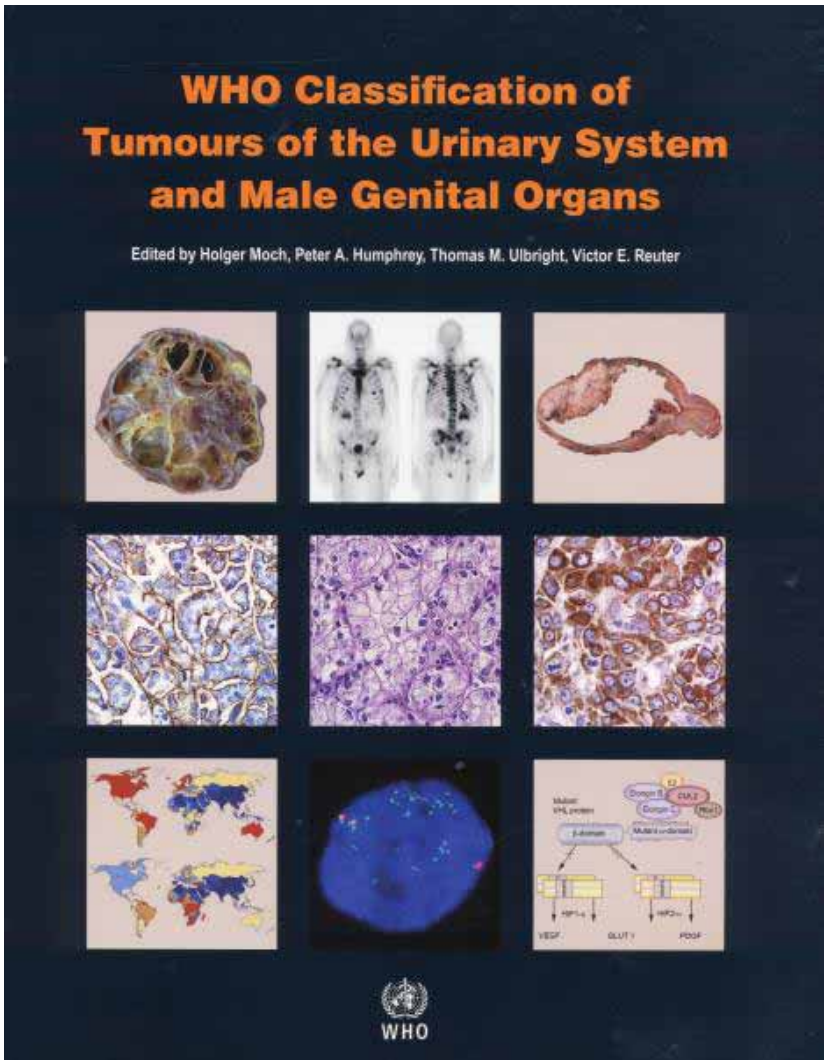
ANATOMIA PATOLOGICA

DEI TUMORI DELLA VESCICA

A. Maiorana

XVII Corso di aggiornamento AIRTUM per operatori dei Registri Tumori
Reggio Emilia, 27-29 Settembre 2017

WHO - 2016



- **TUMORI UROTELIALI**

- ***neoplasie squamocellulari***
- ***neoplasie ghiandolari***
- ***carcinoma dell'uraco***
- ***tumori di tipo Muelleriano***
- ***tumori neuroendocrini***
- ***tumori melanocitari***
- ***tumori dei tessuti molli***
- ***tumori ematologici (linfomi)***

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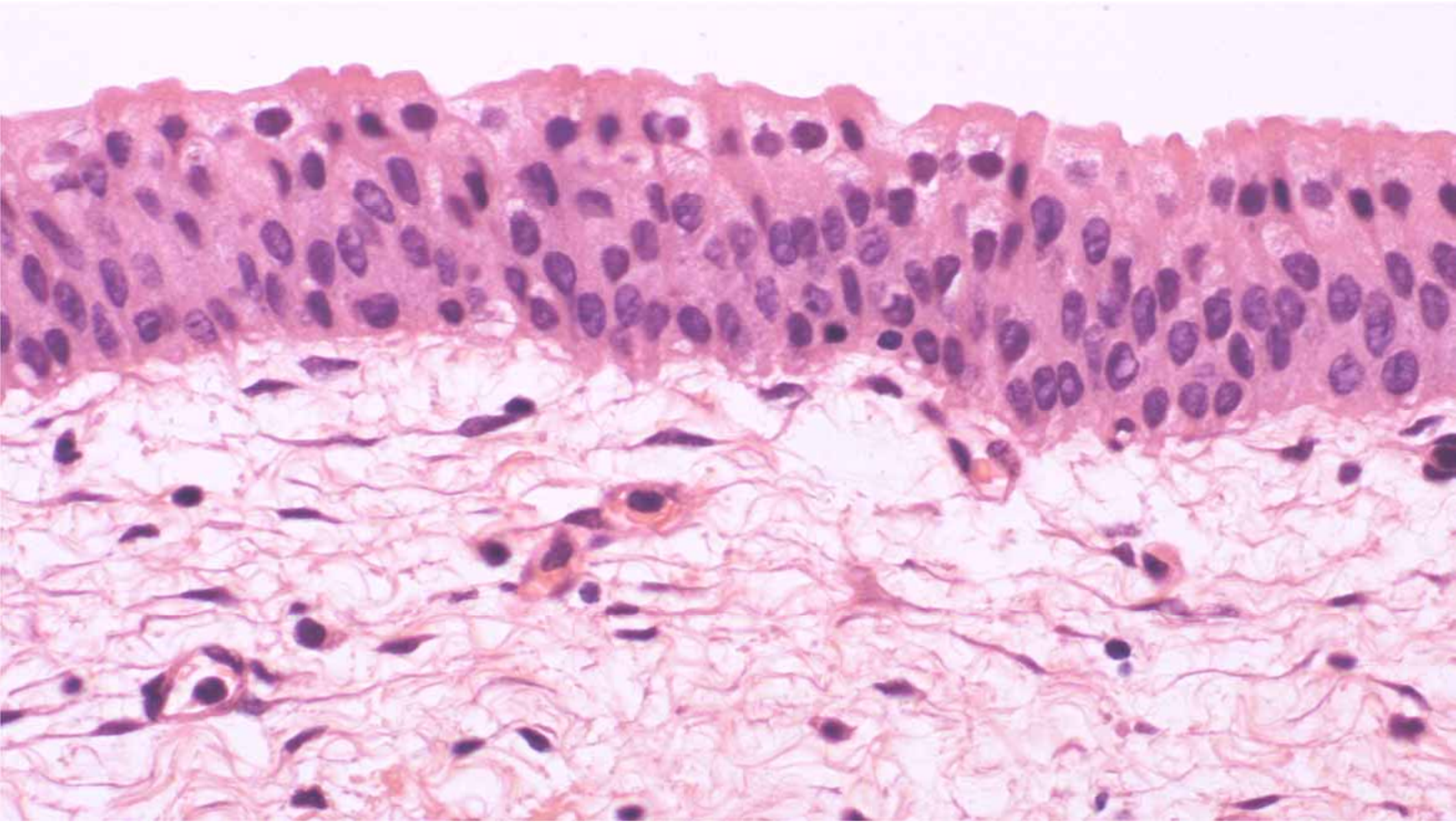
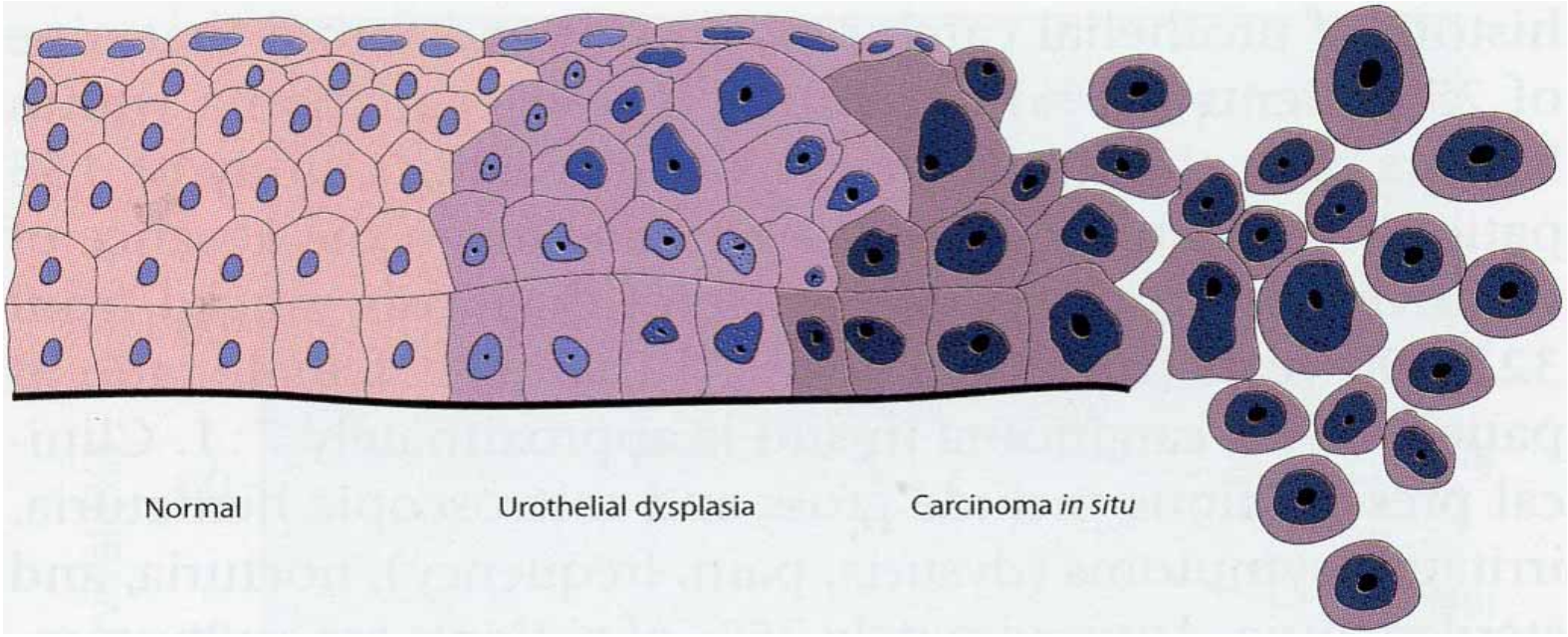


1) LESIONI UROTELIALI NON-INVASIVE

2) CARCINOMA UROTELIALE INVASIVO (o infiltrante)



1) LESIONI UROTELIALI NON-INVASIVE

A) lesioni intraepiteliali piatte (non papillari)

- displasia uroteliale
- carcinoma uroteliale in situ

B) lesioni papillari

- papilloma uroteliale e papilloma uroteliale invertito
- neoplasia uroteliale papillare di basso potenziale maligno

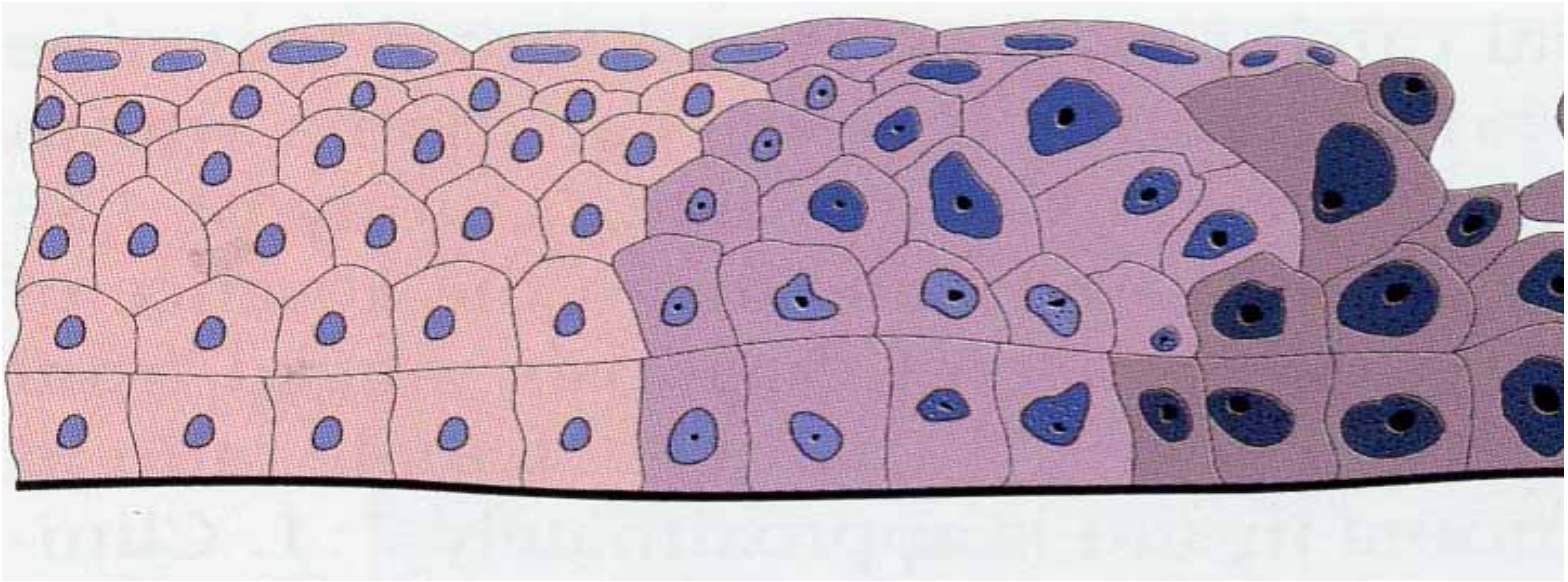
- carcinoma uroteliale papillare di basso grado
- carcinoma uroteliale papillare di alto grado

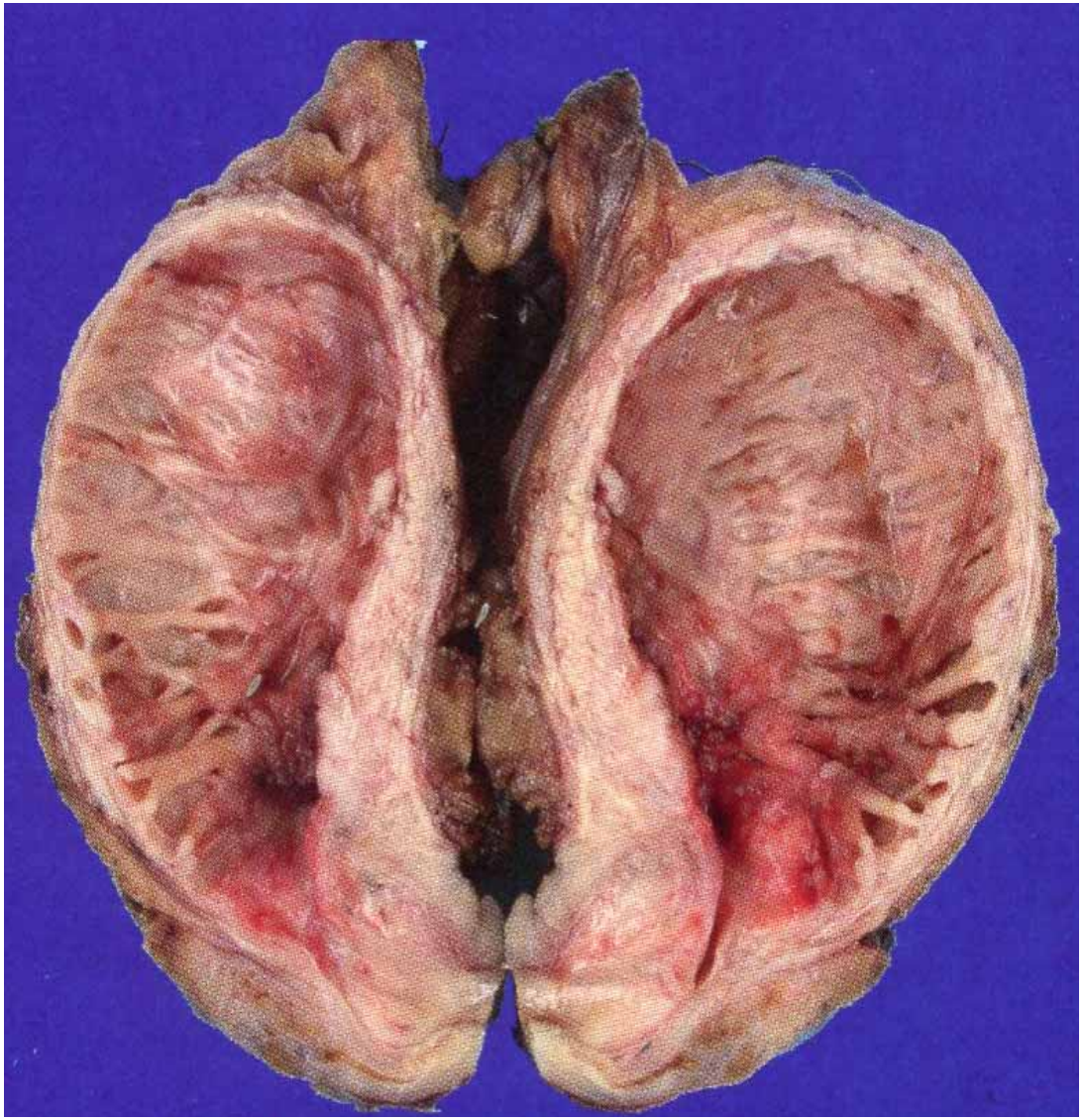
A) Lesioni intra-epiteliali piatte (non-papillari)

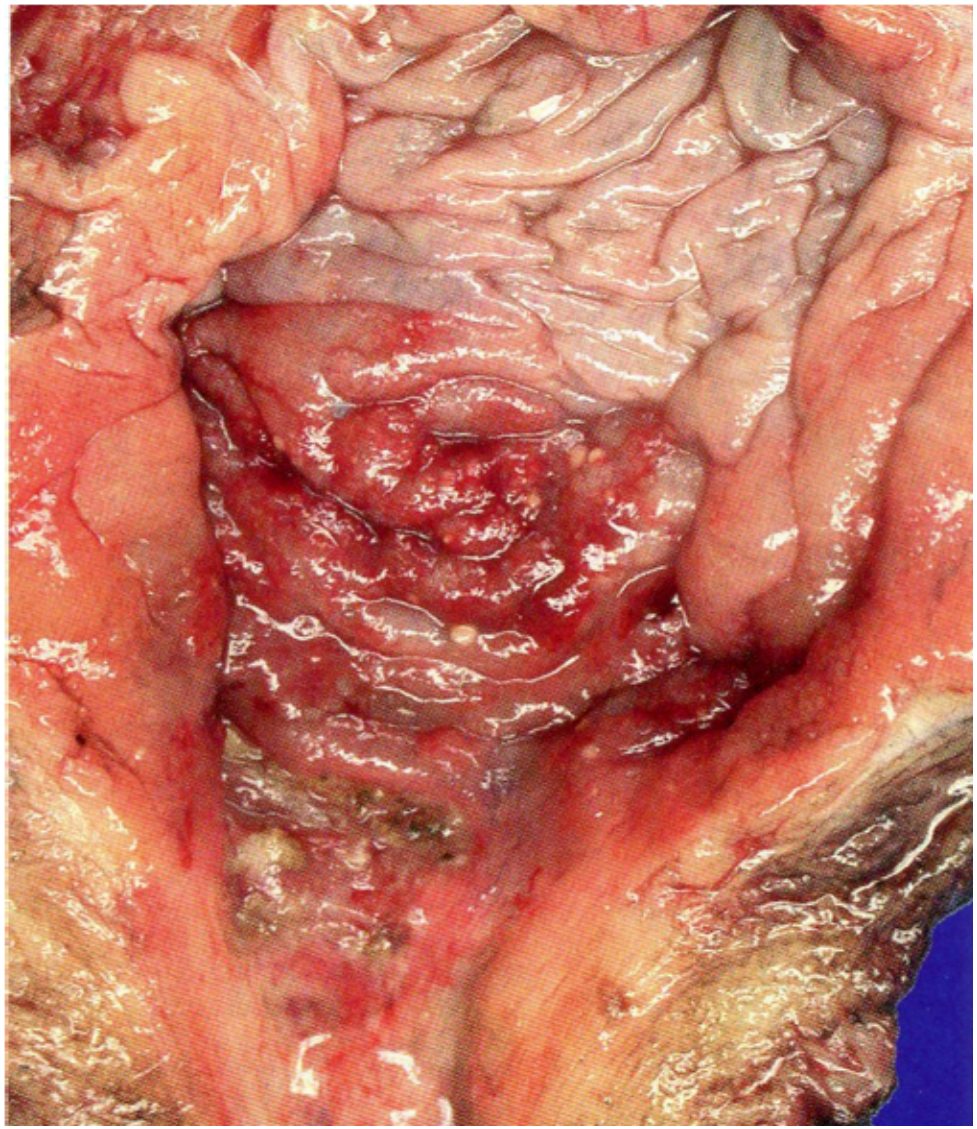
- *iperplasia uroteliale semplice e atipia reattiva*

- **displasia uroteliale (neoplasia intra-uroteliale di basso grado)**

- **carcinoma uroteliale in-situ (neoplasia intra-uroteliale di alto grado)**

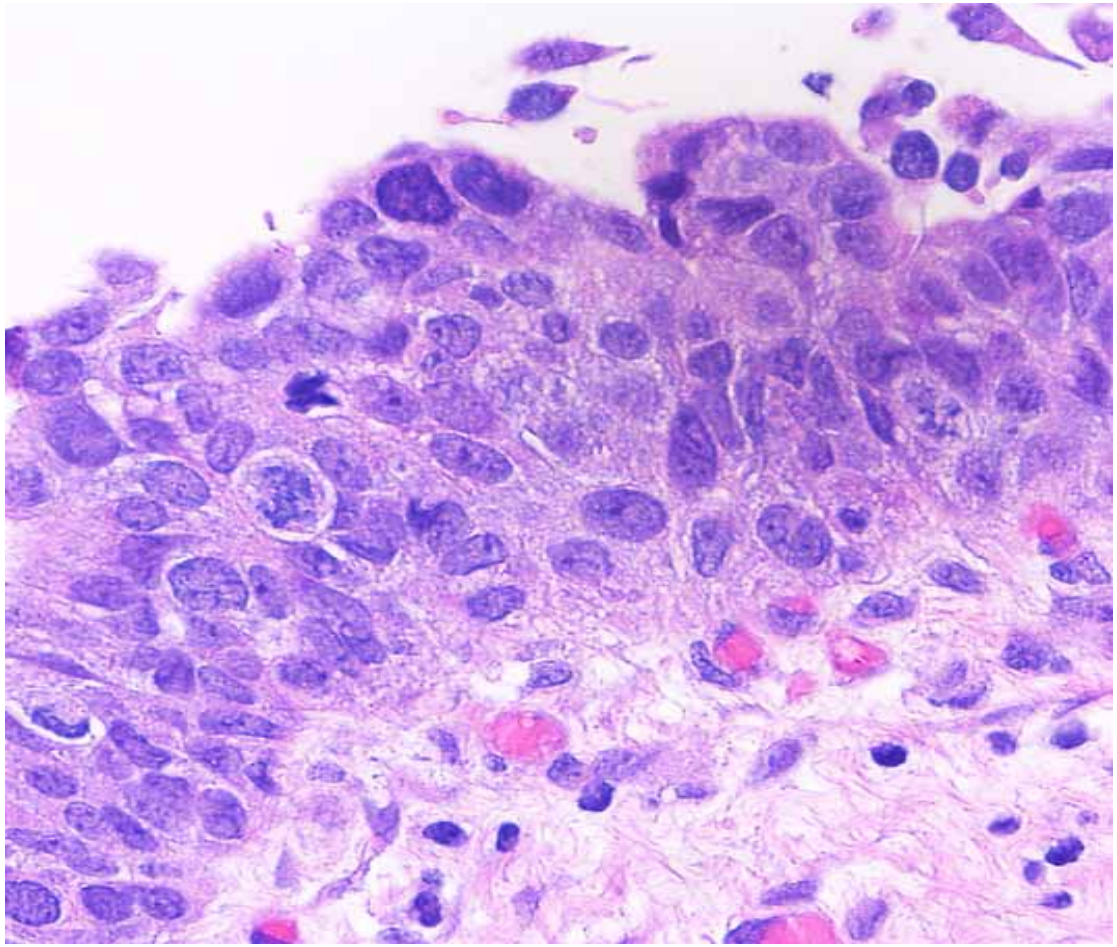


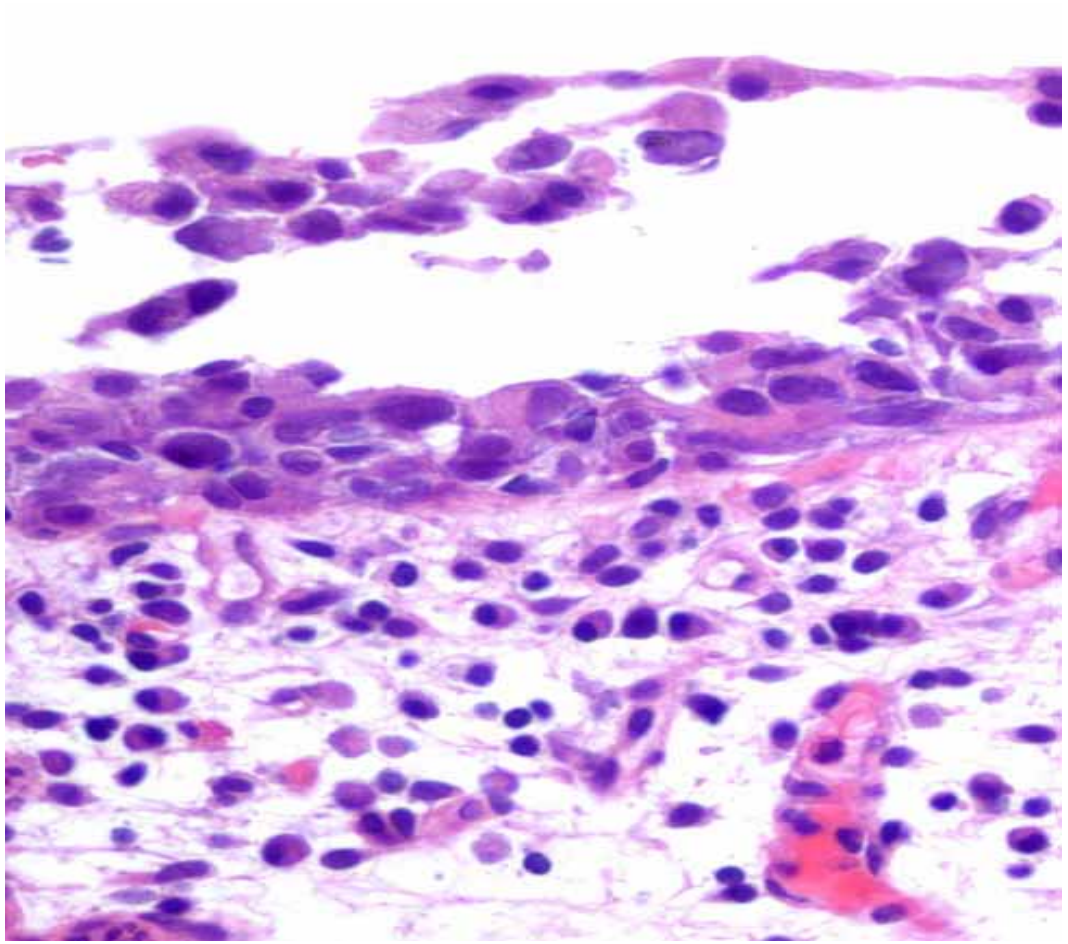


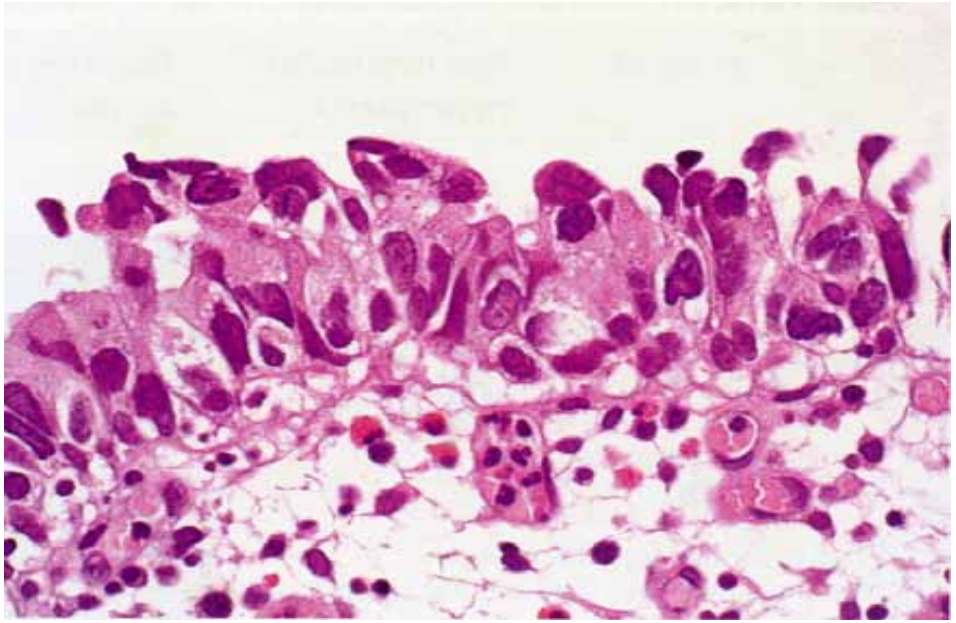


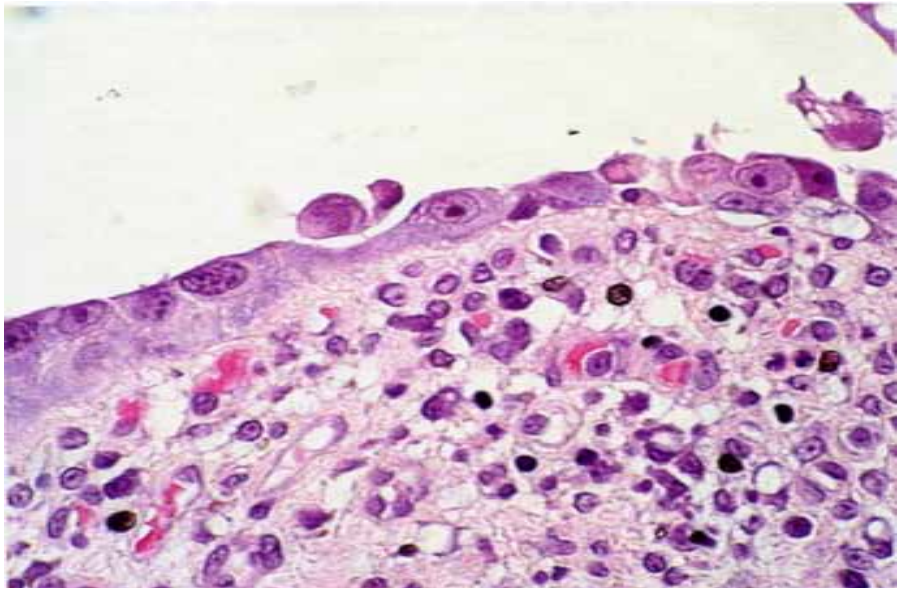
carcinoma in situ

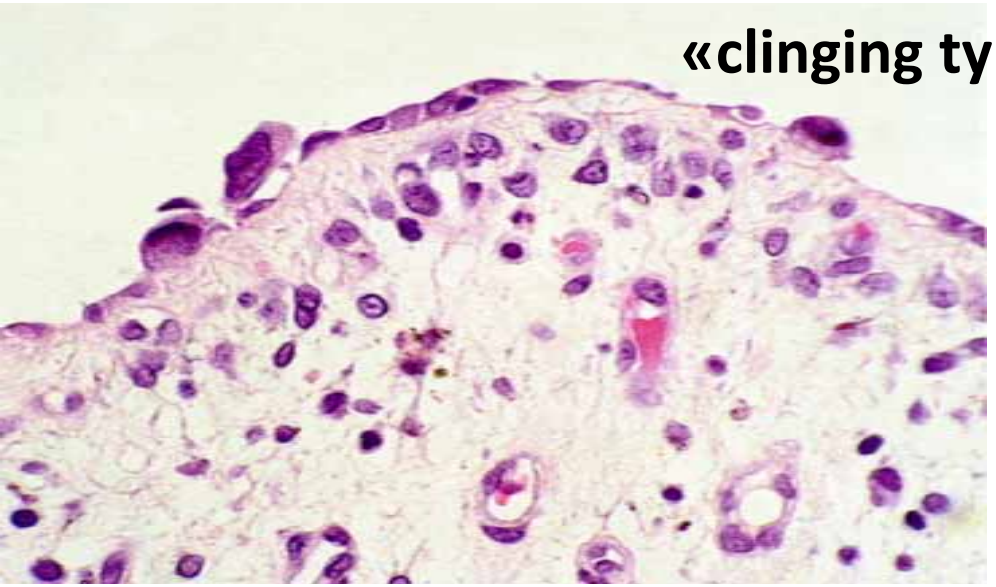
lesione uroteliale piatta priva di strutture papillari e contenente cellule citologicamente maligne. NON superamento della membrana basale.



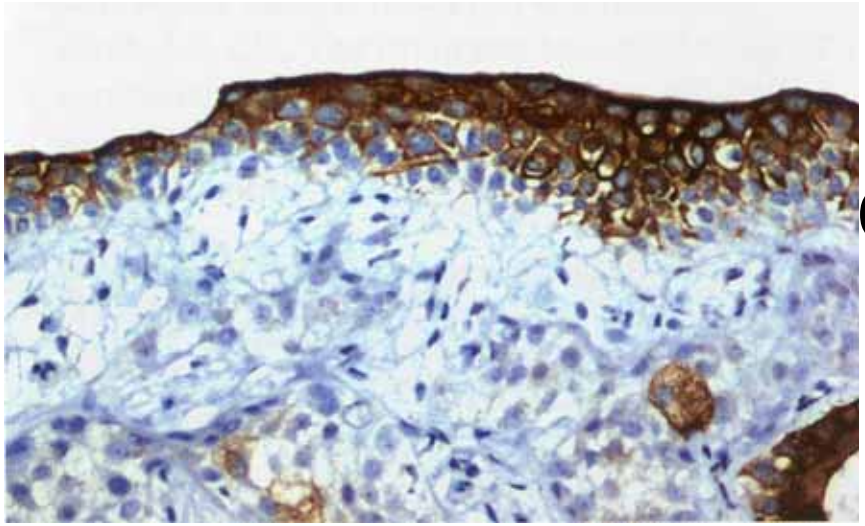








«clinging type»



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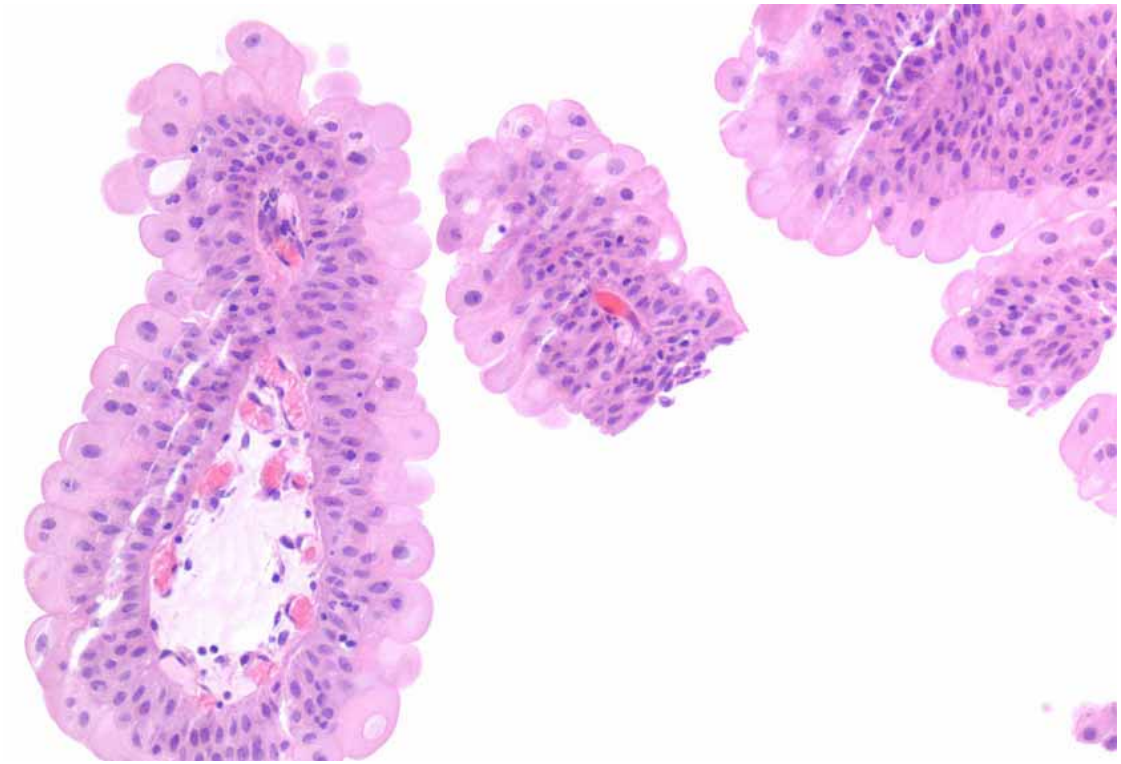
B) lesioni papillari

a) papilloma uroteliale e papilloma uroteliale invertito

b) neoplasia uroteliale papillare di basso potenziale maligno

c) carcinoma uroteliale papillare di basso grado

d) carcinoma uroteliale papillare di alto grado



a) papilloma uroteliale

<4% di lesioni papillari non-invasive;
<50 anni, inclusi bambini e giovani adulti
soprattutto nel trigono, piccoli e solitari
tasso di recidiva: 8-14%
progressione a carcinoma: < 1%

b) papilloma invertito

< 1% lesioni papillari vescicali

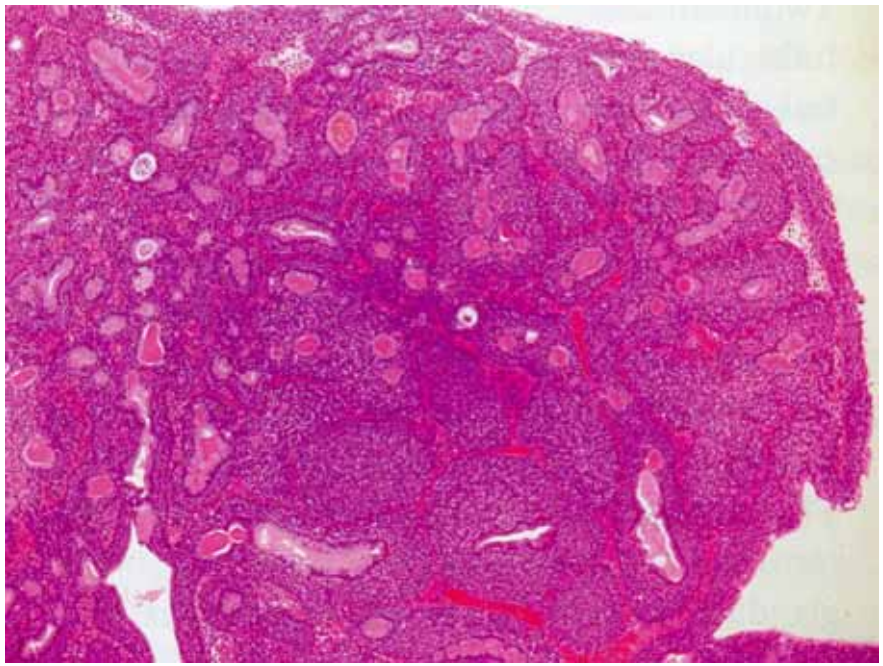
soprattutto 5 e 6 decade

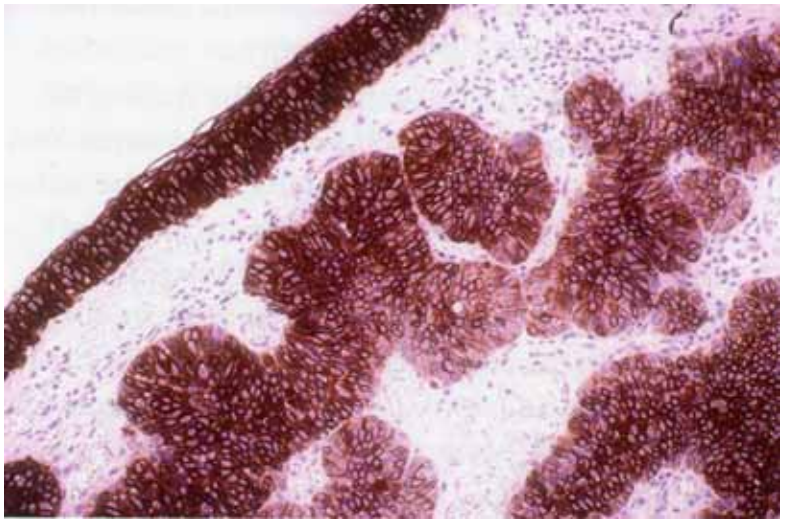
maschio:femmina = 5,8:1

multipli in < 5%

dimensioni medie 13 mm

tasso di recidiva 2%





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c) neoplasia uroteliale papillare con basso potenziale maligno

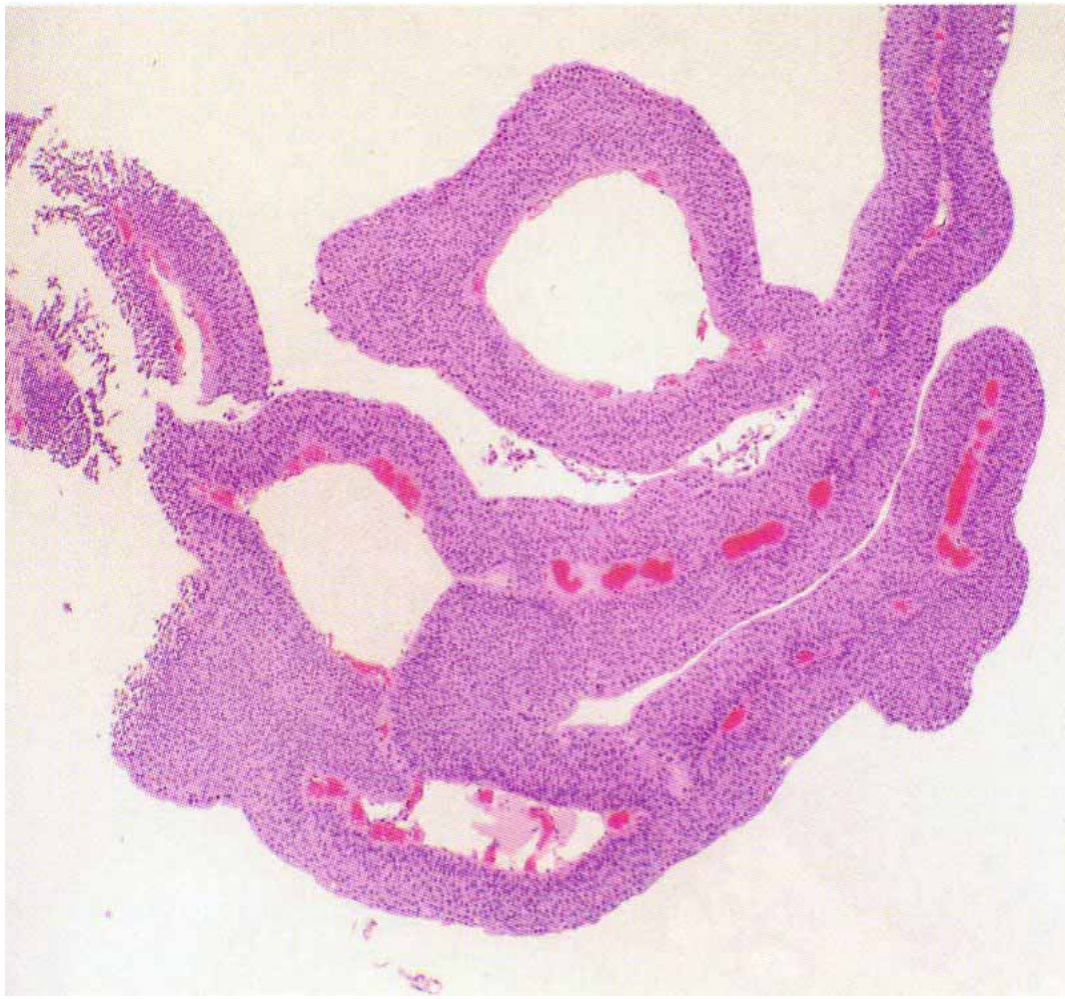
scarsa concordanza tra patologi

assi papillari rivestiti da urotelio ispessito
con minime atipie

incidenza: 3x100.000 per anno;
eta' media 65 anni, soprattutto maschi (3:1)

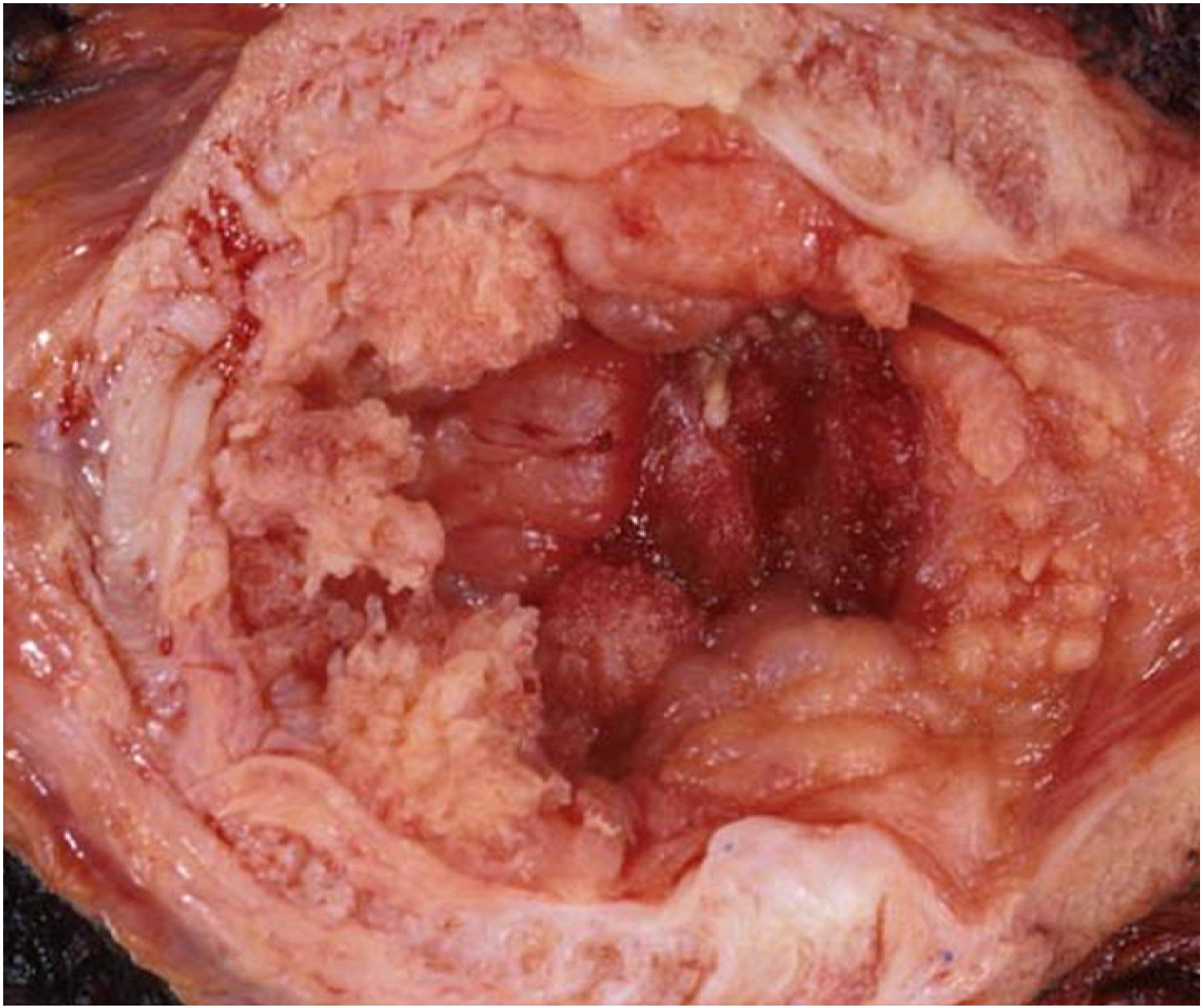
categoria diagnostica per un gruppo di
pazienti con malattia indolente

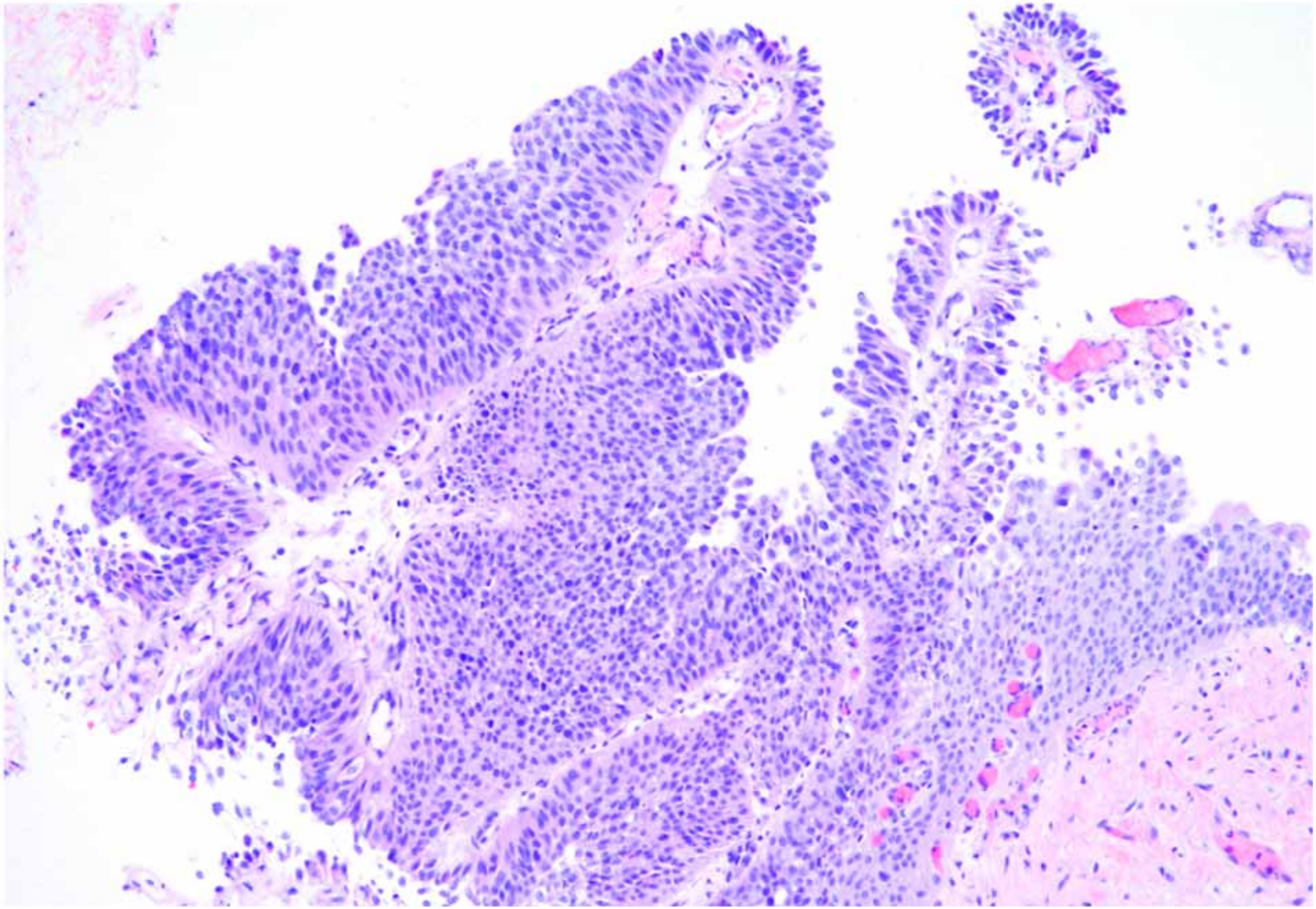
in alcuni studi: recidiva, ma
no progressione di grado e stadio



d) CARCINOMA UROTELIALE PAPILLARE NON-INVASIVO

- tutta la superficie vescicale, soprattutto pareti laterali e posteriore
- singoli o multipli
- 70-75% dei ca. uroteliali





GRADO ISTOLOGICO

WHO 1973

- grado 1
- grado 2
- grado 3

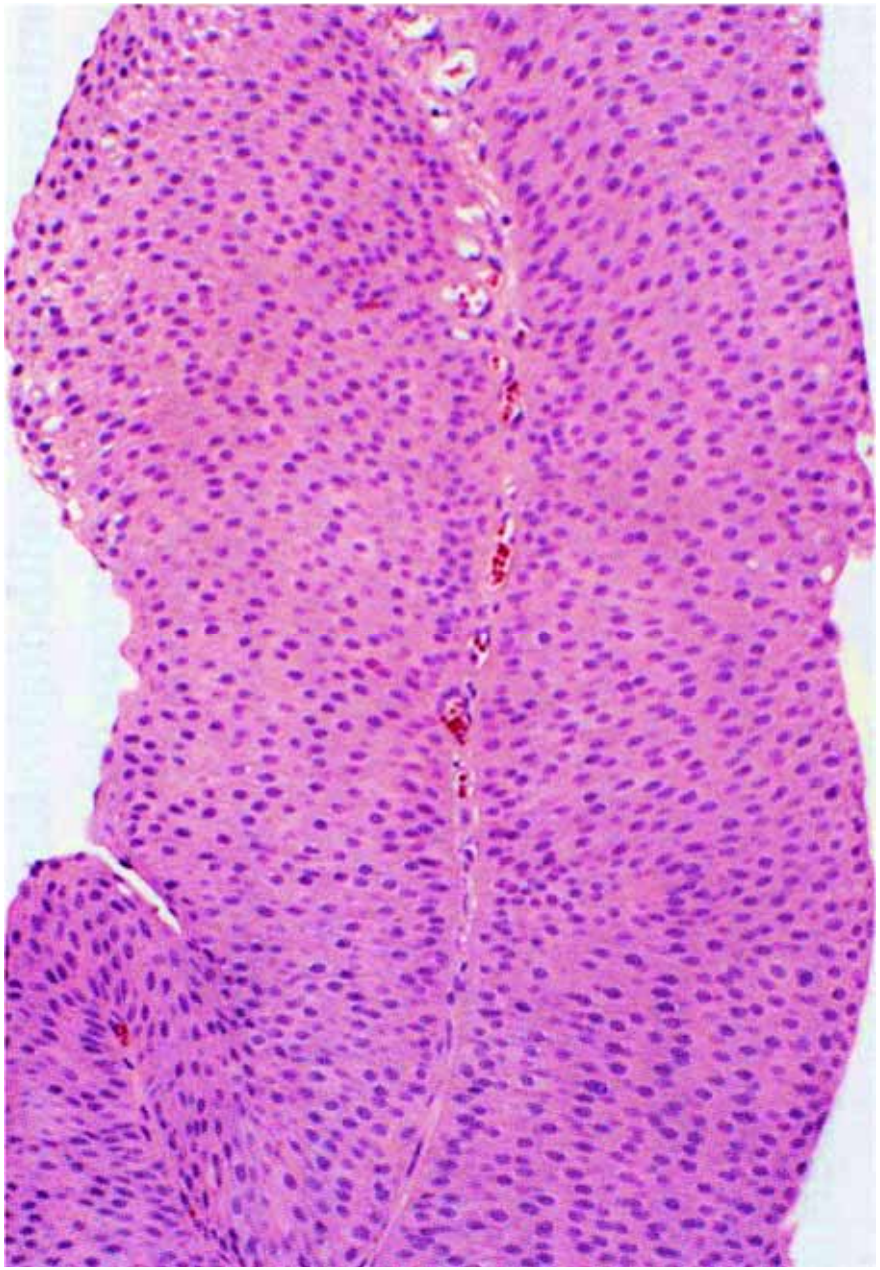
WHO 2004 - 2016

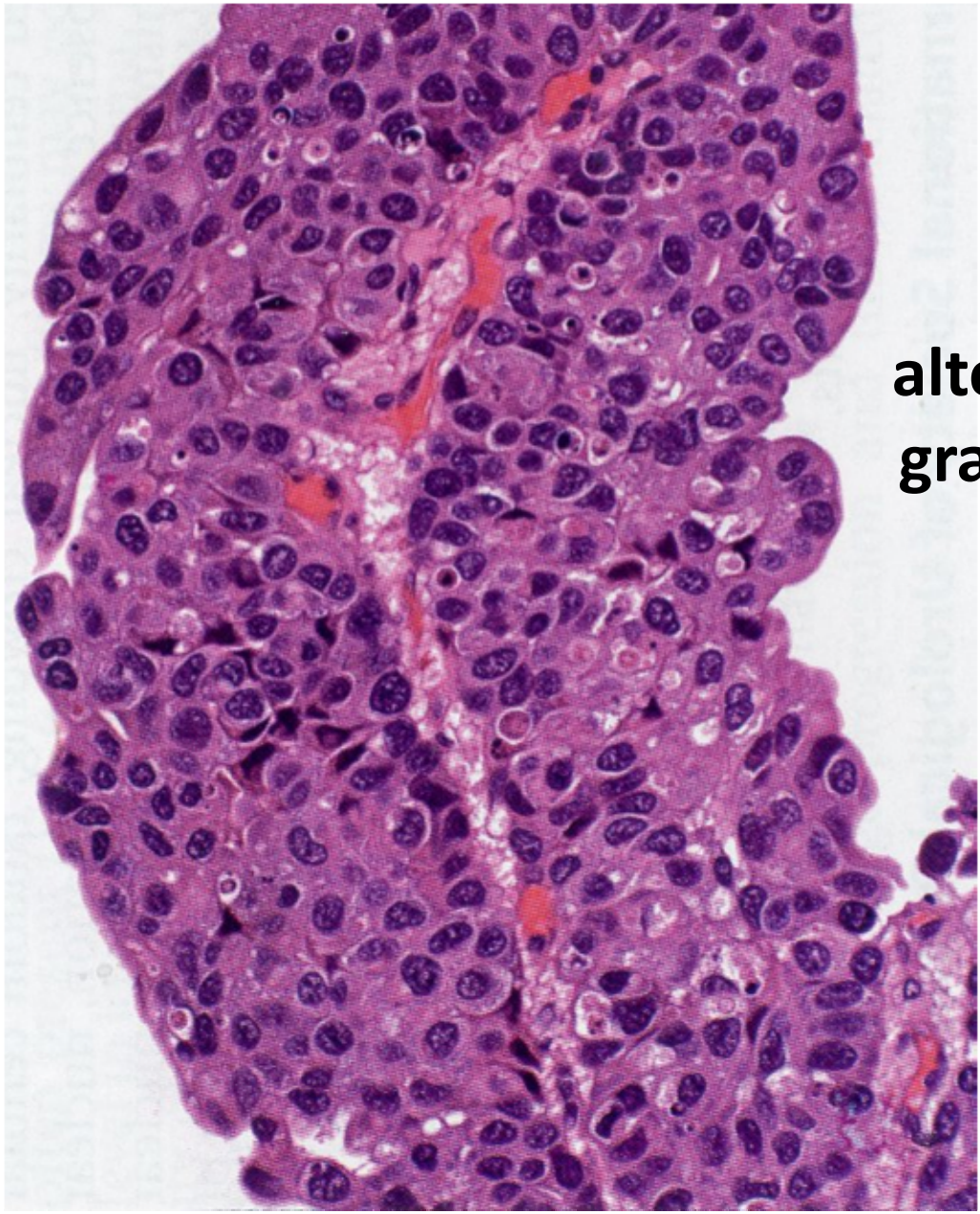
- basso grado
- alto grado

potenziale variabile di

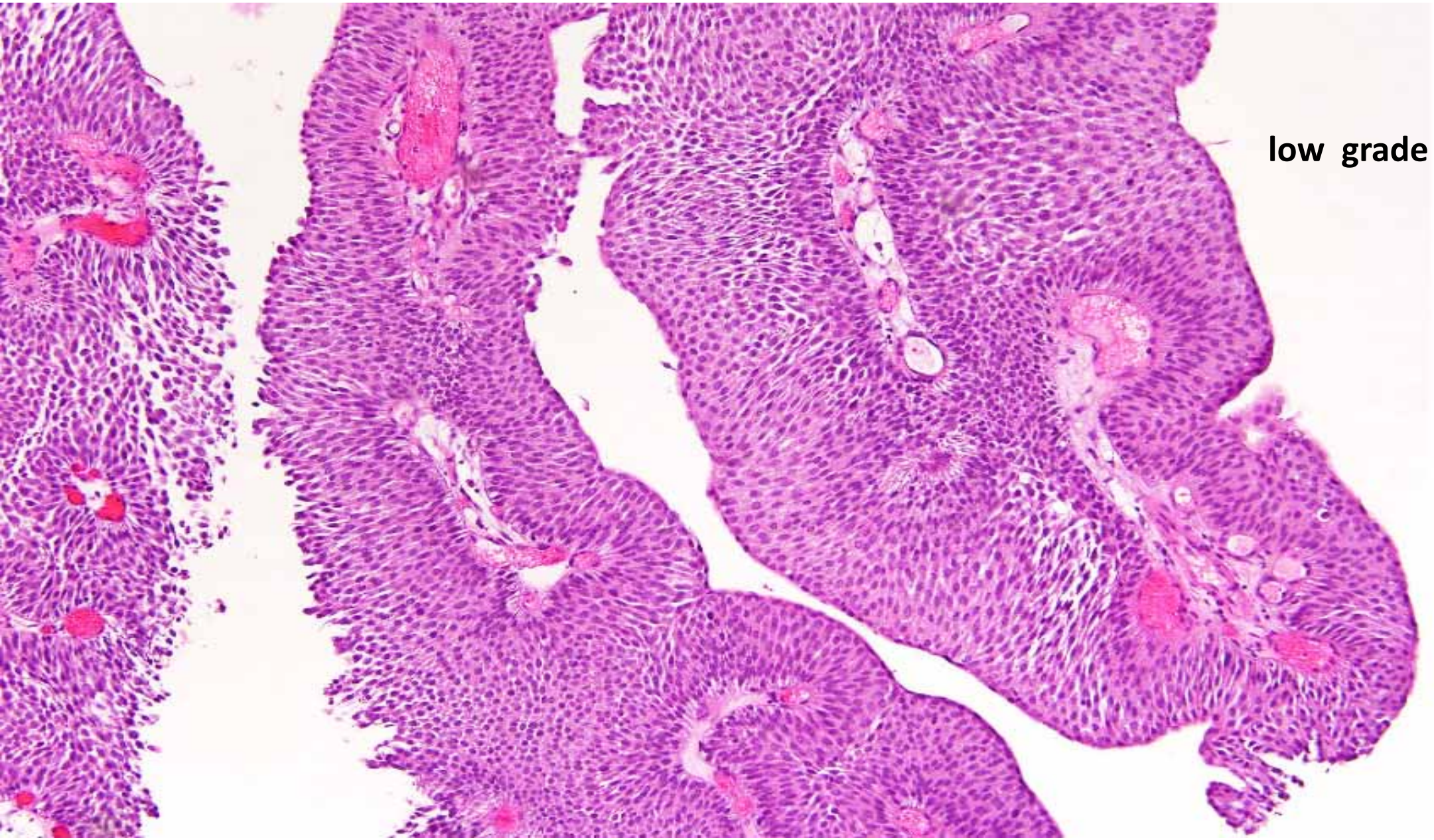
- recidiva
- progressione di grado
- progressione di stadio

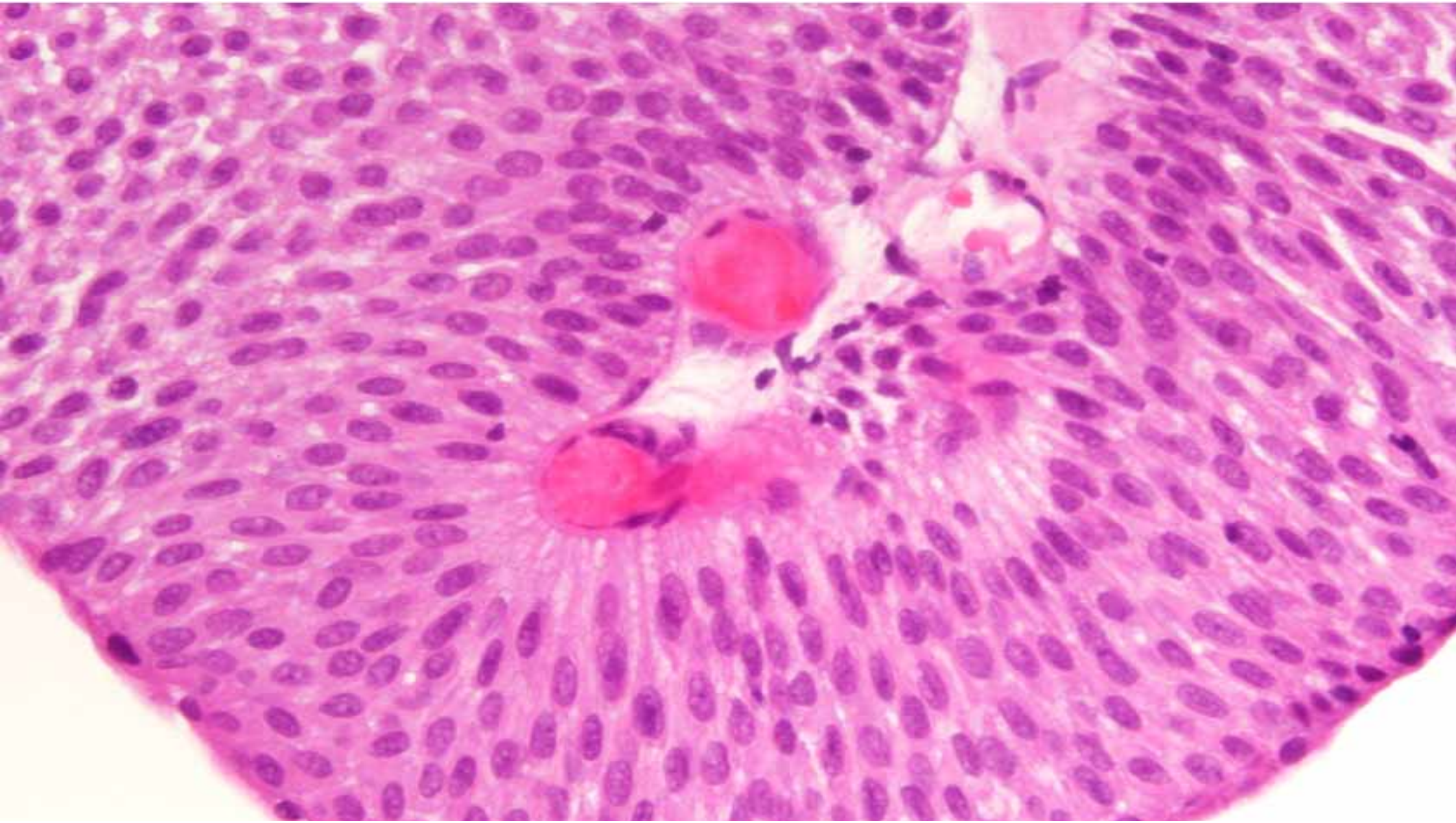
basso grado



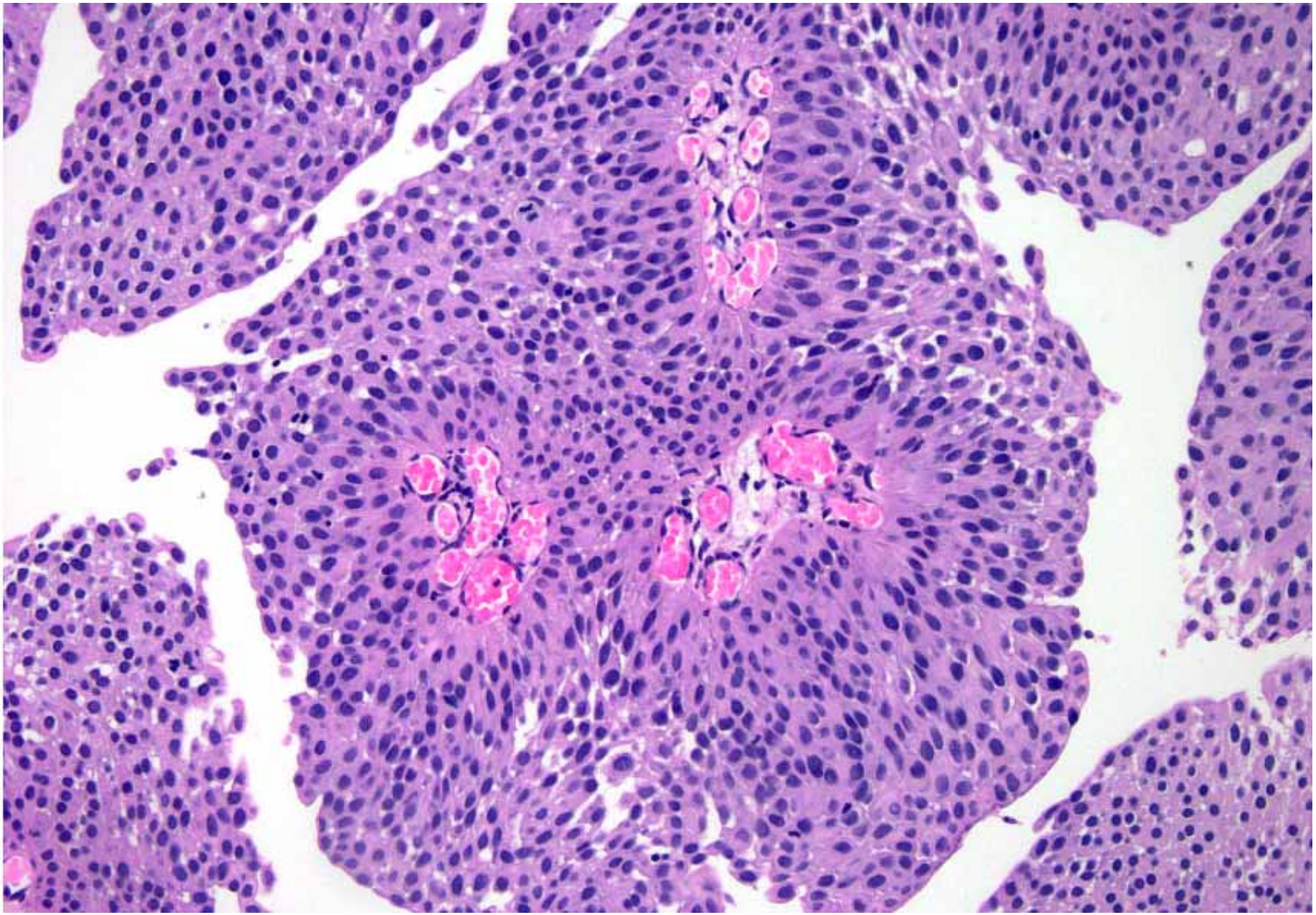


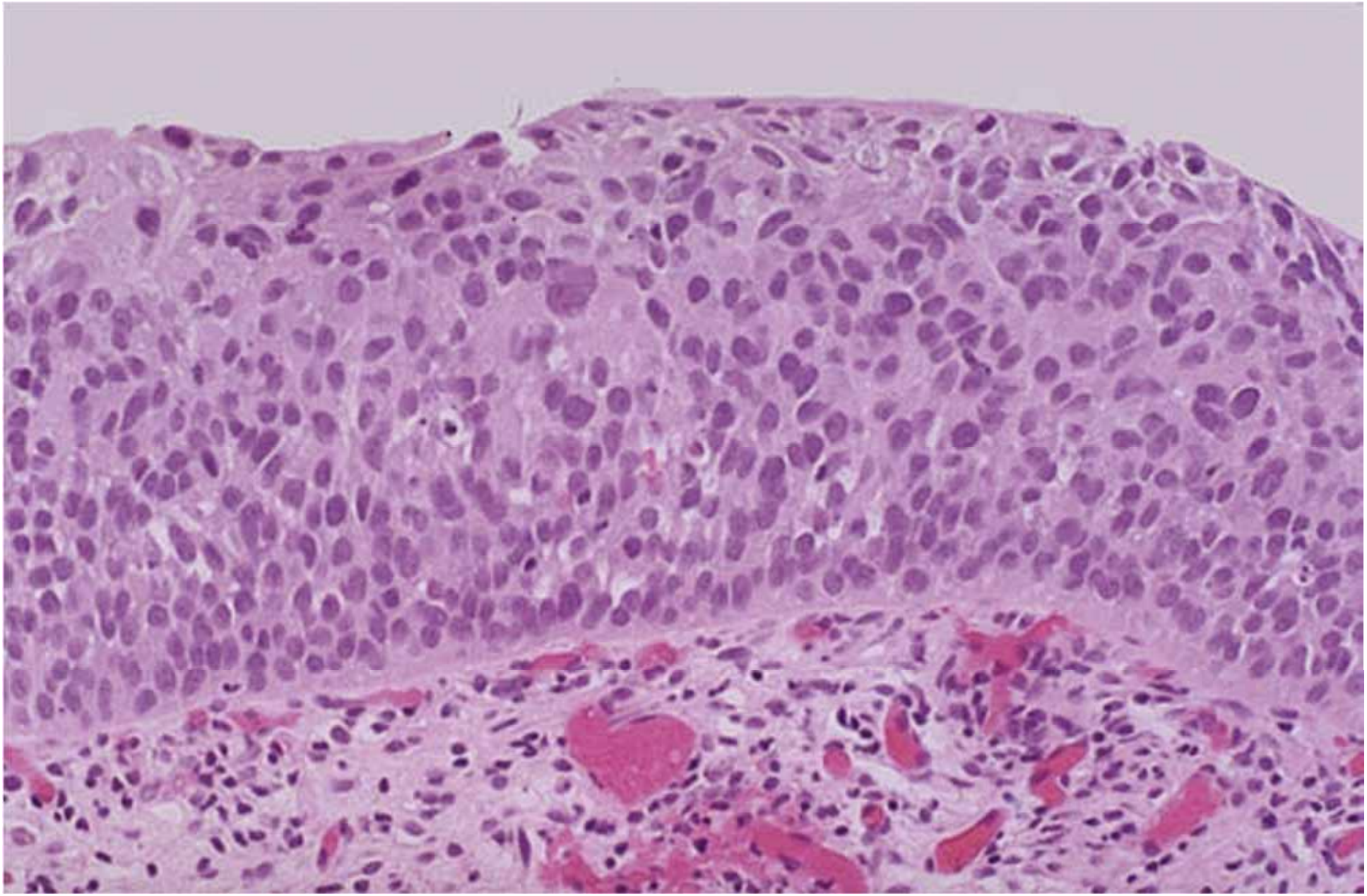
alto grado


low grade

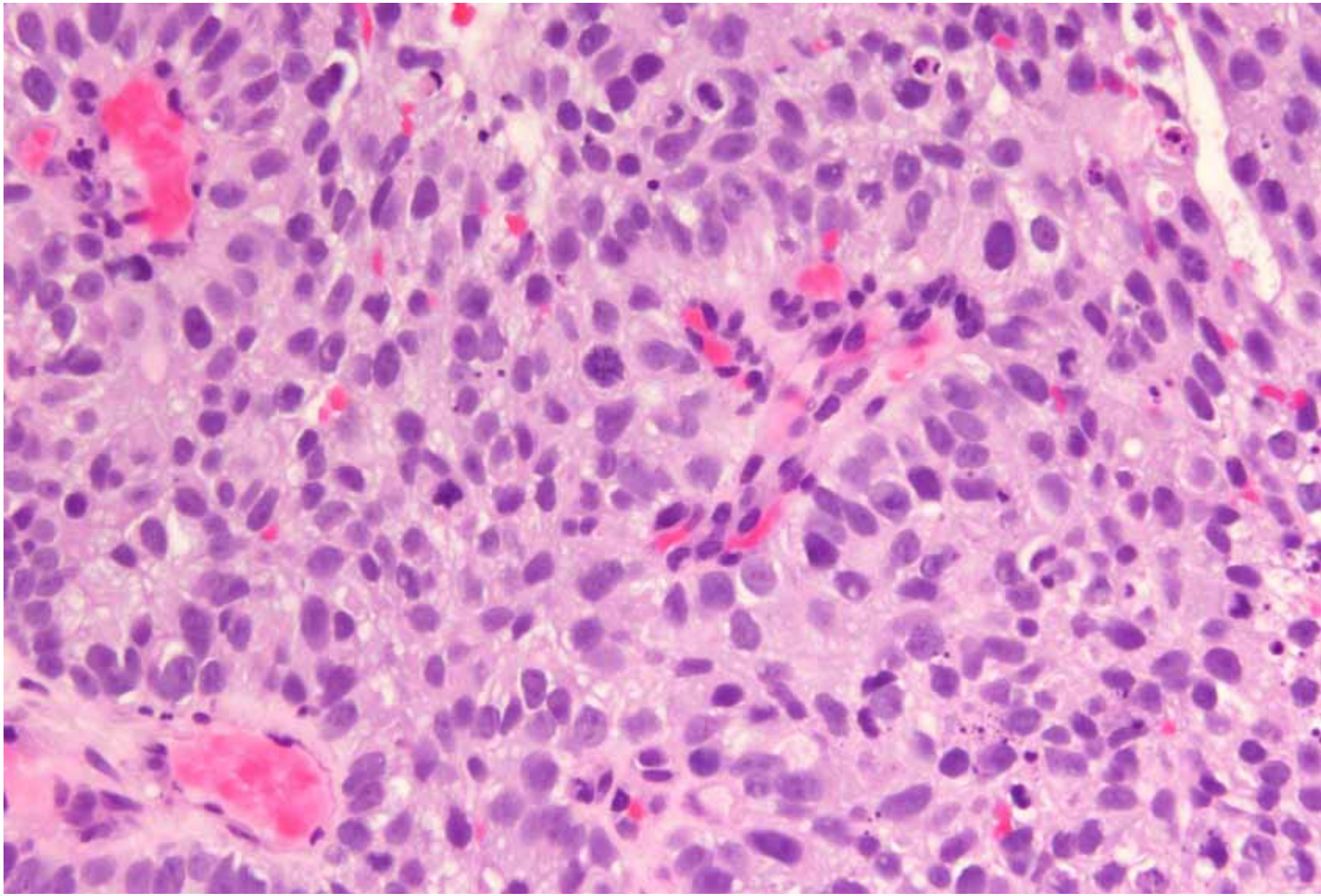


low grade



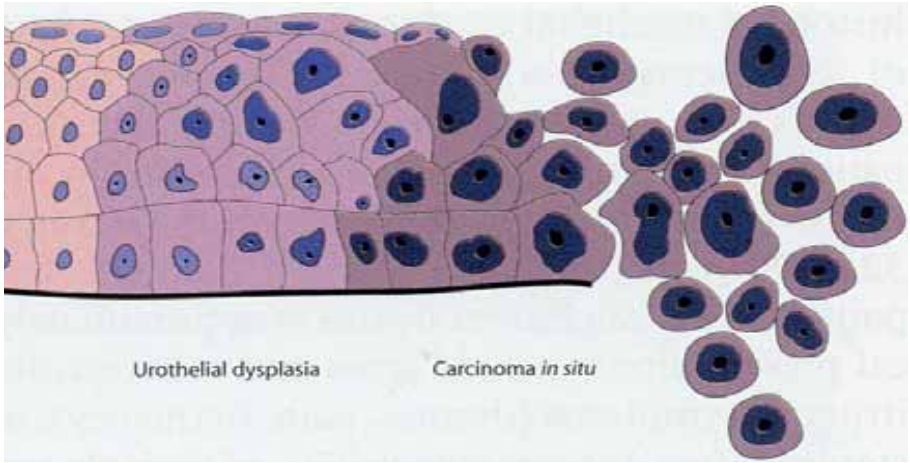


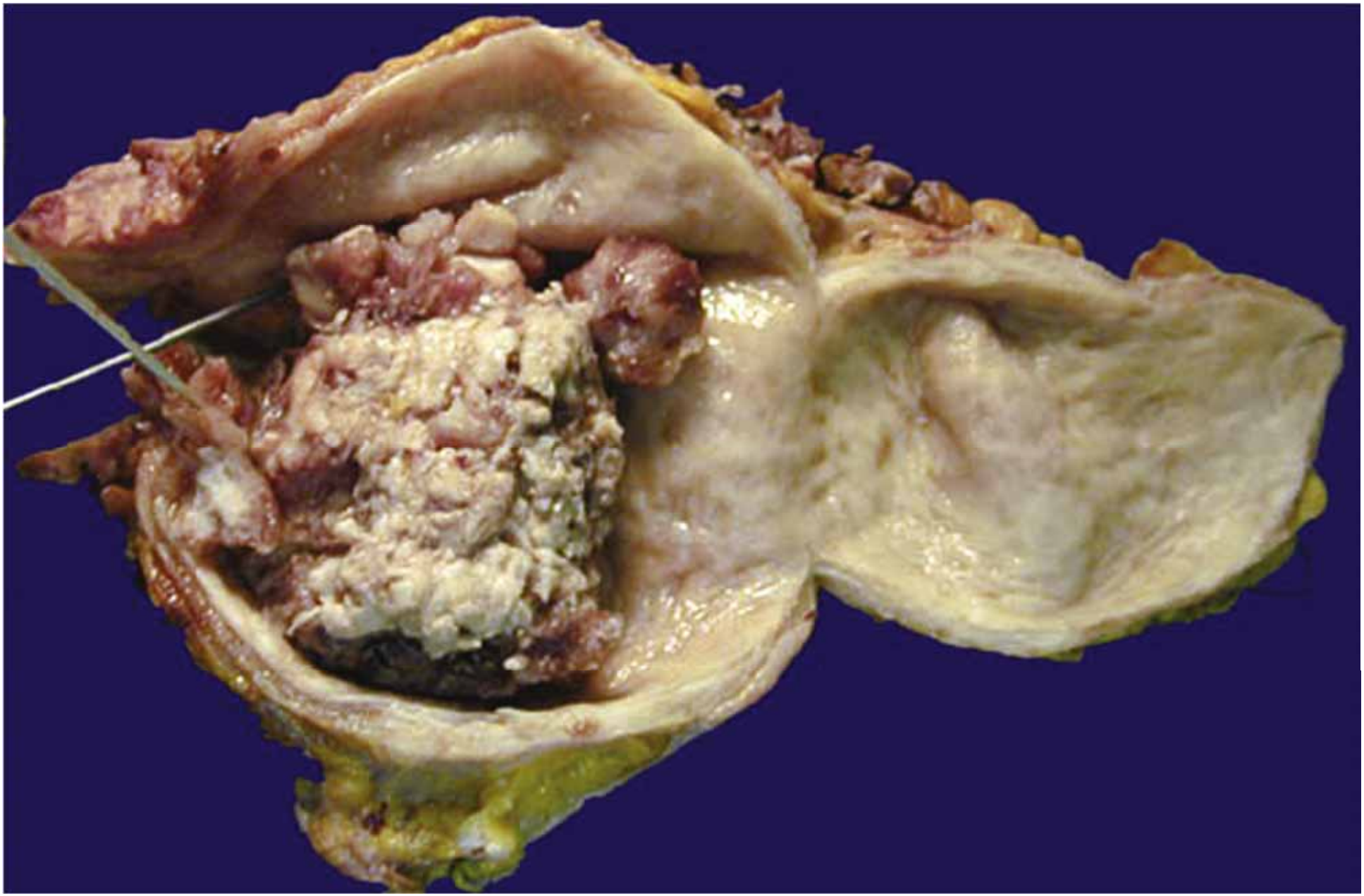
high grade



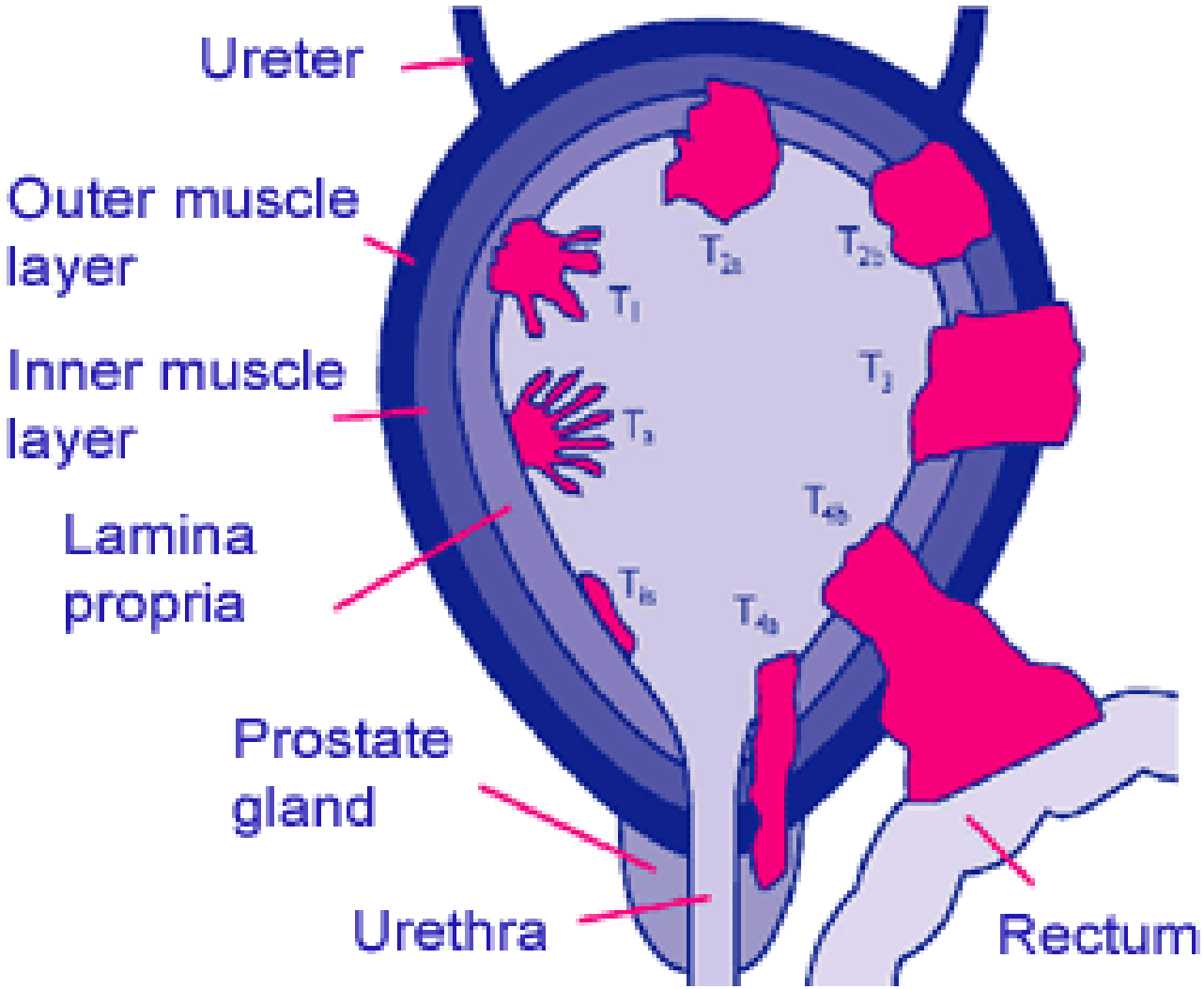
2) CARCINOMA UROTELIALE INVASIVO

- ***de novo***
- ***progressione di un carcinoma papillare***





T Staging of bladder cancer



T_{is} : *in situ* carcinoma

T_a : non-invasive papillary carcinoma

T_1 : limited to lamina propria

T_{2a} : superficial muscle involvement

T_{2b} : deep muscle involvement

T_3 : extends beyond bladder wall;
- 3a microscopic
- 3b macroscopic

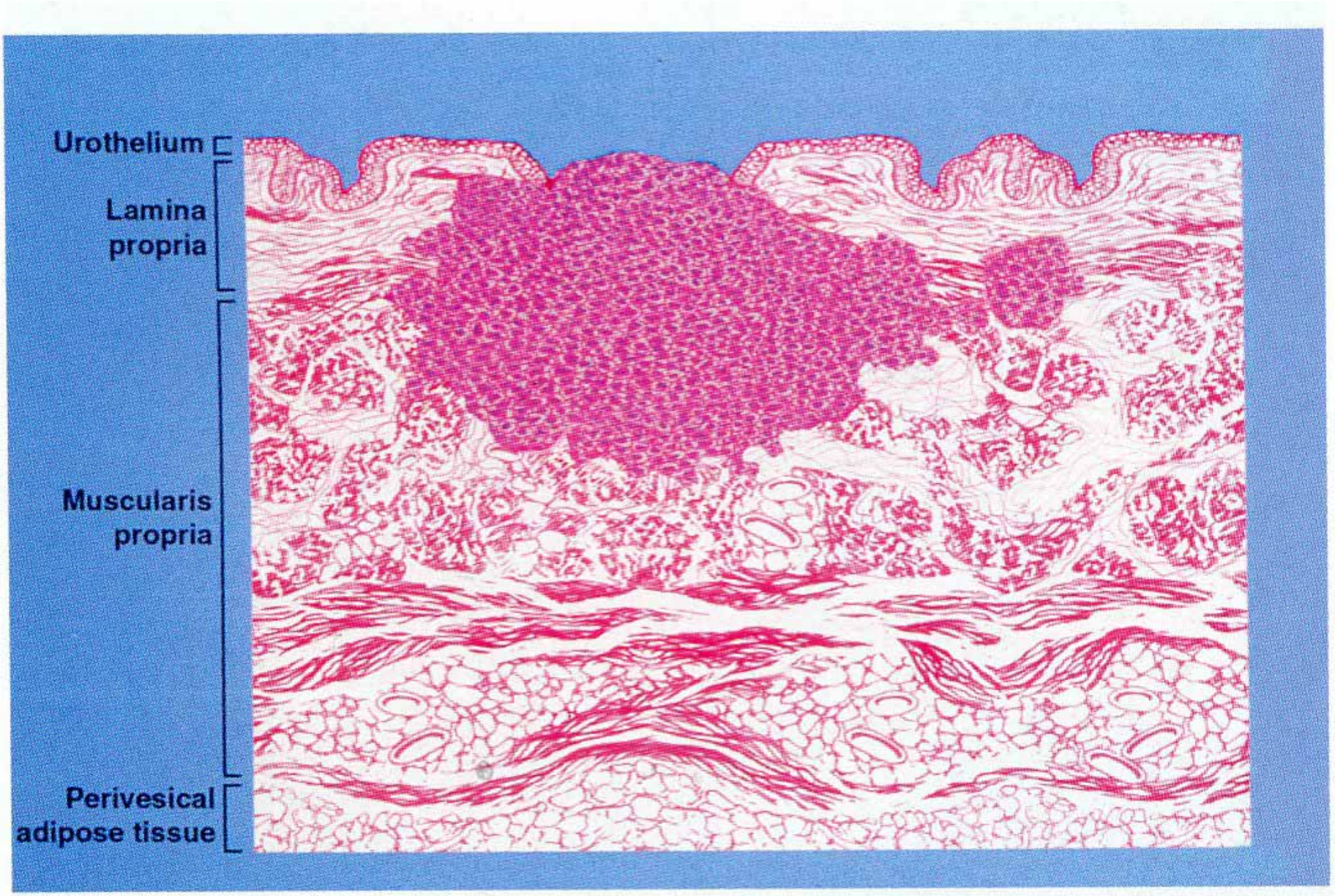
T_{4a} : invading neighbouring structures (prostate, uterus, vagina)

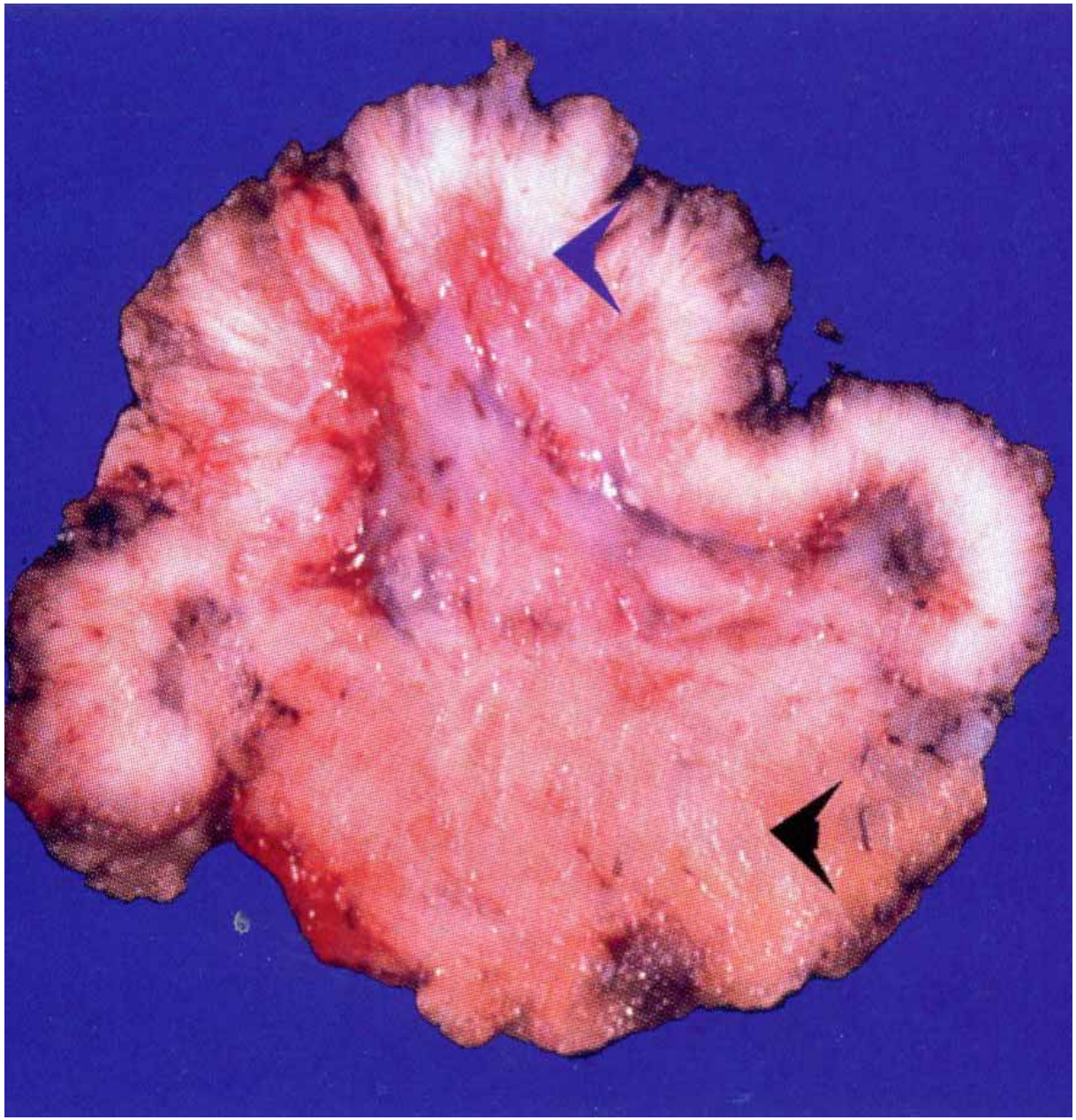
T_{4b} : involvement of rectum, fixed to pelvic wall

T1

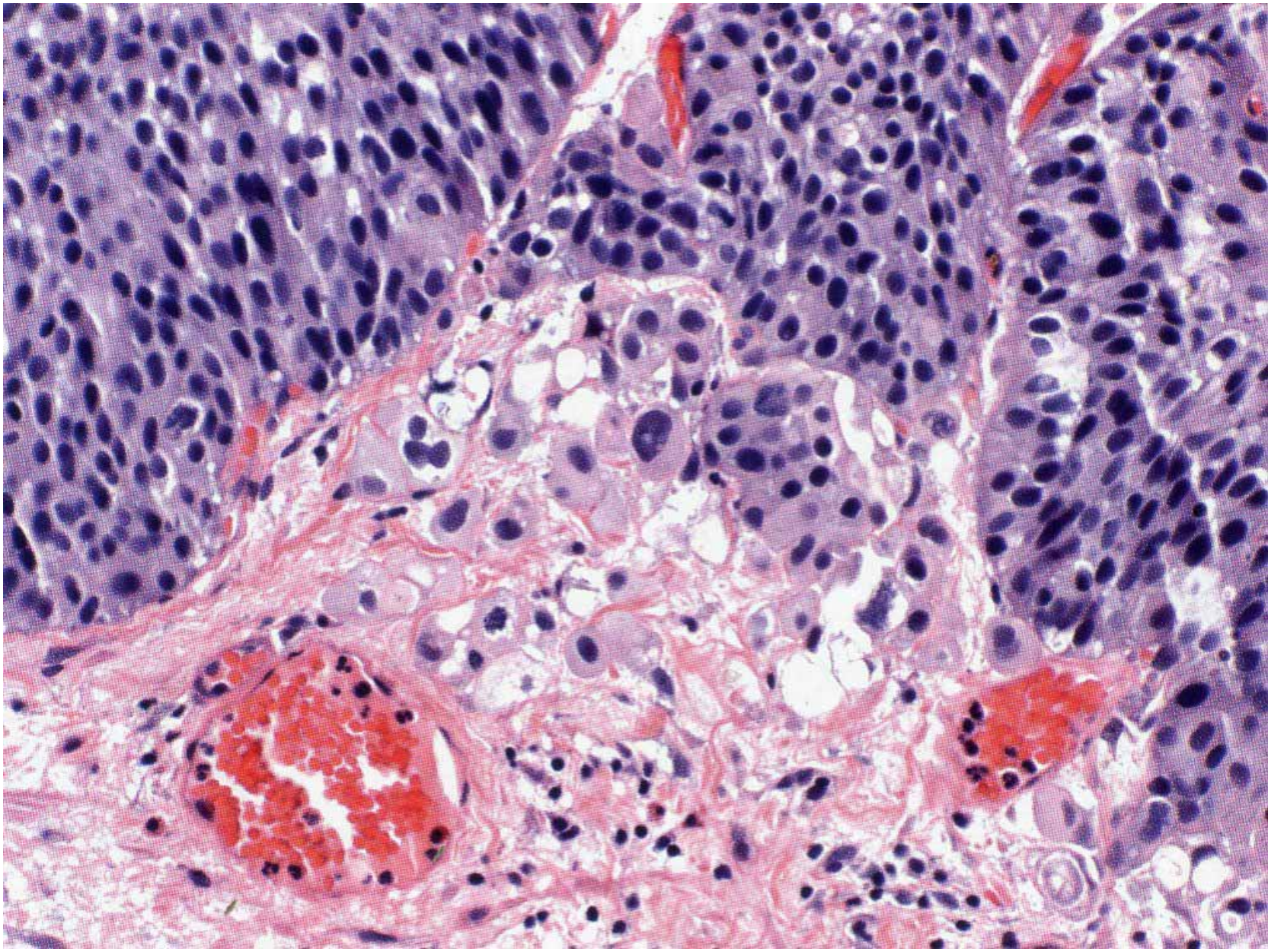
T2

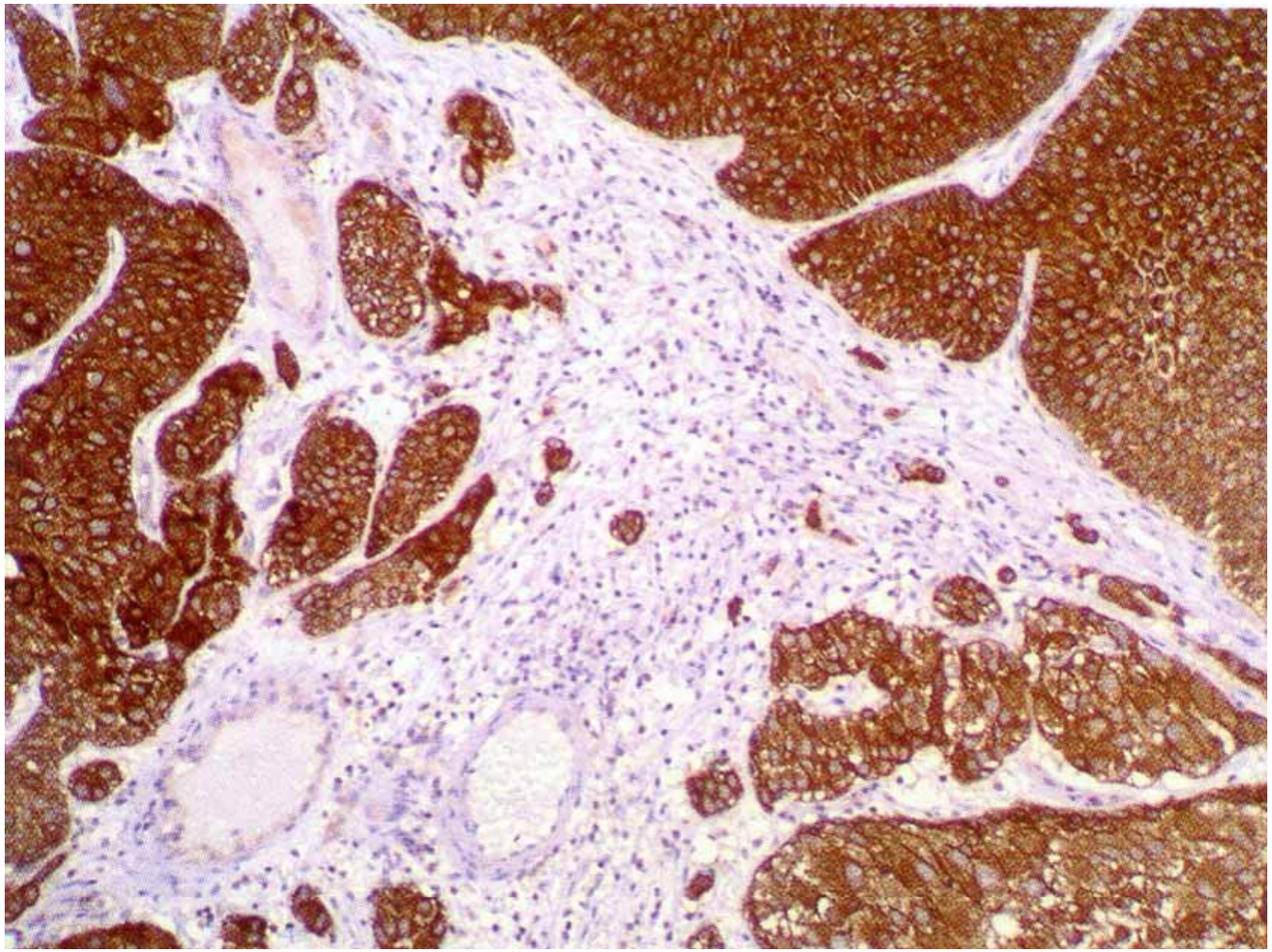
T3


Urothelium
Lamina propria
Muscularis propria
Perivesical adipose tissue



pT1: infiltrazione della lamina propria





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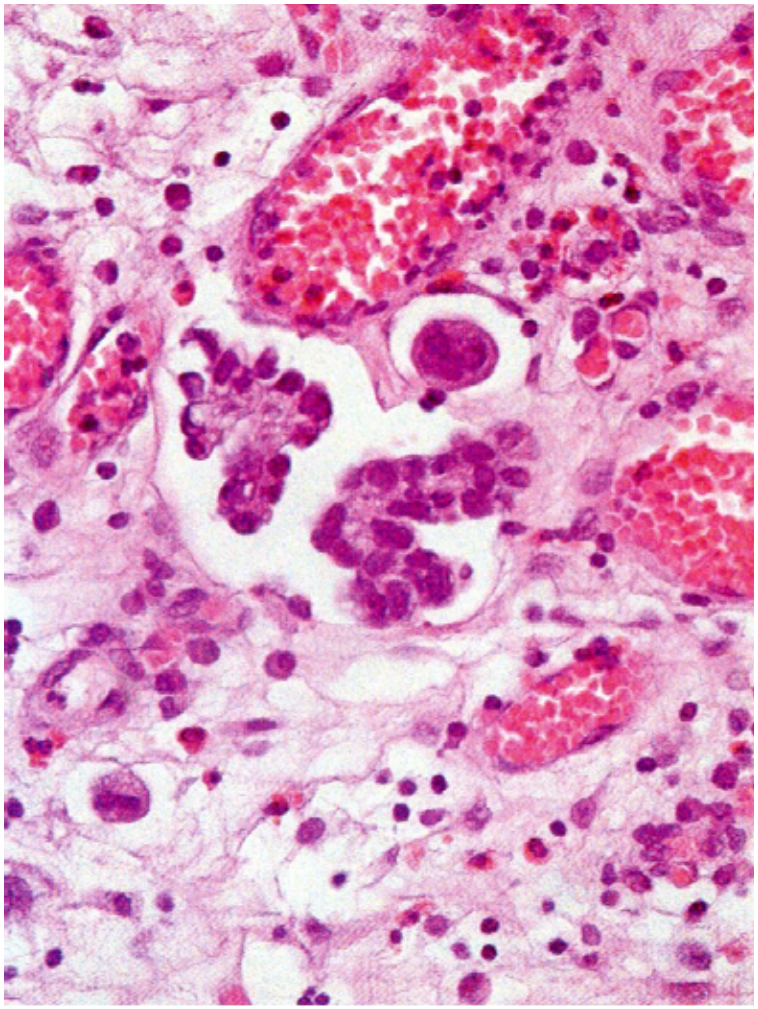
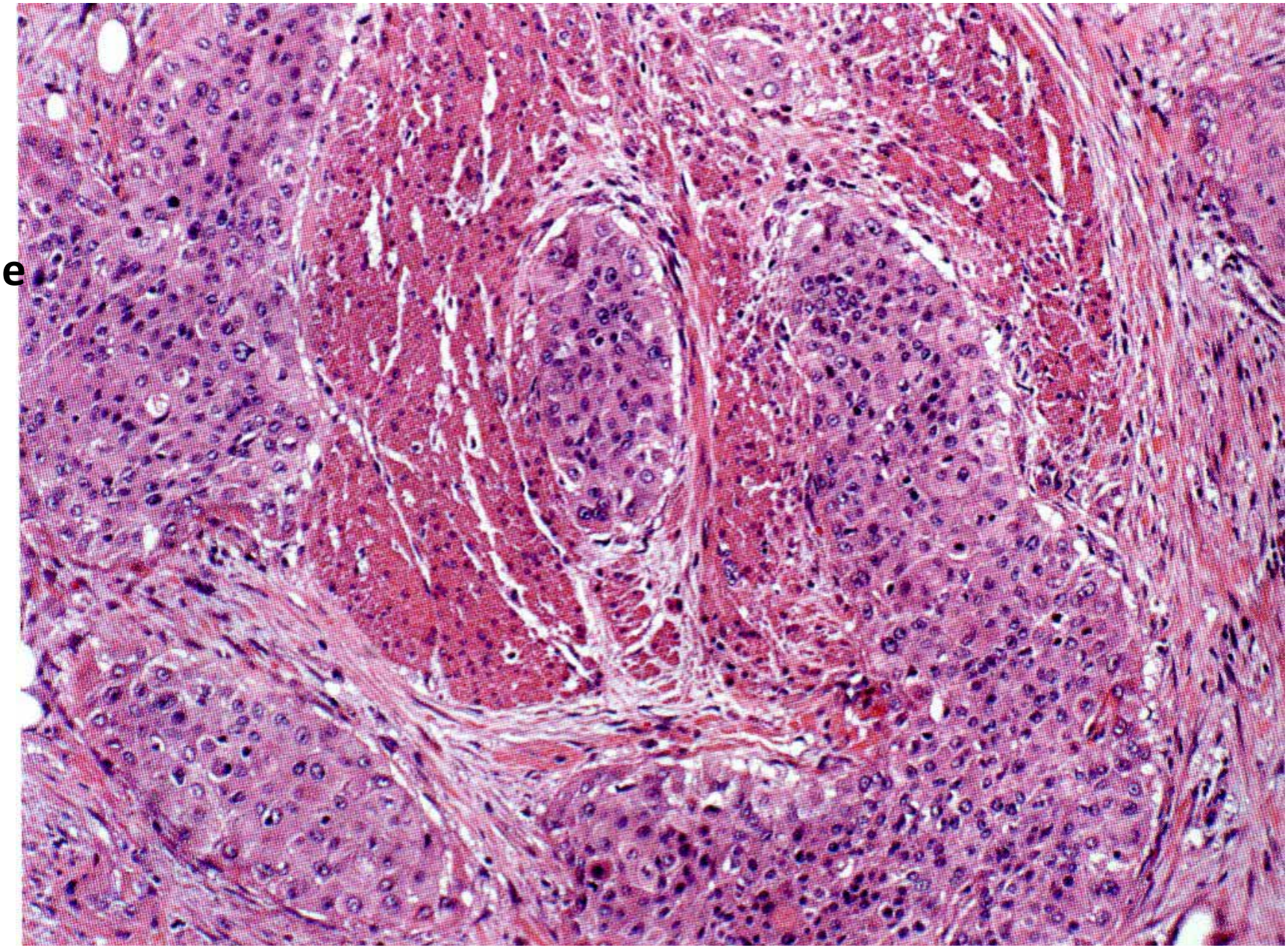
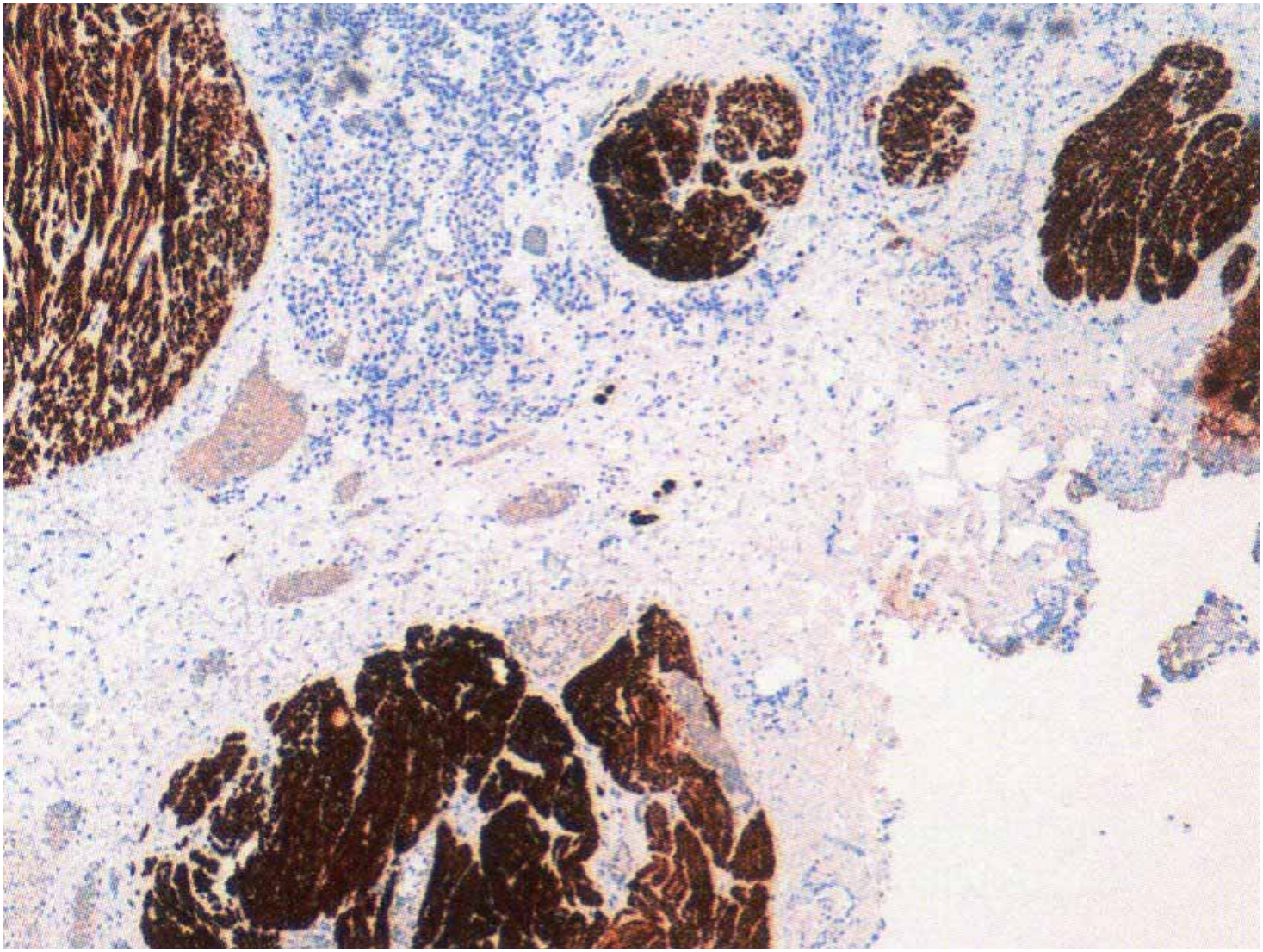


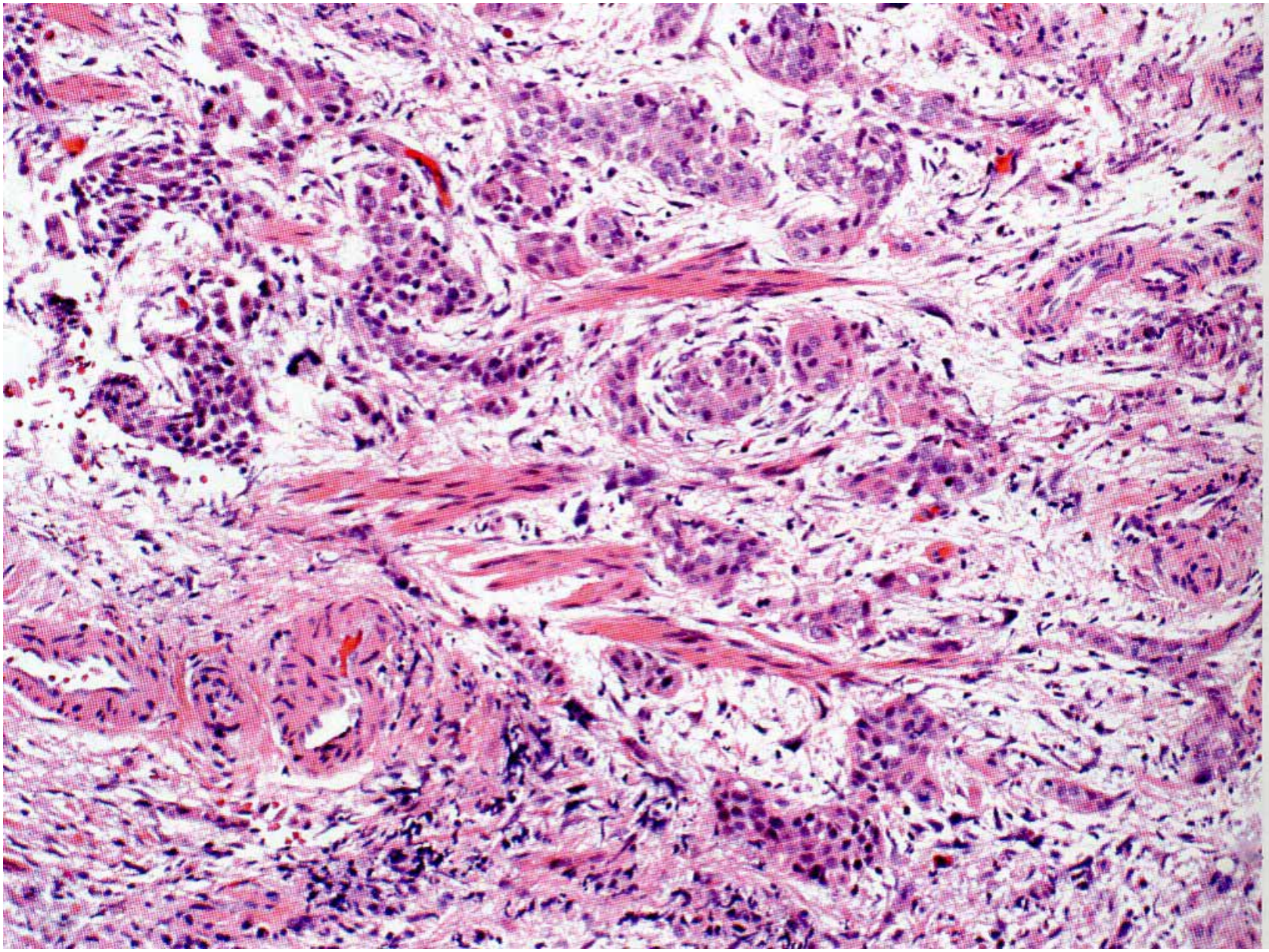
pT2: infiltrazione della tonaca muscolare



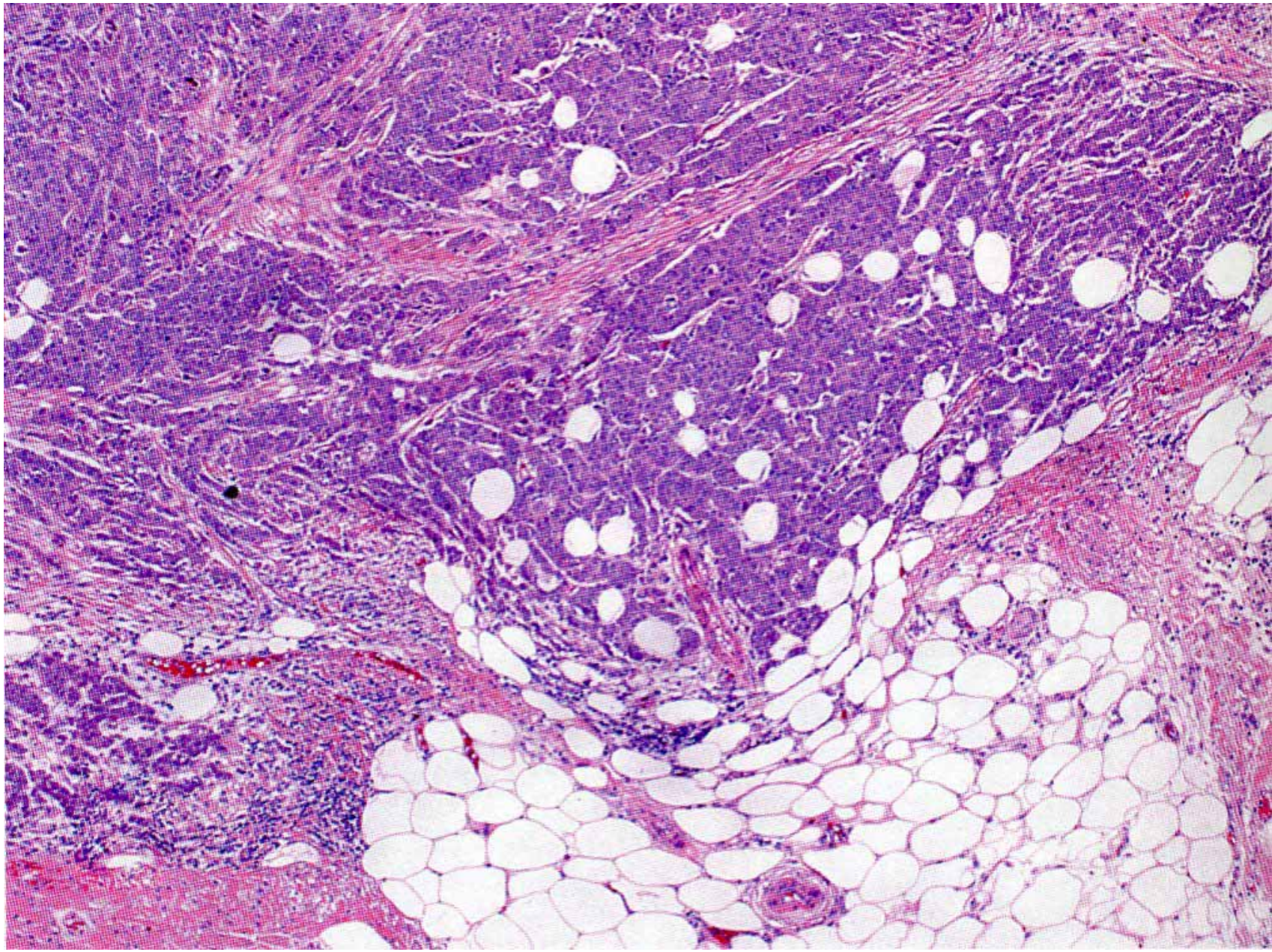
tonaca muscolare colorata da desmina (IHC)

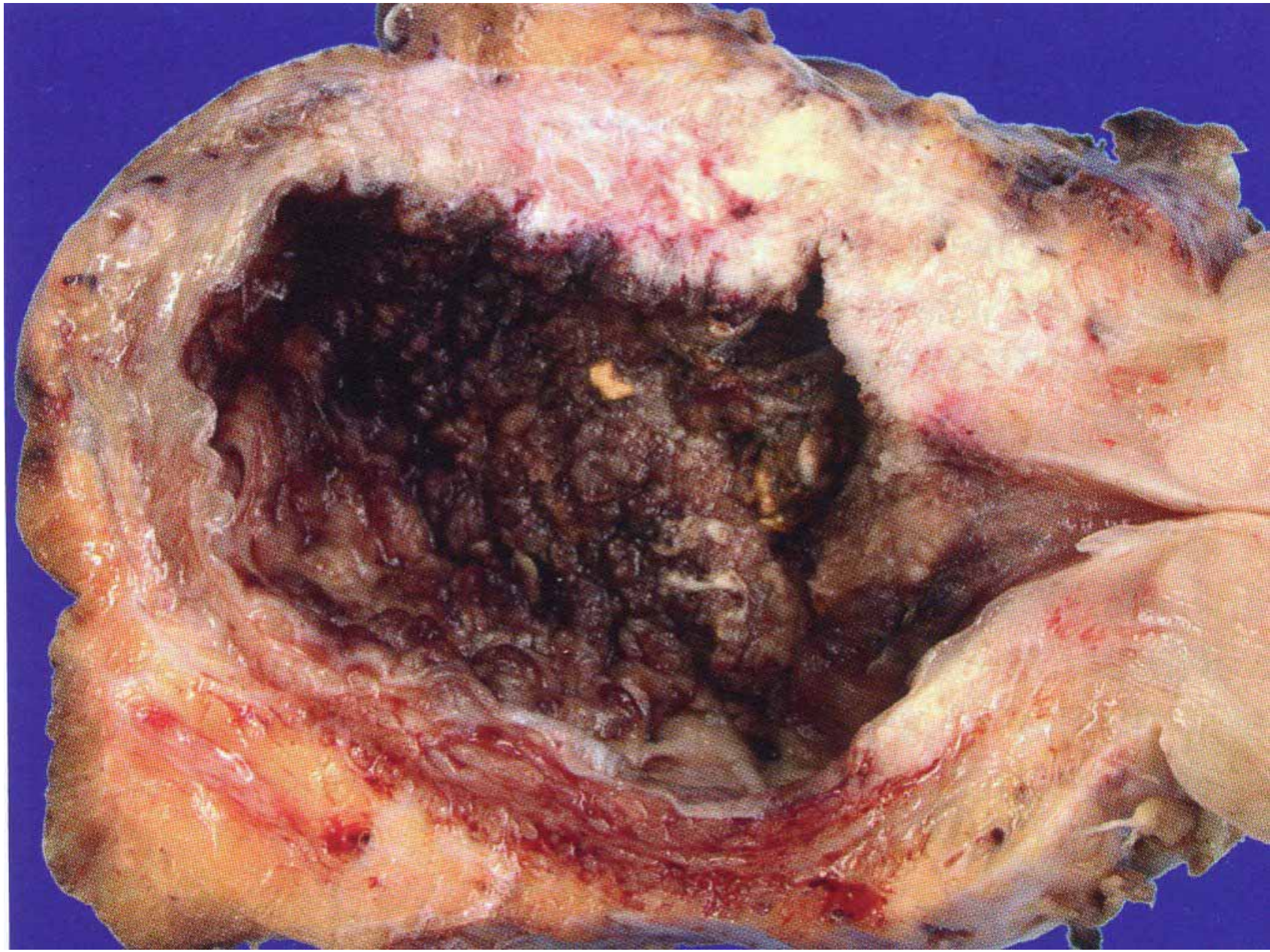


abbozzo di muscularis mucosae

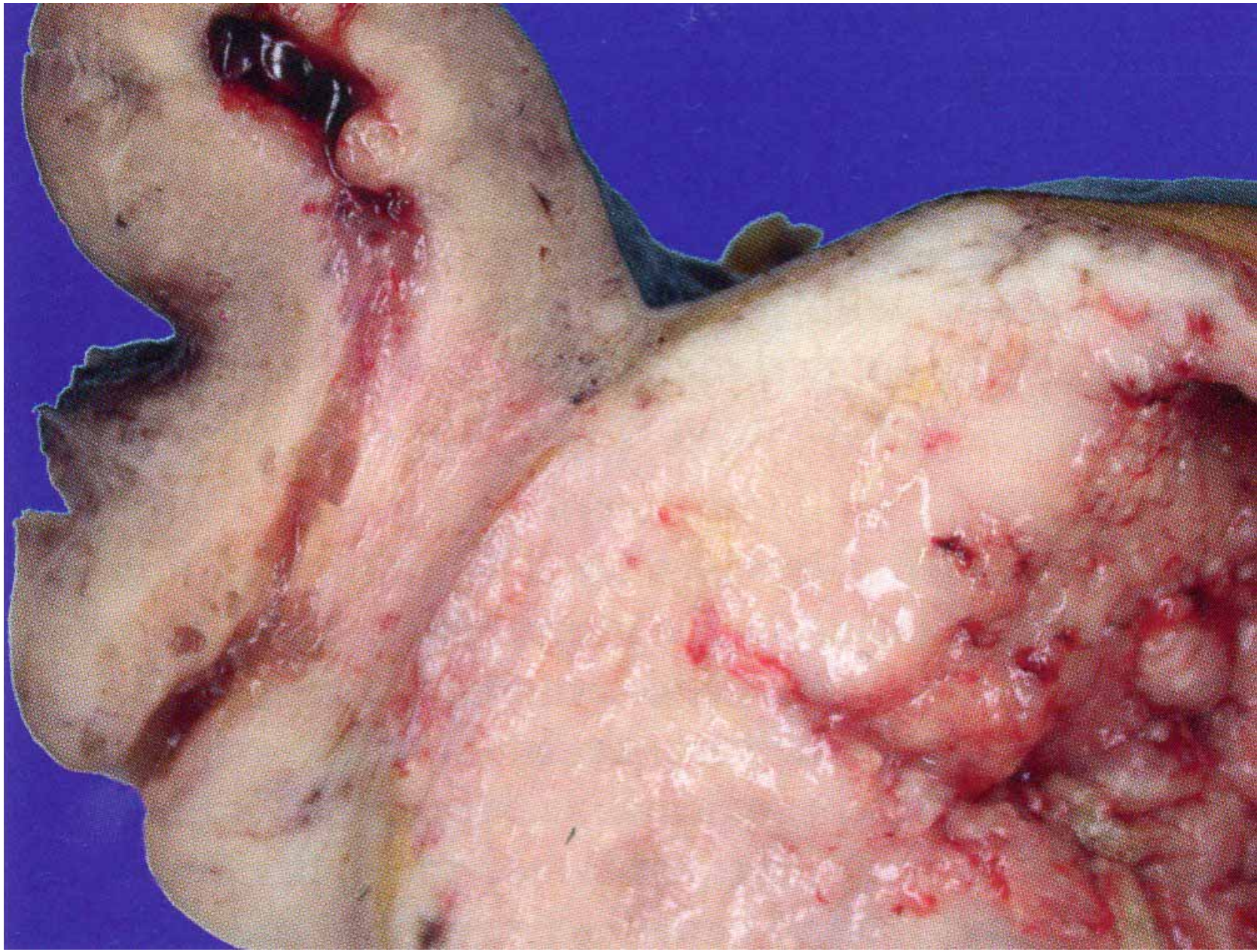


pT3: infiltrazione del t. adiposo perivescicale





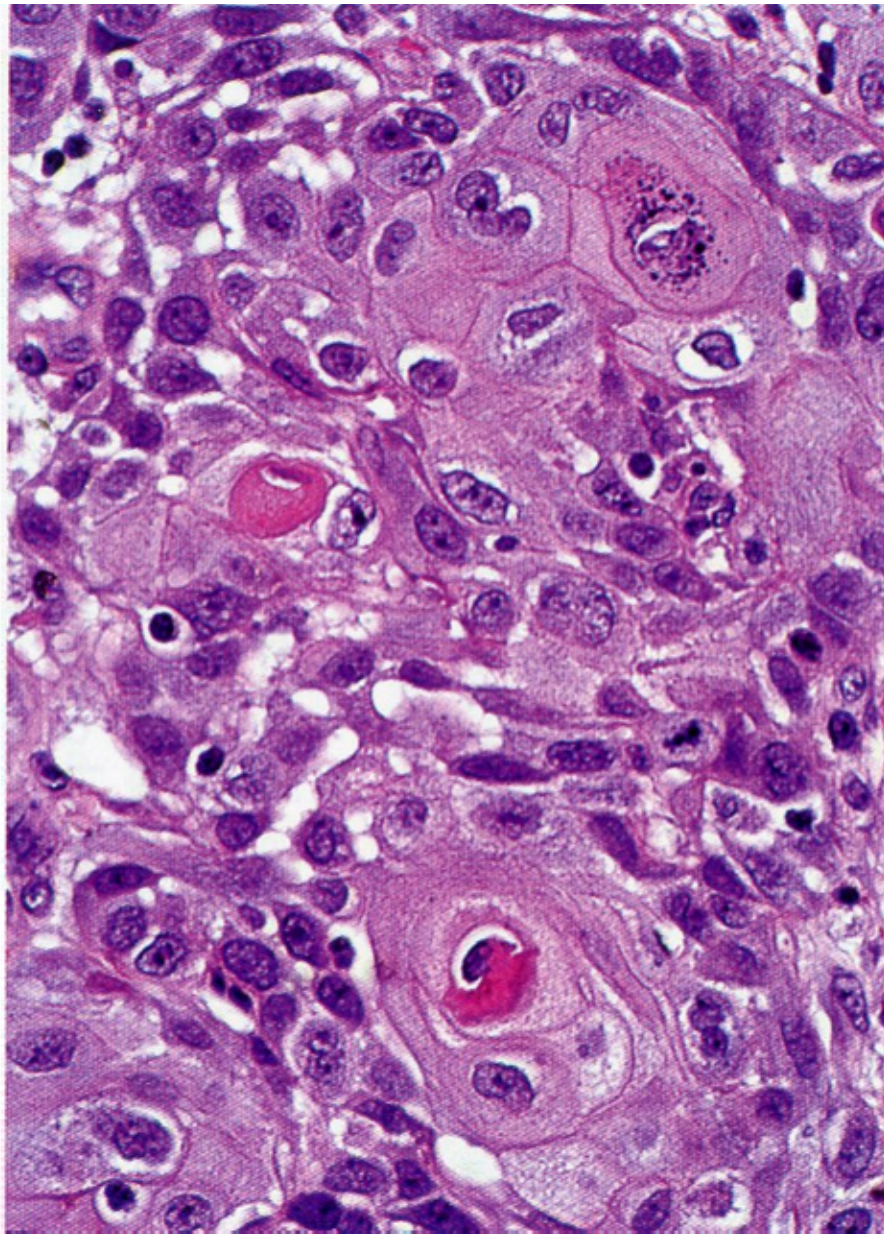
pT4: invasione di organi adiacenti (utero, vagina, prostata)



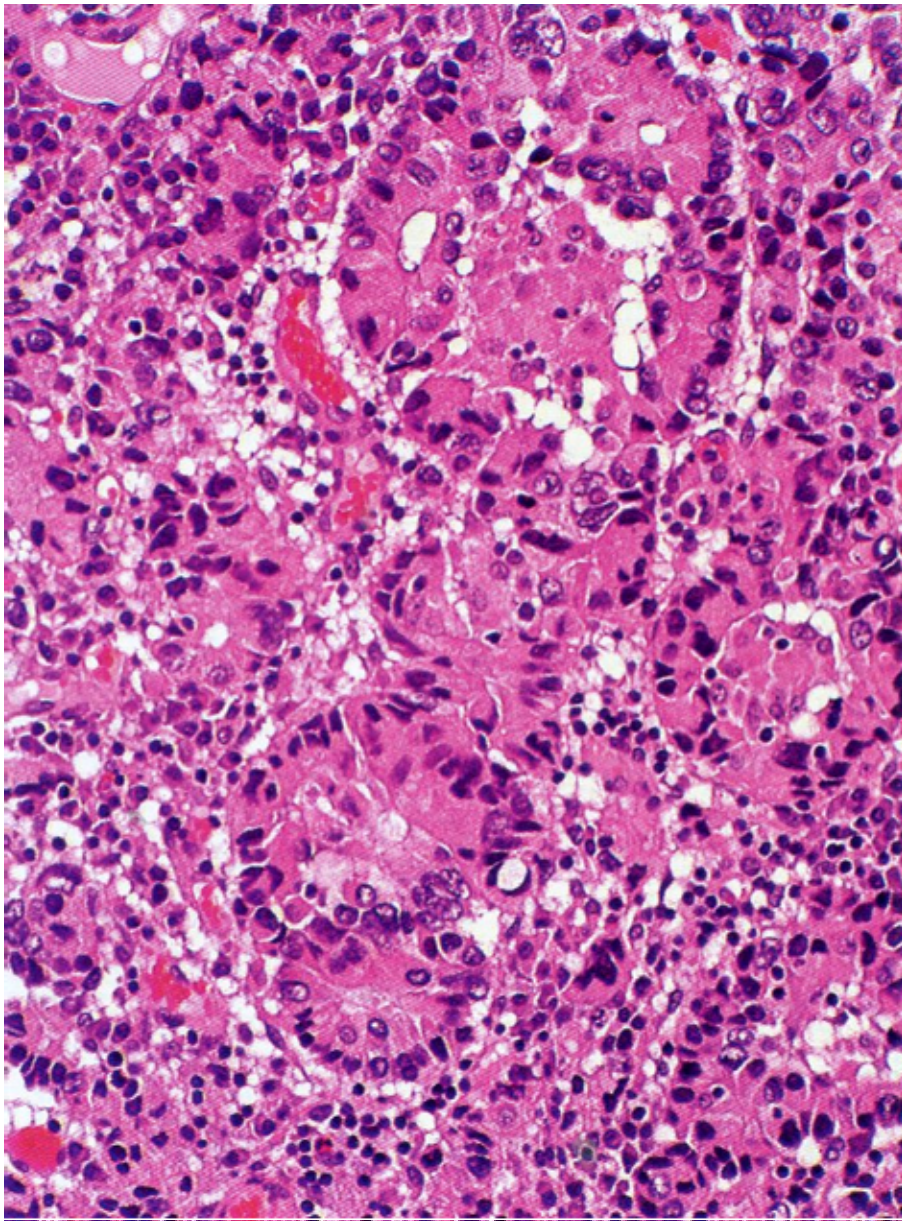
VARIANTI ISTOLOGICHE

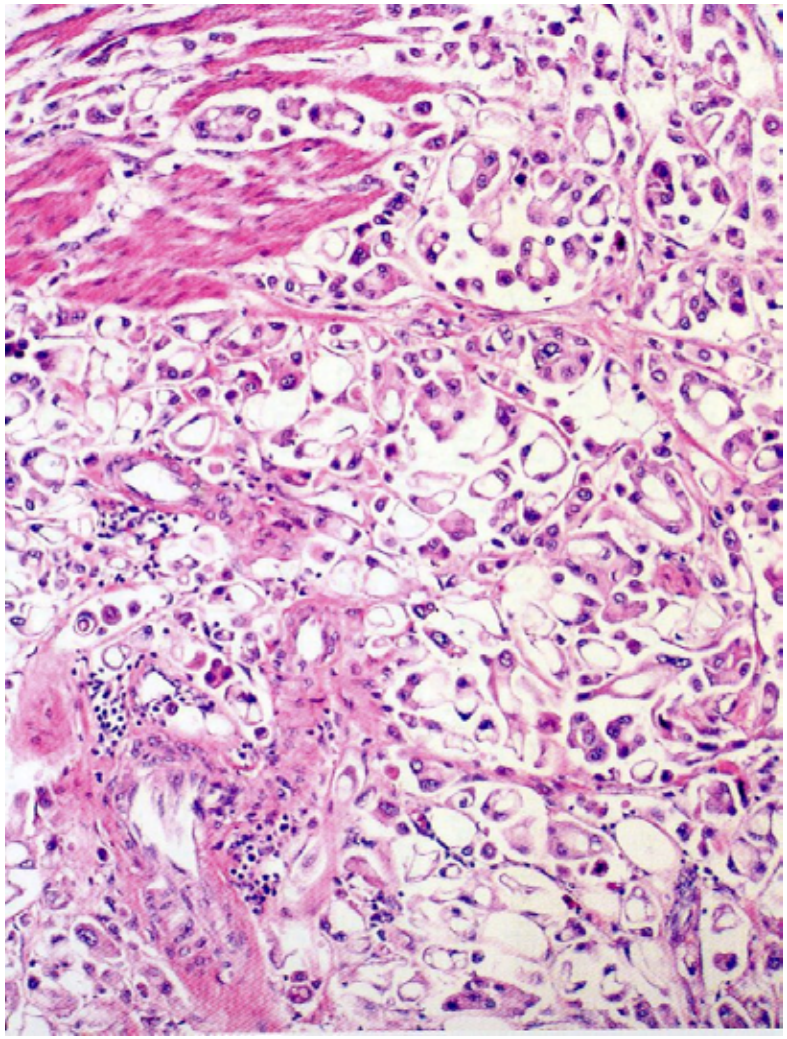
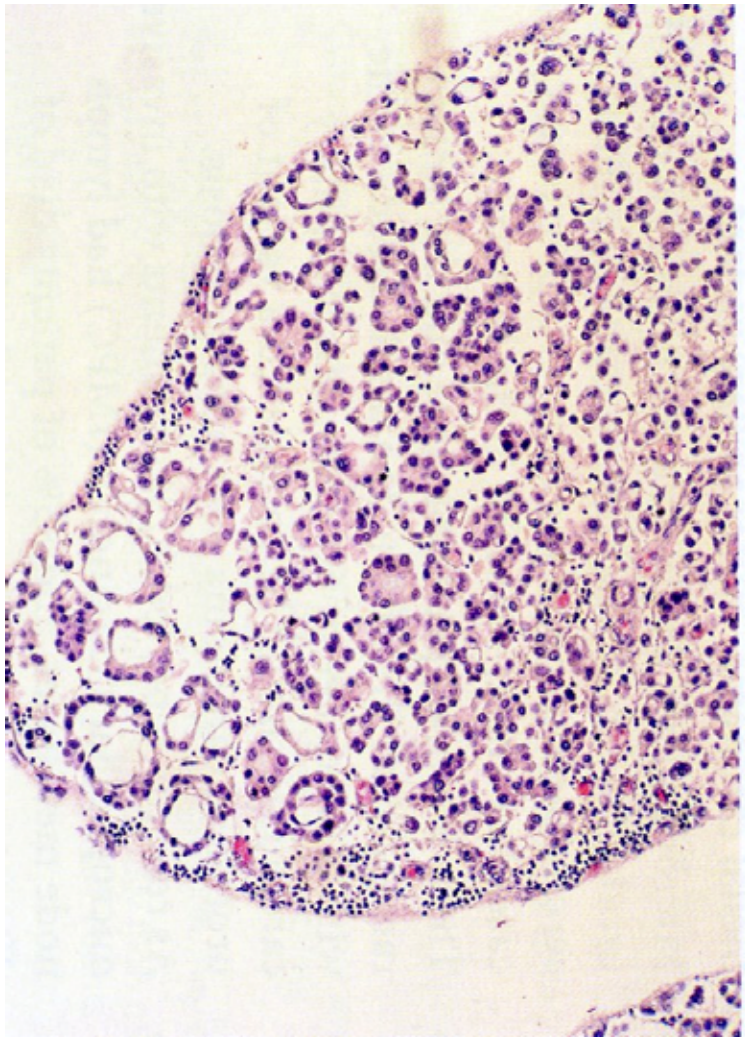
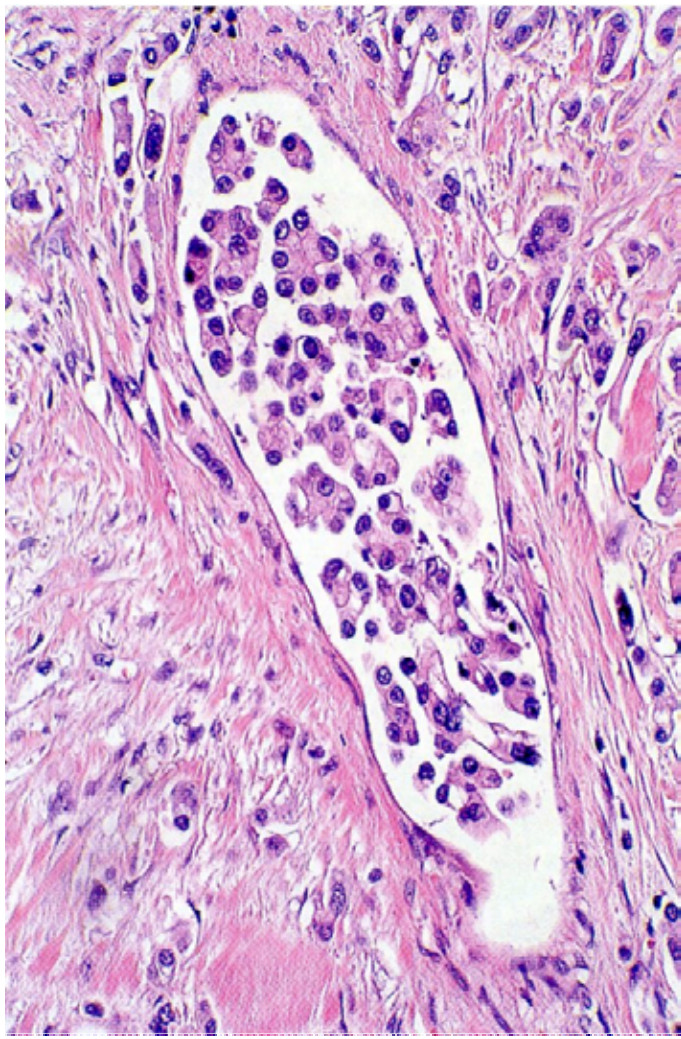
carcinoma uroteliale con differenziazione squamosa
con differenziazione ghiandolare
con crescita invertita (endofitica)
variante microcistica
simil-linfoepitelioma
plasmocitoide

con aspetti rabdoidi
variante micropapillare
variante «nested»
sarcomatoide
indifferenziato

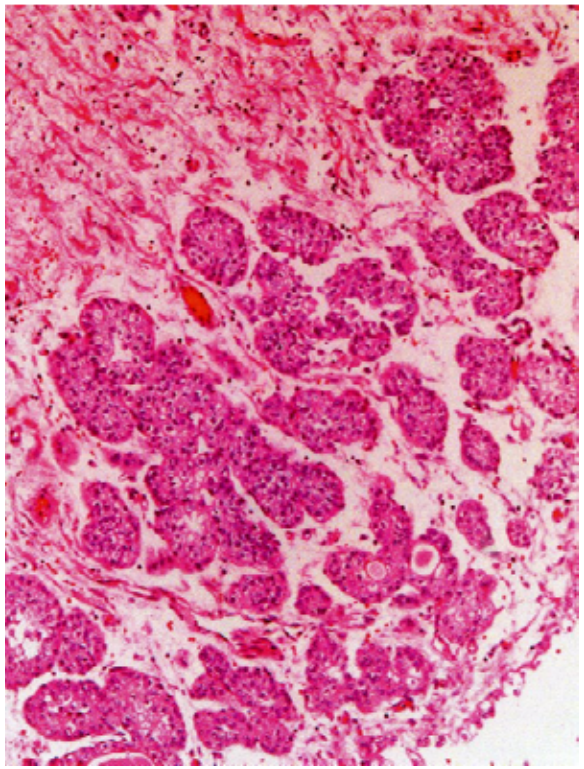


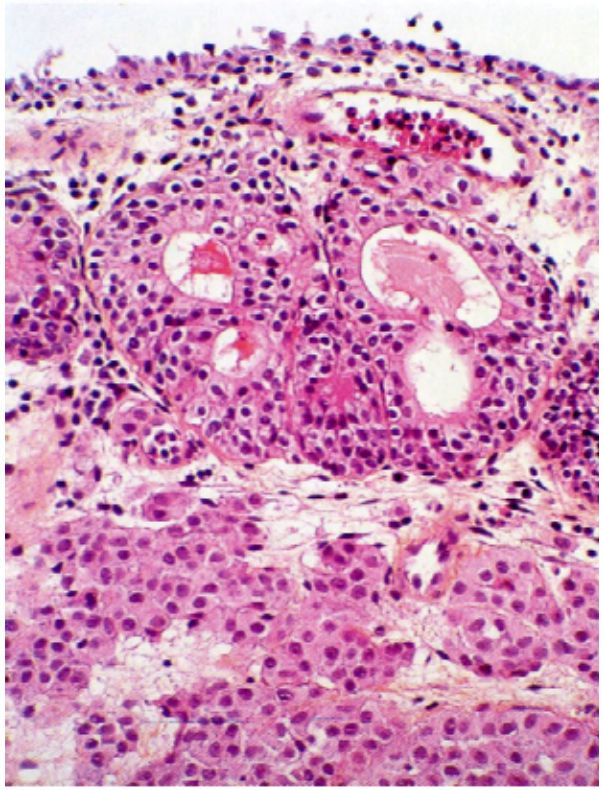
aree squamose o ghiandolari

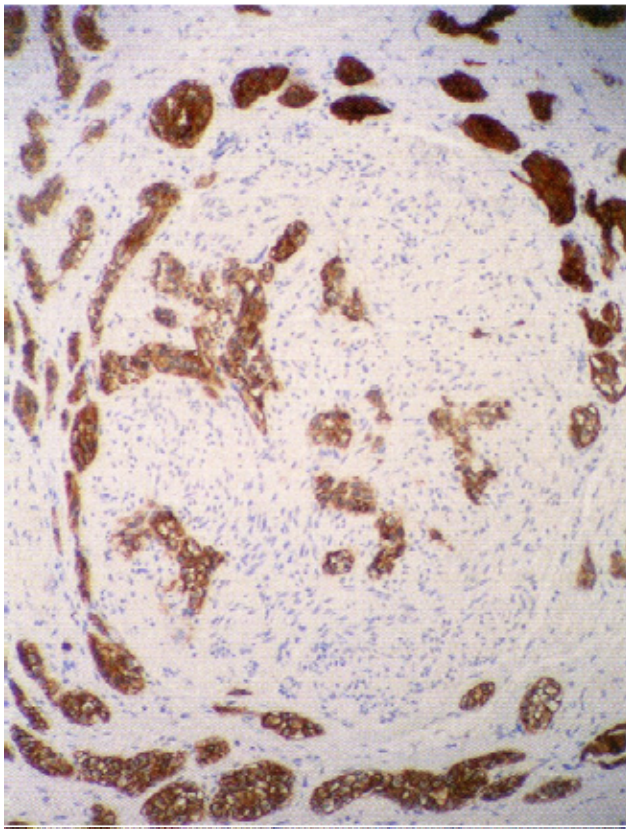


variante micropapillare: soprattutto maschi, eta' media 66, prognosi infausta
85% deceduti dopo 6,2 mesi dalla diagnosi (diffusione precoce ai linfonodi)







variante nested: ricordano i nidi di von Brunn

marcata predominanza maschile, 70% dei pazienti deceduti dopo 4-40 mesi

grazie a Voi per avermi ascoltato

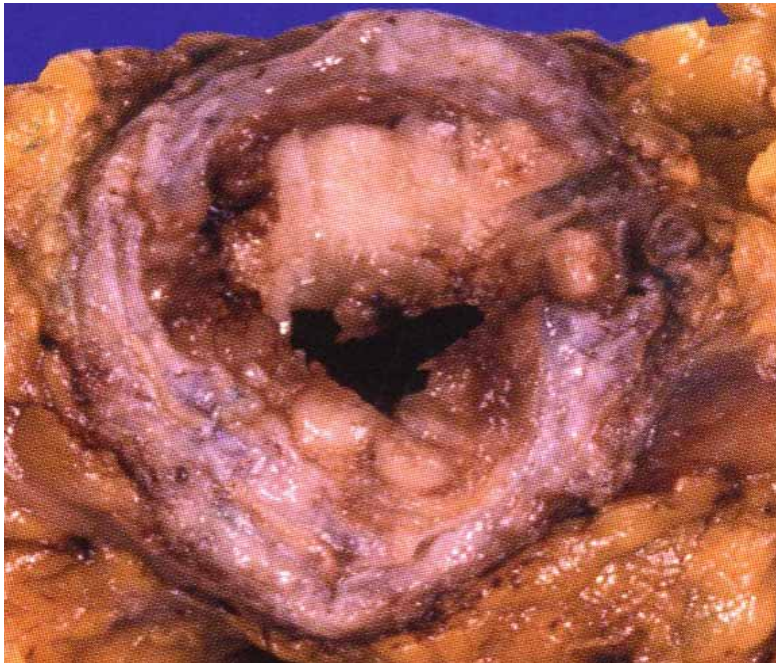
grazie a dr. Luca Fabbiani per avermi aiutato

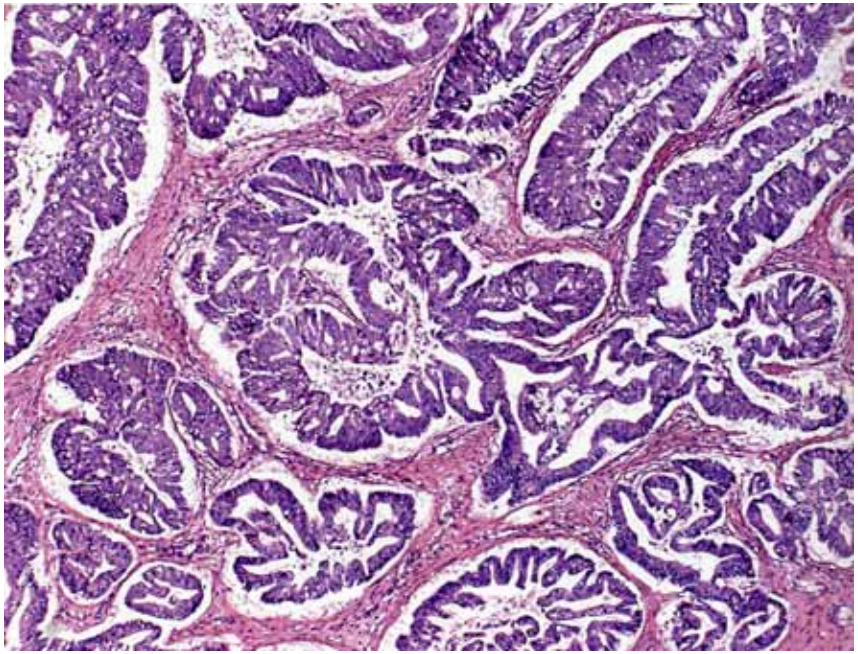
NEOPLASIE GHIANDOLARI

derivazione uroteliale ; 0,5-2% dei tumori vescicali ; 6-7 decade

escludere neoplasia intestinale

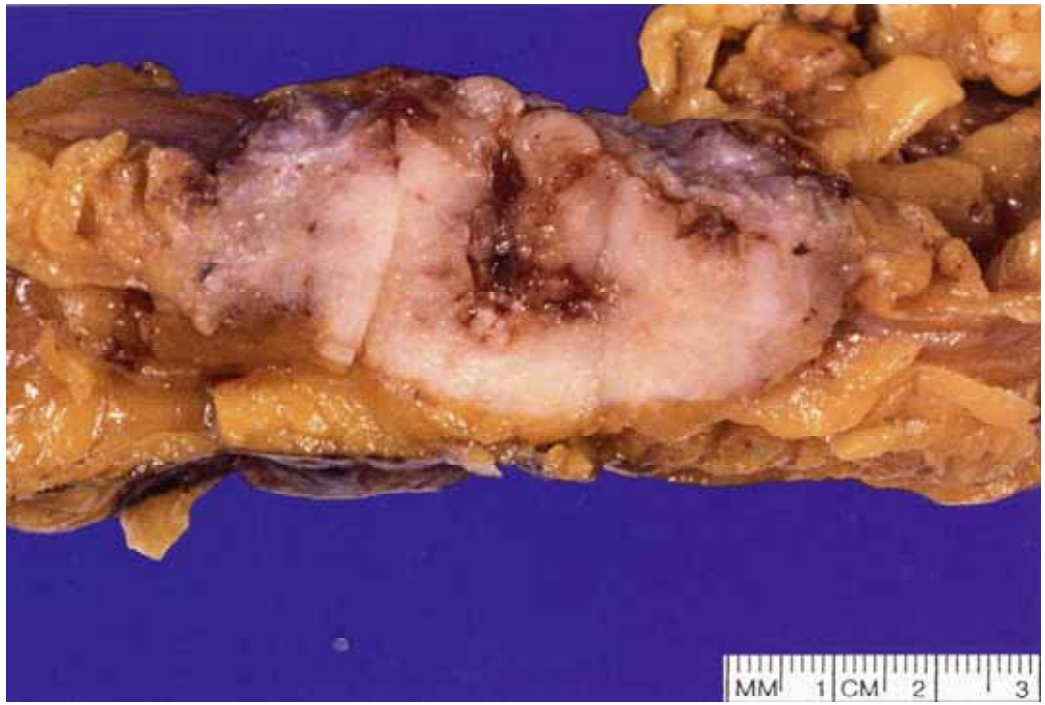
- **adenoma villoso**
- **adenocarcinoma (tipo intestinale, mucinoso o misto)**

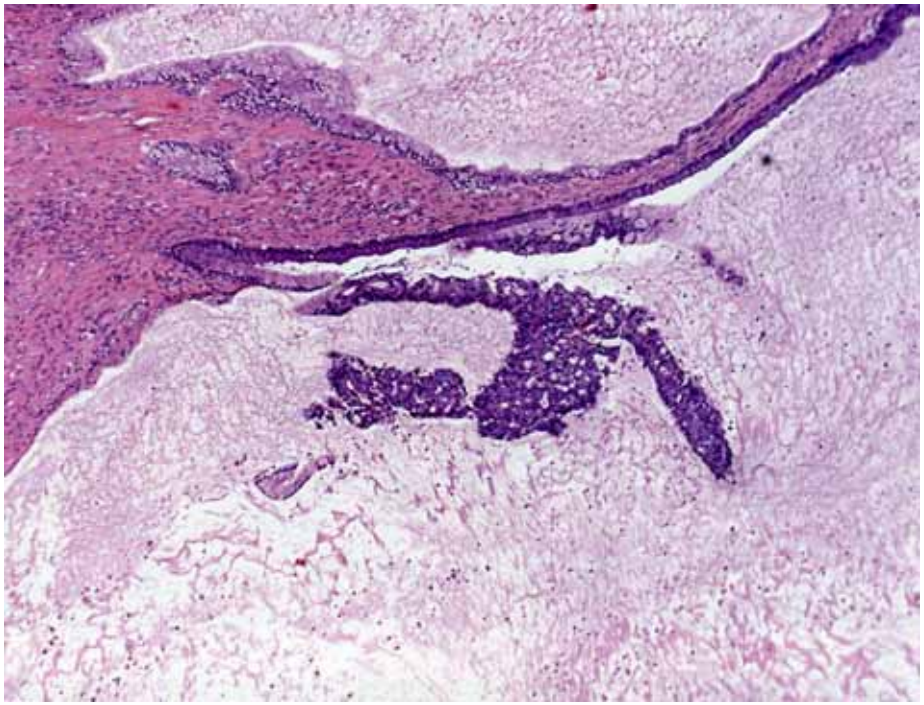




CARCINOMA DELL'URACO

origine da residui di uraco ; meno frequente di altri adenocarcinomi ; 40-69 anni ; ematuria o mucosuria





criteri per la diagnosi (modificati da Gopalan, Am J Surg Pathol 2009)

- **localizzazione nella cupola o parete anteriore della vescica**
- **epicentro nella parete della vescica**
  (con netta demarcazione dall'urotelio)
- **assenza di cistite cistica e/o cistite ghiandolare**
- **assenza di neoplasia in altri organi**

il riscontro di residui di uraco in associazione alla neoplasia supporta la diagnosi, ma la loro assenza non esclude una origine dall'uraco

adenocarcinomi:

non-cistici (83%)

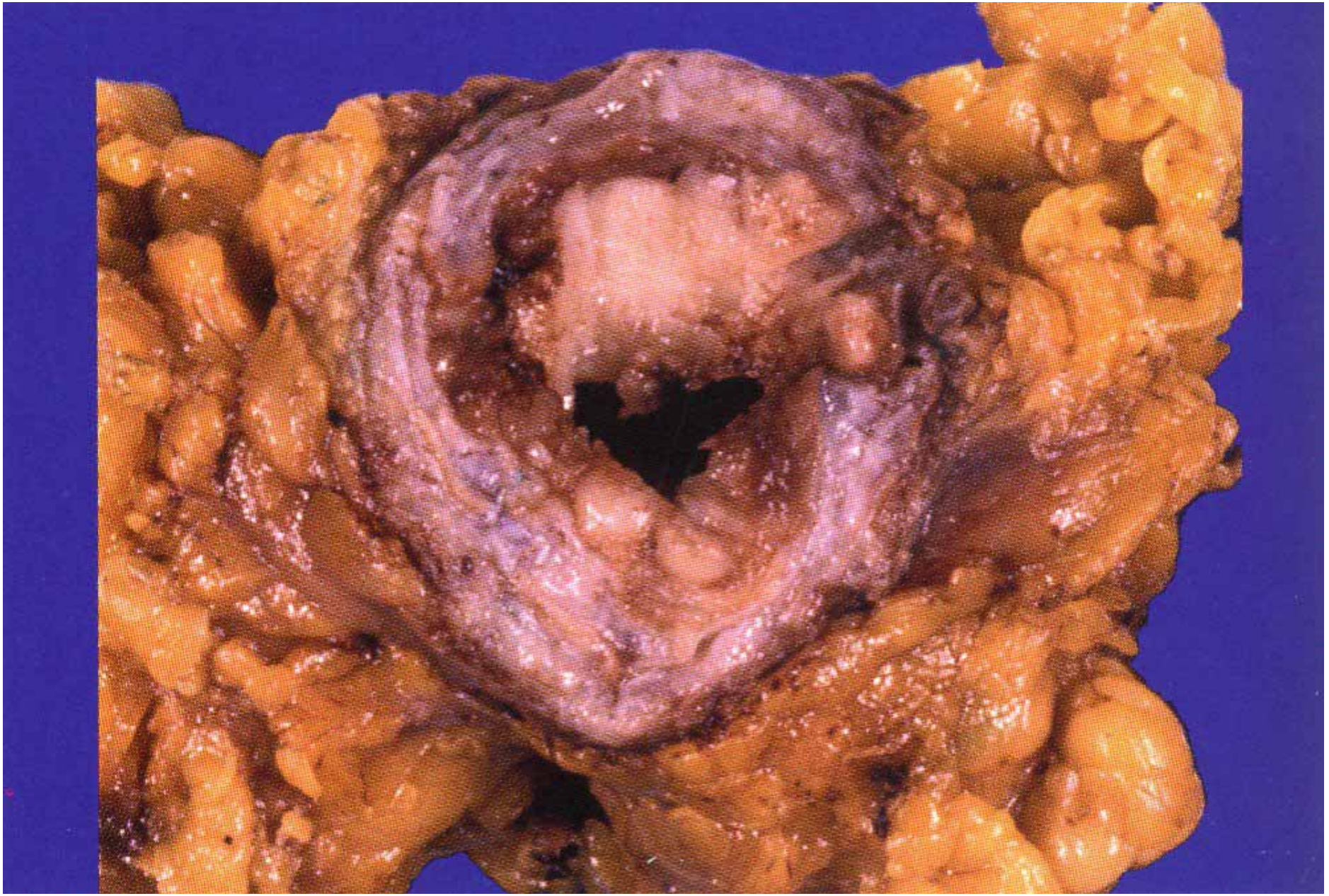
(tipo intestinale, colloide, sigillocellulare, misto)

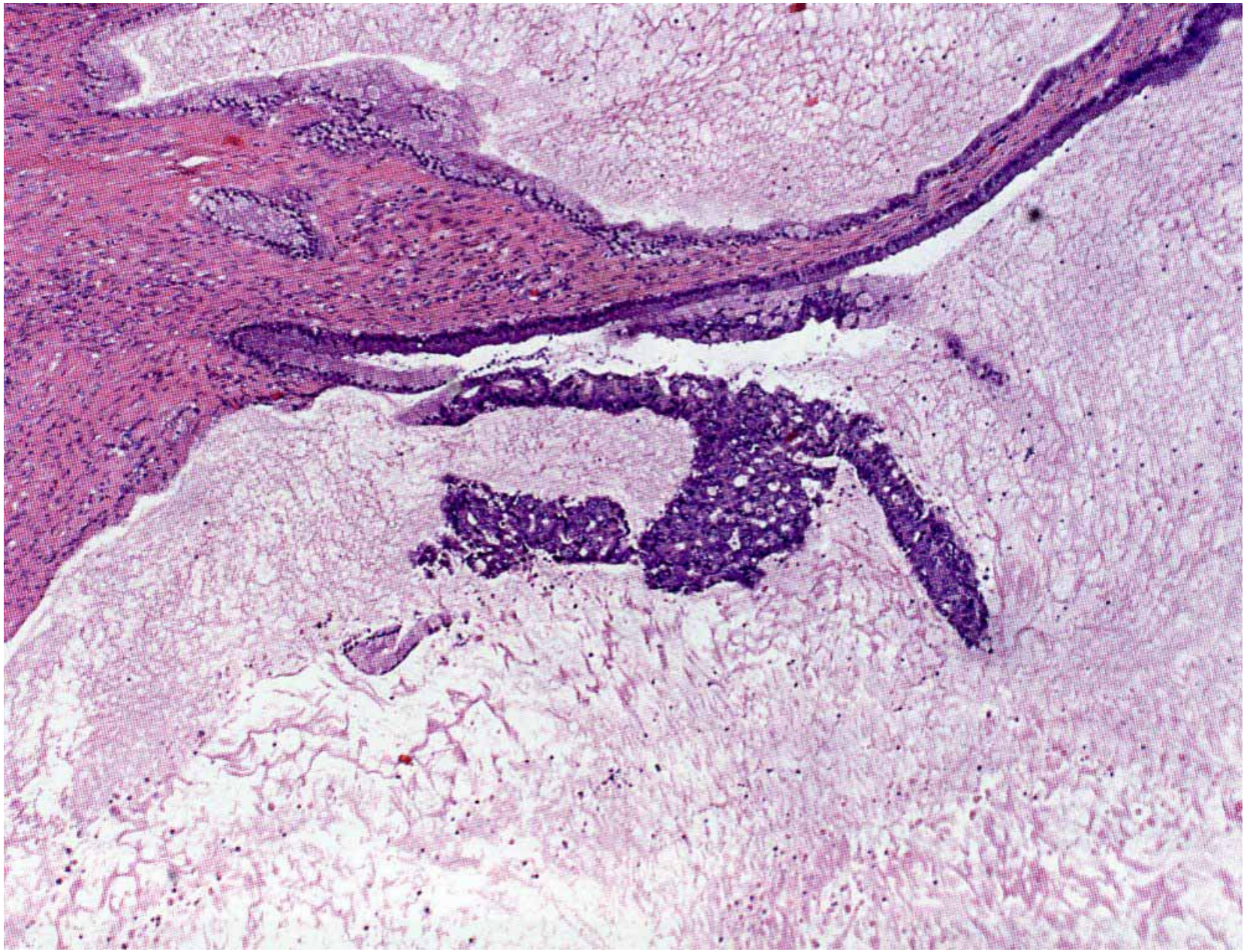
cistici (17%)

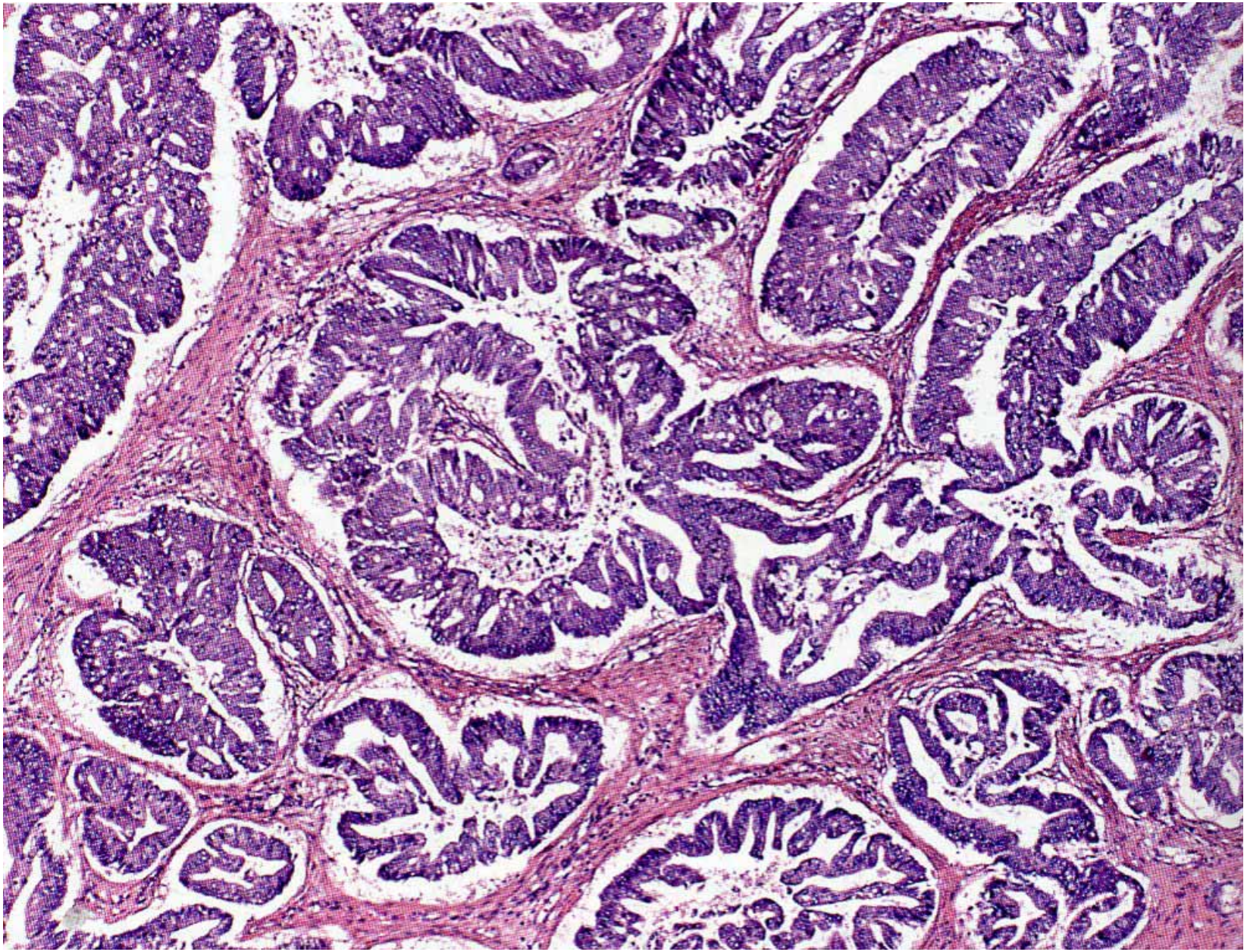
(low malignant potential or invasive cystadenocarcinoma)

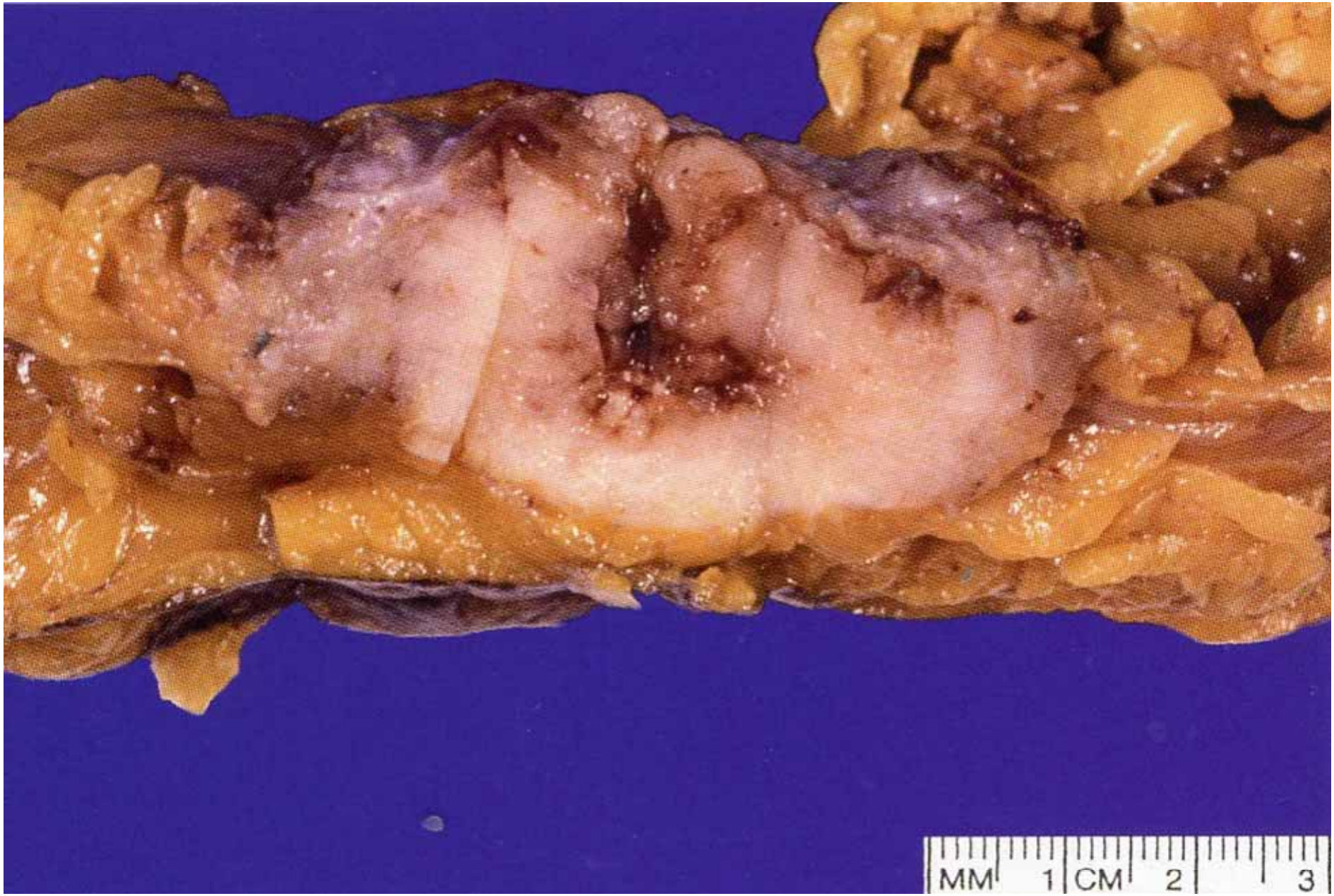
Rari tumori non-ghiandolari

uroteliali, squamosi, neuroendocrini, misti

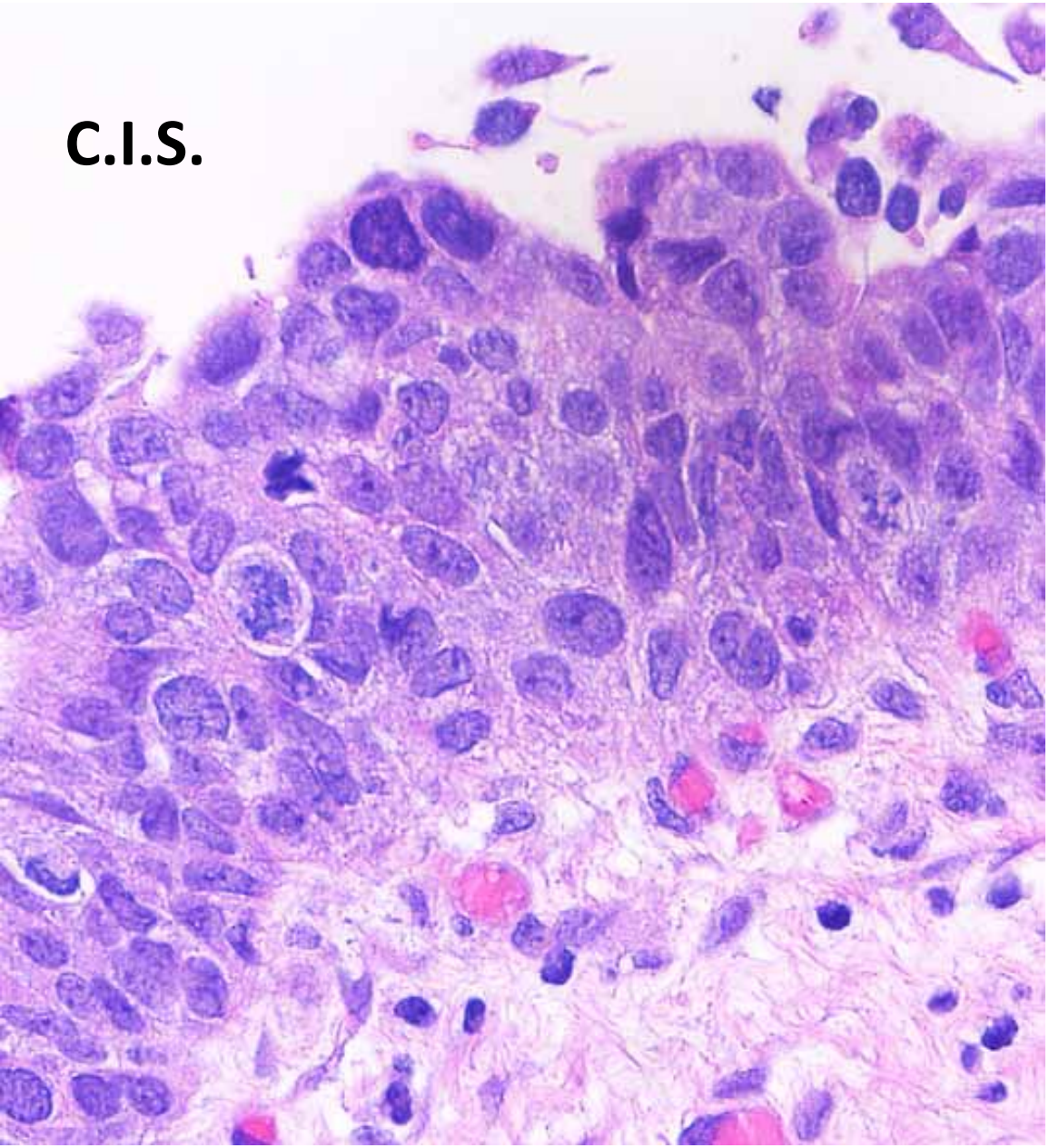


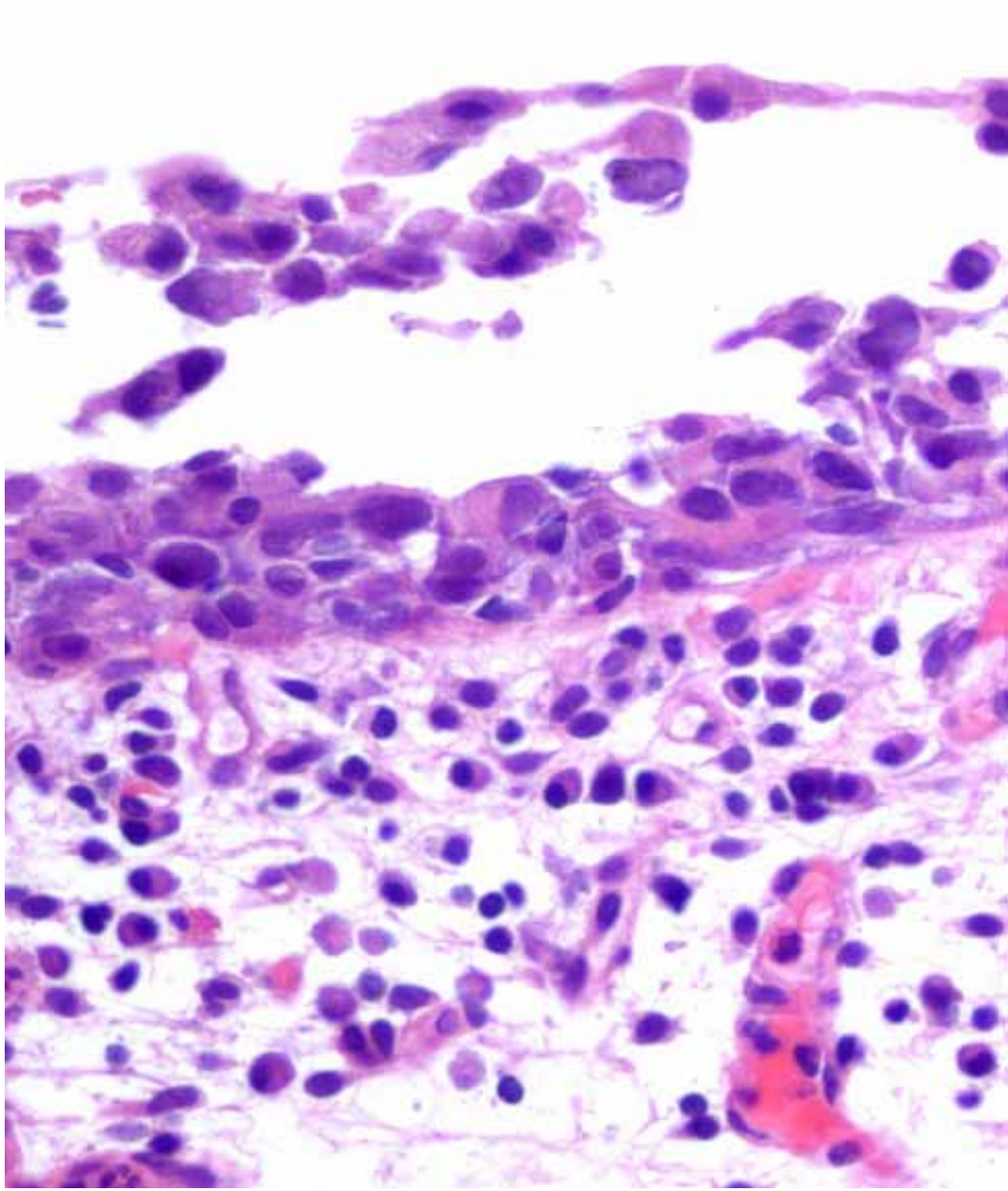




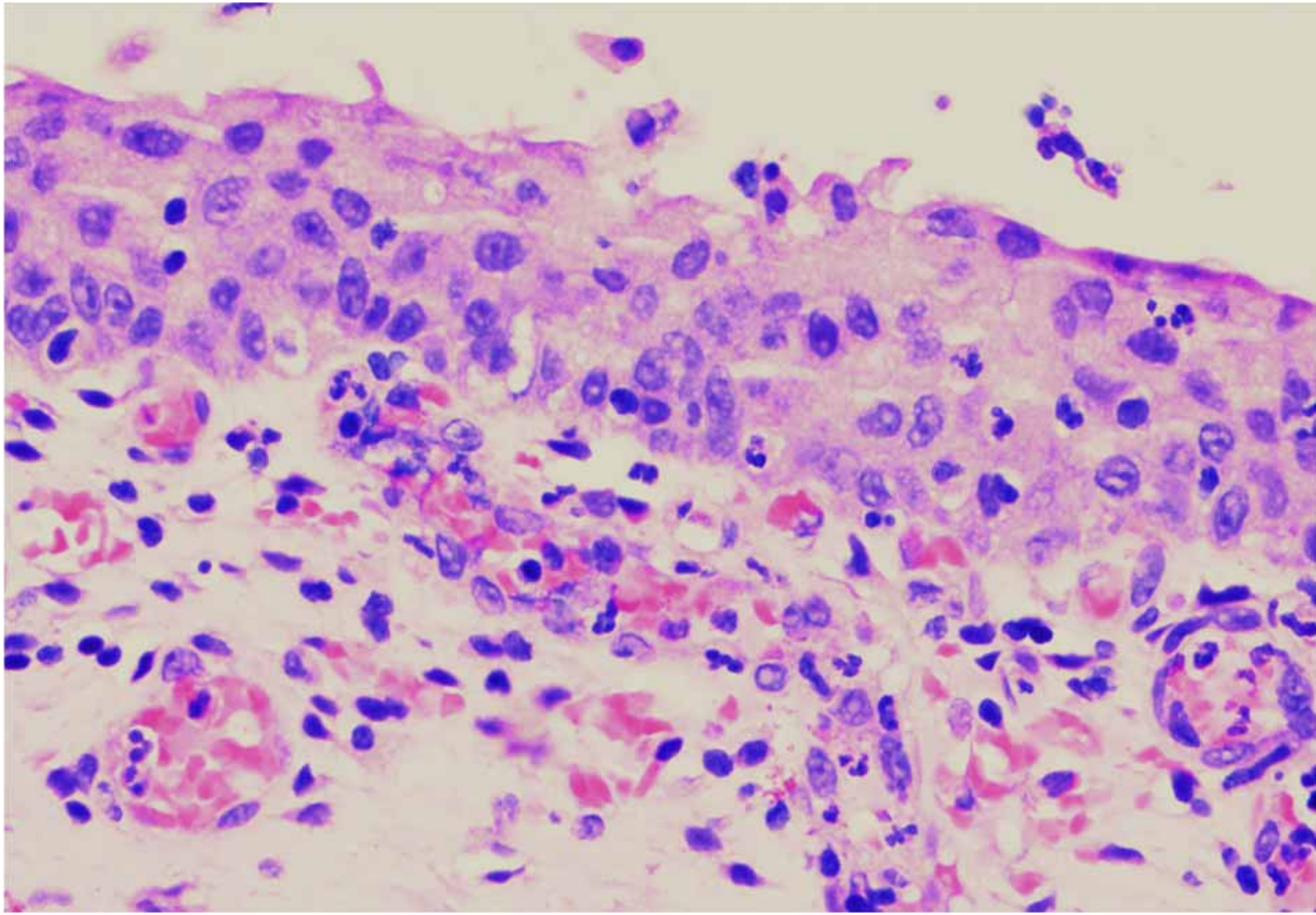

MM
1
CM
2
3

C.I.S.





Atipia reattiva



displasia