

Grading - urothelialis tumorok



Transitionalis sejtes (Urothelialis tumorok)

Urothelial (Transitional cell) carcinoma

Urothelial cc with mixed epithelial features

SQCC

Verrucosus cc

Adenocc

Enteric type

Clear cell („mesonephric“ type)

Signet ring cell type

SSCC (NECC)

Sarcomatoid (spindle cell cc)

Carcinosarcoma

LELC

Nested Urothelial cc

Micropapillary cc

Microcystic cc

A nem invazív urothel sejtés daganatok

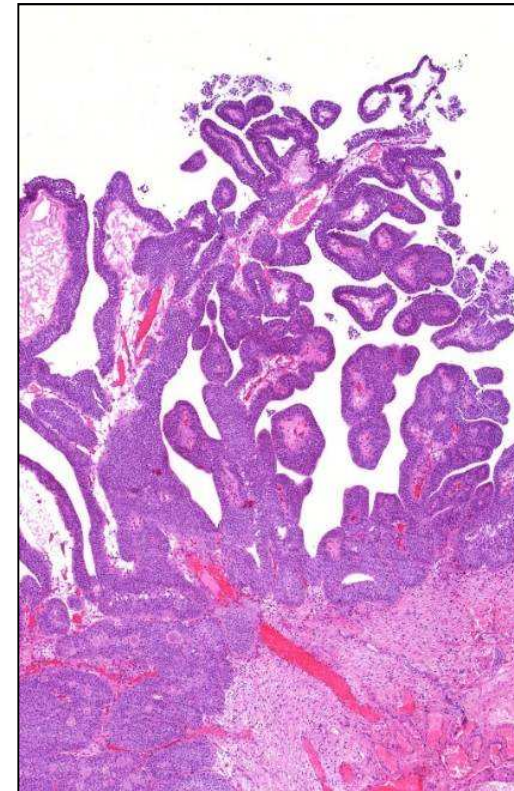
Papilloma

- Papilláris növedék, centrális fibrovaszkuláris tengellyel, melyet

normál

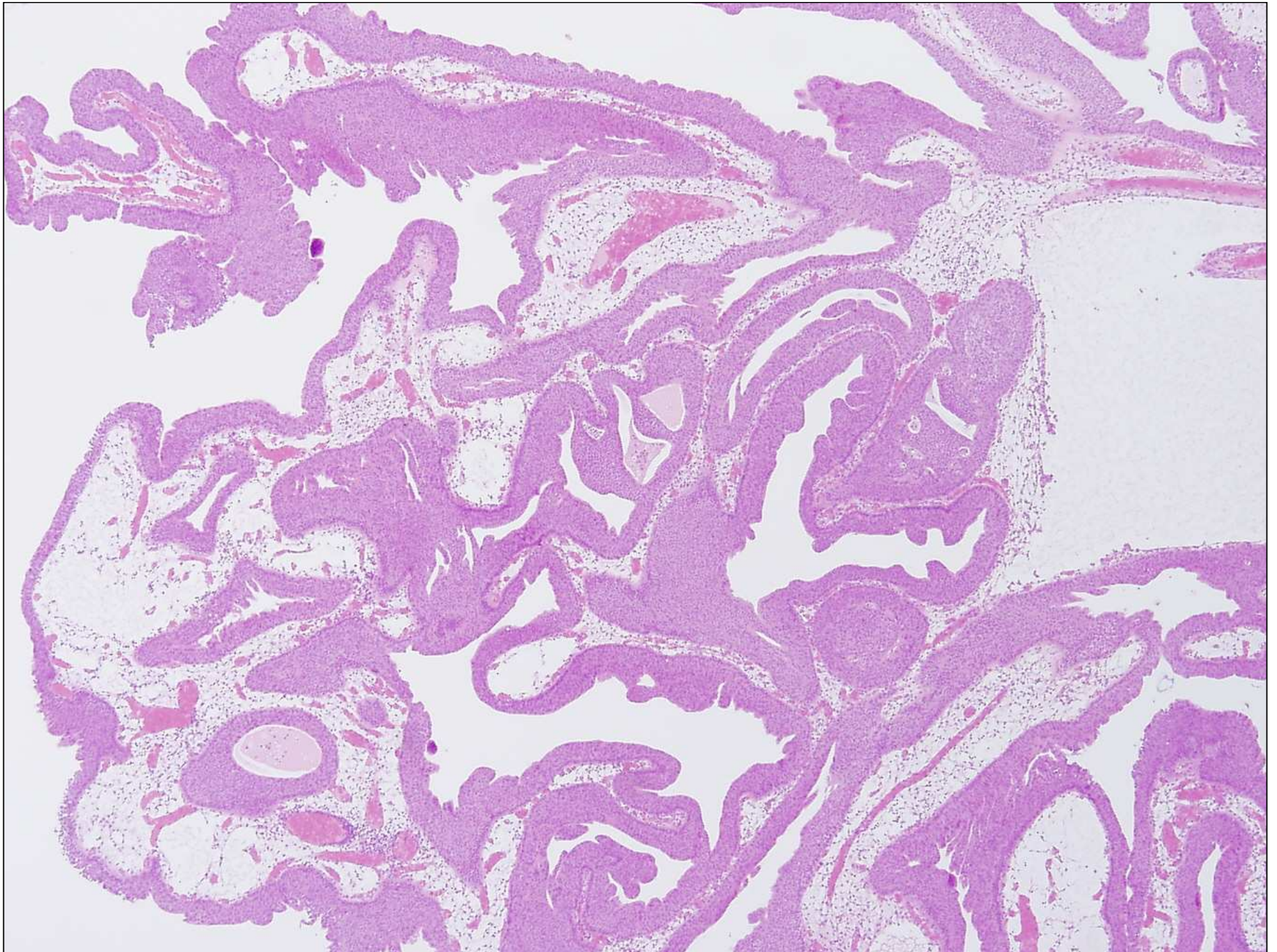
vastagságú és
cytológiájú

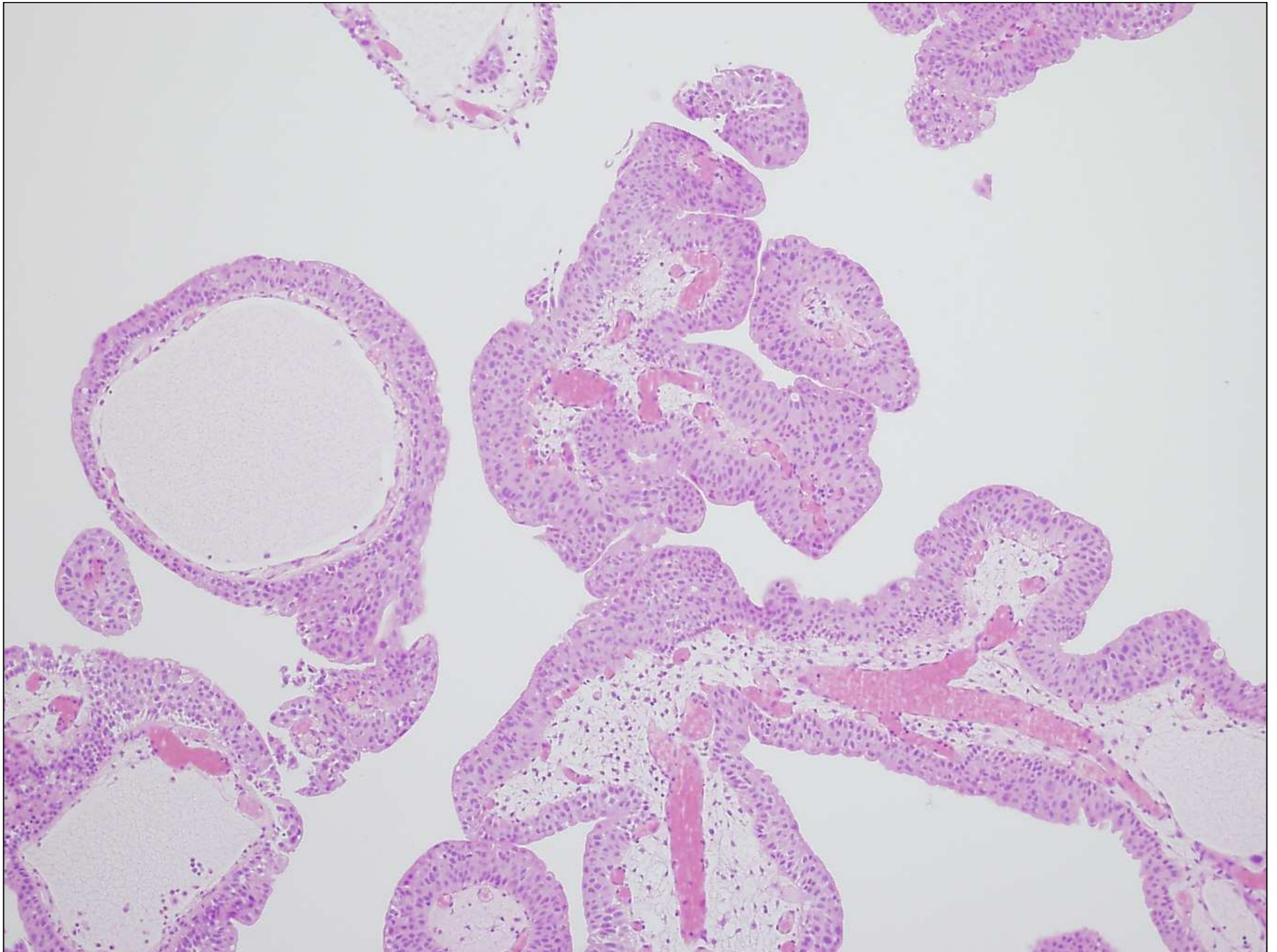
urothel borít

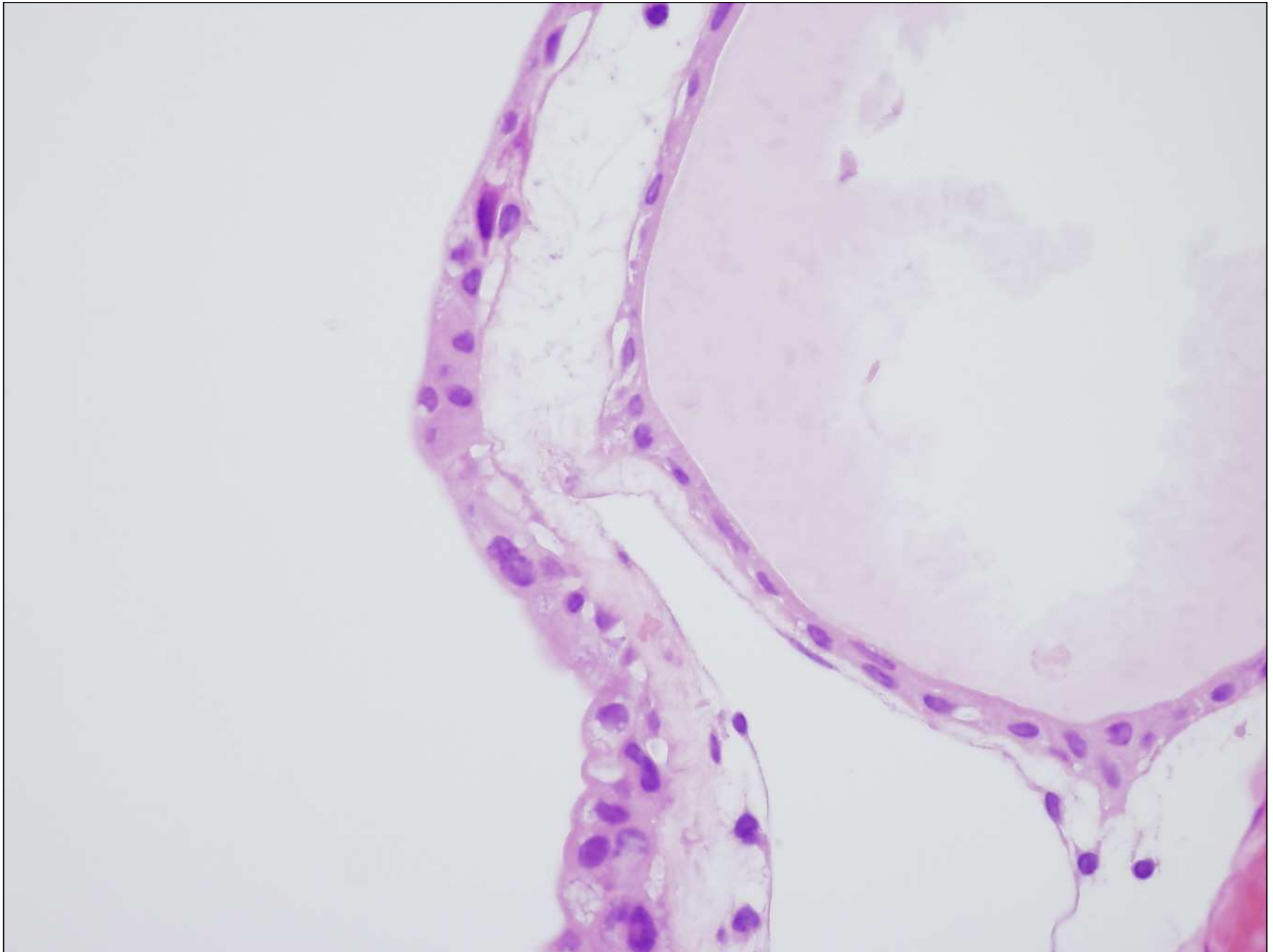


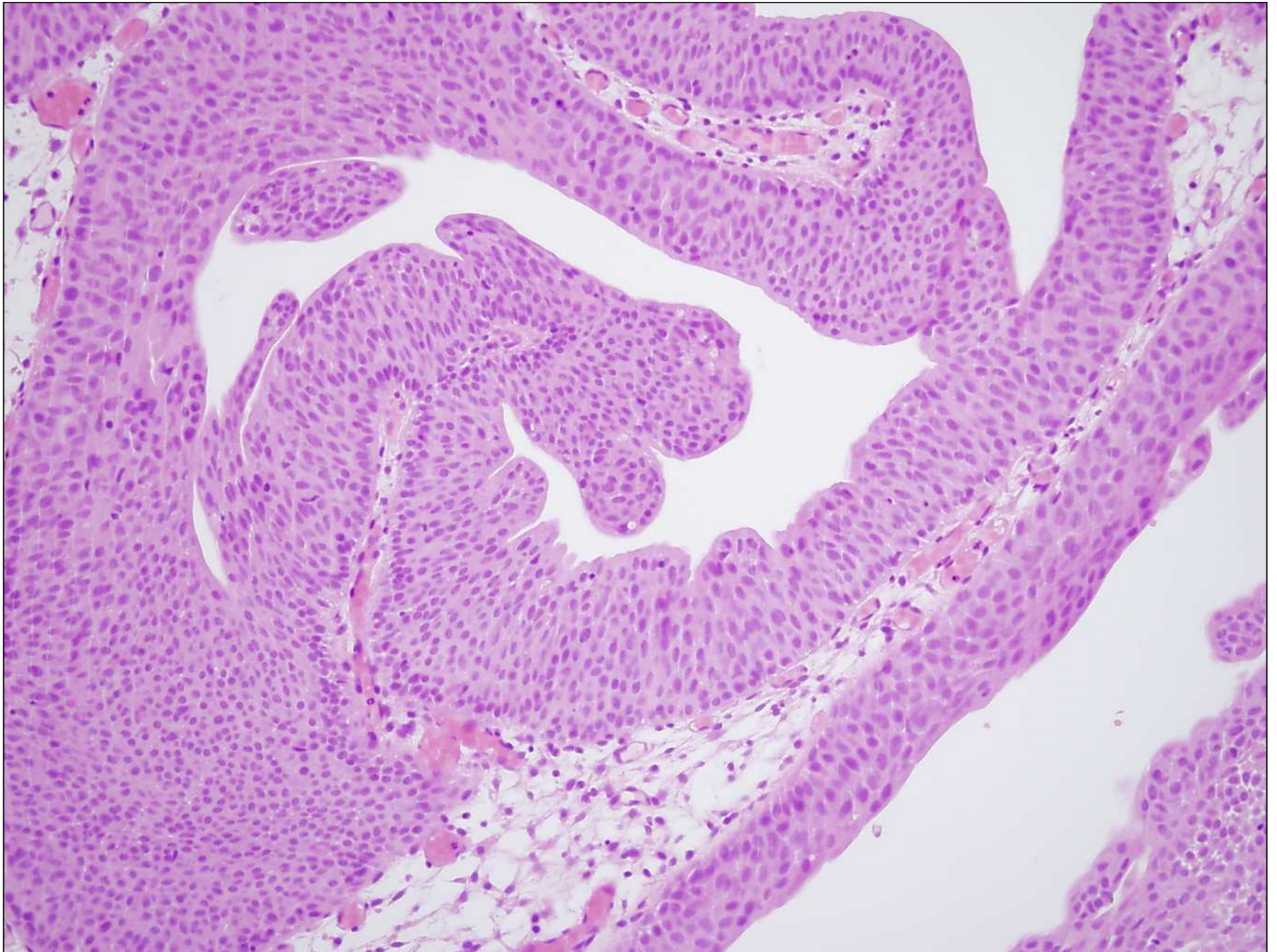
- (A metszés következtében leszakadt papillák látszanak - ez papilláris hyperplasiában nem fordul elő)

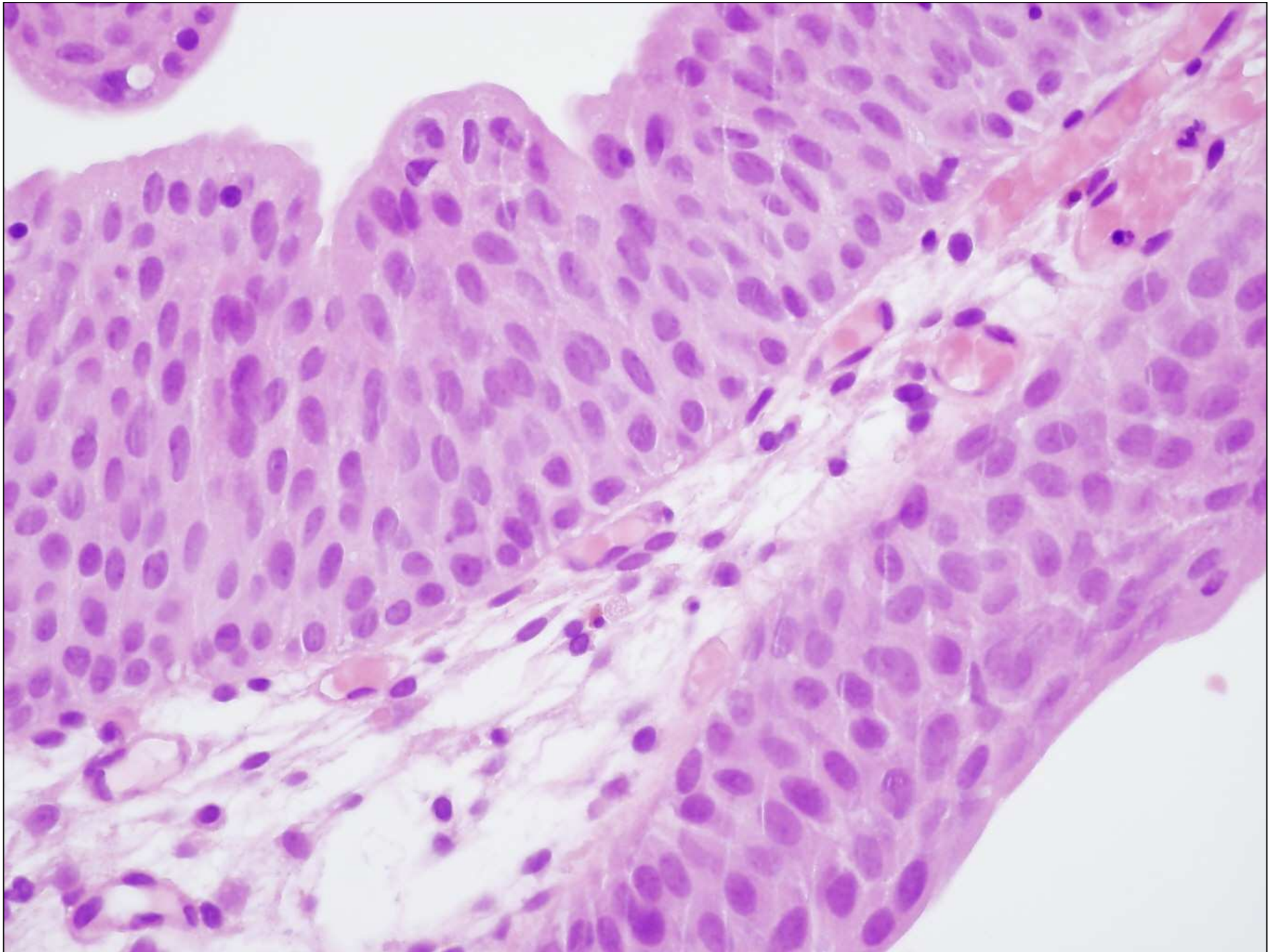


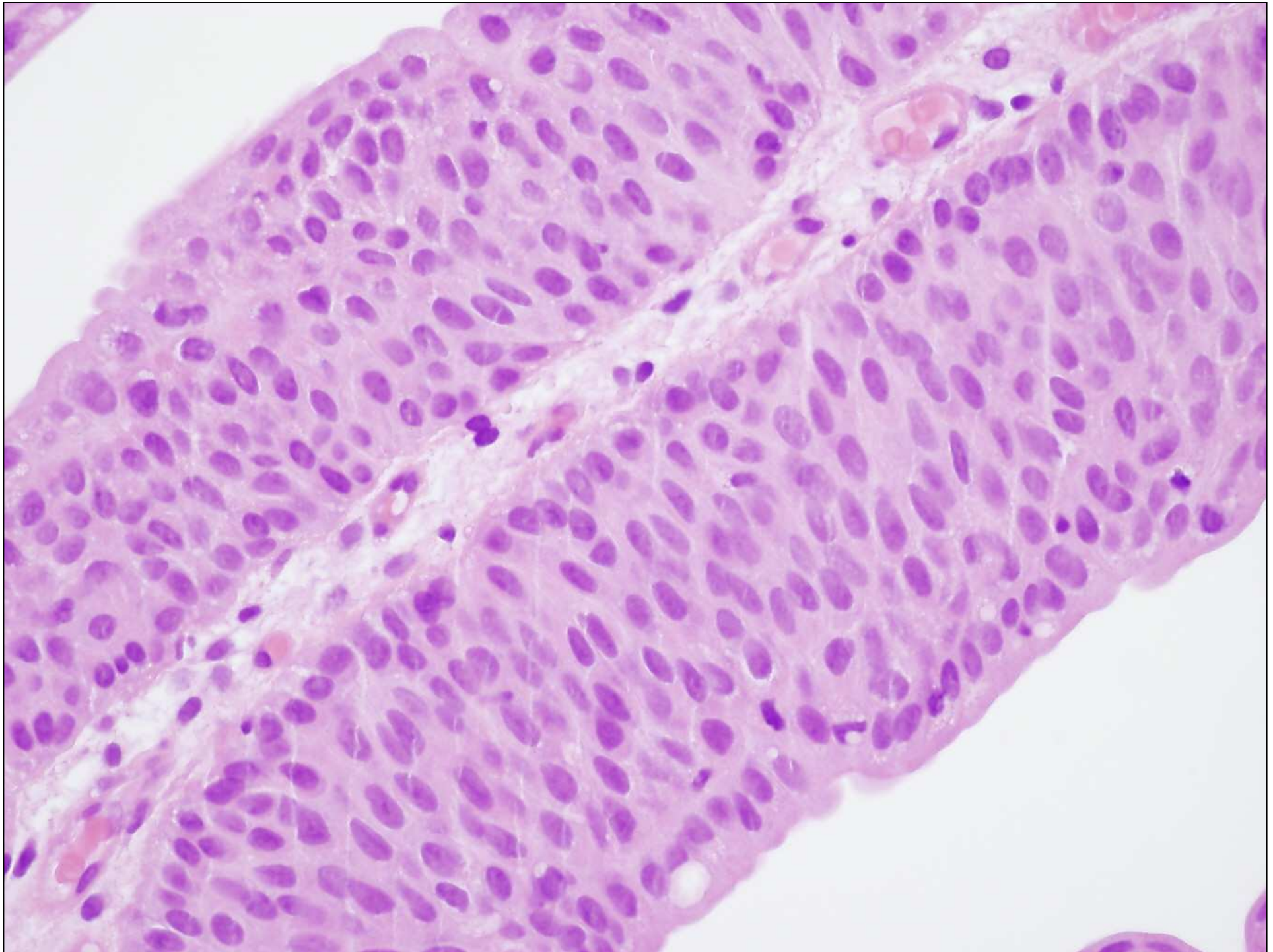








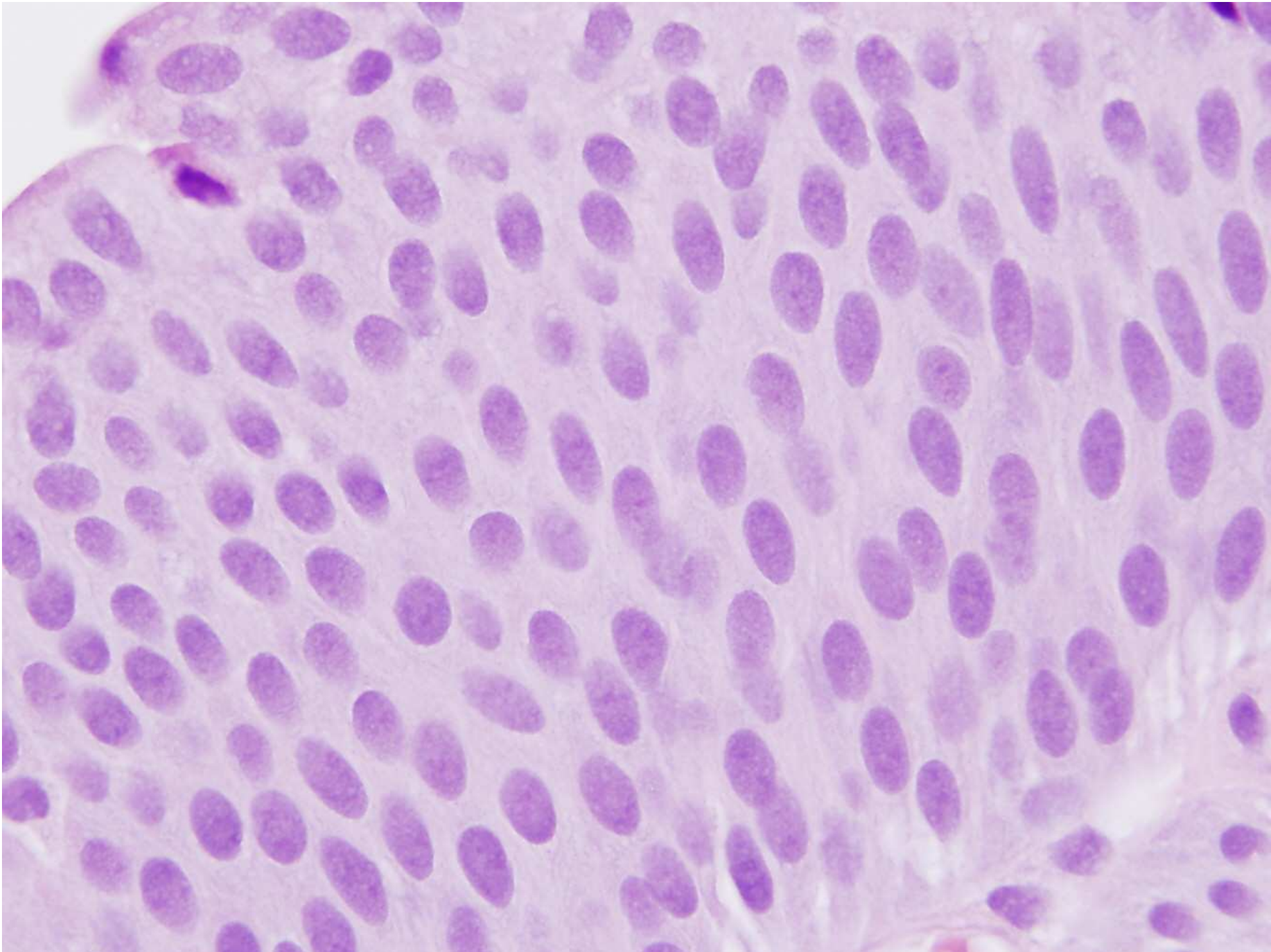


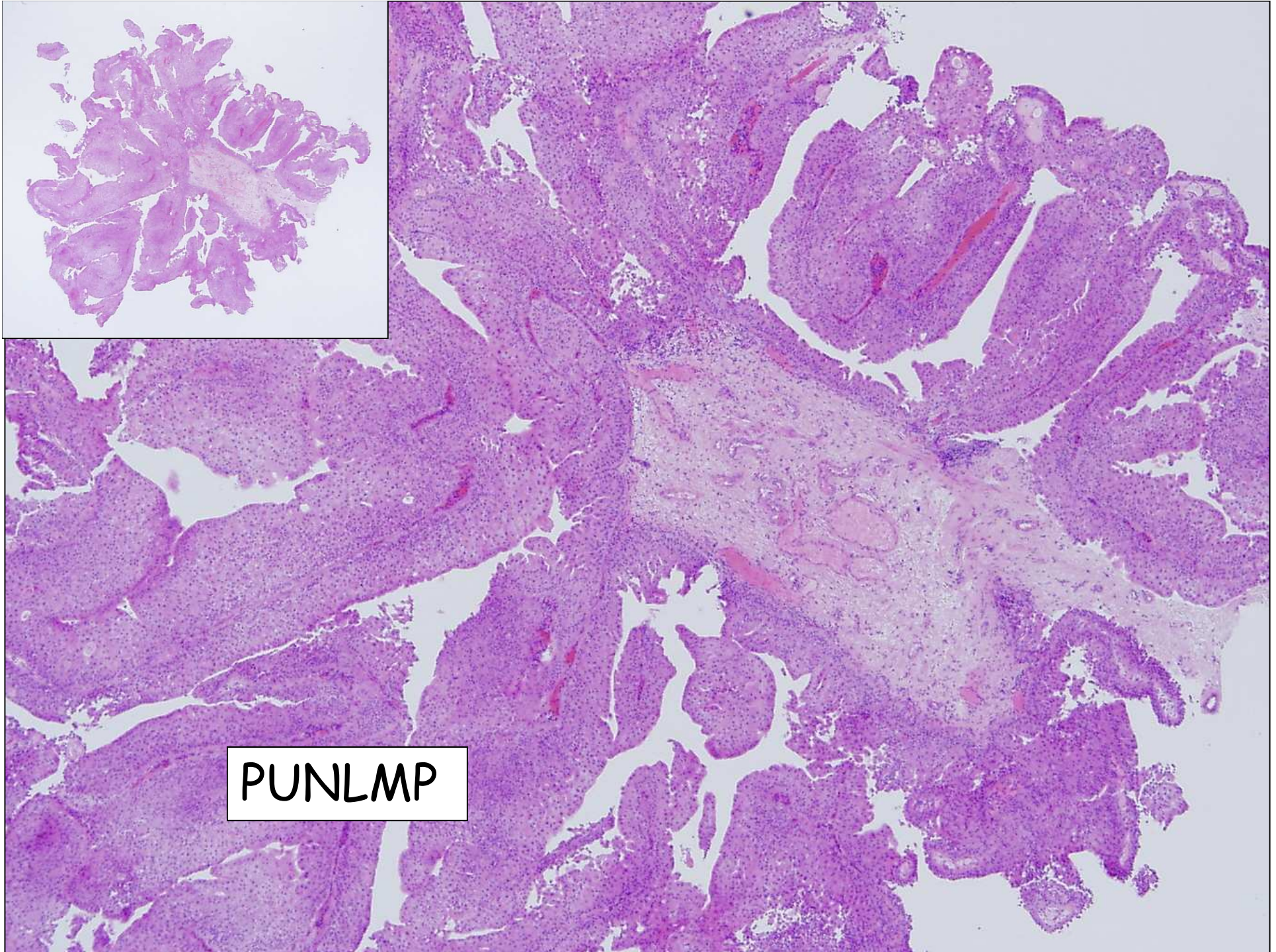


PUNLMP

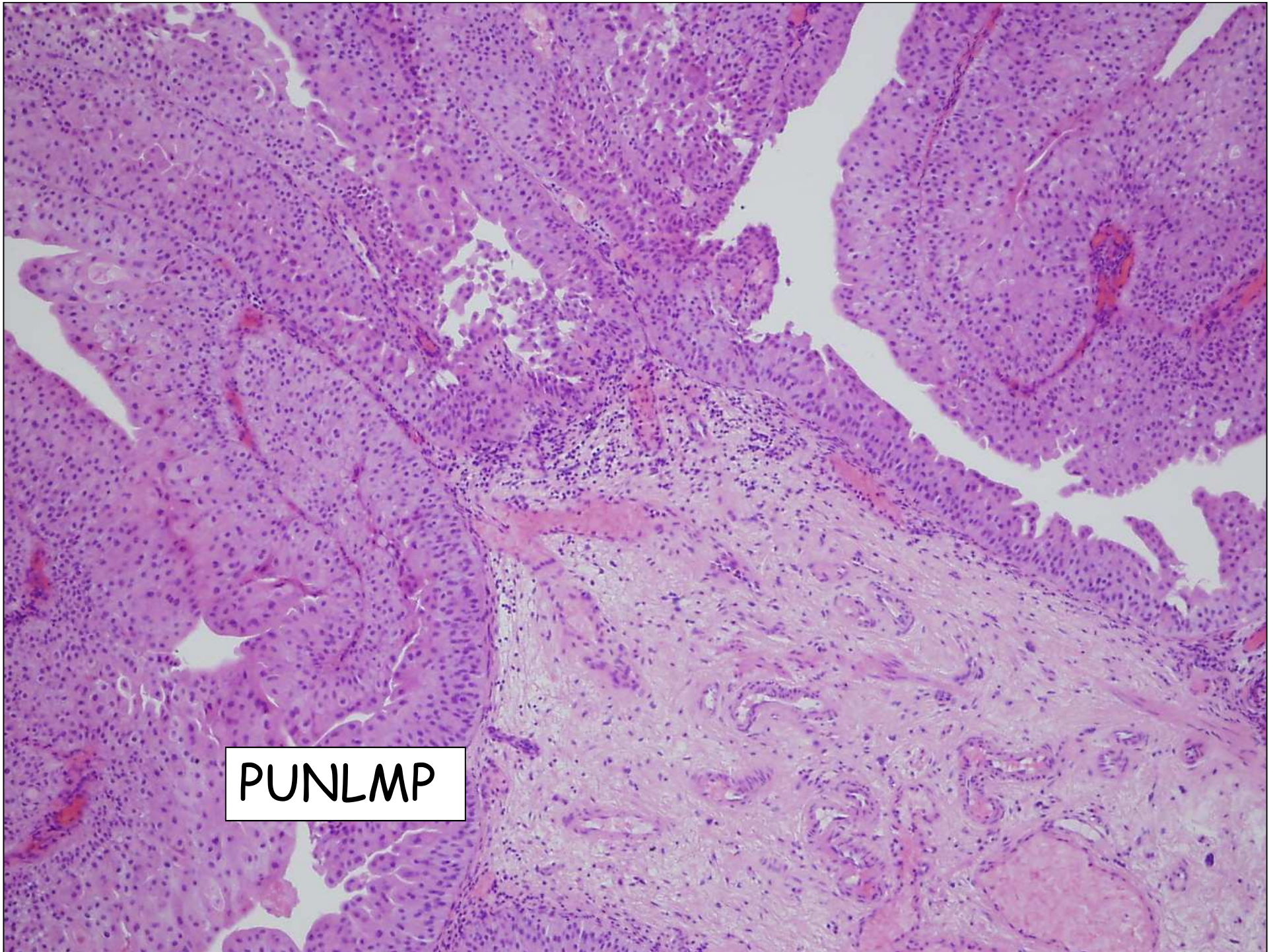
Papilláris urothelialis neoplasia - low malignant potential

- Papilláris növedék,
- Minimális strukturális atypia
- Minimális cytológiai atypia
(inkább monoton atypia,
de a sejtmagok nagyobbak a normál méretnél)
- +/- vaskos sejtréteg a kötőszövetes tengelyeken - de a sejtsorok száma nem számlálандó!
- Mitózisok előfordulnak, de ritkák, és a bázison látni

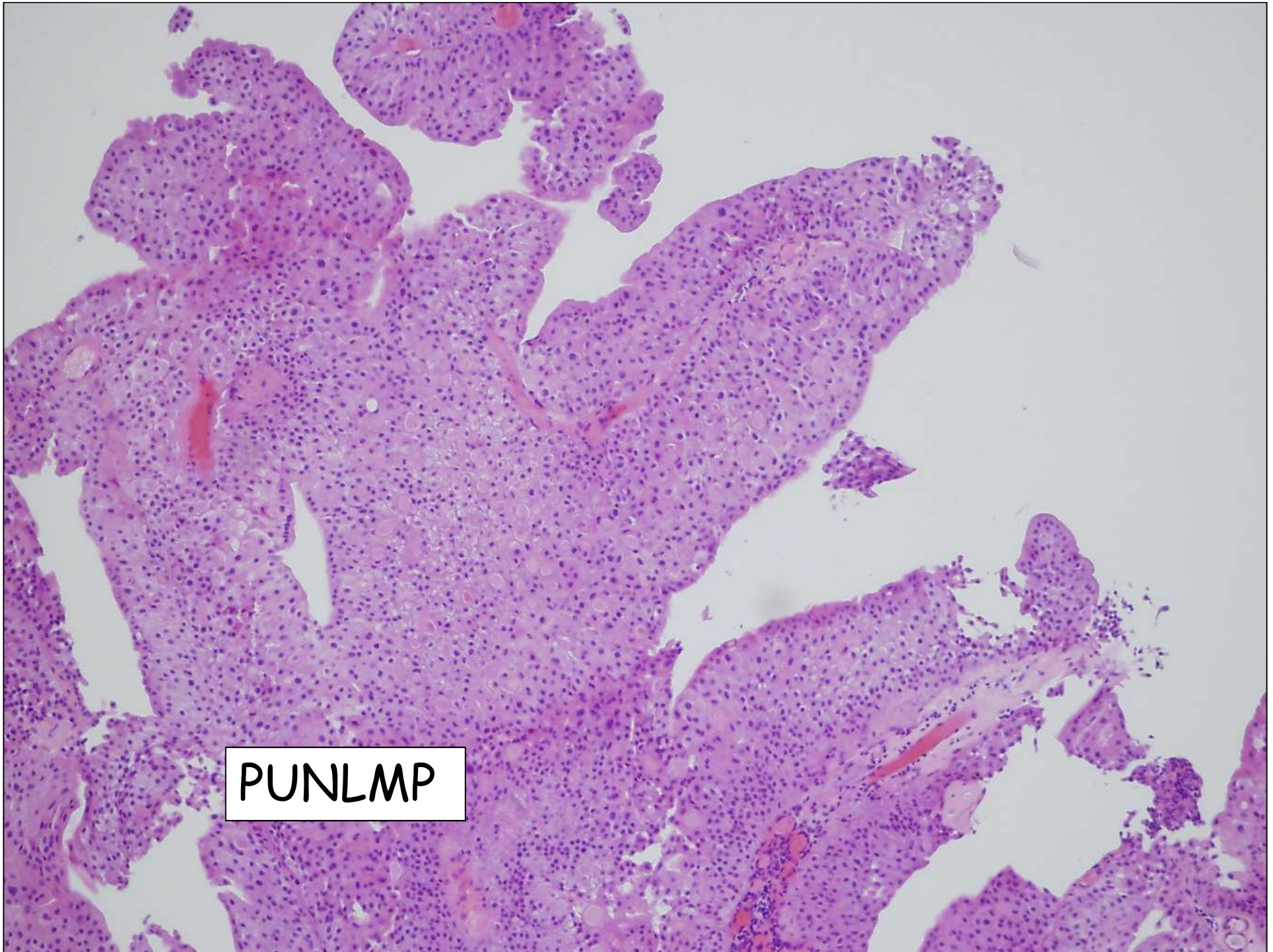




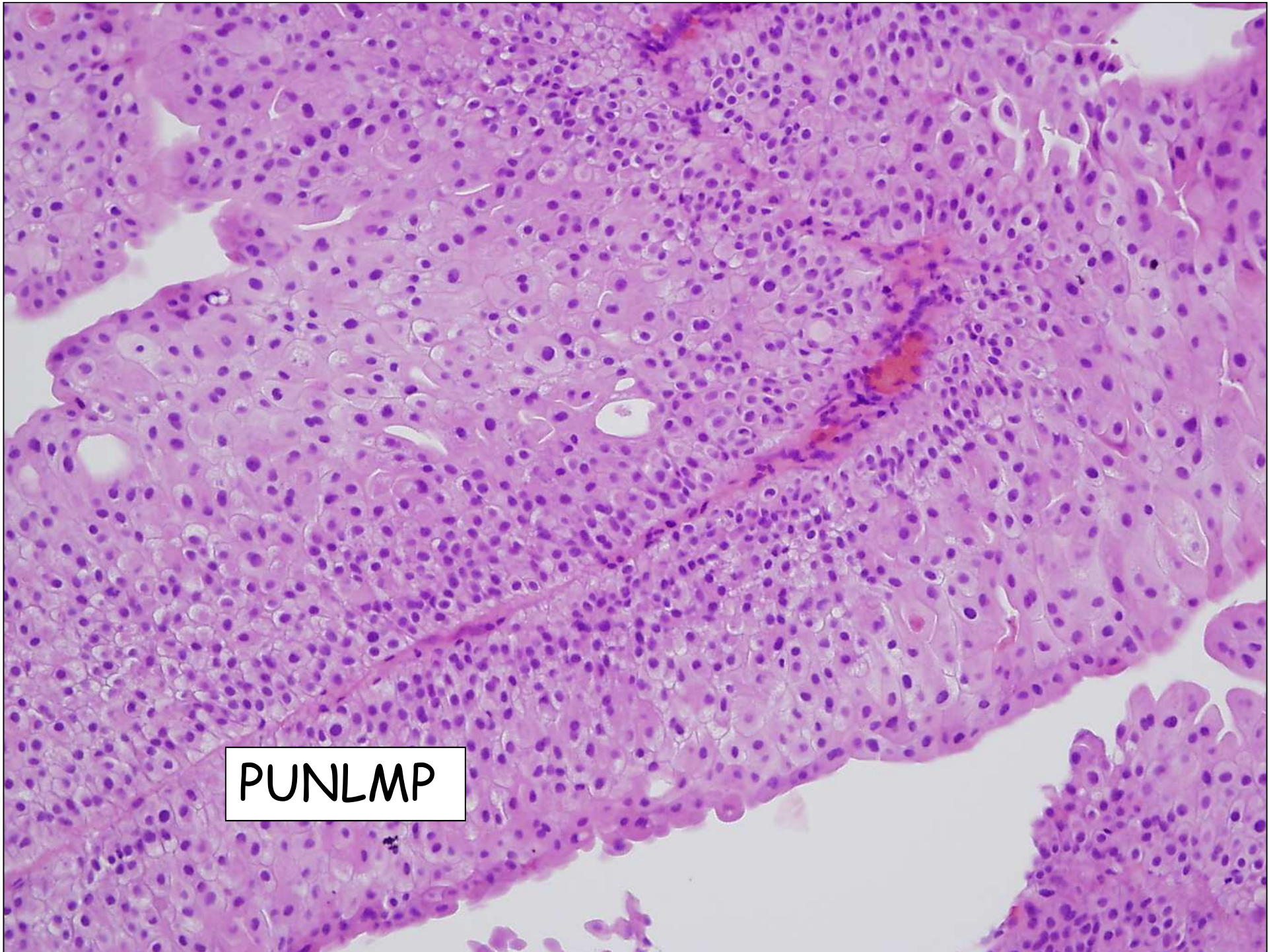
PUNLMP



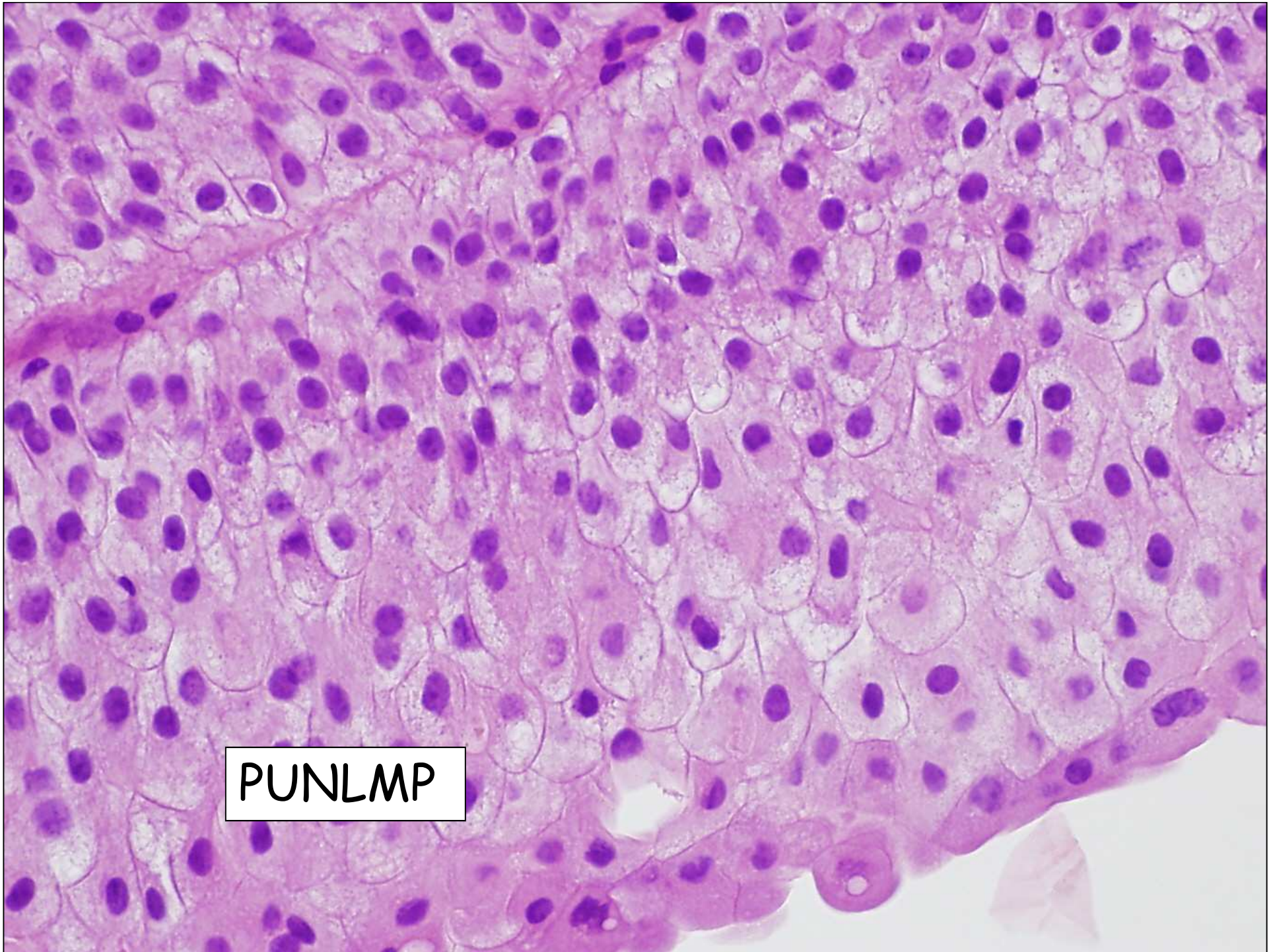
PUNLMP



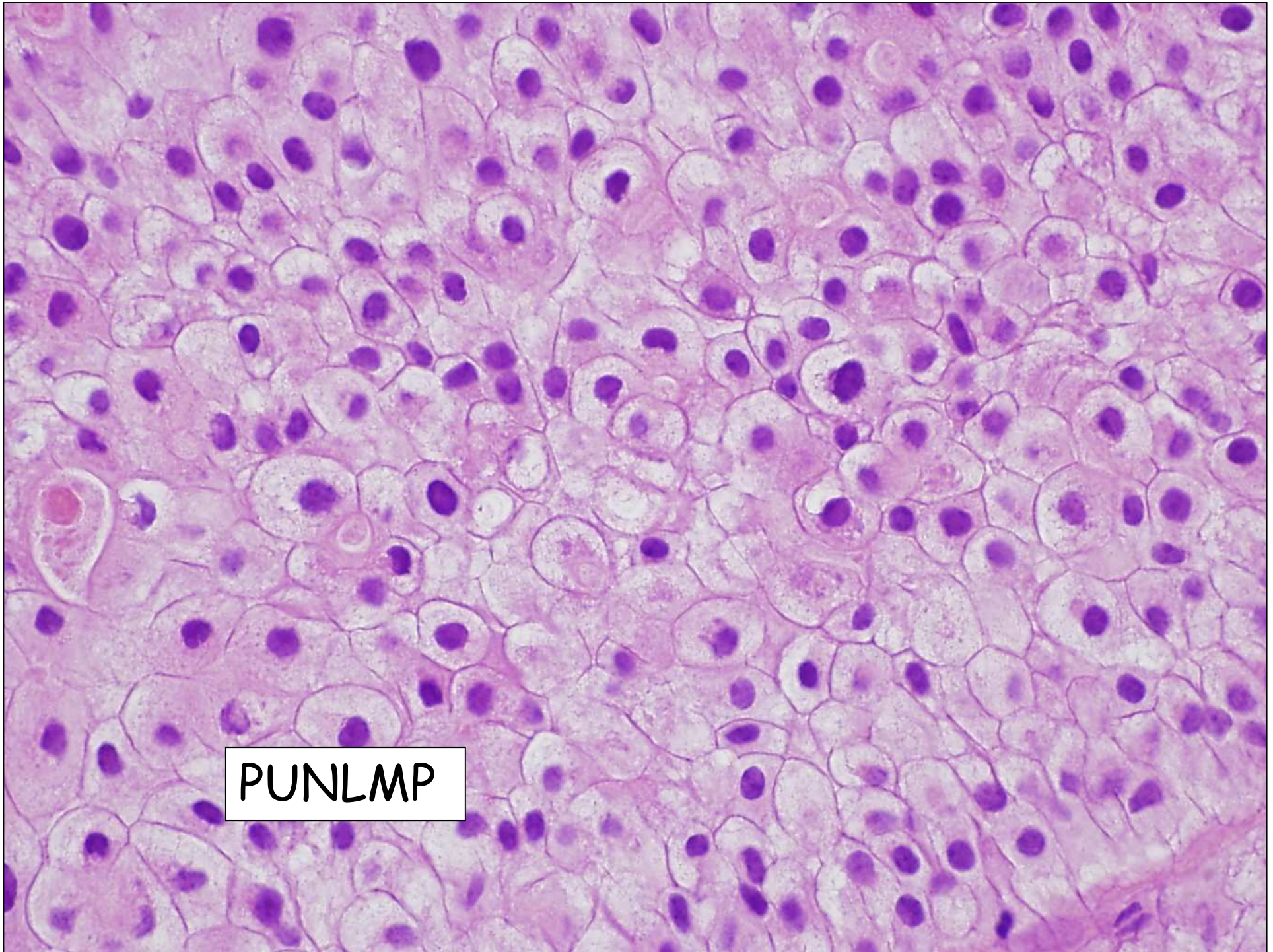
PUNLMP



PUNLMP



PUNLMP



PUNLMP

Papilláris urothelialis carcinoma - G2 Low grade

- Viszonylag rendezett összkép,
DE
Kis nagyítással is jól érzékelhető

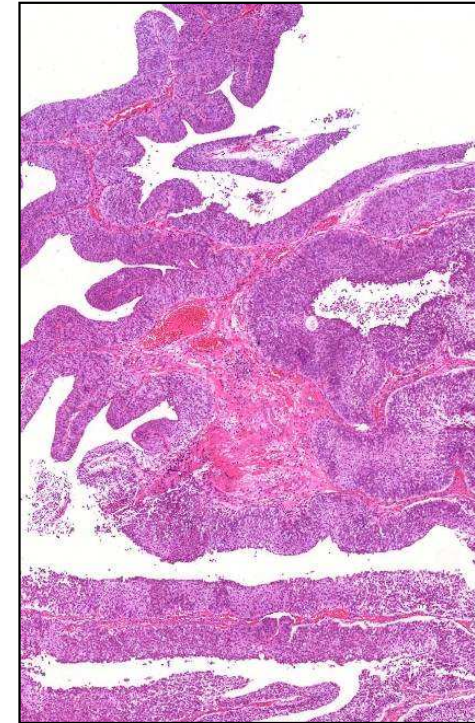
Cytológiai

(magpolymorphizmus, magnagyobbodás,
chromatineloszlási zavar)

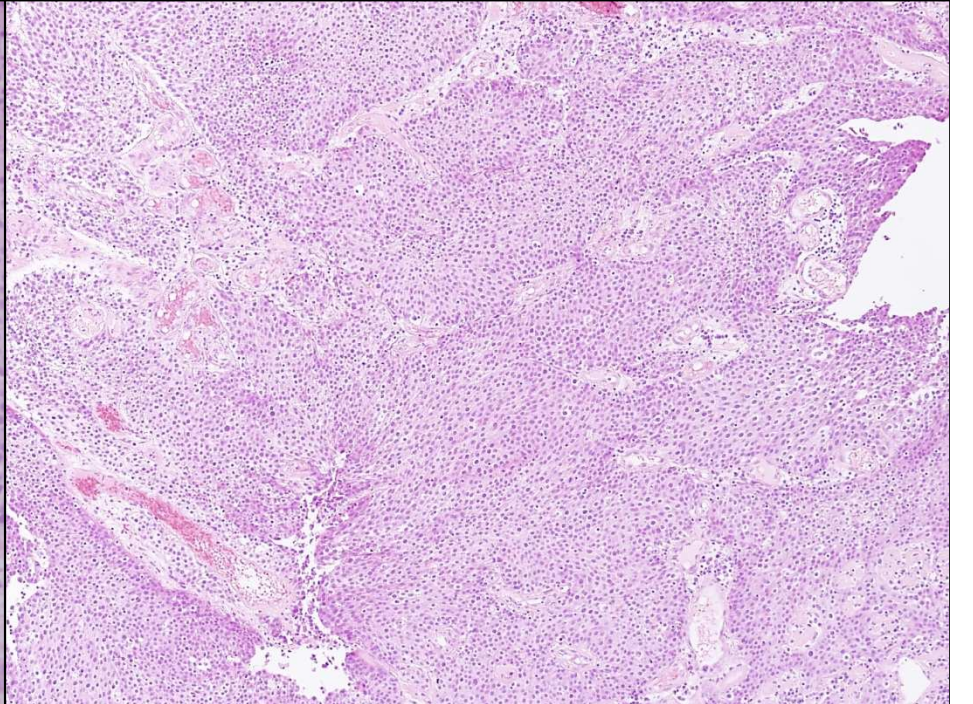
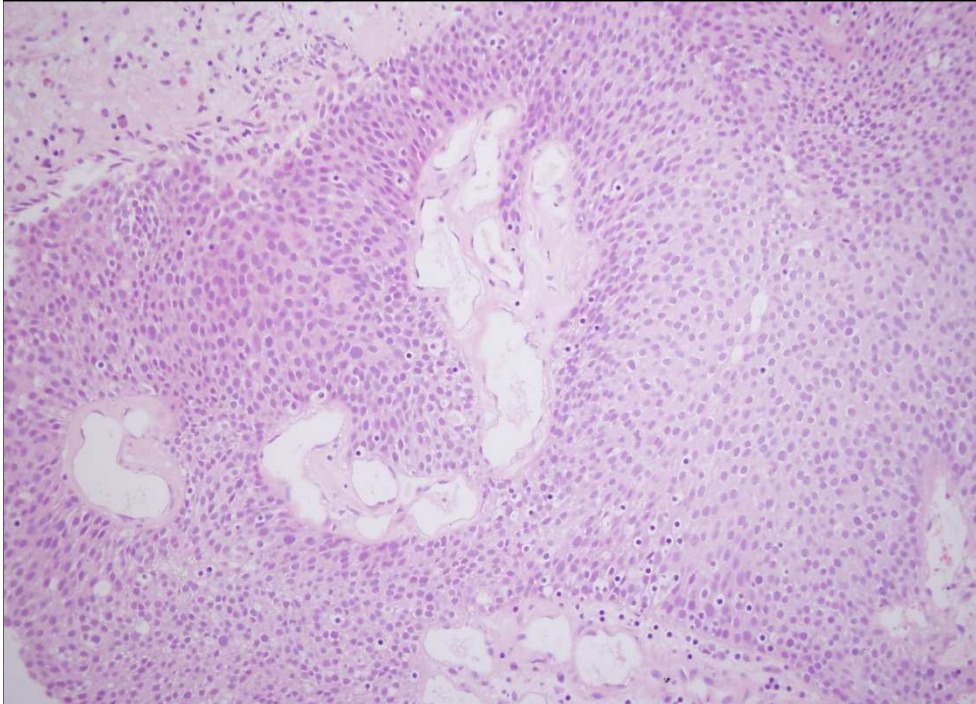
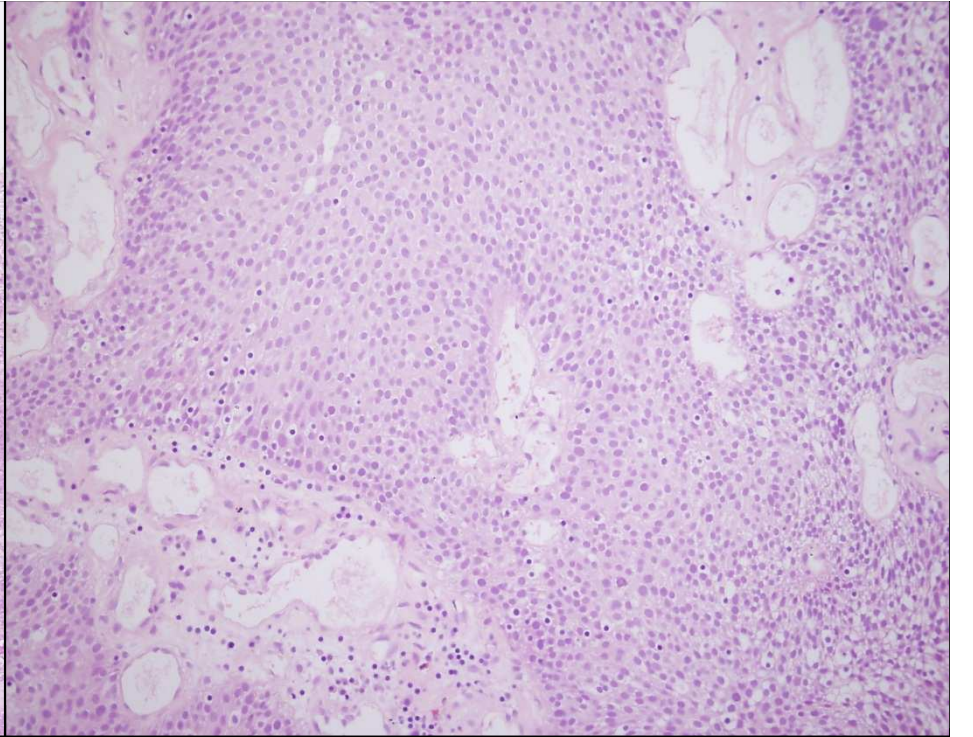
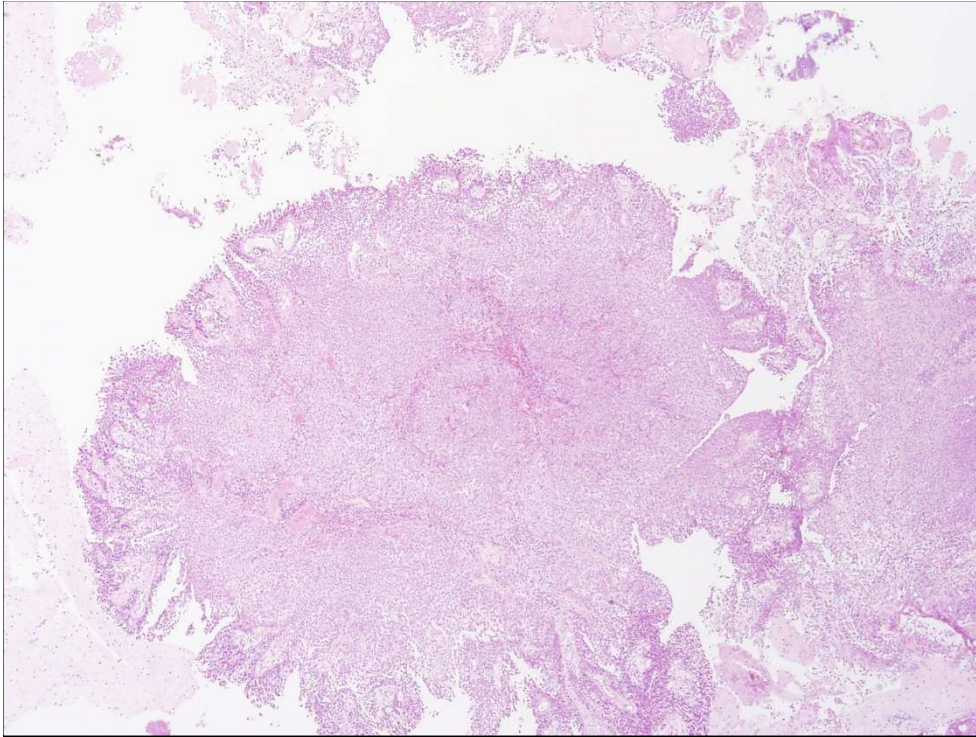
Strukturális

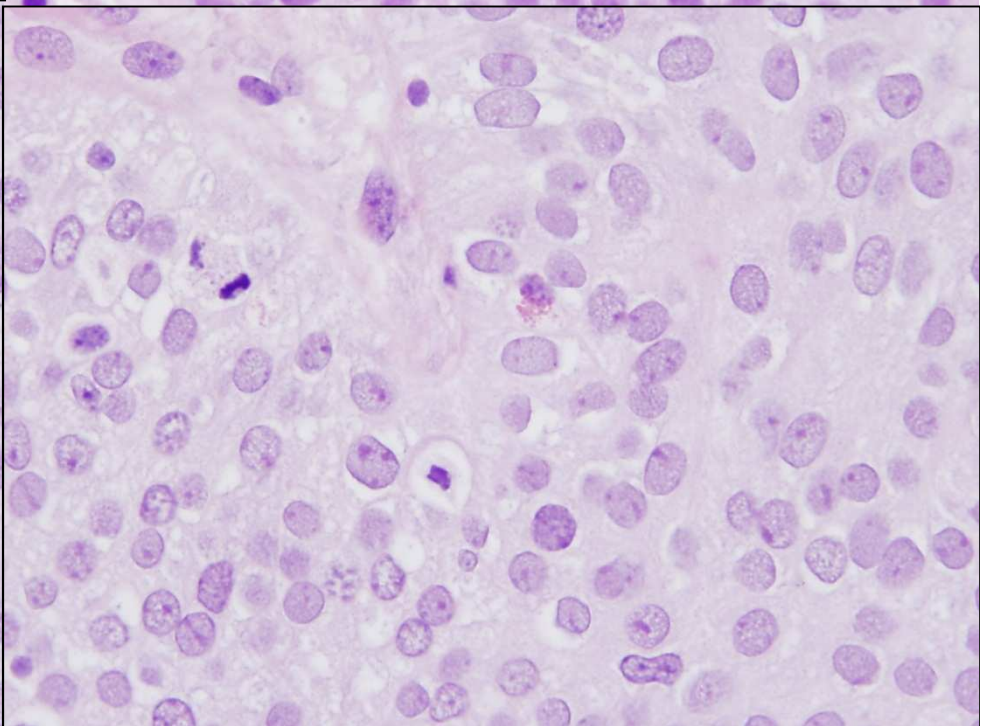
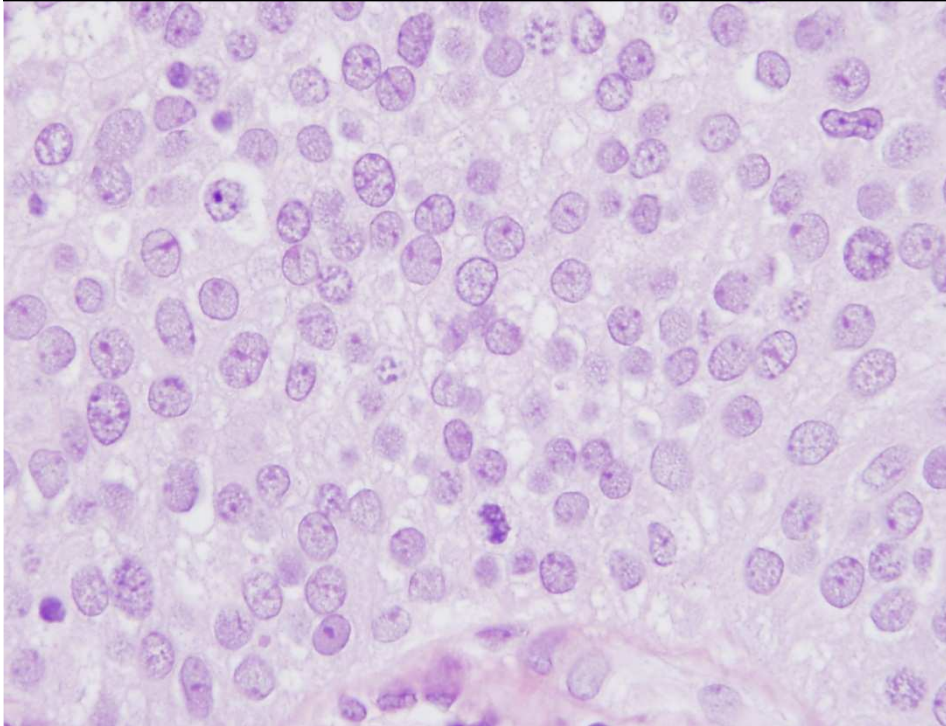
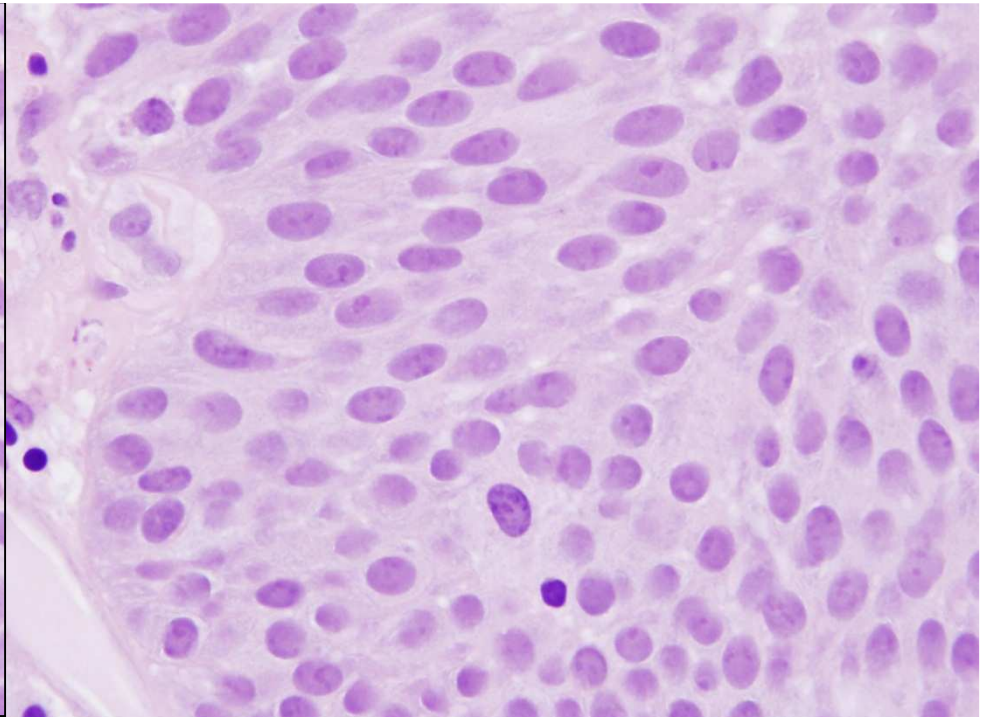
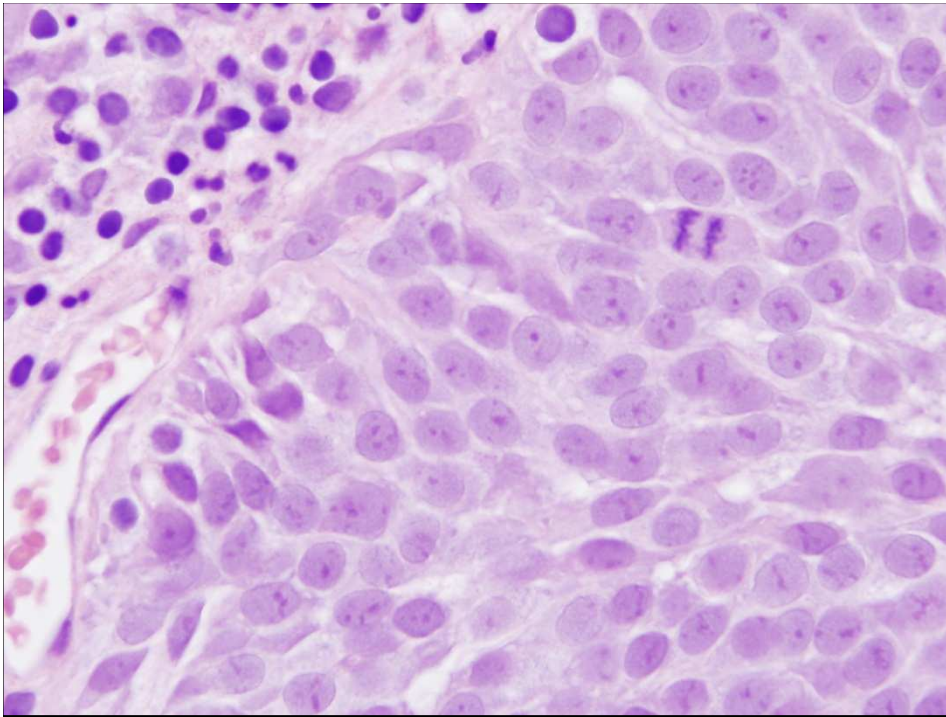
(polaritási zavar)

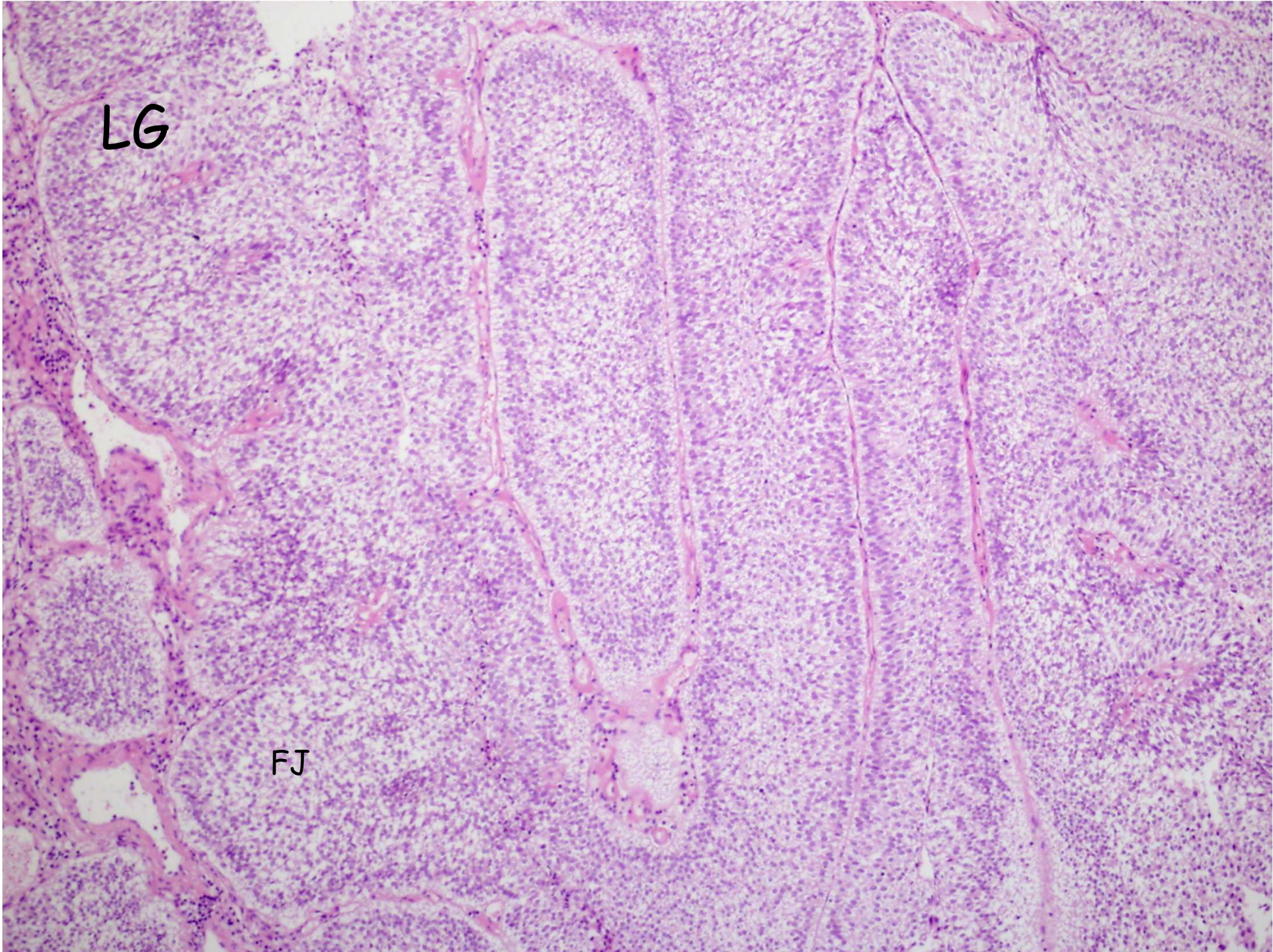
atypia



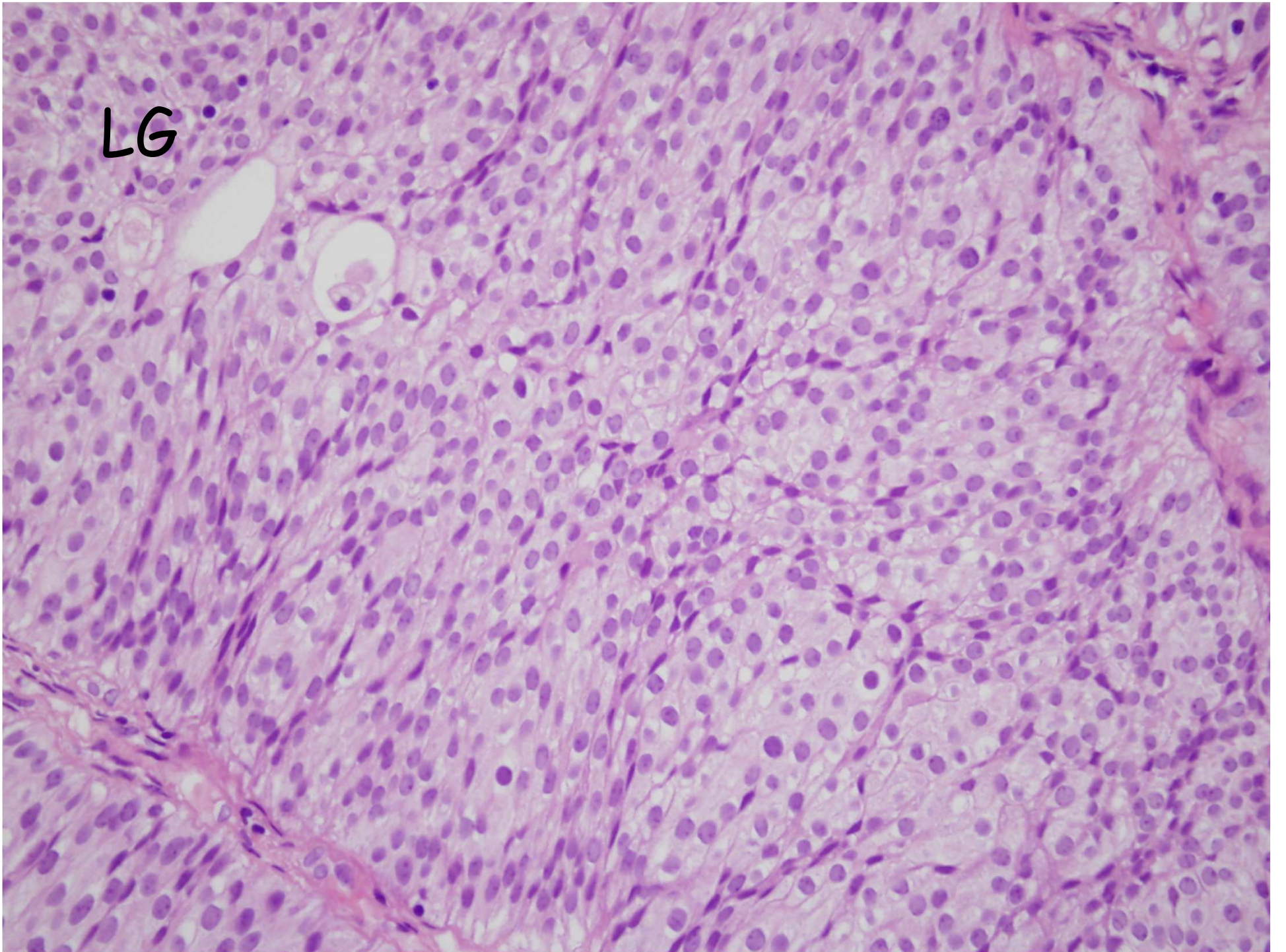
- Osztódások nem gyakoriak, általában a bázison vannak, de előfordulhatnak bármely rétegben
- A szöveti kép változatos, a *legsúlyosabb* eltérés értékelendő

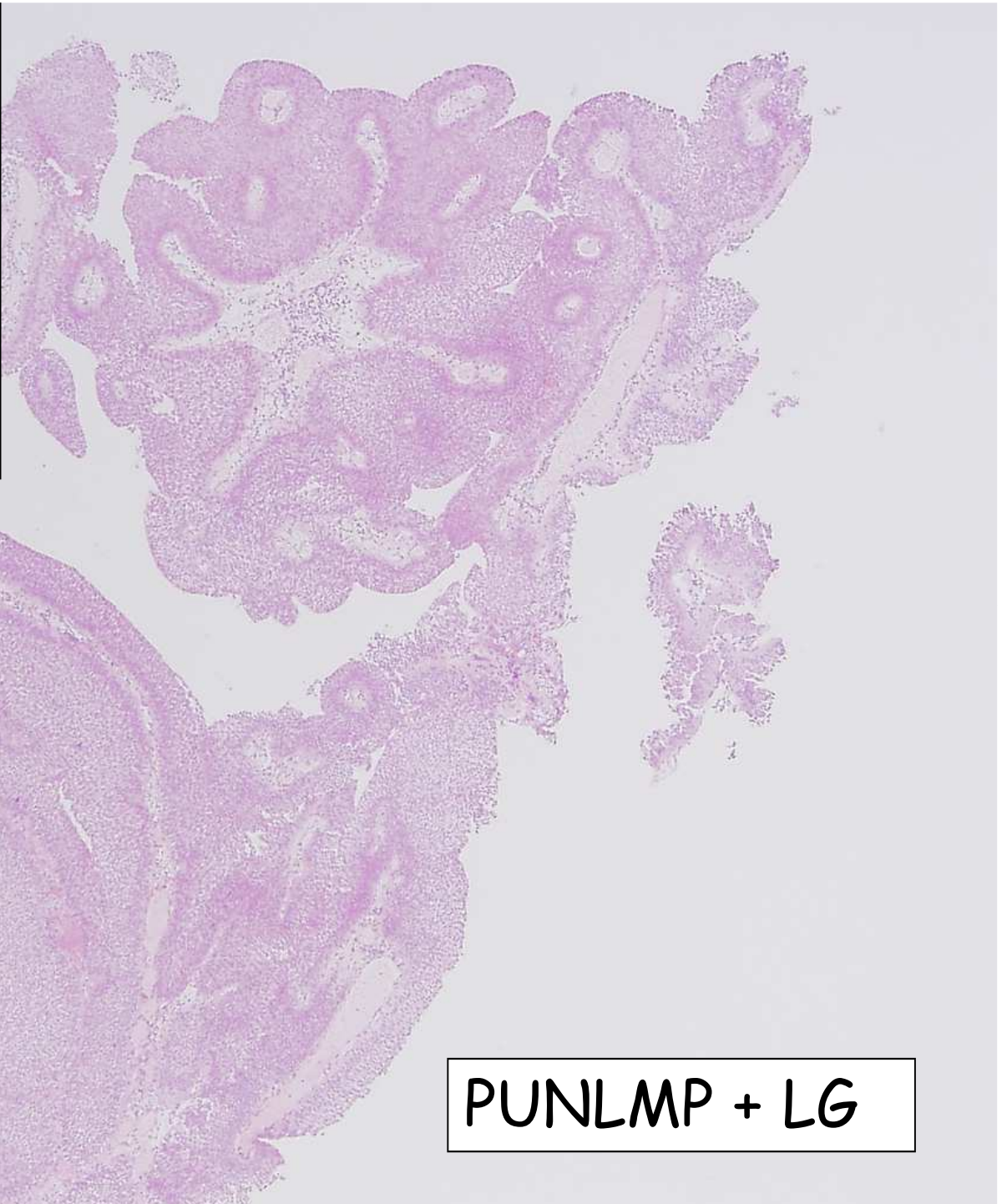
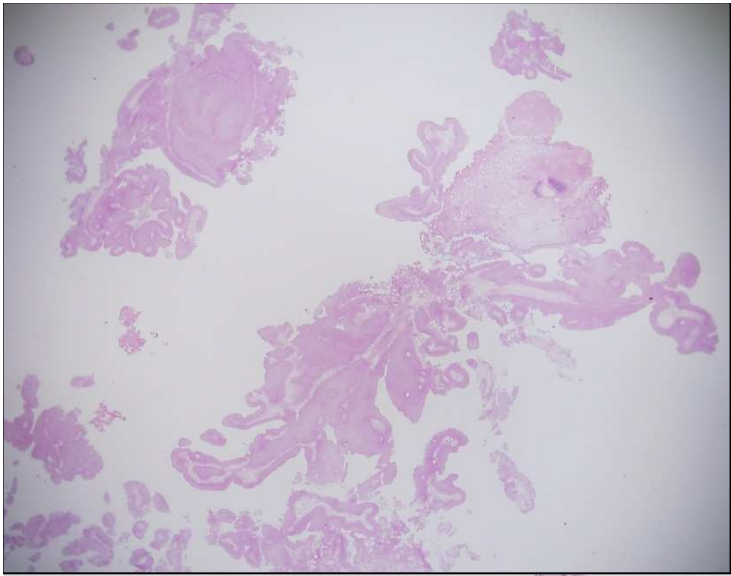




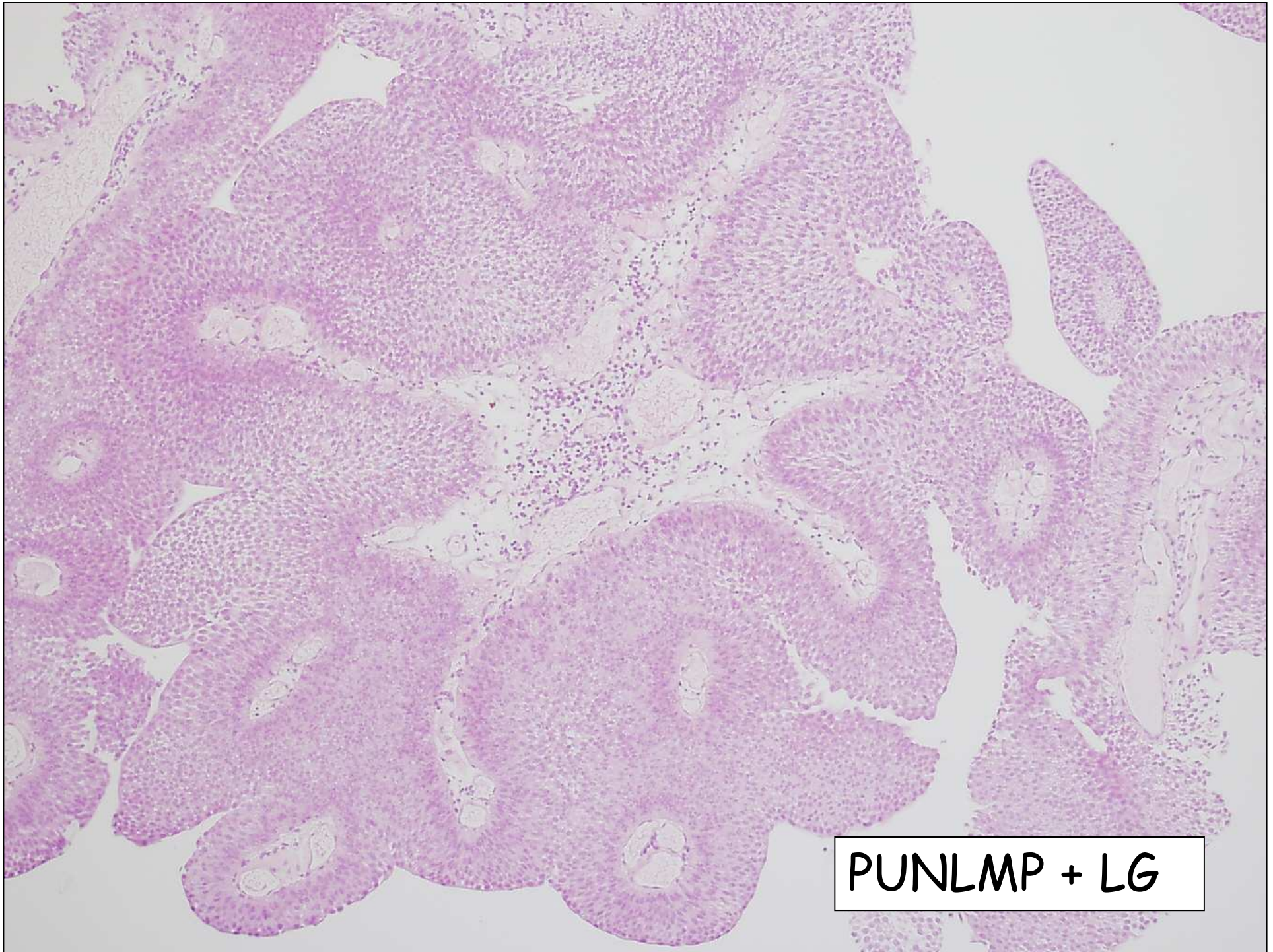


LG

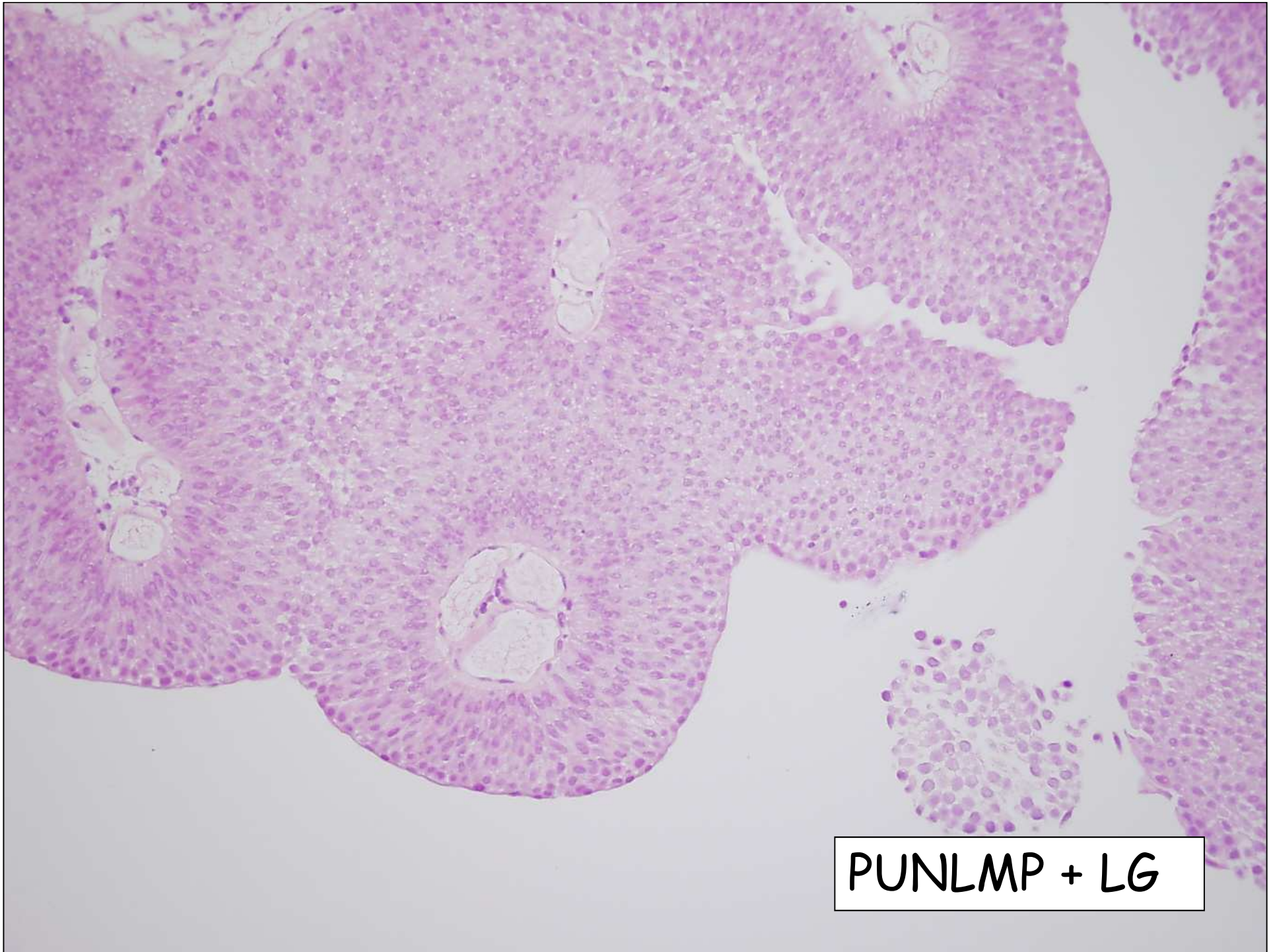




PUNLMP + LG



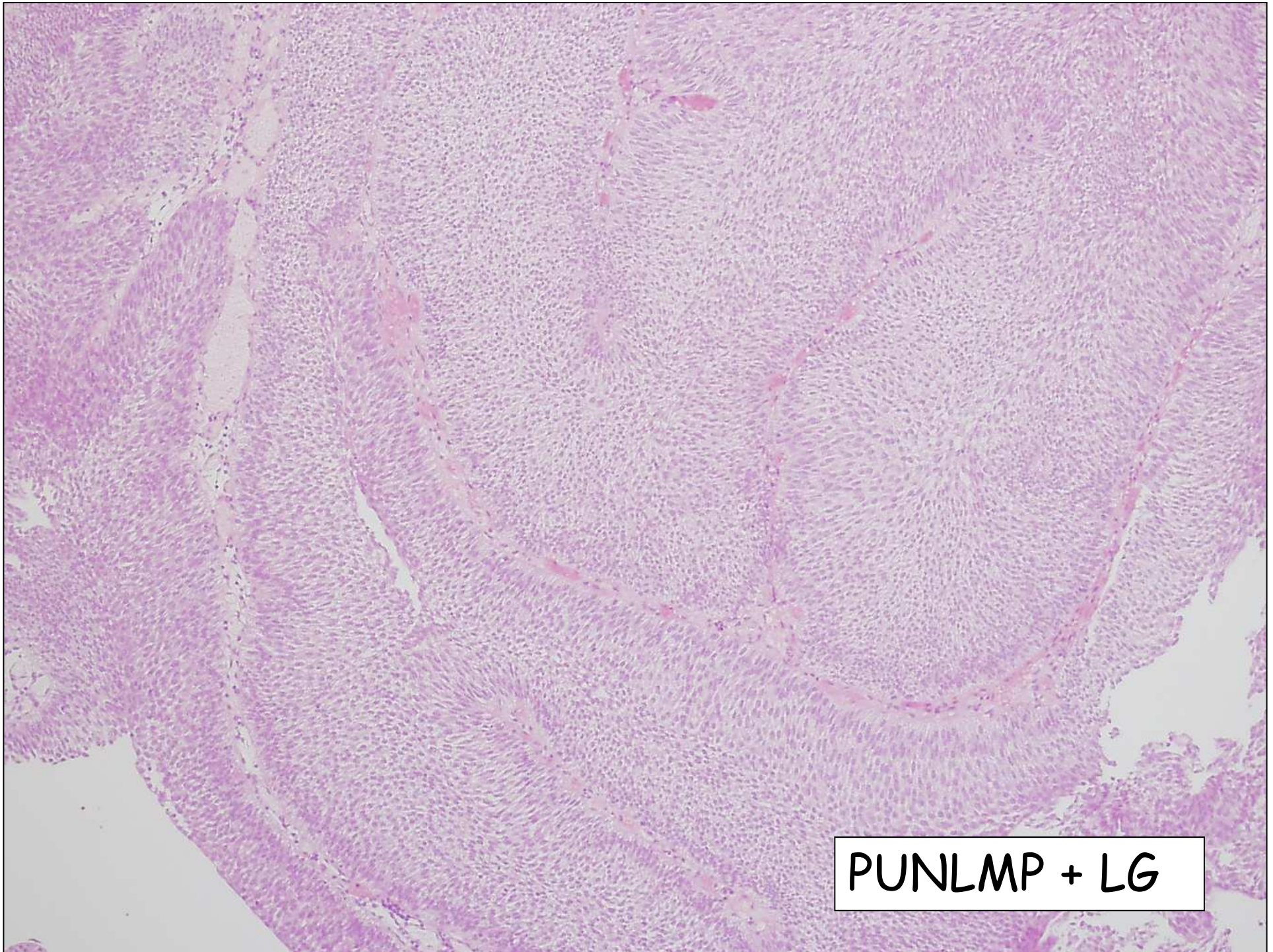
PUNLMP + LG



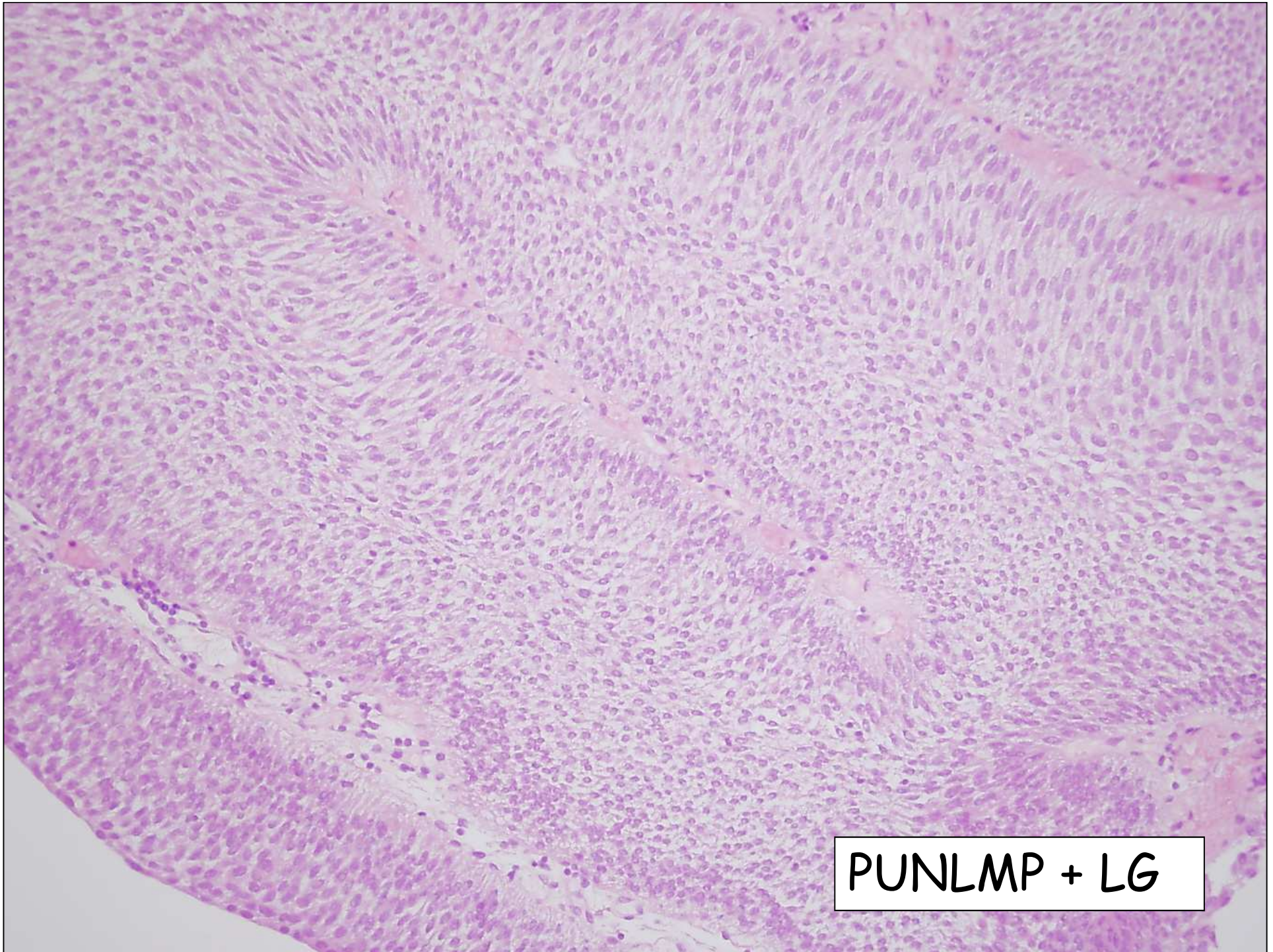
PUNLMP + LG



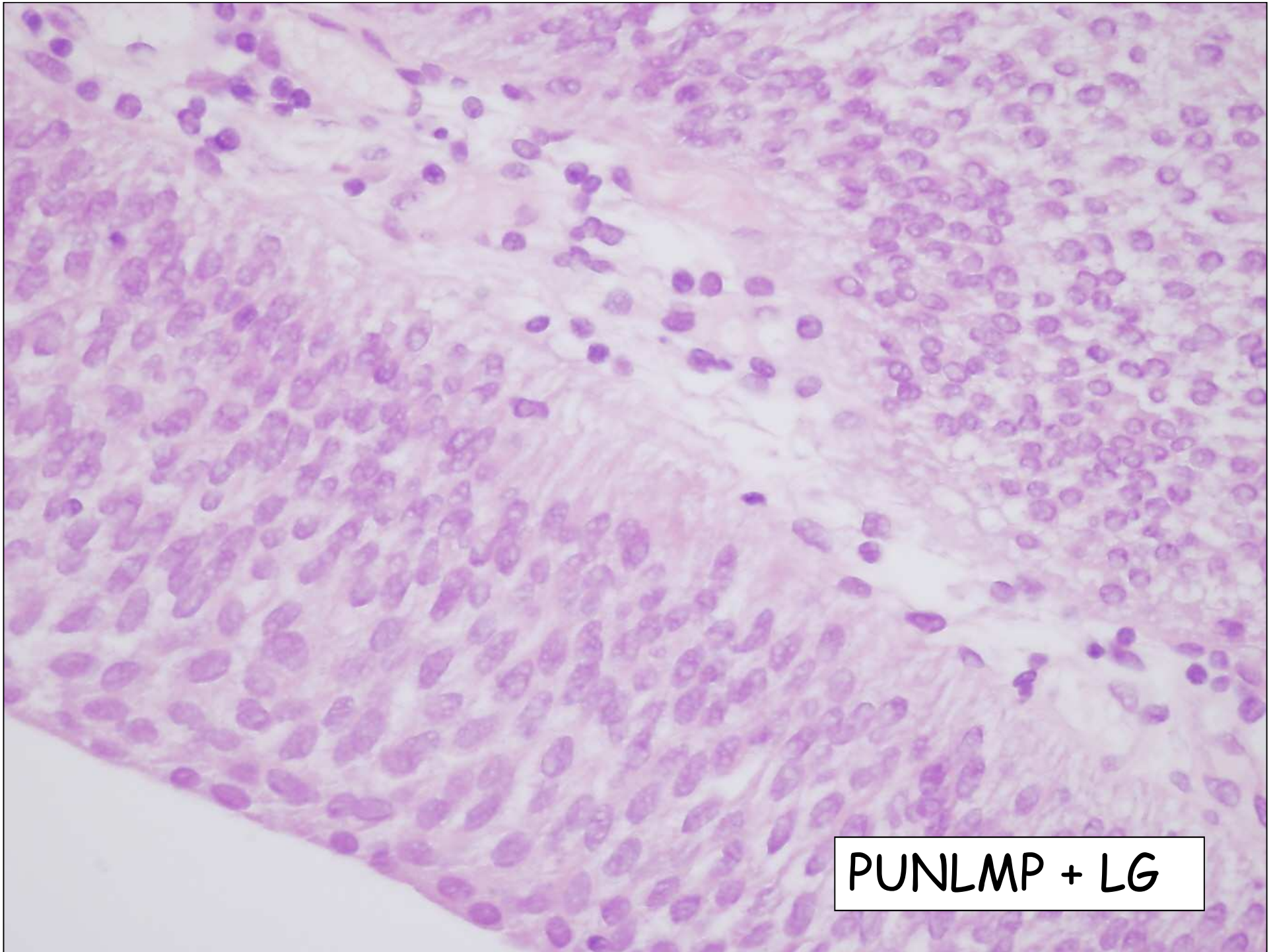
PUNLMP + LG



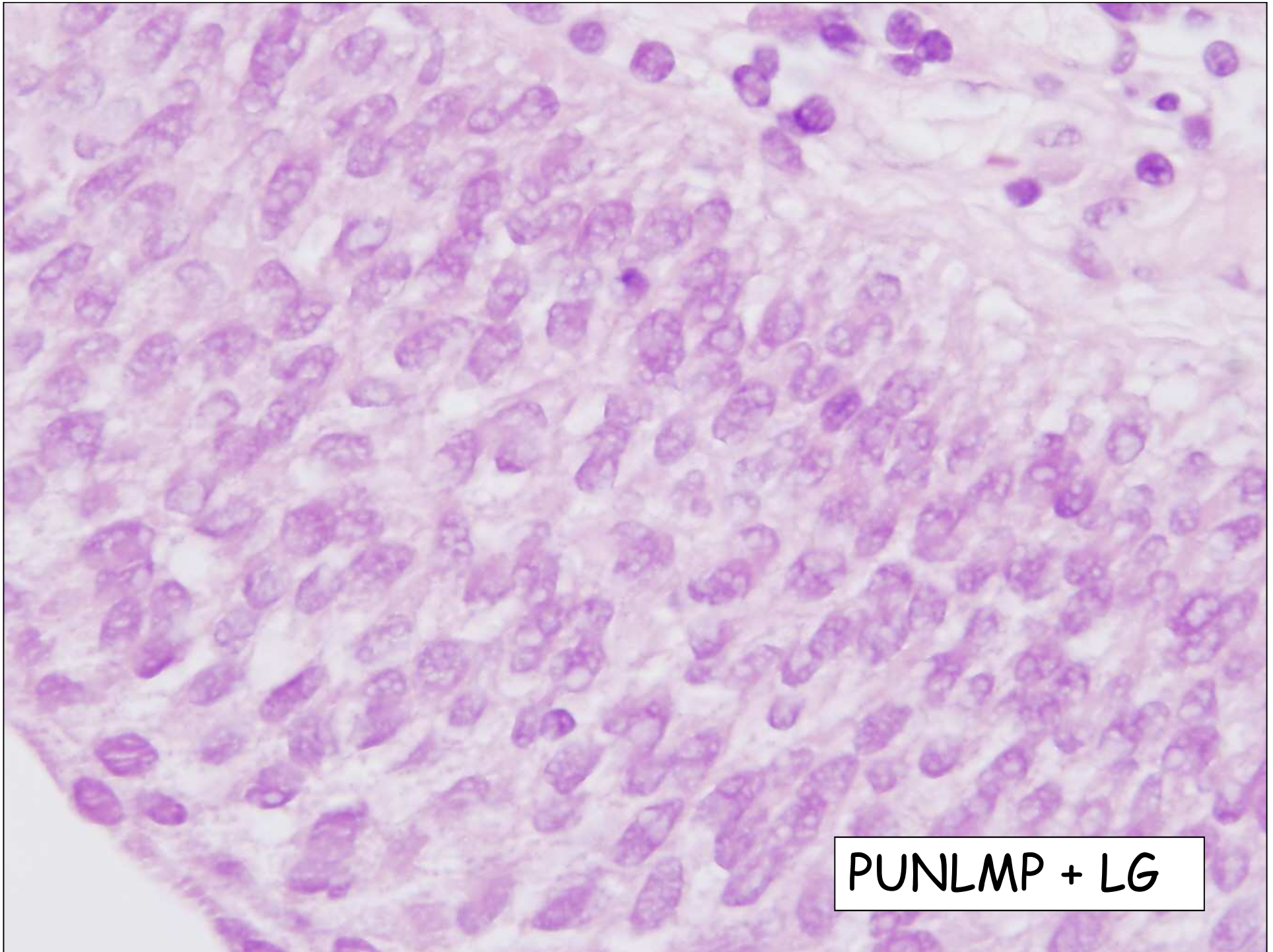
PUNLMP + LG



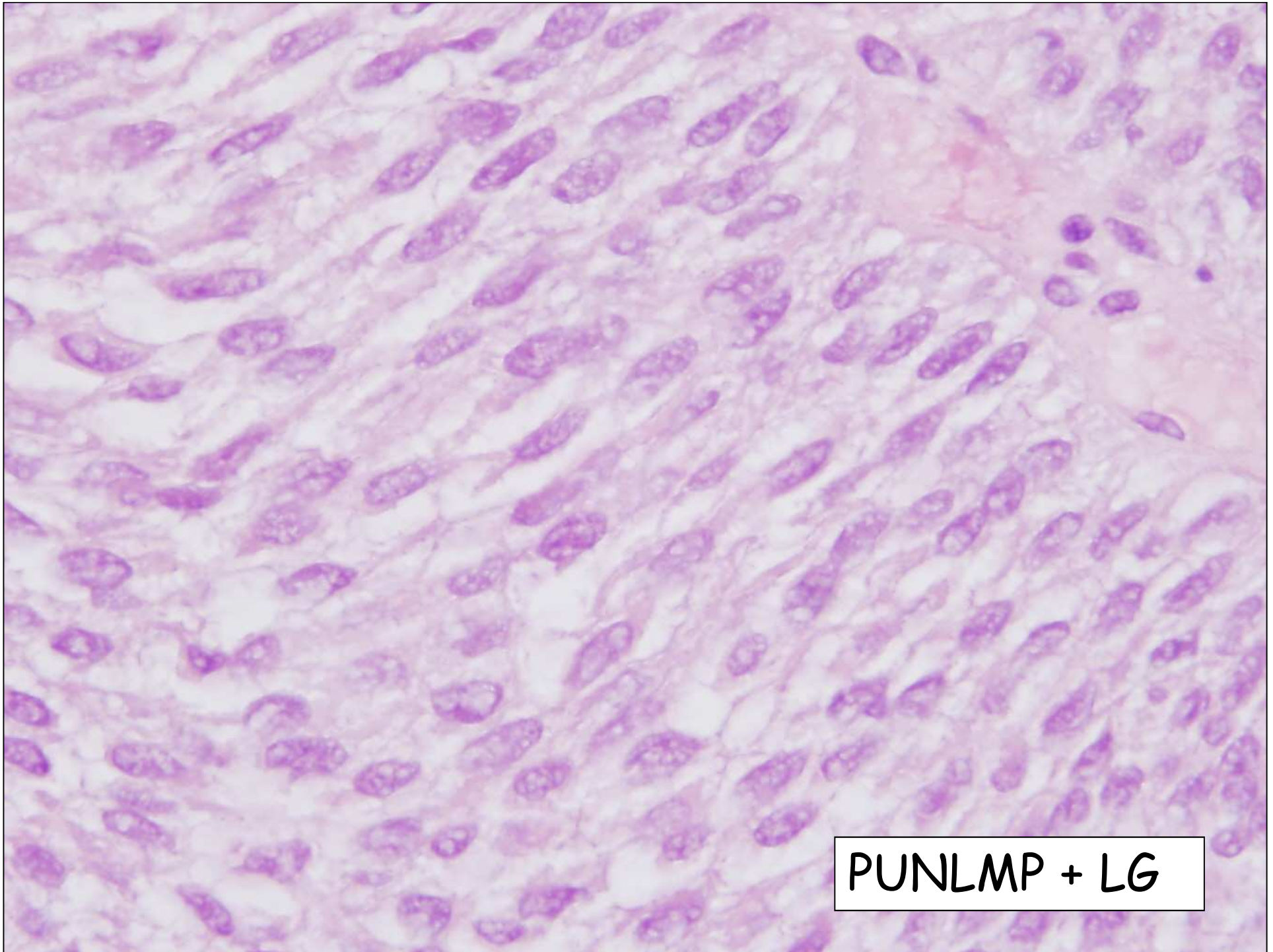
PUNLMP + LG



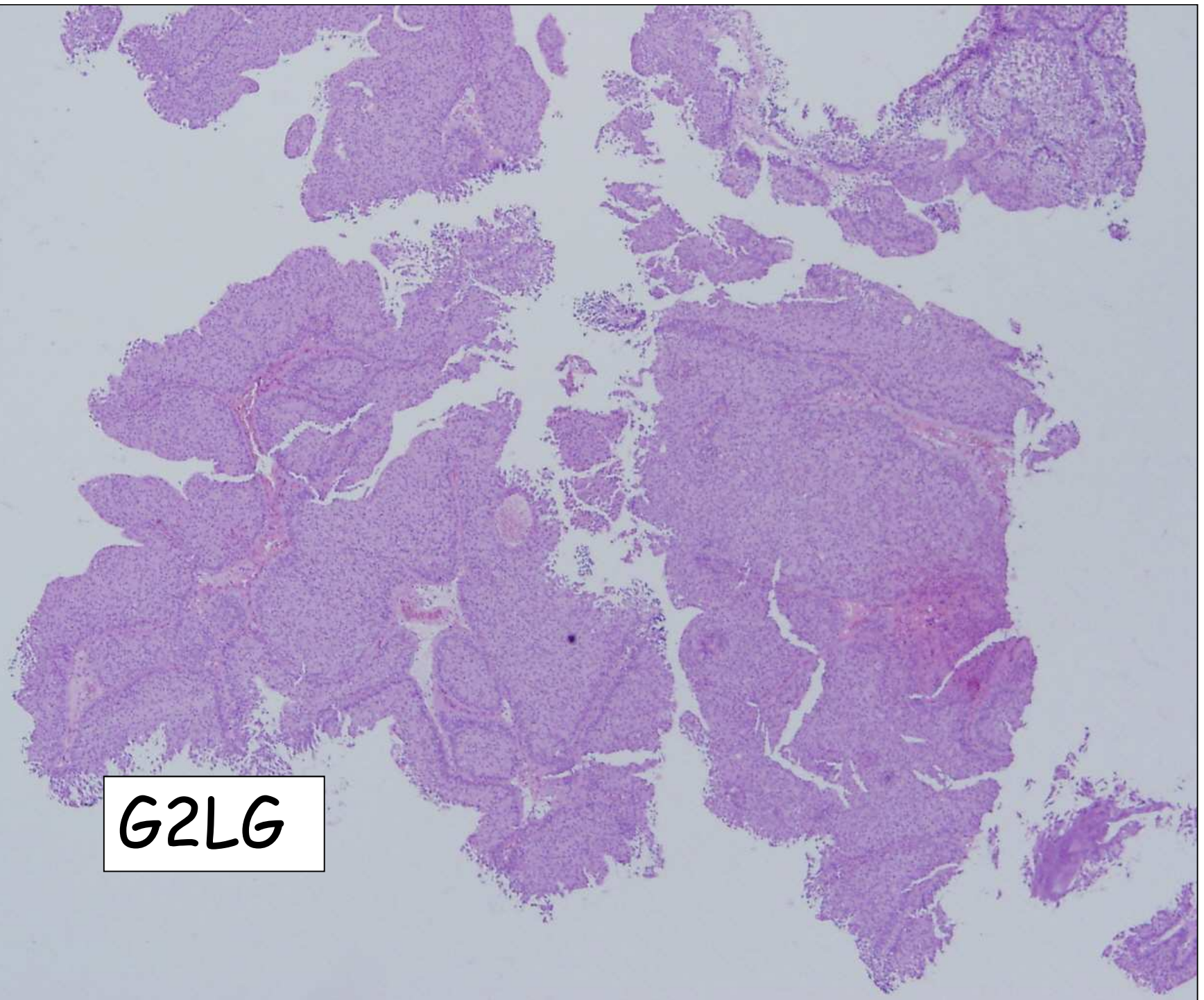
PUNLMP + LG



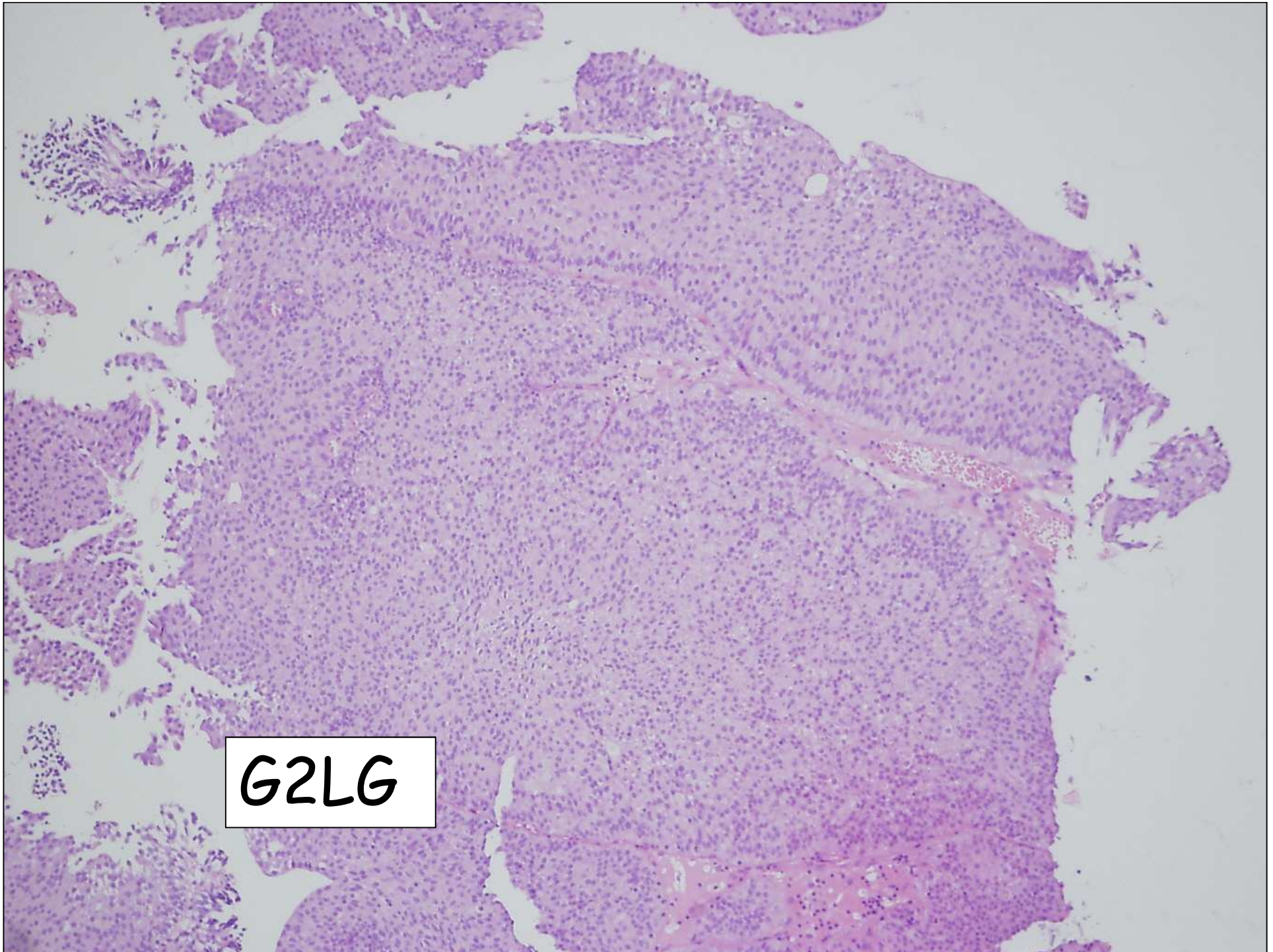
PUNLMP + LG



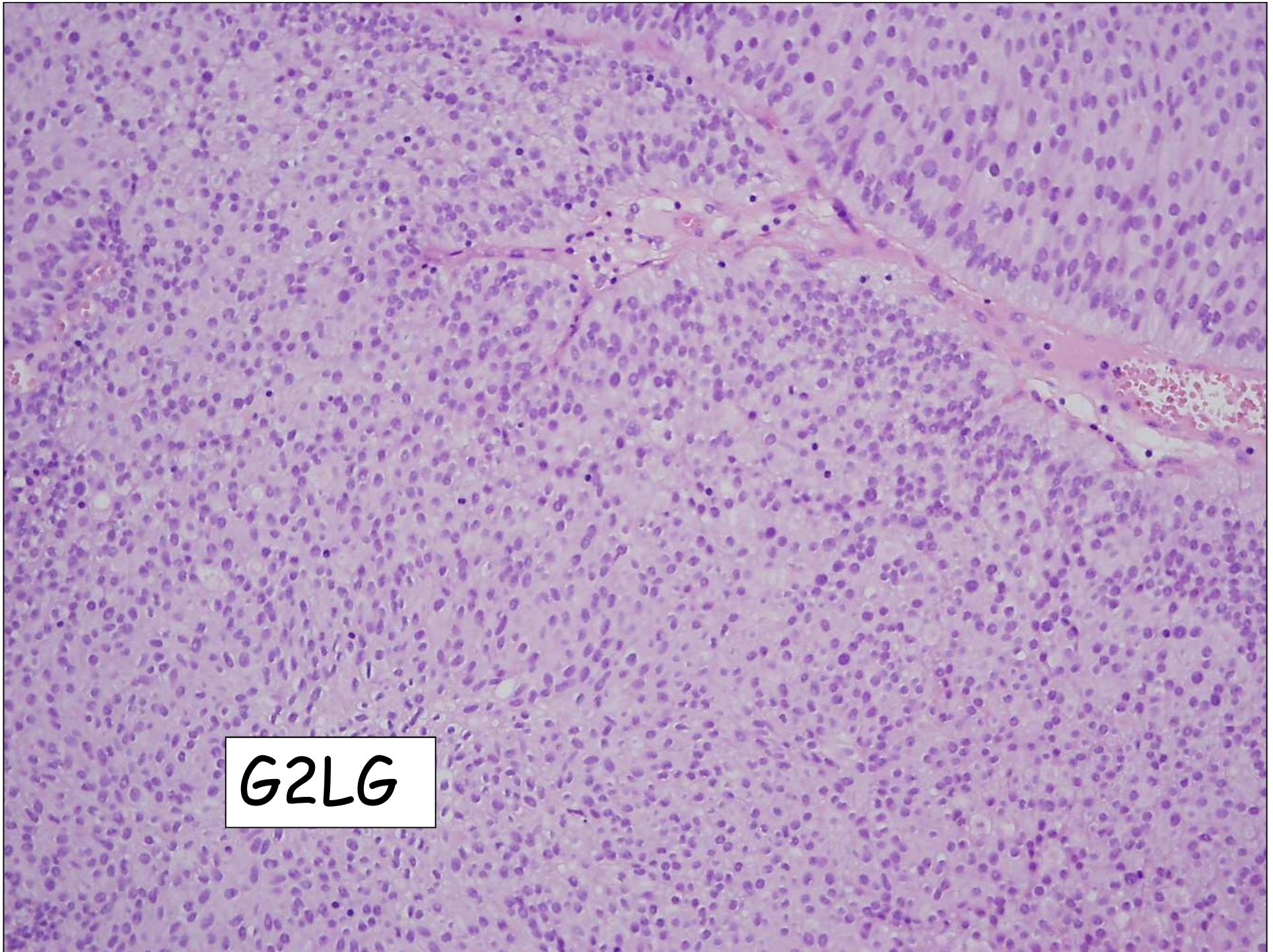
PUNLMP + LG



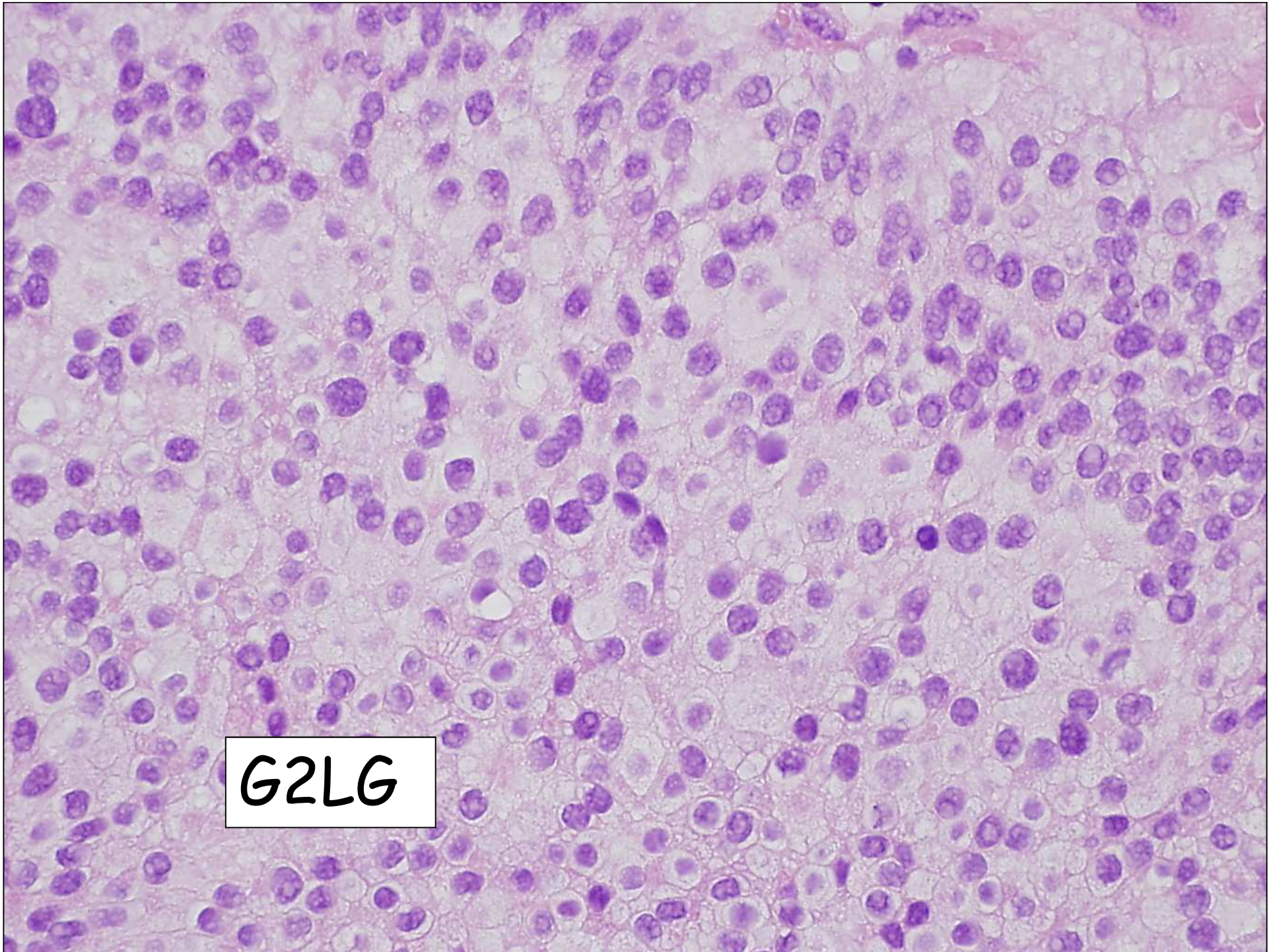
G2LG



G2LG



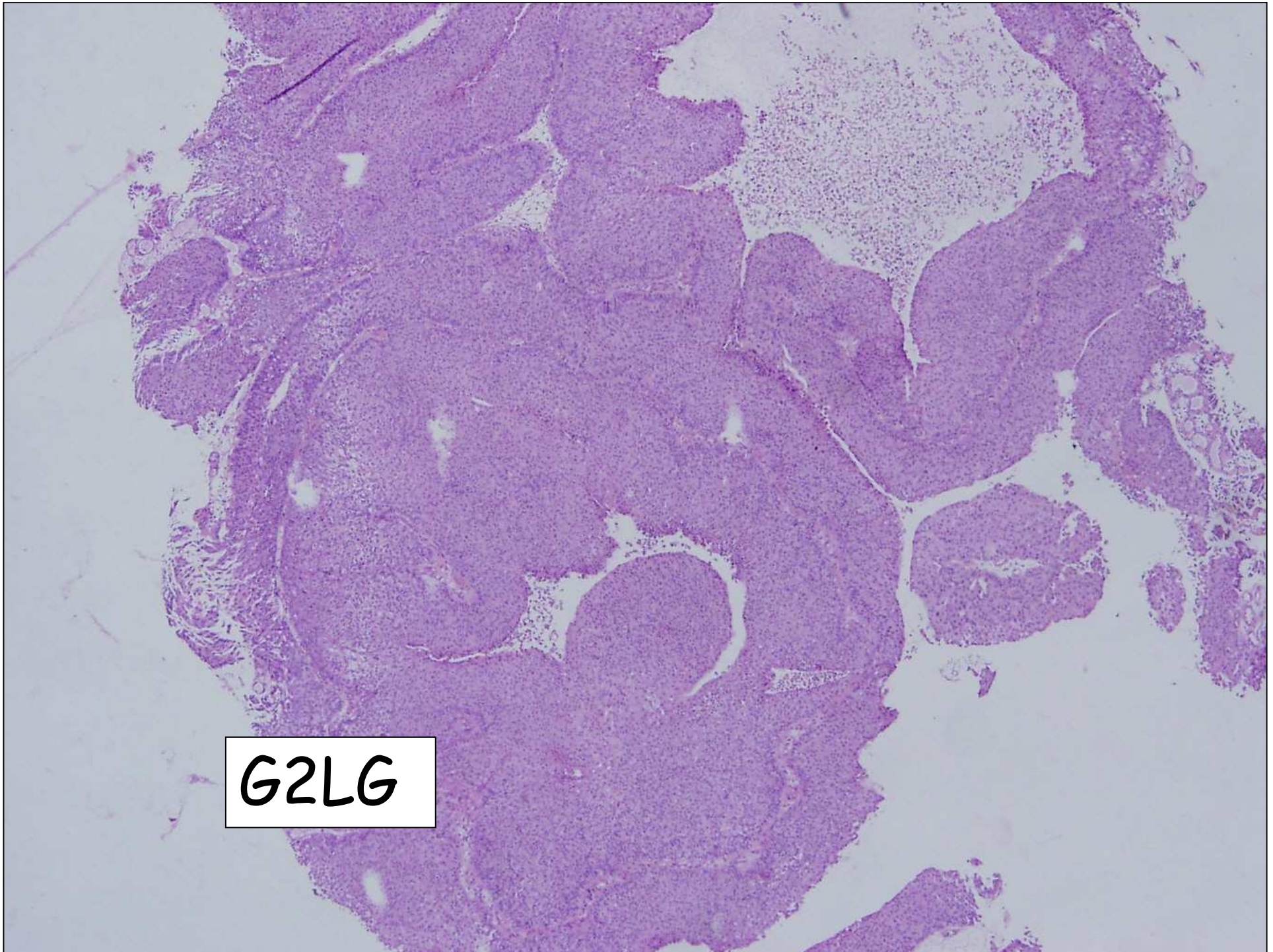
G2LG



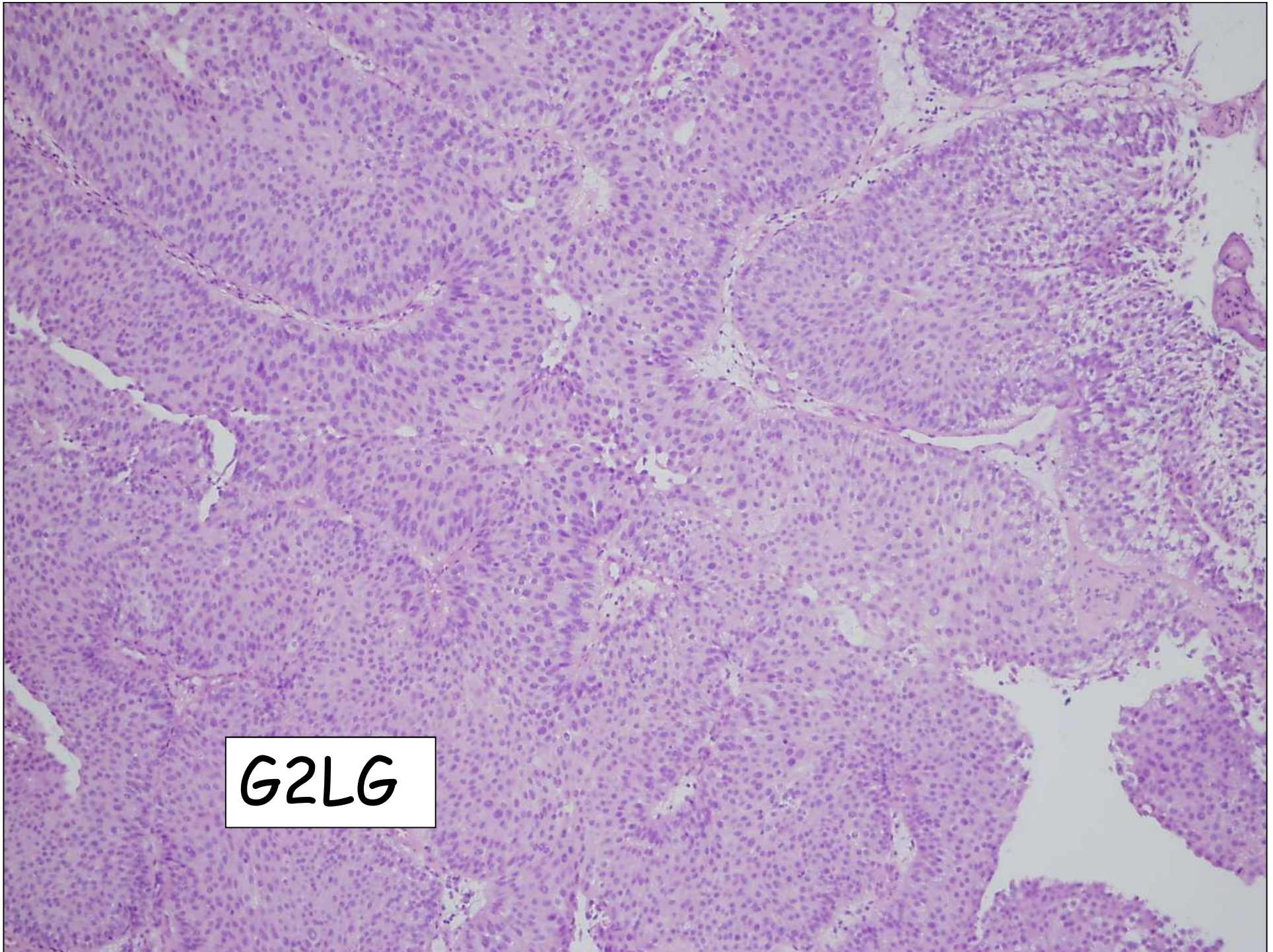
G2LG



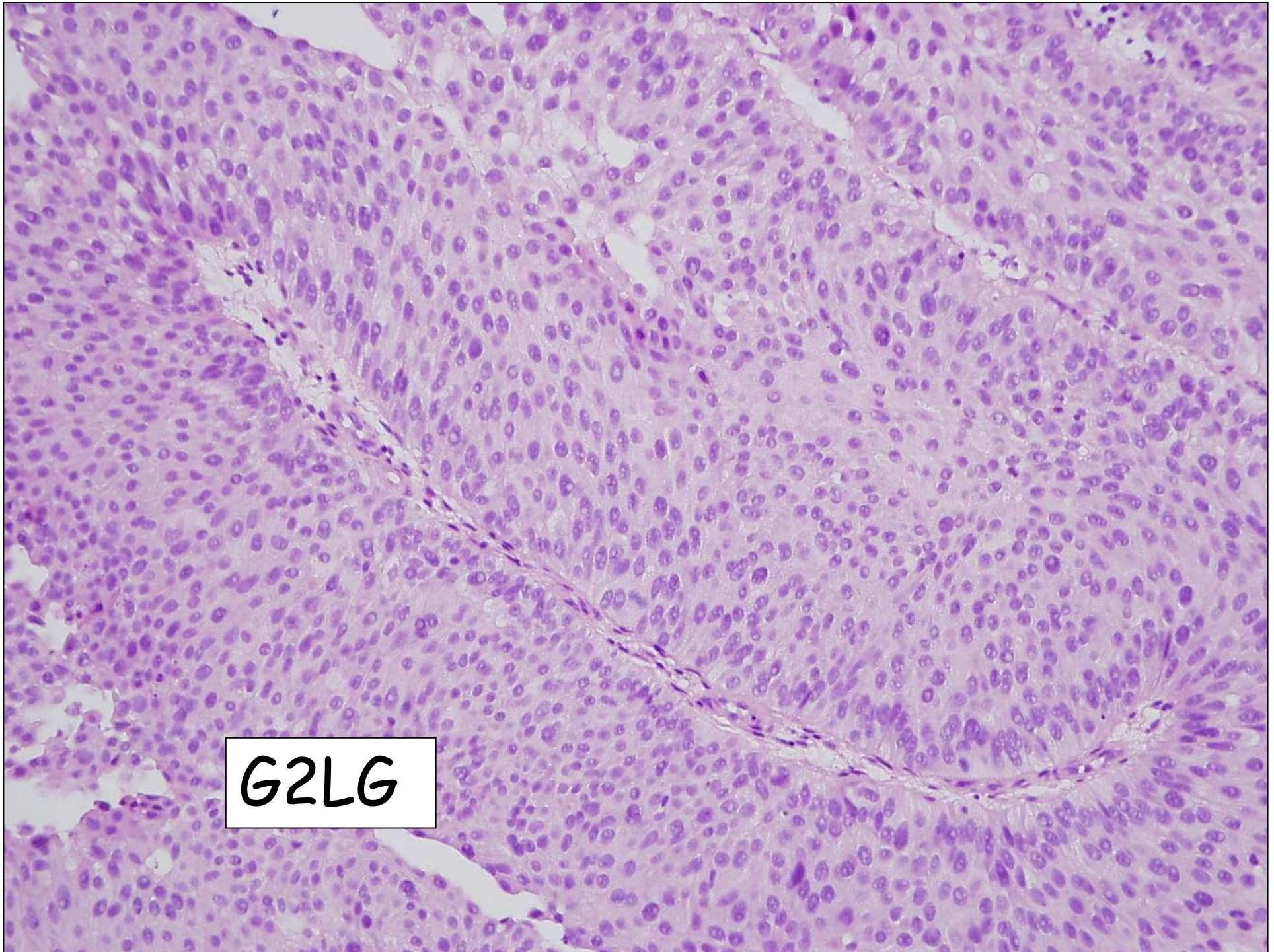
G2LG
másik



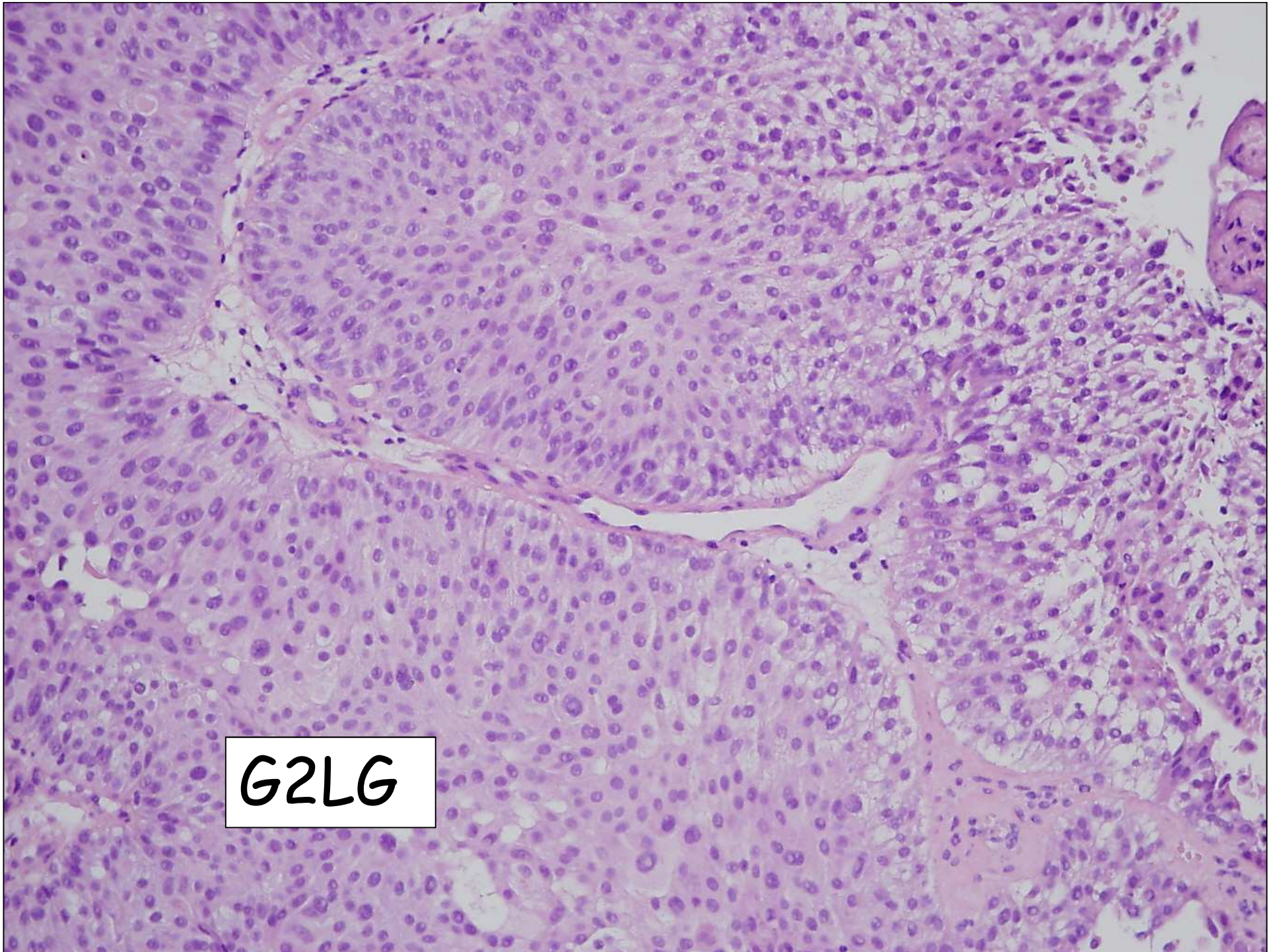
G2LG



G2LG



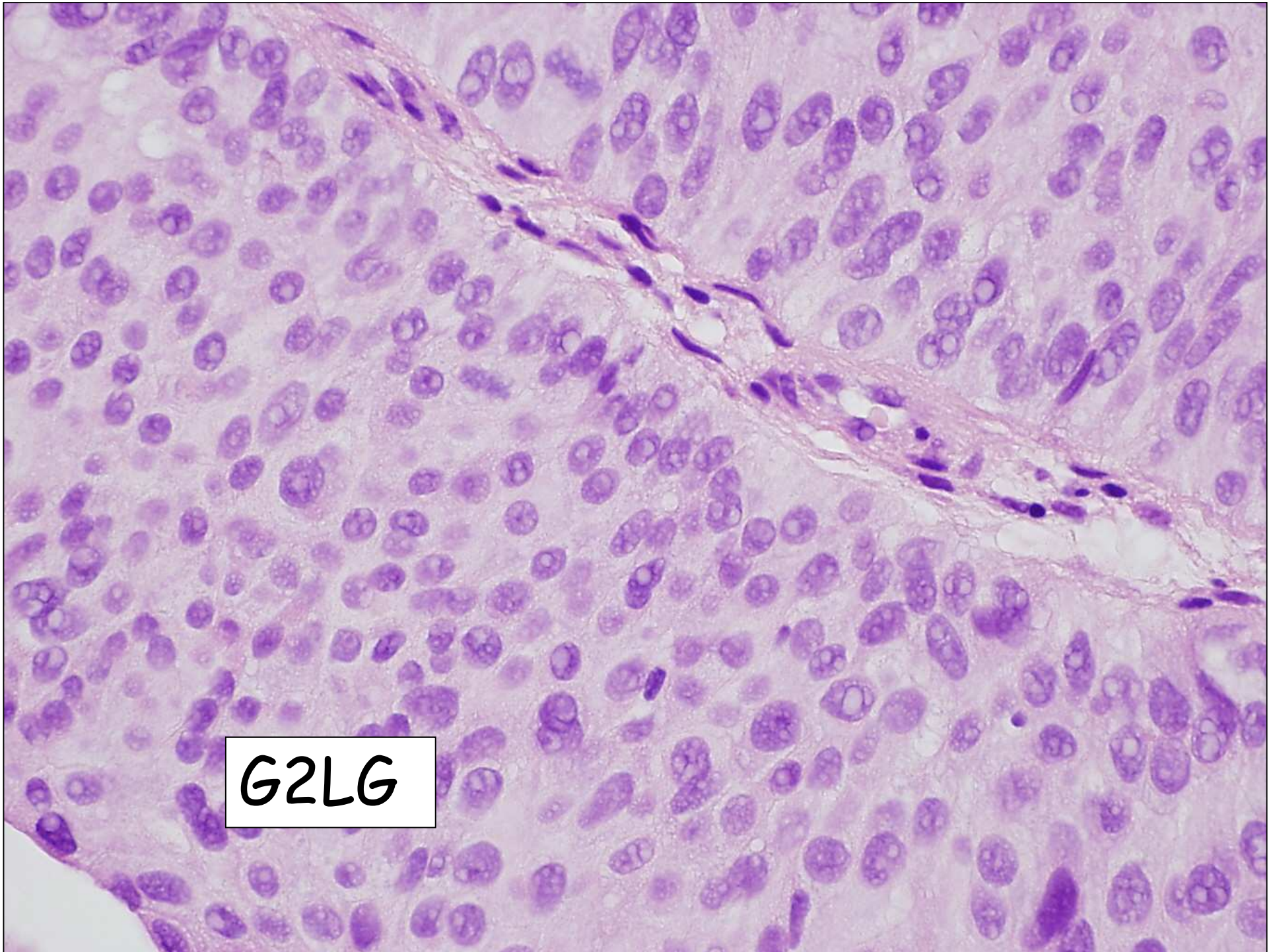
G2LG



G2LG



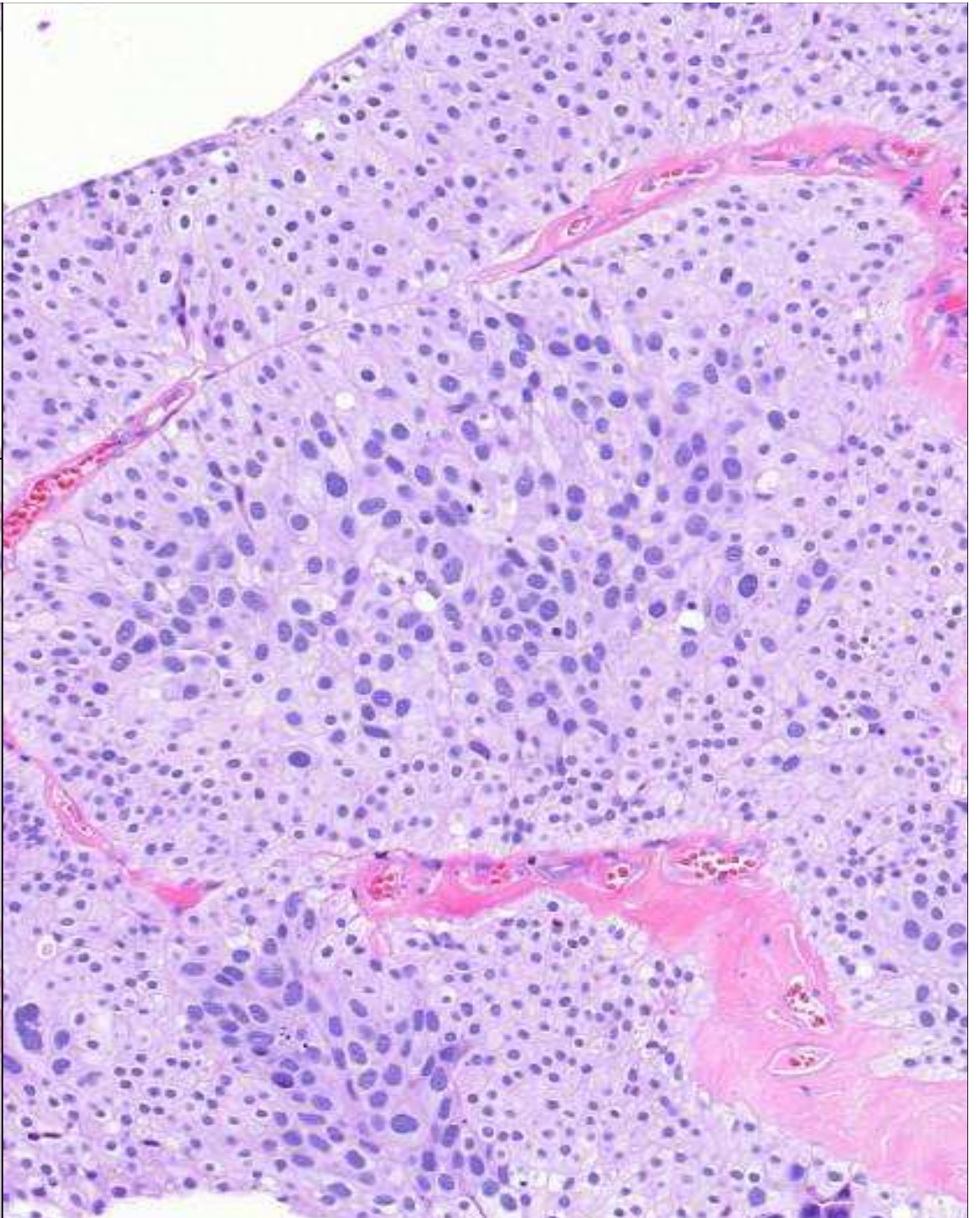
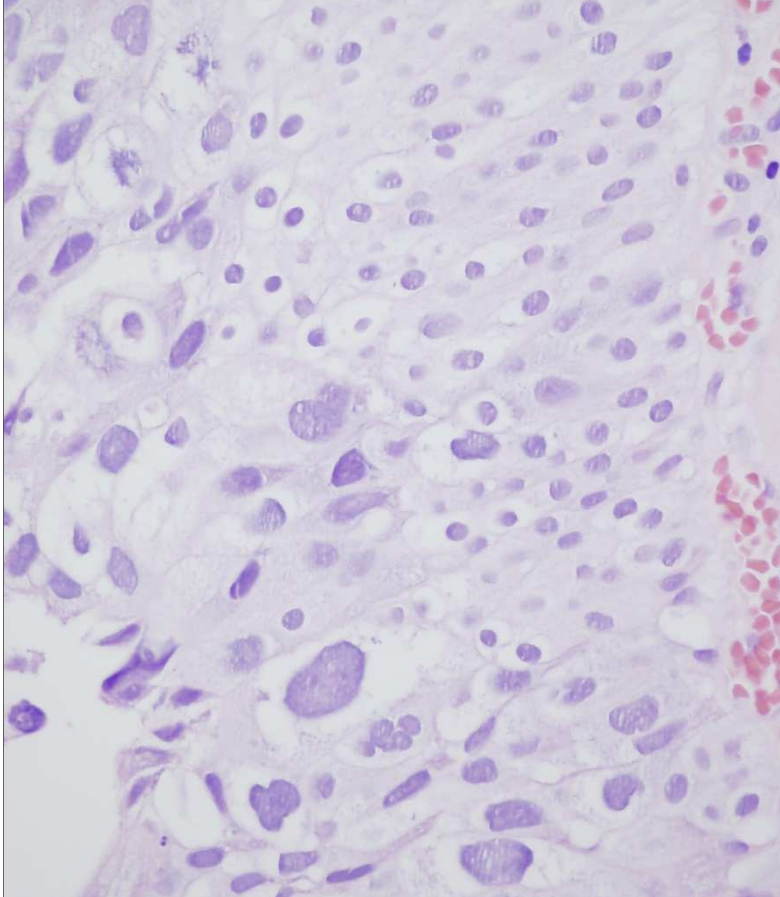
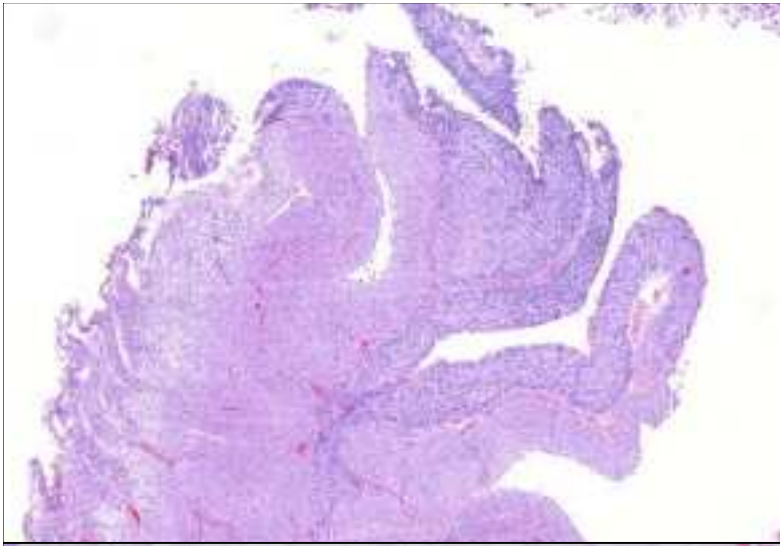
G2LG

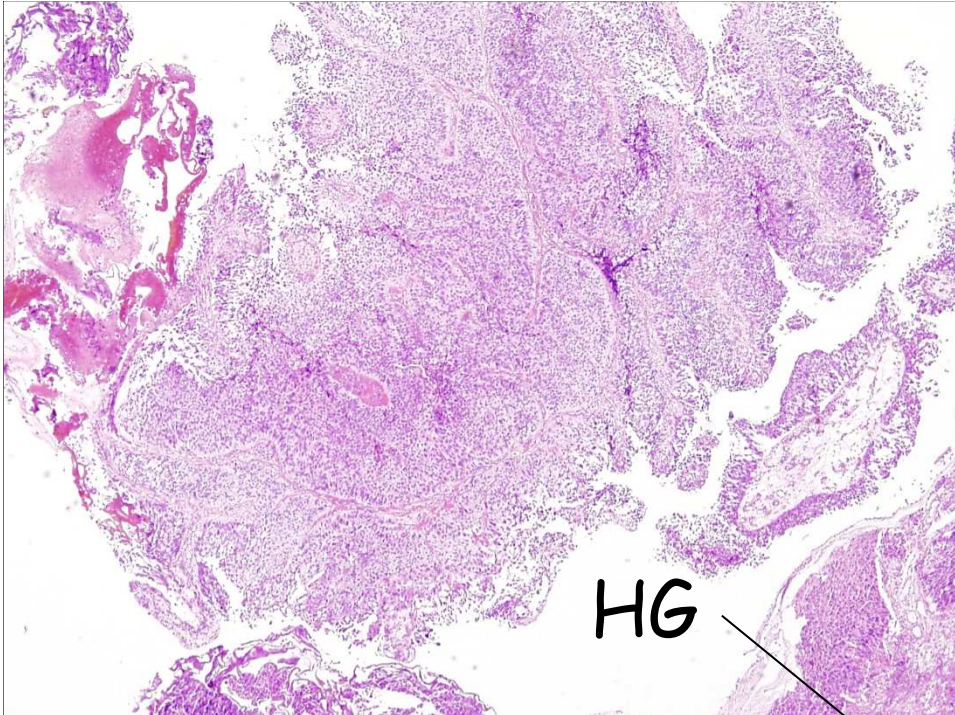


G2LG

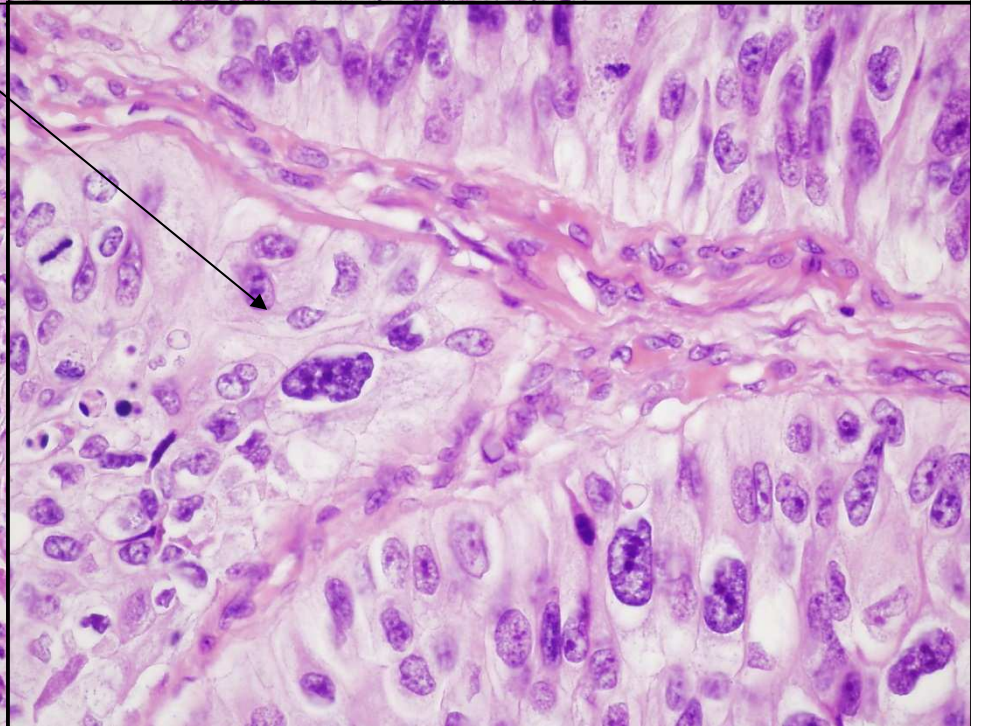
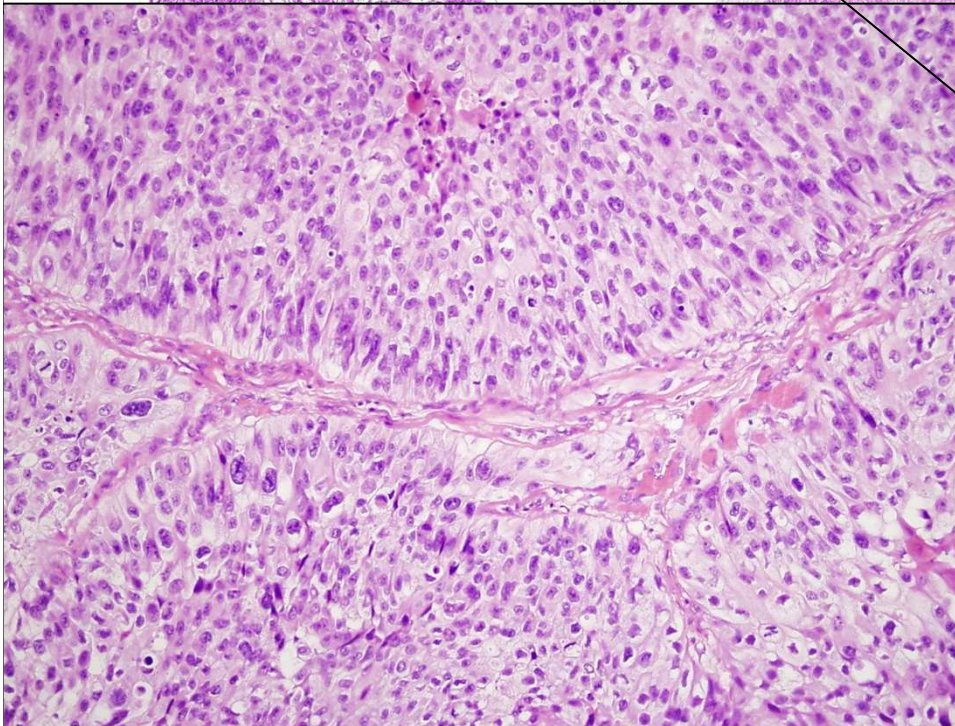
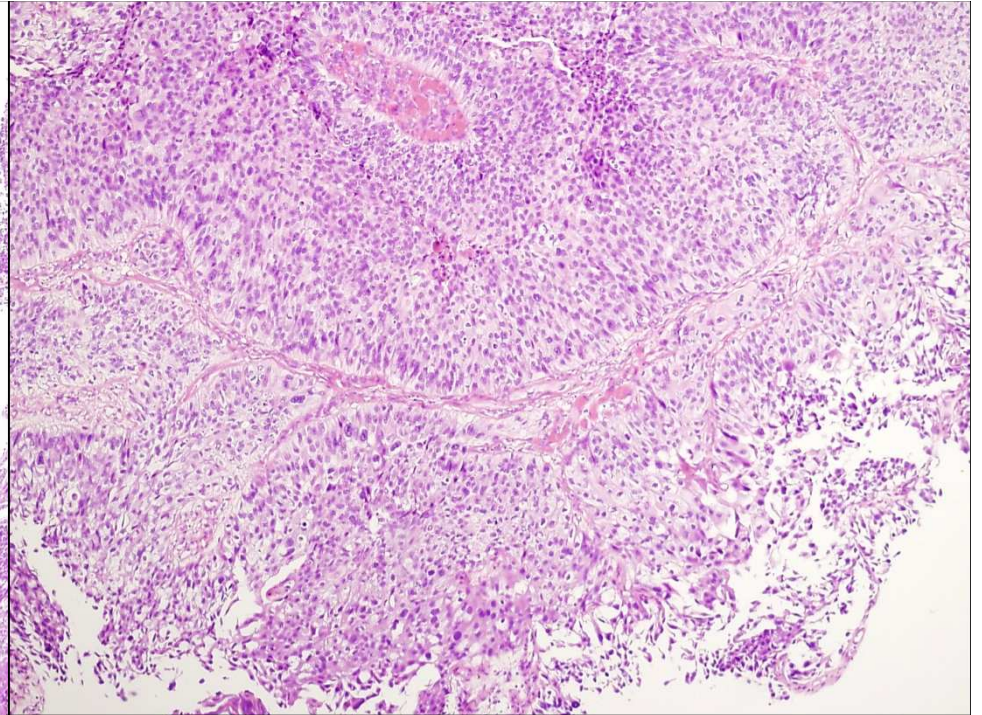
Papilláris urothelialis carcinoma - G2 / HG

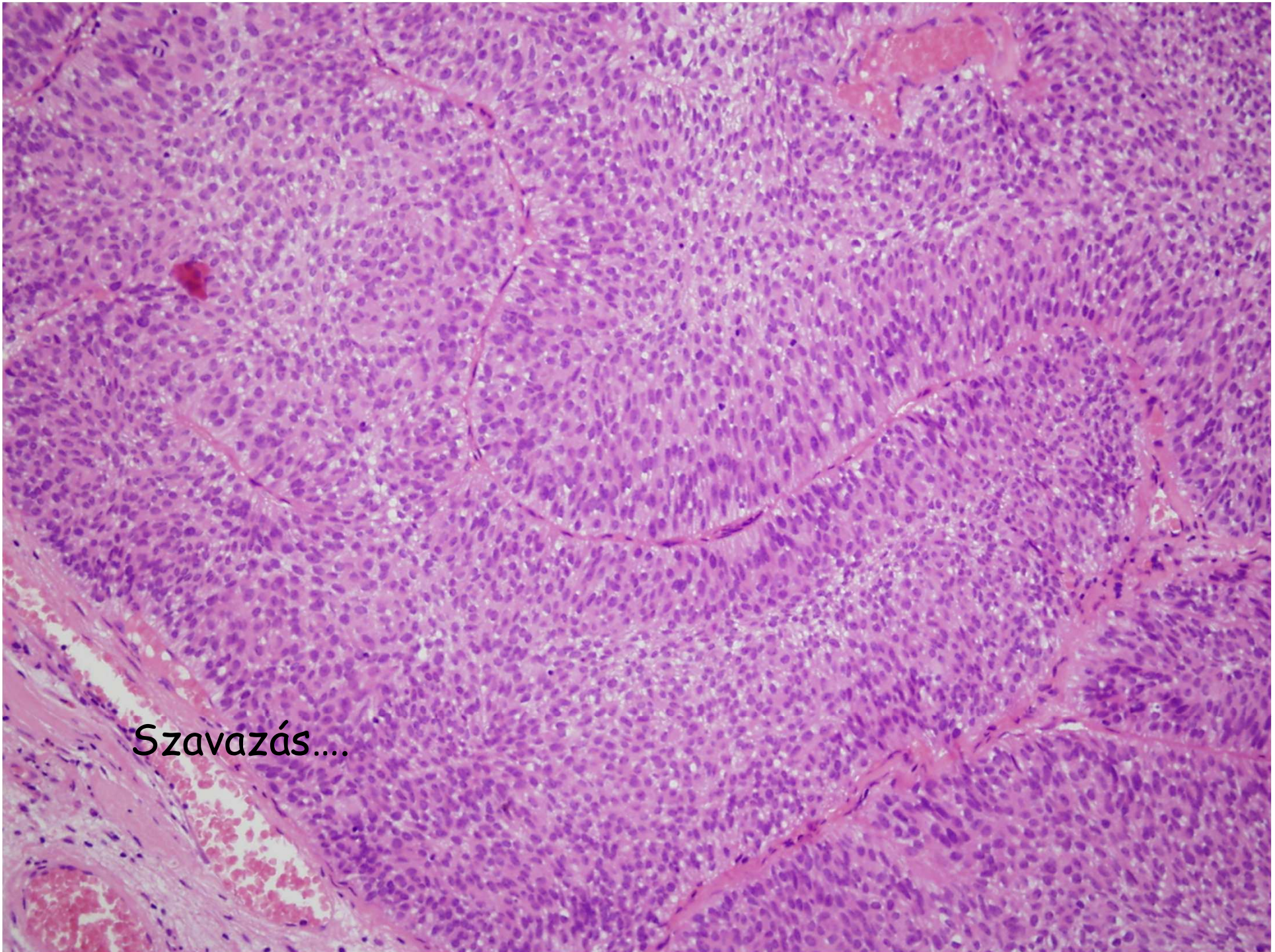
- Viszonylag rendezett összkép,
DE
- Kis nagyítással is jól érzékelhető
kifejezett
 - Cytológiai
(magpolymorphizmus, magnagyobbodás, chromatineloszlás)
 - Strukturális atypia
 - (polaritási zavar)
 - papilla fúzió
- Osztódások gyakoriak, előfordulhatnak bármely rétegben, atypusosak is
- ***A papilláris mintázat még jól érzékelhető***





HG

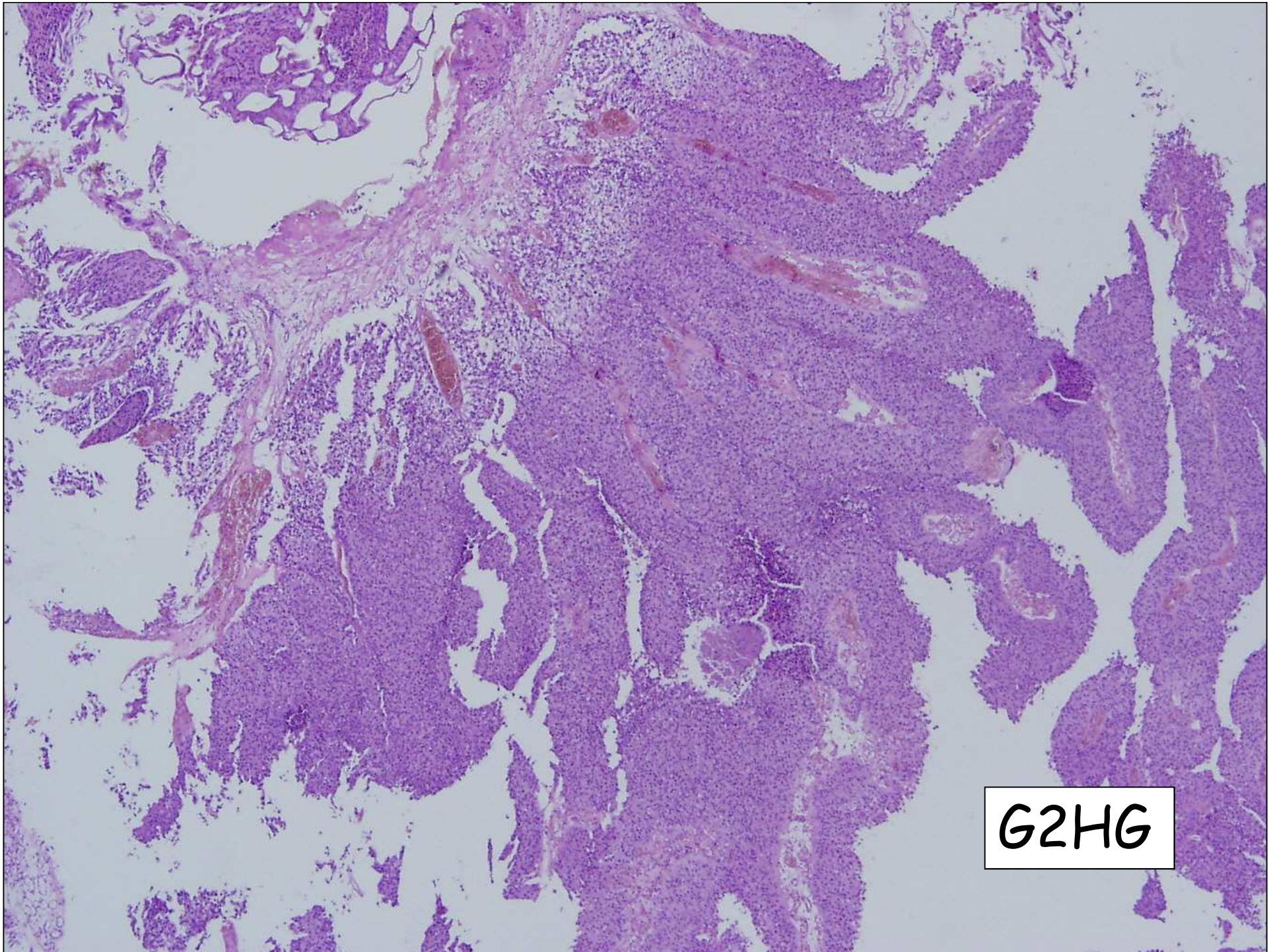




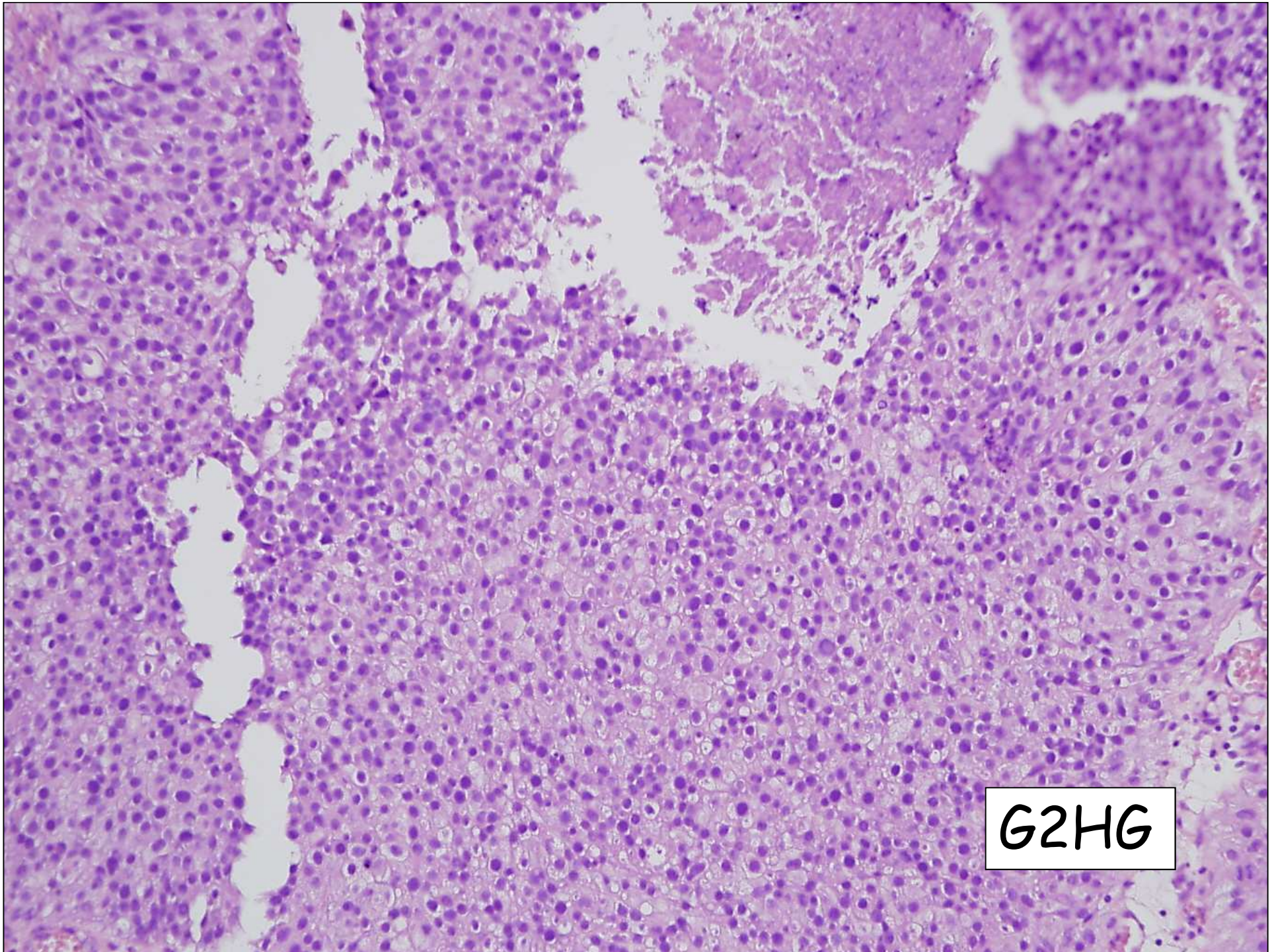
Szavazás....



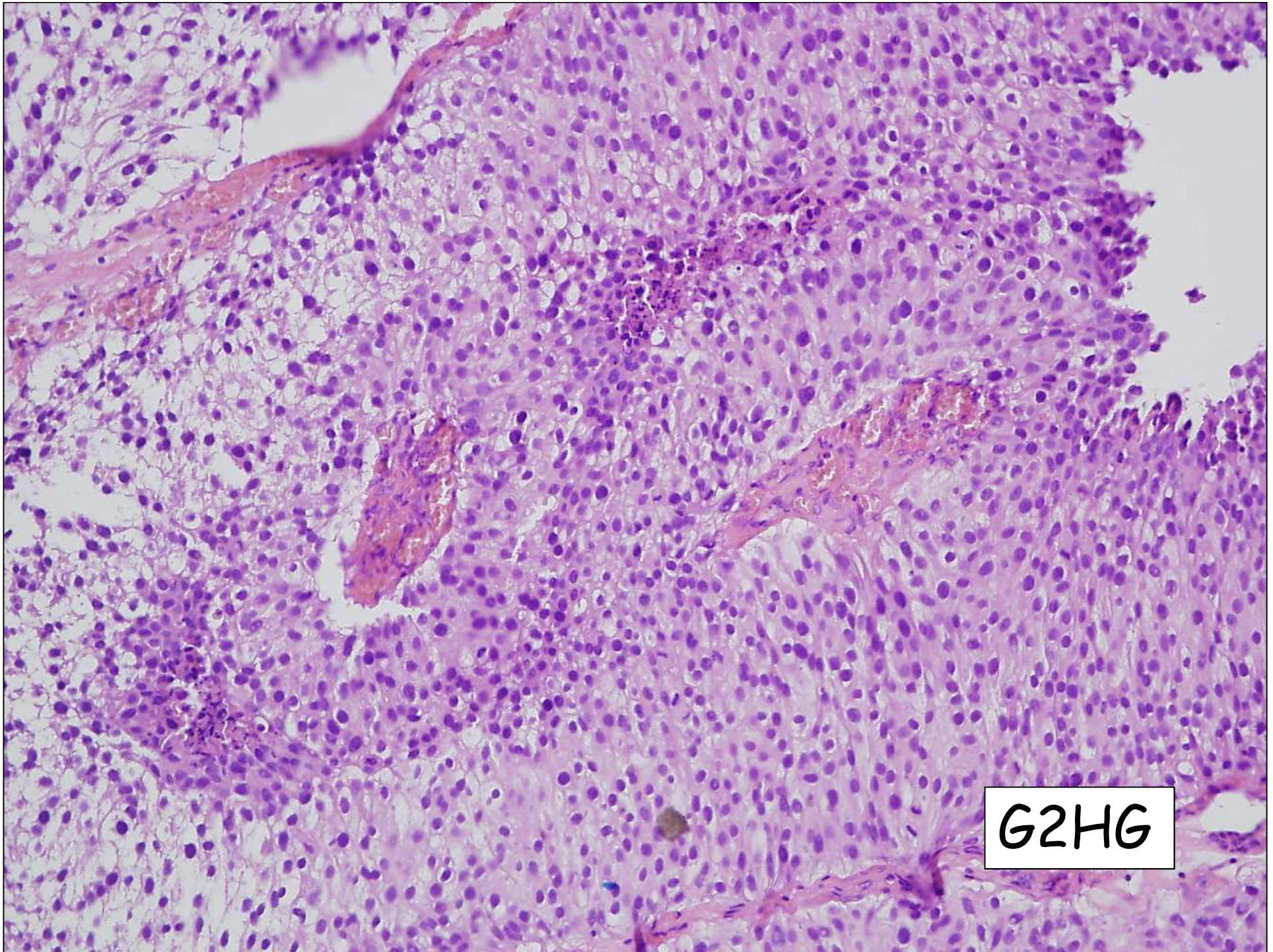
G2HG



G2HG



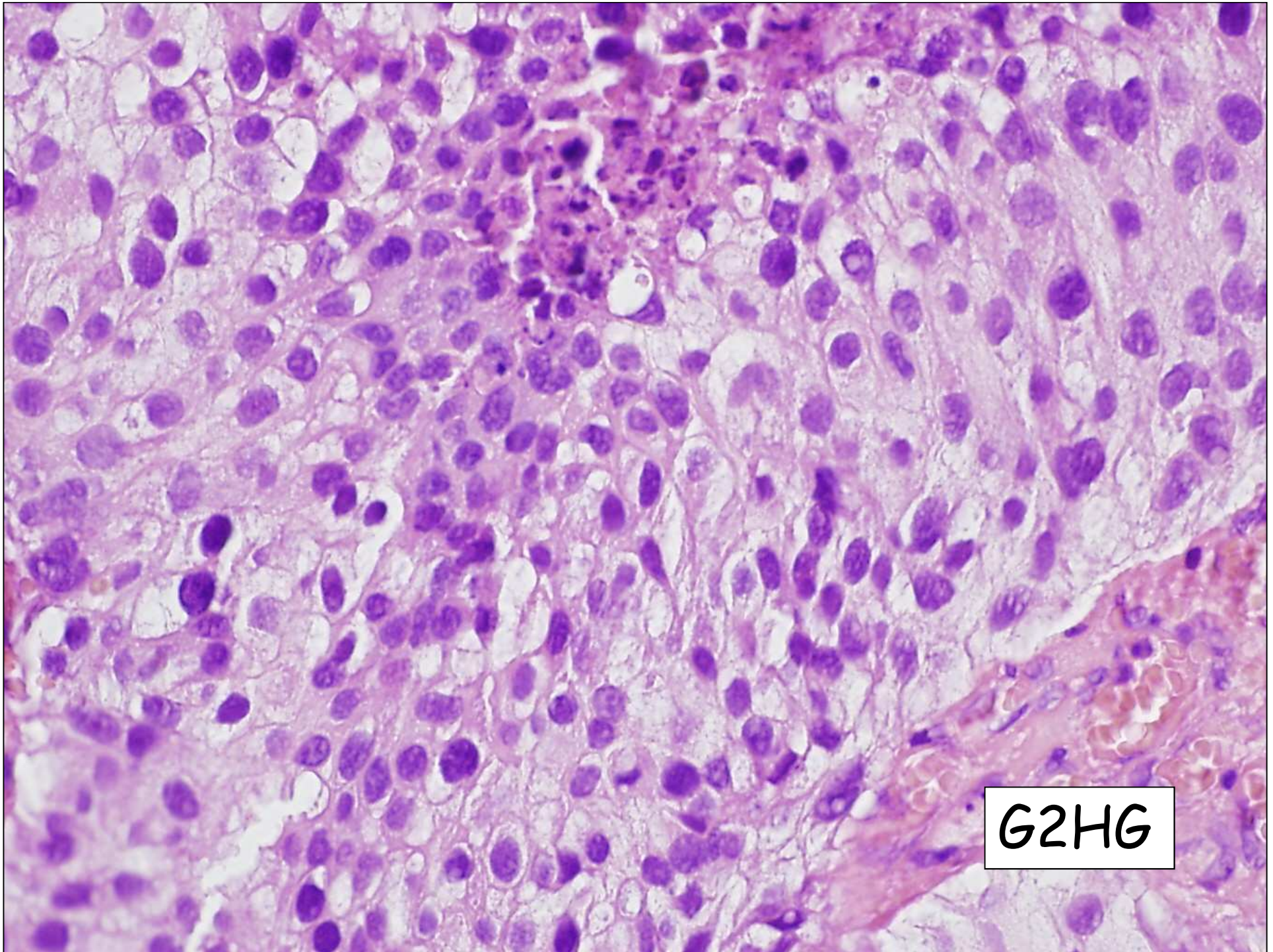
G2HG



G2HG



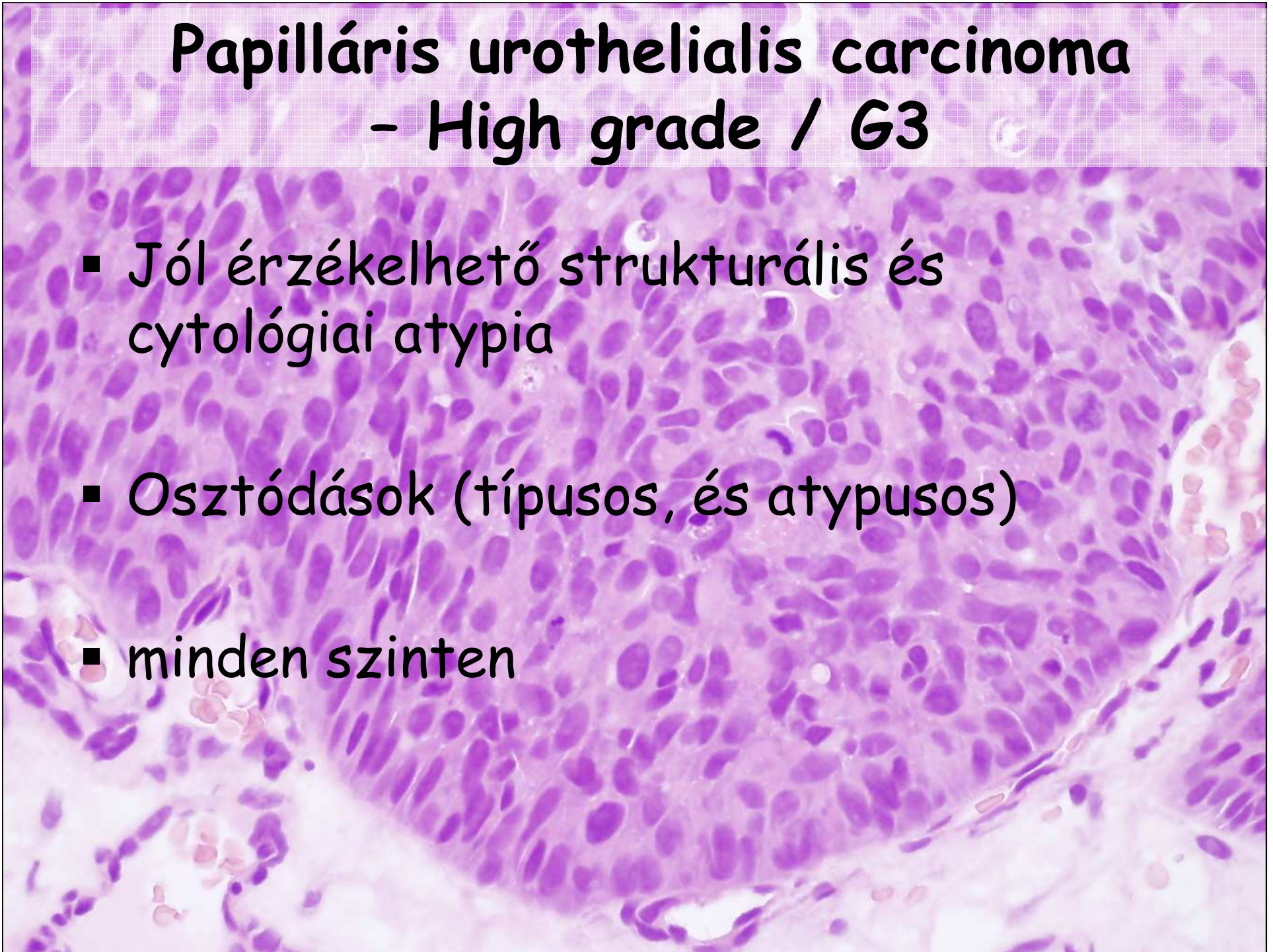
G2HG



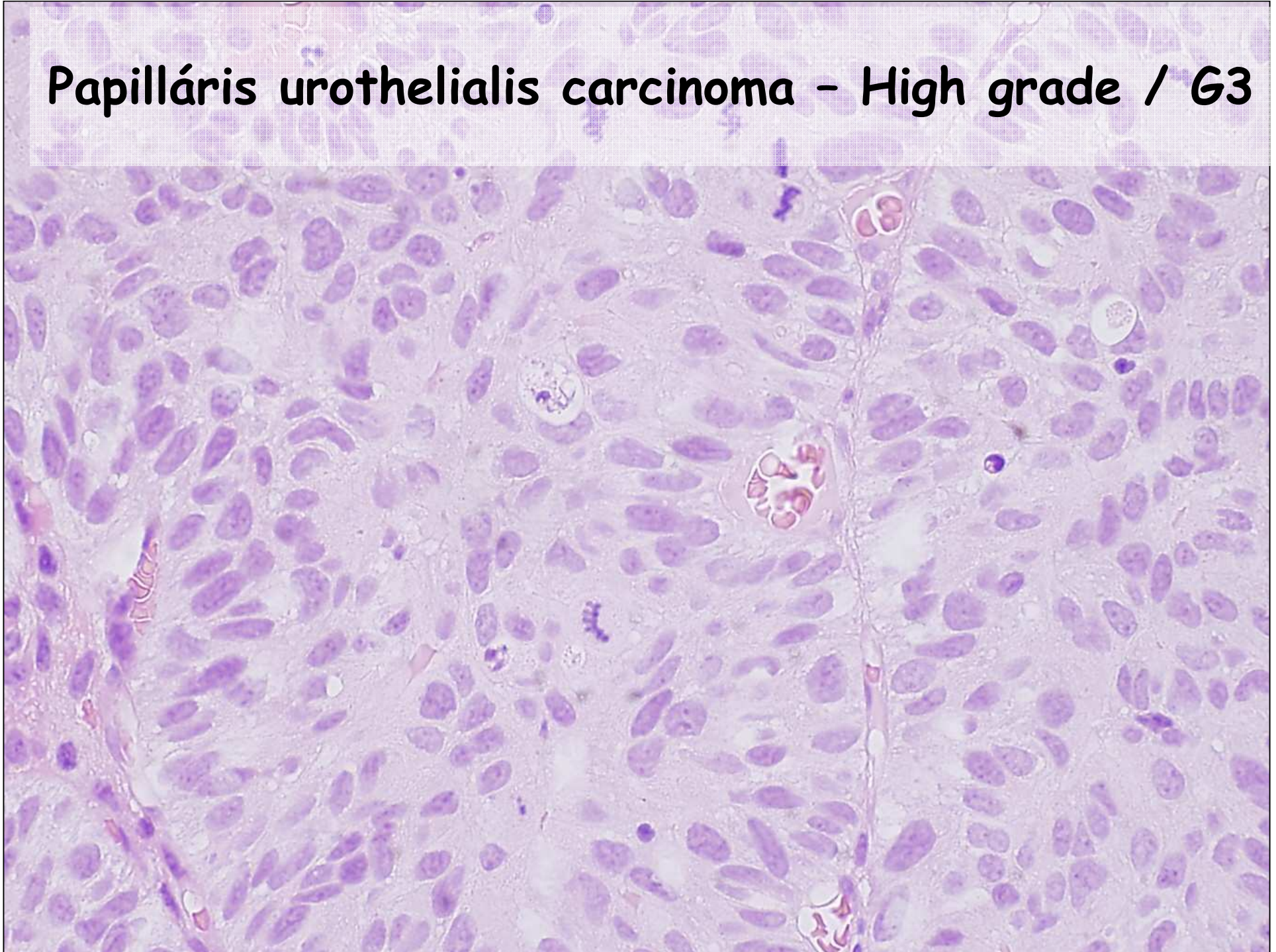
G2HG

Papilláris urothelialis carcinoma - High grade / G3

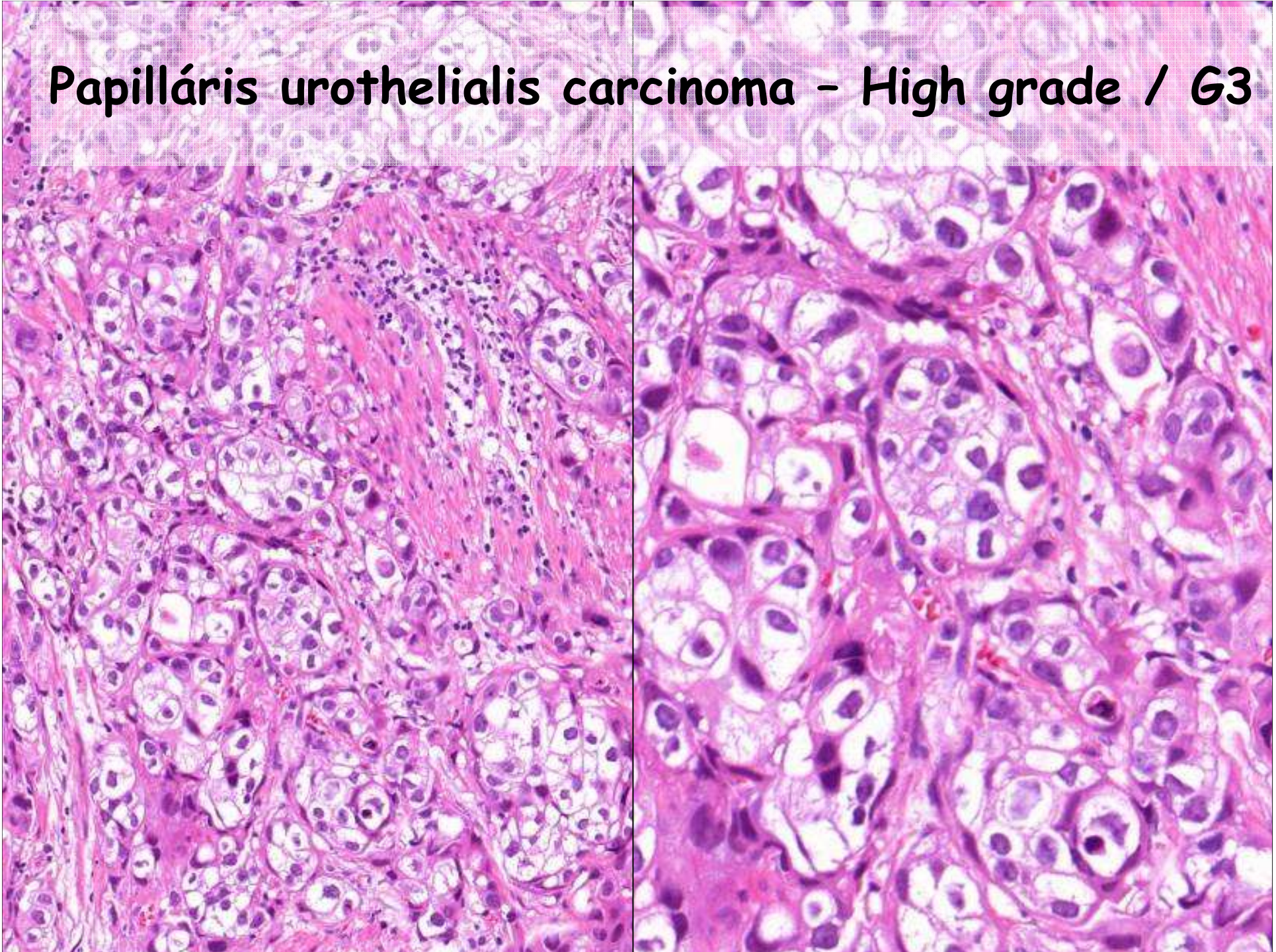
- Jól érzékelhető strukturális és cytológiai atypia
- Osztódások (típusos, és atypusos)
- minden szinten

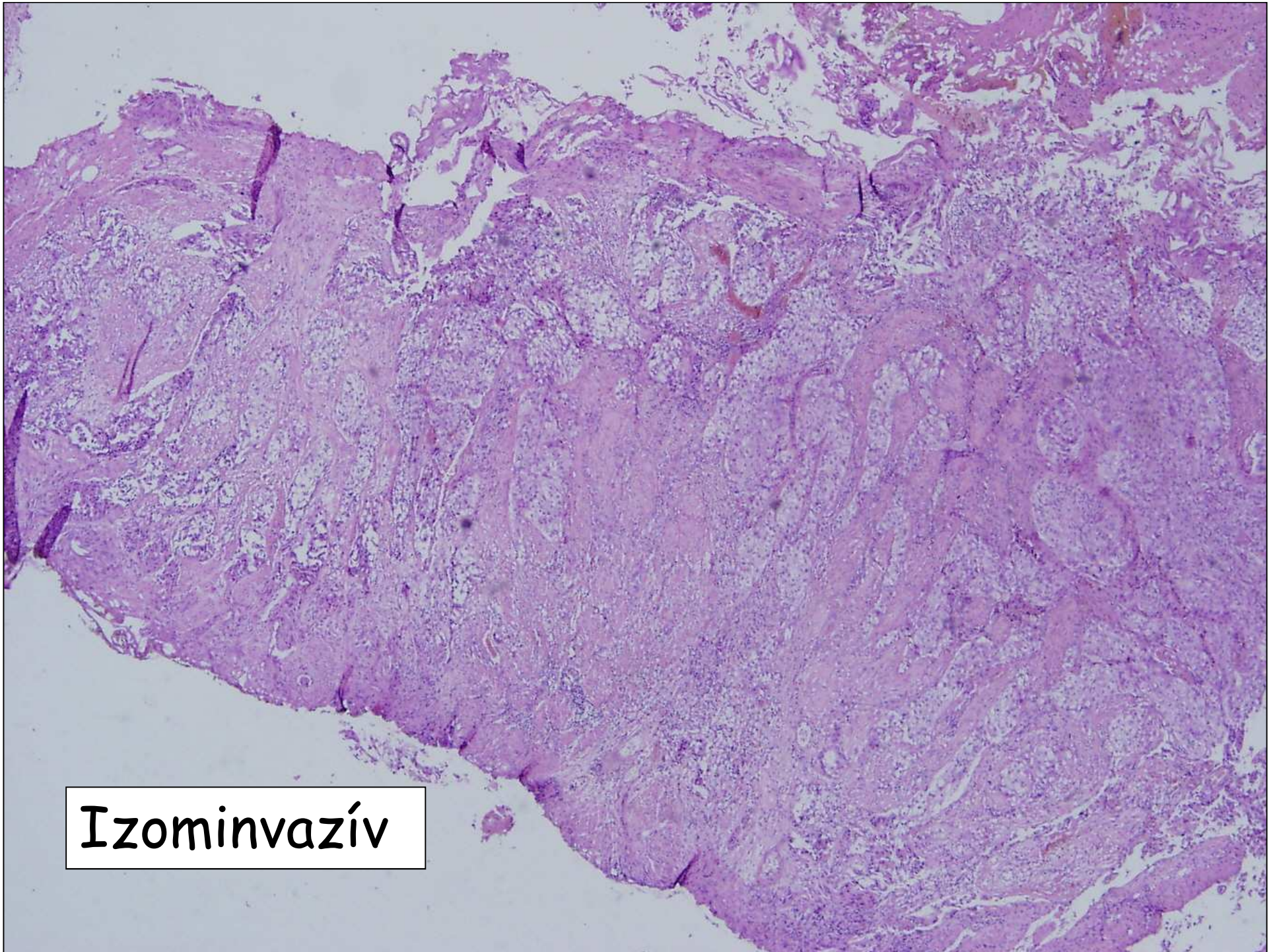


Papilláris urothelialis carcinoma - High grade / G3

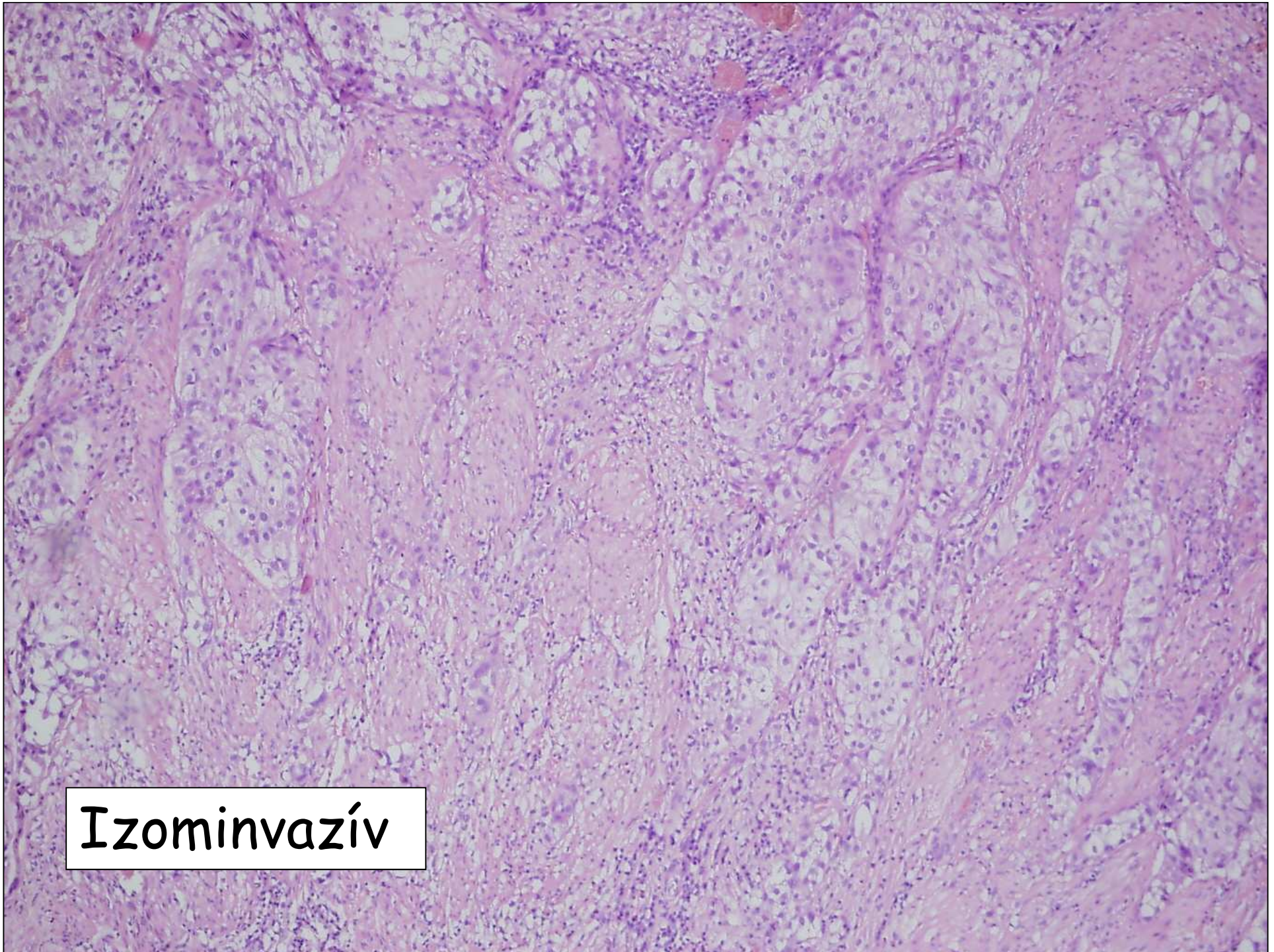


Papilláris urothelialis carcinoma - High grade / G3

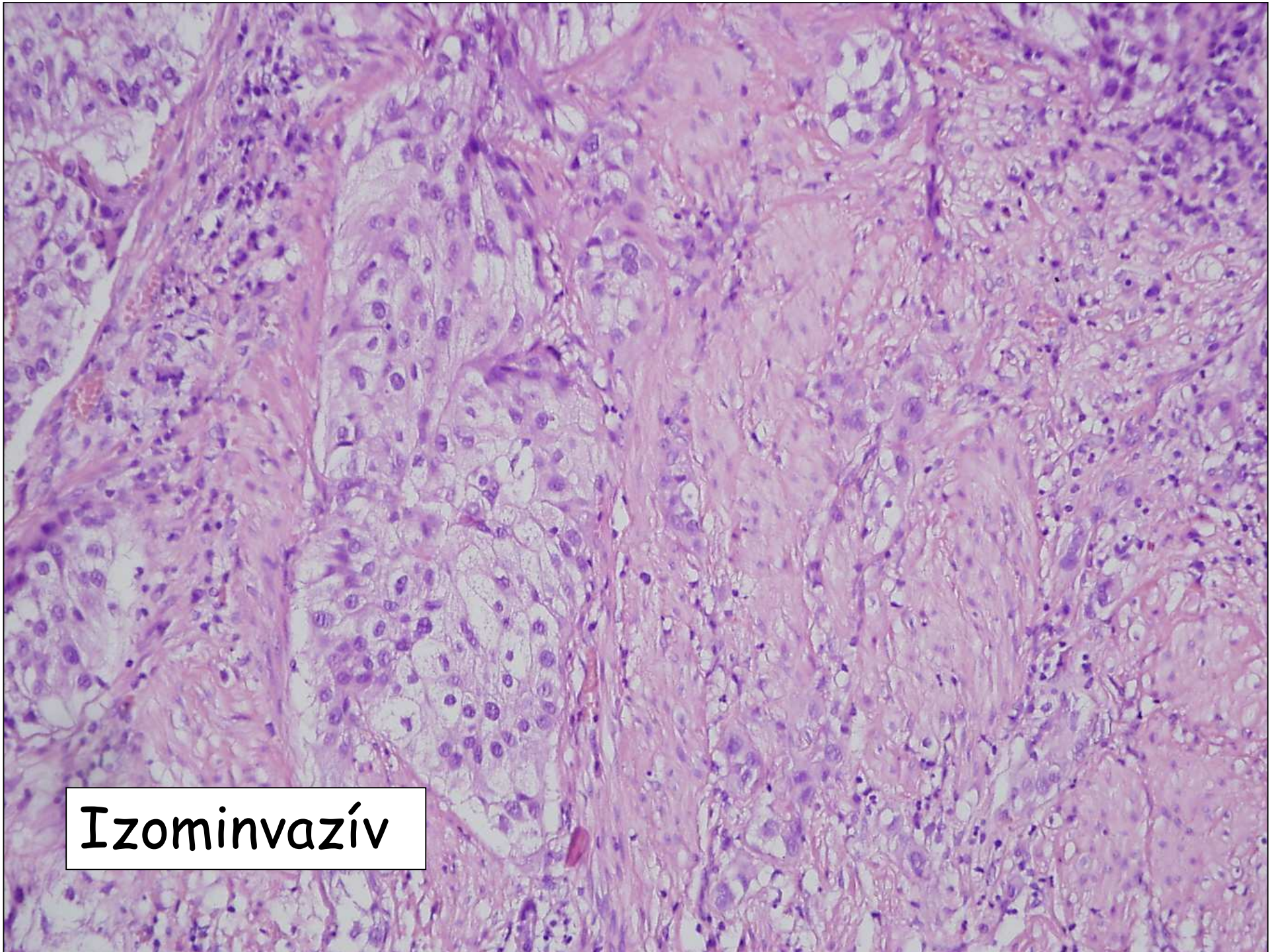




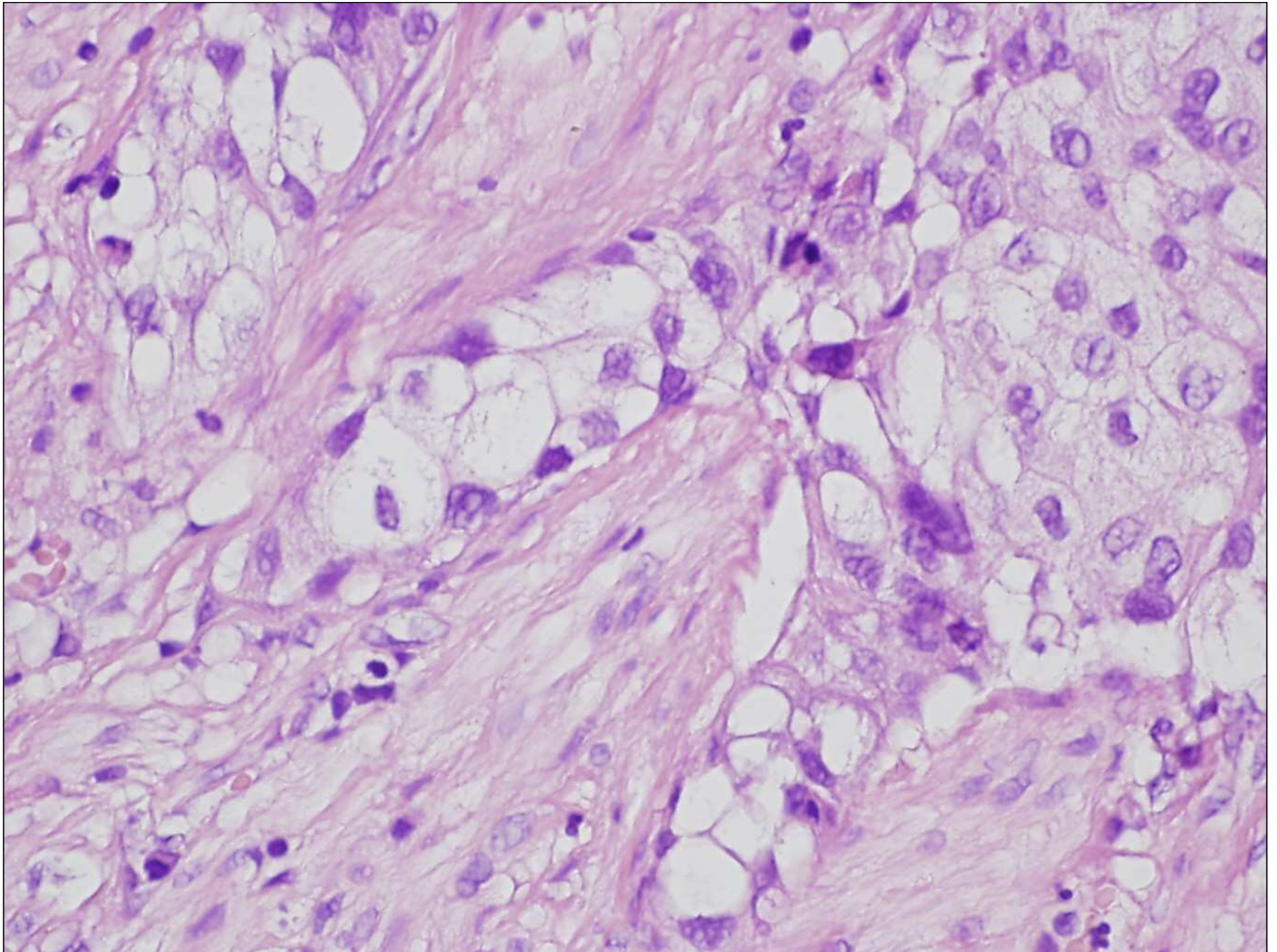
Izominvazív

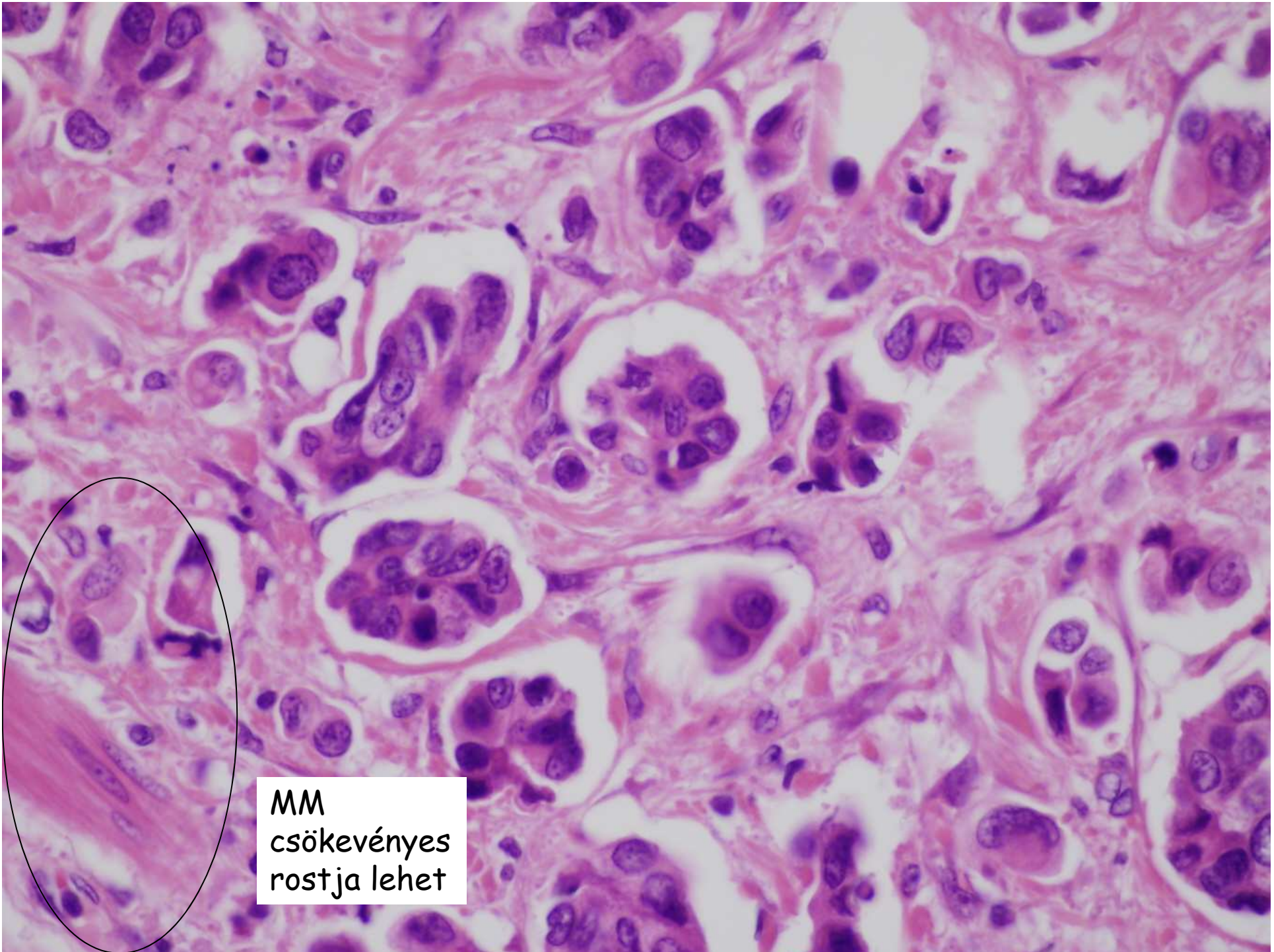


Izominvazív



Izominvazív





MM
csökevényes
rostja lehet

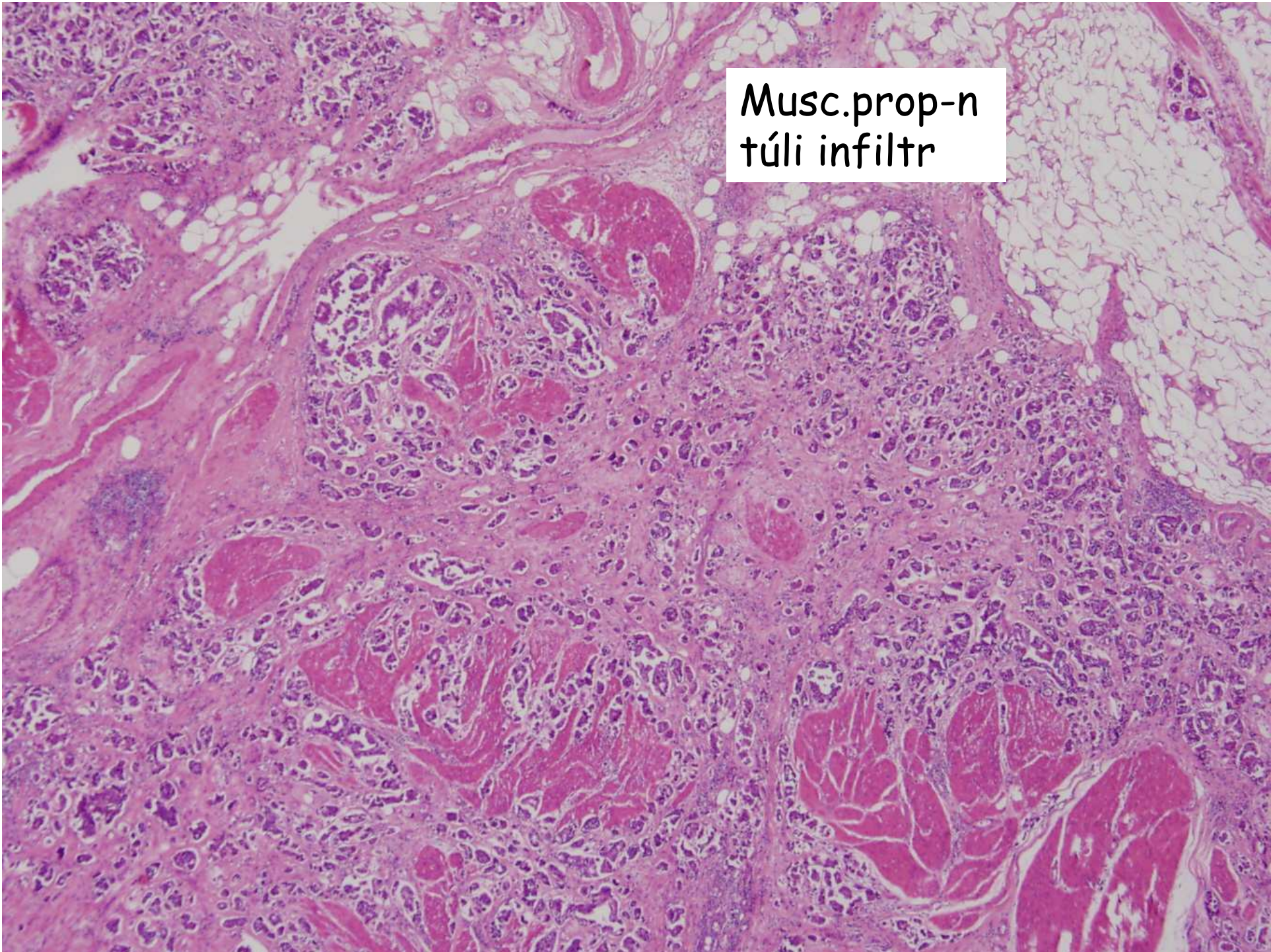


LP invázió

Retractiós
artefact

HG tumor,
köteges
infiltráció

Musc.prop-n
túli infiltr

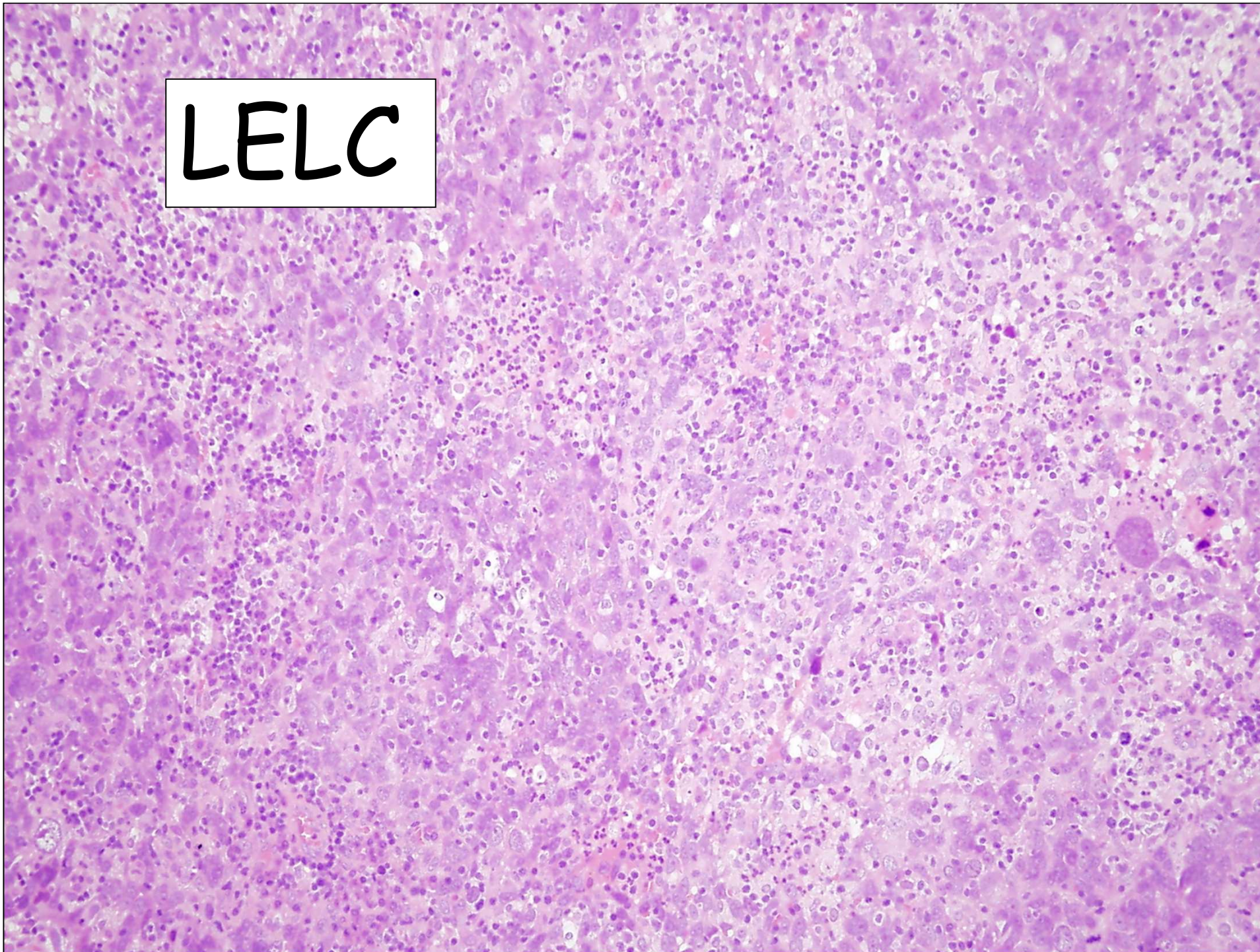




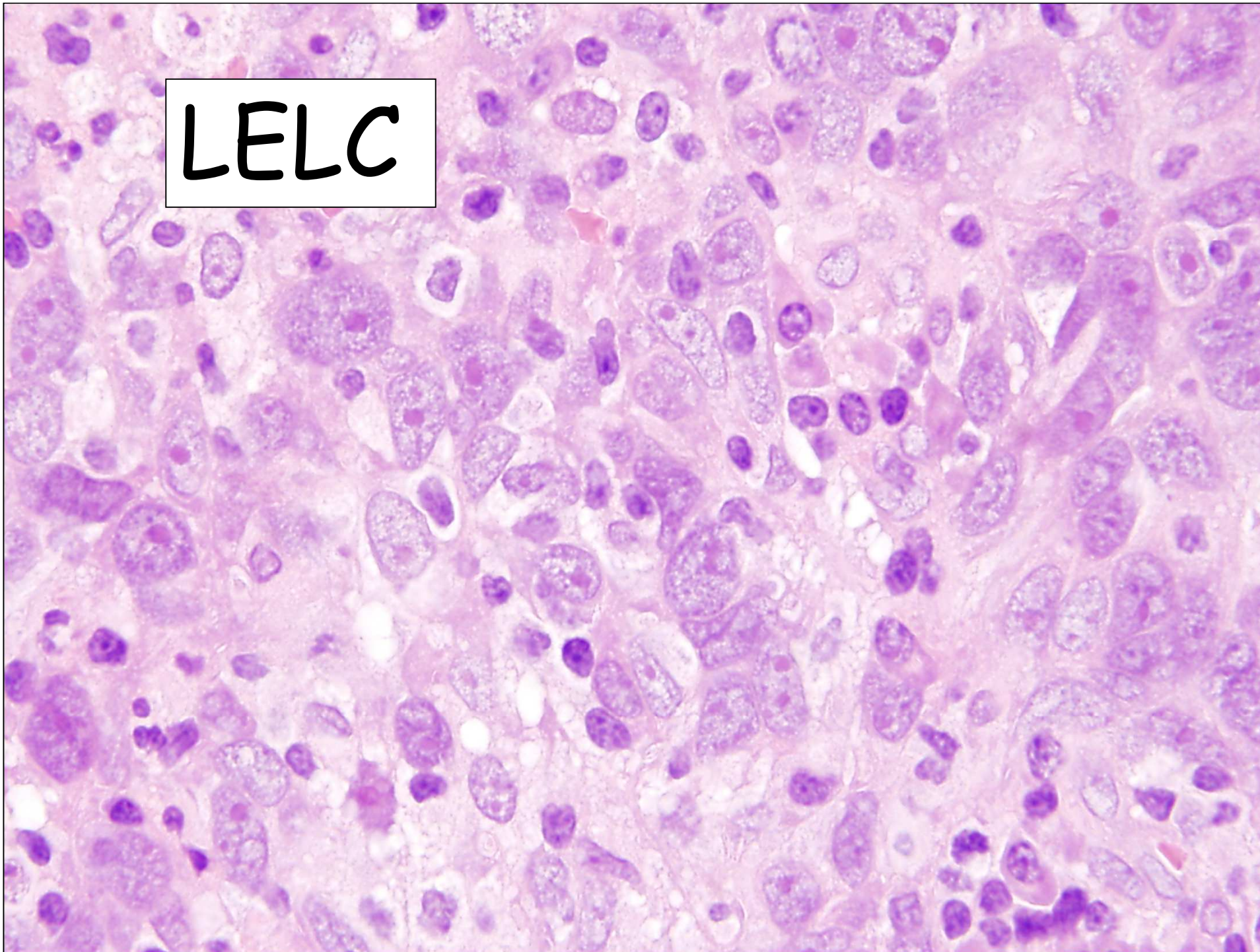
Musc.prop.inf

This histological image shows a section of prostate tissue stained with hematoxylin and eosin (H&E). The tissue is characterized by numerous glandular units, each lined by a single layer of columnar epithelial cells. The glands are separated by thin layers of connective tissue and smooth muscle. The overall architecture is typical of the prostate, with a complex arrangement of glandular and muscular components. The label 'Musc.prop.inf' is overlaid on the image, indicating the presence of smooth muscle in the prostatic infundibulum.

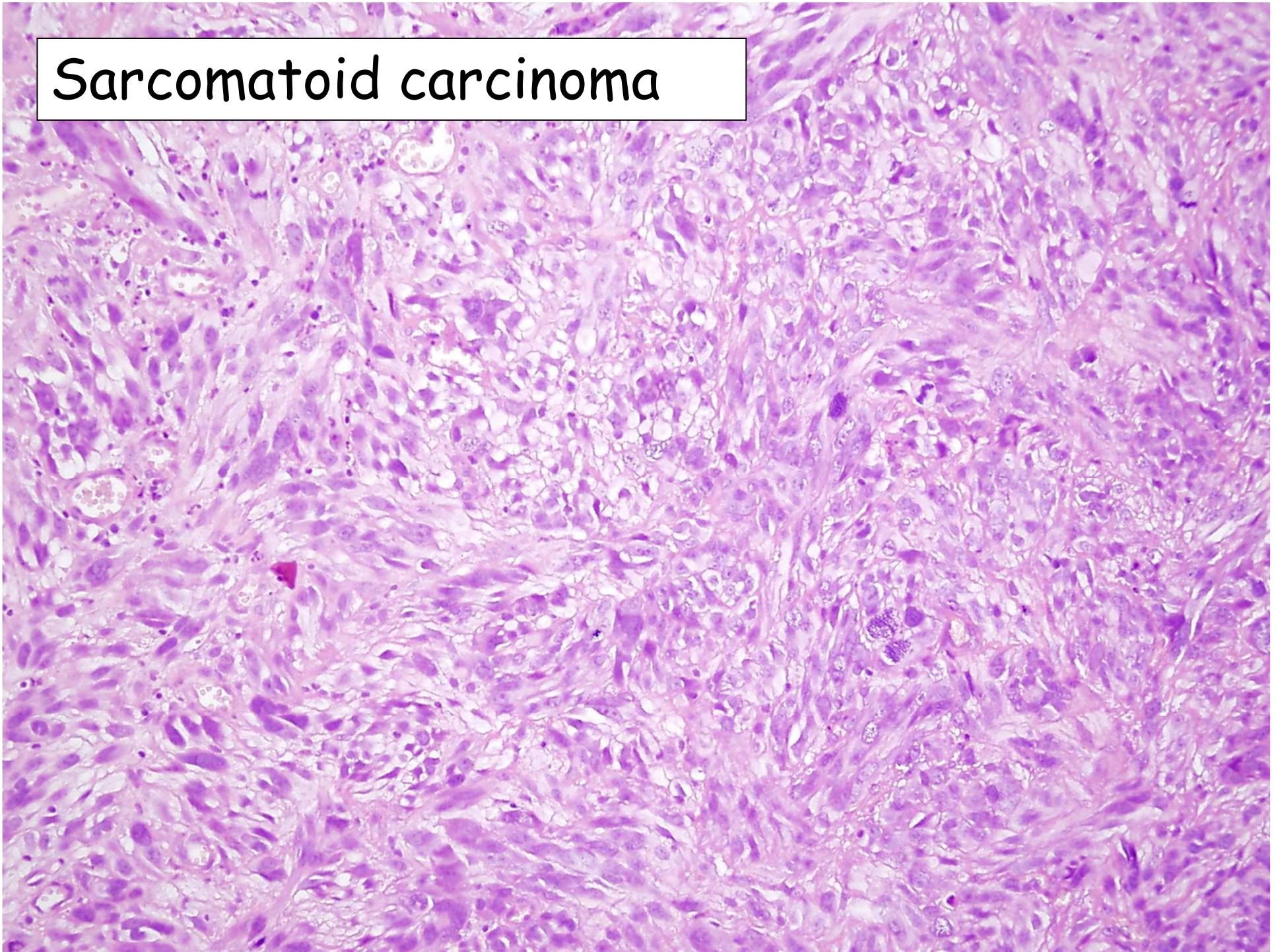
LELC

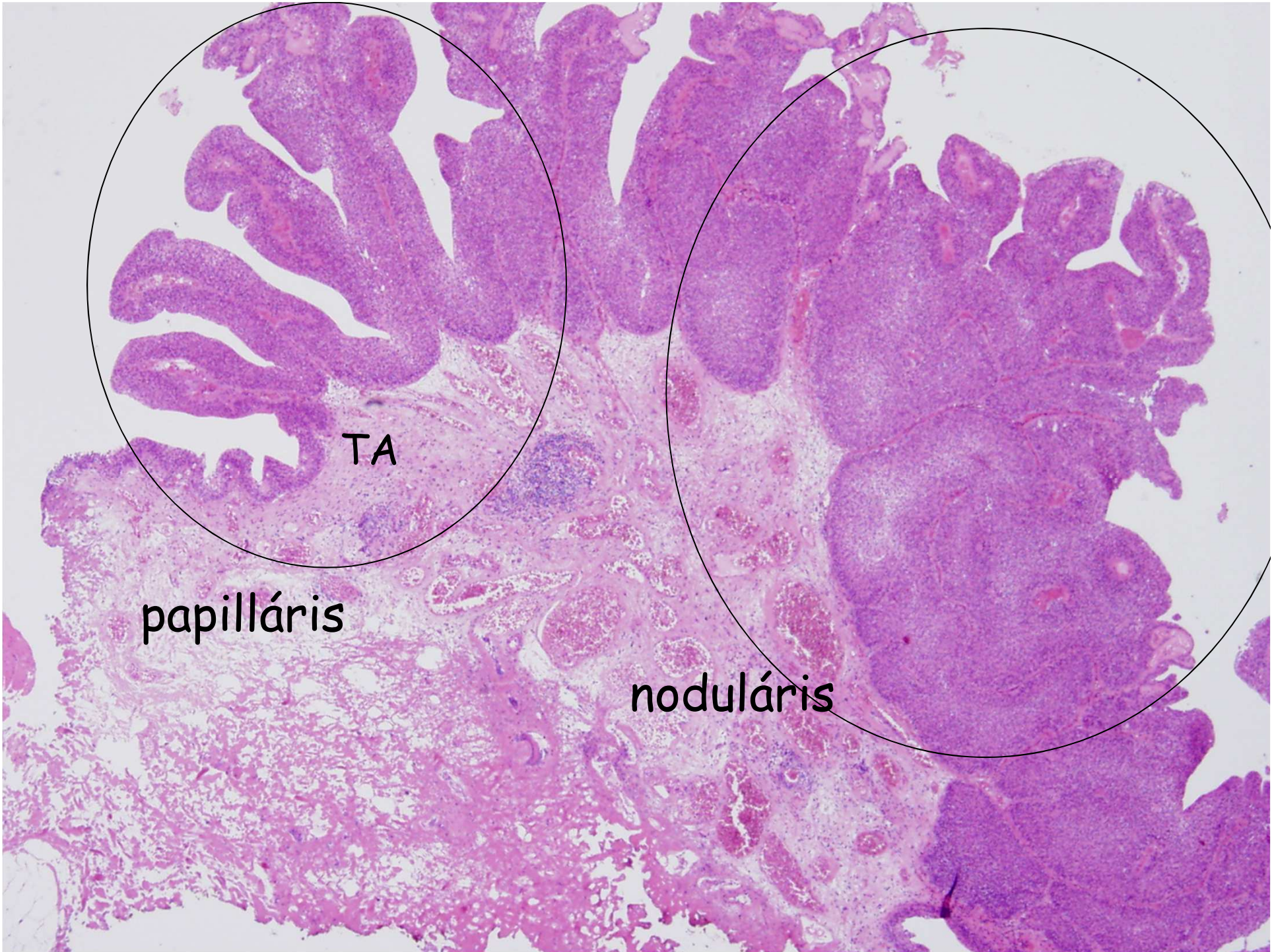


LELC



Sarcomatoid carcinoma





TA

papilláris

noduláris

Prognózis

Legfontosabb a patológiai stádium!

TA, T1 versus magasabb T

Tumor konfiguráció:

papilláris

noduláris (sessilis) (ez rosszabb)

kevert

Carcinoma in-situ típusok

- ~ Nagy sejtes
- ~ Kis sejtes (ált. nem kissejtes TCC-hez társul)
- ~ Denuding , clinging pattern
- ~ Pagetoid, and lepidic (undermining) pattern
- ~ CIS laphám és glanduláris differentiatival

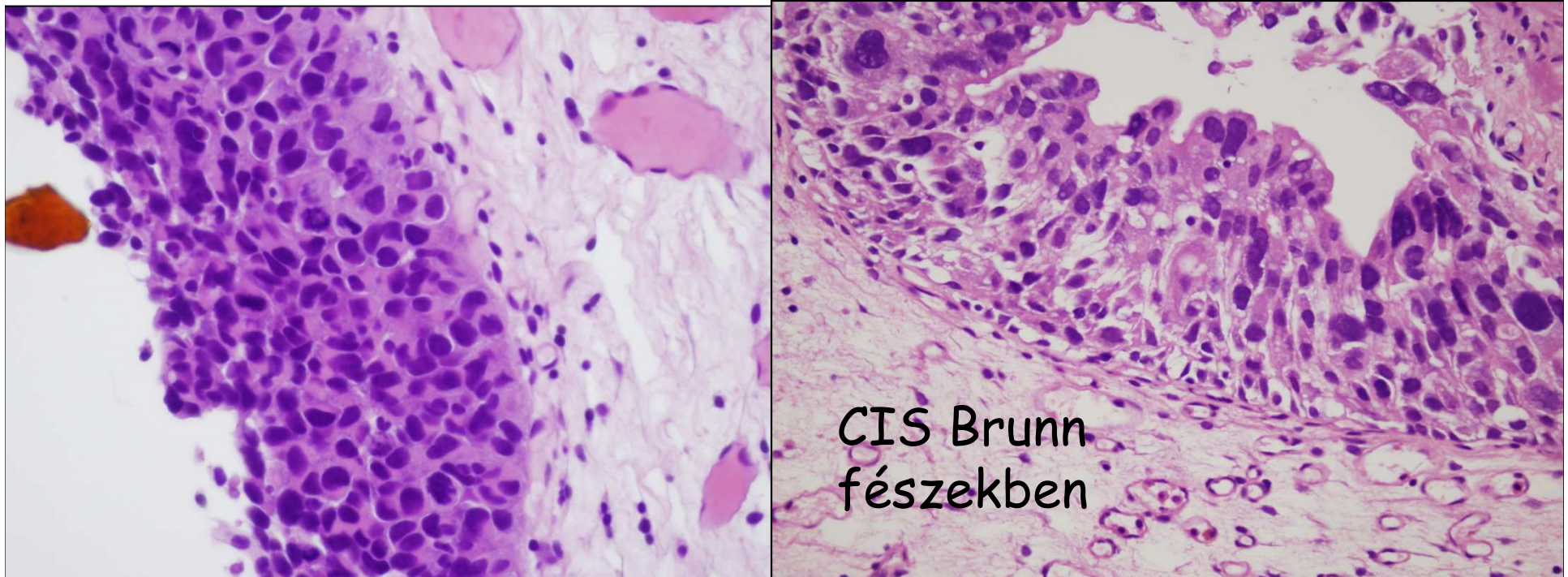
- ~ CIS microinvázióval (?)

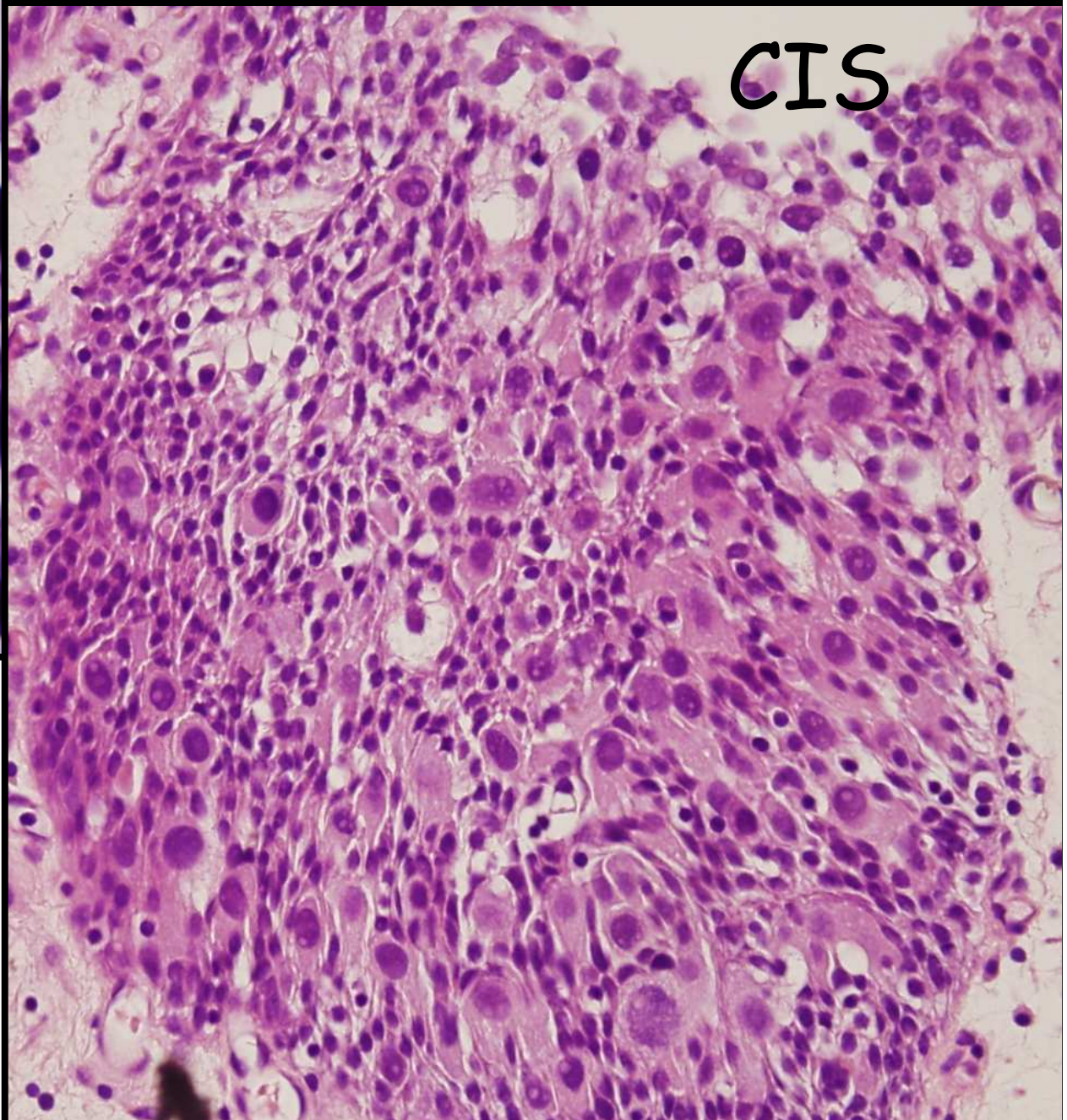
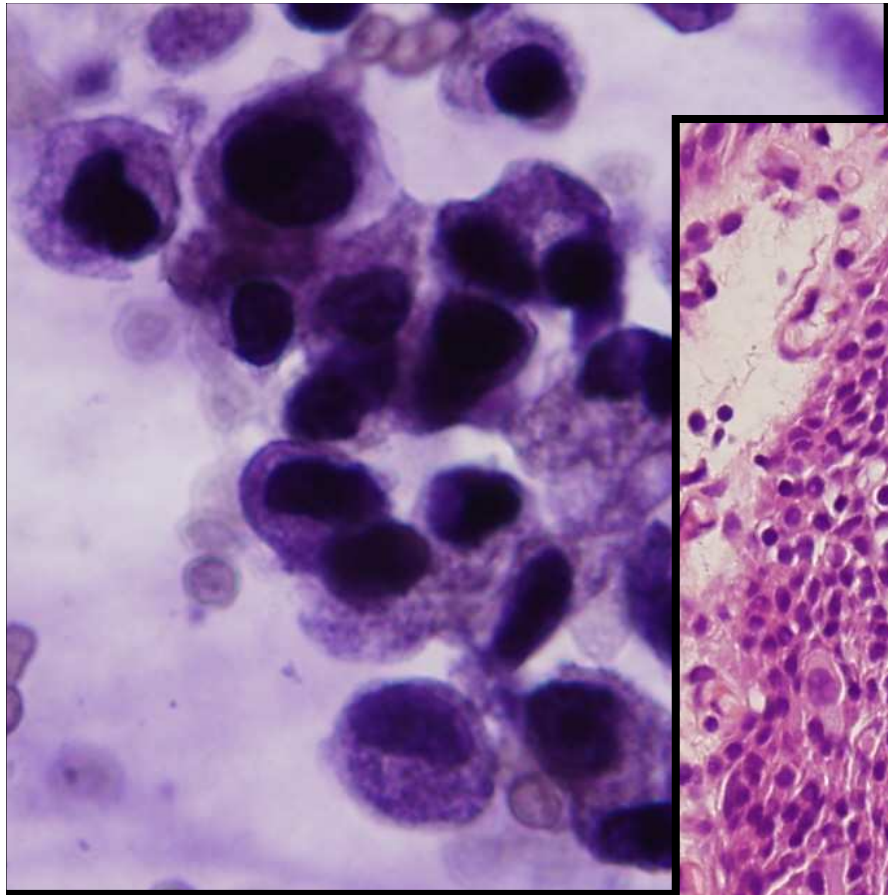
(5 mm-nél nem mélyebb, 20-nál kevesebb sejt
jaaaaaaaaaaaaaaaaaj)

CIS

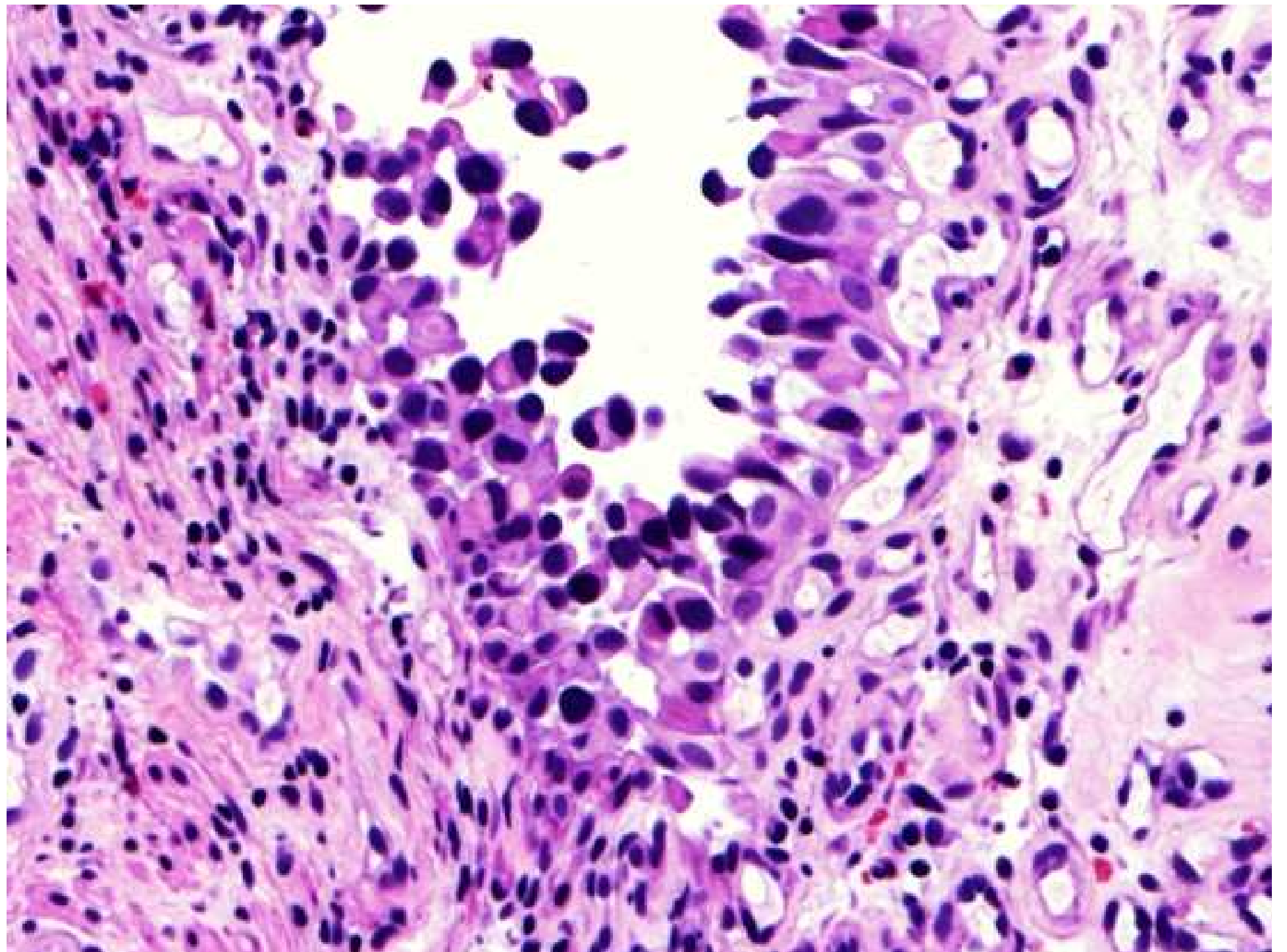
Gyakran papilláris, és /vagy invazív cc
mellett (Gyakran RETÚR-ban)

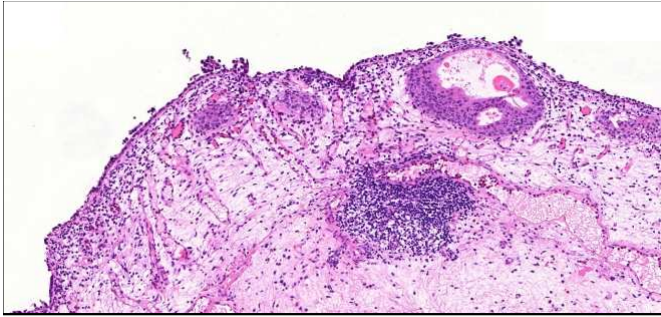
Ha önmagában fordul elő, cystitises
panaszokat okoz (dysuria, nycturia, frequency,
microscopos haematuria) Szöv.: HG tumor!



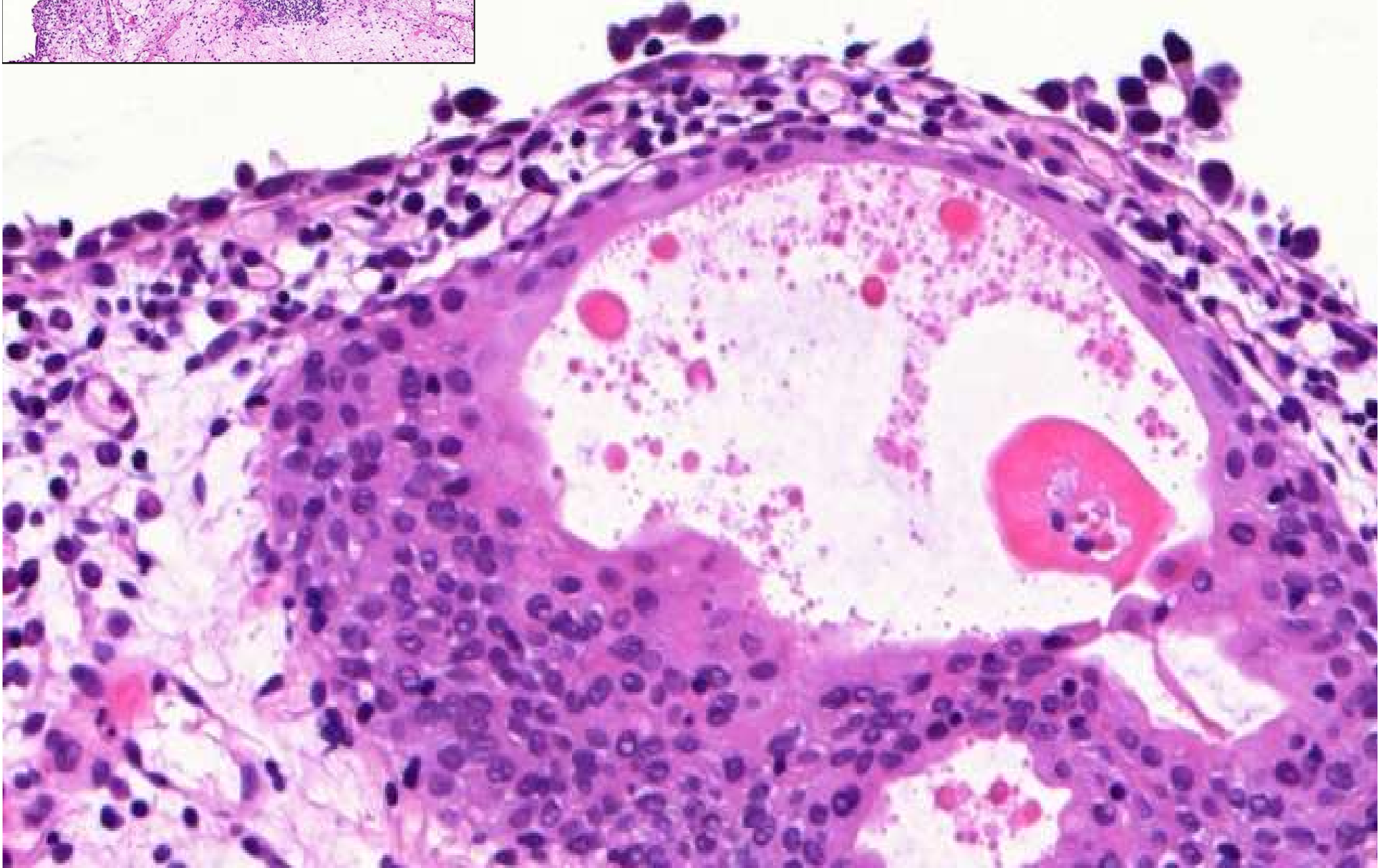


CIS

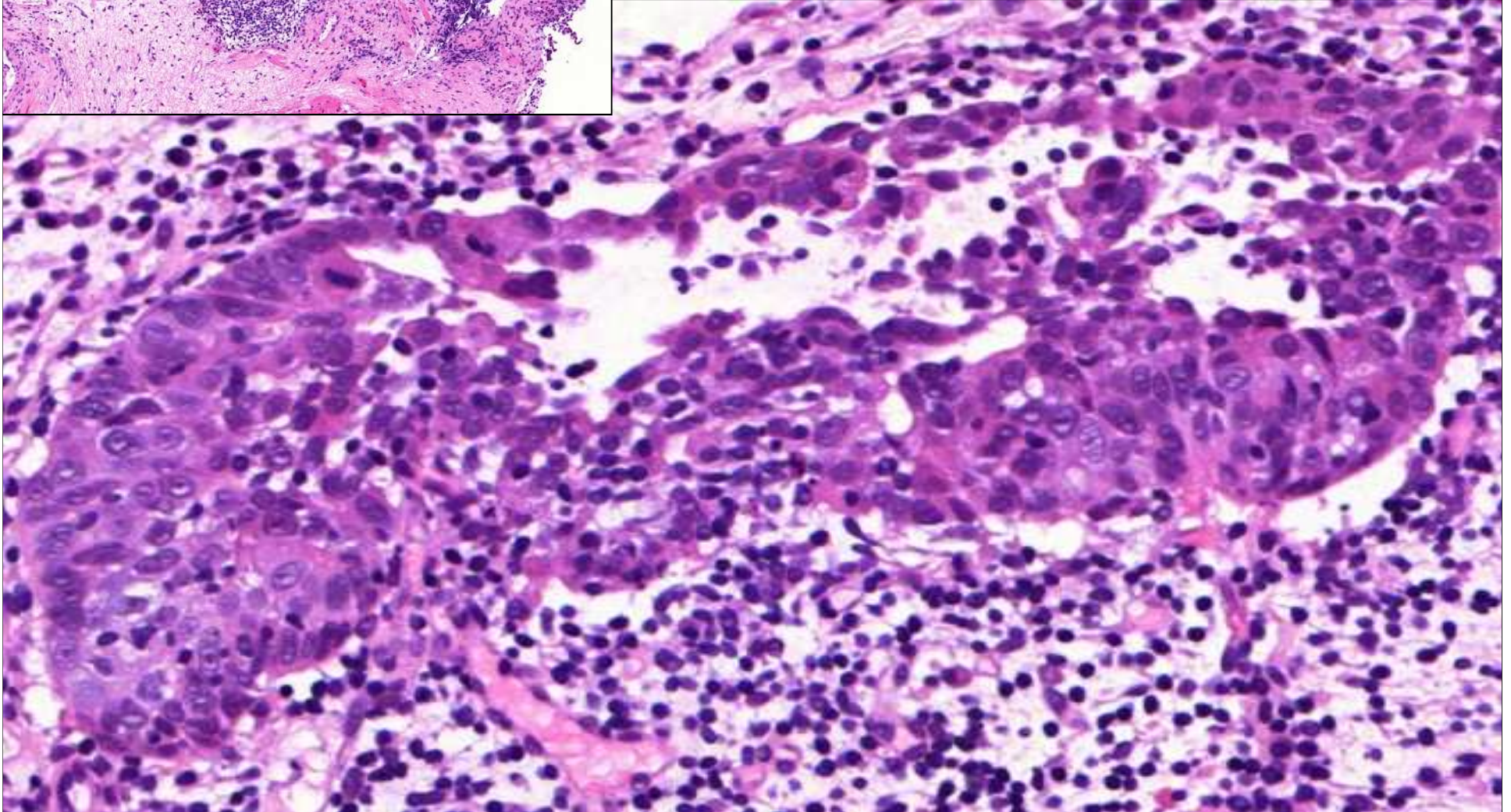
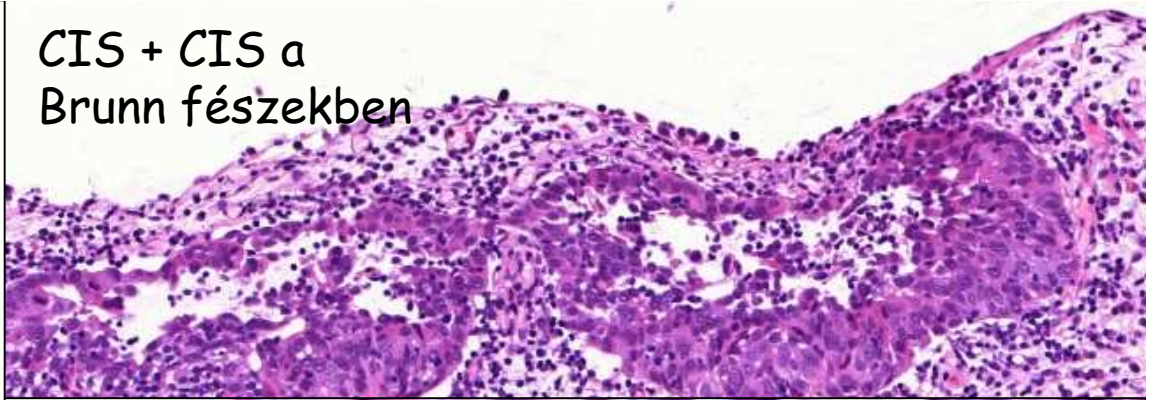
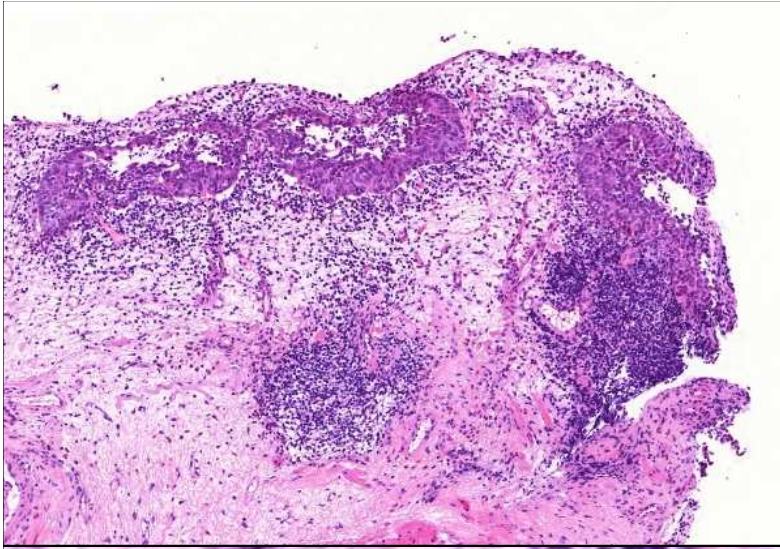




CIS + dysplasia a
Brunn fészekben



CIS + CIS a
Brunn fészekben



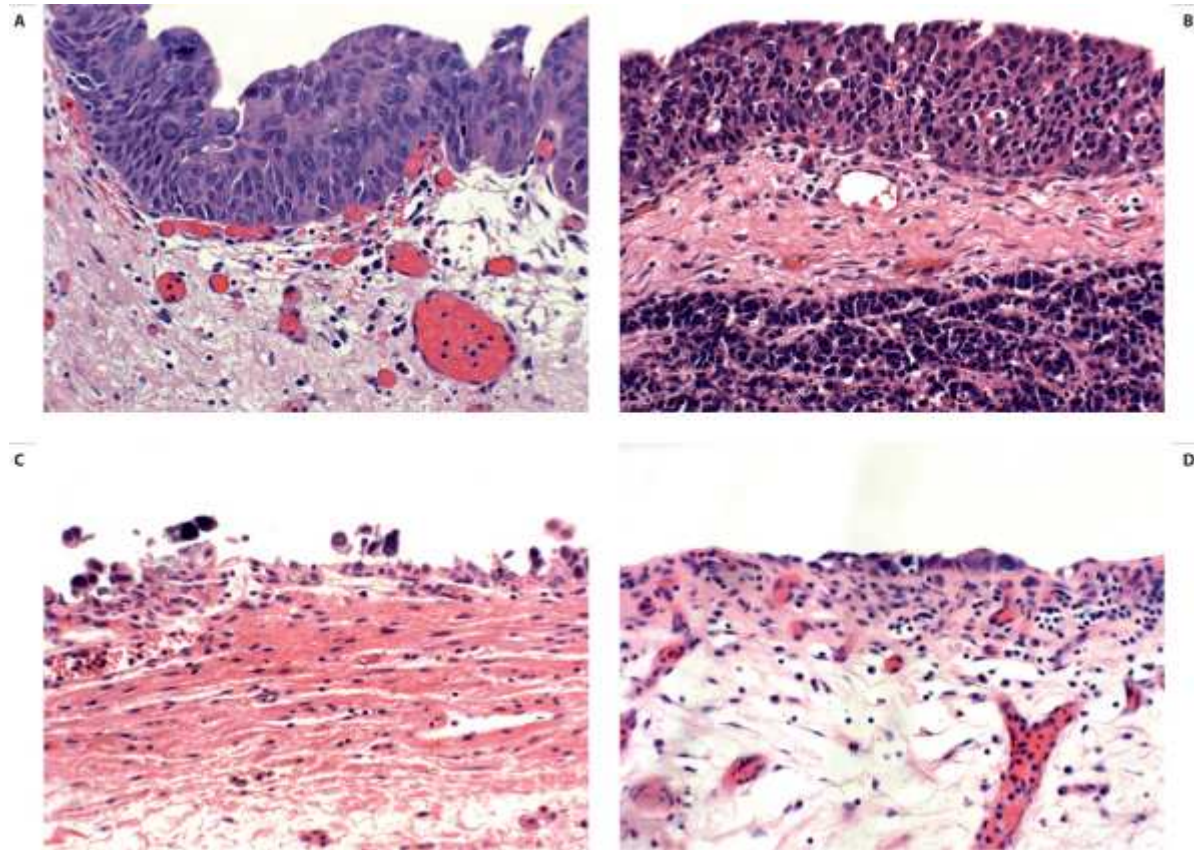
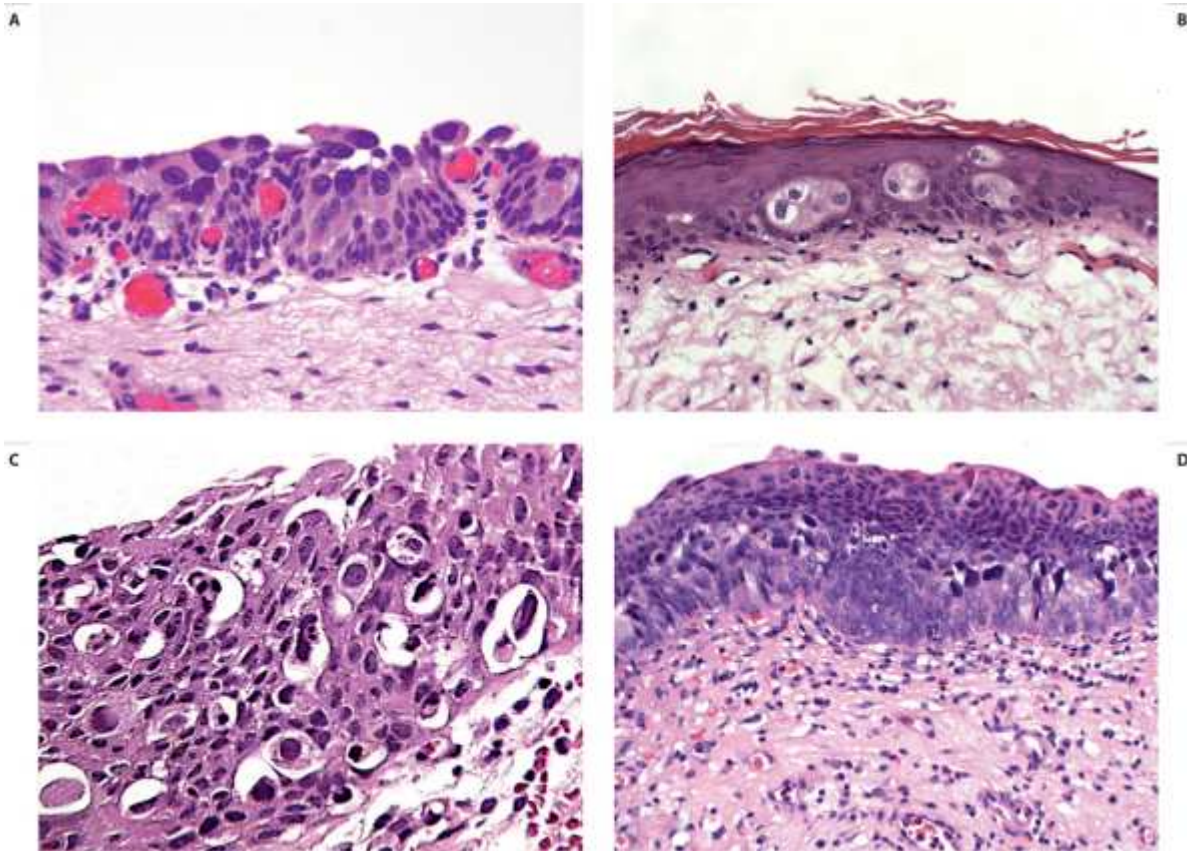
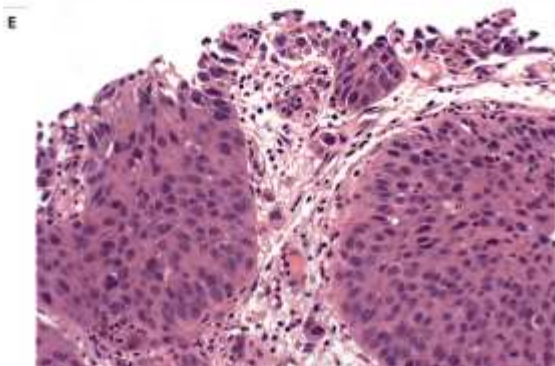
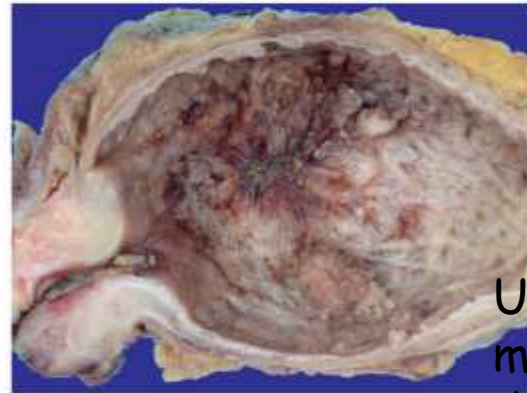
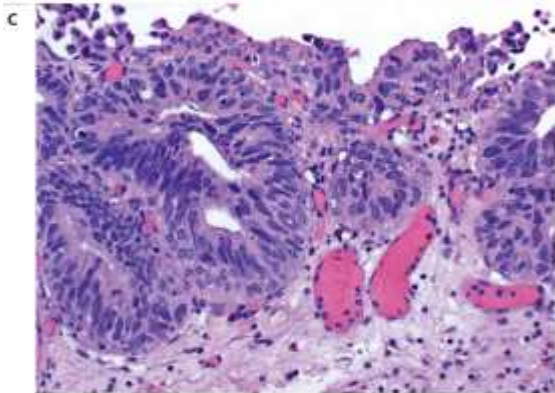
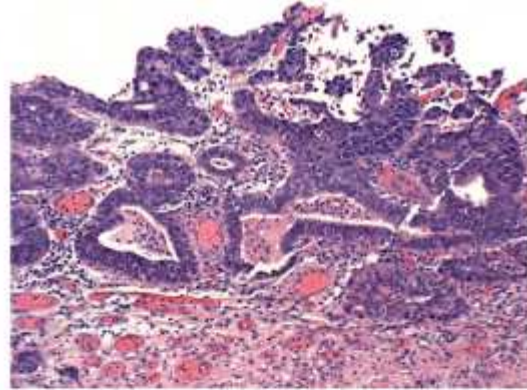
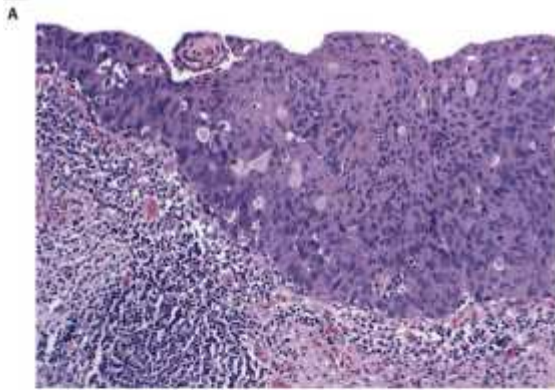


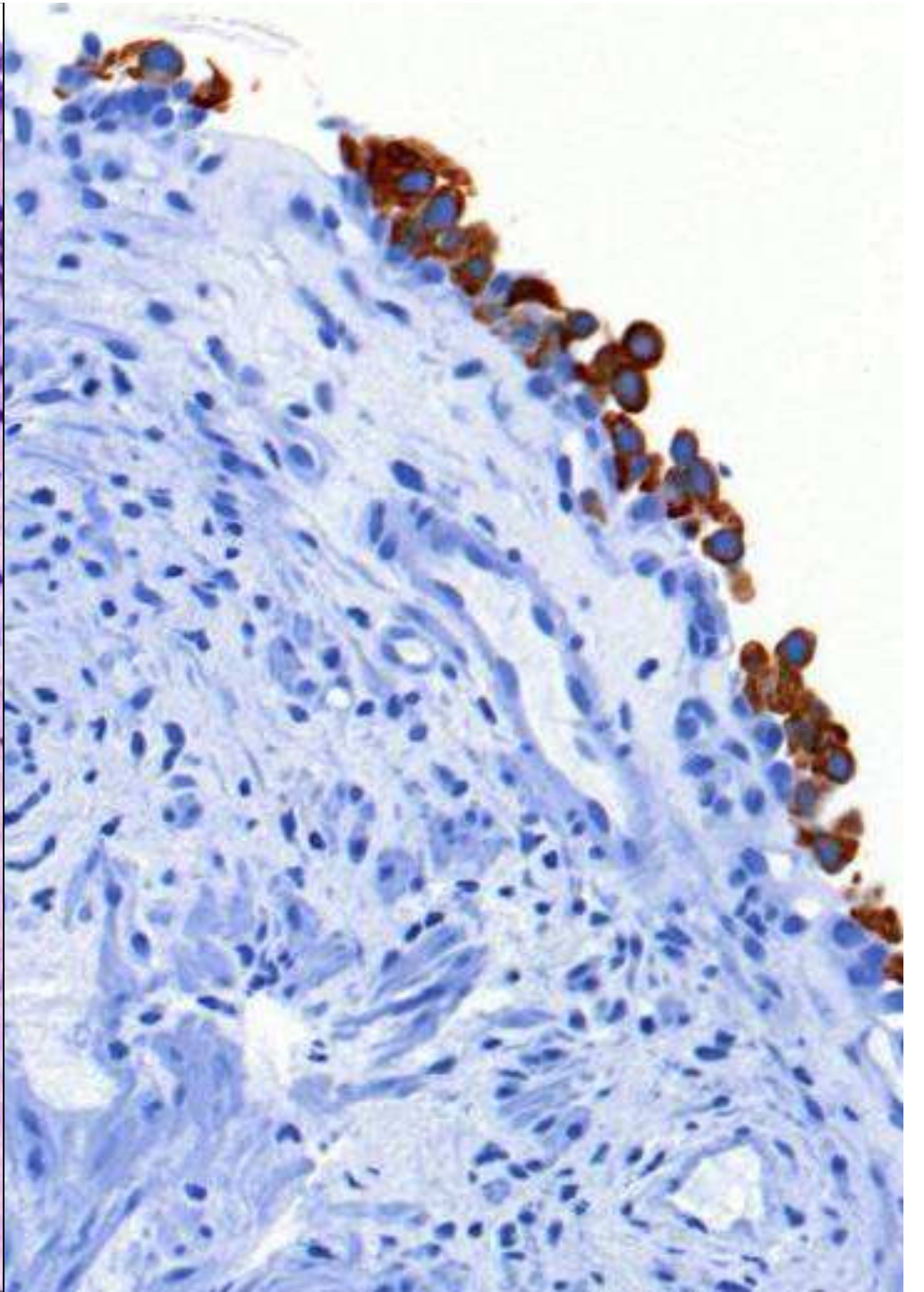
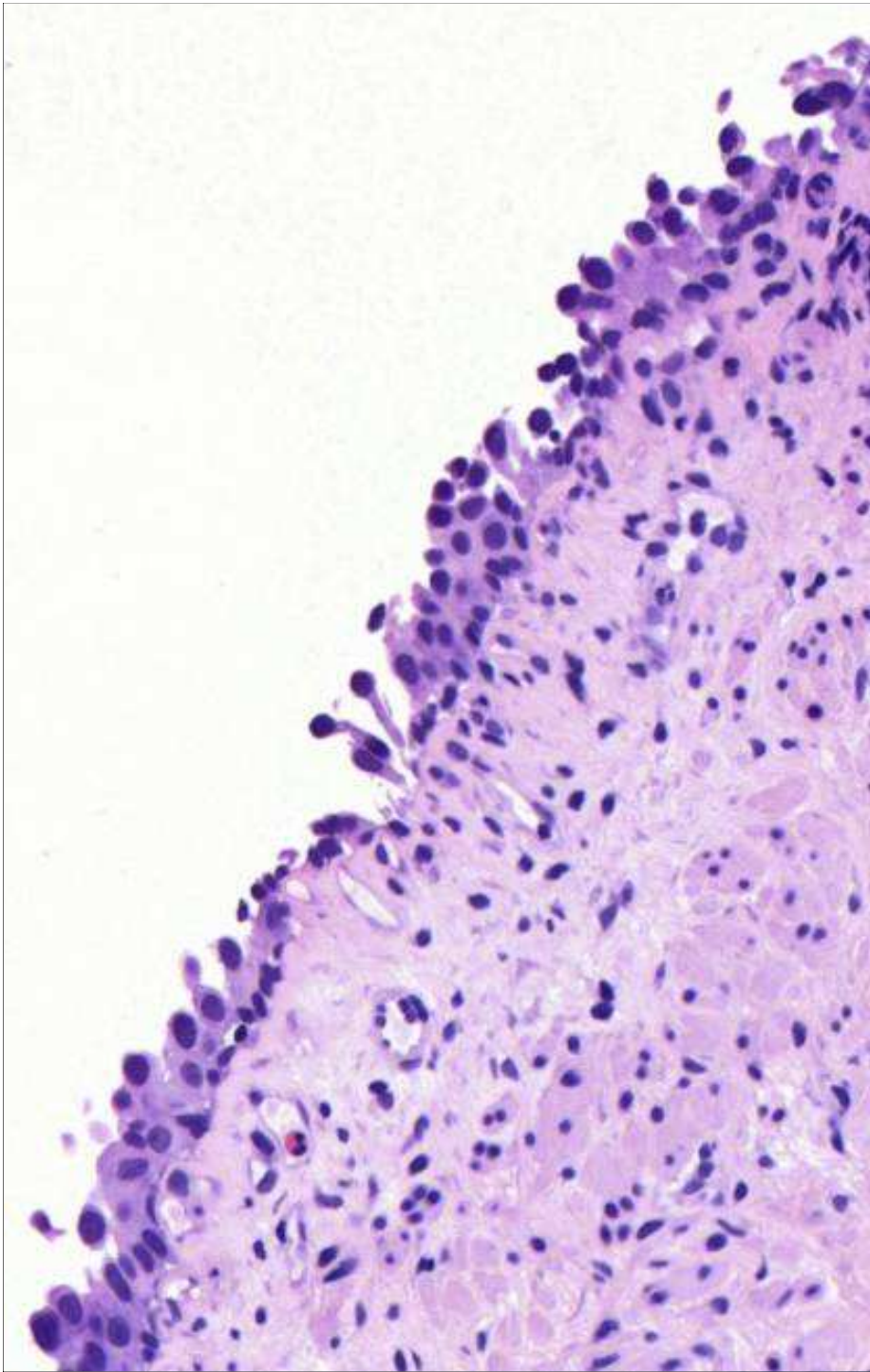
Fig. 6-12 Histologic variants of urothelial carcinoma in situ (CIS). (A) Large cell CIS. (B) Small cell CIS. Small cell carcinoma is present in the lamina propria. (C) 'Clinging' CIS. (D) Denuding CIS. The urothelium is partially denuded; residual CIS cells are present in the remainder of the urothelium.



Pagetoid and lepidic urothelial carcinoma in situ. (**A-C**) Pagetoid spread of urothelial carcinoma in situ. Clusters and isolated single neoplastic cells (**B** and **C**) are present in the urothelium. (**D**) Urothelial carcinoma in situ may also display an undermining or lepidic growth pattern.



Urothelial carcinoma in situ (CIS) may show squamous (A) or glandular differentiation (B). Urothelial CIS involving von Brunn's nest (C) may be misdiagnosed as adenocarcinoma in situ. (D) CIS is often associated with invasive urothelial carcinoma (gross appearance). (E) CIS with microinvasion is characterized by individual single cells in the stroma. (E) The adjacent von Brunn's nests are also involved by CIS.



TCC staging

LP invázió jelei:

- BM nem egyenletes,
- LP-ban az erek nem futnak a felszínnel párhuzamosan
- Stroma reakció: FB-k (pseudosarcomatosus reakció, lobsejtek)
- - ez microinvázió mellett sajnos Ø.
- Kicsi, szabálytalan sejtcsoportok
- Retrakciós artefact az infiltratív fészkek körül
- Paradox differenciáció - az invazív tumorsejtek jobban differenciálódnak tünnek a non-invazív componensnél

TCC substaging - T1 - inv >1.5 mm<

Klinikai jelentőségű az 5 éves túlélés szempontjából

MP invázió - nem keverendő össze a musc. mucosae csökevényes rostjaival

(ksz-i rostok -?- caldesmon, polarizálás)

TCC staging

T2 -

tumormentesség, túlélés szempontjából
fontosabb a **tumor mérete**

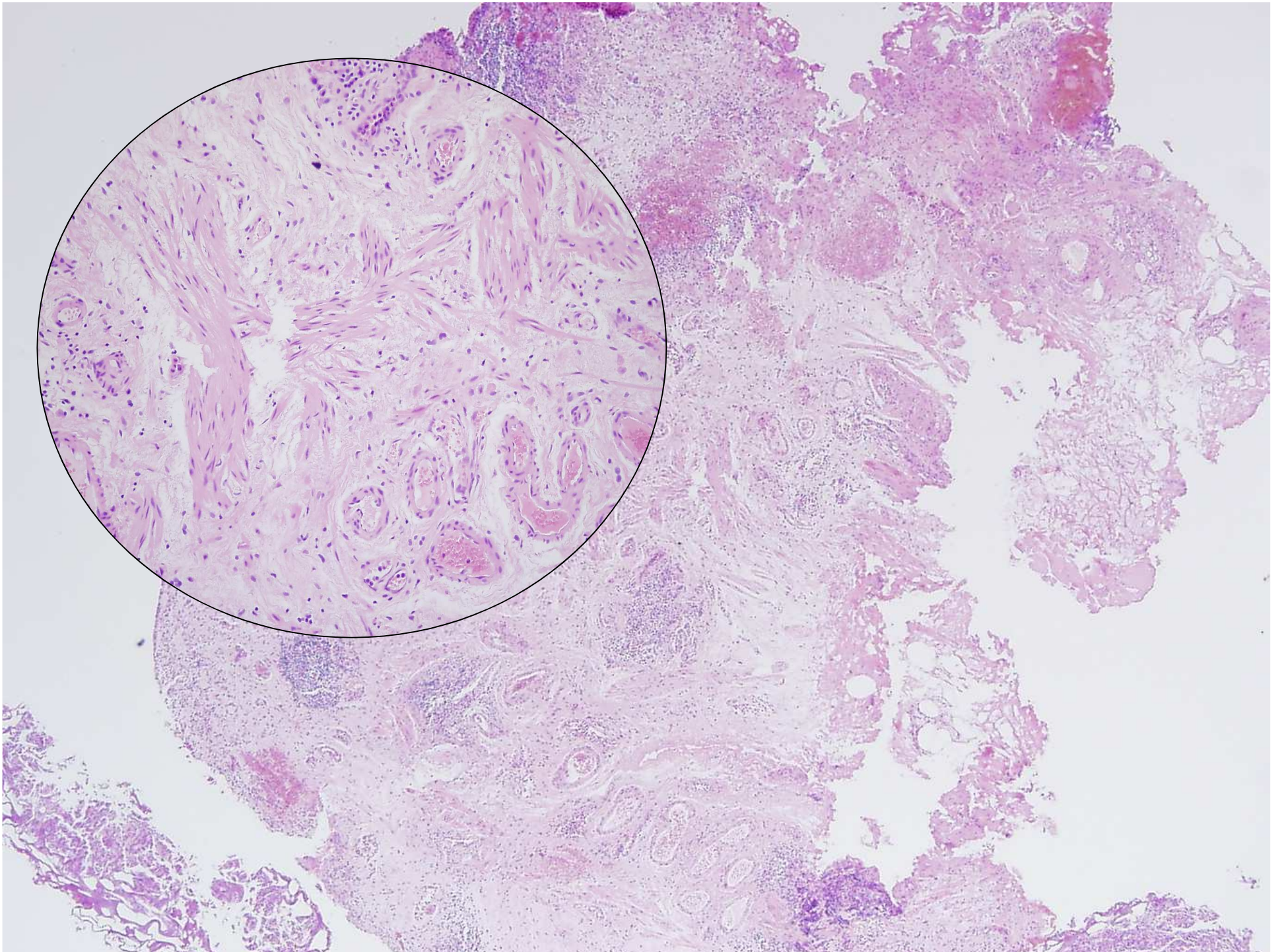
T < 3 cm

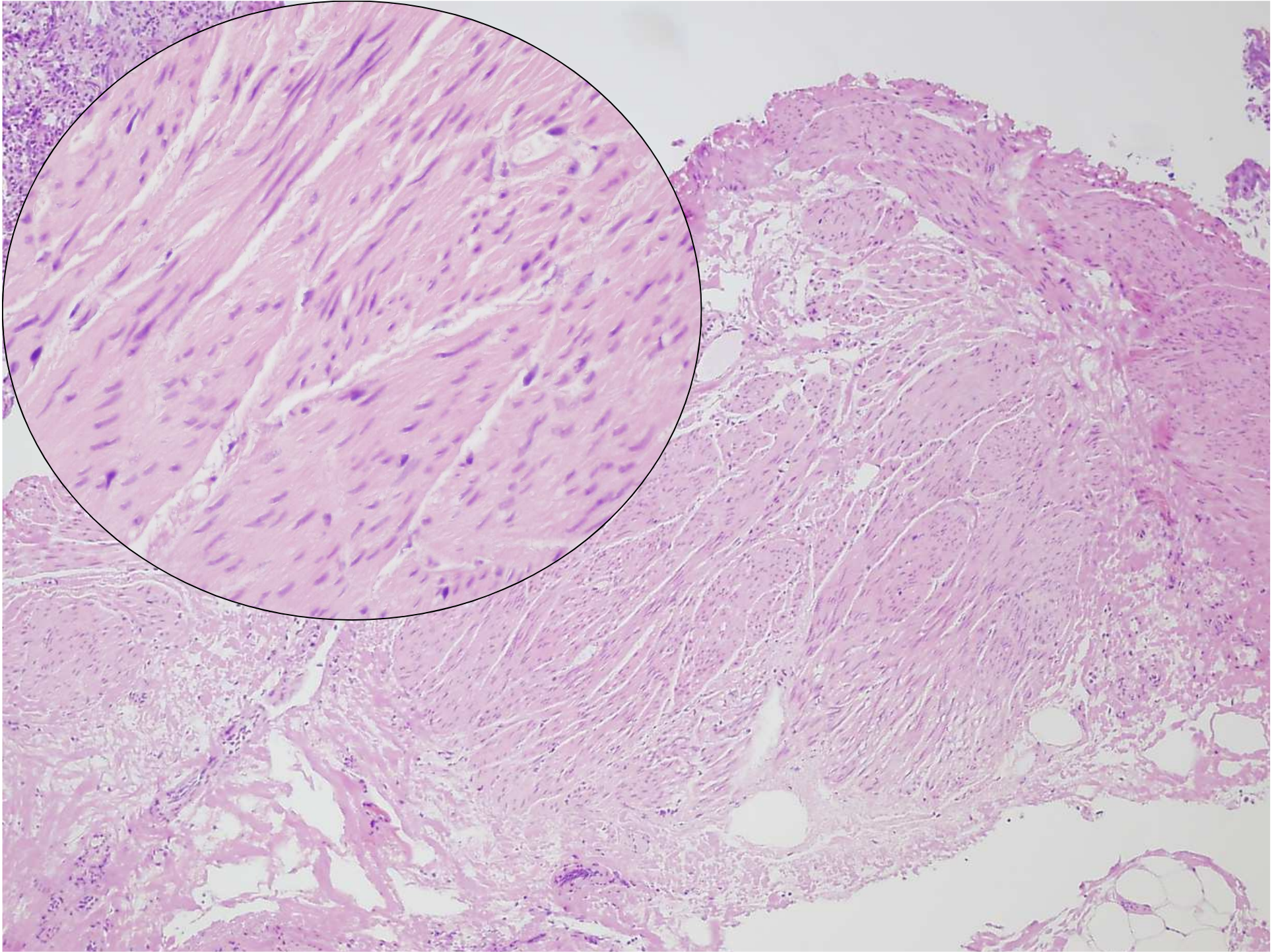
T ≥ 3 cm,

mint az izominvázio mélysége

Növekedési mintázat

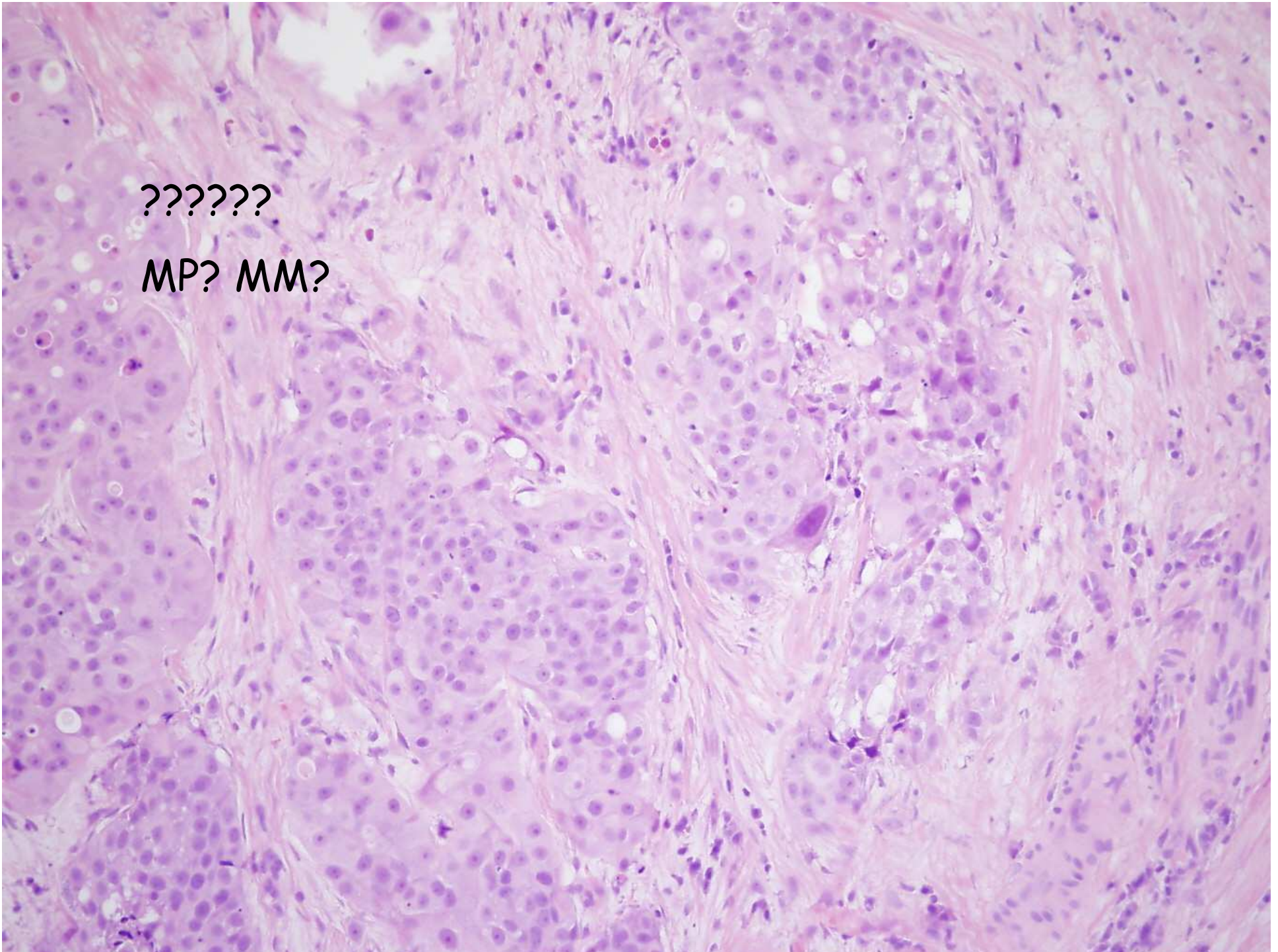
nodularis, trabecularis jobb, mint az infiltratív

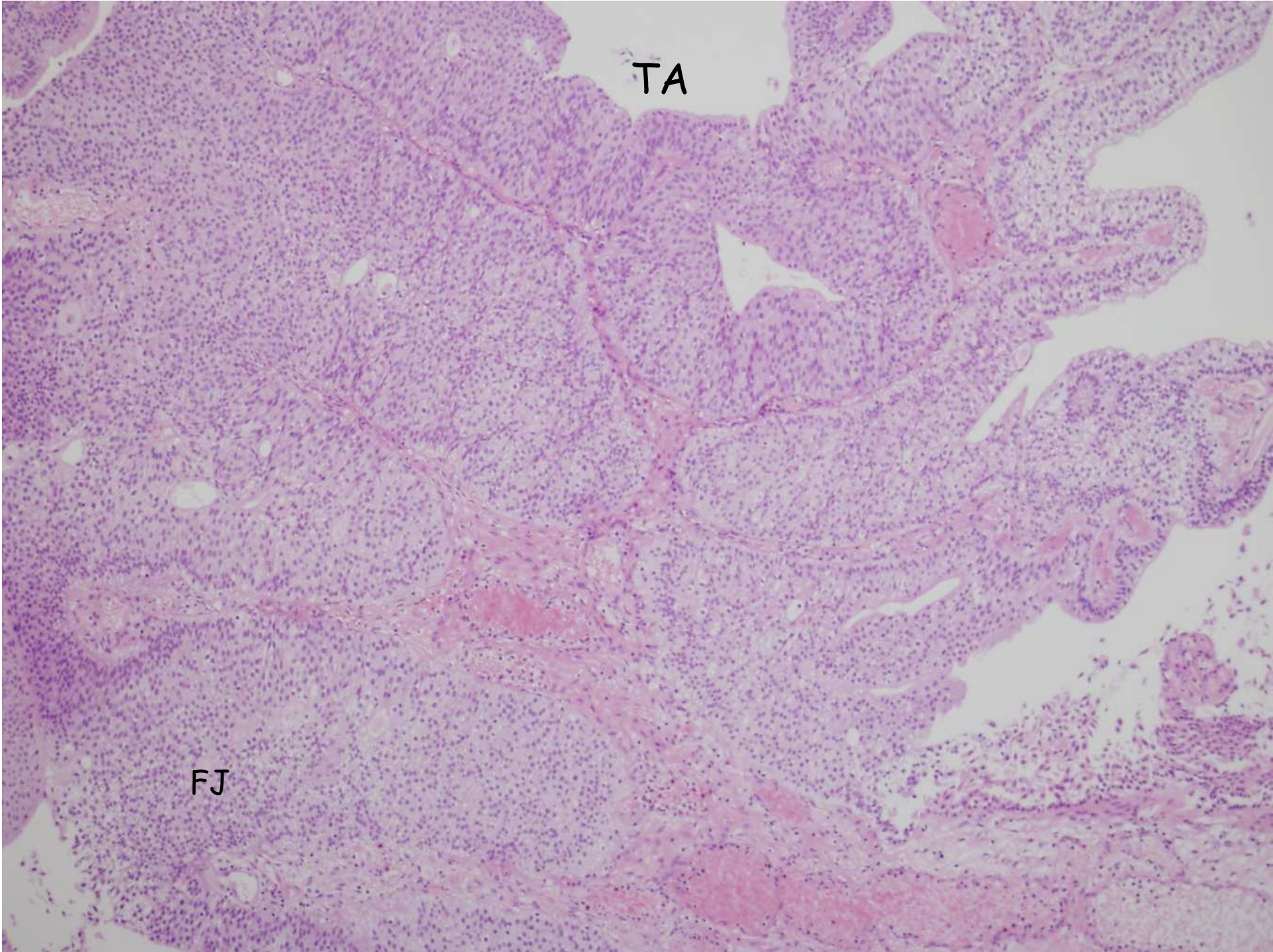




??????

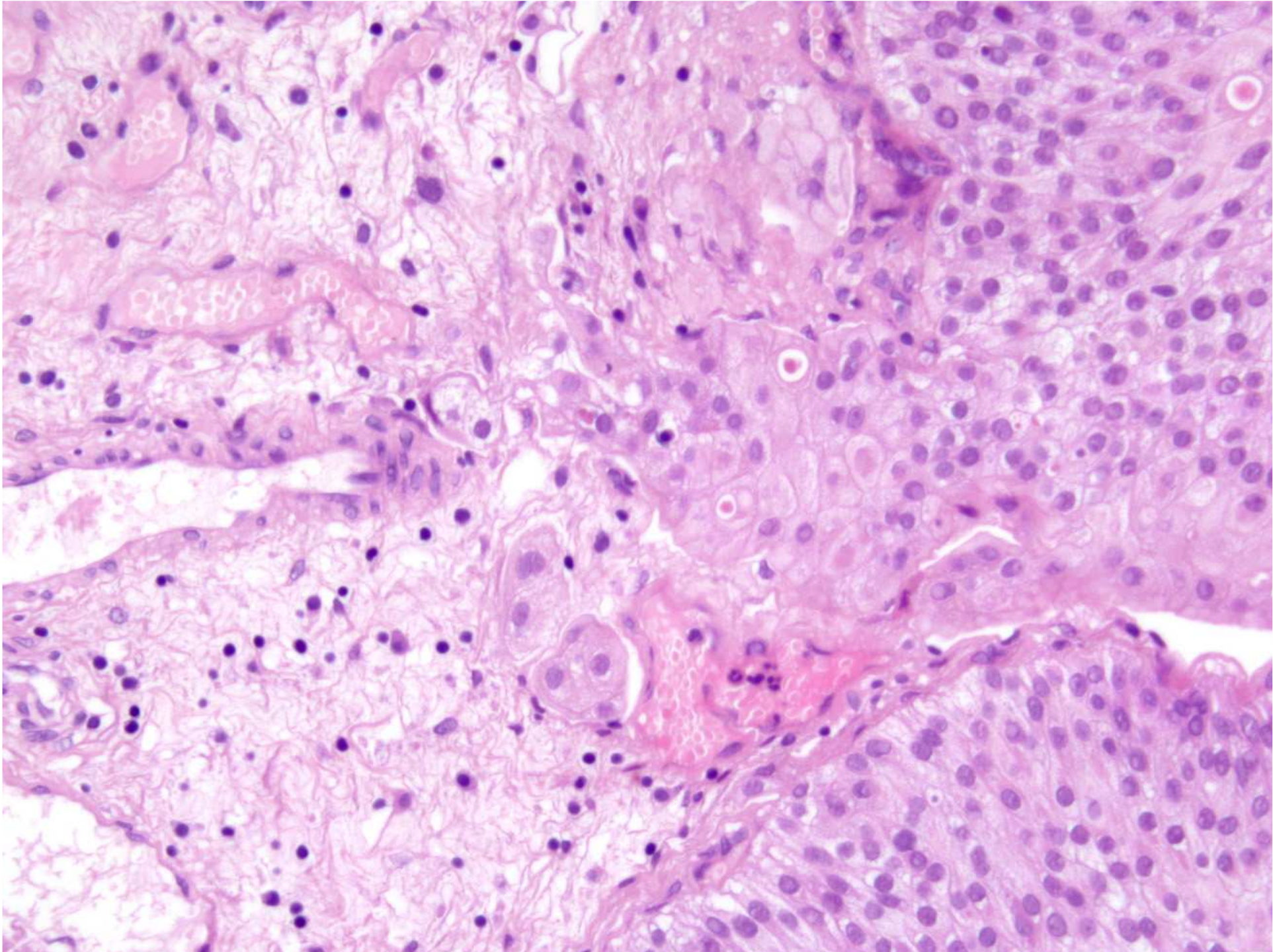
MP? MM?

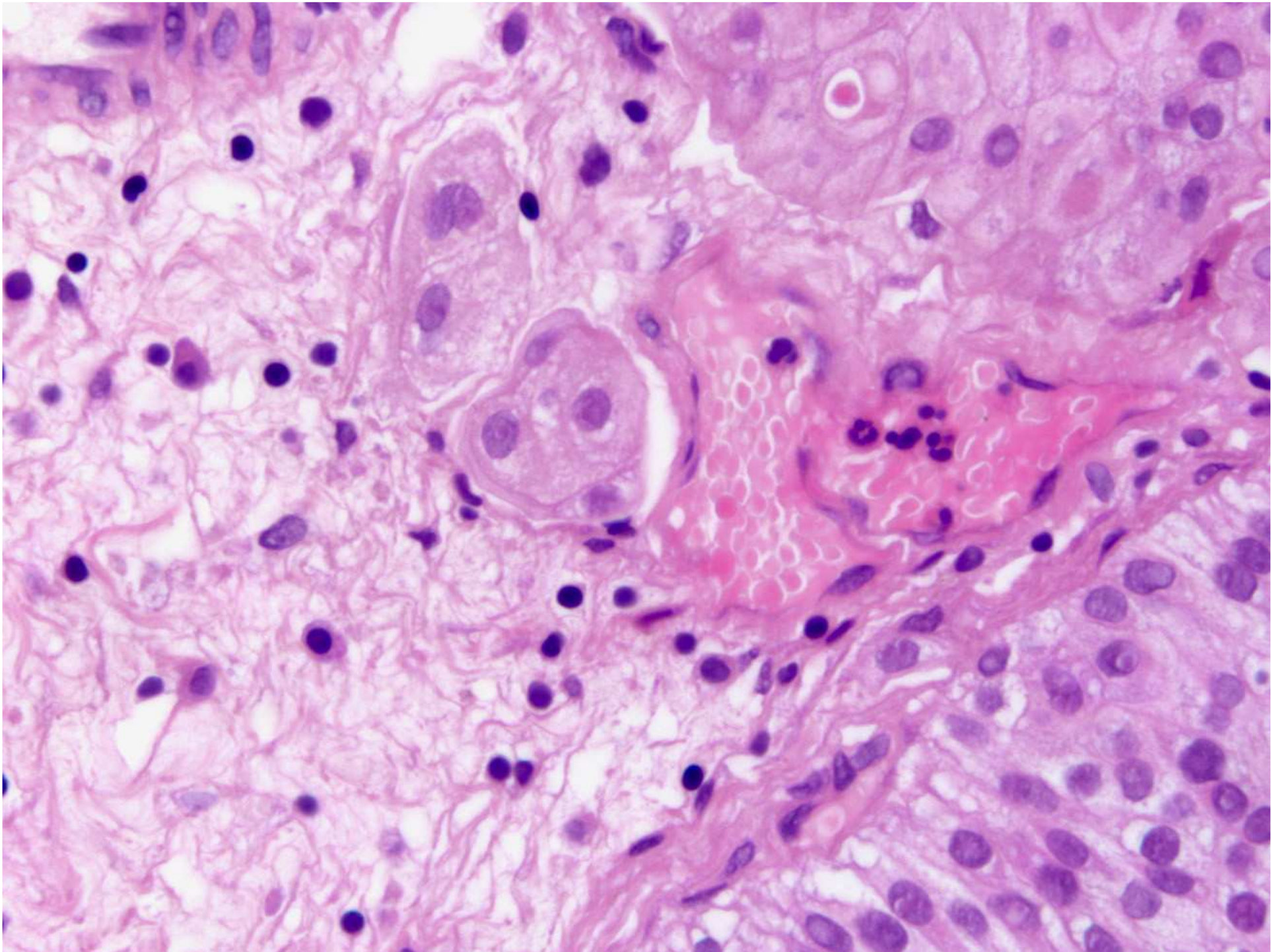


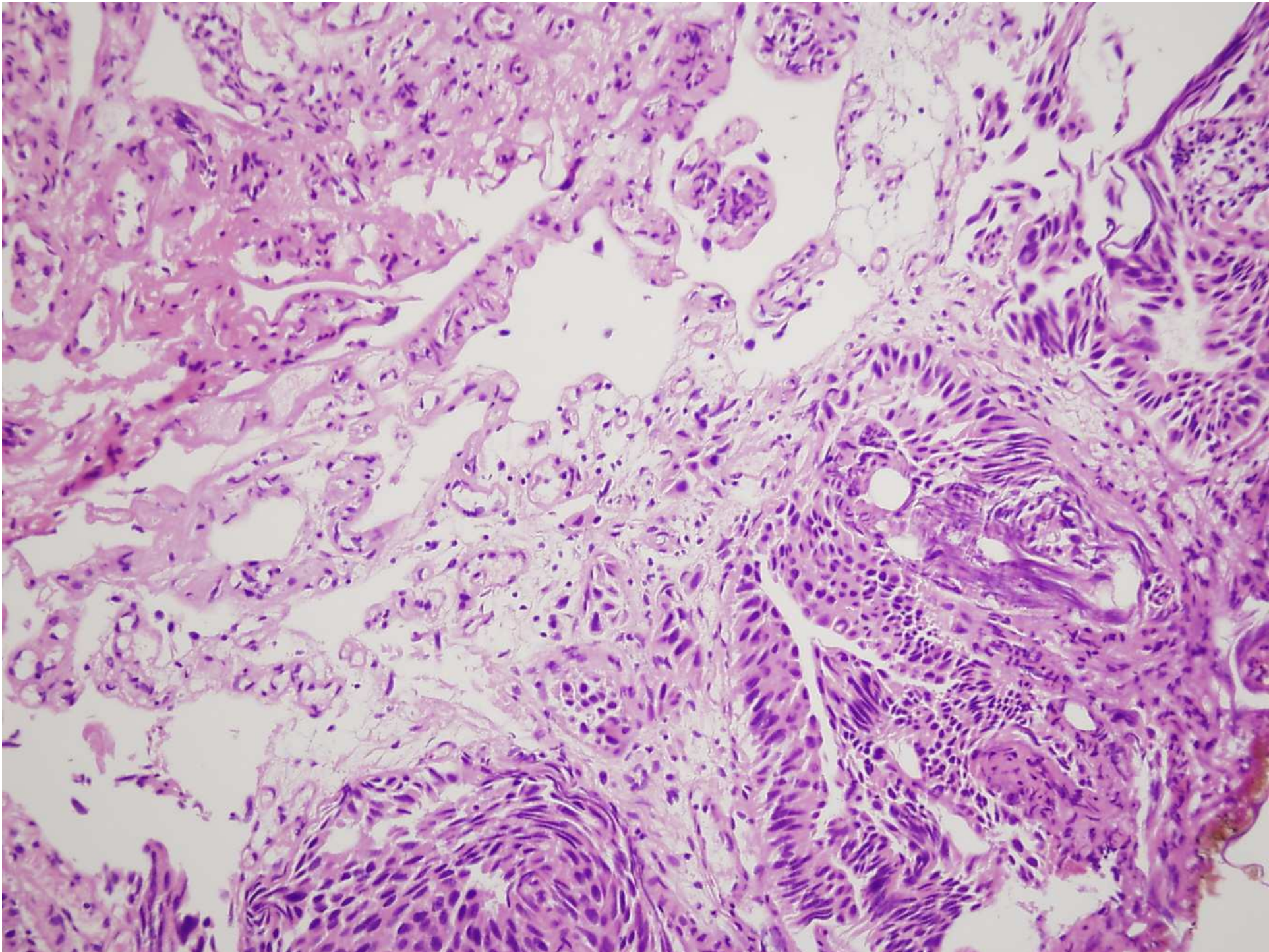


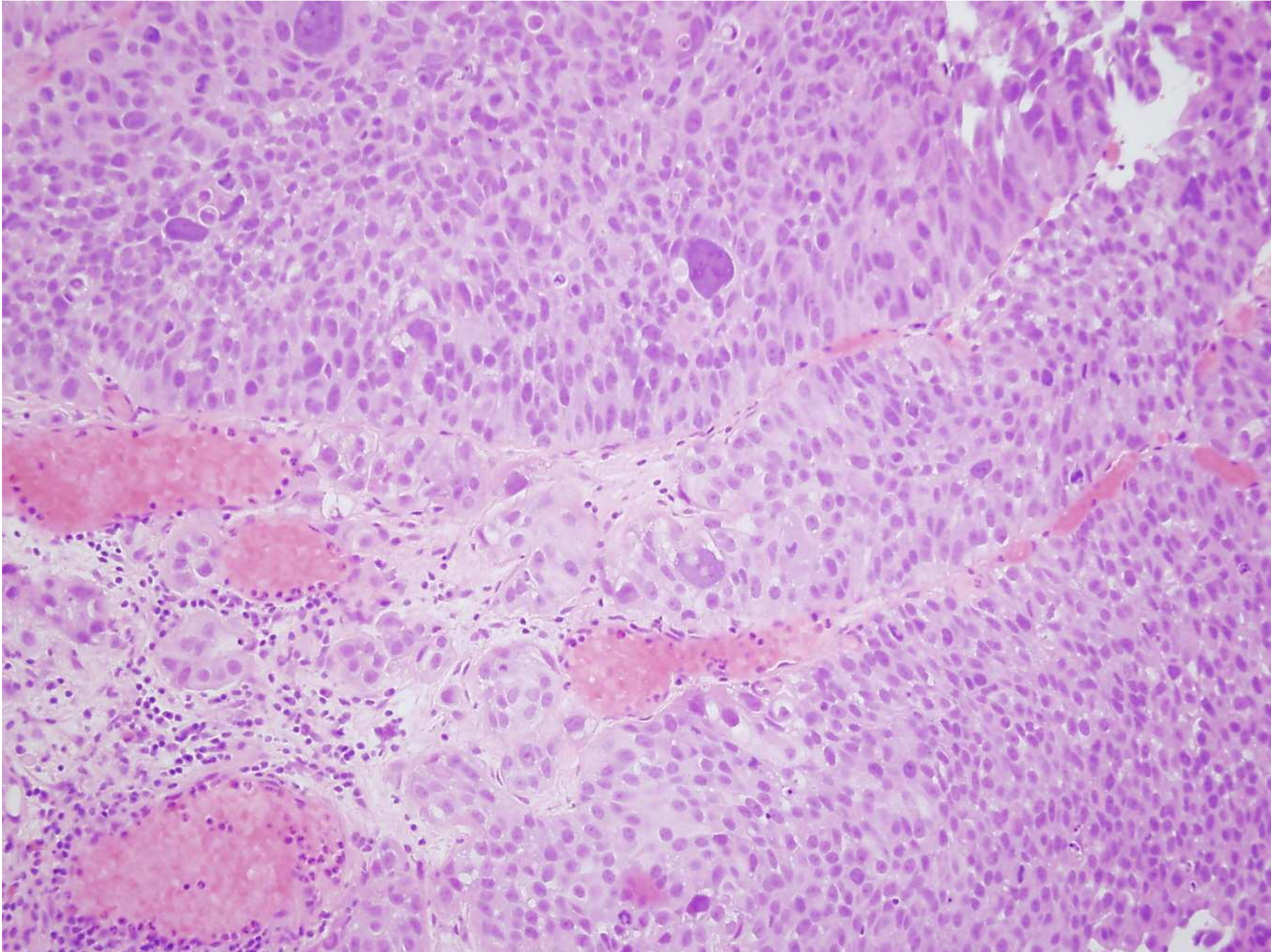
TA

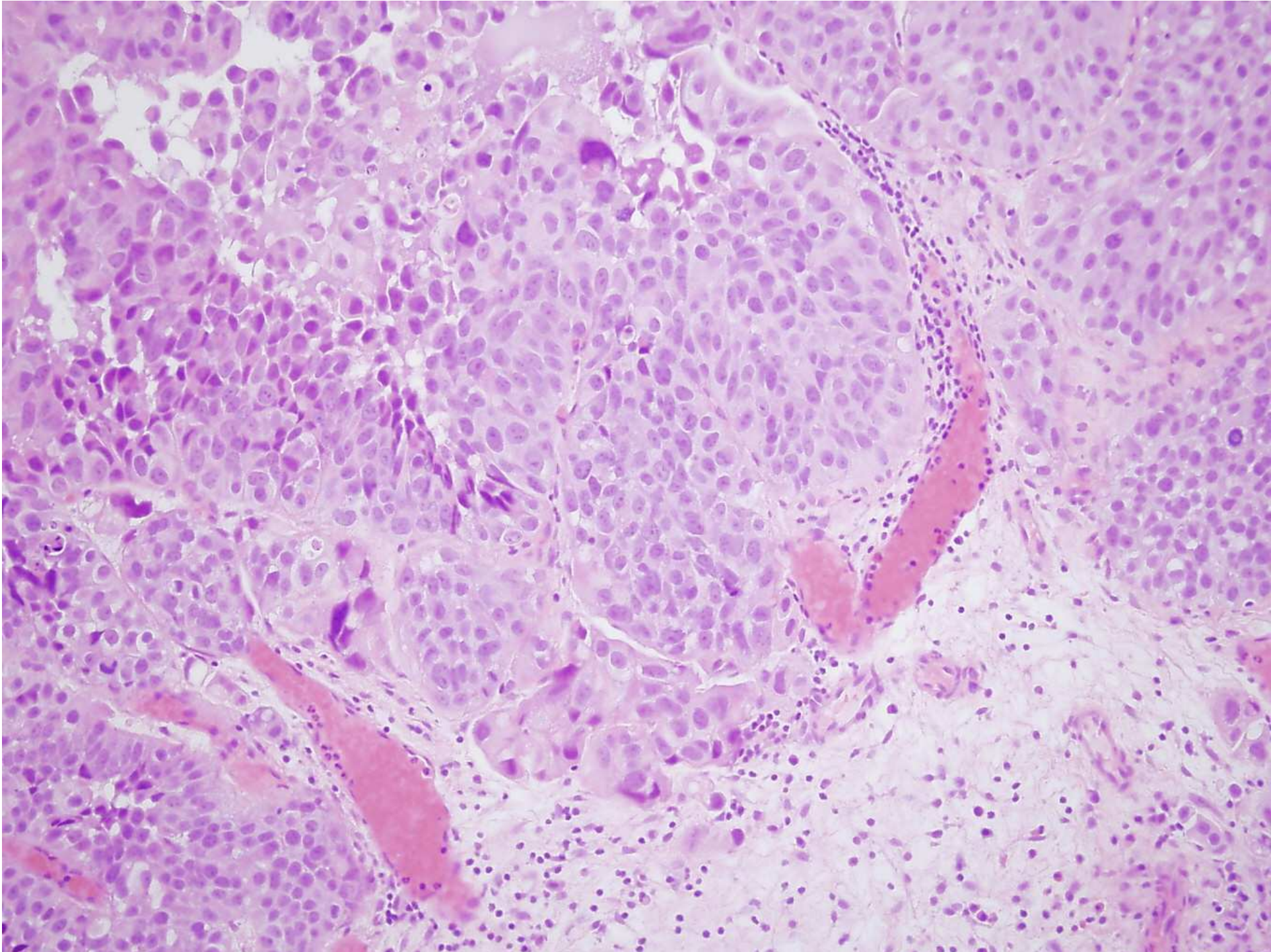
FJ

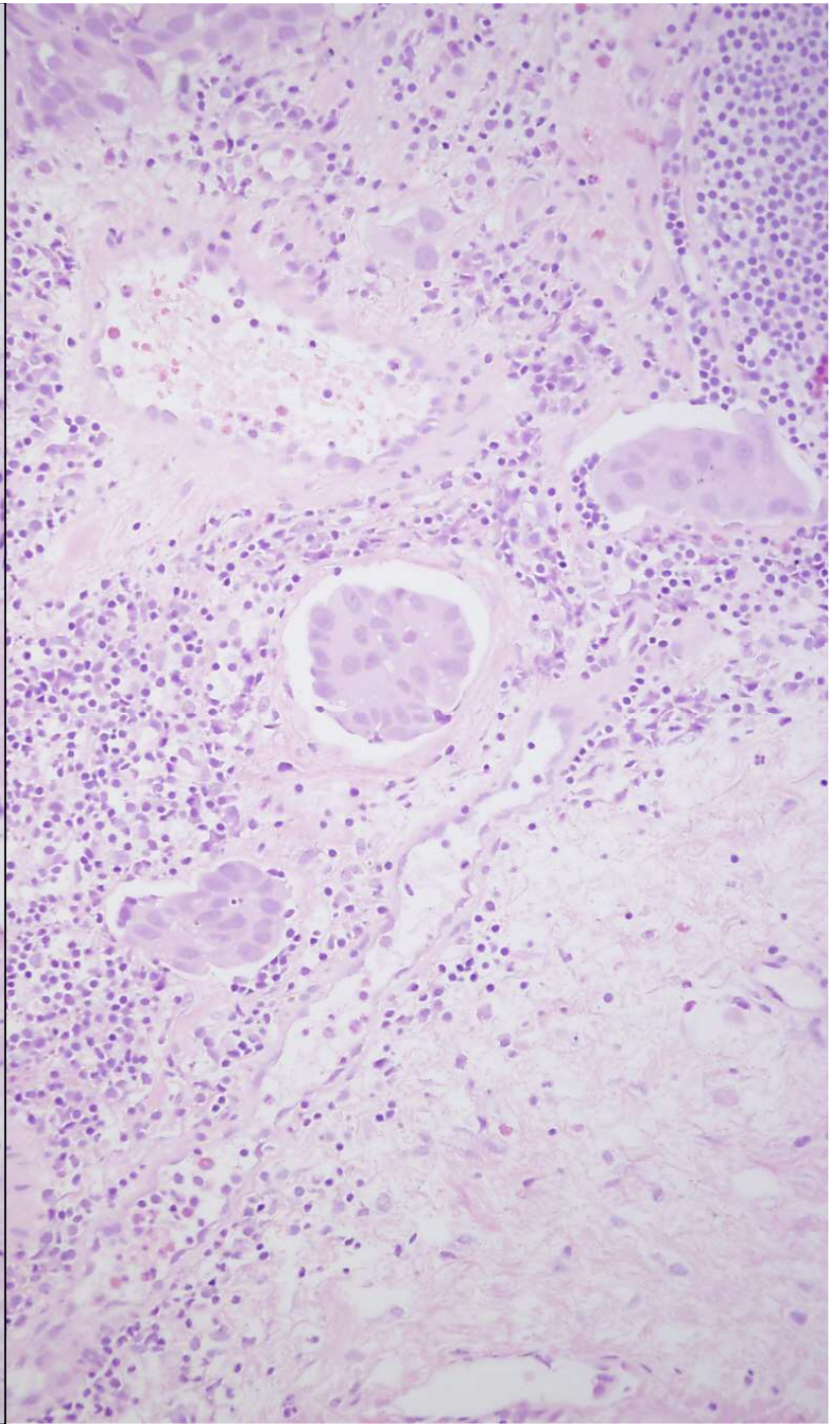
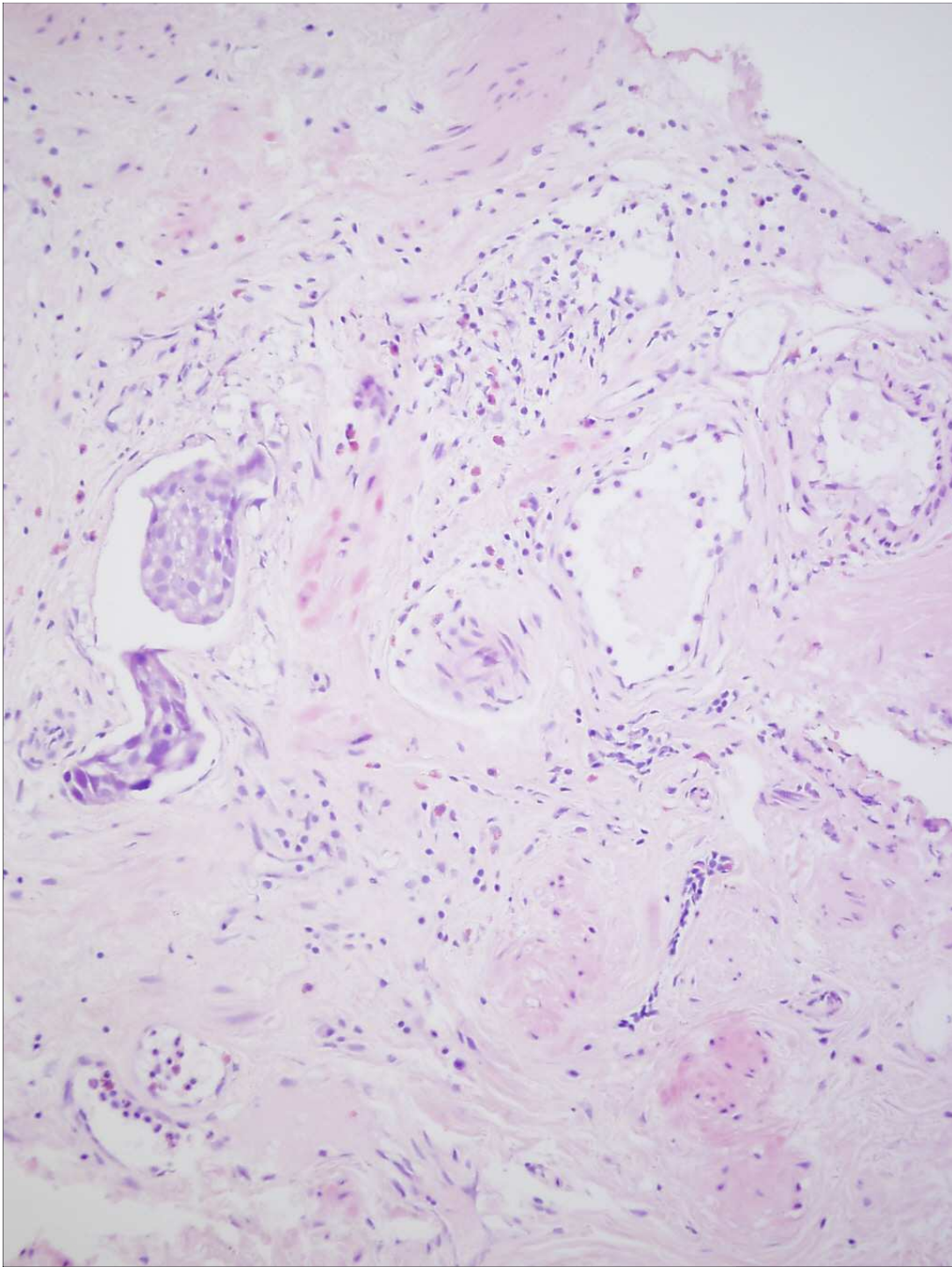












Invertált papilloma

Sessilis, vagy pedunculált, sima felszínű, polypszerű lézió..

Klinikai tünetek:

Haematuria, obstructio

Localisatio gyakorisága a felsorolás sorrendjében:

Trigonum > hólyagnyak > ureter > pyelon

Kialakulásának oka:

Krónikus irritáció, vizeletelfolyási akadály, carcinogén stimulus(?!)



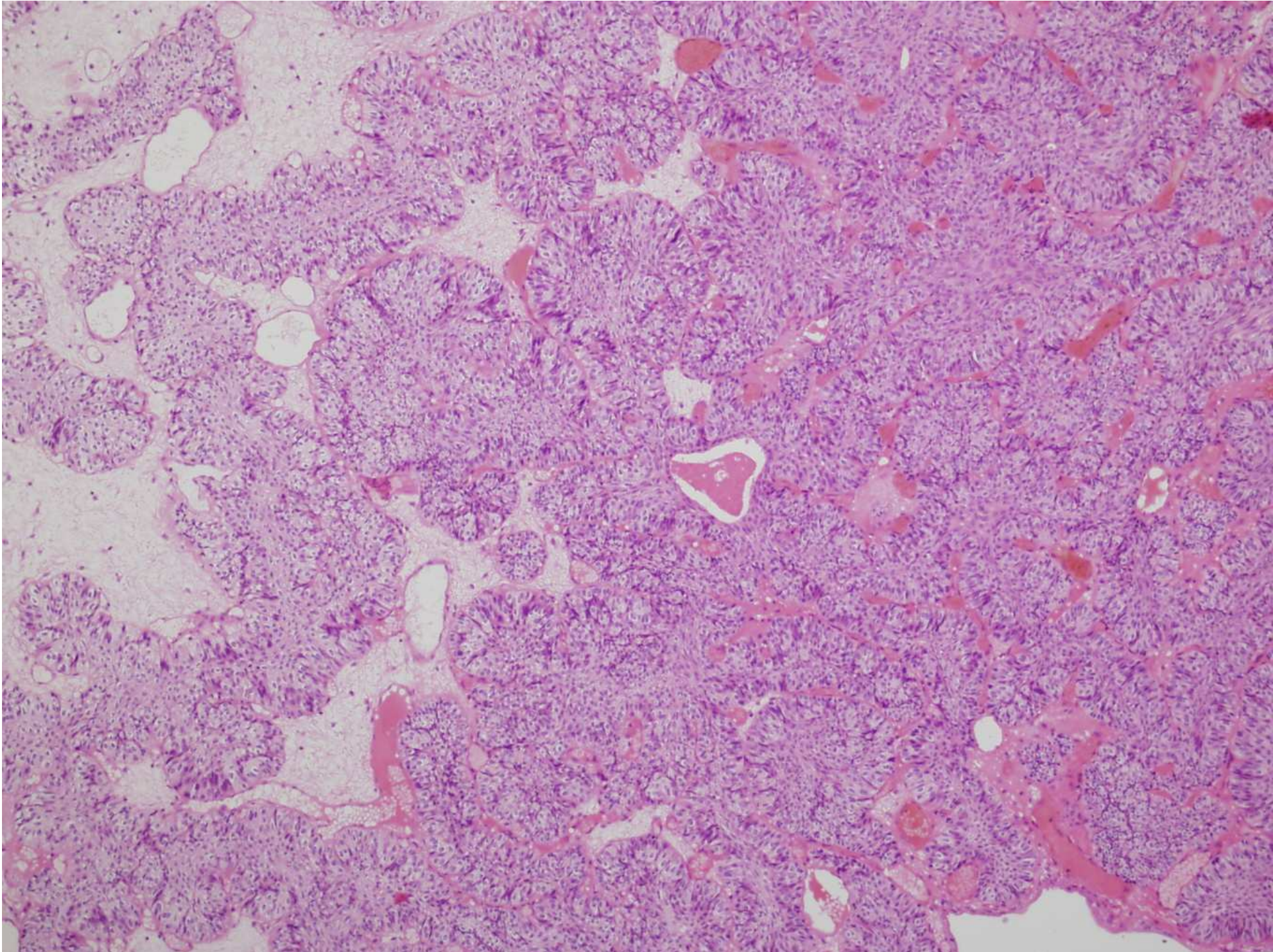
Mikroszkóposan.....

Trabecularis

Glandularis

(Utóbbinak inkább cystitis cysticához
lehet köze, mint valódi NPL-hoz).





Az invert papillómák szövettani jellegzetességei:

Invertált konfiguráció

Normál felszíni urothel borítás

Monomorf sejtek építik fel az elválozást

Hiányzó, vagy ritka osztódó alakok

Microcysta képződés előfordulhat

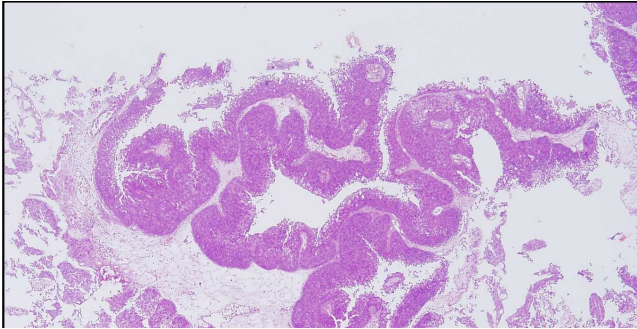
Trabeculáris elrendeződés

Glanduláris elrendeződés -cystitis cystica

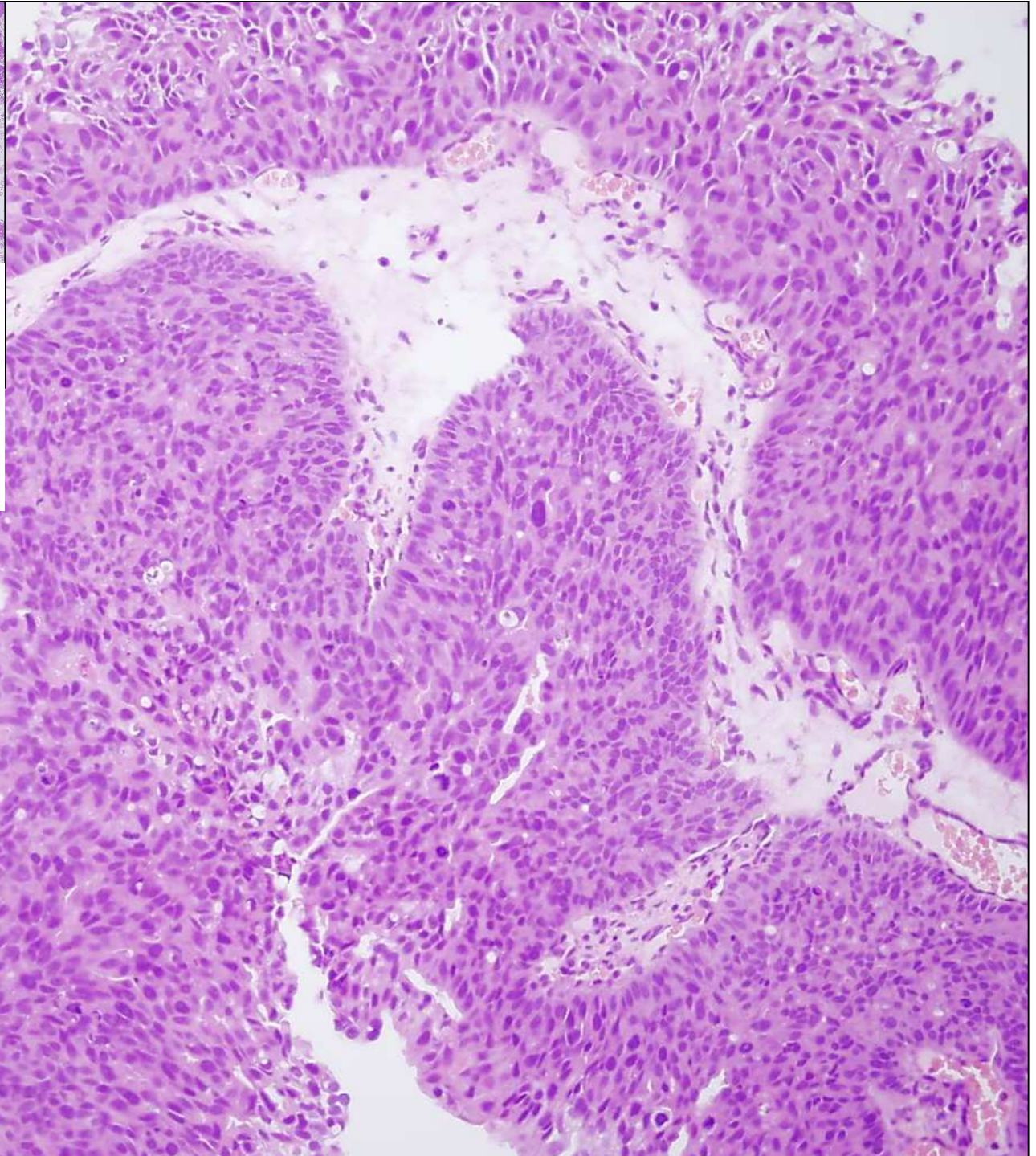
A trabeculák-fészkek bázisán a sejtek palliszád állásúak

Felismerésének jelentősége:

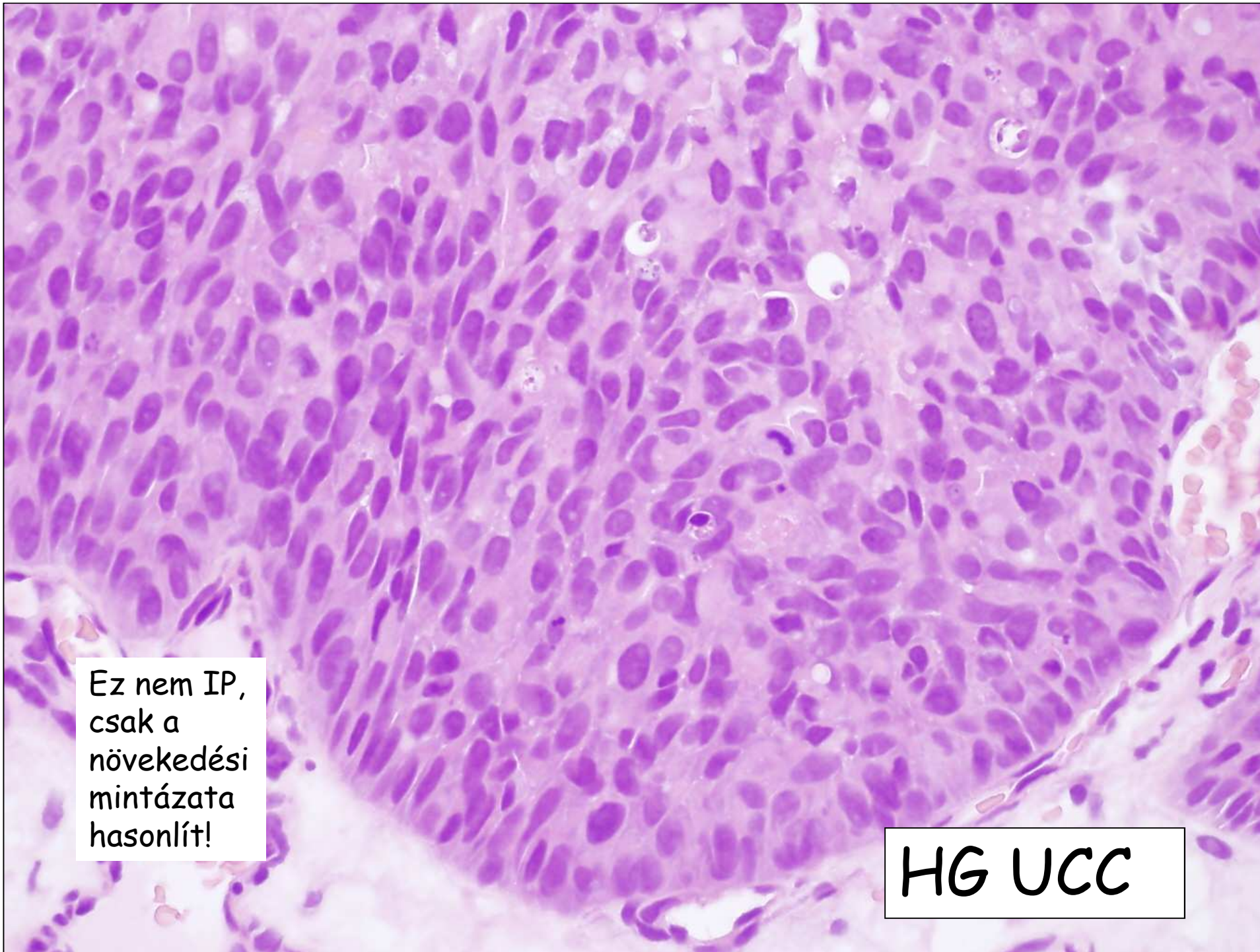
Amennyiben TCC-nek diagnosztizáljuk, min.T1-es stádiumba soroljuk, és a beteget felesleges kezelésnek vetjük alá



76 éves ffi
Jobb szájadékot is érintő,
hólyagalapon
mIplx hólyagtumor
resectatum



Ez nem IP,
csak a
növekedési
mintázata
hasonlít!



Ez nem IP,
csak a
növekedési
mintázata
hasonlít!

HG UCC

