

# XXV CONGRESO Zaragoza, 18-21 mayo 2011



[Sociedad Española de Anatomía Patológica]  
[International Academy of Pathology]



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SOCIEDAD ESPAÑOLA DE  
PATOLOGÍA FORENSE

Montse Gomà i Gállego

Hospital Universitari de Bellvitge,

L'Hospitalet de Llobregat, BARCELONA

## ***Historia clínica***

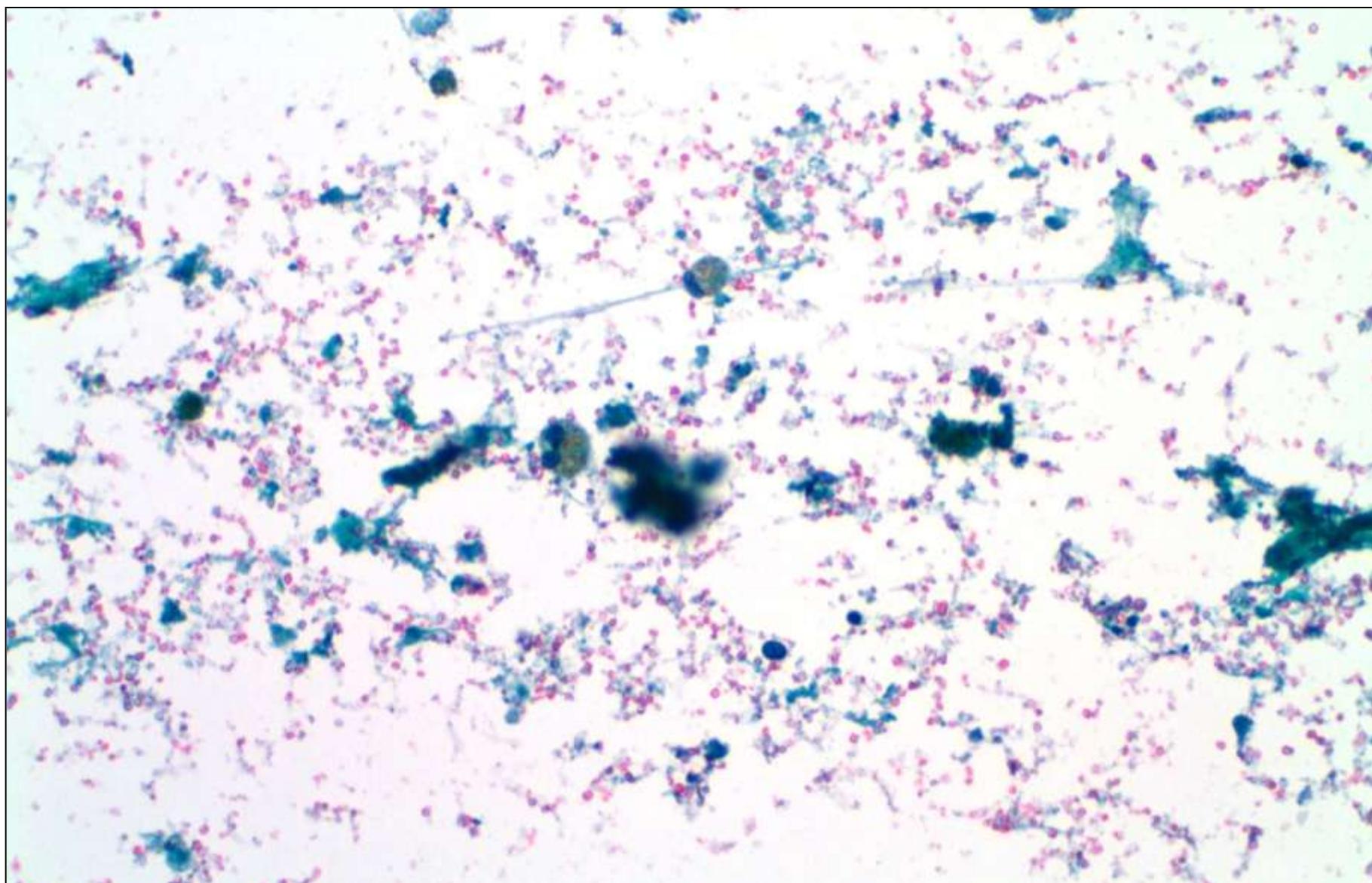
Varón 46 años

Tumoración 3-4 cm ángulo mandibular

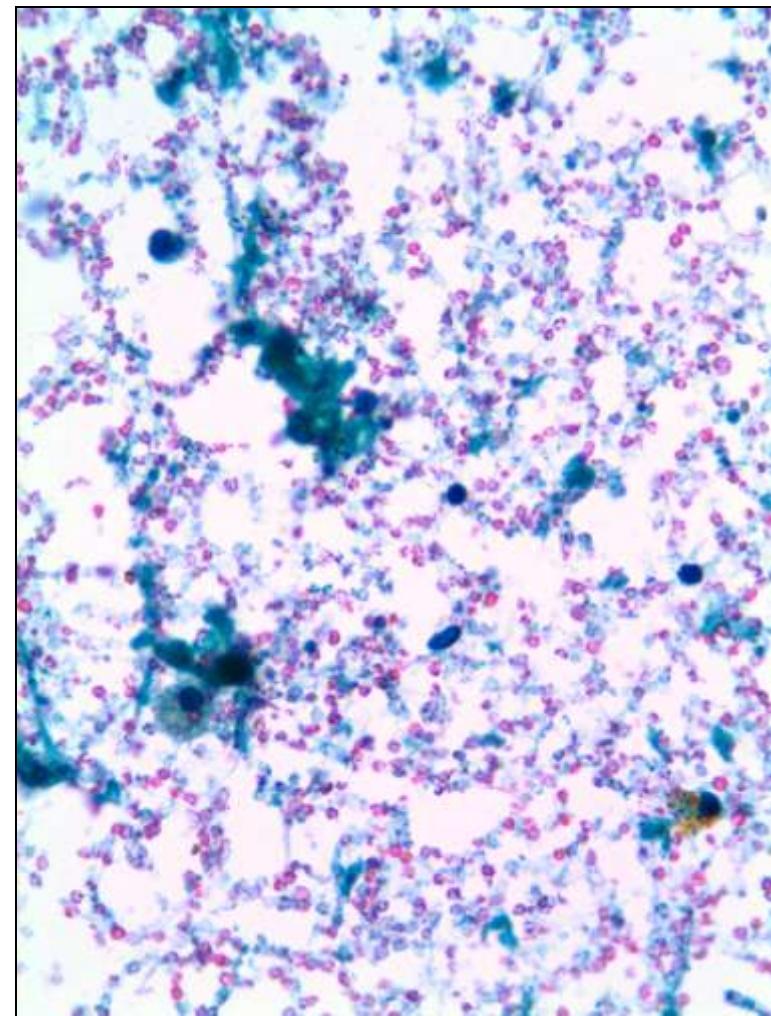
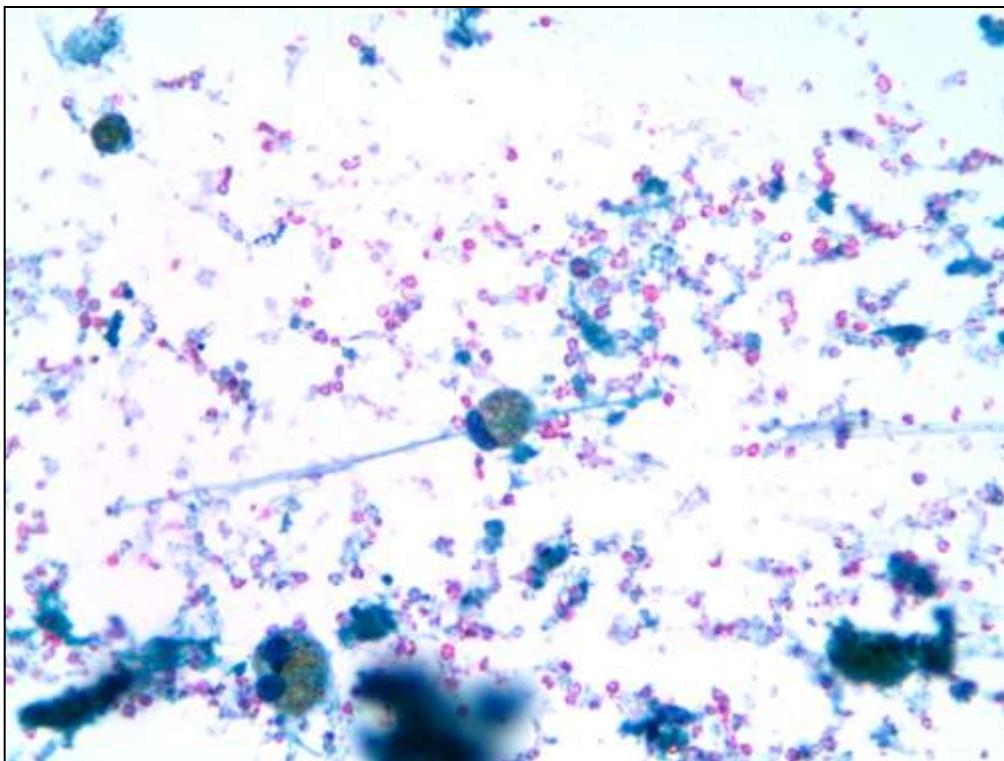
TAC (otro centro): lesión quística

## **PUNCIÓN**

## *Punciones*

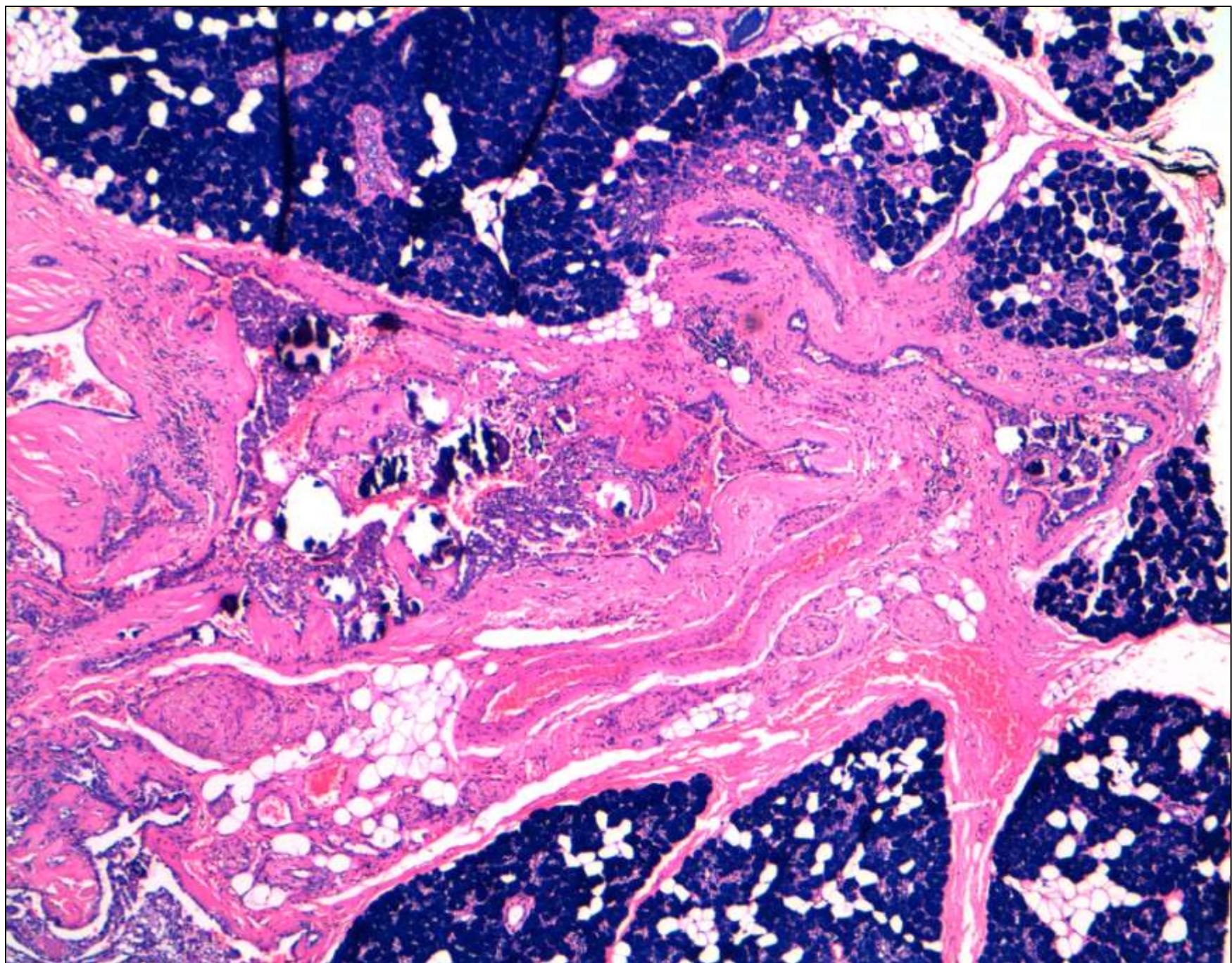


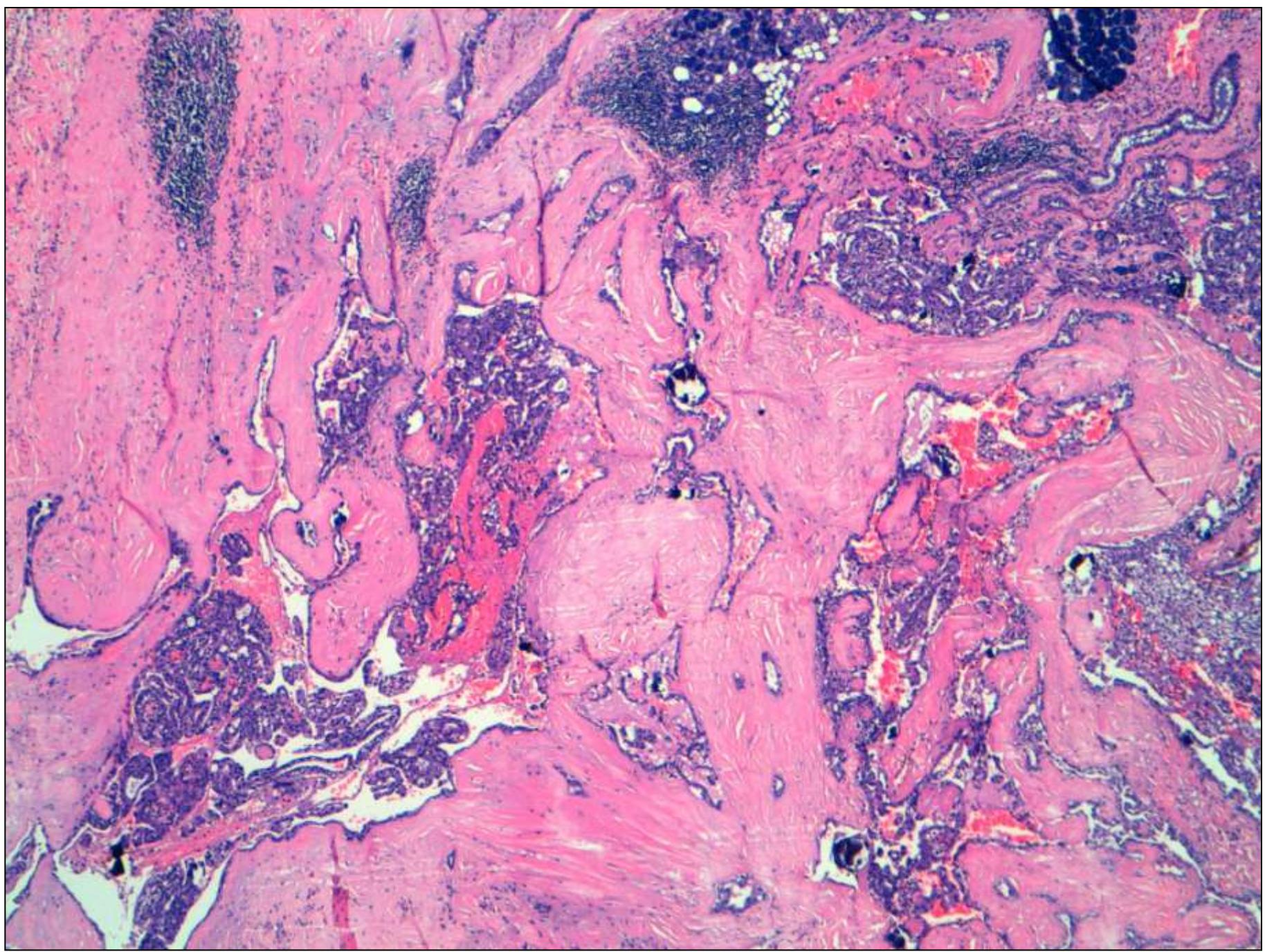
## *Punciones*

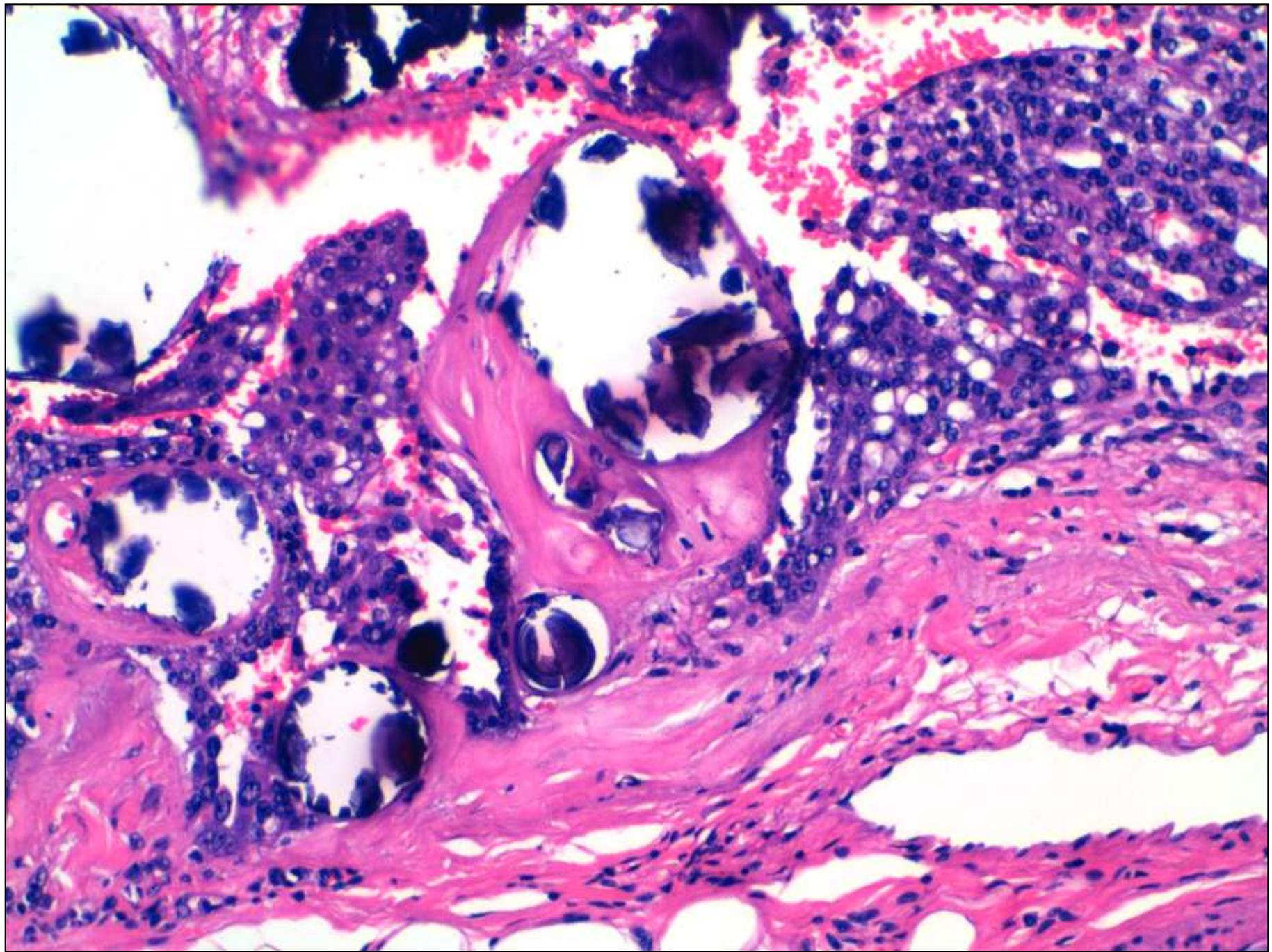


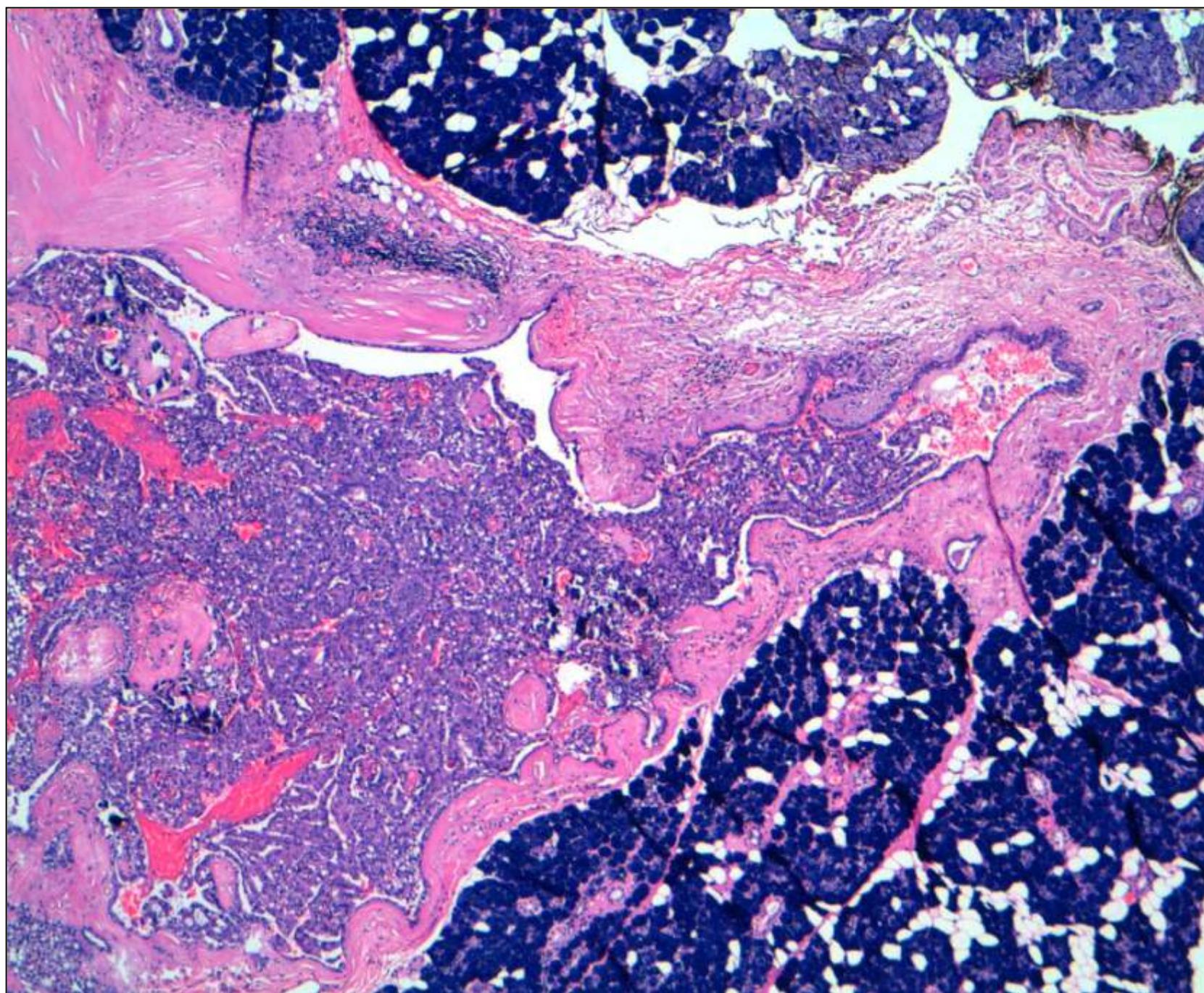
**EXÉRESIS DE LA LESIÓN**

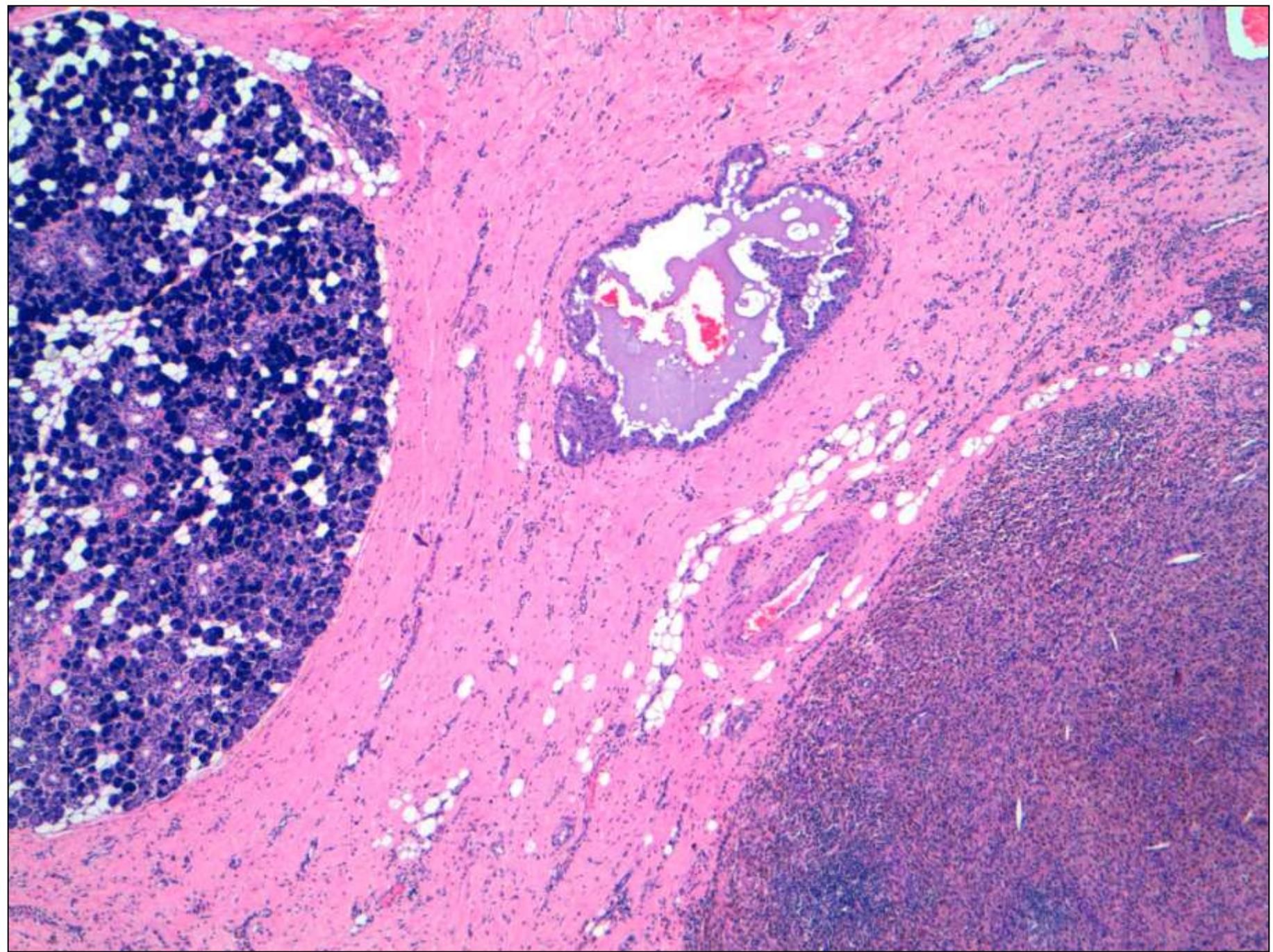


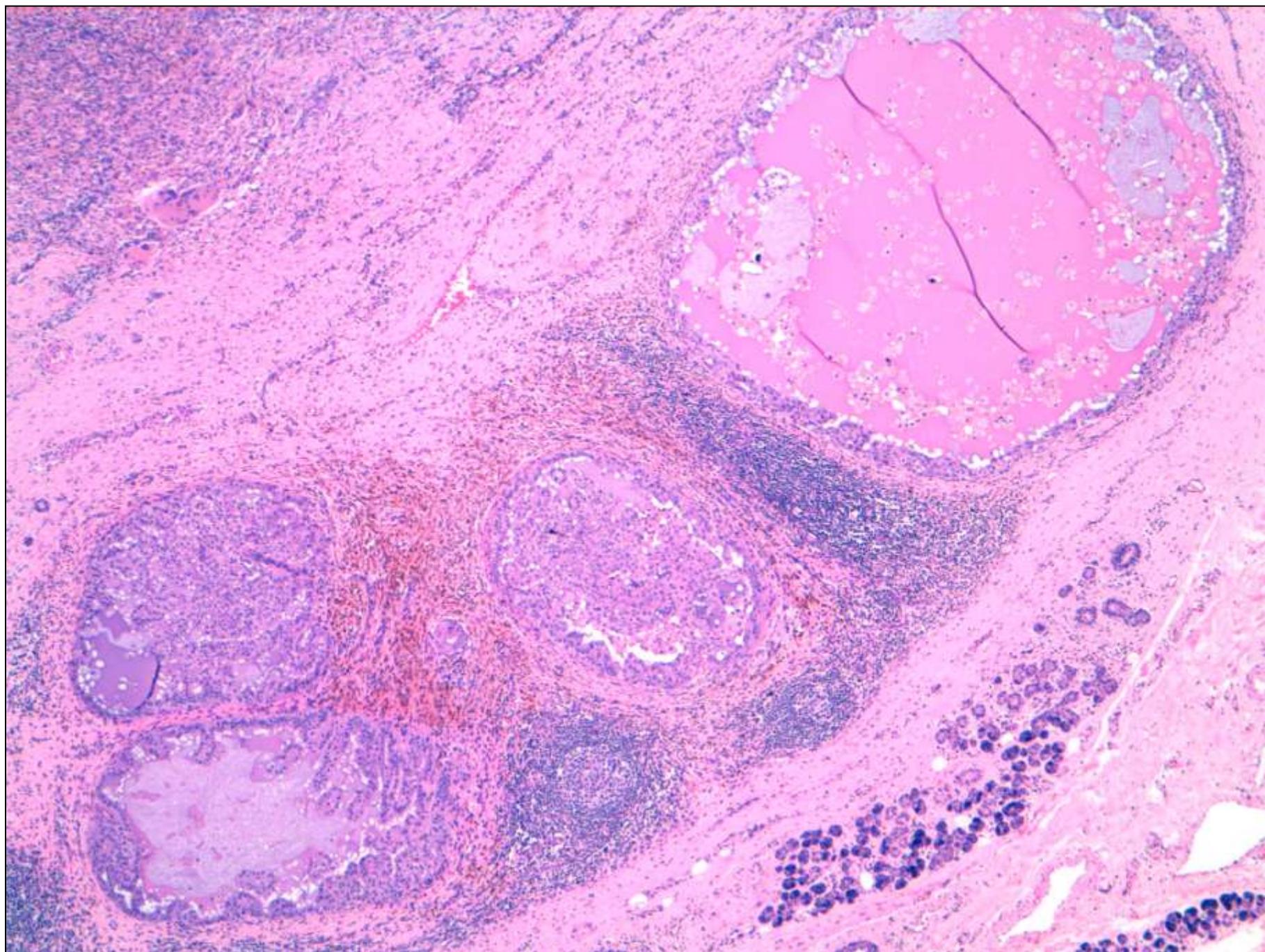


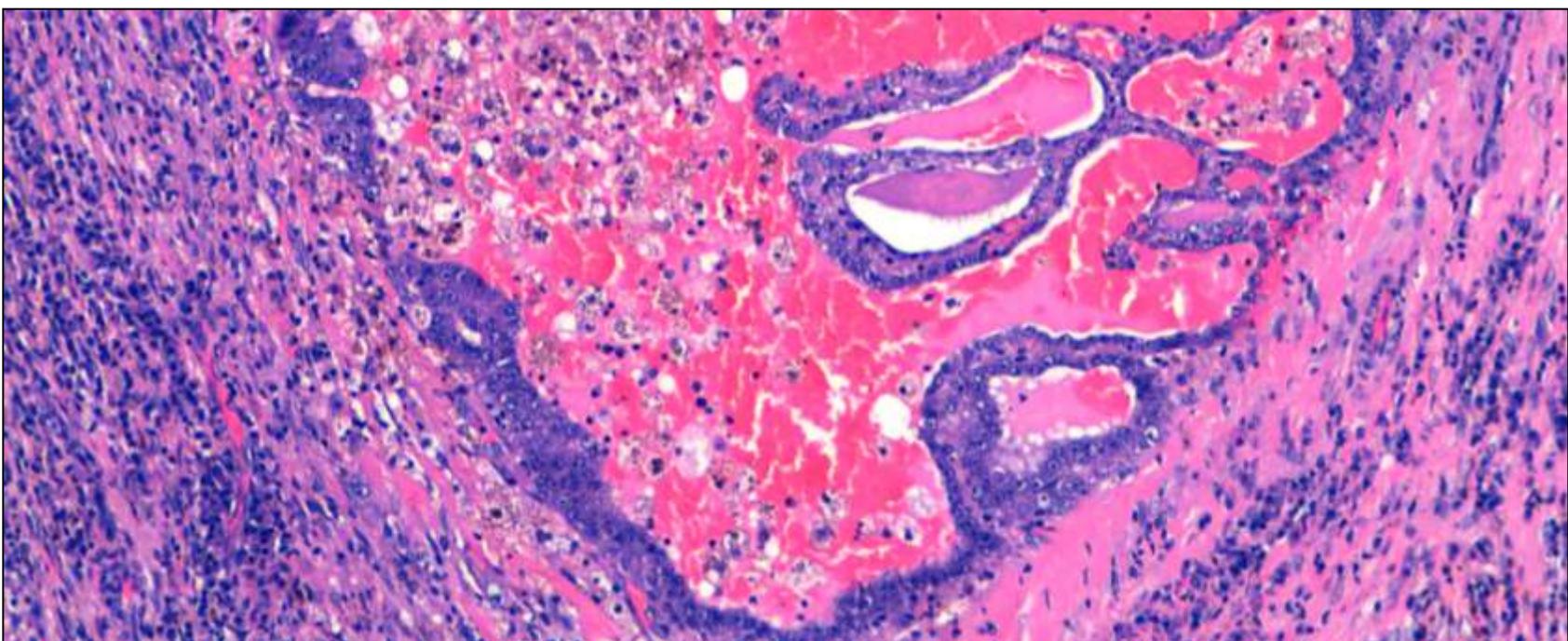
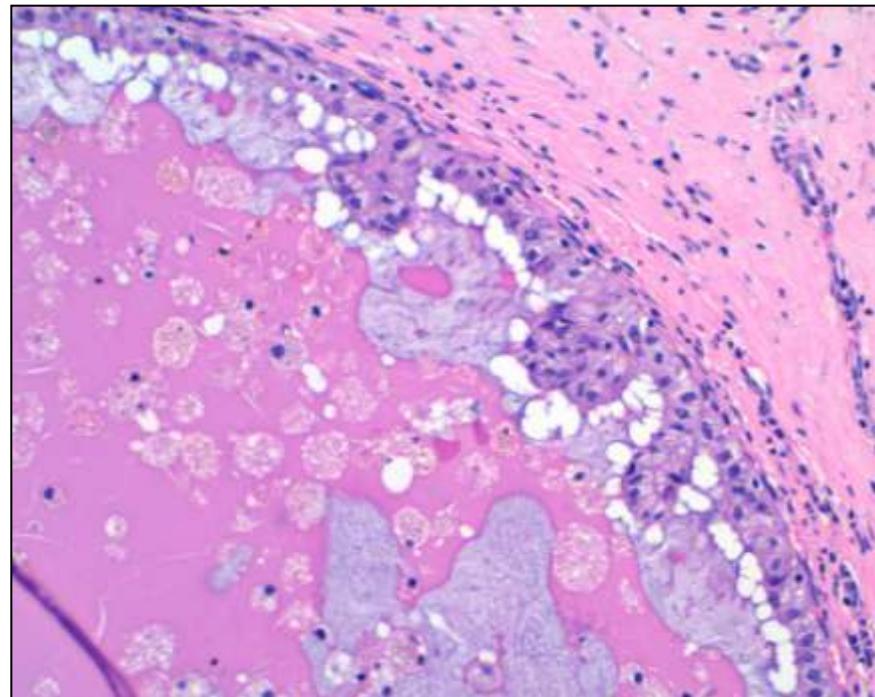
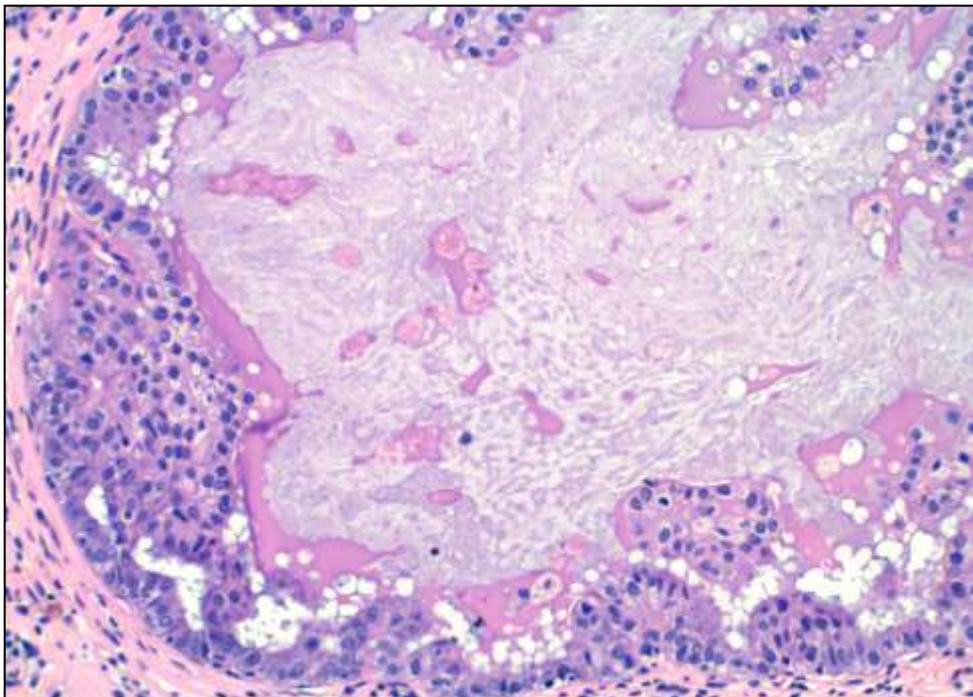


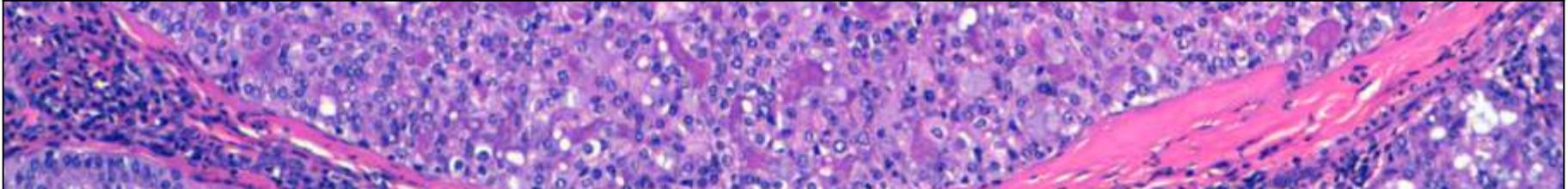
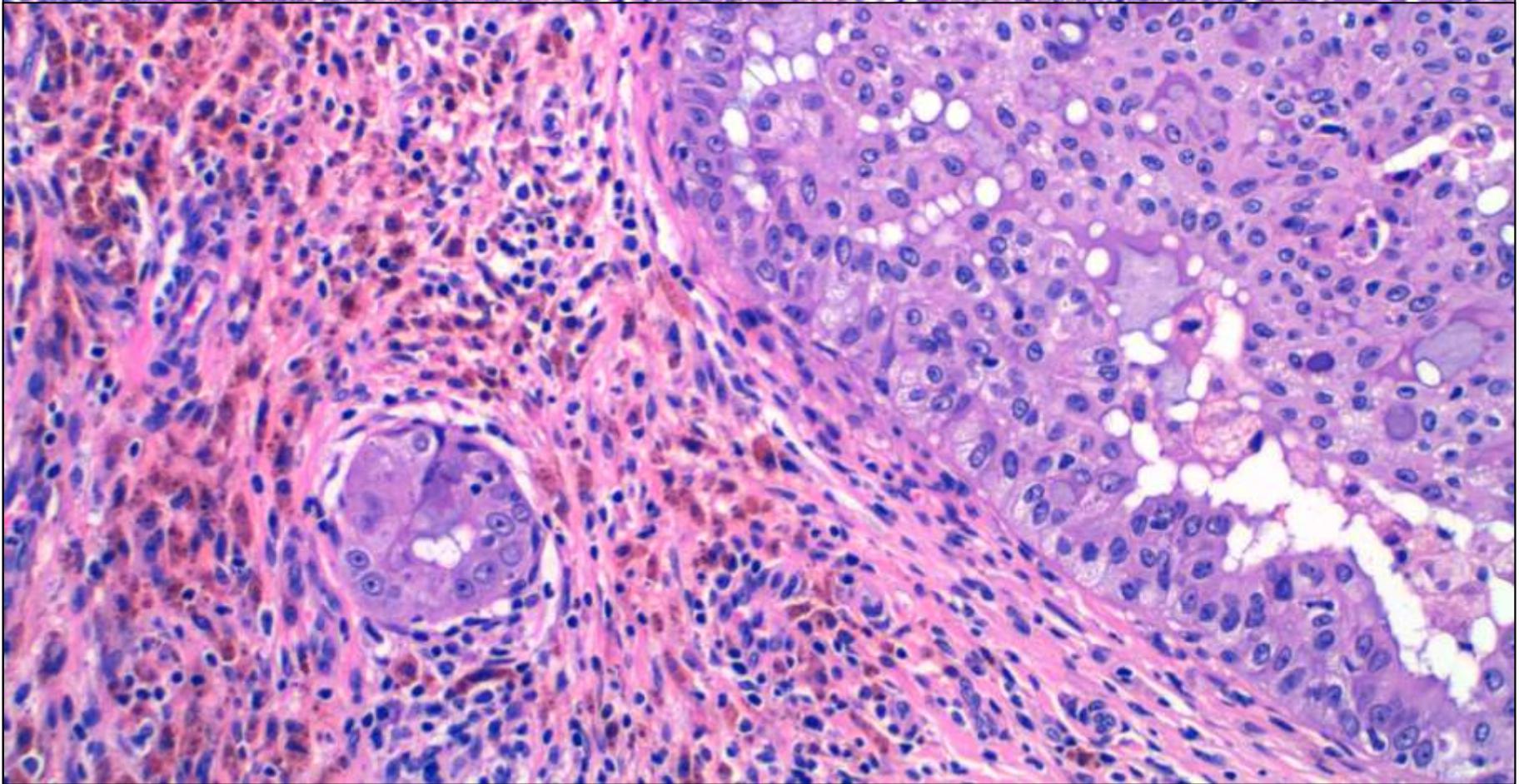
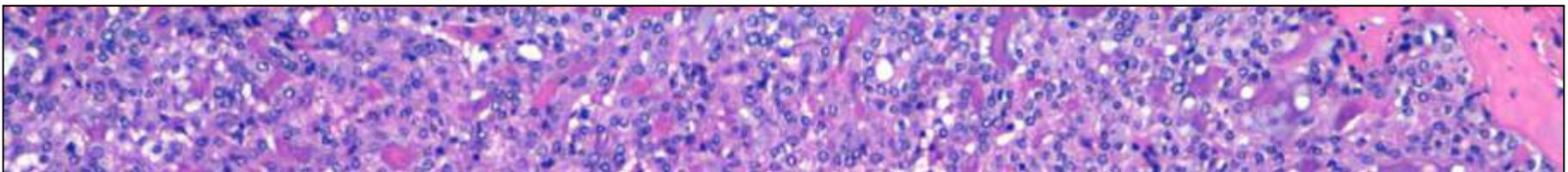


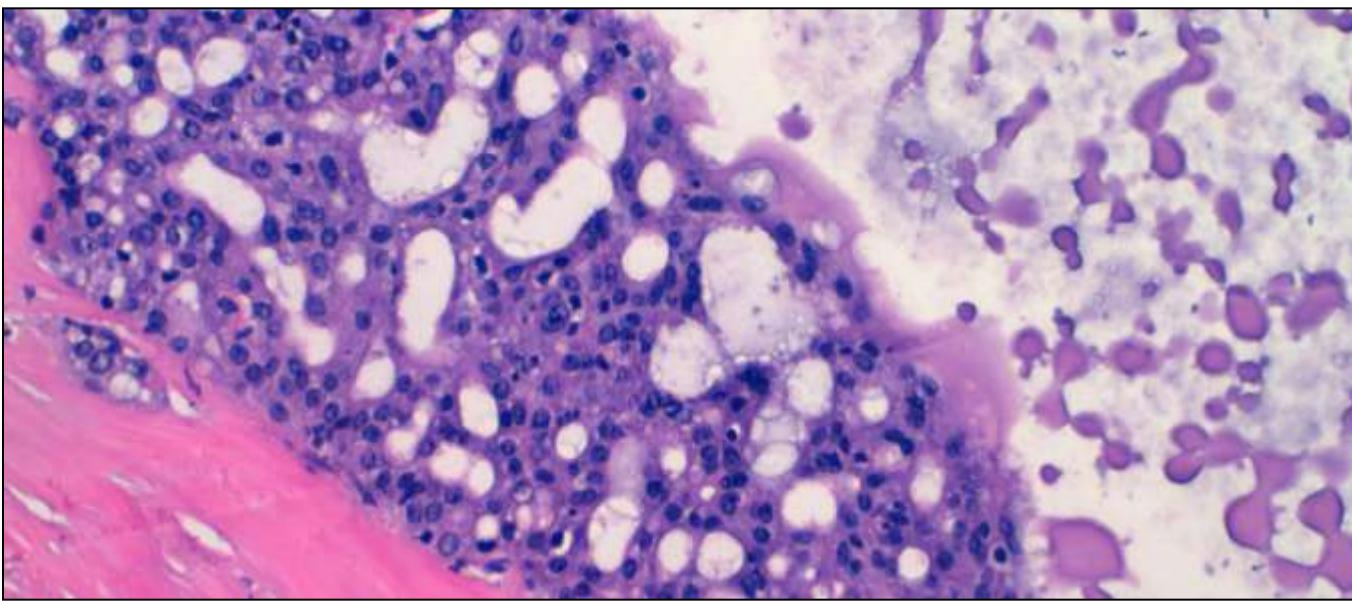
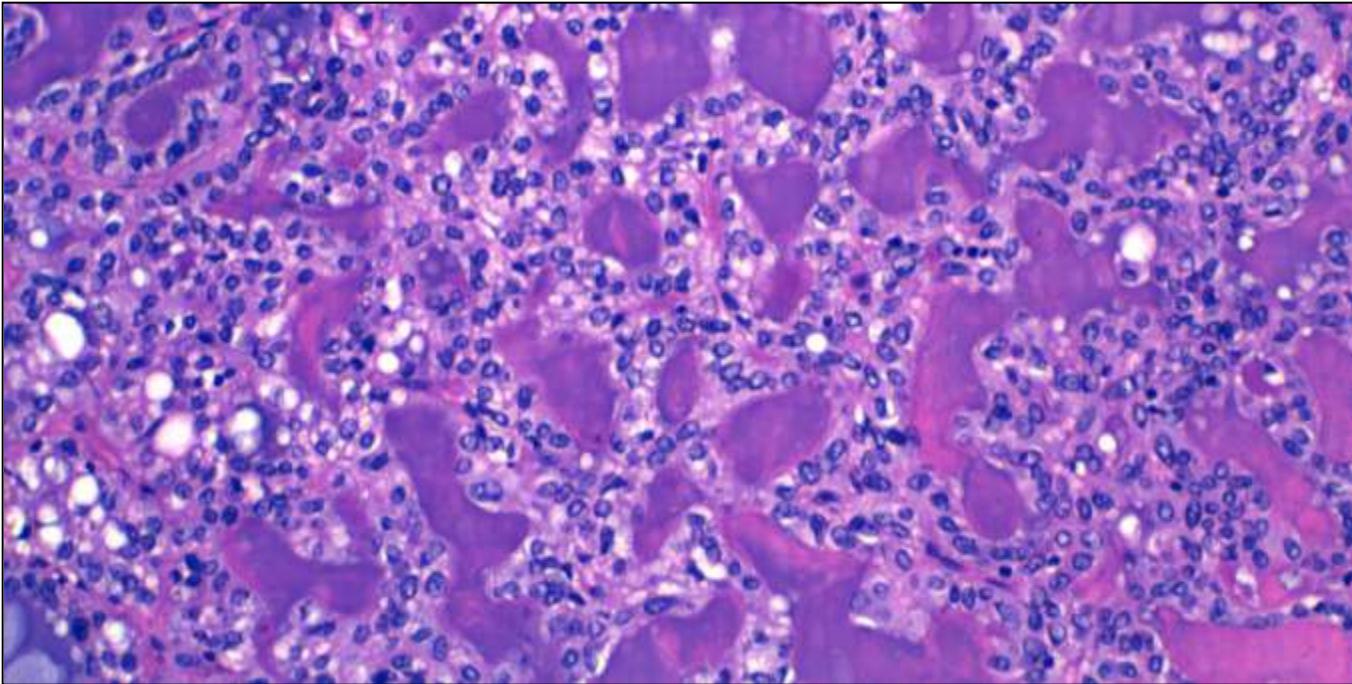


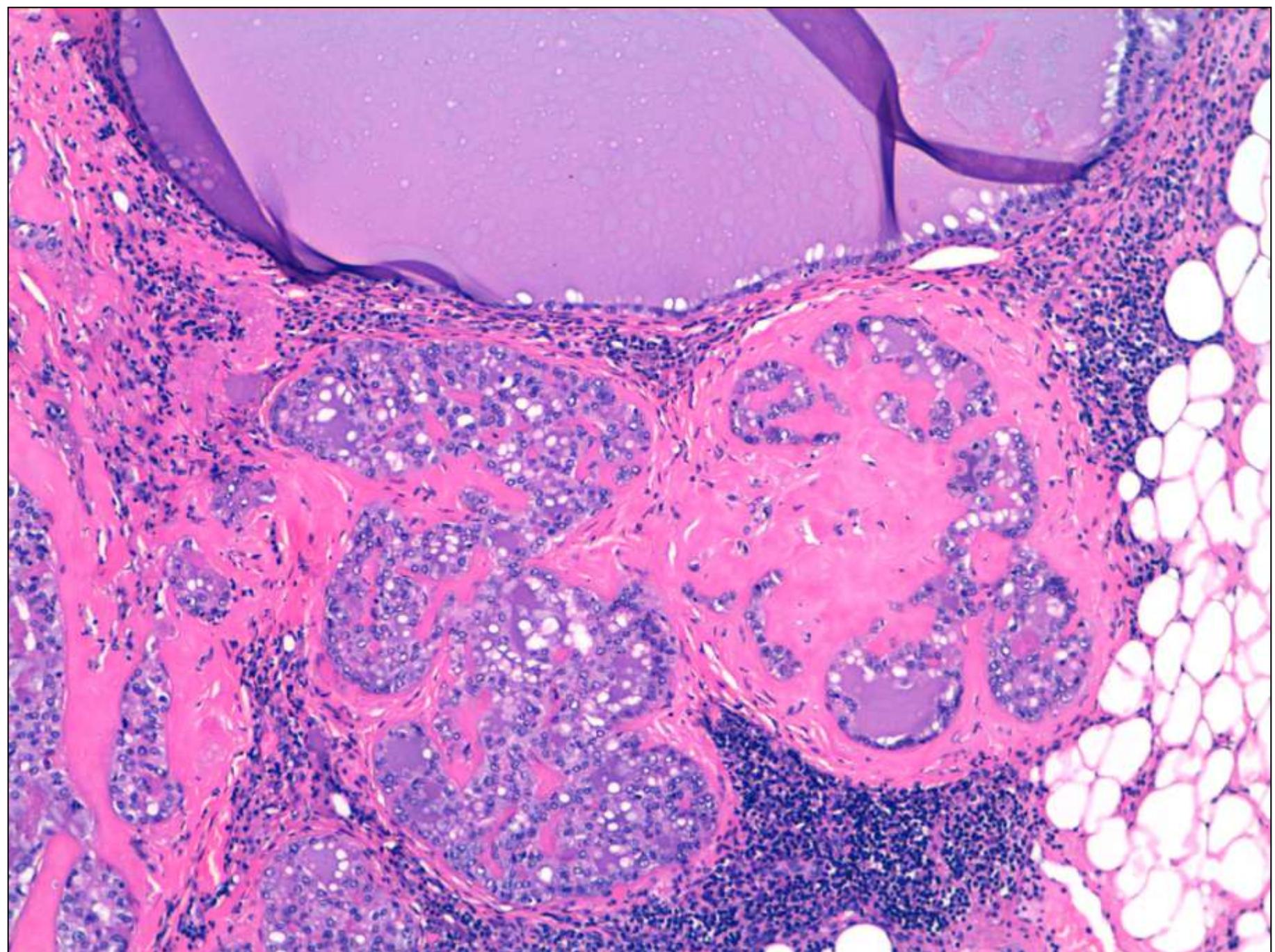


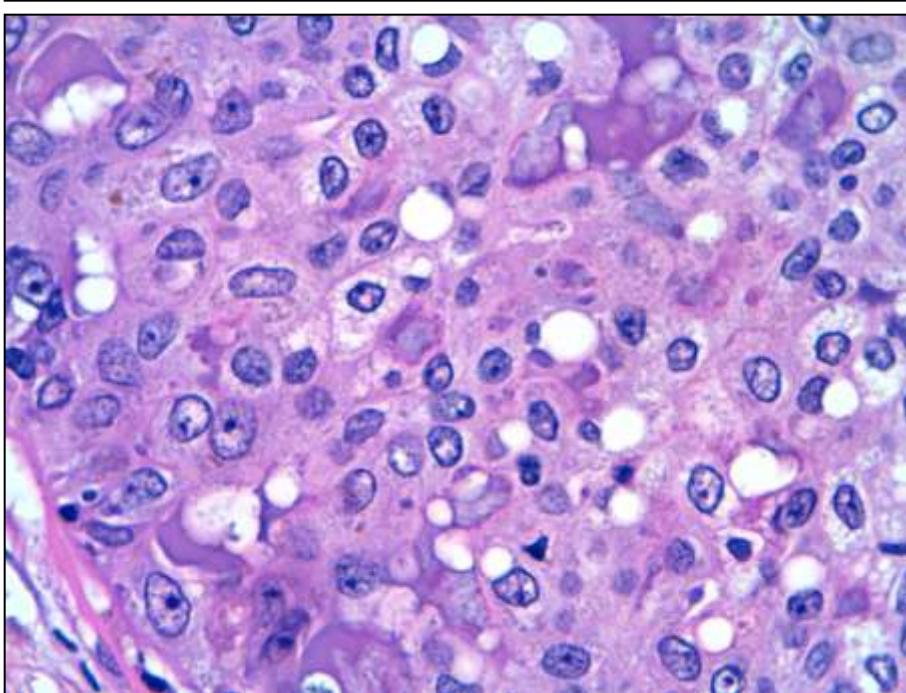
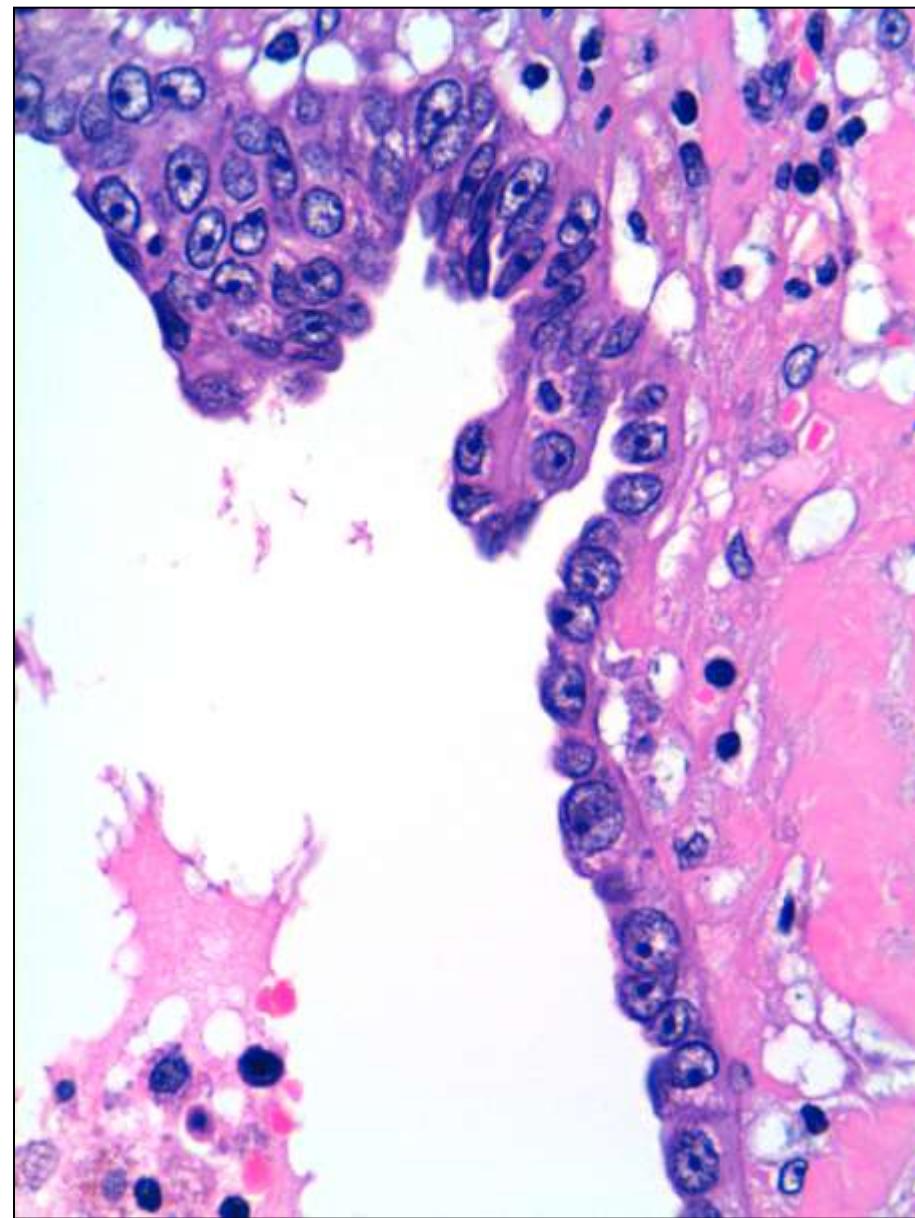
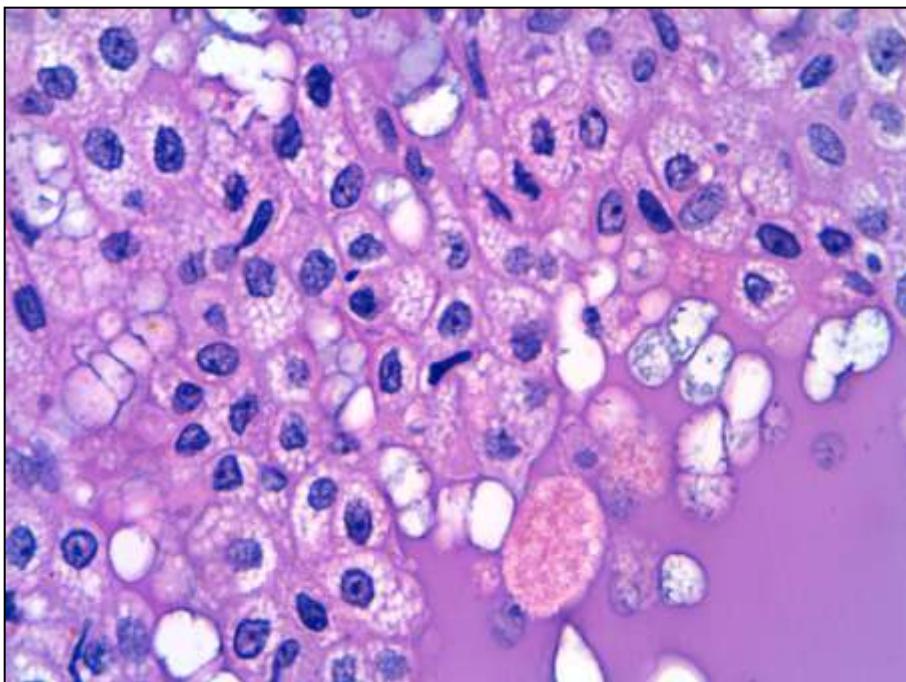


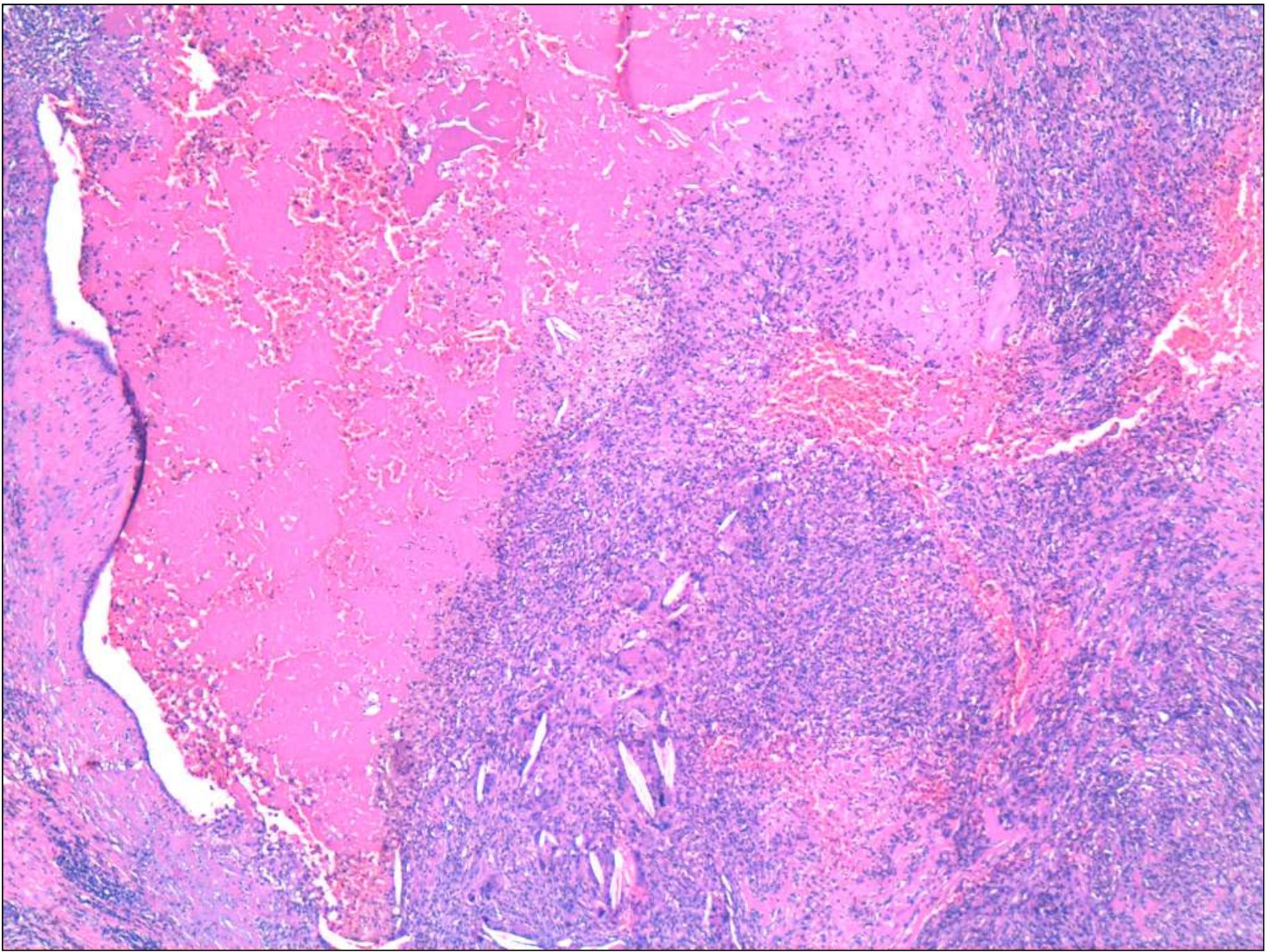


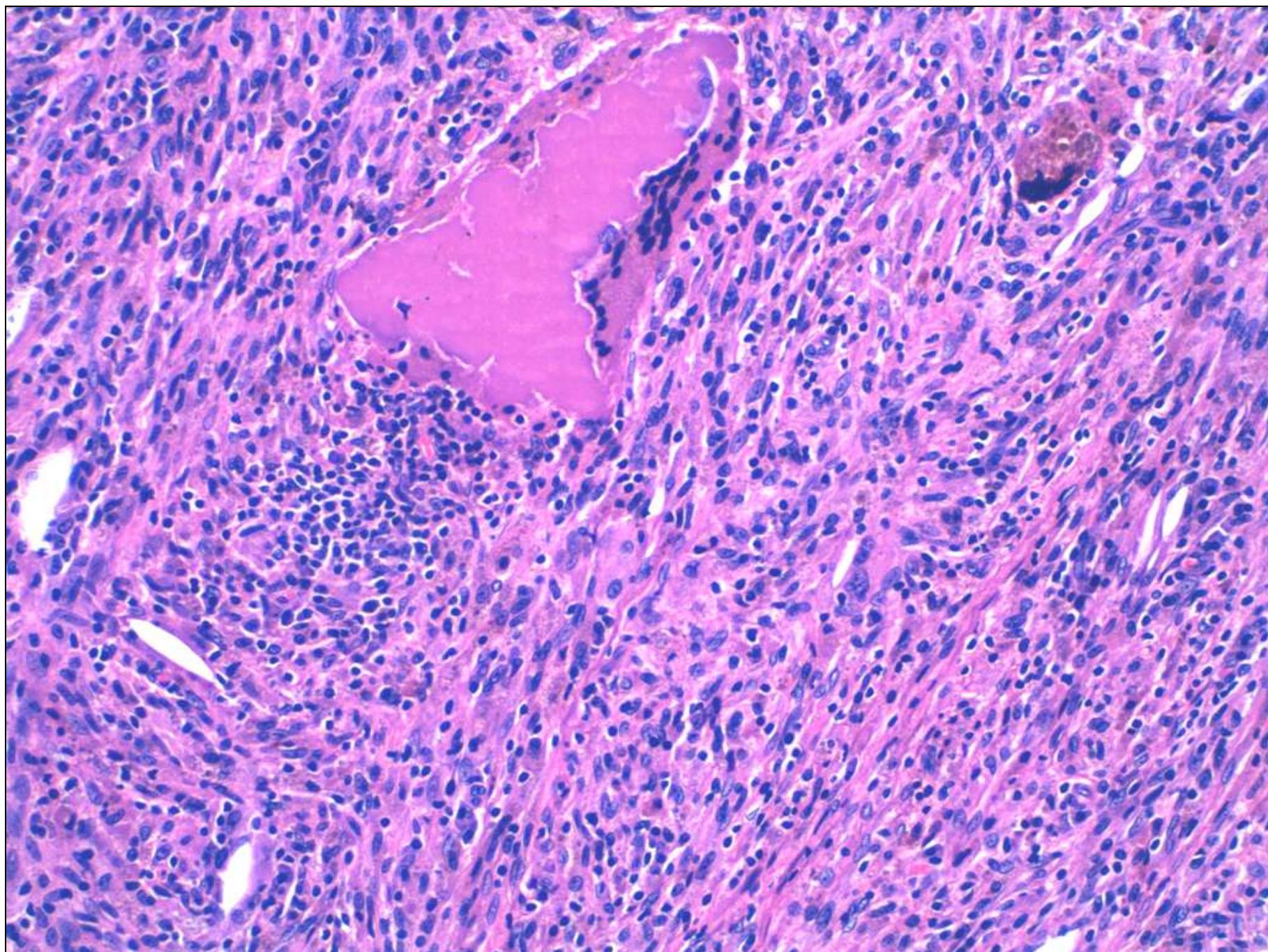


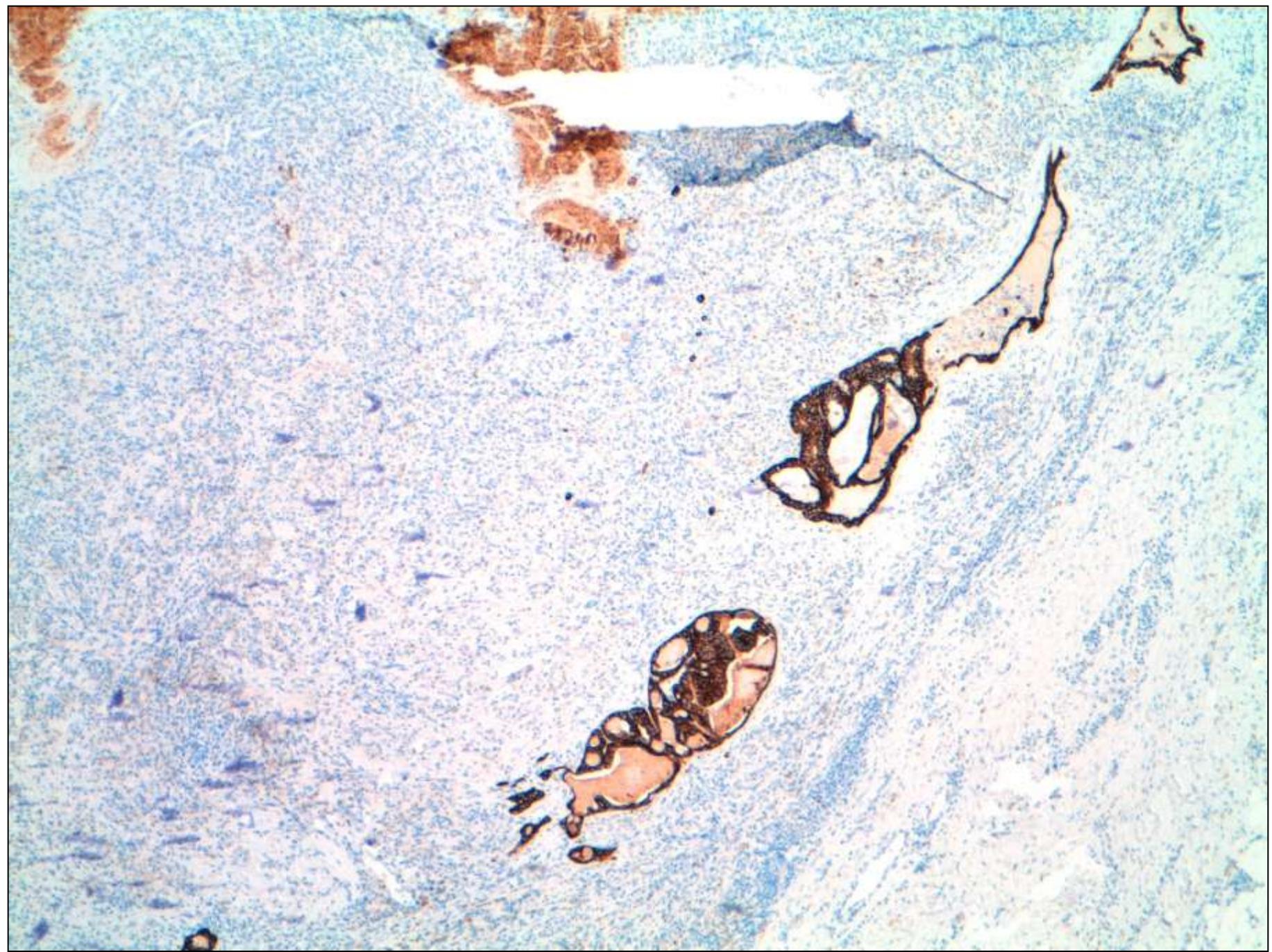












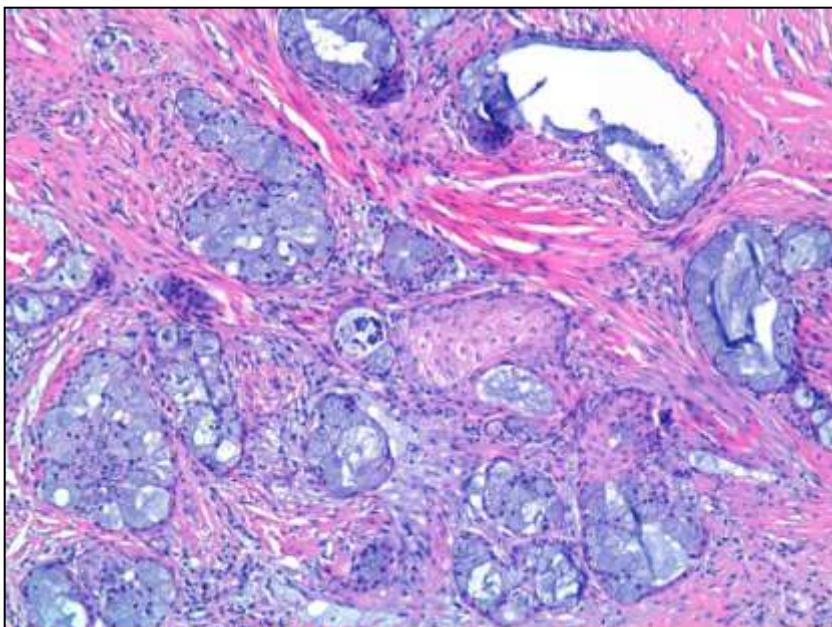
# *Diagnóstico diferencial.*

## *Patrón papilar - quístico*

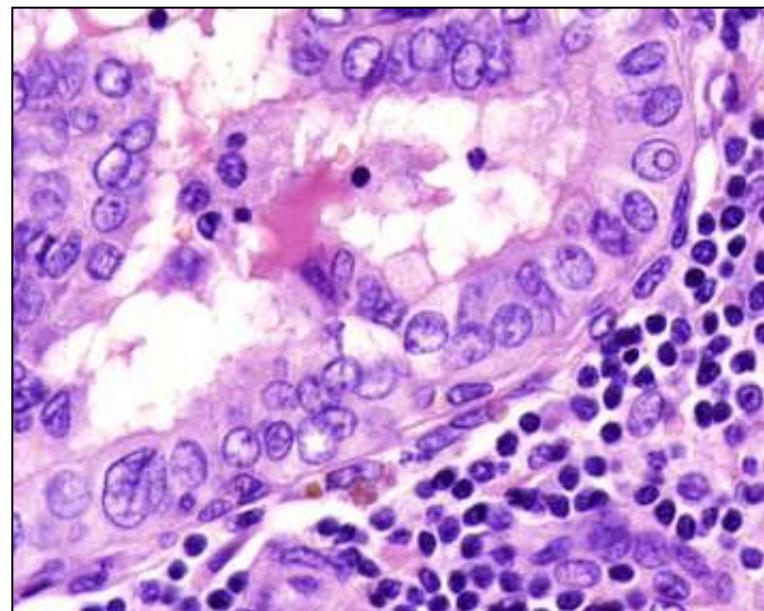
- Metástasis de carcinoma papilar de tiroides
- Carcinoma mucoepidermoide
- Adenocarcinoma polimorfo de bajo grado
- Cistadenoma
- Cistadenocarcinoma-Cistadenocarcinoma cribiforme de bajo grado
- Carcinoma acinar variante papilar quística

## *Diagnóstico diferencial.*

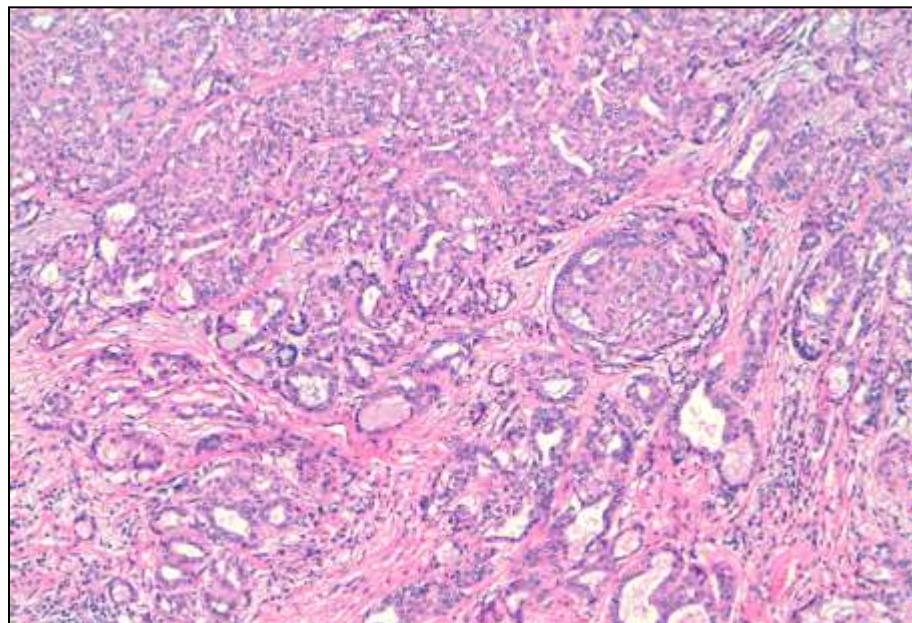
### *Patrón papilar - quístico*



Cáncer mucoepidermoide



Metastasis de tiroides

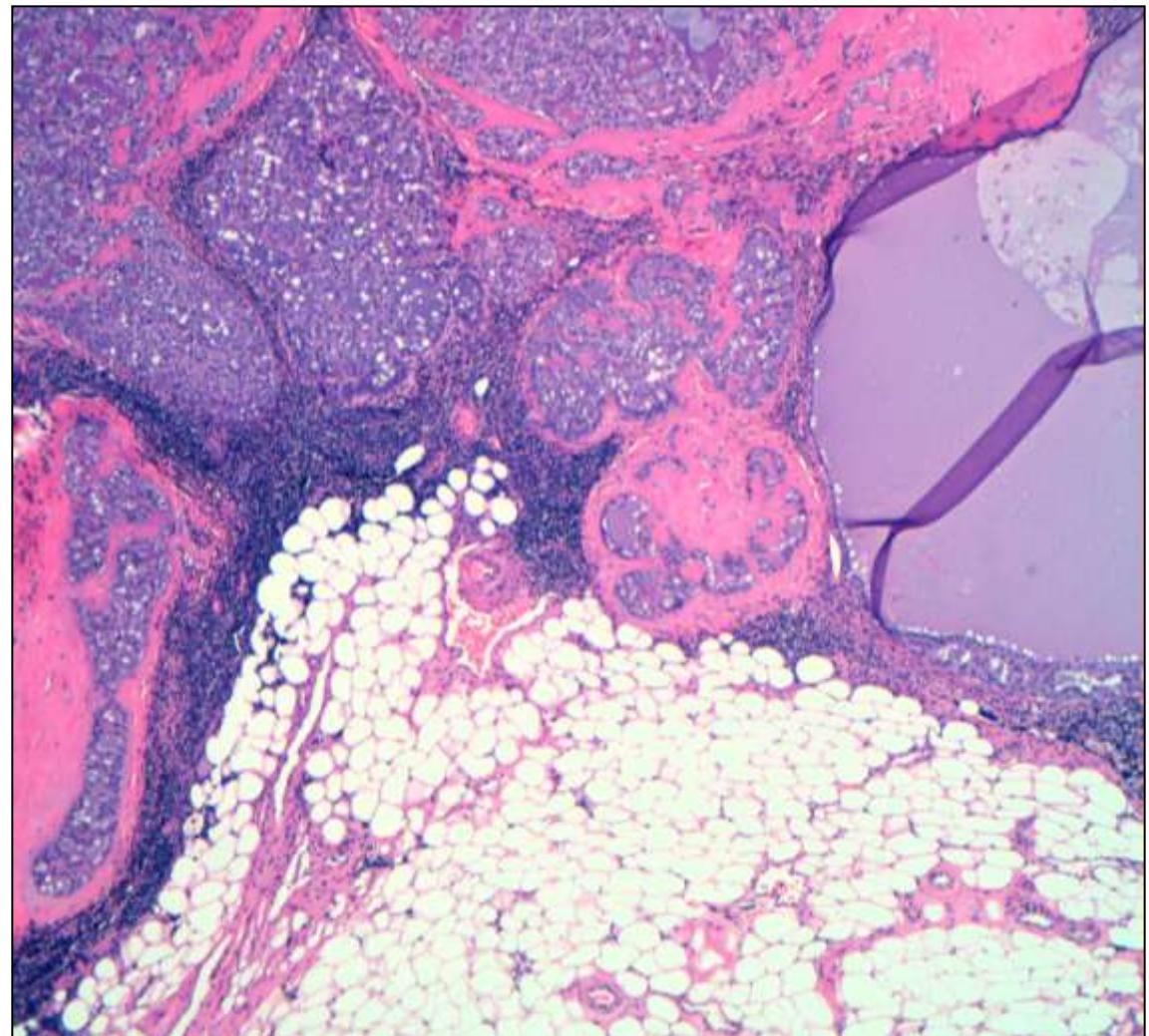


Adenocarcinoma polimorfo de bajo grado

# *Diagnóstico diferencial*

## CISTADENOMA:

Patrón infiltrativo (glándula parótida y tejidos blandos periglandulares)



# *Diagnóstico diferencial.*

## *Patrón papilar - quístico*

- Metástasis de carcinoma papilar de tiroides
- Carcinoma mucoepidermoide
- Adenocarcinoma polimorfo de bajo grado
- Cistadenoma
- Cistadenocarcinoma cribiforme de bajo grado- Carcinoma ductal de bajo grado
- Carcinoma acinar variante papilar quística

# *Diagnóstico diferencial.*

## **CARCINOMA DUCTAL SALIVAL DE BAJO GRADO-**

## **CARCINOMA ACINAR PAPILAR QUÍSTICO**

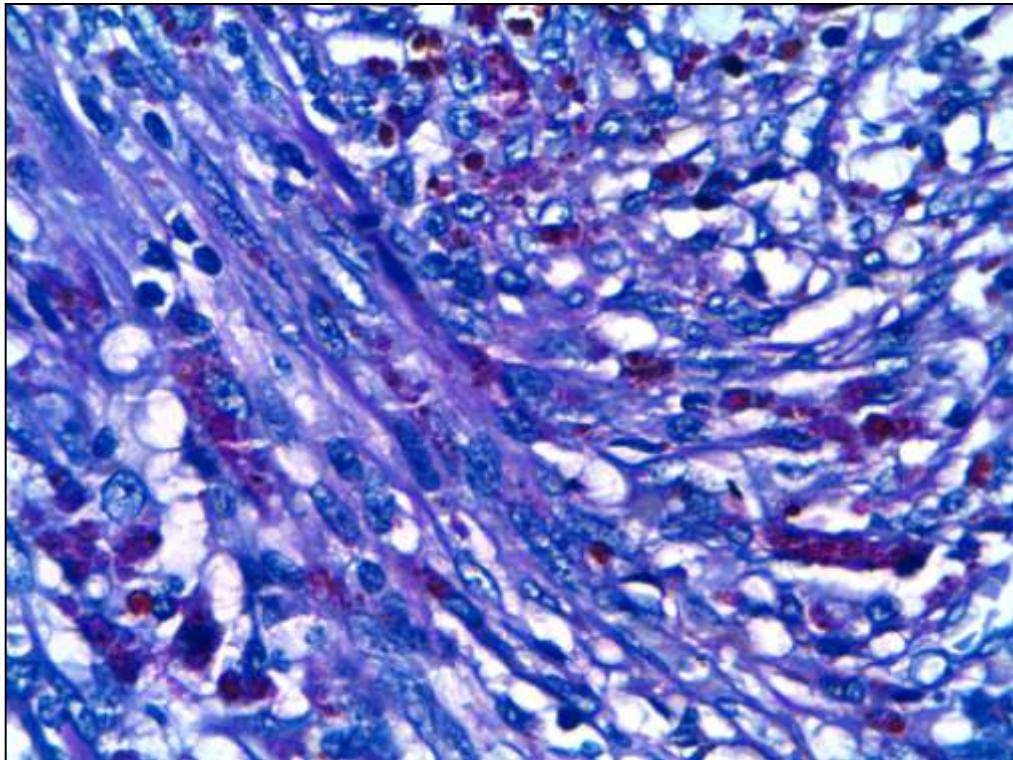
	<b>Carcinoma ductal de bajo grado/ Cistadenocarcinoma cribiforme</b>	<b>Carcinoma acinar papilar quístico</b>
Quistes	Si	Si
Papilas	Si	Si
Otros patrones	Cribiforme, sólido, intraductal	Folicular, microquístico
Calcificaciones	Si	Ocasionales
Citoplasma	Microvacuulado	Microvacuulado
PAS d	Negativo	Positivo
IHQ	S100+, marc mioepiteliales en perif	S100 -
ME	Diferenciación ductal (microvillus)	Gránulos de zimógeno

# *Diagnóstico diferencial.*

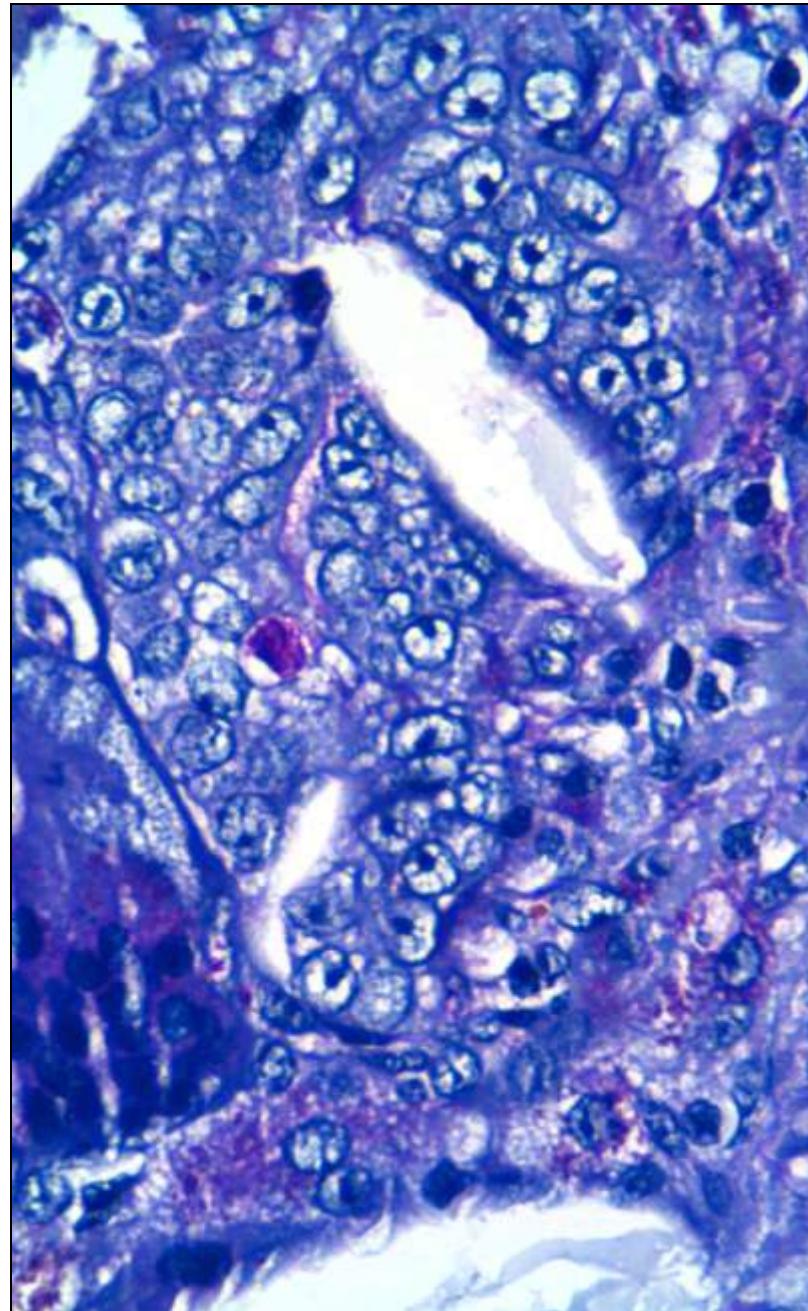
## **CARCINOMA DUCTAL SALIVAL DE BAJO GRADO-**

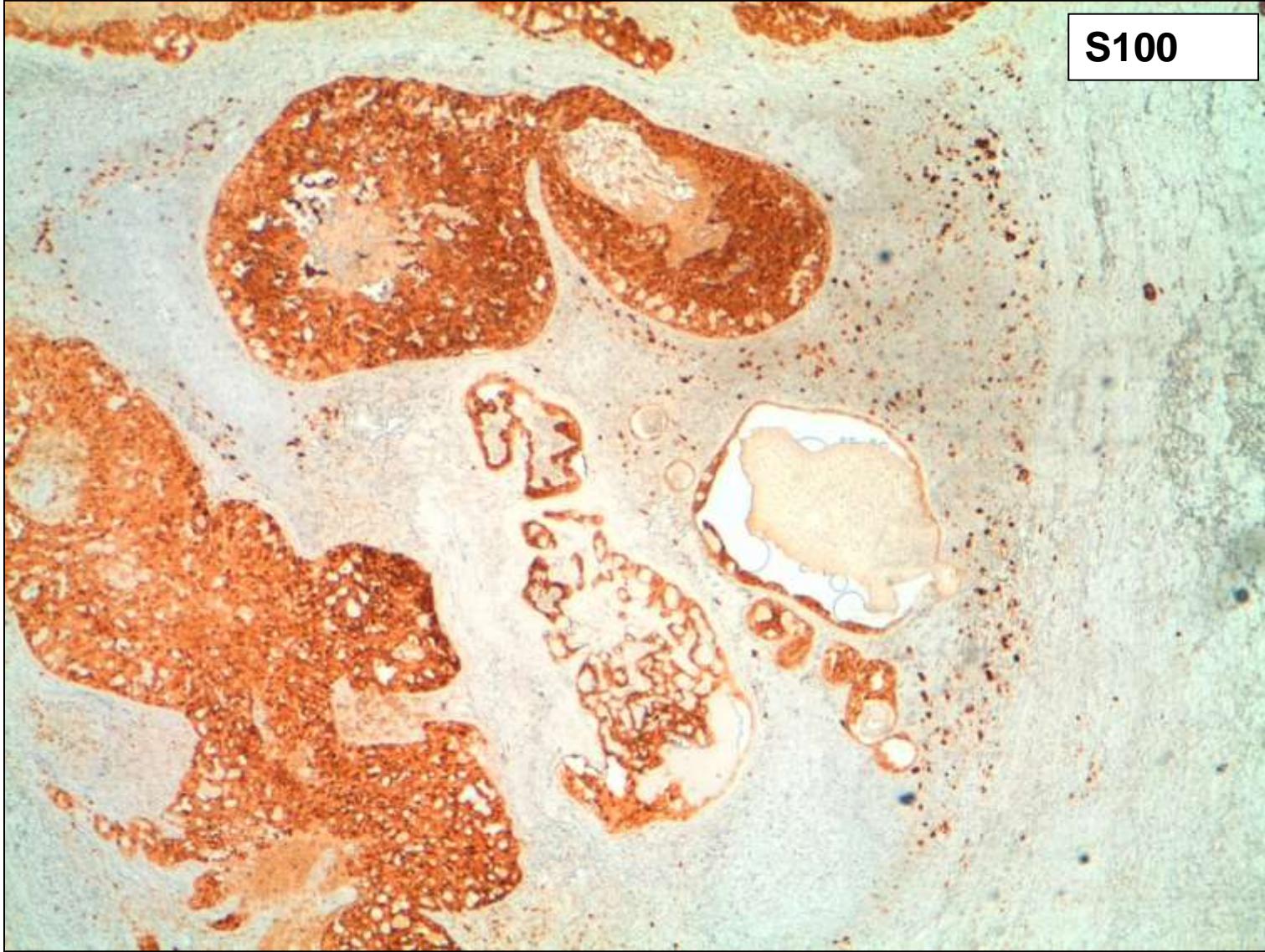
## **CARCINOMA ACINAR PAPILAR QUÍSTICO**

	<b>Carcinoma ductal de bajo grado</b>	<b>Carcinoma acinar papilar quístico</b>
Quistes	Si	Si
Papilas	Si	Si
Otros patrones	Cribiforme, sólido, intraductal	Folicular, microquístico
Calcificaciones	Si	Ocasionales
Citoplasma	Microvacuulado	Microvacuulado
PAS d	Negativo	Positivo
IHQ	S100+, marc mioepiteliales en perif	S100 -
ME	Diferenciación ductal (microvillis)	Gránulos de zimógeno



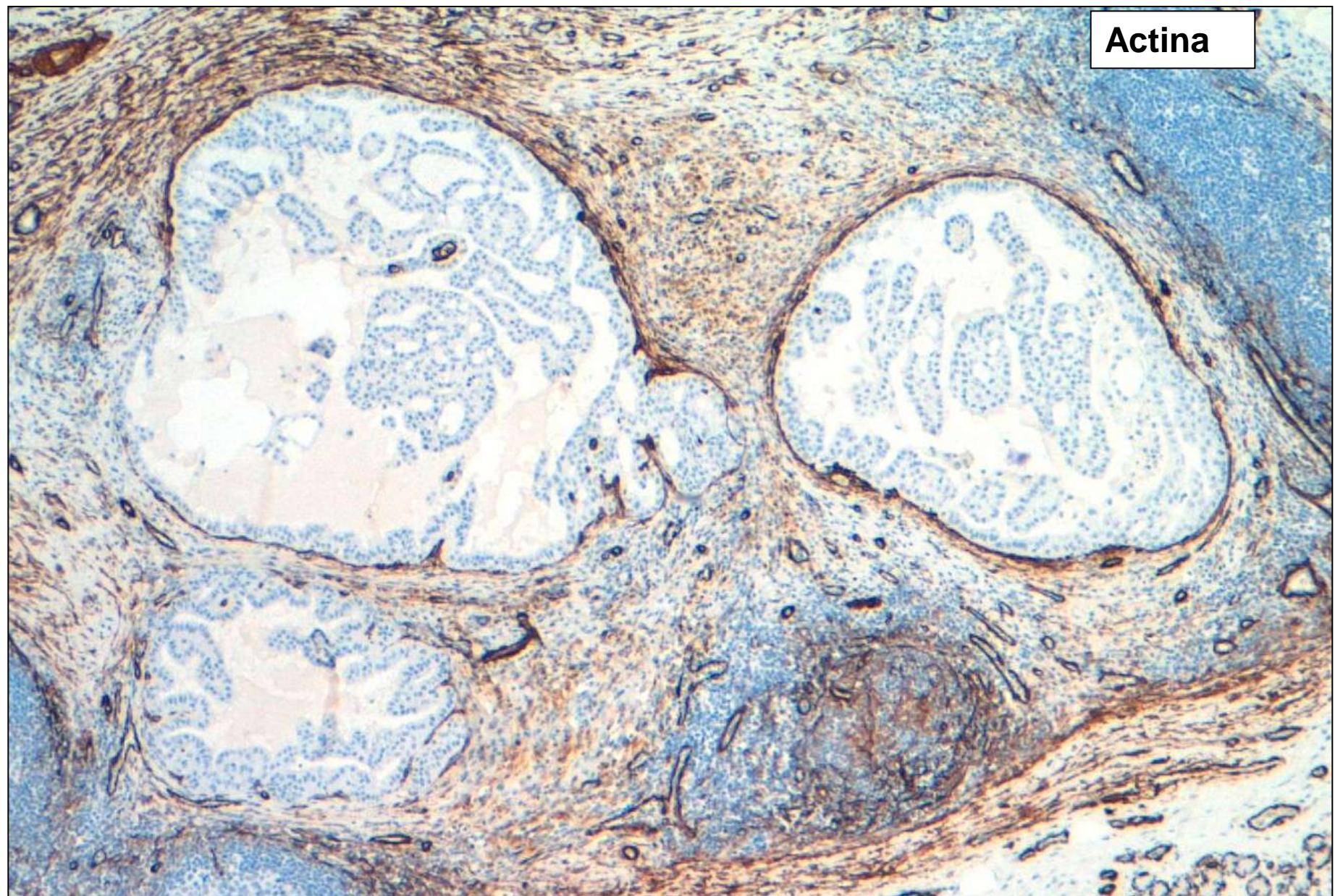
PAS  
PAS d

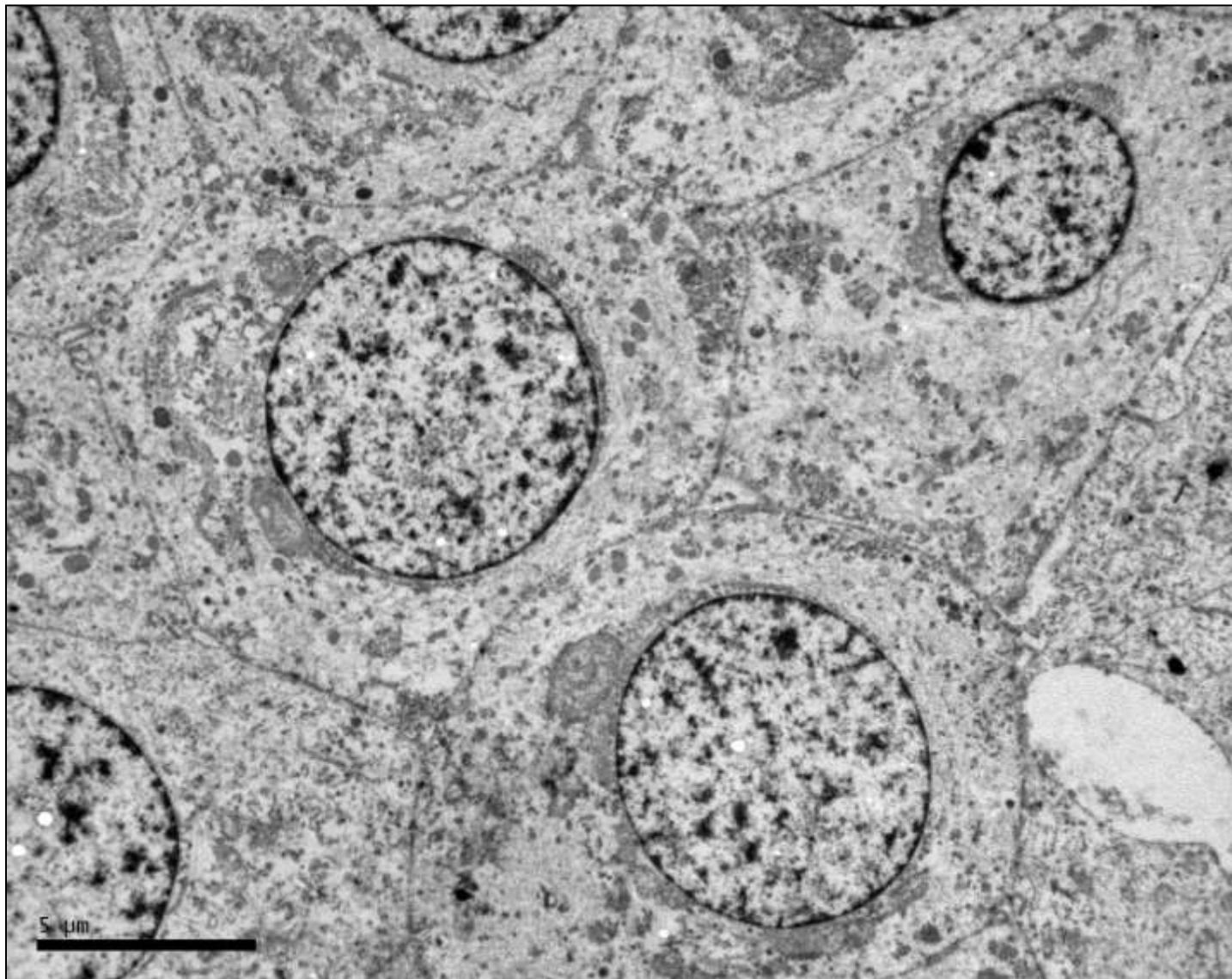


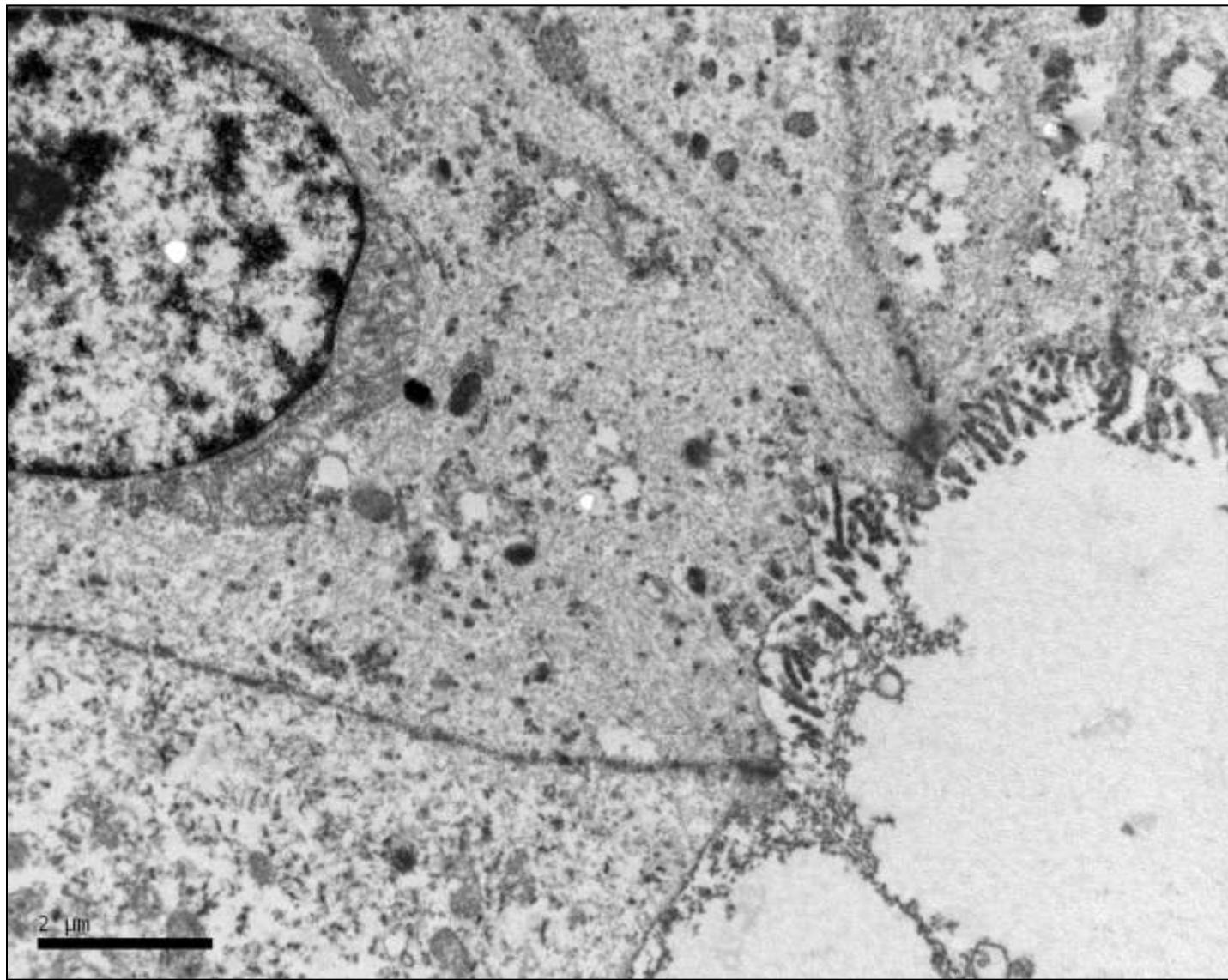


S100

**Actina**







DIAGNÓSTICO:

- CISTADENOCARCINOMA CRIBIFORME DE BAJO GRADO-CARCINOMA DUCTAL DE GLÁNDULA SALIVAL DE BAJO GRADO.
- PRESENCIA DE EXTENSA REACCIÓN FIBROINFLAMATORIA (ruptura quistes- punciones previas)

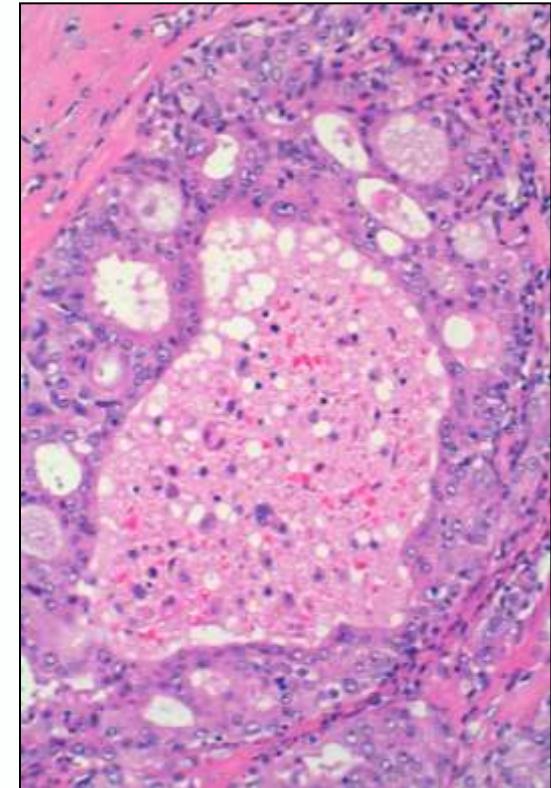
## CARCINOMA DUCTAL DE GLÁNDULA SALIVAL

Adenocarcinoma **alto grado**

Infiltrativo

Similar carcinoma ductal de alto grado de la mama

Neoplasia más agresiva de la gl salival



## CARCINOMA DUCTAL DE GLÁNDULA SALIVAL DE BAJO GRADO

*'Low grade salivary duct carcinoma'*. A distinctive variant with a low grade histology and a predominant intraductal growth pattern.

Delgado R, Klimstra D, Albores-Saavedra J. Cancer 1996; 958-67.

TABLE 2  
Clinicopathologic Findings in Ten Patients with Low Grade Salivary Duct Carcinoma

Case #	Age (yrs)/sex	Location	Size	Original diagnosis	Treatment	Follow-up
1	58/M	Parotid (superficial lobe)	1 cm	Low-grade papillocystic adenocarcinoma	Superficial parotidectomy	—
2	62/F	Parotid	0.7 cm	Papillocystic carcinoma	Parotidectomy	—
3	32/F	Right parotid (superficial lobe)	1.1 cm	Acinic cell carcinoma; positive margins	Parotidectomy, radiotherapy	NED at 12 yrs
4	63/M	Right parotid (superficial lobe)	1.3 cm	Acinic cell carcinoma	Parotidectomy	NED at 11 yrs
5	74/M	Left parotid	1.8 cm	Acinic cell carcinoma	Parotidectomy	NED at 6 yrs
6	56/F	Right parotid	1 cm	Acinic cell carcinoma	Parotidectomy	NED at 2 yrs
7	42/M	Left parotid (superficial lobe)	1.2 cm	LG-SDC	Parotidectomy	NED at 2 yrs
8	69/F	Right parotid (infraparotid lymph node)	4 cm	LG-SDC	Parotidectomy	NED at 2 yrs
9	69/M	Left parotid	0.9 cm	LG-SDC	Parotidectomy	—
10	52/F	Right parotid (deep lobe)	0.8 cm	LG-SDC with focal invasion; positive margins	Parotidectomy, radiotherapy	NED at 9 mos

NED: no evidence of disease; LG-SDC: low grade salivary duct carcinoma

S100 +

‘Low grade salivary duct carcinoma’. A distinctive variant with a low grade histology and a predominant intraductal growth pattern.

Delgado R, Klimstra D, Albores-Saavedra J. Cancer 1996; 958-67.

## Espectro de neoplasias de ducto glándula salival

LG SDC (bajo grado)

HG SDC (alto grado)

Curso favorable

Curso agresivo

Carcinoma ductal de bajo grado

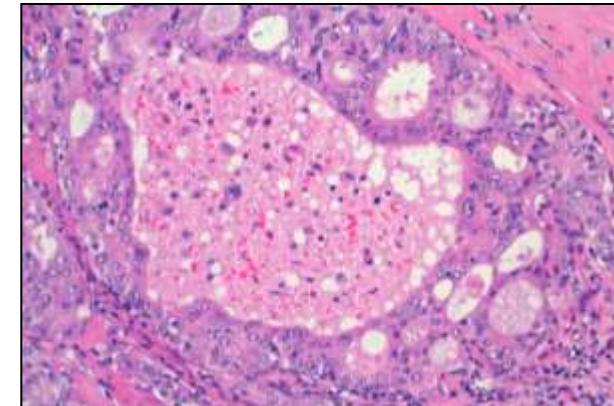
Carcinoma ductal de gl salival

Lesión **intraductal**

**Invasivo**

(*hiperplasia ductal atípica de la mama*)

(*carcinoma ductal de mama de alto grado, infiltr e invas*)



# Low-Grade Salivary Duct Carcinoma

## Description of 16 Cases

Margaret Brandwein-Gensler, MD,\* Jos Hille, DDS, MDent, FCPATH (SA), \* Beverly Y. Wang, MD, \*

Mark Urken, MD,\* Ronald Gordon, PhD,\* Li Juan Wang, MD, PhD, †

James R.M. Simpson, MB, MRCPATH,‡ Roderick H.W. Simpson, MB CHB, FRCPATH,§  
and Douglas R. Gnepp, MD†

Am J Surg Pathol • Volume 28, Number 8, August 2004

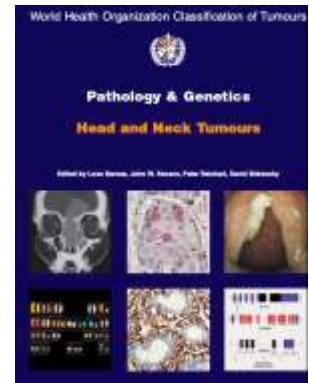
	High-Grade Salivary Duct Carcinoma	Low Grade Salivary Duct Carcinoma
Architecture	Cribiforming, with round "stiff" spaces, solid, papillary with psammoma bodies	Pseudocribiform spaces with "floppy" or fenestrated slit-like, solid intraductal sheets of cells, or intraductal papillae with fibrovascular cores
Necrosis	Yes	Rare
Calicification	Yes	Yes
Mitosis	Frequent	Rare
Cellular composition	Monomorphic, epithelioid, squamoid, oncocyoid	Heterogeneous ductal, apocrine, vacuolated; myoepithelial cells at periphery
Nuclei	Moderate to high grade, round to oval	Oval, low-grade, condensed chromatin
Cytoplasm	Powdery to bright eosinophilic, usually abundant	Pale to bright eosinophilic

# CISTADENOCARCINOMA CRIBIFORME DE BAJO GRADO

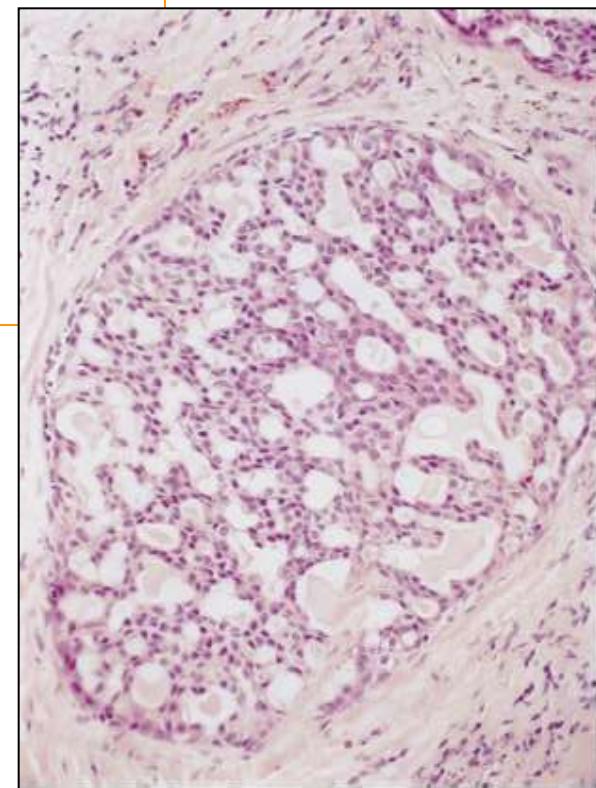
# CISTADENOCARCINOMA CRIBIFORME DE BAJO GRADO

## *Carcinoma ductal de bajo grado*

- Neoplasia rara (pocos casos descritos)
- Descrita principalmente en la glándula parótida
- Similar a la hiperplasia florida de mama-carcinoma intraductal de mama (papilar y cribiforme)
- Puede existir invasión del estroma focalmente
- IHQ característica:
  - S100 +
  - marcadores mioepiteliales en la periferia de los nidos
  - Receptores androgénos y cerb2 -
- Buen pronóstico, sin recurrencias



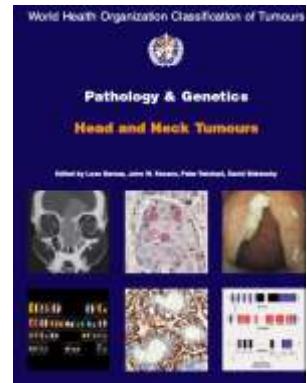
M.S. Brandwein-Gensler  
D.R. Gnepp



# CISTADENOCARCINOMA CRIBIFORME DE BAJO GRADO

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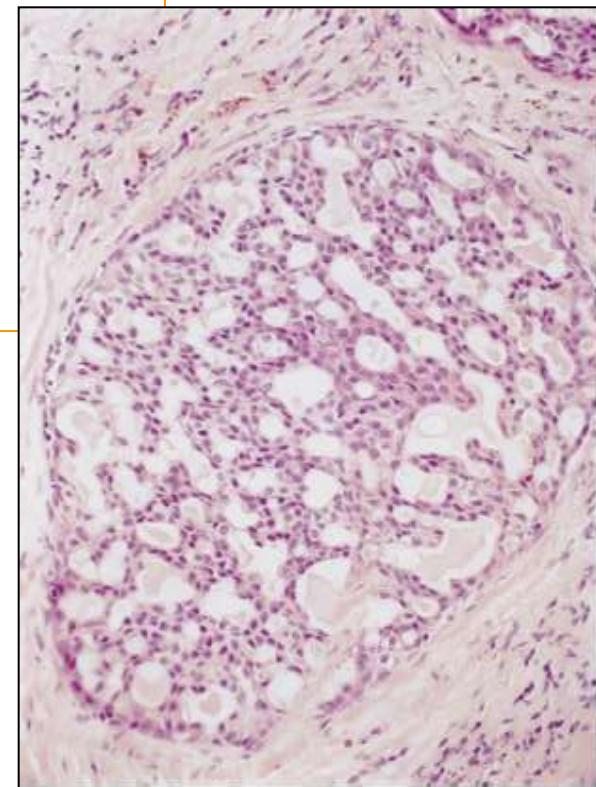


M.S. Brandwein-Gensler  
D.R. Gnepp

***El cistadenocarcinoma:***

***S100 –***

***marcadores mioepiteliales***



REVIEW

## Advances in salivary gland pathology

W Cheuk & J K C Chan

Department of Pathology, Queen Elizabeth Hospital, Hong Kong

Cheuk W & Chan J K C

(2007) *Histopathology* 51, 1–20

Advances in salivary gland pathology

Strictly defined by the presence of an intact myoepithelial layer around all tumour islands, intraductal carcinoma of the salivary gland represents a tumour of low malignant potential, with behaviour similar to that of the mammary counterpart.<sup>69</sup> This tumour has often been reported in the literature under the designation 'low-grade salivary duct carcinoma'.<sup>70,71</sup> In fact, most cases of 'low-grade salivary duct carcinoma' are either pure intraductal carcinoma or intraductal carcinoma with microinvasion. The term 'intraductal carcinoma' is more appropriate than 'low-grade salivary duct carcinoma', because it emphasizes the fundamental nature of the tumour and avoids potential confusion with the vastly more aggressive salivary duct carcinoma. The term 'low-grade cribriform cystadenocarcinoma' adopted in the new WHO classification introduces more confusion<sup>72</sup> and we do not recommend adoption of this terminology, a view also shared by Weinreb *et al.*<sup>52,73</sup> Whether intraductal carcinoma represents the precursor of conventional salivary duct carcinoma or is biologically a separate entity remains to be clarified.

## Low-grade Intraductal Carcinoma of Salivary Gland Report of 3 Cases With Marked Apocrine Differentiation

Ilan Weinreb, MD,\*† Rosa Tabanda-Lichauco, MD,‡ Theodorus Van der Kwast, MD,§ and Bayardo Perez-Ordoñez, MD, FRCPC\*†

- CISTADENOCARCINOMA CRIBIFORME DE BAJO GRADO-CARCINOMA DUCTAL DE BAJO GRADO.
- Carcinoma intraductal de glándula salival
- Relación-precursor de carcinoma ductal de glándula salival?
- Se necesitan series amplias para caracterizar y definir el espectro de lesiones ductales (actualmente la terminología es confusa)



Se necesitan series de casos amplias

caracterizar

Aclarar terminología confusa de las proliferaciones ductales

Definir claramente criterios diagnósticos.

Cistadenocarcinoma cribiforme de bajo grado, LG-SDC (OMS)

*(Carcinoma intraductal de bajo grado)*

Carcinoma ductal de glándula salival, HG-SDC

Carcinoma intraductal de alto grado

Histological alterations following thyroid fine needle biopsy: a systematic review. *Diagn Cytopathol* 2009; 37:455-465.

Worrisome Histologic Alterations Following Fine-Needle Aspiration of the parathyroid. *J Clin Pathol* 2006; 59: 1094-96.

Worrisome Histologic Alterations Following Fine-Needle Aspiration of benign parotid lesions. *Arch Pathol Lab Med* 2000; 87-91.

## Worrisome Histologic Alterations Following Fine-Needle Aspiration, WHAFF

- *Necrosis*
- *Fibrosis*
- *Hemorragia*
- *Cristales de colesterol*

# *Diagnóstico diferencial.*

## **CISTADENOCARCINOMA CRIBIFORME DE BAJO GRADO**

### **CARCINOMA ACINAR VARIANTE PAPILAR QUÍSTICA**

	<b>Low Grade Salivary Duct Carcinoma</b>	<b>Papillocystic Acinic Cell Carcinoma</b>
Architecture	Pseudocribiform spaces with “floppy” or fenestrated slit-like, solid intraductal sheets of cells, or intraductal papillae with fibrovascular cores	Cystic, with fine papillae also follicular and microcystic
Necrosis	Rare	No
Calicification	Yes	Occasional
Mitosis	Rare	Variable
Cellular composition	Heterogeneous ductal, apocrine, vacuolated; myoepithelial cells at periphery	Heterogeneous serous, intercalated ductal, oncocyteoid, myoepithelial
Nuclei	Oval, low-grade, condensed chromatin	Peripheral, condensed chromatin, low to moderate grade
Cytoplasm	Pale to bright eosinophilic	“Bubbly,” variable from basophilic to clear to eosinophilic
	S100 + ductal (microvilli)	S100 – zimogen granules

# *Diagnóstico diferencial.*

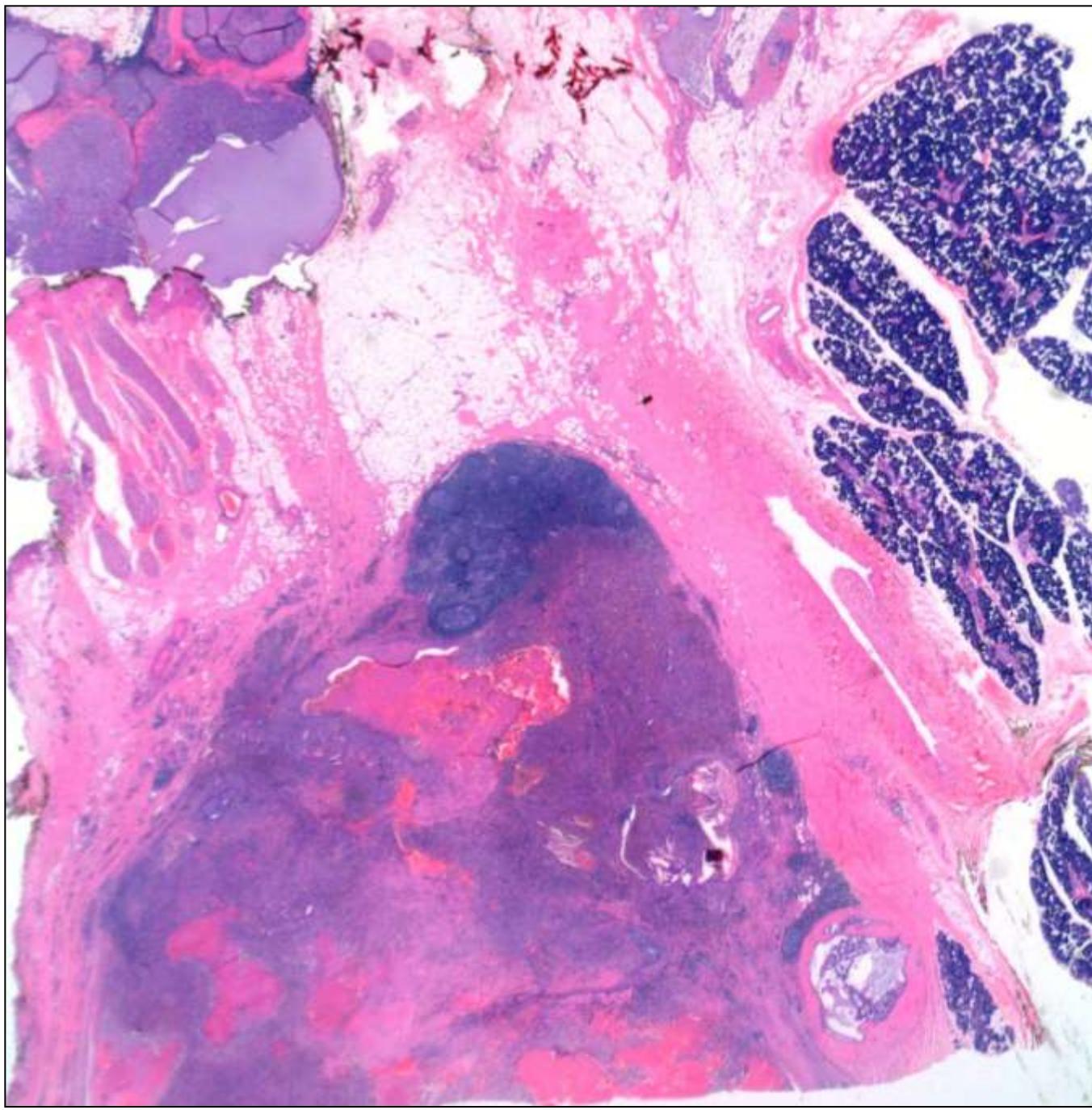
## **CISTADENOCARCINOMA CRIBIFORME DE BAJO GRADO**

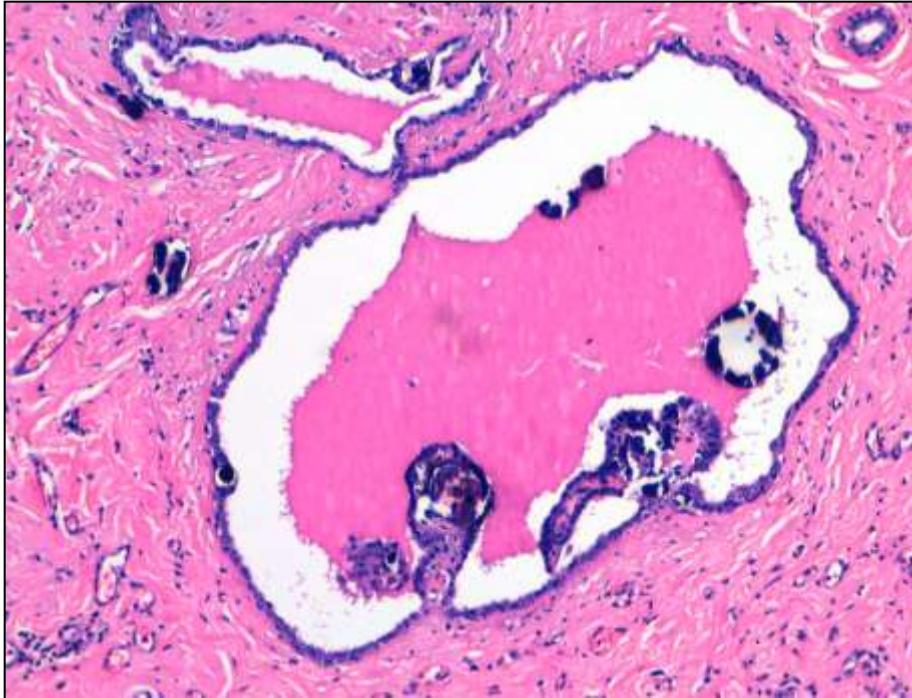
### **CARCINOMA ACINAR VARIANTE PAPILAR QUÍSTICA**

	<b>Low Grade Salivary Duct Carcinoma</b>	<b>Papillocystic Acinic Cell Carcinoma</b>
Architecture	Pseudocribiform spaces with “floppy” or fenestrated slit-like, solid intraductal sheets of cells, or intraductal papillae with fibrovascular cores	Cystic, with fine papillae also follicular and microcystic
Necrosis	Rare	No
Calicification	Yes	Occasional
Mitosis	Rare	Variable
Cellular composition	Heterogeneous ductal, apocrine, vacuolated; myoepithelial cells at periphery	Heterogeneous serous, intercalated ductal, oncocyteoid, myoepithelial
Nuclei	Oval, low-grade, condensed chromatin	Peripheral, condensed chromatin, low to moderate grade
Cytoplasm	Pale to bright eosinophilic	“Bubbly,” variable from basophilic to clear to eosinophilic
	S100 + ductal (microvilli)	S100 – zimogen granules

**TABLE 2.** Distinctions Between High-Grade Salivary Duct Carcinoma, Low-Grade Salivary Duct Carcinoma, and Papillary Acinic Cell Carcinoma

	High-Grade Salivary Duct Carcinoma	Low Grade Salivary Duct Carcinoma	Papillary Acinic Cell Carcinoma
Architecture	Cribiforming, with round "stiff" spaces, solid, papillary with psammoma bodies	Pseudocribiform spaces with "floppy" or fenestrated slit-like, solid intraductal sheets of cells, or intraductal papillae with fibrovascular cores	Cystic, with fine papillae also follicular and microcystic
Necrosis	Yes	Rare	No
Calicification	Yes	Yes	Occasional
Mitosis	Frequent	Rare	Variable
Cellular composition	Monomorphic, epithelioid, squamoid, oncocyteoid	Heterogeneous ductal, apocrine, vacuolated; myoepithelial cells at periphery	Heterogeneous serous, intercalated ductal, oncocyteoid, myoepithelial
Nuclei	Moderate to high grade, round to oval	Oval, low-grade, condensed chromatin	Peripheral, condensed chromatin, low to moderate grade
Cytoplasm	Powdery to bright eosinophilic, usually abundant	Pale to bright eosinophilic	"Bubbly," variable from basophilic to clear to eosinophilic





**cerb 2**

