13ª Reunião de Especialidades

Imunohistoquímica – Patologia Cirúrgica

Gil Pena

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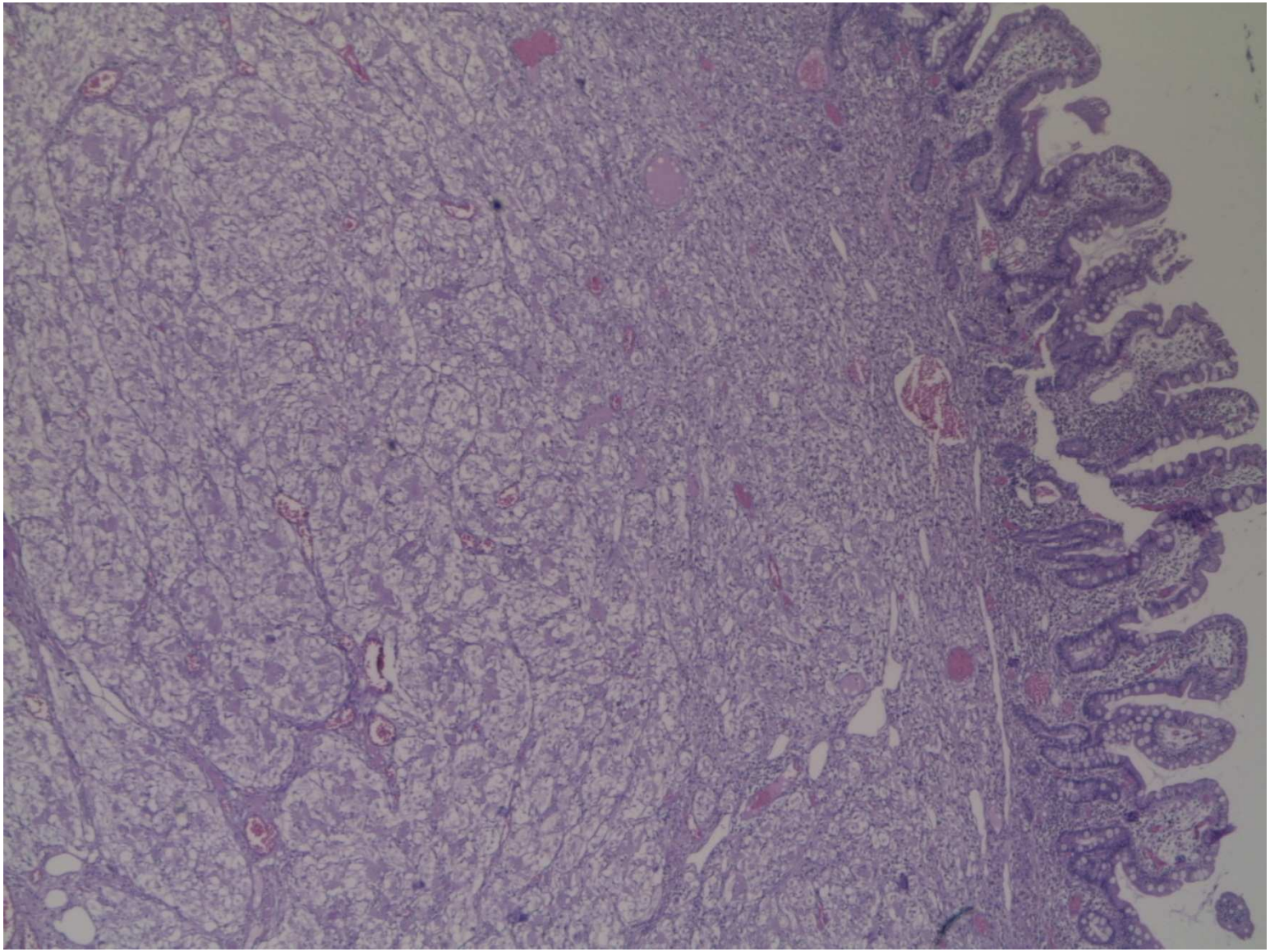

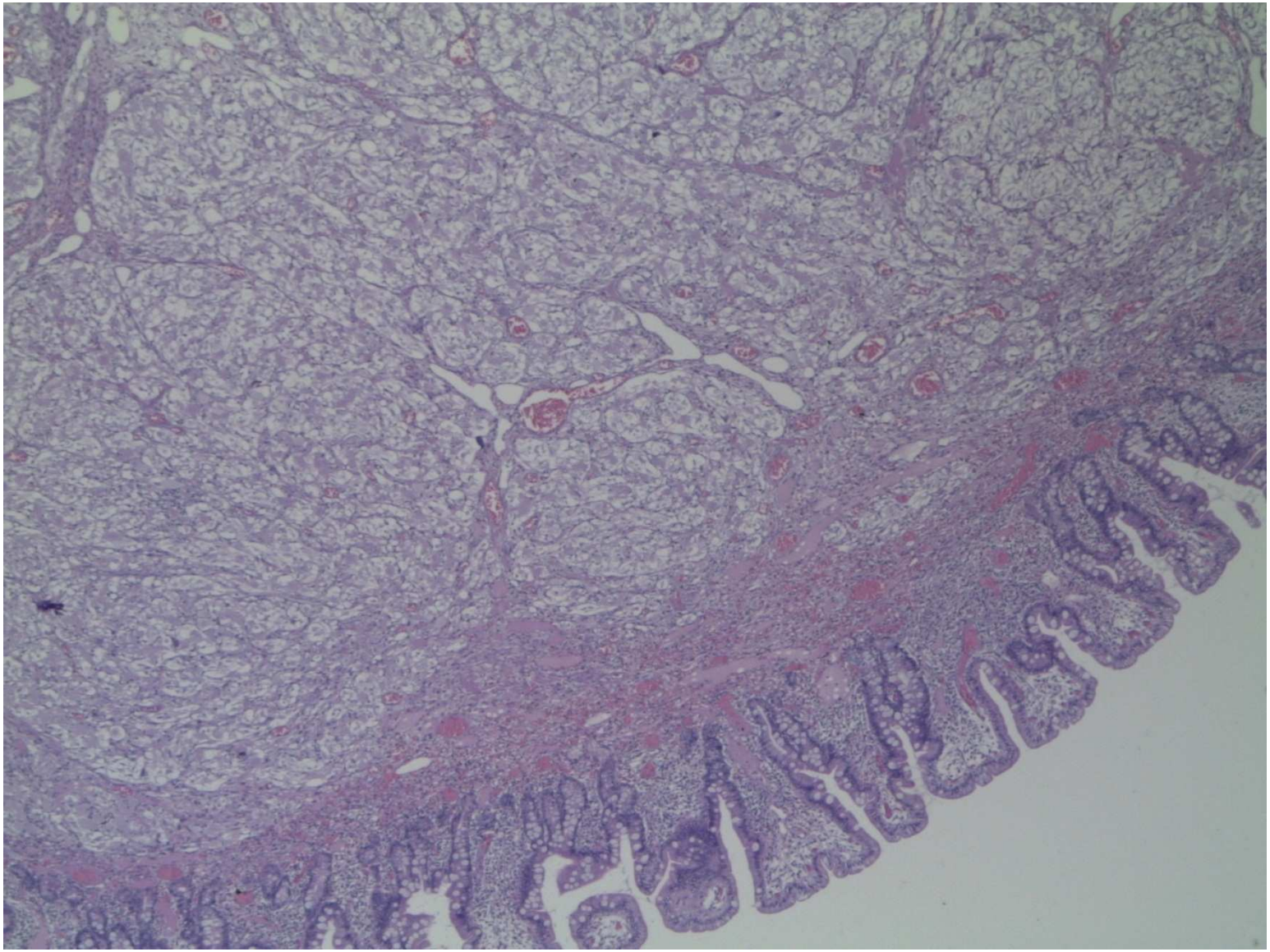

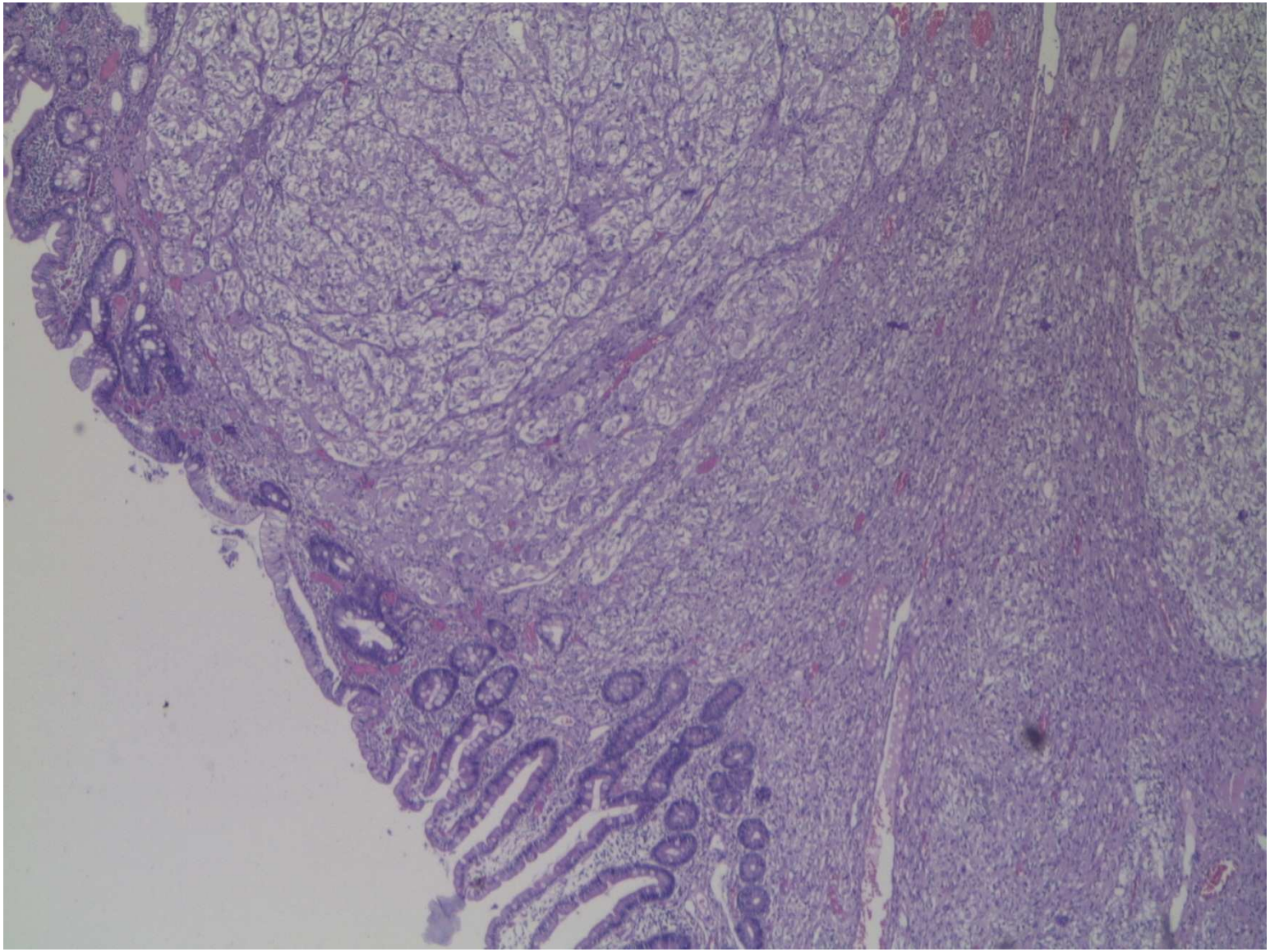

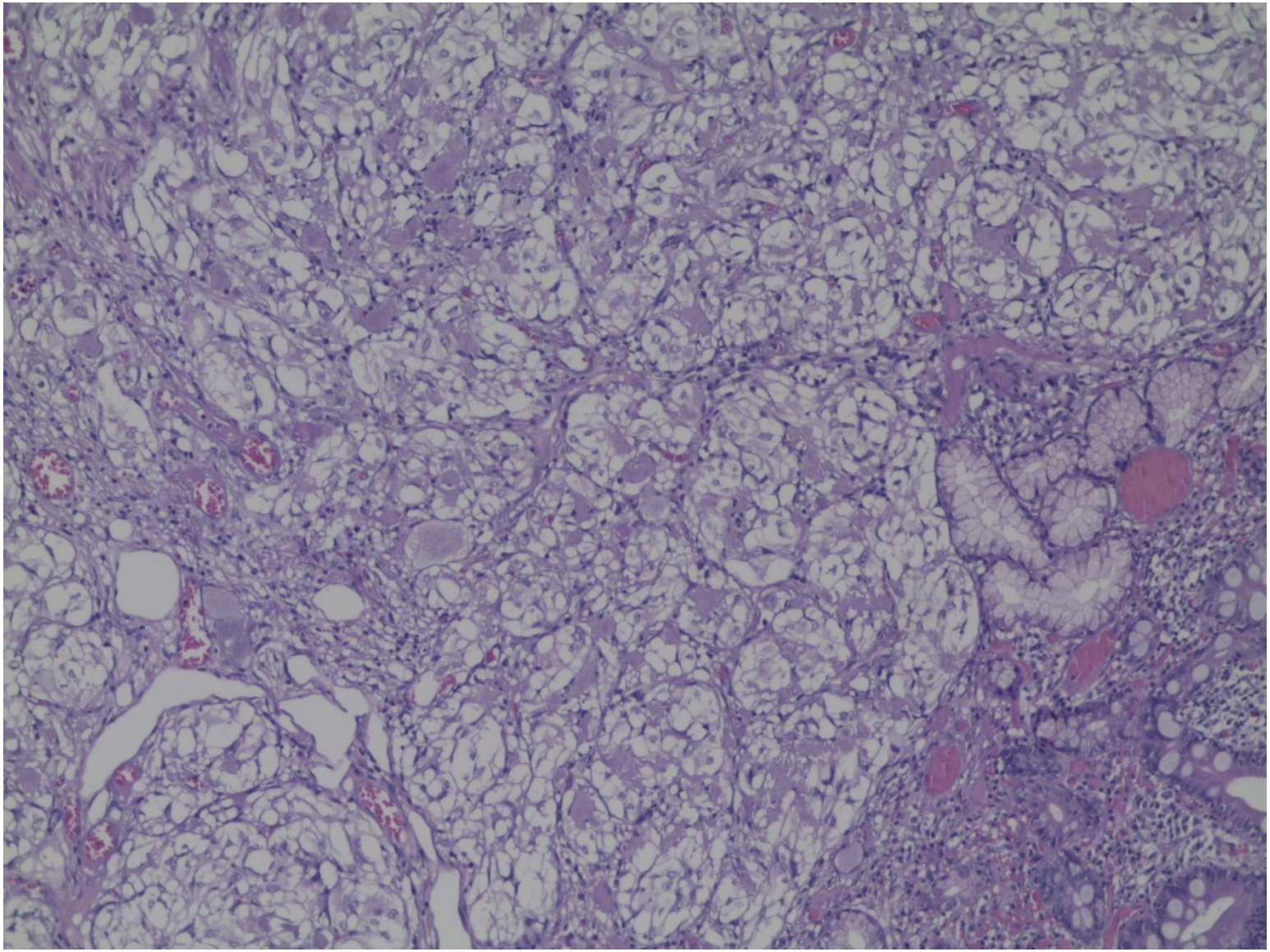

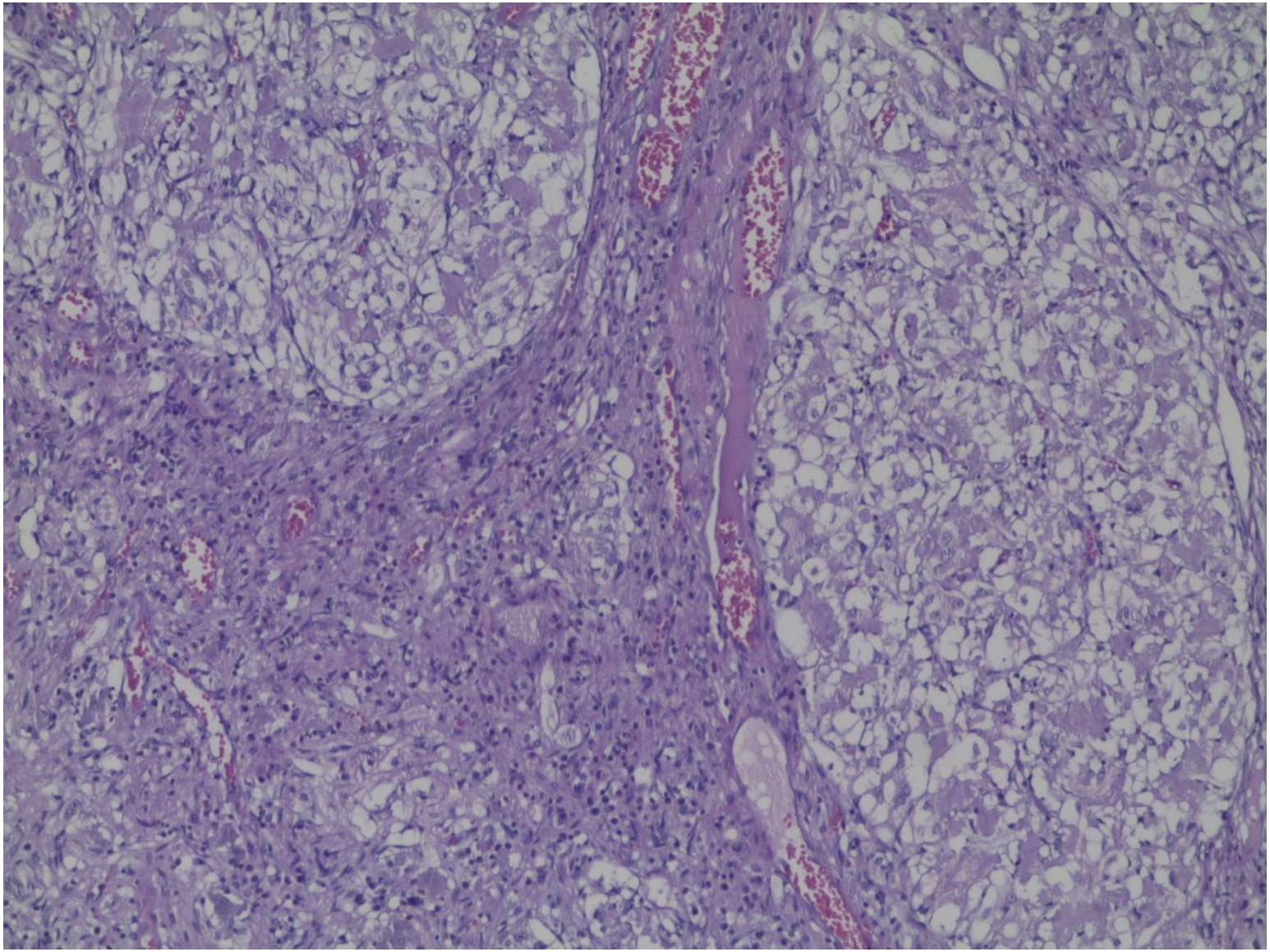

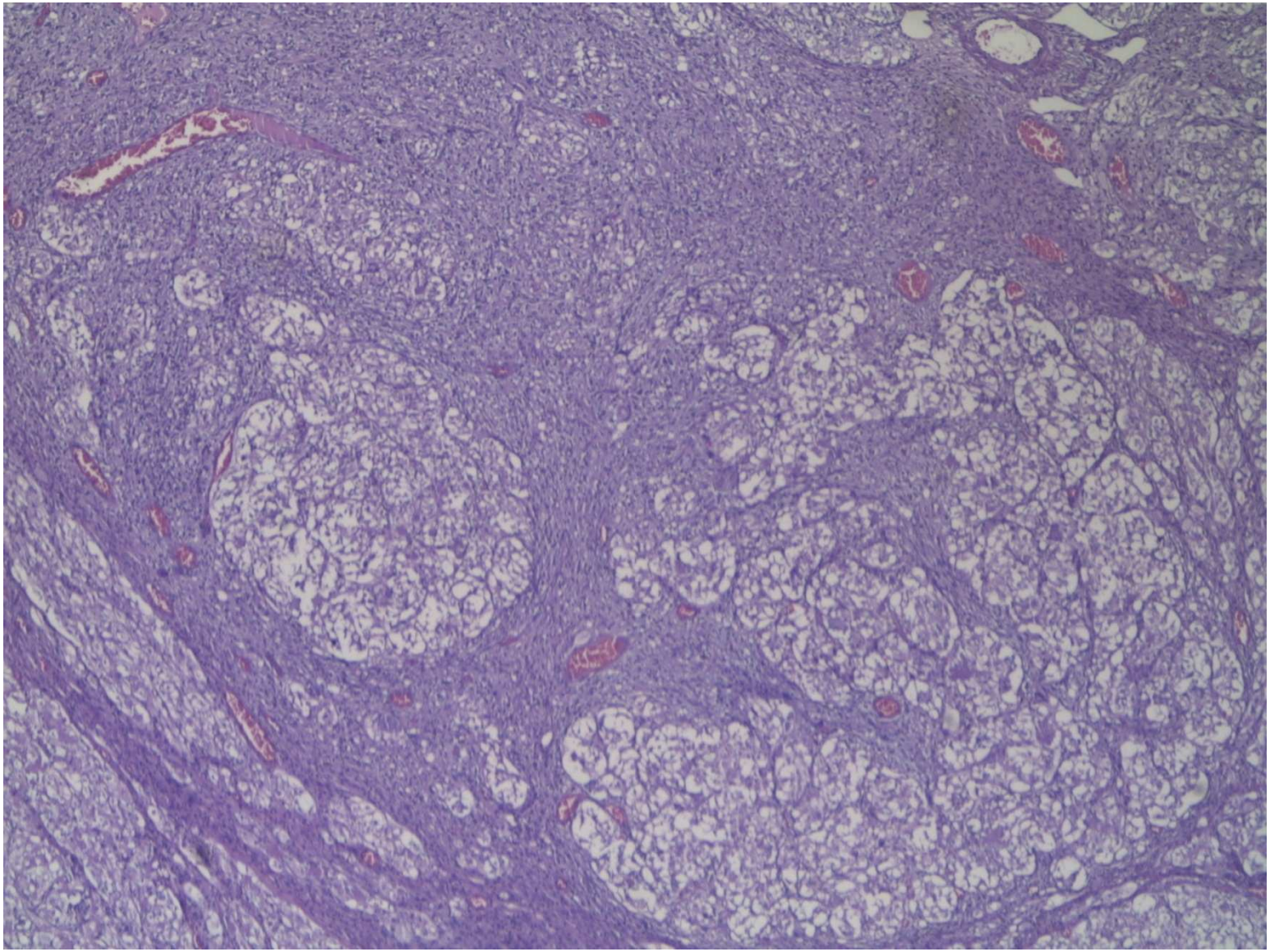

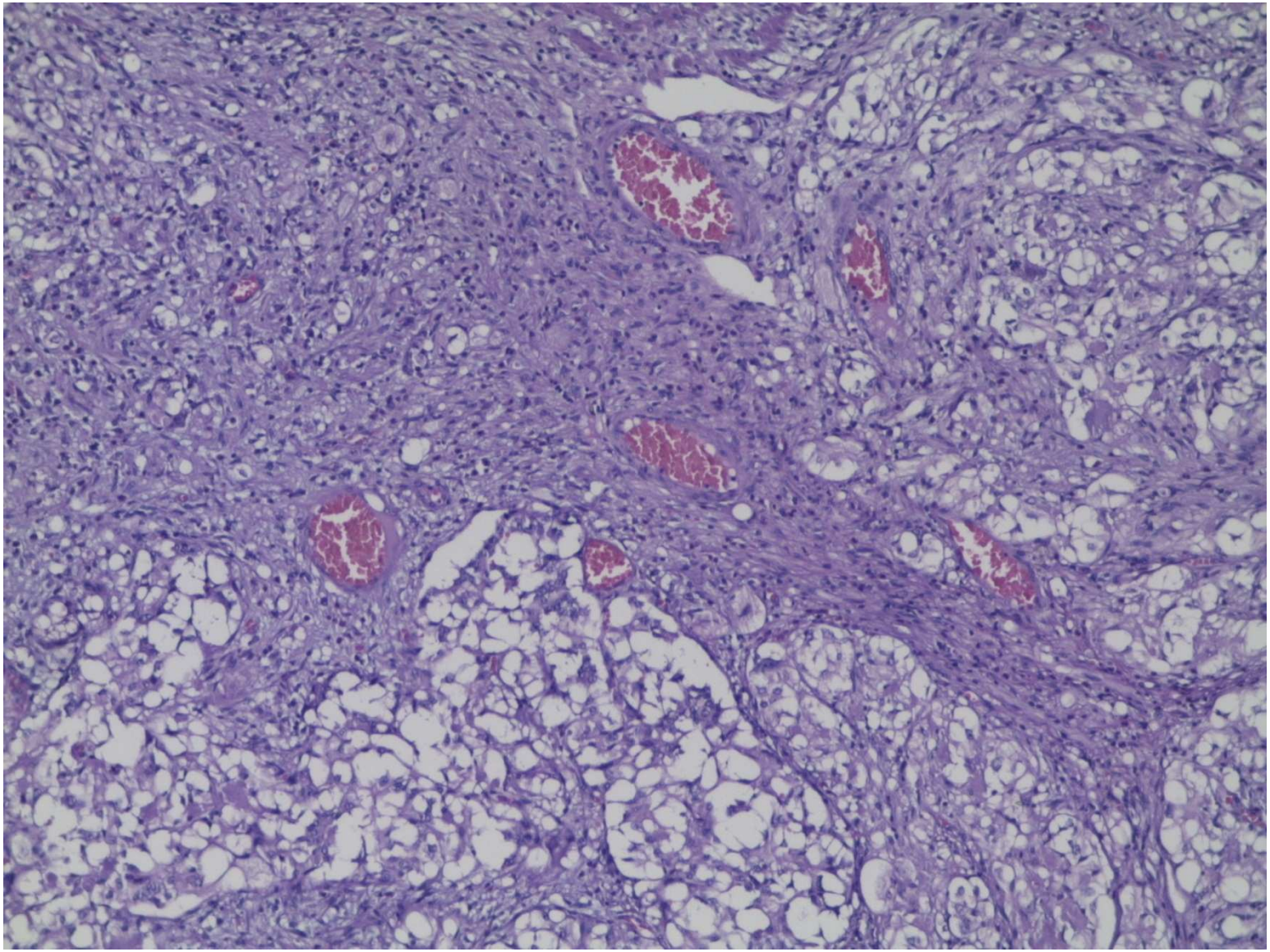

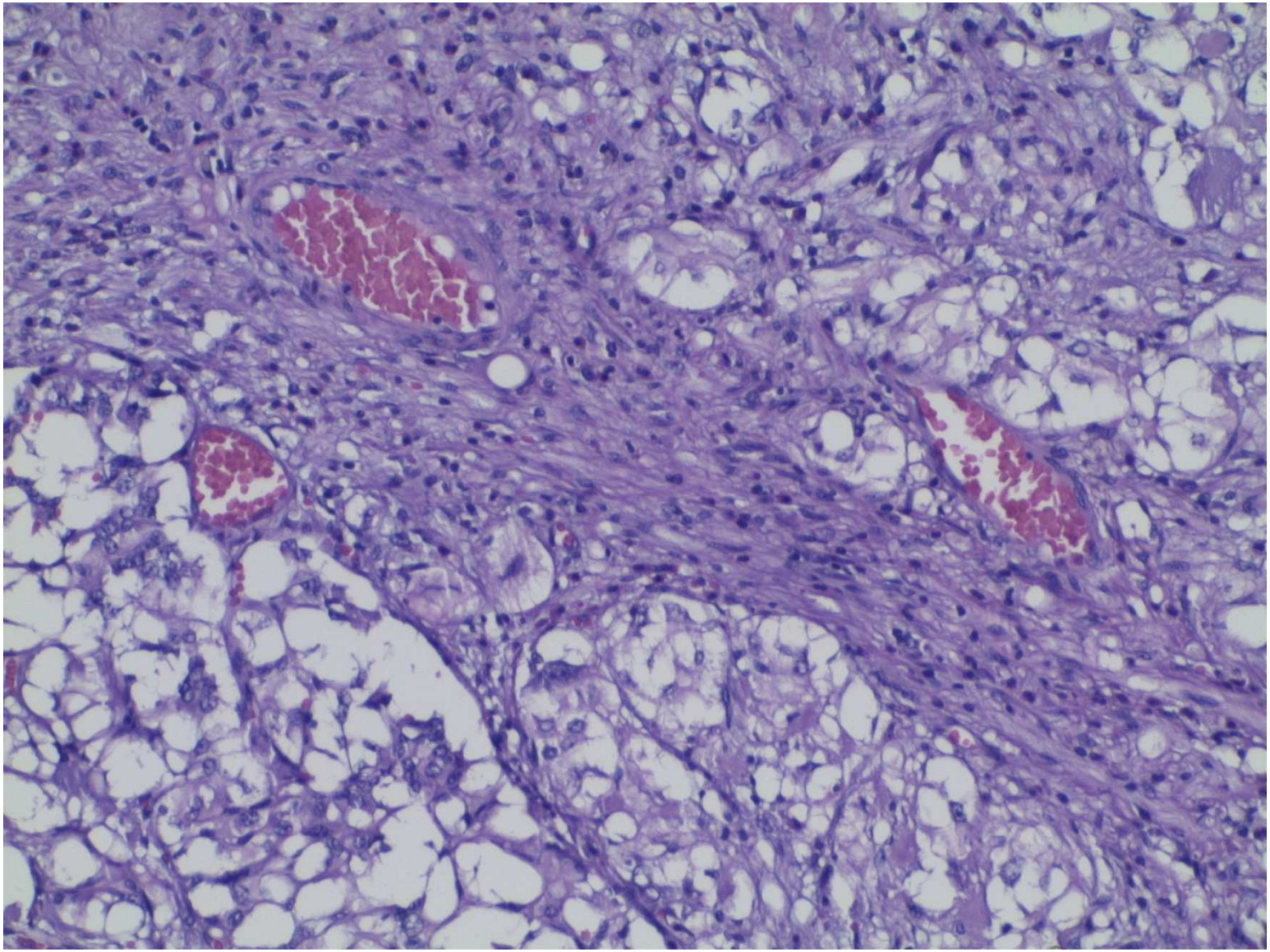

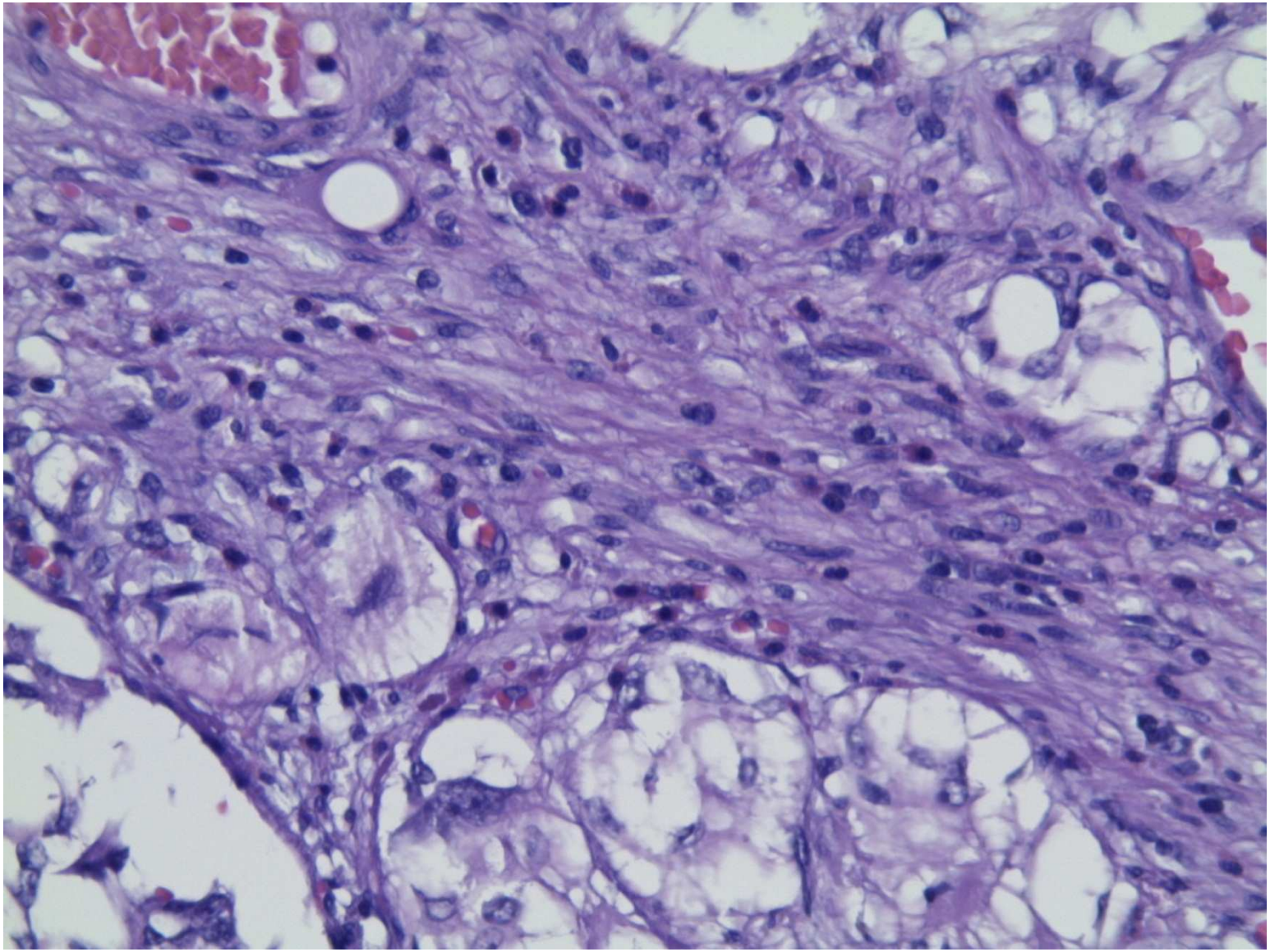

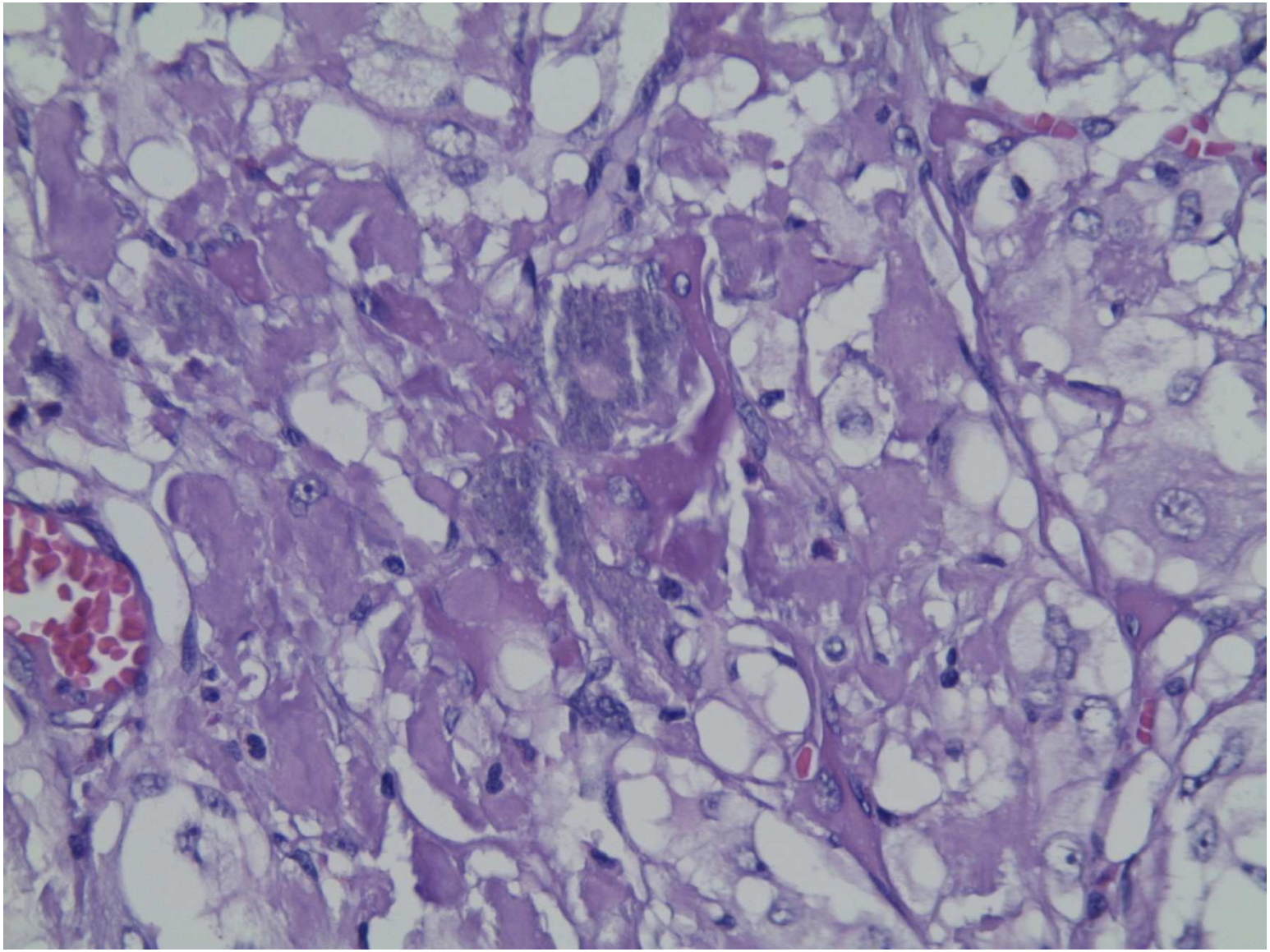

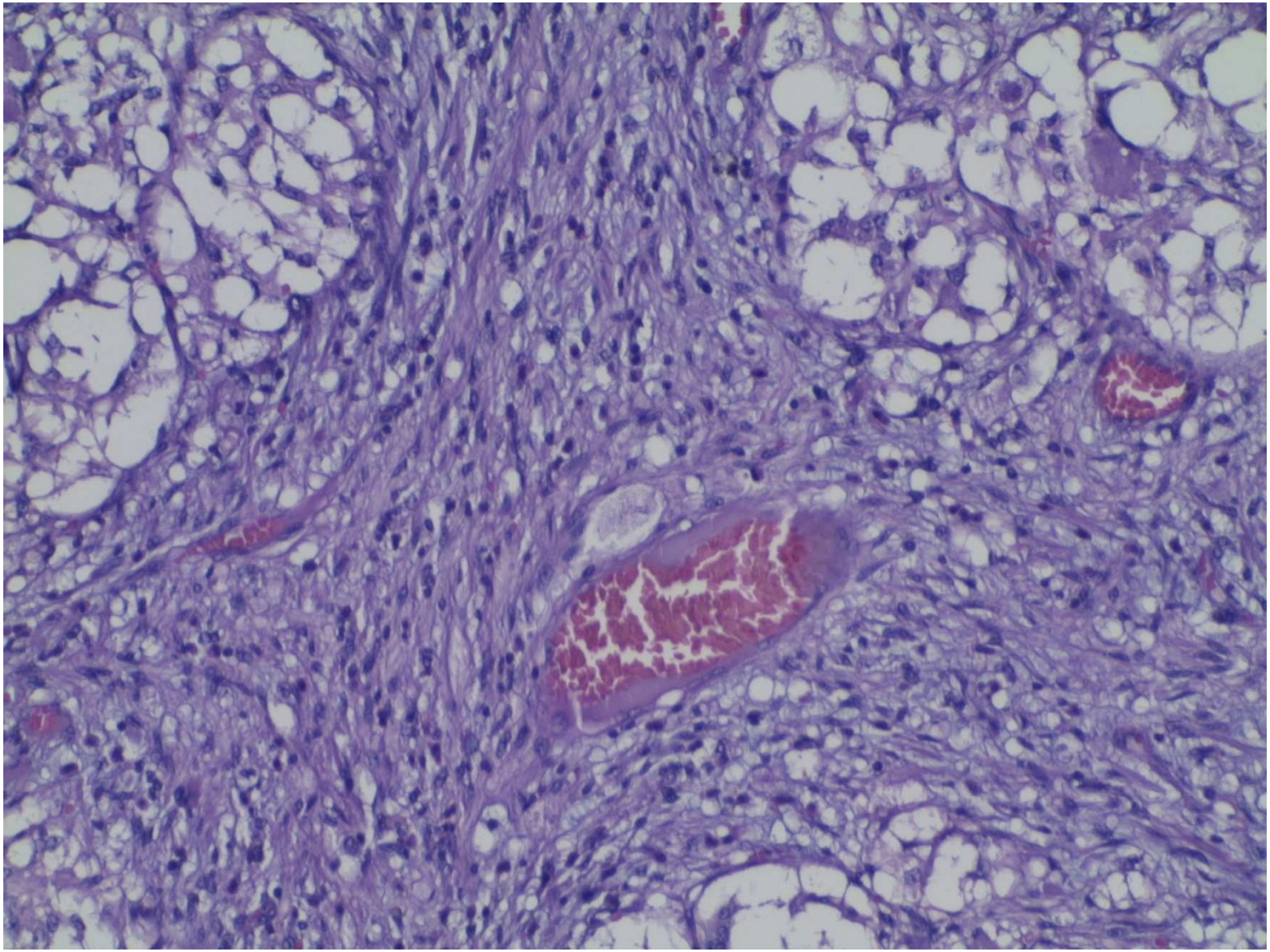

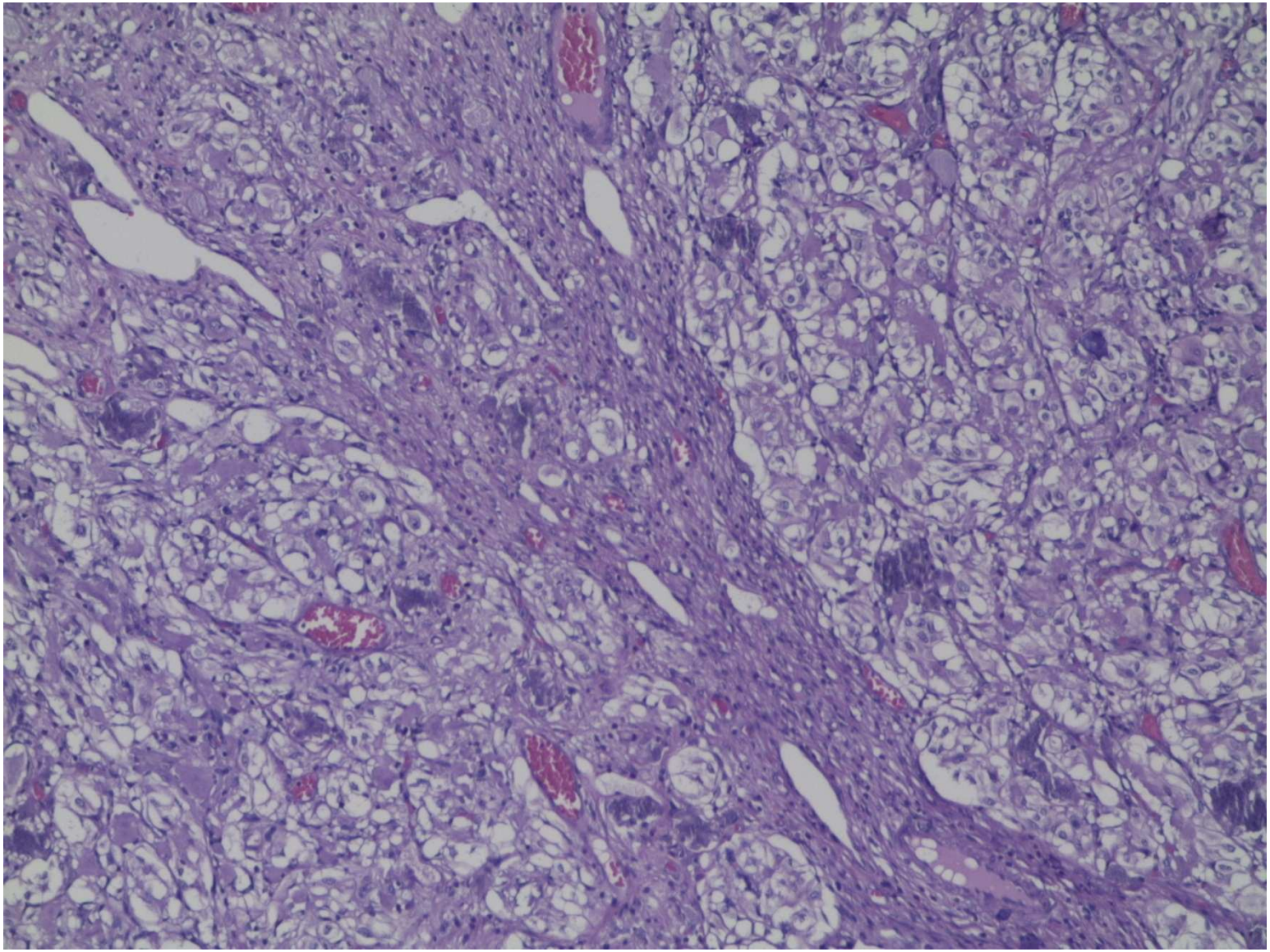

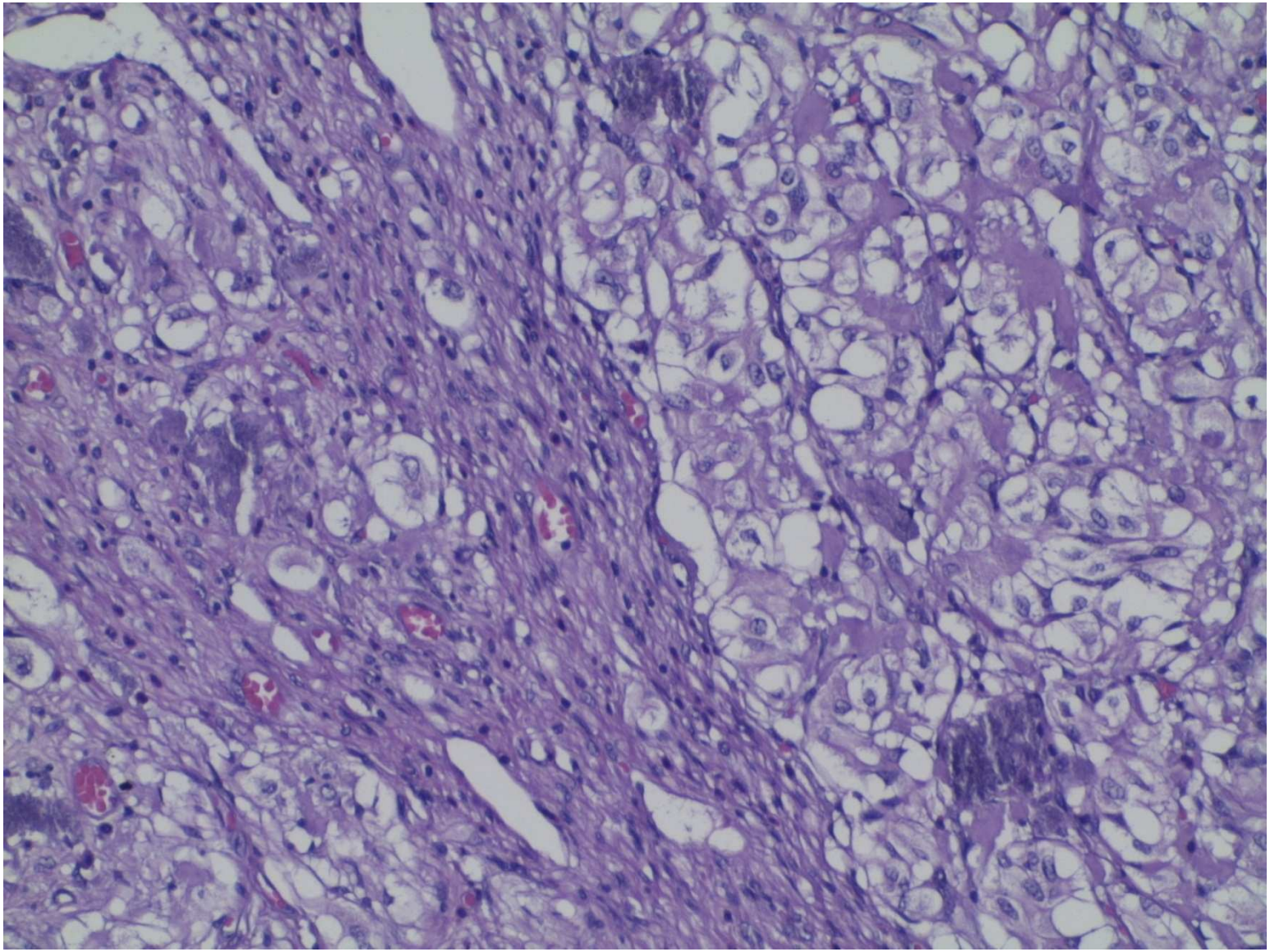

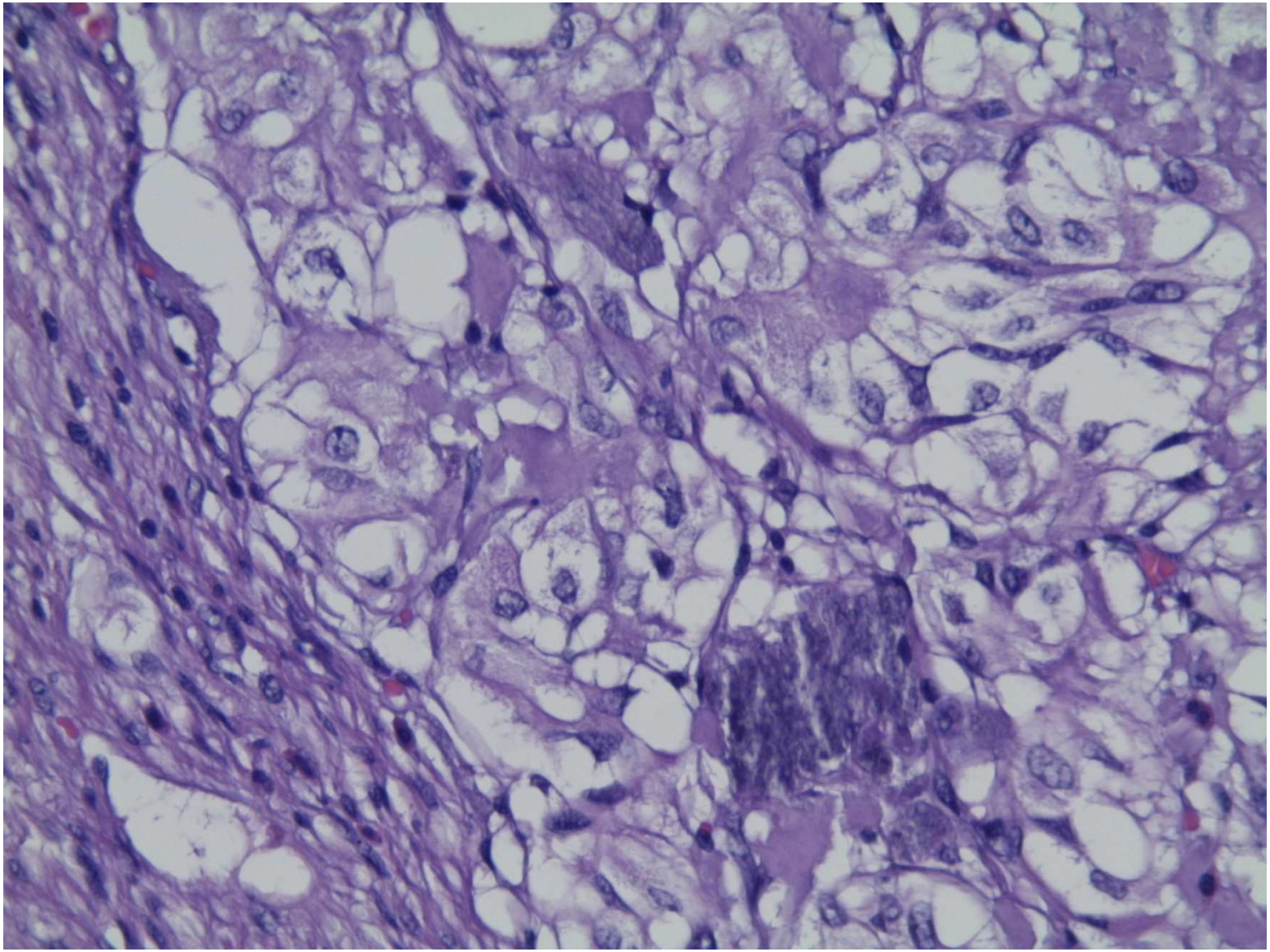

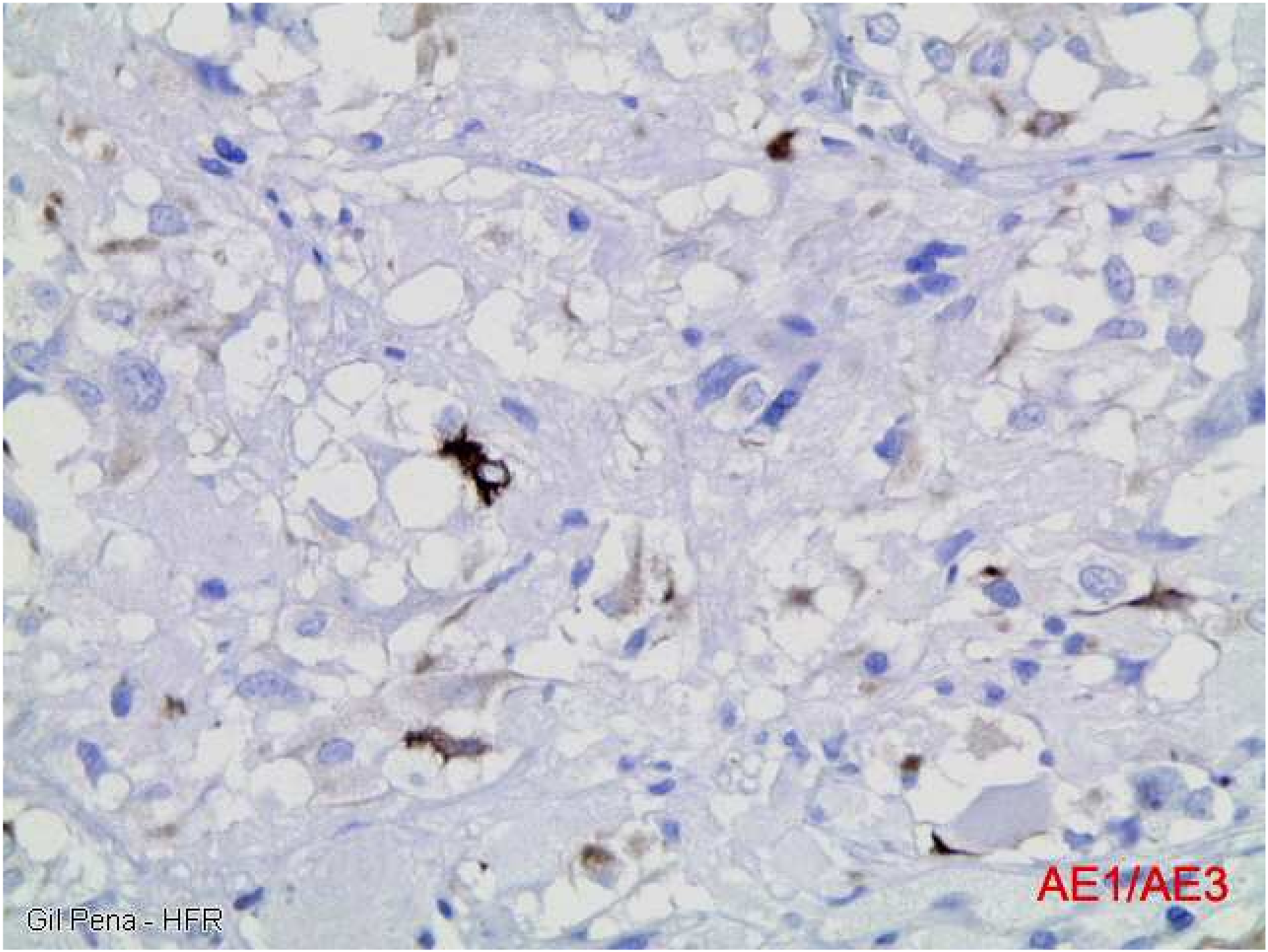
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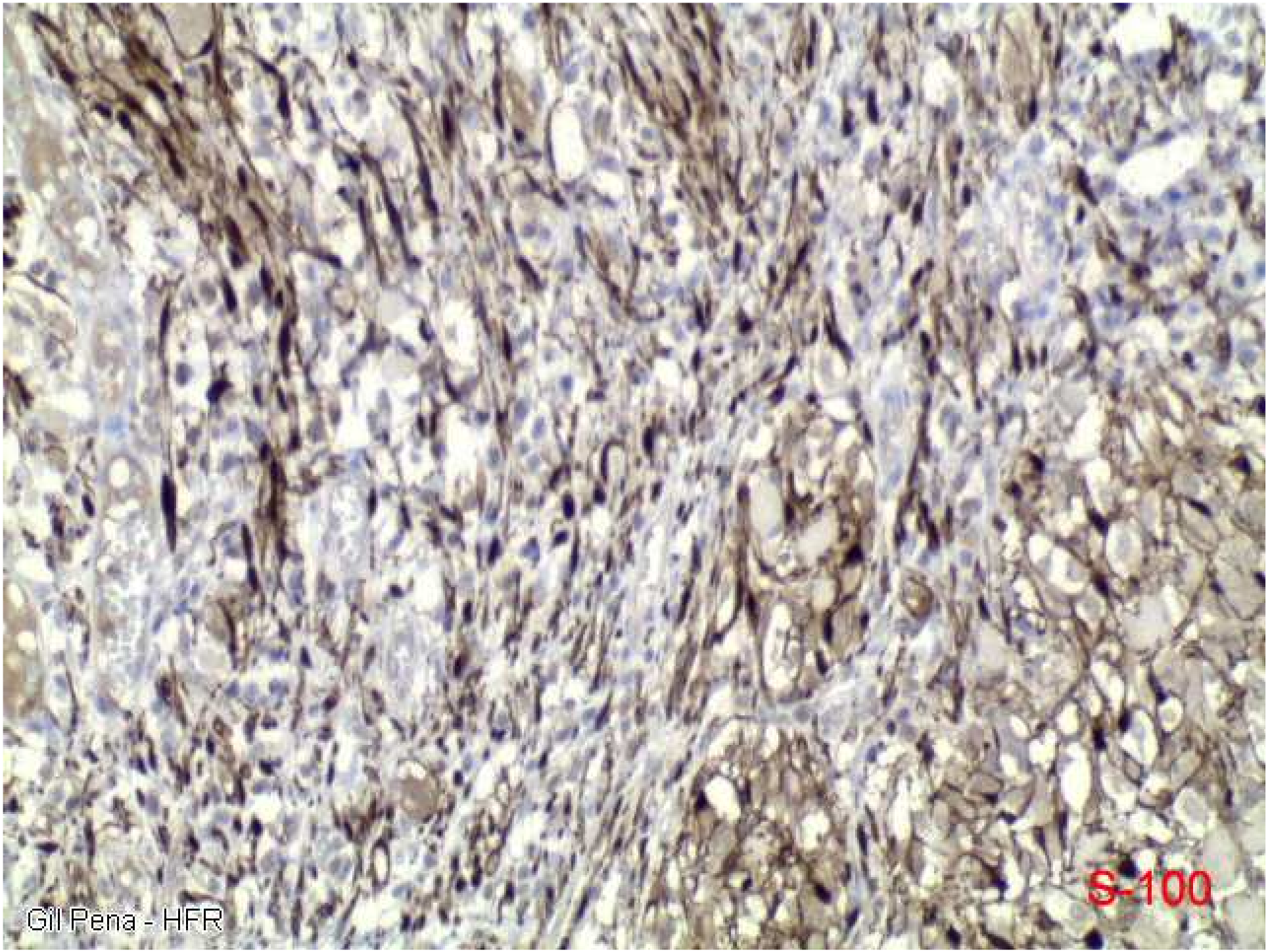
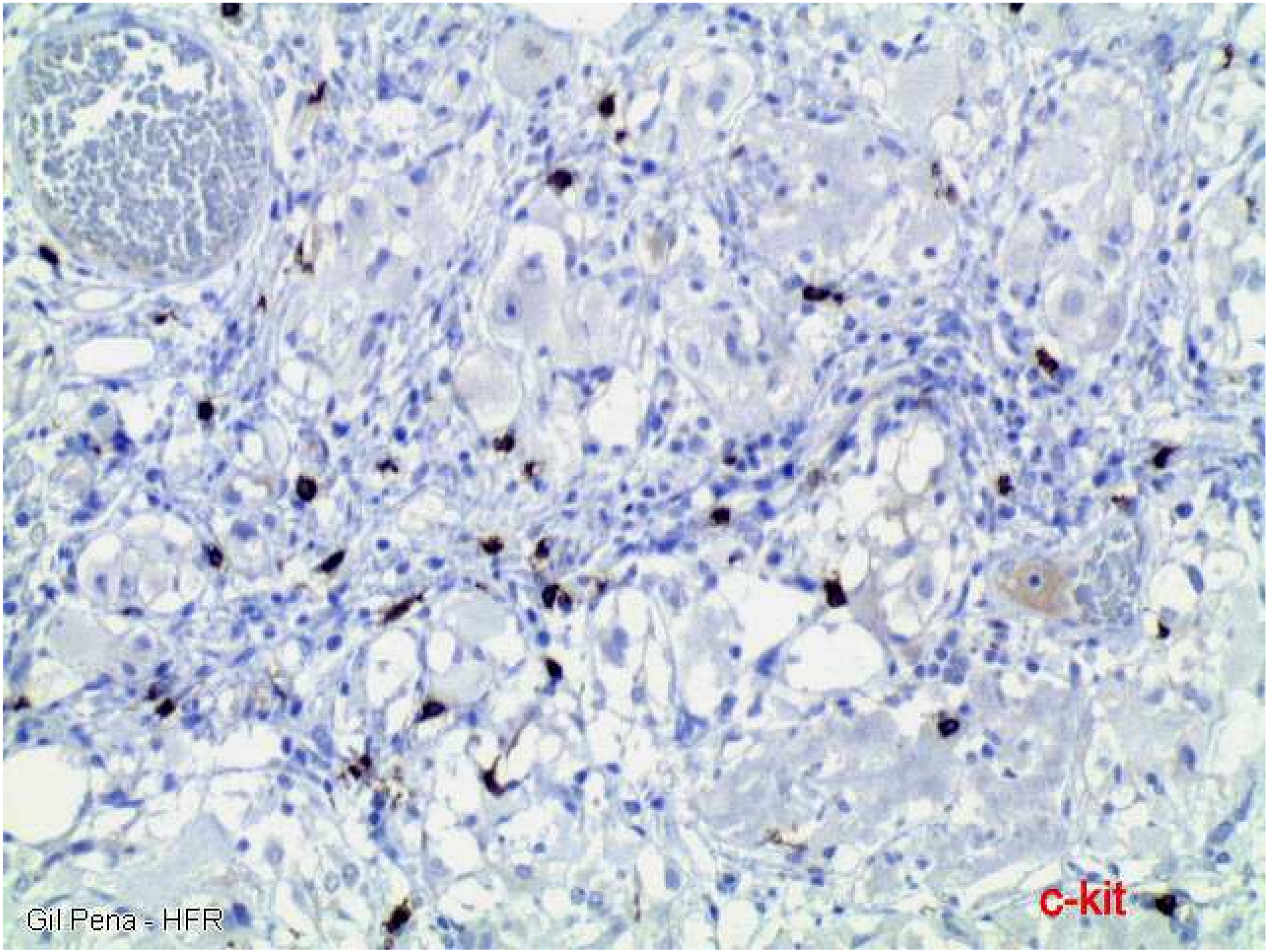
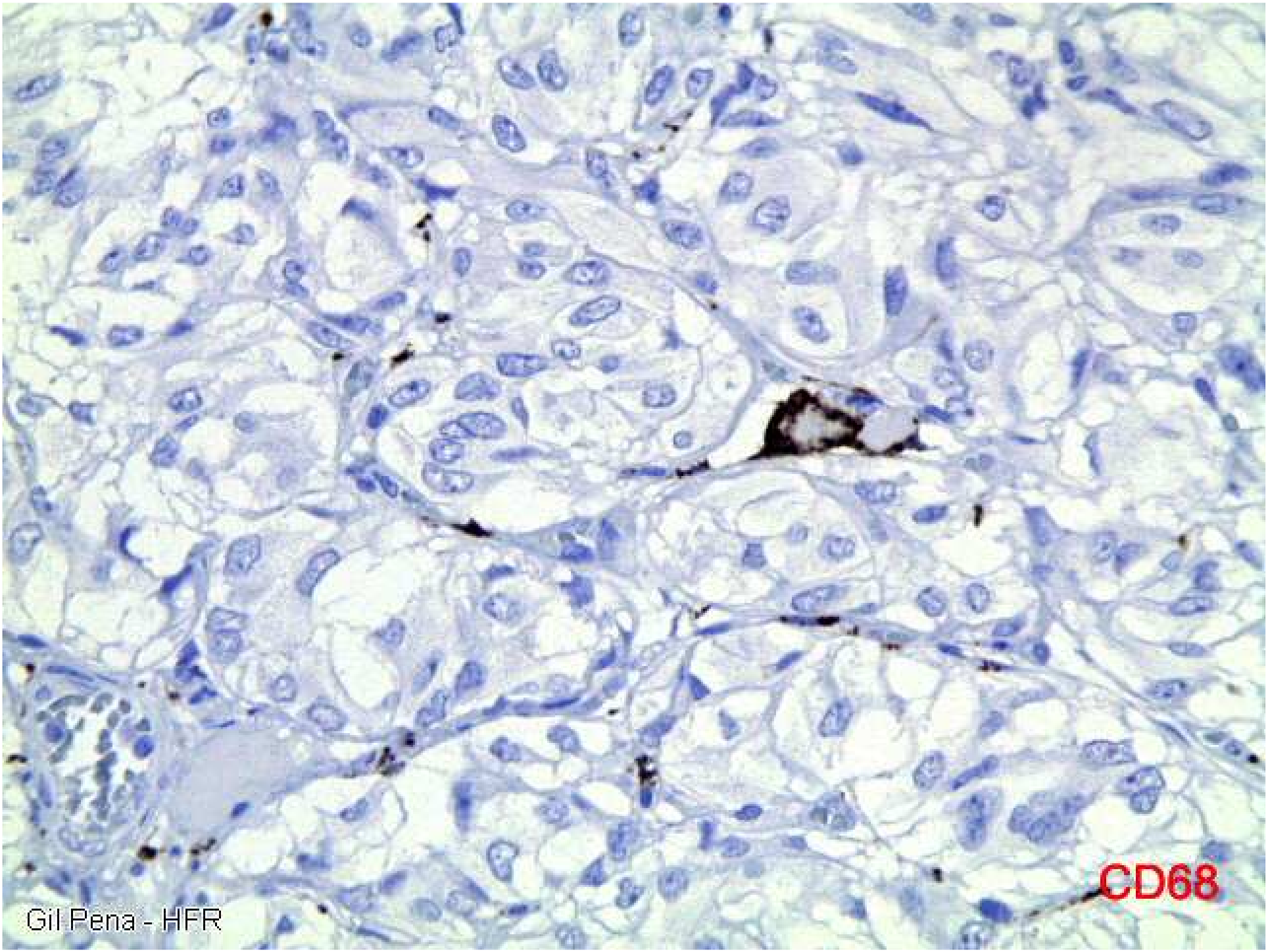
Gil Pena - HFR


S-100
Gil Pena - HFR


Gil Pena - HFR
c-kit


Gil Pena - HFR
Actina 1A4


CD68
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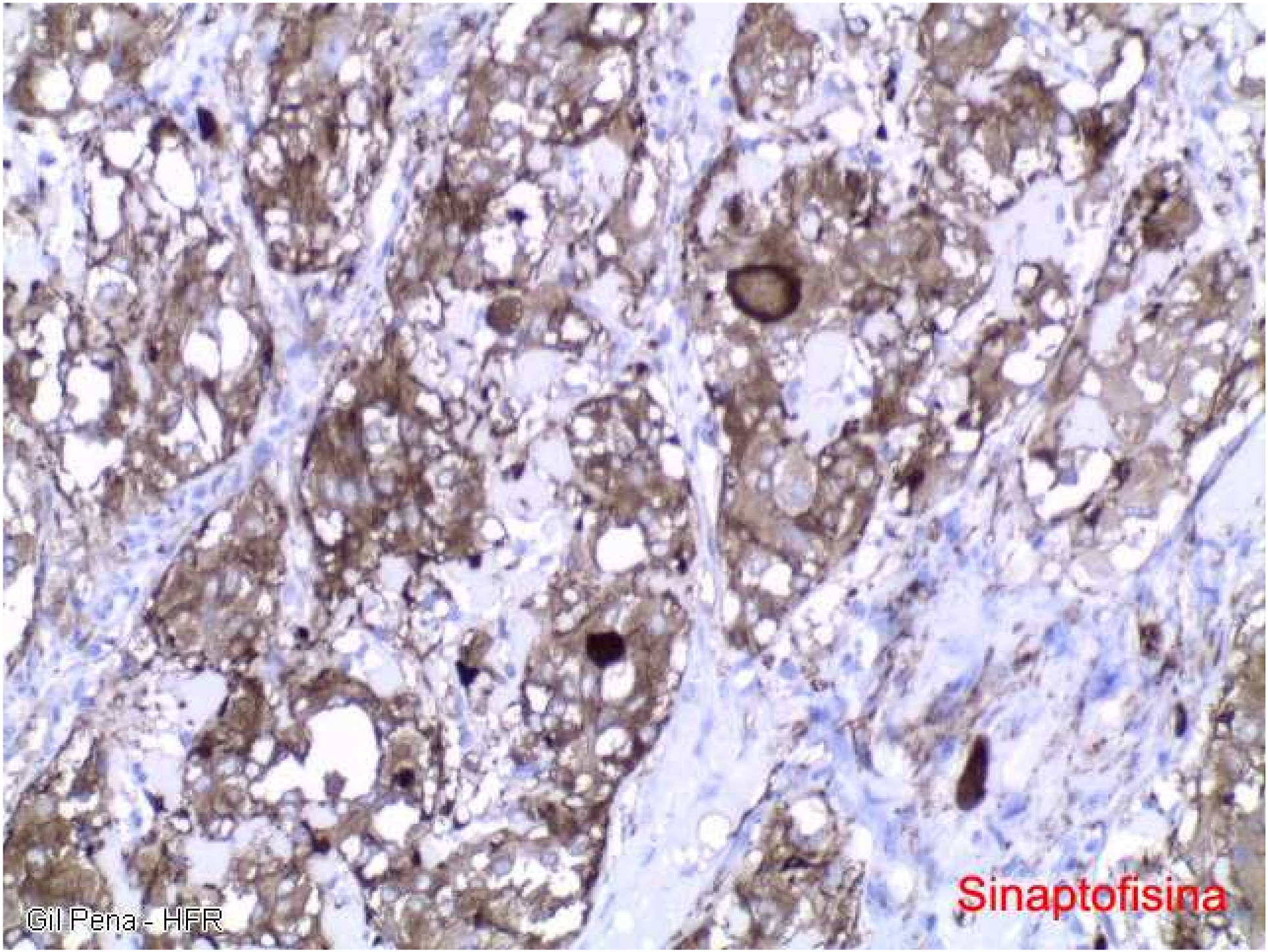
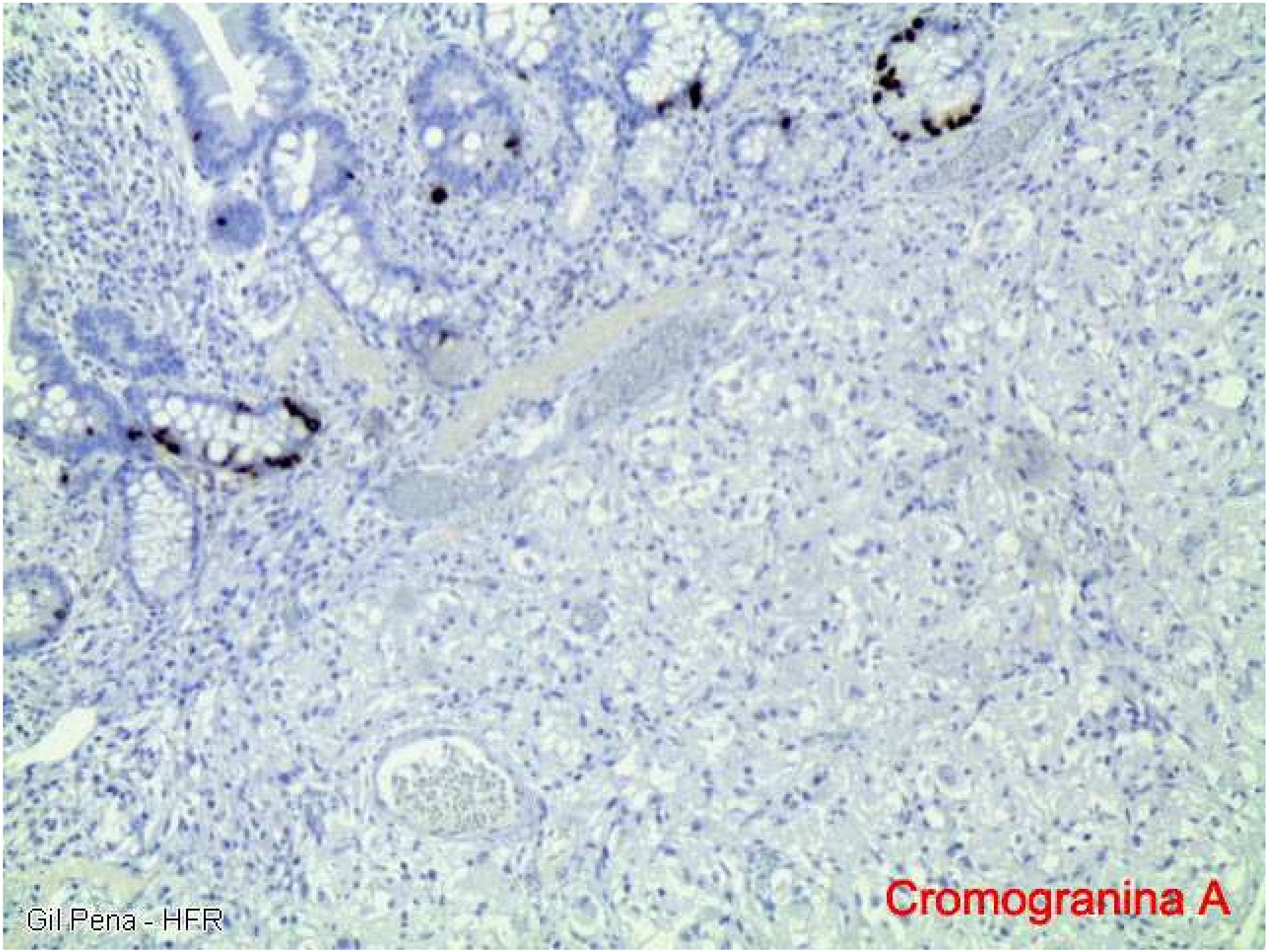

Gil Pena - HFR
Sinaptofisina


Gil Pena - HFR
Cromogranina A

PARAGANGLIOMA GANGLIOCÍTICO DO DUODENO

O relato do caso.

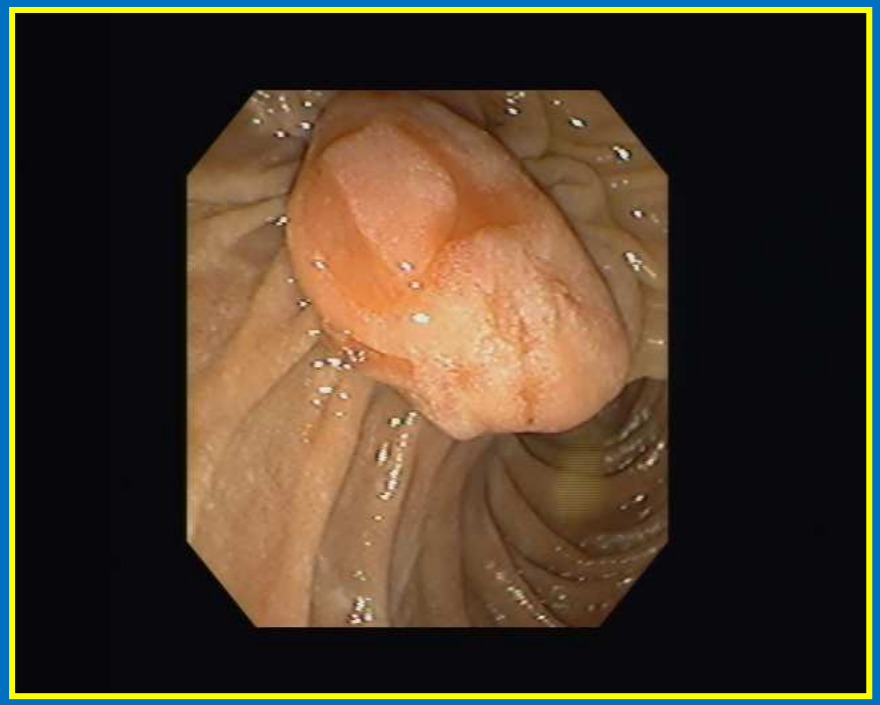
HISTÓRIA DE UM DIAGNÓSTICO EM FLASH BACK

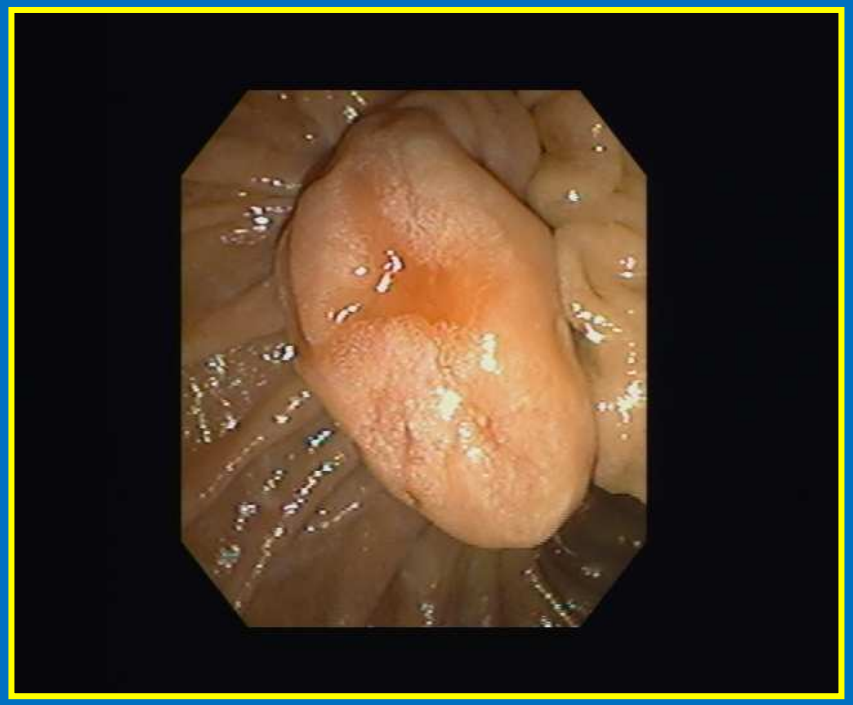
Paciente 38 anos, sexo feminino, realizou EDA devido a dor abdominal inespecífica com evolução de 02 anos.

EDA: Esôfago e estômago endoscopicamente normais.
Papila duodenal proeminente.

Encaminhada para avaliação da papila duodenal.

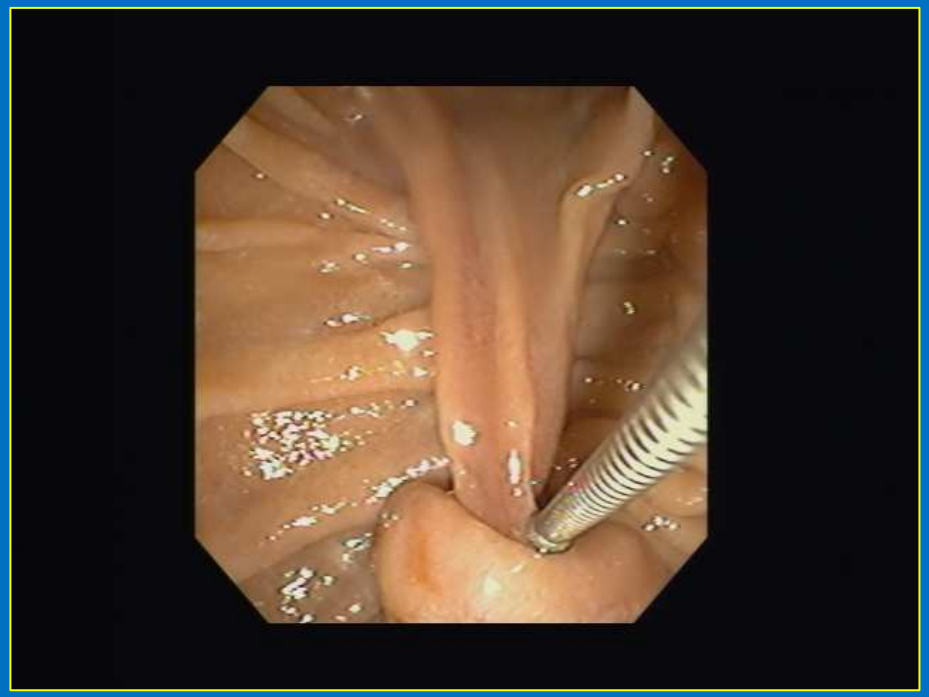
Duodenoscopia

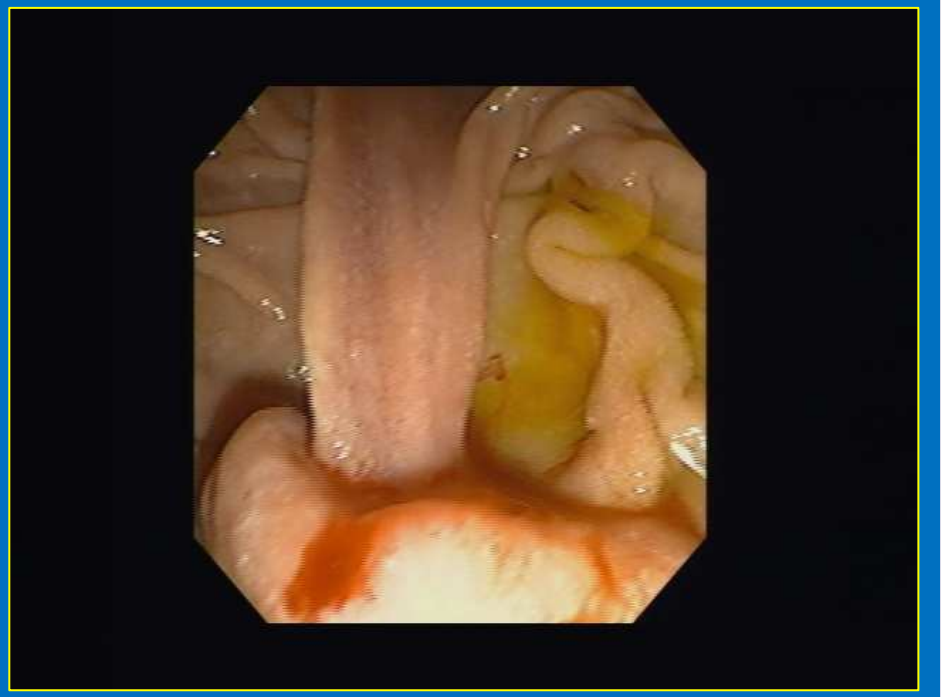


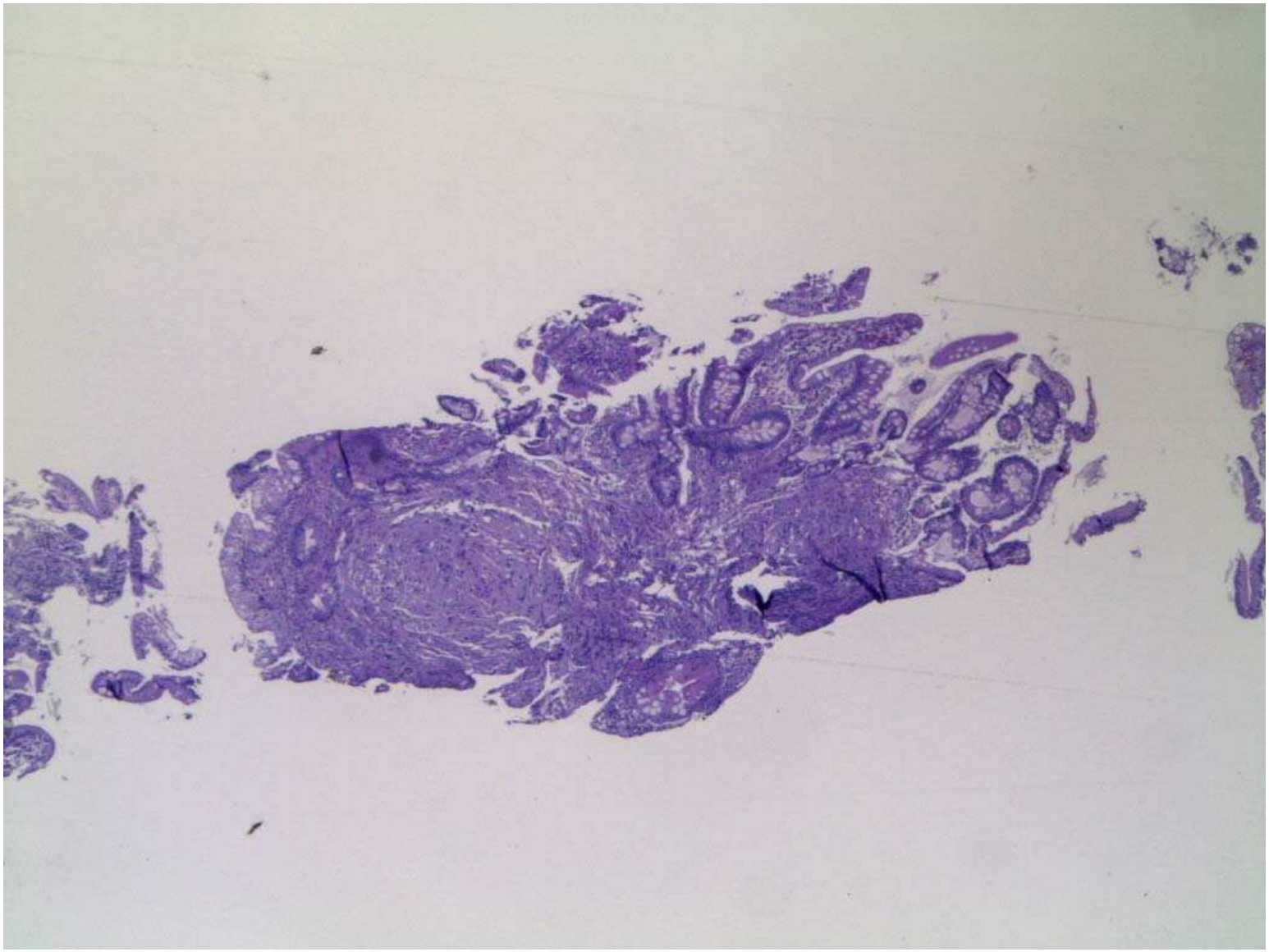


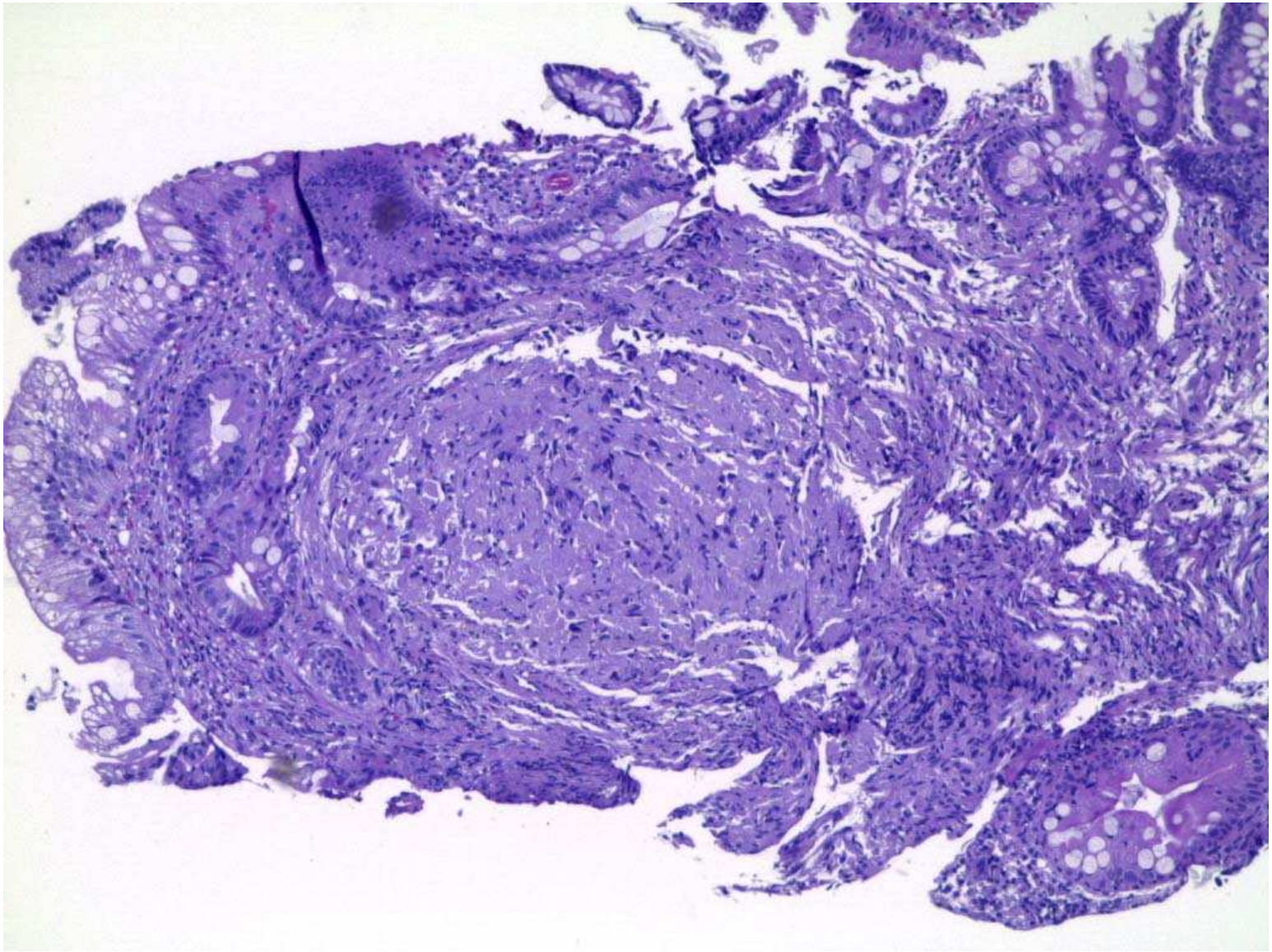
Grande lesao poliposa pediculada, justapapilar, com aproximadamente 3 cm de comprimento e com pediculo longo e largo.
Observou-se papila duodenal adjacente a lesao, com aspecto normal e drenagem de bile fisiologica. Foram realizadas biópsias.

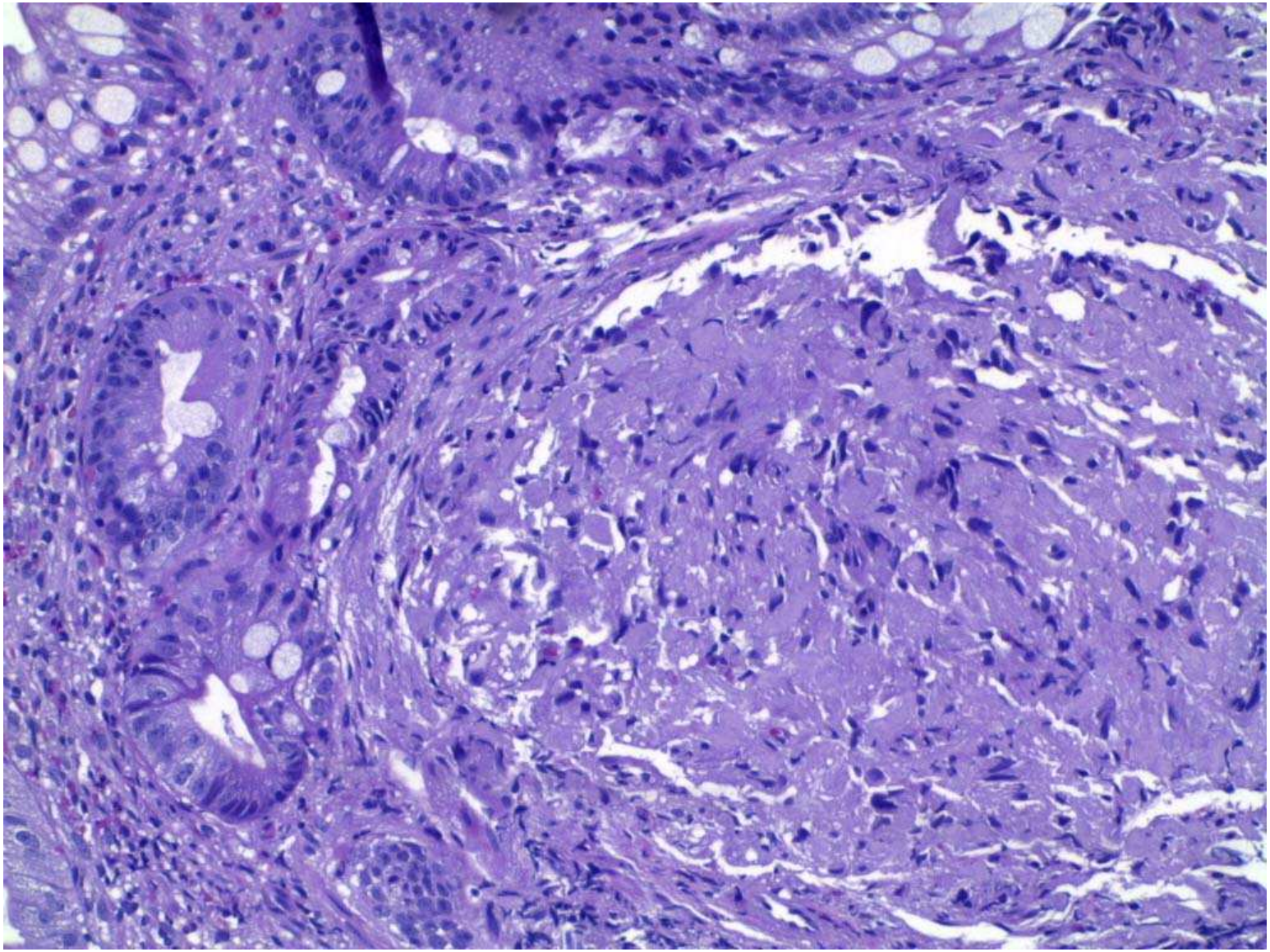
Duodenoscopia

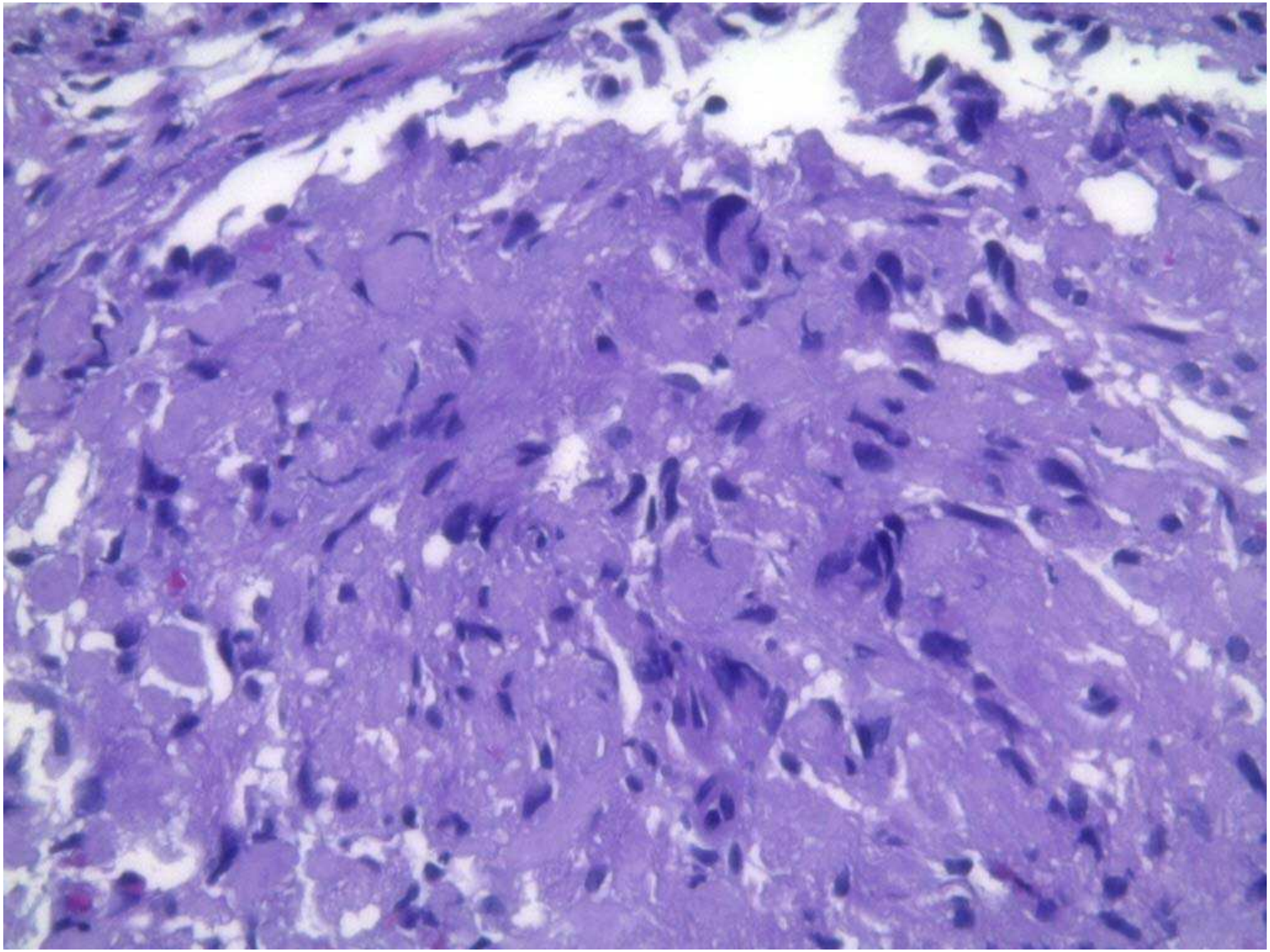


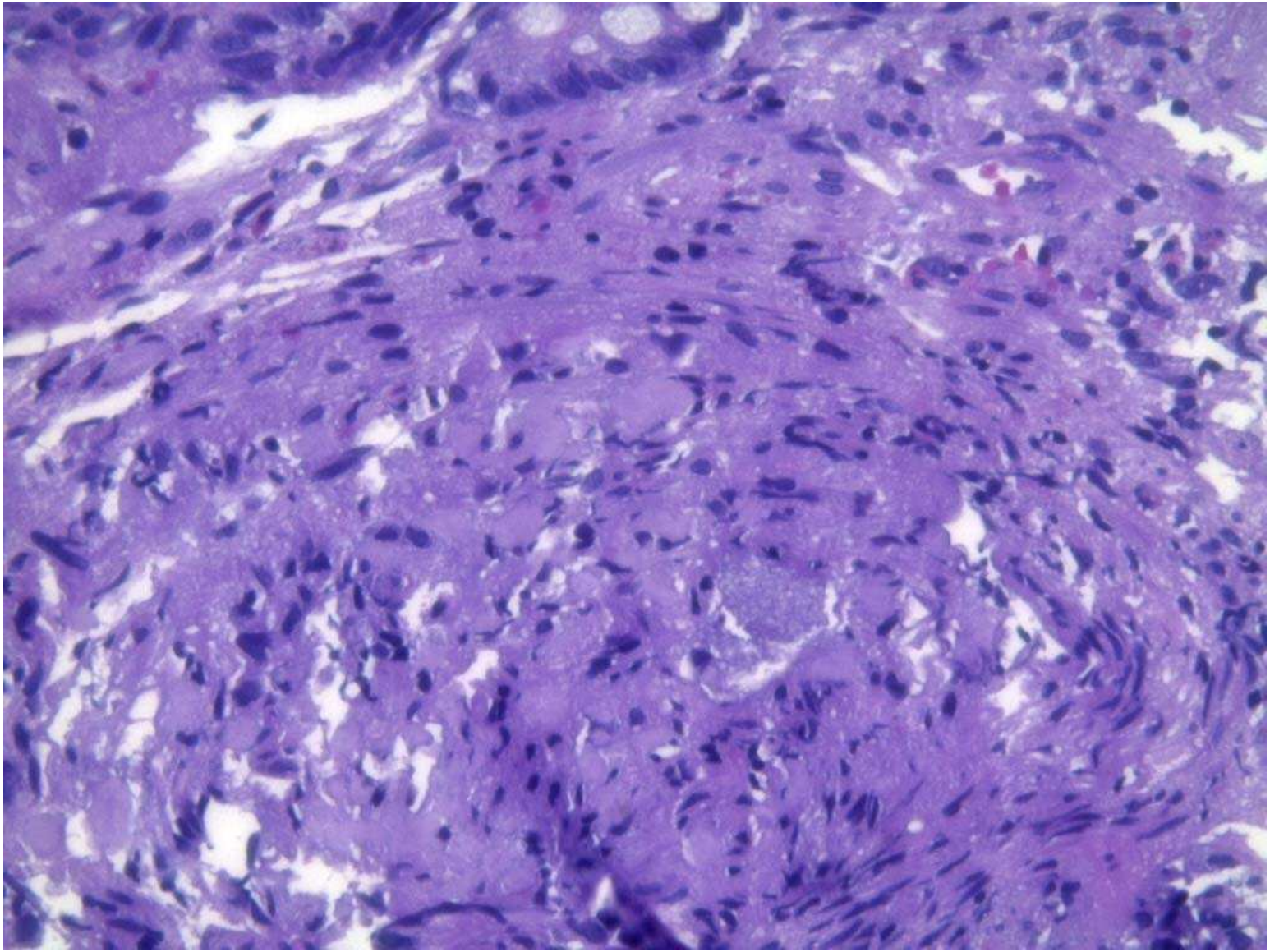












BIÓPSIA DE DUODENO

Mucosa intestinal com áreas nodulares ocupando a lâmina própria, com células globosas ou fusiformes, além de depósitos de material amorfo, eosinófilo.

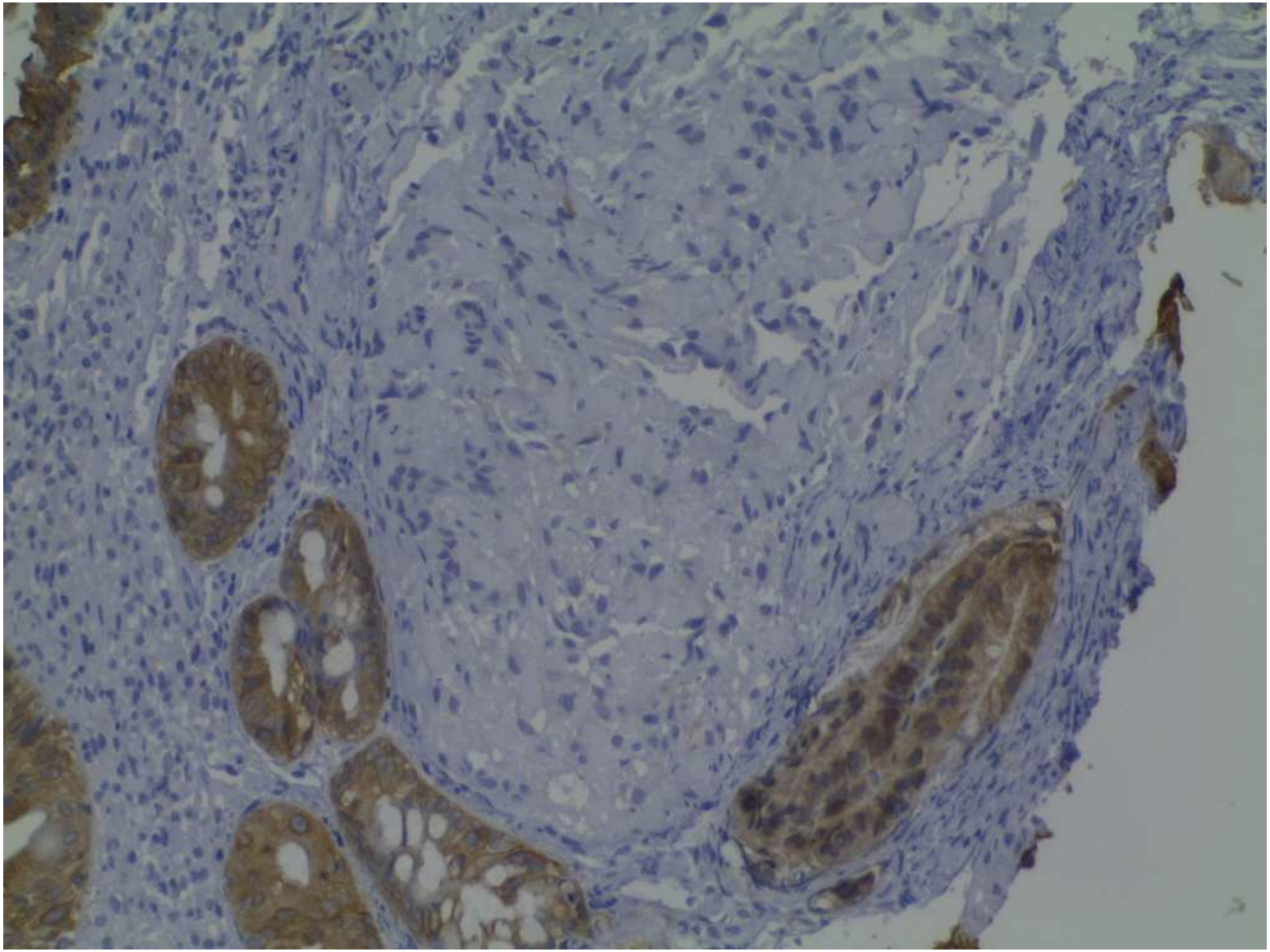
-Paraganglioma?

-Tumor de células granulares?

-GIST?

-Amiloide?

-Imuno-histoquímica...



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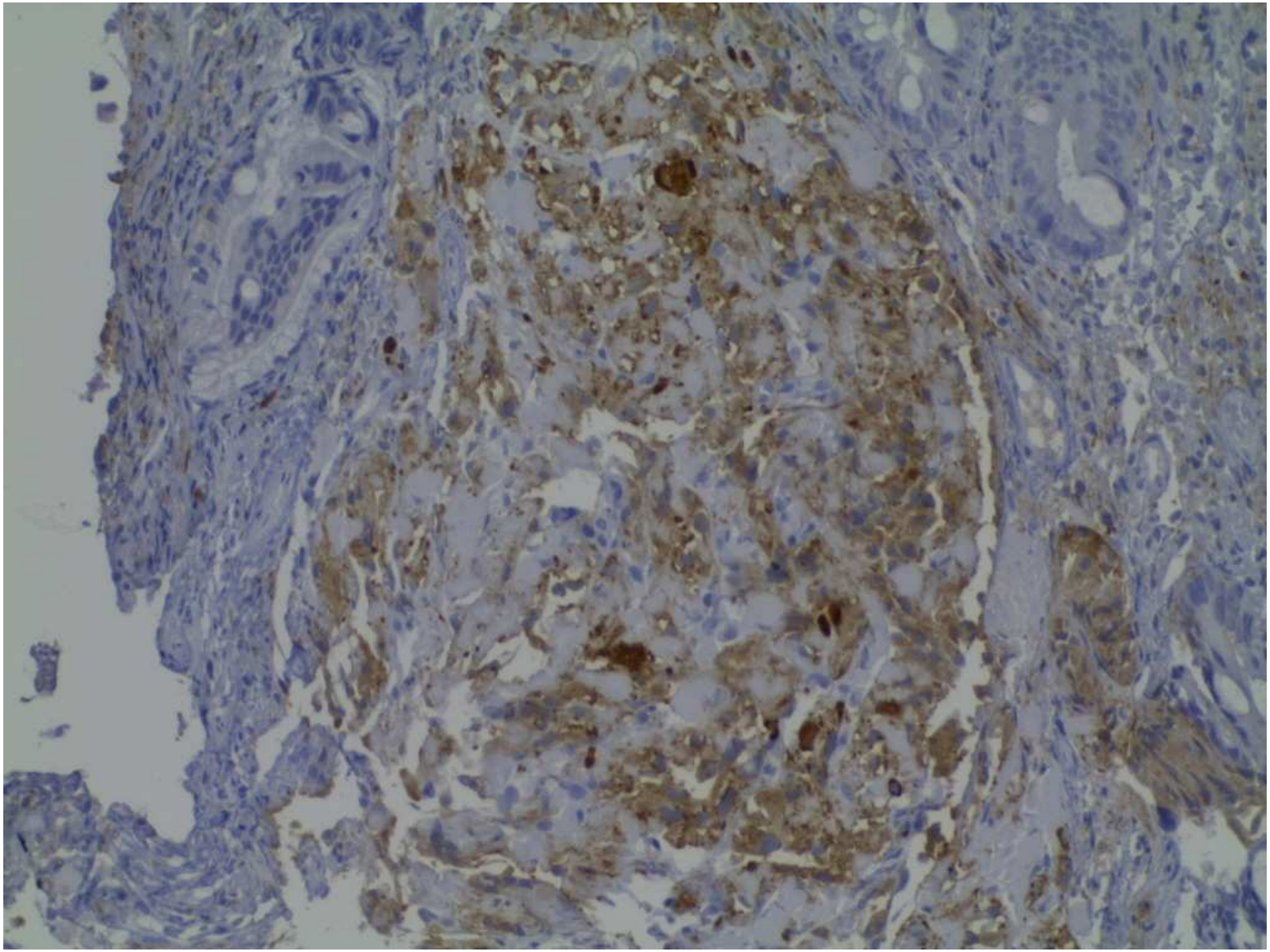
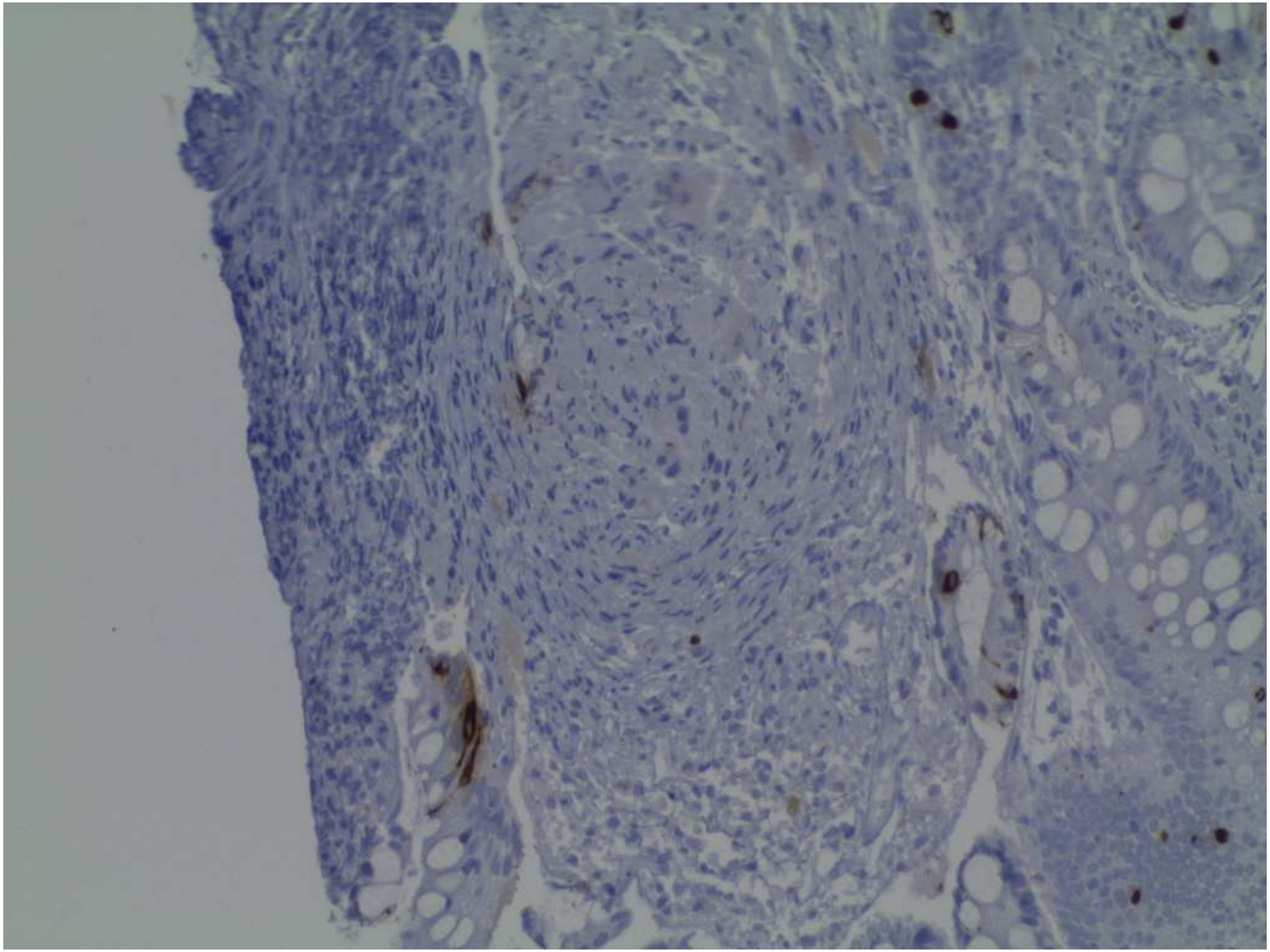
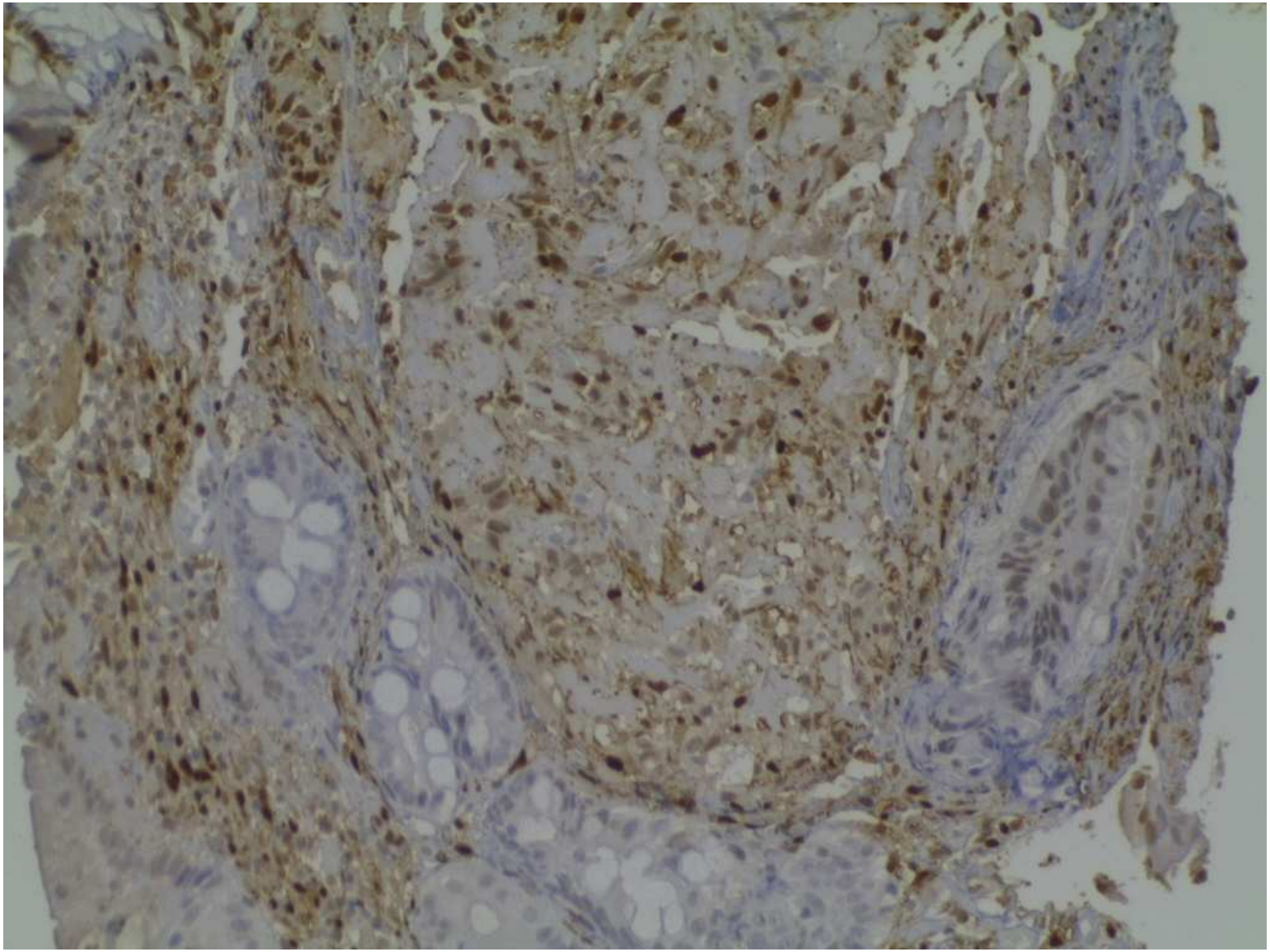


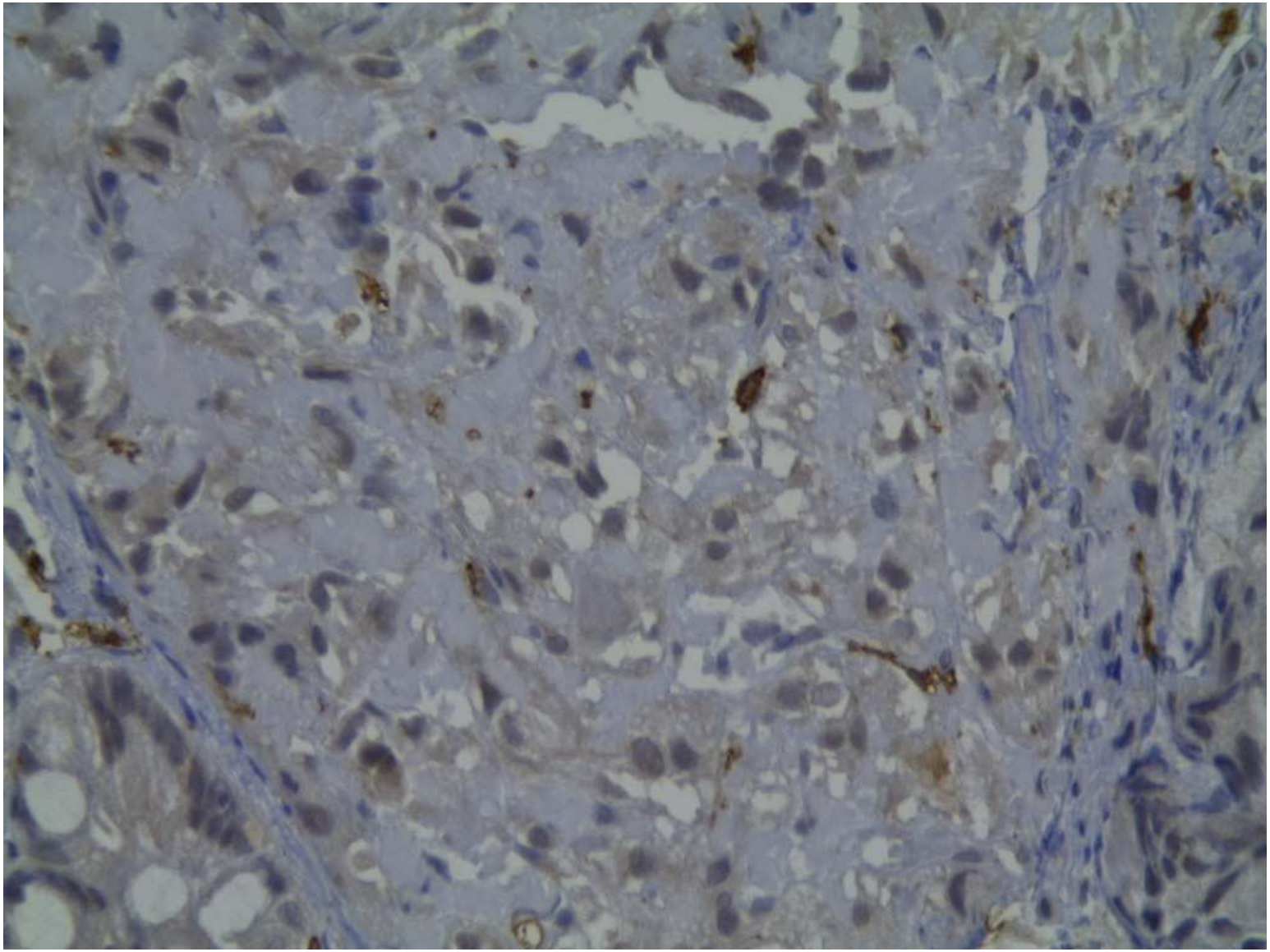
Sinaptofisina



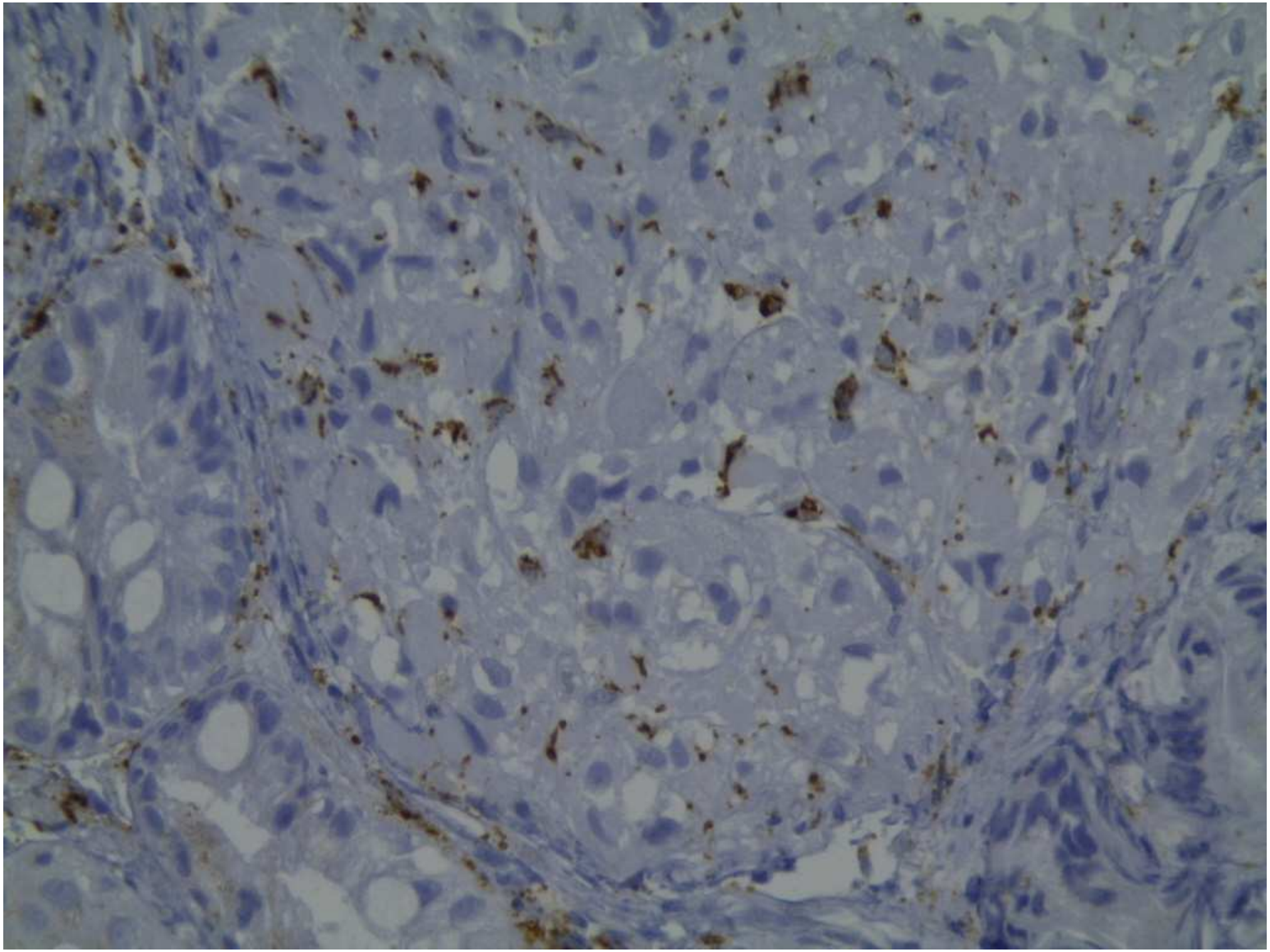
Cromogranina A



Proteína S-100



c-kit



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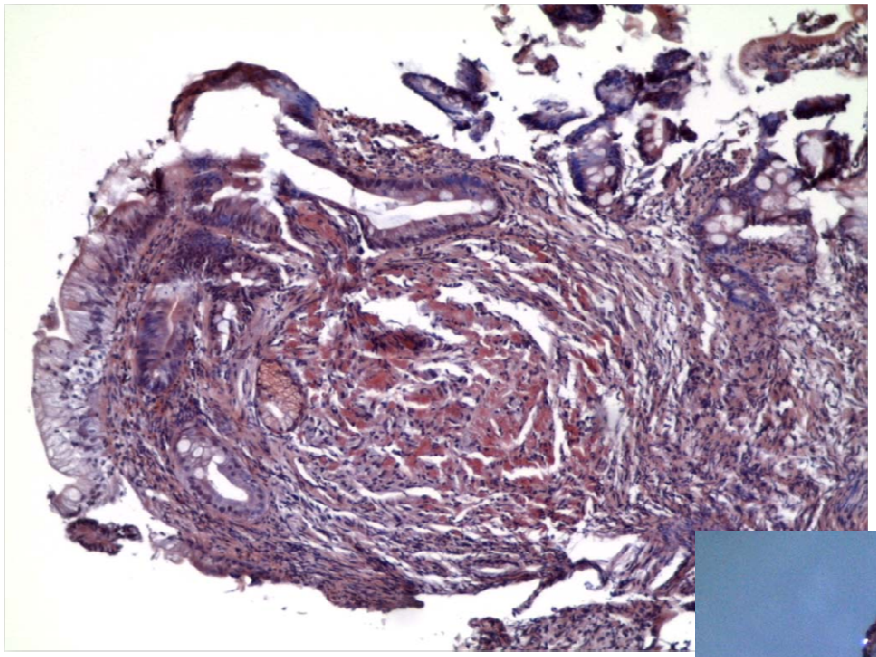
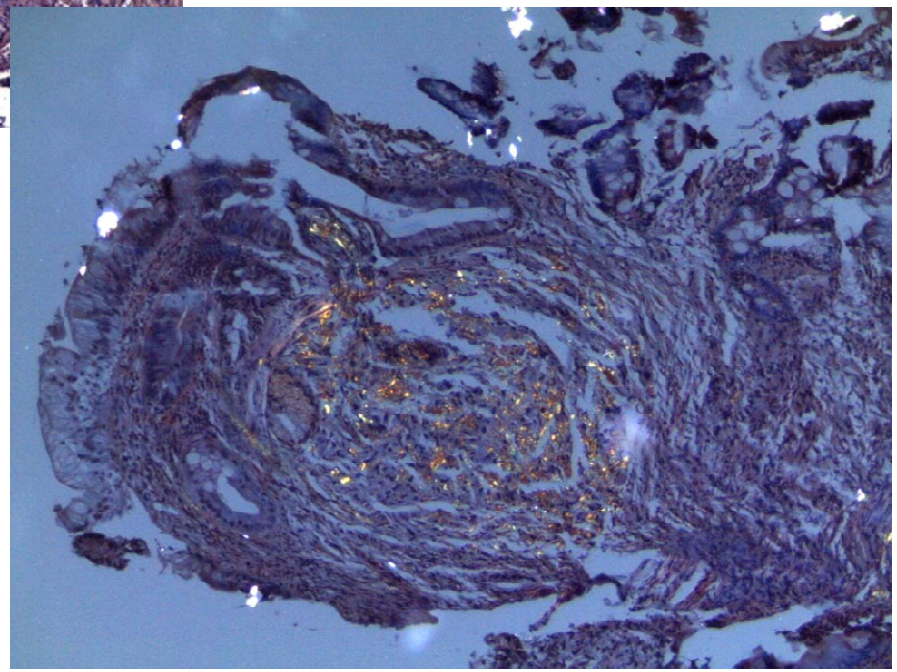


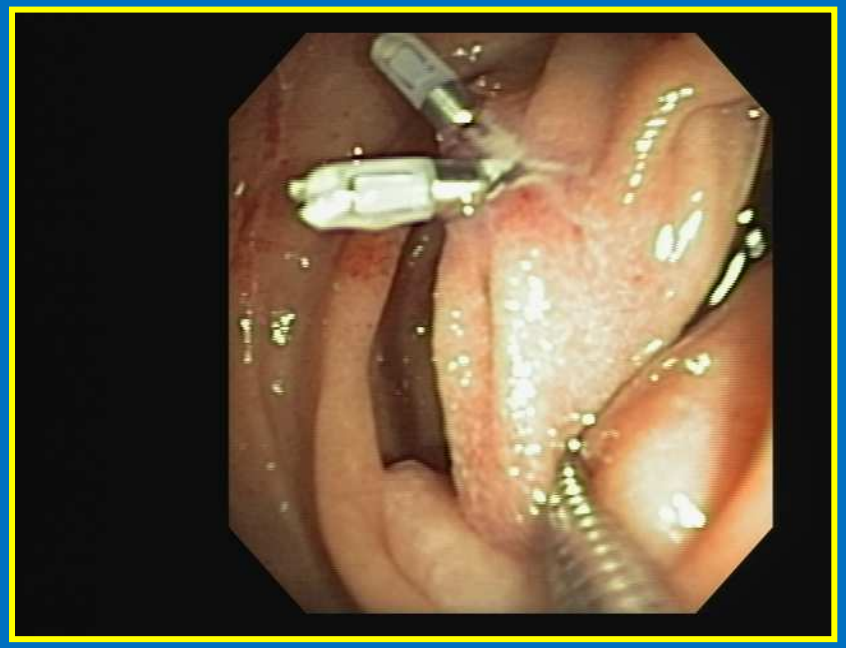


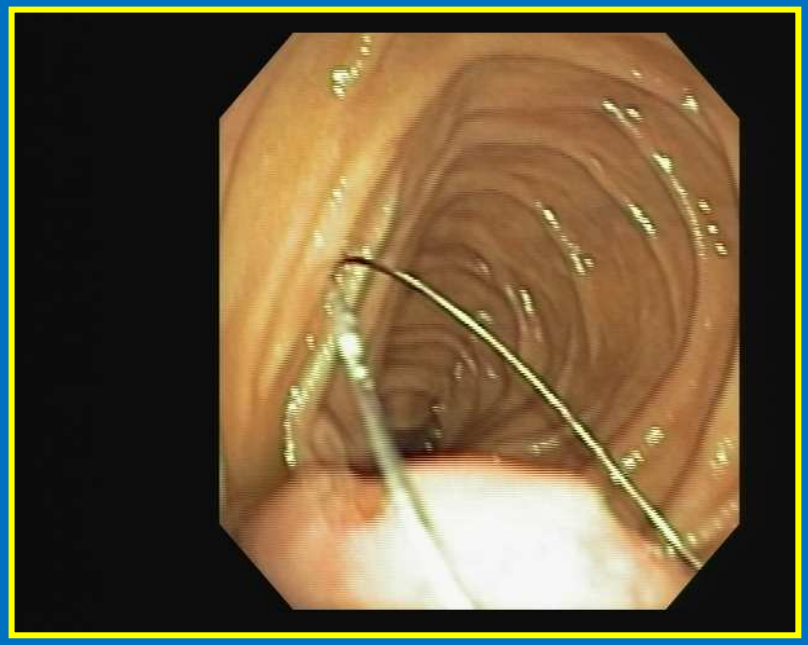
Vermelho-Congo

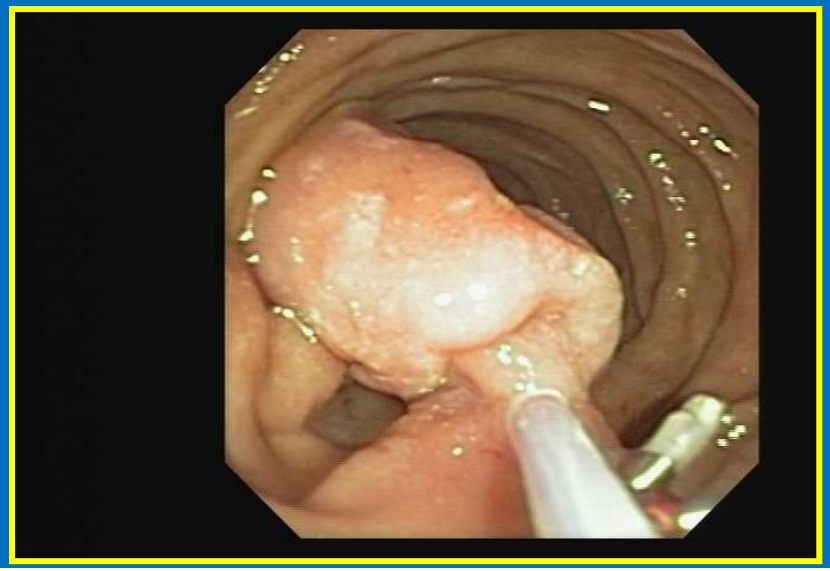
IMUNOHISTOQUÍMICA DA BIÓPSIA

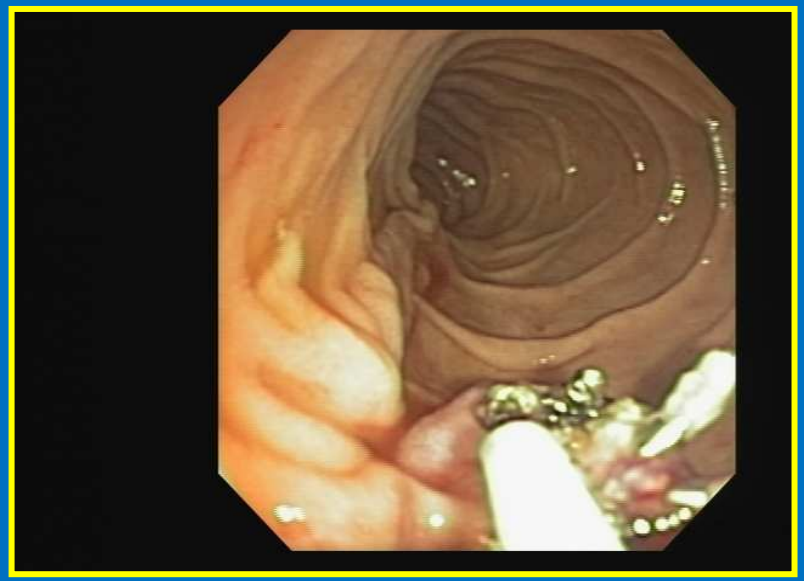
... consideramos a possibilidade de paraganglioma gangliocítico.

Resecção endoscópica









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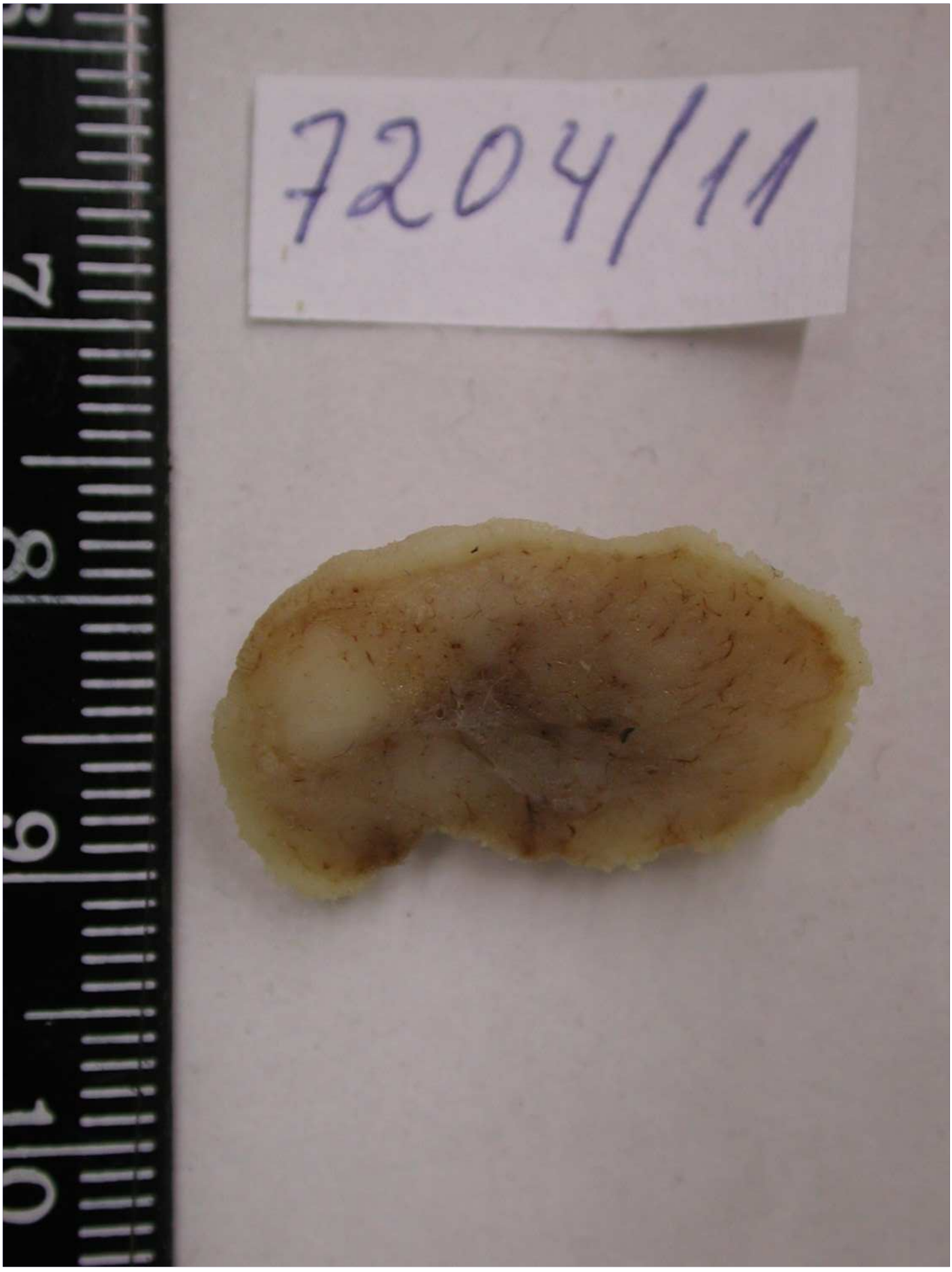
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Okubo et al. BMC Cancer 2011, 11:187
http://www.biomedcentral.com/1471-2407/11/187

BMC Cancer

RESEARCH ARTICLE Open Access

Literature survey on epidemiology and pathology of gangliocytic paraganglioma

Yoichiro Okubo[1], Megumi Wakayama[1], Tetsuo Nemoto[1], Kanako Kitahara[1], Haruo Nakayama[2], Kazutoshi Shibuya[1*], Tomoyuki Yokose[3], Manabu Yamada[1], Kayoko Shimodaira[1], Daisuke Sasai[1], Takao Ishiwatari[1], Masaru Tsuchiya[4] and Nobuyuki Hiruta[1]

Revisão de 192 casos da literatura
Idade: 15 – 84 anos (Média 52,3)
Masculino: feminino – 114:76
Tamanho da lesão: 5,5 a 100 mm (média 25,0 mm)
Duodeno: 90,1% (173/192)

Paraganglioma gangliocítico do duodeno

- Sangramento intestinal – 45,1%
- Dor abdominal – 42,8%
- Anemia – 14,5%
- Obstrução biliar – 4,6%
- Extensão da lesão
  - Até a submucosa – 42/108
  - Até a muscular – 62/108
  - Além da muscular – 4/108
  - Linfonodo comprometido em 12 casos

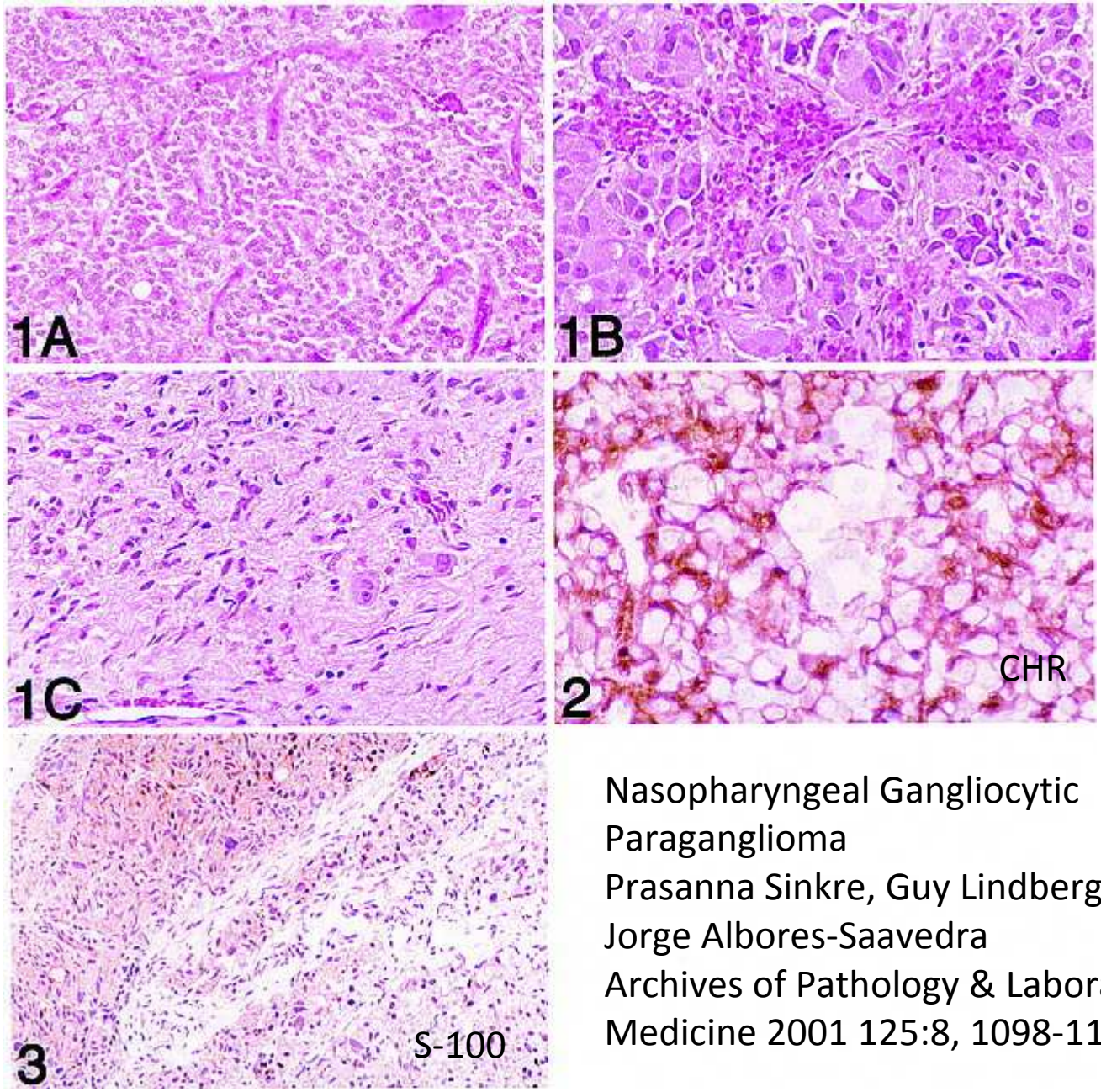
Okubo *et al. BMC Cancer* 2011, **11**:187
http://www.biomedcentral.com/1471-2407/11/187

Paraganglioma gangliocítico do duodeno

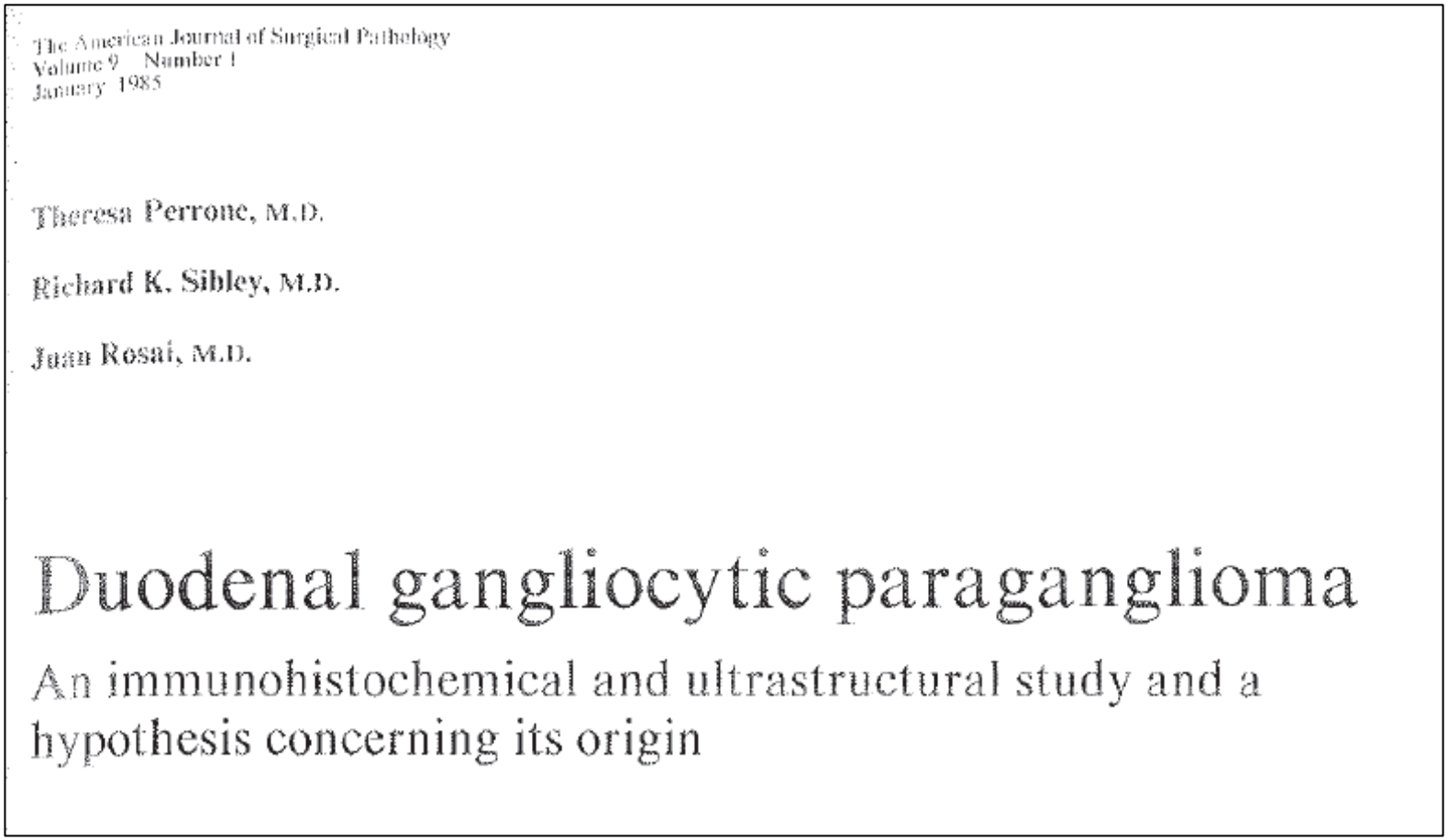
- Prognóstico bom
  - Nenhuma recorrência ou morte (seguimento de 12 a 96 meses).

Paraganglioma gangliocítico

- Medula espinhal baixa – 4 casos
- Sistema respiratório – 4 casos
- Jejuno – 3 casos
- Esôfago – 2 casos
- Estômago – 1 caso
- Apêndice – 1 caso
- Retromediastino – 1 casp
- Pâncreas – 1 caso
- Teratoma maduro – 1 caso
- Duodeno e pâncreas – 1 caso



Nasopharyngeal Gangliocytic Paraganglioma
Prasanna Sinkre, Guy Lindberg, and Jorge Albores-Saavedra
Archives of Pathology & Laboratory Medicine 2001 125:8, 1098-1100



The American Journal of Surgical Pathology
Volume 9 Number 1
January 1985

Theresa Perrone, M.D.

Richard K. Sibley, M.D.

Juan Rosai, M.D.

Duodenal gangliocytic paraganglioma

An immunohistochemical and ultrastructural study and a hypothesis concerning its origin

HISTOGÊNESE

-Células epiteliais de derivação endodérmica (primórdio ventral do pâncreas)

-Células ganglionares neuroectodérmicas

-Células fusiformes neuroectodérmicas (células de Schwann)