Cas clinique 5

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macroscopie / TCL

- Patient de 35 ans
- Marqueurs normaux

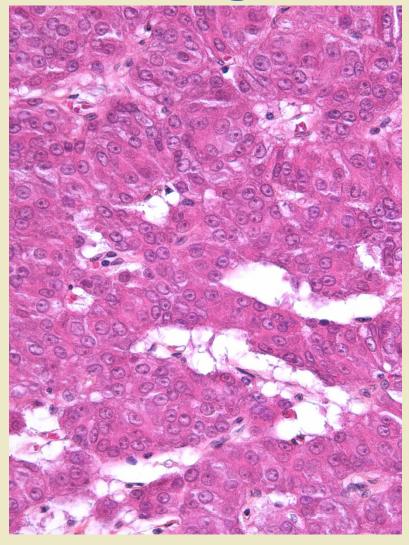


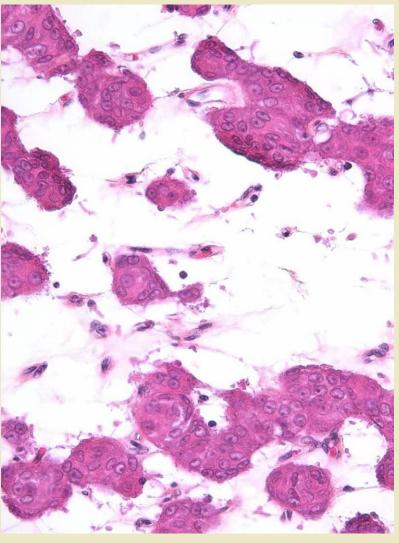
Diagnostic

Tumeur à cellules de Leydig dans sa variante riche en lipides

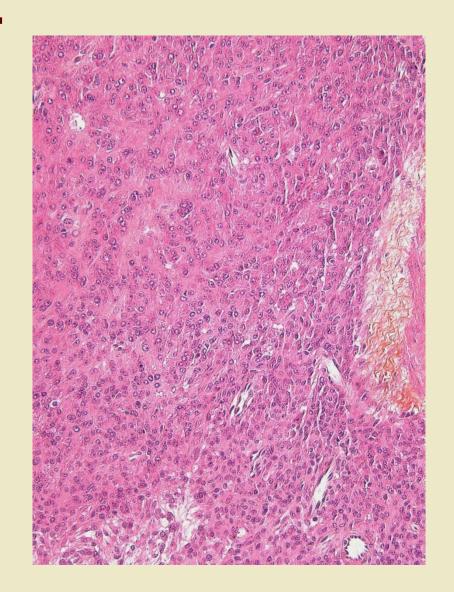


histologie / LcT

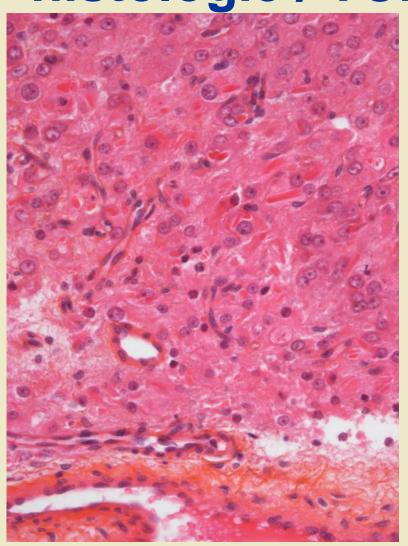


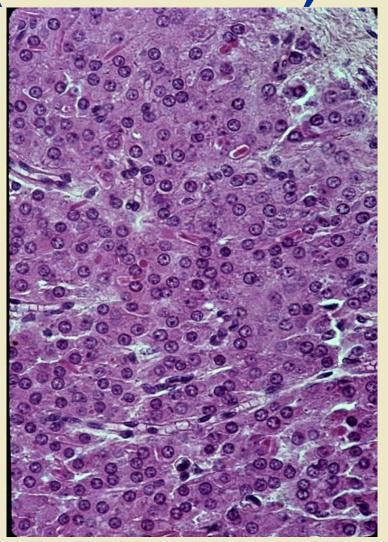


- cytoplasme
 - cellule polygonale
 - taille moyenne
 - cytoplasme abondant et éosinophile
 - +/- vacuolisé
 - cristaux de Reinke +/-
 - lipofuscine +/-

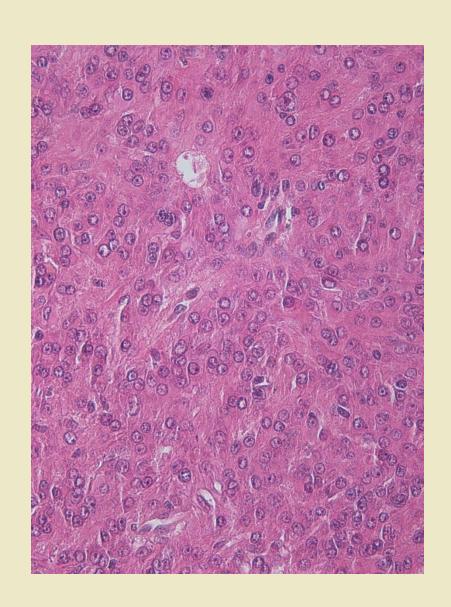


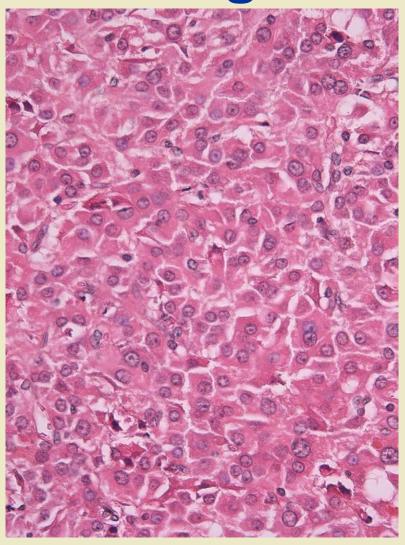
histologie / TCL (Reinke/PAS)

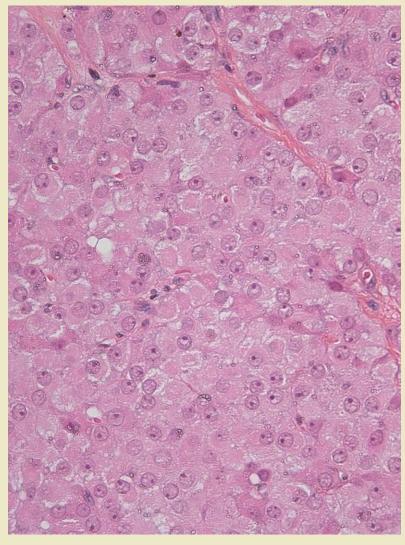




- noyaux
 - rond
 - ovale
 - nucléole proéminent
 - parfois bi-/ multinuclés
 - -+/- atypies
 - rarement mitoses

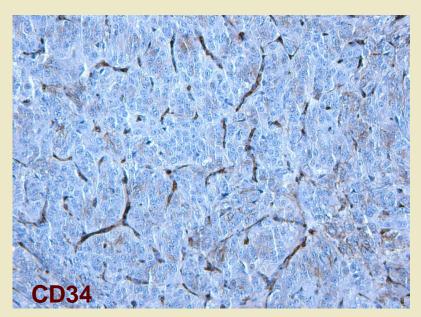


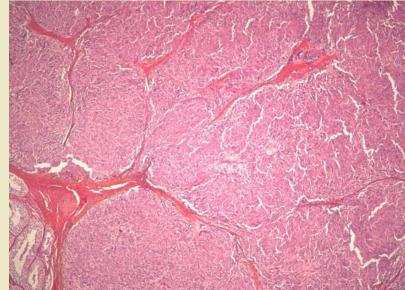




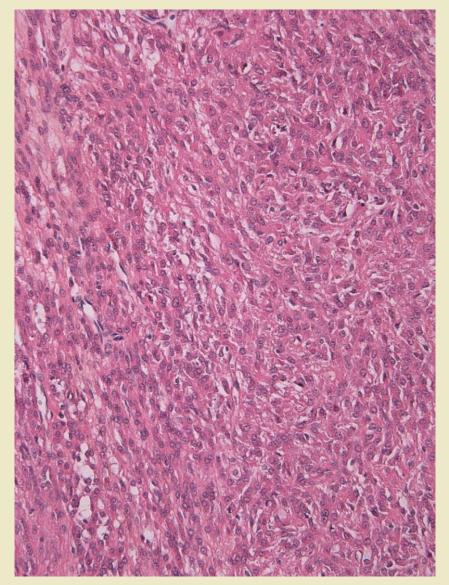
Stroma

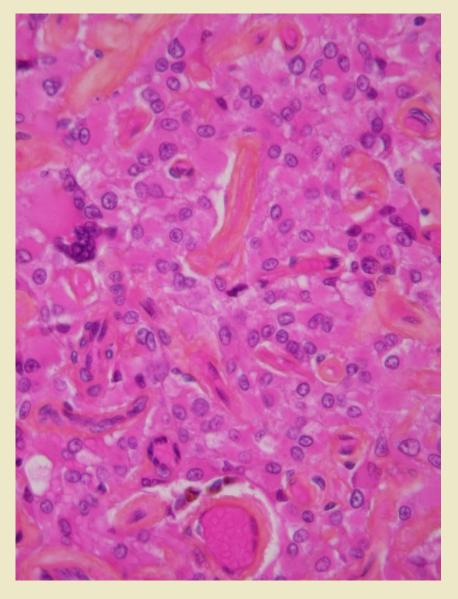
- richement vascularisé
- peu abondant
- œdème + /-
- croissance
 - diffuse
 - insulaire
 - trabéculaire....



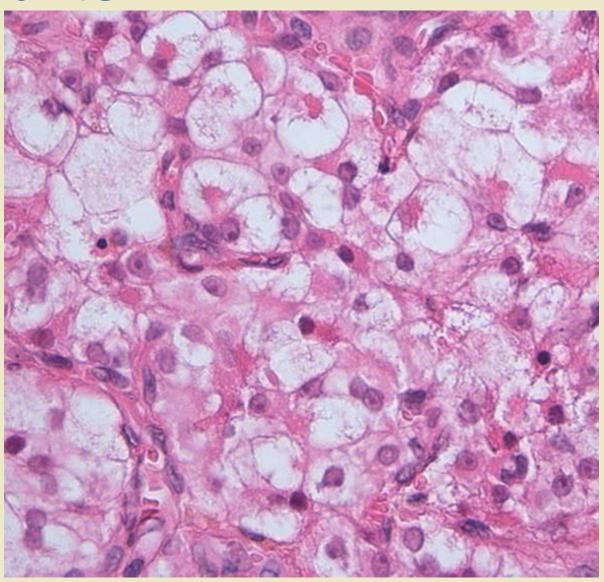


variants





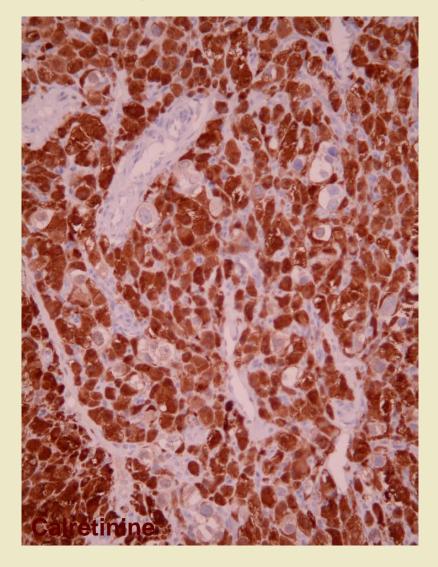
variants

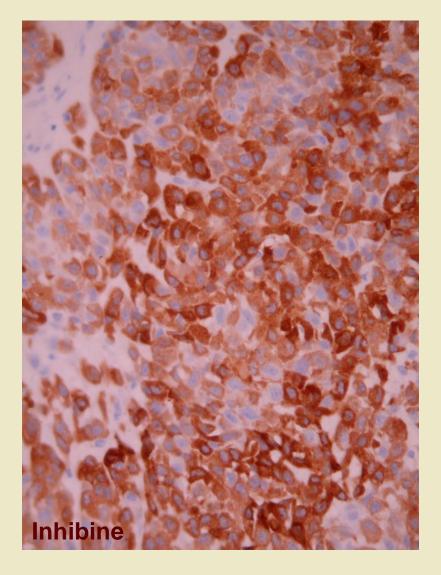


Immunohistochimie

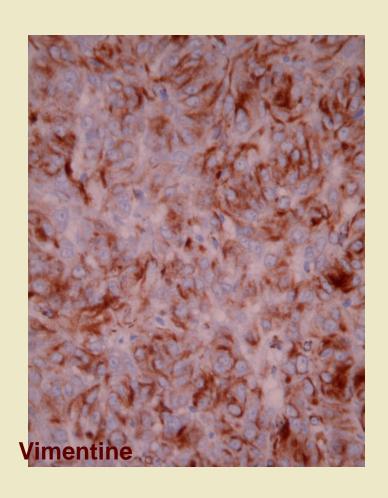
- vimentine ++, > 90%
- CK +/ -, ~ 40%
- inhibine +++, > 90 %
- calrétinine : +++, >95%
- synaptophysine: ++ ~ 75%
- PS 100 +, focal

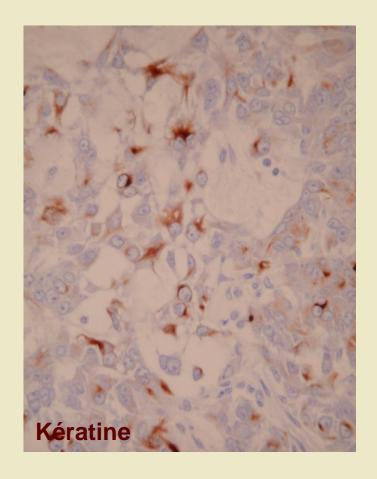
IHC





IHC

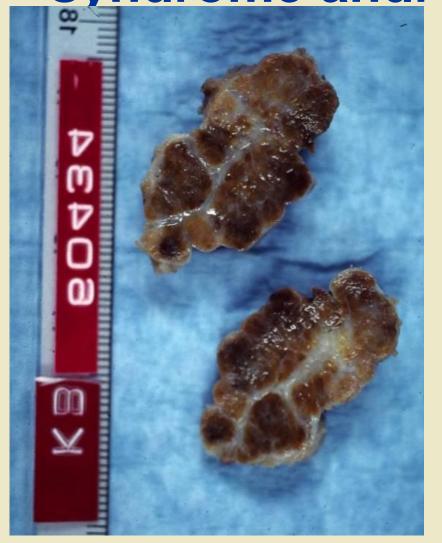


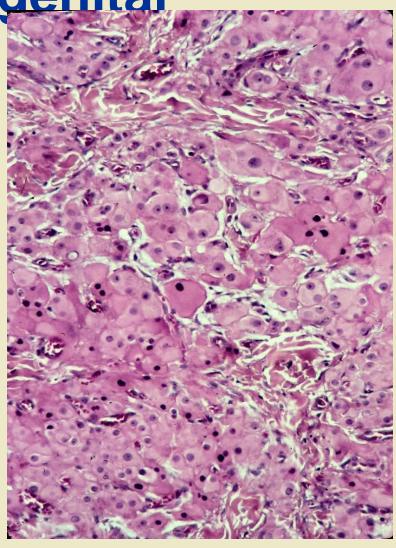


diagnostics différentiels

- séminome (éventuellement TV)
- lymphome
- tumeurs à cellules de Sertoli
- syndrome adrénogénital (déficit en 21 hydroxylase)
- syndrome de Nelson
- hyperplasie de cellules de Leydig
- tumeurs mésenchymateuses
- malakoplakie (« corps de Michaelis Gutman »)

syndrome androgenital

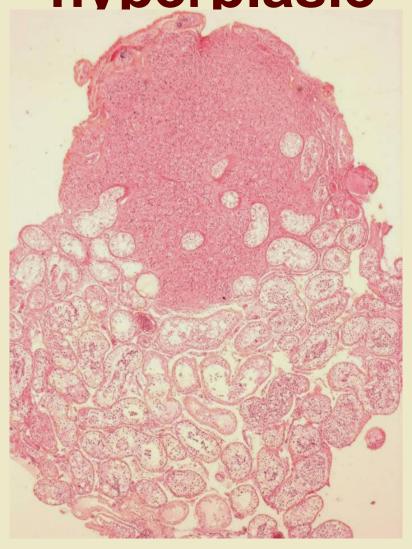


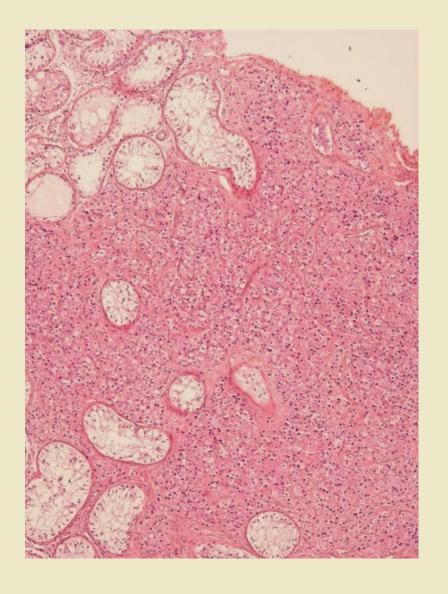


syndrome adrénogénital

- ACTH ↑
- tumeur stéroïdienne bilatérale
- centro testiculaire
- ressemble à tumeur à cellules de Leydig
 - macroscopie
 - histologie
- pas de cristaux de Reinke
- fibrose extensive
- amas lymphoïdes
- lipofuscine
- synaptophysine + (88%)
- sécrétion de cortisol (cortisol ds. artère spermatique)

hyperplasie





malignité

- le seul critère de certitude > métastase
- en faveur de la malignité
 - taille > 5cm
 - atypies cytologiques +++
 - mitoses +++
 - nécrose
 - emboles vasculaires
 - ↑ MIB-1 > 20%