



Sociedade Brasileira de Patologia

Caso do mês

Fevereiro de 2016 - 2

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ANATOMIA PATOLÓGICA

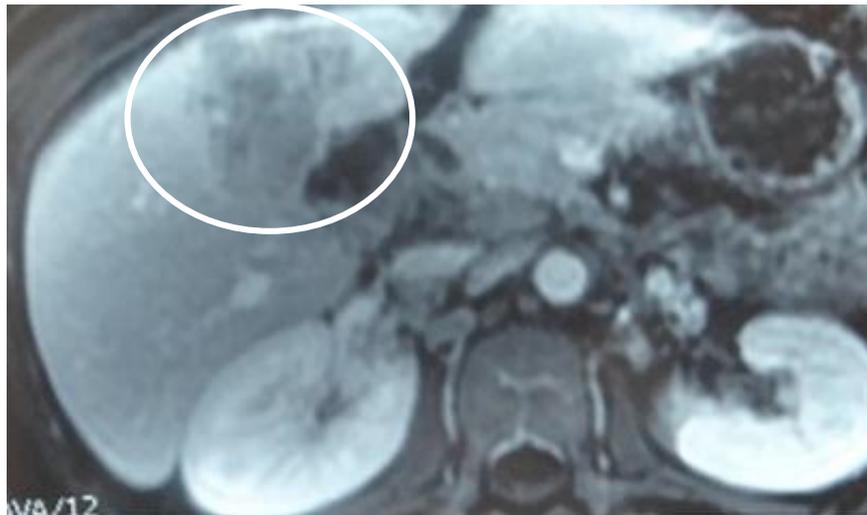
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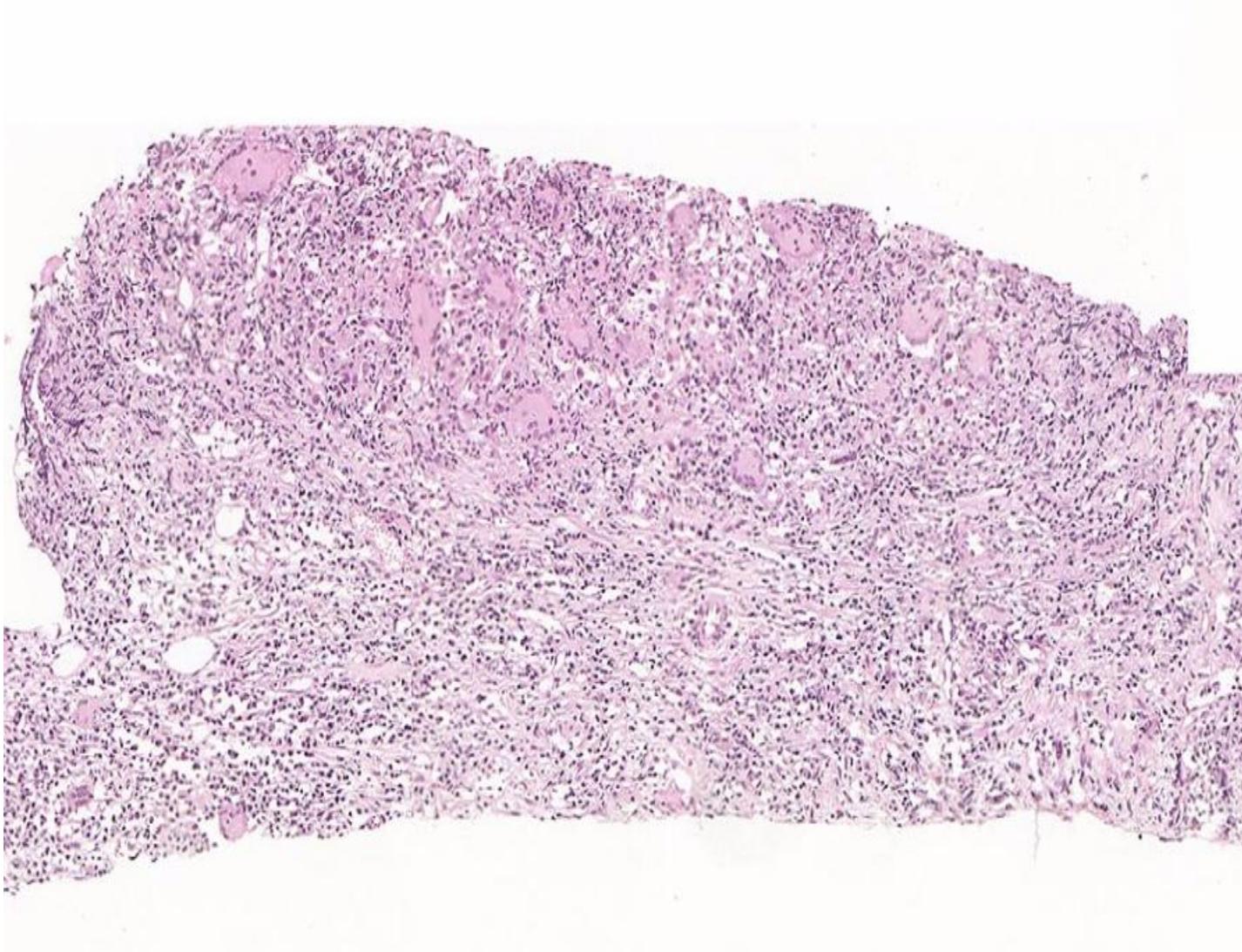
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CASO CLÍNICO

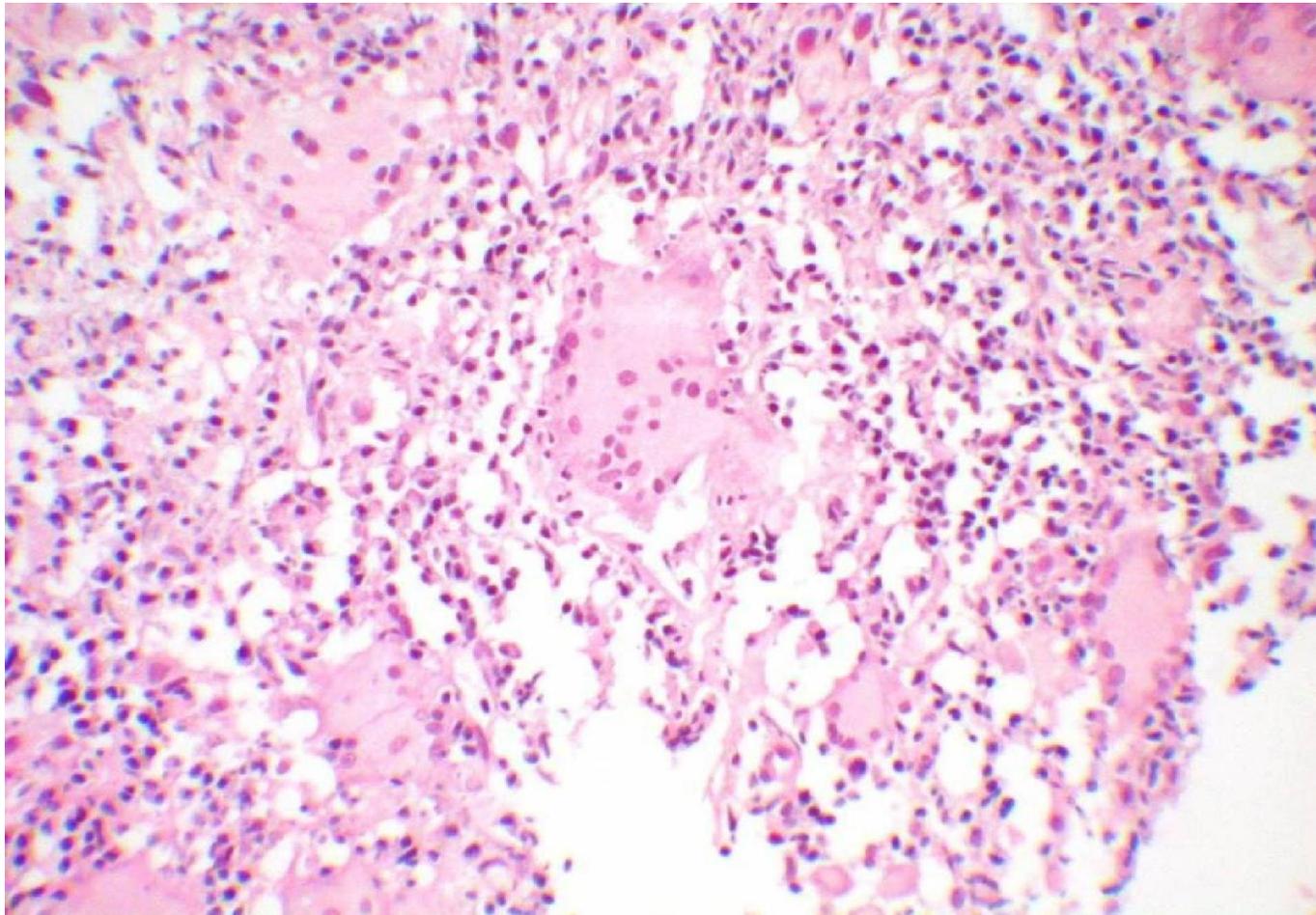
- Mulher, 47 anos
- Assintomática
- Durante exames de rotina, foi identificada massa hepática à tomografia computadorizada.



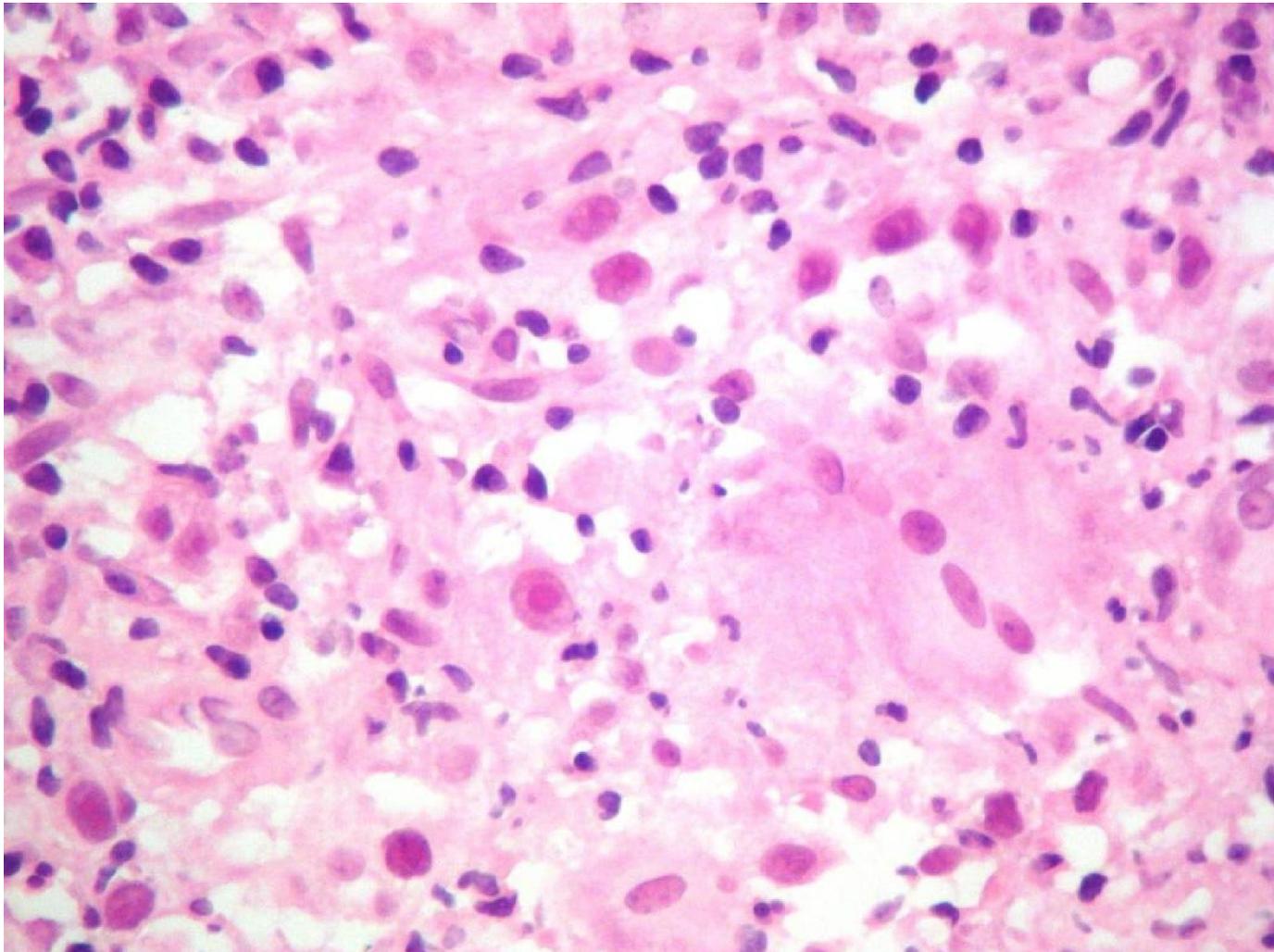
Biópsia por agulha



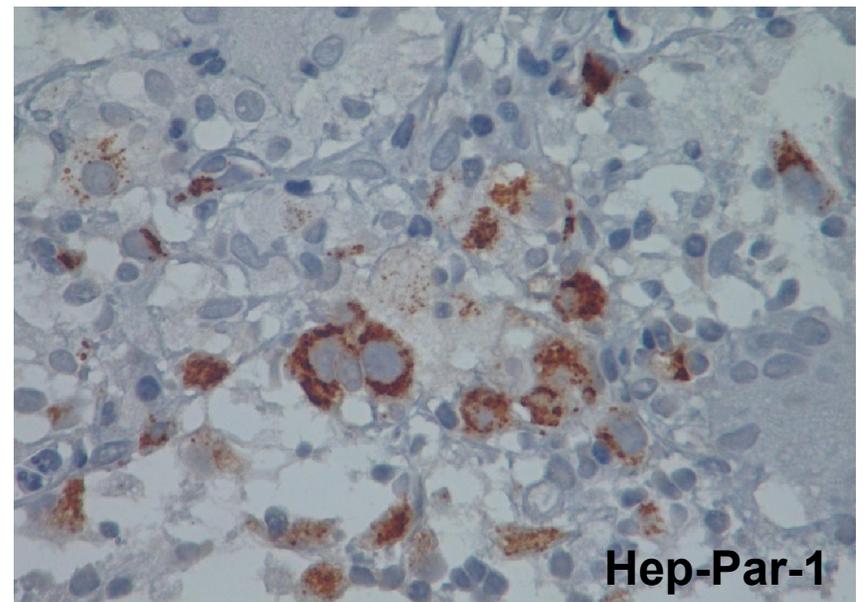
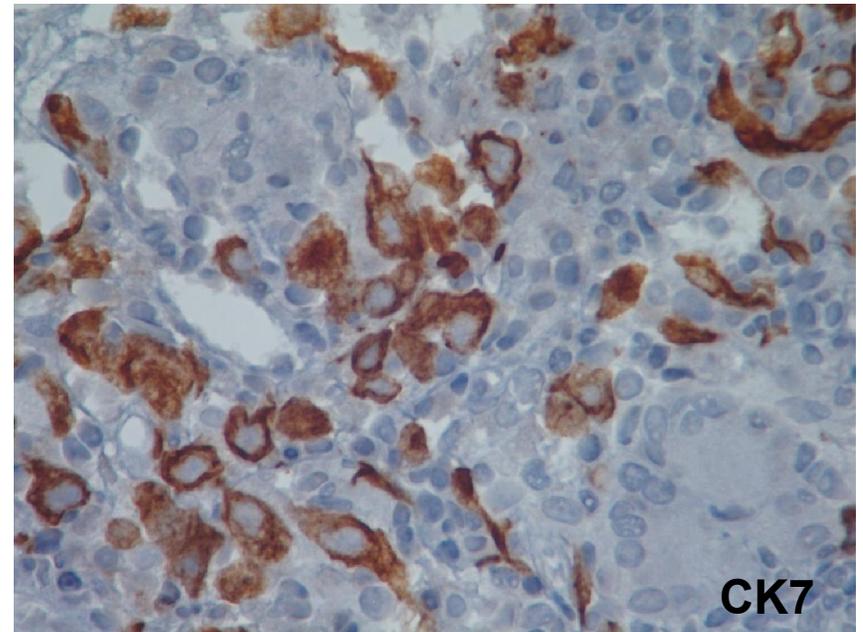
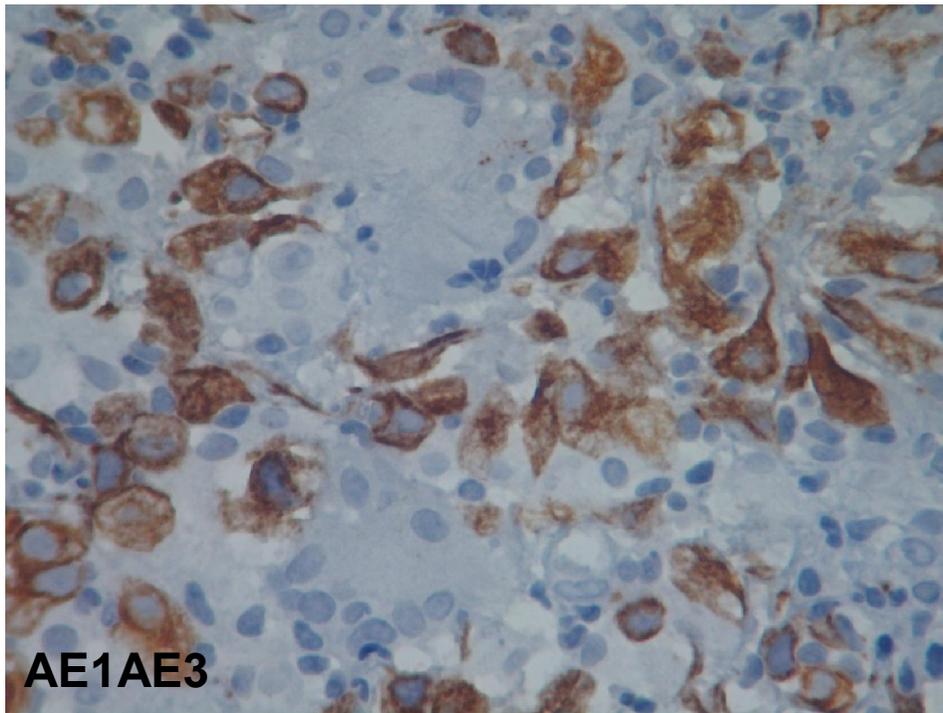
Biópsia por agulha



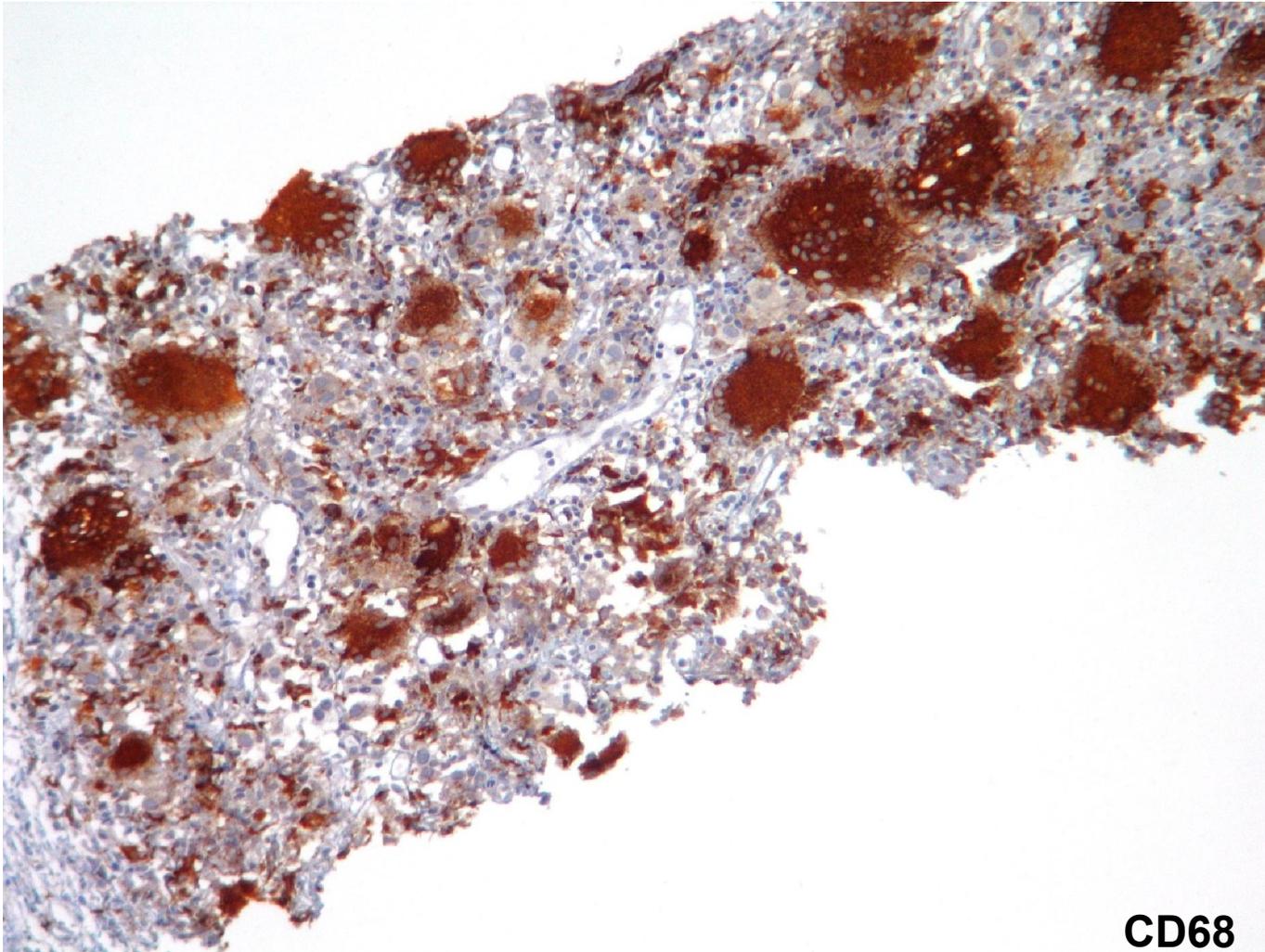
Biópsia por agulha



Perfil inmunoistoquímico



Perfil inmunohistoquímico



CD68

Hipóteses diagnósticas

- Hepatite granulomatosa
- Carcinoma pouco diferenciado
- Colangite granulomatosa
- Histiocitose de células de Langerhans
- Tumor miofibroblástico inflamatório



**Com base nos achados
morfológicos e
imunohistoquímicos, qual o
seu diagnóstico?**

Hipóteses diagnósticas

Inflamatória/infecciosa

Neoplásica

- Colorações de Ziehl-Neelsen e Grocott foram negativas

Perfil inmunohistoquímico



AE1/AE3

CK7

Hep-Par-1

CD20

CD3

CD15

CD30

LMP1

CA19-9

CEA

PAX5

CD43

S100

CD1a

CK20

CDX2



Diagnóstico imunohistoquímico

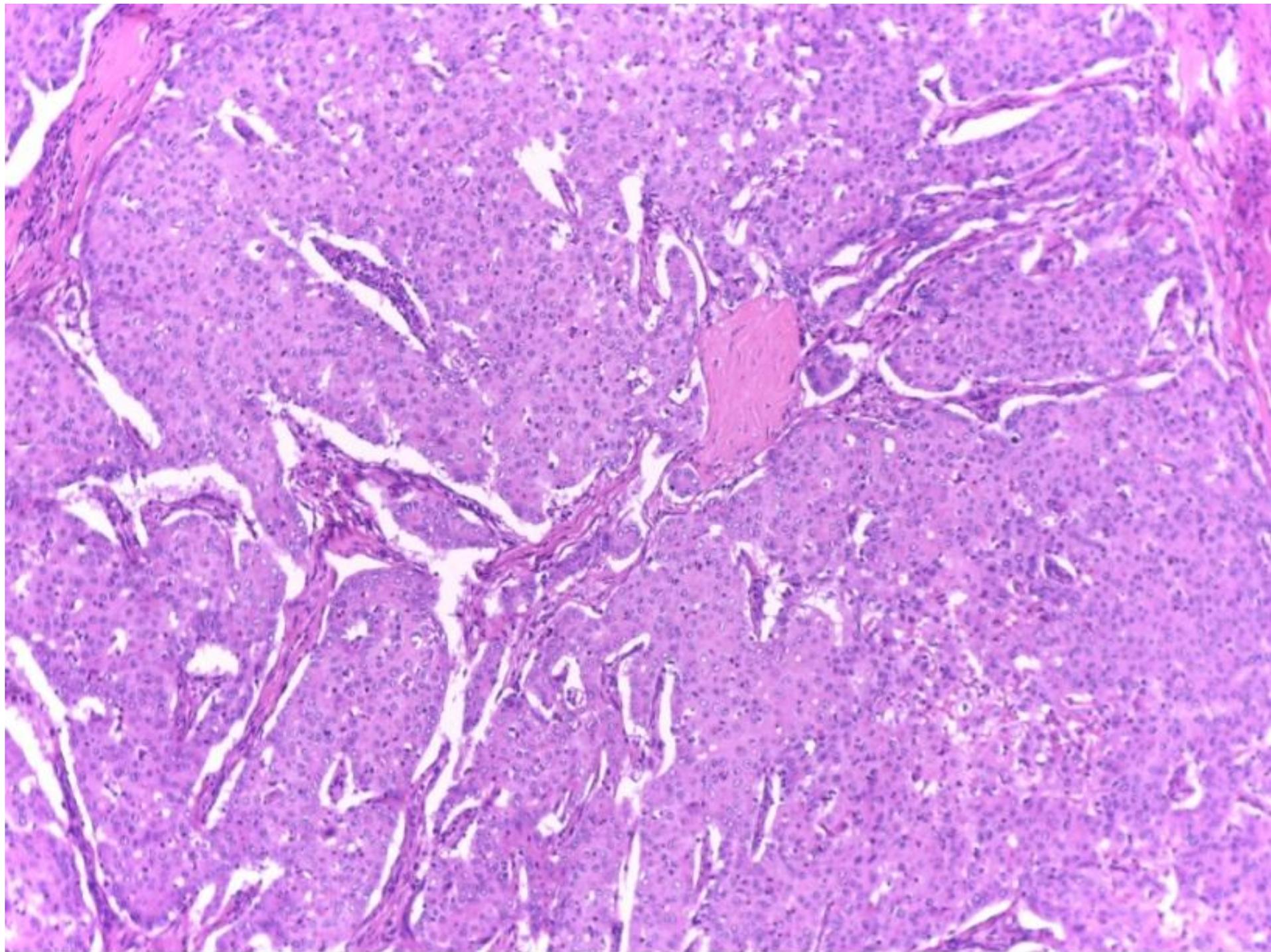
- Denso infiltrado linfocítico com componente gigantocelular exuberante com componente epitelial atípico que expressa AE1/AE3, CK7 e Hep-Par-1.

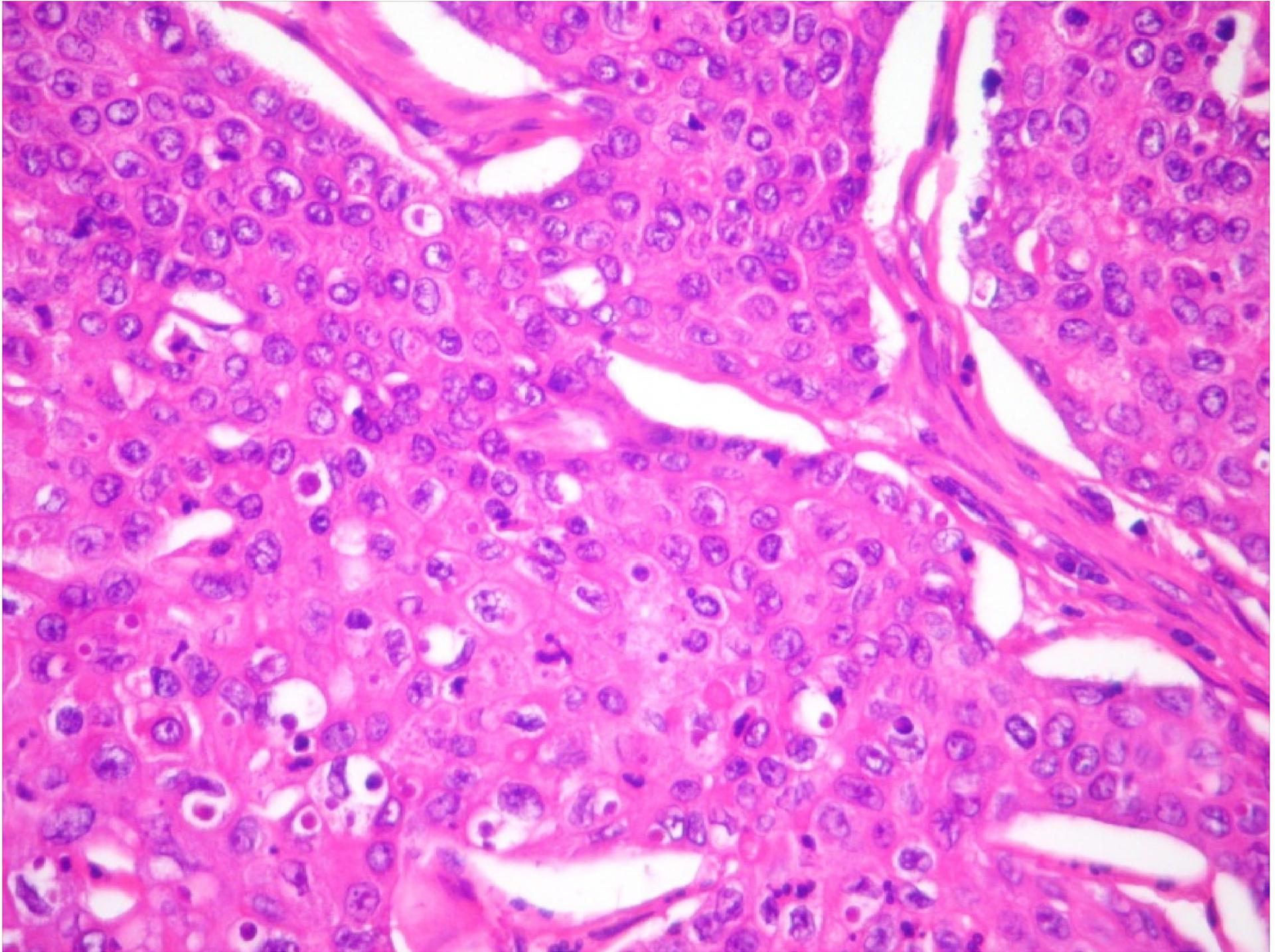


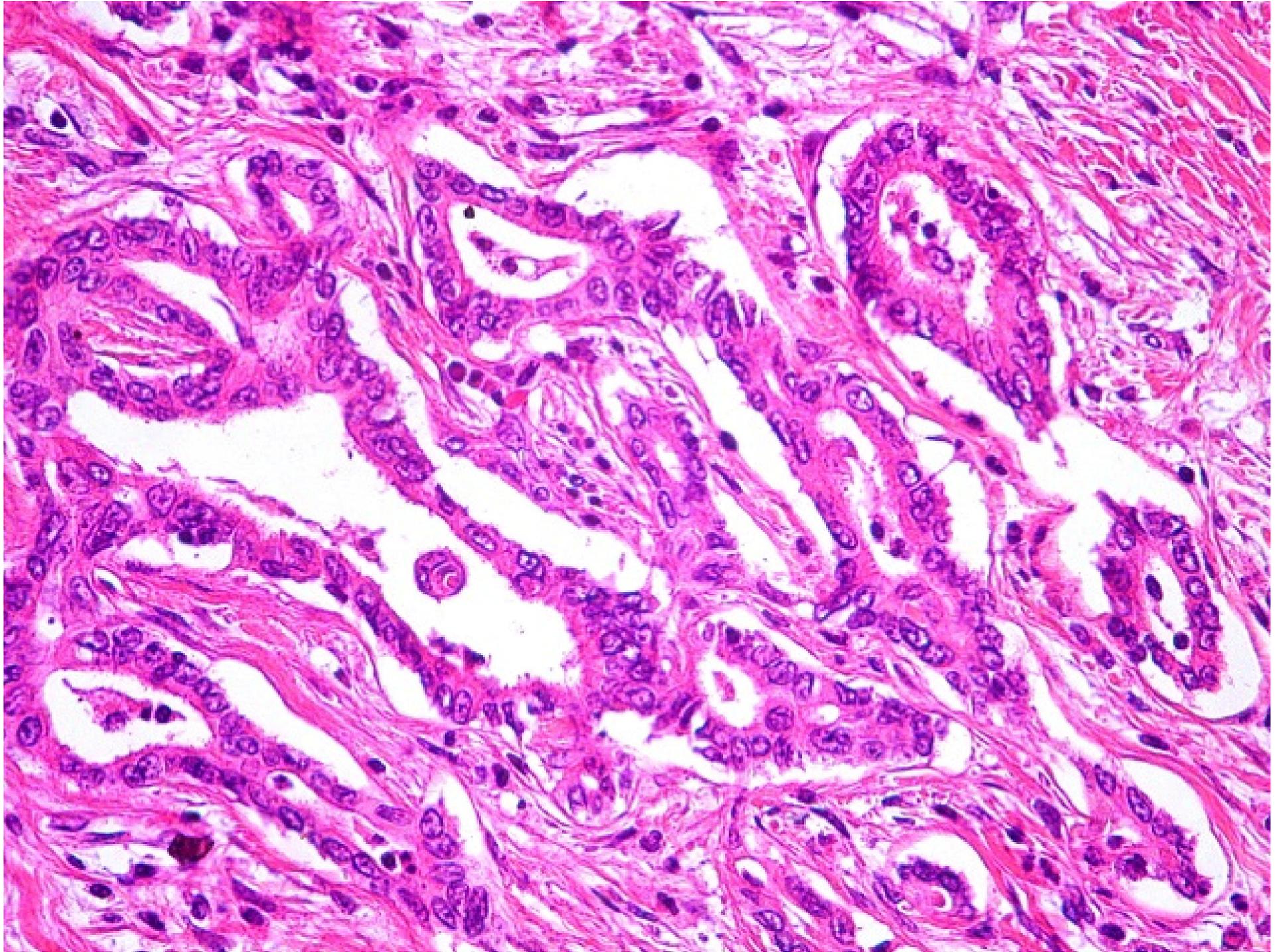
Reação gigantocelular exuberante associada a neoplasia, provavelmente hepatocarcinoma.

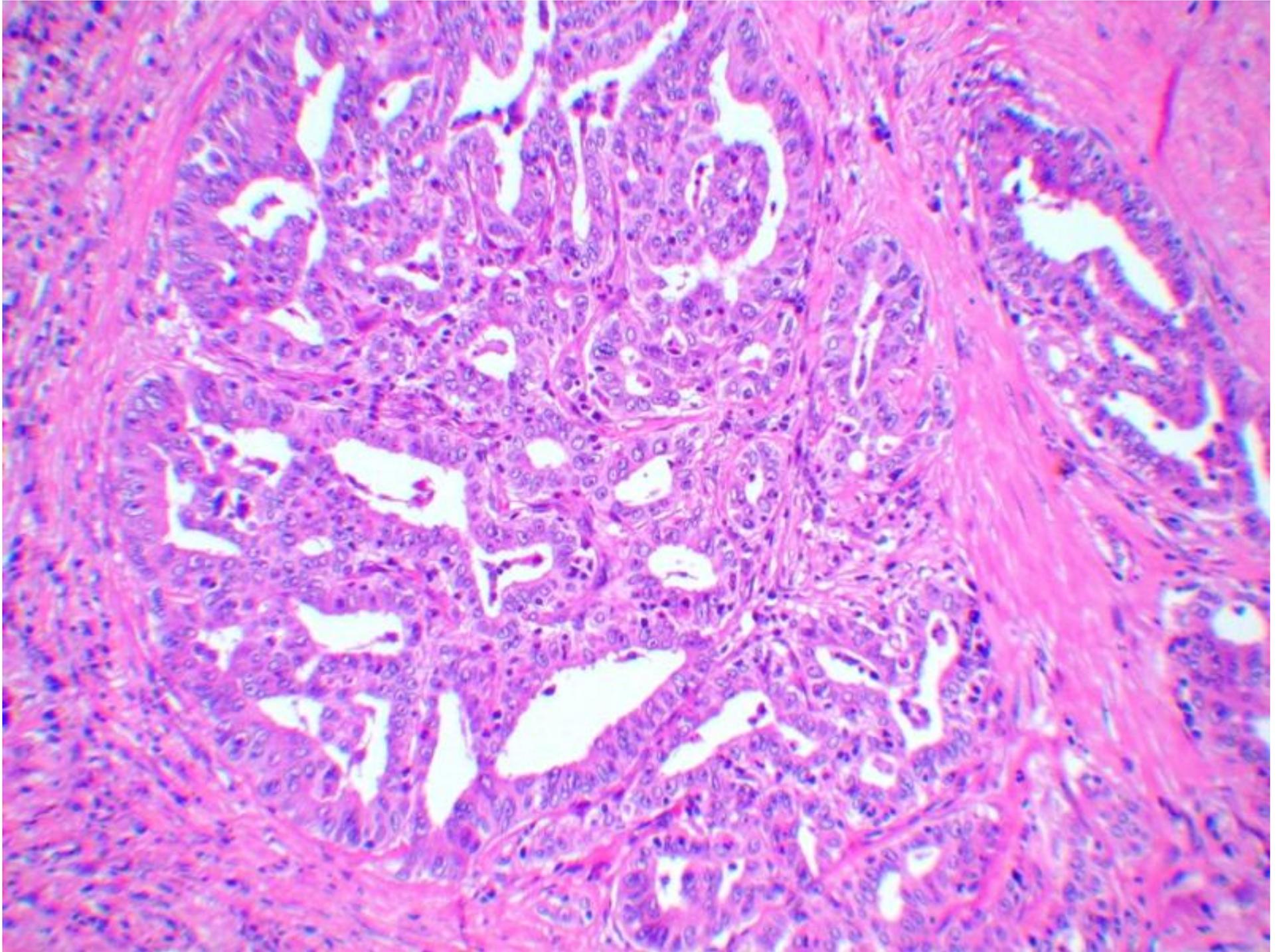
Hepatectomia direita

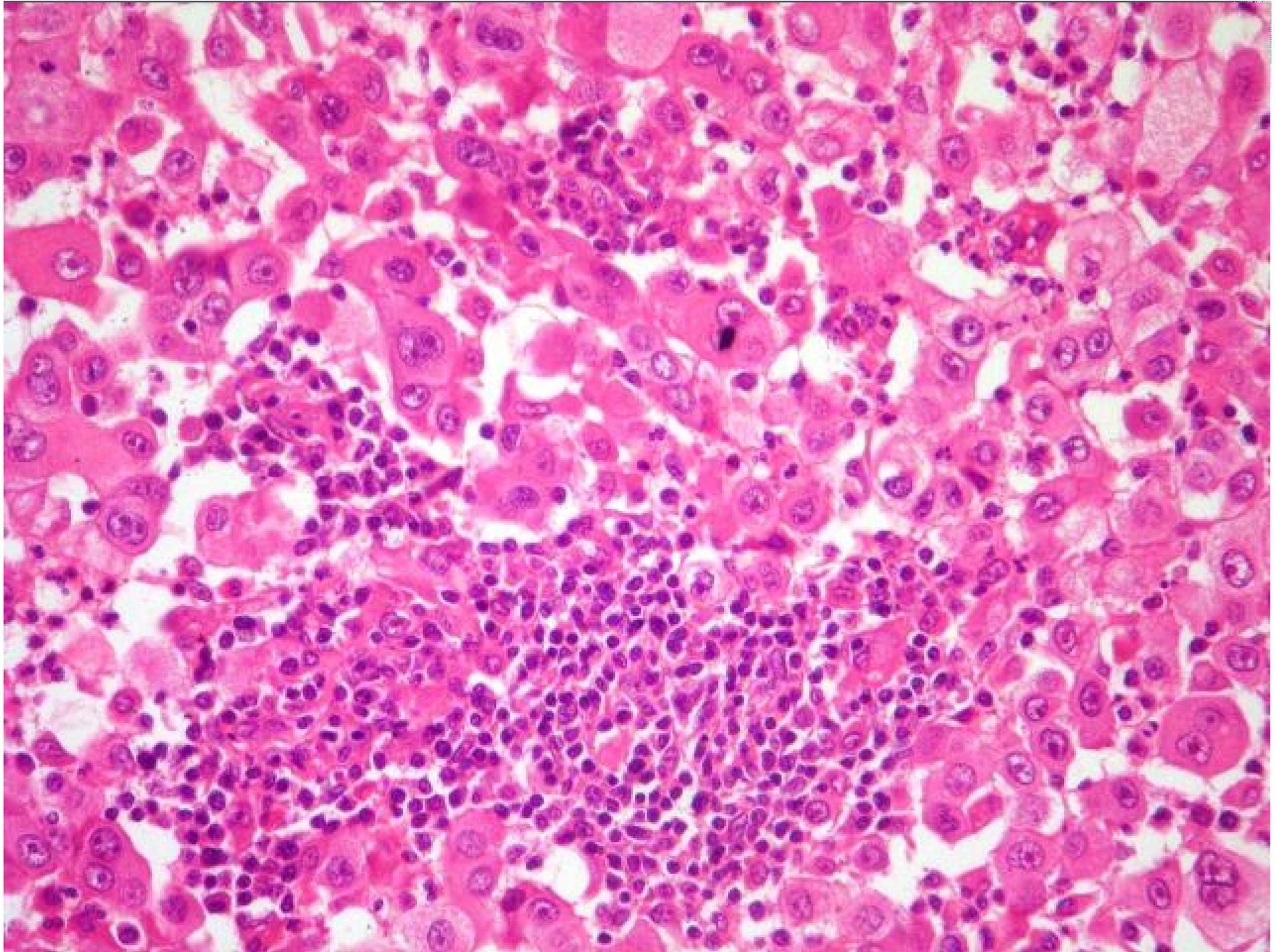


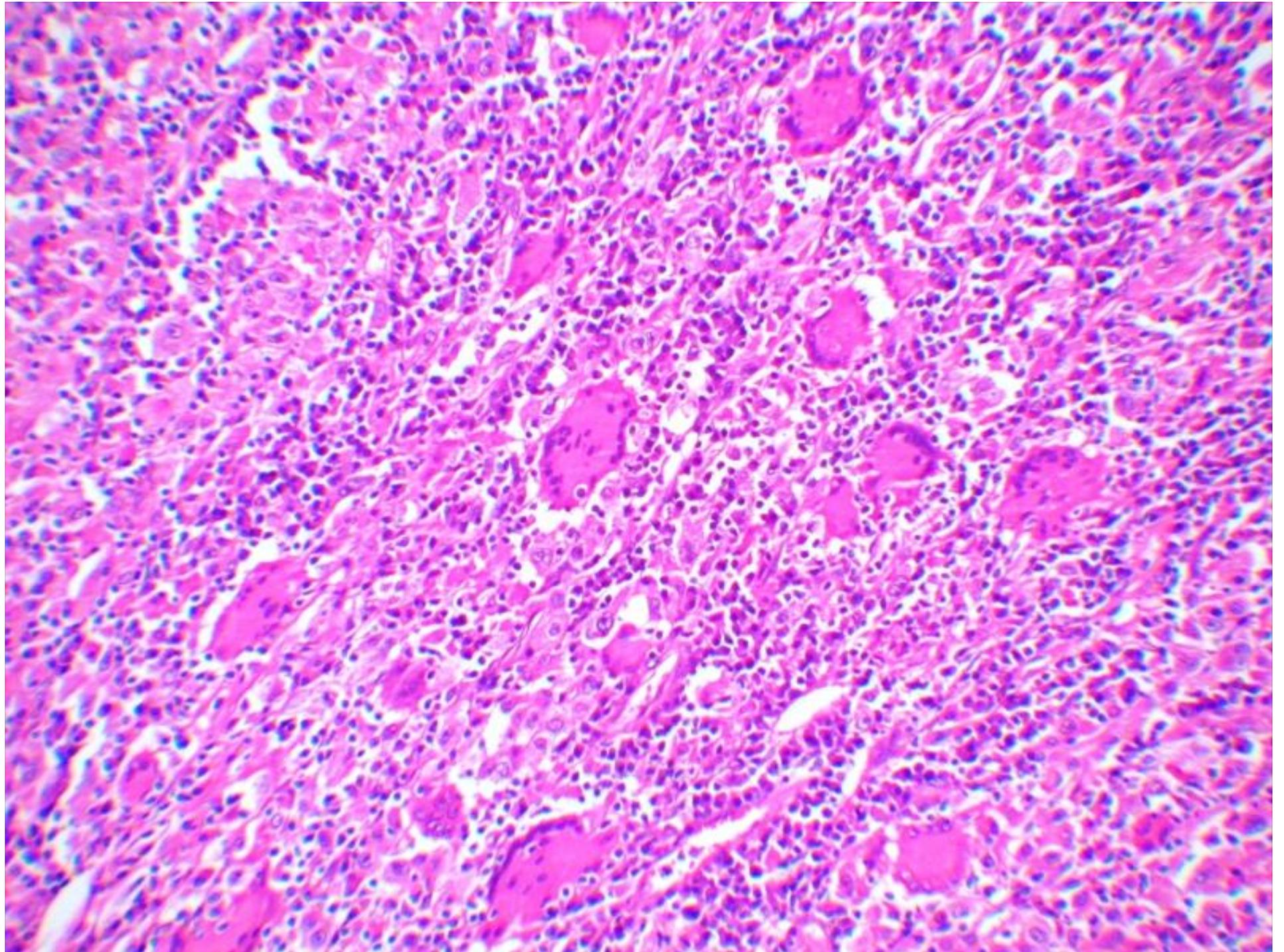


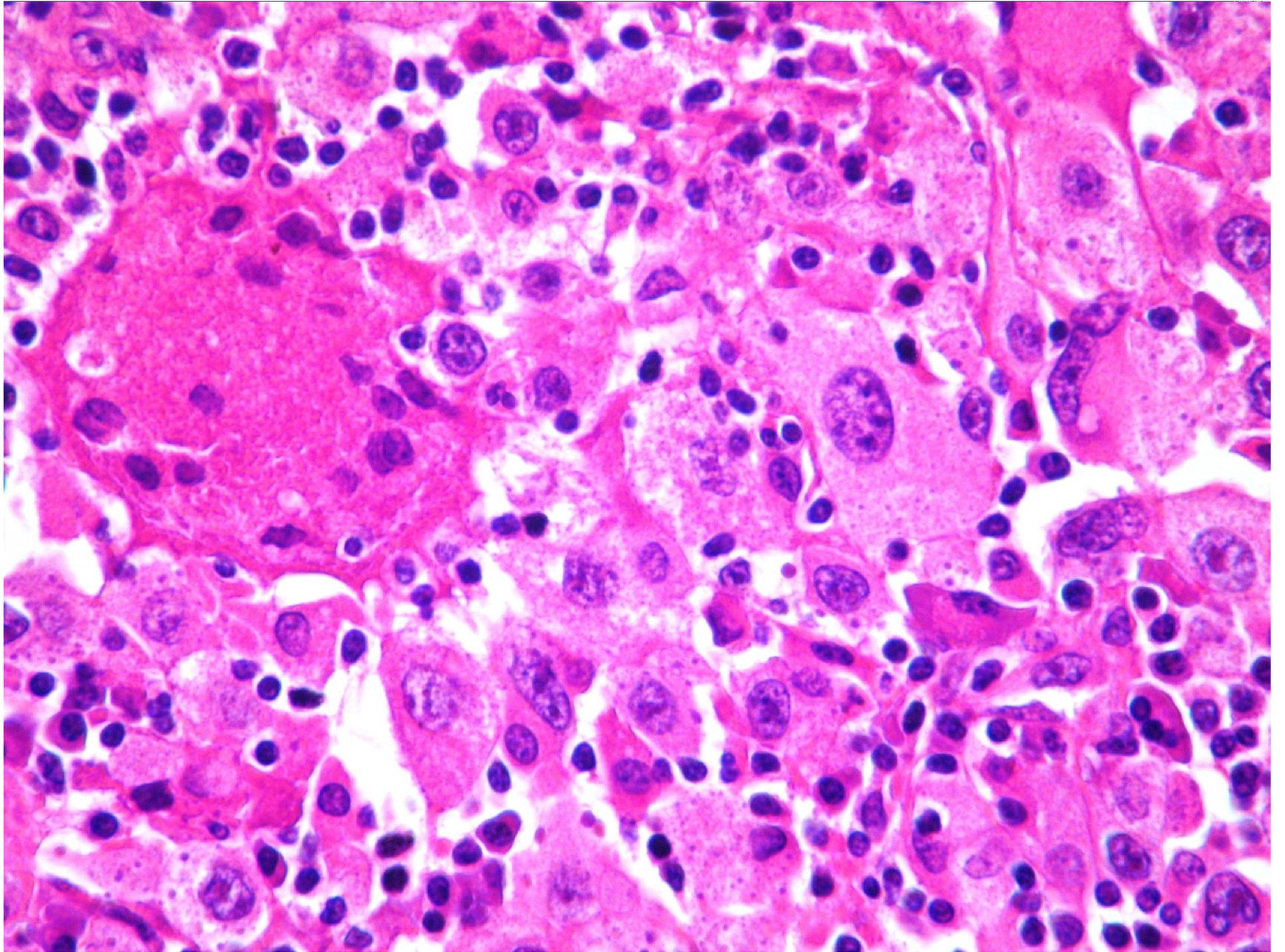


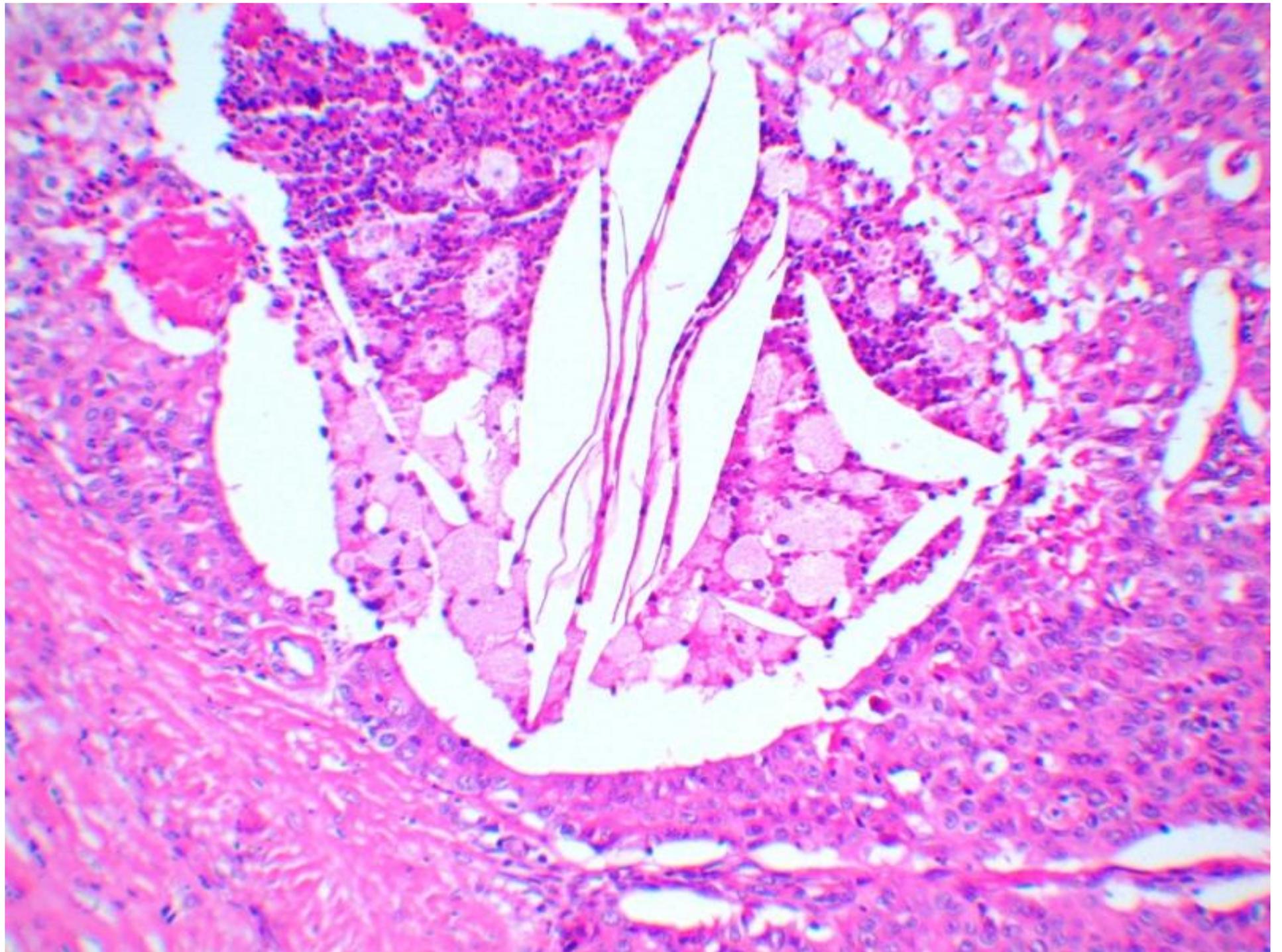


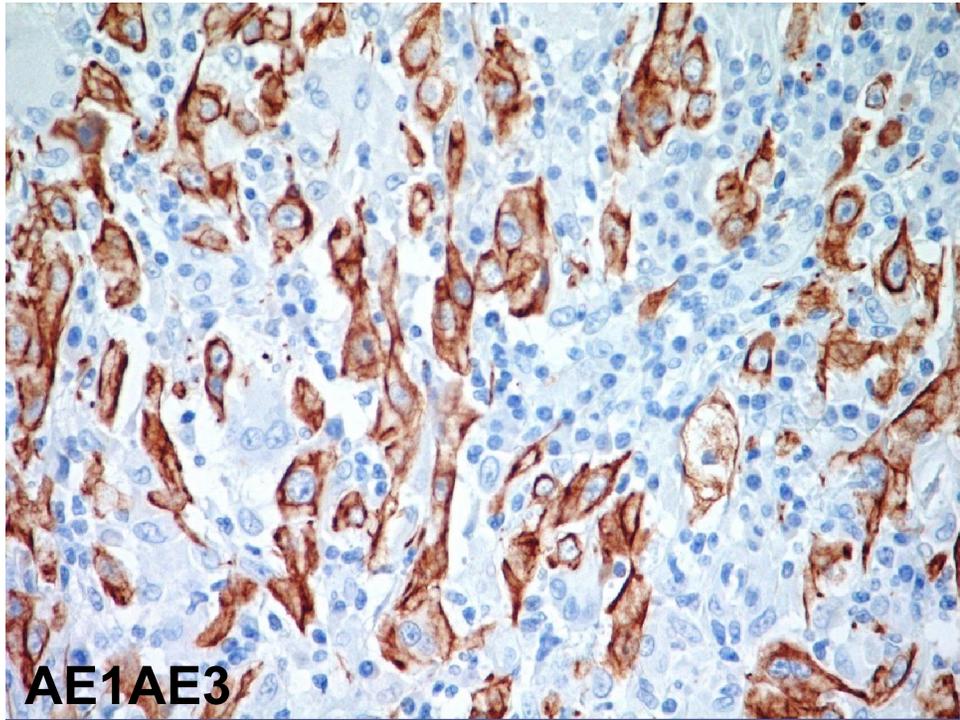




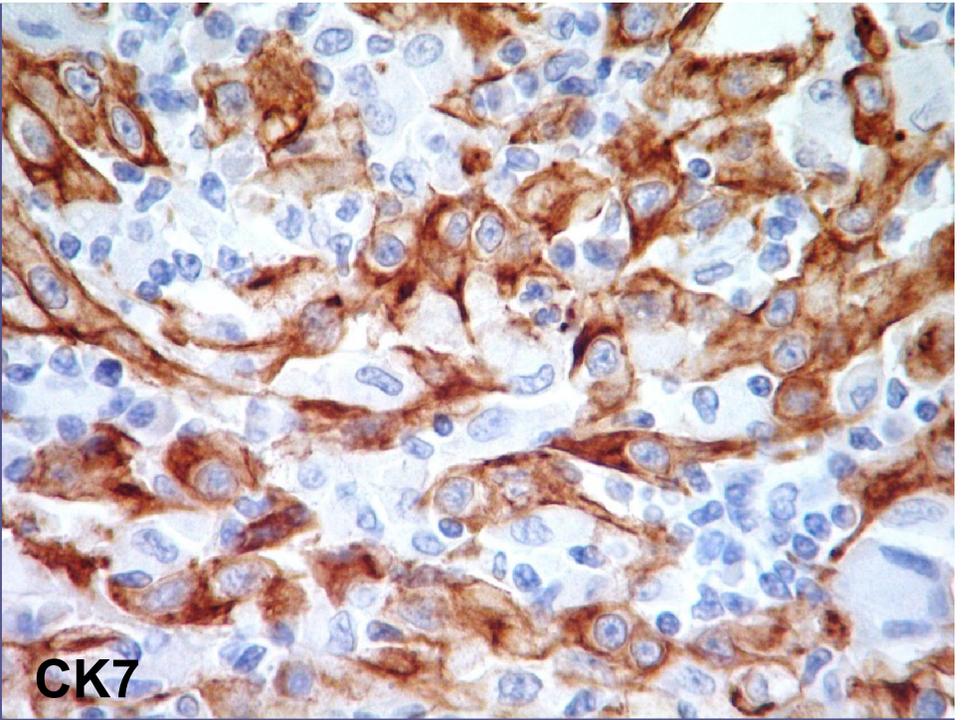




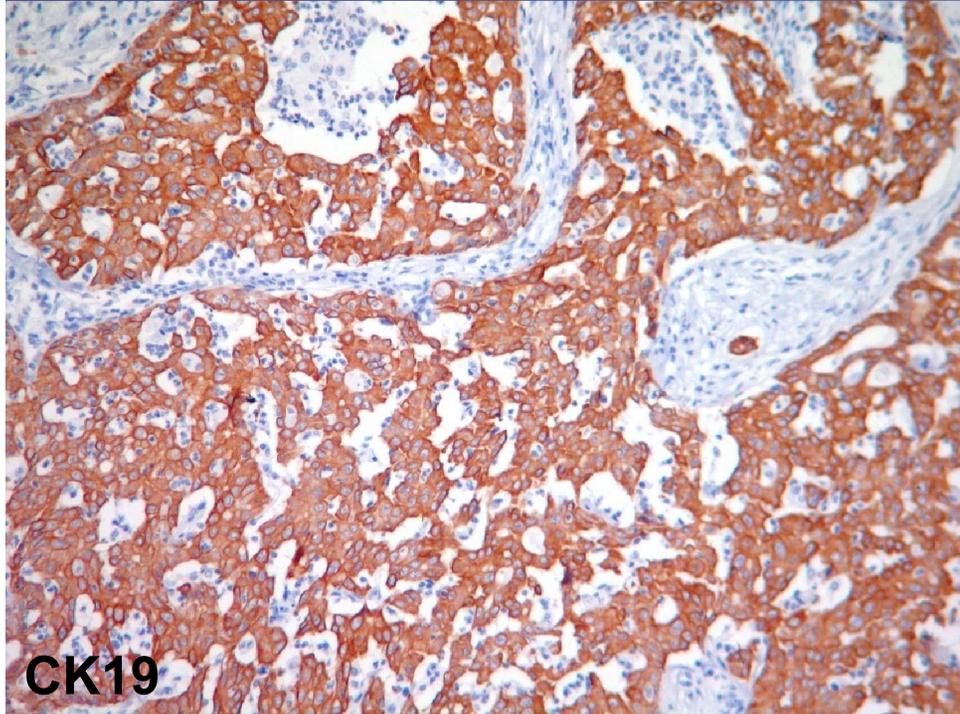




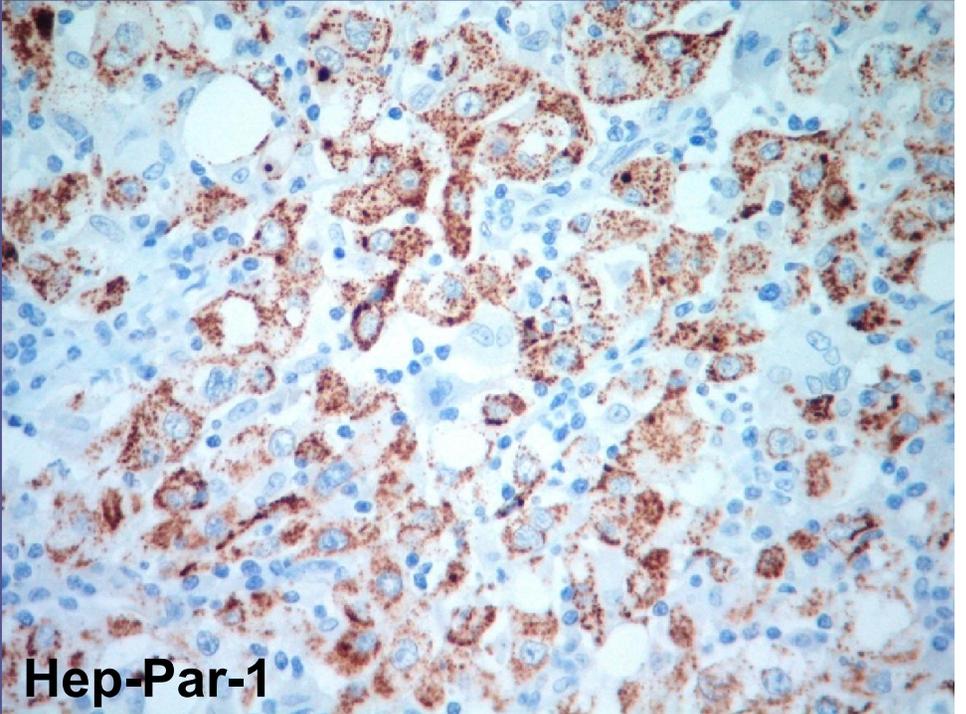
AE1/AE3



CK7

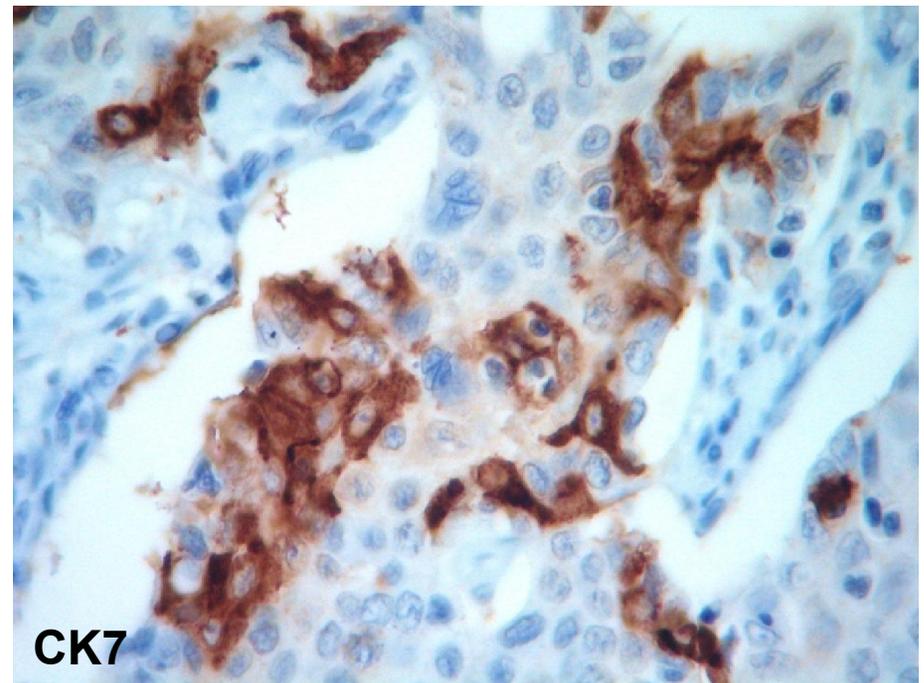
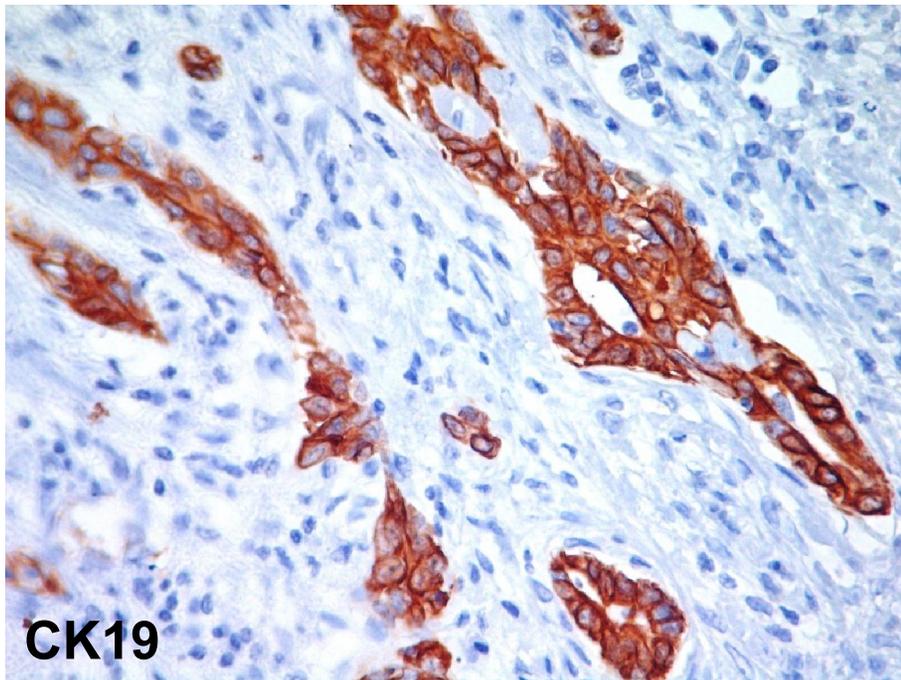


CK19

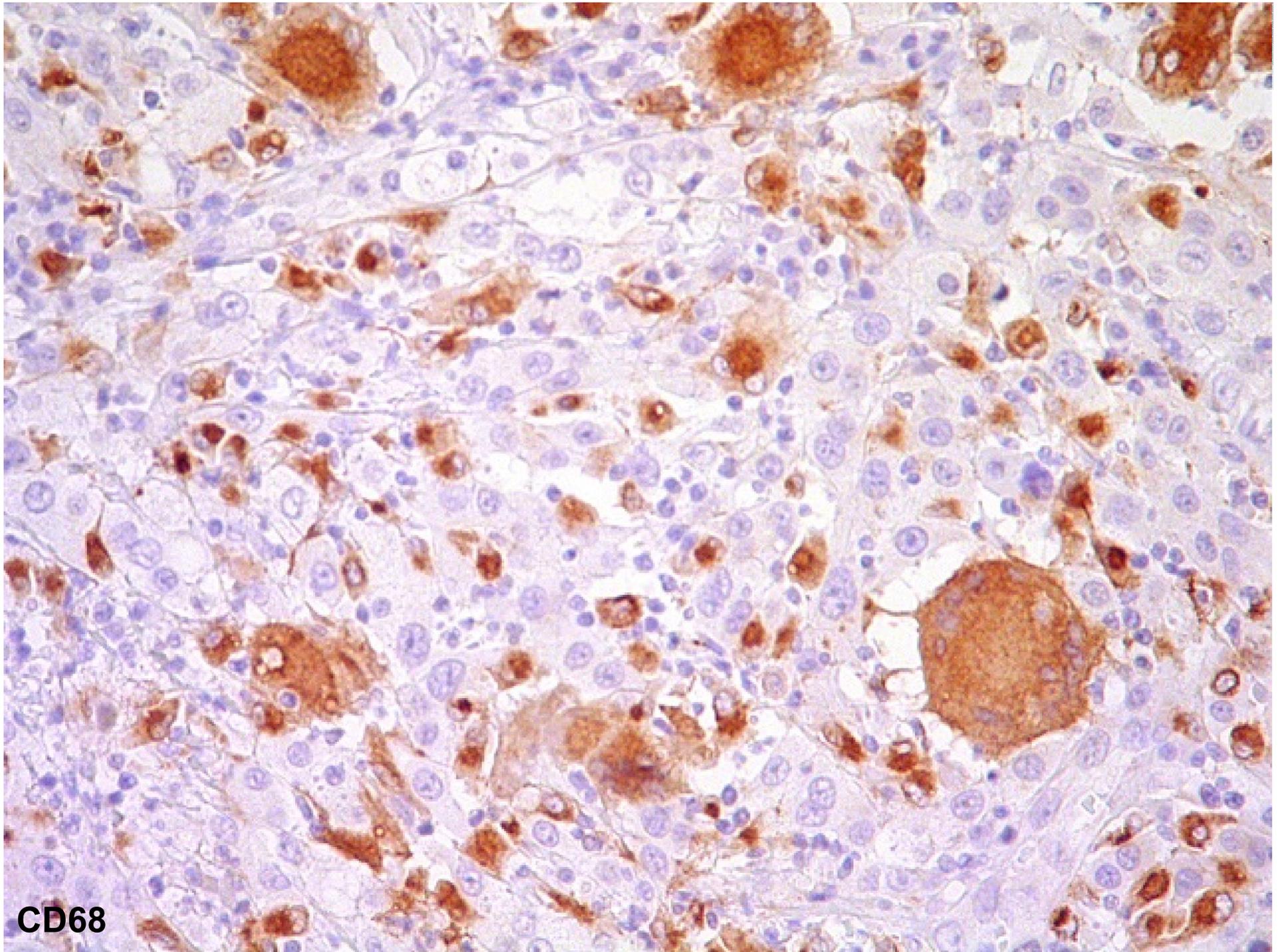


Hep-Par-1

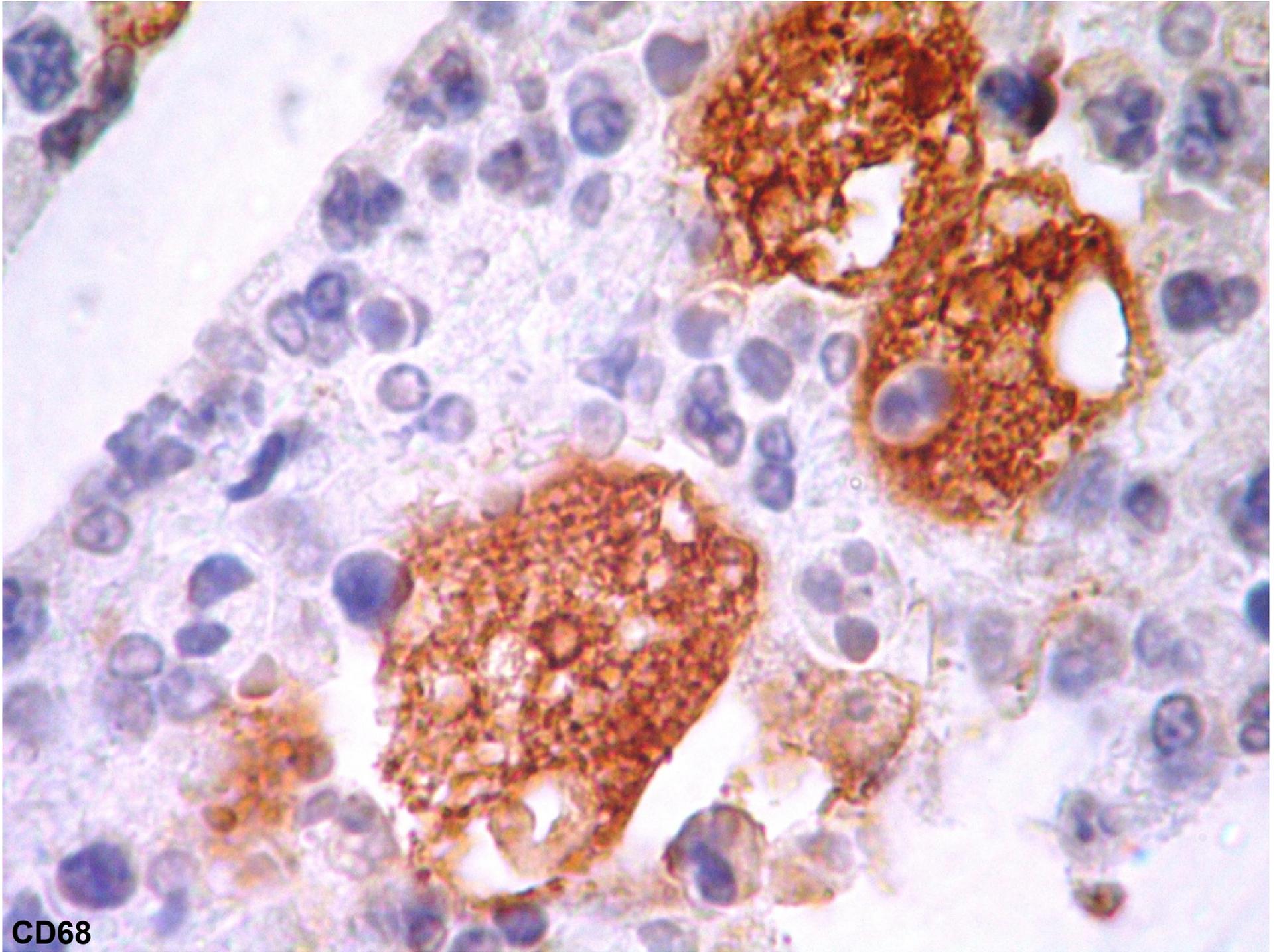
Área de diferenciação biliar



(>10% da neoplasia)



CD68



CD68

**Carcinoma Hepatobiliar
(Hepatocolangiocarcinoma)
rico em células gigantes do
tipo osteoclasto**

Discussão

- Células gigantes do tipo osteoclasto (CGO) em carcinomas tem sido descritas numa grande variedade de órgãos, incluindo mama, tireoide, vesícula biliar, estômago e pâncreas.
- Neoplasias hepáticas com CGO são raras.
- A incidência de CGO em neoplasias hepáticas foi revisada em 2009 por Tanahashi e col., que compilaram 15 casos e descreveram um.
- Em 6 dos 16 casos havia evidente presença de CHC.

Table 1 Reported hepatic tumors with OGC.

	Study	Age (years)	Sex	Diagnosis	Cirrhosis	HCC	Follow up (days)
1	Munoz <i>et al.</i> ¹⁶	87	M	Osteoclastoma-like giant cell tumor of the liver	+	-	DOD (32)
2	Kuwano <i>et al.</i> ¹²	54 →	M	HCC with OGC	+	+	DOD (42)
3	Andreola <i>et al.</i> ¹⁷	71	M	Osteoclastoma-like giant cell tumor	+	-	DOD (20)
4	Horie <i>et al.</i> ¹⁸	66	M	OGCT of the liver	-	-	DOD (42)
5	Chetty <i>et al.</i> ²⁰	28 →	M	Giant cell hepatocellular carcinoma	+	+	DOD (7)
6	Haratake <i>et al.</i> ²³	59	M	Cholangiocarcinoma with OGC	-	-	DOD (60)
7	Hood <i>et al.</i> ¹⁹	37	F	Hepatic giant cell carcinoma	-	+	DOD (330)
8	McCluggage and Toner ¹¹	71 →	M	HCC with OGC	+	-	DOD (35)
9	Sasaki <i>et al.</i> ²¹	42 →	M	Sarcomatoid HCC with OGC	+	+	DOD (28)
10	Westra <i>et al.</i> ¹	NA	NA	OGCT of the liver	NA	NA	NA
11	Ikeda <i>et al.</i> ¹³	76 →	M	HCC with OGC	+	+	DOD (150)
12	Ahaouche <i>et al.</i> ¹⁴	57	M	Undifferentiated carcinoma with OGC	+	-	DOO (90)
13	Rudloff <i>et al.</i> ²²	61	F	OGCT of the liver	NA	-	DOD (90)
14	Bauditz <i>et al.</i> ¹⁵	54	M	OGCT of the liver	-	-	Alive (450)
15	Stolinsky <i>et al.</i> ²⁴	37	F	Pure giant cell carcinoma	-	-	DOO (23)
	Present case	73 →	F	Combined HCC and OGCT	-	+	DOD (110)

+, present; -, absent; DOD, died of disease; DOO, died of other disease; HCC, hepatocellular carcinoma; NA, not available; OGC, osteoclast-like giant cells; OGCT, osteoclast-like giant cell tumor.

C. Tanahashi *et al.*

Discussão

- Natureza reativa das CGO, especialmente quando encontradas nos carcinomas convencionais.
- Consideradas células histiocíticas reativas em vez de células do tumor maligno verdadeiro porque reagem positivamente para CD68 e têm um baixo índice de proliferação (Ki-67).
- CGO no carcinoma hepático tem expressão similar aos marcadores de osteoclastos do osso: fosfatase ácida tartarato-resistente (TRAP), CD68, CD51, CD54, matrix metaloprotease-9, Ativador do receptor do fator kappa B nuclear (RANK) e o seu ligante (RANKL).

Discussão

- Tumor muito agressivo com péssimo prognóstico.
- Na maioria dos casos relatados os pacientes morreram da doença em poucos meses após a cirurgia.
- No presente caso, a paciente apresentou metástase linfonodal ao diagnóstico e recidiva tumoral após 3 meses da cirurgia.
- Devido ao prognóstico ruim, é uma entidade que precisa ser diagnosticada rápida e corretamente.

Referências

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- Ikeda T, Seki S, Maki M, Noguchi N, Kawamura T, Arai S, et al. Hepatocellular carcinoma with osteoclast-like giant cells: possibility of osteoclastogenesis by hepatocyte-derived cells. *Pathol Int* 2003;53:450-456
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- Ahaouche M, Cazals-Hatem D, Sommacale D, Cadranel JF, Belghiti J, Degott C. A malignant hepatic tumour with osteoclast-like giant cells. *Histopathology* 2005; 46 : 590–92



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Obrigada!

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