

118ª REUNIÓN TERRITORIAL VALENCIANA DE LA SEAP

CASO CLÍNICO

Reina Jiménez Duque, Mónica Sebastián,
Cristina Monzó, Henry Mojica, Paul
Andrade, Nayara Pérez

Servicio de Anatomía Patológica
Hospital General Universitario de Castellón

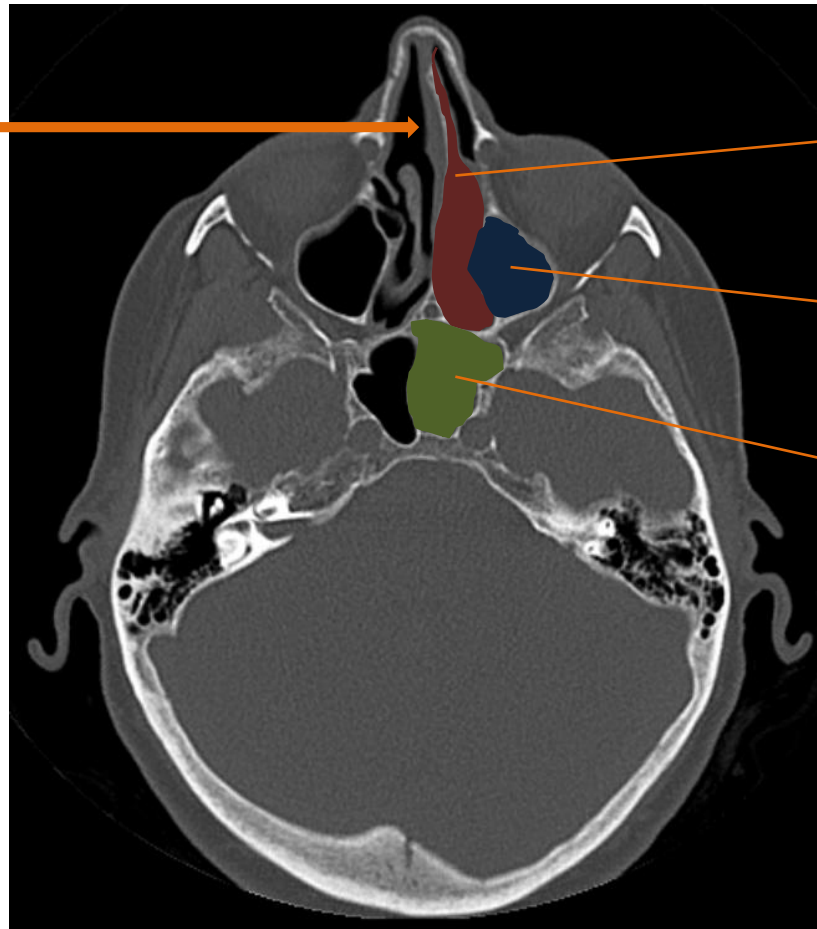


Historia clínica

- Mujer de 61 años de edad.
- Obstrucción orificio nasal izquierdo, rinorrea acuosa y epistaxis.
- Rinofibrolaringoscopia: pólipo en etmoides anterior .
- Tratamiento médico sin mejoría clínica.
- TAC senos paranasales.
- RM maxilofacial.

TAC senos paranasales

Desviación tabique nasal

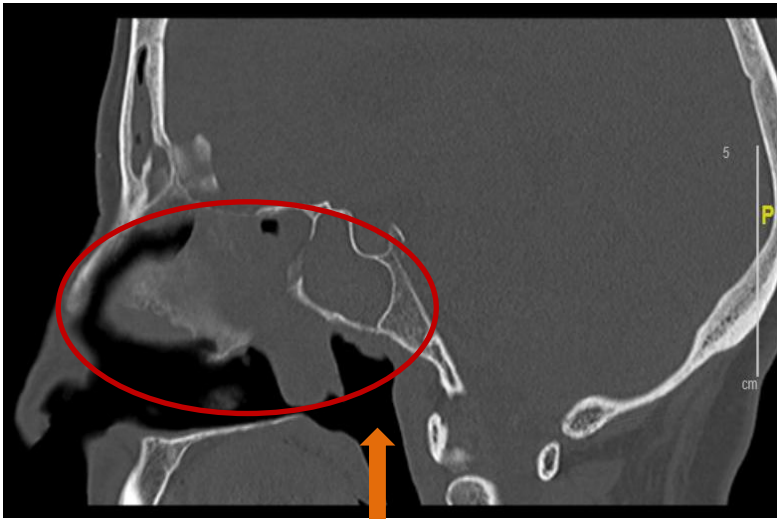


Celdilla etmoidal

Celdilla maxilar

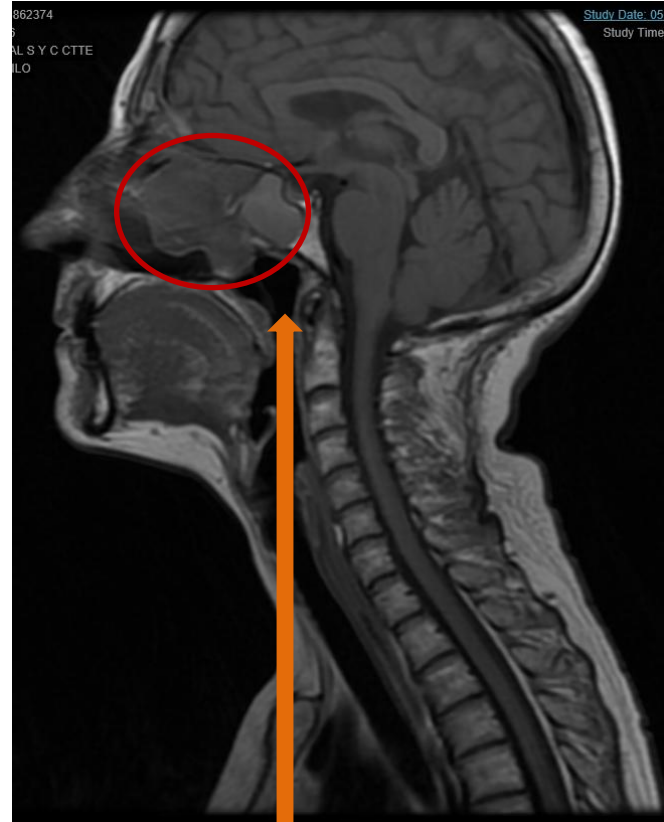
Celdilla esfenoidal

TAC senos paranasales



Nasofaringe

RM maxilofacial

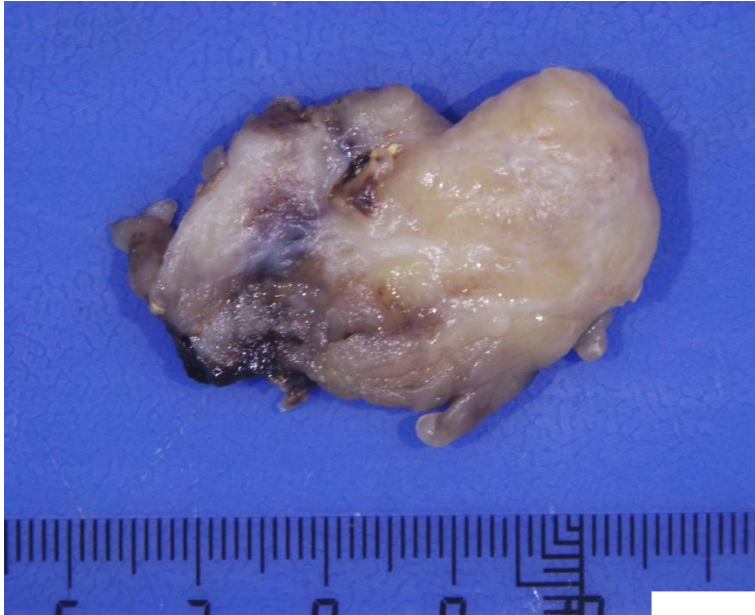


Nasofaringe

Cirugía endoscópica nasosinusal funcional

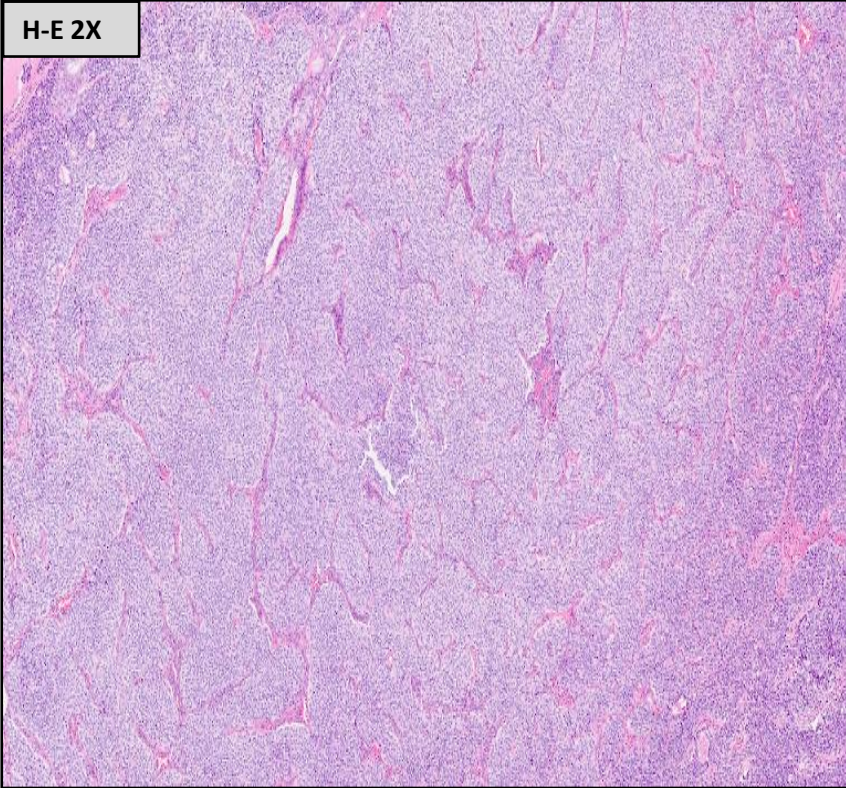
Etmoidectomia + antrostomia maxilar

PIEZA QUIRÚRGICA: Tumoración fosa nasal izquierda

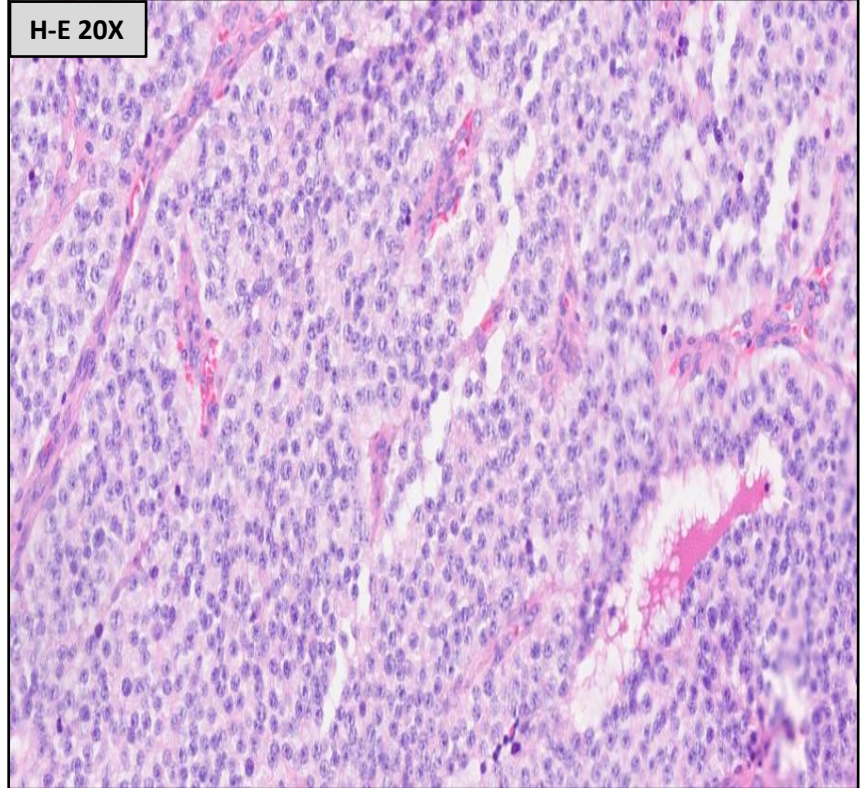


- Morfología polipoide
- Superficie íntegra, blanco-amarillenta, membrana translúcida
- 3,8 x 2 x 1,2 cm

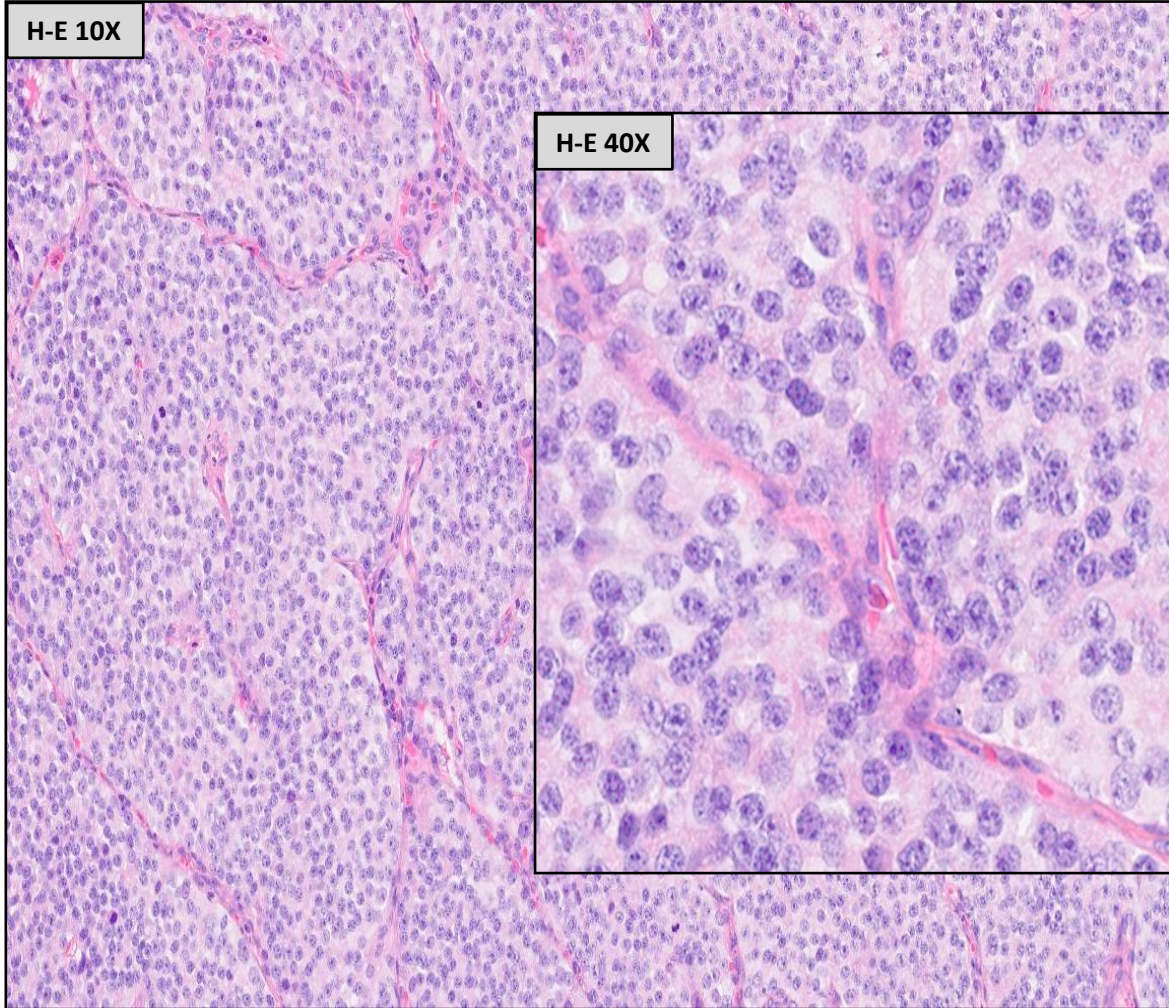
H-E 2X



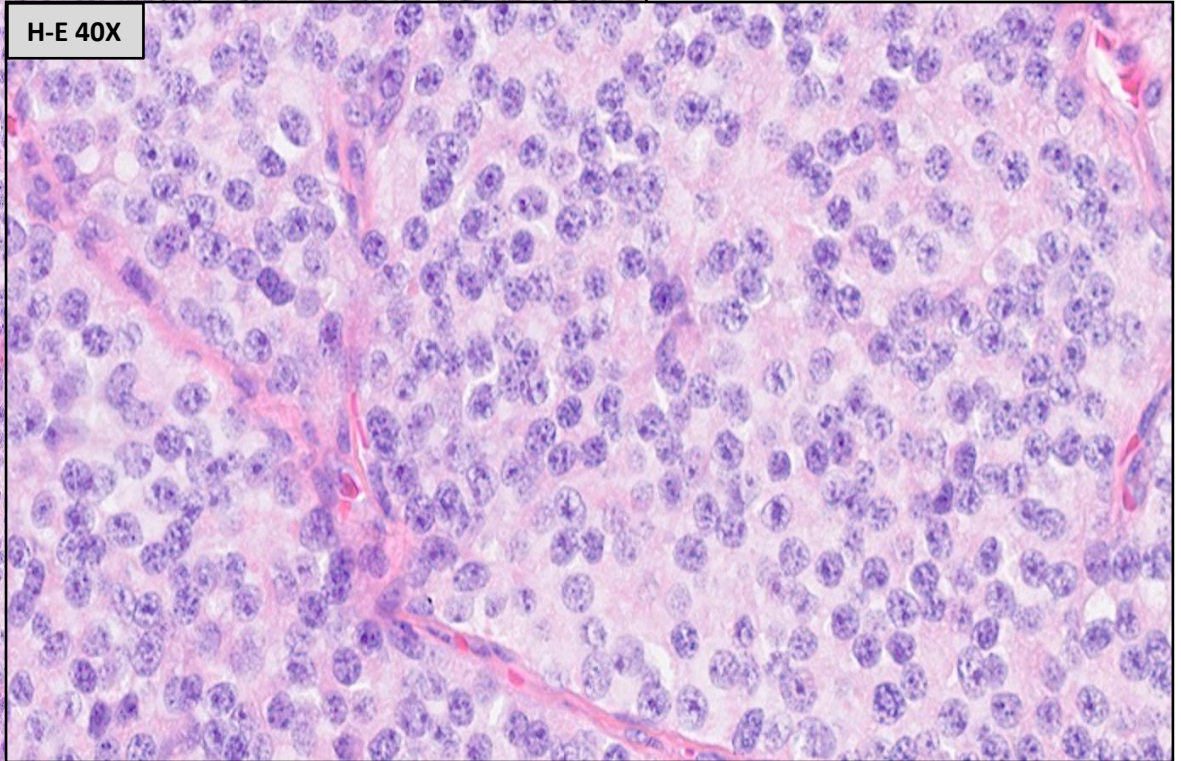
H-E 20X



H-E 10X



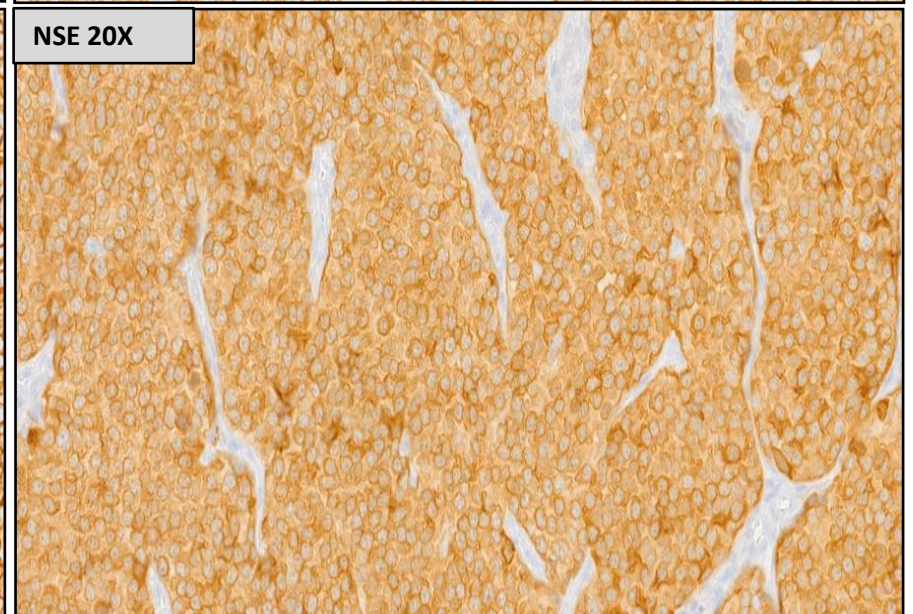
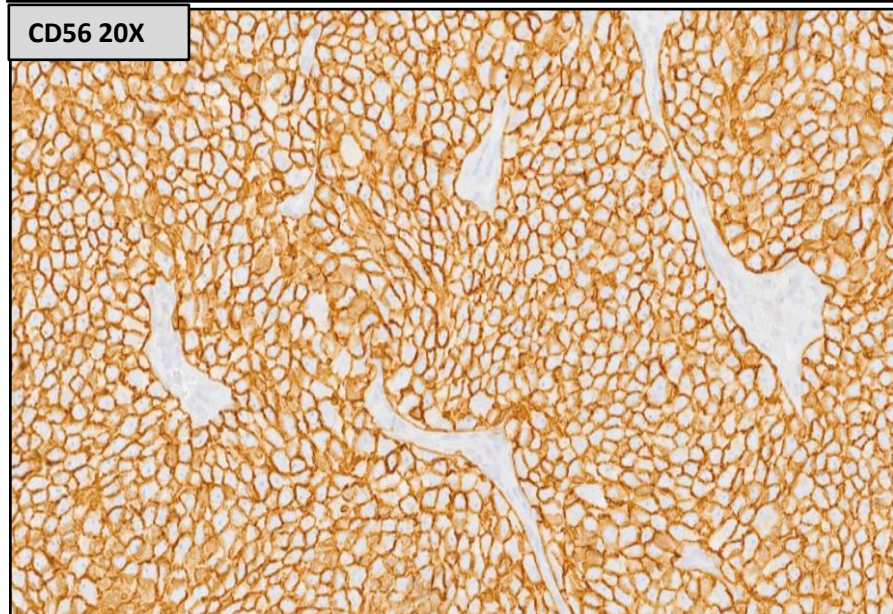
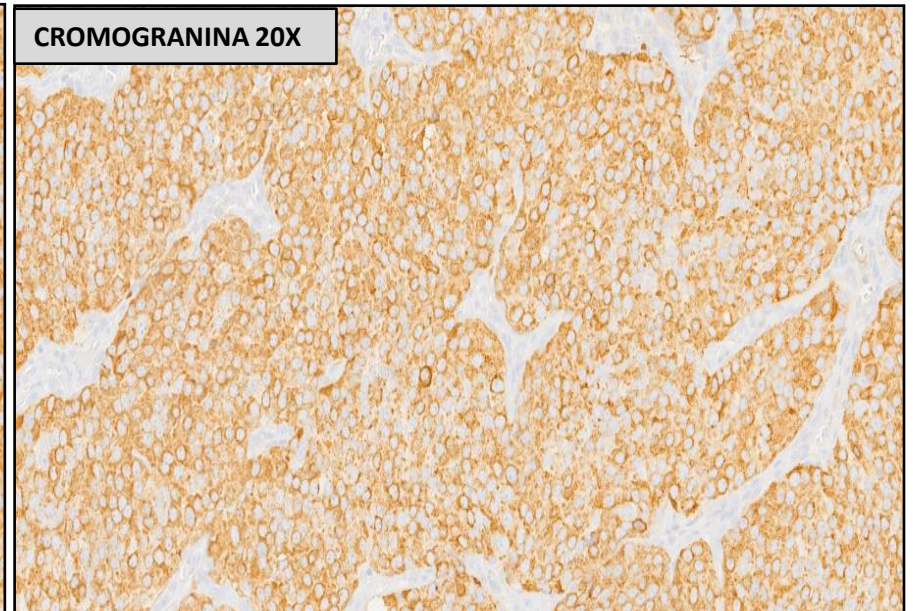
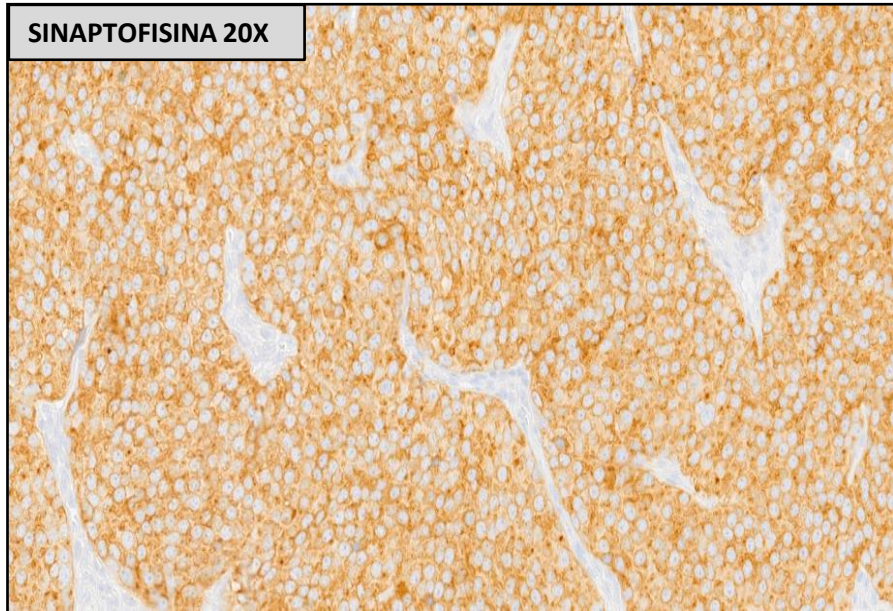
H-E 40X



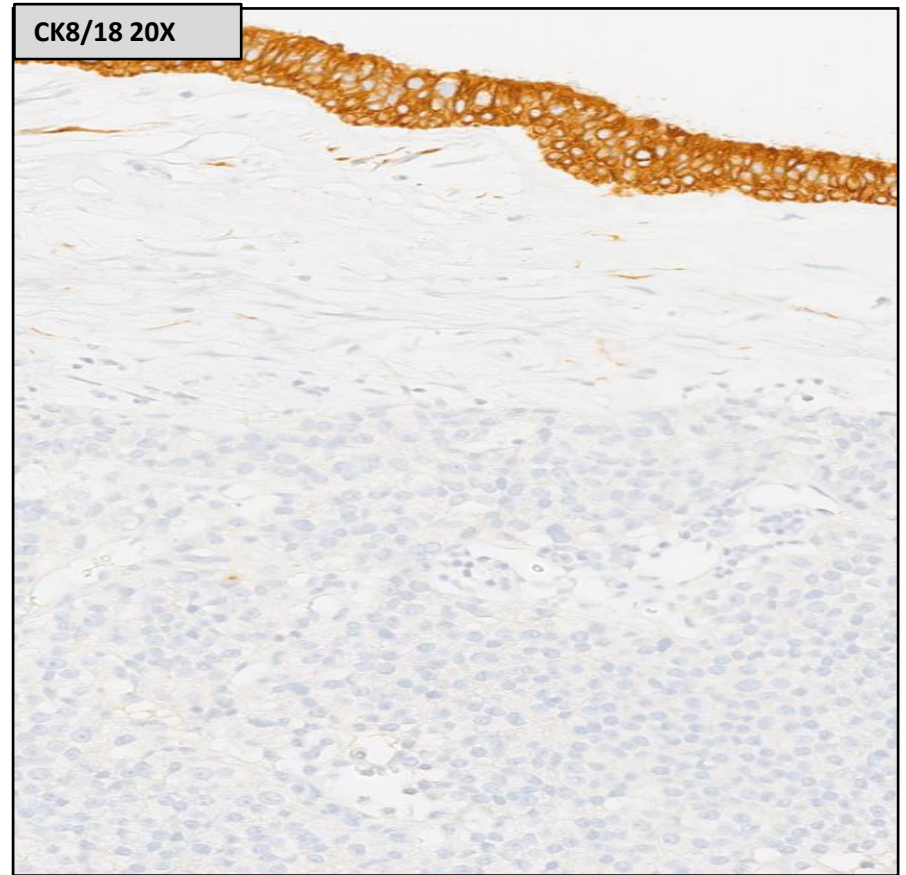
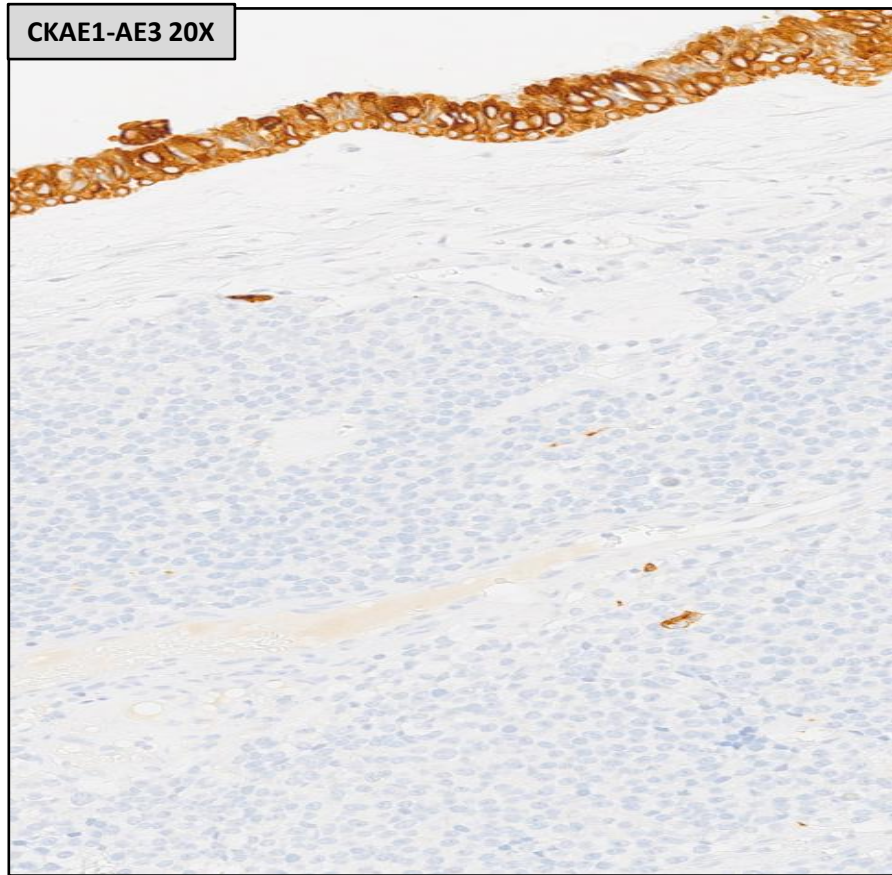
Diagnóstico diferencial

Patrón organoide, crecimiento lobular, células pequeñas, núcleos redondos y azules, cromatina granular, situado en el tracto sinonasal.

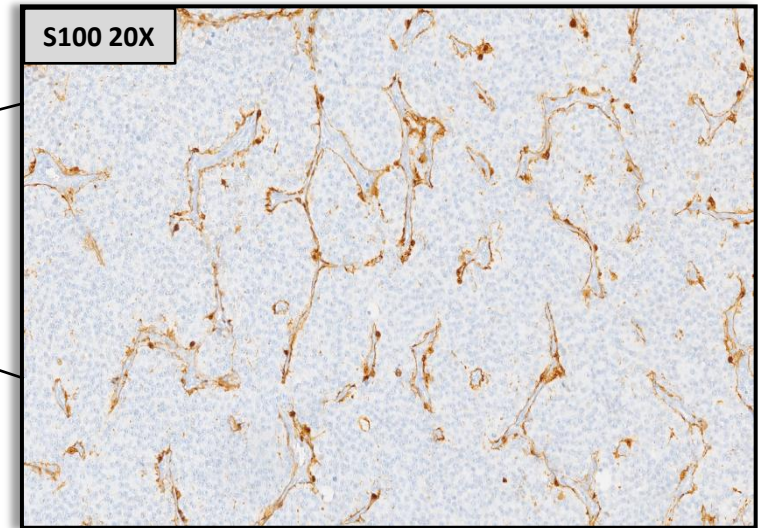
- Neoplasia neuroendocrina
- Neuroblastoma olfatorio
- Sarcoma de Ewing
- Linfoma
- Melanoma



Sinaptofisina, cromogranina, CD56 y NSE positivo.

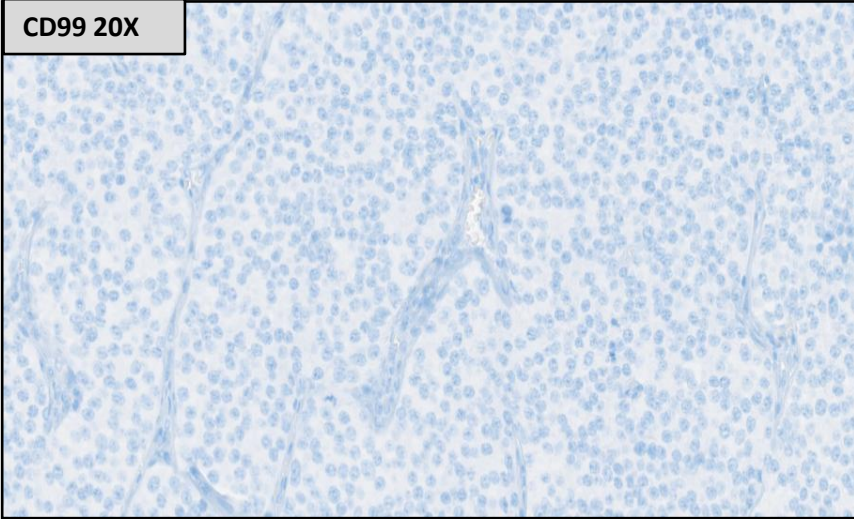


CKAE1-AE3 y CK 8/18 negativa.

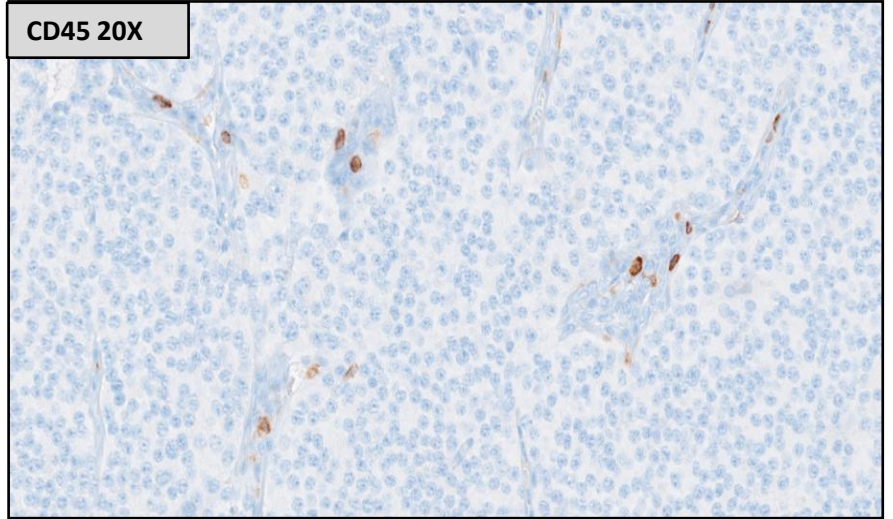


S100 en las células sustentaculares en la periferia de los nidos celulares.

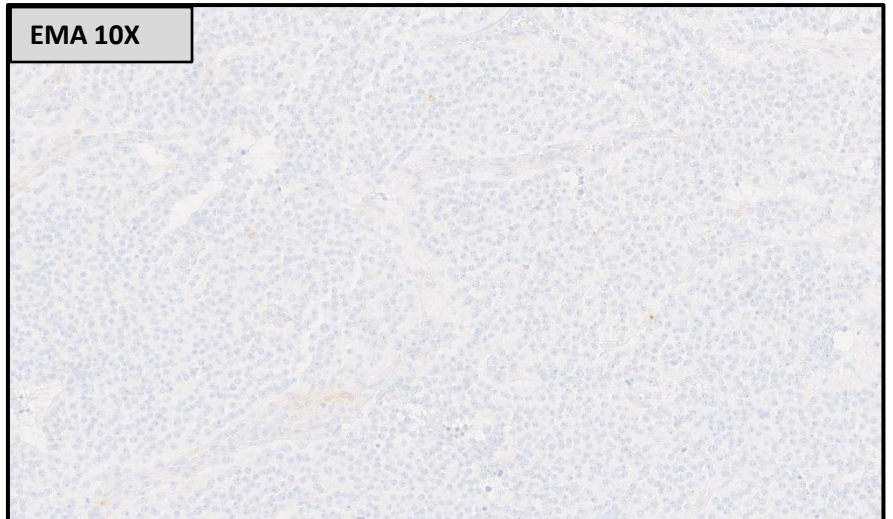
CD99 20X



CD45 20X



EMA 10X



CD99, CD45, EMA negativo.



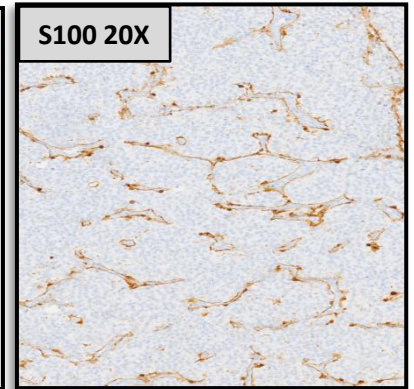
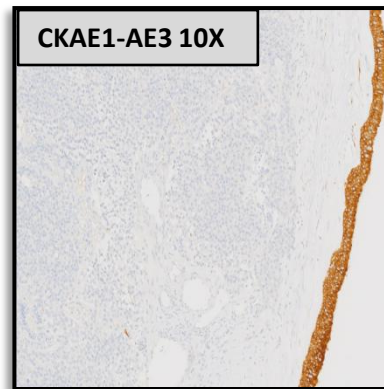
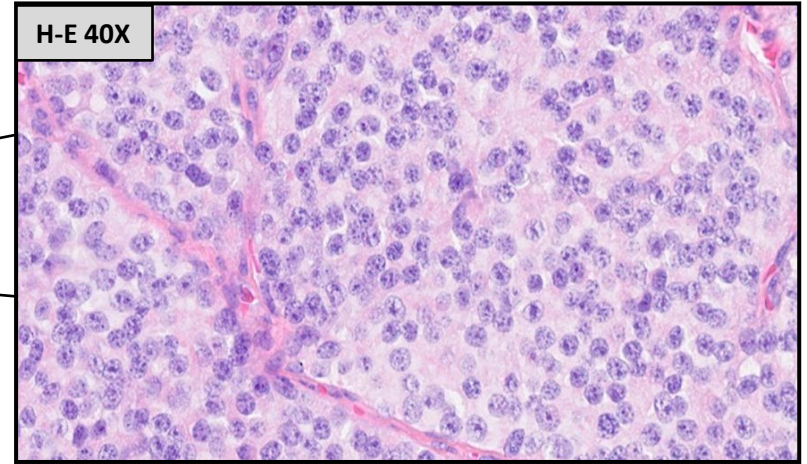
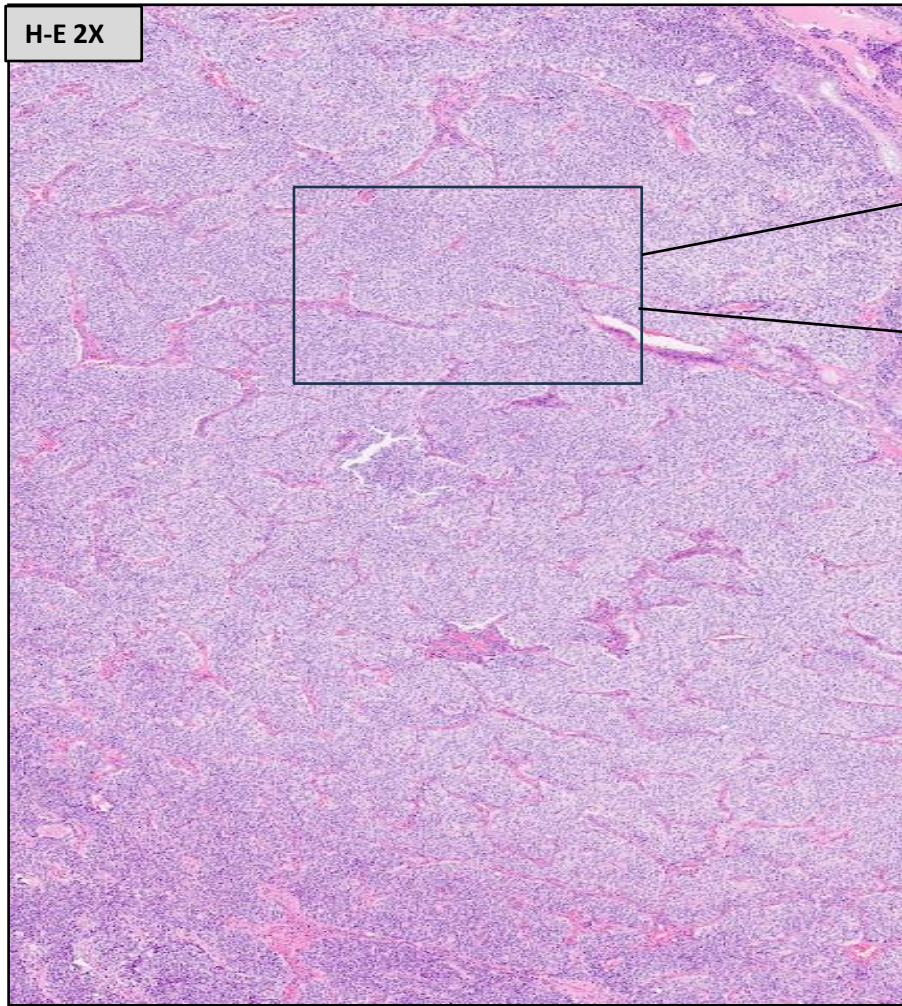
Ki67 bajo.

A black and white histological micrograph showing a dense population of small, round, blue-stained cells with hyperchromatic nuclei and scant cytoplasm. The cells are arranged in a somewhat disorganized pattern, typical of a neuroblastoma. A dashed white line is drawn horizontally across the upper portion of the image. A white asterisk is located on the right side of the image, near the center vertically.

**NEUROBLASTOMA OLFATORIO
DE BAJO GRADO**

Neuroblastoma olfatorio

- Tumor maligno neuroectodérmico. *Berger et al. 1924. Estesioneuroblastoma* .
- Origen en epitelio olfatorio.
- Clínica inespecífica.
- Comportamiento agresivo localmente.
- Diagnóstico clínico-radiológico. Definitivo: Histológico.
- Tratamiento quirúrgico y adyuvante.



Patrón organoide, lóbulos compuestos por células pequeñas y monomorfas con escaso citoplasma, núcleos redondos y azules, nucléolos con cromatina granular, estroma fibrovascular delimitando los nidos e intensa proliferación vascular y fondo fibrilar. IHQ: Sinaptofisina, cromogranina , CD56 y NSE positivas, CKAE1-AE3 negativa, S100 células sustentaculares.

Sistema de estadiaje de Hyams

Microscopic features	Grade I	Grade II	Grade III	Grade IV
Lobular architecture	Lobular	Lobular	±Lobular	±Lobular
Nuclear polymorphism	Absent to slight	Present	Prominent	Marked
Neurofibrillary matrix	Prominent	Present	May be present	Absent
Rosettes	HW*	HW	FW**	FW
Mitosis	Absent	Present	Prominent	Marked
Necrosis	Absent	Absent	Present	Prominent
Glands	May be present	May be present	May be present	May be present
Calcification	Variable	Variable	Absent	Absent

* Homer Wright; ** Flexner-Wintersteiner.

Clasificación de Kadish modificado por Morita

<i>Stage A</i>	Tumor confined to the nasal cavity
<i>Stage B</i>	Tumor involves the nasal cavity + one or more paranasal sinuses
<i>Stage C</i>	Extension of the tumor beyond the sinonasal cavities and into the paranasal sinuses. Involvement of the cribriform lamina, orbit, skull-base, and intracranial
<i>Stage D</i>	Cervical lymph node involvement or distant metastasis

Conclusiones

- Tumor maligno.
- Clínica inespecífica.
- “Gran impostor” *by Ogura and Schenck.*
- Perfil inmunohistoquímico muy similar a otros tumores.
- Factores pronósticos: grado histológico y estadio.

Bibliografía

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- Nair, R et al. Esthesioneuroblastomas: Reservations and Recommendations. Journal of Clinical and Diagnostic Research. 2016 Jul, Vol-10(7): PD01-PD04.
- WHO Classification of Head and Neck Tumours. WHO/IARC Classification of Tumours, 4th Edition, Volumen 9, 2017.



SALTO ANGEL

Altura 979 mt (807 mt de caída ininterrumpida)

Parque nacional Canaima. Venezuela.