

# 21. Ulusal Patoloji Kongresi

2011

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**İzmir**

*Dr. Demet Etit*

*Atatürk Eğitim ve Araştırma Hastanesi,  
Tıbbi Patoloji, İzmir*

# Mayıs 2009

- 68 y/E
- Sağ parotis lojunda yaklaşık 1 yıl/ele gelen kitle
- İİAB: 'Kist içeriği'

Temmuz 2009

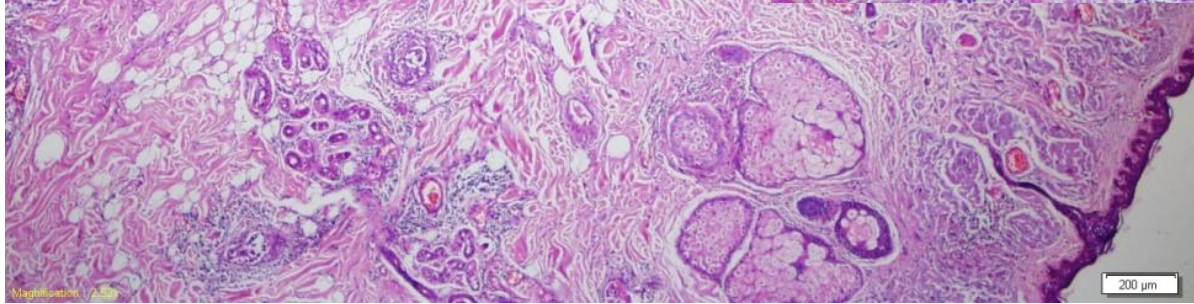
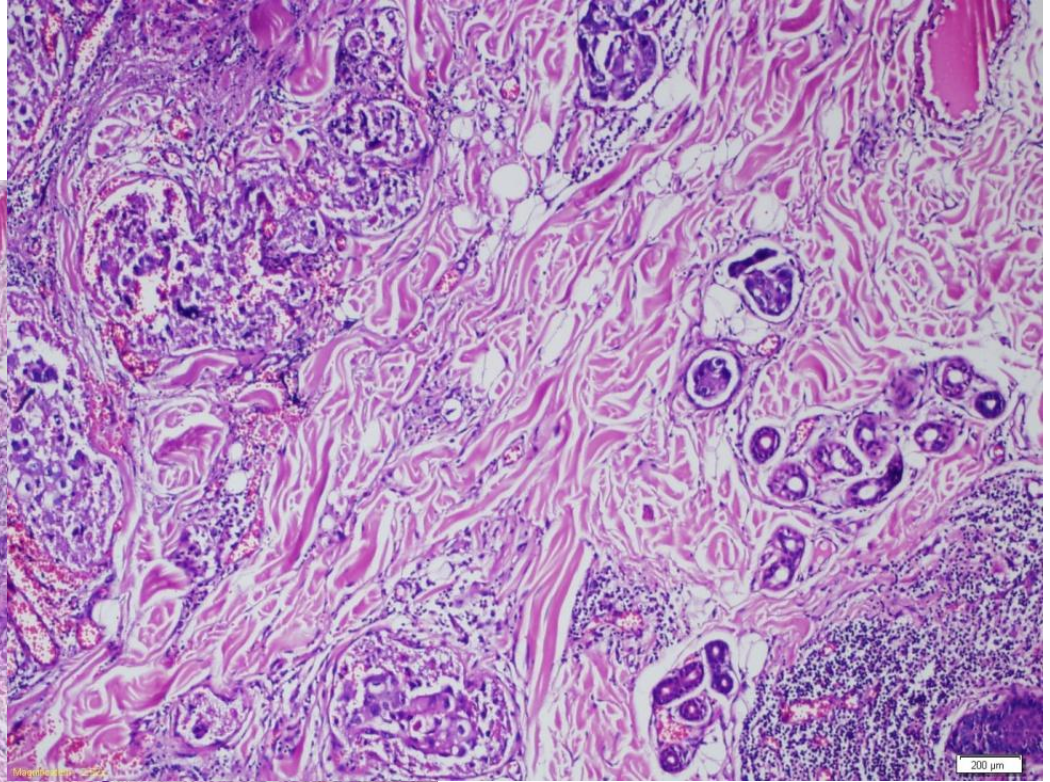
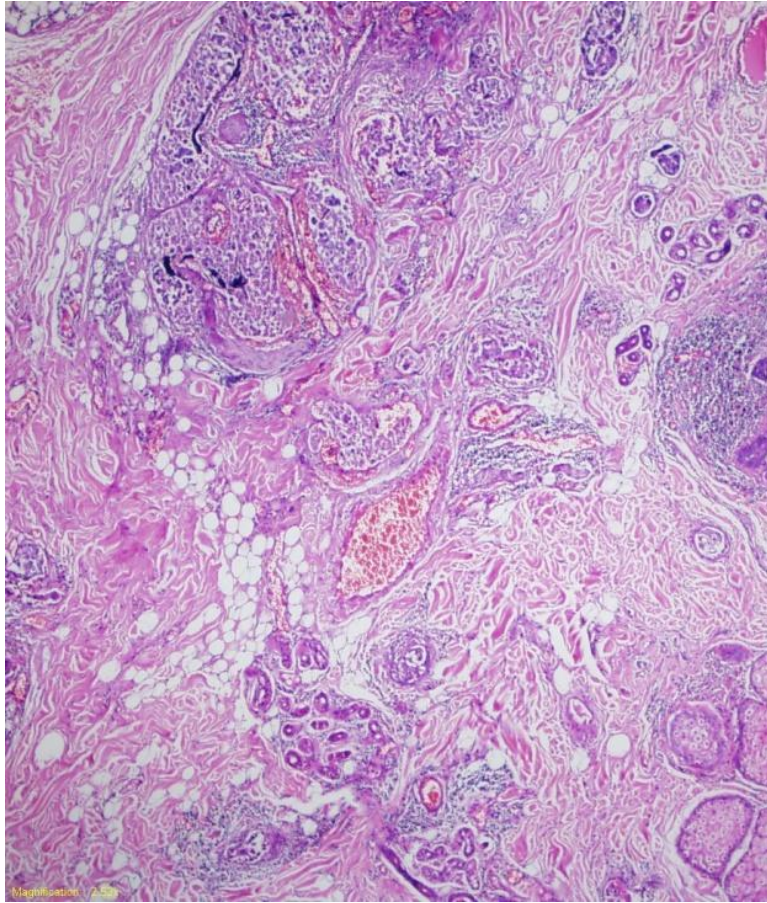


# Temmuz 2009

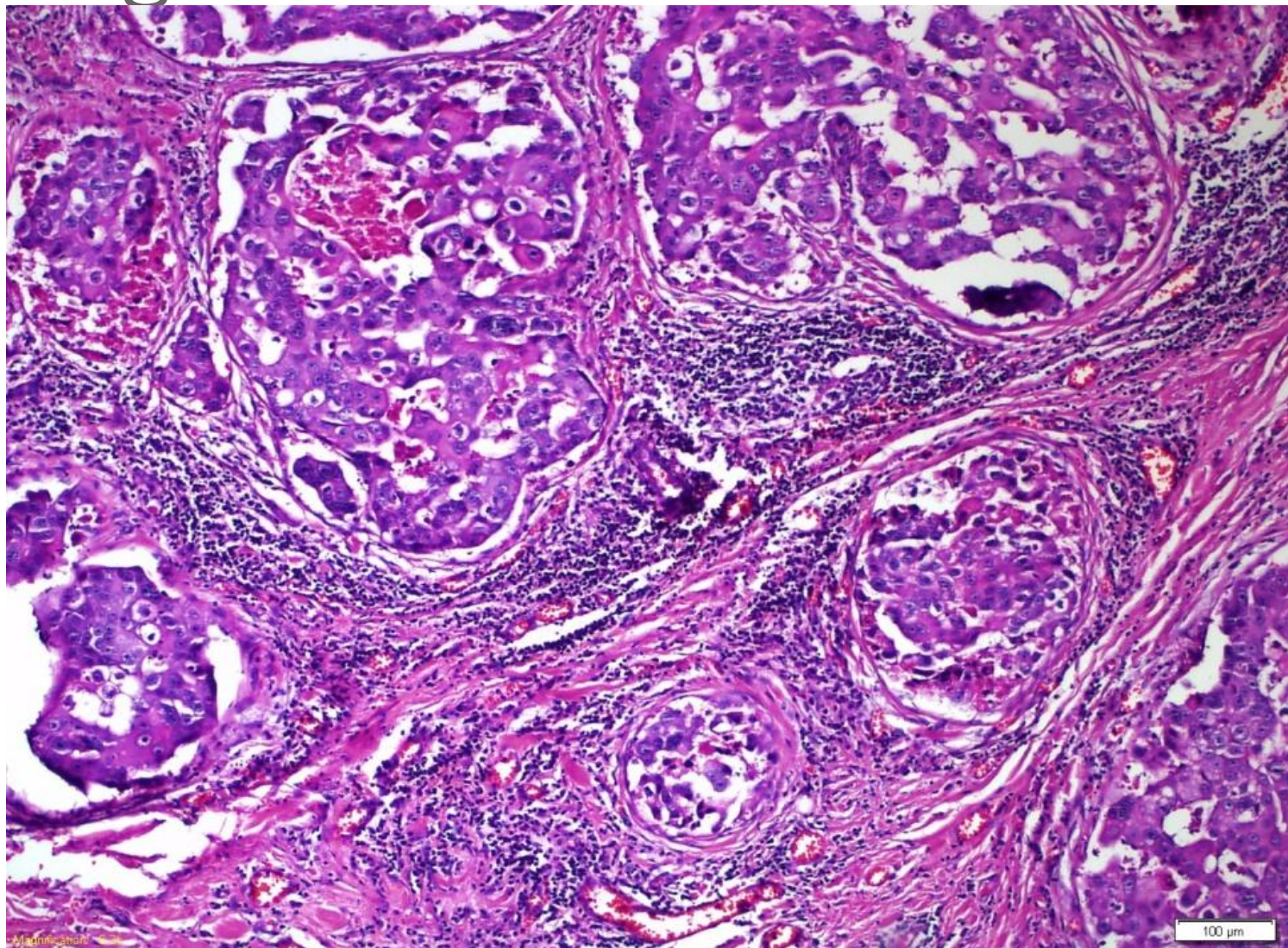
4 ayrı işaretli spesimen:

1. Boyun kitlesi: Üzerinde deri bulunduran 3.5 cm, 1.2 cm
  2. Sağ servikal 2A
  3. Sağ servikal 3
- } Solid, gri beyaz,  
konglomere, kitlesel  
lenf nodları (3 cm)
4. Yüzeysel parotidektomi: 4 cm. olağan tükrük bezi içinde 1.2 cm. nodüler lezyon

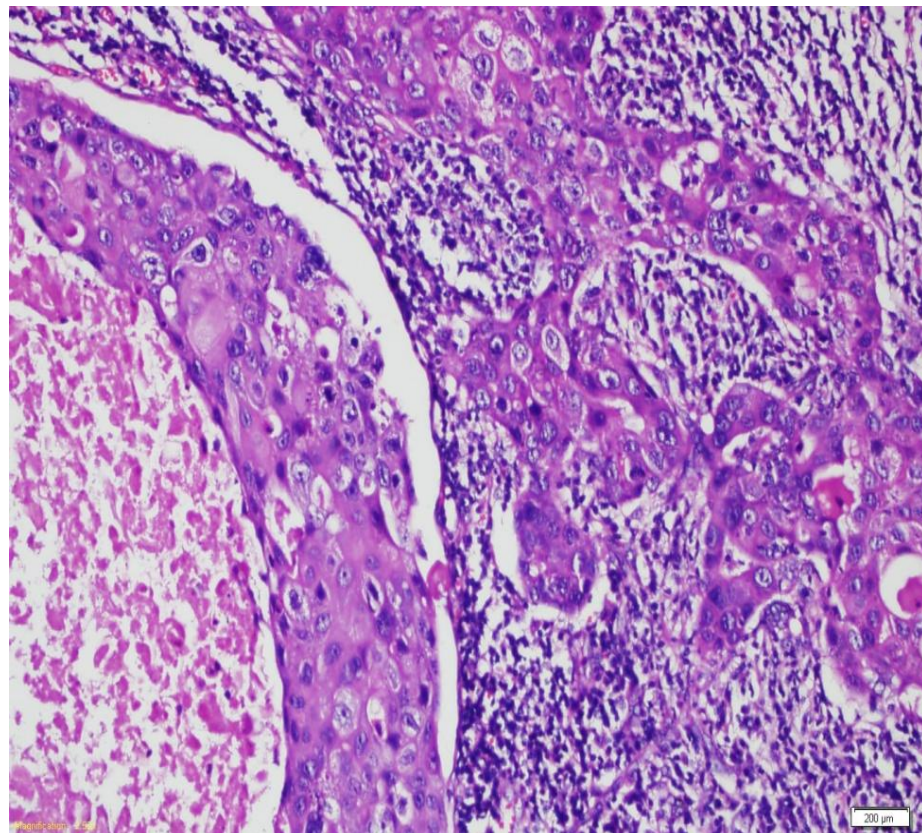
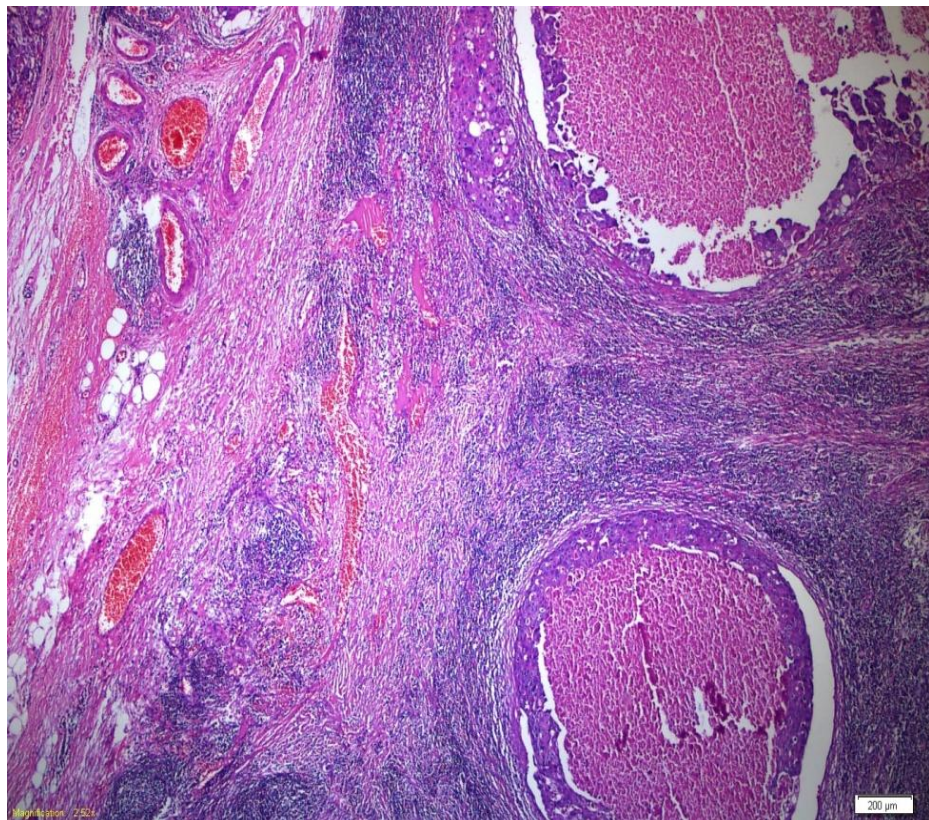
# Boyun kitlelesi



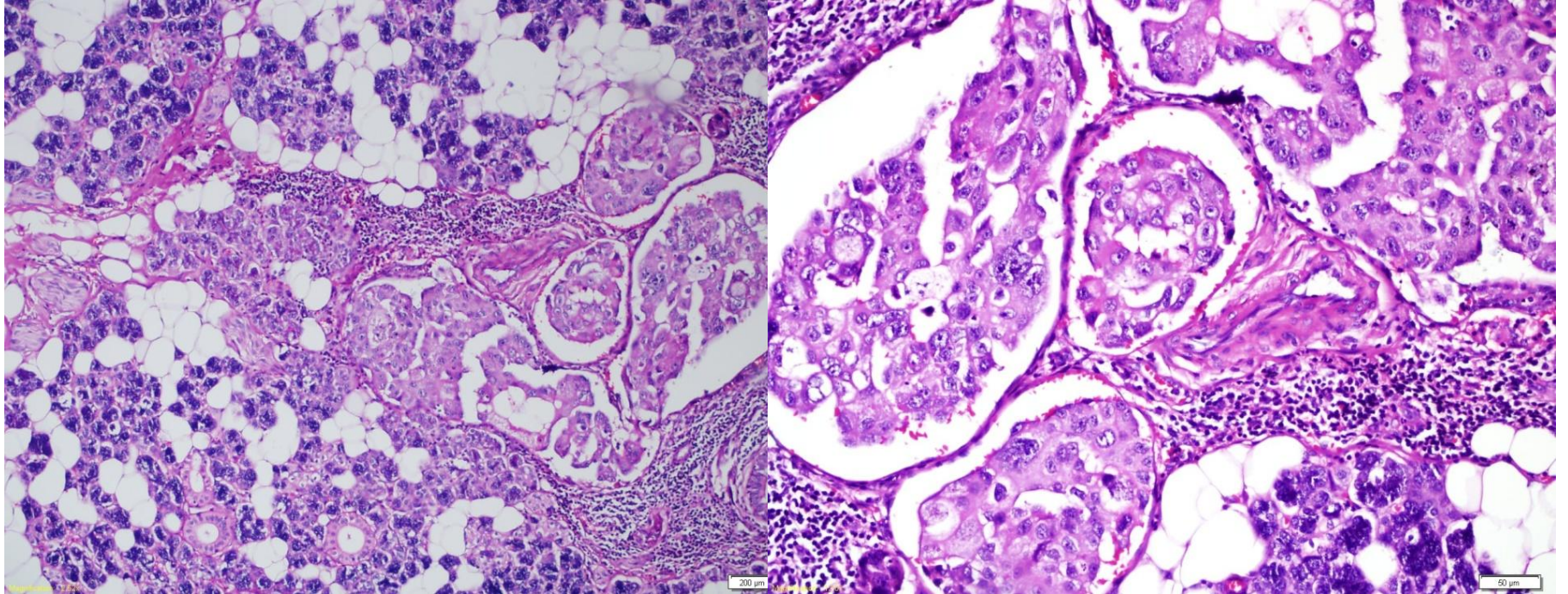
# Sağ 2A



# Sağ 3

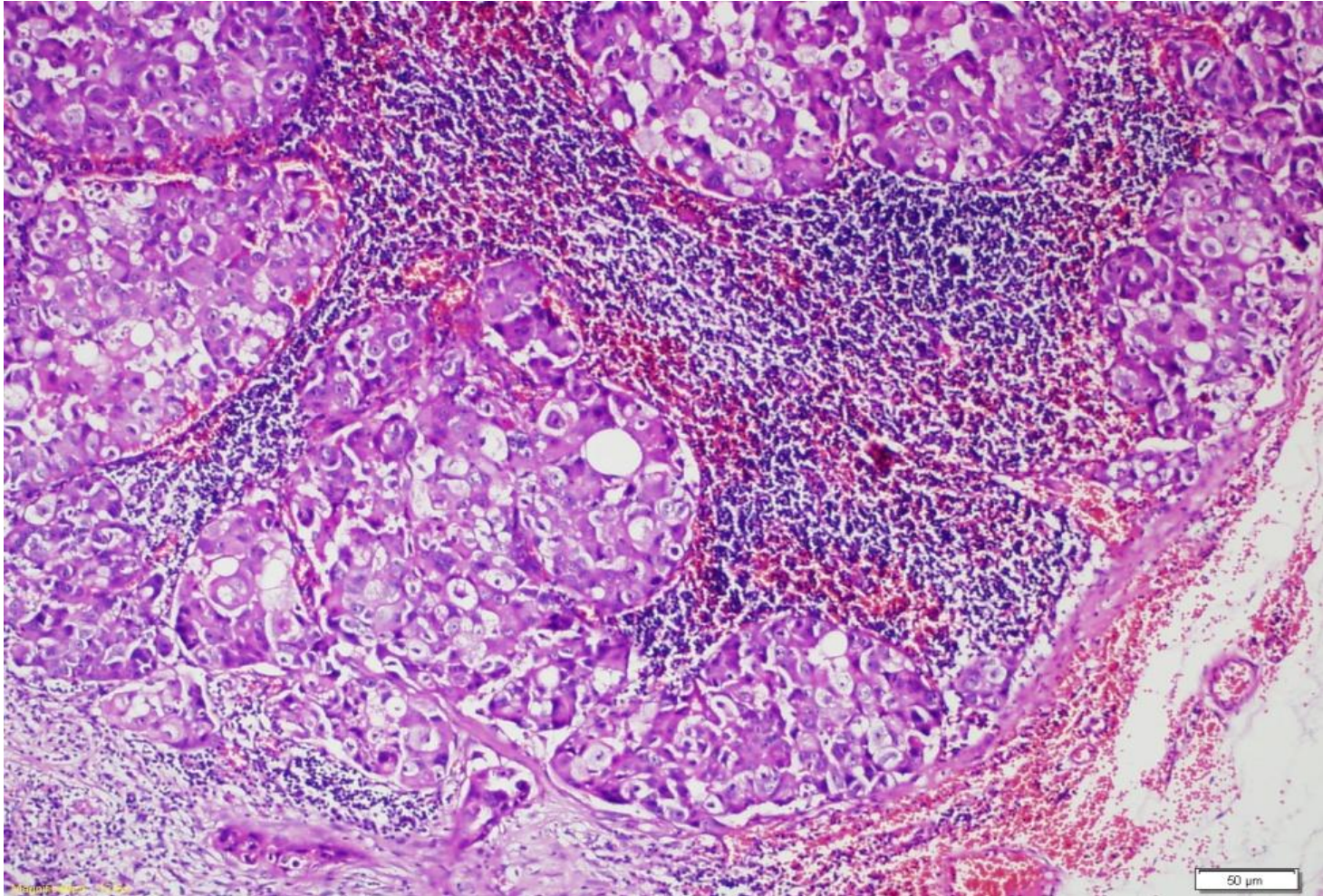


# Yüzeyel Parotidektomi





# Yüzeyel Parotidektomi



# Histo/immunhistokimyasal sonuçlar

PAS

D-PAS

Alcian Blue

İntrasitoplazmik mukus negatif

CK7

TTF-1

Pozitif

Sonuç patoloji  
raporu:

Skvamöz hücreli karsinom metastazları



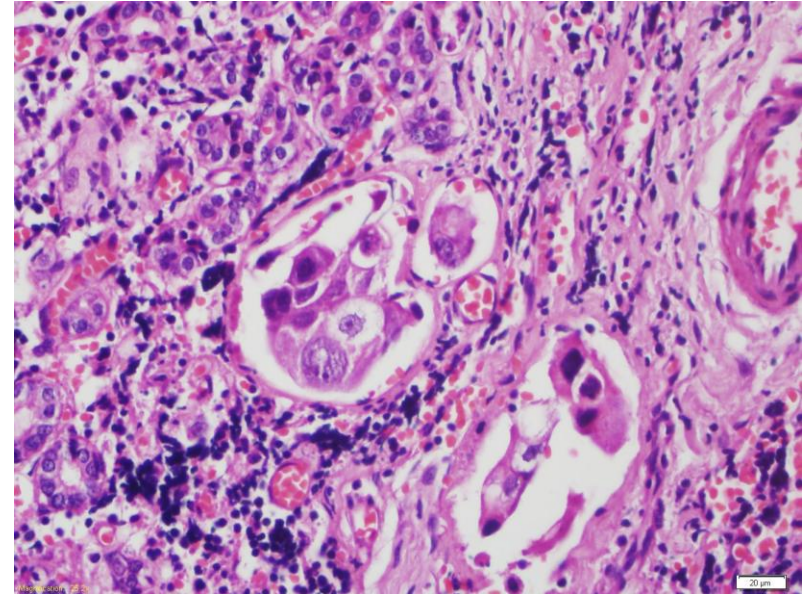
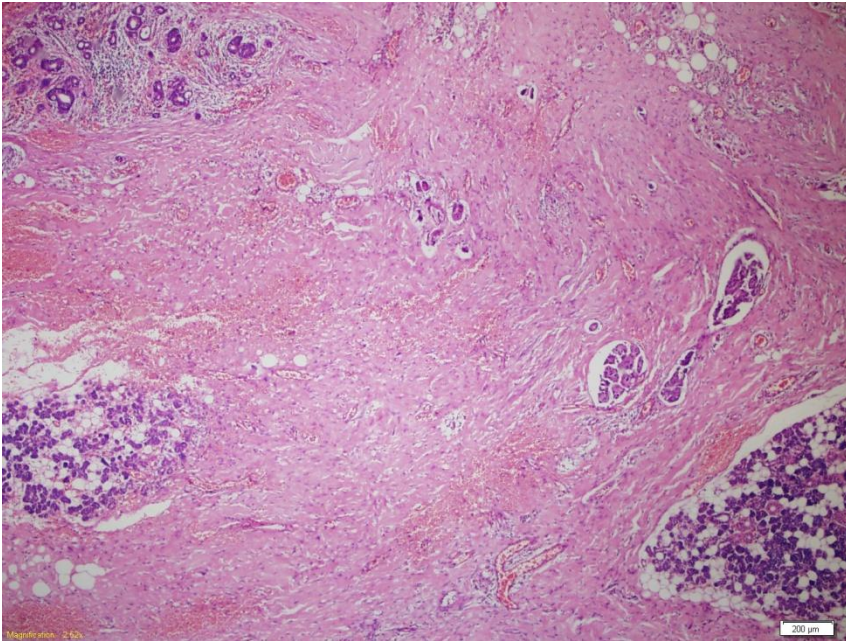
Bkz: Akciğer

Toraks Radyolojisi Raporu: 'fokal veya  
kitlesele lezyon yoktur'

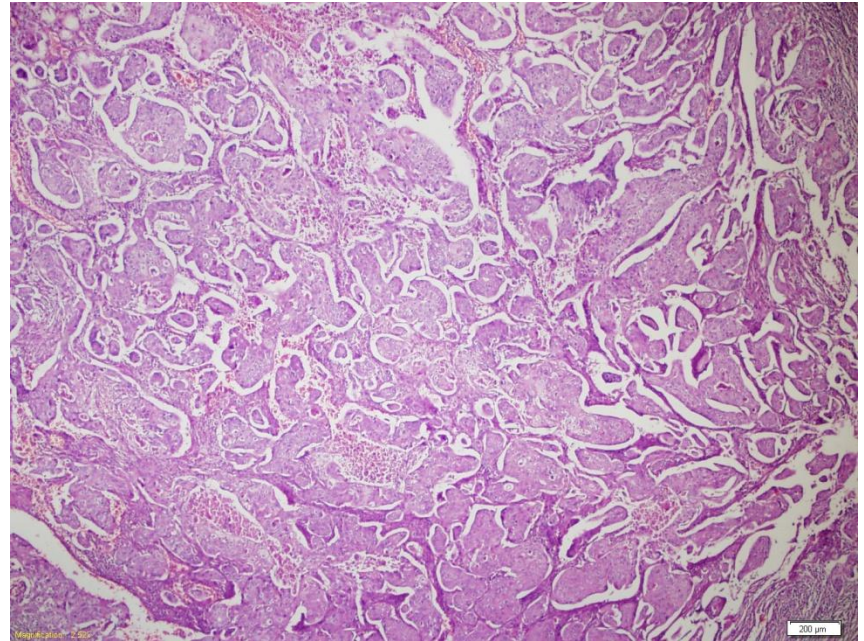
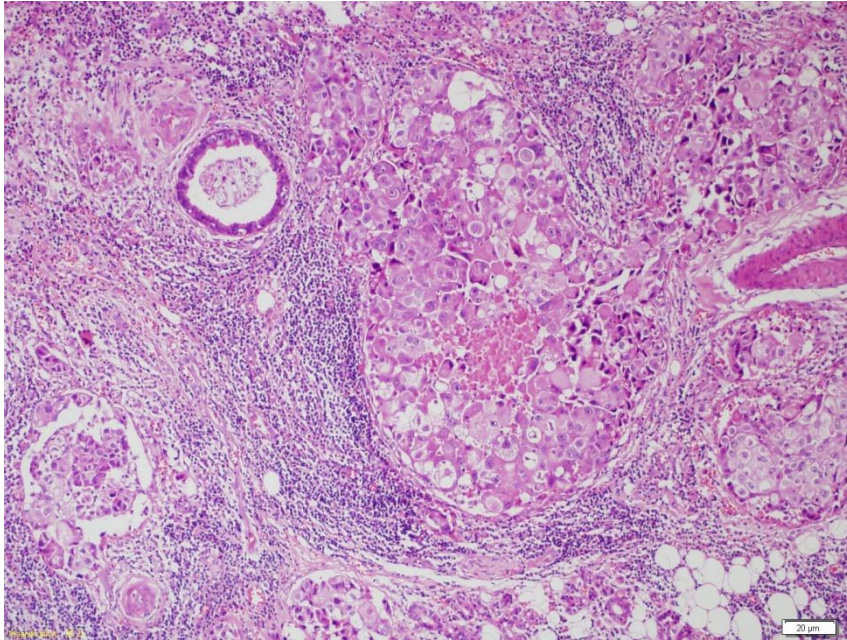
Ağustos 2009

1. Parotis komşusu lenf nodu: 3 cm.
2. Sağ 1, 2, 3, 4. Bölge servikal lenf nodları: Toplam 15 adet, en büyüğü 8 cm-konglomere
3. Derin parotis: 6 cm gland içinde 0.5 cm lezyon

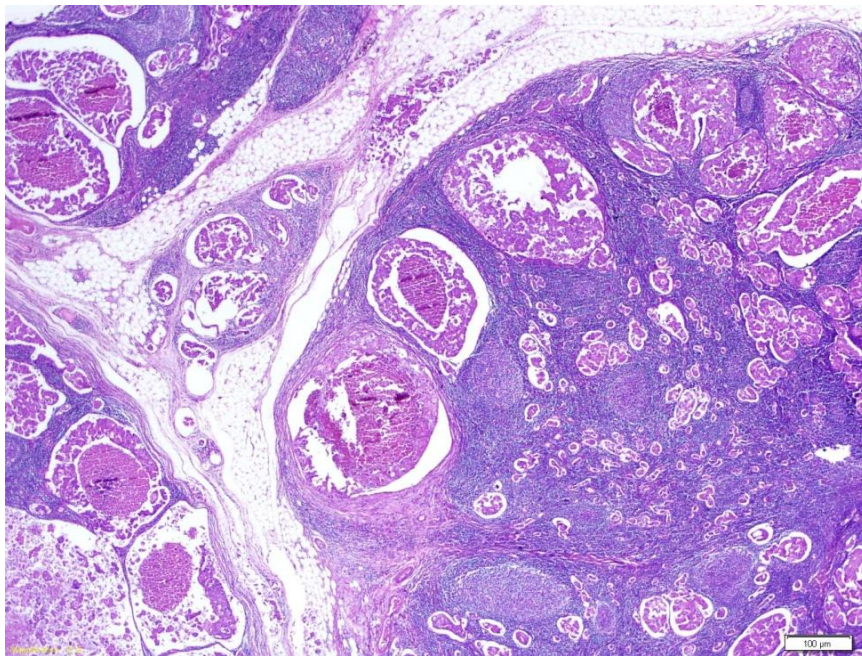
# Parotis komşu-lenf nodu



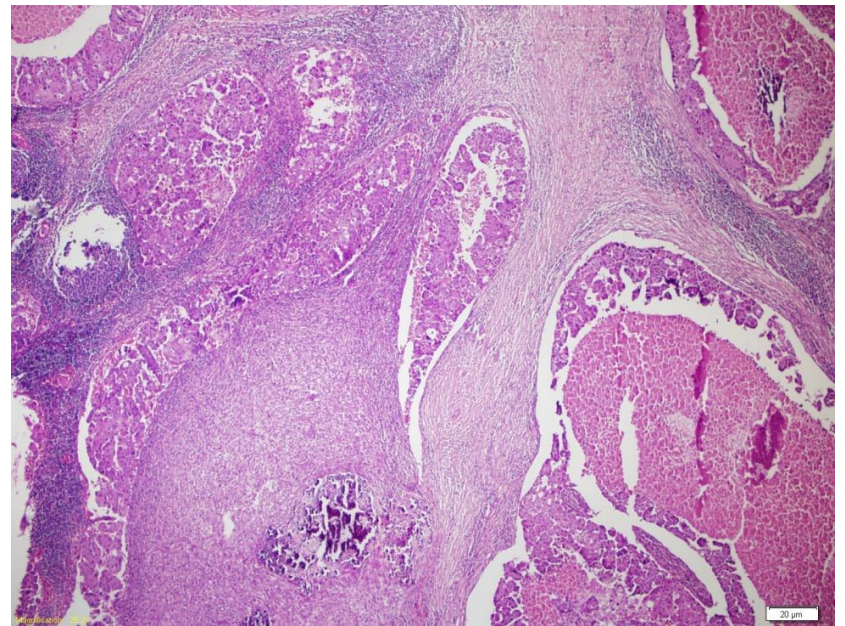
# 1-2. Bölgeler



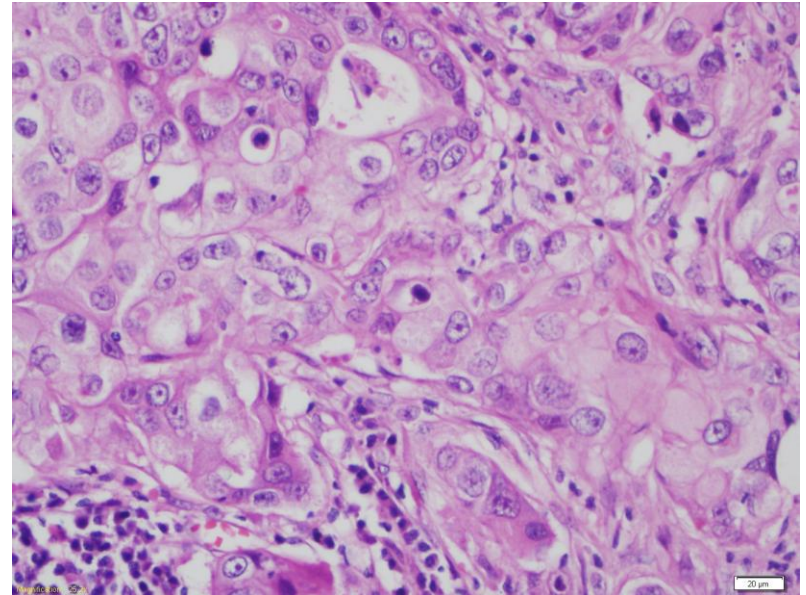
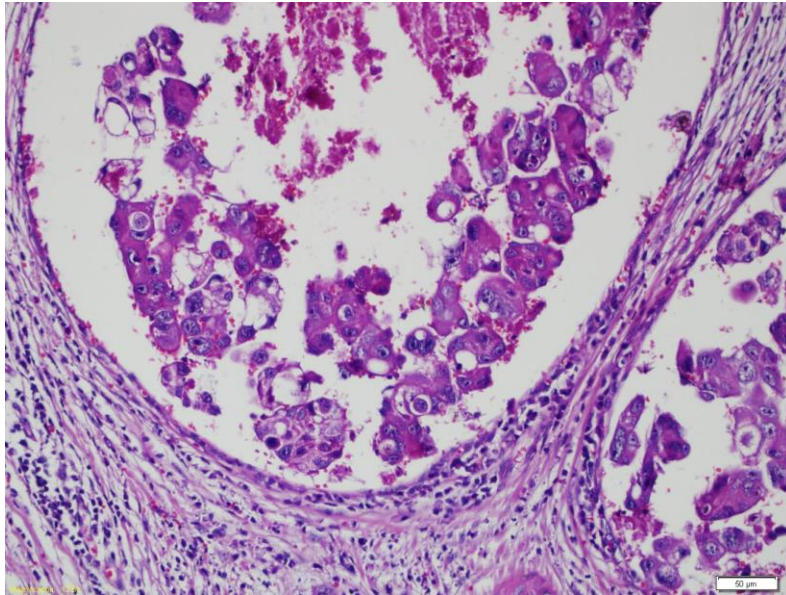
Sağ 3



Sağ 4

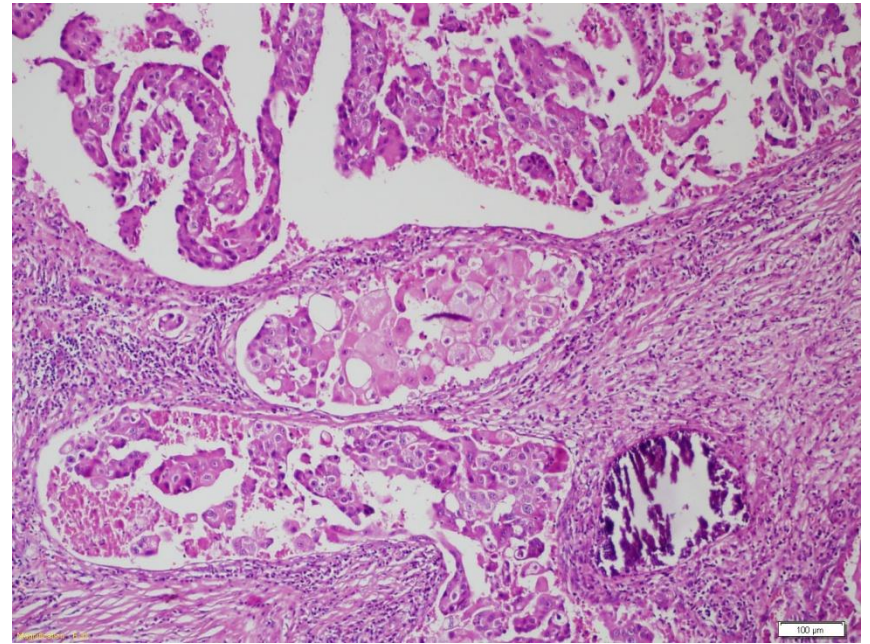
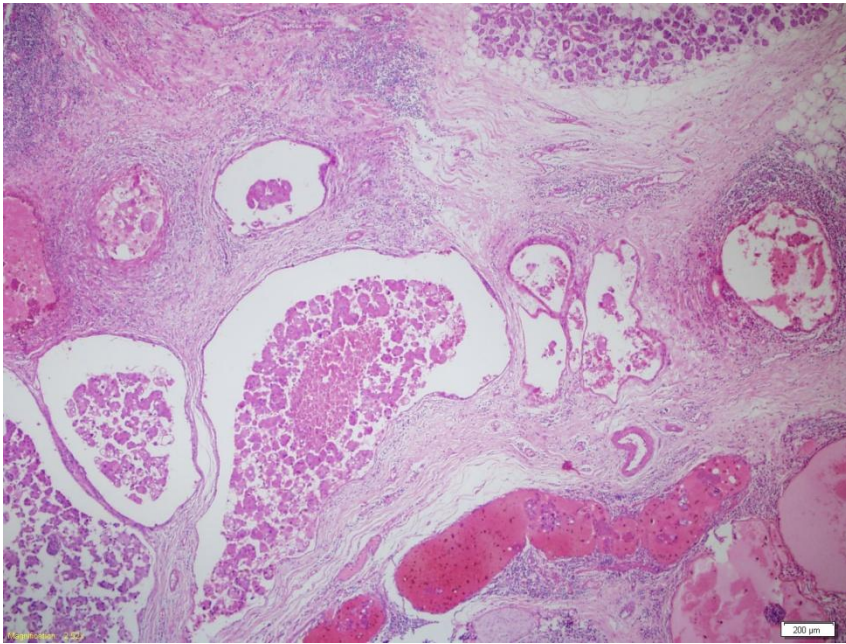


# Derin parotis

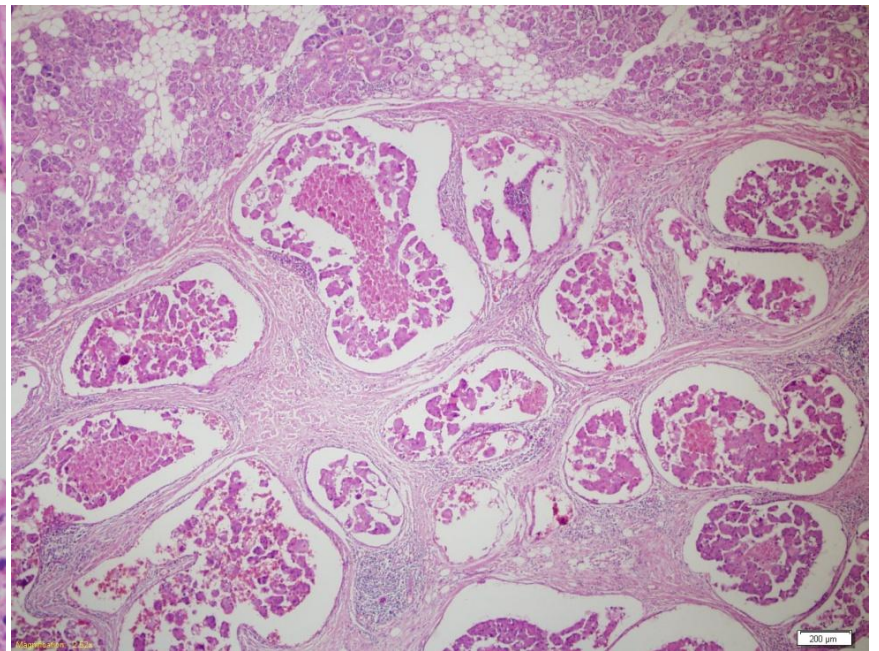
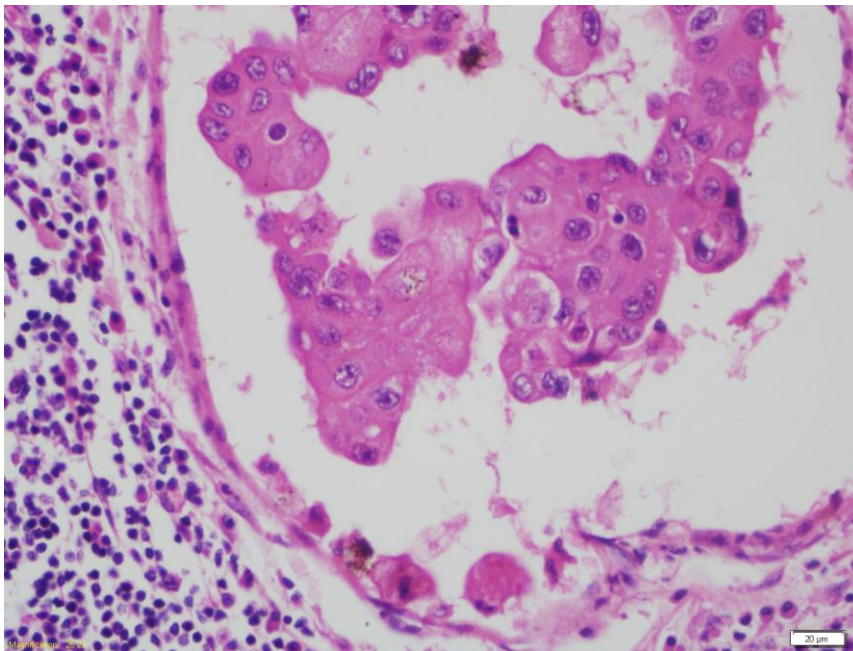


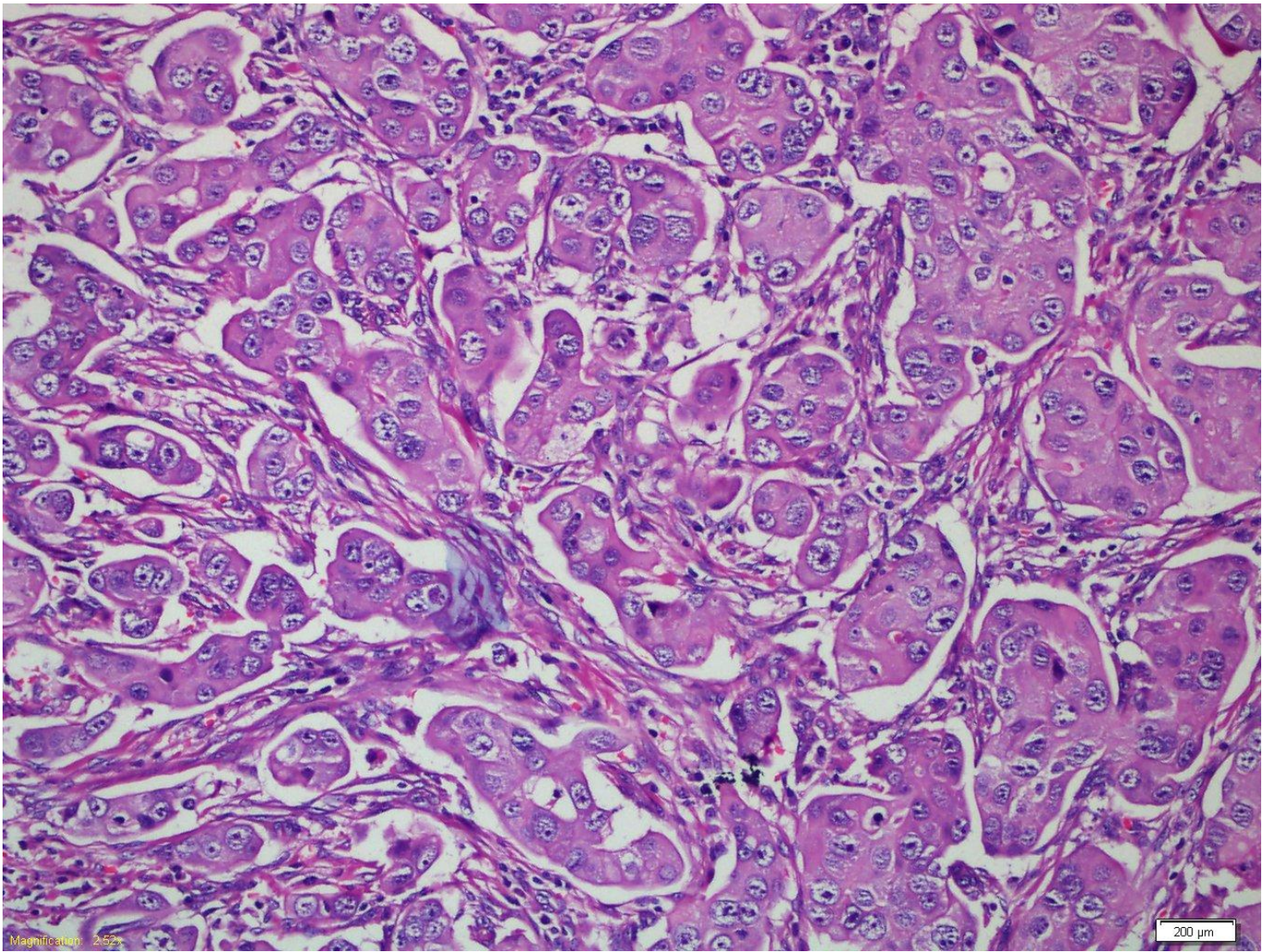


# Derin parotis



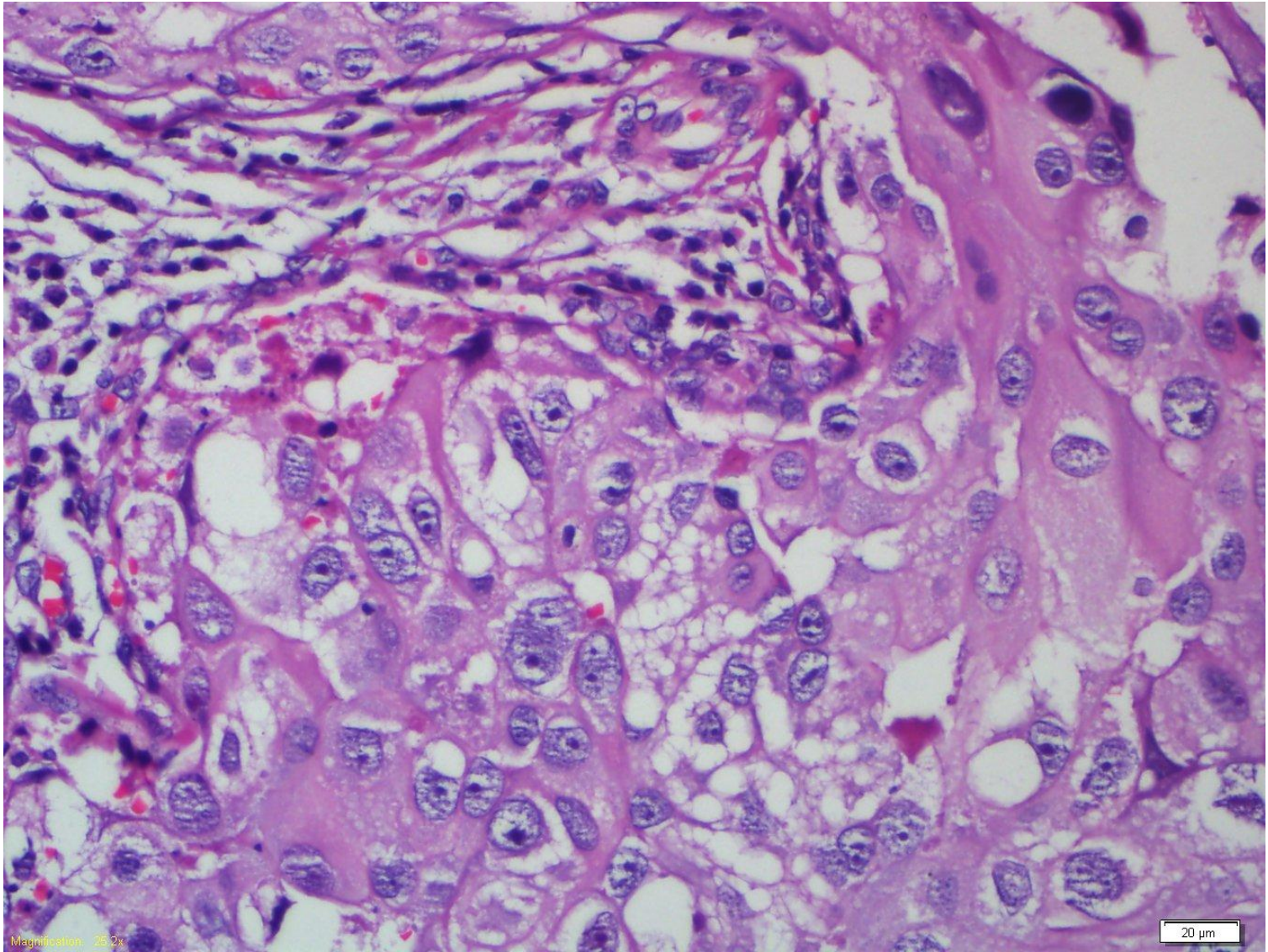
# Derin parotis





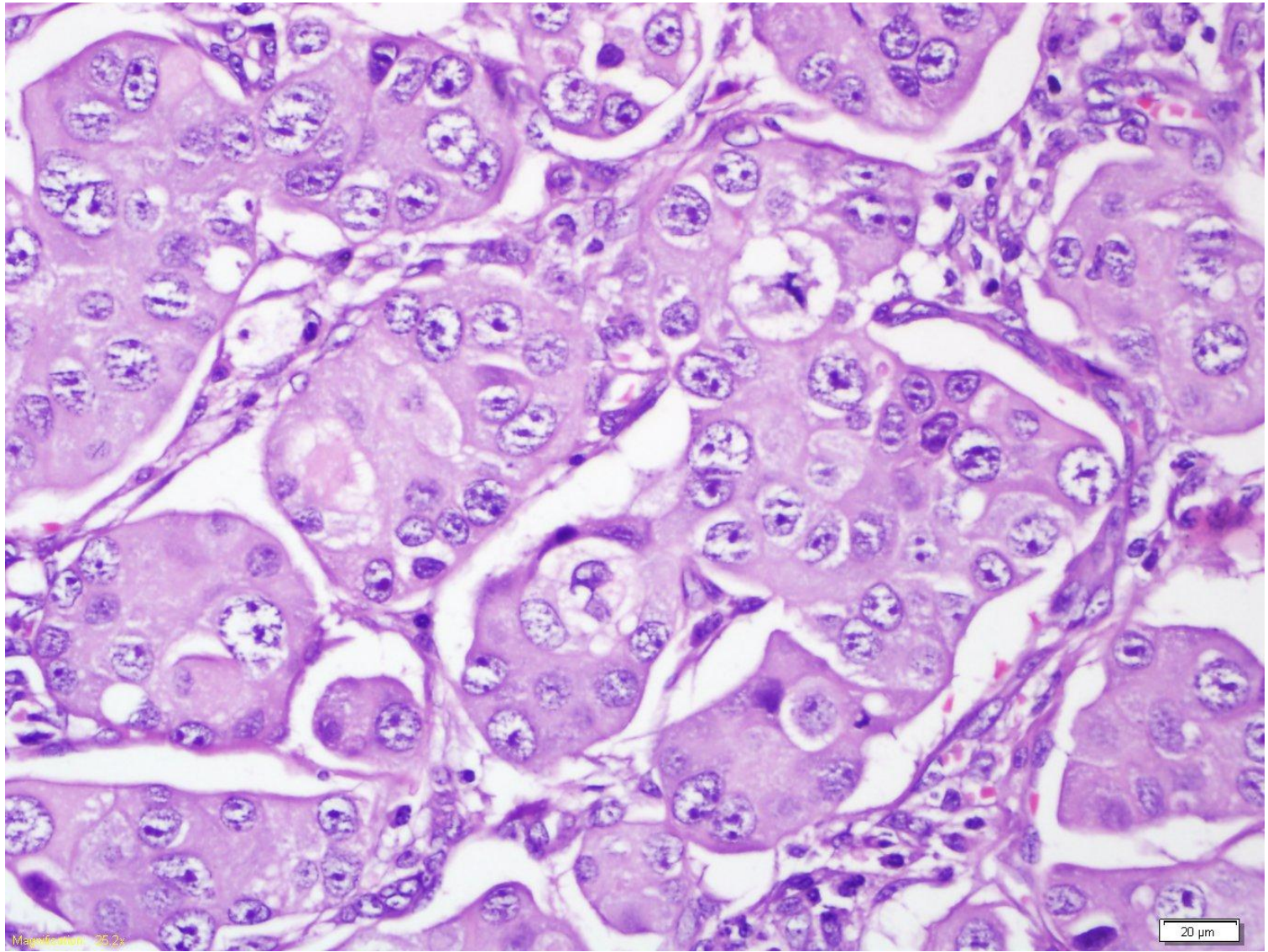
Magnification: 2.52x

200  $\mu$ m



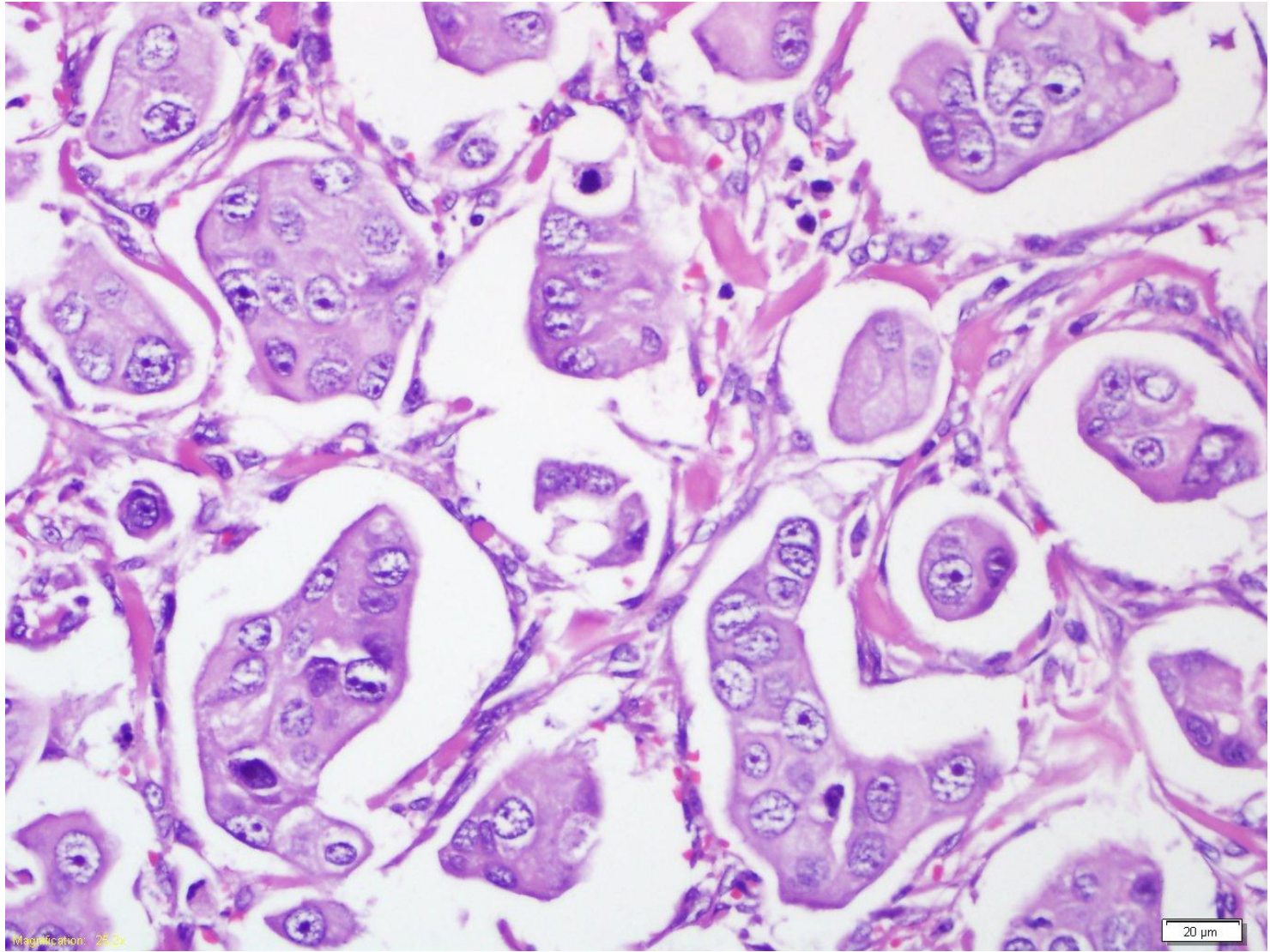
Magnification: 25.2x

20 μm



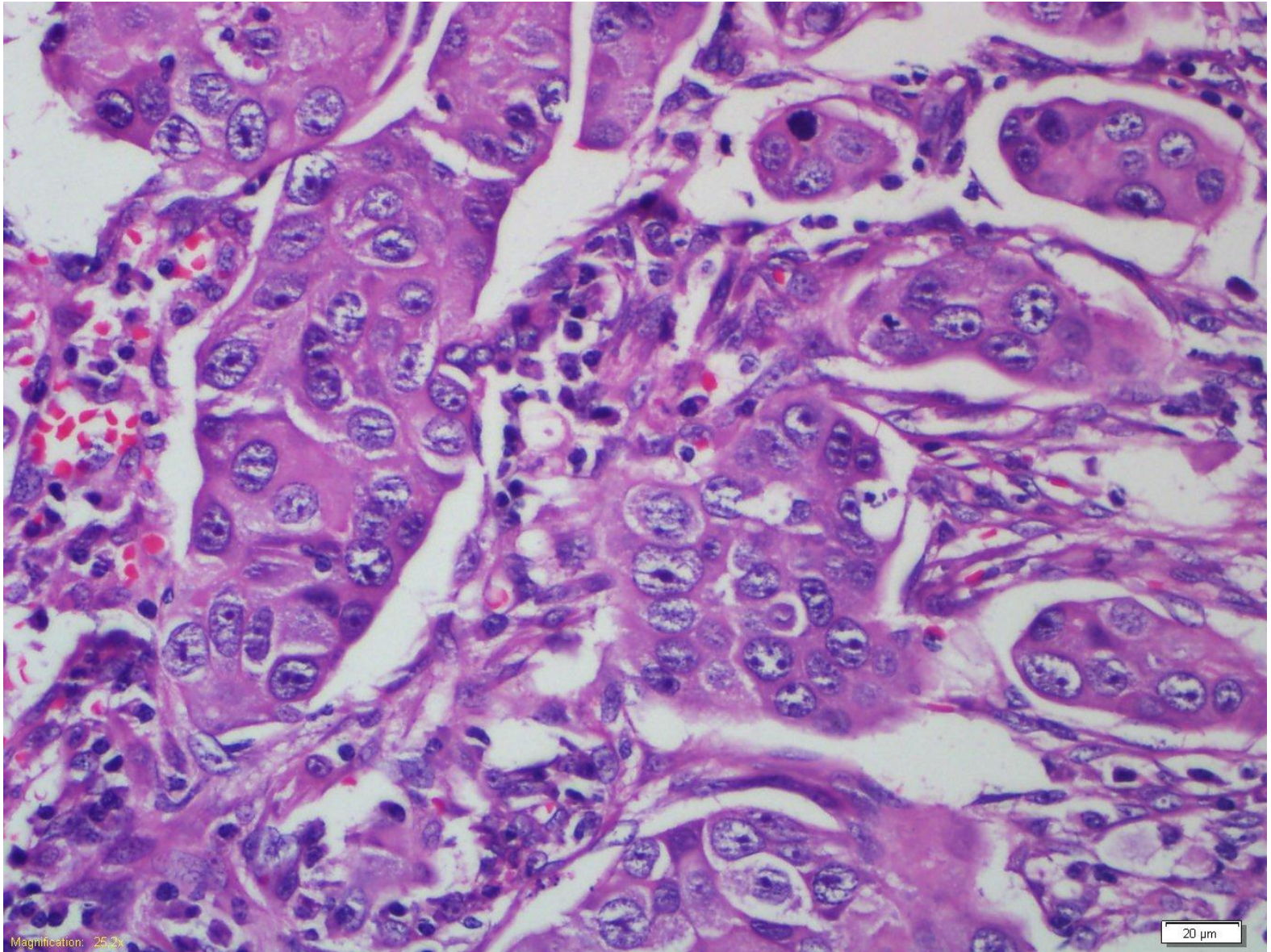
Magnification: 25.2x

20 μm



Magnification: 25.2x

20 μm



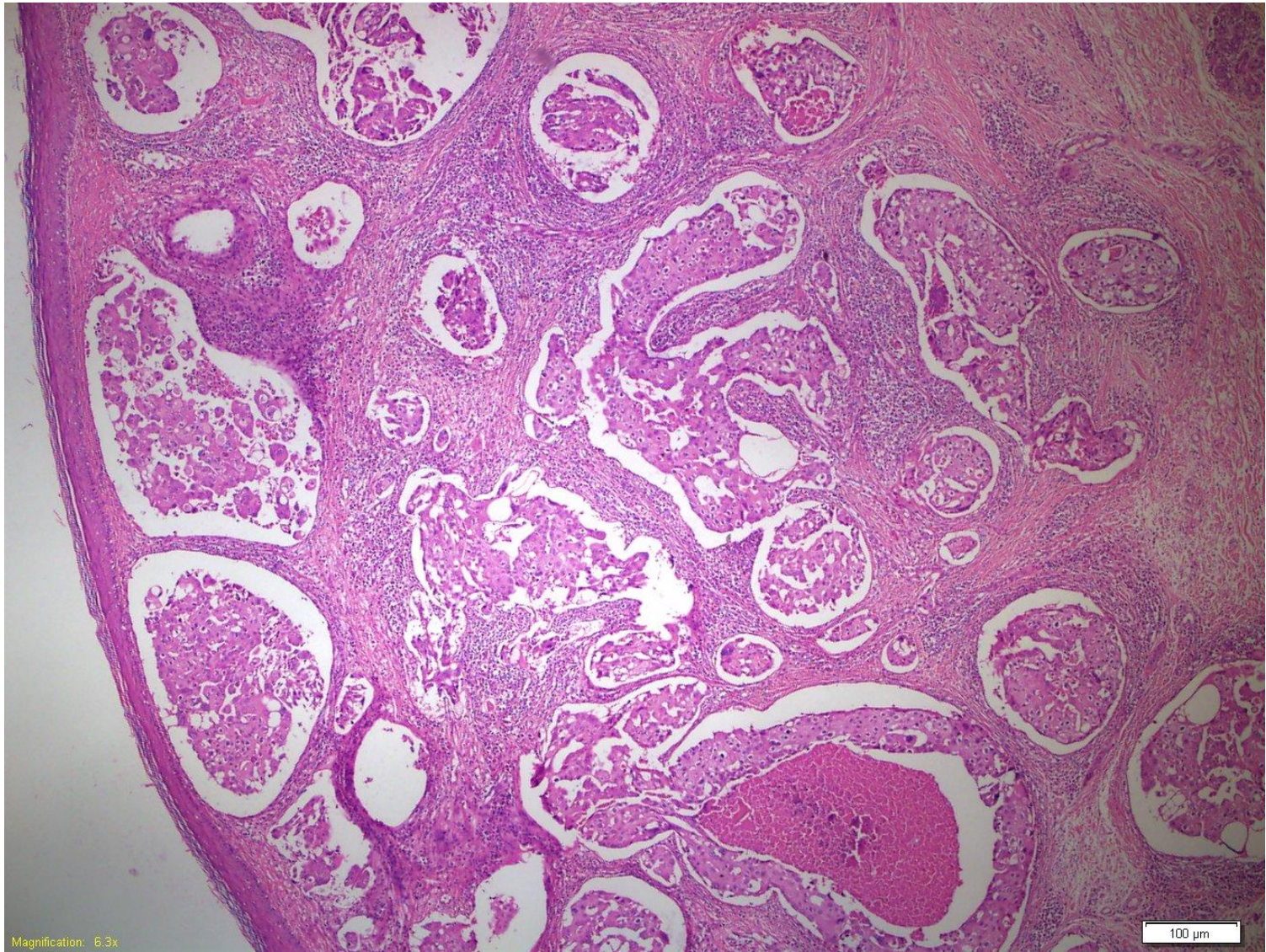
Magnification: 252x

20  $\mu$ m

# Şubat 2010

6x2x2 cm. deri-deri altı içeren, deride düzensiz alanlar bulunan spesimen

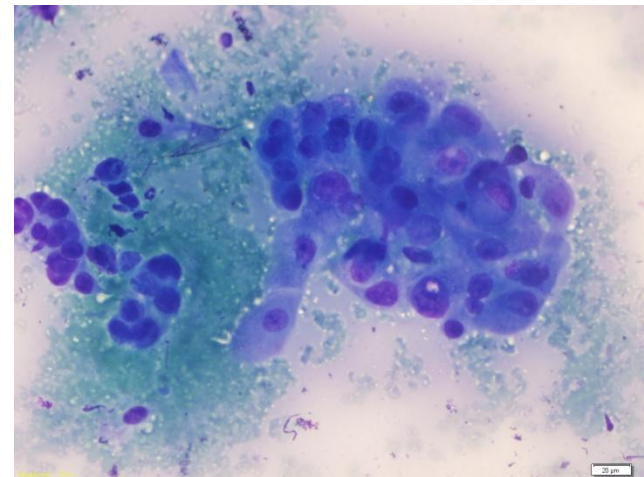
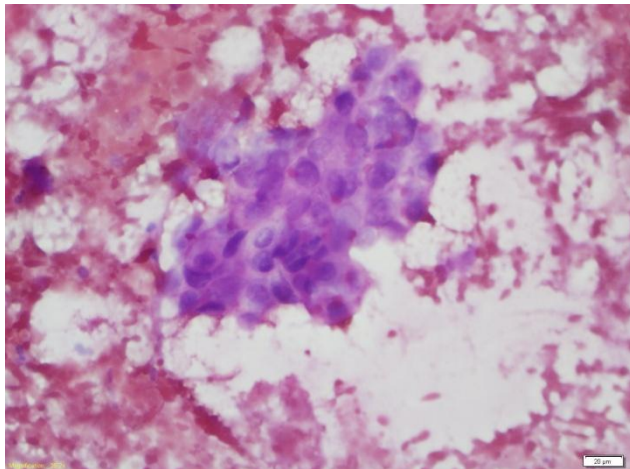
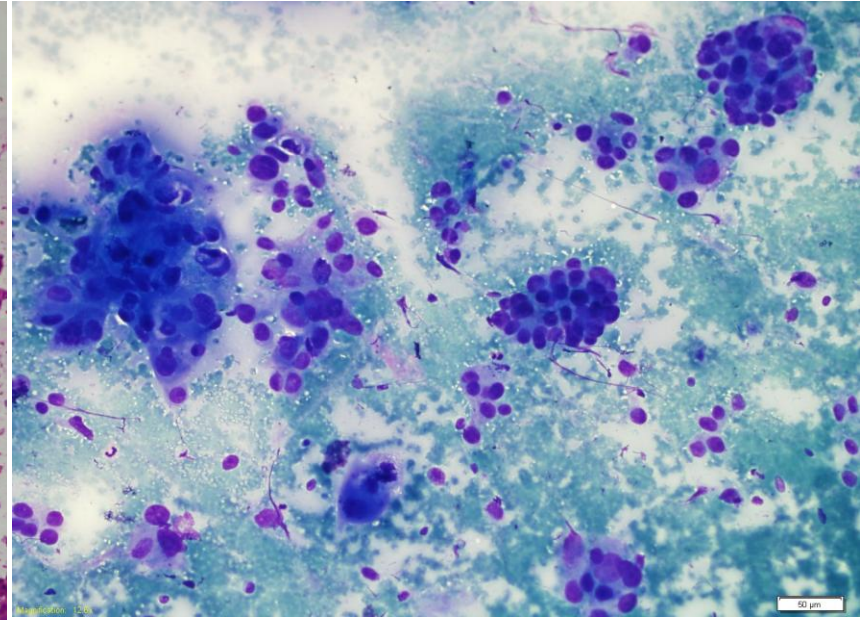
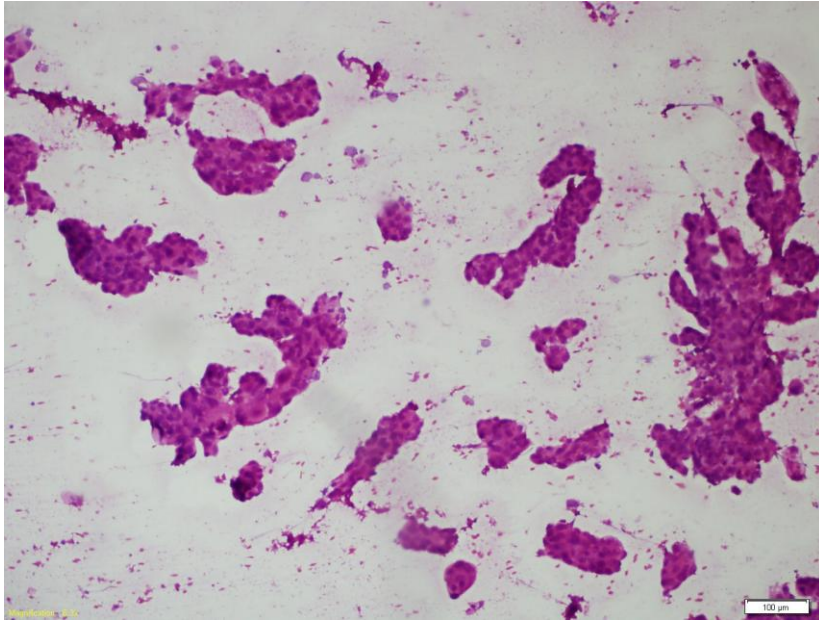




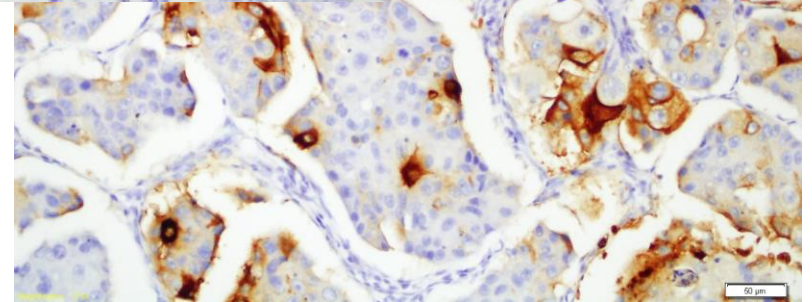
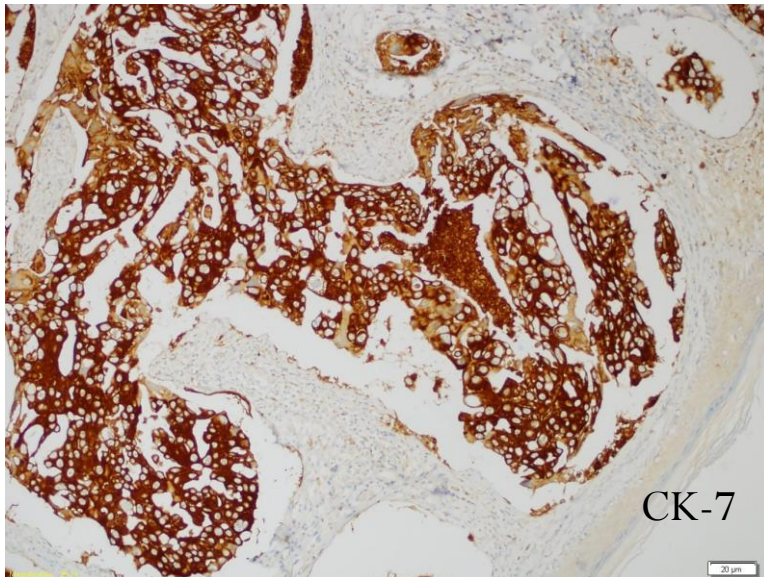
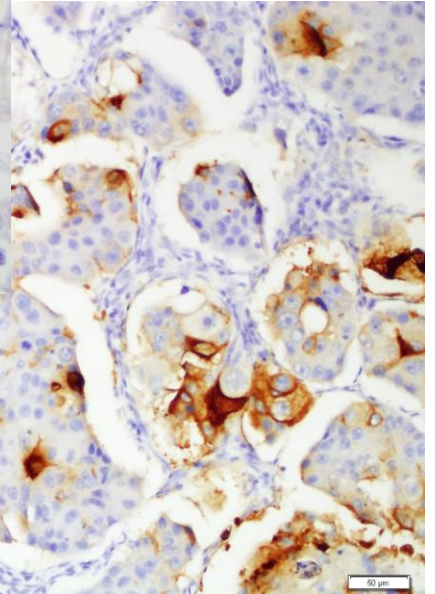
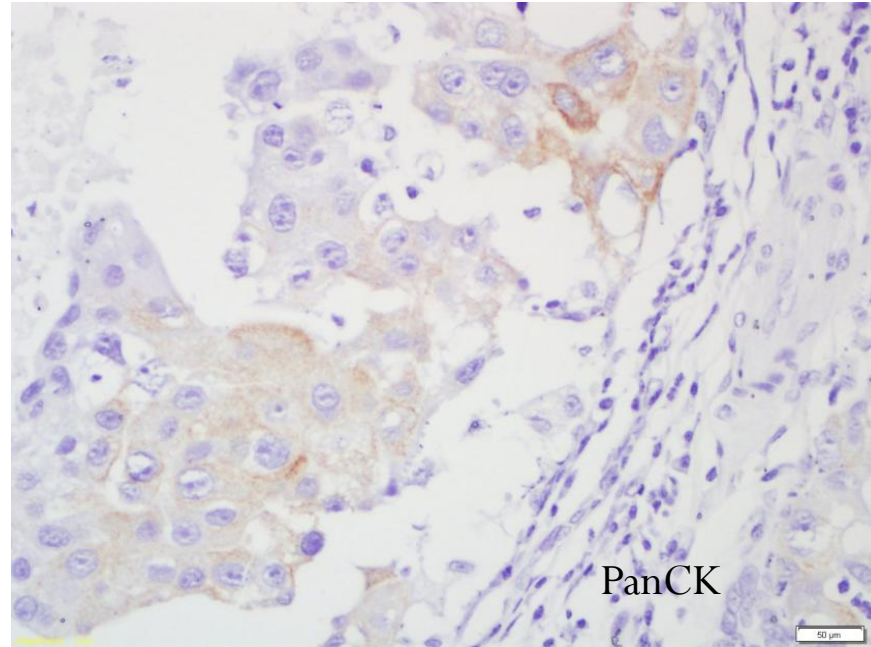
Magnification: 6.3x

100  $\mu$ m

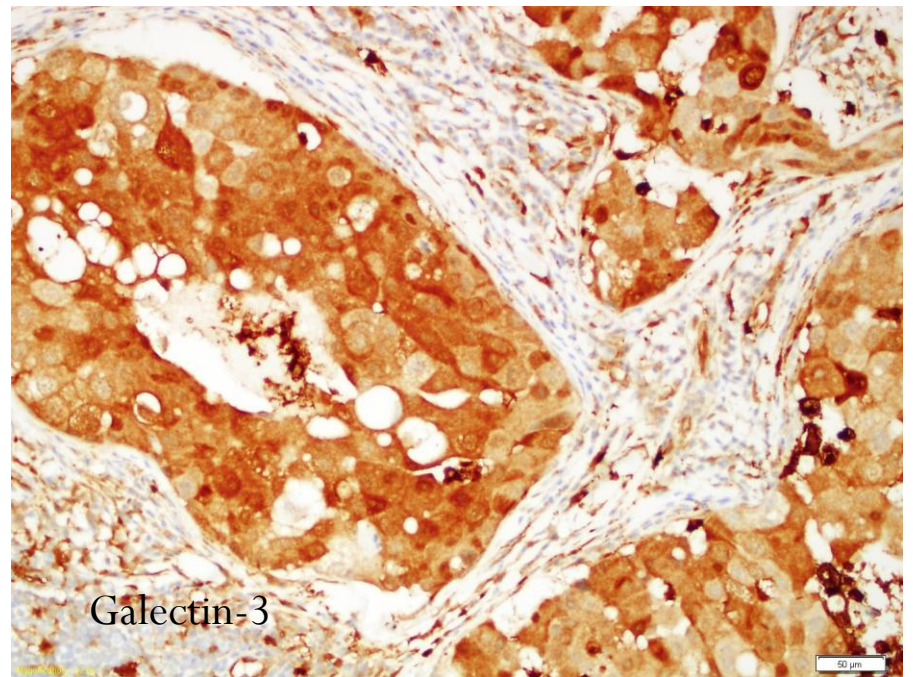
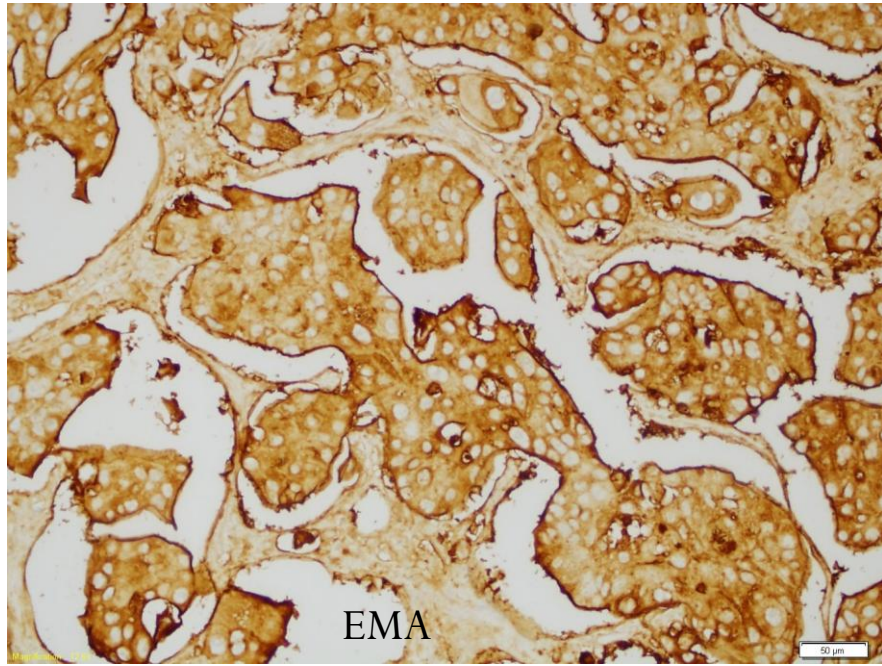
# Aralık 2010: Tiroid iiAB

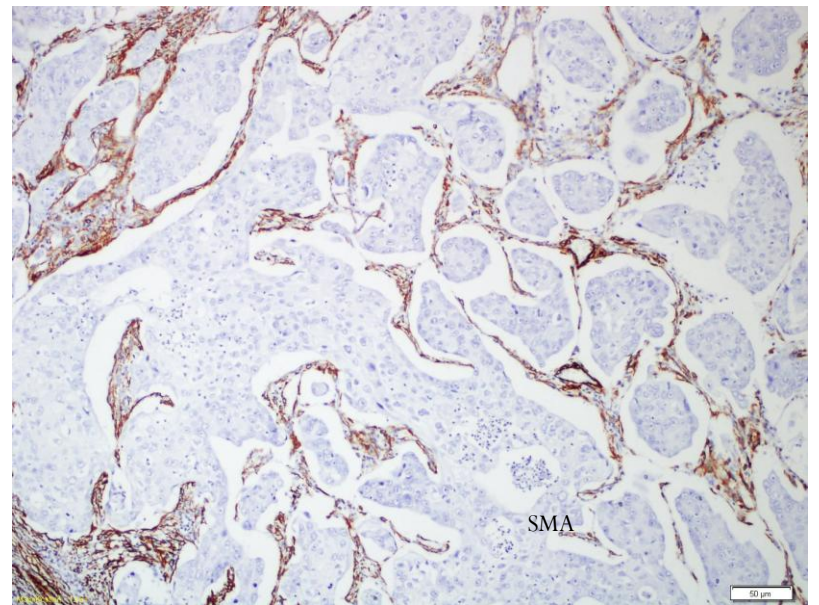
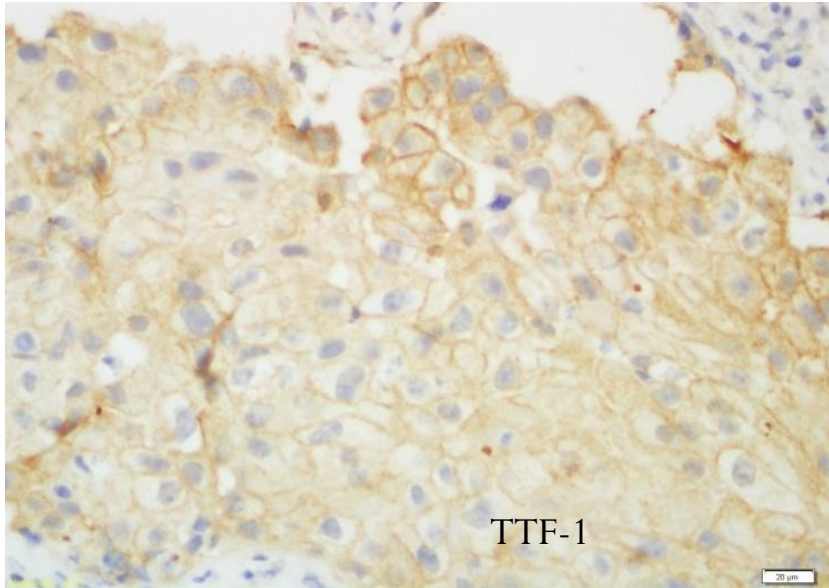
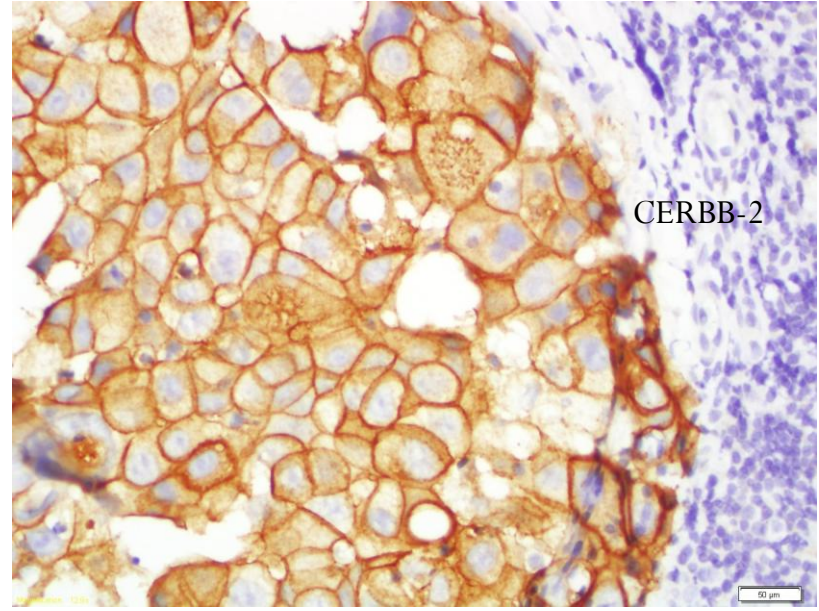
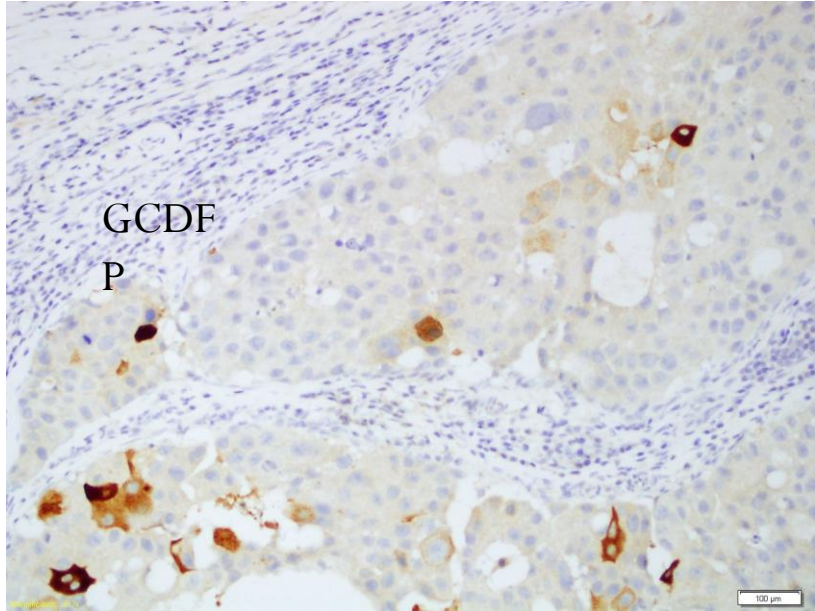


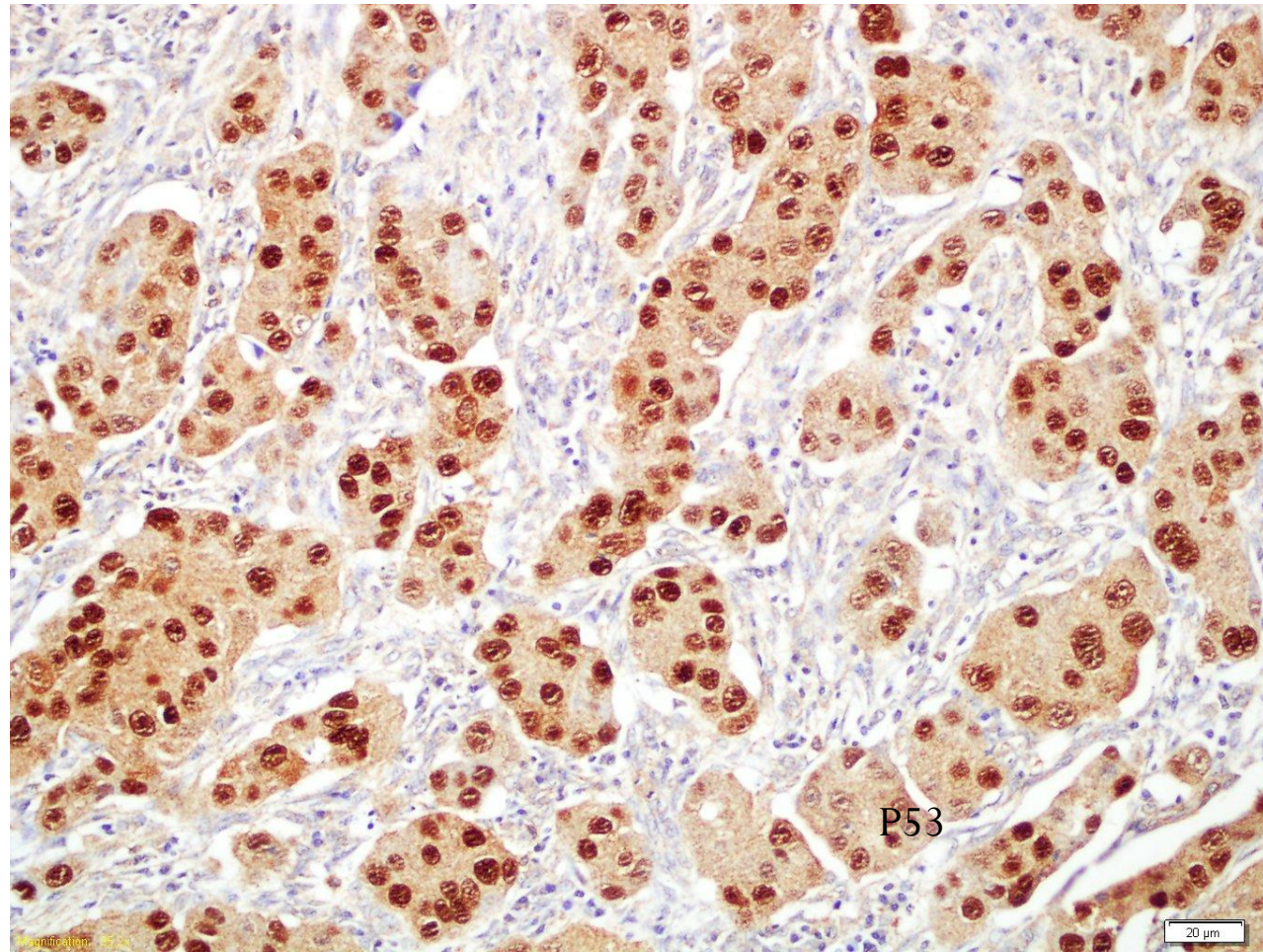
# Immunohistokimya

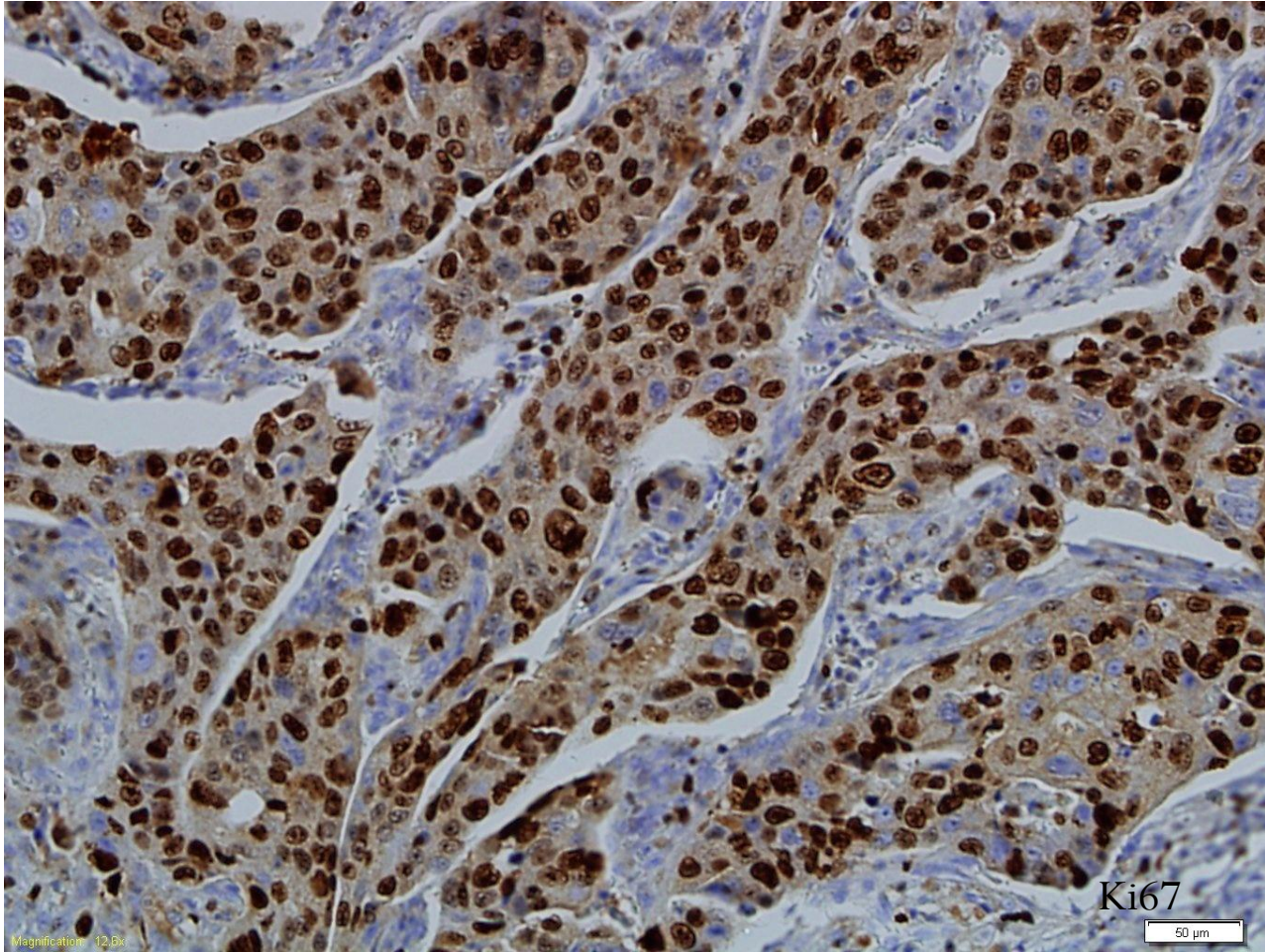


CE  
A









# İmmunhistokimyasal sonuçlar

## Pozitif

PanCK  
CEA  
CERB B-2  
CK7  
GCDFP-15  
EMA  
GALECTİN-3  
P53  
Ki67

## Negatif

CK20  
S-100  
HMBE-1  
TİROGLOBULİN  
P63  
PSA  
ER  
PR  
SMA  
Vimentin  
CK14  
Siklin D-1



# Temmuz 2011

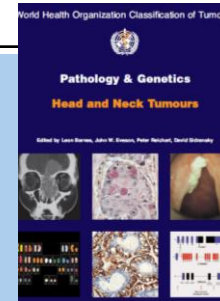
Exitus

Tanı:

# Tükrük bezi duktus karsinomu (TDK)

1983: Chen

(1968: Kleinsasser EMK)



## Malignant epithelial tumours

Acinic cell carcinoma	8550/3
Mucoepidermoid carcinoma	8430/3
Adenoid cystic carcinoma	8200/3
Polymorphous low-grade adenocarcinoma	8525/3
Epithelial-myoepithelial carcinoma	8562/3
Clear cell carcinoma, not otherwise specified	8310/3
Basal cell adenocarcinoma	8147/3
Sebaceous carcinoma	8410/3

## Low-grade cribriform cystadenocarcinoma

Syn: Low-grade salivary duct carcinoma /3

Cystadenocarcinoma	8440/3
Low-grade cribriform cystadenocarcinoma	

## Salivary duct carcinoma

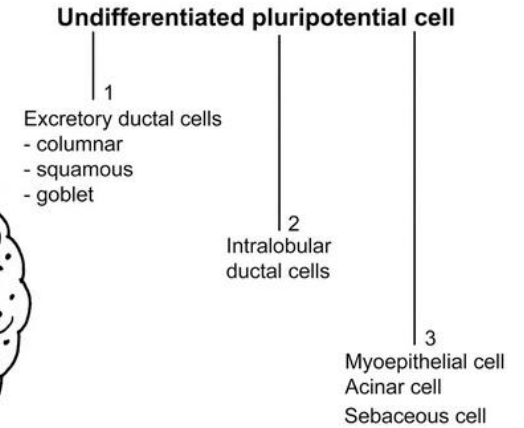
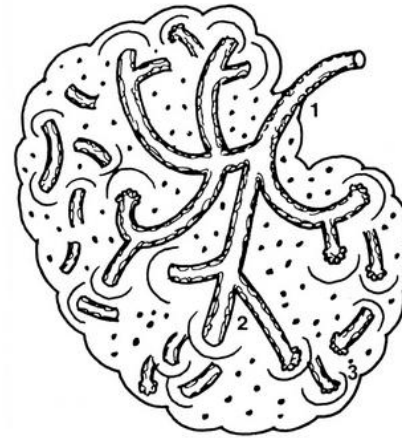
Oncocytic carcinoma	8290/3
Salivary duct carcinoma	8500/3
Adenocarcinoma, not otherwise specified	8140/3
Myoepithelial carcinoma	8982/3
Carcinoma ex pleomorphic adenoma	8941/3
Carcinosarcoma	8980/3
Metastasizing pleomorphic adenoma	8940/1
Squamous cell carcinoma	8070/3
Small cell carcinoma	8041/3
Large cell carcinoma	8012/3
Lymphoepithelial carcinoma	8082/3
Sialoblastoma	8974/1

# AFIP (Ellis G, Auclair P)

Tanım (AFIP 2008): Nadir, yüksek dereceli, intralobuler ve interlobuler dış salgı kanallarından köken alan malign neoplazm.

Histopatolojik karakteristikleri: İyi sınırlı, çoğu komedonekroz içeren kistik nodülleri sarmalayan orta-şiddetli arası atipi gösteren epitelyal hücreler ve bunlardan daha küçük lümenli veya lümensiz infiltratif tümör yuvacıkları.

Çarpıcı meme duktal karsinom benzerliği.



Varyantları:

Sarkomatoid

Musinden zengin

Mikropapiller

Osteoklast tipte dev hücreli

Düşük dereceli

- Duktal proliferatif arktektür düşük dereceli alt tiple olan tek ortak özellik.

*Morfolojik görünüm ve onkolojik potansiyelleri farklı*

WHO sınıflaması - 'düşük dereceli kribriform  
kistadenokarsinom-

Sitolojik atipi ve komedonekroz yok

(AFIP destekli terminoloji)

Malign epitelyal tükrük bezi tümörlerinin %1'inden azı

'Tükrük bezi karsinomu' %2-3.9 (Garland, Simpson serileri)

# WHO TDK ayırıcı tanı

- **Metastatik meme karsinomu**
- Skuamoz hücreli karsinom
- Onkositik karsinom
- Mukoepidermoid karsinom

Pleomorfik adenom ex karsinom eşliği

Memenin analogu-tükrük bezi duktal epitel köken

Sklerozan polikistik adenozis öncül lezyon olabilir (Memenin fibrokistik deęişiklikleri)

Duktal karsinoma ve duktal karsinoma in-situ

Yüksek ve düşük dereceli

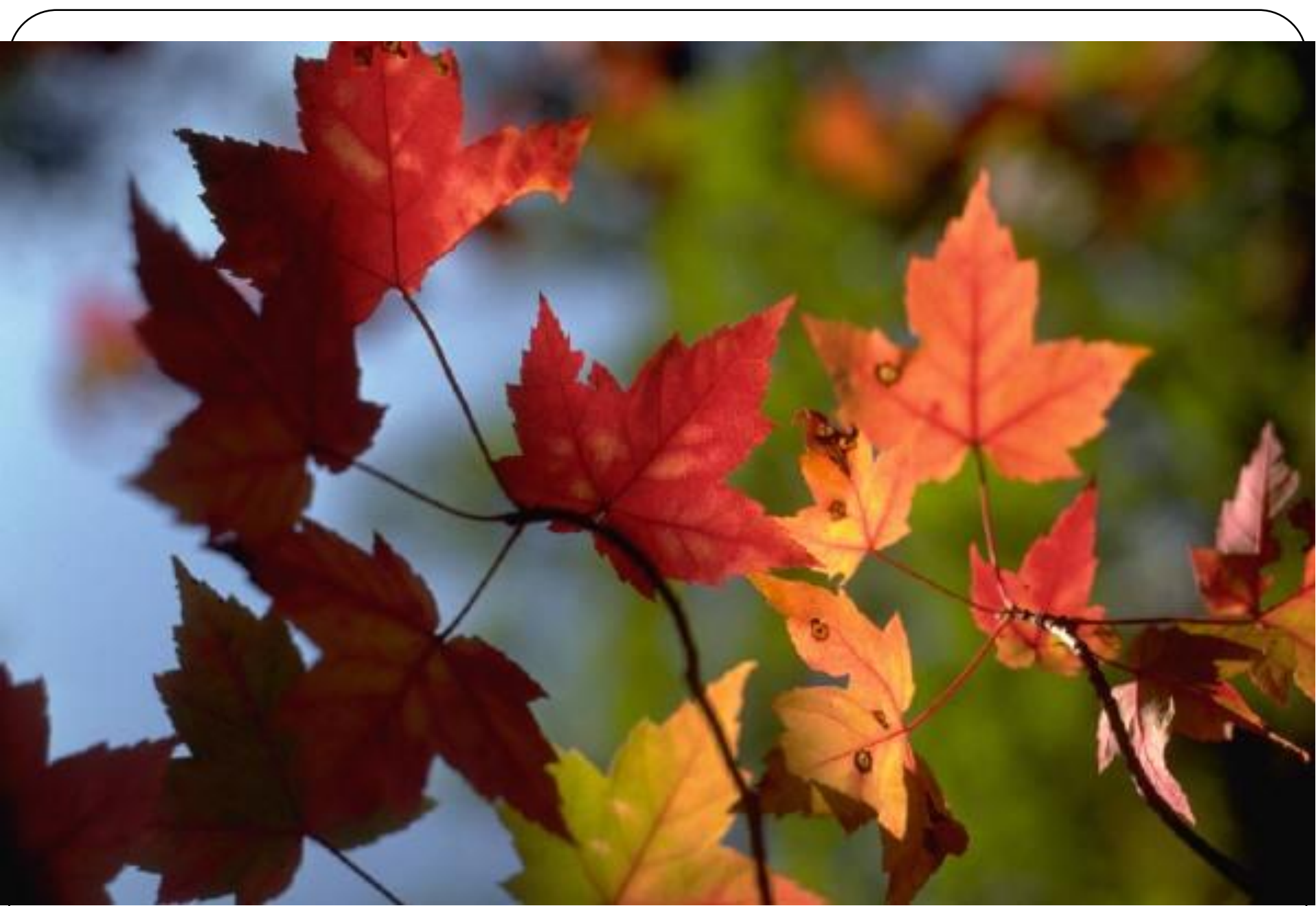
İnvazyon: Myoepitelyal belirleyiciler

Meme analogu lobuler tükrük karsinomu?

Önerme: Sınıflama ve adlandırma: Tıpkı meme gibi

Örn: 'Düşük dereceli DKİS ya da yüksek dereceli İnvaziv duktal ca.'





Tesekkürler