

Případ č. 1

Tomáš Rozkoš

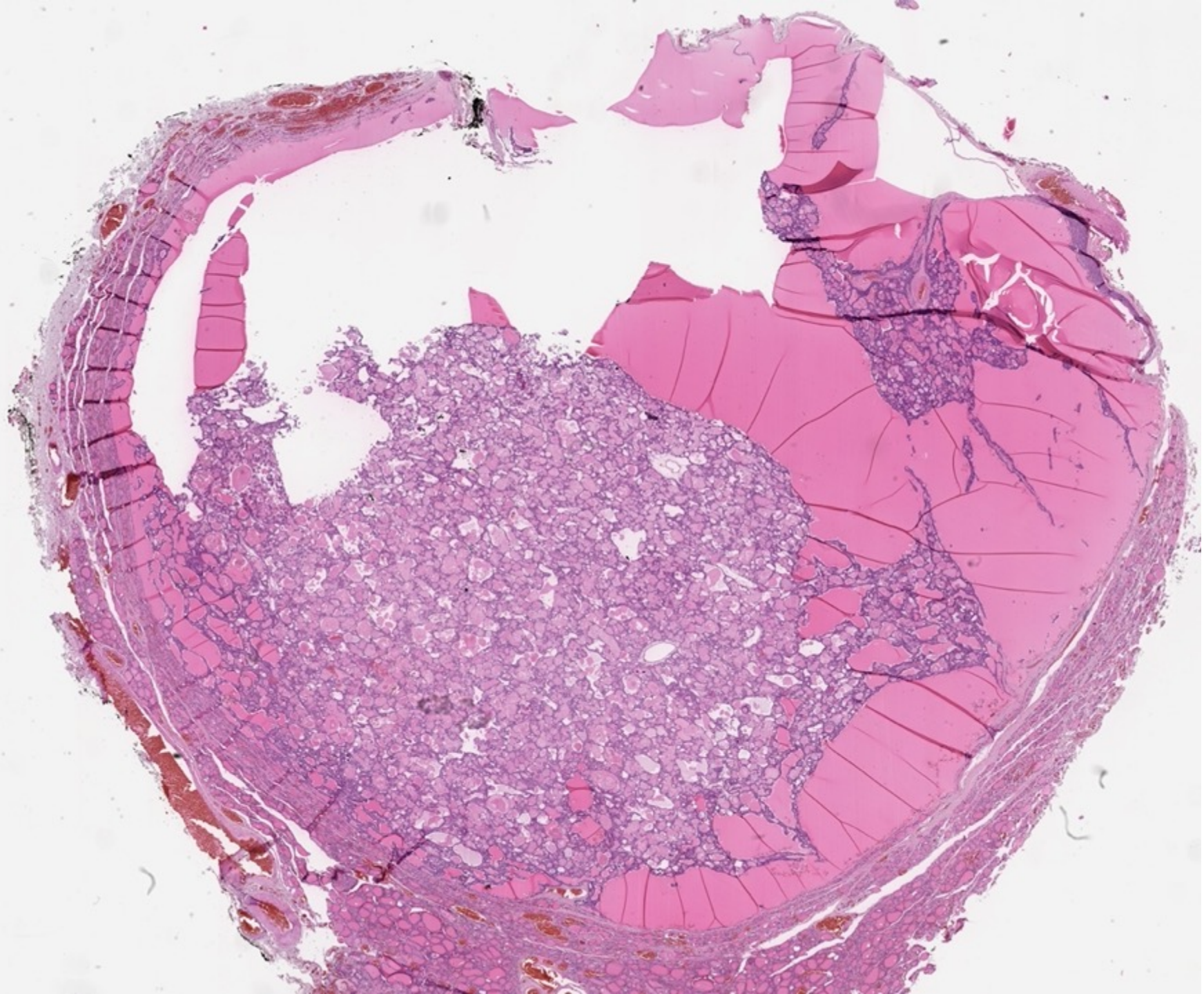


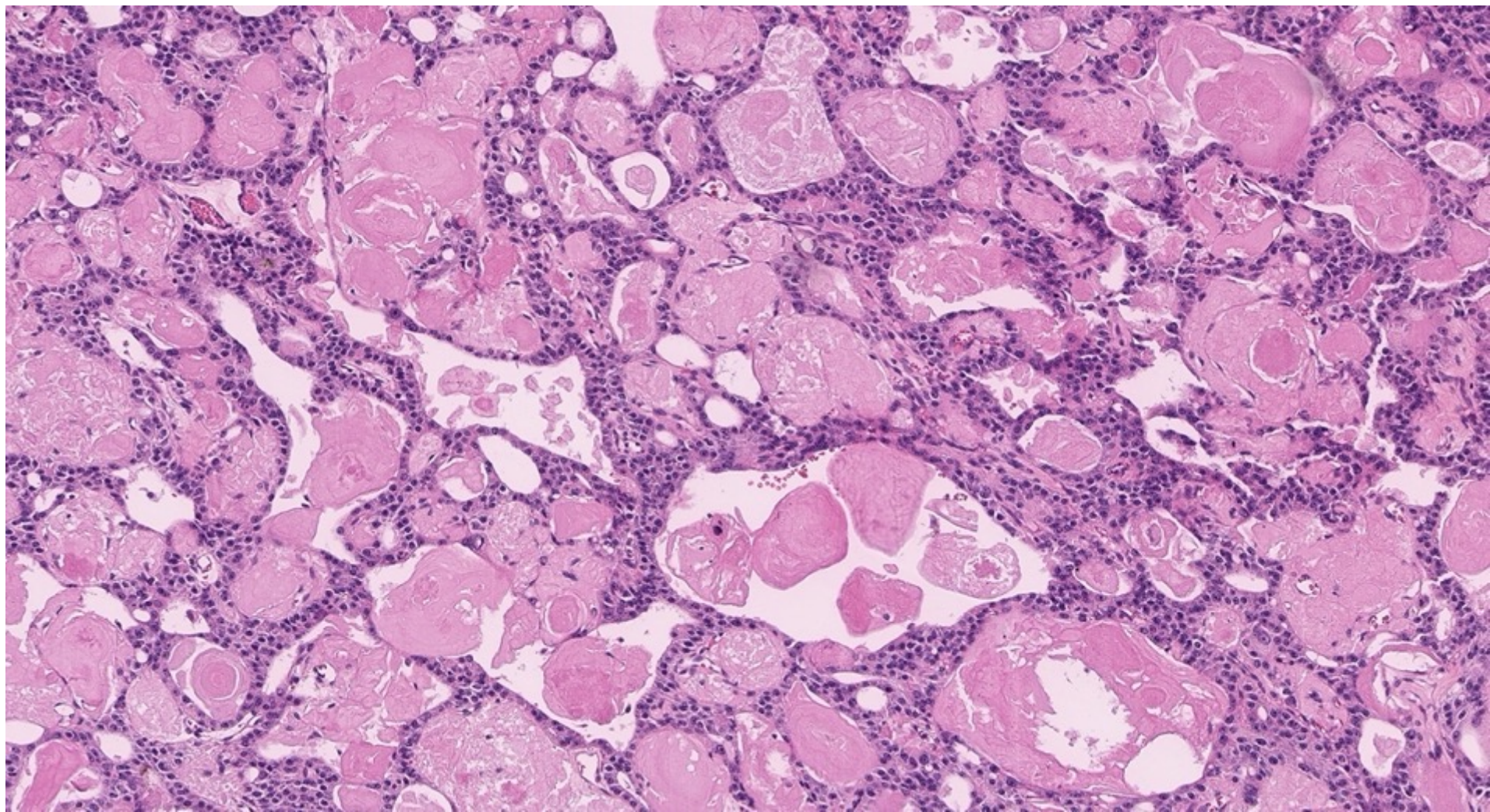
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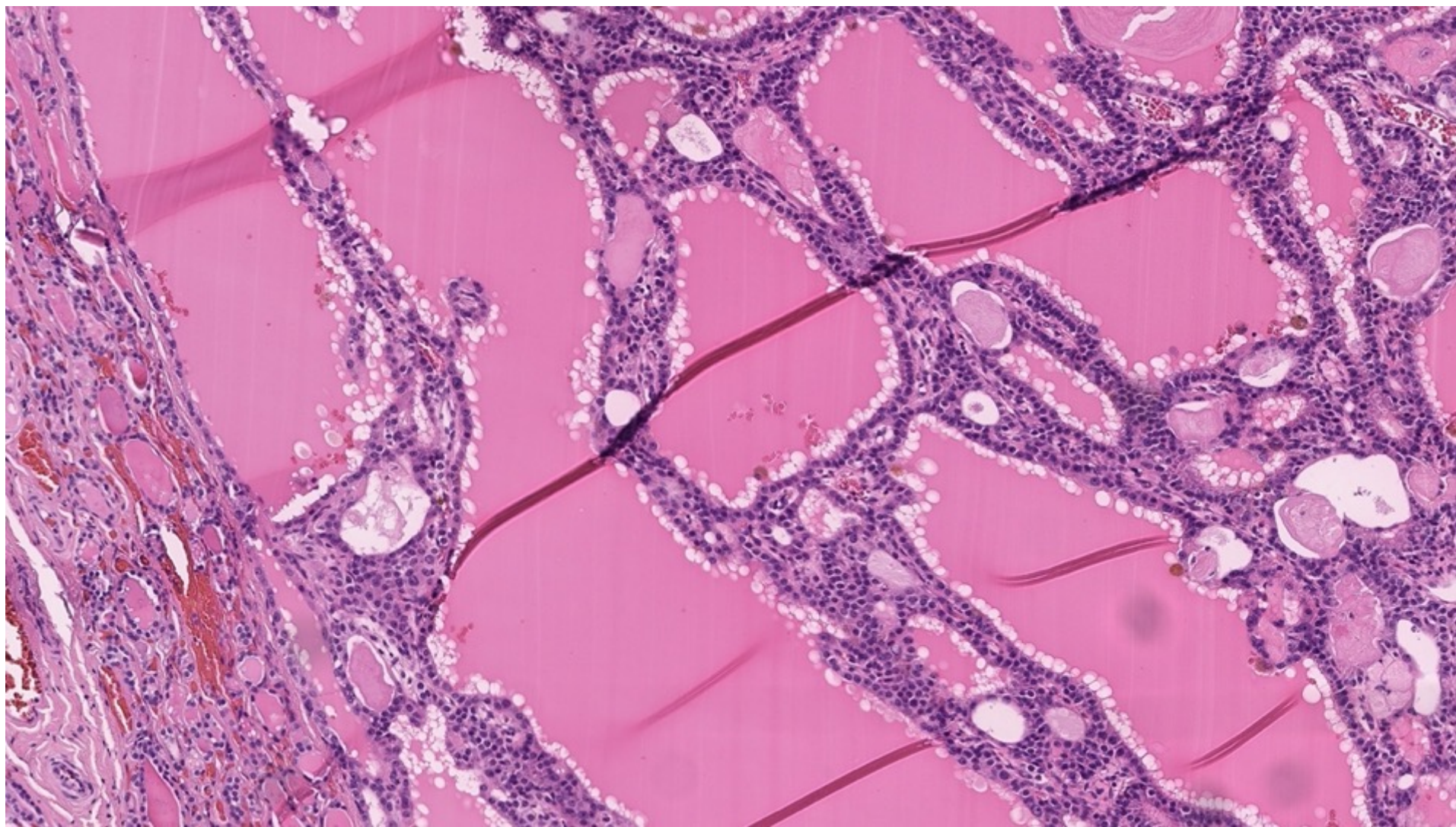
Klinické údaje & Makropopis

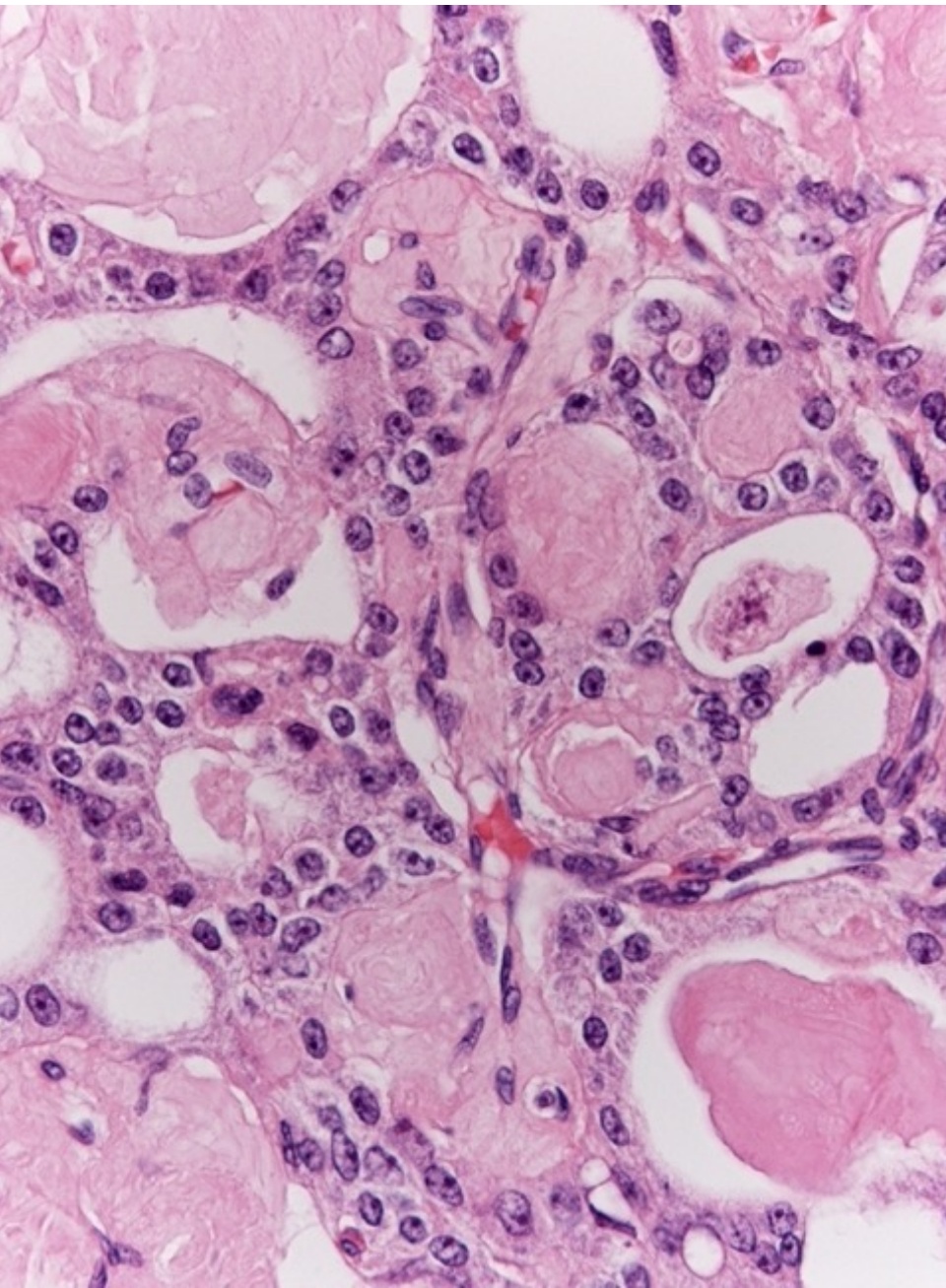
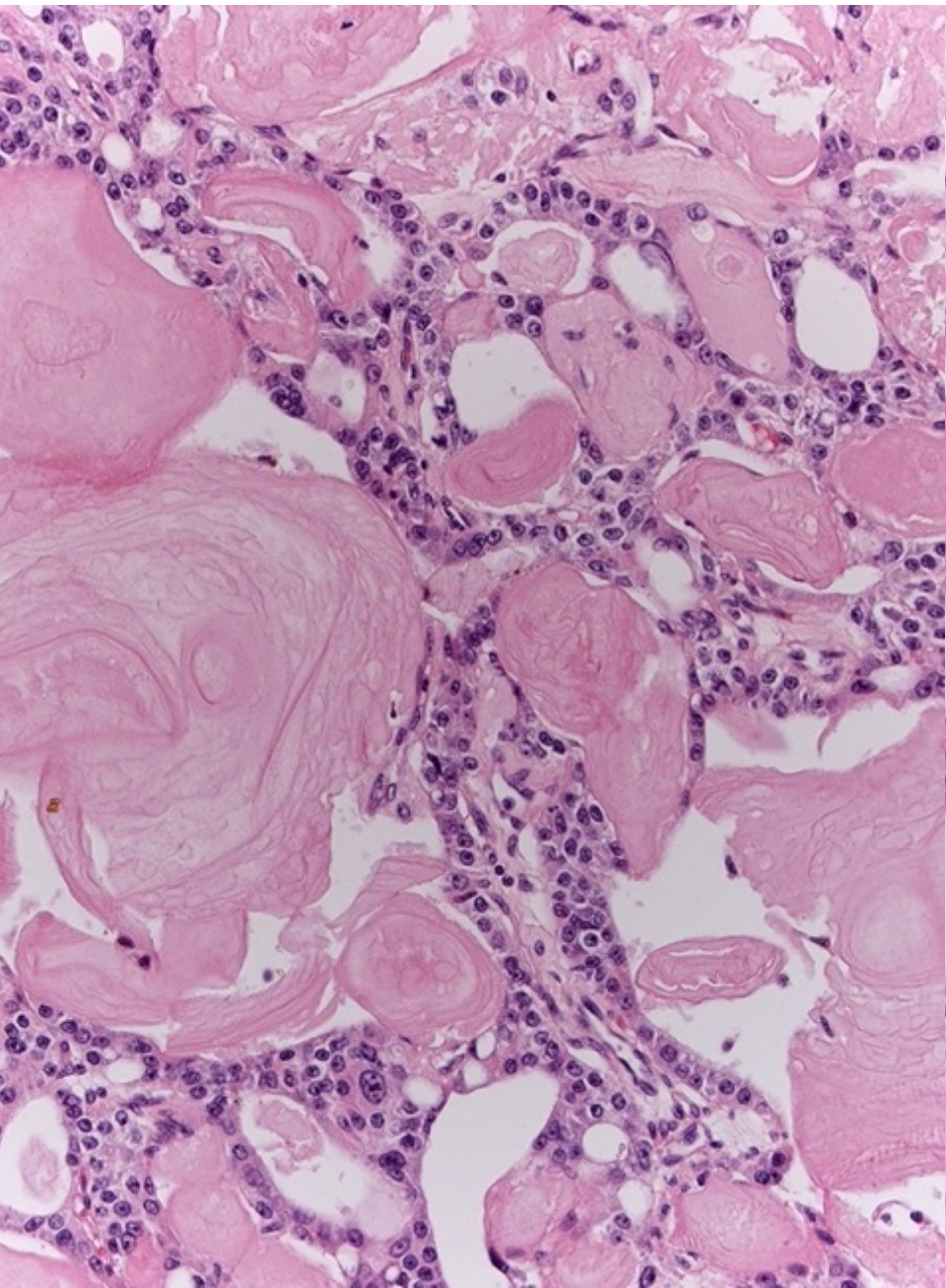
- žena, 63 let
- pravý lalok štítné žlázy
- Dg. E041 - struma nodosa
- lalok 45x26x18mm, na řezu solitární ohraničený uzel průměru 20 mm

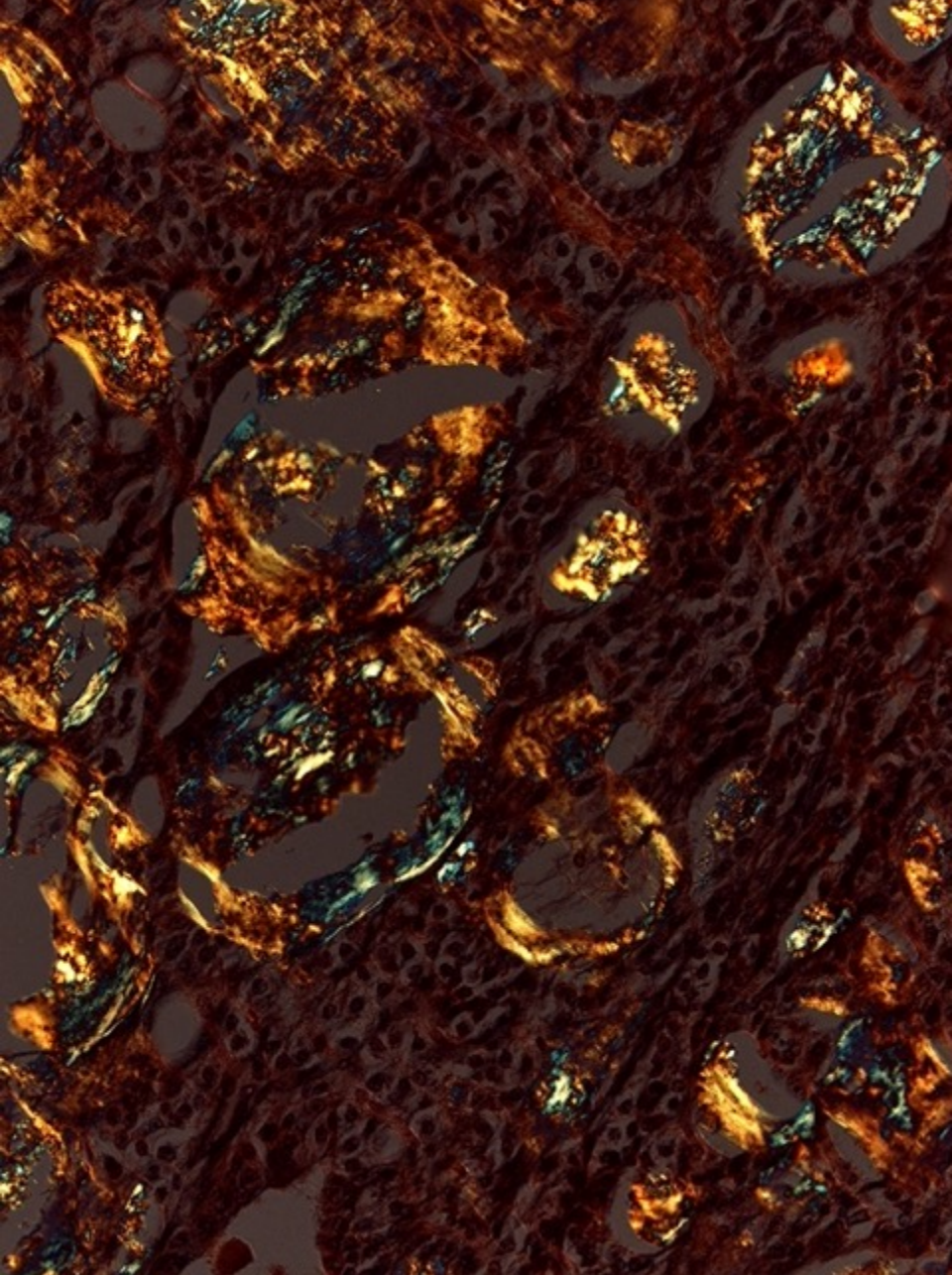
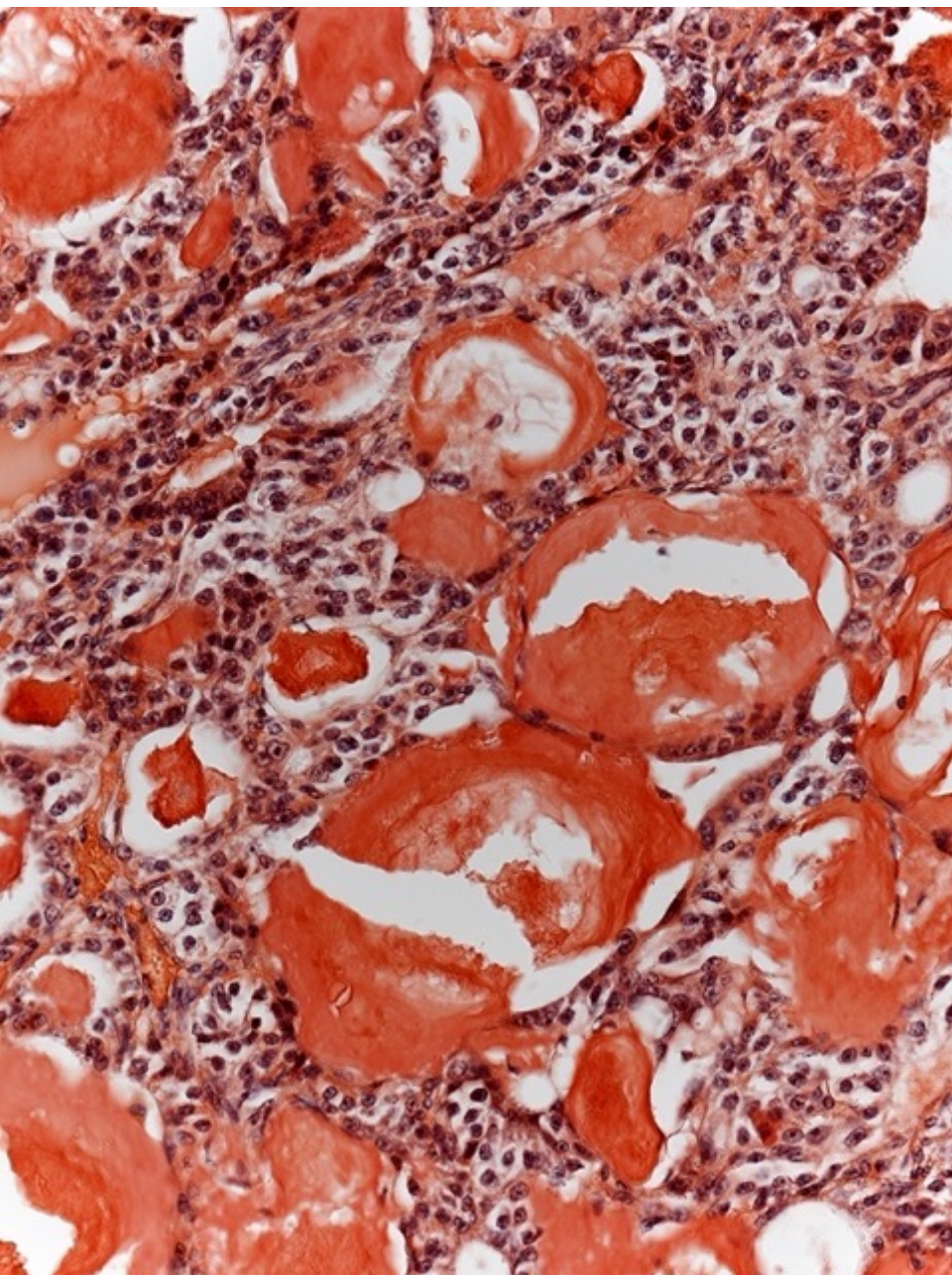


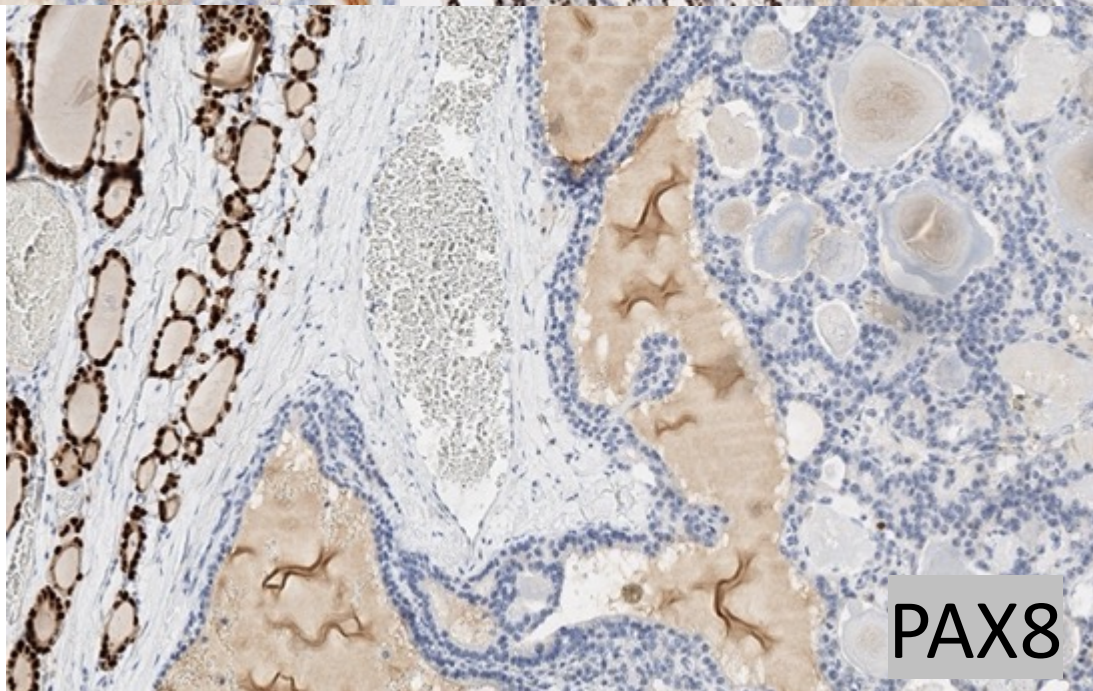
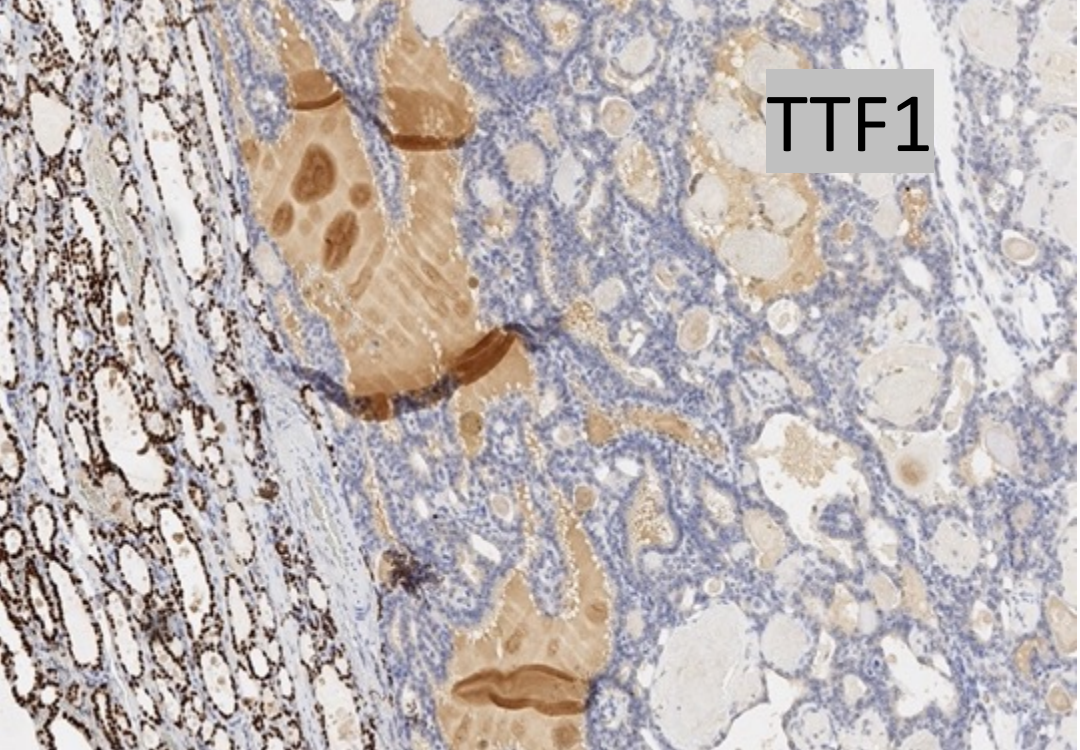
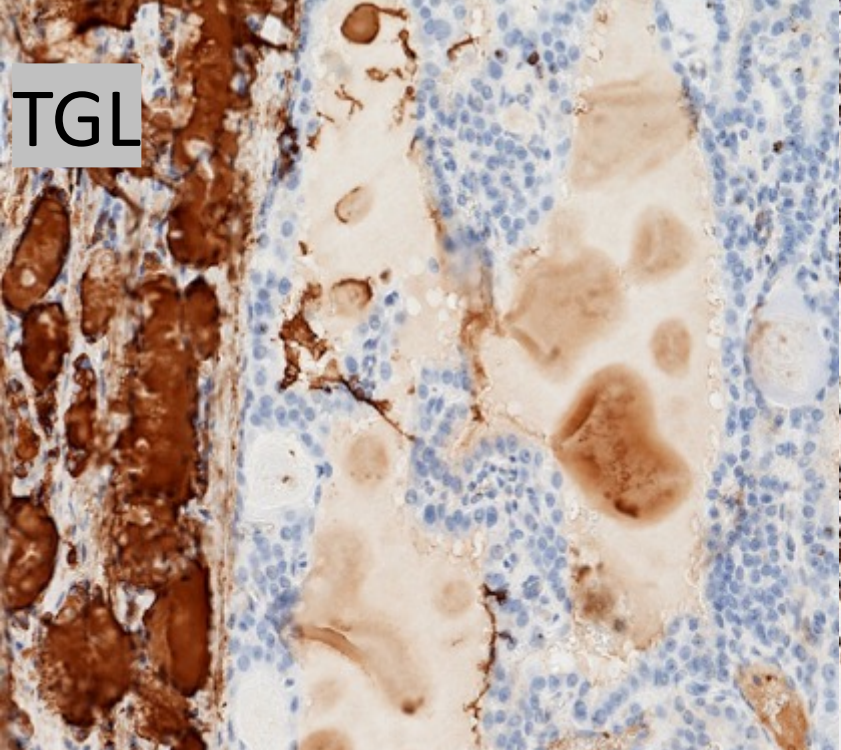




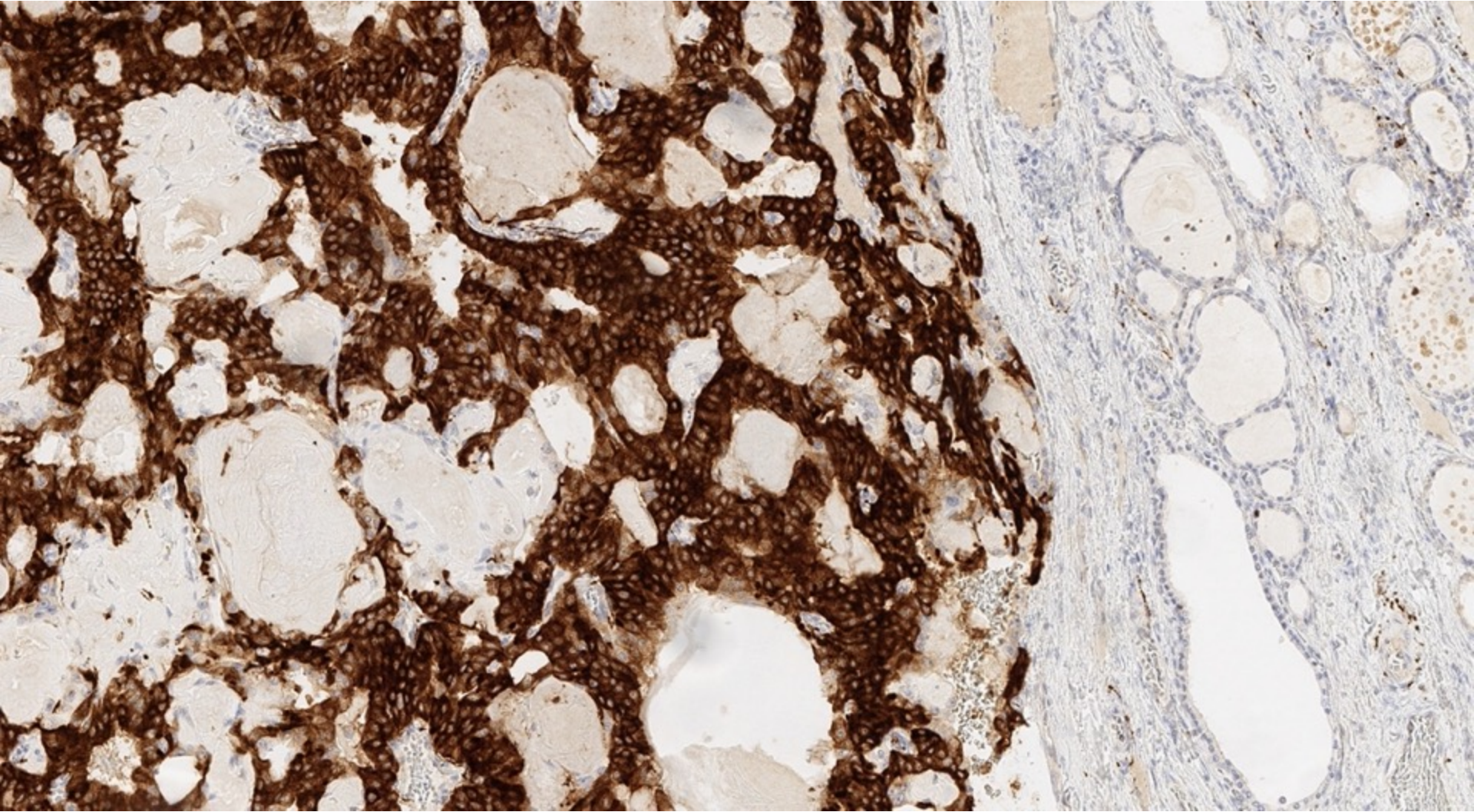




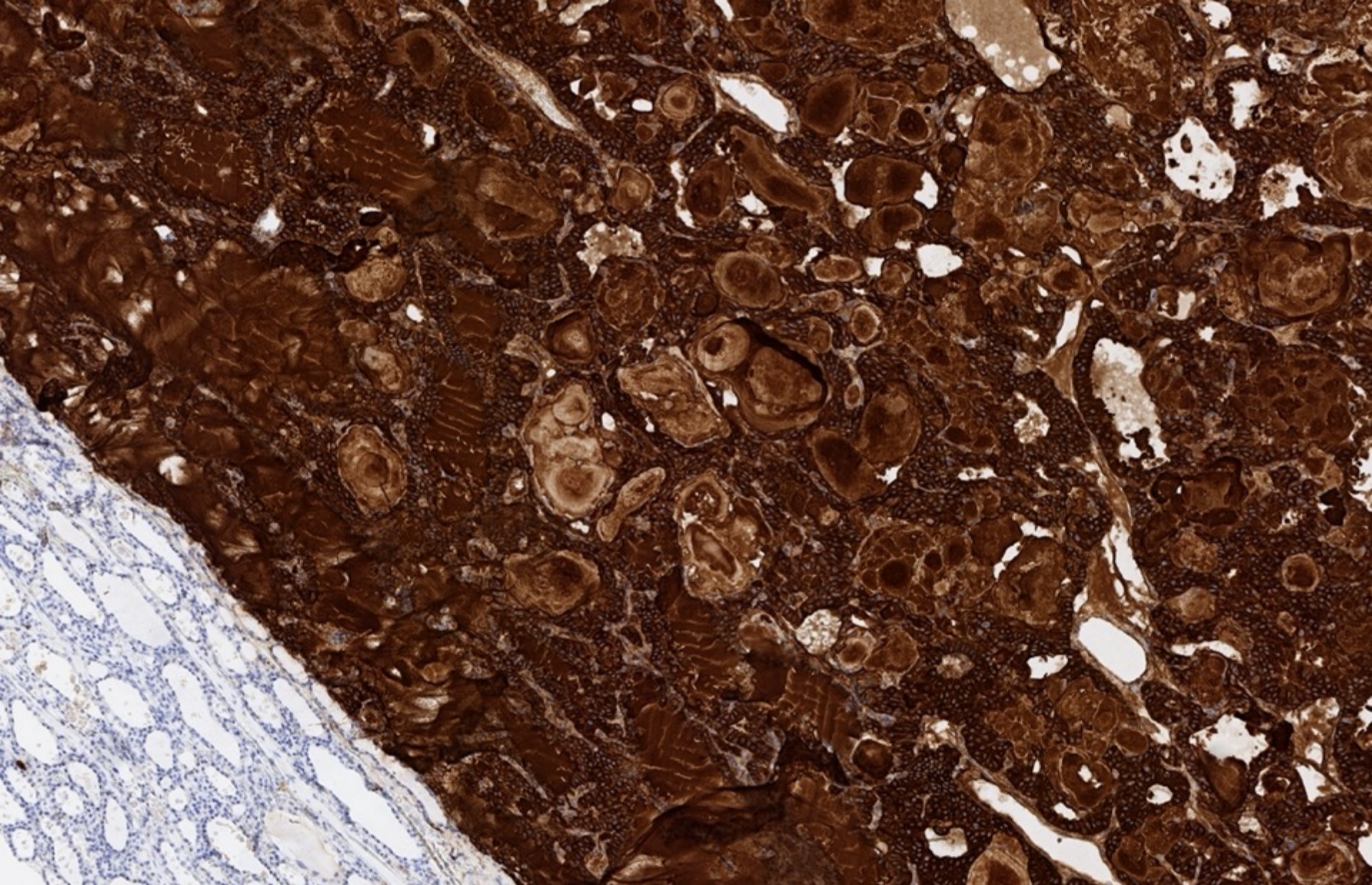




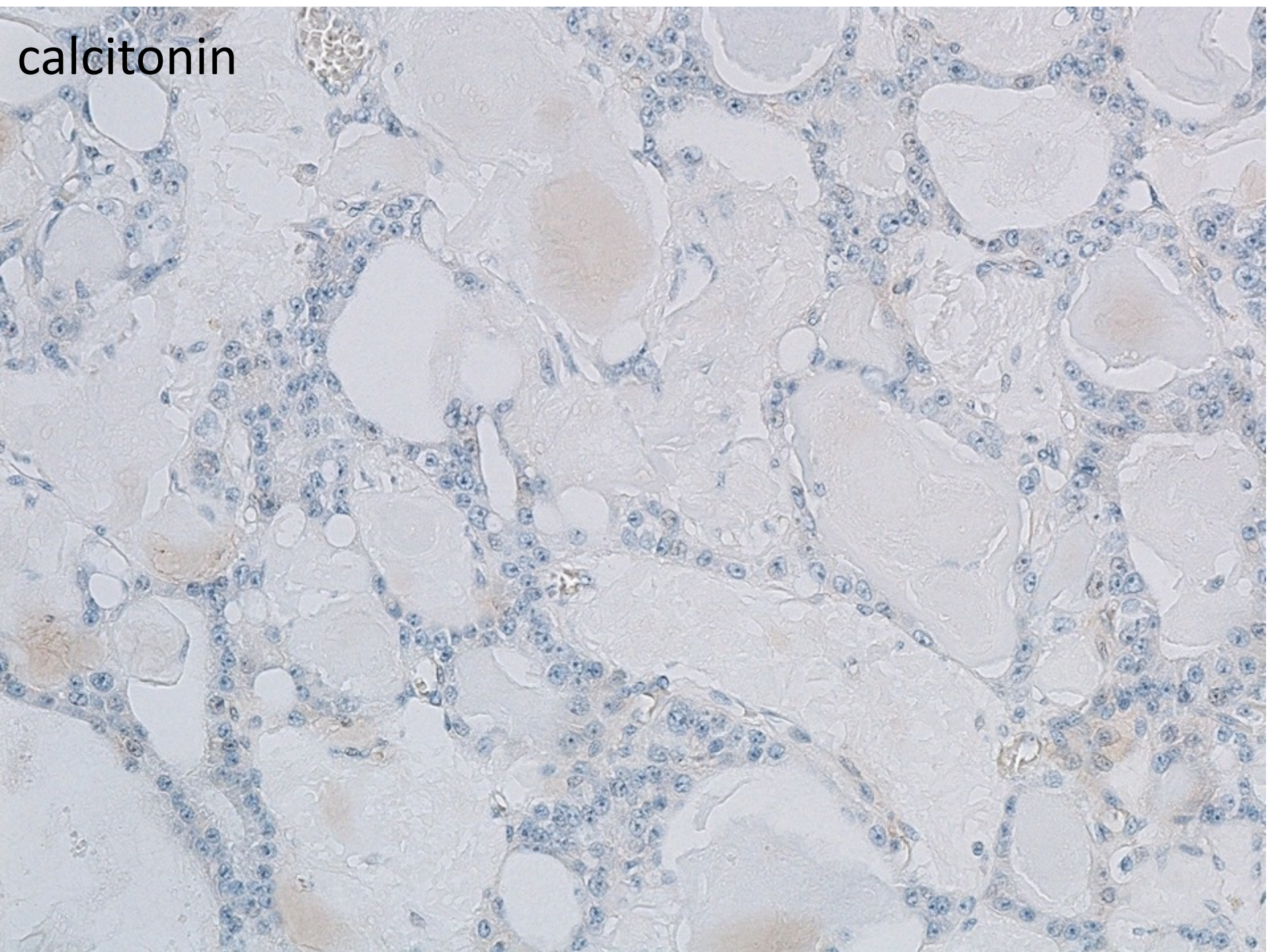
synaptofyzin



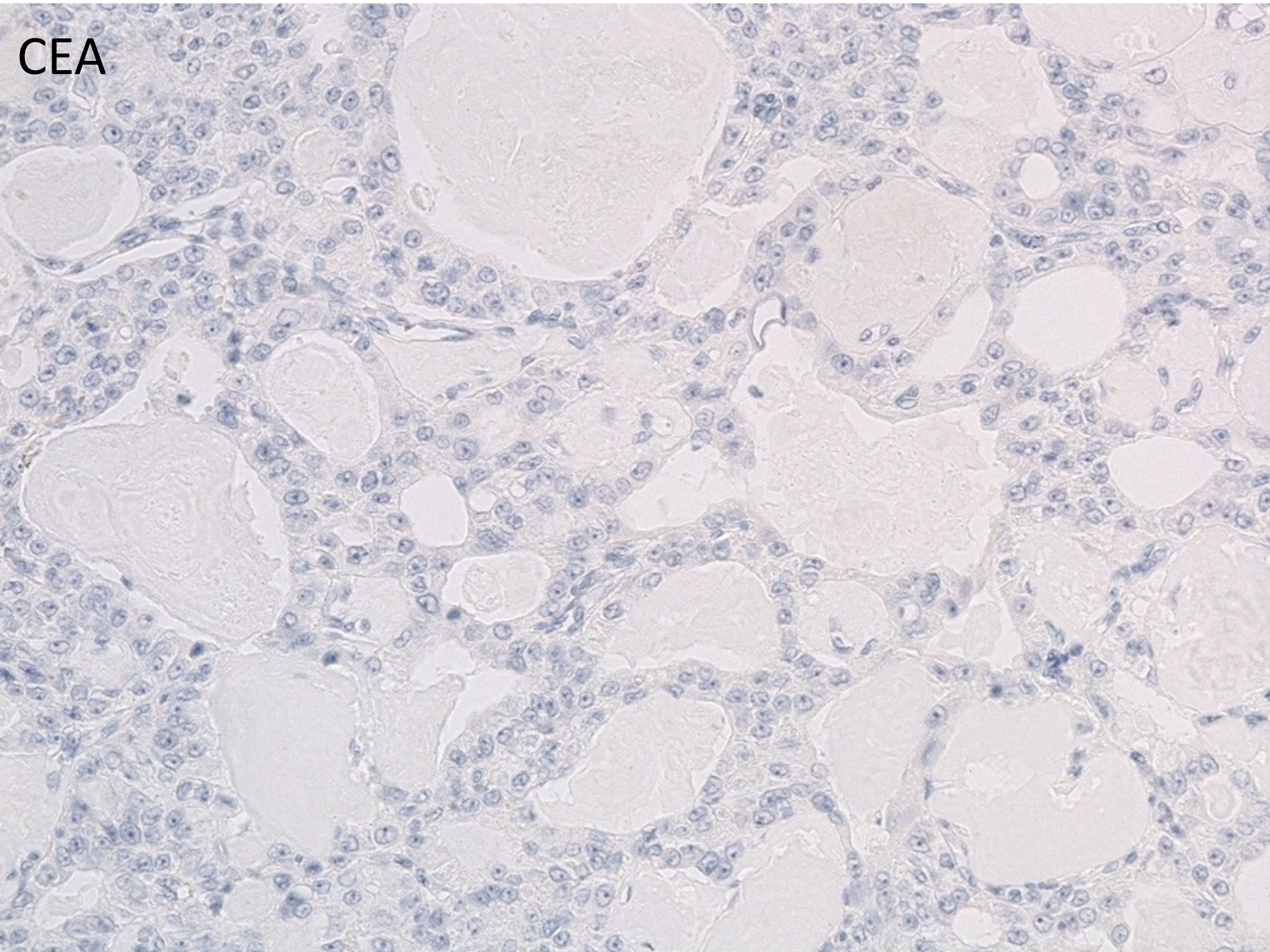
chromogranin



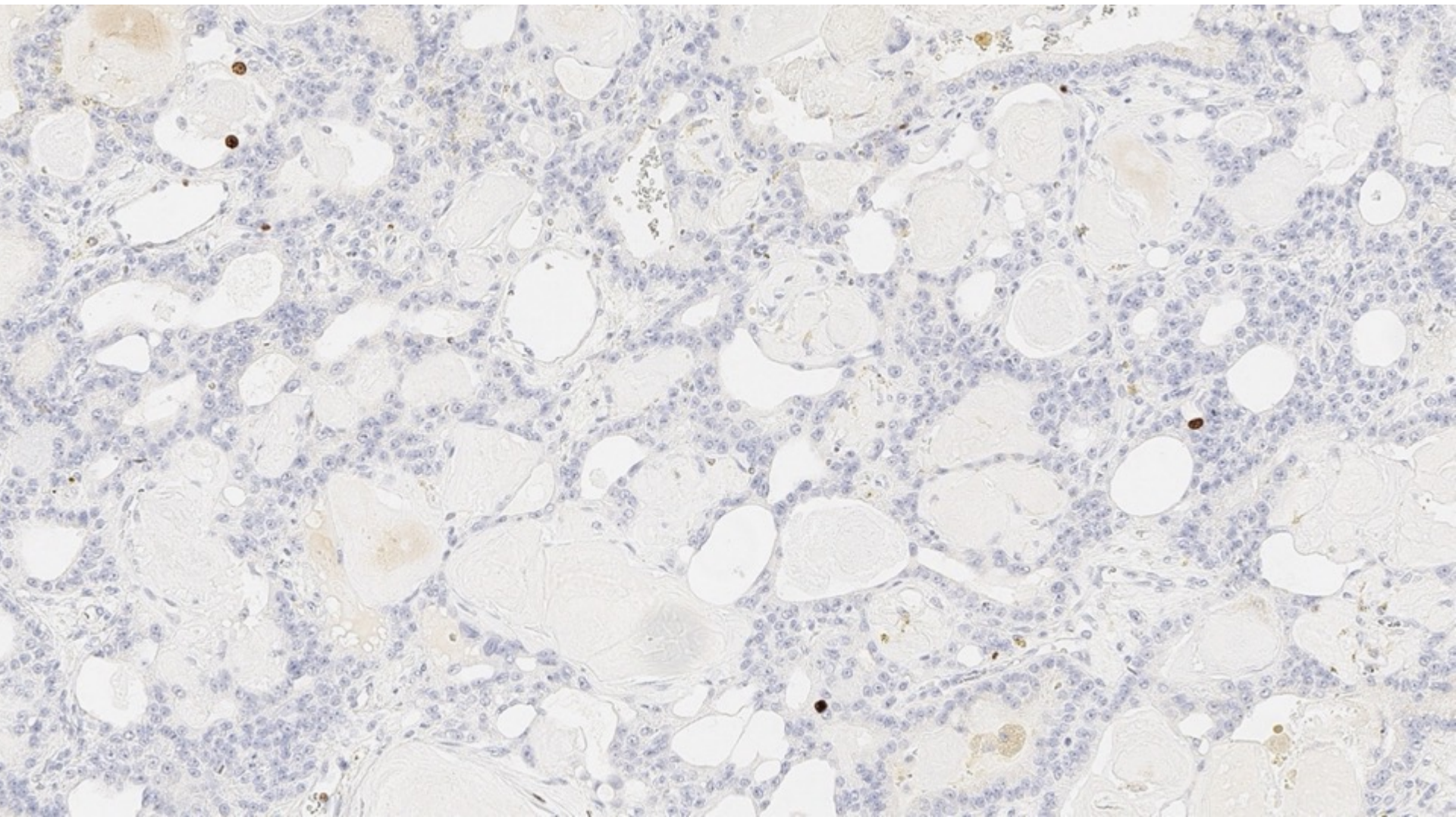
calcitonin

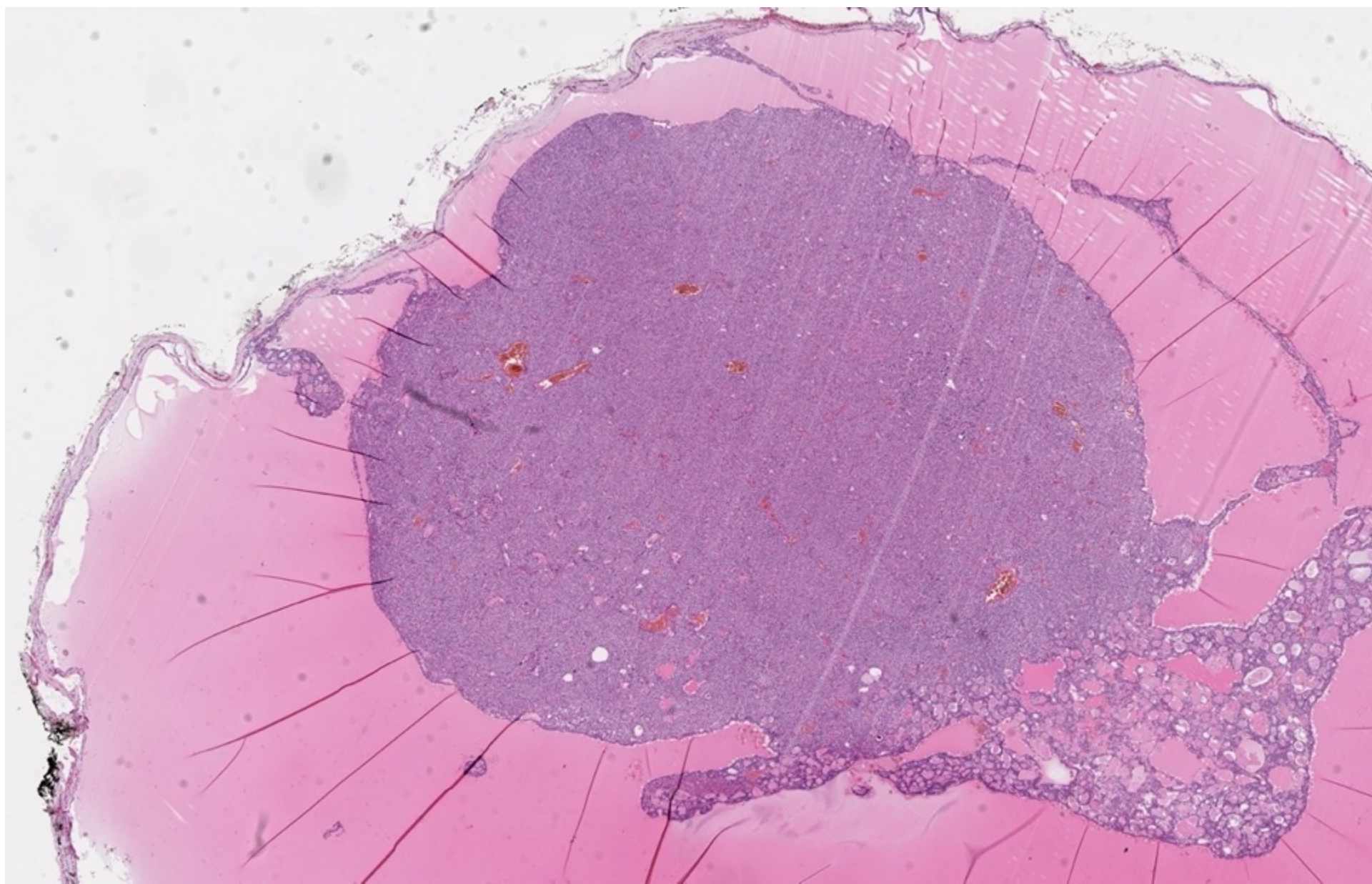


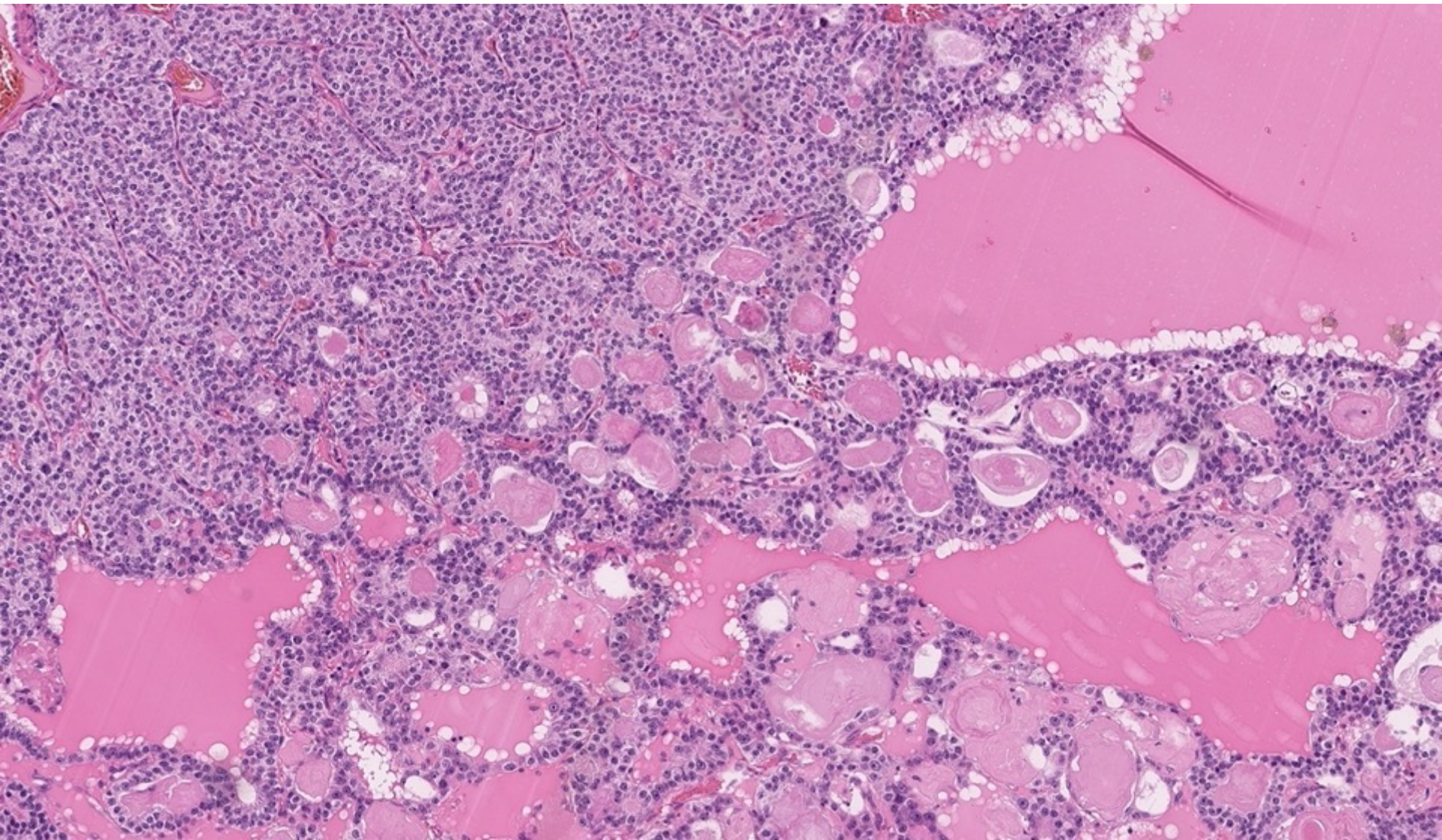
CEA

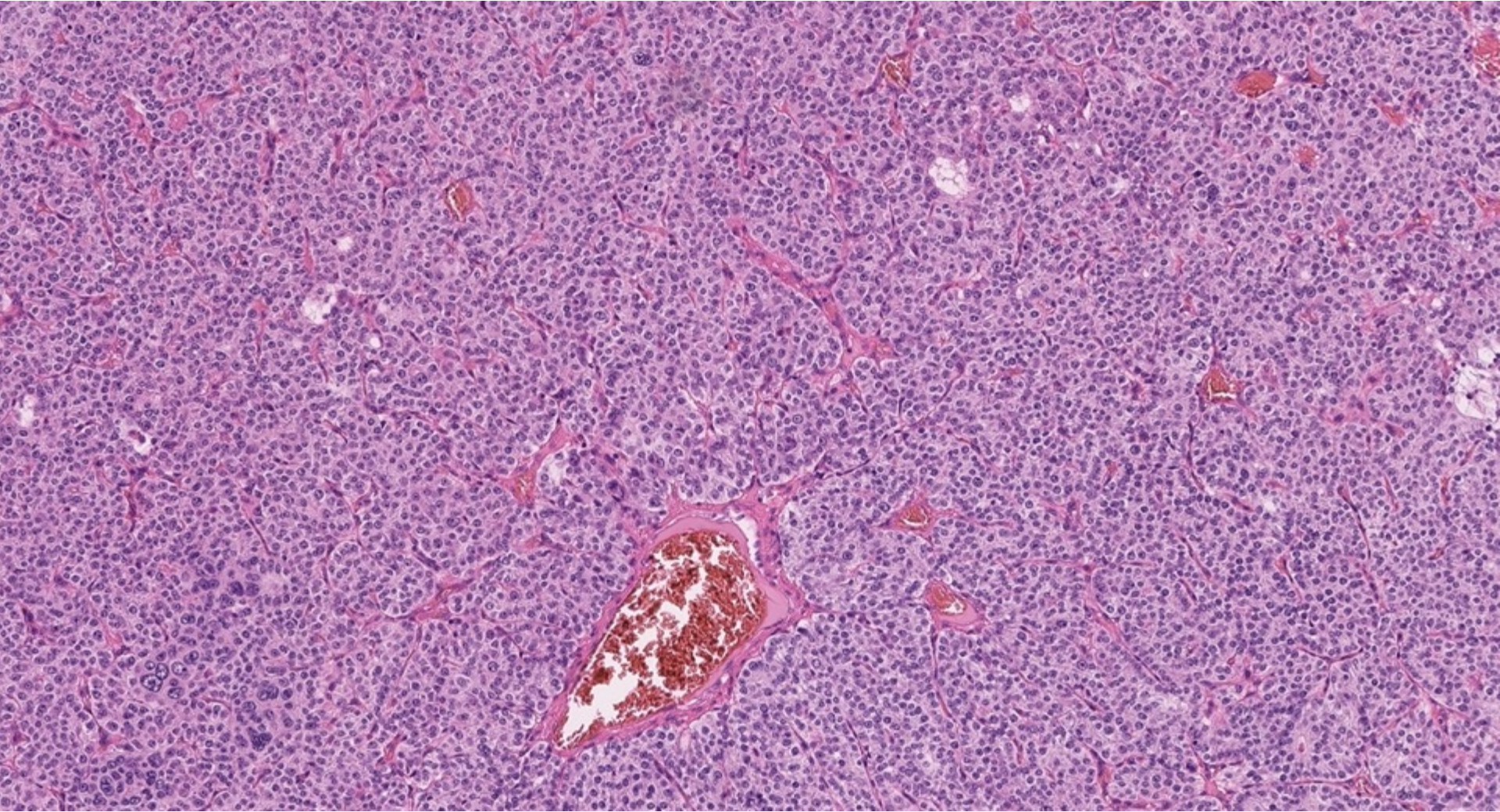


Ki67

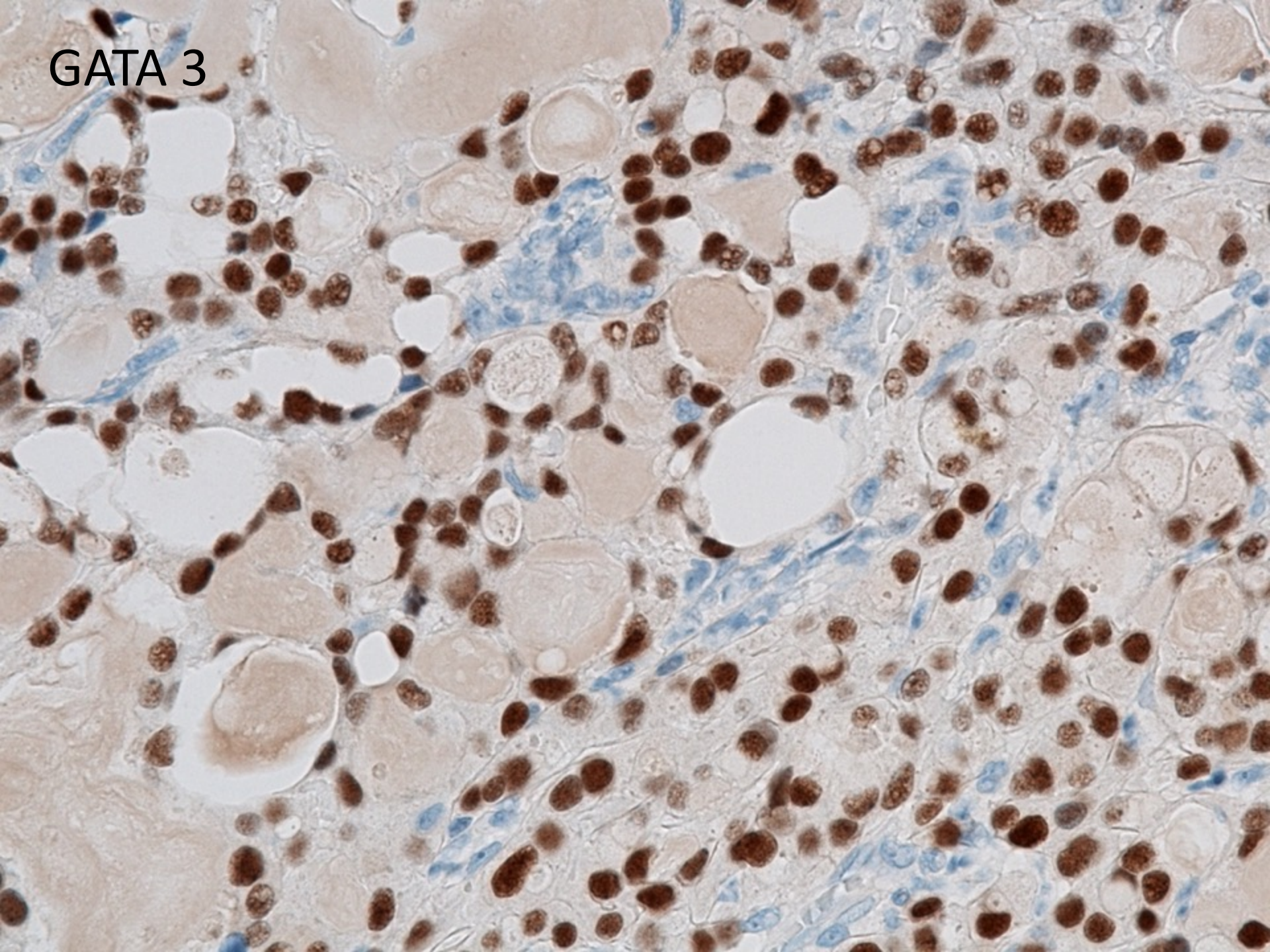




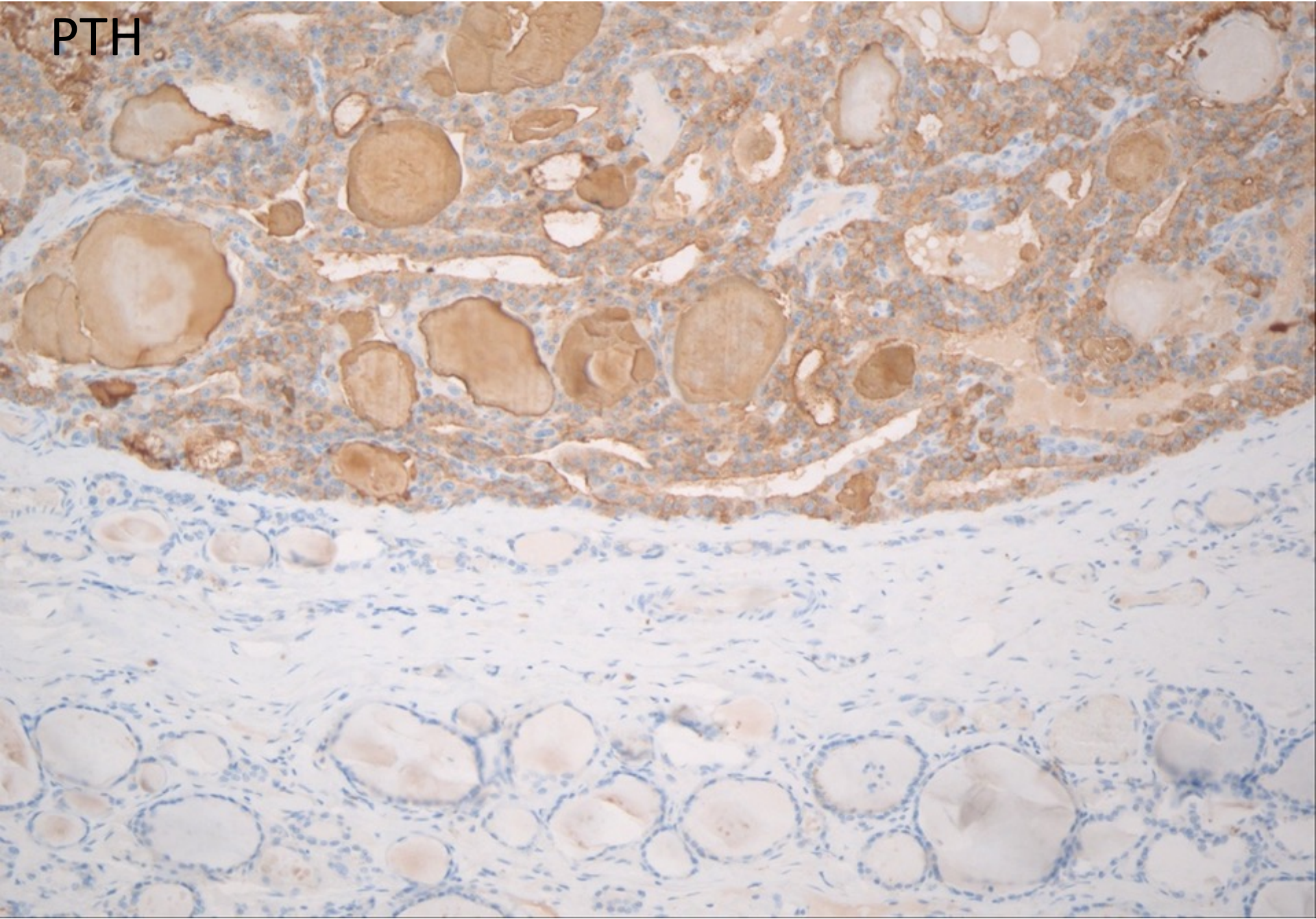




GATA 3



PTH



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Diagnóza

Adenom přištitného tělíska s produkcí amyloidu



Nelson G. Ordoñez, M.D.

Naguib A. Samaan, M.D., Ph.D.

Michael L. Ibañez, M.D.

Robert C. Hickey, M.D.

Immunoperoxidase study of uncommon parathyroid tumors

Report of two cases of nonfunctioning parathyroid carcinoma
and one intrathyroid parathyroid tumor-producing amyloid

Leedham PW, Pollock DJ. Intrafollicular amyloid in primary hyperparathyroidism. *J. Clin. Pathol.* 1970; **23**: 811–817.

Lieberman A, De Lellis RA. Intrafollicular amyloid in normal parathyroid glands. *Arch. Pathol.* 1973; **95**: 422–423.

Anderson TJ, Ewen SWB. Amyloid in normal and pathological parathyroid glands. *J. Clin. Pathol.* 1974; **27**: 656–663.

neoplasms. An intrathyroid parathyroid tumor, associated with large amounts of interstitial amyloid, mimicking medullary carcinoma of the thyroid, in a patient with primary hyperparathyroidism is also reported. Positive immunoreaction in the tumor cells for parathormone, negative staining for calcitonin, and the return of patients' serum calcium levels to normal after tumor resection, confirmed the parathyroid nature of this neoplasm. Immunohistochemistry studies proved to be extremely helpful in establishing the diagnoses of these unusual parathyroid tumors.

Am J Surg Pathol 7: 535–542, 1983.

Parathyroid hyperplasia in multiple endocrine neoplasia type 1: a pathological and immunohistochemical reappraisal

H.R.HARACH & B.JASANI

Department of Pathology, University of Wales College of Medicine, Cardiff, Wales

Glandular structures showed empty lumens as well as intraluminal dense or vacuolated colloid-like material devoid of birefringent oxalate crystals (Figures 2, 3 & 5). The dense colloid-like material frequently showed the staining properties of amyloid. Intraluminal amyloid was present in 14 (58%) of 24 parathyroid glands in areas of diffuse (8/20; 40%) and nodular hyperplasia (8/16; 50%) (Figure 4). No extraluminal amyloid was identified.

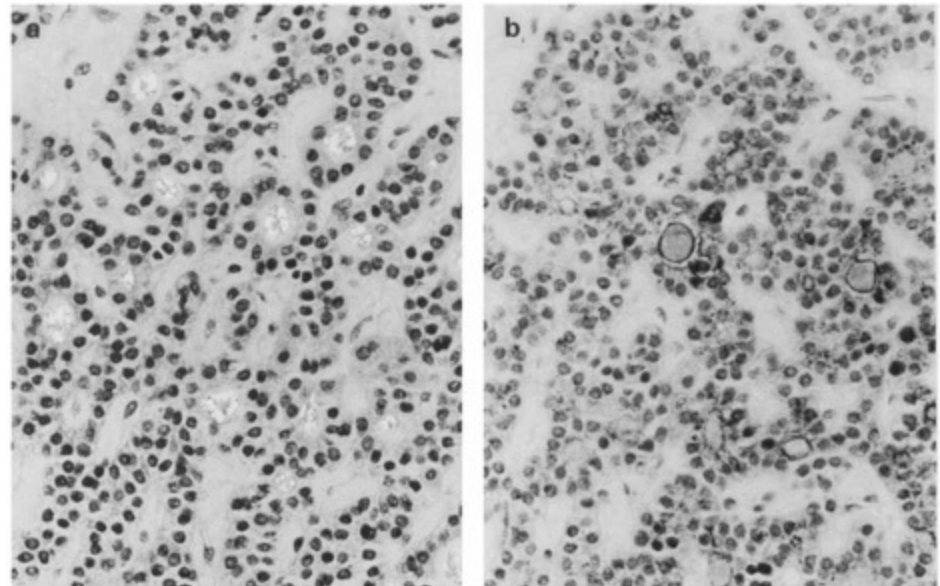


Figure 4. Serial sections illustrating amyloid material within glandular lumens showing a Congo red green birefringence under polarization and **b** parathyroid hormone immunostaining outlining the amyloid.

Age-related Accumulation of Amyloid Inclusions in Adrenal Cortical Cells

Lars Eriksson and Per Westermark*

From the Departments of Pathology, the University of Uppsala, Uppsala, and the Department of Pathology, University of Linköping, Linköping, Sweden*

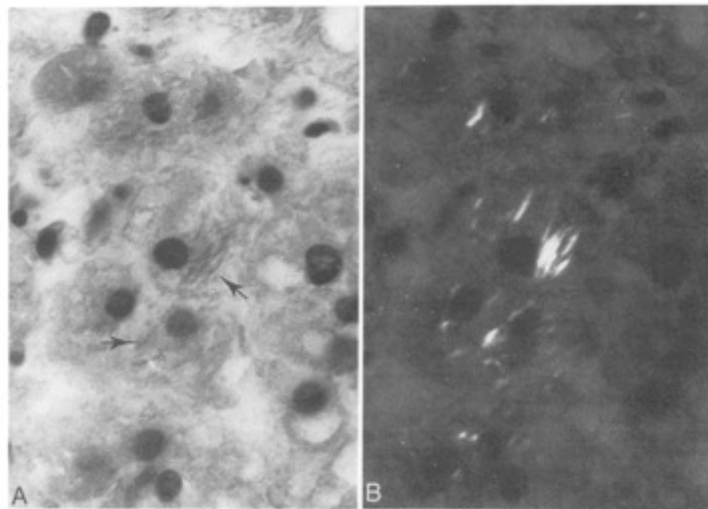


Figure 1. Cortical epithelial cells some of which contain many needle-shaped amyloid inclusions (arrows) showing affinity for Congo red (A) and a bright green birefringence in polarized light after such staining (B). X 1,200.

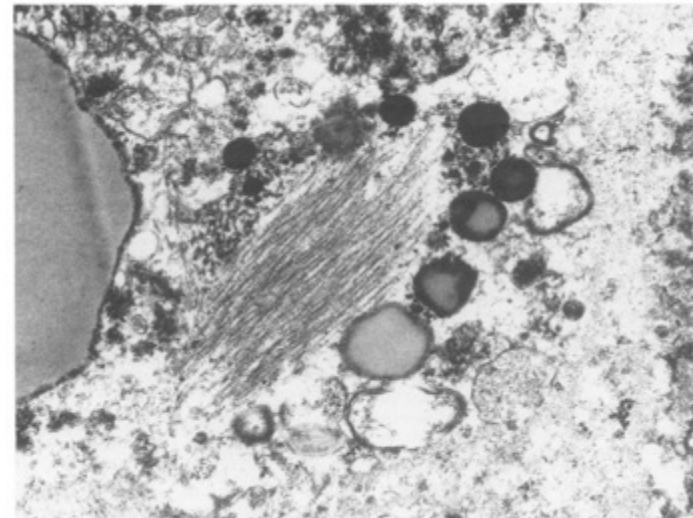


Figure 3. A bundle of intracellular fibrils in contact with lipid droplets. X 81,000.

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Dif Dg

- MTC
- NET G1, paragangliom
- Smíšený medulárně-folikulární karcinom

