

Cas n° 1

Dr Ph Camparo

Hopital Foch

Suresnes

Bruxelles 14 mai 2011

Renseignements cliniques

Patient de 36 ans.
Pas d'antécédent connu
Marqueurs inconnus.



Diagnostic

Séminome pur

Classification OMS 2004

Néoplasie germinale intra tubulaire (NGIT/IGCNU)

Tumeurs composées d'un seul type tumoral

Séminome (S) /variant

Carcinome embryonnaire (EC)

Tumeur vitelline (YST)

Choriocarcinome (CC) /variants

Tératome (variants)

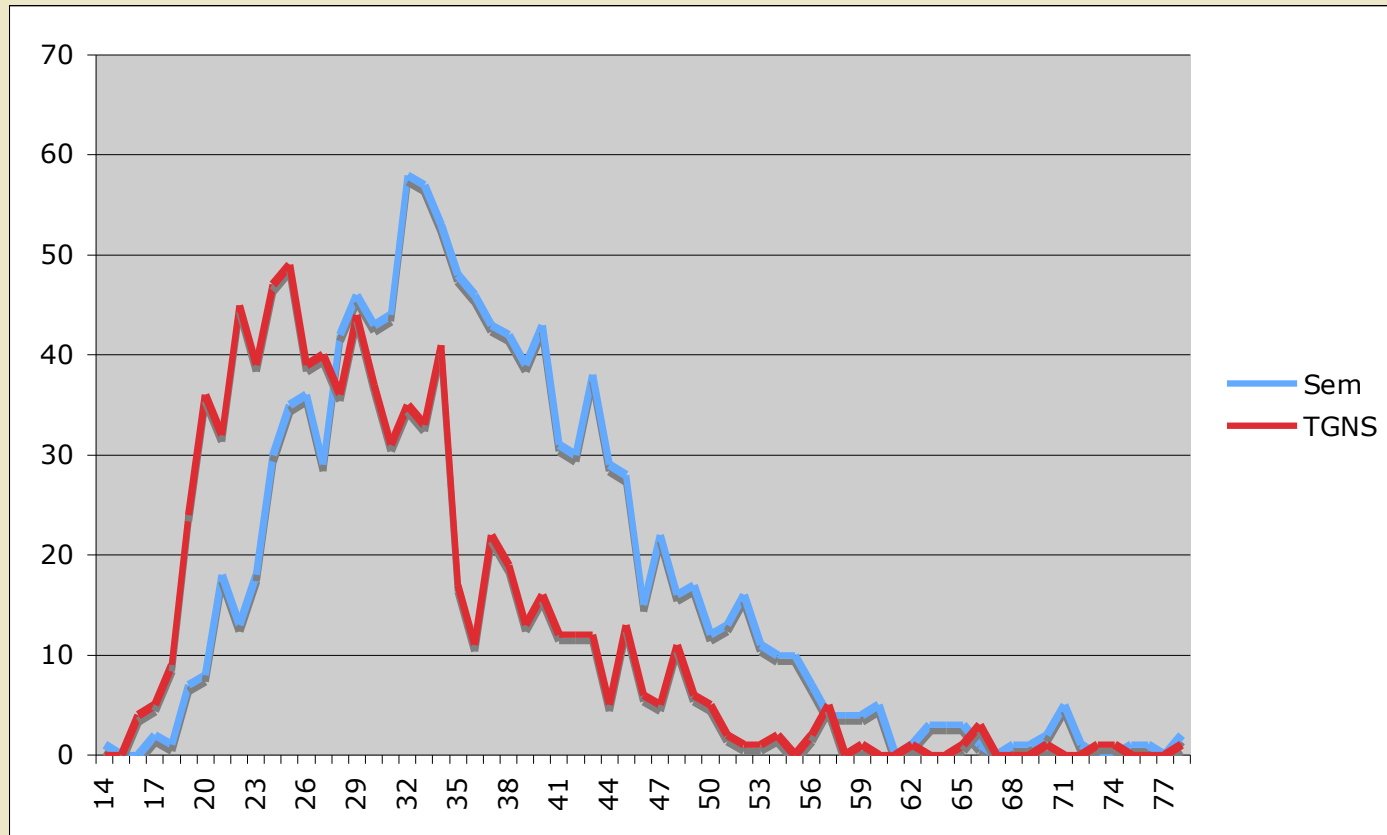
Tumeurs composées de plus d'un type tumoral (Tumeur germinale mixte) T+CE; T+S; CE+T+CC; autres

Séminome spermatocytaire (SS) /variant

Le plus fréquent des cancers de l'adulte jeune

53% des 1741 tumeurs germinales (GELU 1995-2005)

Moyenne 38 vs 31 Médiane 36 vs 29



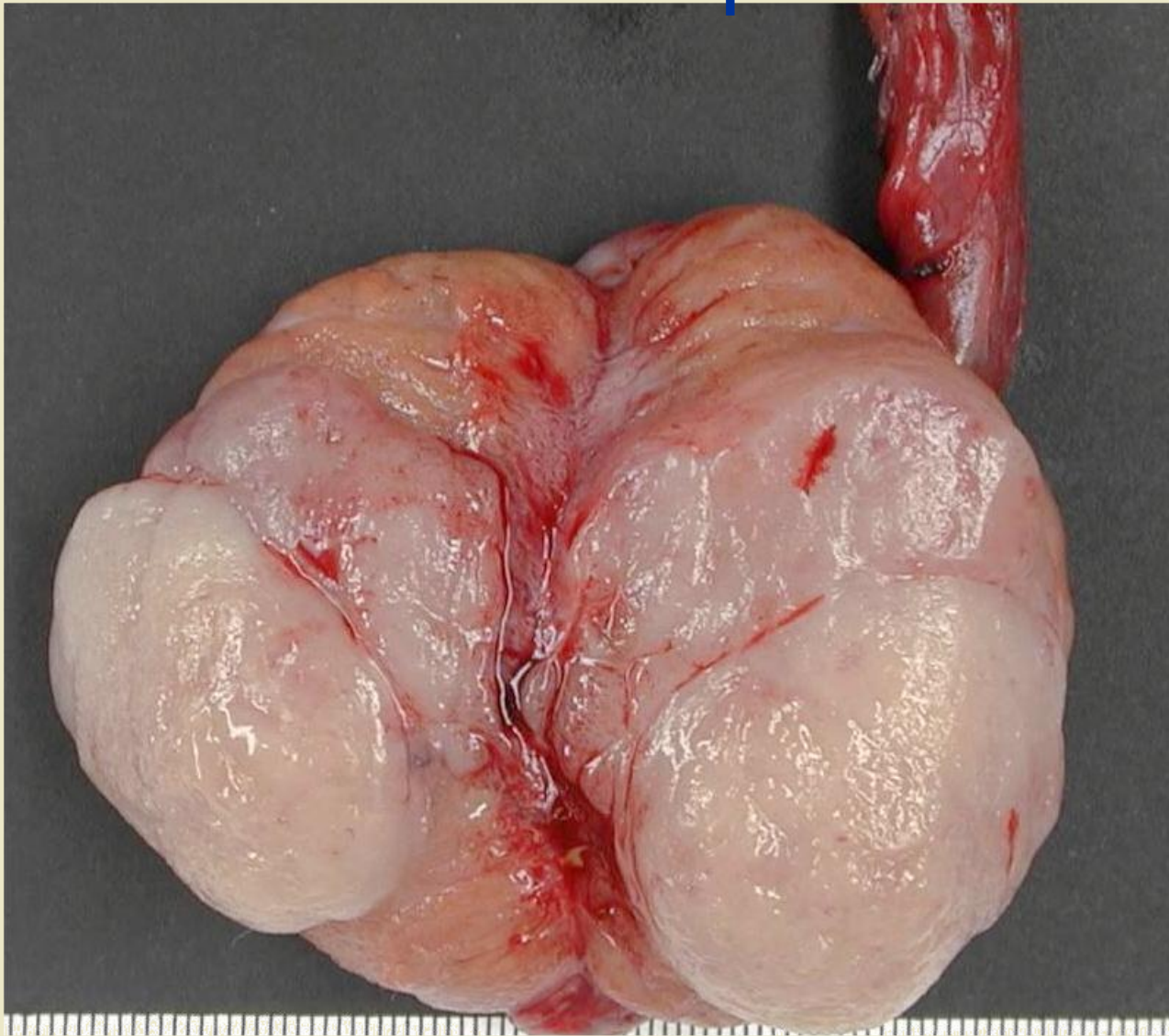
Marqueurs sériques

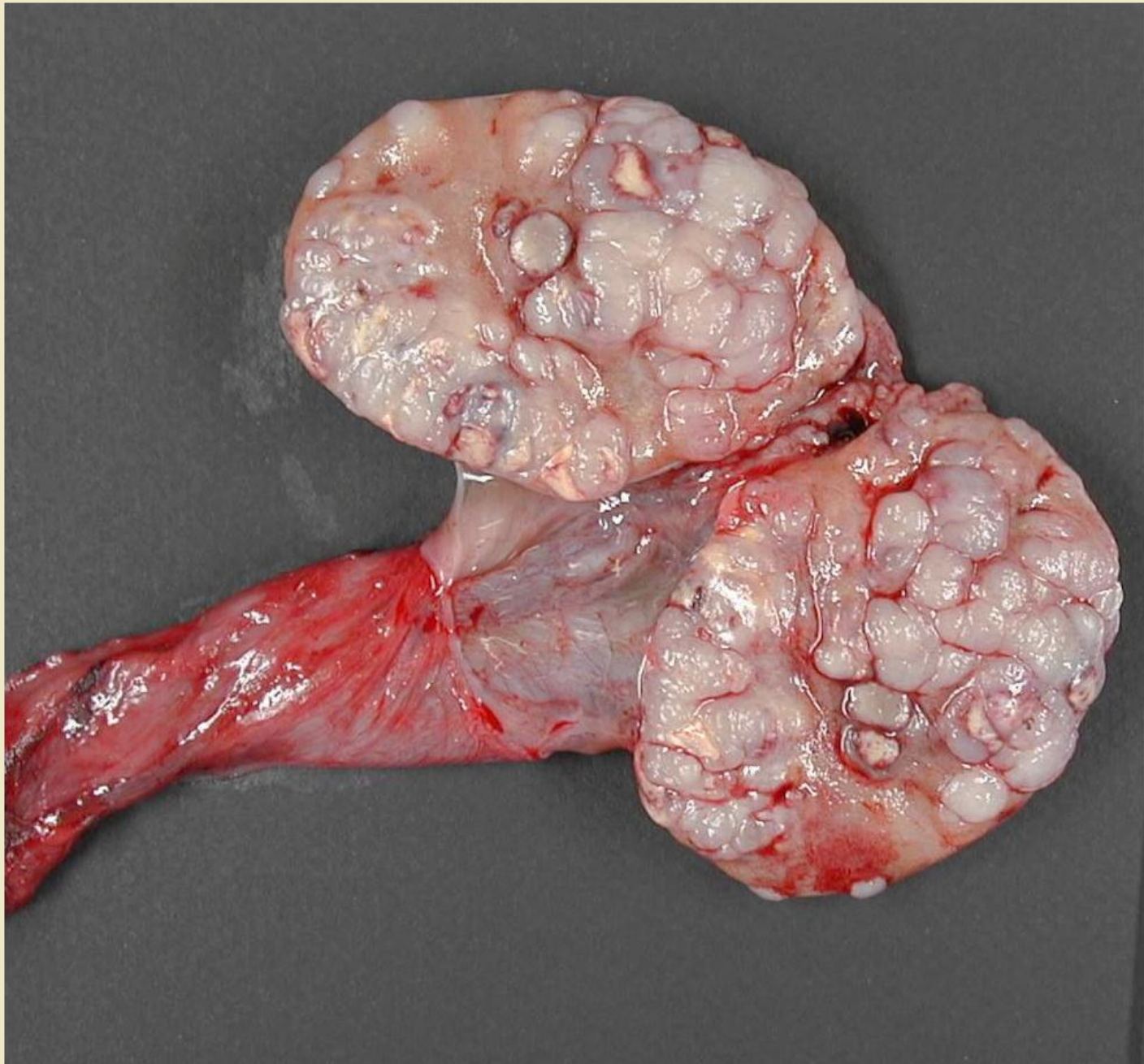
β HCG nl < 5 UI/l peuvent être augmentées

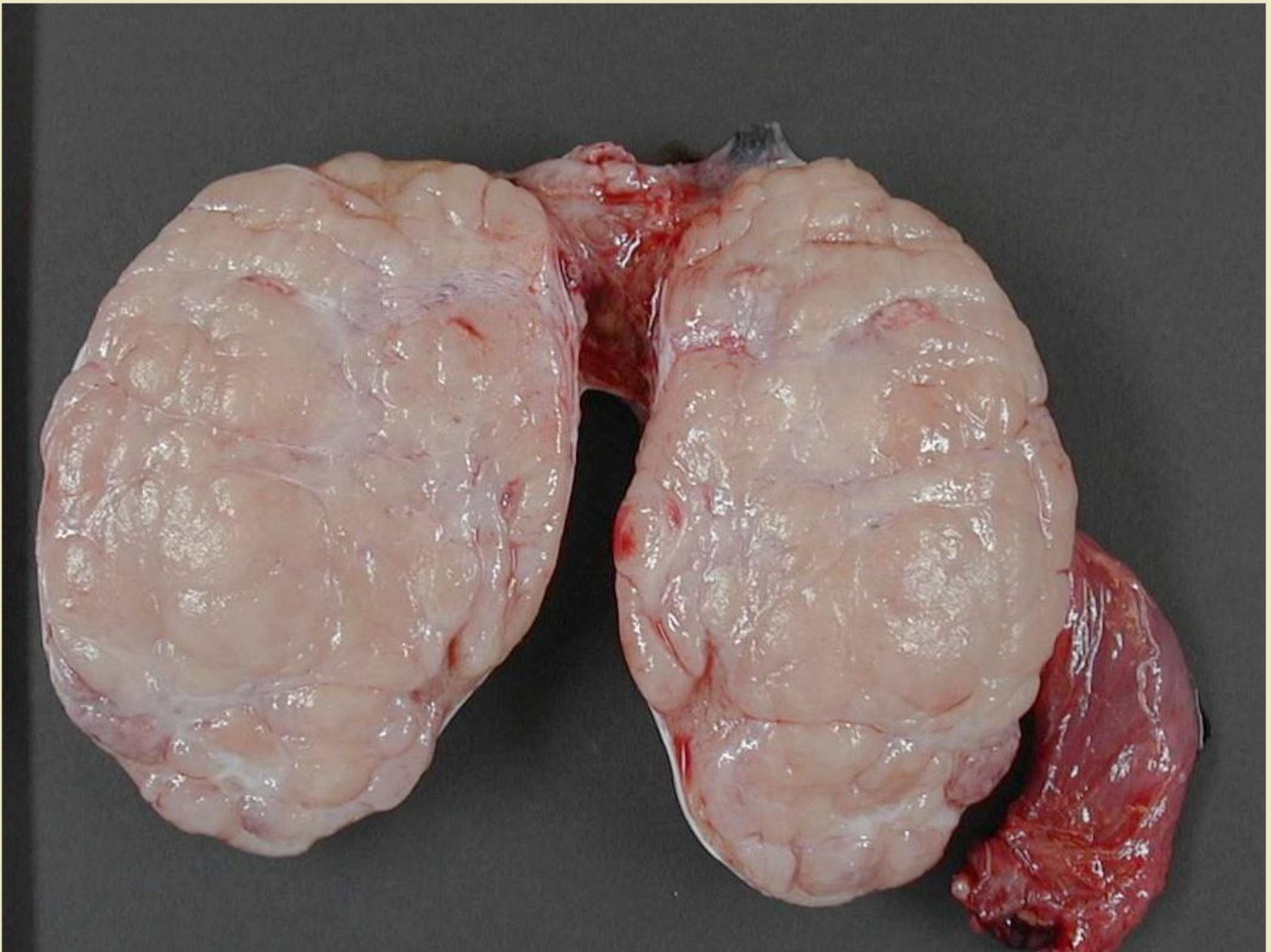
α foeto protéïne nl < 10ng/ml

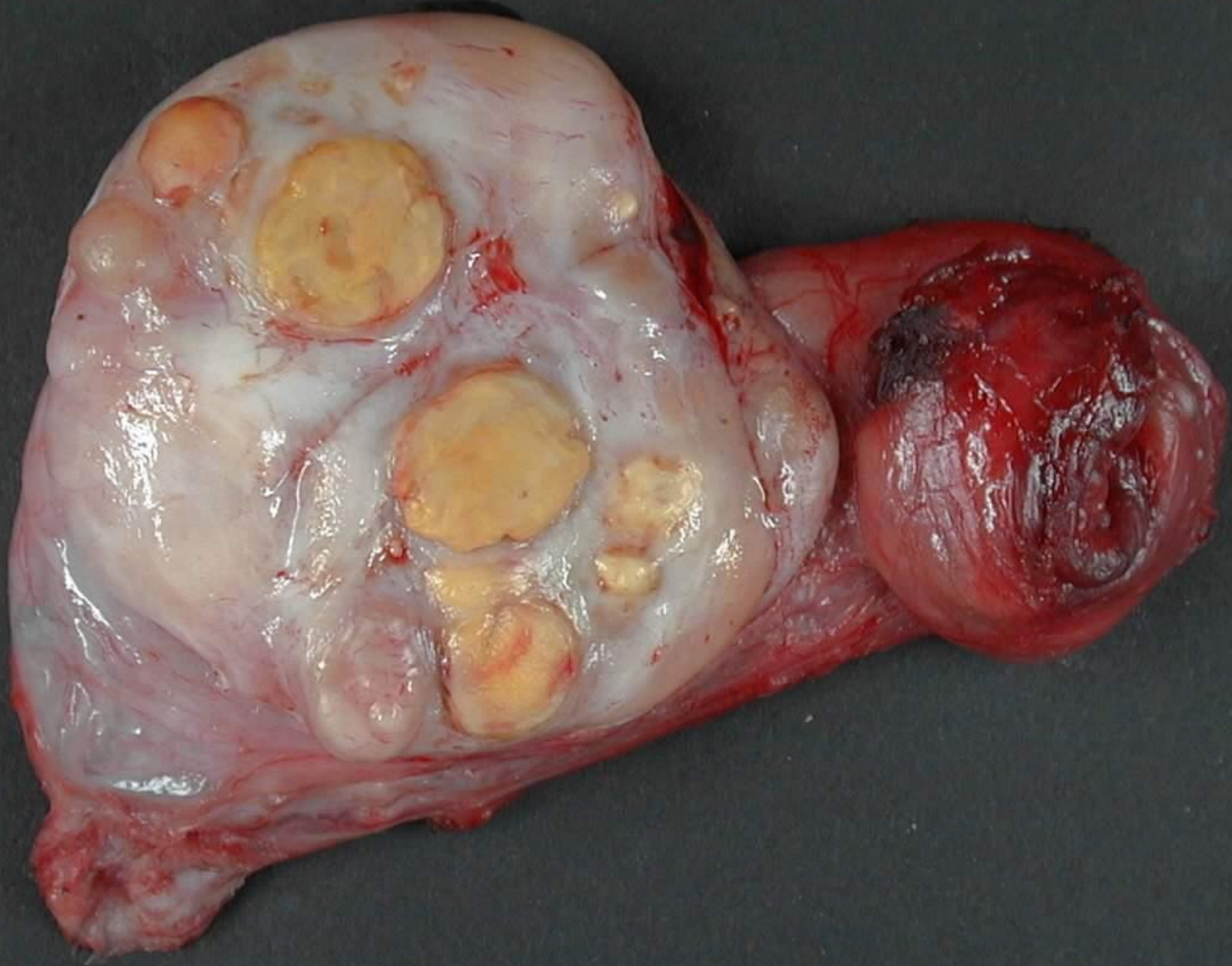
LDH (nl : 220 - 440)

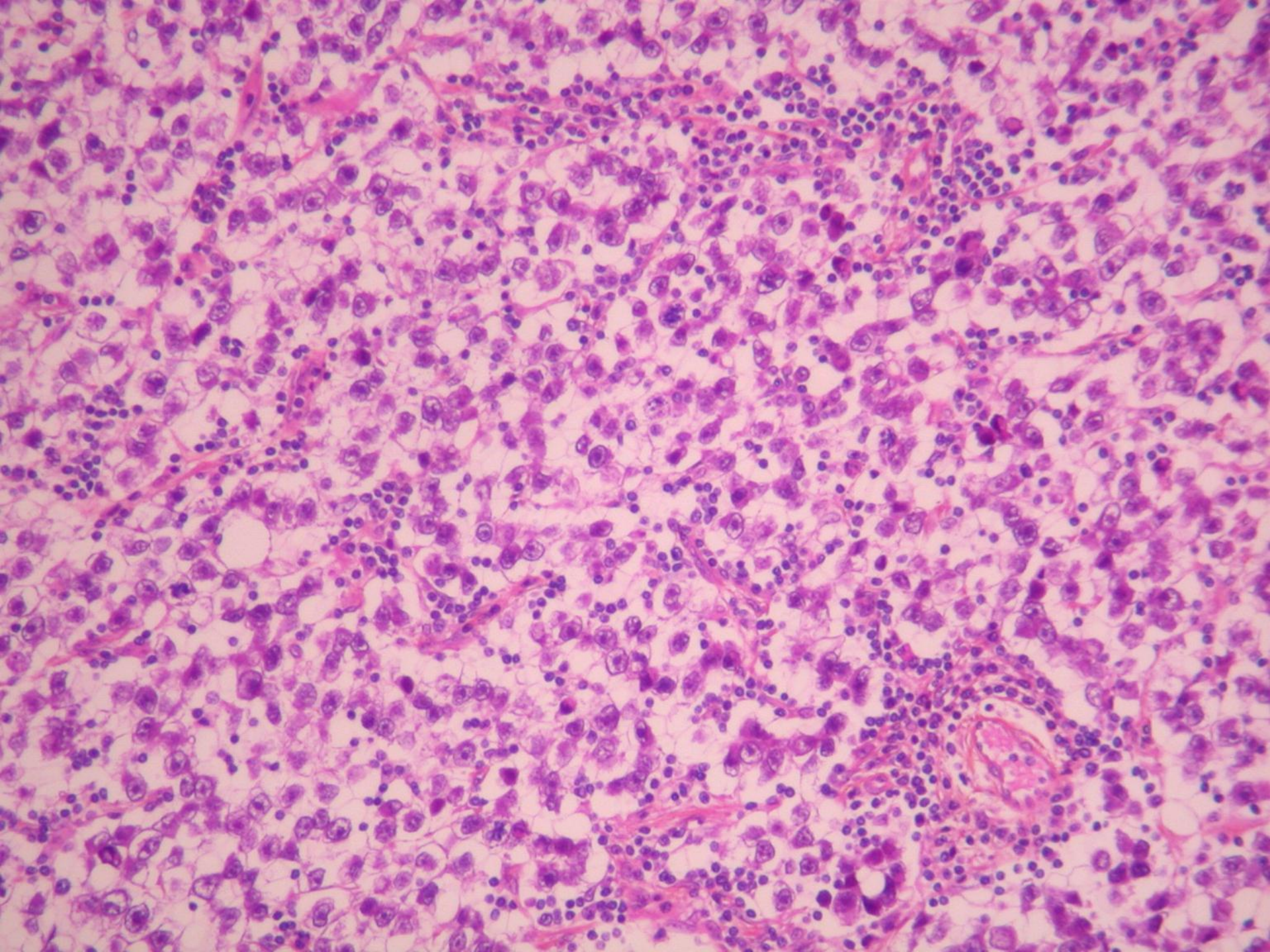
Macroscopie

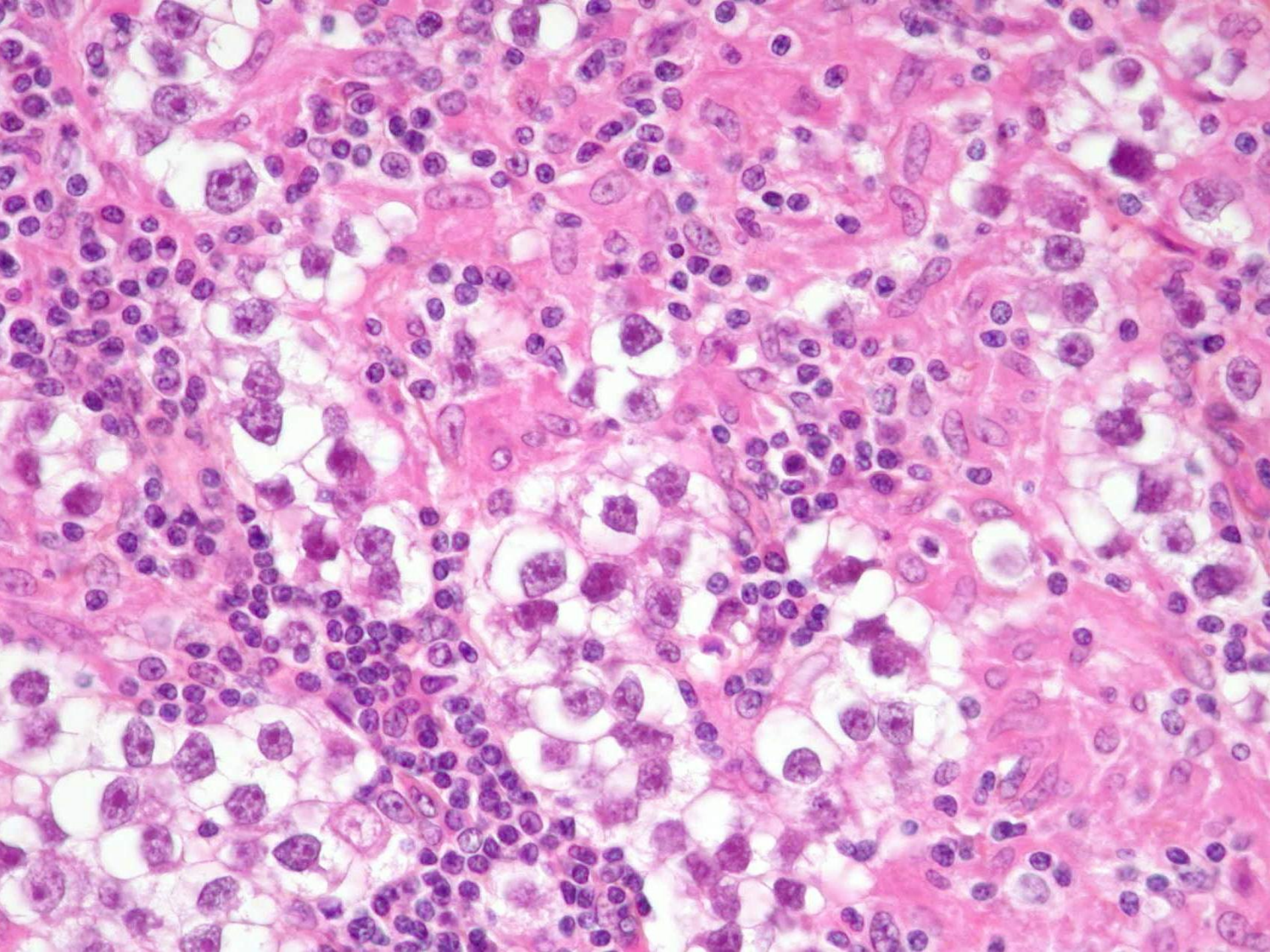


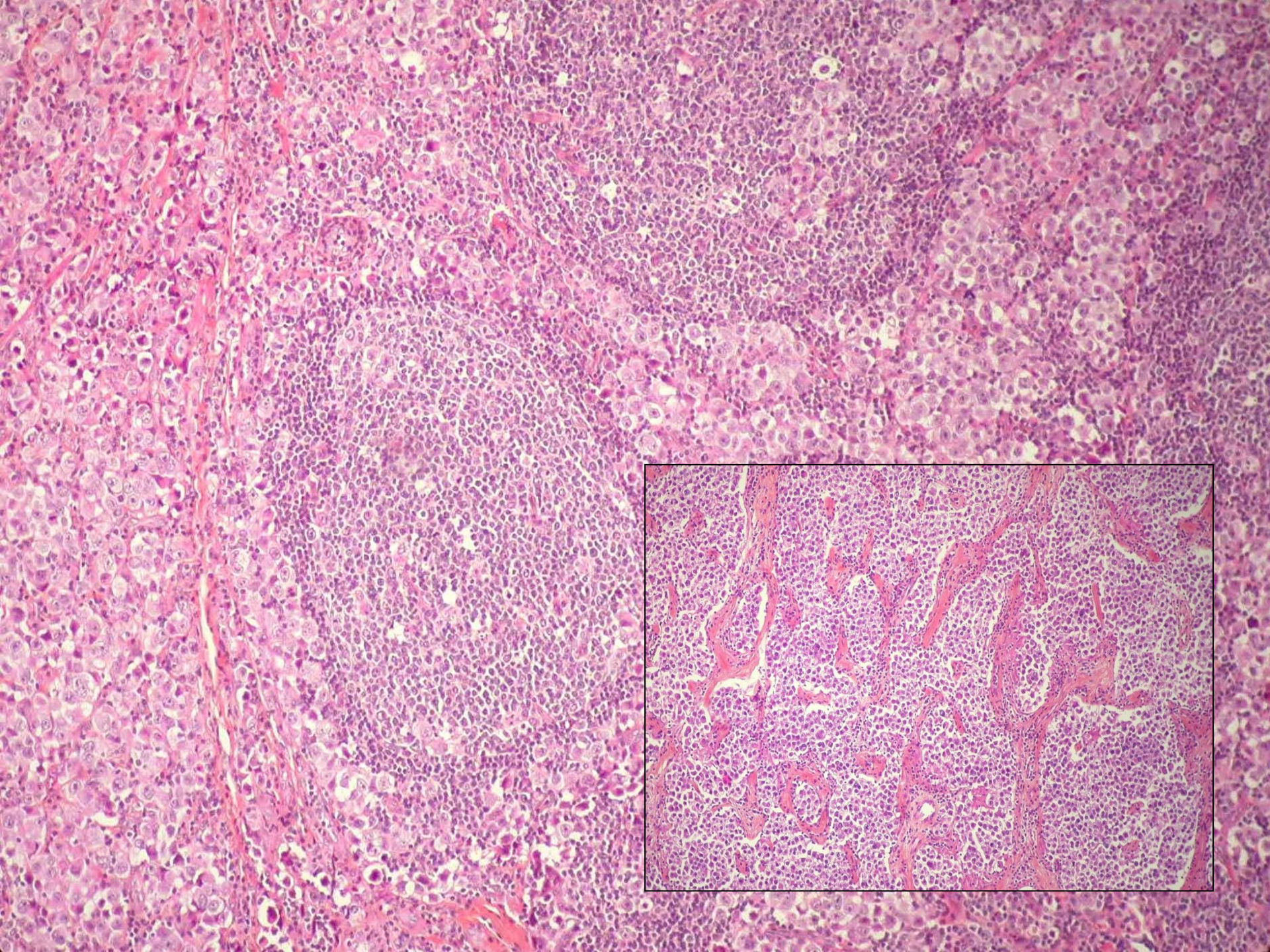












Diagnostic différentiel

(toutes localisations)

Autres tumeurs germinales

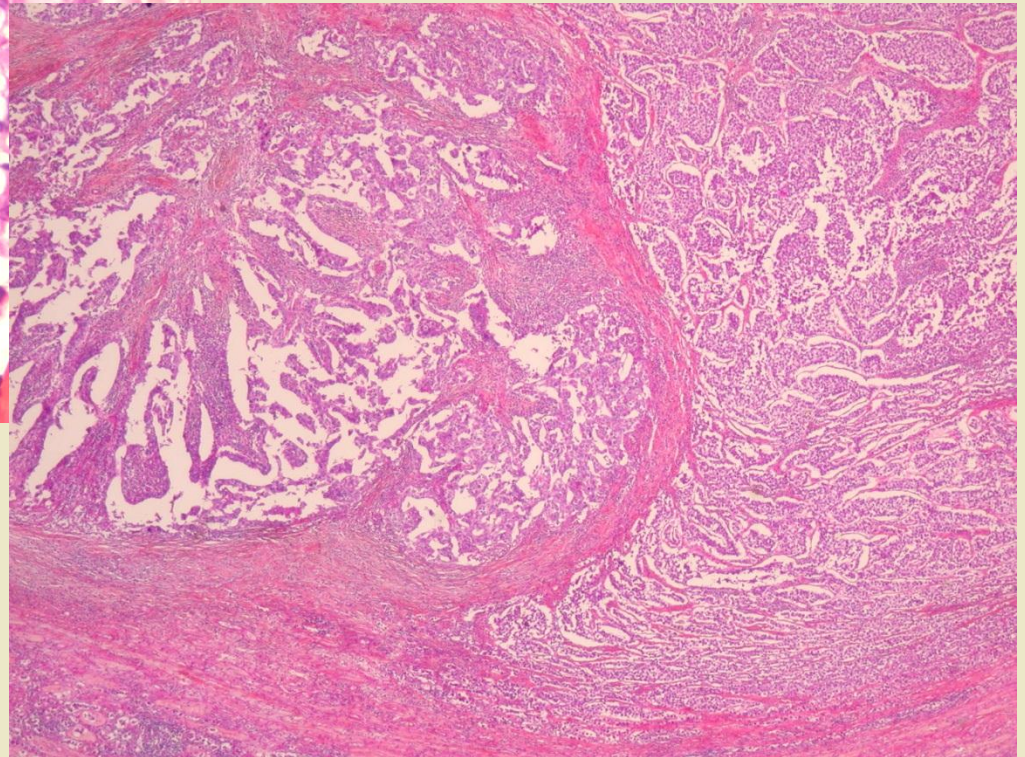
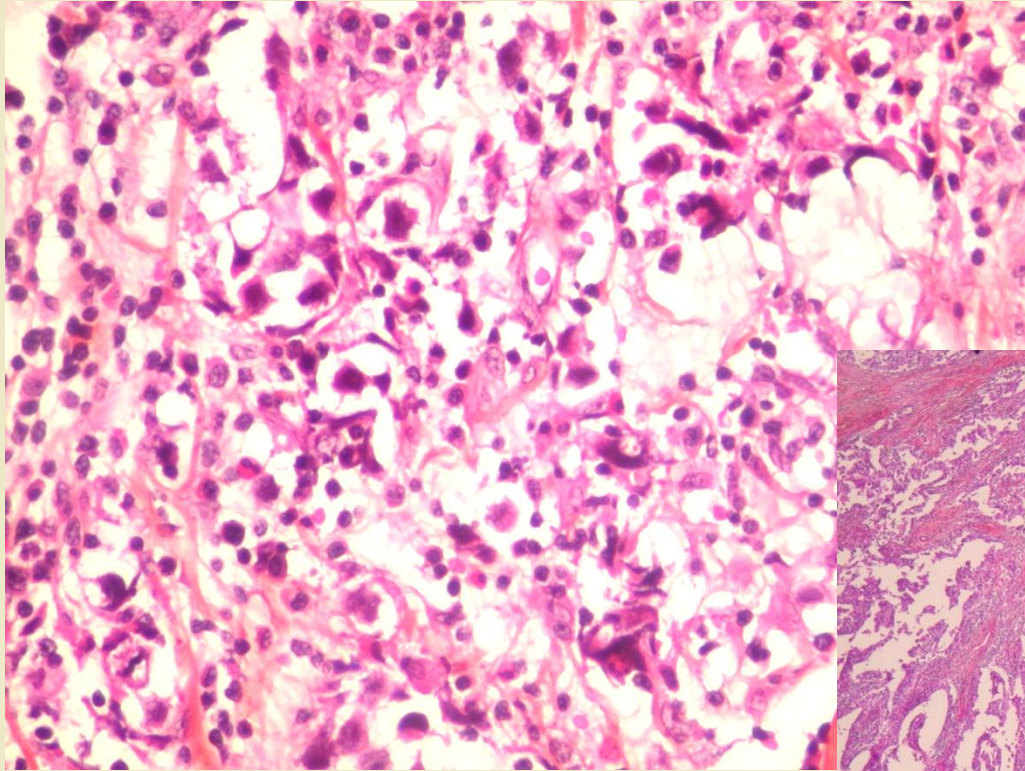
- Carcinome embryonnaire
- Tumeur vitelline
- Séminome spermatocytaire

Tumeurs non germinales

- Tumeurs des cordons sexuels
(testicules ou ovaires)
- Lymphomes
- Carcinomes indifférenciés

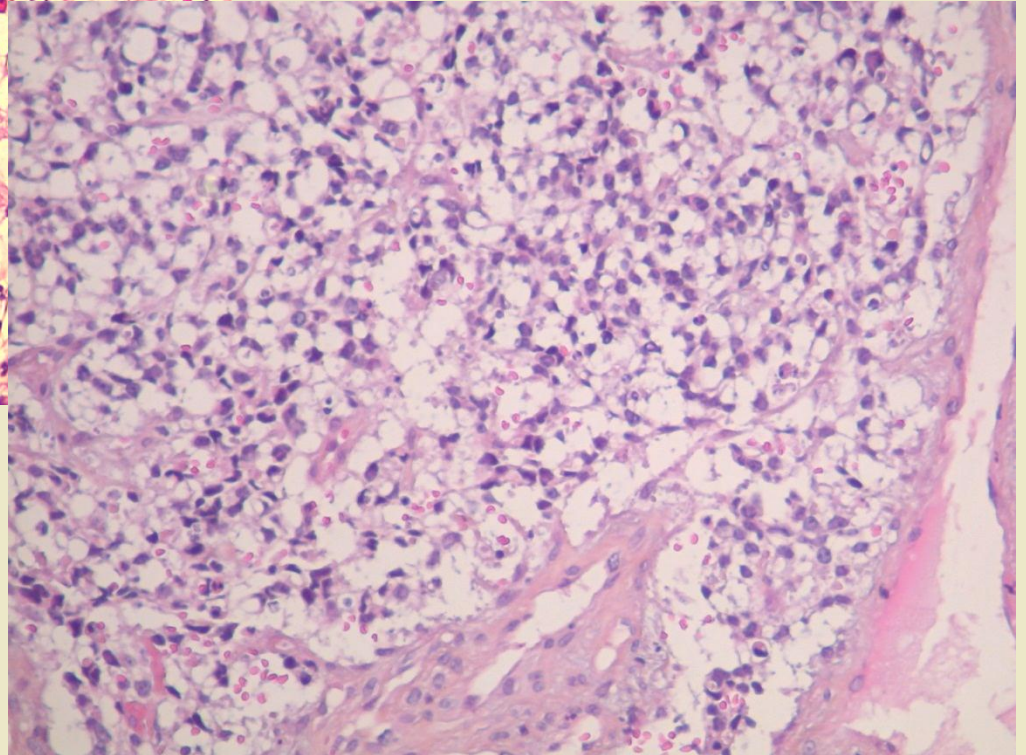
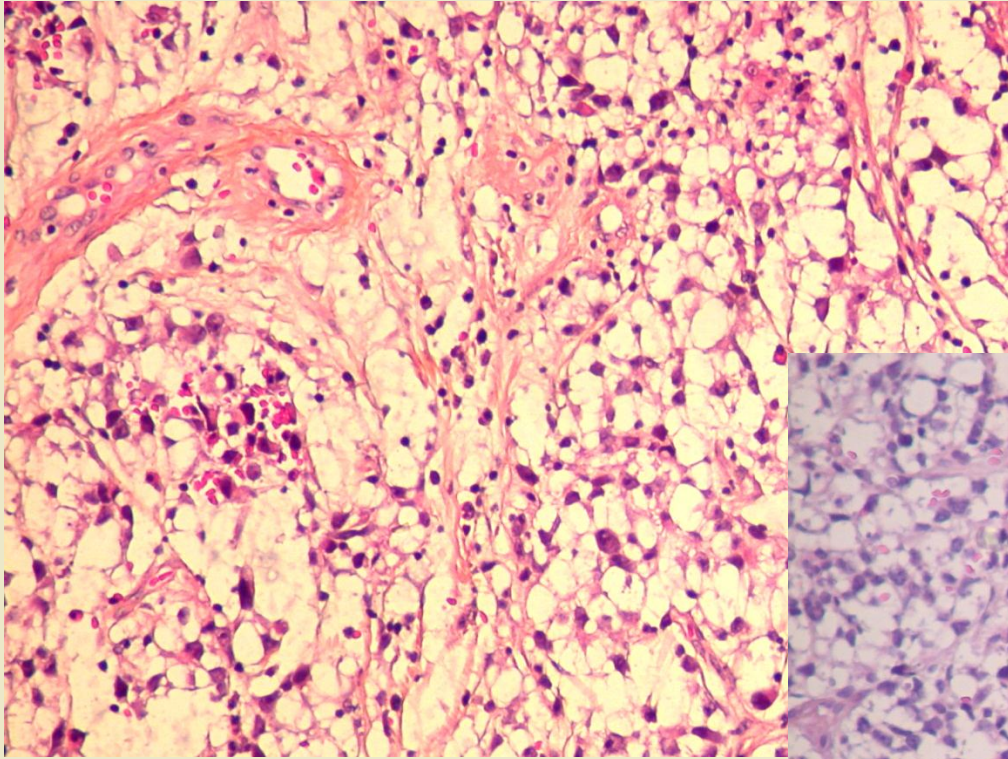
Autres lésions non tumorales

Carcinome Embryonnaire



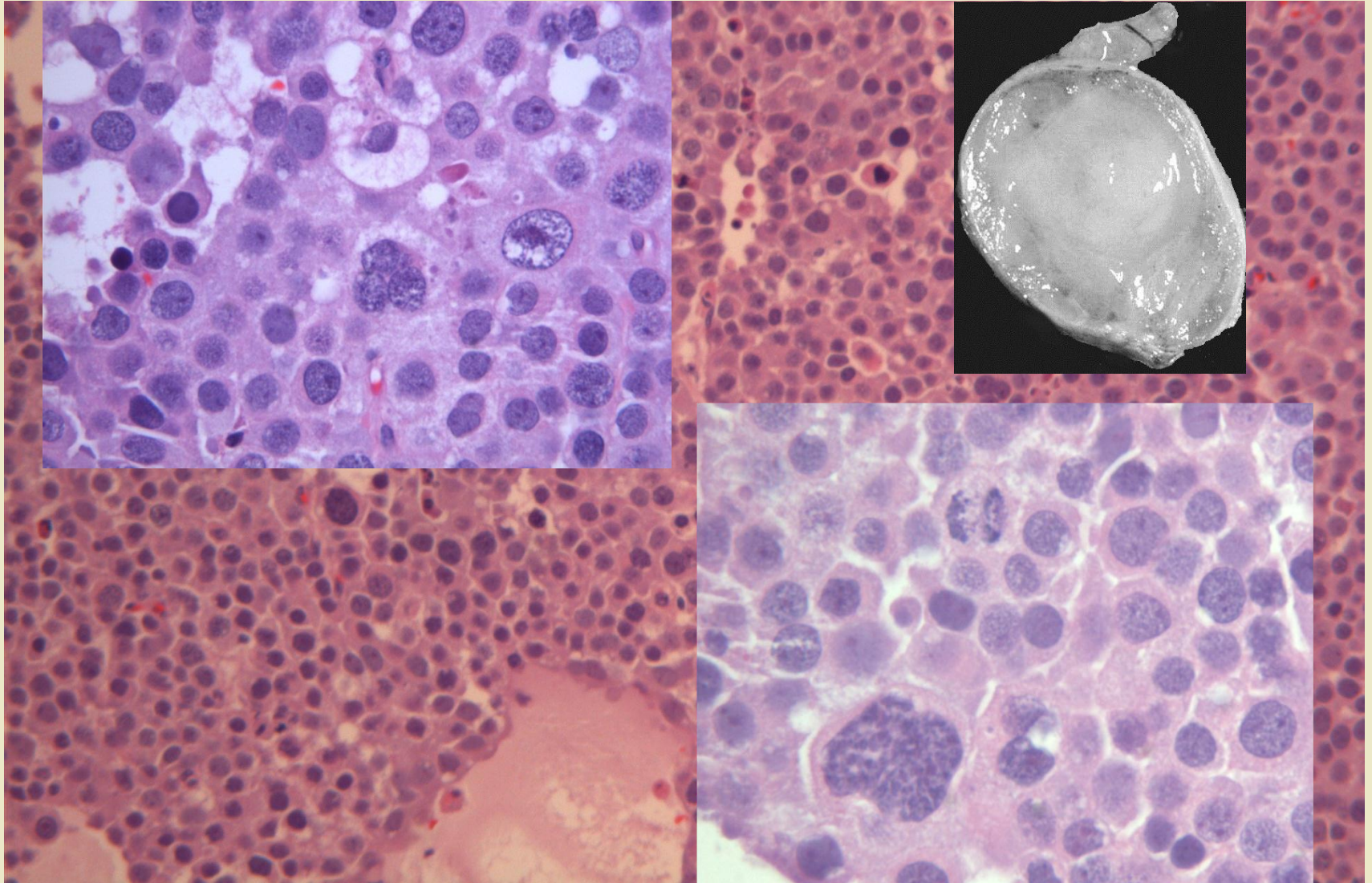
PLAP+ CD30+ Pan CK+
cKit -

Tumeur vitelline

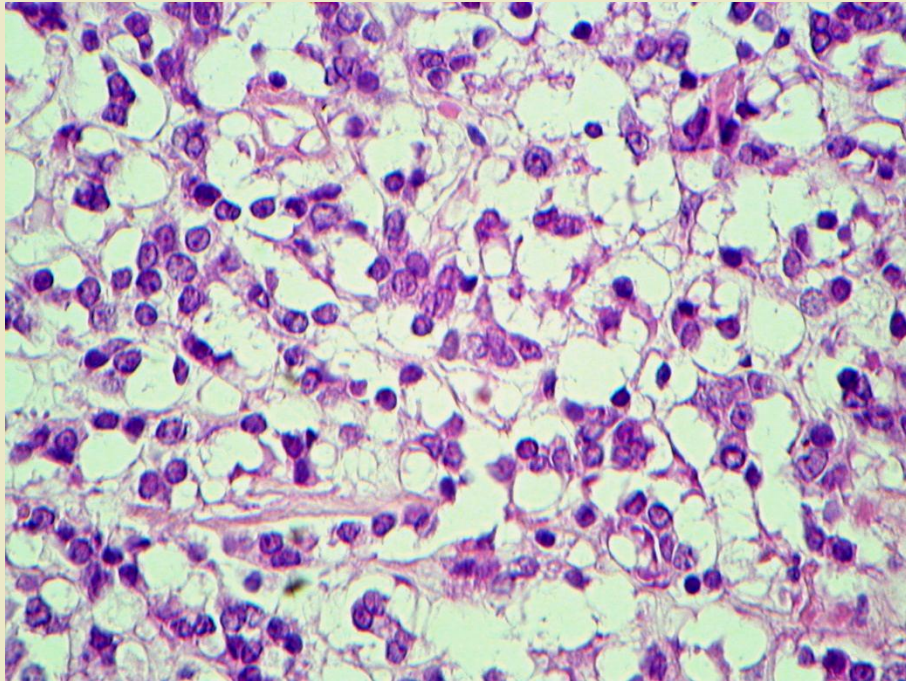


α FP, Glypican 3

Séminome spermatocytaire

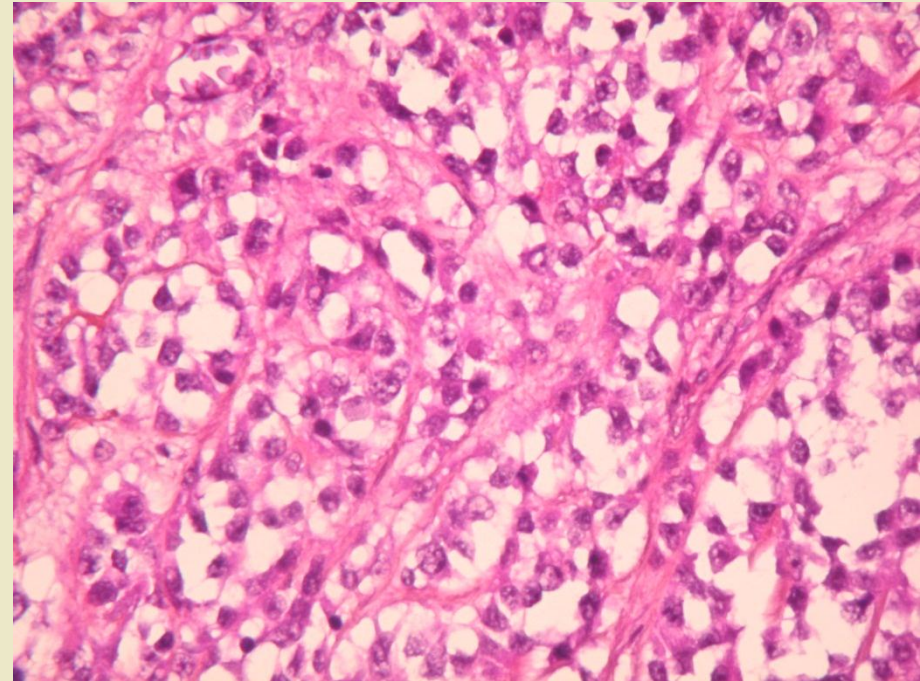


Tumeurs des cordons sexuels



TCL

Ulbright Am J Surg Pathol 2002 26 1424-33

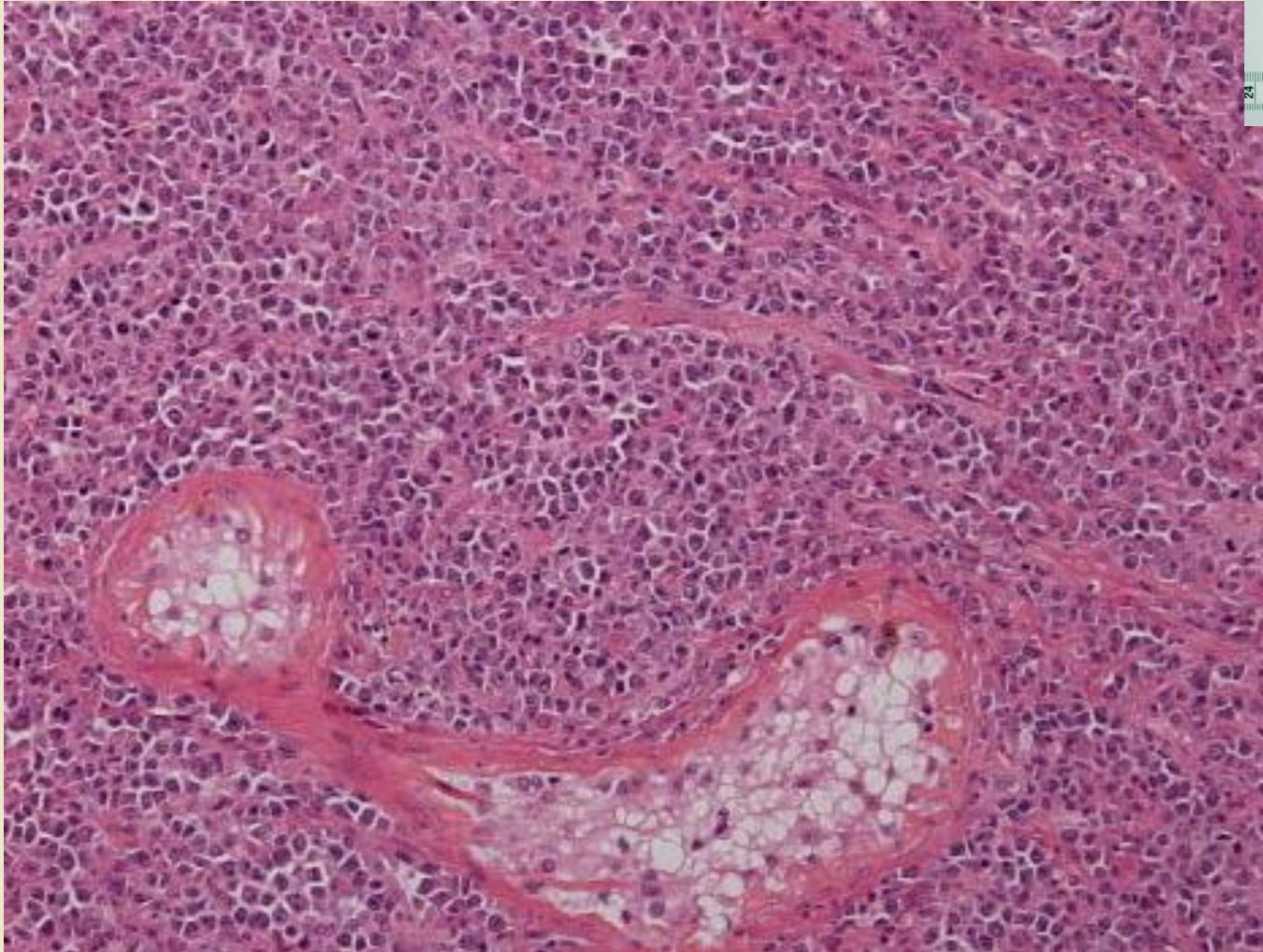
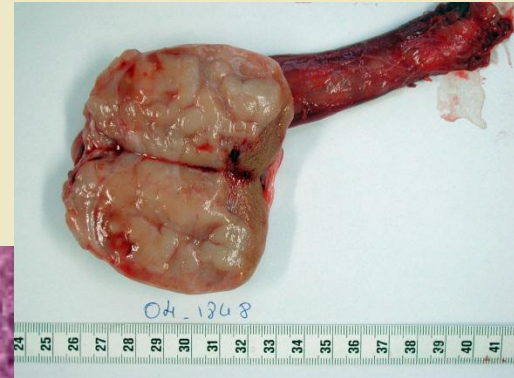


TCS

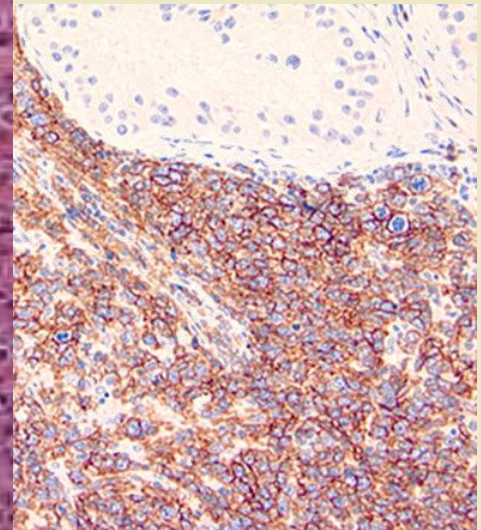
Henley Am J Surg Pathol 2002 26 541-50

Inhibine

Lymphome



ALC
CD20



Eléments du DD

Seminoma With Tubular, Microcystic, and Related Patterns

A Study of 28 Cases of Unusual Morphologic Variants That Often Cause Confusion With Yolk Sac Tumor

Thomas M. Ulbright, MD and Robert H. Young, MD†*

* We report 28 testicular seminomas with cystic spaces of various sizes, sometimes accompanied by solid and hollow tubular

Key Words: seminoma, spaces, microcysts, tubules
(Am J Surg Pathol 2005;29:500-505)

Malignant Sertoli Cell Tumors of the Testis

A Study of 13 Examples of a Neoplasm Frequently Misinterpreted as Seminoma

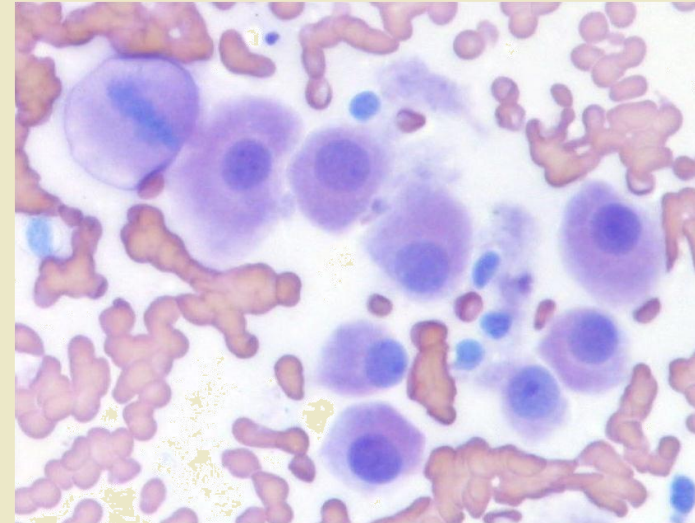
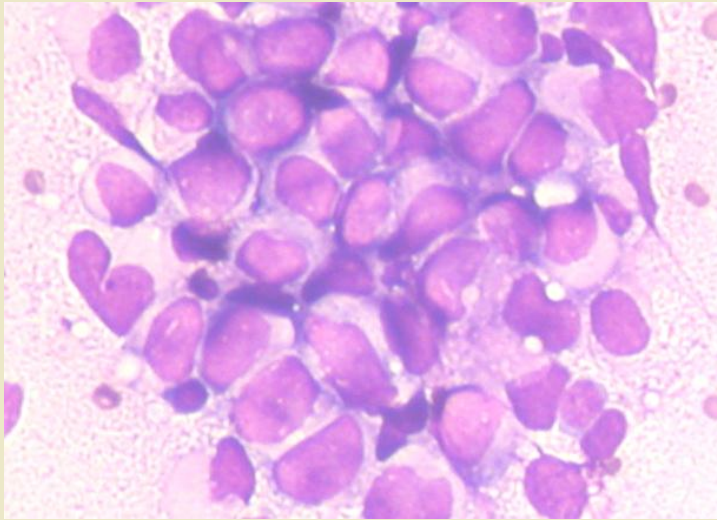
The American Journal of Surgical Pathology 2005; 29:547-559, 2002

John D. Henley, M.D., Robert H. Young, M.D., and Thomas M. Ulbright, M.D.

Although we think that careful, routine microscopic examination of these seminomas permits their diagnosis in most cases, immunostains can assist in difficult examples.

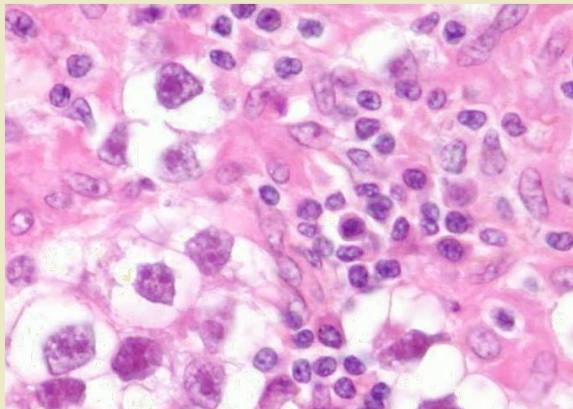
tures, to be mistaken for seminoma. This differential can be resolved with careful attention to differences observable with routine microscopic examination; immunohistochemistry is a useful aid but will only be obtained if the differential is considered. □

Eléments du DD

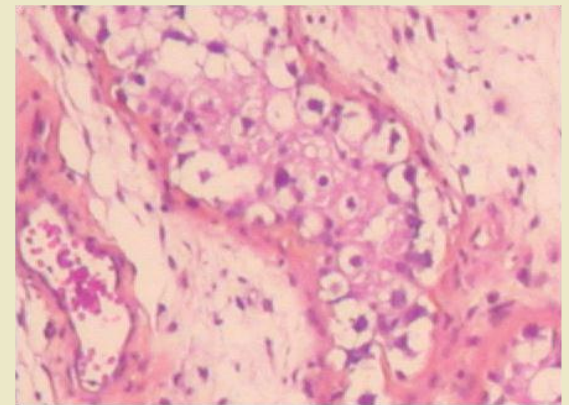


Cytologie Architecture

Stroma NGIT



IHC



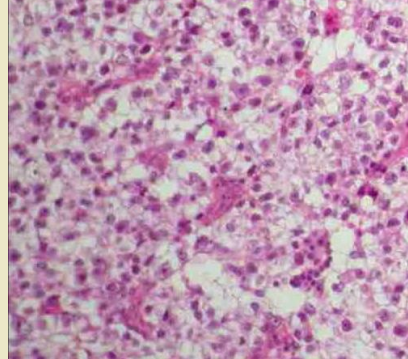
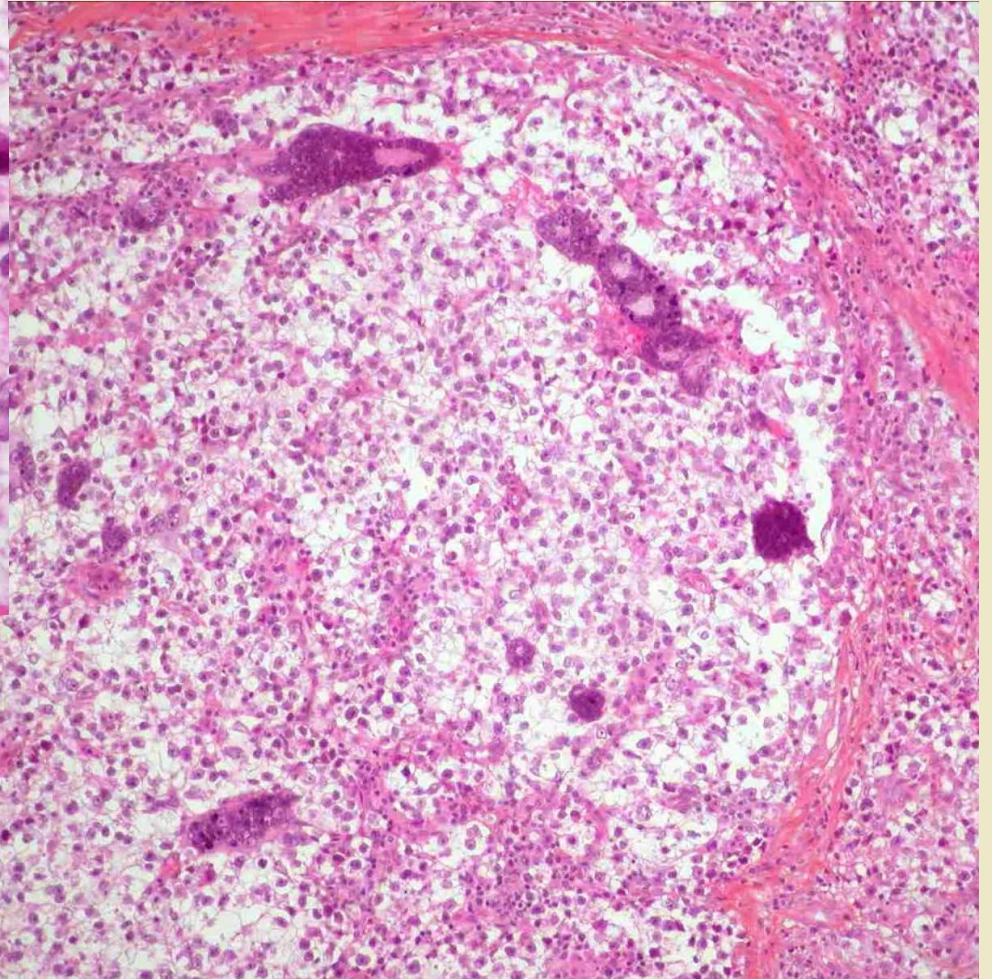
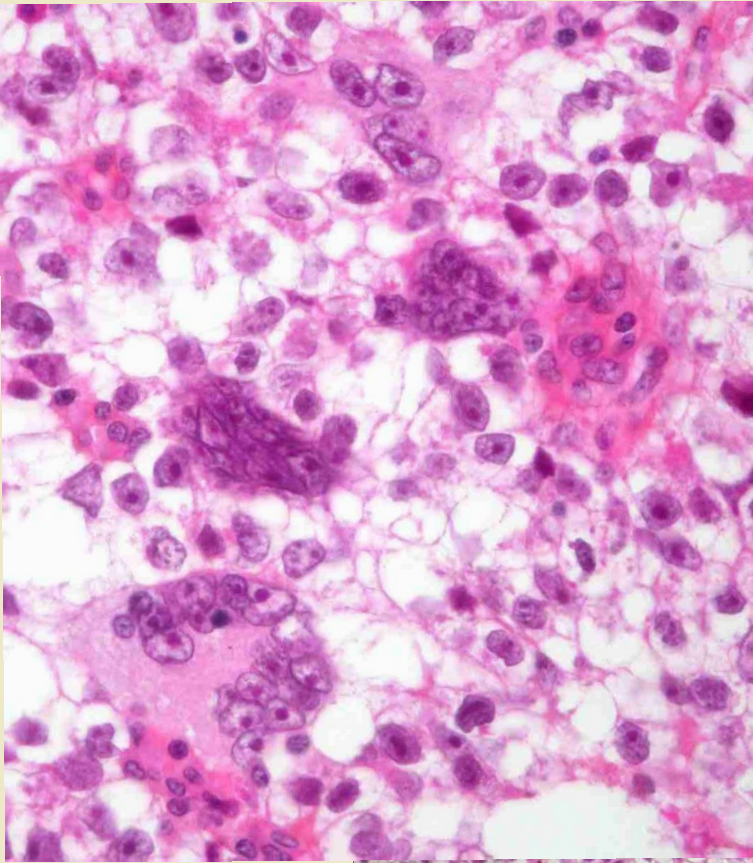
Immunohistochimie

	PLAP	CD117	OCT3-4	CD30	Pan CK	αFP	Glypican 3	Sall 4
S minome	+	+	100%	-	-	-	0%	100%
Carcinome embryonnaire	+	-	100%	+	+	20-50%	<10%	100%
Tumeur vitelline	+/-	-/+	0%	-	+	45-100%	100%	100%
Tra tome	-	-	0%	-	+	-	? %	85%**
CC	-	-	0%	-	+	-	? %	1000

* sur le contingent syncitial uniquement. **57% sur trat ome de l'œnfat

Aspects particuliers
faisant (éventuellement)
discuter d'autres diagnostics

SEMINOME AVEC SCT

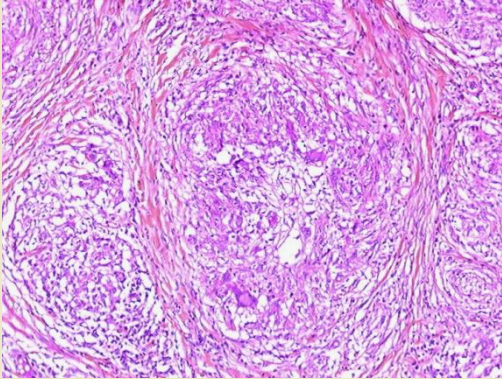


Sarcoidosis Vasc Diffuse Lung Dis. 2007 Sep;24(2): 95-101.

Association between sarcoidosis and testicular carcinoma: a diagnostic pitfall.

Paparel P, Devonec M, Perrin P, Ruffion A, Decaussin-Petrucci M, Akin O, Sheinfeld J, Guillonneau B.

Memorial Sloan-Kettering Cancer Center, New York City, New York, USA.



Sarcoïdose
BK
Bilharziose...





The Utility of Microscopic Findings and Immunohistochemistry in the Classification of Necrotic Testicular Tumors

A Study of 11 Cases

Jeremy S. Miller, MD, Thomas K. Lee, MD, PhD,† Jonathan I. Epstein, MD,‡
and Thomas M. Ulbright, MD§*

Key Words: testis, germ cell tumor, necrotic, regressed

(Am J Surg Pathol 2009;33:1293–1298)

Prognostic Factors for Relapse in Stage I Seminoma Managed by Surveillance: A Pooled Analysis

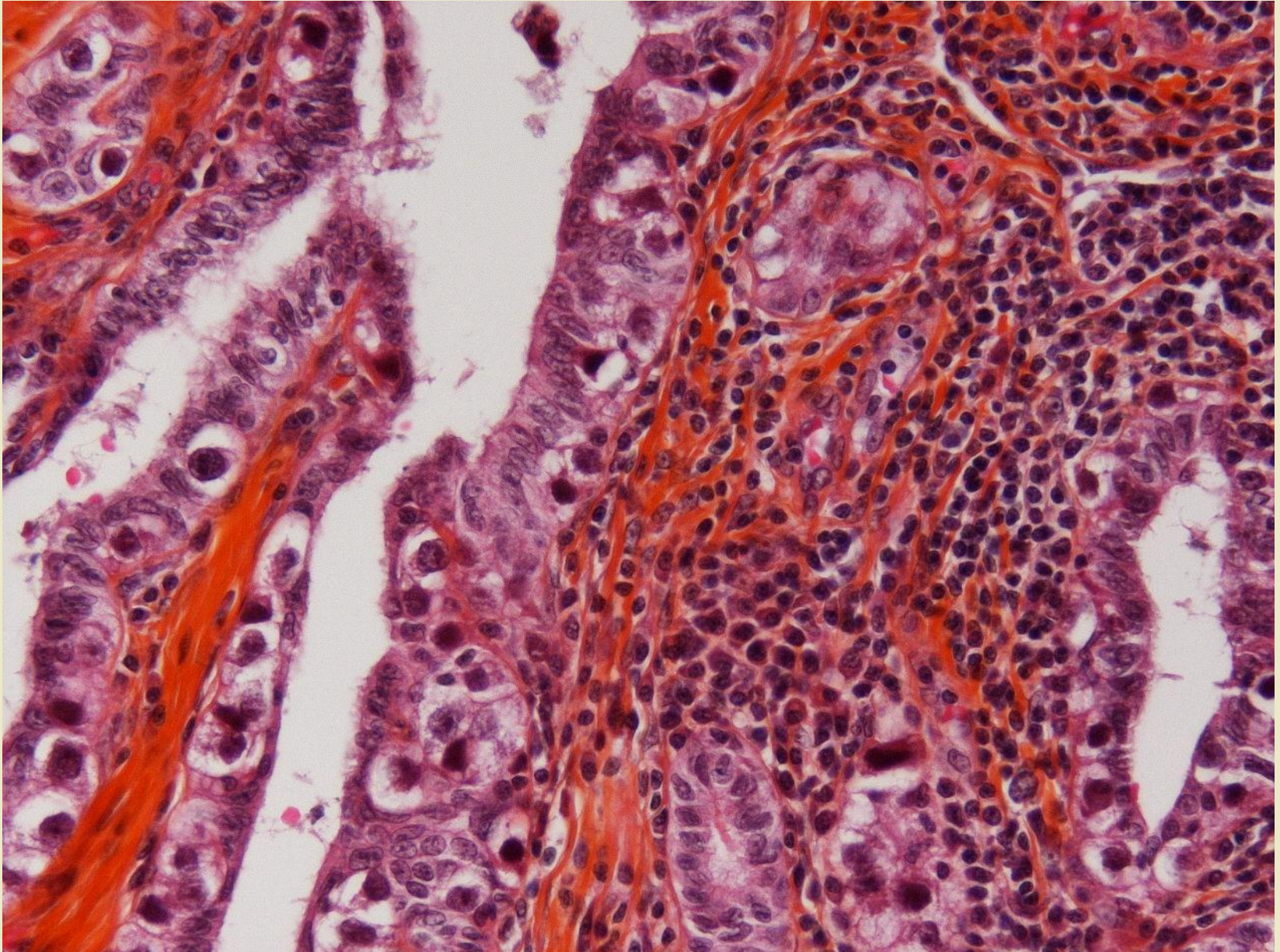
By Padraig Warde, Lena Specht, Alan Horwich, Tim Oliver, Tony Panzarella, Mary Gospodarowicz, and Hans von der Maase

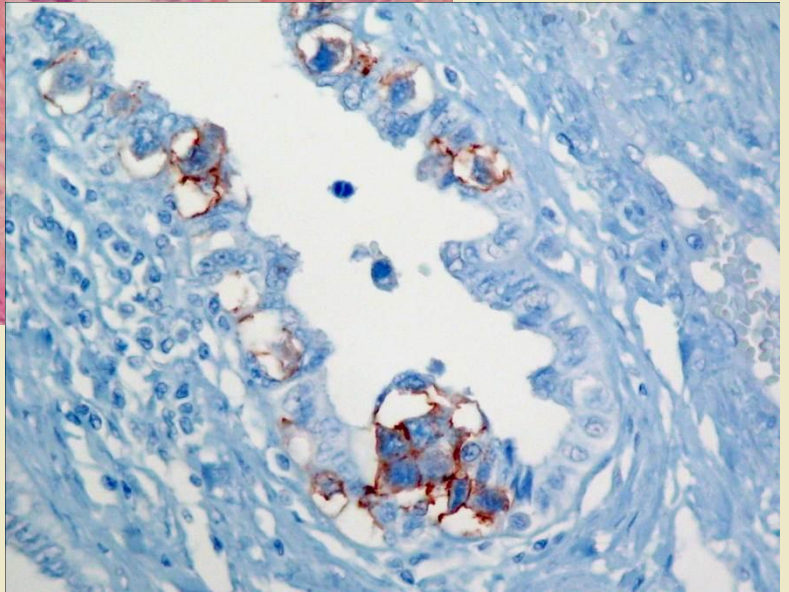
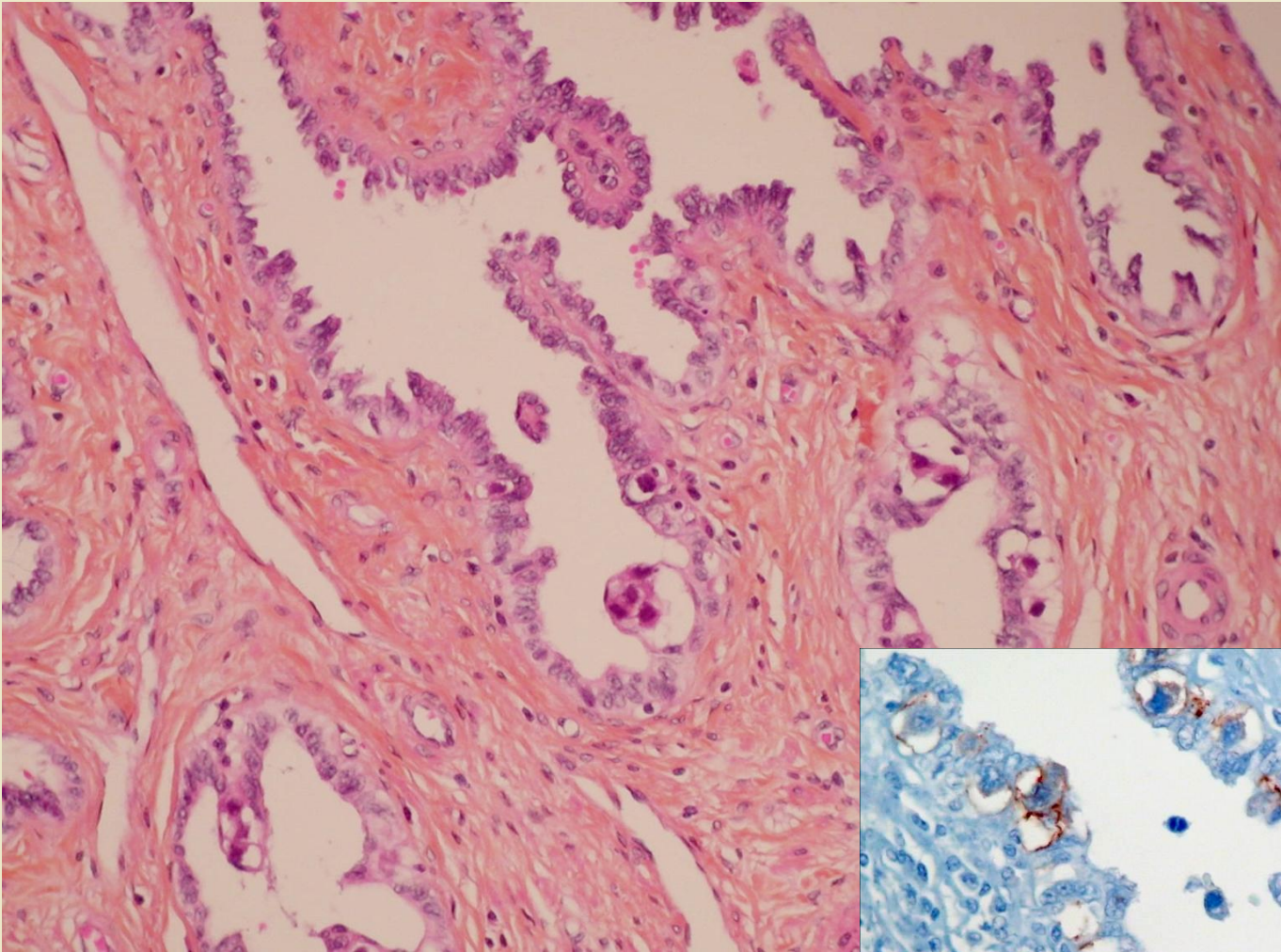
Conclusion: We have identified size of primary tumor and rete testis invasion as important prognostic factors for relapse in patients with stage I seminoma managed with surveillance. This information will allow patients and clinicians to choose management based on a more accurate assessment of an individual patient's risk of relapse. In addition, it will allow clinicians to tailor follow-up protocols based on risk of occult disease.

J Clin Oncol 20:4448-4452. © 2002 by American Society of Clinical Oncology.

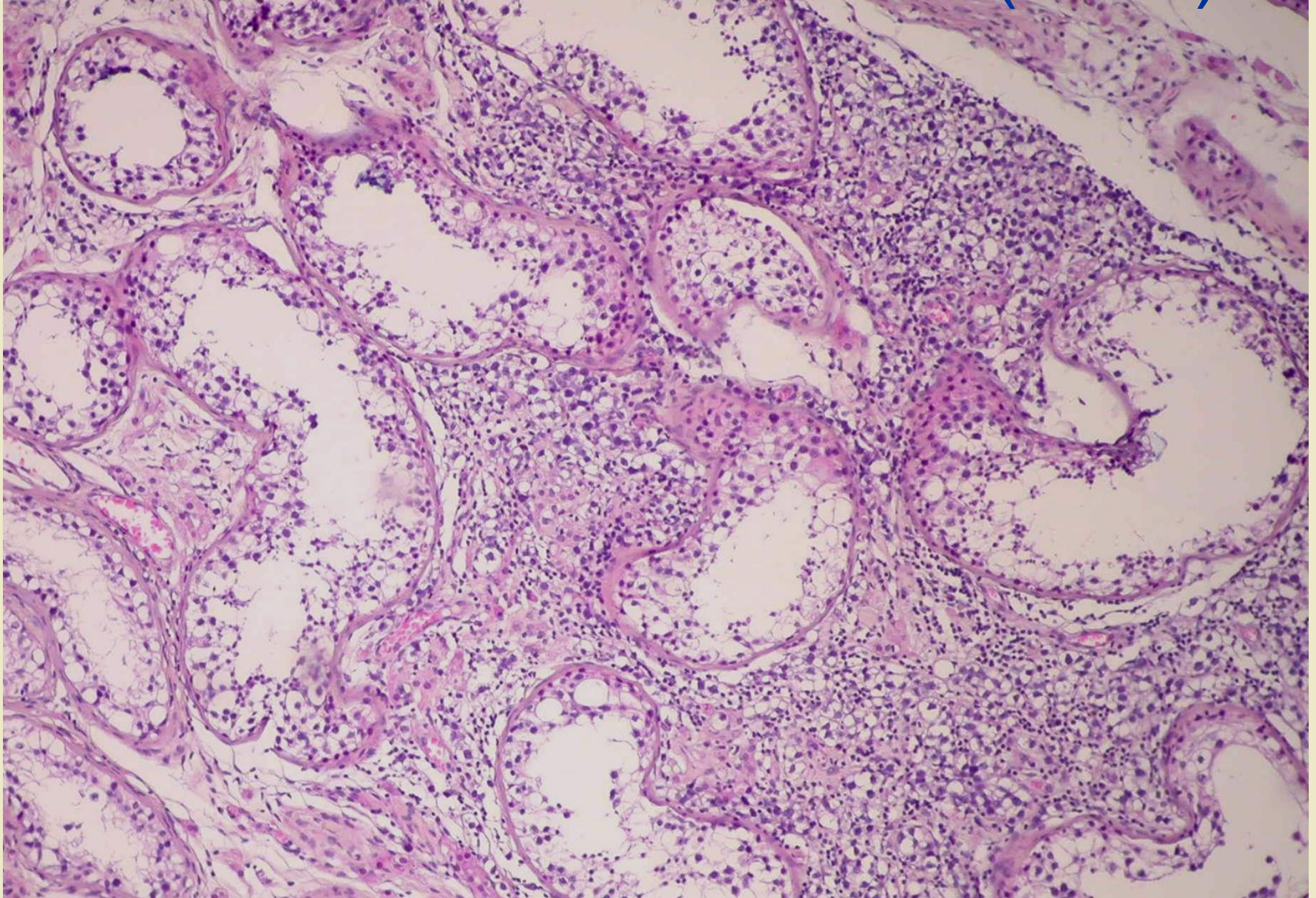
- Infiltration pagétoïde du rete testis
- Taille supérieure à 4 cm

Infiltration pagétoïde du rete testis

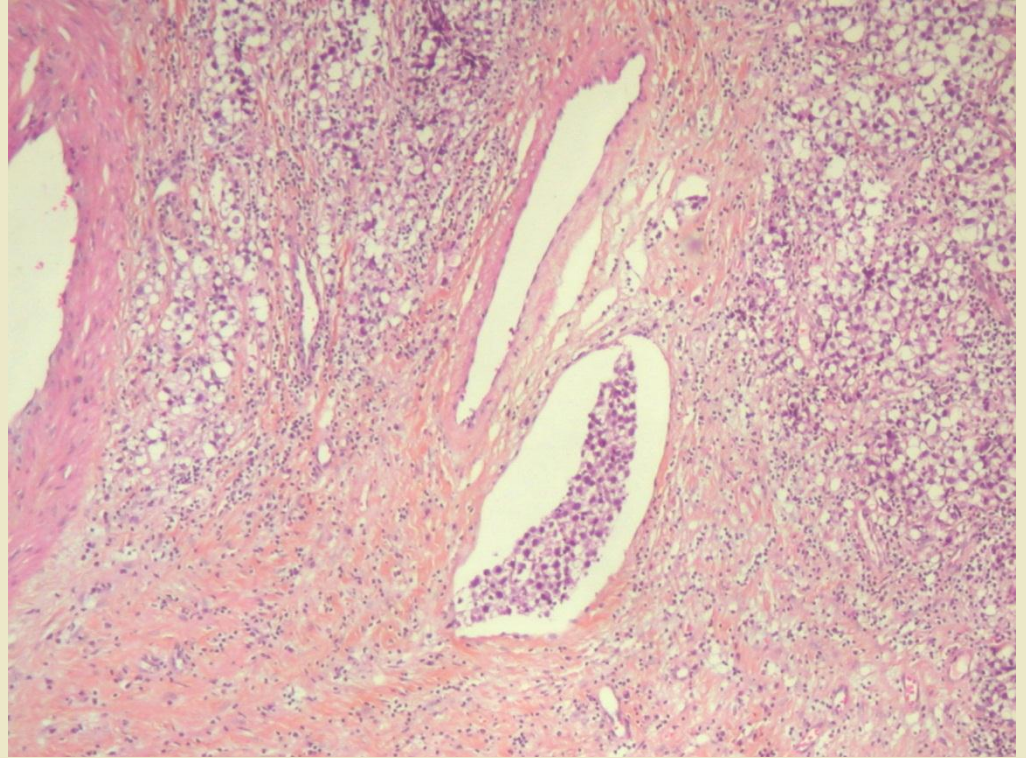
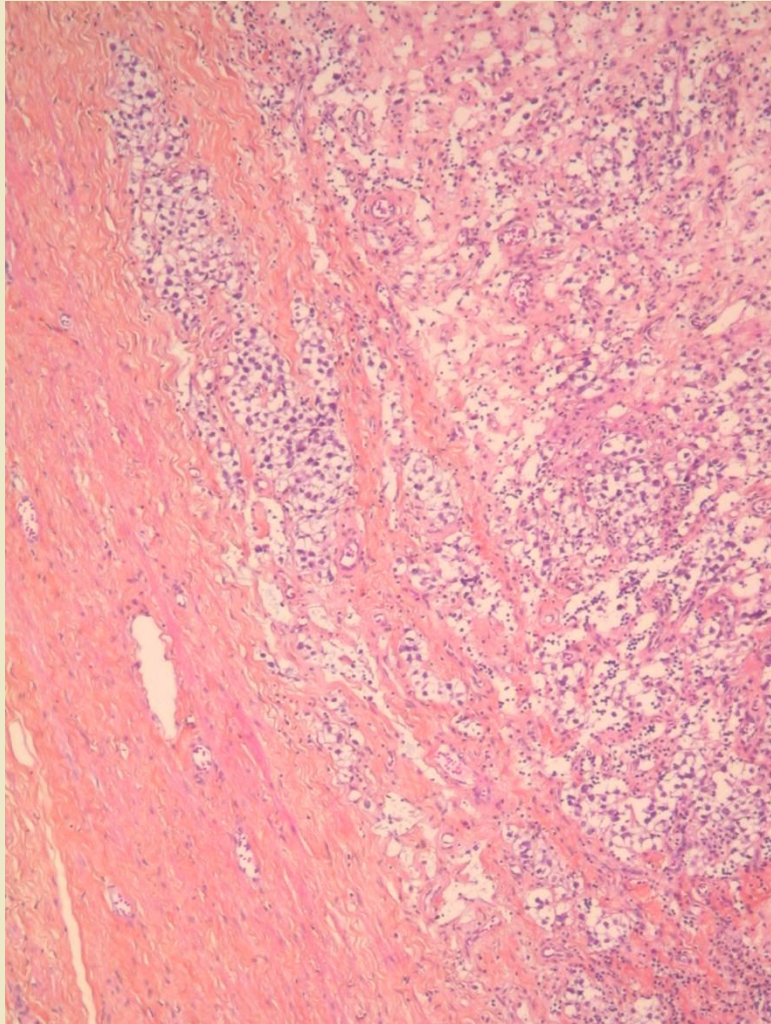




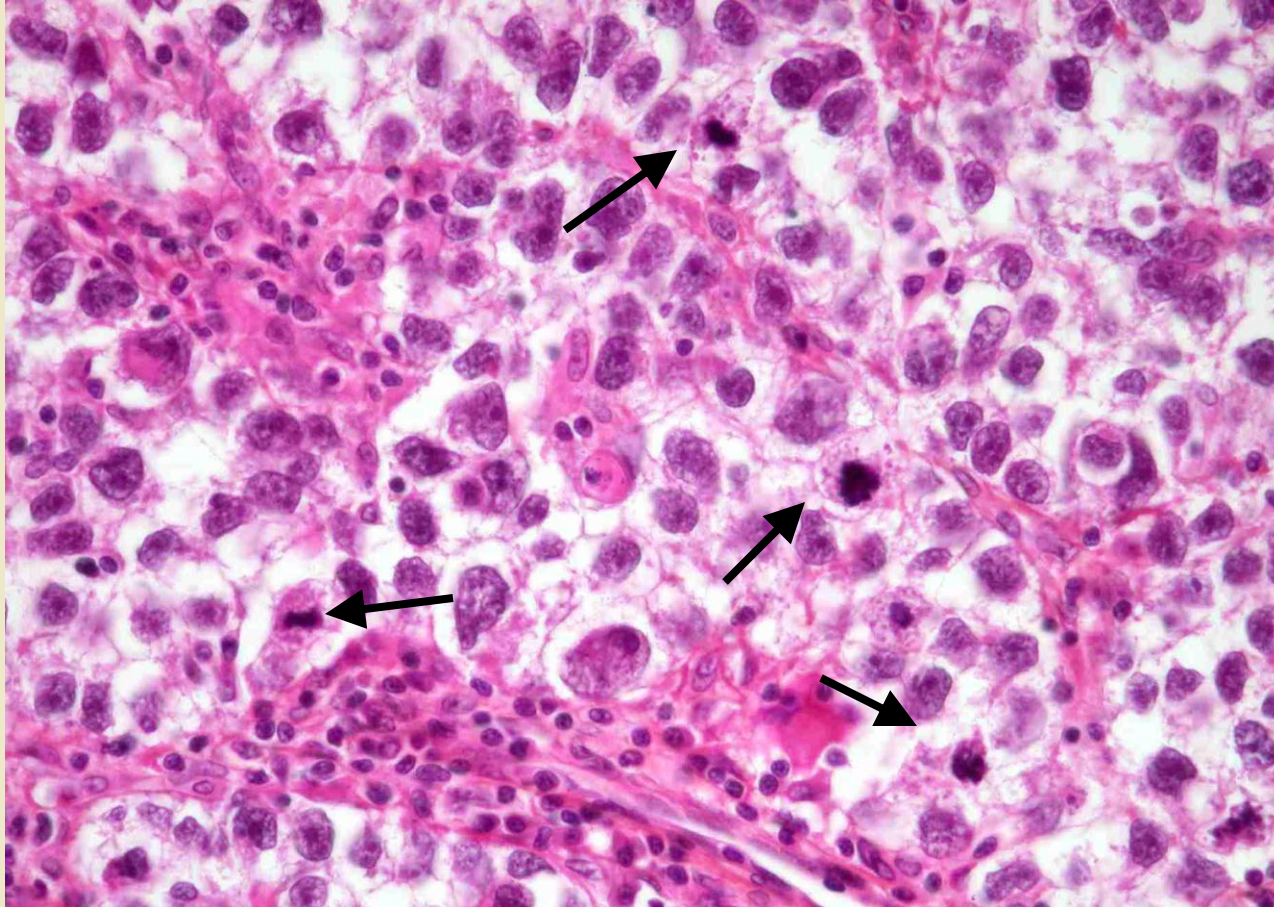
Infiltration intertubulaire (taille)



Autres éléments

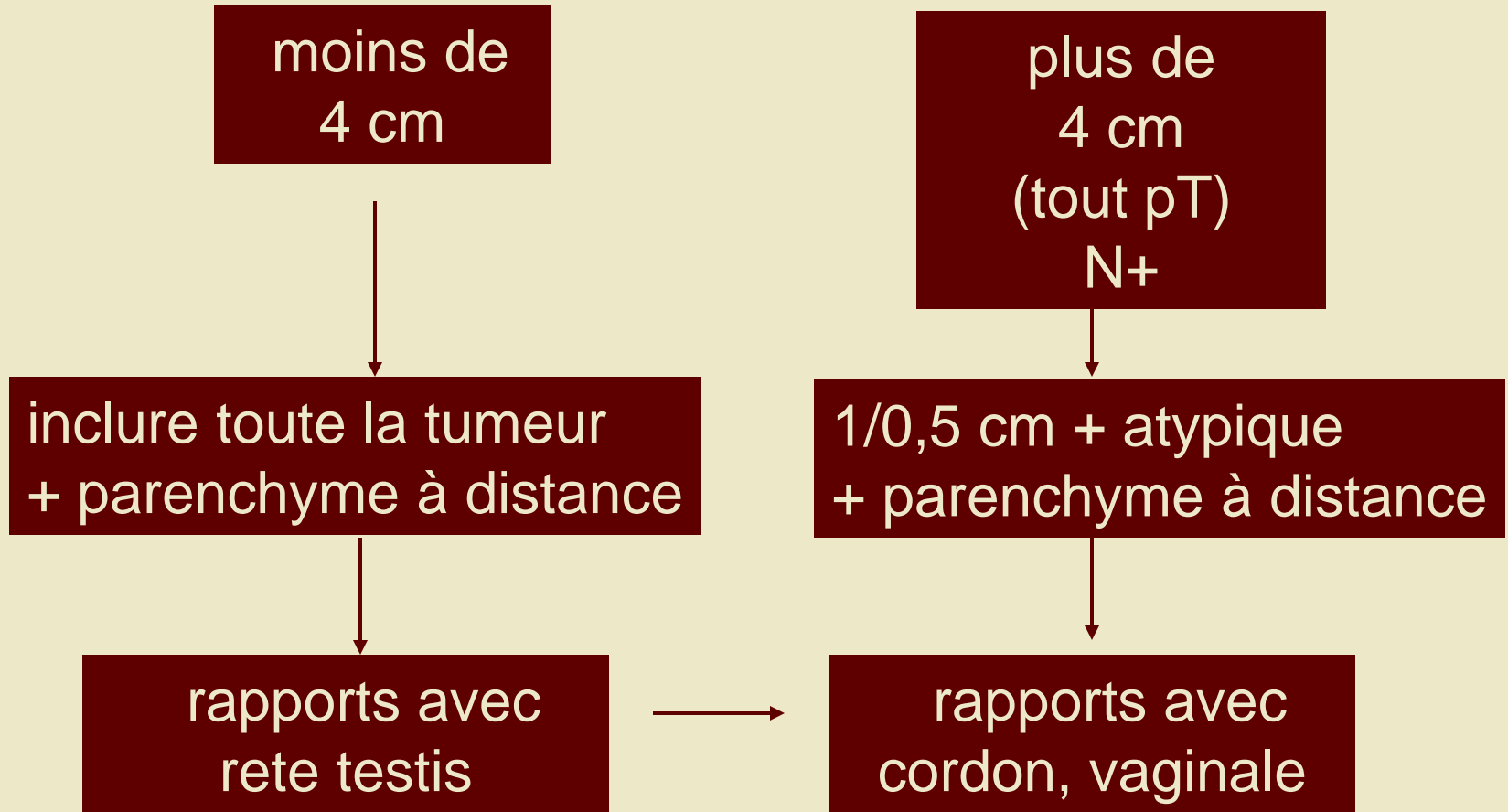


Autres



Mitoses (anaplasique), Mib 1, Pan CK
Autres marqueurs prédictifs ?

(probable...) Séminome pratique



Séminome pratique

Y penser systématiquement (surtout si <40 ans)

