





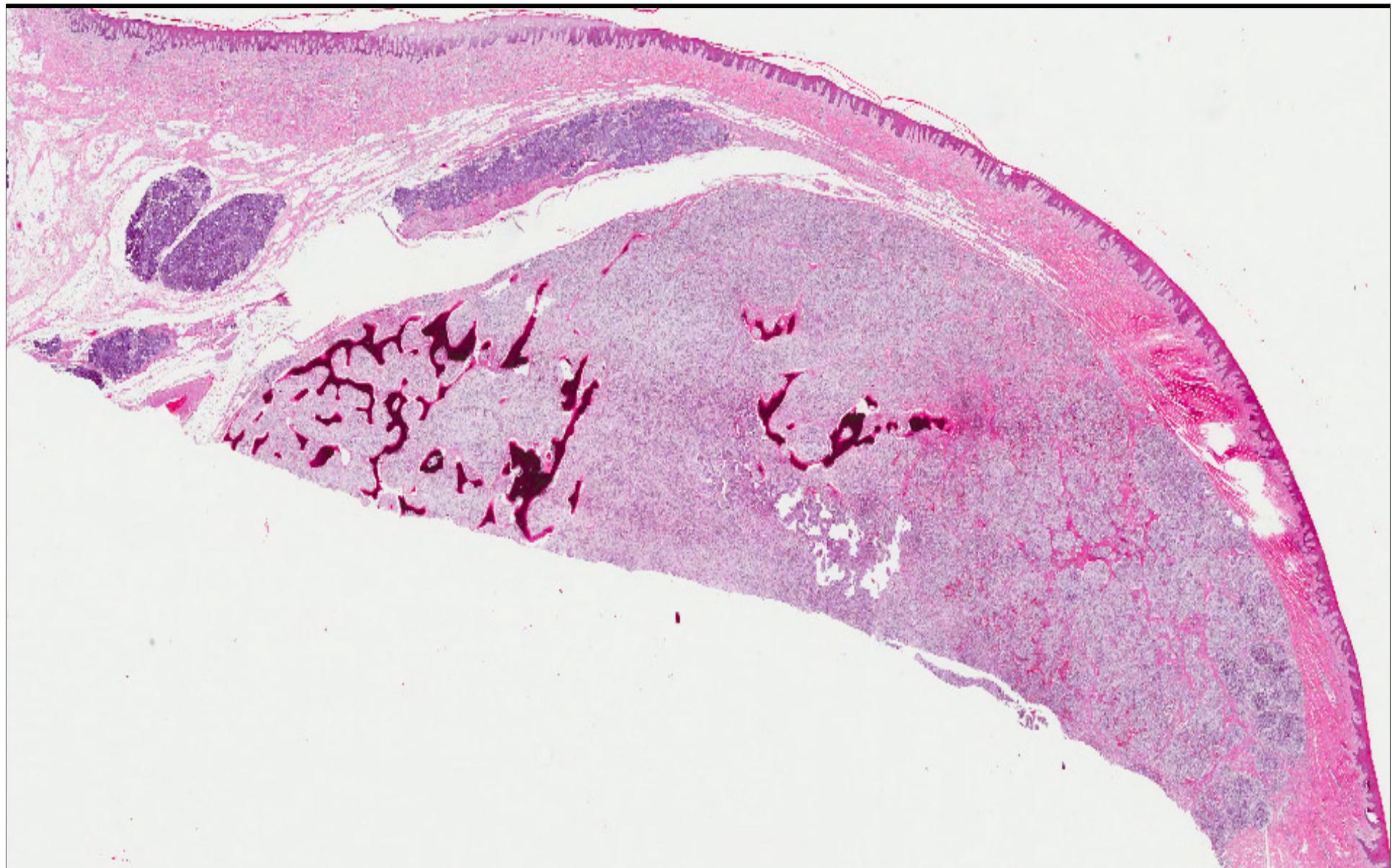
# Resumo clínico

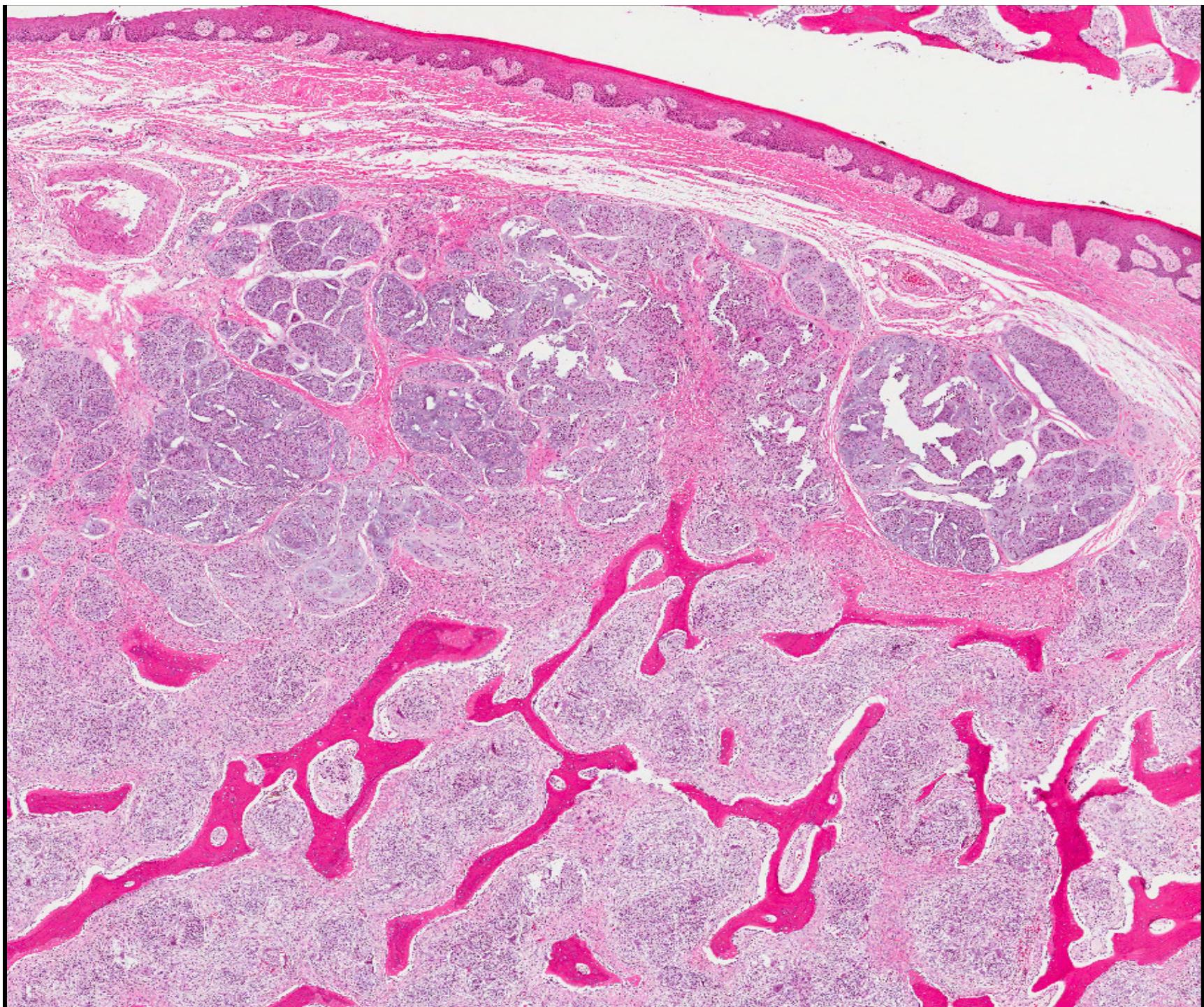
- Feminino, 42 anos
- Ressecção de tumoração maxilar

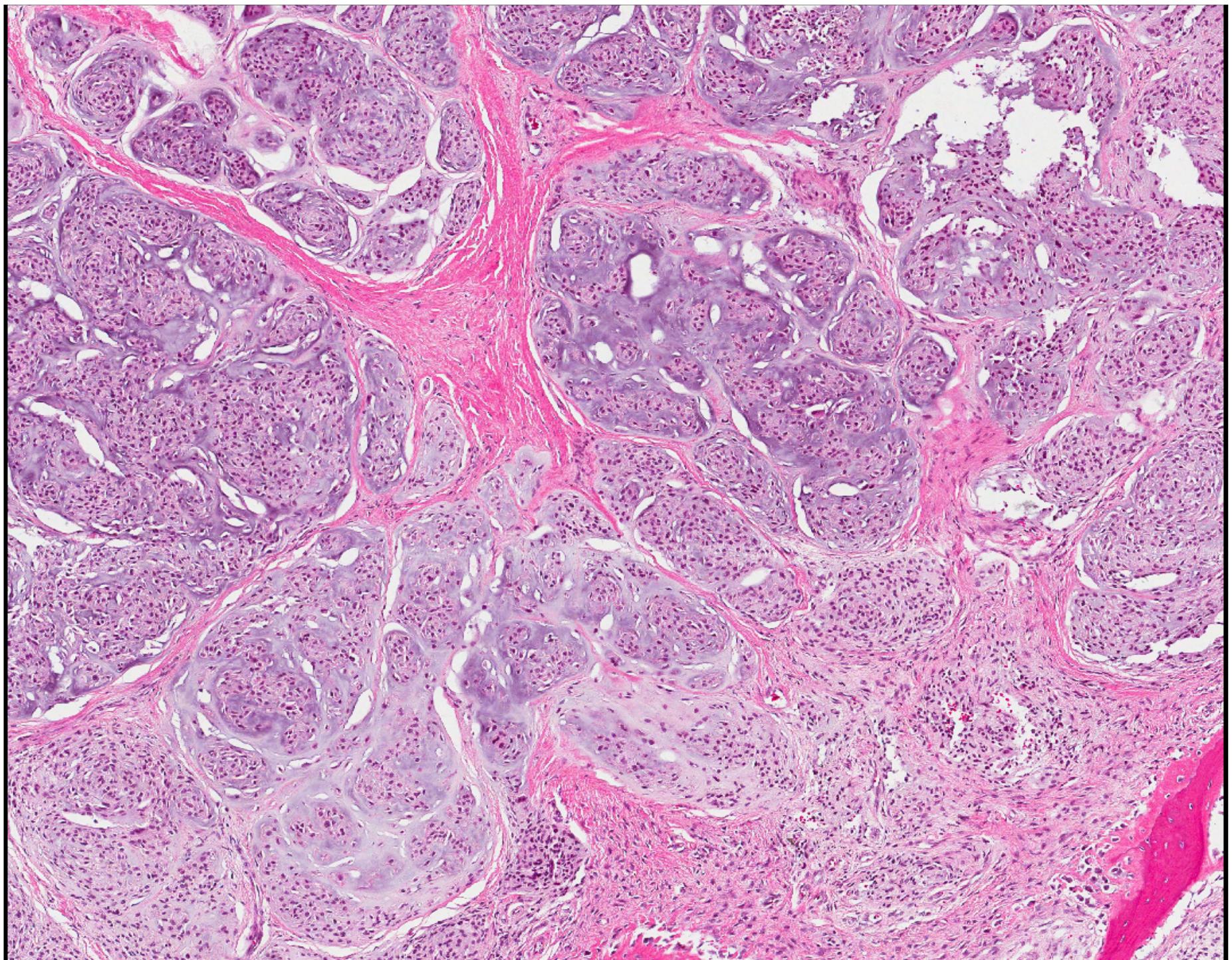


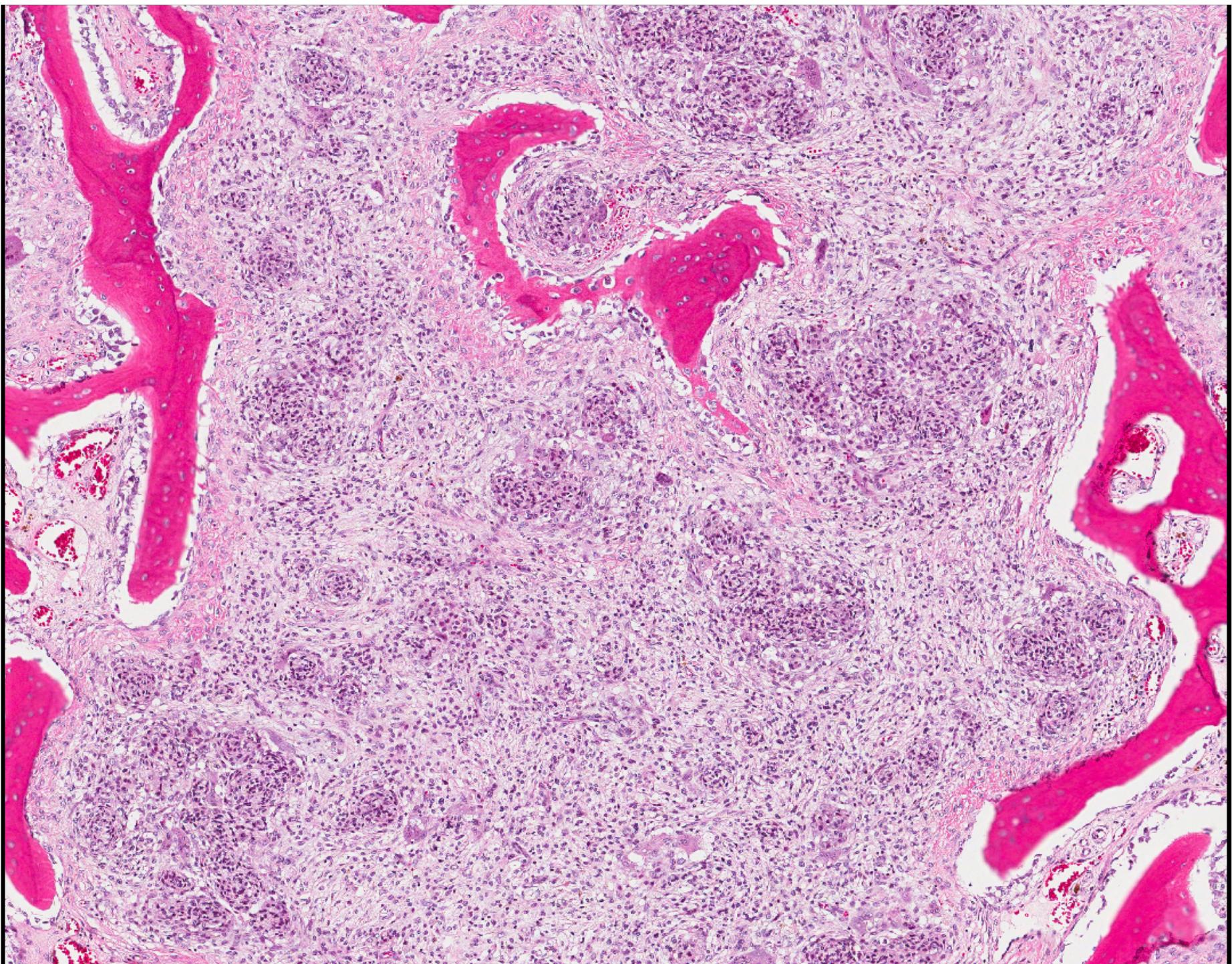
A.C.Camargo  
Cancer Center

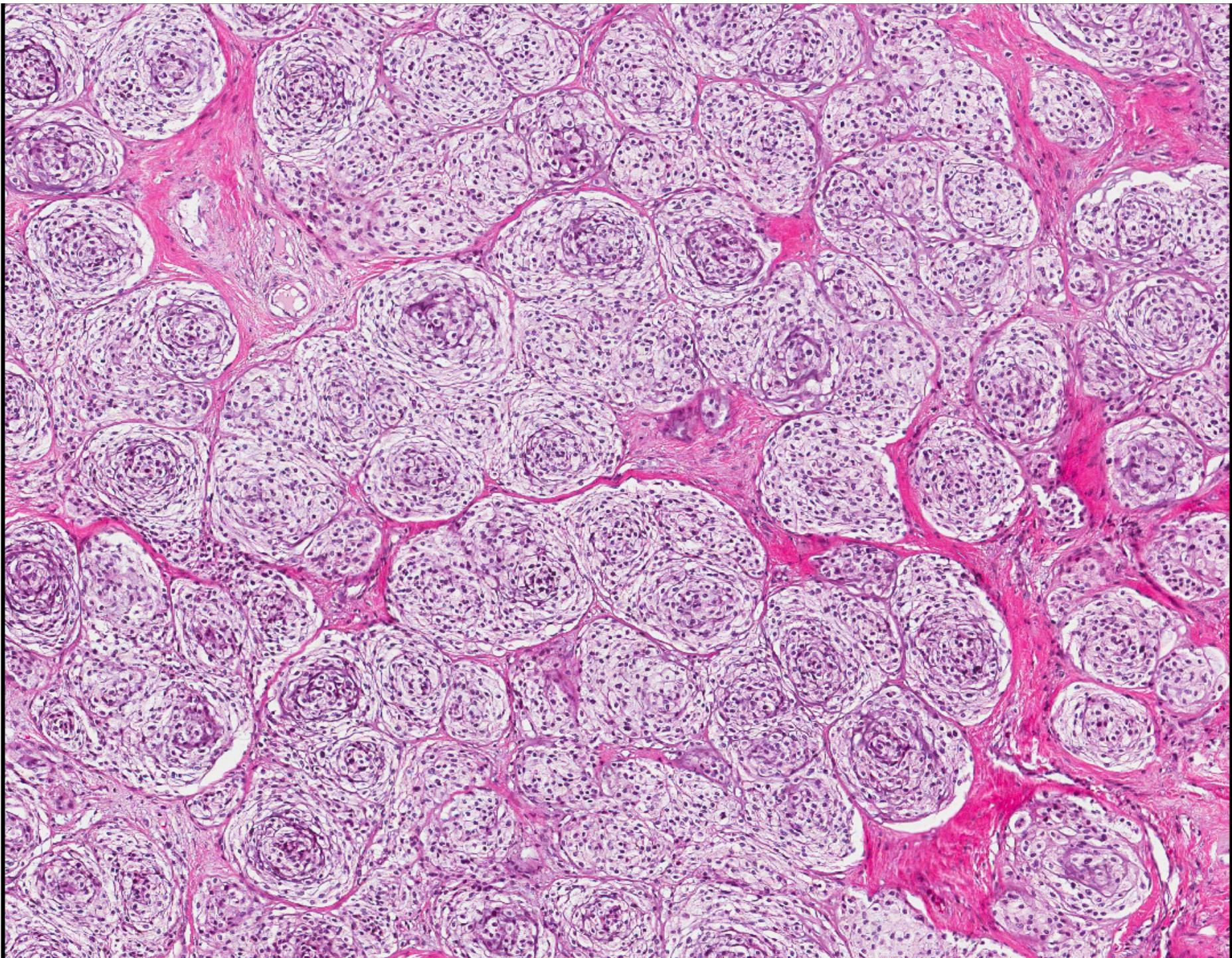
# Microscopia

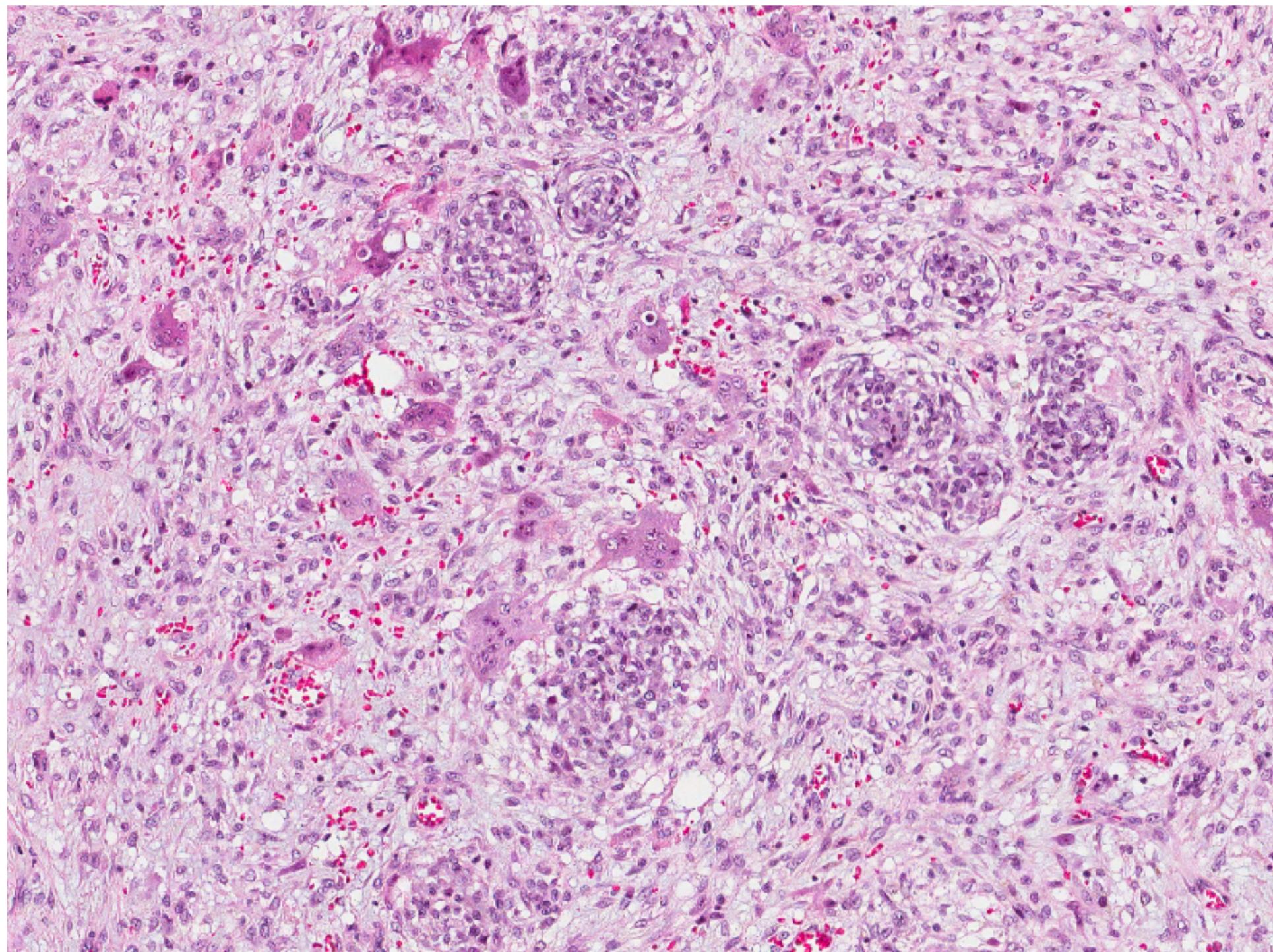


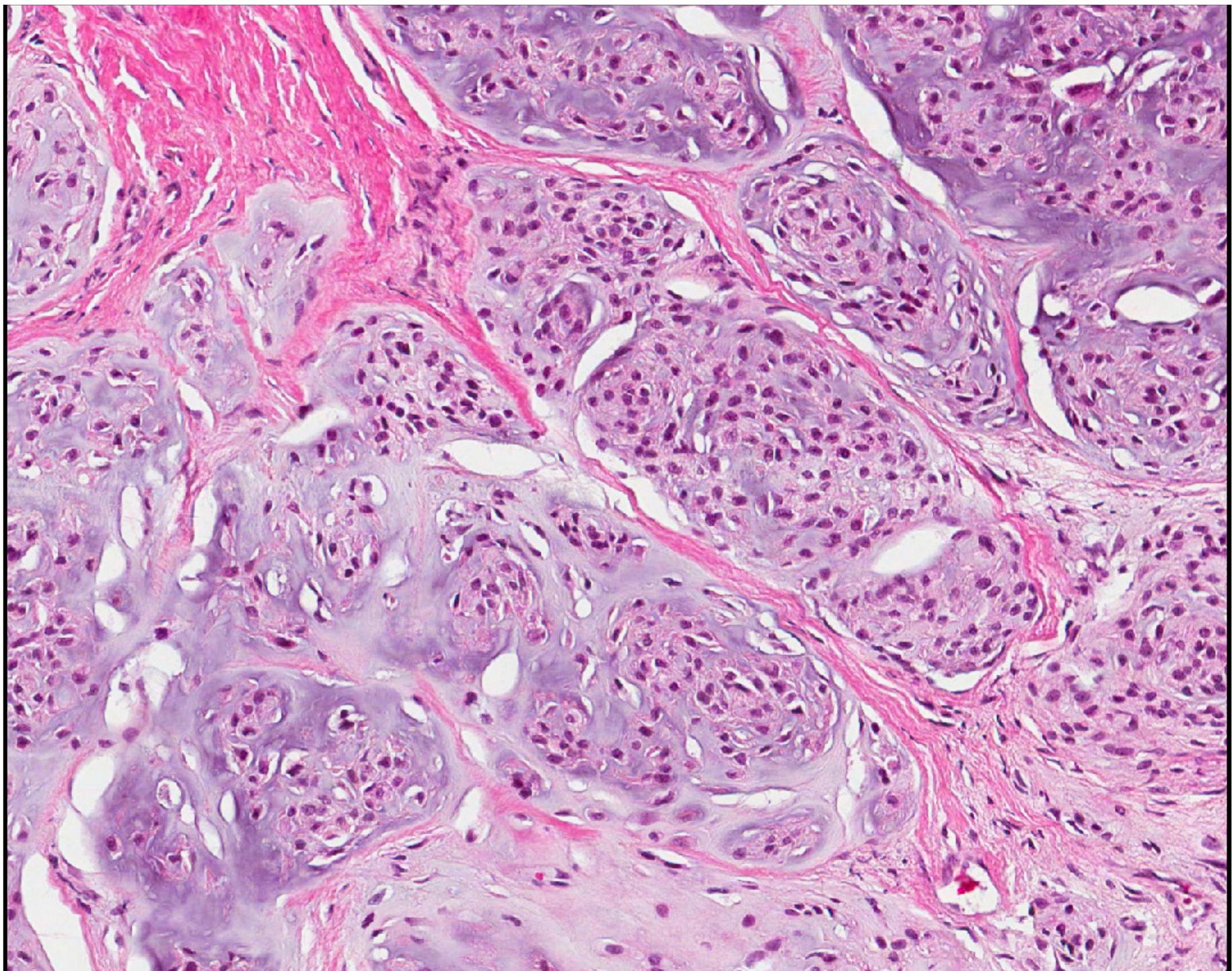


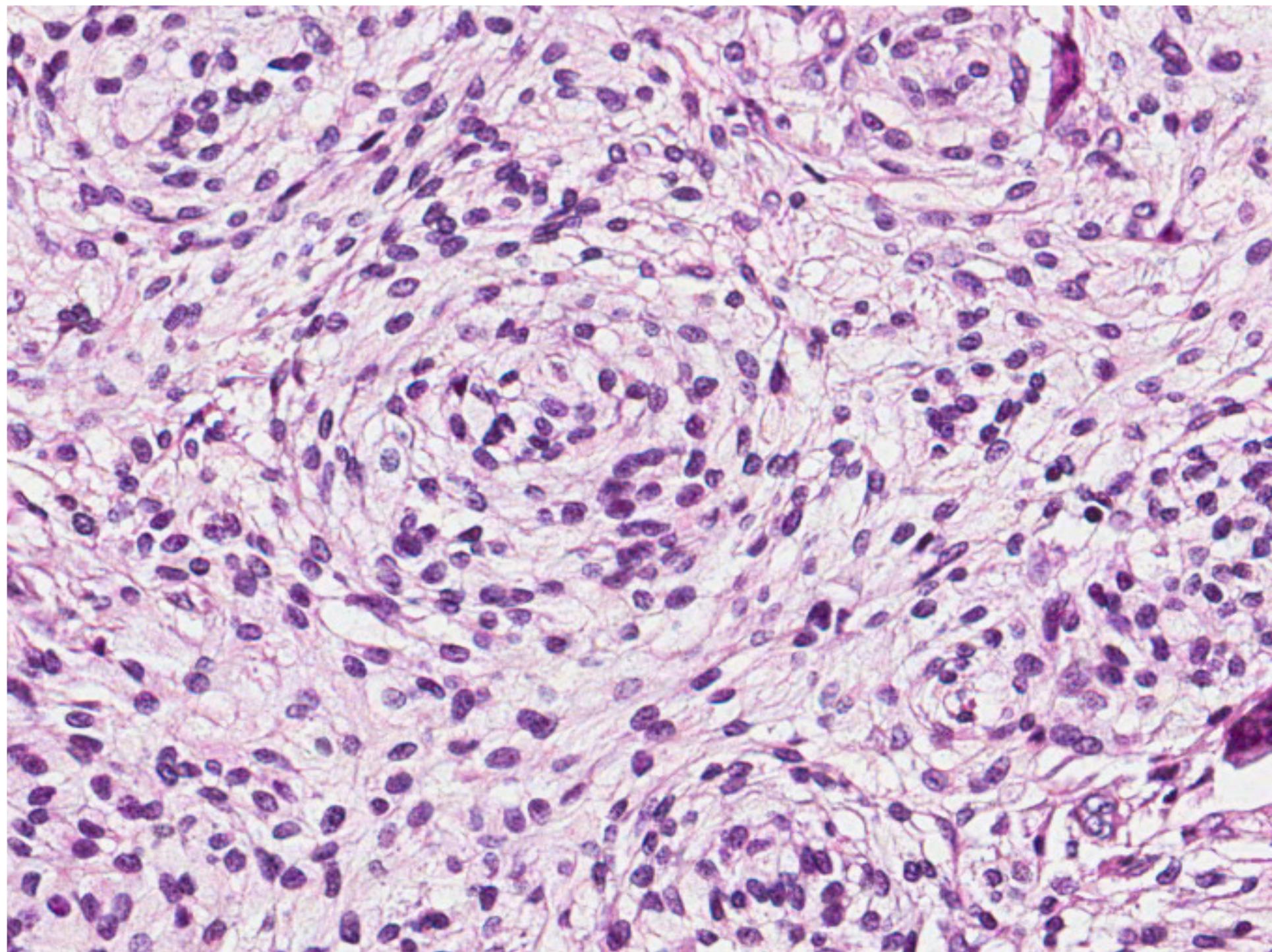












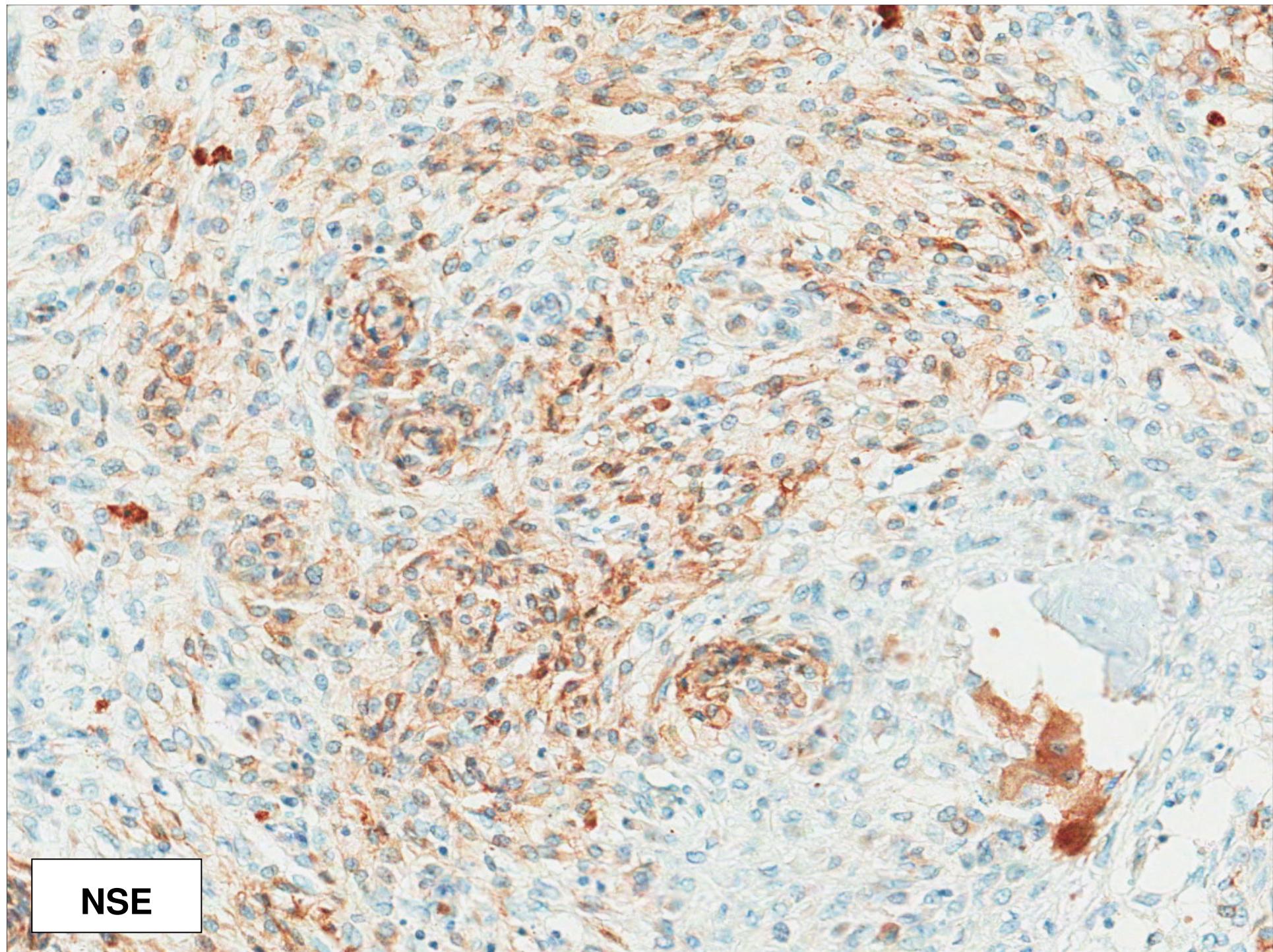




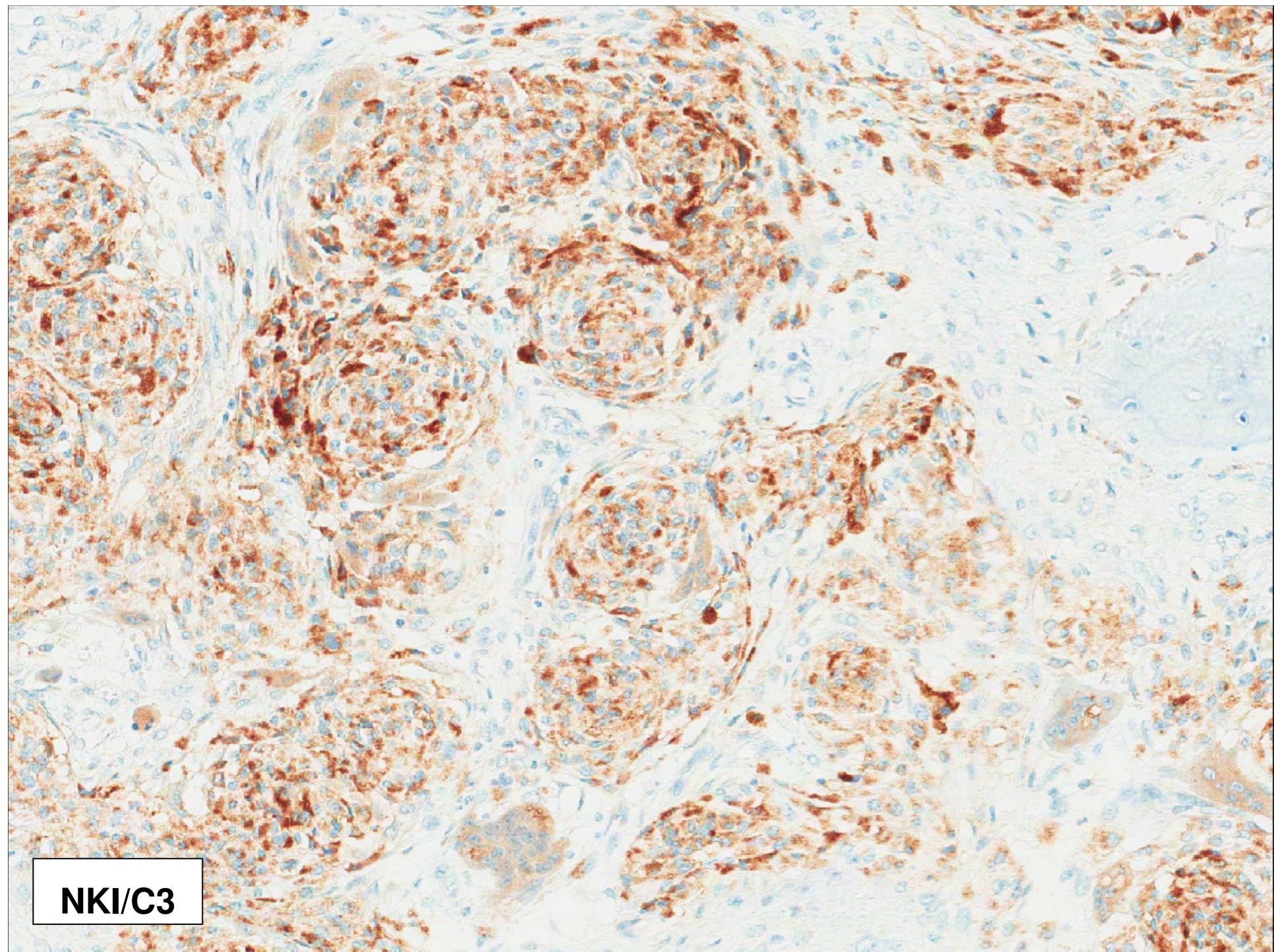
A.C.Camargo  
Cancer Center

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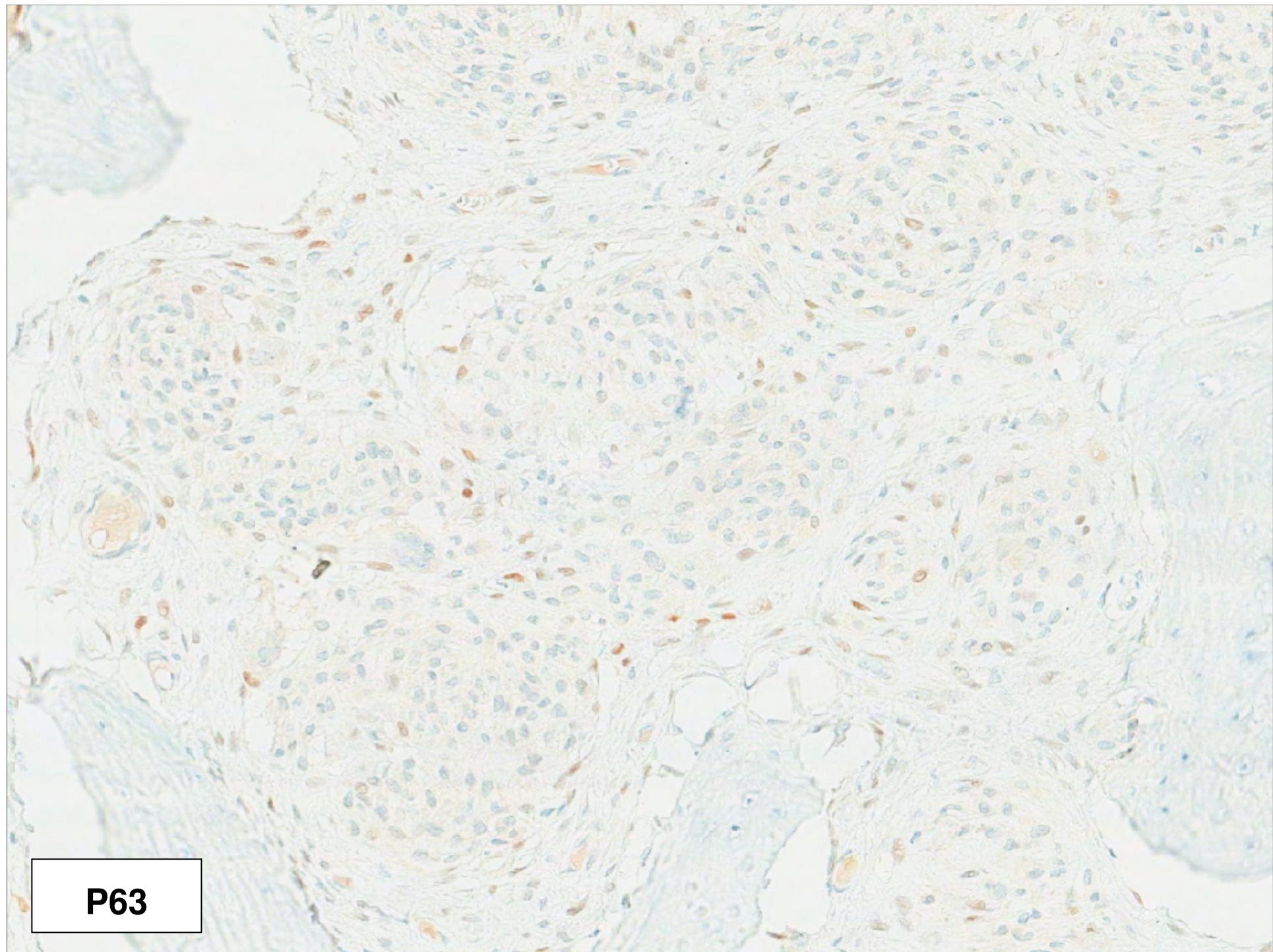
# Imuno-histoquímica



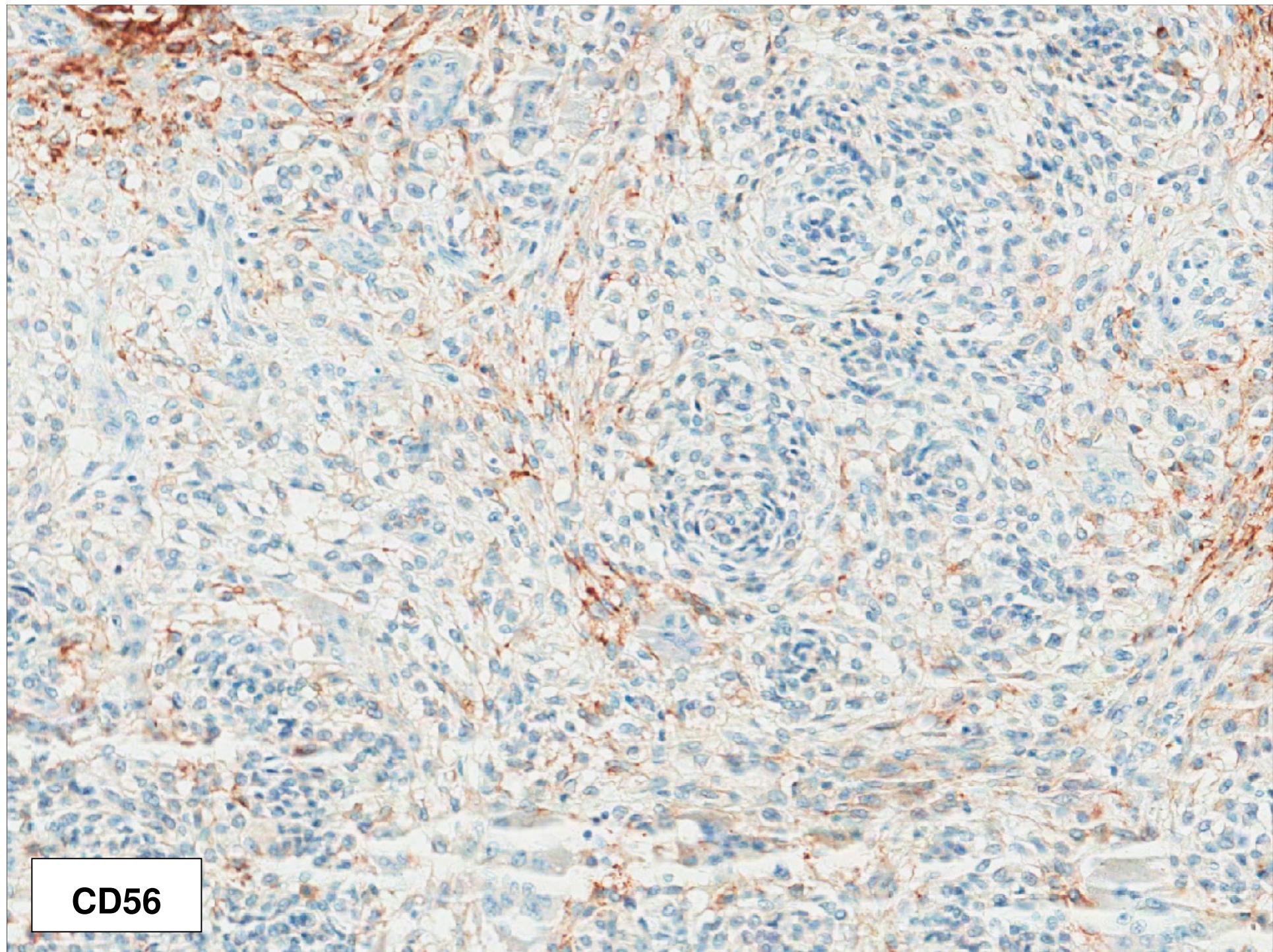
NSE



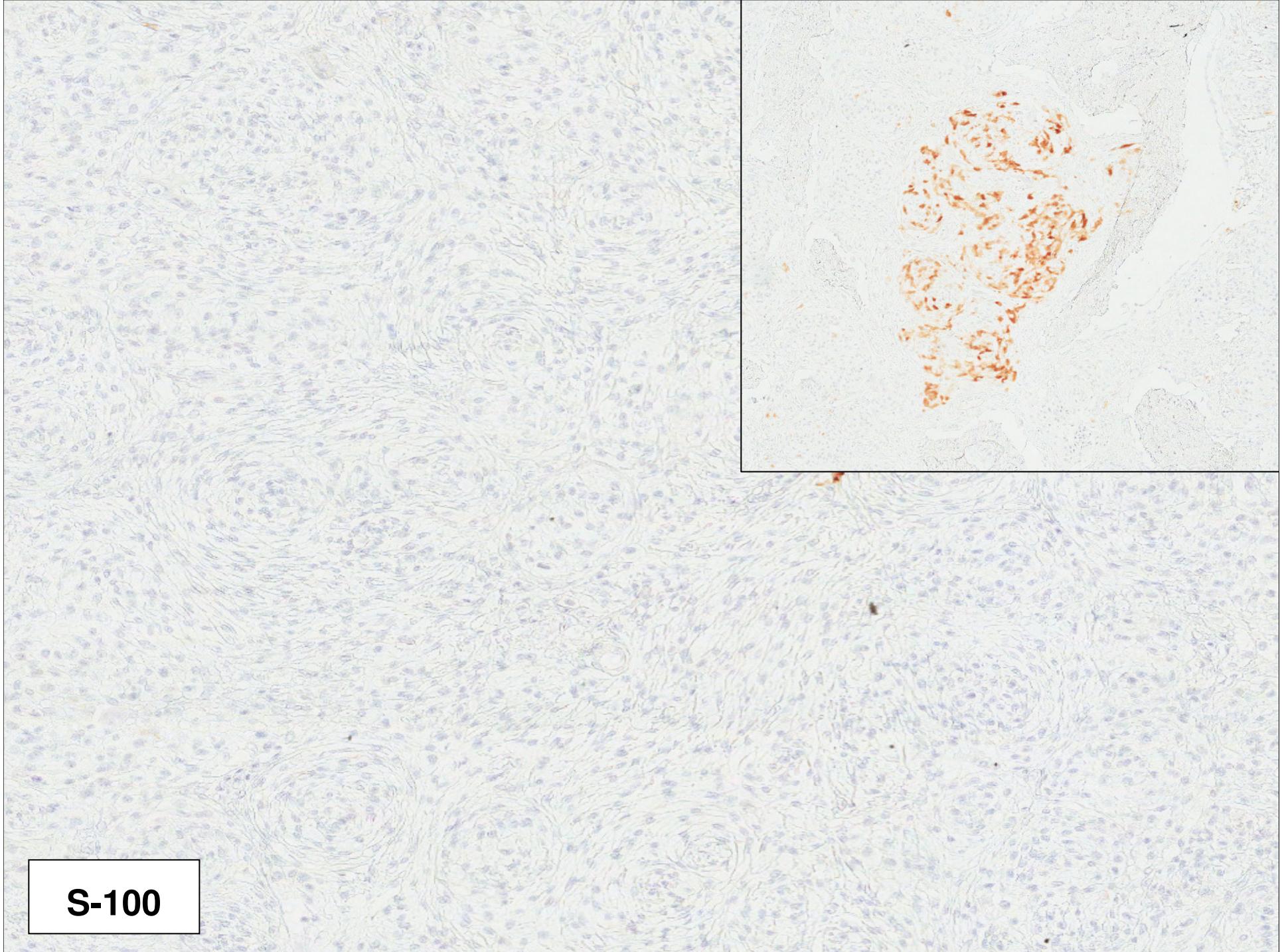
NKI/C3



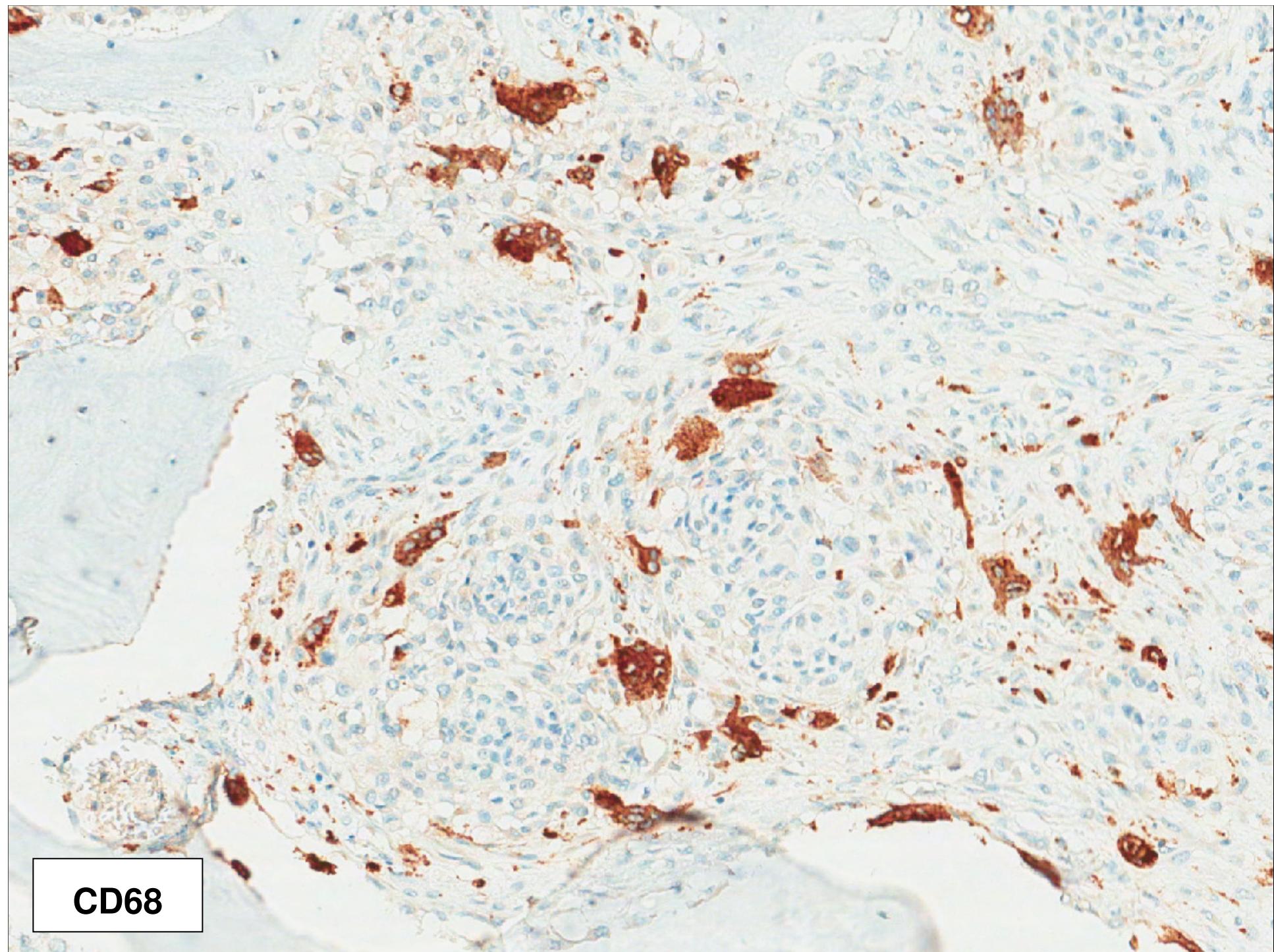
P63



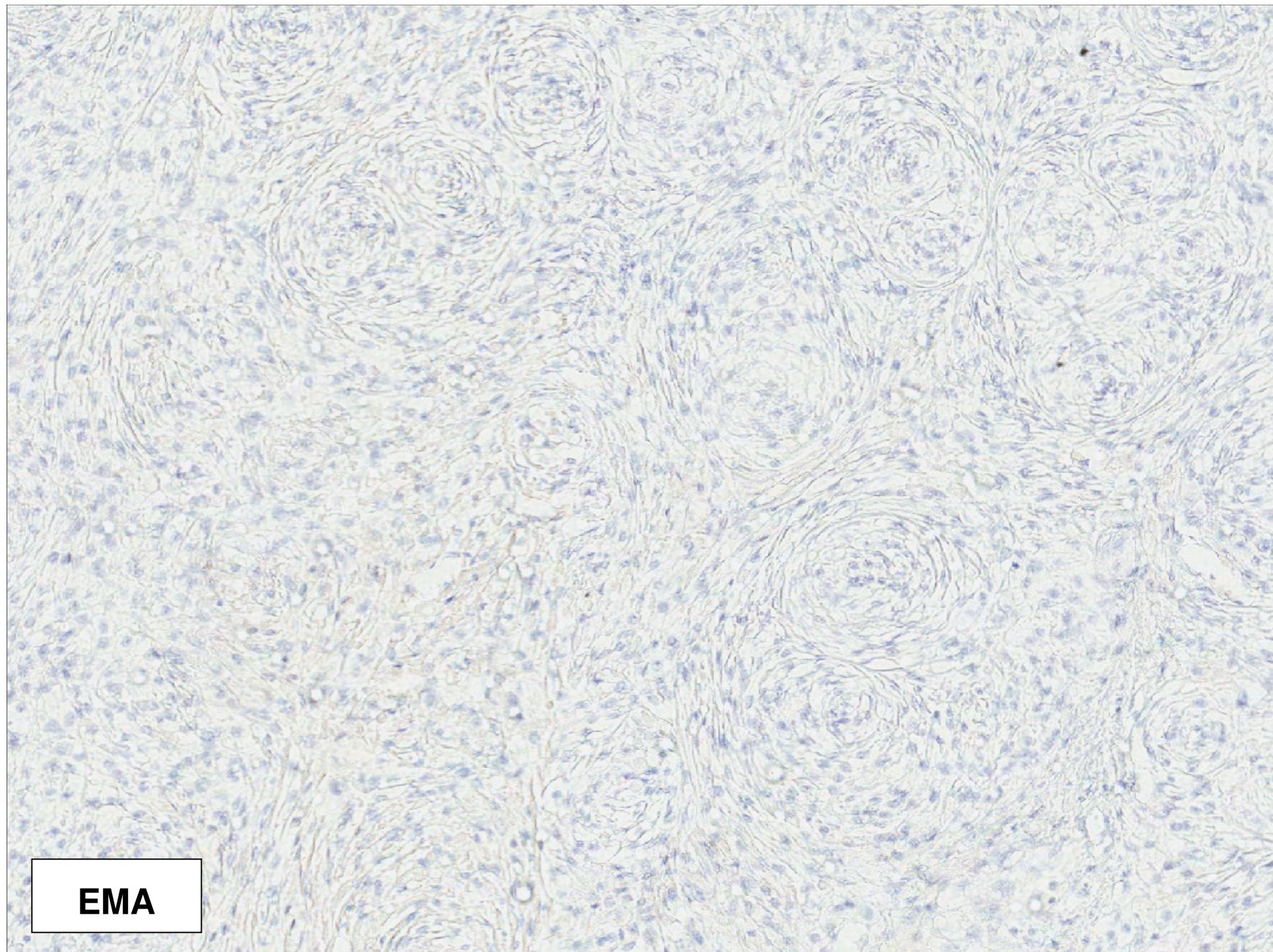
**CD56**



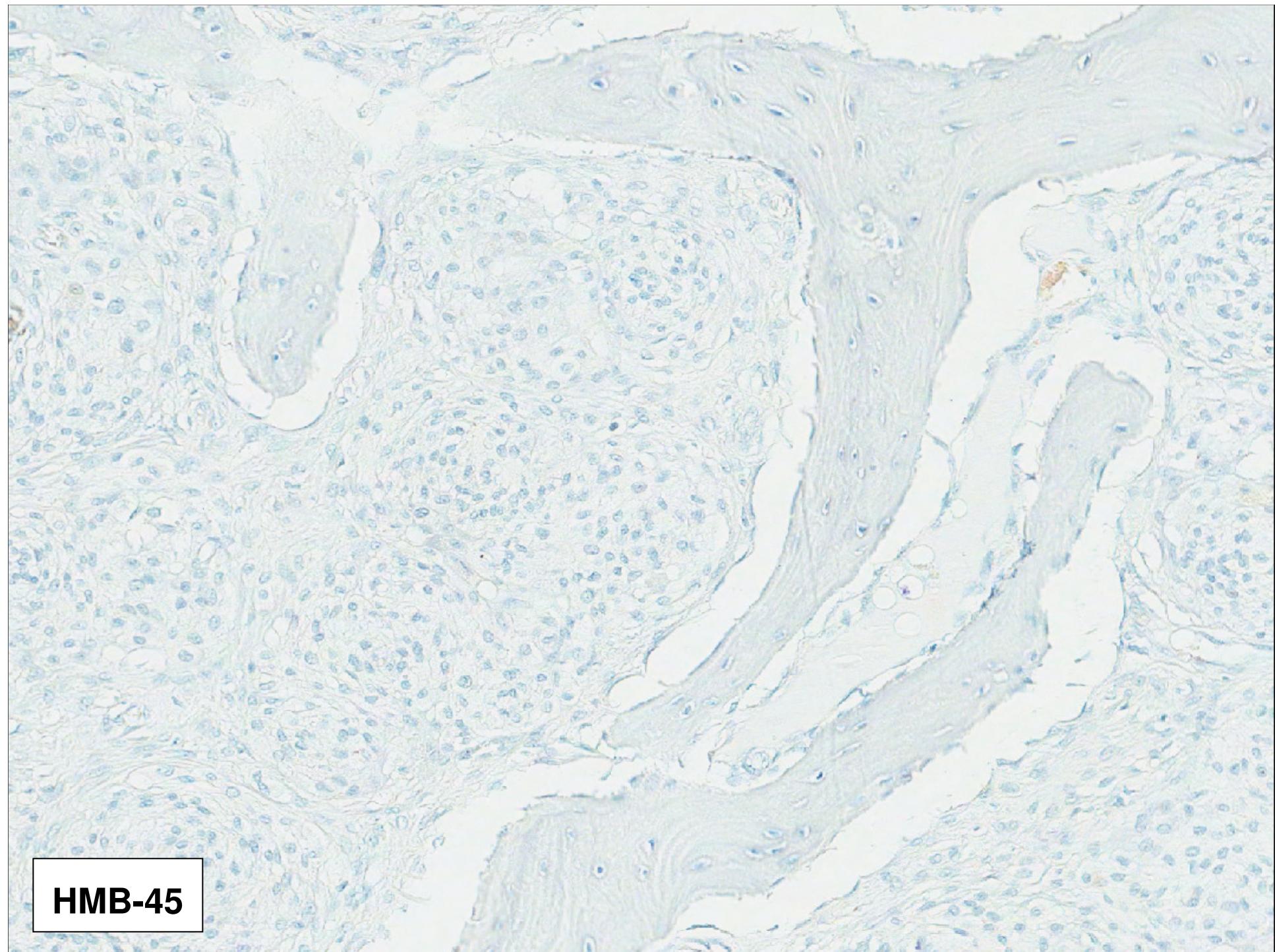
**S-100**



**CD68**



**EMA**



**HMB-45**





# Diagnóstico final

***“Neurotequeoma celular”***



## Neurotequeoma celular

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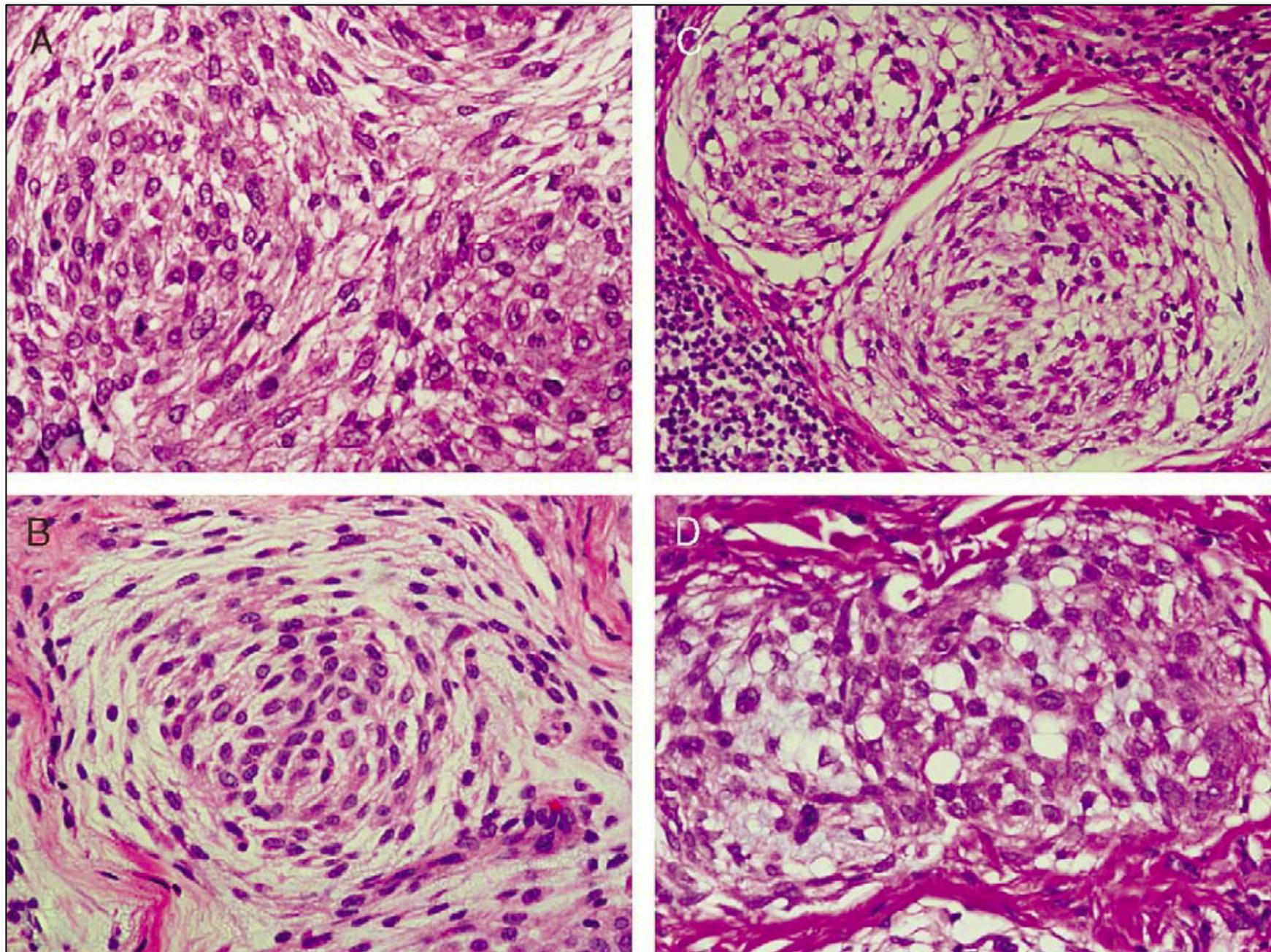
- “**Neurotequeoma**” (*gr. theke*, sheath): **1980** Gallager e Helwig
  - 53 casos
  - Origem na bainha neural
  - > > “**Mixoma da bainha neural**”: descrito em **1969** por Harkin e Reed → “**Mixoma da bainha neural dérmico**”.
  
- “**Neurotequeoma celular**”:
  - Termo dado por 1<sup>a</sup> vez em **1986** por Rosati *et al.*
    - variantes: celular e mixoide



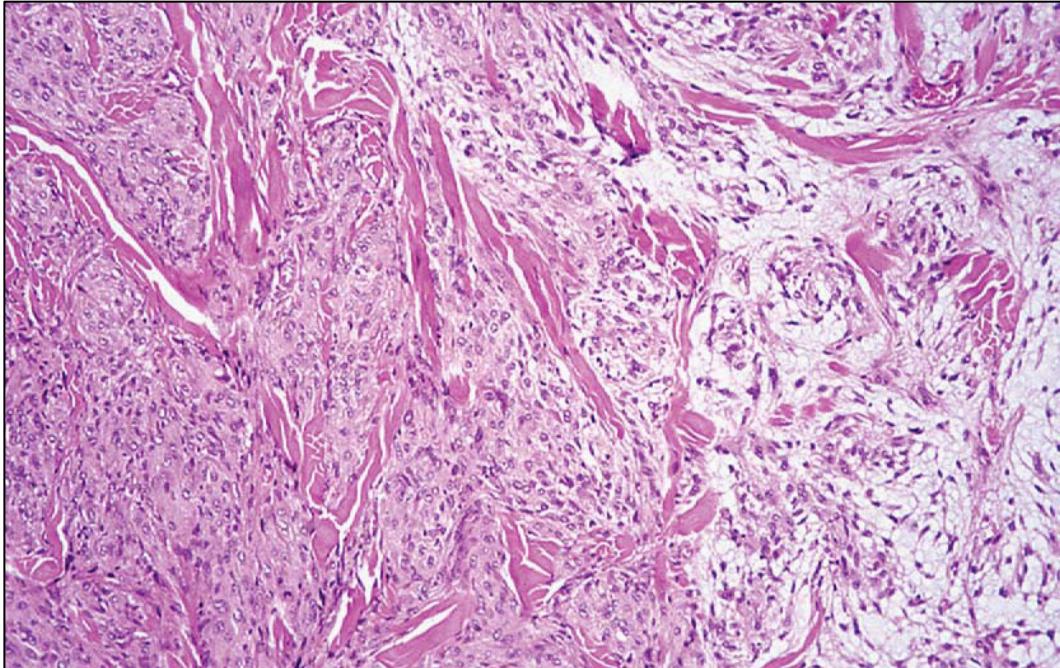
## Neurotequeoma celular

- Jovens, 1<sup>a</sup> e 2<sup>a</sup> décadas da vida
- Mulheres
- Cabeça e pescoço, extremidade superior e ombro.
- Derme, tecido subcutâneo (50%) e músc. esquelético (raro)
- Tamanho ≤ 2,0 cm (90%)
- Recidivas: raras (margens +)
- Metástases: não reportados
- **Variantes:**

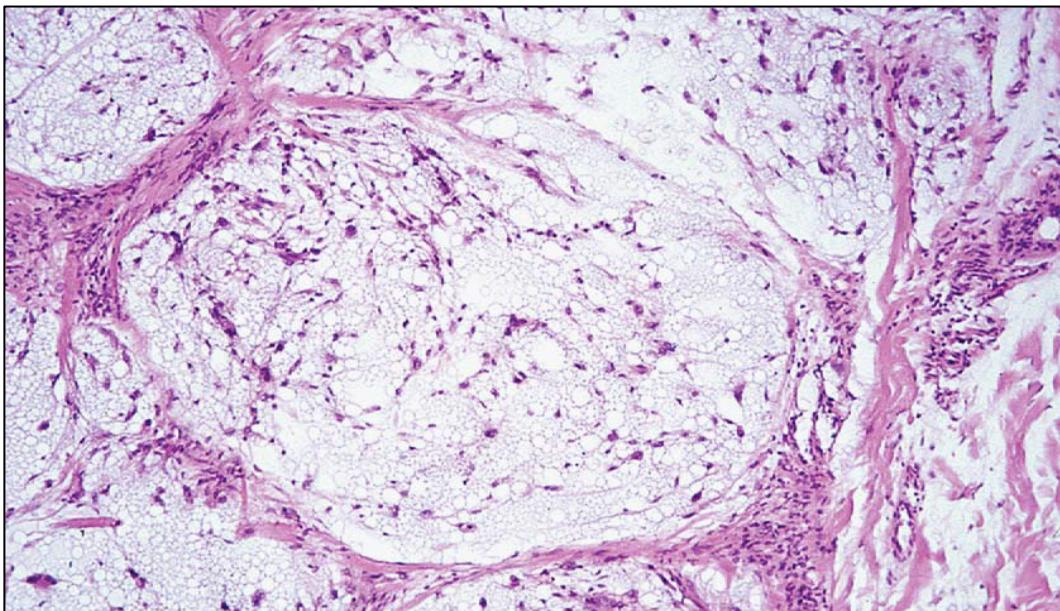




*John F. Fetsch, William B. Laskin. 2007*



*Nearly 30% of cellular NTK have focally myxoid stroma*

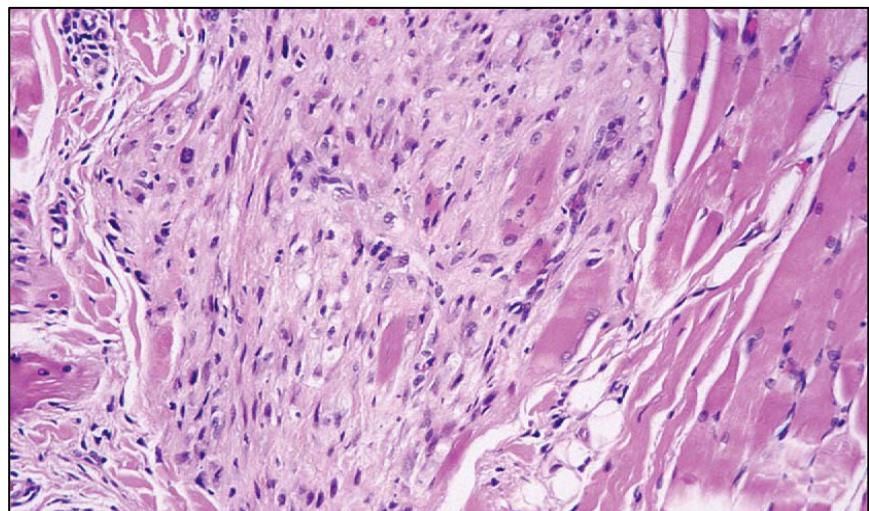
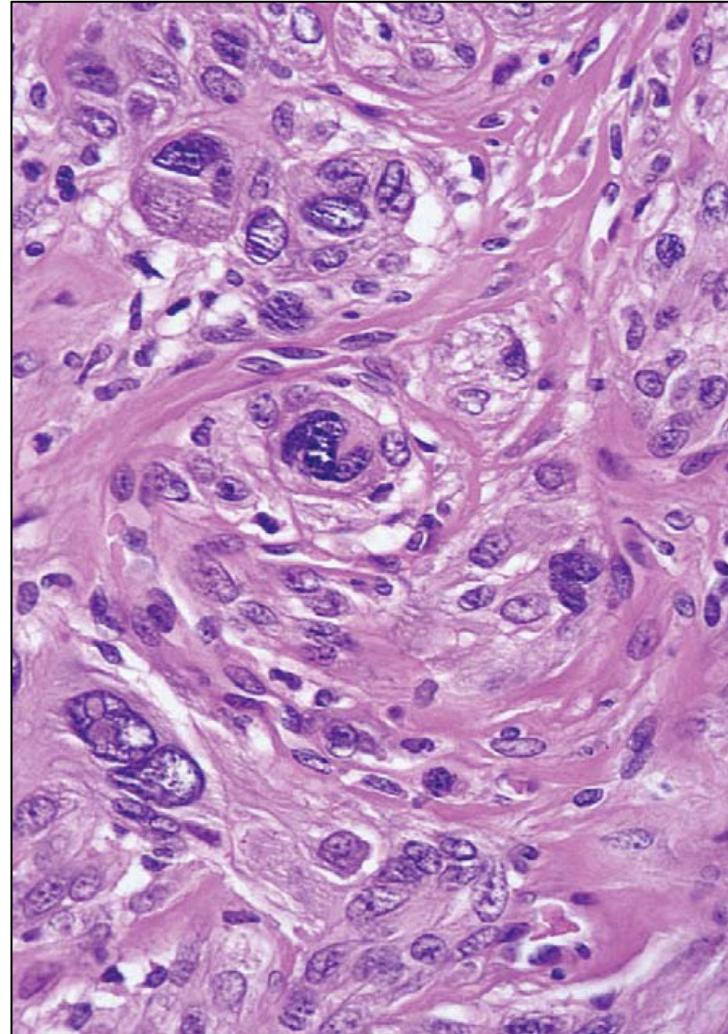
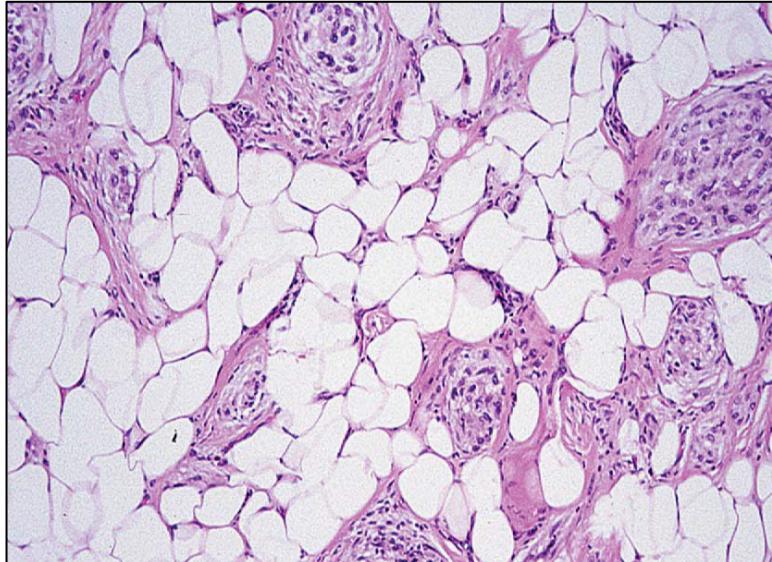


*A predominantly myxoid CNTK mimicking DNSM*



A.C.Camargo  
Cancer Center

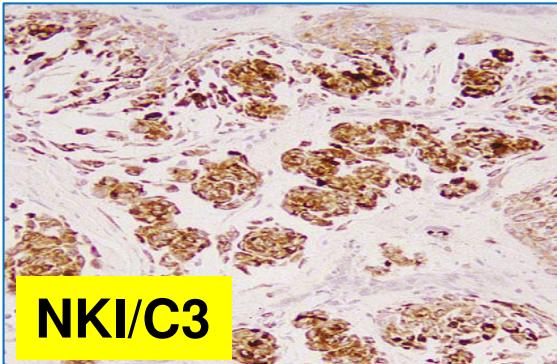
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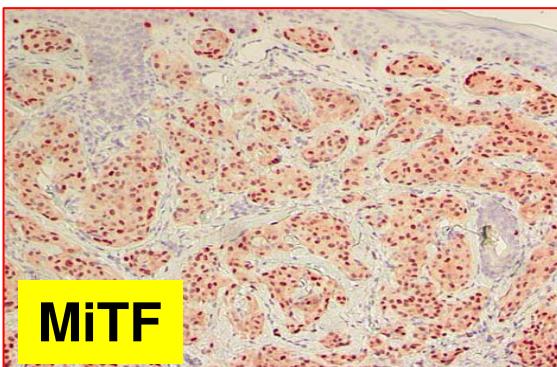
*Jason L. Hornick,, Christopher D. M. Fletcher*



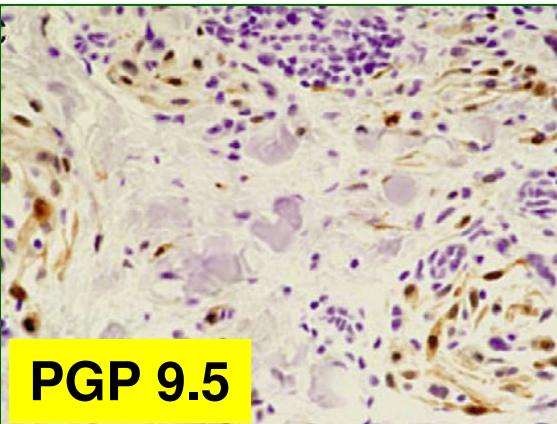
## Neurotequeoma celular. IHQ



- **NKI/C3 (CD63)**; melanossomos e lisossomos.
- Neopl melanocíticas, xantogranuloma junvenil, fibroxantoma atípico, histiocitoma fibroso celular, reticulohistiocitoma, xantoma, tumor de células granulares.



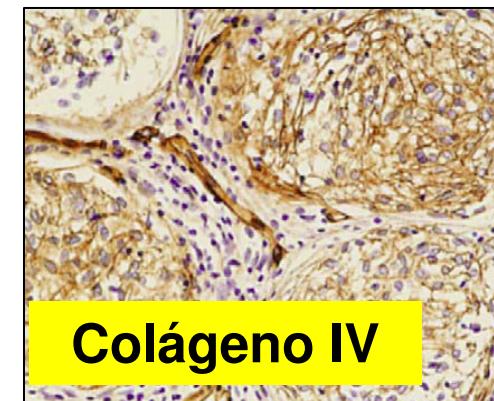
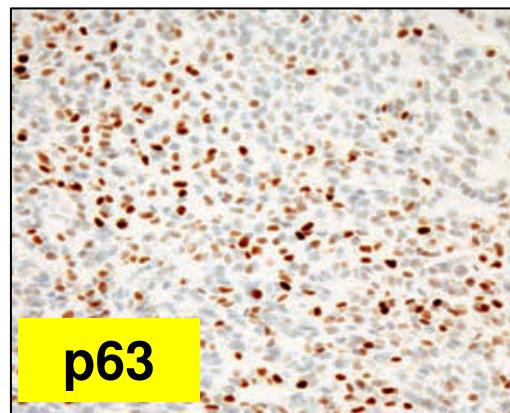
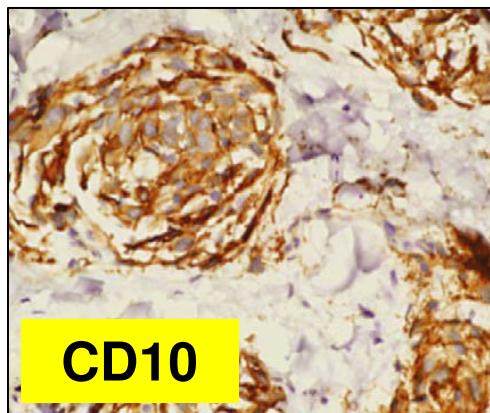
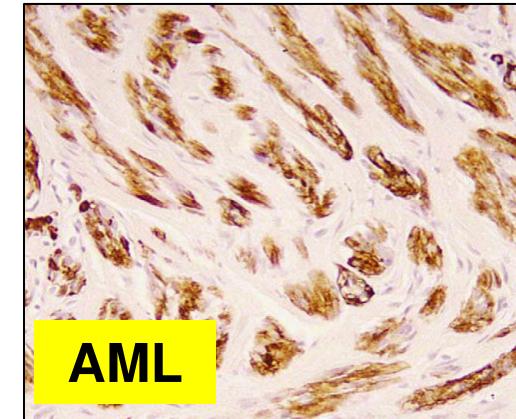
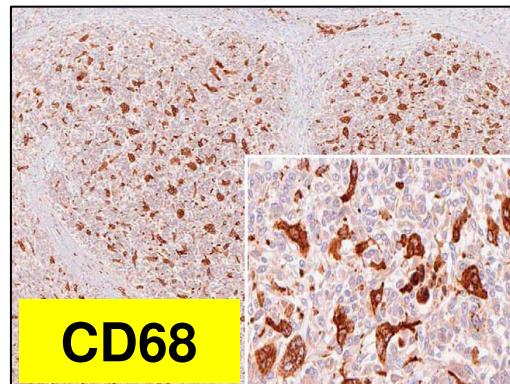
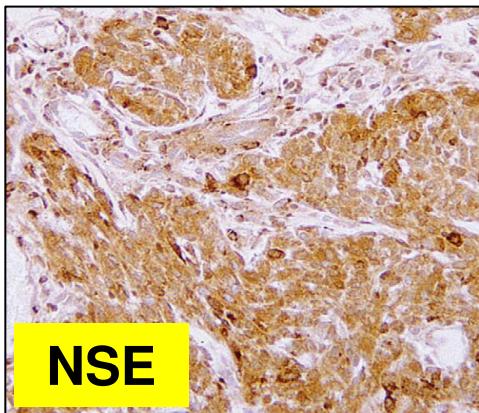
- **MiTF (Fator de transcrição de microftalmia)**
- Neoplasias melanocíticas, PEComas



- **PGP 9.5 (Protein gene product 9.5)**
- Marcador neural, > em tecido cerebral, porem não específico



# Neurotequeoma celular. IHQ





## Neurotequeoma celular. IHQ

GFAP

**NEGATIVO:**

Melan  
A

S100

EMA

HMB45

Des-  
mina

# CELLULAR NEUROTHEKEOMA OF THE MAXILLA

NOAM A. COHEN, MD, PhD

BRUCE R. PAWEL, MD

DANIEL S. SAMADI, MD

KEN KAZAHAYA, MD

PHILADELPHIA, PENNSYLVANIA

- Masculino
- 15 meses
- Tumor em maxila direita, 2 meses
- IHQ: vimentina+, NKI/C3+, S100-, HMB45-, FactorXIIIa-
- Tratamento: ressecção local
- Seguimento 2 anos: sem recorrência.

# CELLULAR NEUROTHEKEOMA OF THE MAXILLA

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PHILADELPHIA, PENNSYLVANIA



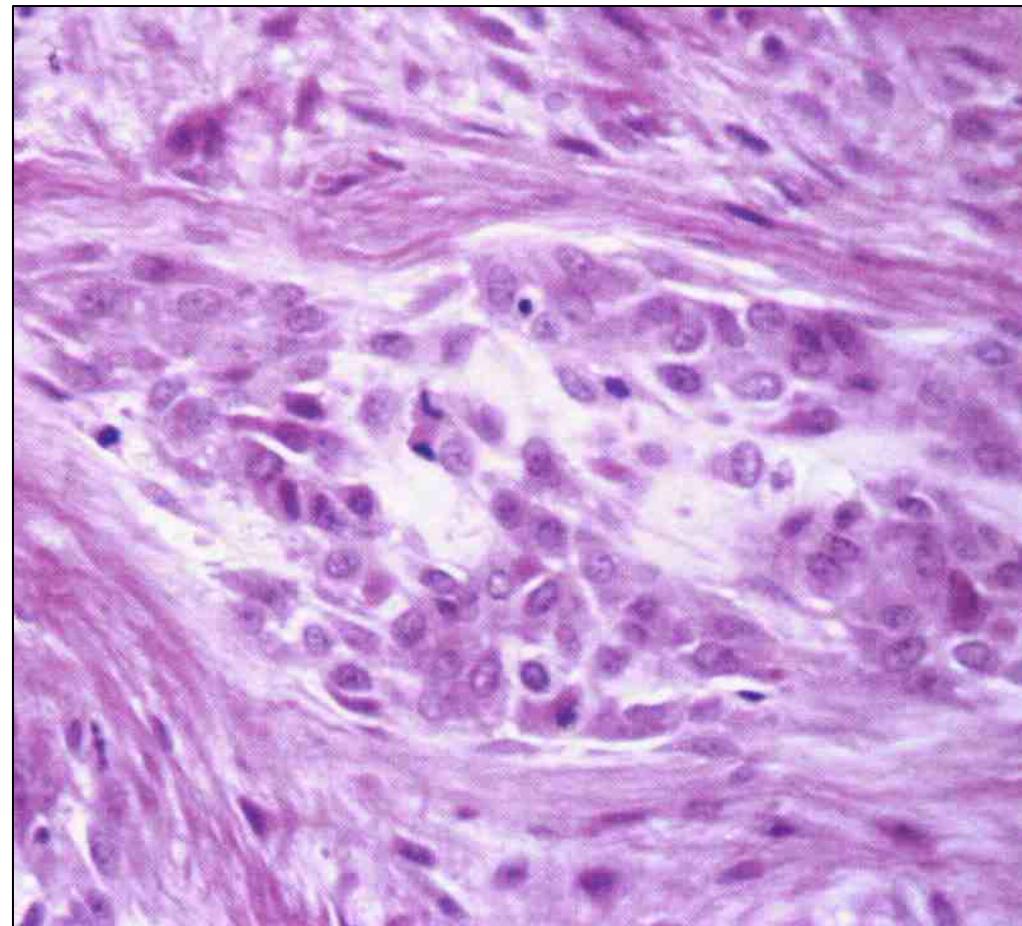
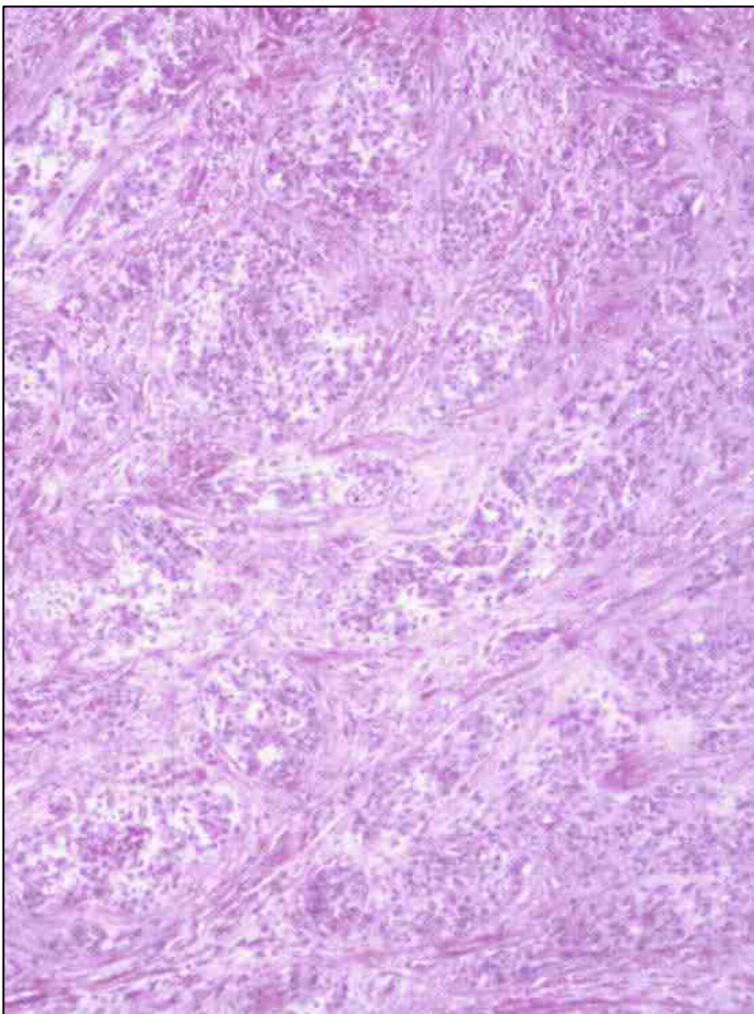
**Fig 1.** Axial computed tomographic images demonstrate well-defined, locally expansile premaxillary mass. **A)** Bone window. **B)** Soft tissue window.

# CELLULAR NEUROTHEKEOMA OF THE MAXILLA

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PHILADELPHIA, PENNSYLVANIA





## NTK. Diagnóstico diferencial

- Mixoma da bainha neural dérmico
- Angiomixoma superficial.
- Mixofibrossarcoma



- Neoplasias melanocíticas
- Leiomioma pilar
- Tumores dérmicos fibrohistiocíticos



# **Cellular Neurothekeoma**

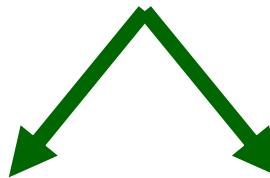
## **A Distinctive Variant of Neurothekeoma Mimicking Nevomelanocytic Tumors**

**Raymond L. Barnhill, M.D., and Martin C. Mihm, Jr., M.D.**

The American Journal of Surgical Pathology 14(2): 113-120, 1990

© 1990 Raven Press, Ltd., New York

- Células epitelioides em ninhos, fascículos ou enovelados
- Abundante citoplasma eosinofílico
- Atipias ocasionais



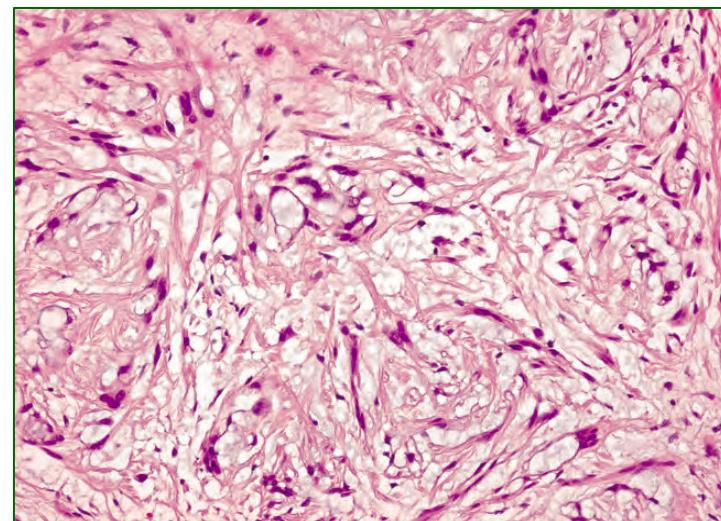
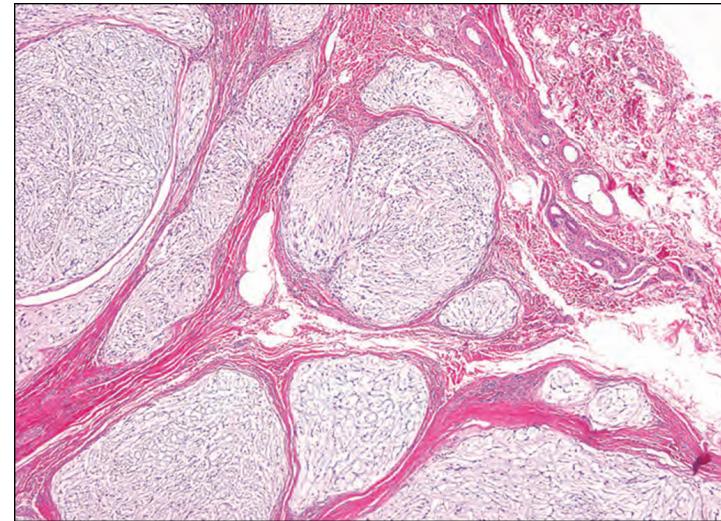
- Nevo de Spitz
- Melanoma
- Nevo azul celular

- Fibrohistiocitoma epitelioid
- Xantogranuloma juvenil.



### Mixoma da bainha neural (dérmico)

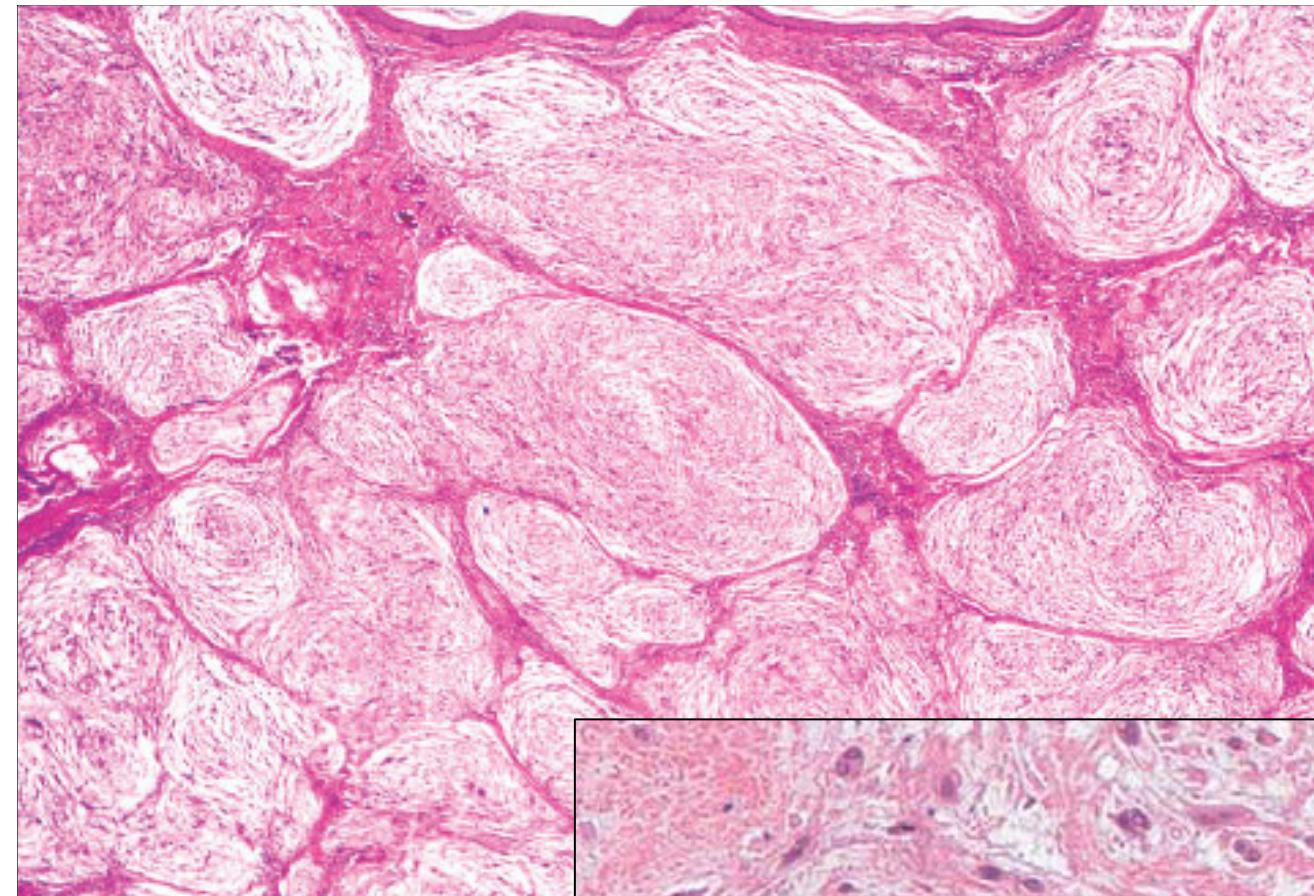
- Superficial
- Multinodular
- Bem delimitado
- Extremidade distal
- Adulto jovem-idade média
- Abundante estroma mixoide
- Células epitelioides pequenas, estreladas, em anel e fusiformes
- S100+



# Neurothekeoma and Plexiform Fibrohistiocytic Tumor *Mere Histologic Resemblance or Histogenetic Relationship?*

Shabnam Jaffer, MD,\* Andrea Ambrosini-Spaltro, MD,† Antonio M. Mancini, MD,†  
Vincenzo Eusebi, MD, FRCPPath,† and Juan Rosai, MD‡

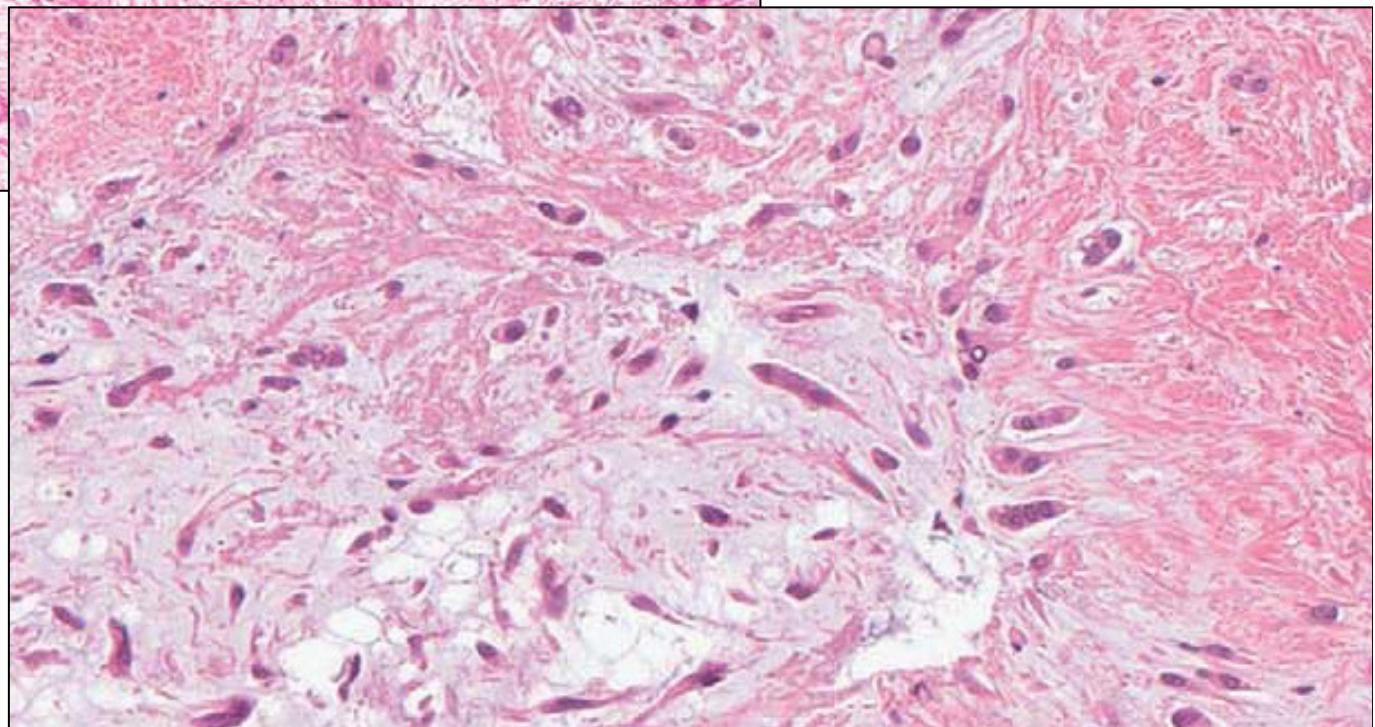
- Neuroqueoma (NTK): 43 casos; ***estroma mixoide***
  - Mixoide (MyNTK-100%): 8
  - Misto (MiNTK- > 10% < 100%): 15
  - Celular (CNTK- < 10% ): 20
- Tumor fibrohistiocítico plexiforme (PFHT): 18



## **Neurotequeoma “mixoide”**

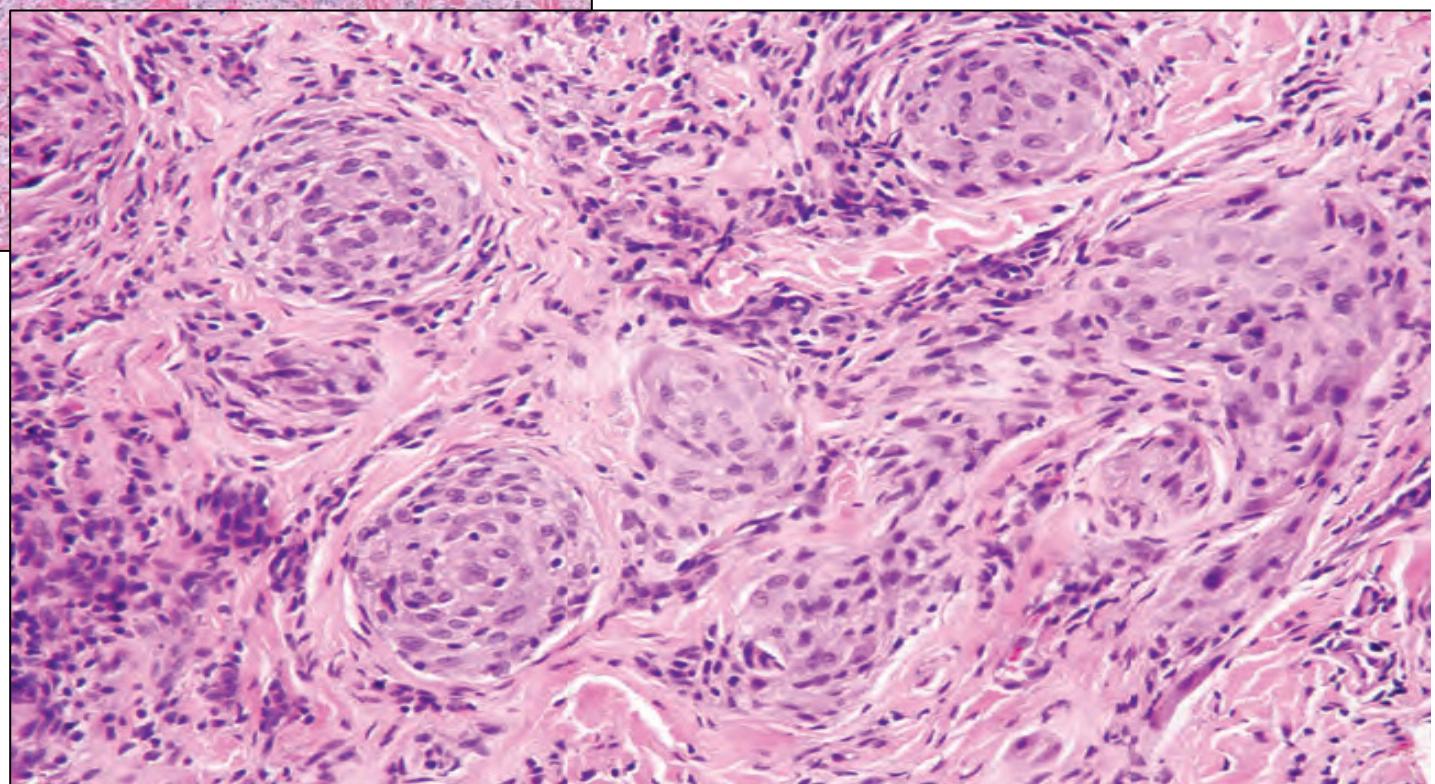
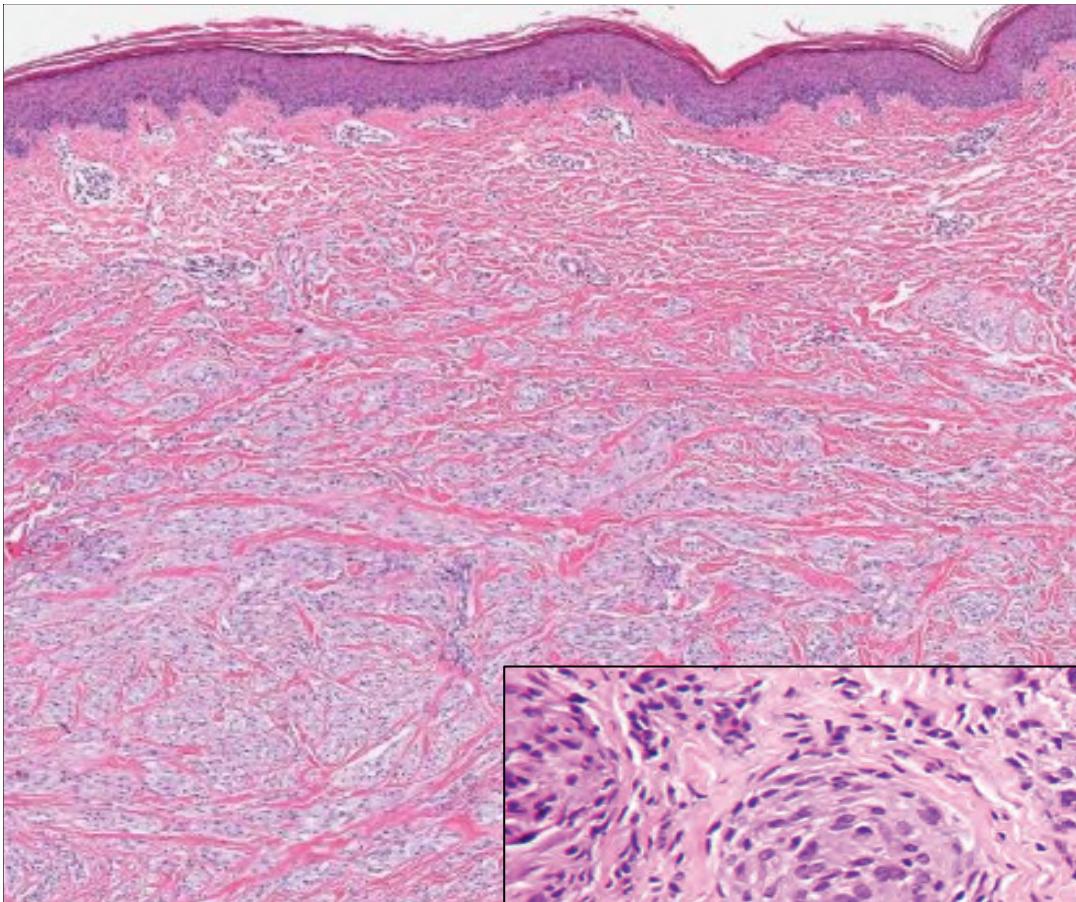
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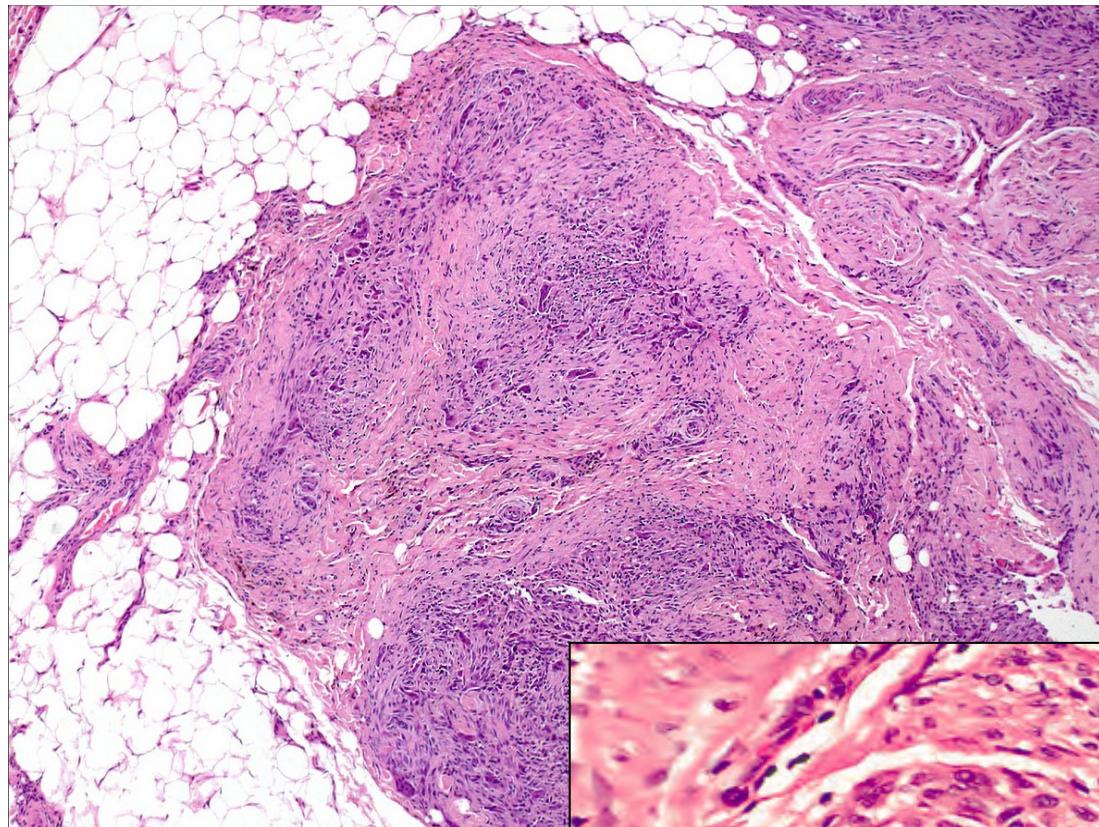
- Multinodular
- Bem circunscritos
- Matriz mixoide difusa
- Células fusiformes e estreladas
- S100+



## **Neurotequeoma “celular”**

- Multinodular, plexiforme ou difusa
- Infiltrativos
- Matriz mixoide (<10%)
- Células fusiformes e/ou epiteloides, Células gigantes tipo osteoclastos
- S100 -

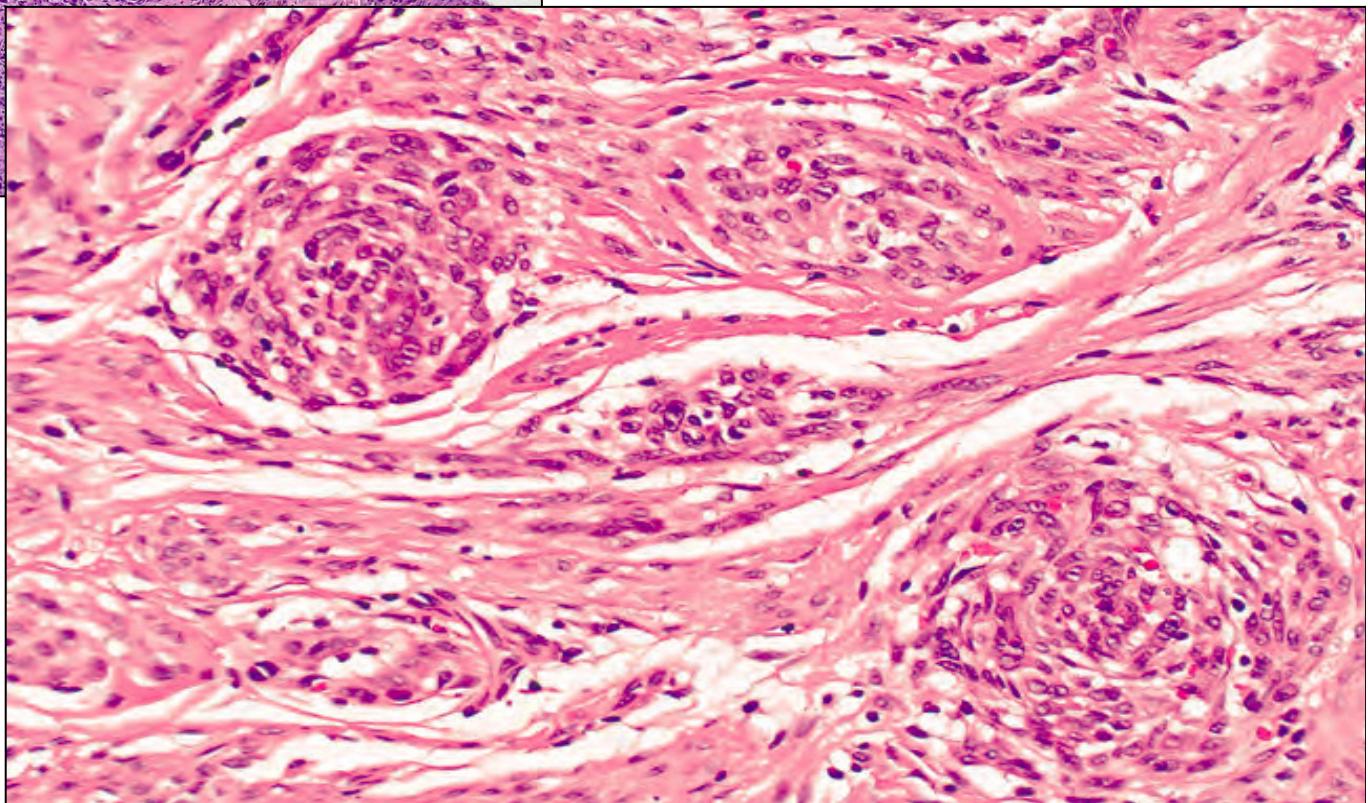




## **Tumor fibrohistiocítico plexiforme**

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- Plexiforme, Infiltrativos
- Matriz mixoide: ausente
- Células epitelioides (histiocitárias), fusiformes (miofibrobásticas) e gigantes multinucleadas tipo osteoclastos



# Neurothekeoma and Plexiform Fibrohistiocytic Tumor *Mere Histologic Resemblance or Histogenetic Relationship?*

Shabnam Jaffer, MD,\* Andrea Ambrosini-Spaltro, MD,† Antonio M. Mancini, MD,†  
Vincenzo Eusebi, MD, FRCPPath,† and Juan Rosai, MD‡

**TABLE 4.** Immunohistochemical Results

	Vim	S100	CD68	NSE	CD56
MyNTK	7/7	8/8	0/8	6/6	5/6
MiNTK	11/11	4/15	6/15	7/10	8/10
CNTK	14/15	1/19	9/17	14/14	8/11
PFHT	13/14	0/18	6/11	9/10	8/11

*“Existe notável sobreposição nas características histológicas e imuno-histoquímicas entre CNTK e PFHT”*



## Neurotequeoma celular

## Tumor fibrohistiocítico plexiforme



- Crianças e adultos jovens
- Cabeça e pescoço
- Tumores dérmicos infiltrativos que se estendem para o subcutâneo
- Variável padrão de crescimento: nodular, plexiforme e difuso
- Células epitelioides e fusiformes arredondadas
- Células gigantes tipo osteoclastos
- Perfil imunohistoquímico: PGP9.5, NKI/C3, CD68, CD10, CD56

exceto

MiTF

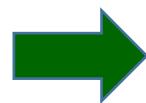
# Neurothekeoma: An Analysis of 178 Tumors With Detailed Immunohistochemical Data and Long-term Patient Follow-up Information

John F. Fetsch, MD,\* William B. Laskin, MD,† James R. Hallman, MD,‡  
George P. Lupton, MD,‡ and Markku Miettinen, MD\*

- 178 casos

Quantidade de  
estroma mixoide:

- Celular ( $\leq 10\%$ ) : 63
- Mixoide ( $> 50\%$ ): 48
- Mixto ( $> 10\% < 50\%$ ): 67



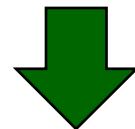
Vimentina  
NKI/C3  
CD10  
MITF  
NSE  
PGP9.5  
CD68  
AML

S100  
GFAP  
Melan A

# **Neurothekeoma: An Analysis of 178 Tumors With Detailed Immunohistochemical Data and Long-term Patient Follow-up Information**

*John F. Fetsch, MD,\* William B. Laskin, MD,† James R. Hallman, MD,‡  
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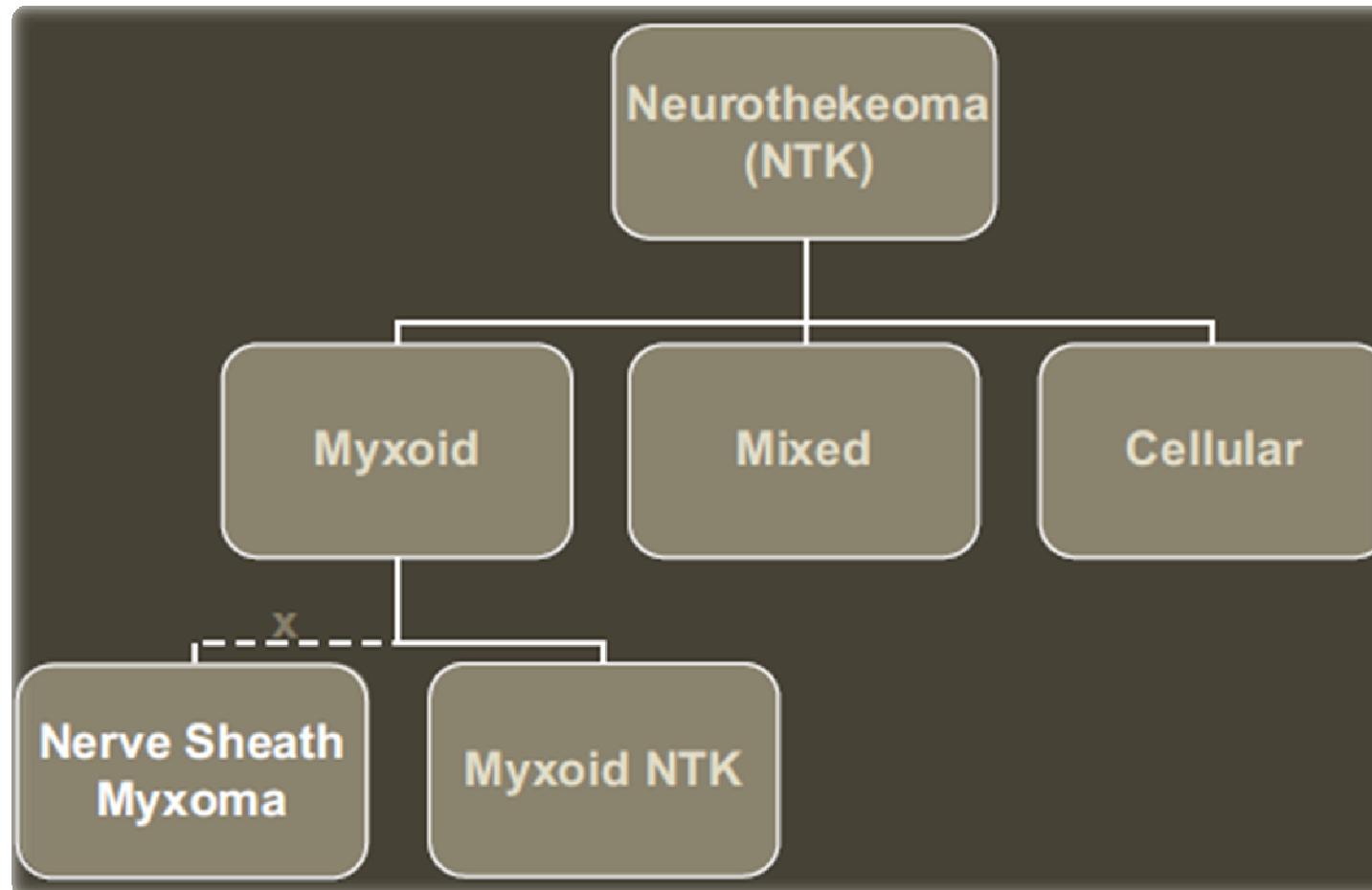
*Porem as diferenças na matriz, todos os tumores compartilhavam certas características:*



- Células epitelioides e fusiformes com citoplasma eosinofílico relativamente abundante
- Multinodular, com padrão de crescimento em enovelados ou fascicular
- Colágeno esclerótico
- Células gigantes multinucleadas osteoclasto-símile
- Imunohistoquímica similar

# Neurothekeoma: An Analysis of 178 Tumors With Detailed Immunohistochemical Data and Long-term Patient Follow-up Information

John F. Fettsch, MD,\* William B. Laskin, MD,† James R. Hallman, MD,‡  
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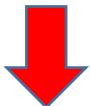
## Neurotequeoma celular

□ Linhagem de diferenciação **incerta**

□ Origens postuladas:

- Neural: Morfologia e imunohistoquímica  $\neq$  Mixoma da bainha neural (verdadeiro origem neural)
- Neuroectodérmico: PGP9.5, MiTF, NKI/C3
- Família de PEComas (“miomelanocítico”): MiTF, AML
- Variante epitelioides do leiomioma pilar

□ Atualmente sugere-se origem em células **fibroblásticas** com capacidade de diferenciação para **miofibroblastos** e tendência a recrutar células histiocitárias



**“Espectro Fibrohistiocítico”**



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*Muchas gracias por  
su atención!*

**Lilian Elizabeth Giménez González**