

118ª REUNIÓN DE LA ASOCIACIÓN TERRITORIAL VALENCIANA DE LA SOCIEDAD ESPAÑOLA DE ANATOMÍA PATOLÓGICA

Julieta Romina Arbat, Isabel Ruiz Carbonell, María José Naharro Gascón, María Consuelo Requena García, Joaquín Miguel Jaén Martínez, Patricia Pose Lapausa, Nohelia Rojas Ferrer, Jorge Escandón Álvarez

R2 Hospital Universitario Dr. Peset

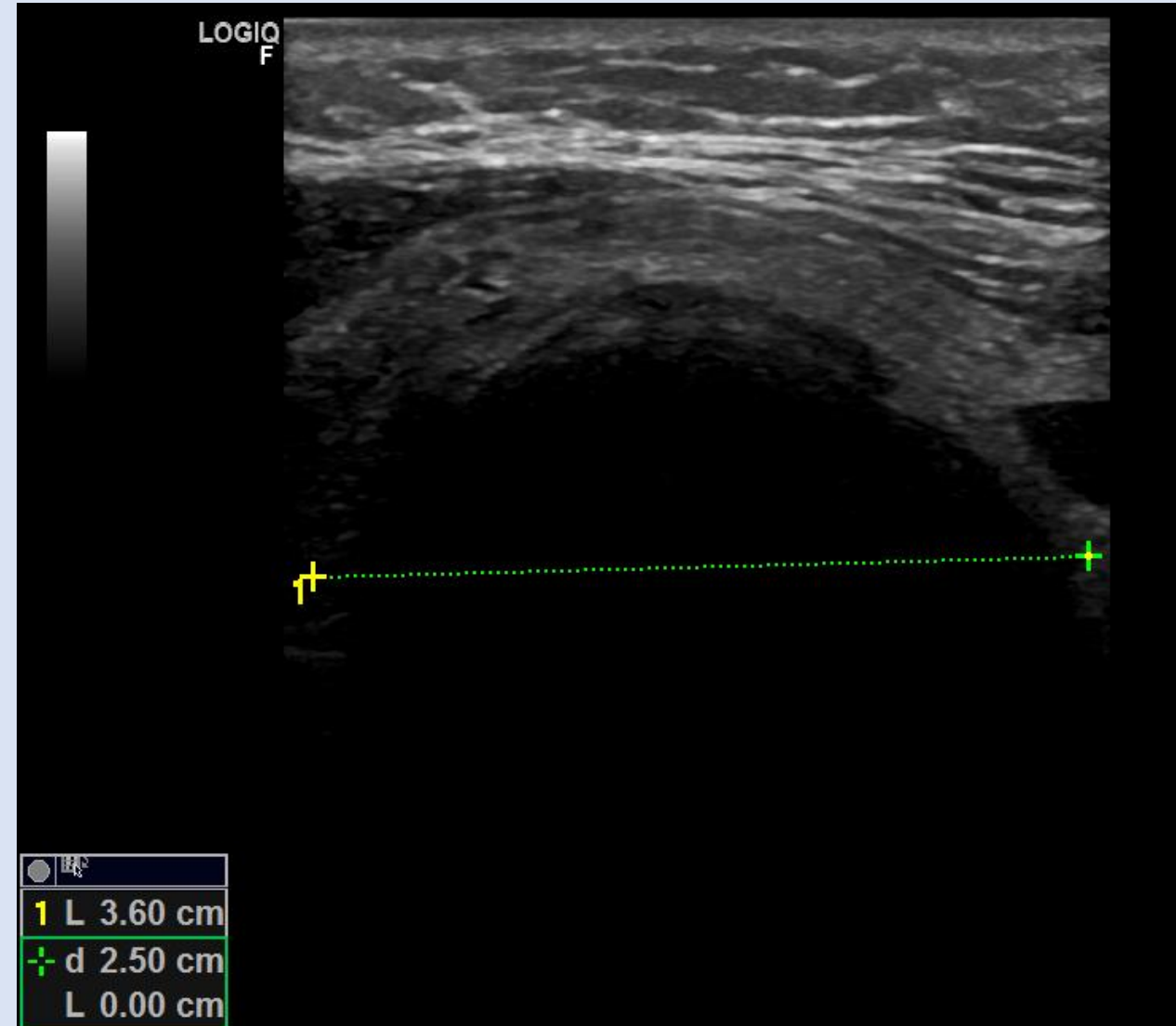




- 61 años
- Antecedente de trombosis venosa de ojo izquierdo
- Ecografía Doppler de troncos supraaórticos
- **Bocio multinodular** con un **nódulo tiroideo** en el lóbulo derecho (LD) de grandes dimensiones (TIRADS 4)

ECOGRAFÍA TIROIDEA

Destaca en LD un **gran nódulo anecoico de apariencia quística**.



```
graph LR; A[Var...nto] --> B[Escaso material hemático se remite a AP]; B --> C[No diagnóstico];
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Var...nto

Escaso
material
hemático
se remite a
AP

No
diagnóstico

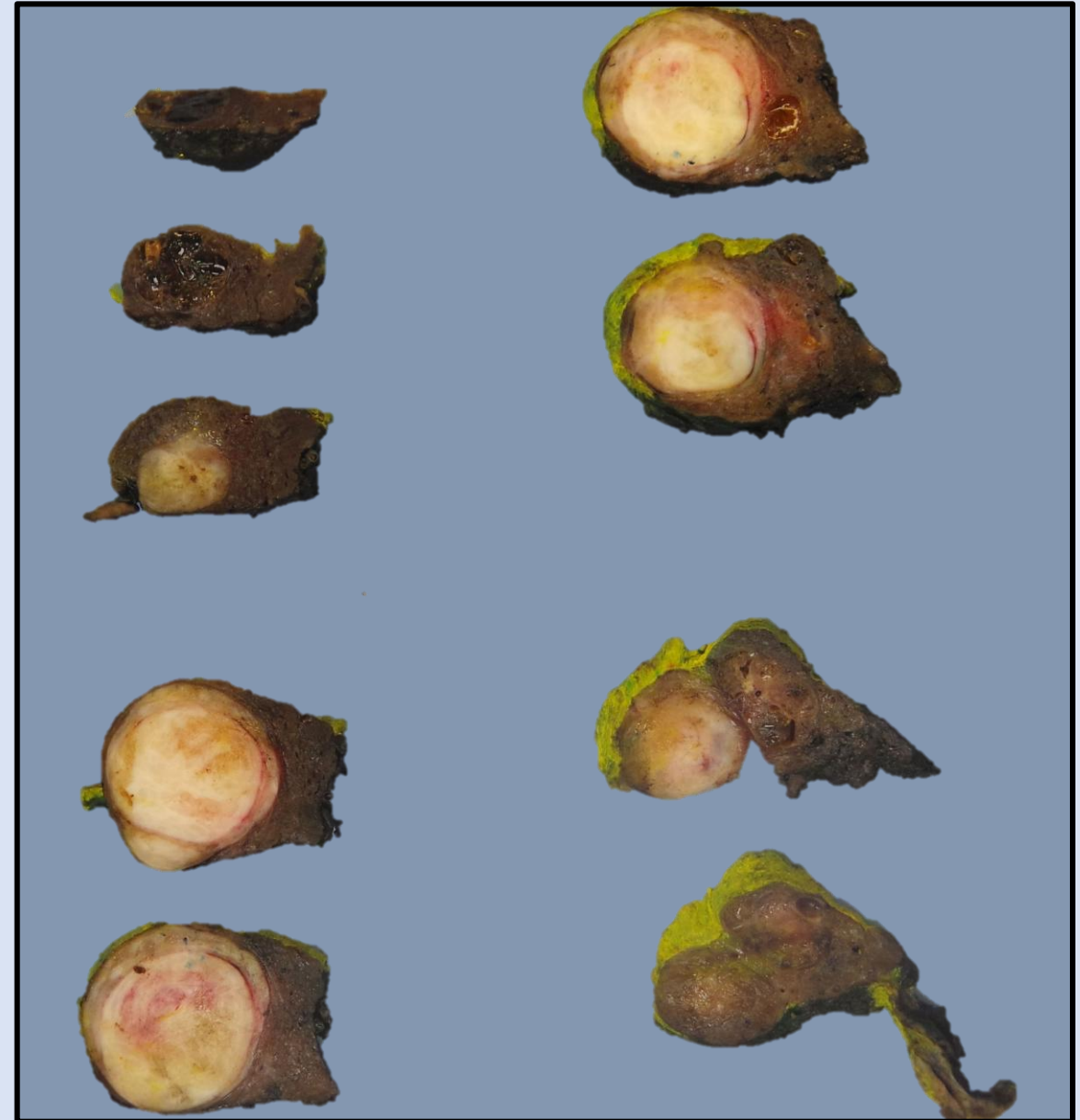
HEMITIROIDECTOMÍA DERECHA

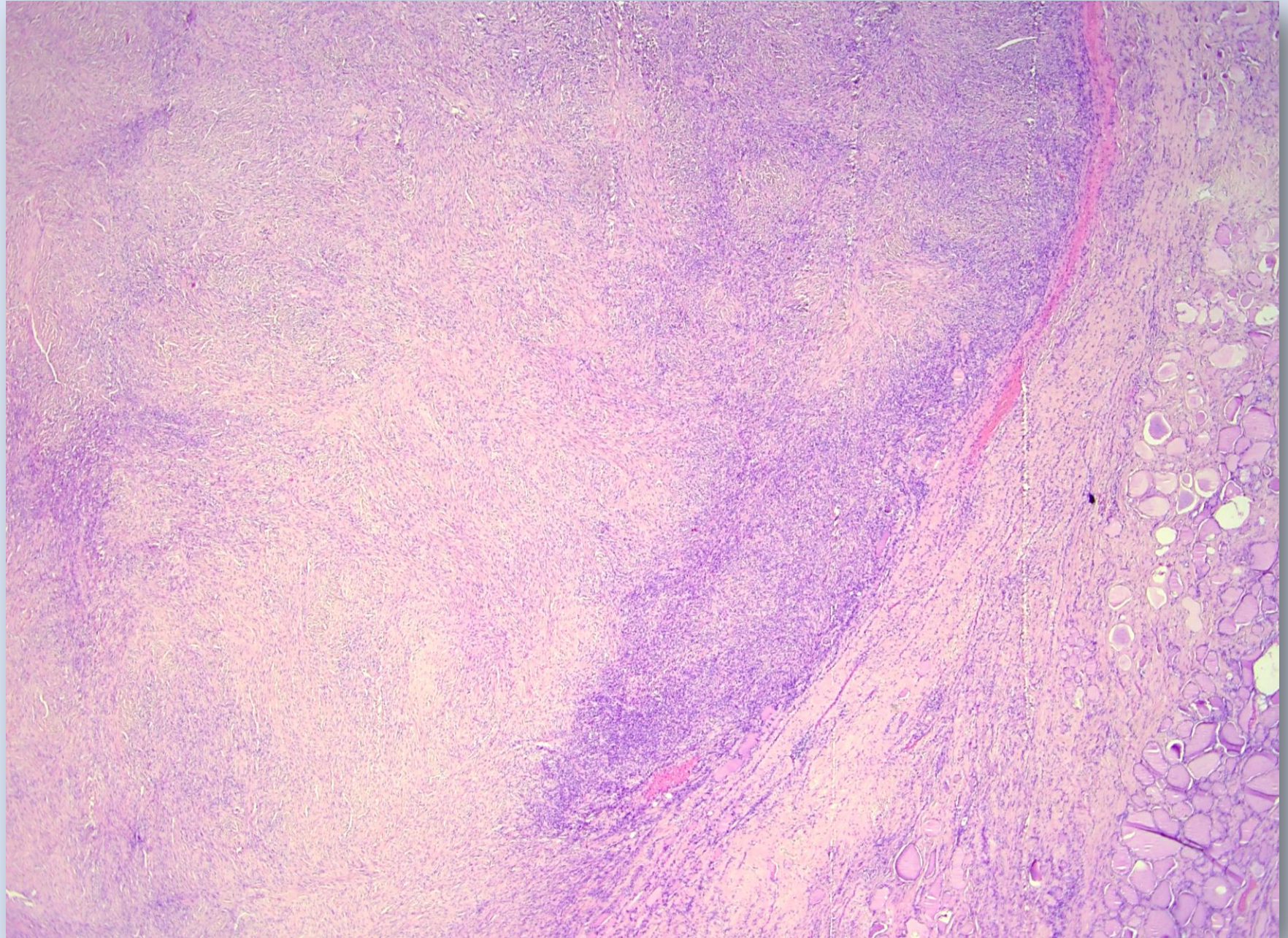


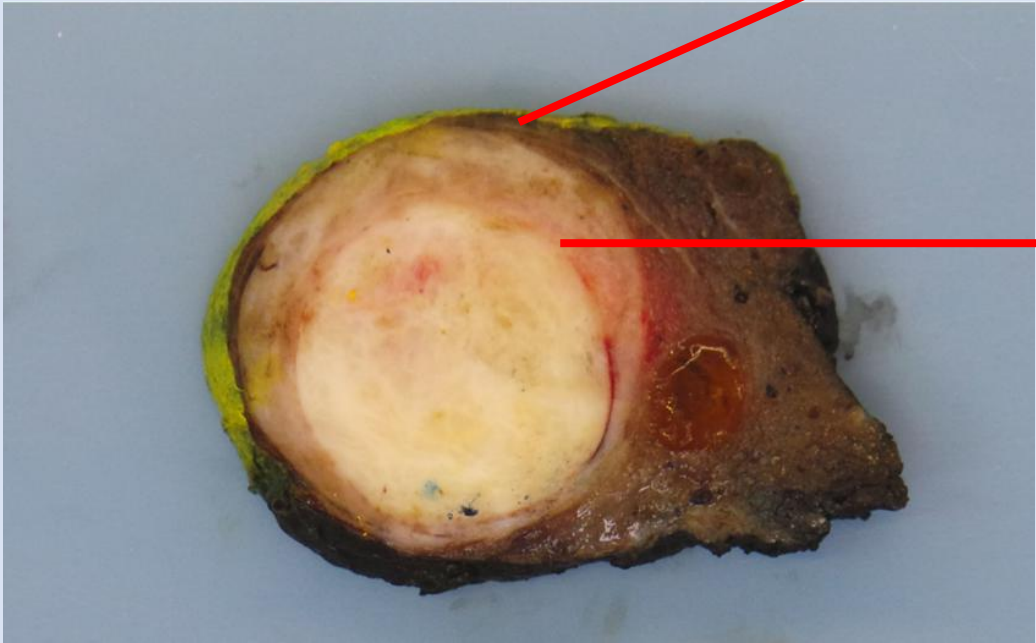
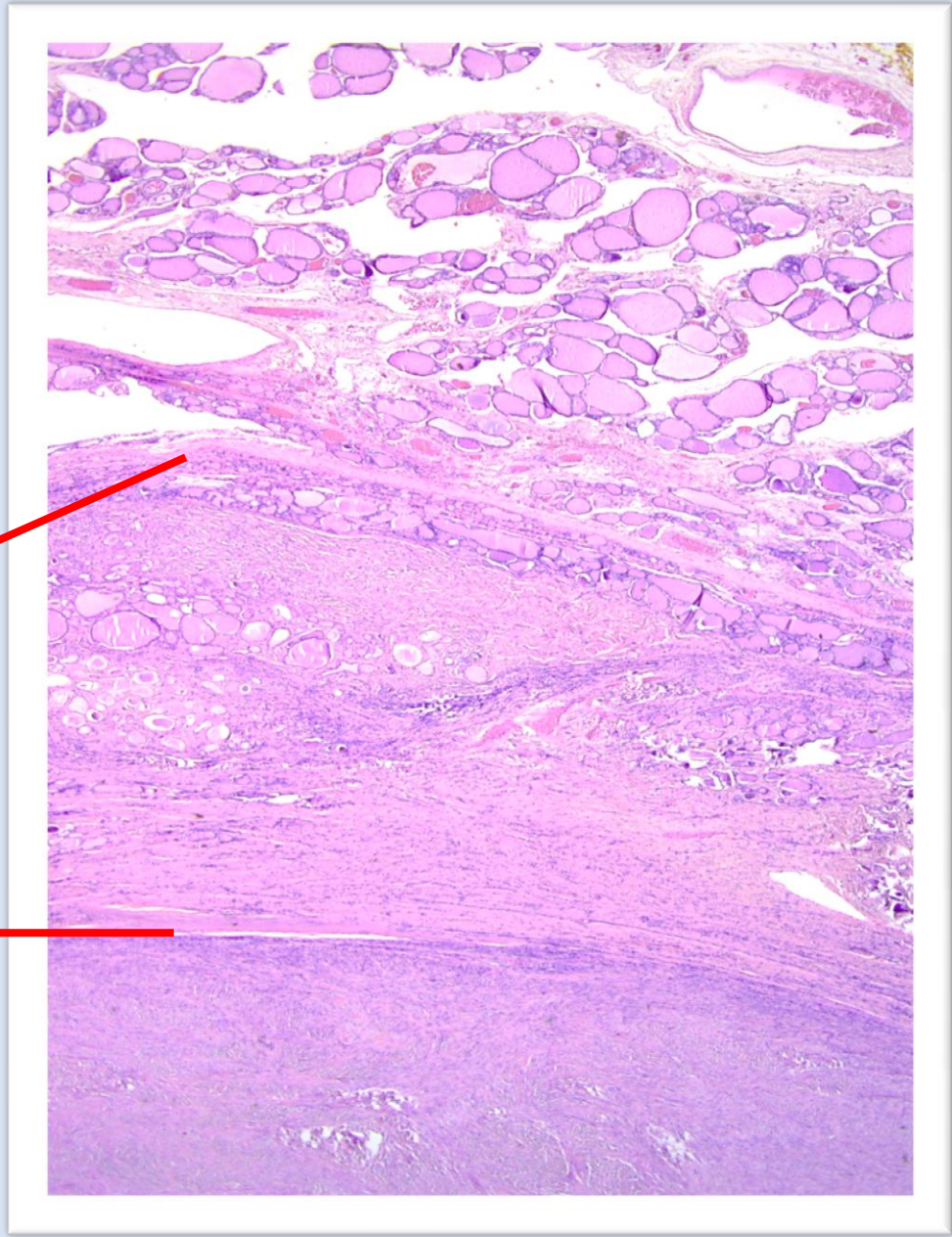
9 x 4 x 3,2 cm 46 g

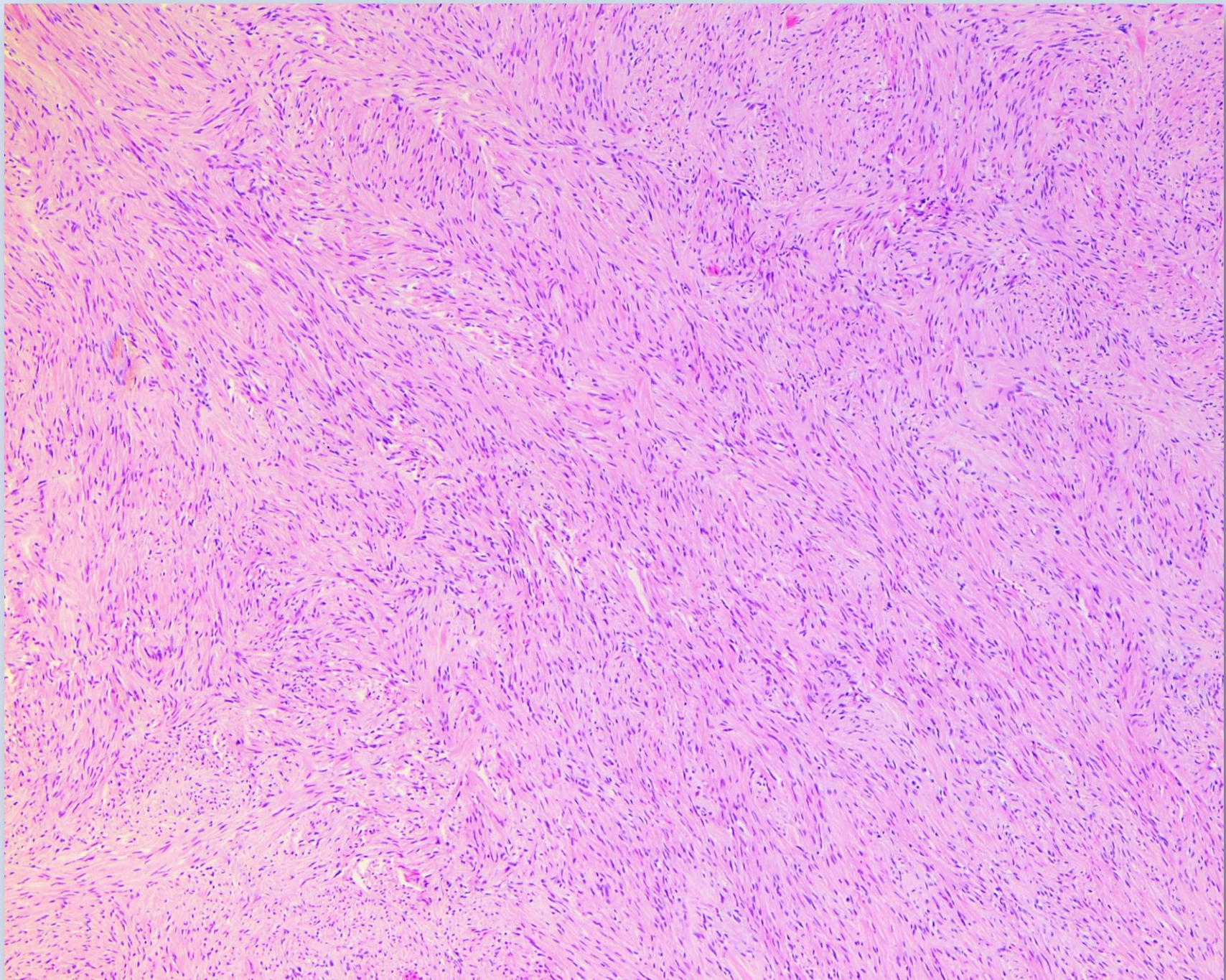
Nódulo blanquecino, bien delimitado, consistencia firme, aspecto arremolinado

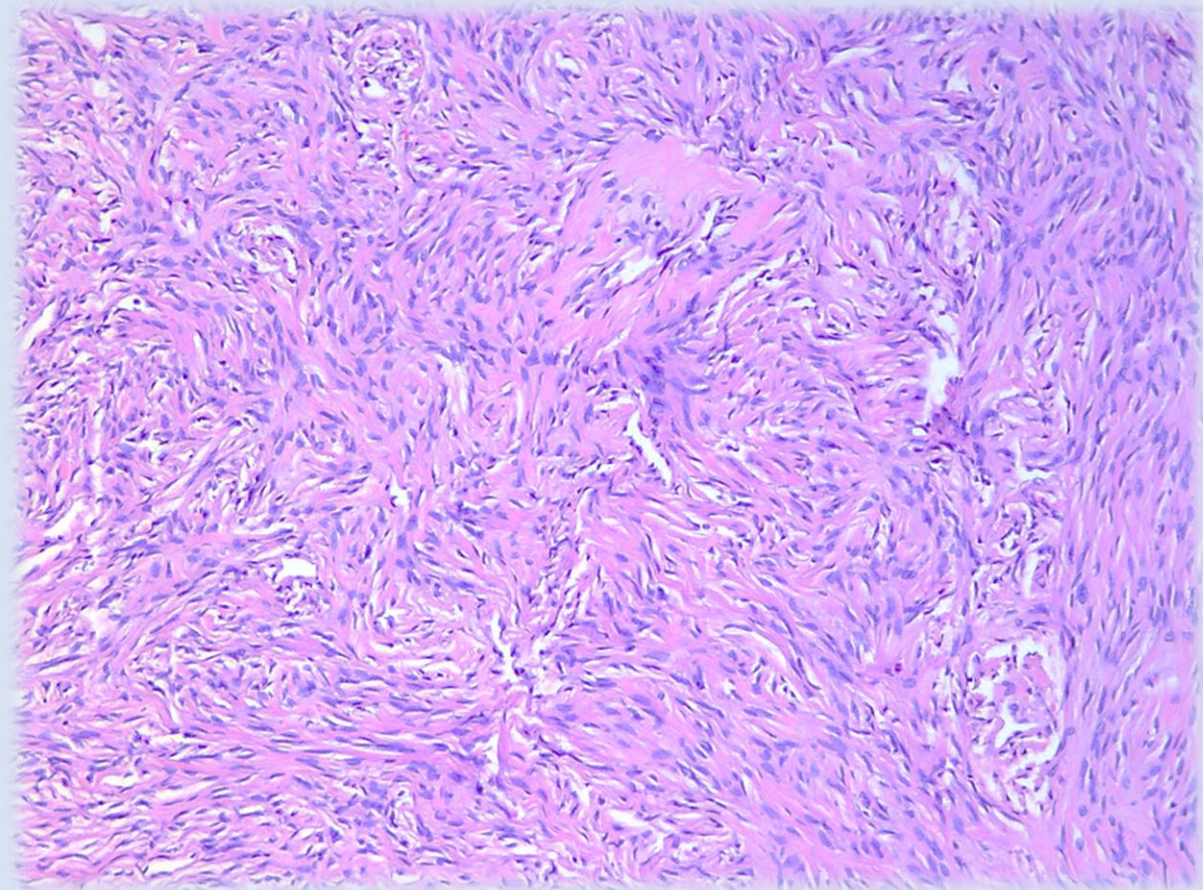
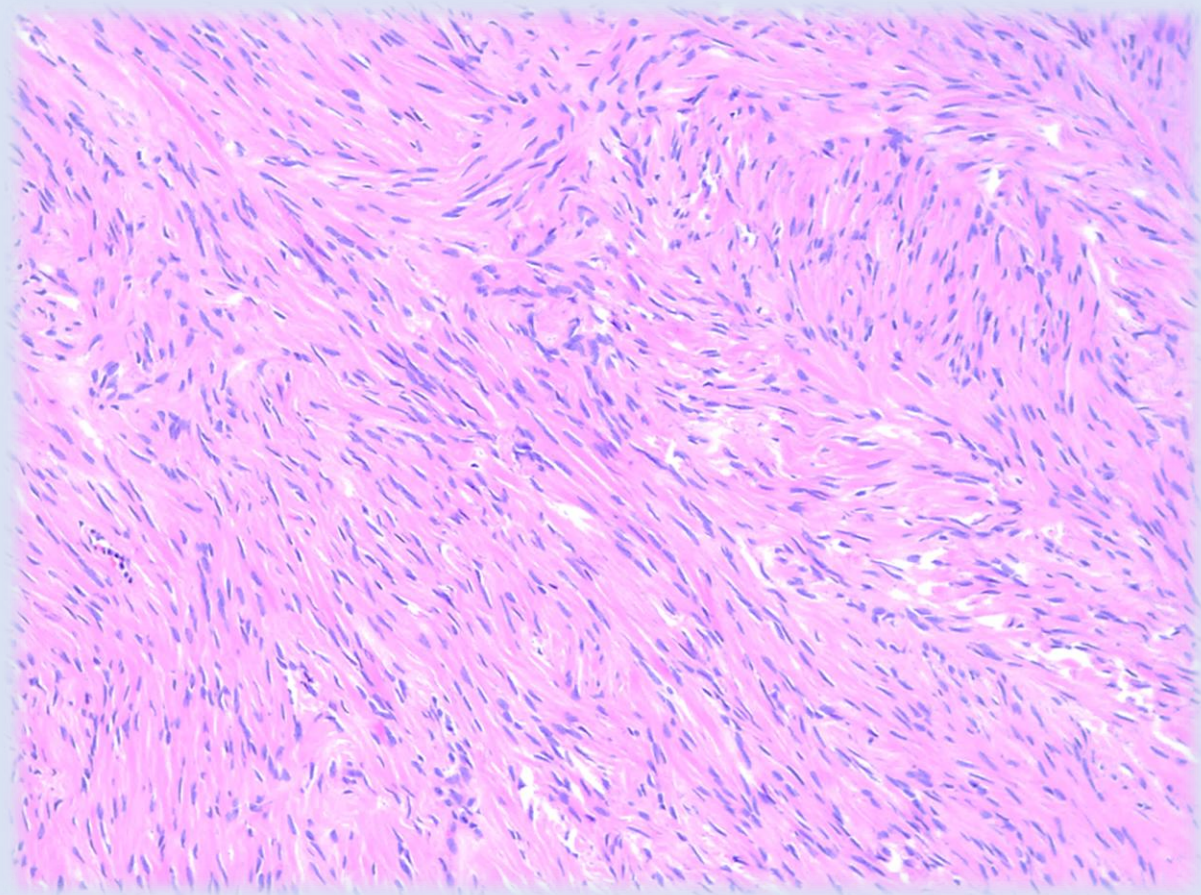
4 x 3,2 x 3,1 cm

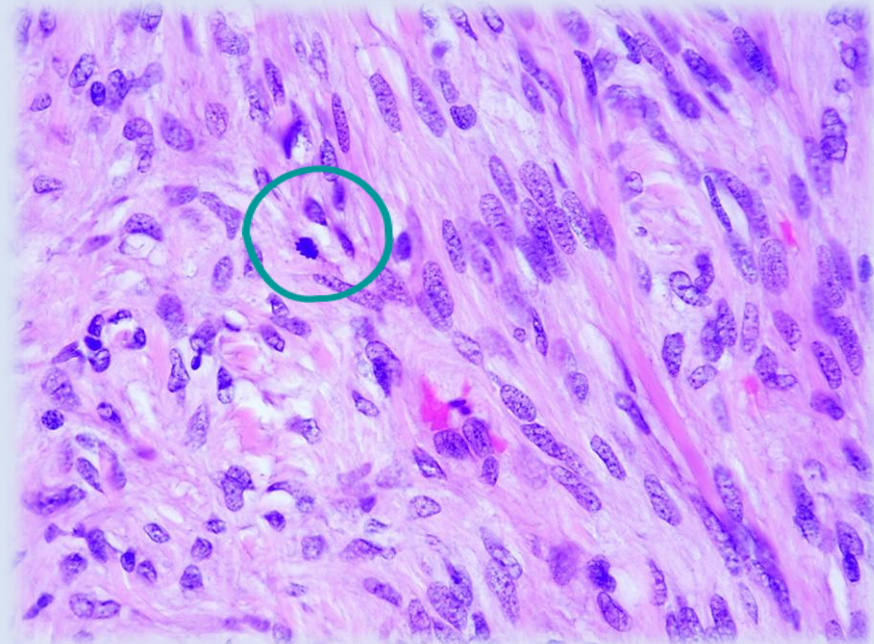
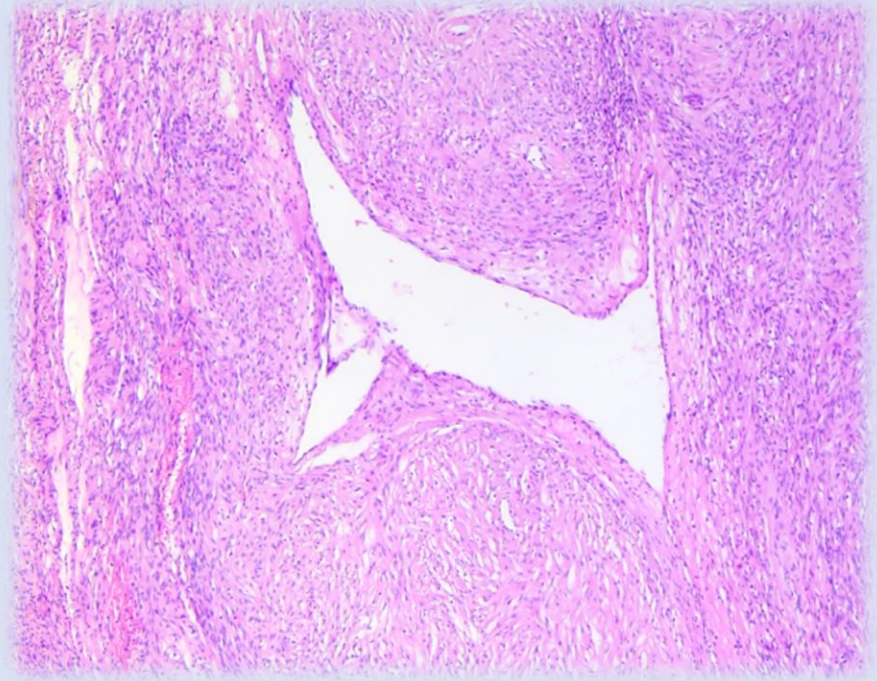
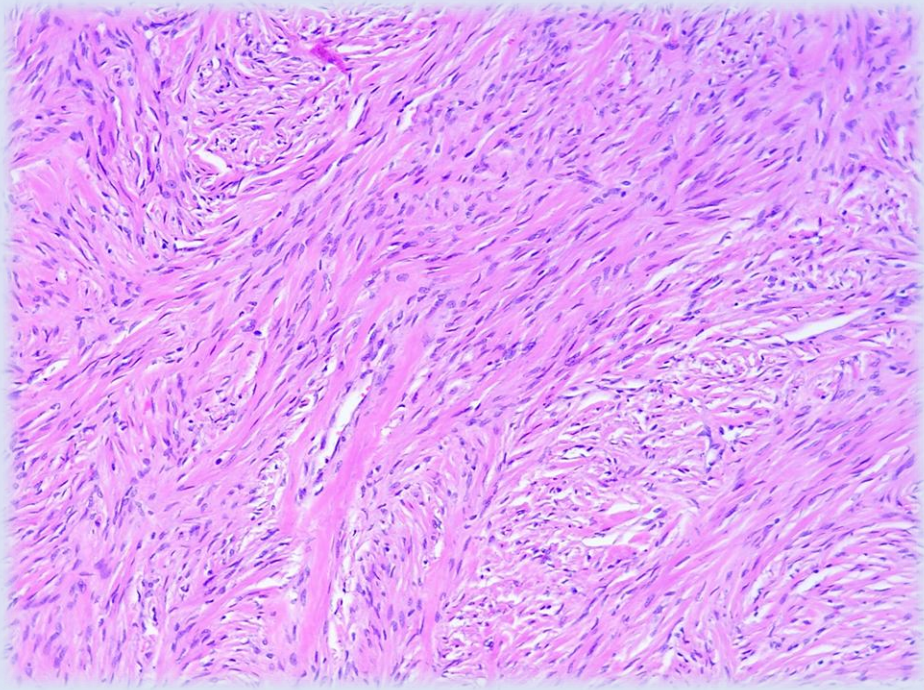












LEIOMIOMA

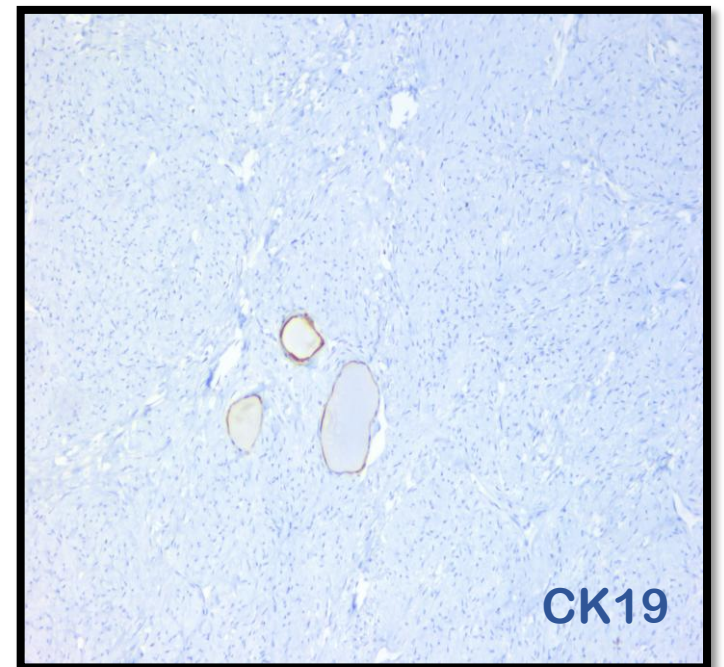
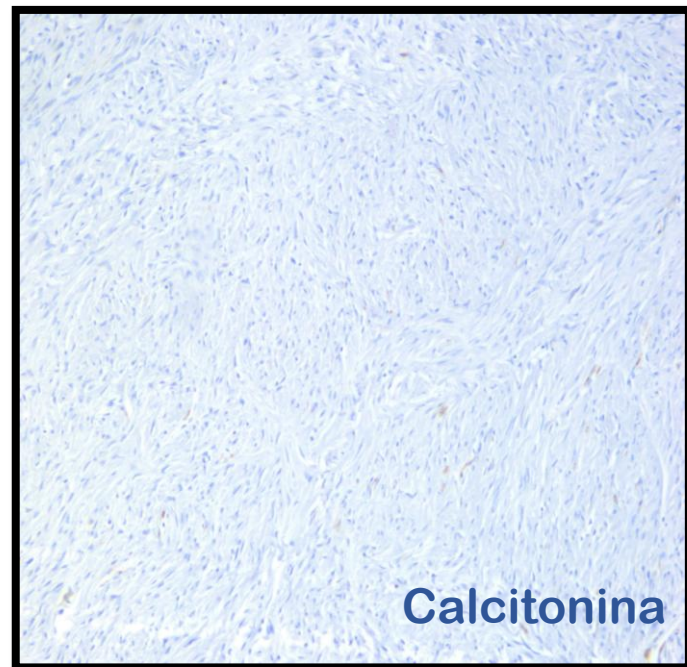
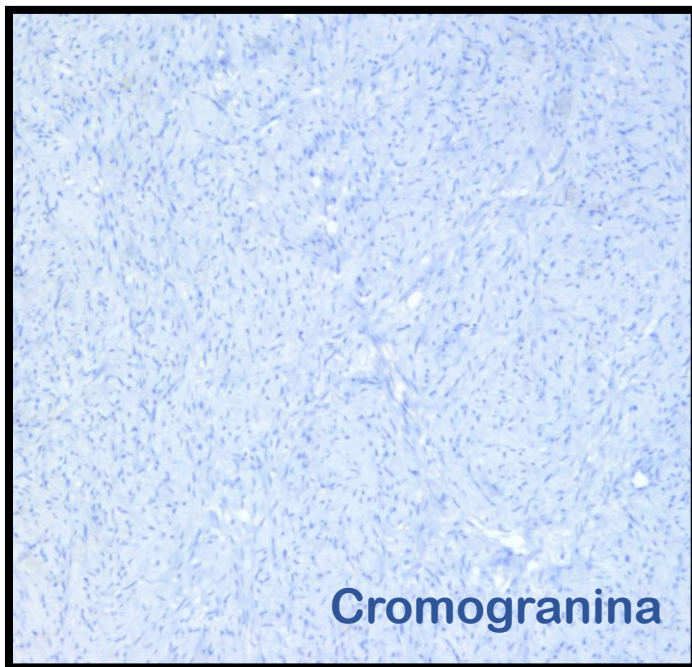
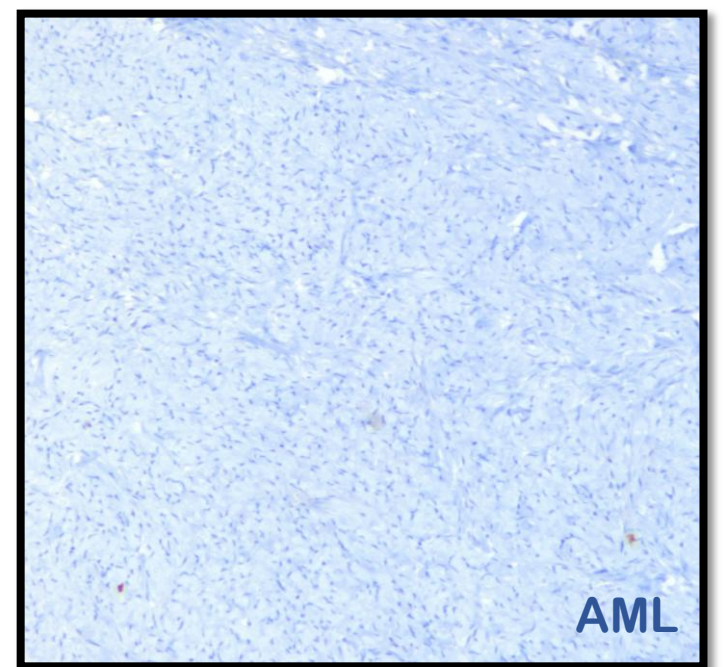
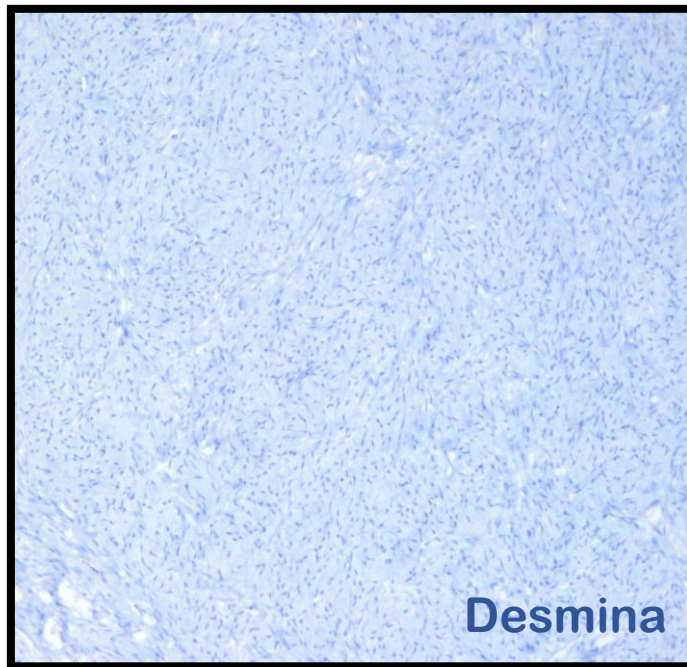
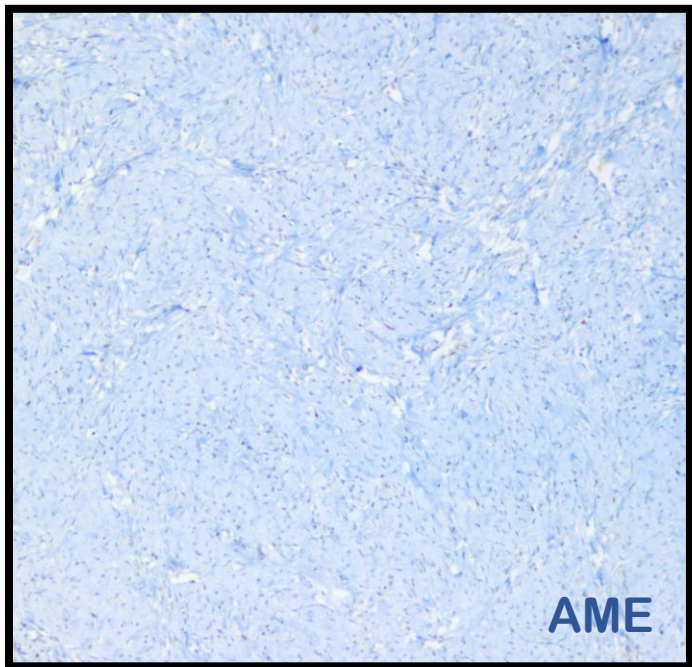
TUMOR NEURAL BENIGNO

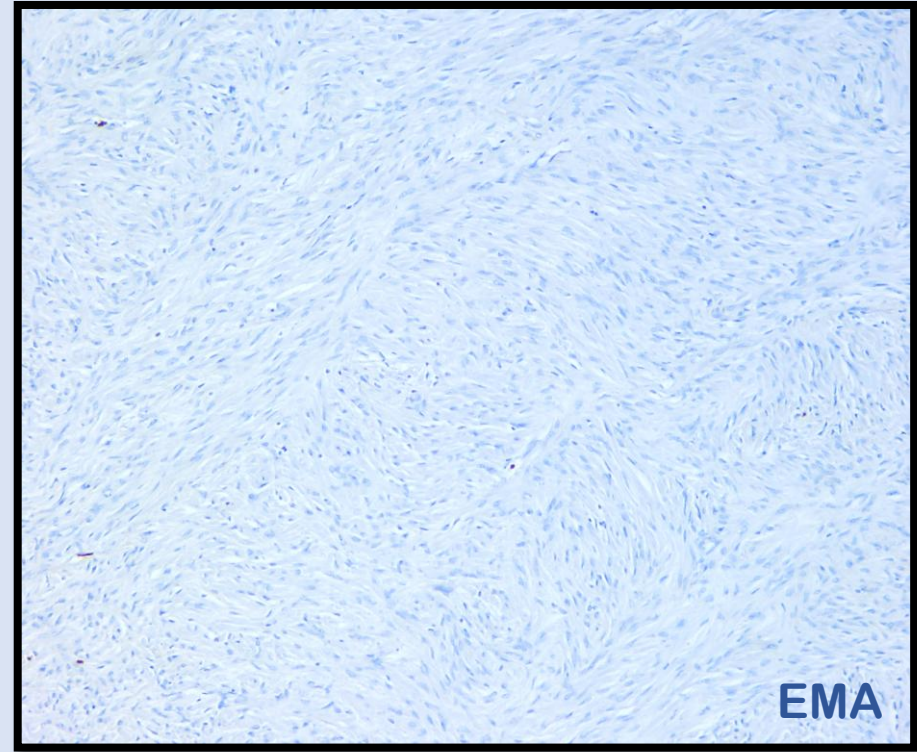
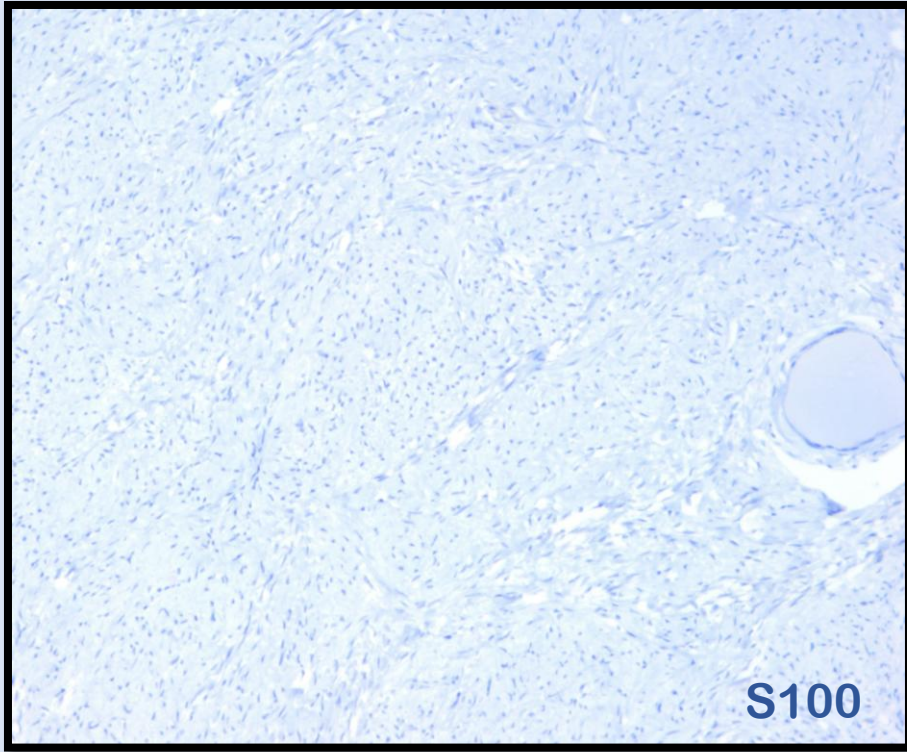
DIAGNÓSTICOS
DIFERENCIALES

TUMOR FIBROSO SOLITARIO

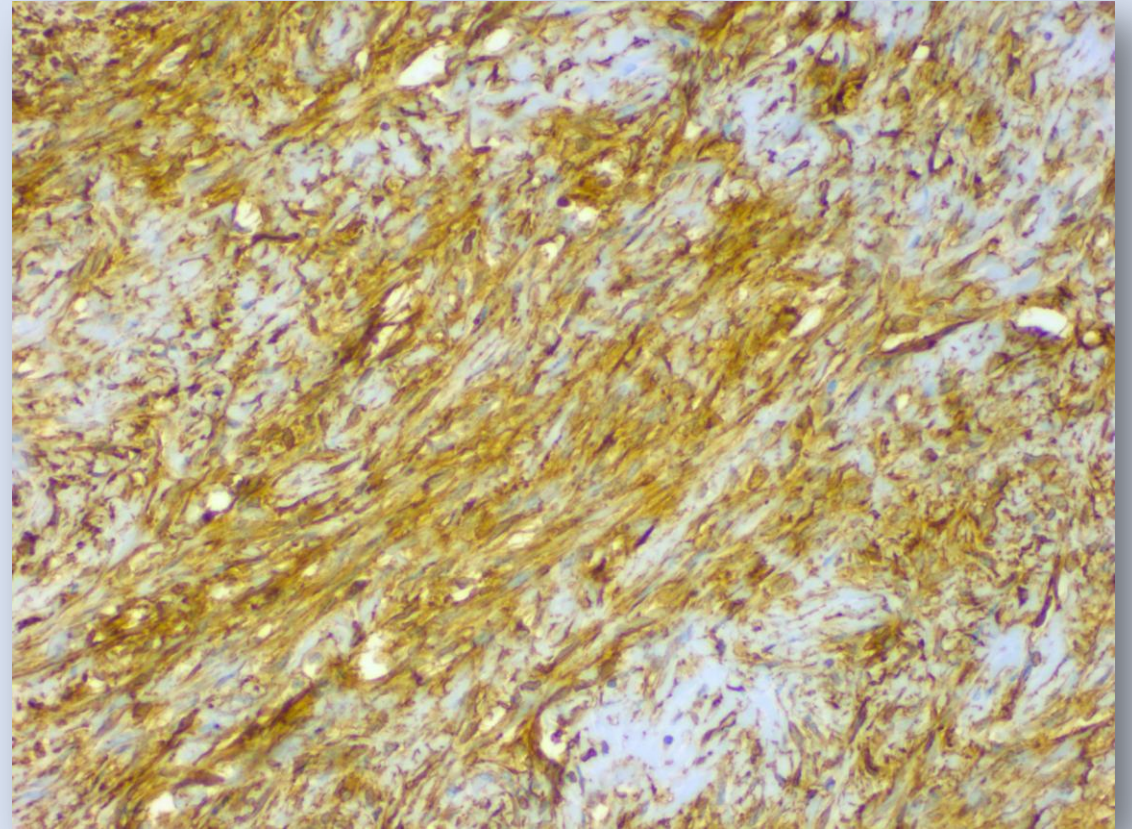
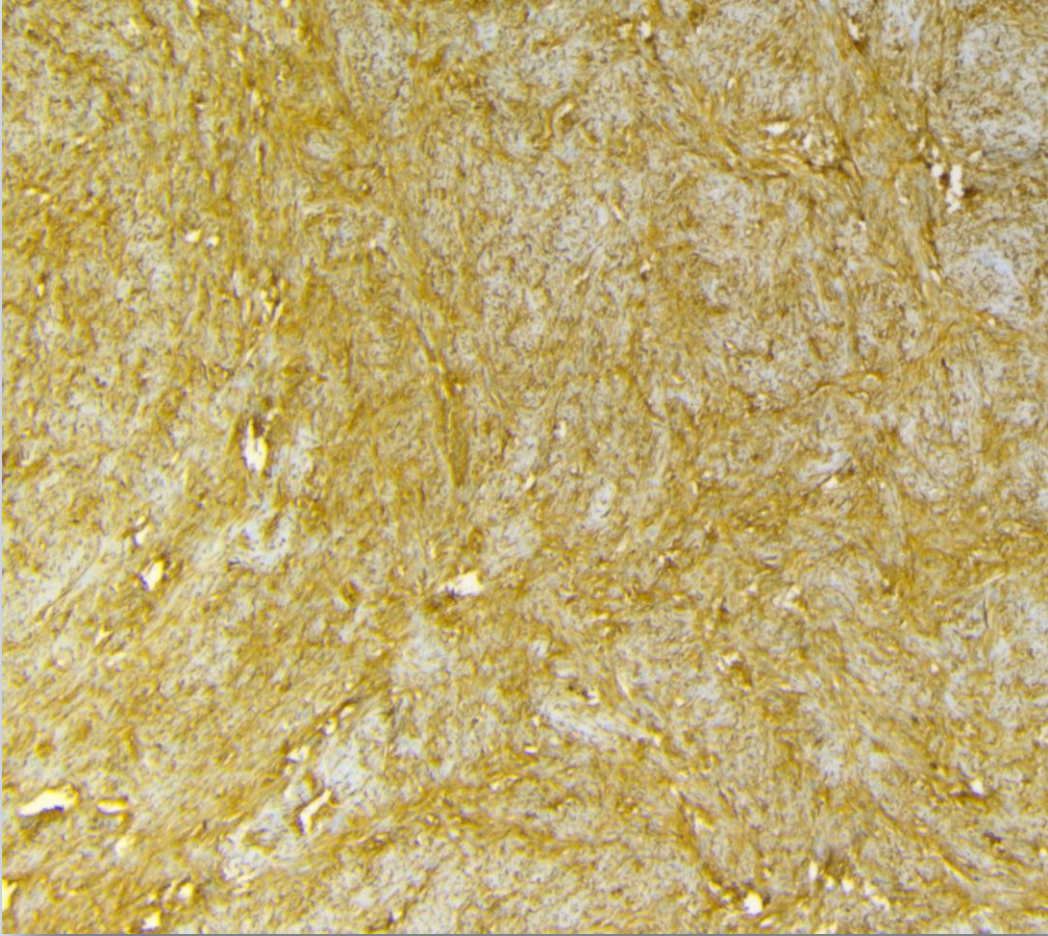
CARCINOMA MEDULAR

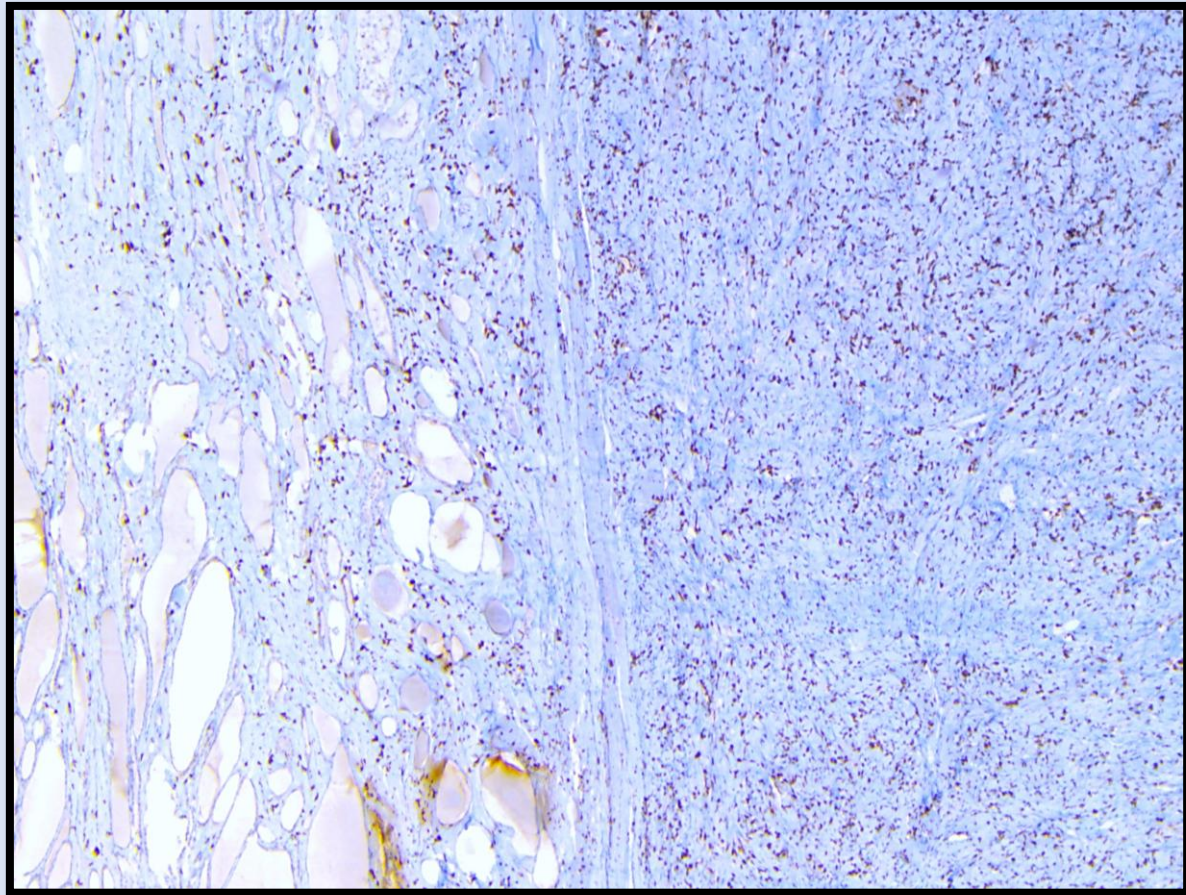




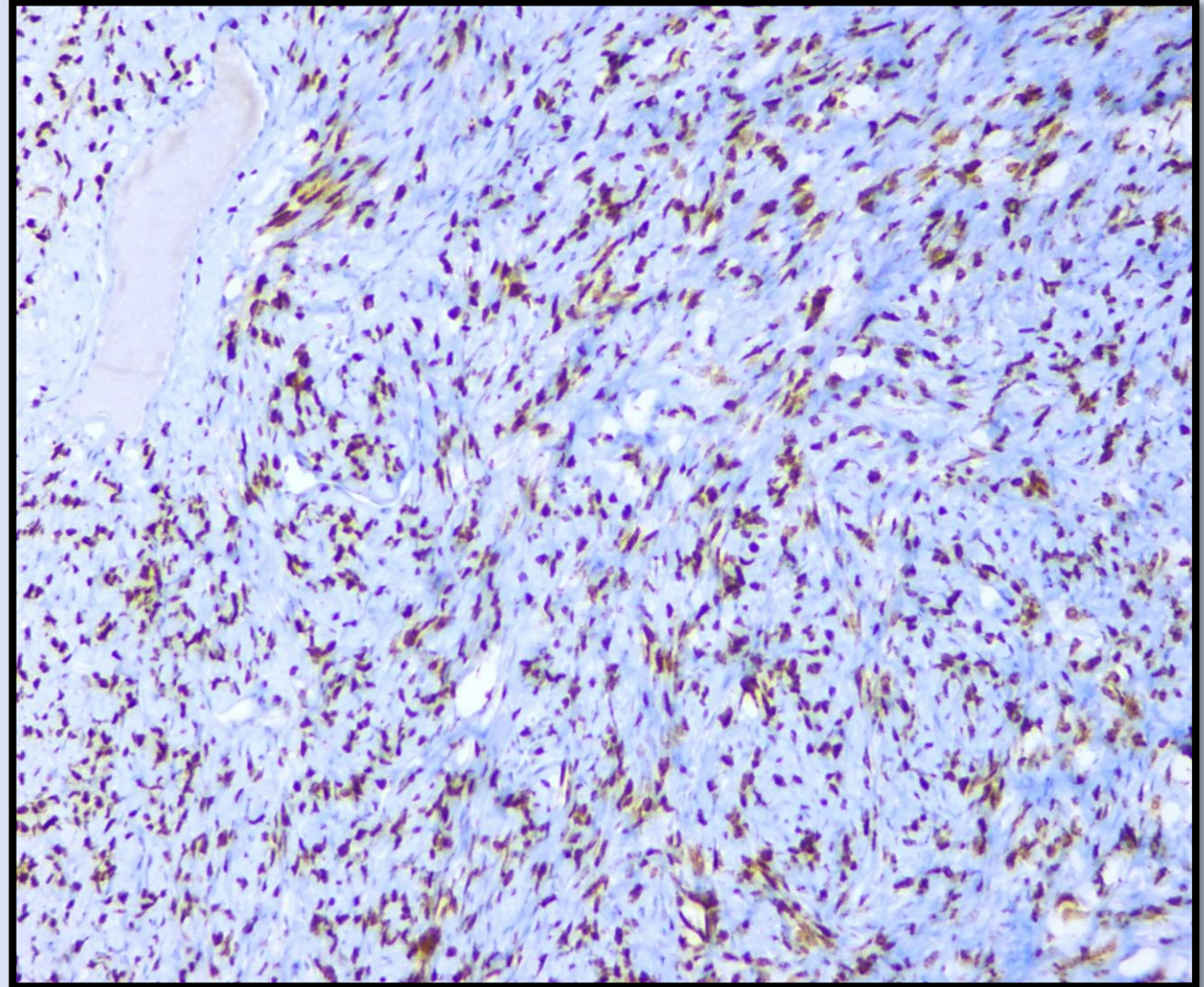


CD34





STAT 6



DIAGNÓSTICO

TUMOR FIBROSO SOLITARIO PRIMARIO DE GLÁNDULA TIROIDES

ESTIMACIÓN DE RIESGO DE METÁSTASIS: BAJO



FISH (CytoTest Break Apart probe):
No valorable

Pendiente NGS

TUMOR FIBROSO SOLITARIO (TFS)

- Neoplasia mesenquimal derivada de fibroblastos.
- Casos descritos en prácticamente todos los órganos y localizaciones.
- Localización en glándula tiroides muy infrecuente: 48 casos en literatura inglesa
- M = F
- Adultos edad media (rango 28 - 88 años)

CLÍNICA

- Masa cervical indolora de crecimiento lento.
- Mayoría asintomáticos → hallazgo incidental en estudio de imagen
- Eutiroidismo

CITOLOGÍA

- Rol limitado
- Aspirado seco
- Muy frecuente PAAF no diagnóstica

CARACTERÍSTICAS MACROSCÓPICAS

- Lesión **sólida**, bien **circunscrita**
- Consistencia **firme**
- Color blanco-grisáceo o pardo
- Degeneración quística, cambios mixoides, hemorragia, necrosis



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CARACTERÍSTICAS MICROSCÓPICAS

**Alternancia
áreas hiper e
hipocelulares**

Hipercelulares

**Células
dispuestas al
azar**

Estoriforme
Fascicular
Trabecular

**Vasos dilatados
y ramificados**



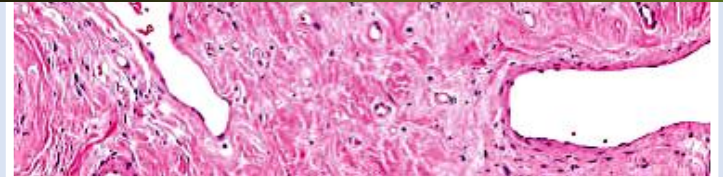
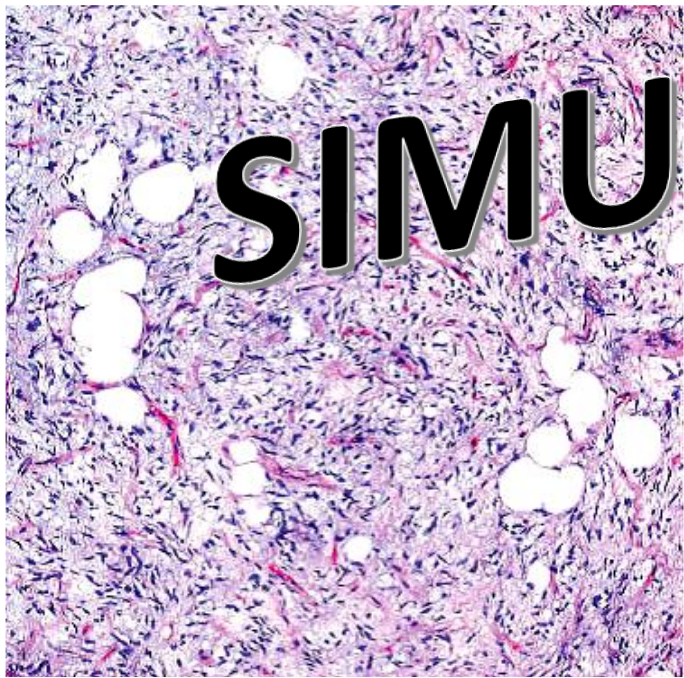
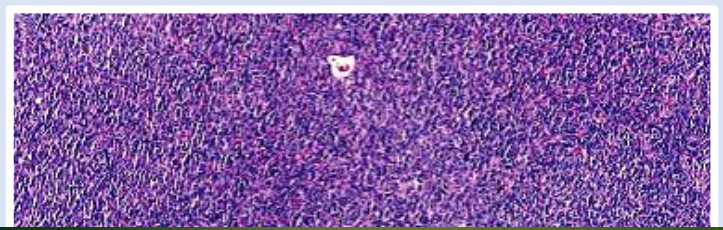
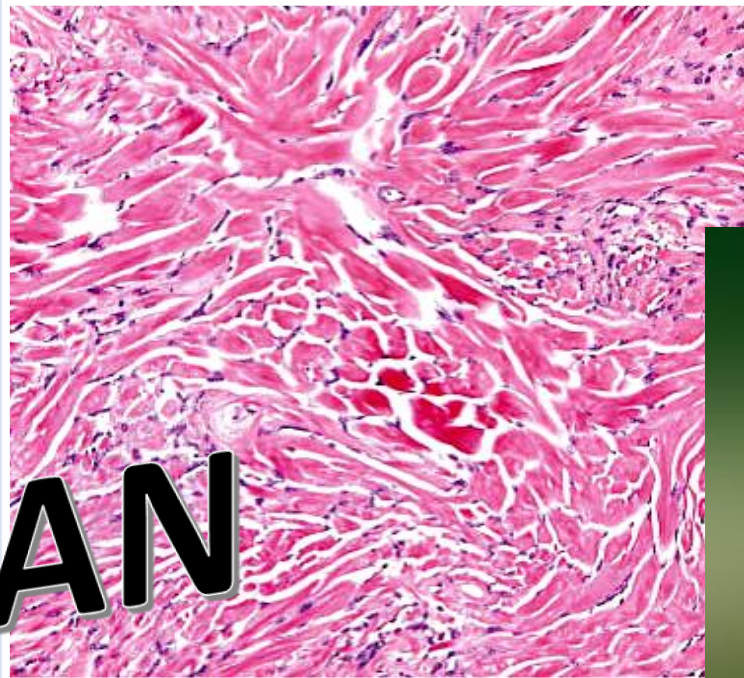
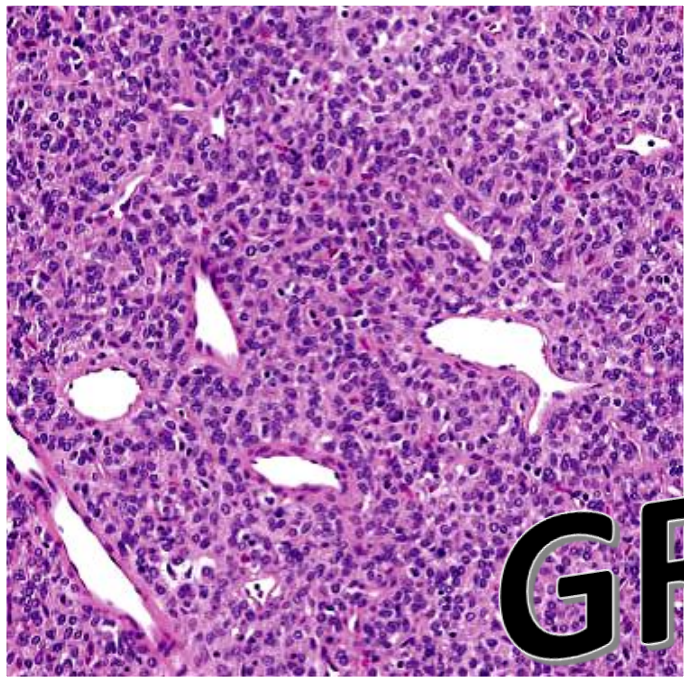
**Núcleos
uniformes
ovoides o
fusiformes**

Células redondas
Células epitelioides
Atipia nuclear

**Estroma
fibroso**

Cambios mixoides
Tejido adiposo maduro

GRAN SIMULADOR



DIAGNÓSTICOS DIFERENCIALES EN TIROIDES

Epiteliales	Mesenquimal	Lesiones reactivas/ inflamatorias
Adenoma folicular	Tumores de músculo liso	Tiroiditis IgG4 (Riedel)
Carcinoma folicular (variante fusocelular)	Tumores del nervio periférico	Tiroiditis de Hashimoto (variante fibrosante)
Carcinoma papilar (variante fusocelular)	Sarcoma sinovial	Nódulo postoperatorio de células fusiformes
Carcinoma anaplásico (variante paucicelular)		
Carcinoma medular		
Tumor epitelial fusiforme con diferenciación tímica (SETTLE)		

CARACTERÍSTICAS INMUNOHISTOQUÍMICAS

STAT6

- Alta sensibilidad (98%) y especificidad (> 85%)

CD34

- 85 - 95% +
- No específico
- Puede perderse en TFS malignos o desdiferenciados

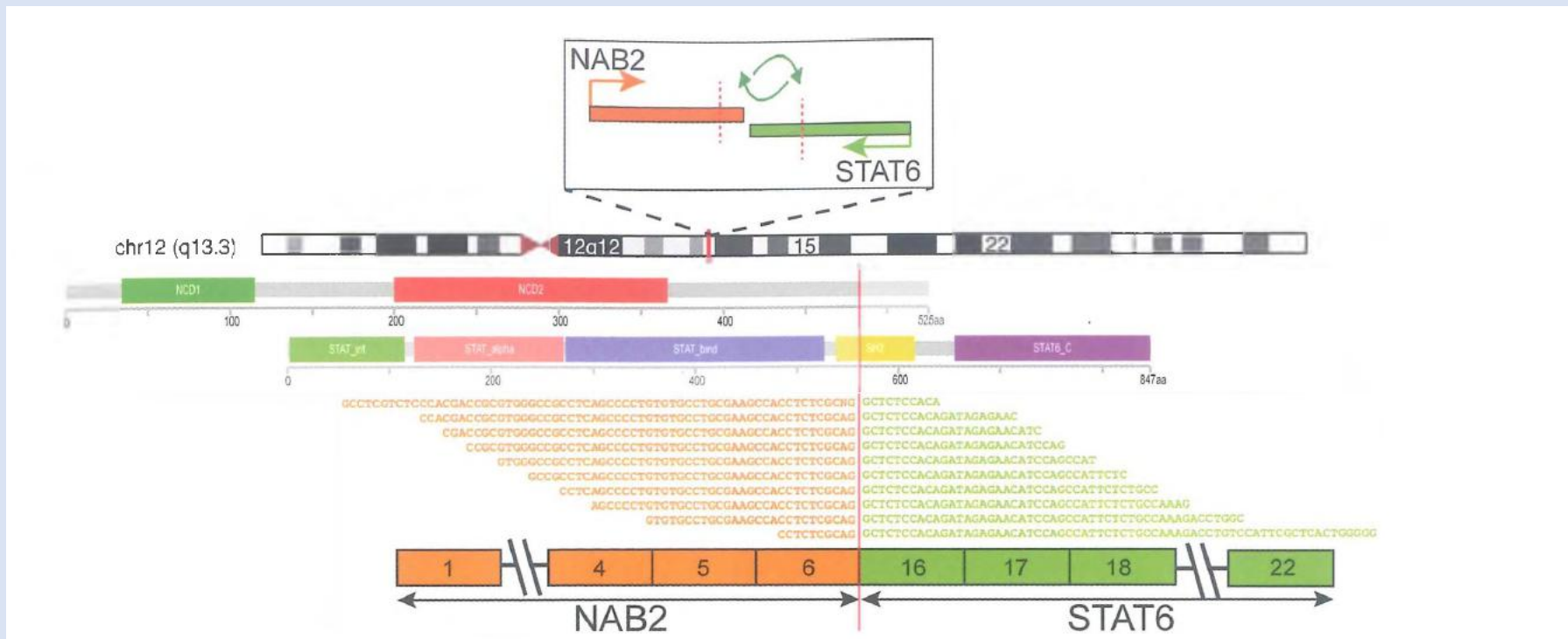
BCL2

CD99

- Utilizados antiguamente
- No específicos

CARACTERÍSTICAS MOLECULARES

Fusión recurrente entre genes NAB2 y STAT6



PRONÓSTICO

- No existe una correlación exacta entre la morfología y el comportamiento clínico
- Es obligado el seguimiento a largo plazo
- Modelos de predicción de riesgo de metástasis

Risk assessment in solitary fibrous tumors: validation and refinement of a risk stratification model

Elizabeth G Demicco¹, Michael J Wagner², Robert G Maki^{3,4}, Vishal Gupta⁵, Ilya Iofin⁶, Alexander J Lazar⁷ and Wei-Lien Wang⁷

¹Department of Pathology, Mount Sinai Hospital, New York, NY, USA; ²Cancer Medicine, The University of Texas M. D. Anderson Cancer Center, Houston, TX, USA; ³Monter Cancer Center, Northwell Health, New Hyde Park, NY, USA; ⁴Cold Spring Harbor Laboratory, Cold Spring Harbor, NY, USA; ⁵Department of Radiation Oncology, Mount Sinai Hospital, New York, NY, USA; ⁶Department of Surgery, Mount Sinai Hospital, New York, NY, USA and ⁷Department of Pathology and Translational Molecular Pathology, The University of Texas M. D. Anderson Cancer Center, Houston, TX, USA

Table 3 Modified four-variable risk stratification model for development of metastasis in solitary fibrous tumors

<i>Risk factor</i>	<i>Score</i>
<u>Age</u>	
< 55	0
≥ 55	1
<u>Tumor size (cm)</u>	
< 5	0
5 to < 10	1
10 to < 15	2
≥ 15	3
<u>Mitotic count (/10 high-power fields)</u>	
0	0
1–3	1
≥ 4	2
<u>Tumor necrosis</u>	
< 10%	0
≥ 10%	1
<i>Risk class</i>	<i>Total score</i>
Low	0–3
Intermediate	4–5
High	6–7



Solitary fibrous tumor of the thyroid: report of three cases with a focus on cytological features and histological clues for malignancy

Federica Santoro¹ · Alessandra Linari² · Francesca Maletta² · Renato Parente³ · Bruno Torchio⁴ · Esther Diana Rossi⁵ · Ilaria Messuti⁶ · Andrea Borasi⁷ · Marco Volante^{8,9} · Mauro Papotti^{2,9}

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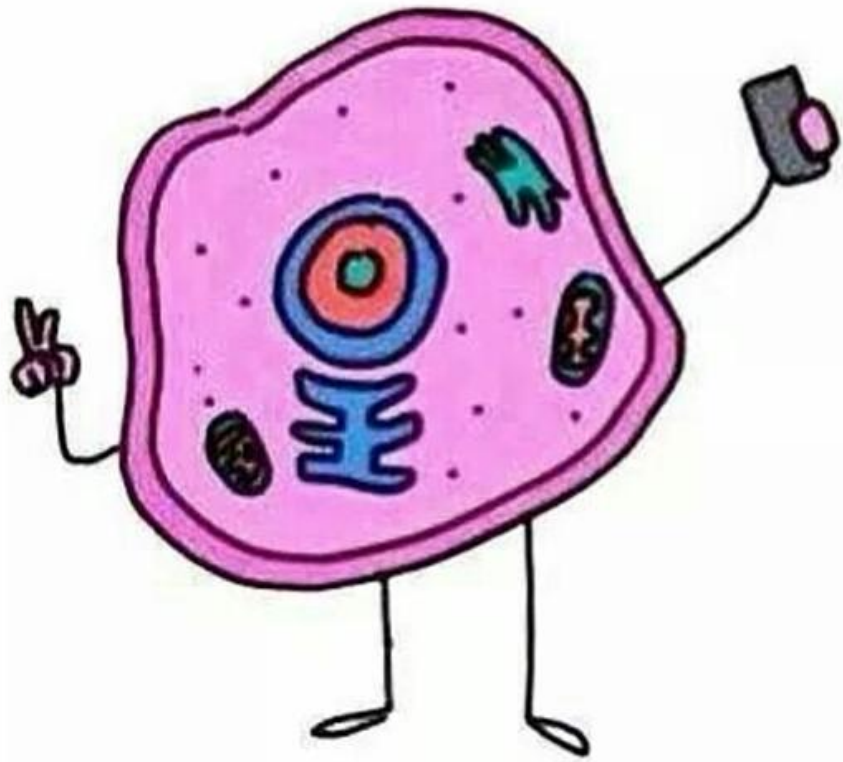
Abstract

Solitary fibrous tumor is a mesenchymal tumor of intermediate malignant potential characterized by a recurrent NAB2::STAT6 fusion and STAT6 nuclear expression. Primary thyroid solitary fibrous tumor is relatively uncommon, with 45 cases described in the English literature to date. Although its histologic features are characteristic, its diagnosis in the thyroid can be problematic, especially in small biopsies or cytology specimens. We herein present three new cases of thyroid solitary fibrous tumor, one of which is malignant, with new insights on the morphological spectrum and malignant potential of this tumor. We additionally provide a review of the literature with a focus on the clues and challenges of a preoperative cytological diagnosis of this tumor, which can nowadays be supported by STAT6 nuclear expression, when appropriately suspected.

- Revisión clínico-patológica de 48 casos
- Sólo 2 casos malignos → Estimación de Riesgo Intermedio



Probablemente la frecuencia en tiroides sea mayor de lo que se cree



Cell-fie

MUCHAS GRACIAS!