

SEAP Madrid, 2003

Diagnóstico del Cancer de Próstata en la Biopsia de Aguja

# Lesiones que Simulan Malignidad

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Córdoba



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Diagnóstico del Cancer de Próstata en la Biopsia de Aguja

## Lesiones que Simulan Malignidad

- **Situación Clínica:**
- DRE, US, PSA >> Sospecha clínica
- Pte. edad similar a PCA
- Muestreo ZT
- Muestreo limitado en Nbx
- Muestreo incompleto de una lesión
- La lesión desaparece en secciones siguientes por lo que HMWCK no es útil
- Diagnóstico histológico descansa en H&E

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## **Lesiones que Simulan Malignidad**

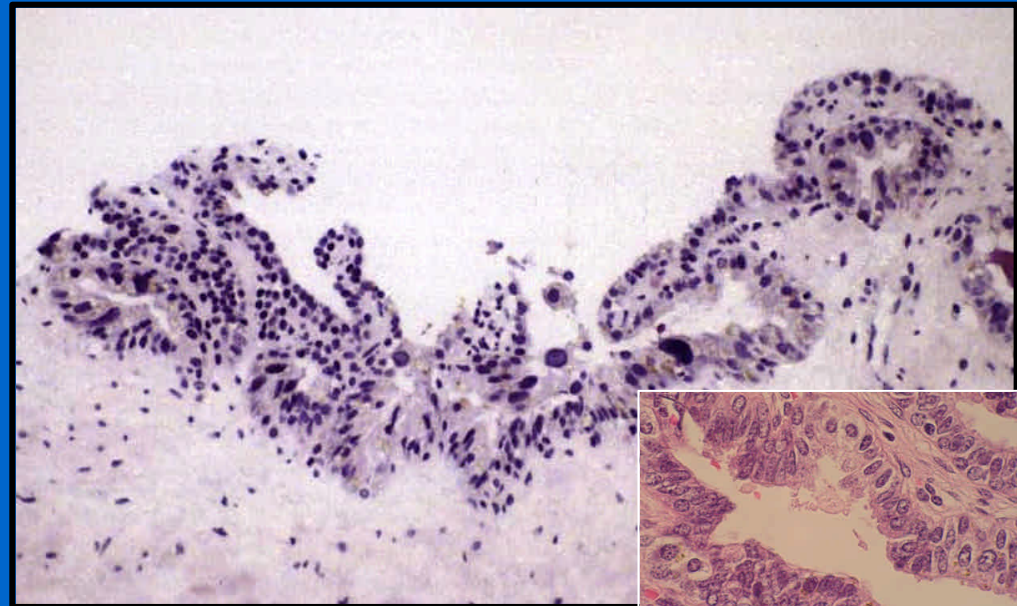
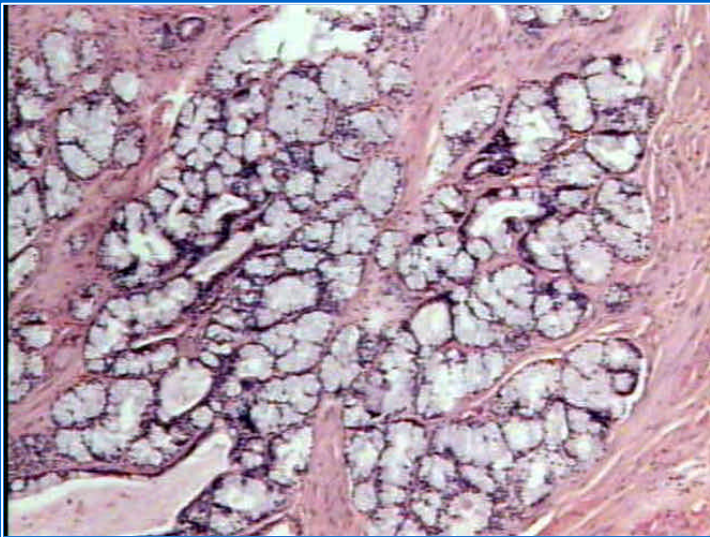
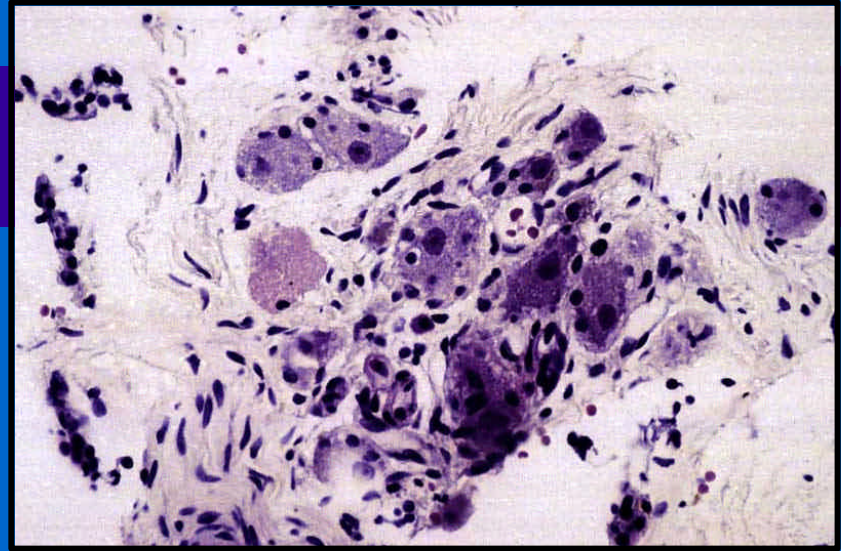
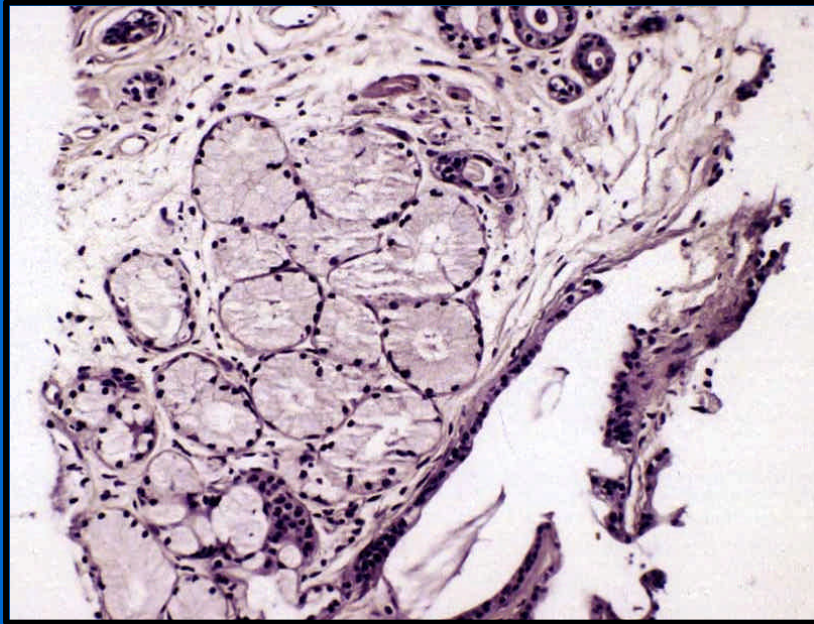
- Estructuras normales
- Lesiones inflamatorias
- Lesiones metaplásicas
- Atrofia
- Lesiones hiperplásicas
- Lesiones displásicas/preneoplásicas
- Cambios por tratamiento

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## **Lesiones que Simulan Malignidad**

- **Estructuras Normales**
- Glandulas de Cowper
- Paraganglios
- Vesícula seminal/conducto eyaculador
- ¿Zona intermedia?



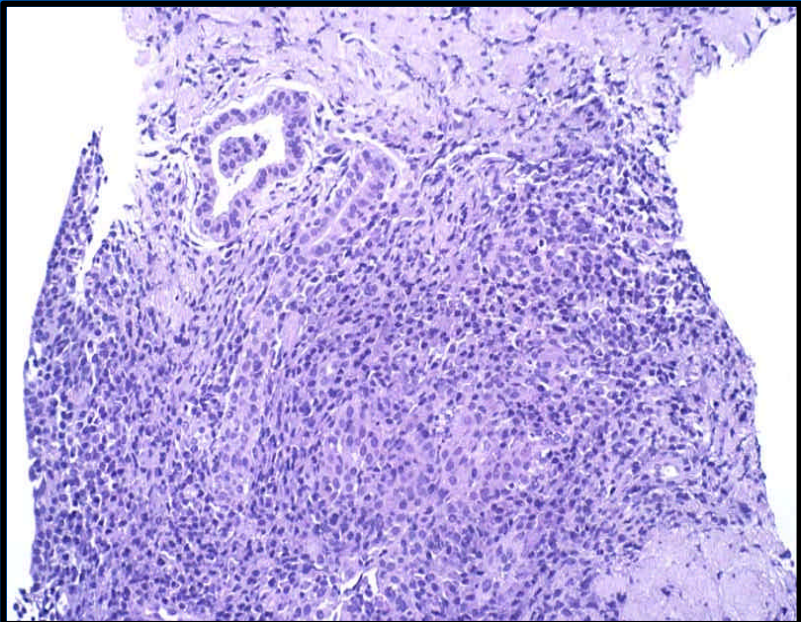
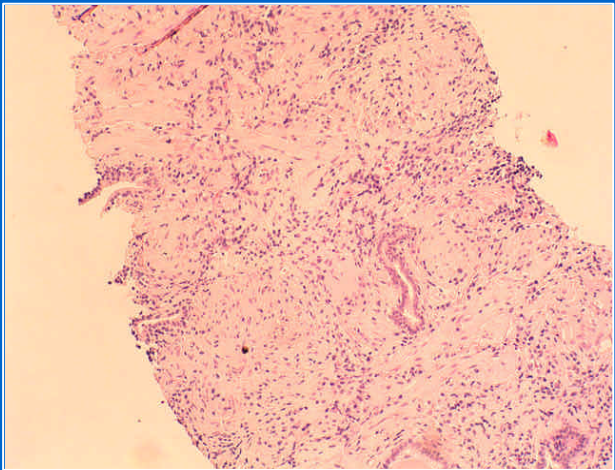
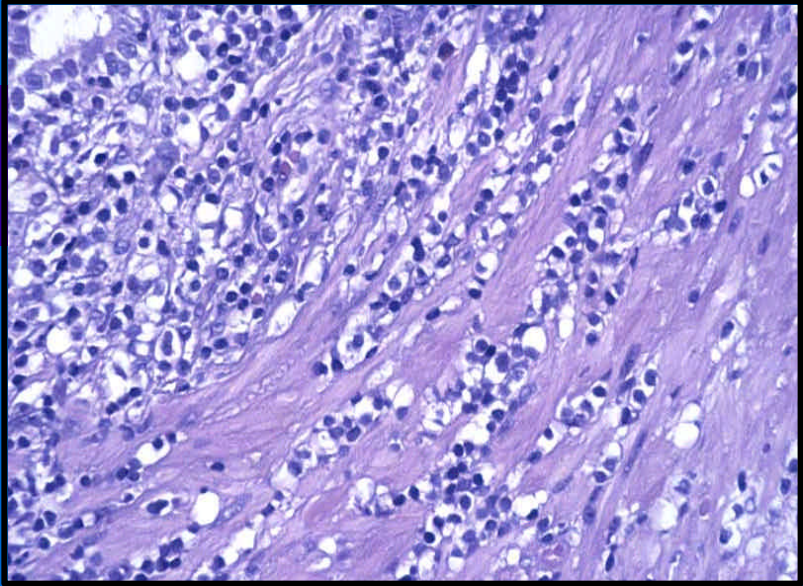
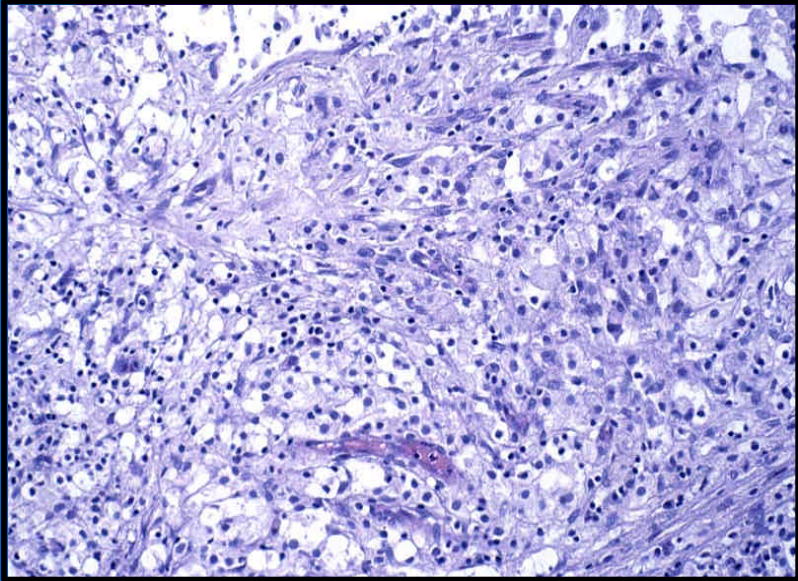
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## **Lesiones que Simulan Malignidad**

- **Lesiones inflamatorias**
- Xantoma
- Prostatitis granulomatosa
- Prostatitis crónica inespecífica

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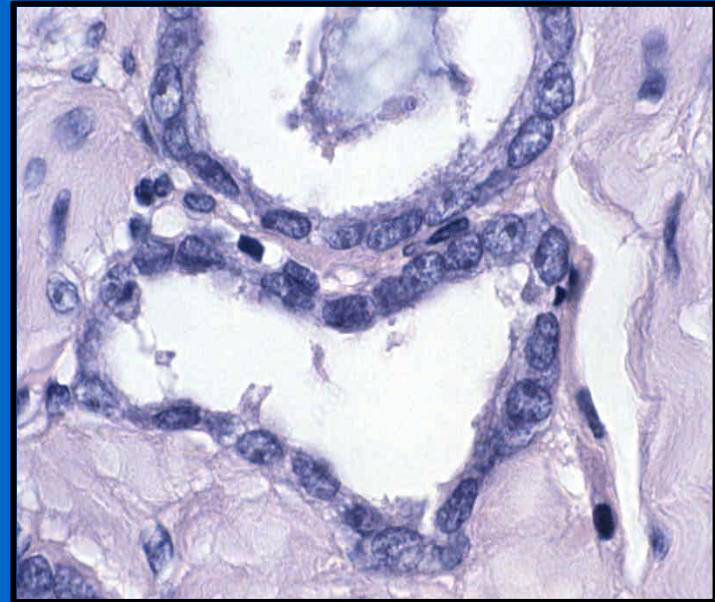
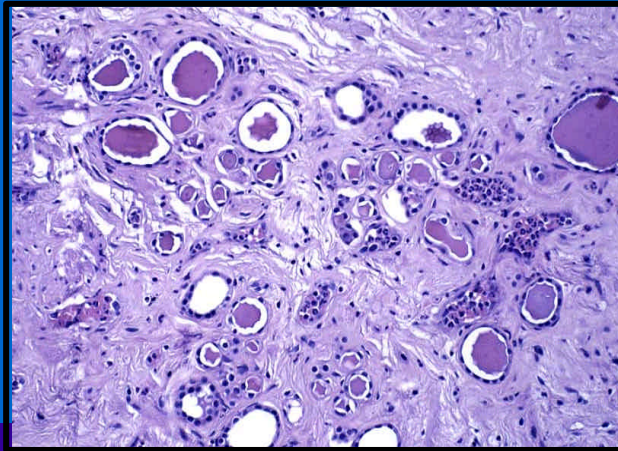
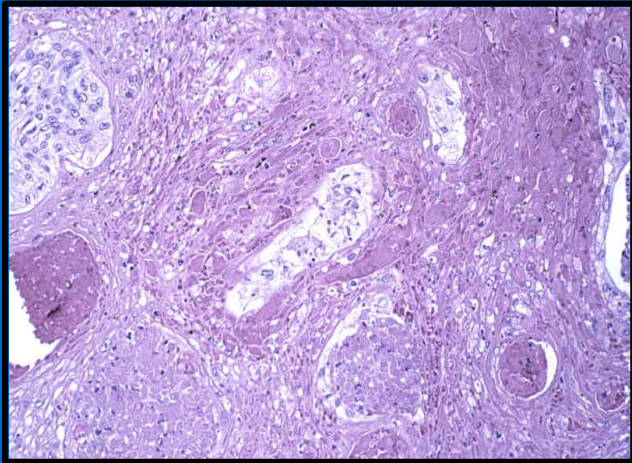
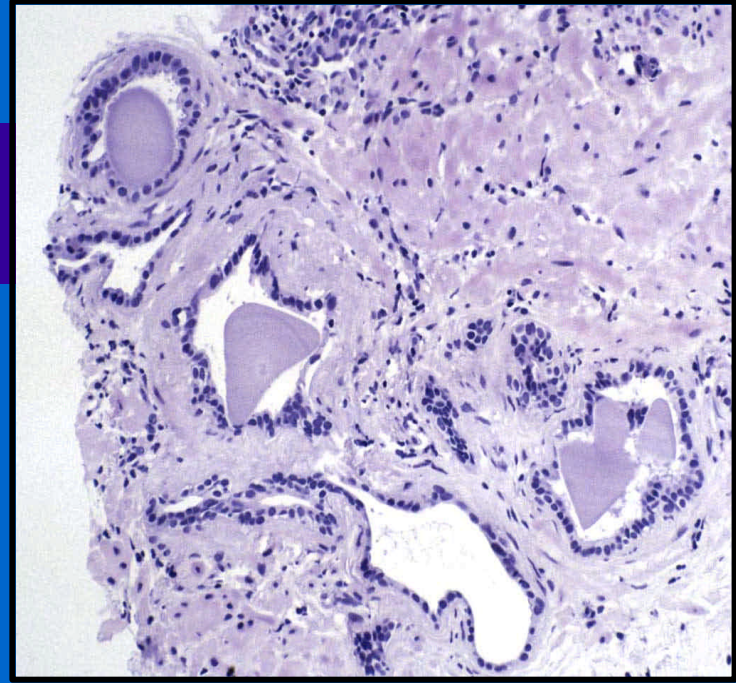
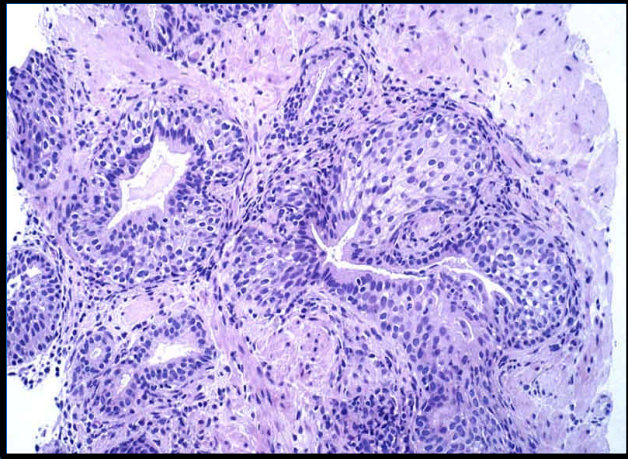
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## **Lesiones que Simulan Malignidad**

- **Lesiones metaplásicas**
- Metaplasia (adenoma) nefrogénica
- Metaplasia escamosa
- Metaplasia urotelial
- Metaplasia mucinosa
- **Atrofia**



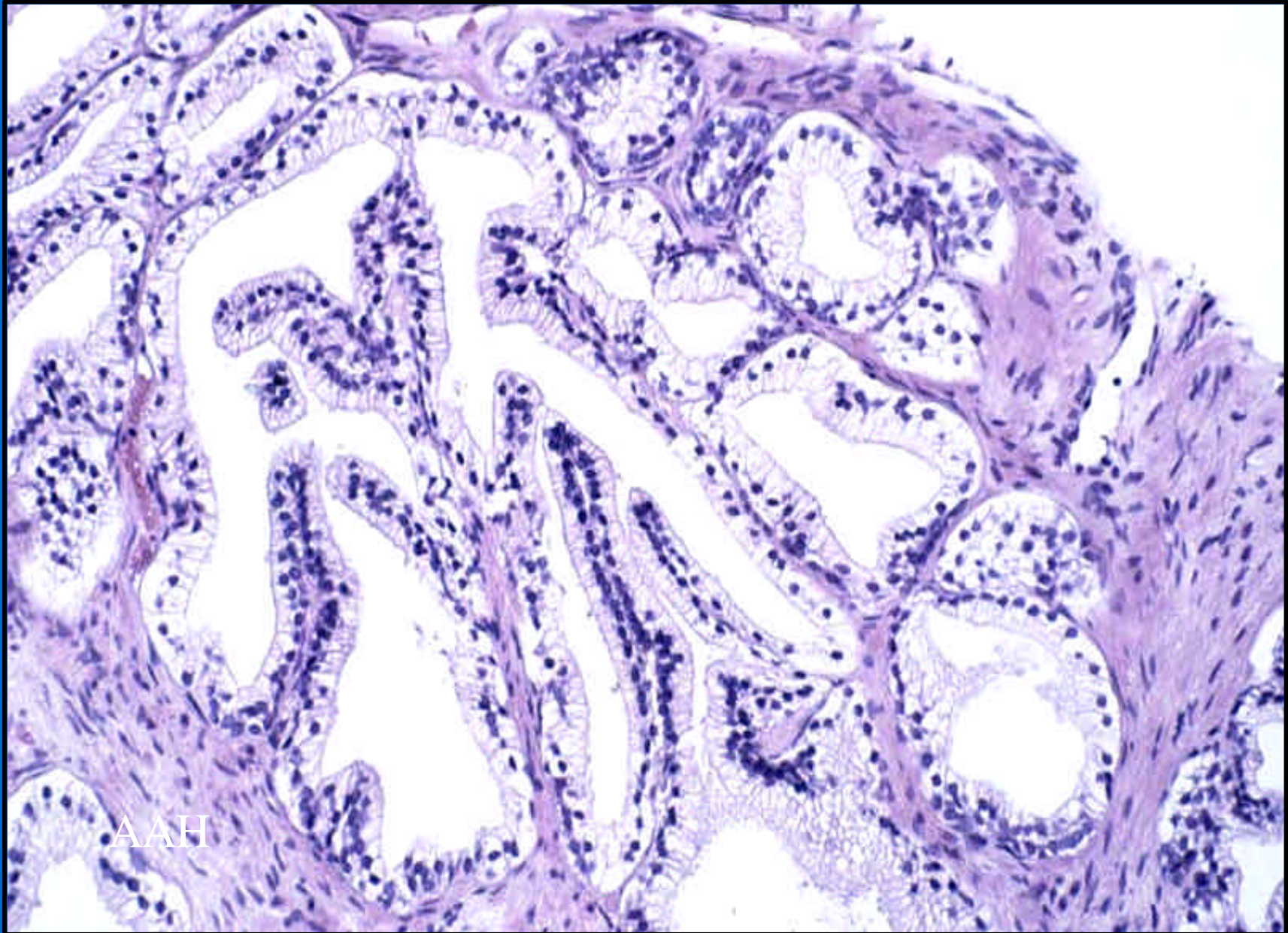


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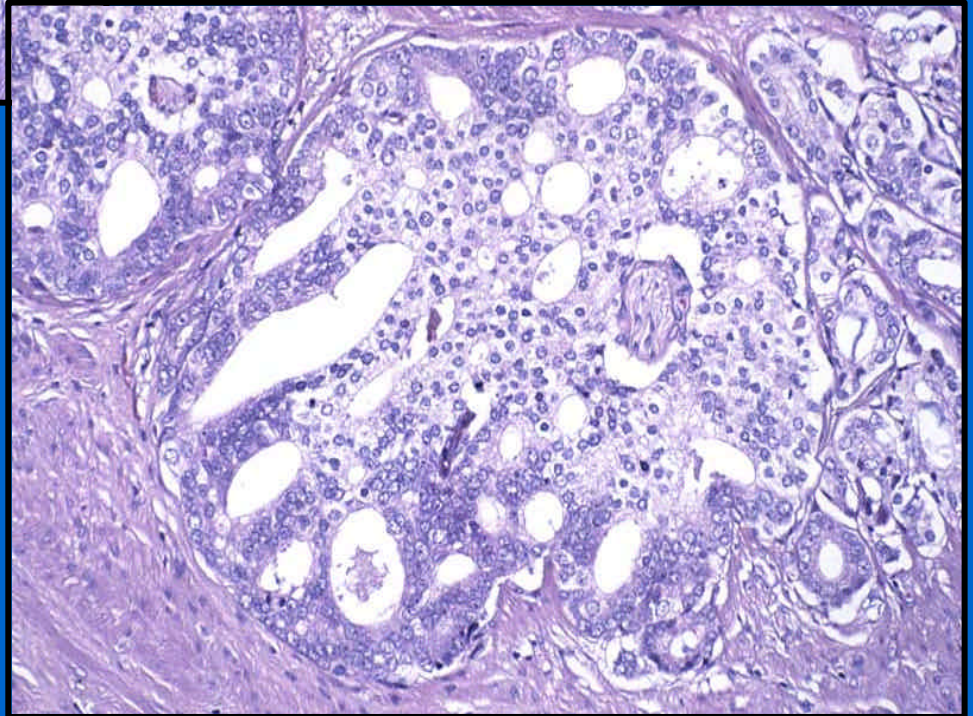
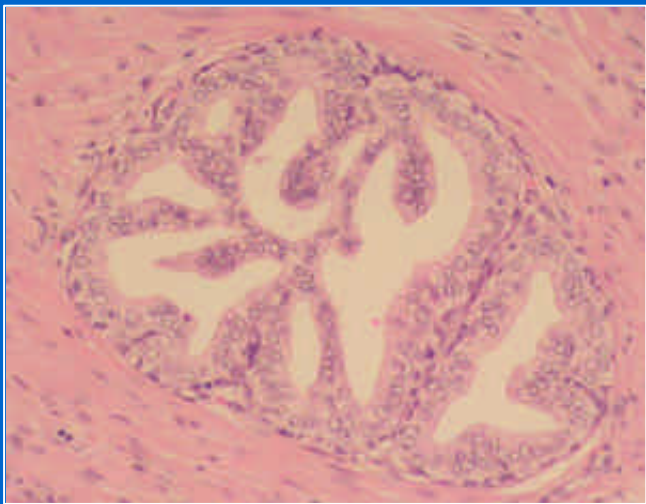
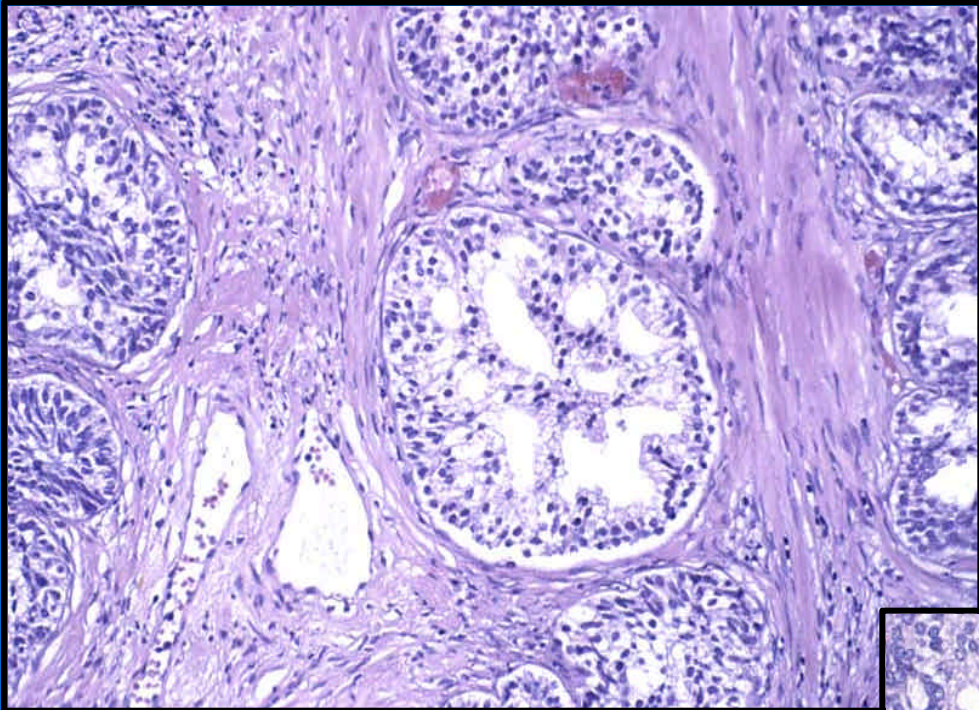
### **Lesiones que Simulan Malignidad**

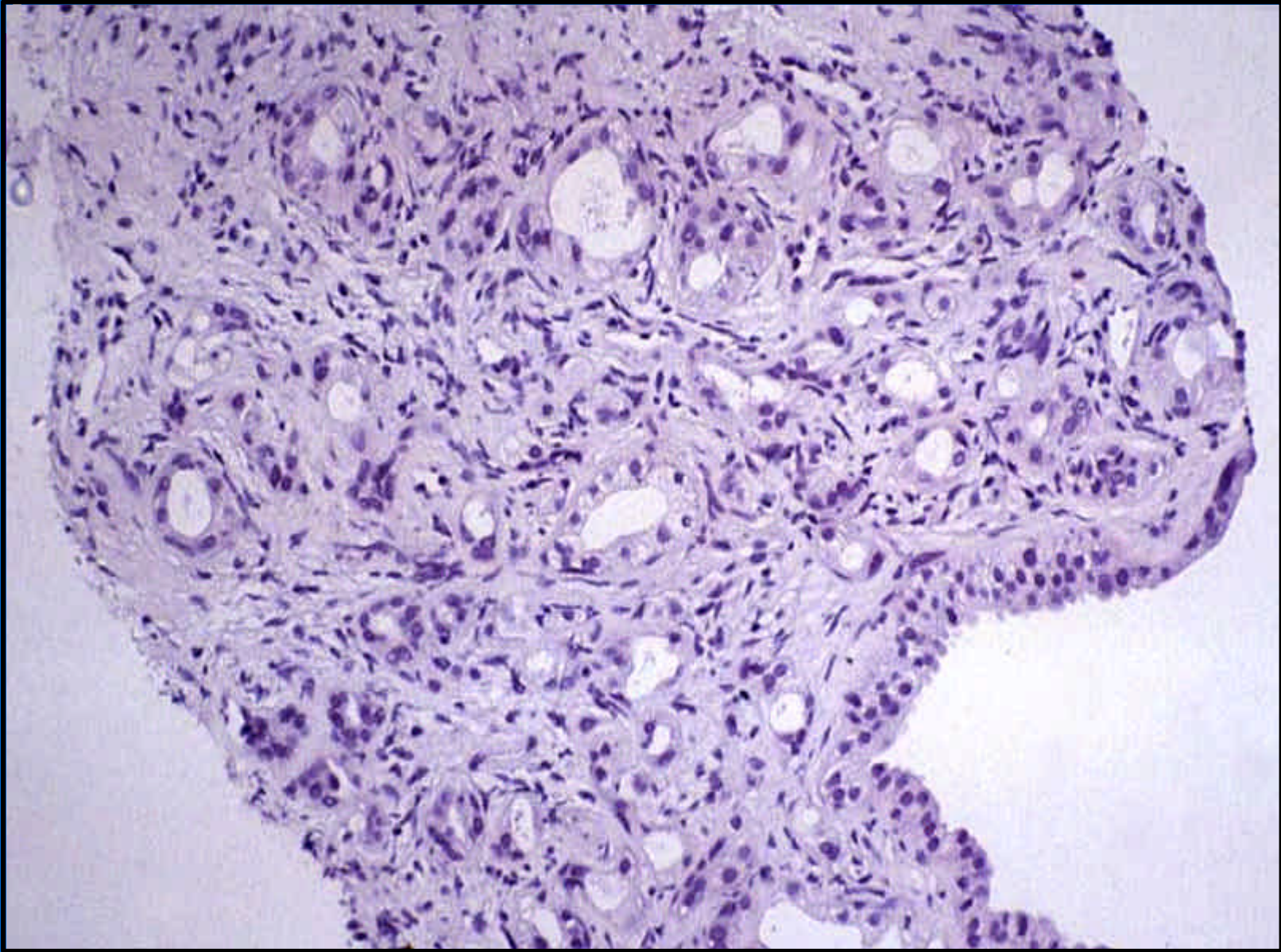
- **Lesiones hiperplásicas**
- AAH/adenosis
- Hiperplasia cribiforme de células claras
- Adenosis esclerosante
- Hiperplasia de restos mesonéfricos
- Hiperplasia (atípica) de células basales
- Hiperplasia de glandulas mucosas del Verumontanum
- Hiperplasia postatrófica/APH



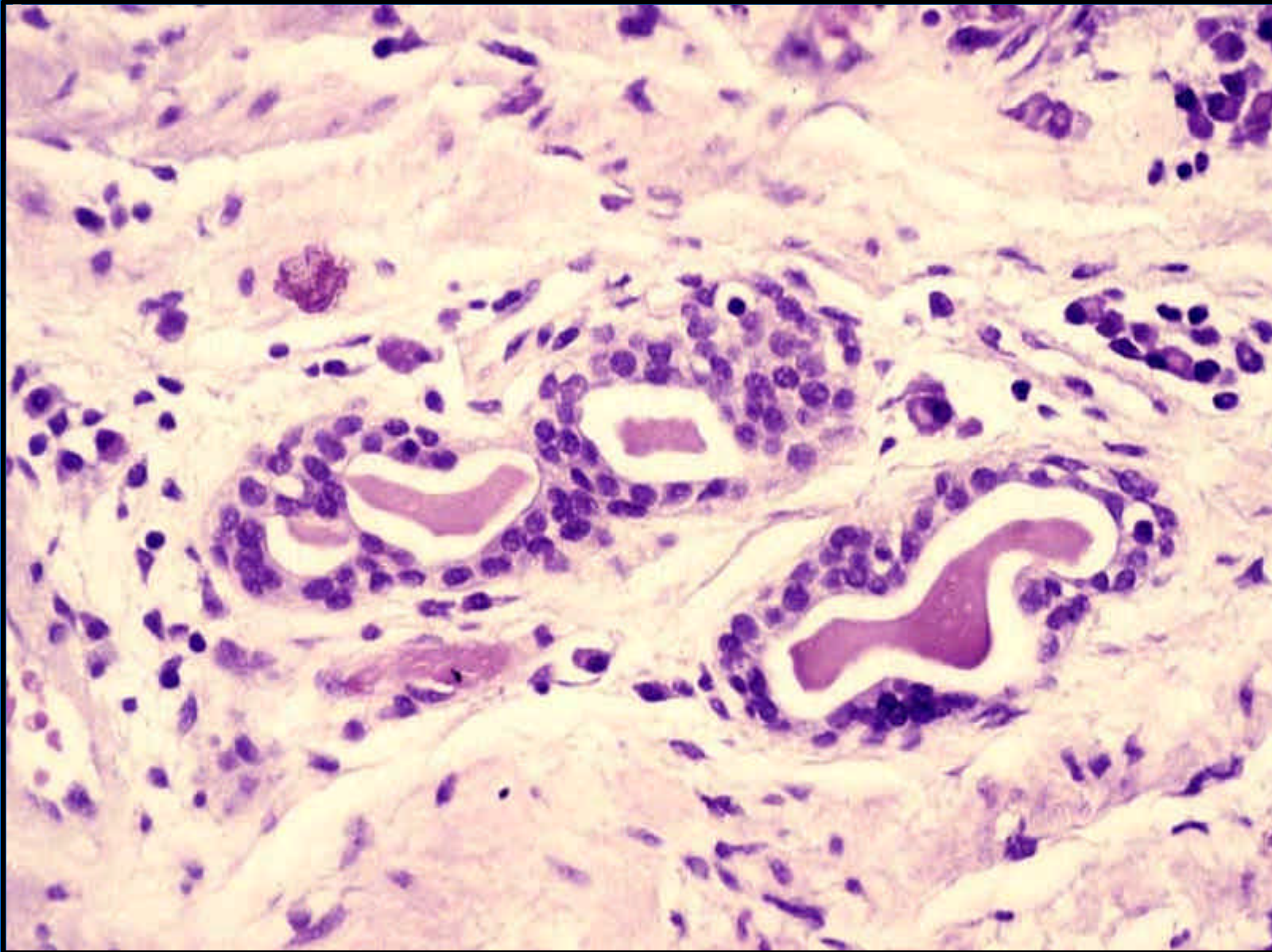
AAH

<i>Feature</i>	<i>AAH</i>	<i>AdenoCA</i>
<b>Architecture</b>	Clustered	Variable; clustered to infiltrative
<b>Nucleoli</b>	May be enlarged	Variable; usually prominent
<b>Crystalloids</b>	May be present	May be present
<b>Mucin</b>	Rare; may be present	May be present
<b>Corpora amylacea</b>	May be present	Rare
<b>Basal cell layer</b>	Present; may be discontinuous	Absent

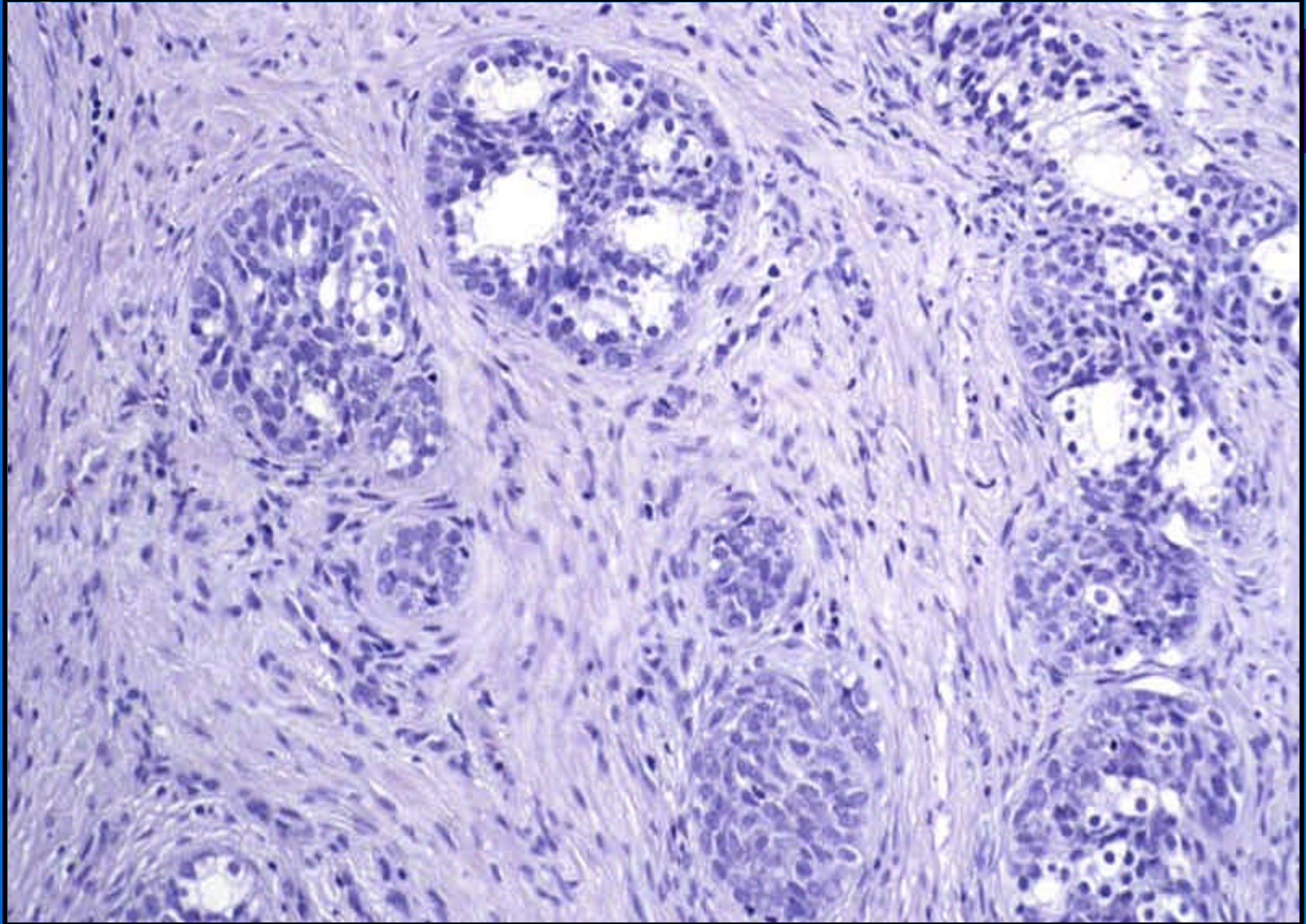


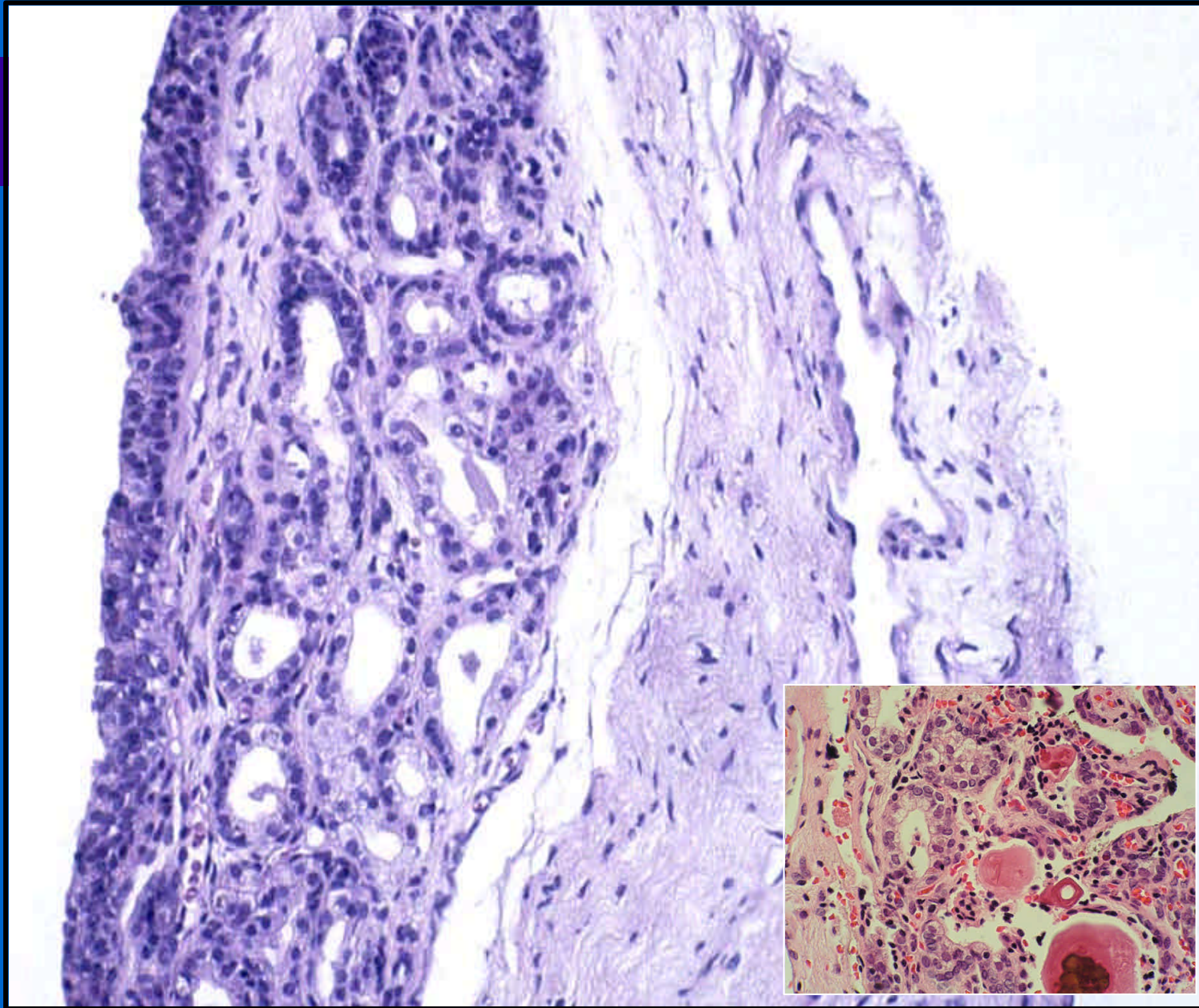


<i>Feature</i>	<i>Sclerosing adenosis</i>	<i>AdenoCA</i>
<b>Architecture</b>	overall circumscribed	Infiltrative
<b>Cytologic atypia</b>	Variable; Usually absent	Present
<b>Stromal cellularity</b>	Present; myxoid	Absent
<b>Basement membrane around acini</b>	Present	Absent
<b>Basal/myoepithelial cells</b>	Present	Absent
<b>Multifocality</b>	Focal	Usually multifocal





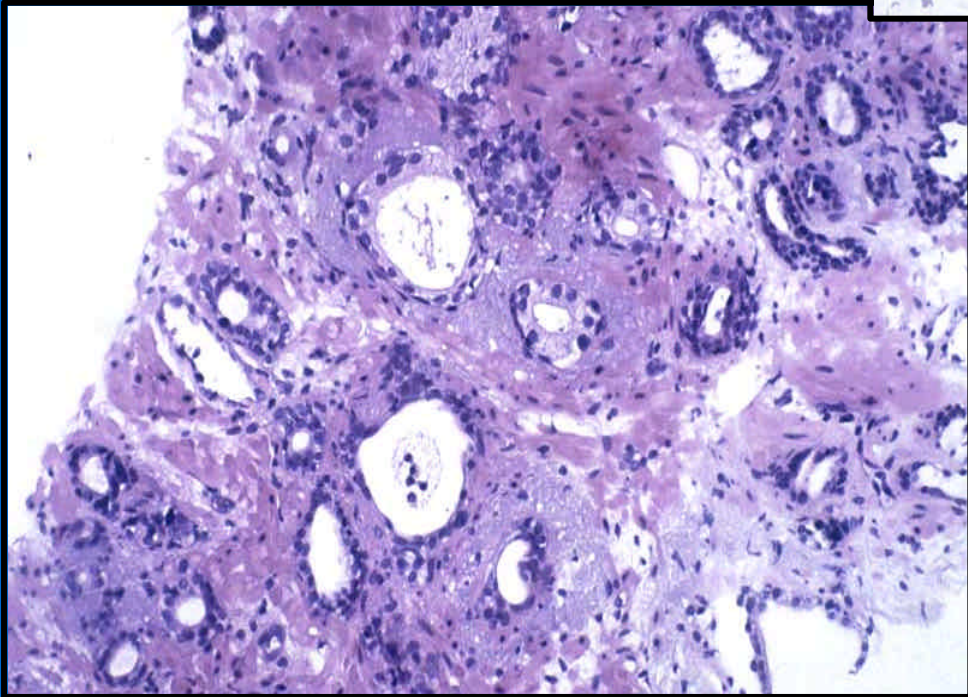
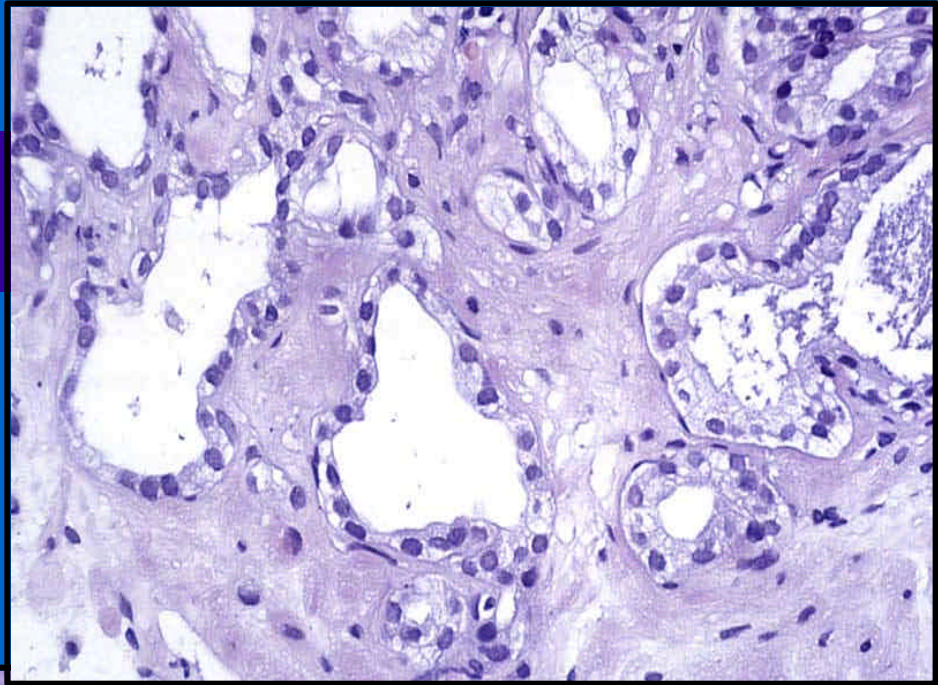




<i>Feature</i>	<i>VMGH</i>	<i>AdenoCA</i>
<b>Architecture</b>	Cluster of small closely-spaced acini	Variable; usually infiltrative
<b>Cytology</b>	Bland	Enlarged nuclei/prominent nucleoli
<b>Basal cells</b>	Present	Absent
<b>Corpora amylacea</b>	Frequent(50%)	Rare
<b>Mucin</b>	Rare	May be present
<b>Crystalloids</b>	Rare	May be present

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<i>Feature</i>	<i>PAH</i>	<i>AdenoCA</i>
<b>Architecture</b>	Lobule of small acini surrounding a central dilated acinus	Variable; circumscribed to infiltrative
<b>Cytology</b>	Mildly enlarged nuclei with small nucleoli	Enlarged nuclei with prominent nucleoli
<b>Cytoplasm</b>	Condensed basophilic to clear/pale	Usually pale due to greater amount of cytoplasm
<b>Mucin</b>	Rare	May be present
<b>Crystalloids</b>	Rare	May be present

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## **Lesiones que Simulan Malignidad**

- **Lesiones displásicas/preneoplásicas**
- PIN
- Hiperplasia postatrófica/APH
- Atrofia proliferativa inflamatoria
- **Cambios secundarios al tratamiento**
- Radiación
- Bloqueo androgénico
- Otros

