

TUMOR MESENQUIMAL EN VEJIGA URINARIA

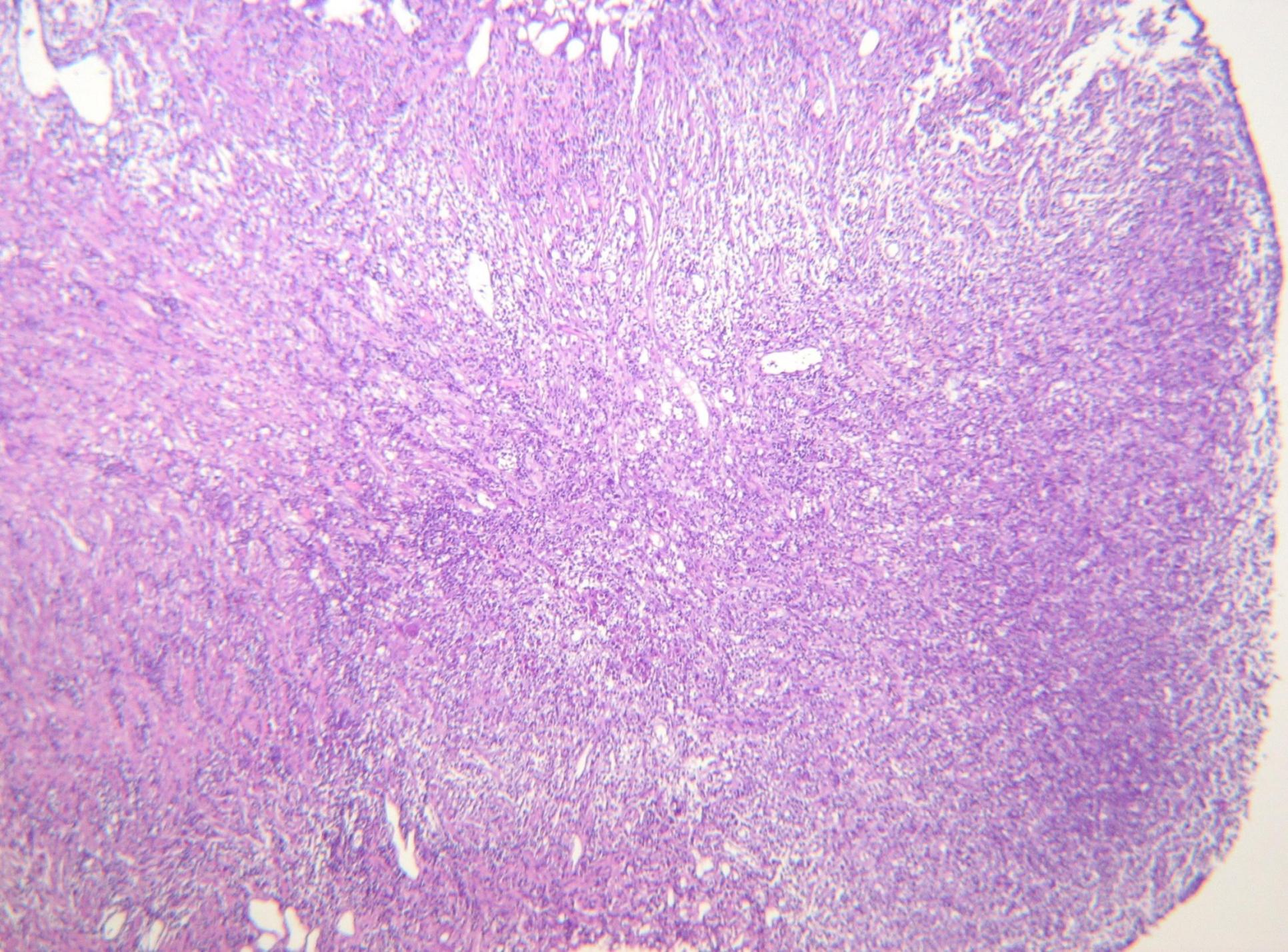
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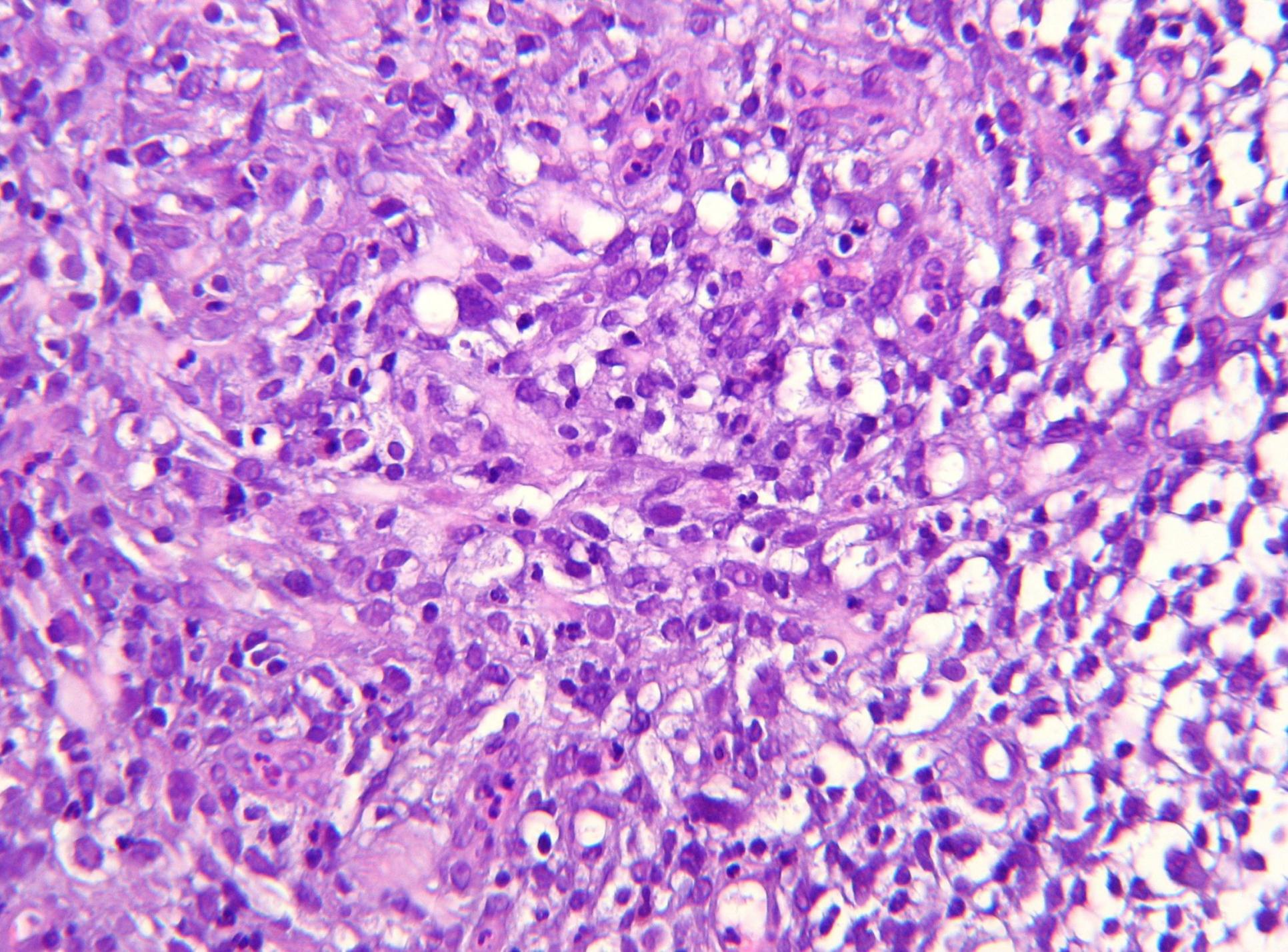
Complejo Hospitalario Universitario de Canarias

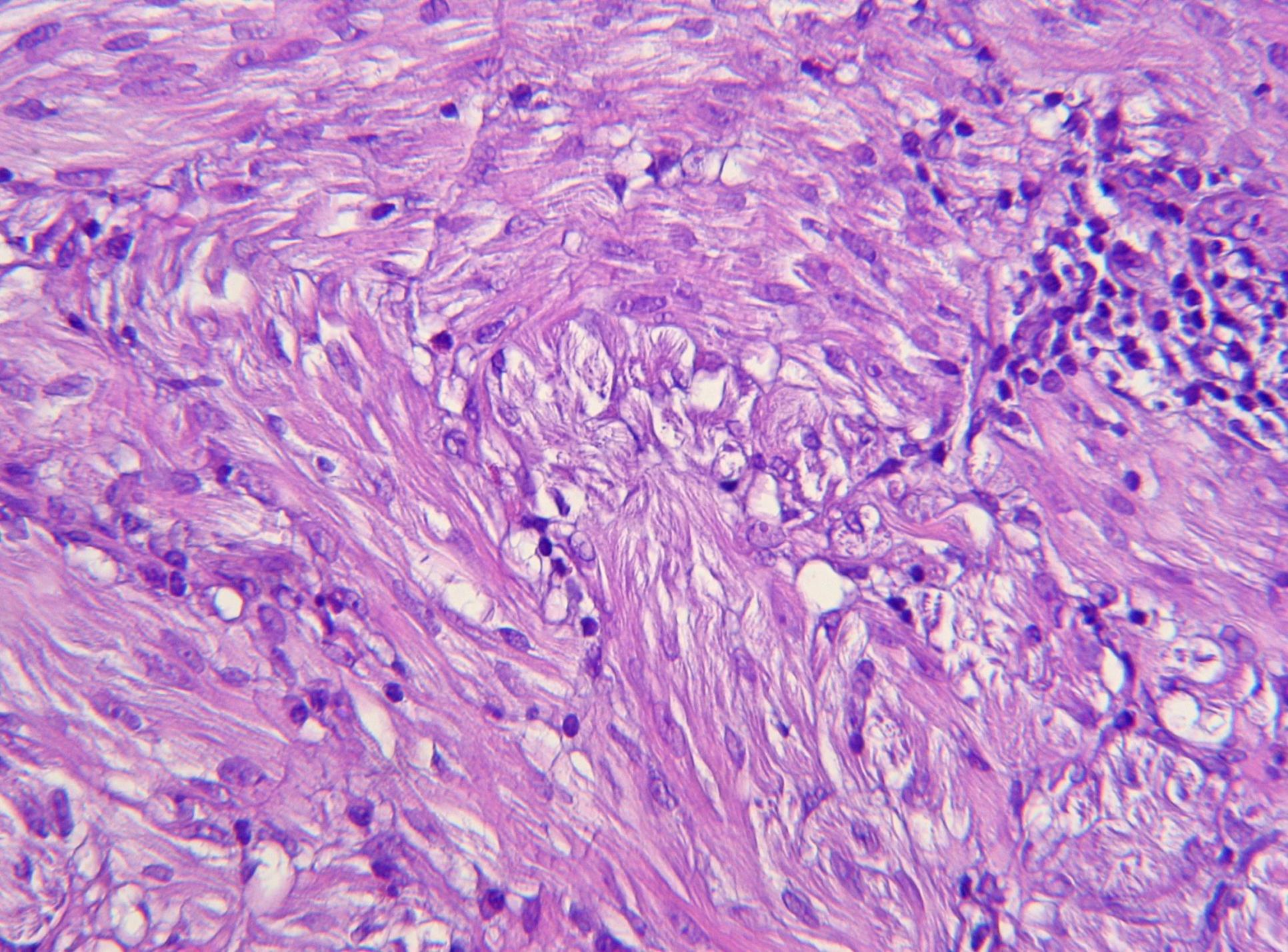
HISTORIA CLÍNICA

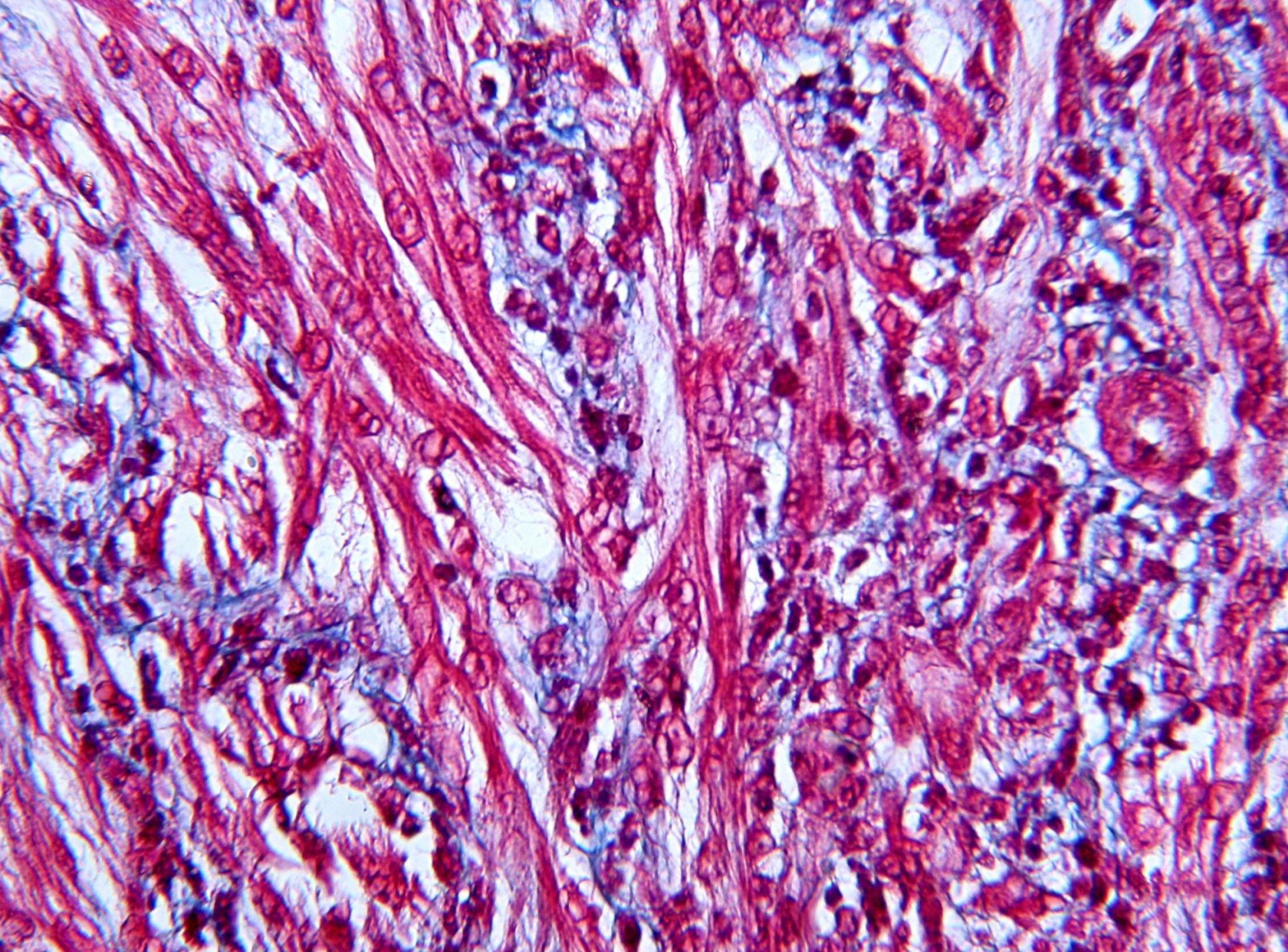
- Paciente varón de 87 años de edad.
- Antecedentes personales:
 - Exfumador (IPA 80)
 - HTA
 - DM2 (amputación de MMII, retinopatía (ceguera))
 - ERC
 - Hipoacusia
 - HBP
 - Ingresos previos: sepsis de origen urinario, hemotórax traumático.

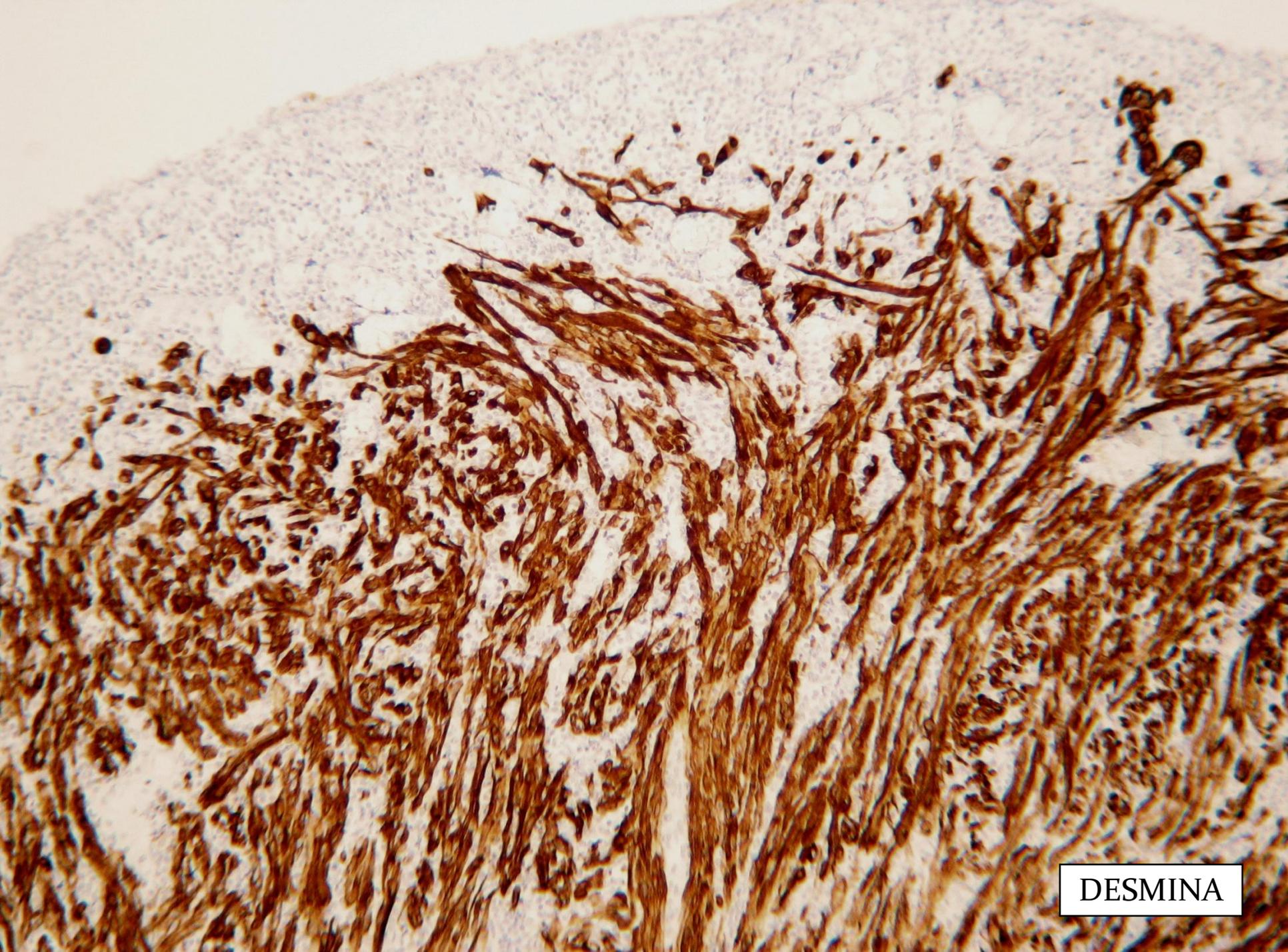
- Tras varios episodios de hematuria macroscópica se le realiza cistoscopia:
 - Lesiones mamelonadas en pared lateral derecha y cúpula.
 - RTU mandando pequeños fragmentos de la lesión.



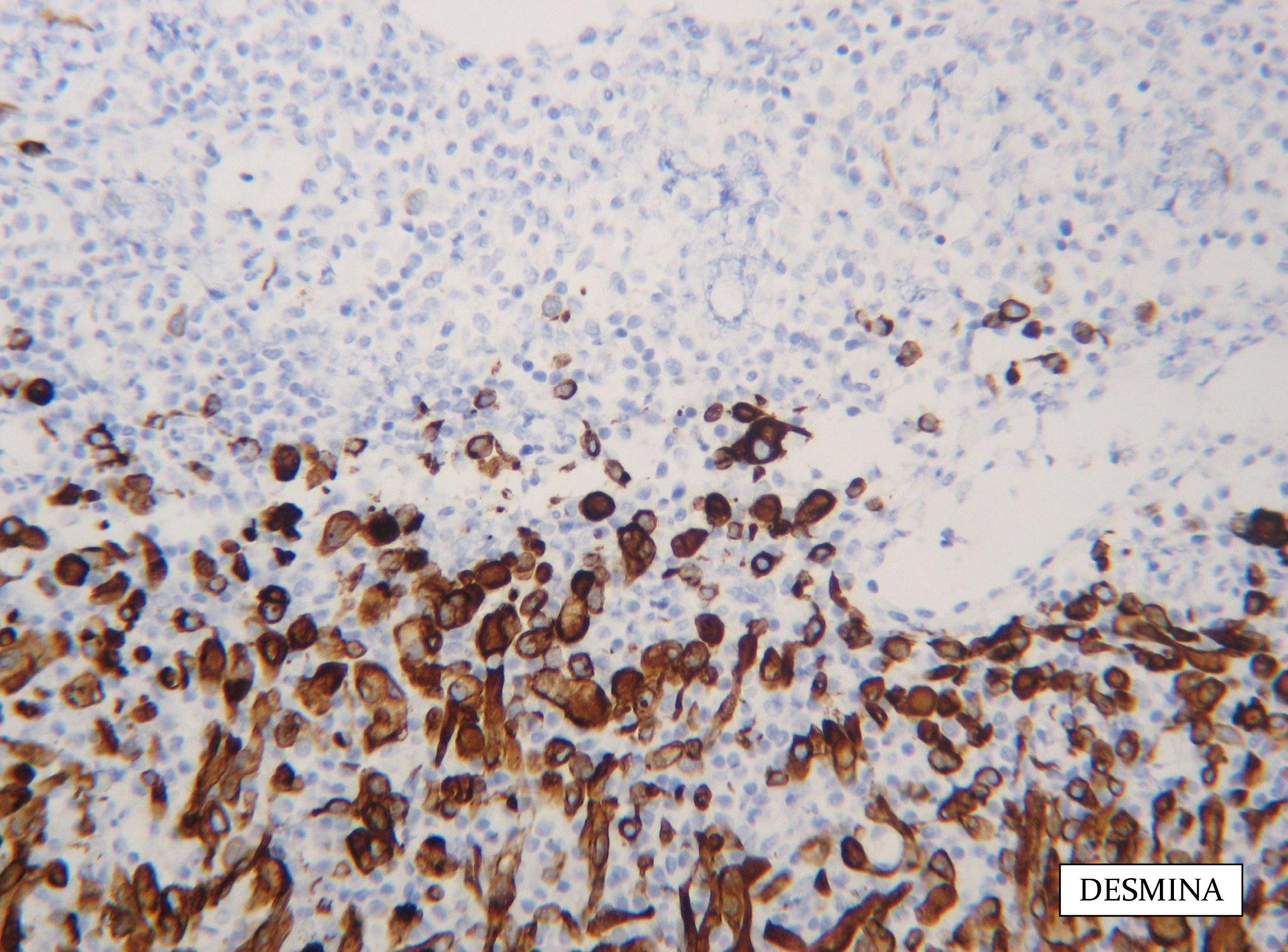




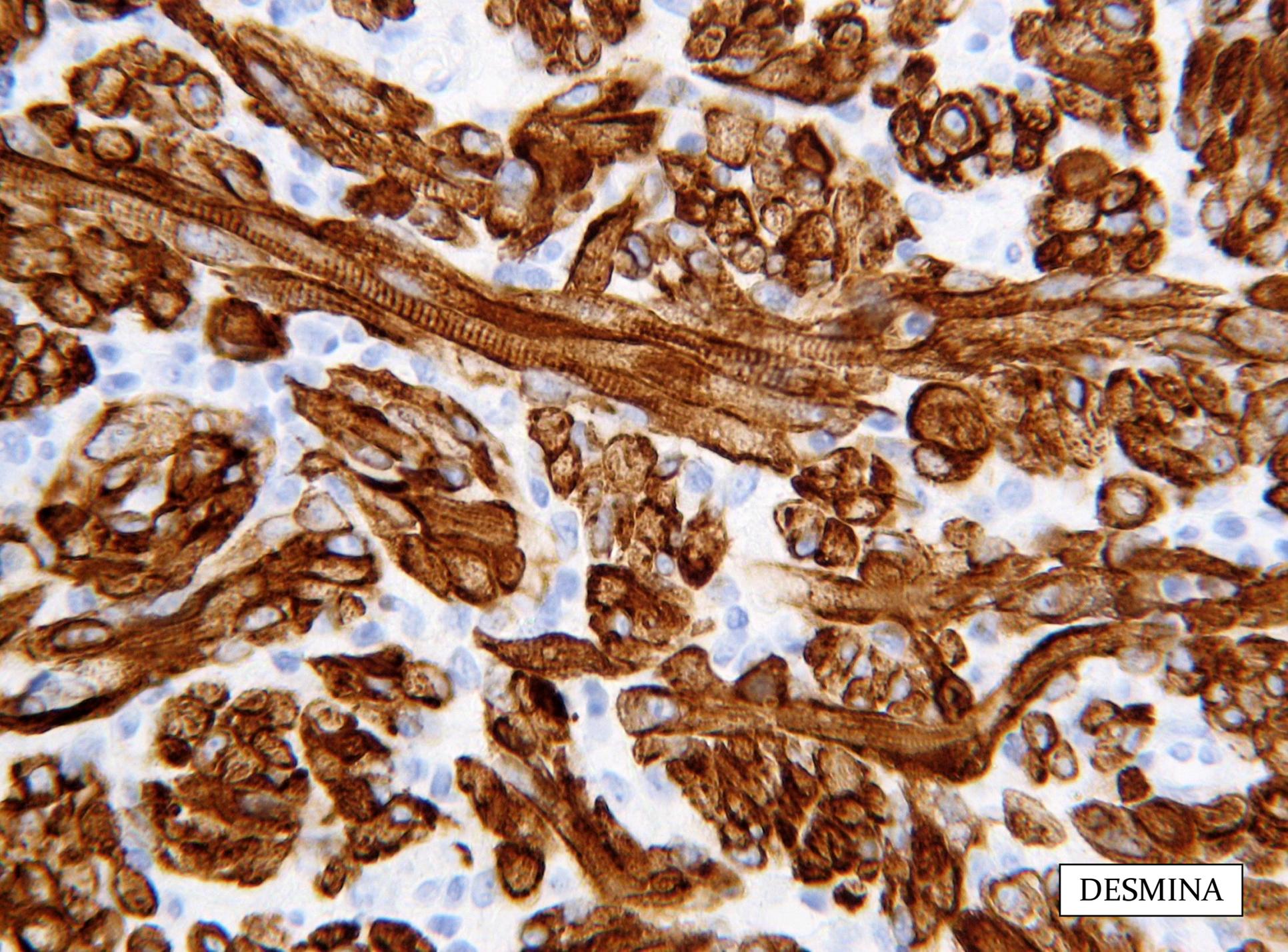




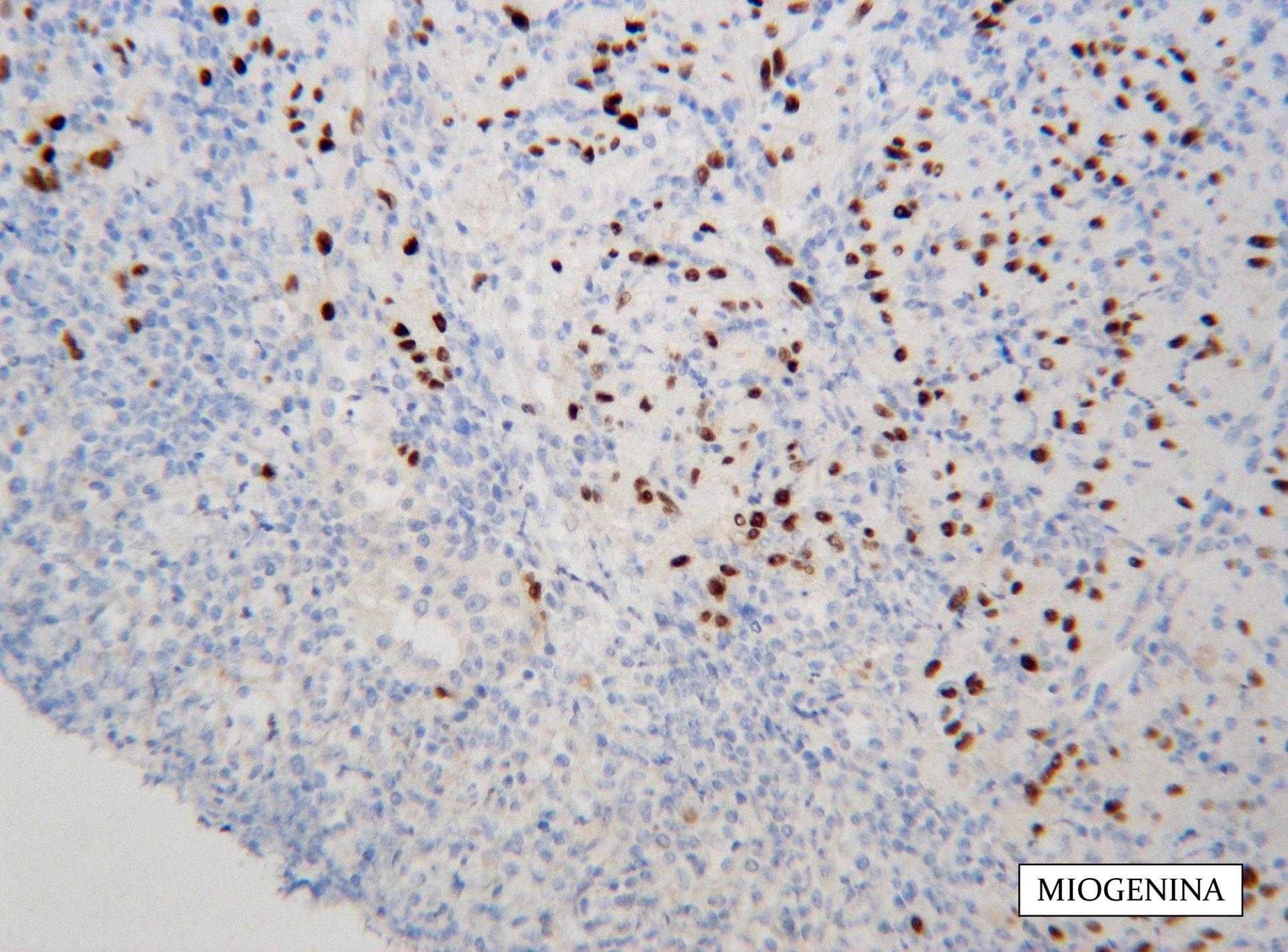
DESMINA



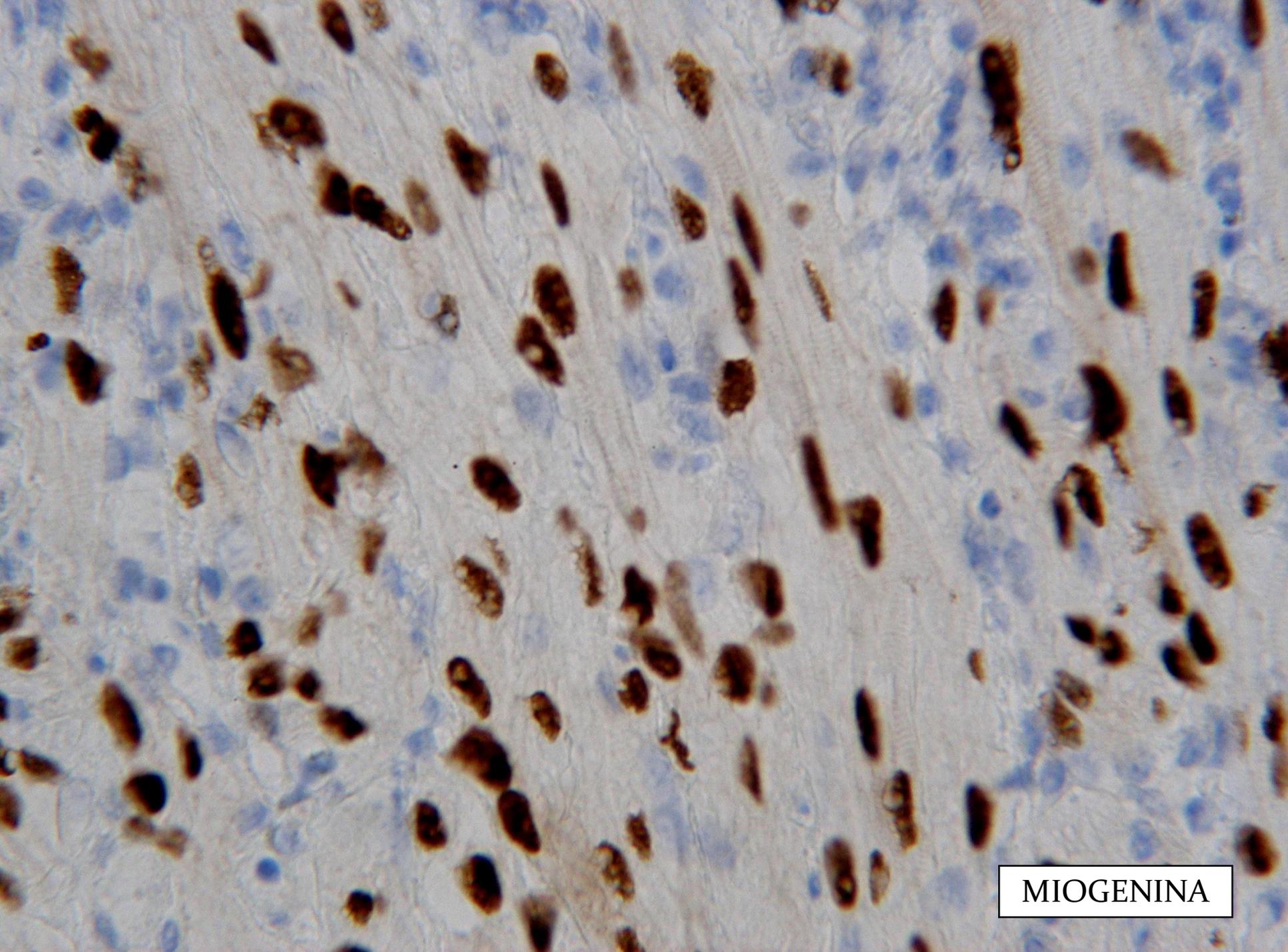
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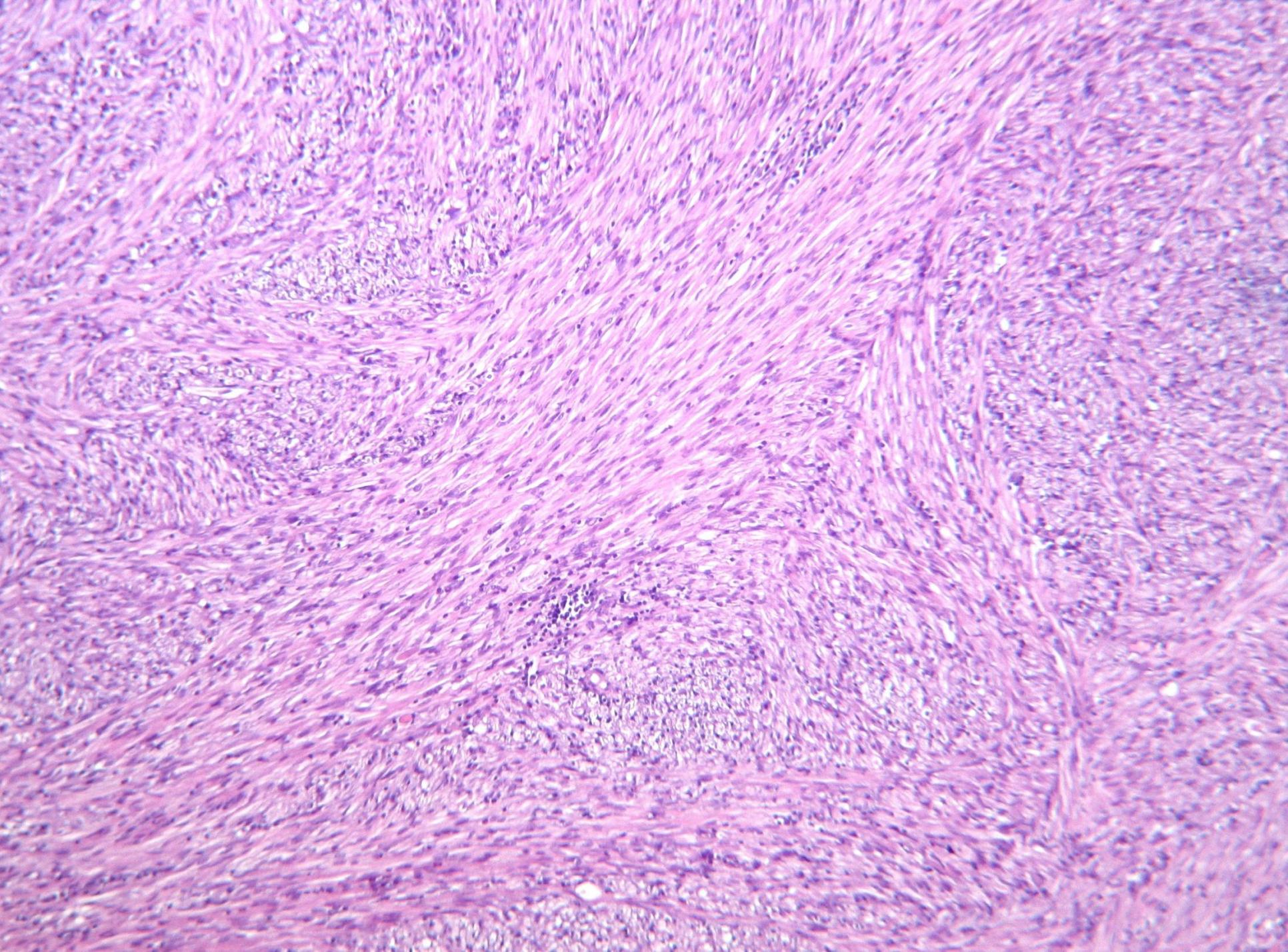
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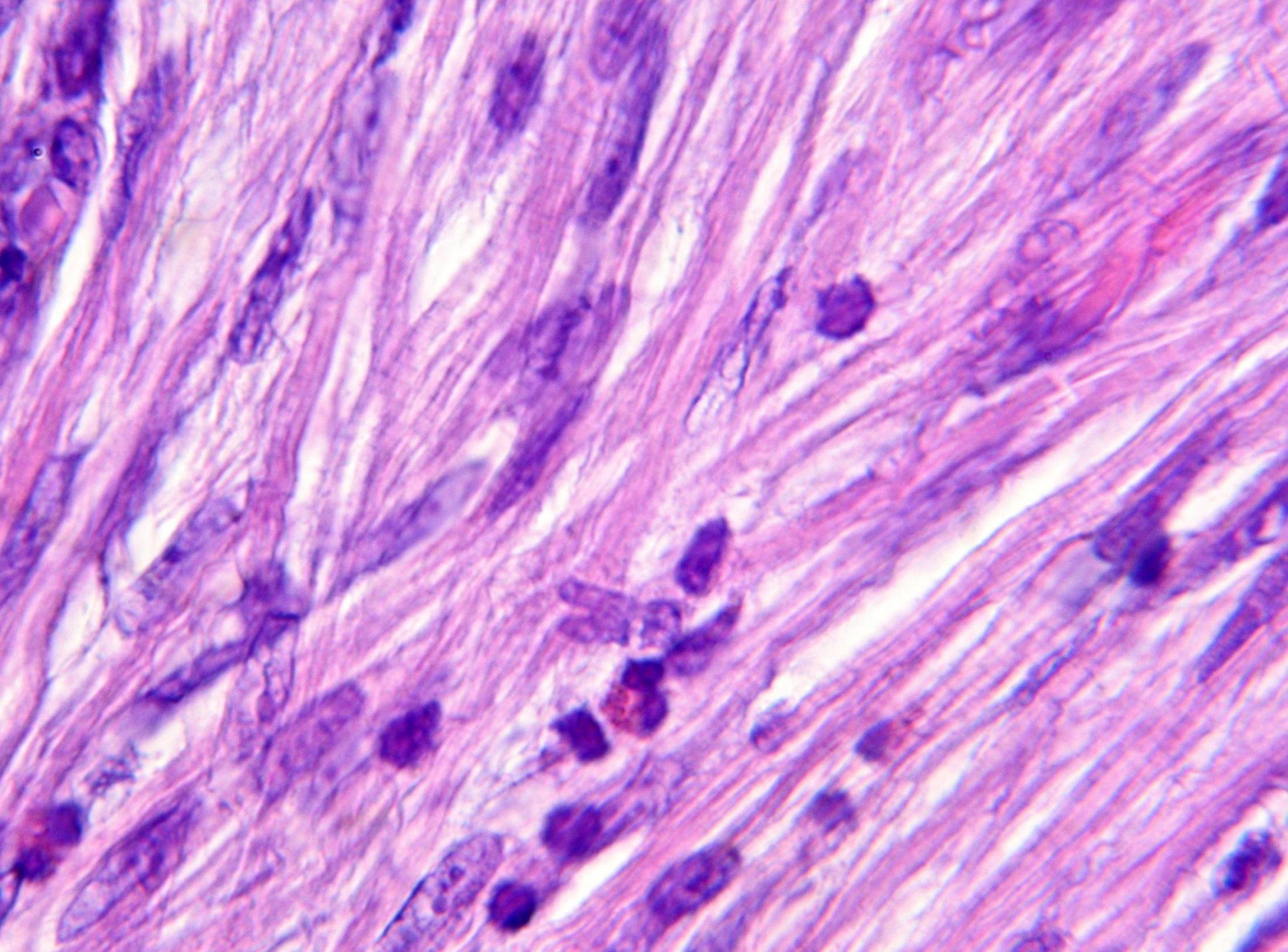


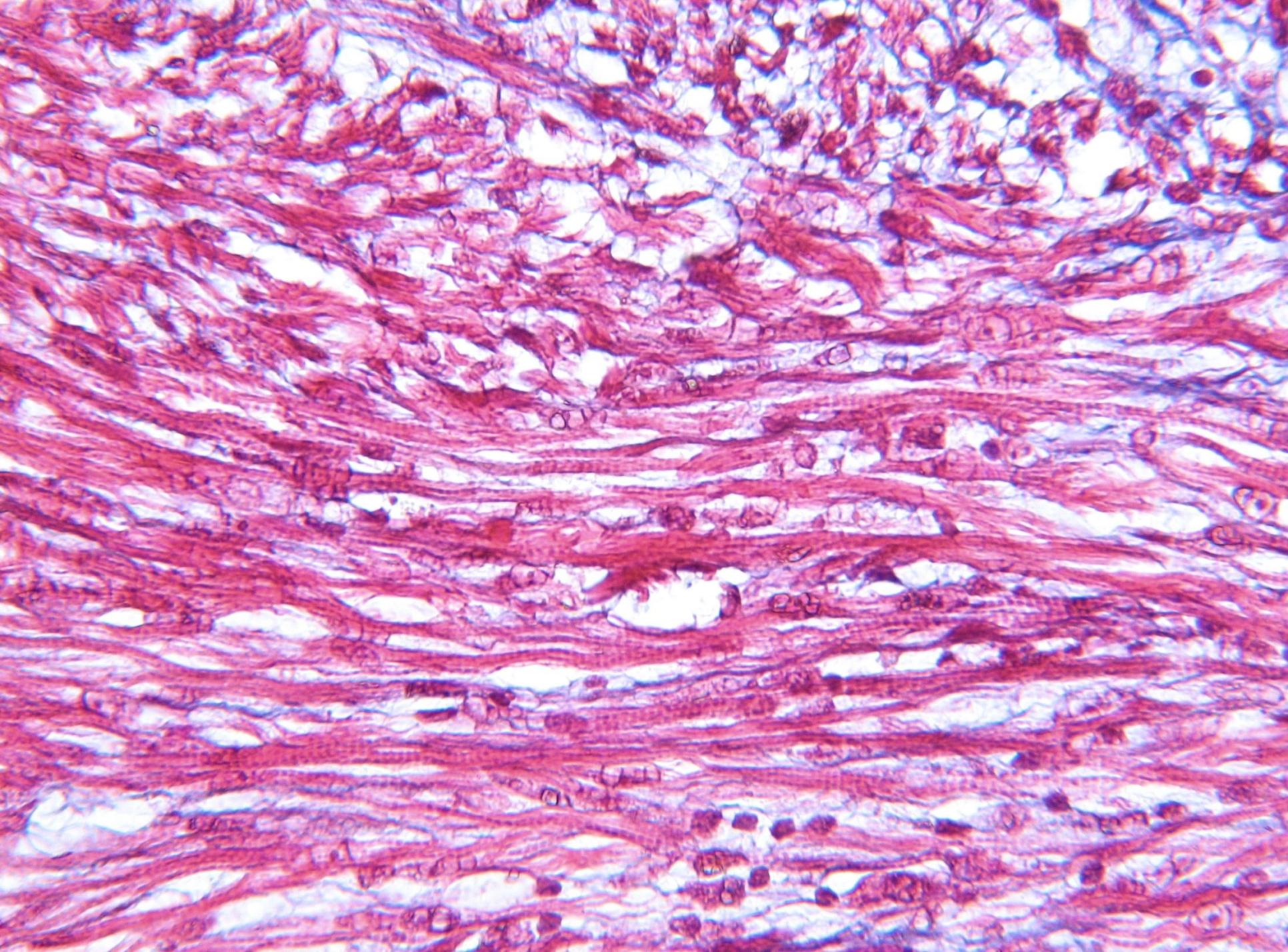
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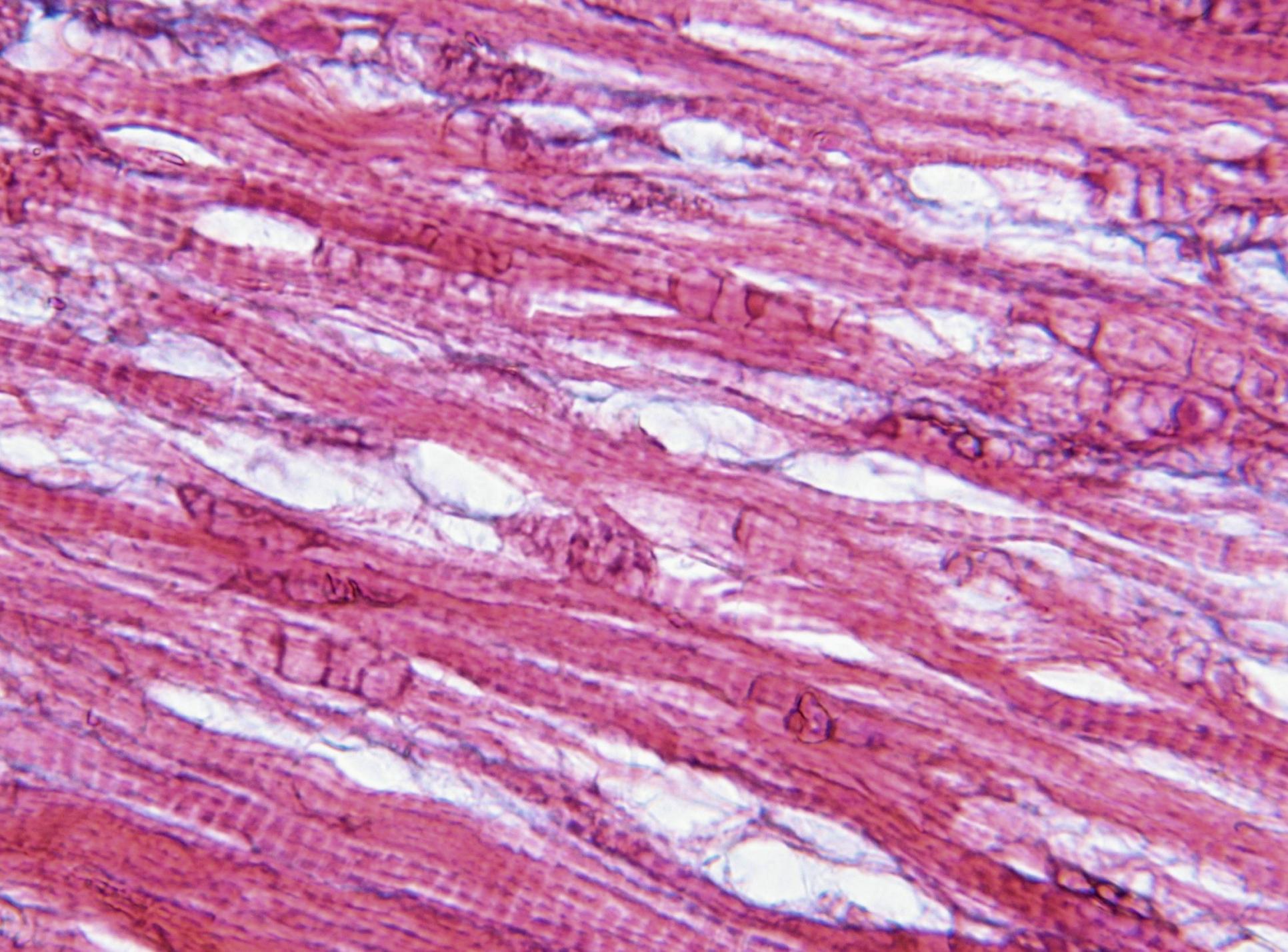


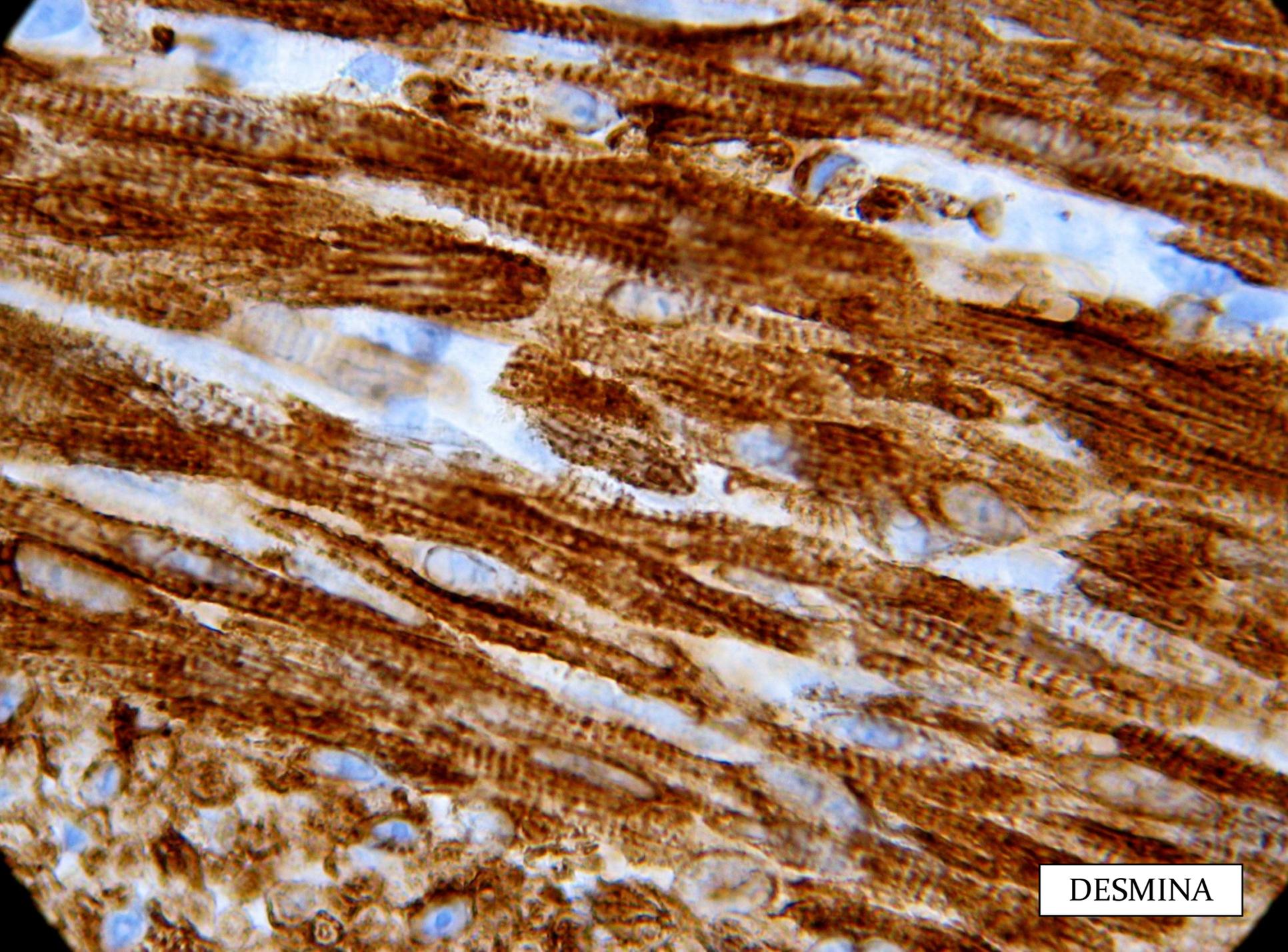
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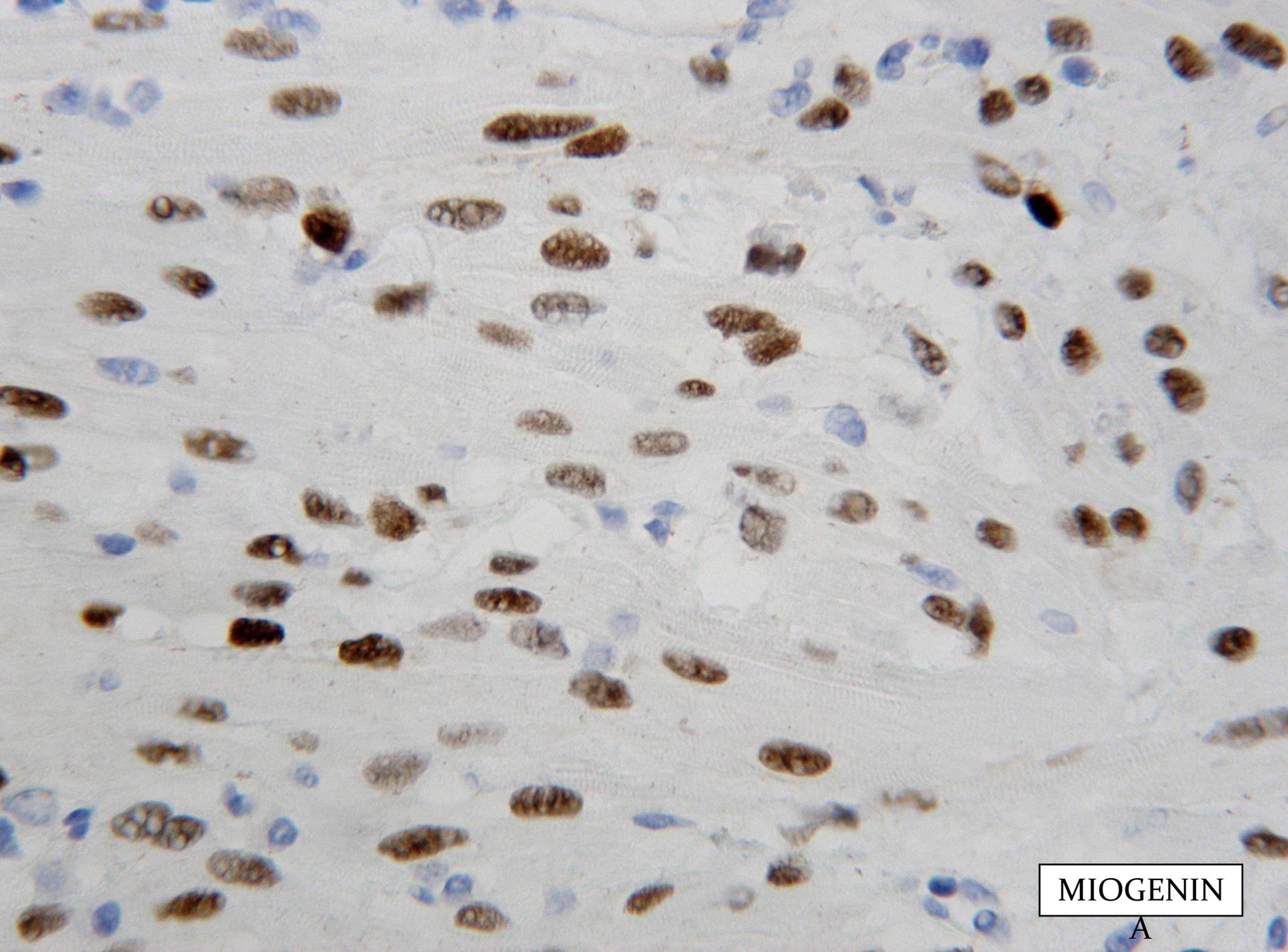






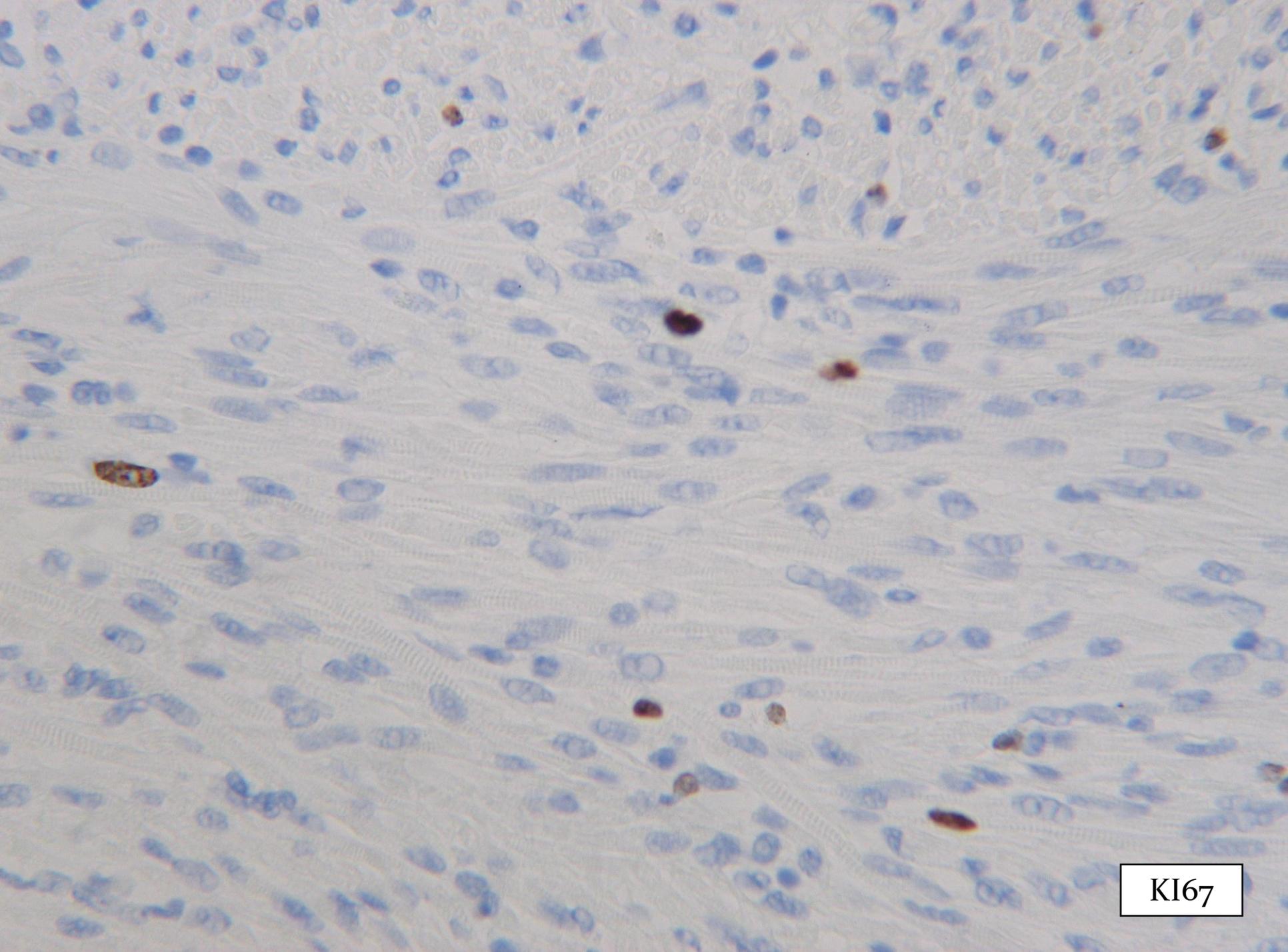


DESMINA



MIOGENIN

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DIAGNÓSTICO ANATOMOPATOLÓGICO DEL CASO

RABDOMIOMA DE TIPO CELULAR (INTERMEDIO)
DE VEJIGA URINARIA

(354-60/15)

DEFINICIÓN RABDOMIOMA

- Tumor benigno
- Alguno de sus componentes celulares ofrecen diferenciación muscular esquelética
- Característica estriación citoplasmática

CLASIFICACIÓN RABDOMIOMAS

- I. RABDOMIOMA FETAL
 - A. R. MIXOIDE O CLÁSICO
 - B. R. INTERMEDIO O CELULAR
- II. RABDOMIOMA ADULTO
- III. RABDOMIOMA GENITAL
- IV. RABDOMIOMA CARDIACO

Rhabdomyoma of the Urinary Bladder.

By S. G. SHATTOCK.

Vesicae urinariae tumor e telâ musculari transverse striatâ constructus (Rhabdomyoma).

SUMMARIUM.

E dysuriâ atque urinae retentione aegrotabat puer, haematuria semel modo observatâ: ex uraemiâ mortuus est.

Vesicâ post mortem incisâ tumores polyposi e membranâ mucosâ orti intus apparuerunt.

Hos e telâ musculari transverse striatâ constare scrutatio probat microscopica.

Inveniuntur fibrae musculares e cellulis ingentibus multinucleatis gradatim evolutae, cellularum nucleis in cytoplasmatis margine dispositis.

Neoplasmata nullas malignitatis notas in structurâ penitiori monstrant; nec invaditur tunica visceris muscularis.

Telae muscularis striatae evolutionem in hoc situ quomodo licet intelligere?

In plerisque certe heteroplasia heterotopiam significat, i.e., cellularum dislocationem abnormem de structuris quibusdam in telas adjacentes.

In vesicae urinariae exemplo cellulae embryonales, ut opinor, sphincteris vesicae externi in telam vesicae submucosam vagatae sunt.

Hujus musculi ad normam includuntur fibrae quaedam in glandulae prostatae substantiâ apud vesicae cervicem.

Illam thesem sustinent hae considerationes: (1) Tumores ad vesicae partem inferiorem limitantur; (2) Ingeniti probabiliter insuper erant.

TUMOURS of striped muscle fibre are, wherever they may occur, of extreme rarity, and the growth of such a new formation in so unexpected a position as the urinary bladder will fully justify the record of the following specimen.

The bladder, which is that of a child aged 2 years, was presented to the Museum of the Royal College of Surgeons by Mr. C. S. Wallace, who

has kindly allowed me to record it. For about its lower two-thirds the interior is raised and deeply lobulated by the growth of a series of closely-applied sessile tumours, smoothly covered with mucous membrane. A portion of the new formation projects into and occupies the vesical orifice of the urethra, but the mucosa of the prostatic portion itself is free of disease. The right ureter is considerably dilated, its aperture being completely surrounded by the growth; the wall of the left ureter is thickened, although the canal is not obviously enlarged. The muscular wall of the bladder is somewhat hypertrophied. The prostate is normally developed.



FIG. 1.

Pueri (annorum duorum) vesica urinaria, pariete posteriori diviso. Monstrantur tumores in cavum projecti qui e telâ musculari transverse striatâ præcipue constant. Magnitudinis naturalis.

The specimen referred to in the text, the bladder being laid open, and viewed, from behind. For its lower two-thirds the interior is raised and deeply lobulated by the growth of a series of closely applied sessile tumours, which consist chiefly of striated muscle. (Museum of the Royal College of Surgeons. Natural size.)

The child (A. B.) was admitted into the Children's Hospital, Shadwell, under the care of Mr. C. S. Wallace, on November 22, 1906, with a history of four months' pain on micturition; on one occasion, three

actual breadth they may not exceed that of well-developed plain cells. In one cross-striated fibre the sarcolemma was brought into view by the rupture and retraction of the included substance.

Such slender fibres at times run in twos and threes in a wavy course, but remain discrete, with narrow and not always regular interspaces. None of the fully developed striated fibres attain the breadth of those of common voluntary muscle.

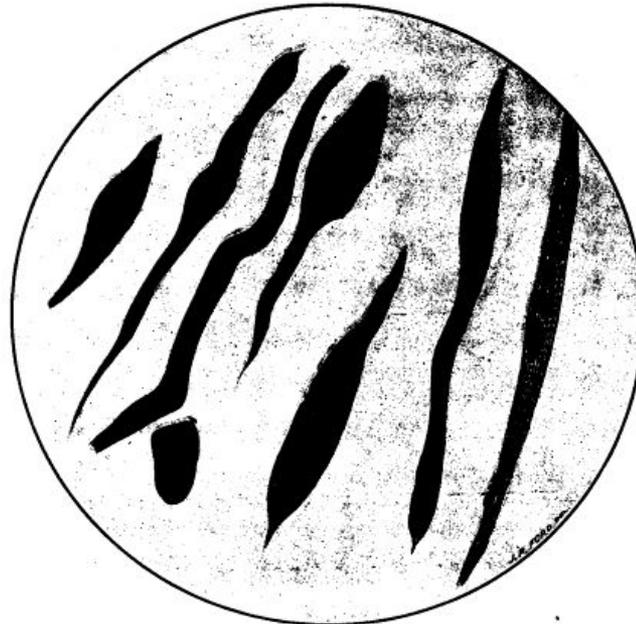


FIG. 2.

Structuræ e sectione microscopica tumorum unius selectæ. Monstrantur fibræ quaedam musculares, transverse striatæ, in gradibus diversis ad normam evolutæ.

From a microscopic section of one of the tumours, showing a selection of developing and developed striated muscle fibres. The smallest element is a cross-section of a multinucleated sarcoblast with peripherally disposed nuclei. The supporting basis of fine connective tissue is not shown. (One-sixth objective.)

DIAGNÓSTICO PATOLÓGICO (RV)

1. MICROSCÓPICO

- Patrón fascicular
- Células tumorales fusiformes o acintadas sin atipia
- Citoplasma eosinófilo con miofibrillas y estriación transversal (T-Masson, Hematoxilina fosfotúngstica, etc)
- Núcleos sin pleomorfismo ni mitosis

2. INMUNOHISTOQUIMIA

- Desmina → diferenciación muscular
- Miogenina → diferenciación muscular esquelética

DIAGNÓSTICO DIFERENCIAL (RV)

- RABDOMIOMA MIXOIDE O CLÁSICO
- RABDOMIOSARCOMA EMBRIONARIO
- RABDOMIOSARCOMA DE CÉLULAS FUSIFORMES

HISTOGÉNESIS

- Emigración anormal de sarcoblastos
- Heterotopia o heteroplasia tumoral
- Células mesenquimales primitivas diferenciación mioblástica

EVOLUCIÓN

- Ingreso varios meses después por una otitis media supurada con empeoramiento tras 2-3 meses de ingreso con exitus en enero de 2016.