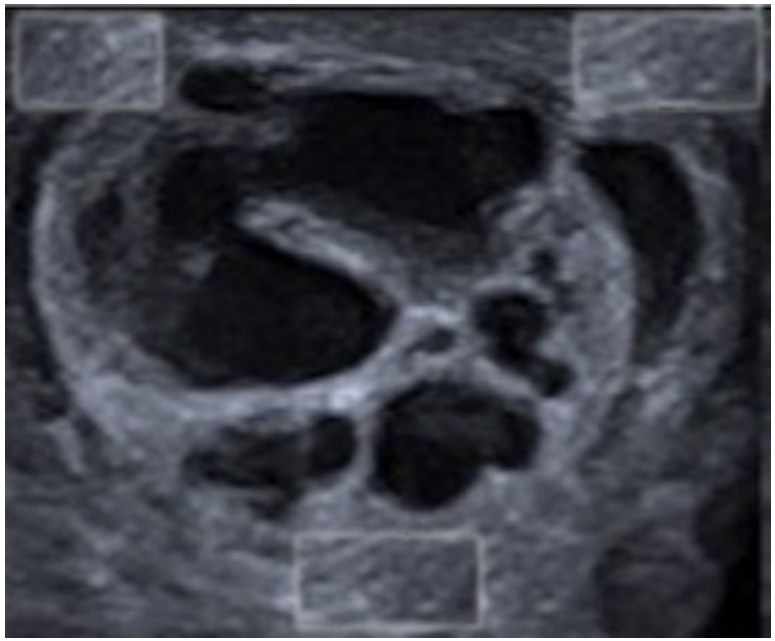
Případ č. 3

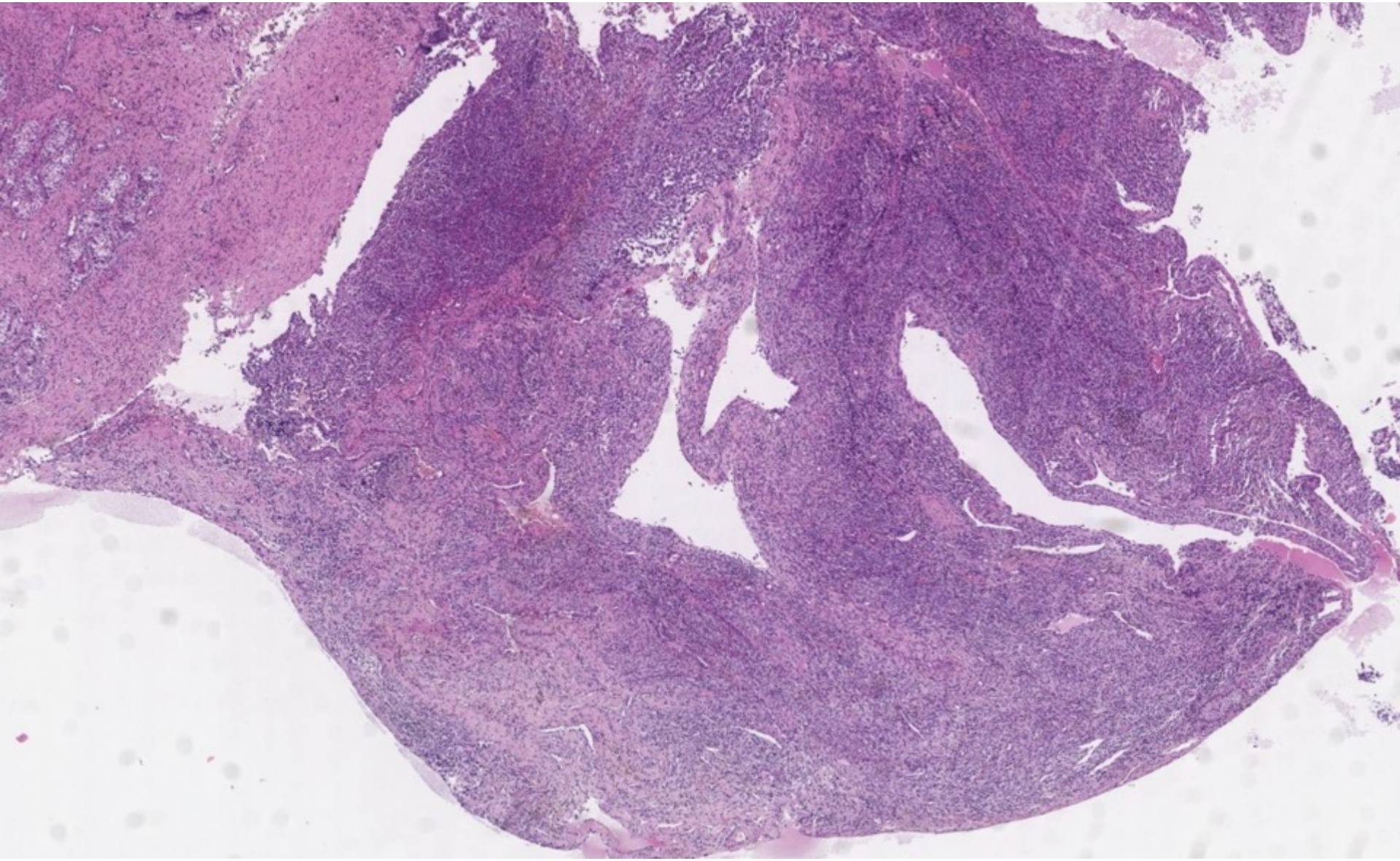
Hana Faistová

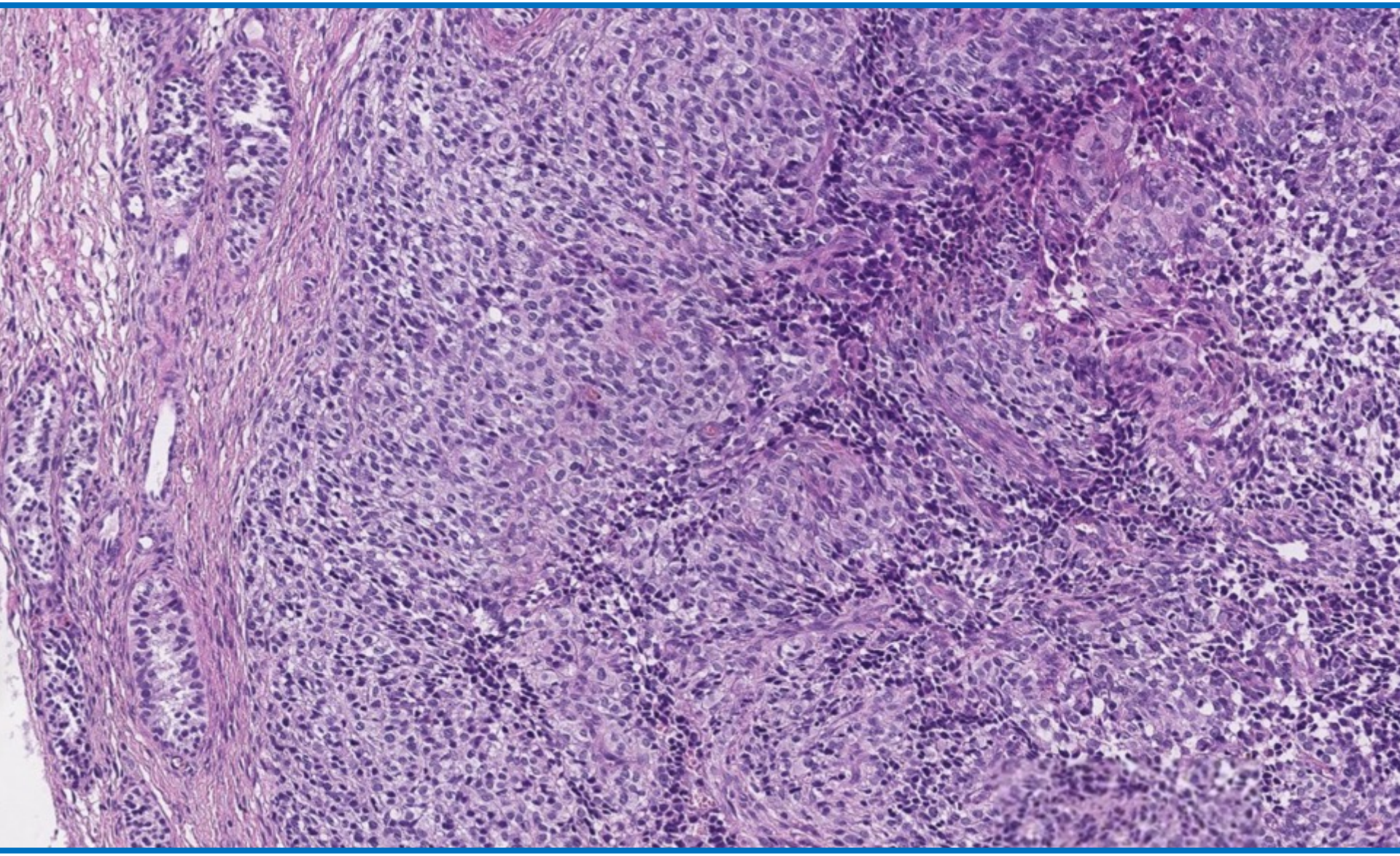
případ č. 3
Klinická data a makropopis

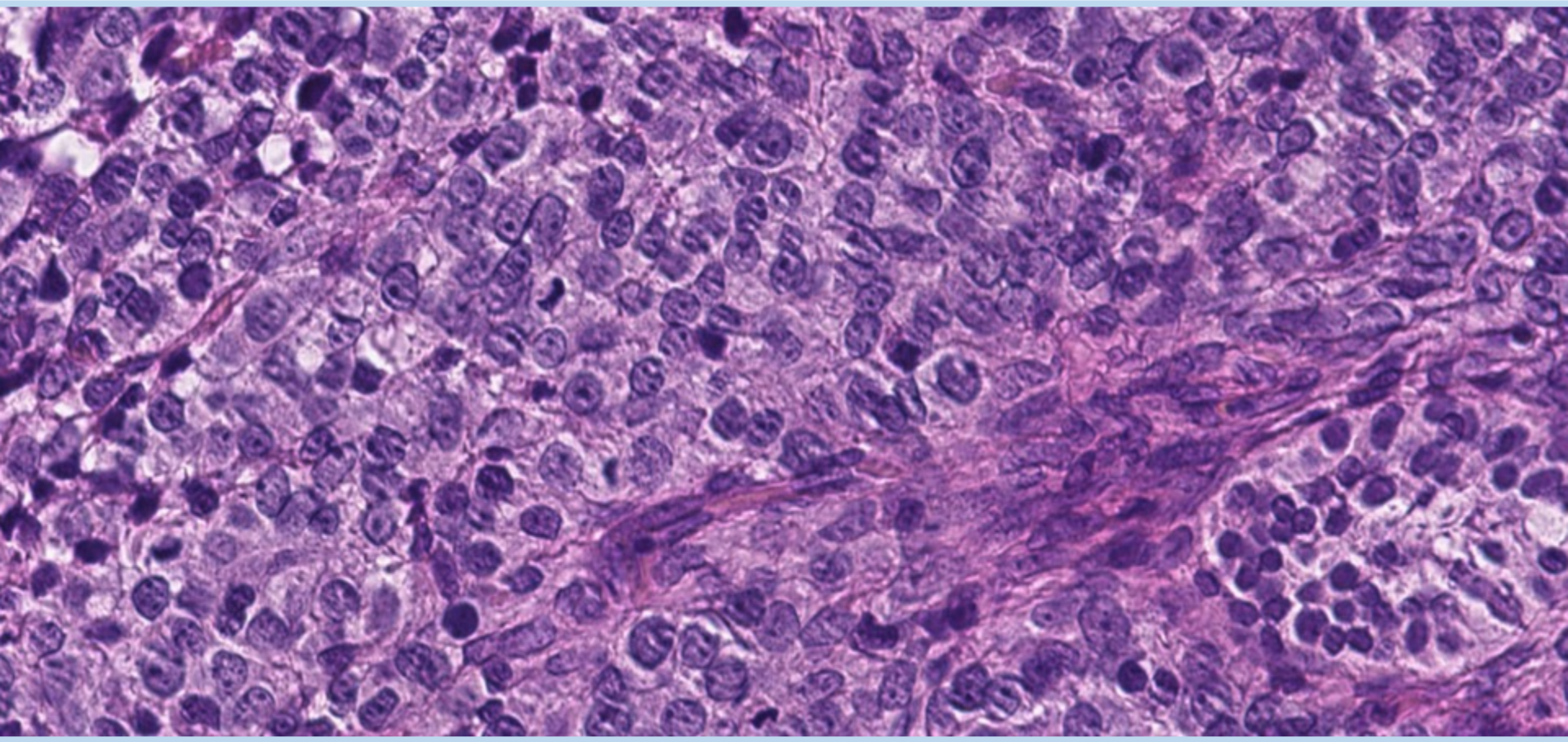
- AFP, hCG v normě
- tkáň varlete k rychlé biopsii
- Dif. dg.
  - lymfangiom
  - cystická dysplázie rete testis
  - teratom

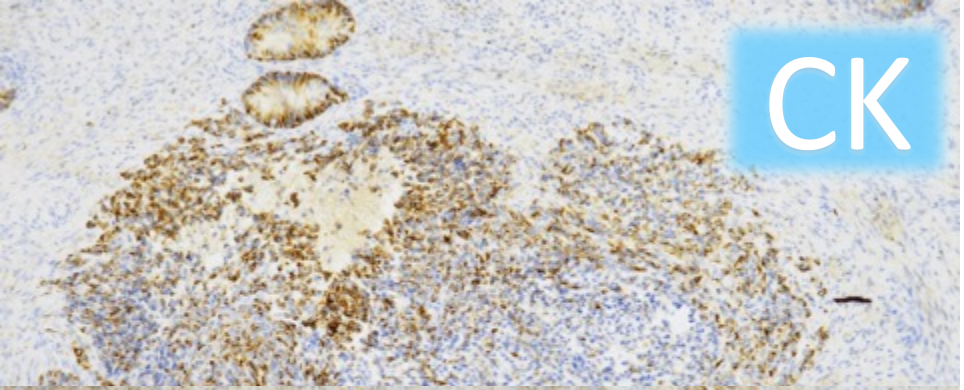
♂ 6M







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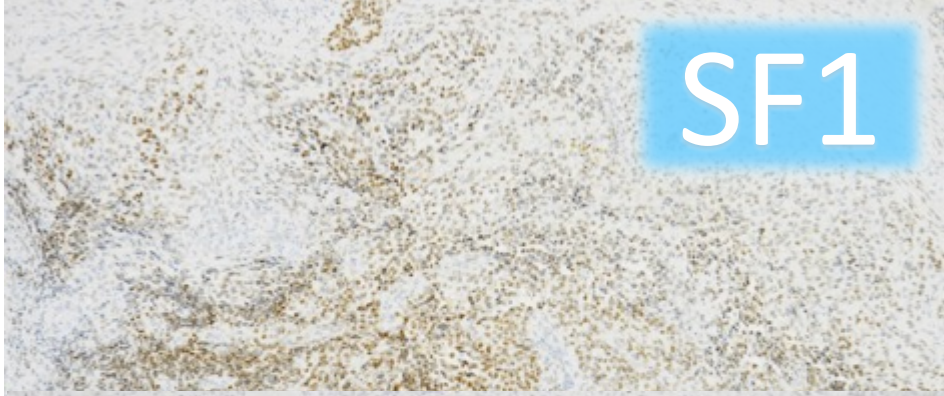
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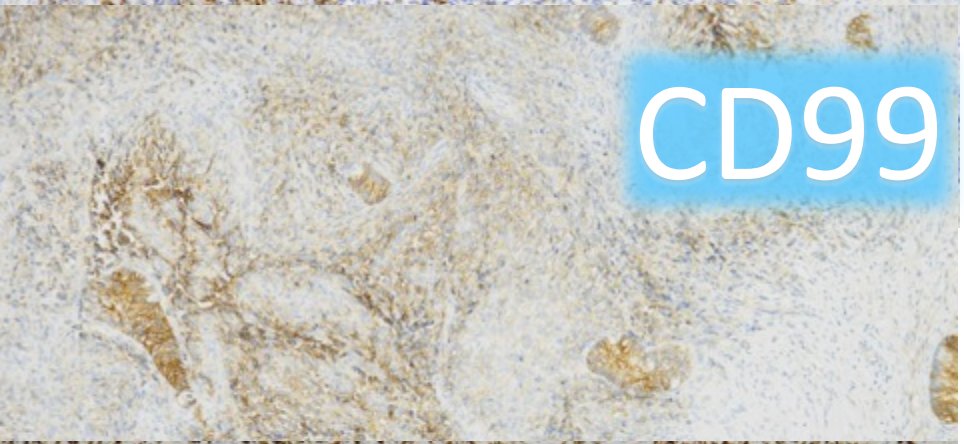
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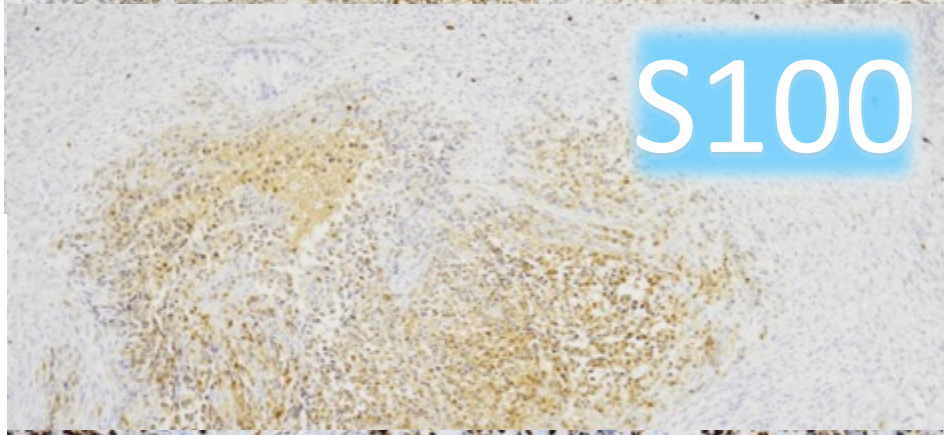
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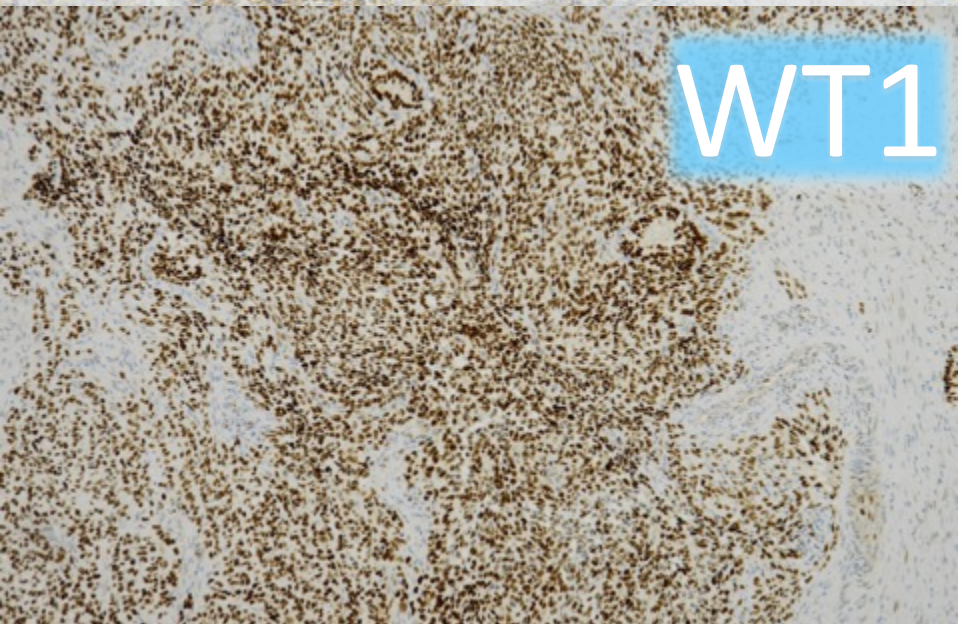
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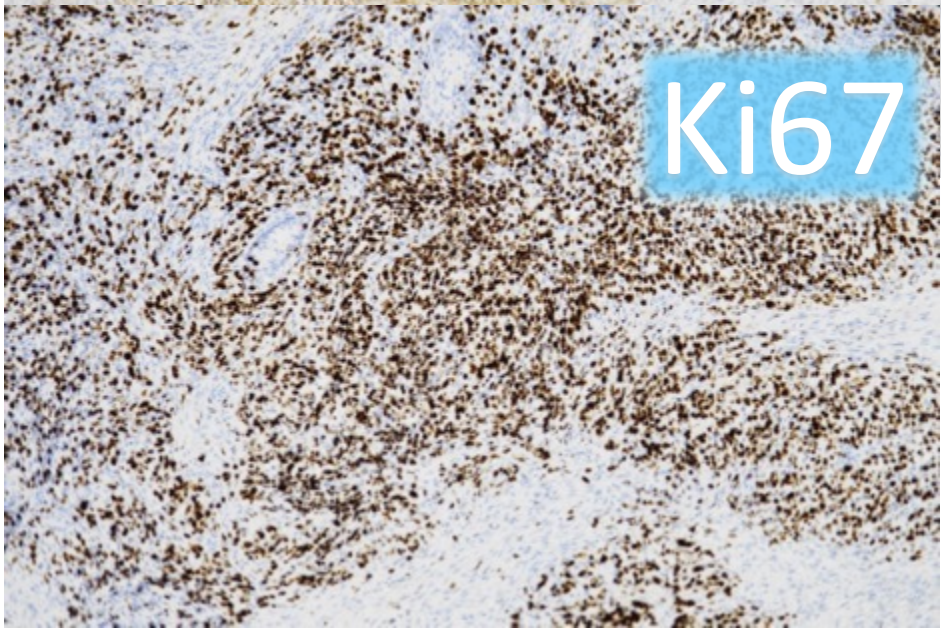

Ki67

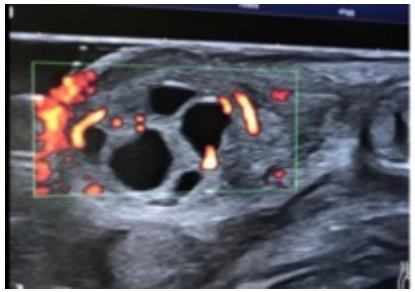
případ č. 3
Diagnóza

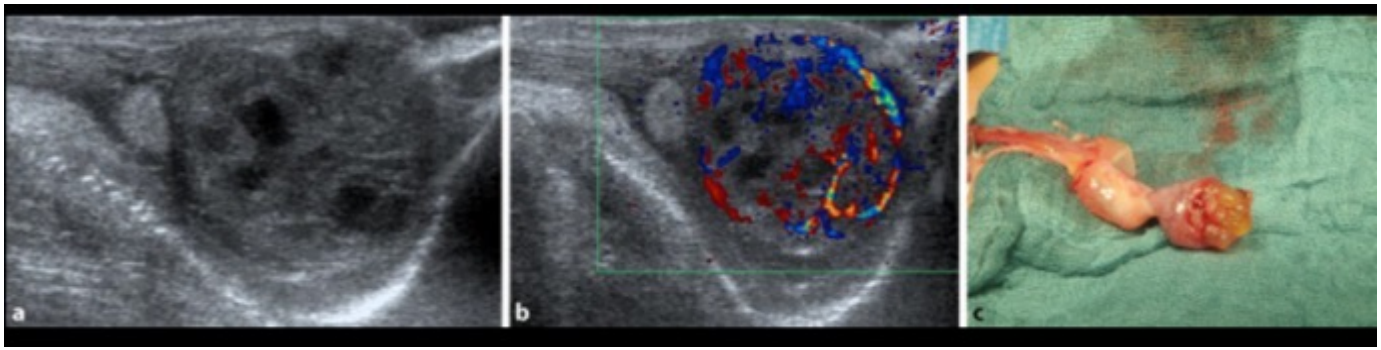
Juvenilní tumor
z buněk granulózy

Case Reports > Urologe A. 2021 Feb;60(2):222-225. doi: 10.1007/s00120-020-01391-7.

[Juvenile granulosa cell tumor-Testicular tumor of the very young : Report of three cases and contemporary recommendations]

[Article in German]
Maximilian Haider [1 2], Evi Comploj [3 4], Aybike Hofmann [5], Wolfgang H Rösch [5]





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https://doi.org/10.1186/s13244-020-00867-6

Insights into Imaging

EDUCATIONAL REVIEW Open Access

Testicular tumours in children: an approach to diagnosis and management with pathologic correlation

Cinta Sangüesa[1*], Diana Veiga[1], Margarita Llavador[2] and Agustín Serrano[3]

Juvenile granulosa cell tumour

Juvenile granulosa tumour cell is the most frequent congenital testicular tumour. It shows reticular appearance with follicle-like structures filled with mucoid material.

On US, it presents a characteristic aspect as a well-circumscribed non-invasive multilocular cystic mass with thick septations, or less frequently as a solid mass with intralesional cysts. Colour Doppler US shows hypervascularity of the solid components and septations (Fig. 15) [21, 22].

On MR, juvenile granulose cell tumour is hypointense on T1 images, hyperintense on T2 sequences, and with enhancement of wall and septations after contrast administration [19, 21].

Juvenile Granulosa Cell Tumor of the Testis: Prenatal Diagnosis and Management

Fabrizio Vatta[1] Alessandro Raffaele[1] Noemi Pasqua[1] Stefania Cesari[2] Piero Romano[1] Gian Battista Parigi[1] Luigi Avolio[1]

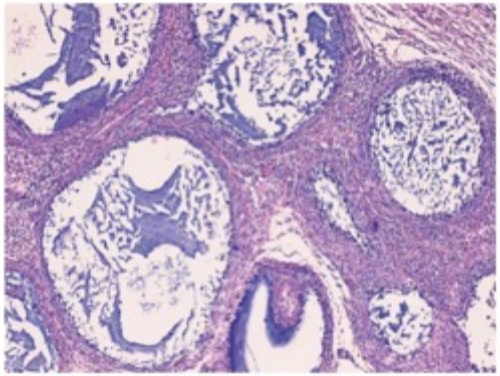

Fig. 2 Multiple variably sized follicles containing basophilic material and lined by one to several layers of cells with pale cytoplasm.

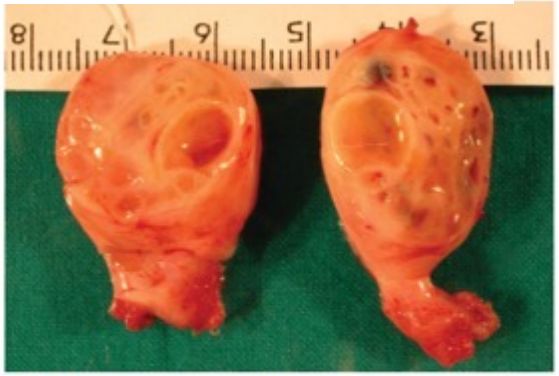

Fig. 1 Juvenile granulosa cell tumor gross specimen showing cystic mass replacing all normal testicular parenchyma.

- Nejčastější kongenitální tumor
- Nejčastější tumor prvních 6 měsíců
- Často diagnostikován prenatálně

- Morfologie velmi variabilní
- Uspořádání solidní a folikulární
- Briskní mitotická aktivita
- Vždy benigní chování
- 0 molekulární alterace

Yolk sac tumour

- 2. nejčastější v této věkové kategorii
- AFP v séru
- Prepubertální má dobrou pg.

TABLE 4 A Summary of the Immunohistochemical Features of Testicular Germ Cell Tumors

Full Size Table

Stain	GCNIS	Seminoma	Embryonal Carcinoma	Yolk Sac Tumor	Teratoma
OCT3/4	+ (100%)	+ (100%)	+ (up to 97%)	–	–
SALL4	+ (100%)	+ (100%)	+ (100%)	+ (100%)	± (up to 60%)
CD117 (KIT)	+ (100%)	+ (100%)	–	± (up to 59%)	–
CD30	–	–	+ (up to 93%)	– (up to 7%)	–
AE1/AE3	–	–	+	+	+
AFP	–	–	± (18%)	+ (63-100%)	– (up to 7%)
Glypican 3	–	–	– (8%)	+ (85-100%)	± (up to 37%)
HNF-1β	–	–	– (5%)	+ (85%)	± (38%)