

SEMINARIO CLUB ESPAÑOL DE LINFOMAS

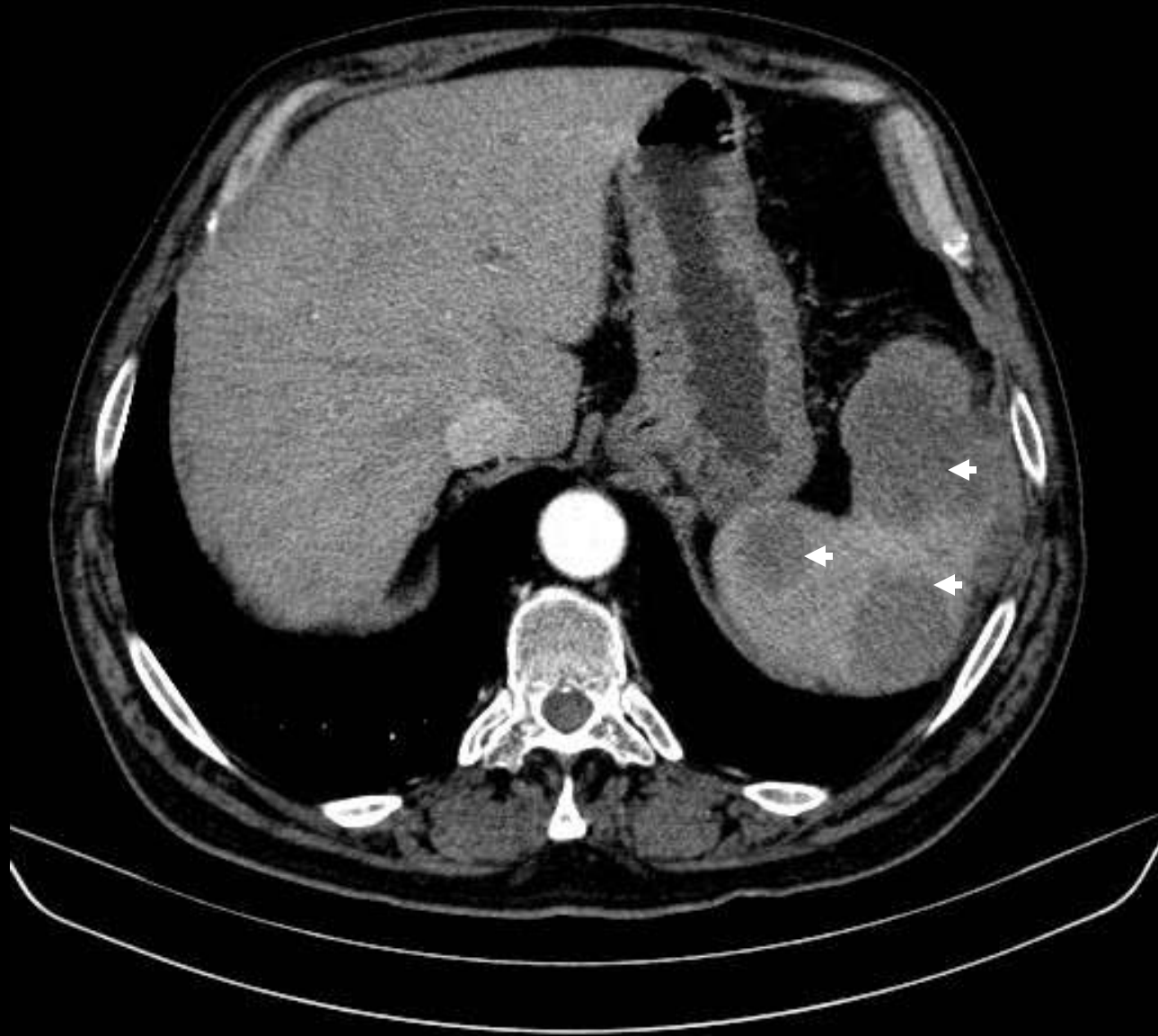
Jerónimo Forteza Vila (Santiago)



**XXV Congreso de la Sociedad Española de Anatomía Patológica y División Española de
la International Academy of Pathology
18 mayo 2011 - Zaragoza**

Datos Clínicos

- Varón de 74 años, con astenia, anorexia y adelgazamiento.
- En TAC, masas esplénicas sugestivas de neoplasia.
- No hay adenopatías ni en la exploración ni en técnicas de imagen.

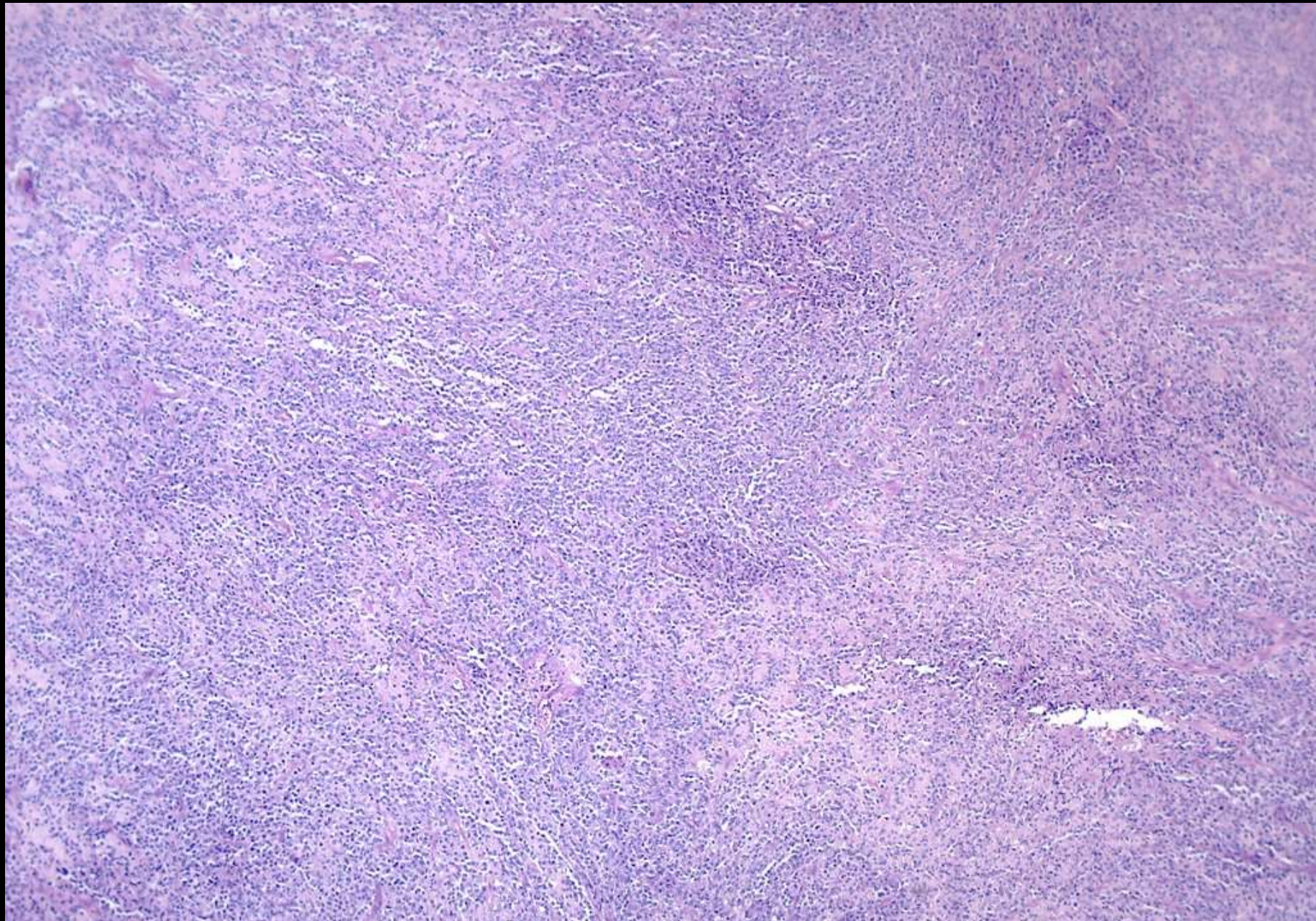


TAC con nódulos esplénicos sugestivos de neoplasia

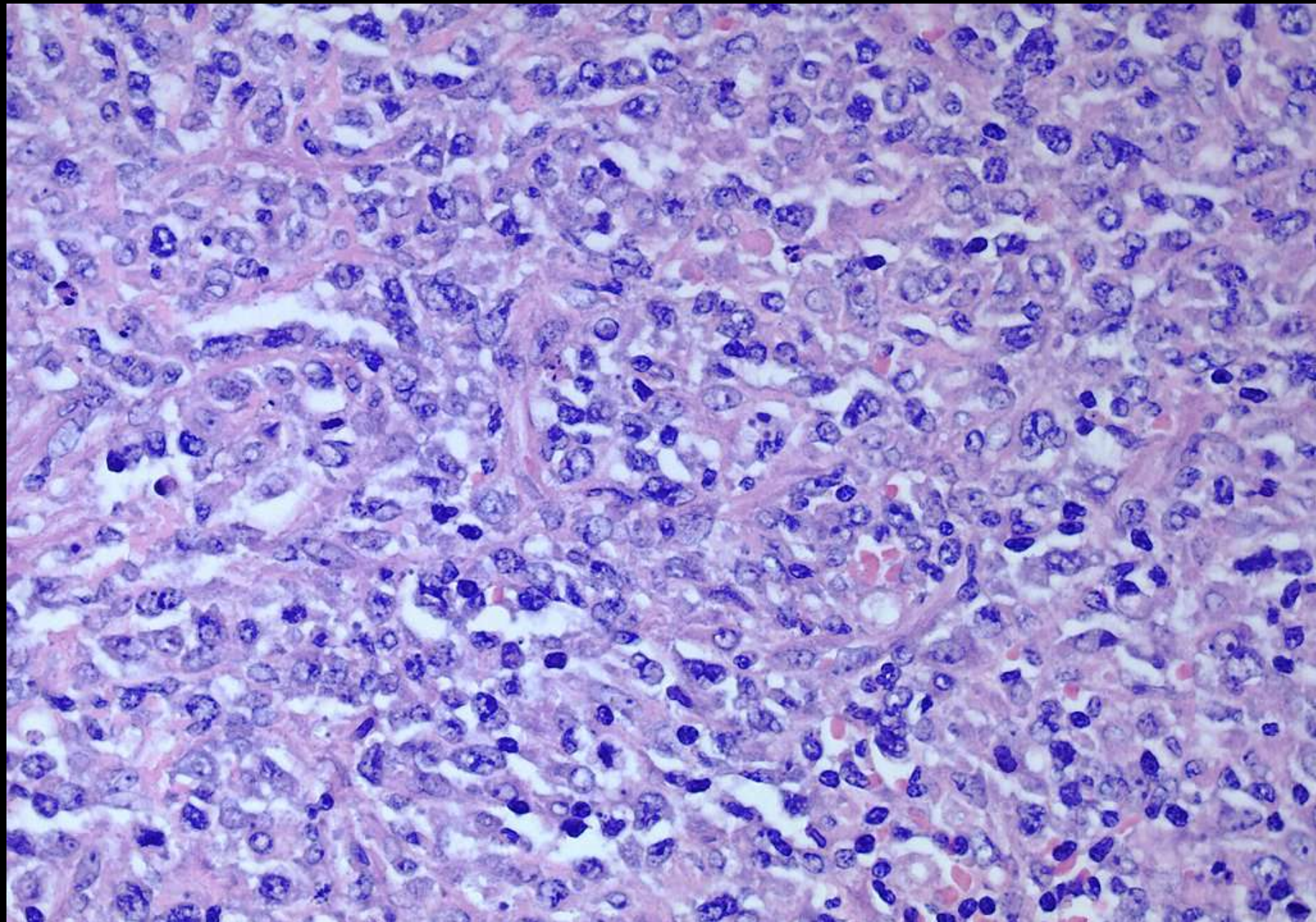
Se realiza esplenectomía
diagnóstica por laparoscopia



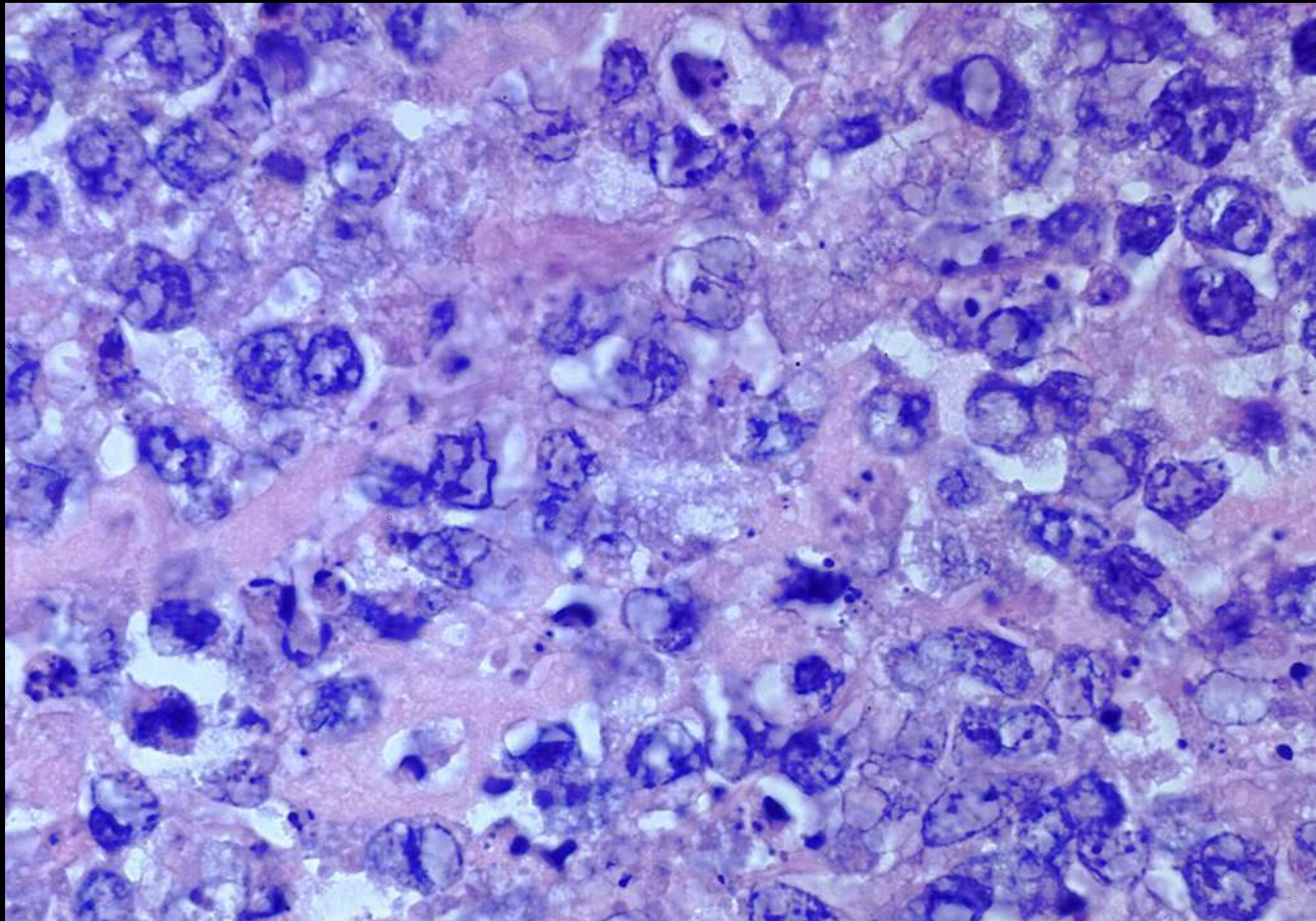
Material obtenido por laparoscopia



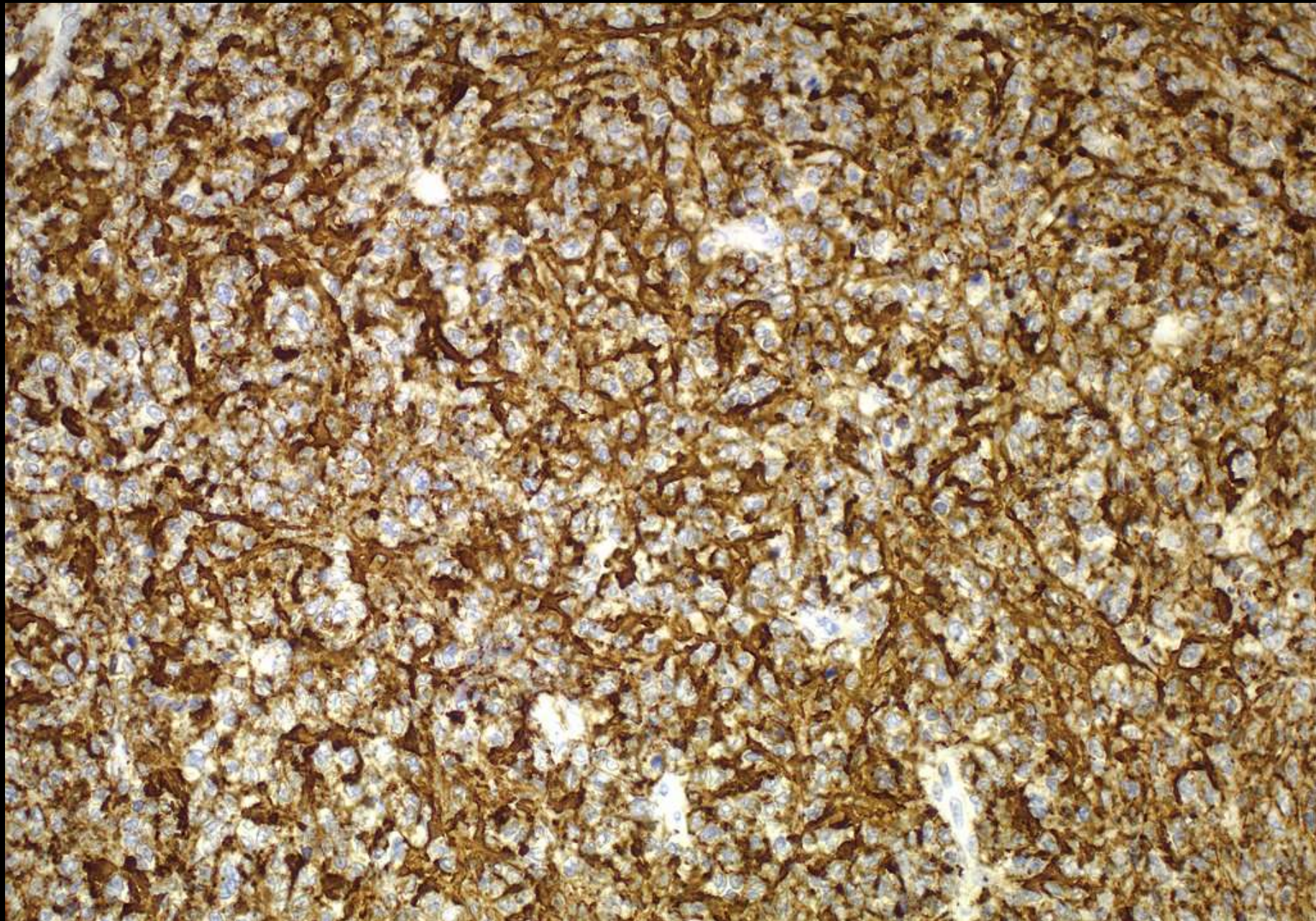
HE (5x)



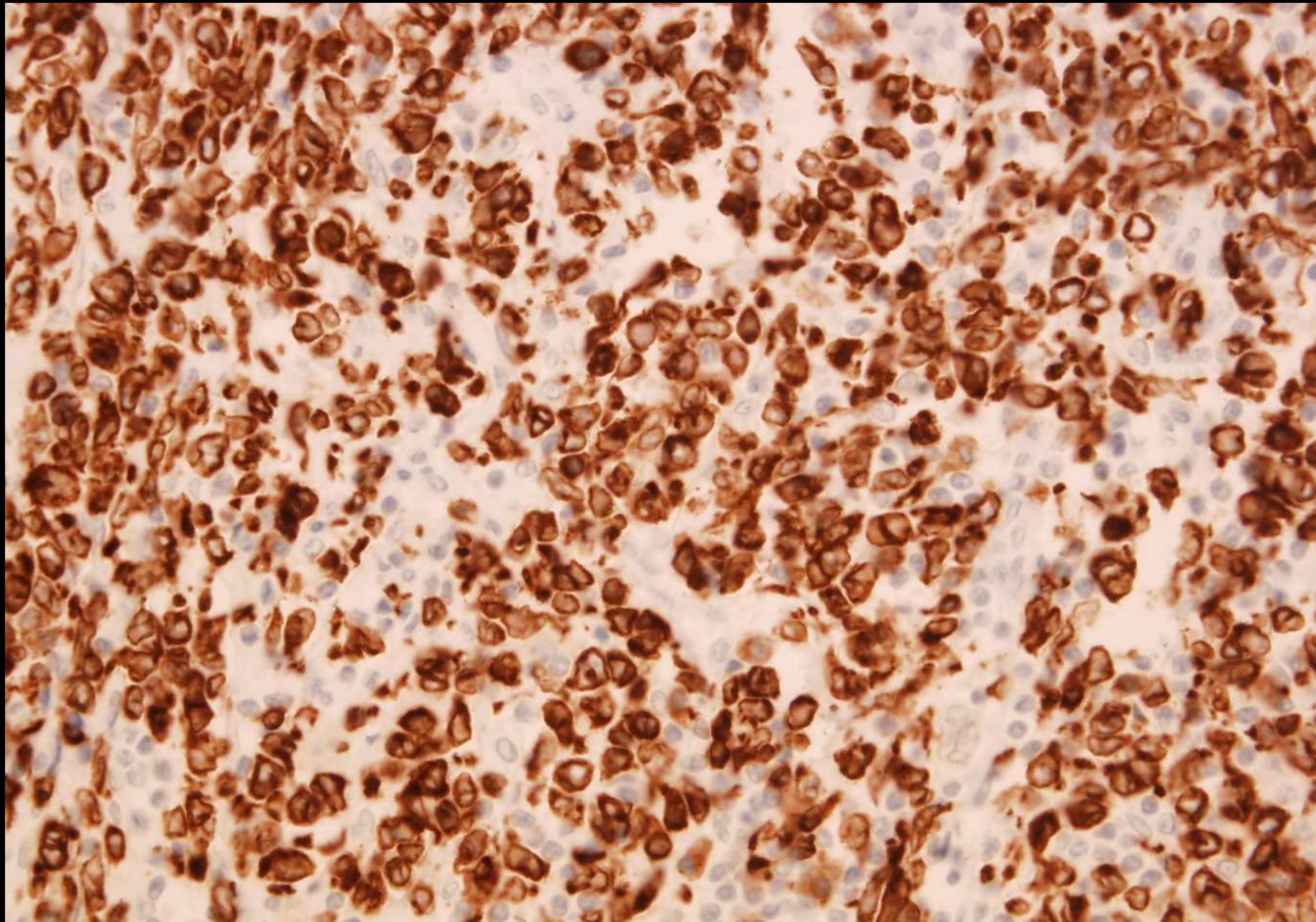
HE (40x)



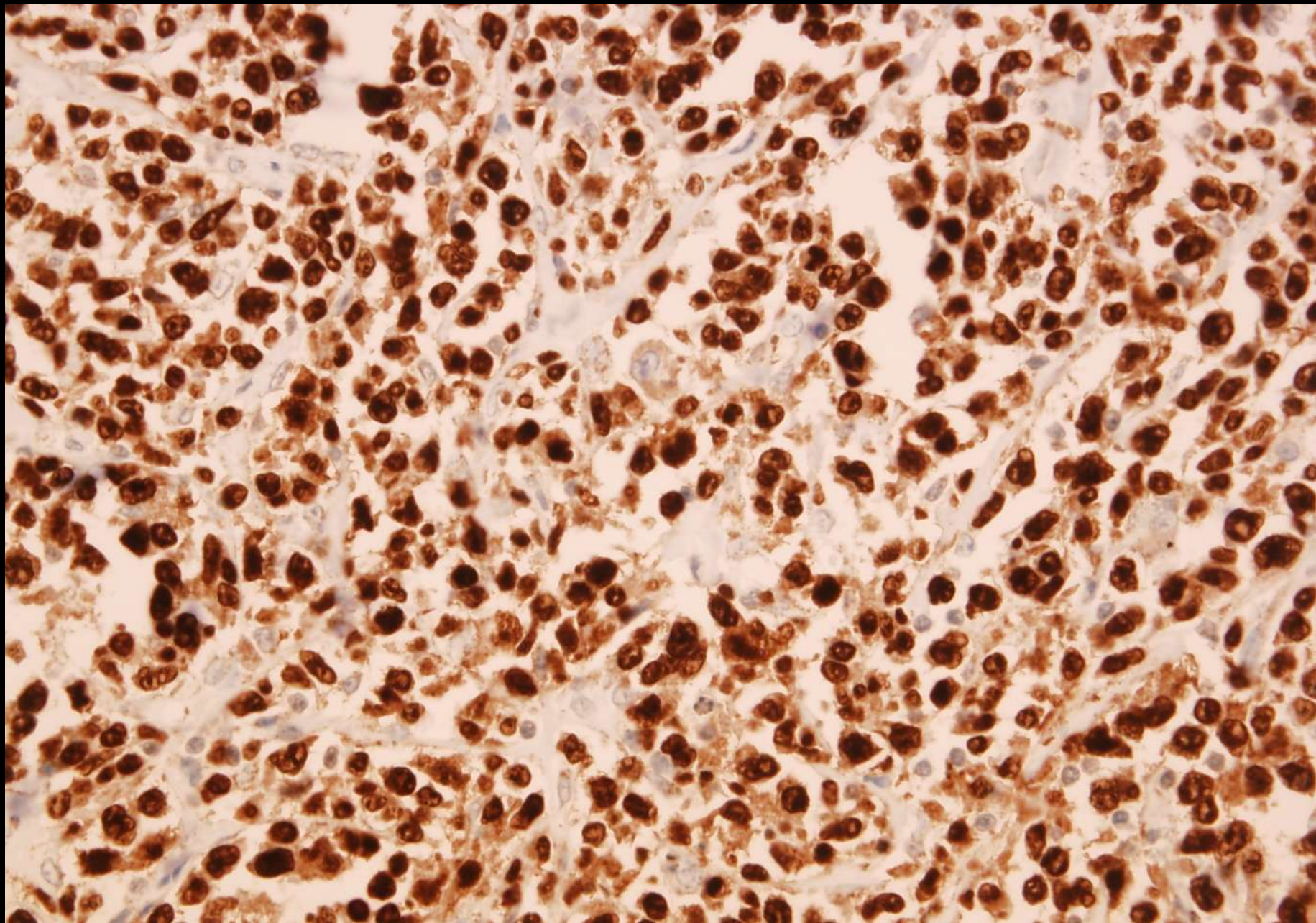
HE (100x)



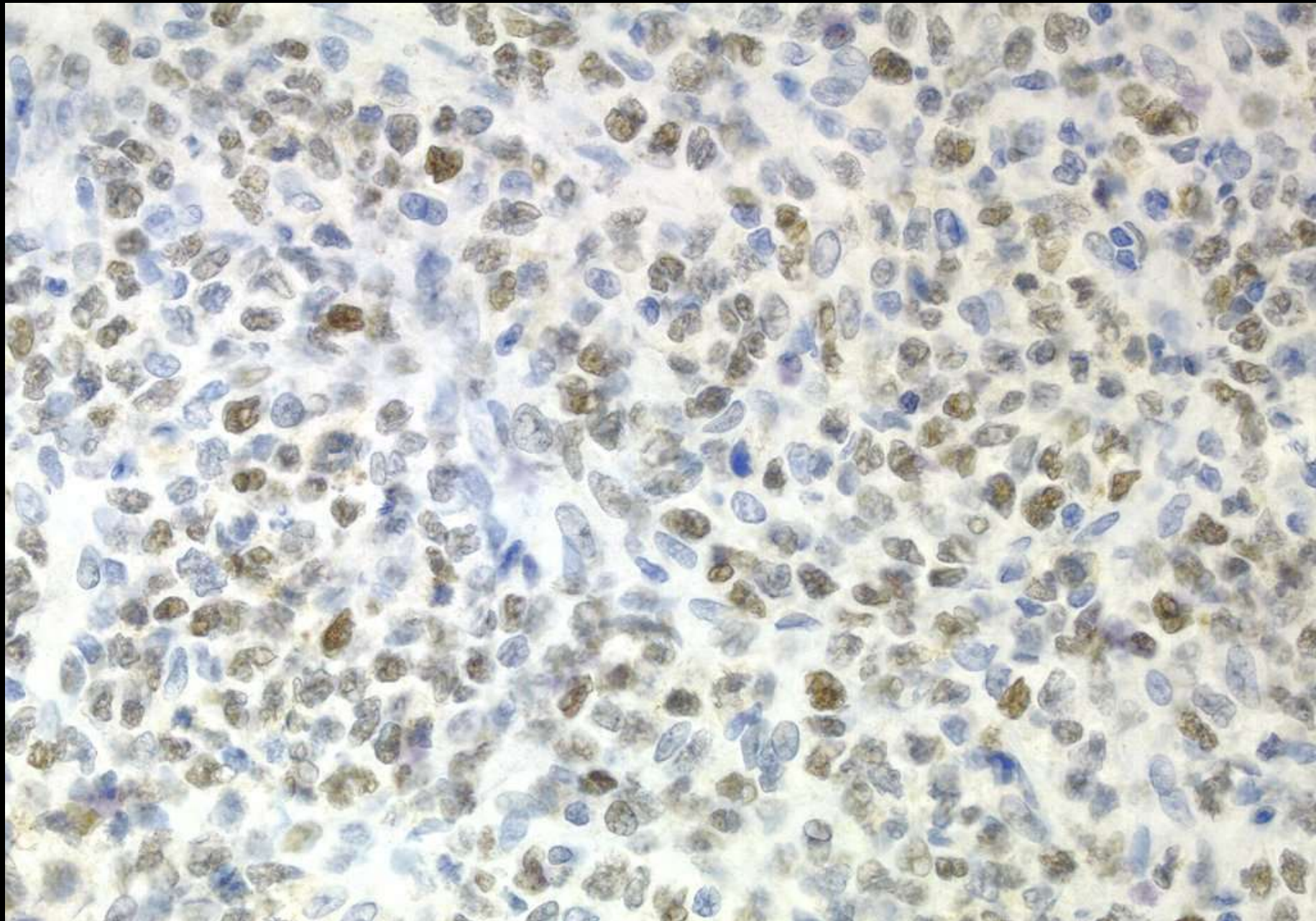
CD20 (20x)



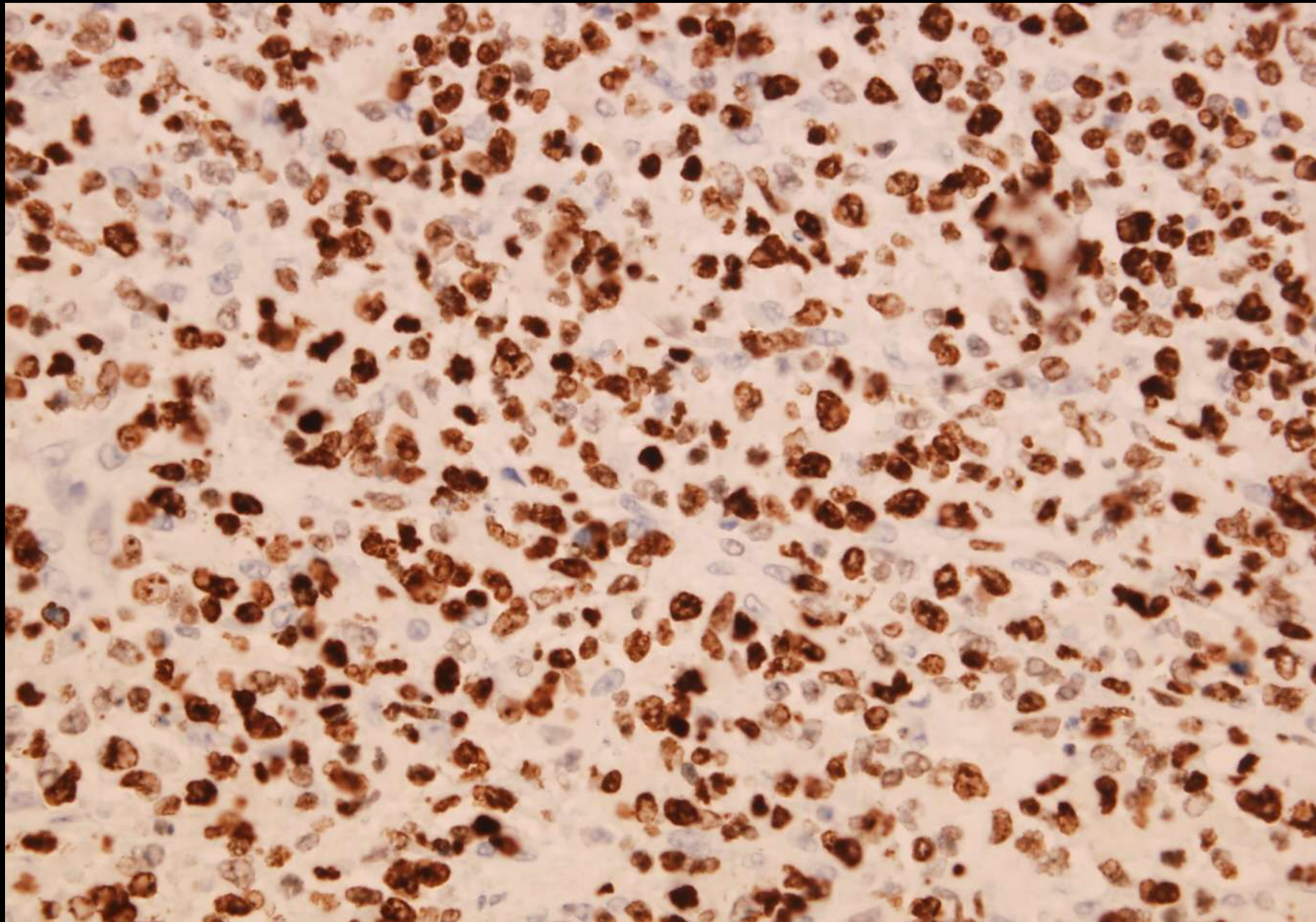
CD79a (20x)



OCT2 (20x)



BCL6 (40x)



MIB1 (20x)

Diagnóstico

- Linfoma B de Células Grandes (LBCG).

Linfoma Esplénico

1. Linfoma que afecta sólo al bazo y a los ganglios linfáticos hiliares esplénicos (*Dasgupta et al., Surg Gynecol Obstet, 1965*)
2. La esplenomegalia es la característica predominante en cualquier linfoma que afecta al bazo (*Skarin et al., Arch Intern Med, 1971*)
3. Pacientes con esplenomegalia, citopenia de al menos dos líneas celulares hematológicas, y ausencia de adenopatías periféricas (*Kraemer et al., Cancer, 1984*)

Causas de la Esplenectomía

- 44,0%: Terapéutica (hiperesplenismo o trauma)
- 26,3%: Complicación de otro proceso quirúrgico
- 20,2%: Estadiaje
- 9,5%: Esplenectomía diagnóstica

Estudio sobre 1280 esplenectomías secuenciales durante 10 años en 2 instituciones.

Kraus MD. Cancer (2001) 91:2001-2009.

Esplenectomía diagnóstica

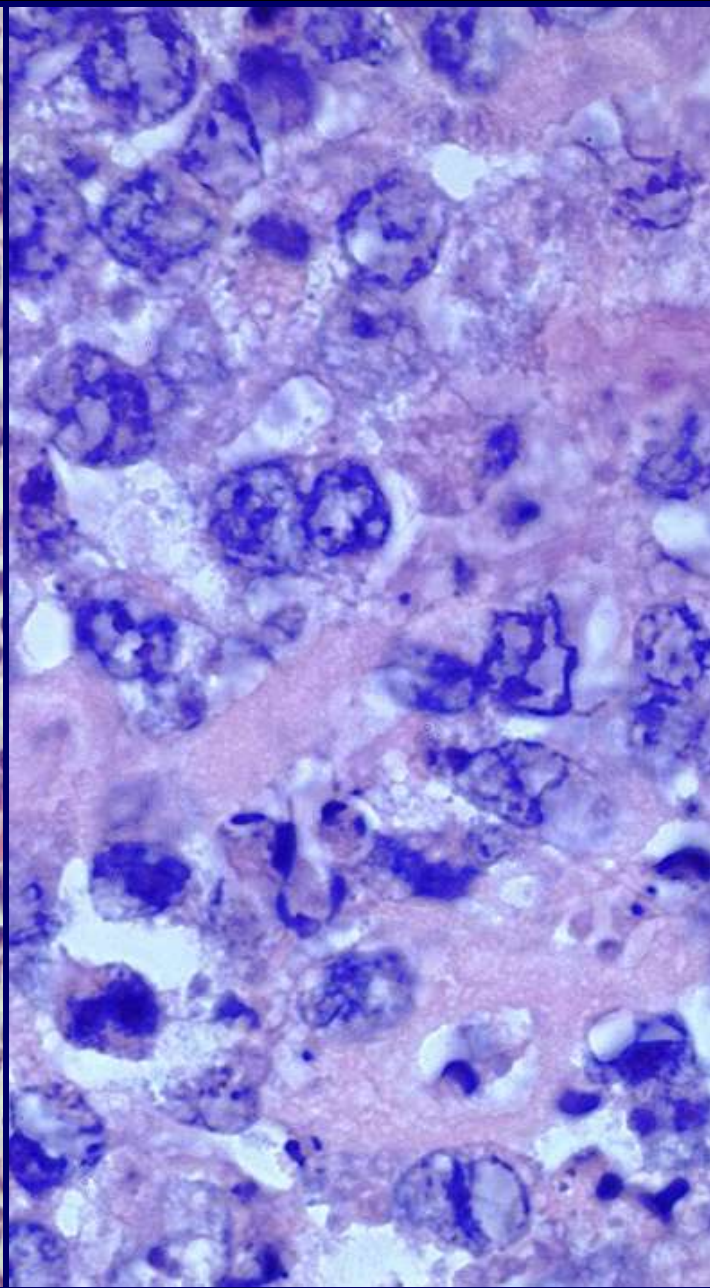
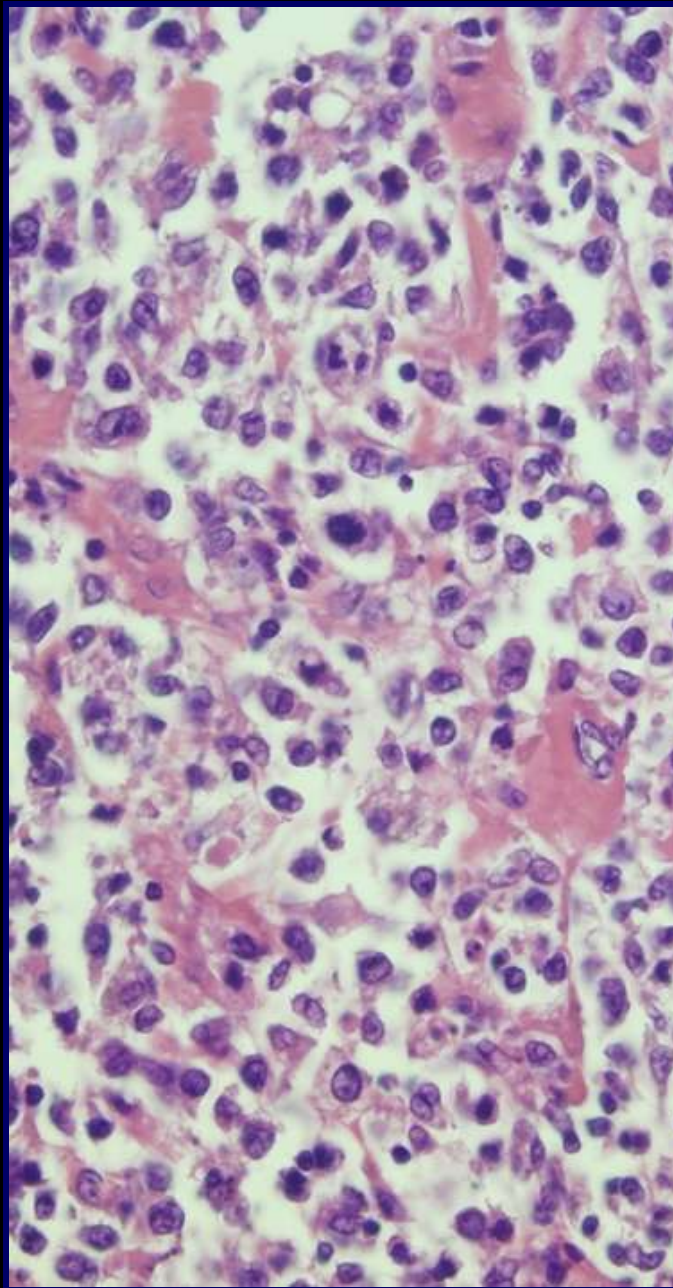
- 42,0%: Existencia de masas.
- 34,0%: Esplenectomía no programada.
- 24,0%: Clasificación de procesos hematolinfoides previamente diagnosticados.

Masas

- 28,8%: LBCG
- 26,9%: Metástasis
- 21,1%: Quistes o pseudoquistes
- 15,4%: Neoplasias vasculares o hamartomas

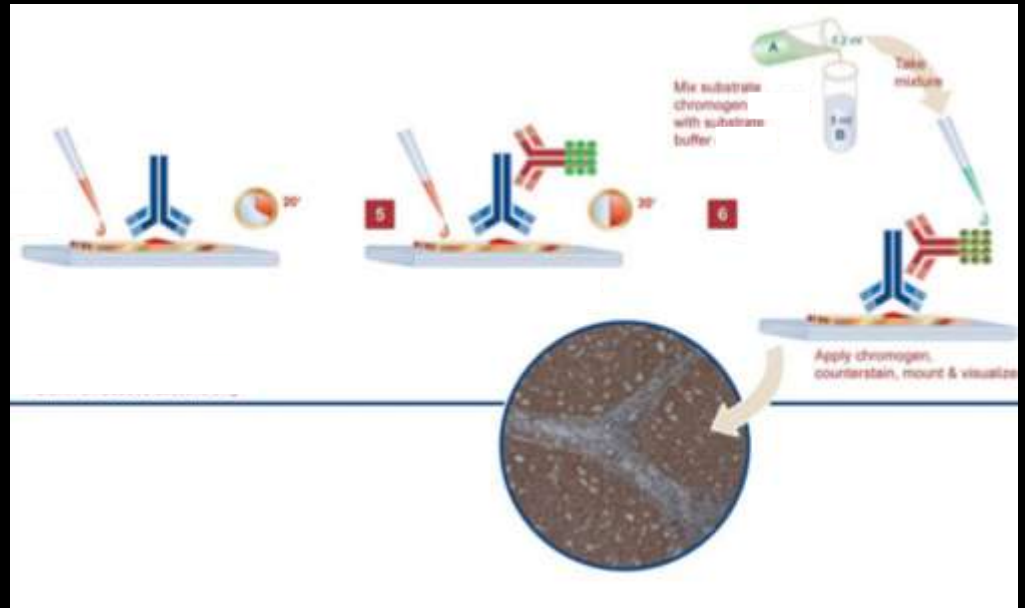
Esplenectomía no programada

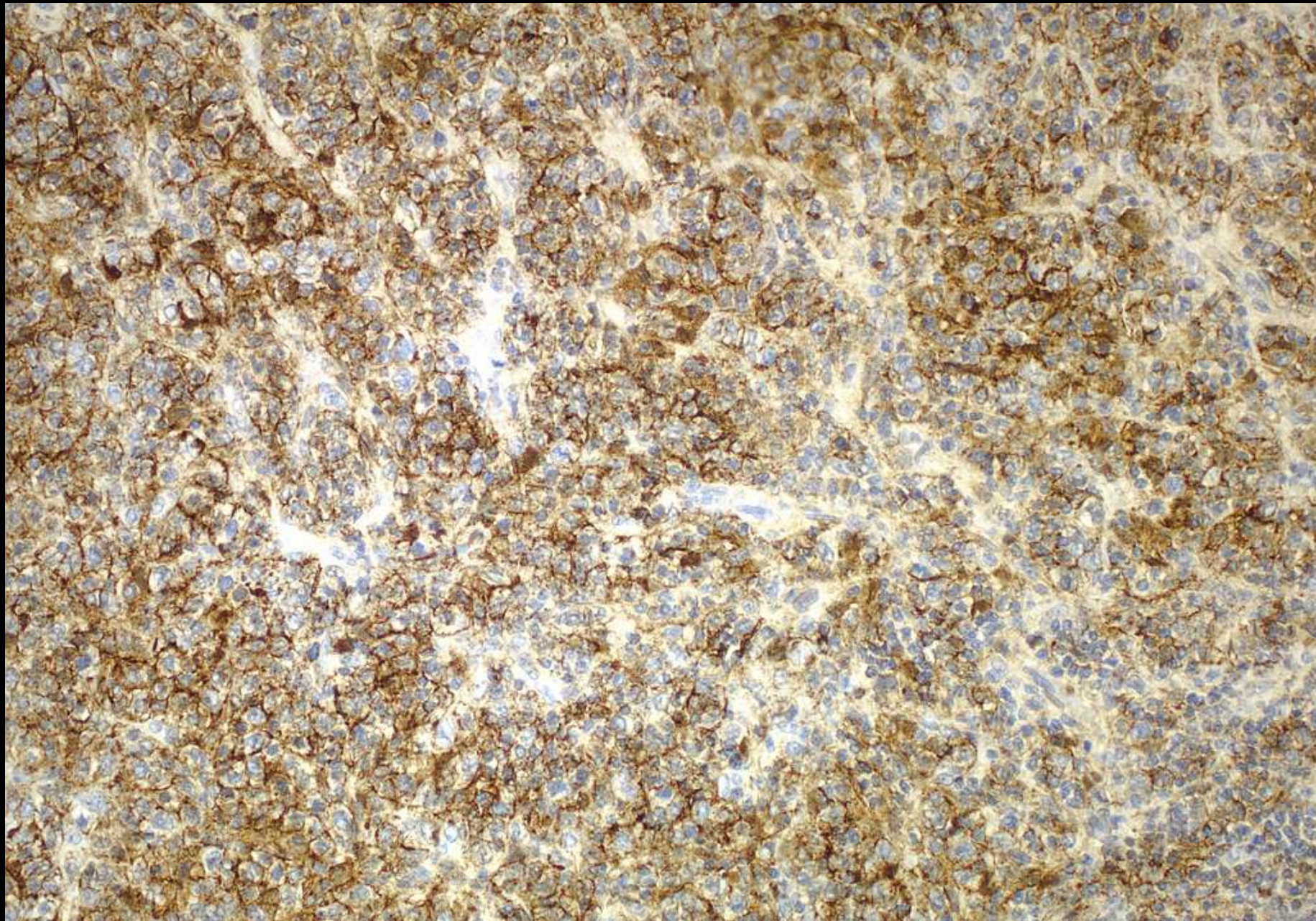
- 37,5%: Linfoma B de célula pequeña.
- 17,1%: Linfoma B de la zona marginal.
- 9,8%: LBCG.
- 9,8%: Neoplasias vasculares.



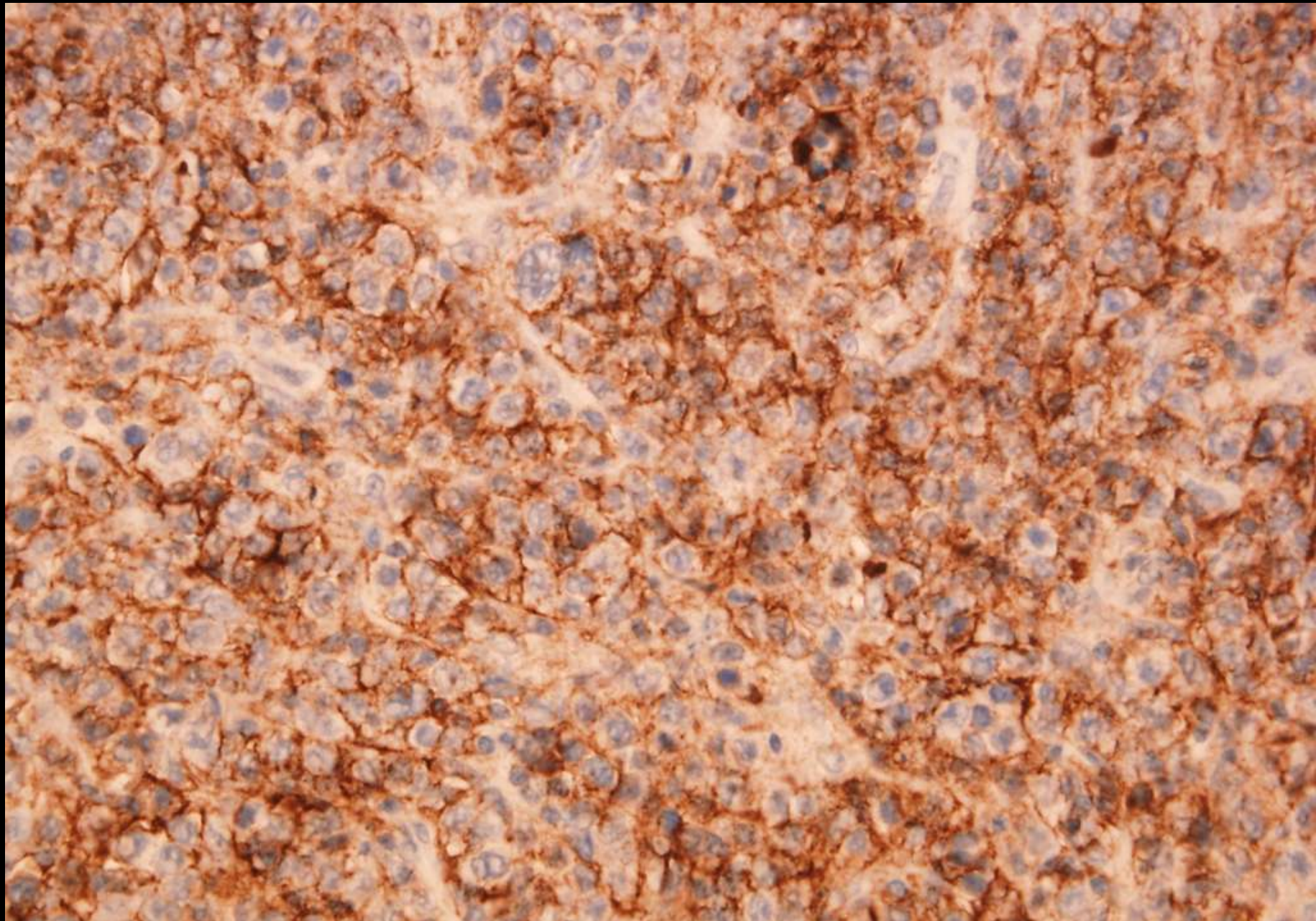
HE

Inmunohistoquímica

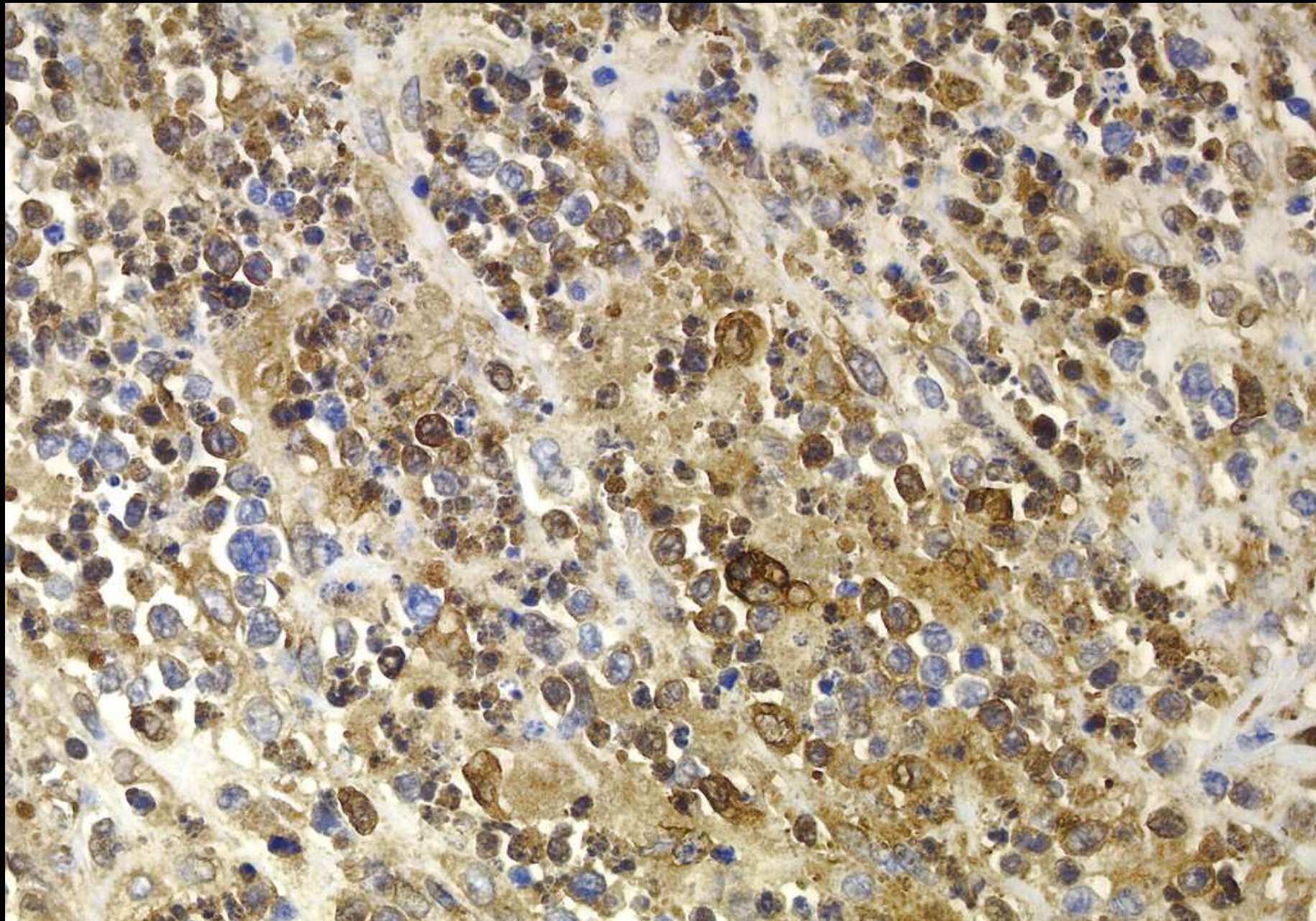




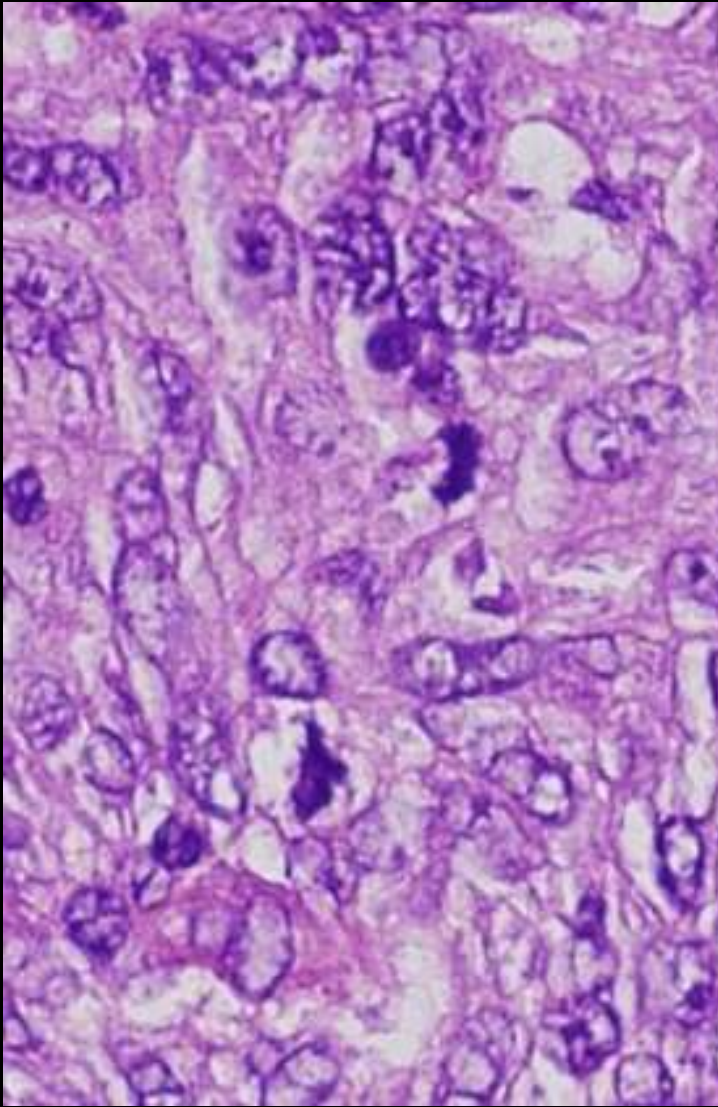
CD21 (20x)



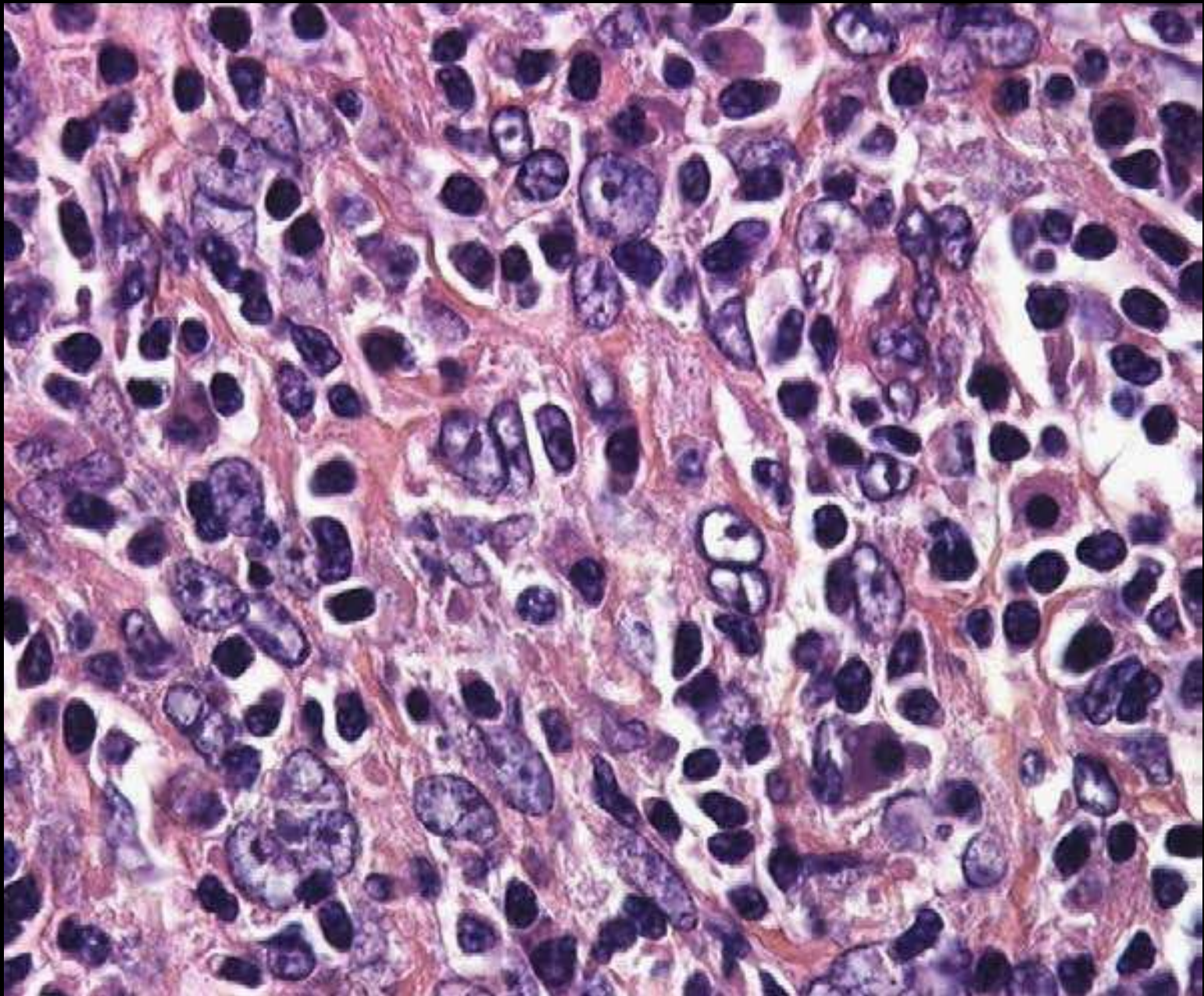
CD35 (20x)



Fascina (40x)



¿Neoplasia histiocítica?



Laurent C et al. Human Pathology (2008) 39:776-780



ELSEVIER

Human
PATHOLOGY

www.elsevier.com/locate/humpath

Case study

Follicular dendritic cell tumor of the spleen associated with diffuse large B-cell lymphoma

Camille Laurent MD^{a,b}, Fabienne Meggetto PhD^{a,b},
Geisilene Russano de Paiva MD^{a,b}, Janick Selves MD^{a,b}, Julien Palasse MD^c,
Guy Laurent MD^d, Pierre Brousset MD, PhD^{a,b,*}

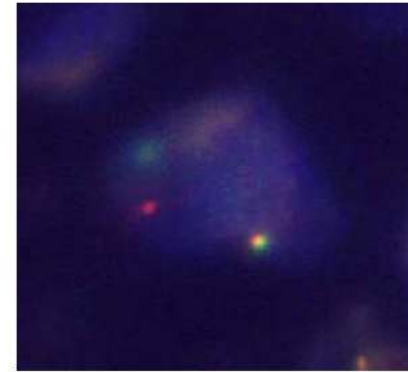
^aINSERM, U.563, Centre de Physiopathologie de Toulouse-Purpan, Toulouse F-31300, France

^bUniversité Paul-Sabatier, Toulouse F-31400, France

^cLaboratoire d'Anatomie Pathologique, CHU Rangueil, Toulouse F-31, France

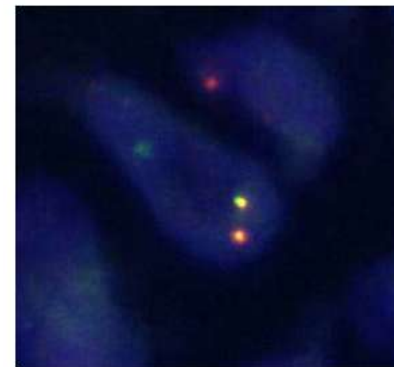
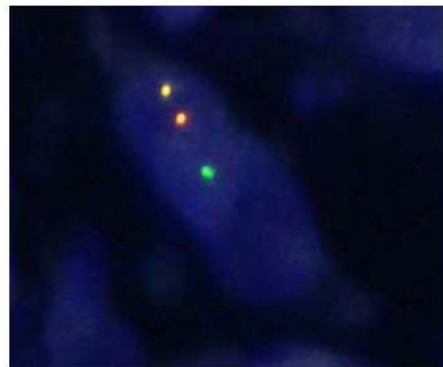
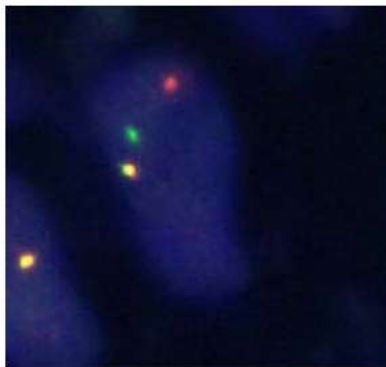
^dService d'Hématologie, CHU Purpan, Toulouse F-31300, France

BCL6



Se observan señales de separación en Bcl6 (3q27), mediante el empleo de sondas "Break Apart"

IGH



Se observan señales de separación en IgH (14q32) , mediante el empleo de sondas "Break Apart"

Diagnóstico Definitivo

- Linfoma B de células grandes (LBCG) con expresión aberrante de inmunofenotipo de célula dendrítica.

Infidelidad Fenotípica



ELSEVIER

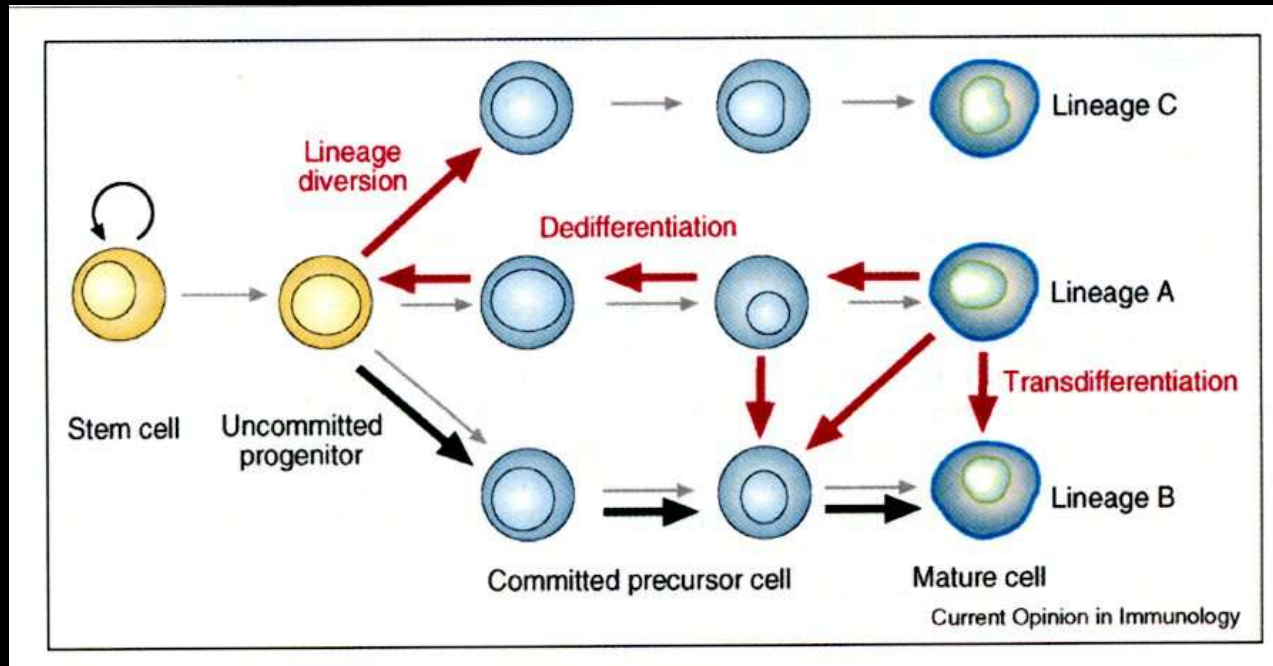
Available online at www.sciencedirect.com

ScienceDirect

Current Opinion in
Immunology

Developmental plasticity of lymphocytes

César Cobaleda¹ and Meinrad Busslinger²



Current Opinion in Immunology 2008, 20:139–148

From www.bloodjournal.org at NATIONAL INSTITUTES OF HEALTH LIB on June 16, 2008. For personal use only.

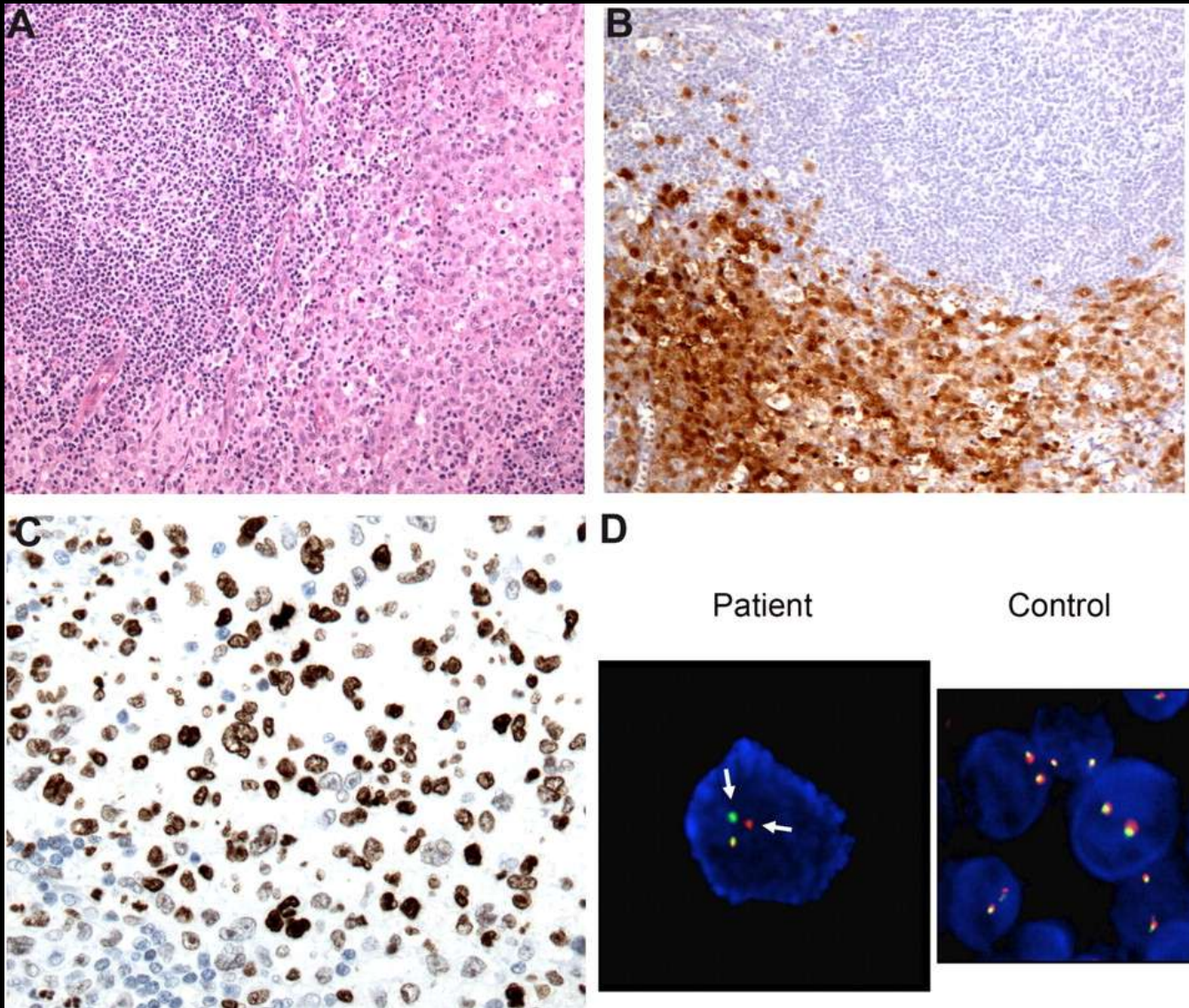
Plenary paper

Clonally related follicular lymphomas and histiocytic/dendritic cell sarcomas: evidence for transdifferentiation of the follicular lymphoma clone

Andrew L. Feldman,^{1,2} Daniel A. Arber,³ Stefania Pittaluga,¹ Antonio Martinez,⁴ Jerome S. Burke,⁵ Mark Raffeld,¹ Mireia Camos,⁴ Roger Warnke,³ and Elaine S. Jaffe¹

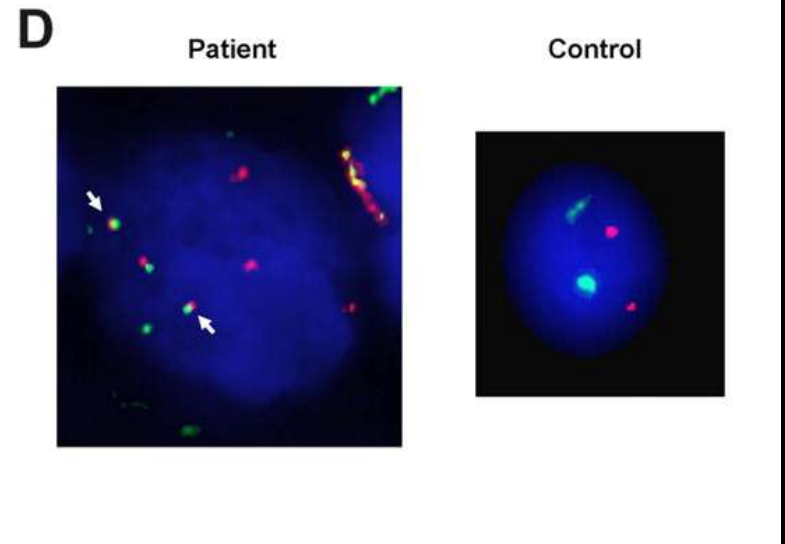
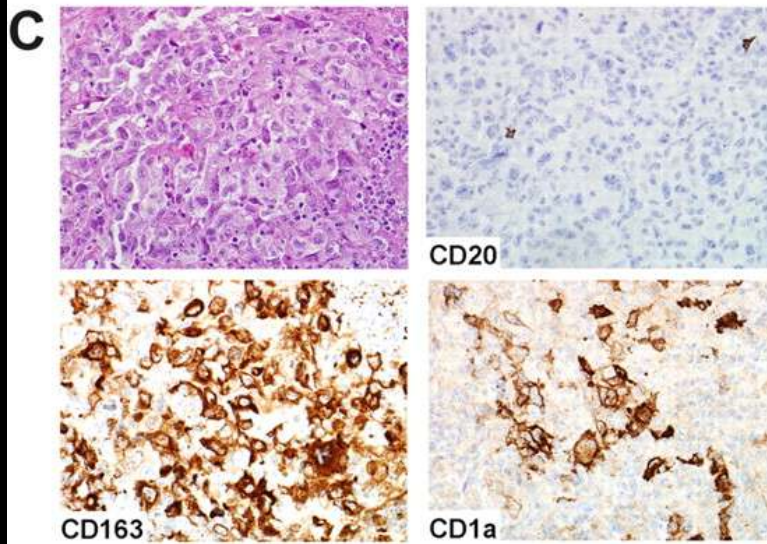
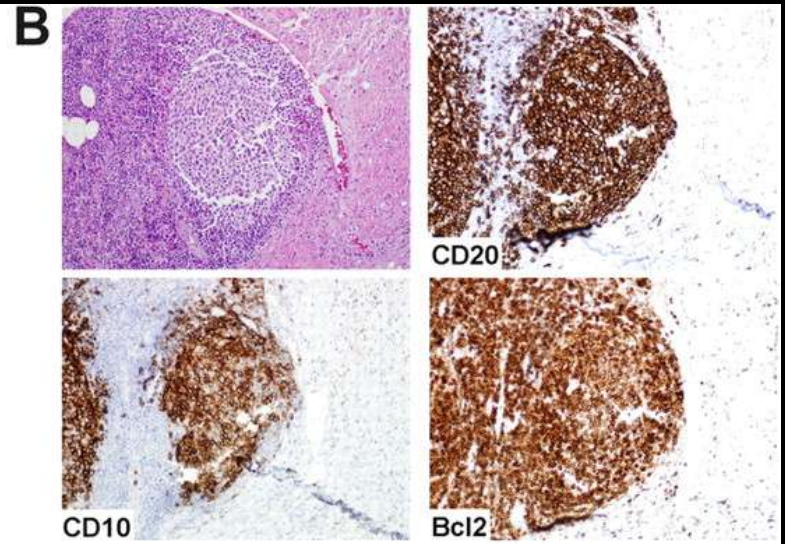
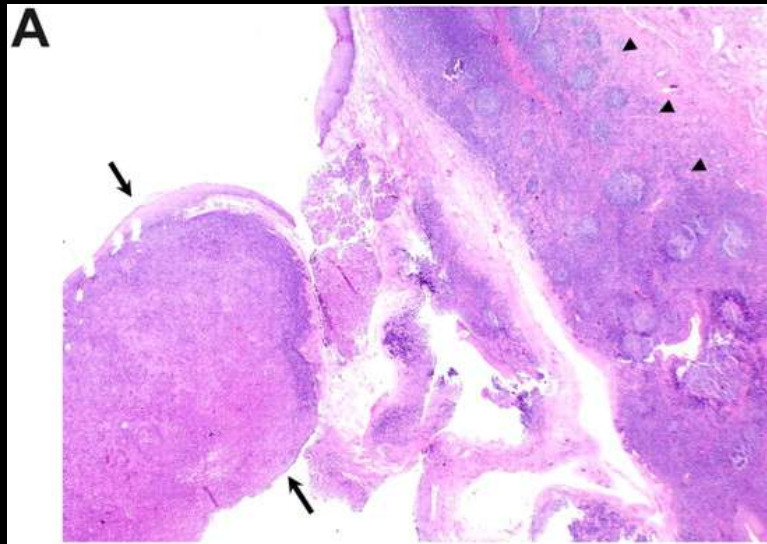
¹Laboratory of Pathology, National Cancer Institute, Bethesda, MD; ²Department of Laboratory Medicine and Pathology, Mayo Clinic, Rochester, MN; ³Department of Pathology, Stanford University, Stanford, CA; ⁴University of Barcelona, Barcelona, Spain; and ⁵Department of Pathology, Alta Bates Summit Medical Center, Berkeley, CA

BLOOD, 15 JUNE 2008 • VOLUME 111, NUMBER 12



Synchronous FL and interdigitating cell sarcoma (IDCS).

Feldman A L et al. Blood 2008;111:5433-5439



Synchronous FL and histiocytic sarcoma with dendritic cell differentiation.

Feldman A L et al. Blood 2008;111:5433-5439

Infidelidad Fenotípica



“Cellular pathology” “Omnis cellula et cellula” (1885)



Rudolf Virchow
(1821-1902)

Transdiferenciación y Plasticidad celular

Transdiferenciación celular

1. Carcinoma sarcomatoide.
2. Tumores papilares uroteliales transformados en corioepiteliomas.
3. Melanomas malignos transdiferenciados en raiomiosarcomas.
4. Desdiferenciación de liposarcomas en rabdomiosarcomas.
5. Pérdidas de identidad B o T en linfoma de Hodgkines o en Linfoma Anaplásico de Células Grandes.

