

Anatomia Patologica Sistemática

Neoplasie polmonari

- **Benigne vs. maligne**
- **Epiteliali vs. non-epiteliali**
 - **Sarcomi, Linfomi, Melanoma**
- **Primitive vs. secondarie**
 - Principali sedi di neoplasie metastatiche:
 - ⇒ **Polmone**
 - ⇒ **Fegato**
 - ⇒ **Ossa**
 - ⇒ **Encefalo**
 - Principale origine di neoplasie metastatiche:
 - ⇒ **Polmone**
 - ⇒ **Mammella**
 - ⇒ **Colon**
 - ⇒ **Pancreas**

Neoplasie polmonari

■ Benigne:

- ⇒ Adenoma alveolare
- ⇒ Papilloma a cellule squamose
- ⇒ Pneumocitoma sclerosante (ex emangioma sclerosante)
- ⇒ Amartoma polmonare
- ⇒ Condroma
- ⇒ Tumore miofibroblastico
- ⇒ PEComi
 - ⇒ Linfangioleiomiomatosi
 - ⇒ PEComa benigno/maligno
 - ⇒ Tumore a cellule chiare

Neoplasie polmonari:

Carcinoma

- **Neoplasie non-invasive (*in situ*)**

- Iperplasia adenomatosa atipica

- Adenocarcinoma in situ (+/- mucinoso)

- Carcinoma spinocellulare in situ

- Iperplasia diffusa delle cellule neuroendocrine

Neoplasie polmonari

■ Carcinoma polmonare

- ⇒ La più frequente neoplasia maligna umana
- ⇒ Massima mortalità oncologica
- ⇒ Incremento costante negli ultimi 50 anni
- ⇒ Rapporto M/F = 1.3/1

Neoplasie polmonari

- **Carcinoma polmonare: etiopatogenesi**
 - ⇒ **Fumo di sigaretta**
 - ⇒ **Inquinamento ambientale**
 - **Poli-amine aromatiche, idrocarburi aromatici**
 - **Radicali liberi e superossidi**
 - ⇒ **Asbesto**
 - ⇒ **Malattie parenchimali:**
 - **Tubercolosi**
 - **Silicosi**
 - **Fibrosi post-infiammatoria diffusa**

Neoplasie polmonari

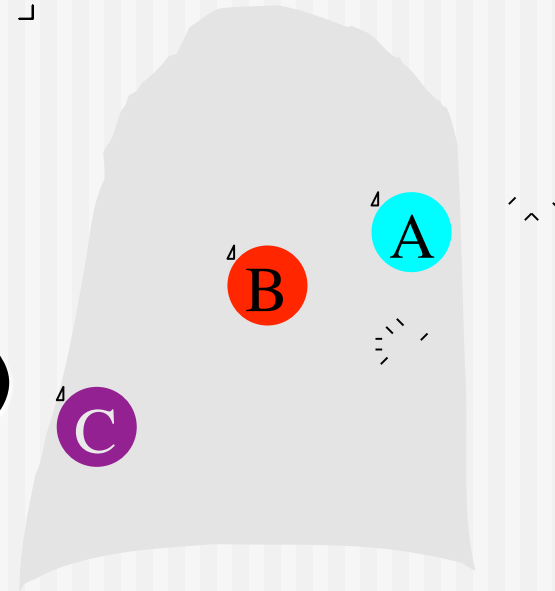
■ Carcinoma polmonare: presentazione

- ⇒ Soggetti adulti/anziani
- ⇒ Fumatori inveterati
- ⇒ BCOP
- ⇒ Sintomi sfumati:
 - **Tosse stizzosa persistente**
 - **Emoftoe / emottisi**
 - **Sindromi paraneoplastiche (ACTH, gastrina)**
 - **Anemia sideropenica criptogenetica**

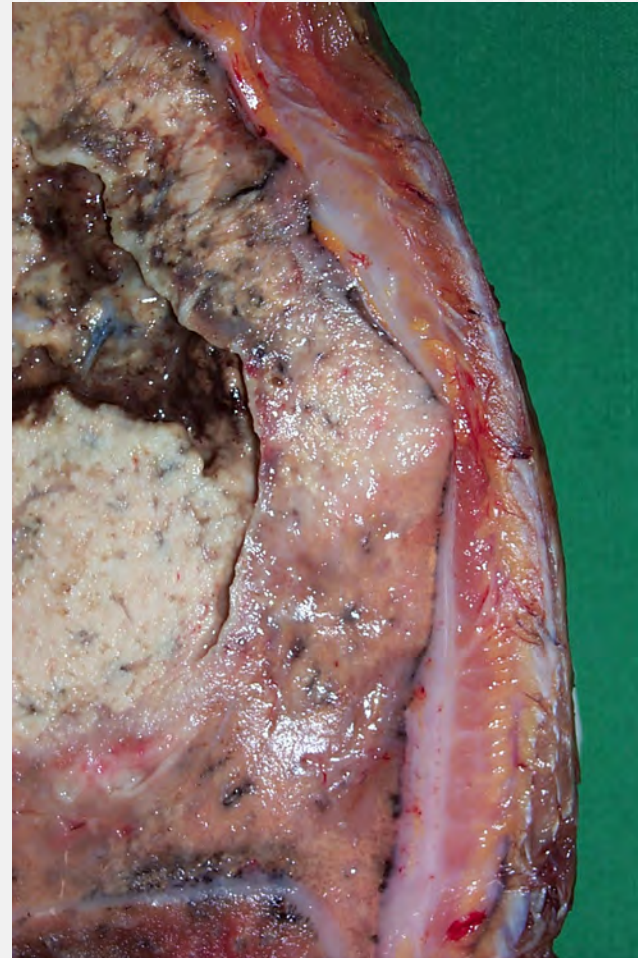
Neoplasie polmonari: Carcinoma

■ Topografia

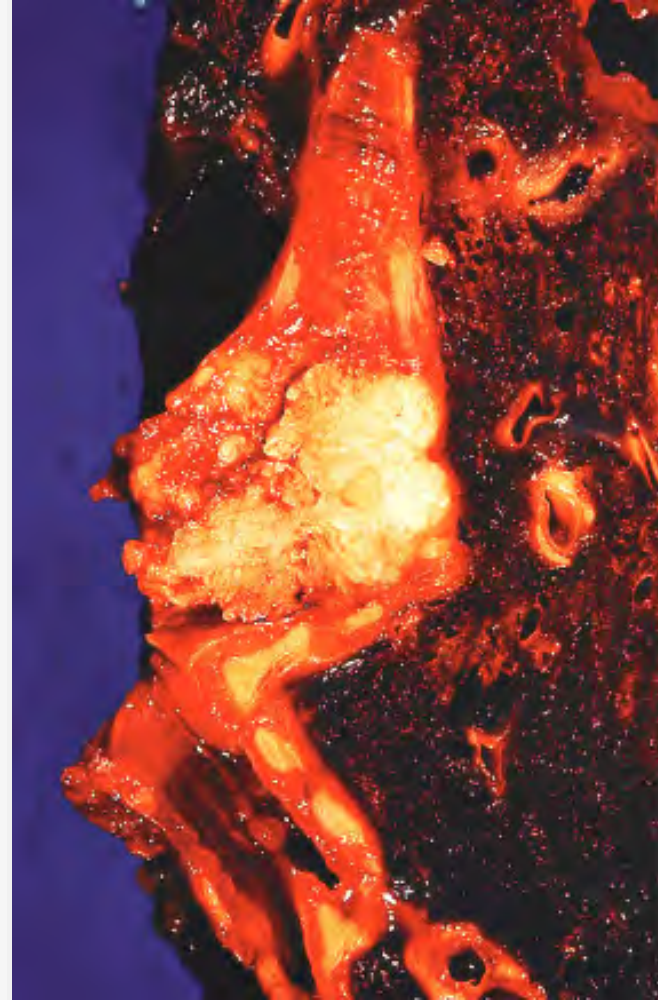
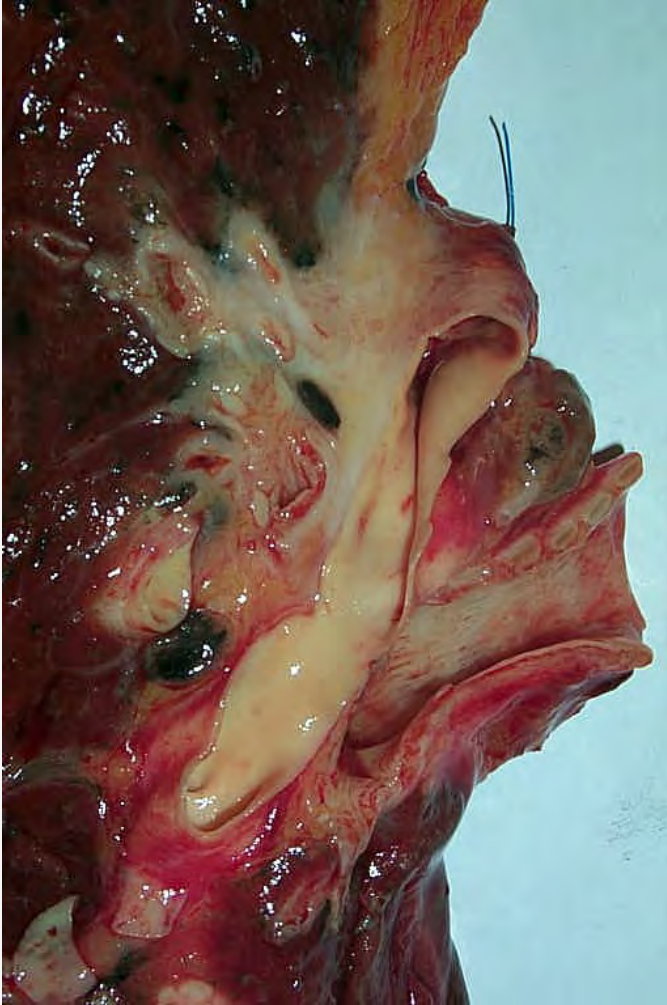
- A. Para-ilare (broncogeno)
- B. Centrale (intra-parenchimale)
- C. Periferico (sub-pleurico)



Neoplasie polmonari: Carcinoma



Neoplasie polmonari: Carcinoma



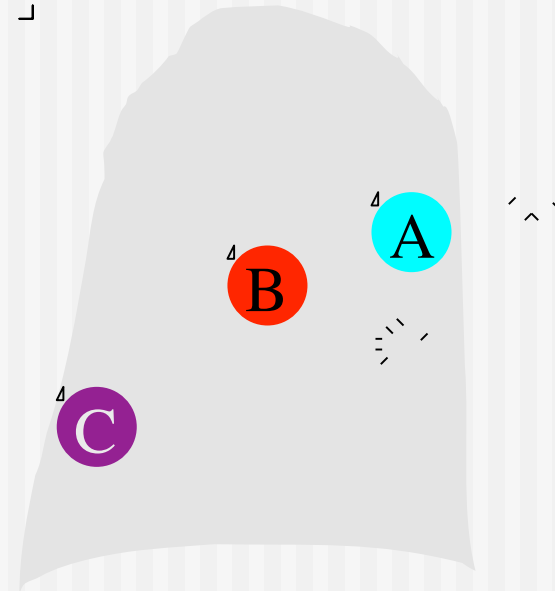
Neoplasie polmonari: Carcinoma

■ Istotipi per uso clinico

A. Non-microcitoma (NSCLC)

B. Microcitoma (SCLC)

C. Non-microcitoma (NSCLC)



Neoplasie polmonari:

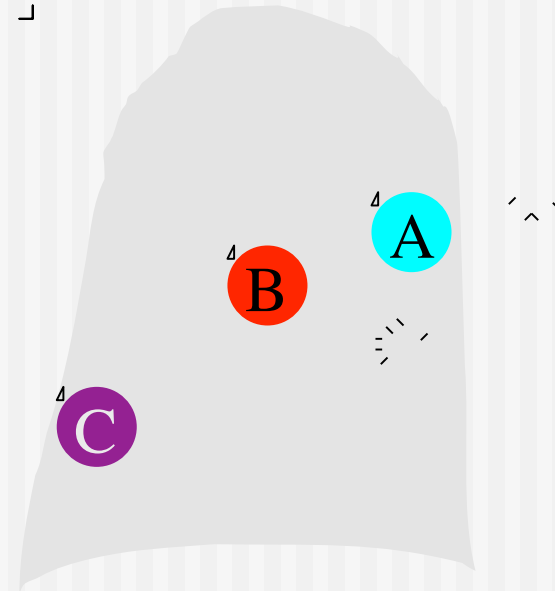
Carcinoma

■ Istotipi

A. Cr. spinocellulare

B. Cr. a piccole (grandi) cellule

C. Adenocarcinoma e varianti
(EGFR, ALK, ROS1)



Neoplasie polmonari:

Carcinoma

■ Vie di diffusione

- ⇒ Intra-polmonare (linfatica)
- ⇒ Pleurica
- ⇒ Linfogeno (mediastino, sub-claveare)
- ⇒ Ematogeno (encefalo)

Neoplasie polmonari:

Adenocarcinoma

■ Istotipi

- ⇒ Lepidico G1
- ⇒ Acinare, papillare G2
- ⇒ Mucinoso invasivo, colloide
- ⇒ Micropapillare e solido G3

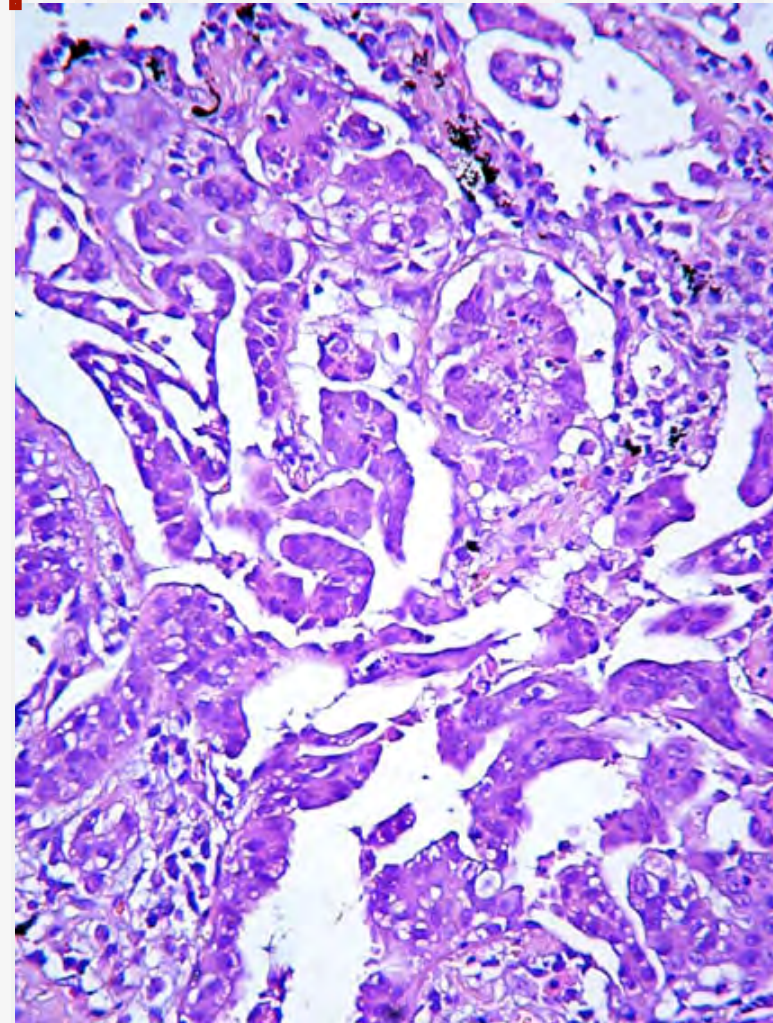
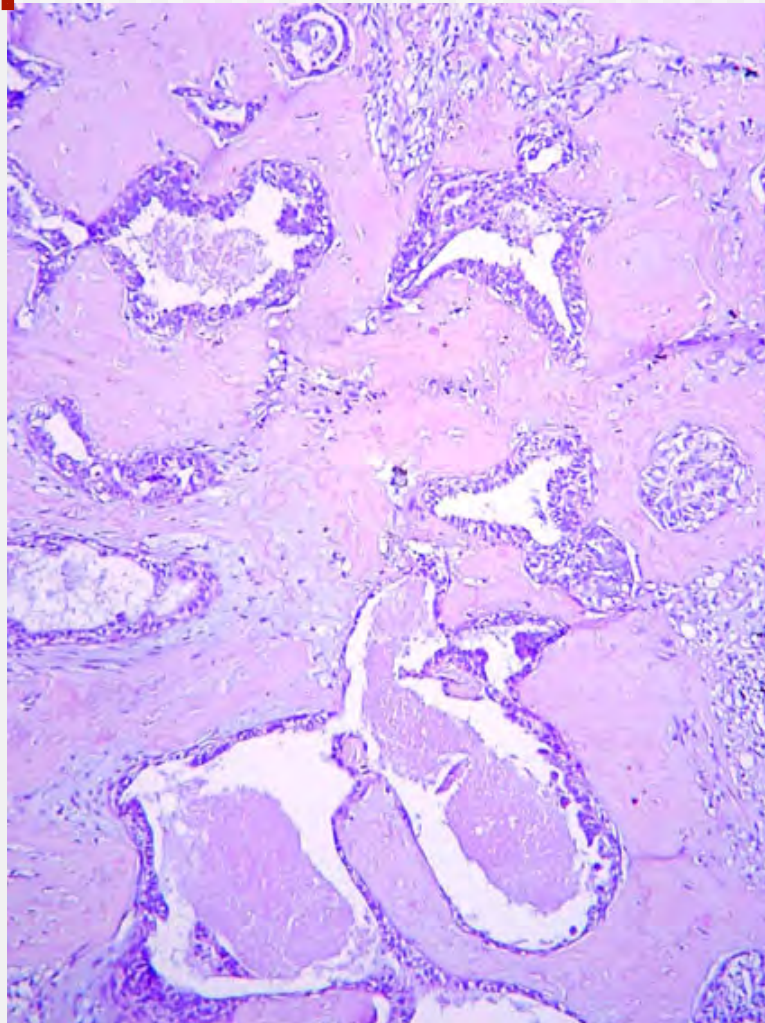
- Adenoca. minimalmente invasivo ≤ 5 mm.
- IIC: TTF-1, Napsina A, CK7

Neoplasie polmonari: Adenocarcinoma



FIGURE 1. A, Core biopsy shows an “adenocarcinoma with a lepidic pattern.” B, Correlation with the computed tomography (CT) scan shows a 2.5-cm pure ground glass nodule with no solid component, favoring a diagnosis of adenocarcinoma in situ (AIS), although a small invasive component or minimally invasive adenocarcinoma (MIA) cannot be excluded. C, This part solid nodule is from a resected lepidic predominant adenocarcinoma. If a core biopsy came from the ground glass area highlighted by the arrow, it could show the same pathologic findings as in A. It would be misleading to make a pathologic diagnosis of AIS in such a case as the entire lesion has not been sampled and the invasive component is not represented in the biopsy specimen.

Neoplasie polmonari: Adenocarcinoma



Neoplasie polmonari: Carcinoma spinocellulare

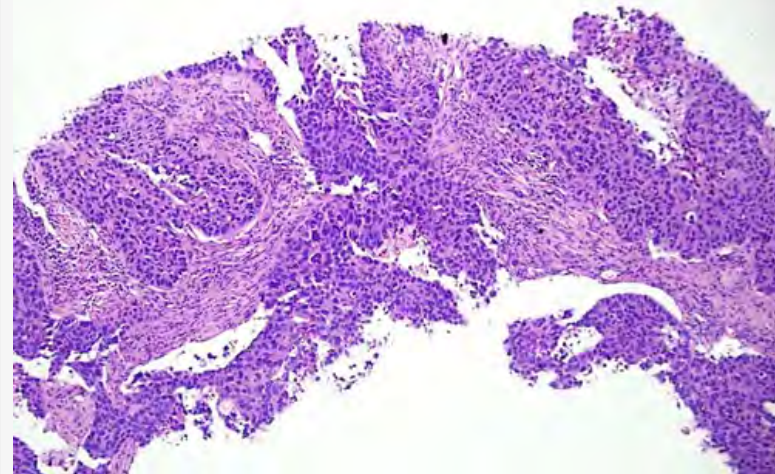
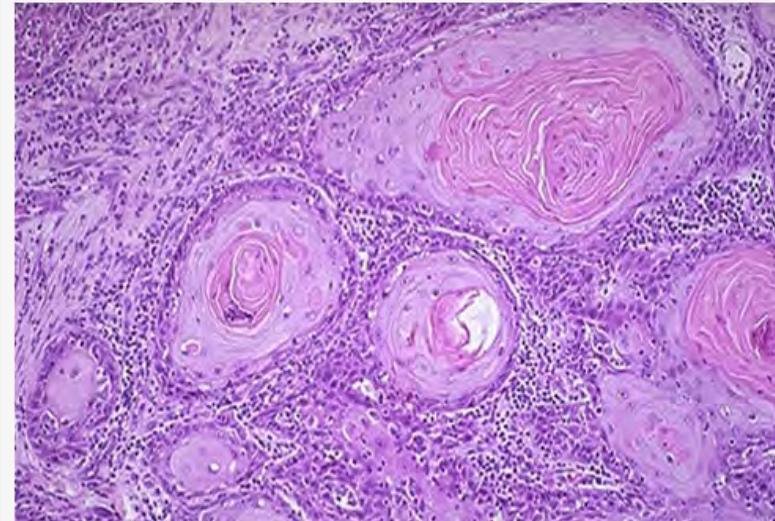
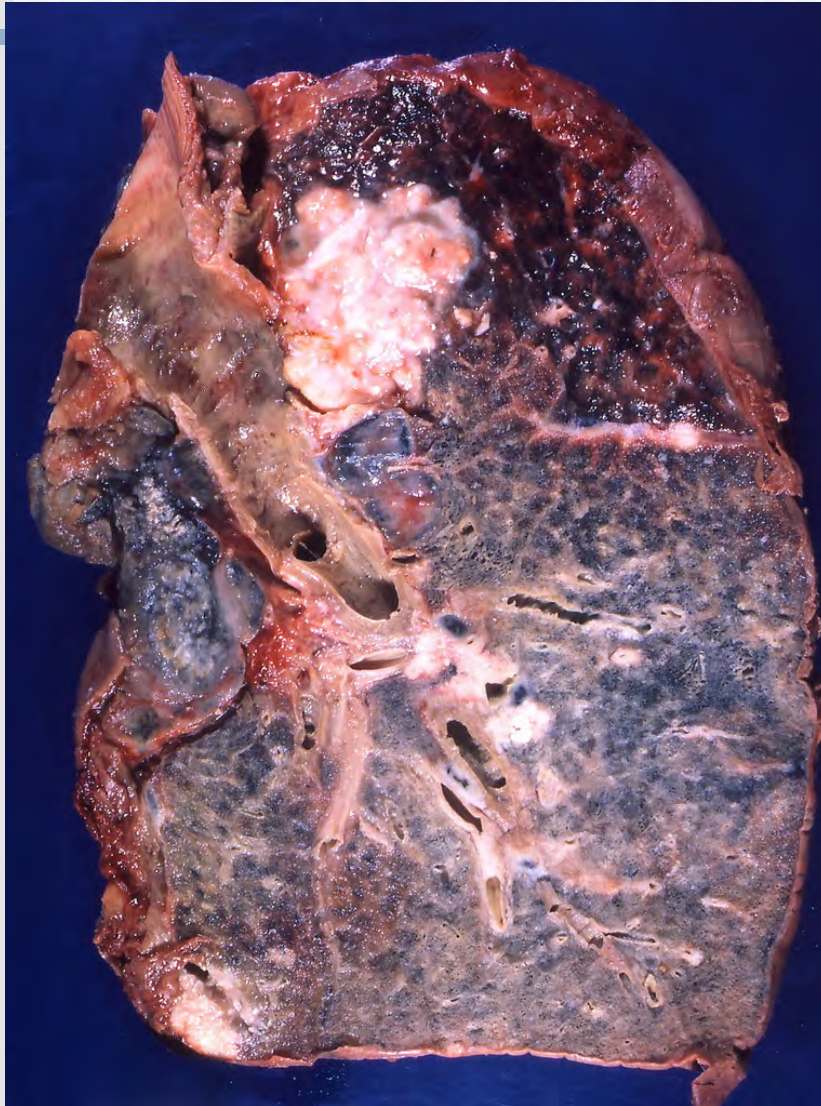
- **Varianti**

- ⇒ **Cheratinizzante**
- ⇒ **Non cheratinizzante**
- ⇒ **Basaloide**

+/- Componente in situ

IIC: p40/p63+, TTF-1-, CK7 +/-

Neoplasie polmonari: Carcinoma spinocellulare



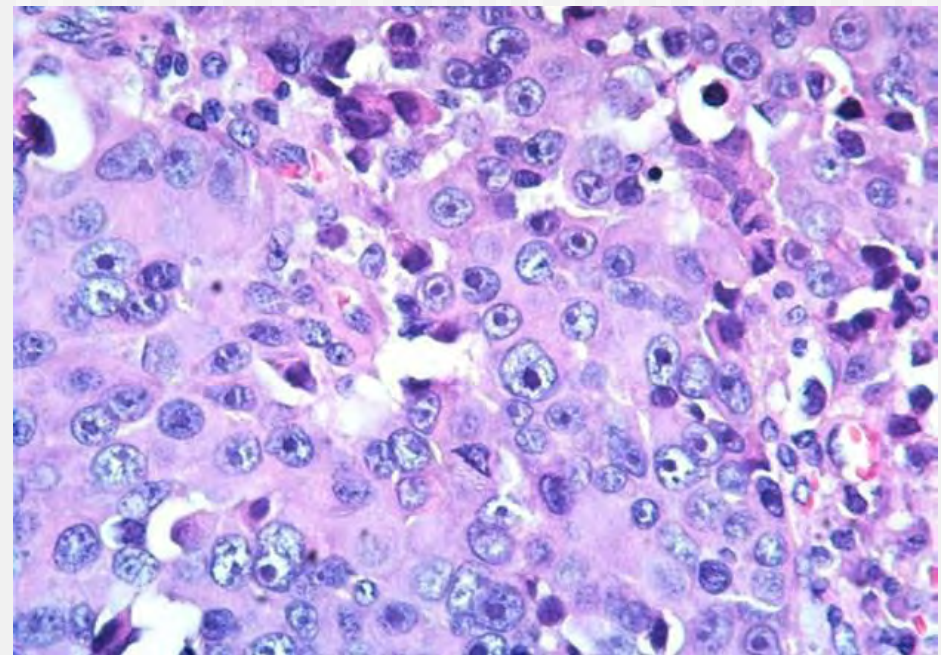
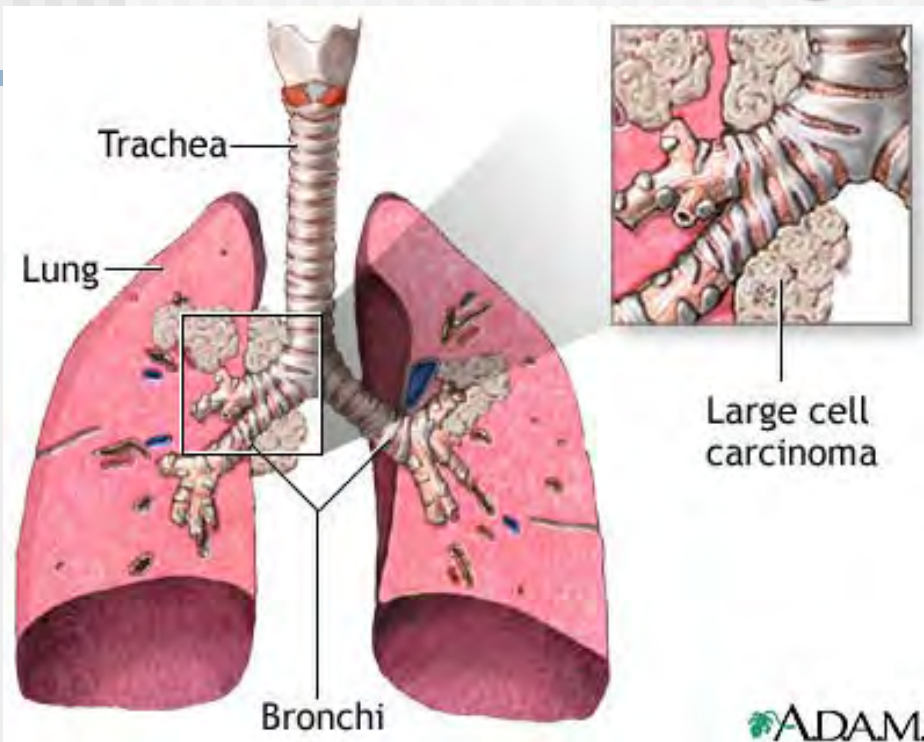
Neoplasie polmonari:

Carcinoma a grandi cellule (LCC)

- **Alto grado**
- **Prognosi infausta**
- **Diagnosi per esclusione**
 - ⇒ **Non adenoca.**
 - ⇒ **Non squamoso**
 - ⇒ **Non neuroendocrino**

**IIC: p40/p63-, TTF-1-, CK7 +/-,
Cromogranina/sinaptofisina-**

Neoplasie polmonari: Carcinoma a grandi cellule (LCC)



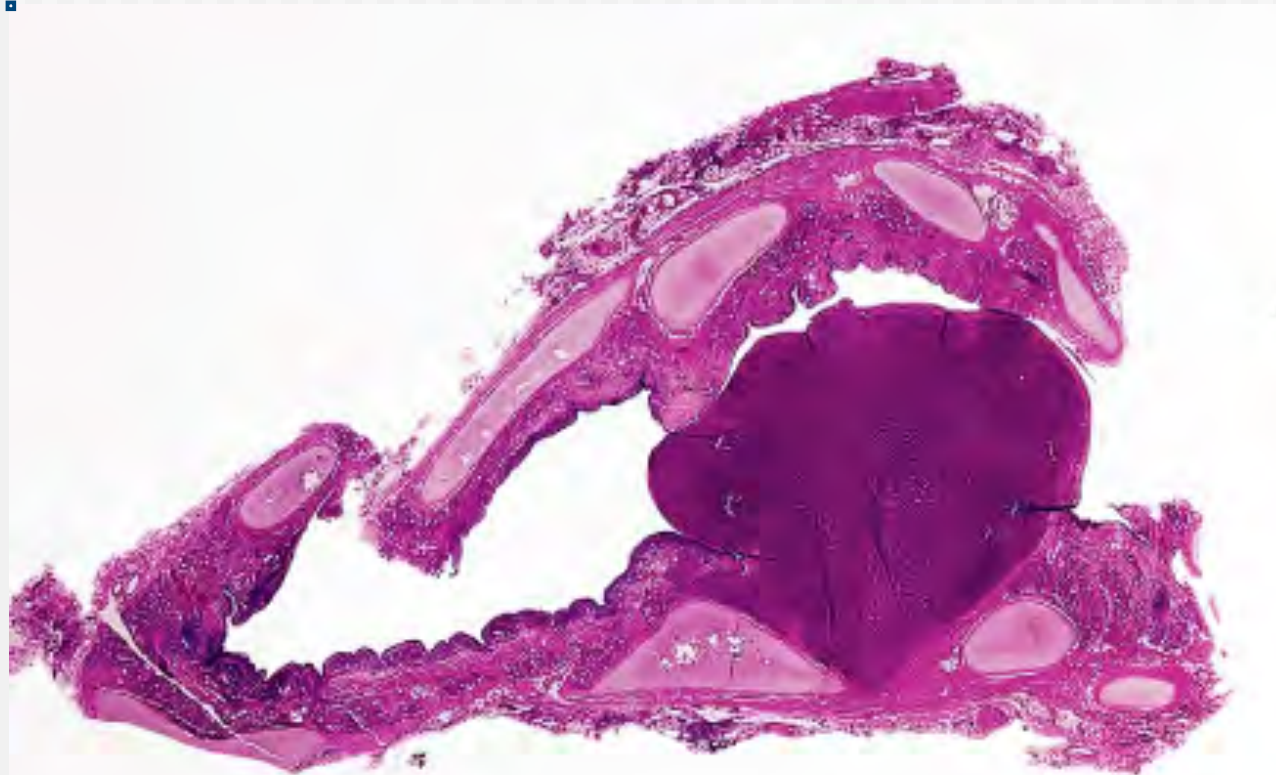
Neoplasie polmonari:

Tumori endocrini

- Iperplasia diffusa delle cellule neuroendocrine
- Carcinoide tipico G1
- Carcinoide atipico G2
- Carcinoma neuroendocrino G3
 - SCLC (>50%)
 - LCNEC

 - ⇒ Forma ad iceberg
 - ⇒ Malignità progressiva
 - ⇒ Marker endocrini (cromogranina, sinaptofisina, CD56)
 - ⇒ Sintomi endocrini
 - ACTH, gastrina, serotonina

Neoplasie polmonari: Tumori endocrini



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Neoplasie polmonari: Tumori endocrini

