

Prof. dr Milana Panjković

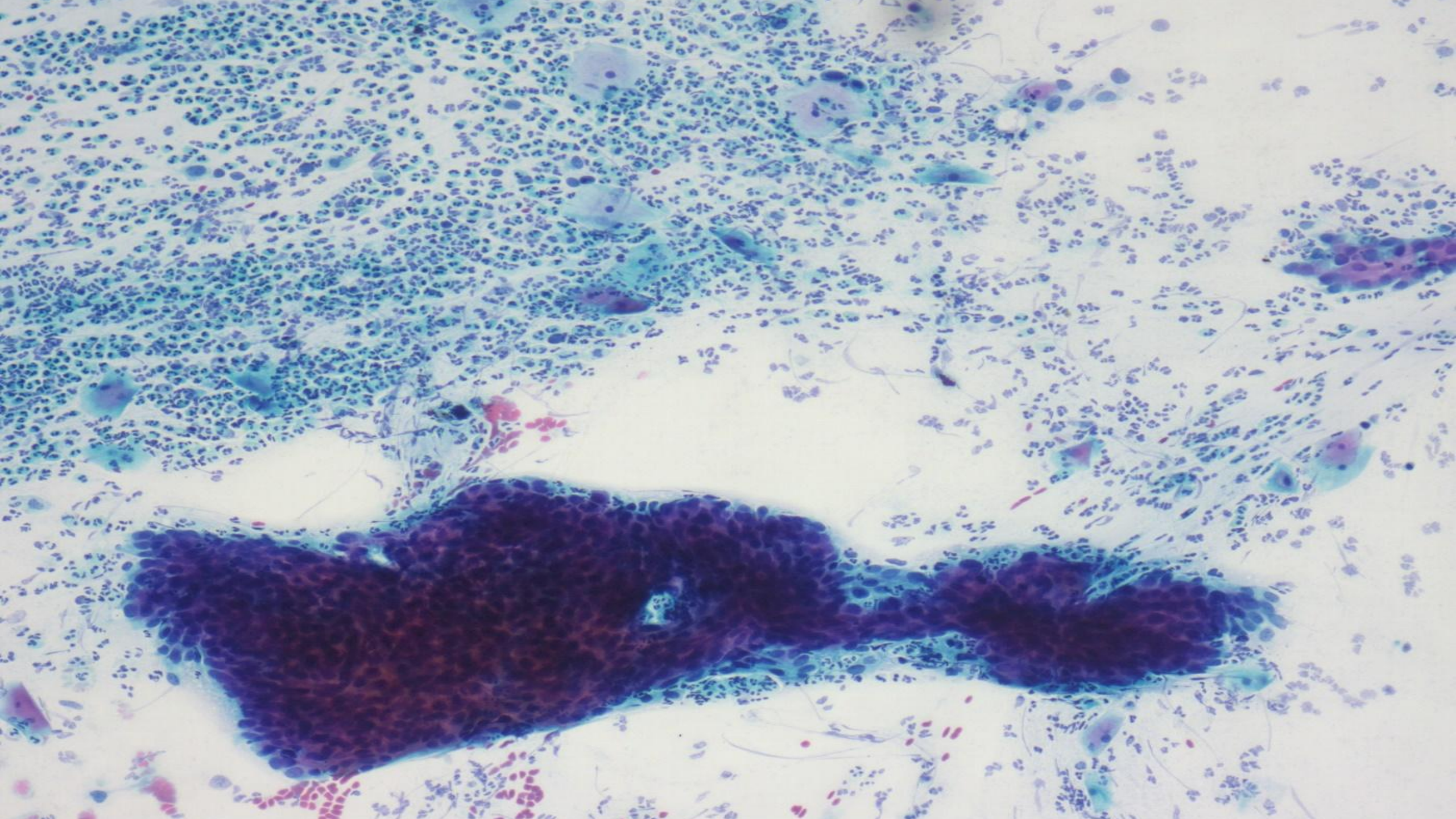
*Centar za patologiju i histologiju, Univerzitetski
klinički centar Vojvodine, MFUNS*

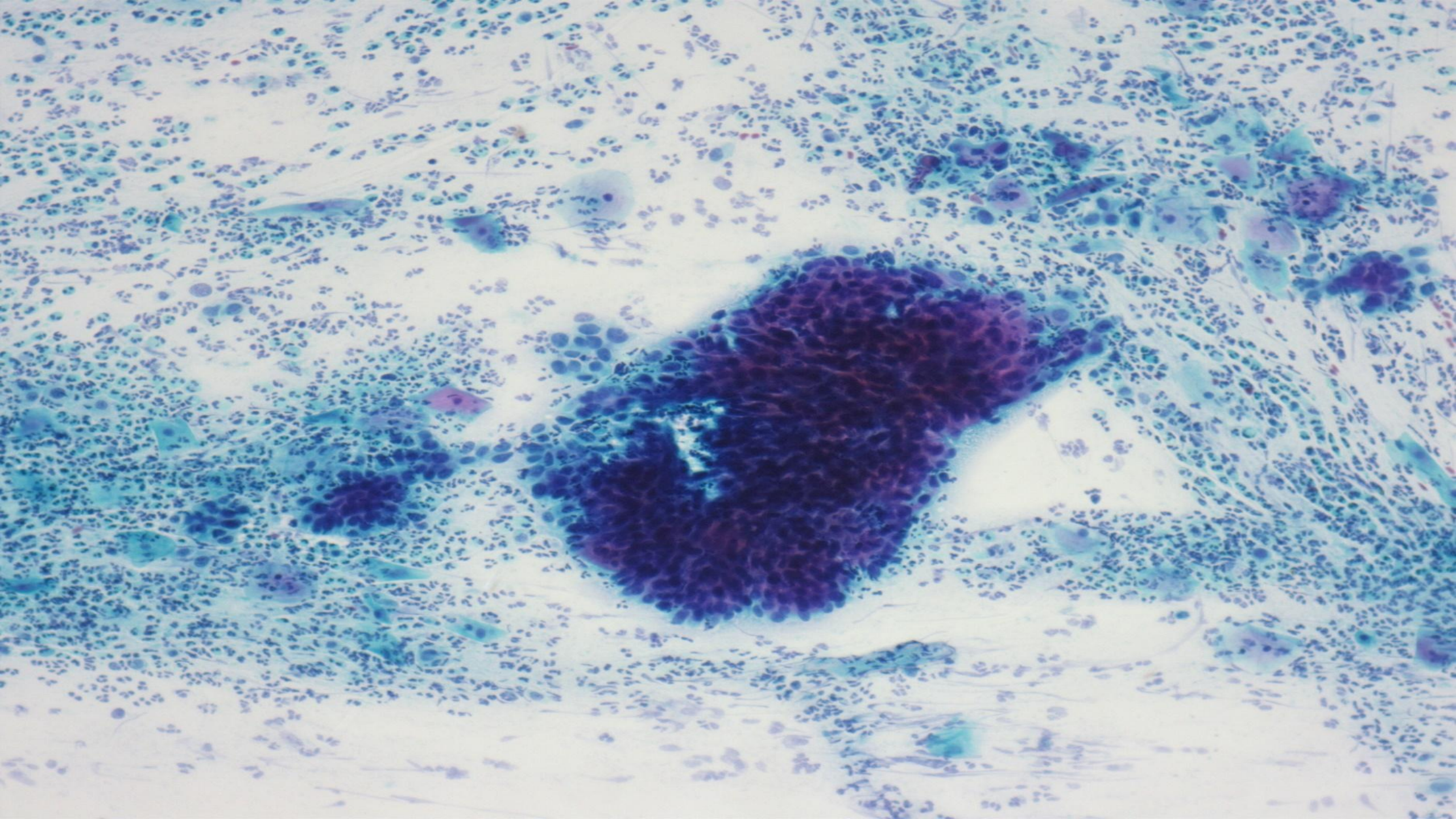
NASLOV

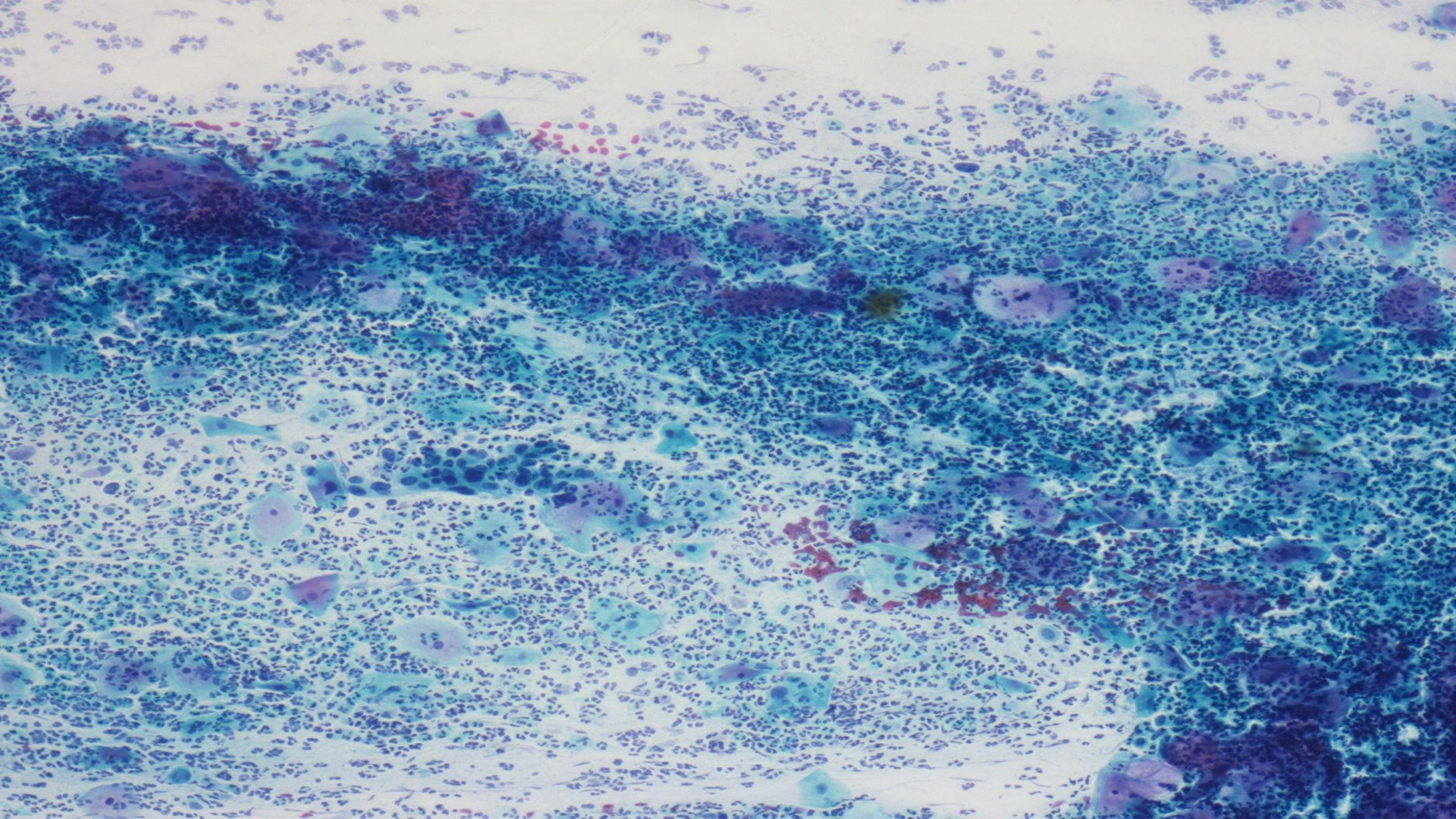
?????

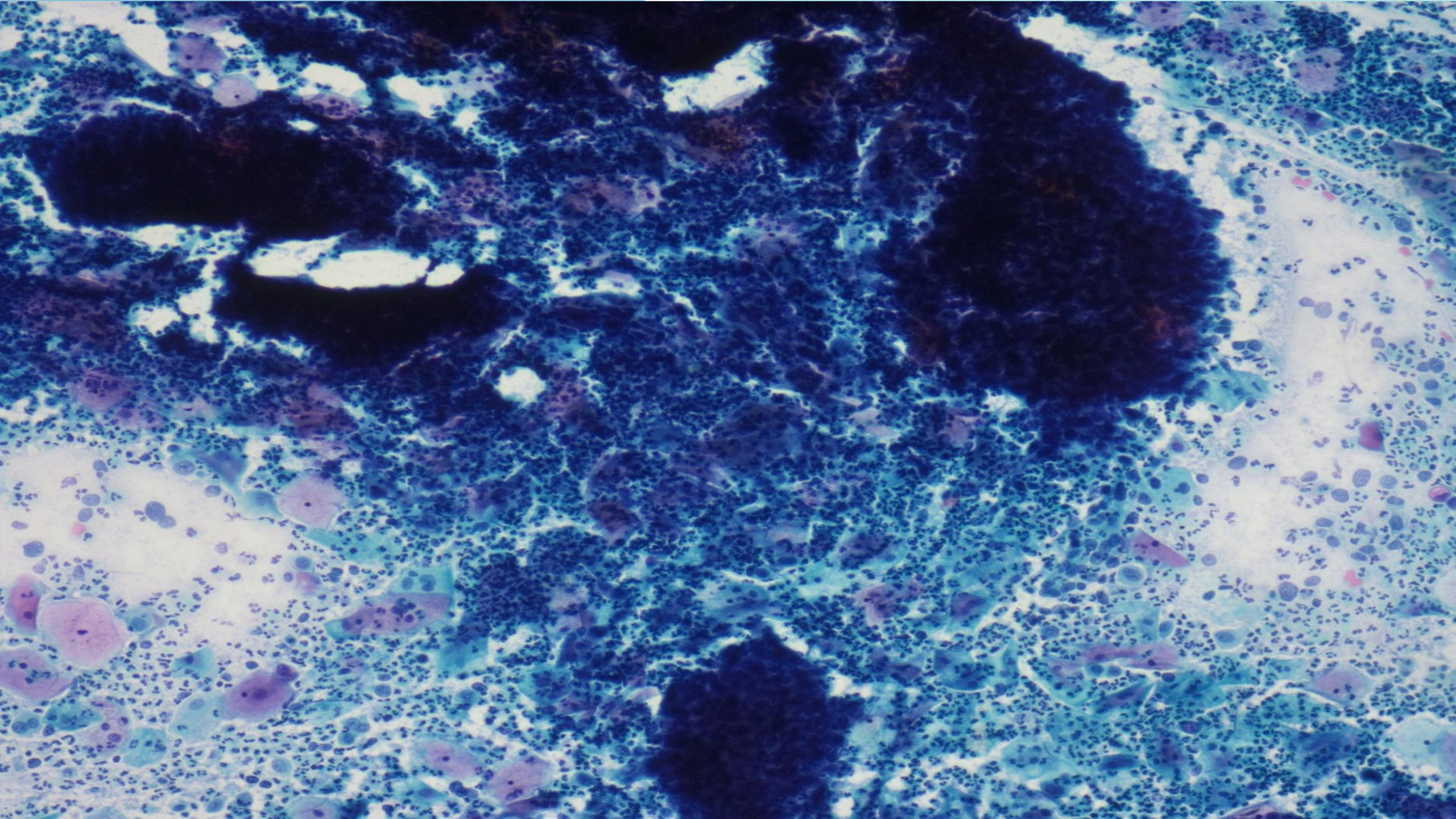
SLUČAJ 1.

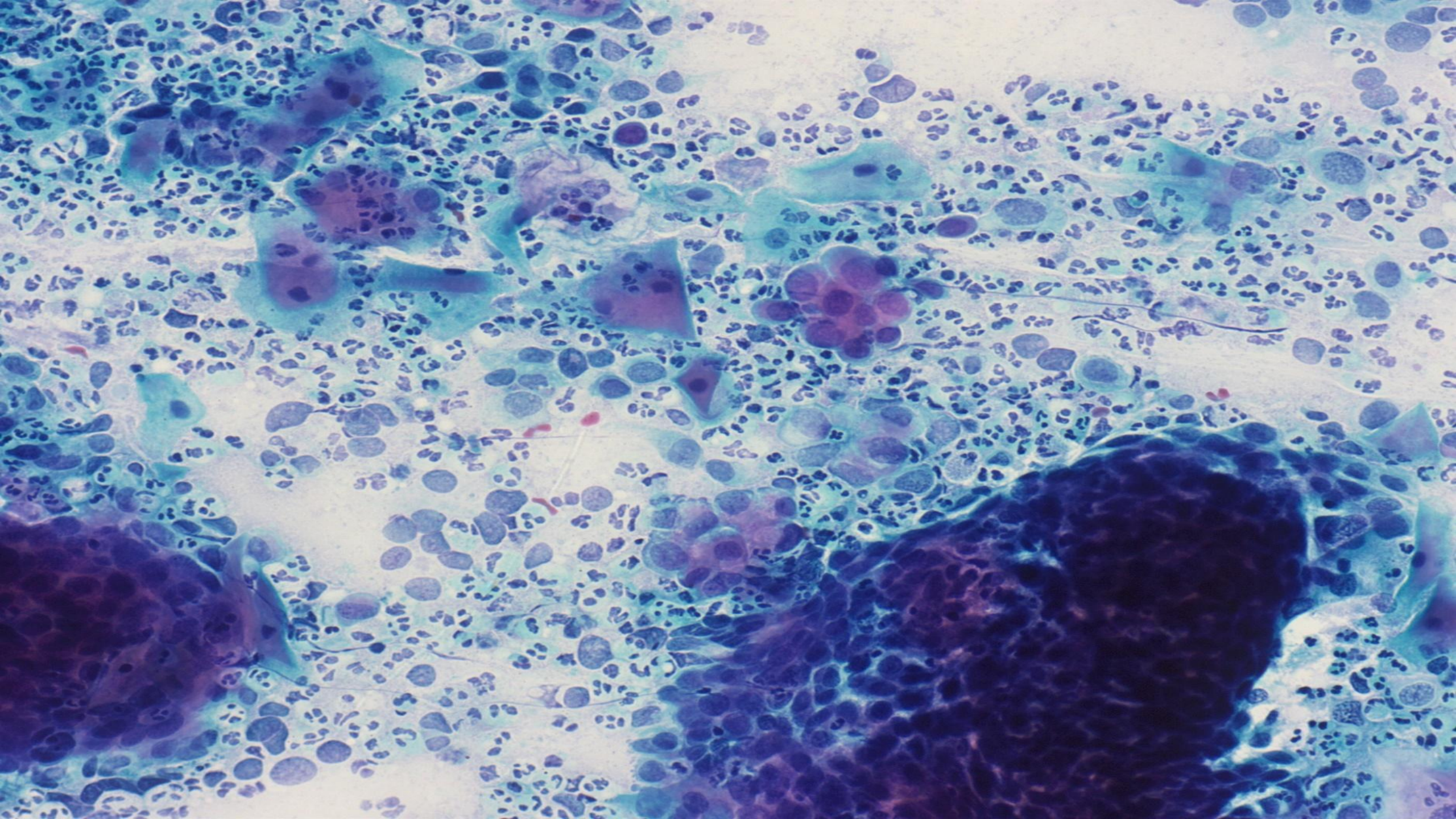
- AB 1990. godište, 34 godine
- Javlja se na redovnu kontrolu PAPA brisa

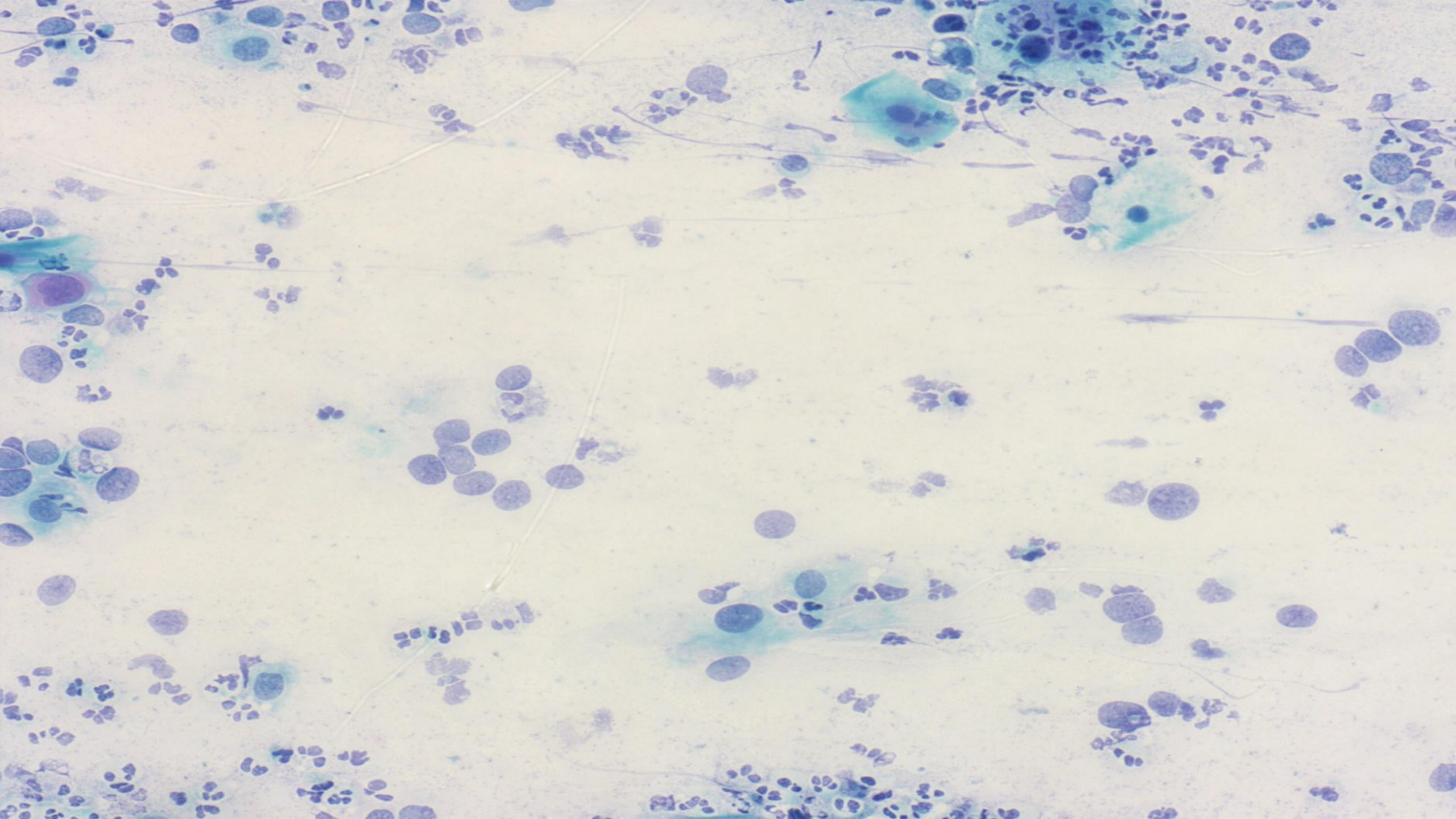


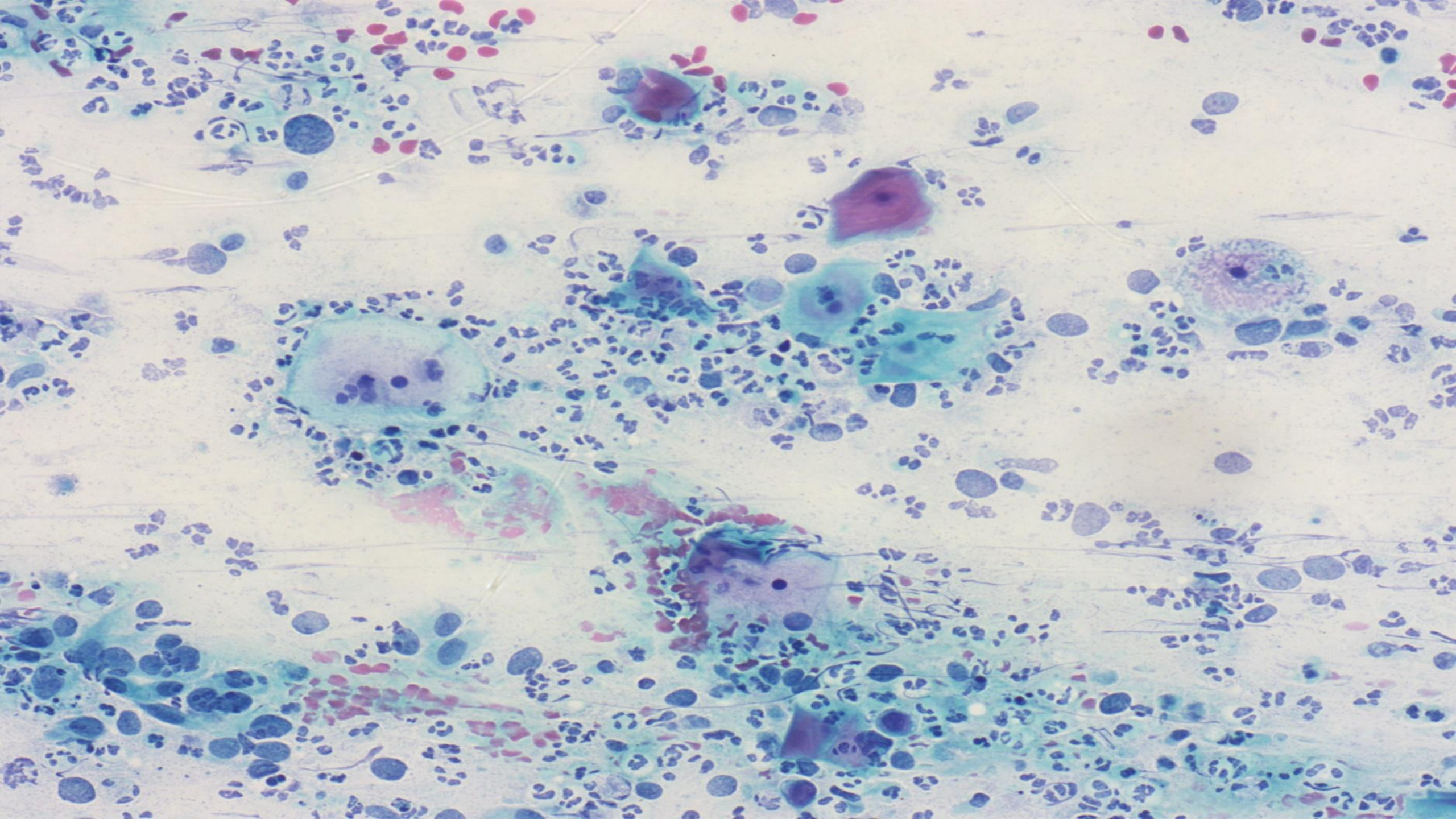


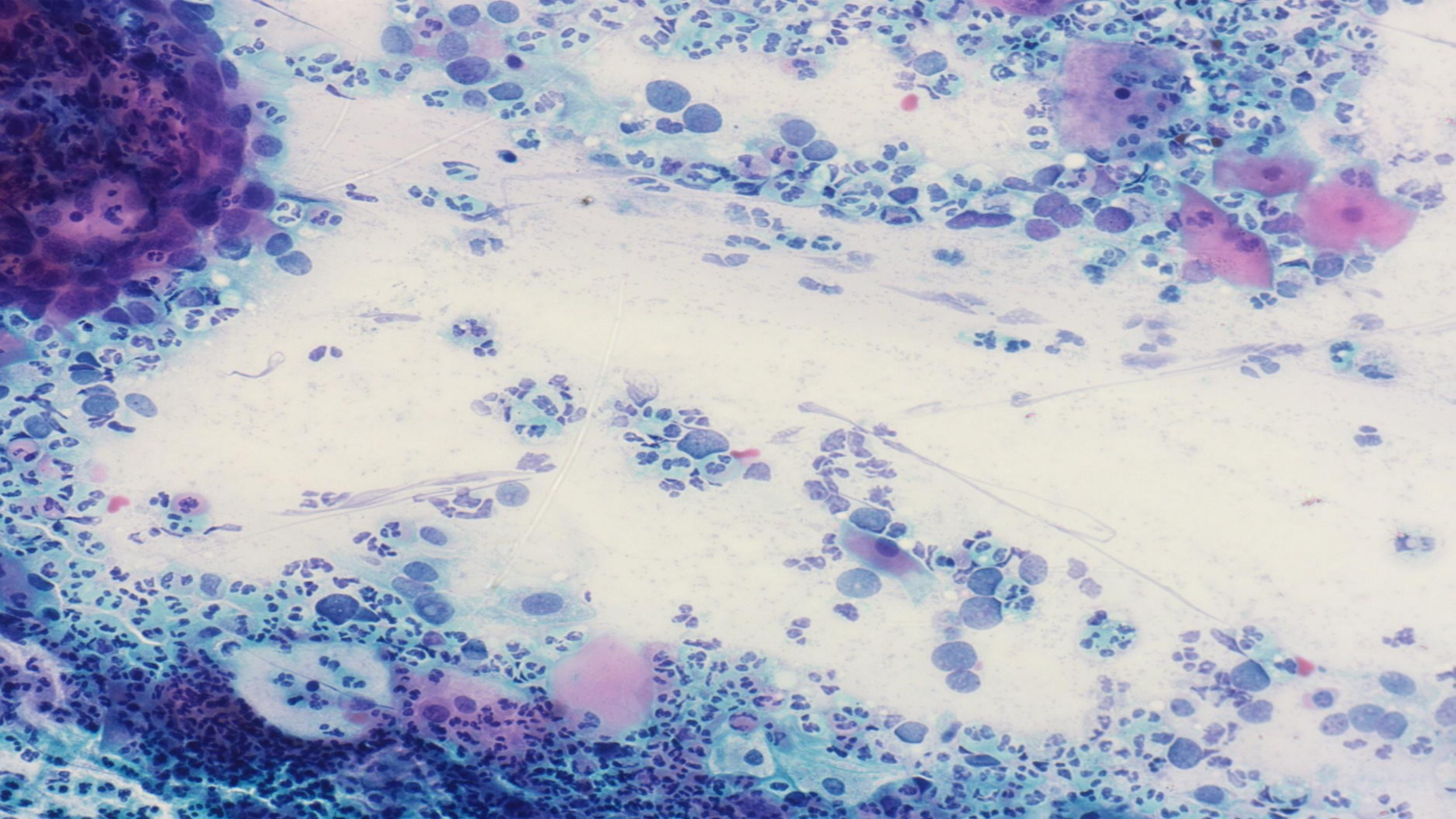


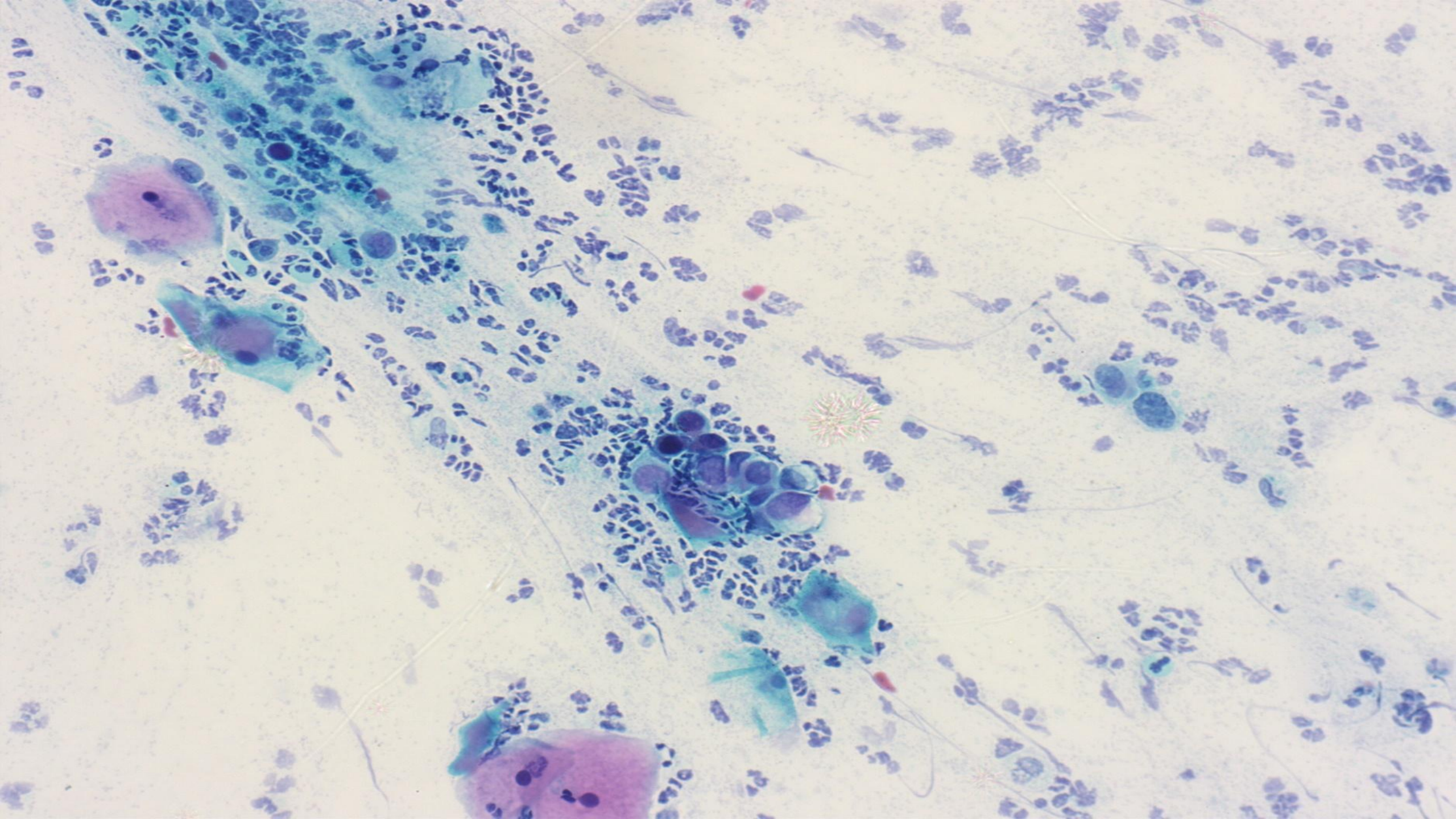












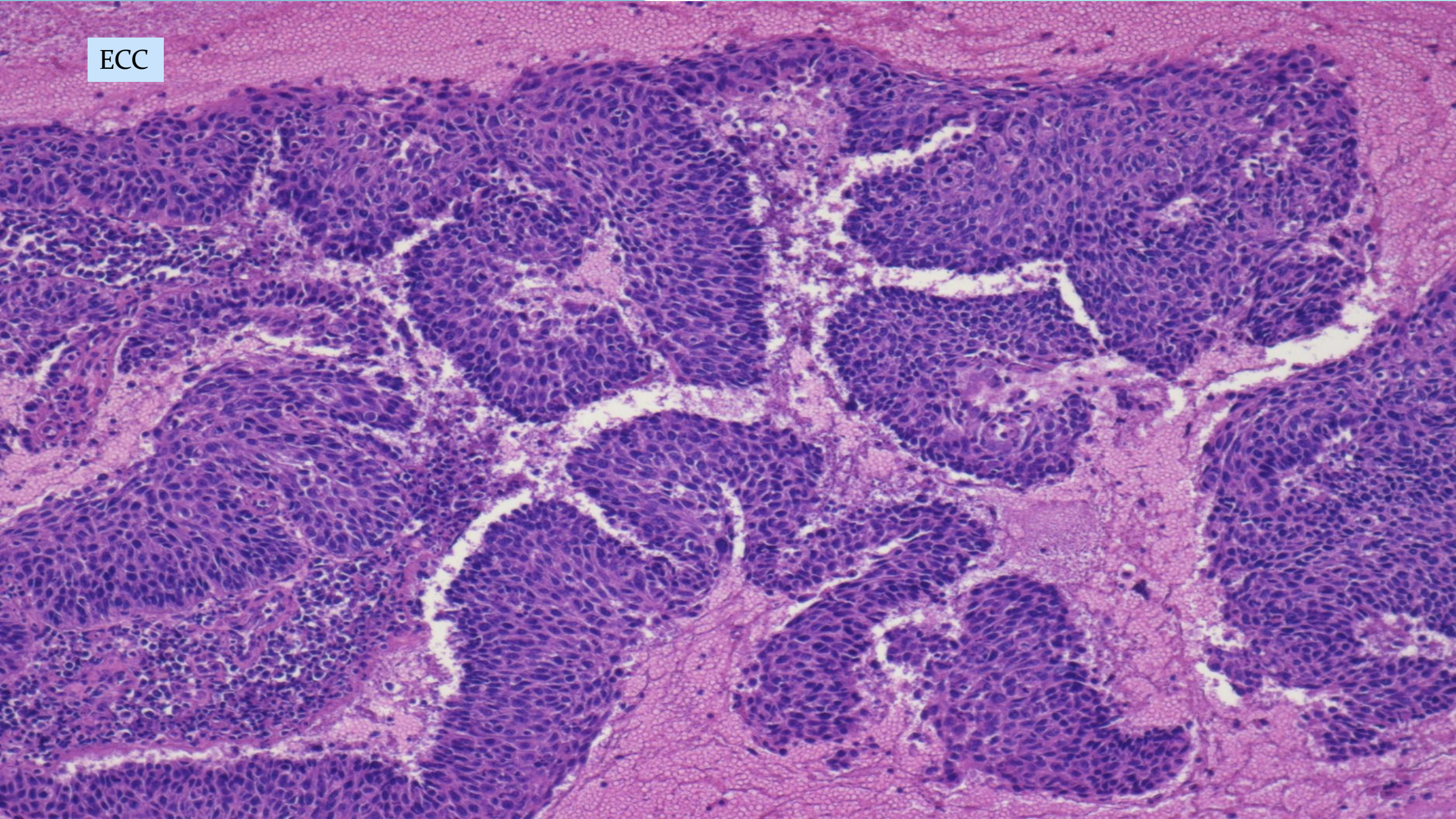
VAŠA DIJAGNOZA?

- 1) NILM
- 2) ASC-US
- 3) ASC – H
- 4) LSIL
- 5) HSIL
- 6) AGC
- 7) SKVAMOZNI KARCINOM
- 8) ADENOKARCINOM

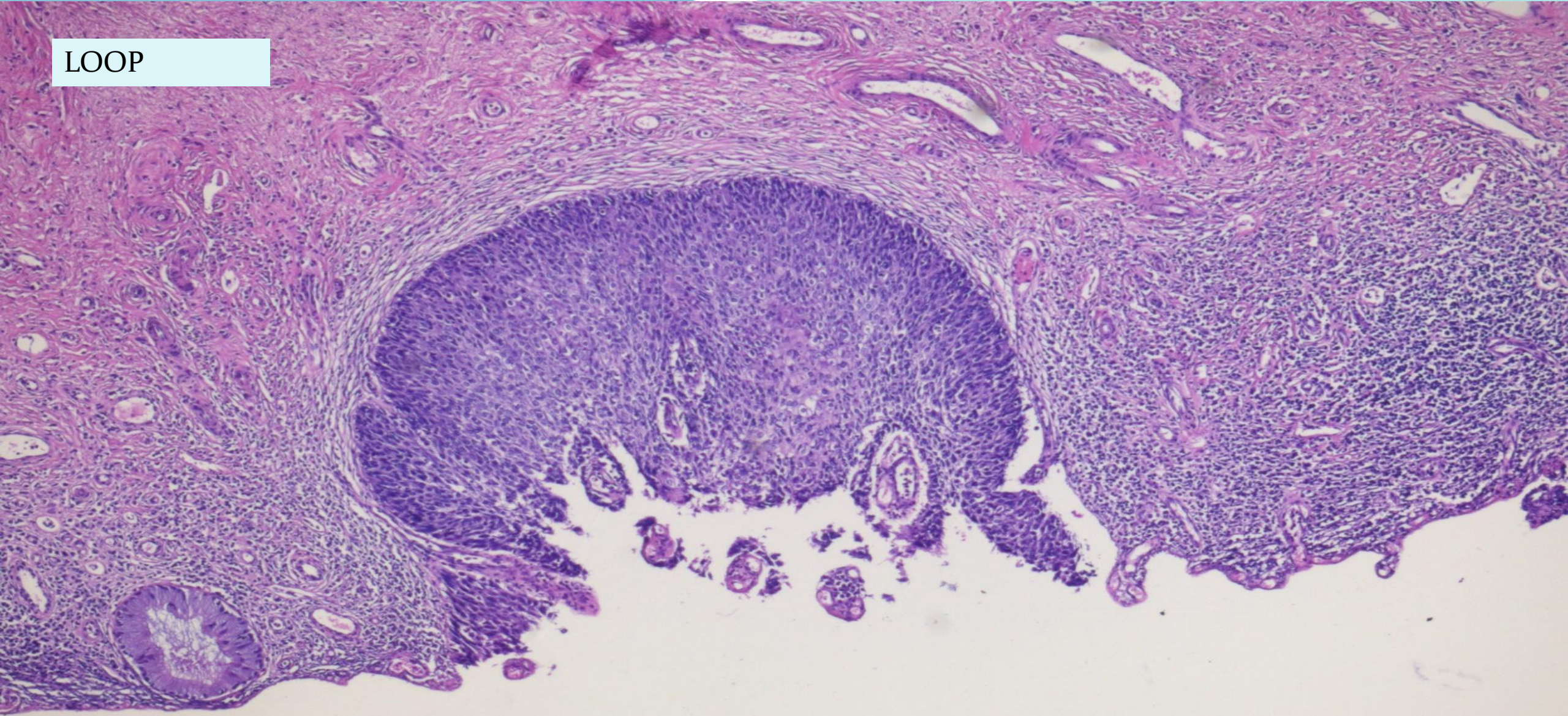
Slučaj 1.

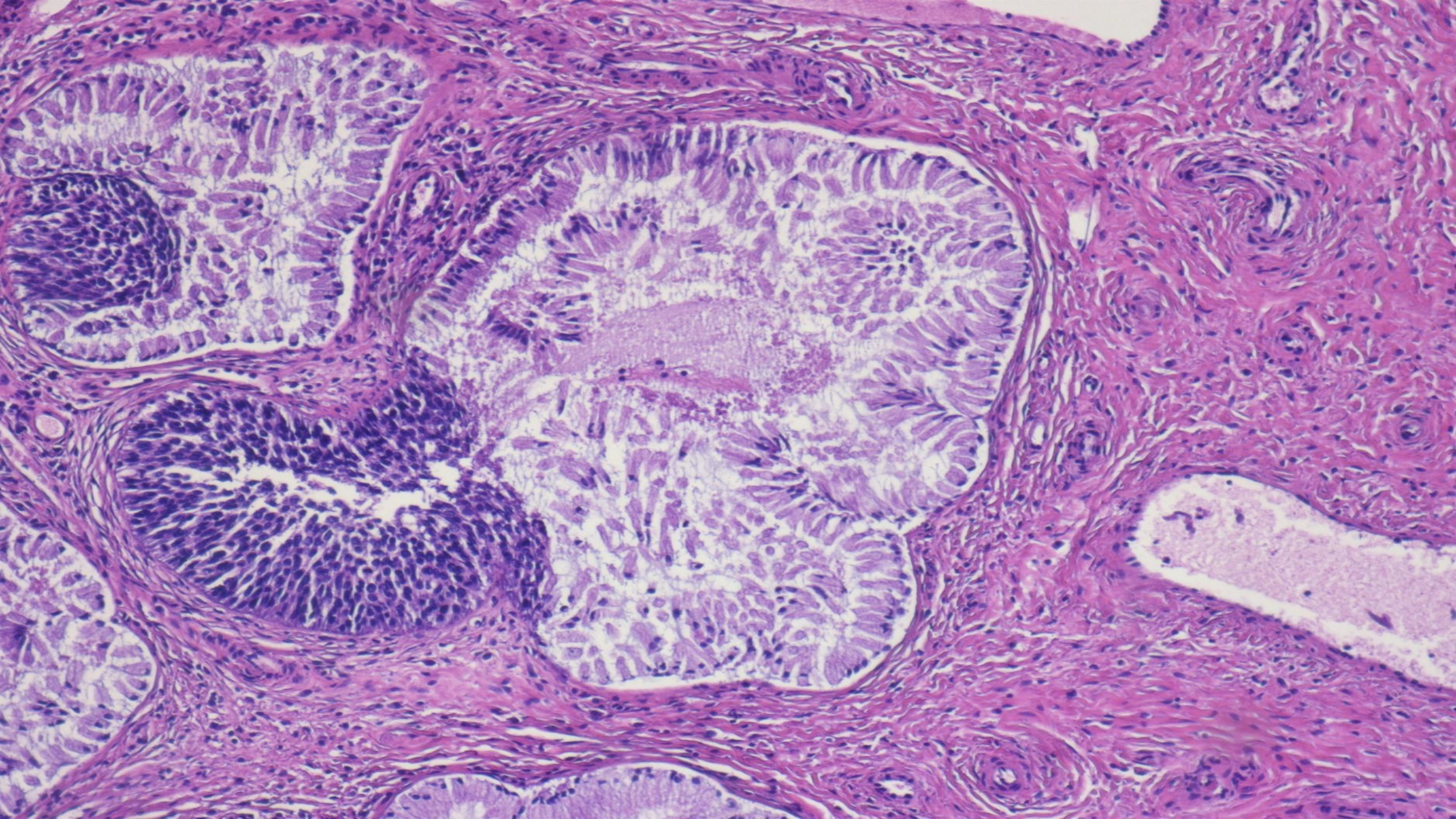
- Urađen:
- ECC
- LOOP PVU

ECC

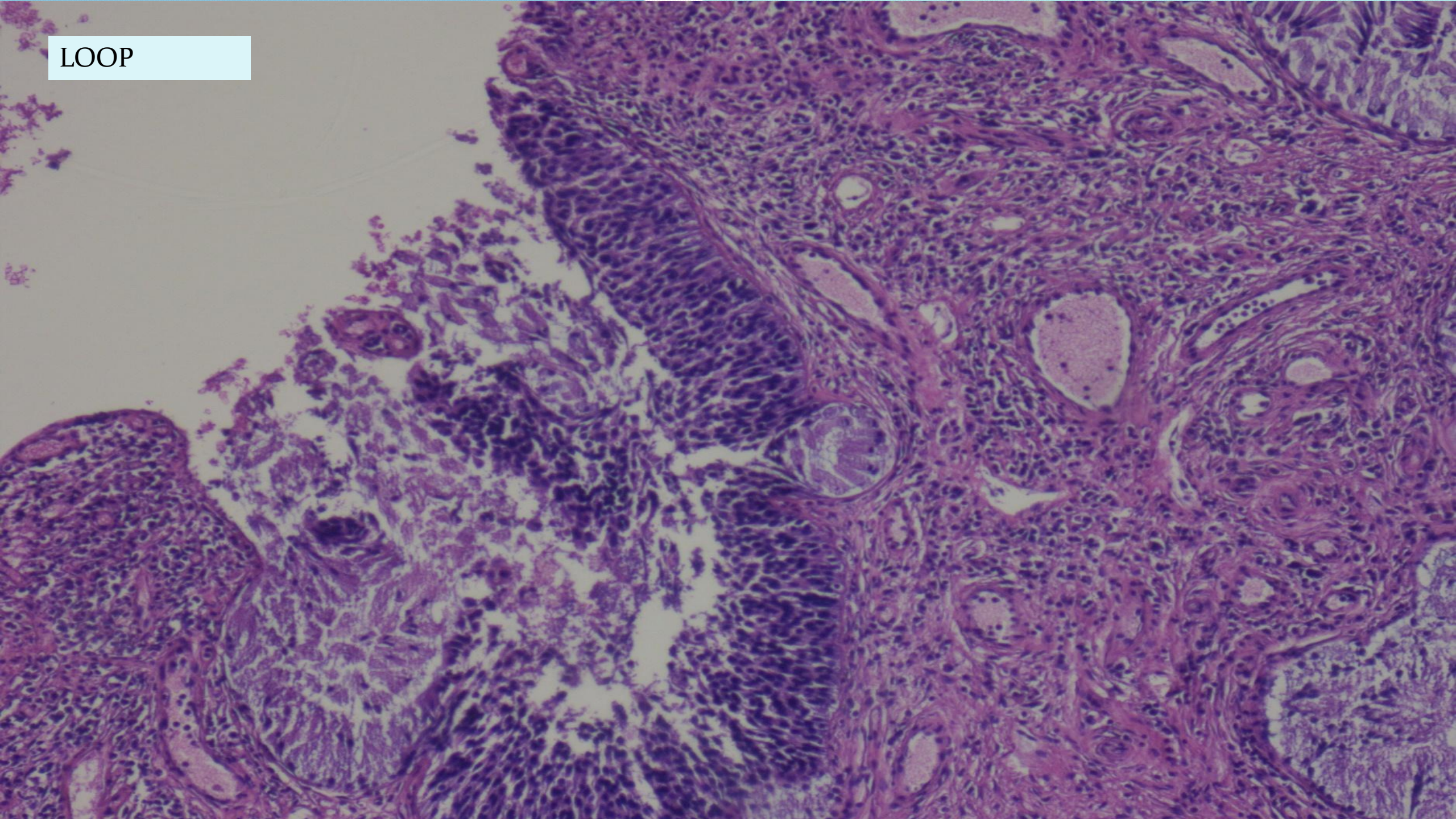


LOOP





LOOP

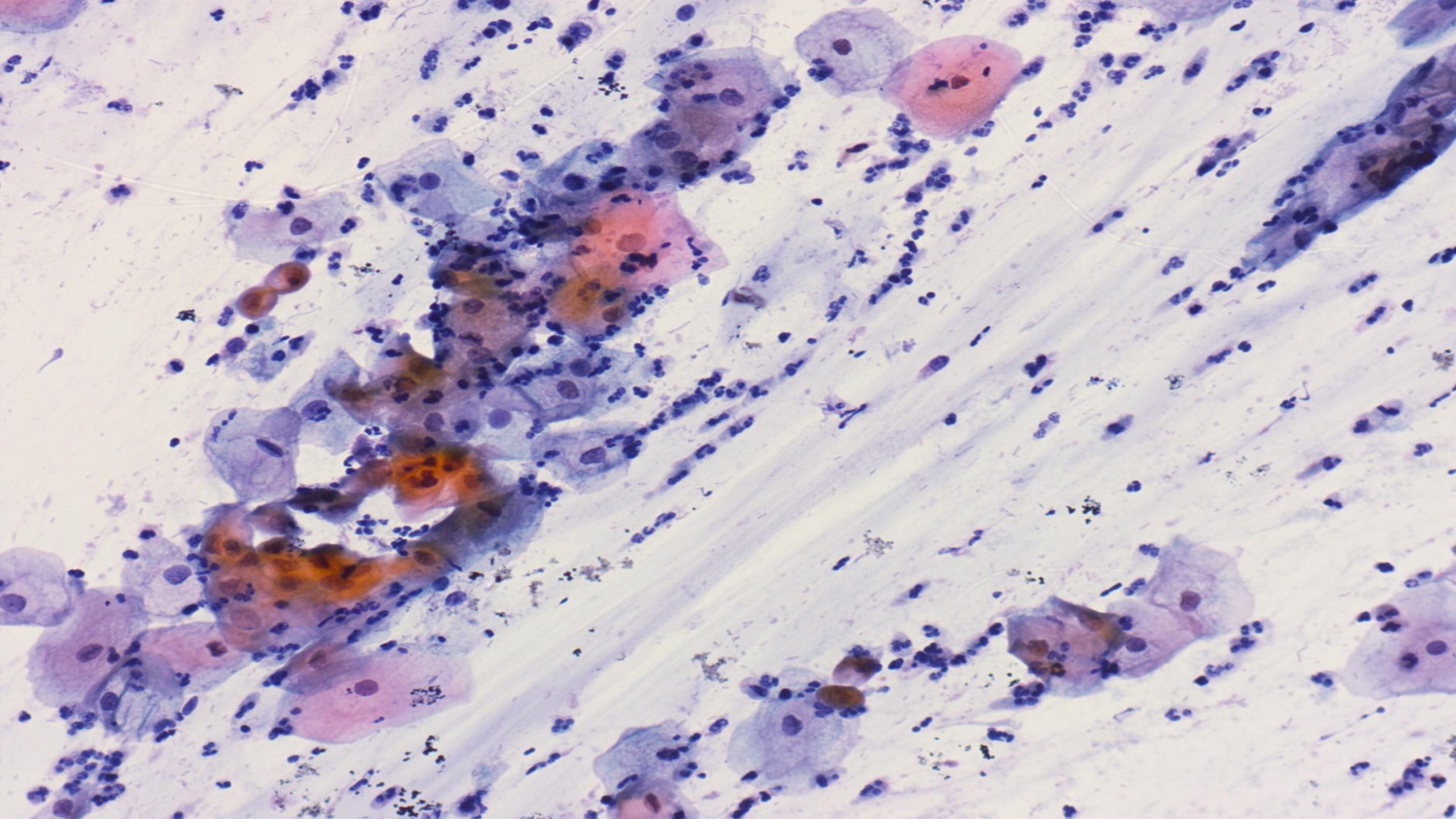


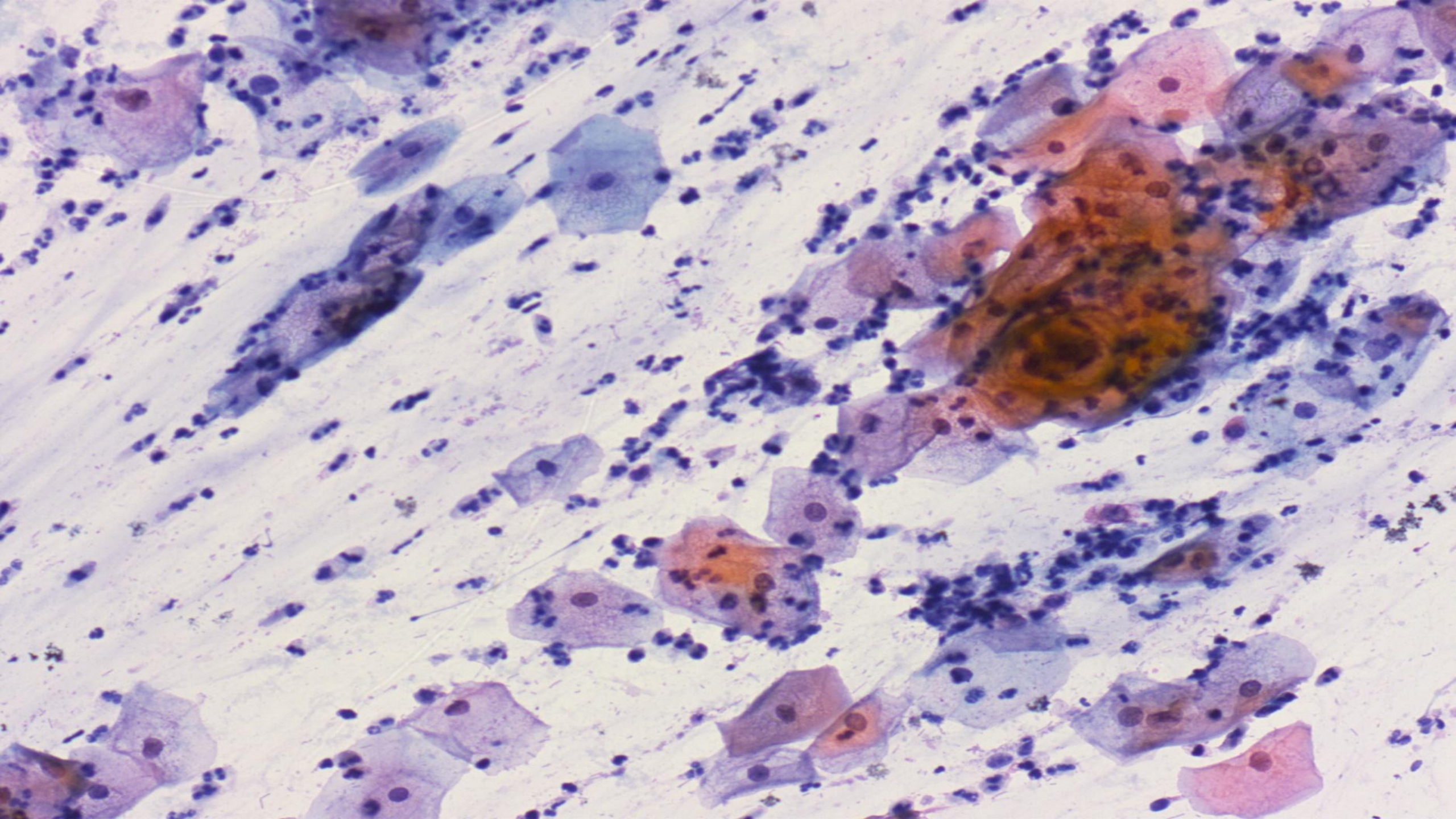
- ECC: High-grade SIL
- LOOP: High-grade SIL PVU (CIN₃ i CIN₂)

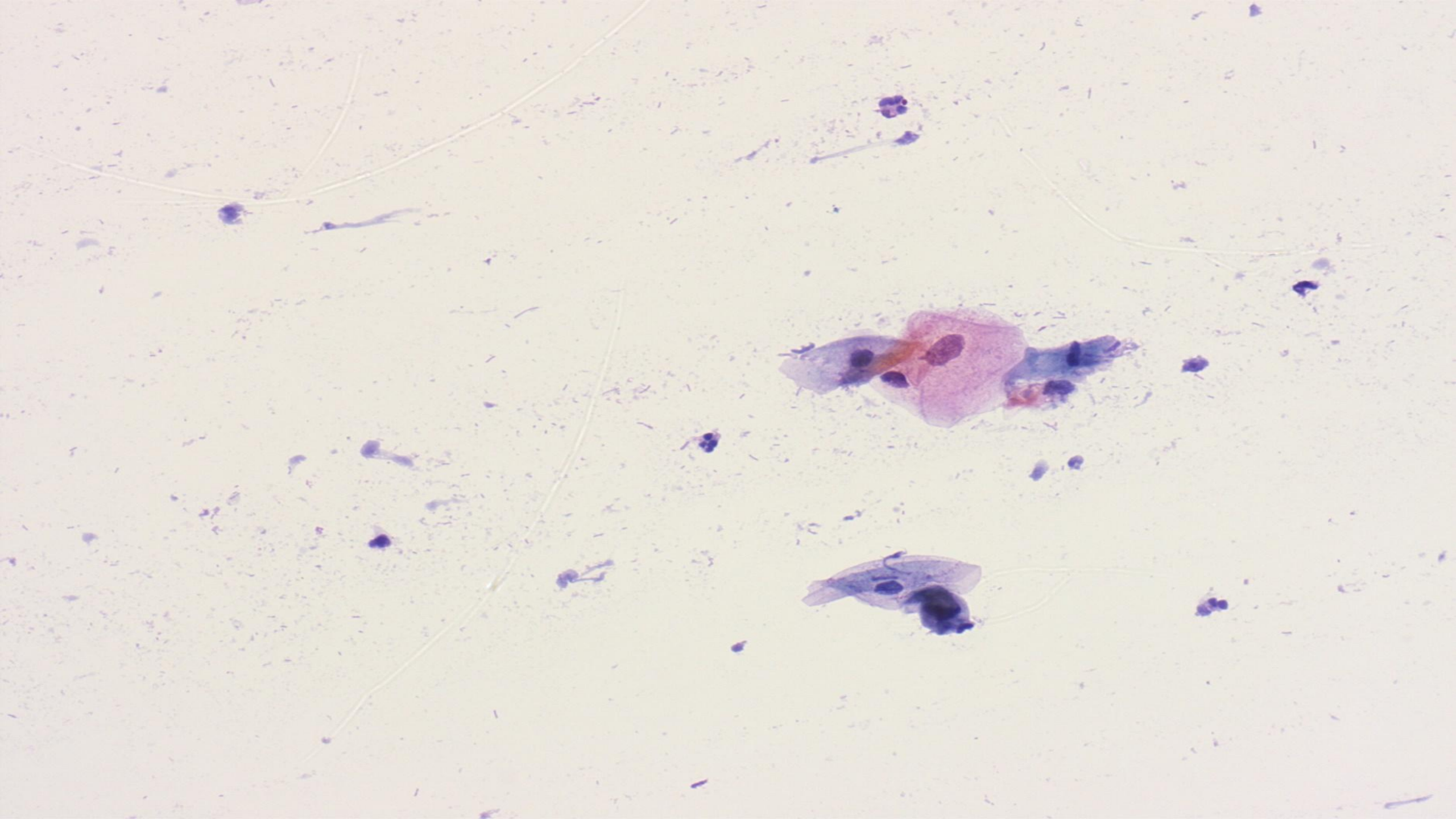
Na ivicama isečaka nalazi se displazija skvamoznog epitela karakteristika
CIN₃

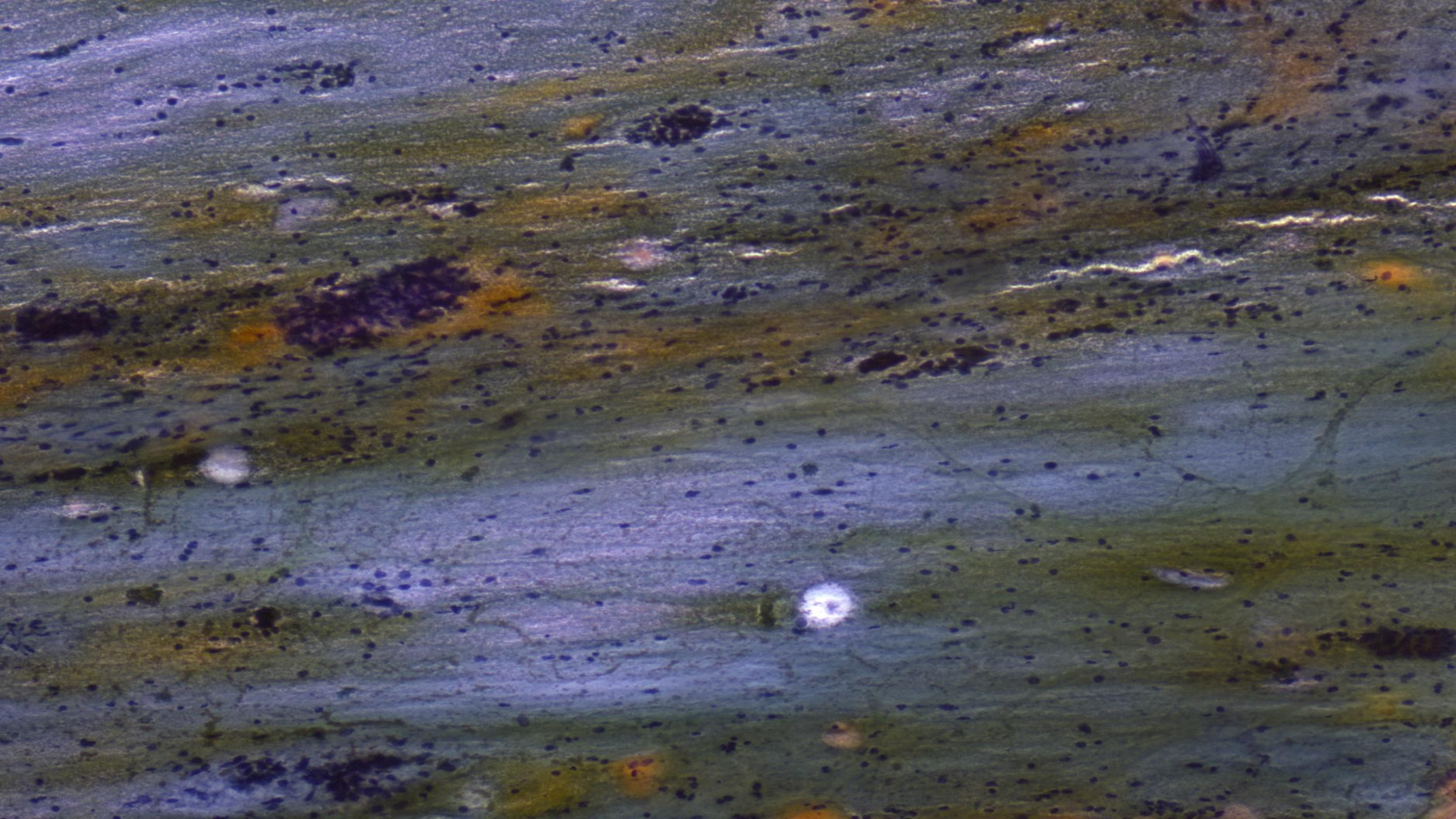
Slučaj 2.

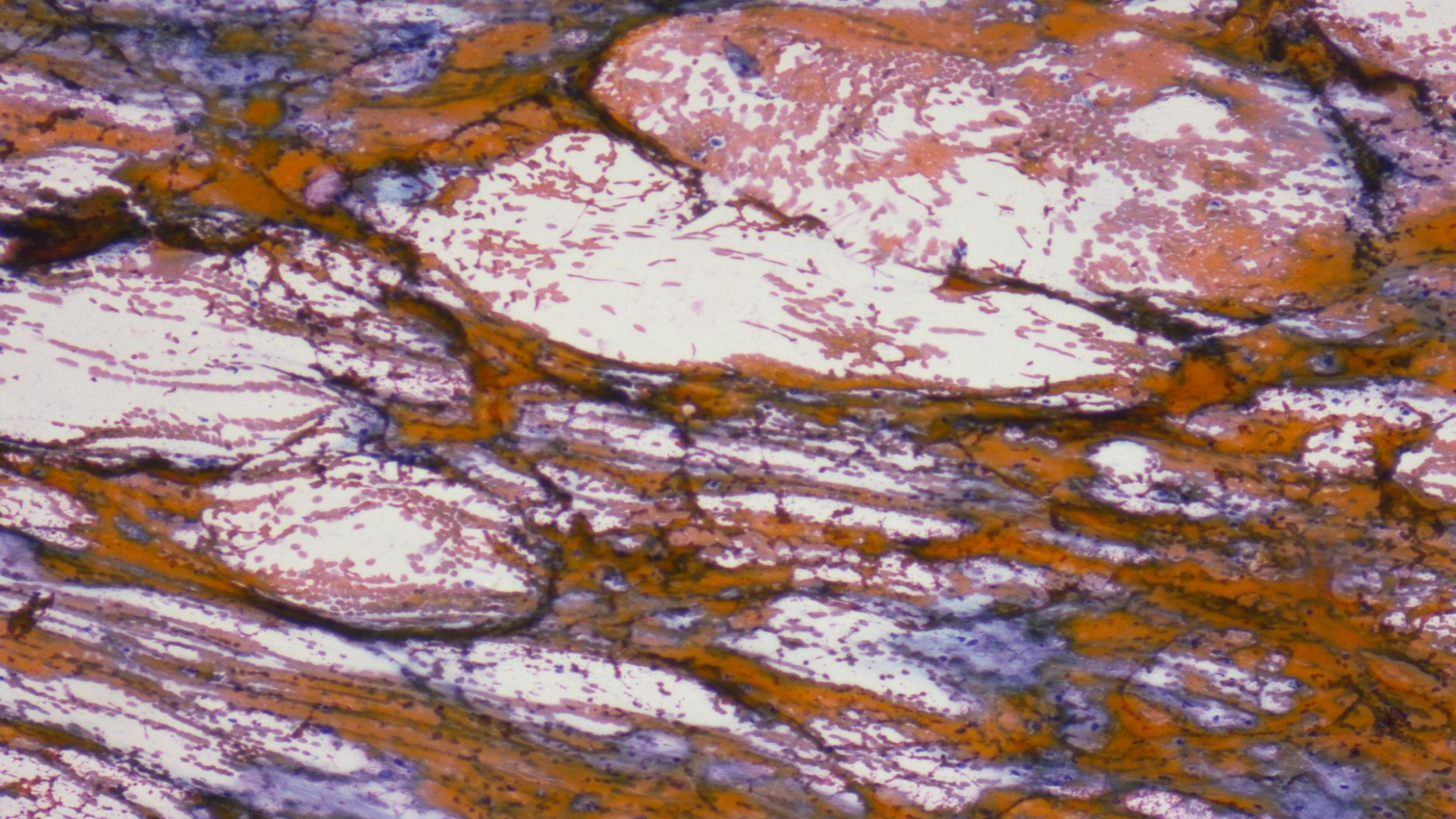
- DI 1994. godište 30 godina
- EPVU
- Kontaktno krvarenje
- Prva PAPA

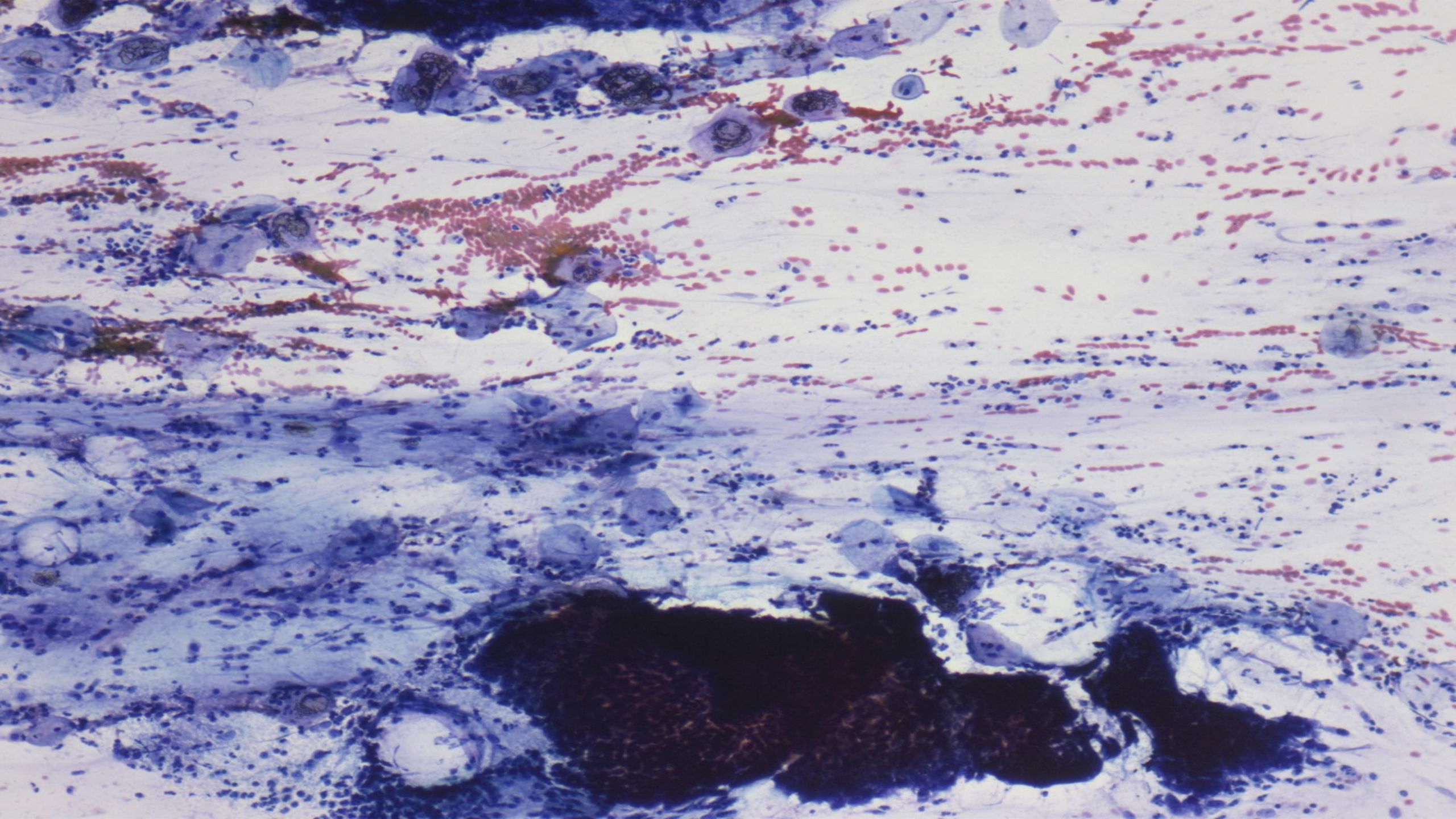


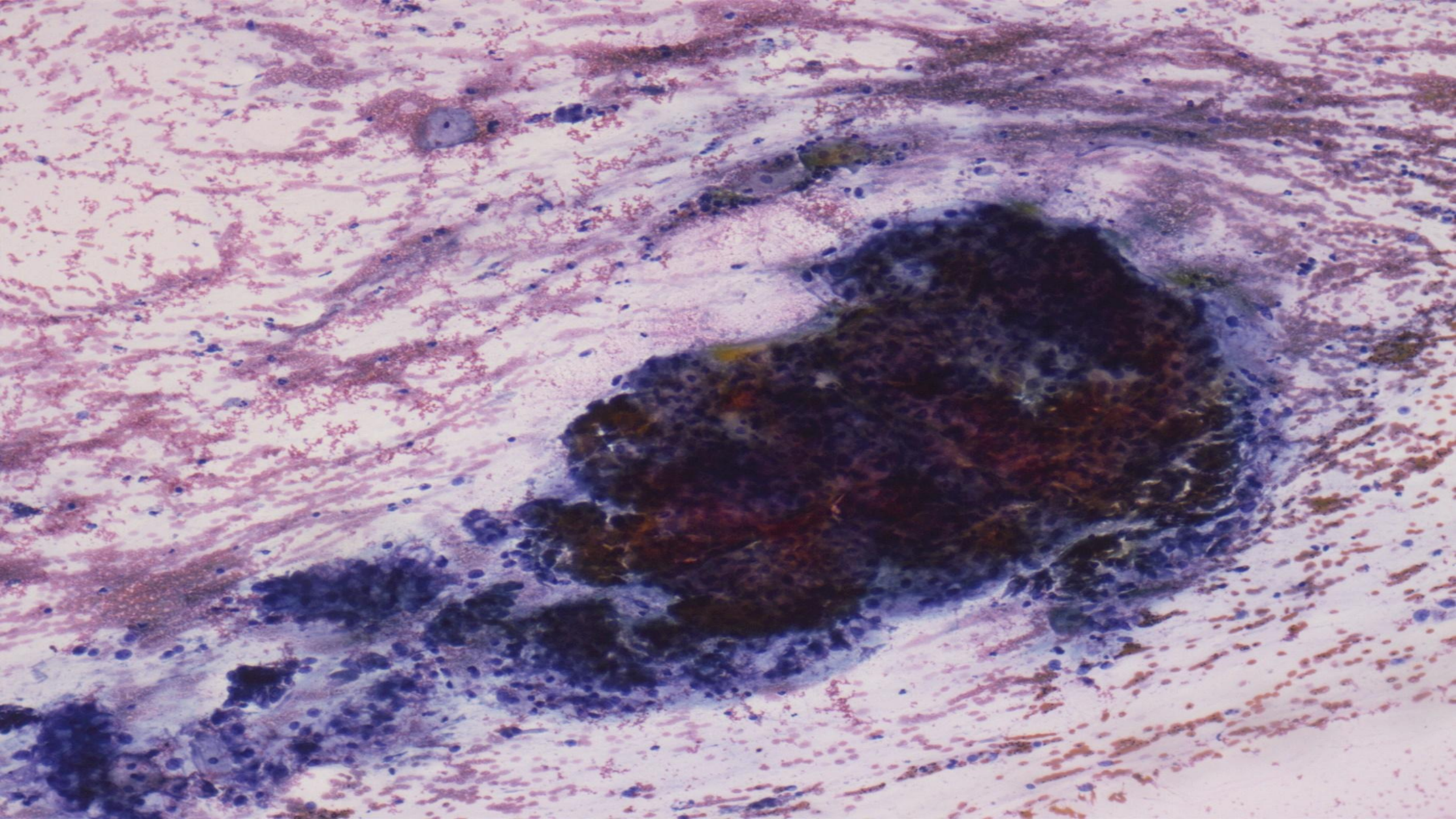


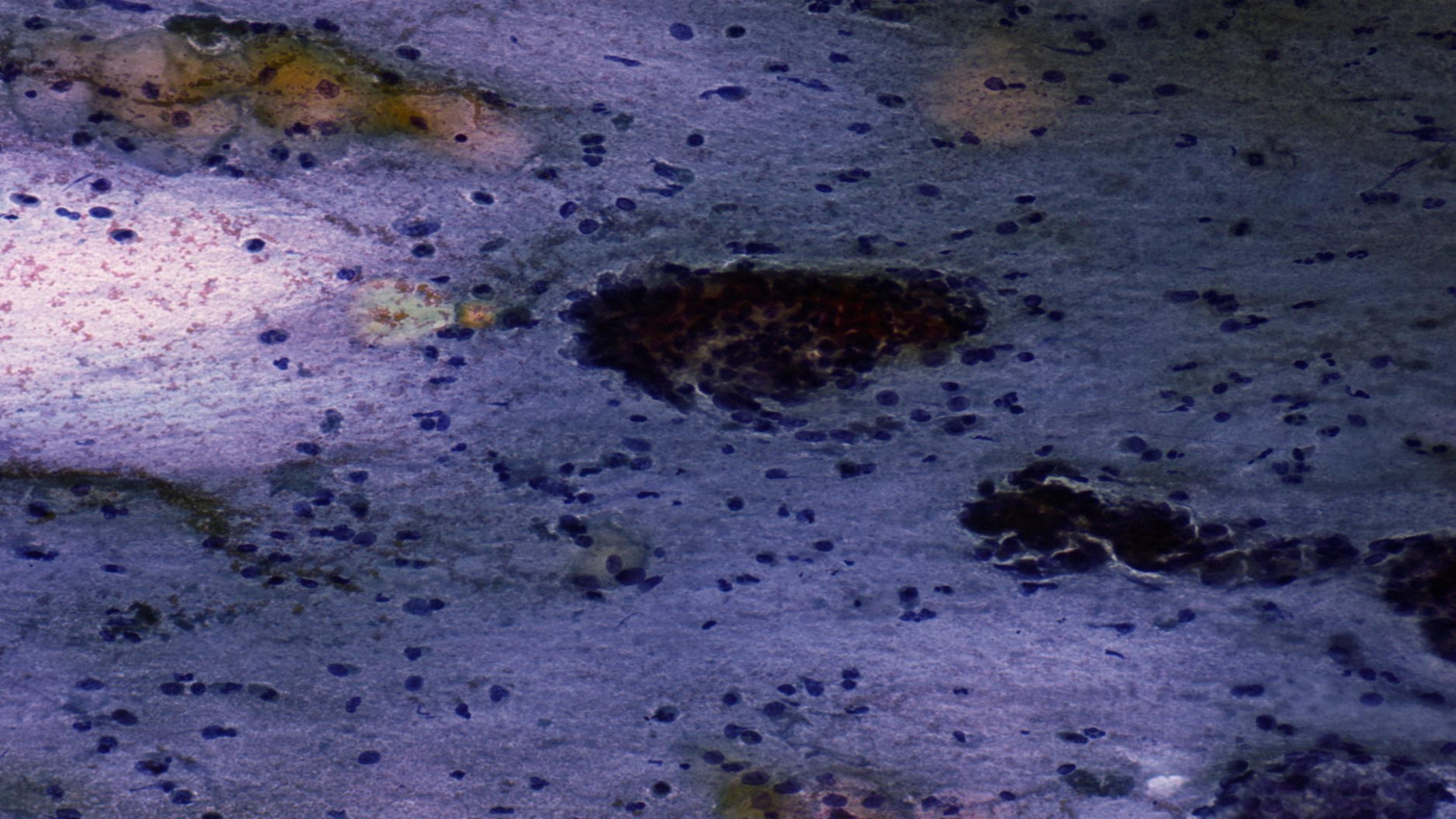


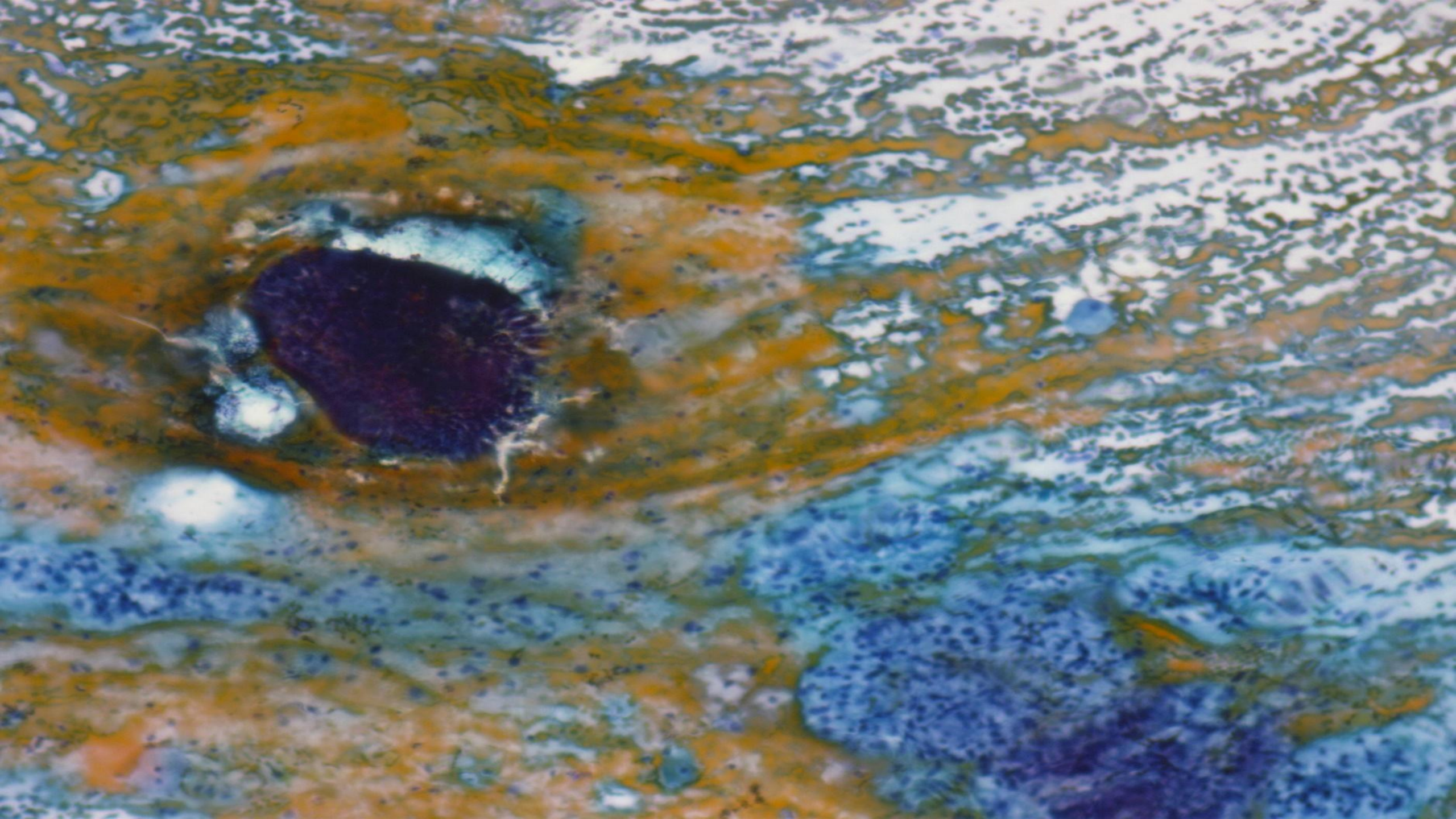










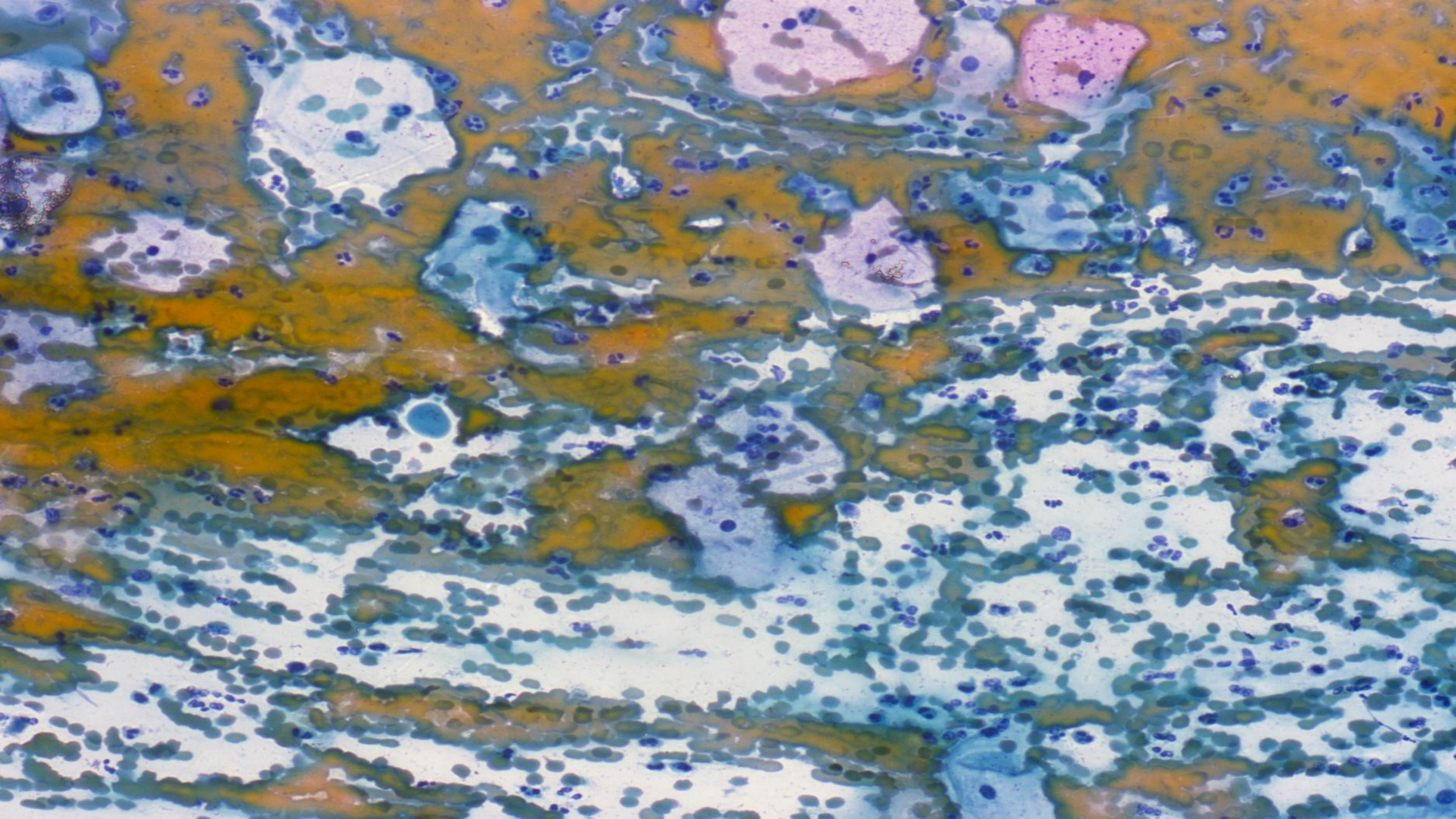


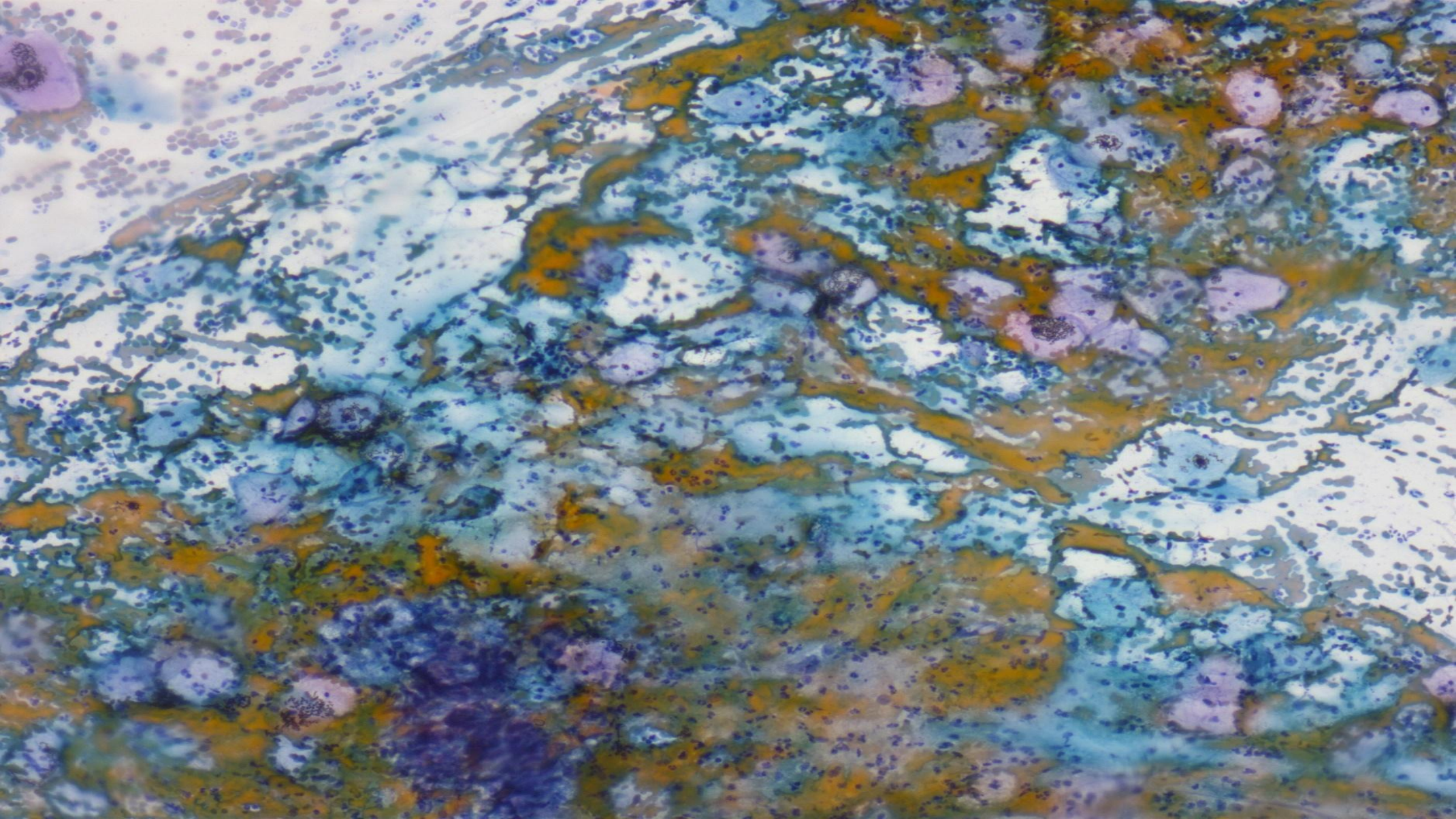
VAŠA DIJAGNOZA?

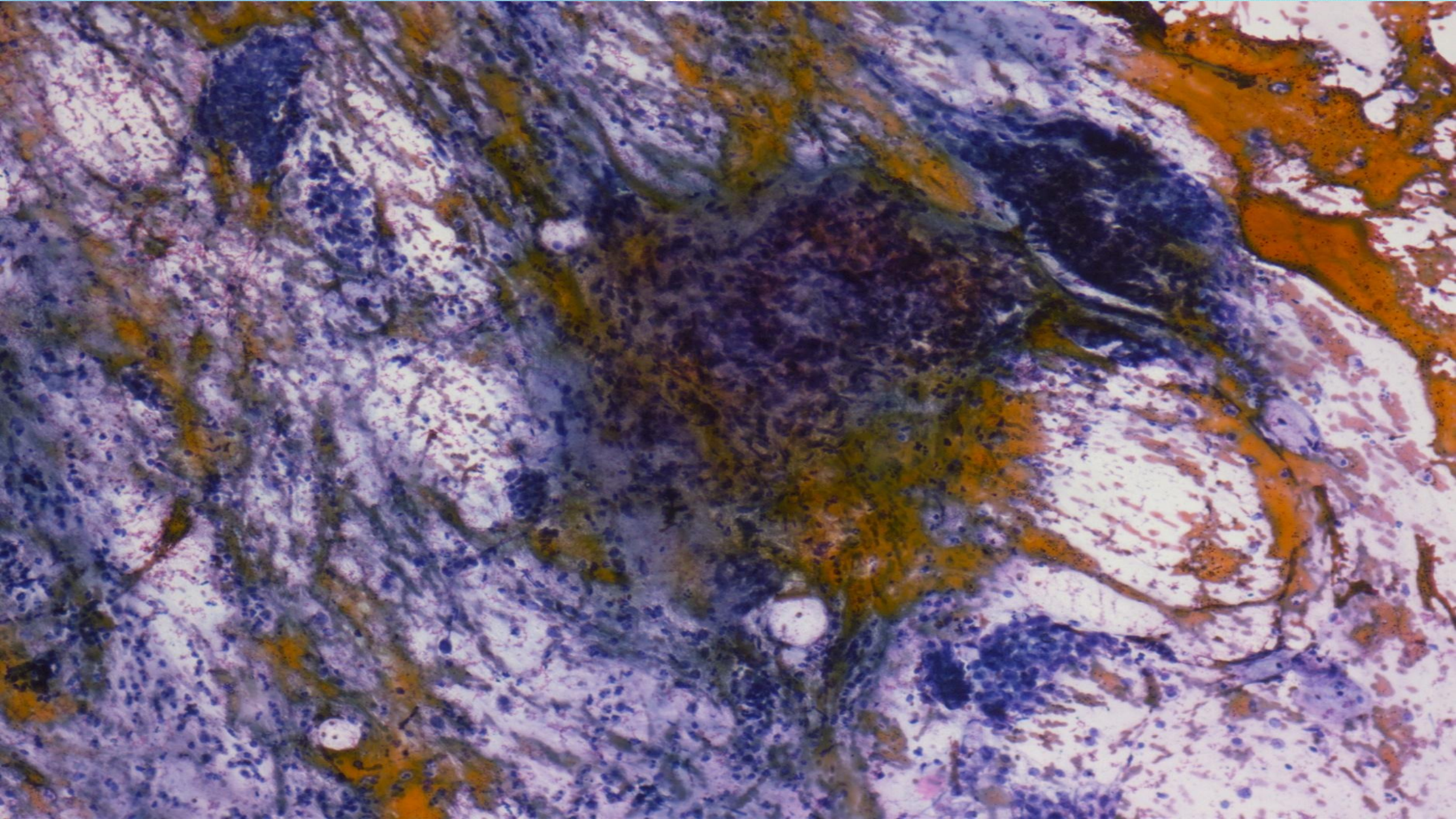
- 1) NILM
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- 6) AGC
- 7) SKVAMOZNI KARCINOM
- 8) ADENOKARCINOM

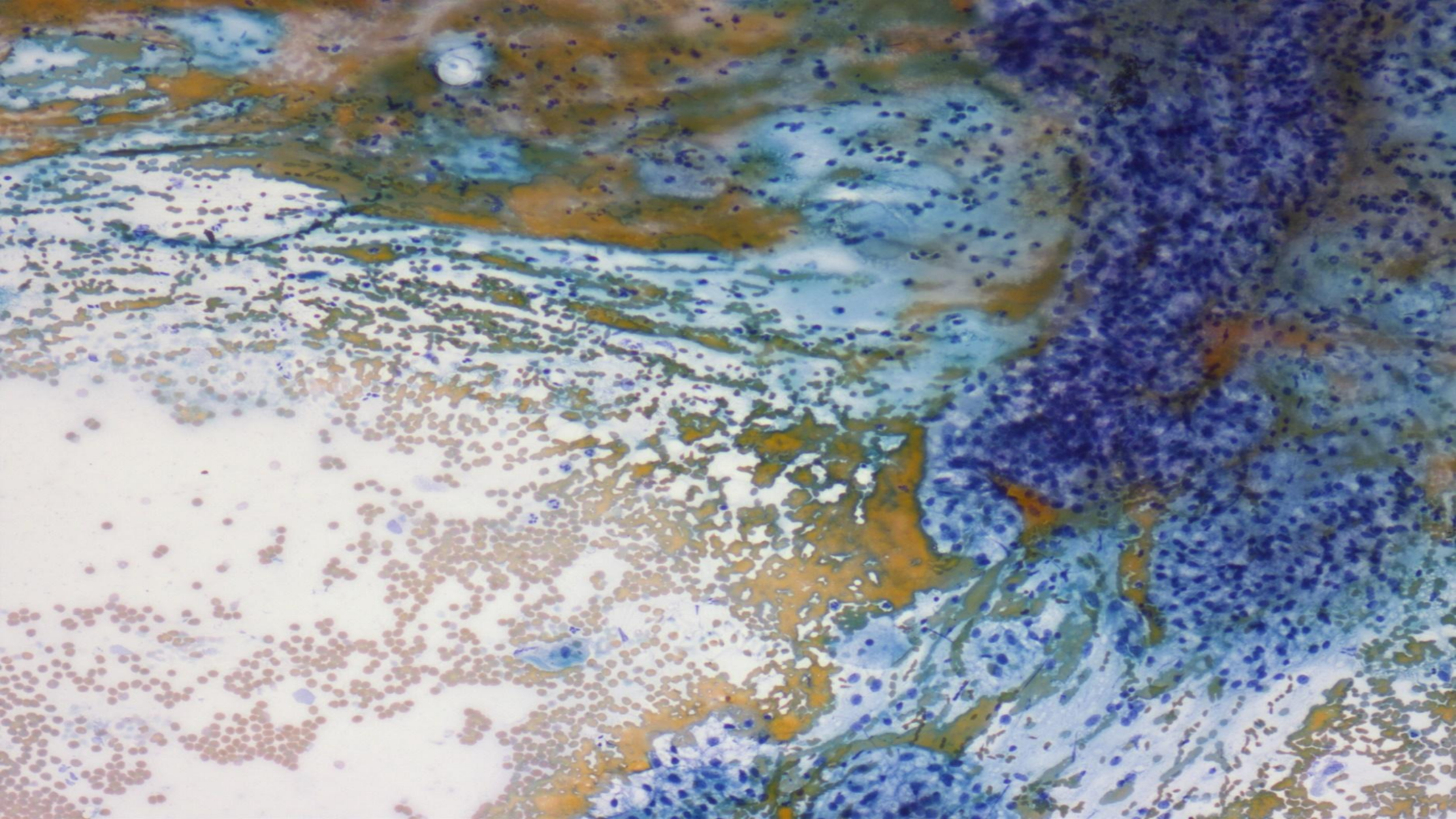
Slučaj 2.

- Druga PAPA 4 meseca kasnije







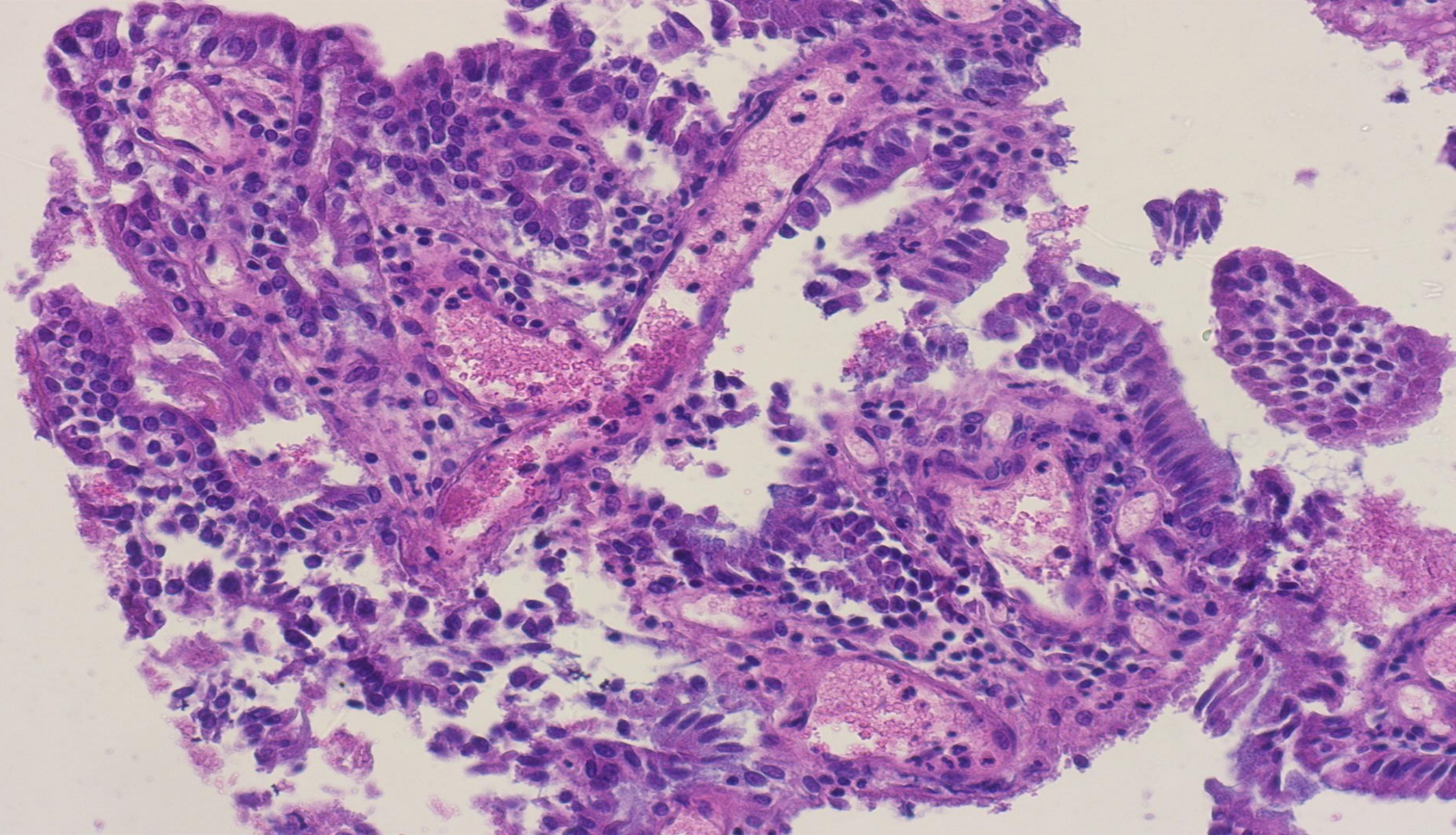


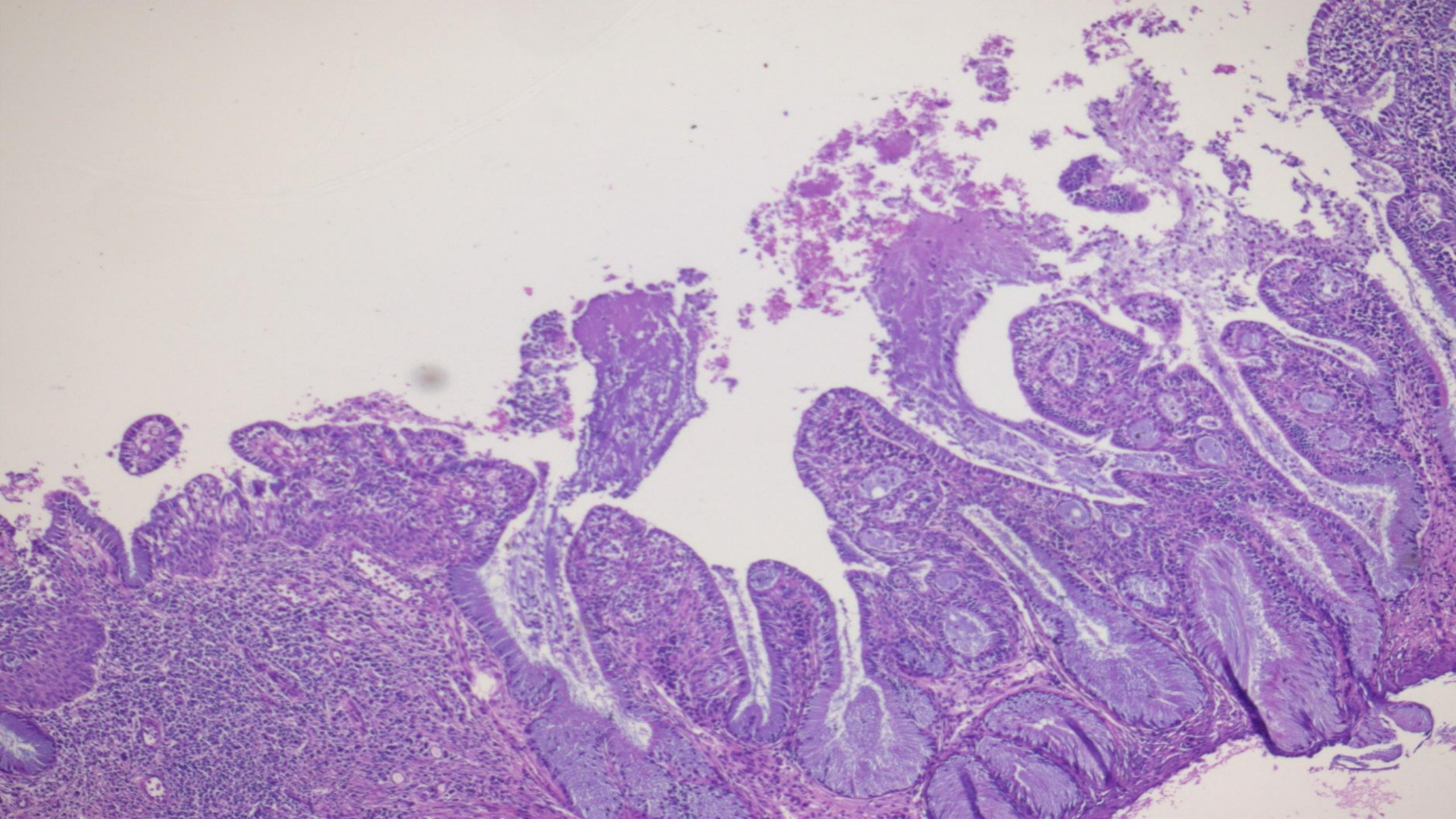
VAŠA DIJAGNOZA?

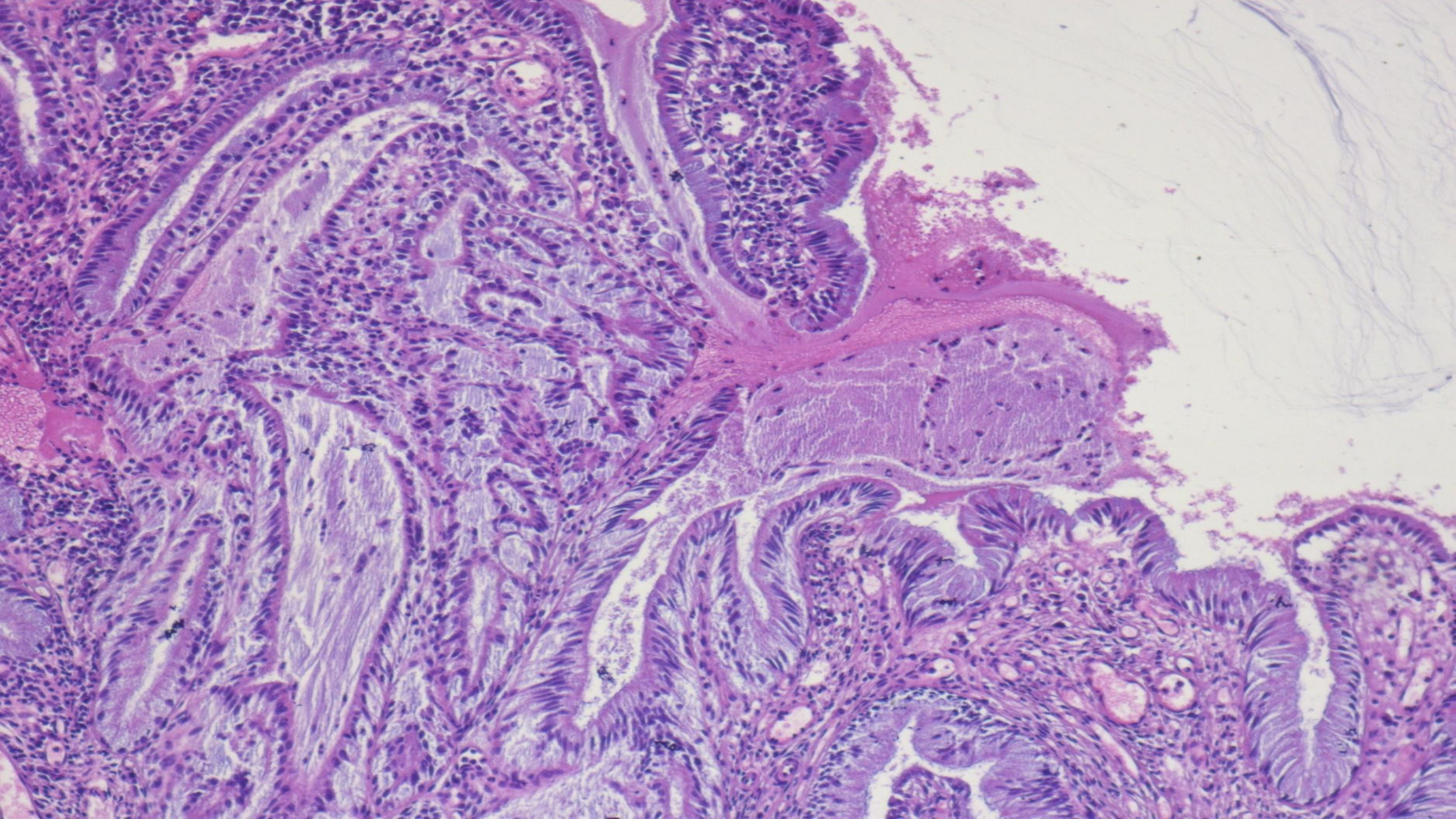
- 1) NILM
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- 8) ADENOKARCINOM

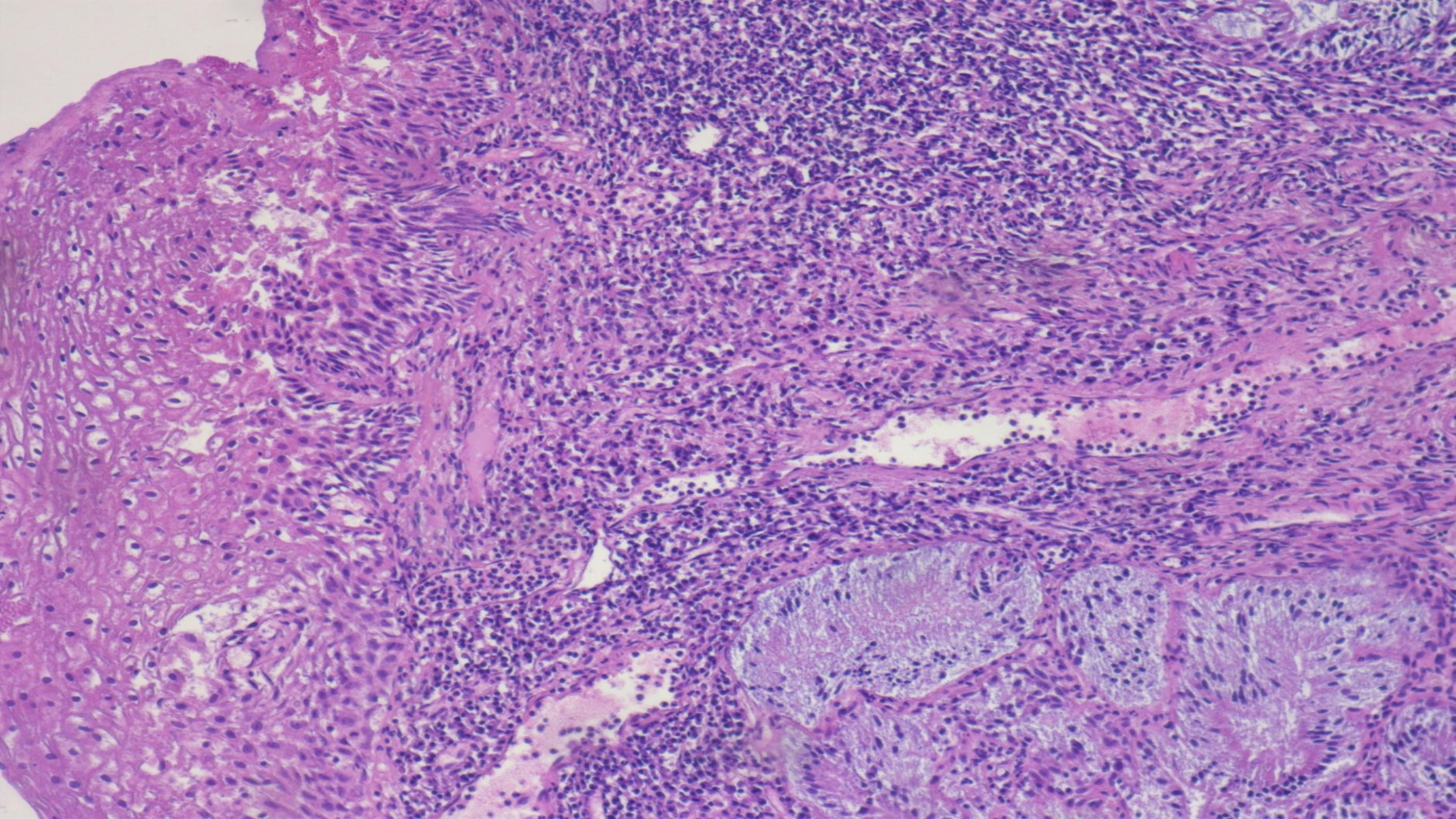
Slučaj 2.

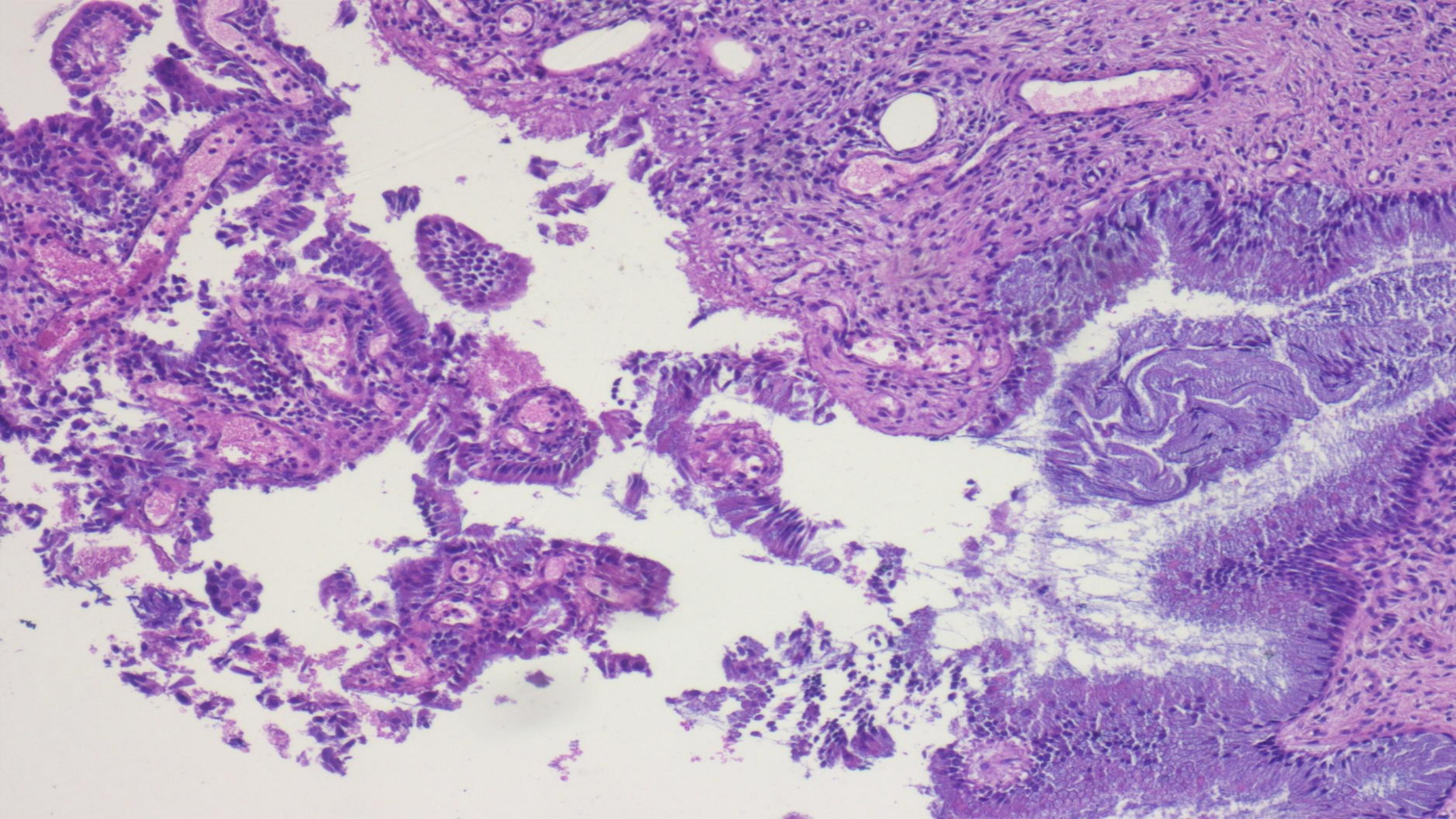
- Urađen:
- LOOP PVU

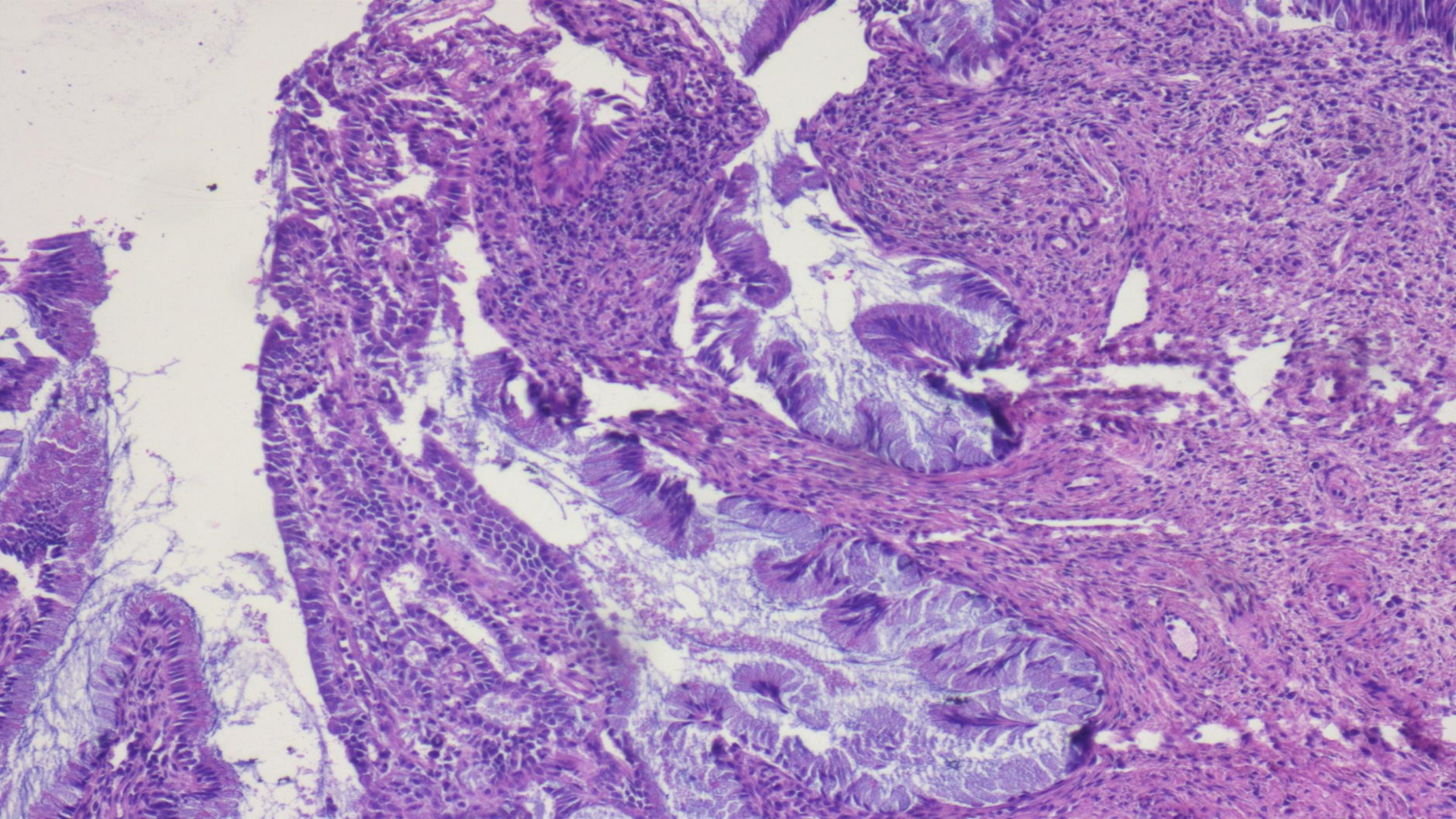












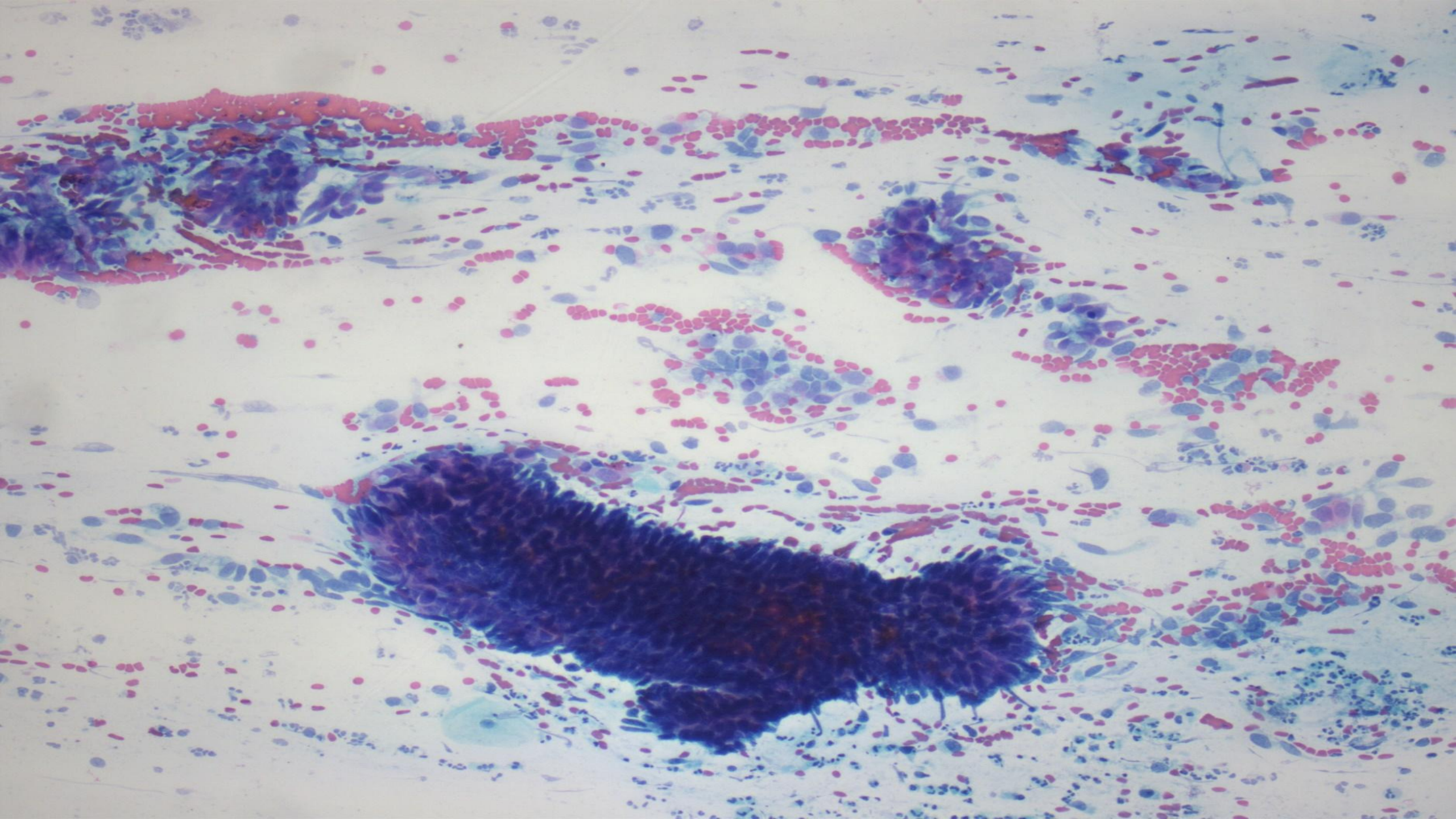
Slučaj 2.

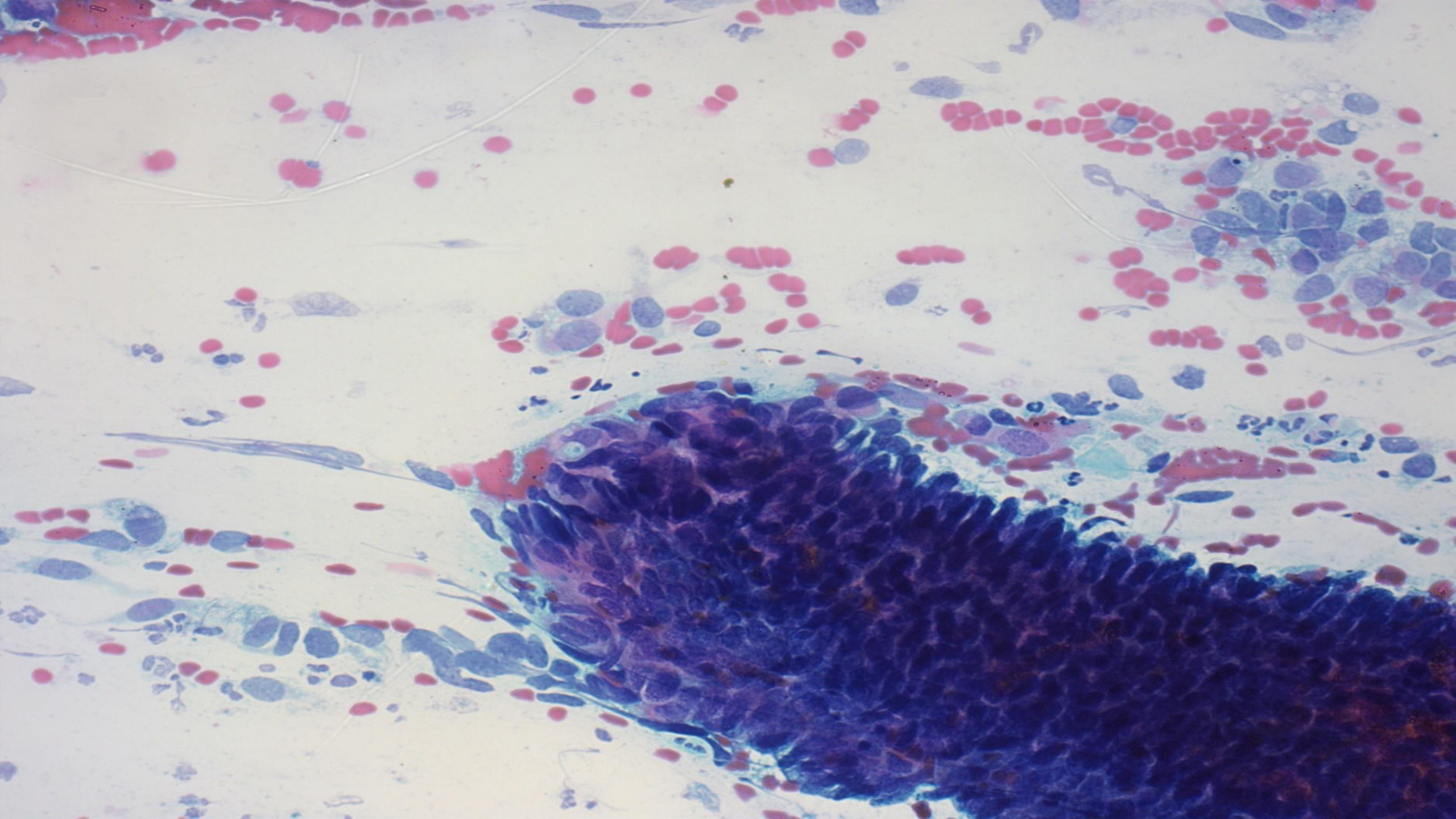
- Cervicitis chronica nonspecifica. Hyperplasia microglandularis.

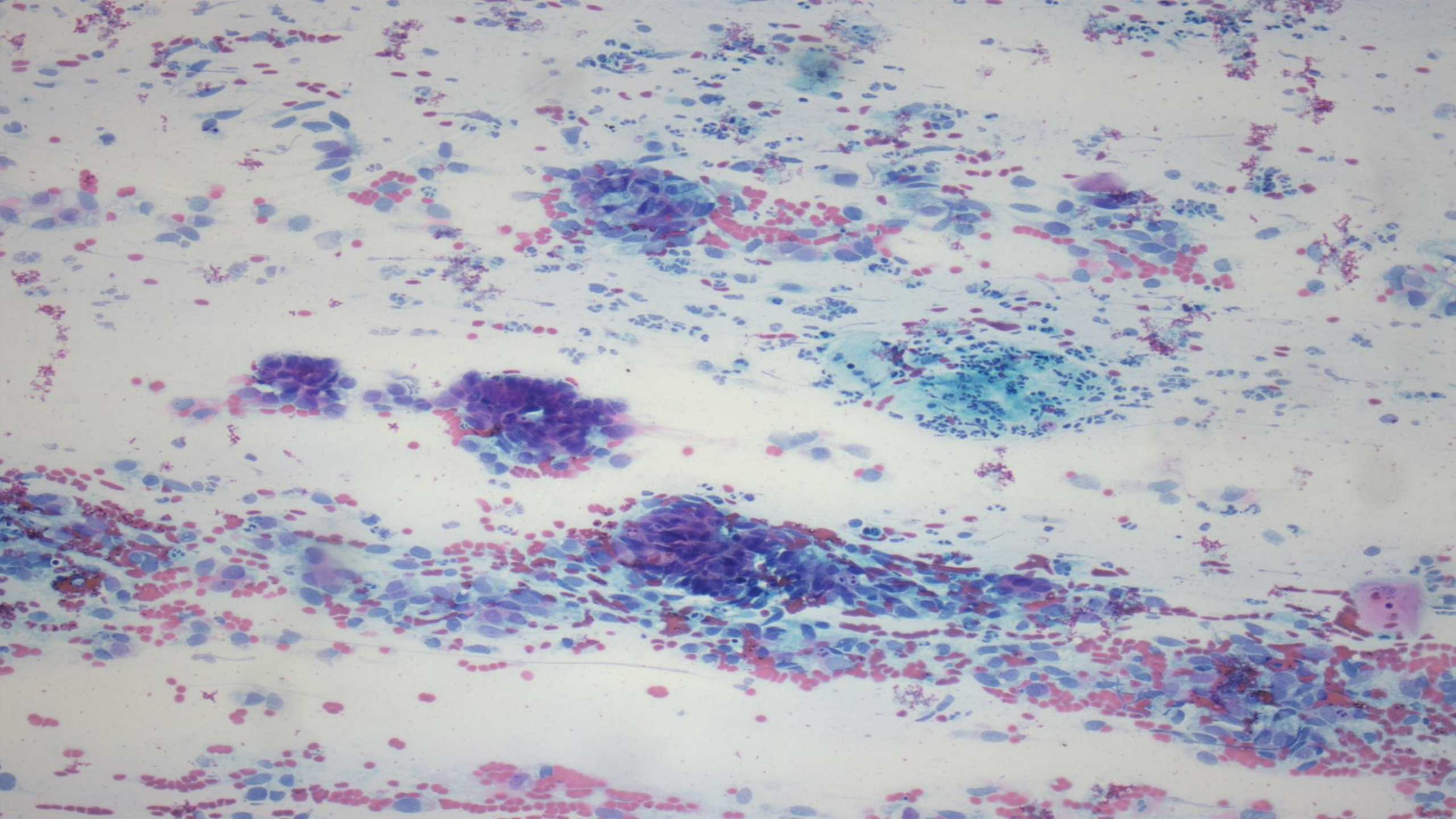
Nema elemenata displazije epitela

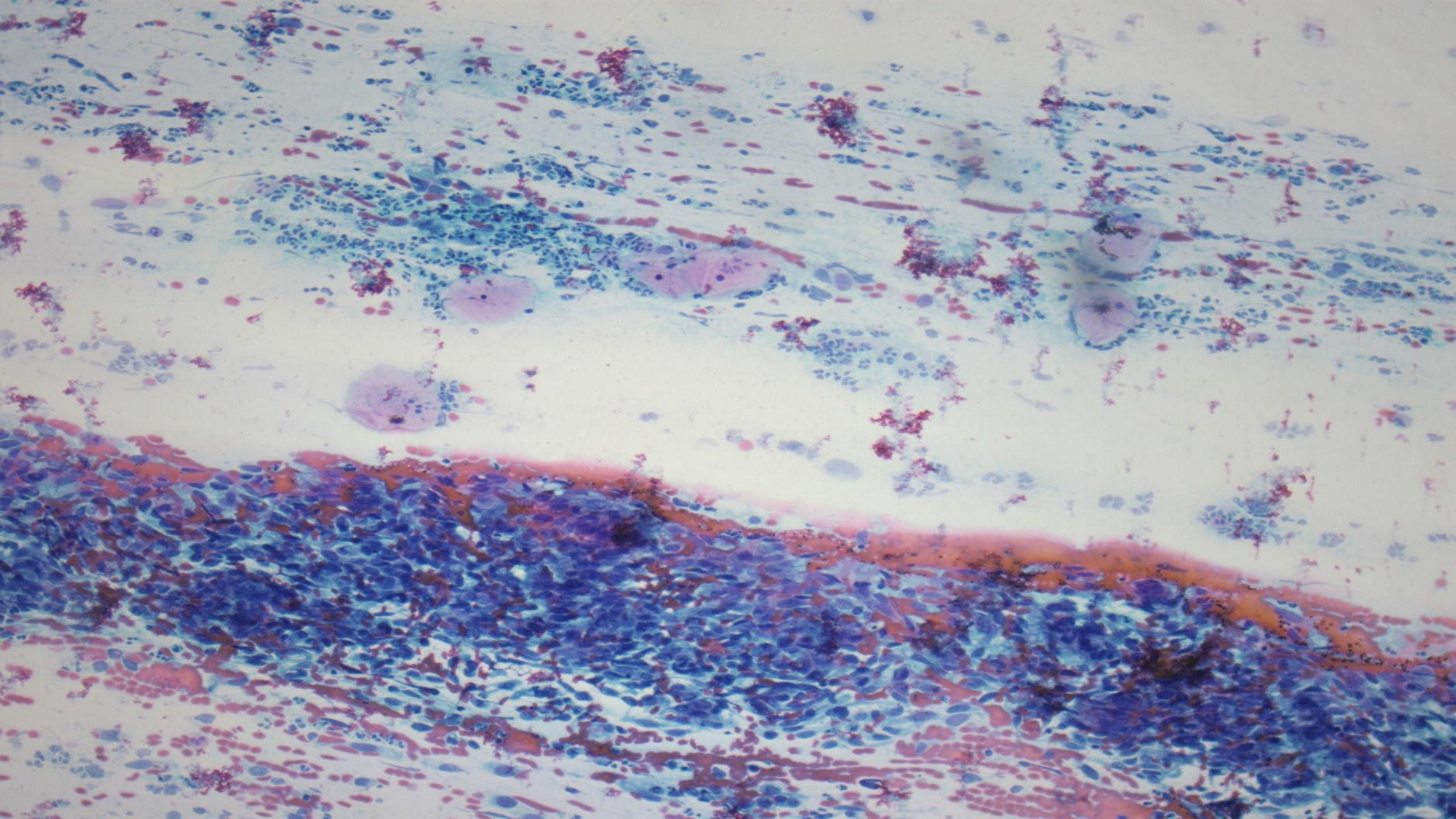
Slučaj 3.

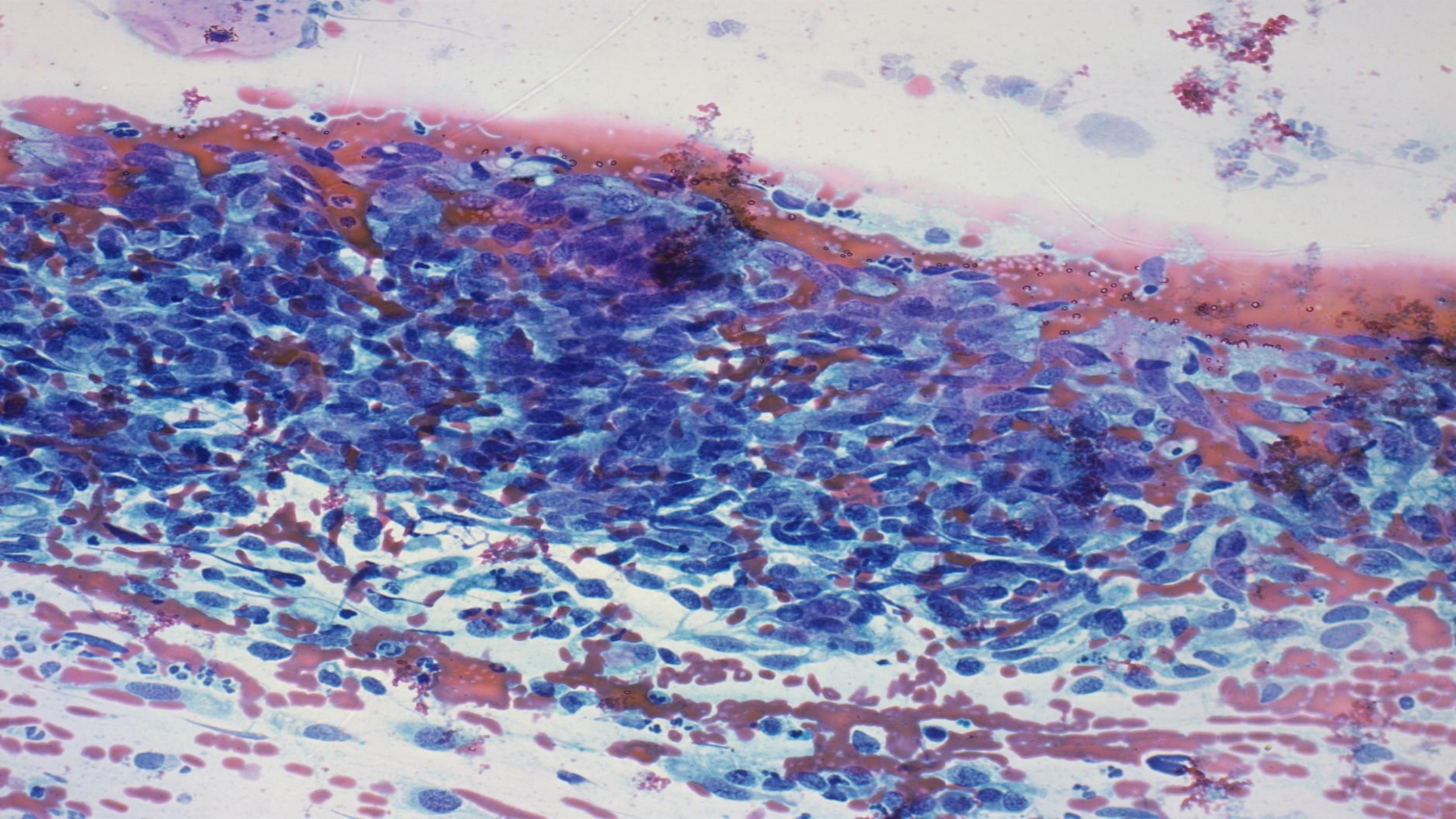
- MM 1987. godište, 37 godina
- Kontaktno krvarenje

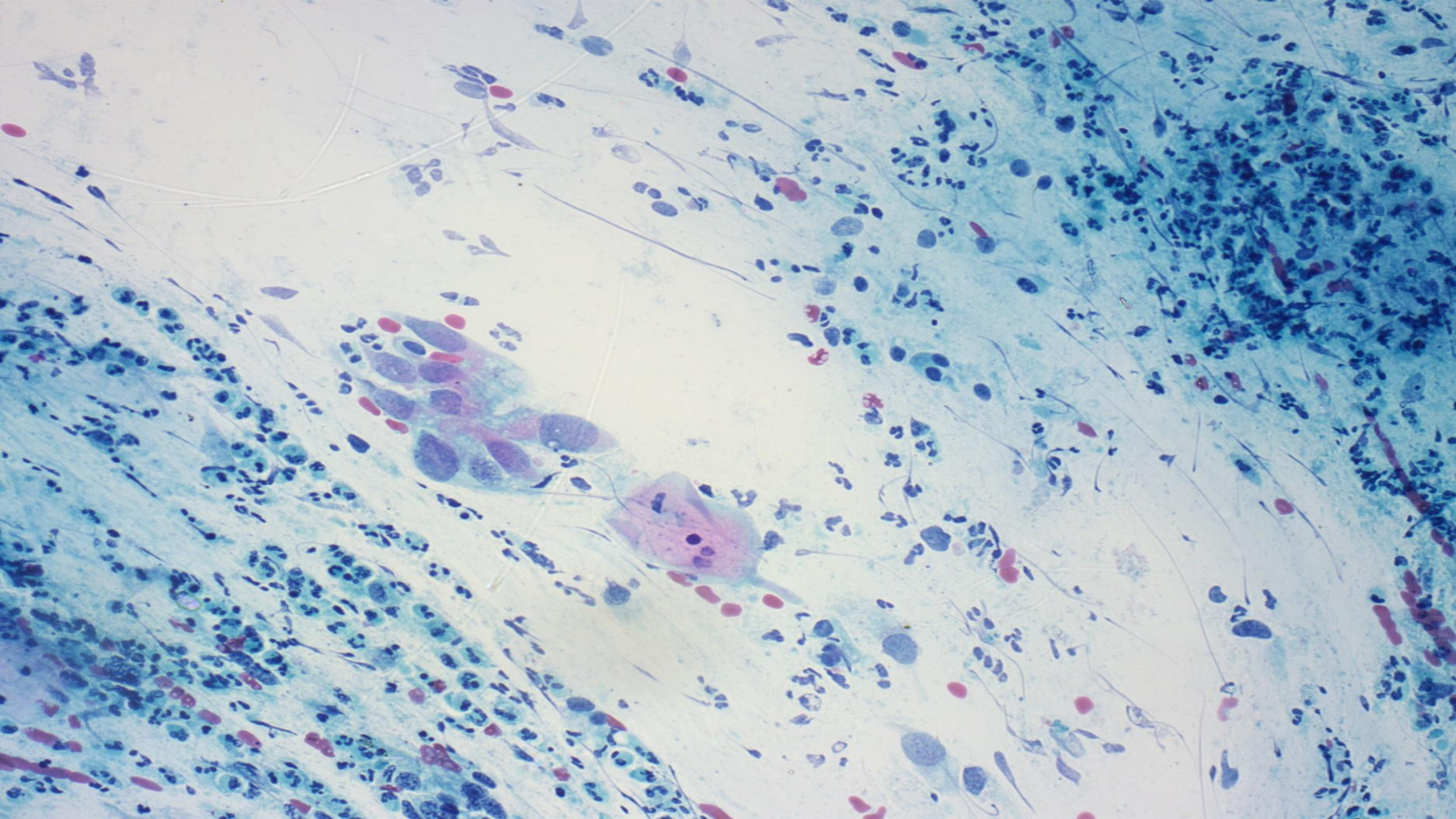


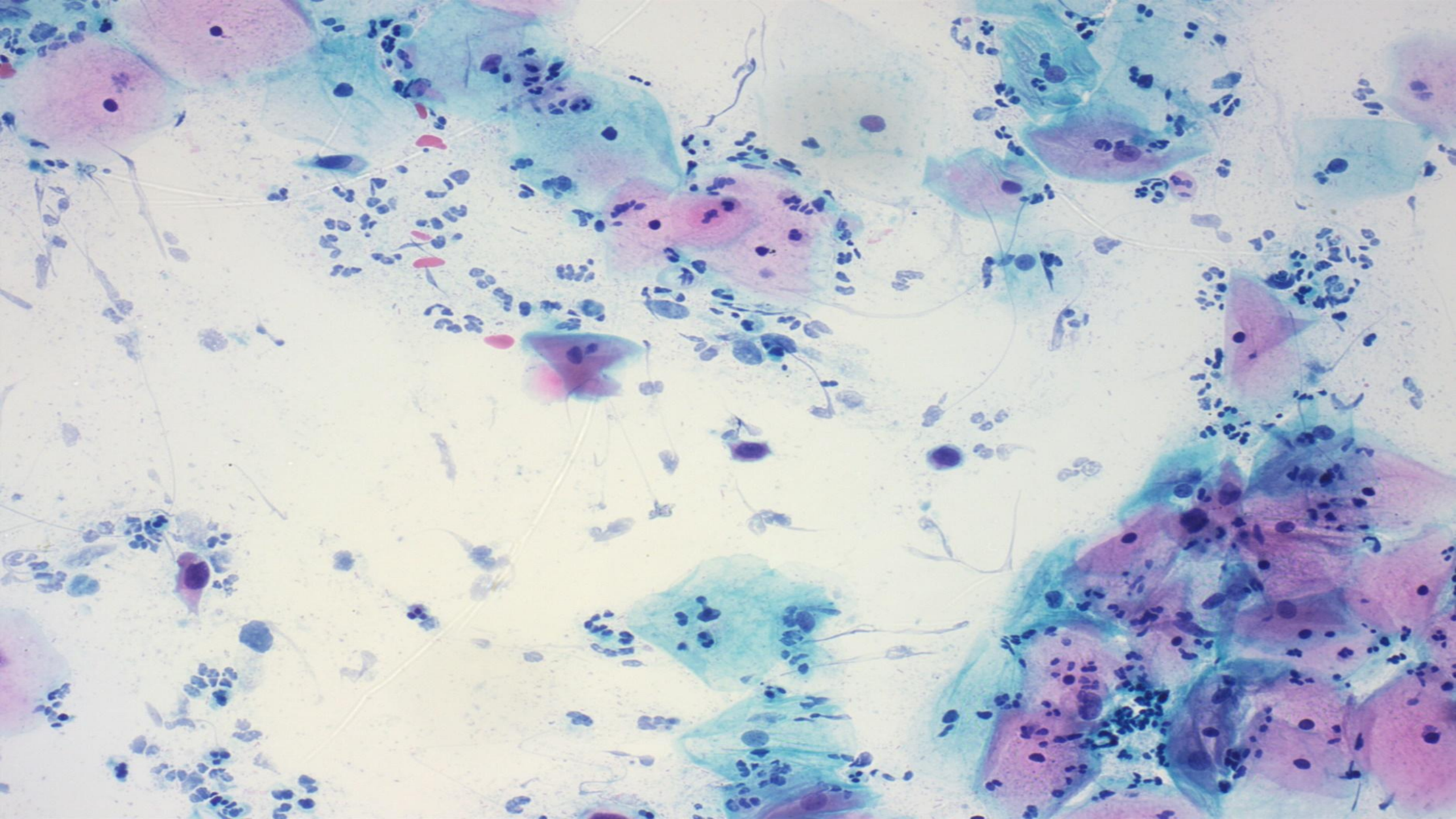


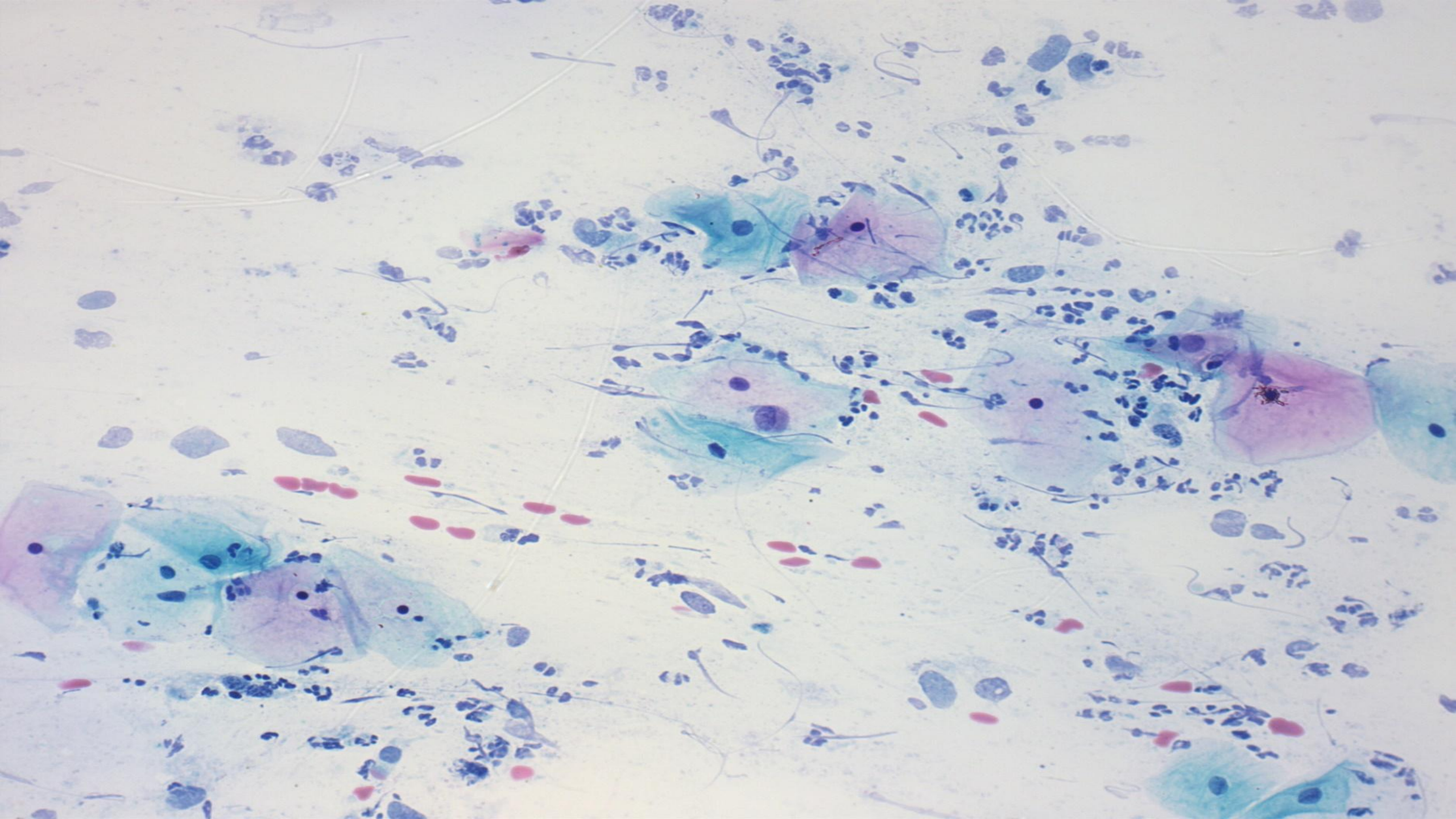


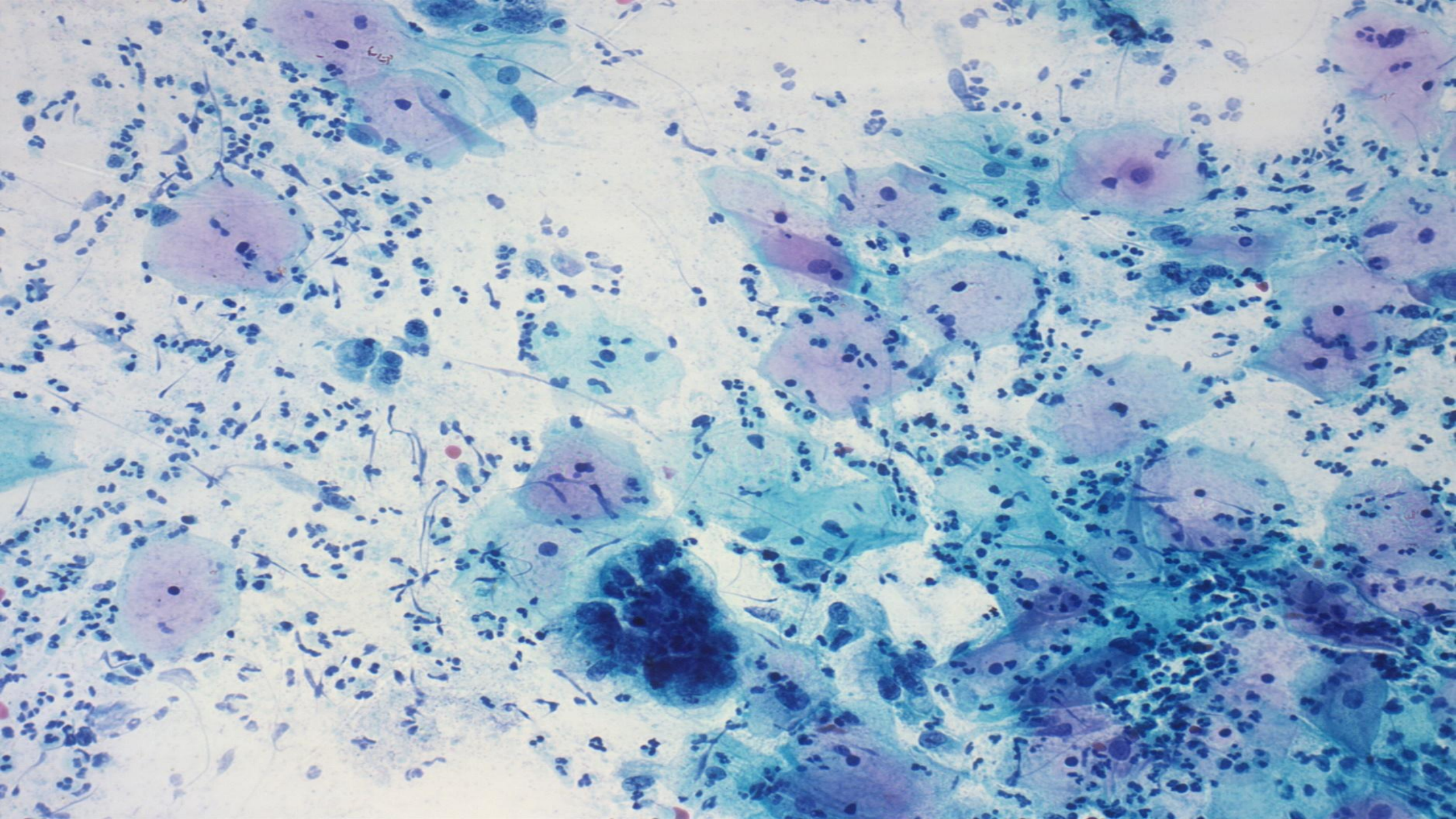


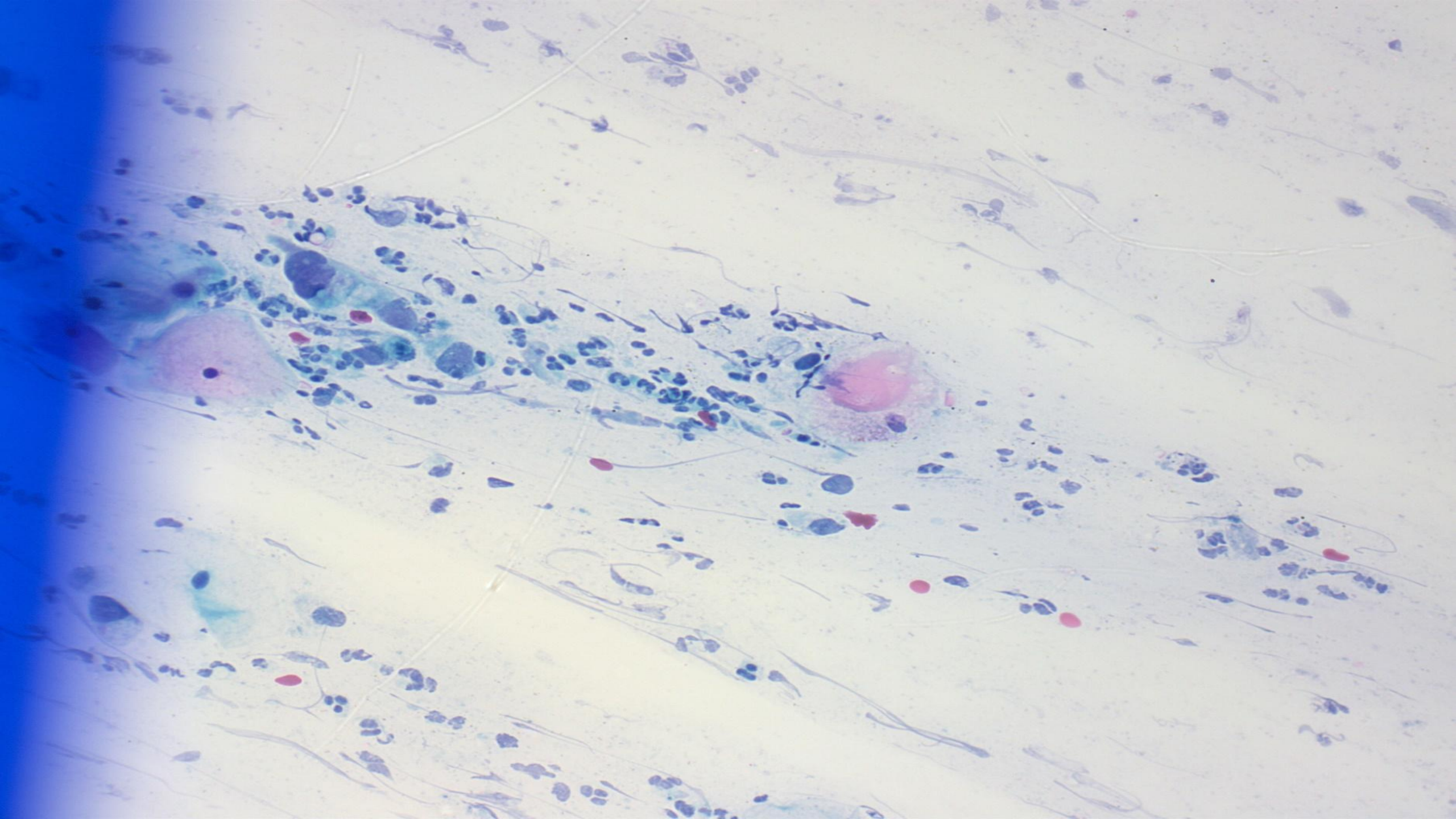










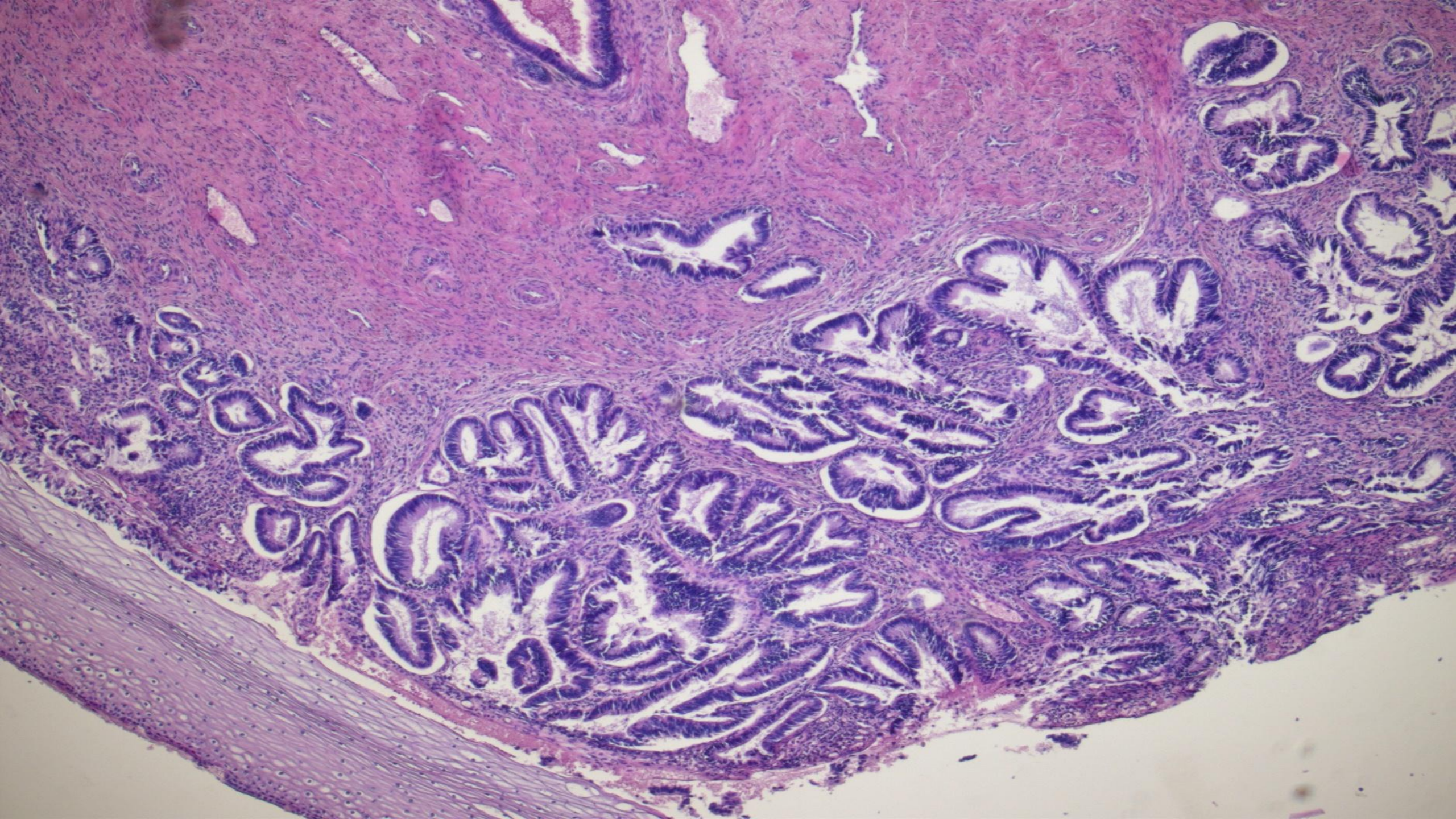


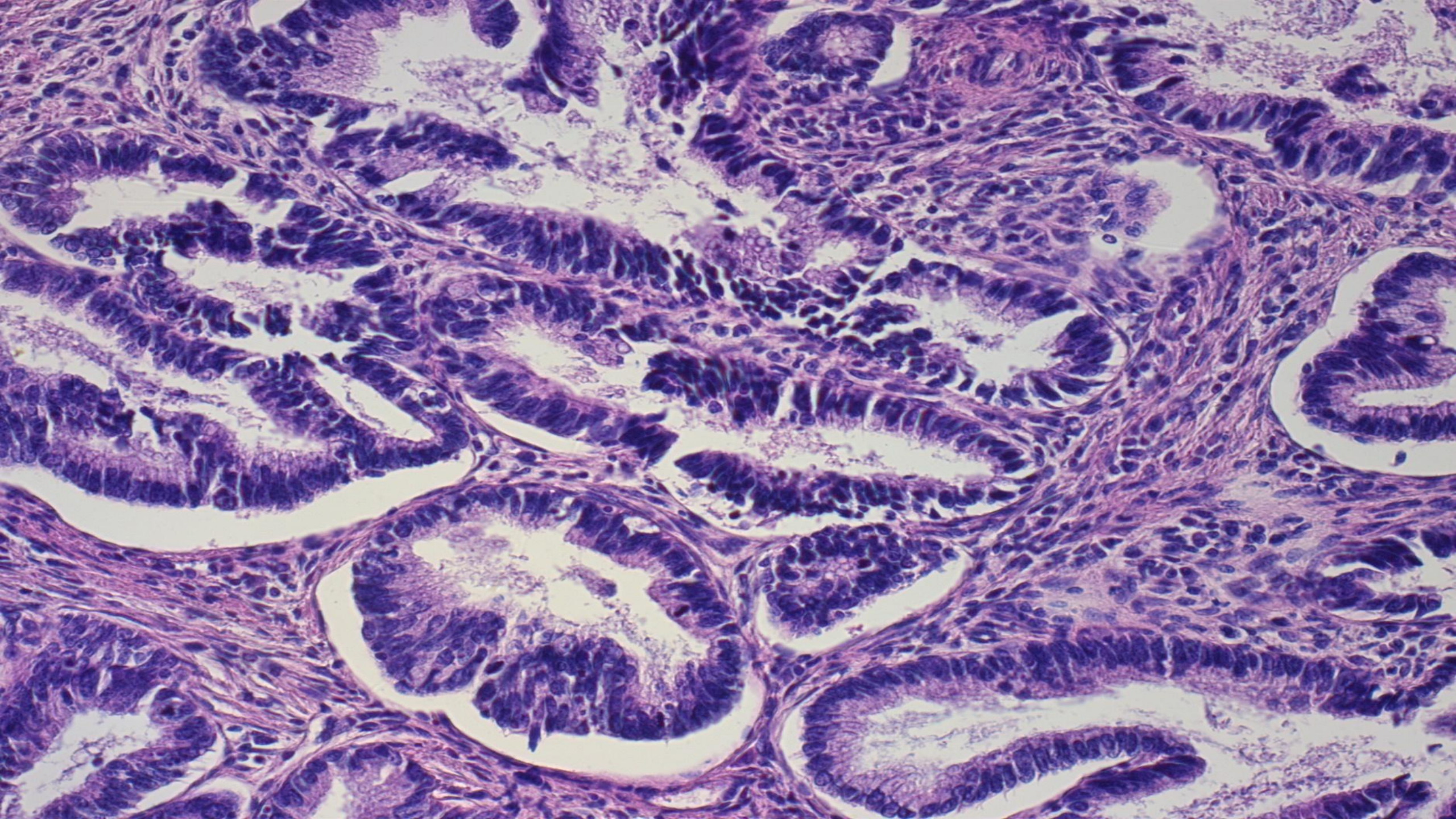
VAŠA DIJAGNOZA?

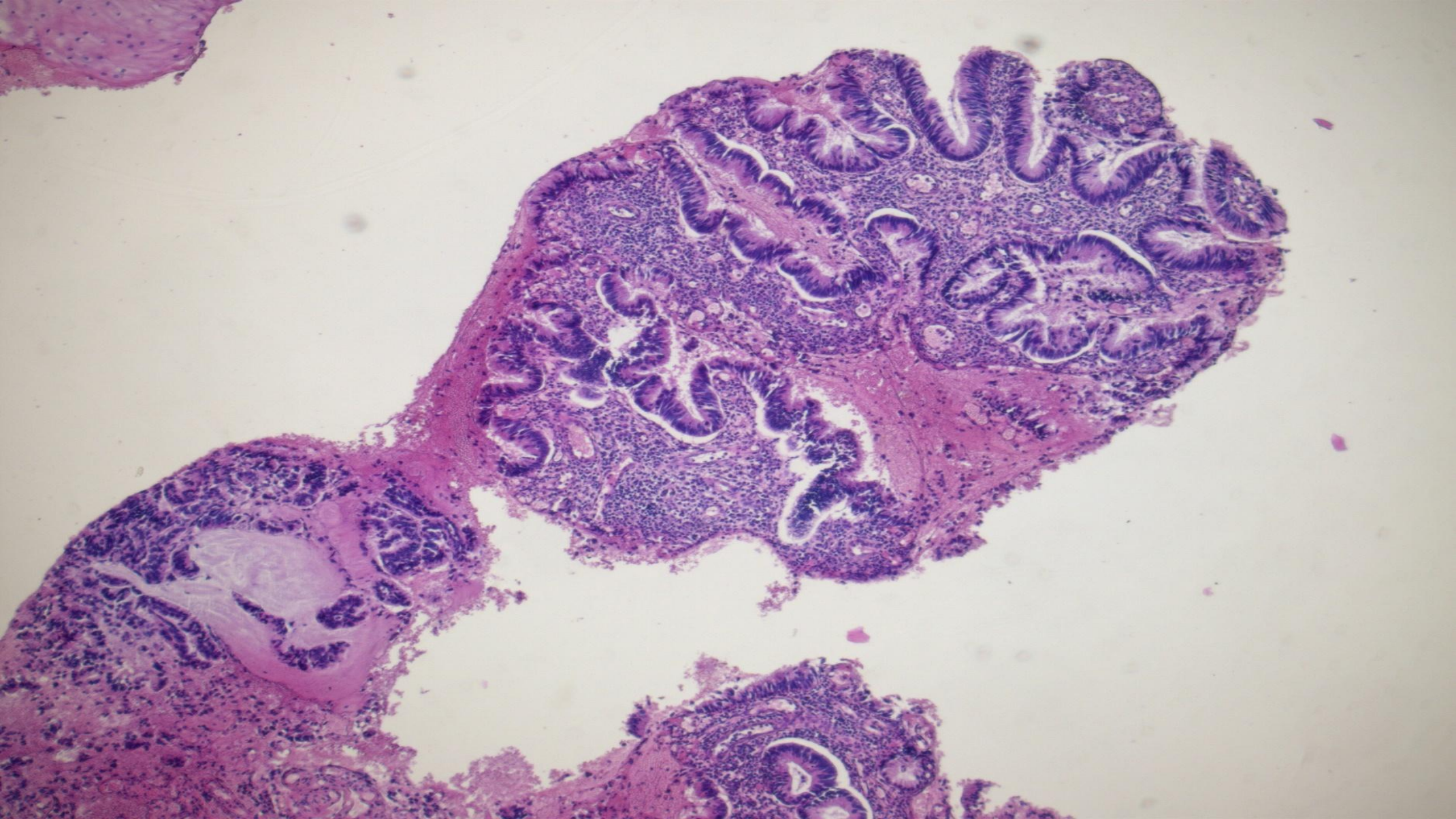
- 1) NILM
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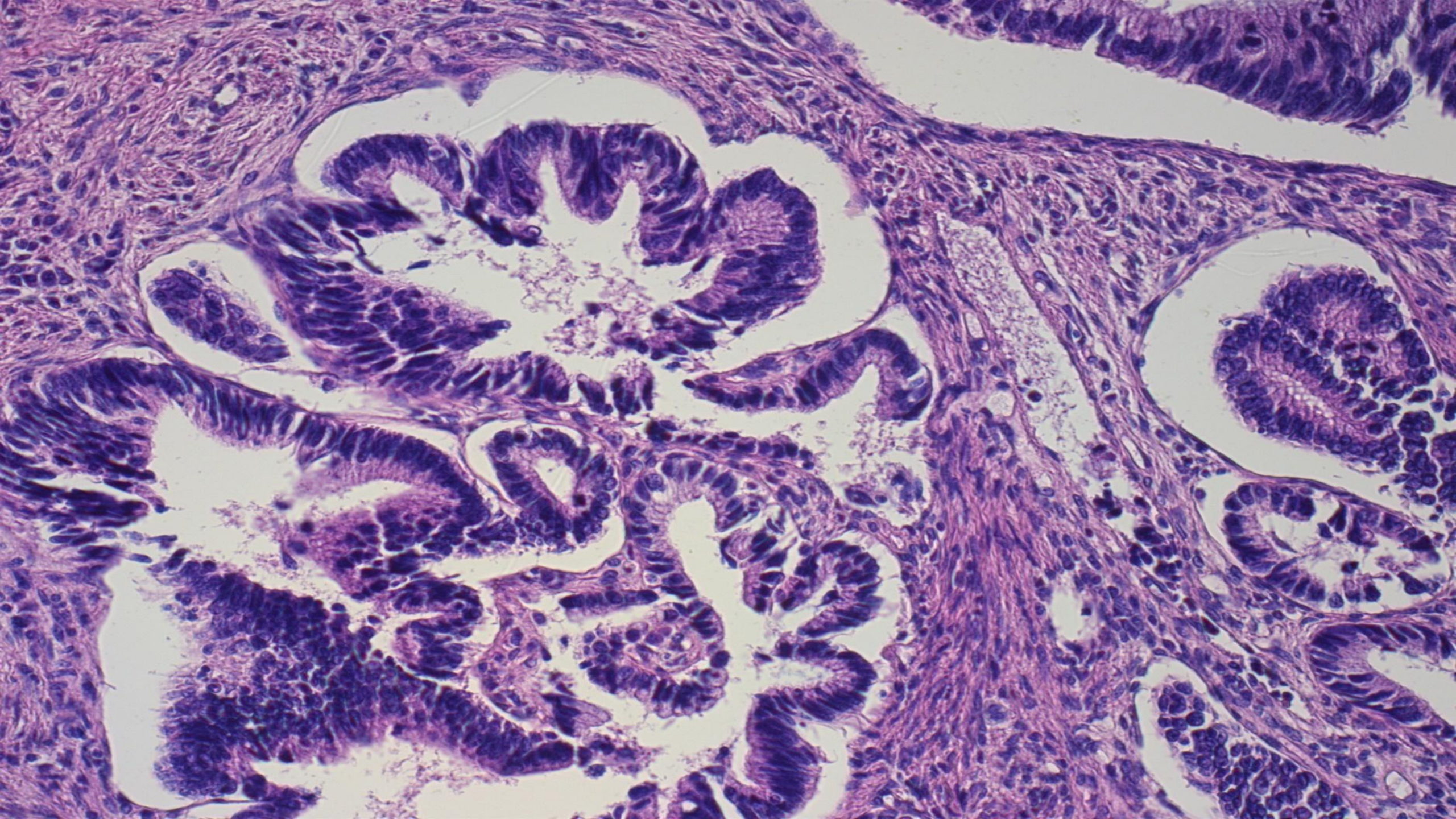
Slučaj 3.

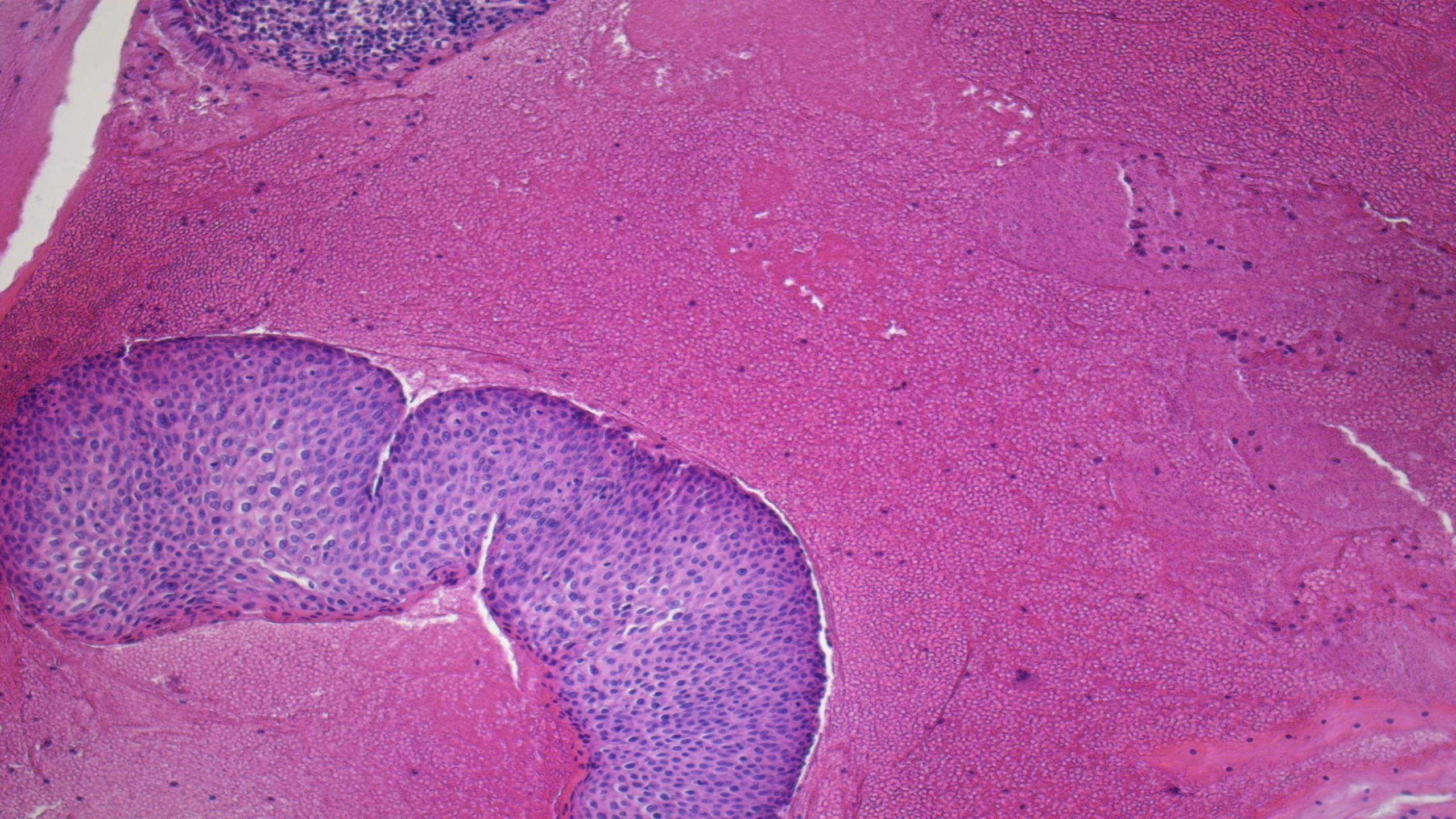
- Urađena
- Biopsija i ECC

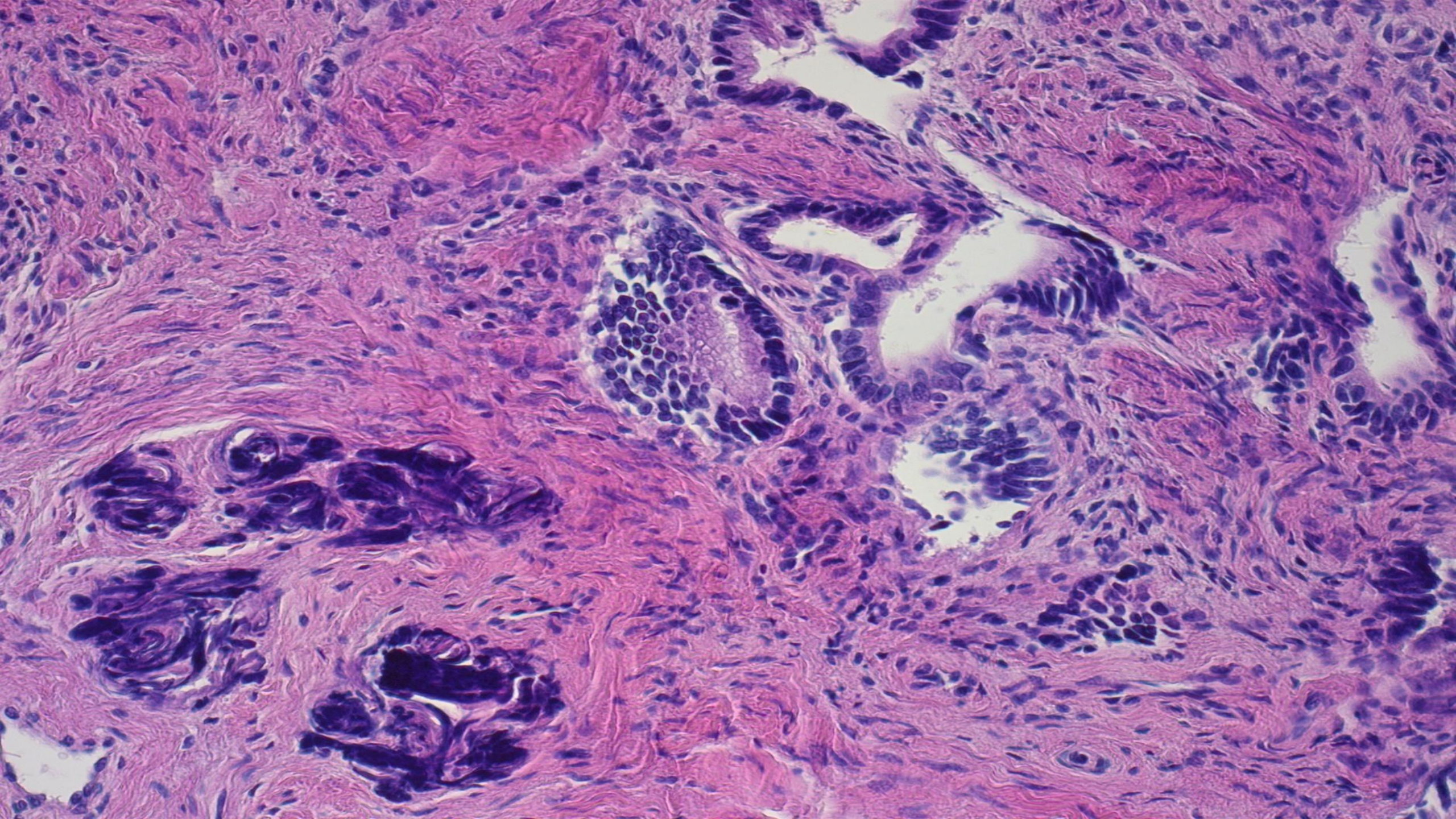




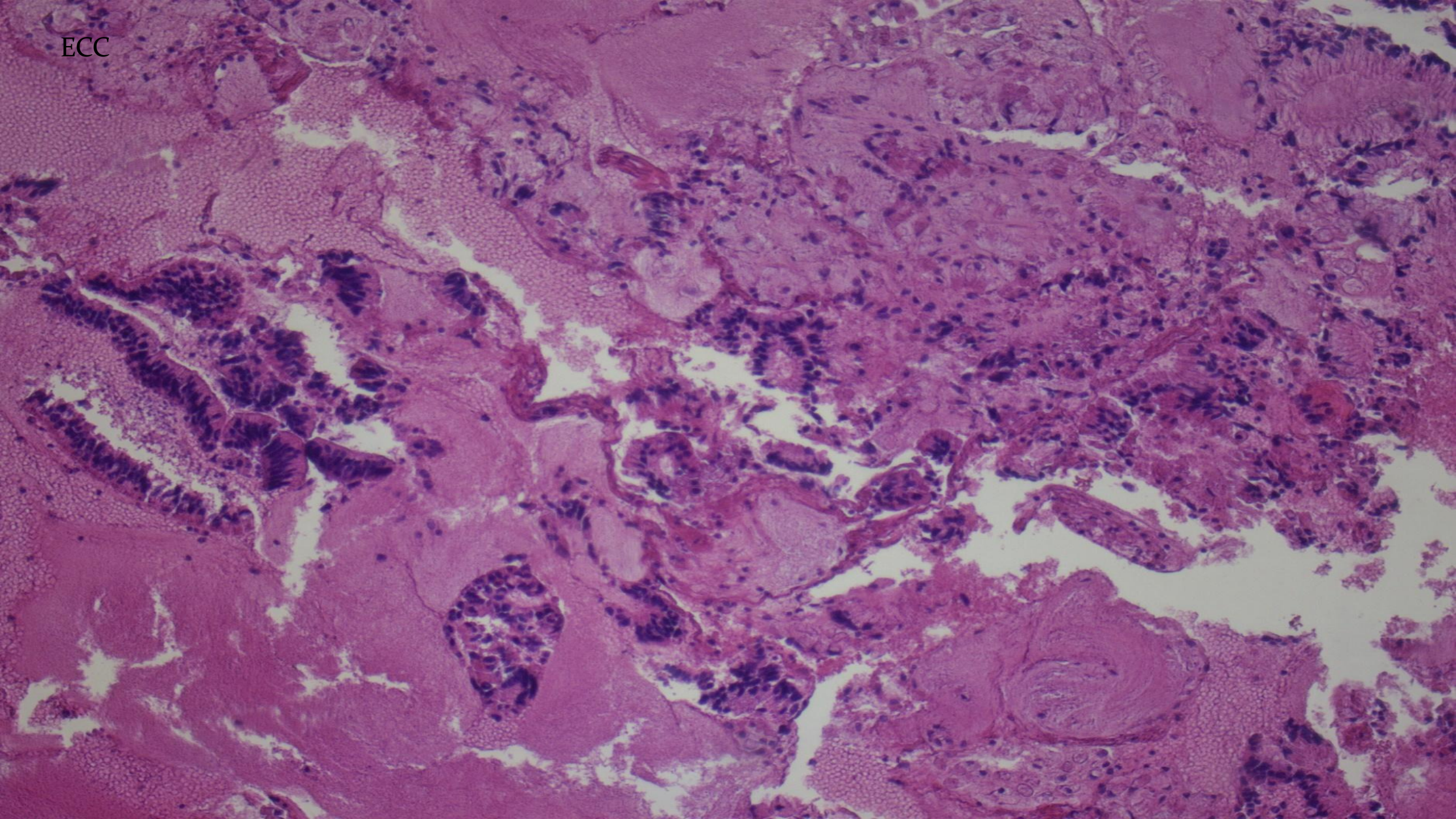




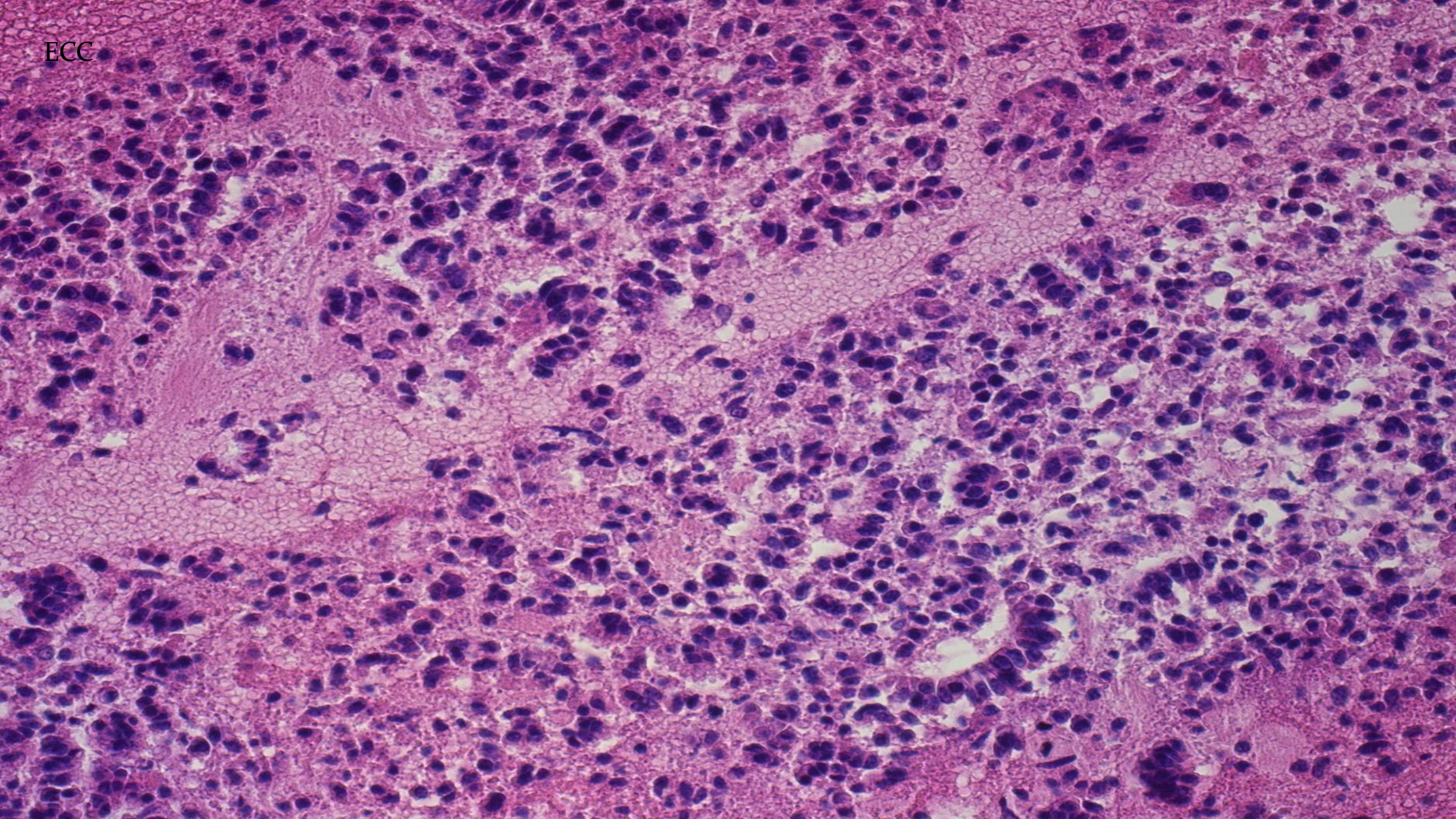


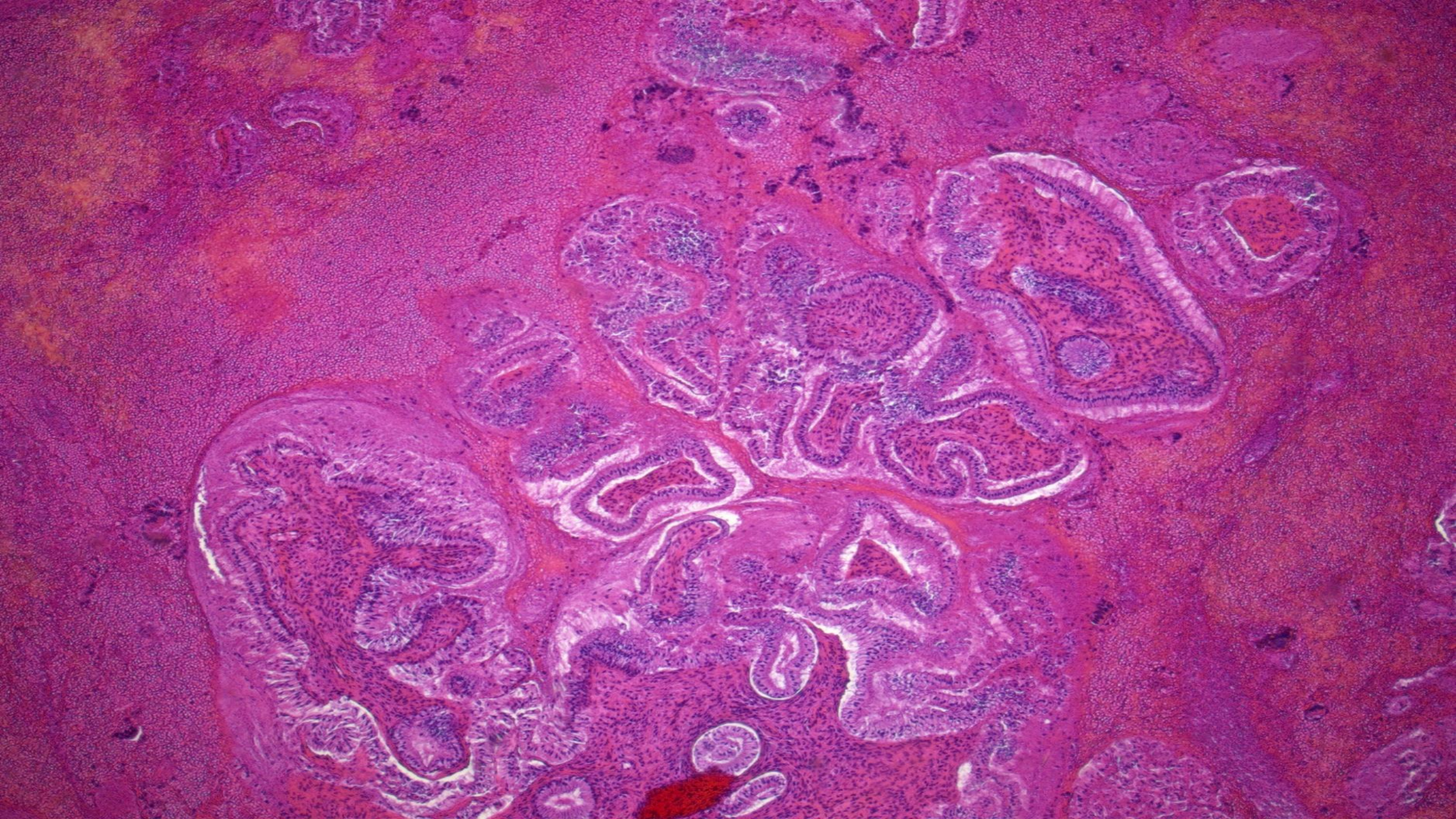


ECC



ECC





Slučaj 3.

- High-grade SIL PVU (CIN₃)
- AIS

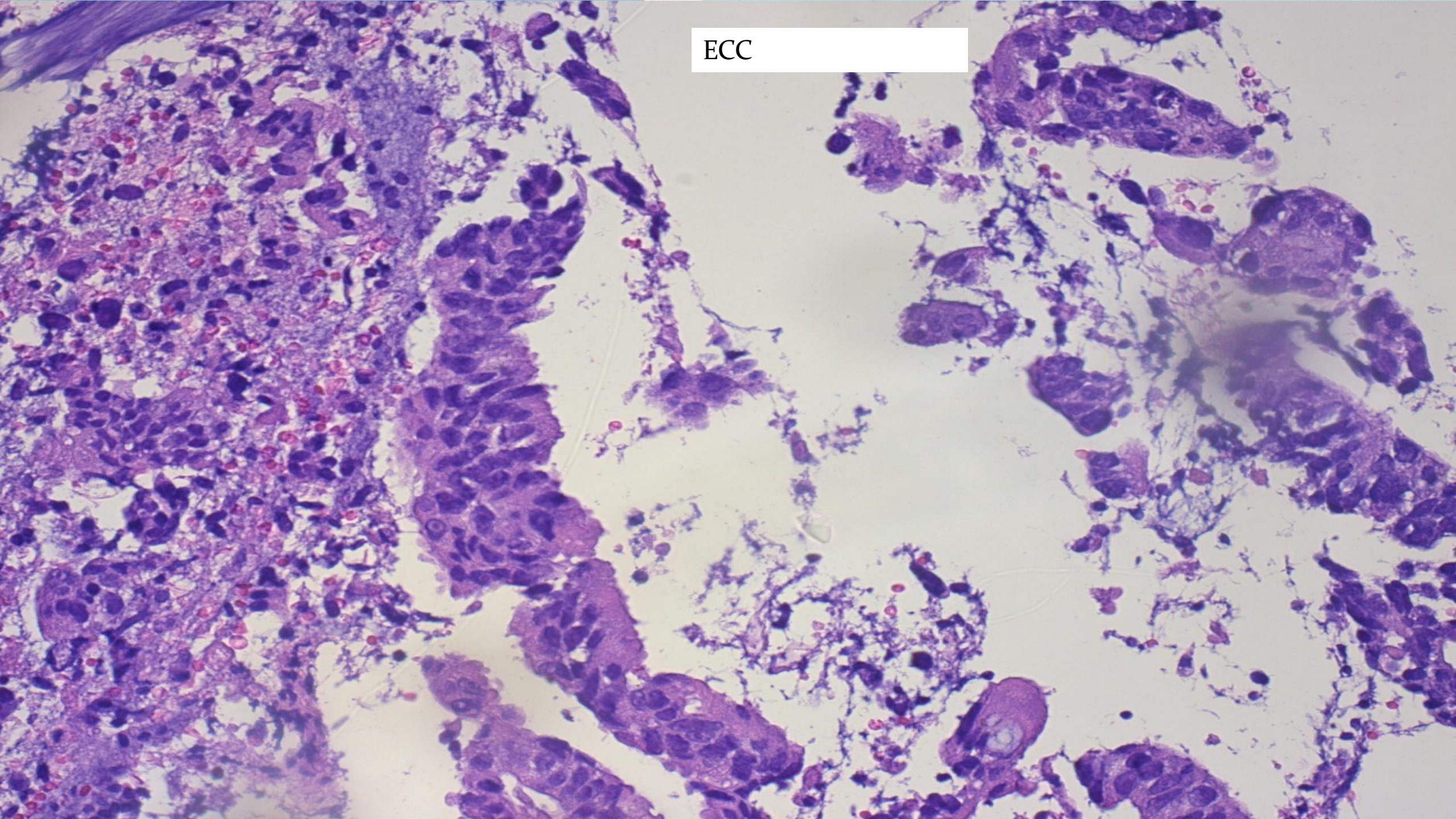
Slučaj 3.

- LOOP na IOV: High-grade SIL (CIN₃) (nalazi se i na ivicama) april 2024.
- Biopsija PVU i ECC: Cervicitis chronica –oktobar 2024.

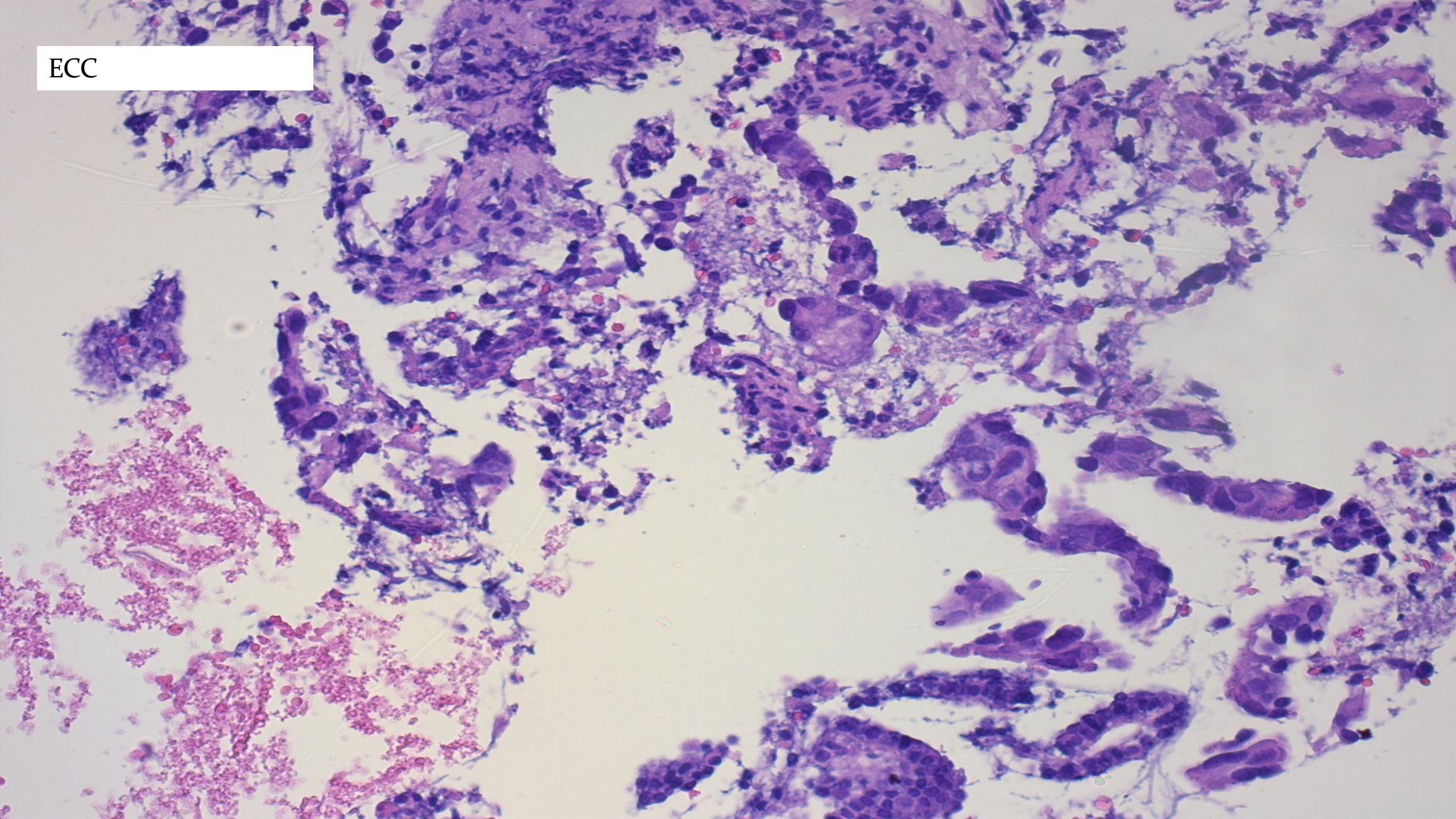
Slučaj 4.

- NM 1949. godište, 75 godina
- Kiretman grlića
- Kiretman kavuma
- Bioptati PVU

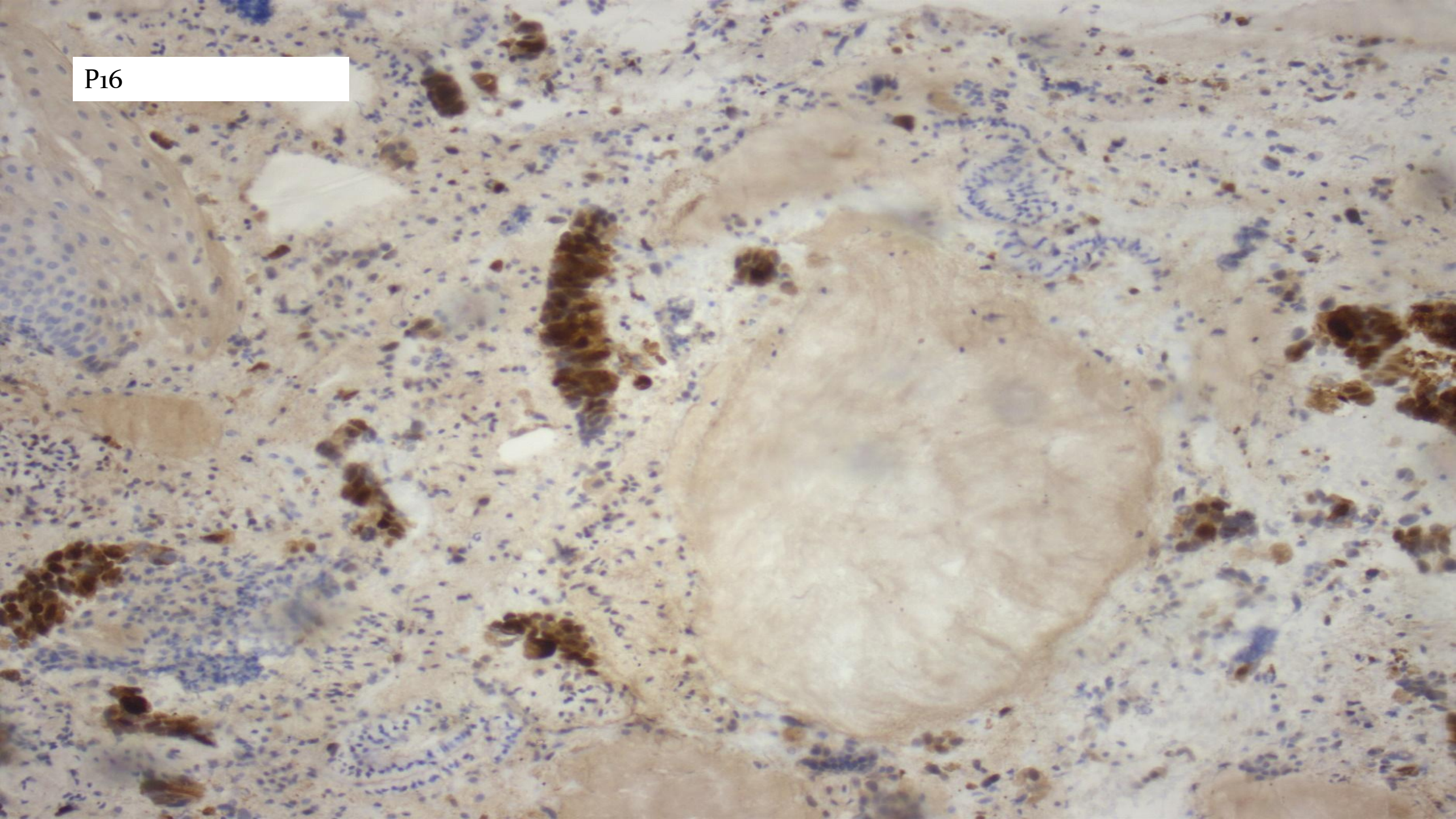
ECC



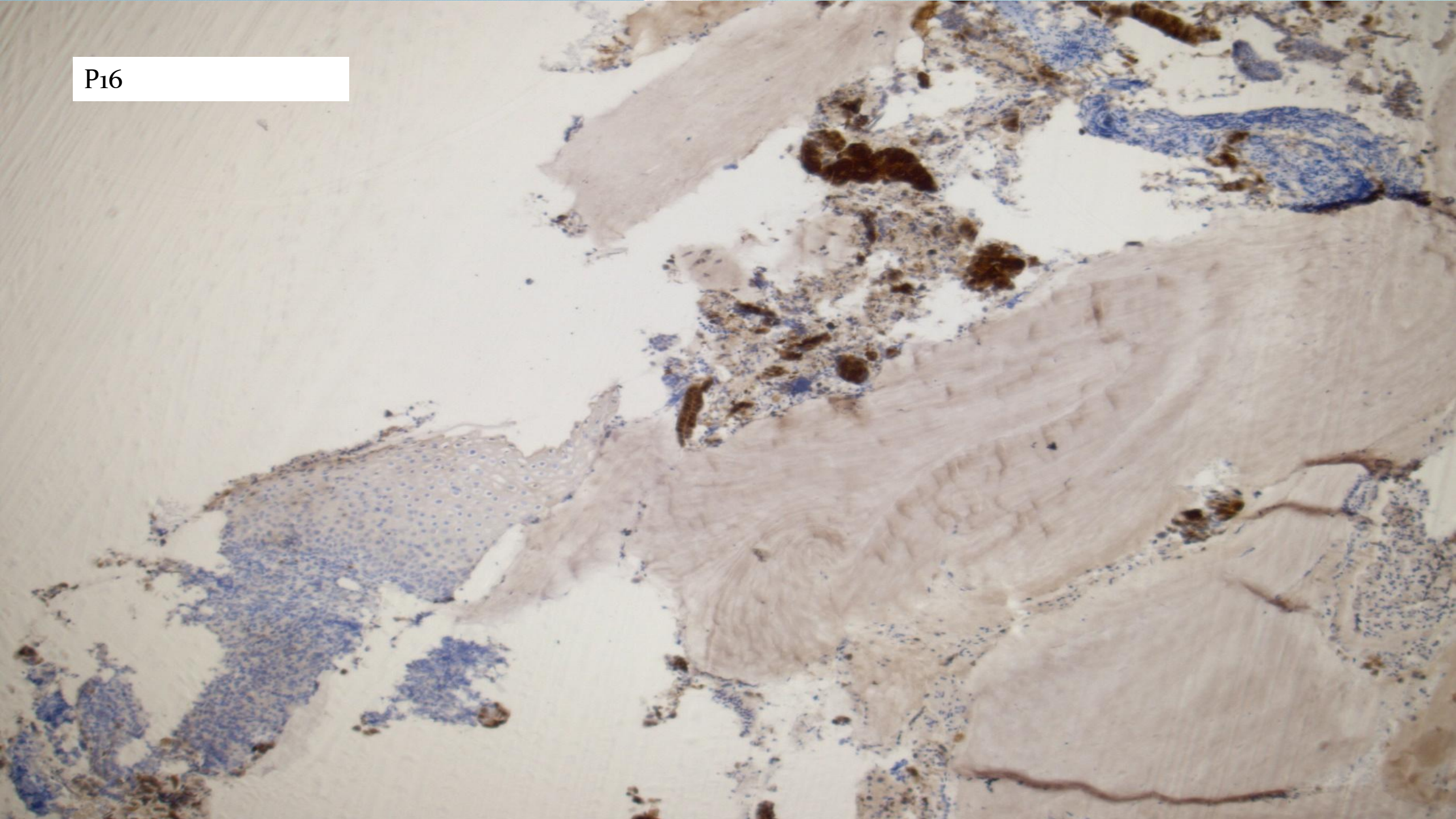
ECC



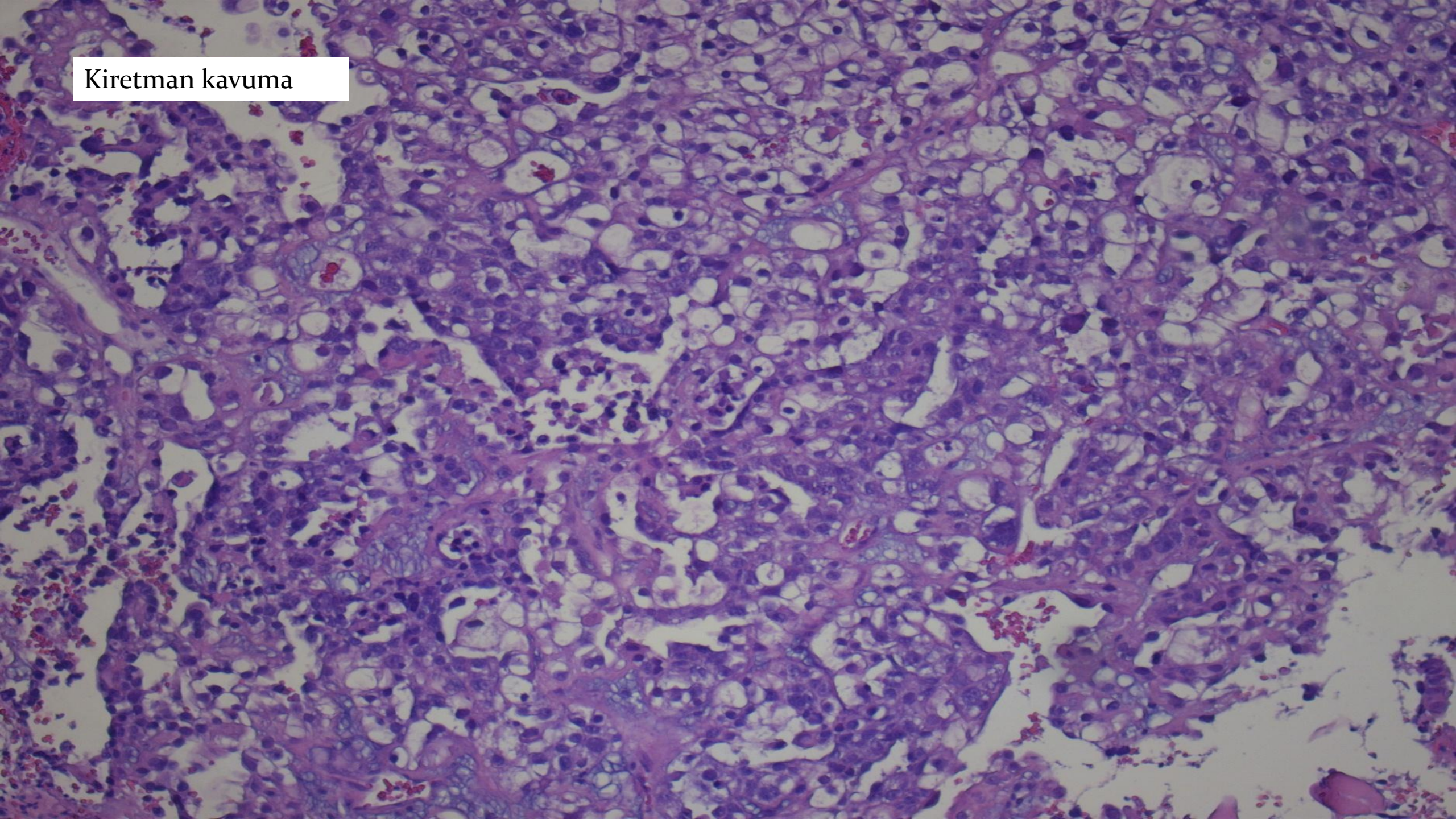
P16



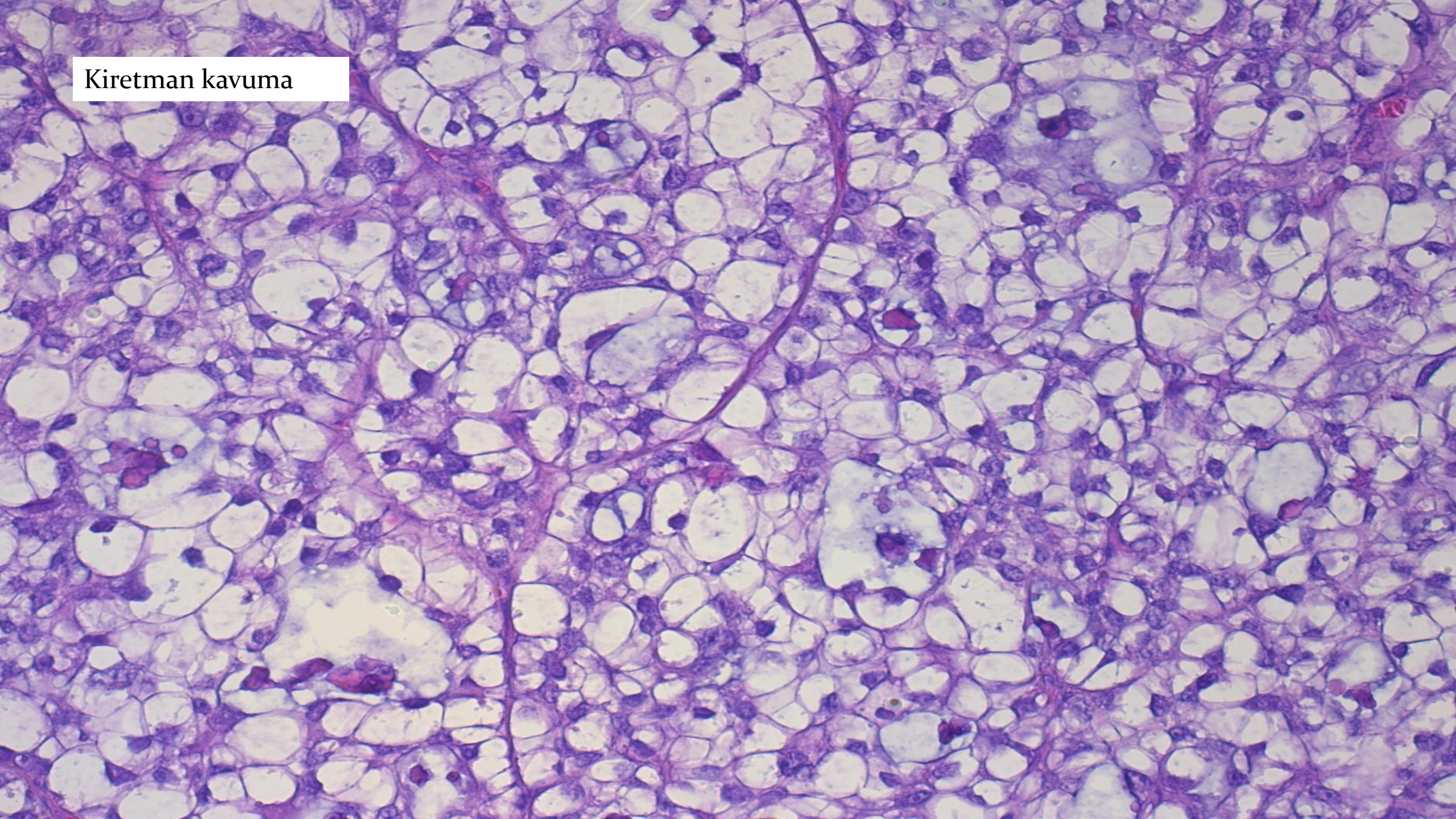
P16



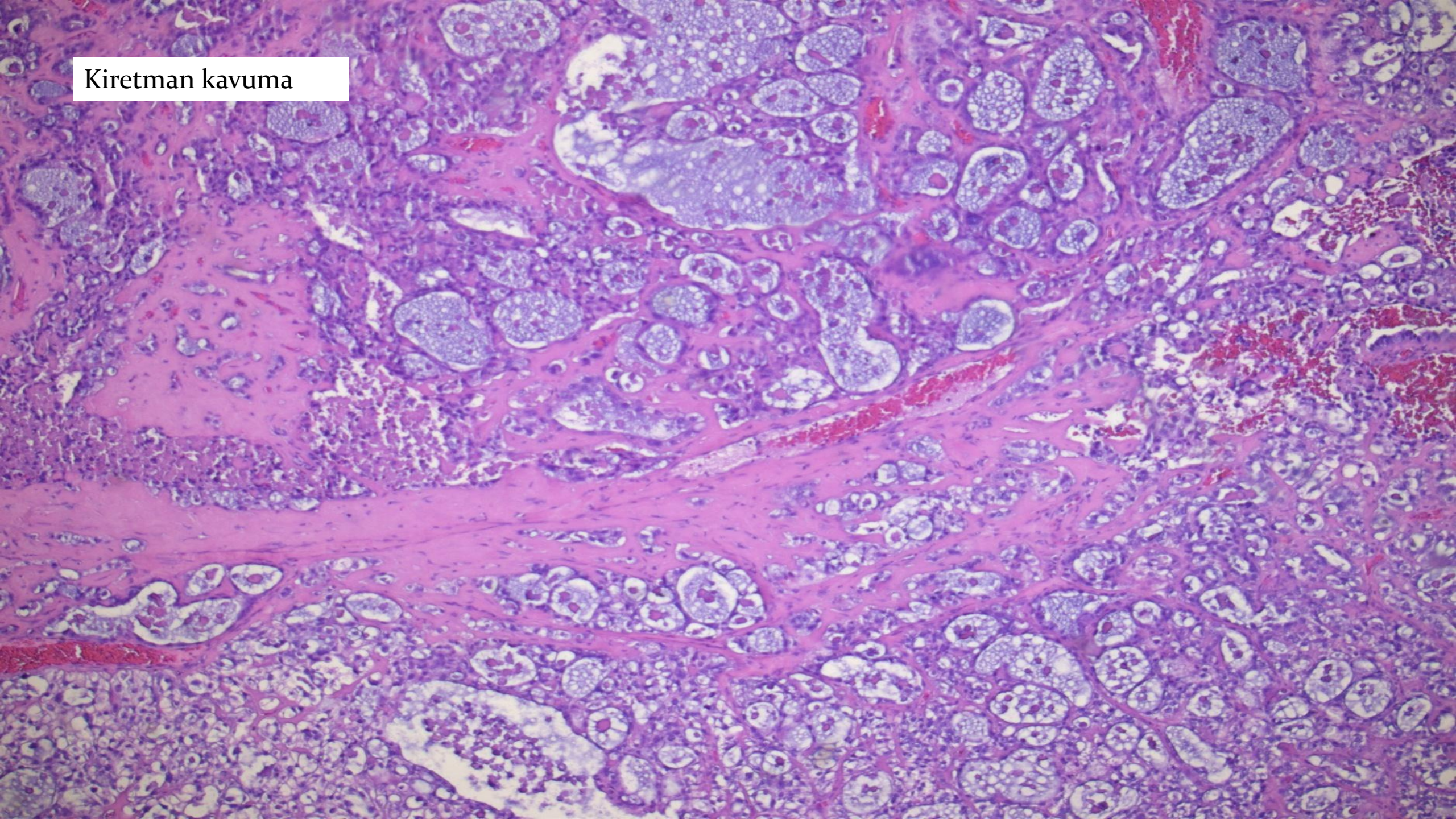
Kiretman kavuma



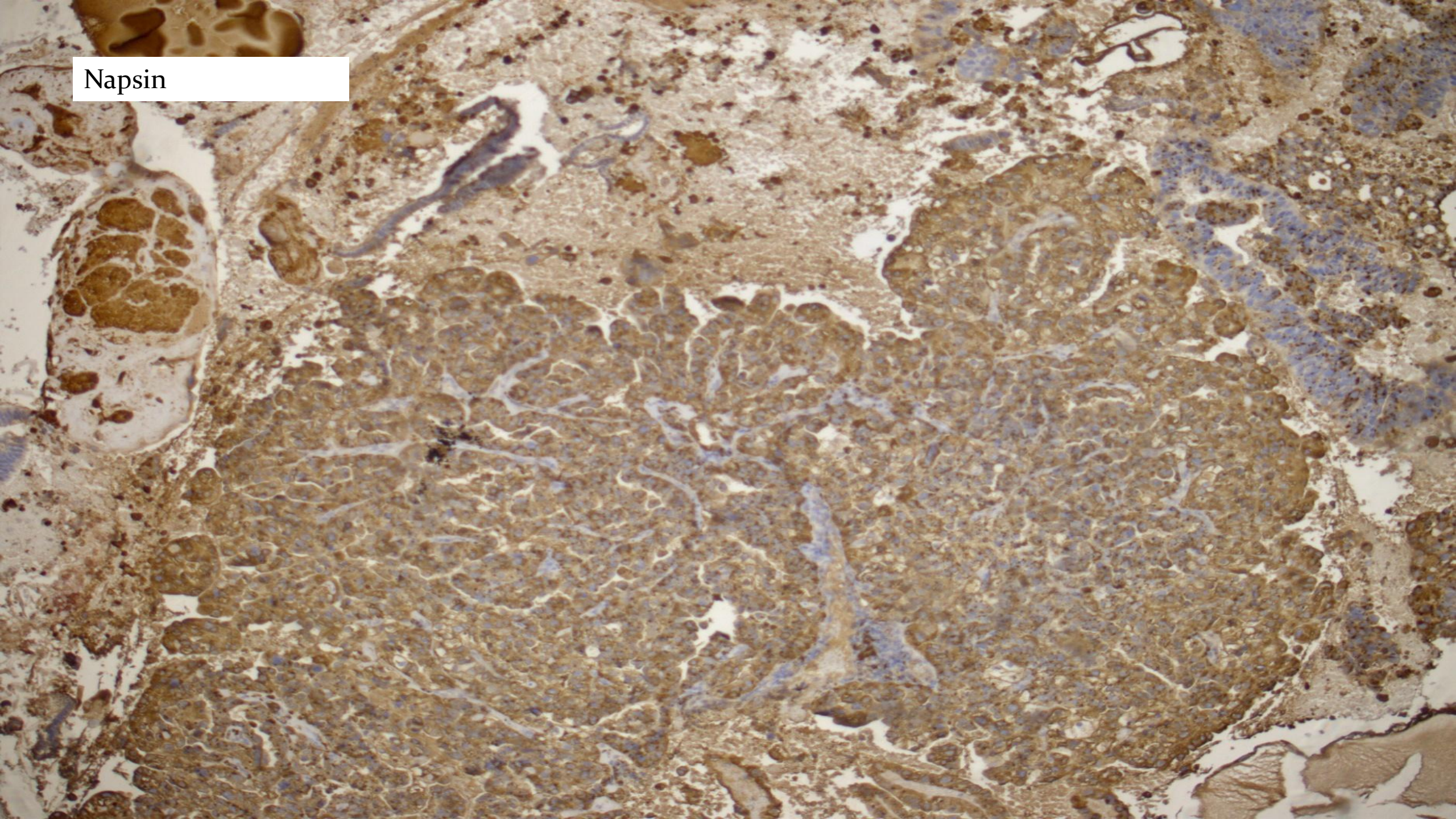
Kiretman kavuma



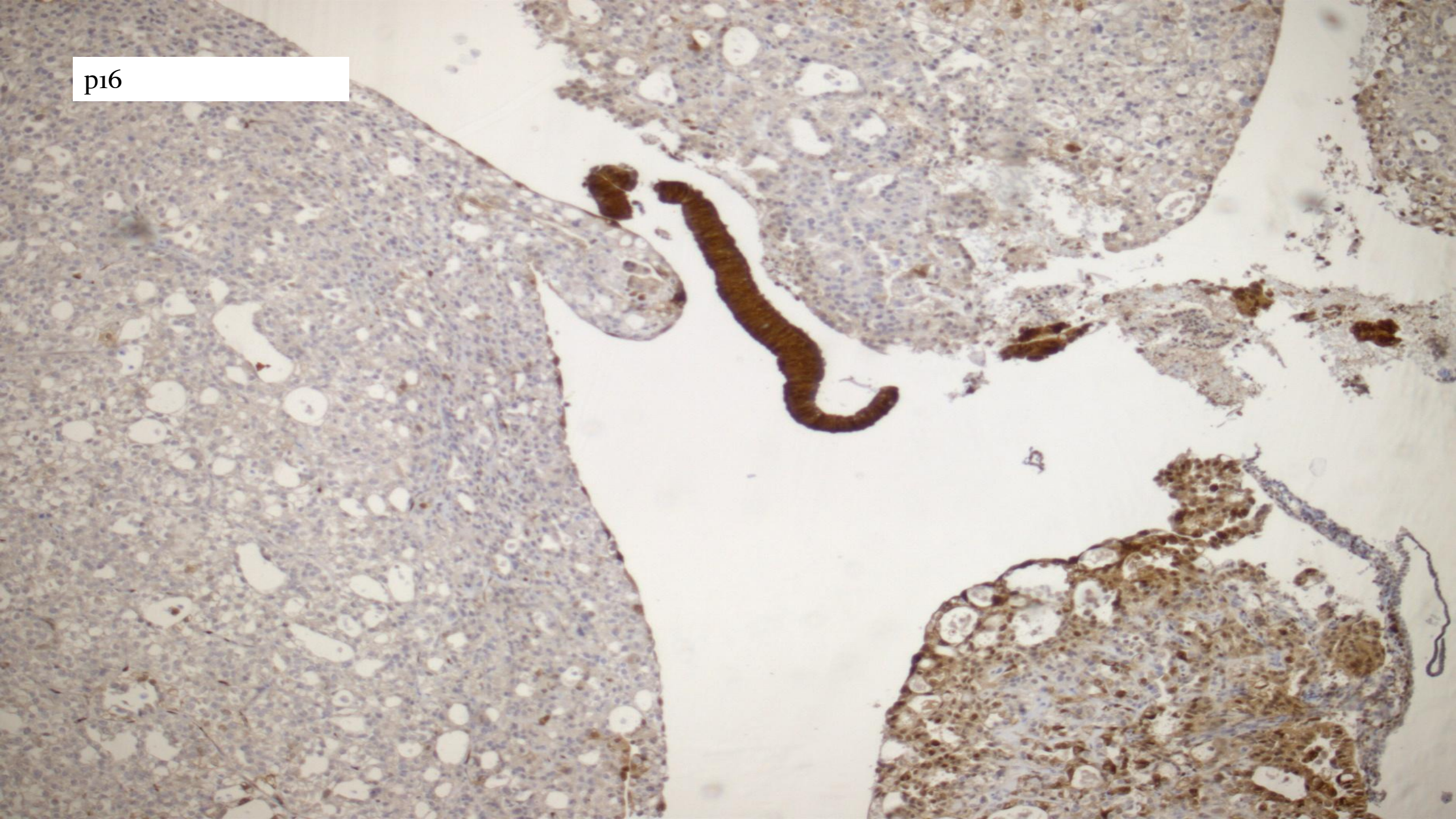
Kiretman kavuma



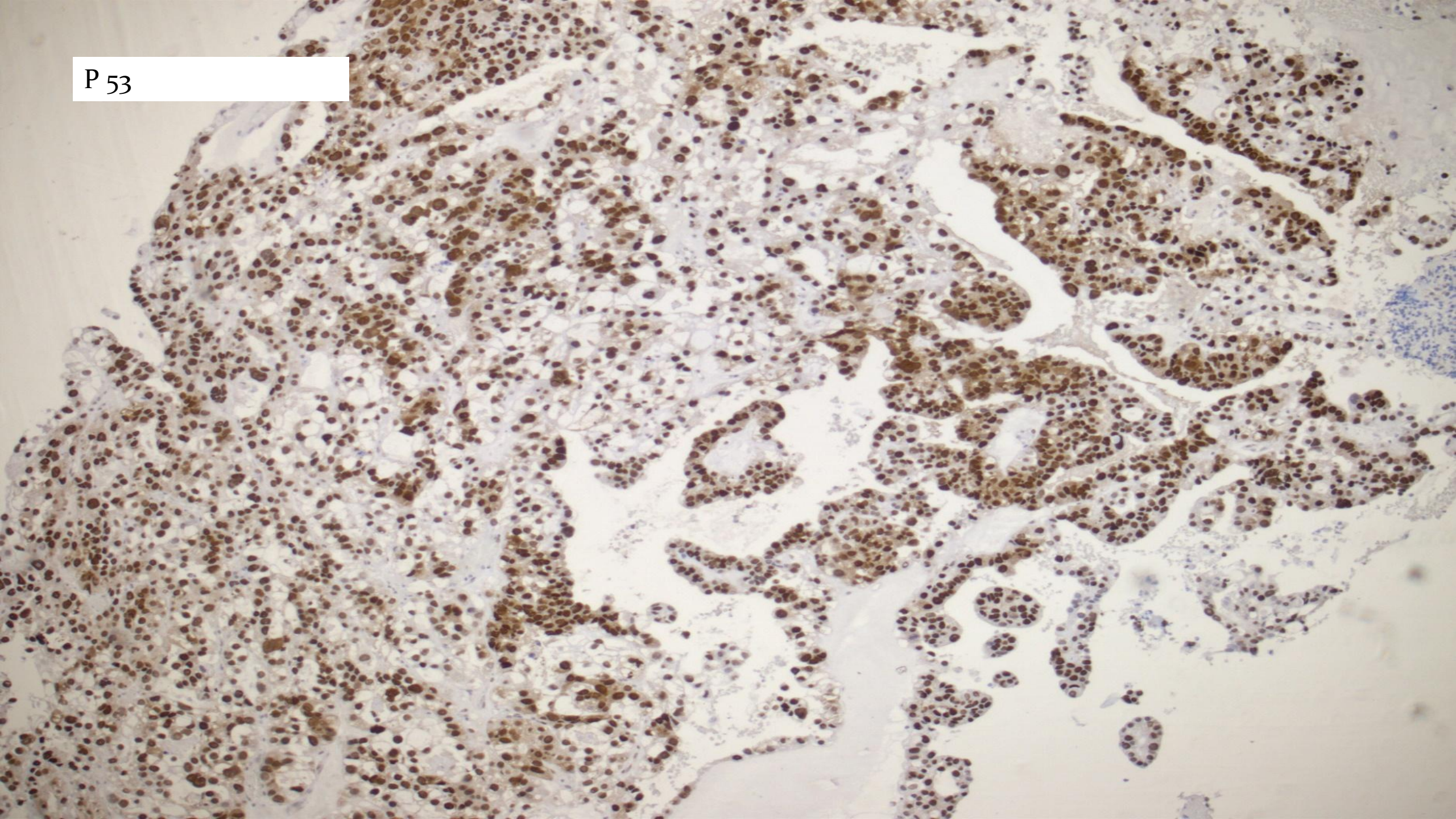
Napsin



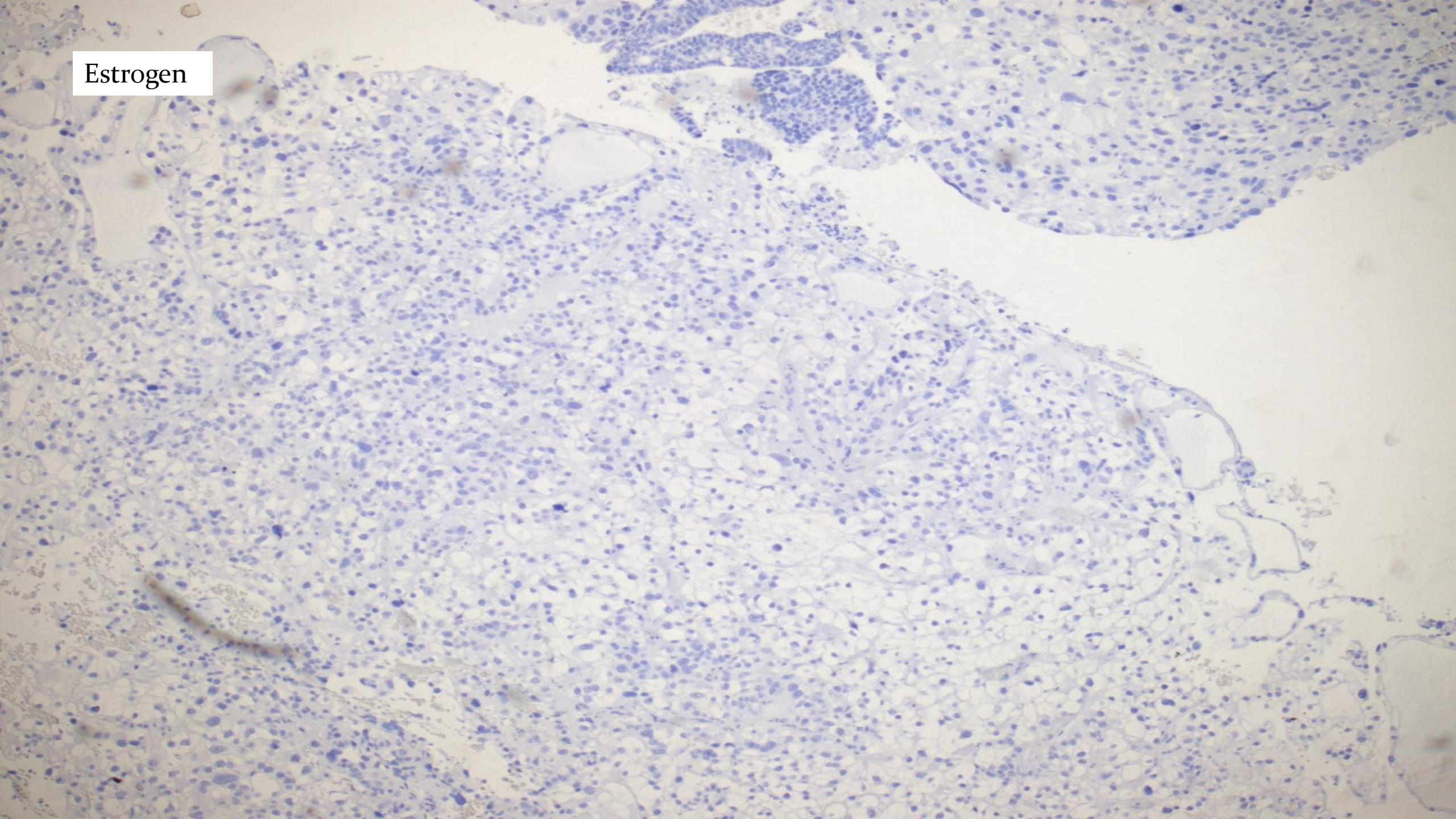
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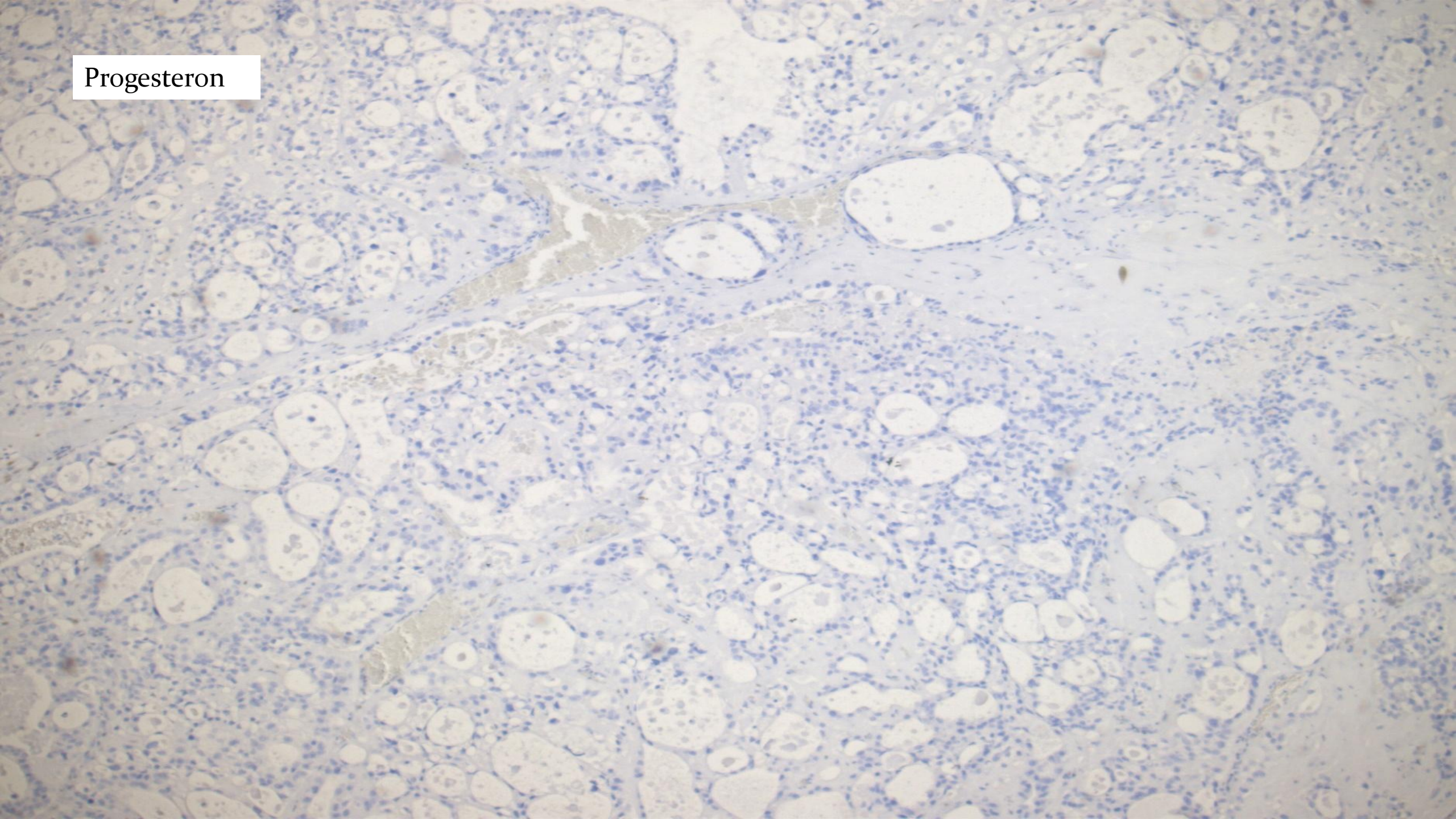
P 53



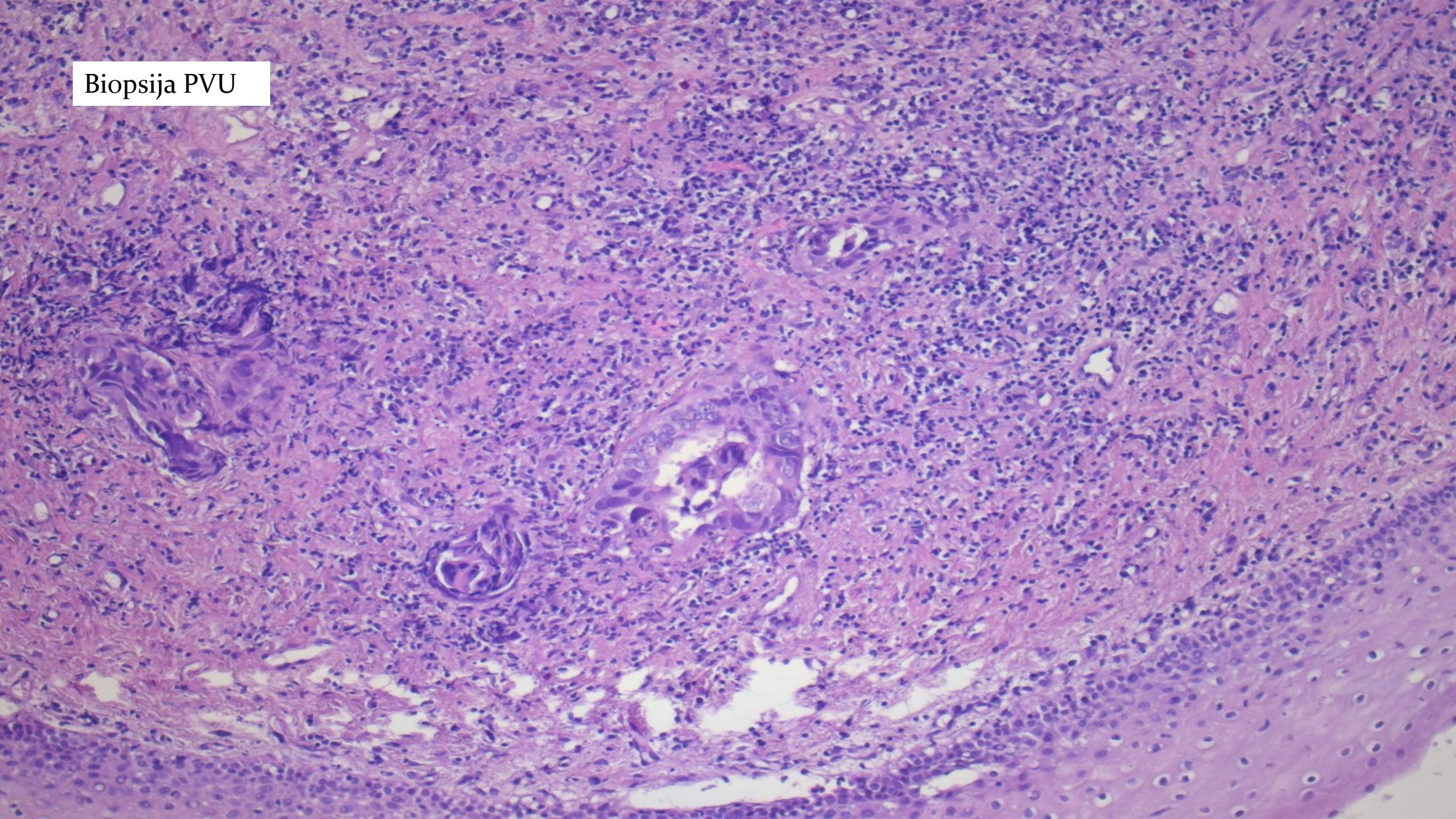
Estrogen



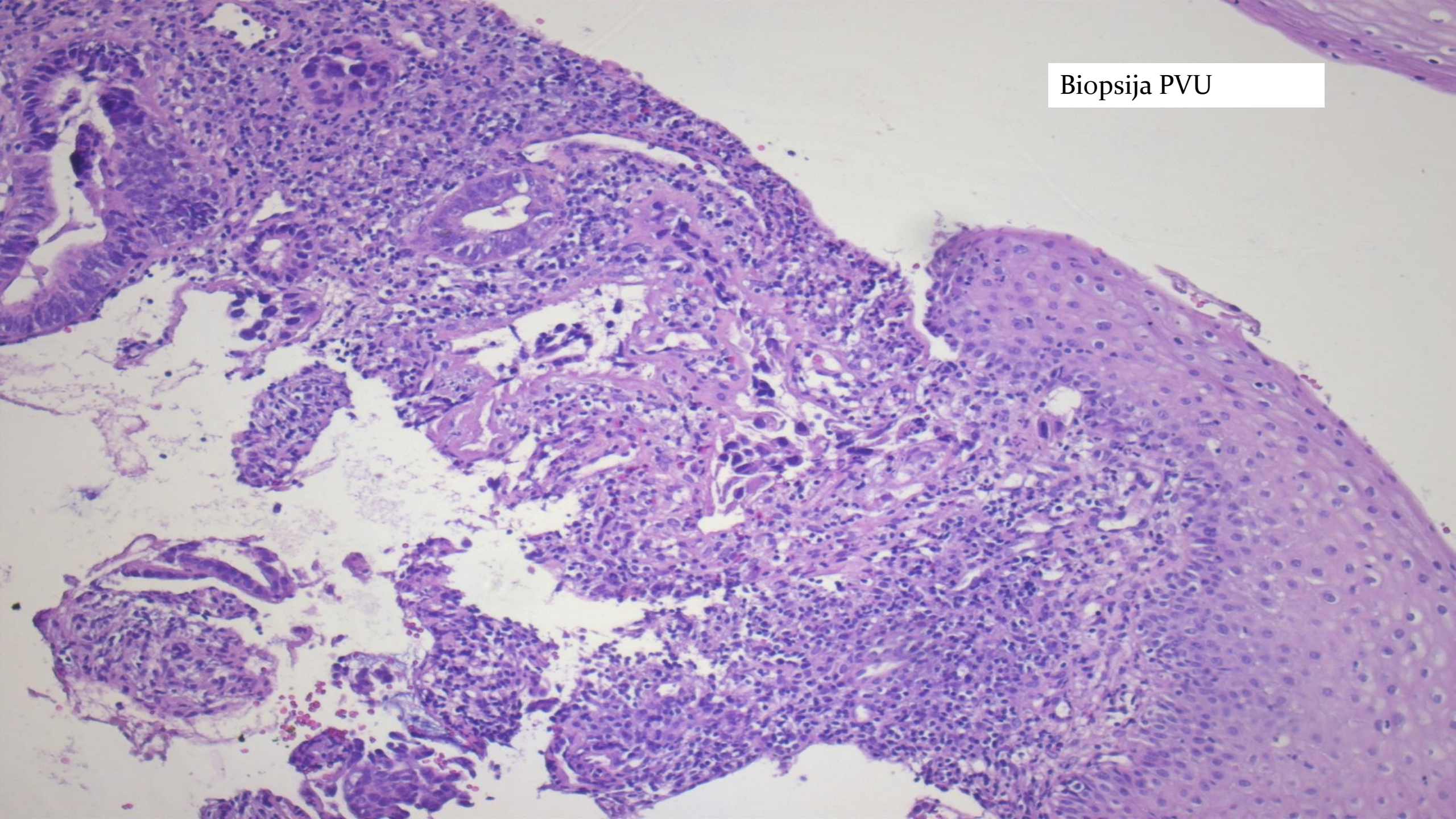
Progesteron



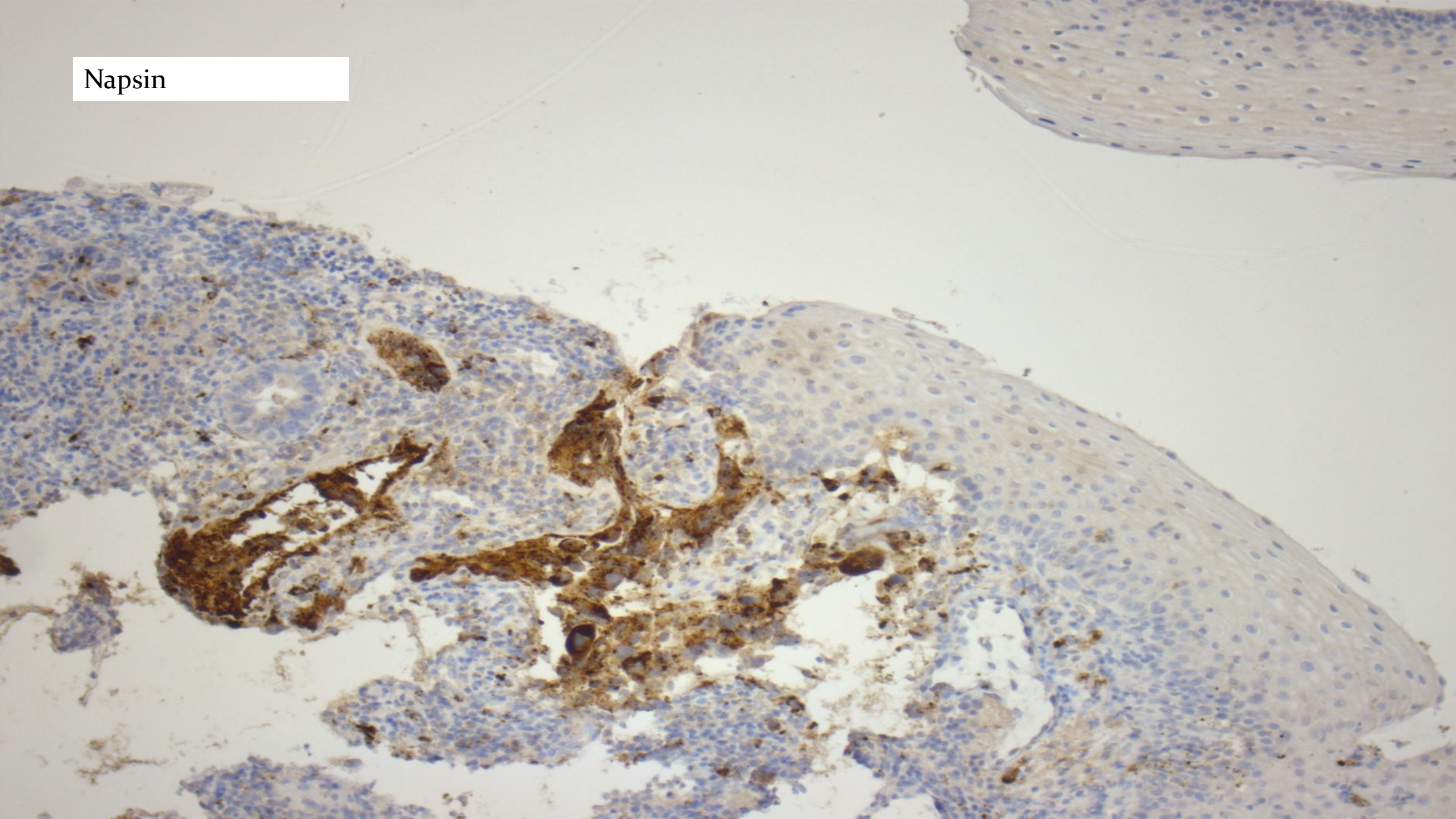
Biopsija PVU



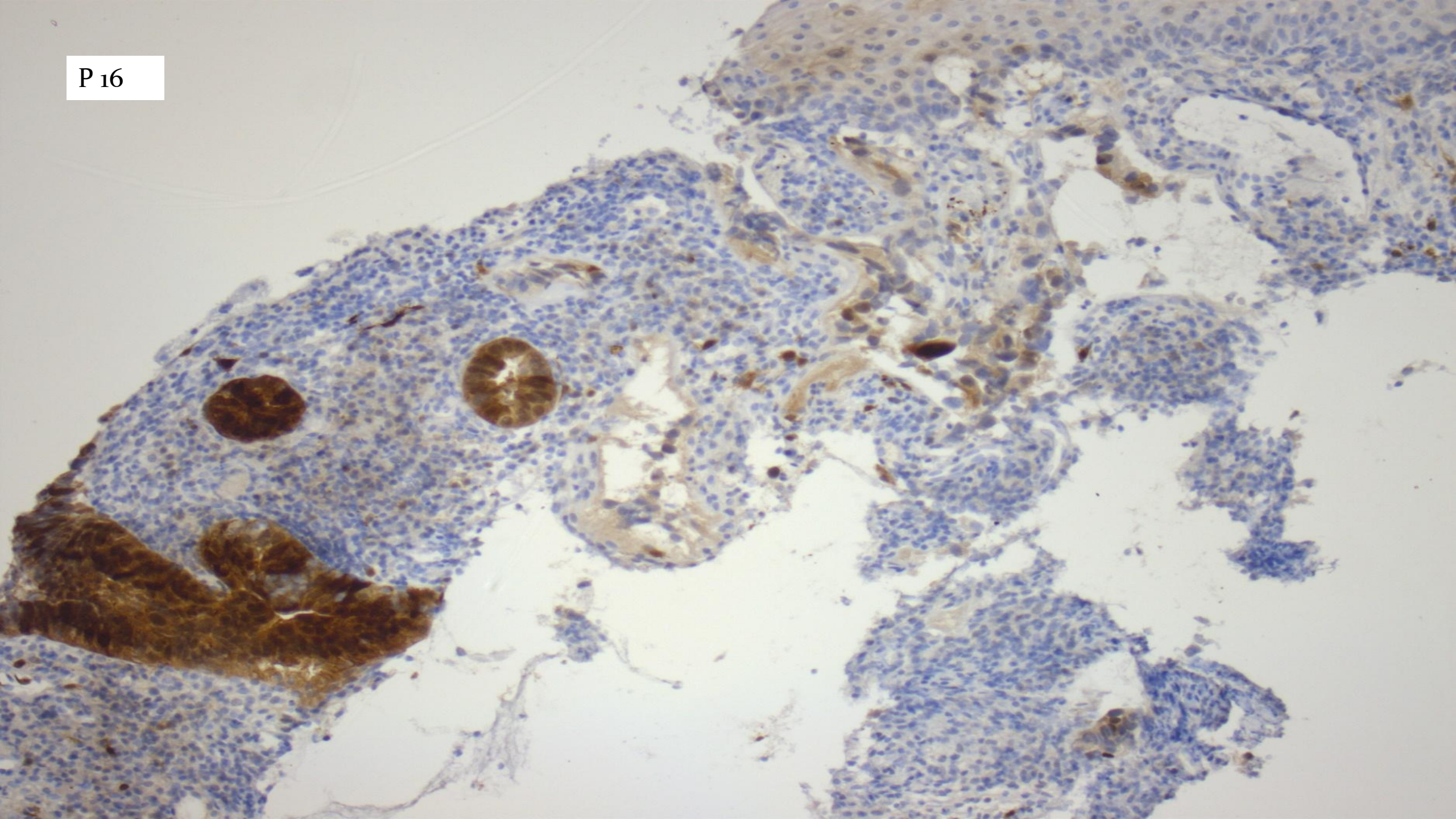
Biopsija PVU



Napsin



P 16

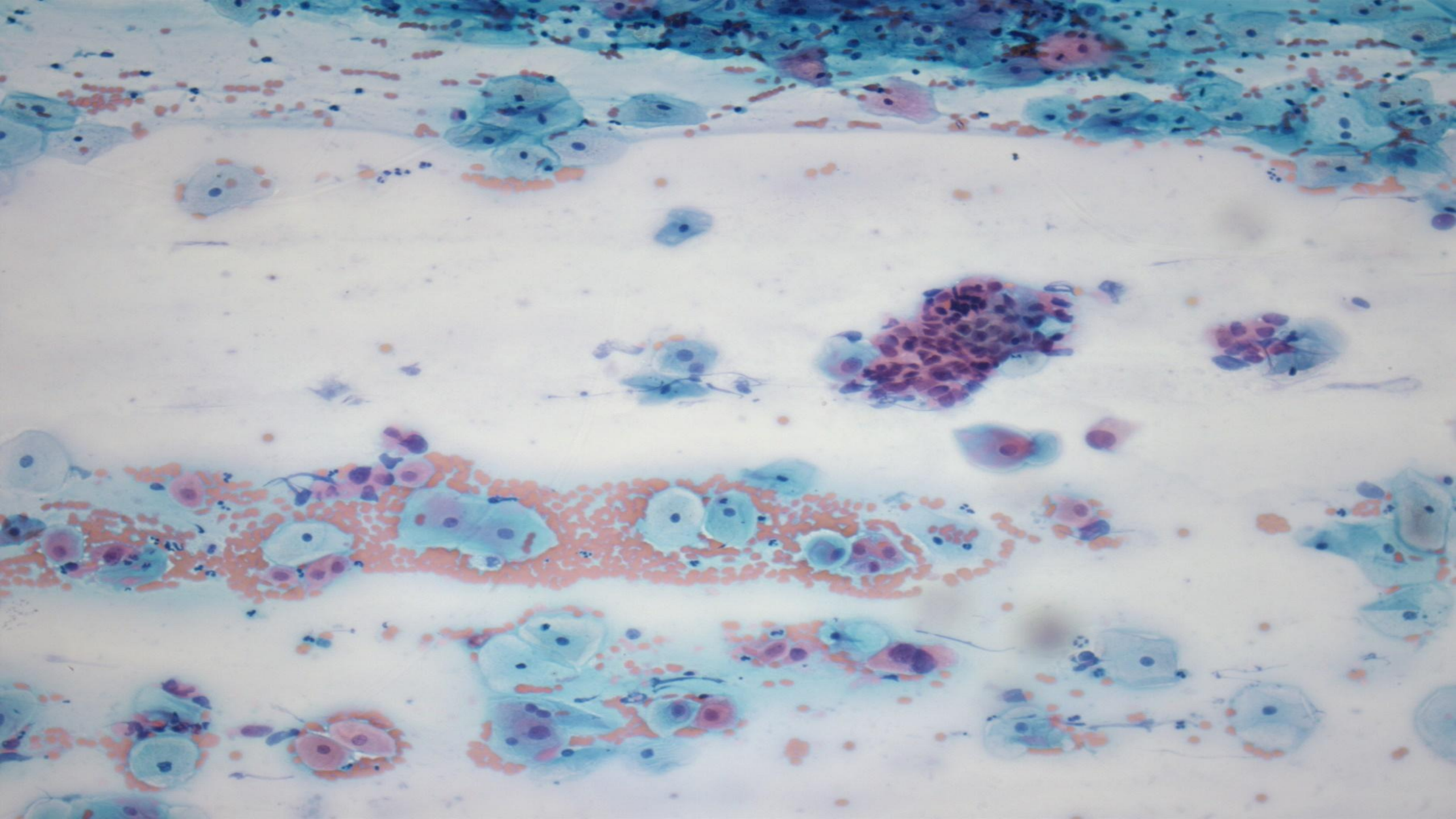


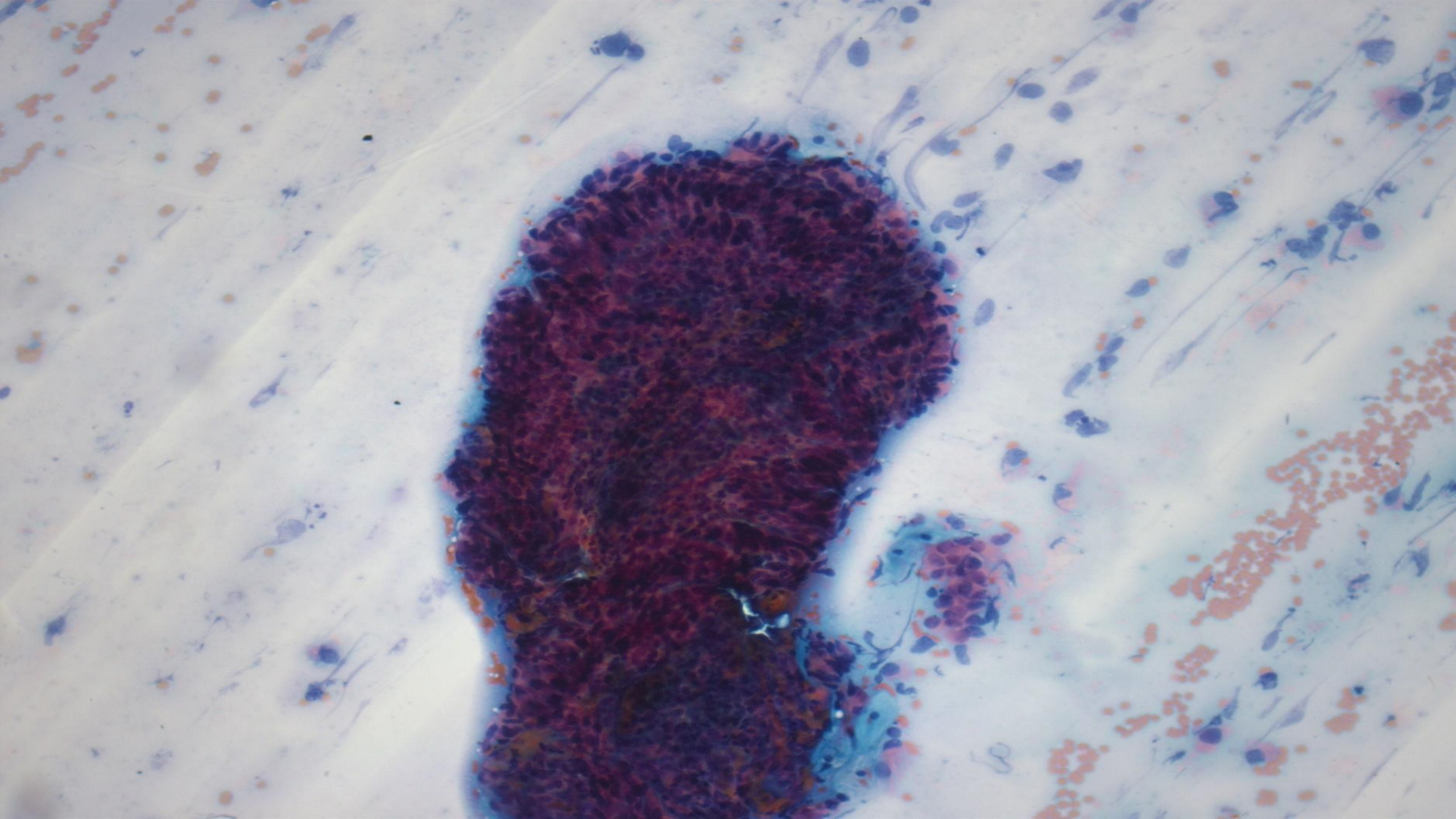
Slučaj 4.

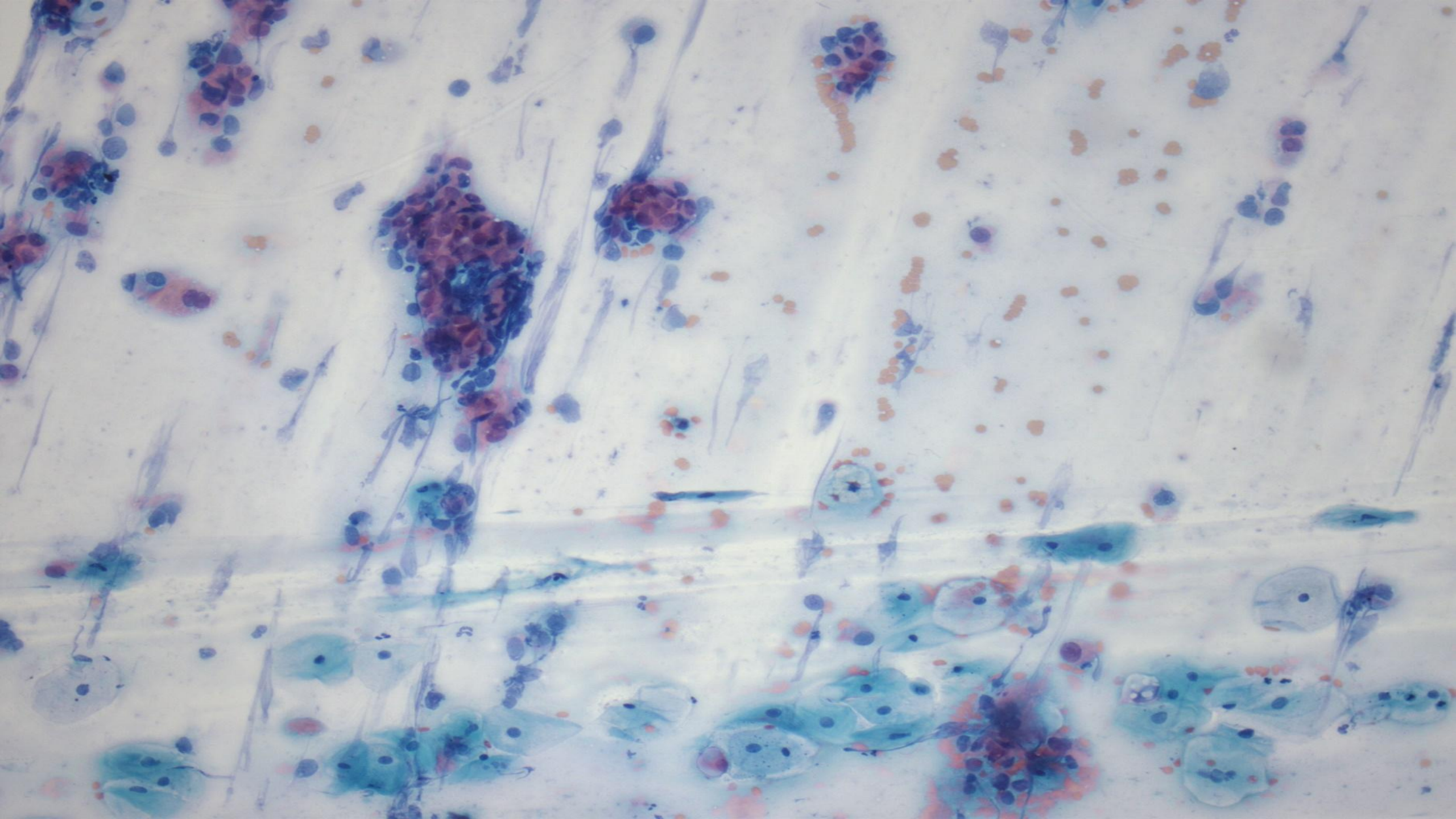
- AIS -HPV zavisni
- Clear cell carcinoma endometrii (uz prisustvo infiltracije strome cerviksa)

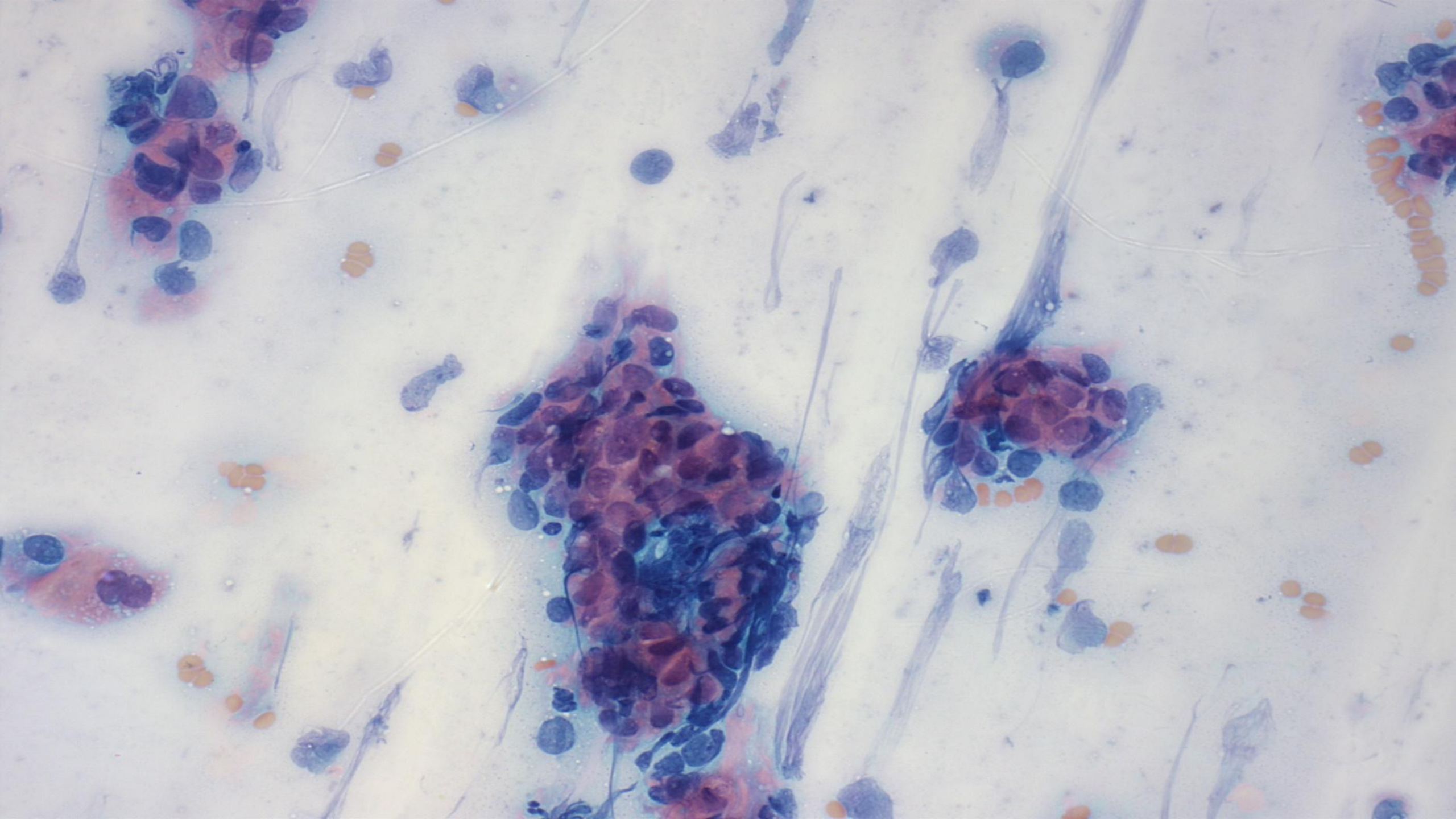
Slučaj 4.

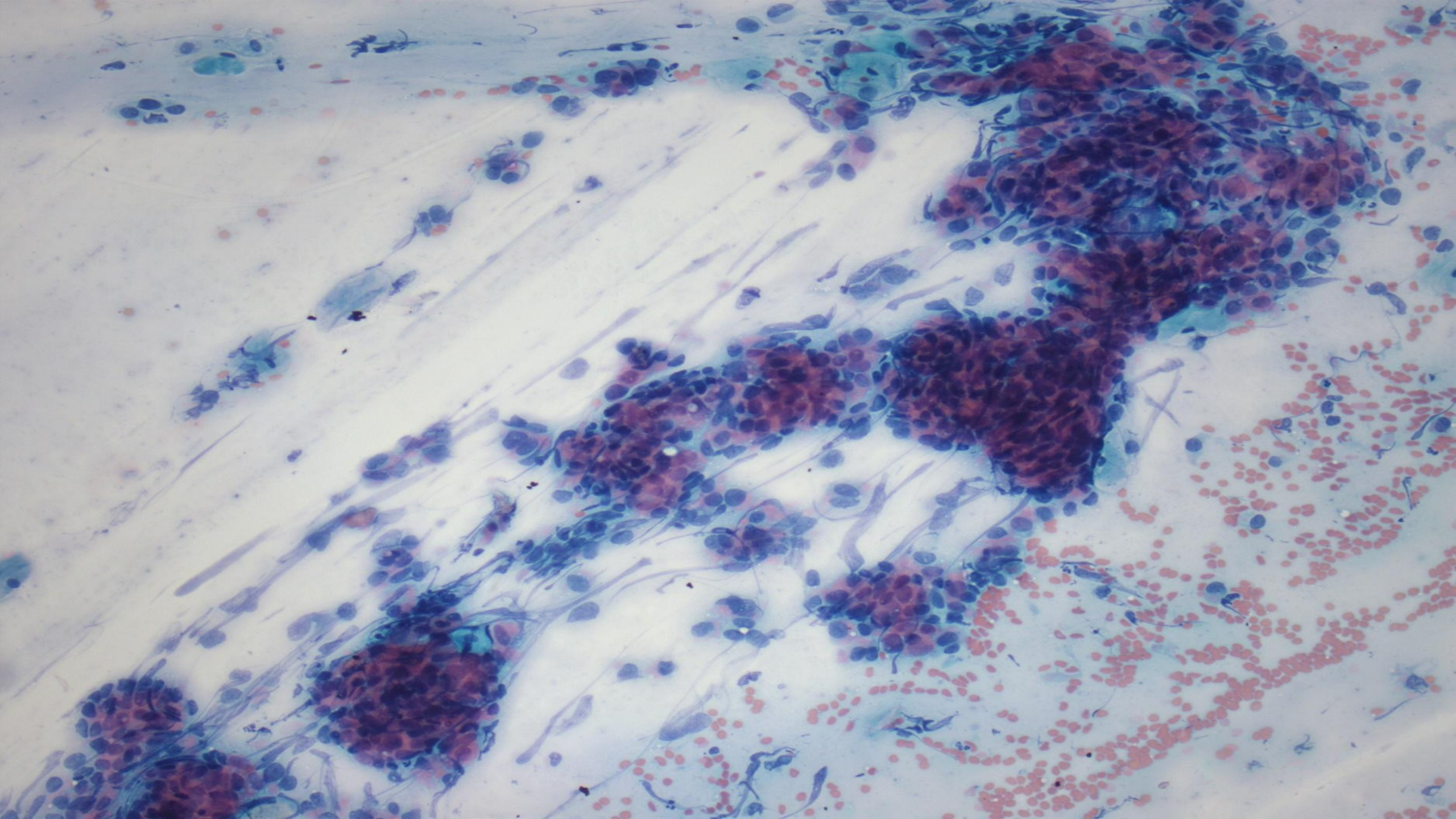
- Tražim PAPA bris u privatnim laboratorijama: NEMA
- Tražim u DZ NS ima i uz veliku zahvalnost Dafini Ostojić dobijam pločicu

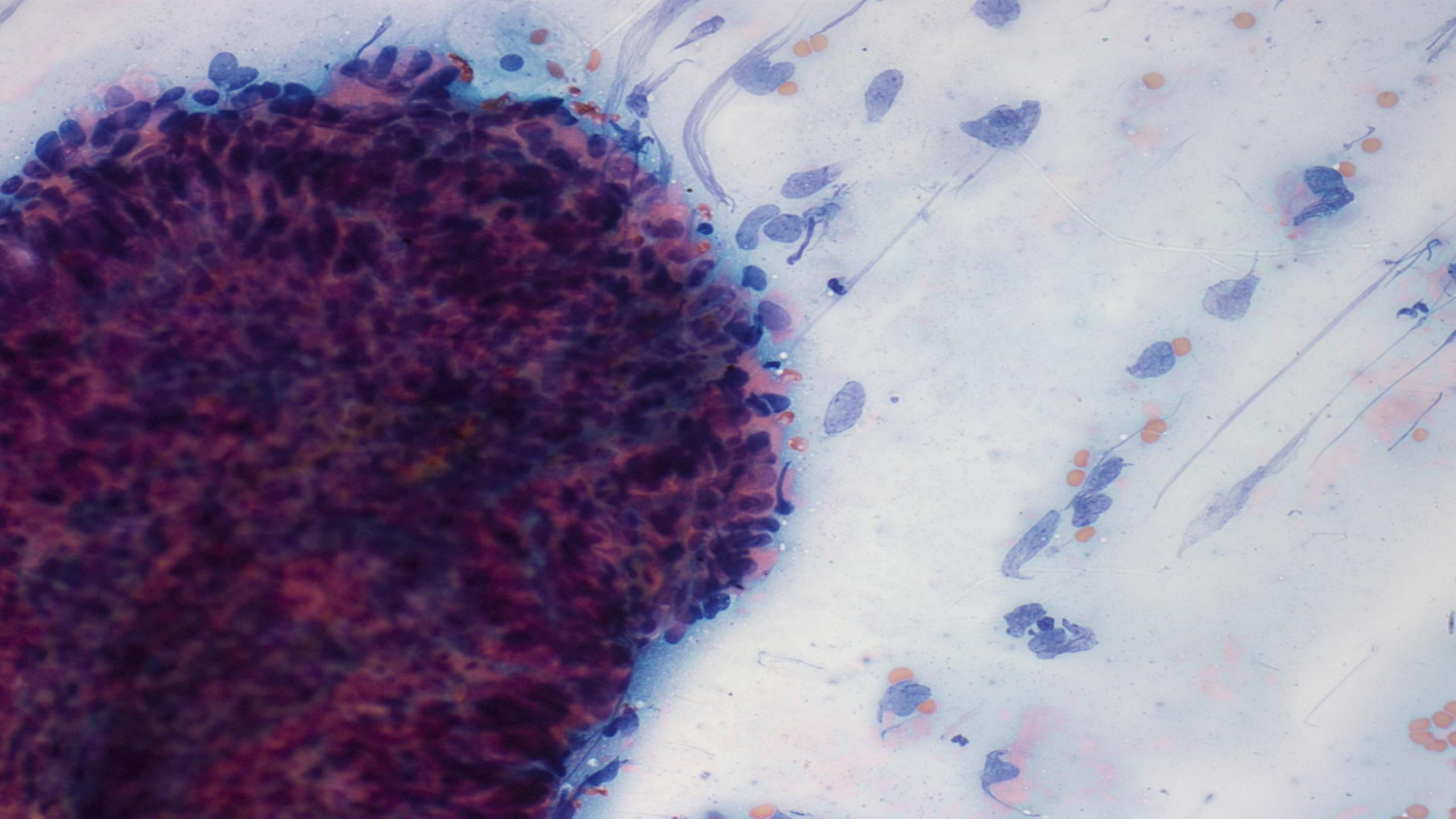


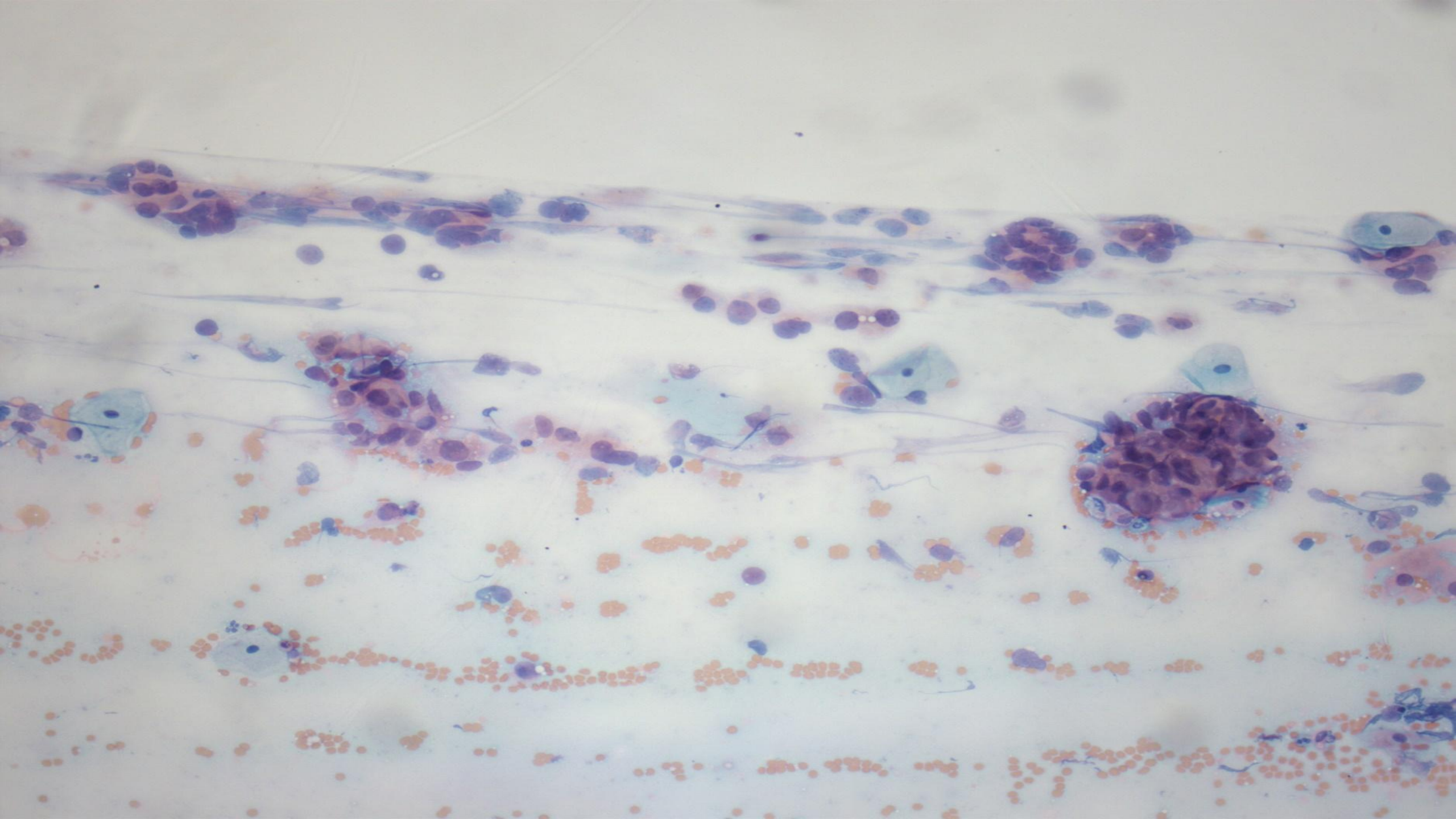


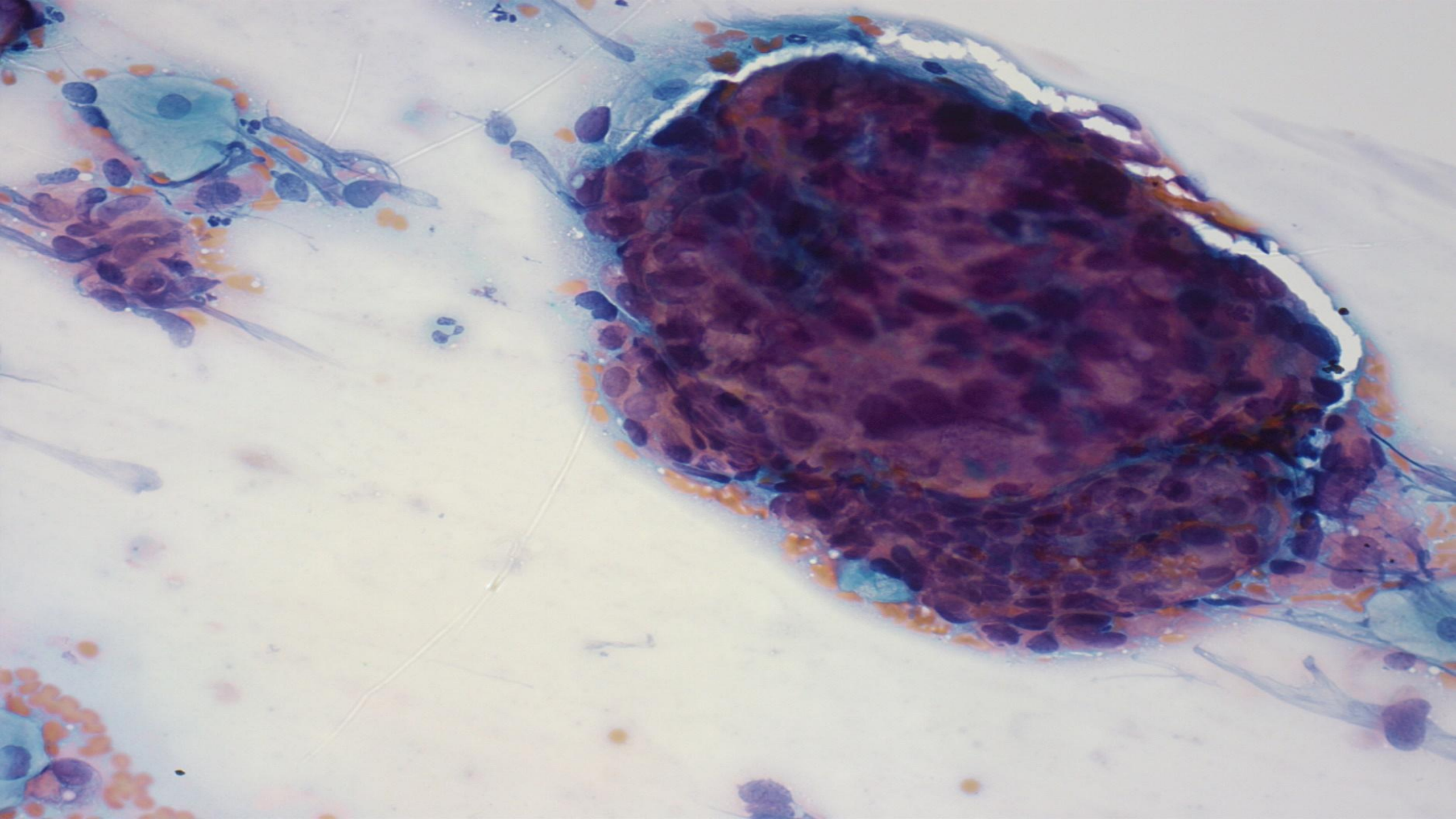






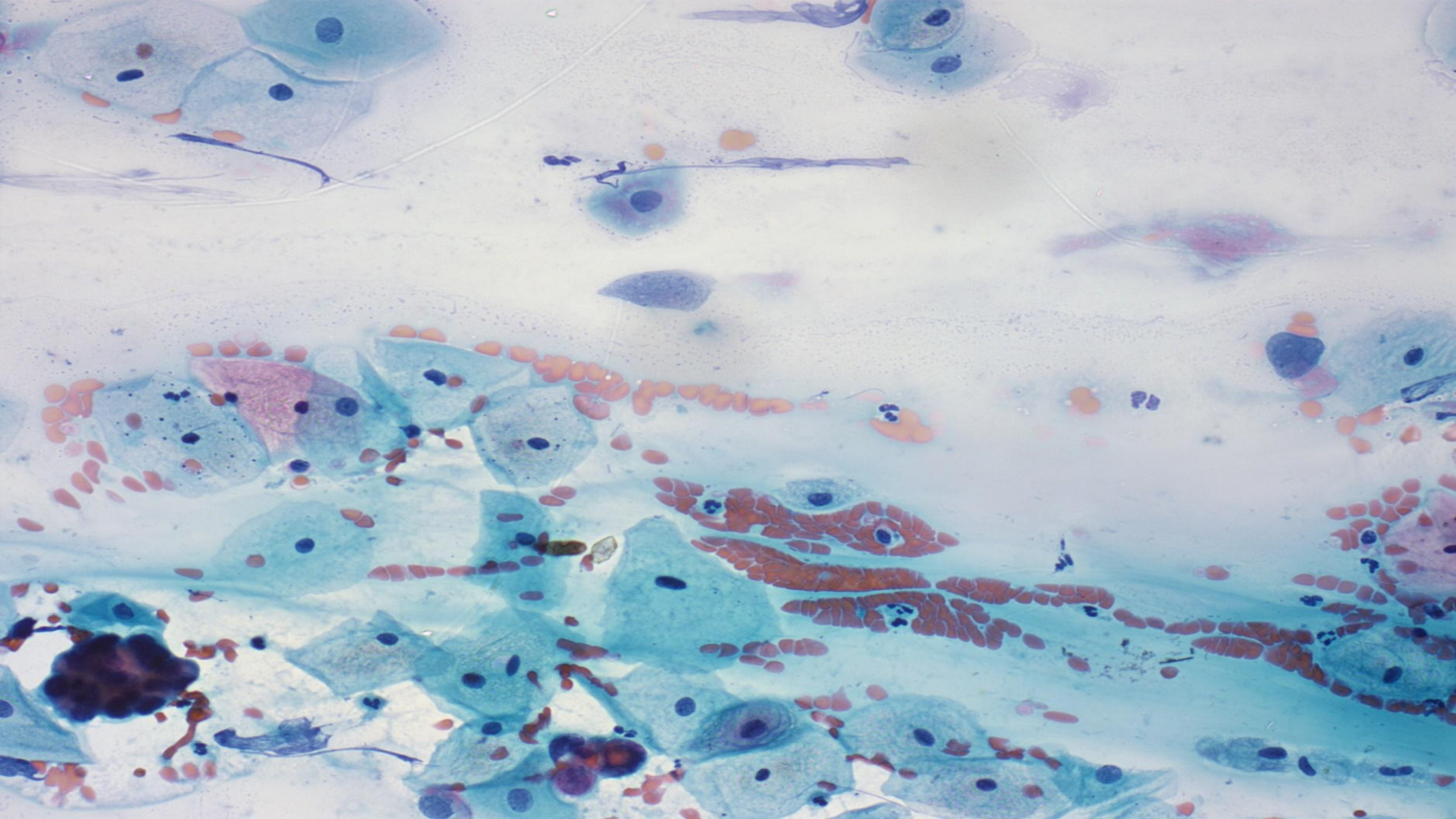


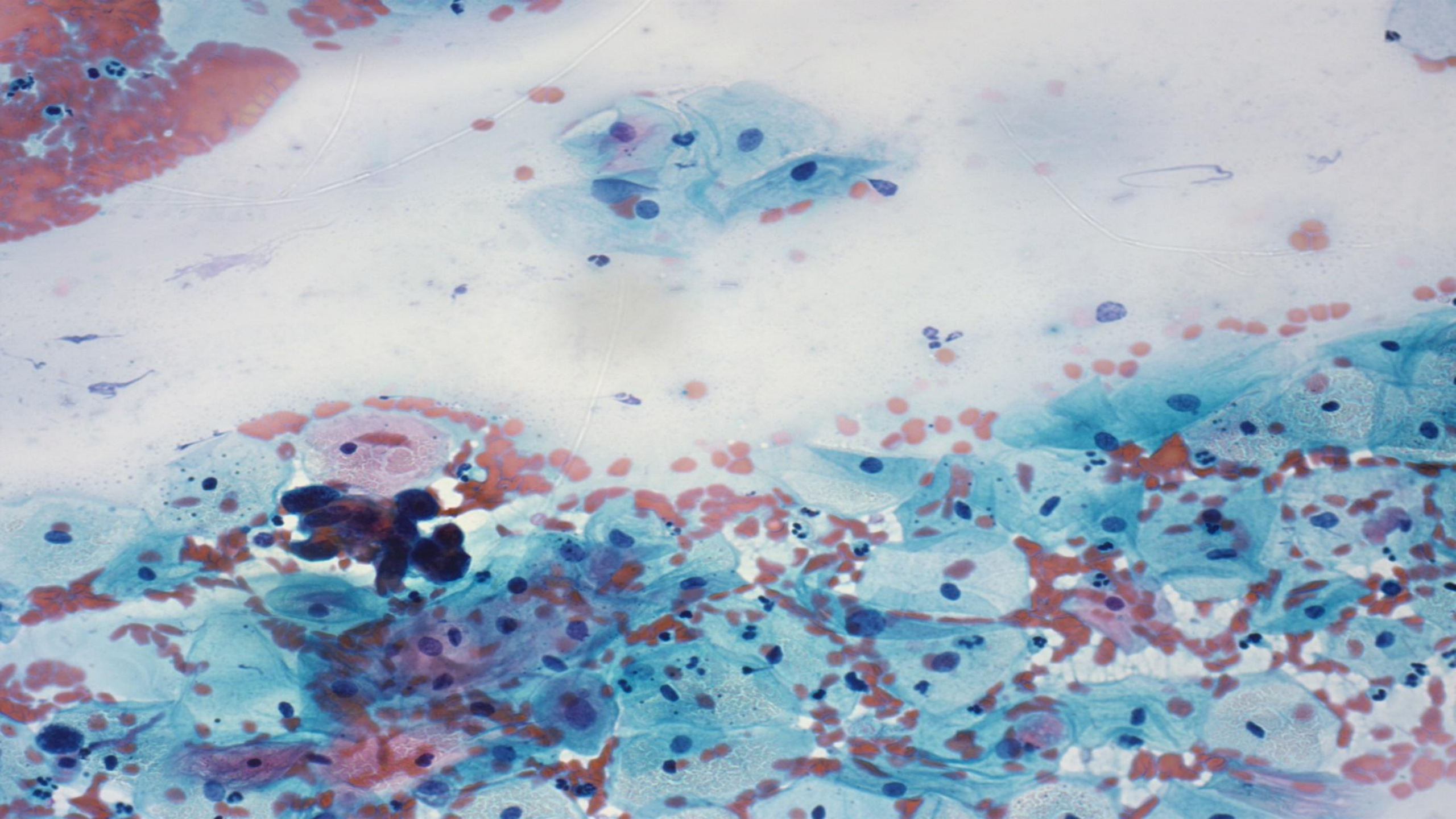


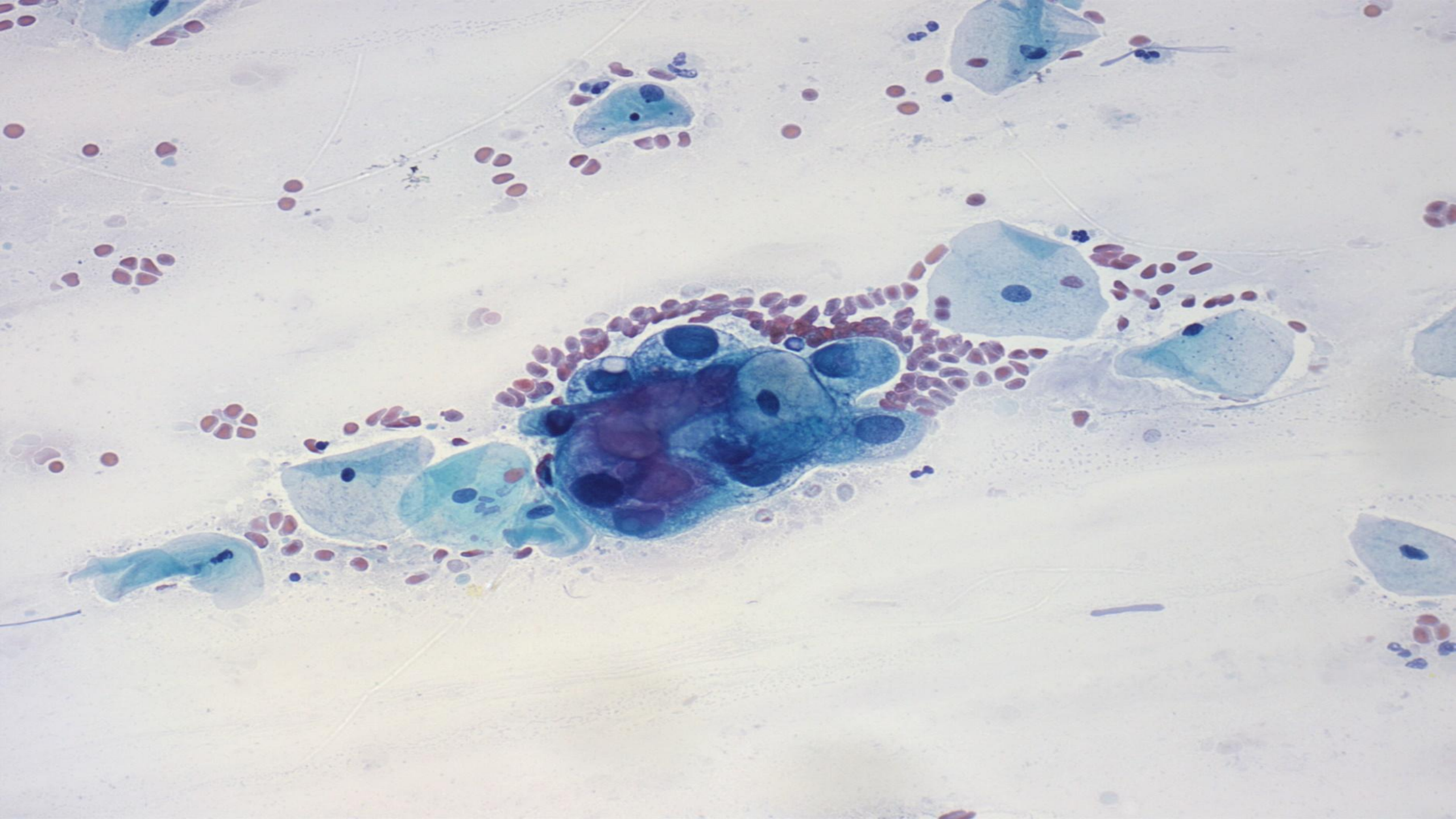


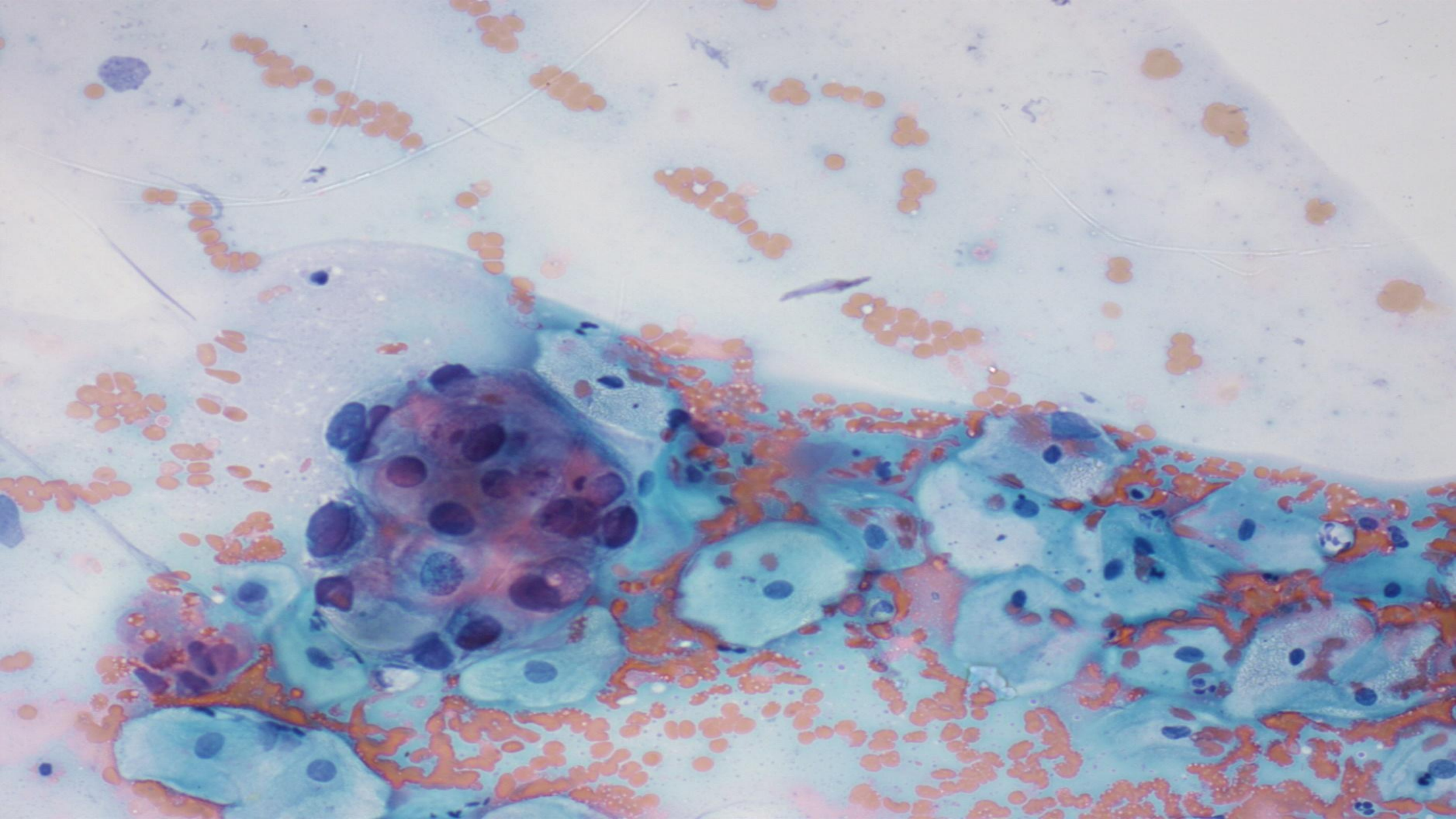
VAŠA DIJAGNOZA?

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- 3) ASC – H
- 4) LSIL
- 5) HSIL
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- 8) ADENOKARCINOM







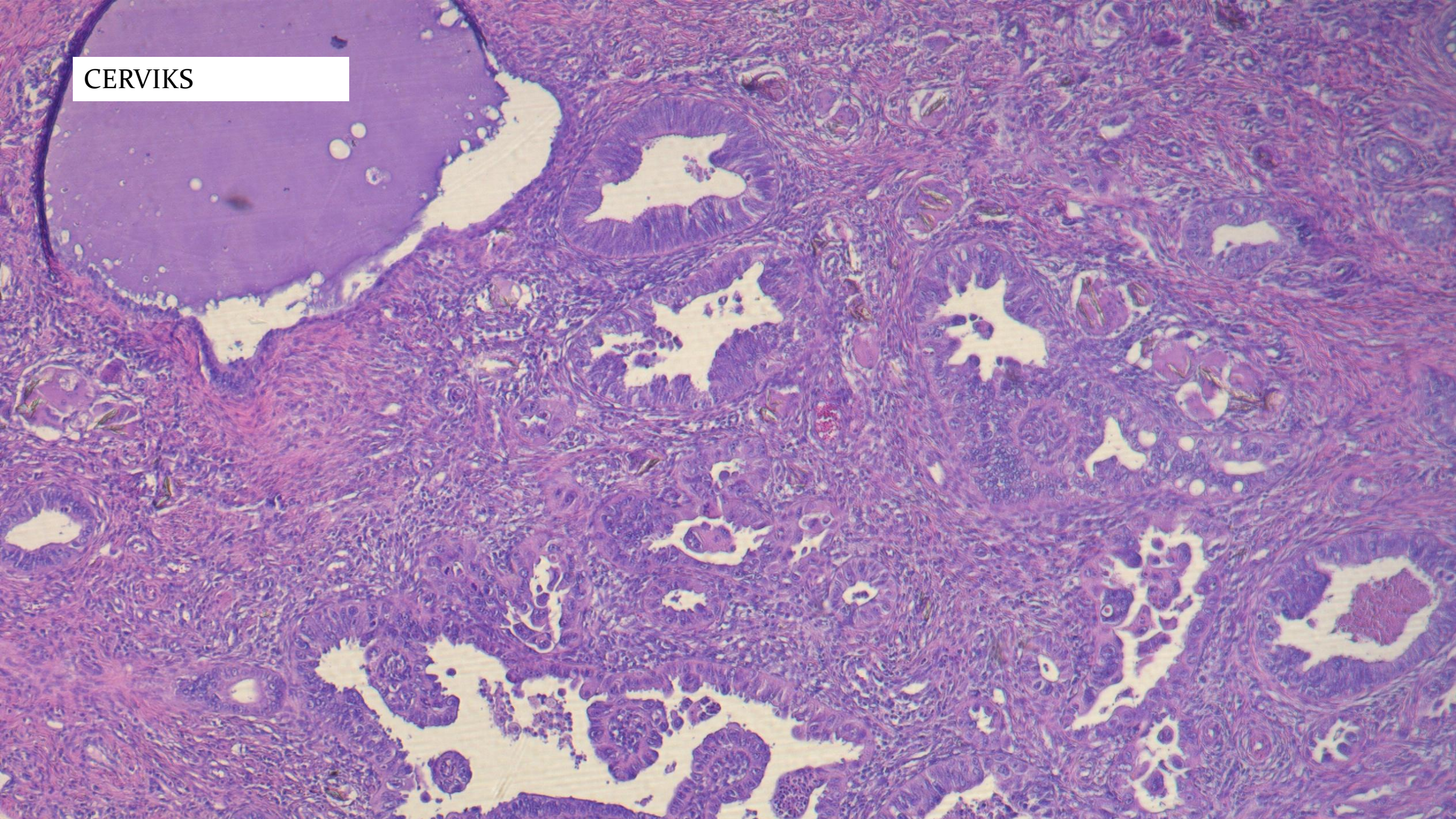


- Da li su ovo ćelije CLEAR CELL CARCINOMA????

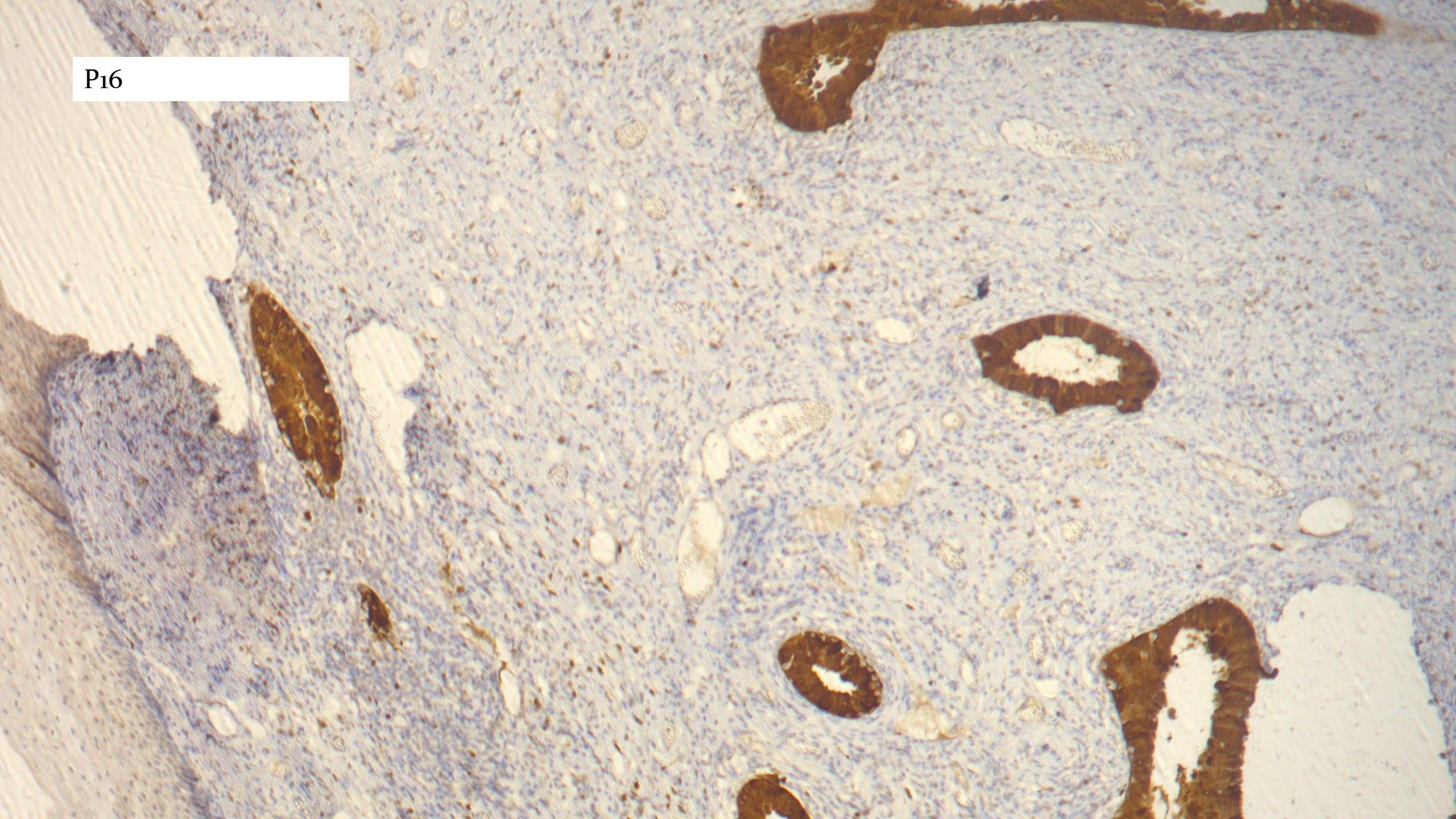
OPERACIJA

- Radikalna histerektomija sa adnektomijom
- Omentektomija
- Limfadenektomija parailijakalno i obturatorno obostrano

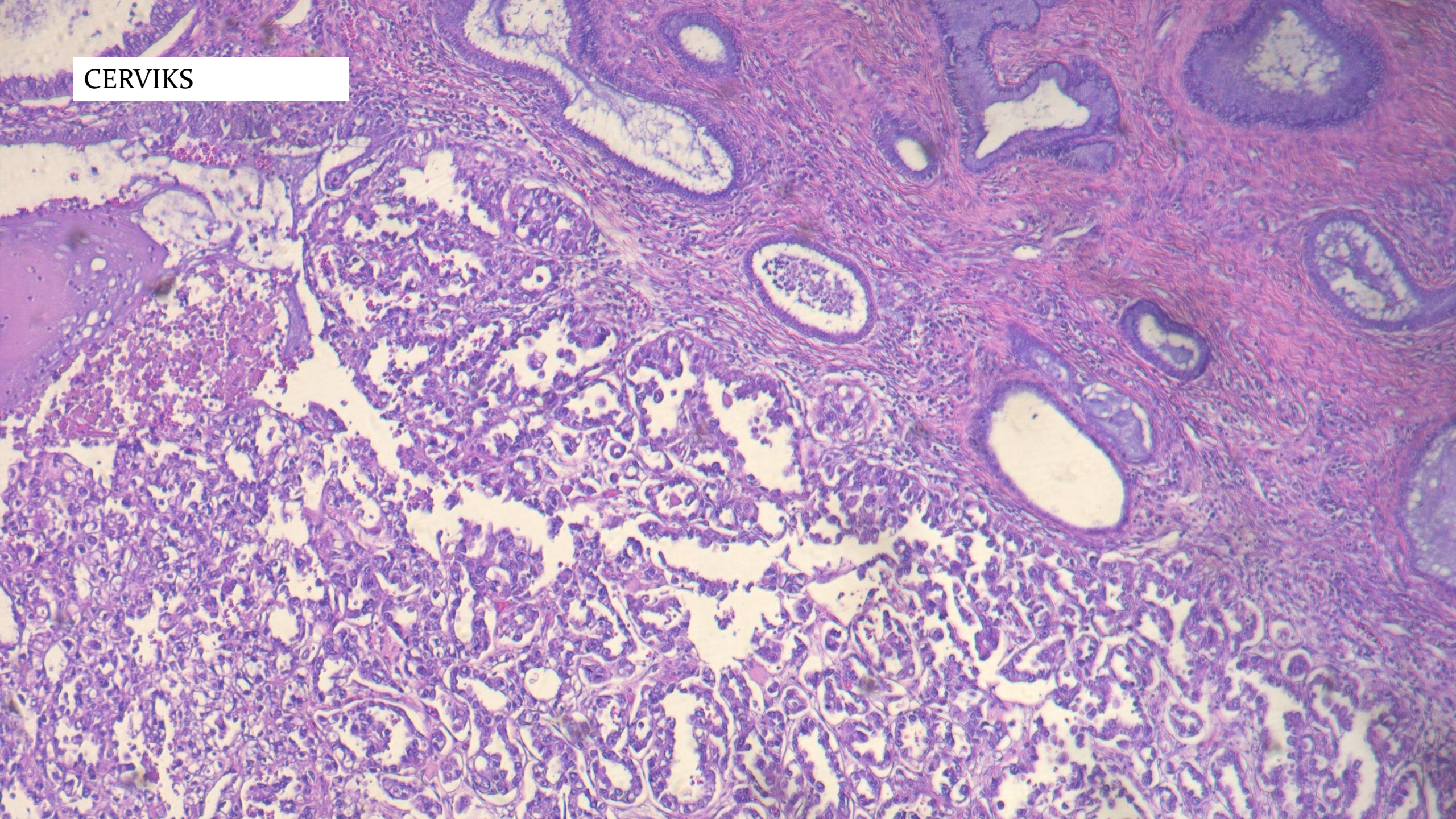
CERVIKS



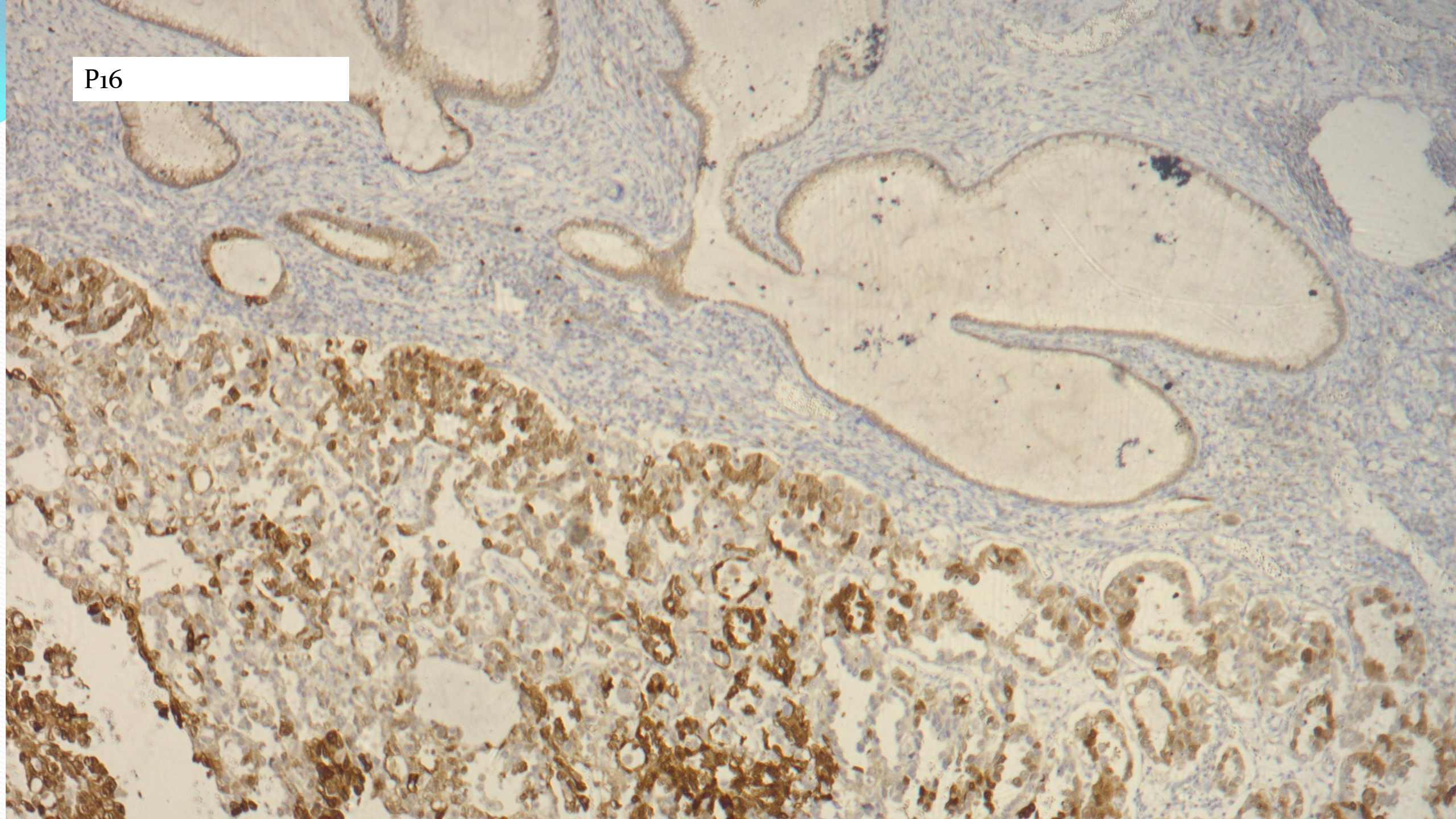
P16



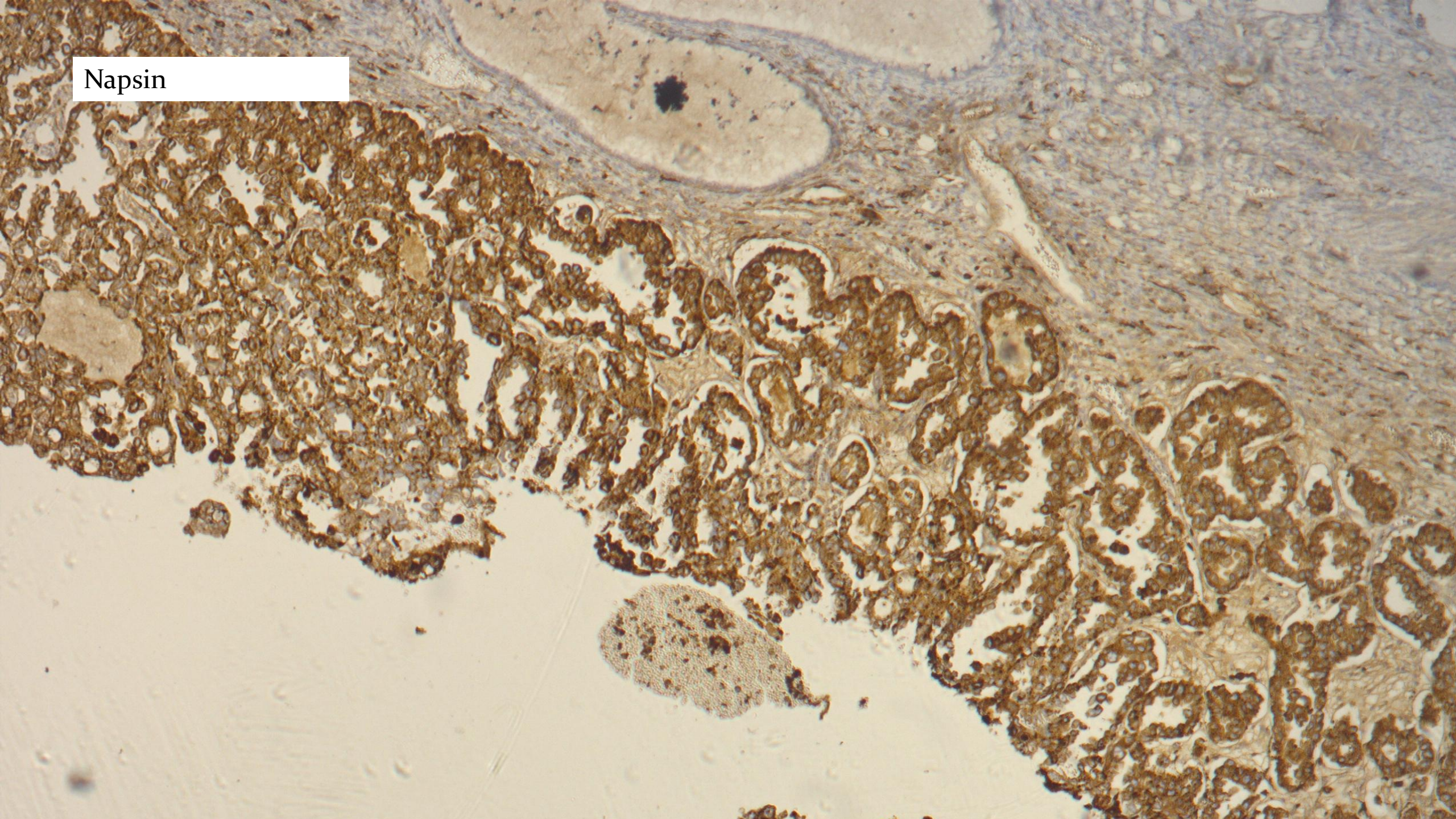
CERVIKS



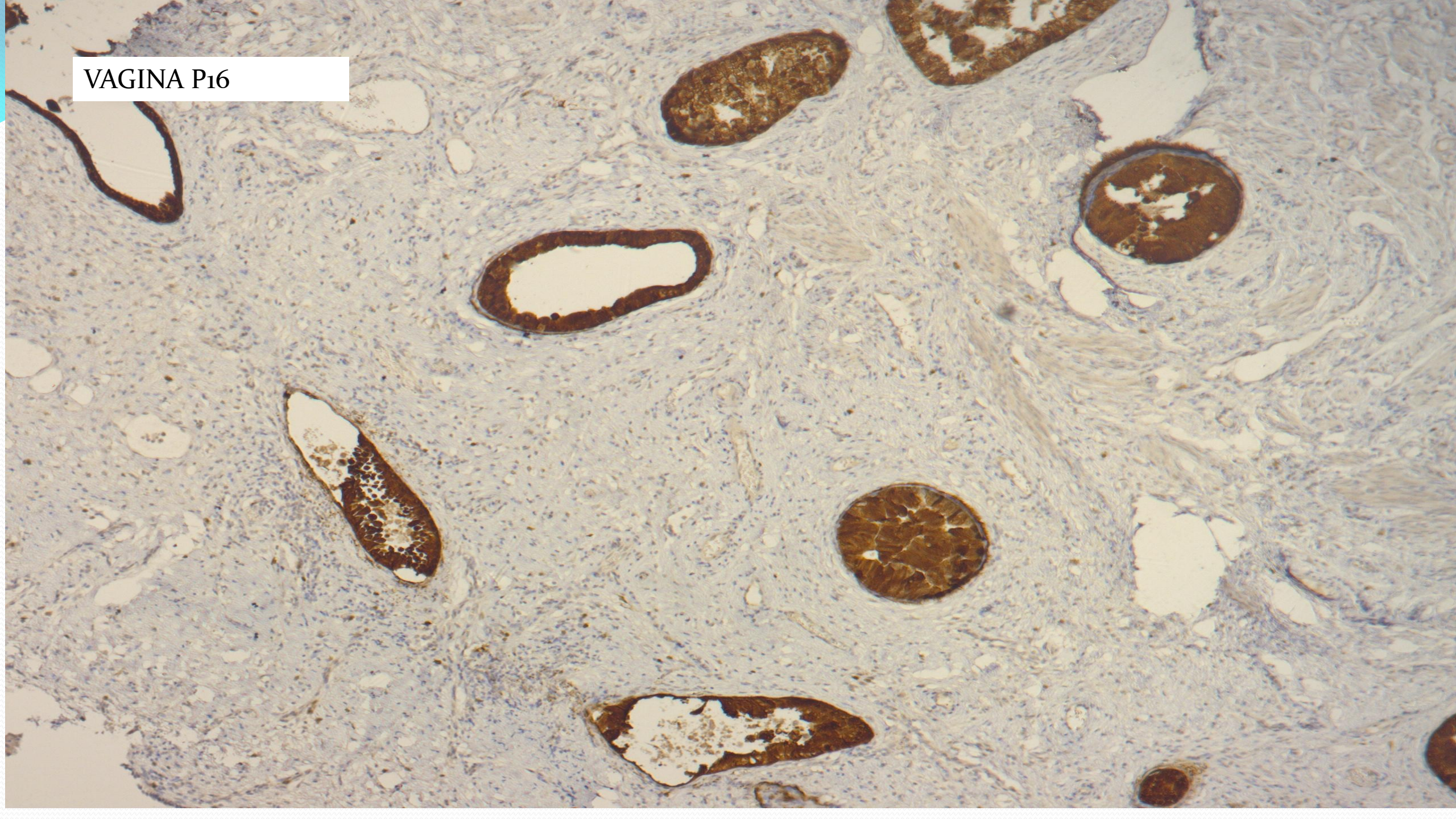
P16



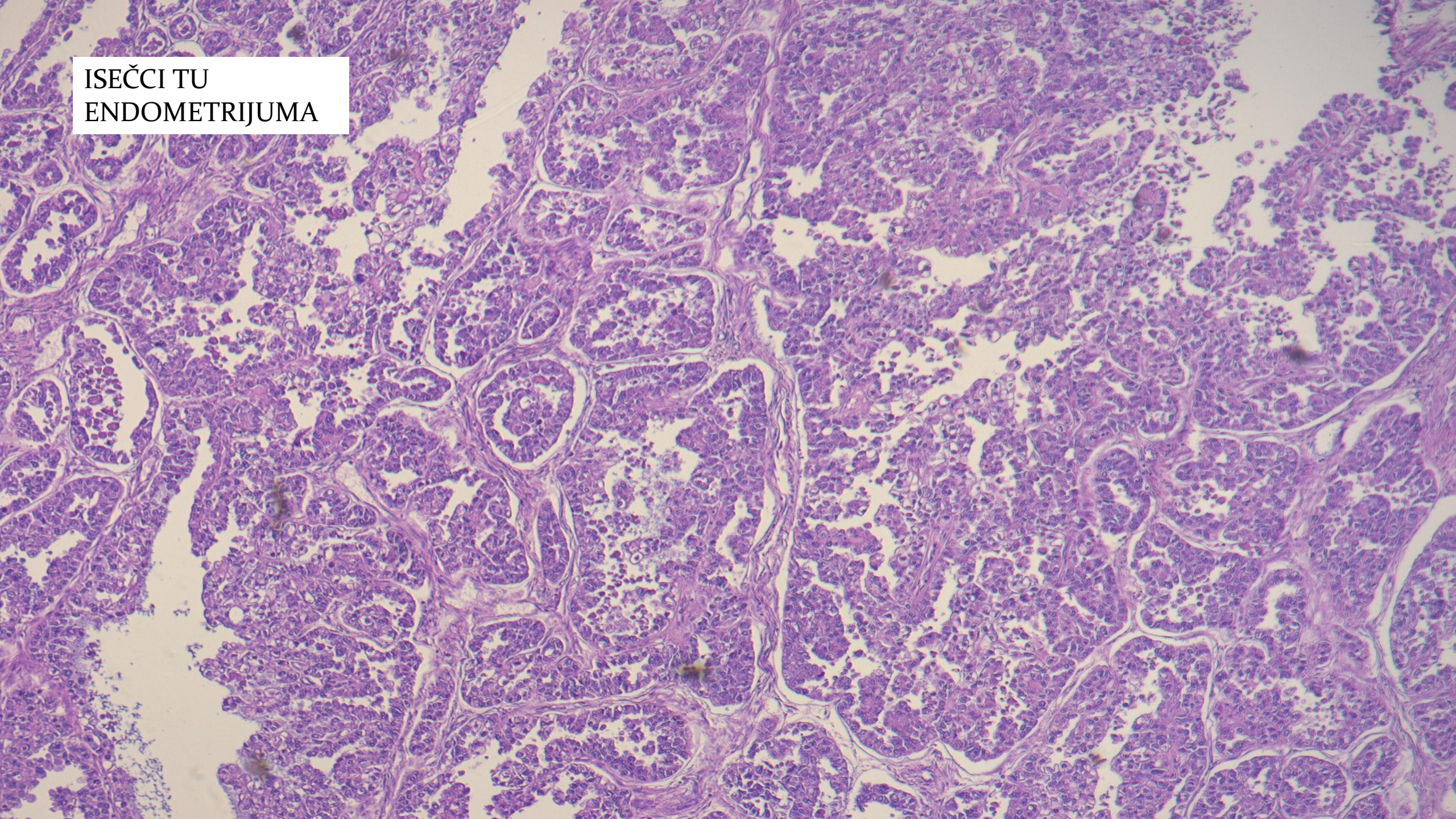
Napsin

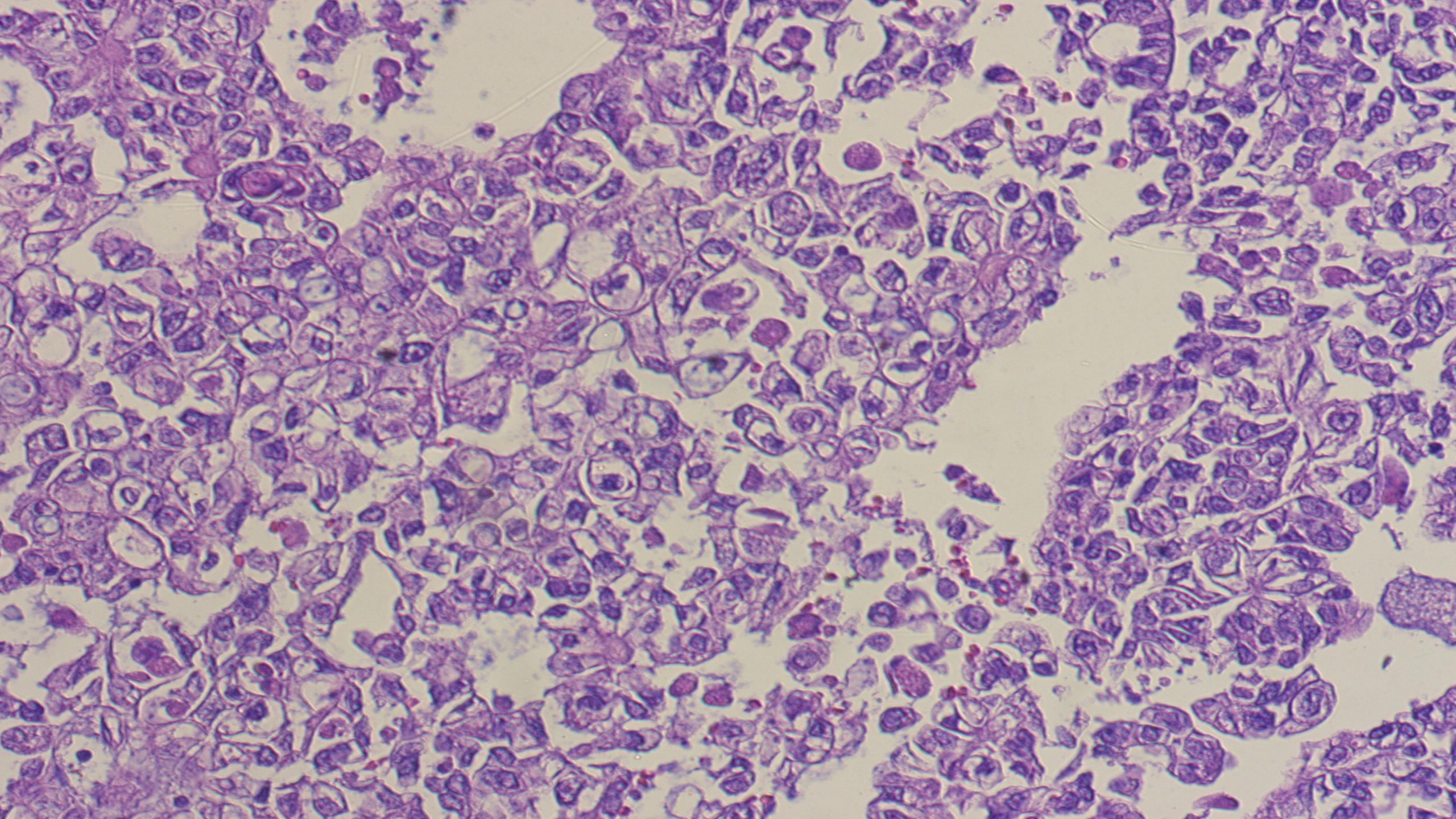


VAGINA P16

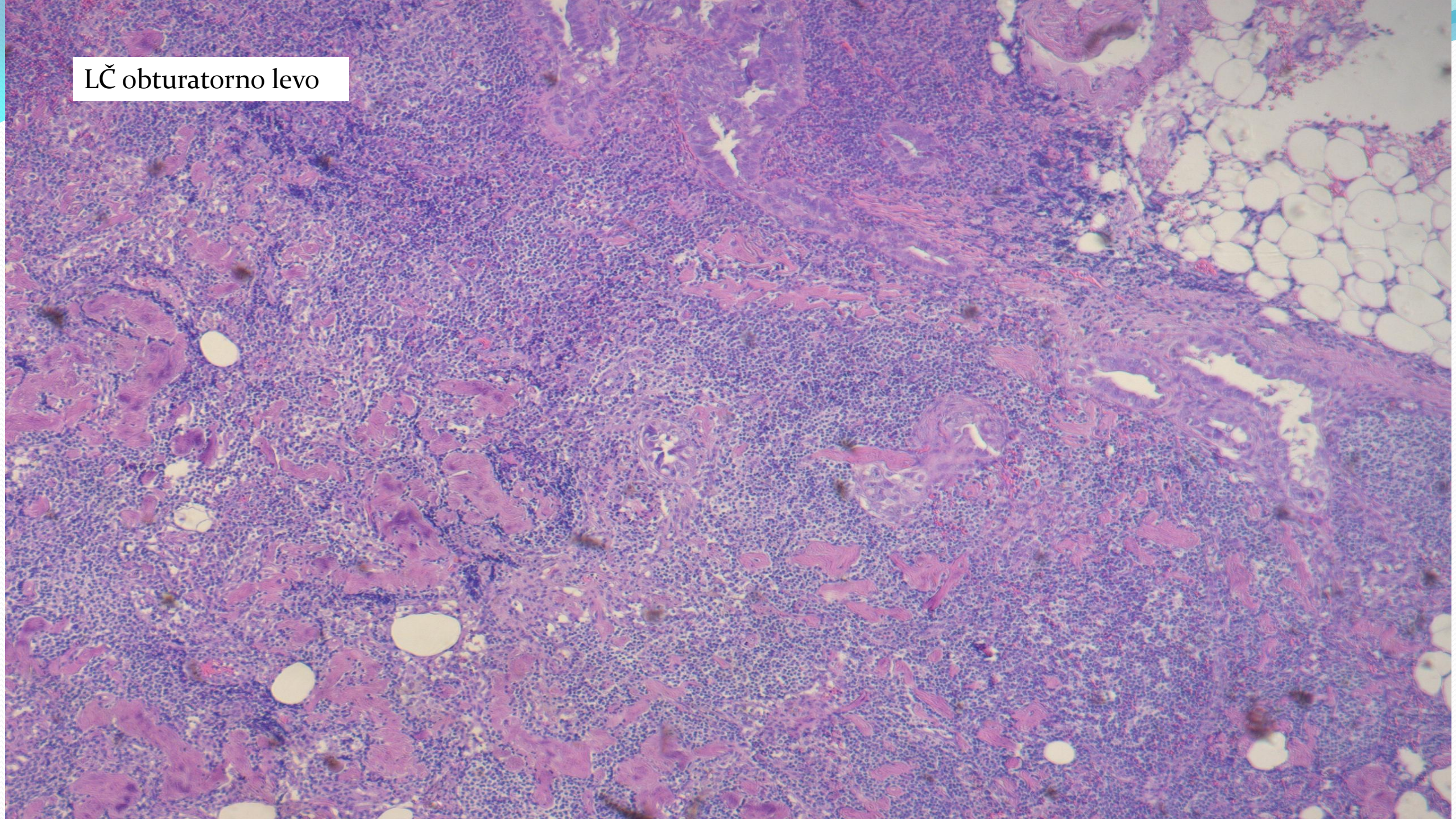


ISEČCI TU
ENDOMETRIJUMA

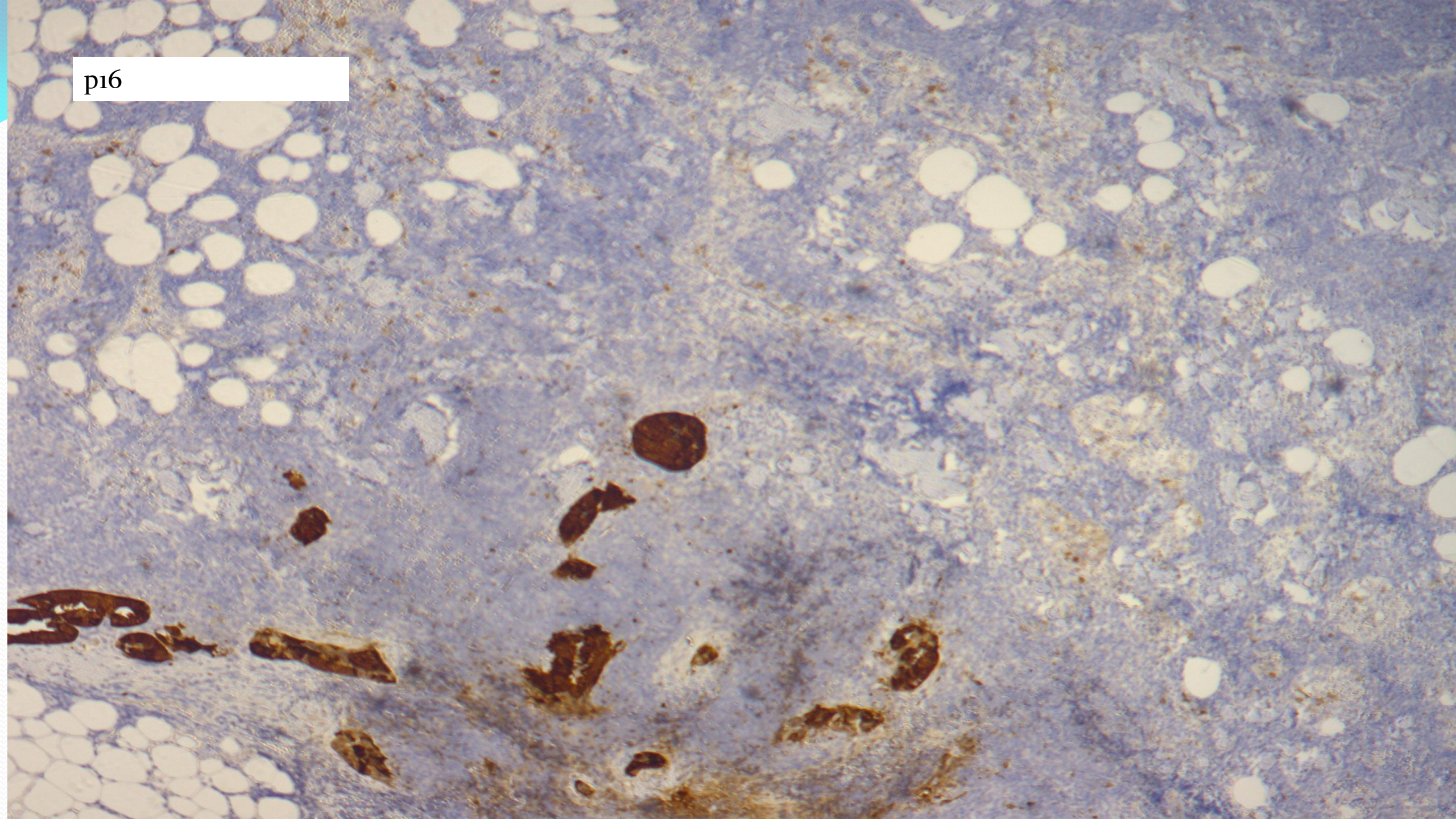




LČ obturatorno levo



p16



Zaključak:

I. Endocervical adenocarcinoma, HPV associated type (usual type).

- 1. Najveći promer tumora 2,2cm.
 - 2. Dubina stromalne invazije veća od 5mm.
 - 3. Silva patem invazije C.
 - 4. Prisutna limfovaskularna i perineuralna invazija.
 - 5. Tumor infiltruje paracervikalno tkivo, ali se ne nalazi na resekcionom rubu.
 - 6. Tumor infiltruje vaginalnu manžetnu i telo materice.
 - 7. Tumor ne infiltruje levu i desnu adneksu, niti omentum.
 - 8. Pregledana ukupno 3 limfna čvora. Prisutna mikrometastaza tumora u jednom limfnom čvoru: pozicije buratorna jama levo – promer metastatskog depozita 1,6mm.
- pT2bN1mi (FIGO Stage IIIC1).**

II. Clear Cell karcinom endometrijuma.

- 1. Dimenzije tumorskog tkiva su 3x2 cm.
 - 2. Tumor infiltruje endometrijum i manje od polovine miometrijuma.
 - 3. Tumor infiltruje unutrašnje materično ušće (myoinvasive) i stromu cerviksa.
 - 4. Tumor ne infiltruje vaginalnu manžetnu, levu i desnu adneksu, omentum, niti pregledane limfne čvorove.
 - 5. Lavat trbušne duplje sadrži maligne ćelije (C – 1159/24).
 - 6. Tumor je p53 mutiran i MMR stabilan (imunohistohemija rađena na PH broju 82763/24- kiretman kavuma)
- pT2 No Mx (FIGO Stage IICm).**

Prof. dr Milana Panjković

Datum:
10.01.2025

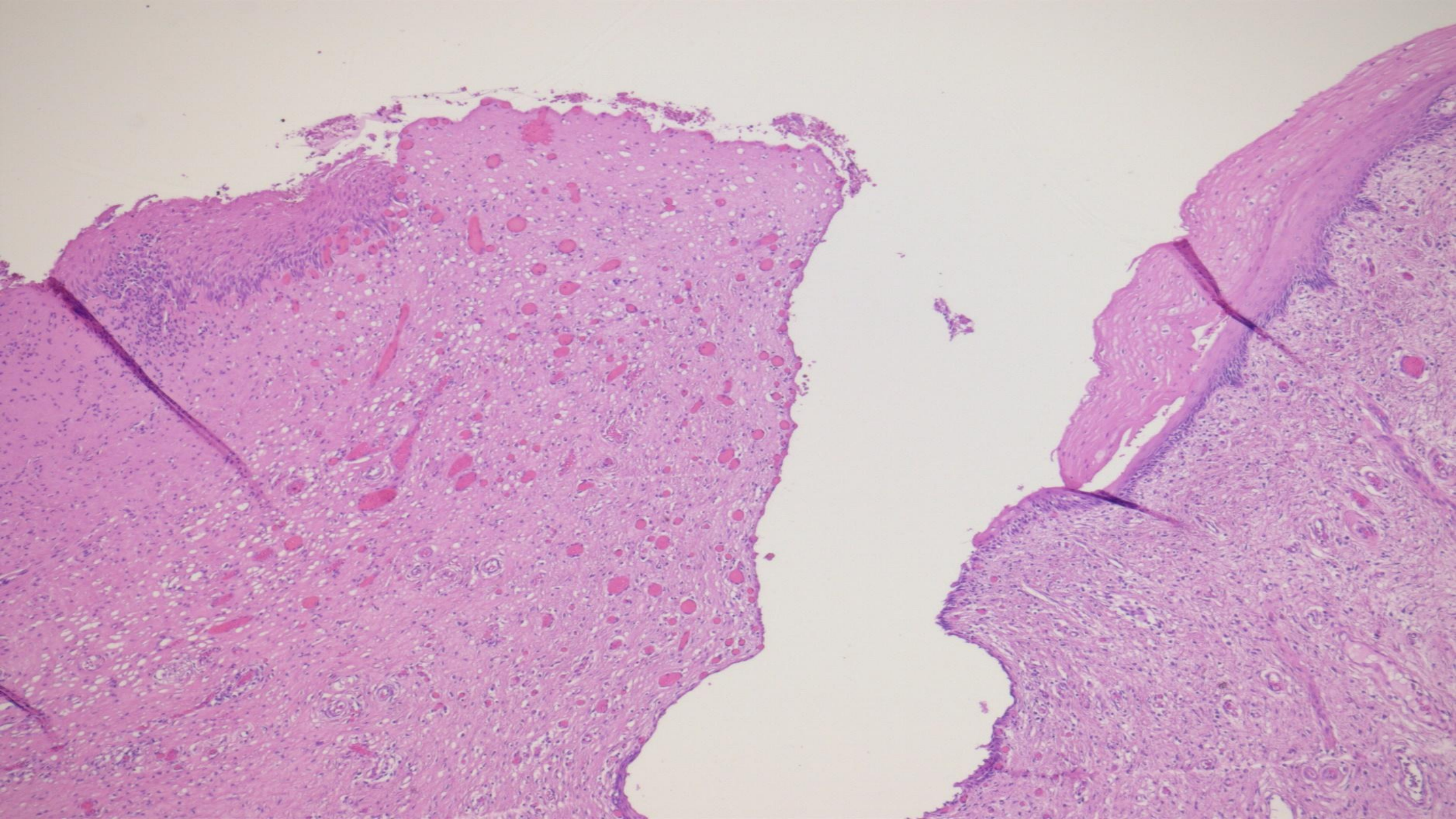
Lekar na specijalizaciji:
dr Jovana Baljak

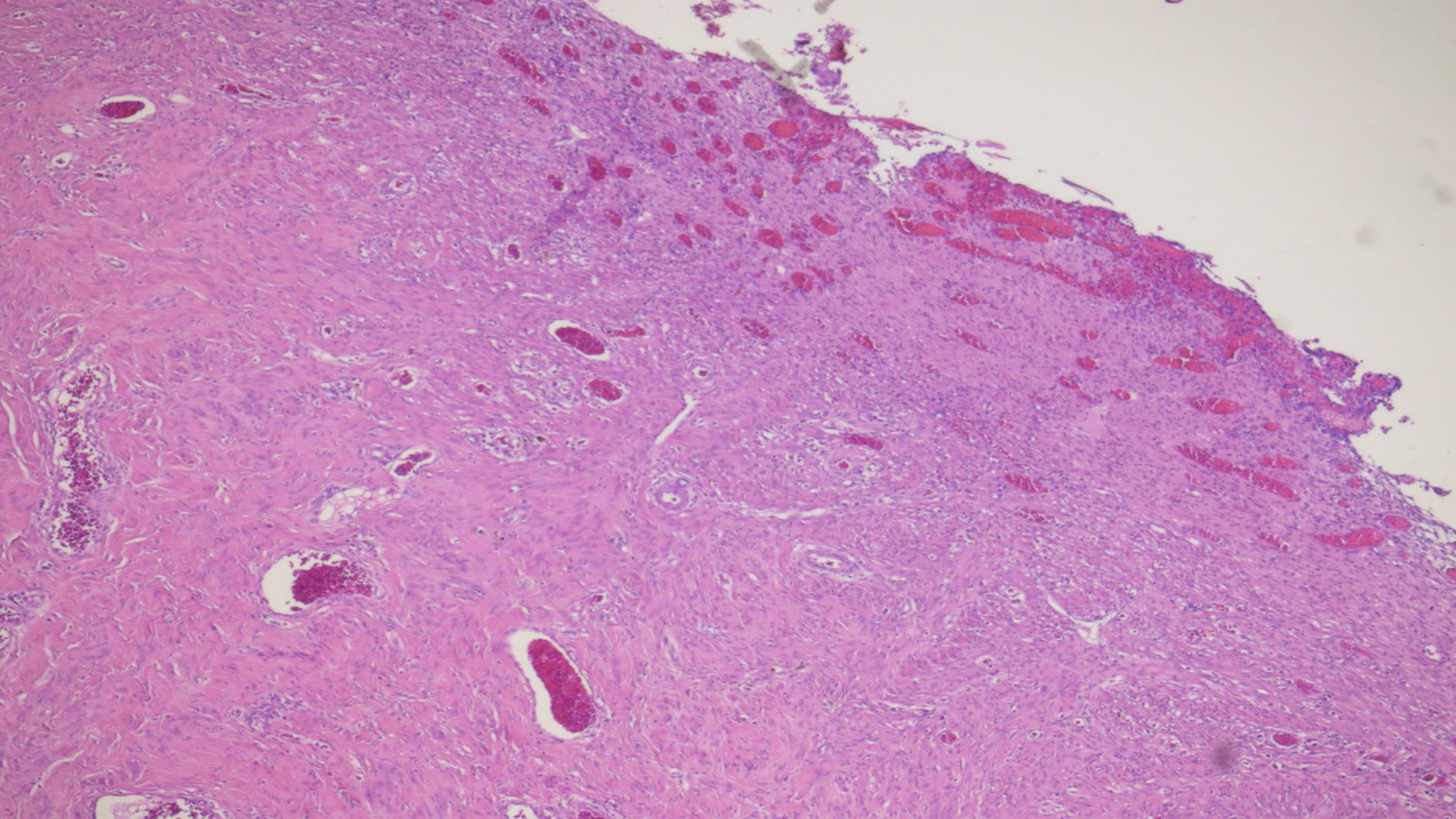
M.P.

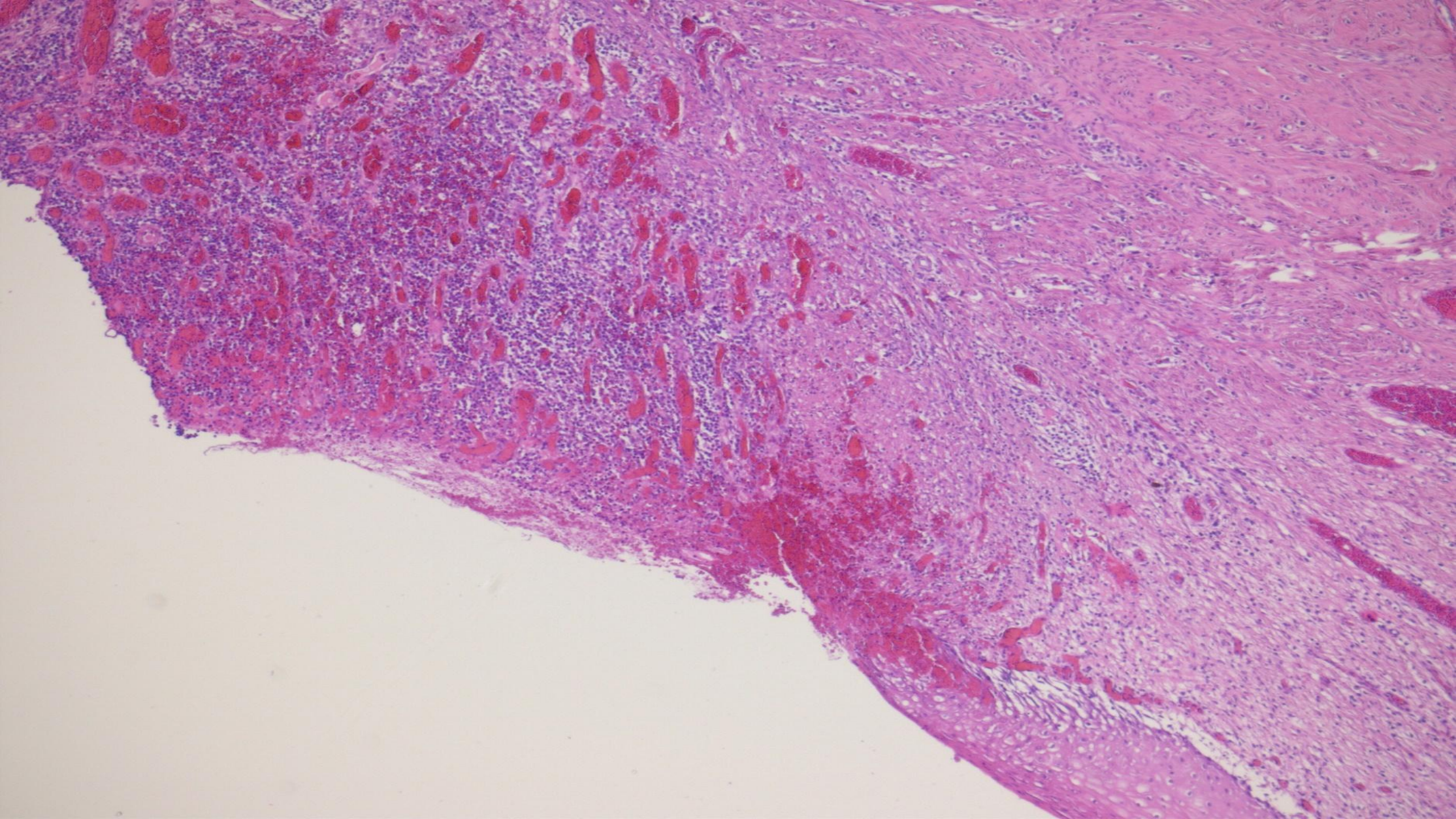
Lekar specijalista:
Asist. dr Aleksandra Ilić
specijalista patolog

Slučaj 5.

- MD 1974.godište, 50 godina
- PAPA prva: ASC-H nije moguće naći u podrumskoj arhivi
- Biopsija PVU i ECC: High- grade SIL PVU (verujte mi!)
- Urađena PRAVA KONIZACIJA (3,7x3,4cm dubina konusa 2cm)







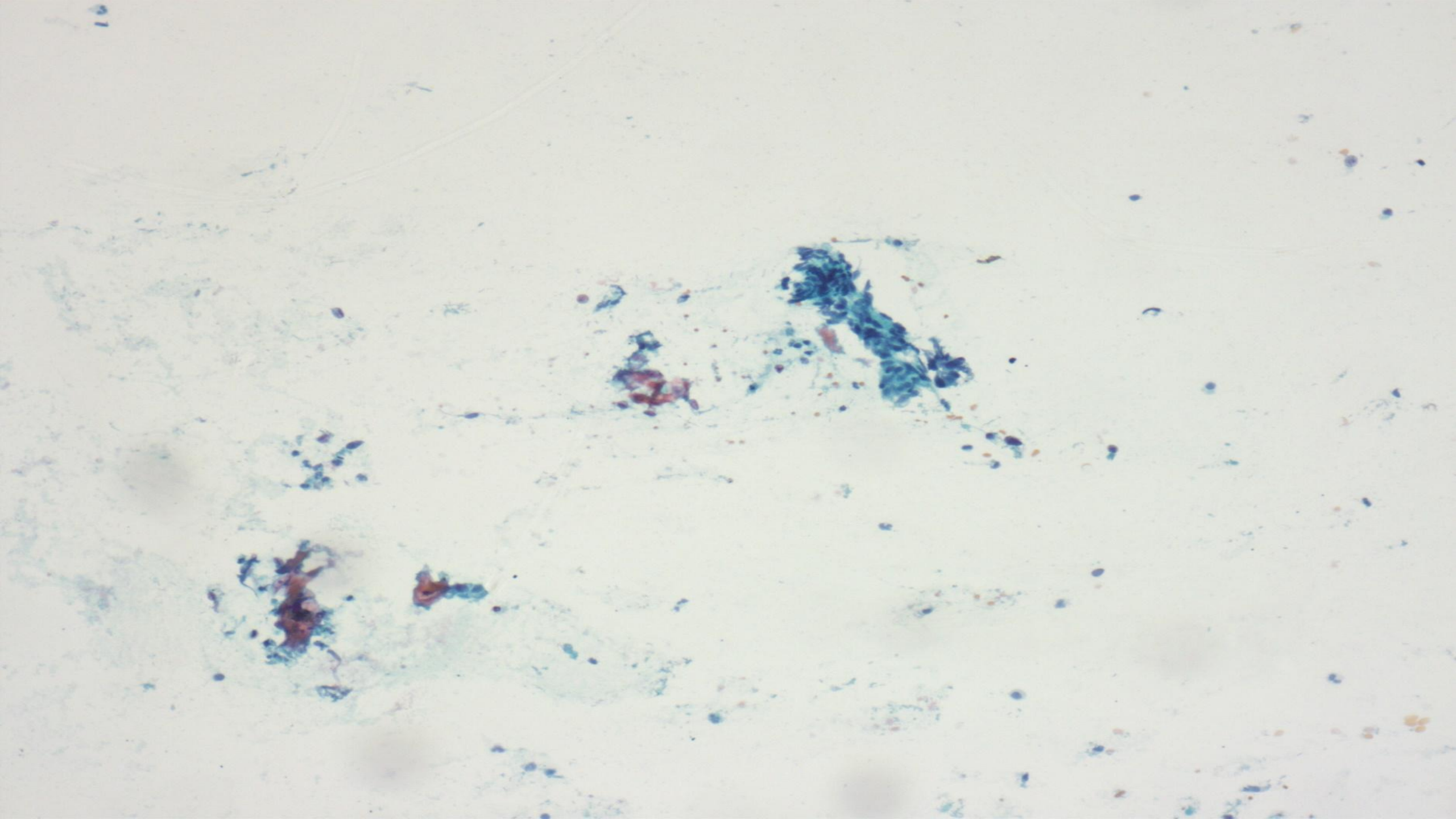
Slučaj 5.

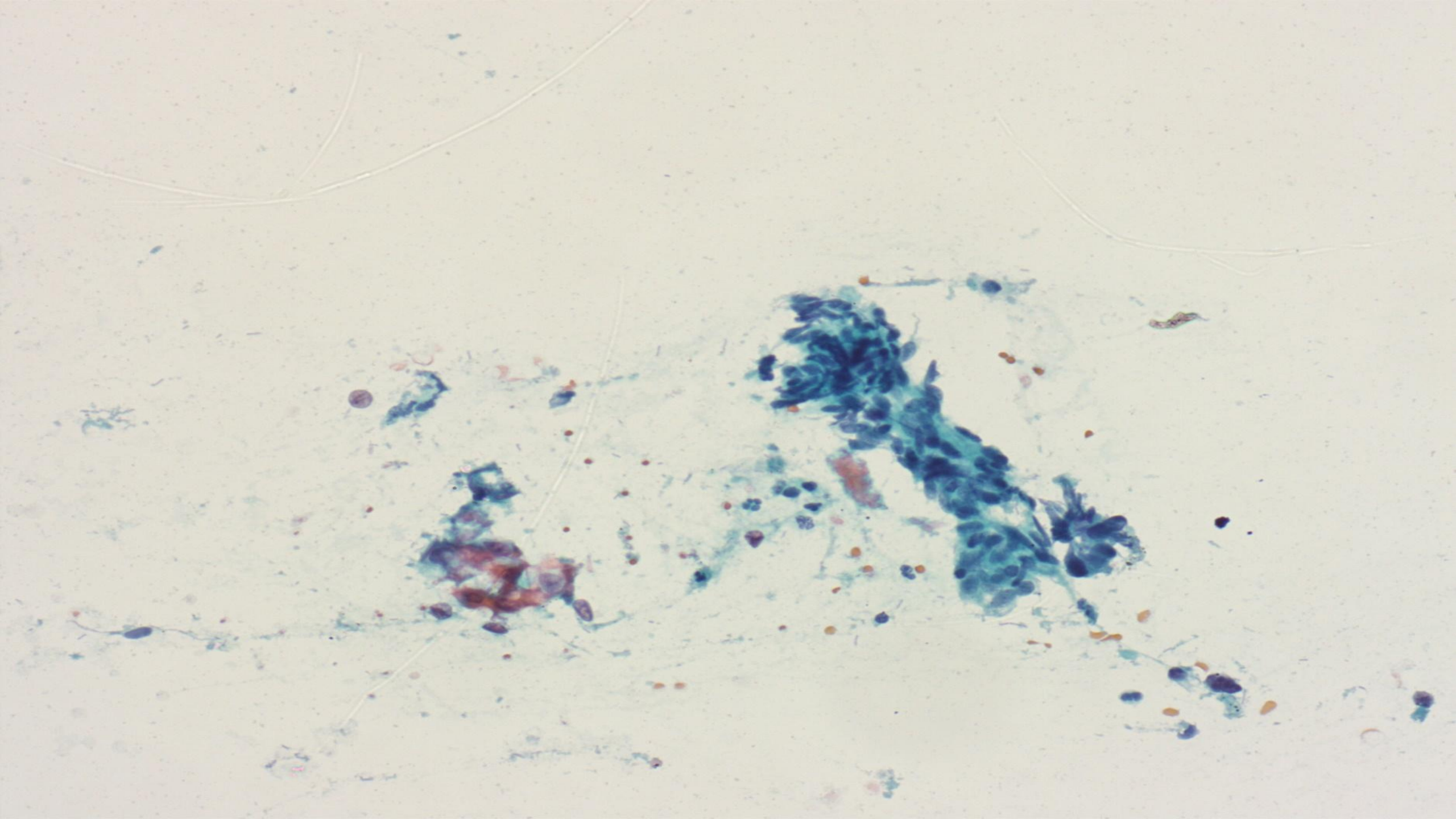
- Cervicitis chronica partim erosiva.

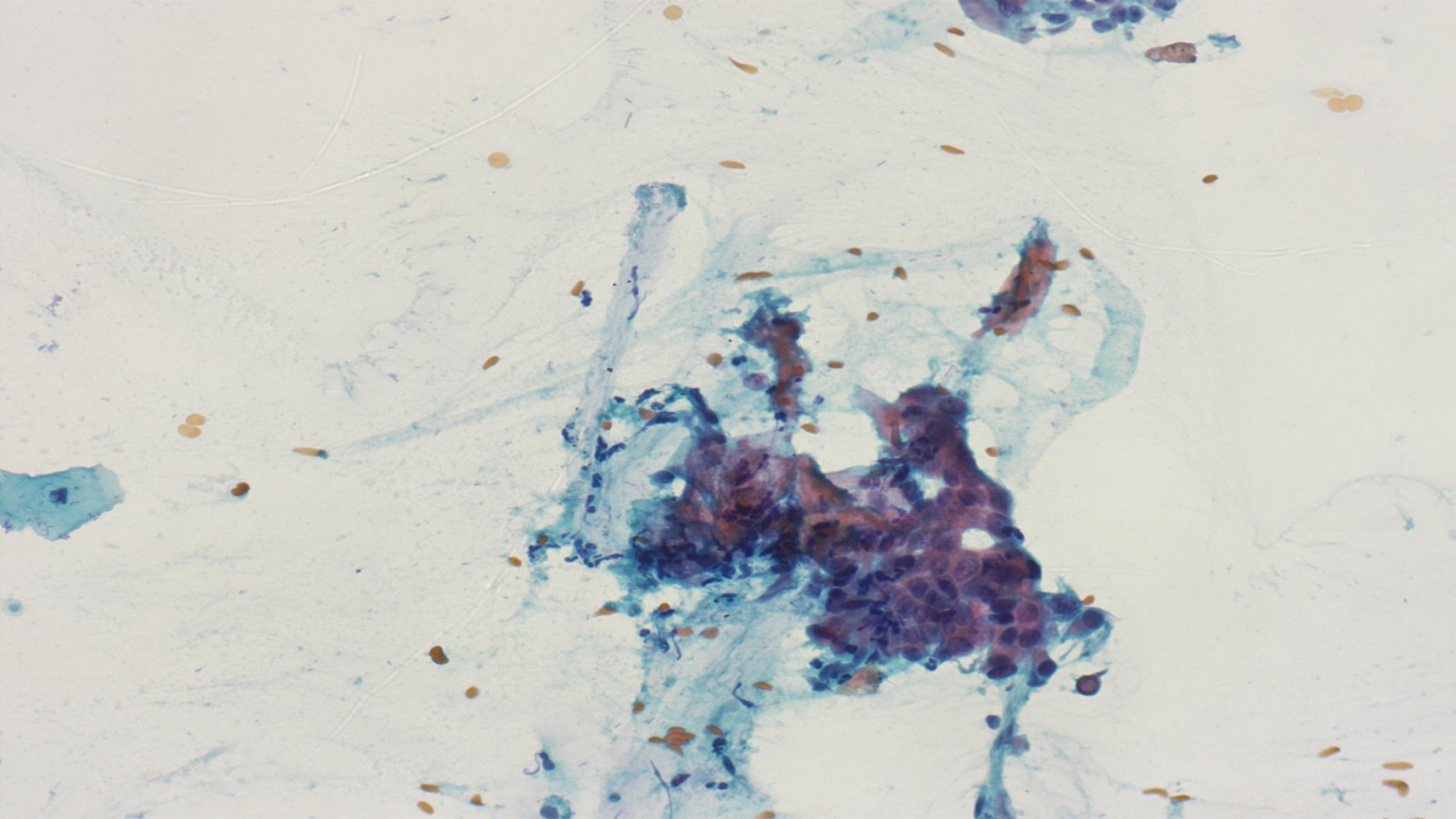
Nema elemenata displazije epitela

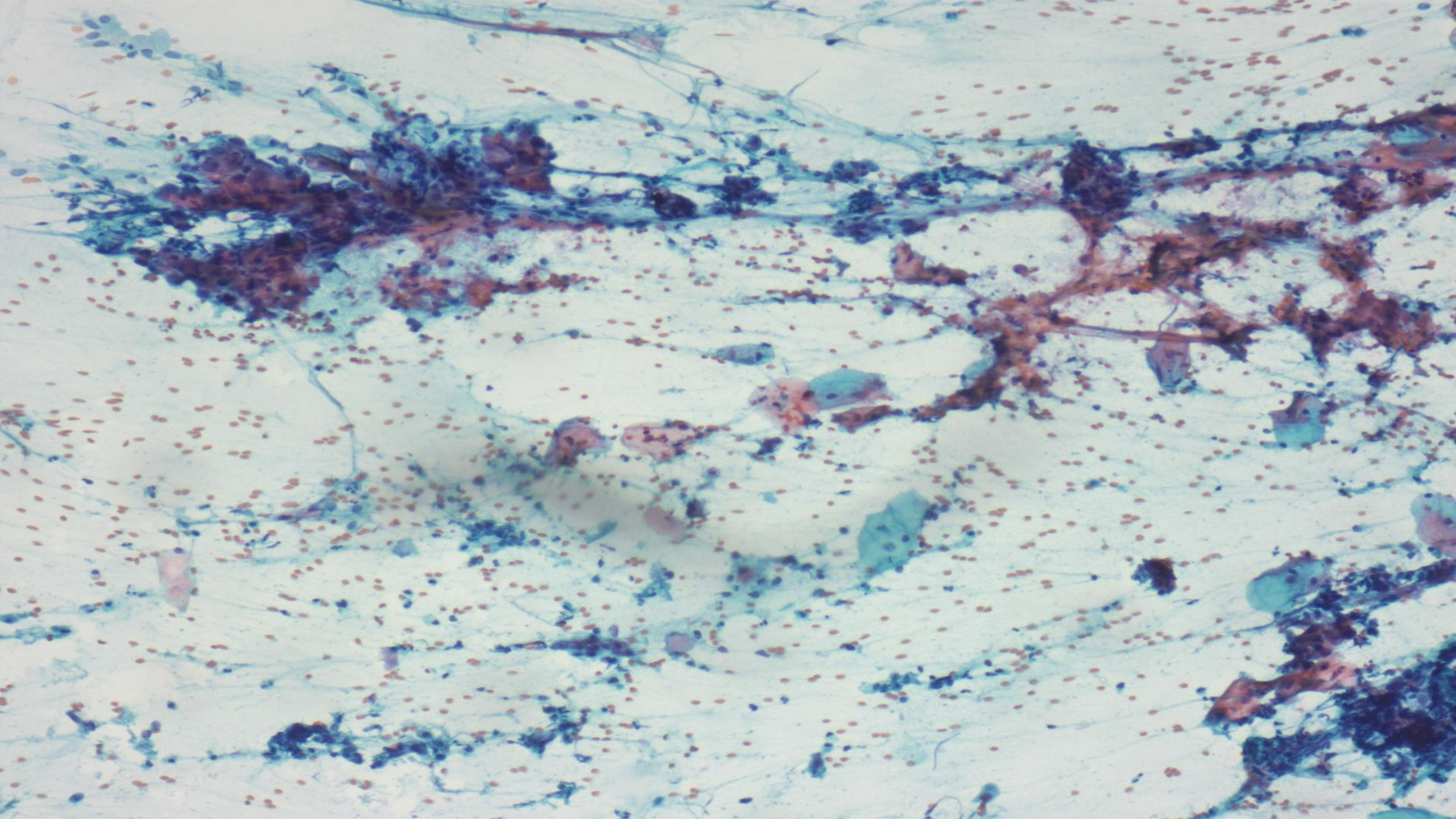
Slučaj 5.

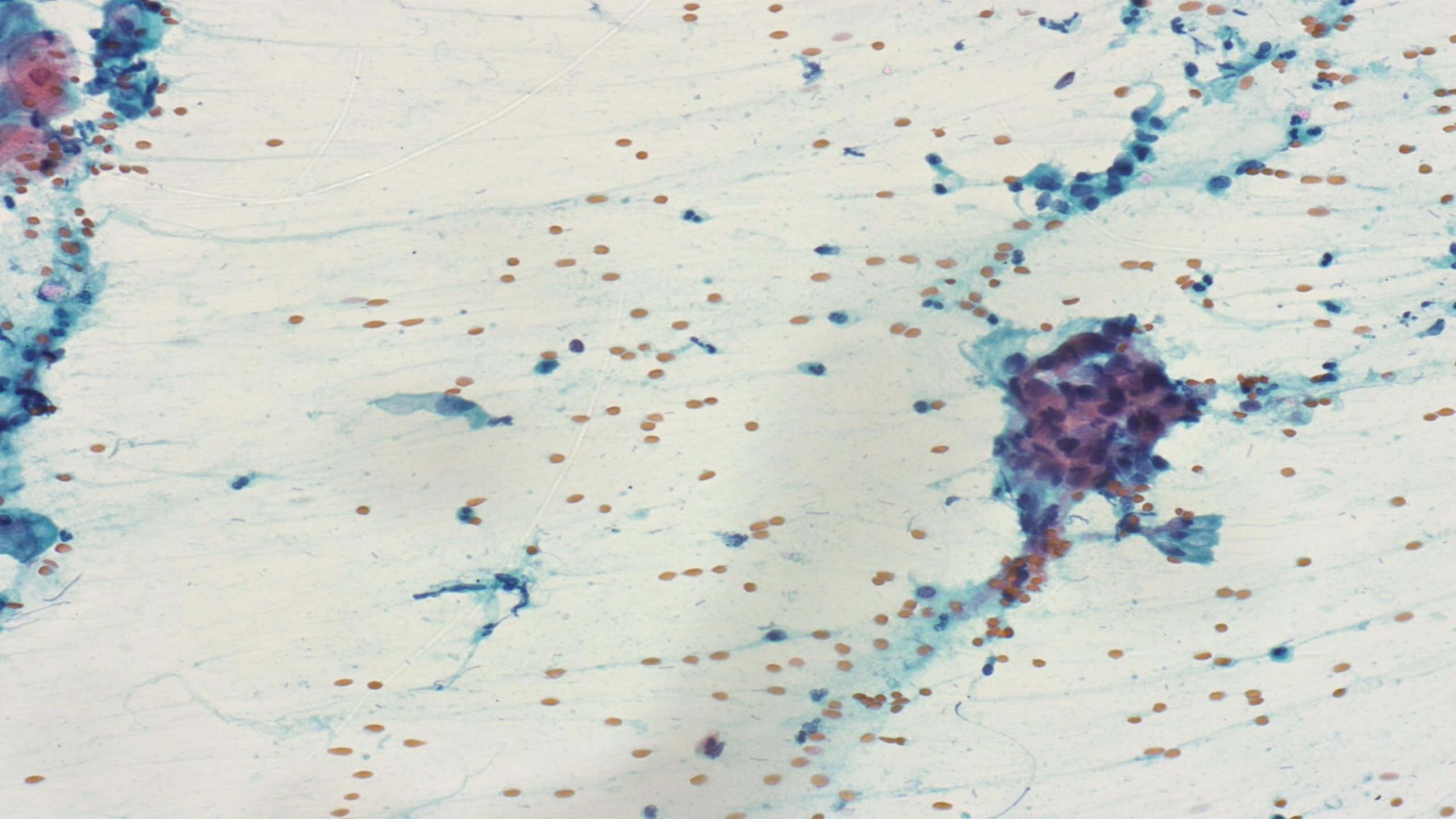
- PAPA 2 meseca nakon konizacije: ASC-H nije moguće naći u podrumskoj arhivi
- Sledeća PAPA 6 meseci nakon konizacije

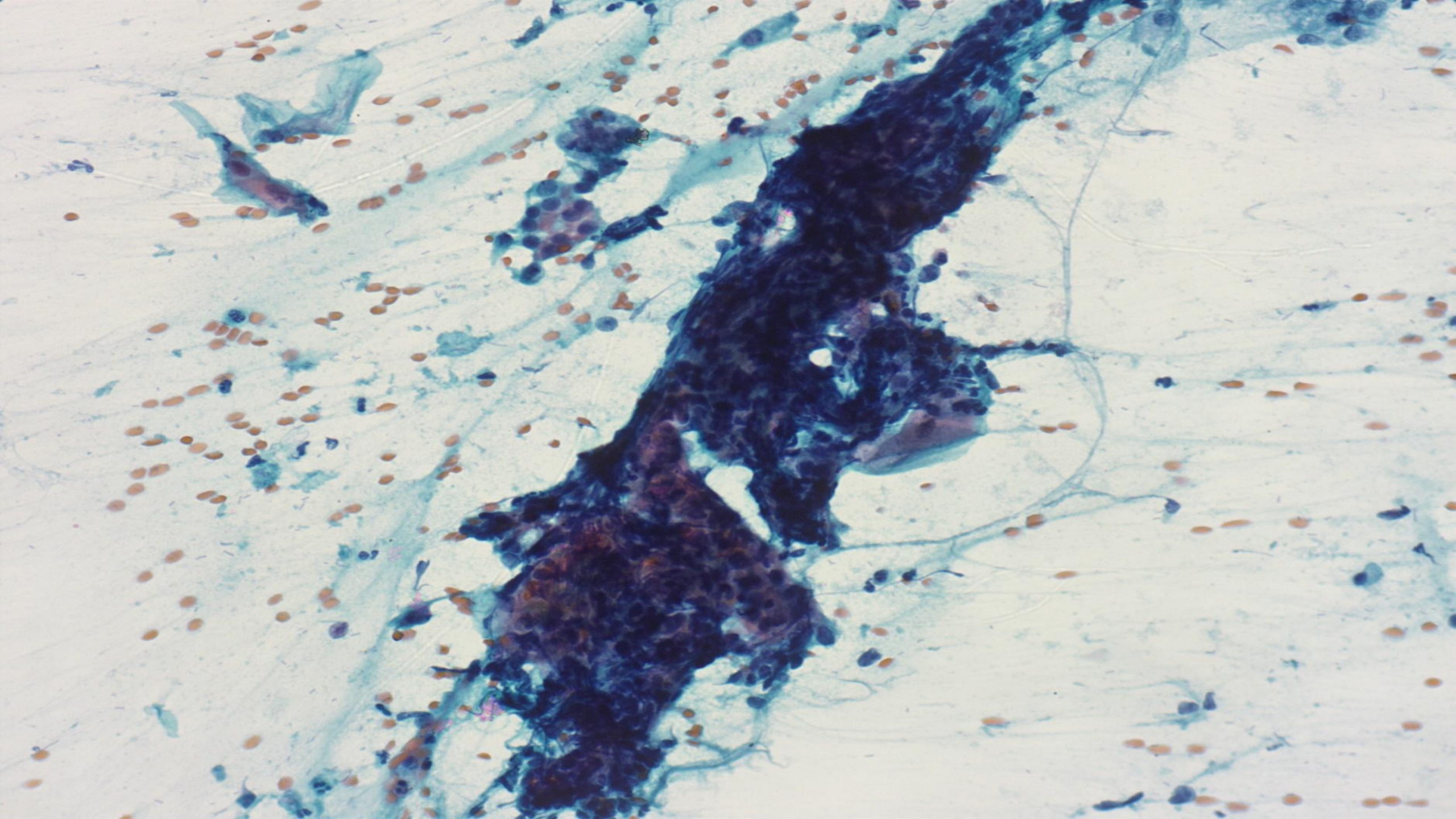


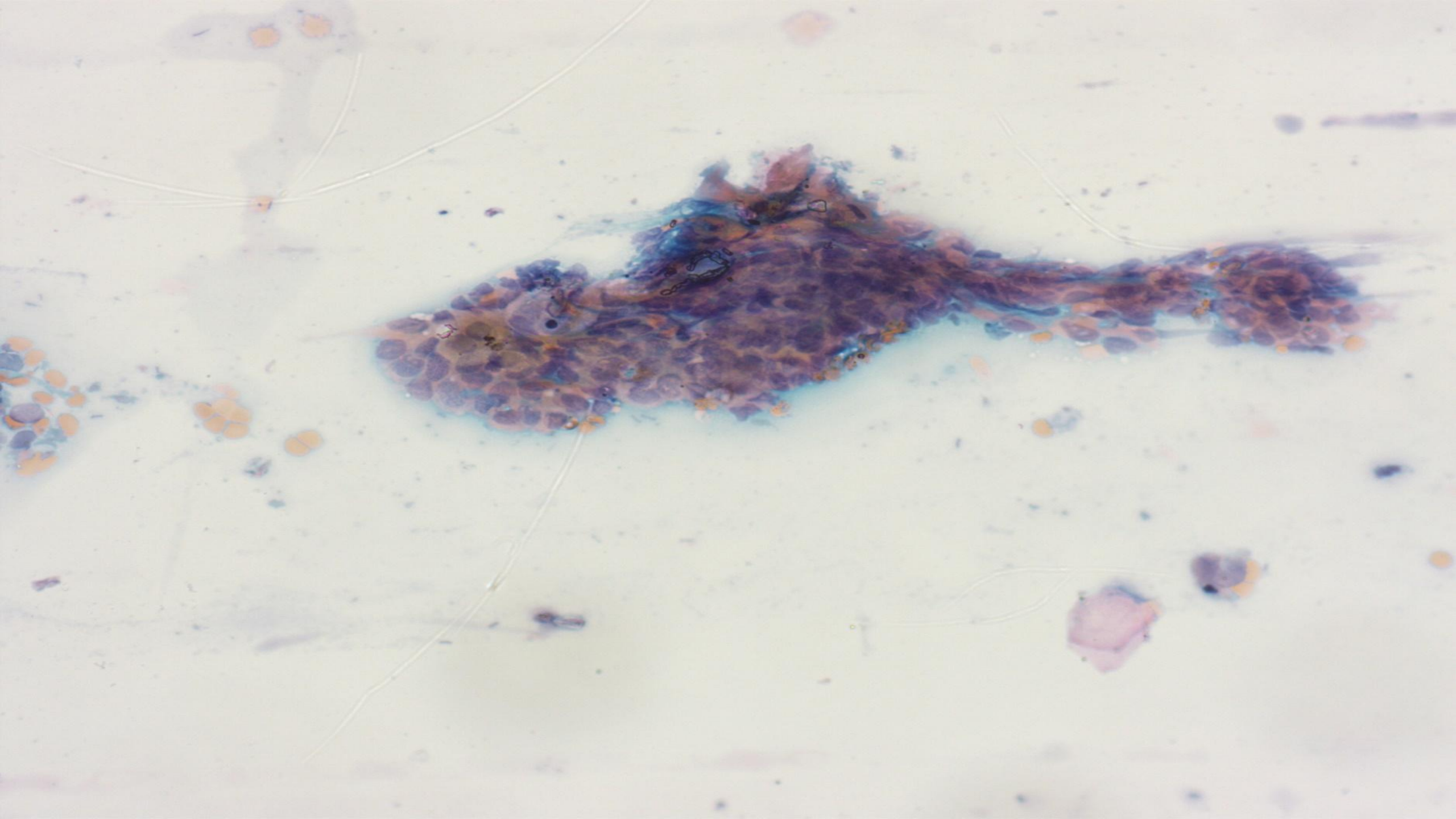












VAŠA DIJAGNOZA?

- 1) NILM
- 2) ASC-US
- 3) ASC – H
- 4) LSIL
- 5) HSIL
- 6) AGC
- 7) SKVAMOZNI KARCINOM
- 8) ADENOKARCINOM

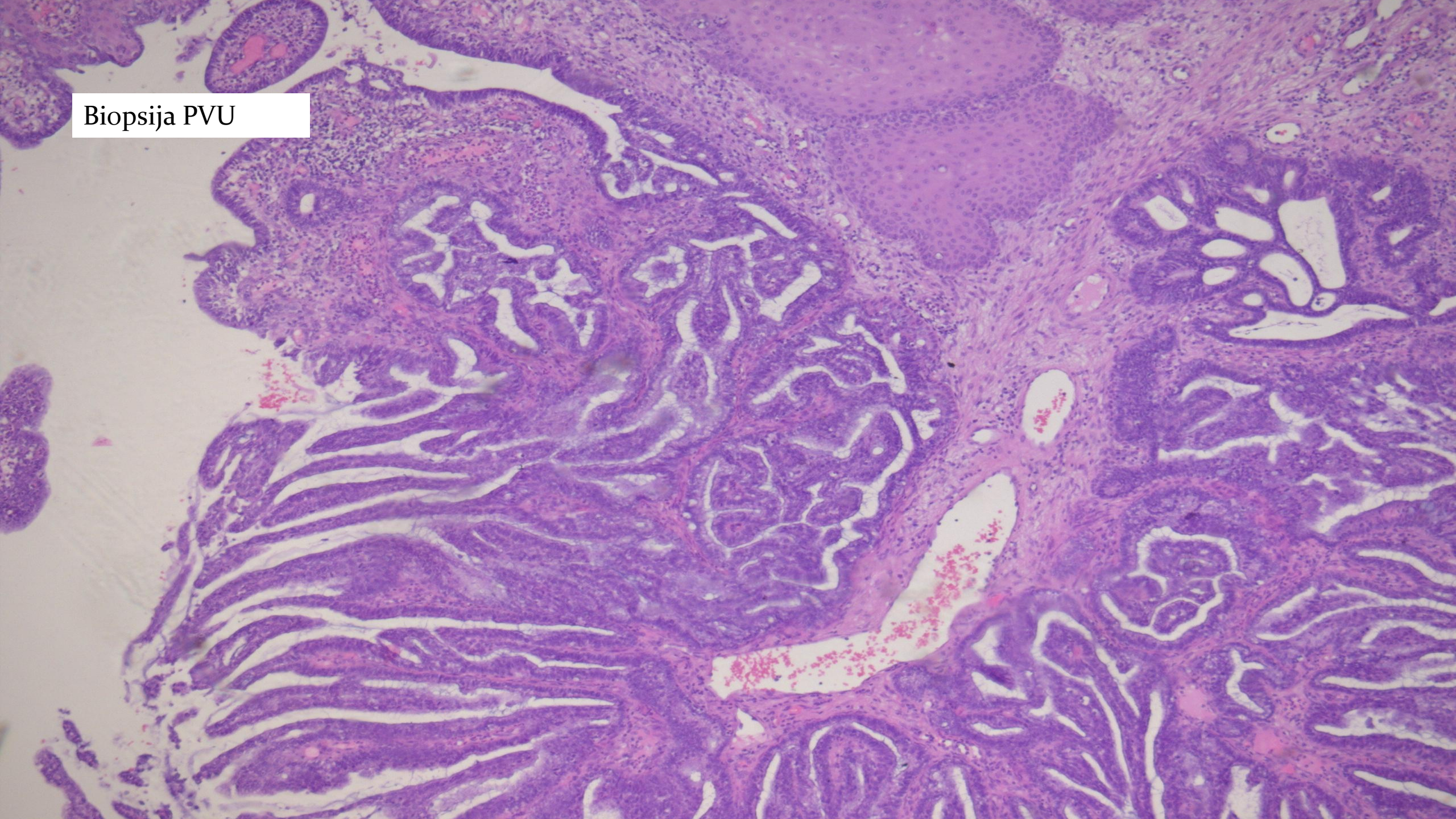


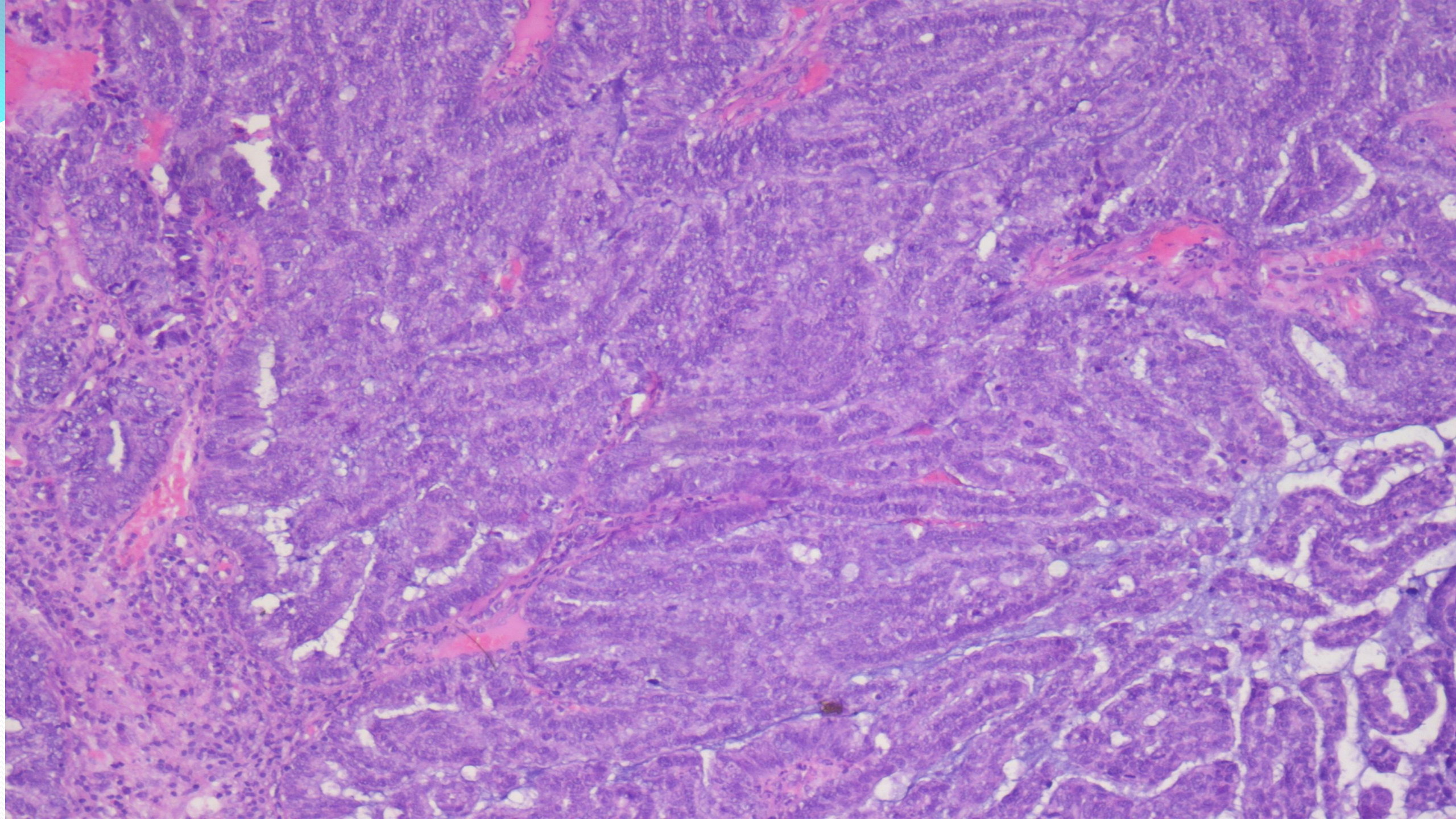
?????

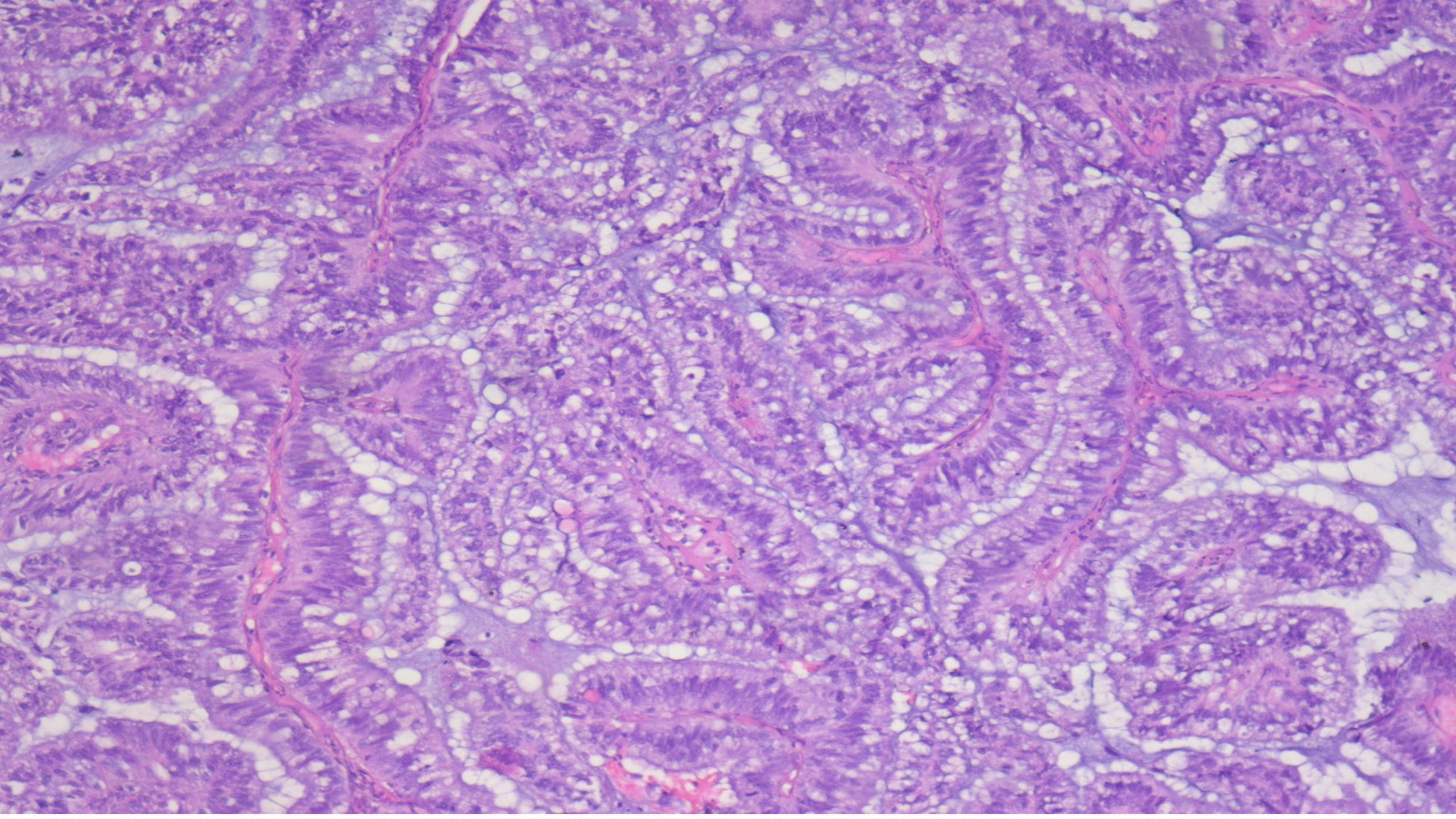
Slučaj 6.

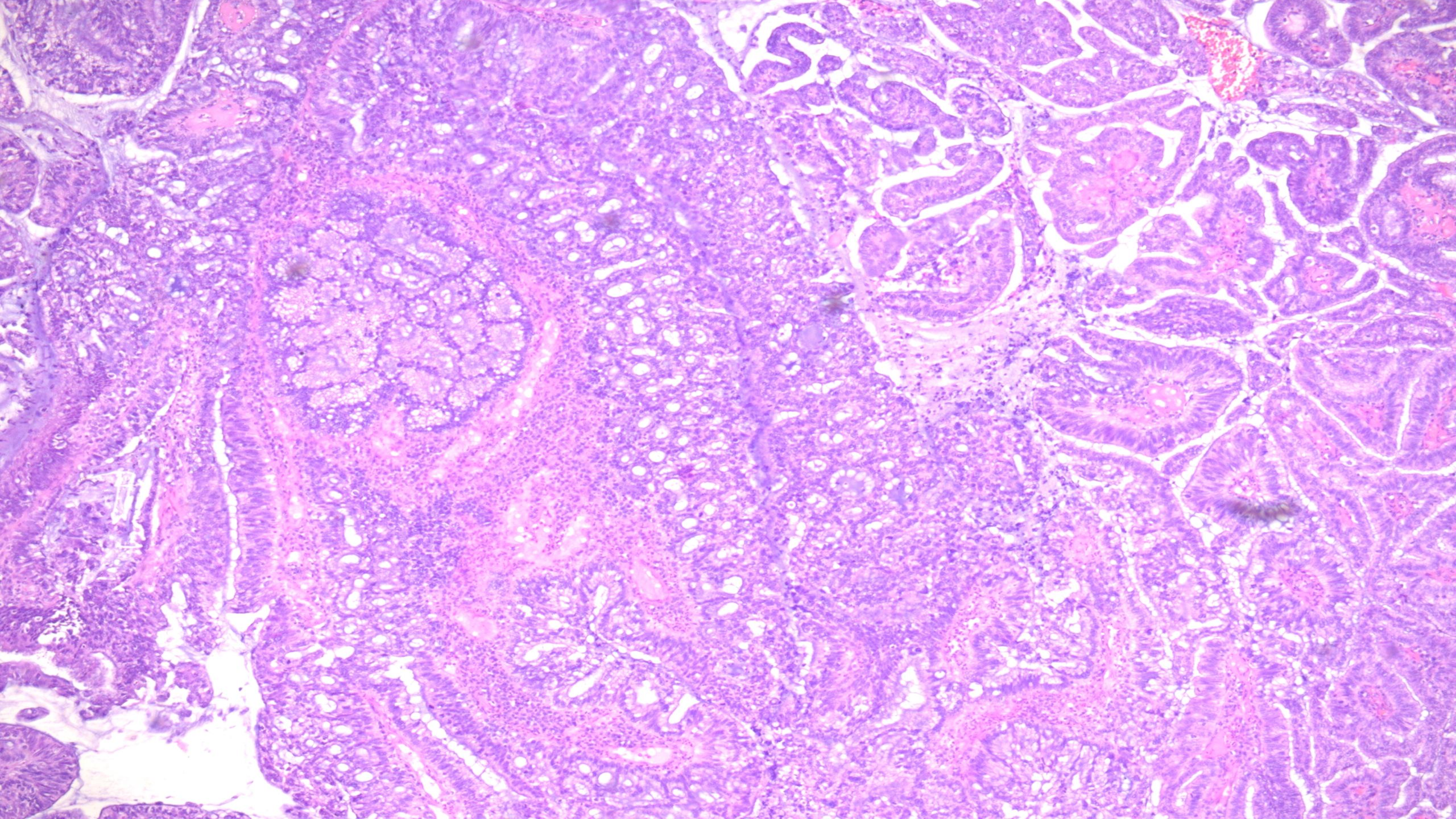
- DS 44 godine
- PA pre pola godine NILM/tada ekstrahovana IUD
- HPV 16+
- Sada iz cervikalnog kanala sa zadnje usne prominira egzofitna masa

Biopsija PVU

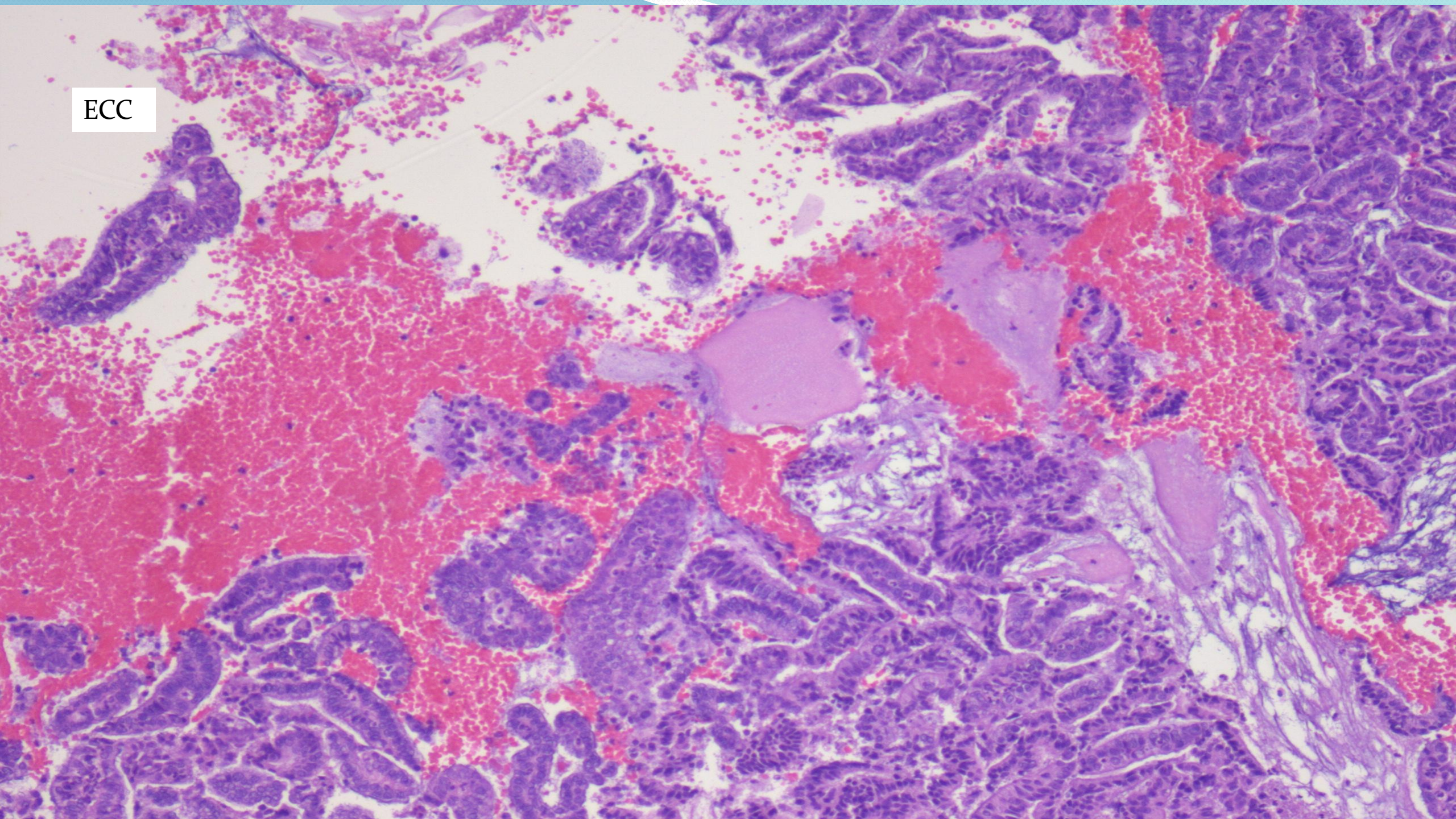




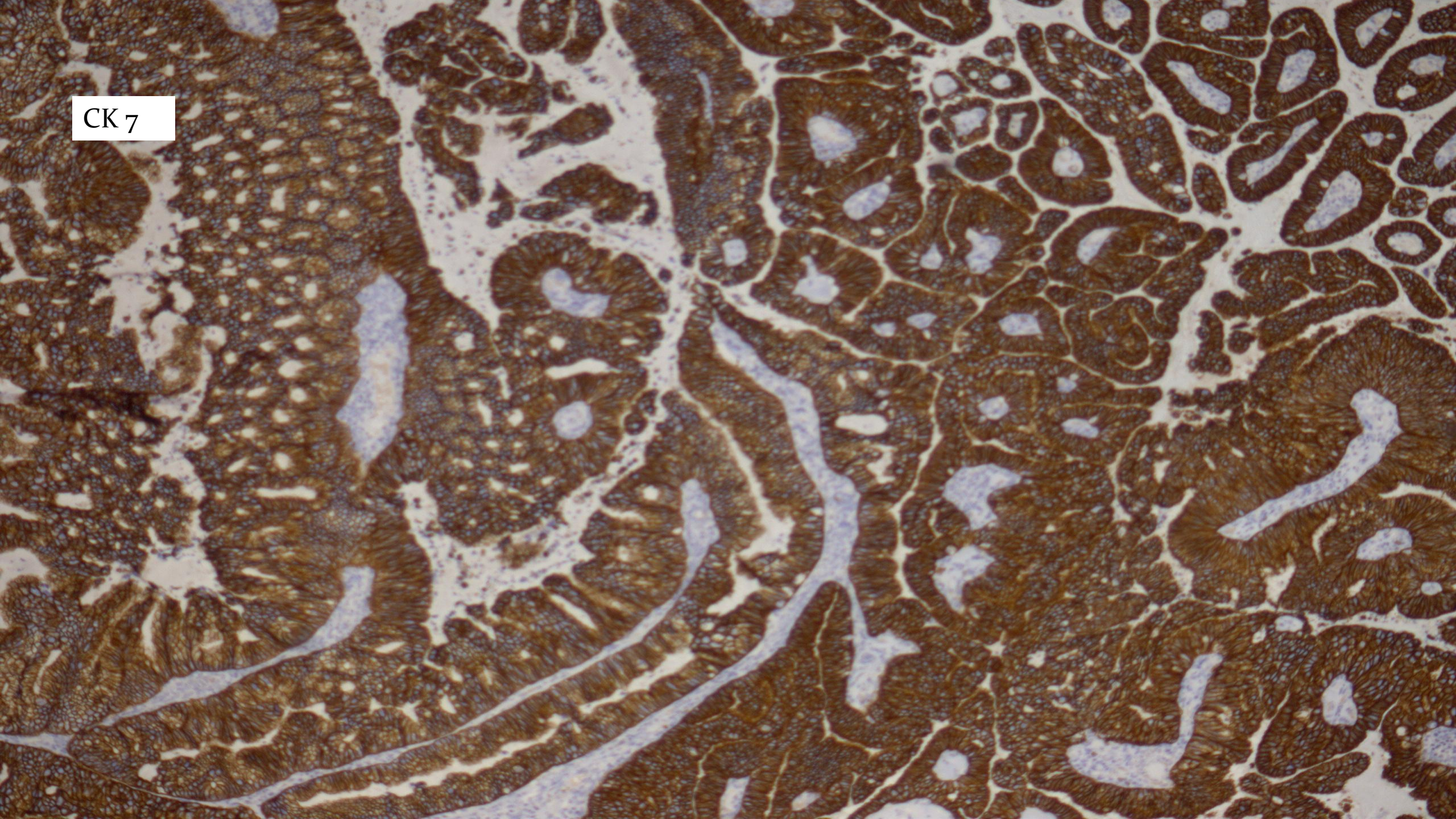




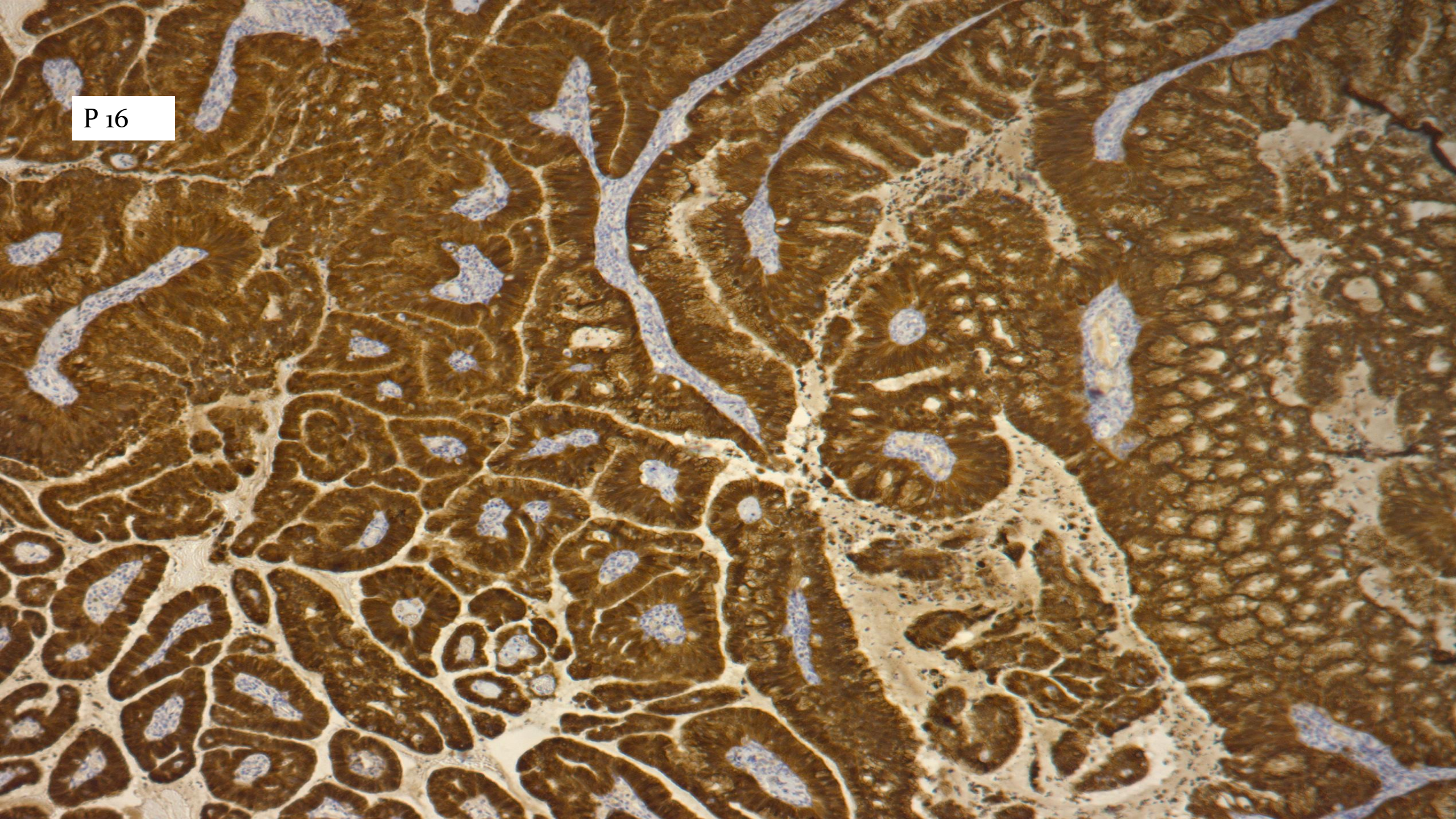
ECC



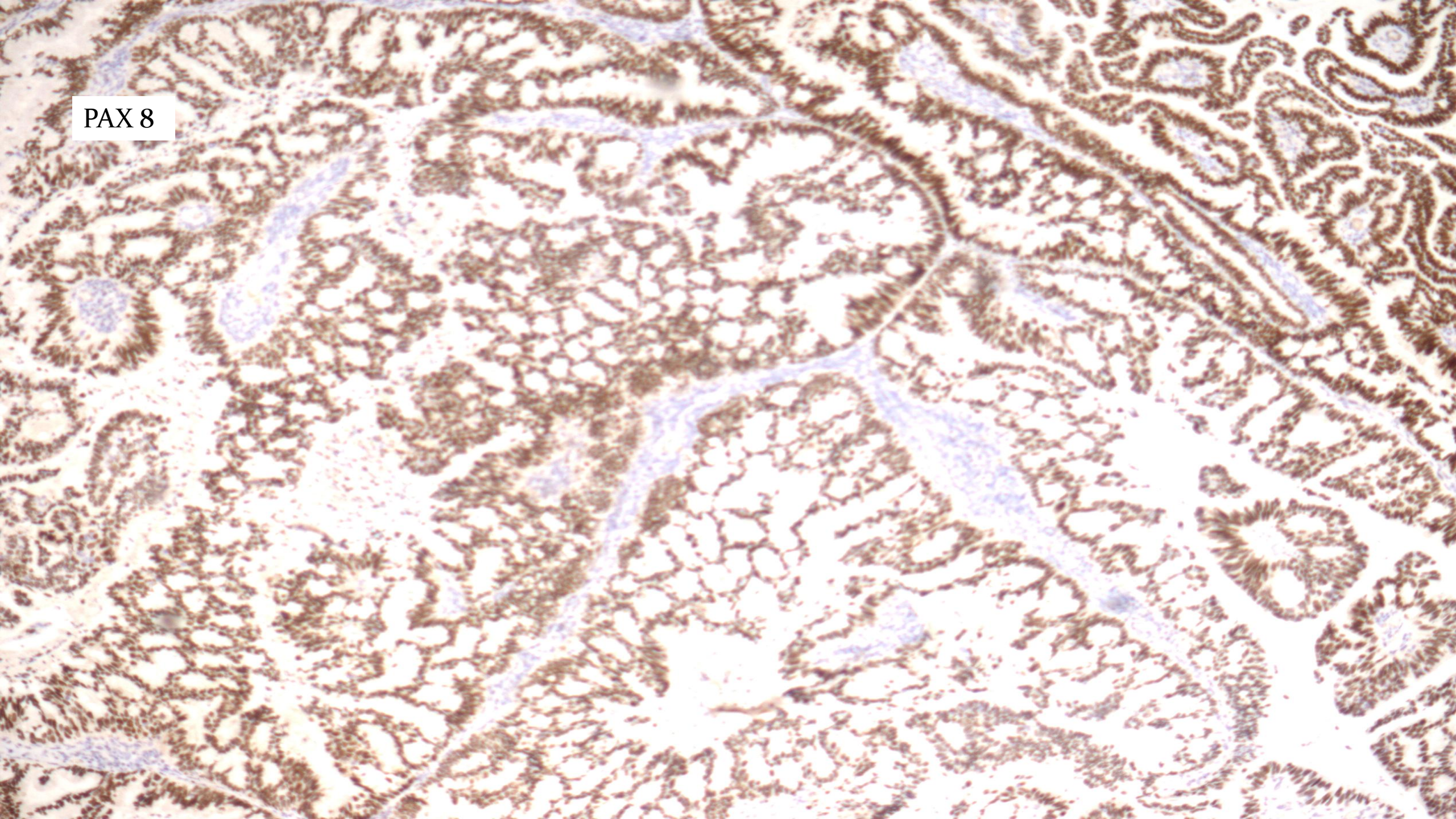
CK 7



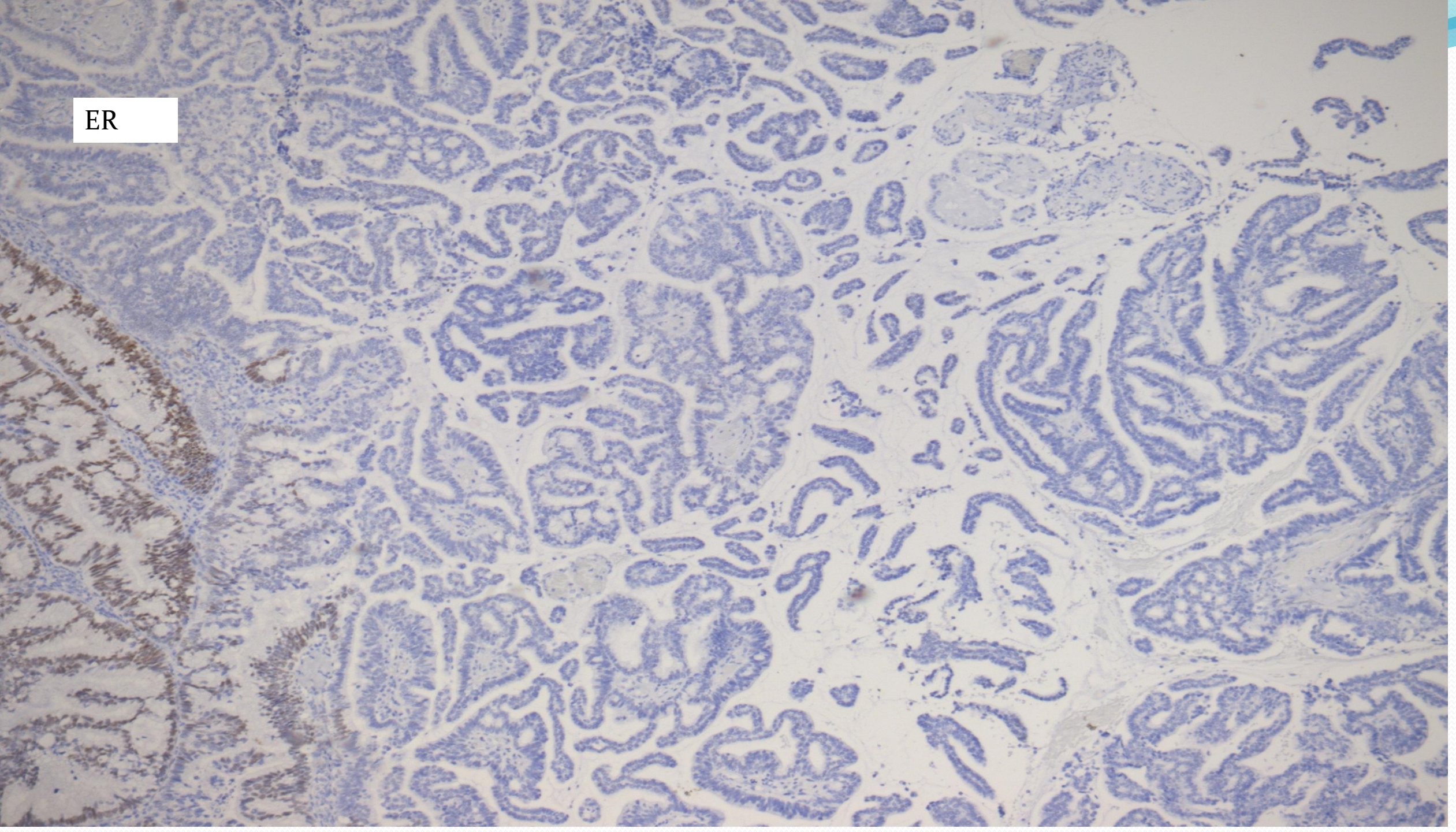
P 16



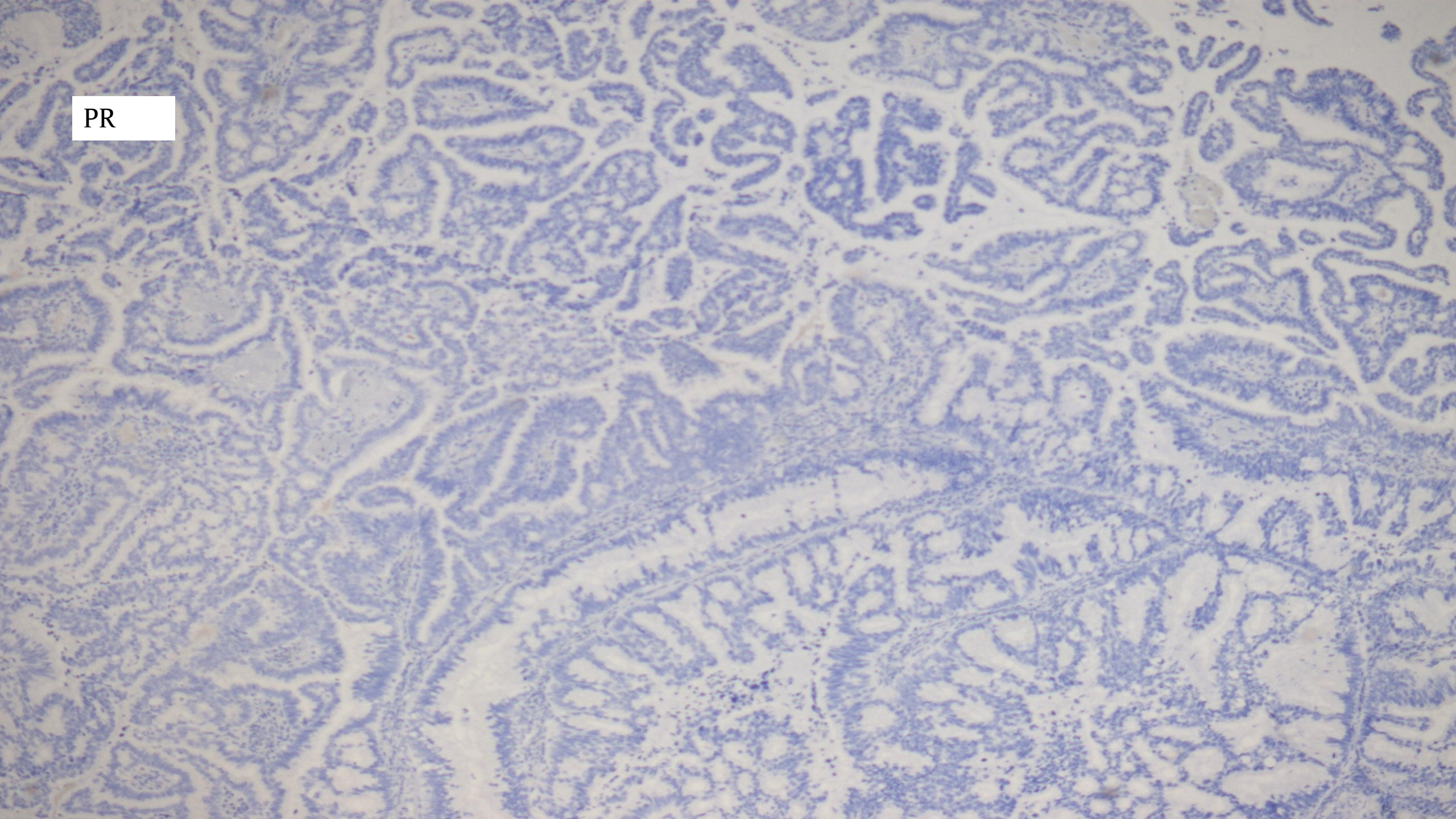
PAX 8



ER



PR



PATOHISTOLOŠKO - CITOLOŠKI IZVEŠTAJ

Ime i prezime pacijenta: DEJANA () SAVOVIĆ
Broj istorije: 3466907/25
JMBG: 1110981805309

datum intervencije:
25.04.2025

broj nalaza 81330/25 - 81331/25

status dokumenta: ZAVRŠEN

Naziv klinike: KLINIKA ZA GINEKOLOGIJU I AKUŠERSTVO
Odjel: ODELJENJE ZAJ. MEDICINSKIH SLUŽBI

Ime lekara: dr Trifunović

Lekar specijalista: dr LJILJANA TRIFUNOVIĆ spec. ginekologije i akušerstva

Vrsta materijala:

Preparat br 1 Tri bioprata sa zadnje usne PVU

Preparata br 2 ECC

Molim CITO!

Podaci o bolesti:

Pacijentkinja dolazi na kolposkopiju i planiranu biopsiju zbog suspektog nalaza na PVU

Zadnji PA bris pre pola godine pristigao PA II dr Panjković) u isom aktu ekstrahovan IUD. Radjeni svi brisevi cerviksa koji su negativni osim brisa na HPV tipizaciju koji je pozitivan na tip 16. Pozitivna i na Ureaplasma Pod spekulima grlić cilindričan voumenožan sa "sa širokom zonom crvenog epitela" oko SMU vulnerabilan na kontakt -krvari .Iz cervikdanog kanala sa zadnje usne prominira egzofitna glandularna masa N889 N889 Disordo cervicis uteri non inflammatorius, non specificatus

Mikroskopski opis:

81330/25 – tri bioprata zadnje usne PVU

Primljen materijal sečen na dva nivoa i pregledan na 8 histoloških rezova, bojeni metodom HE čine fragmenti grlića materice koji su delimično obloženi metaplastičnim skvamoznim epitelom, a delom tumorskim tkivom izgrađenim od umnoženog, mukus produkujućeg i pseudostratifikovanog cilindričnog epitela i oskudne strome, koji formiraju razgranate proliferate na površini. Odvojeno su prisutni delovi tumorskog tkiva sagrađeni iz sitnih i krupnih, naguranih žlezda obloženih proliferisanim, pseudostratifikovanim cilindričnim epitelom, sa znacima palisadiranja. Epitel pregrađuje lumene žlezda i formira kribiformne strukture i papilarne proliferate. Stroma koja ih okružuje i koja čini fibrovaskularne osnove je oskudna i prožeta je gušćim inflamatornim infiltratom limfocita, plazma ćelija i neutrofilnih granulocita. Prisutne su patološke mitoze i srednje izražen nuklearni pleomorfizam. Odvojeno su prisutni fragmenti skvamoznog epitela bez atipije.

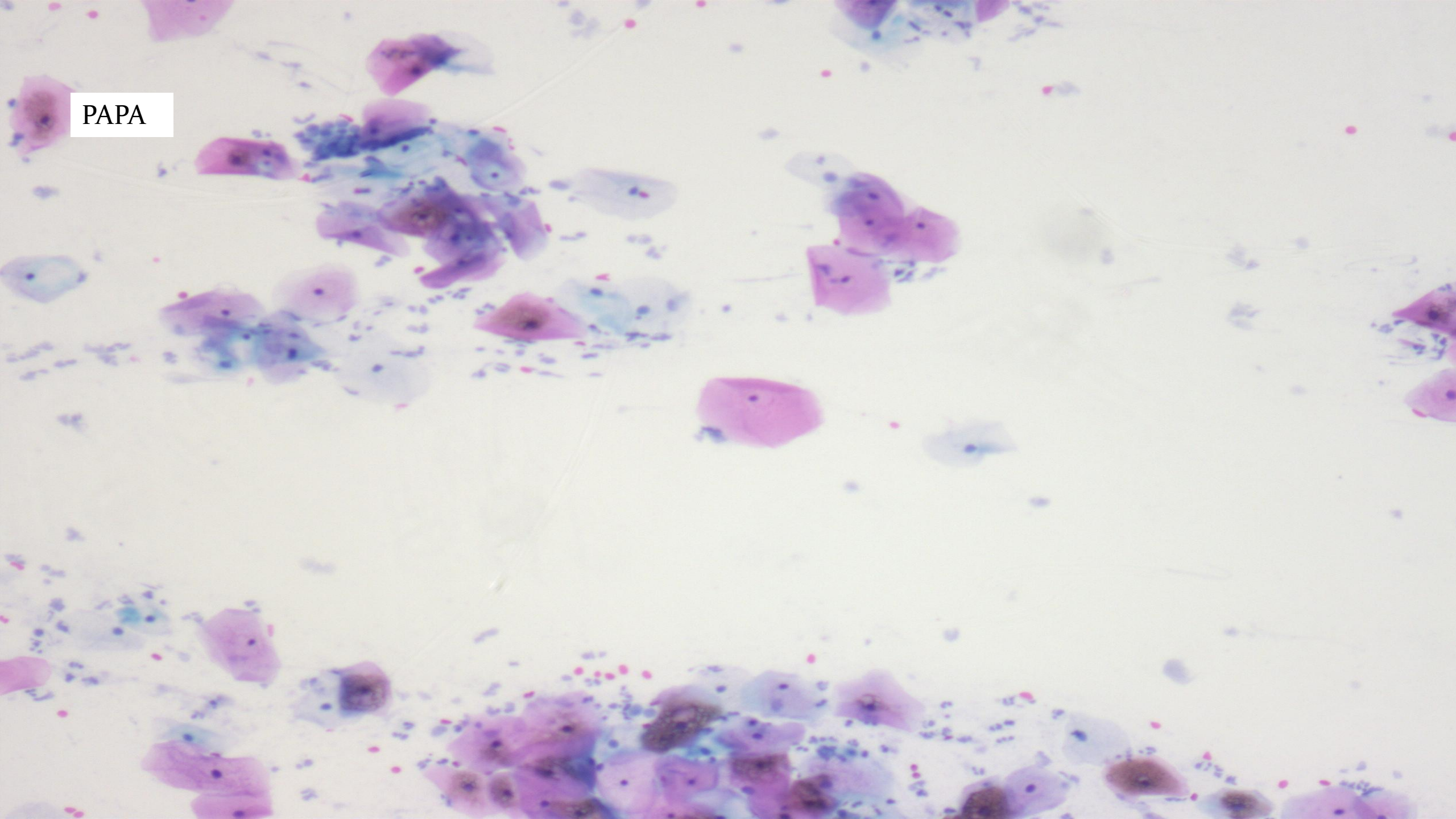
Imunohistohemijski profil tumorskih ćelija: CK7+, p16 blok pozitivnost, PAX8+, CK20-, CDX2-, p40-, p63-, CK5/6-, Vimentin-, CEA-, ER-umerena do jaka pozitivnost u oko 50% tumorskih ćelija, PR-, Ki67~45%.

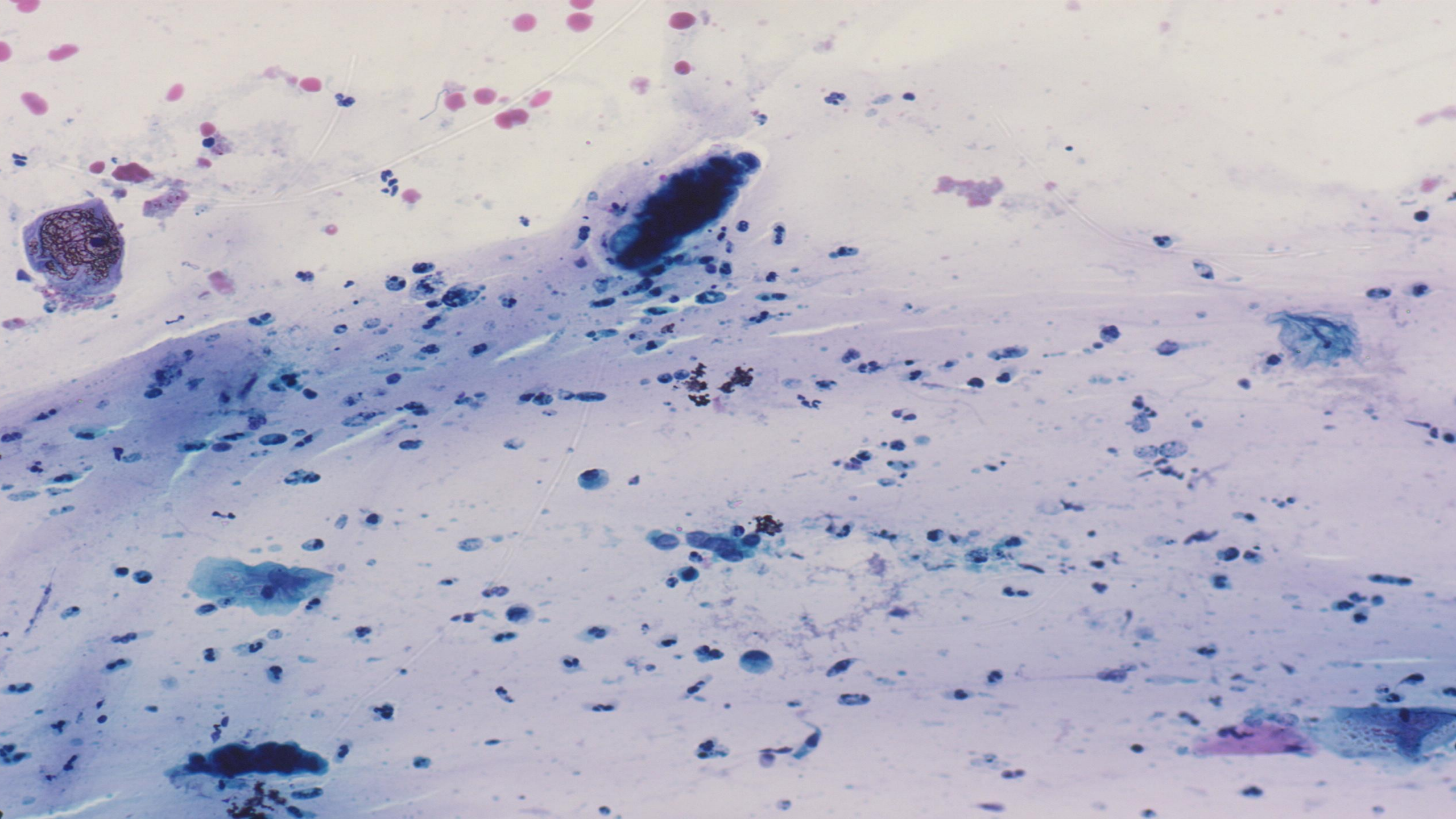
Mišljenje: Opisana histološka slika i navedeni imunofenotip tumorskih ćelija diferencijalno dijagnostički ide u prilog HPV zavisnog, srednje diferentovanog adenokarcinoma sa mucinoznom diferencijacijom, ali se takođe ne može isključiti postojanje invazivnog stratifikovanog mukus produkujućeg adenokarcinoma.

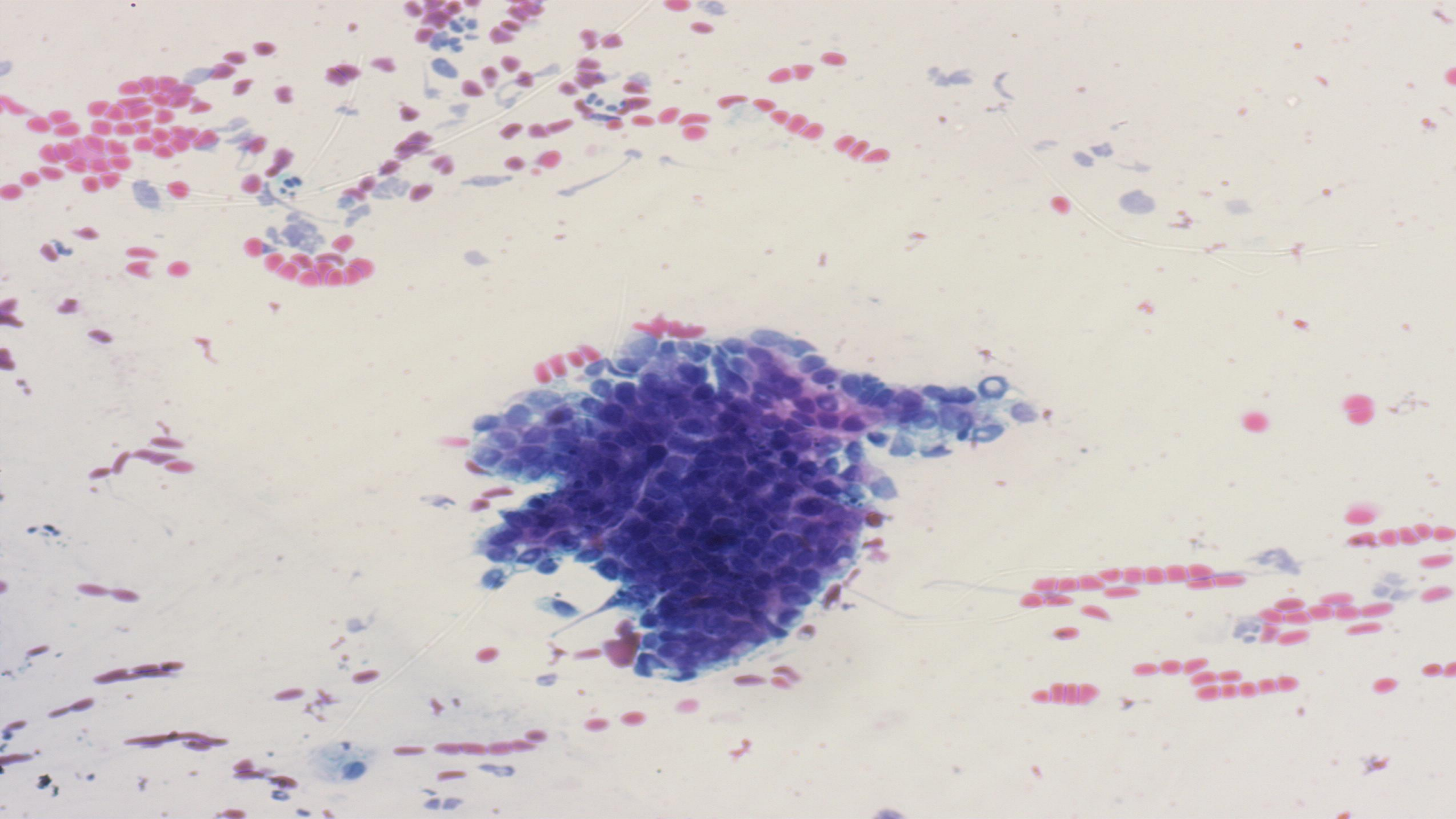
81331/25 – ECC

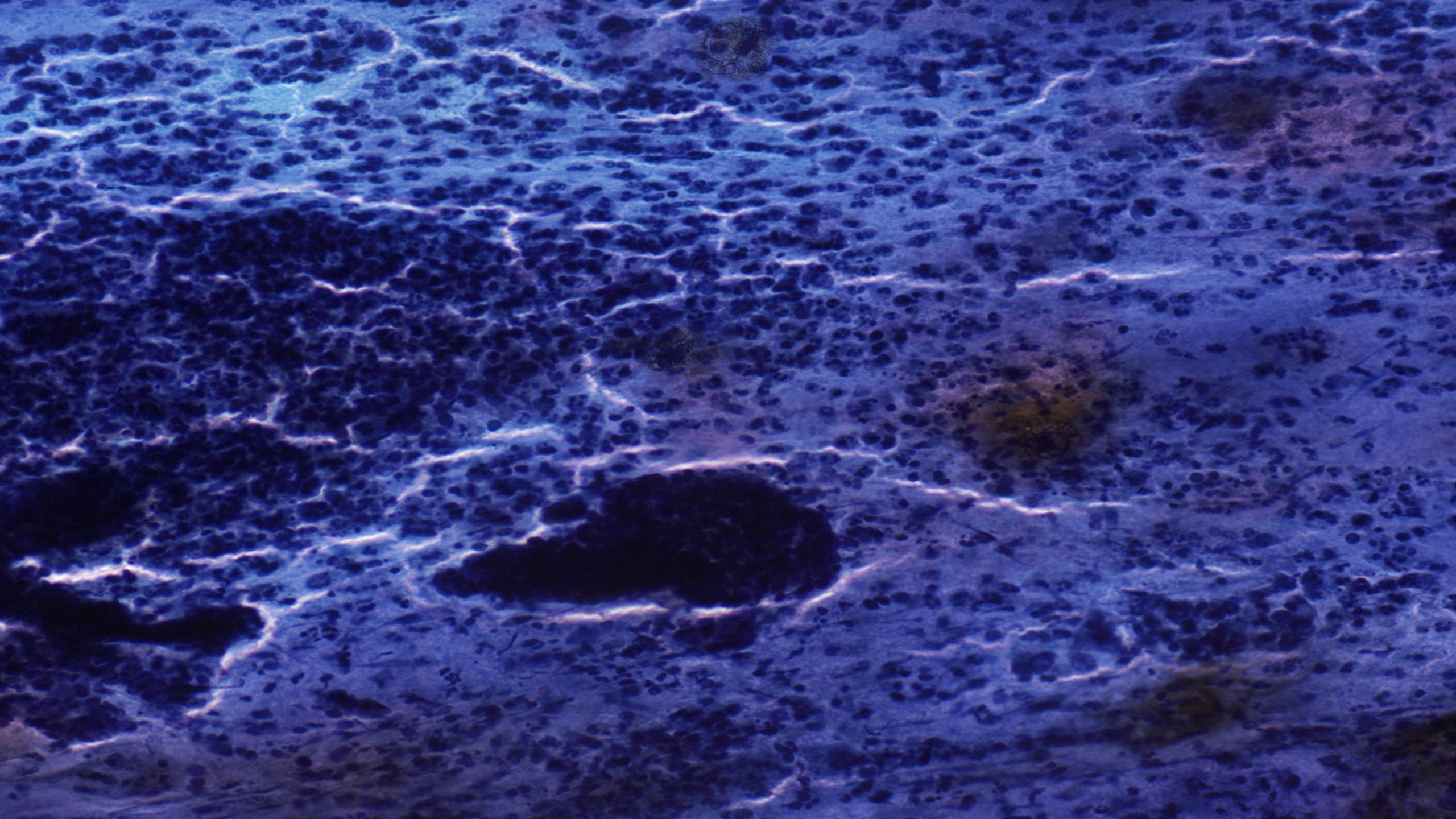
HPV zavisni invazivni adenokarcinom
cerviksa sa mucinoznom diferencijacijom

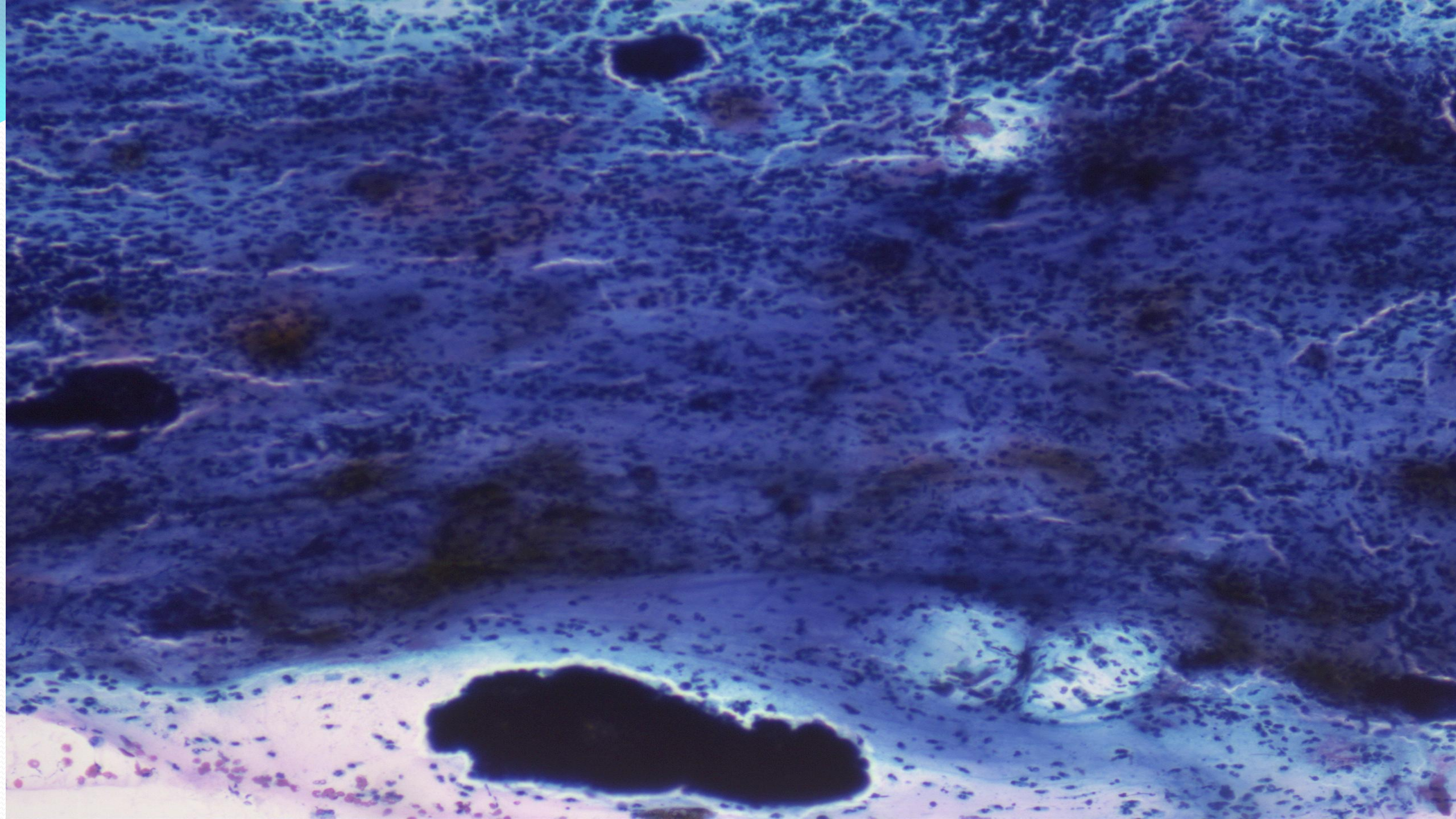
PAPA











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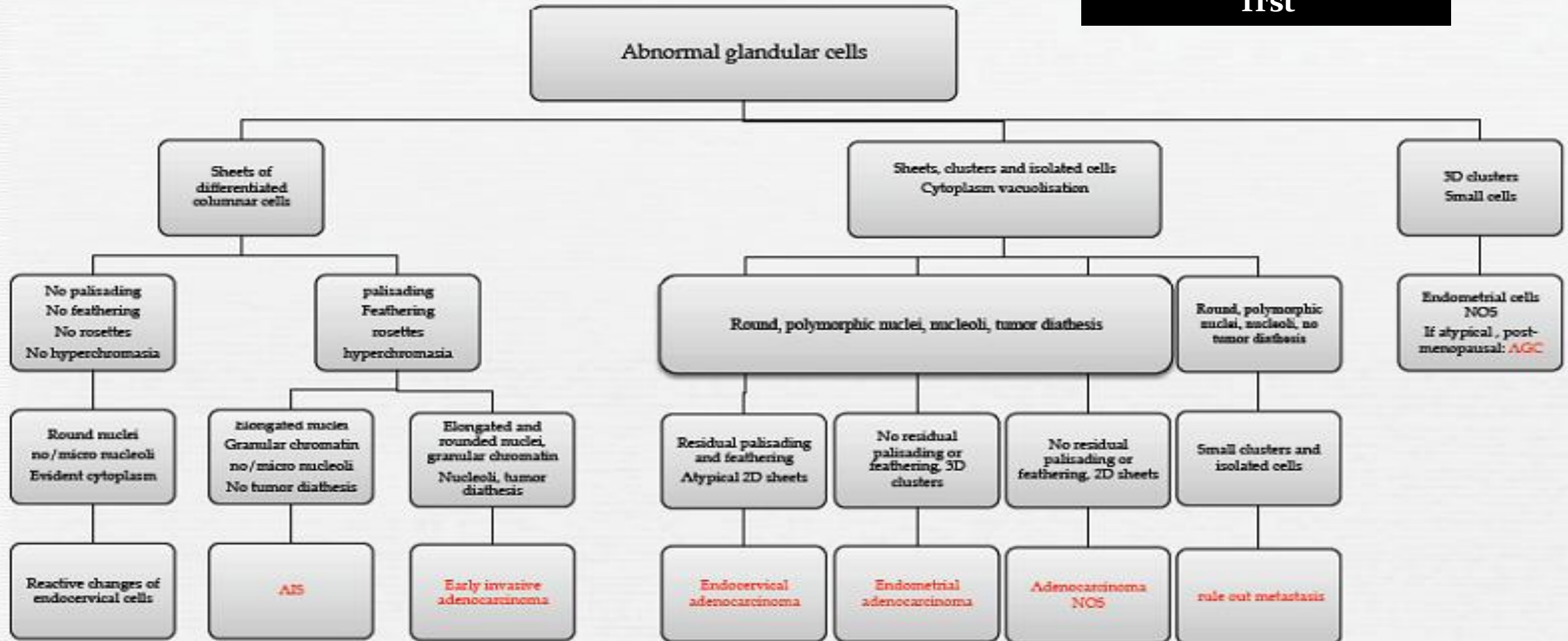
NASLOV

?????

SAMO NEKA LICA HIPERHROMATIČNIH
NAGURANIH ČELIJSKIH GRUPA

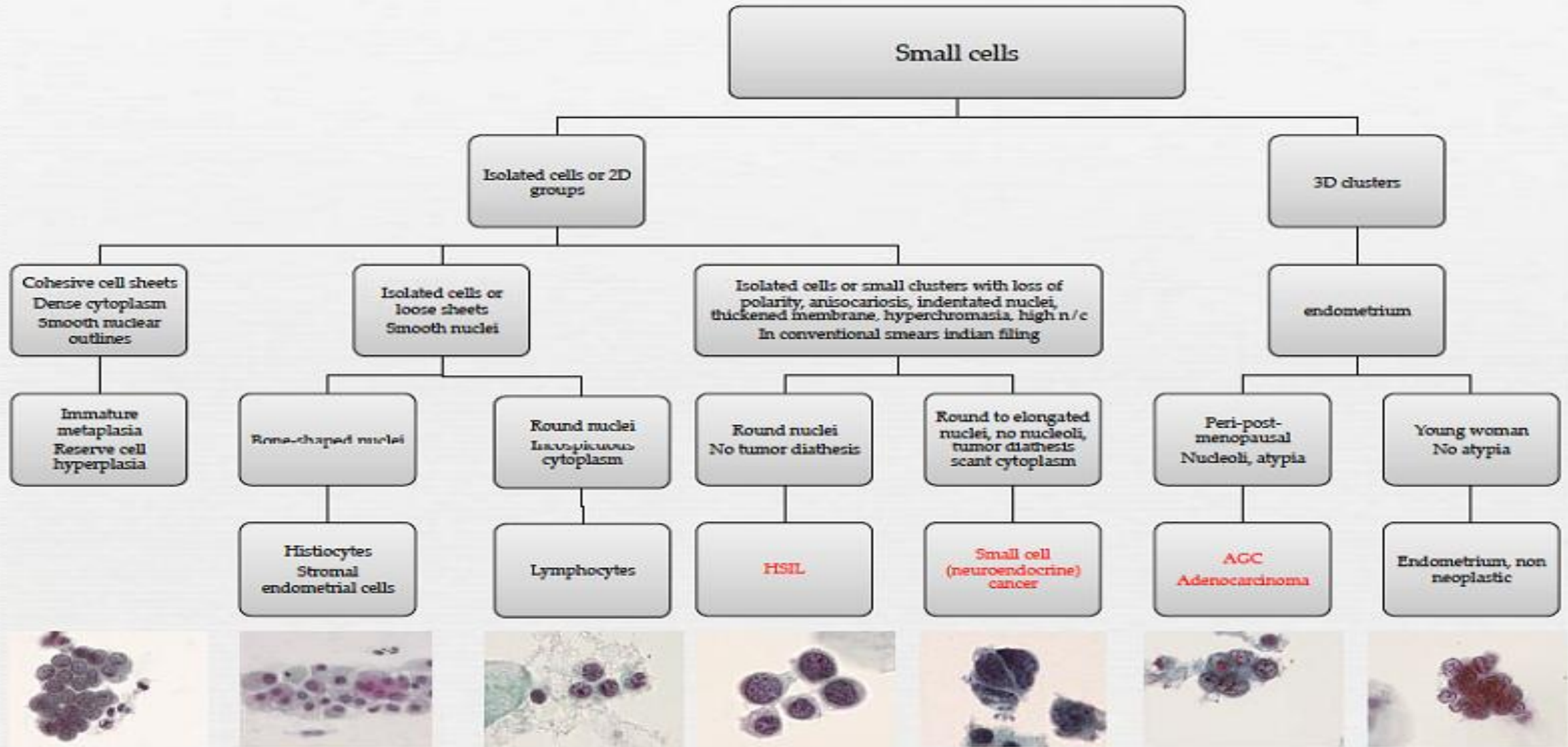
look-alikes: glandular cells

4. Tutorijal iz citologije Trst



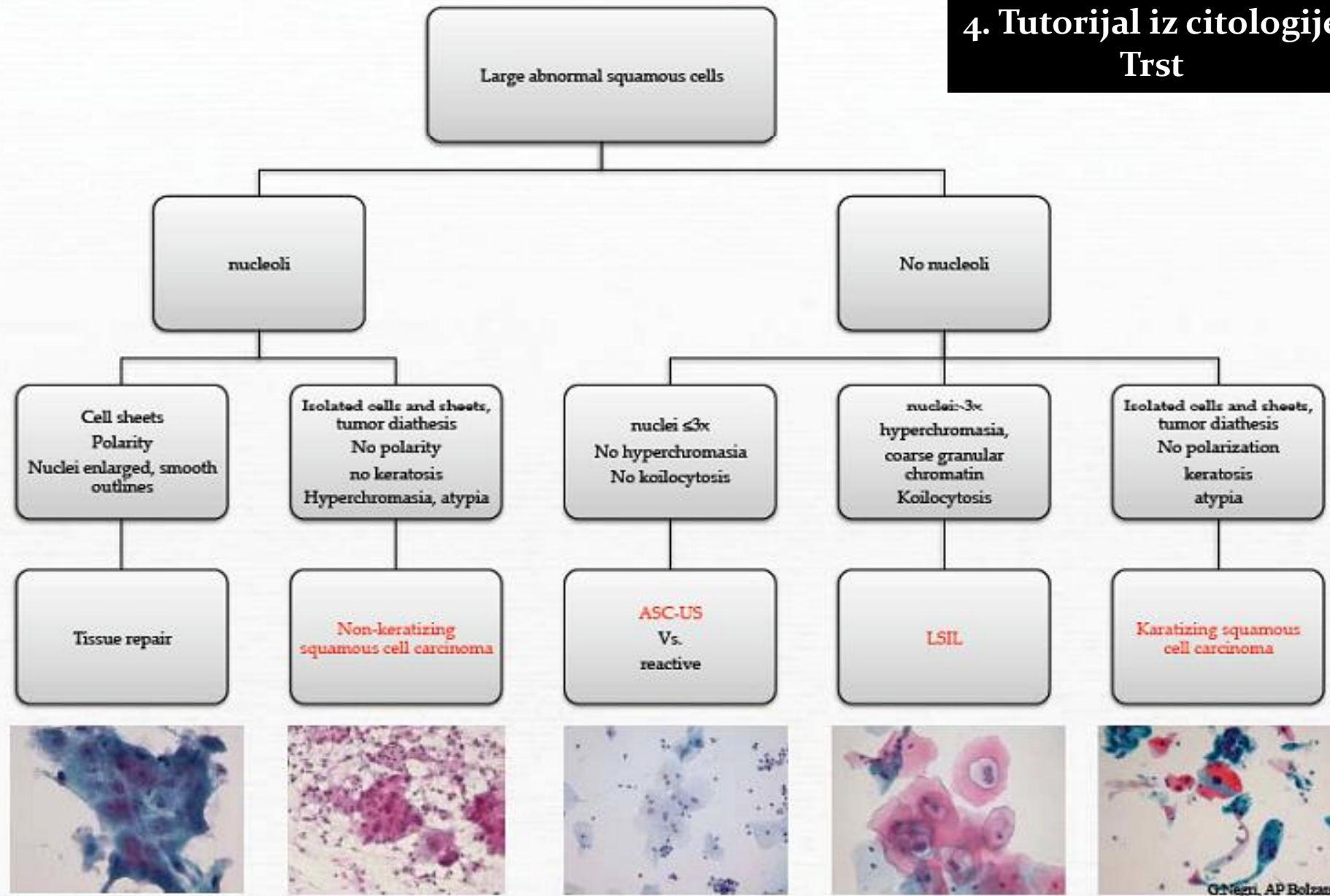
look-alikes: small cells

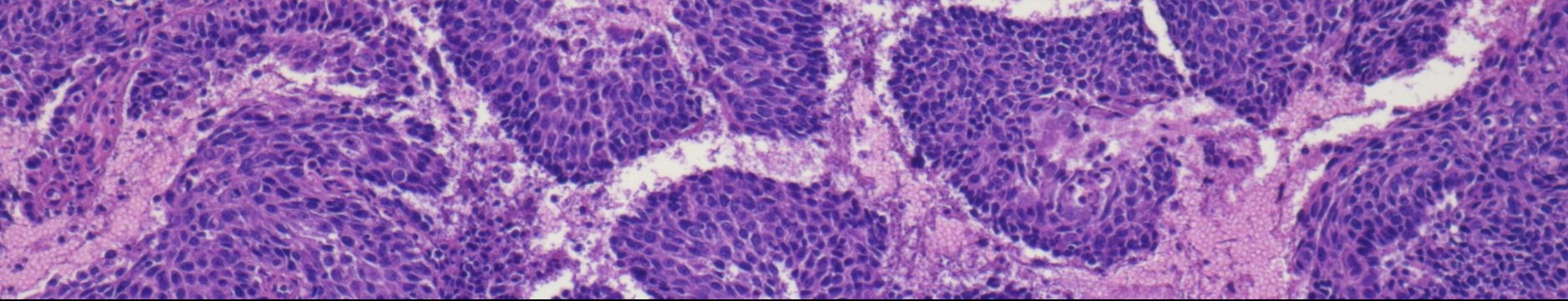
4. Tutorijal iz citologije Trst



look-alikes: large cells

4. Tutorijal iz citologije Trst





**HVALA NA
PAŽNJI**

