



Sociedade Brasileira de Patologia

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**SALOMÃO ZOPPI**  
DIAGNÓSTICOS

**APESP**

**A-257**

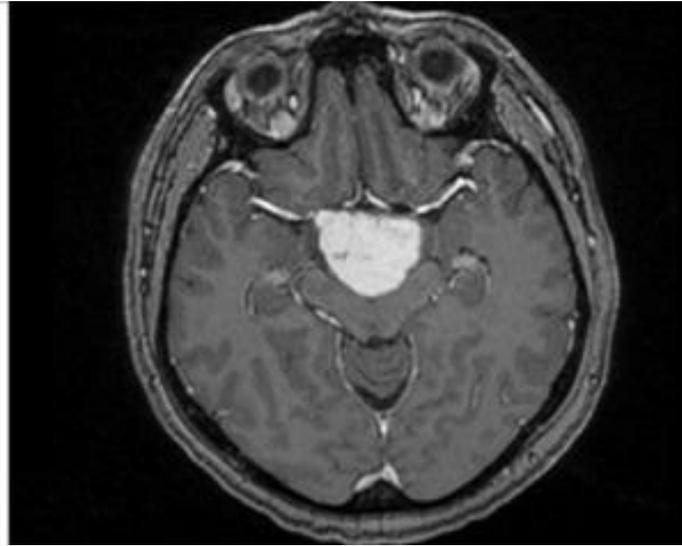
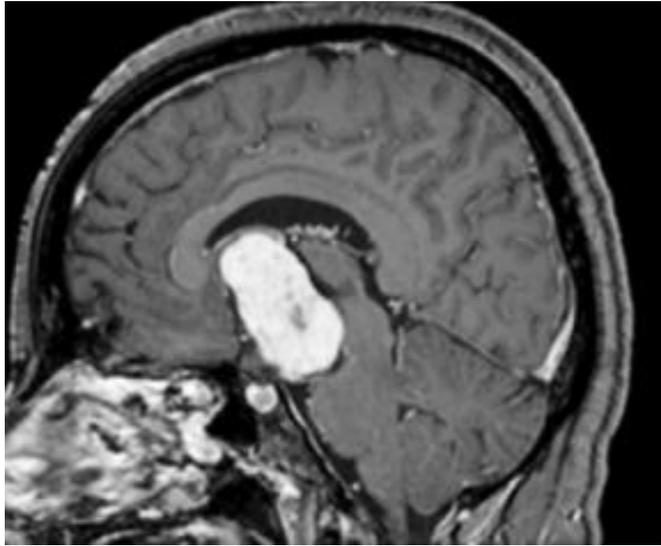
**São Paulo**

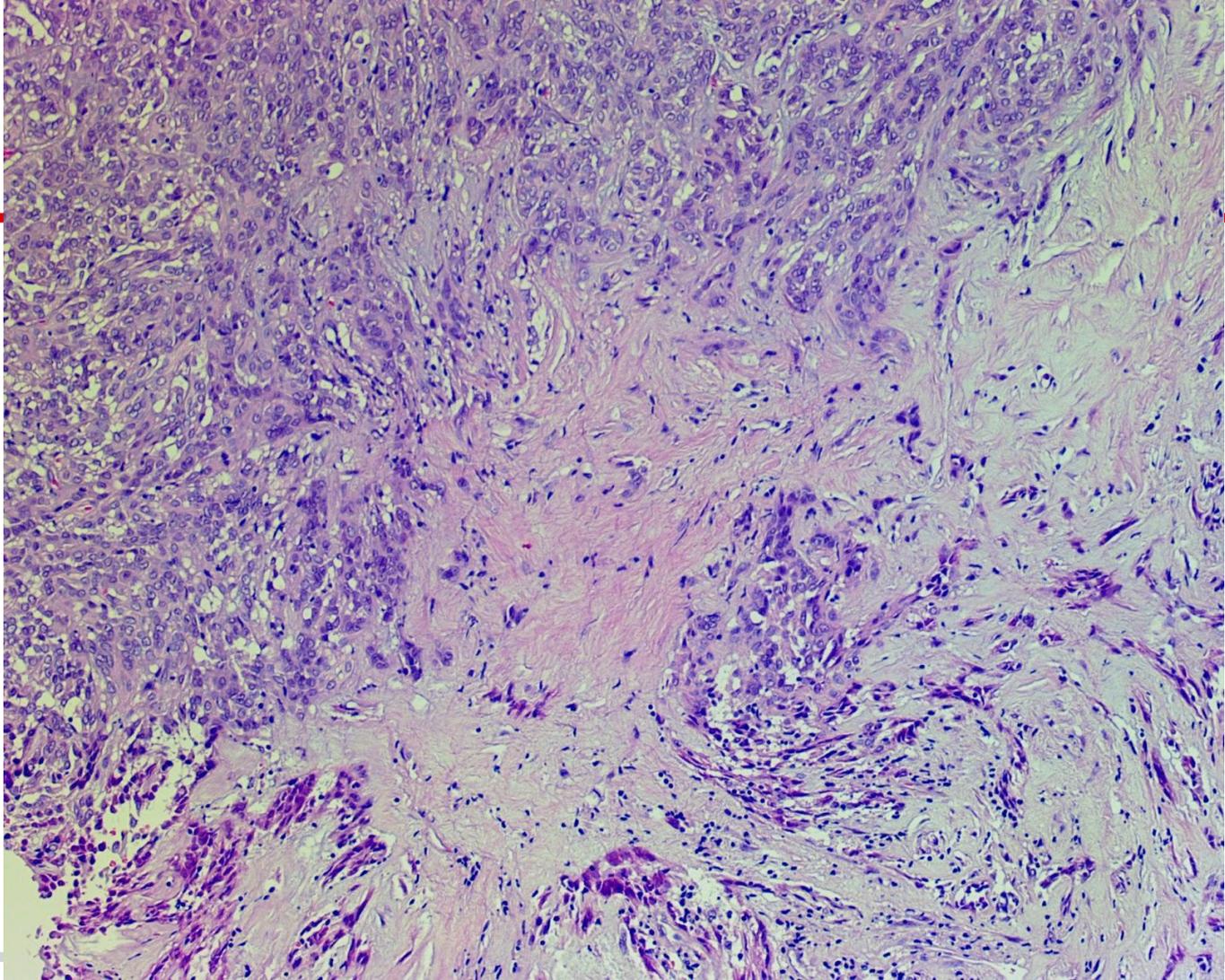
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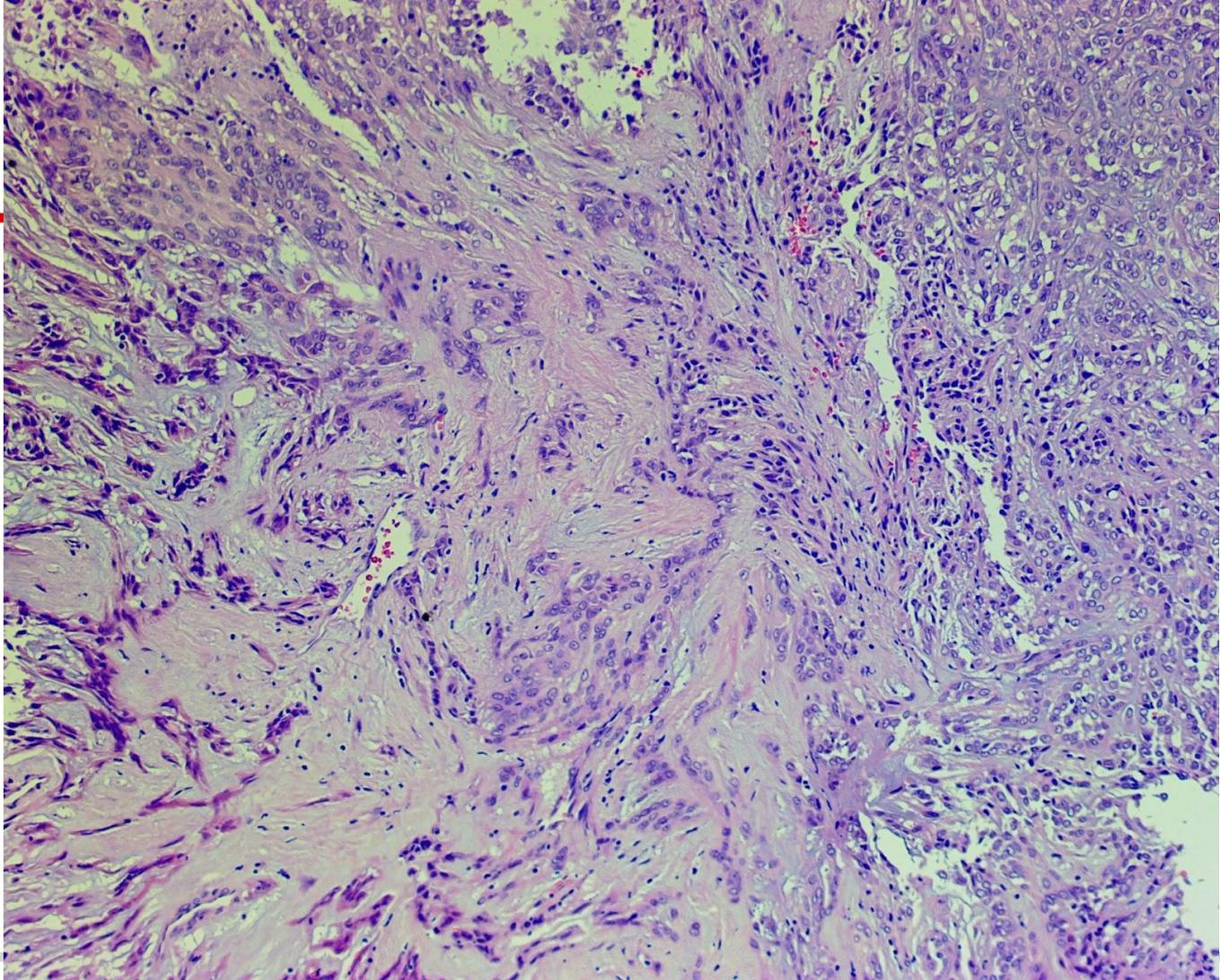
**Bernardo Bacelar**

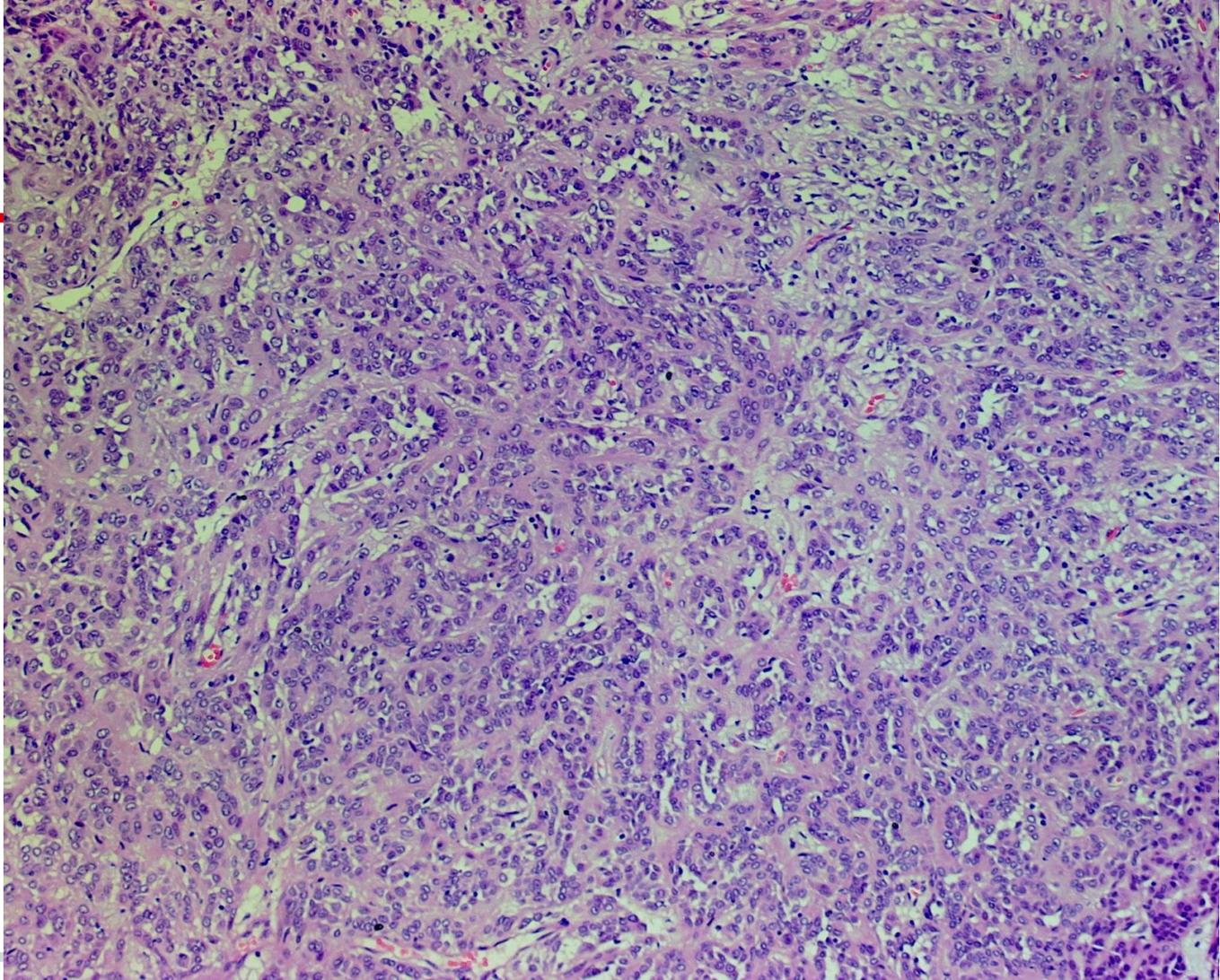
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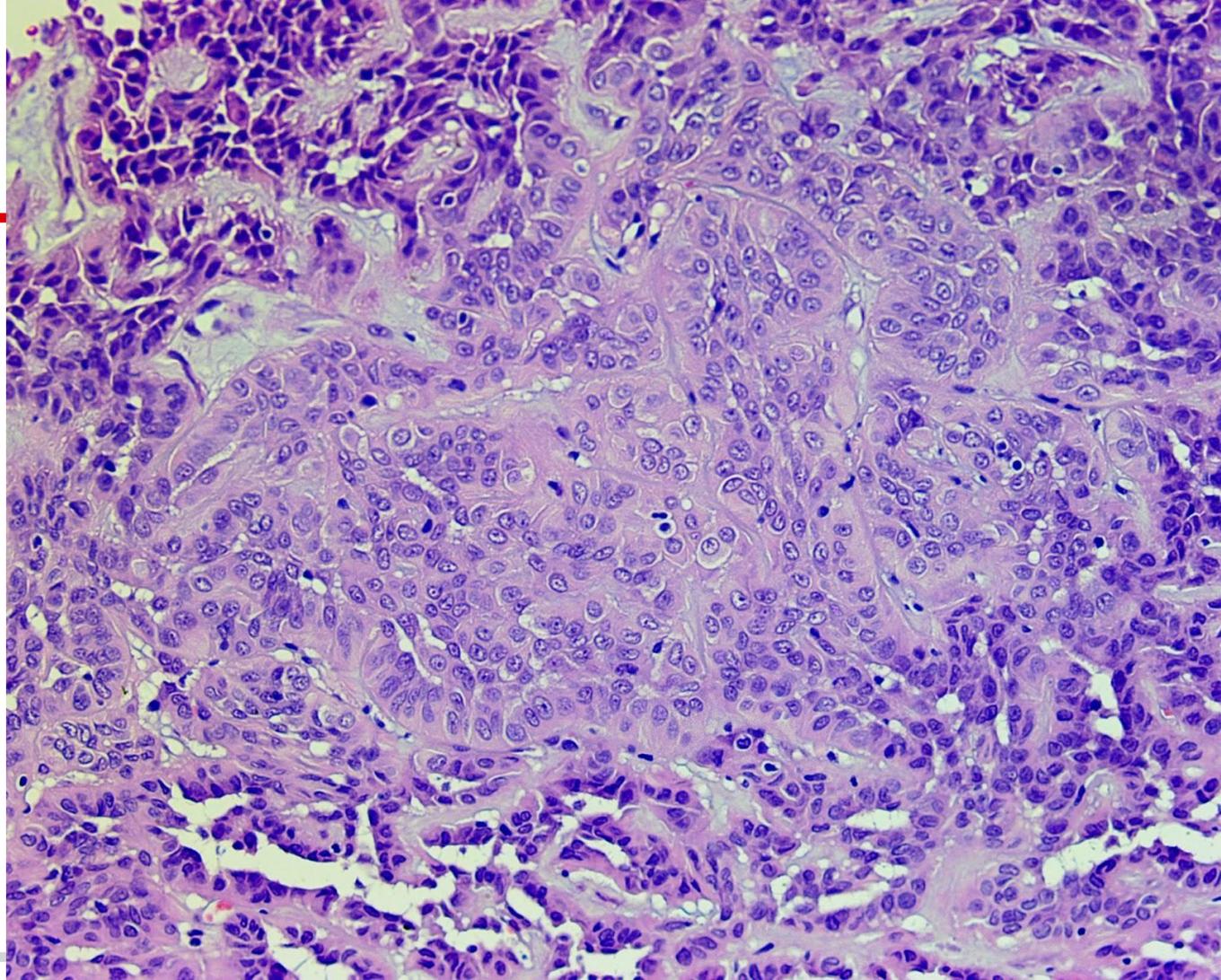
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- Homem 35 anos.
  - Cefaléia e tumoração hipotalâmica com hipercaptação de contraste.
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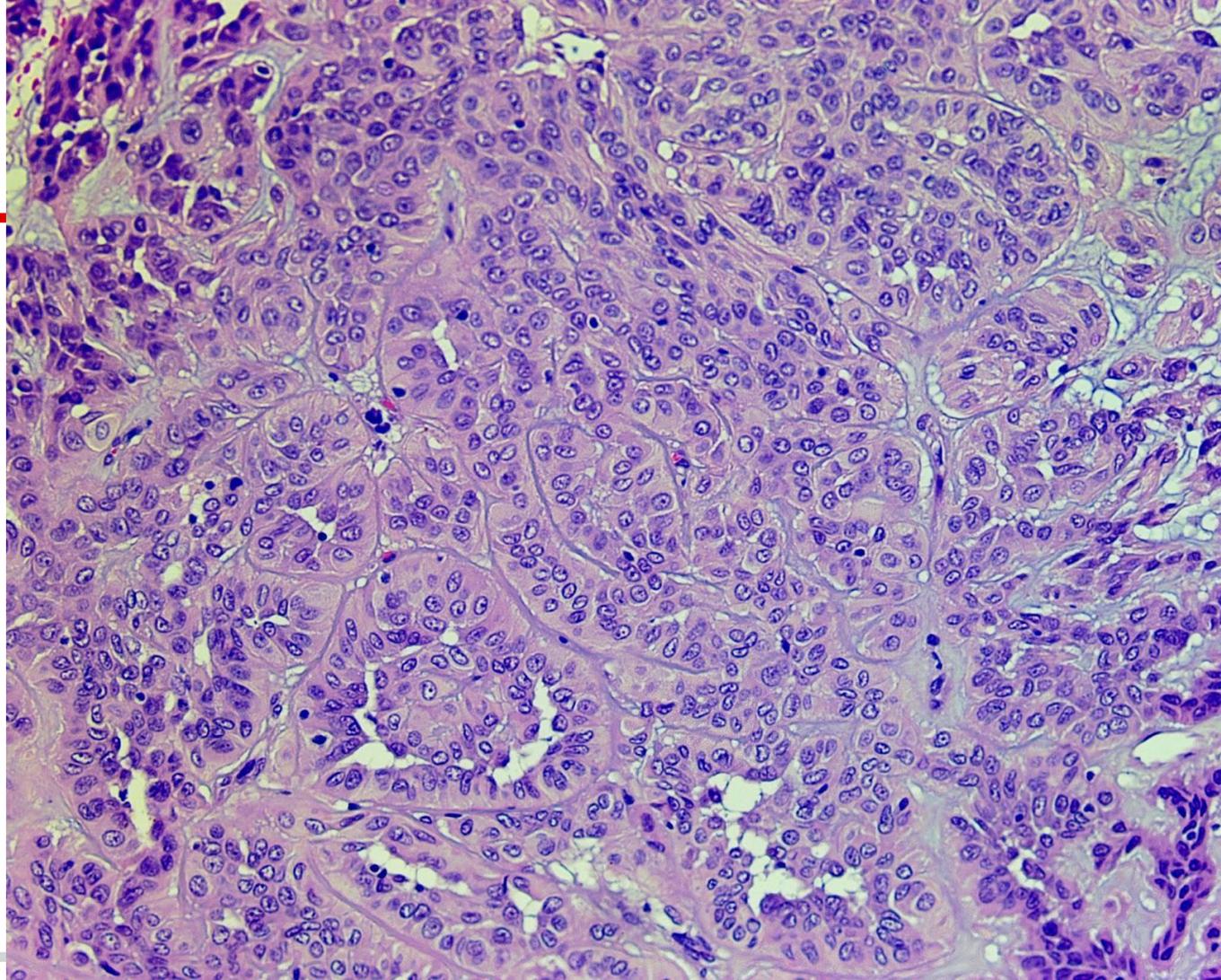


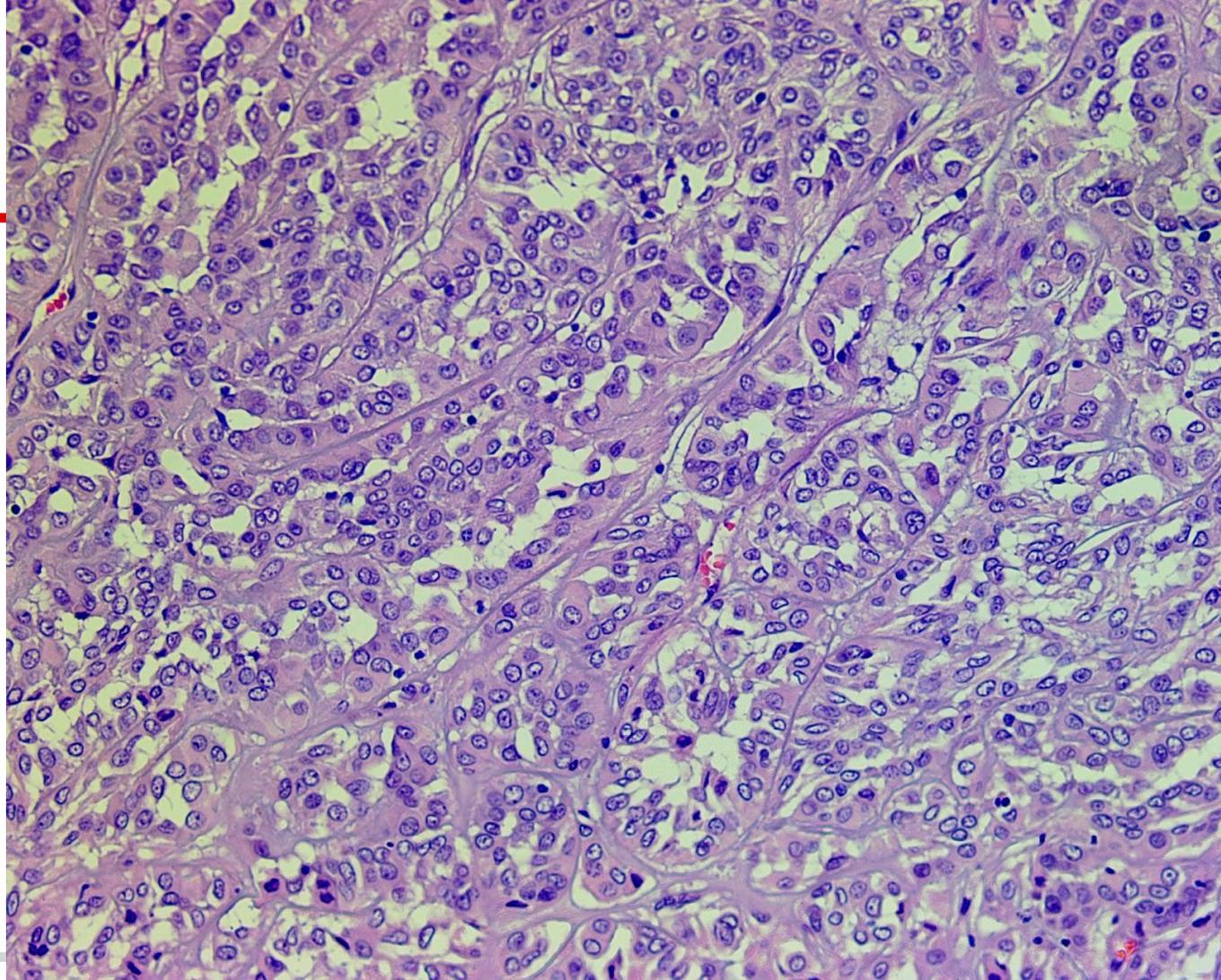


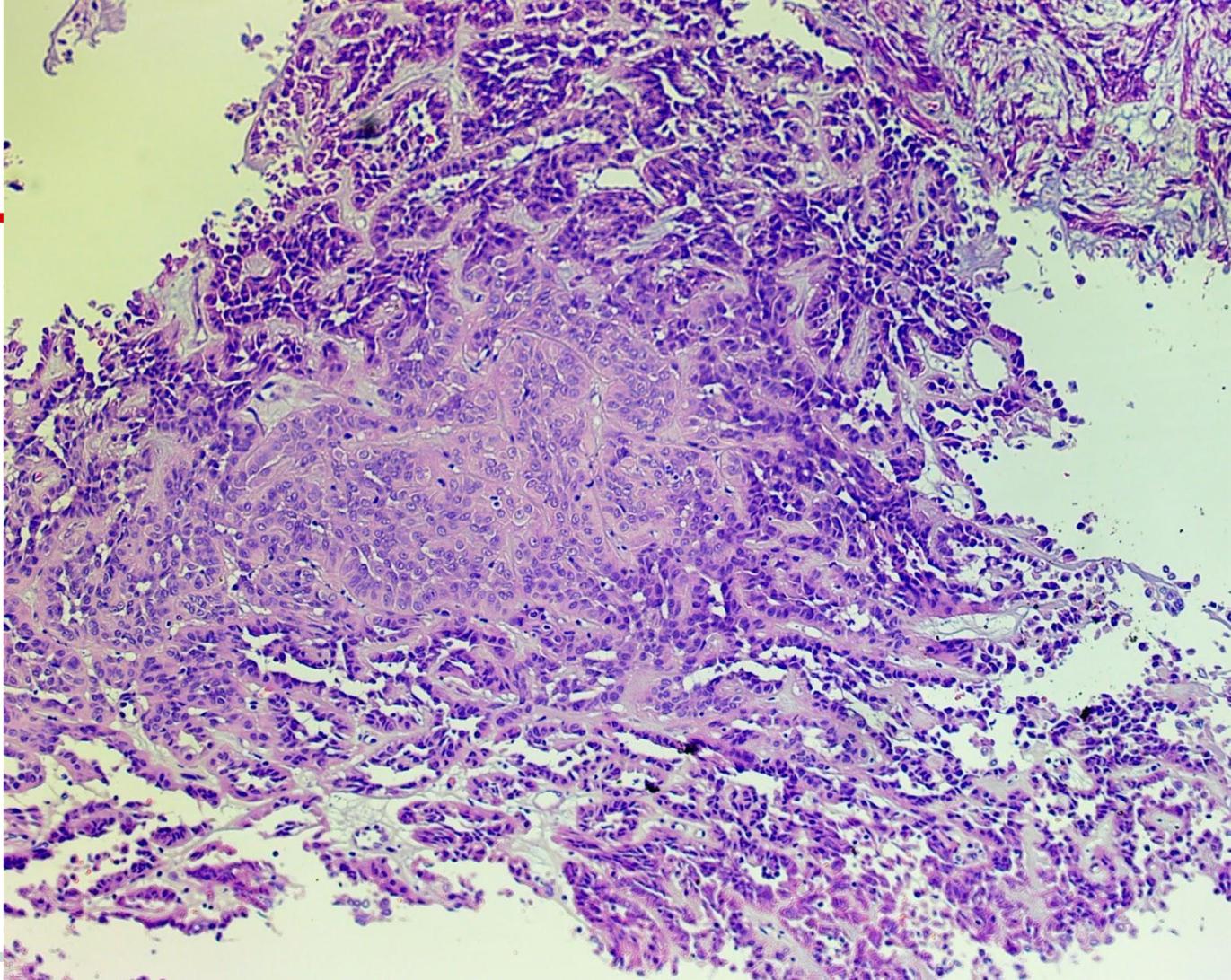


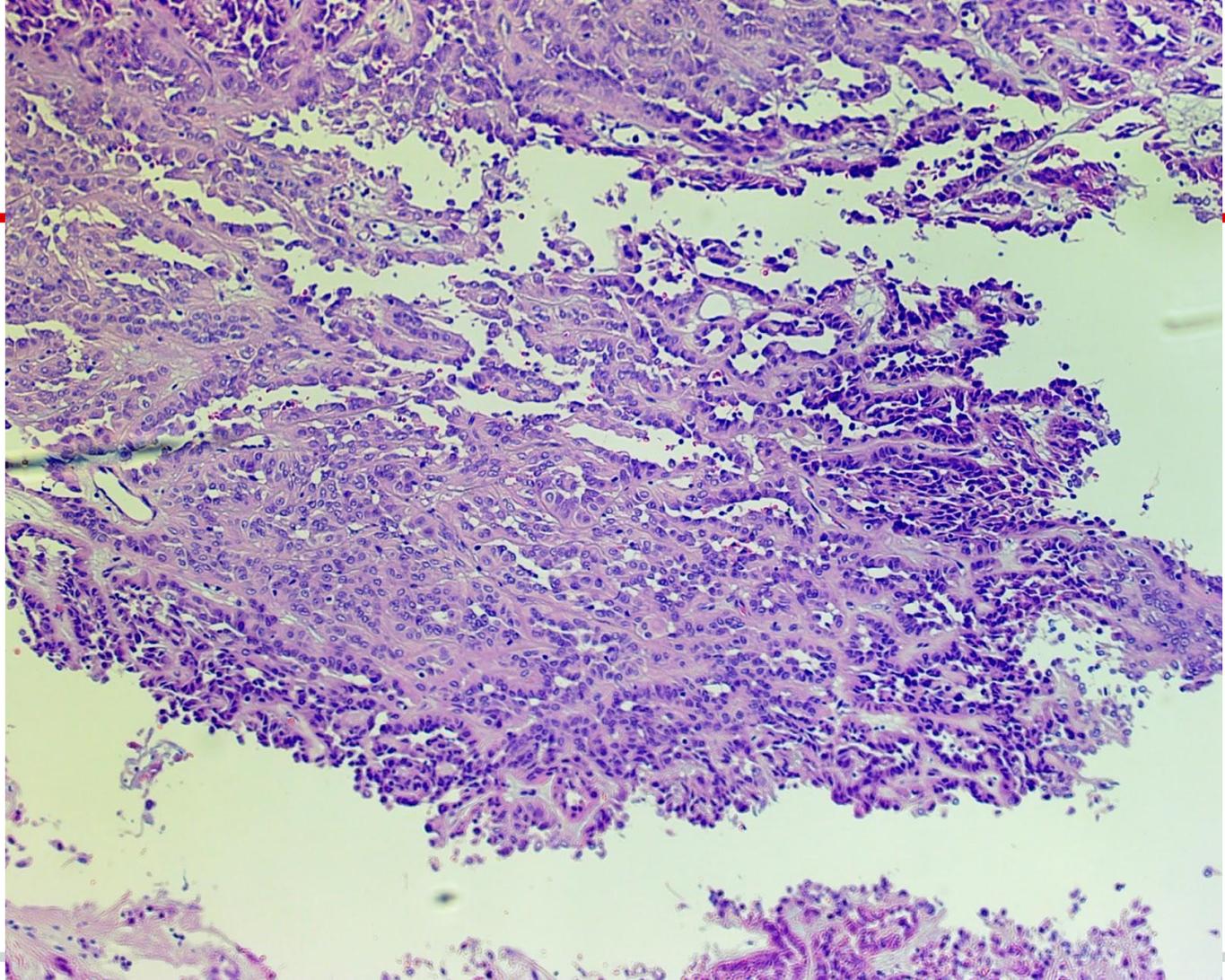


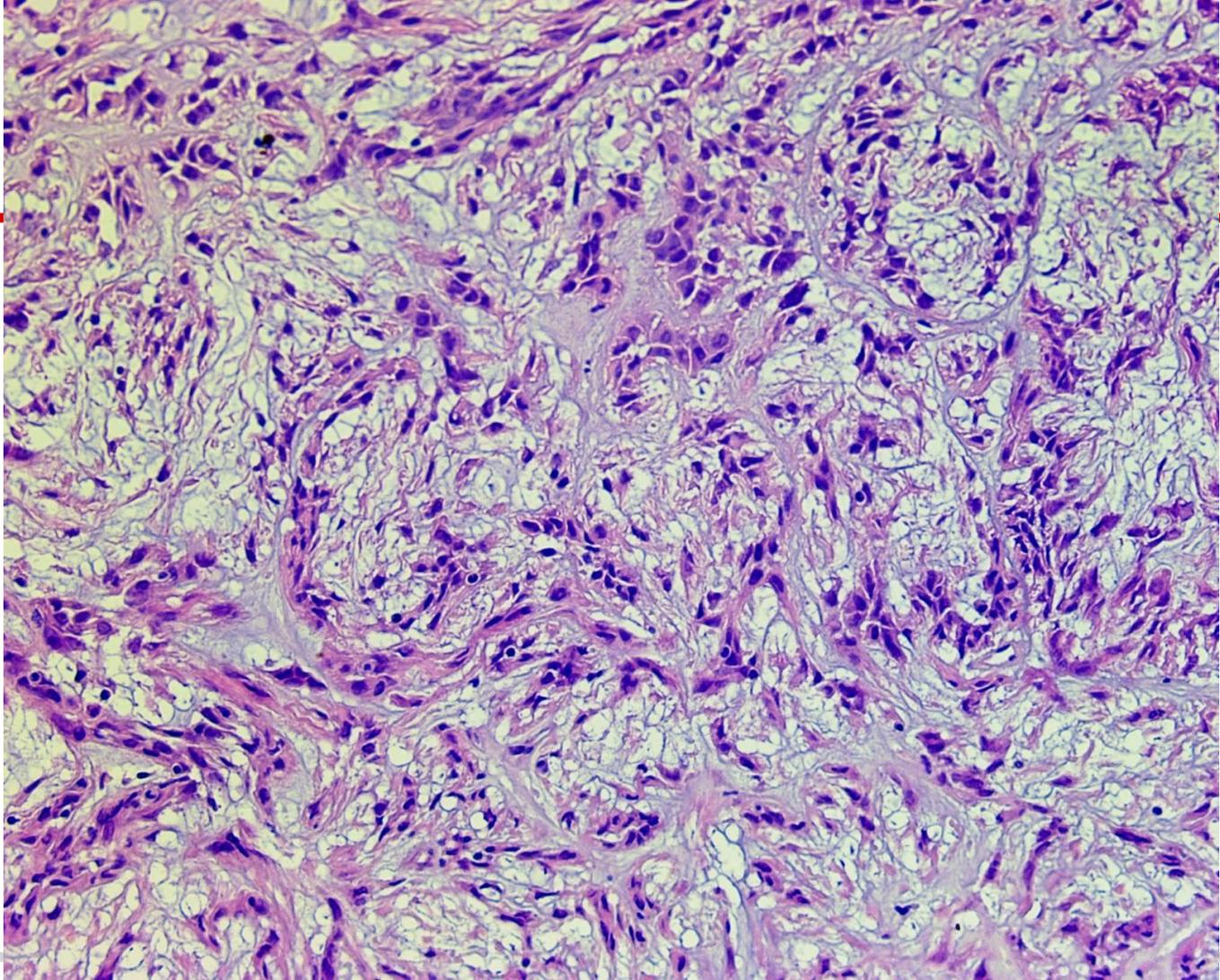


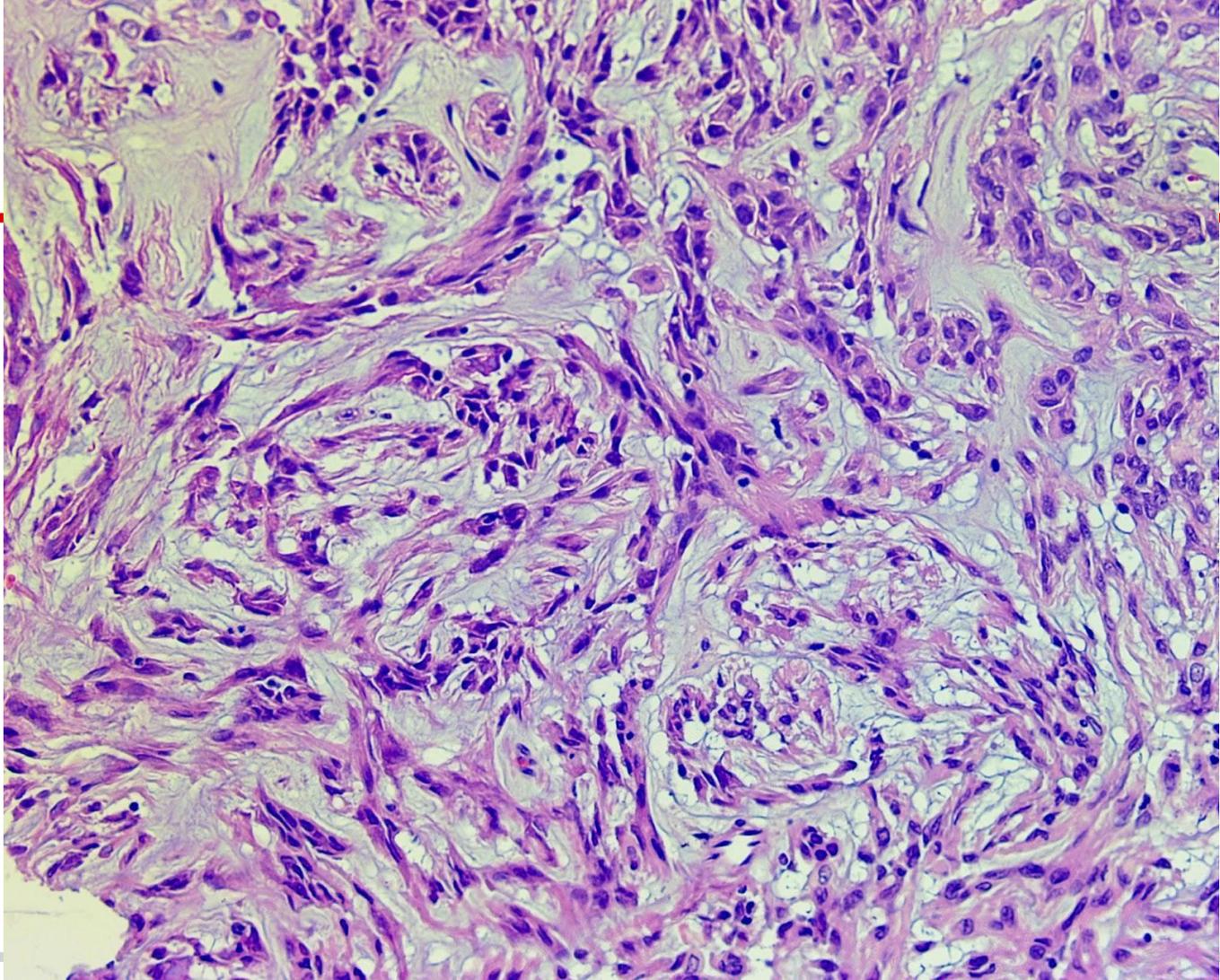


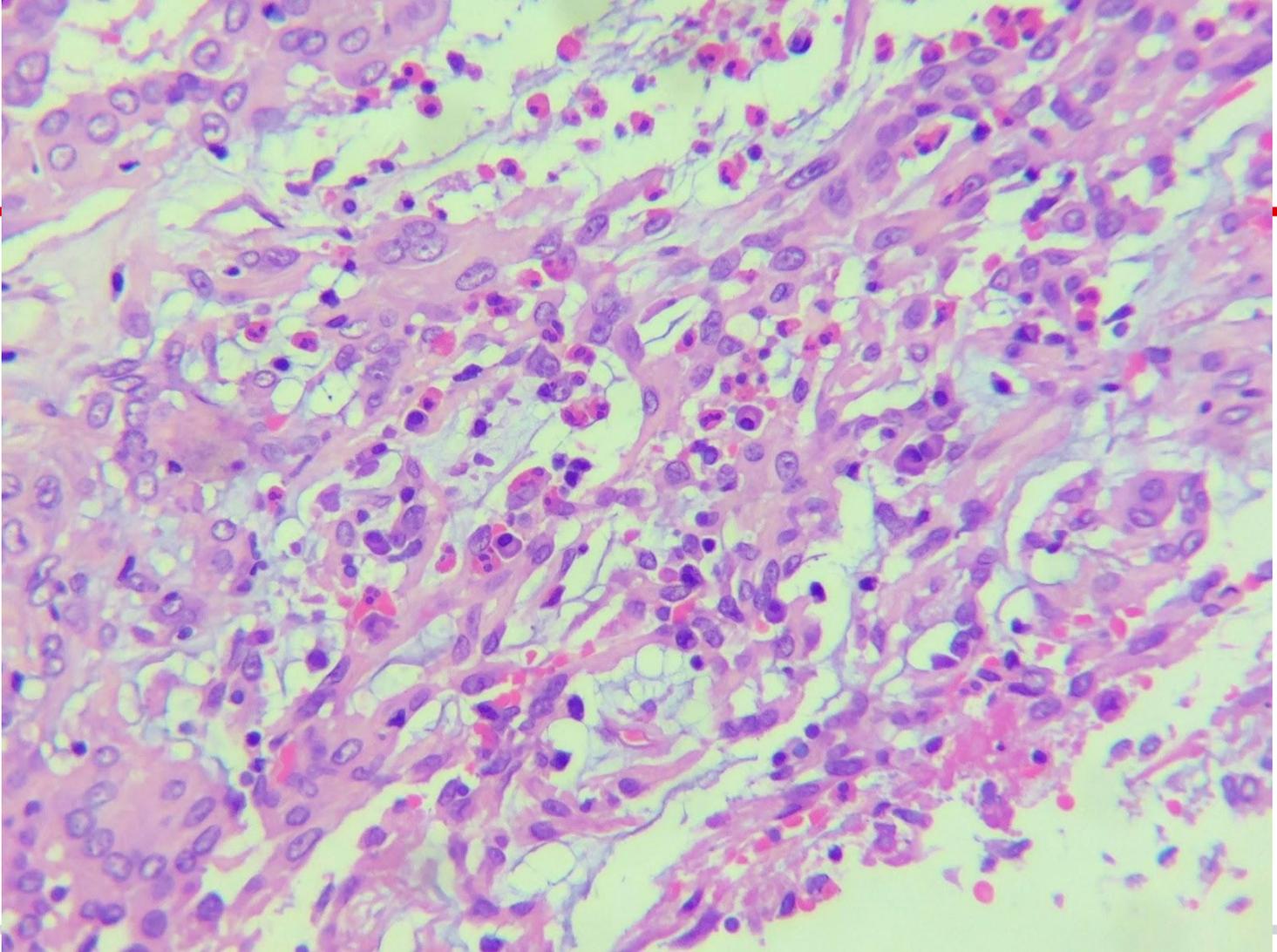








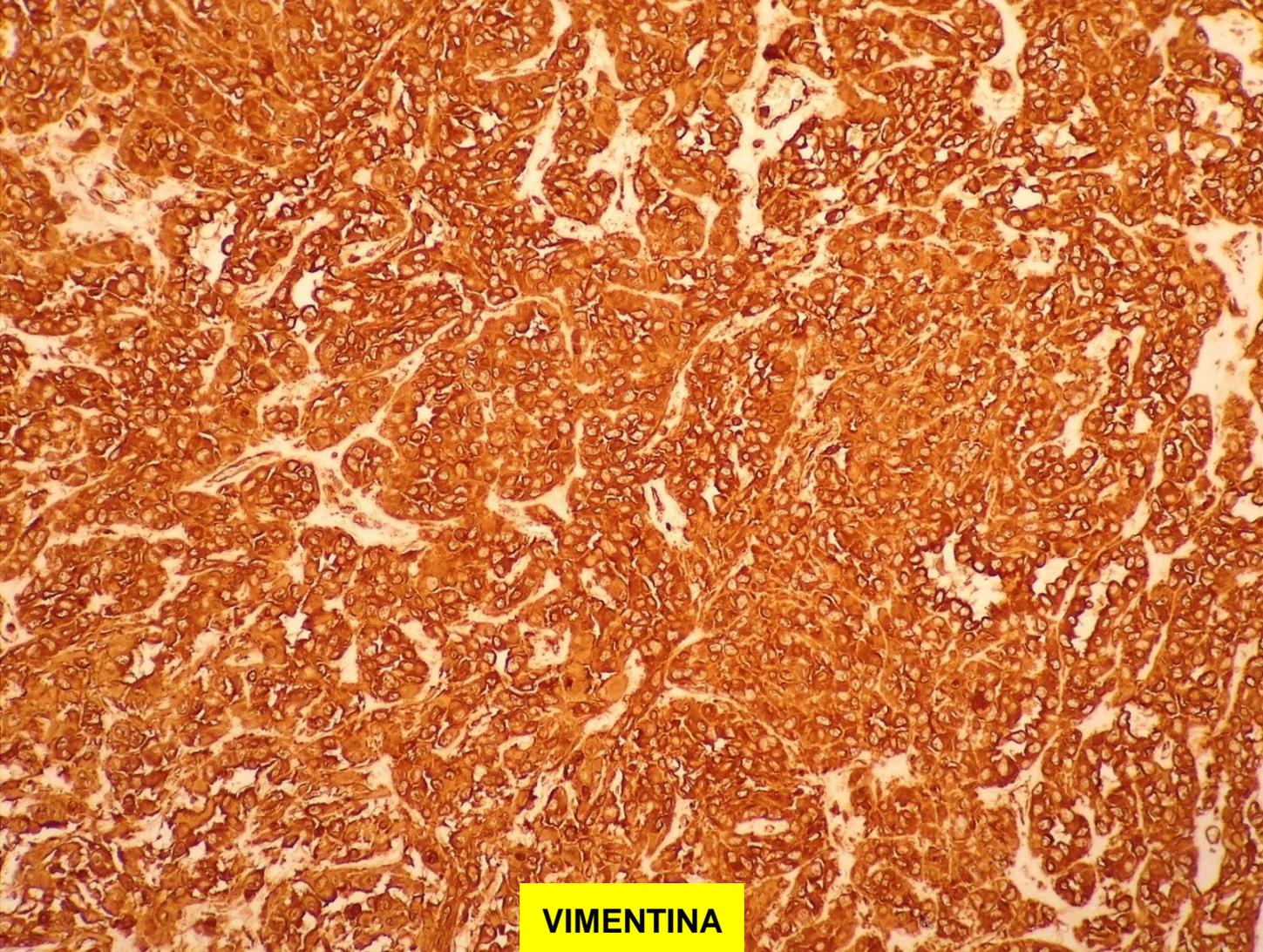




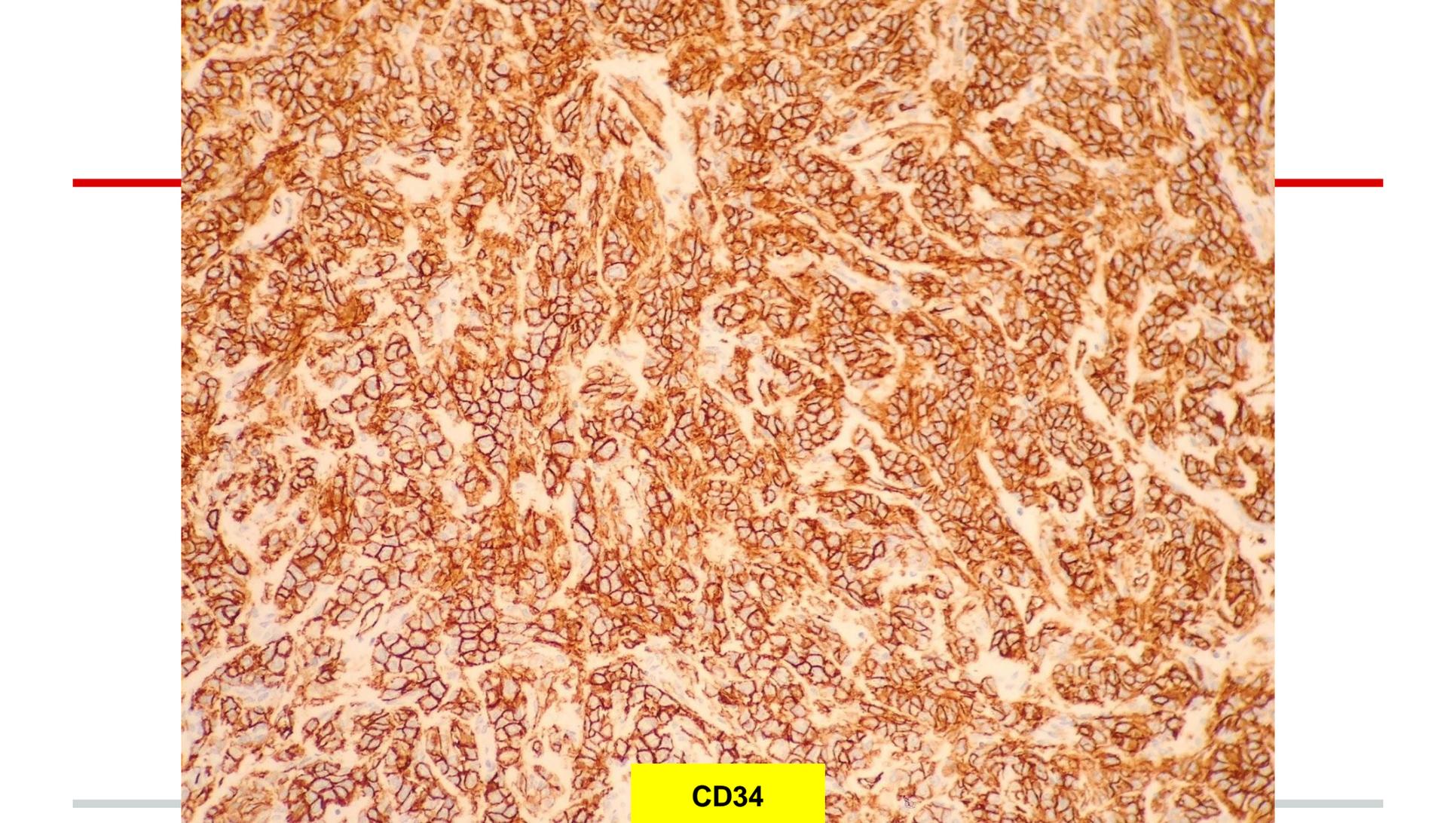
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# IMUNO-HISTOQUÍMICA

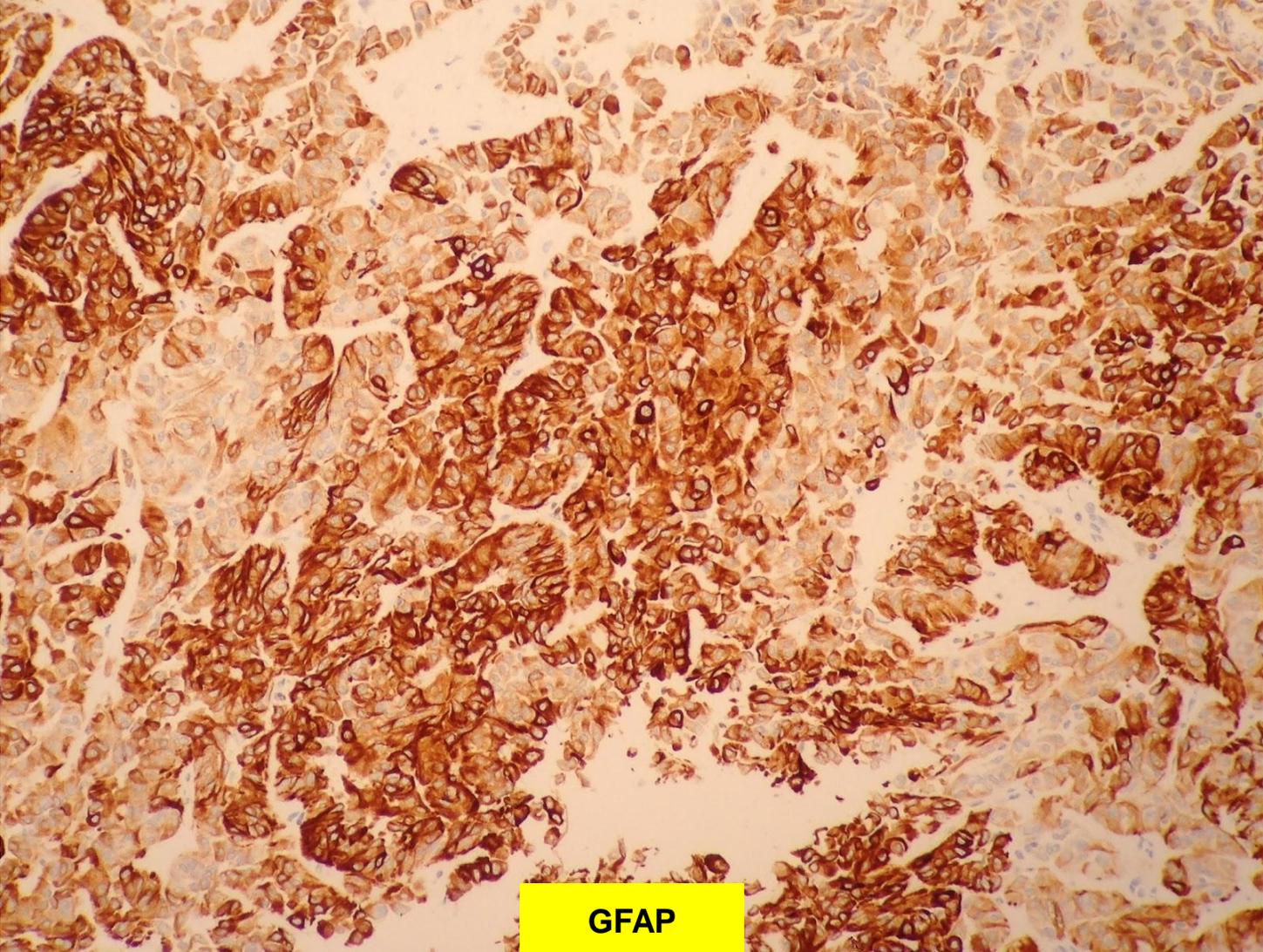
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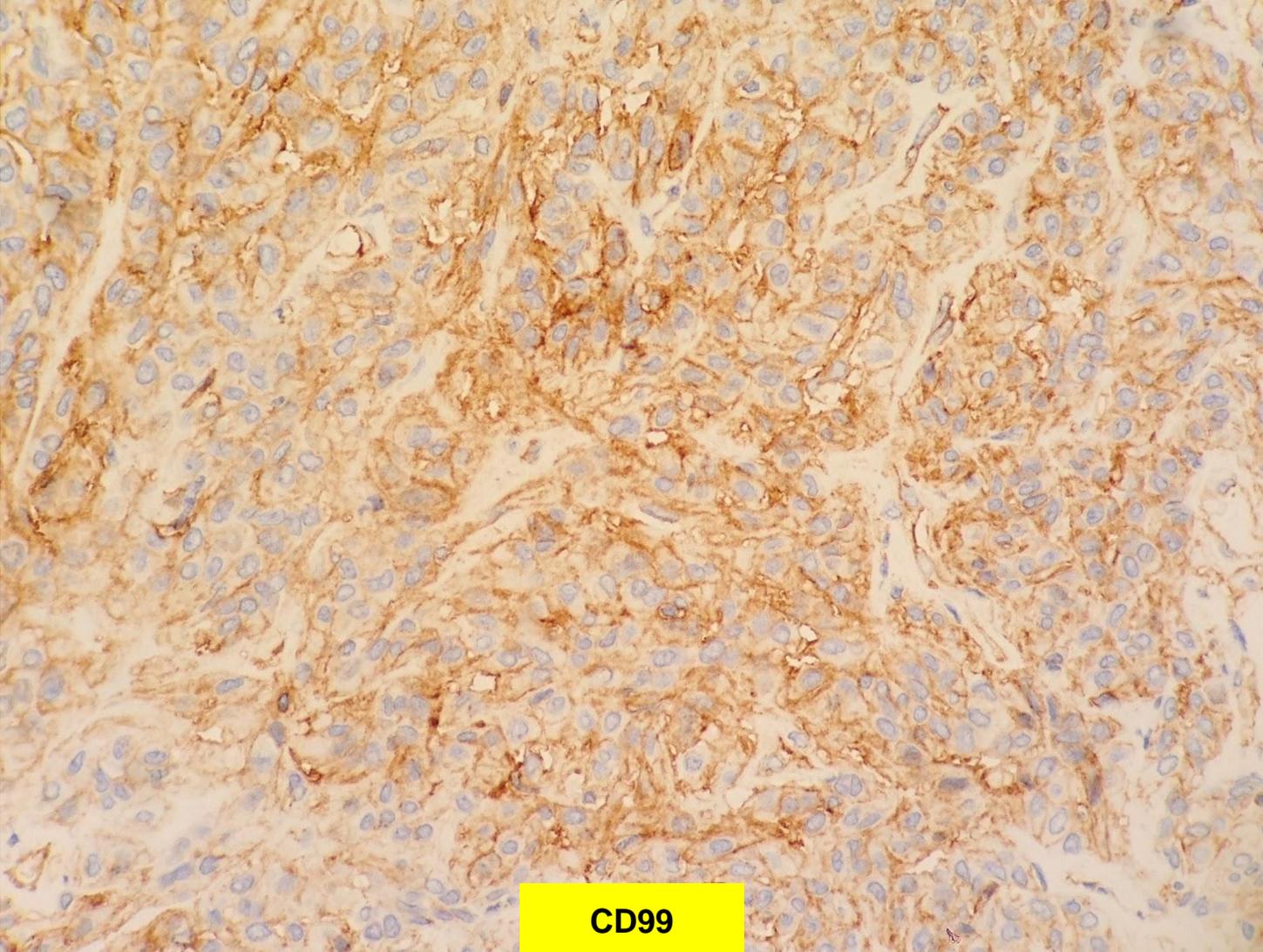
**VIMENTINA**



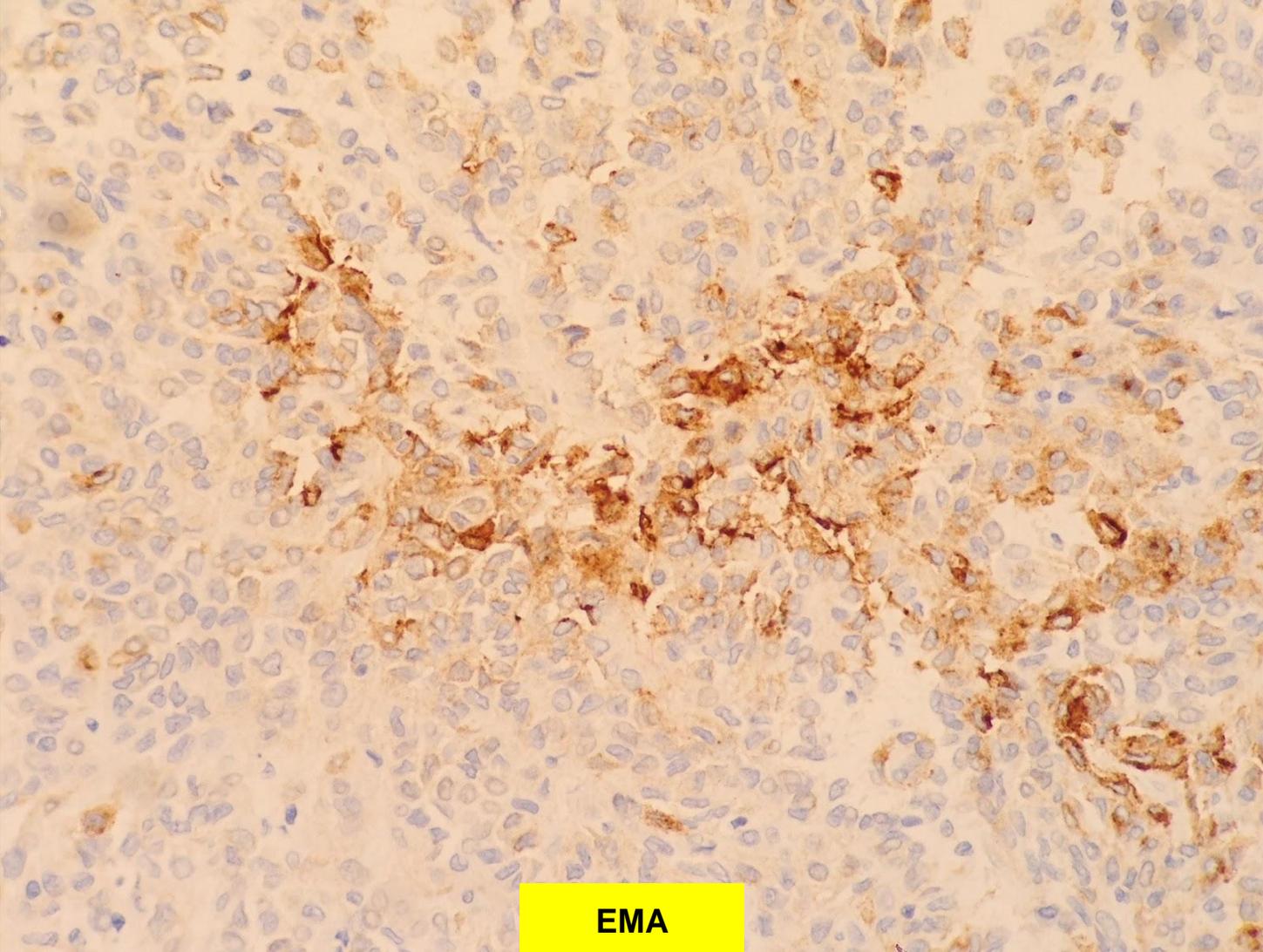
**CD34**



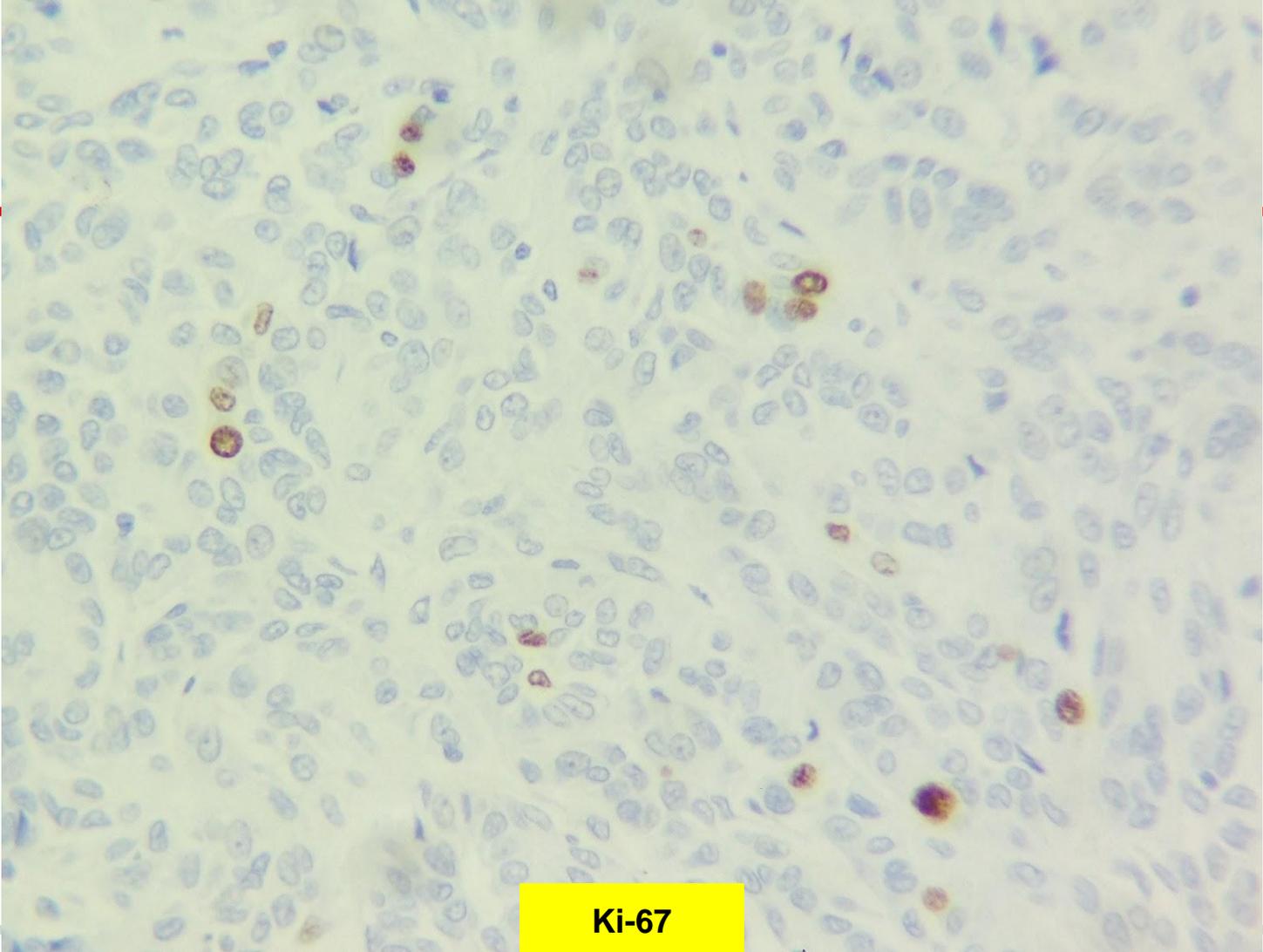
**GFAP**



**CD99**



EMA



Ki-67

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<b>S100</b>	<b>Negativo</b>
<b>Cromogranina</b>	<b>Negativo</b>
<b>Sinaptofisina</b>	<b>Negativo</b>
<b>Progesterona</b>	<b>Negativo</b>

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

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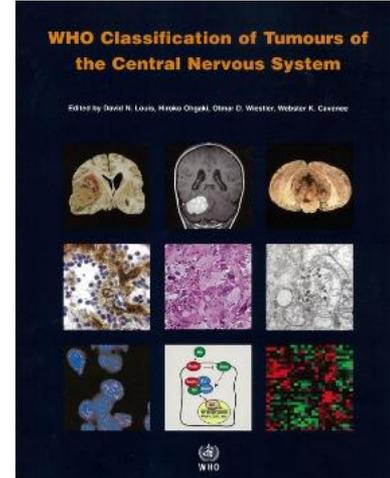
# GLIOMA CORDOIDE

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# GLIOMA CORDOIDE

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- Tumor neuroepitelial de baixo grau (Grau II - OMS)
- Incomum - cerca de 80 casos relatados
- 1995 - *Suprasellar meningioma with expression of glial fibrillary acidic protein: a peculiar variant.* Acta Neuropathol.
- 1998 - *Brat, DJ, et al., Third ventricular chordoid glioma: a distinct clinicopathologic entity.* J Neuropathol Exp Neurol
- Incluído em 2000 na classificação da OMS



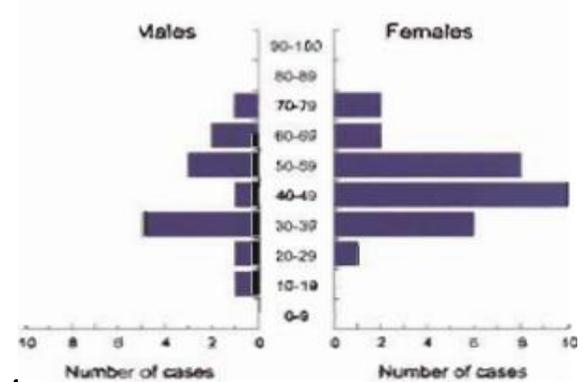
# GLIOMA CORDOIDE

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- Mulheres (2:1) - média 45 anos  
\*Três casos em crianças

- Manifestações clínicas:  
Cefaleia, vômitos, ataxia, alterações hormonais diversas, hidrocefalia ...

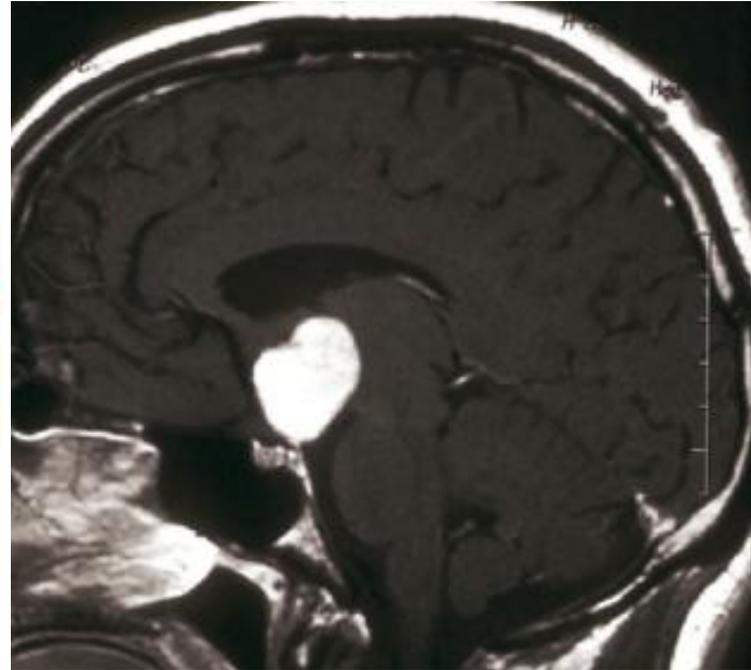
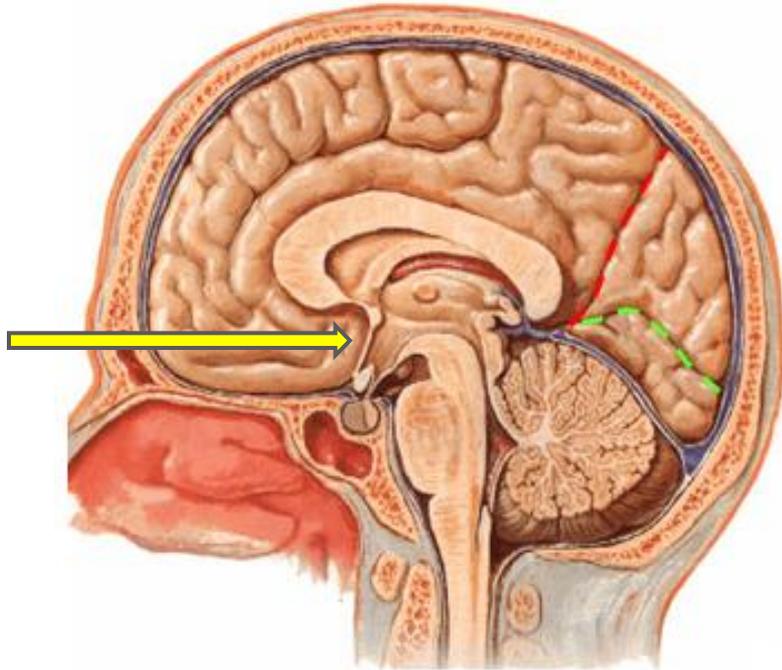
- Histogênese



# GLIOMA CORDOIDE

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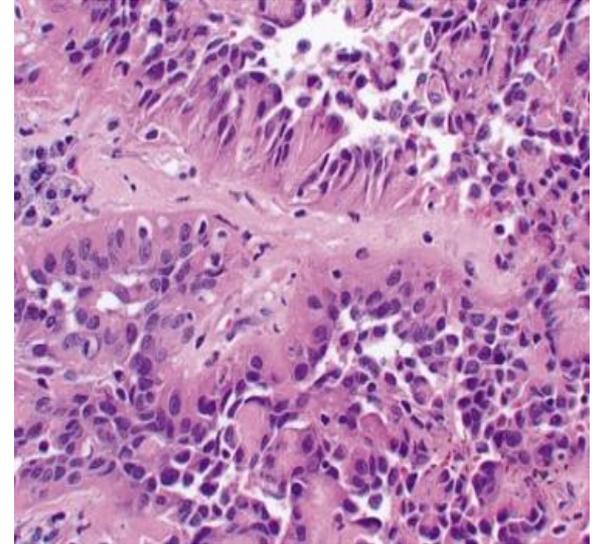
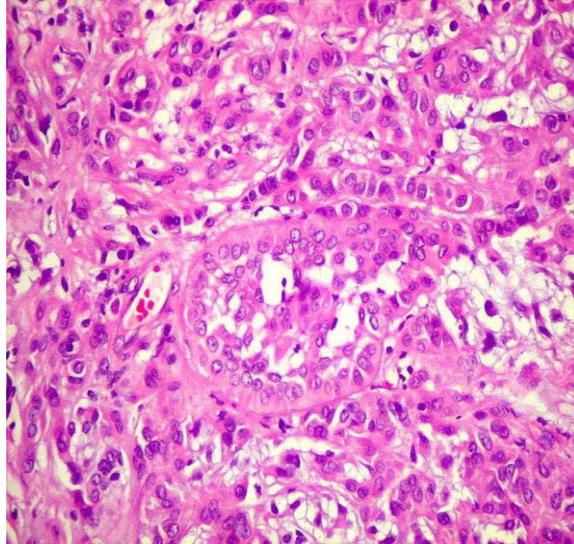
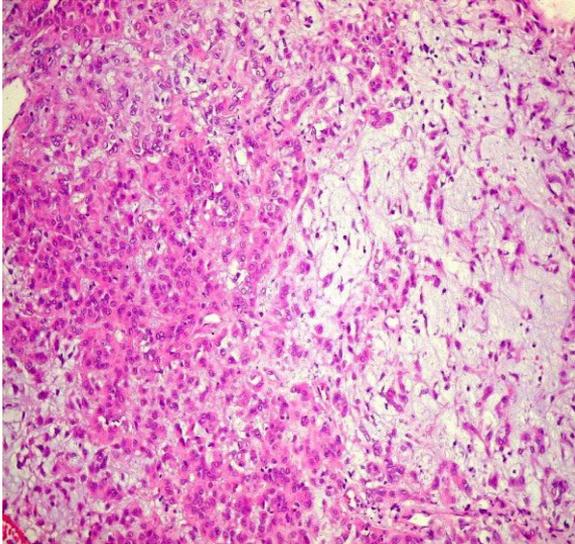
## MACROSCOPIA (IMAGEM)



# GLIOMA CORDOIDE

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## MICROSCOPIA



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*Clinical Study*

*Journal of Neuro-Oncology* **63**: 39–47, 2003.

**Chordoid glioma: report of a case with unusual histologic features, ultrastructural study and review of the literature**

NEUROPATHOLOGY

*Neuropathology* 2013; **33**, 134–139

**Chordoid glioma of the third ventricle: Four cases including one case with papillary features**

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# GLIOMA CORDOIDE

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## Histogênese

- Possível origem endimária:
  - Hemidesmosomos, filamentos intermediários, formação de membrana basal, microvilos
  - Presença de capilares fenestrados (raros em gliomas - frequentes nos endimomas)
  - + CD99
  - Lâmina terminal - TANICITOS (intermediários entre astrócitos e epêndima)
- Genética: perdas nos cromossomos 9 e 11

?? "EPENDIMOMA" CORDOIDE ??

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## **CD99 is expressed in chordoid glioma and suggests ependymal origin**

Case Report

*Neuropathology* 2009; **29**, 85–90

Chordoid glioma of the third ventricle: A report of two cases, one with ultrastructural findings

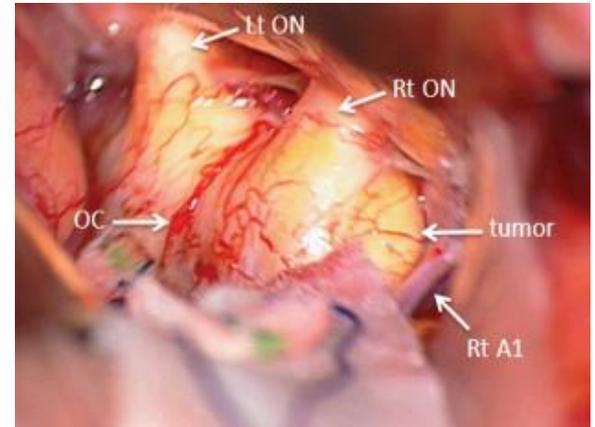
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# GLIOMA CORDOIDE

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## Fatores prognósticos - evolução

- Tumor de baixo grau (ausência necrose, mitoses, atipia ou invasão\*\*)
- Difícil acesso cirúrgico
  - Recorrência local
  - Morte pós-operatório: 32%
- Radioterapia
- Quimioterapia



# GLIOMA CORDOIDE

- Imuno-histoquímica - Diagnóstico diferenciais

Useful Immunoprofile in the Differential Diagnosis of Chordoid/Myxoid Neoplasms in a CNS/peri-CNS Anatomic Location

Neoplasm*	Antibody					
	D2-40	EMA	Pankeratin	GFAP	Brachyury	S100†
Chordoid glioma	+	+	+	+	-	-
Chordoid meningioma	+	+	±	-	-	-
Chordoma‡	-	+	+	-	+	+
Enchondroma§	+	-	-	-	-	+
Extrasketal myxoid chondrosarcoma‡	-	±	±	-	-	±
Low-grade chondrosarcoma§	+	-	-	-	-	+
Skeletal myxoid chondrosarcoma	+	-	-	-	-	+

- Imc

\*In conjunction with clinical and radiographic findings, metastasis should always be excluded.

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# Obrigado!



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