

# XIII Reunião de Citologia

## Caso Clínico nº 8

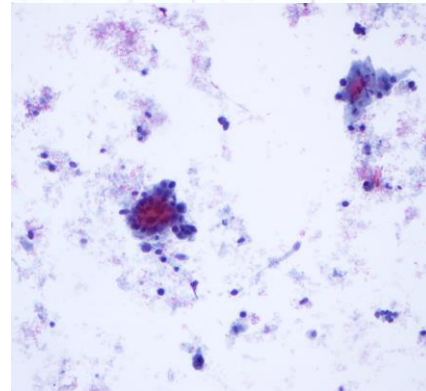
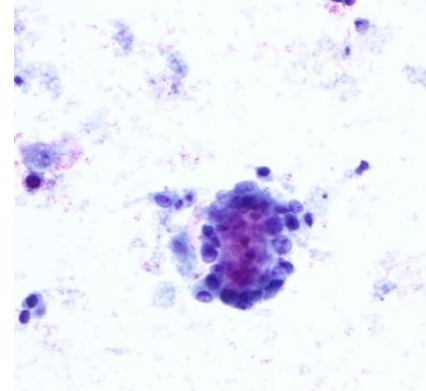
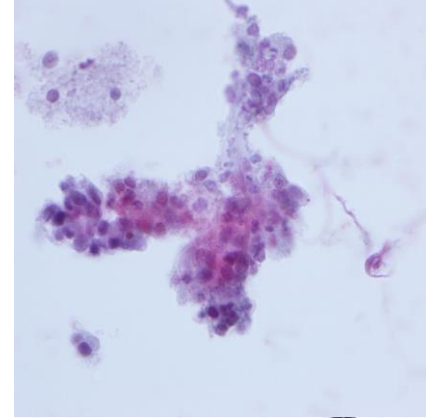
Paula Mendonça<sup>1</sup> , Ana Pratas<sup>2</sup> , Diamantina Vasconcelos<sup>3</sup> e Cláudia Linares<sup>3</sup>

<sup>1</sup> CH&TRC - Health and Technology Research Center, ESTeSL, IPL<sup>2</sup> , Centro laboratorial Germano de Sousa

Centro Hospitalar Lisboa Ocidental, EPE - Hospital São Francisco Xavier.

# Dados Clínicos

- ❑ Colpocitologia da cúpula vaginal de mulher de 92 anos.
- ❑ Carcinoma ductal da mama invasivo bem diferenciado à 10 anos.
- ❑ Histerectomia total e anexetomia bilateral à 2 anos.



# Achados Citológicos

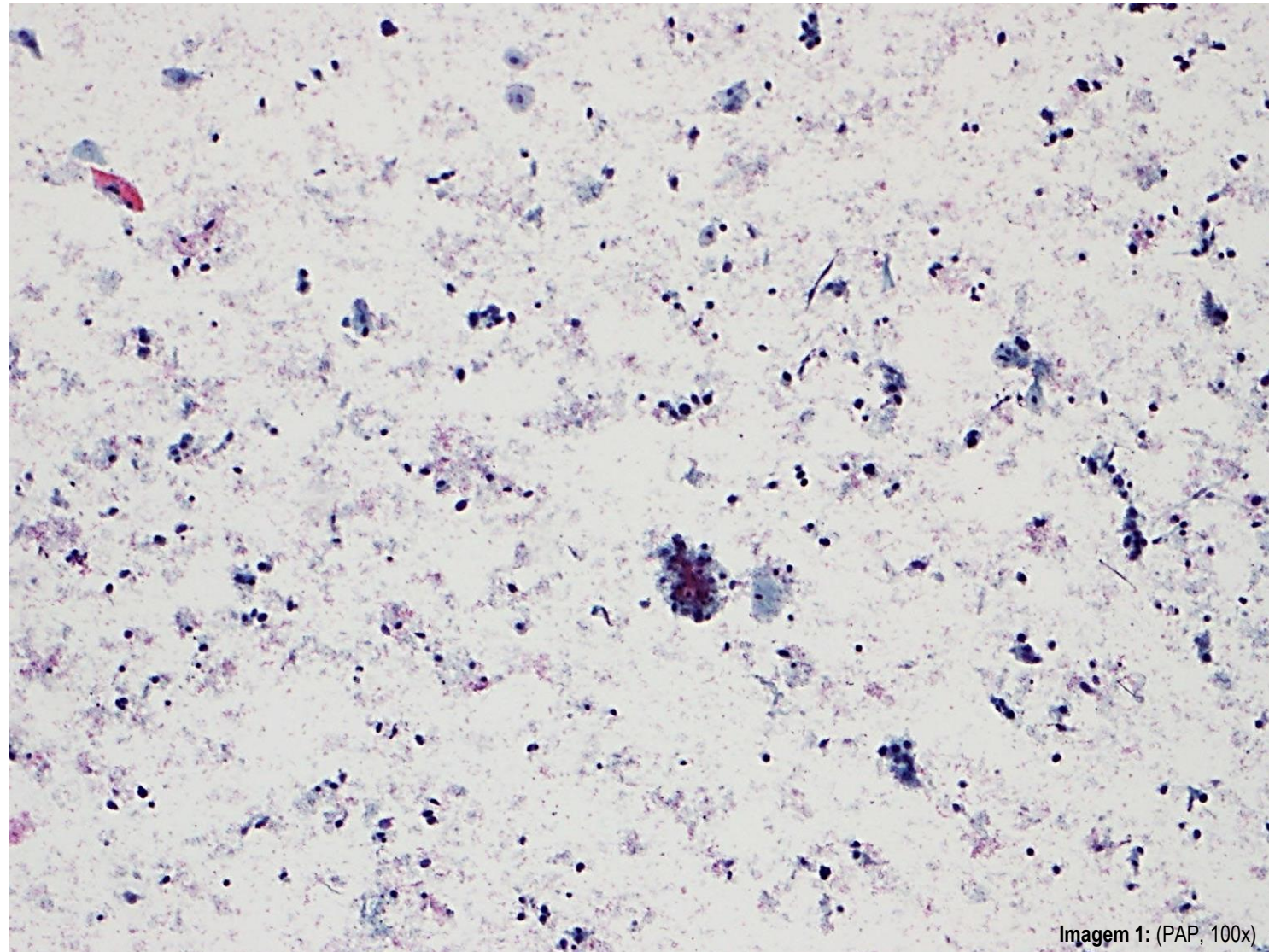


Imagem 1: (PAP, 100x)

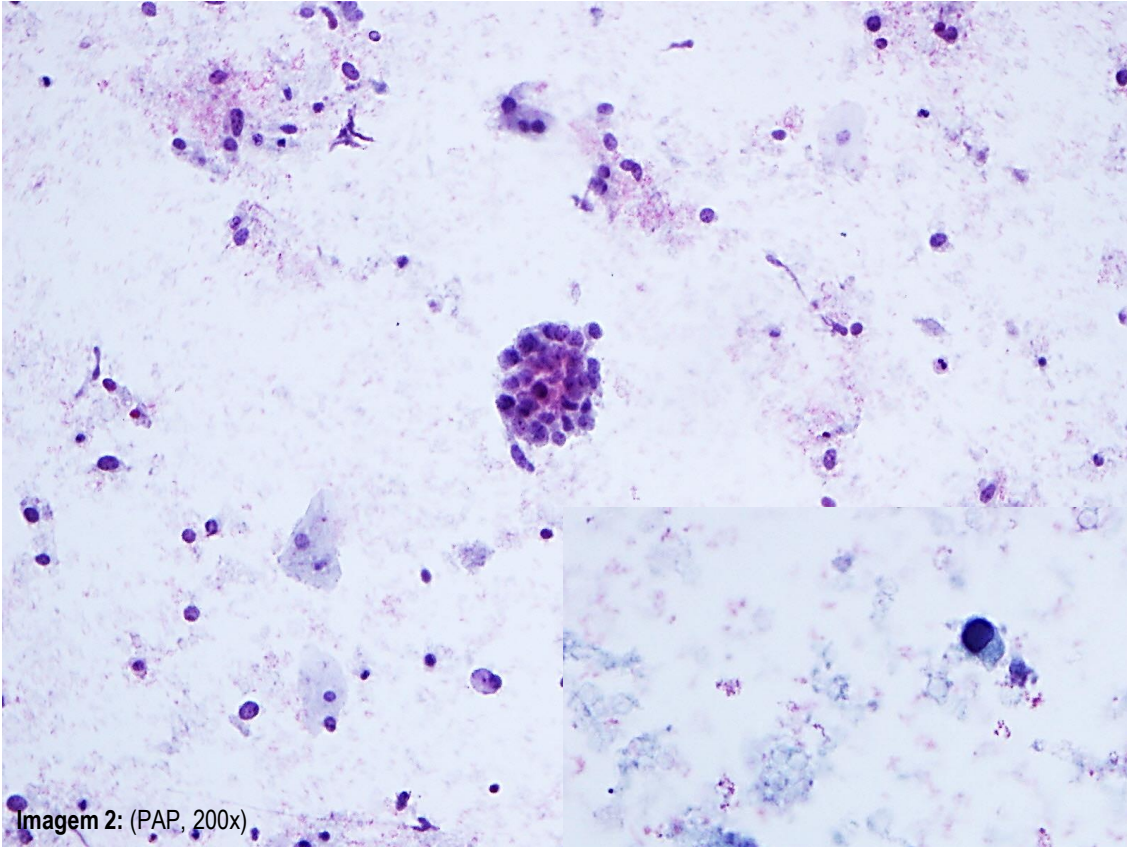


Imagem 2: (PAP, 200x)

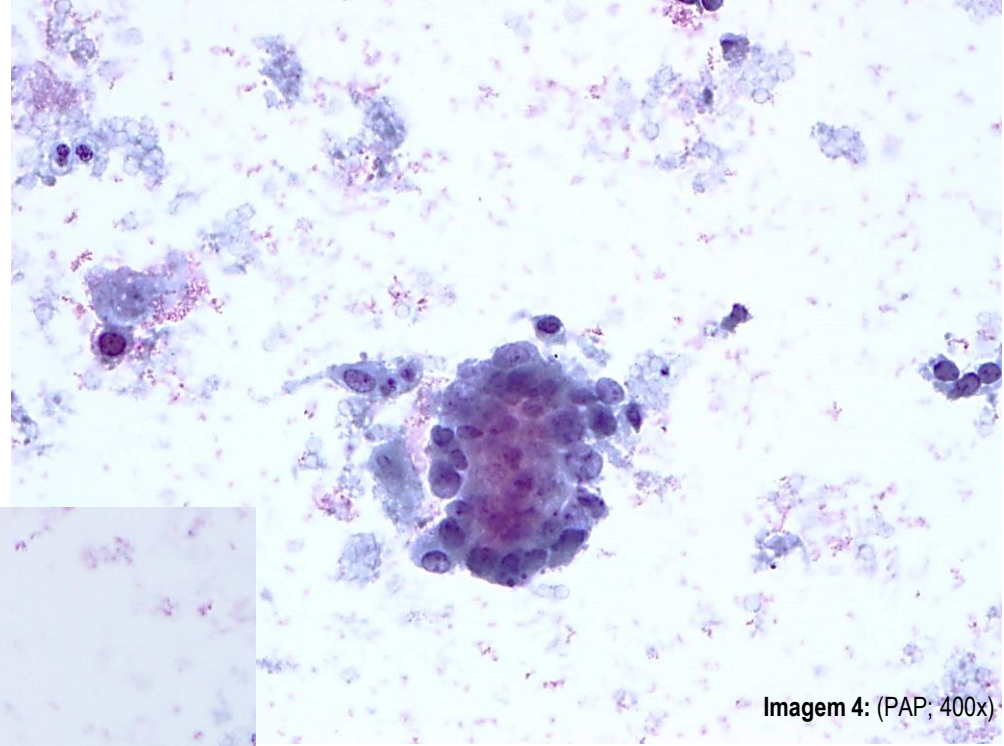


Imagem 4: (PAP; 400x)

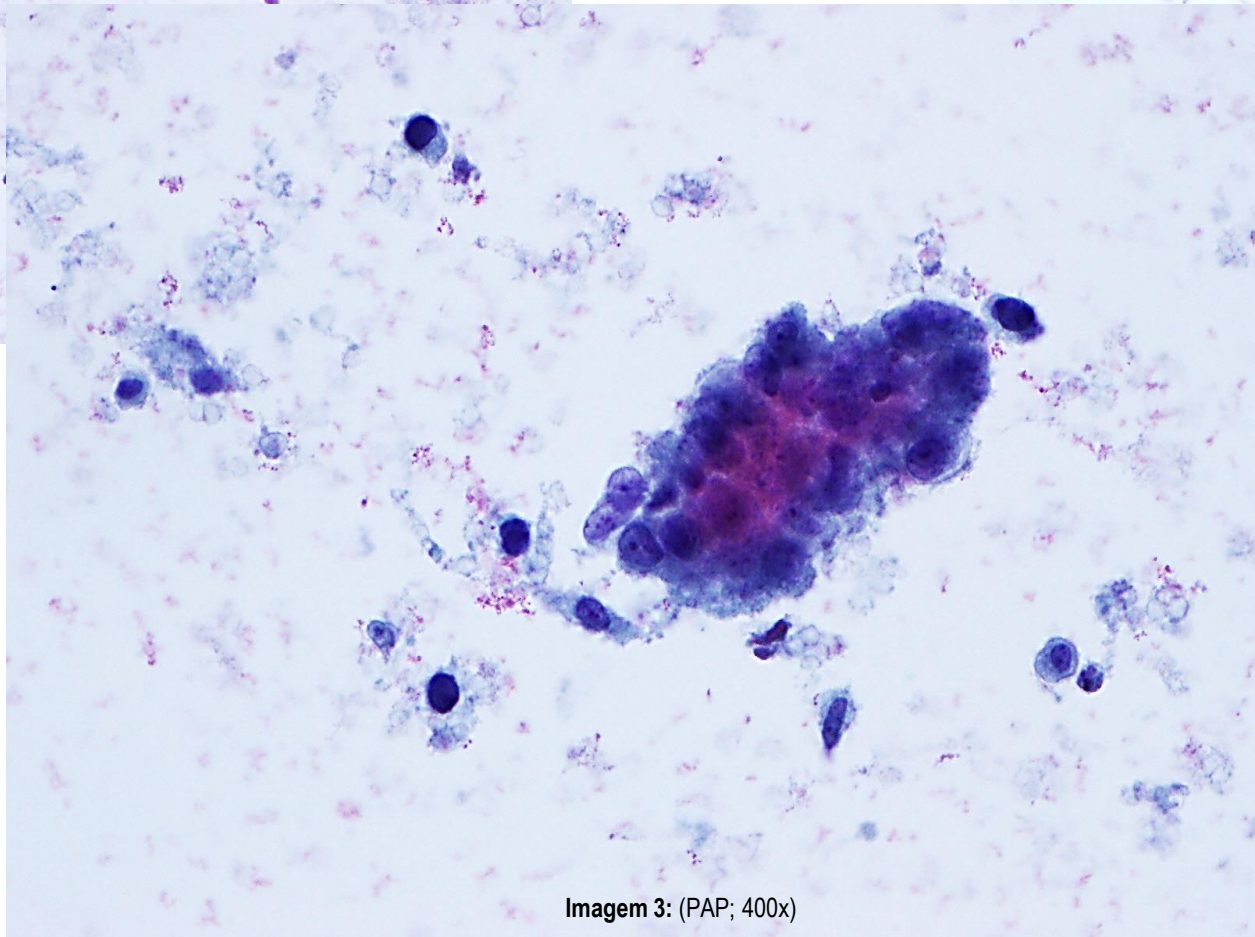


Imagem 3: (PAP; 400x)

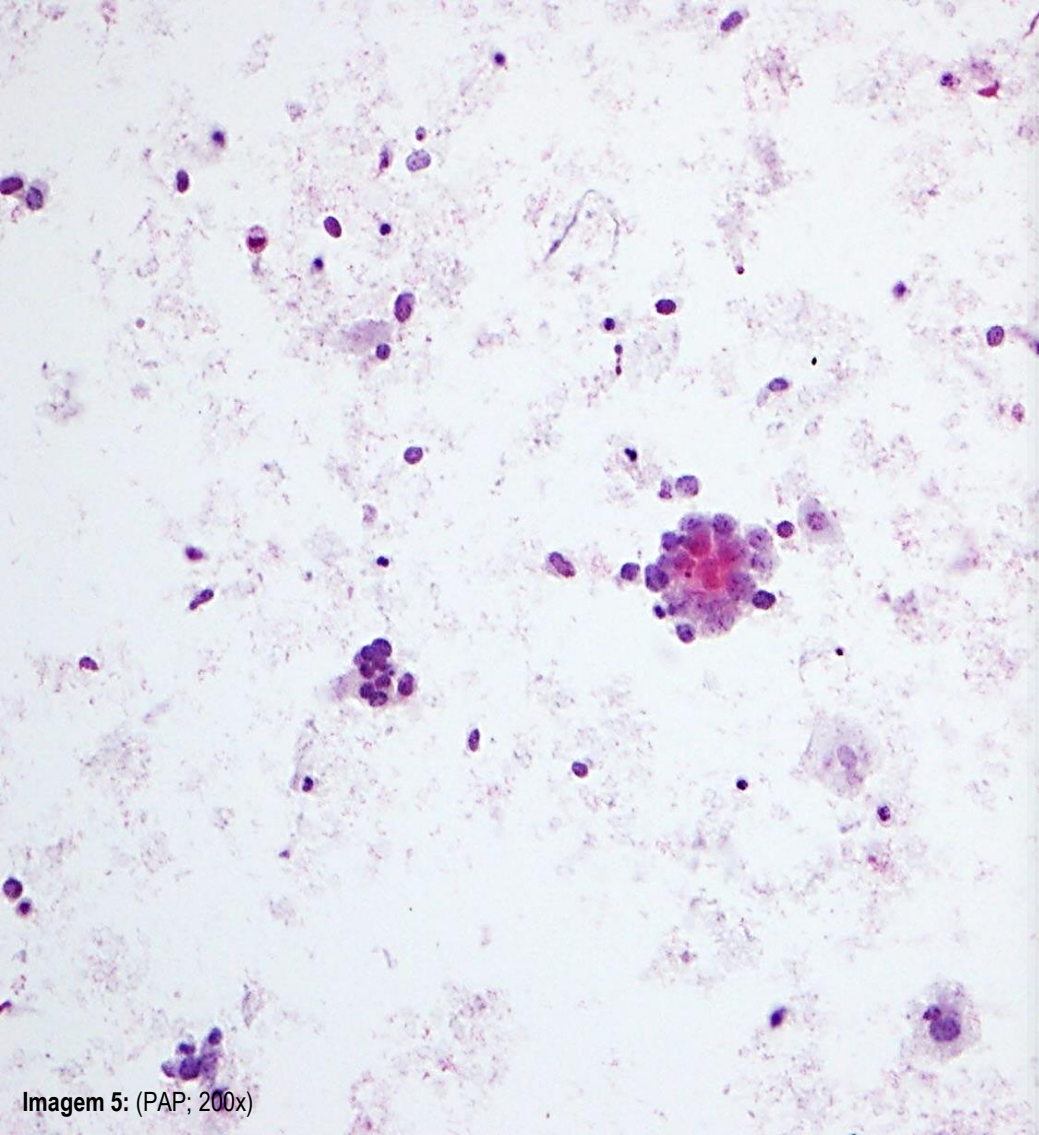


Imagem 5: (PAP; 200x)

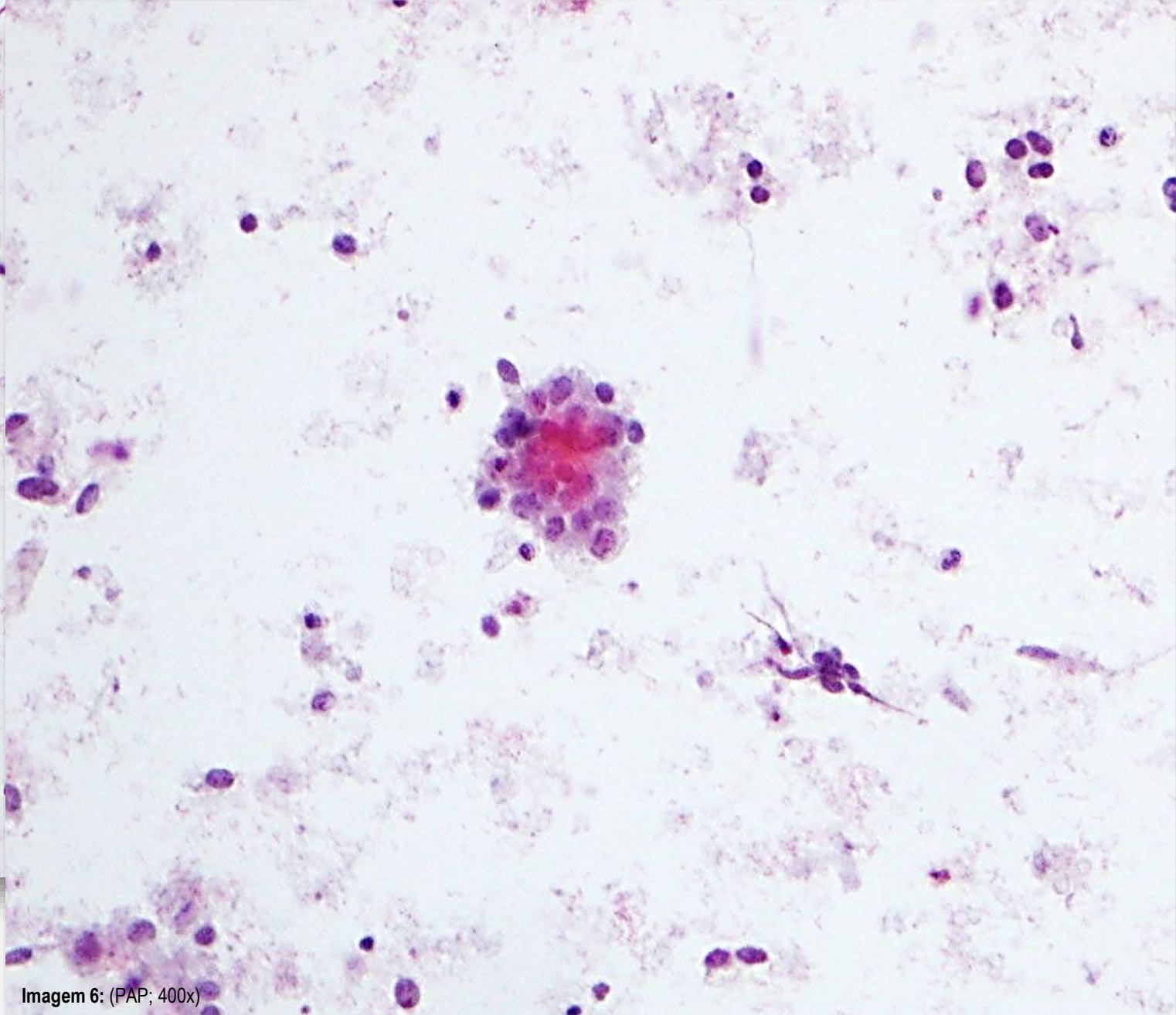


Imagem 6: (PAP; 400x)

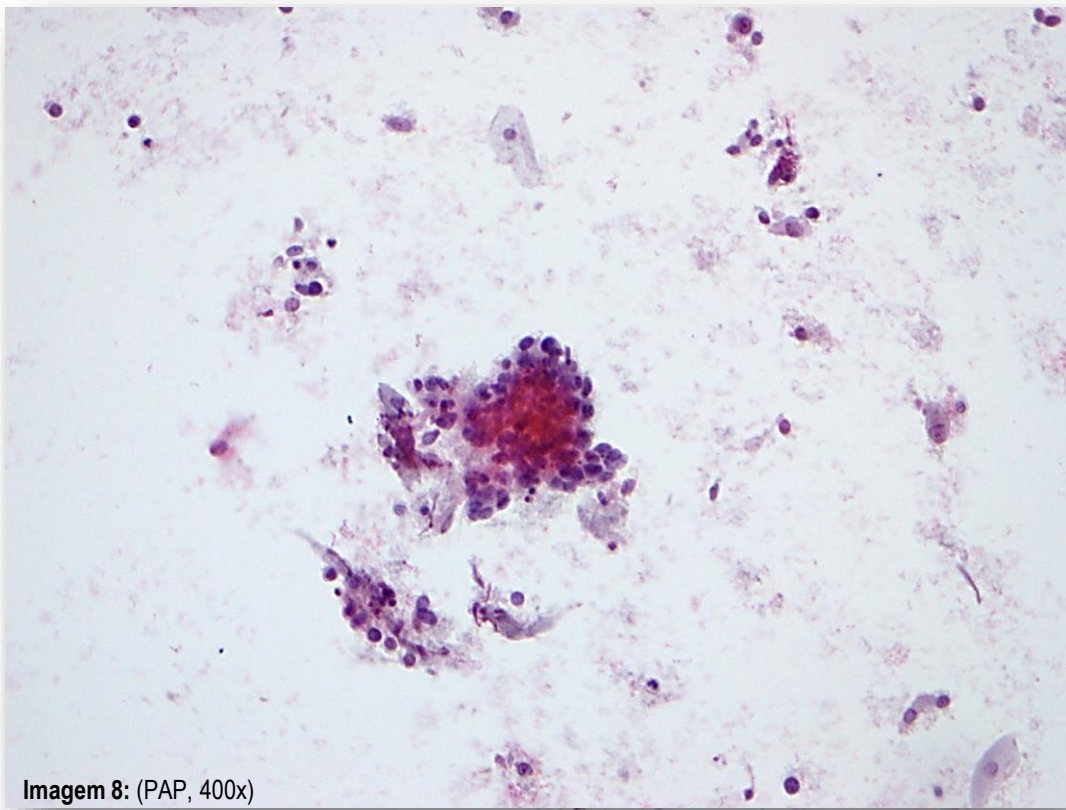


Imagem 8: (PAP, 400x)

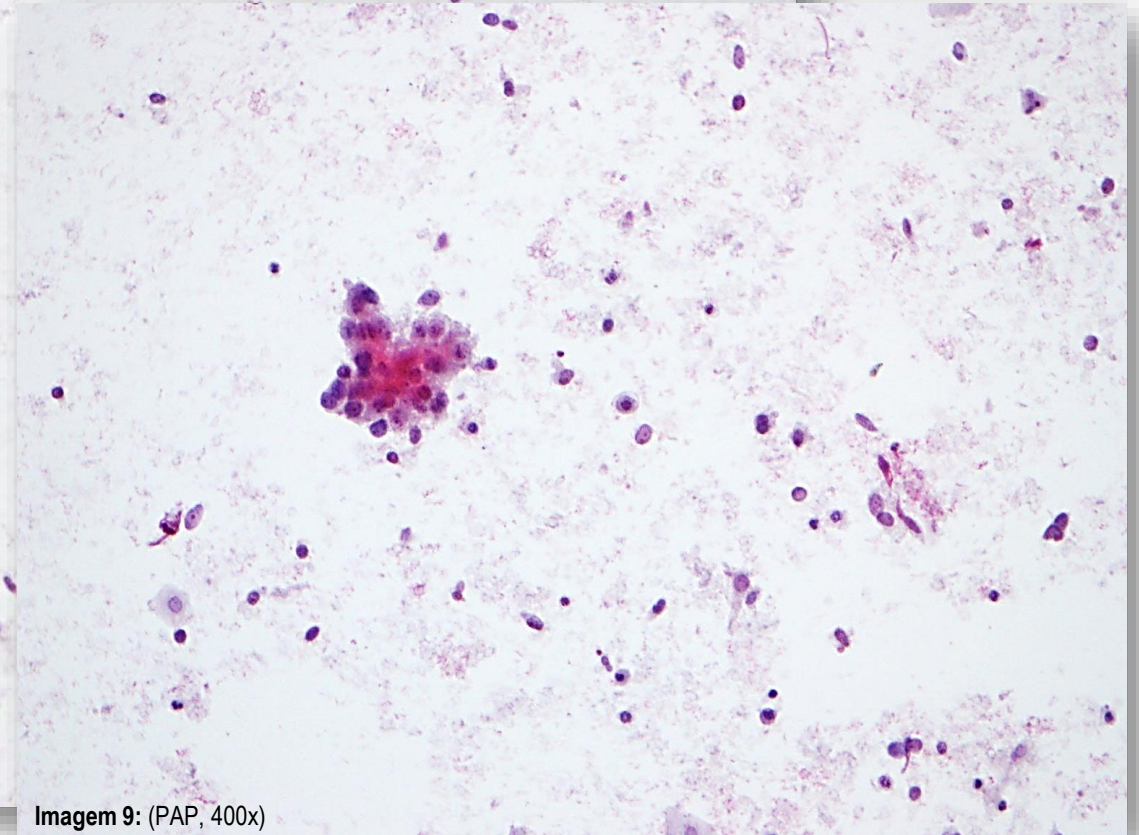
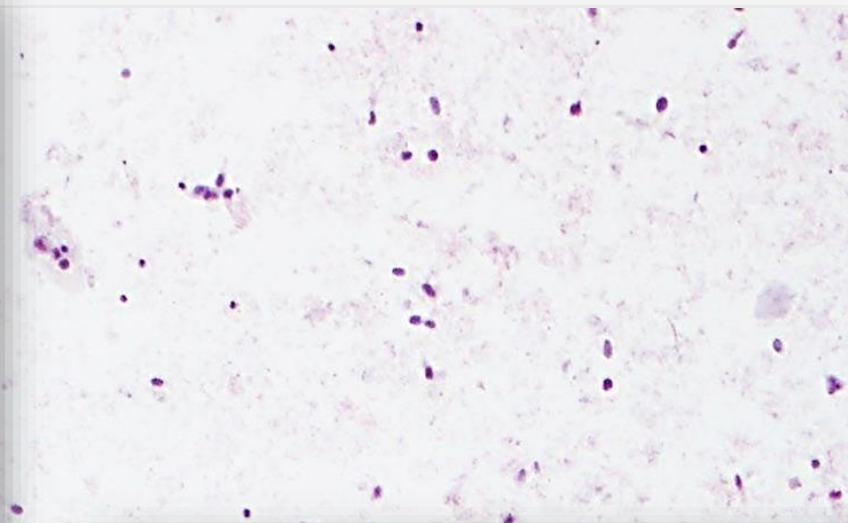


Imagem 9: (PAP, 400x)

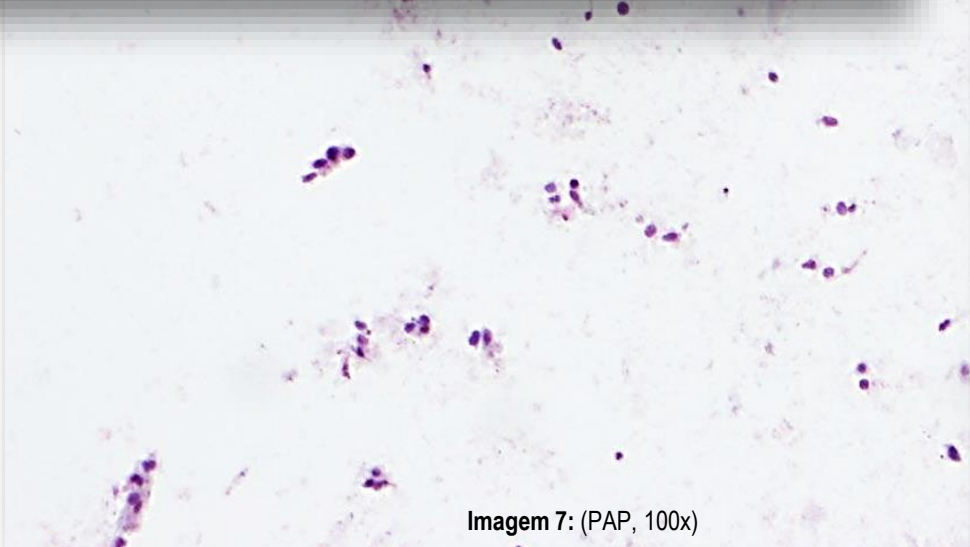


Imagem 7: (PAP, 100x)

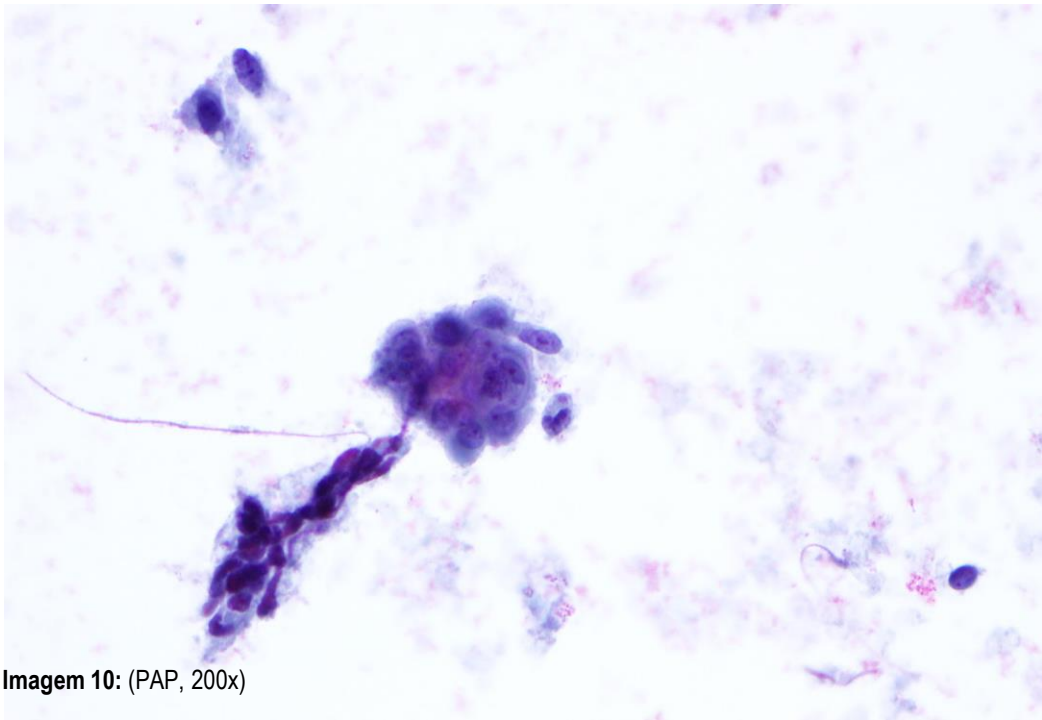


Imagem 10: (PAP, 200x)

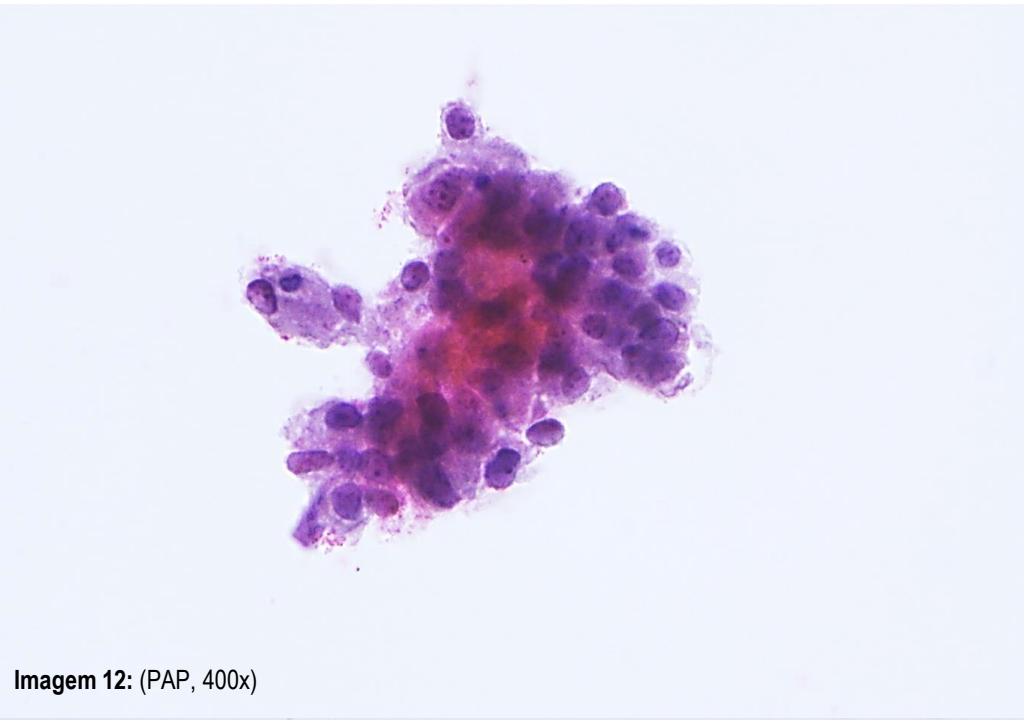


Imagem 12: (PAP, 400x)

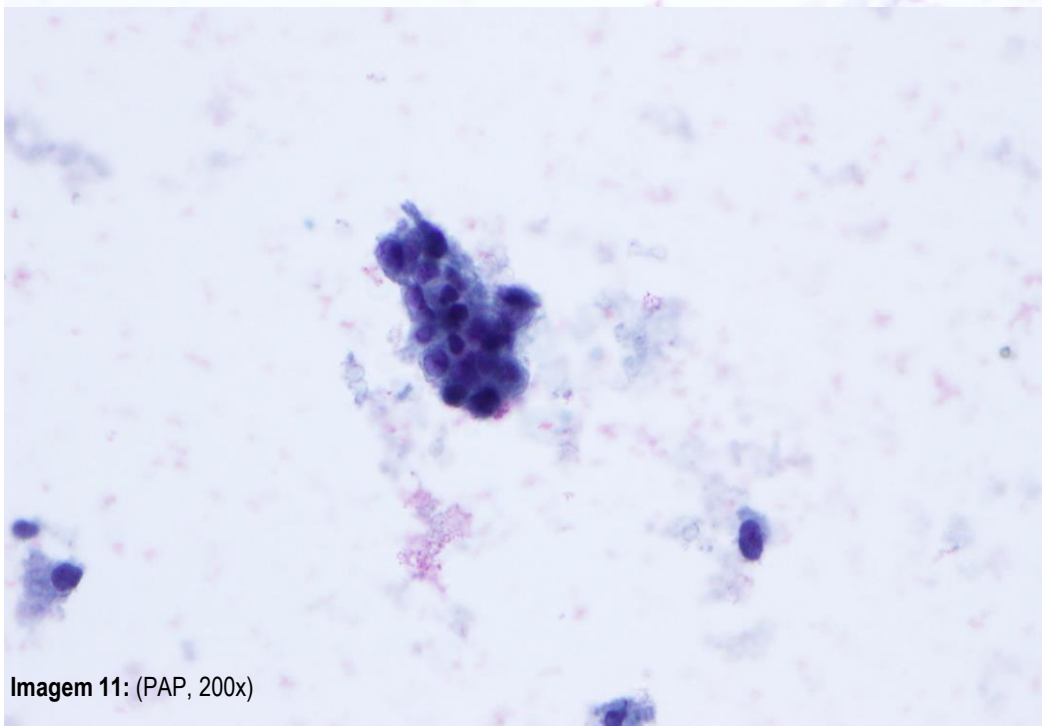


Imagem 11: (PAP, 200x)

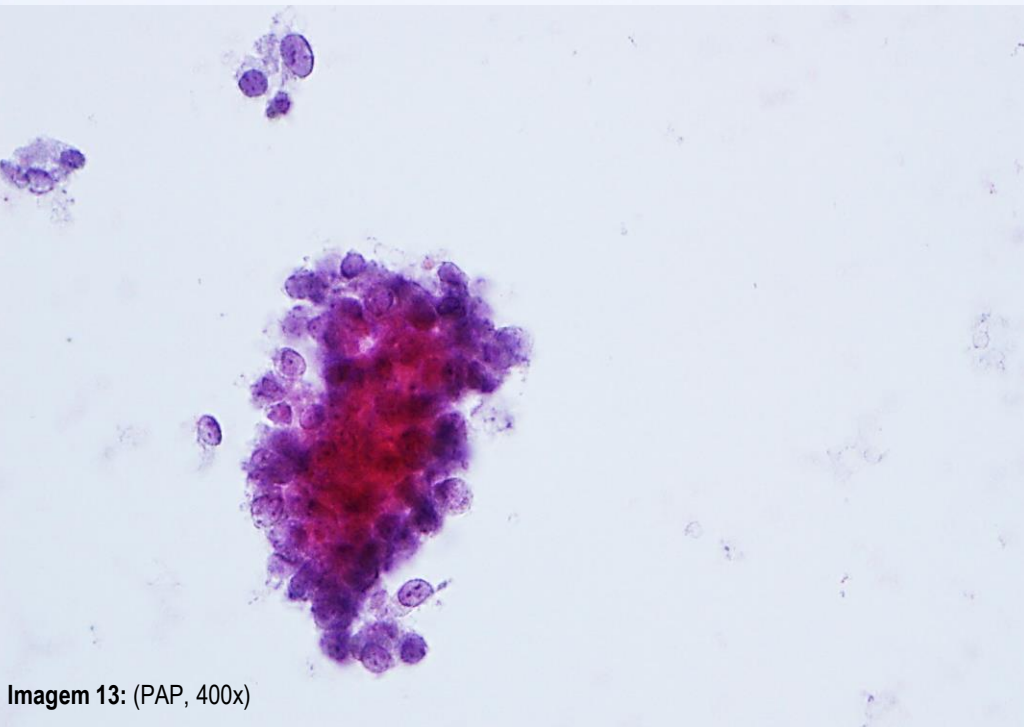
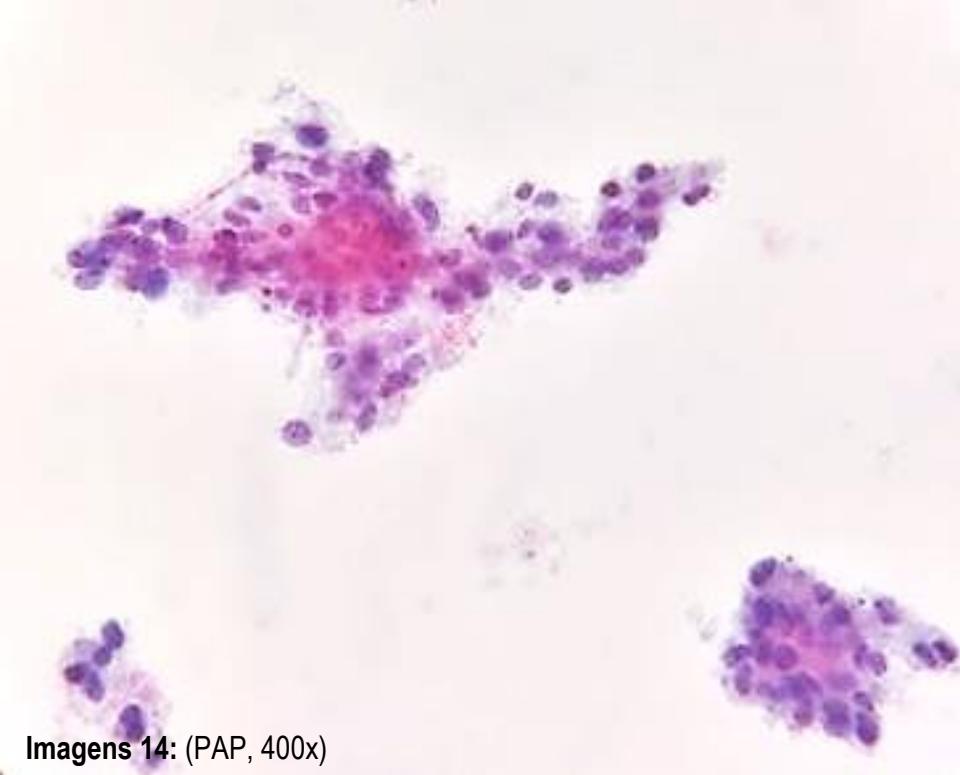


Imagem 13: (PAP, 400x)

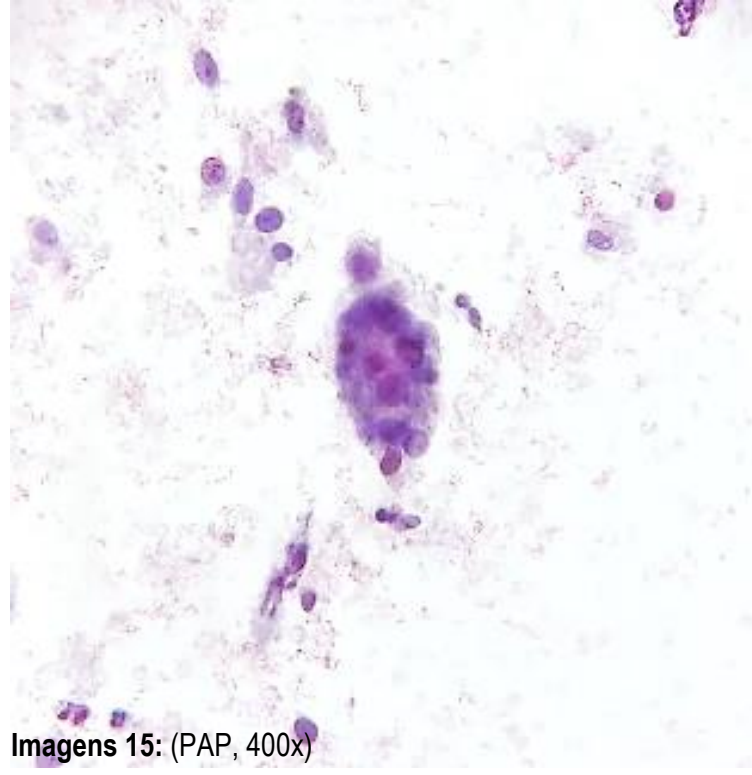
# Opções de Resultados Citológicos

1. Metástase de carcinoma da mama
2. Adenocarcinoma do endométrio
3. Adenocarcinoma do endocolo
4. Adenocarcinoma NOS

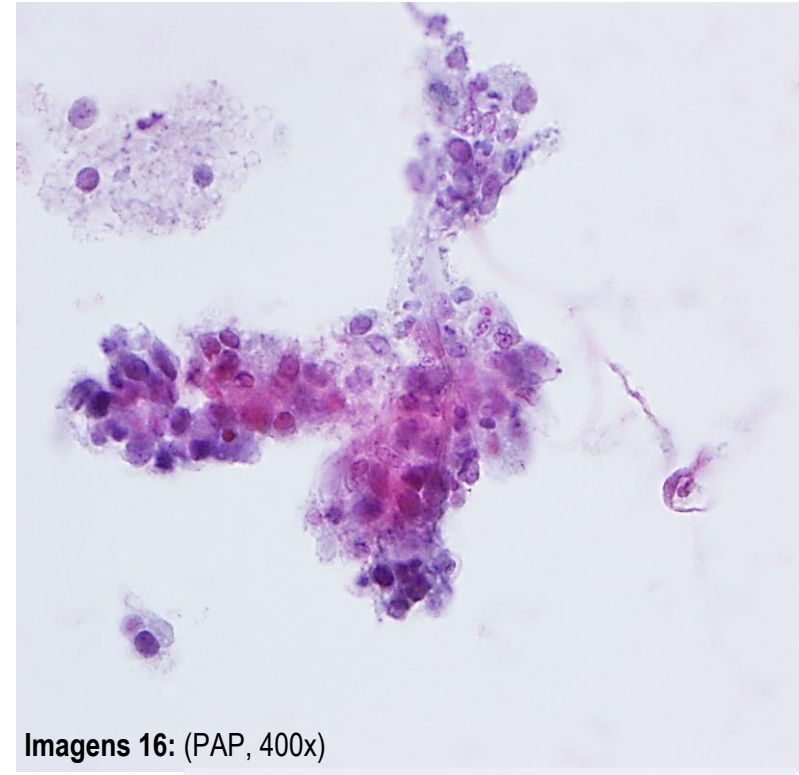




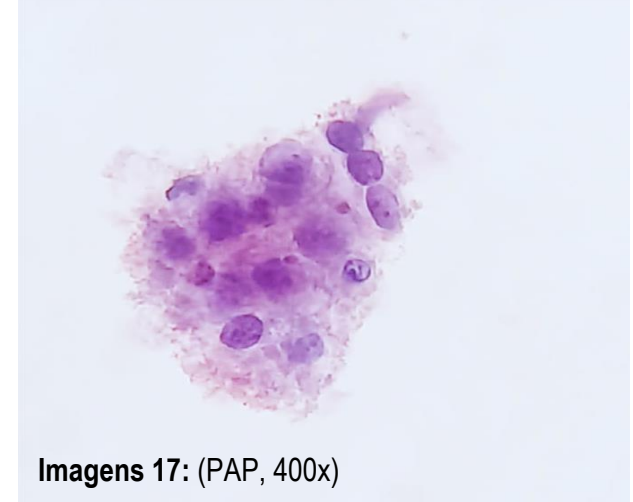
Imagens 14: (PAP, 400x)



Imagens 15: (PAP, 400x)



Imagens 16: (PAP, 400x)

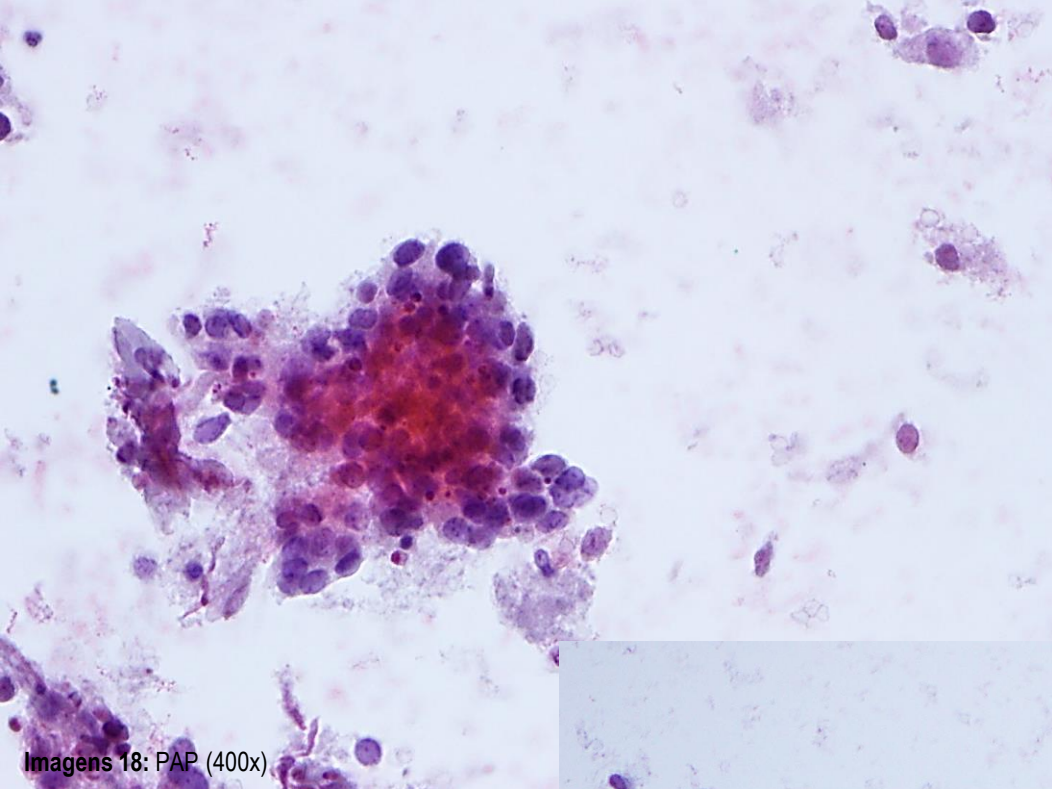


Imagens 17: (PAP, 400x)

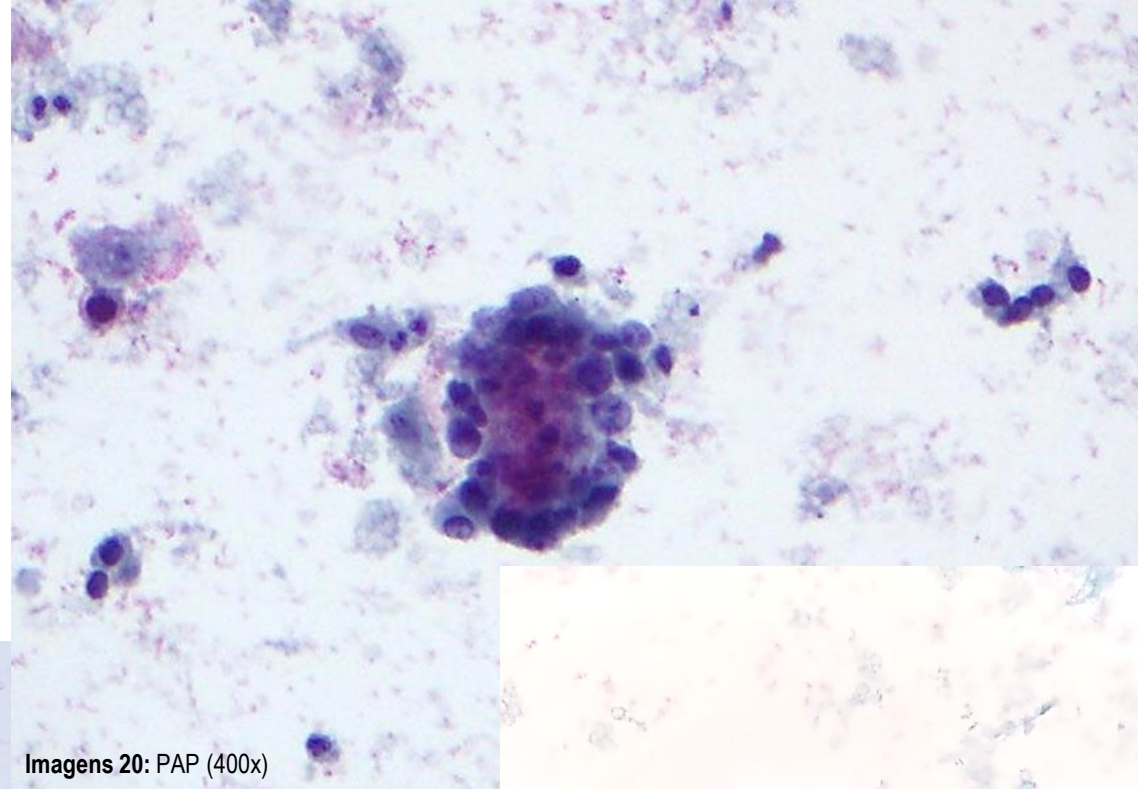
- ❑ Relação N/C aumentada
- ❑ Núcleos aumentados
- ❑ Anisonucleose
- ❑ Membrana nuclear irregular
- ❑ Presença de nucléolos
- ❑ Configuração tridimensional
- ❑ Diátese tumoral



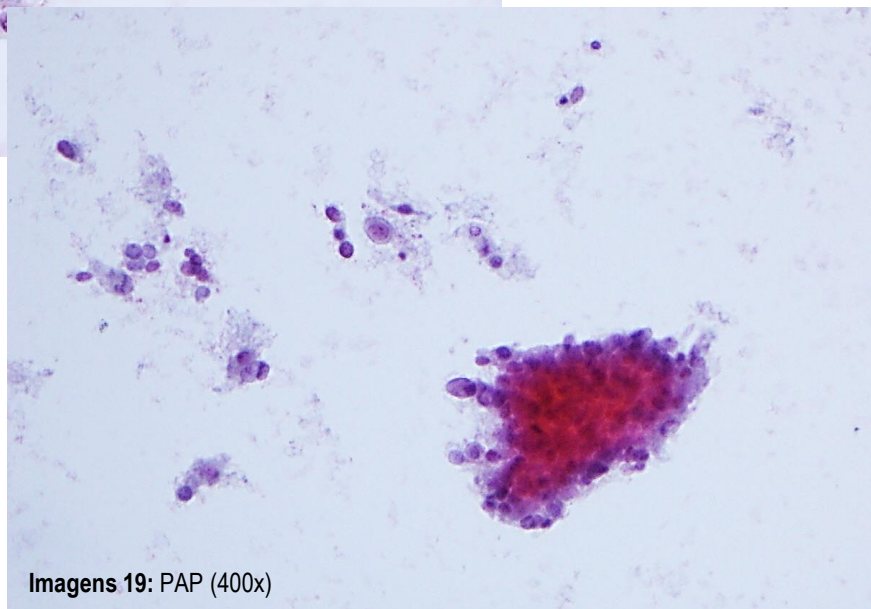
**Adenocarcinoma**



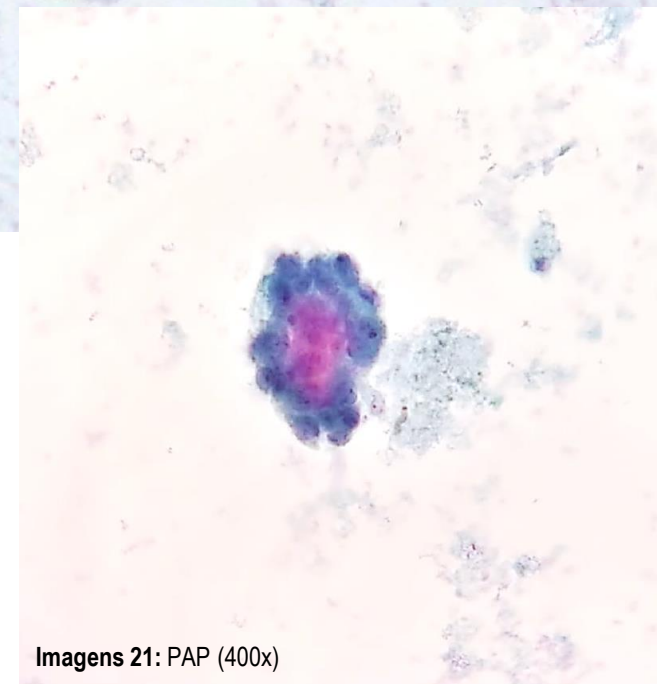
Imagens 18: PAP (400x)



Imagens 20: PAP (400x)



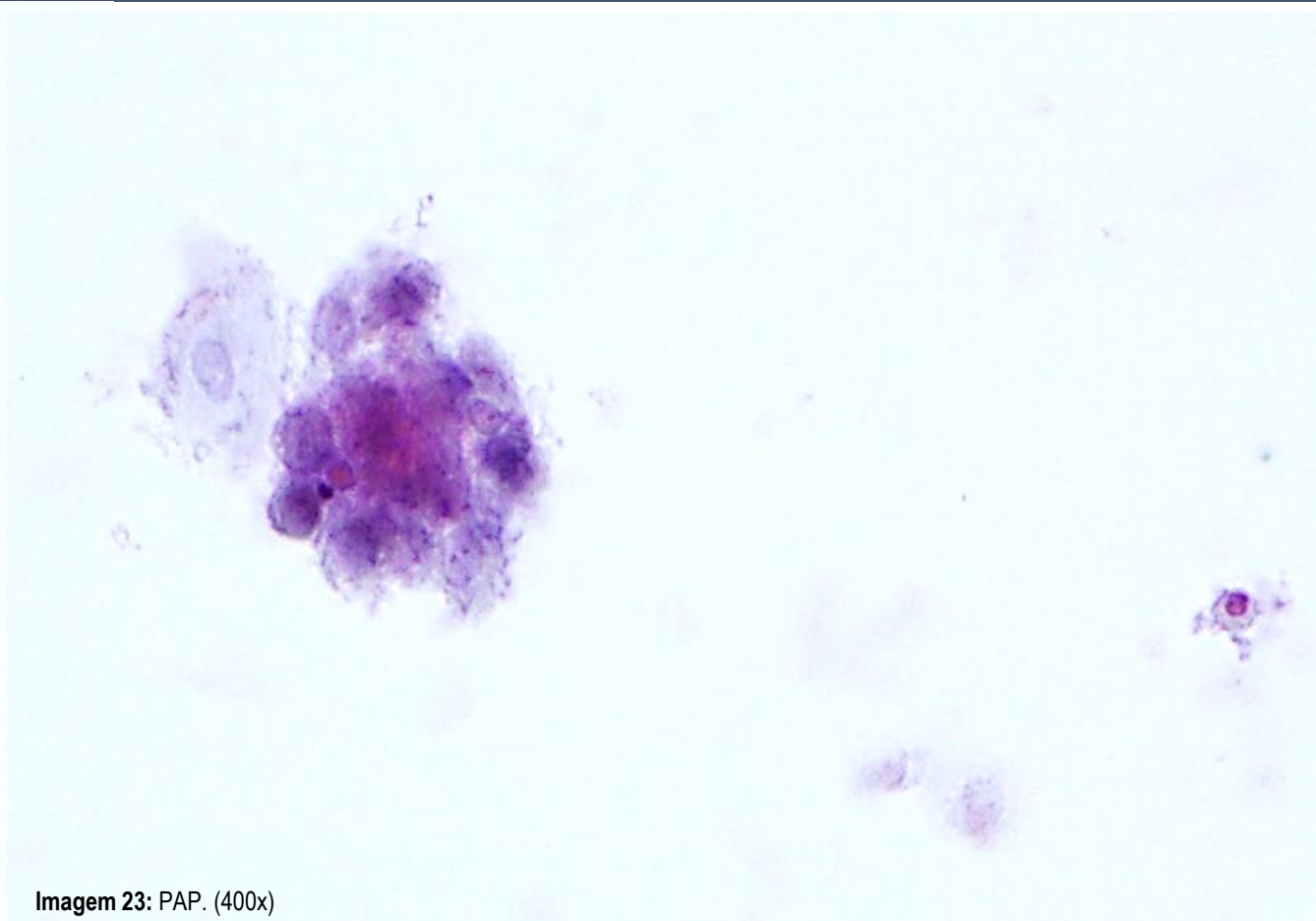
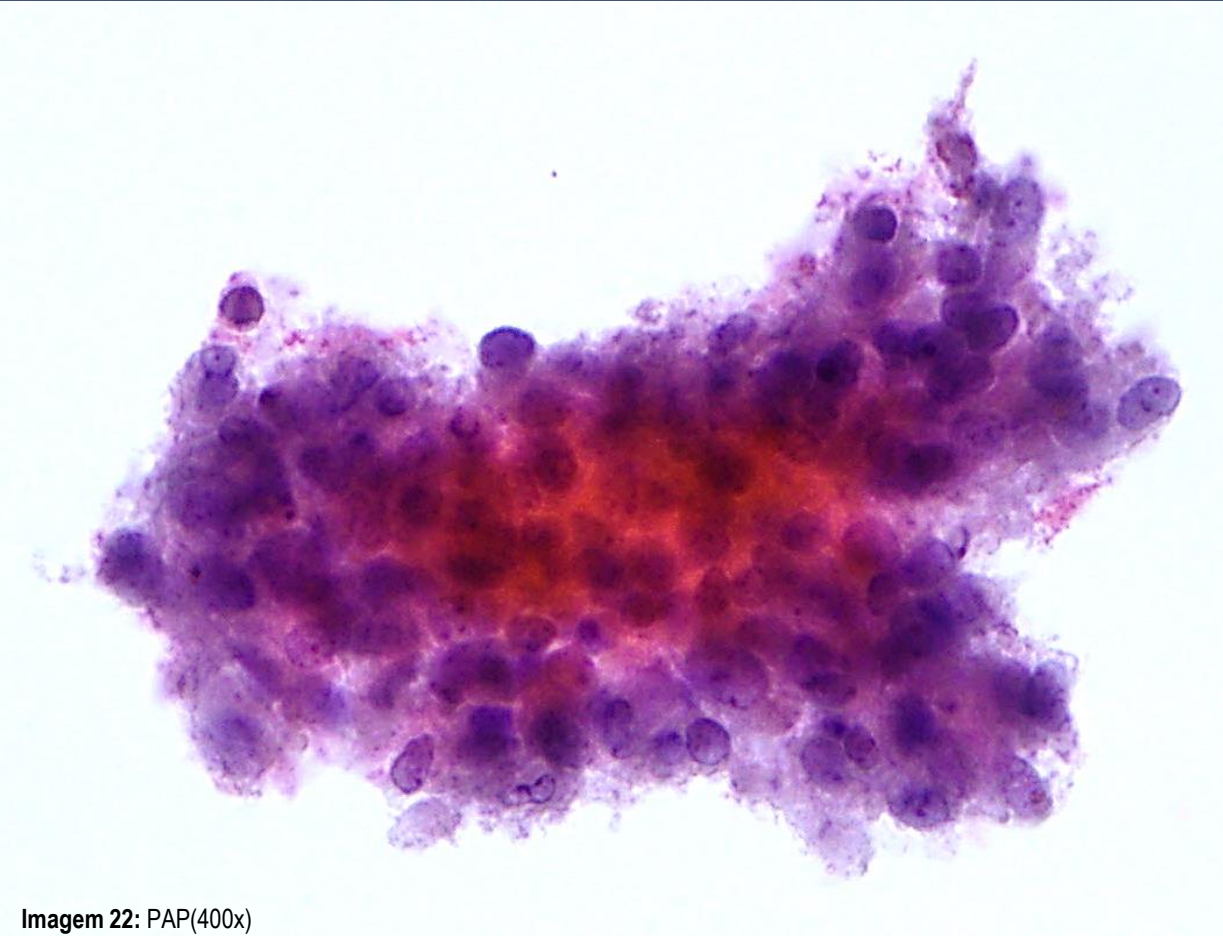
Imagens 19: PAP (400x)



Imagens 21: PAP (400x)

# Adenocarcinoma Endocervical vs Adenocarcinoma Endometrial

# Resultado Citológico



**Adenocarcinoma NOS**

# Diagnóstico Histológico

Fragmentos com acentuados artefactos de esmagamento, onde se identificava neoplasia de morfologia não avaliável

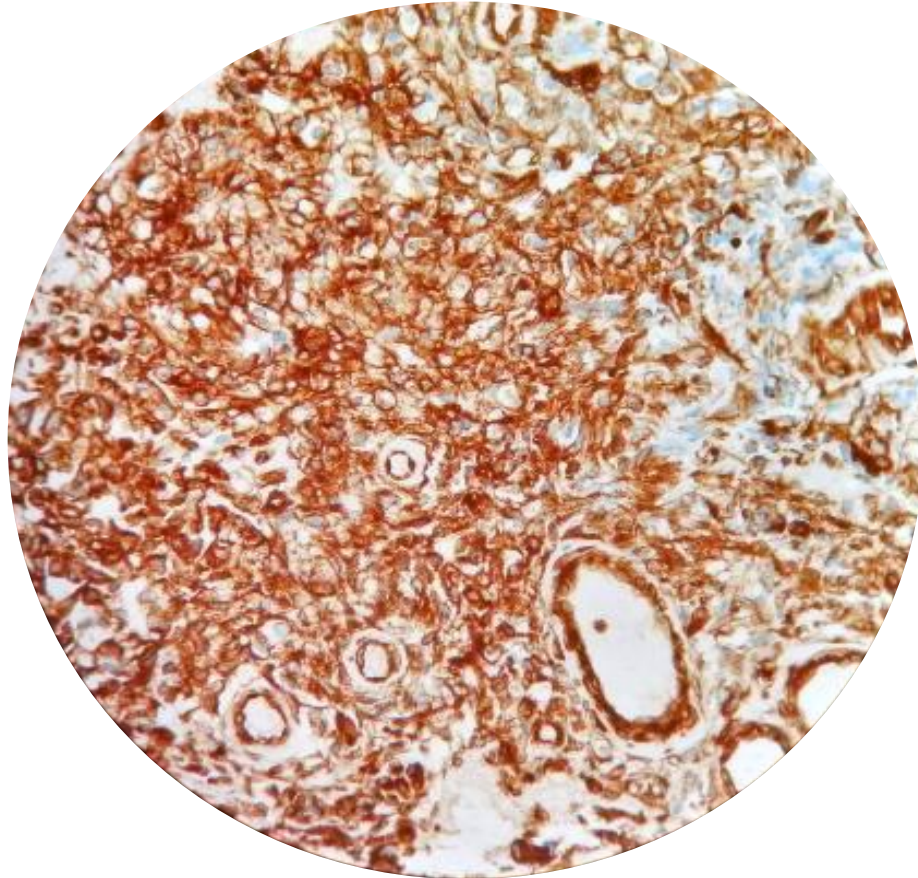


Imagem 24: Positividade para Vimentina (400x)

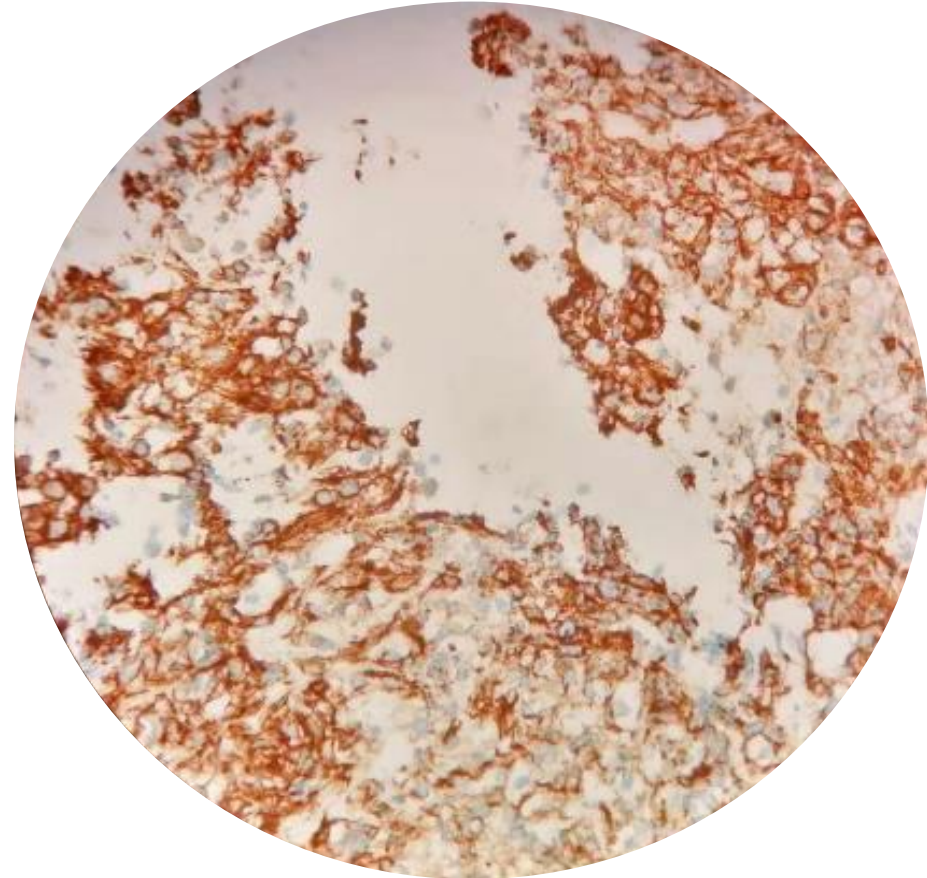


Imagem 25: Positividade para CK AE1/AE3 (400x)

**Recidiva de Adenocarcinoma do endométrio de tipo endometrióide**

# Considerações Finais

Características citomorfológicas por si só nem sempre permitem estabelecer a origem das células glandulares malignas.

Deteção em colpocitologias é um achado citológico.

Cerca de 75% dos casos são detetados pós-menopausa.

História clínica da paciente é fundamental para o diagnóstico.

As técnicas complementares são de vital importância para um diagnóstico definitivo.

# Referências Bibliográficas

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- ❑ Irvin, W. P., Rice, L. W., & Berkowitz, R. S. (2002). Advances in the management of endometrial adenocarcinoma. A review. *The Journal of Reproductive Medicine*, 47(3), 173–189; discussion 189. <https://europepmc.org/article/med/11933681>
- ❑ Nayar, R., & Wilbur, D. C. (Eds.). (2015). *The Bethesda System for Reporting Cervical Cytology*. Springer International Publishing. <https://doi.org/10.1007/978-3-319-11074-5>
- ❑ Cibas, E. (2009). *Cytology: diagnostic principles and clinical correlates*. (3rd Edition).