



CASOS PRÀCTICS (Pòlips colorectals)

27 de Maig de 2022

Dra Òria Rosiñol (Servei d'Anatomia Patològica)
Hospital St Joan de Déu, Althaia, xarxa assistencial Manresa

PROBLEMES EN EL DIAGNÒSTIC DE PÒLIPS DEL DIA A DIA

- * Fragmentació
- * Mala orientació
- * Pseudoinvasió

PROBLEMES EN EL DIAGNÒSTIC DE PÒLIPS DEL DIA A DIA

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*Tipus histològic:
adenoma tubular,
tubulovellós, pòlip
hiperplàsic,
lesió serrada, ...?*

PROBLEMES EN EL DIAGNÒSTIC DE PÒLIPS DEL DIA A DIA

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- * Mala orientació
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*Pòlip benigne/pTis ?
Pòlip amb infiltració (pT1) ?
Marges ?*



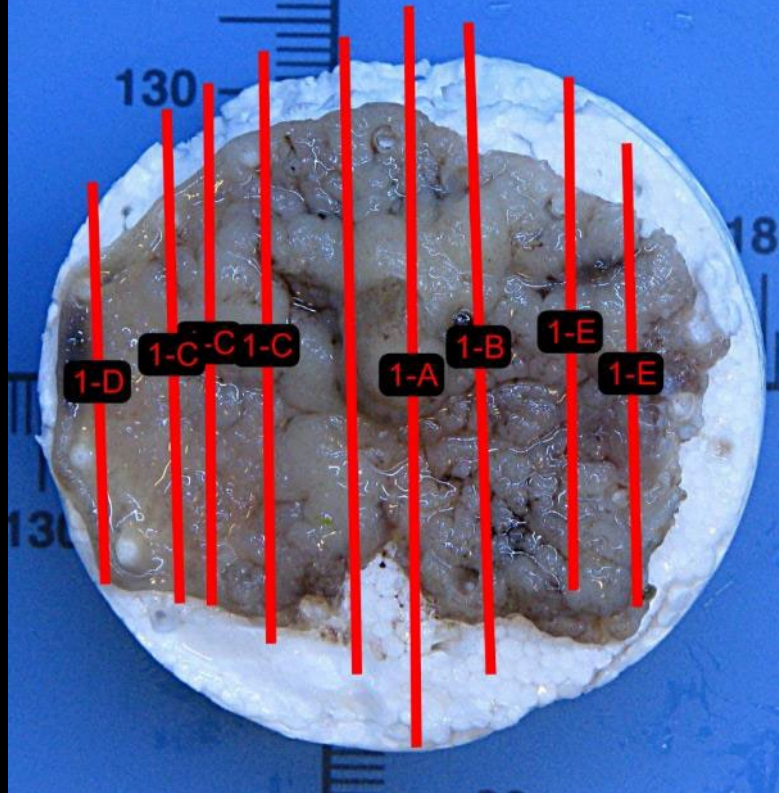
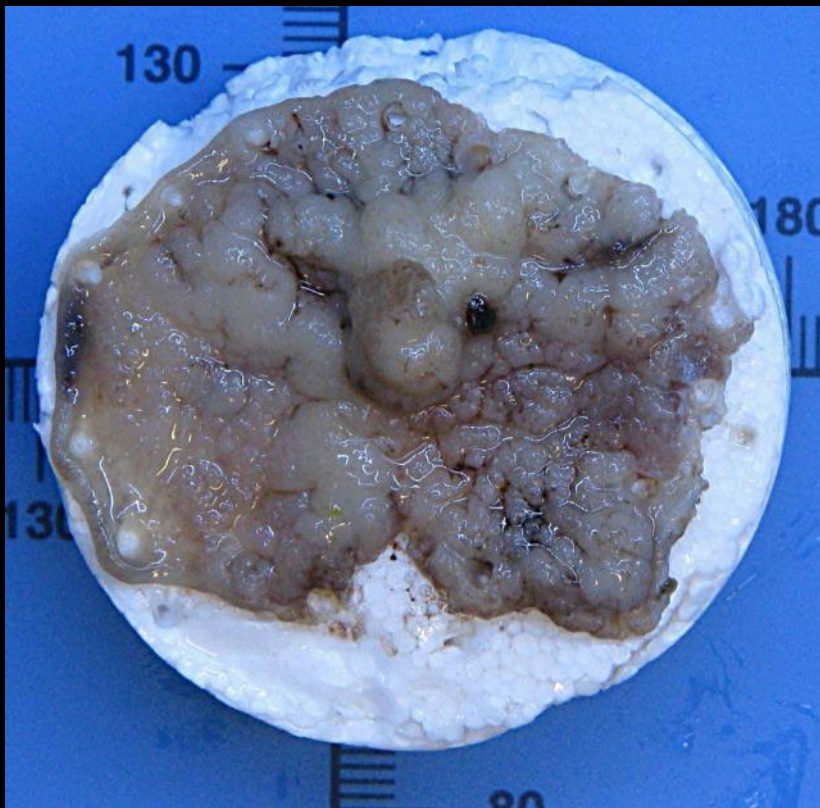
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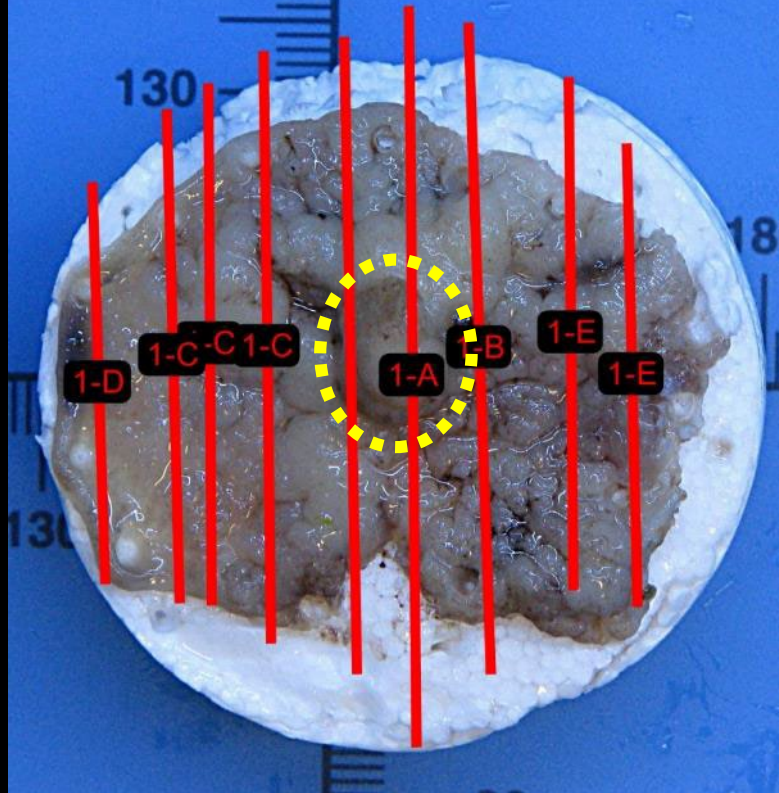
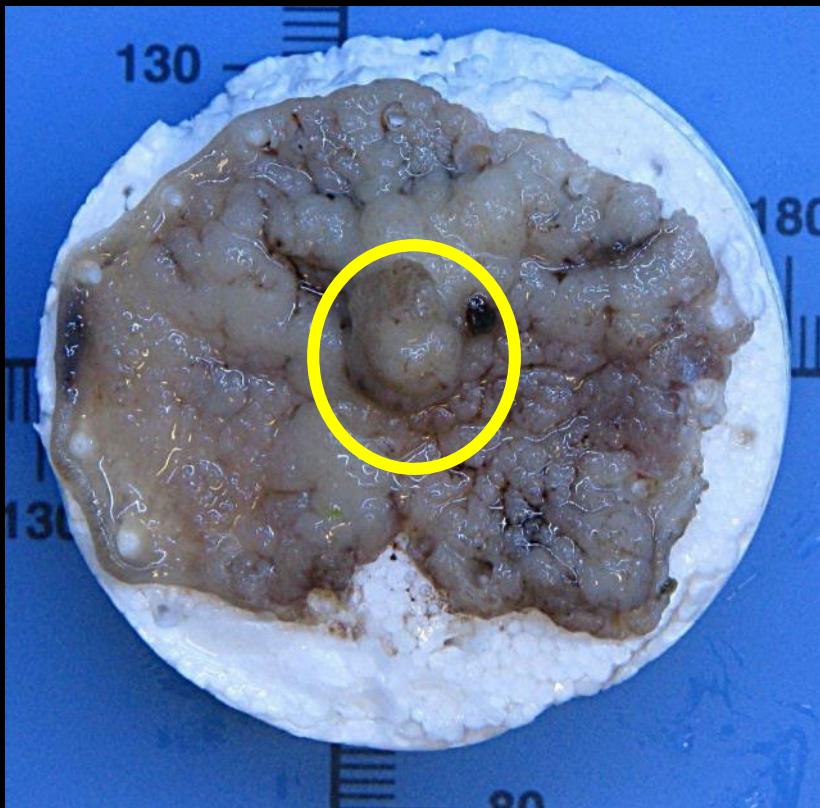
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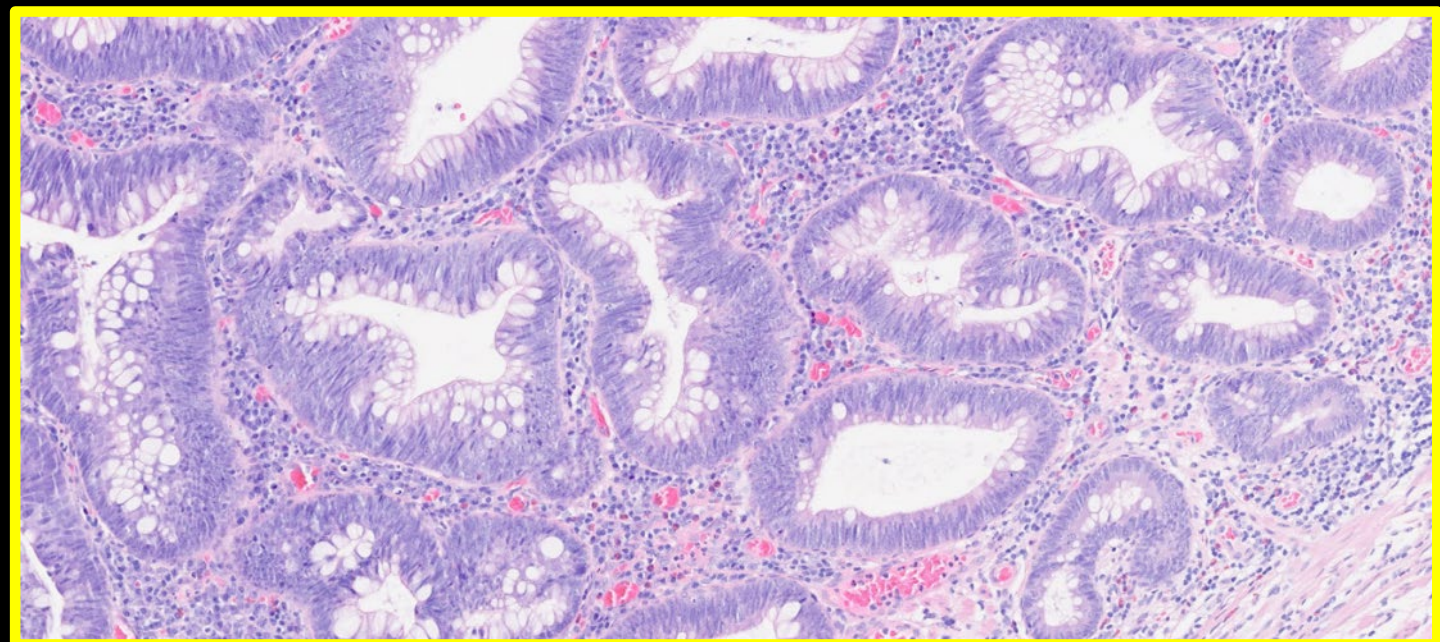
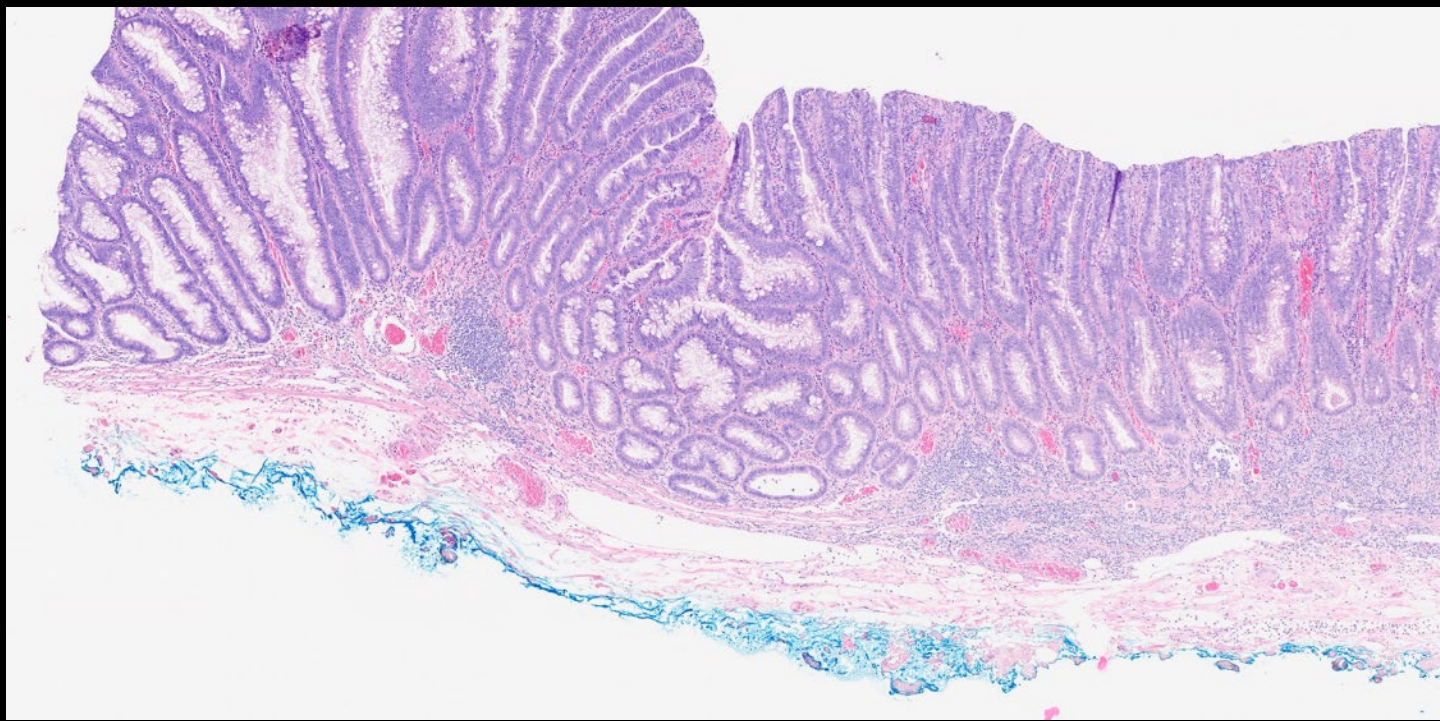
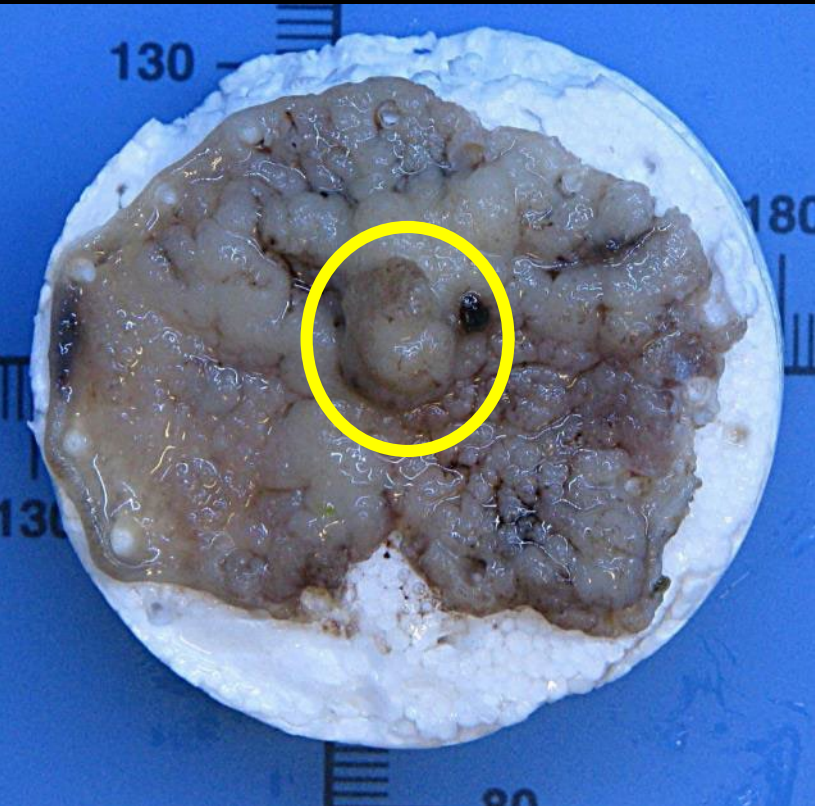
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Marges ?*

Tct. endoscòpic

Tct. quirúrgic



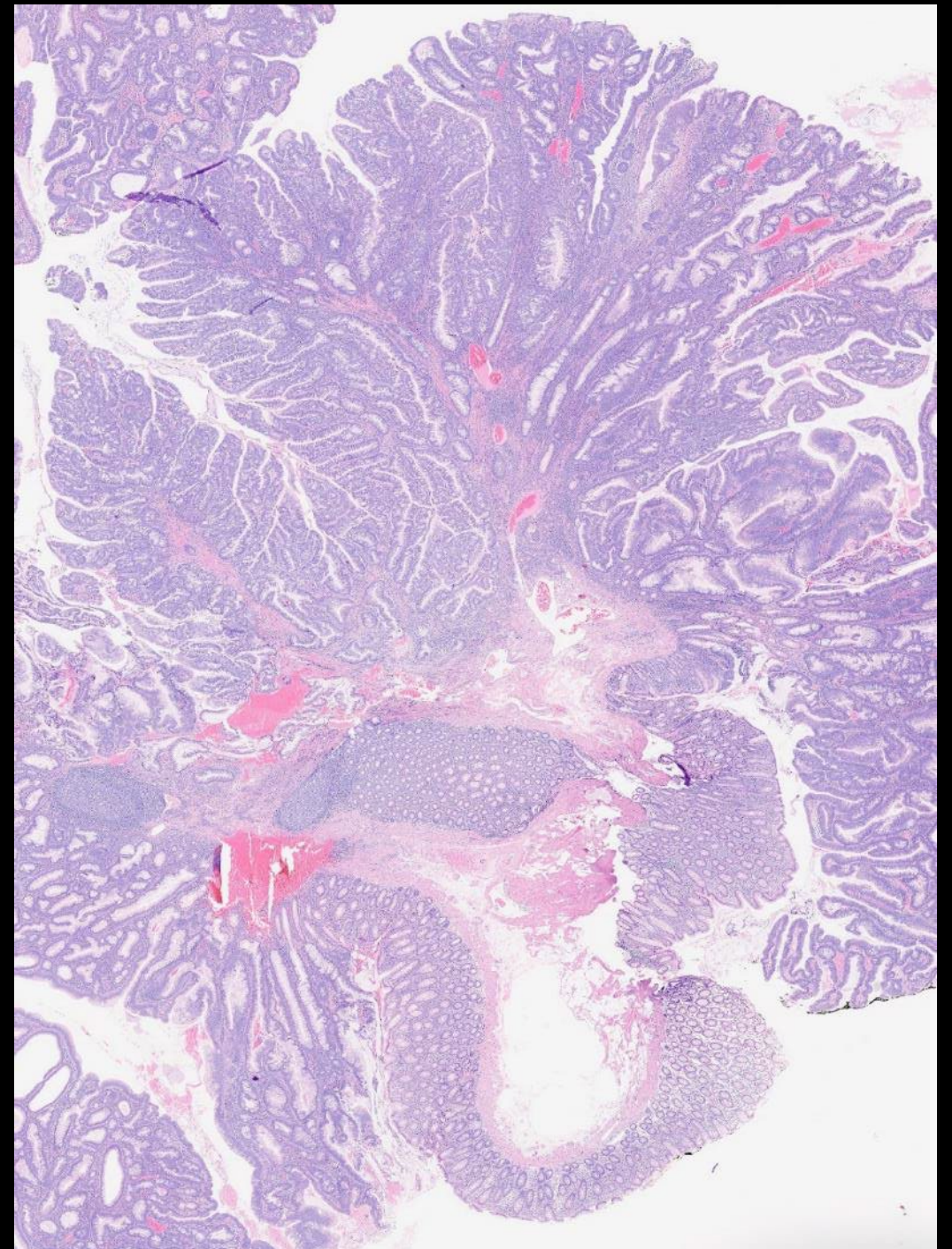


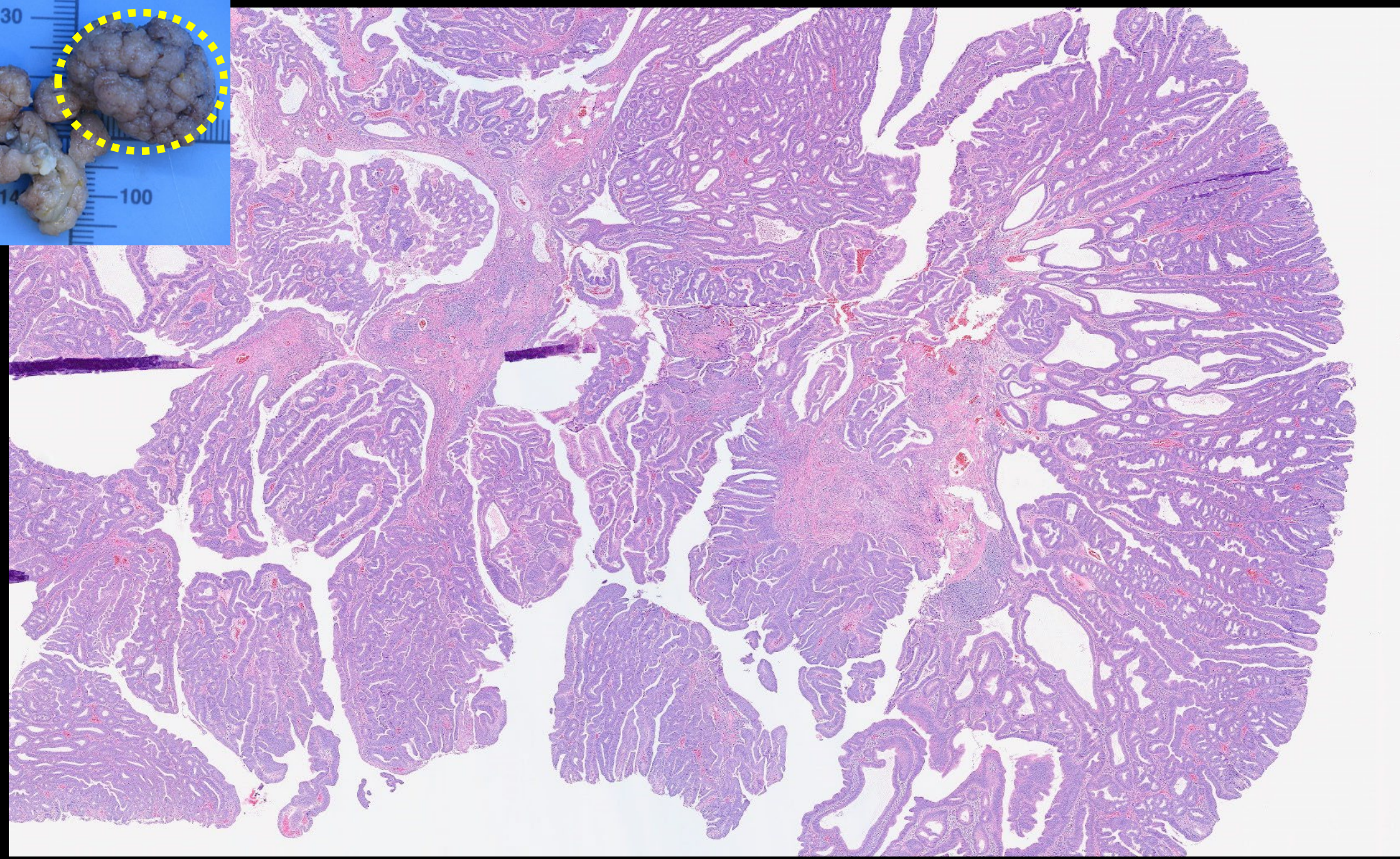


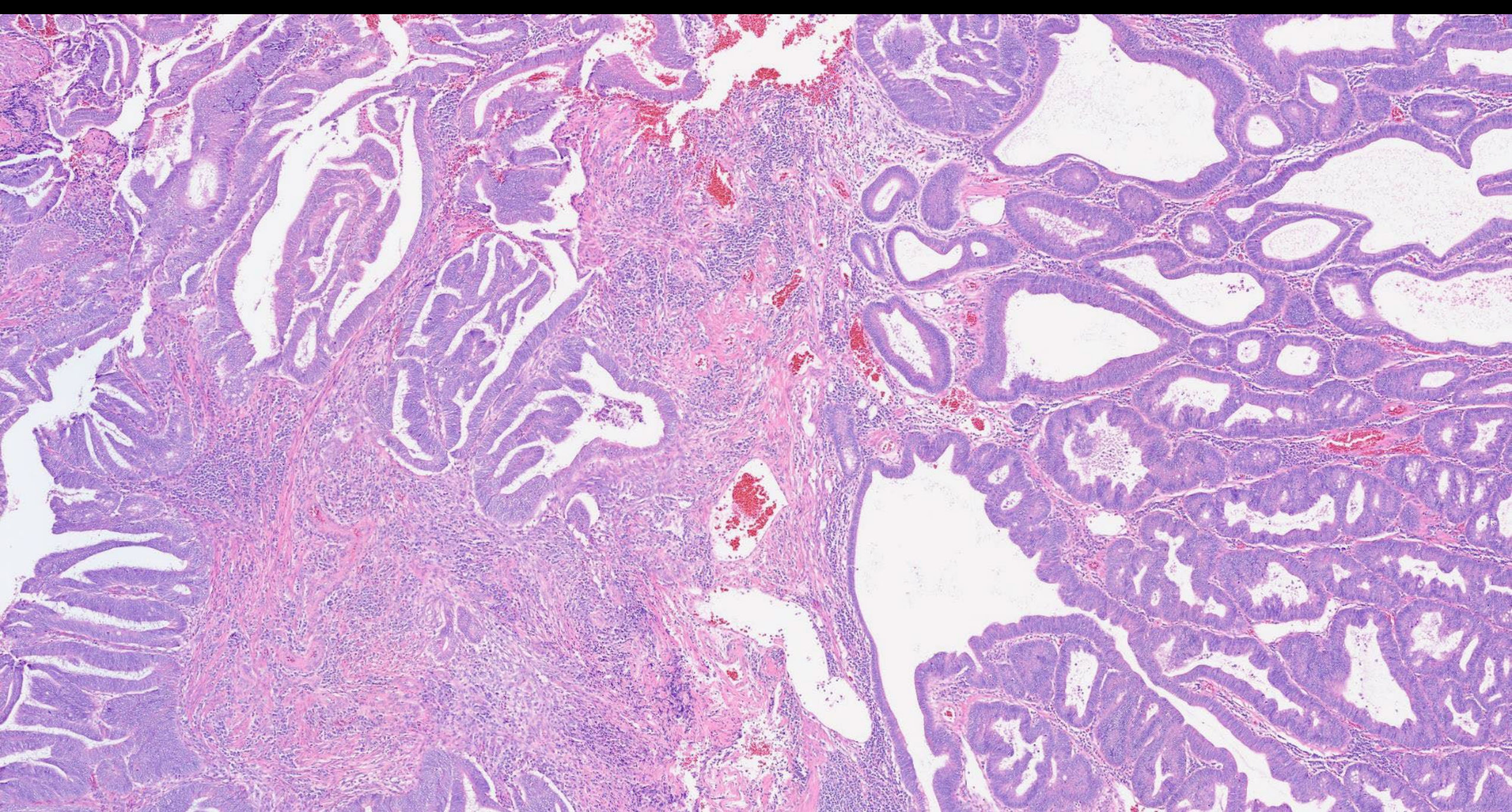
CAS 1

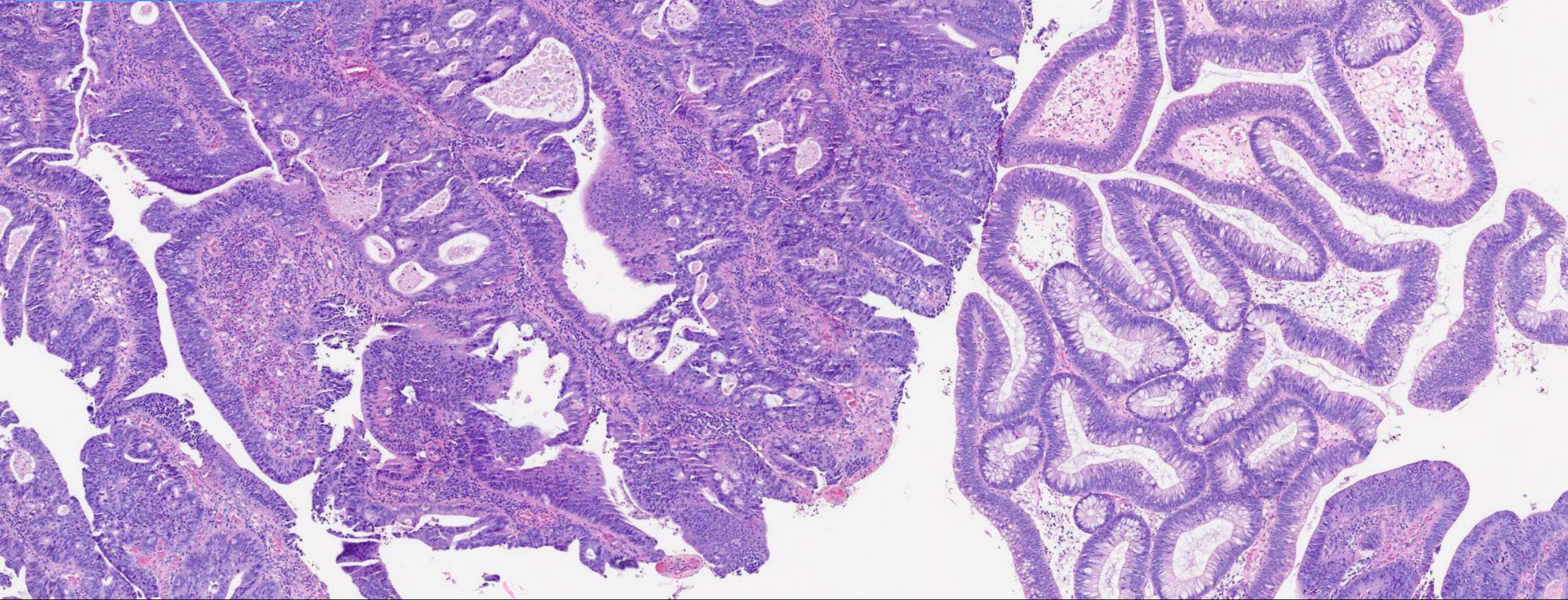


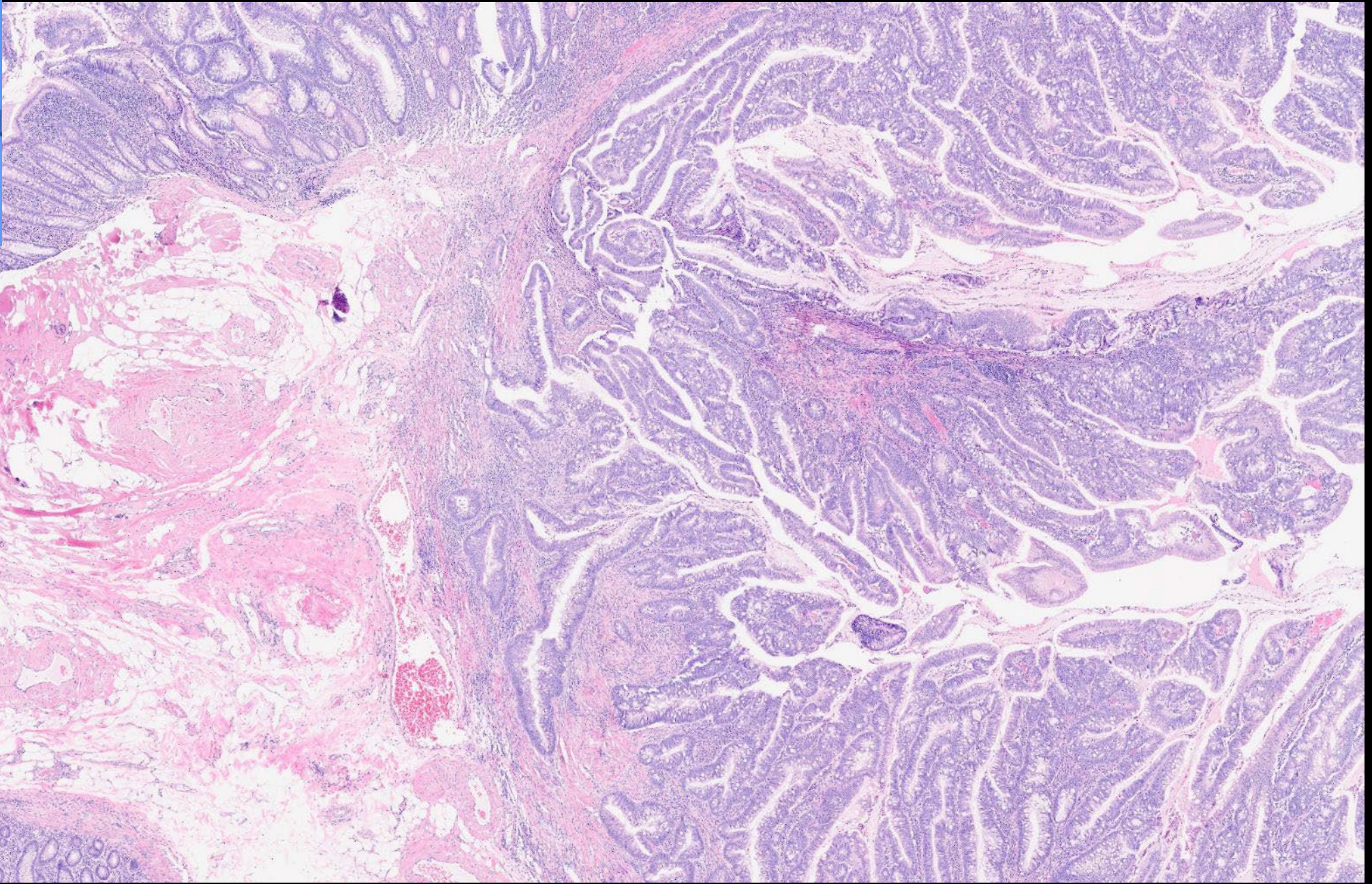
*Pòlip pseudopediculat a
Còlon transvers de 2,5cm*

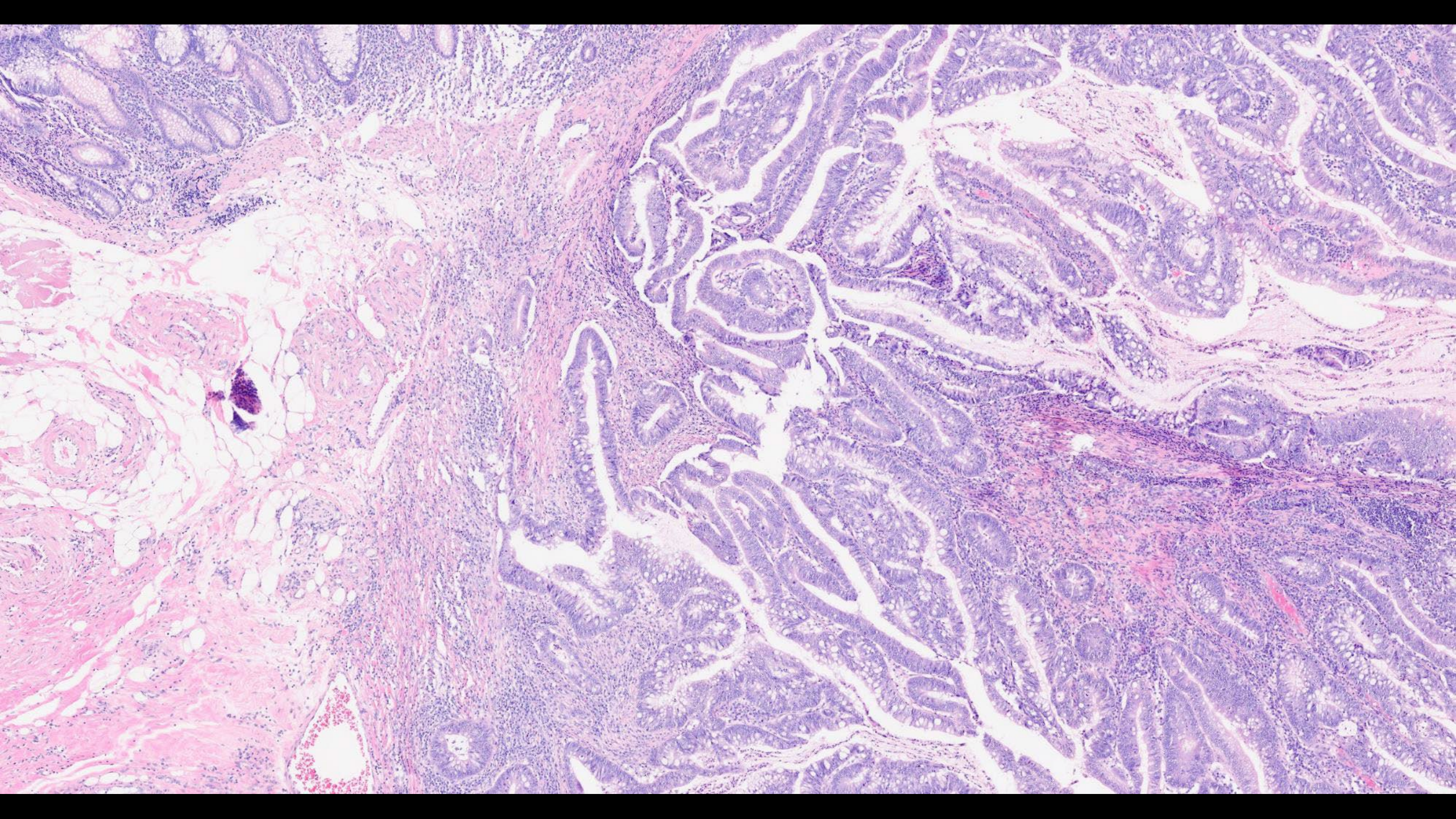


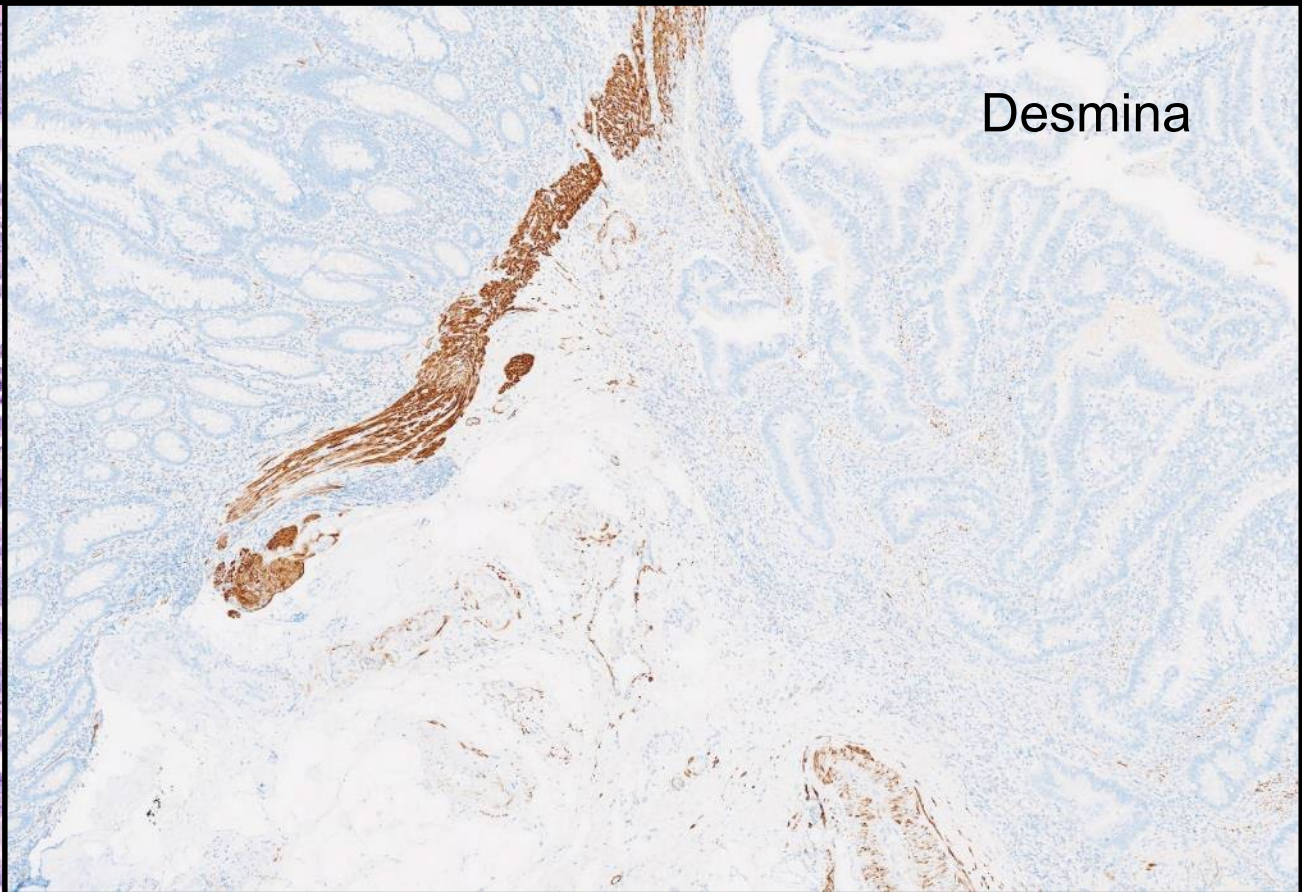
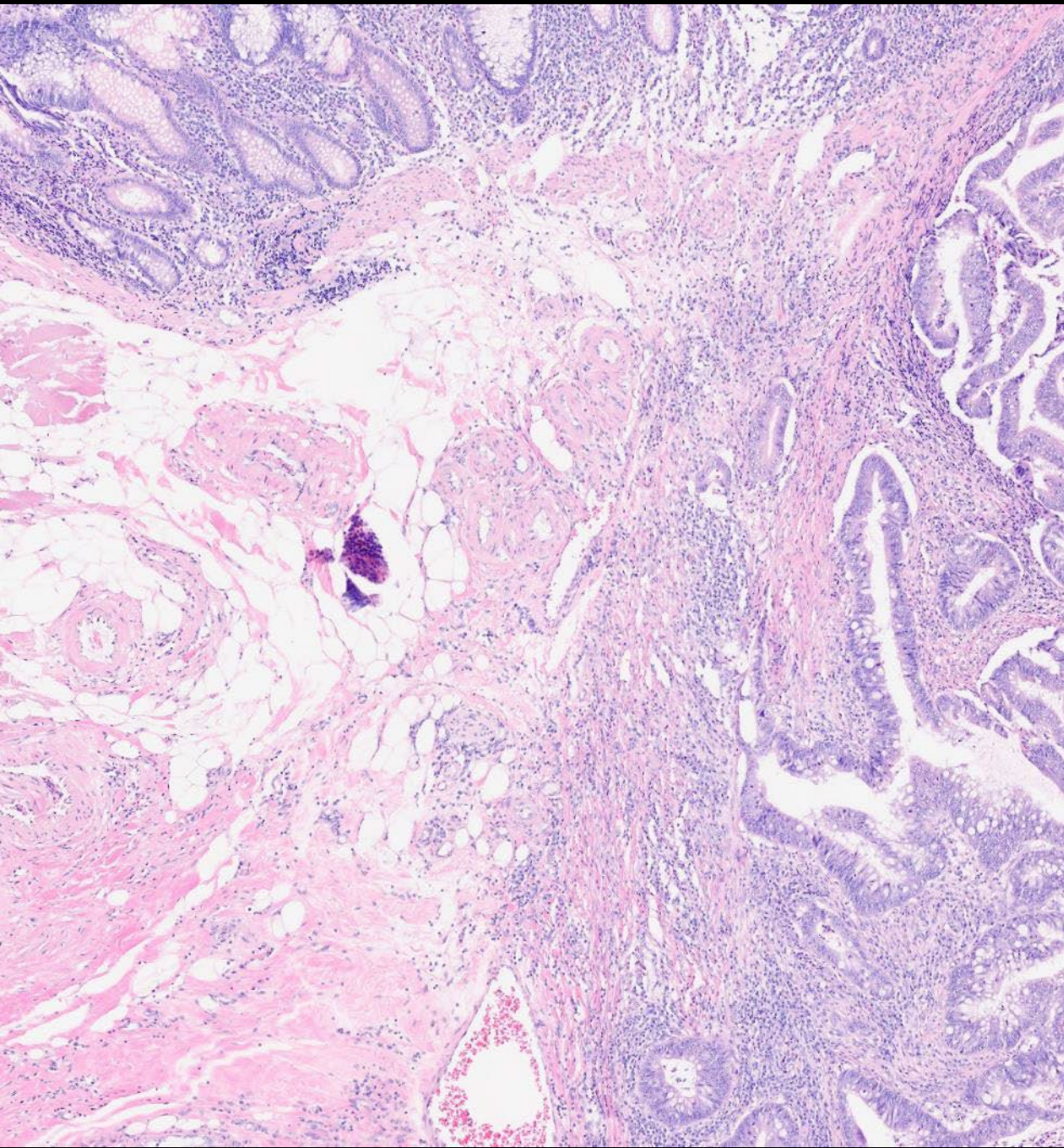




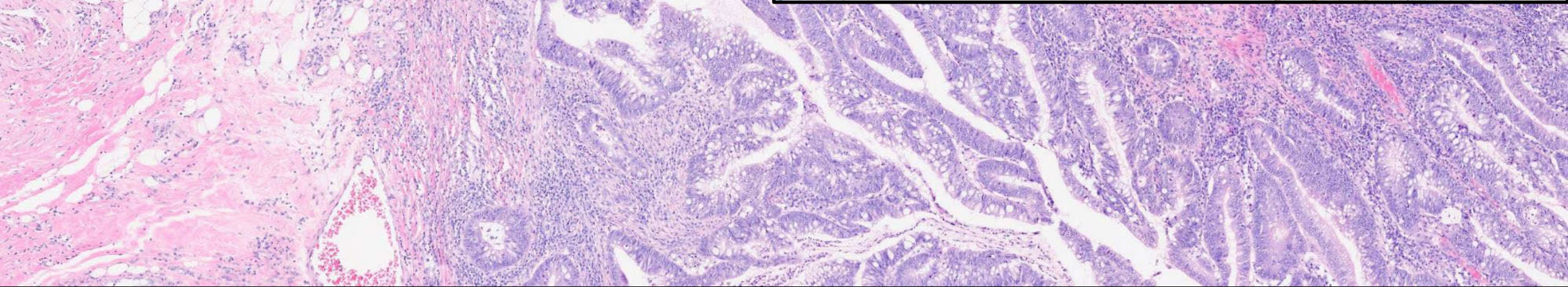






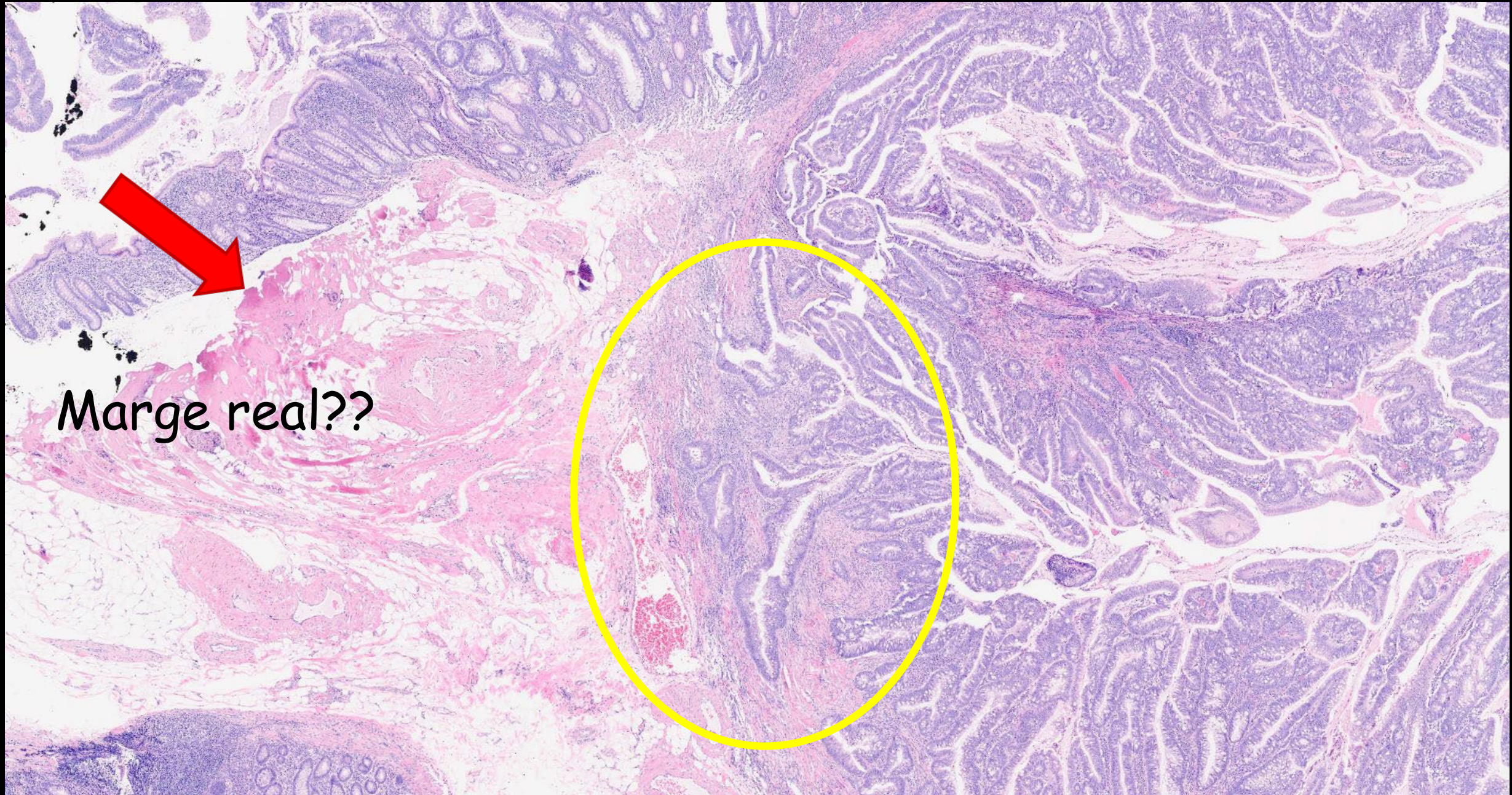


Desmina

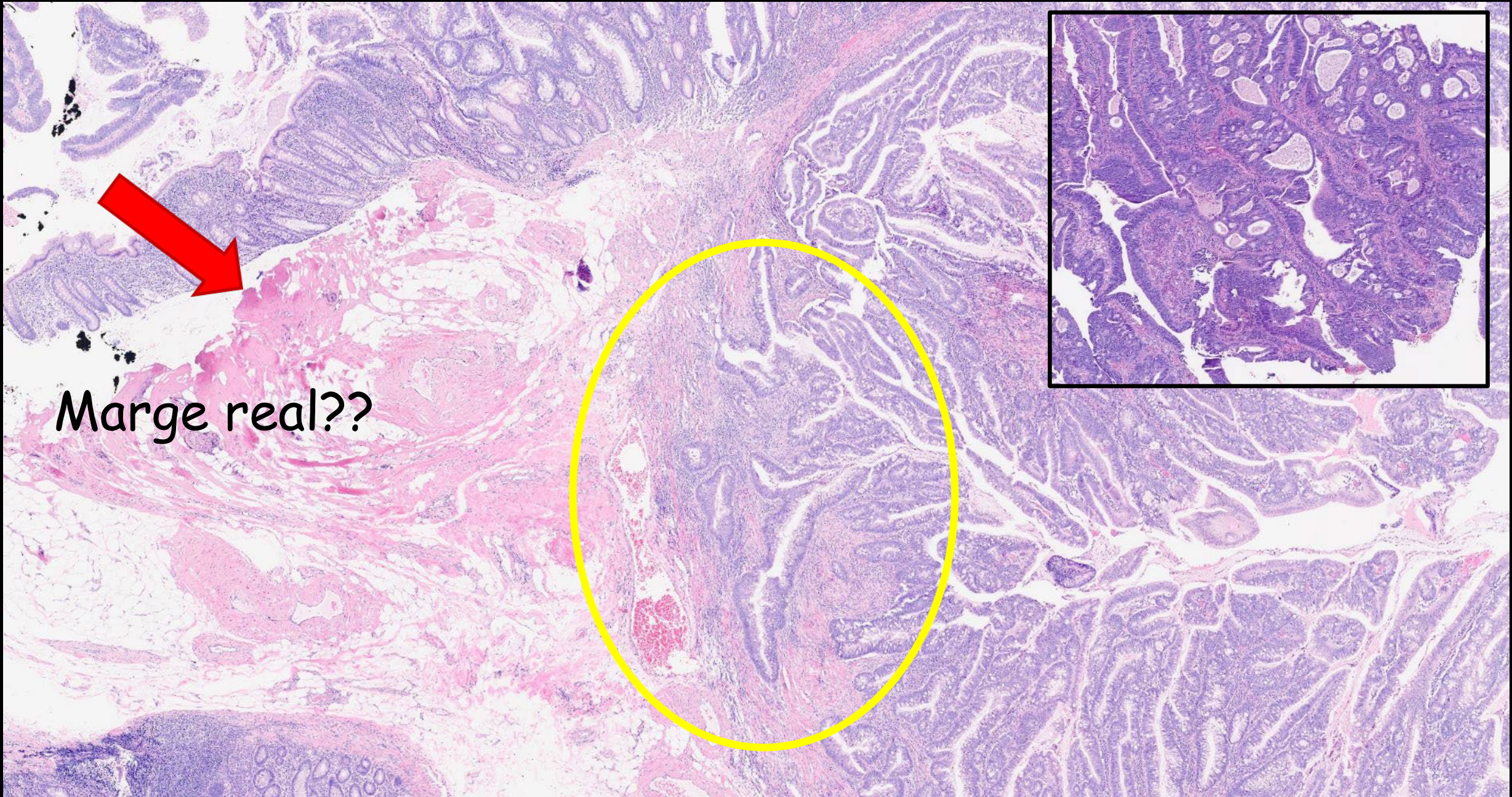


A histological section of tissue, likely from the gastrointestinal tract, stained with hematoxylin and eosin (H&E). The image shows a complex arrangement of glandular structures and connective tissue. A prominent feature is a large, irregularly shaped area of pink-stained tissue, possibly representing a polypoid lesion or a large area of inflammation. A yellow circle highlights a specific region within this pink-stained area, where there is a cluster of cells and some red-stained material, possibly representing a focus of infiltration or a specific pathological finding. The text "Infiltració??" is overlaid on the image, suggesting a question about the nature of the highlighted area.

Infiltració??



Marge real??



Marge real??



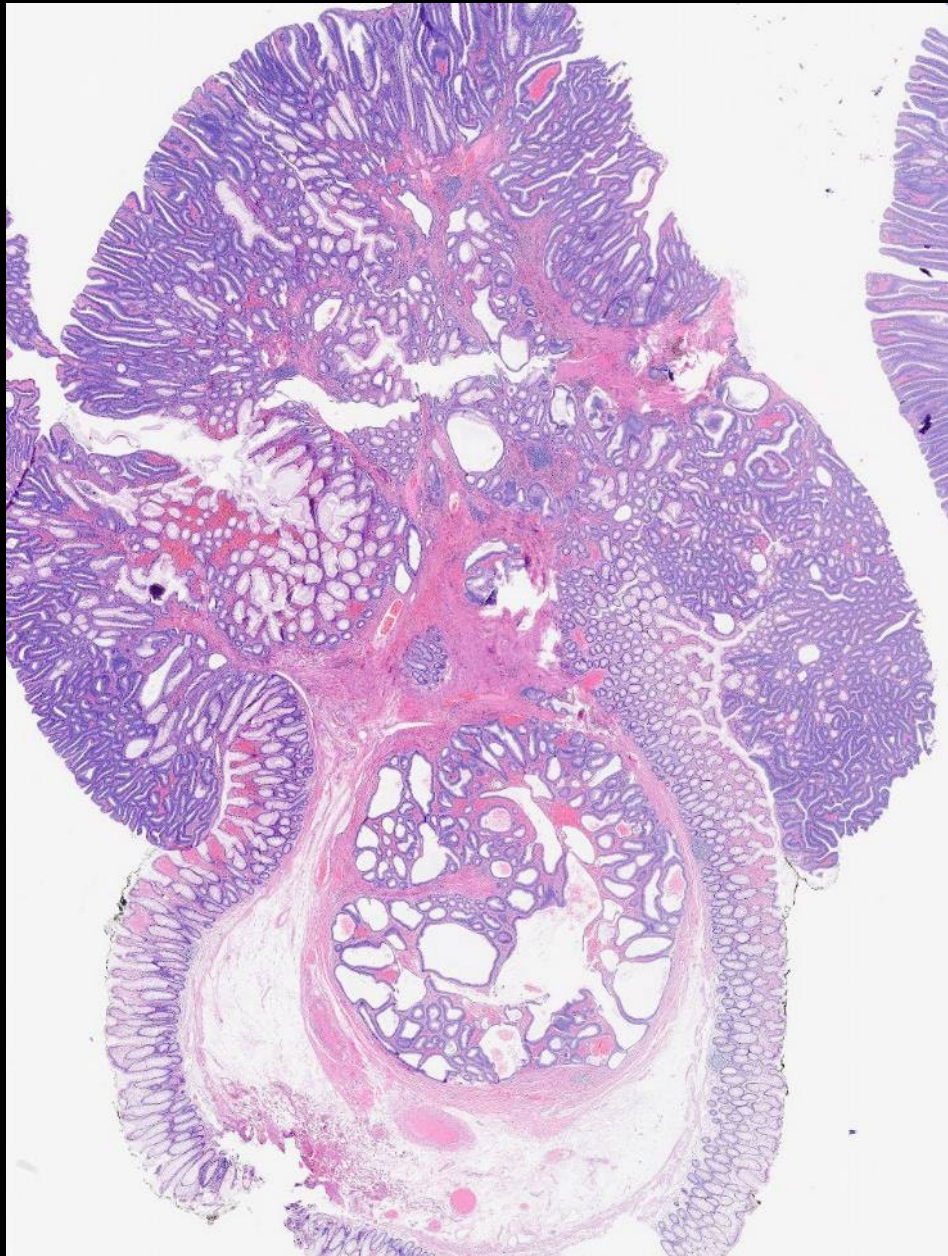


⚡ Adenocarcinoma intramucós
sobre adenoma tubulovellós?

⚡ Focus d'adenocarcinoma infiltrant
incipientment submucosa sobre adenoma
tubulovellós amb displ alt grau/adk
intramucós?

⚡ Marges lliures?
Marges lliures en la zona conflictiva?
Marges no valorables?

CAS 2



CAS 3

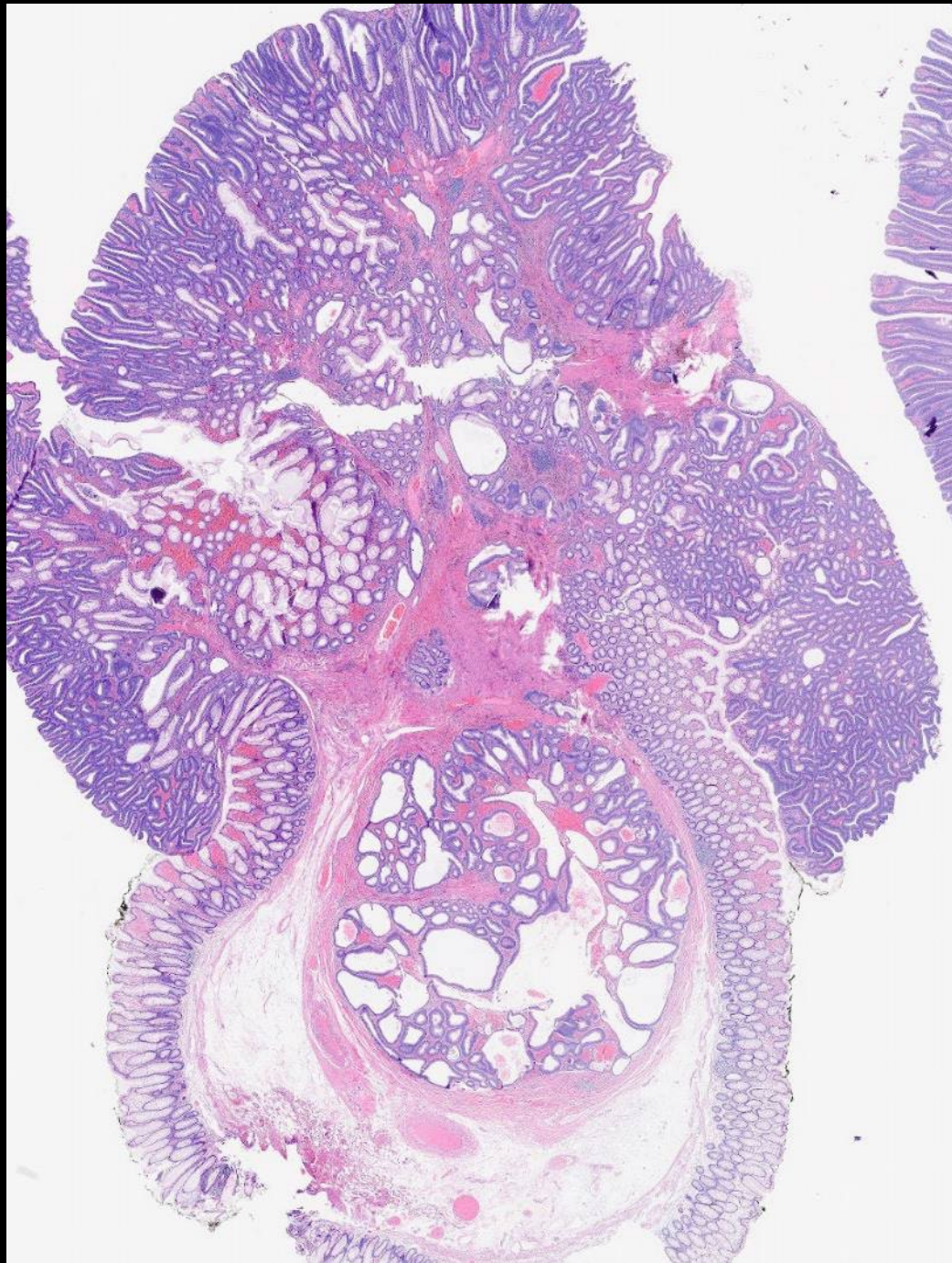


CAS 2

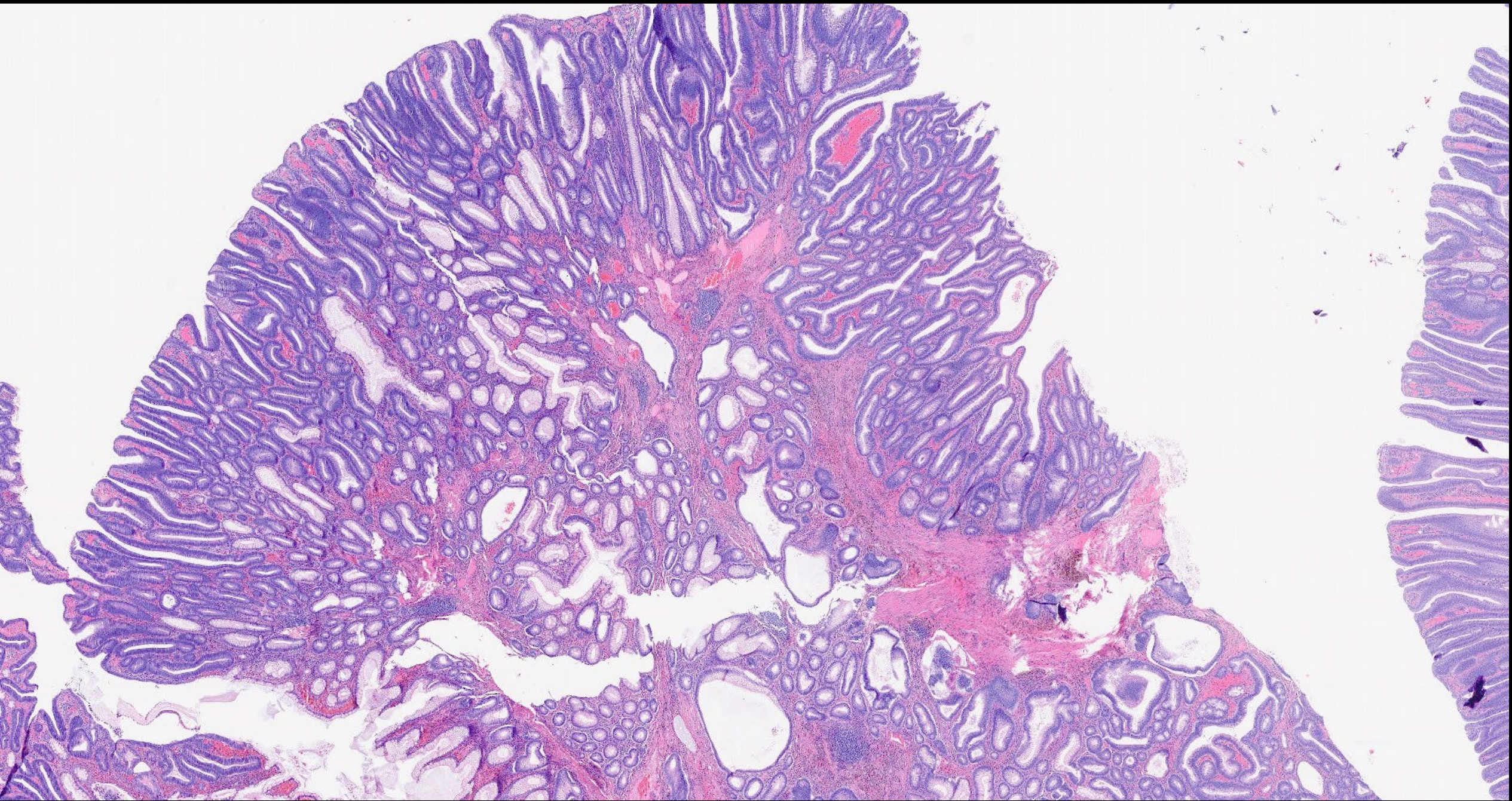


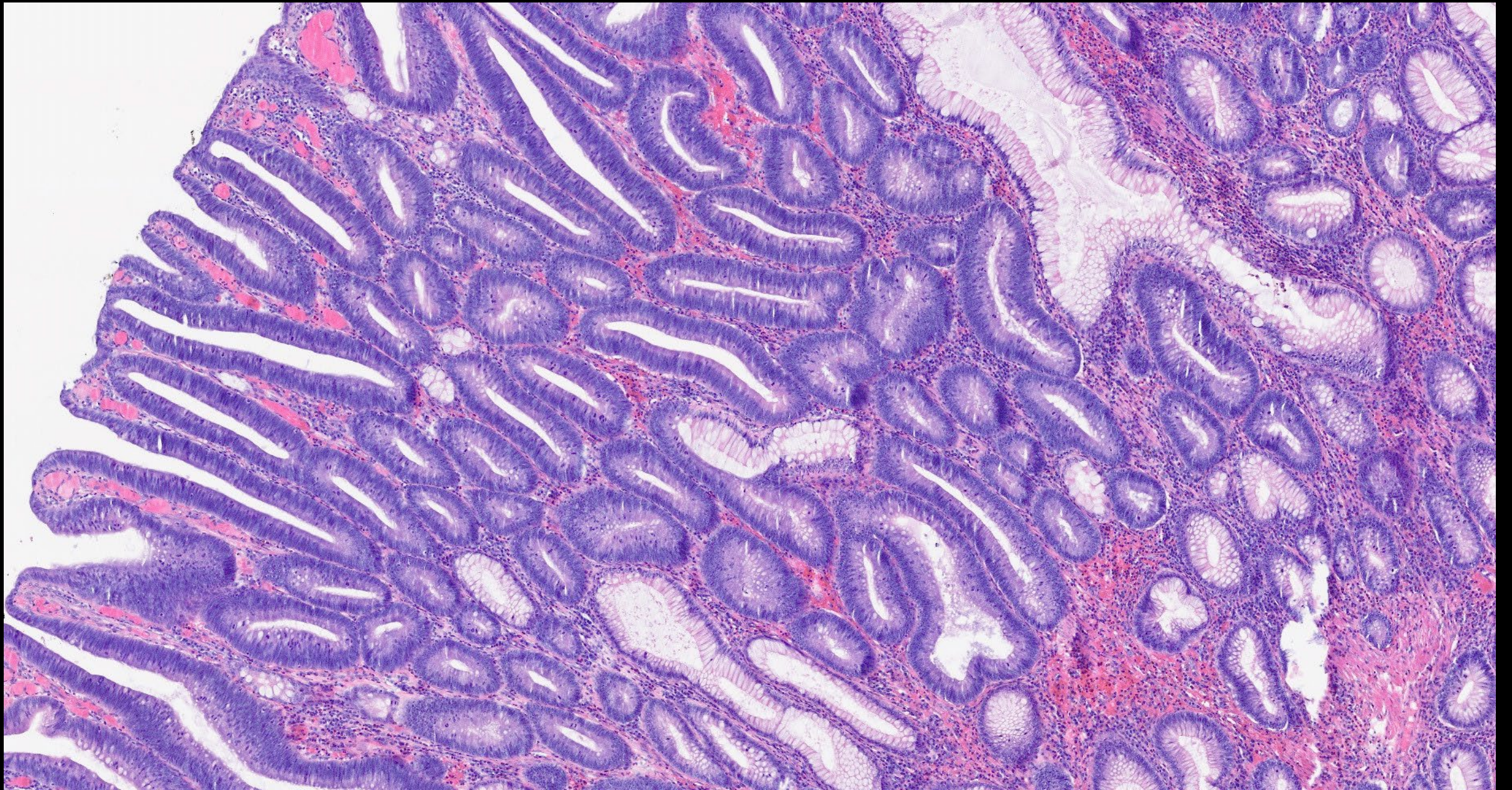
CAS 3

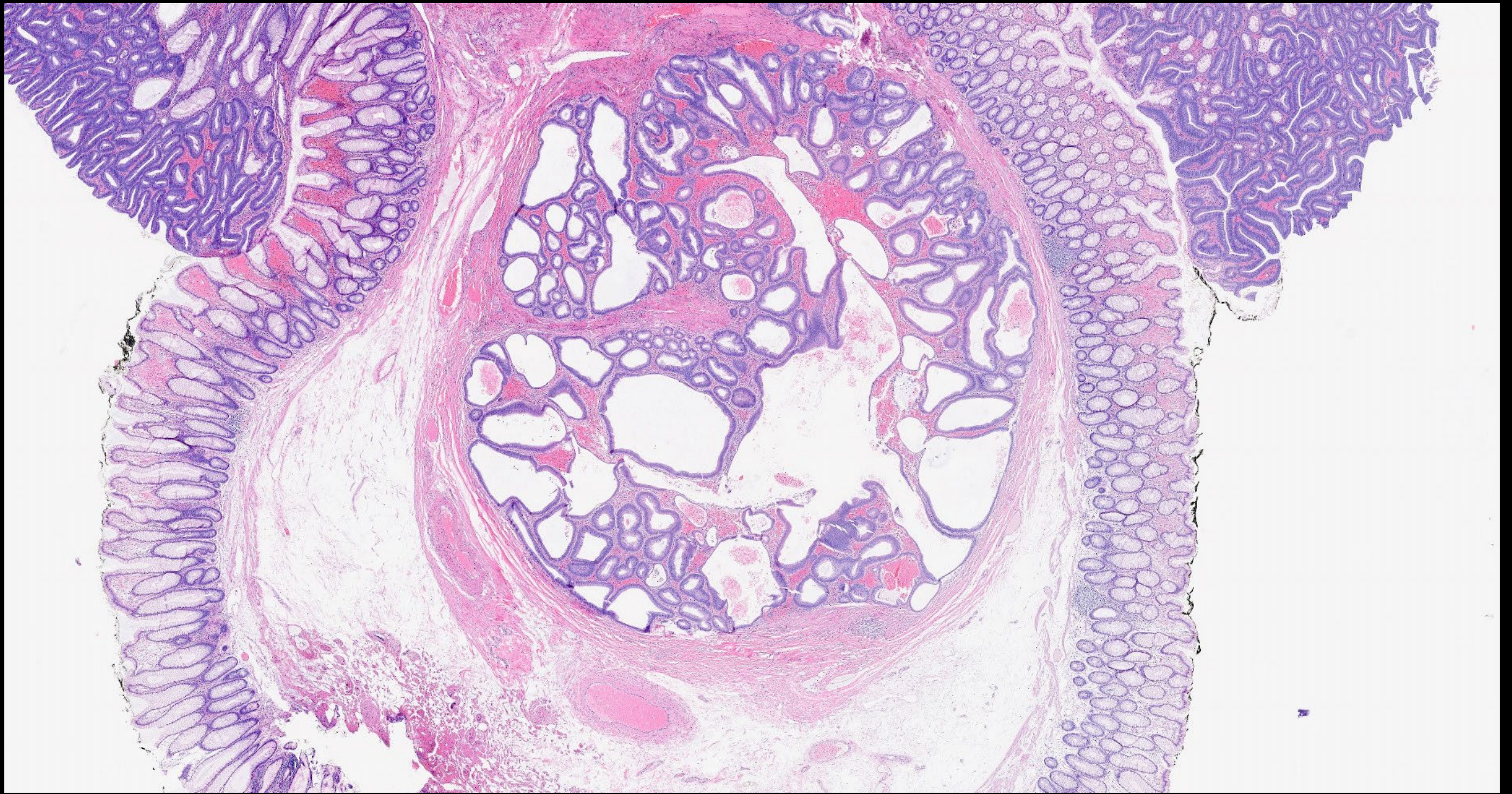


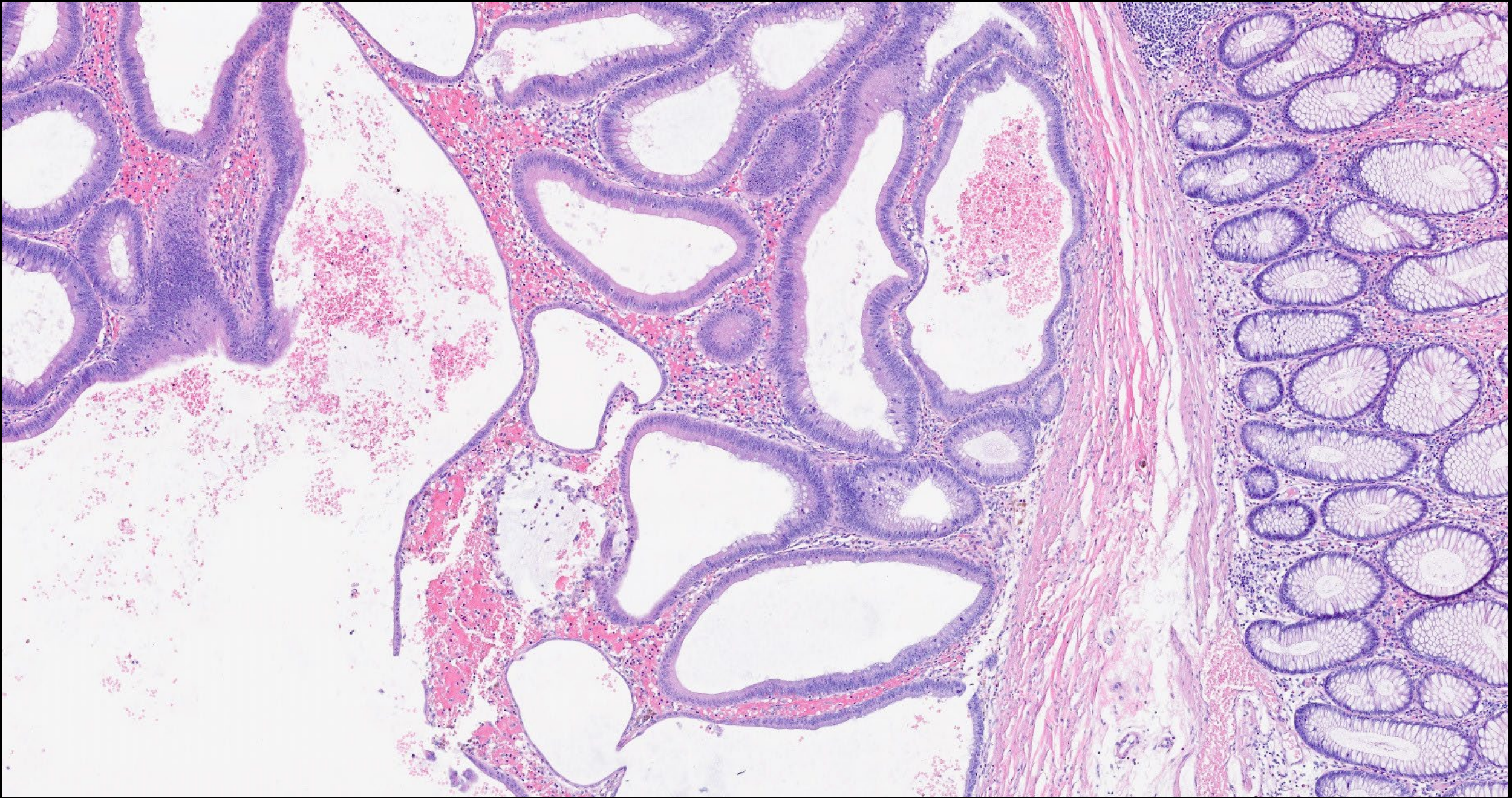


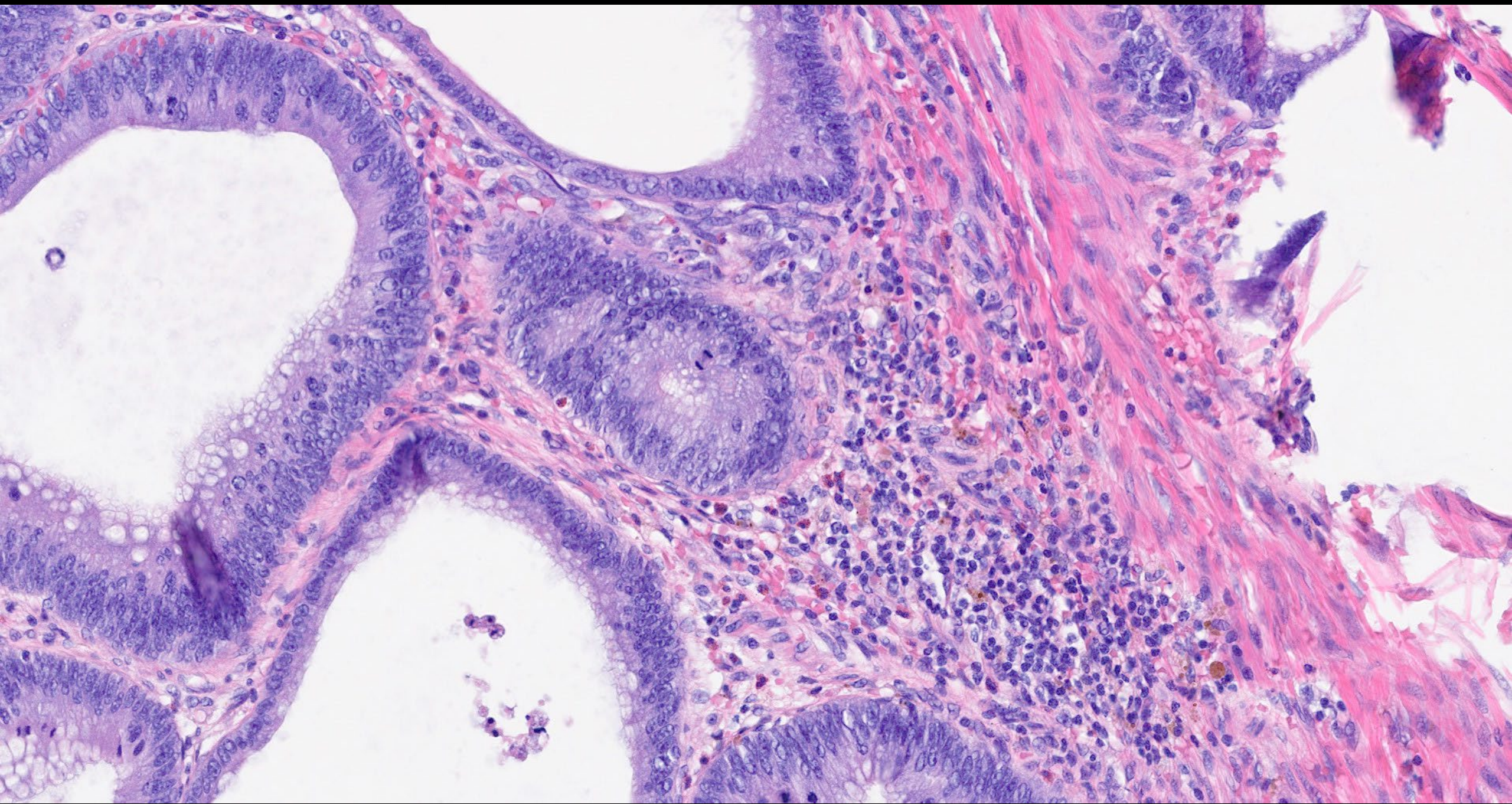
*Pòlip pediculat de 1cm amb
pedicle de 0,8cm localitzat a
SIGMA.*

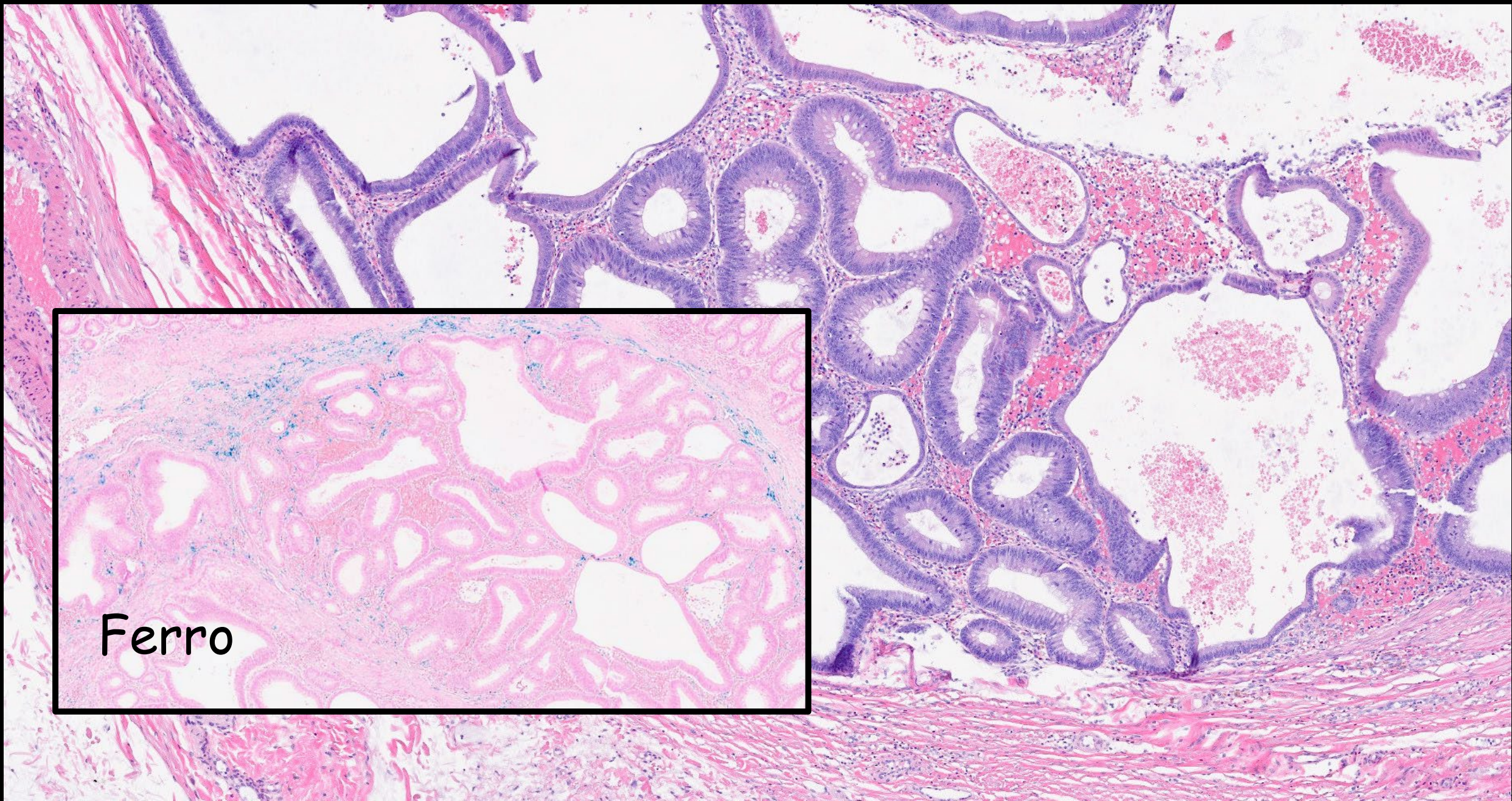




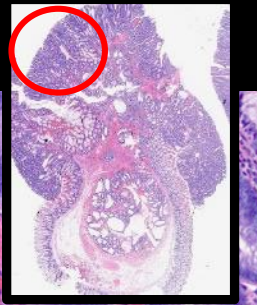
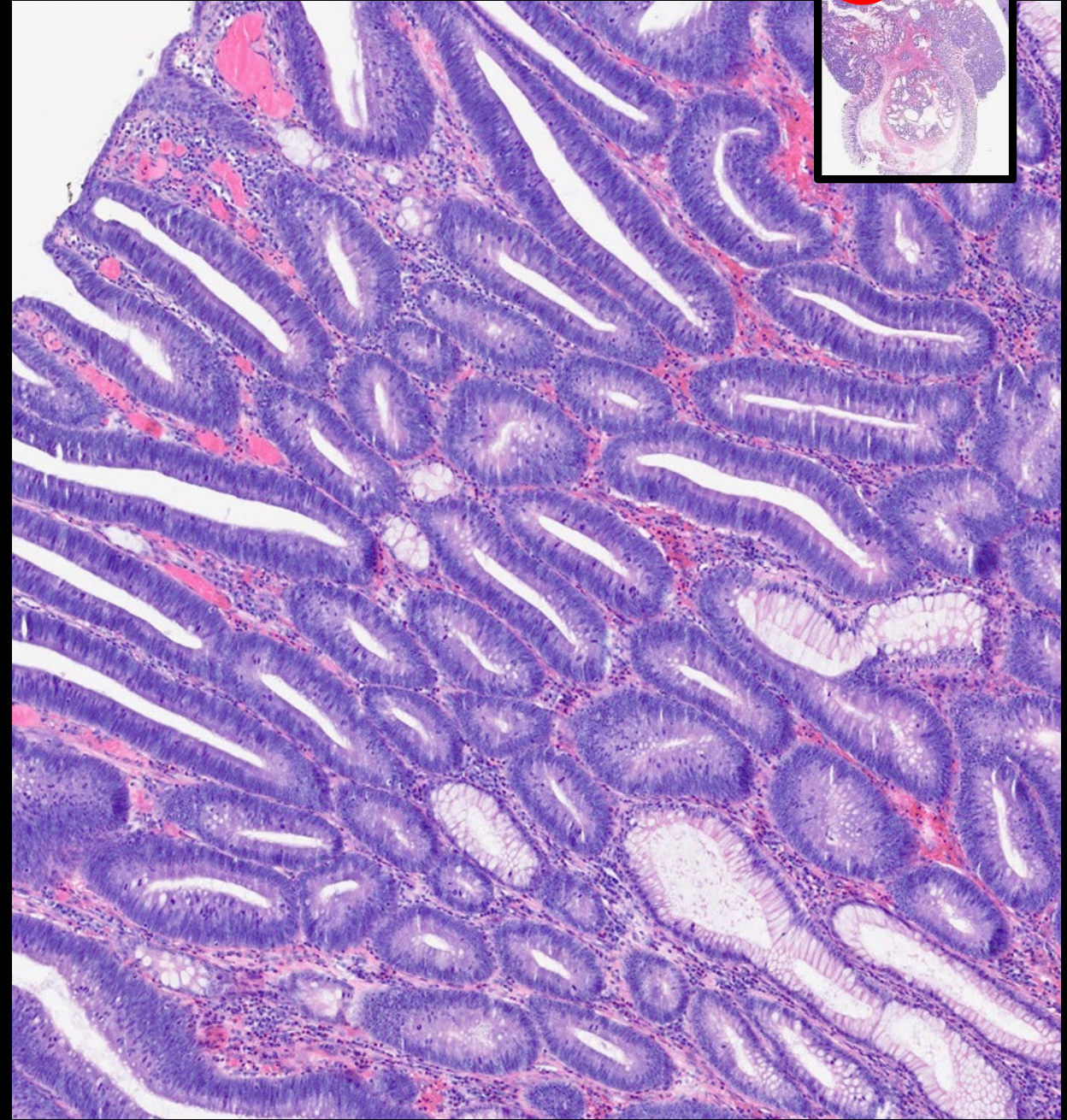
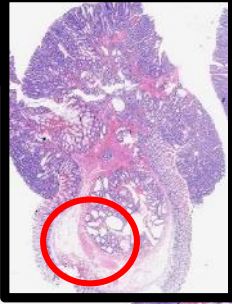
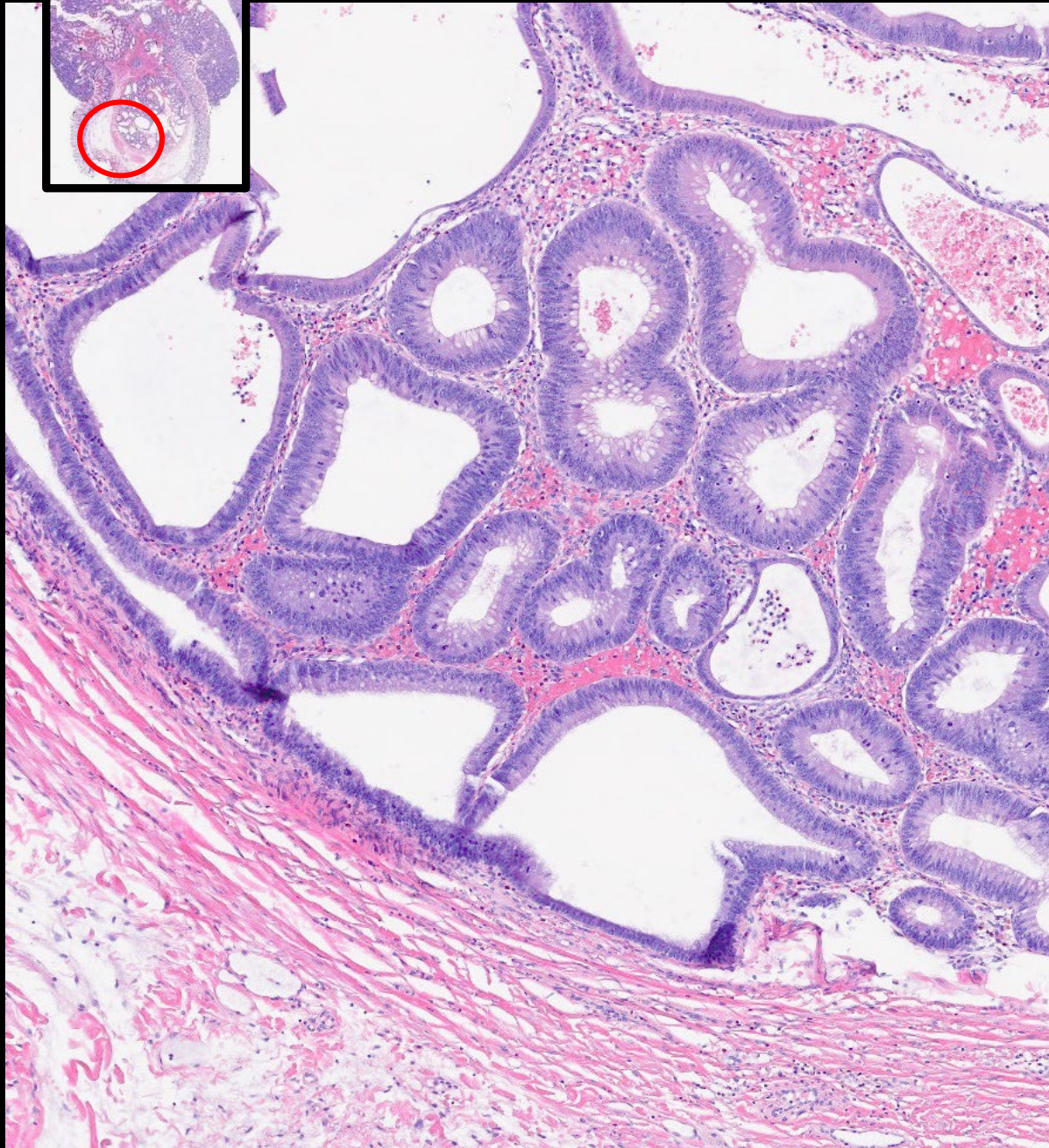




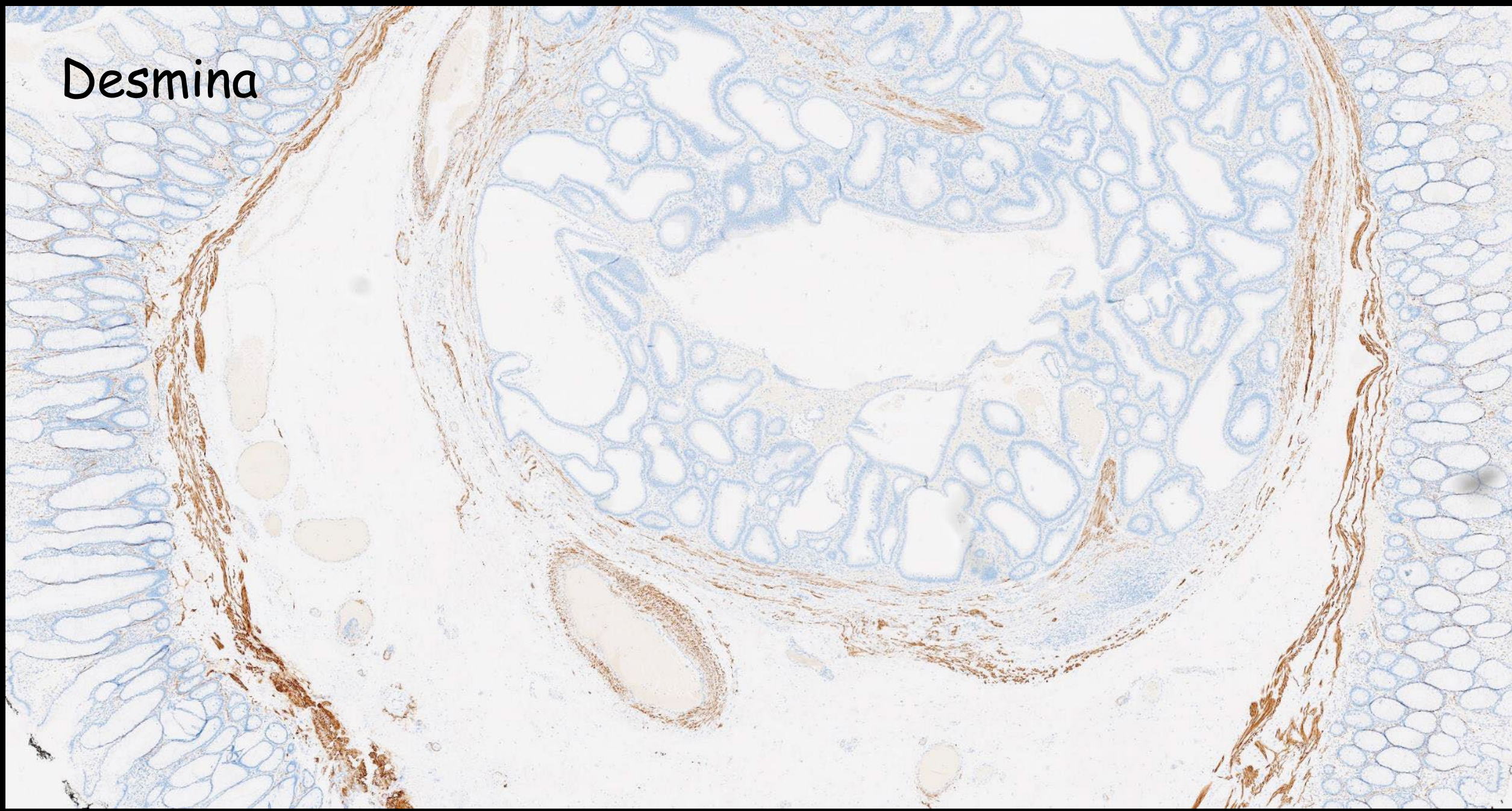




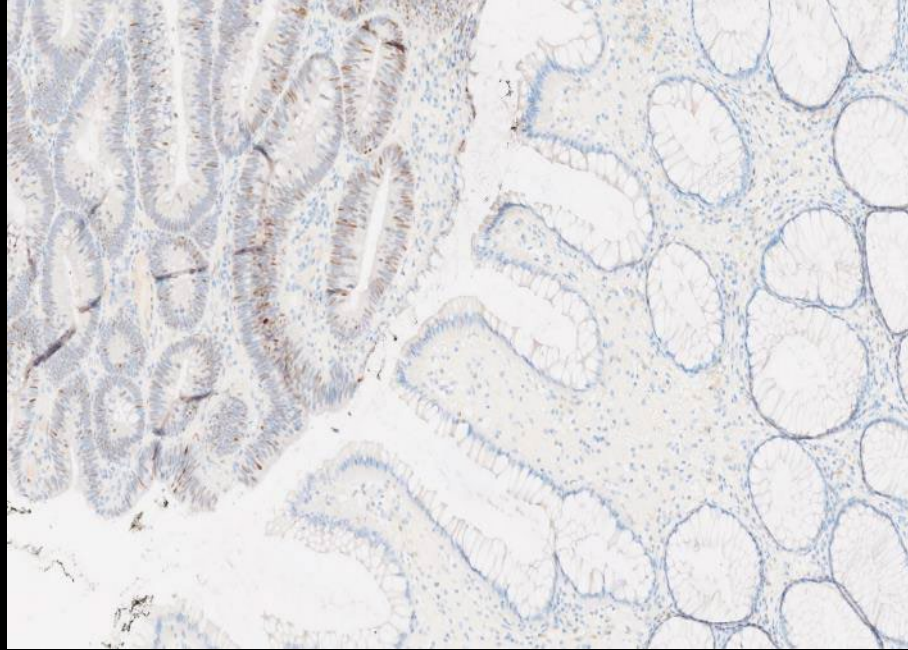
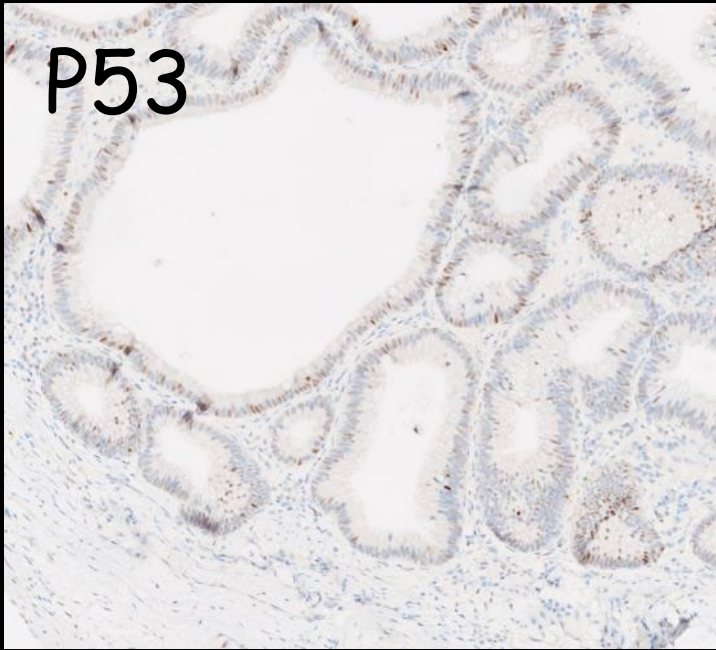
Ferro



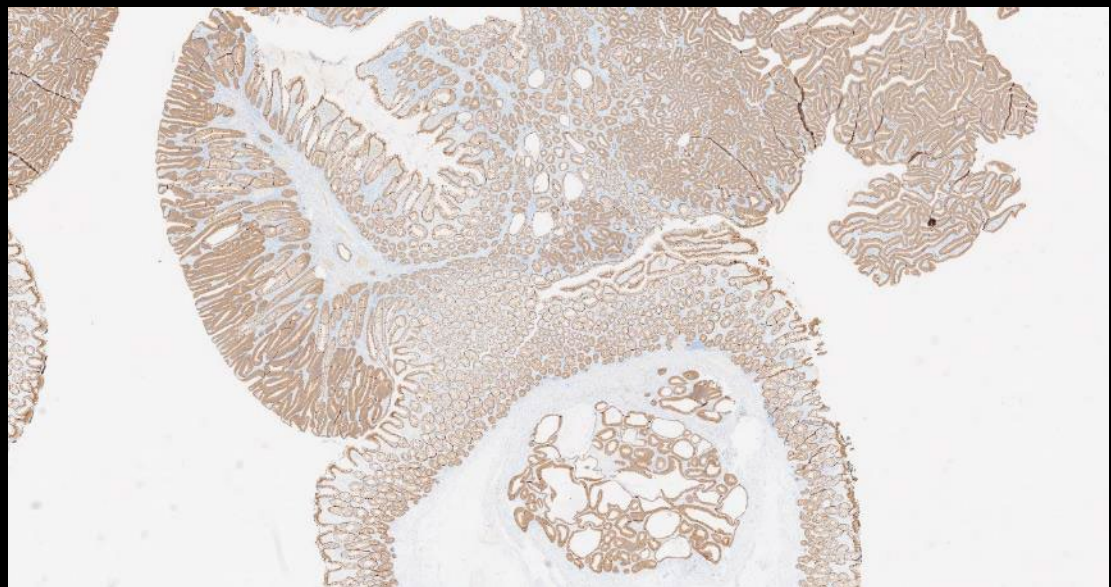
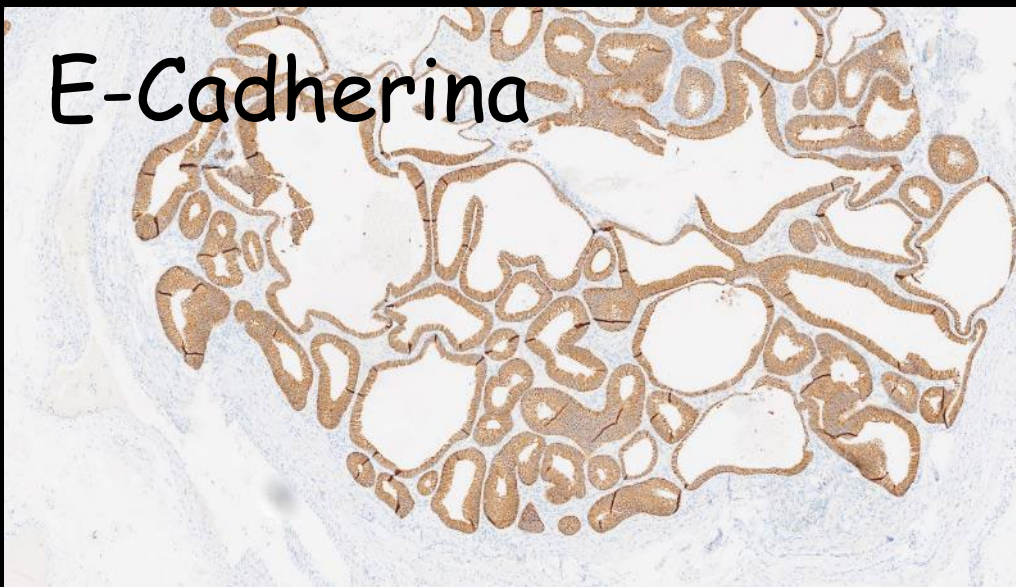
Desmina

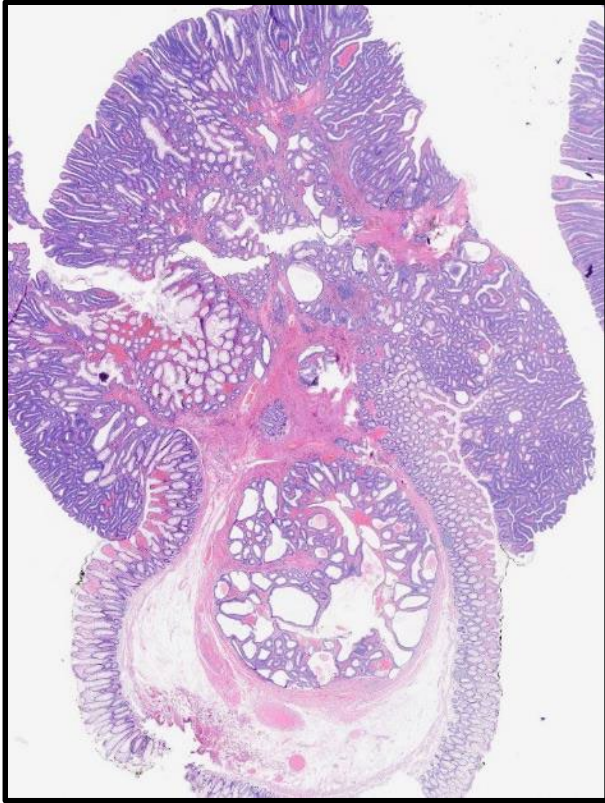


P53



E-Cadherina

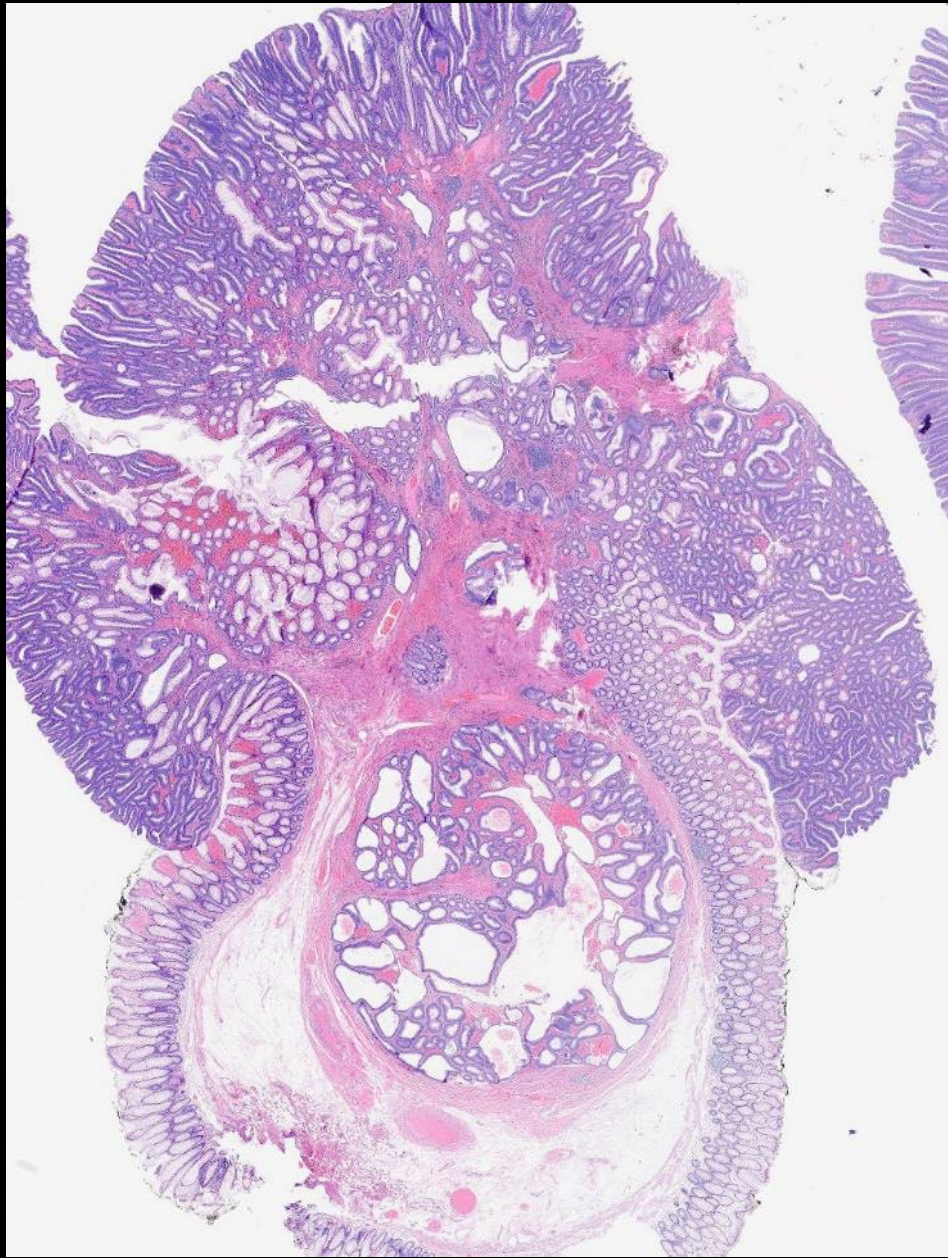




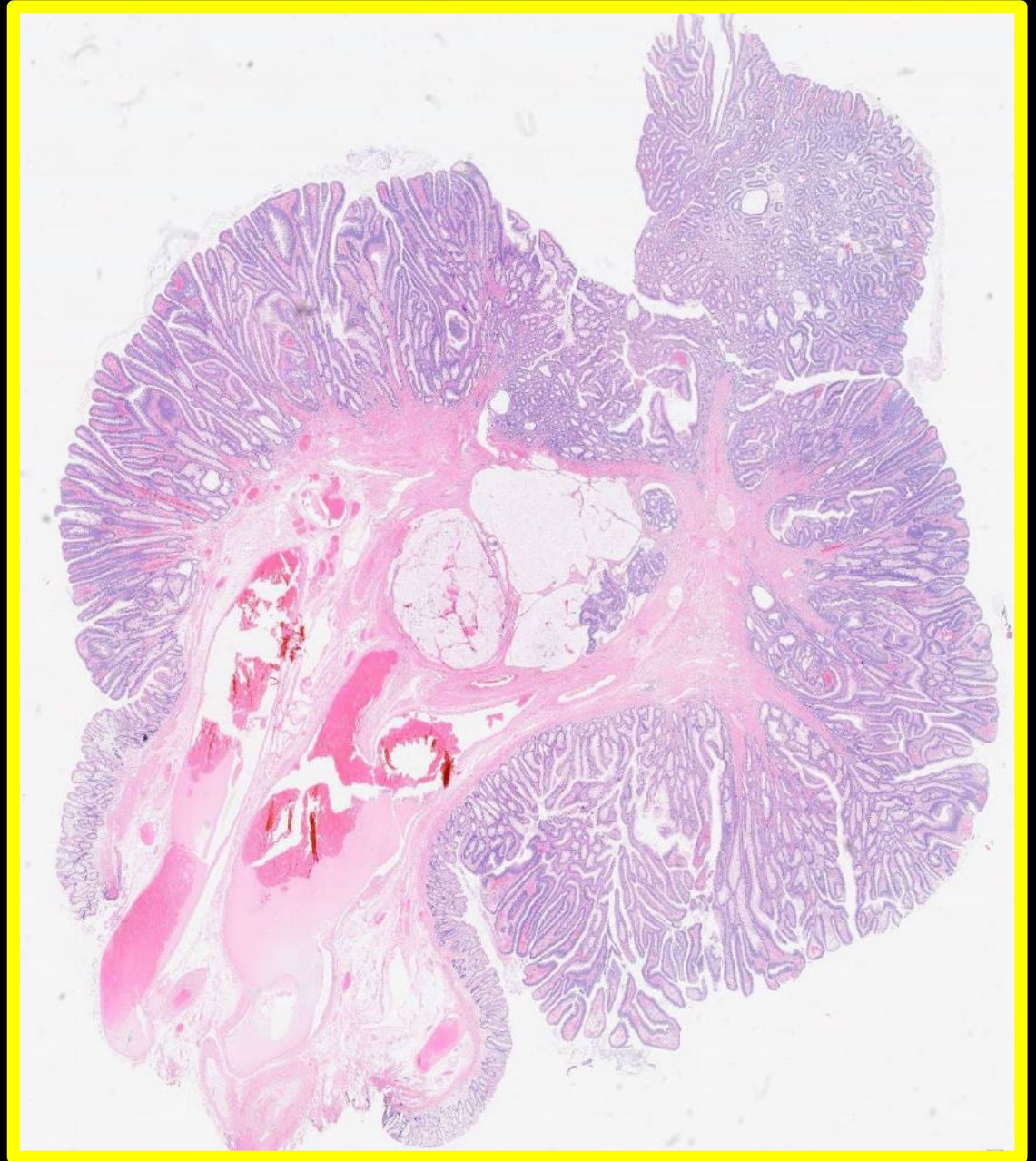
- Adenoma tubular amb displàsia de baix grau (pediculat)
- Marge lliure

(Pseudoinvasió a submucosa)

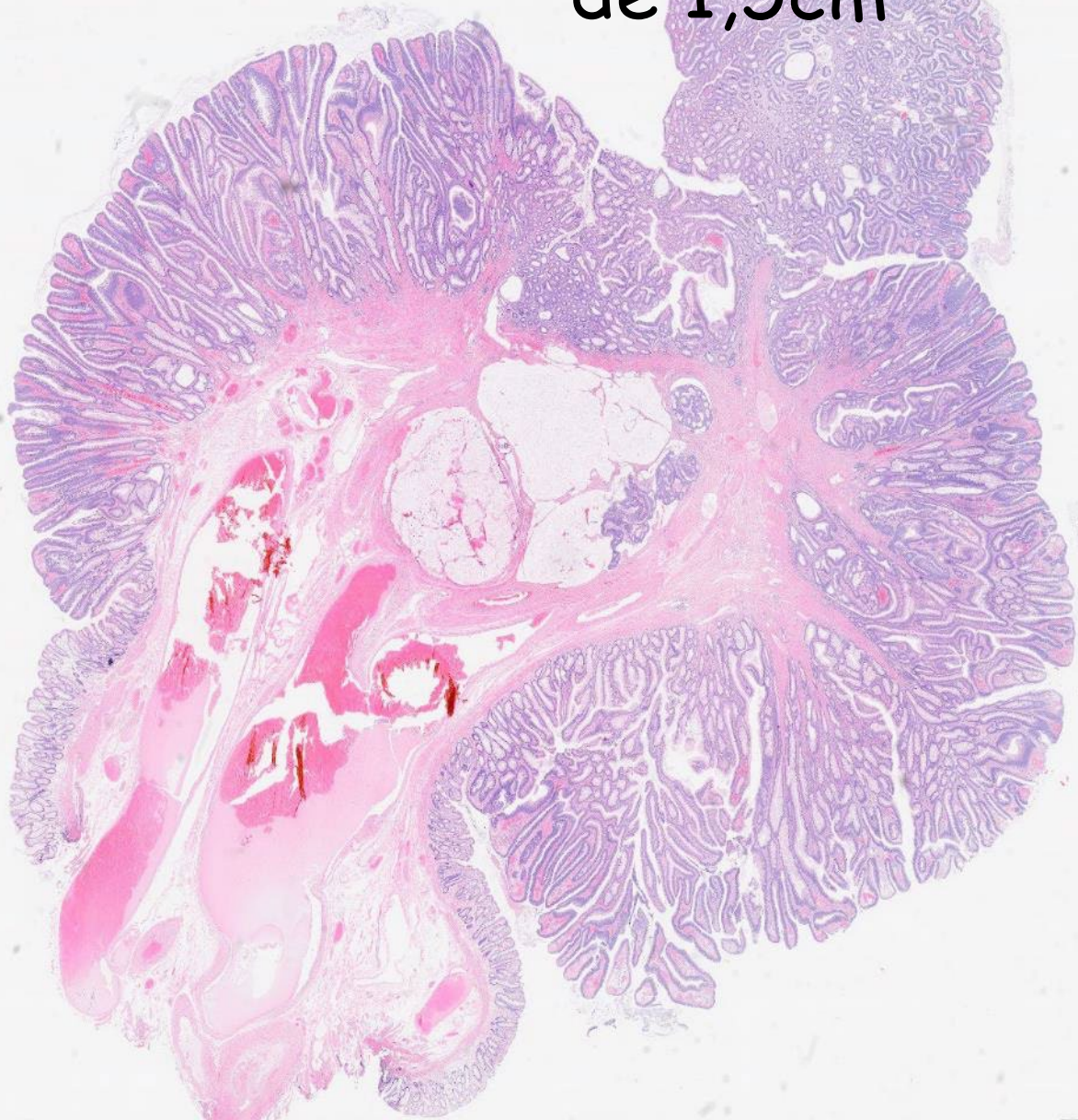
CAS 2

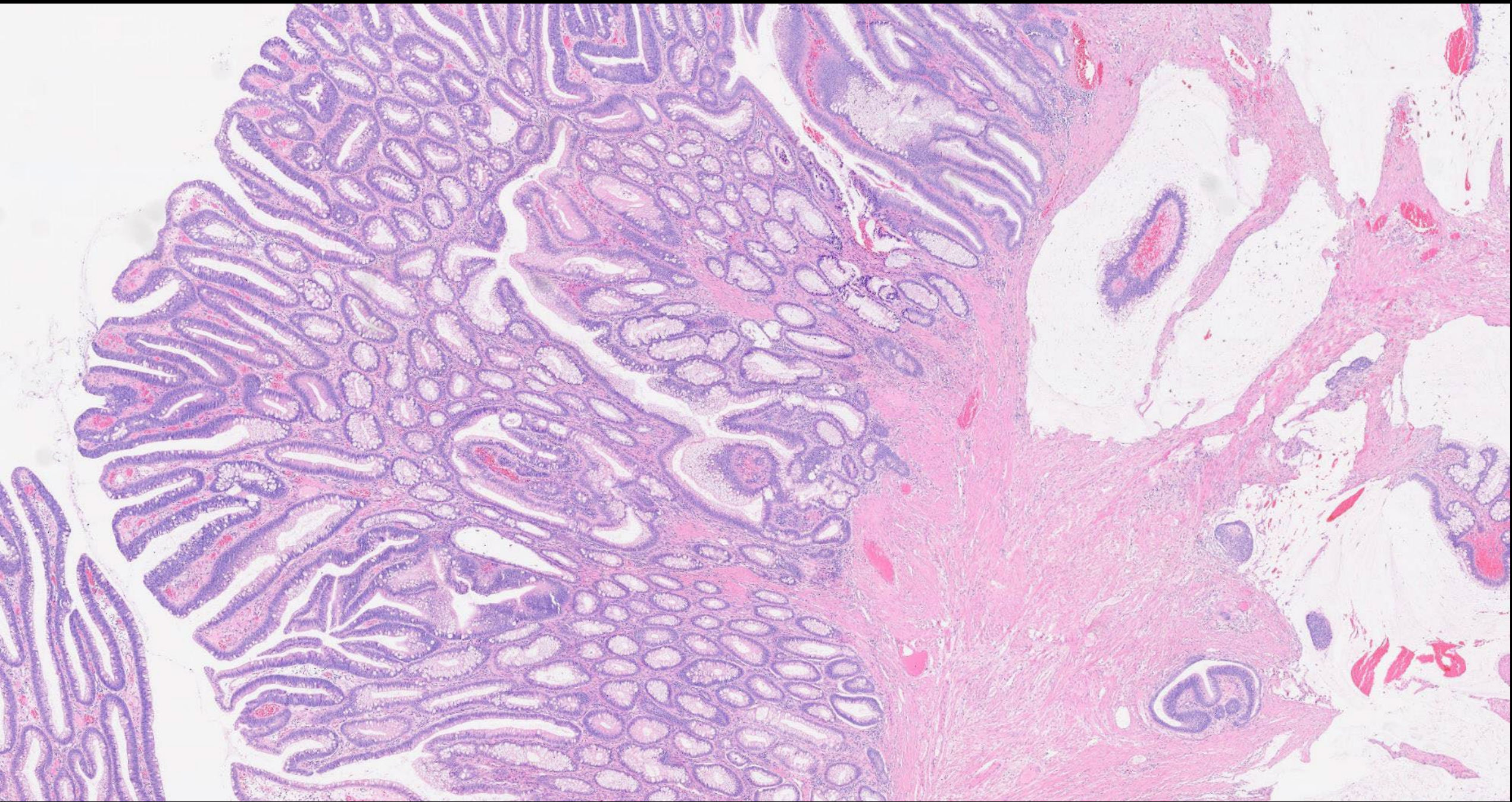


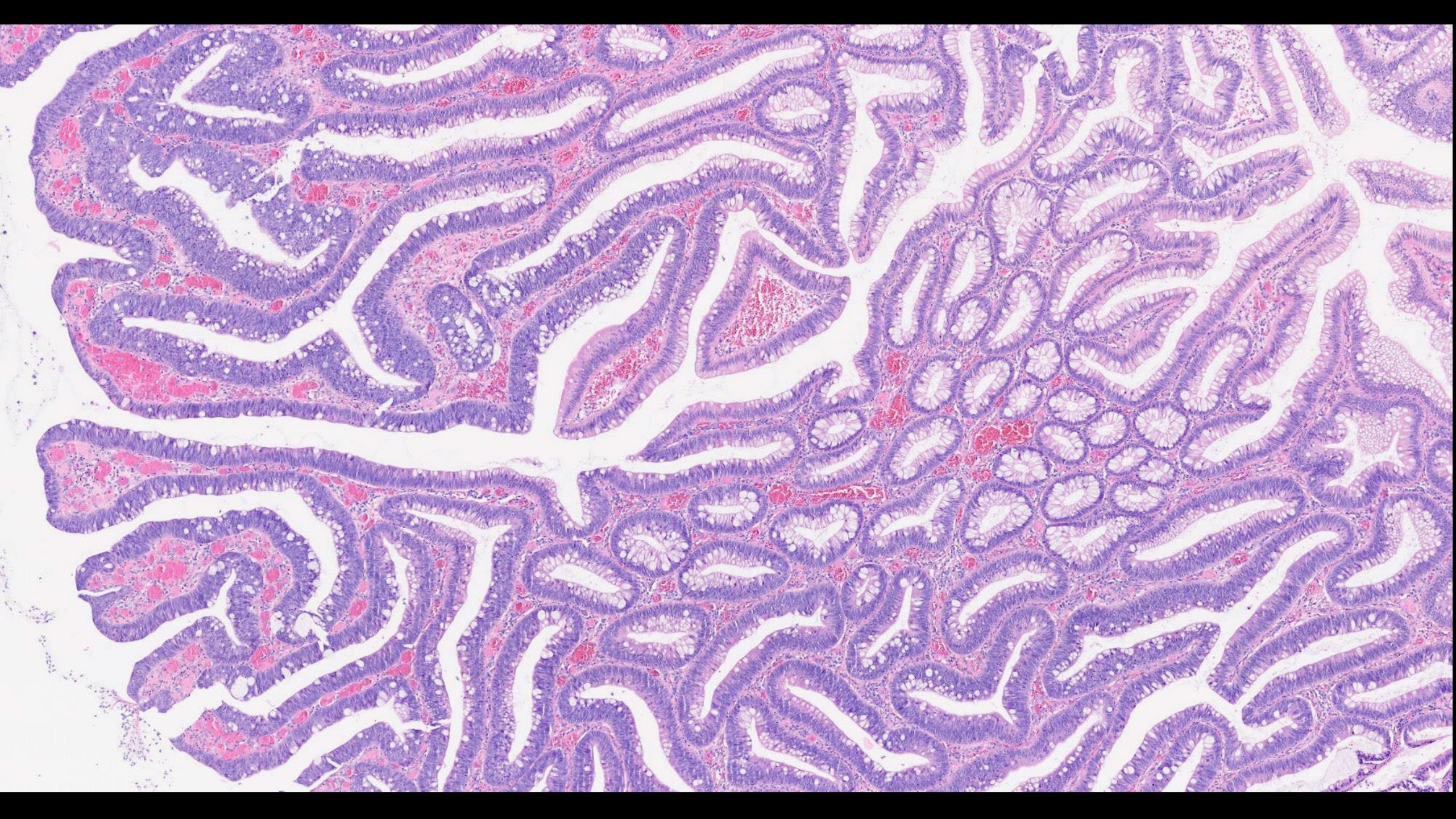
CAS 3

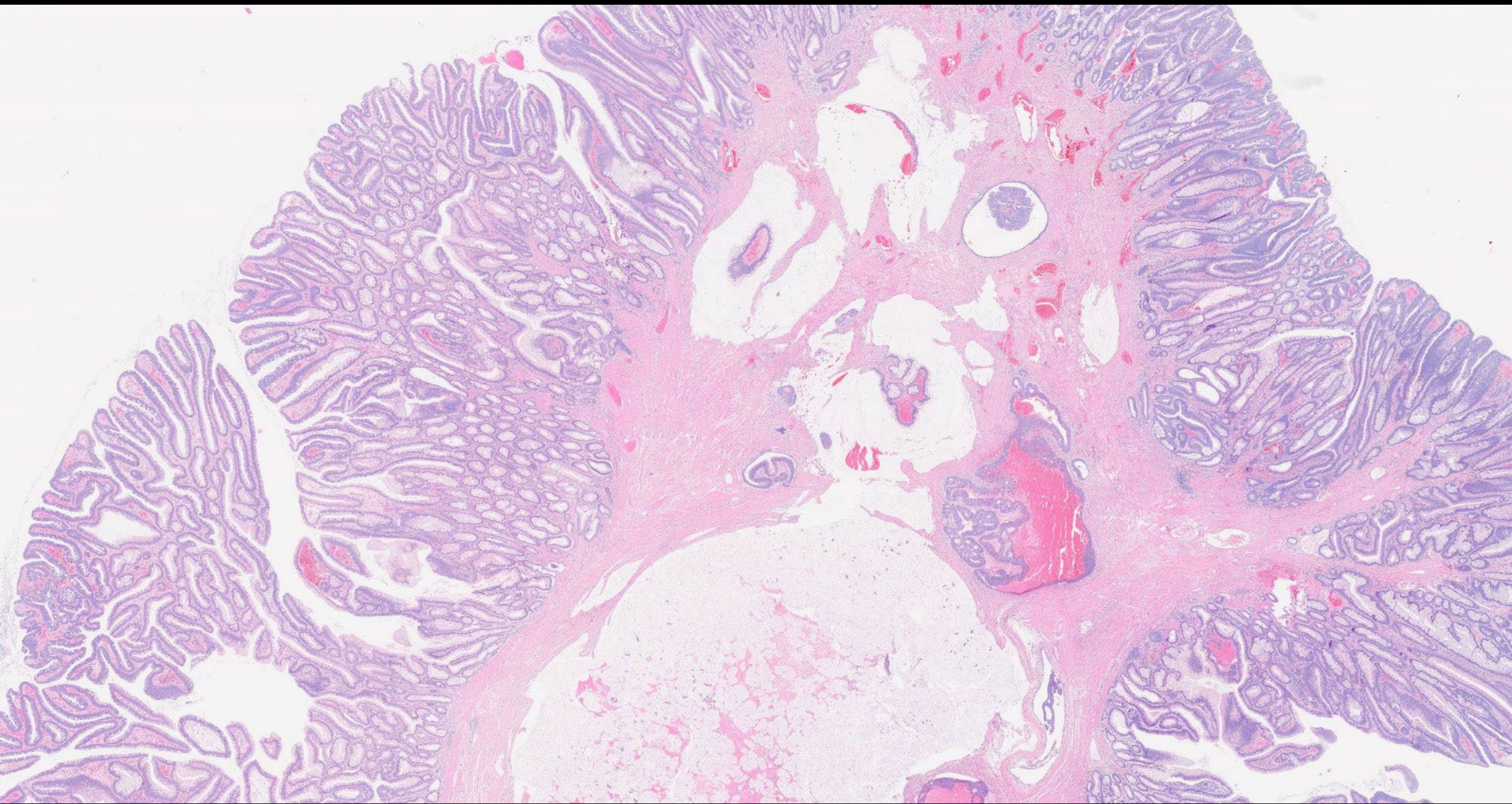


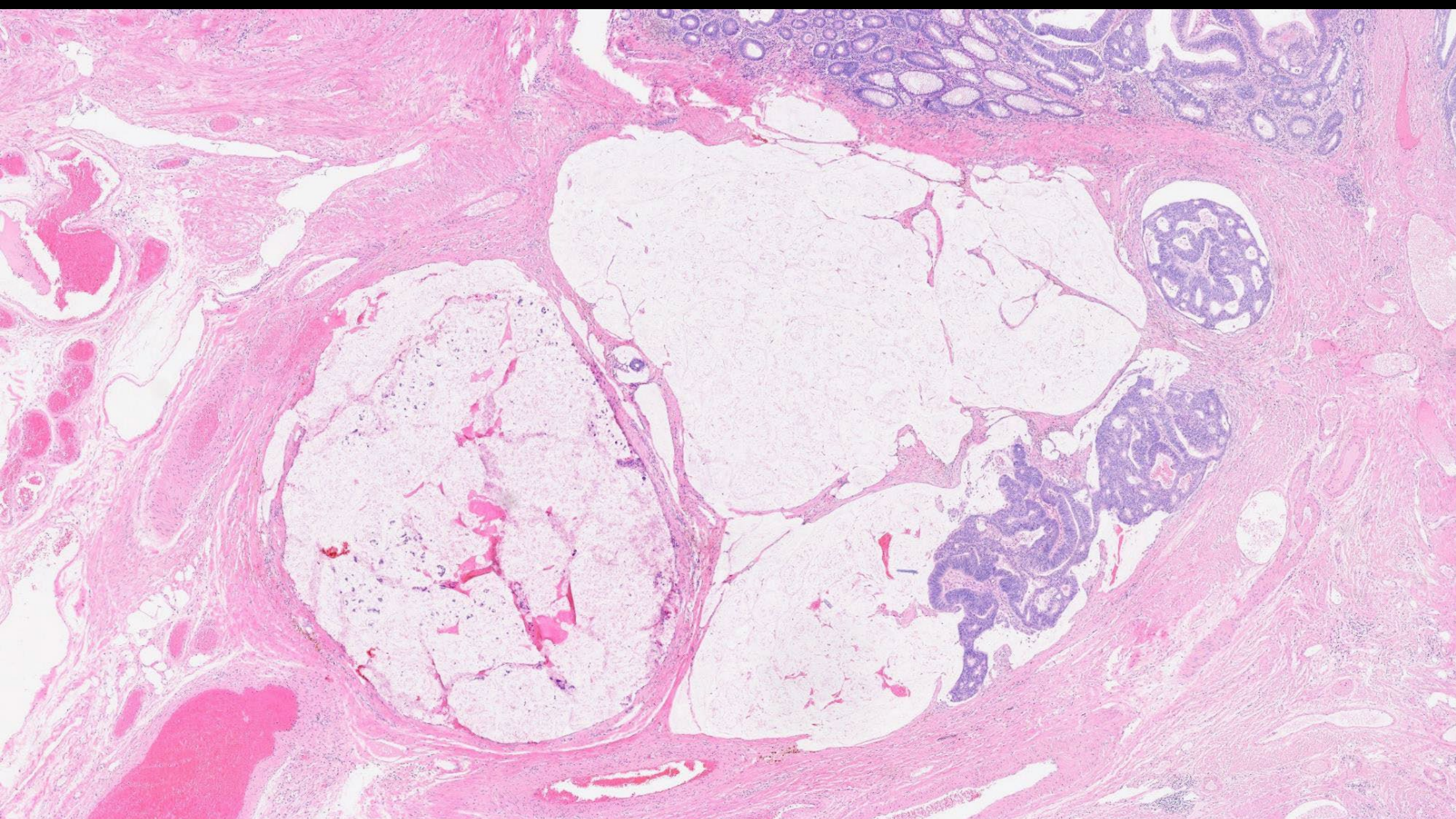
Pòlip pediculat a sigma
de 1,5cm

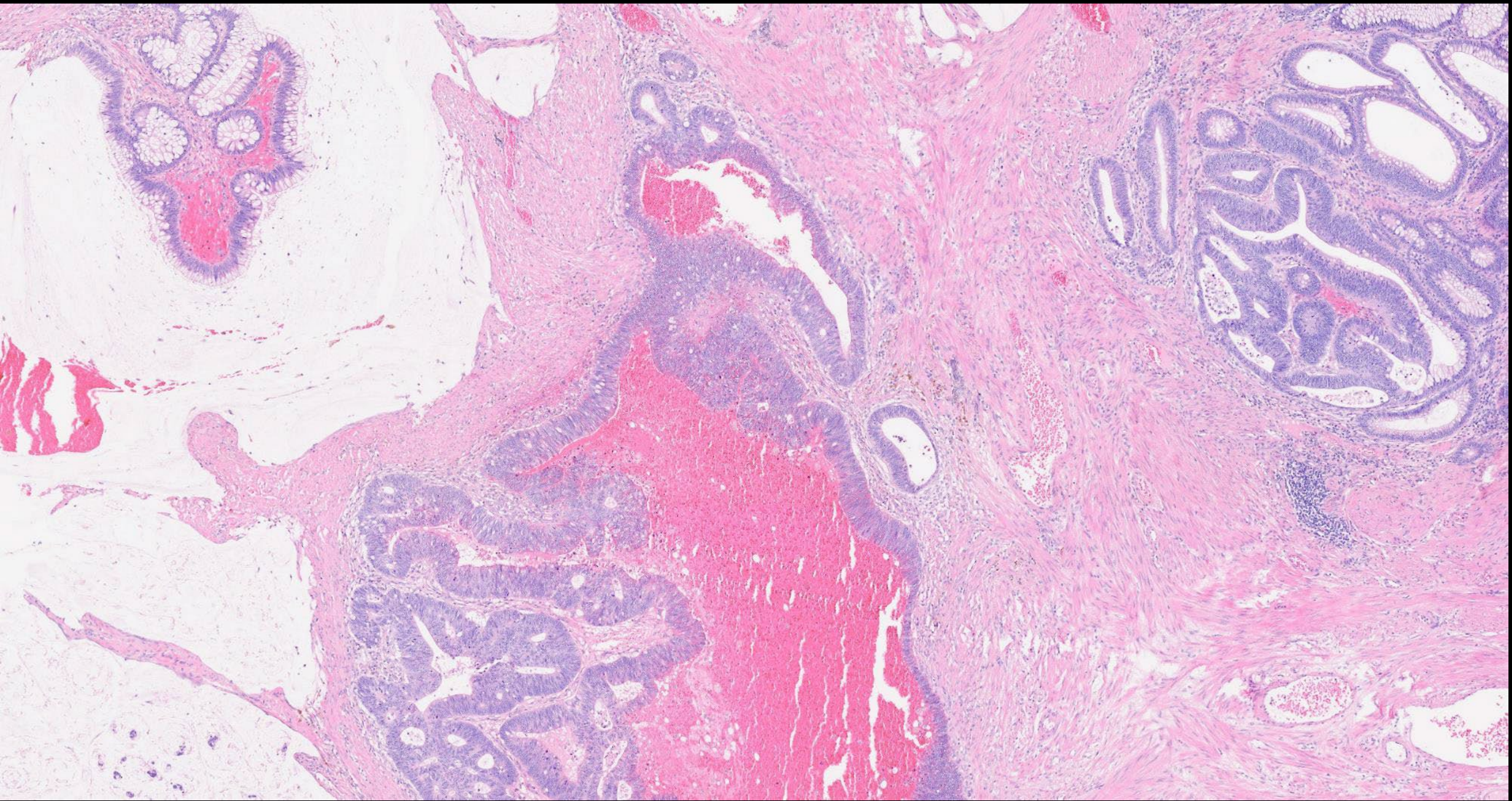


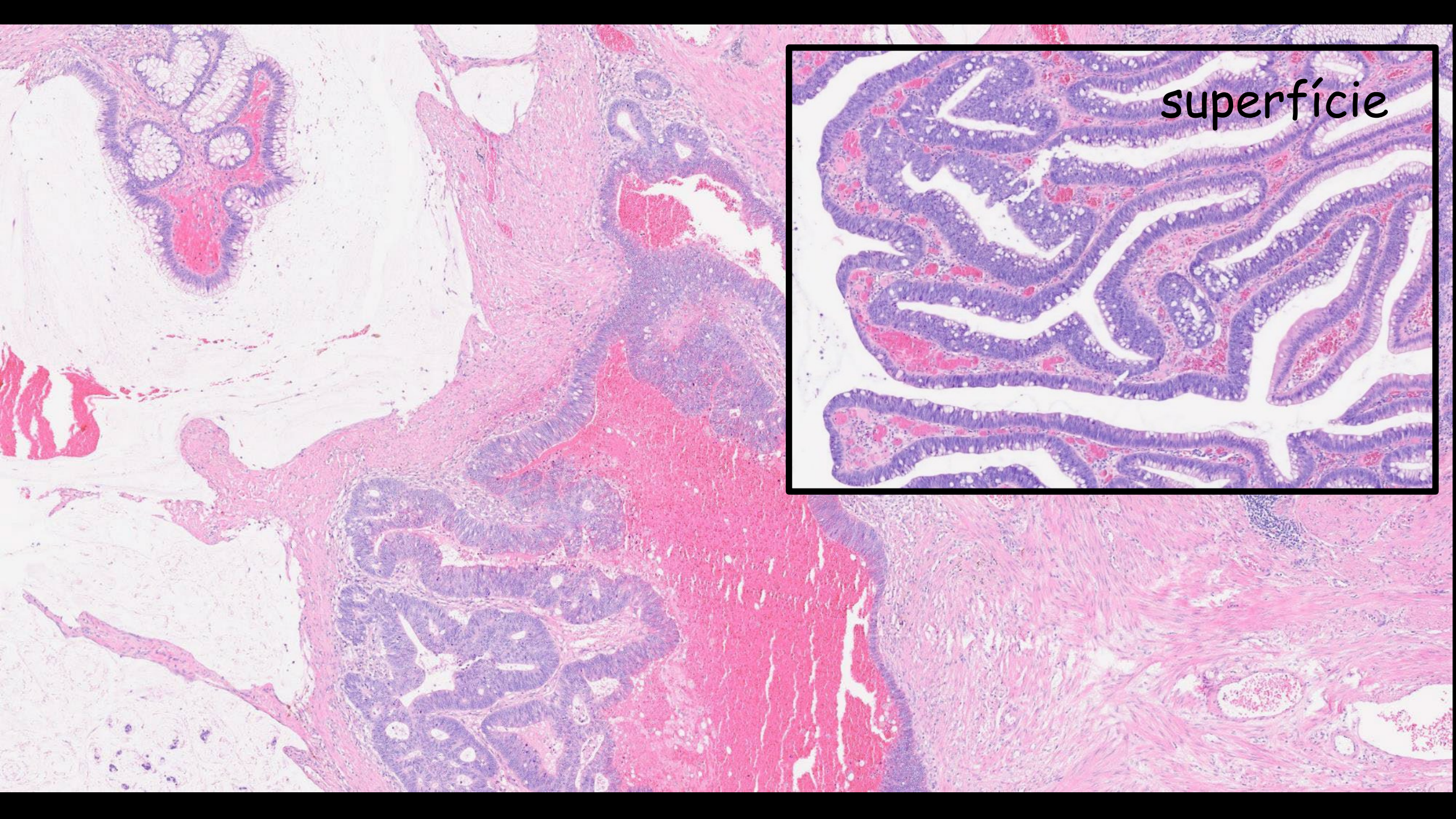




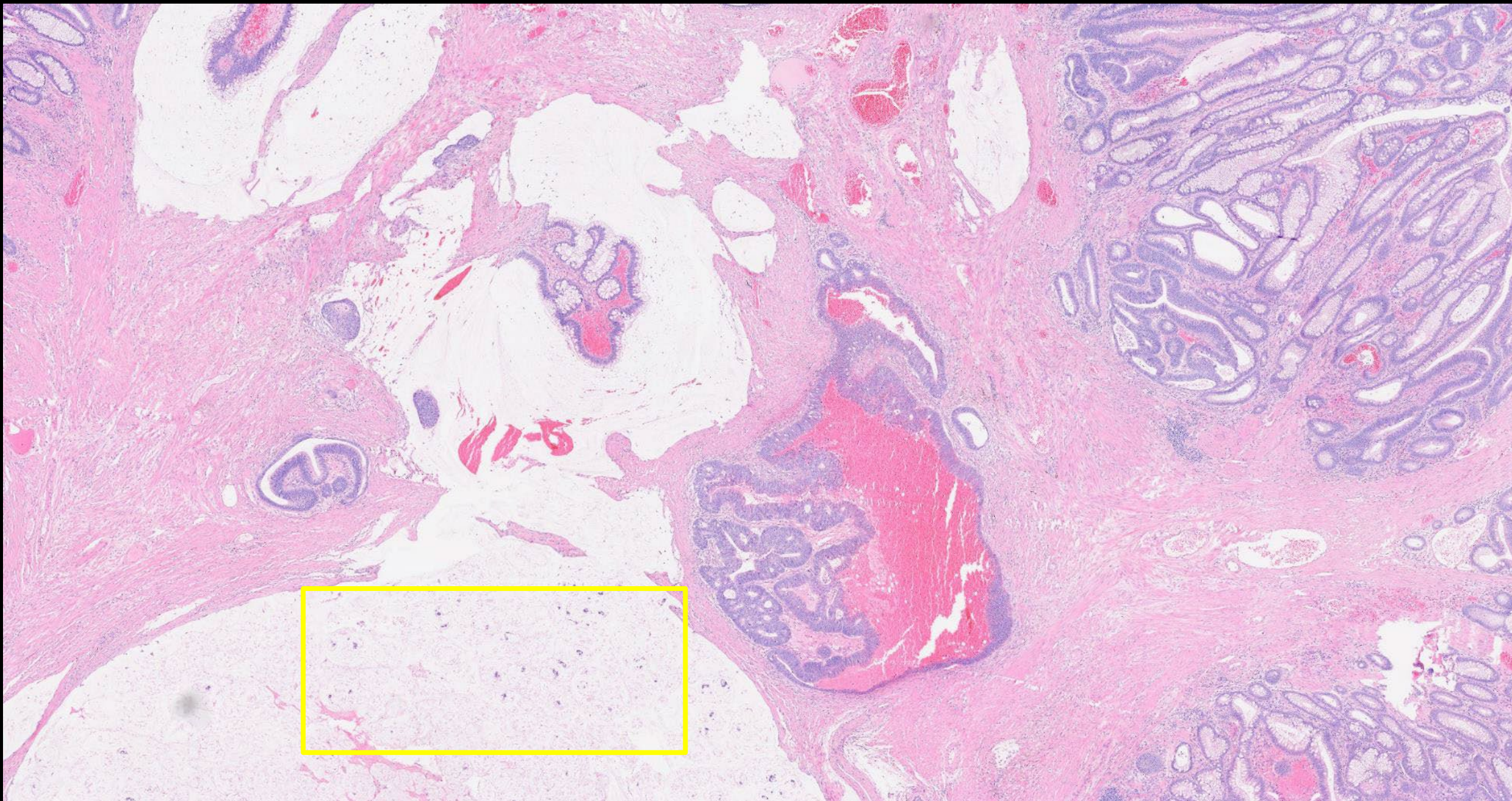


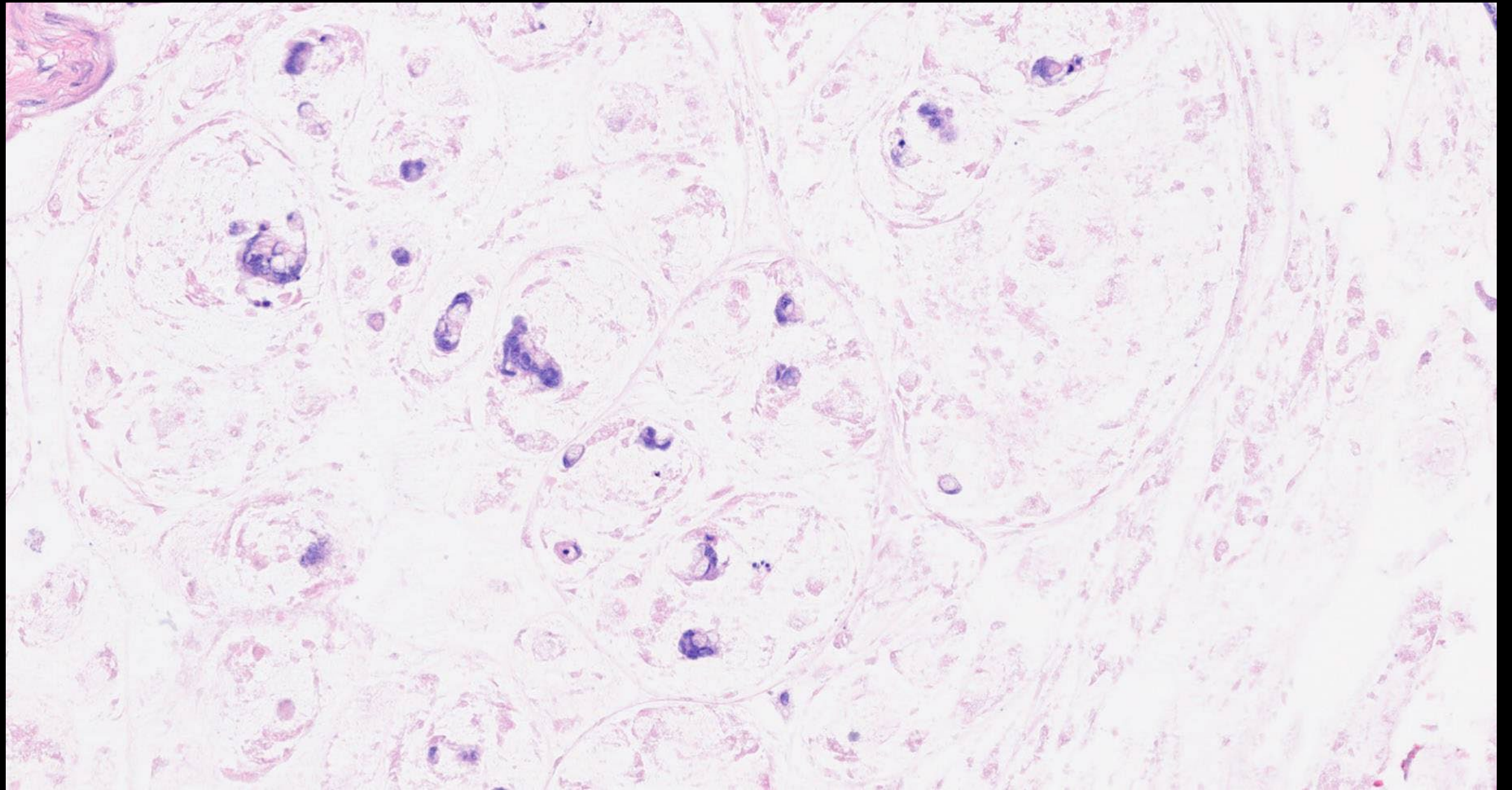


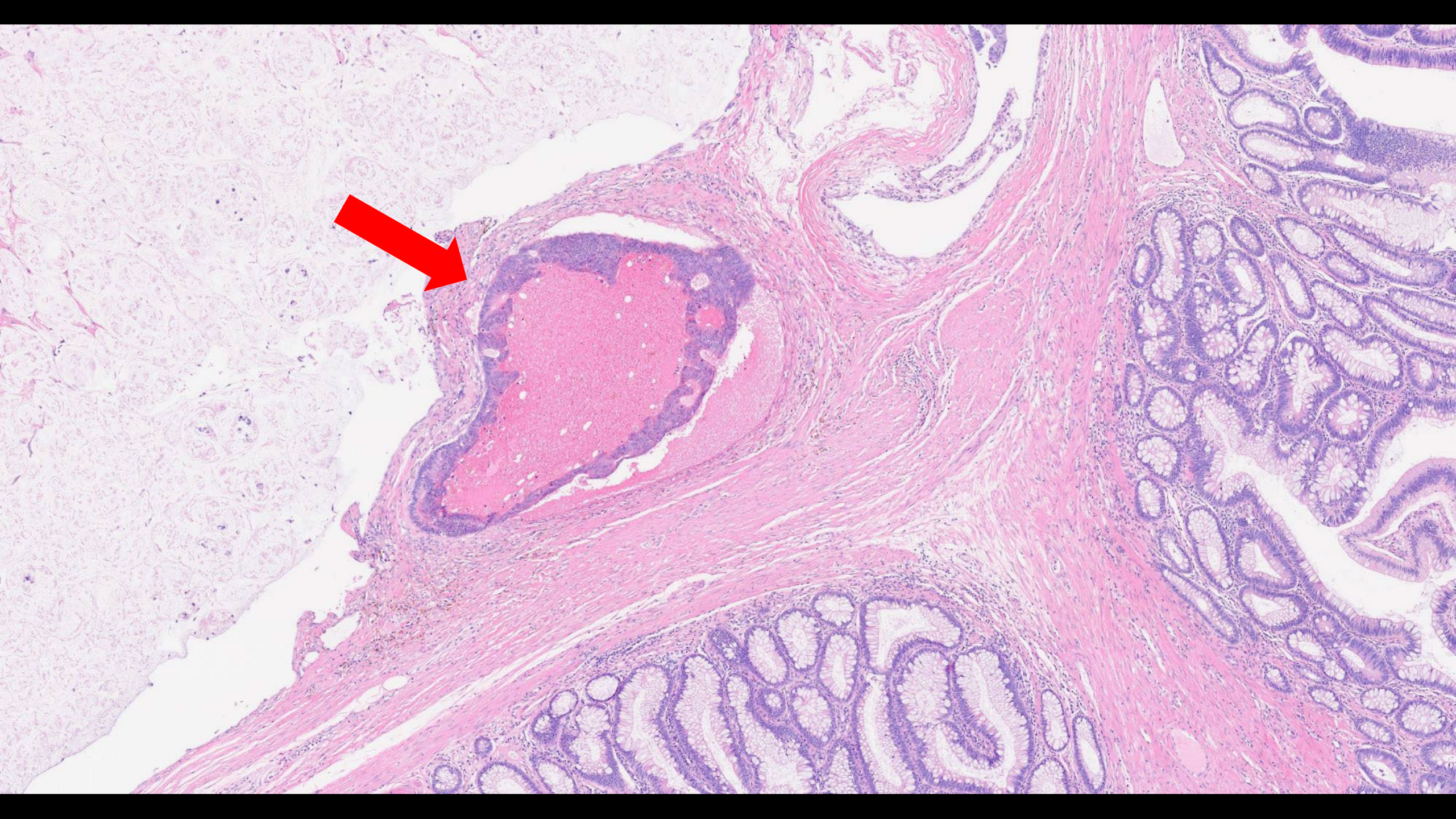


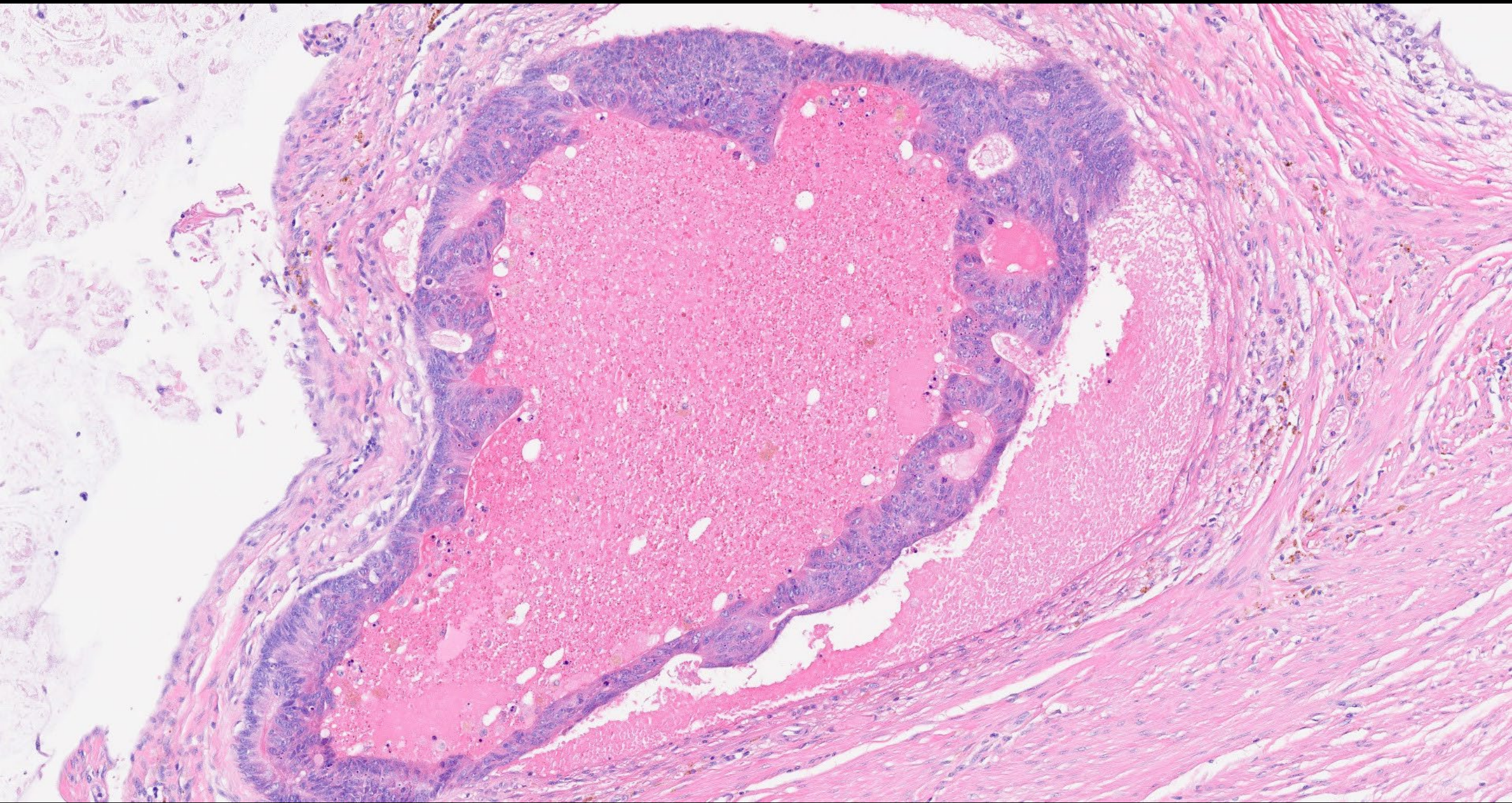


superfície

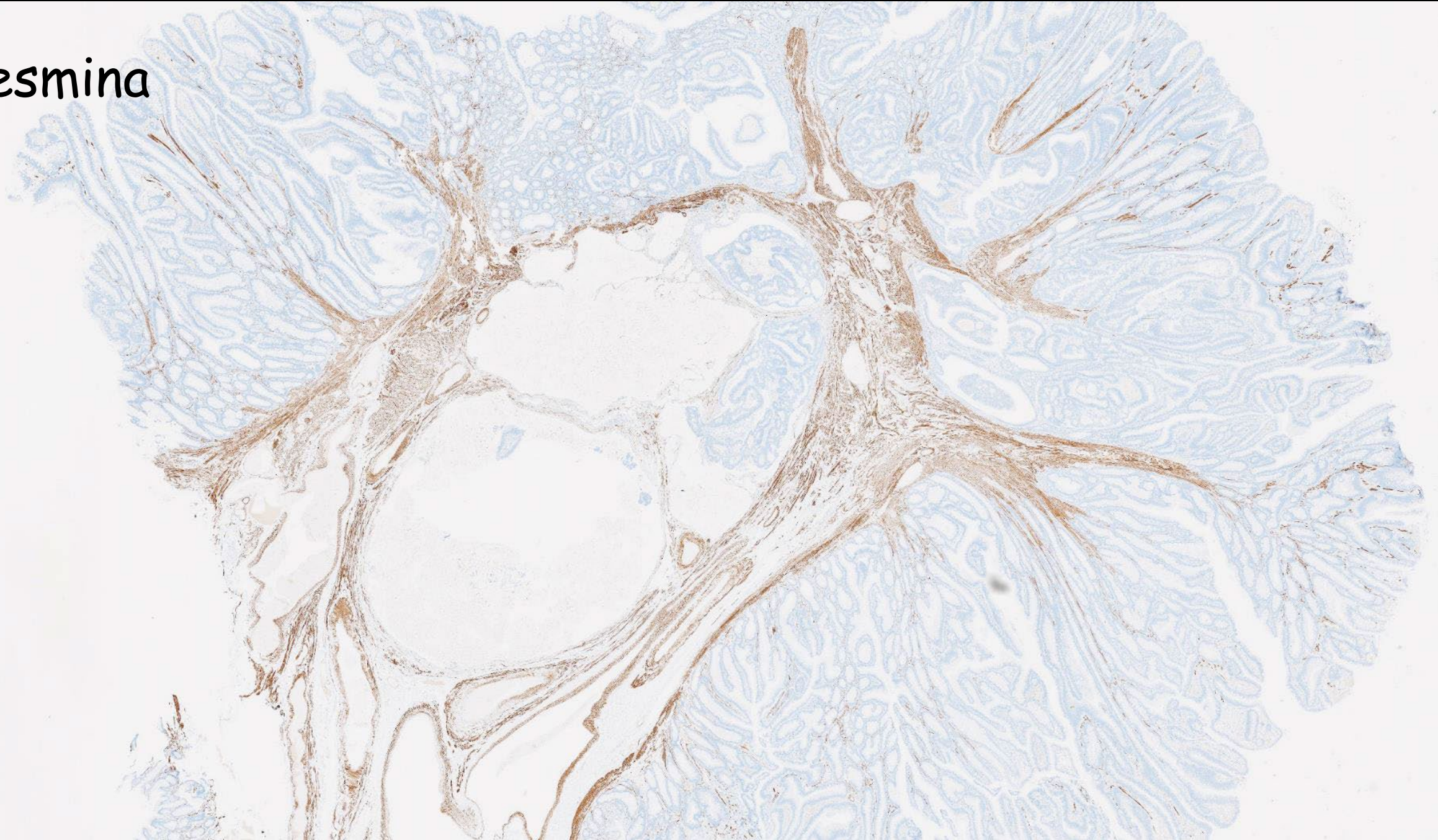




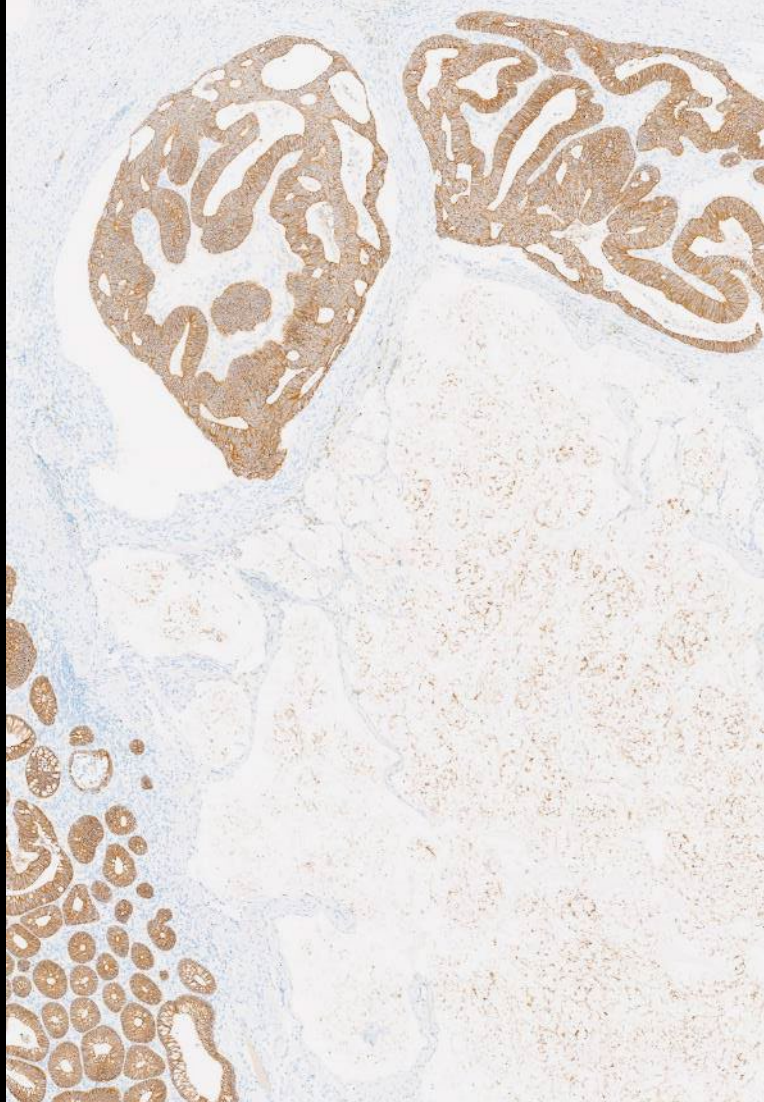




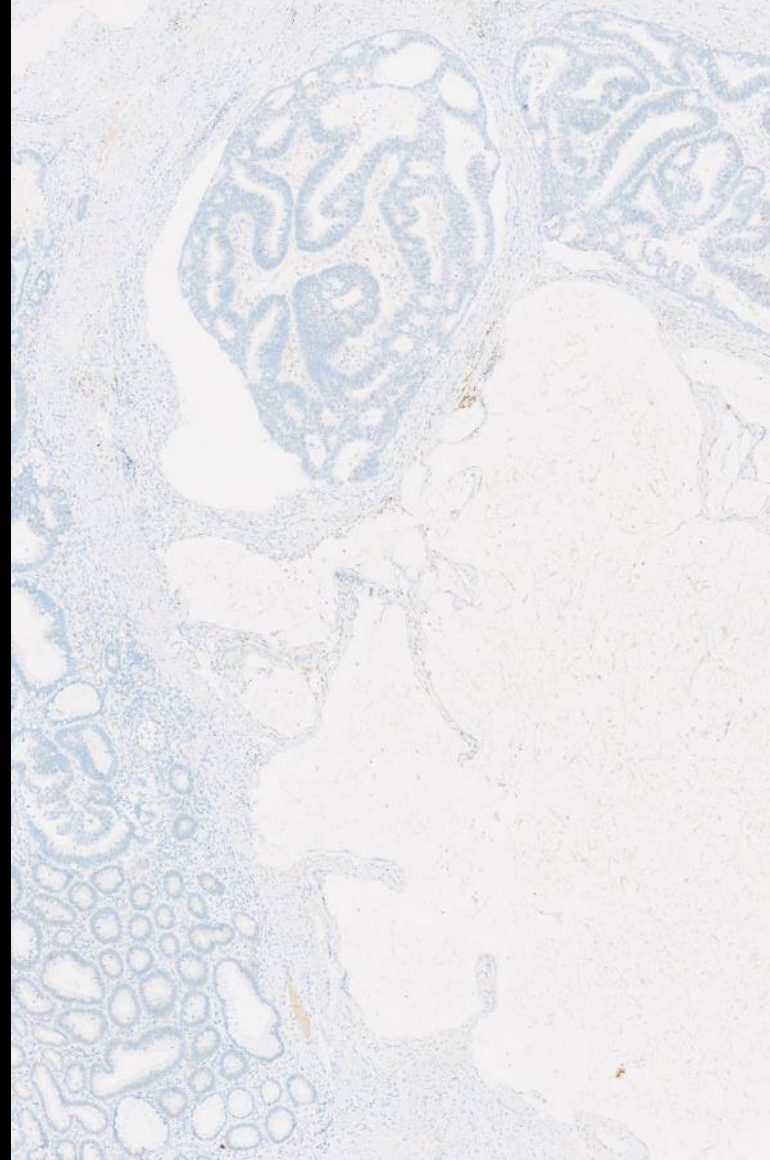
Desmina

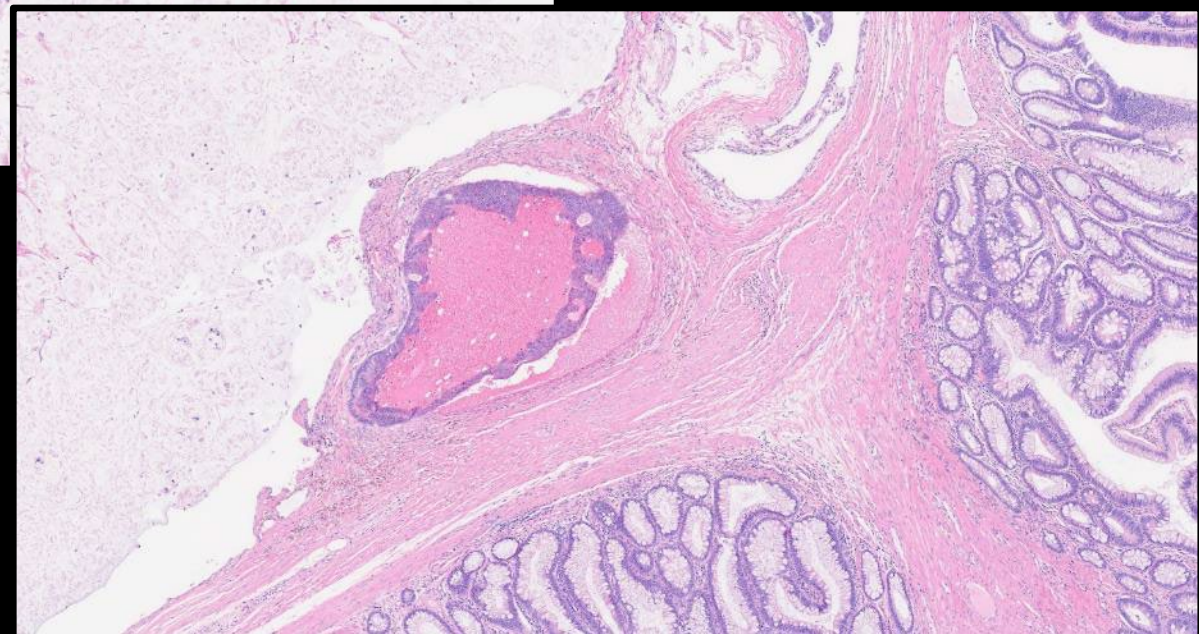
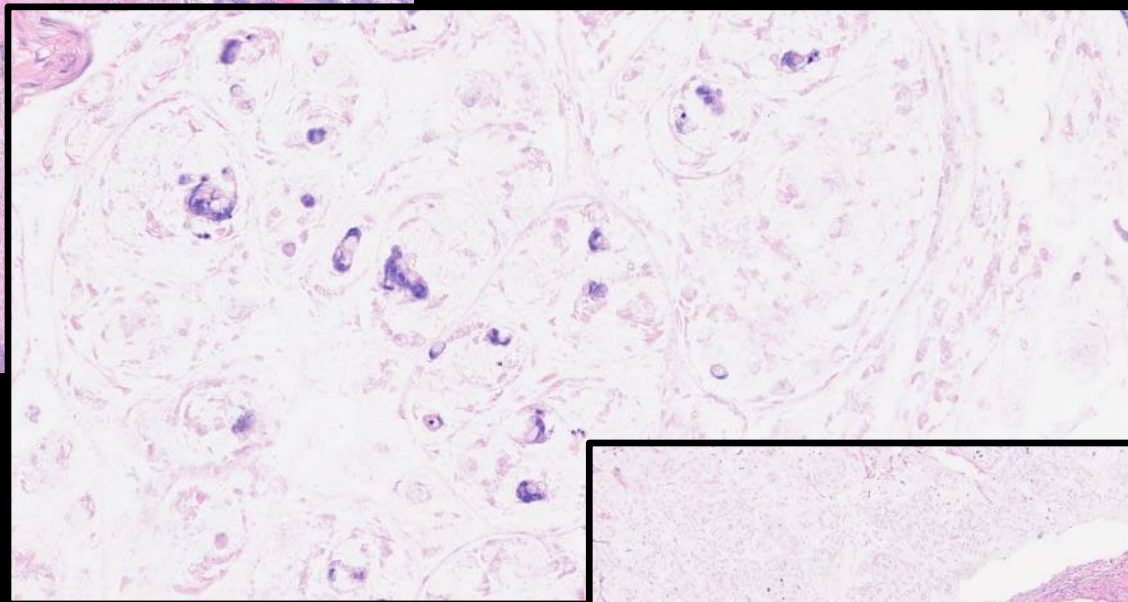
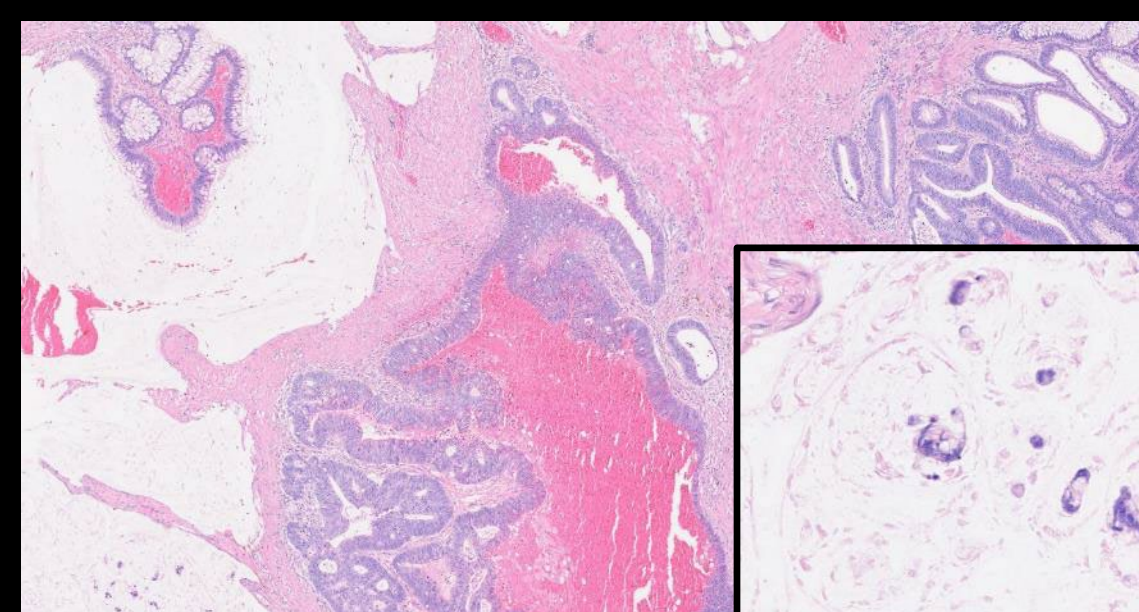


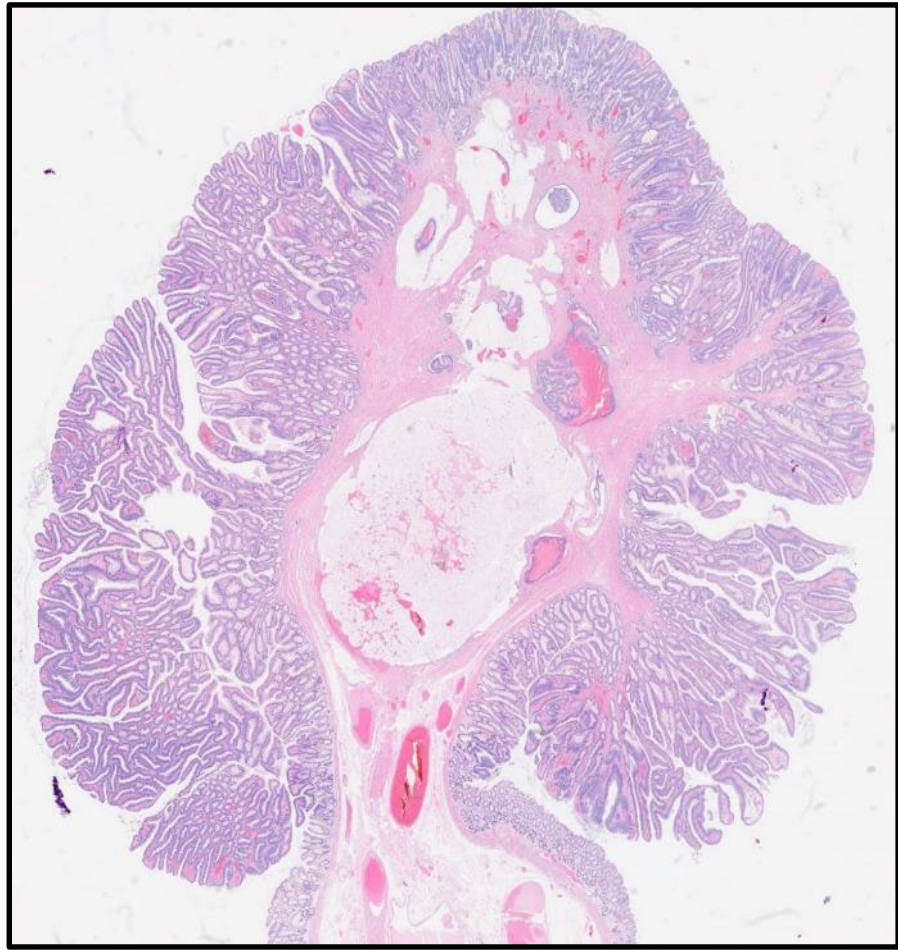
E-Cadherina



p53







- Adenocarcinoma *infiltrant submucosa* (pT1)
- Marge lliure

Pseudo-carcinomatous invasion in adenomatous polyps of the colon and rectum

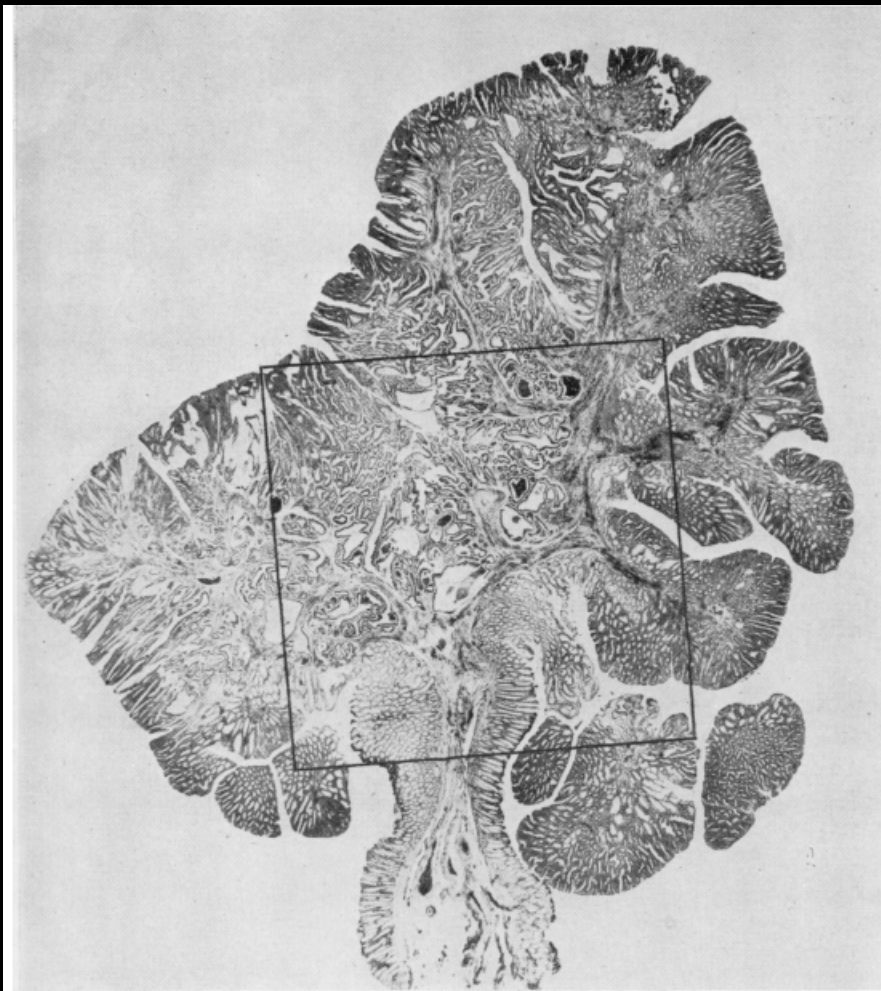
T. MUTO, H. J. R. BUSSEY, AND B. C. MORSON

From St Mark's Hospital, London

SYNOPSIS The histology of pseudo-carcinomatous invasion in adenomatous polyps of the colon and rectum is described and the appearances are contrasted with those seen in malignant polyps.

The recognition of pseudo-carcinomatous invasion is important in the differential diagnosis of benign and malignant polyps of the large bowel. Failure to distinguish it from carcinoma may lead to wrong treatment and false reports of the incidence and prognosis of cancer of the colon and rectum.

The evidence suggests that pseudo-carcinomatous invasion may be the result of repeated twisting of the stalk of a polyp which causes haemorrhage and this facilitates the passage of non-malignant adenomatous epithelium through the muscularis mucosae.

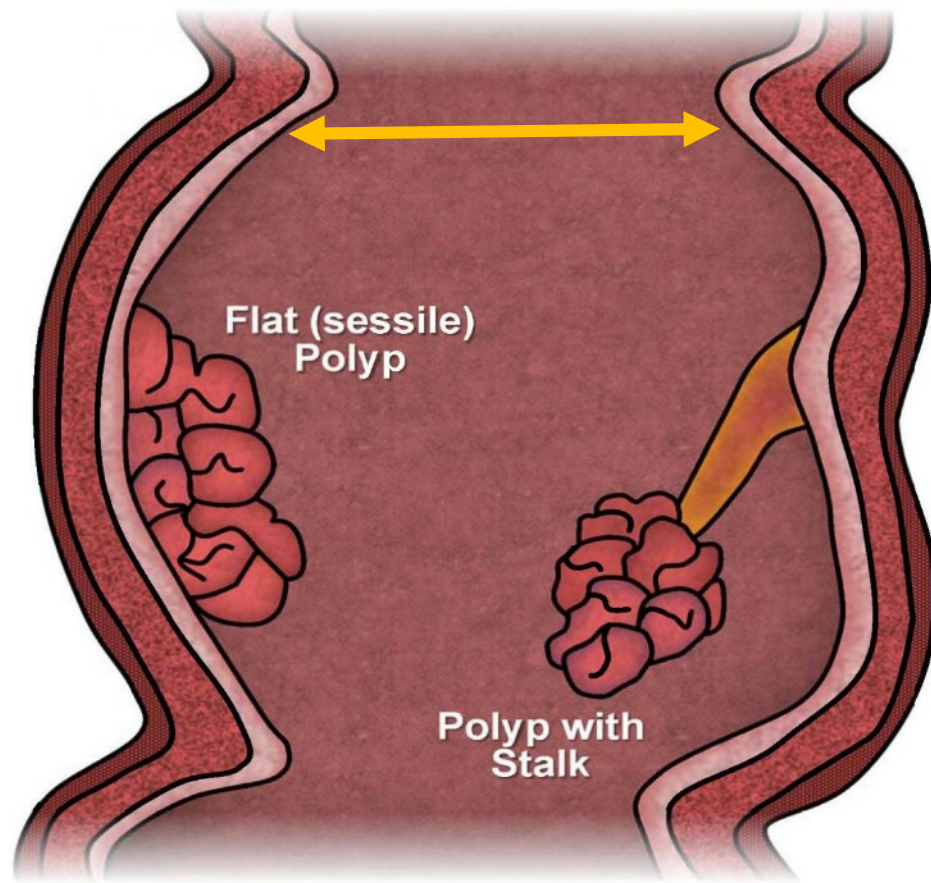


SITE OF THE POLYPS

The polyps were situated as follows and showed a striking preference for the sigmoid part of the large bowel:

Descending colon	..	..	..	..	..	..	..	5
Sigmoid colon	..	..	..	..	..	..	..	36
Recto-sigmoid	..	..	..	..	..	..	..	7
Rectum	..	..	..	..	..	..	..	8
Total								56

J. Clin. Path, 1973; 26: 25-31



Pseudoinvasió:

- 2-4% pòlips
- Rectosigma (78%)

Microtraumatismes continuats



Ruptures muscularis mucosae



Necrosi epitelial

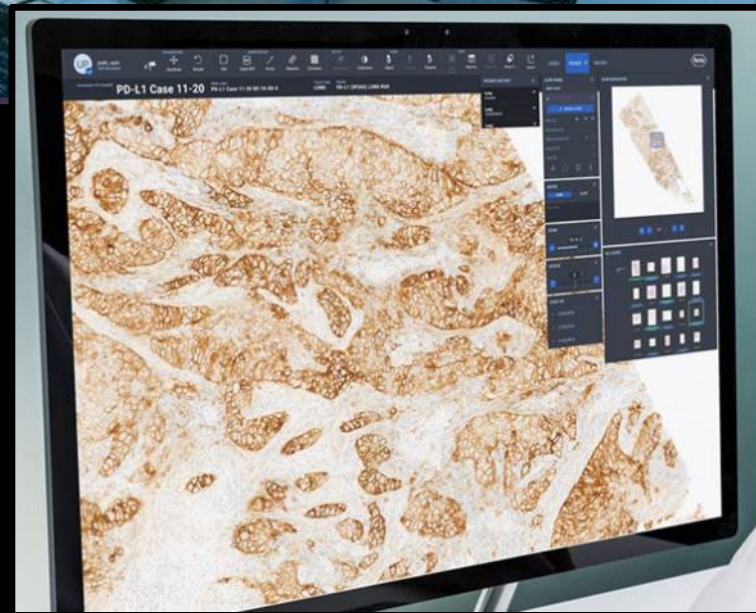
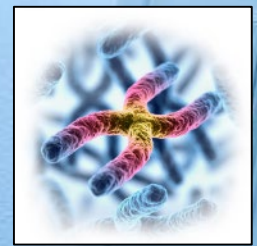
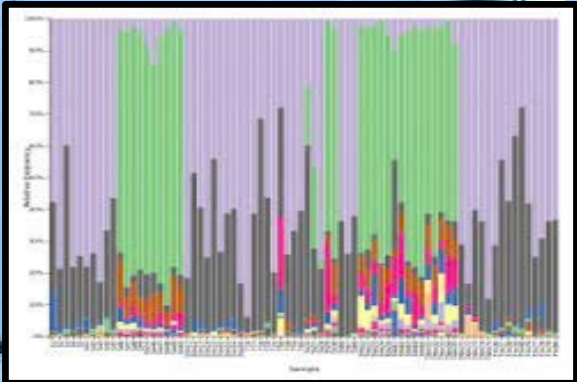
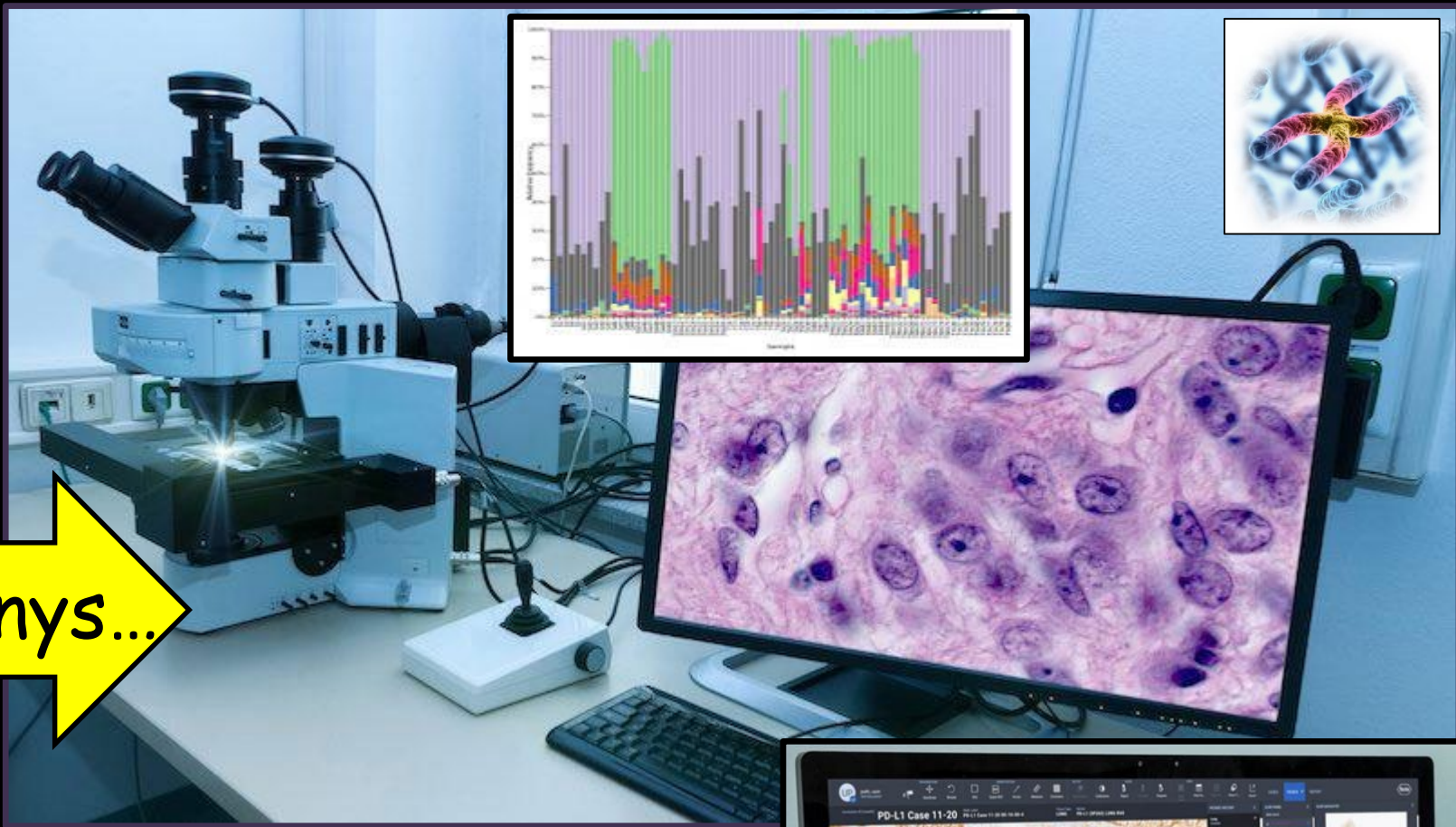


Hemorràgia

Herniació de la mucosa/pseudoinvasió



40 anys...



Dis Colon Rectum **1980**;23:529-35

Pseudocarcinomatous invasion in adenomas of the colon and rectum

A H Qizilbash, M Meghji, M Castelli

Virchows Arch. **2007**;450(5):603-5

Epithelial misplacement in the muscularis propria after biopsy of a colonic adenoma

Gaetano Magro, Giuseppe Aprile, Giuseppe Vallone, Paolo Greco

Mod Pathol **2015**;28:S88-S94

Bowel cancer screening-generated diagnostic conundrum of the century: pseudo-invasion in sigmoid colonic polyps

Neil A Shepherd^{1,2,3} and Rebecca KL Griggs^{2,3}

Mod Pathol **2017**;30:104-112

Diagnosis of T1 colorectal cancer in pedunculated polyps in daily clinical practice: a multicenter study

Am J Surg Pathol **2016**;40(8):1075-83

Diagnostic Challenges Caused by Endoscopic Biopsy of Colonic Polyps

A Systematic Evaluation of Epithelial Misplacement With Review of Problematic Polyps From the Bowel Cancer Screening Program, United Kingdom

Nicole C. Panarelli, MD,* Thusitha Somarathna, MB, BS, MD,† Wade S. Samowitz, MD,‡
Susan Kornacki, MD,§ Scott A. Sanders, MD, FRCPath,||
Marco R. Novelli, MB, ChB, PhD, FRCPath,¶|| Neil A. Shepherd, DM, FRCPath,‡
and Rhonda K. Yantiss, MD||#

Am J Surg Pathol **2018**;00:000

Colonic Adenomatous Polyps Involving Submucosal Lymphoglandular Complexes

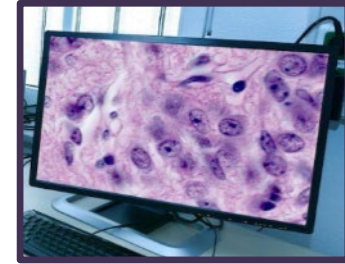
A Diagnostic Pitfall

Hee Eun Lee, MD, PhD, Tsung-Teh Wu, MD, PhD, Vishal S. Chandan, MD,
Michael S. Torbenson, MD, and Taofic Mounajjed, MD

CRITERIS/CARACTERÍSTIQUES HISTOLÒGIQUES ASSOCIADES A PSEUDOINVASIÓ:



=



- Arquitectura lobulada
- Macròfags hemosiderina/hemorràgia recent
- Criptes i llacs de moc rodejats per làmina propia/eosinòfils
- Absència de desmoplàsia
- Mateix grau de displàsia que en epiteli de superfície

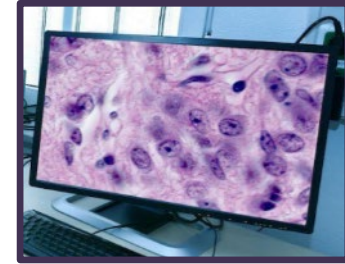
TÈCNIQUES IHQ QUE PODEN AJUDAR :

Adk invasiu: E-cadherina ↓ , col·làgen IV ↓ , p53 ↑

CRITERIS/CARACTERÍSTIQUES HISTOLÒGIQUES ASSOCIADES A PSEUDOINVASIÓ:



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TÈCNIQUES IHQ QUE PODEN AJUDAR :

Adk invasiu: E-cadherina ↓ , col·làgen IV ↓ , p53 ↑



Invasive carcinoma versus pseudoinvasion: interobserver variability in the assessment of left- sided colorectal polypectomies

Michael Lee ¹, Satoru Kudose, ¹ Armando Del Portillo, ¹ Huaibin Mabel Ko, ²
Hwajeong Lee ³, Meredith E Pittman, ⁴ Marcela A Salomao, ⁵ Antonia R Sepulveda, ¹
Stephen M Lagana ¹

J Clin Pathol 2021;0:1-5

Histopathological features	κ (95% CI)
Desmoplasia	0.70 (0.63 to 0.77)
High grade dysplasia/IMC	0.66 (0.61 to 0.72)
Resection margin status	0.65 (0.58 to 0.72)
Invasive adenocarcinoma	0.63 (0.56 to 0.70)
Hemosiderin in stroma	0.53 (0.46 to 0.60)
Pseudoinvasion/epithelial misplacement	0.50 (0.43 to 0.57)
Lamina propria/eosinophils around glands	0.12 (0.05 to 0.19)



κ statistics – Landis and Koch scale (κ values: <0: poor agreement, 0.01–0.20: slight agreement, 0.21–0.40: fair agreement, 0.41–0.60: moderate agreement, 0.61–0.80: substantial agreement and >0.80: nearly perfect agreement).
IMC, intramucosal carcinoma.

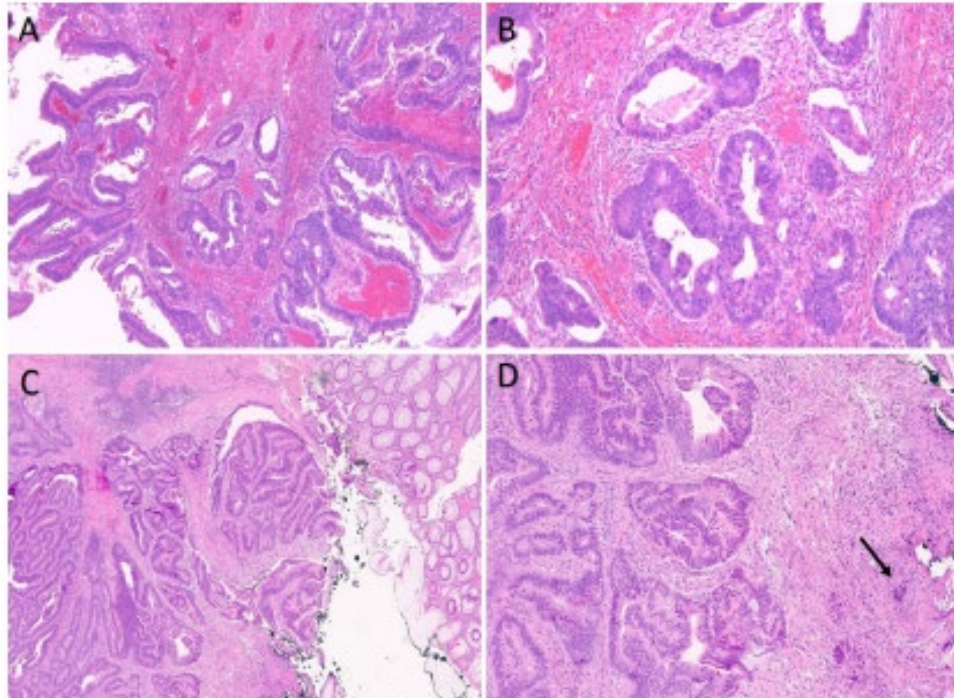
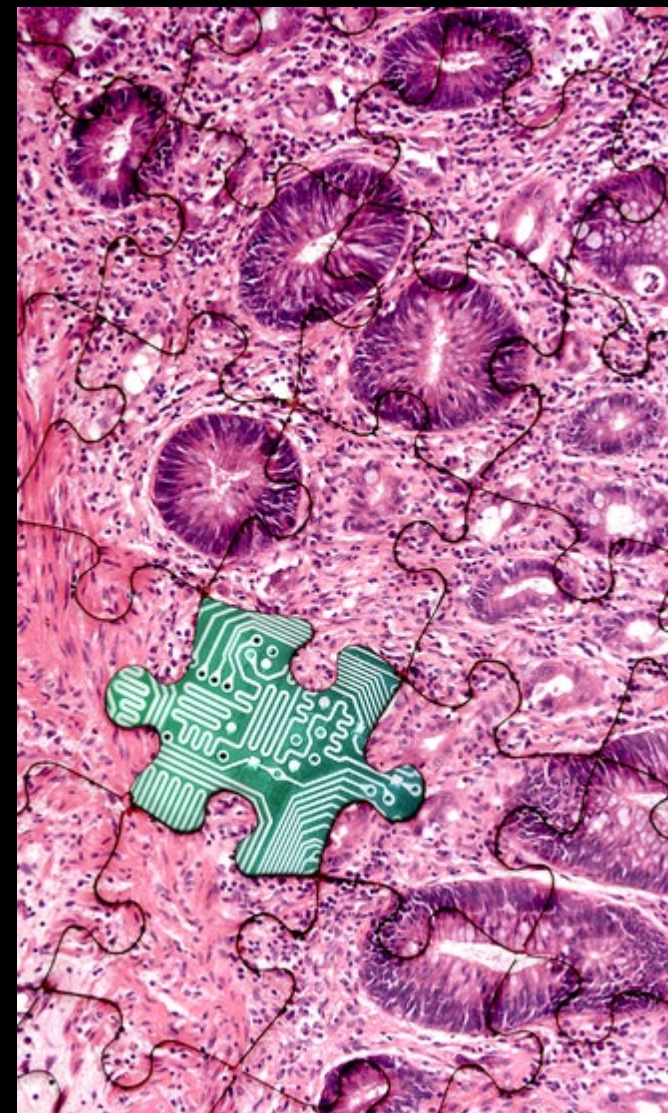


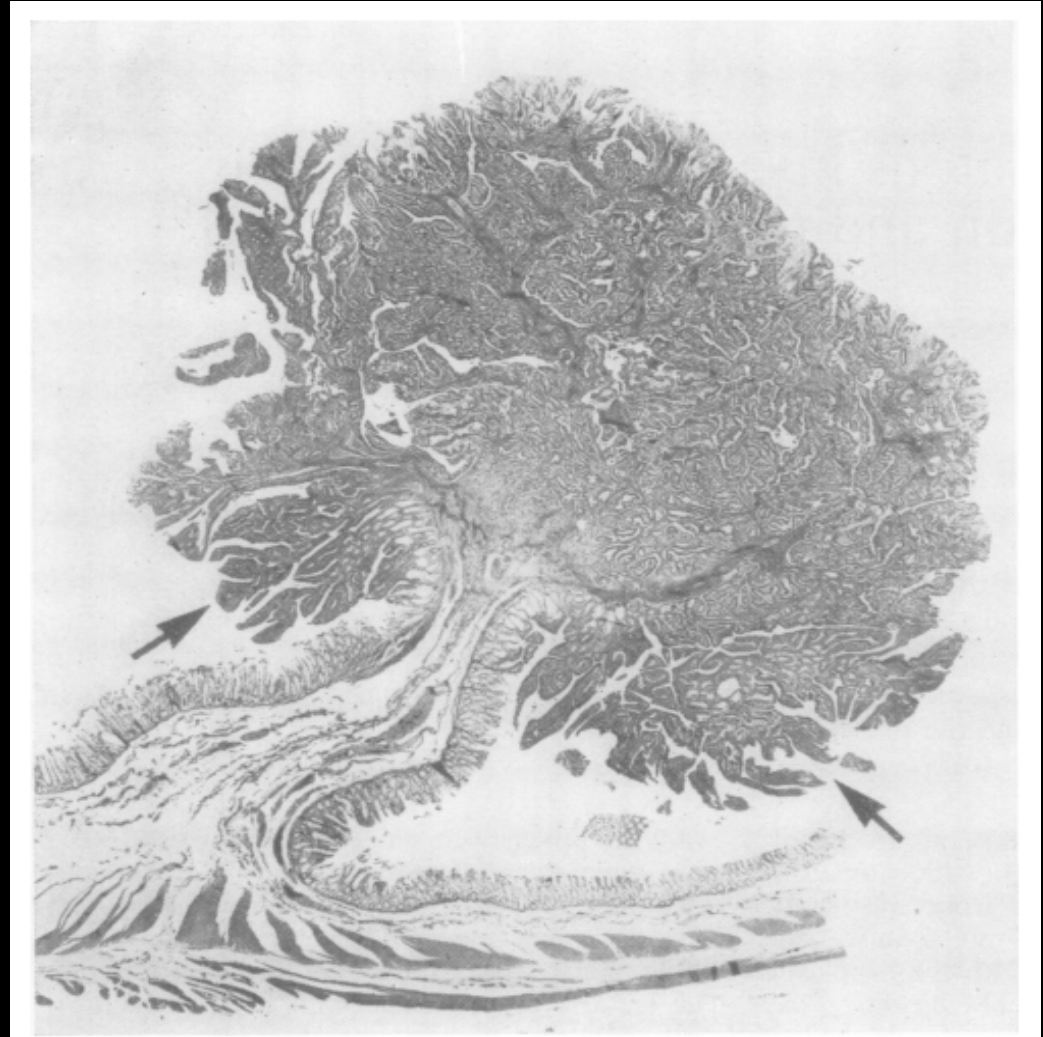
Figure 2 Two cases with a high level of interobserver variability and low agreement. While there is a lobulated architecture with surrounding lamina propria and eosinophils, there is also severe cytological atypia and a glandular profile with retraction (A and B, 4x and 10x magnification, H&E stain). Case 2 shows a lobulated group of glands at the cauterised, inked resection margin of a polypectomy (C, 4x magnification, H&E stain). Lobulated architecture suggests benignity. On higher power, there is squamous metaplasia and a focus of small, angulated glands concerning for carcinoma; however, these are both crushed and cauterised (D, black arrow, 20x magnification, H&E stain). Case 2 was classified as pseudoinvasion by two pathologists; however, the patient developed subsequent metastases to the liver.

Take home messages

- ▶ Pseudoinvasion in adenomas can occasionally be difficult to distinguish from invasive adenocarcinoma. We evaluated interobserver variability in the assessment of left-sided colon polypectomies for pseudoinvasion versus invasive adenocarcinoma.
 - ▶ Agreement among pathologists was substantial for desmoplasia ($\kappa=0.70$) and invasive adenocarcinoma ($\kappa=0.63$). There was moderate agreement for prolapse/pseudoinvasion ($\kappa=0.50$).
 - ▶ Among experienced gastrointestinal pathologists, evaluation of left-sided colon polyps for pseudoinvasion versus invasive carcinoma is relatively reproducible, but room for improvement remains.
- ➔ Until a more readily applicable gold standard than the rare event of metastatic disease in the setting of a superficially invasive polyp, we suggest sampling deeply into the block and soliciting additional opinions.



Gràcies
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