



XXV CONGRESO DE LA SOCIEDAD ESPAÑOLA DE ANATOMÍA PATOLÓGICA Y DIVISIÓN ESPAÑOLA DE LA INTERNATIONAL ACADEMY OF PATHOLOGY

XX CONGRESO DE LA SOCIEDAD ESPAÑOLA DE CITOLOGÍA

I CONGRESO DE LA SOCIEDAD ESPAÑOLA DE PATOLOGÍA FORENSE

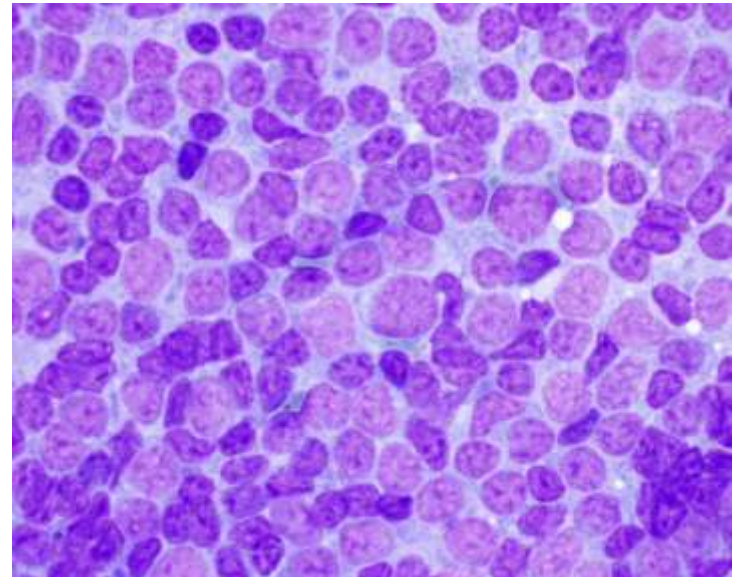
Fallos en la PAAF de Ganglios Linfáticos

M. Evelina Mendonça

Hospital da Luz, Lisboa, Portugal

PAAF de LINFADENOPATIAS

Citología
+
Clínica
+
Radiología
Laboratório



Alta eficácia
diagnóstica

Más con fallos....

- **Relacionados con la muestra**
- **Relacionados con la historia clínica**
- **Relacionados con el “screening” ó con la interpretación**
- **Relacionados con la interpretación de las técnicas complementarias**

Más con fallos....

- **Relacionados con la muestra**
 - Problemas con la técnica del frotis
 - Técnicas complementarias mal seleccionadas
 - Necrosis extensa
 - Lesiones quísticas
 - Afectación parcial del ganglio
 - Coexistencia de dos enfermedades en el mismo ganglio
- **Relacionados con la historia clínica**
 - Deficiente
 - Interpretación morfológica condicionada por la clínica

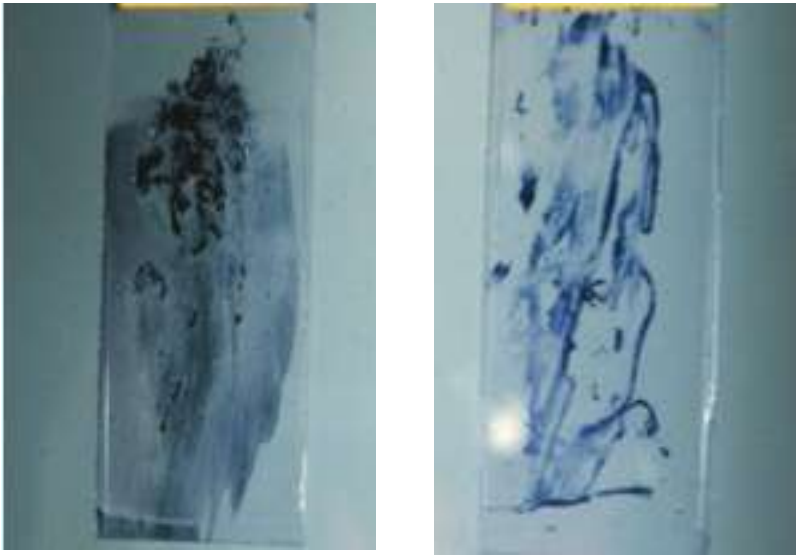
Más con fallos....

- **Relacionados con el *screening*/interpretación**
 - Presencia de rasgos morfológicos distintos
 - Células diagnósticas en número reducido
 - Morfología parecida (“look-alike”)
- **Relacionados con la interpretación de las técnicas complementarias**

Fallos relacionados con

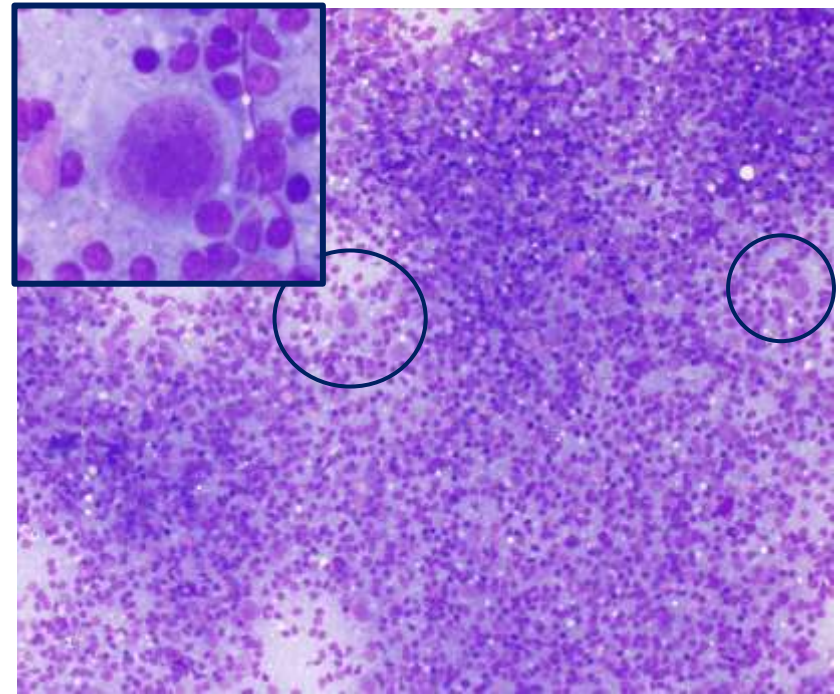
Problemas con la técnica

Con el frotis



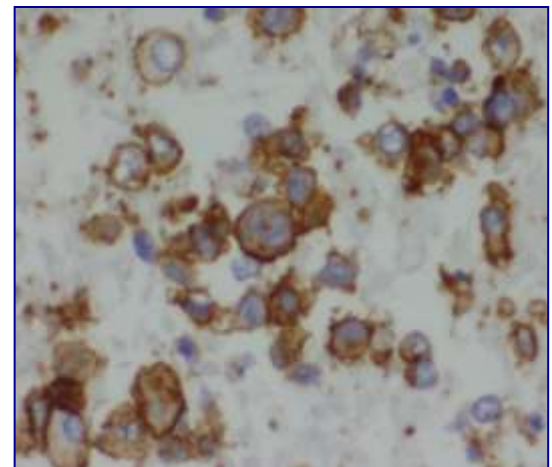
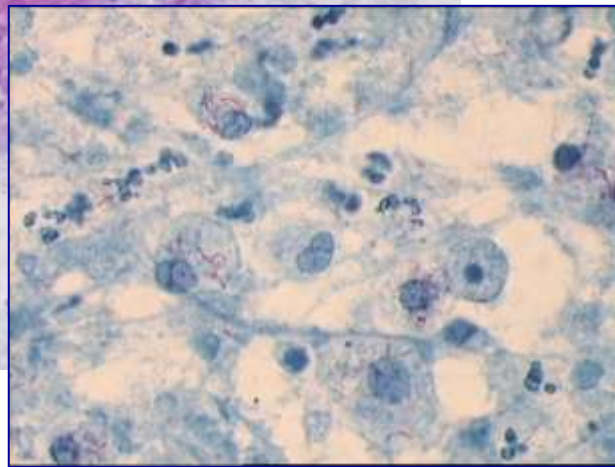
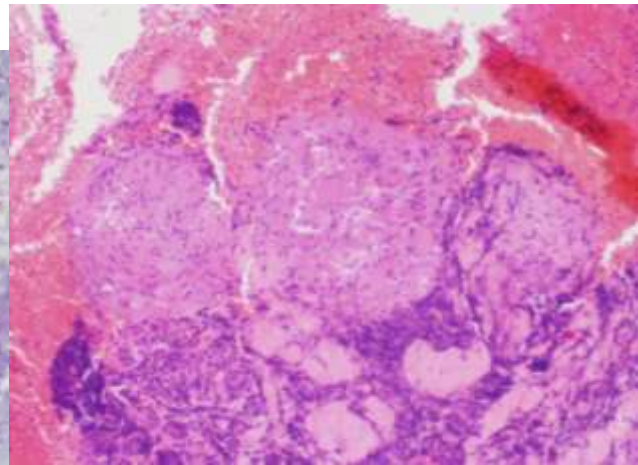
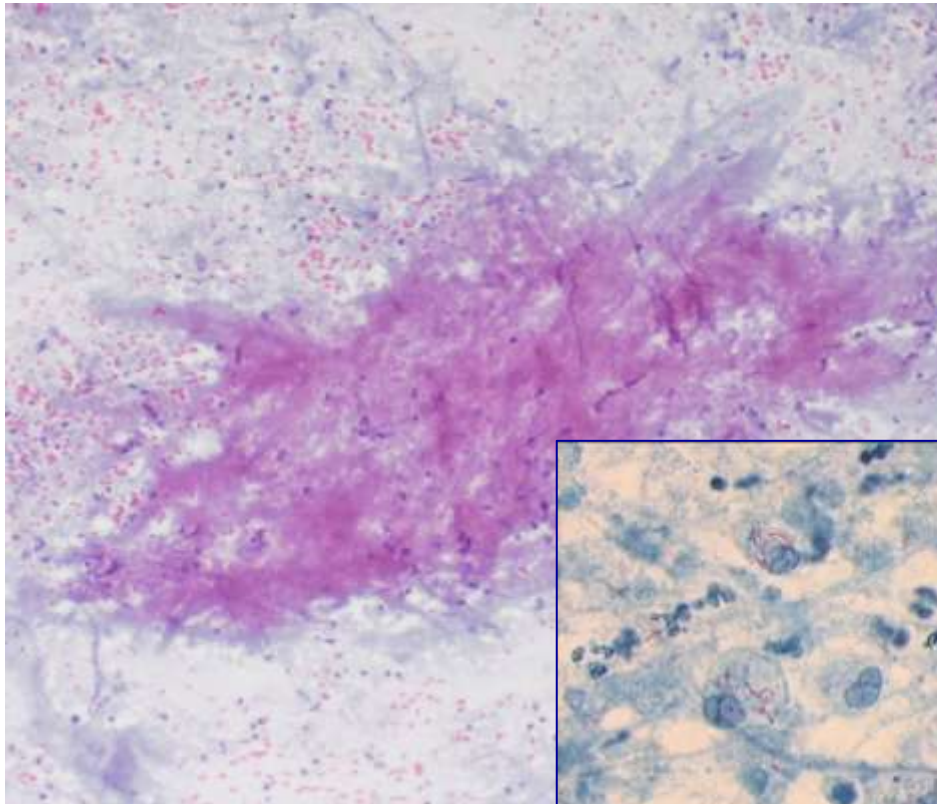
o con la fijación, la tinción, etc

Técnicas complementarias mal seleccionadas

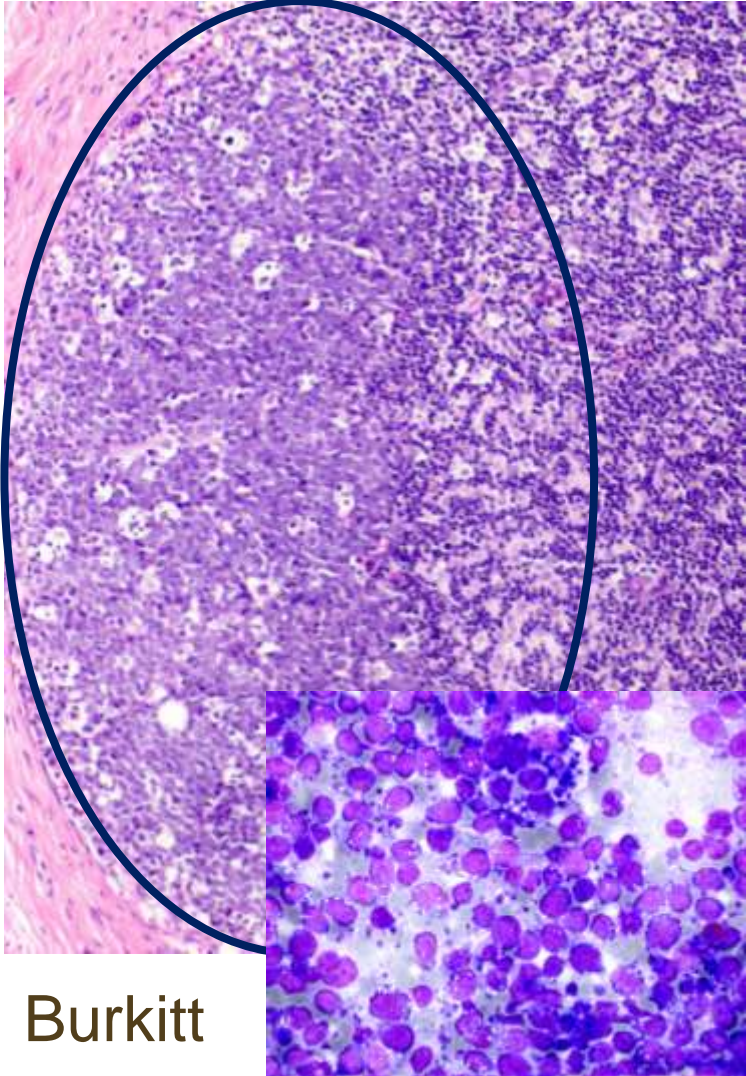


Citometría ?
NO! Inmunocitoquímica!

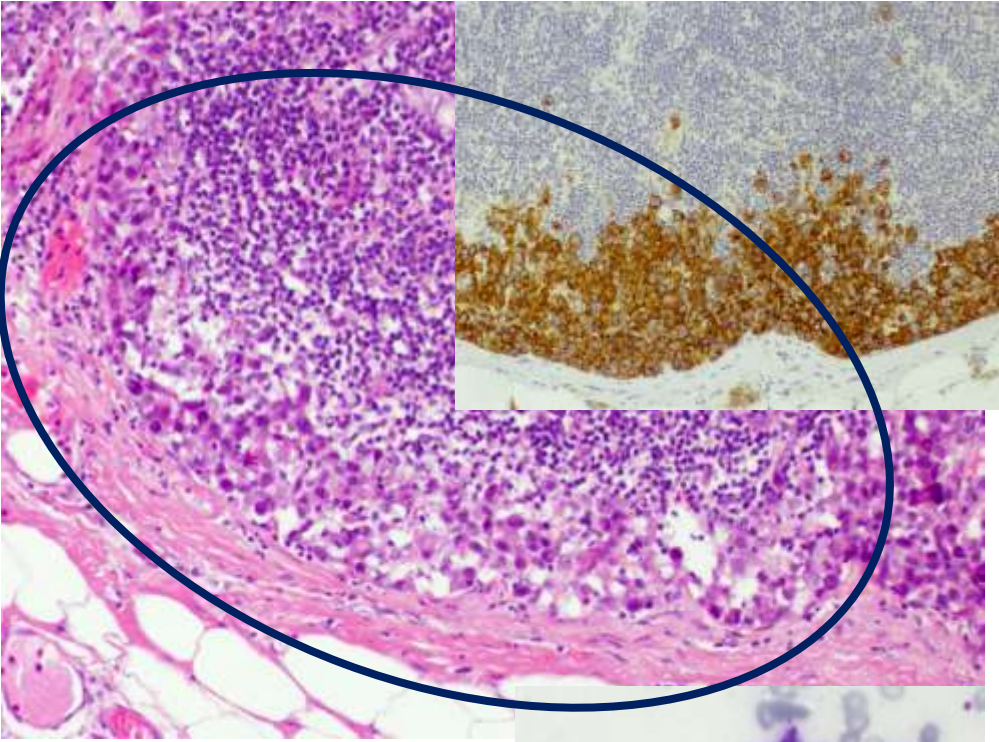
presencia de necrosis extensa



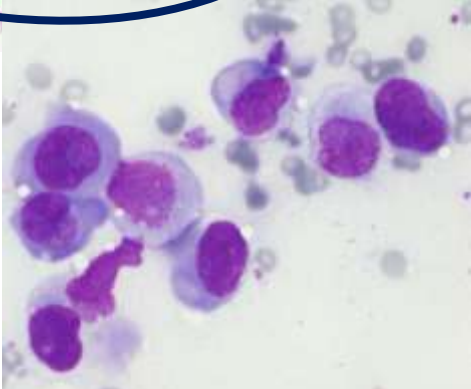
afectación parcial del ganglio



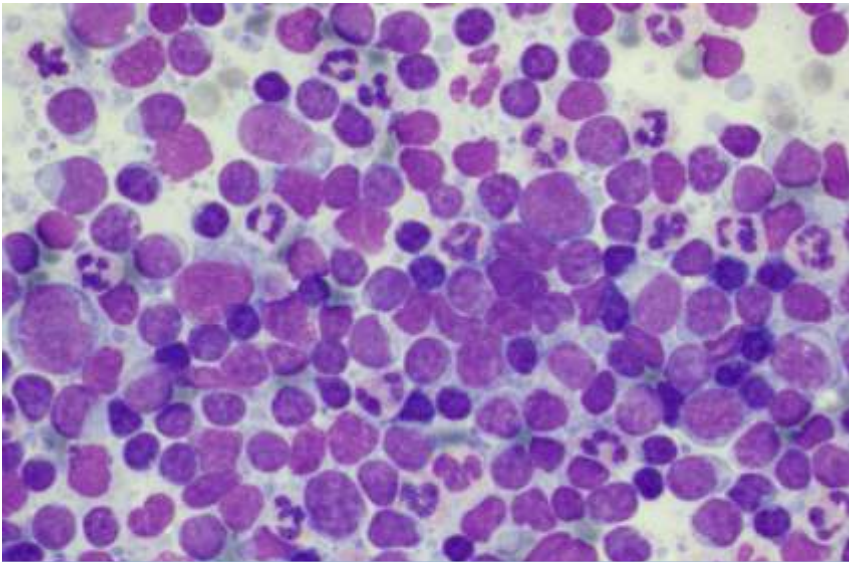
Burkitt



LNH anaplásico

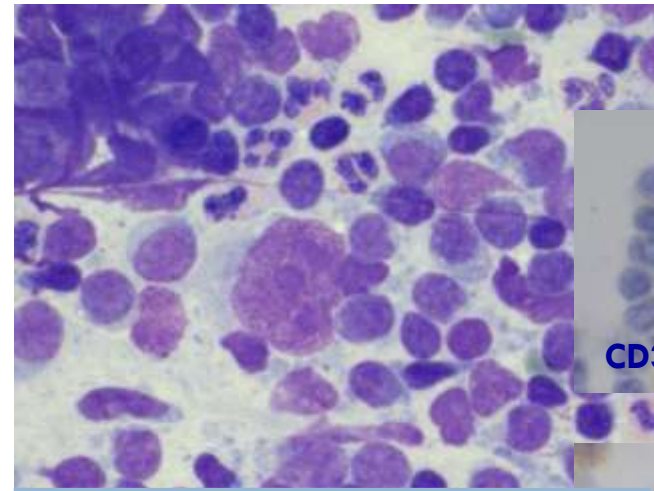


coexistencia de dos enfermedades en el mismo ganglio

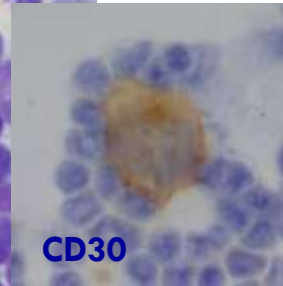


Linfoma folicular

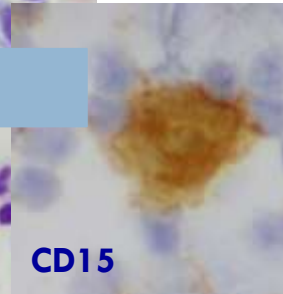
40% de células B
CD19+, CD20++, CD10+,
CD5-, CD23-, λ +, k-
4% de linfocitos B policlonales
24% de linfocitos T



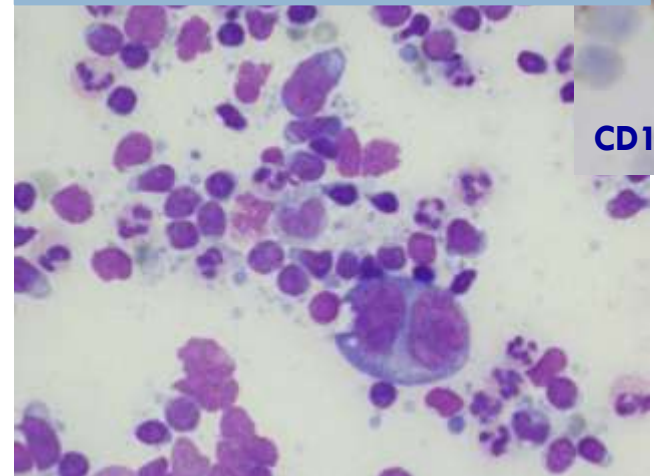
Linfoma de Hodgkin



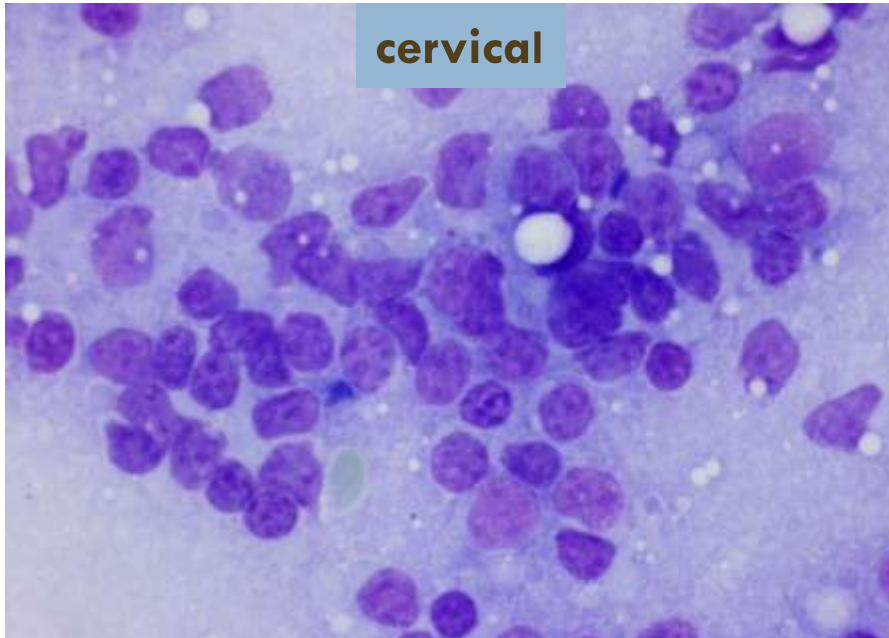
CD30



CD15



o en ganglios distintos.....



cervical

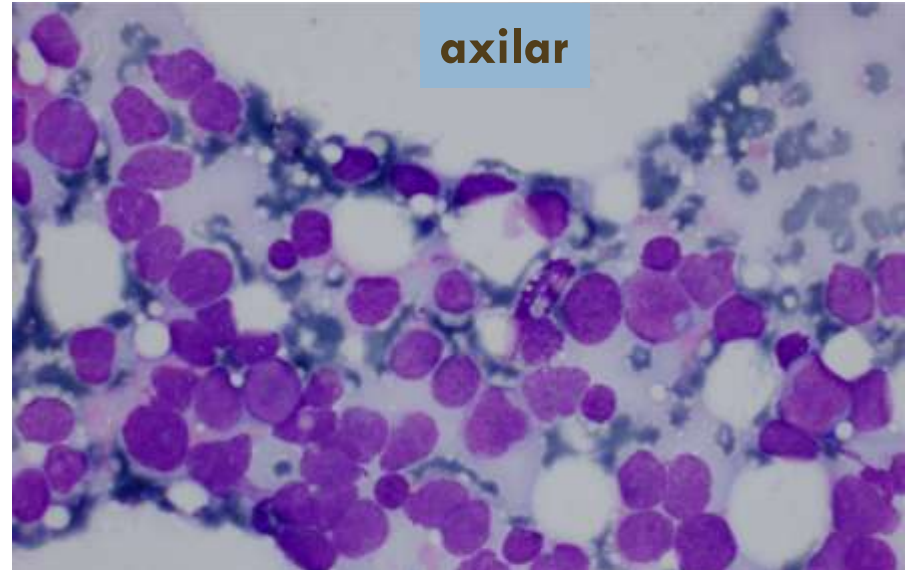
LLC

Citometría de flujo:

21% de linfocitos T

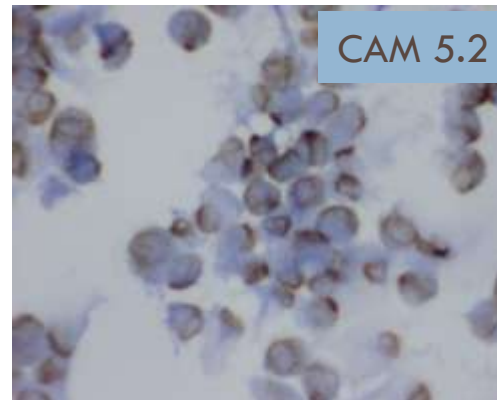
75% de células B:

CD19+, CD20+, CD10-
CD5+, CD23+, k+, λ-

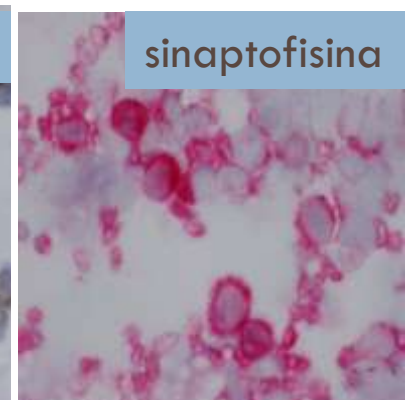


axilar

Met carcinoma neuroendocrino

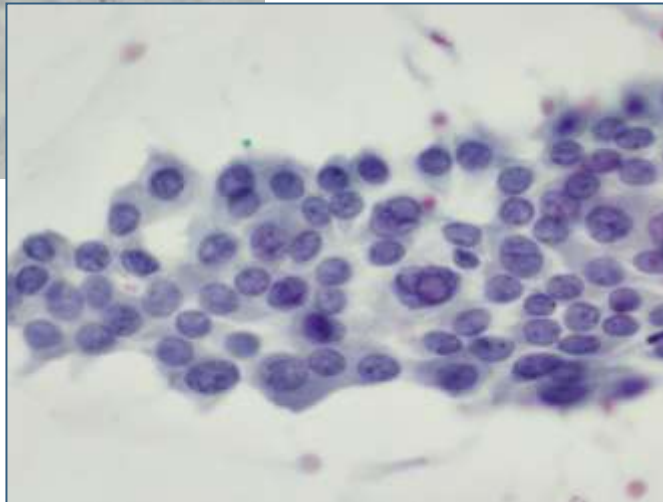
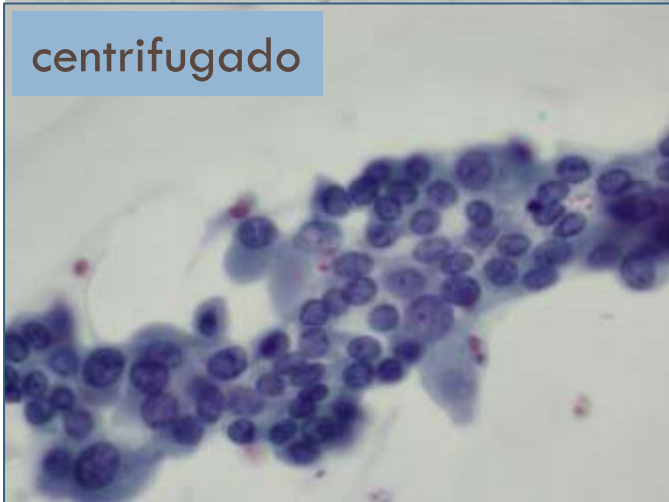
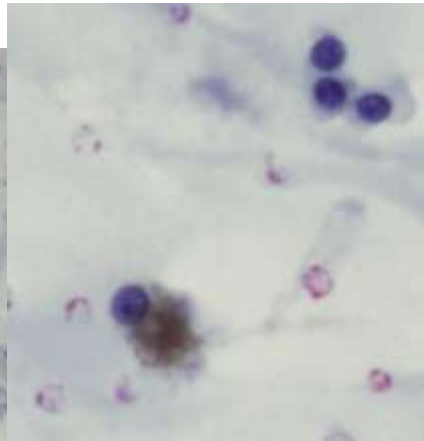
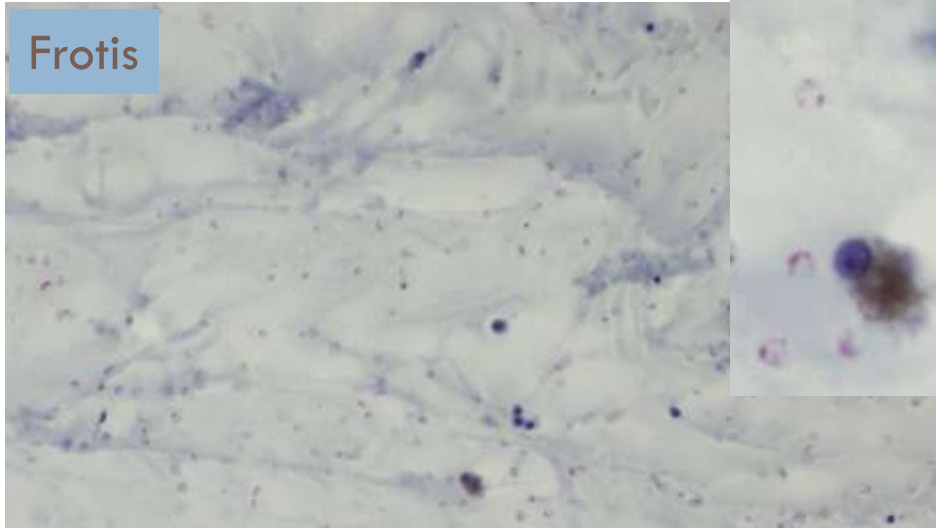


CAM 5.2



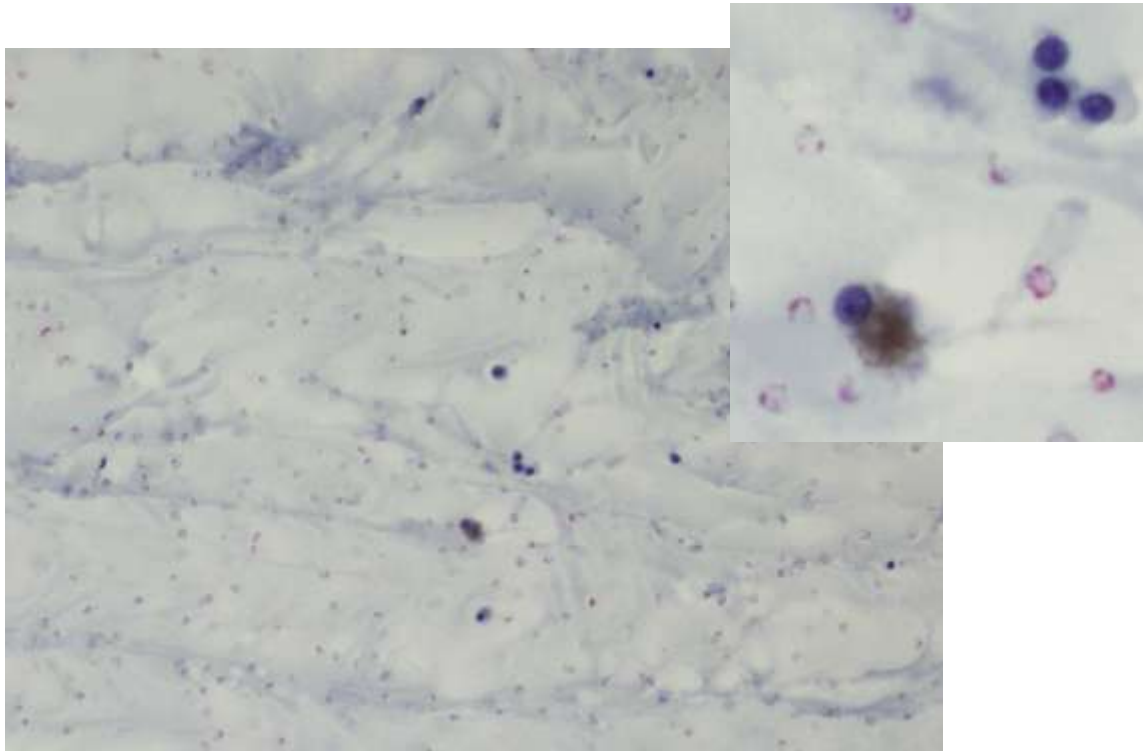
sinaptofisina

Lesiones quísticas



Metástasis
de
carcinoma
papilar de
tiroides

Lesiones quísticas

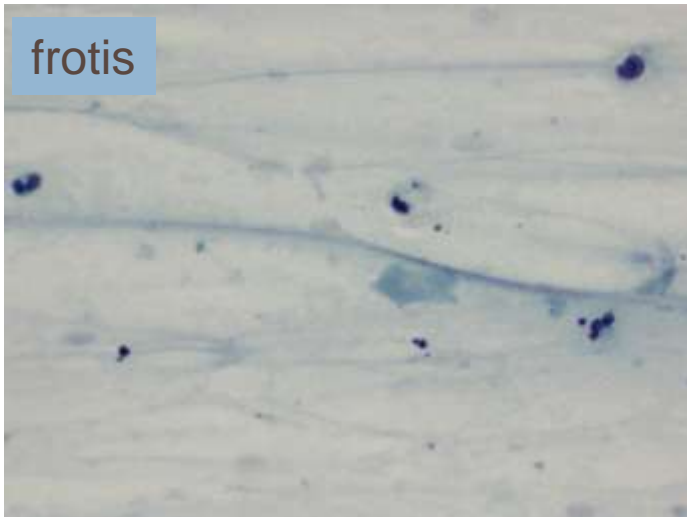


Metástasis
de
carcinoma
papilar de
tiroides

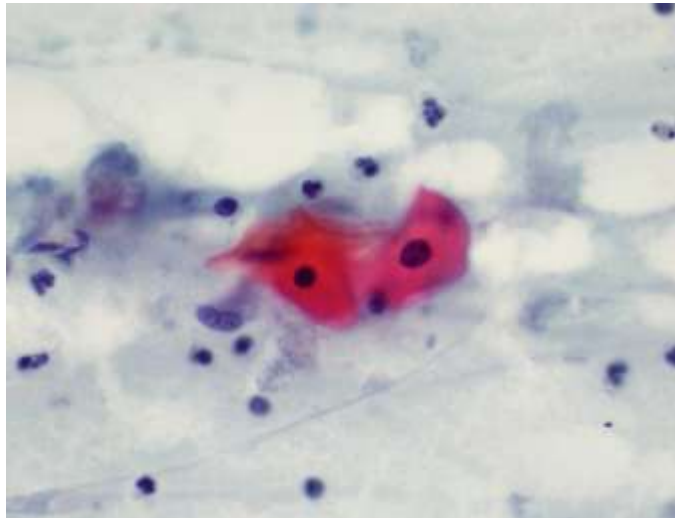
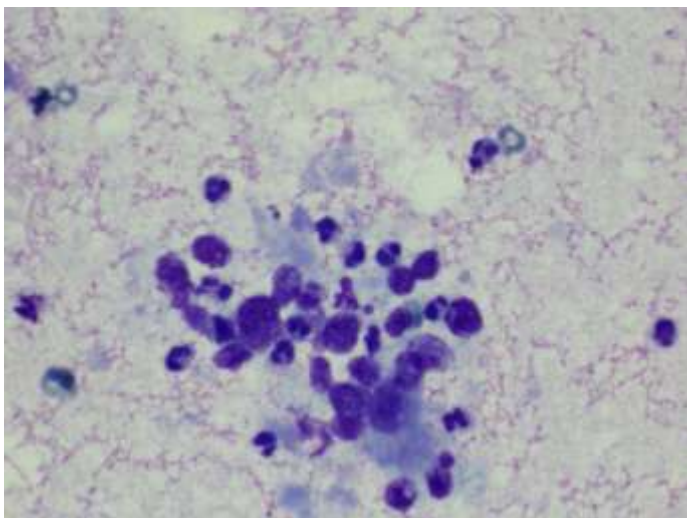
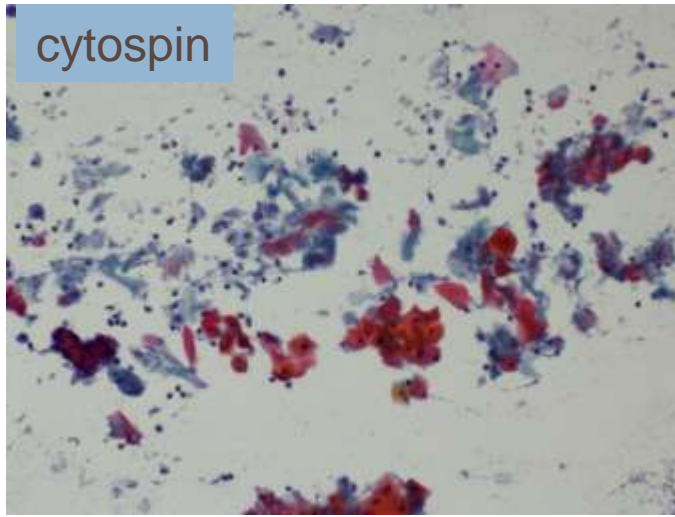
TG en el liquido útil para diagnostico

Lesiones quísticas

frotis

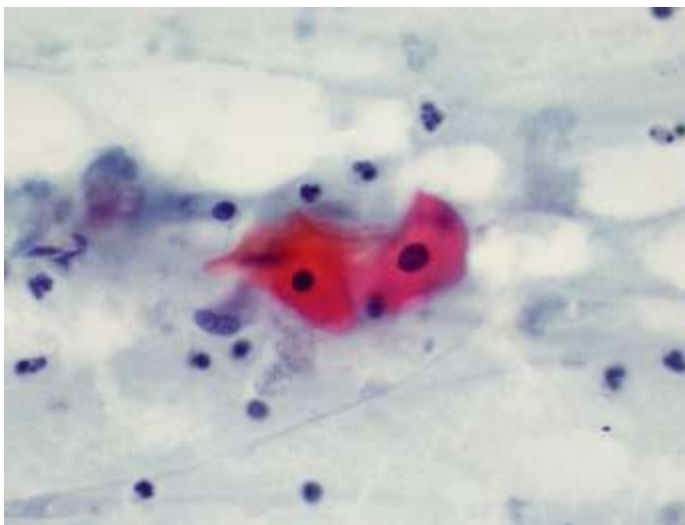
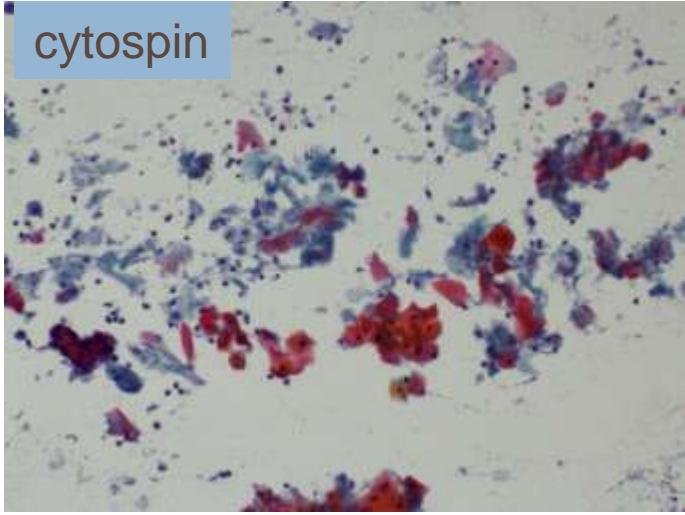
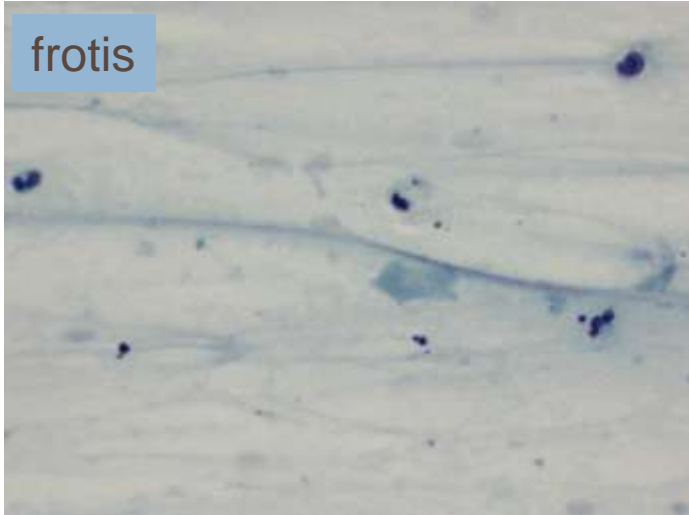


cytospin



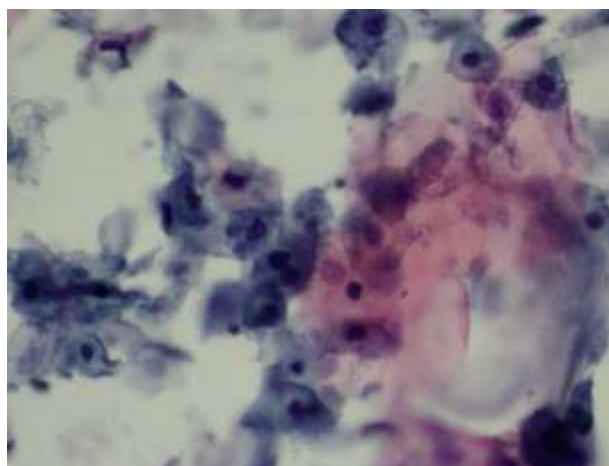
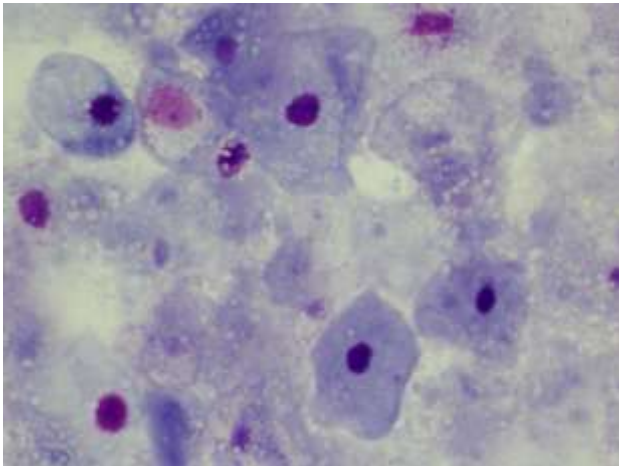
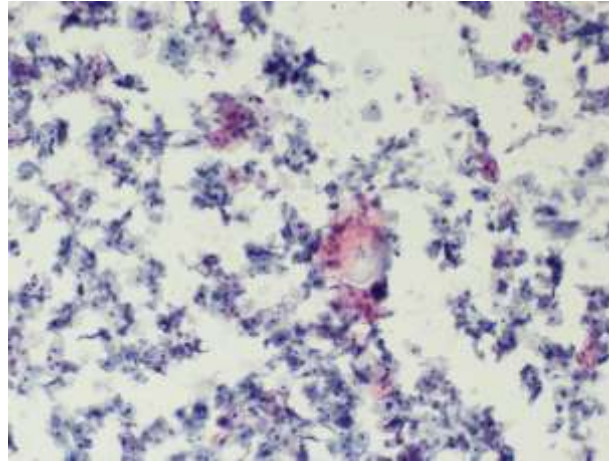
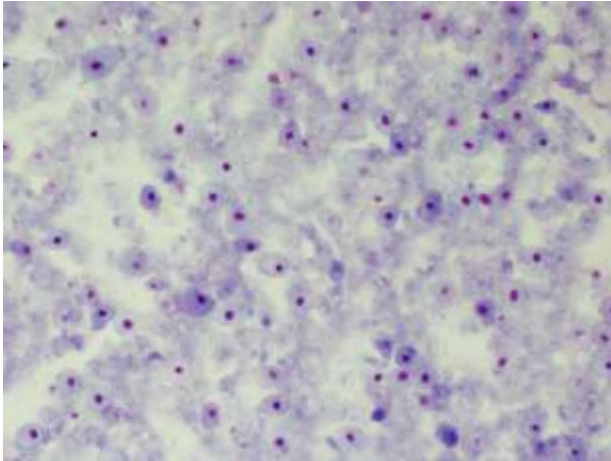
Metástasis de
carcinoma
epidermoide

Lesiones quísticas



Metástasis de carcinoma epidermoide

Lesiones quísticas



DD:

Quiste
branquial

Nódulo cervical quístico

etiologías más frecuentes

Extendidos

+

Centrifugado

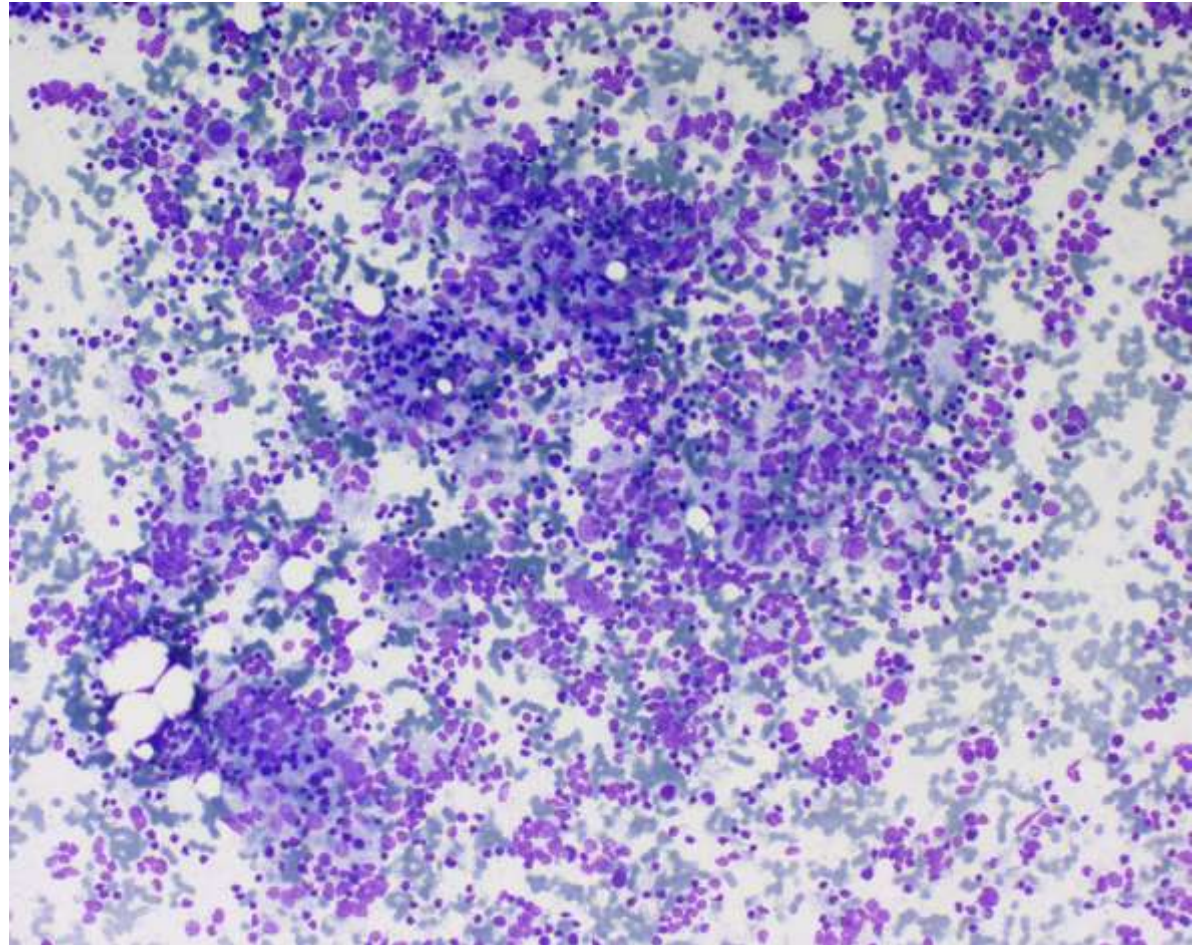
- Bocio quístico
- Linfangioma
- Quiste de paratiroides

- Carcinoma papilar de tiroides
- Metástasis de carcinoma epidermoide
- Metástasis de melanoma

Observación citológica condicionada por la historia clínica

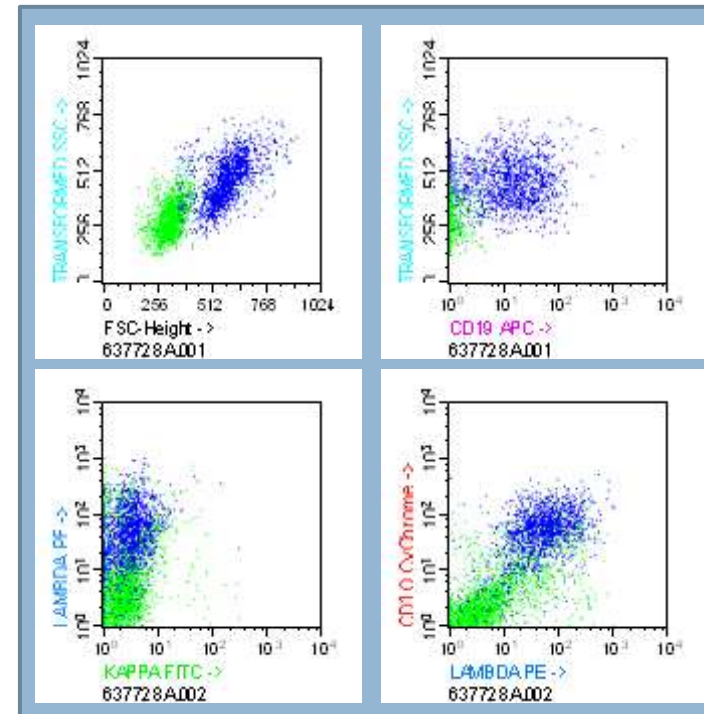
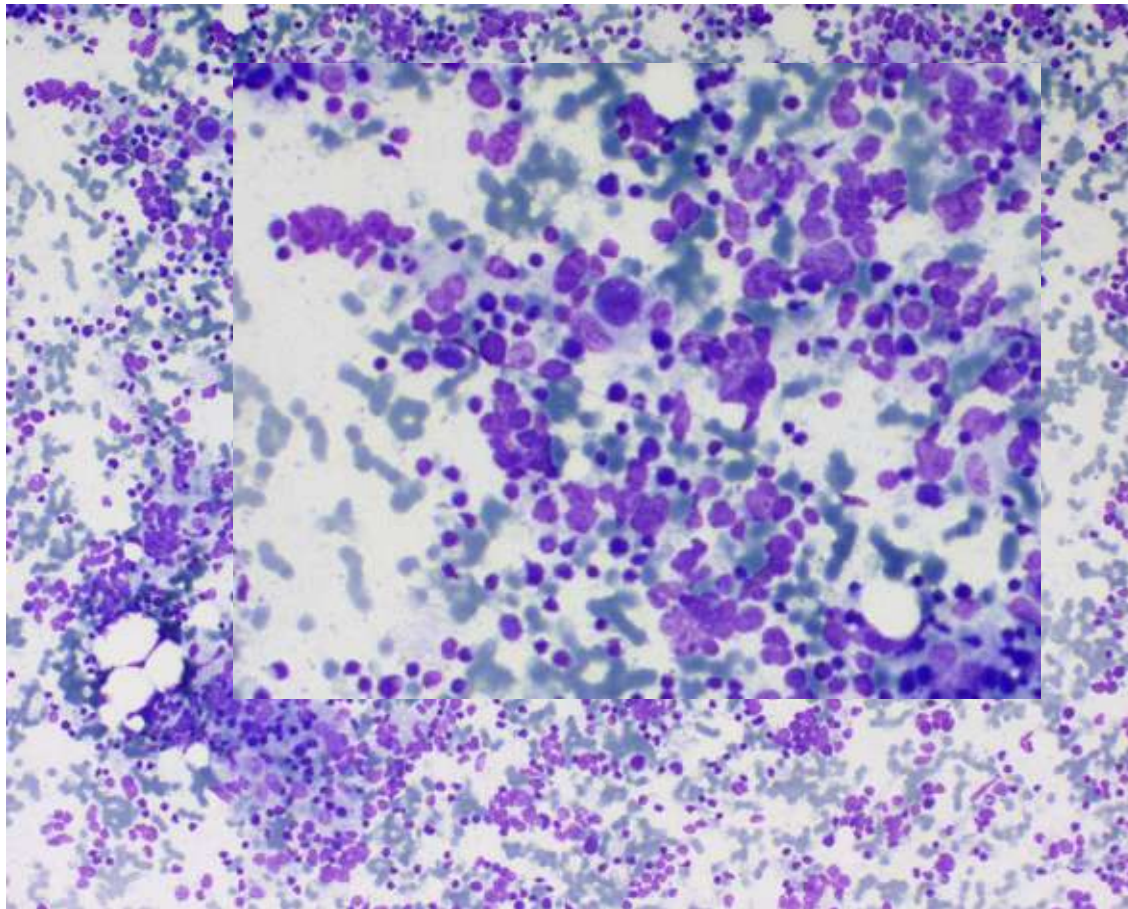
Nódulo cervical en
paciente operado
por carcinoma
papilar de tiroides

Ganglio reactivo, sin
metástasis



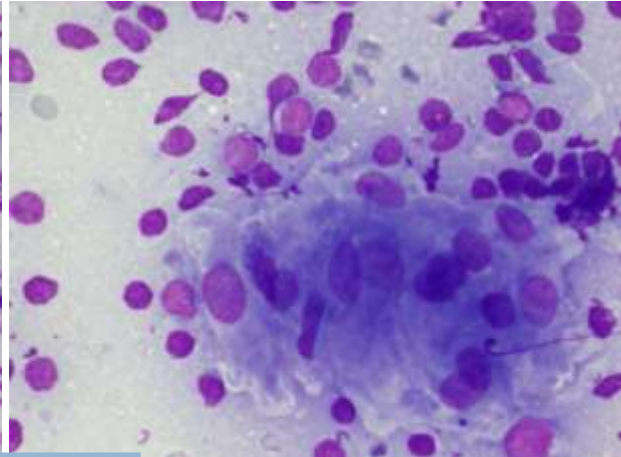
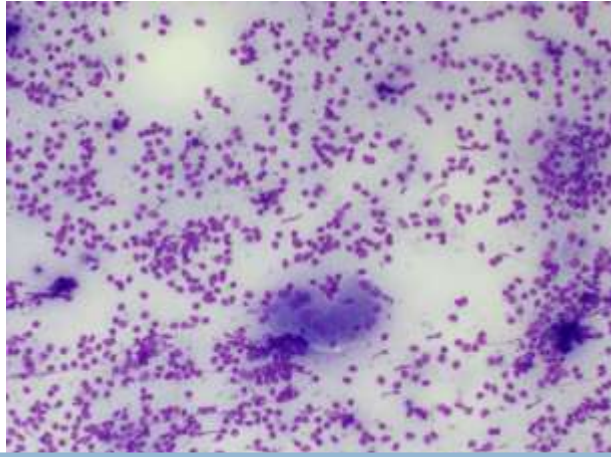
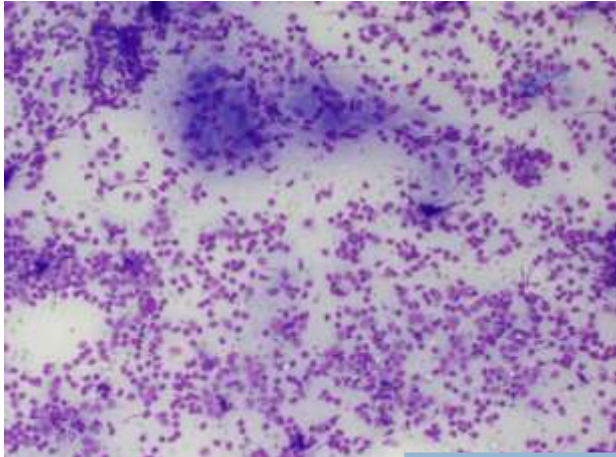
Observación citológica condicionada por la historia clínica

Nódulo cervical en paciente operado por carcinoma papilar de tiroides

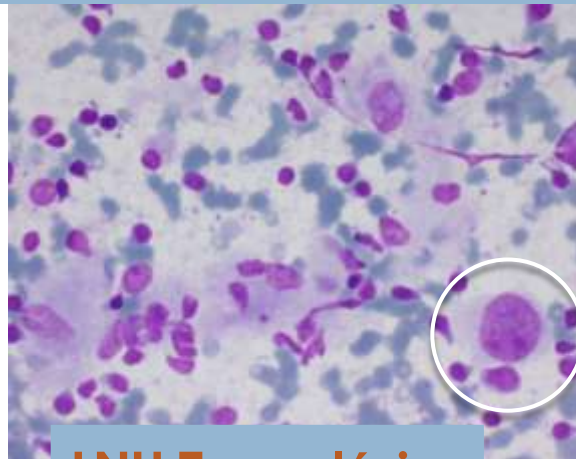
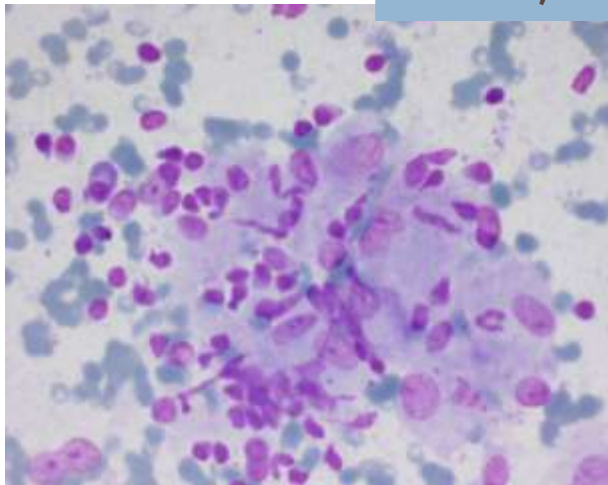


Linfoma folicular

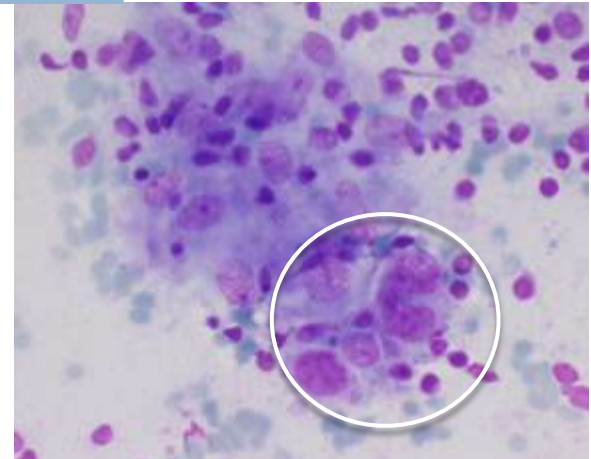
Asociación de rasgos morfológicos



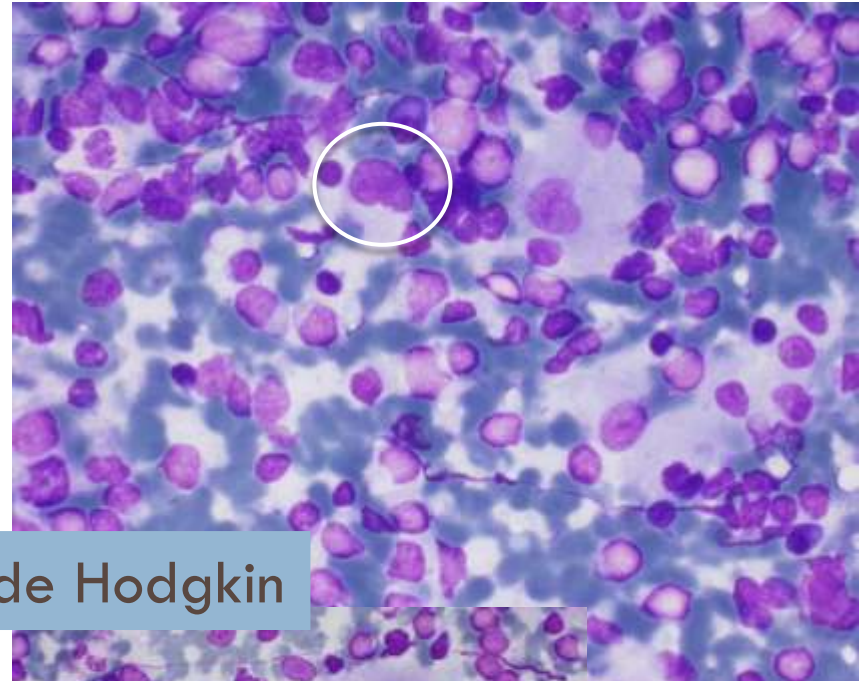
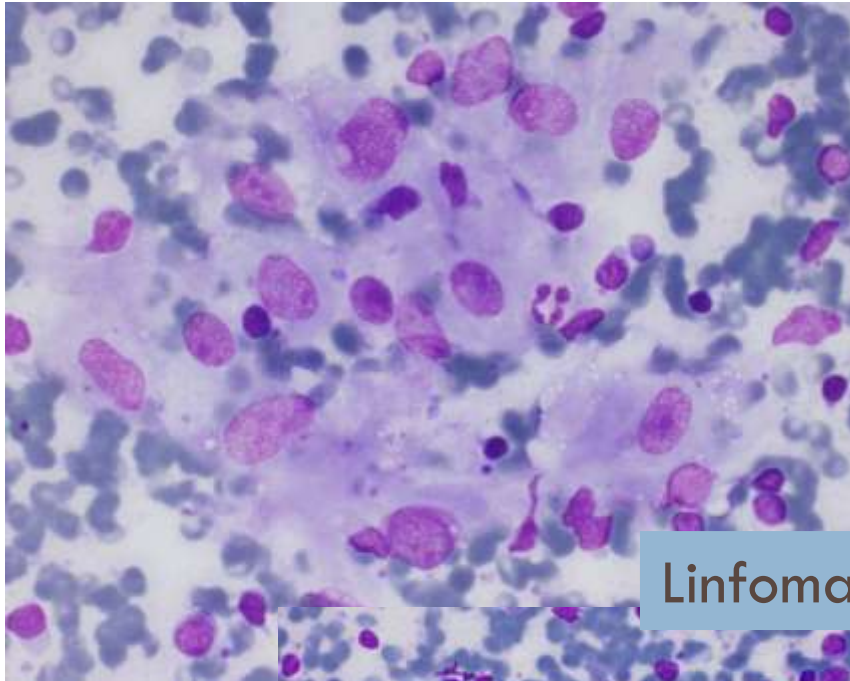
CD19+, CD5+, CD23+, CD10-, λ +, k- : **LLC/LL-B**



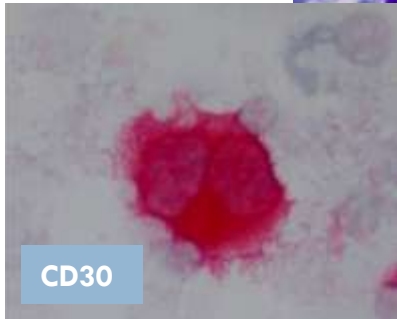
LNH T anaplásico



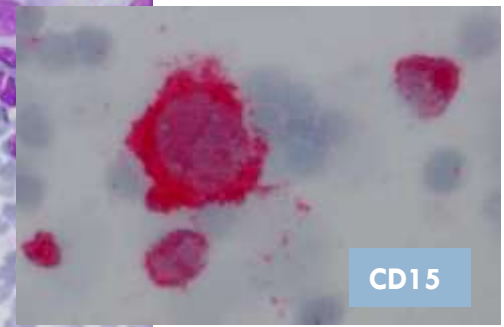
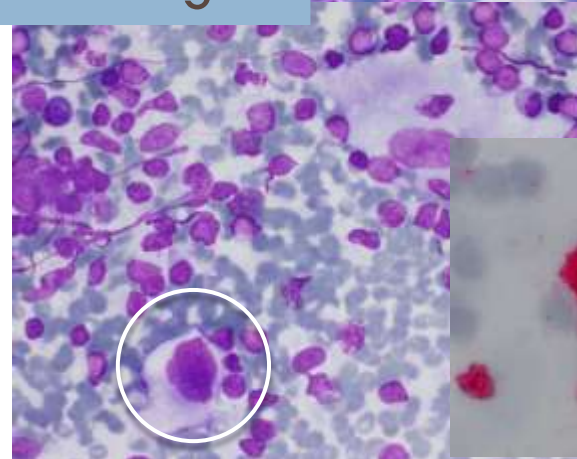
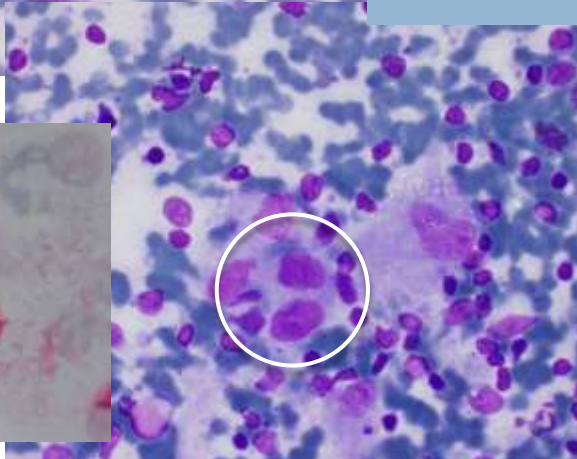
Asociación de rasgos morfológicos



Linfoma de Hodgkin

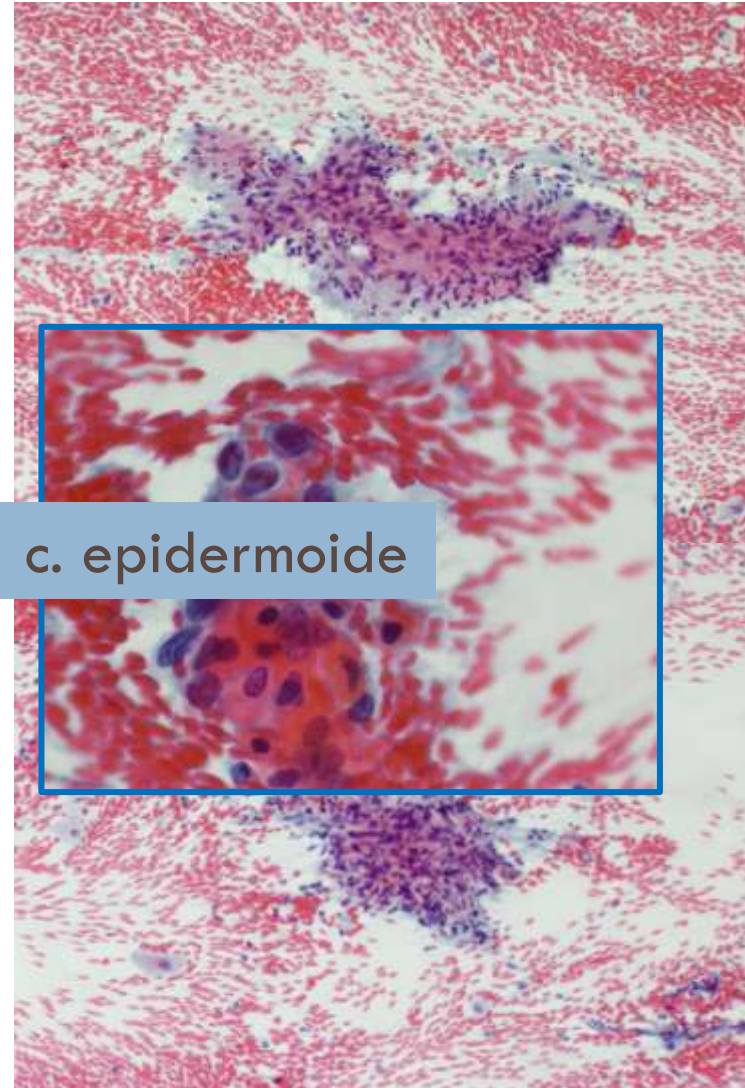
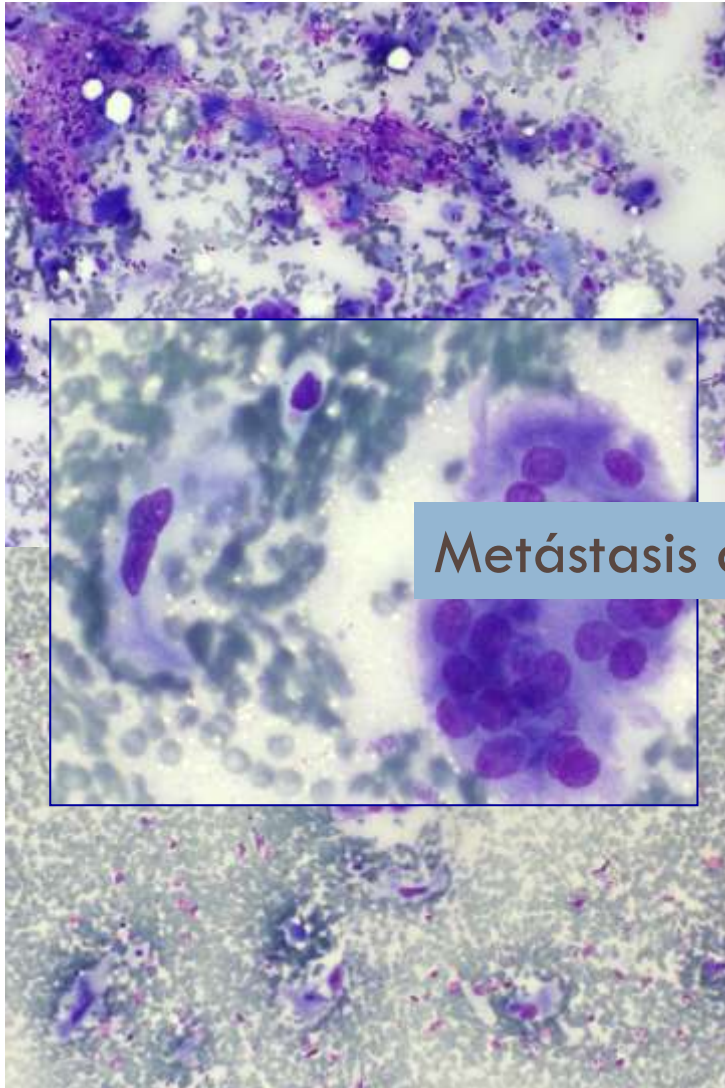


CD30



CD15

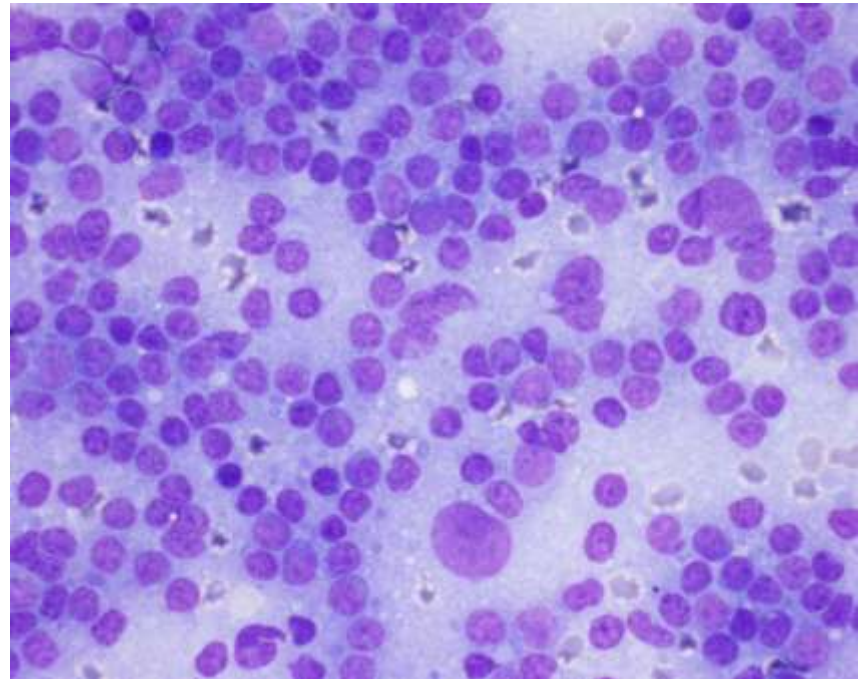
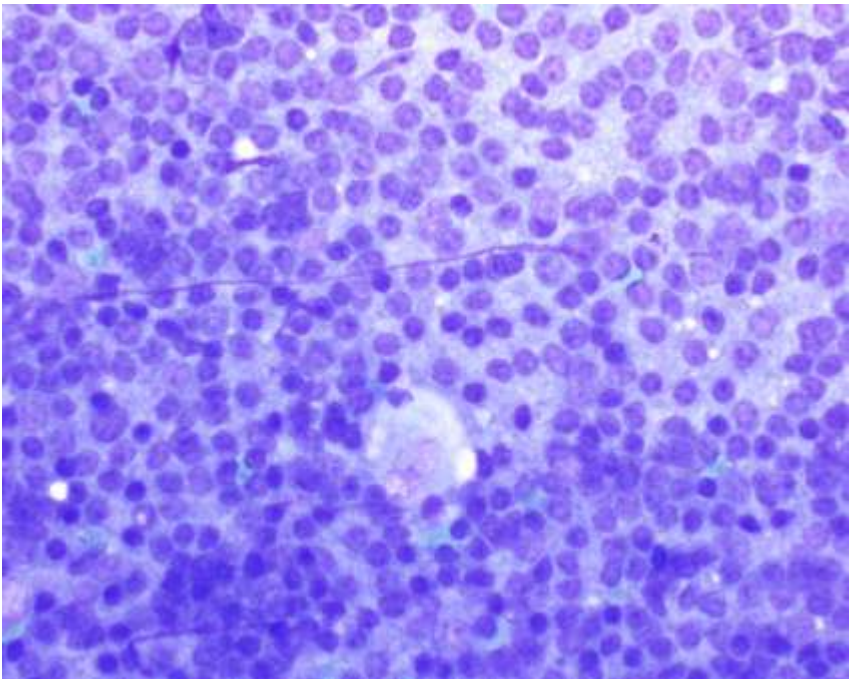
Asociación de rasgos morfológicos



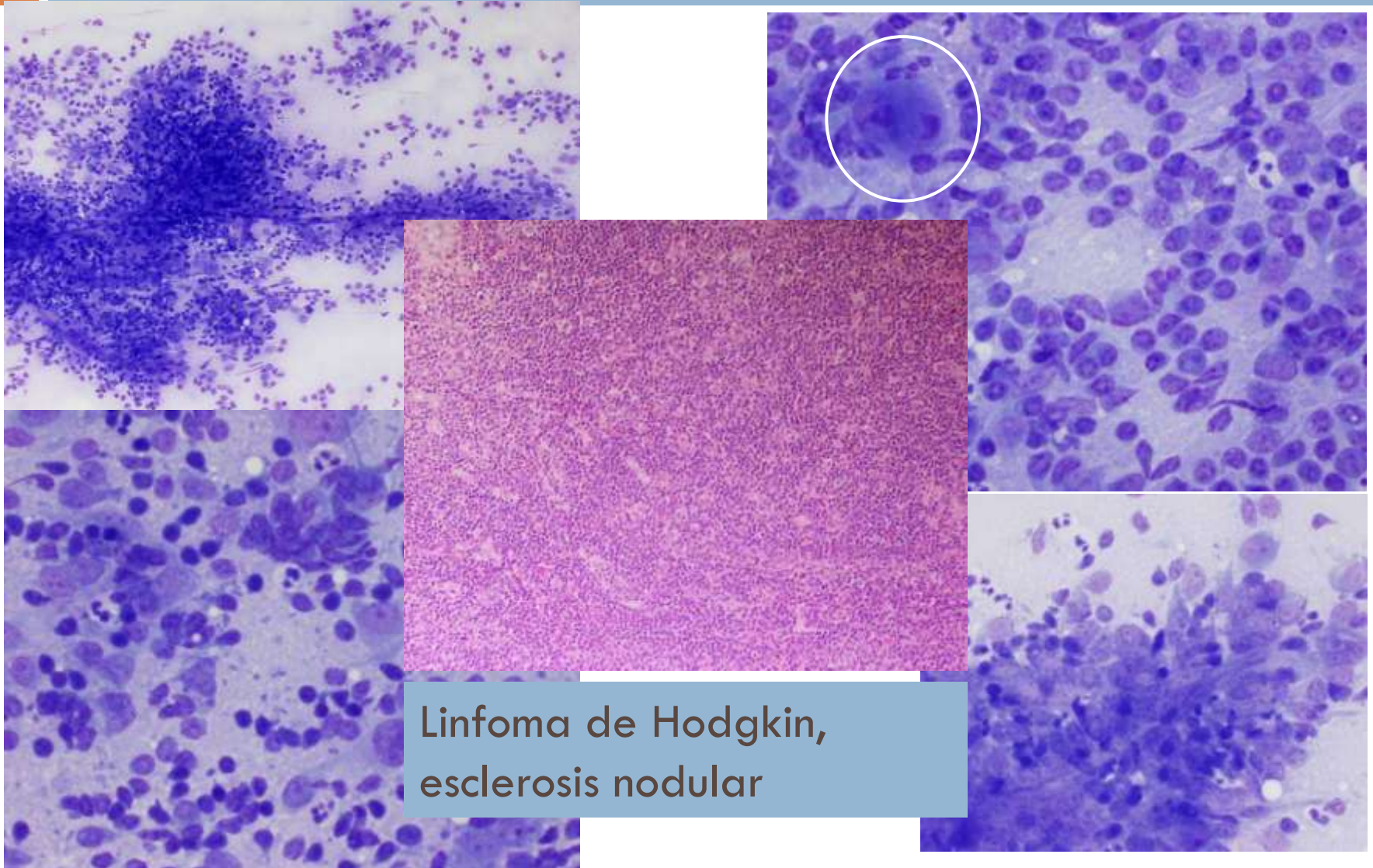
Metástasis de c. epidermoide

Células diagnósticas en número reducido

- linfomas B ricos en células T
- formas de predominio linfocitario del linfoma de Hodgkin
- patrón de metastización en células aisladas

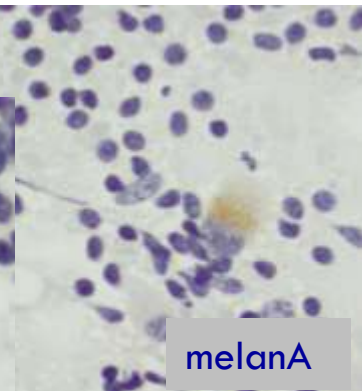
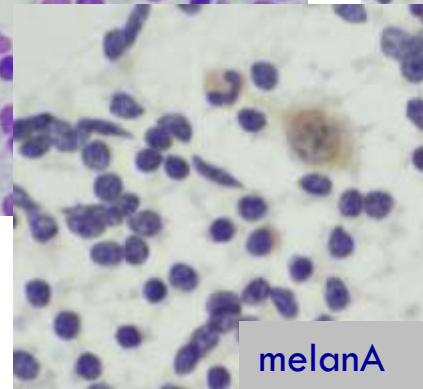
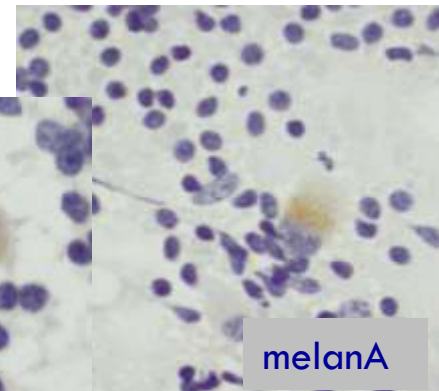
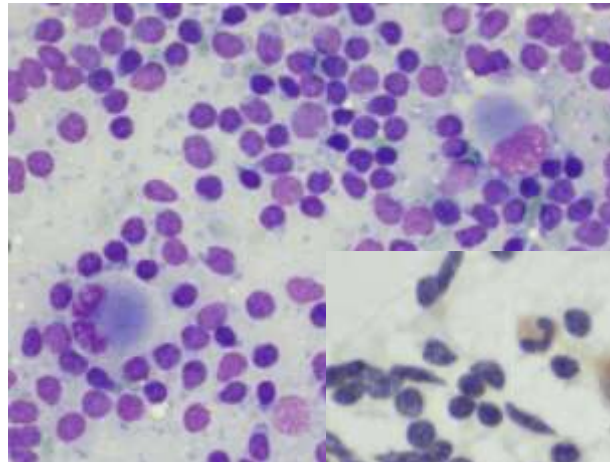
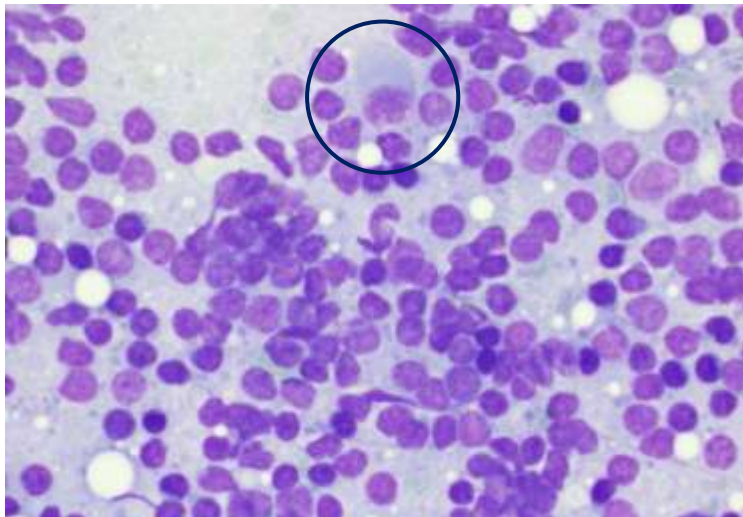
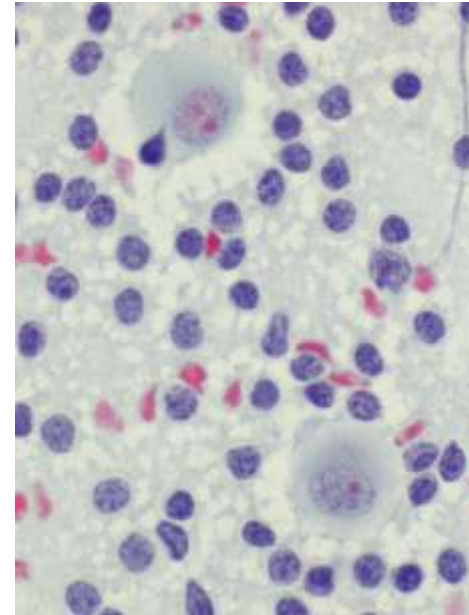
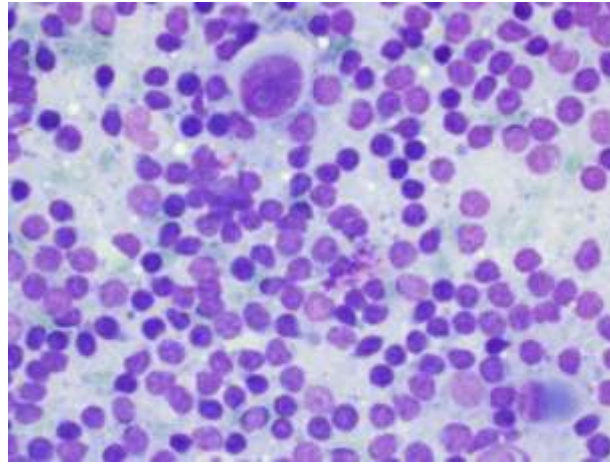
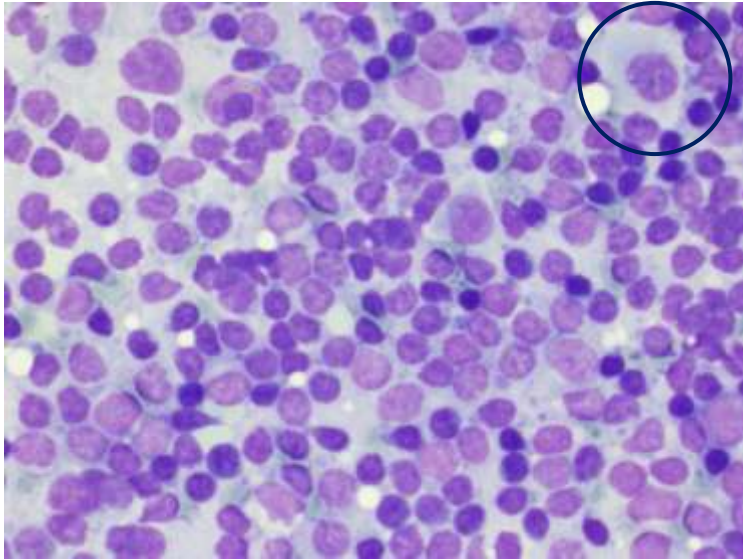


Células diagnósticas en número reducido



Linfoma de Hodgkin,
esclerosis nodular

Células diagnósticas en número reducido



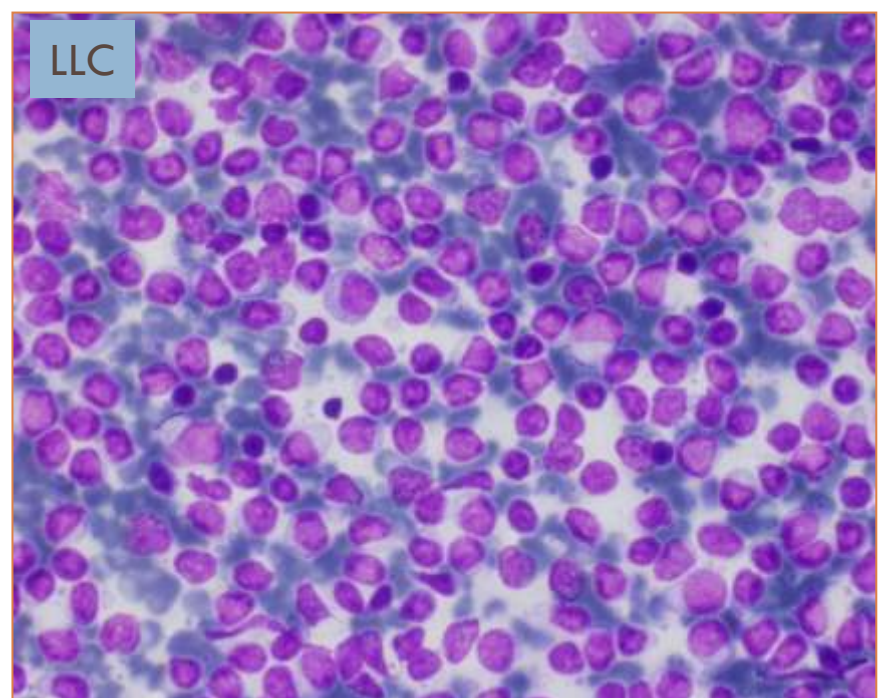
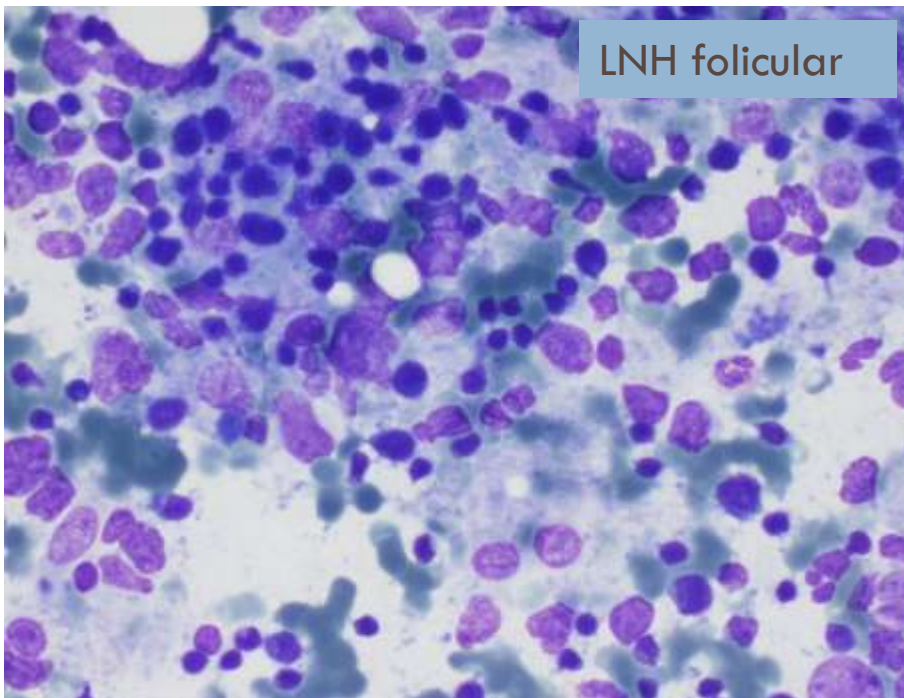
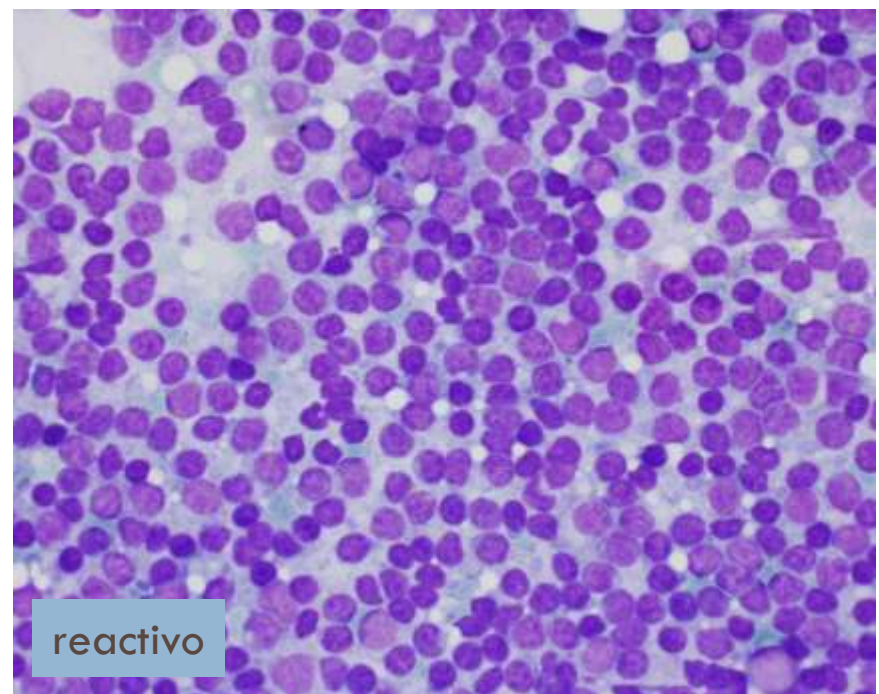
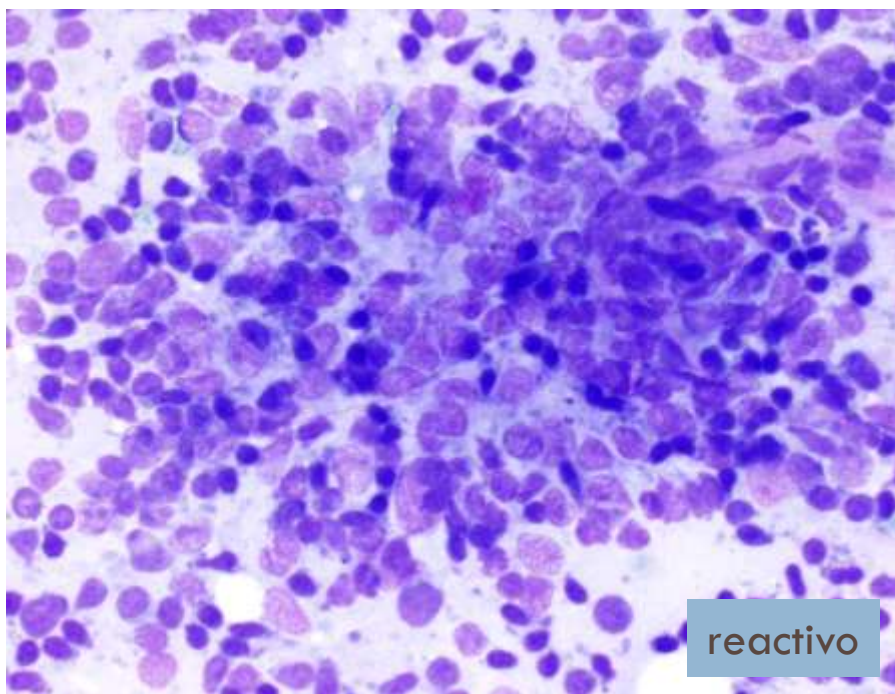
Morfología similar (“look-alike”)

- Ganglio reactivo
- Linfoma folicular

- Ganglio reactivo
- Linfomas T/B de bajo grado
- Metastasis de c. de células pequeñas

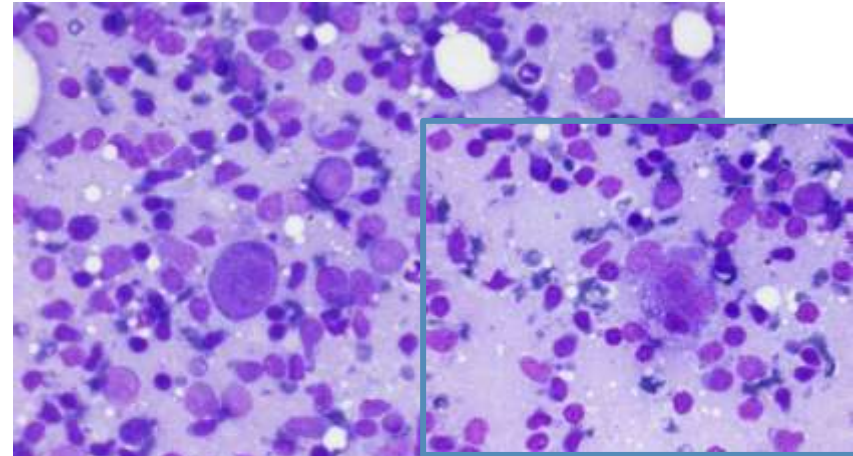
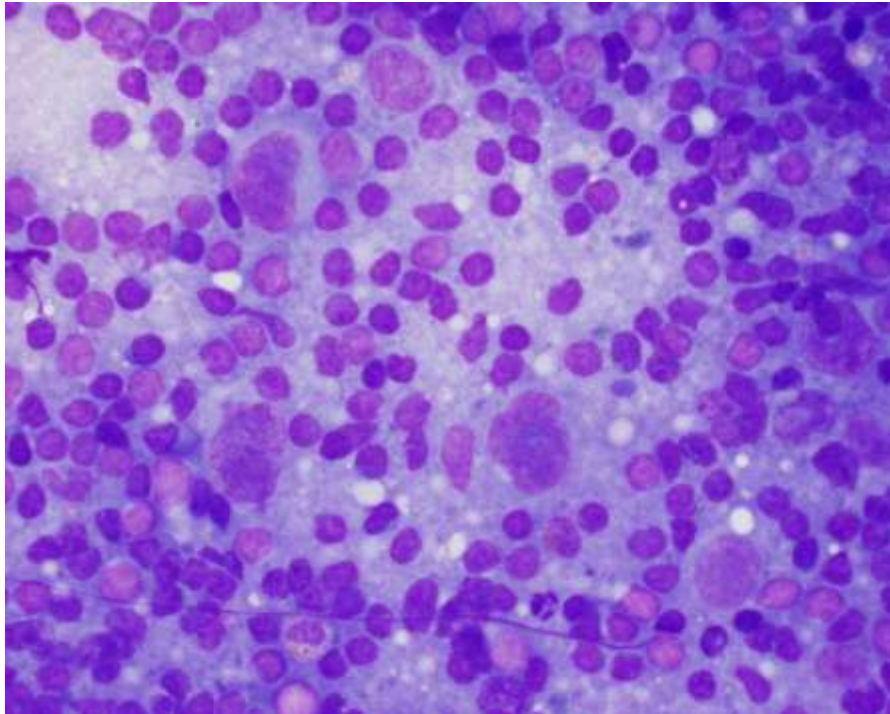
- Mononucleosis infecciosa
- Linfoma de Hodgkin
- Metástasis de carcinoma de nasofaringe

- Linfoma de Hodgkin
- Linfoma anaplásico de células grandes
- Linfoma T/B de alto grado
- Metástasis de Carcinoma
- Metástasis de Melanoma
- Plasmocitoma anaplásico

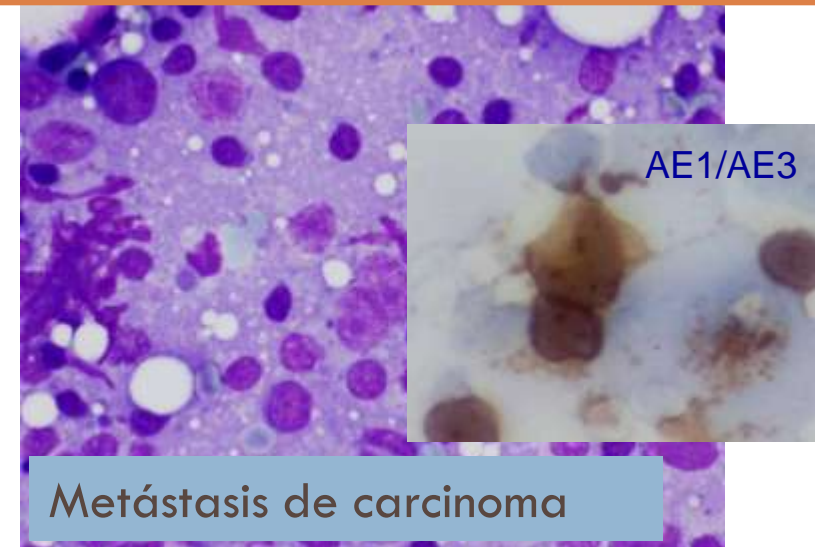


Morfología similar (“look-alike”)

Linfoma de Hodgkin



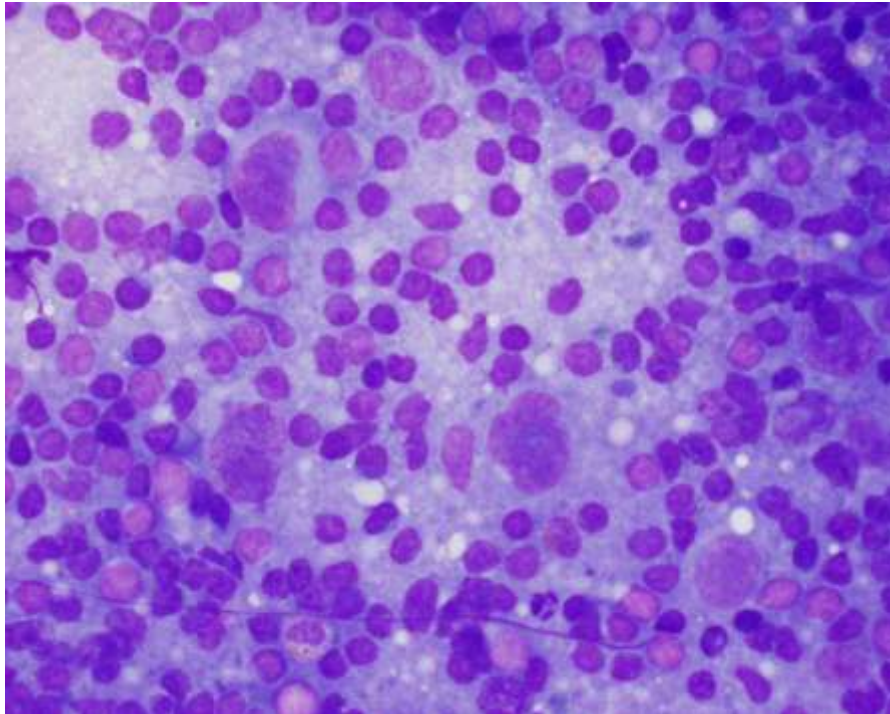
Mononucleosis infecciosa



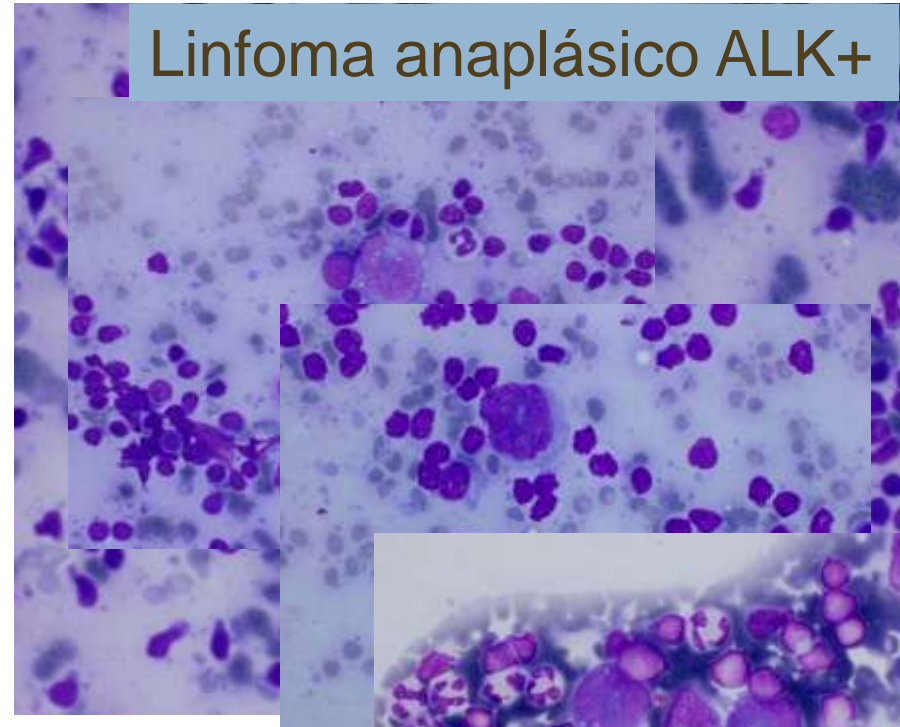
Metástasis de carcinoma

Morfología similar (“look-alike”)

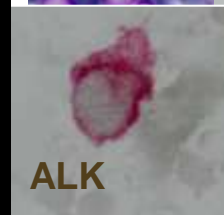
Linfoma de Hodgkin



Linfoma anaplásico ALK+



Reordenamiento de ALK

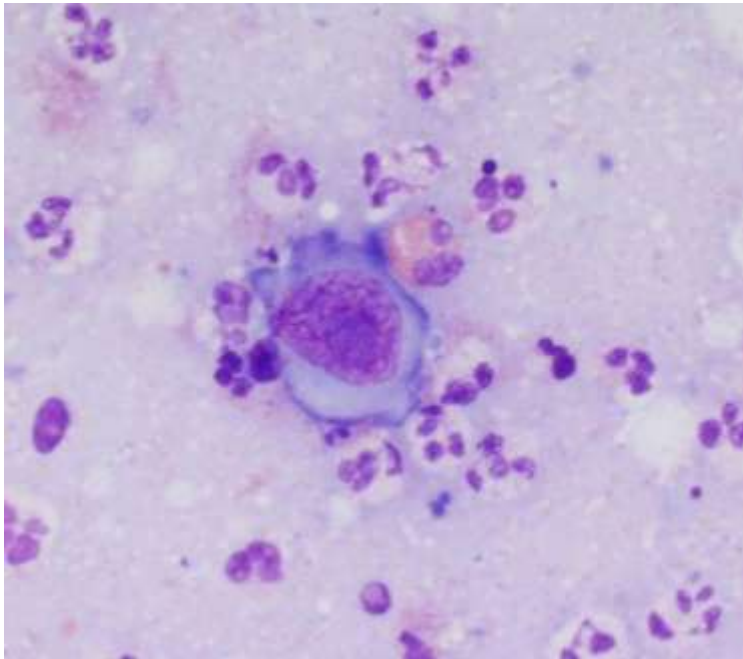


CD30

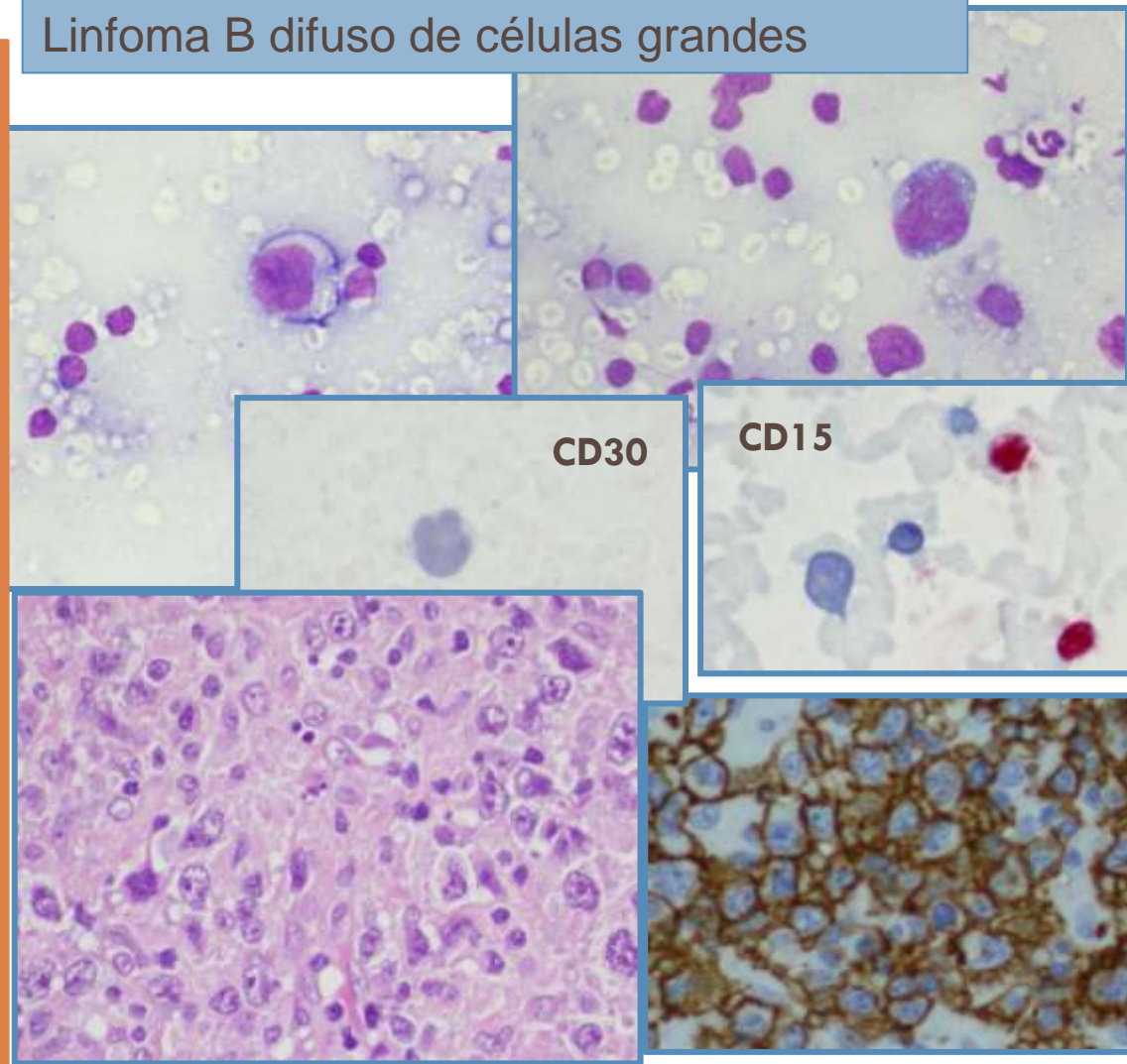
ALK

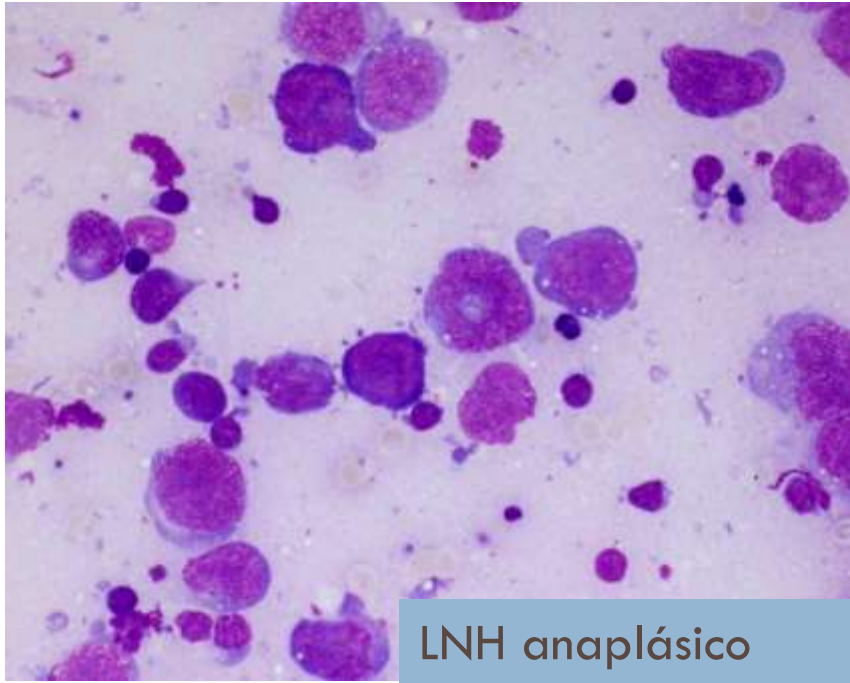
Morfología similar (“look-alike”)

Linfoma B difuso de células grandes

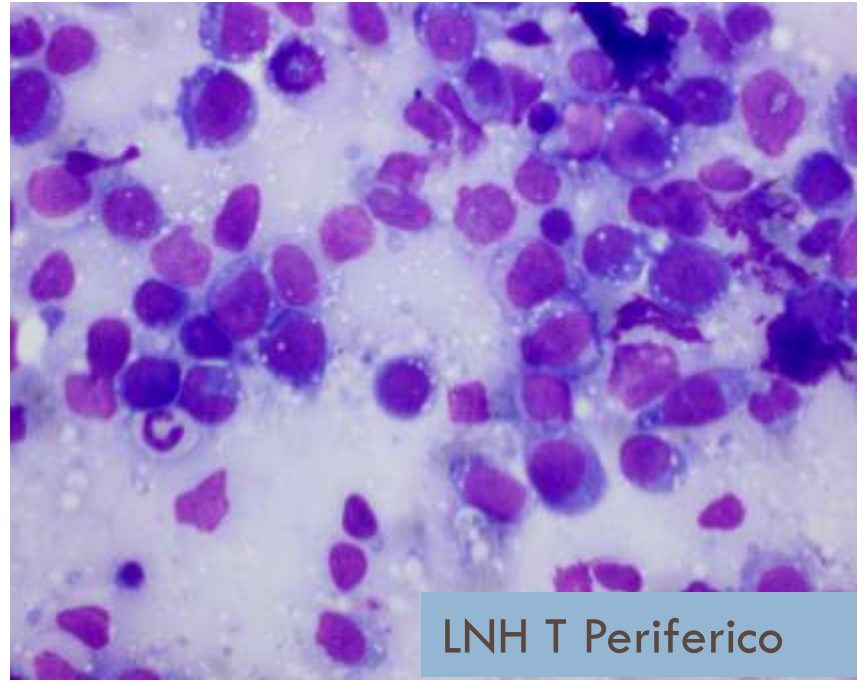


Linfoma de Hodgkin

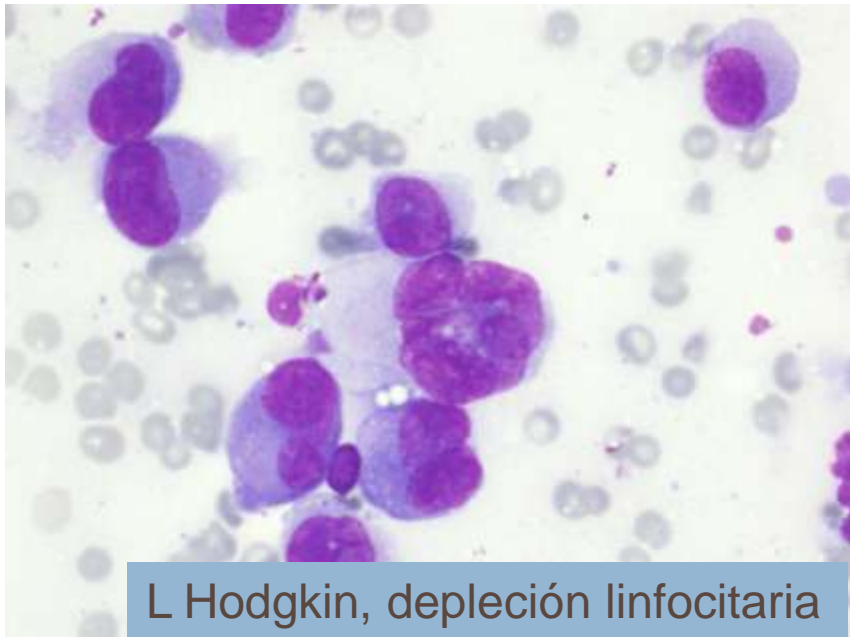




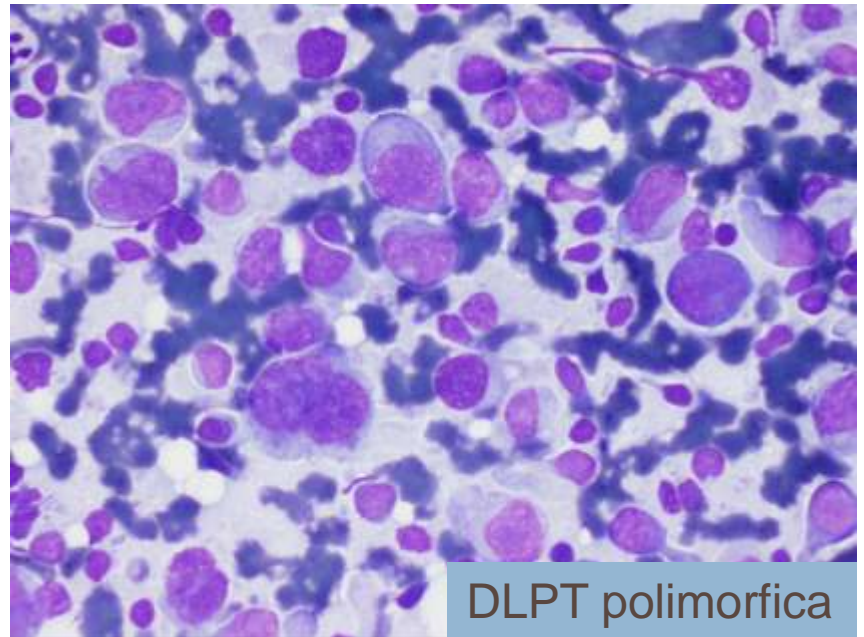
LNH anaplásico



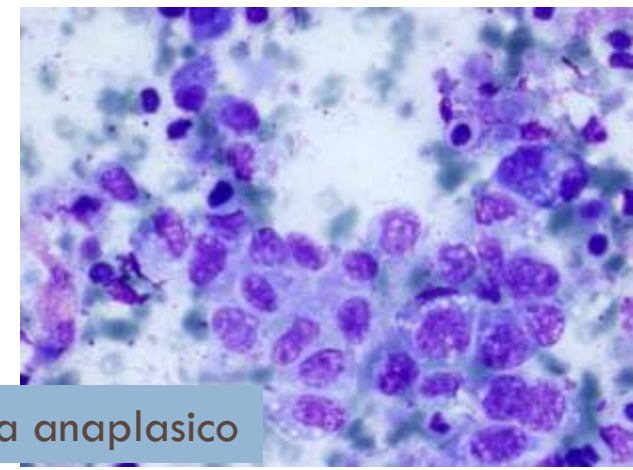
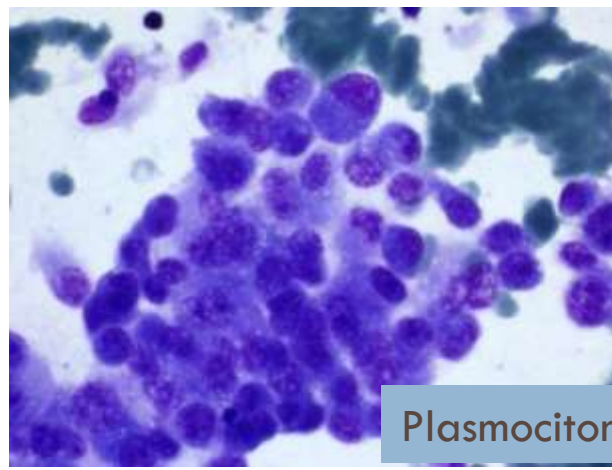
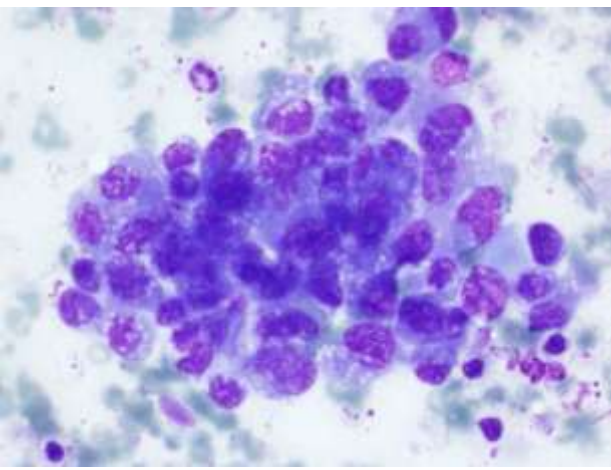
LNH T Periferico



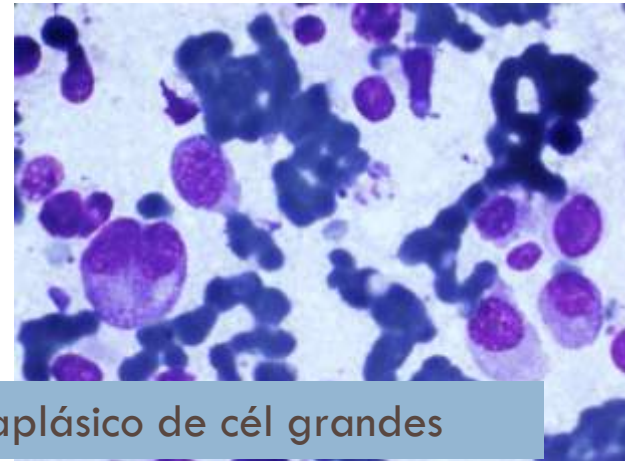
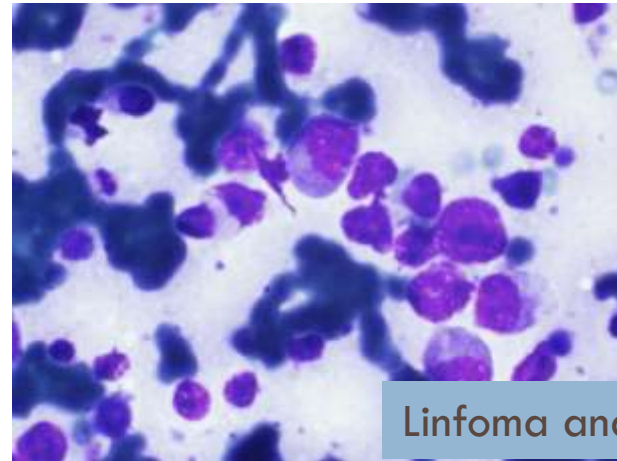
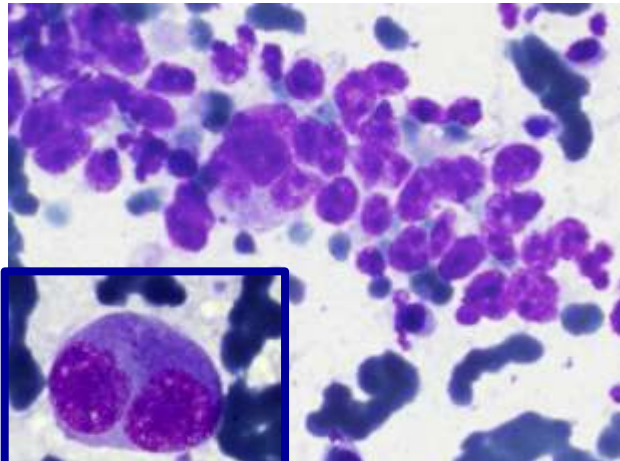
L Hodgkin, depleción linfocitaria



DLPT polimorfica

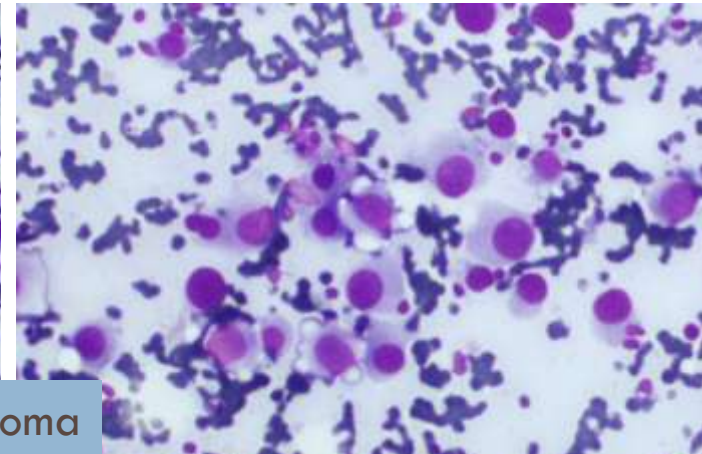
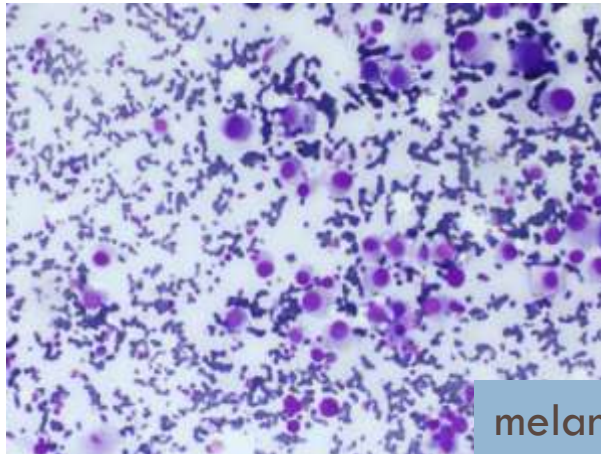


Plasmocitoma anaplasico



Linfoma anaplásico de cél grandes

DD
Inmunocitoquímica
Citometría de flujo
FISH
Técnicas moleculares



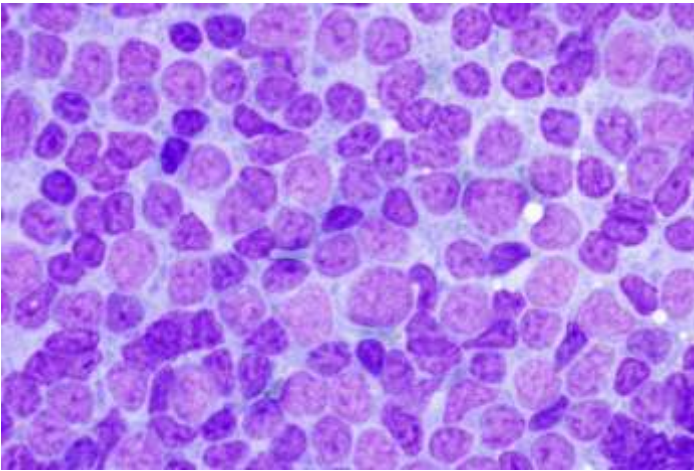
melanoma

PAAF hay también limitaciones....

- Linfoma folicular grado 3 vs linfoma difuso de alto grado
- Linfoma de Hodgkin predominio linfocitario nodular vs linfoma B rico en células T
- Linfoma anaplásico ALK- vs linfoma T periférico de alto grado, NOS
- Diagnostico de algunos tipos de linfomas B
- Linfomas T, en particular los de bajo grado

PAAF de LINFADENOPATIAS

Alta eficacia
diagnóstica



Conocimiento de
fallos y limitaciones

Citología
morfología + técnicas
complementarias

+

Clínica

+

Radiología/Laboratorio

**Experiencia del
citopatólogo**