

REUNIÃO INTER-DEPARTAMENTAL

12 de Outubro de 2011

Hospital de Braga

Ana Margarida Ferreira

História Clínica

⦿ Identificação

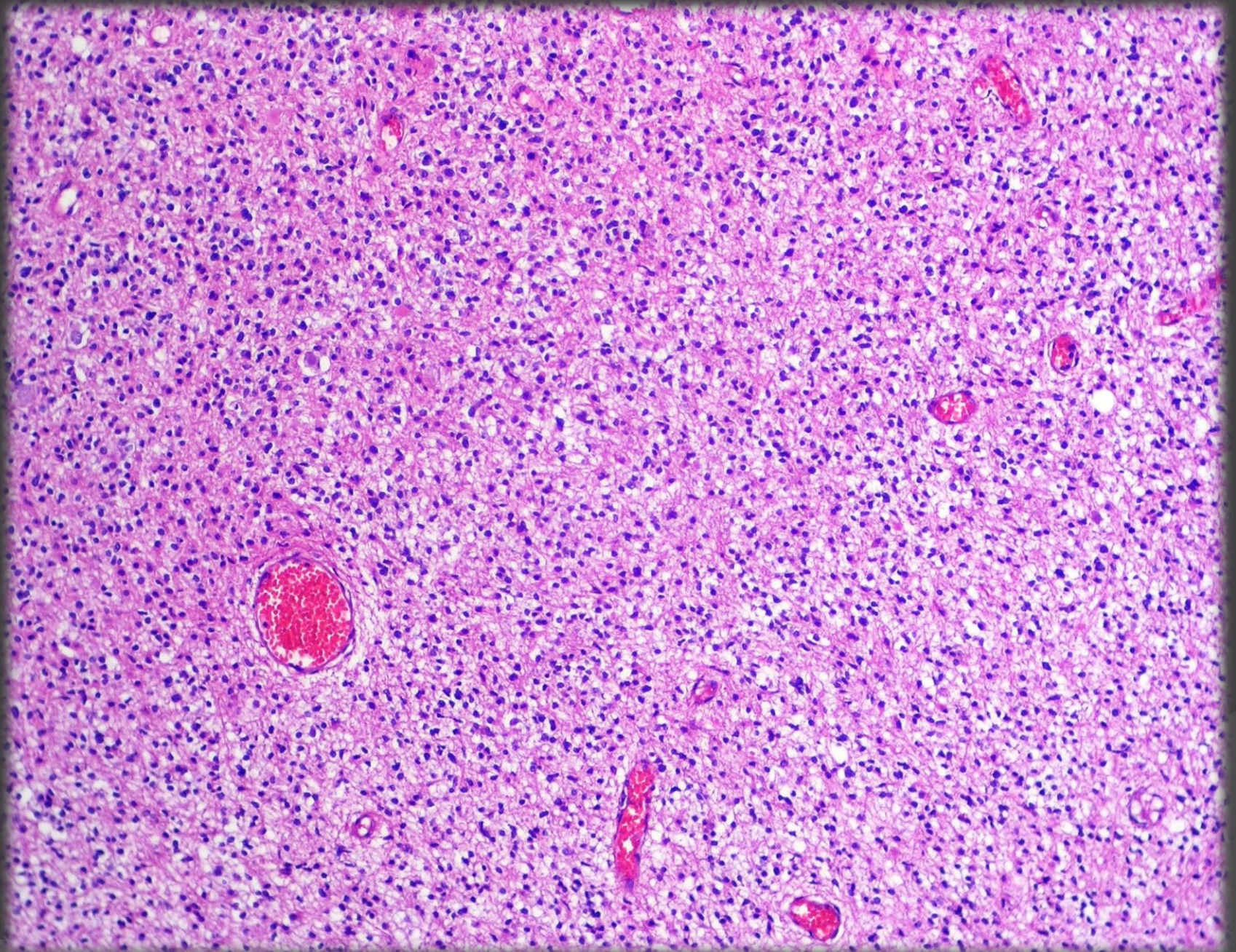
- R.C.L.F.S.C.
- Sexo masculino
- 36 anos

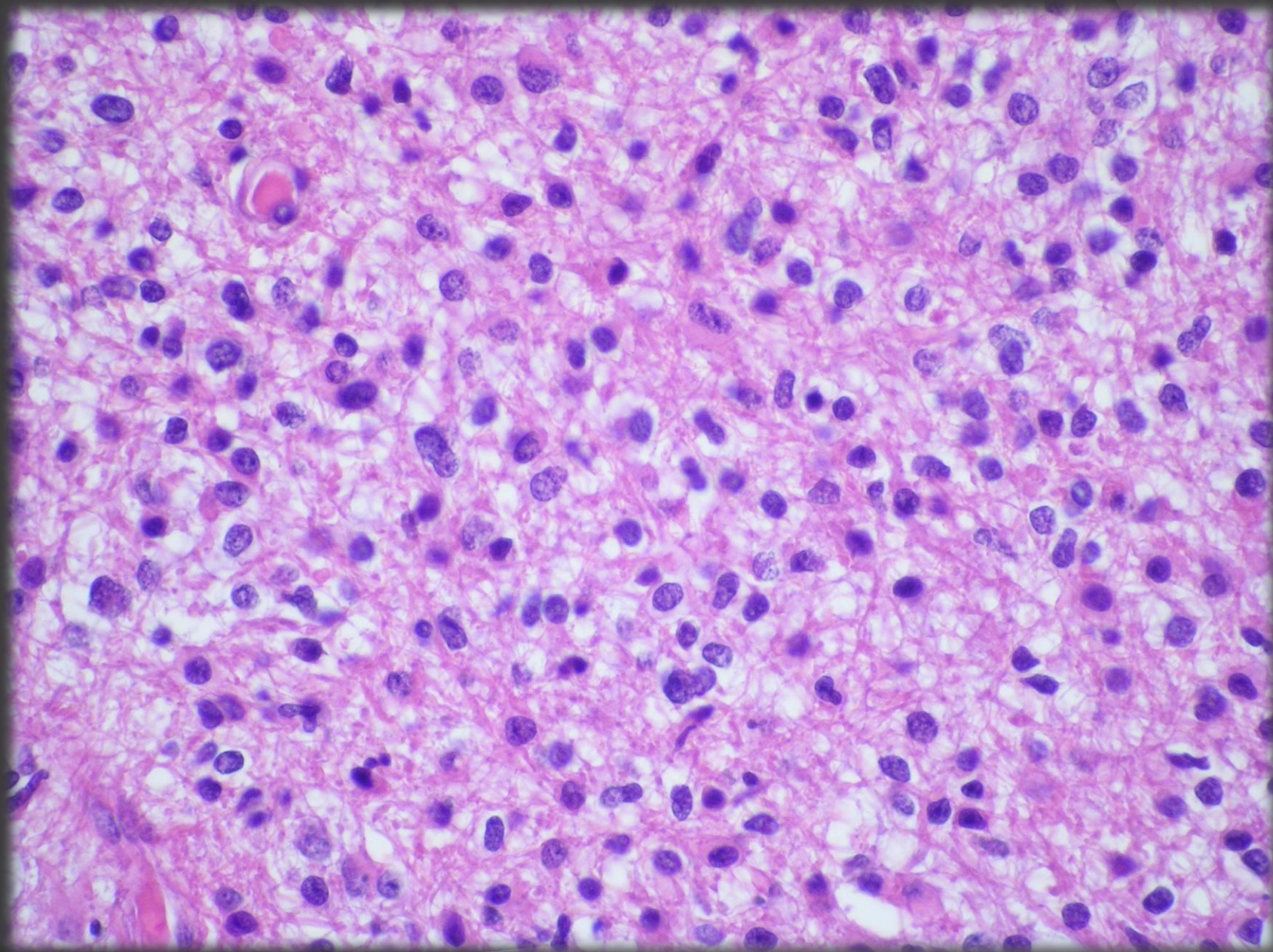
⦿ História da Doença Actual

- Cefaleias

História Clínica

- ◎ Antecedentes cirúrgicos/patológicos:
 - Craniotomia fronto-parietal direita por LOE em Julho de 2010





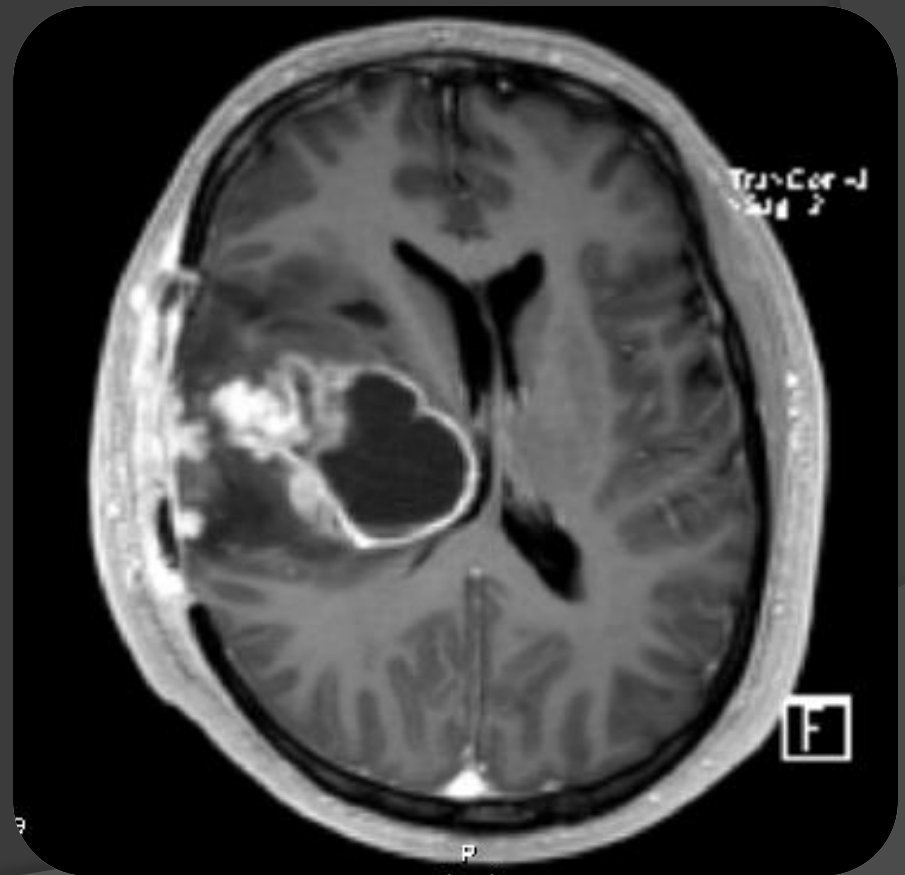
Oligodendroglioma (Grau II da OMS)

História Clínica

Exames Complementares de Diagnóstico

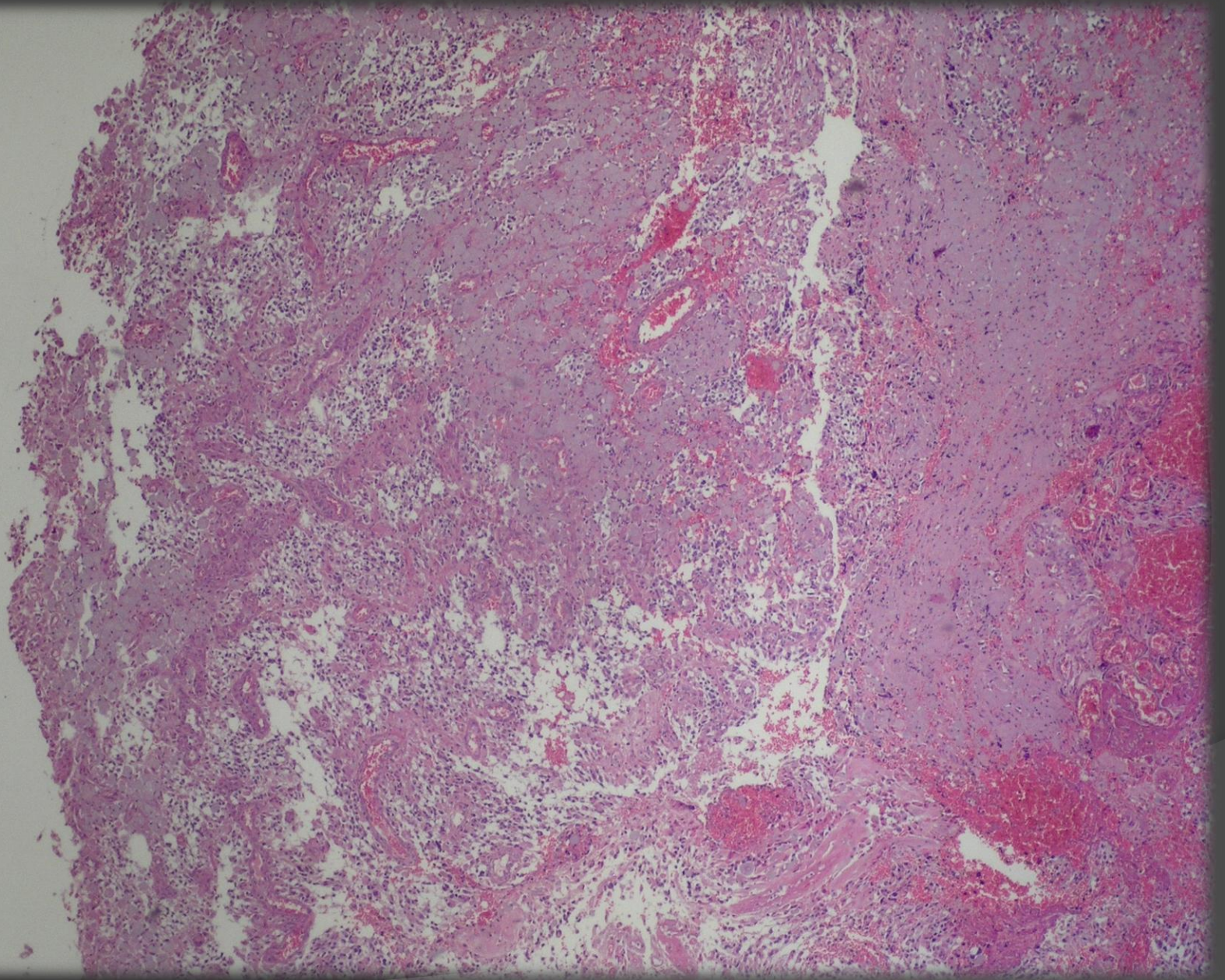
RMN

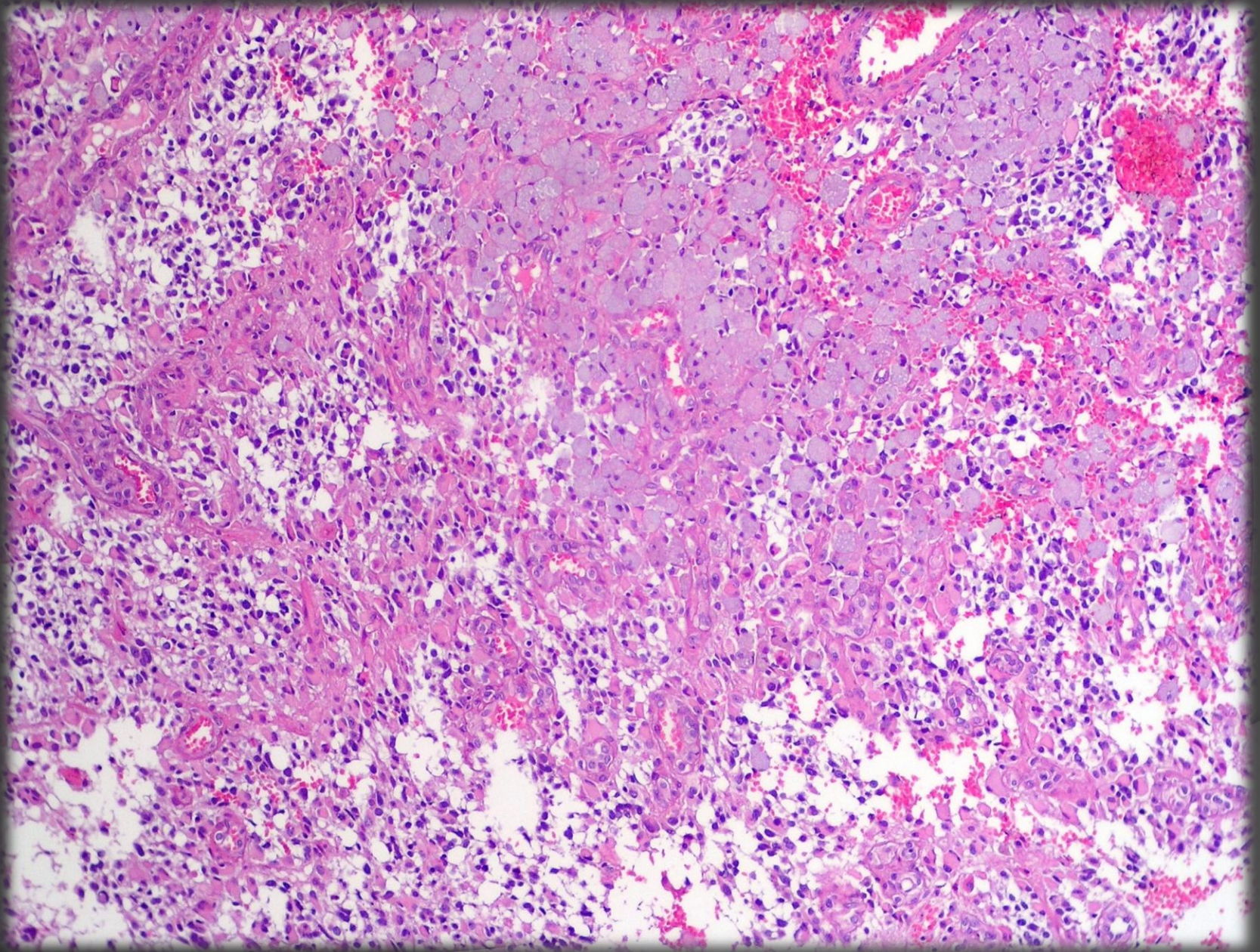
“... lesão expansiva fronto – parietal direita com extensão profunda...apresenta área quístico-necrótica, componente hemorrágico e uma área sólida lateral...rodeia-se de halo de edema vasogénico...**recidiva de glioma de alto grau...**”

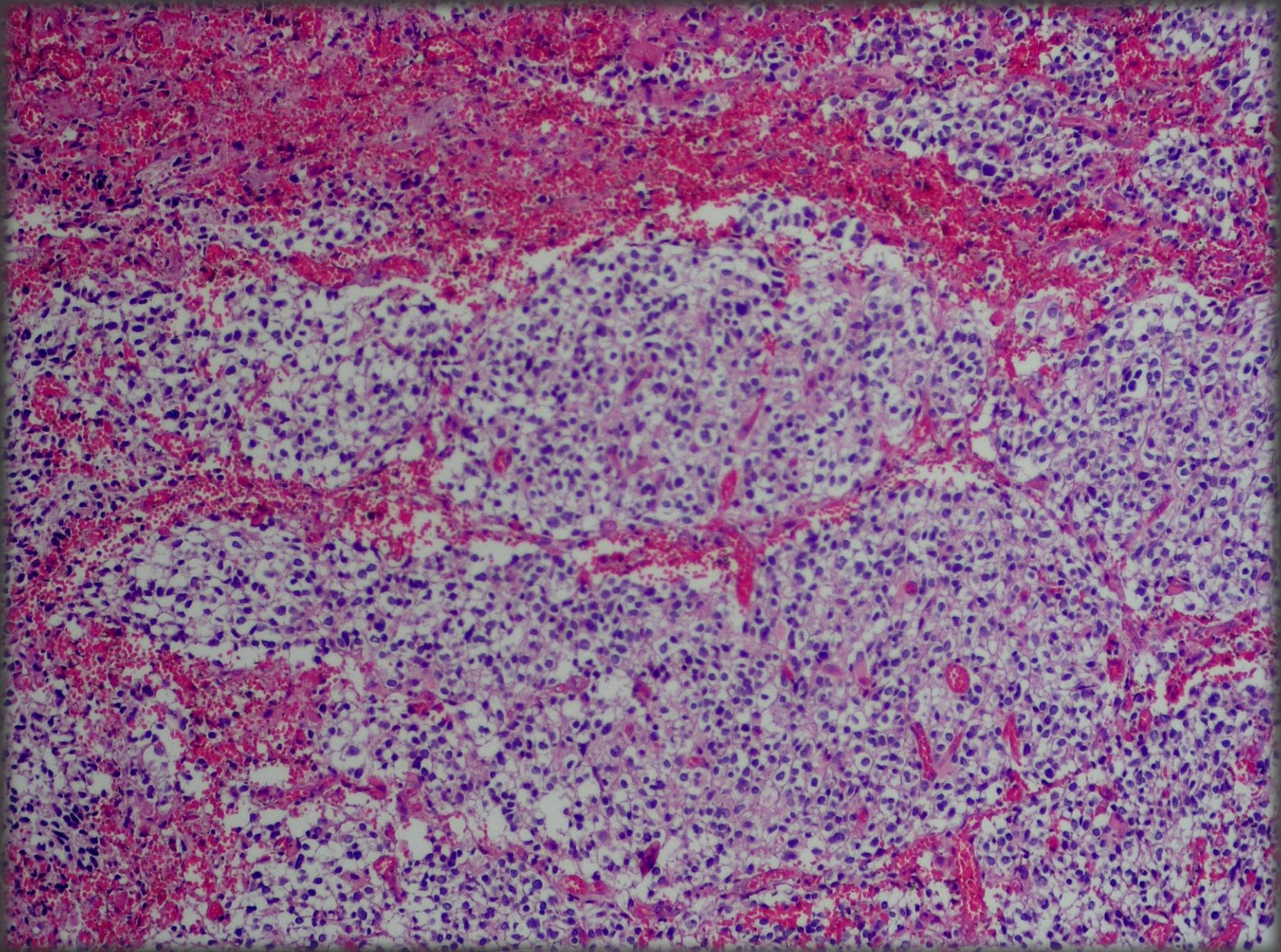


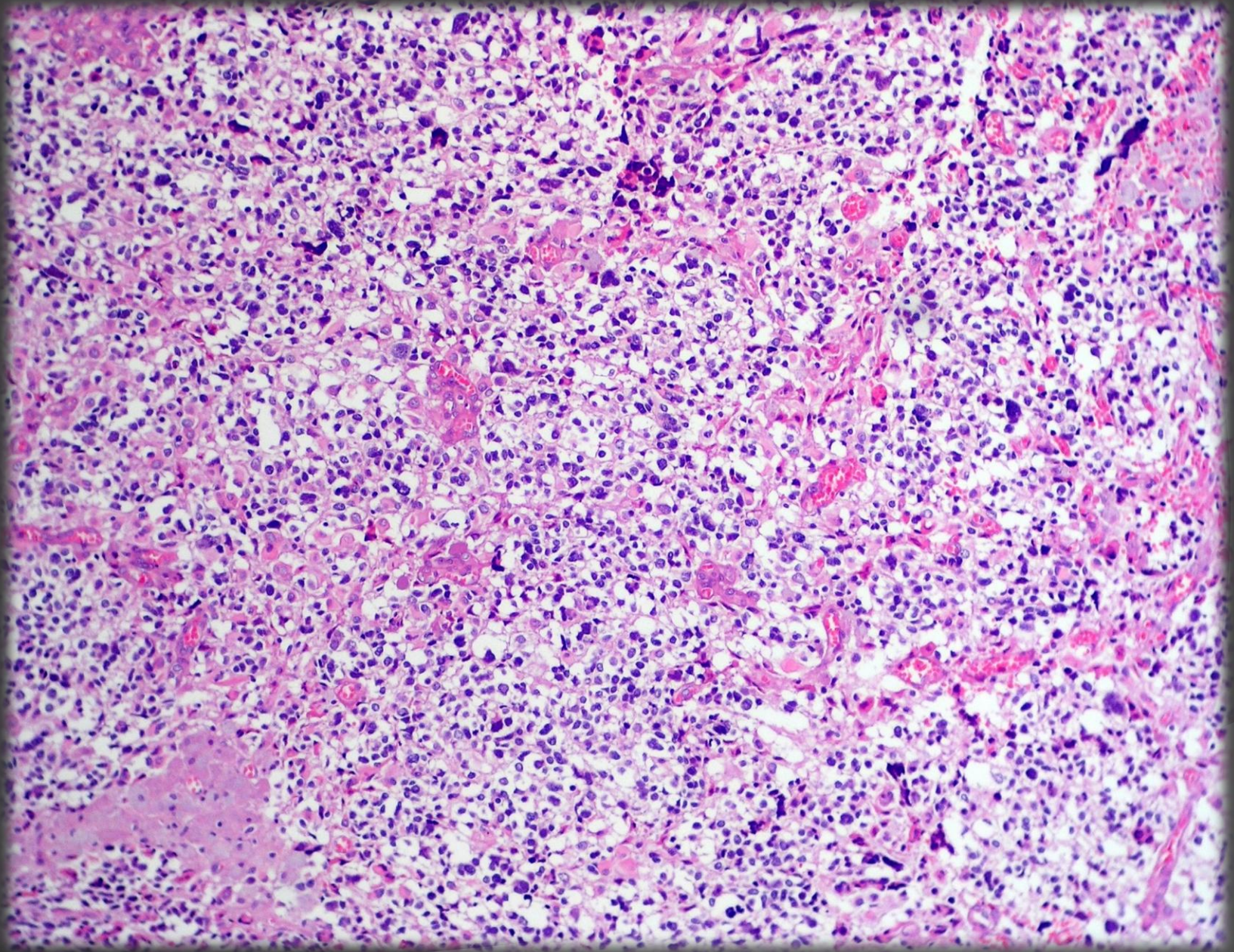
Macroscopia

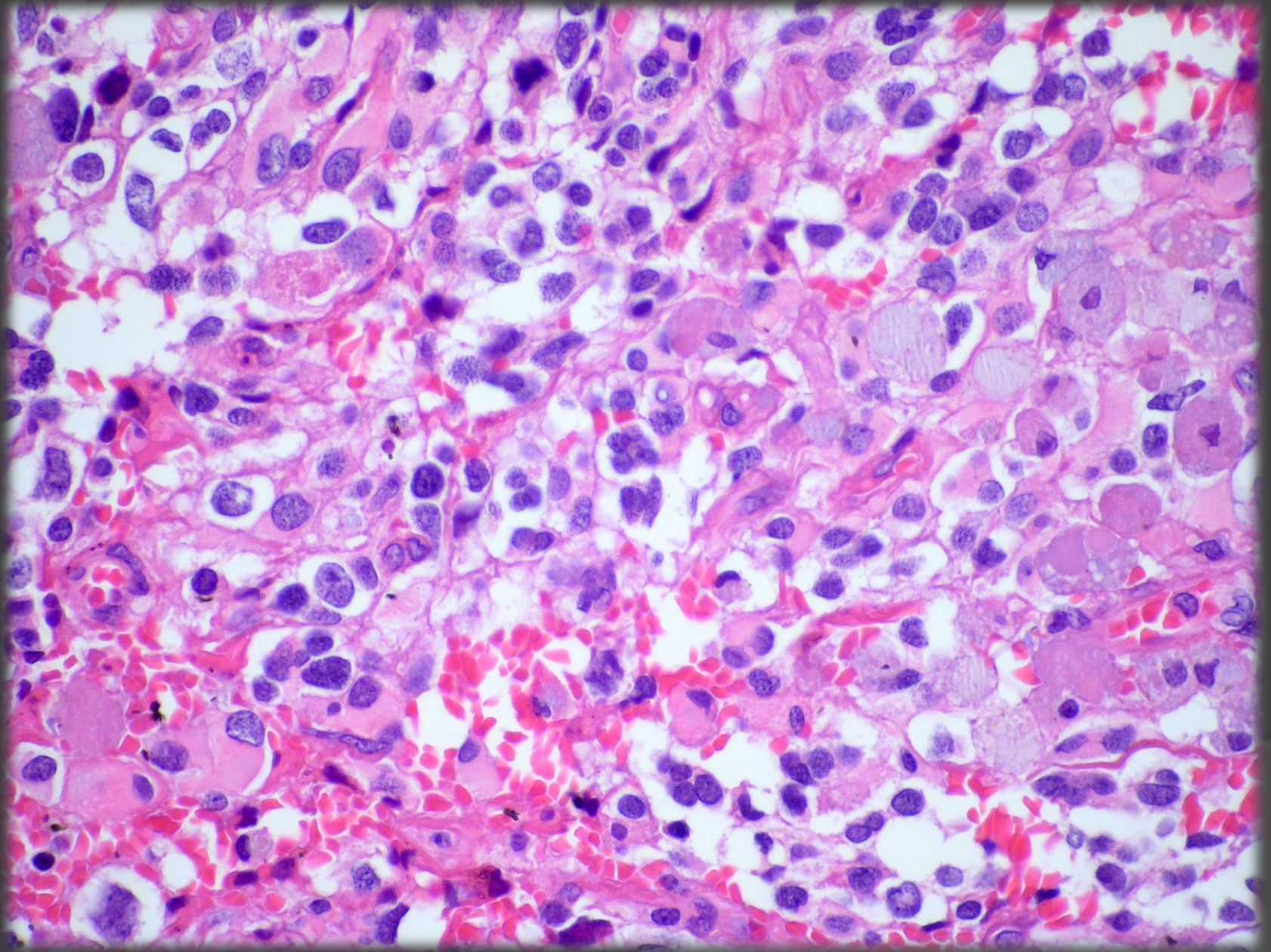
“Vários retalhos irregulares de tecido, o maior com 3 cm, amarelados com áreas de necrose e hemorragia.”

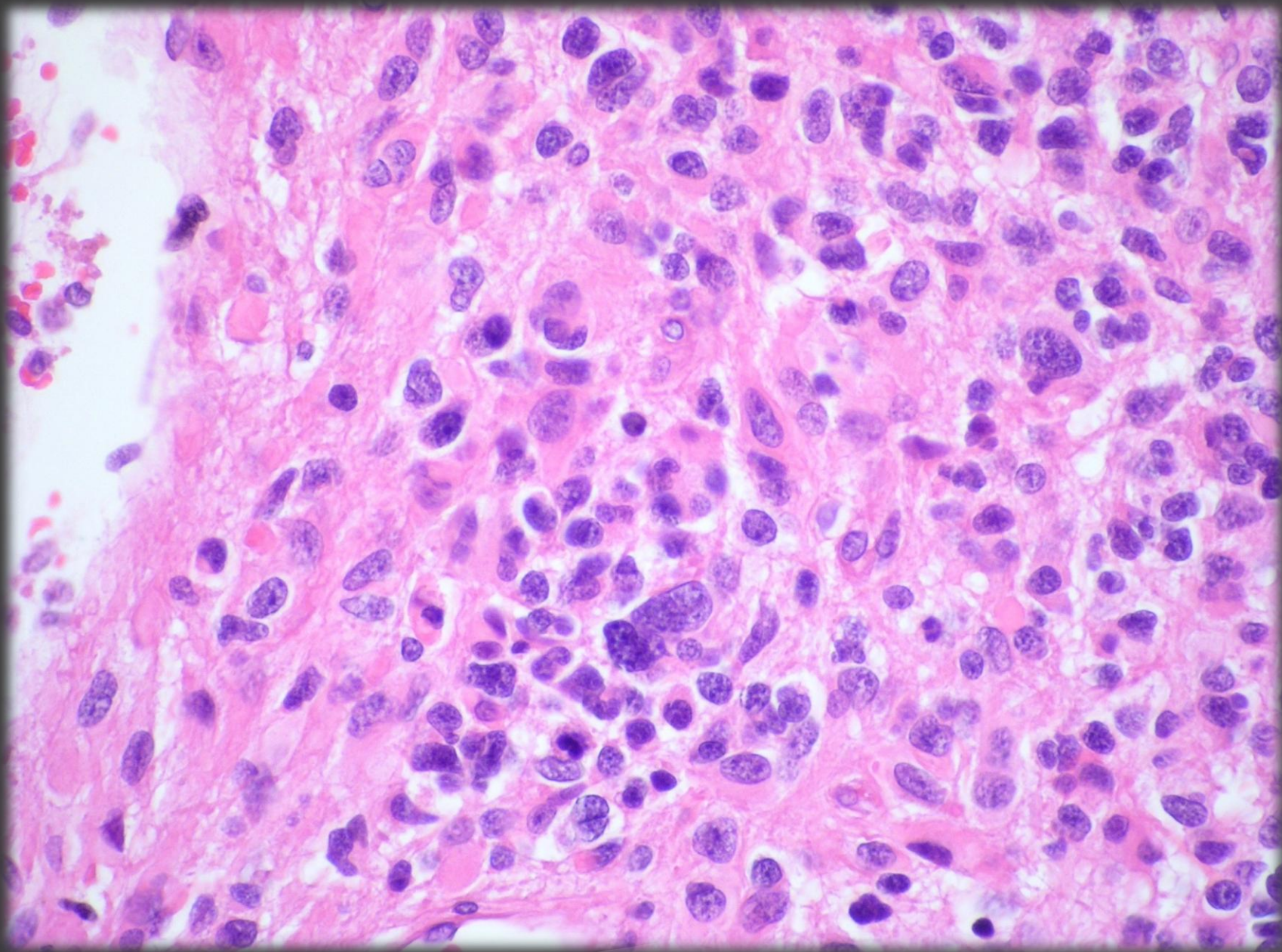


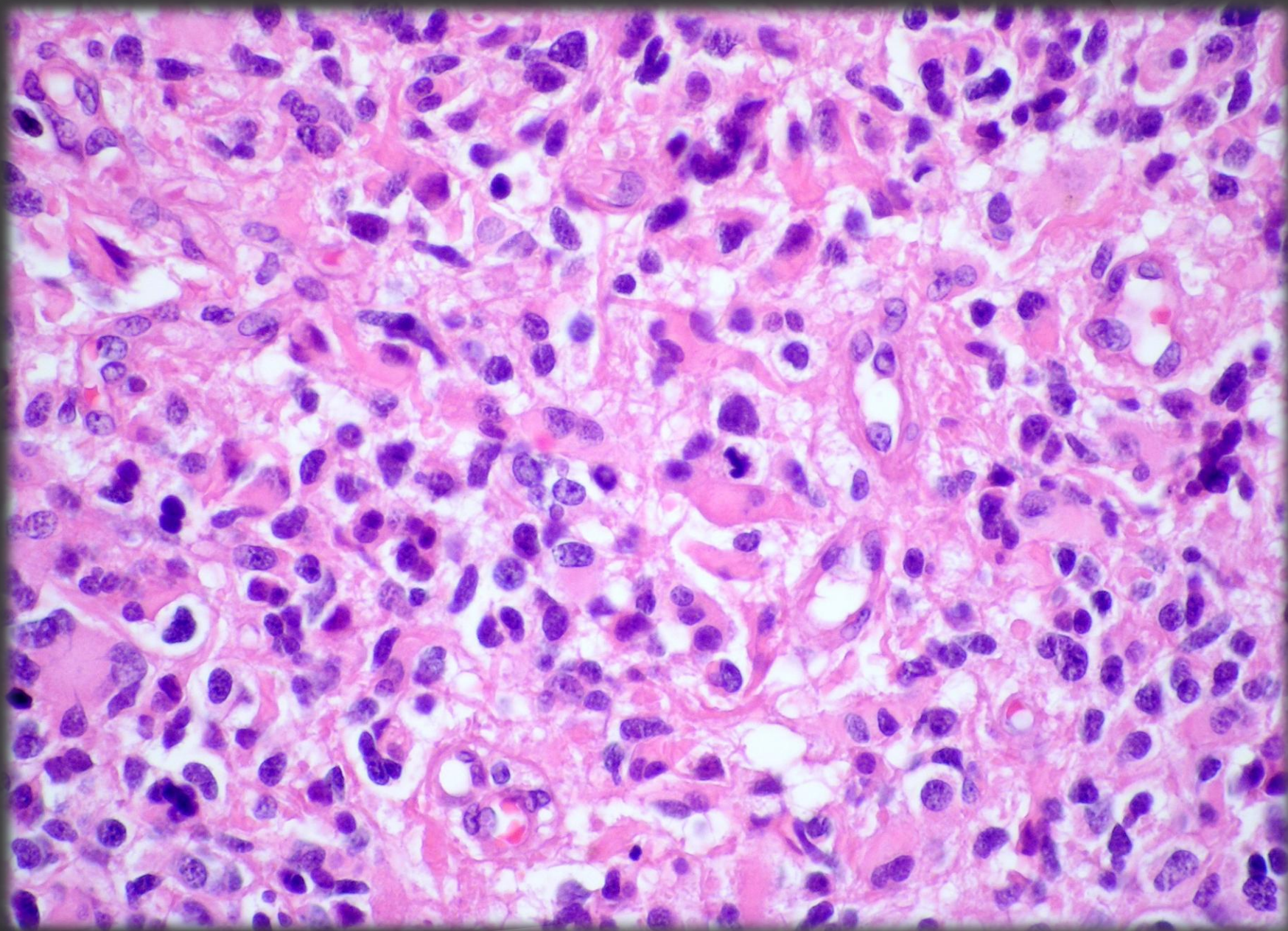


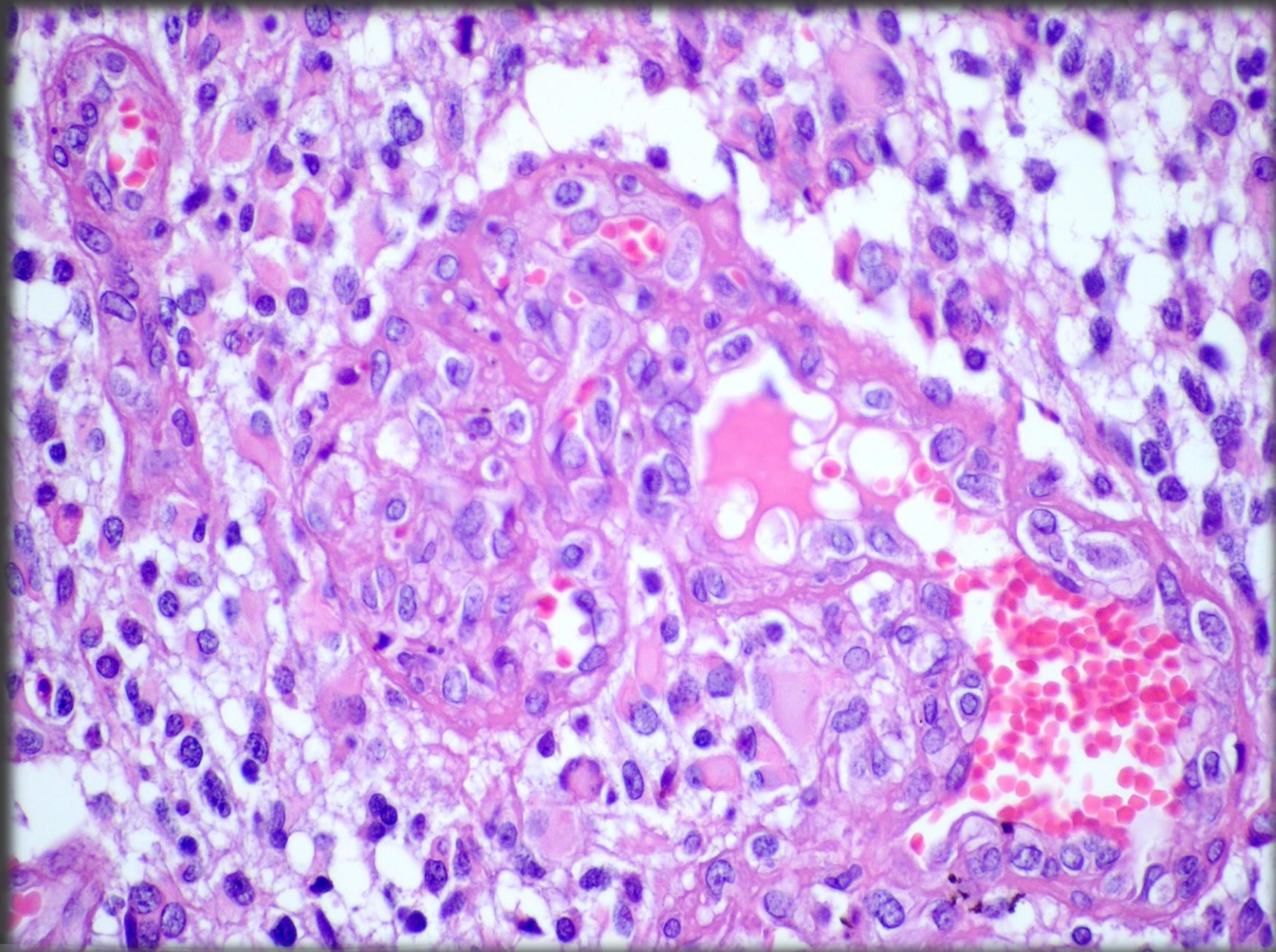


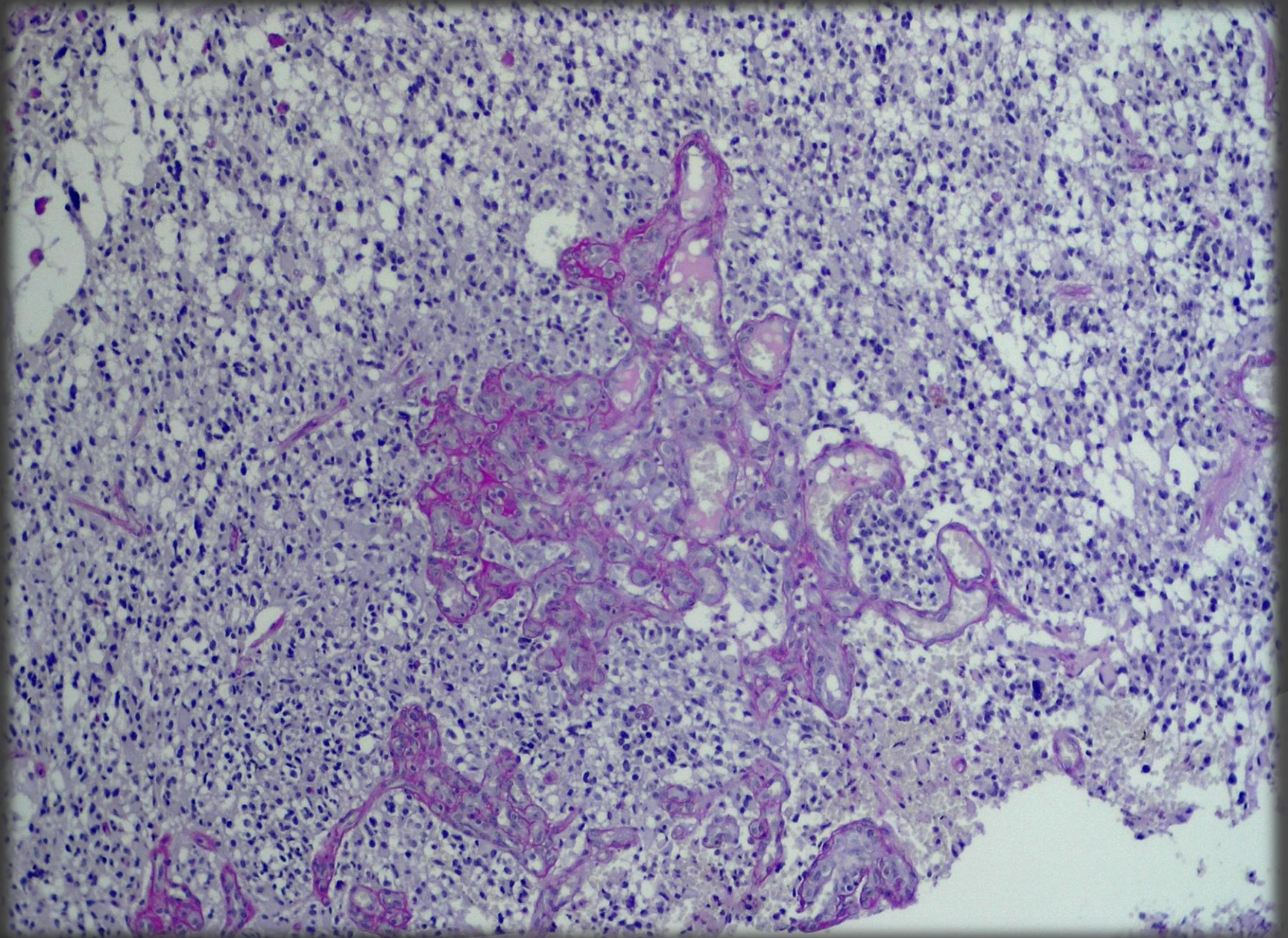


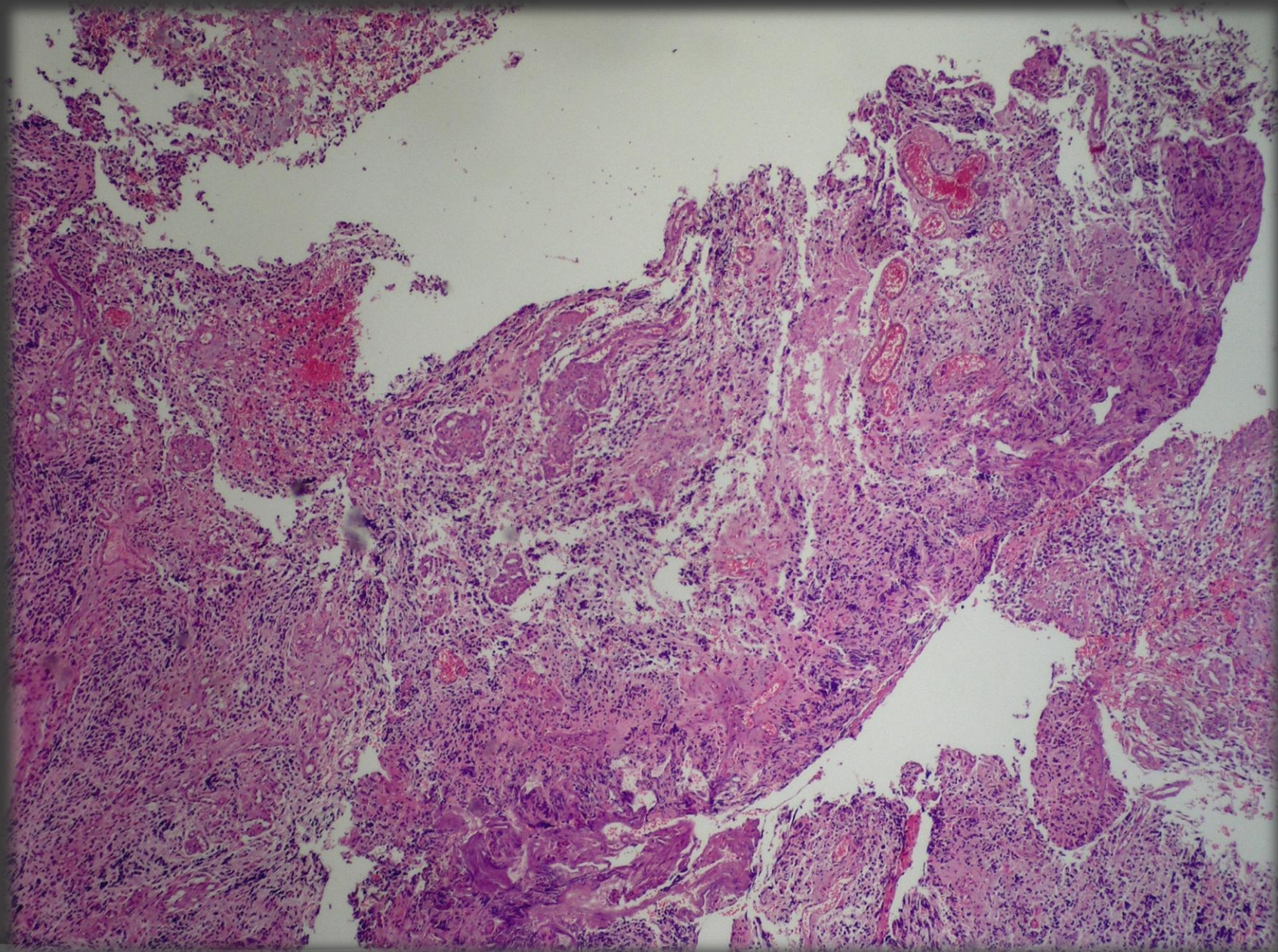


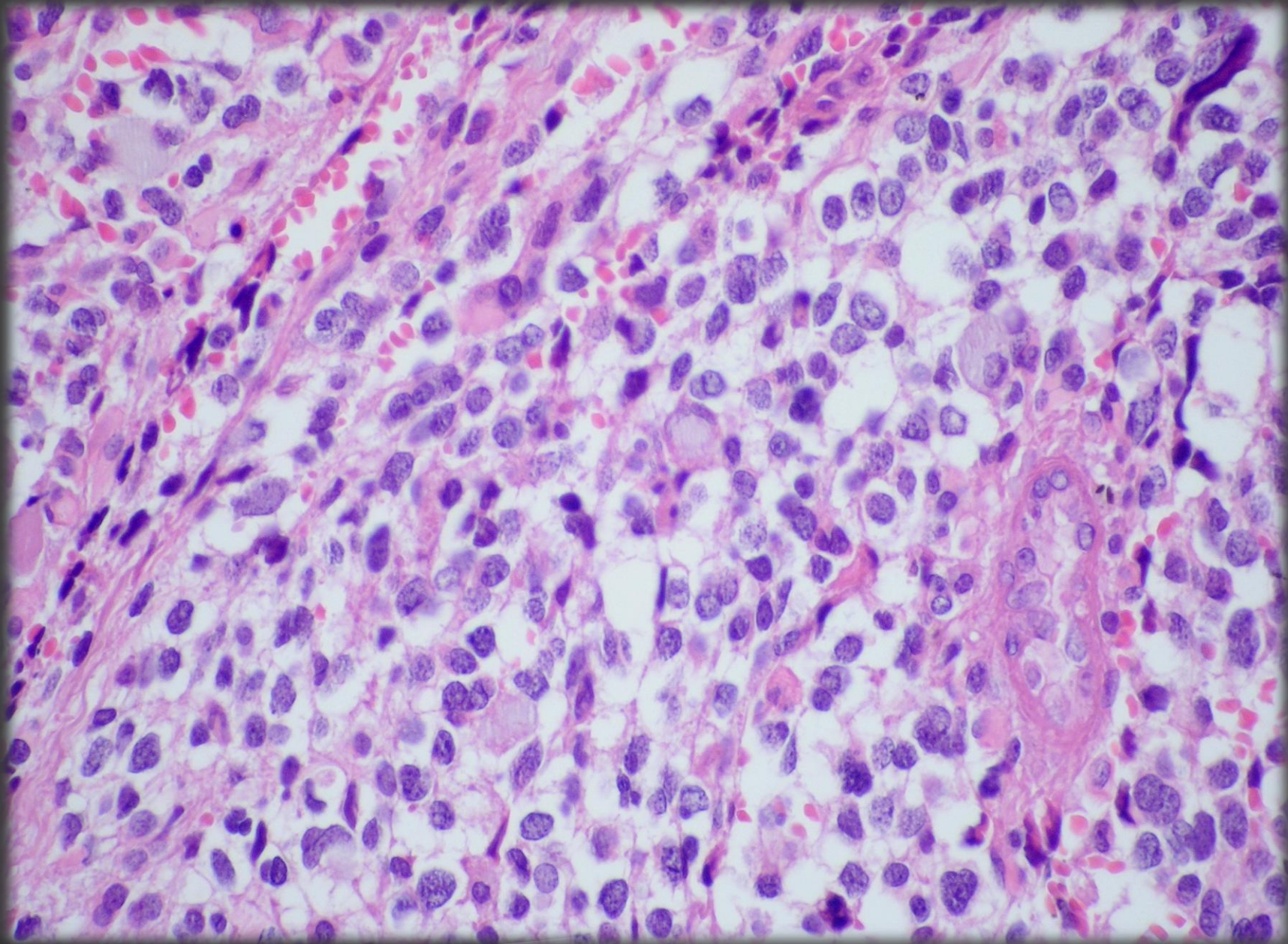


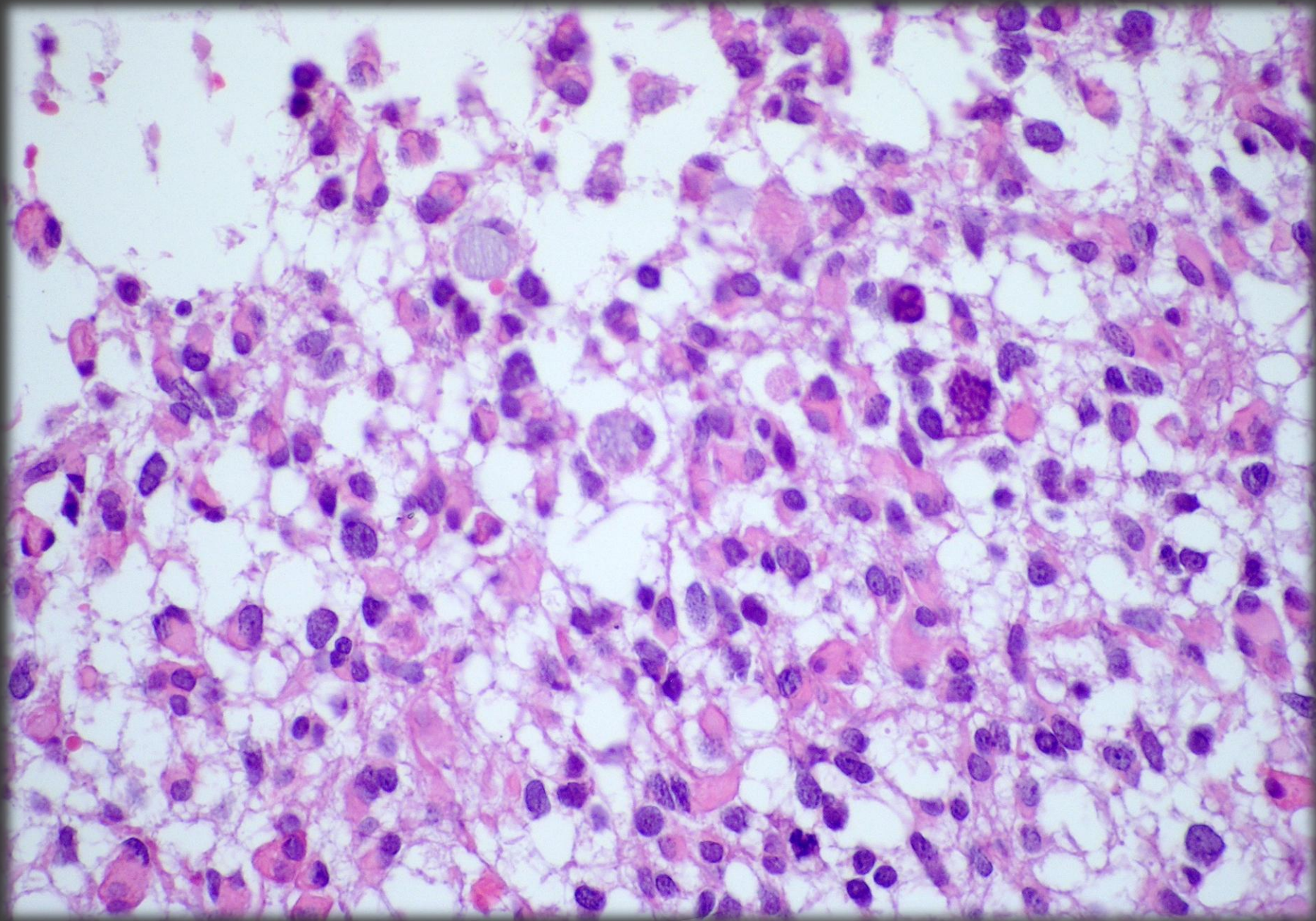








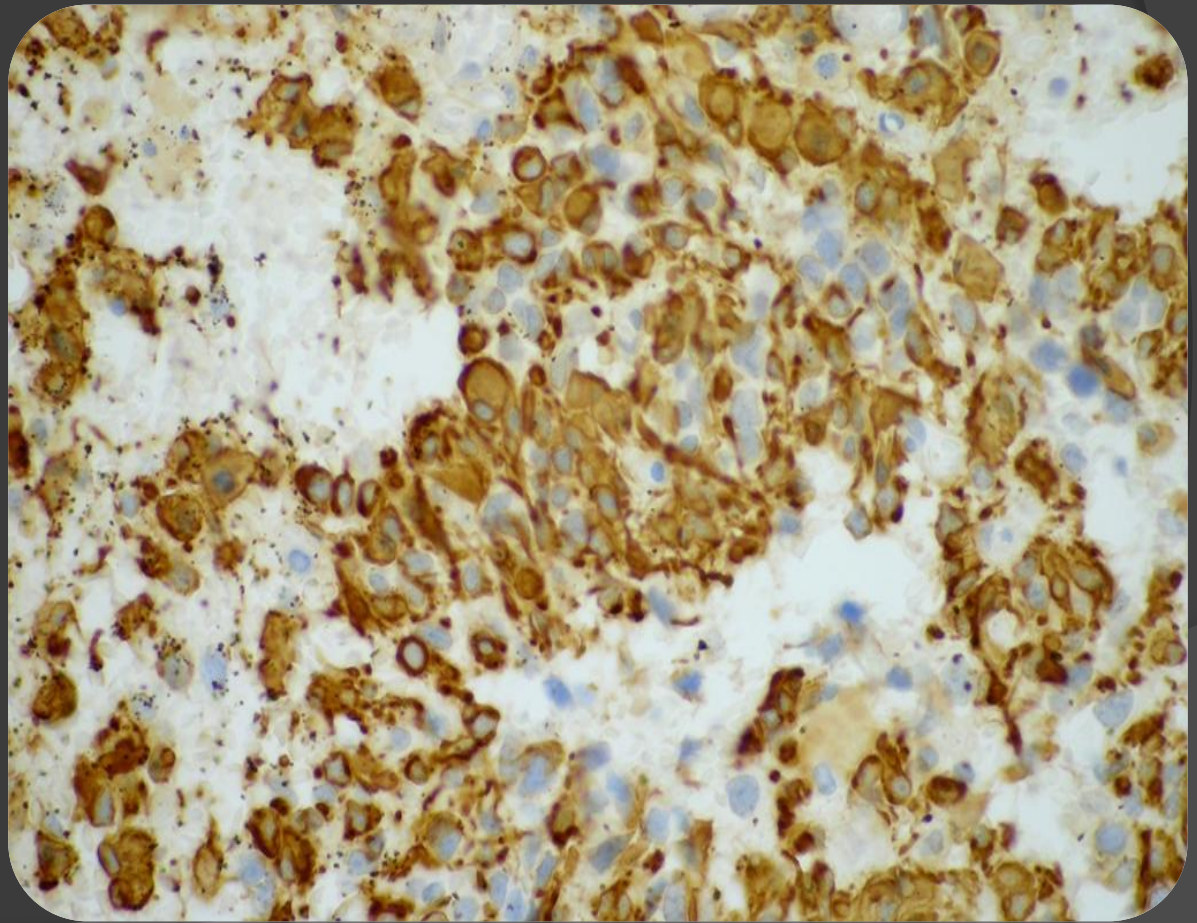






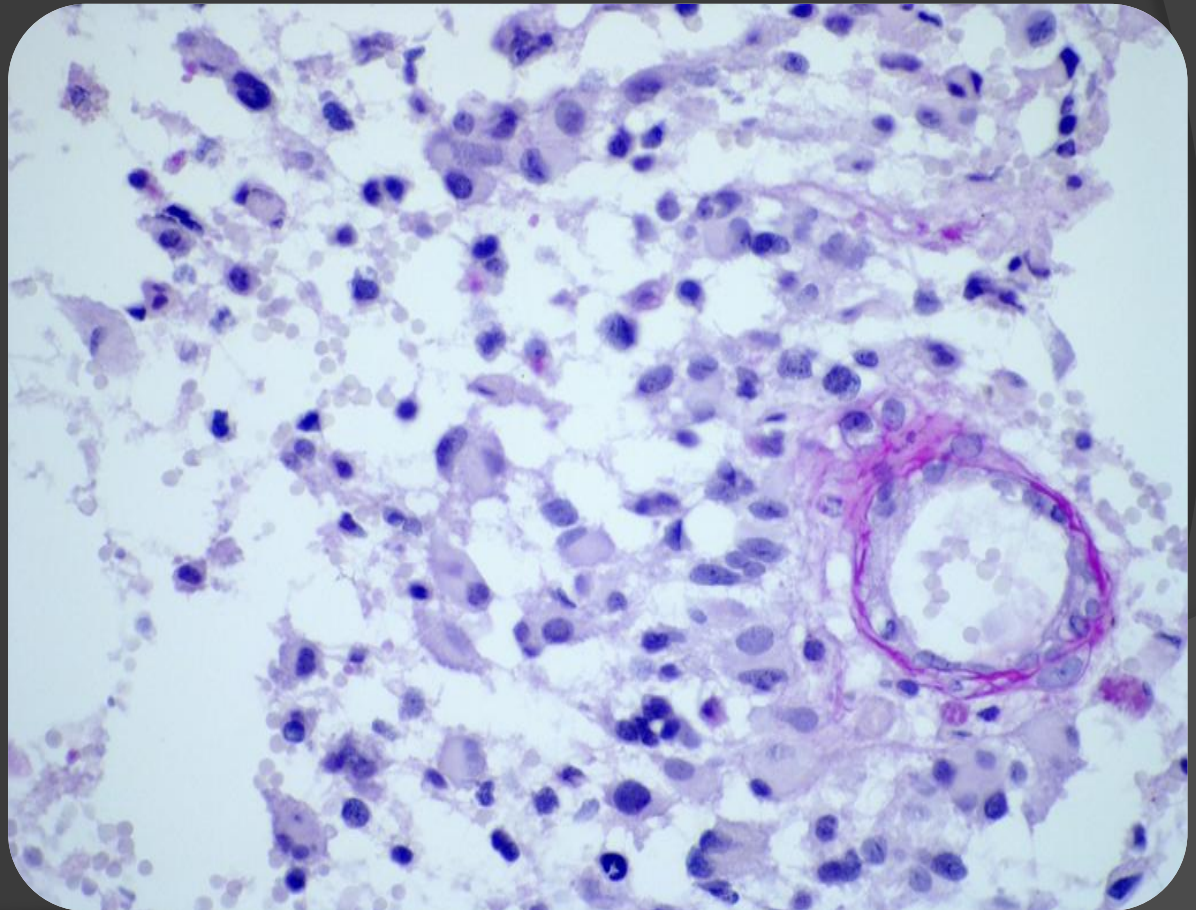
Imunocitoquímica

GFAP



Histoquímica

PAS



Diagnóstico

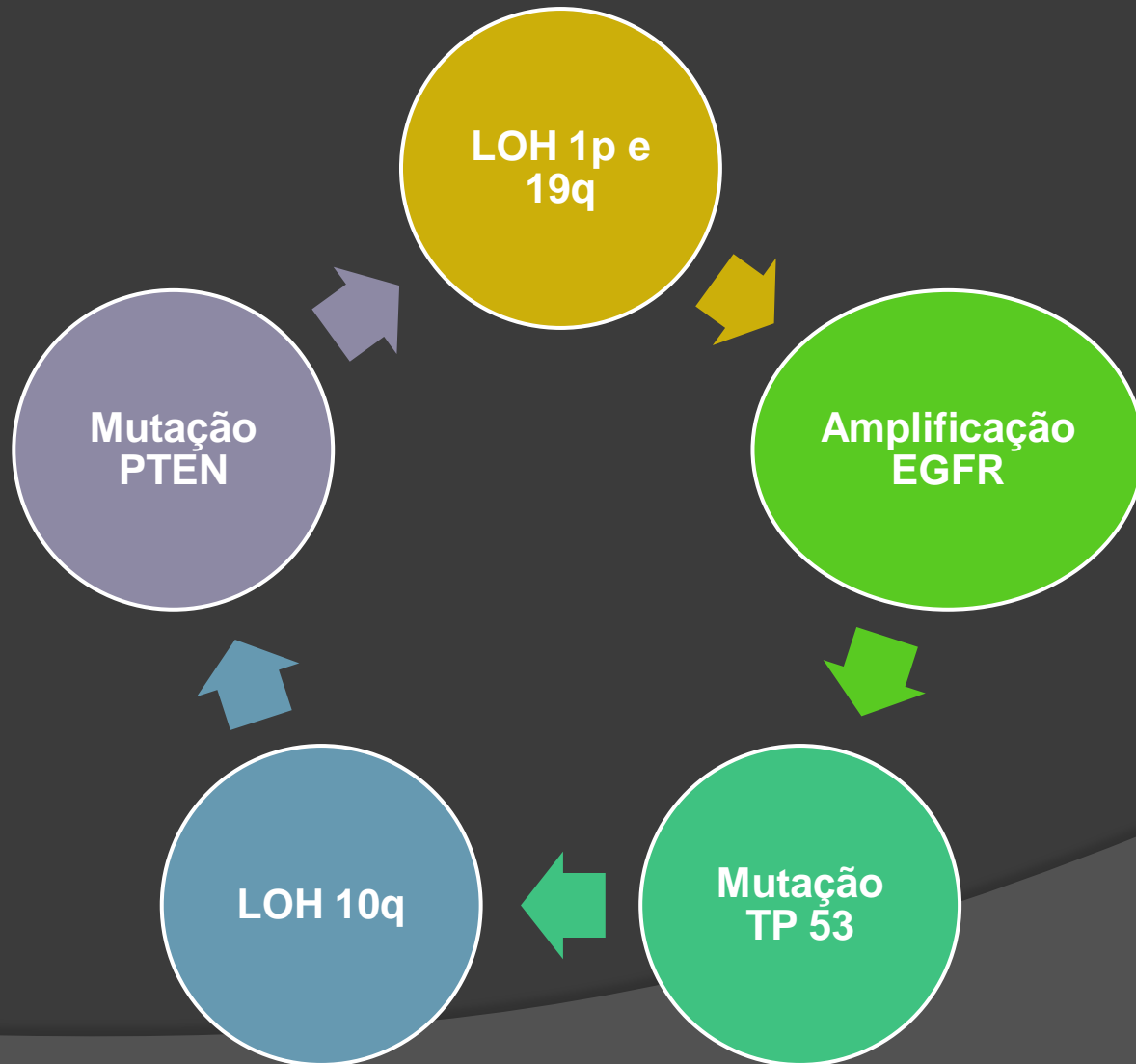
Glioblastoma com componente de oligodendroglioma e presença de células em anel de sinete / células granulares.

Gliomas

- ⦿ Tumores cerebrais mais comuns
 - Oligodendrogliomas: 2,5%
 - Glioblastomas :12-15%
- ⦿ Têm carácter altamente invasivo.
- ⦿ Envolvem preferencialmente os hemisférios cerebrais.

OLIGODENDROGLIOMAS	GLIOBLASTOMA
Citologicamente monótono	Pleomorfismo celular
Núcleo pequeno e uniformemente redondo	Atipia Nuclear
Halo perinuclear	Actividade mitótica elevada
Microcalcificações	Proliferação microvascular
Microgemistócitos	Necrose com padrão em pseudo-palissada
Vascularização em “chicken-wire”	

Alterações genéticas

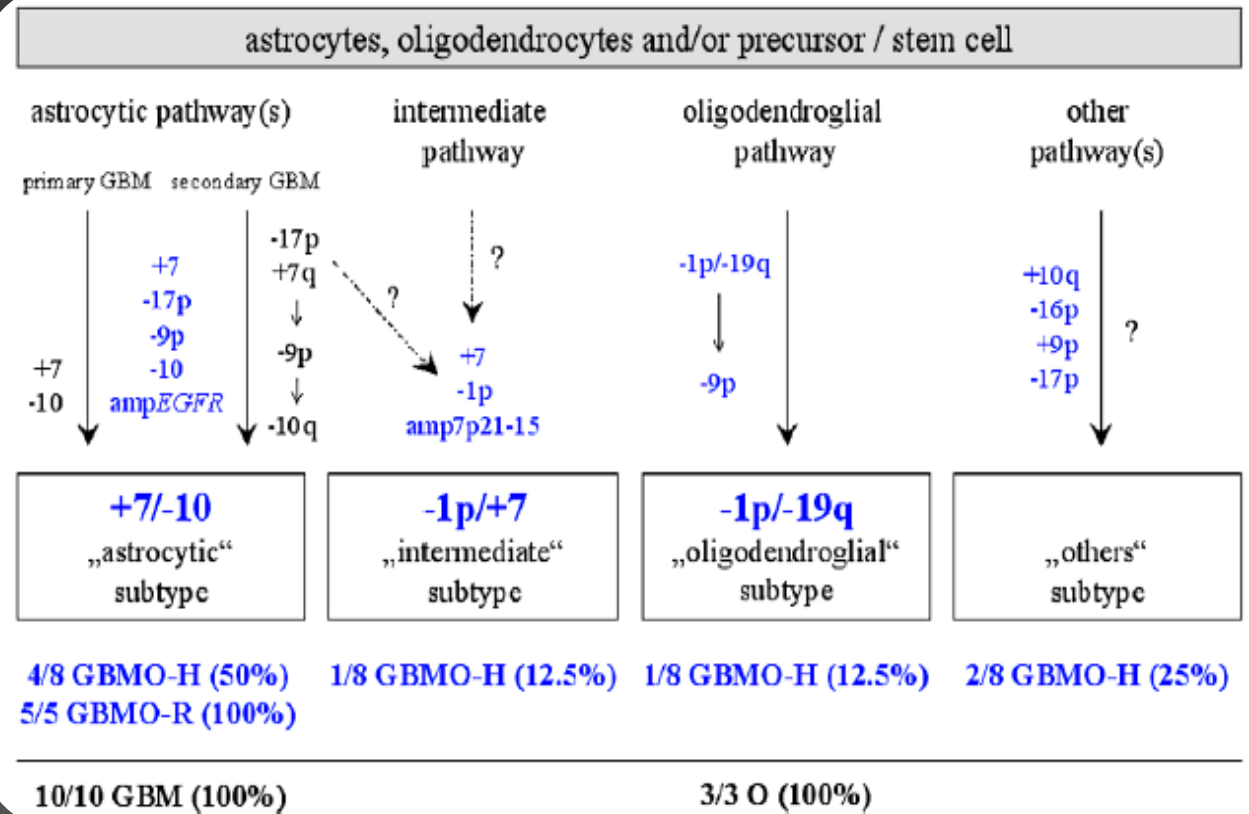


Glioblastomas with oligodendroglial component – common origin of the different histological parts and genetic subclassification

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Stephan Patt^b and Evelin Schrock^a

^a Institut für Klinische Genetik, Medizinische Fakultät Carl Gustav Carus, Technische Universität Dresden, Dresden, Germany

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10/10 GBM (100%)

3/3 O (100%)

Discussão

- ⦿ “Our study is the first one using a genome wide approach (CGH) to analyze the two different histological parts within the GBMOs. We found that the two different parts of the GBMOs were concordant for most aberrations, thus supporting the hypothesis of a monoclonal origin.”
- ⦿ “Furthermore, a genetic subclassification of GBMO may become possible, since we identified four subtypes with different genetic profiles.”



FIM