

Dr Mehmet Ali **Uyarođlu**

İzmir Atatürk Eğitim ve Arařtırma Hastanesi



25. Ulusal Patoloji Kongresi
6. Sitopatoloji Kongresi

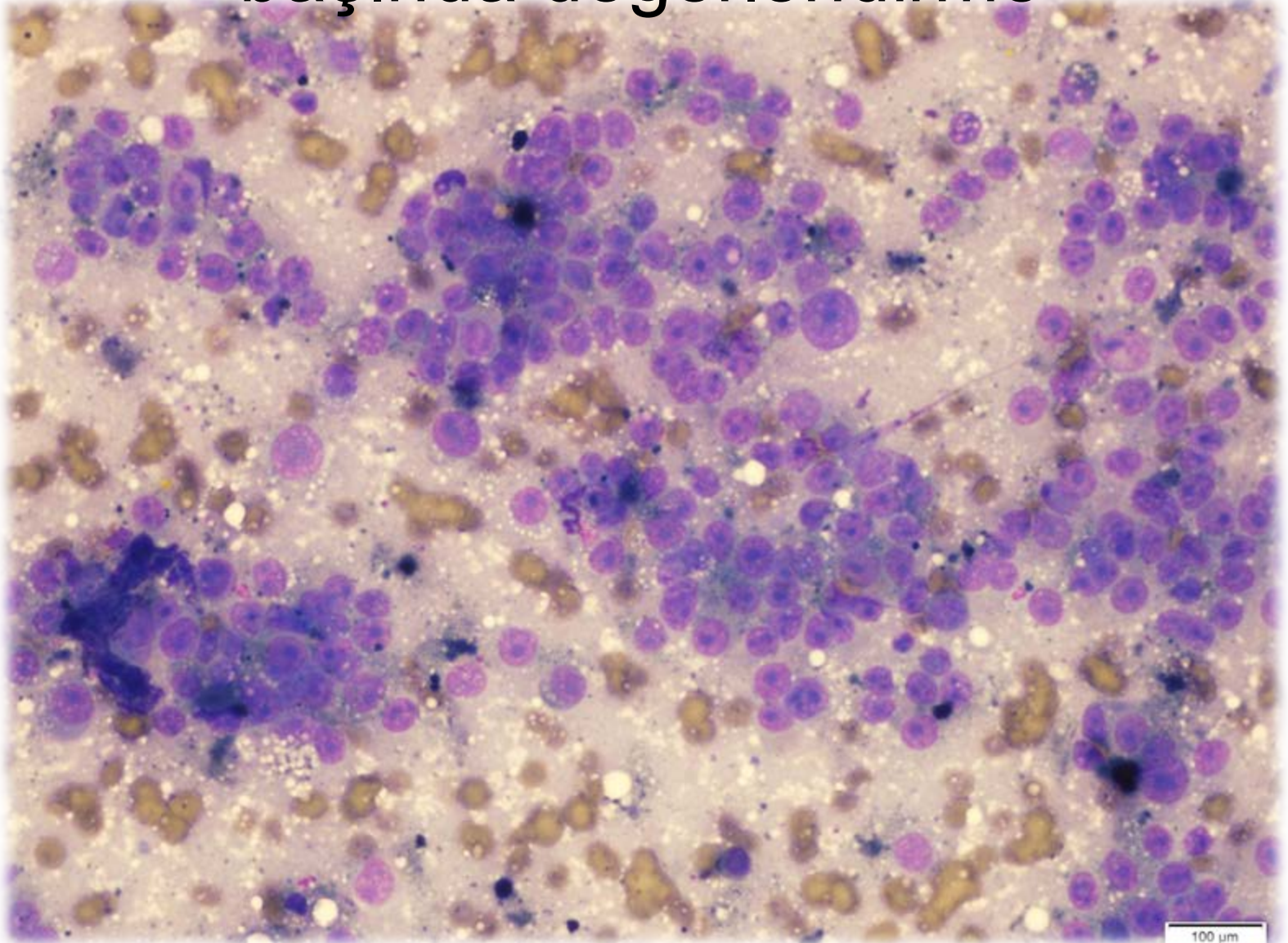
14 - 17 Ekim 2015 / Merinos AKKM - BURSA

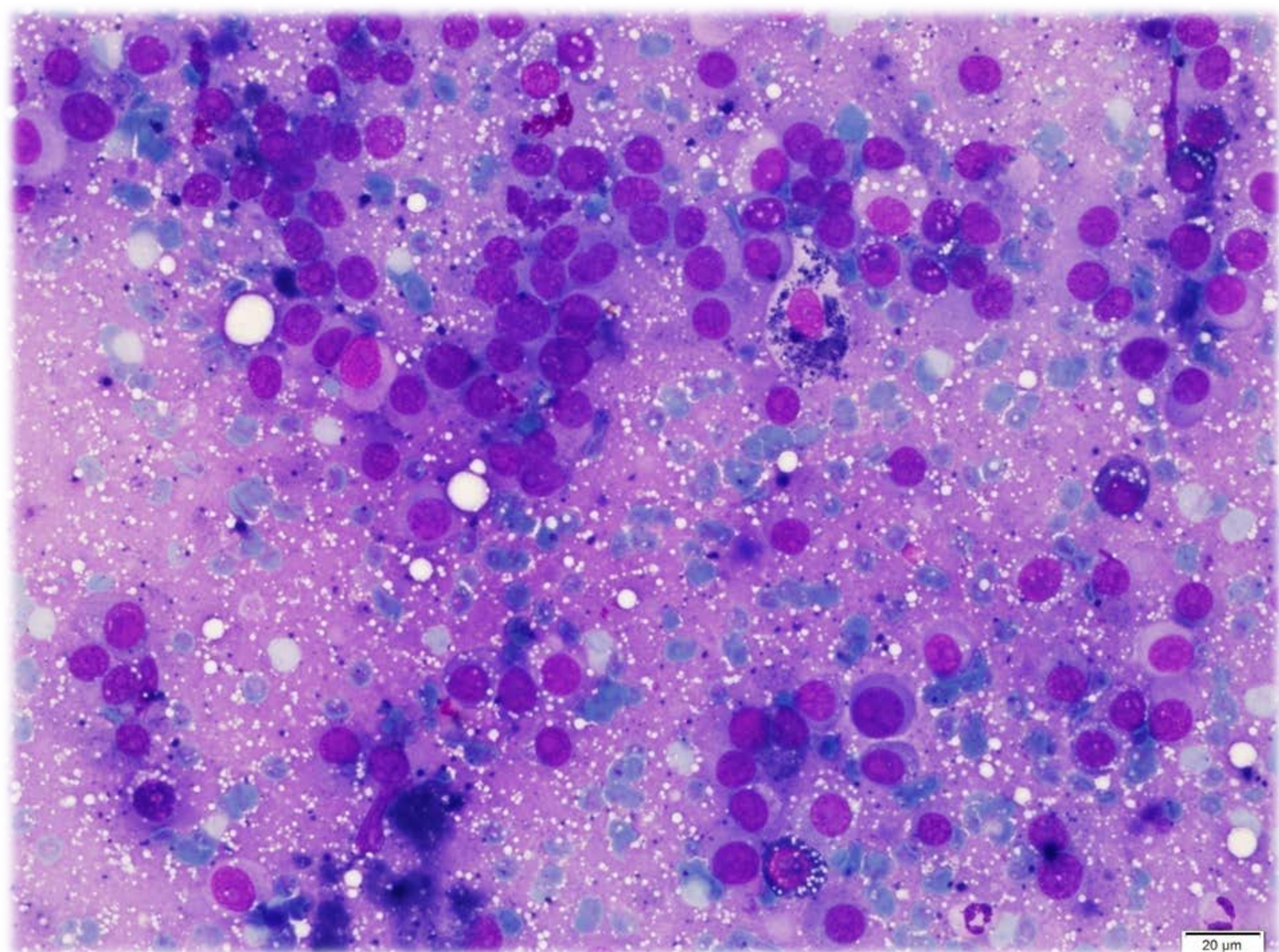


Olgu

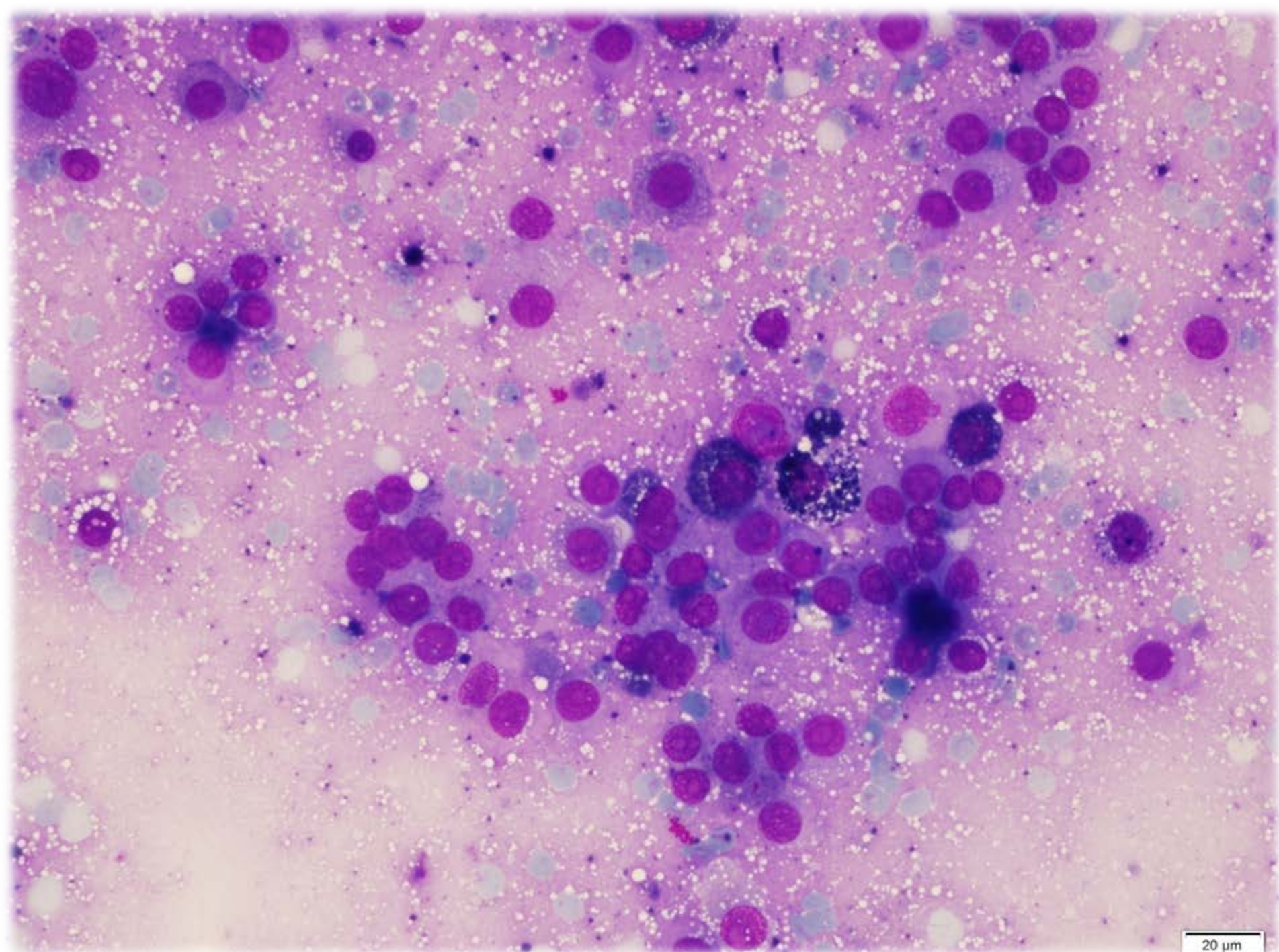
- 68 yaşında
- Erkek
- Özgeçmişte DM ve HT tanımlanıyor
- Yakınma: Boyunda kitle ve bulantı- karın şişliği

Boyundaki kitleden İA ve hasta başında değerlendirme

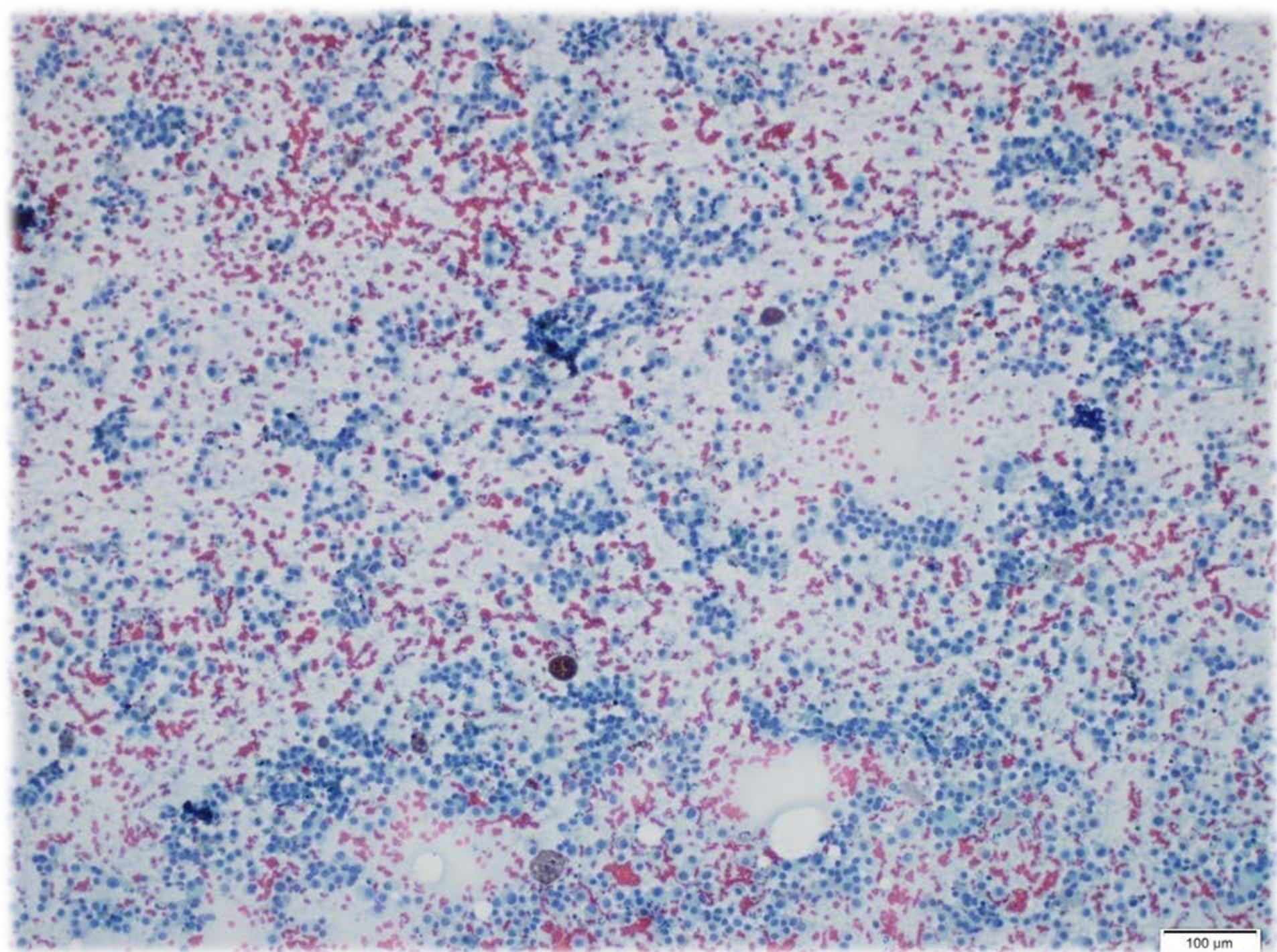




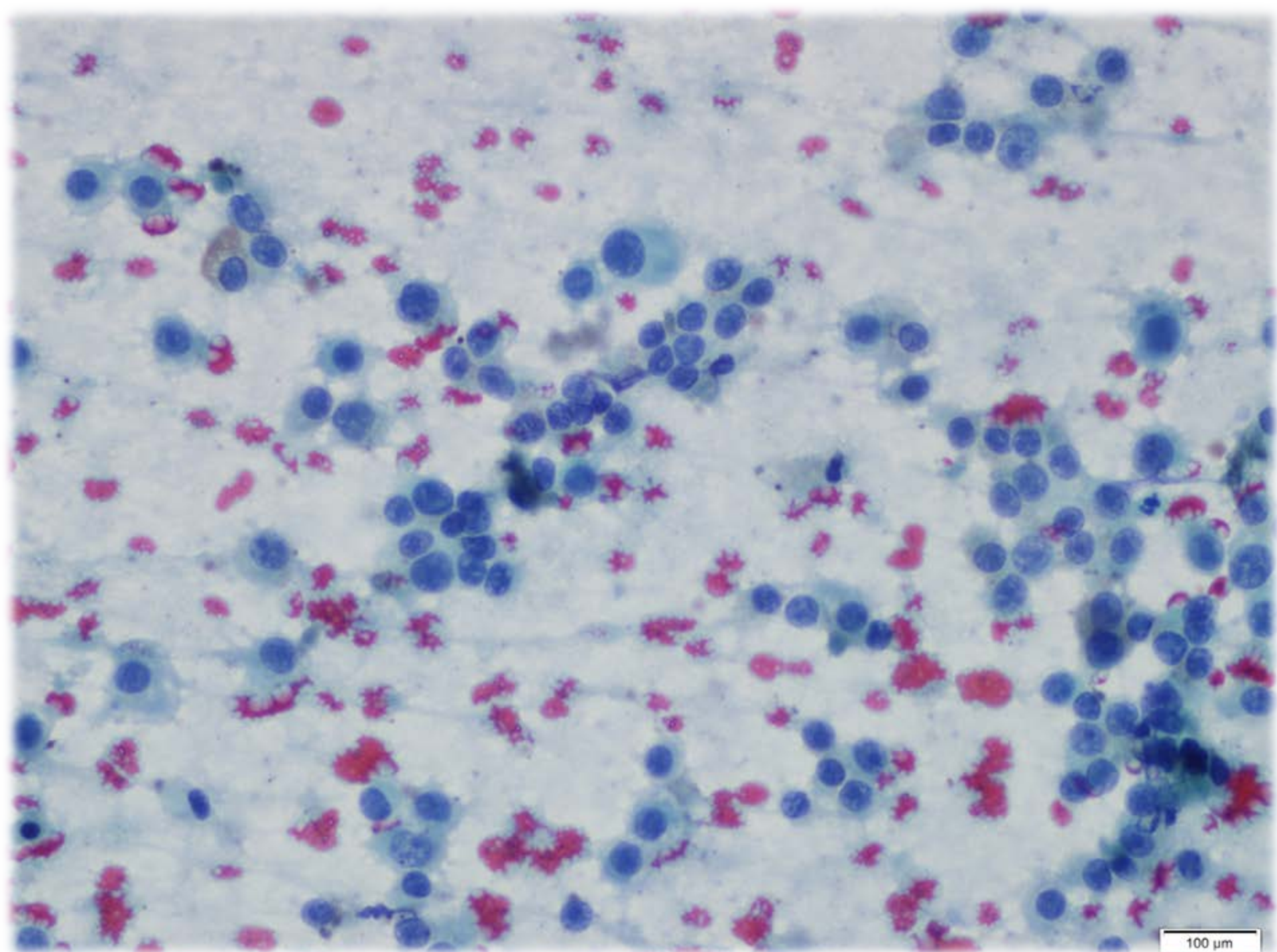
20 μ m



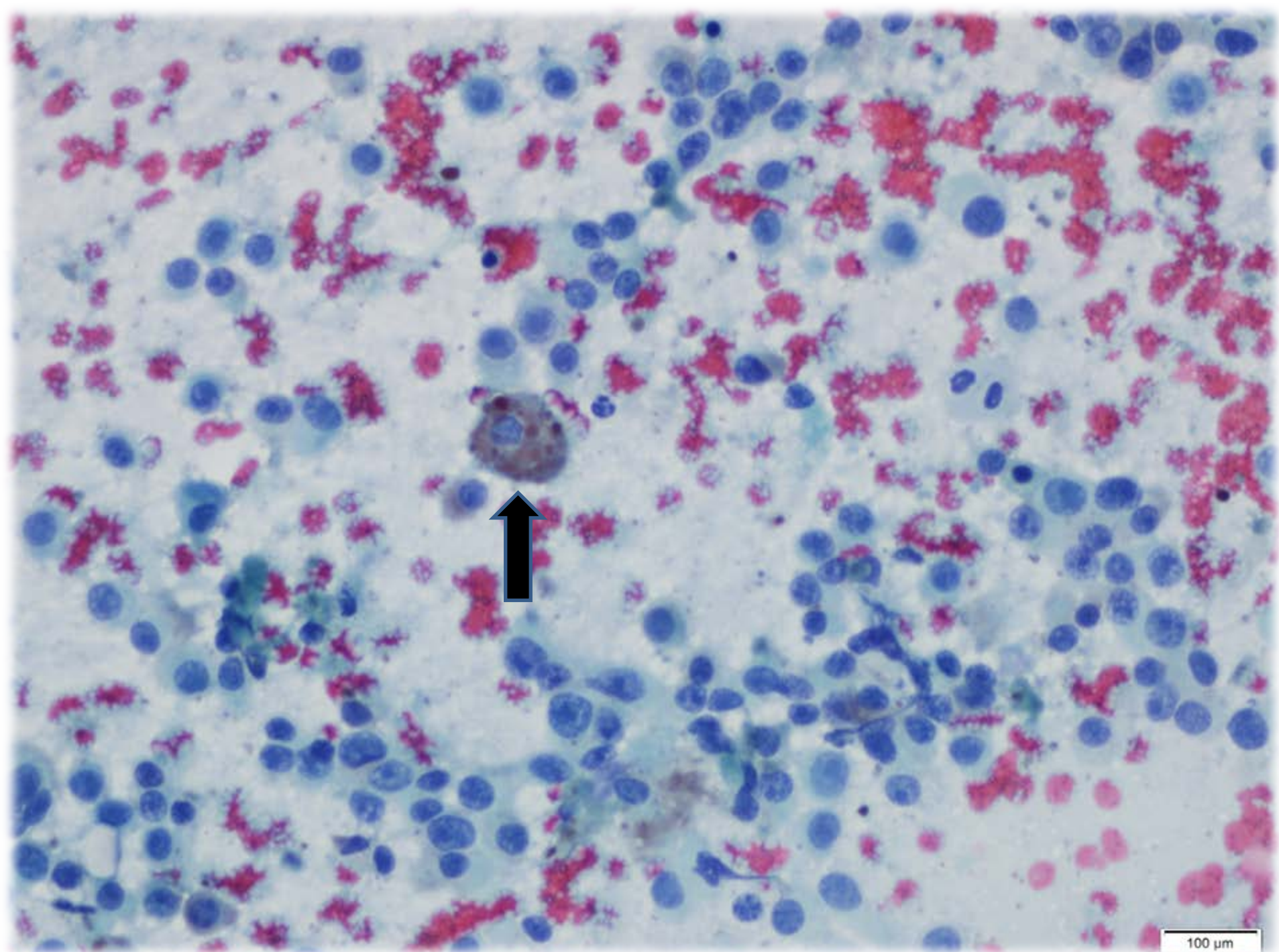
20 μm



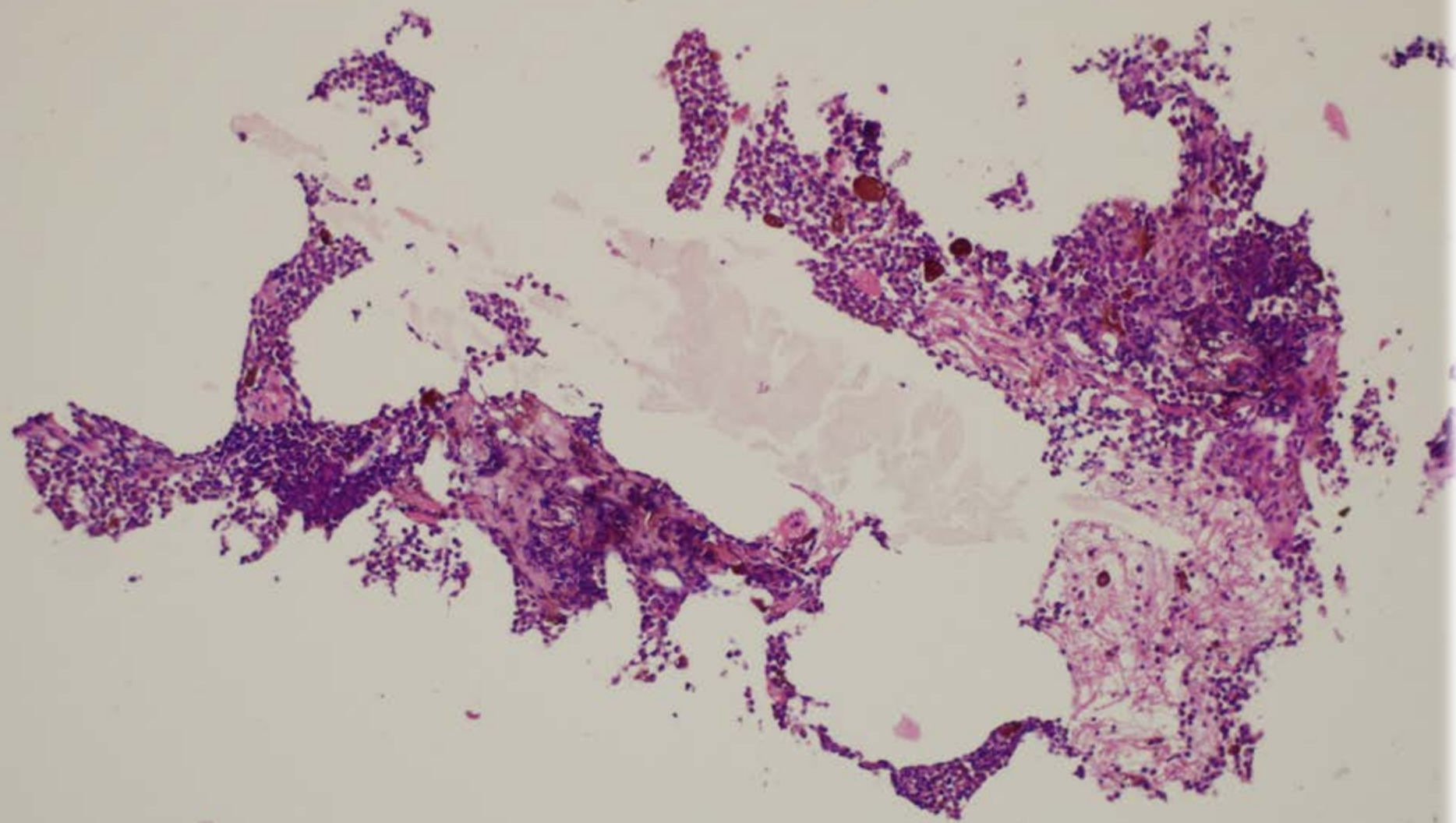
100 μ m



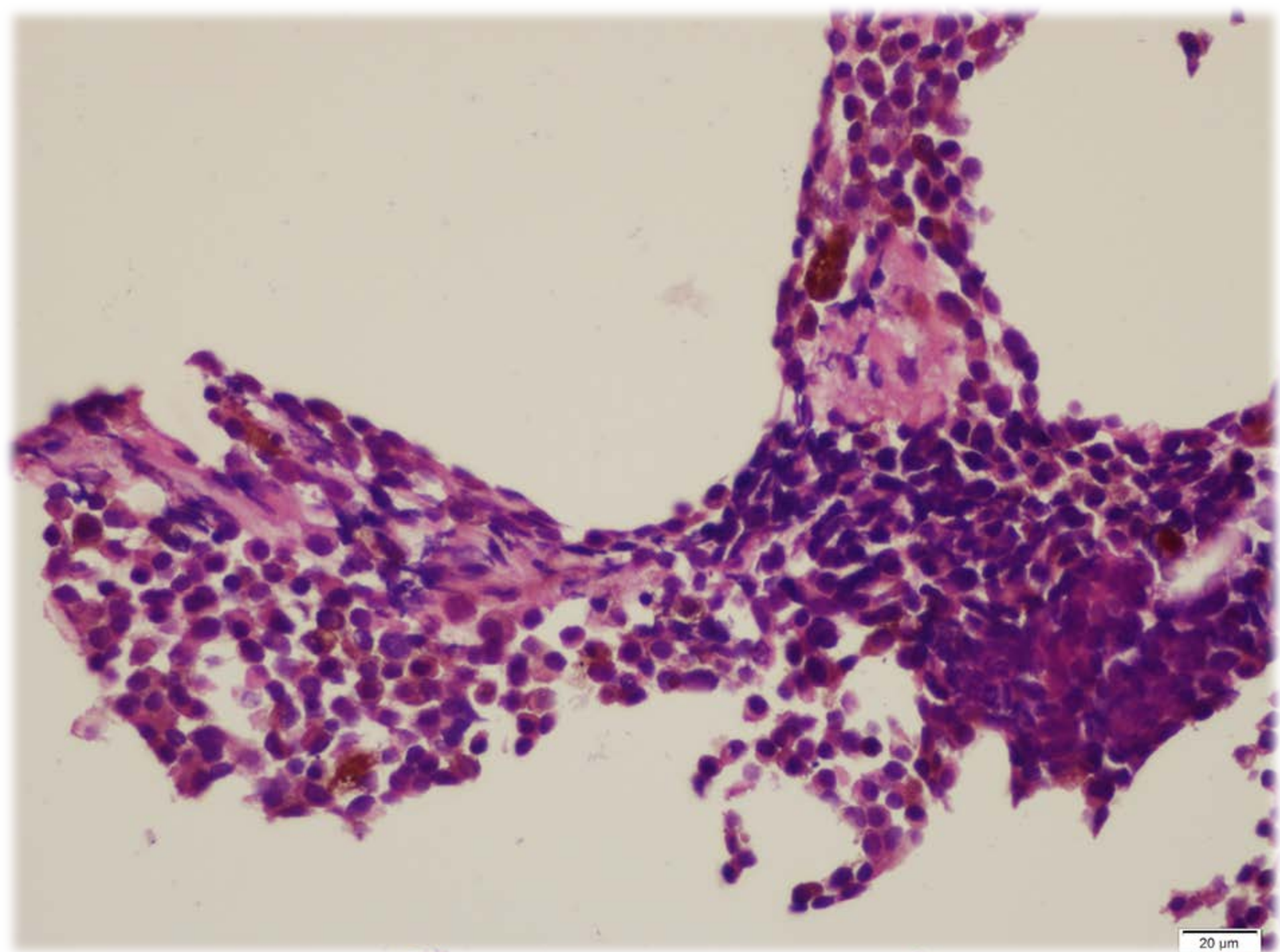
100 μ m



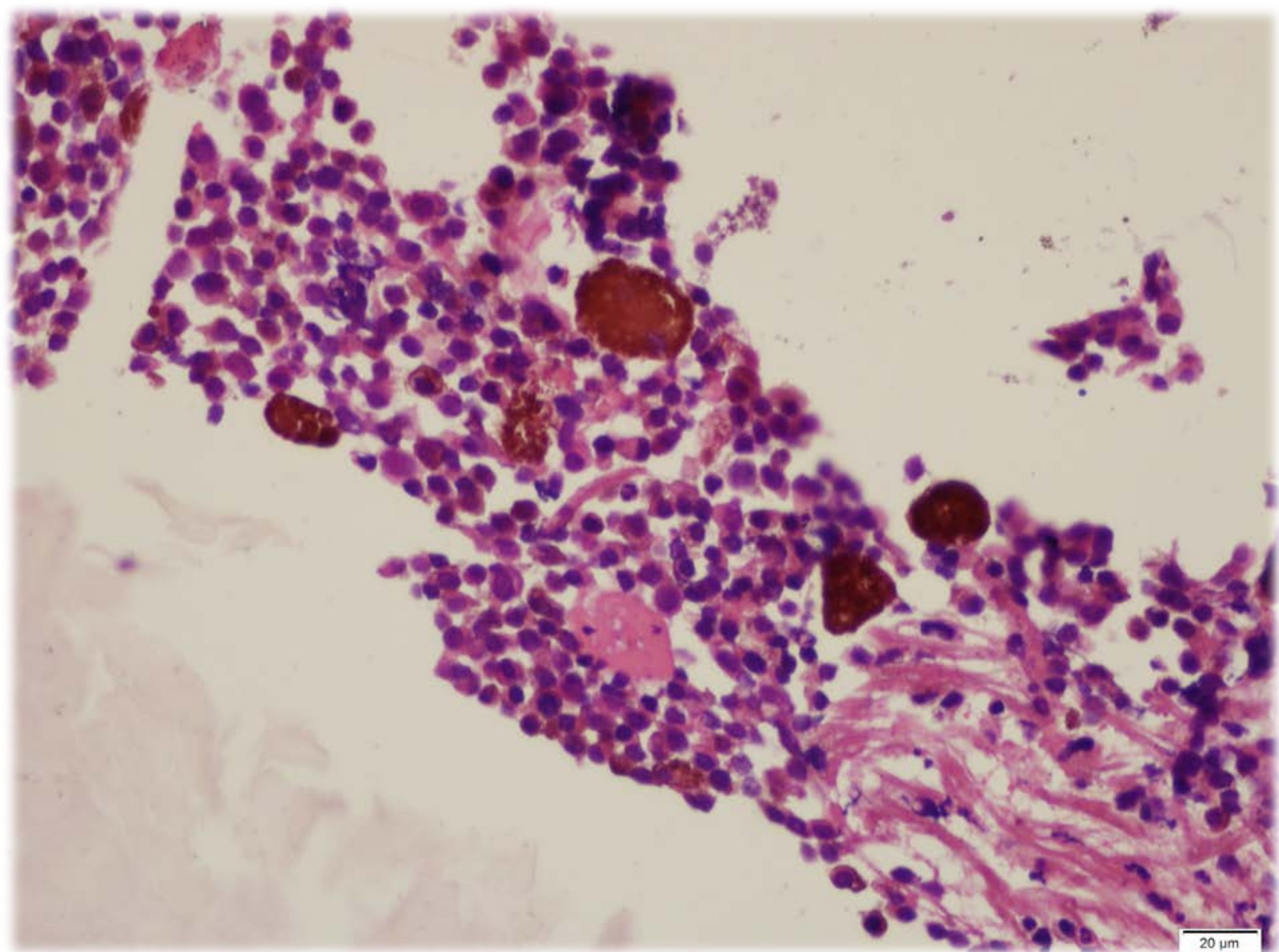
100 μ m



100 μ m



20 μ m



20 μ m

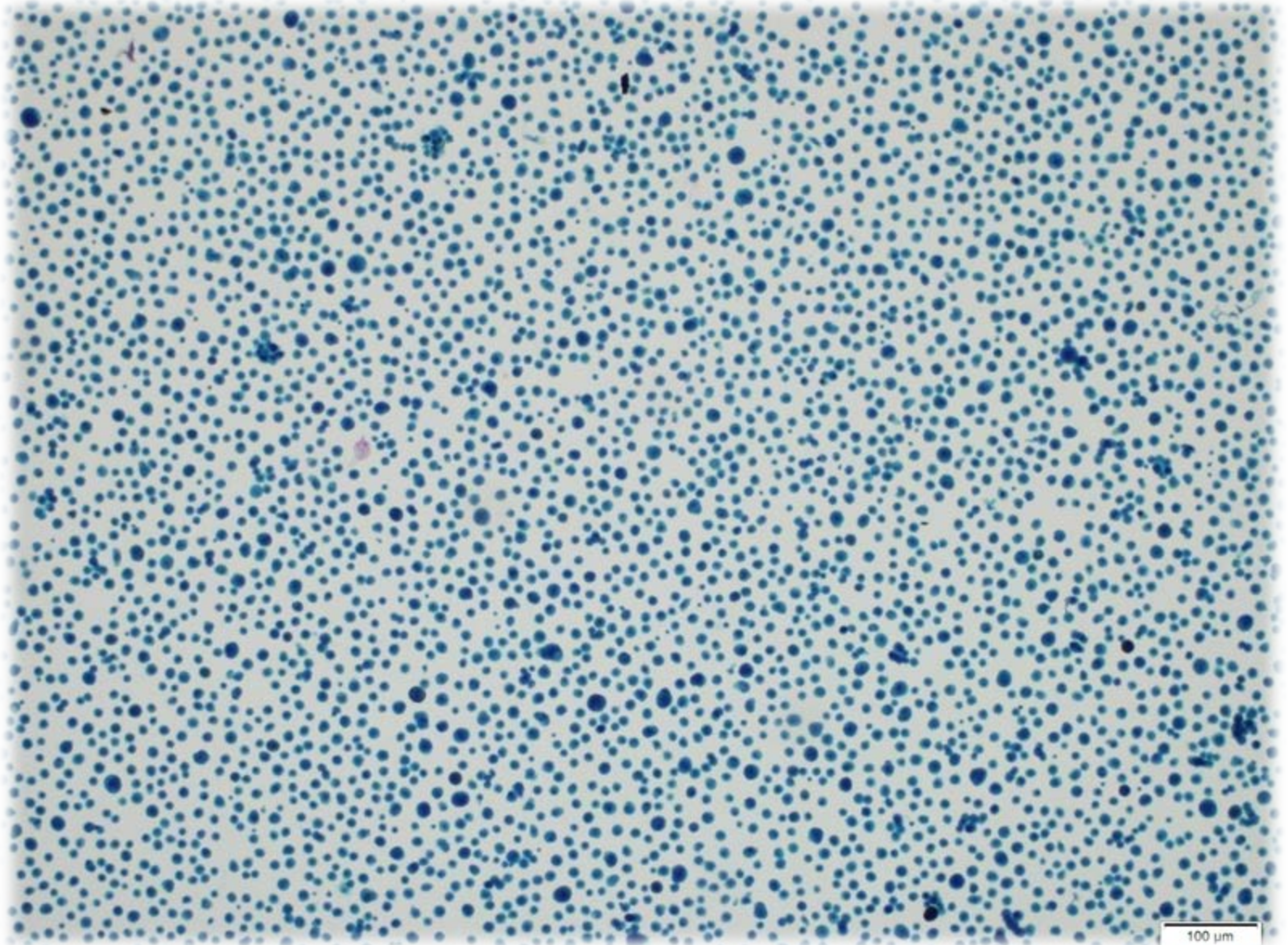
BT toraks:

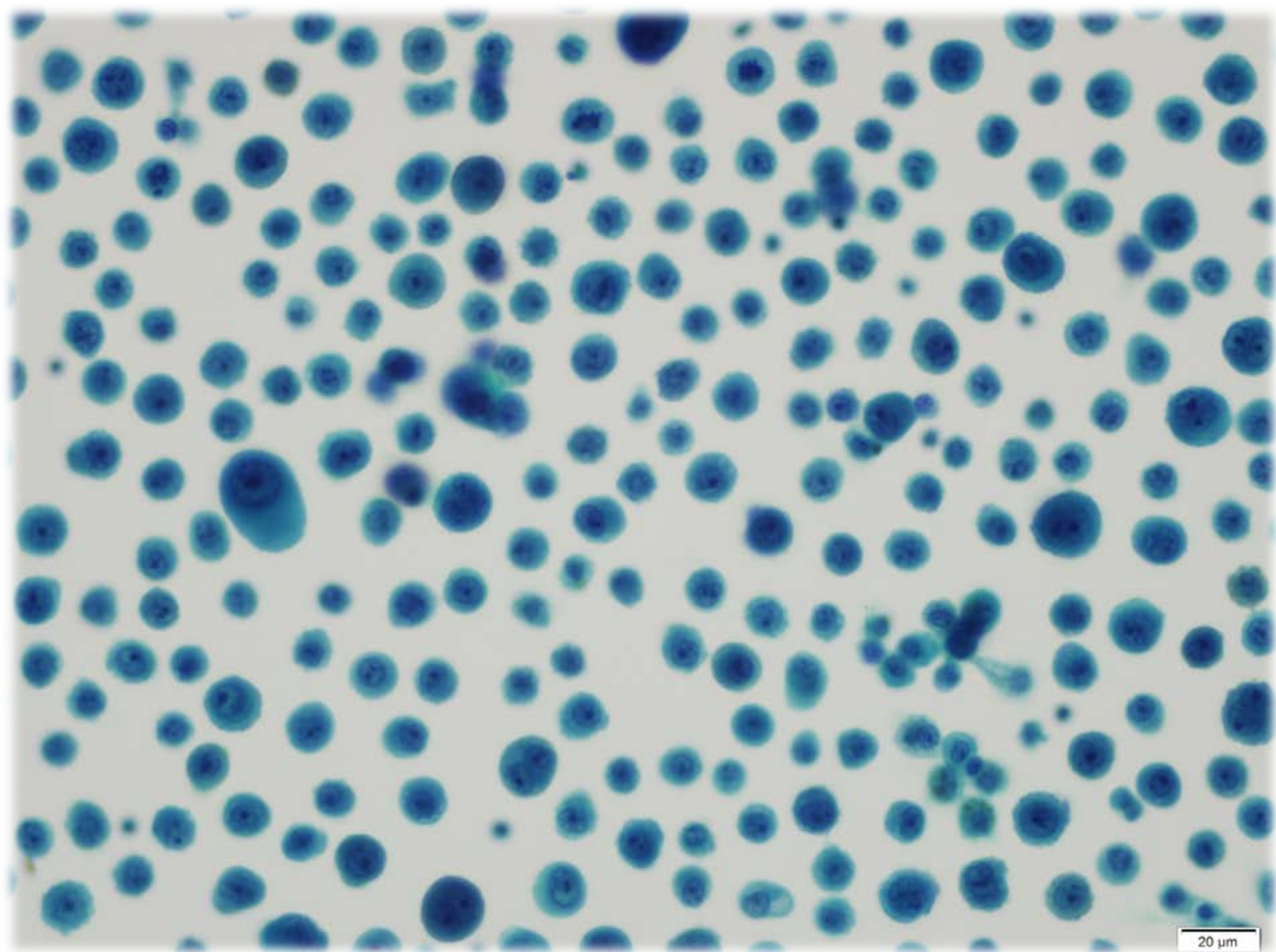
- Mediastende ve her iki aksillada multipl LAP
- Cilt altı yumuşak doku planlarında multipl nodüler dansiteler (met?).
- Bilateral plevral effüzyon.
- Supradiafragmatik yerleşimli multipl LAP

BT abdomen :

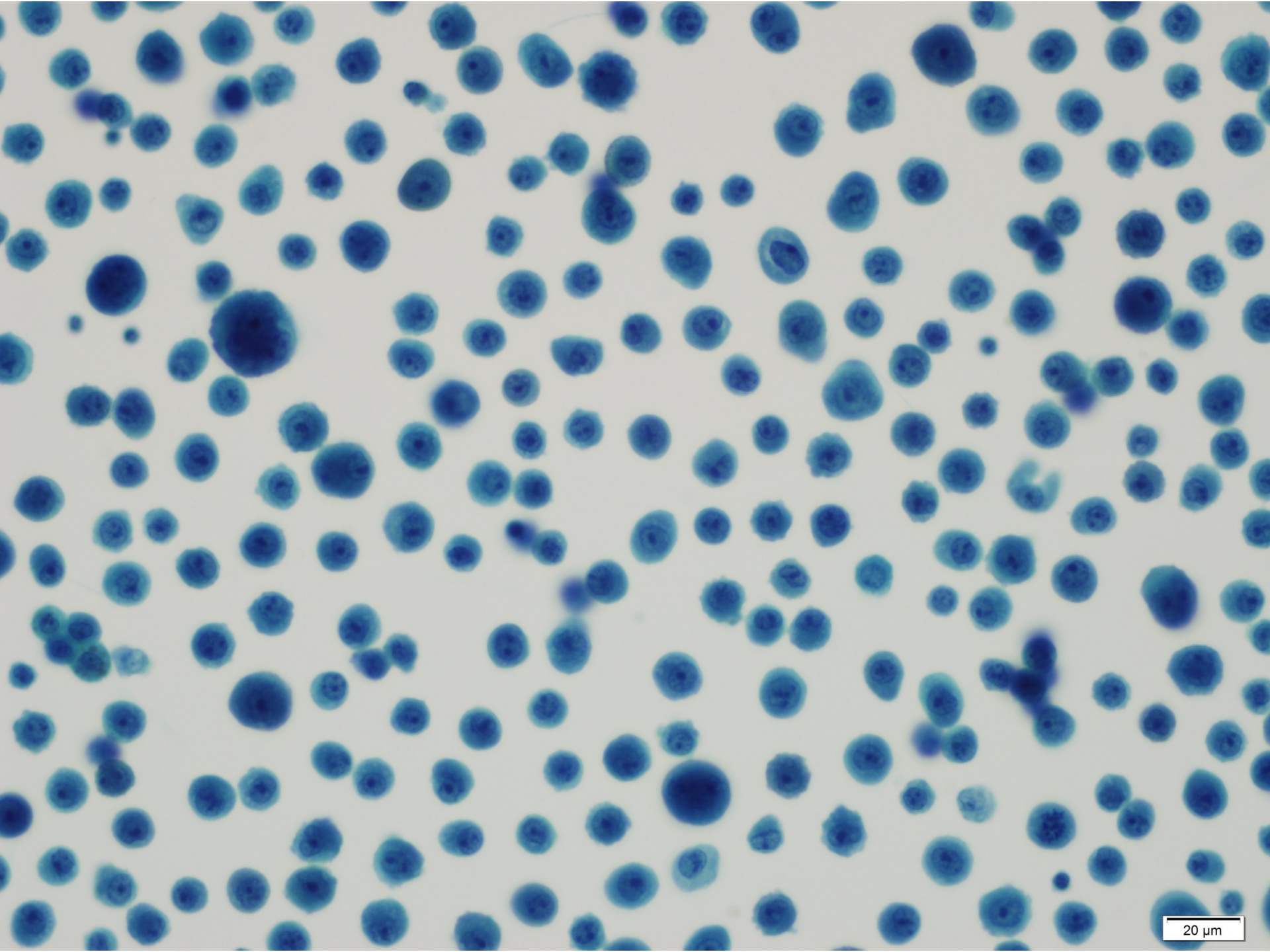
- KC segment 7 de met. ile uyumlu hipodens lezyon
- Assit ve omentumda multipl kitle (peritonitis karsinomatoza lehine)
- Retroperitonal bölgede ve cilt altında multipl nodüler yumuşak doku dansiteleri; yaygın metastatik tutulum?
- Bilateral sürrenal kitleler. Met.?

Assit sıvısı
(1enj) 15 ml kahverengi bulanık sıvı örneđi

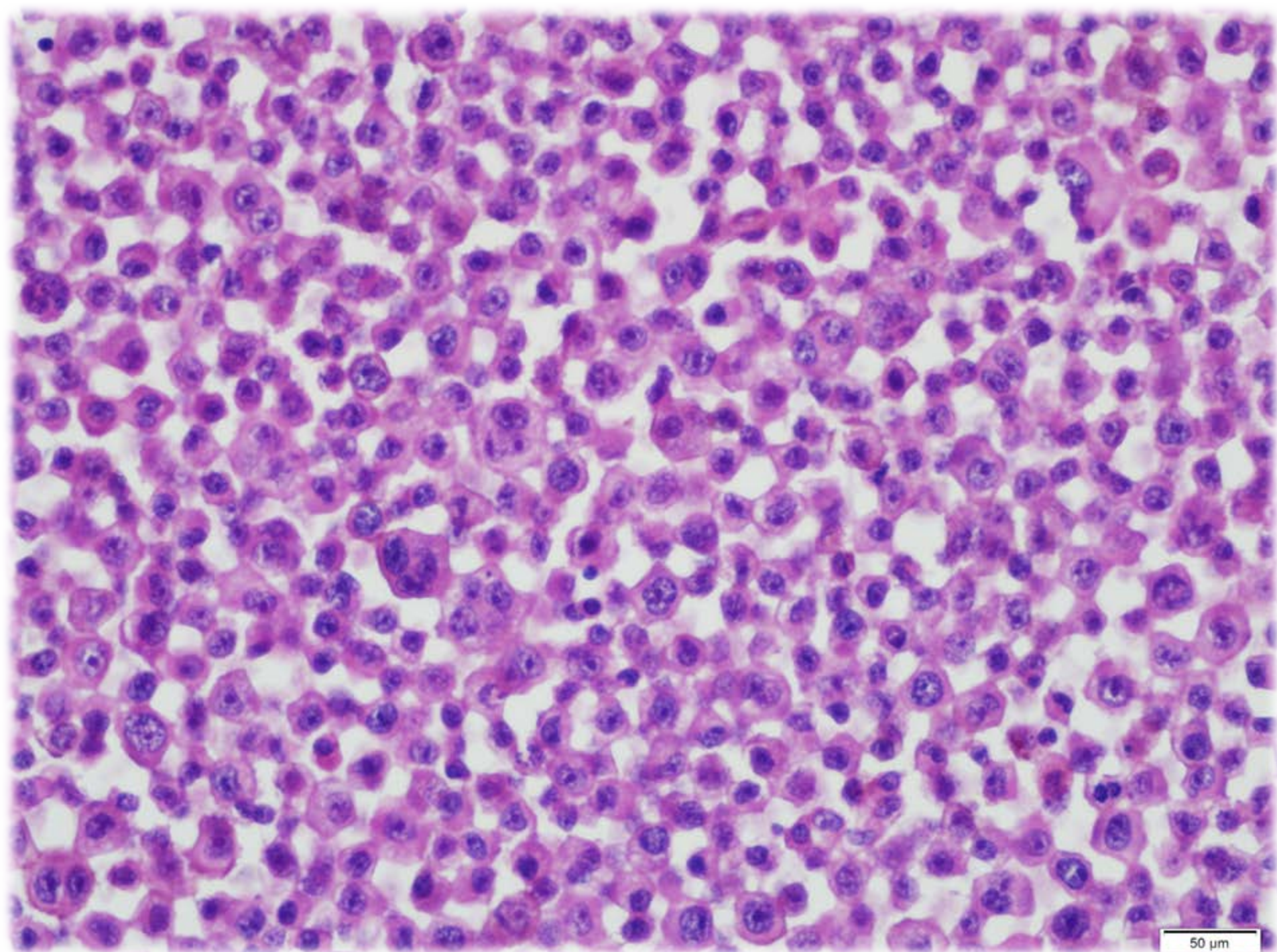




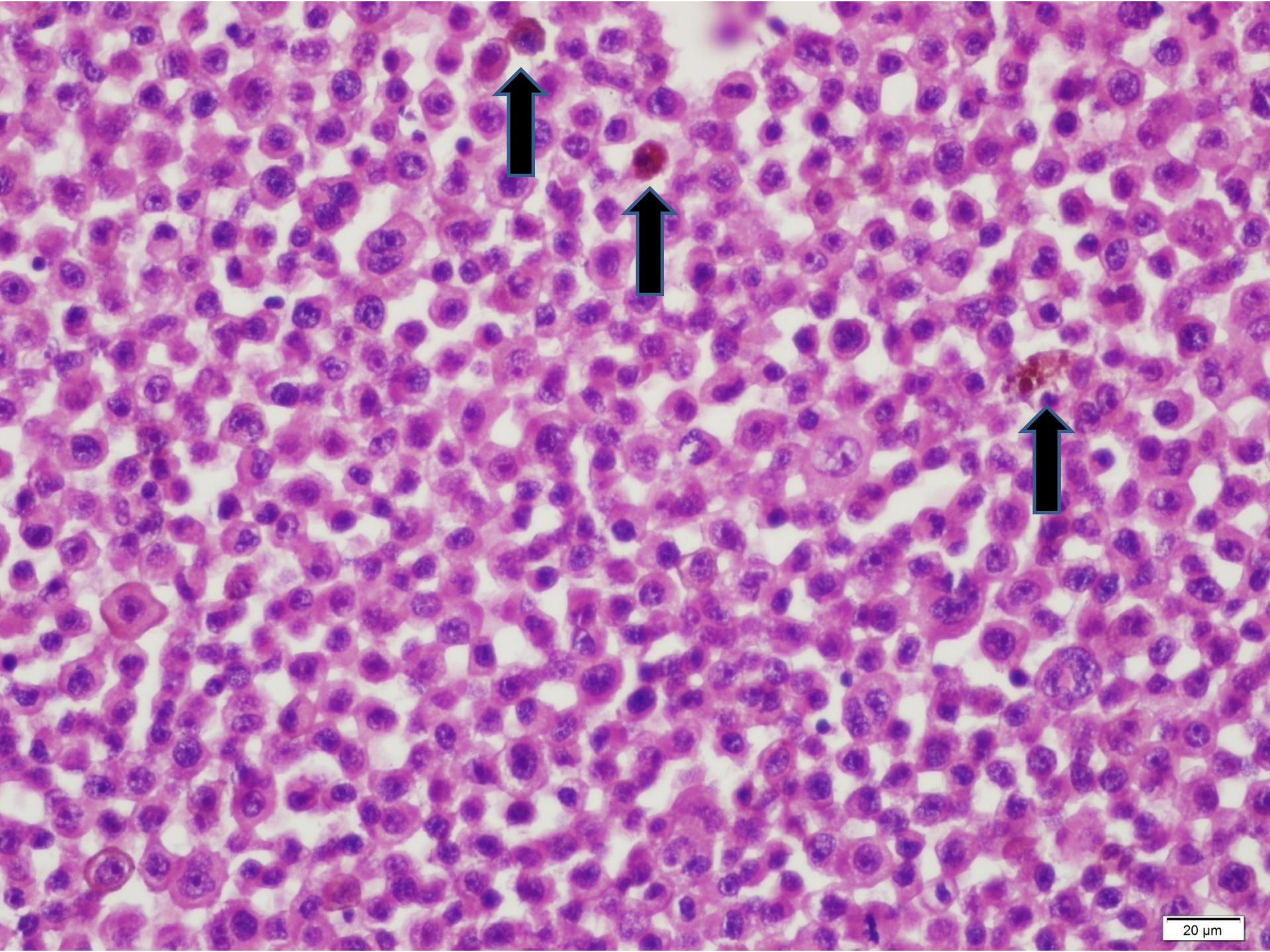
20 μ m



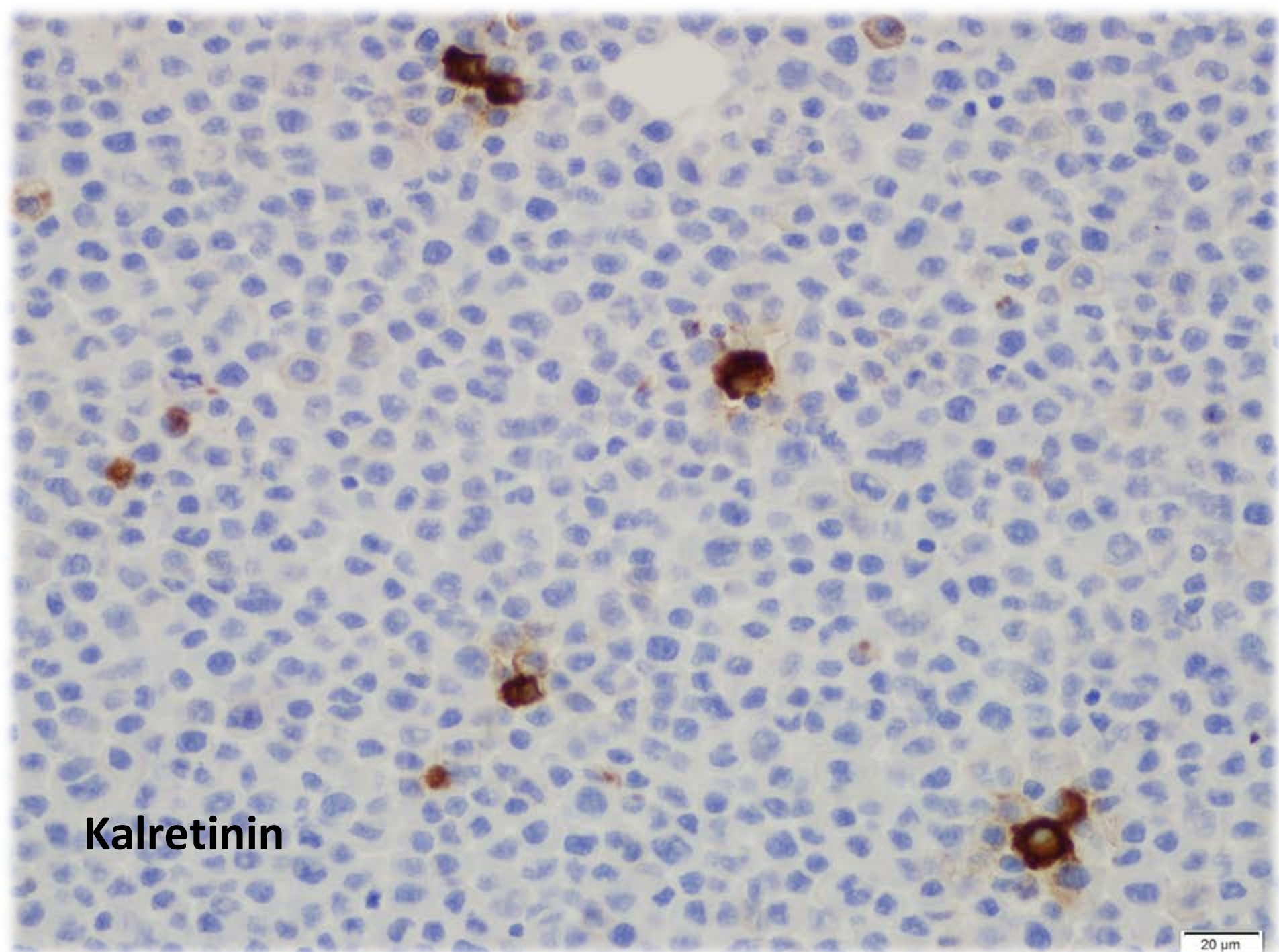
20 μm



50 μ m

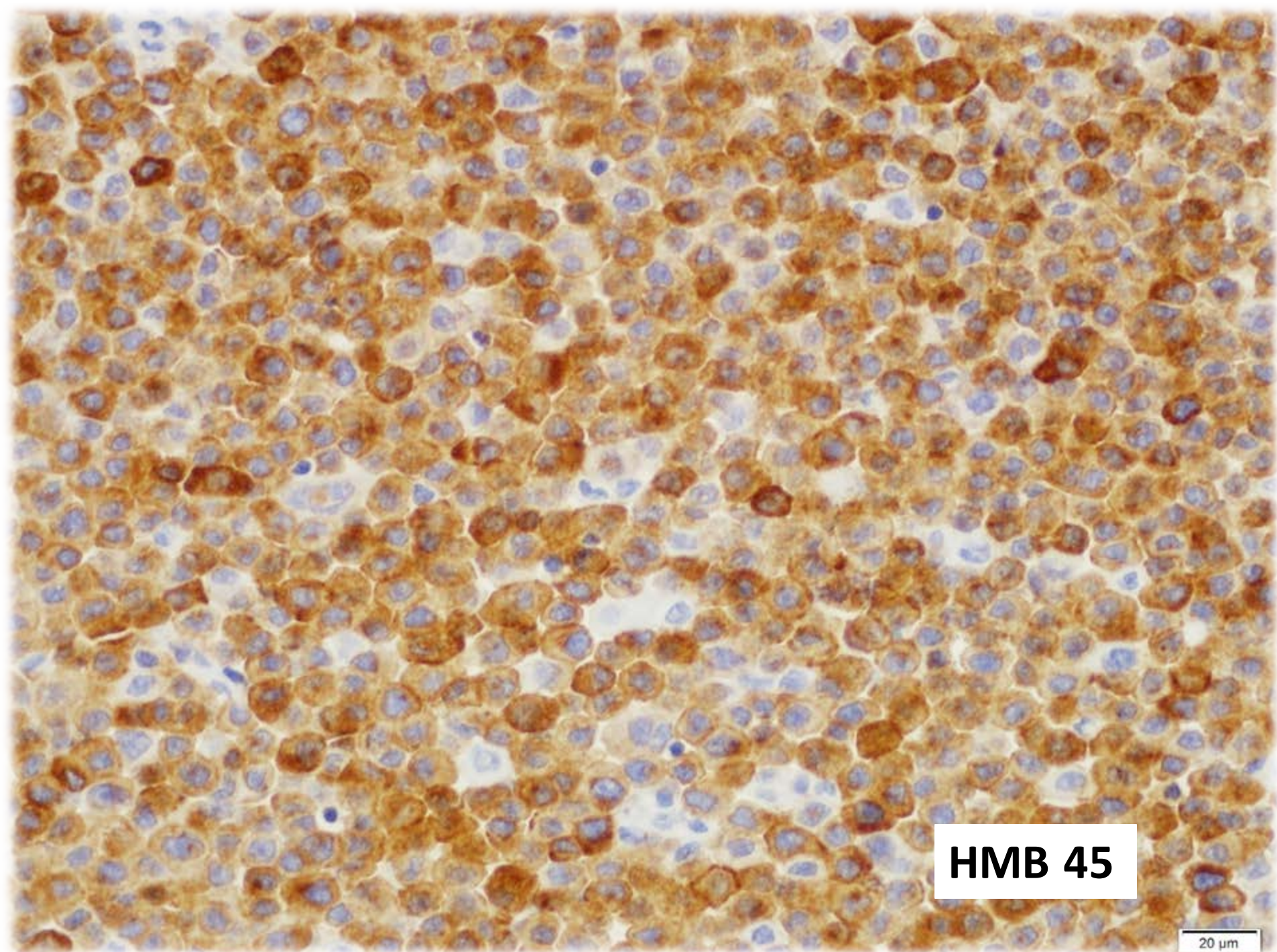


20 μm



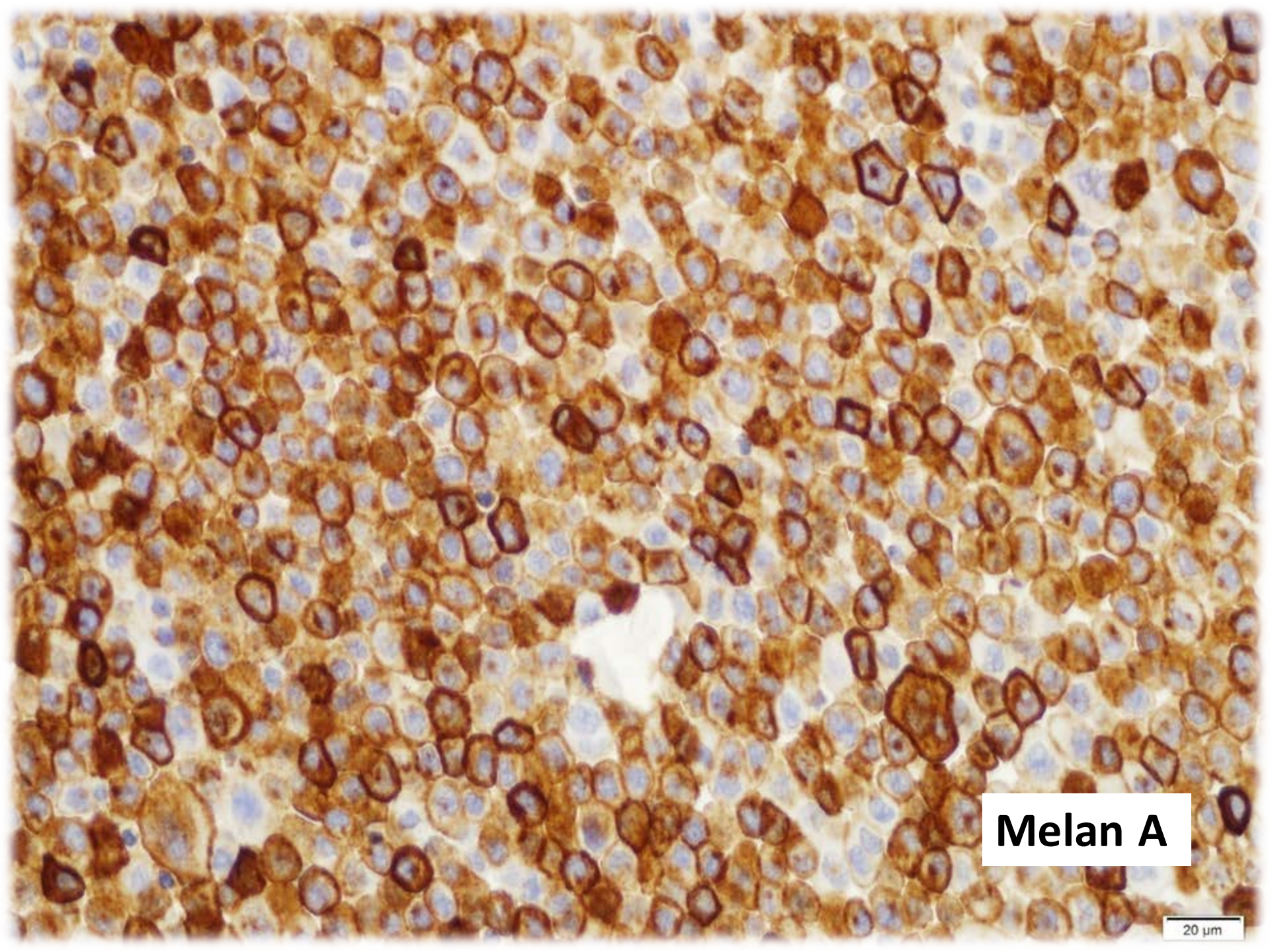
Kalretinin

20 μ m



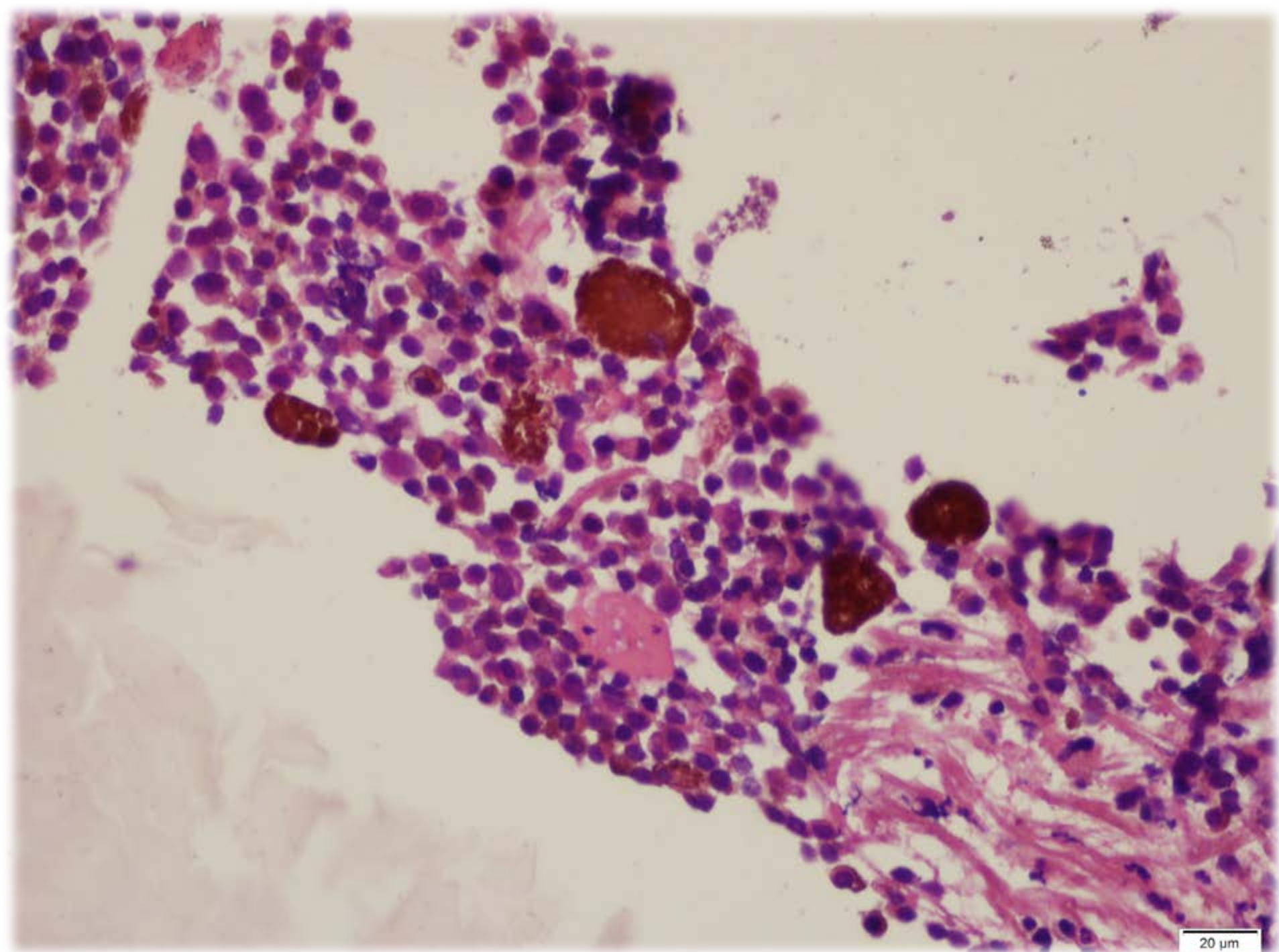
HMB 45

20 μm



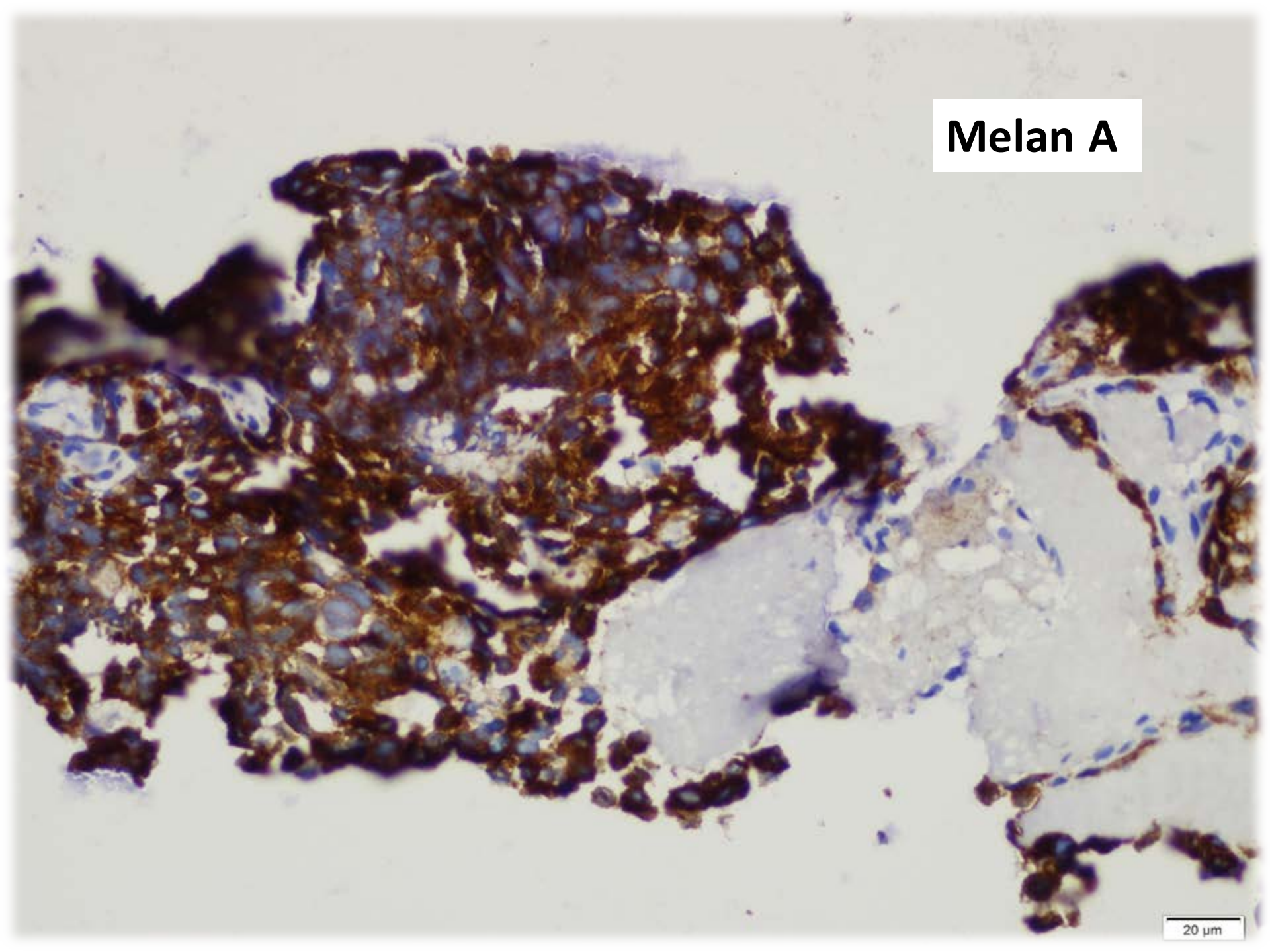
Melan A

20 μ m



20 μ m

Melan A



20 μ m

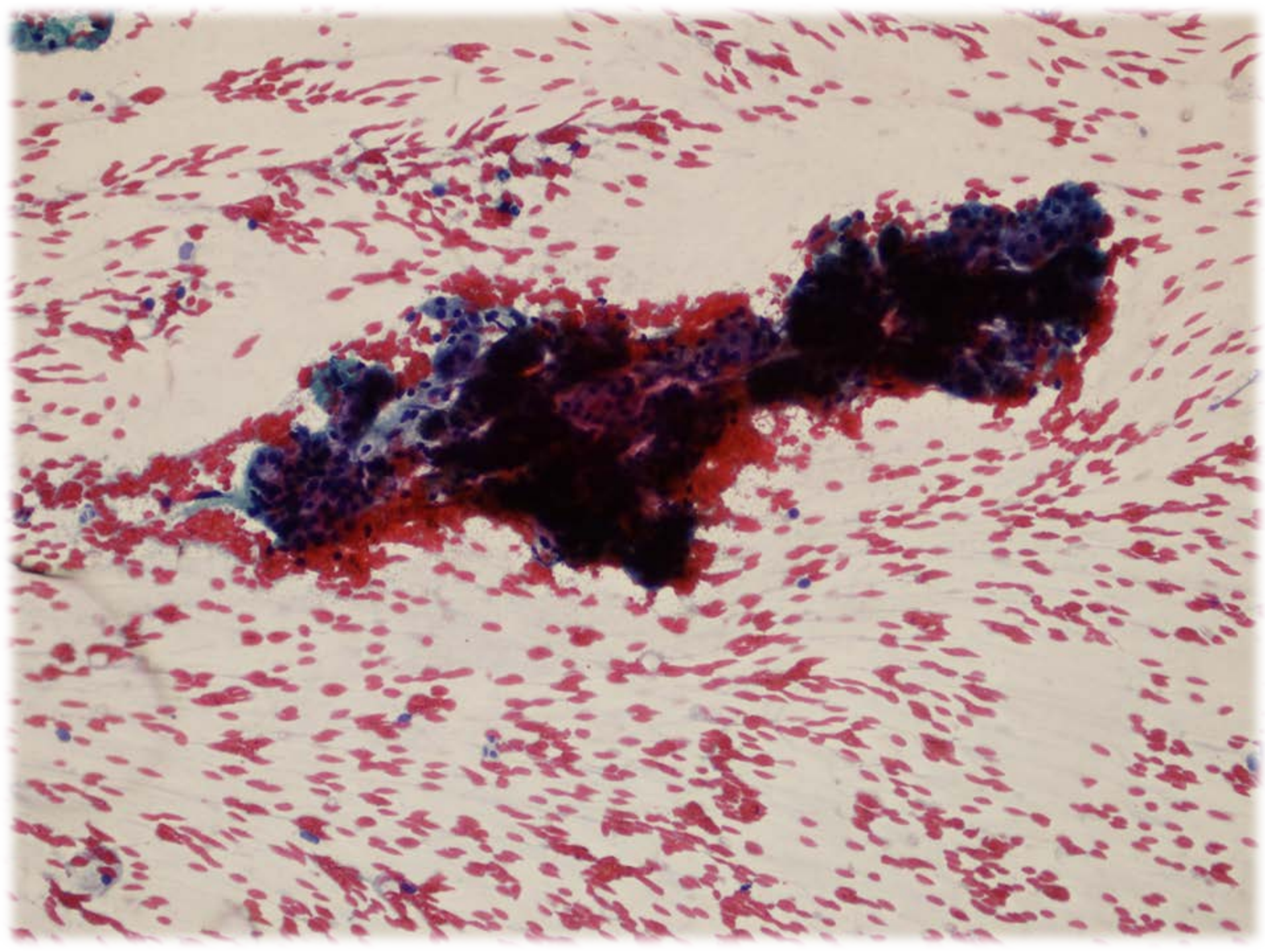
Tanı

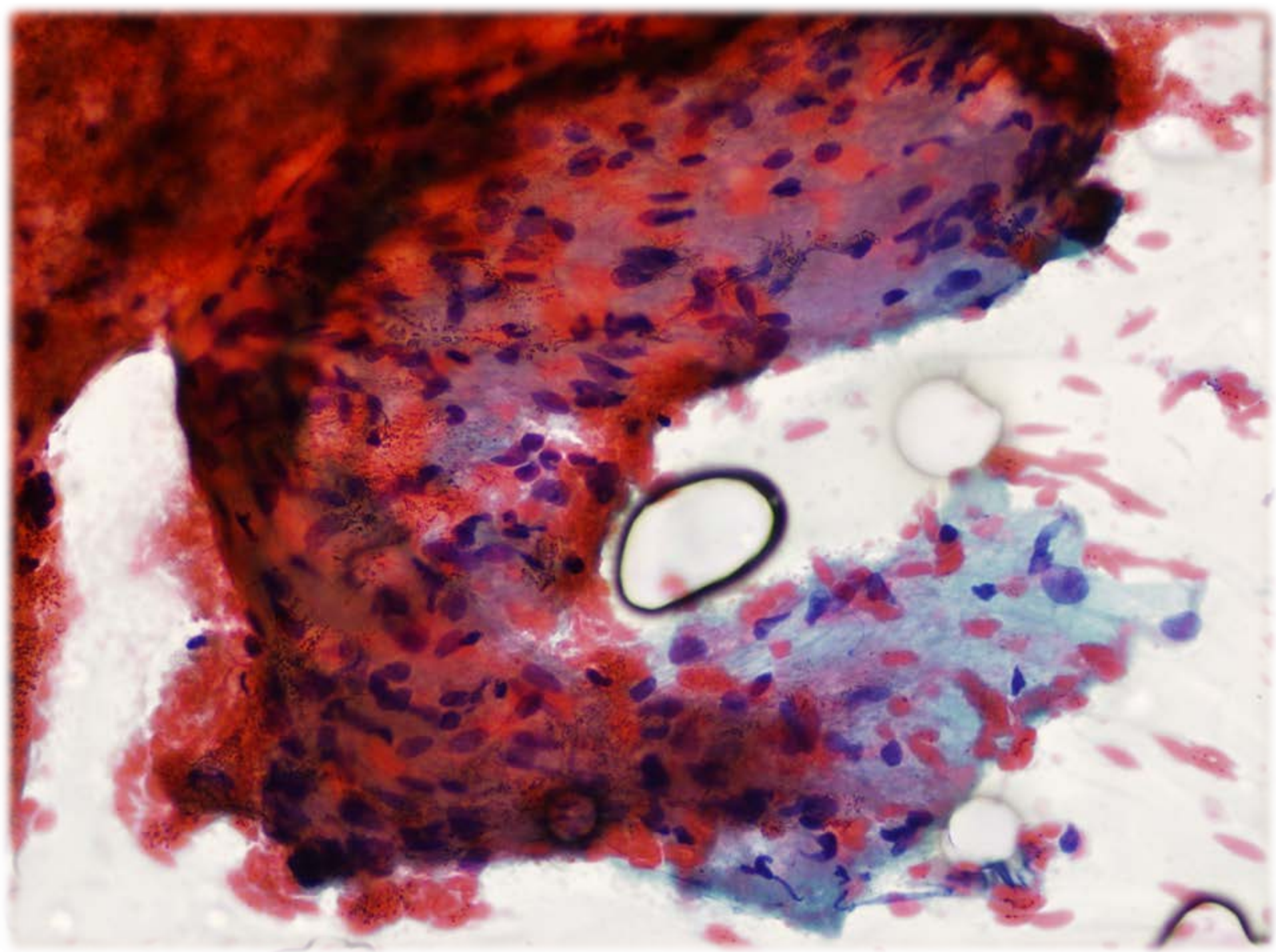
- Malign melanom (boyunda kitle)
- Periton sıvısında malign melanom
 - Bilinen malign melanom öyküsü yokluğunda ayırıcı tanı (ek incelemeler için yeterli hücre bloğu) çok önemli

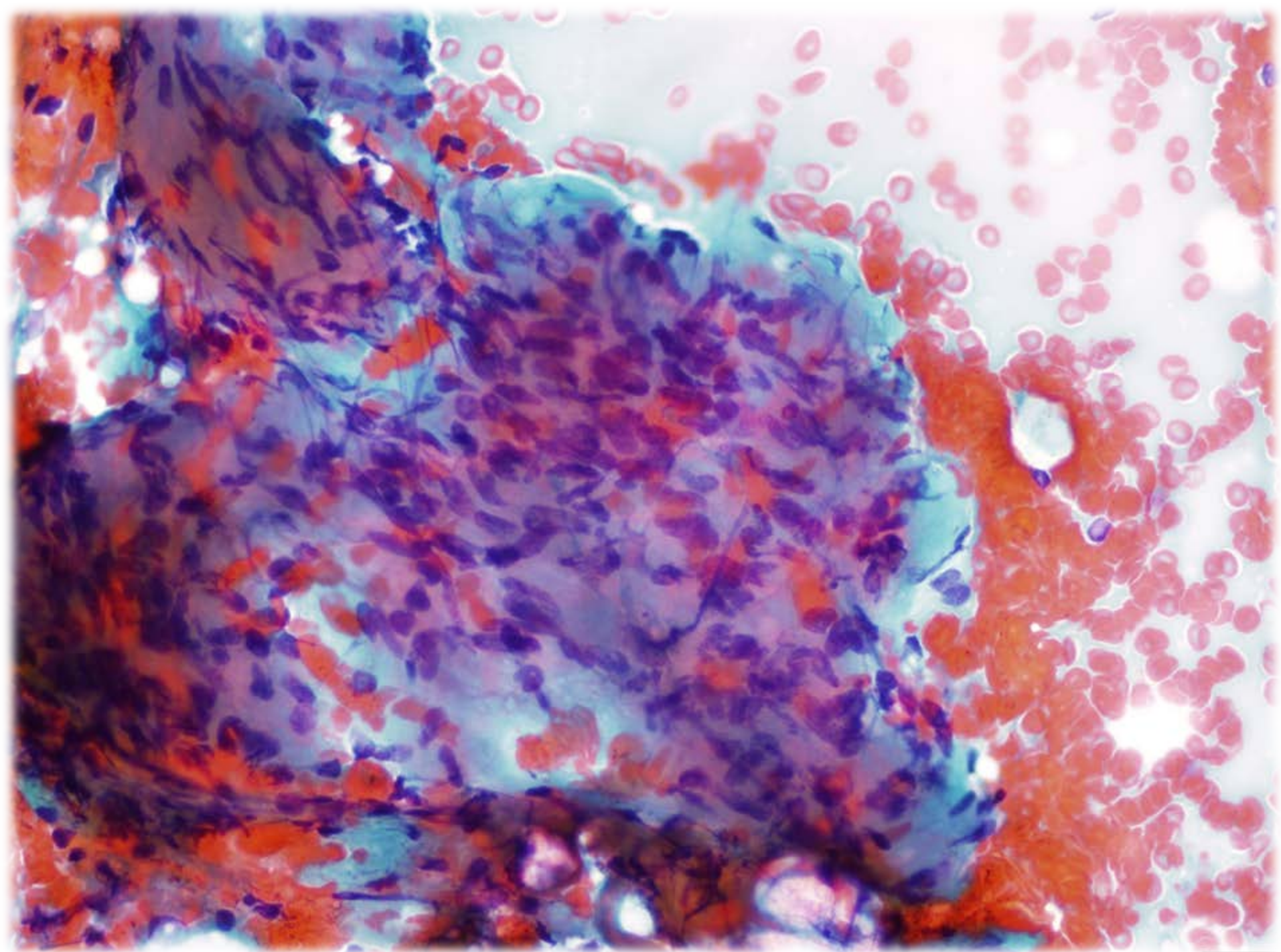


Olgu 2

- 33 y erkek hasta, boyunda şişlik
- BOYUN US: Sol parotis bezi içinde 2x1,5 cm boyutunda **hipoekoik heterojen solid** kitle izlenmiş olup, **pleomorfik adenom** ile uyumlu olabilir. US eşliğinde biyopsi önerilir.
- BOYUN MR: Sol parotis bezde kitlesel lezyon. Lezyon görünüm özellikleri ve kontrastlanma eğrisi malign tümörler açısından **anlamlı olabilir**. Mukoepidermoid karsinoma ?

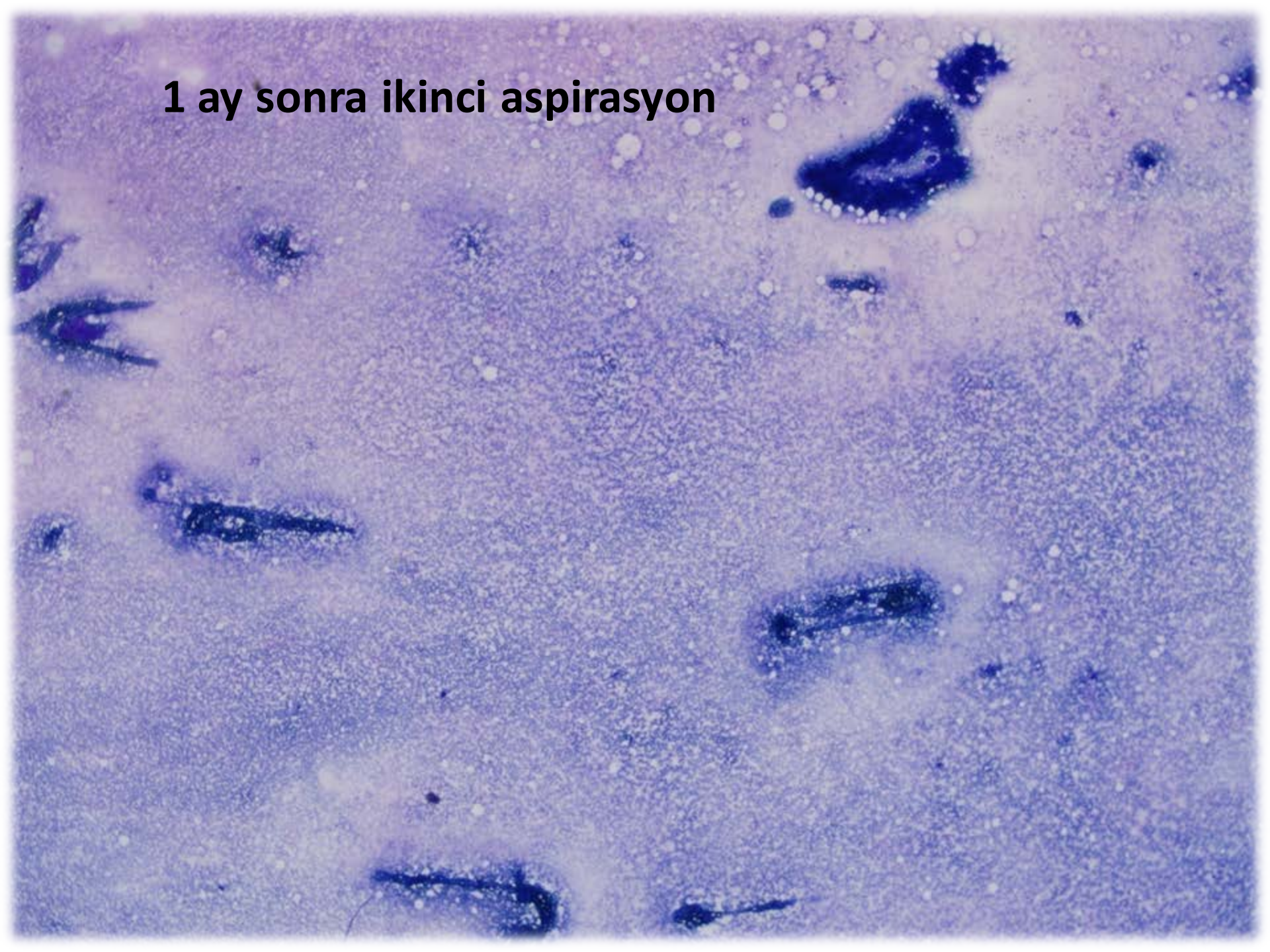


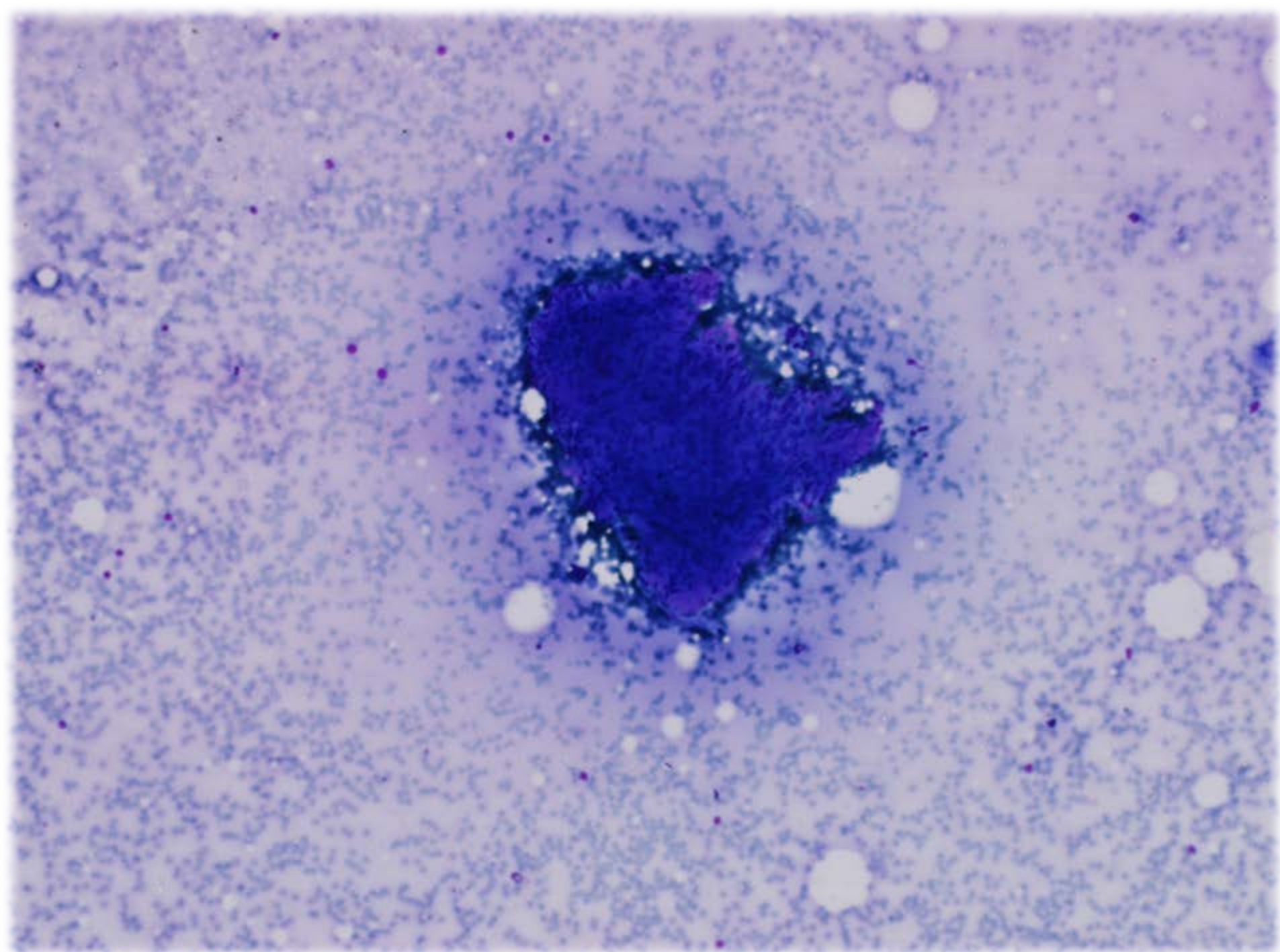




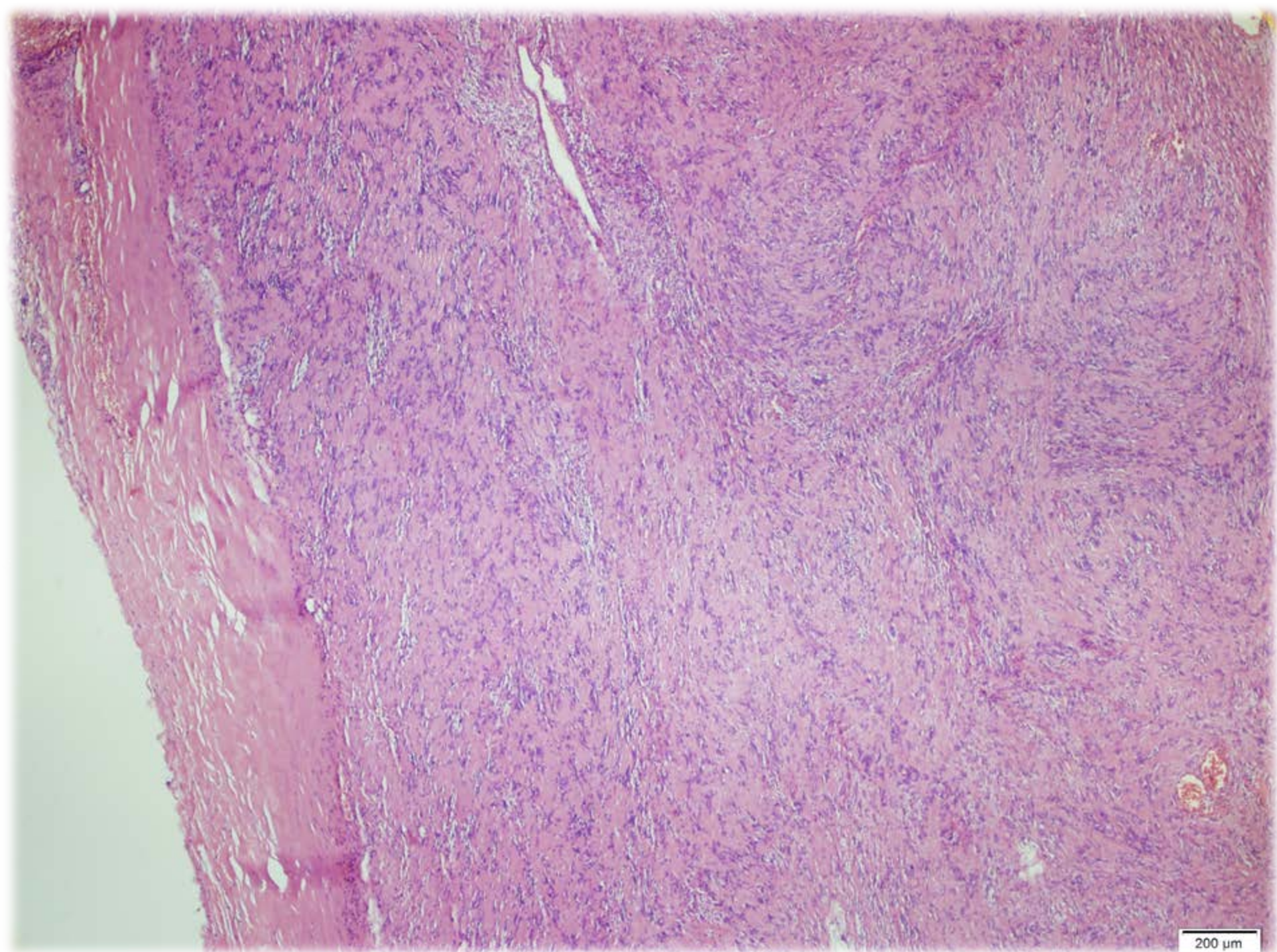
- Suboptimal nitelik ve hücresellikte preparatlar!
- Değerlendirilebilen çok az sayıdaki alandaki sitomorfolojik bulgularla, pleomorfik adenom?
- Klinik ve radyolojik bulgularla korelasyon!

1 ay sonra ikinci aspirasyon

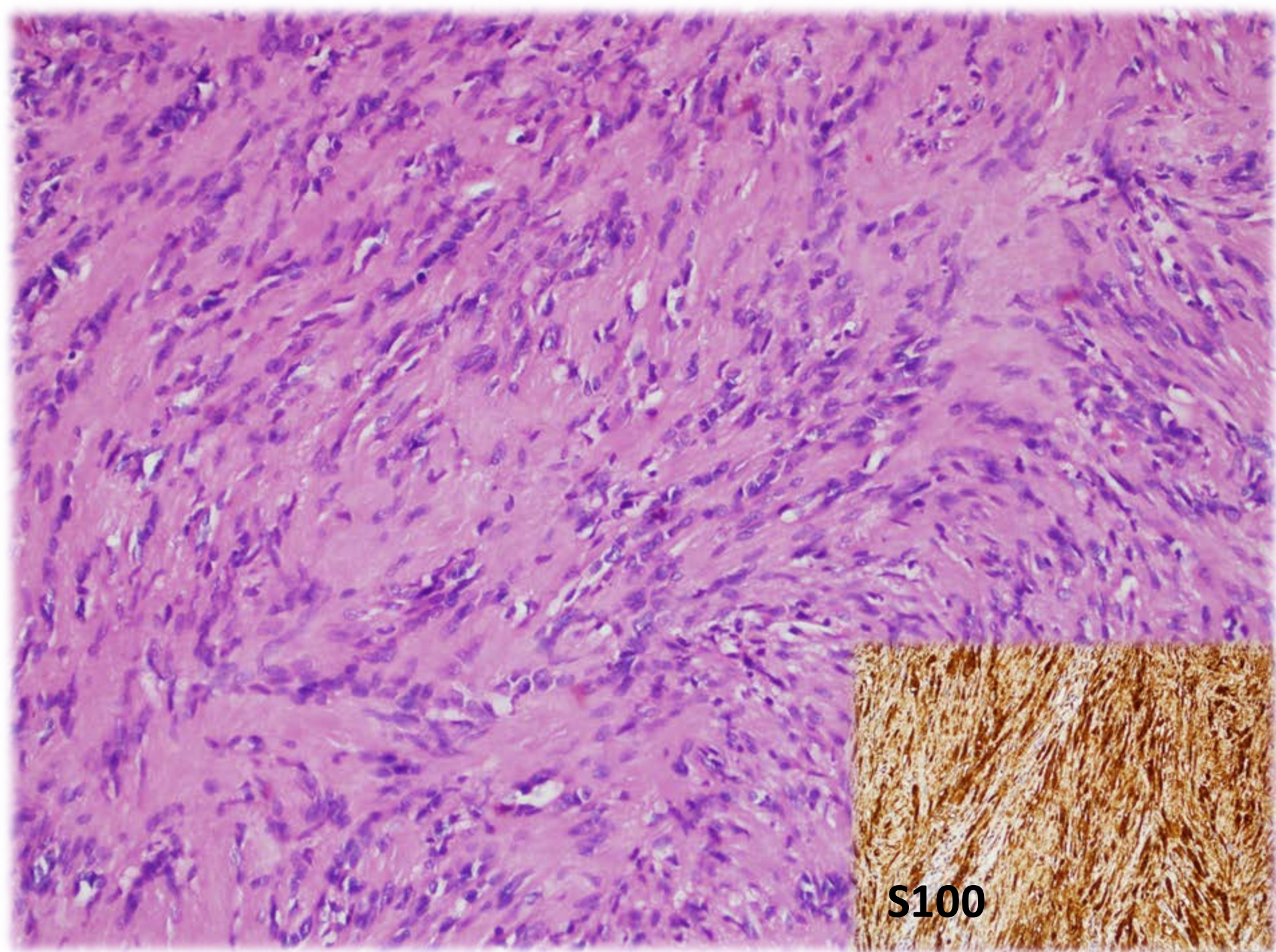




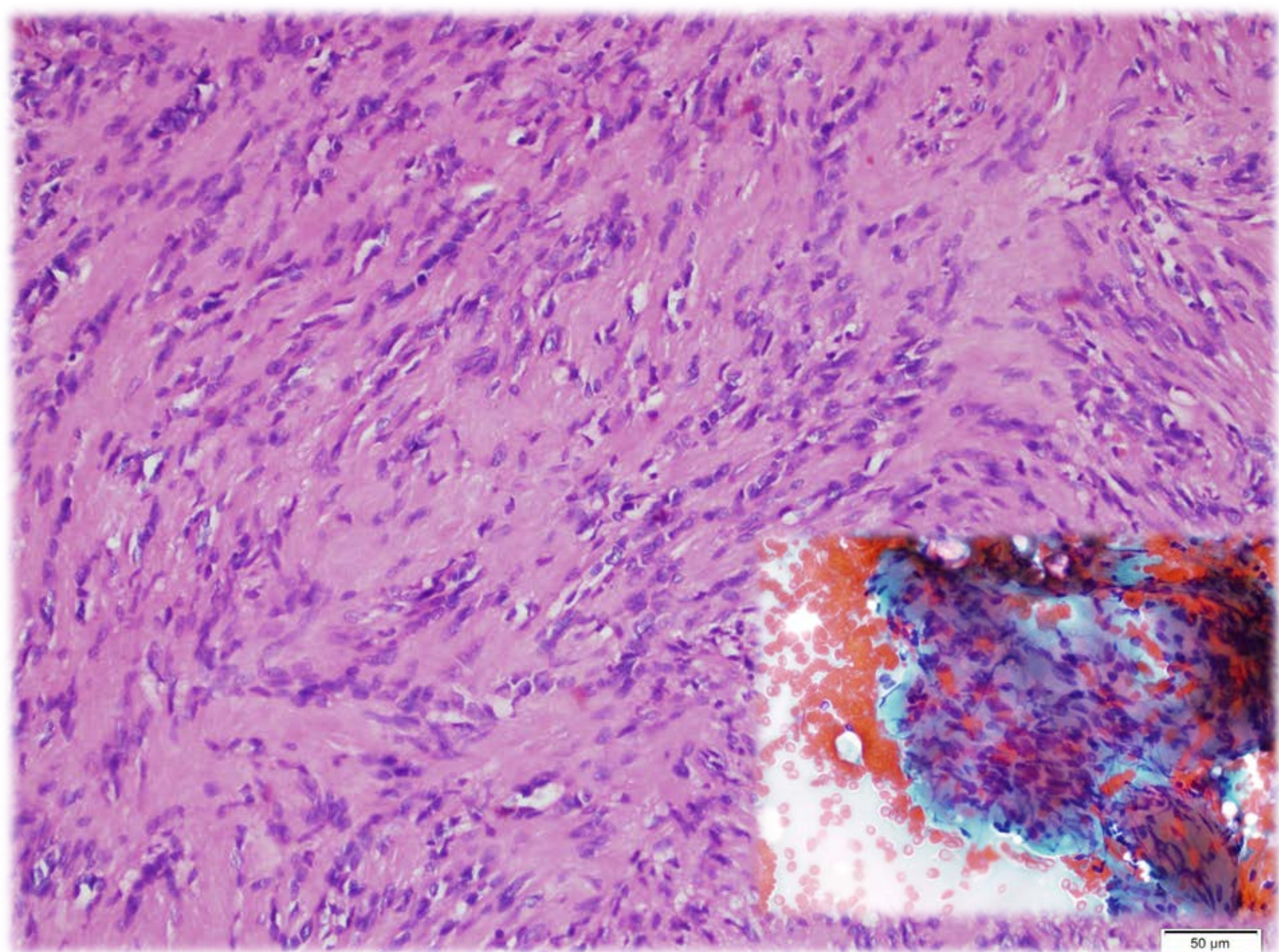
- İkinci aspirasyon sonucunun yetersiz olması üzerine operasyon:
 - İntraoperatif BENİGN değerlendirme ile yüzeyel parotidektomi



200 μ m



S100



İntraparotidal Schwannom

- Nadir
- Preoperatif sitoloji ile 'pleomorfik adenom' tanısı alabilir
- Matriks izlense de epitelyal hücre izlenmeyen yaymalarda ayırıcı tanıda akılda tutulması yararlı



Teşekkürler..