Gynækologiske cases

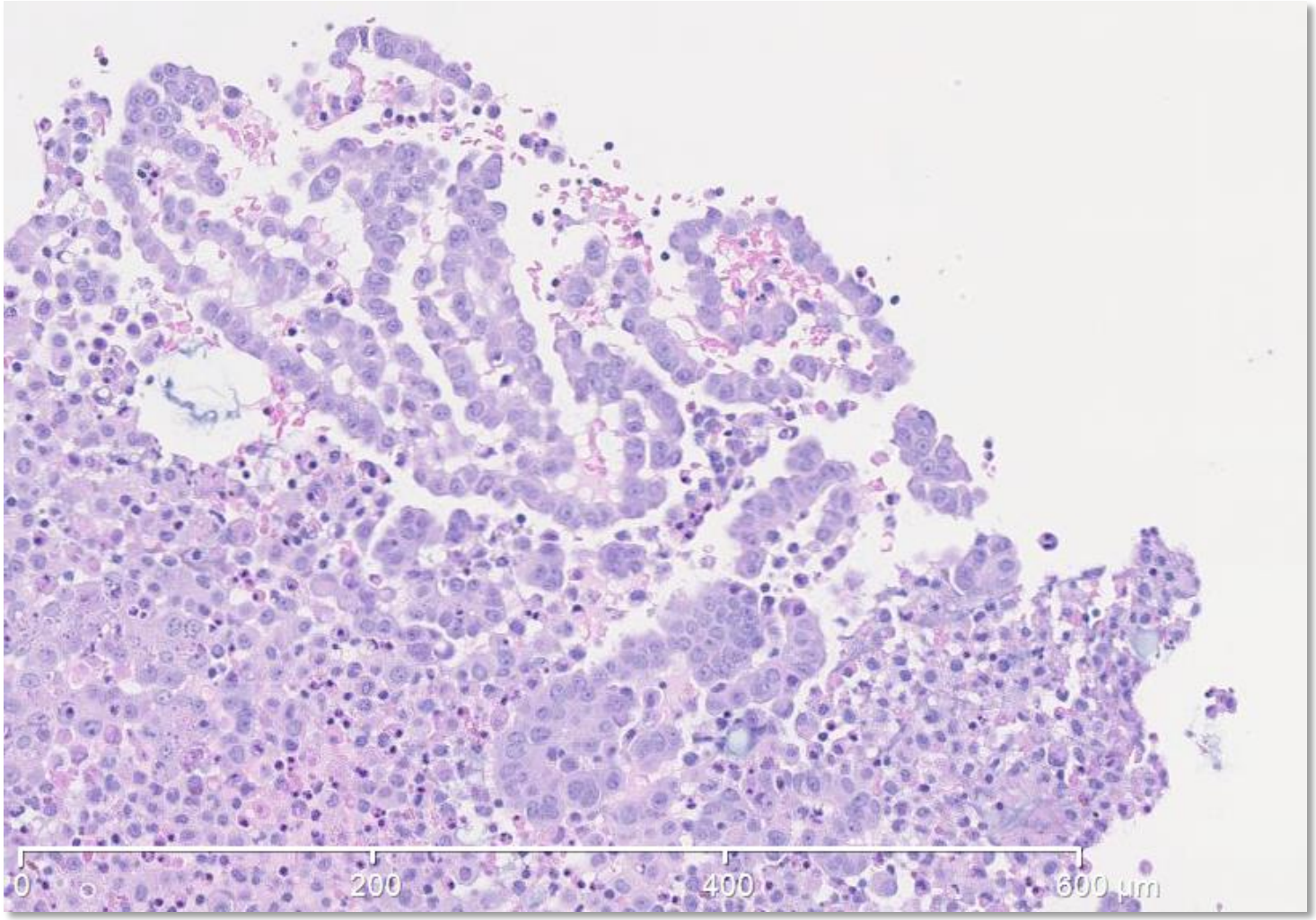
Overlæge Doris Schledermann

Afdeling for klinisk patologi

Odense Universitetshospital

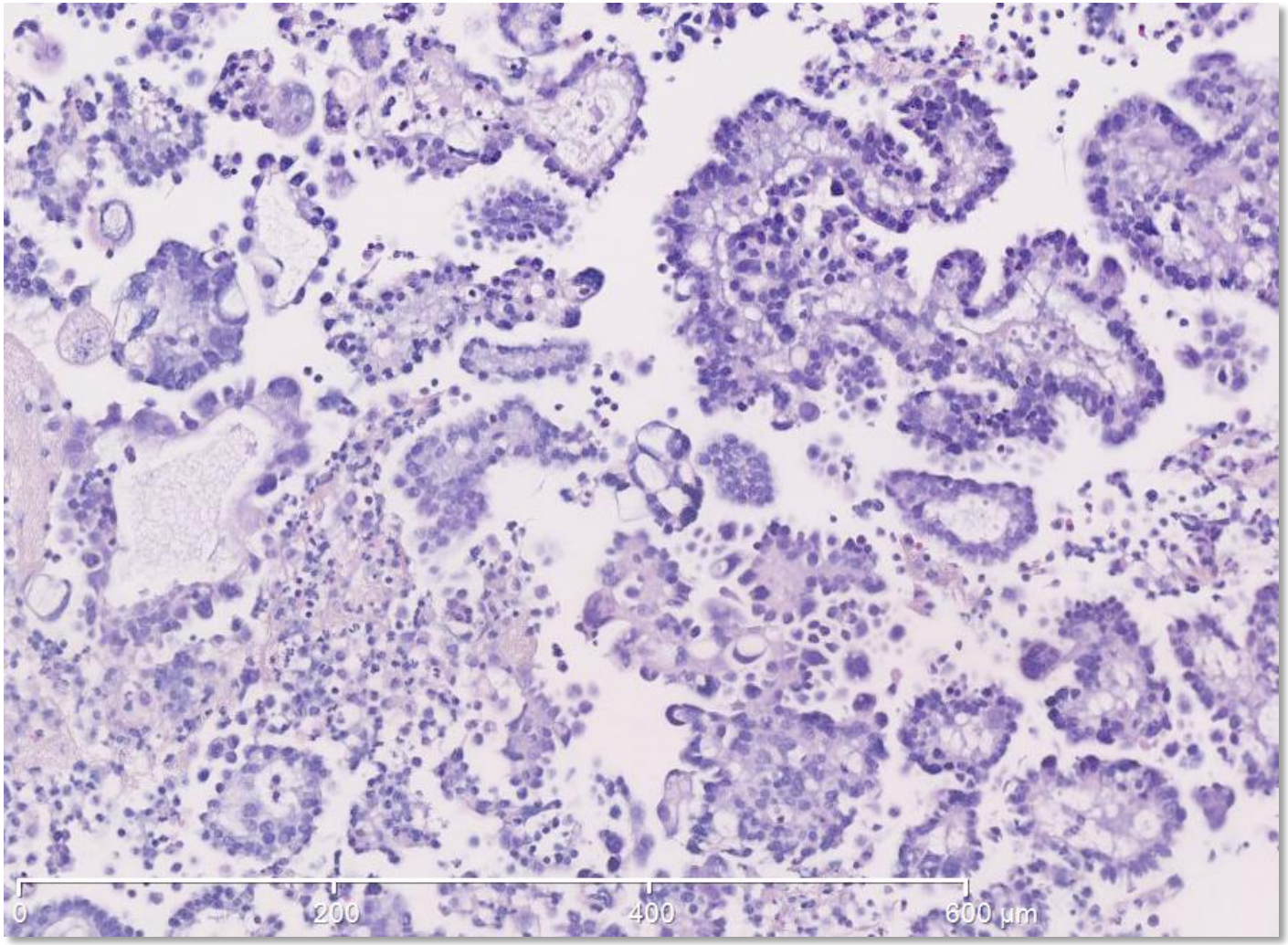
Case 1

Ascites (HE koagel)



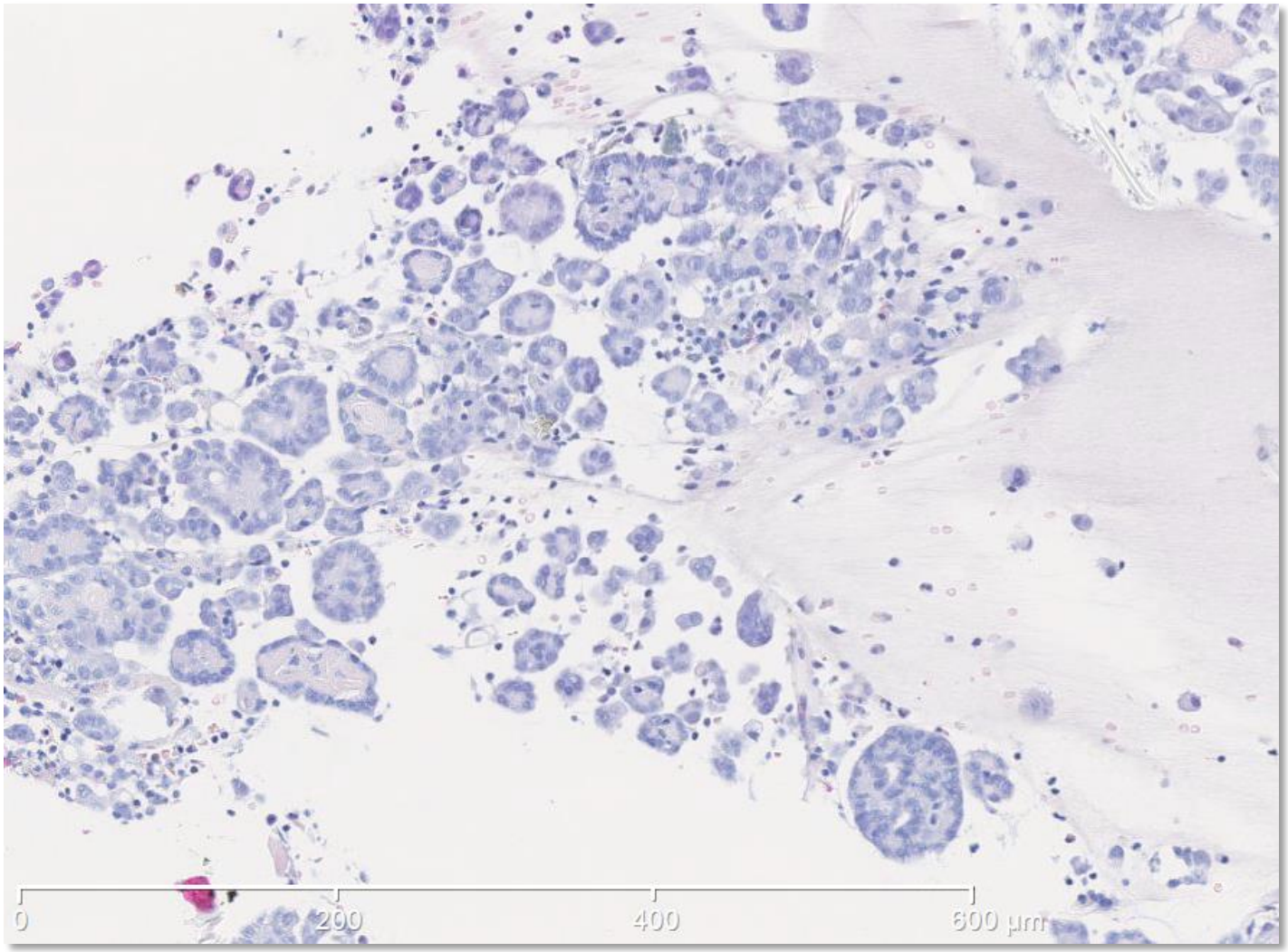
Case 2

Pleuraeffusion (HE koagel)

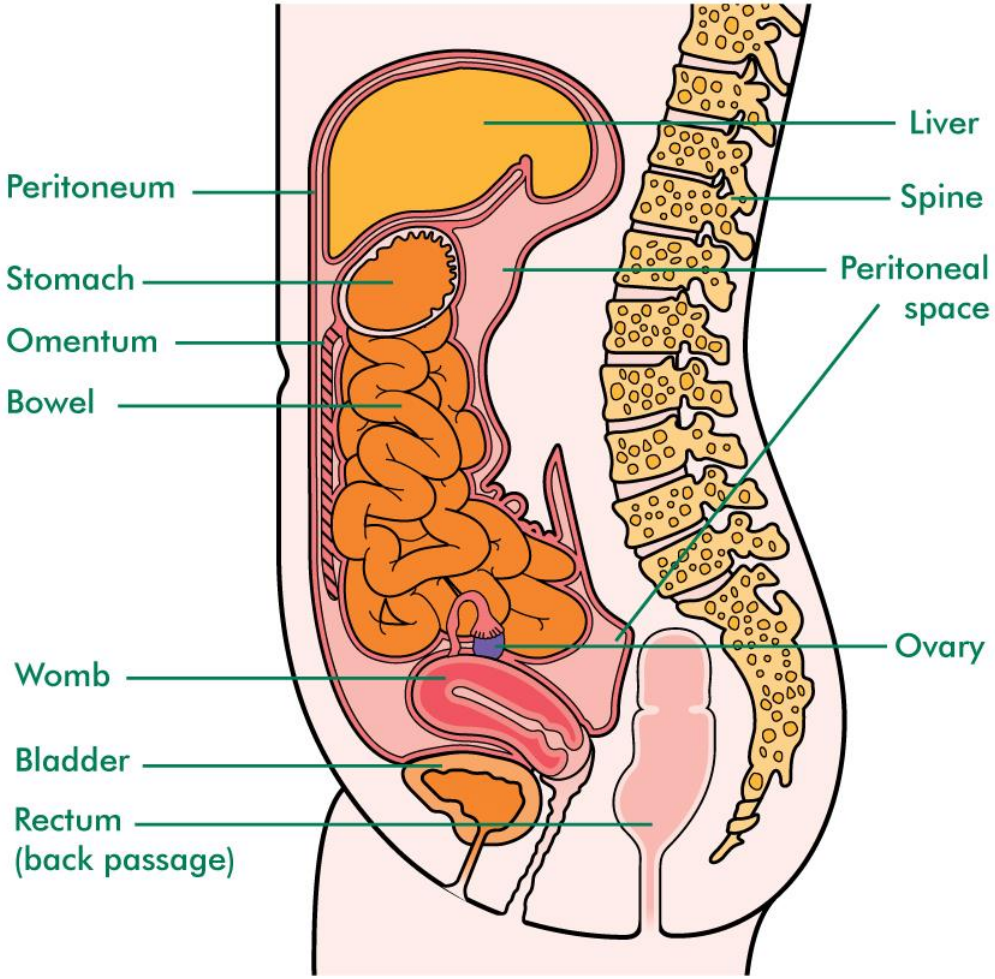


Case 3

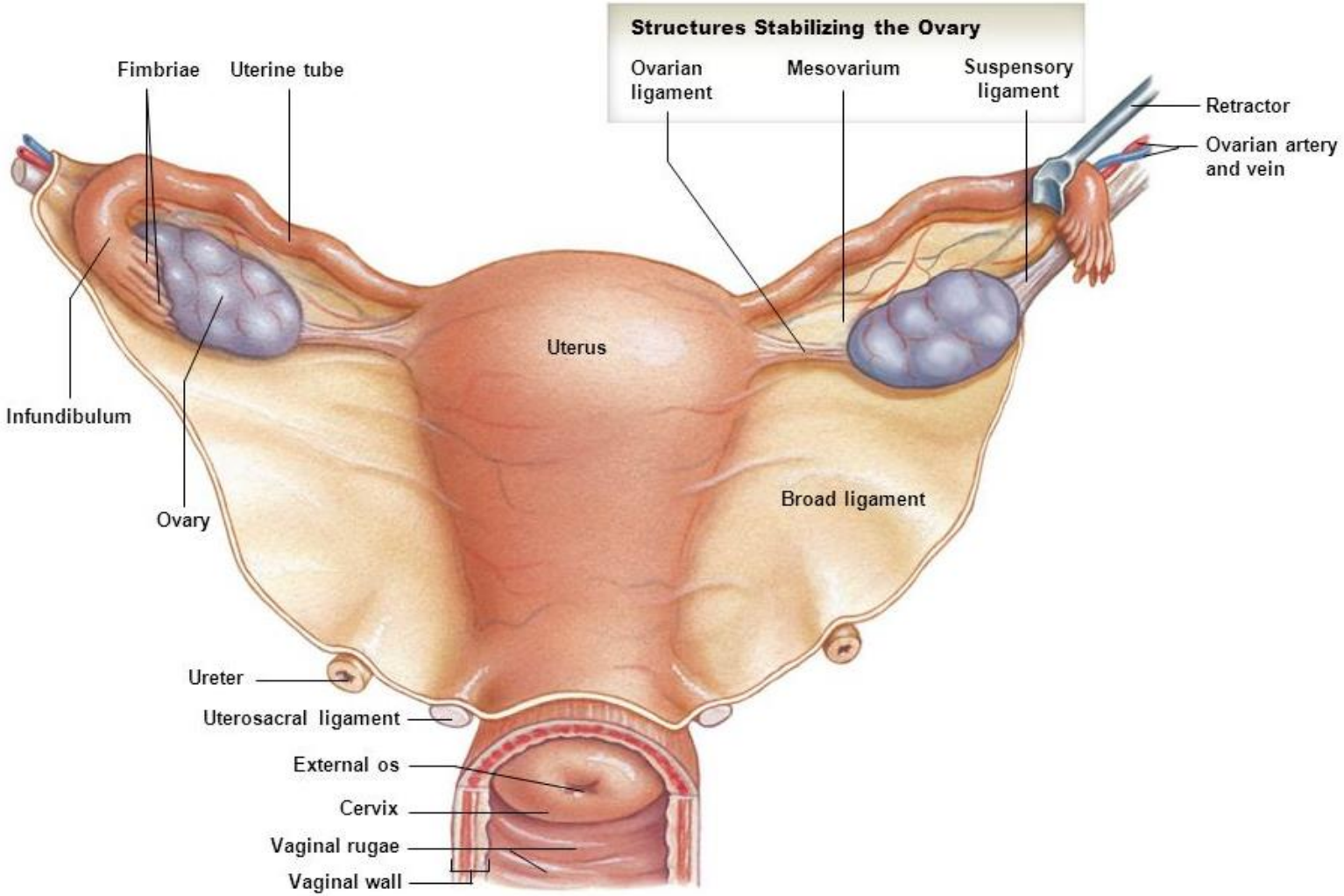
Pleuraeffusion (HE koagel)



Ascites: hvor kommer cellerne fra?

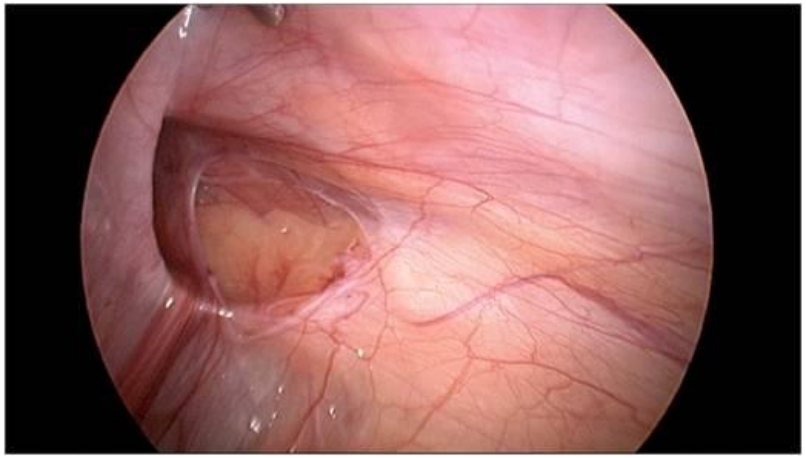


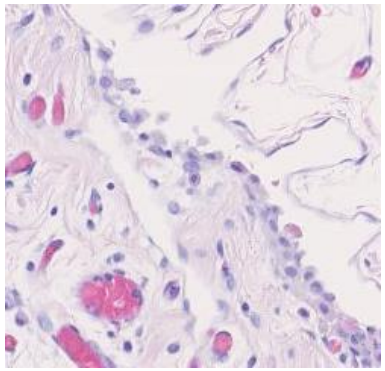
Genitalia feminina interna

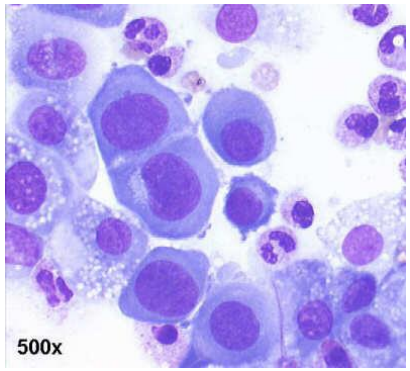


Normale strukturer der afgiver celler

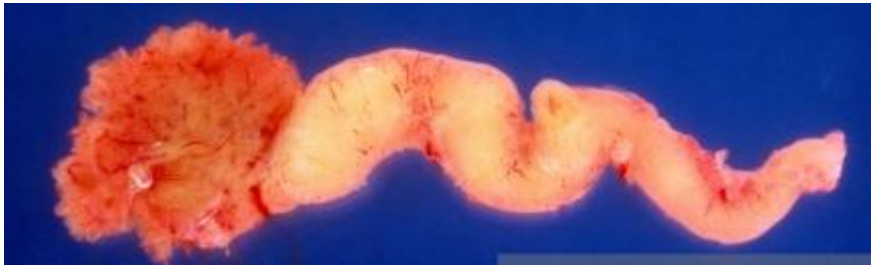
Normalt peritoneum

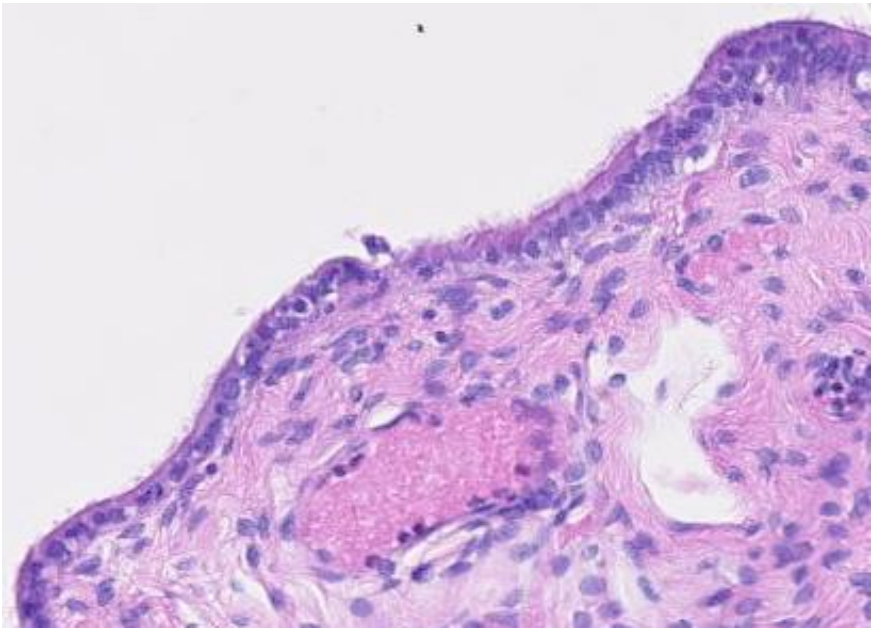




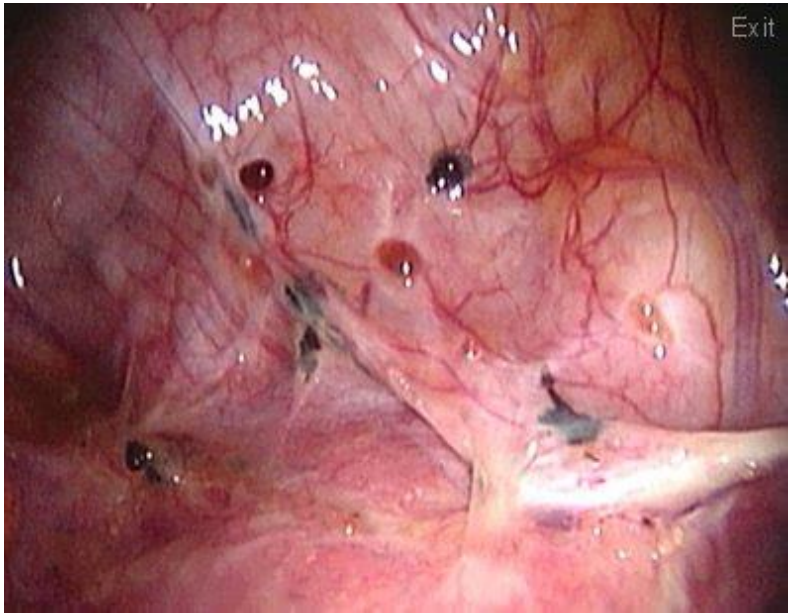


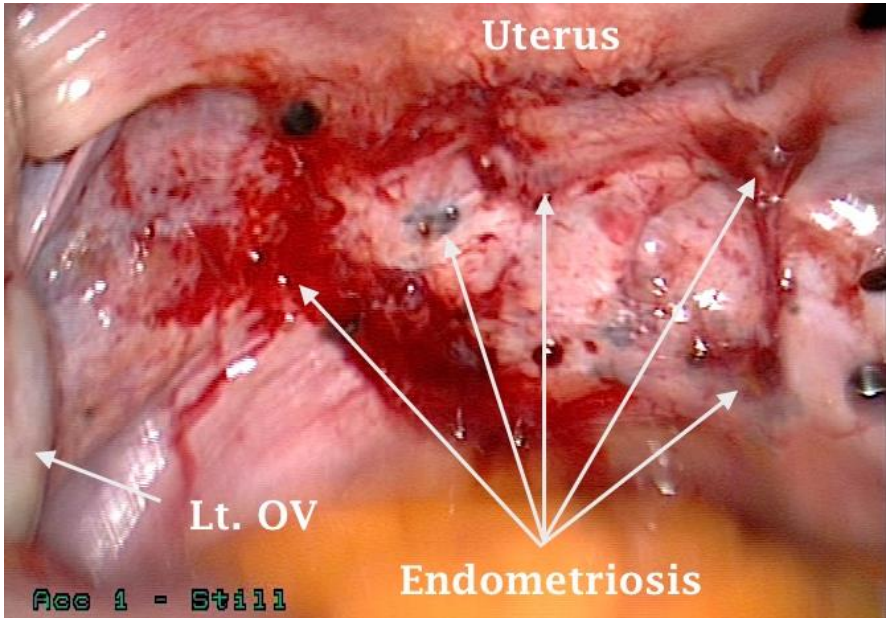
Tuba

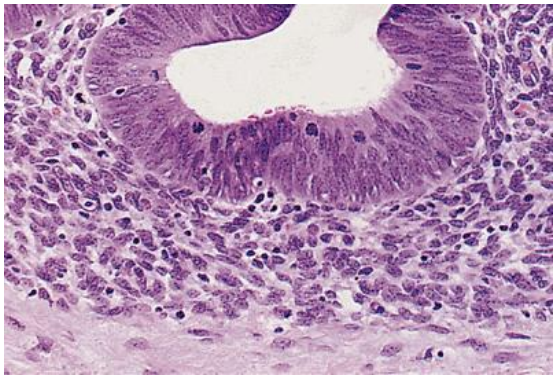


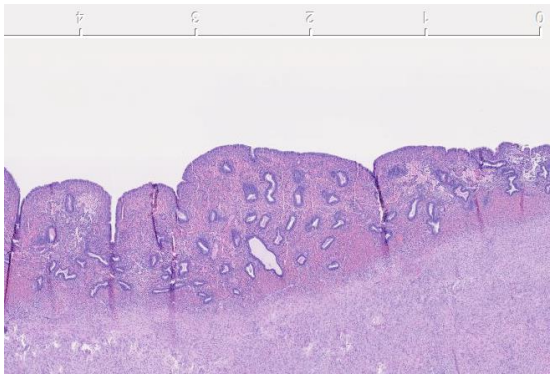


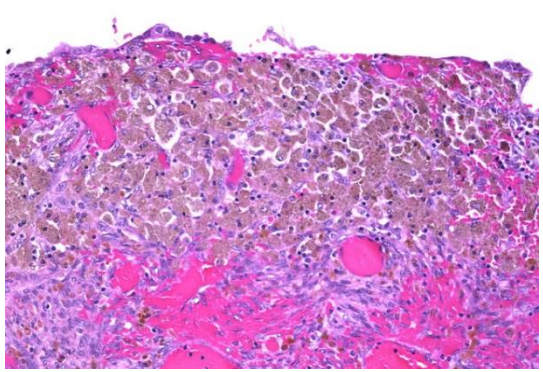
Benigne læsioner, der afgiver celler
- *endometriose* -



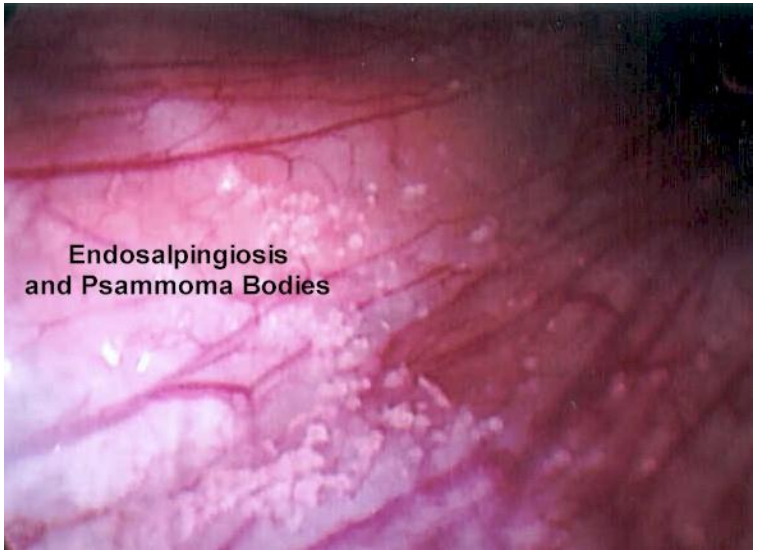


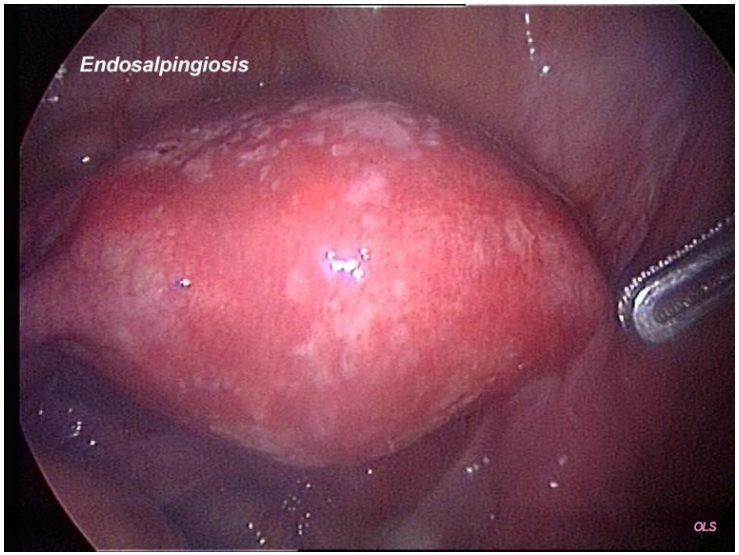


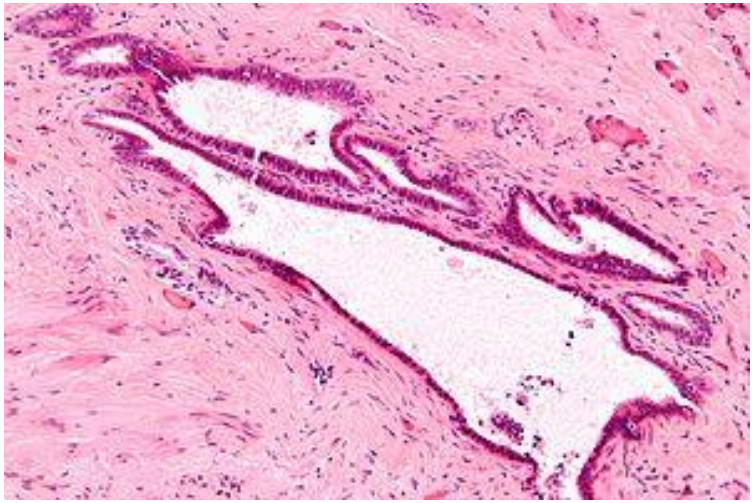


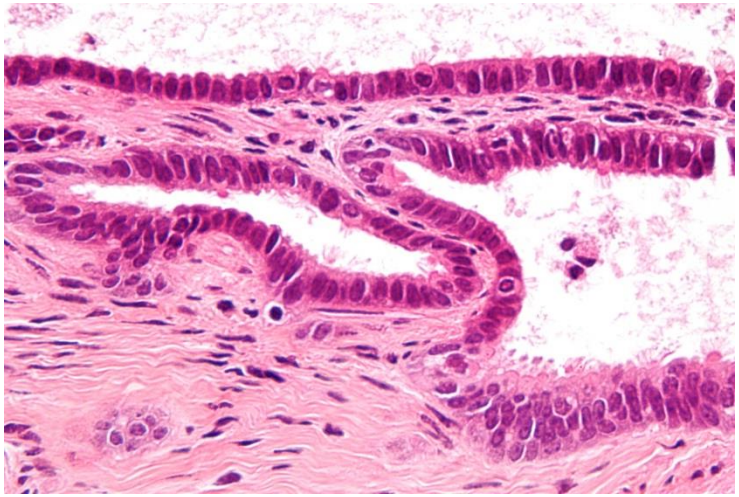


Benigne læsioner, der afgiver celler
- *endosalpingeose* -

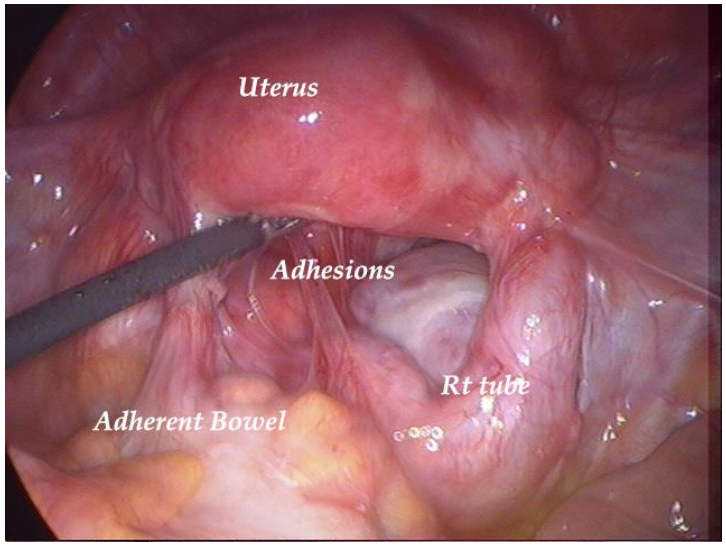


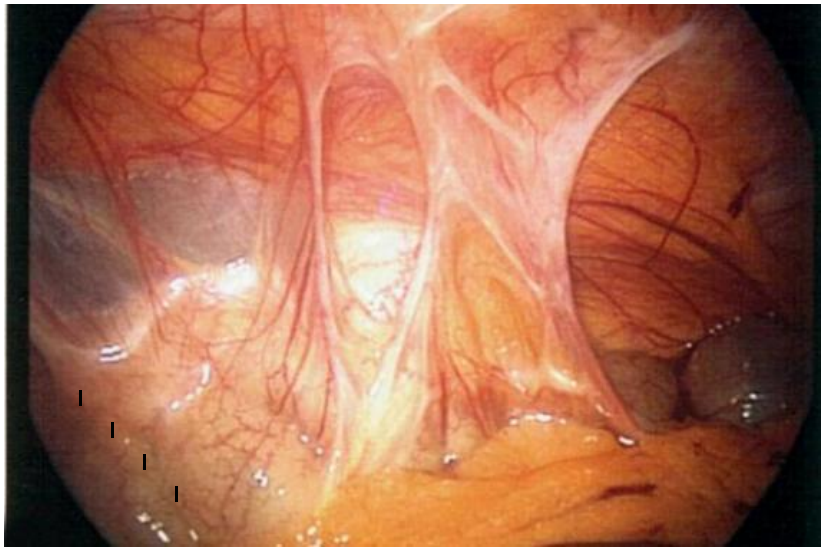


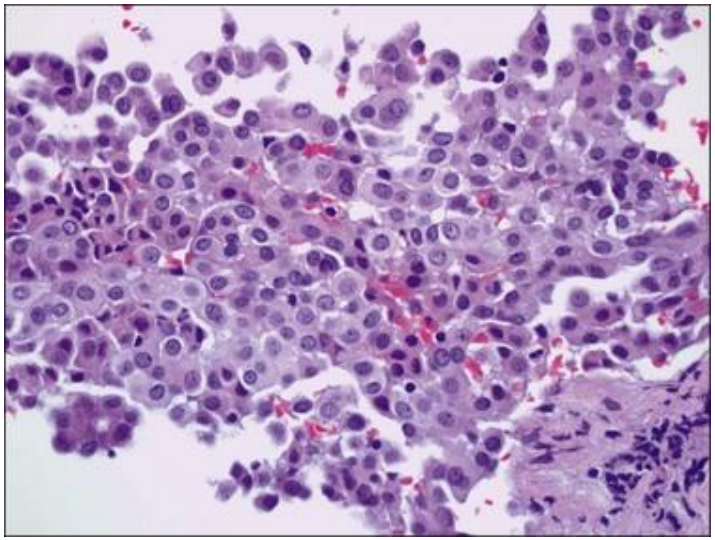


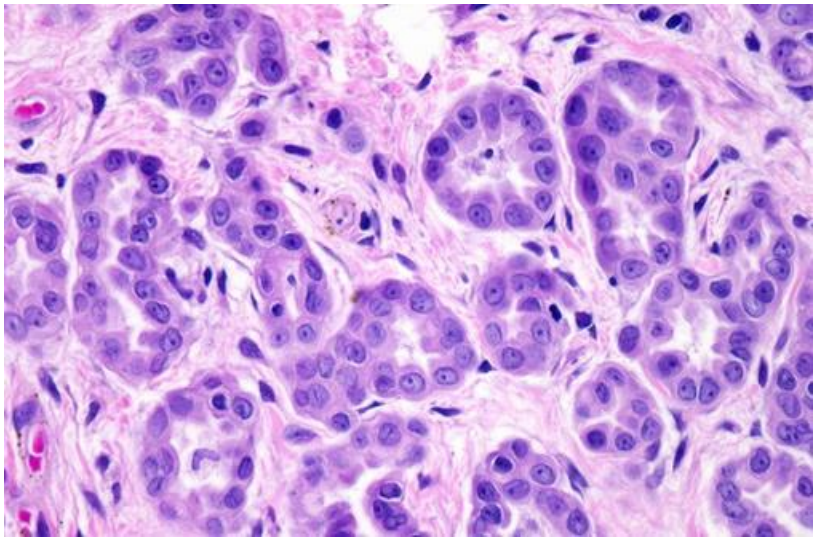


Benigne læsioner, der afgiver celler
- *reaktivt mesotel* -

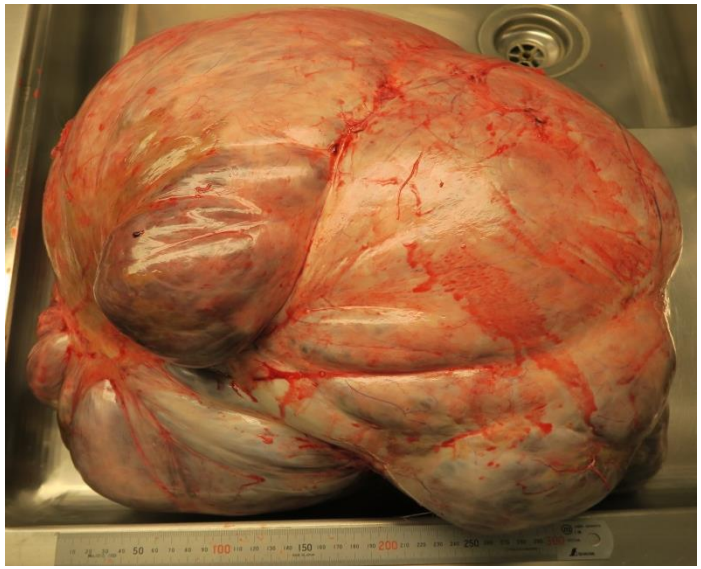


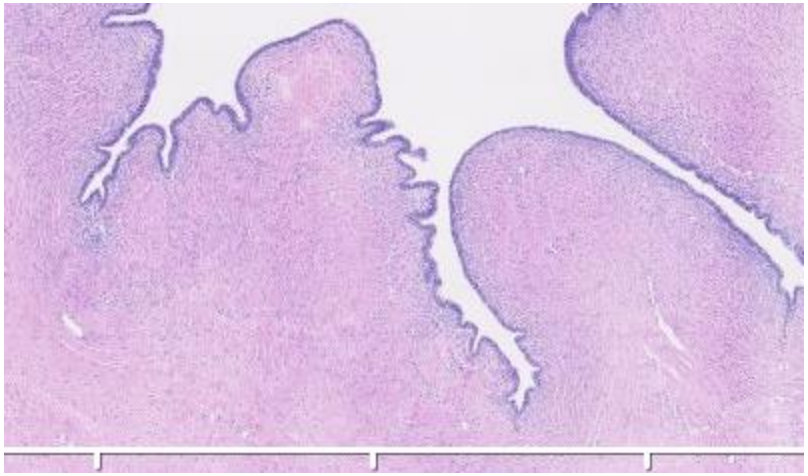






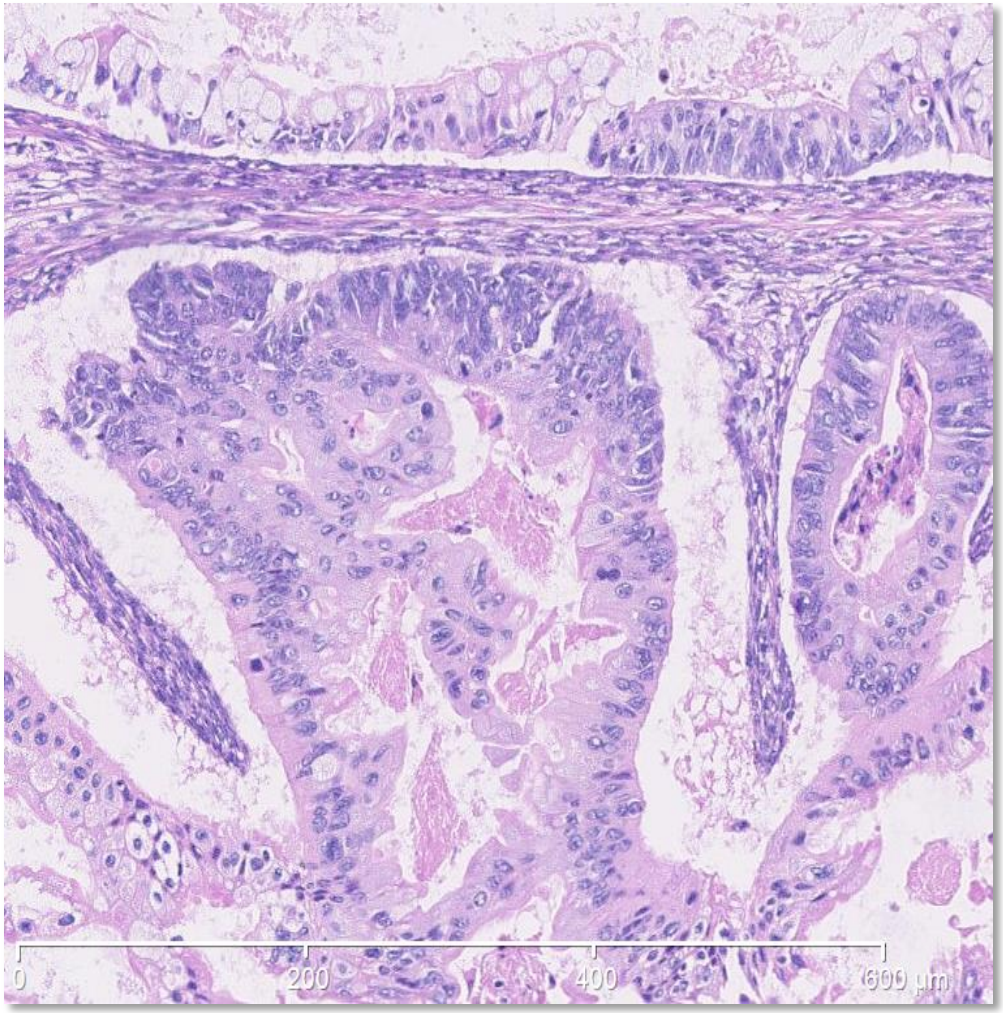
Benigne læsioner, der afgiver celler
- store ovarier (reaktivt mesotel) -



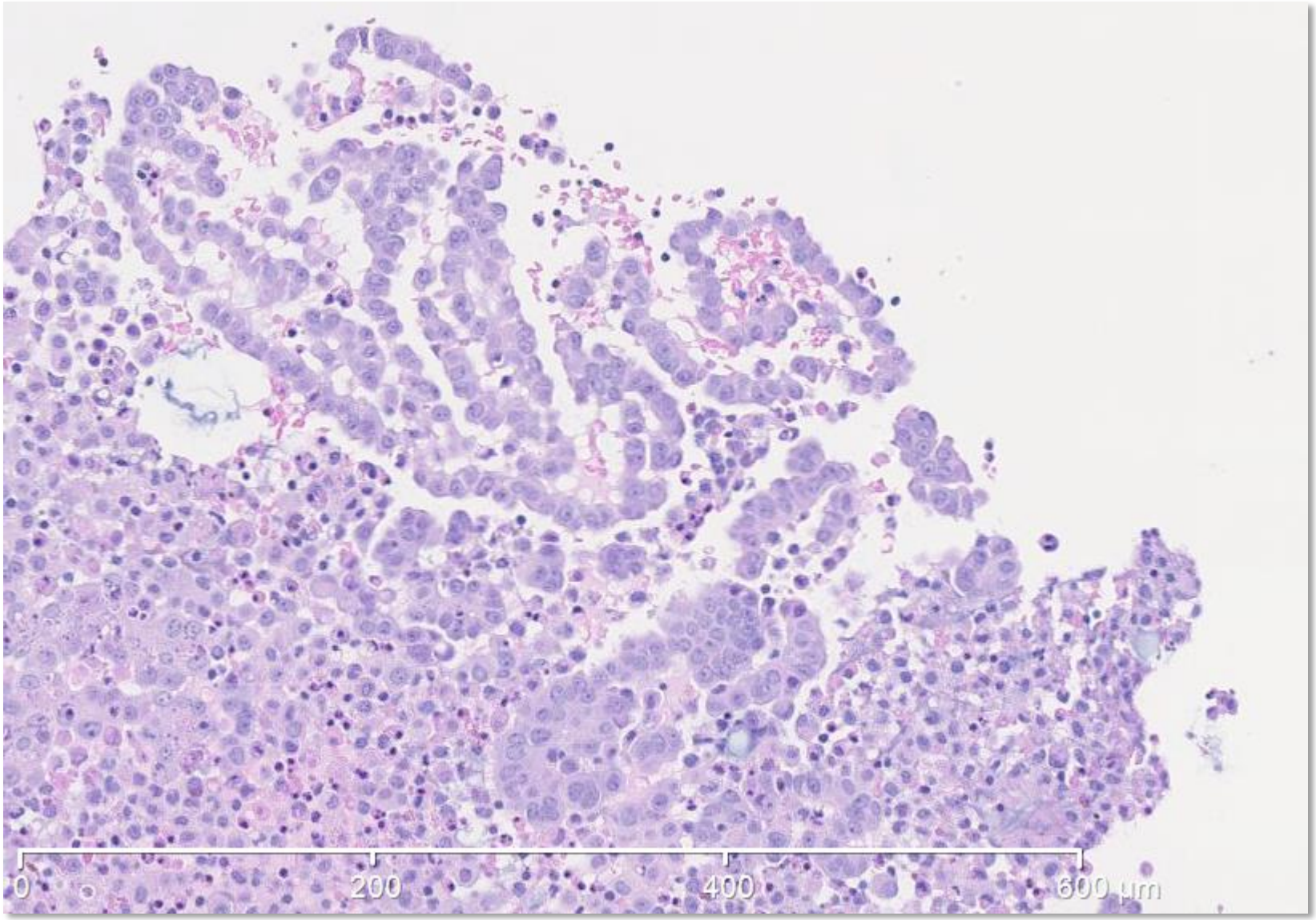


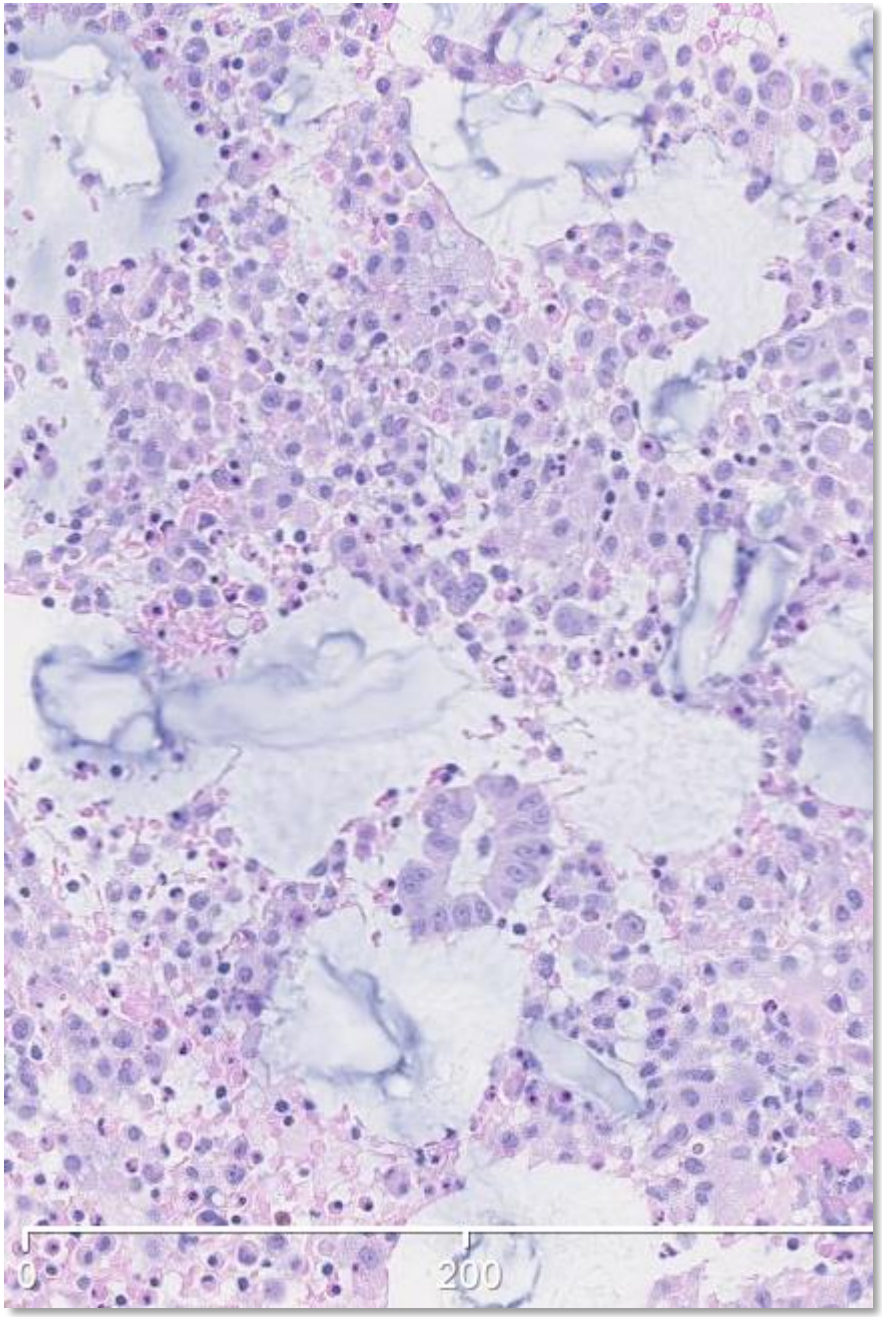
Case 1

- 53 årig kvinde
- Højre ovarium 33 cm
- Glat overflade
- Flerkamret cystisk
- Solide områder
- Nekrose



Ascites

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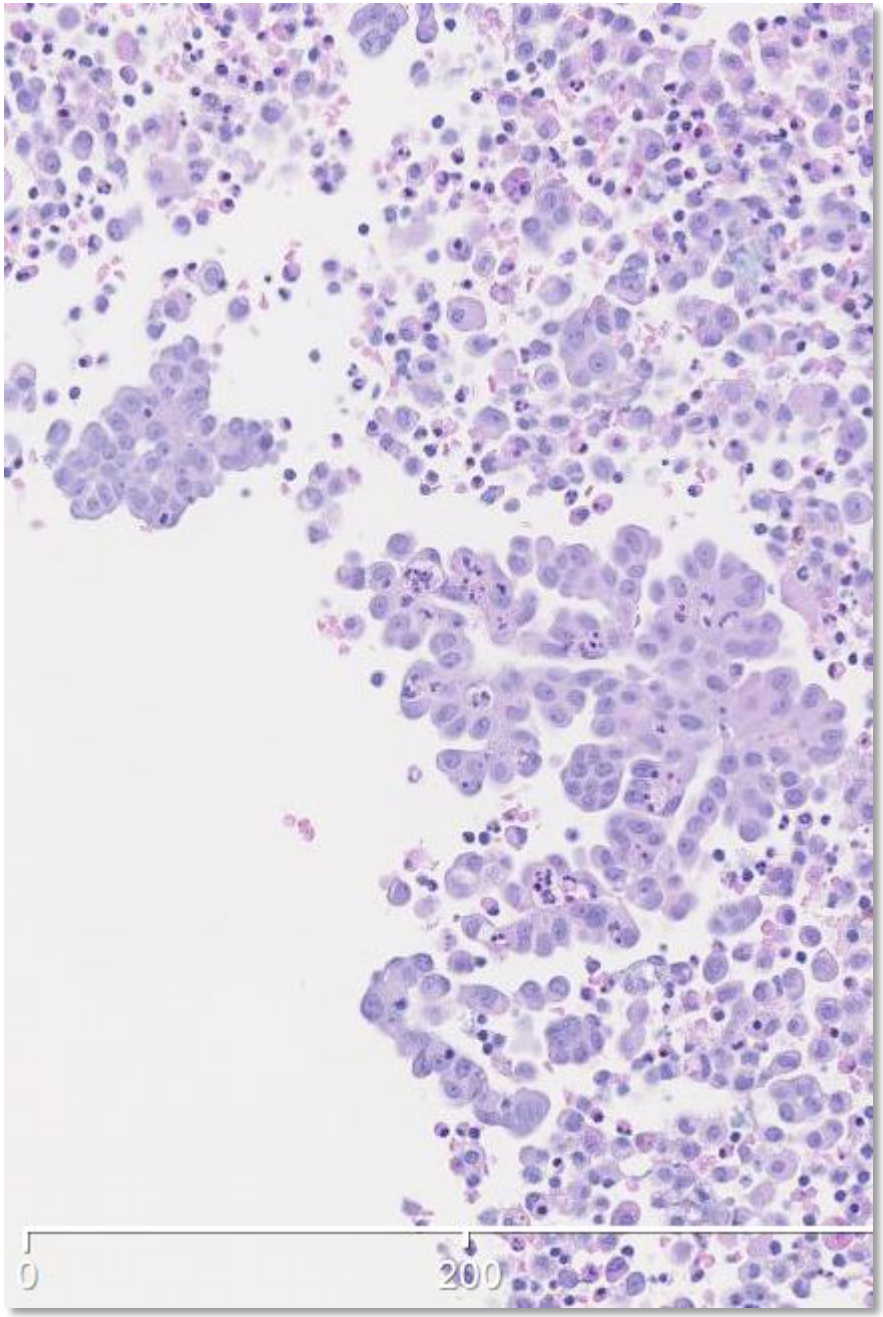
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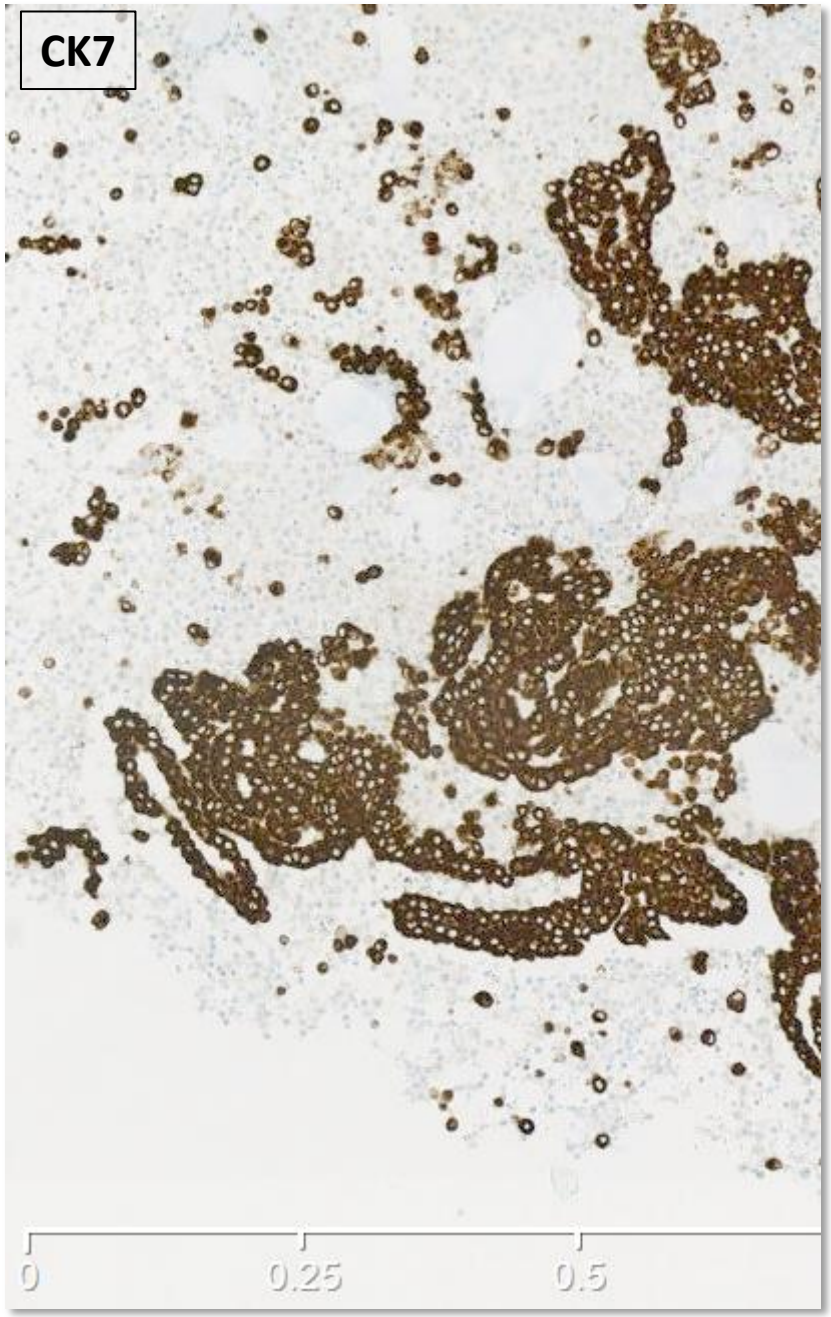
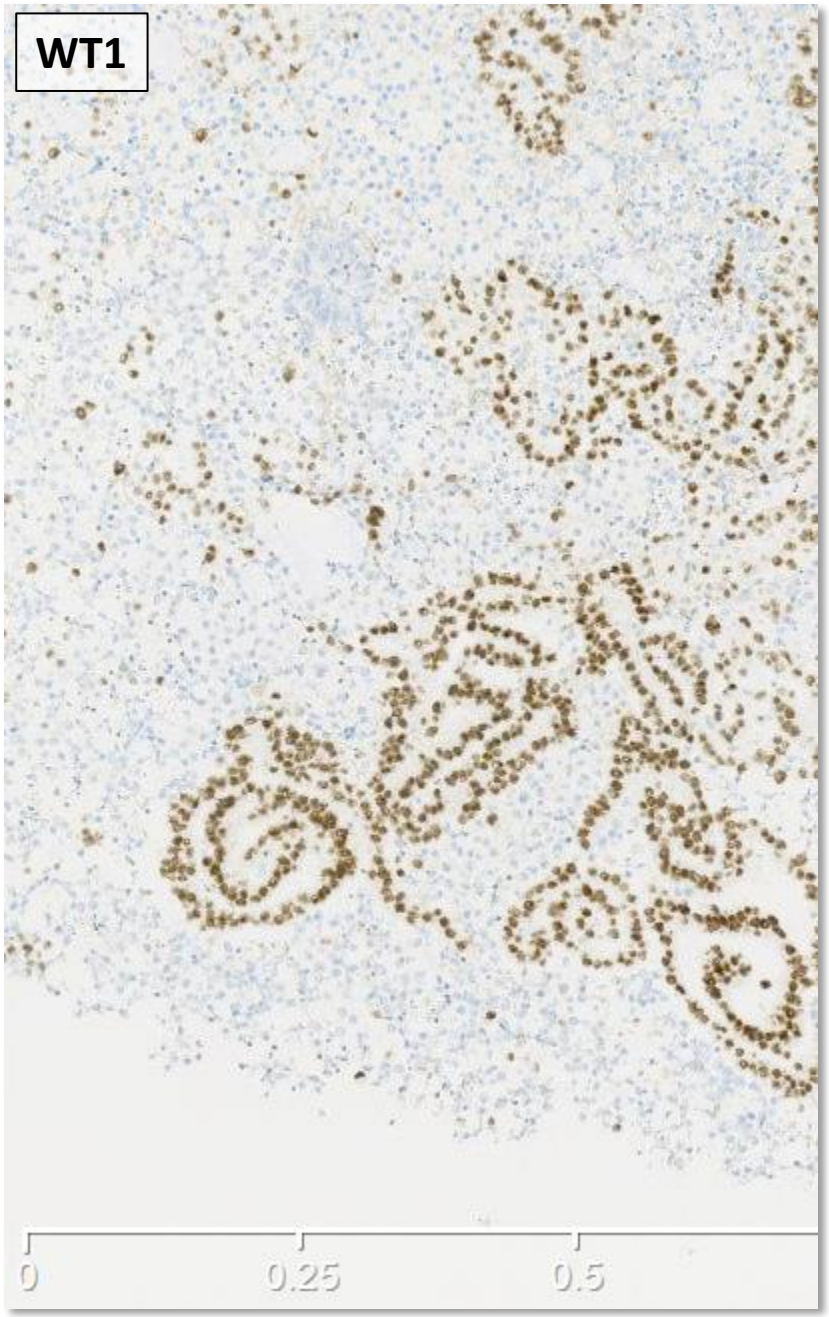
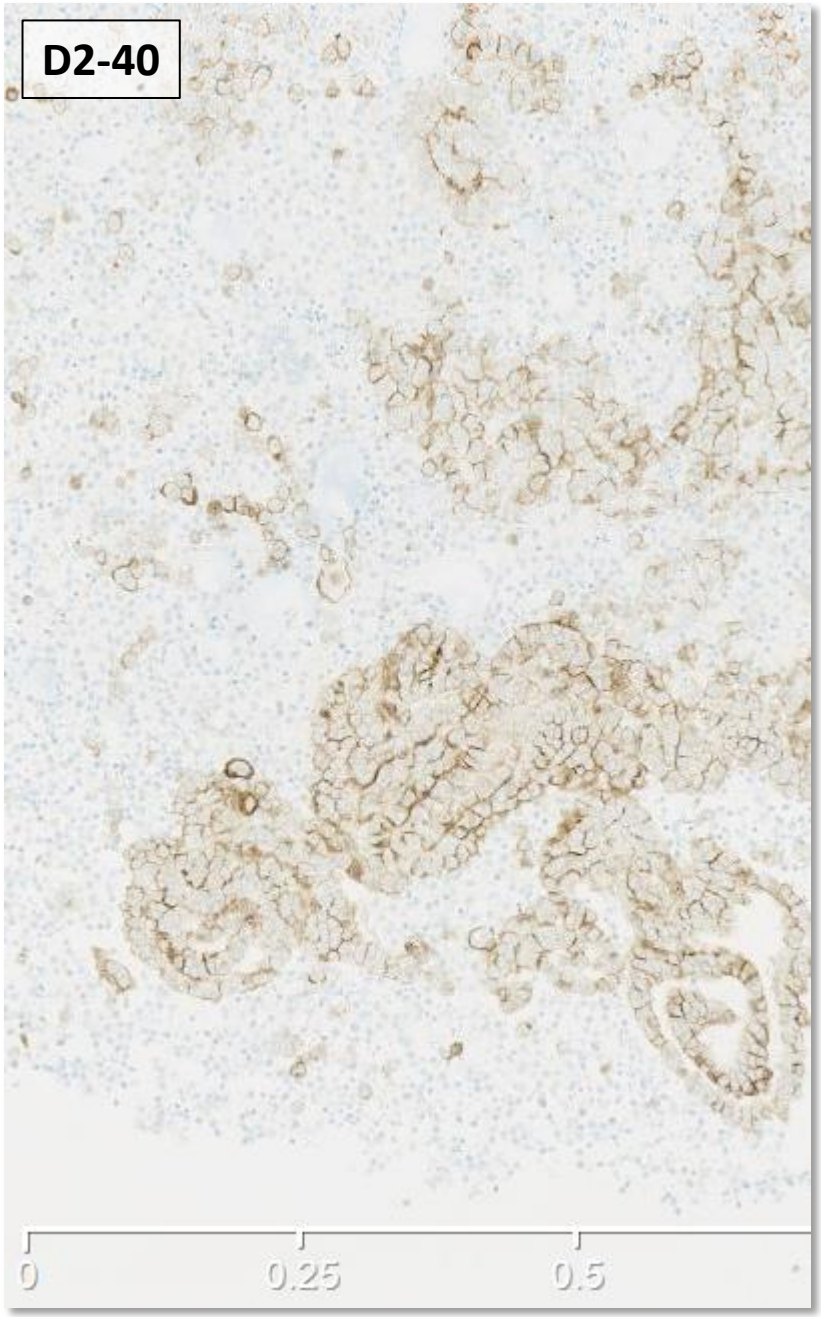

CK7
0
0.25
0.5


WT1
0
0.25
0.5

CK20
0
0.25
0.5


D2-40
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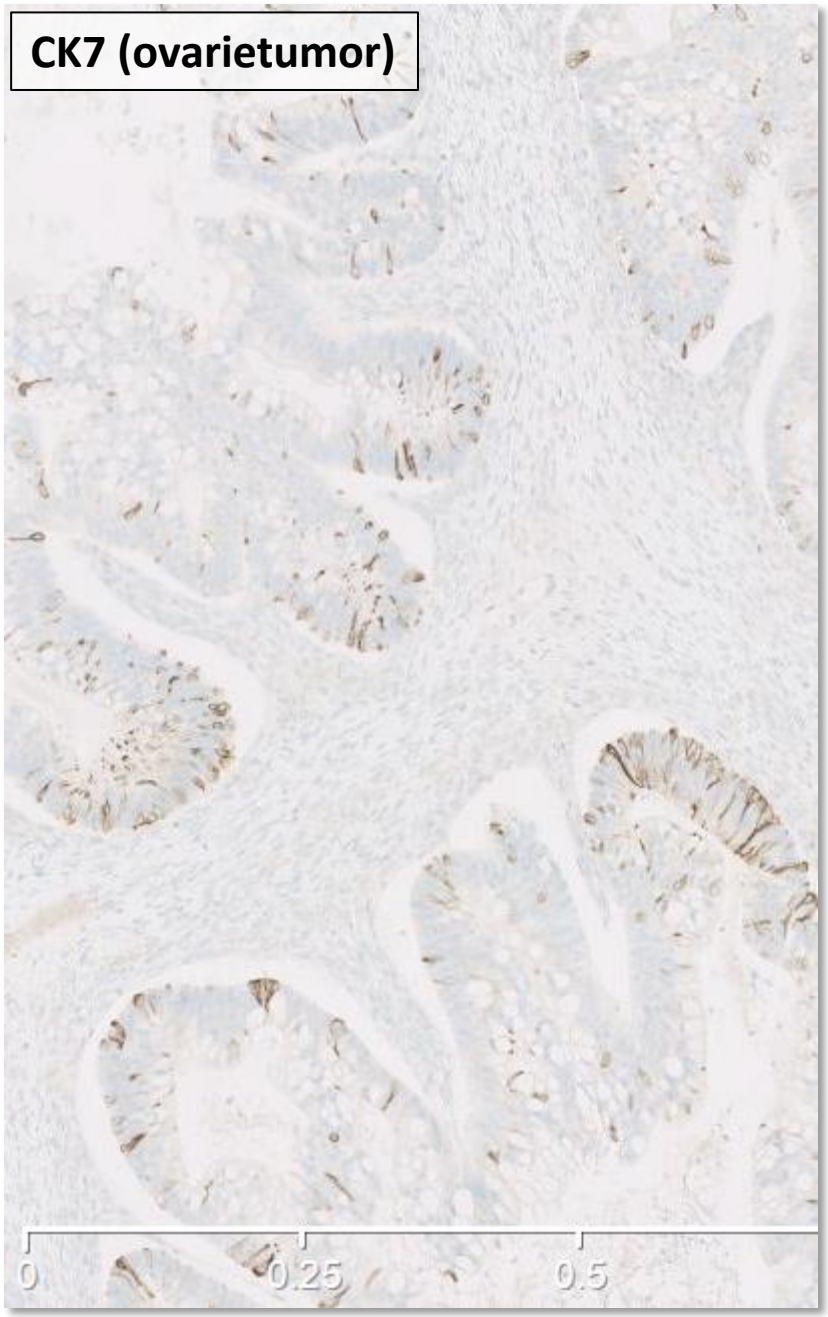
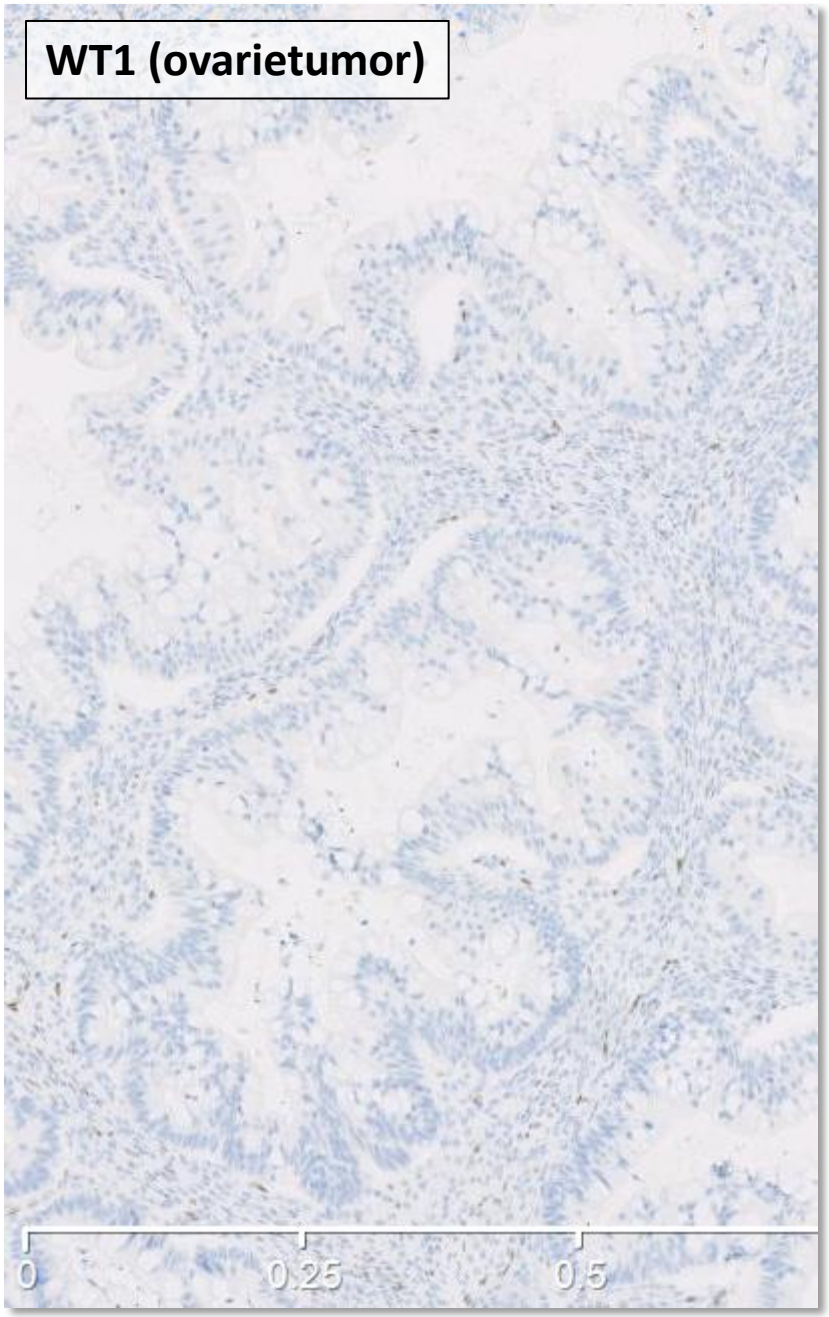
0.5


CK7 (ovarietumor)
0
0.25
0.5

CK20 (ovarietumor)
0
0.25
0.5



Diagnose:

- Mucinøst adenokarcinom grad 1
- Udgangspunkt kan være ovarium, men colon/rectum bør udelukkes

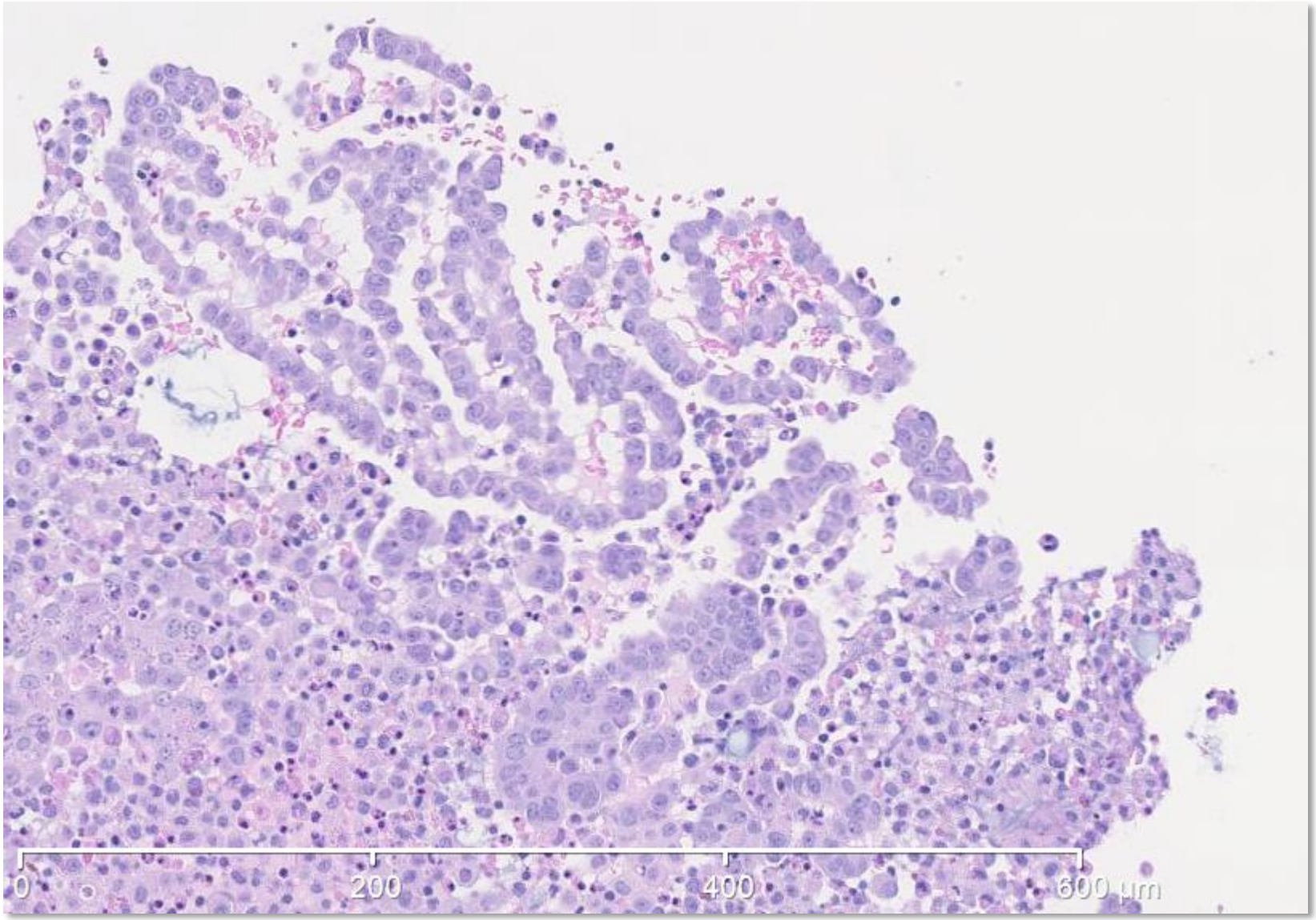
Konklusion efter PET/CT , MR og MDT konference:

- Ovariecancer

Ascites:

- *Reaktivt mesotel*

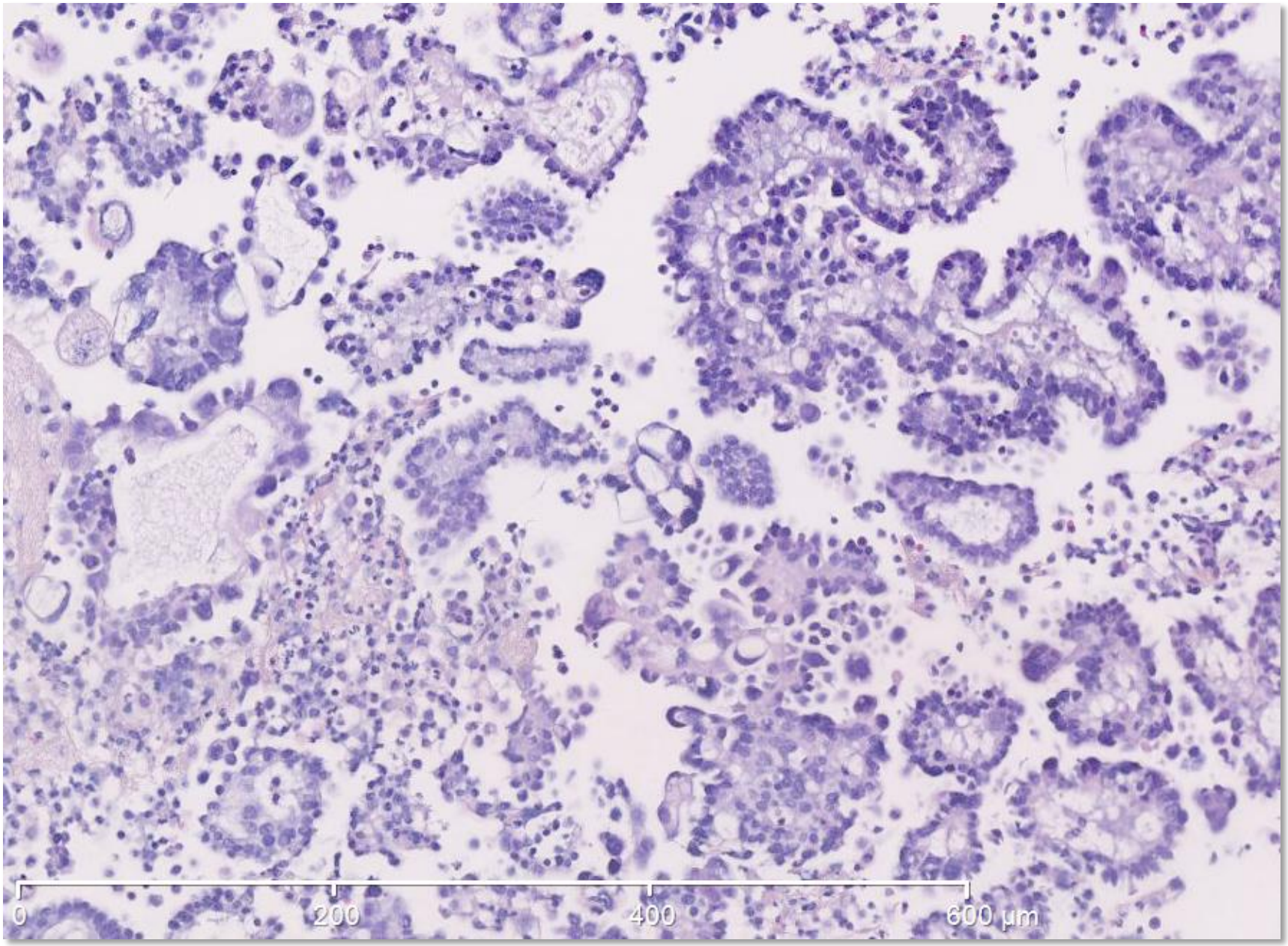
Ascites

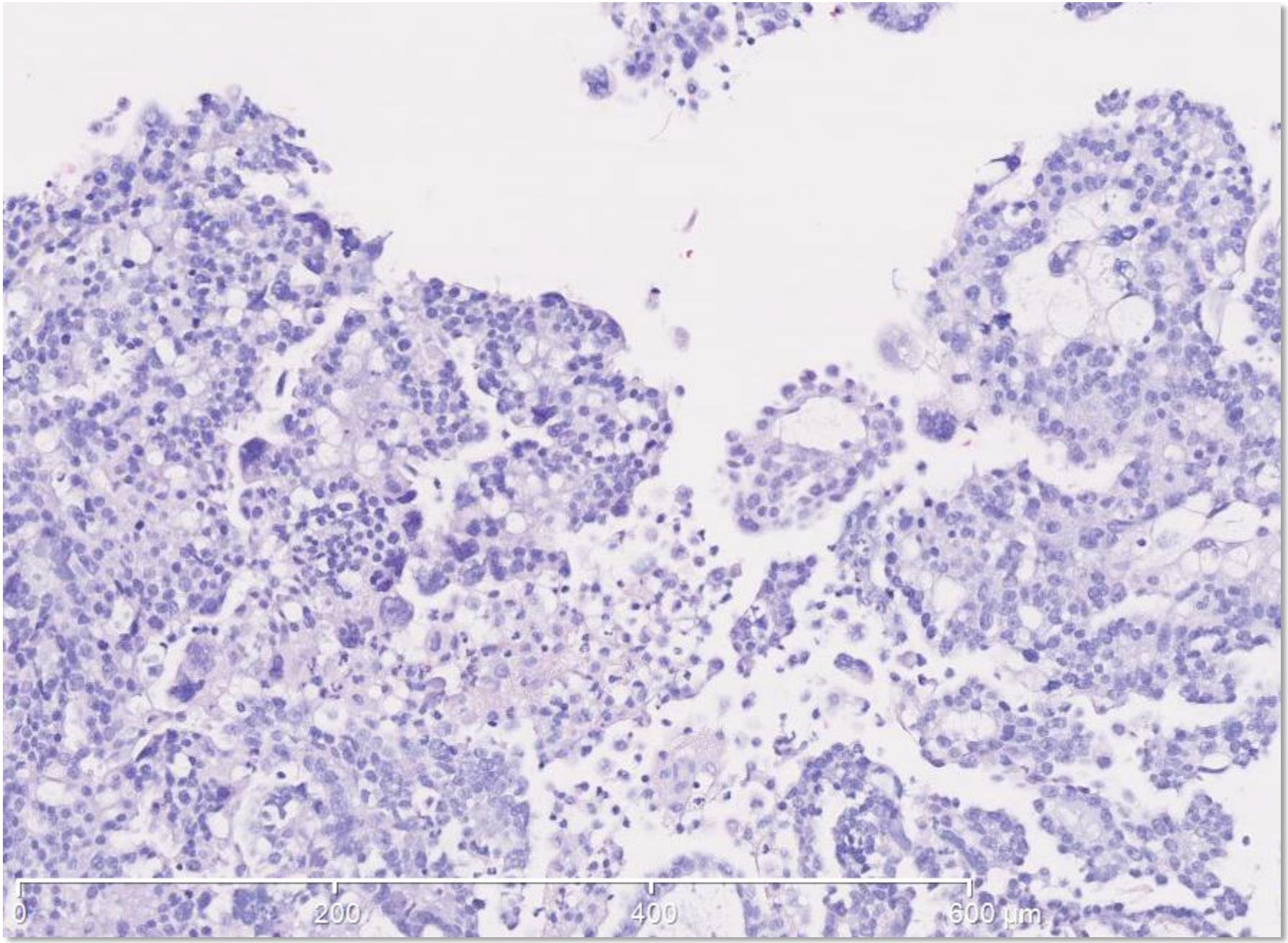


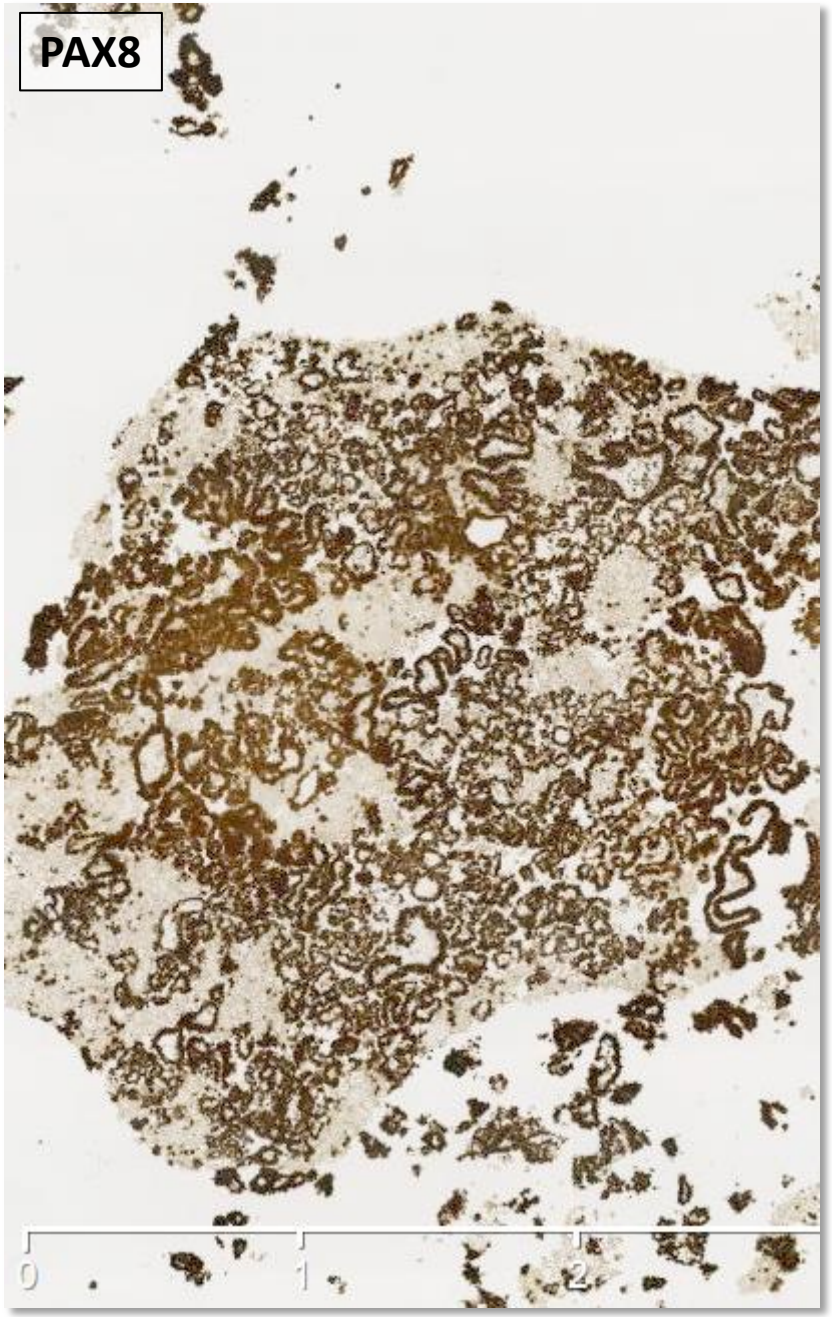
Case 2

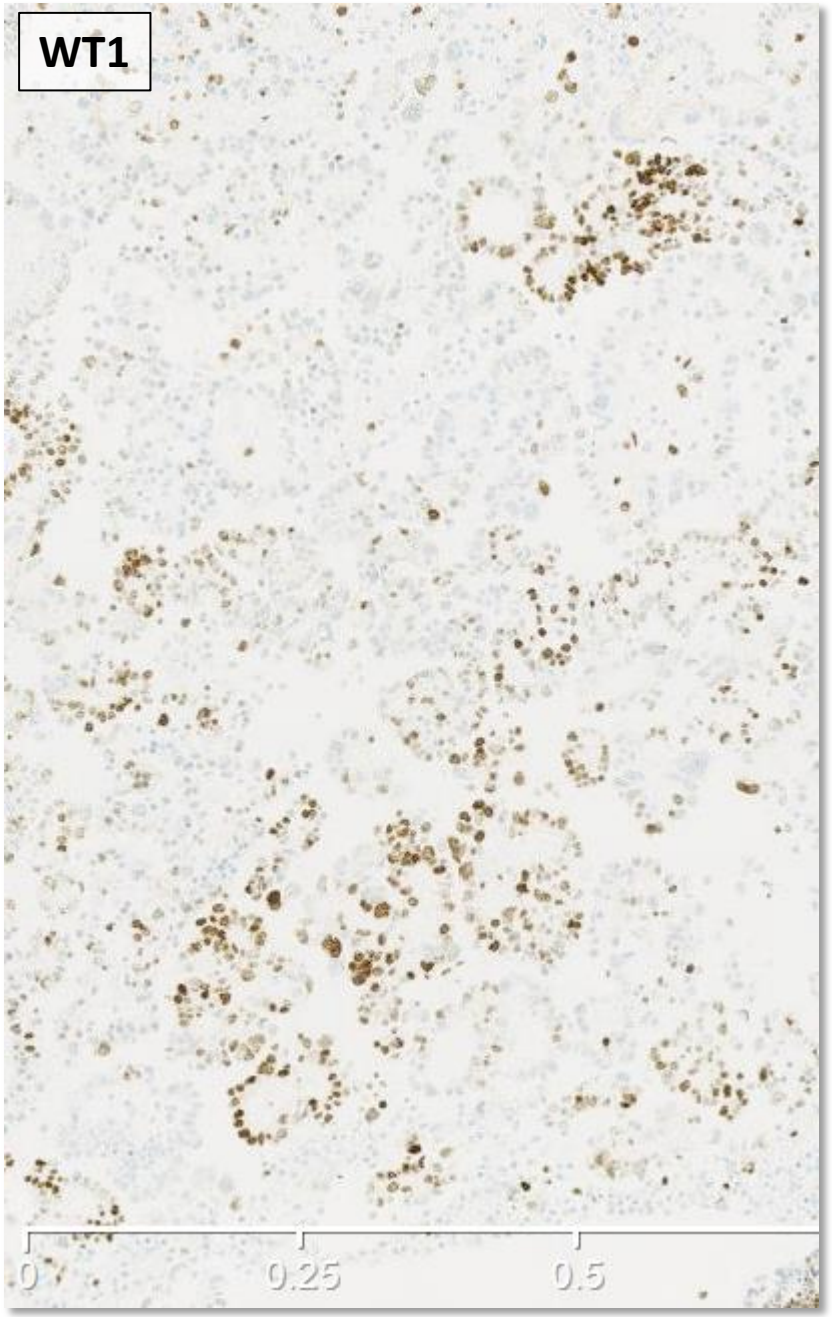
- 73 årig kvinde
- 2011: c. mammae (invasivt duktalt karcinom grad 2), ingen spredning
- Nu: Tiltagende abdominalomfang, forpustet, let nedsat appetit, men ellers ikke følt sig syg
- PET-CT/MR: Udbredt peritoneal karcinose, ascites, bilateral pleuraeffusion, suspekte lymfeknuder parasternalt

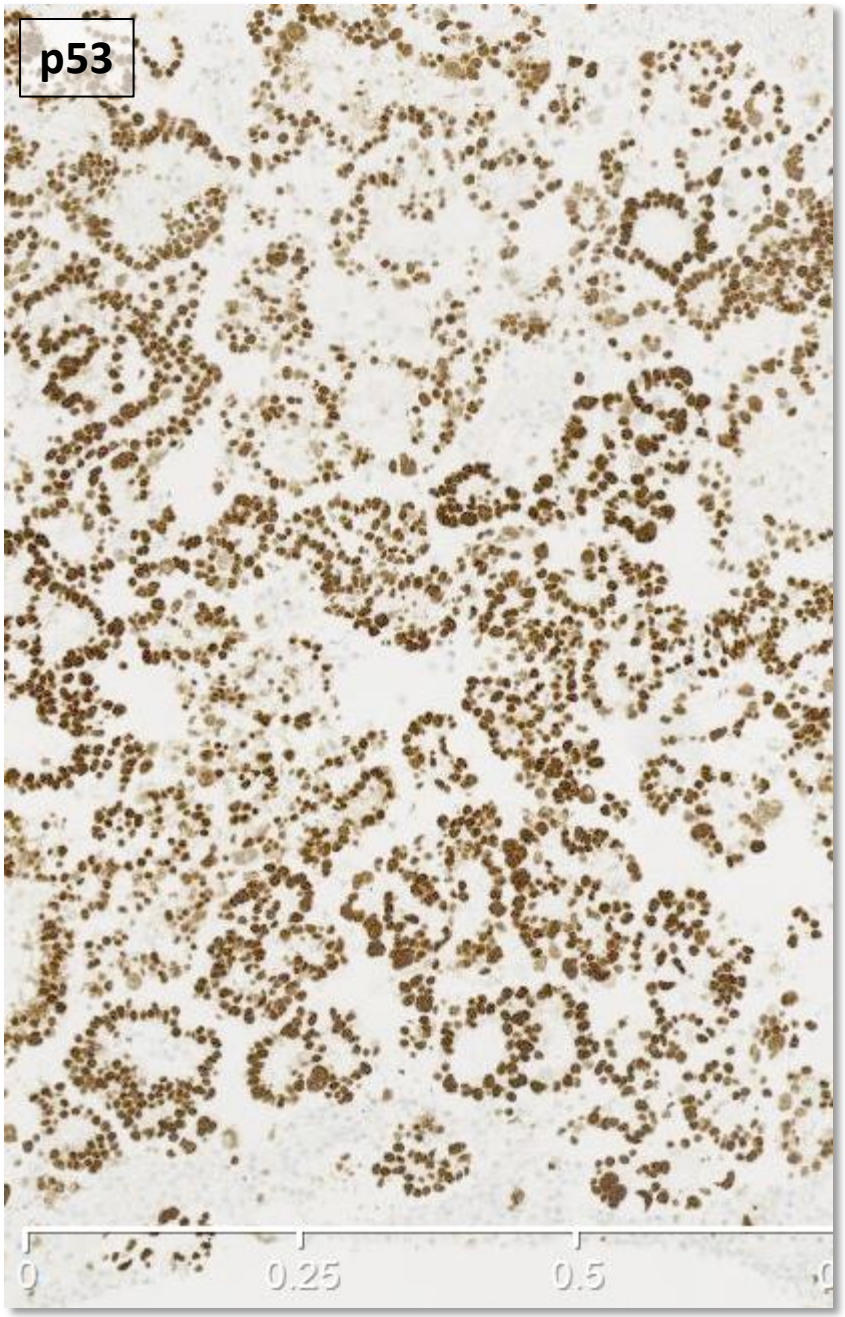
Pleuravæske




0
200
400
600 µm


PAX8
0
1
2


WT1
0
0.25
0.5


p53
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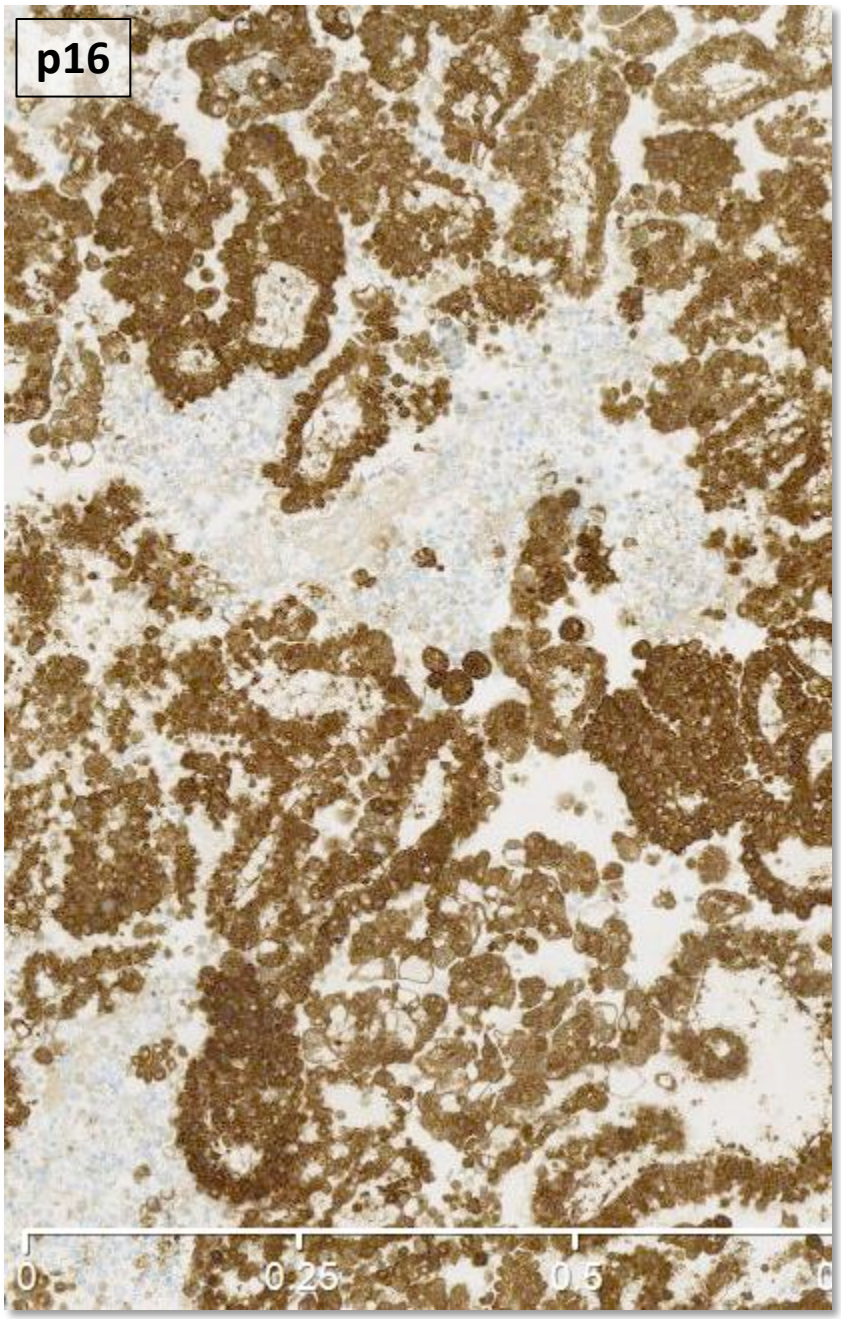
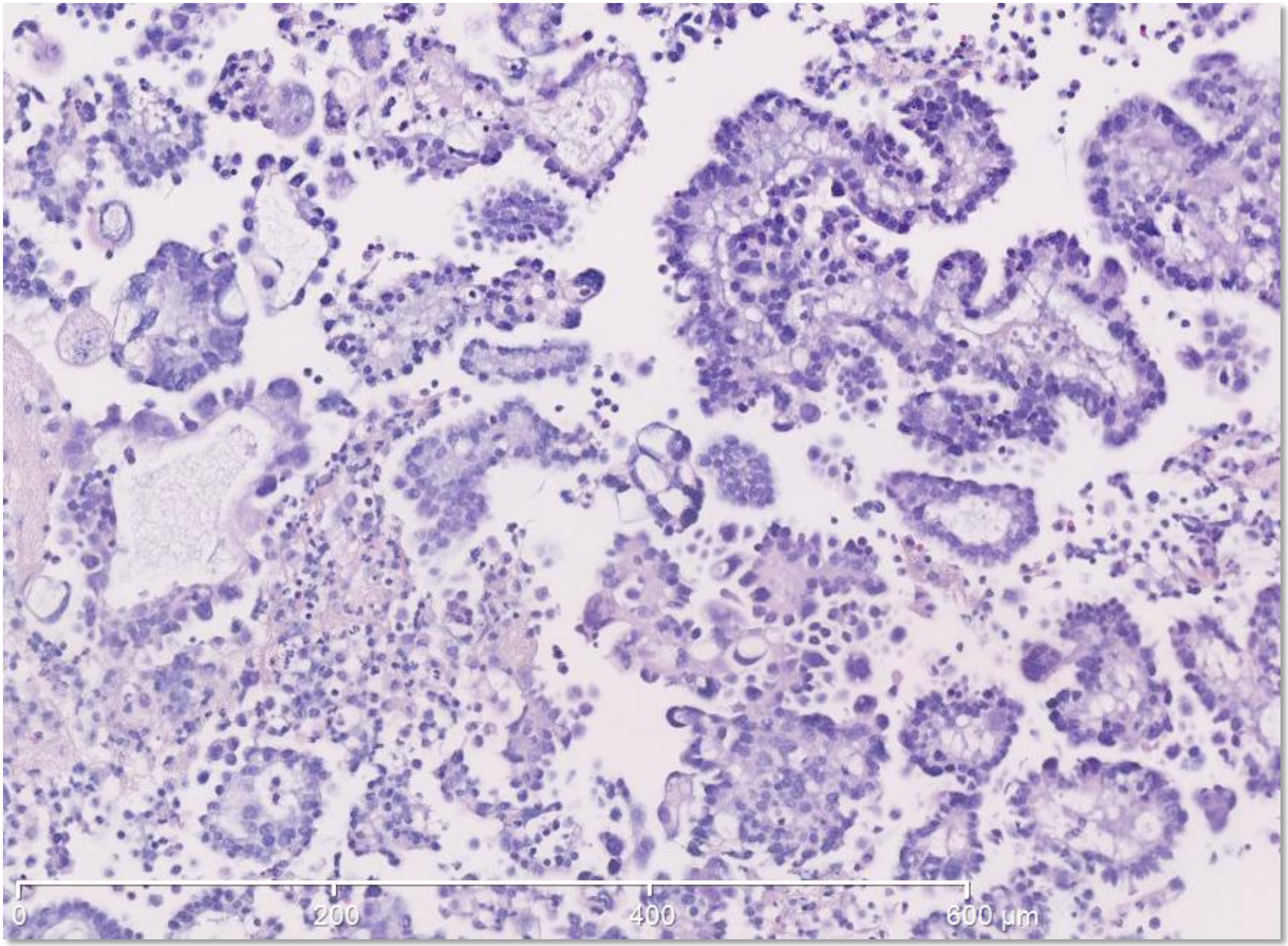

p16
0
0.25
0.5

Diagnose

- High-grade serøst adenokarcinom udgående fra tuba, ovarium eller peritoneum
- FIGO IVA
- Palliativ behandling
- Døde 1 måned efter diagnosen

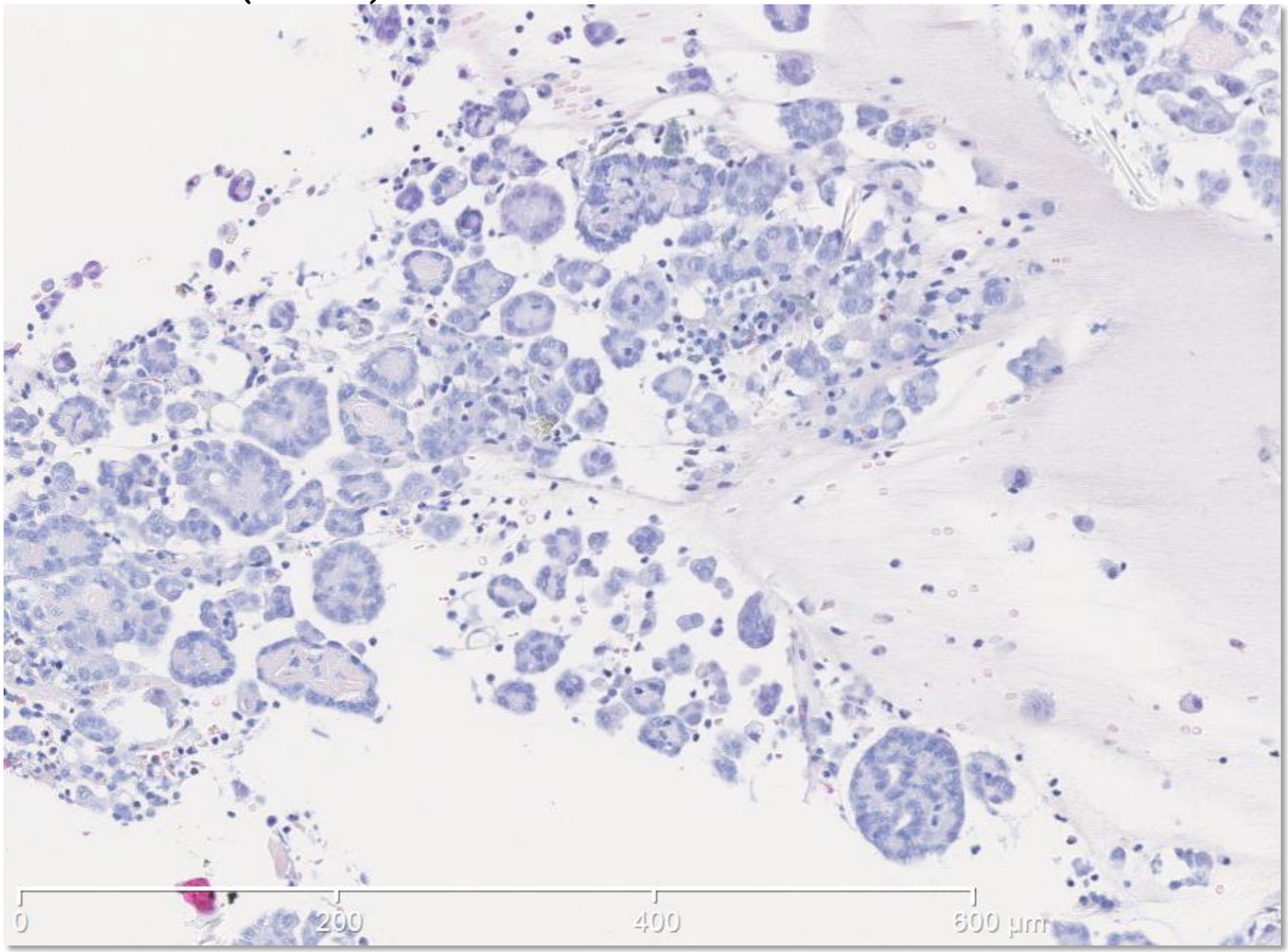
Pleuravæske

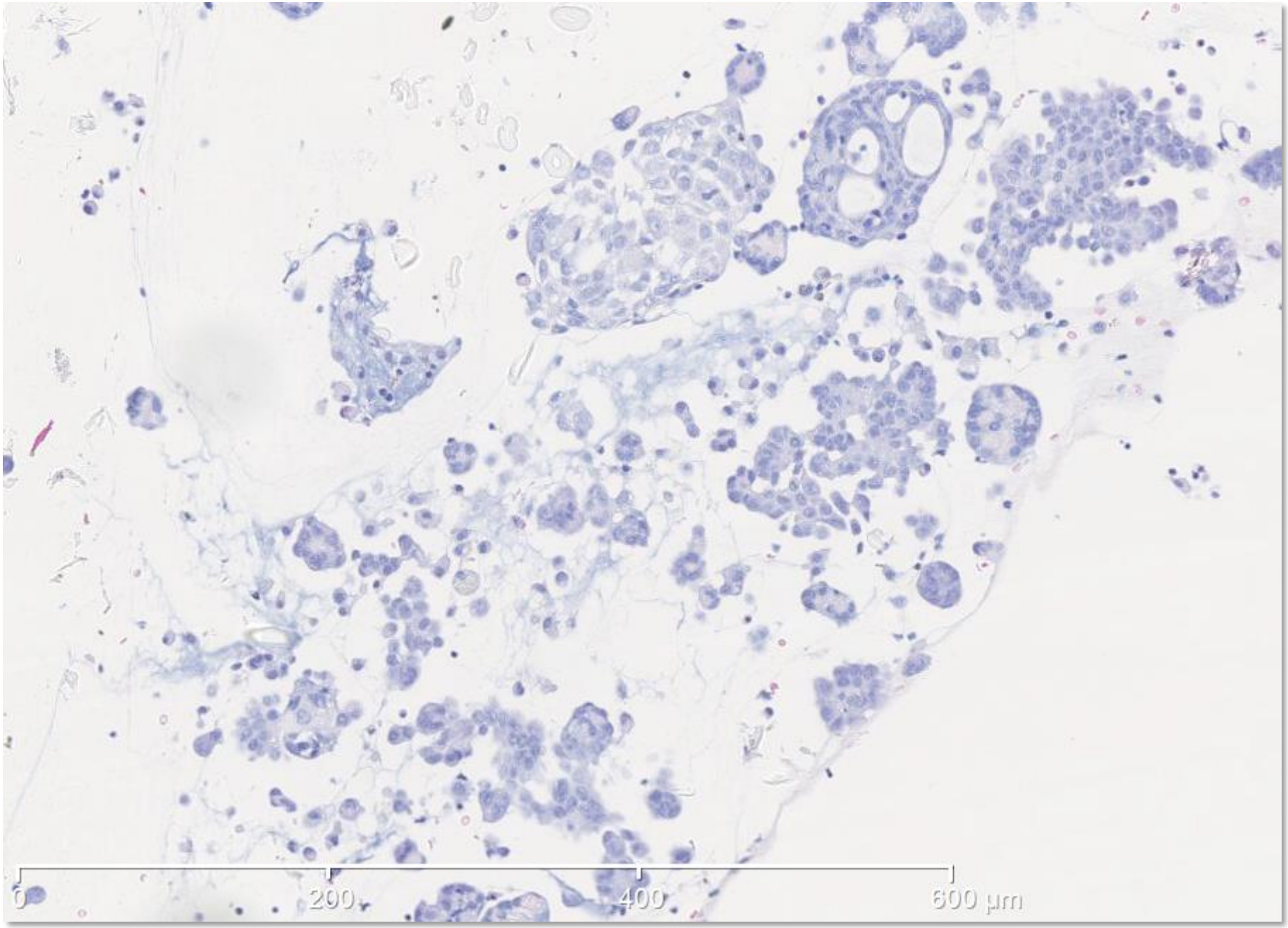


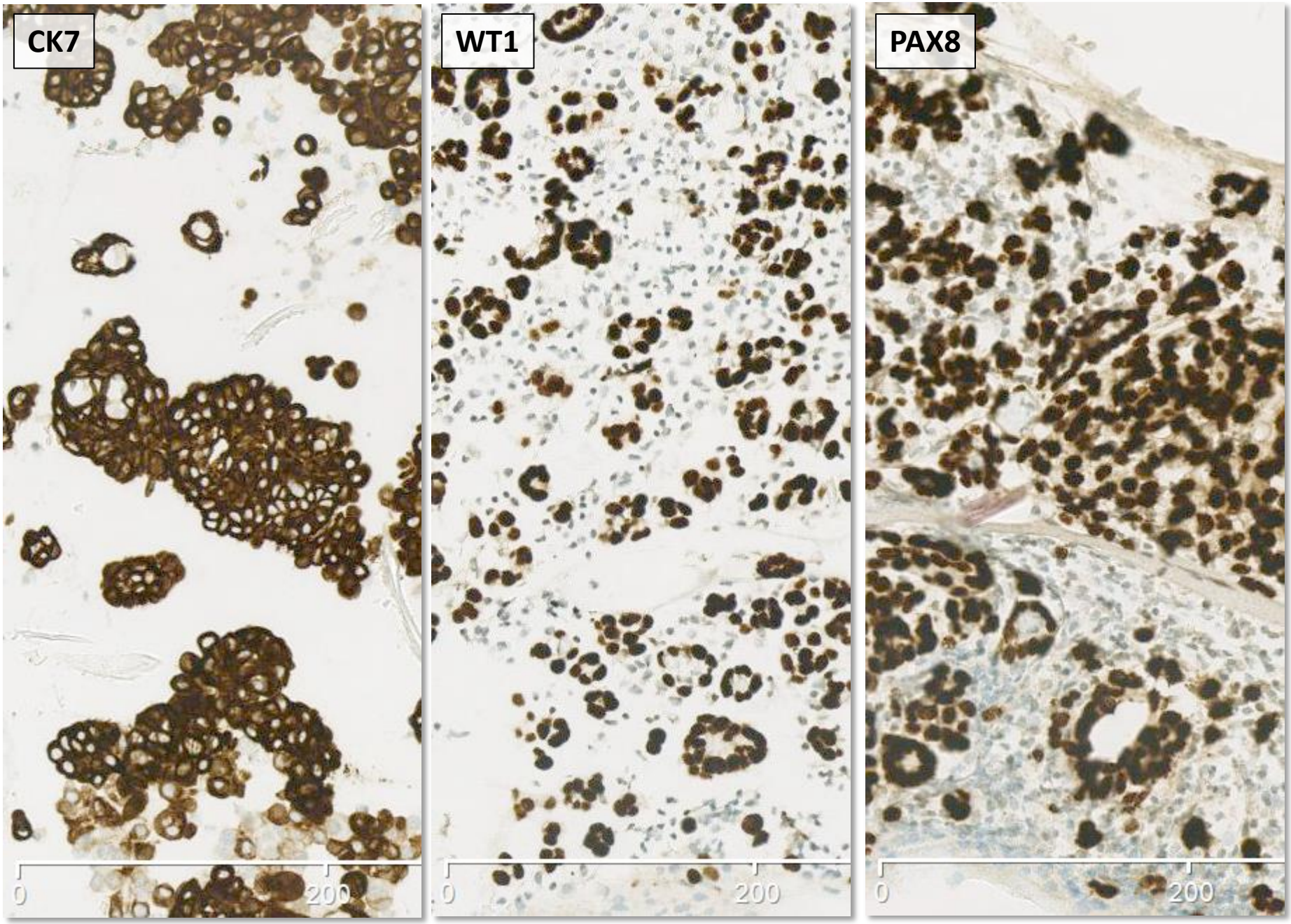
Case 3

- 71 årig kvinde
- Udredt på lungemedicinsk afdeling pga. pleuraeffusion
- Fuldstændigt velbefindende

Pleuravæske (26.02.16)




0
200
400
600 µm

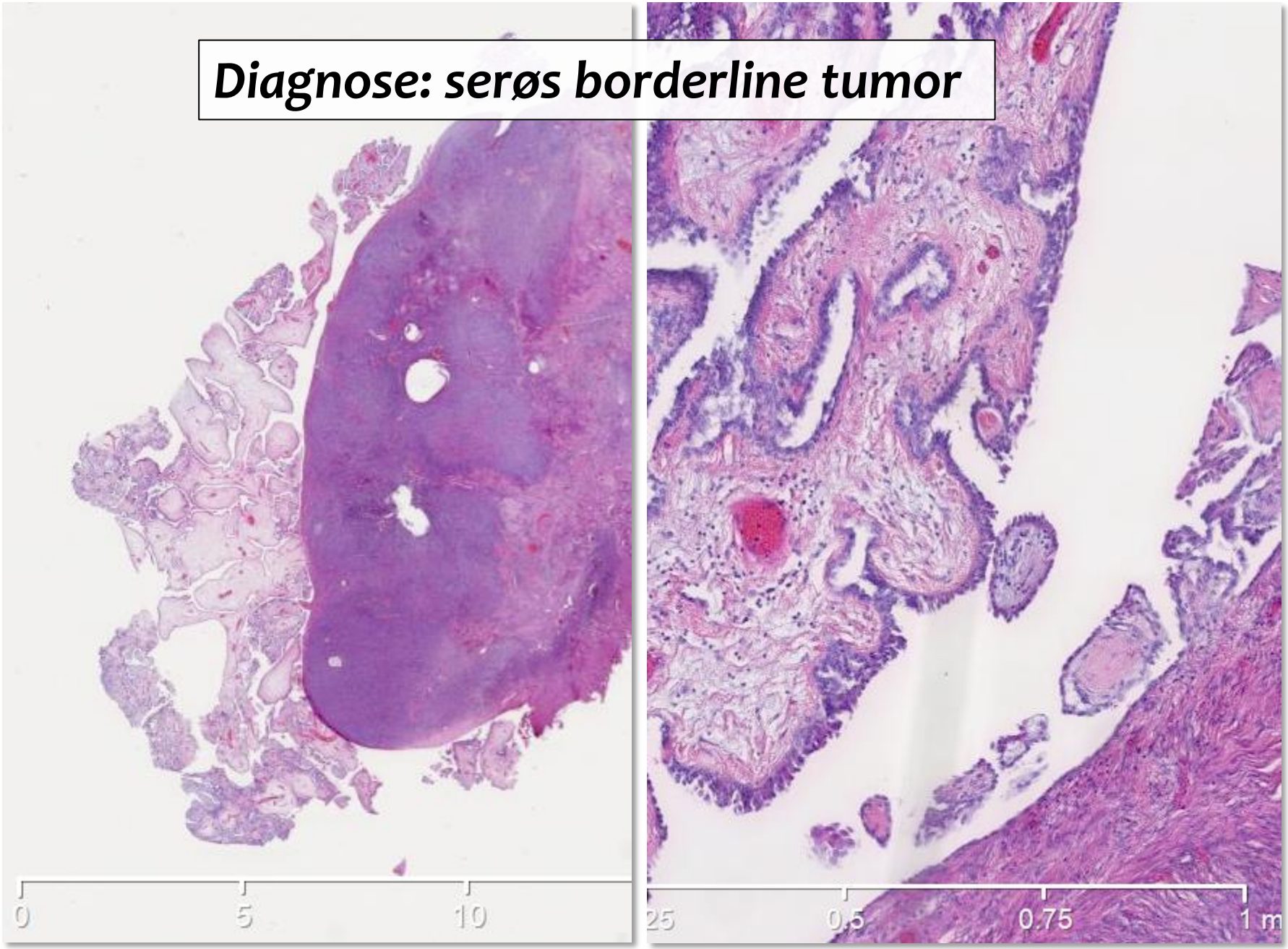

CK7
WT1
PAX8
0
200
0
200
0
200

Case 3

PET/CT og MR:

- Fortsat pleuraeksudat
- Suspekt mediastinal lymfeknude, 3 cm
- Sparsom ascites
- CA125 normal
- Genitalia interna, peritoneum og abdomen normale – undt. diskrete forandringer på overflade af venstre ovarium og ved navlen
- Laporaskopi

Venstre ovarium (15.03.16)



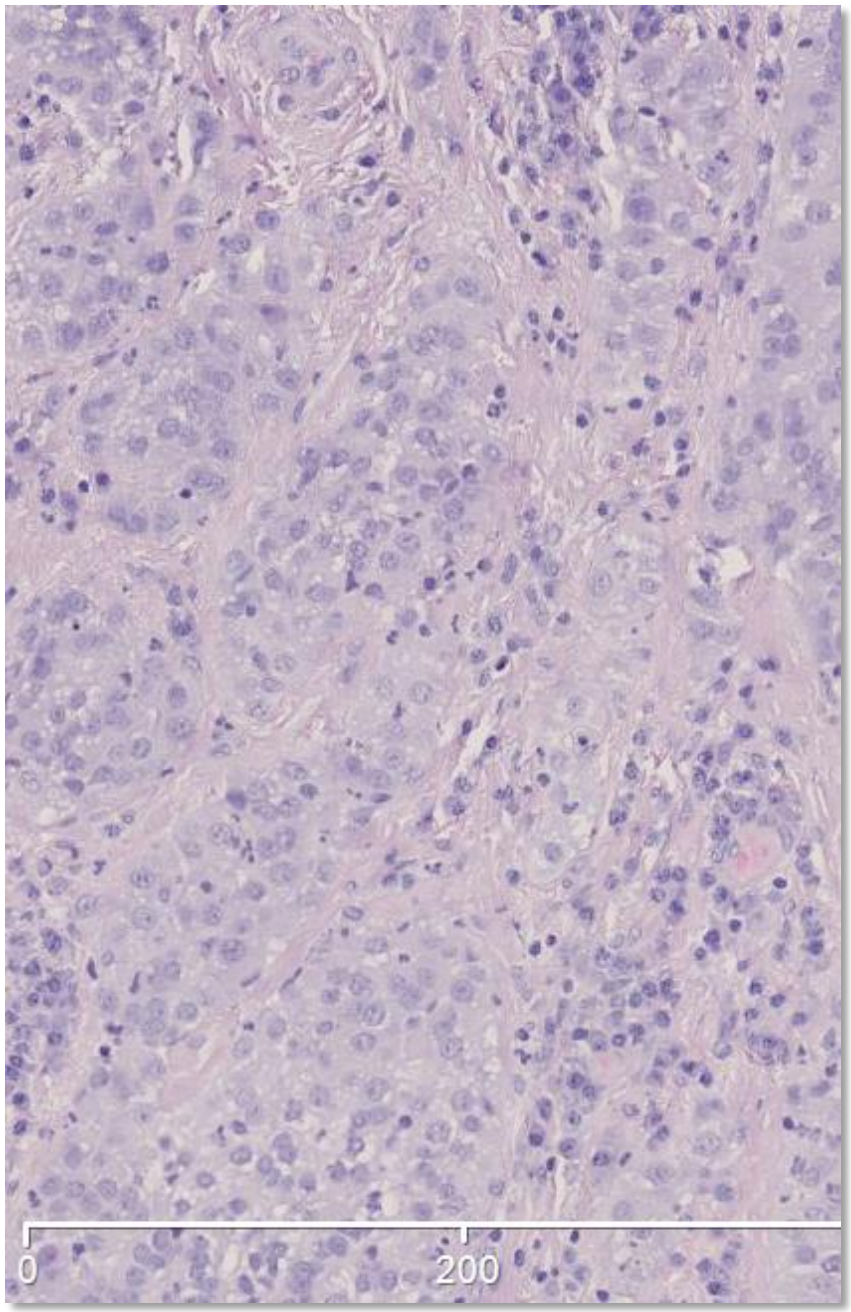
Case 3

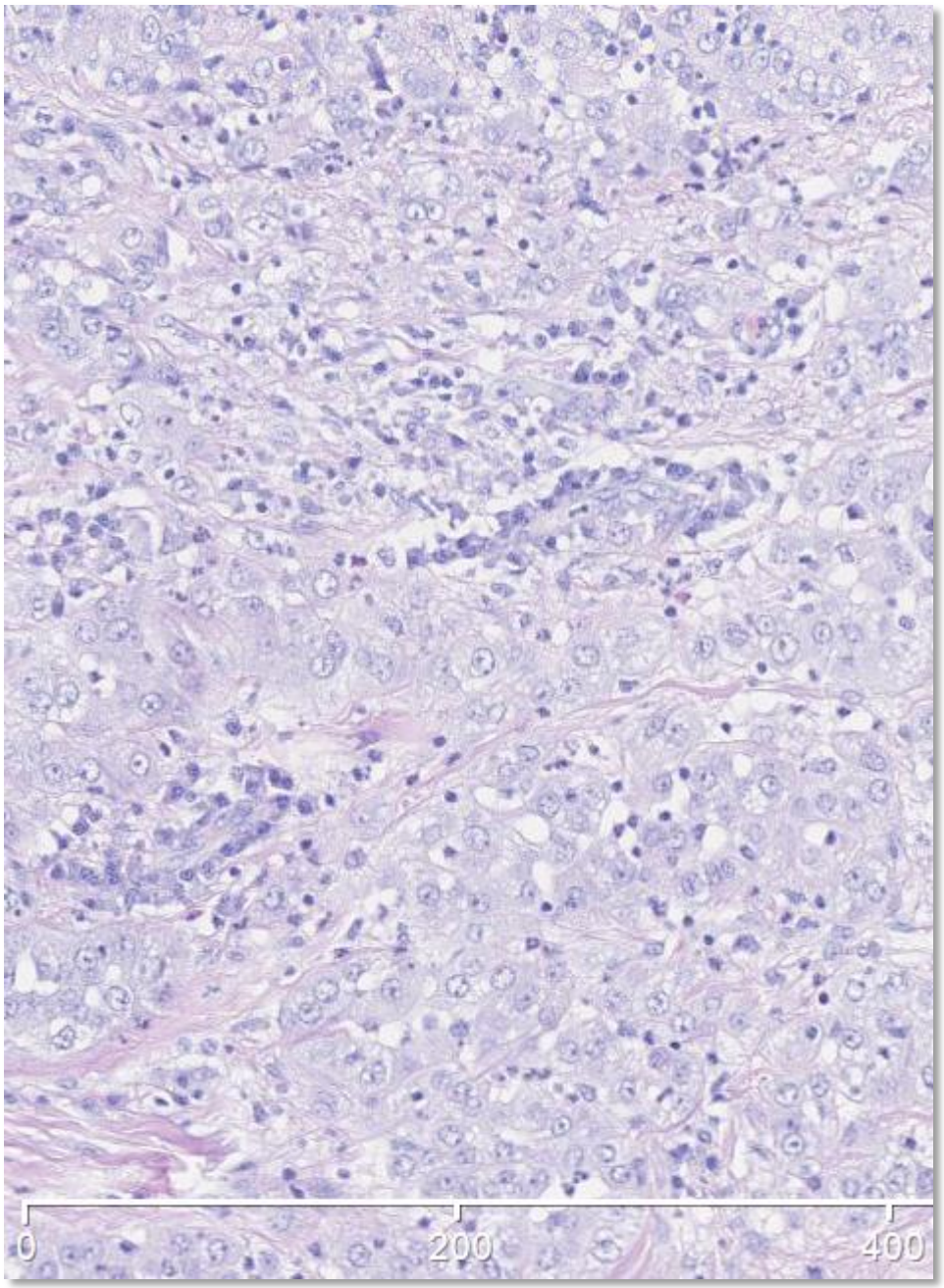
- EBUS (04.04.16) med maligne tumorceller fra serøst adenokarcinom fra tuba, ovarium eller peritoneum
- Paradoks: Intet serøst adenokarcinom i tuba/peritoneum/ovarium…

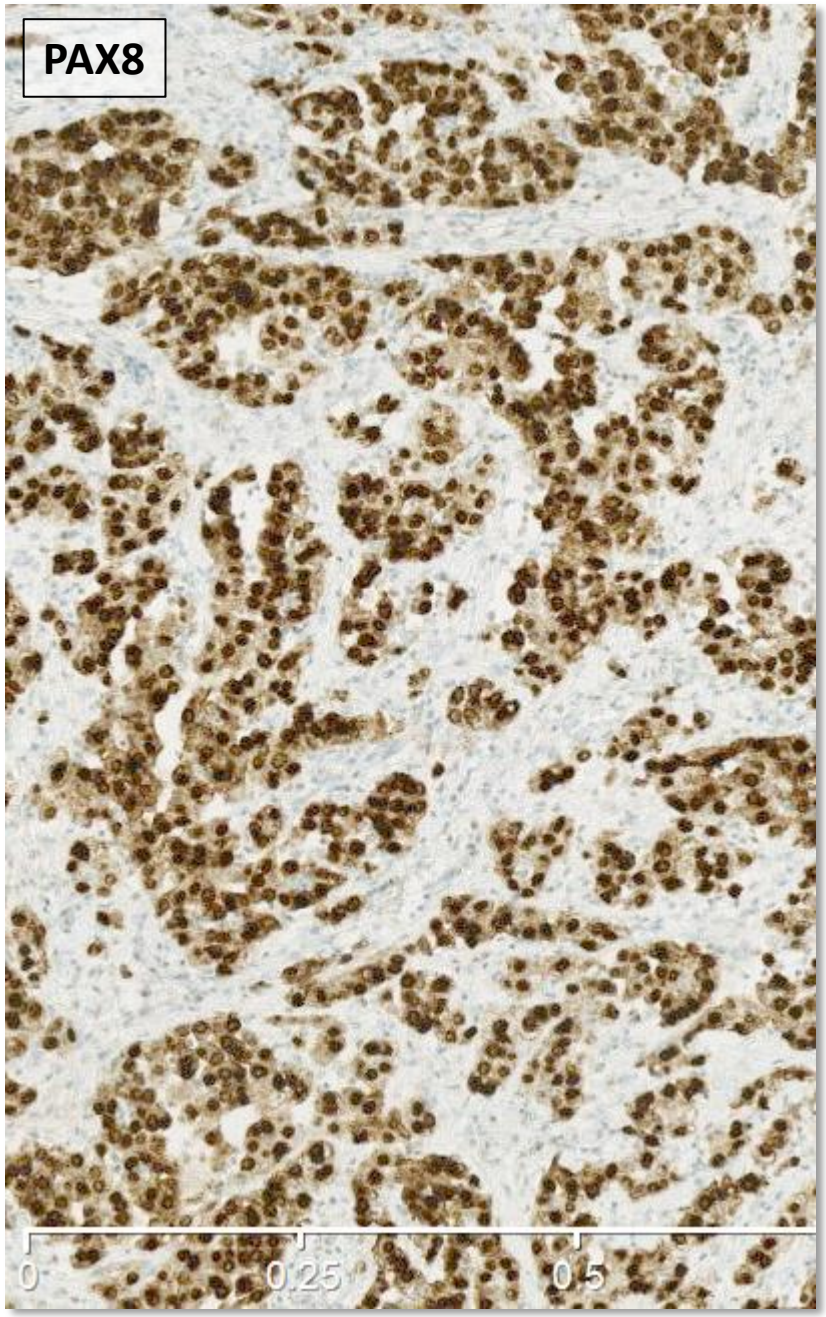
Næste trin:

- Åben operation med hysterektomi, USO, omentektomi, eksision af navle, biopsier fra peritoneum, fjerne lymfeknuder i pelvis og paraortalt

Tumor ved navle (15.04.16)






PAX8
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0.25
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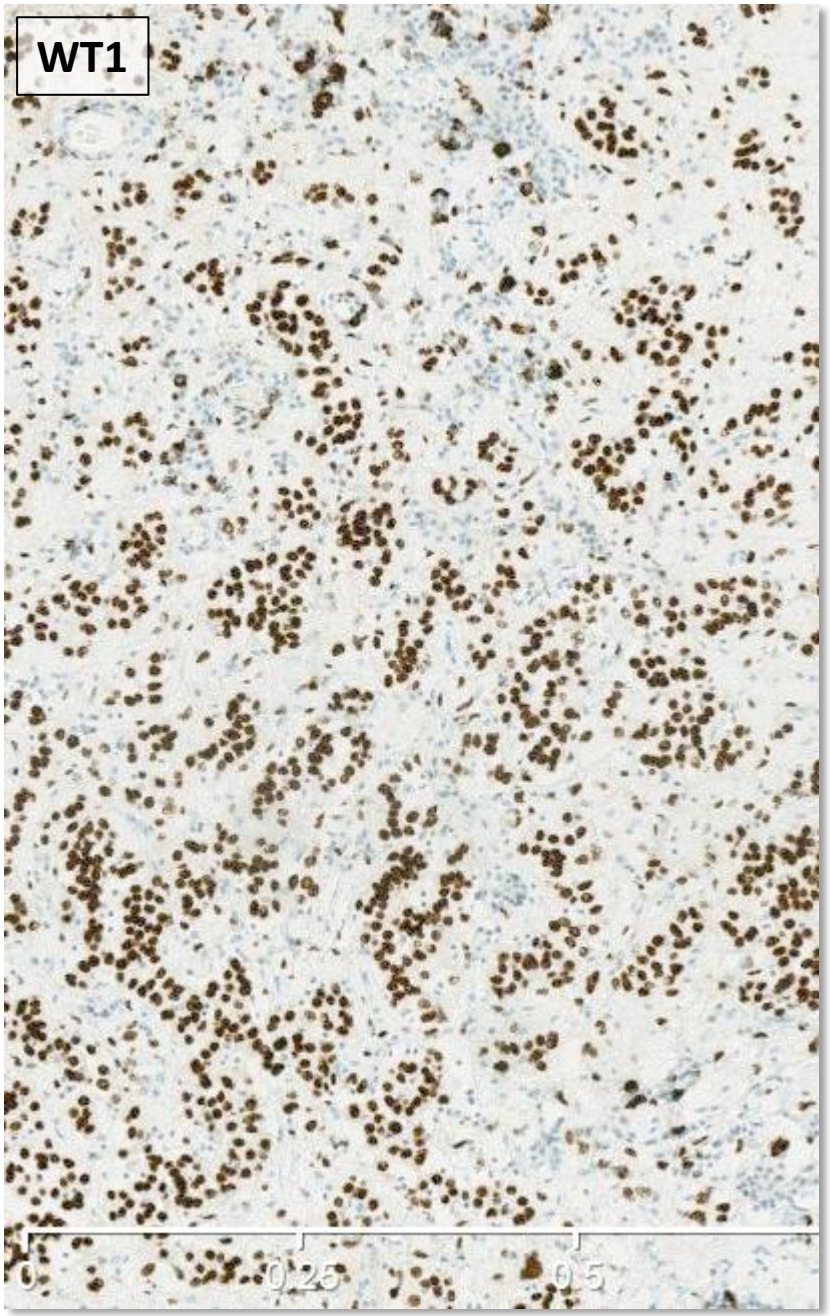
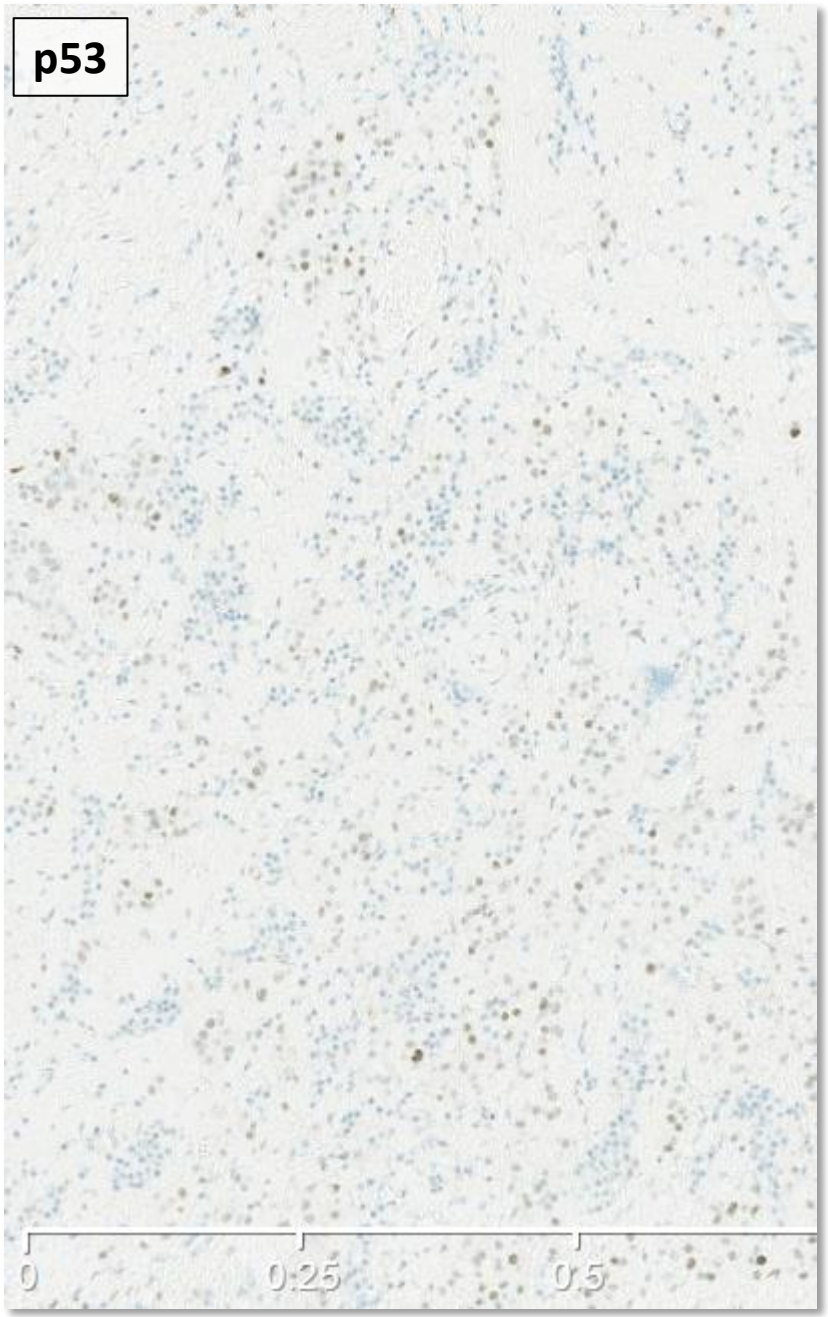

WT1
0
0.25
0.5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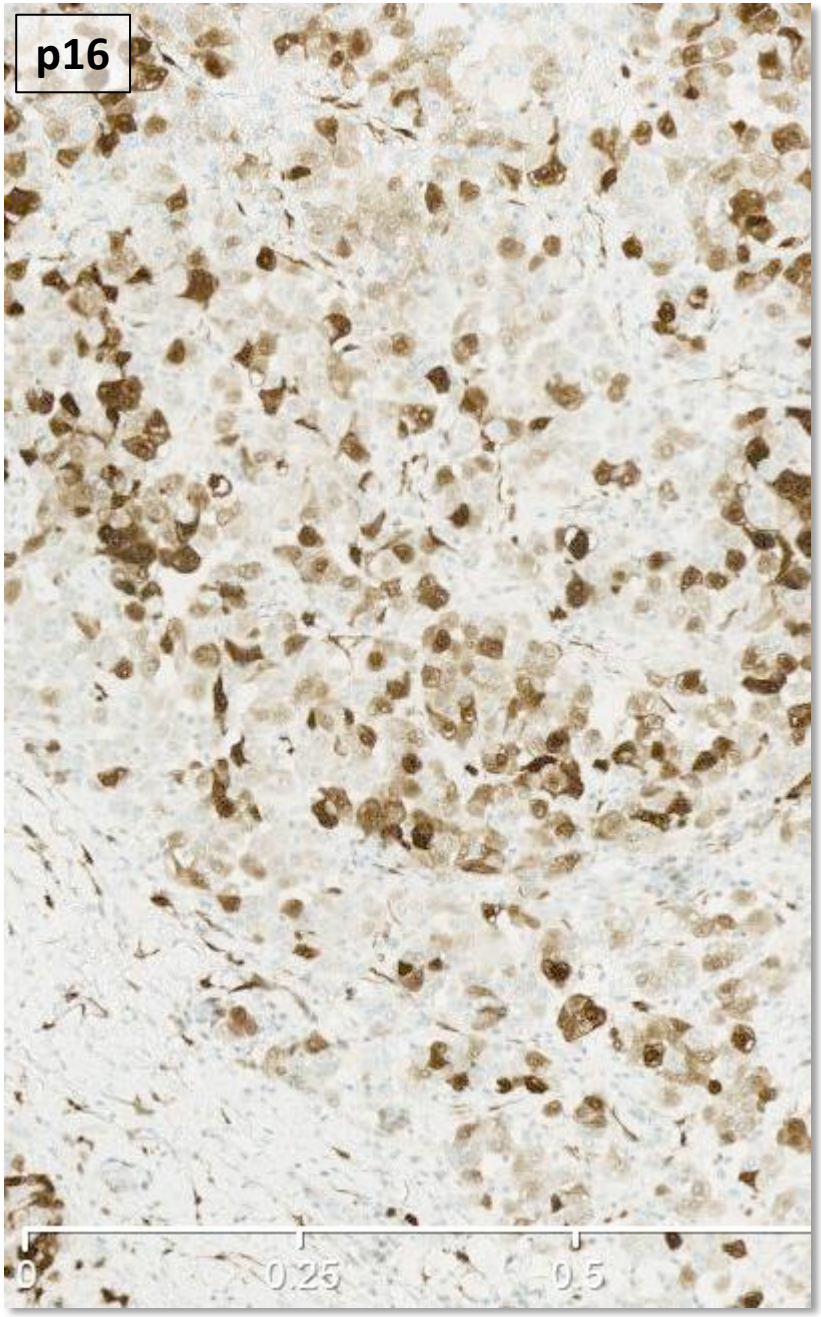
p16
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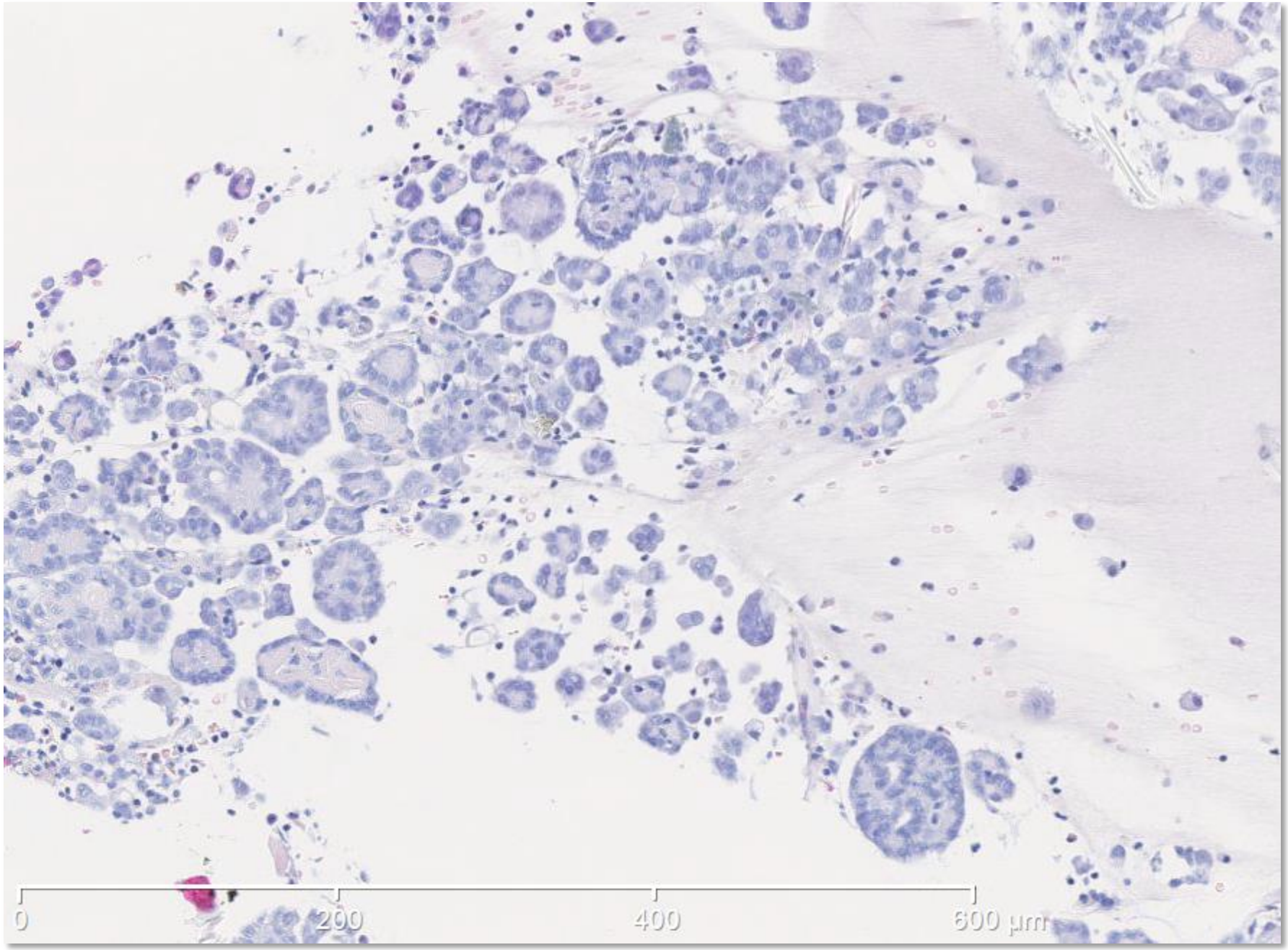
0.25
0.5

Case 3

Konklusion:

- Low-grade serøst adenokarcinom i navle region mest sandsynligt udgående fra peritoneum
- Intet malignt i det i øvrigt fjernet væv
- FIGO IVB
- Efterfølgende behandlet med kemoterapi

Pleuravæske



Spørgsmål?