1

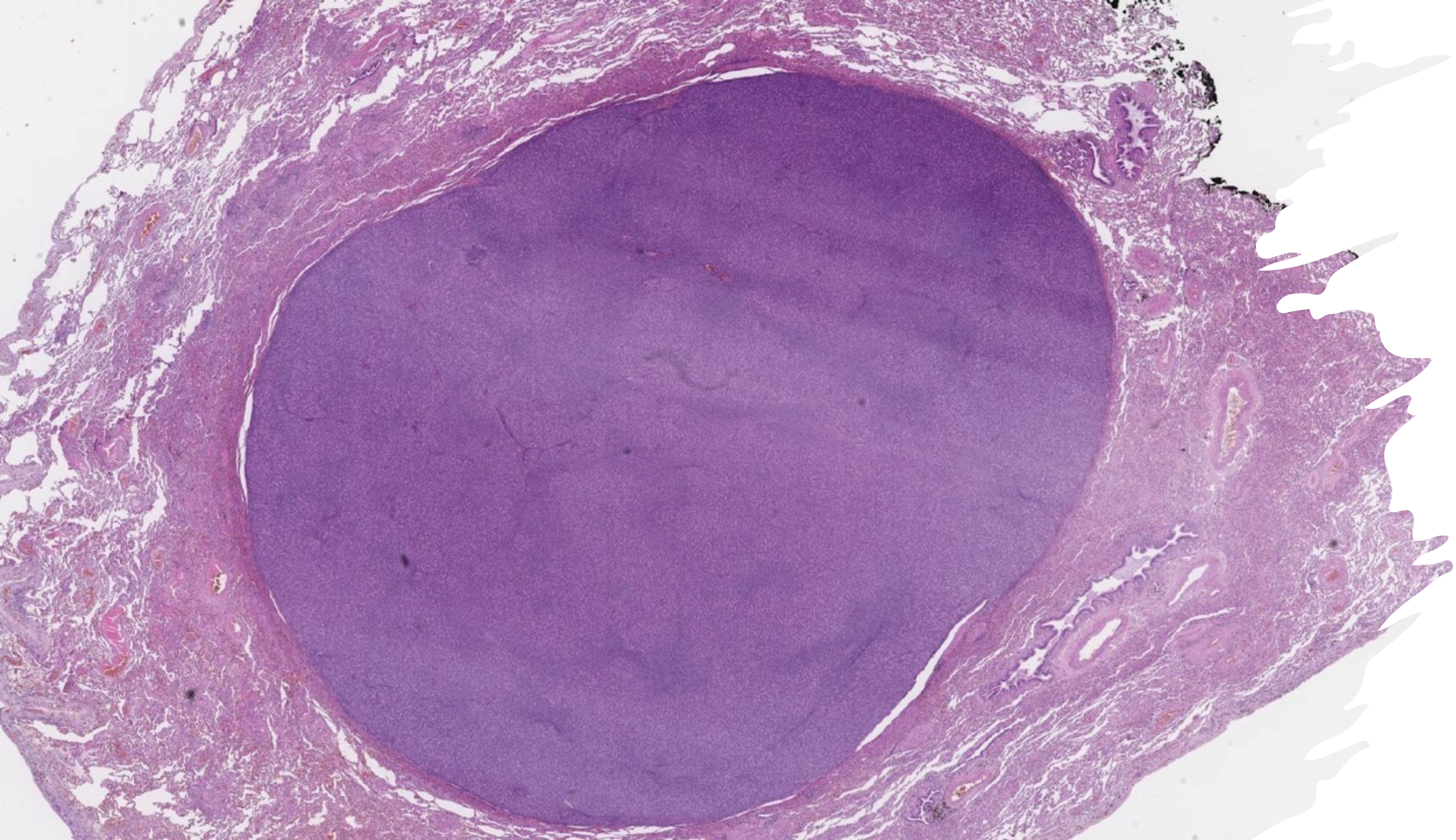
L2024-1

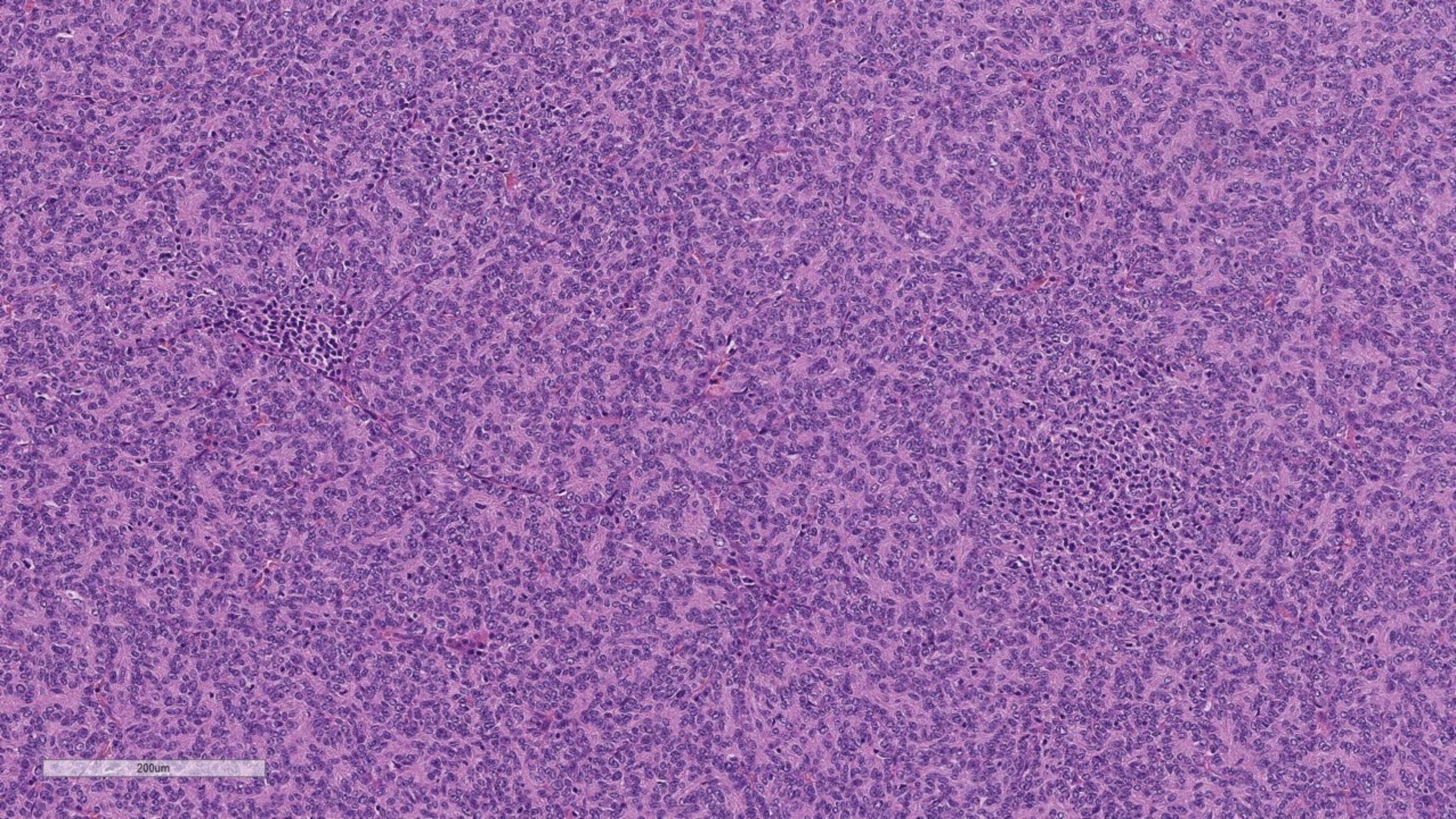
Tomáš Rozkoš

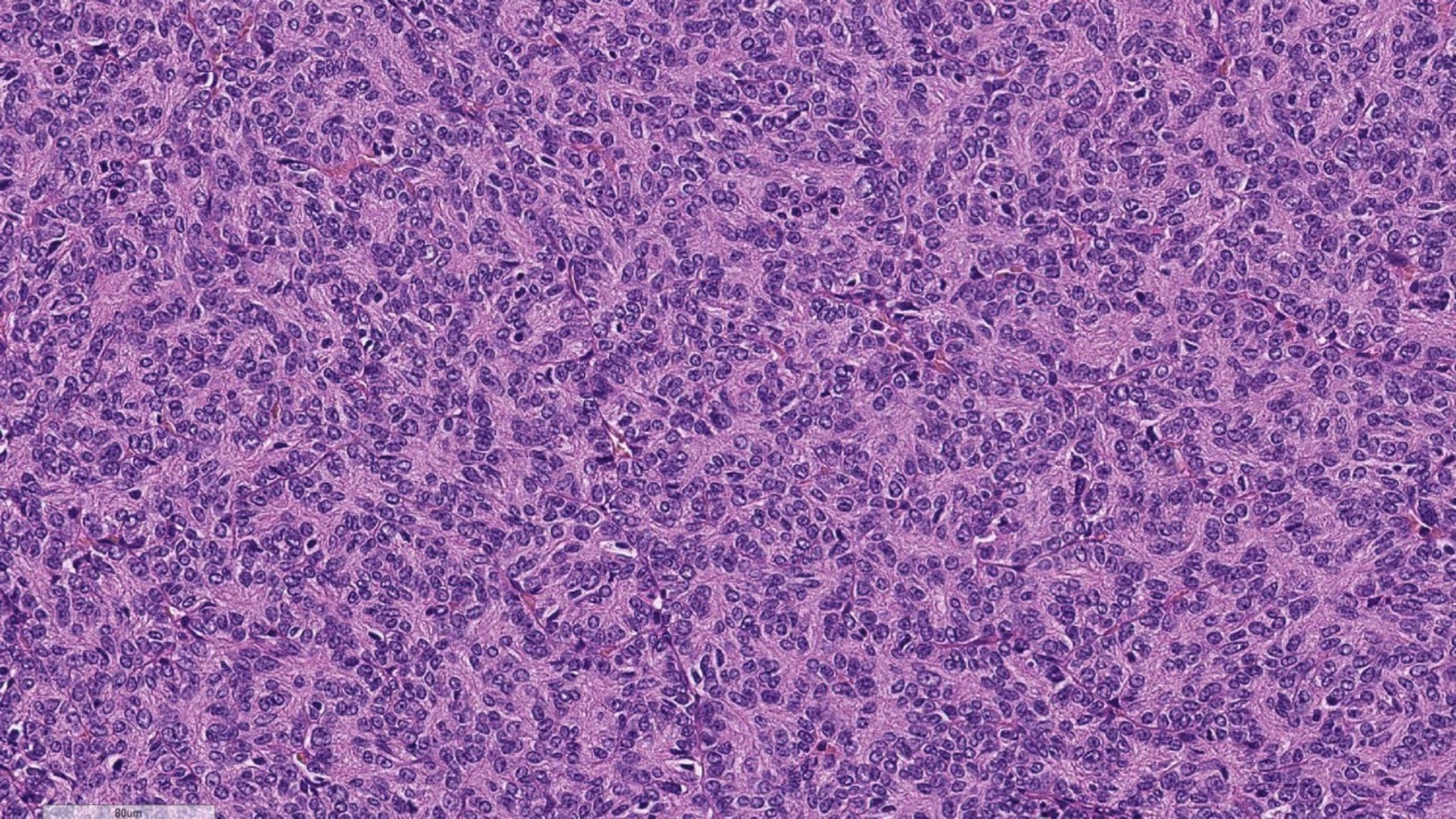
případ č.1

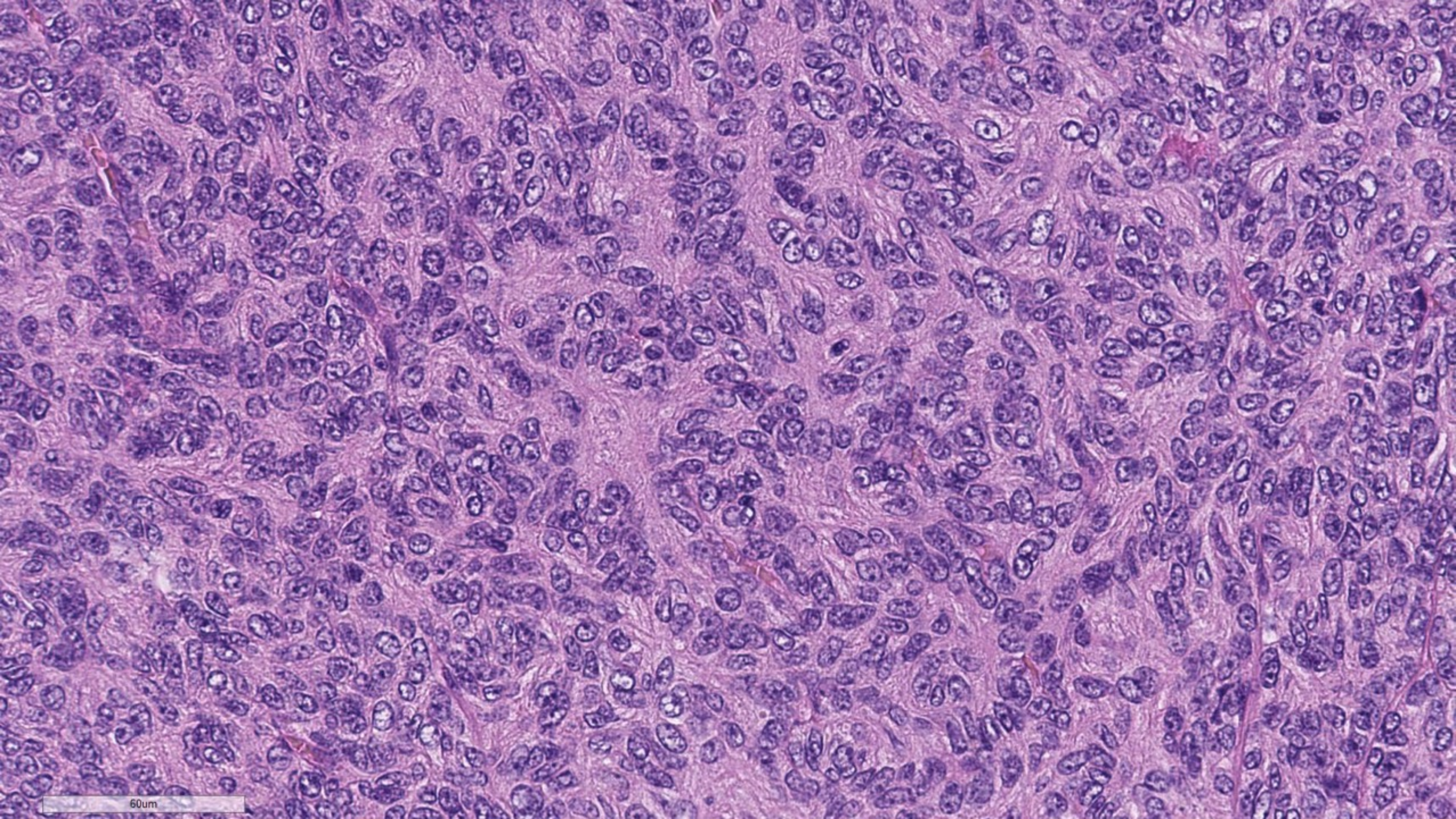
Klinické údaje a makropopis

- žena, 81 let
- atypický resekát P dolního laloku plíce s ložiskem velikosti 11 mm

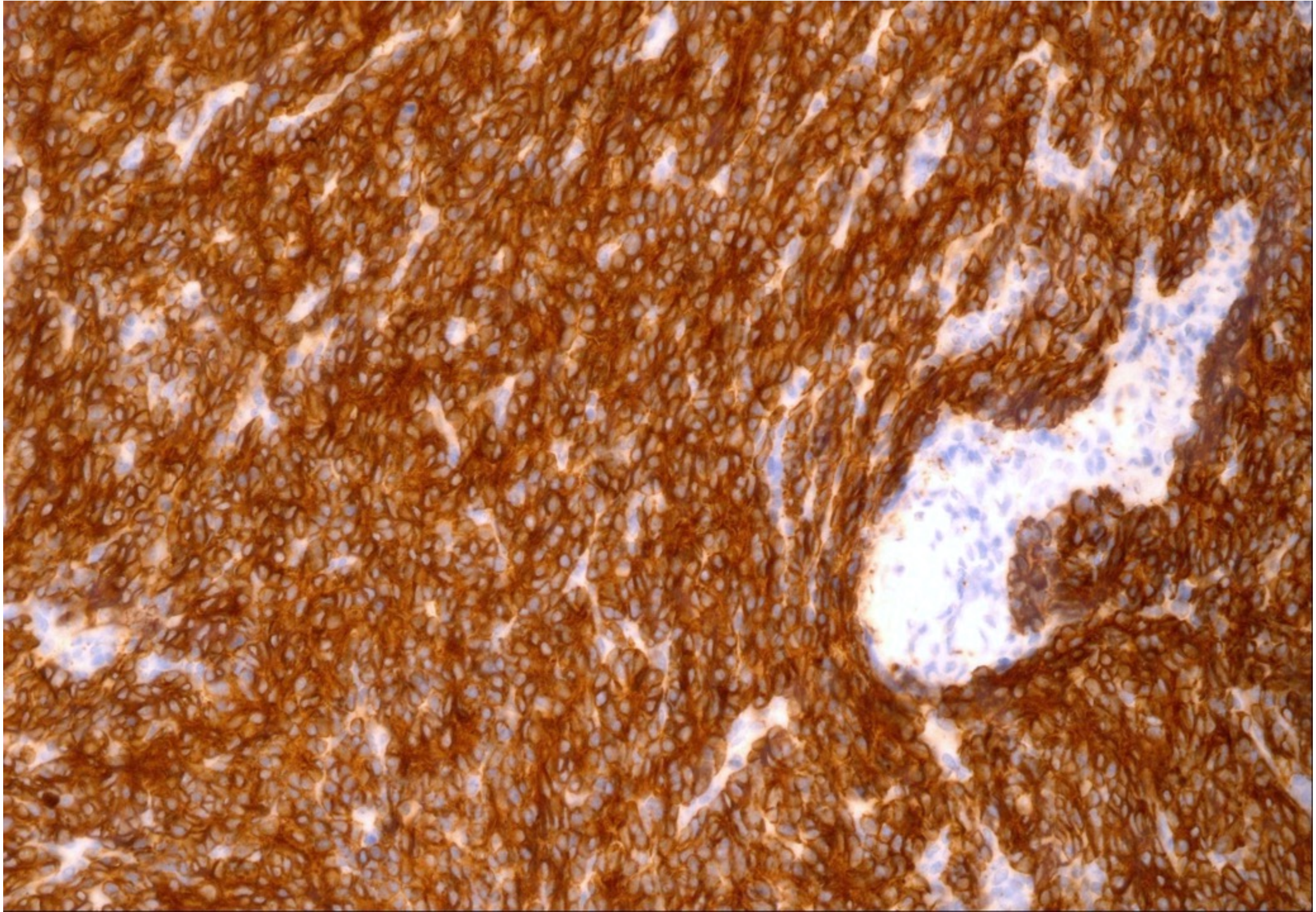



200um

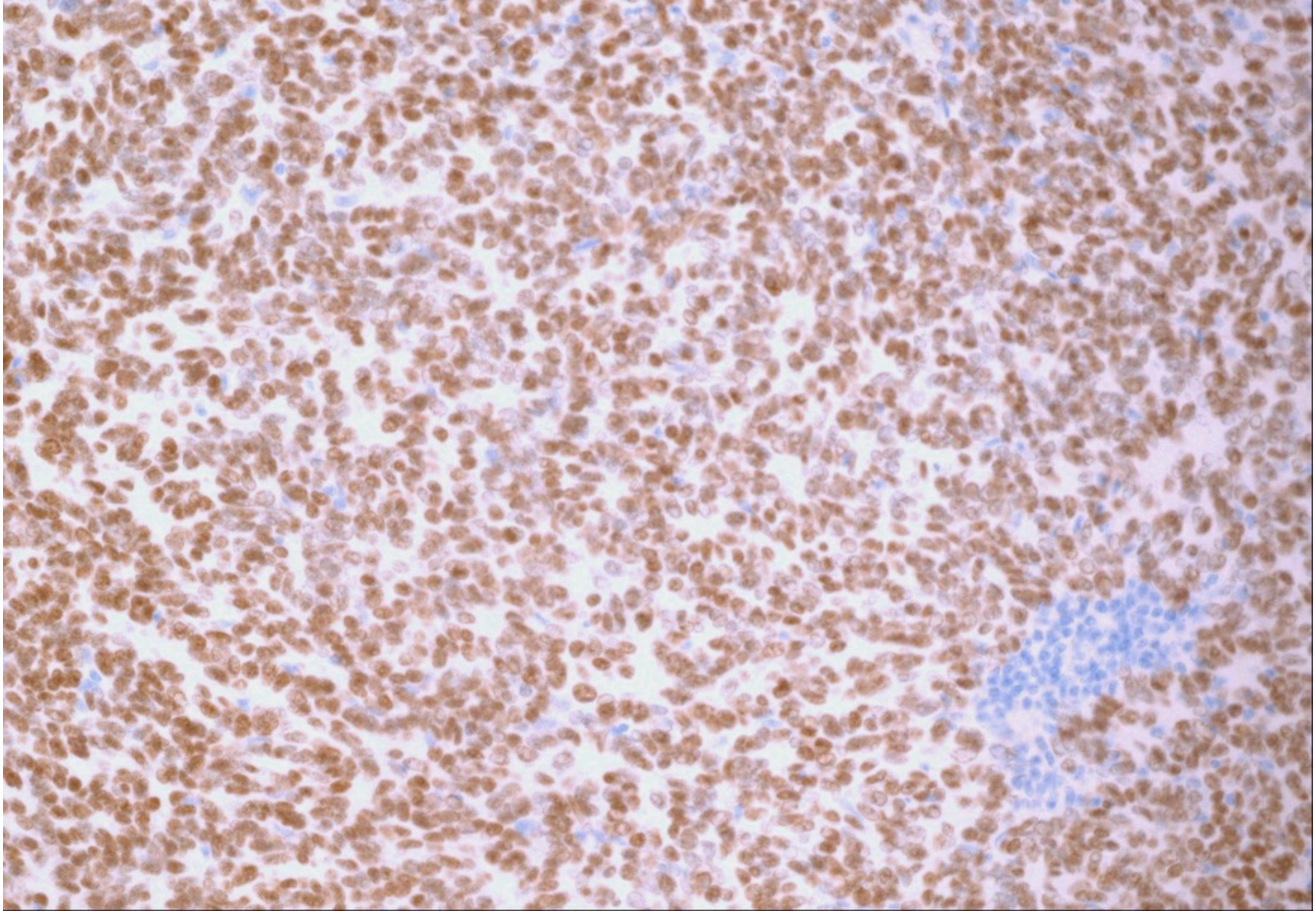

80um

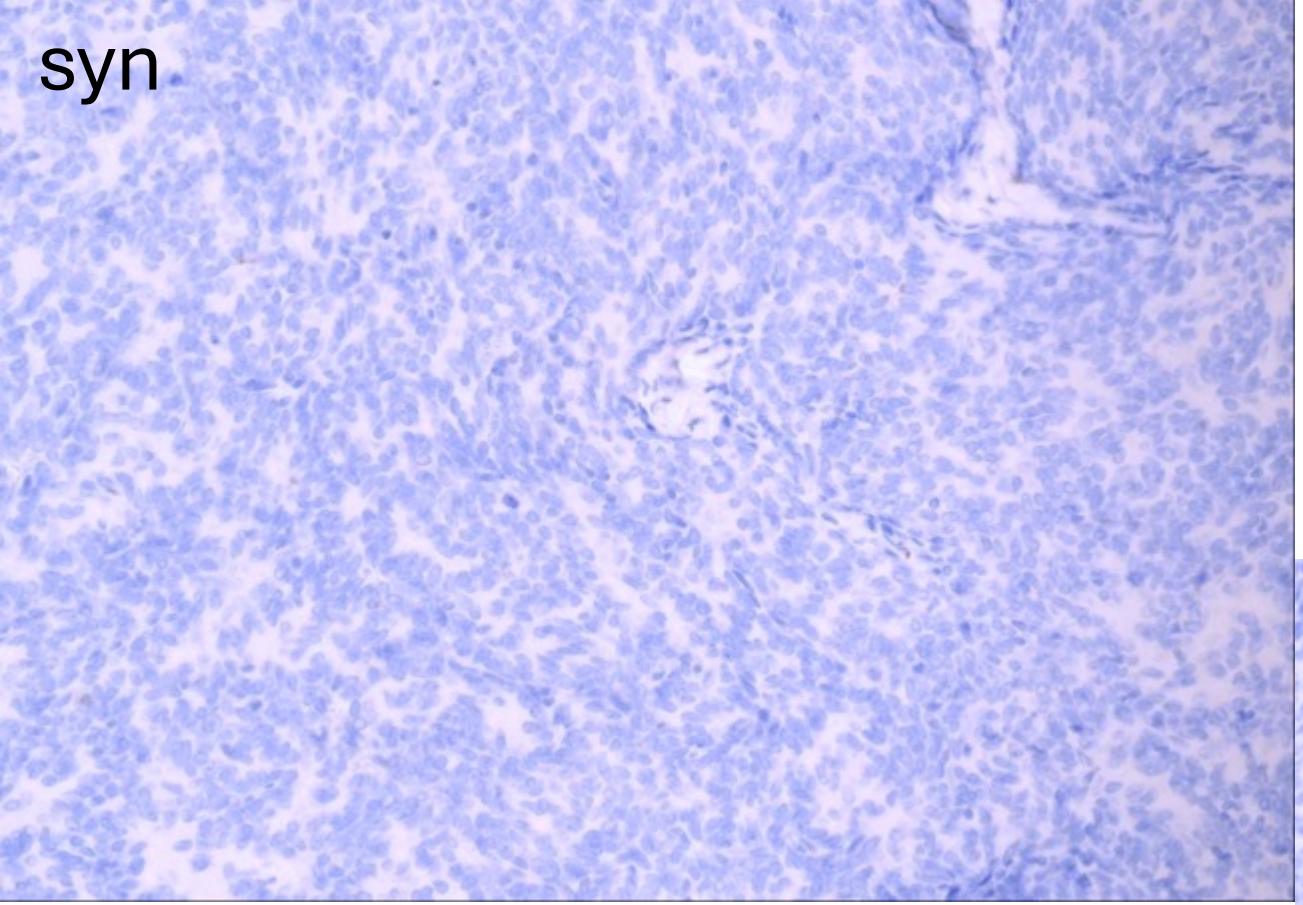

60um

CK



p40

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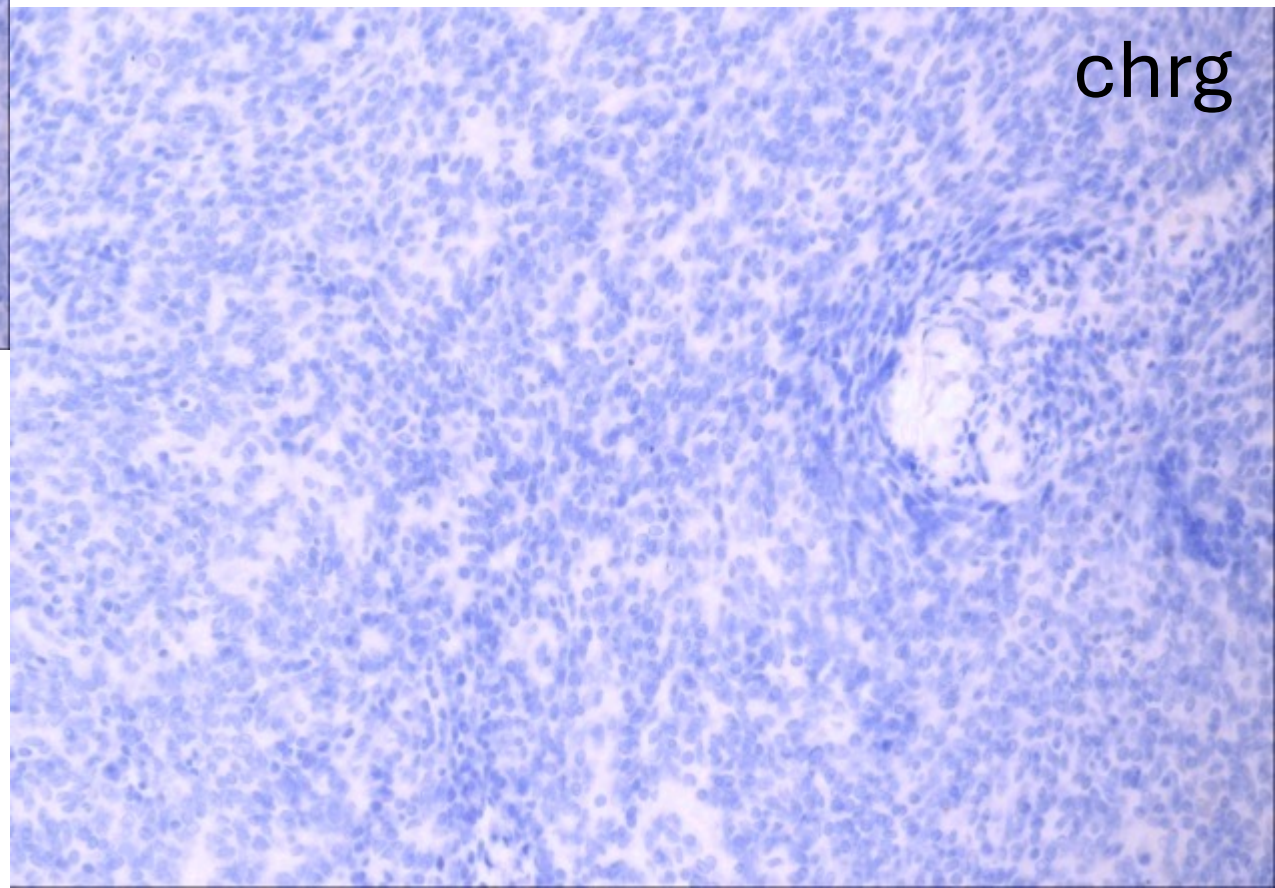
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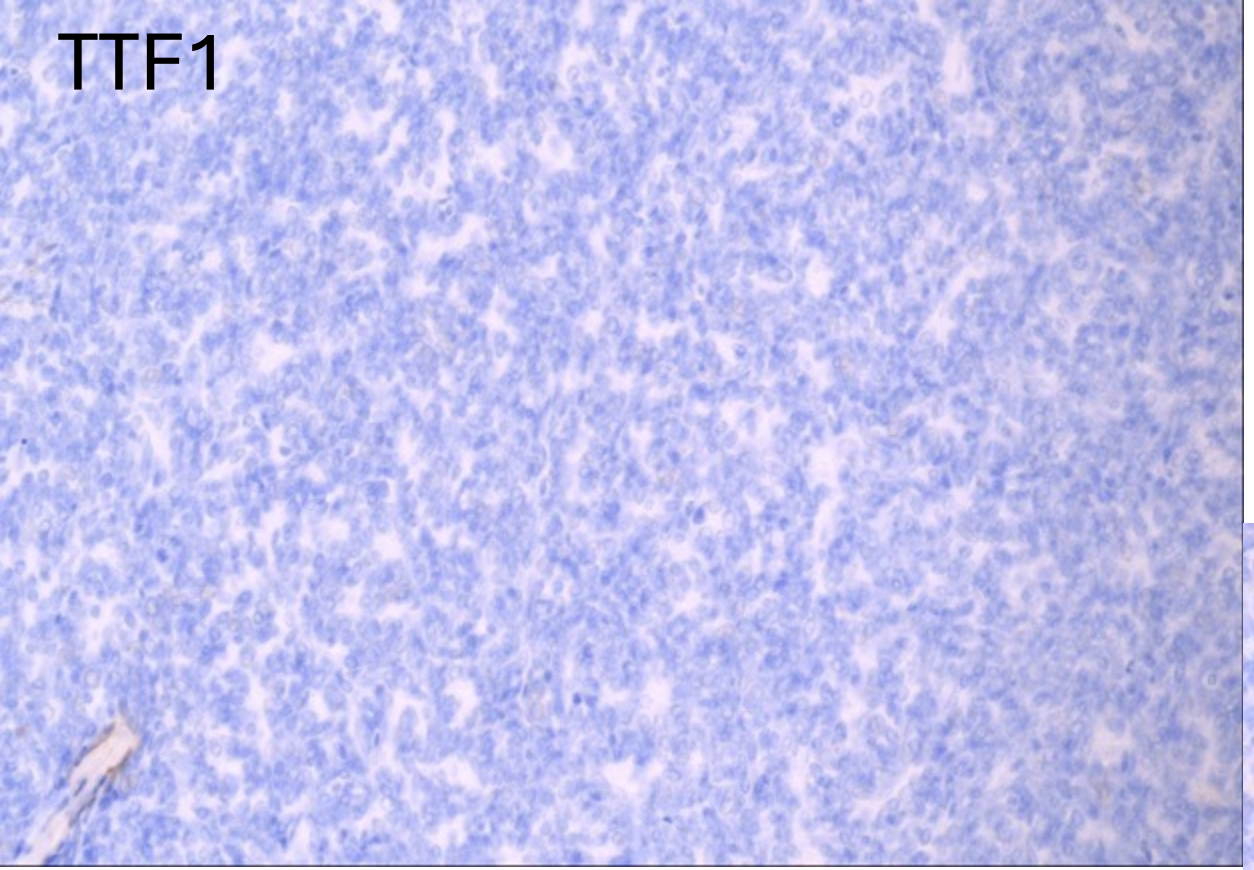
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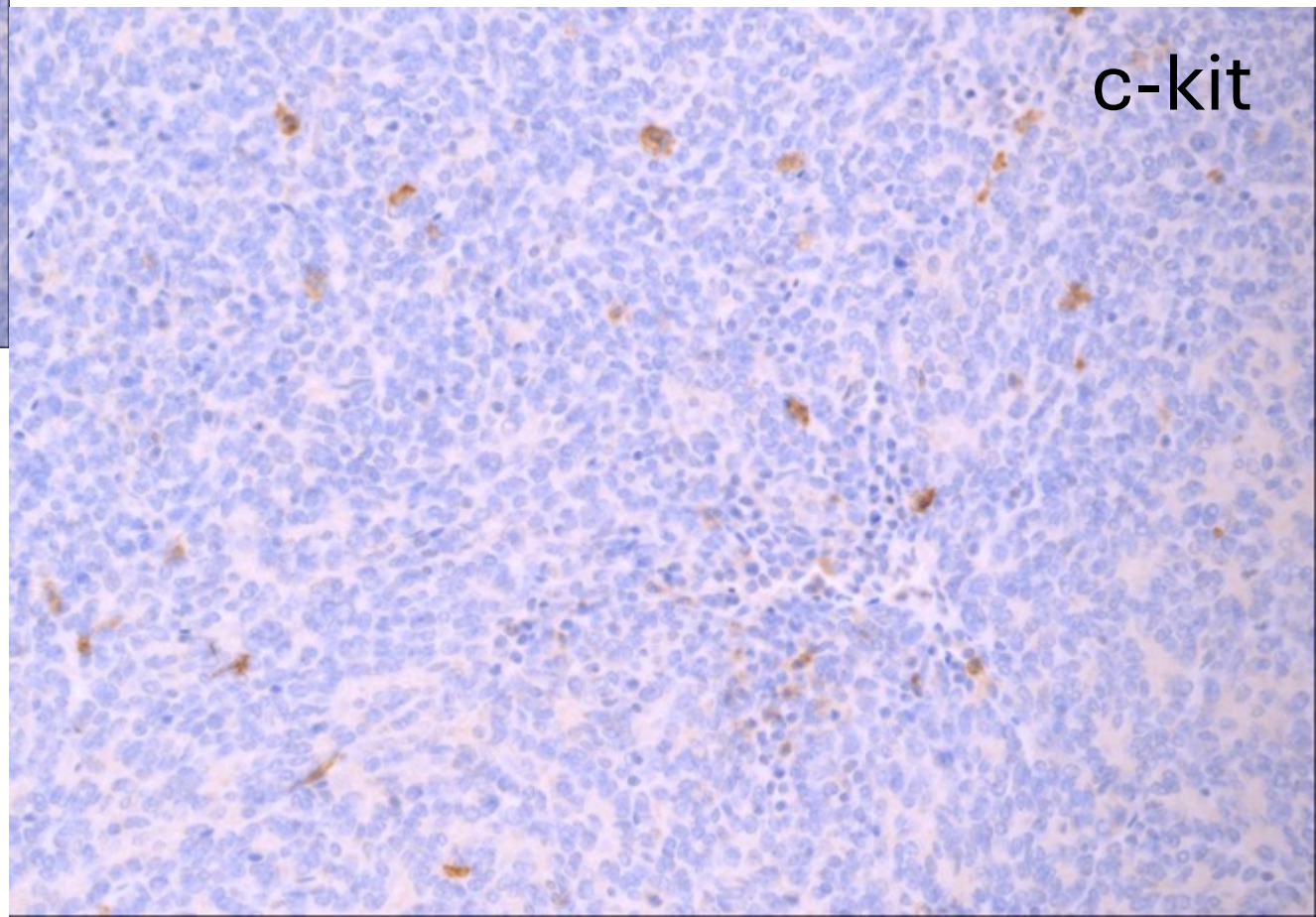
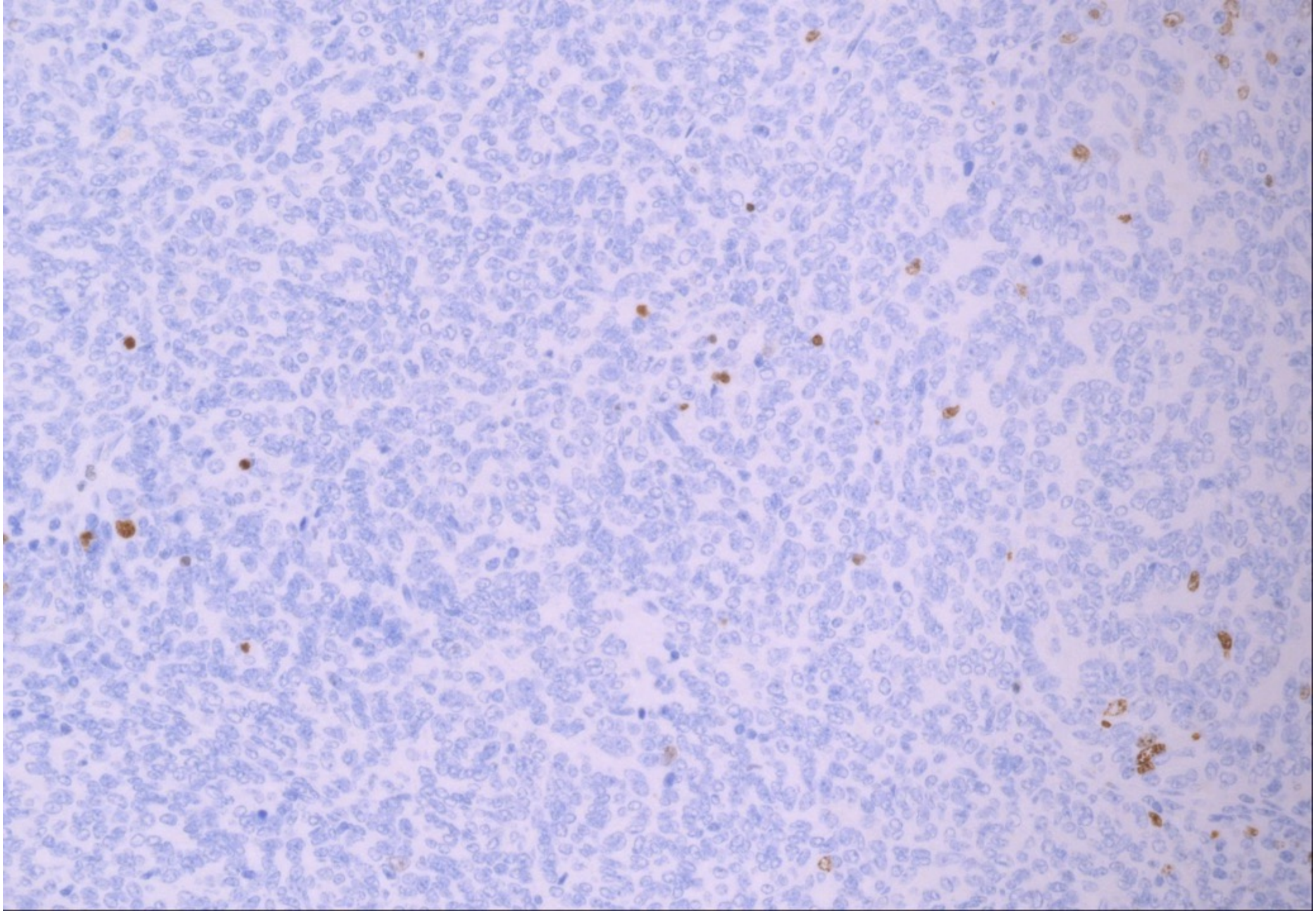
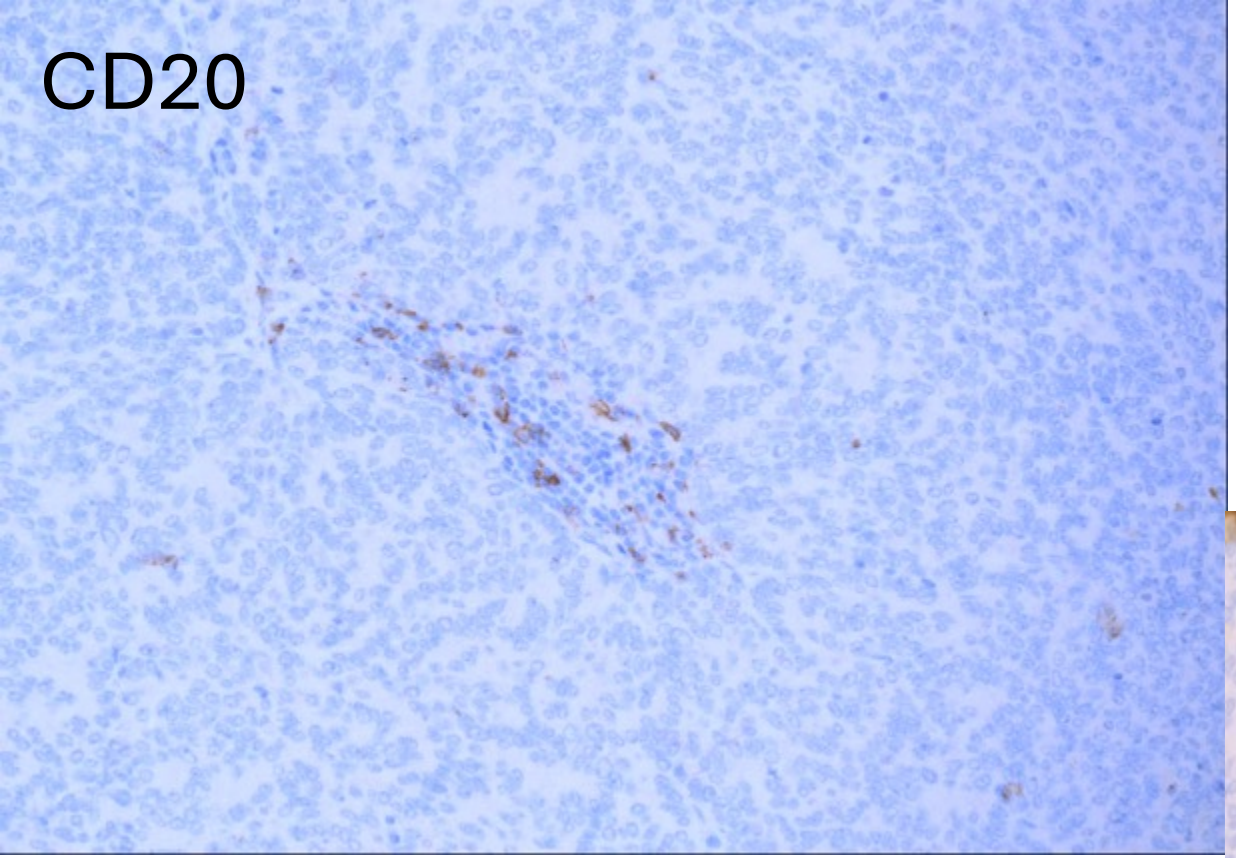

c-kit

Ki67

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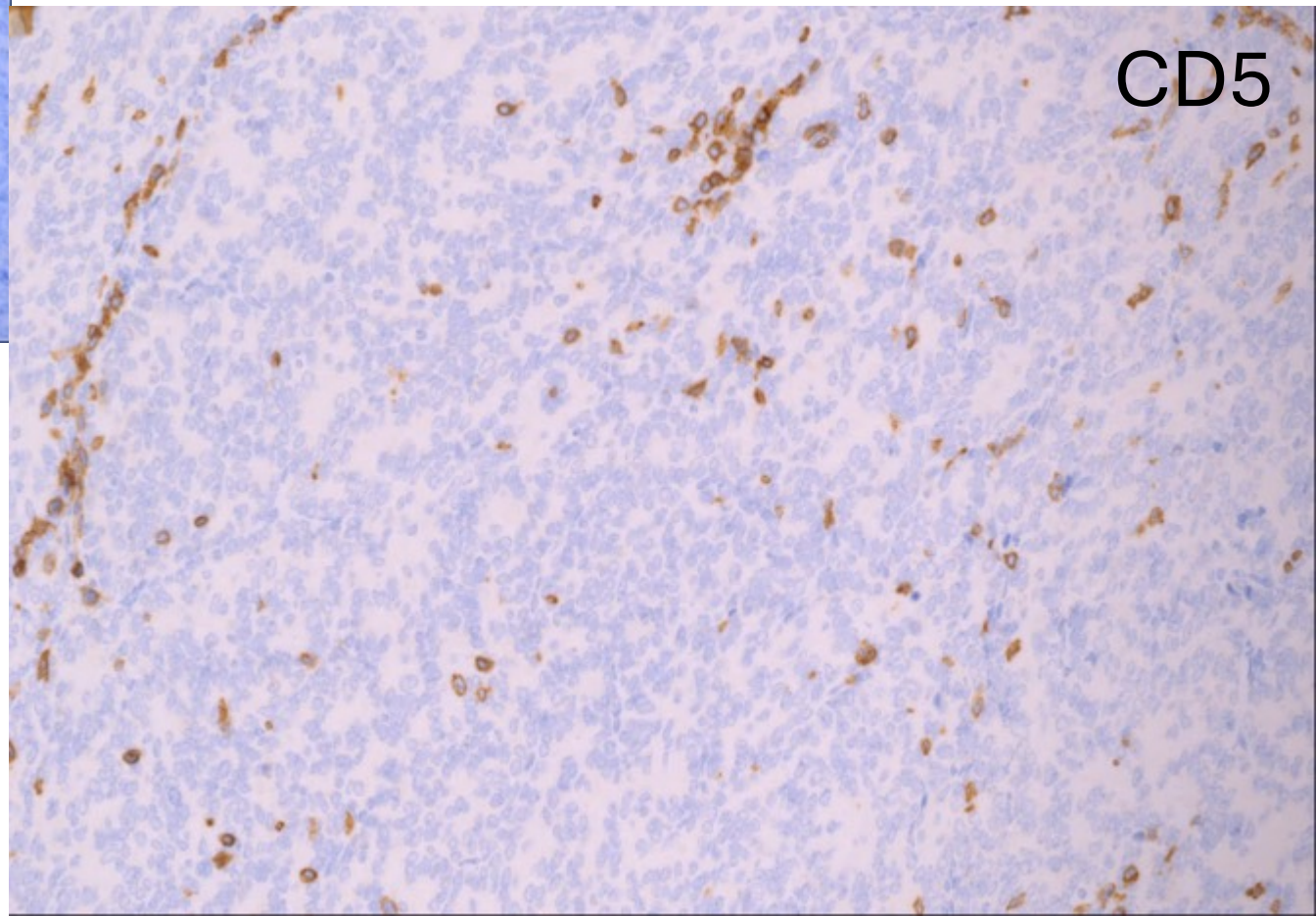
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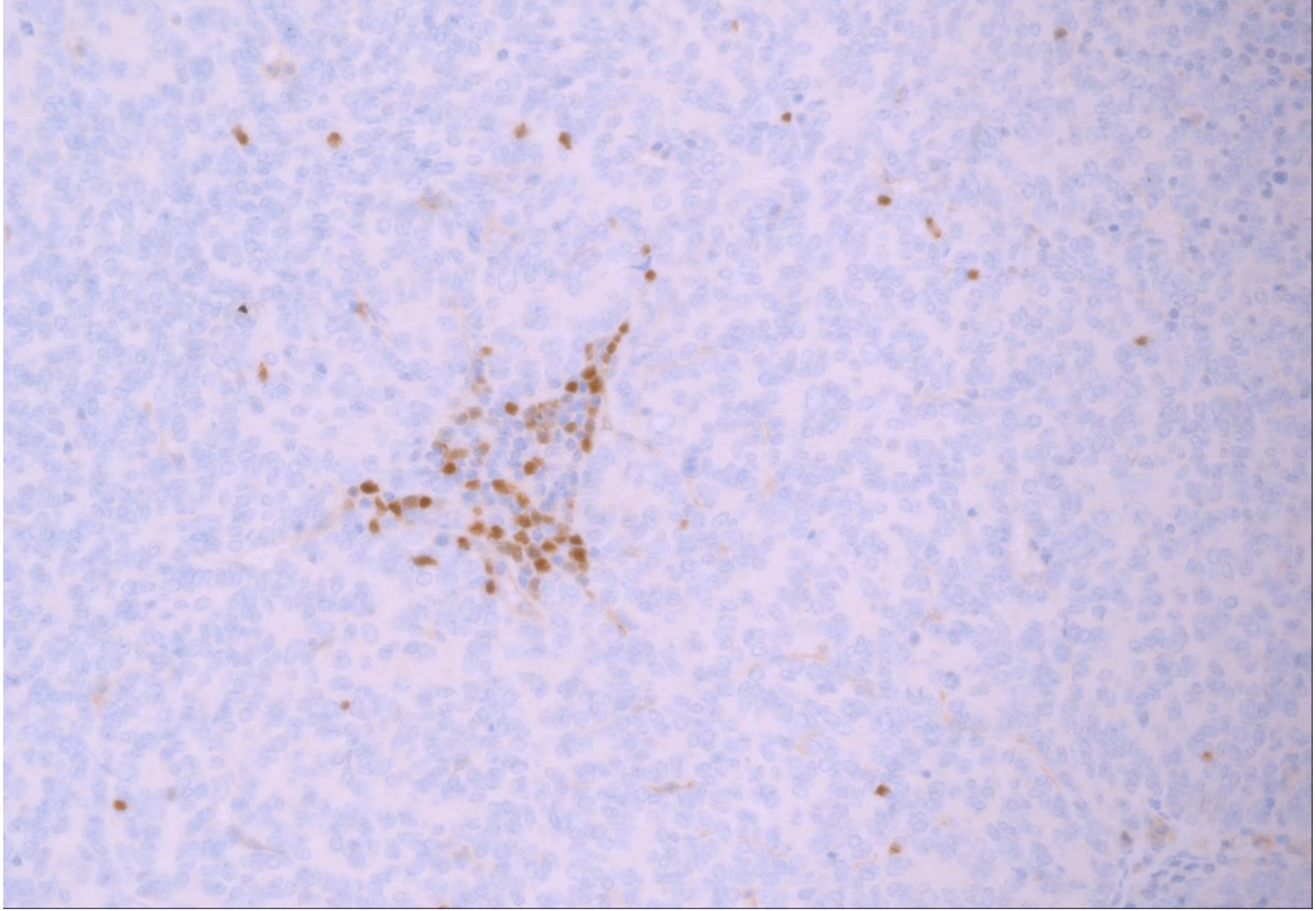
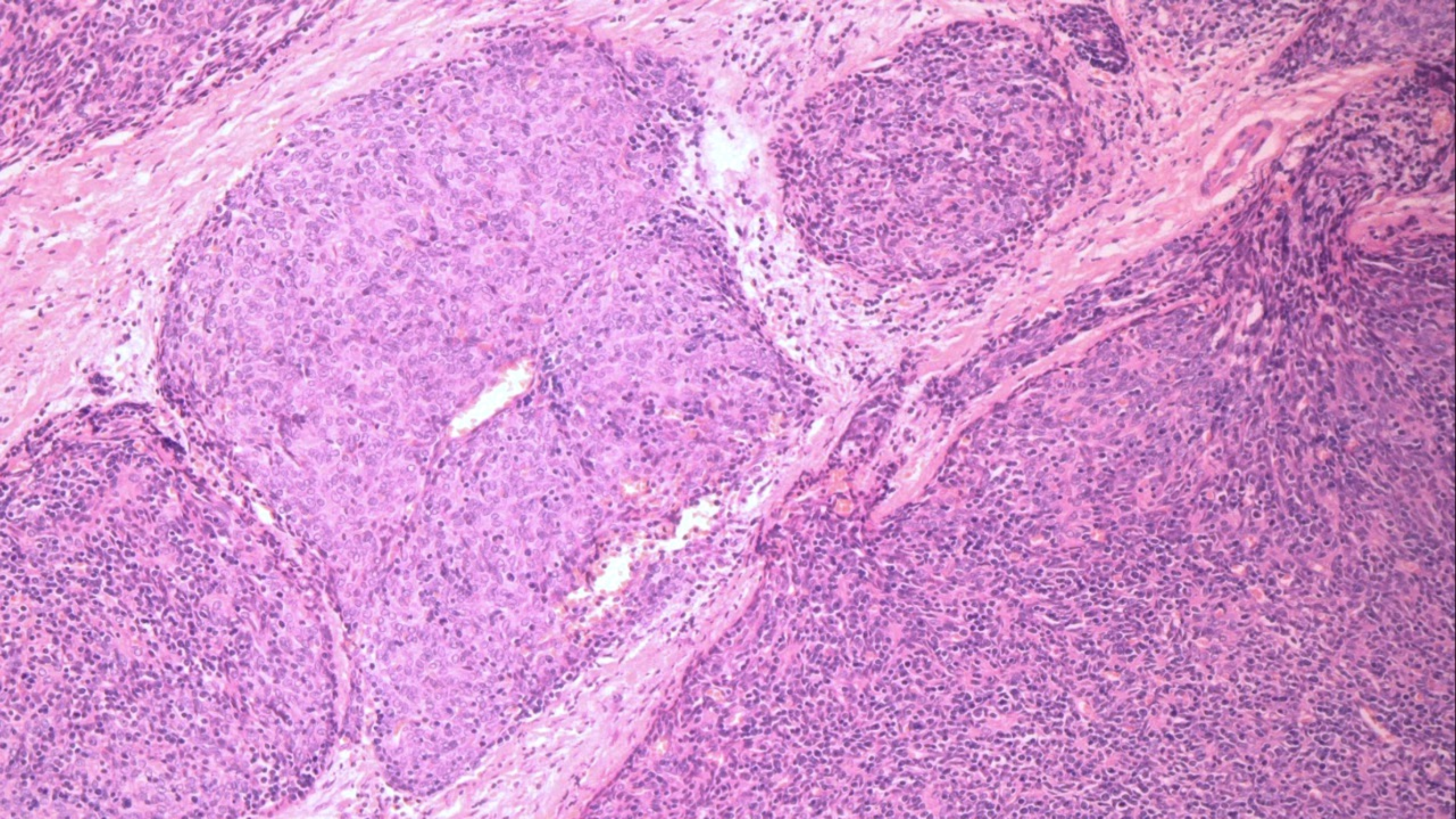


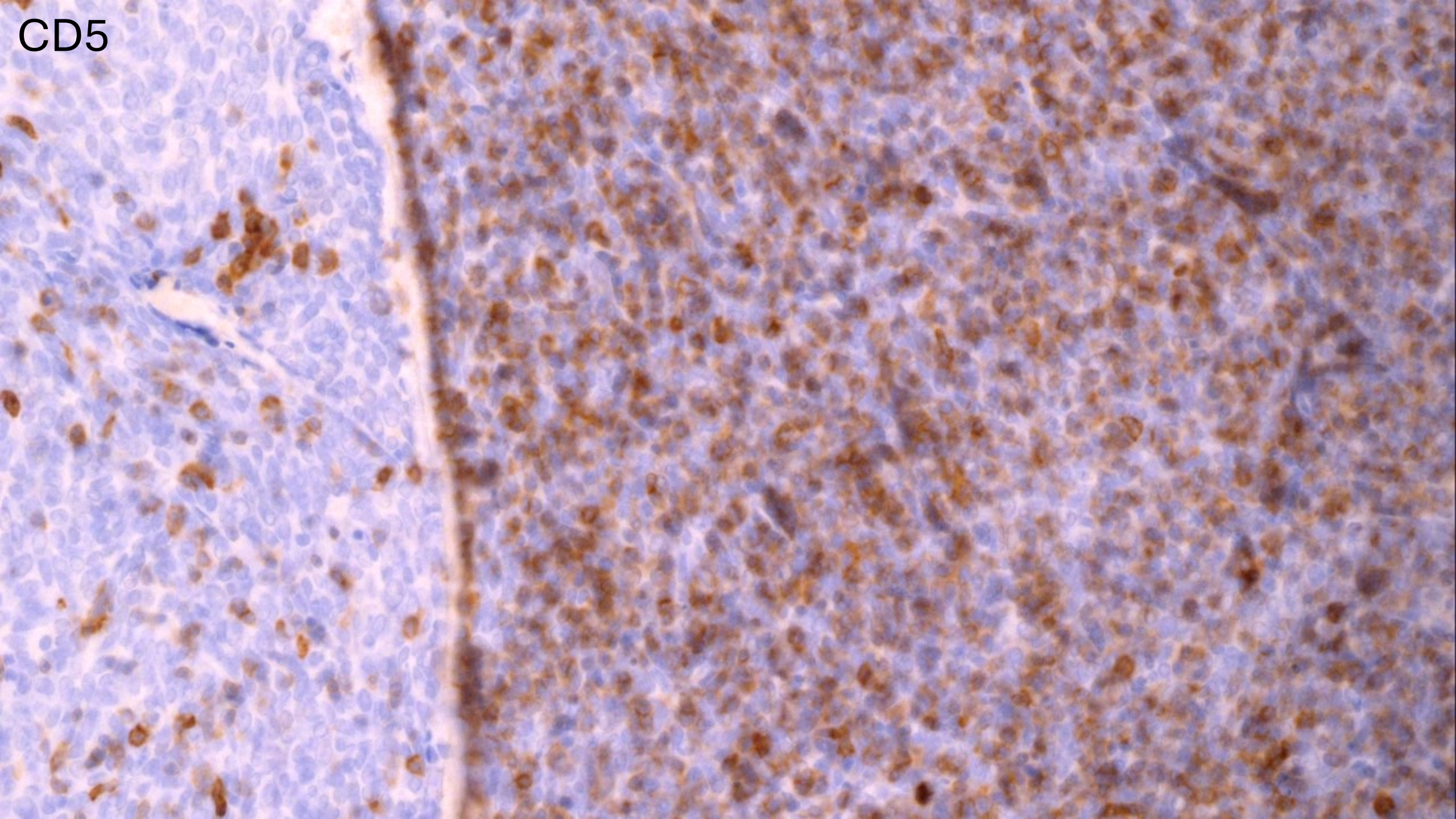
případ č.1

Diagnóza

Metastatické postižení plíce AB tymomem

(pouze komponenta A)

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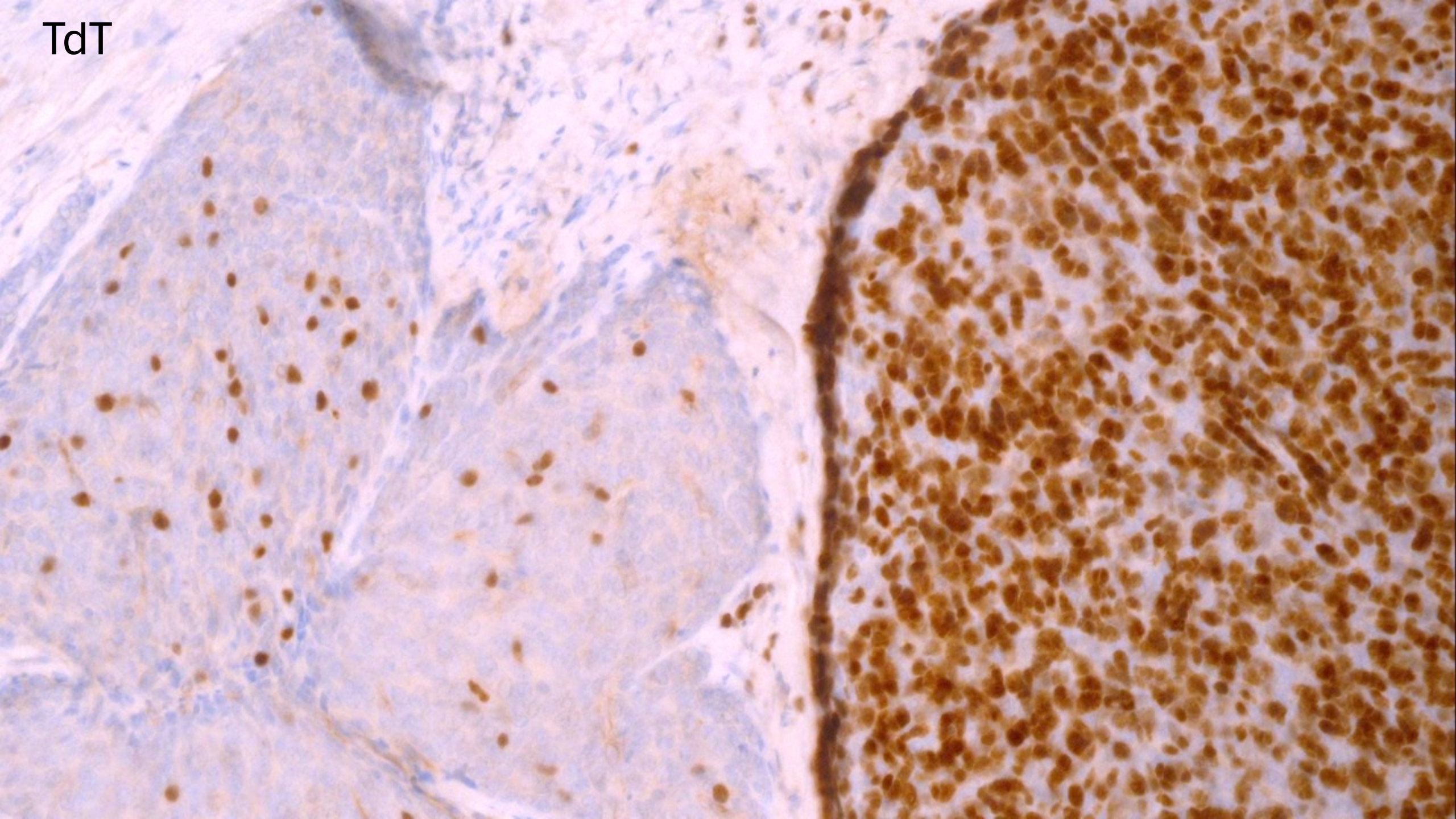
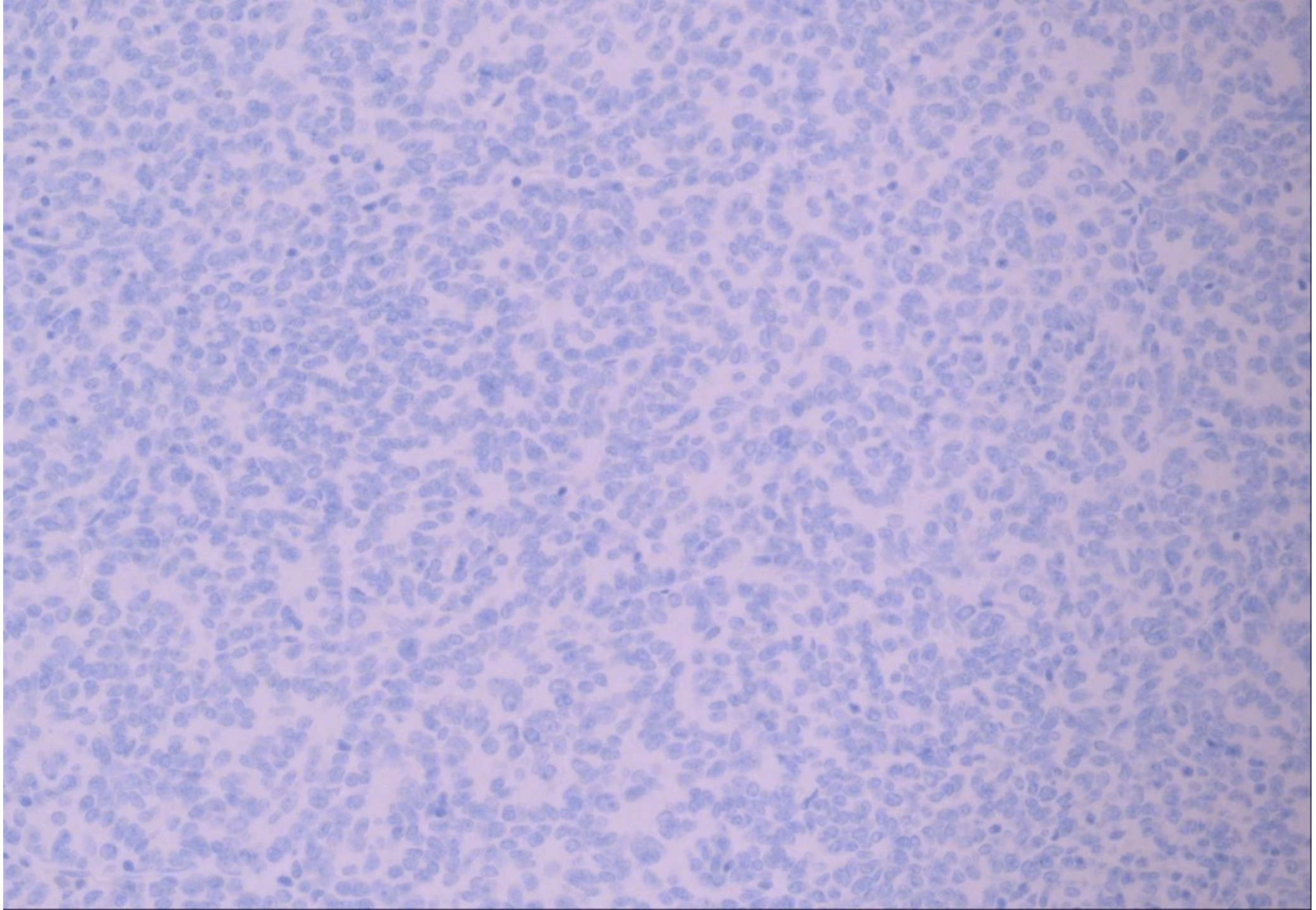

TdT

PAX8



případ č.1

Diskuze

- Incidence 0,13 – 0,26 na 100 tis.
- 5.– 6. dekáda (velmi vzácné u dětí (< 1% nitrohrudních tumorů))
- 25 – 30 % mediastinálních tumorů (75–85% thymomy, 14–22% thymický Ca, < 5% thymické NET)
- Typ AB je nejčastější podtyp thymomu (kolem 25 % (15 – 43 %))
- Celkové přežití 80 – 100 % (5 i 10 let)
- Meta vzácně ?

Mod Pathol. 2010 Dec;23(12):1641-9. doi: 10.1038/modpathol.2010.172. Epub 2010 Sep 10.

WHO types A and AB thymomas: not always benign

Rohit K Jain [1], Rutika J Mehta, John D Henley, Kenneth A Kesler, Patrick J Loehrer, Sunil Badve

Affiliations + expand

PMID: 20834239 DOI: 10.1038/modpathol.2010.172

Free article

Abstract

The 2004 WHO classification of thymic tumors recognizes five major subtypes of thymomas and thymic carcinoma. Subtypes A and AB thymomas are purported to be benign neoplasms, although prior studies have suggested a potential for malignant behavior. The purpose of this study was to assess the clinical behavior of A and AB thymomas identified from a large institutional pathologic database. A retrospective slide review of 500 thymic epithelial tumors identified 71 (~ 14%) cases of types A and AB thymomas. Clinical history and follow-up information were obtained through retrospective chart review. There were 38 and 33 cases of types A and AB thymomas, respectively. Complete follow-up data were available in 37 (52%) cases. Eighteen (49%) patients (type A, n=9 and type AB, n=9) had evidence of recurrent/metastatic disease at an average of 62 months (range from 6 to 244 months) after initial diagnosis. Survival curves for patients with types A and AB thymomas, with and without recurrences, show a statistically significant difference (P=0.001 and 0.005, respectively).

Cancer Med. 2023 Jun;12(12):13408-13414. doi: 10.1002/cam4.6043. Epub 2023 May 8.

Risk factor analysis of thymoma resection and its value in guiding clinical treatment

Xin Du [1], Jian Cui [1], Xin-Tao Yu [1], Lei Yu [1]

Affiliations + expand

PMID: 37156630 PMCID: PMC10315718 DOI: 10.1002/cam4.6043

Abstract

Background: In this study, relationships between clinicopathologic characteristics and progression-free survival (PFS) of patients after thymomectomy were analyzed to provide valuable suggestions regarding the treatment of thymoma.

Methods: Data from 187 thymoma patients undergoing surgery at Beijing Tongren Hospital between January 1, 2006, and December 31, 2015, were retrospectively reviewed. We explored the risk factors for PFS among sex, age, thymoma-associated MG, completeness of resection, histologic type and TNM stage, and investigated their interrelationship.

Results: Among the 187 patients, 18 patients (9.63%) had tumor recurrence/metastasis, and all of whom had in situ recurrence or pleural metastasis, and most of them (10 of 18 patients) had MG symptoms that reappeared or were aggravated. Fifteen patients (8.02%) died, and myasthenic crisis was a leading cause. Based on Cox regression analysis, only age (HR = 3.16; 95% CI: 1.44-6.91; p = 0.004) and the completeness of resection (HR = 9.03; 95% CI: 2.58-31.55; p = 0.001) were independent risk factors for PFS. Furthermore, we found that the completeness of resection was related to the histologic type (p = 0.009) and TNM stage (p < 0.001) by Fisher's exact test.

> Eur J Cardiothorac Surg. 2022 Oct 4;62(5):ezac210. doi: 10.1093/ejcts/ezac210.

A predictive model of lymph node metastasis for thymic epithelial tumours

Zi-Ming Wang [1 2], Feng Li [1 3], Lara Sarigül [2], Dania Nachira [4], Diego Gonzalez-Rivas [2 5 6], Harun Badakhshi [7], Jens-C Rückert [3], Calvin S H Ng [8], Mahmoud Ismail [2]

Affiliations + expand

PMID: 35404403 DOI: 10.1093/ejcts/ezac210

Abstract

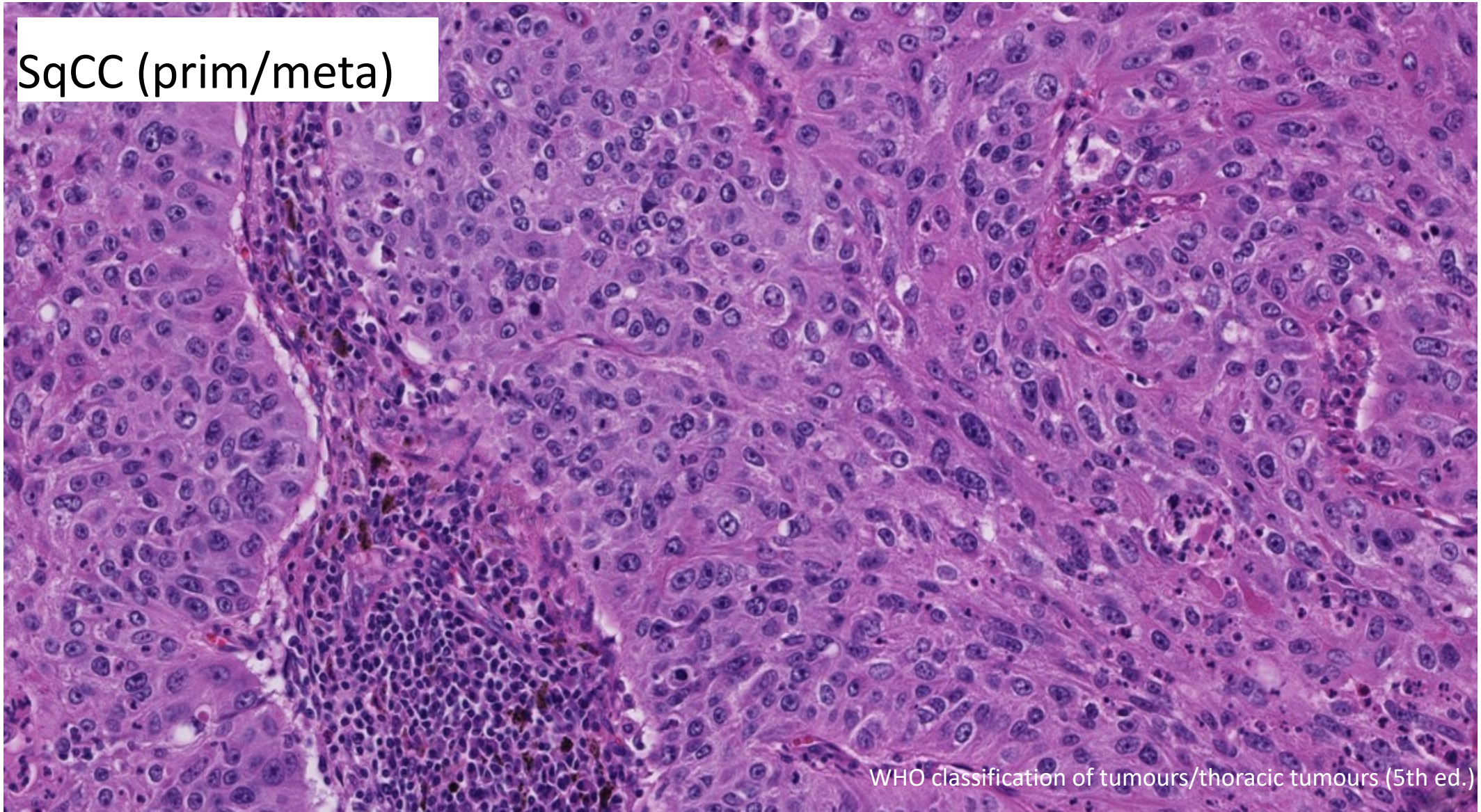
Objectives: Thymic epithelial tumours (TETs) are relatively rare indolent malignancies in the mediastinum. Lymph node metastasis (LNM) is an important prognostic indicator for TETs; however, the pattern of LNM involved in TETs has yet to be elucidated.

Methods: Patients diagnosed with histologically confirmed thymoma (A-B3), thymic carcinomas and thymic neuroendocrine tumours, between 1988 and 2016 were identified from the Surveillance, Epidemiology, and End Results database. Univariable and multivariable logistic regression analyses were applied to identify the predictors for LNM. The predictive nomogram was built from the independent risk factors and measured using the concordance statistic.

Results: The overall proportion of TETs with LNM was 18.5% (200/1048). The rate of LNM in thymoma, thymic carcinomas and thymic neuroendocrine tumours was 6.8% (42/622), 30.2% (100/331) and 61.1% (58/95), respectively. According to the logistic regression analysis, histology type and T stage were independent factors correlated with LNM. A predictive nomogram model was developed with a concordance statistic of 0.807 (95% confidence interval: 0.773-0.841), which was significantly better than the T stage (P < 0.001) while had limited benefit to the histology type (P = 0.047). The calibration curve for the nomogram comparing the predicted and actual probabilities after bias correction showed good agreement.

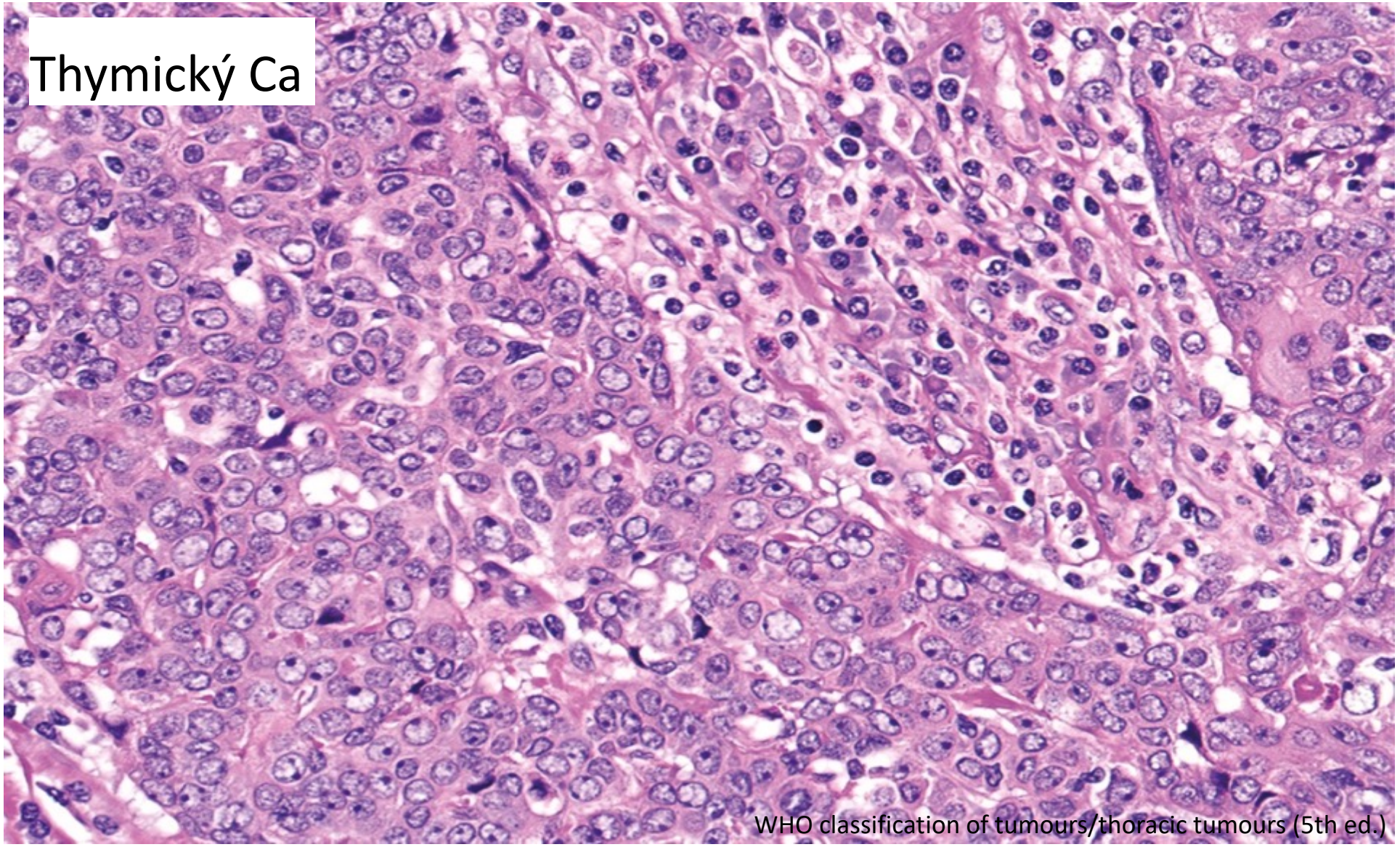
případ č. 1

dif. dg.



případ č. 1

dif. dg.



případ č. 1

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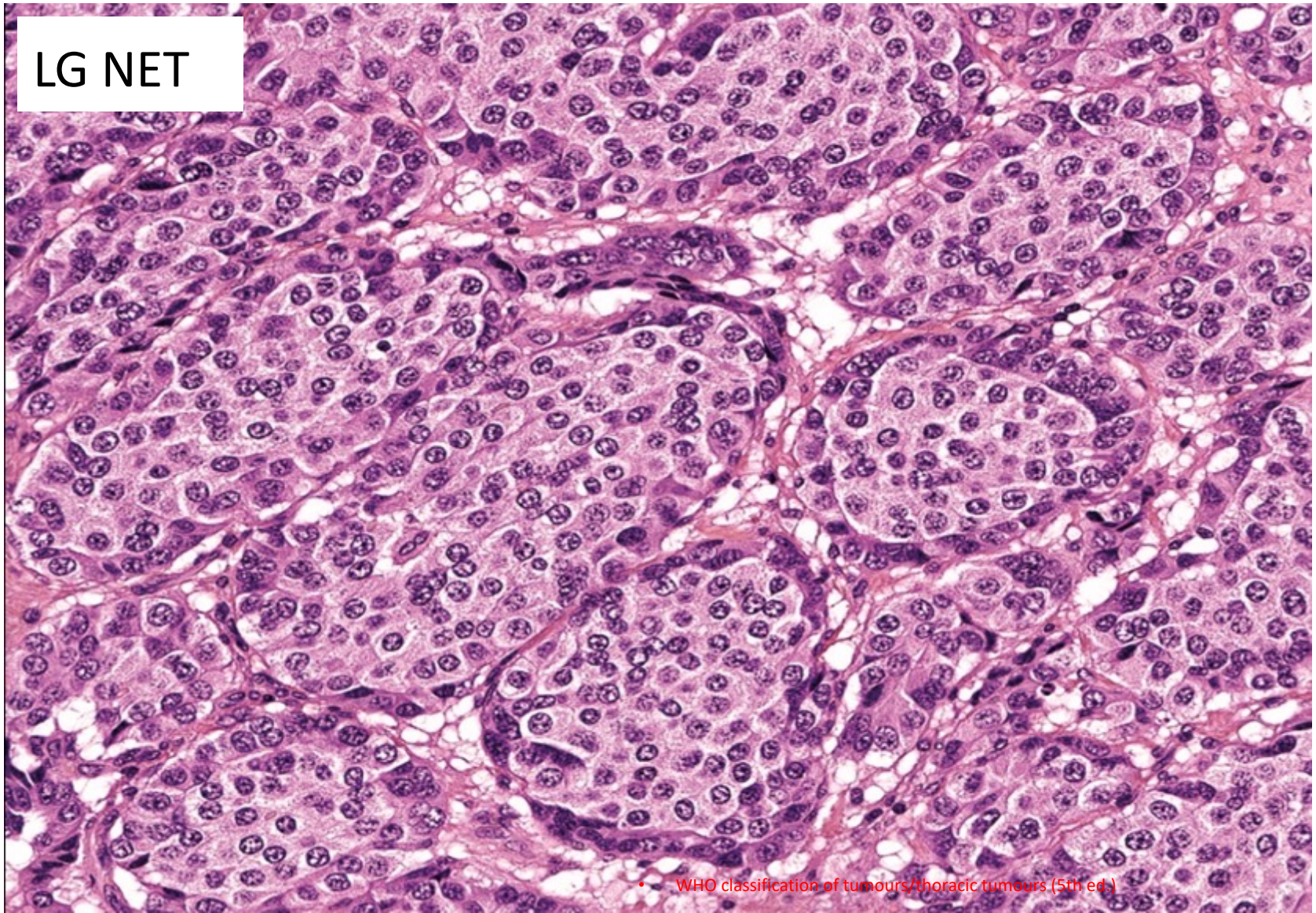
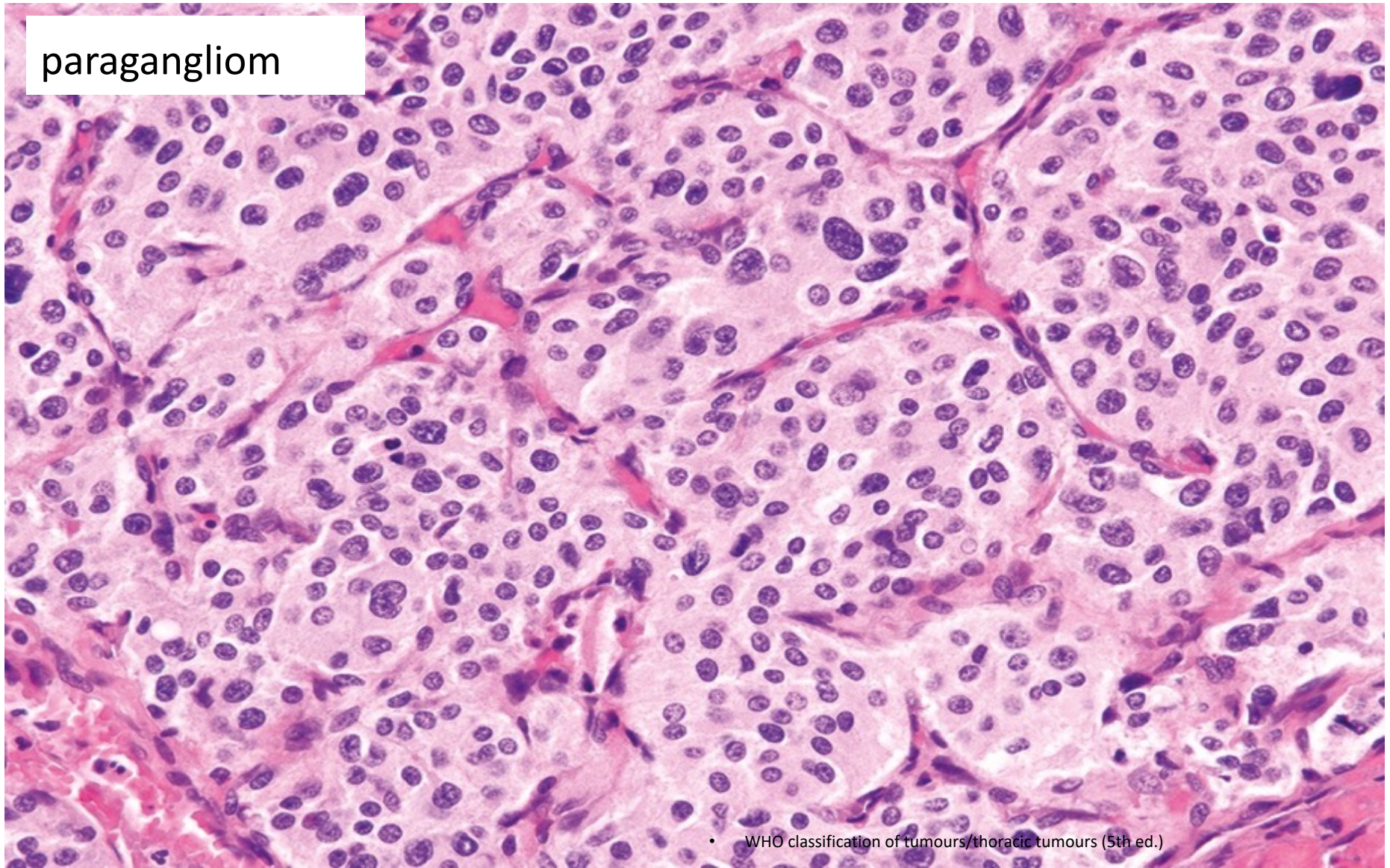


- WHO classification of tumours/thoracic tumours (5th ed.)

případ č. 1

dif. dg.



- WHO classification of tumours/thoracic tumours (5th ed.)