



Hospital
Braga

REUNIÃO **INTERDEPARTAMENTAL**

Hospital de Braga

Margarida Ferreira

12.02.2014

HISTÓRIA CLÍNICA



- **Identificação:**

- ✓ A. M. G. D.
- ✓ Sexo masculino;
- ✓ 56 anos.

- **História da Doença Atual:**

- ✓ Recorre ao SU por dor testicular à esquerda com cerca de três semanas de evolução.

- **Exame físico:**

- ✓ Testículo esquerdo muito doloroso com massa de consistência pétrea. Testículo direito indolor, sem nódulos palpáveis.

HISTÓRIA CLÍNICA



• Exames complementares de diagnóstico:

➤ Eco:

✓ “(...) nódulo sólido intratesticular esquerdo lobulado, hipoeecóico com 3,2cm que ocupa o terço médio e que não deforma o contorno testicular(...) no testículo direito há outro nódulo semelhante com 1,1cm(…)”

➤ TC:

✓“ (...) No parênquima pulmonar não são aparentes formações nodulares ou outras alterações significativas. (...) Fígado com dimensões conservadas, textura homogénea, sem lesões ocupando espaço. Vias biliares, pâncreas, baço, glândulas supra-renais e rins com morfologia normal,(...) Não se observam adenomegalias mesentéricas, retroperitoneais, ilíacas ou inguinais.”

HISTÓRIA CLÍNICA

- Exames complementares de diagnóstico:



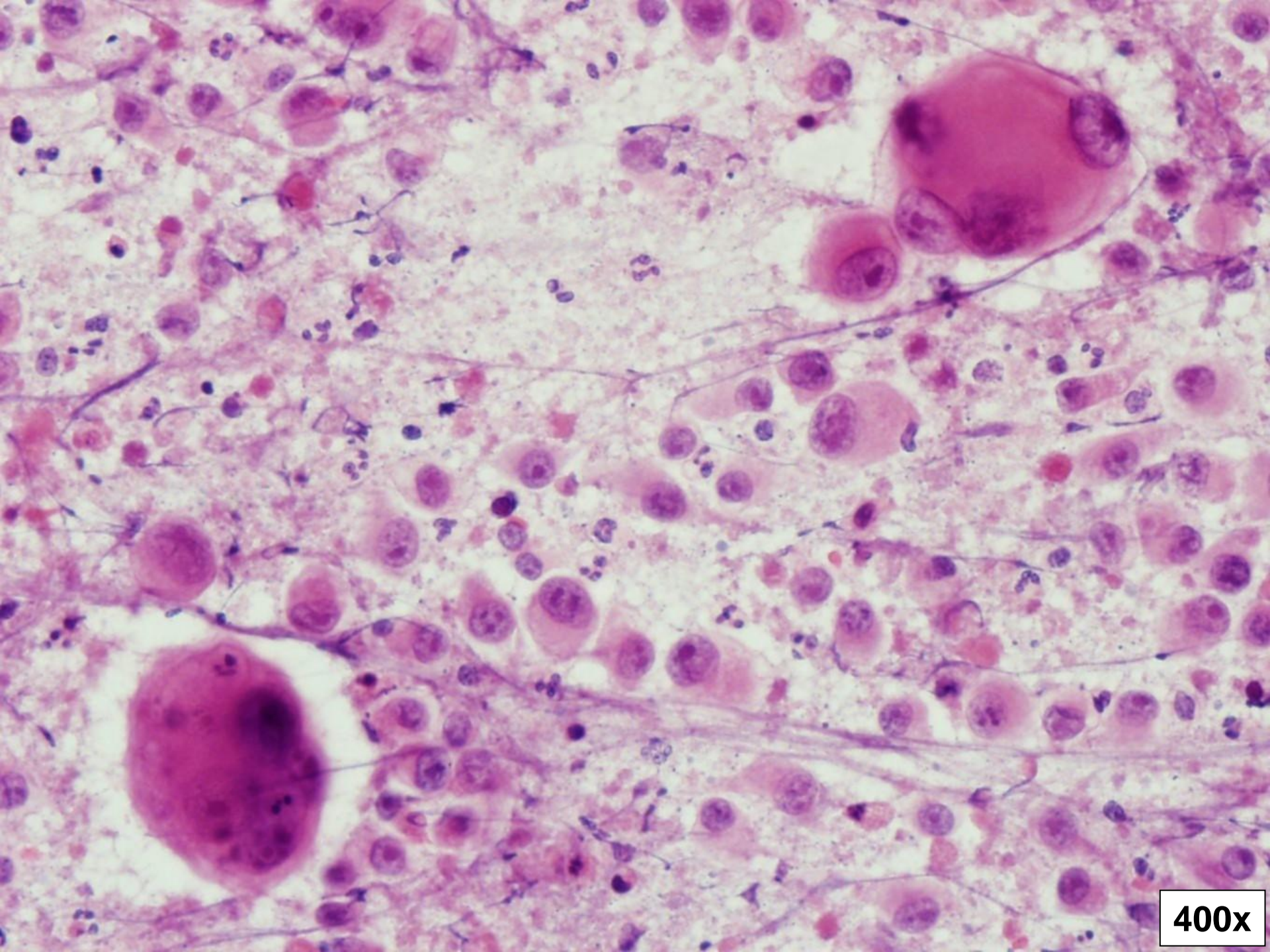
HISTÓRIA CLÍNICA

Massa testicular

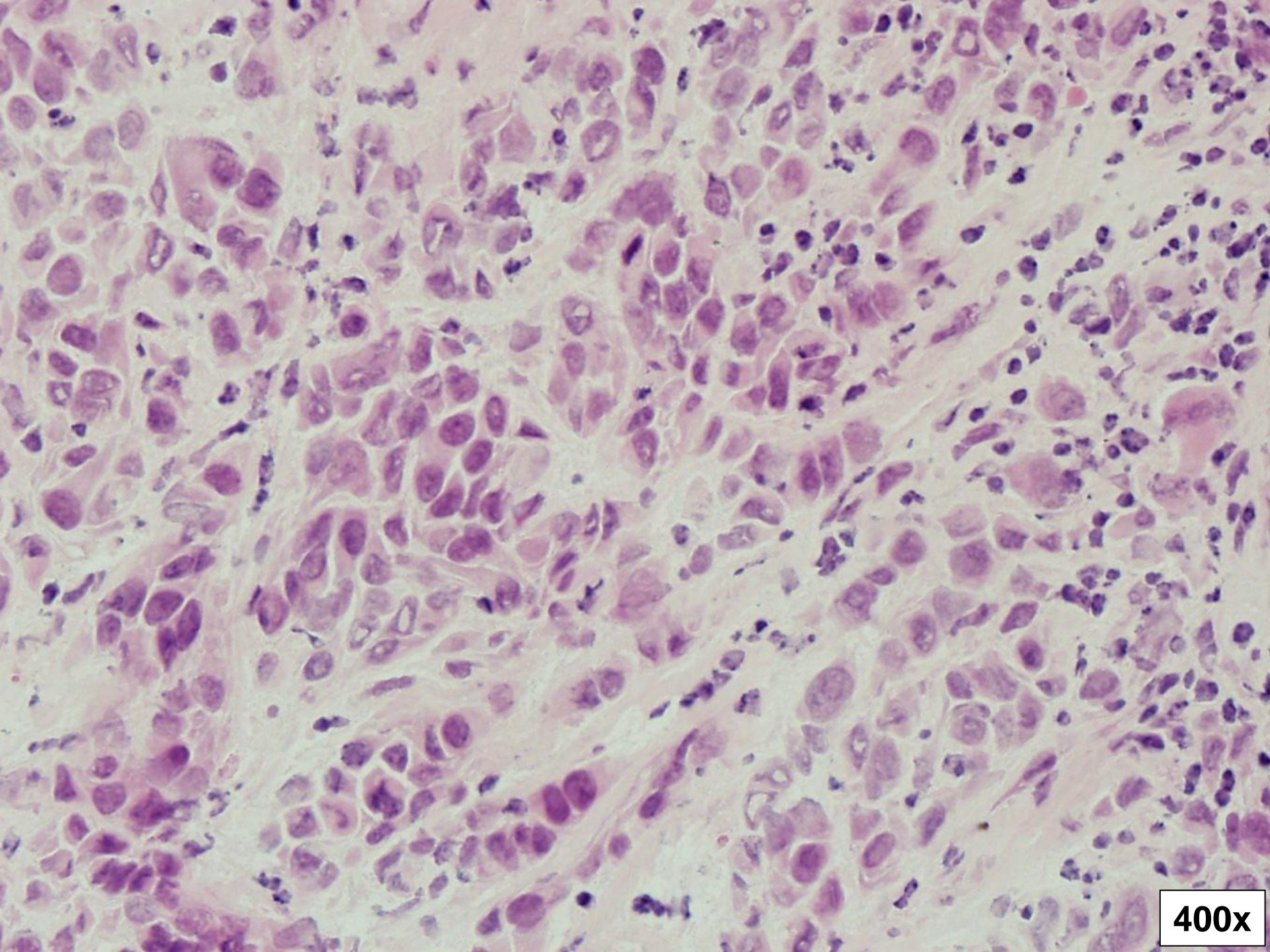
- Bilateral
- Suspeita de processo granulomatoso

Biópsia incisional

- Exame extemporâneo



400x



400x

HISTÓRIA CLÍNICA

Massa testicular

- Bilateral
- Suspeita de processo granulomatoso

Biópsia incisional

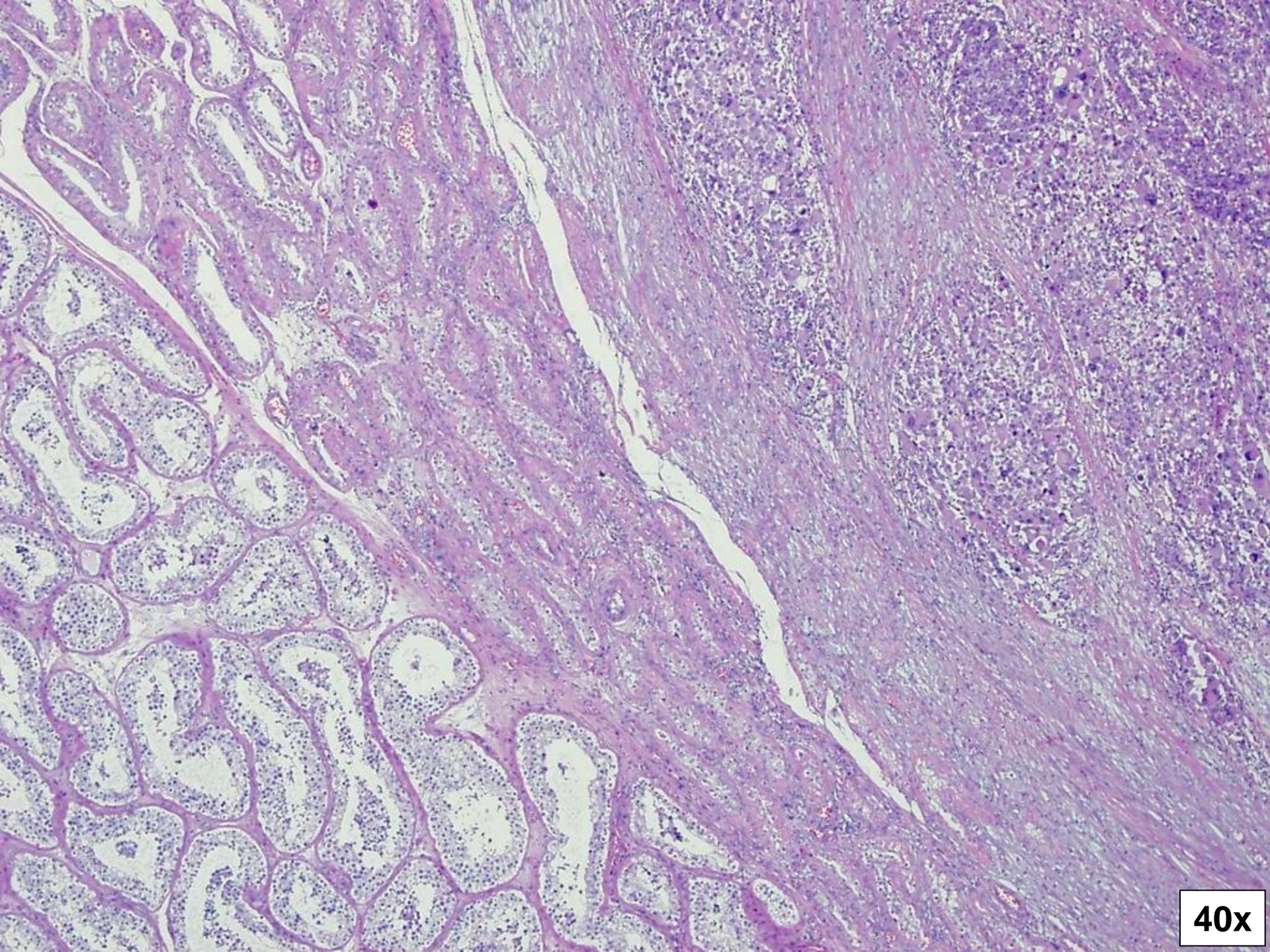
- Exame extemporâneo
- Neoplasia maligna

Orquidectomia radical esquerda

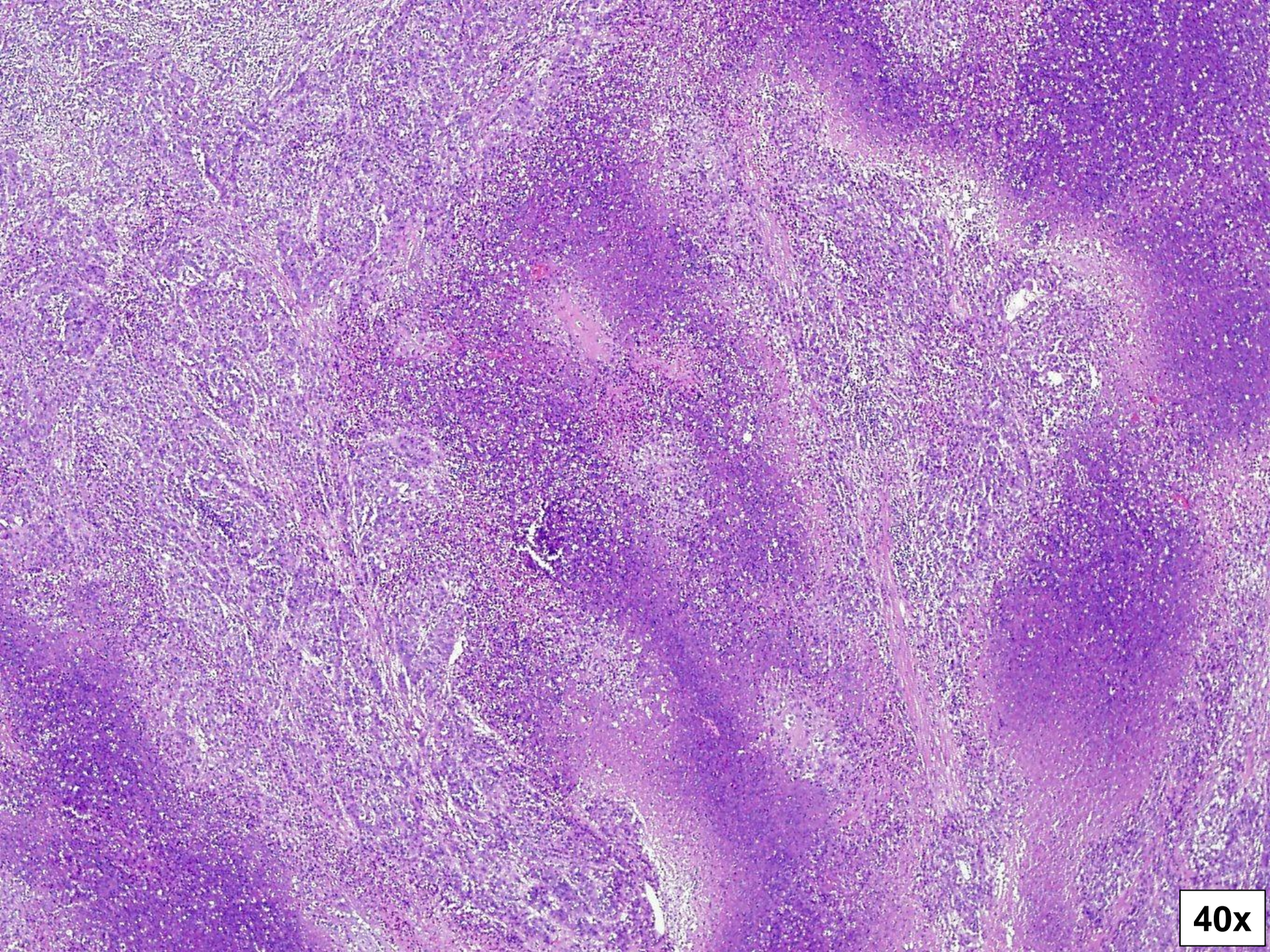
MACROSCOPIA

- Peça cirúrgica de 94 gr constituída por cordão espermático de 12cm, testículo de 5,9x3,5x3,3cm e epidídimo de 4,5cm.

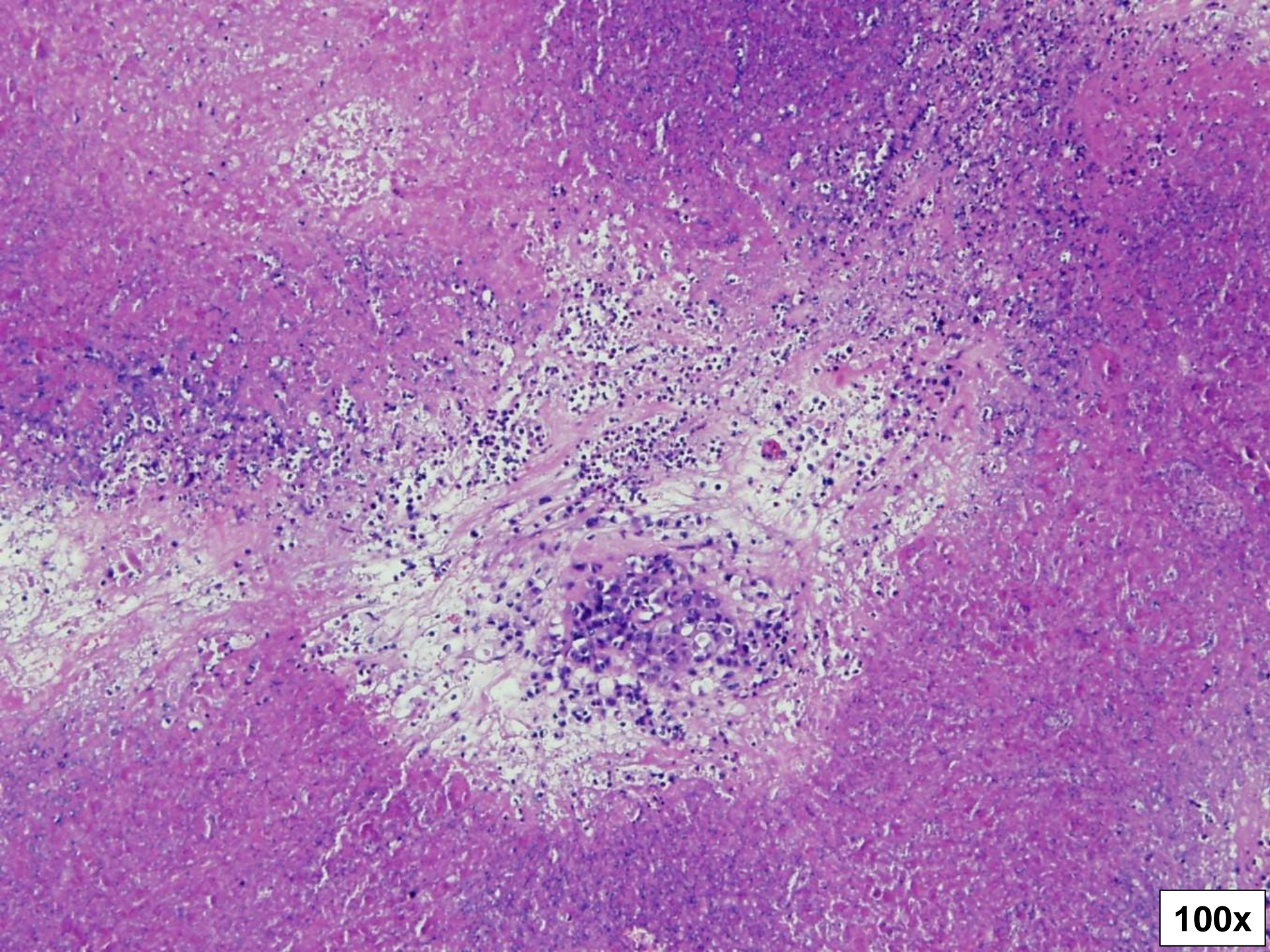
- Ao corte, observa-se neoplasia compacta e amarelada de 3,3x3,2x3,0cm.



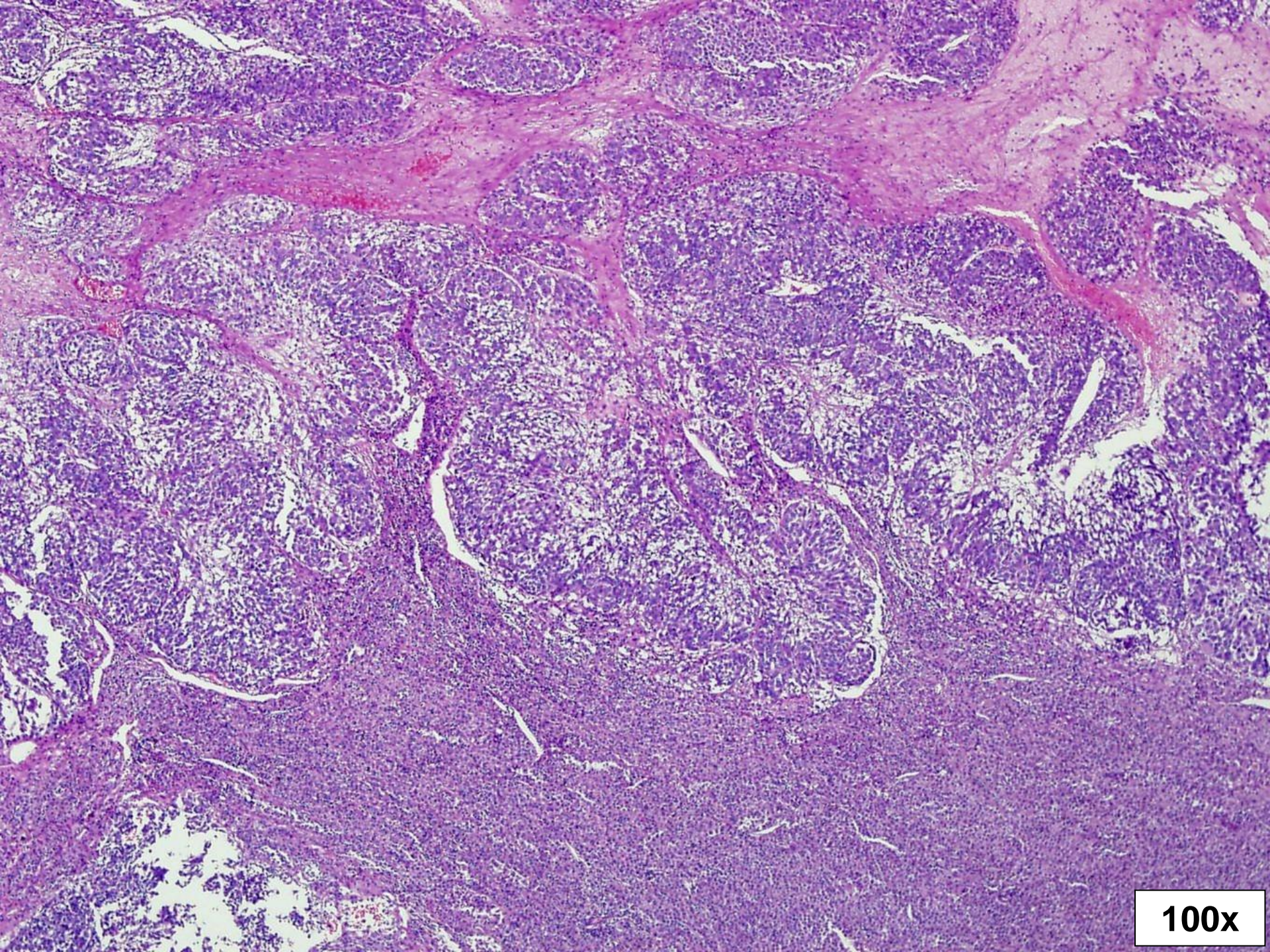
40x



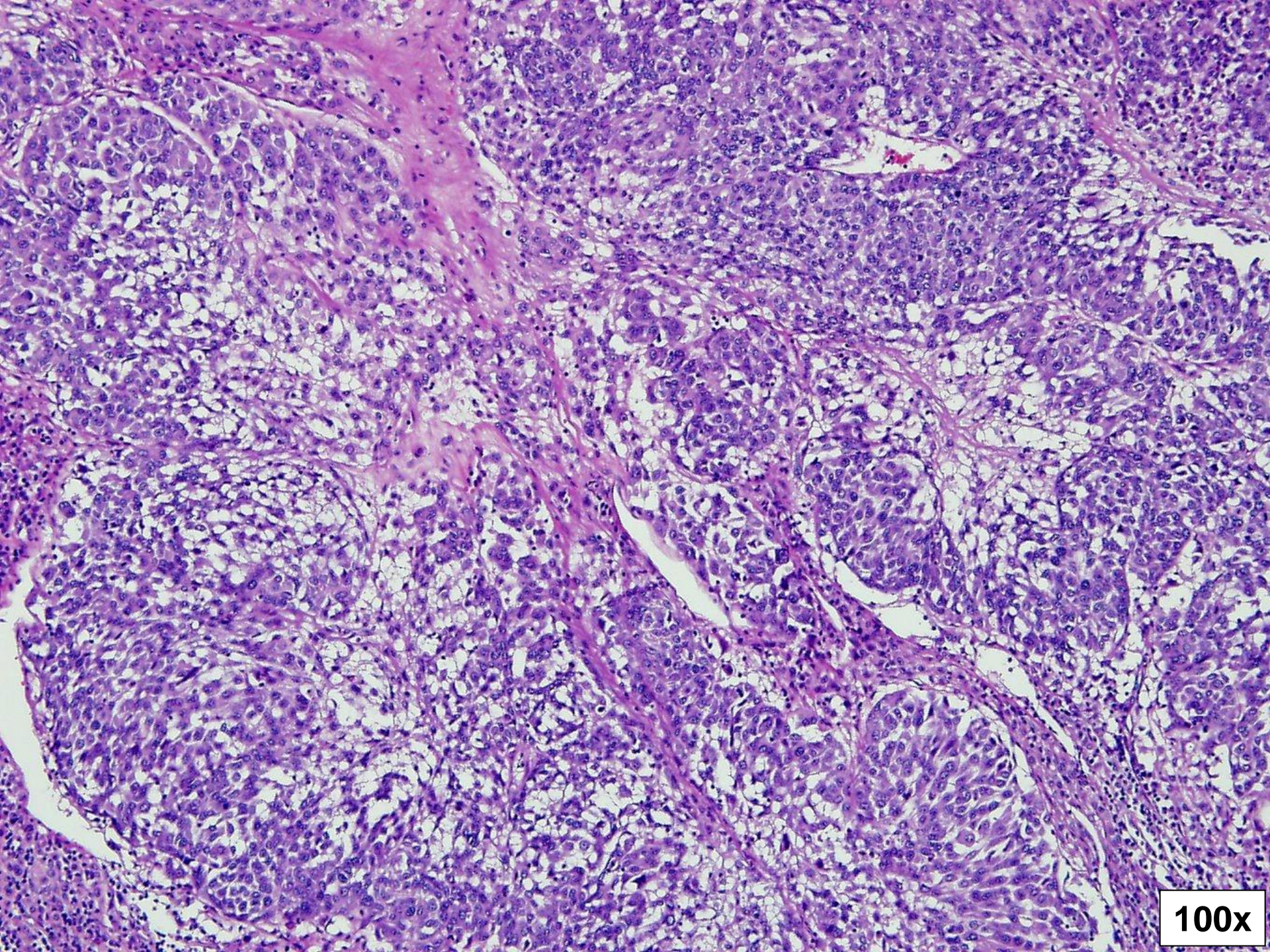
40x



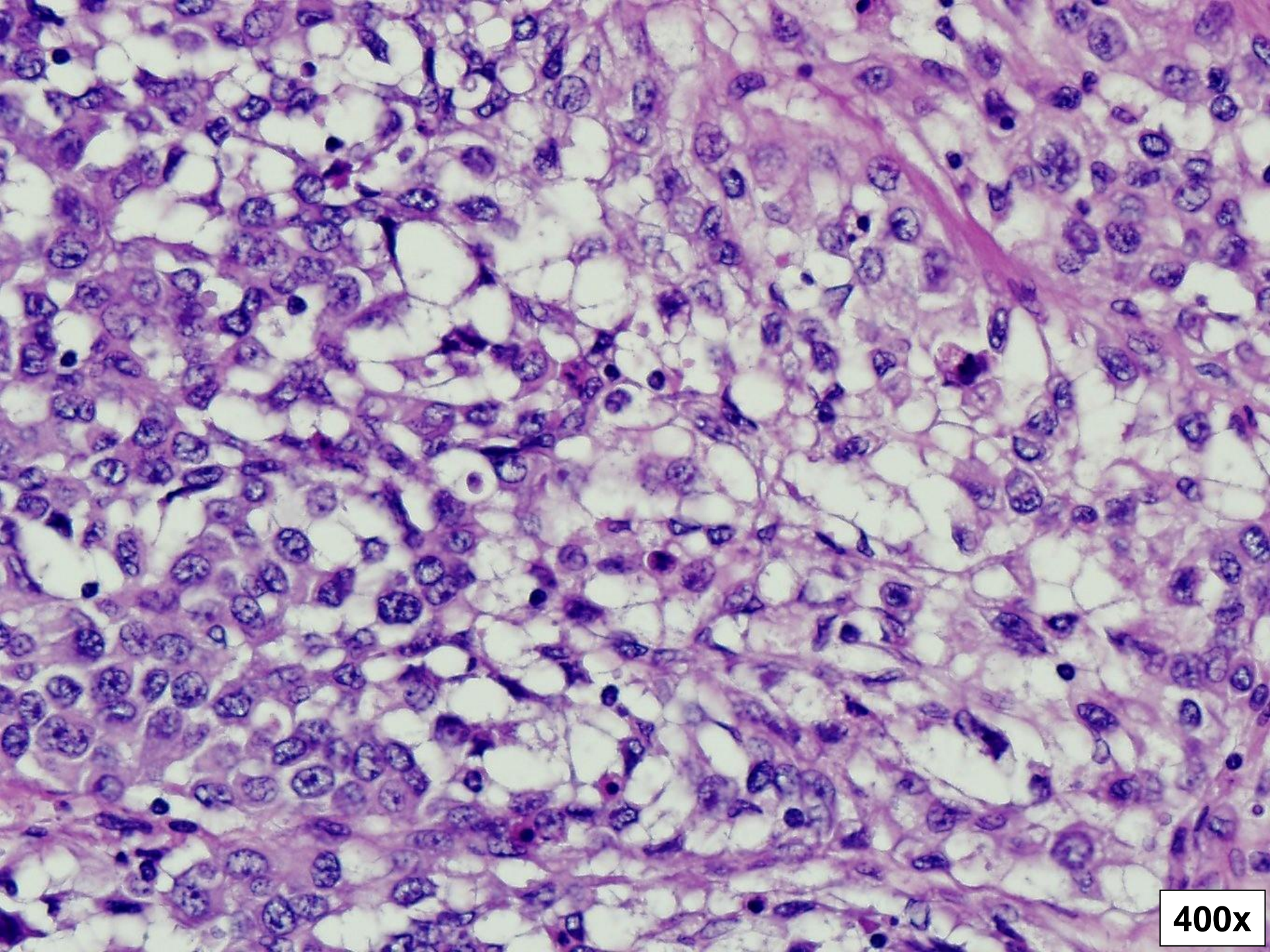
100x



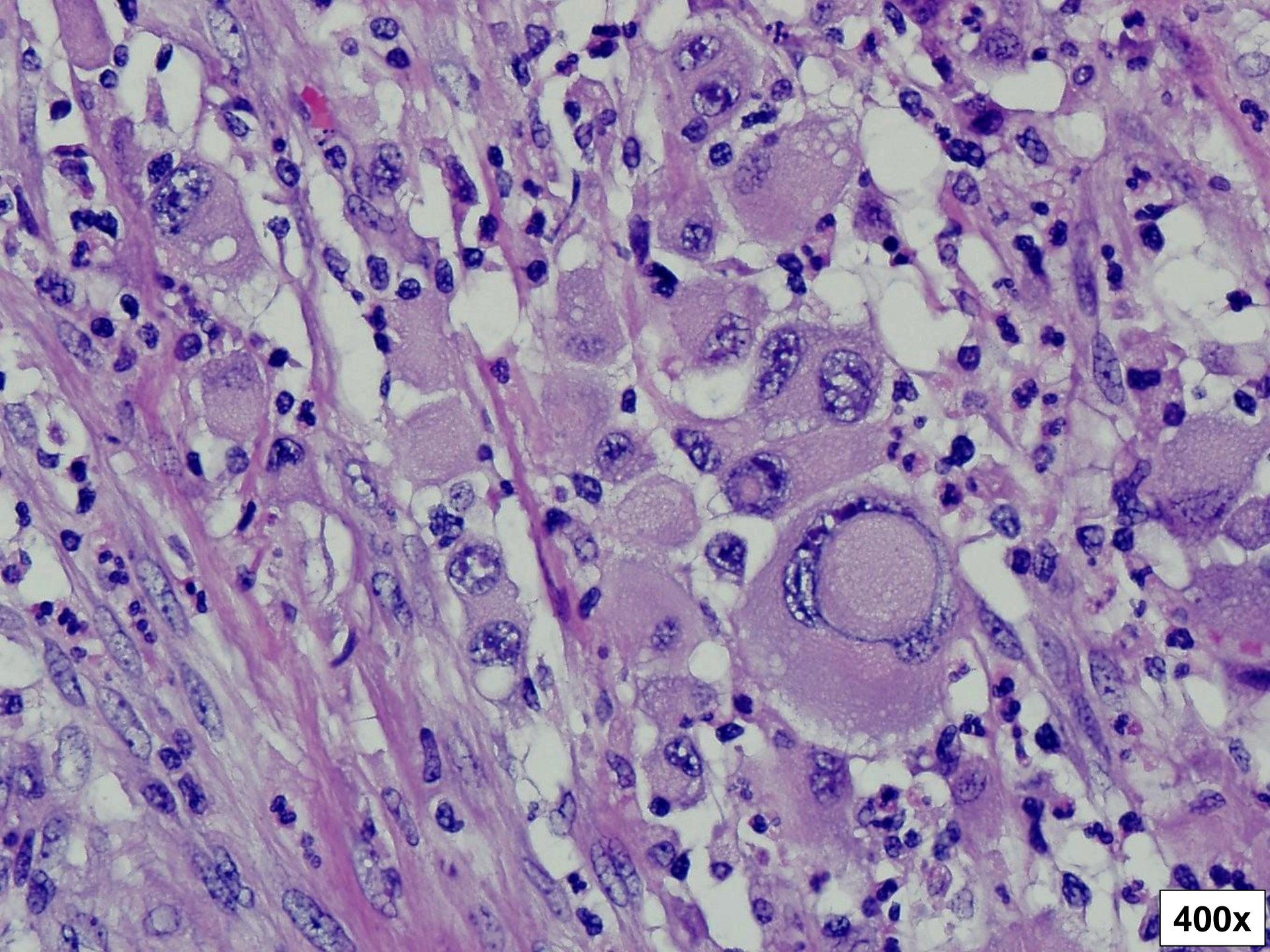
100x



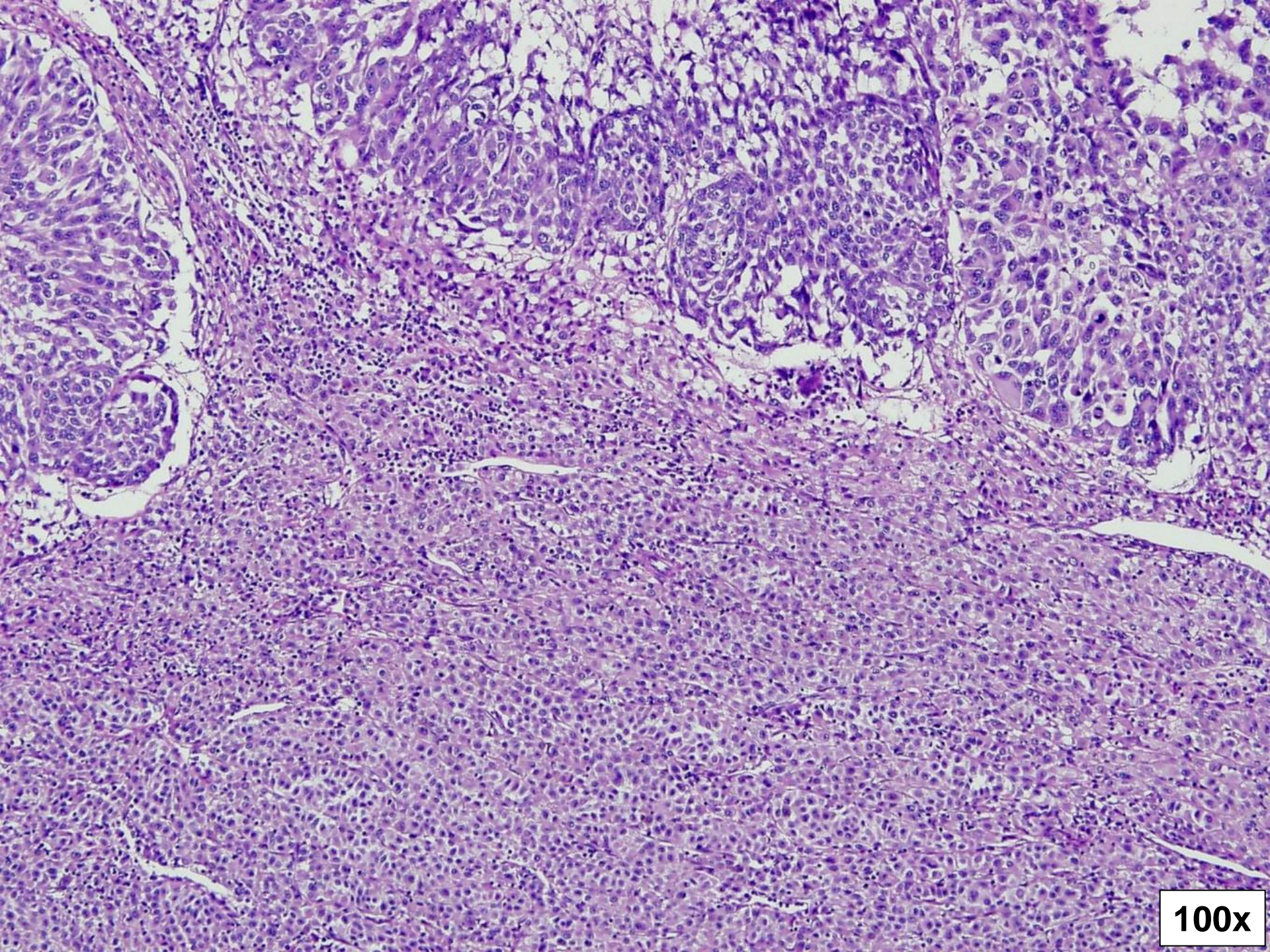
100x



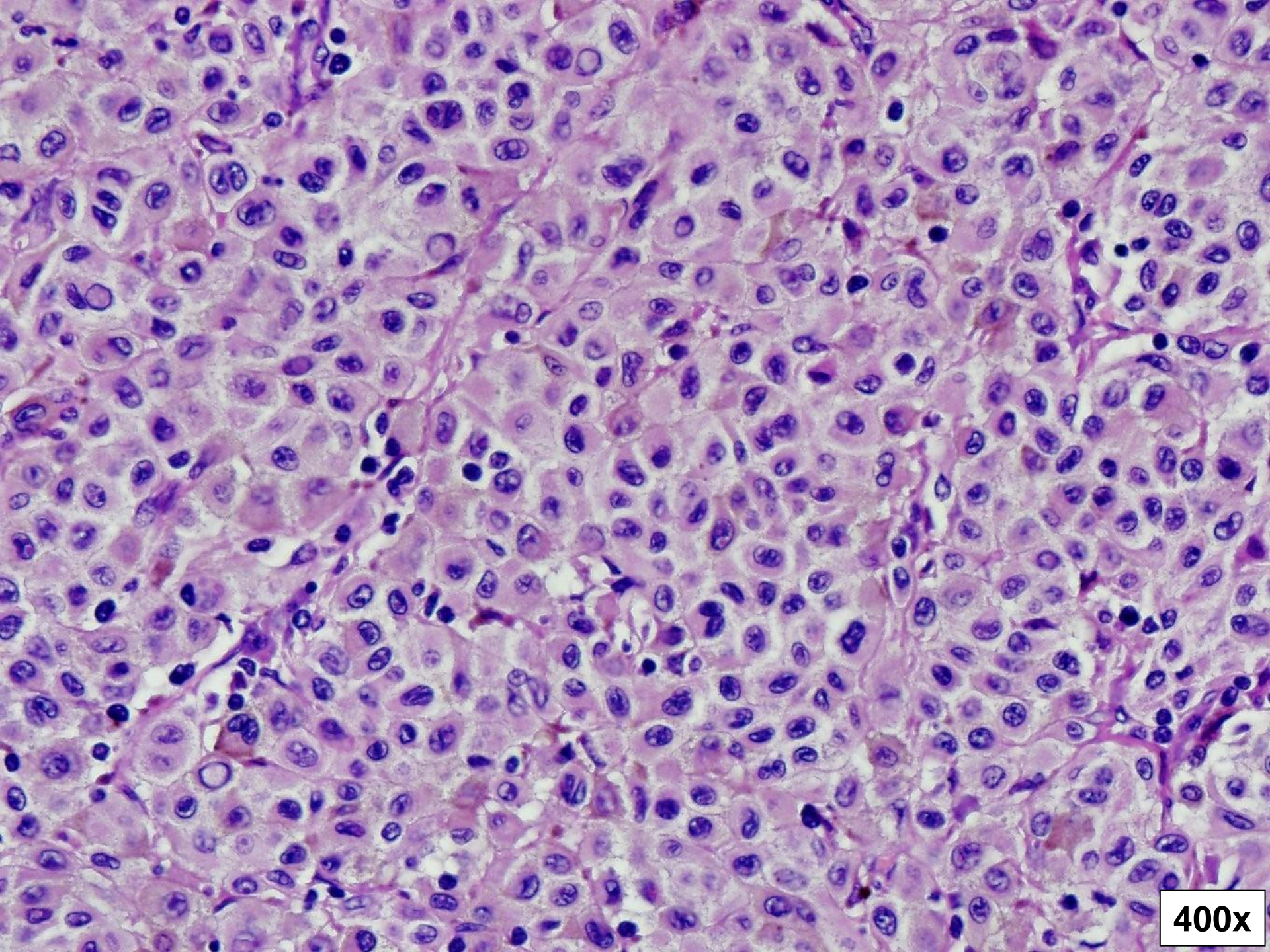
400x



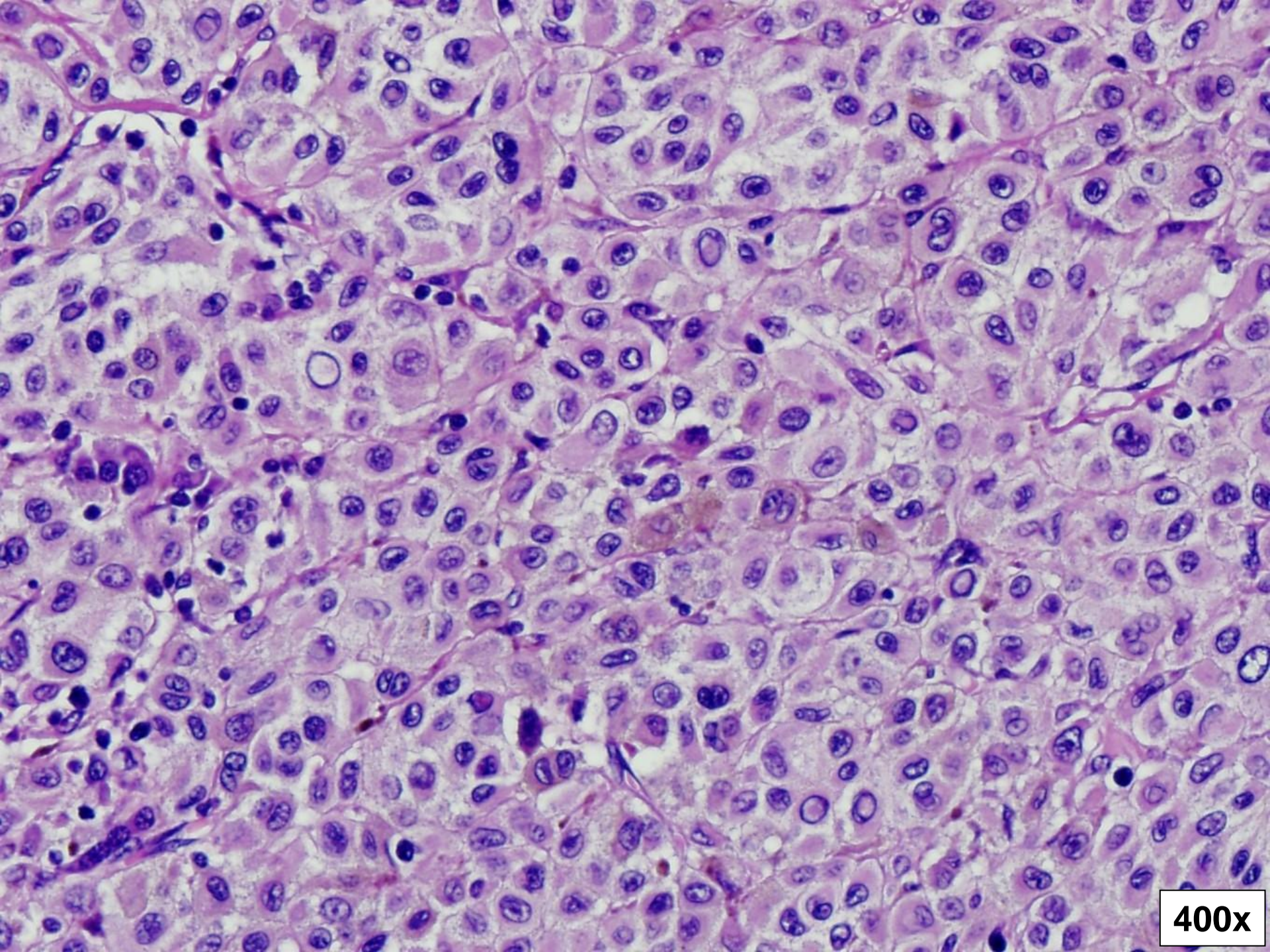
400x



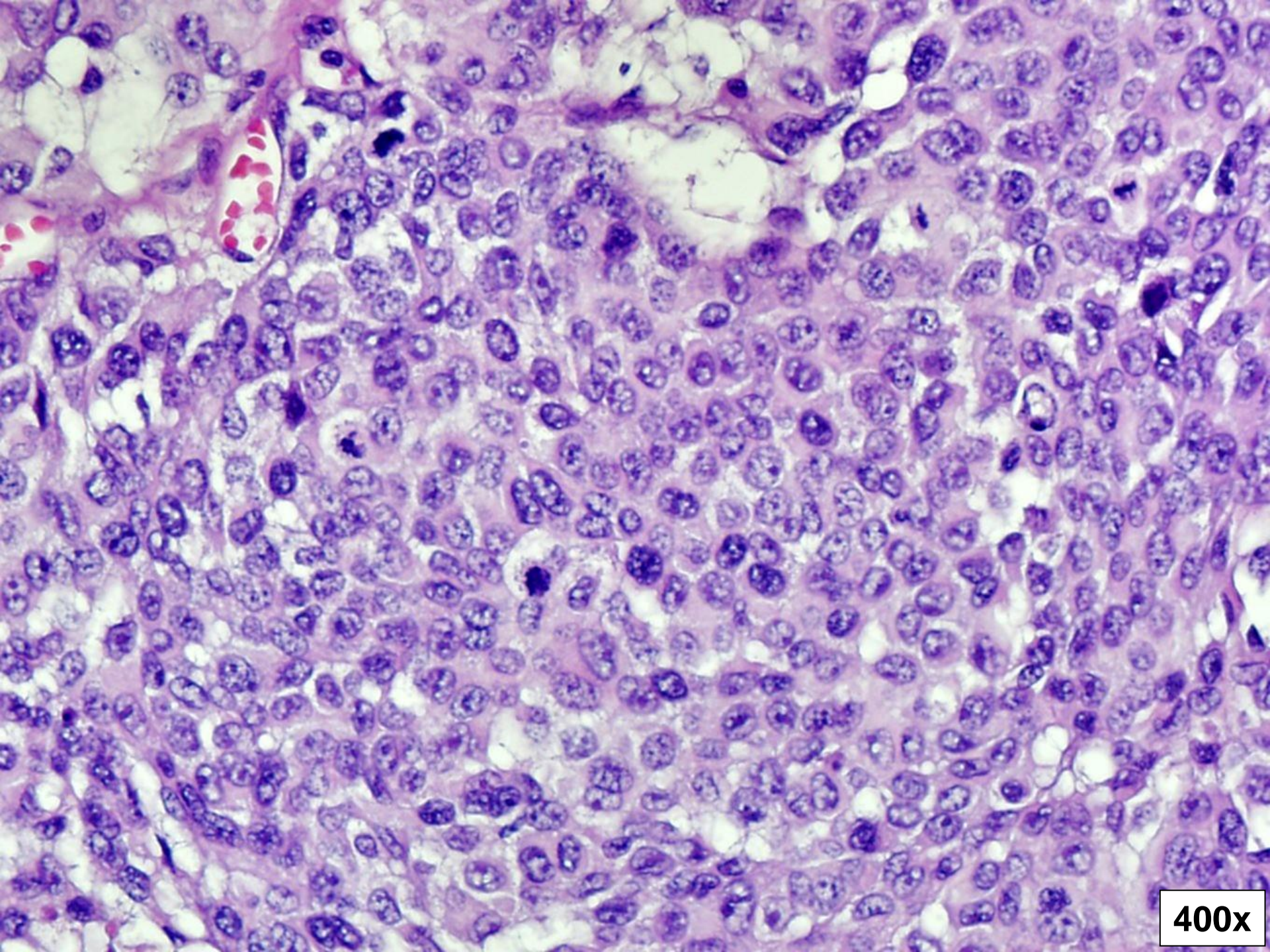
100x



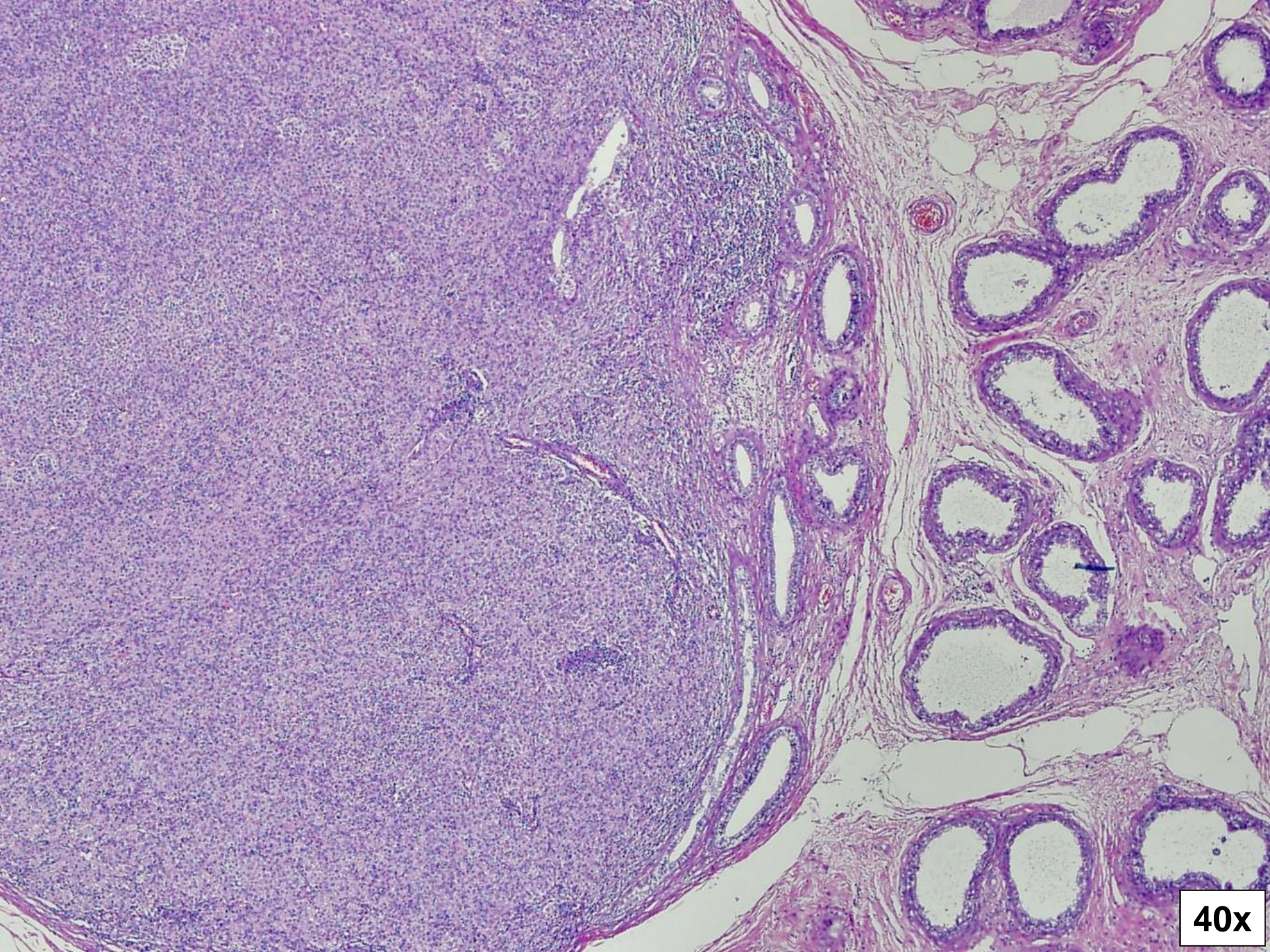
400x



400x



400x



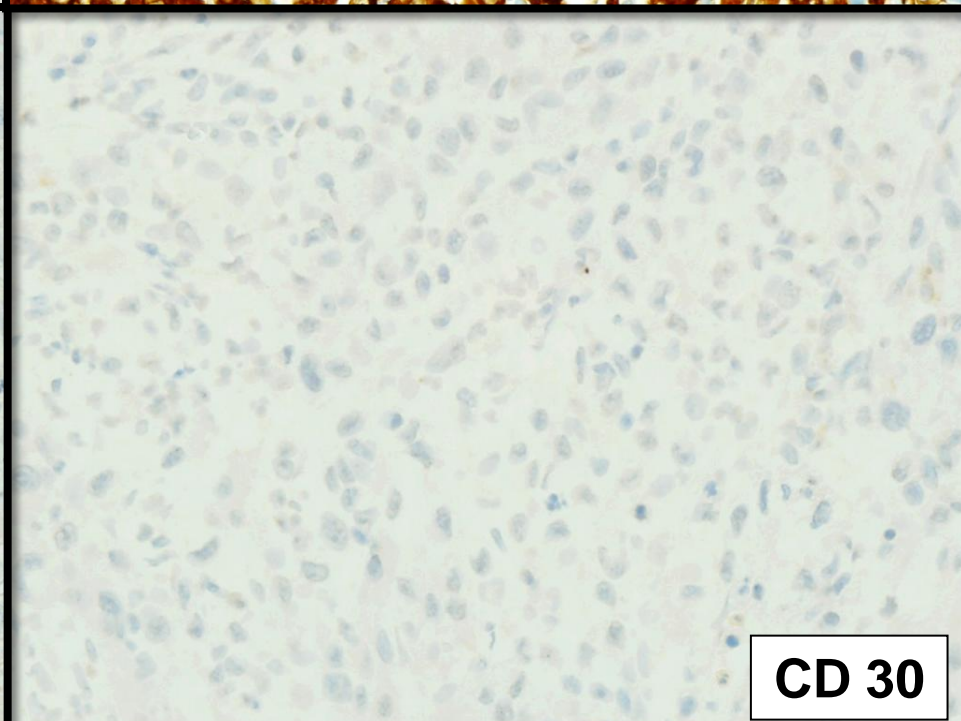
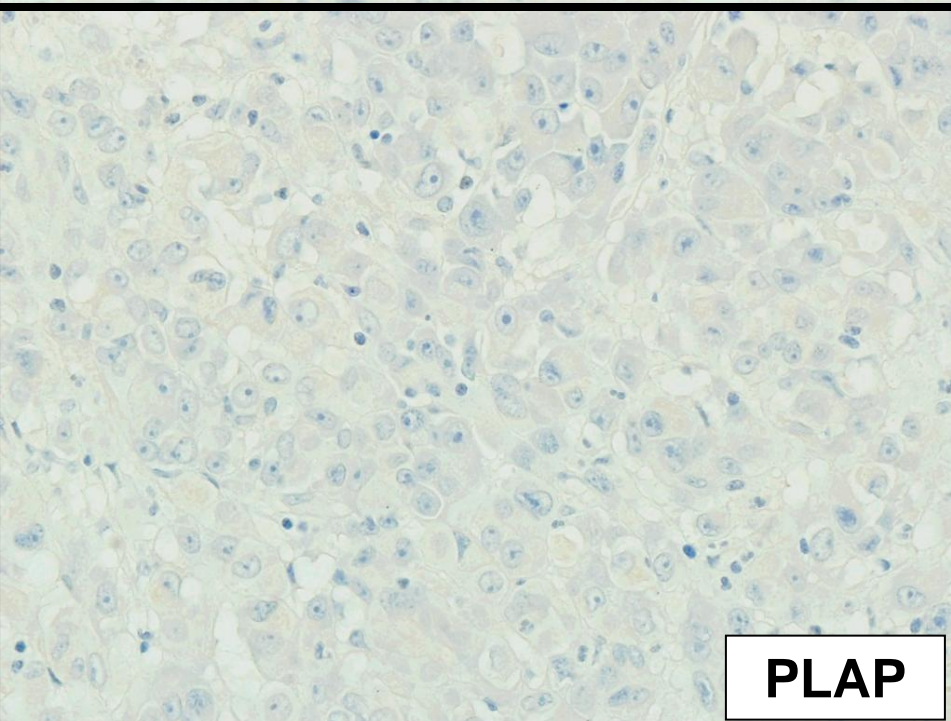
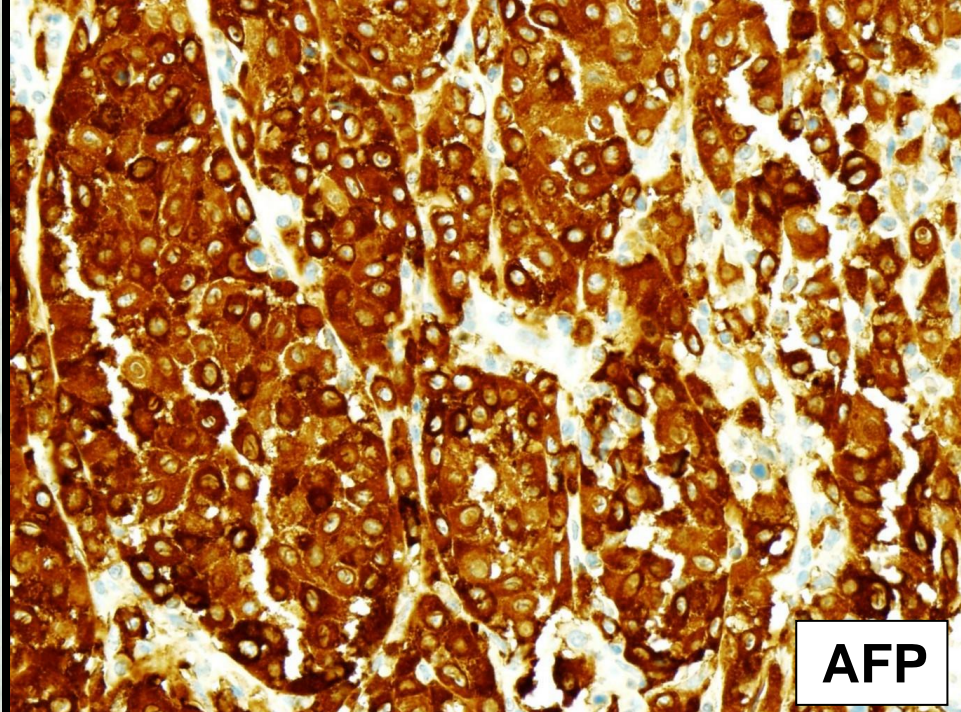
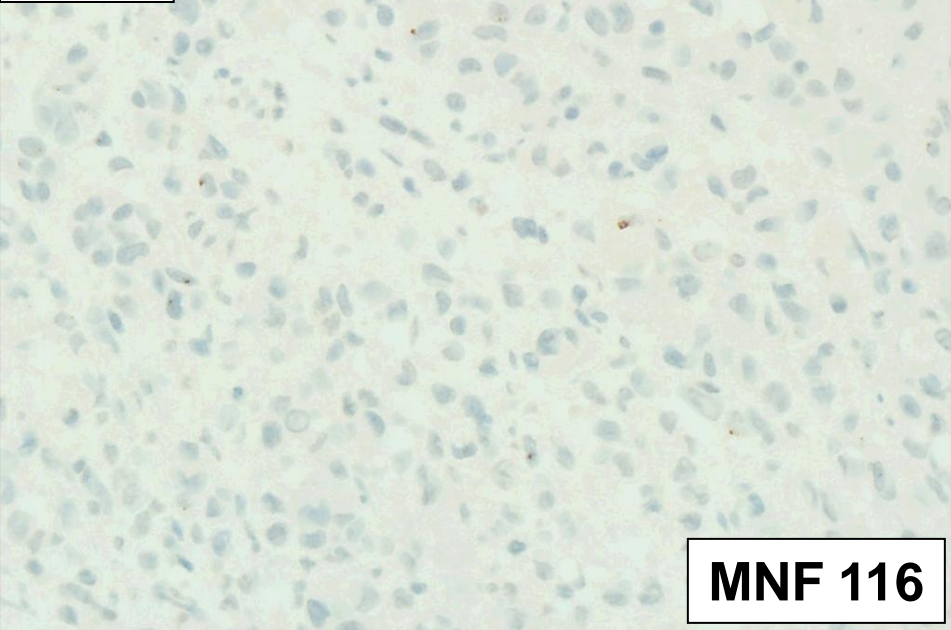
40x

in|discussion

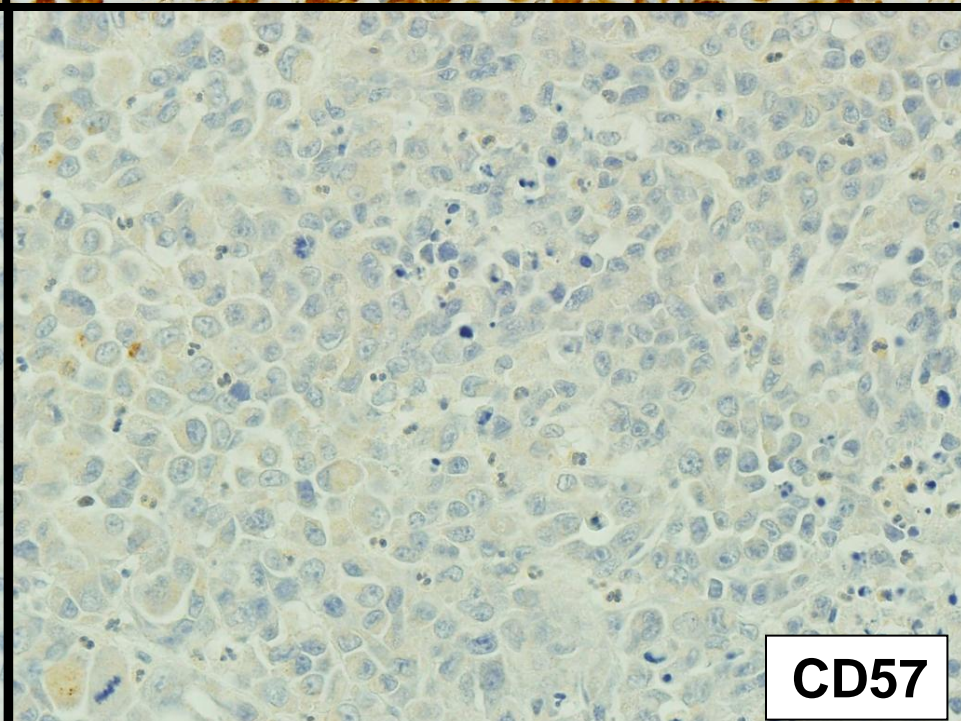
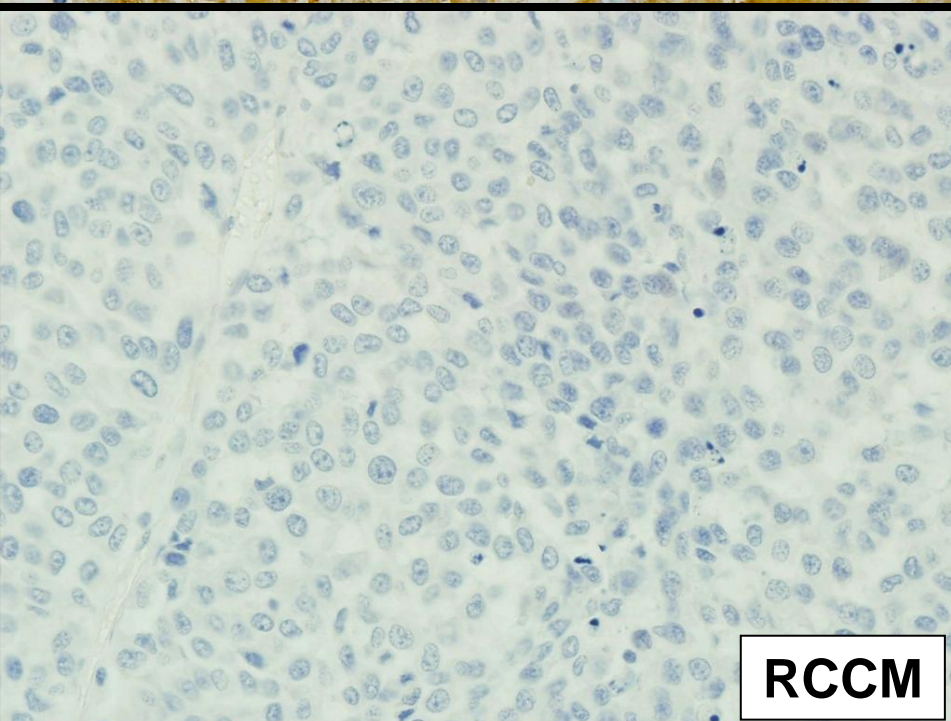
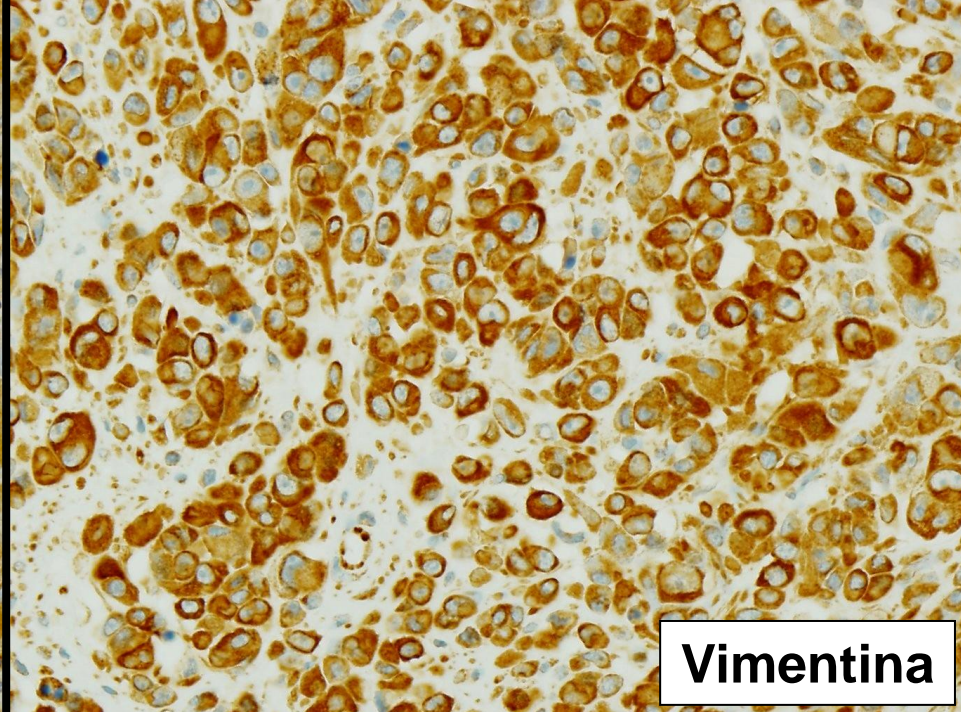
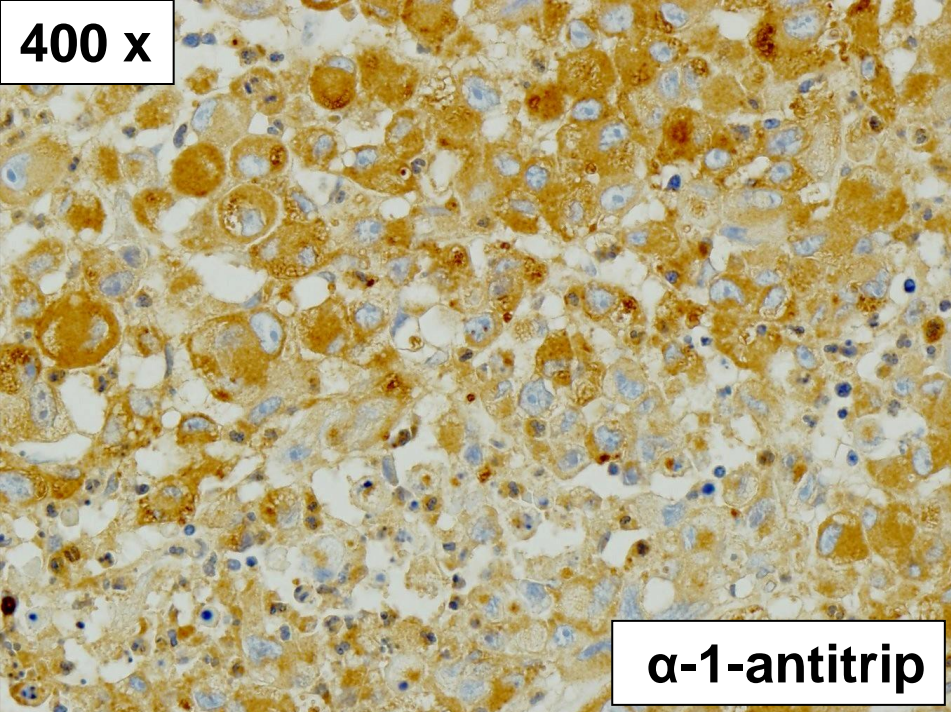
HIPÓTESES DE DIAGNÓSTICO

- ✓ **Tumor do saco vitelino**
- ✓ **Carcinoma embrionário**
- ✓ **Carcinoma metastático**

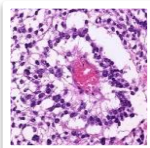
400 x



400 x

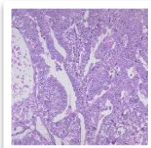


HIPÓTESES DE DIAGNÓSTICO



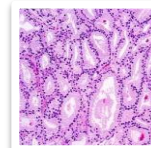
Tumor saco vitelino

- Positivo:
 - Alfa feto proteína
 - Pancitoqueratinas
 - PLAP
 - Alfa-1-antitripsina
 - RCCM
 - CD 57
- Negativo:
 - CD 30
- Marcadores tumorais neg
- Bilateralidade



Carcinoma embrionário

- Positivo:
 - PLAP
 - CD30
 - Alfa feto proteína
 - Pancitoqueratinas
 - Alfa-1-antitripsina
- Bilateralidade



Carcinoma metastático

- Positivo:
 - Pancitoqueratinas

HIPÓTESES DE DIAGNÓSTICO

Características histológicas

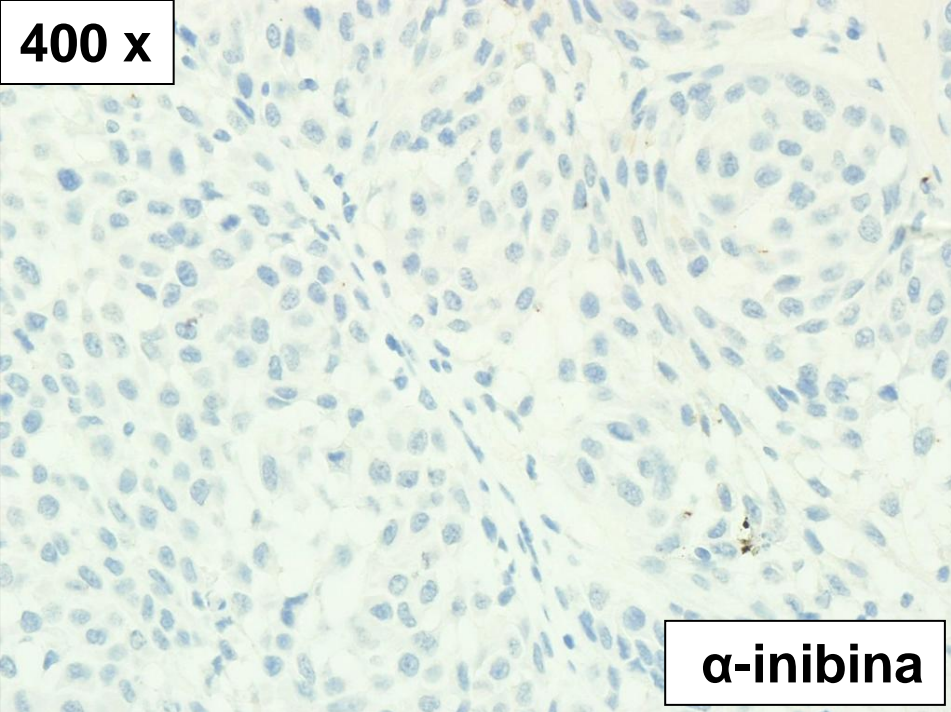
**Presença de pigmento
acastanhado**

**Tumor de
células de
Leydig**

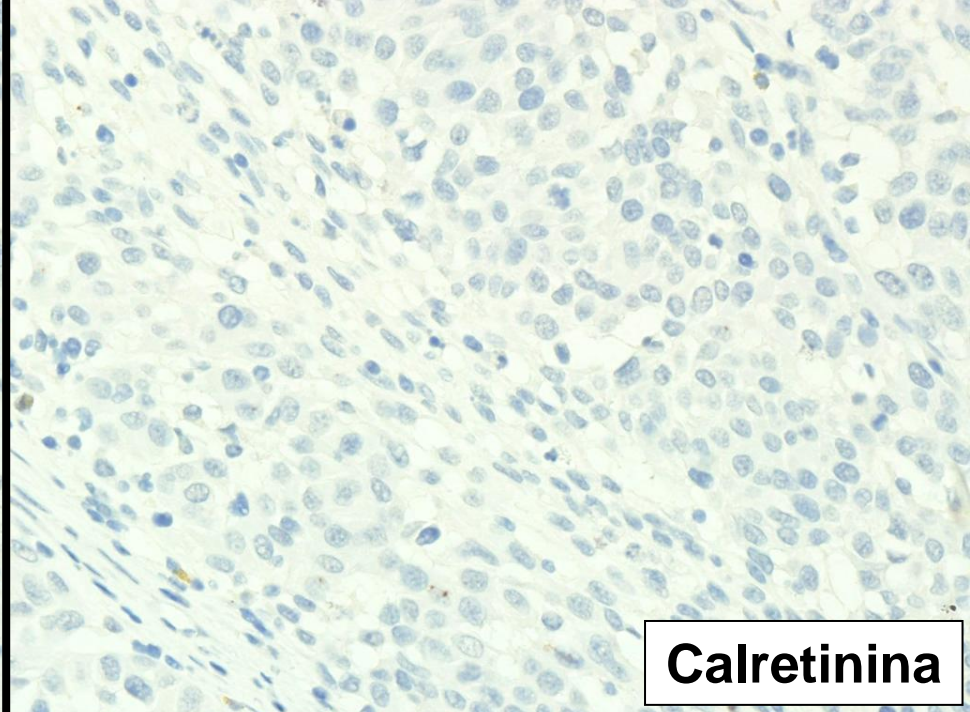
**Marcadores tumorais
negativos**

Positivo:
Vimentina
Calretinina
Alfa-inibina
Melan -A
Proteína S-100

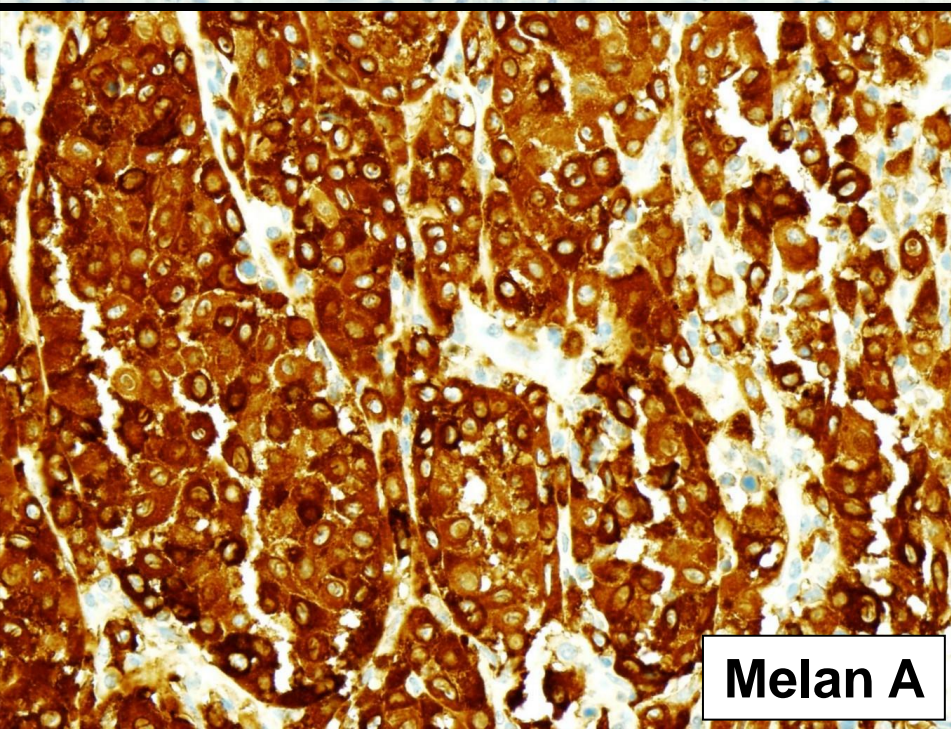
400 x



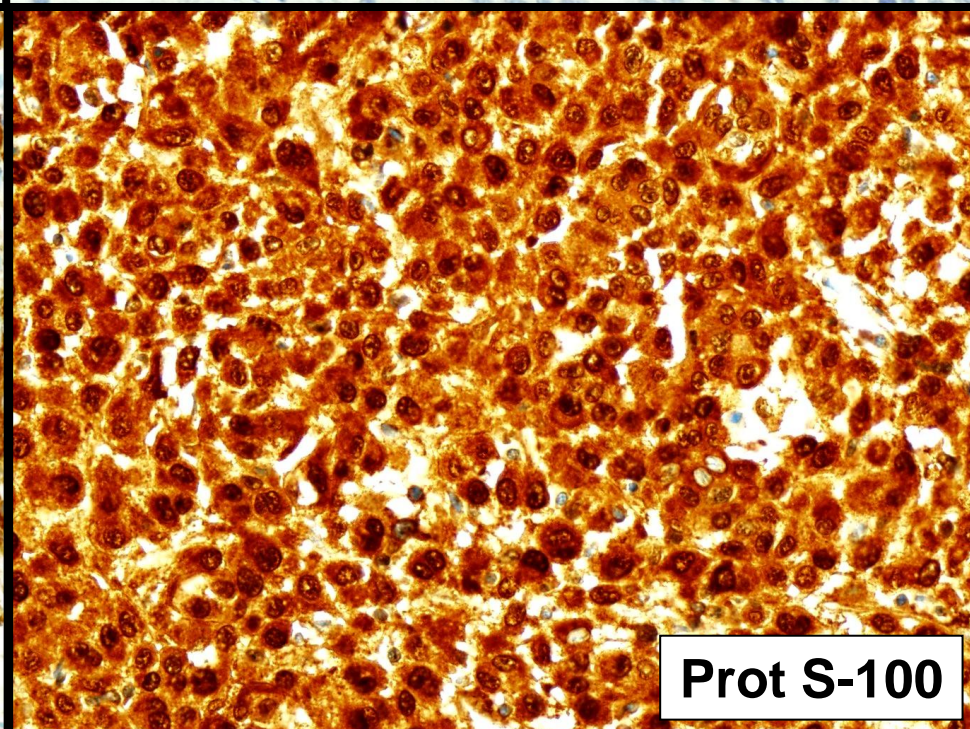
α-inibina



Calretinina

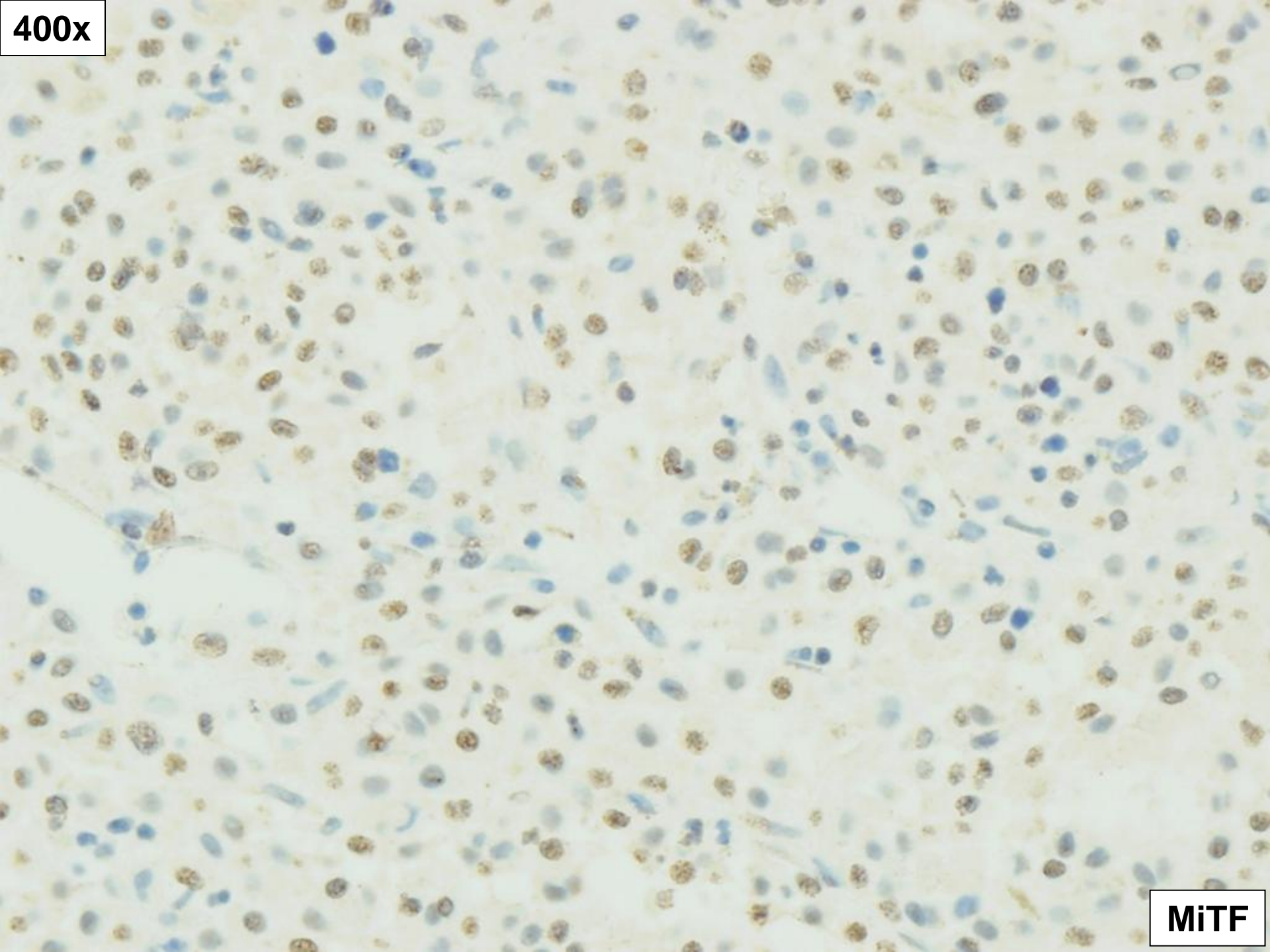


Melan A



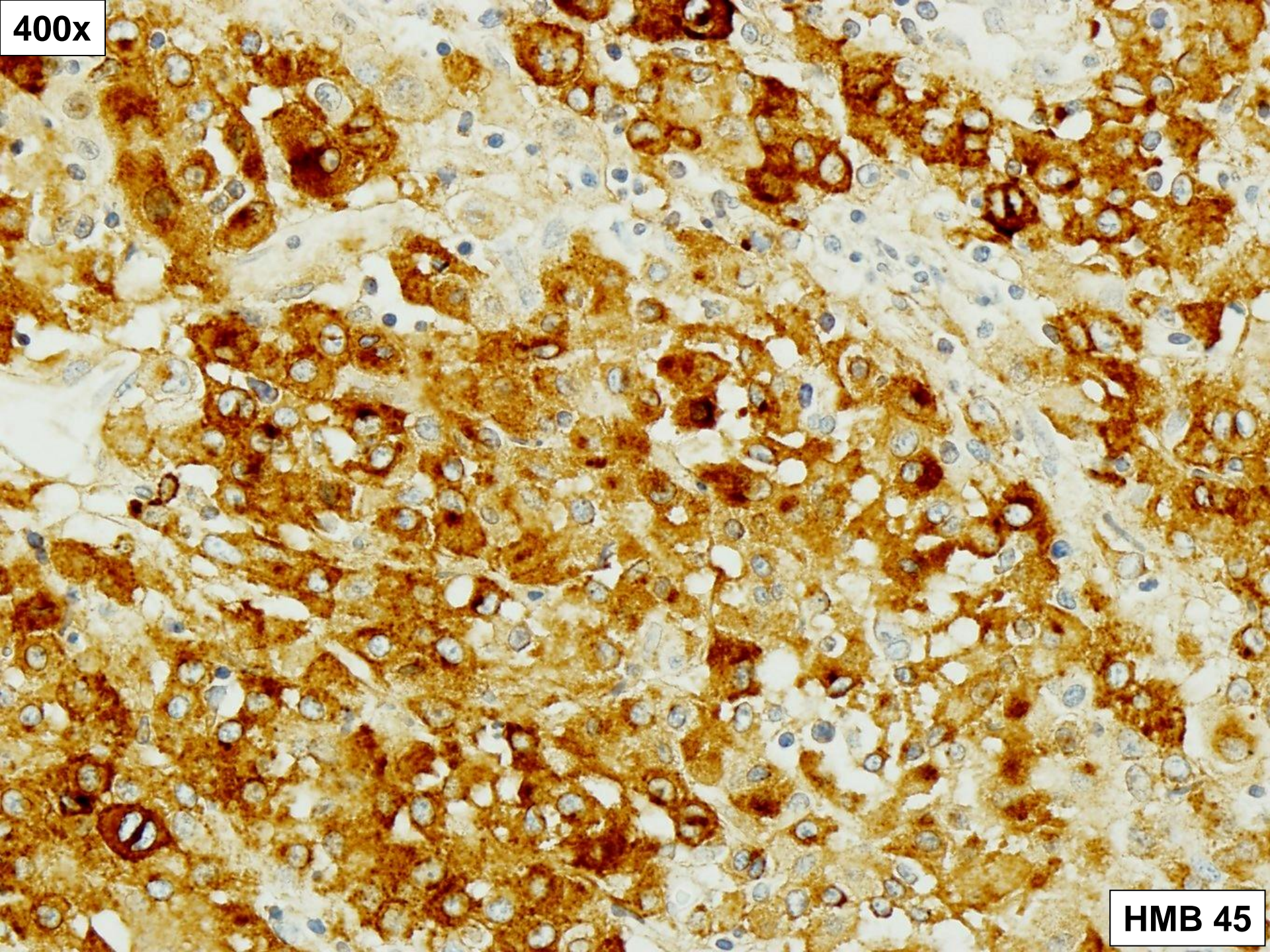
Prot S-100

400x



MITF

400x



HMB 45

➤ ENVOLVIMENTO TESTICULAR POR MELANOMA

- TUMOR MALIGNO DAS BAINHAS NERVOSAS MELANÓTICO
EPITELIOIDE

Malignant melanoma representing with testicular metastasis: a case report and review of the literature

Muhammad Z. Aslam, MD; M.S. Ahmed, MD; Sri Nagarajan, MD; Syed T. Rizvi, MD

DIAGNOSIS IN ONCOLOGY

Arthur Skarin, MD, Consultant Editor

Diagnostic Dilemmas in Oncology

CASE 1. MELANOMA METASTATIC TO THE TESTIS

Metástases testiculares de melanoma

- ✓ Metástases testiculares são muito raras;
- ✓ Tumores metastáticos compreendem < 1% dos tumores testiculares;
- ✓ Mais comuns:
 - próstata, pulmão, melanoma, cólon, rim, estômago e pâncreas;
- ✓ 15% dos casos são metástases de melanoma;
- ✓ Metástases testiculares como primeira manifestação da doença: quatro casos descritos.
- ✓ Prognóstico: 2-14 meses.

Melanoma Primário do Testículo



Primary melanoma of testis

RK Katiyar,
Abhishek Singh,
Deepak Kumar

Department of
Radiotherapy
J.K. Cancer Institute,
Kanpur, India

For correspondence:
Dr. R.K. Katiyar,
J.K. Cancer Institute,

ABSTRACT

Primary melanoma of testis is extremely rare and even the existence of such an entity is questioned. We present the case of a 60-year-old man with primary malignant melanoma in the testis. We report this case to emphasize the need for awareness of the possibility of the testis being the primary site in the patient with a melanoma and to underline the necessity of meticulous investigation of suspicious lesions of the testis in patients with or without a past history of malignant melanoma.

KEY WORDS: Melanoma, primary, testis

“Theoretically, according to histogenesis, melanoblasts cannot be demonstrated in organs of mesodermal origin. Since the testis is an organ of mesodermal origin, it is unlikely that a melanoma can arise from this organ or from any of the other visceral structures. On the other hand, non-neoplastic melanoblasts resulting from migration of melanin-producing cells from the neural crest to mesodermal derivatives during embryologic development explains the presence of melanocytes in the testis and supports the possibility of a primary melanoma developing at this rare site. There have been a few cases reported of primary as well as metastatic melanoma in the gall bladder (...)”



Hospital
Braga

Sete Fontes – S.Victor
4710-243 BRAGA

T. 253 027 000 F. 253 027 999

www.hospitaldebraga.com