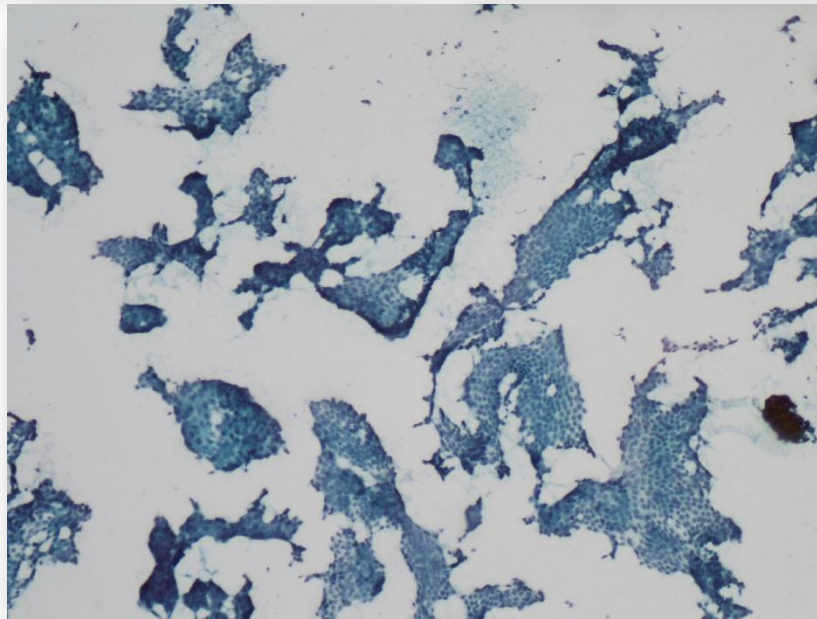
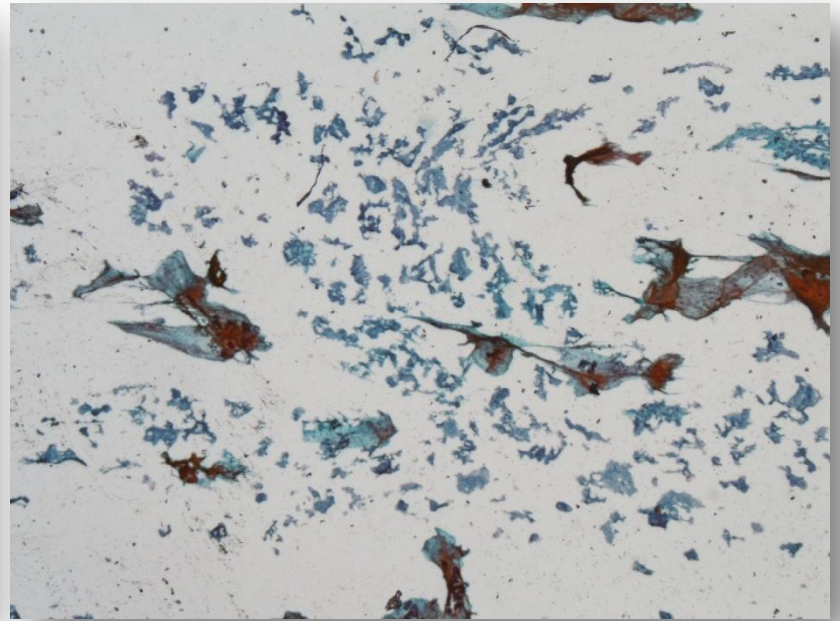
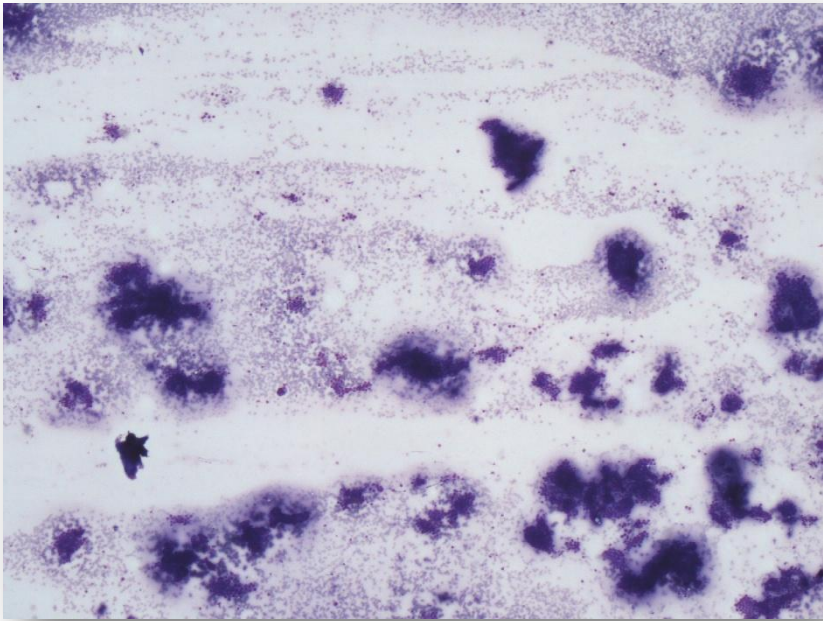
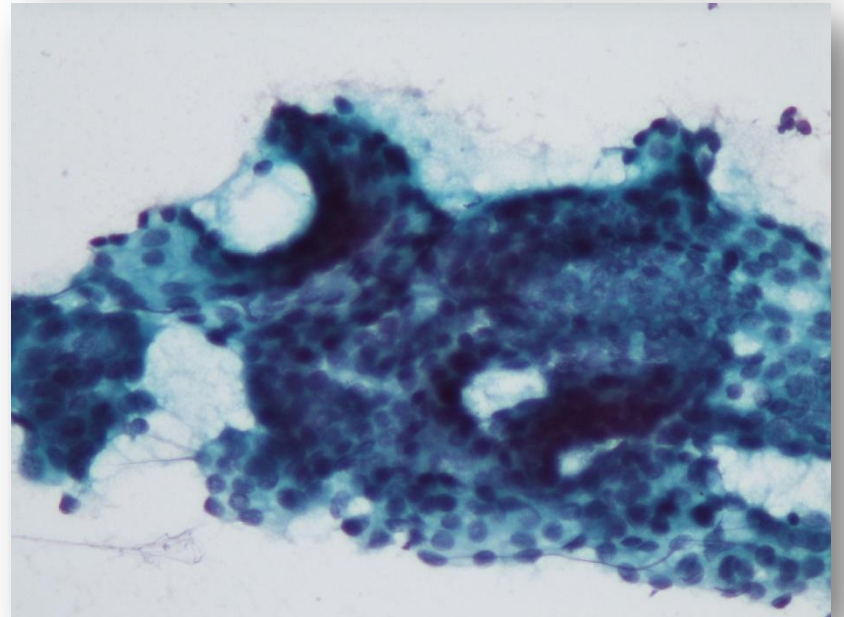
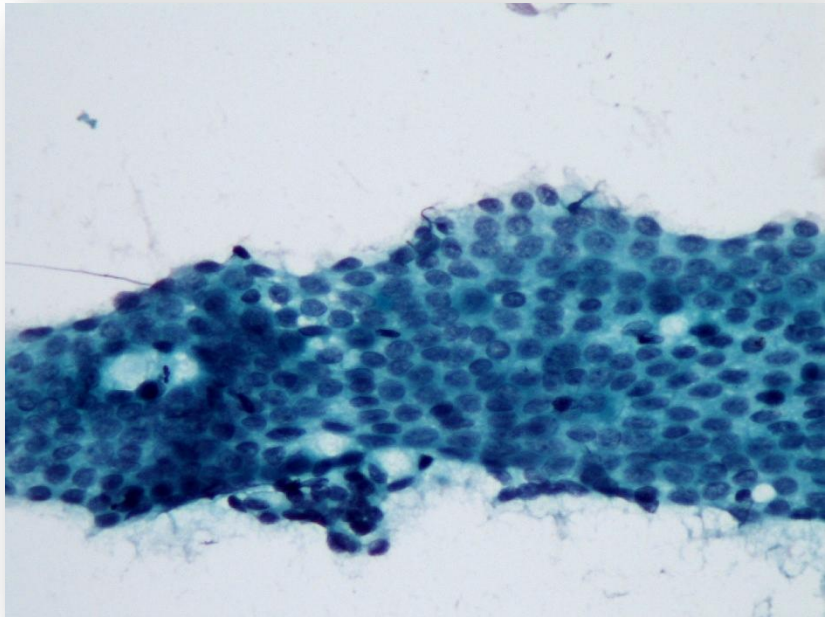
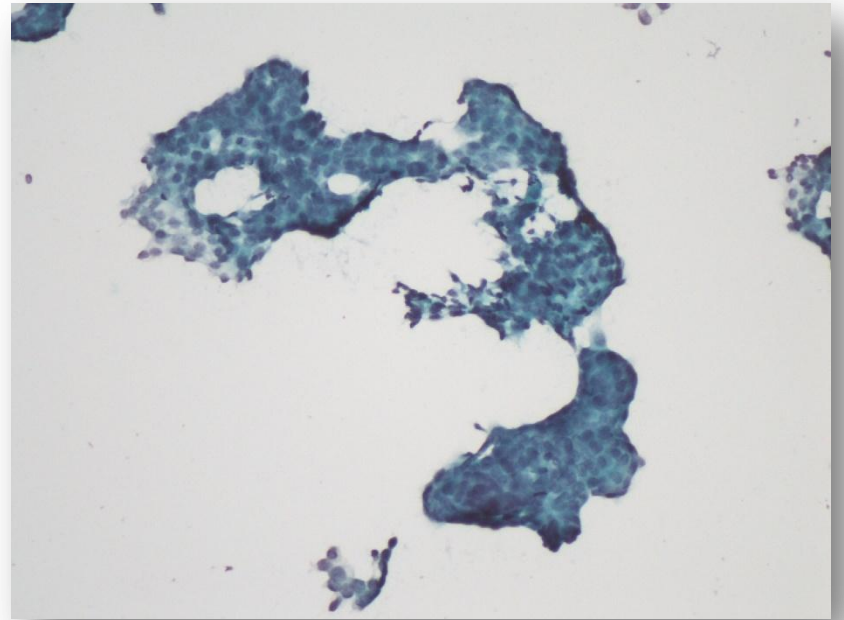
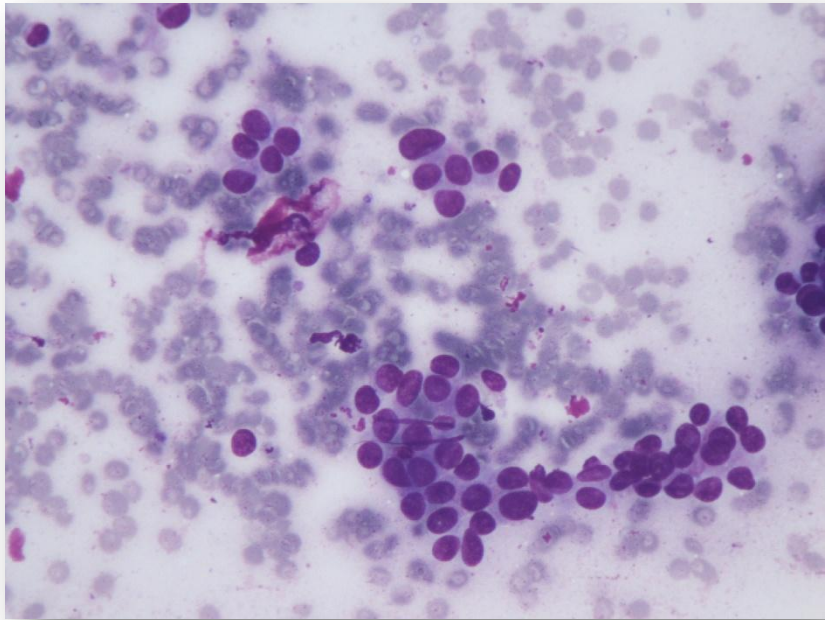


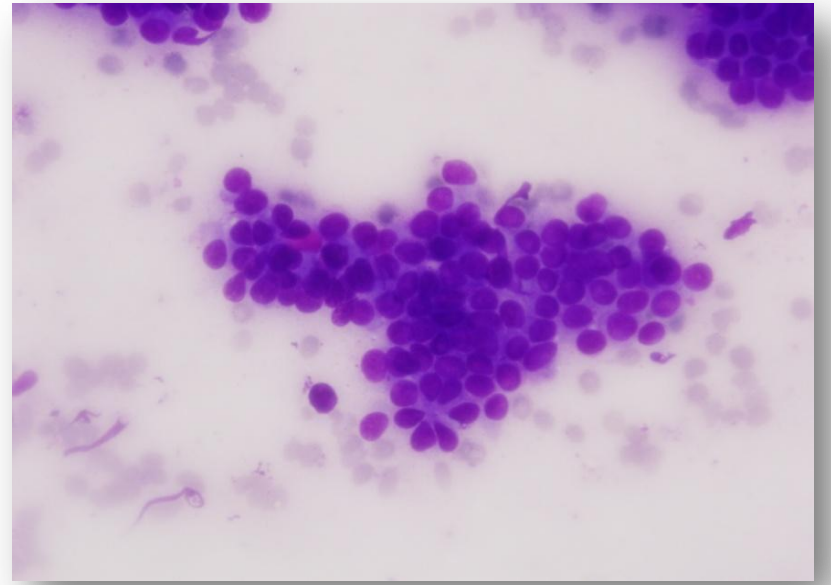
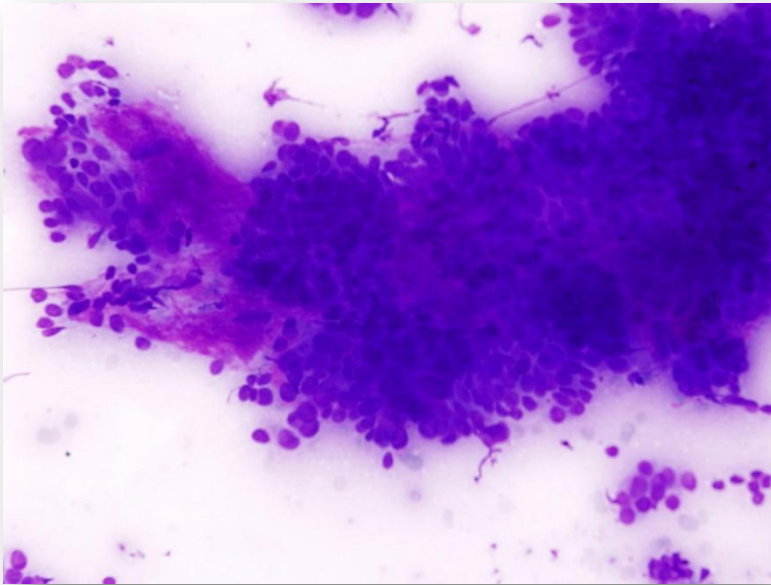
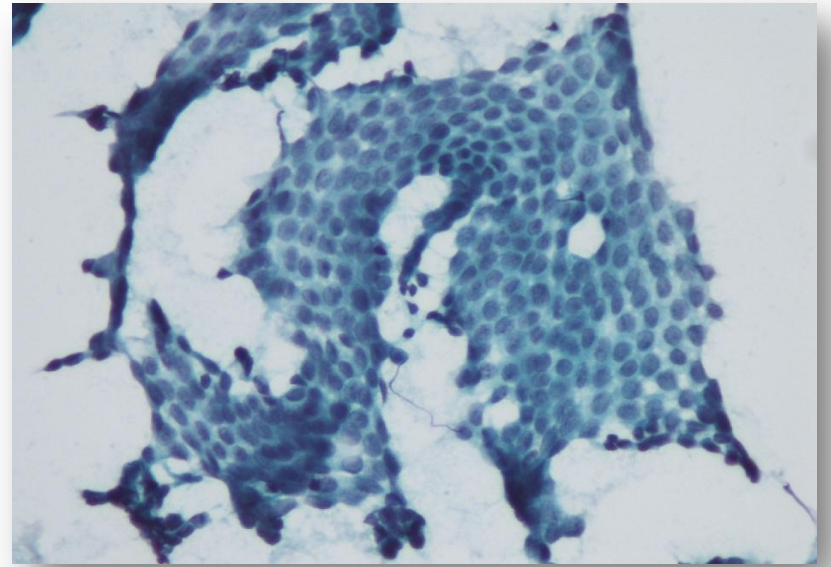
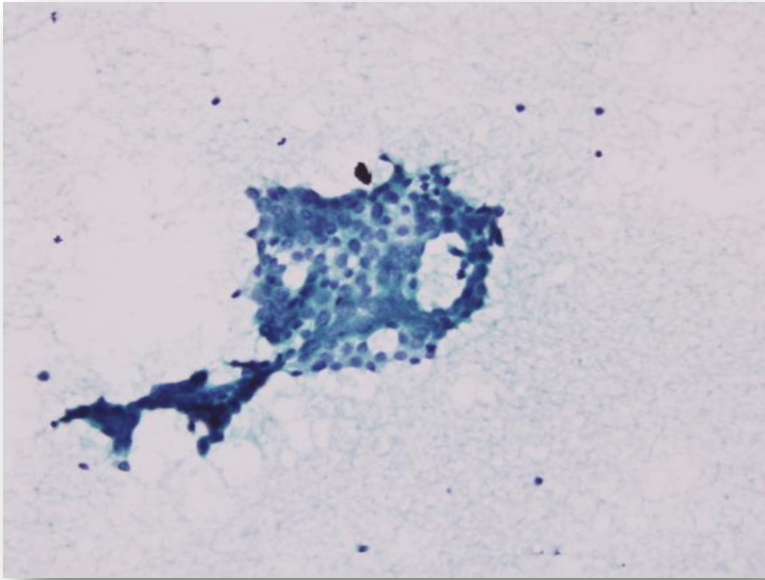
# Vaka takdimi

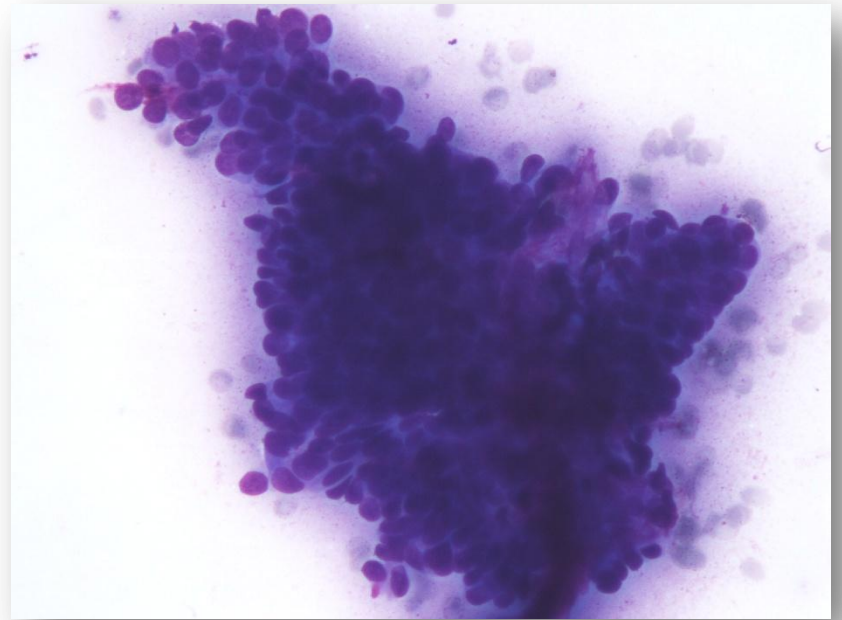
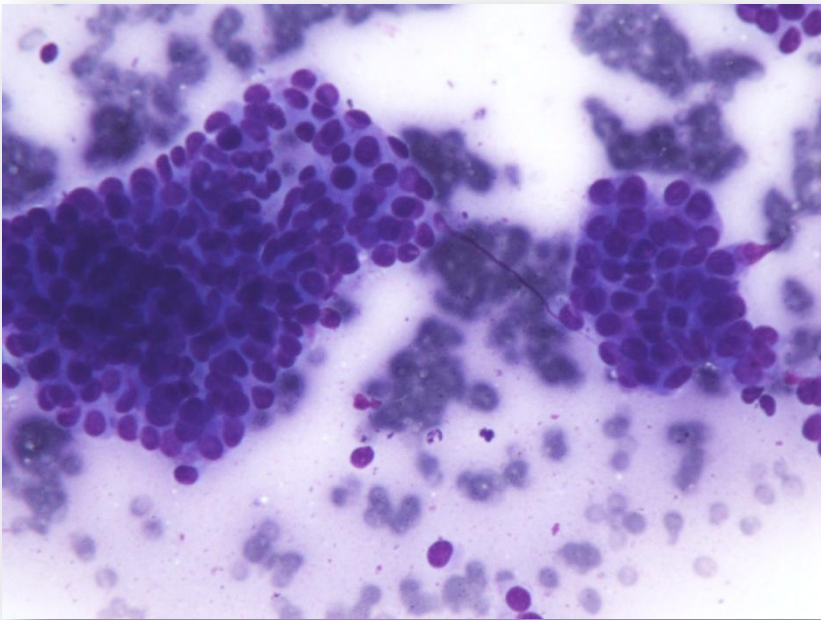
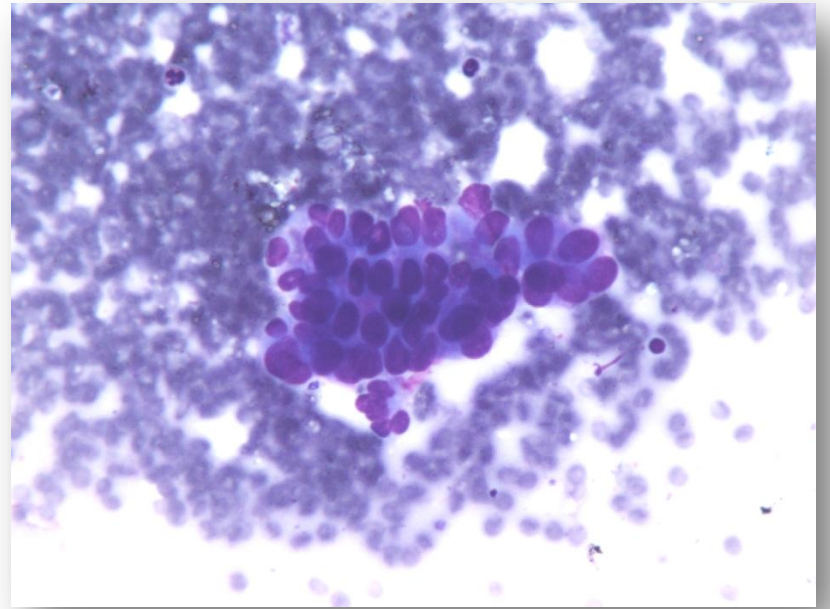
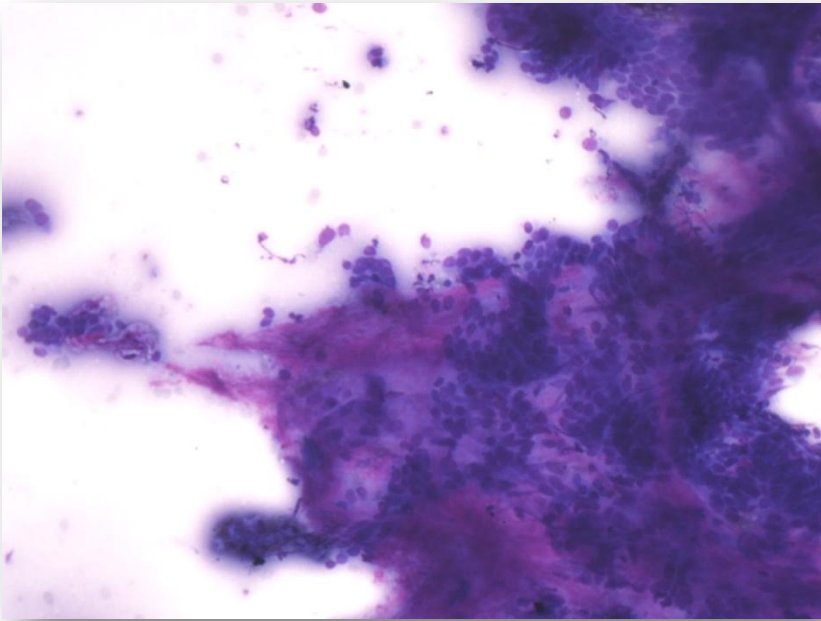
- 65 yaş, E
- Sağ sternoklaidomastoid kas posteriorunda
- 3,5x2,5 cm
- Yoğun kontrast tutulumu gösteren metastatik lenf nodu
- Klinik tanı: Tiroid Ca met?
- İİA yapıldı Prot. No. 24738-11
- Hasta başı yeterlik değerlendirilmesi: Yeterli



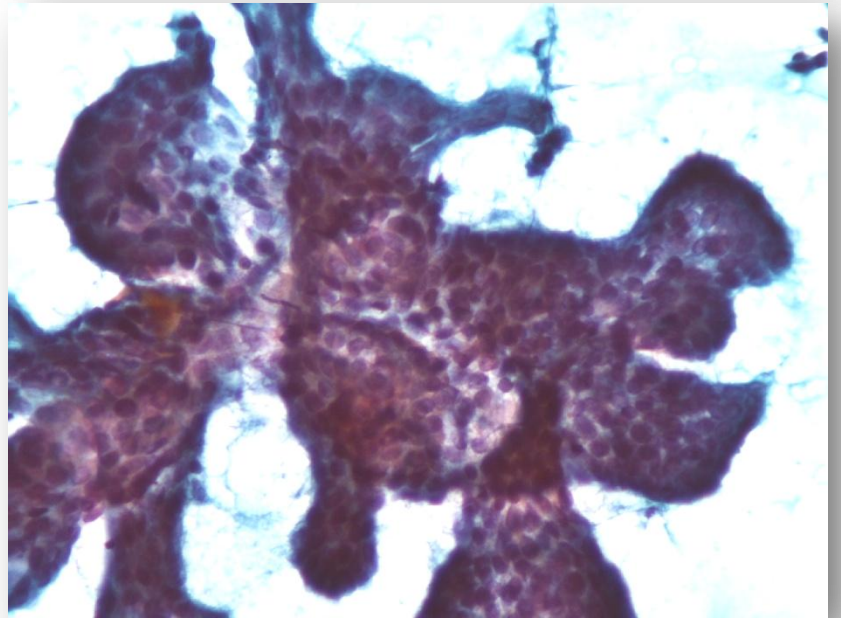
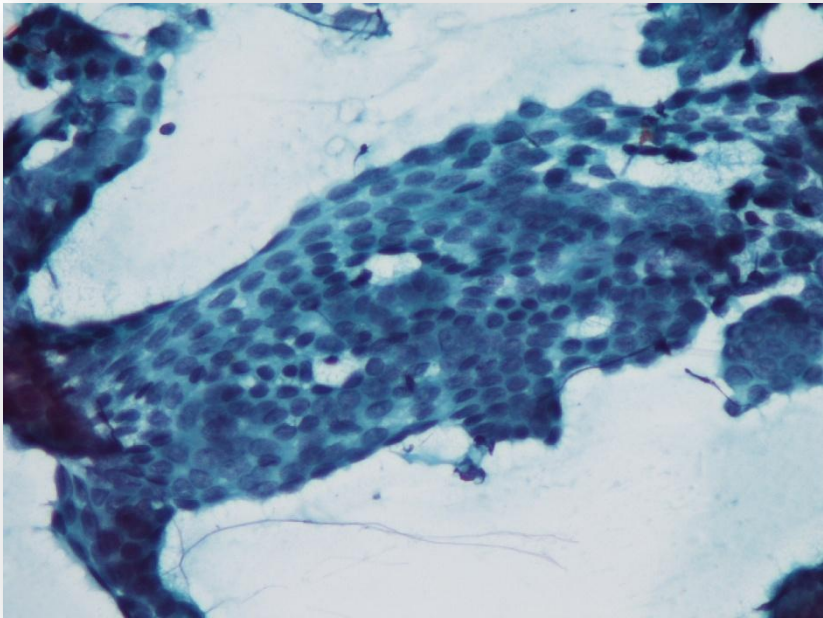
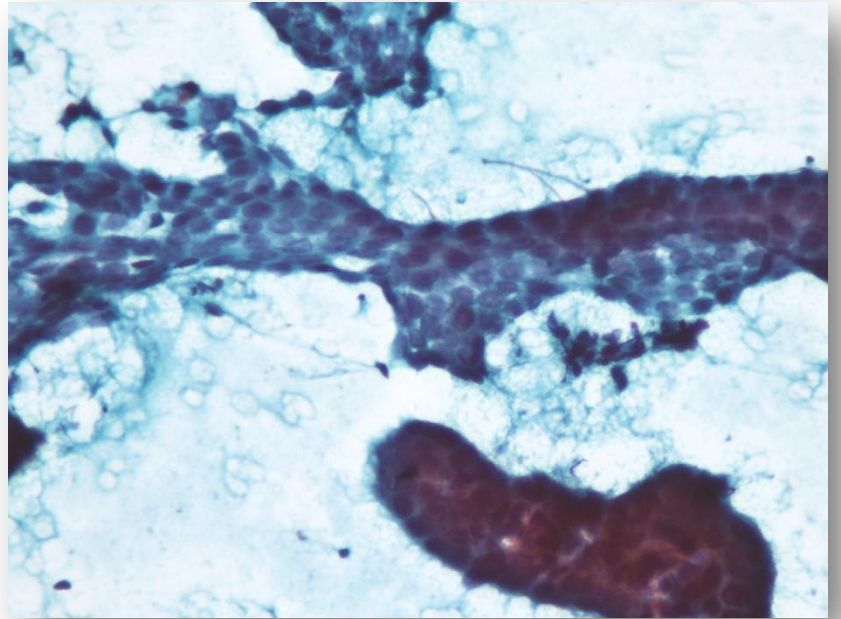
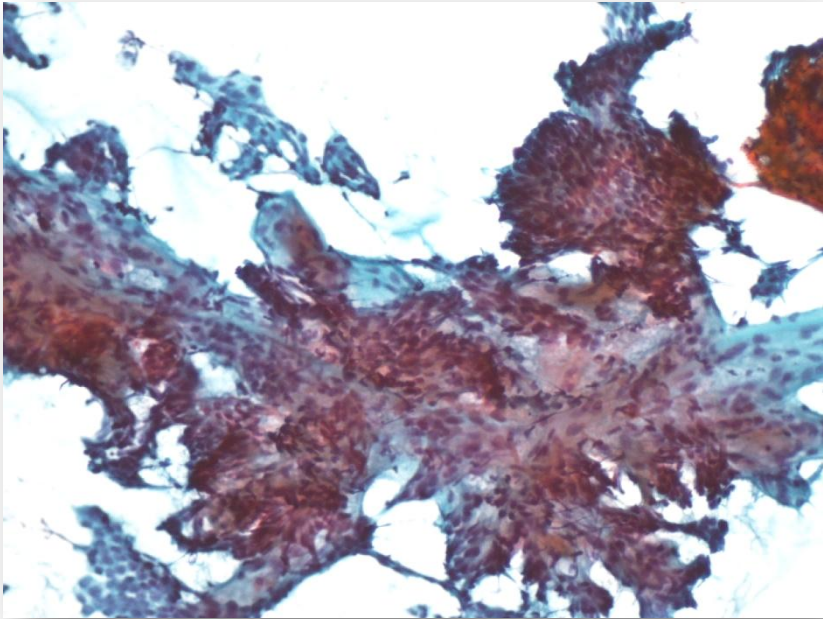
İTF 24738-11

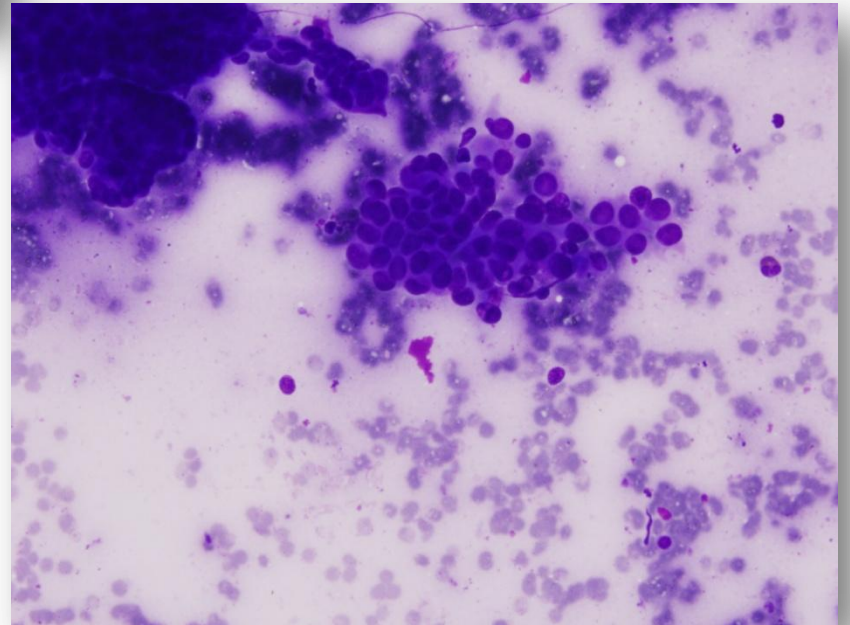
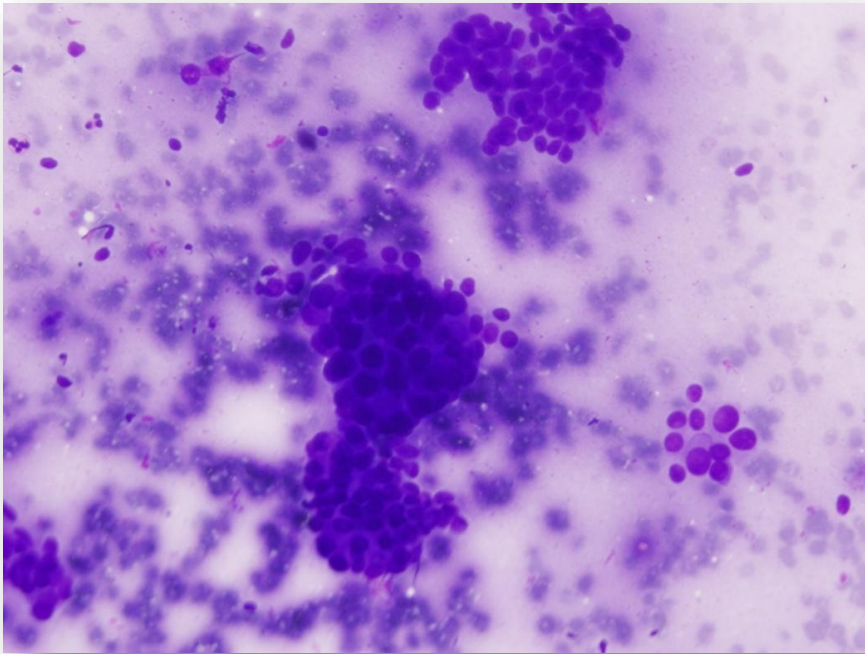




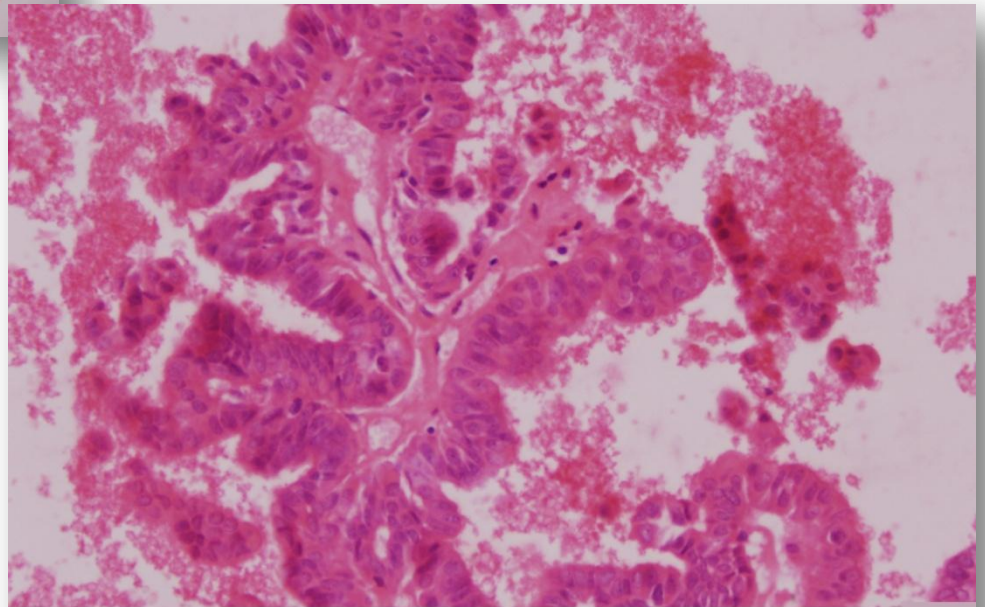
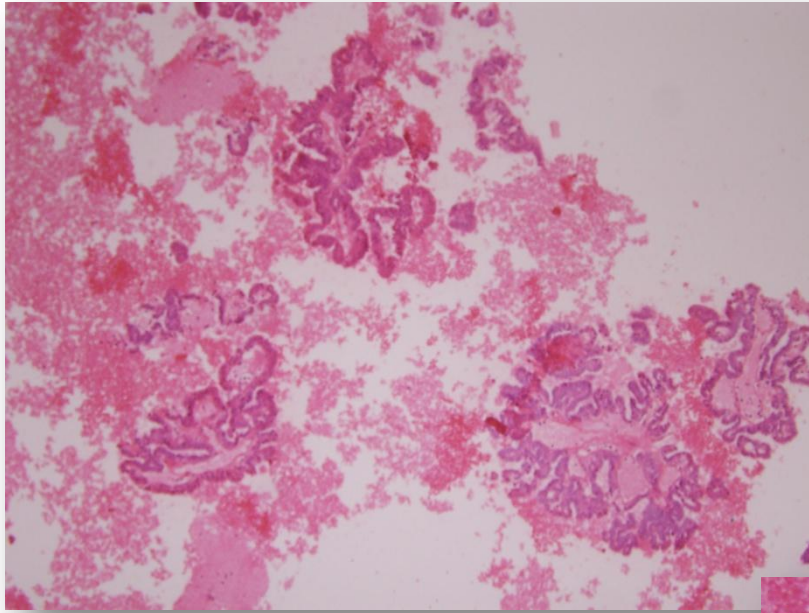


ITF 24738-11



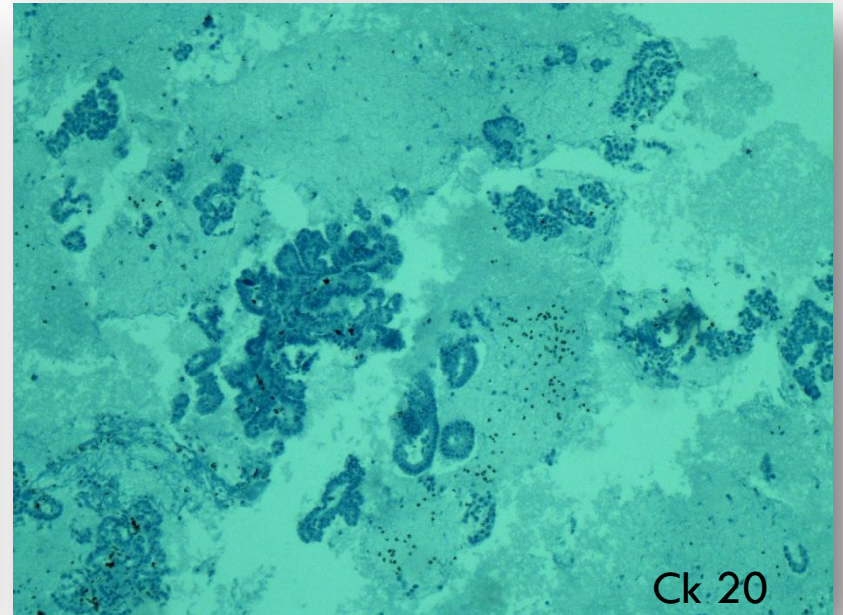
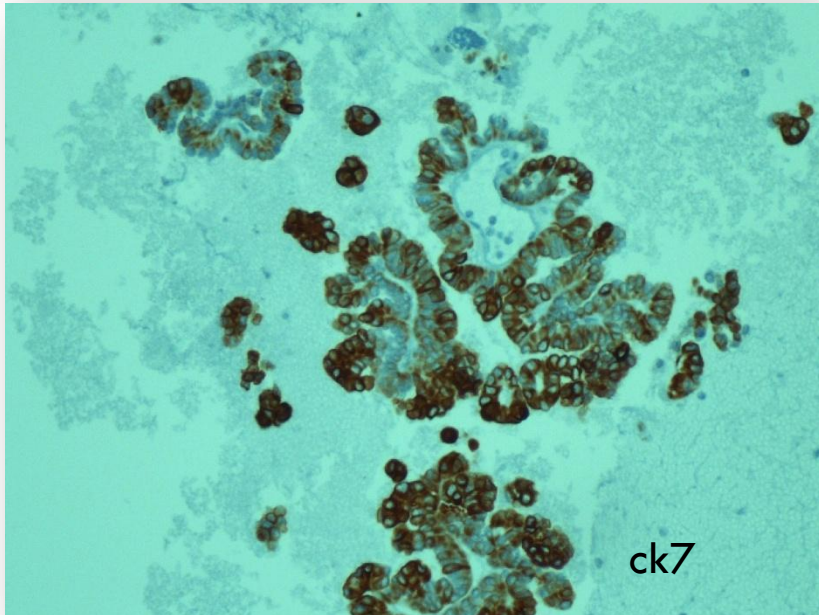
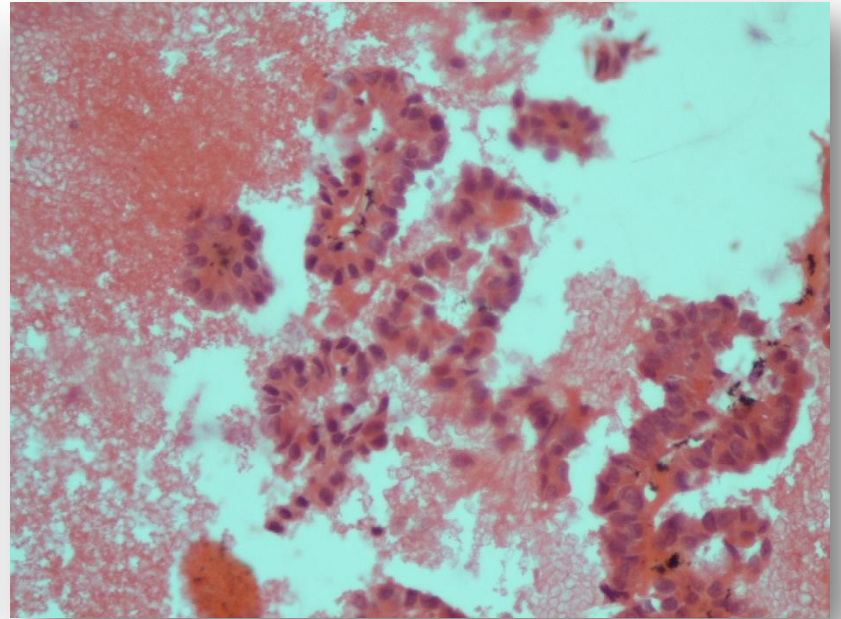
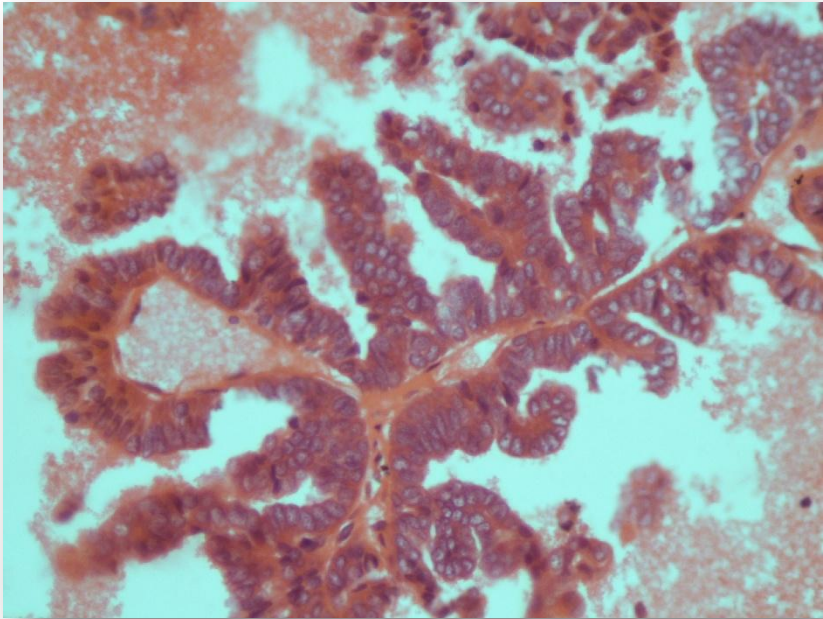


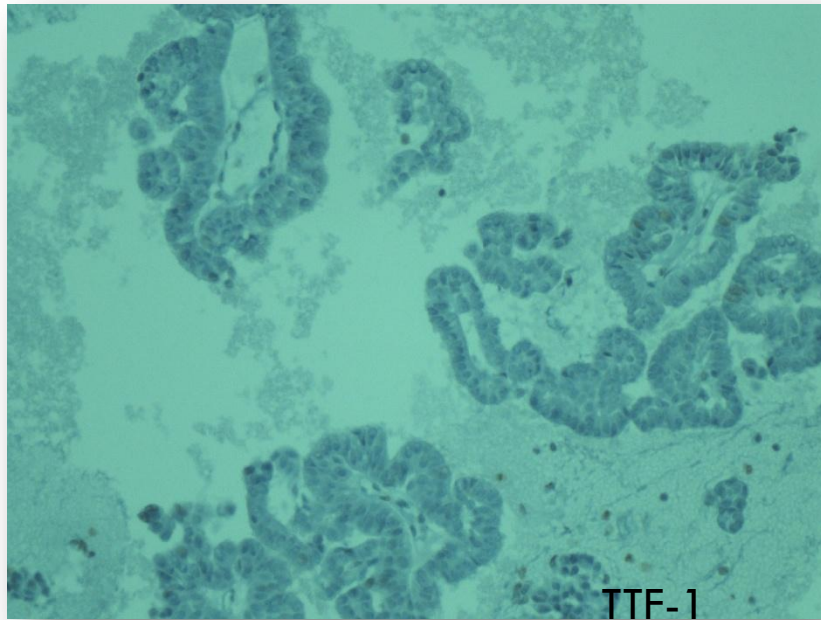
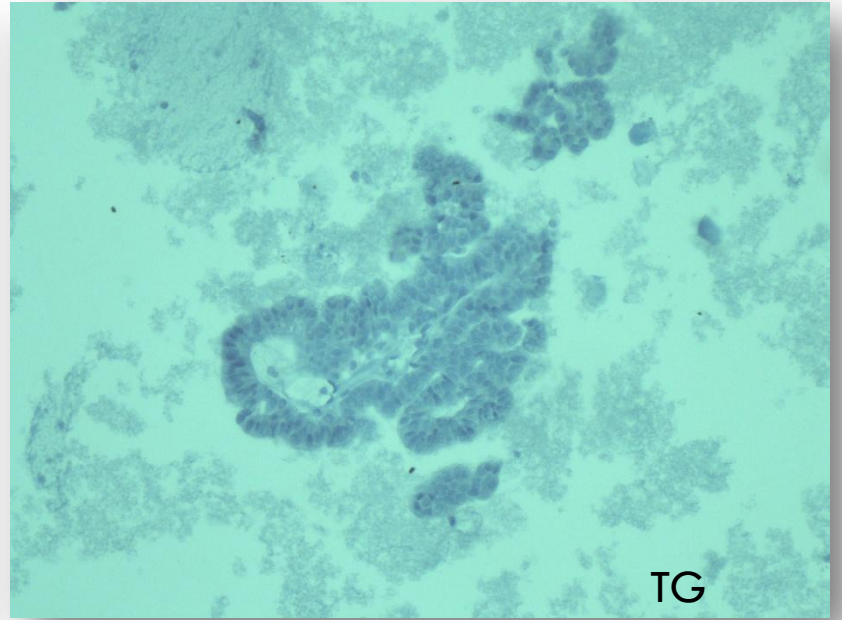
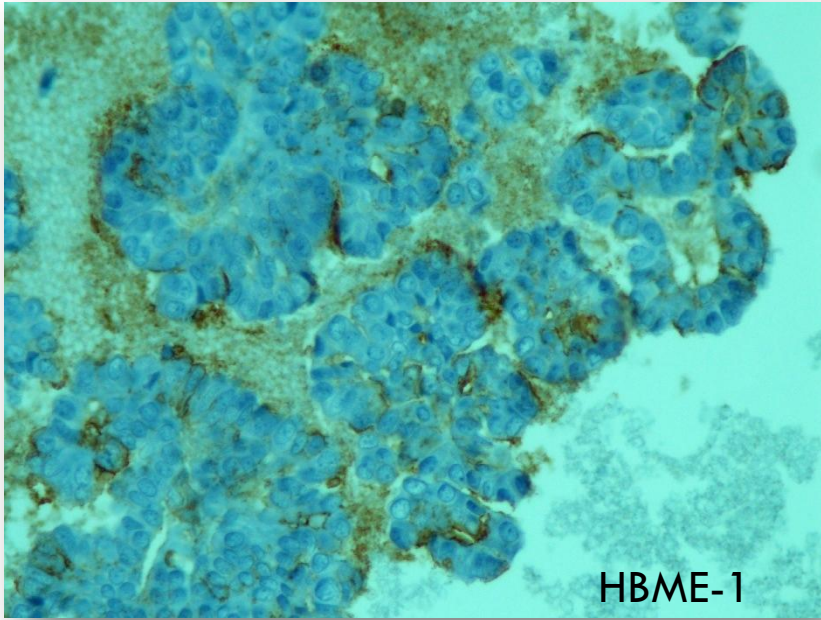
ITF 24738-11



ITF 24738-11







ITF 24738-11

# Tanınız nedir?

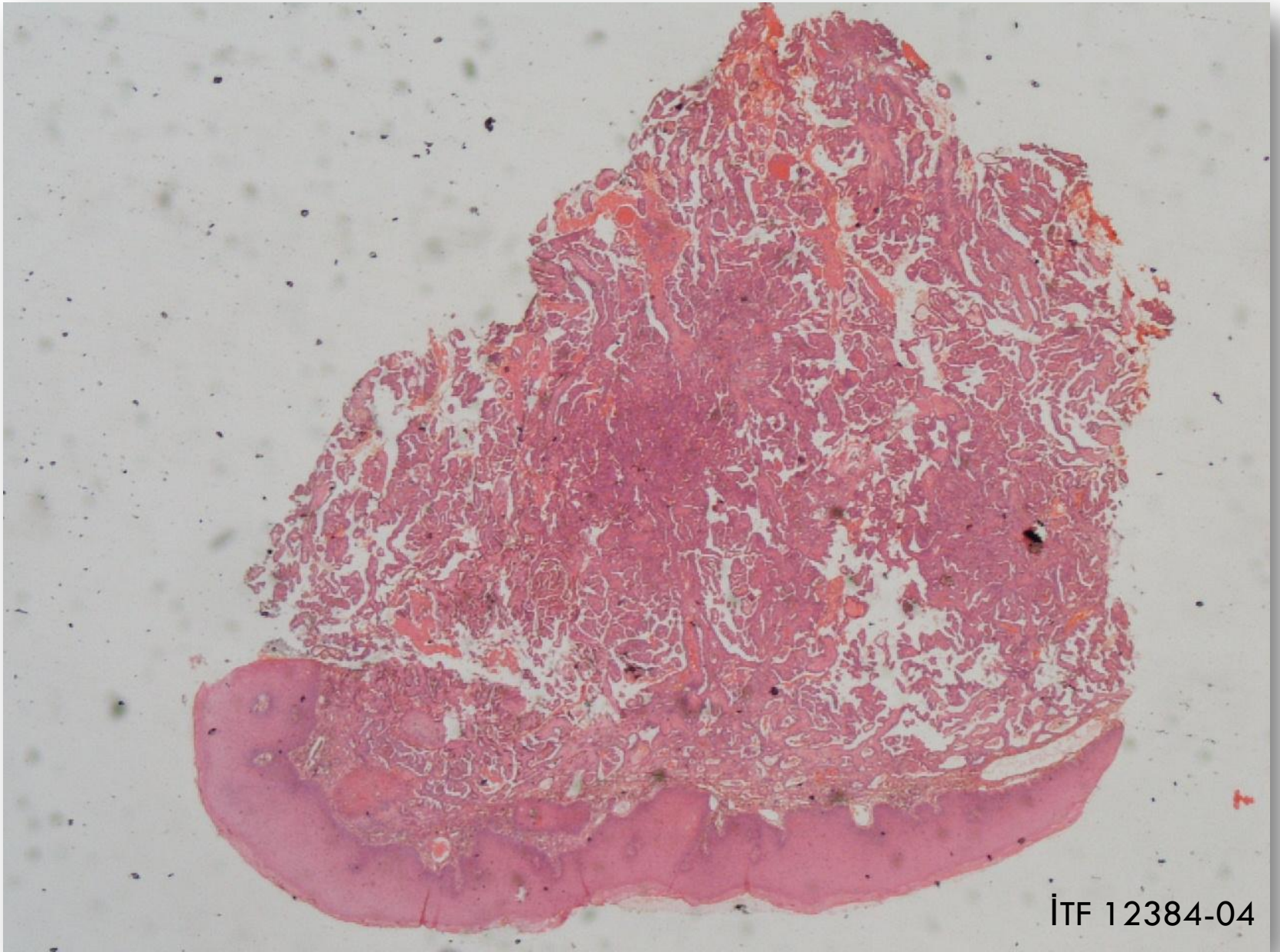
- Tiroid papiller Ca?
- Tükrük bezi tm?
  - Onkositik
  - Papiller
    - Pleomorfik adenom-ex CA
    - Onkositom
    - ACC

# Tanı

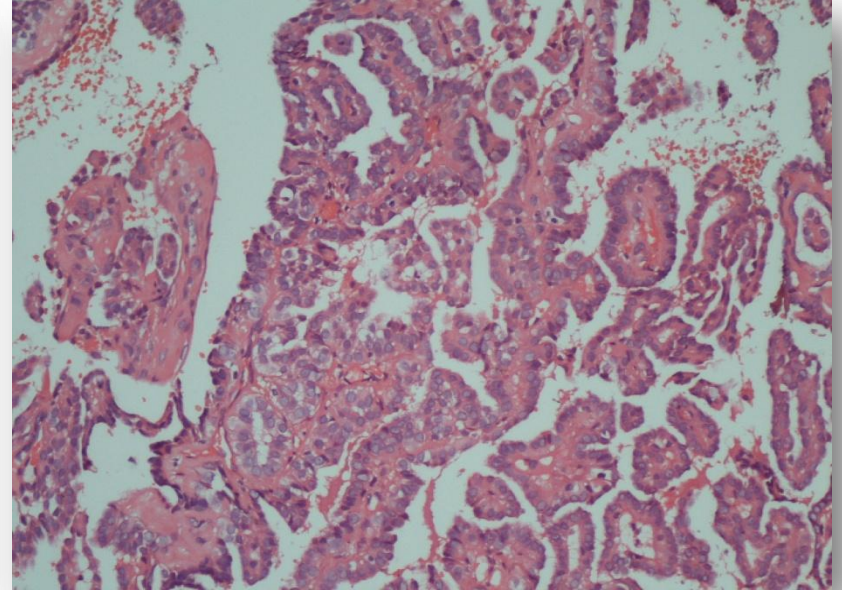
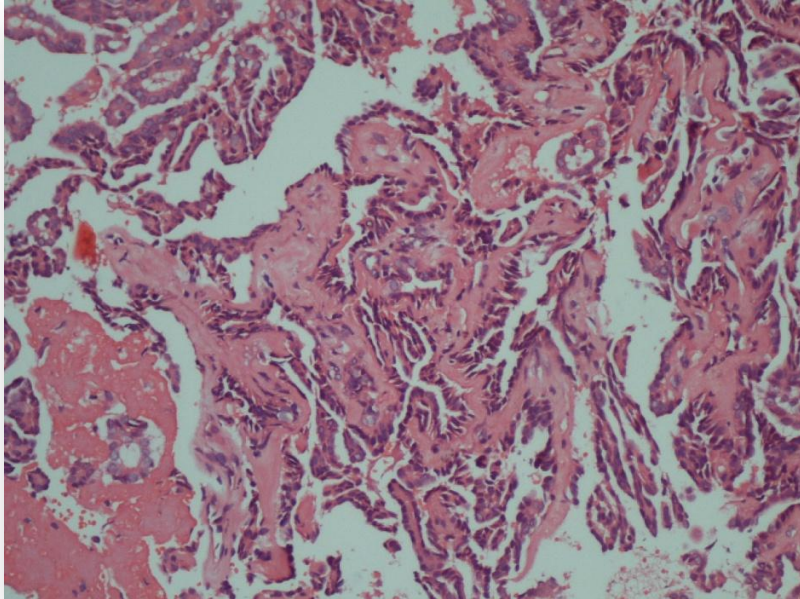
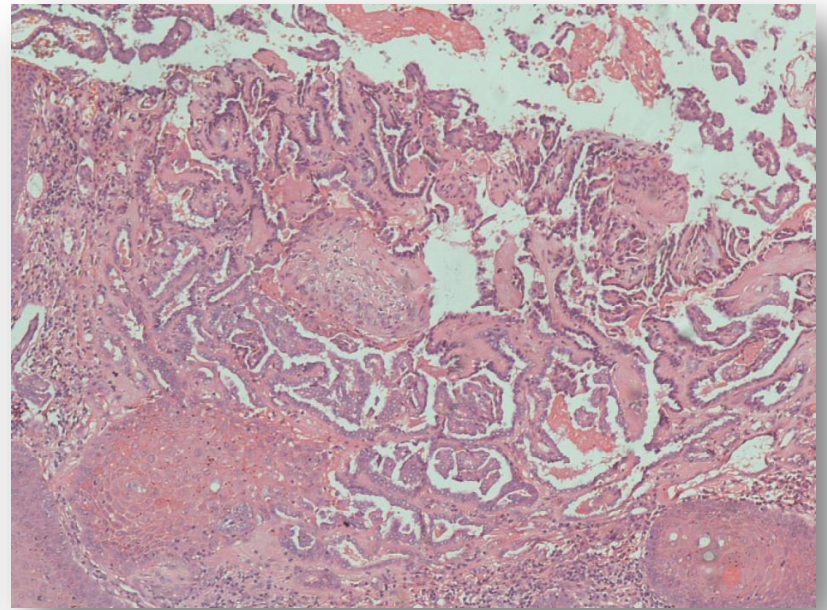
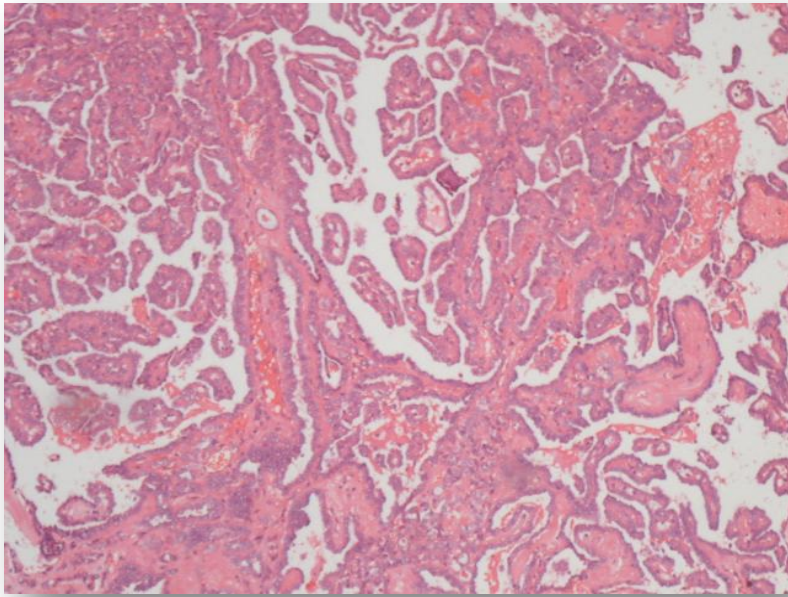
## Papiller Adenokarsinom

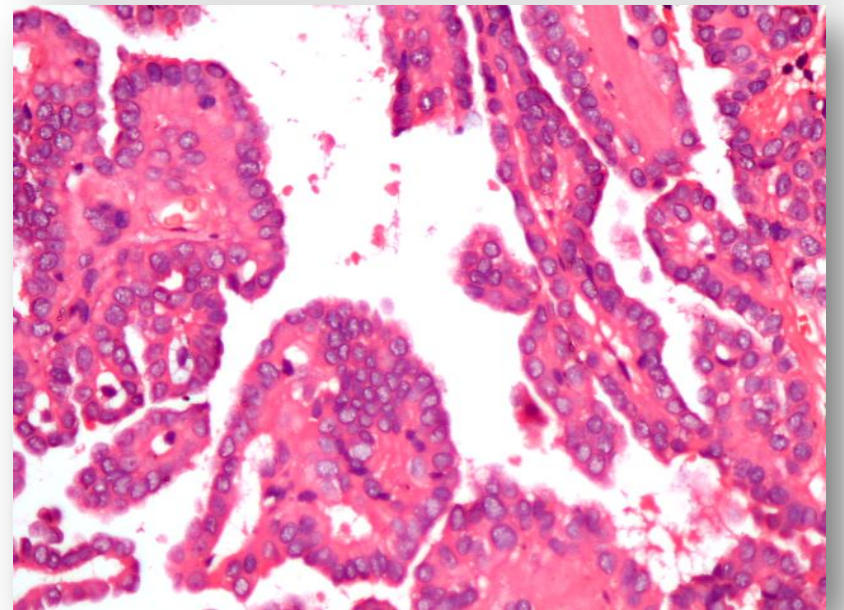
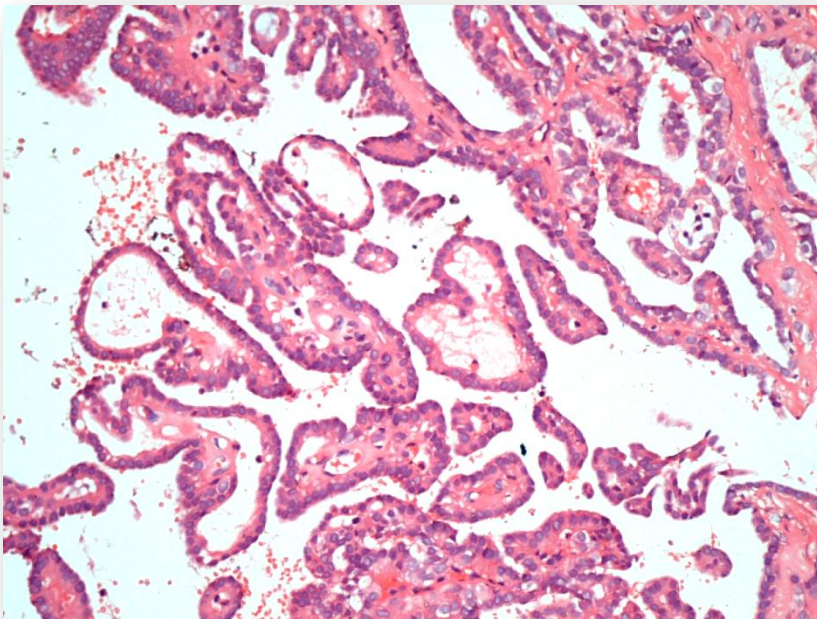
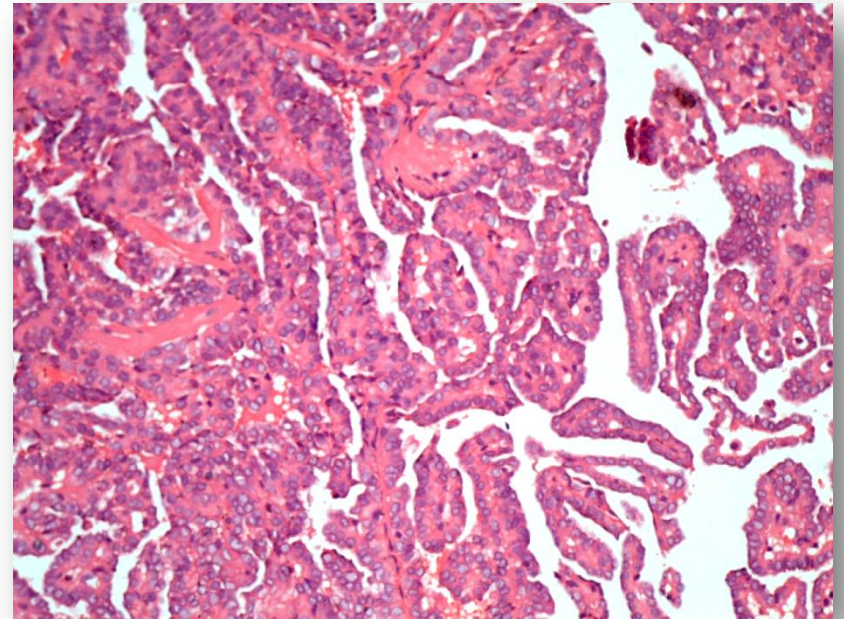
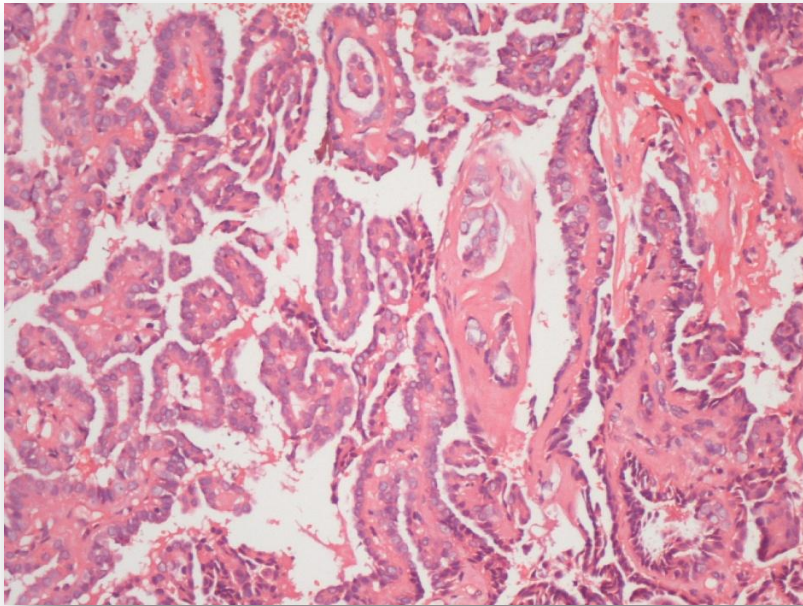
# Eski tanı? Anamnez!

- Başka isimle kayıt!
- Prt. No.1 2384-04
- Sert damak biyopsisi, konsültasyon
- 1 x0,5x0,3 cm bir adet doku parçası



ITF 12384-04

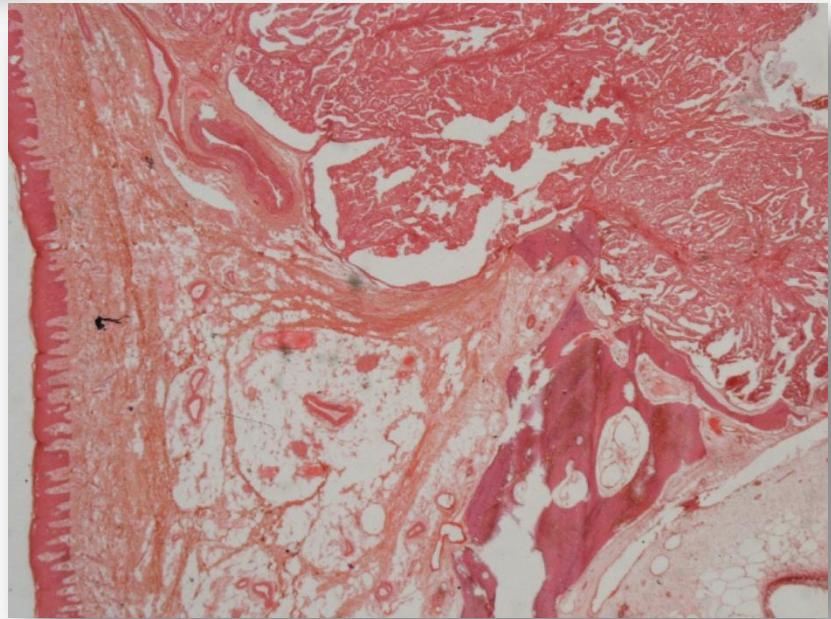
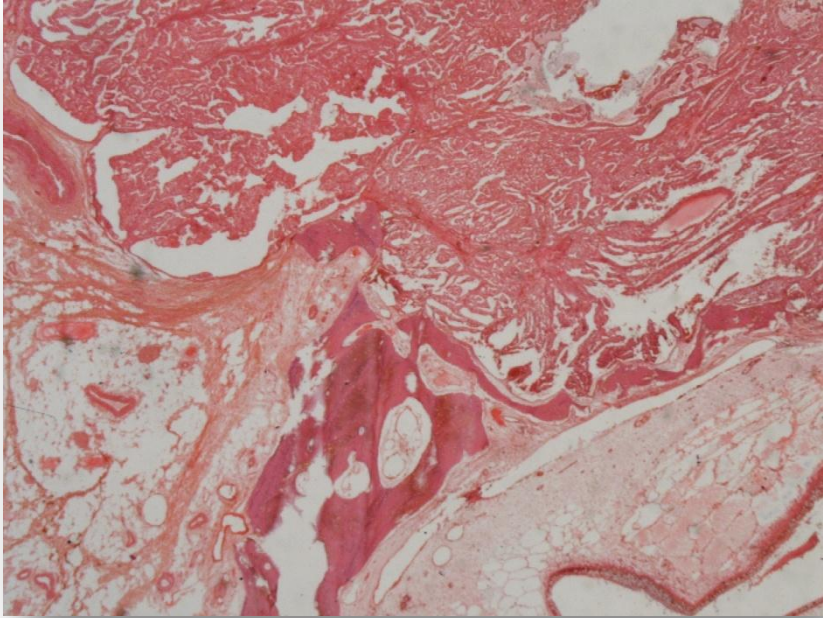


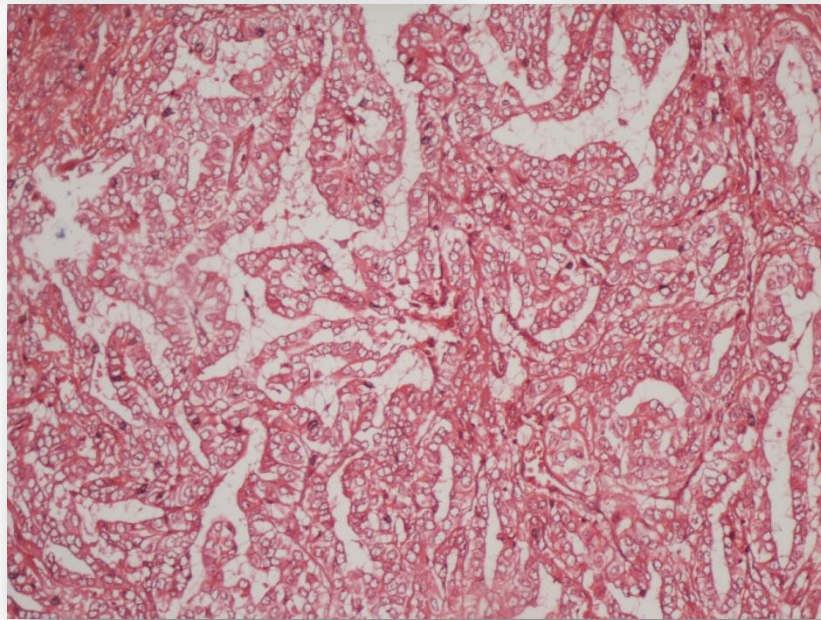
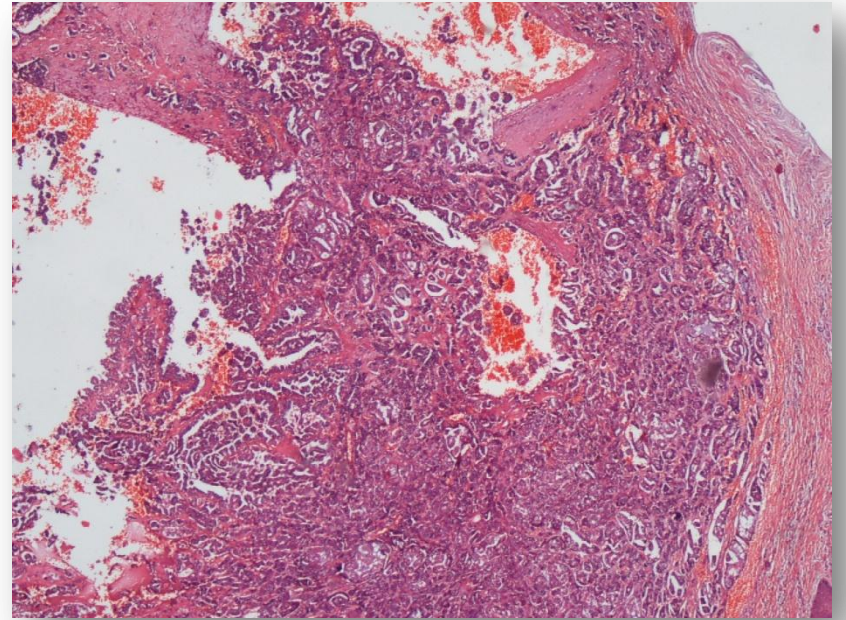
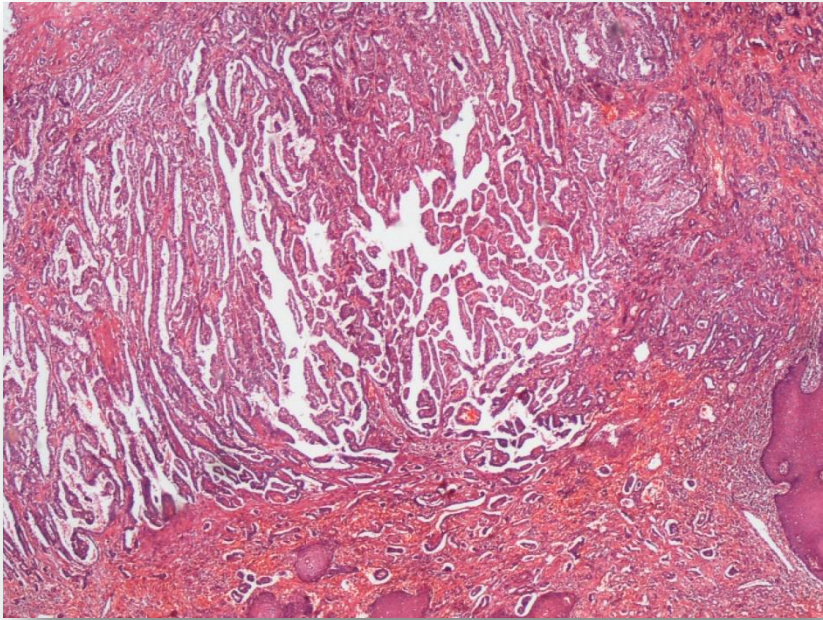


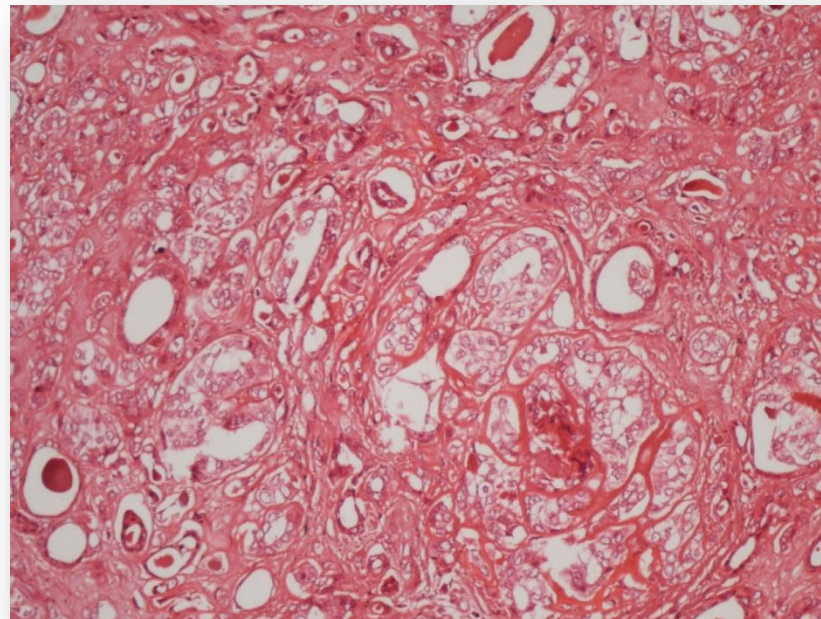
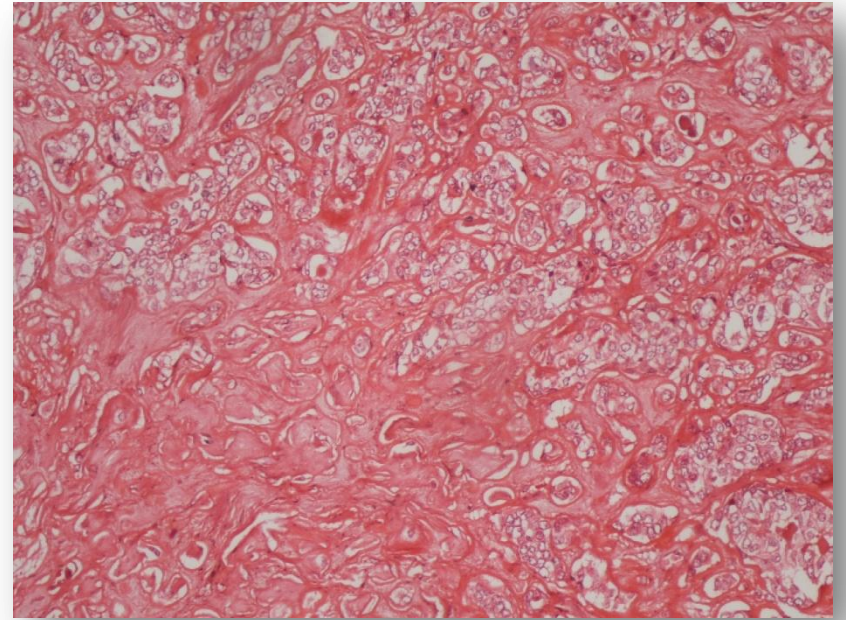
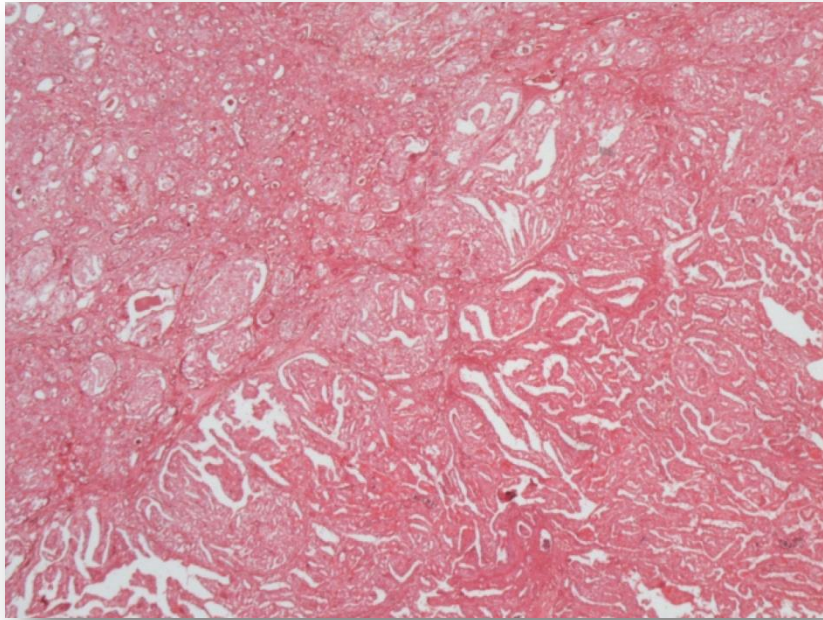


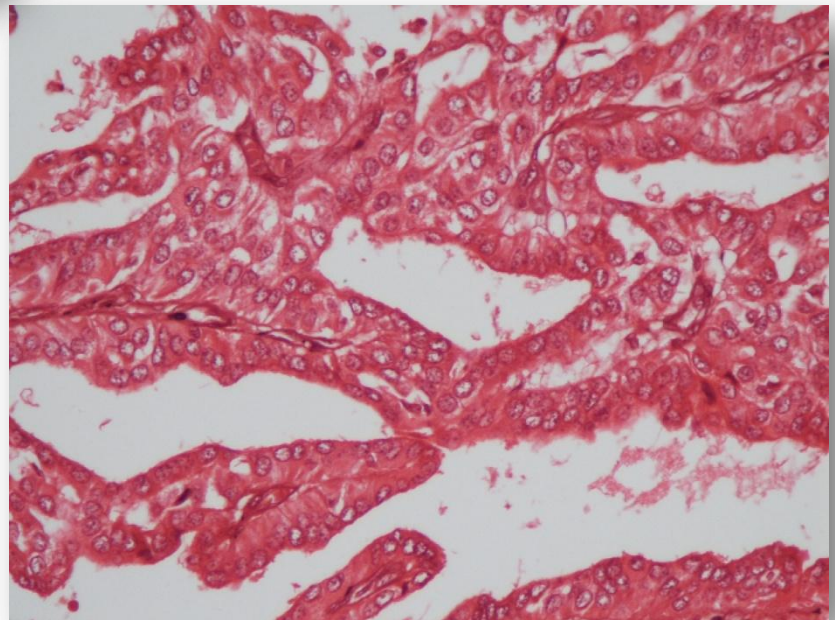
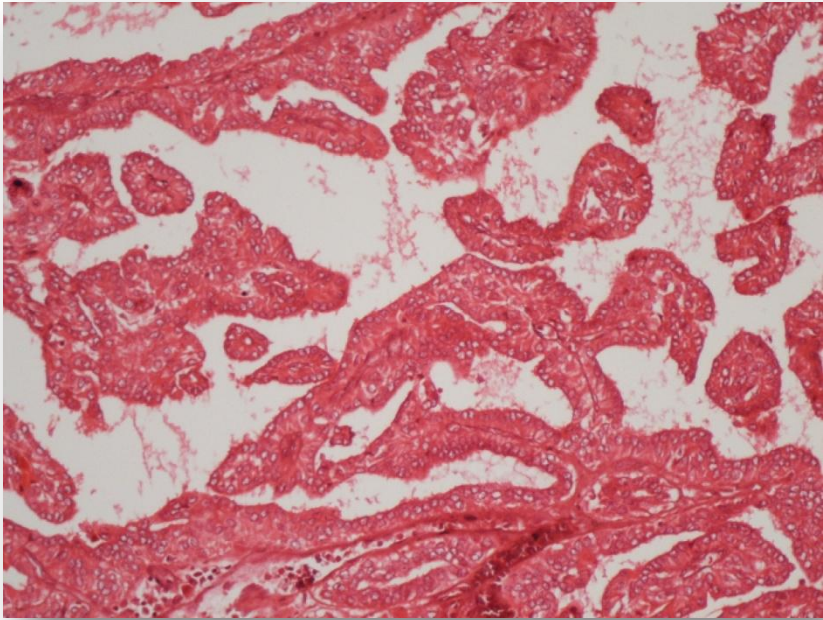
# Rezeksiyon

- Sağ maksillektomi 16096-04
- Üzerinde üç adet diş yapısı bulunan 6x3x2 cm ölç. maksillektomi piyesi, mukoza yüzeyinde 1,8 cm ülserasyon, bu alana kesi yapıldığında kemikte destrüksiyon oluşturan 2x2x1 cm ölç. gri-kırmızı-kahverenkli, elastik kıvamlı lezyon

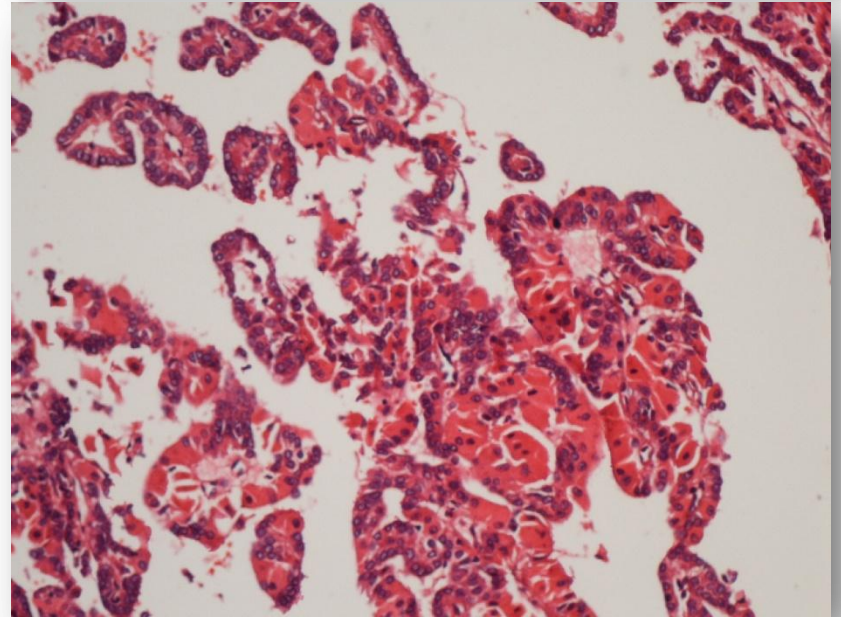
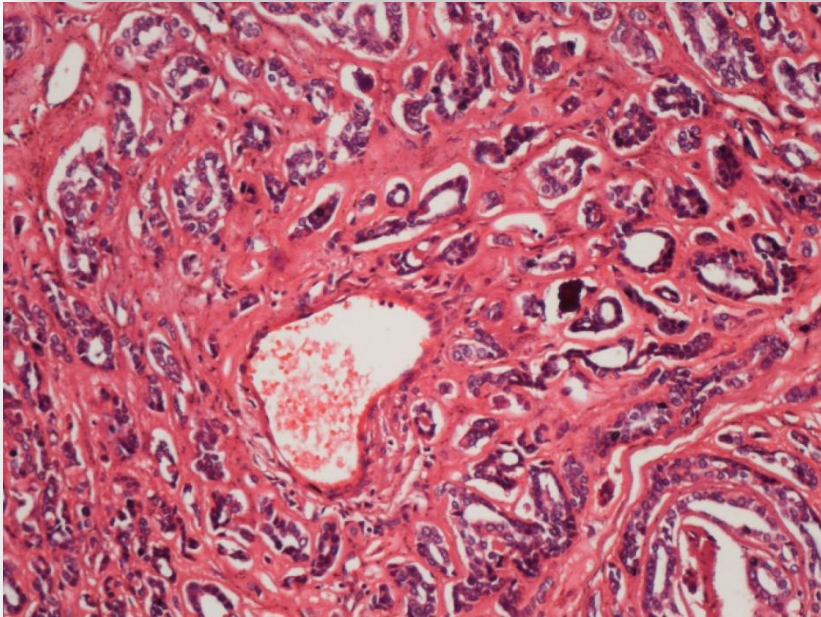
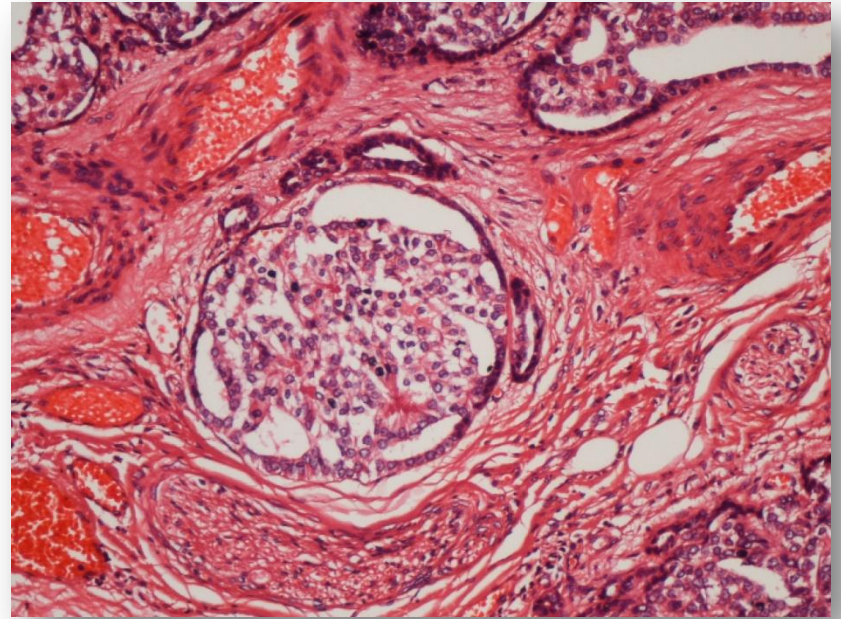
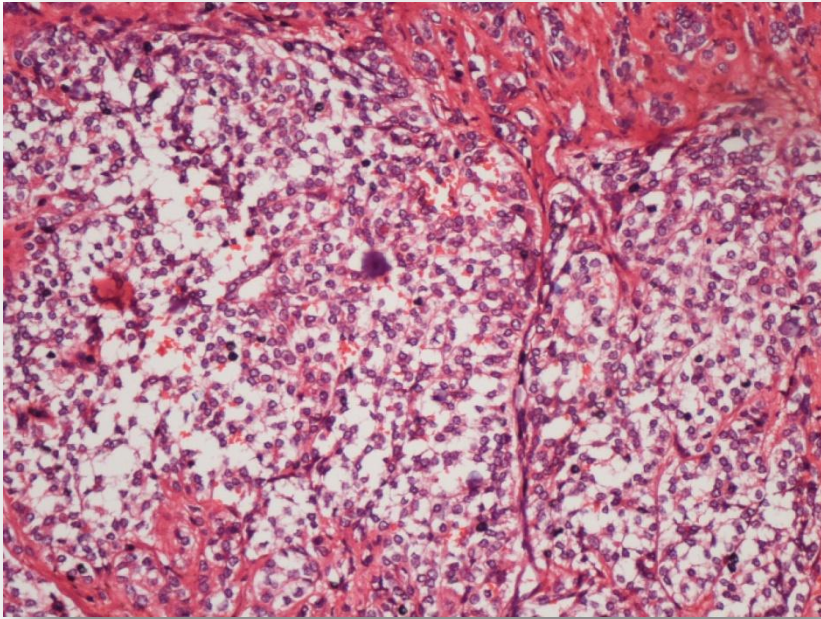


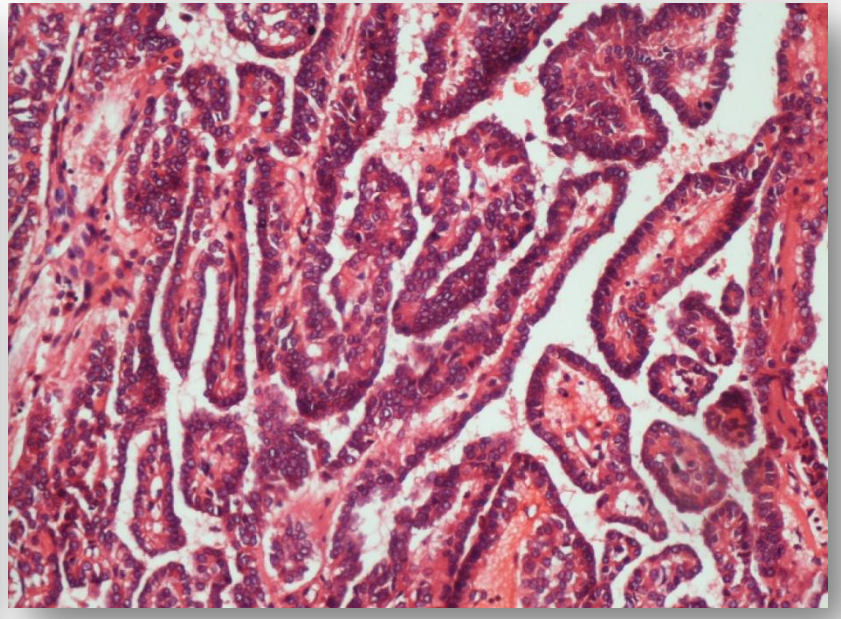
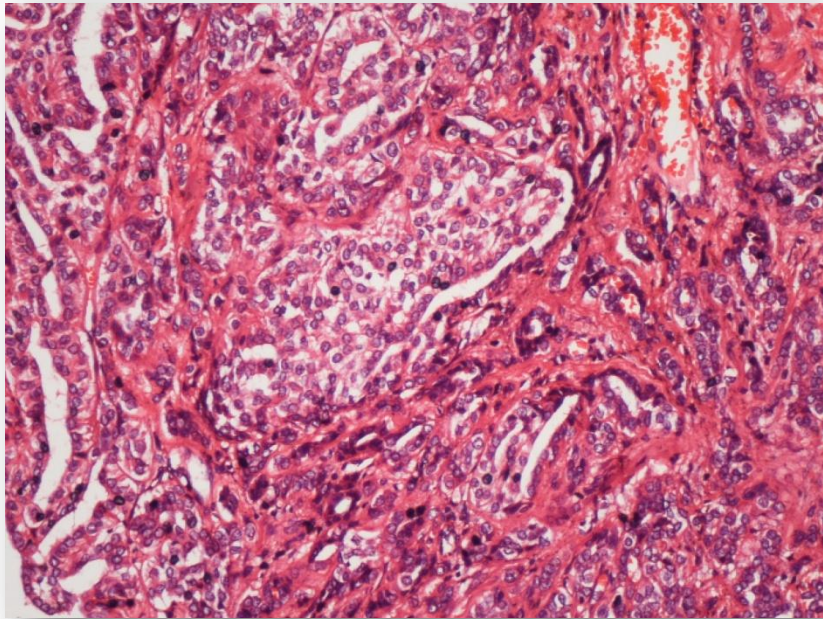
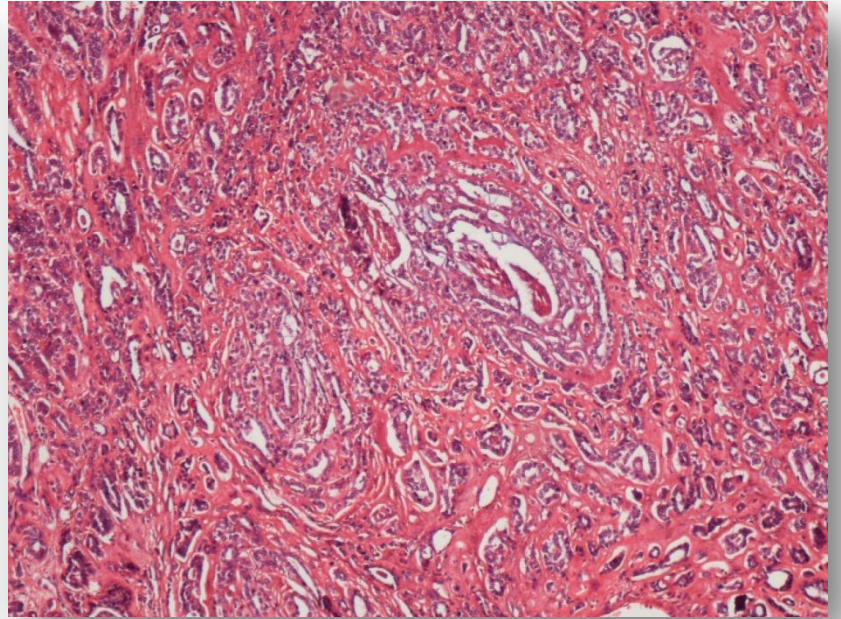
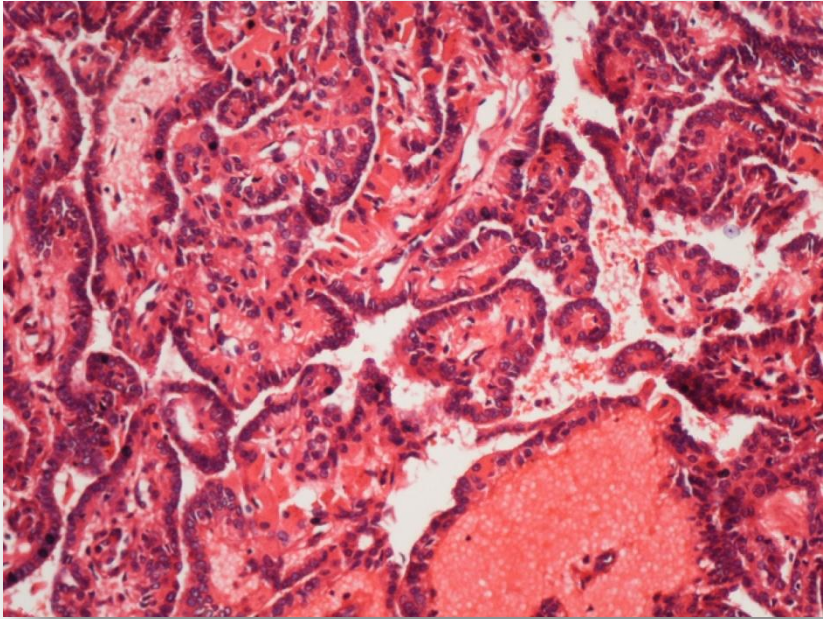


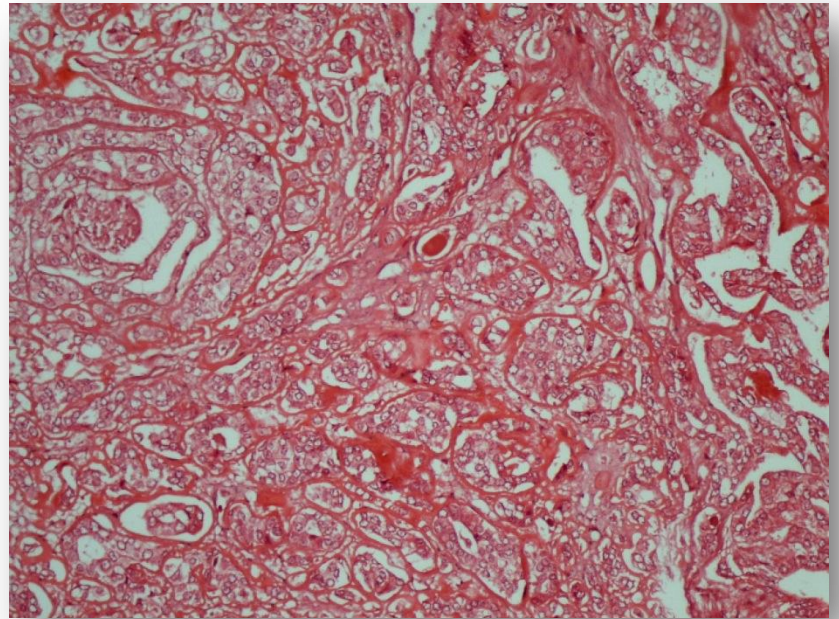
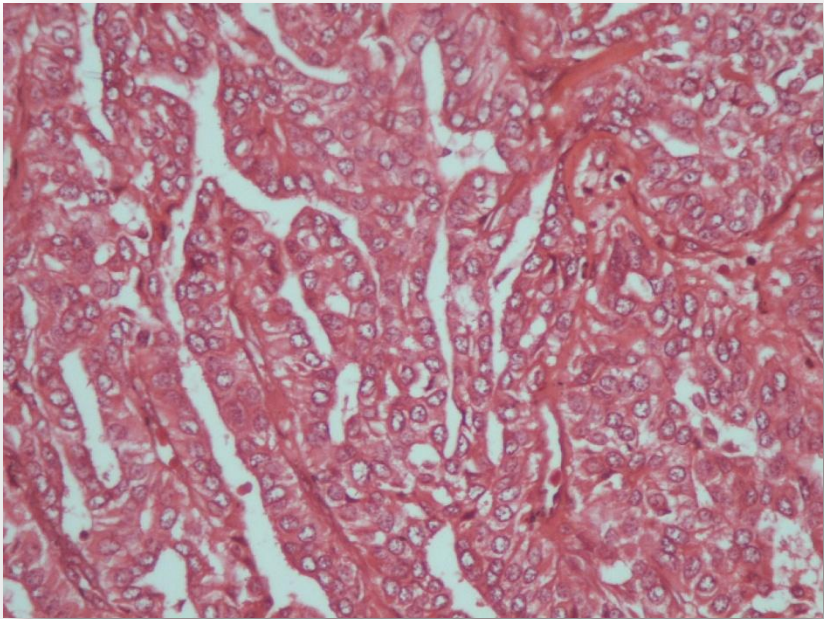
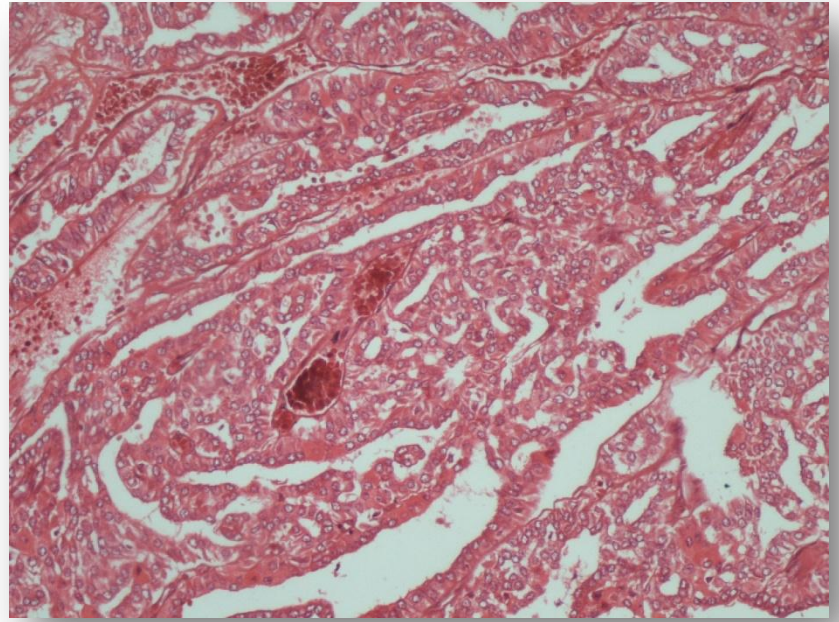
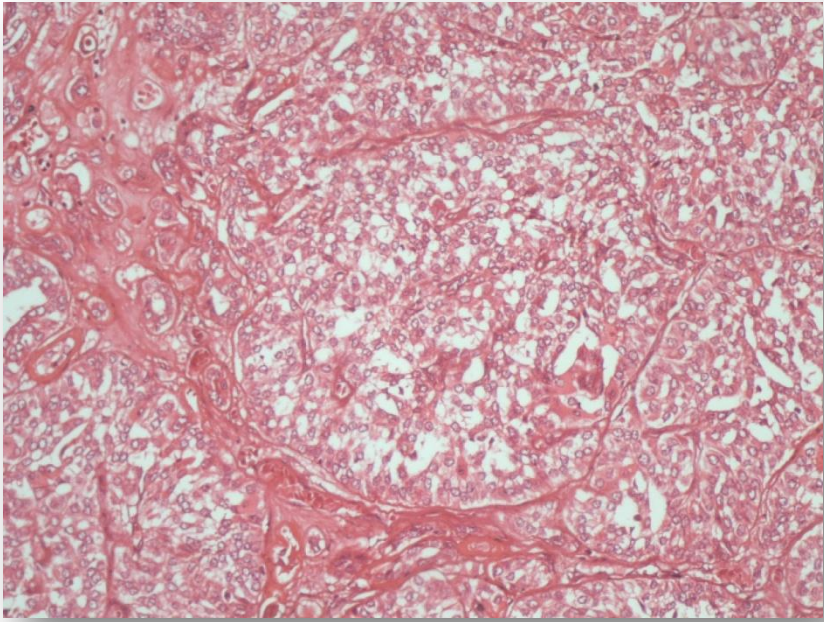




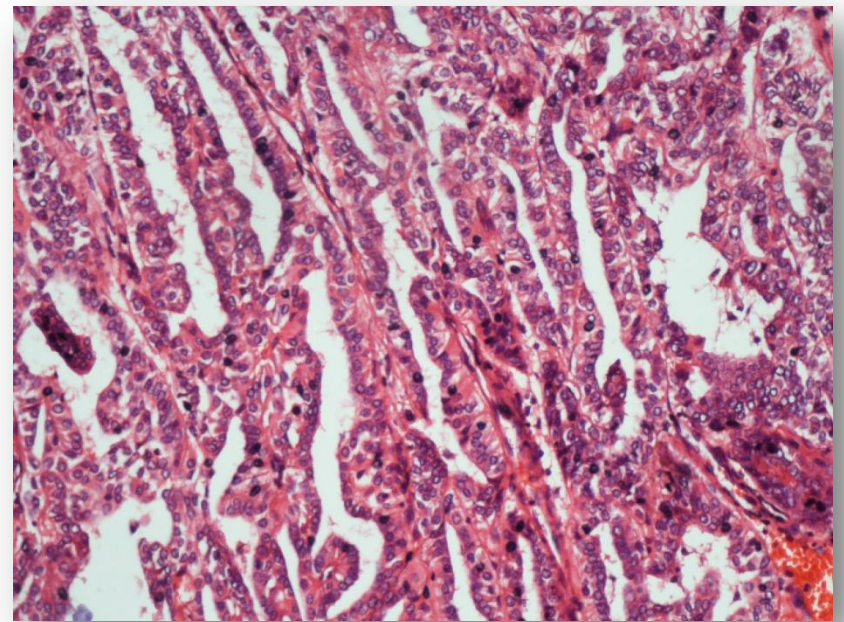
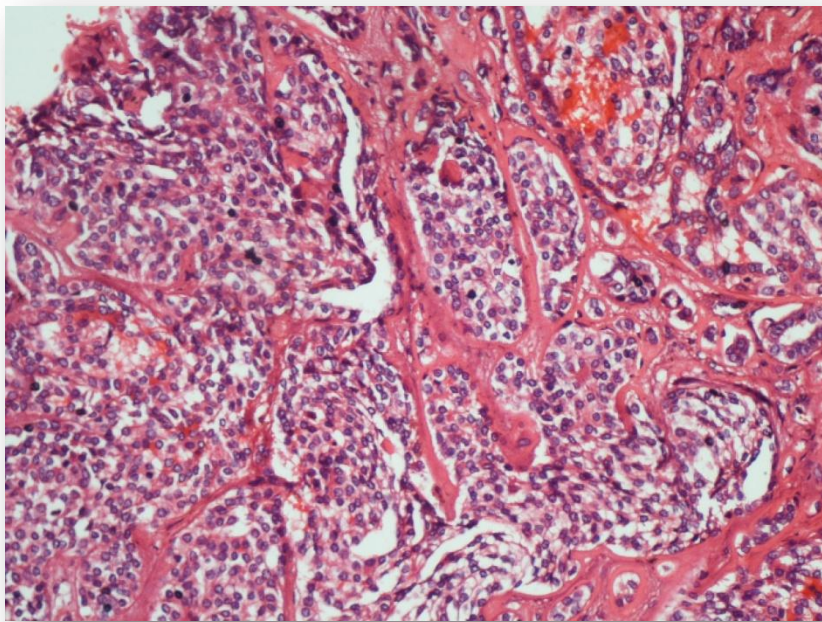
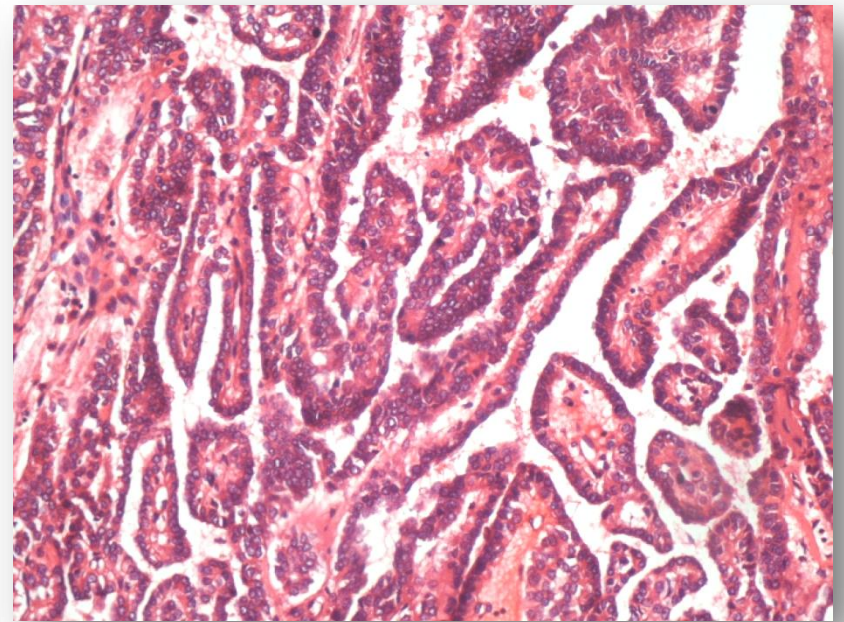
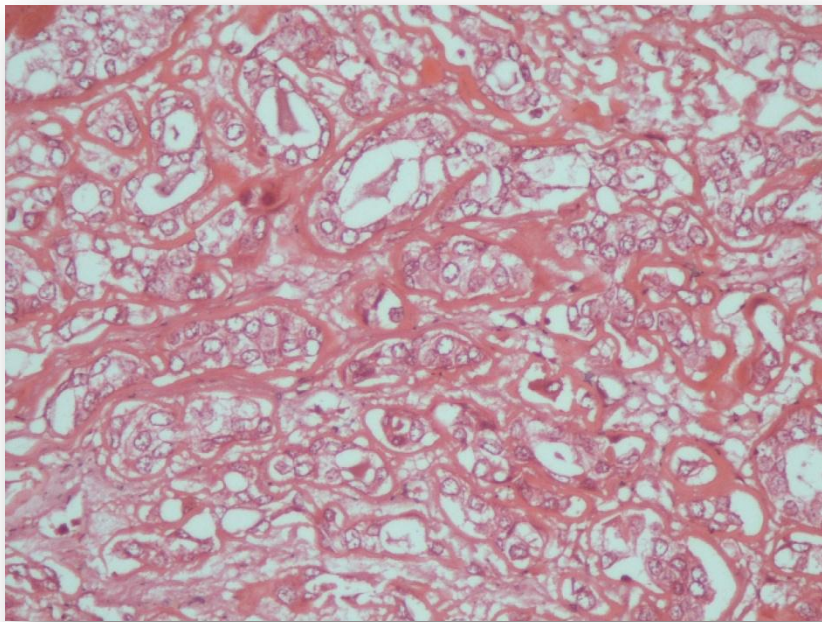
İTF 16096-04

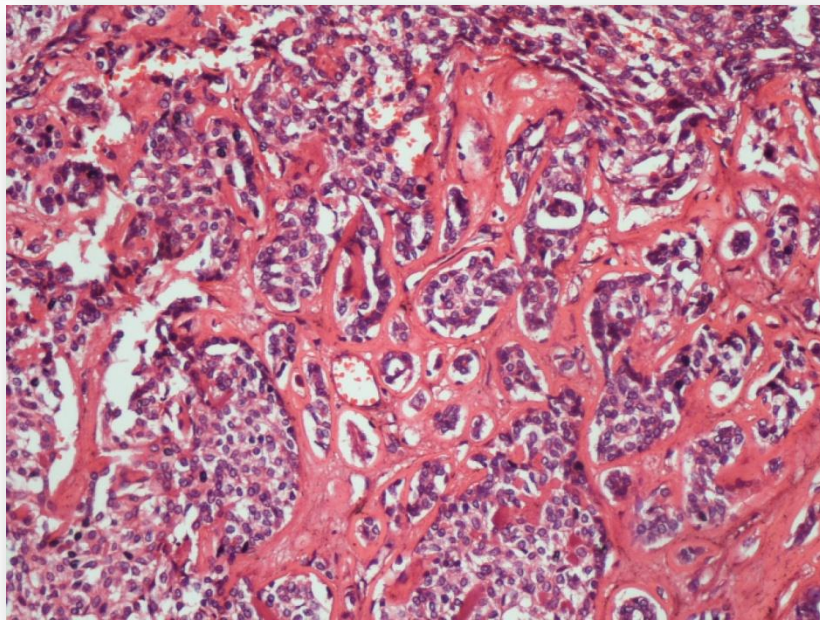
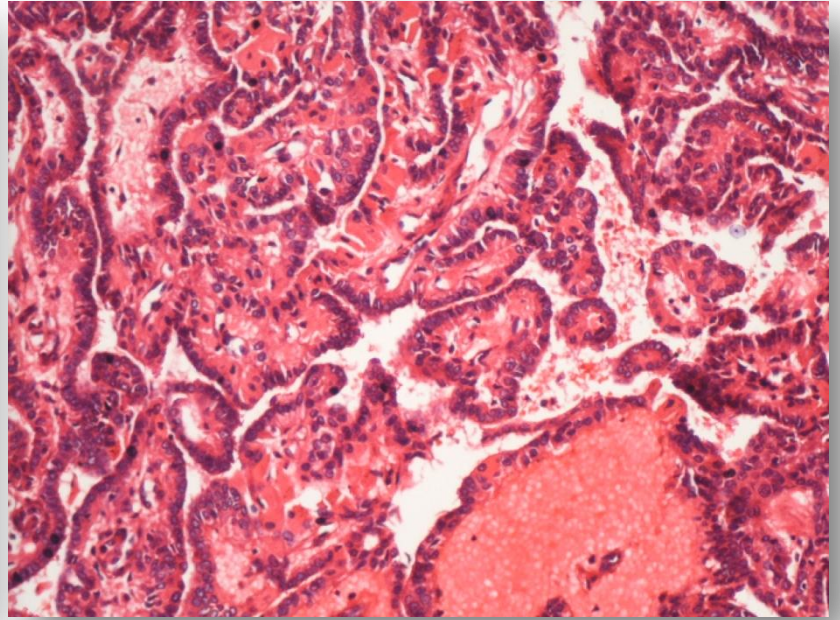
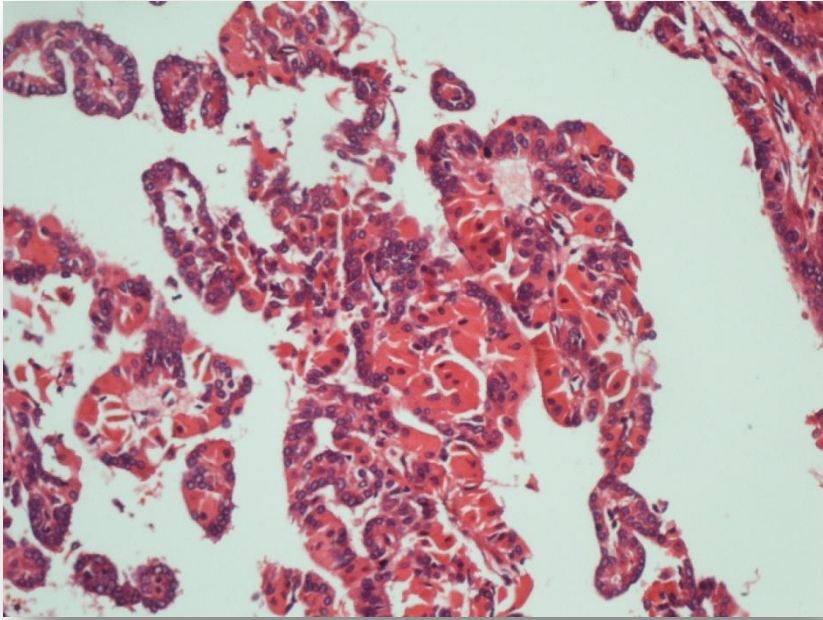


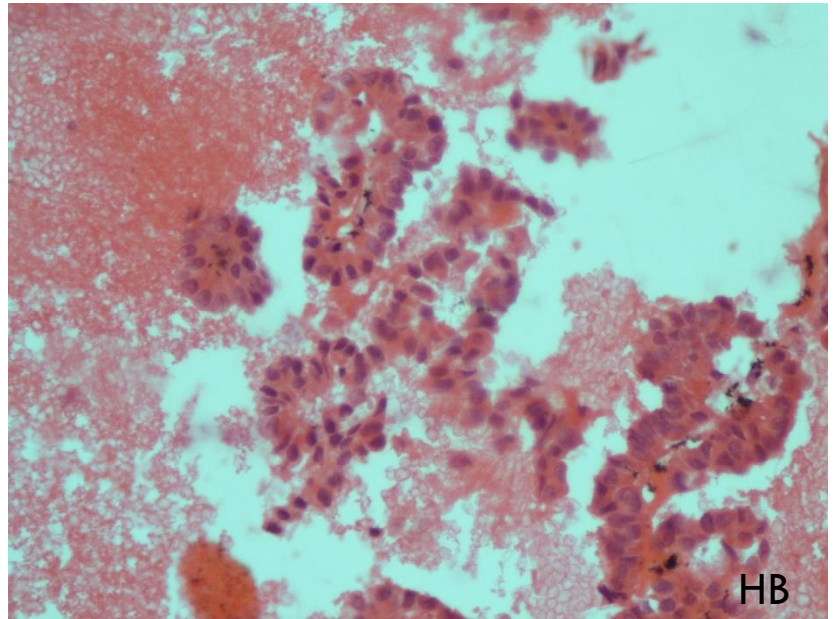
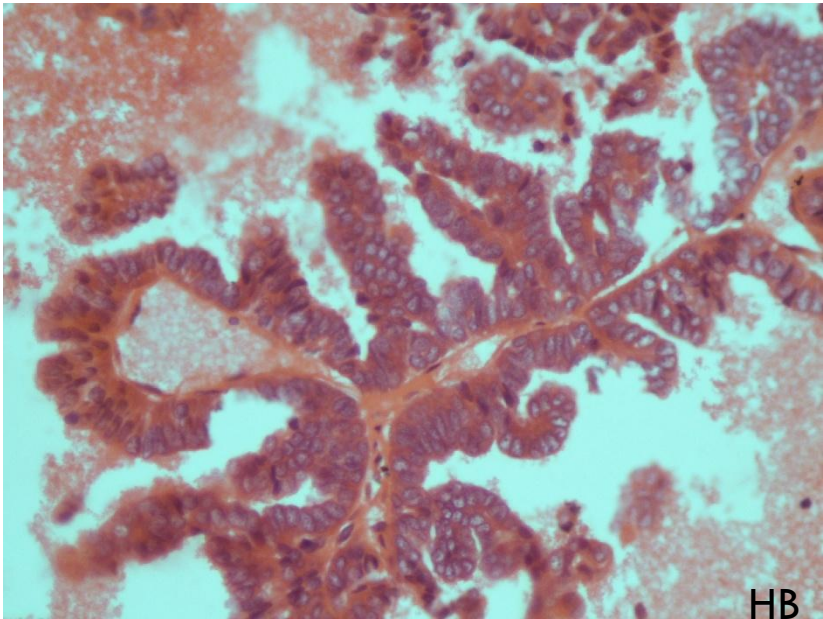
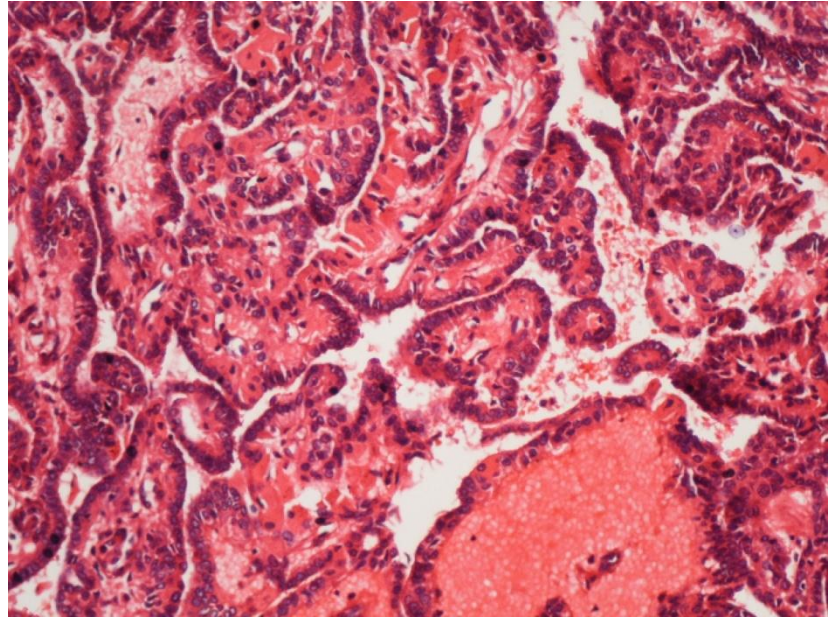
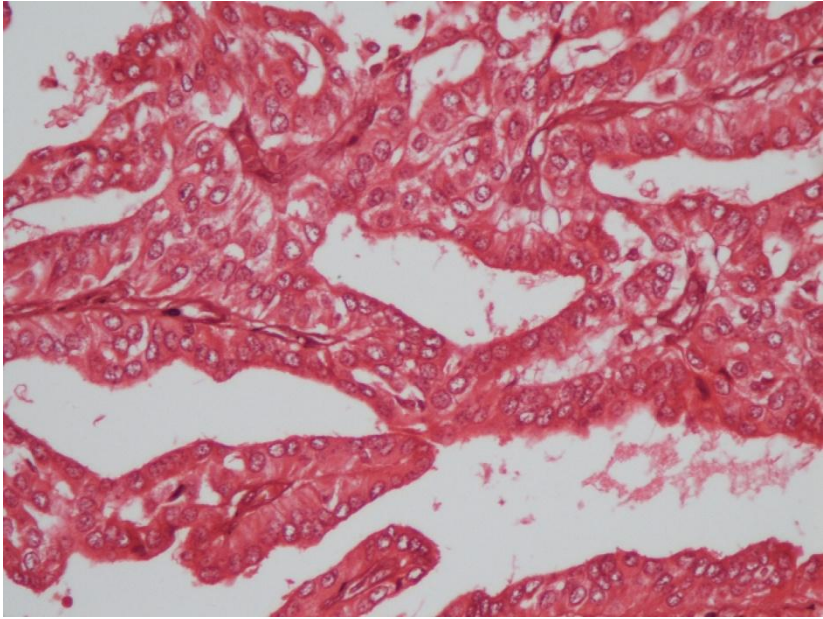












TANINIZ NEDİR?

# POLİMORFİK DÜŞÜK DERECELİ ADENOKARSİNOM (PLGA)

Terminal duktus Ca

Lobüler Ca

# PLGA

- Malign epitelyal tm
- Sitolojik olarak uniform
- Morfolojik olarak deđişken
- İnfiltratif büyüme paterni gösteren
- Düşük metastaz potansiyeline sahip

# PLGA Epidemiyoloji

- Malign tükürük bezi tm arasında ikinci sıklıkta
- Tüm karsinomların arasında % 26 oranında
- K/E 2/1
- 16-94 yaş, ort. 59, %70 50-70 yaş arası

# PLGA Lokalizasyon ve klinik özellikler

- %60 damak; bukkal mukoza, retromolar bölge, üst dudak, dil altı
- Nadiren major tükrük glandı, lakrimal gland, nazofarenks, nazal kavite
- Ağrısız kitle, haftalar-yıllar
- Yüzey mukozada telenjiektazi, ülserasyon, kanama



# PLGA Makroskopisi

- Sert
- Sınırlı
- Kapsülsüz
- Sarı renkli
- Lobüllü
- Ortalama 2.2 cm

# PLGA Mikroskopisi

- Tm hücreleri küçük-orta büyüklükte, uniform, hafif hiperkromatik, oval nukleuslu; nadiren nukleolus içeren
- Mitoz seyrek, nekroz tipik değil
- En önemli özellik “Polimorfik”, tümörler arasında ve aynı tümörde farklı paternler
  - ▣ Lobüler
  - ▣ Papiller
  - ▣ Kistik, kribriform
  - ▣ Trabeküler
  - ▣ Duktus benzeri tek sıra kübik hücre ile döşeli

# PLGA Mikroskopisi (2)

- Damar ve sinirler çevresinde targetoid ve girdap yapıları
- Onkositik, berrak, skuamoid, müköz hücre odakları
- Stroma müsinöz veya hiyalinize
- Hücreler sakin ancak tm invazif!!
- Nörotropizm sık
- Komşu kemik invazyonu yapabilir!

# PLGA İHK

- Sitokeratin %100
- Vimentin %100
- S-100 %97
- CEA %54, GFAP %15, MSA %13, EMA %12
- Galectin 3
- Bcl-2 overekspresyonu

# PLGA Ayırıcı Tanı

- Pleomorfik adenom
  - ▣ Sınırlı; stromal-epitelyal-miyoepitelyal hüç.;
  - ▣ Miksoid stroma her ikisinde, mikso-kondroid-kondroid alan yok
  - ▣ Plazmasitoid miyoepitelyal hücreler nadir
  - ▣ GFAP yardımcı olabilir
- Adenoid kistik karsinom
  - ▣ PLGA hücreleri kübik-kolumnar, veziküler nukleus, eozinofilik sitoplazma, bazaloid
  - ▣ Papiller ve fasiküler dizilim
  - ▣ Glikozaminoglikan içeren psödokistler görülmez
  - ▣ Pleomorfizm, nekroz, mitoz, solid alanlar yok!
  - ▣ PCNA %6.4 altında

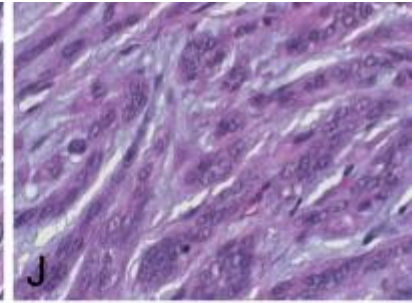
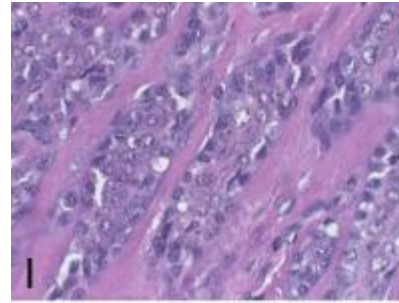
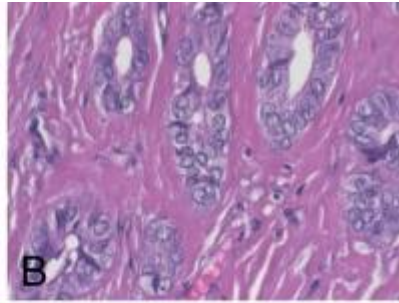
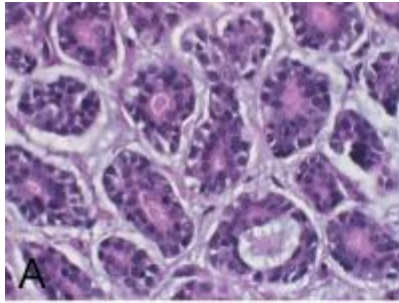
ACC

PLGA

ACC

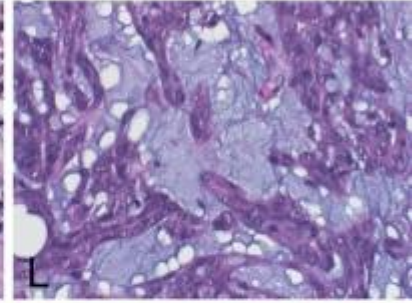
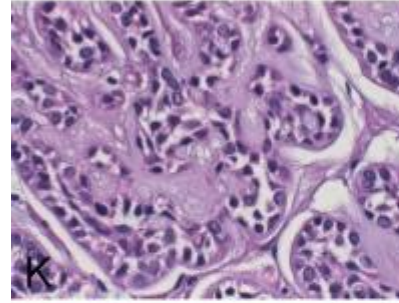
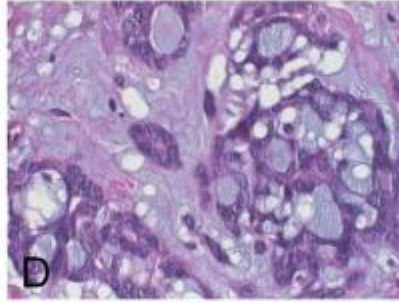
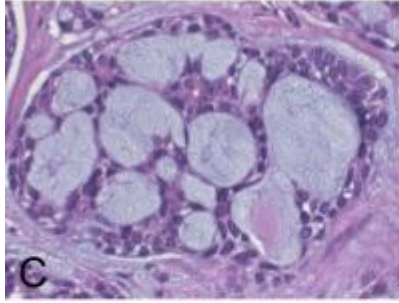
PLGA

tübüler



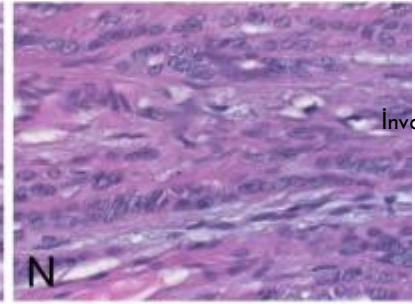
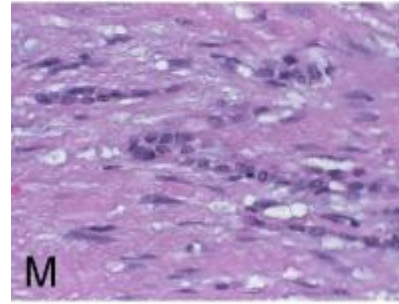
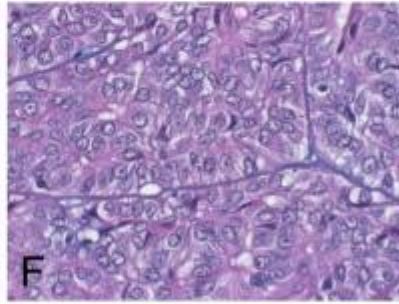
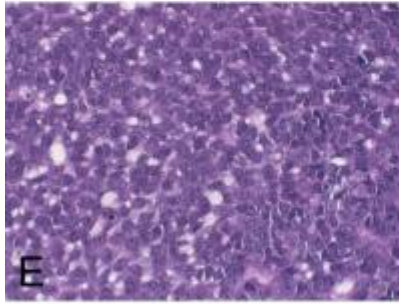
trabeküler

kribriform



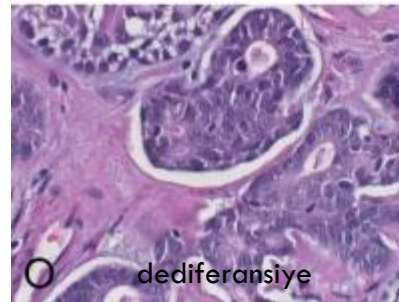
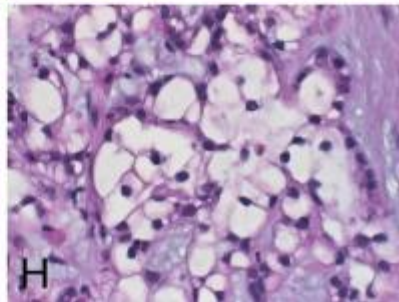
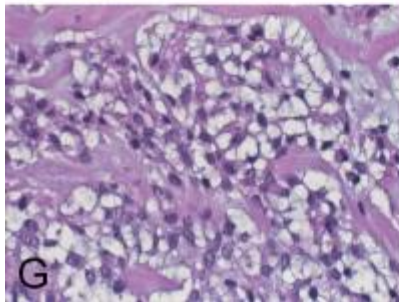
retiküler

solid

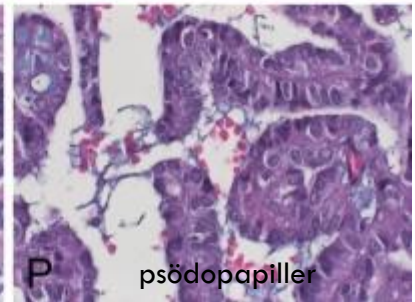


İnvazif lobüler

berrak



dediferansiye



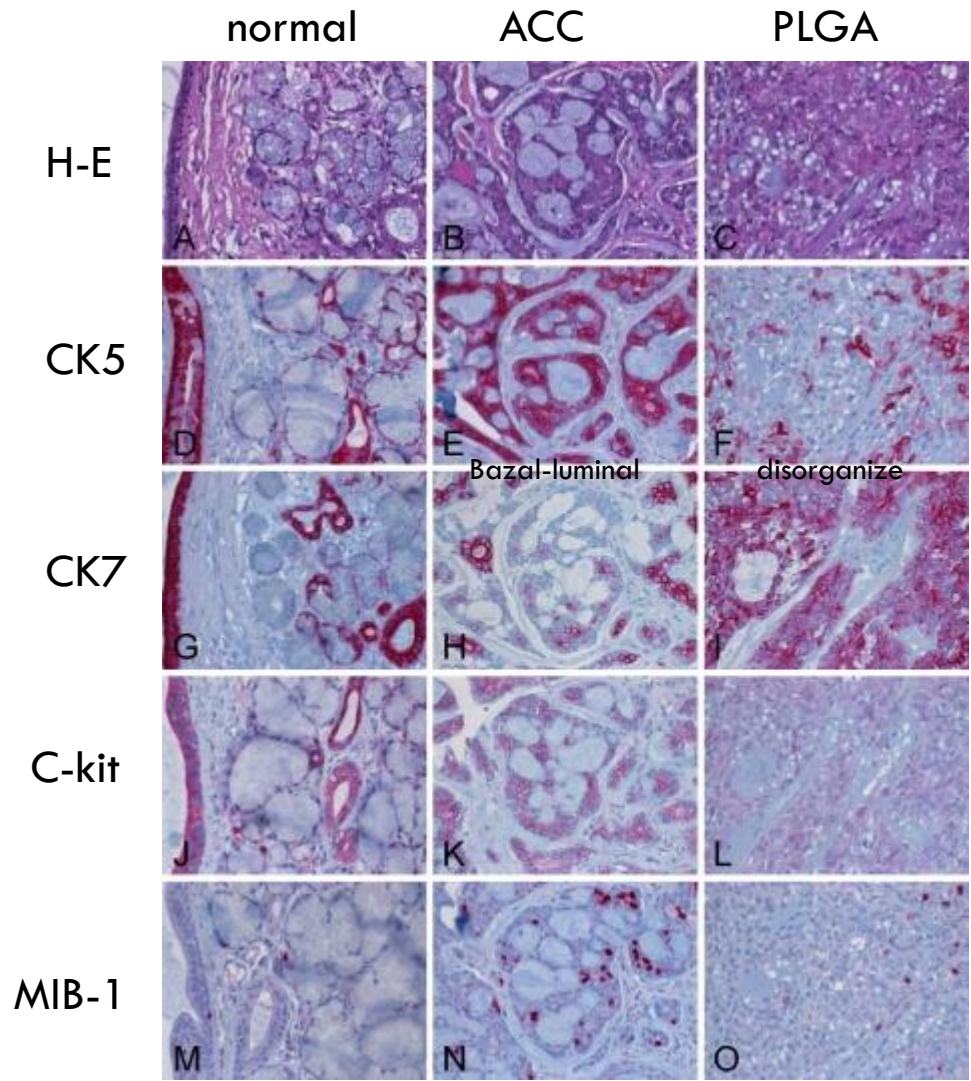
psödopapiller

[Int J Clin Exp Pathol](#). 2011 Apr;4(4):336-48. Epub 2011 Apr 18.

**Morphological heterogeneity of oral salivary gland carcinomas: a clinicopathologic study of 41 cases with long term follow-up emphasizing the overlapping spectrum of adenoid cystic carcinoma and polymorphous low-grade adenocarcinoma.**

[Schwarz S](#), [Müller M](#), [Ethl T](#), [Stockmann P](#), [Zenk J](#), [Agaimy A](#).

Department of Pathology, University of Erlangen, Germany. [Abbas.agaimy@uk-erlangen.de](mailto:Abbas.agaimy@uk-erlangen.de)



[Int J Clin Exp Pathol.](#) 2011 Apr;4(4):336-48. Epub 2011 Apr 18.

**Morphological heterogeneity of oral salivary gland carcinomas: a clinicopathologic study of 41 cases with long term follow-up emphasizing the overlapping spectrum of adenoid cystic carcinoma and polymorphous low-grade adenocarcinoma.**

[Schwarz S](#), [Müller M](#), [Ettl T](#), [Stockmann P](#), [Zenk J](#), [Agaimy A](#).

**Source**

Department of Pathology, University of Erlangen, Germany. [Abbas.agaimy@uk-erlangen.de](mailto:Abbas.agaimy@uk-erlangen.de)

# PLGA Prognoz

- Lokal nüks %9-17
- Bölgesel metastaz %9-15
- Uzak metastaz çok nadir
- Papiller tip baskınsa servikal lenf nod met daha sık
- Dediferansiyasyon bildirilmiş (Simpson 2002)
- Tedavi komplet rezeksiyon
- Servikal adenopati varsa boyun diseksiyonu





Teşekkür ederim