

Dermatopatoloji Olgu Sunumu Melanositik Lezyonlarda Tanısal Kriterler



Dokuz Eylül Üniversitesi Tıp Fakültesi
Patoloji Anabilim Dalı, İzmir
Dr. Banu Lebe



25 Ulusal Patoloji Kongresi
6 Sitopatoloji Kongresi

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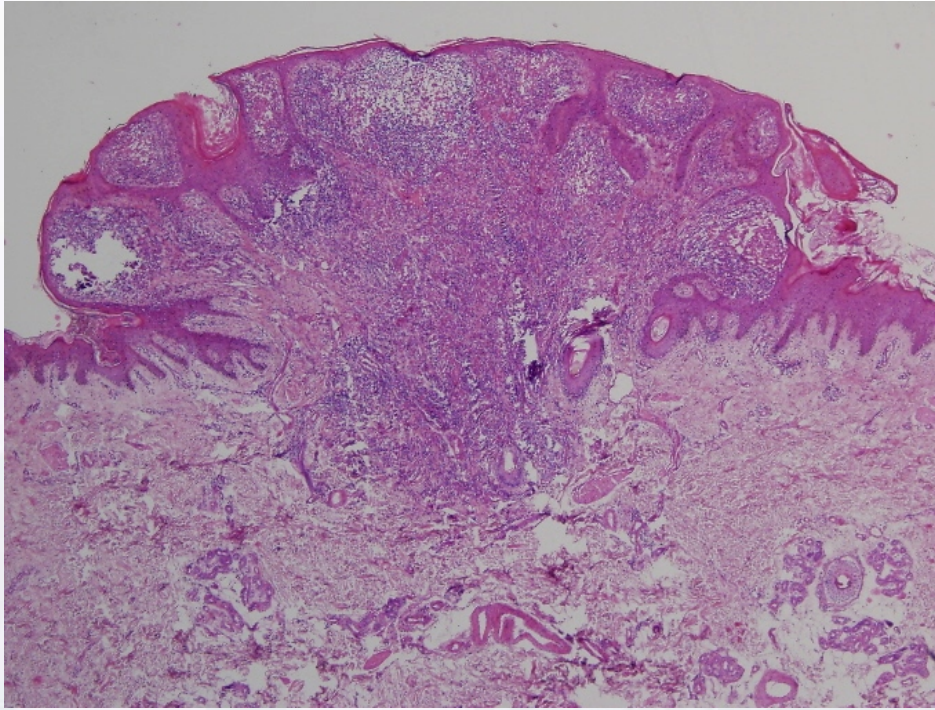


İÖ, 19y, K

Sol suprapatellar bölge yerleşimli lezyon

Dış Merkez; Atipik melanositik hücre çoğalması,
Melanom?

Parafin blok konsültasyonu



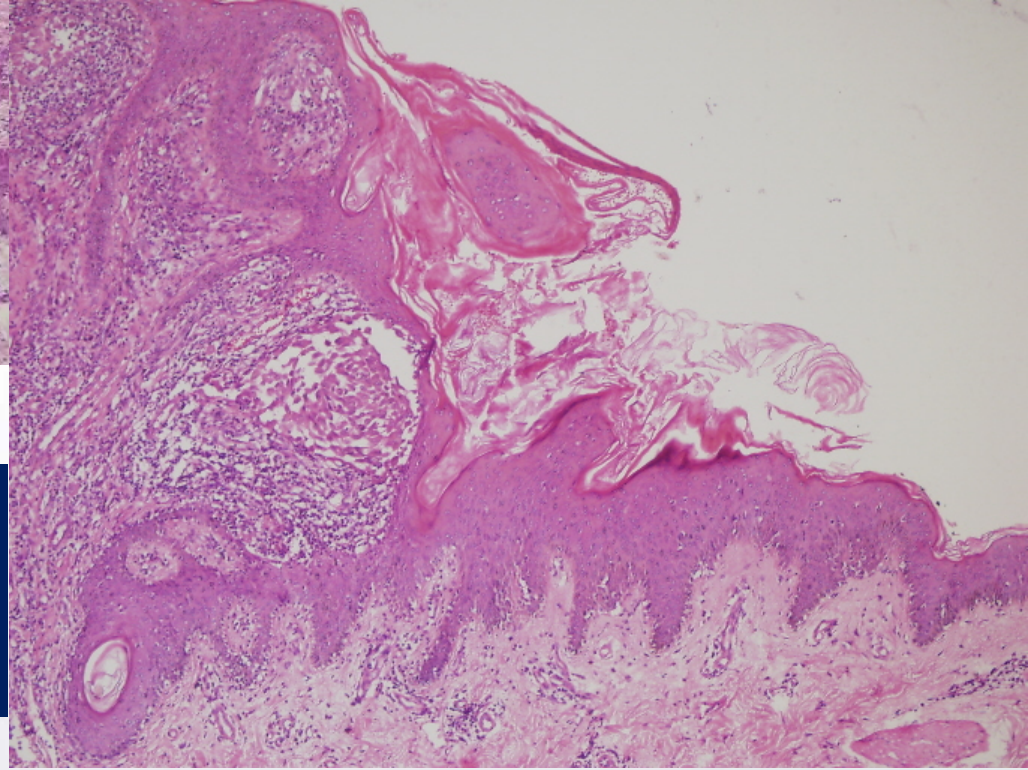
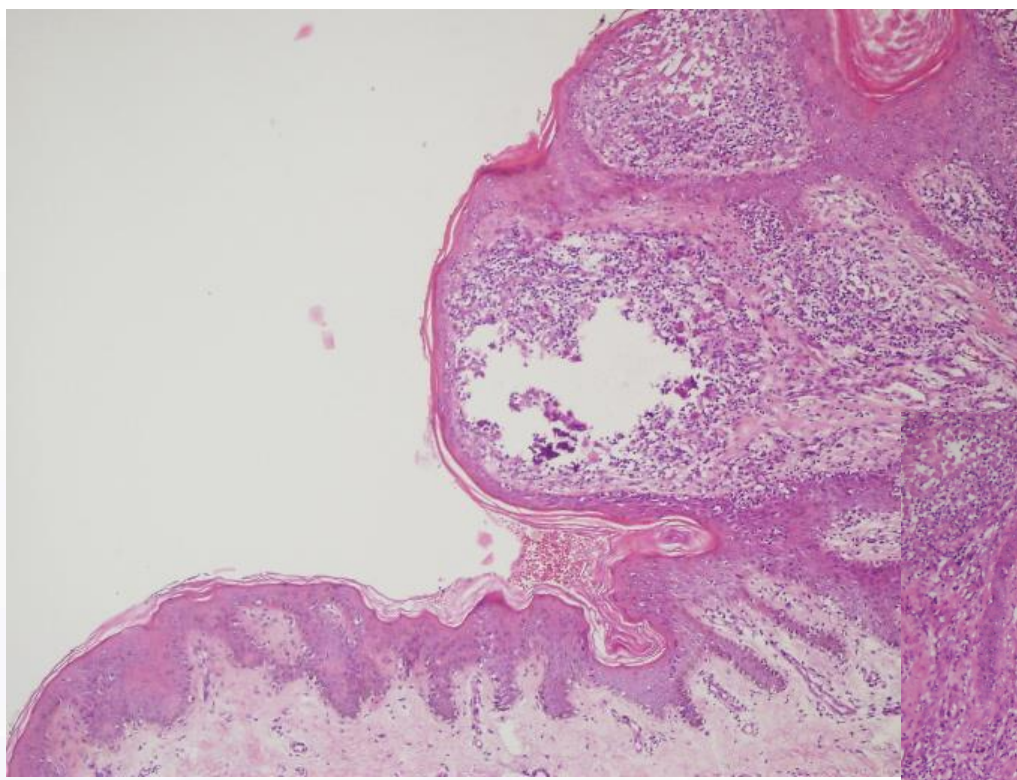
Simetrik
Nodüler/polipoid
Dermis yerleşimli
"Wedge-shaped" lezyon



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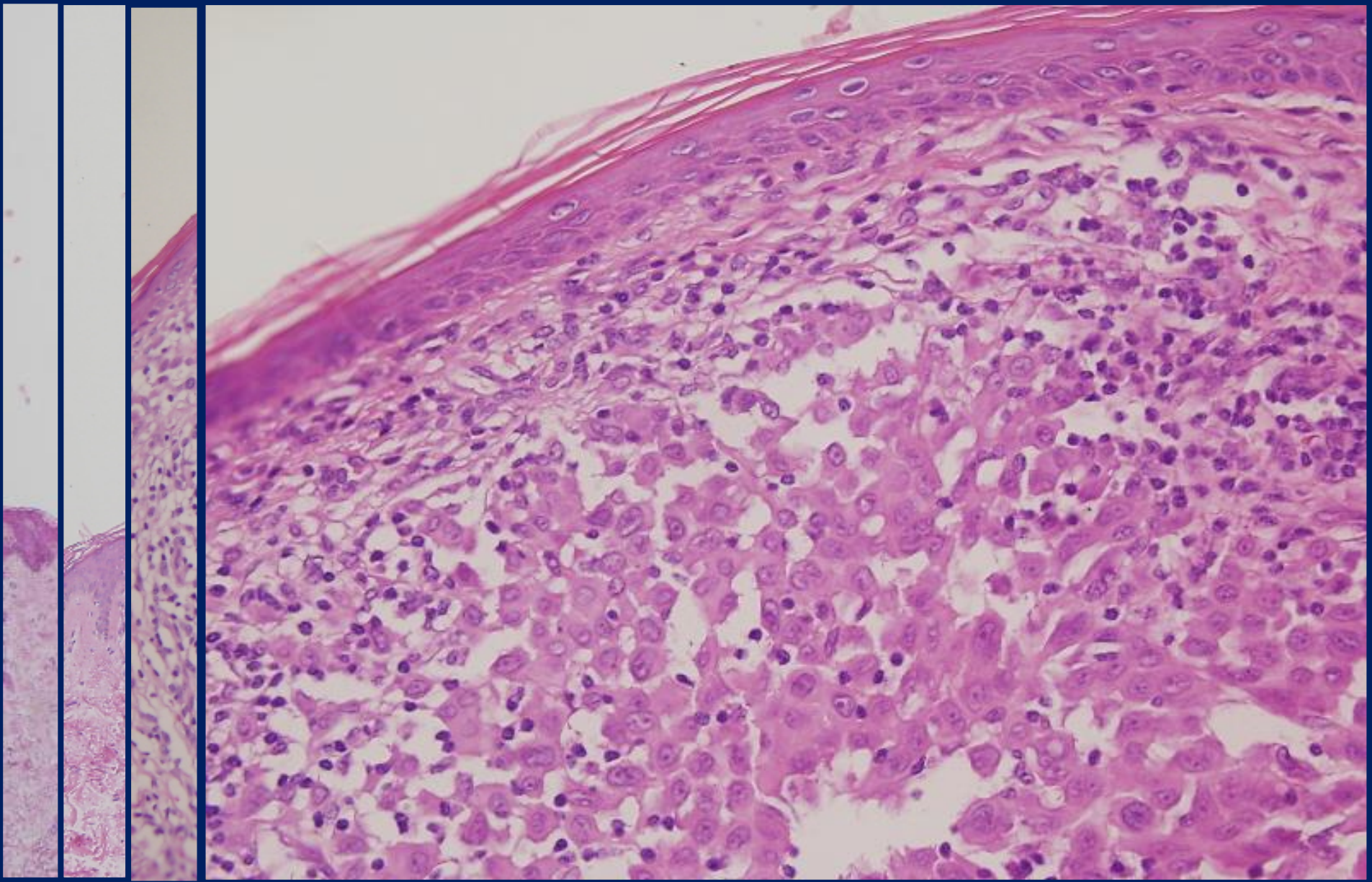
Lezyon kenarlarında
Keskin bitiş
(Keskin lateral demarkasyon)



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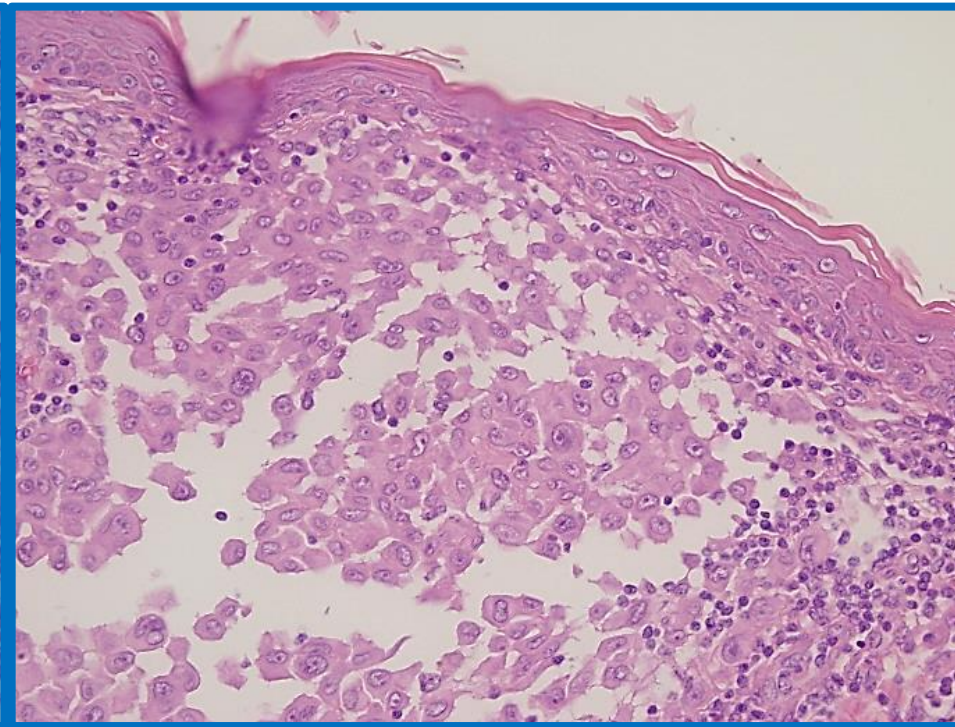
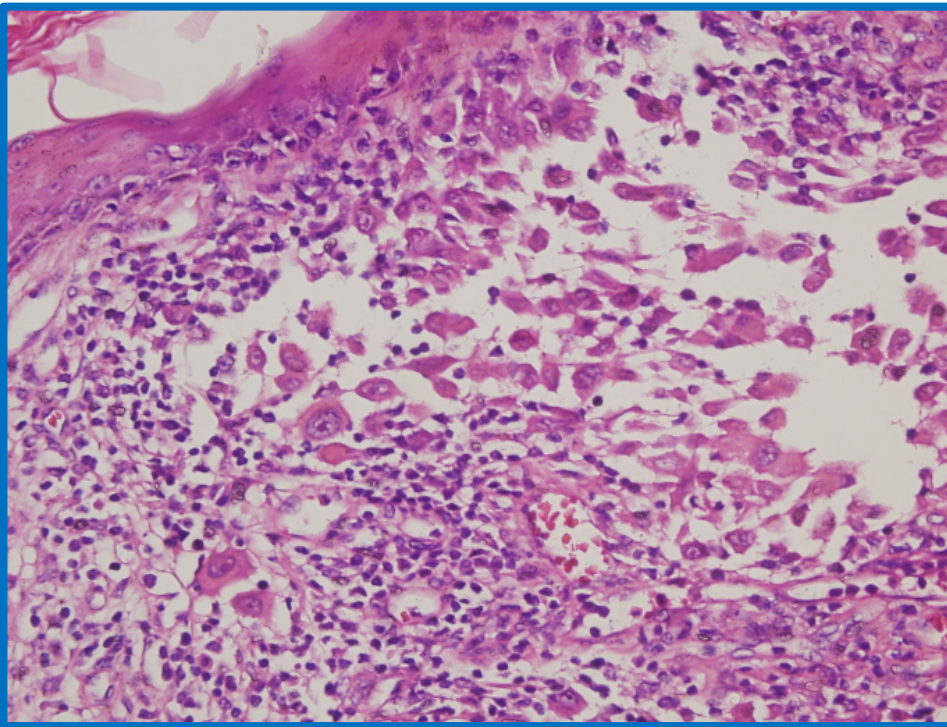


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Epidermal komponent yok
Dermis yerleşimli lezyon
Epiteloid hücreler
Plazmositoid görünüm 😊

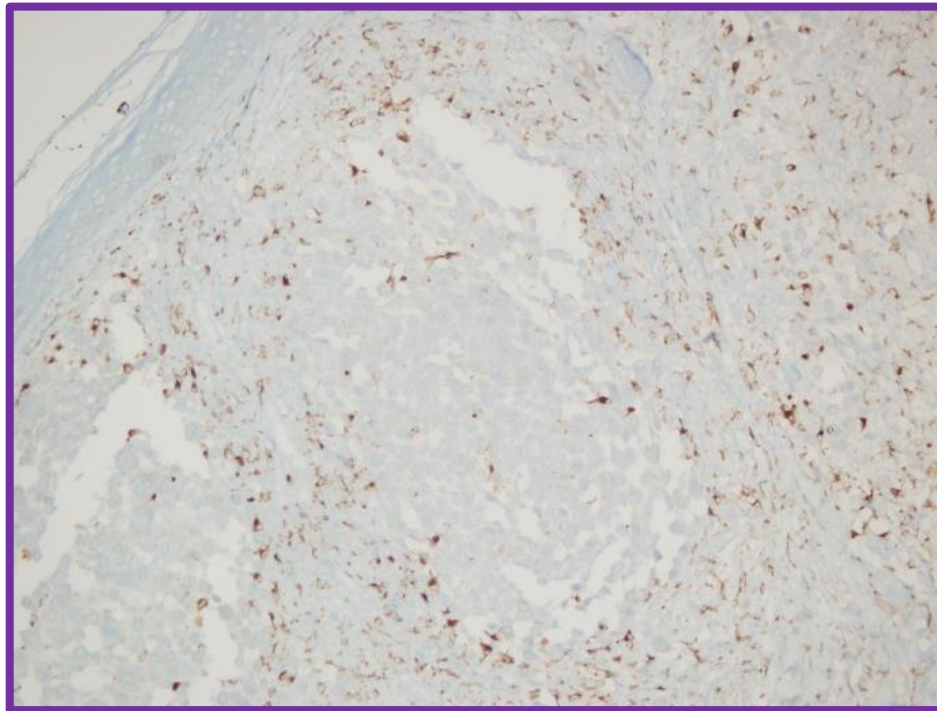
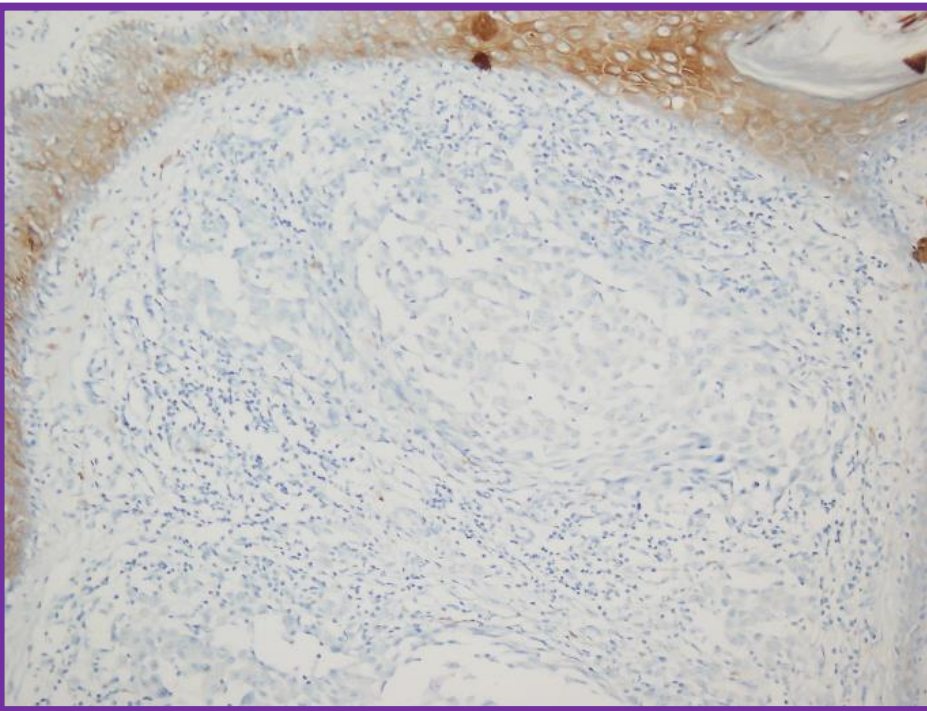
Tek tek ve adalar şeklinde
epiteloid hücreler
Sitop. geniş, veziküler
nukleuslu, nukleol belirgin



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**Epiteloid hücreler;
Pan keratin negatif
CD68 negatif**



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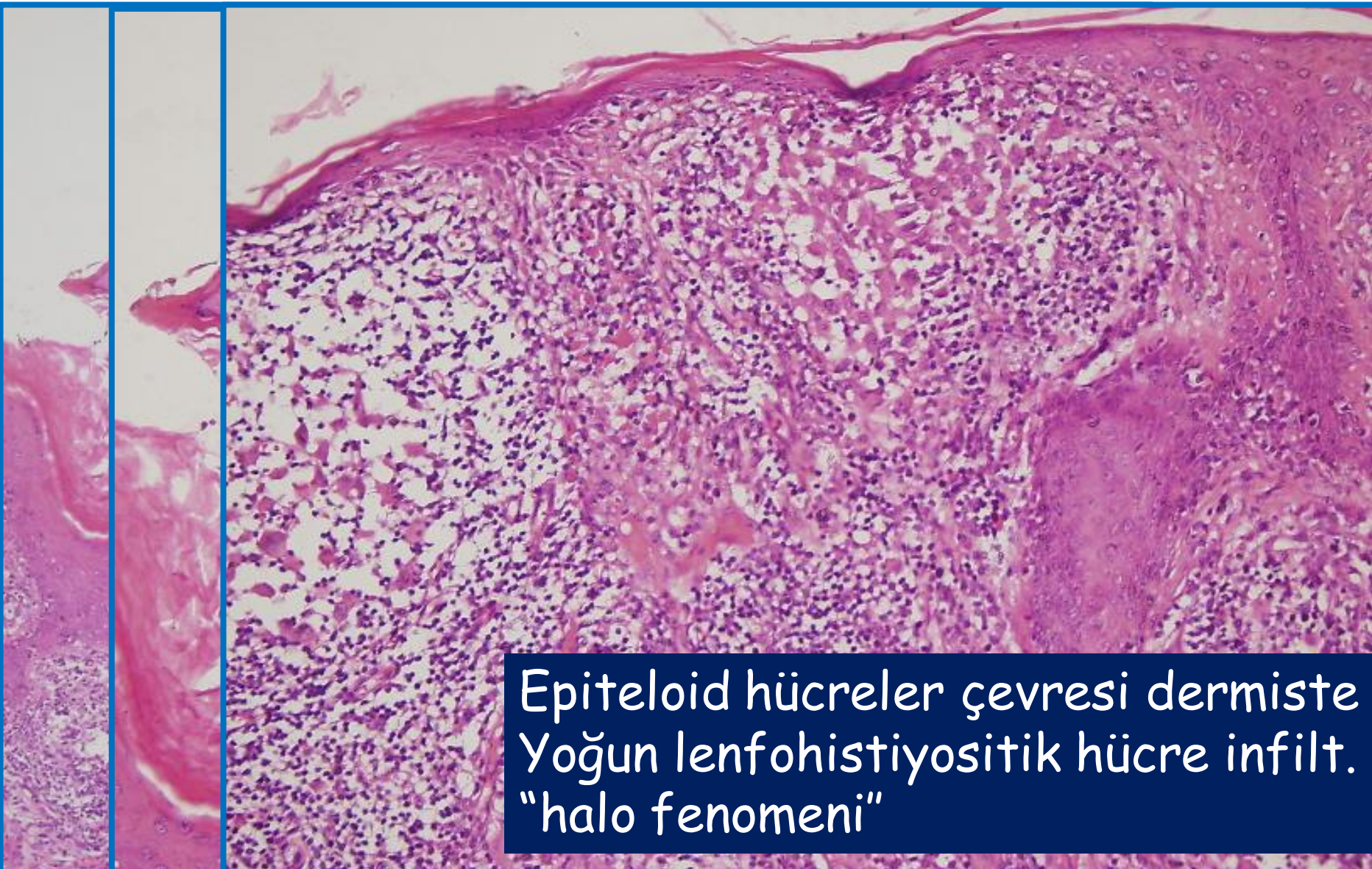
Melan A

S100

Melan-A ve S100
Dermal epitelooid hücrelerde
diffüz pozitif

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Epiteloid hücreler çevresi dermiste
Yoğun lenfohistiyoitik hücre infilt.
"halo fenomeni"

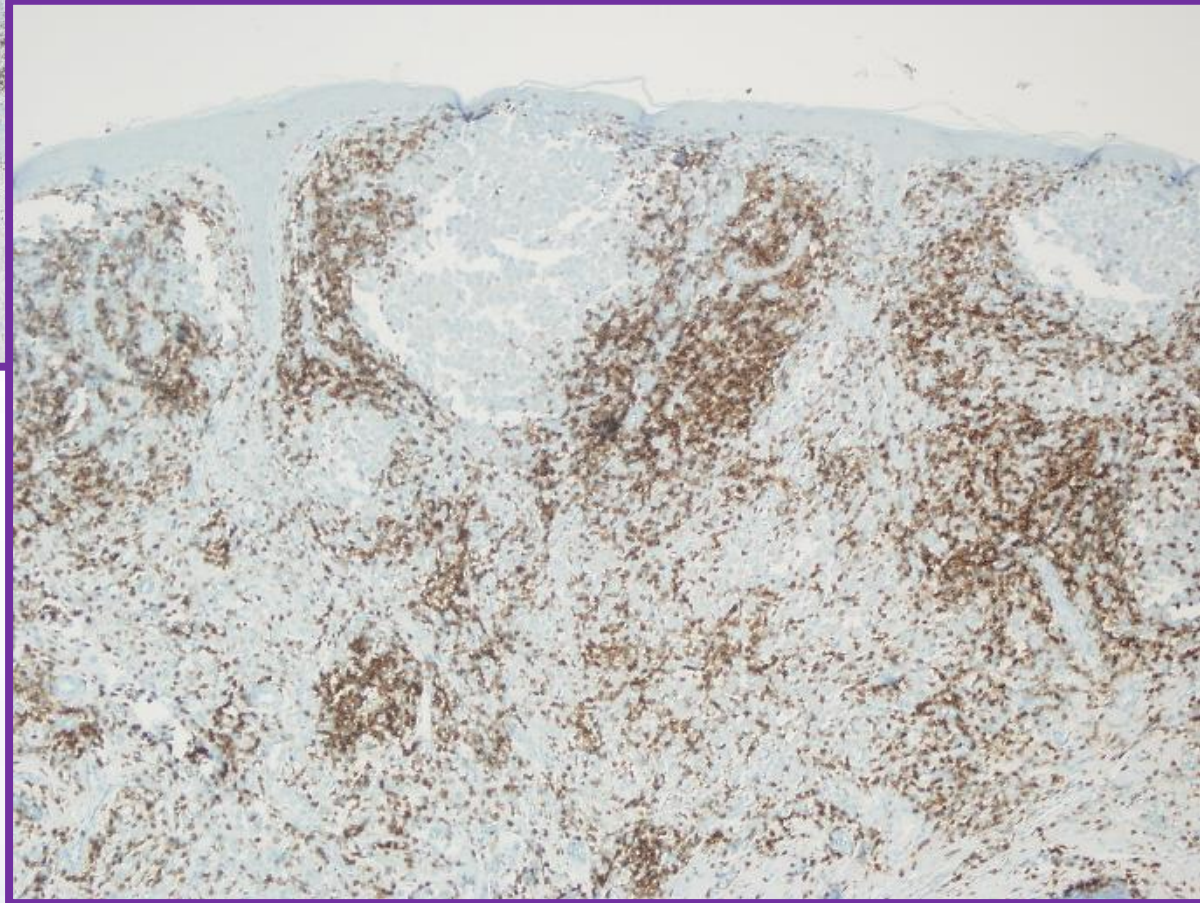
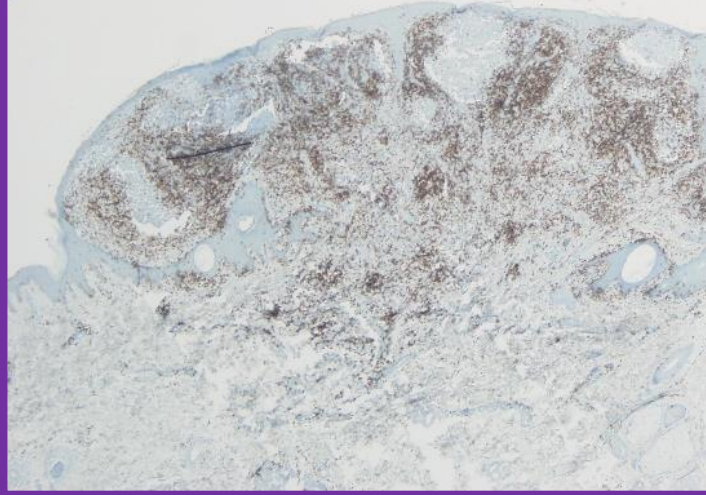


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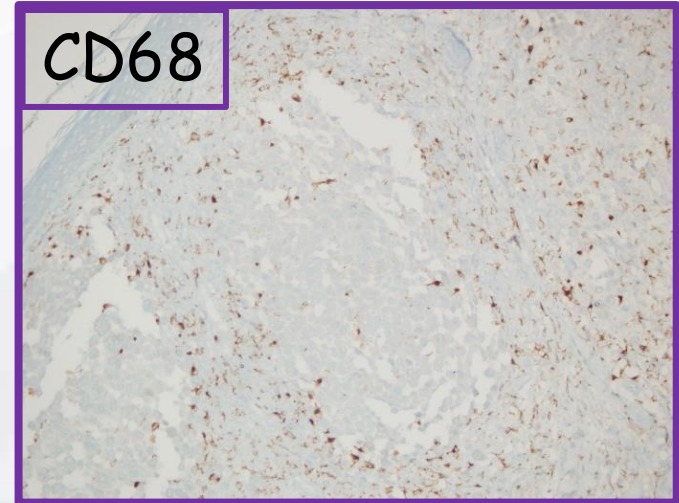
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Tüm lezyon boyunca
Dermiste yoğun lenfosit (LCA+) ve
histiyosit (CD68+) infiltrasyonu



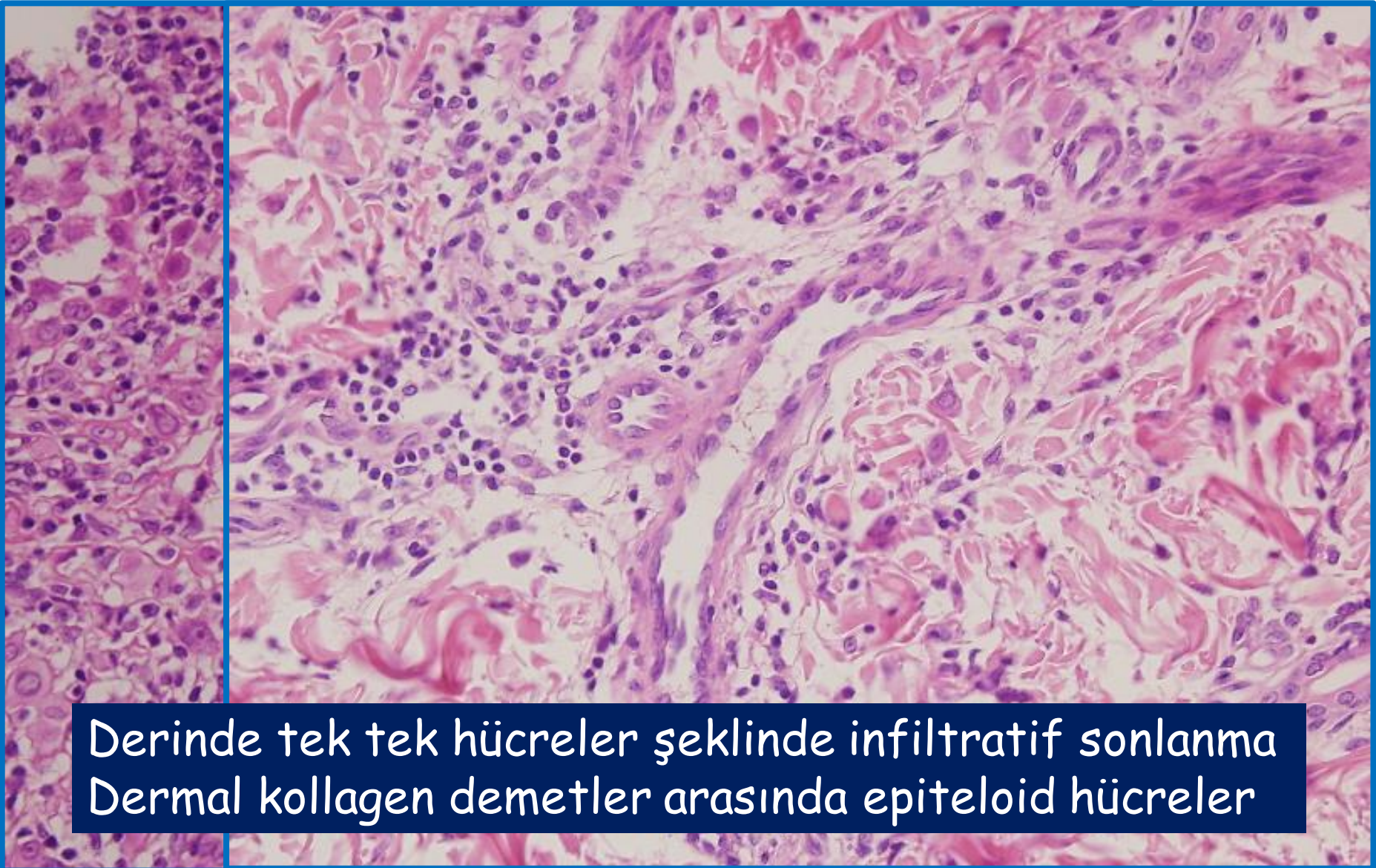
CD68



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Derinde tek tek hücreler şeklinde infiltratif sonlanma
Dermal kollagen demetler arasında epiteloid hücreler

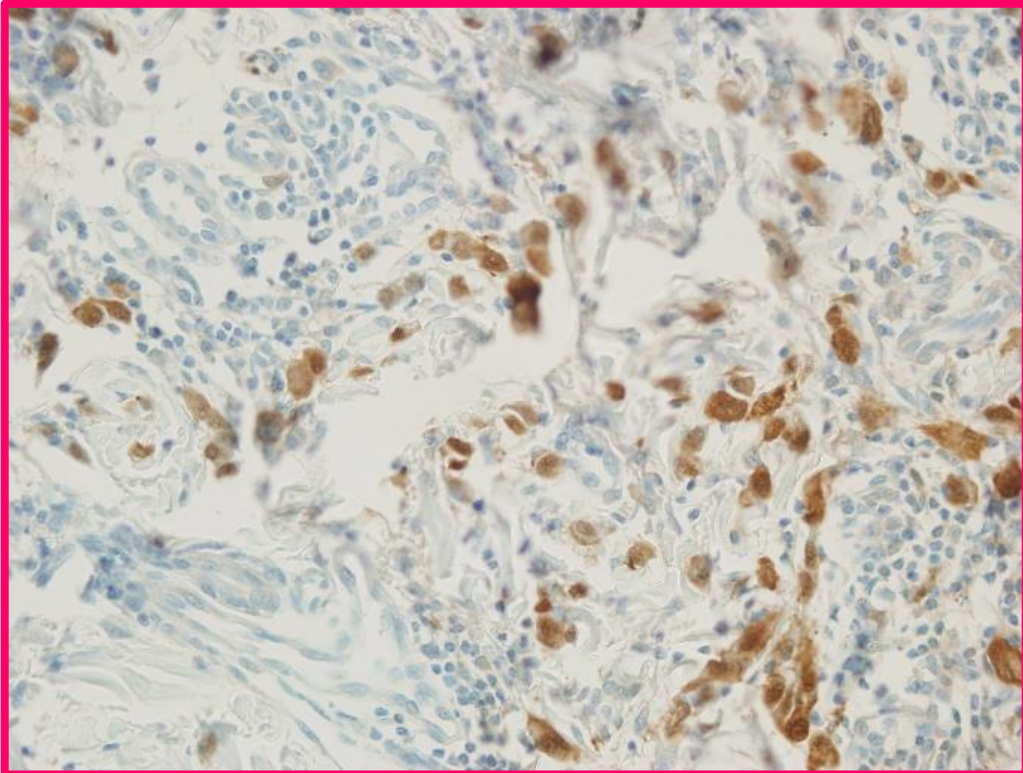
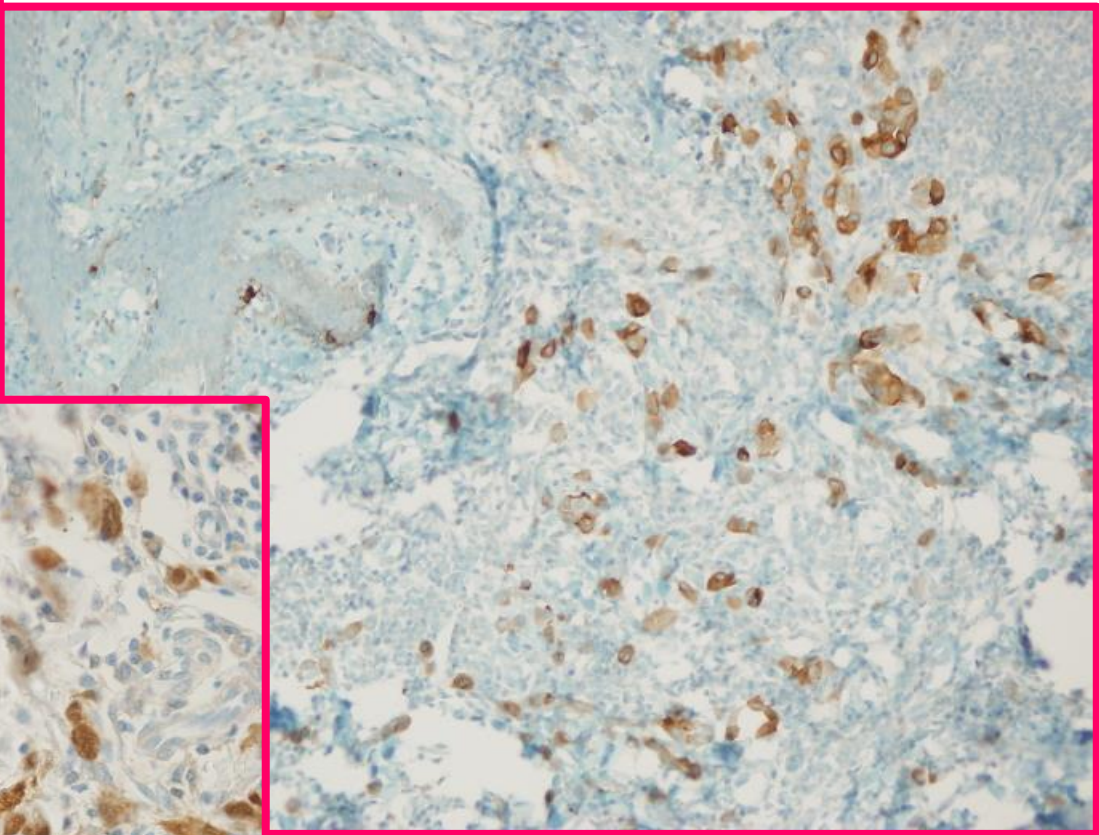


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Melan A



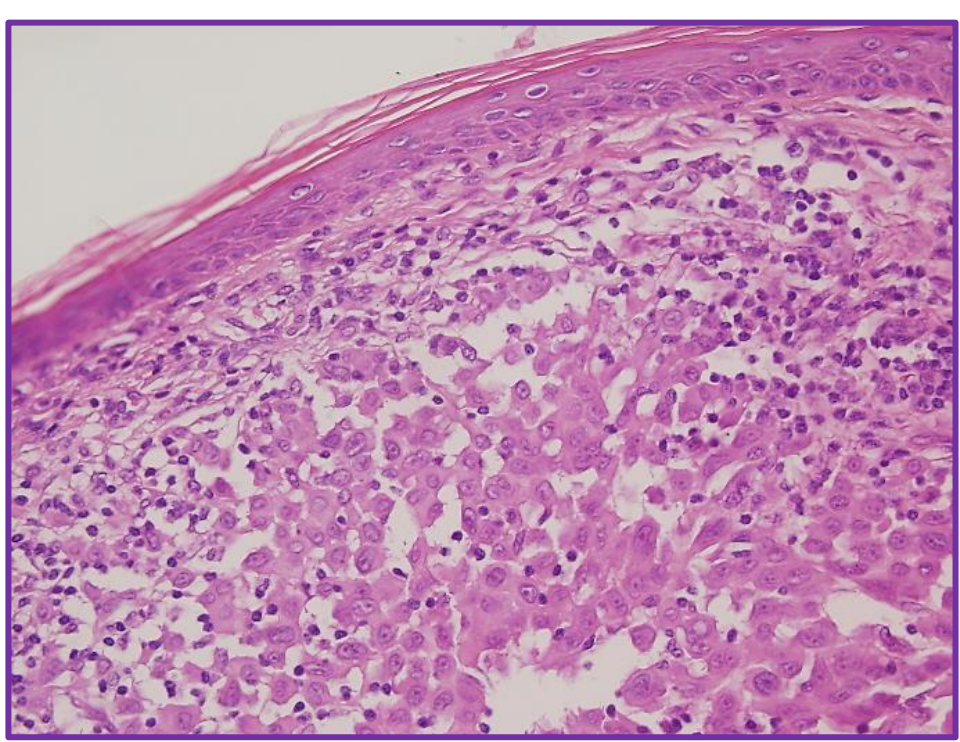
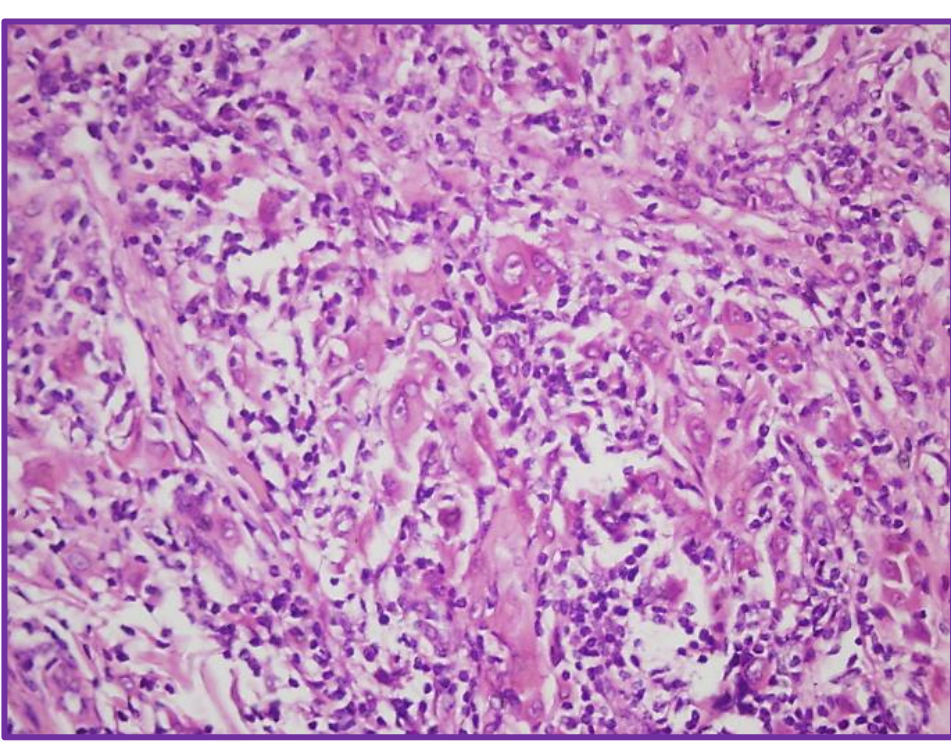
S100



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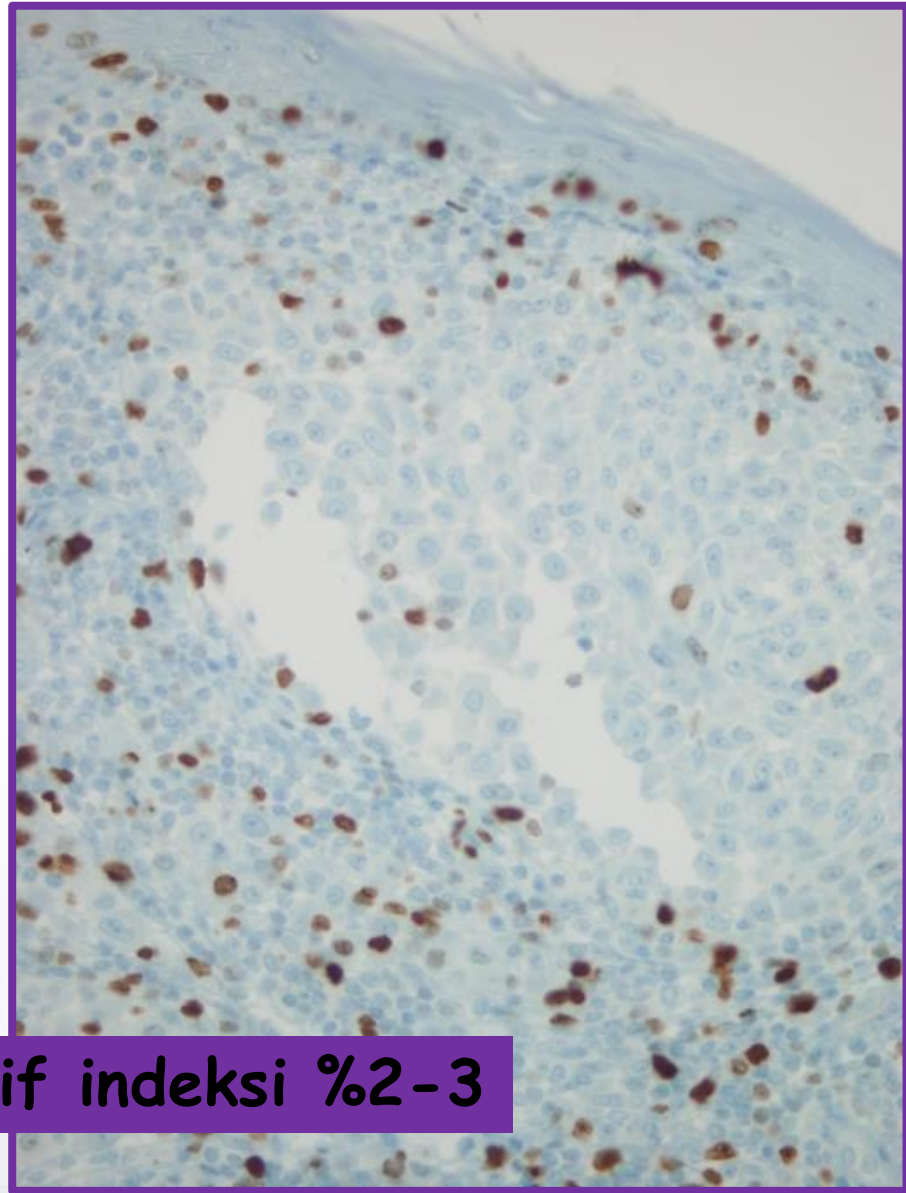
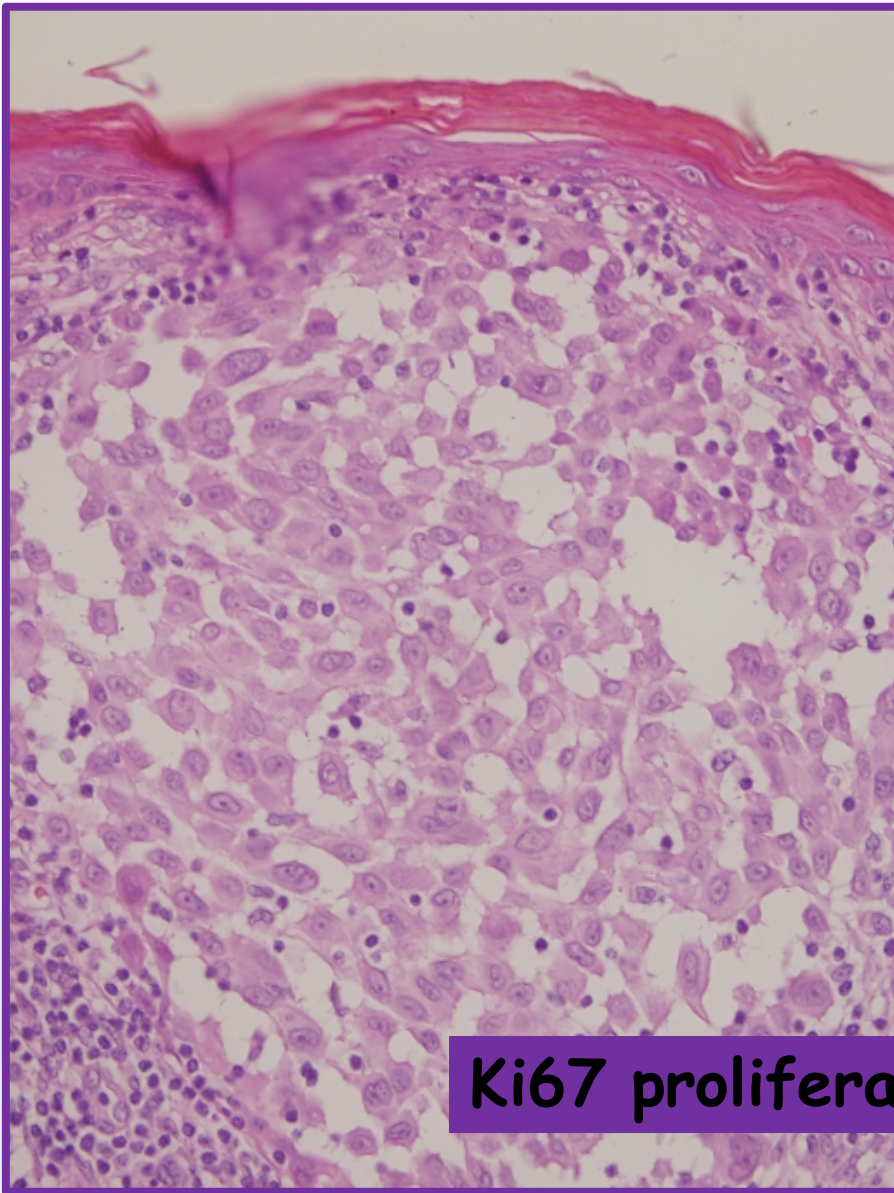
Yüzeyel ve derin epitelooid melanositik hücrelerde mitoz gözlenmedi 😊



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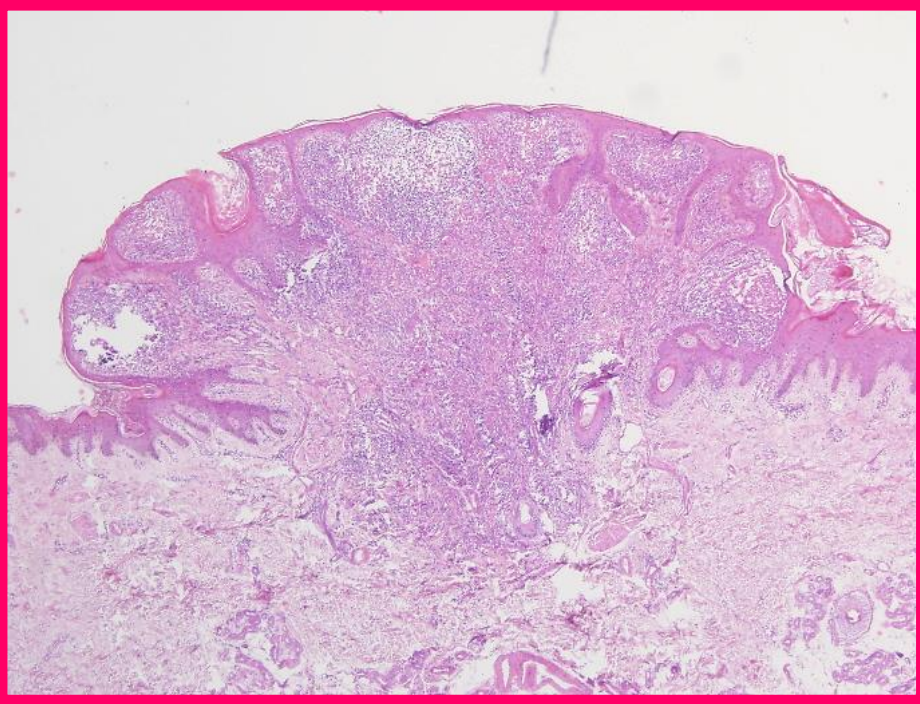
Ki67 proliferatif indeksi %2-3



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Genç hasta, extremitelerde yerleşimi
Simetrik melanositik lezyon
Keskin lateral demarkasyon
Dermal yerleşimli
Hücre morfolojisi; Epiteloid
Nükleer atipi; İlimli/ yer yer ciddi
Yüzeyel ve derin mitoz yok 😊
Derinde infiltratif, tek tek hcr
Tüm lezyon boyunca yoğun
lenfositik hücre infiltrasyonu

Halo reaksiyonu içeren atipik epiteloid intradermal melanositik lezyon

Halo intradermal Spitz nevusu



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Intradermal Spitz Nevi: A Rare Subtype of Spitz Nevi Analyzed in a Clinicopathologic Study of 74 Cases

Jose A. Plaza, MD, Danielle De Stefano, MD,* Saul Suster, MD,* Victor G. Prieto, MD, PhD,†
Denisa Kacerovska, MD,‡ Michal Michal, MD,‡ Martin Sanguenza, MD,§
and Dmitry V. Kazakov, MD‡*

Abstract: Spitz nevi are acquired melanocytic lesions with a wide histomorphological spectrum; reliable distinction from spitzoid melanoma is often difficult. Misdiagnoses of benign spitzoid tumors as spitzoid melanomas and vice versa are attributable to

Key Words: Spitz, Spitz nevi, intradermal Spitz nevus, desmoplastic Spitz nevus, angiomatoid Spitz nevus, epithelioid Spitz, pigmented Spitz nevus

(*Am J Dermatopathol* 2014;36:283–297)

Intradermal spitz nevusu

Hyalinize

Polipoid

Angiomatoid

Desmoplastik

Halo

Olguların %42 si epiteloid

%16 sı iğsi

%42 si mikst

hücre morfolojisinde

Kr inflamatuvar infiltrat %24

18 olgu perivasküler / interstisyel

7 olgu diffüz ve halo benzeri patern



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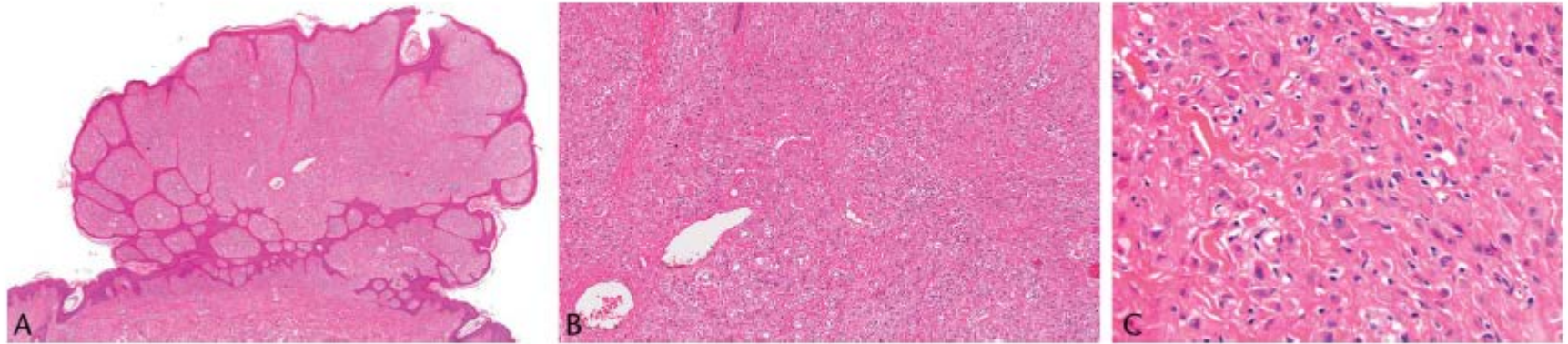
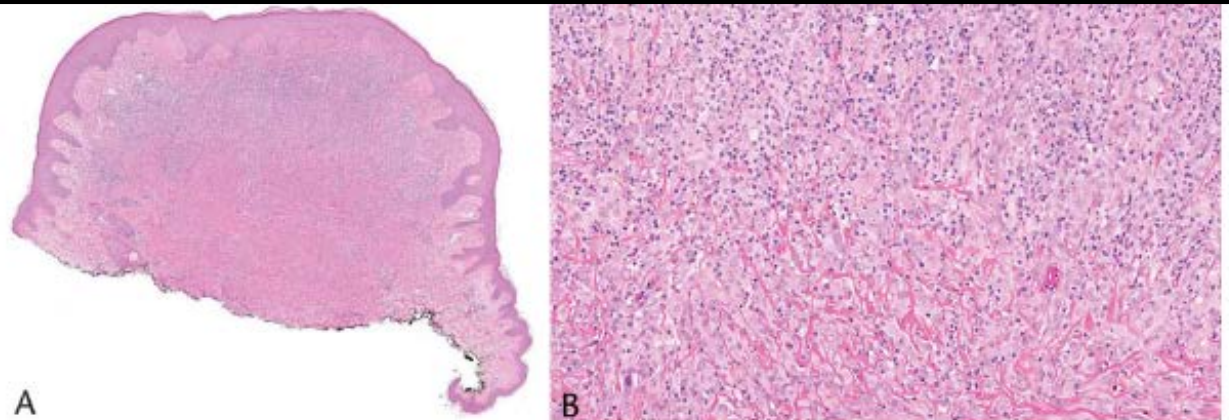


FIGURE 9. A, Polypoid intradermal Spitz nevus: the biopsy shows a polypoid and pedunculated intradermal melanocytic lesion. Note the symmetry and well circumscription of the lesion. B, Note the spitzoid epithelioid melanocytes in dermis. C, Higher magnification showing the spitzoid melanocytes (some cells do show the ganglion-like cytomorphology).

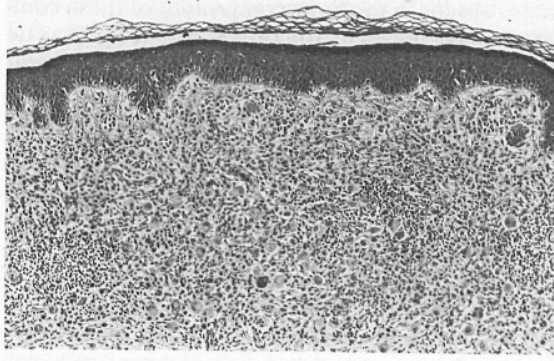
FIGURE 11. A, Halo intradermal Spitz nevus: note the symmetry and the intradermal location of this melanocytic lesion along with the increased amount of chronic inflammation in the background. There is normal maturation toward the base of the lesion. B, Epithelioid melanocytes with spitzoid features. Note the permeation of lymphocytes.



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Spitz's nevi with halo reaction: a histopathologic study of 17 cases

Halo reactions to melanocytic nevi are a well-recognized phenomenon. In contrast, halo reactions to Spitz's nevi have been reported only infrequently. Halo reactions may cause misdiagnosis of an otherwise benign nevus as melanoma because inflammatory cells sometimes obscure the architectural features of the un-

**Jeff D. Harvell¹, Shane A. Meehan¹
and Philip E. LeBoit^{1,2}**

Departments of ¹Pathology and ²Dermatology
University of California, San Francisco, School of
Medicine, USA

Fig. 7. Case 9: a combined Spitz's nevus, with small round melanocytes situated above large, epithelioid Spitz's nevus cells. Note how lymphocytes preferentially infiltrate the Spitz component. Also note lack of nuclear maturation, with a large, hyperchromatic nucleus near the base.

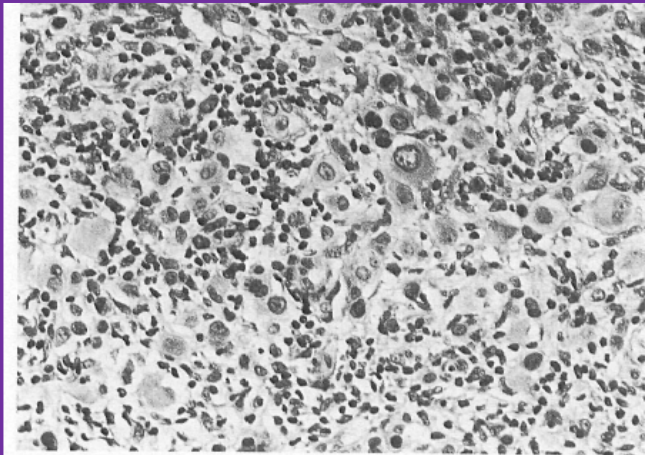


Fig. 6c. Lymphocytes infiltrate the Spitz component of this combined nevus in and amongst the larger epithelioid cells, up to the dermoepidermal junction (case 17).

- Halo reaksiyonu içeren Spitz nevuste dermise doğru olan progressif maturasyon, özellikle lezyon tabanında yoğun inflamasyon varsa, gözlenmeyebilir !!
- Halo reaksiyonu lezyonel melanositlerdeki sitolojik atipinin artmasına neden olur: Reaktif atipi (Spitz ? / MM ?)
- Dermal komponent lenfositlerle diffüz olarak infiltridir



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Spitz nevi in the classic histopathological pattern - lamb in wolf`s clothing*

Gustavo Costa Verardino¹

Mayra Carrijo Rochael¹

An Bras Dermatol. 2015;90(1):91-5.

DOI: <http://dx.doi.org/10.1590/abd1806-4841.20153310>

29 hasta, 2-24 y, ort 18 y
Alt ekst, gövde, üst ekst
İntradermal %3
Epiteloid hücre tipi %53 (17 olgu)
psödoinklüzyon
multinukleasyon
eozinofilik nukleol
Diffüz lenfositik infiltrasyon %40.5

Benignite kriteri;
simetri
keskin sonlanma
Sitolojik atipi %56
Maturasyon benignite bulgusu
ancak %72-86,6
maturasyon olmayabilir !
İnflamatuar infiltrat %75



Spitz Nevus: A Clinicopathological Study of 349 Cases

Celia Requena, MD,* Luis Requena, MD,† Heinz Kutzner, MD,‡ and Evaristo Sánchez Yus, MD§

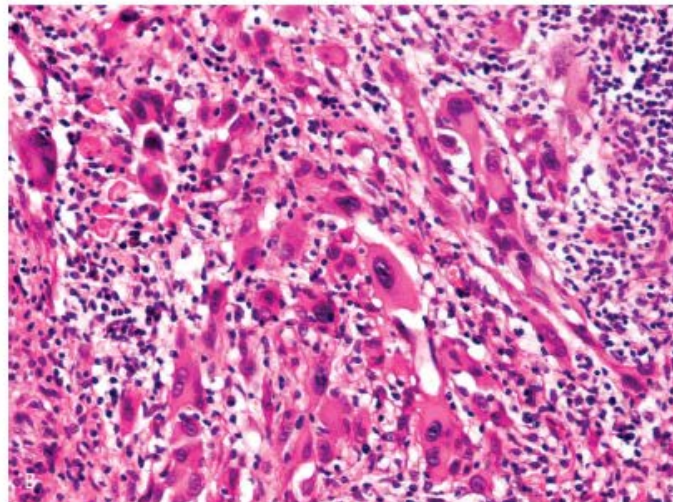
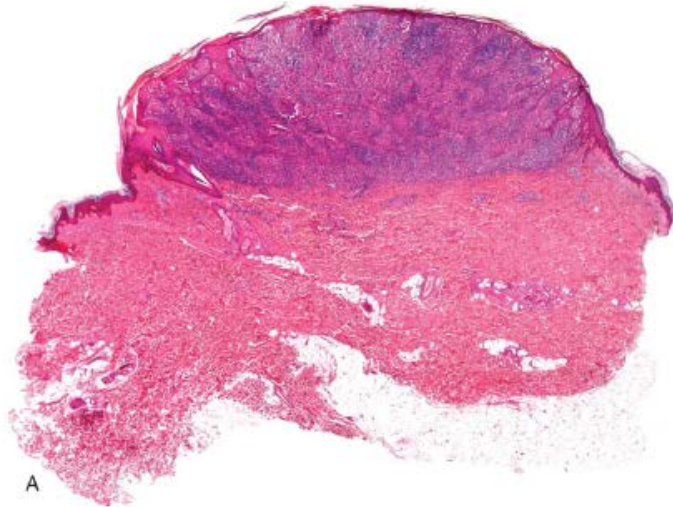


FIGURE 3. A, Halo Spitz nevus. B, Detail of halo Spitz nevus.

TABLE 2. Frequency of Histopathological Variants of Spitz Nevus in Our Series

Reed nevus	64 cases
Desmoplastic Spitz nevus	16 cases
Halo Spitz nevus	12 cases
Polypoid Spitz nevus	7 cases
Hyalinized Spitz nevus	3 cases
Angiomatous Spitz nevus	3 cases
Granulomatous Spitz nevus	2 cases
Pagetoid Spitz nevus	2 cases
Pigmented epithelioid Spitz nevus	2 cases
Plexiform Spitz nevus	1 case
Tubular Spitz nevus	1 case
Intraepidermal Spitz nevus	1 case
Combined Spitz nevus	1 case
Myxoid Spitz nevus	1 case



SONUÇ

Melanom ayırıcı tanısında ;

lezyon simetrik

keskin lateral demarkasyon

mitoz yok/sadece yüzeyel dermal komponentte +

inflamatuvar infiltratın diffüz olması (yama tarzında olmaması)

"Halo fenomeni" ya da "Halo reaksiyonu"

genelde maturasyon olması

yoğun lenfositik infiltrasyon içerenlerde "maturasyon
gözlenmez !!!! (halo reaksiyonu)

Çocuk / adölesan yaş grubunda malign melanom tanısı vermeden önce
Spitz nevusü ve varyantlarını ayırıcı tanıda akılda tutmak ÖNEMLİ!



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İlginiz ve sabrınız için teşekkürler...

