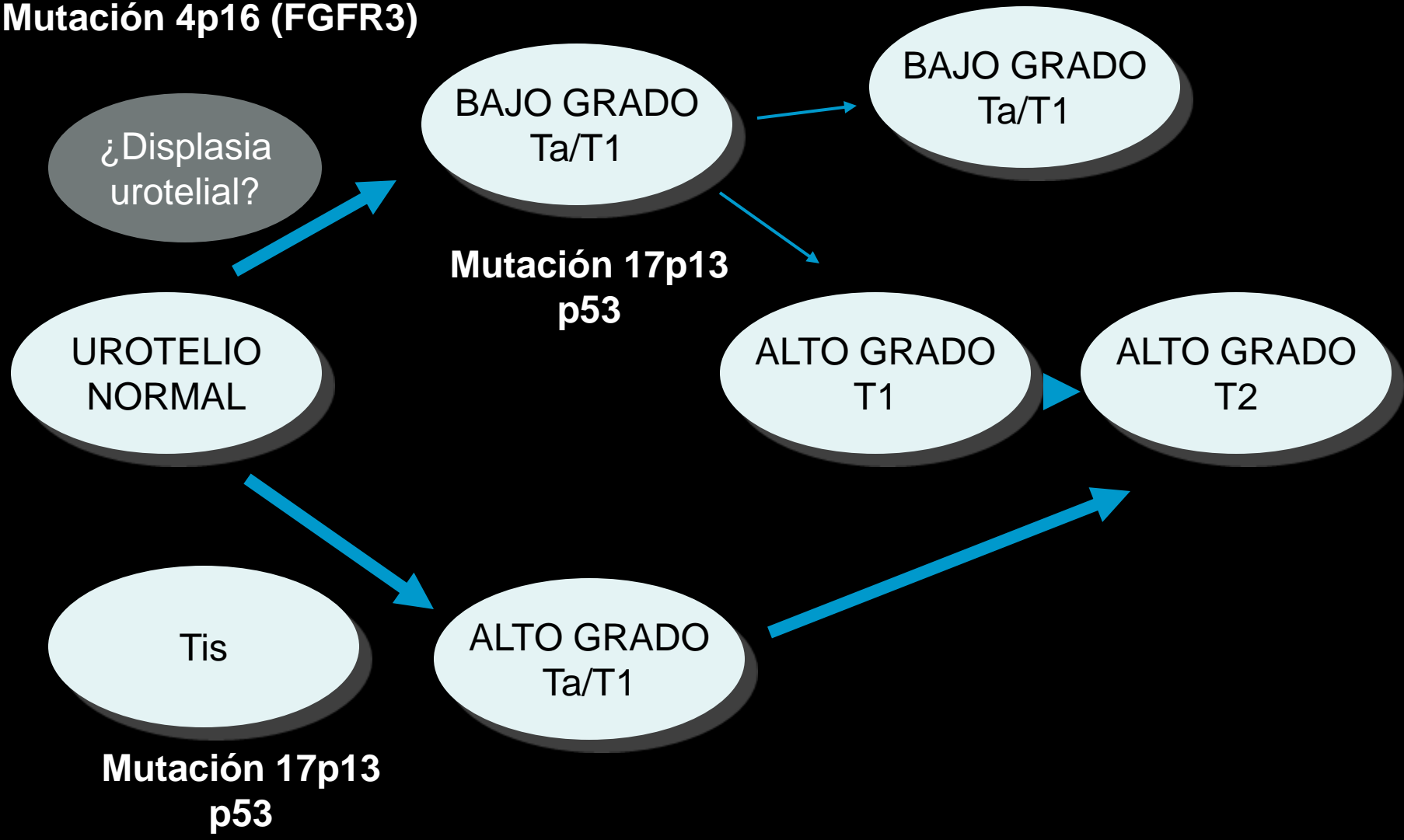


¿Cómo decidir si hay o no hay carcinoma "in situ" urotelial?

Ferran Algaba

Fundació Puigvert. UAB

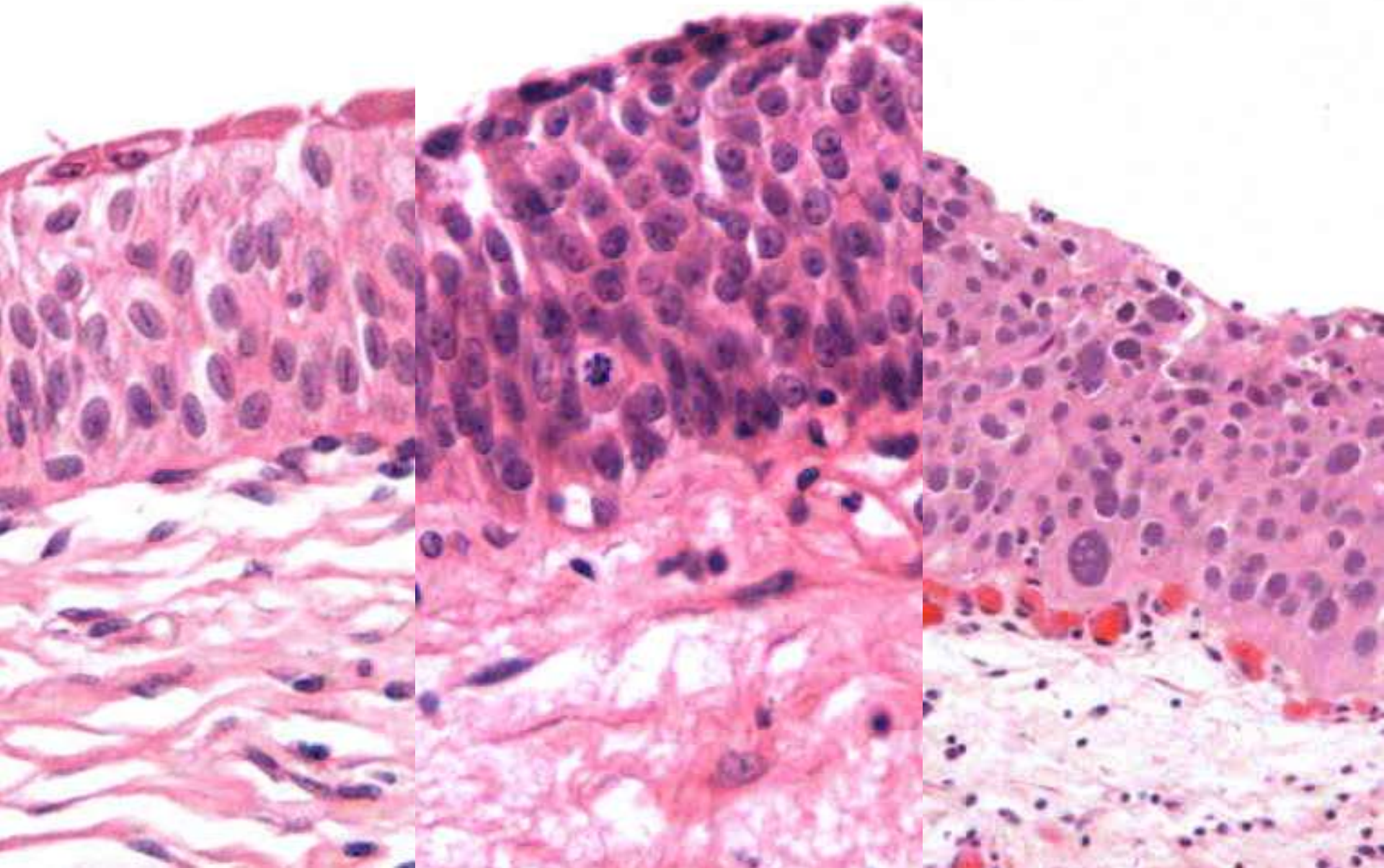
LOH 9q
Amplificación 11q (CCND1)
Mutación 4p16 (FGFR3)



NORMAL

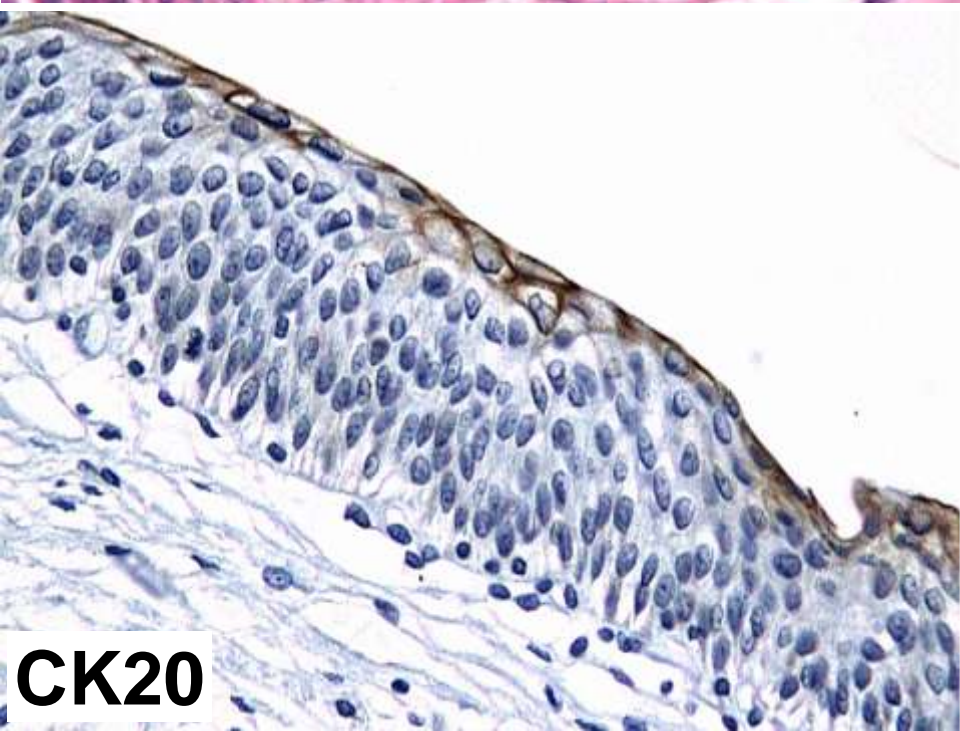
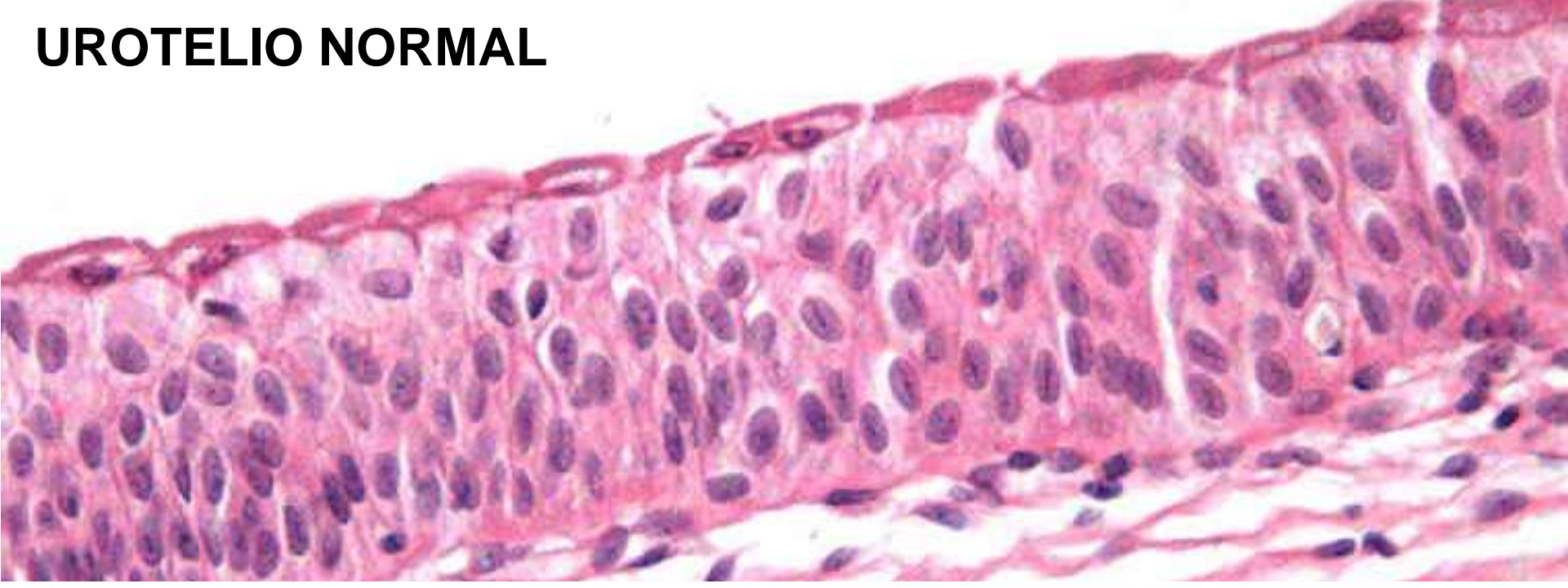
¿DISPLASIA
REACTIVO
REGENERATIVO?

CIS

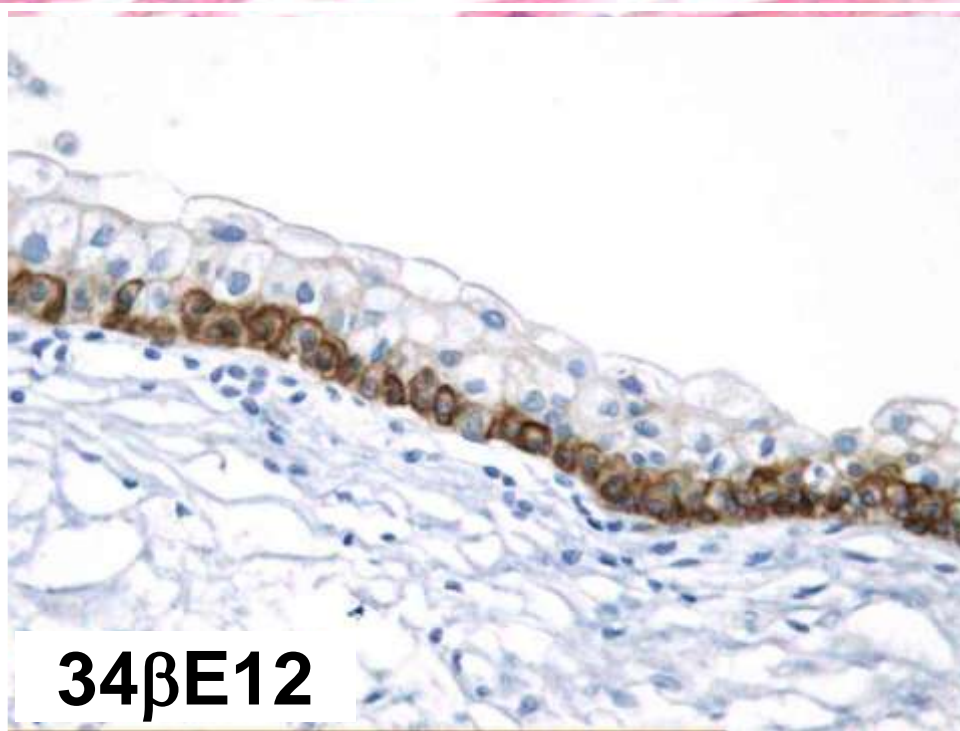


- **Urotelio normal y sus variaciones**
- **Carcinoma "in situ" inequívoco**
- **Displasias uroteliales y otras atipias**

UROTELIO NORMAL

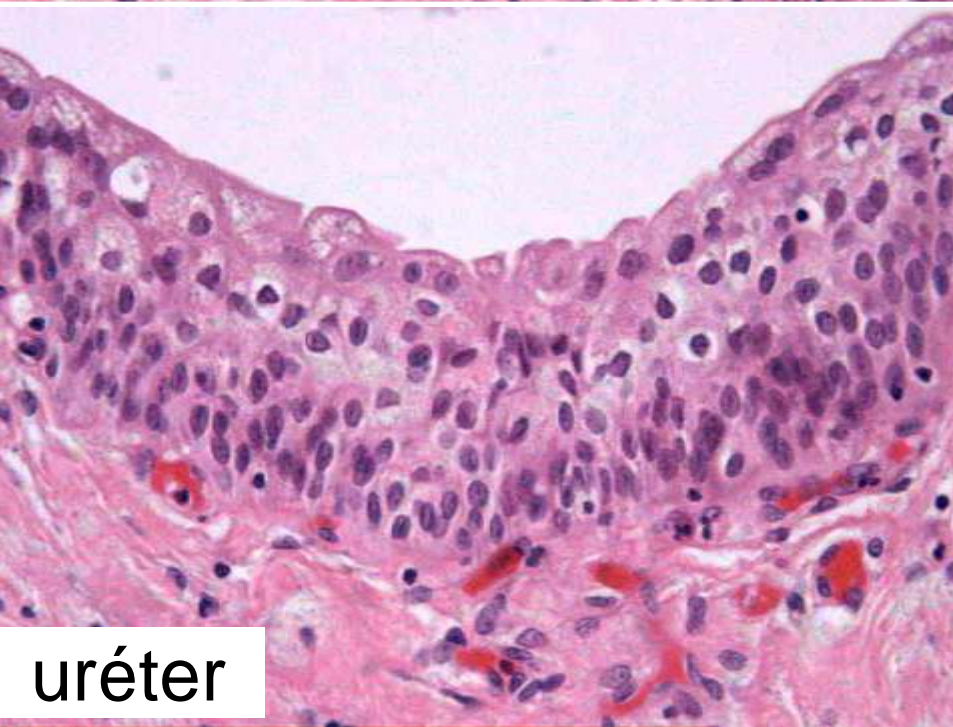
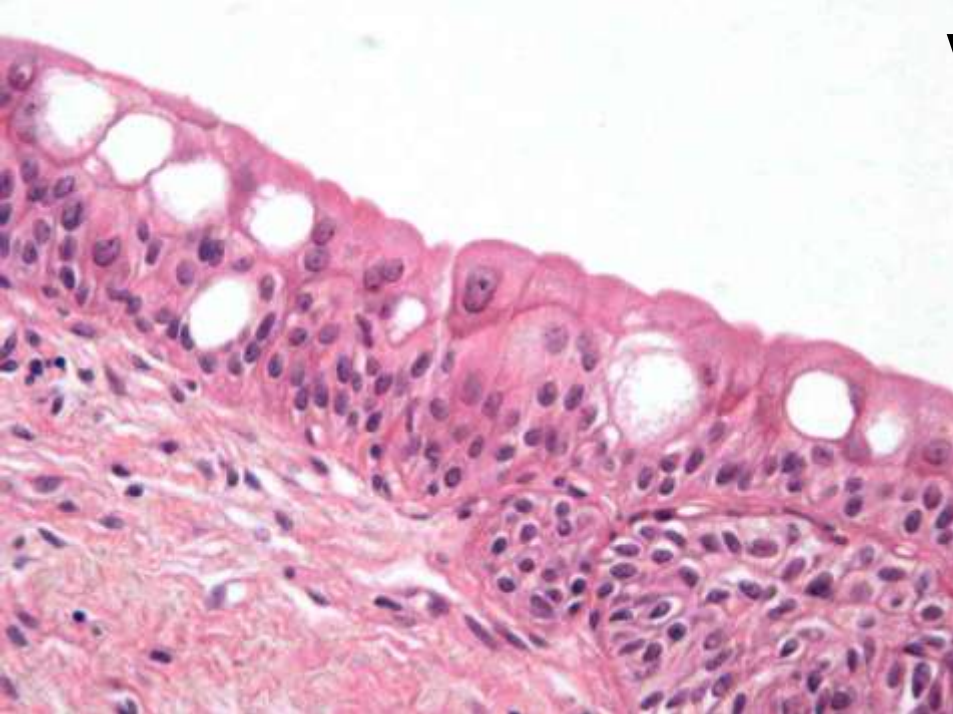


CK20

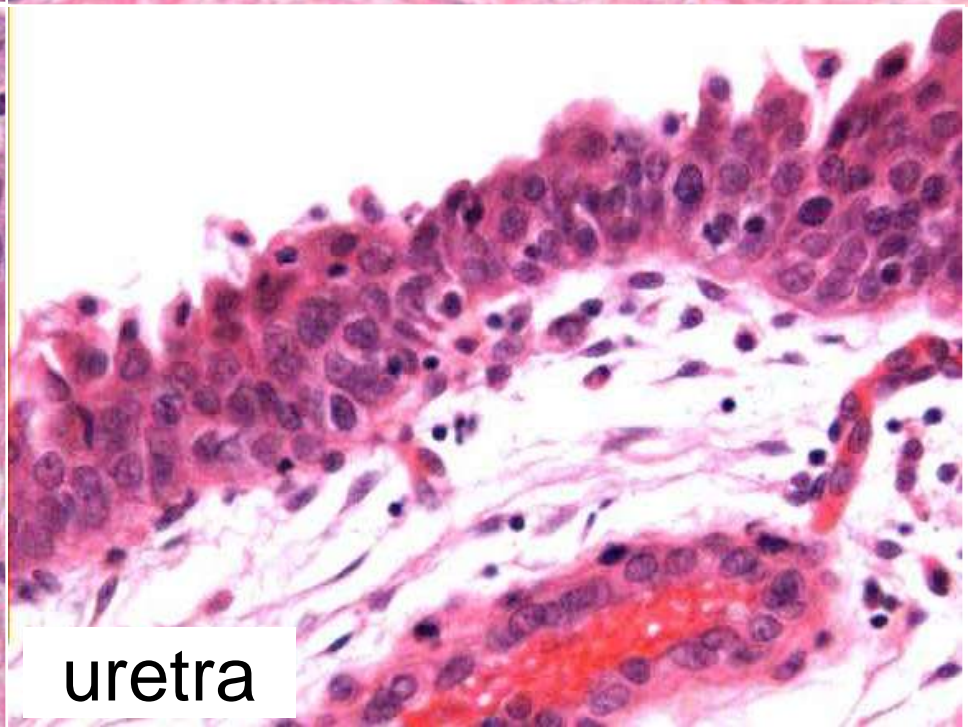


34βE12

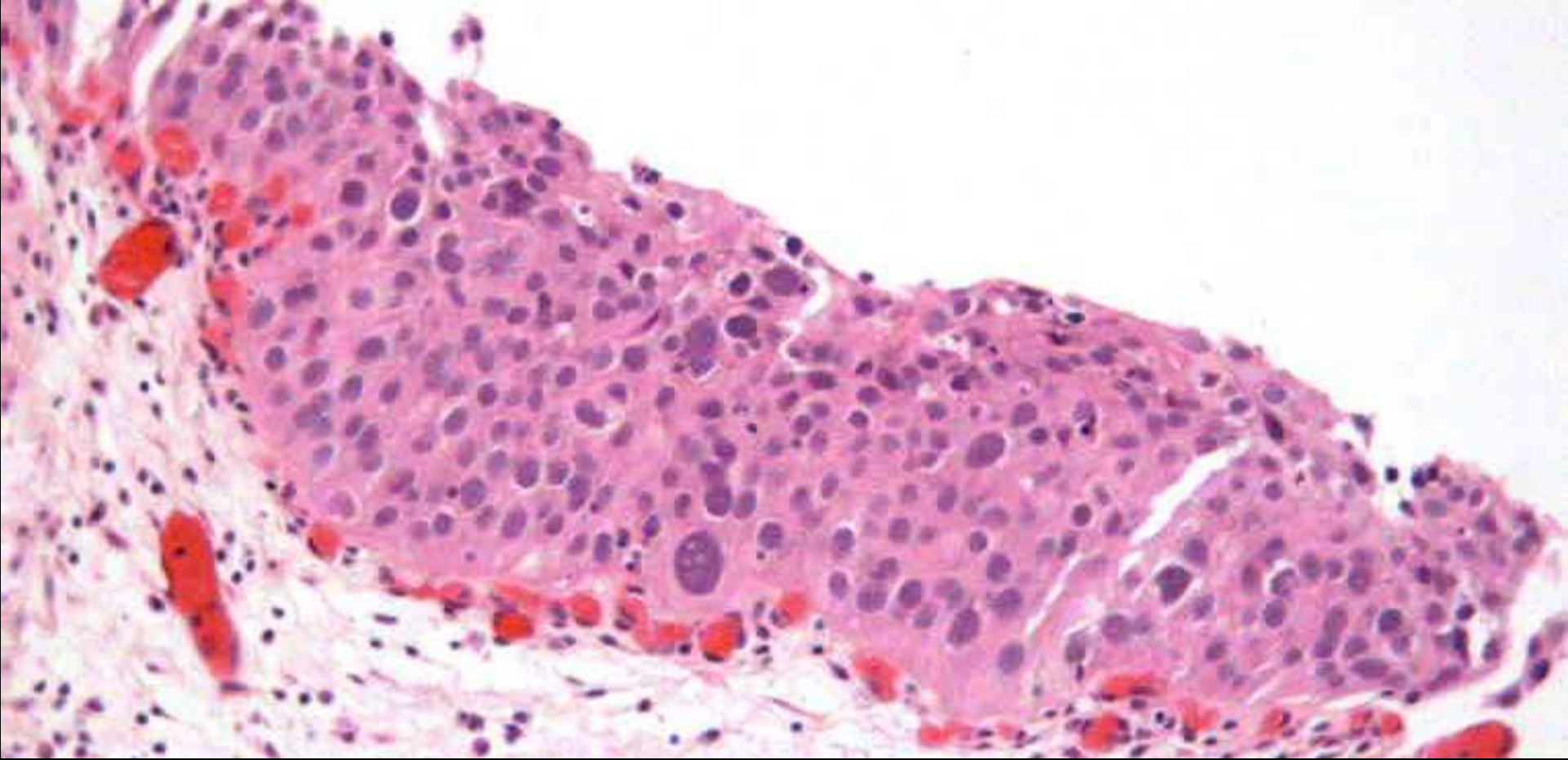
VARIACIONES DEL UROTELIO



uréter



uretra



CARCINOMA "IN SITU" UROTELIAL

Lesión plana no papilar con transformación maligna inequívoca

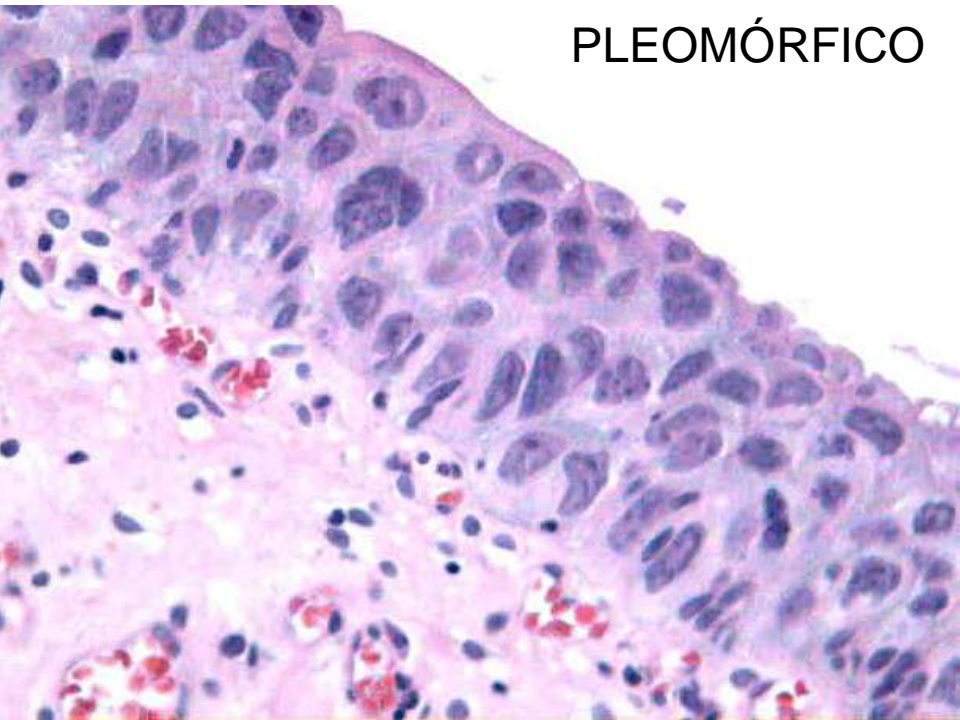
ALTO GRADO

CARCINOMA “IN SITU” UROTELIAL

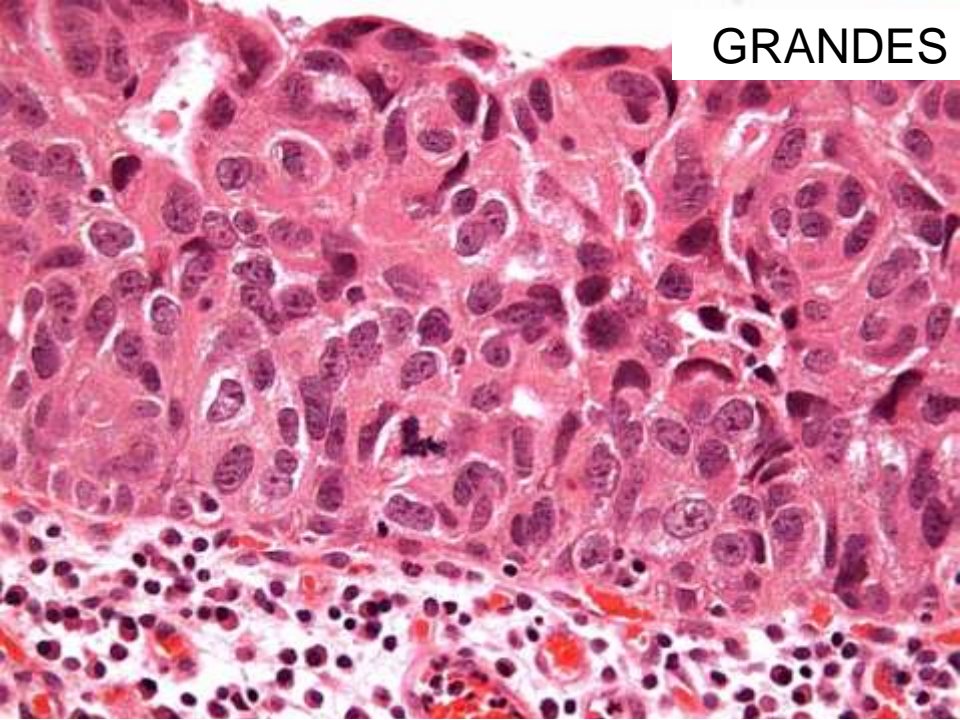
Nº capas	Variable
Polaridad	Anormal
Citoplasma	Homogeneo
N/C	Aumentada
Posición N.	Anisocariosis.

Límites N	Pleomórficos
Cromatina	Hipercrom.
Distri.crom.	Irregular
Nucleolo	Grande
Mitosis	Abundantes
Denudación	Variable
CK 20	Variable

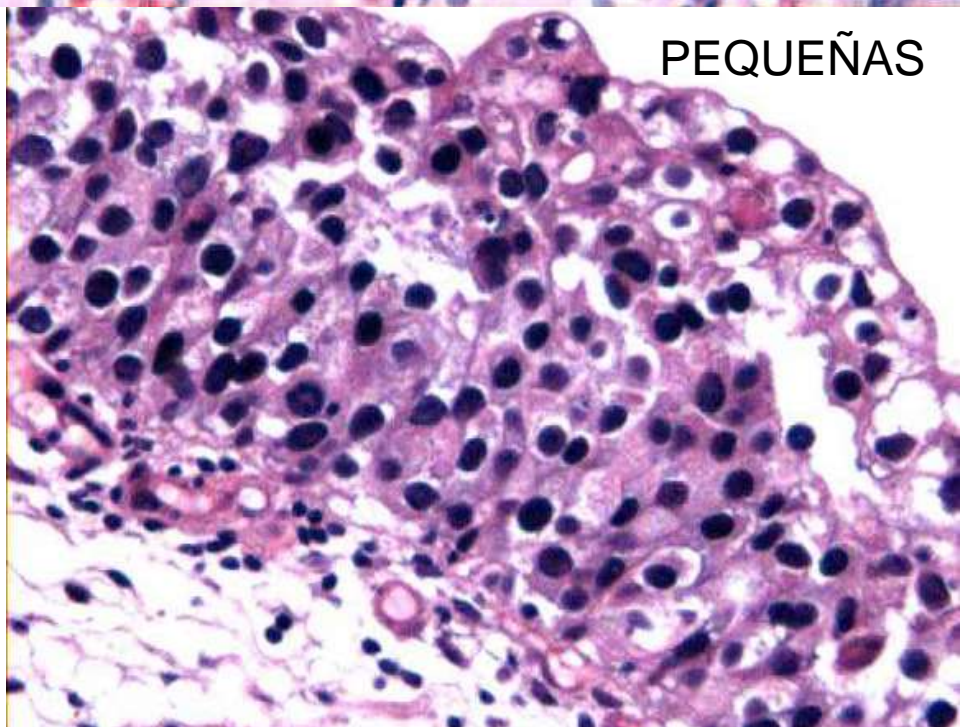
PLEOMÓRFICO



GRANDES



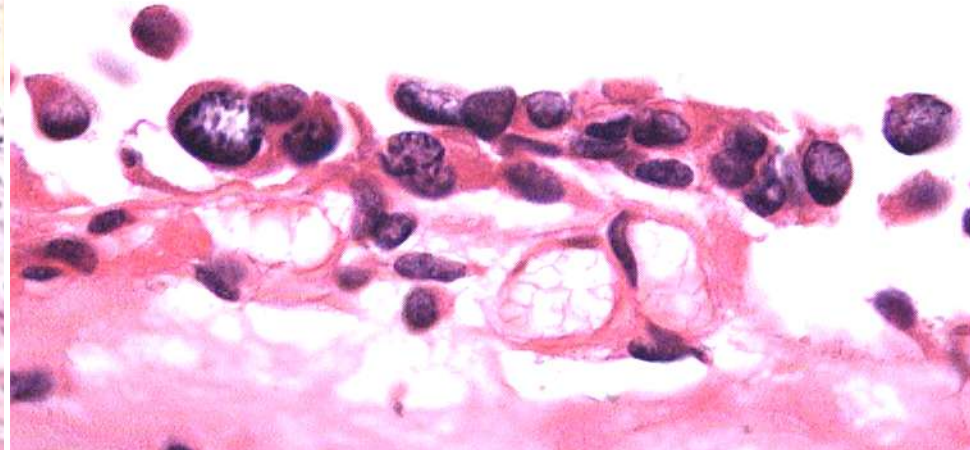
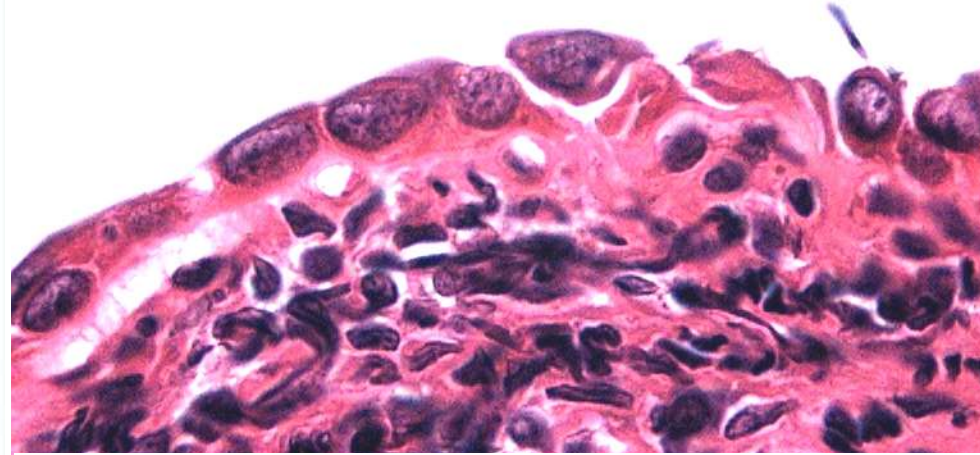
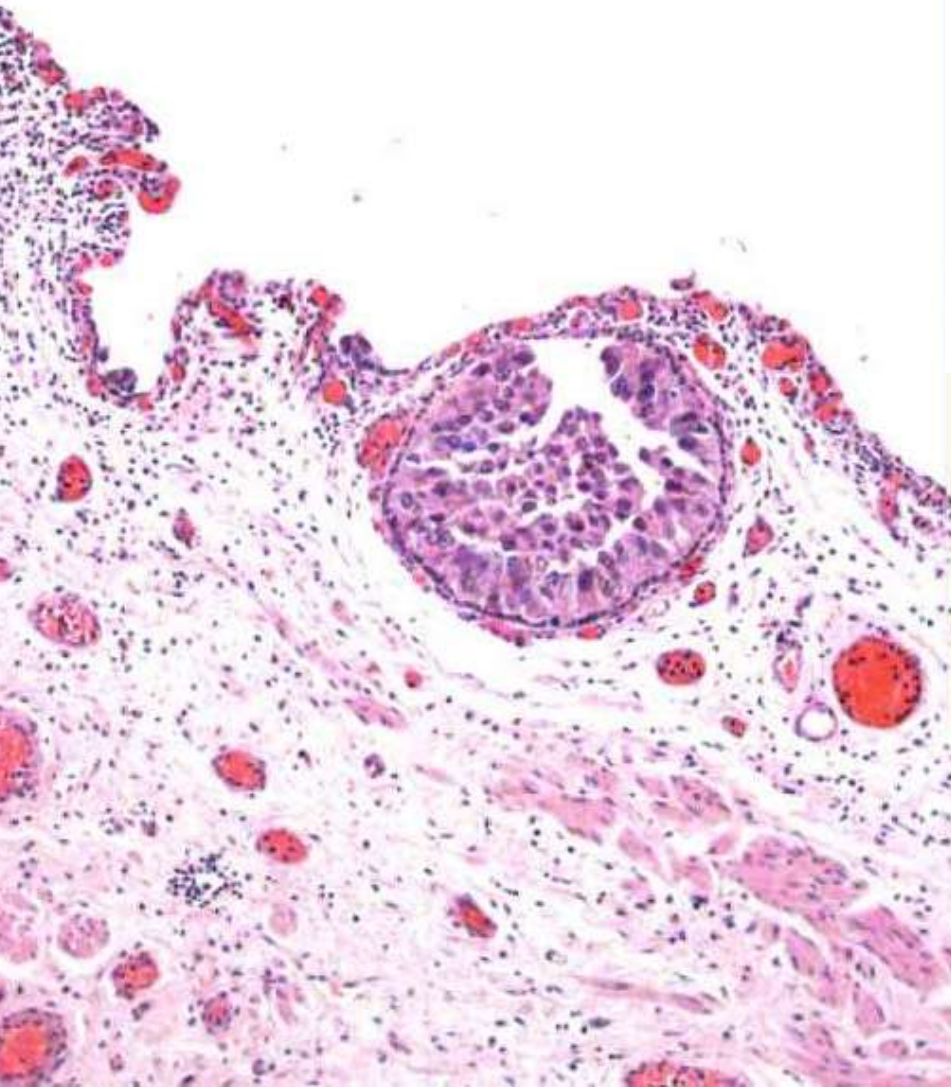
PEQUEÑAS



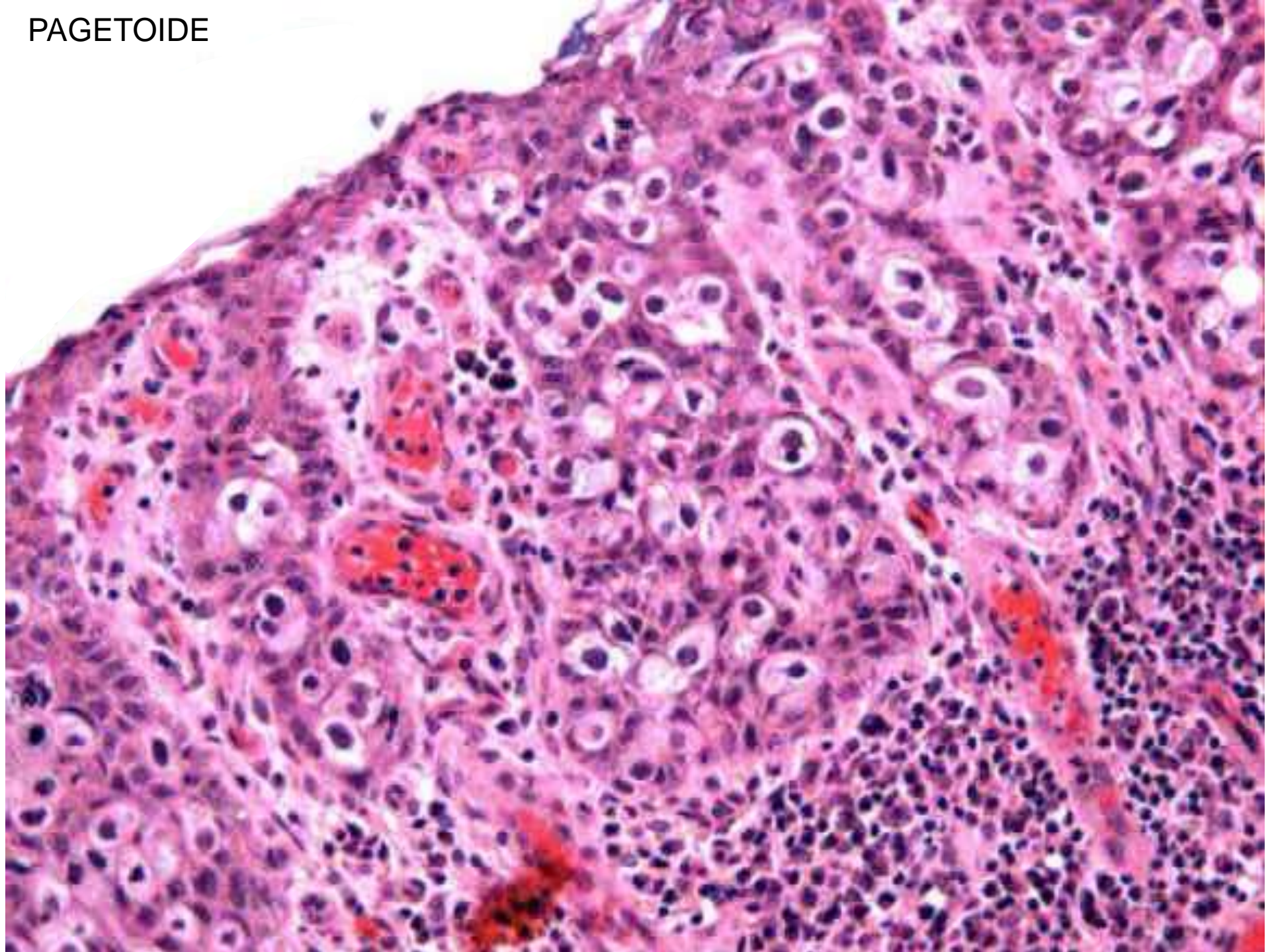
CRECIMIENTO EN "TOPO"



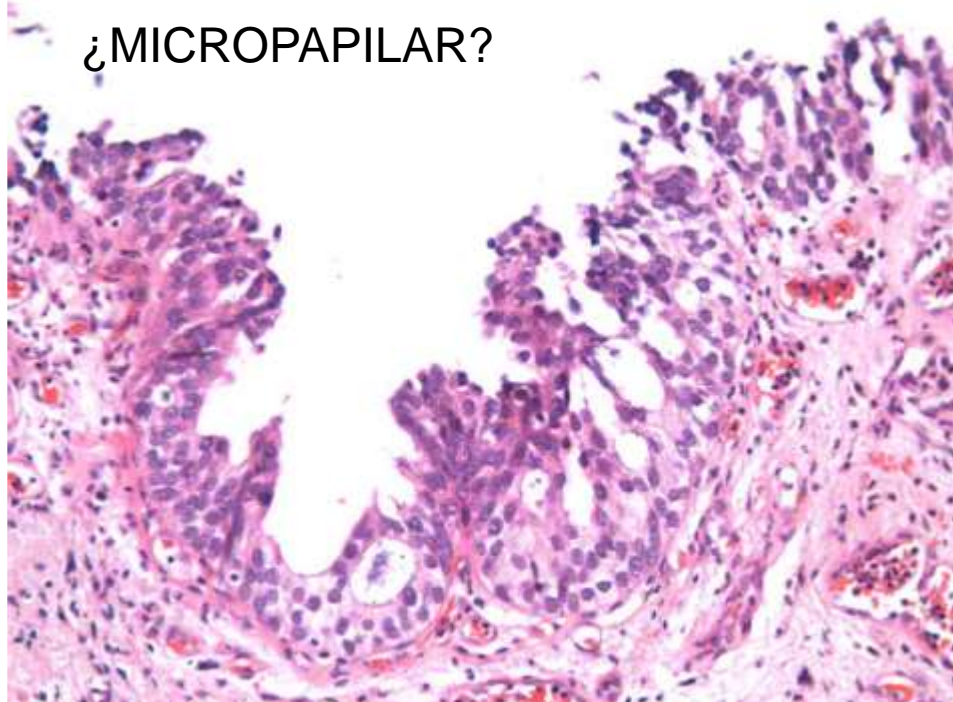
CON DENUDACIÓN (“CISTITIS MALIGNA”)



PAGETOIDE



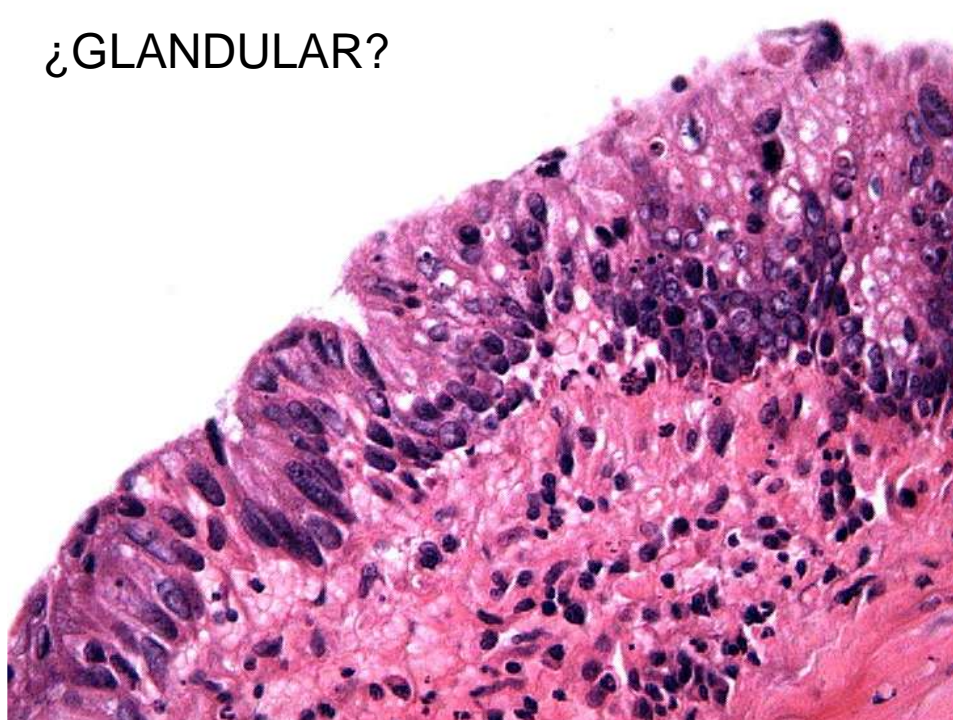
¿MICROPAPILAR?



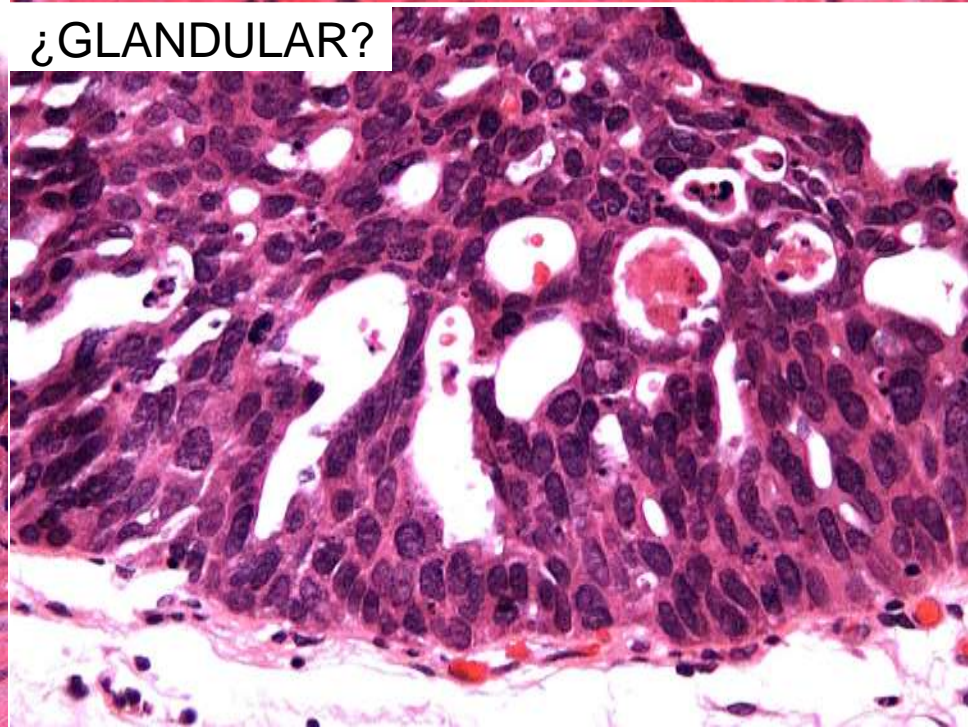
¿ESCAMOSO?



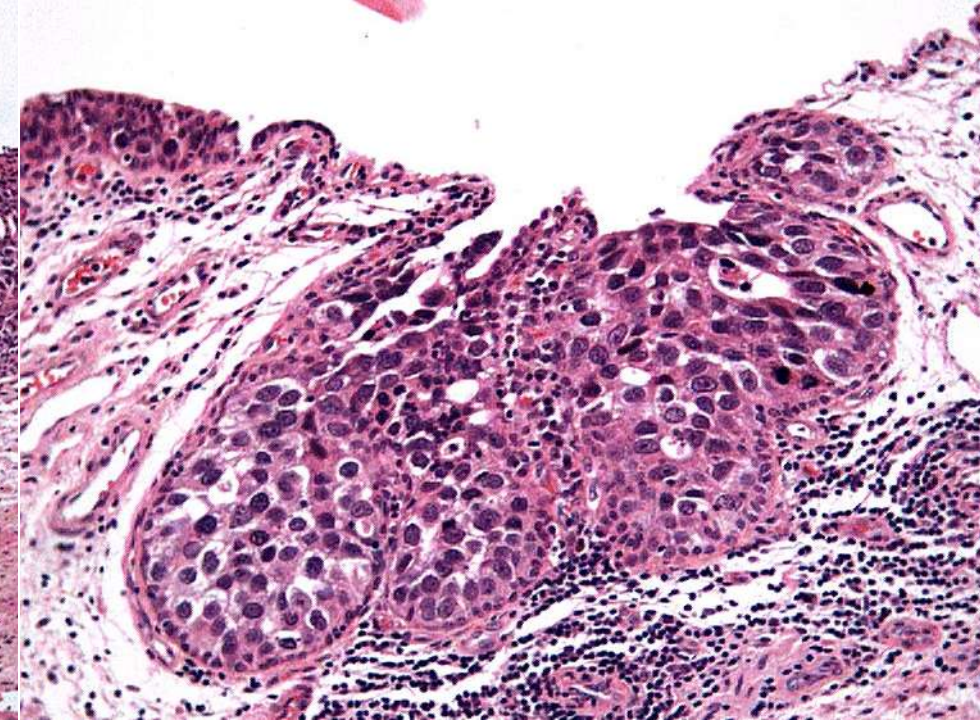
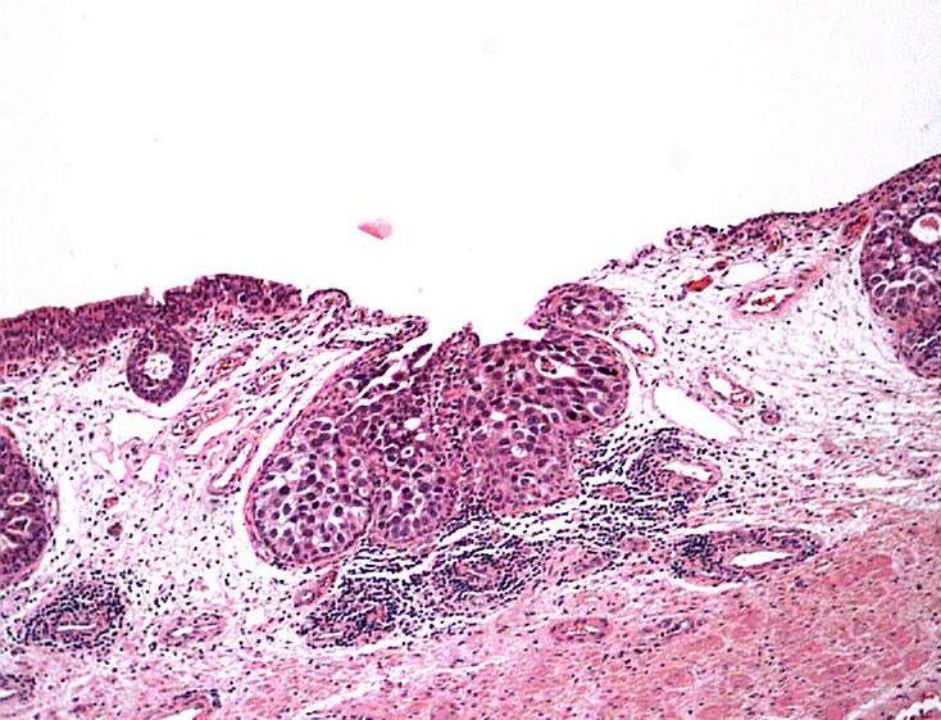
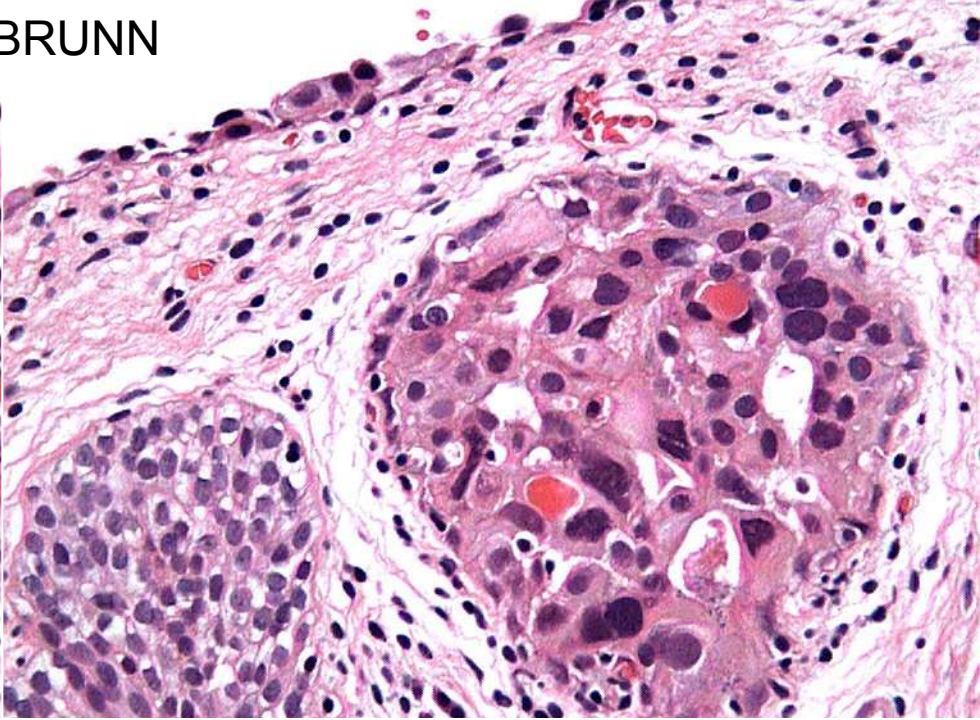
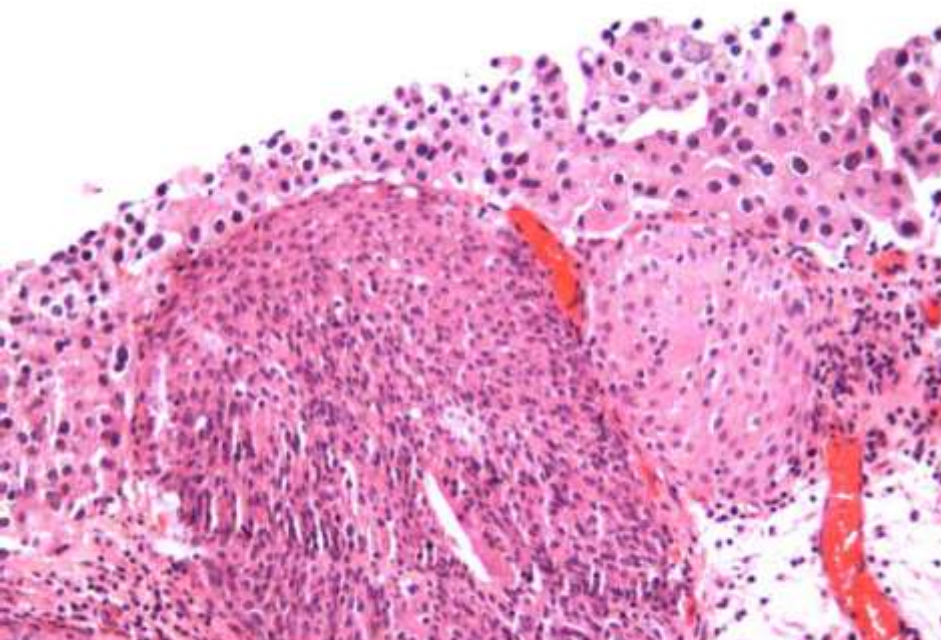
¿GLANDULAR?



¿GLANDULAR?



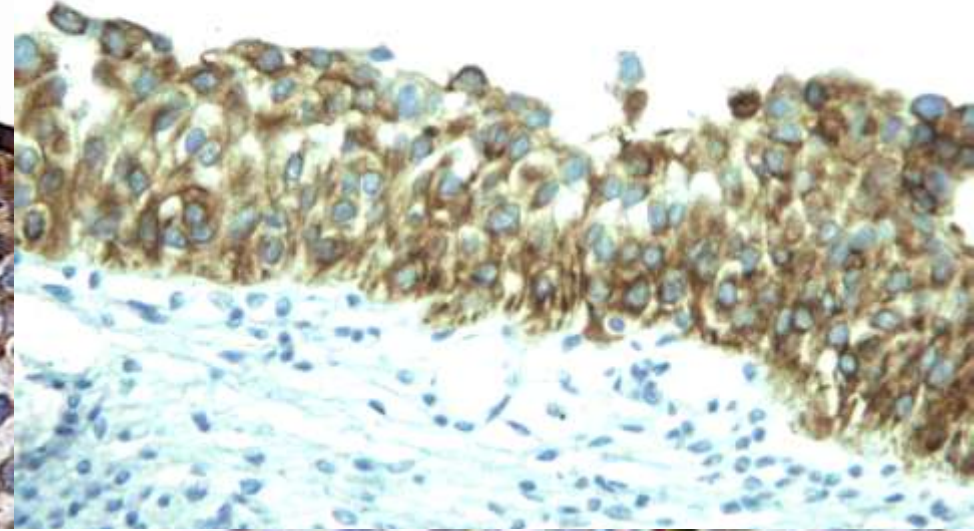
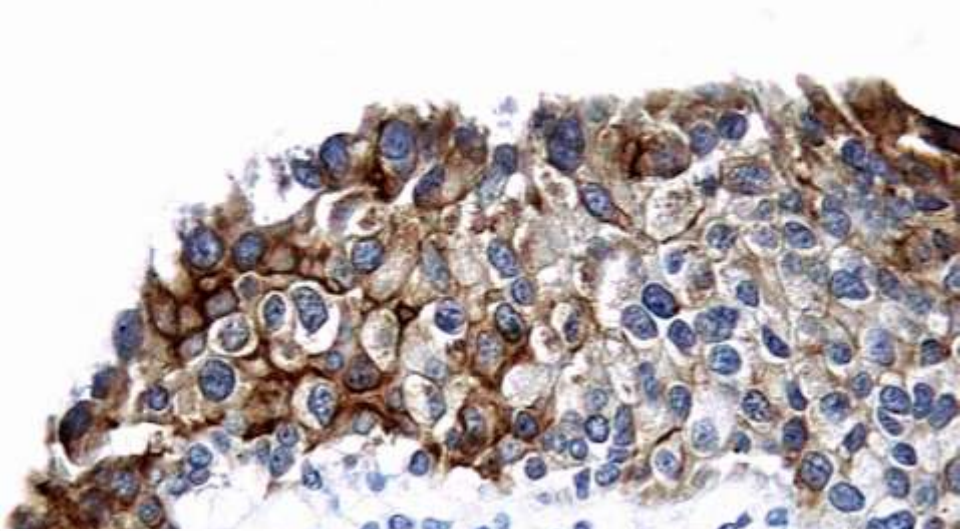
CARCINOMA "IN SITU" Y NIDOS DE von BRUNN



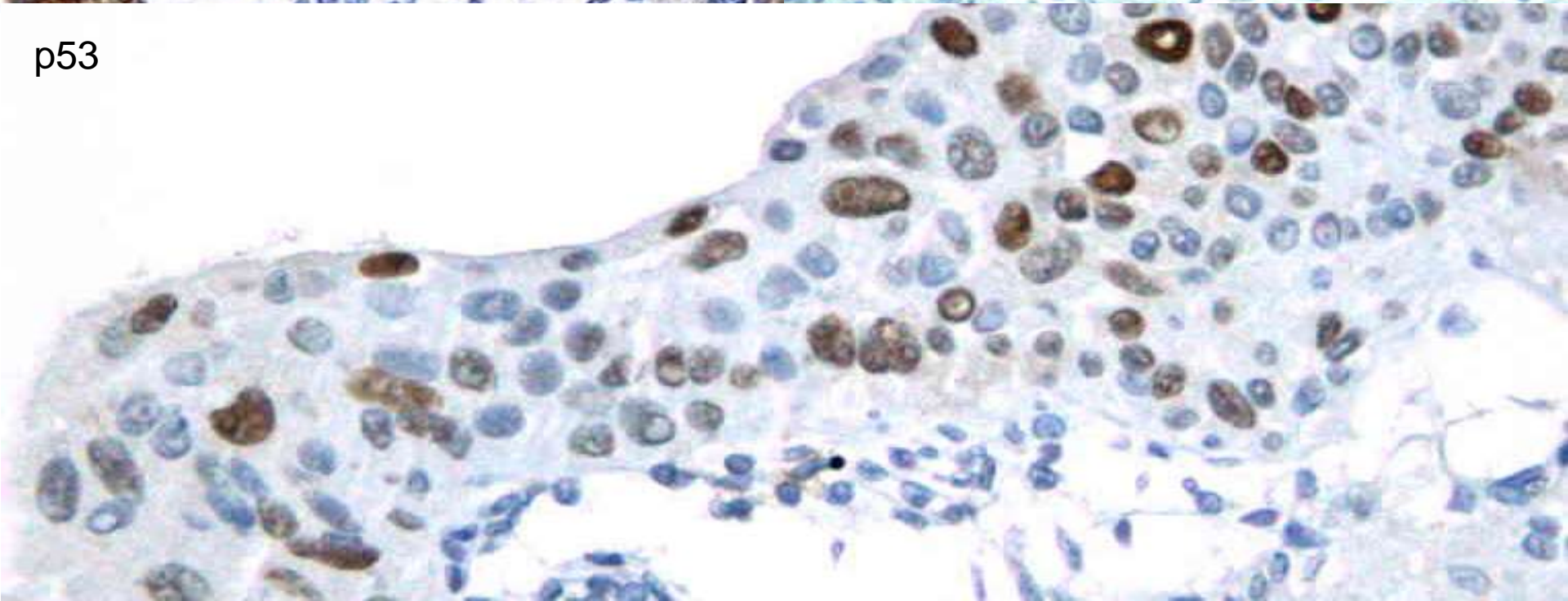
CK 20

34 β E12

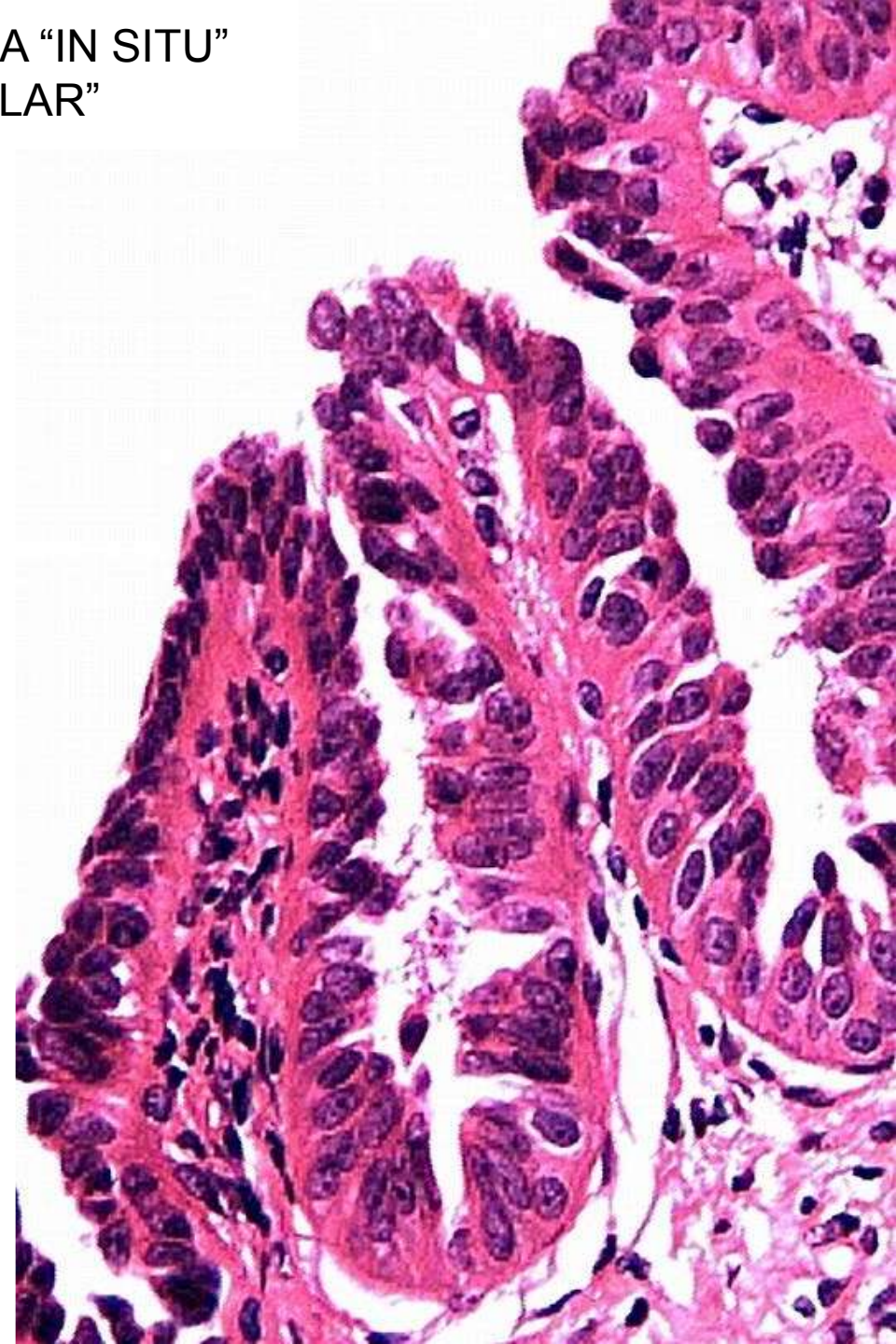
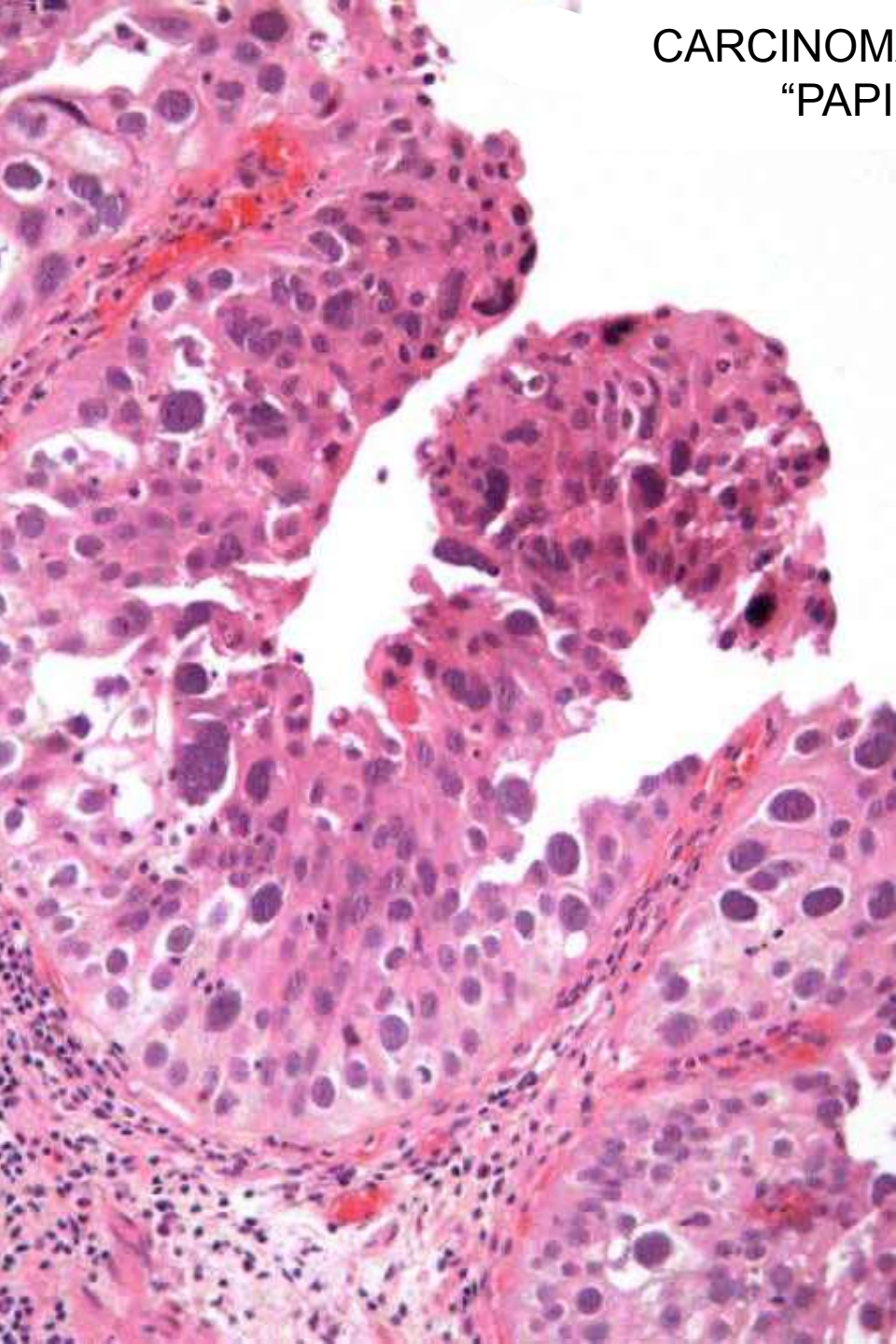
CIS Inmunohistoquímica



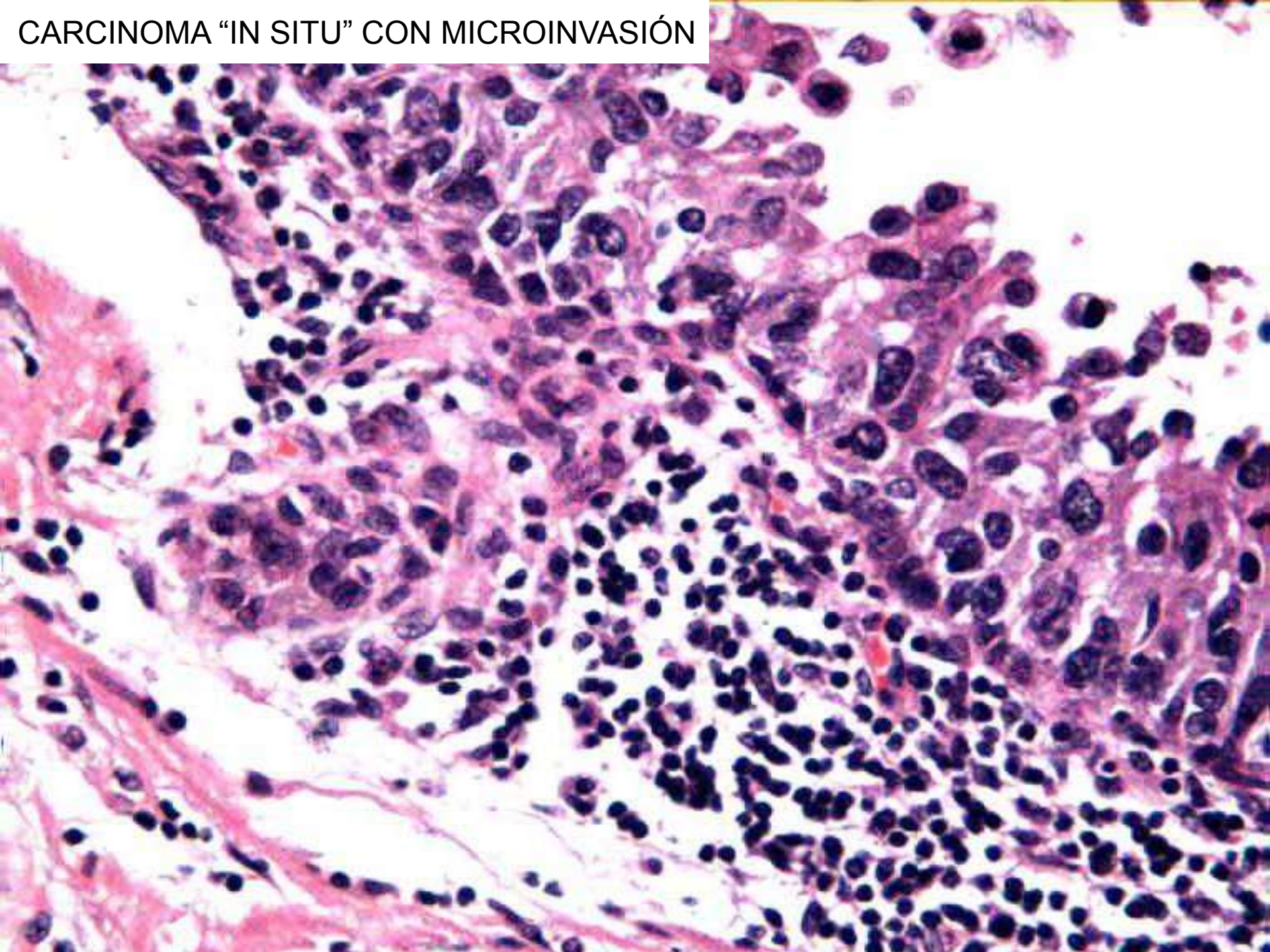
p53



CARCINOMA "IN SITU"
"PAPILAR"

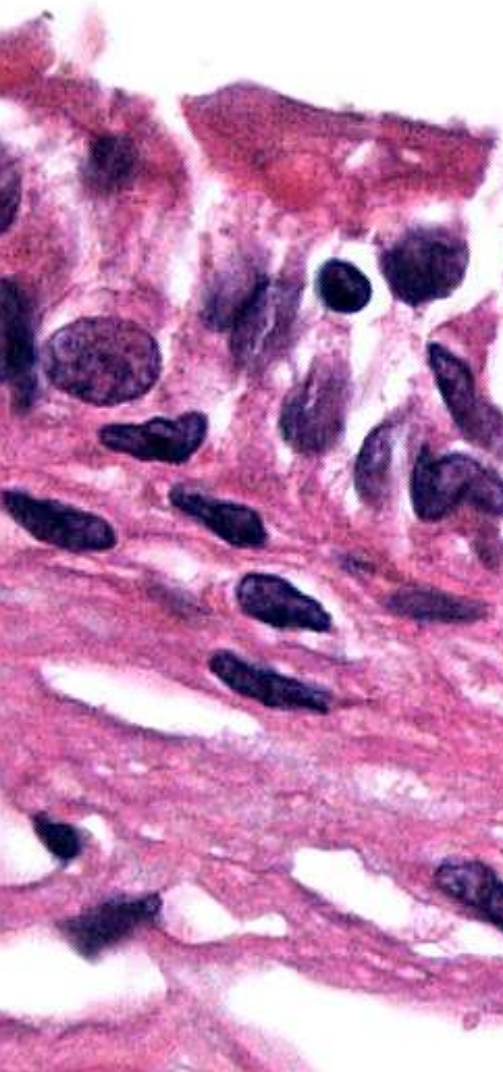


CARCINOMA "IN SITU" CON MICROINVASIÓN

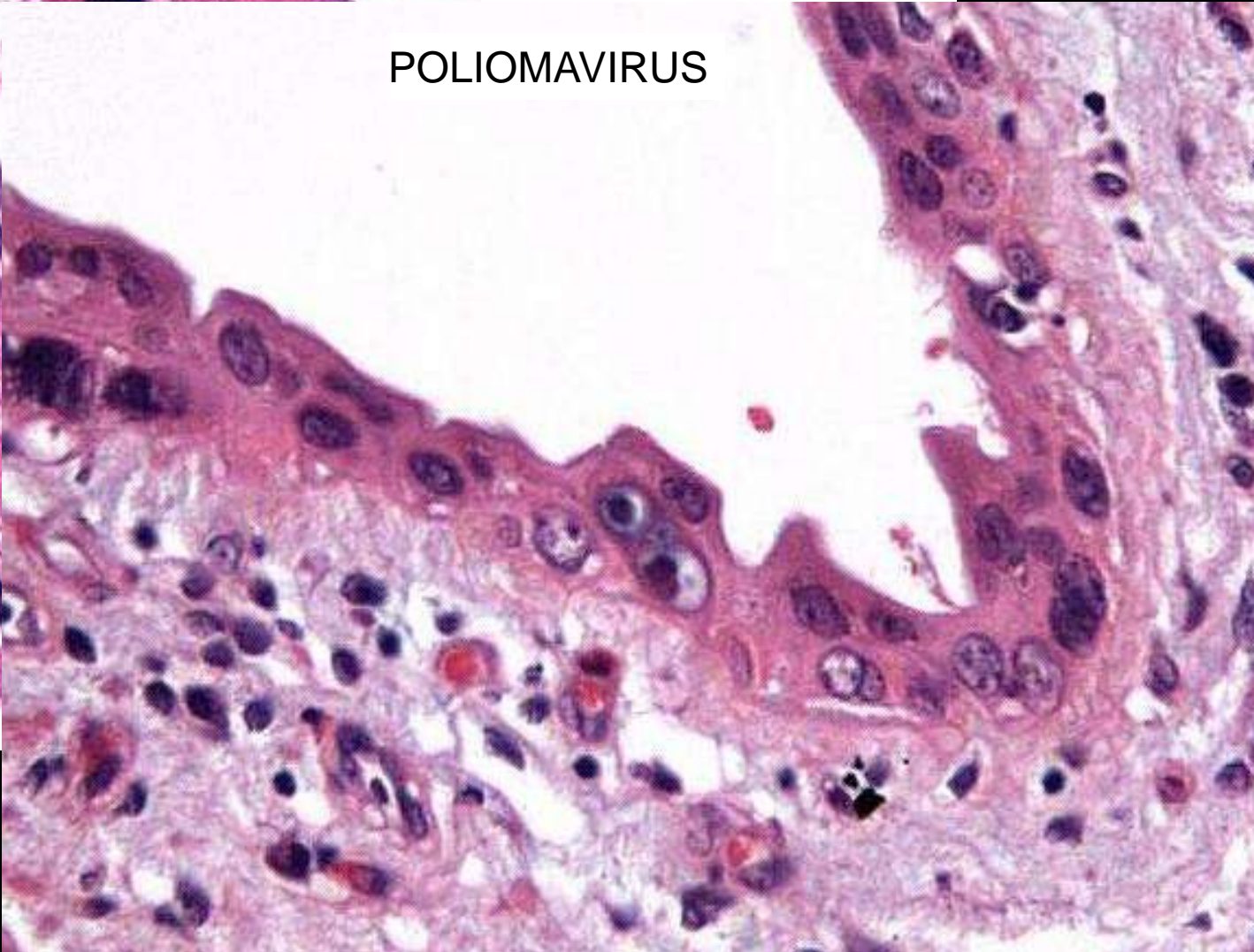


PSEUDO CARCINOMAS “IN SITU”

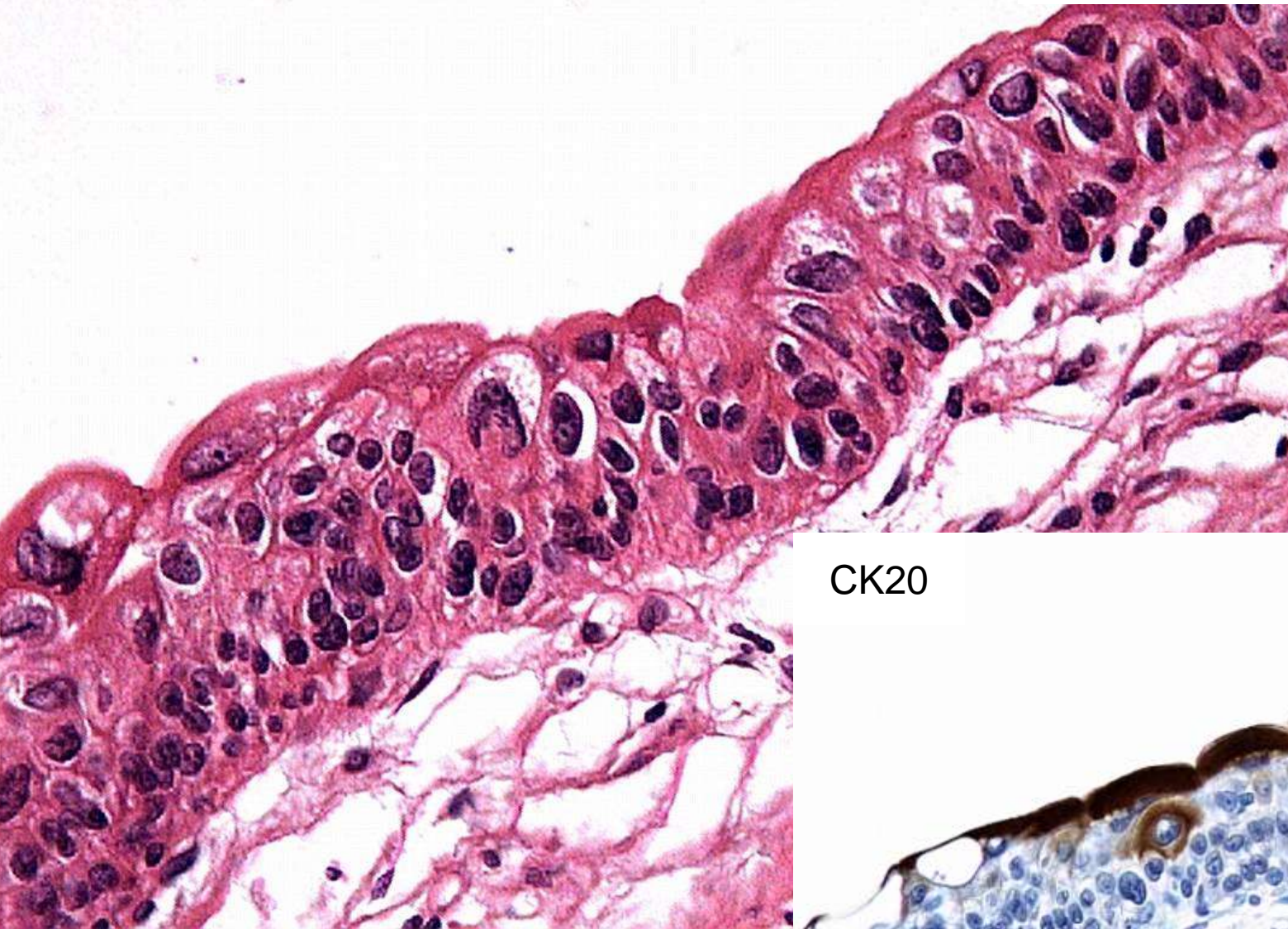
MITOMICINA



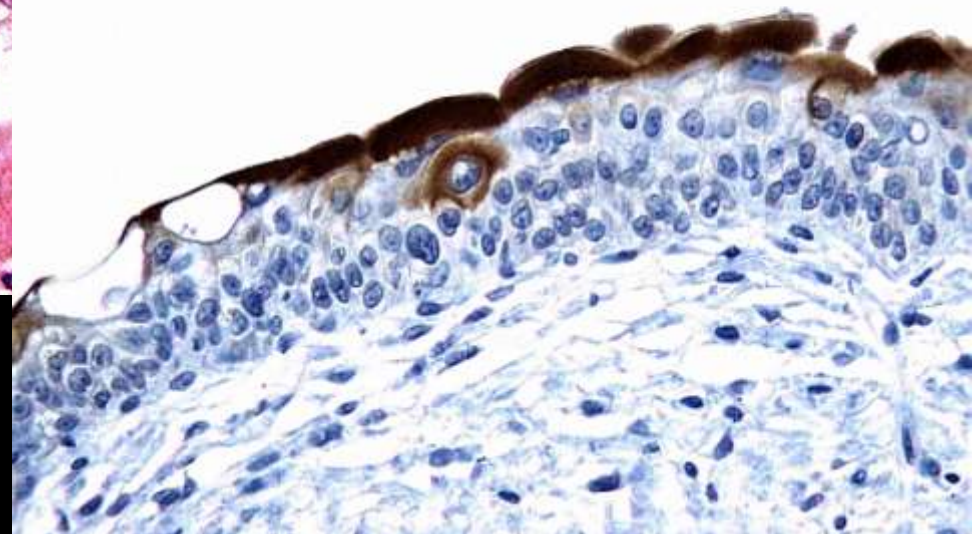
POLIOMAVIRUS



CÉLULAS SUPERFICIALES

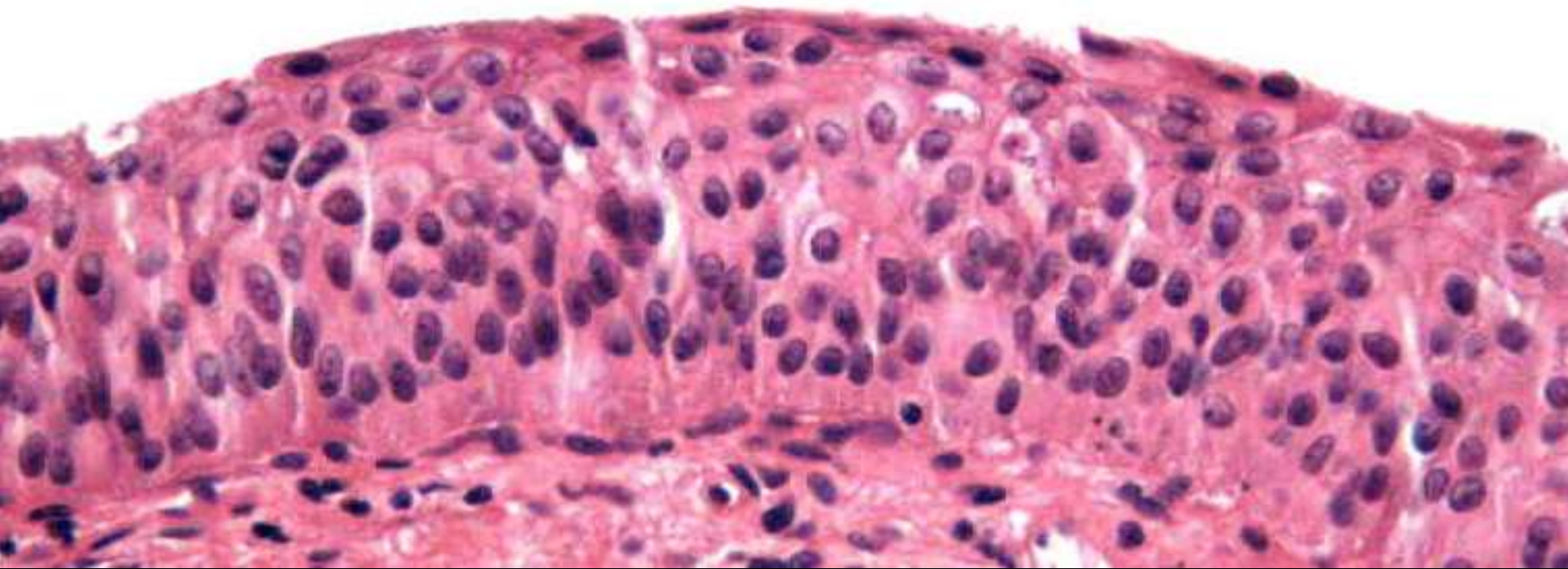


CK20



POST-BCG INTRAVESICAL





DISPLASIA UROTELIAL

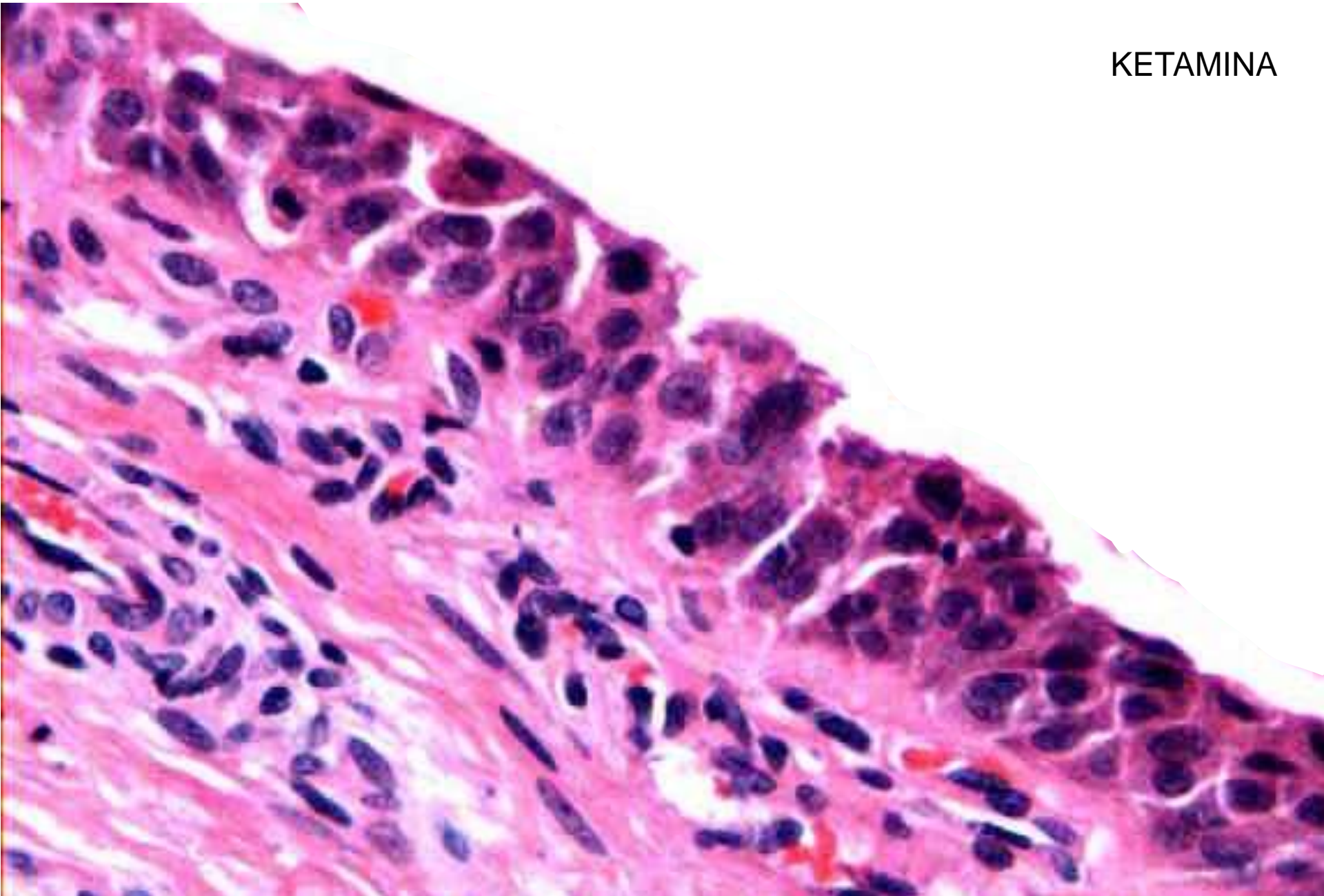
Cambios celulares insuficientes para un CIS
pero suficiente atipia como para considerarlos preneoplásicos

DISPLASIA UROTELIAL

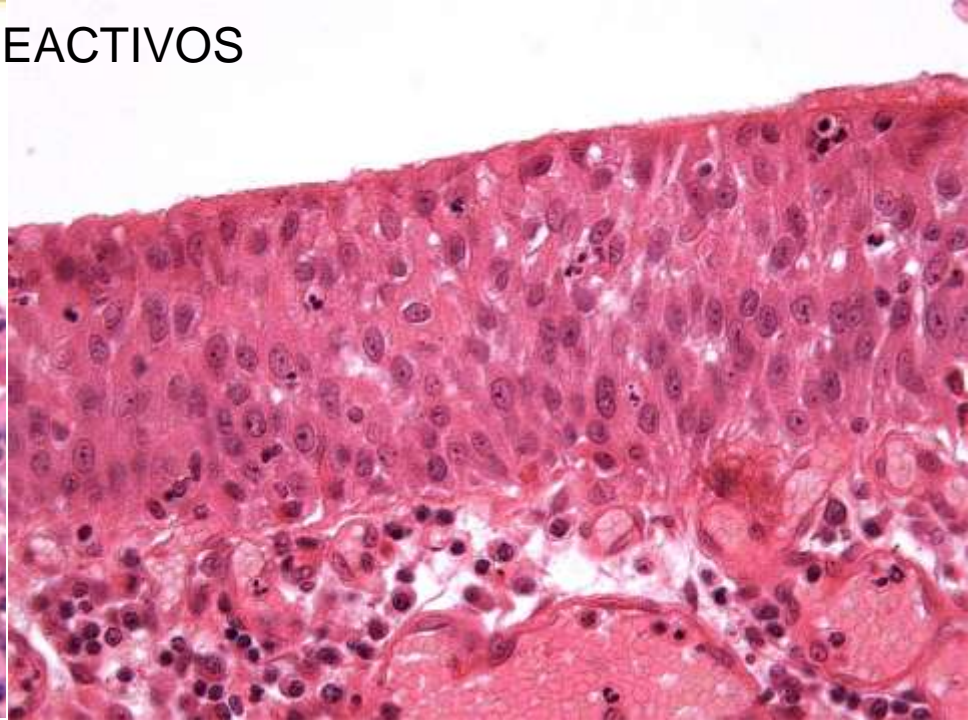
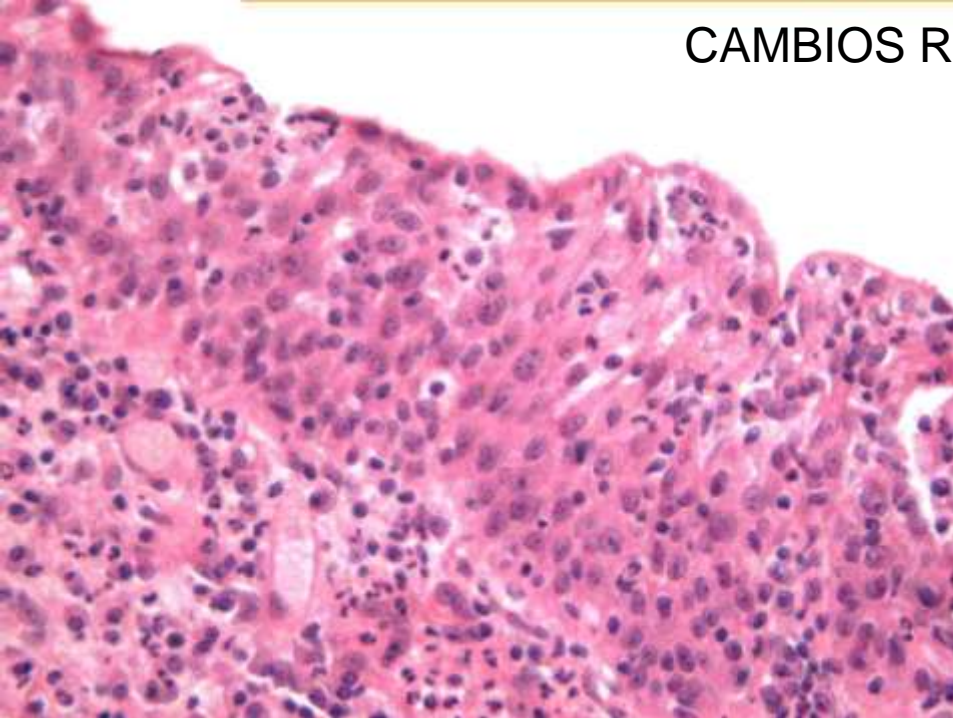
Nº capas	Variable	Límites N	Algo Pleomórficos
Polaridad	Algo Anormal	Cromatina	Algo Hiperchrom.
Citoplasma	Homogeneo	Distri.crom.	Algo Irregular
N/C	Algo Aumentada	Nucleolo	Ausentes
Posición N.	Discreta Anisocariosis.	Mitosis	Infrecuentes
		Denudación	Variable
		CK 20	Variable

DISPLASIA
O
NO DISPLASIA

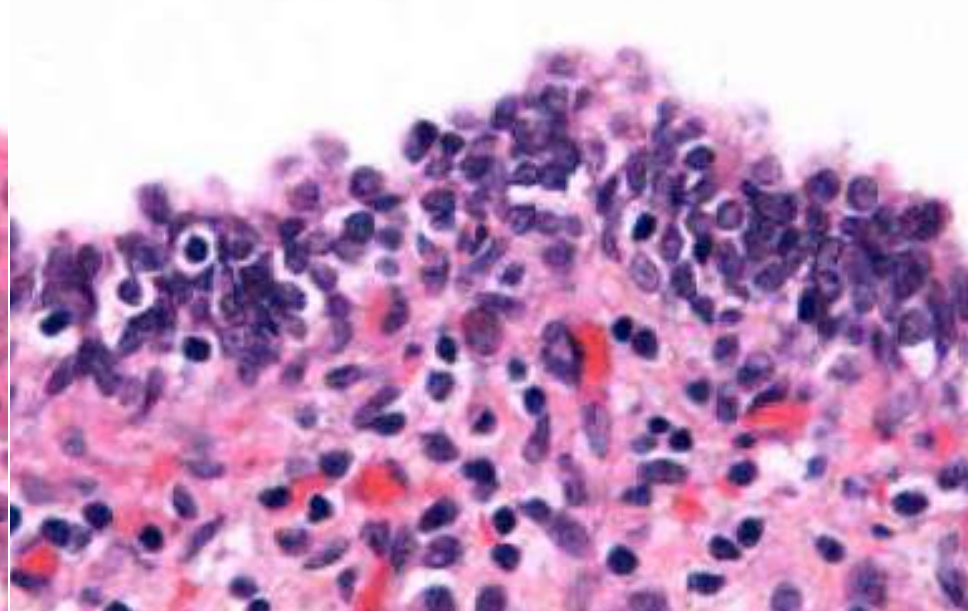
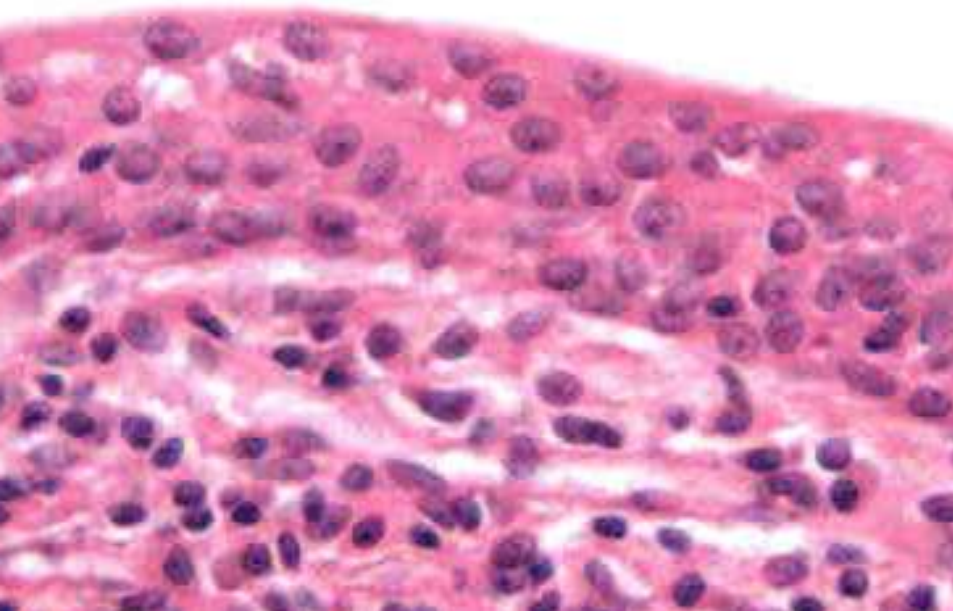
KETAMINA

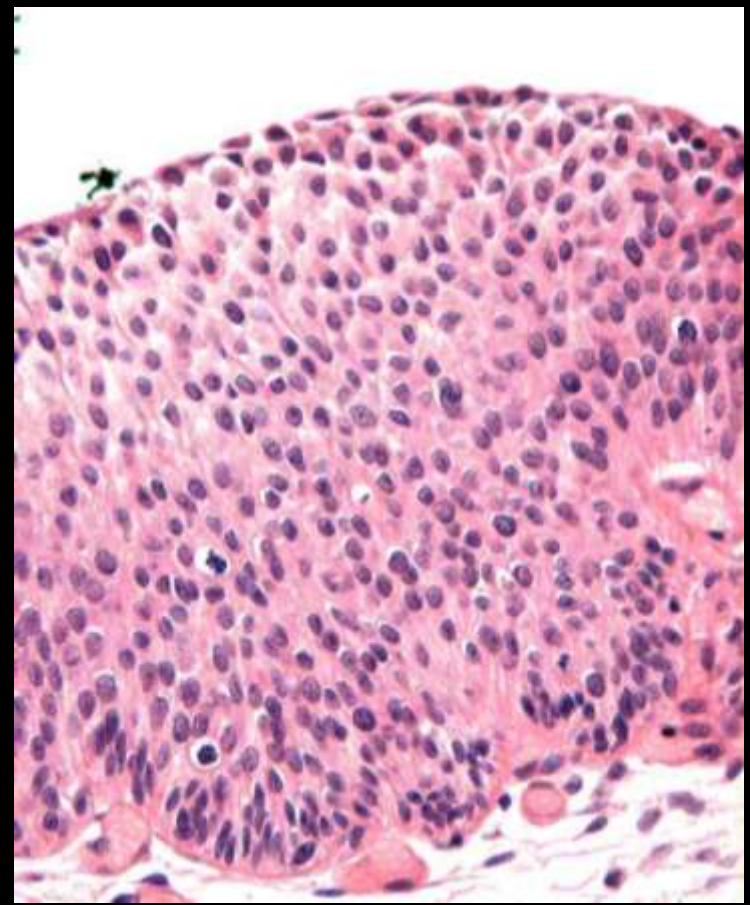
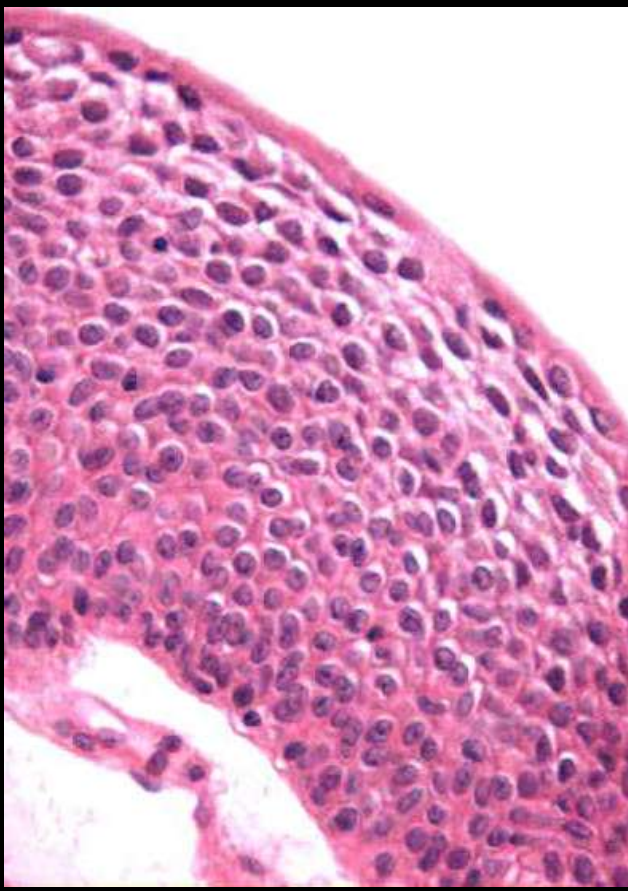


CAMBIOS REACTIVOS



REGENERACIÓN

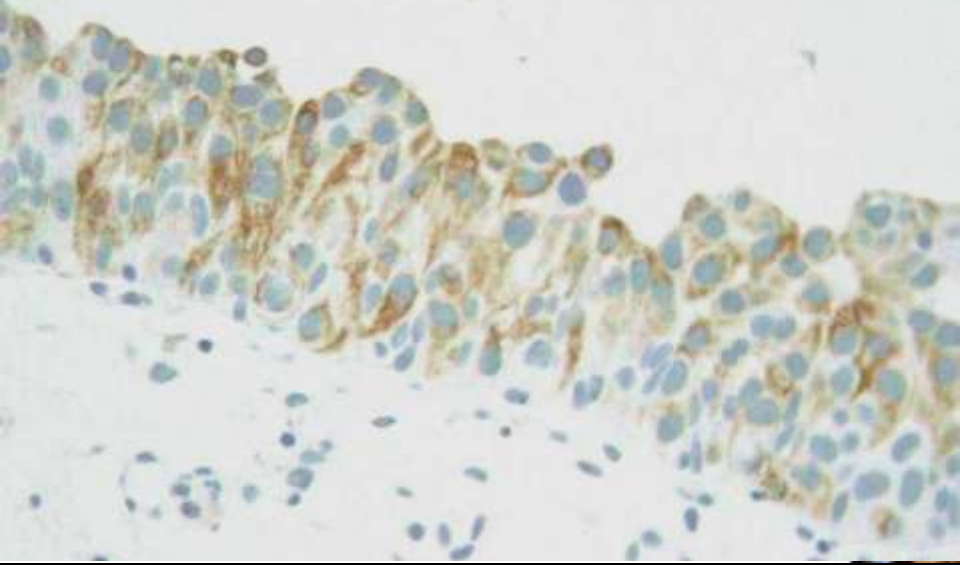




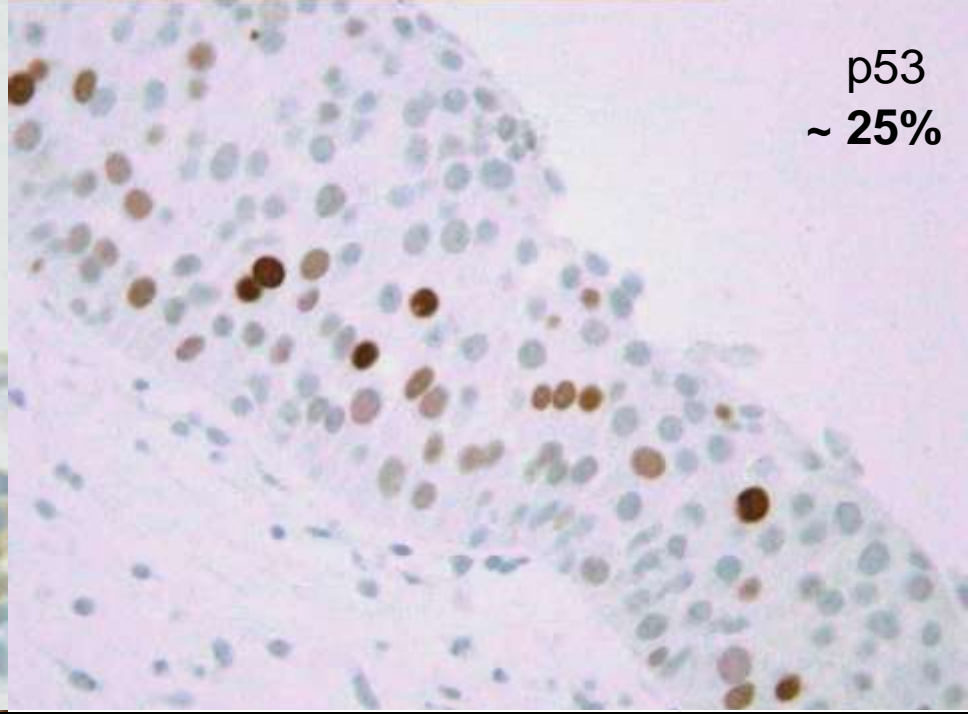
**DISPLASIA
O
CARCINOMA “IN SITU”**

A favor de displasia

CK20

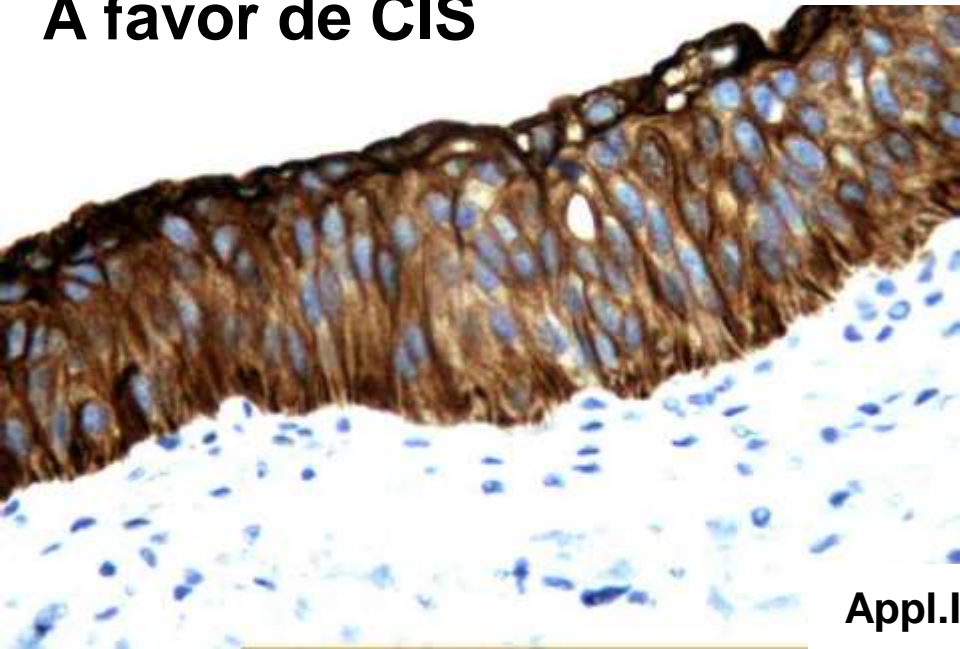


p53
~ 25%

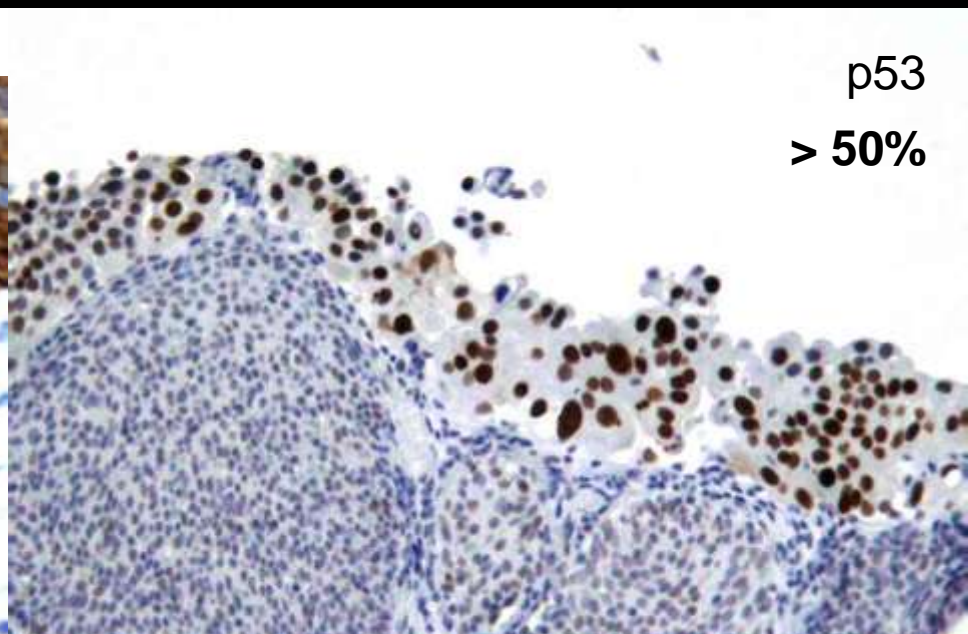


A favor de CIS

CK20



p53
> 50%



¿Cómo decidir si hay o no hay carcinoma "in situ" urotelial?

- Sólo diagnosticar CIS con seguridad total
- Cuidado con los tratamientos previos
- Atención con las variaciones de la normalidad
- Comunicar, pero no diagnosticar la denudación
- Usar inmunohistoquímica sólo ocasionalmente