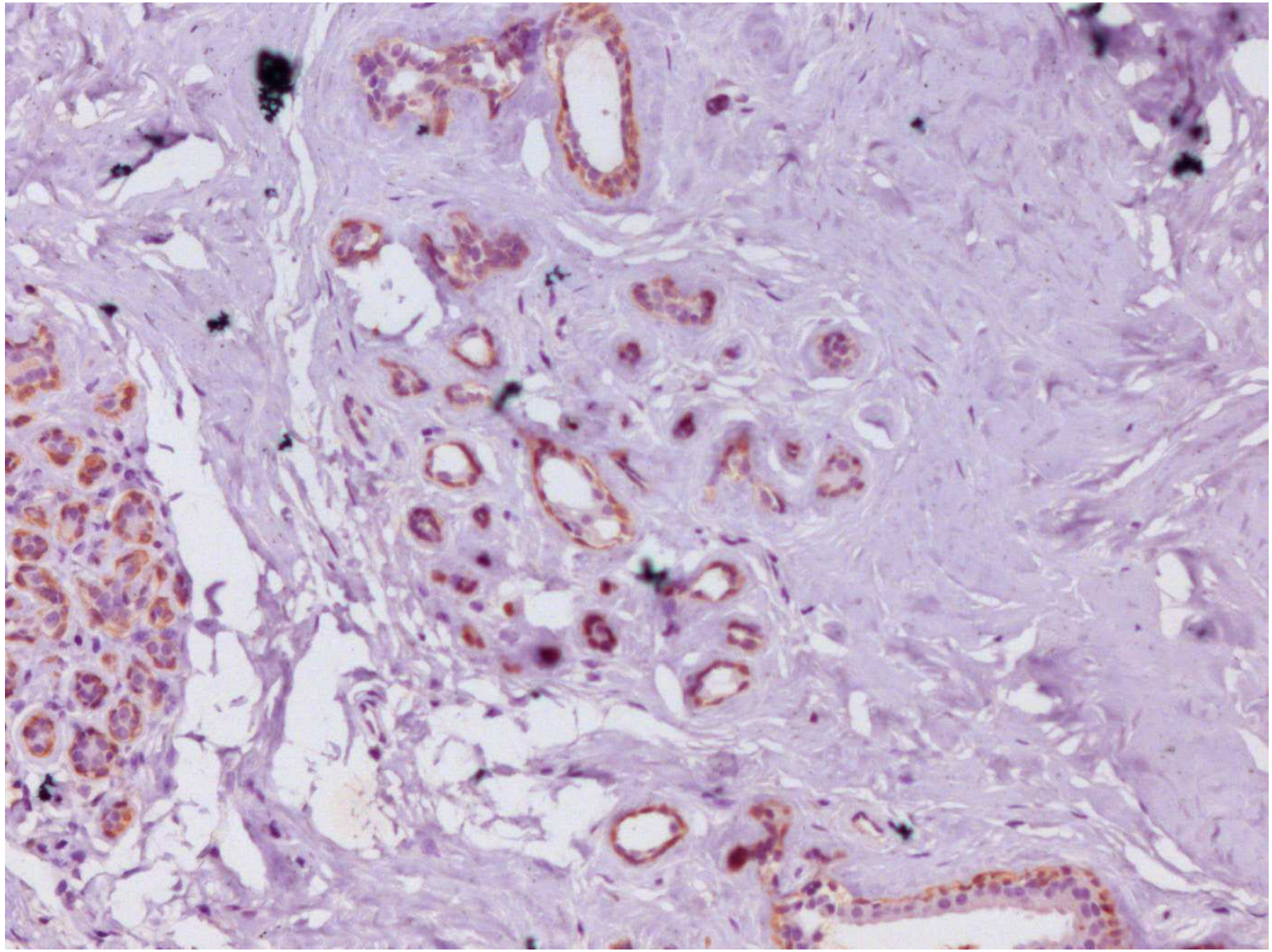


Exame imuno-histoquímico

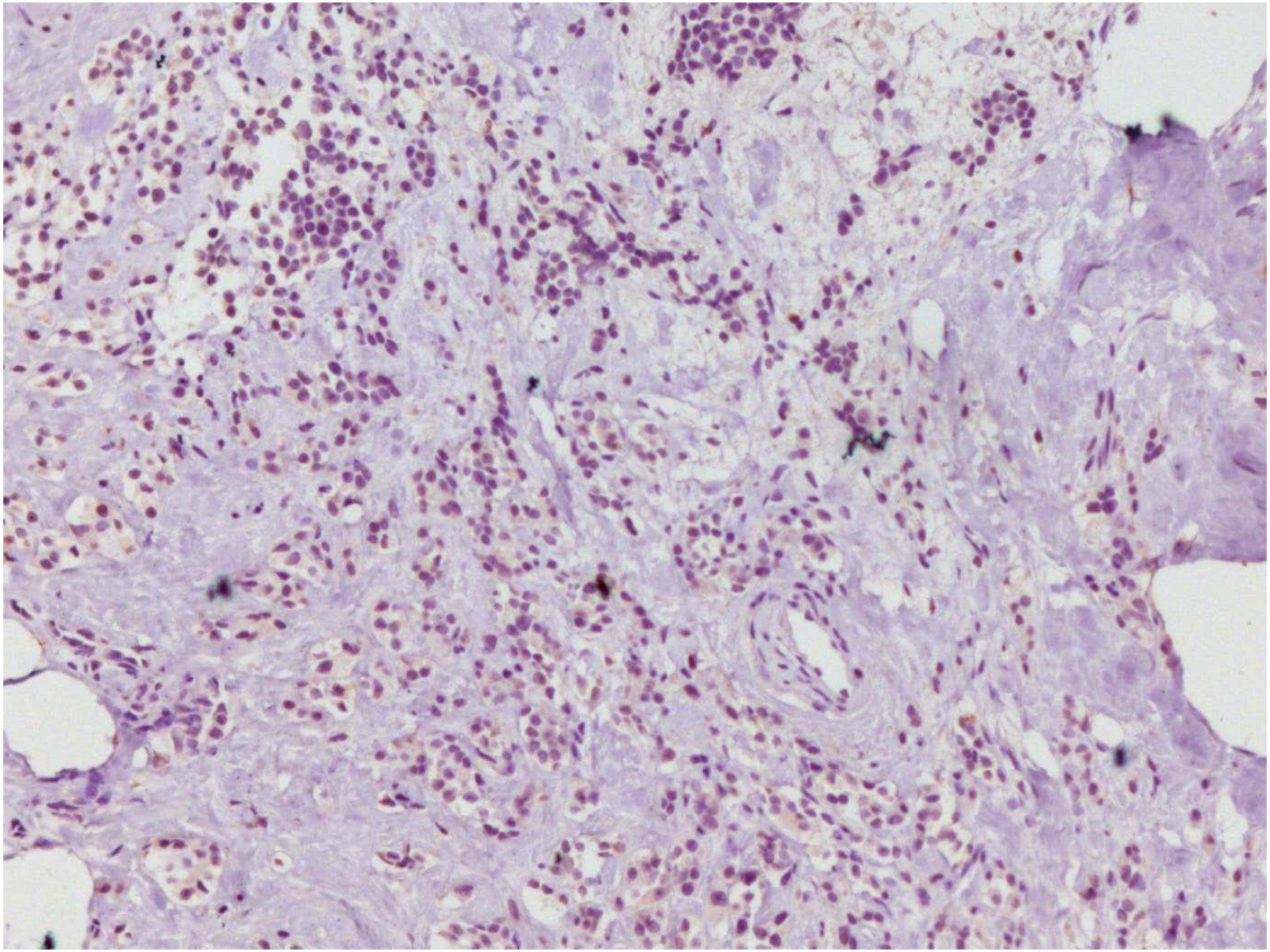
Calponina



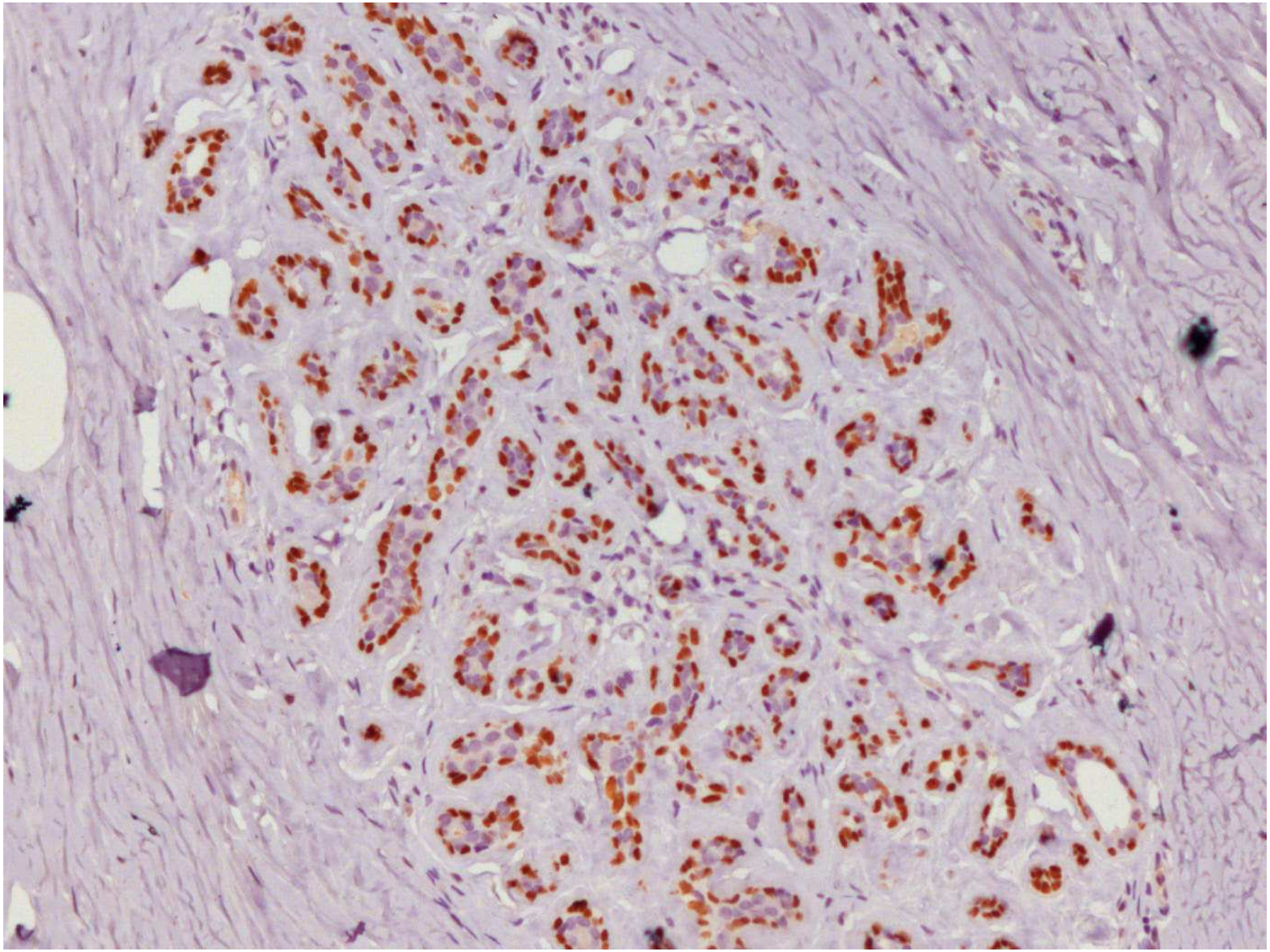
Calponina – controle interno



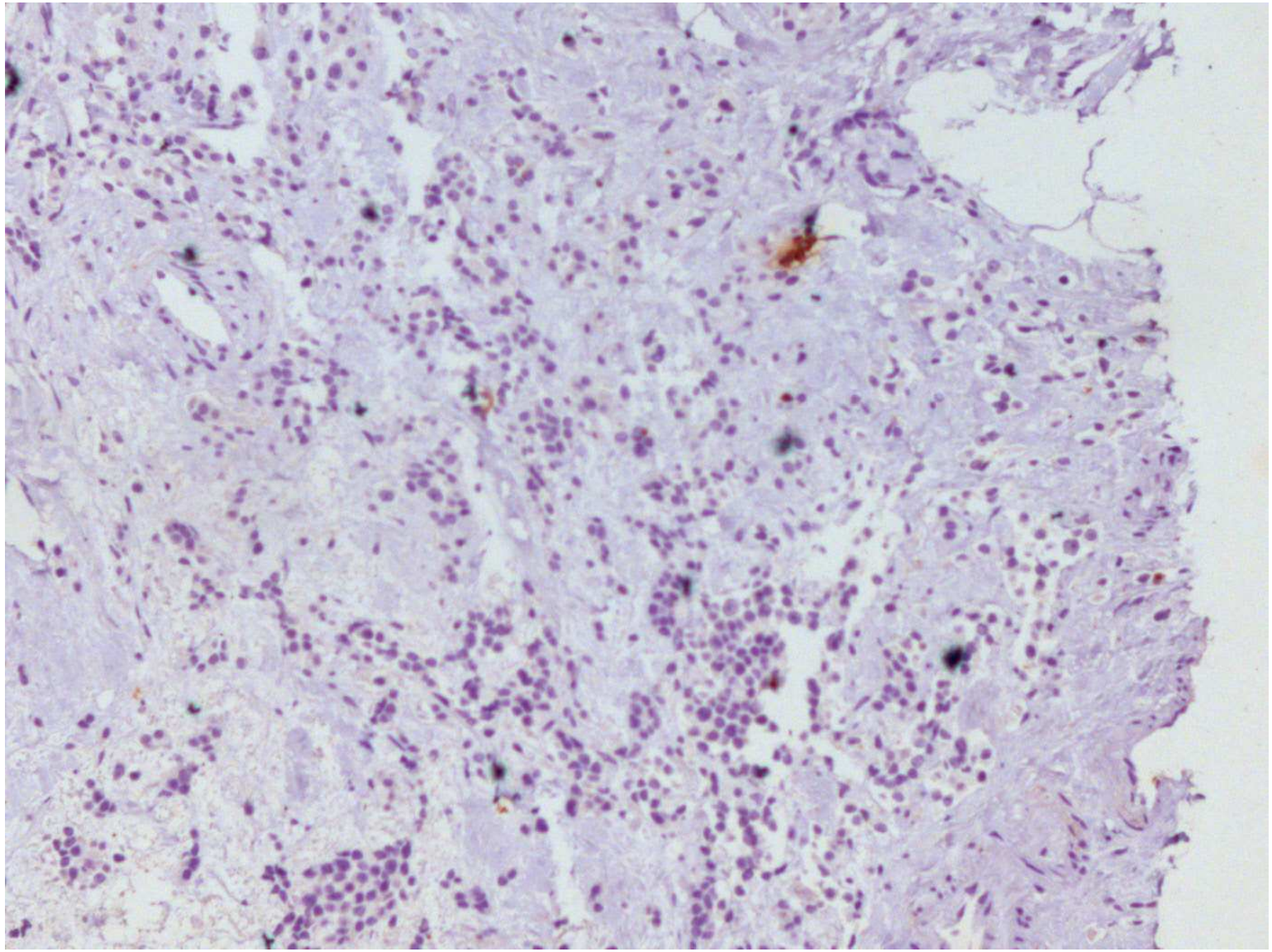
Proteína p63



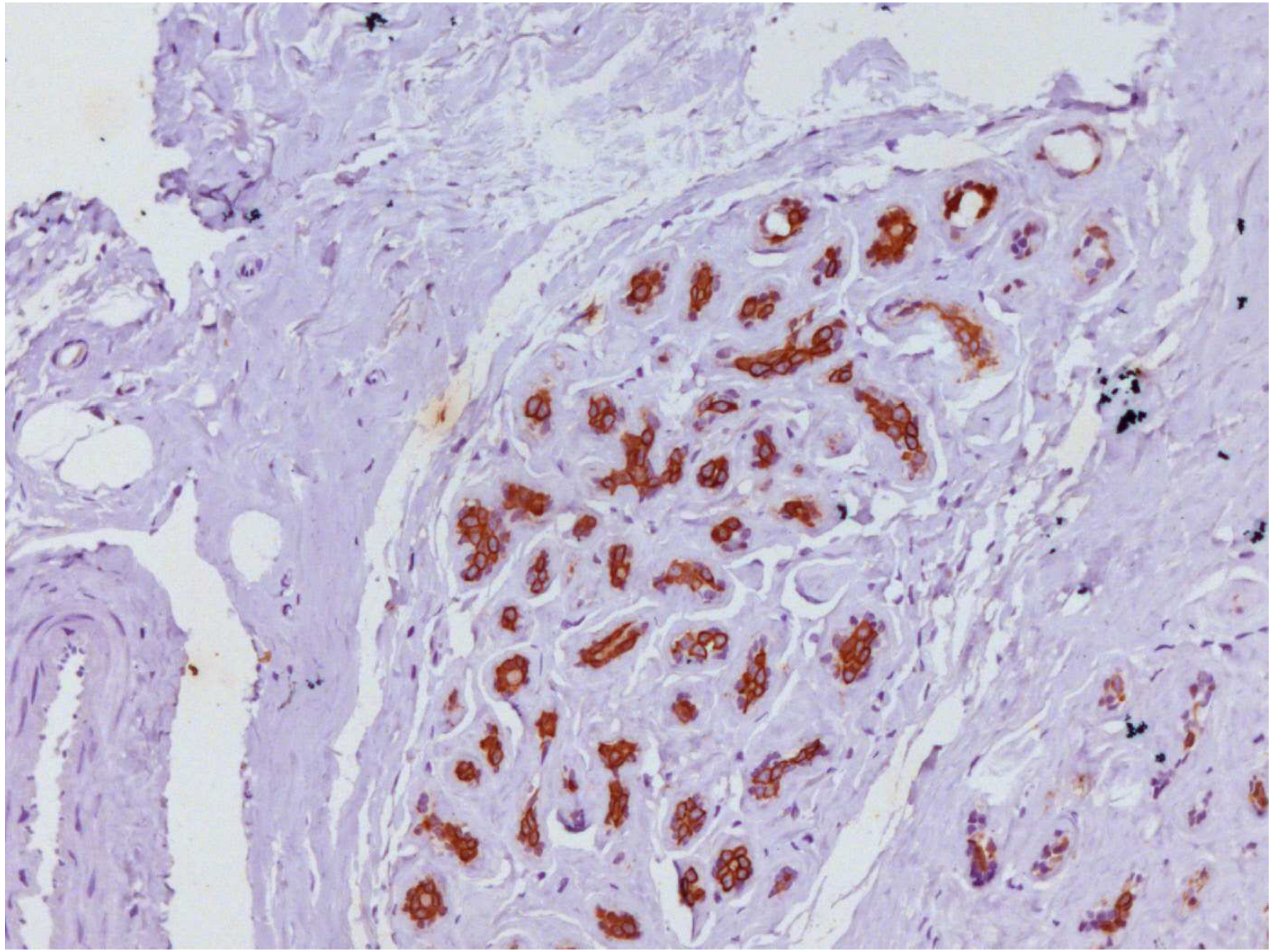
Proteína p63 – controle interno



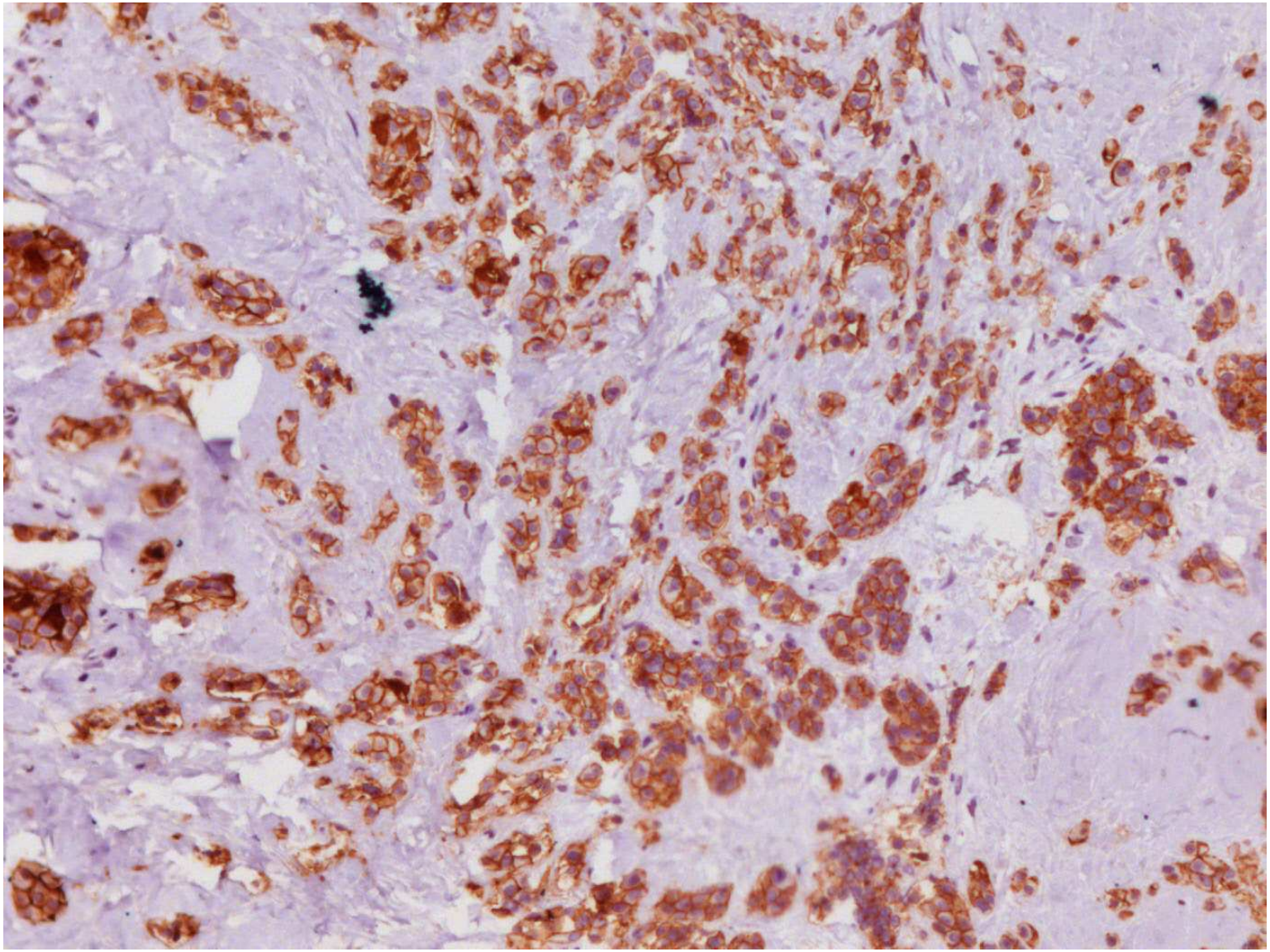
Citoqueratina 5



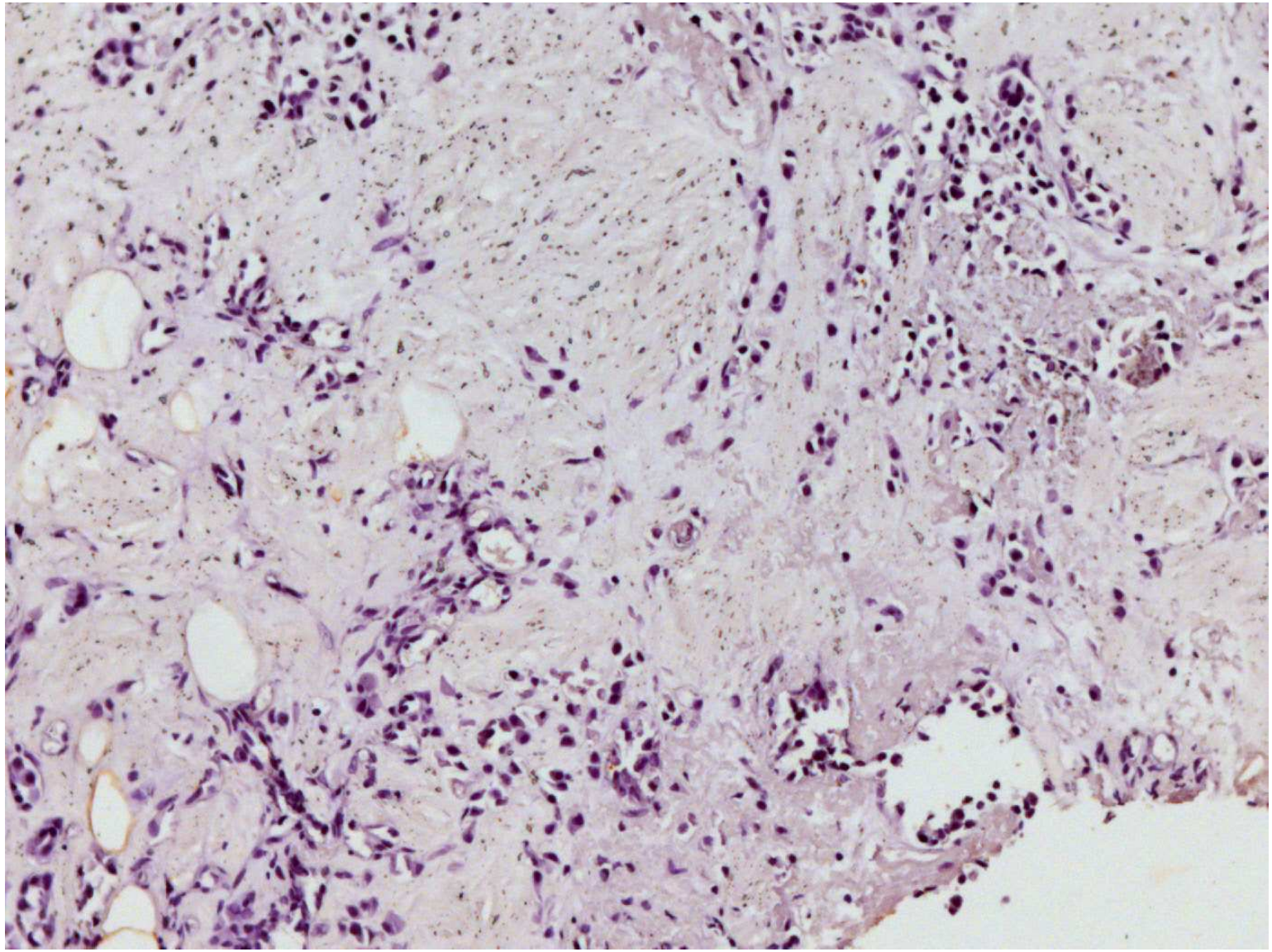
Citoqueratina 5 – controle interno



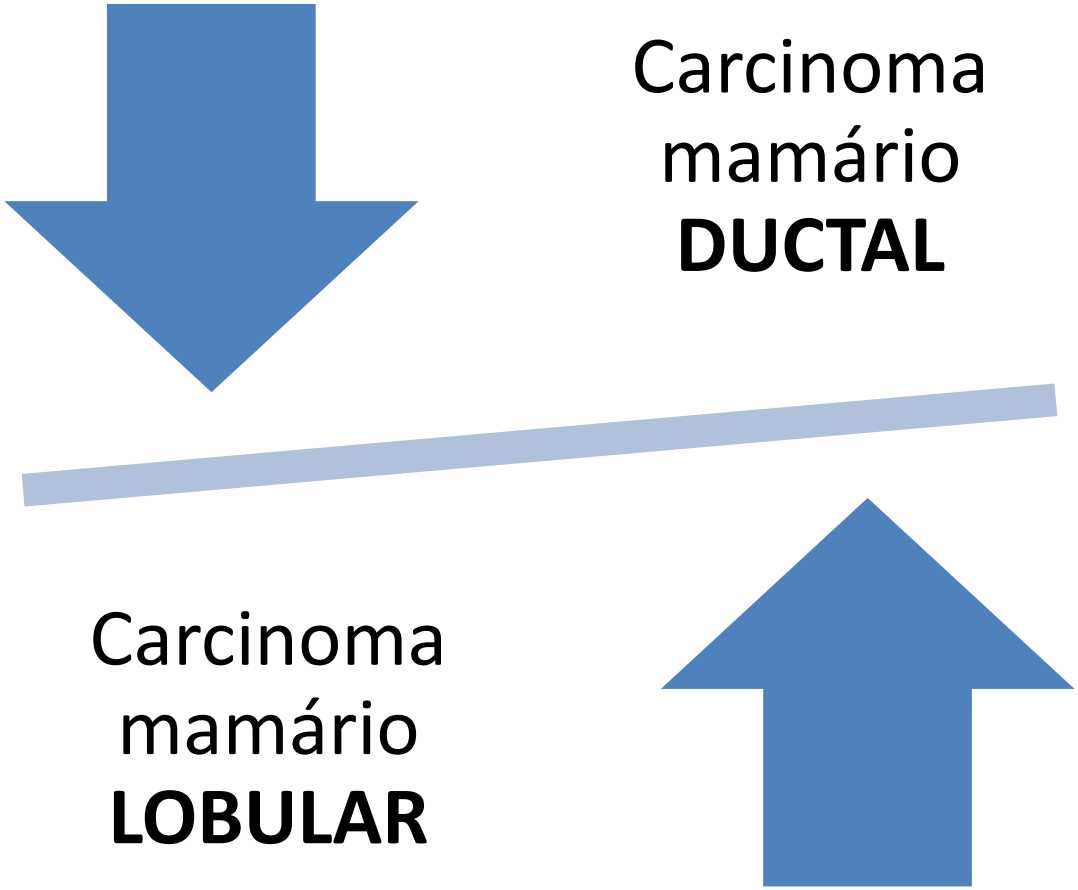
E-caderina



Proteína S-100



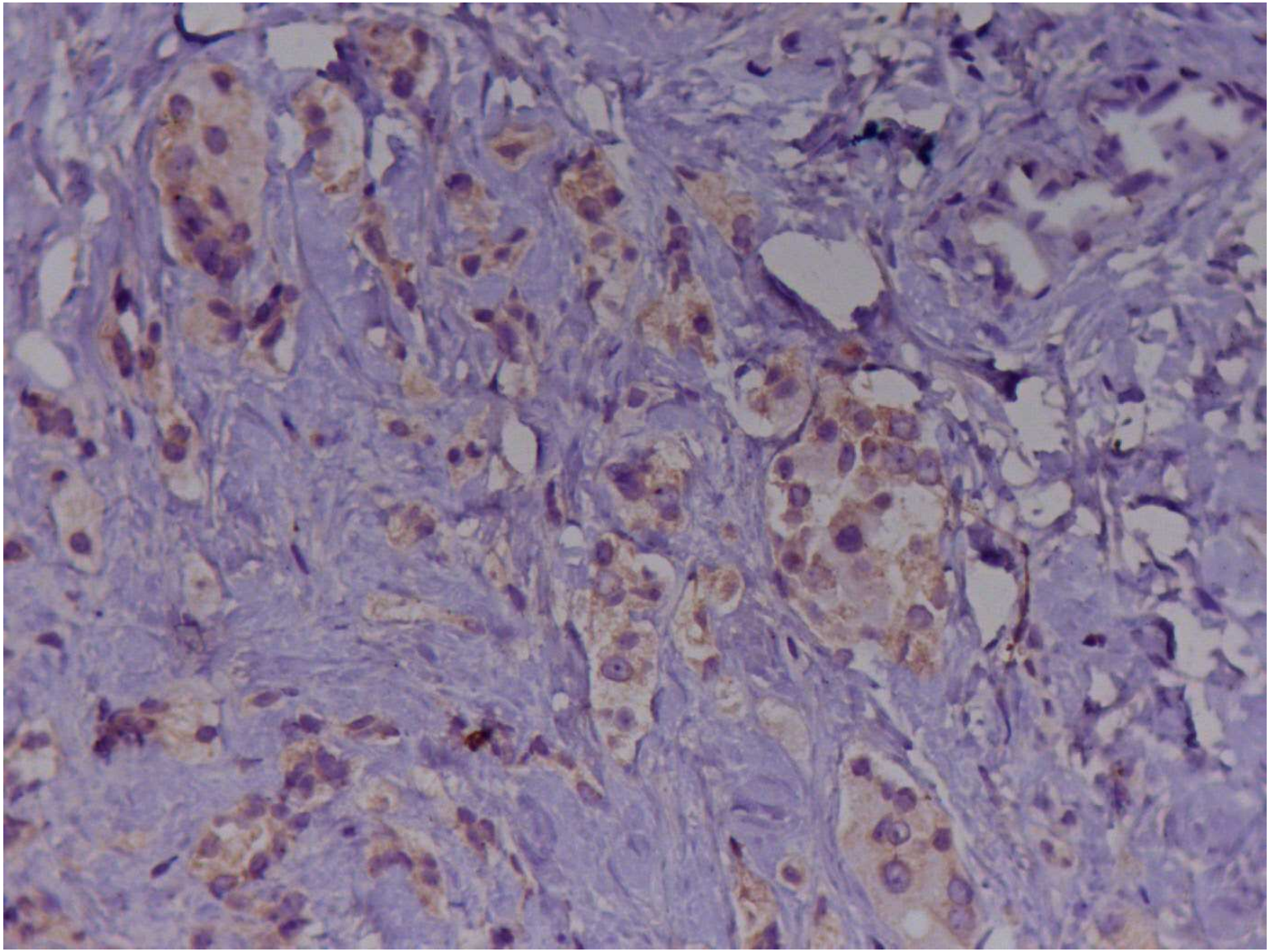
Hipóteses diagnósticas



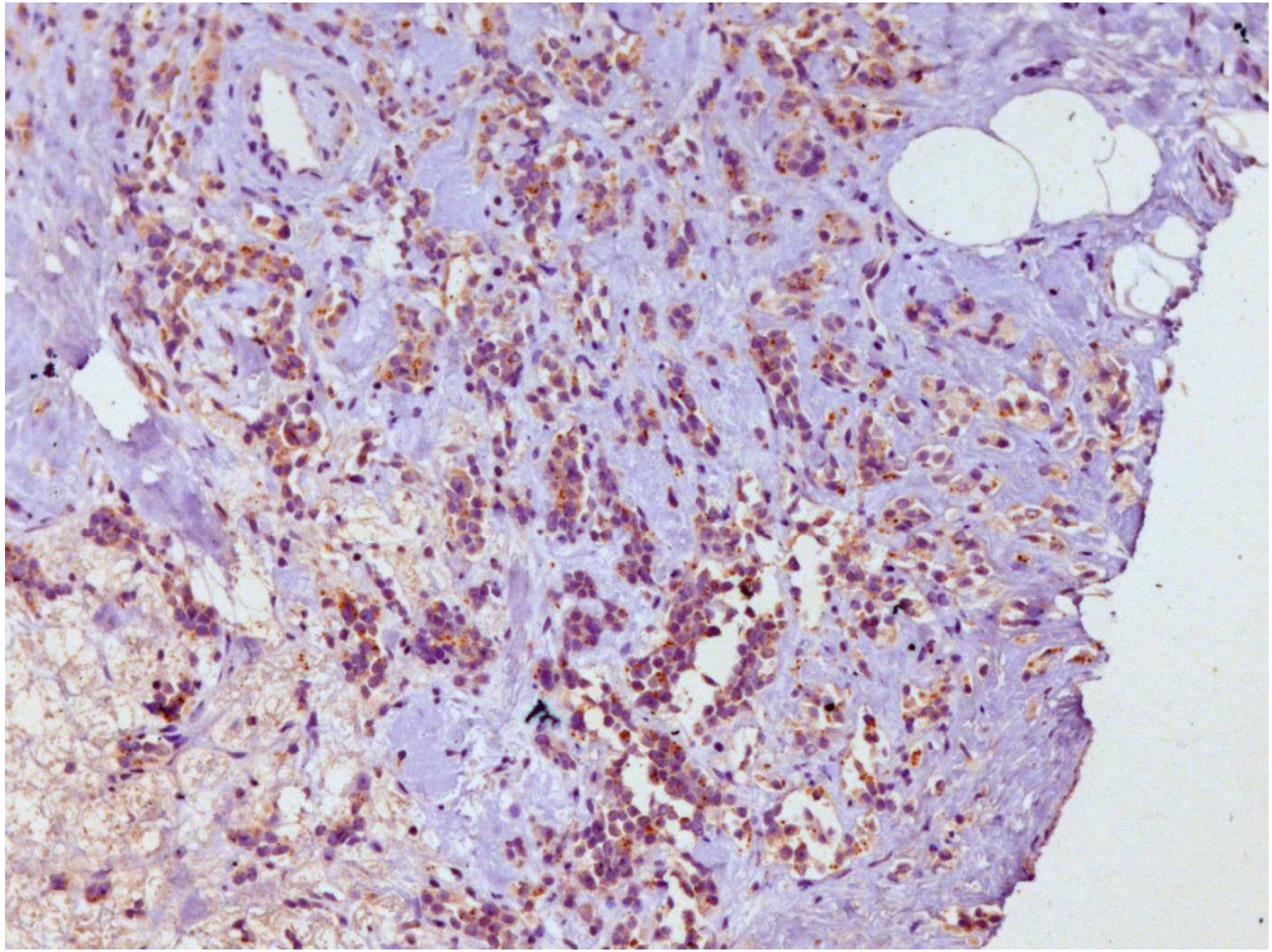
Diagnóstico???

CARCINOMA MAMÁRIO COM BAIXO GRAU NUCLEAR E BAIXO GRAU HISTOLÓGICO?

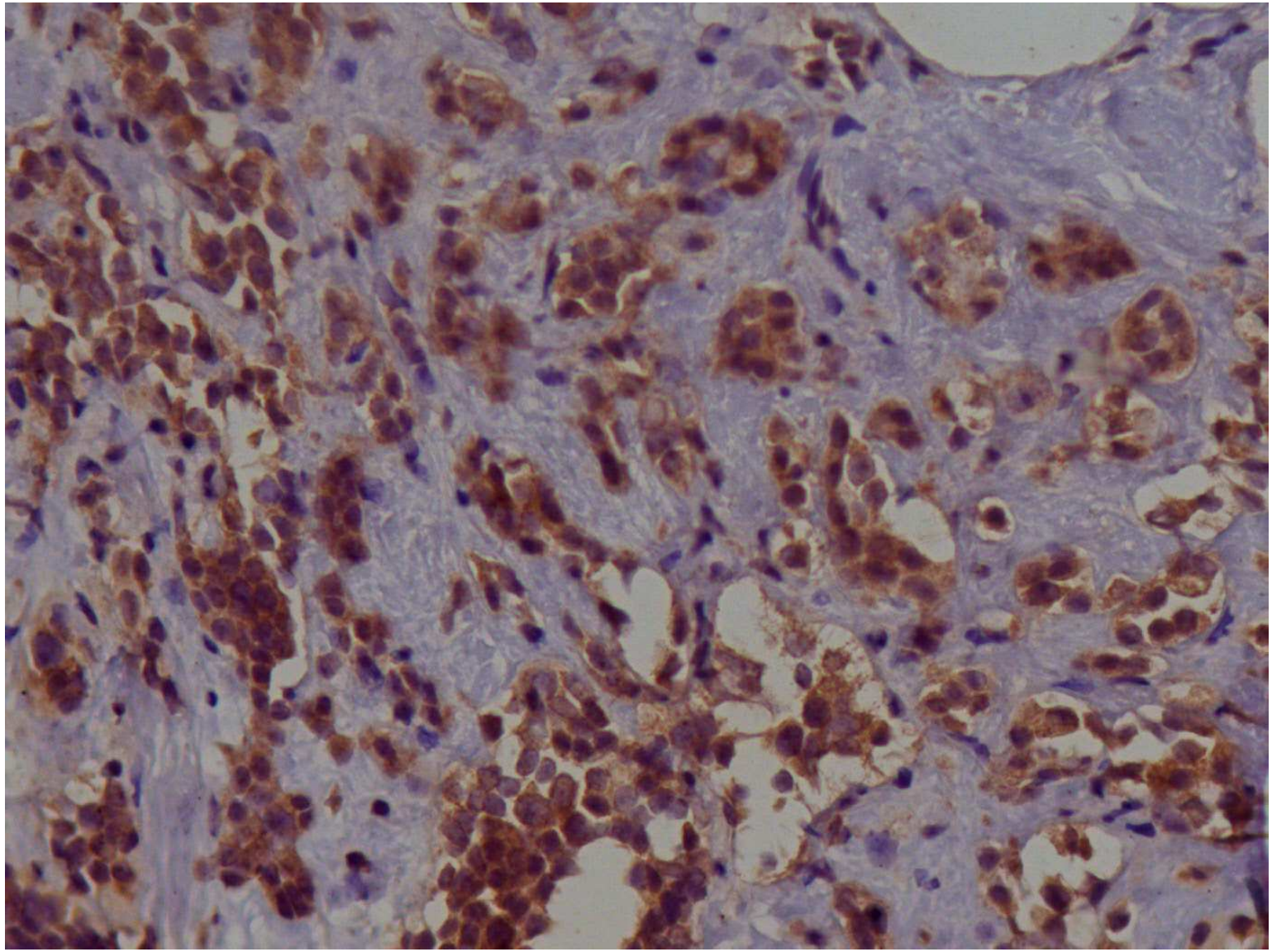
HER-2



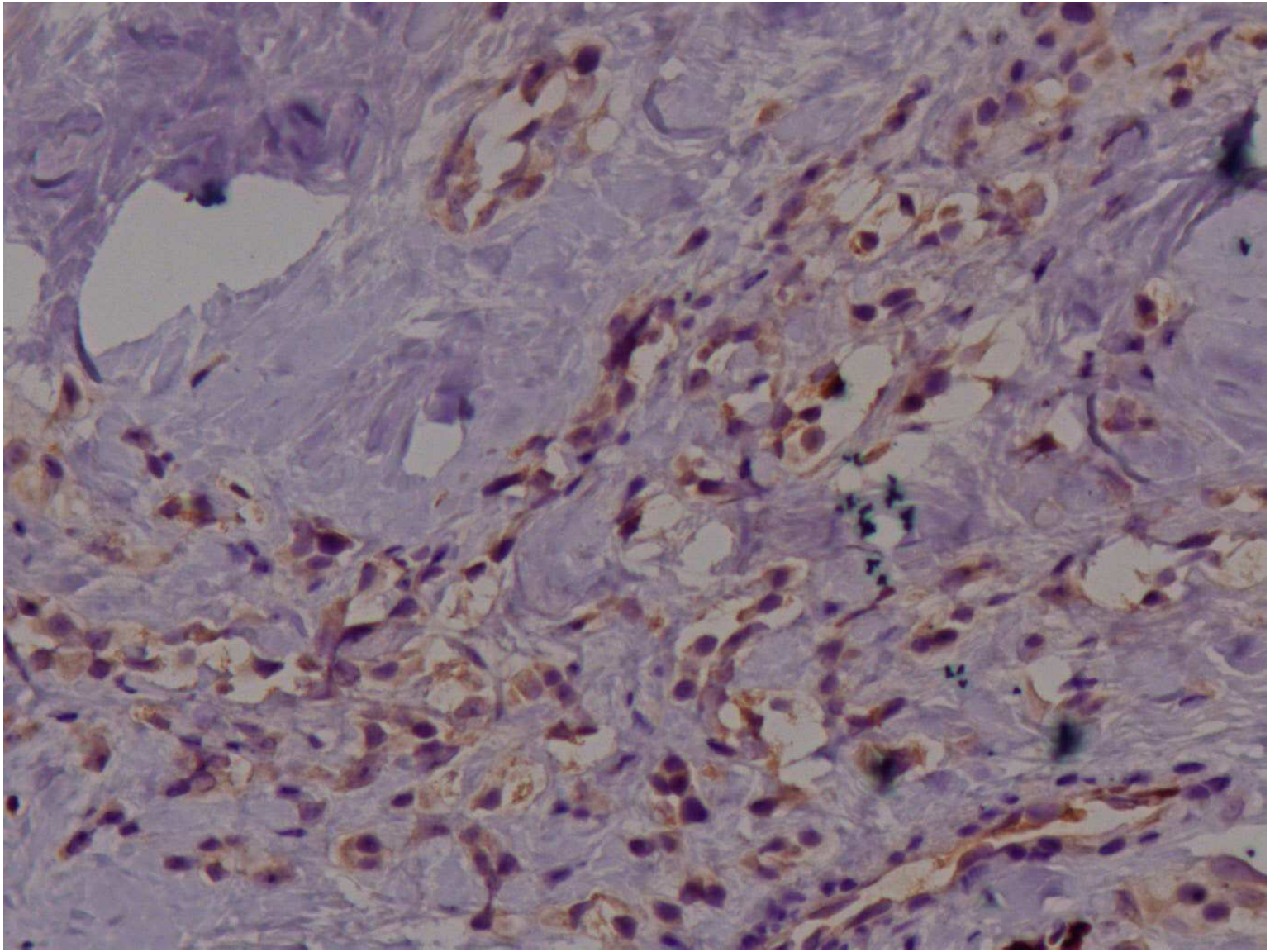
Receptor de estrógeno



Receptor de progesterona



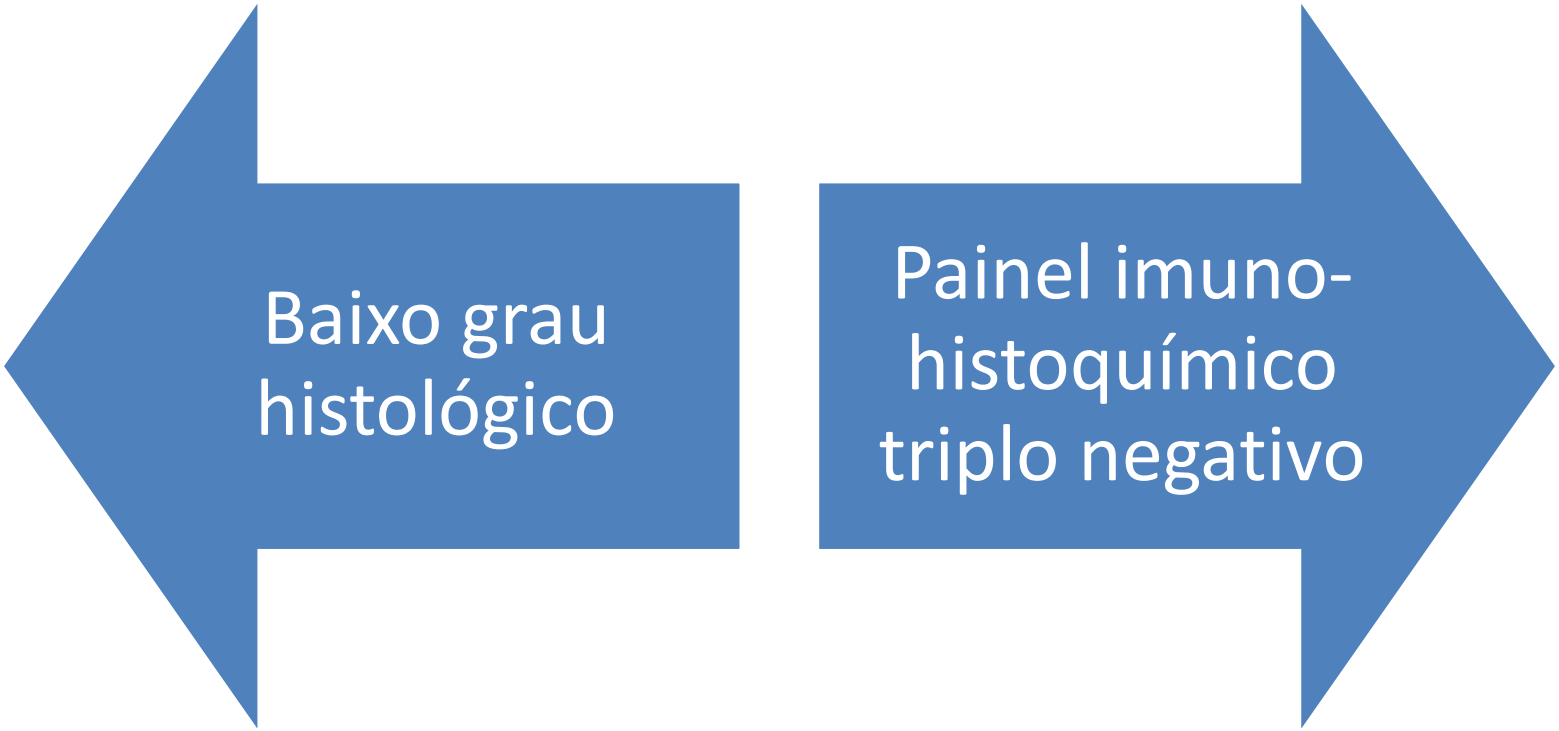
Antígeno ki-67



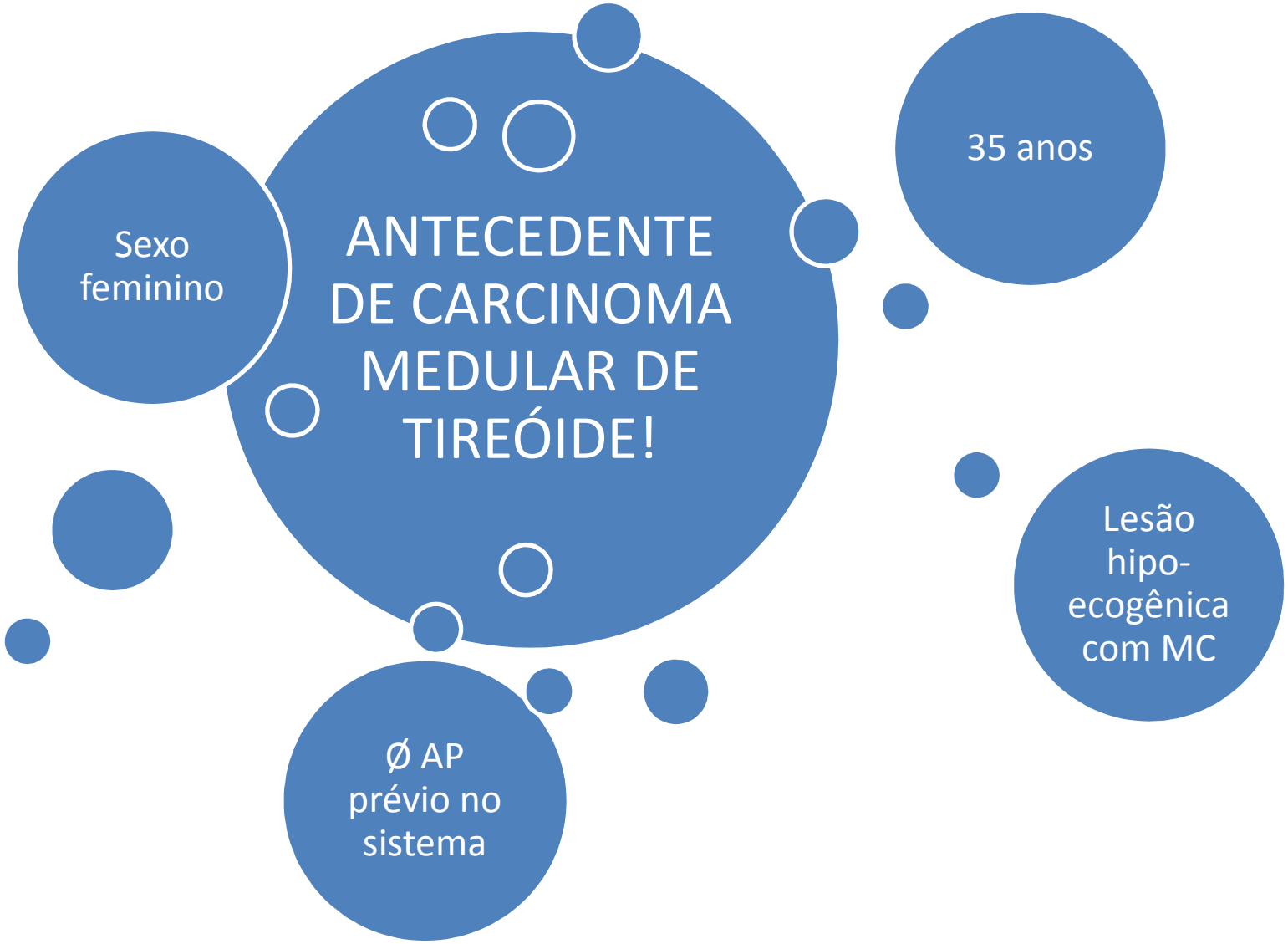
Painel imuno-histoquímico

Reação	Resultado
Calponina	Negativo
Proteína p63	Negativo
Citoqueratina 5	Negativo
E-caderina	Positivo
Proteína S-100	Negativo
HER-2	Negativo
Receptor de estrógeno	Negativo
Receptor de progesterona	Negativo
Antígeno ki-67	Positivo (<5%)

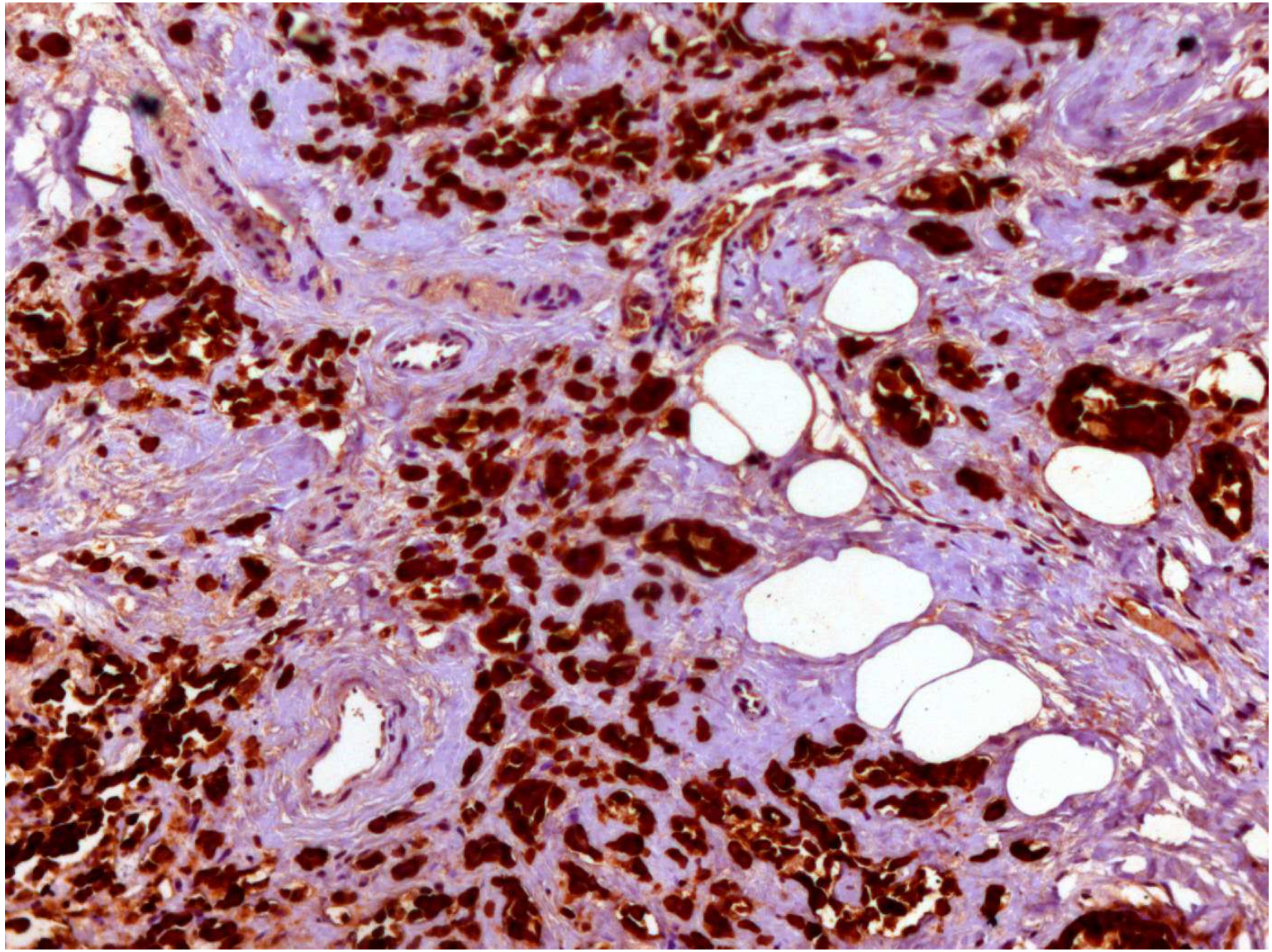
Incompatibilidade??



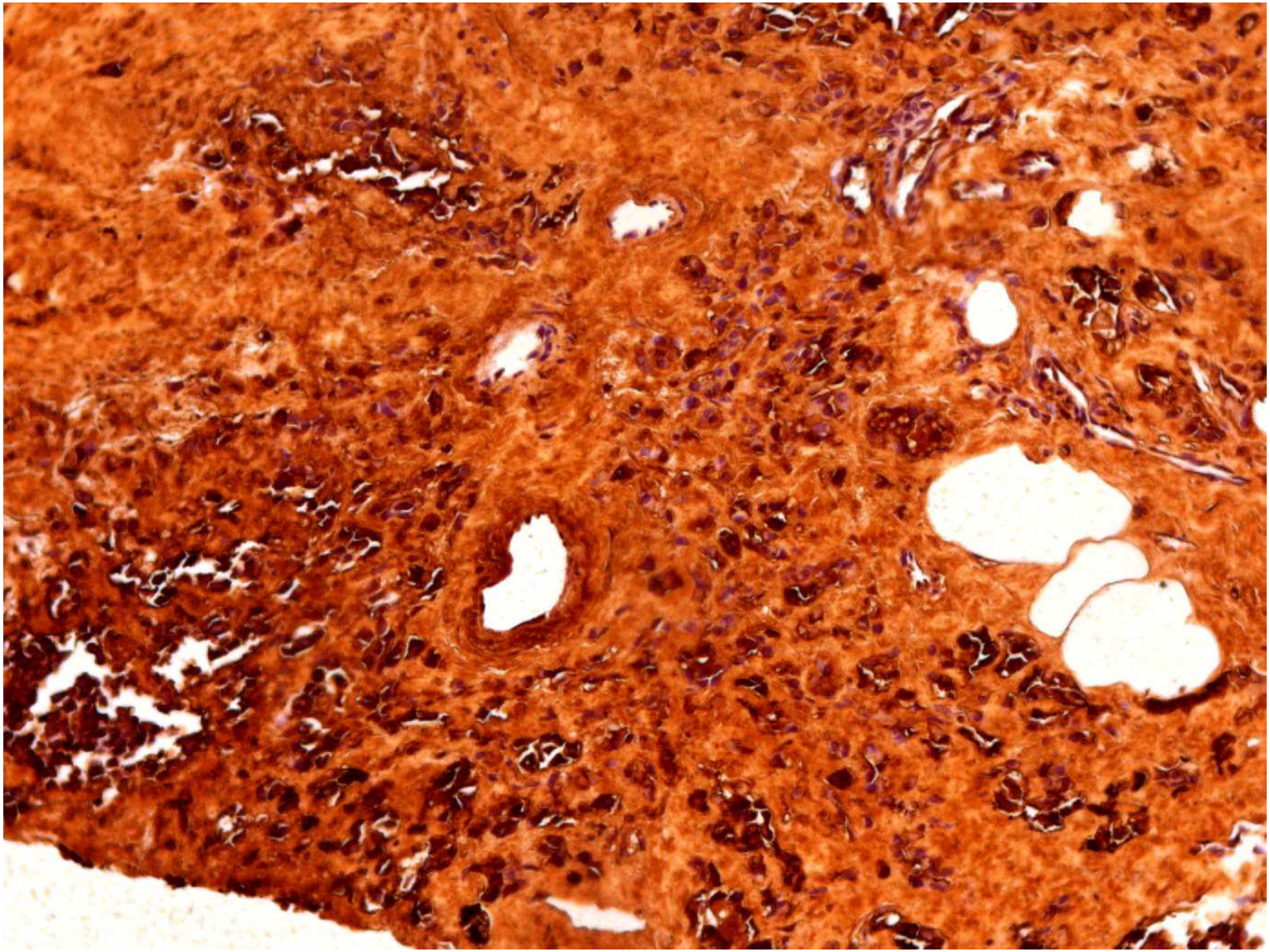
Informações Clínicas



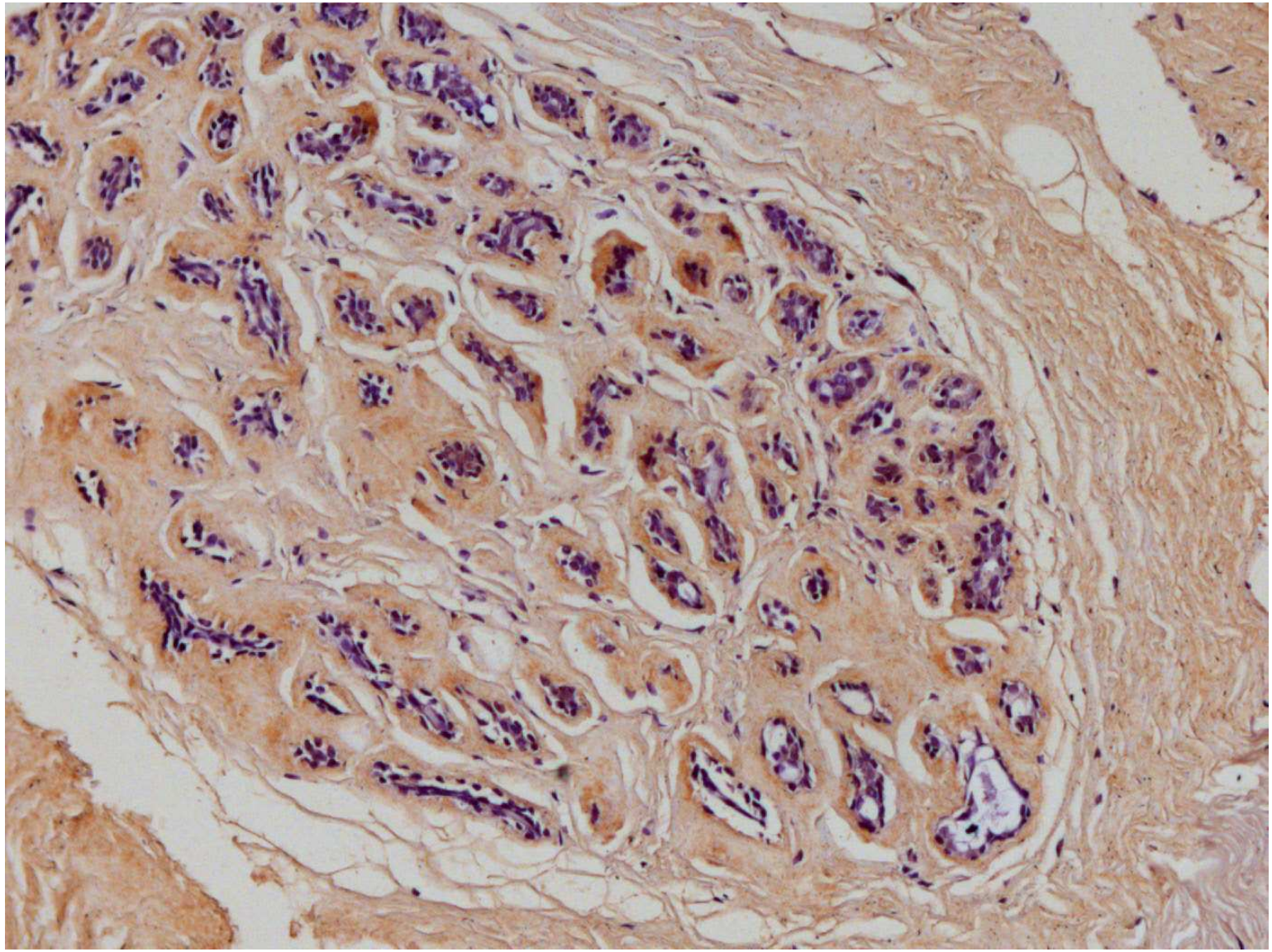
Cromogranina



Calcitonina



Calcitonina – “controle negativo”



Diagnóstico

METÁSTASE DE CARCINOMA MEDULAR DE TIREOIDE PARA MAMA

Literatura

Breast metastasis from a pulmonary adenocarcinoma: Case report and review o

ALESSANDRO SANGUINETTI[1], FRANCESCO PUMA[2], ROBE
ROBERTO CIROCCHI[3], ALESSIA CORSI[3], ROBERT

[1]Endocrine Surgical Unit, [2]Thoracic Surgery Un
University of Perugia, Umbria, Te

Received May 15, 2012; Accepted

Breast metastasis from nasopharyngeal carcinoma: A case report and review of the literature

BEN I. LEACH[1], BONNIE SUN[2], LYDIA PETROVIC[3] and STEPHEN V. LIU[1,4]

Departments of [1]Medicine, [2]Surgery and [3]Pathology; [4]Division of Medical Oncology, Norris Comprehensive Cancer Center, Keck University of Southern California School of Medicine, Los Angeles, CA 90033, USA

Received January 15, 2013; Accepted March 22, 2013

DOI: 10.3892/ol.2013.1303

Breast Metastasis From a Melanoma

.ancer

A case of solitary breast metastasis from malignant melanoma of the nasal cavity

SATORU TANAKA, NAYUKO SATO, HIROYA FUJIOKA, YUKO TAKAHASHI, KOSEI KIMURA, MITSUHIKO IWAMOTO and KAZUHISA UCHIYAMA

Section of Breast and Endocrine Surgery, Department of General and Gastroenterological Surgery, Osaka Medical College, Takatsuki, Osaka 569-8686, Japan

Received May 21, 2012; Accepted August 16, 2012

Barakat, MRCS, Bay[a]
linas Mandel[a]

ahpasa Medical Faculty,

K

adenocarcinoma

Kwang Ho Kim

on Sup Chung, Byung In Moon,

Literatura

Am Surg. 2004 Apr;70(4):287-90.

Clinical and ultrasonographic characteristics of breast metastases from extramammary malignancies.

Yeh CN, Lin CH, Chen MF.

Department of Surgery, Chang Gung Memorial Hospital and Chang Gung University, Kwei-Shan, Taoyuan, Taiwan.

J Surg Oncol. 2010 Feb 1;101(2):137-40. doi: 10.1002/jso.21453.

Characteristics of metastasis in the breast from extramammary malignancies.

Lee SK, Kim WW, Kim SH, Hur SM, Kim S, Choi JH, Cho EY, Han SY, Hahn BK, Choe JH, Kim JH, Kim JS, Lee JE, Nam SJ, Yang JH.

Division of Breast and Endocrine Surgery, Department of Surgery, Samsung Medical Center, Sungkyunkwan University School of Medicine, Seoul 135-710, South Korea.

Pol J Pathol. 2006;57(3):161-5.

Metastases to the breast from extramammary malignancies: a clinicopathologic study of 12 cases.

Ribeiro-Silva A, Mendes CF, Costa IS, de Moura HB, Tiezzi DG, Andrade JM.

Department of Pathology, Ribeirão Preto Medical School, University of São Paulo, Brazil. arsilva@fmrp.usp.b

Acta Cytol. 1996 Nov-Dec;40(6):1293-300.

Metastases to the breast from extramammary neoplasms. A report of six cases with diagnosis by fine needle aspiration cytology.

Domanski HA.

Department of Pathology and Cytology, Central Hospital, Kristianstad, Sweden.

Metástases para mama

- Incidência
  - 0,5 a 1,2% das neoplasias de mama
  - 6% em autópsias
- Representam doença avançada

Metástases para mama

- Sítios primários:
  - Mama contralateral
  - Neoplasias hematológicas
  - Melanoma
  - Carcinoma de pulmão
  - Carcinoma renal
  - Tumores ovarianos
  - Carcinoma de tireoide
  - Tumores carcinoides do intestino delgado

Metástase para mama – quando desconfiar?

- Evidências clínicas:
  - Presença de neoplasia maligna em outro sítio:
    - Tempo entre lesão primária e metástase varia entre dias e anos (média: 12 meses)
  - Lesão palpável, indolor, de crescimento rápido;
  - Ausência de retração de pele ou papila;
  - Preferência pelo quadrante súpero-lateral.

Metástase para mama – quando desconfiar?

- Evidências radiológicas:
  - Lesão única, bem delimitada, hipoecogênica;
  - Microcalcificações são achado raro;

Metástase para mama – quando desconfiar?

- Evidências histológicas:
  - Lesão bem delimitada;
  - Ausência de componente “in situ”;
  - Ausência de elastose;
  - Achados morfológicos específicos de determinada neoplasia.


OBRIGADA!
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