

# ThinPrep® - Morphologie

Auffällige zytologische Befunde



# ThinPrep<sup>®</sup> - Charakteristika

- Flüssigfixierung
- Zellgröße
- Abstrichmuster
- Präparatehintergrund
- Ähnlichkeiten >>> Unterschiede

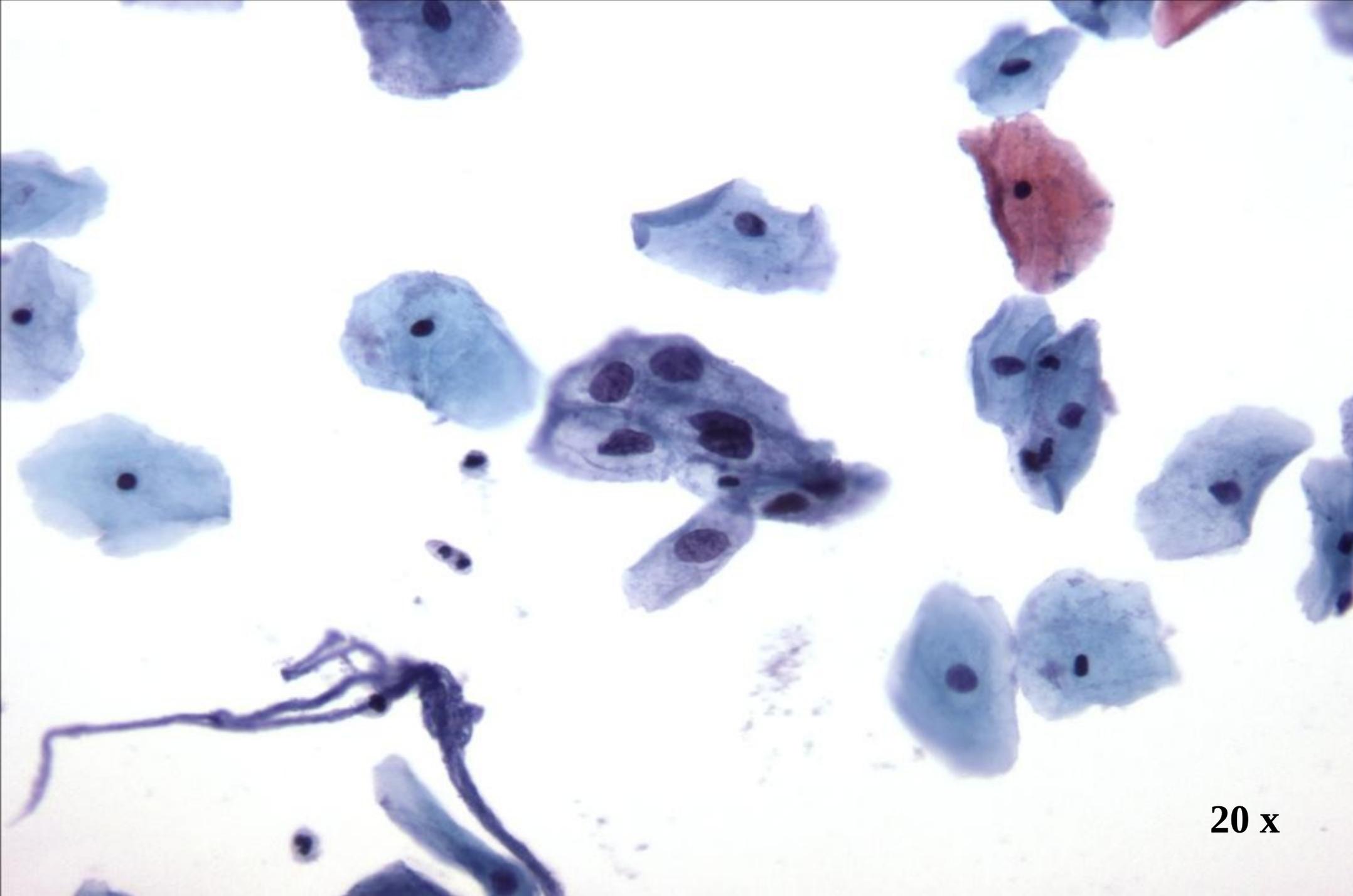


# Auffällige zytologische Befunde– Plattenepithel

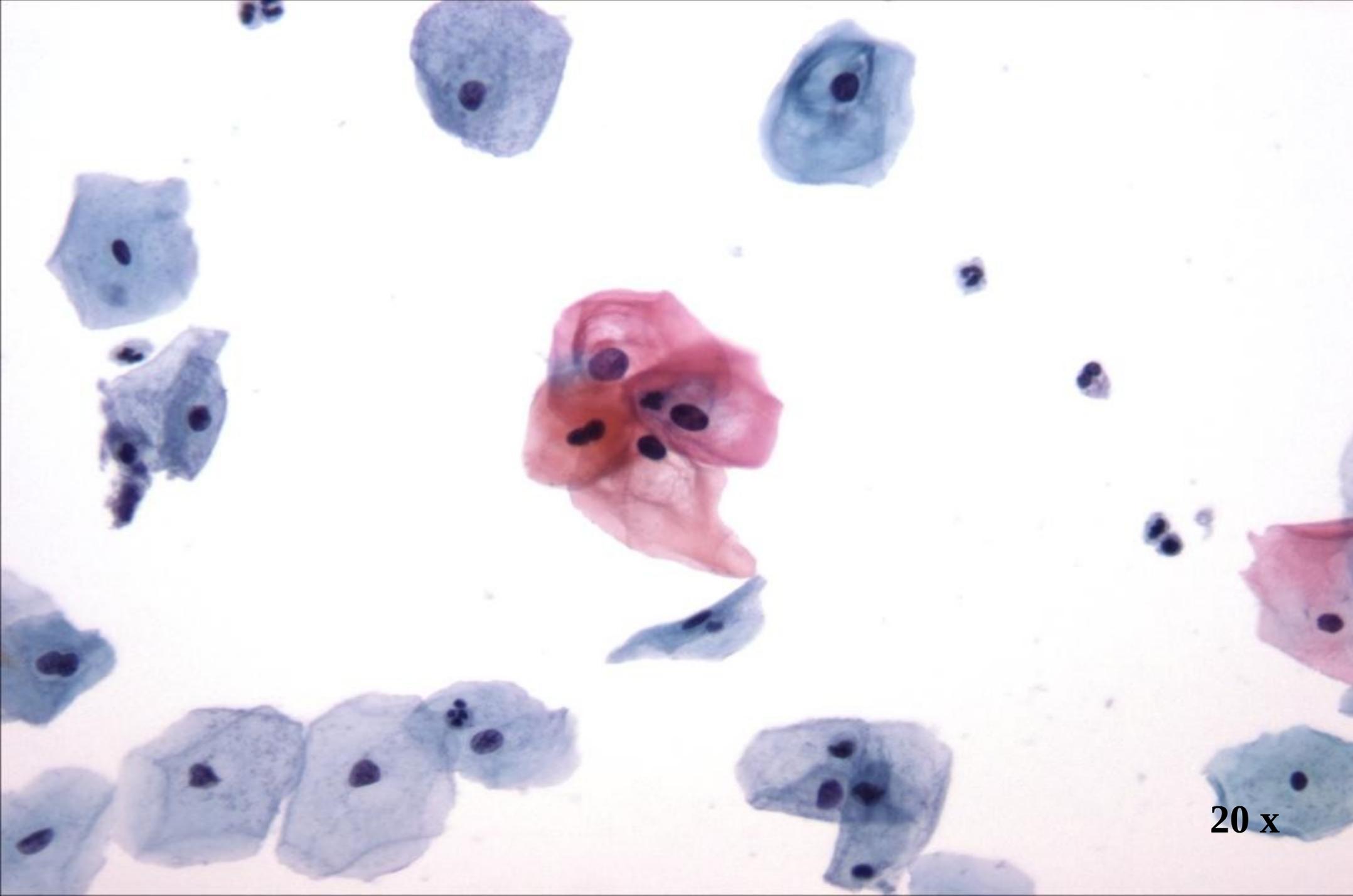
ASC-US (≈ Pap II mit Kommentar / Pap  
liw, ggf Pap III)

- Kommen in Verbänden oder einzeln vor
- Kerne  $2^{1/2}$ -3x Intermediärzellkern
- Gleichmäßige Chromatinverteilung
- Abnahme der Häufigkeit von Präparationsartefakten

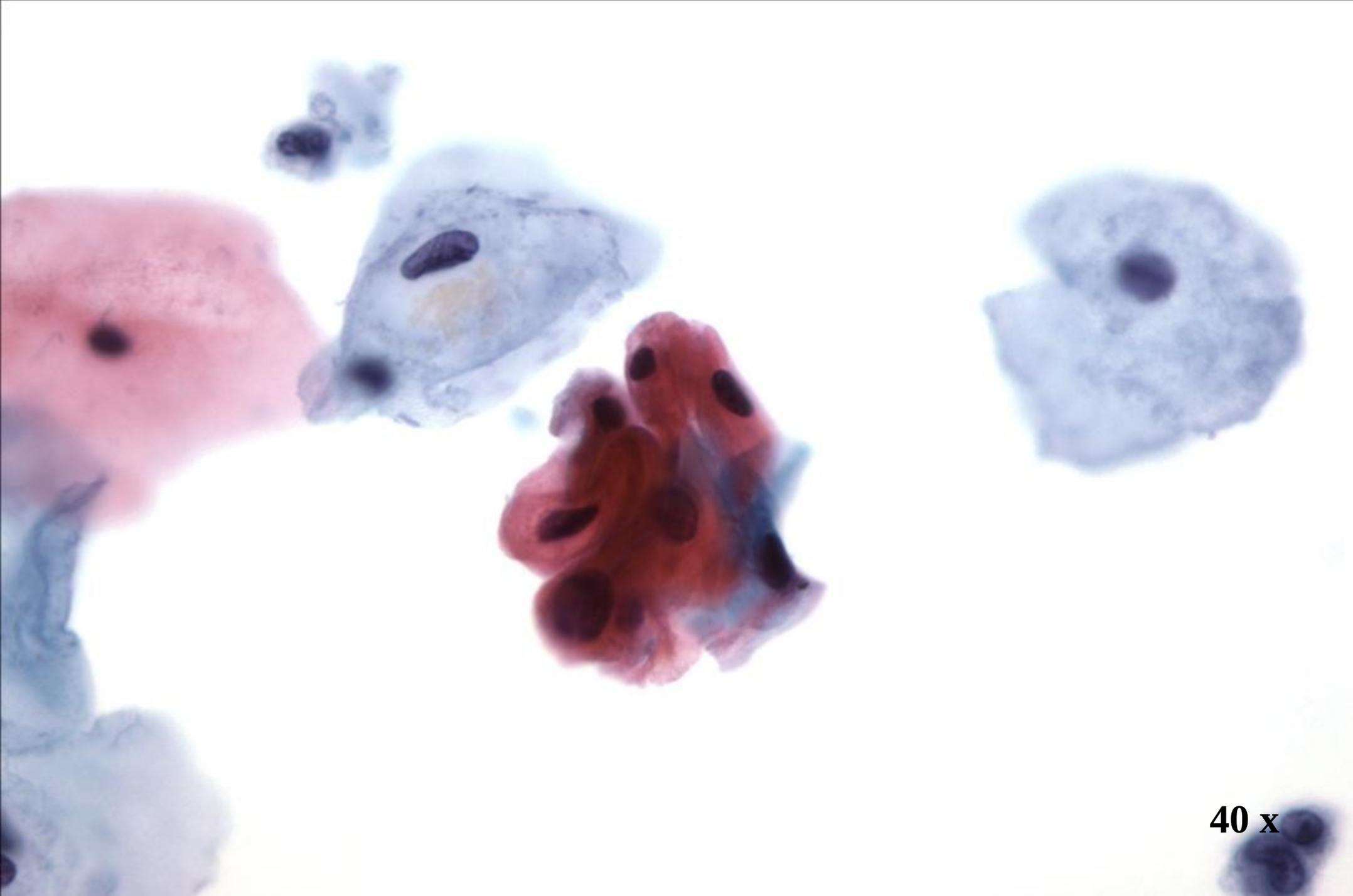




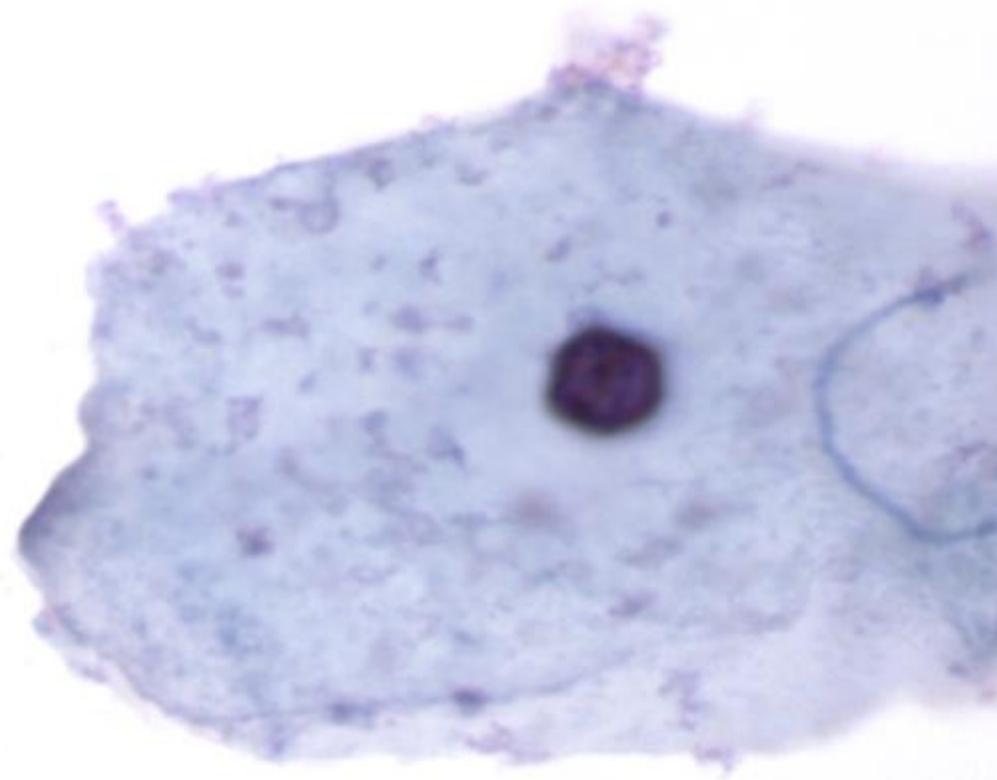
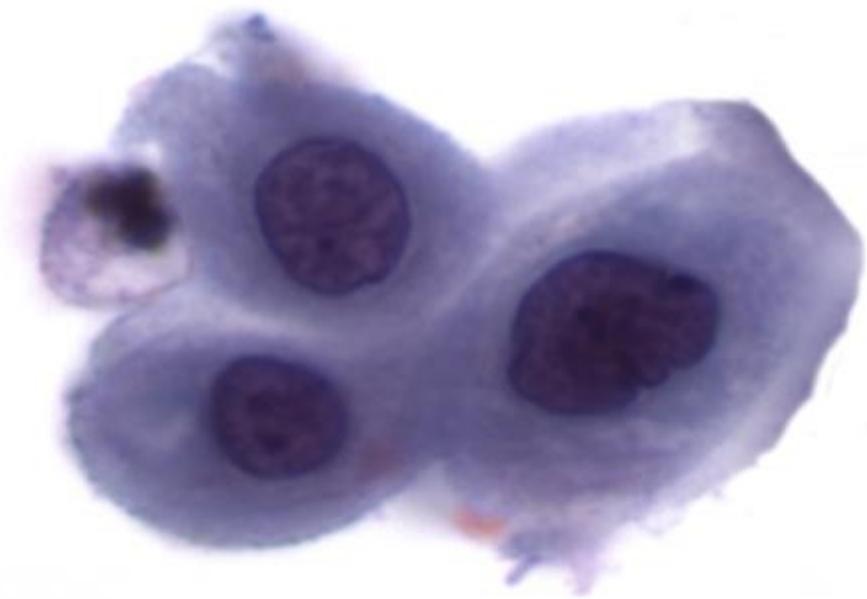
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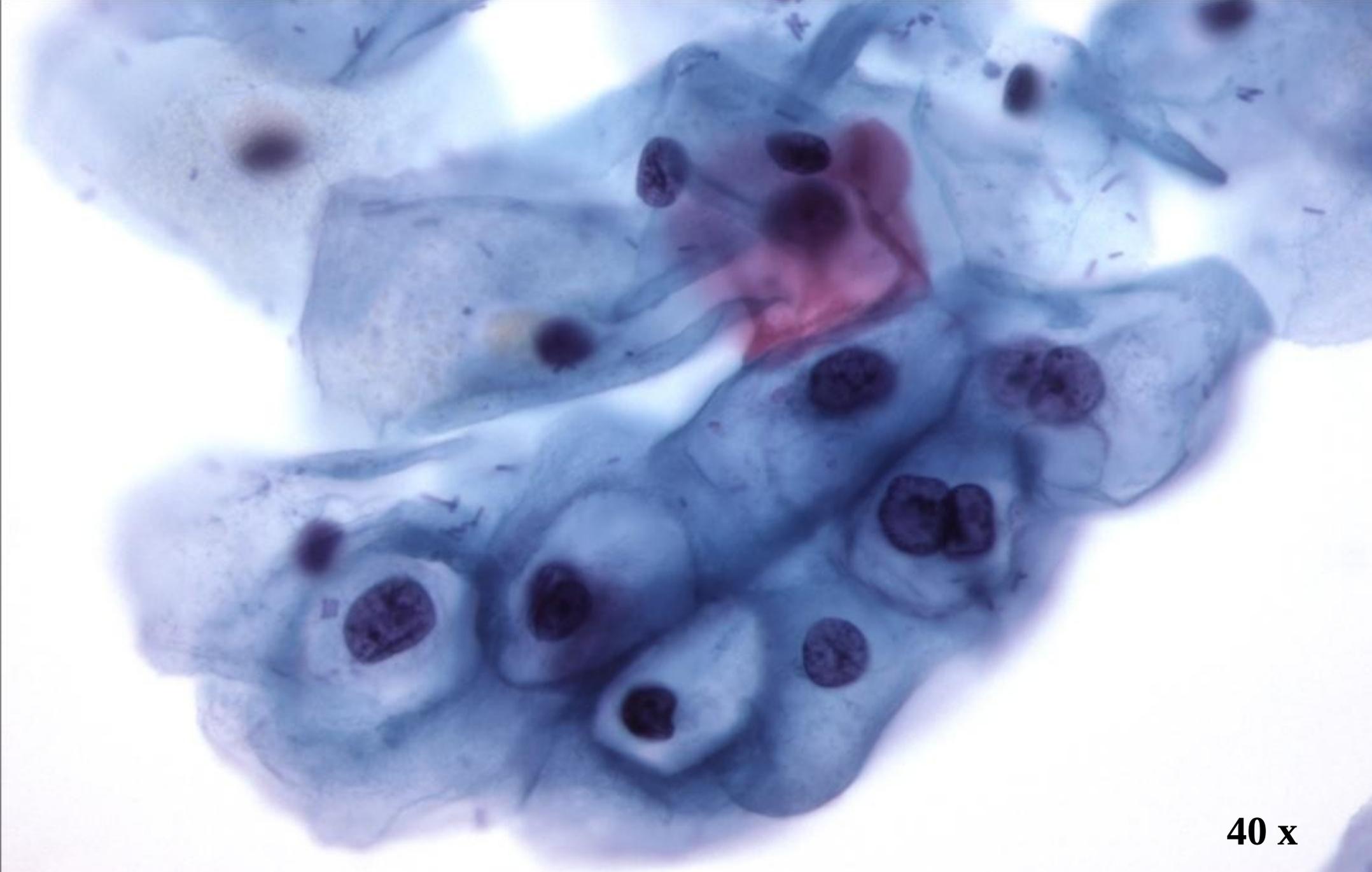


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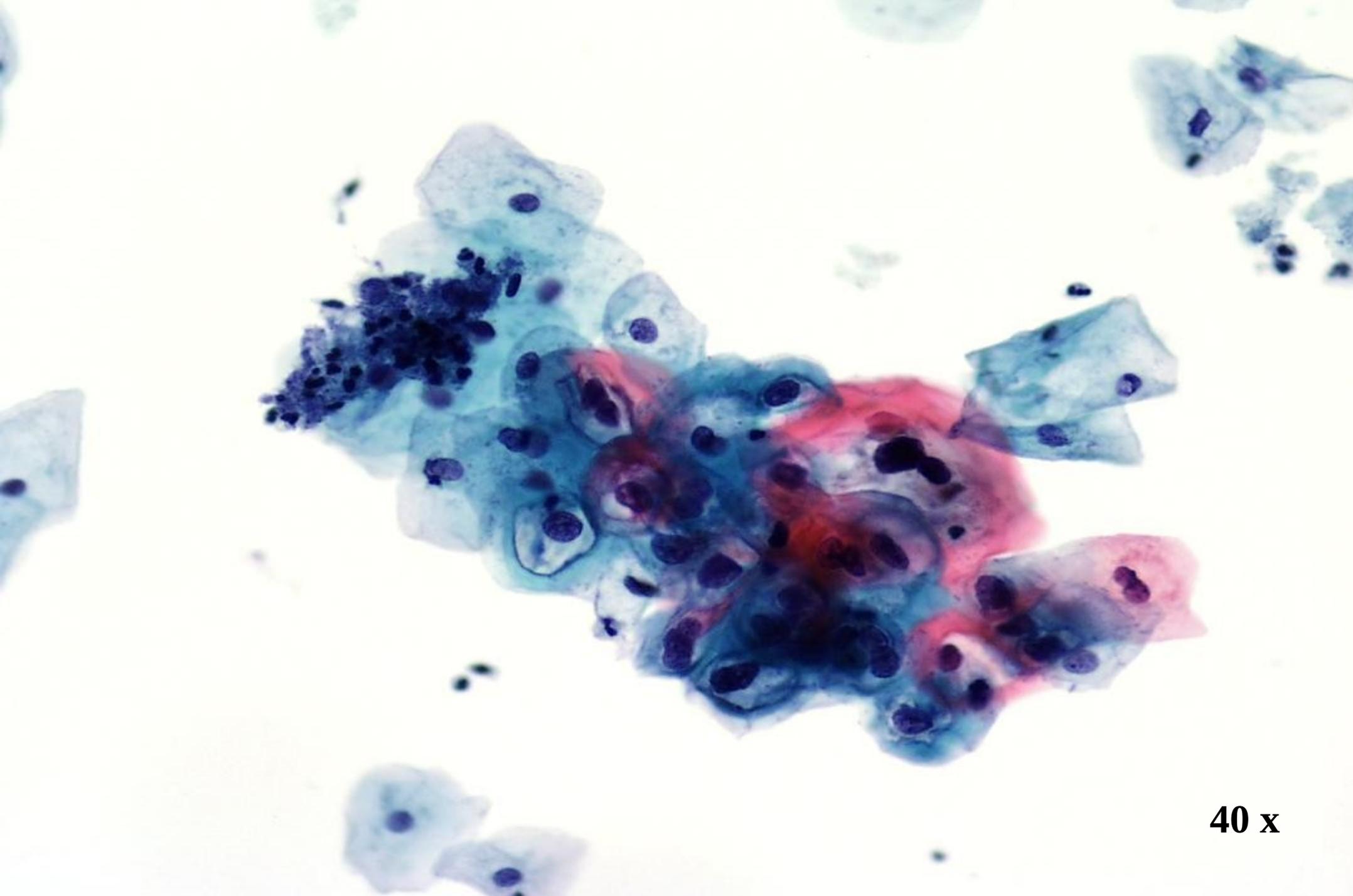
# Auffällige zytologische Befunde– Plattenepithel

## LSIL ( $\approx$ Pap IID [CIN I],

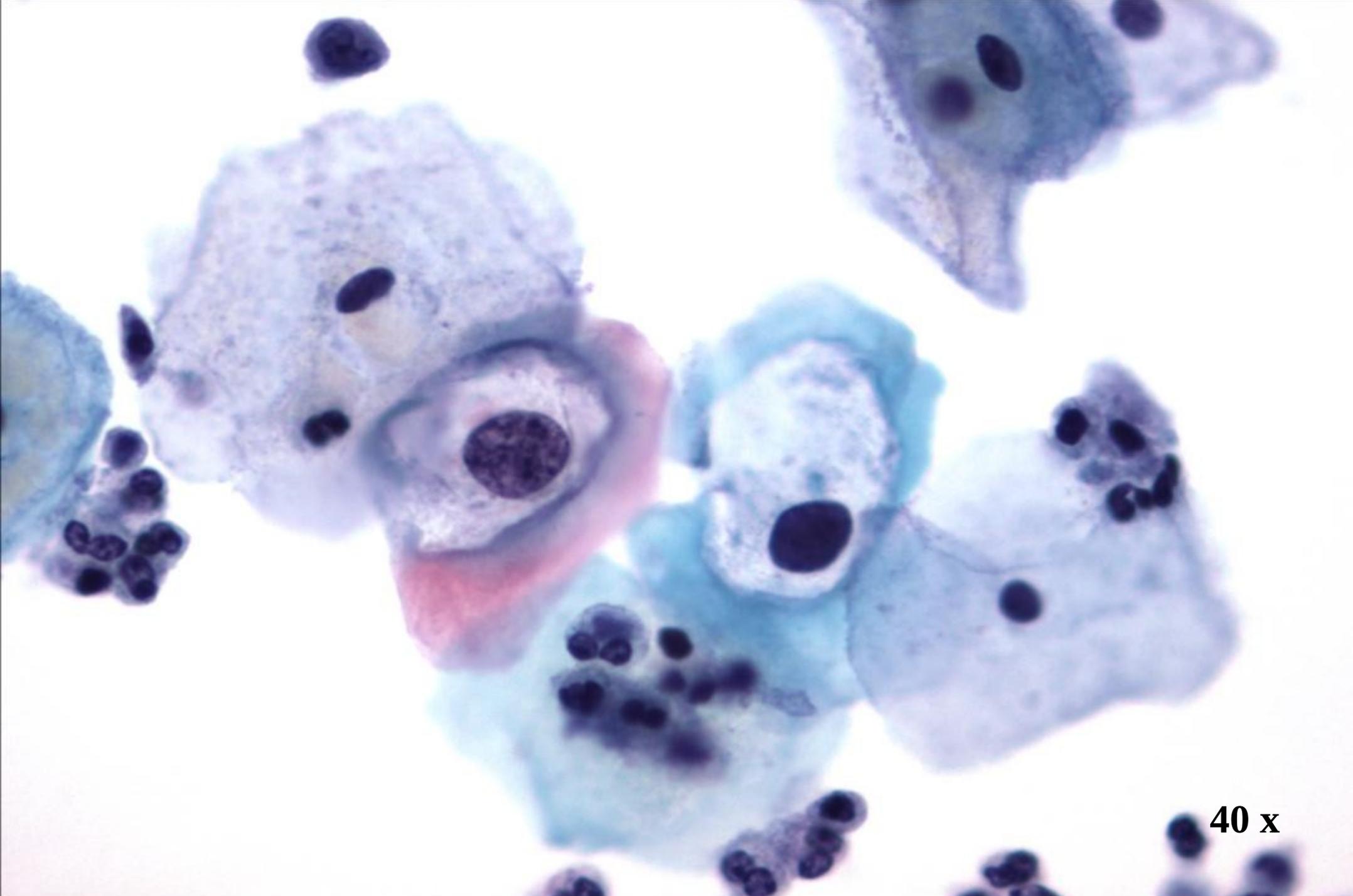
- Vermehrte Zeichnung von Kerndetails
- Unregelmäßige Kernmembran
- Kerne 3-4x Intermediärzellkern
- Scharf und unregelmässig begrenzte perinukleäre Vakuolisierung (HPV-Effekt)



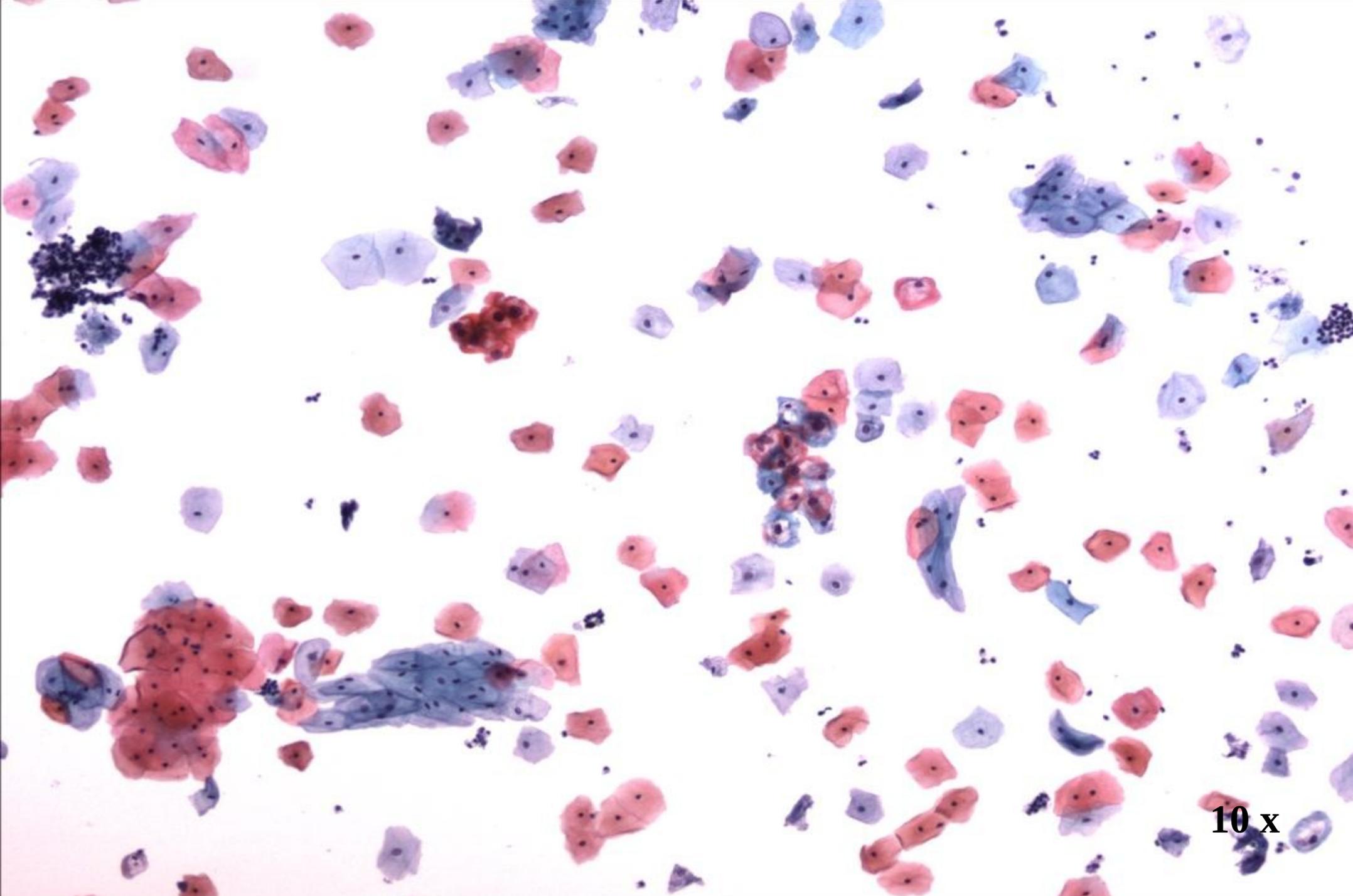
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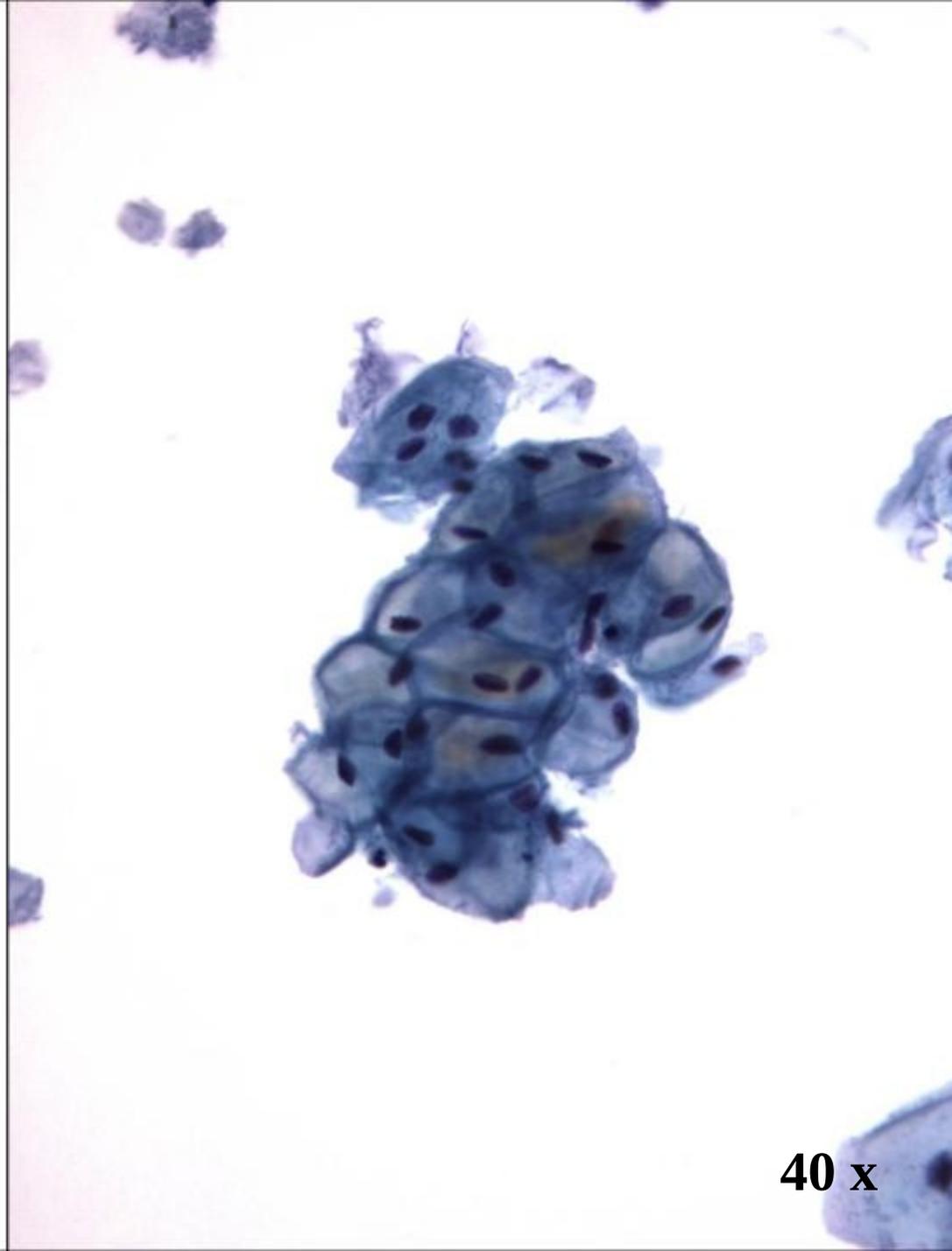
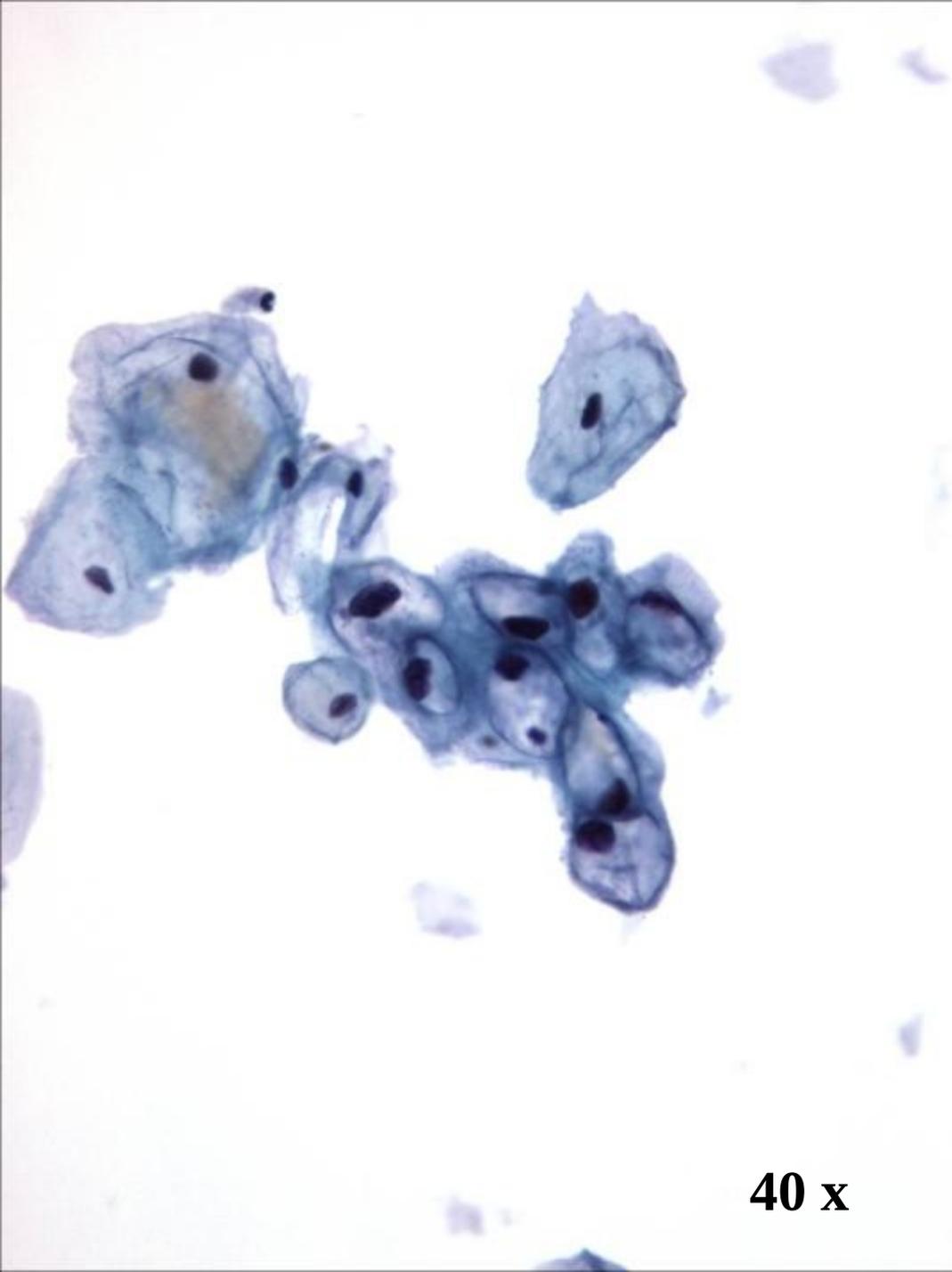
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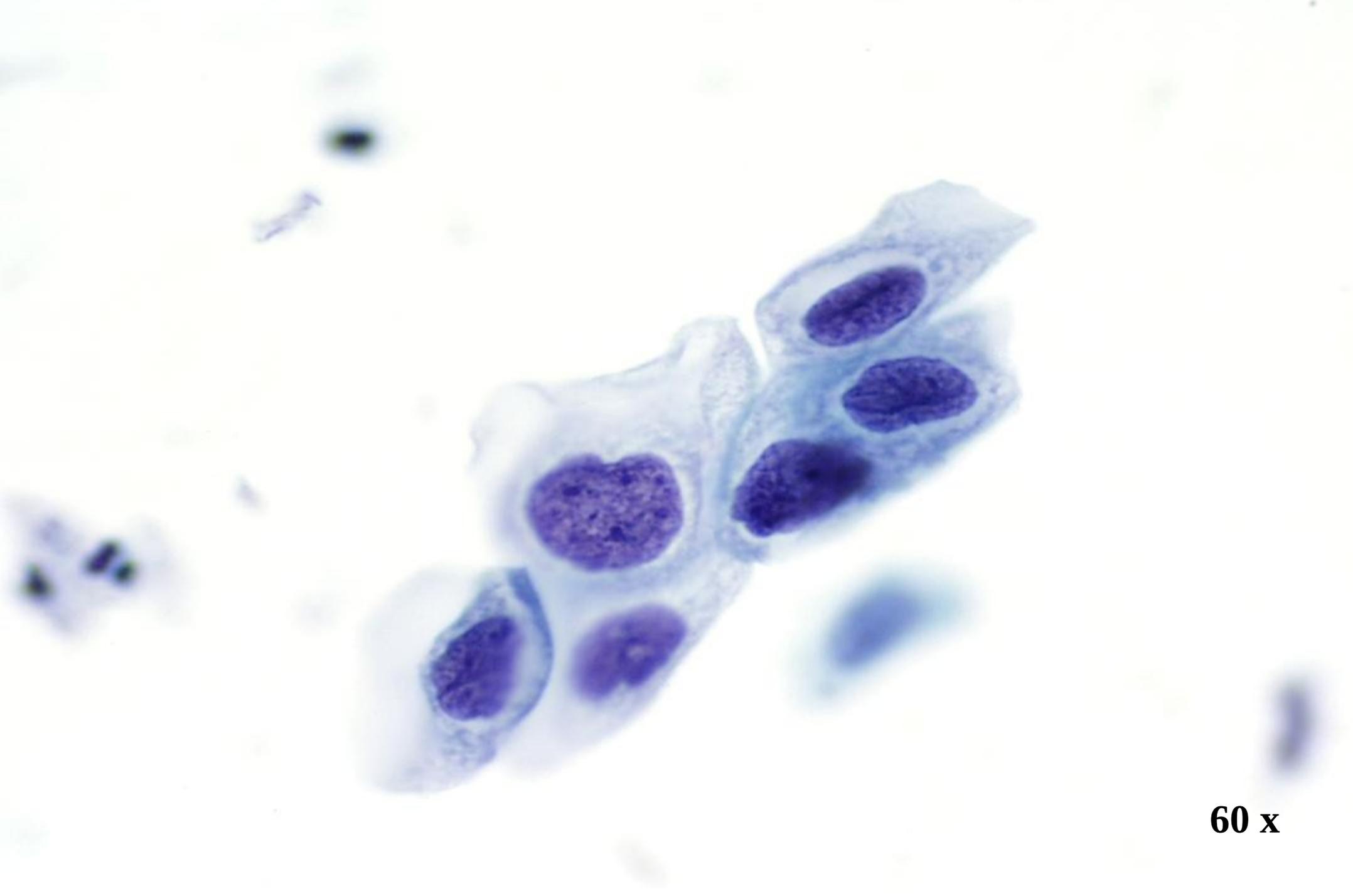
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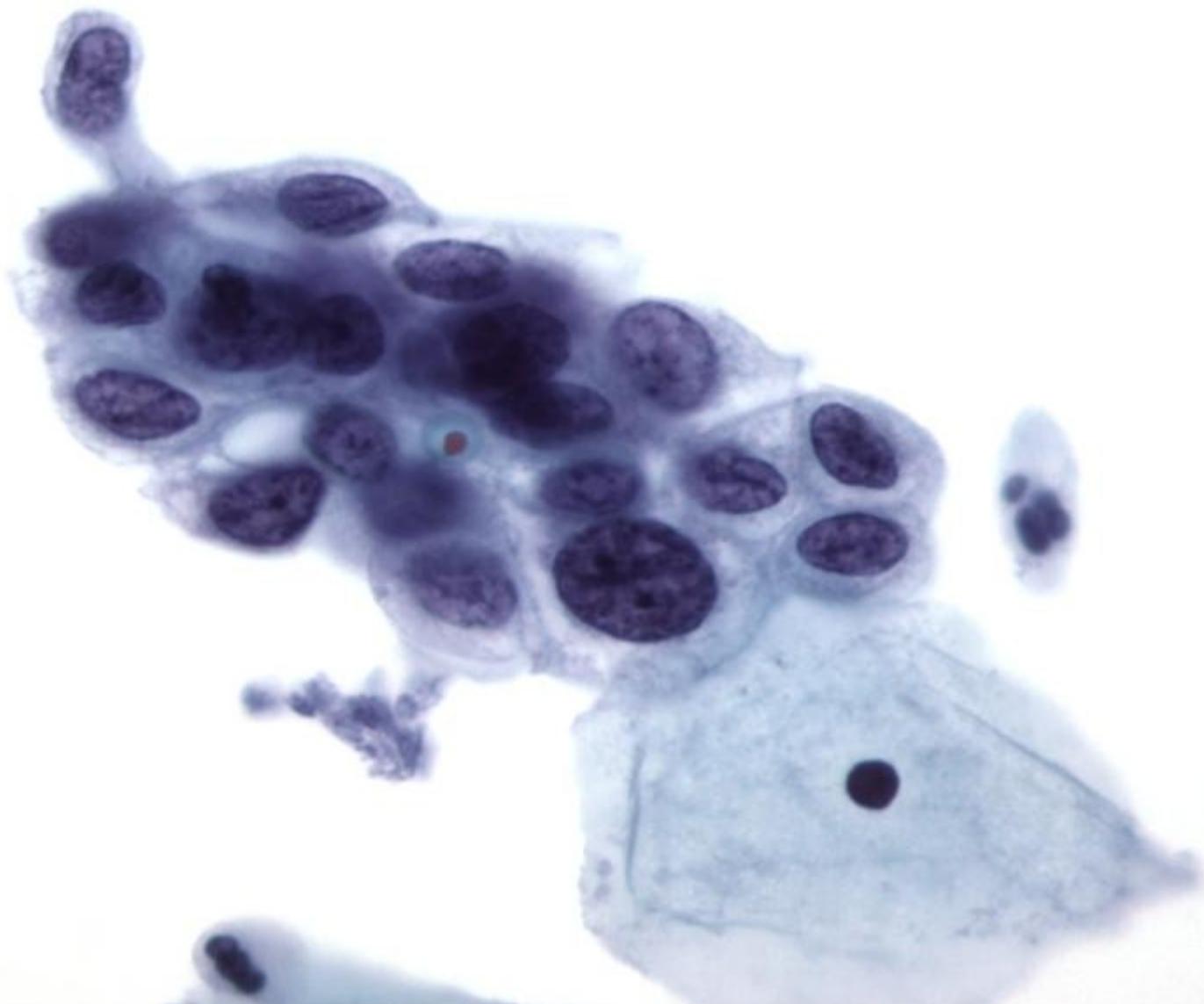
# Auffällige zytologische Befunde– Plattenepithel

## HSIL (Pap IID [CIN II] / Pap IVa/b)

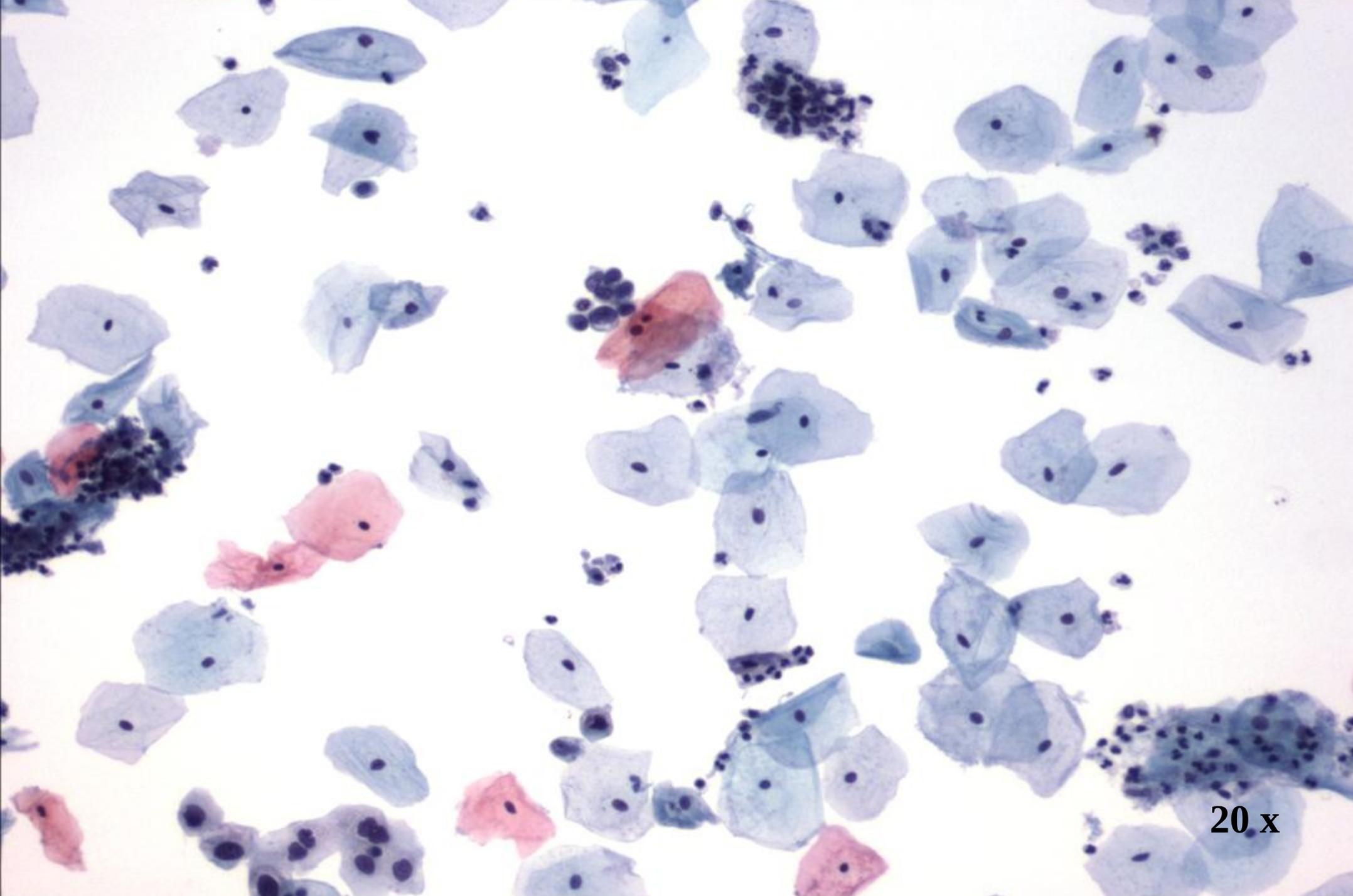
- Verbände & synzytiale Gruppen erhalten
- Zellgrenzen deutlicher
- Isolierte, unreife Zellformen; dienen als “Clue”
- Unregelmäßigkeiten der Kernmembran



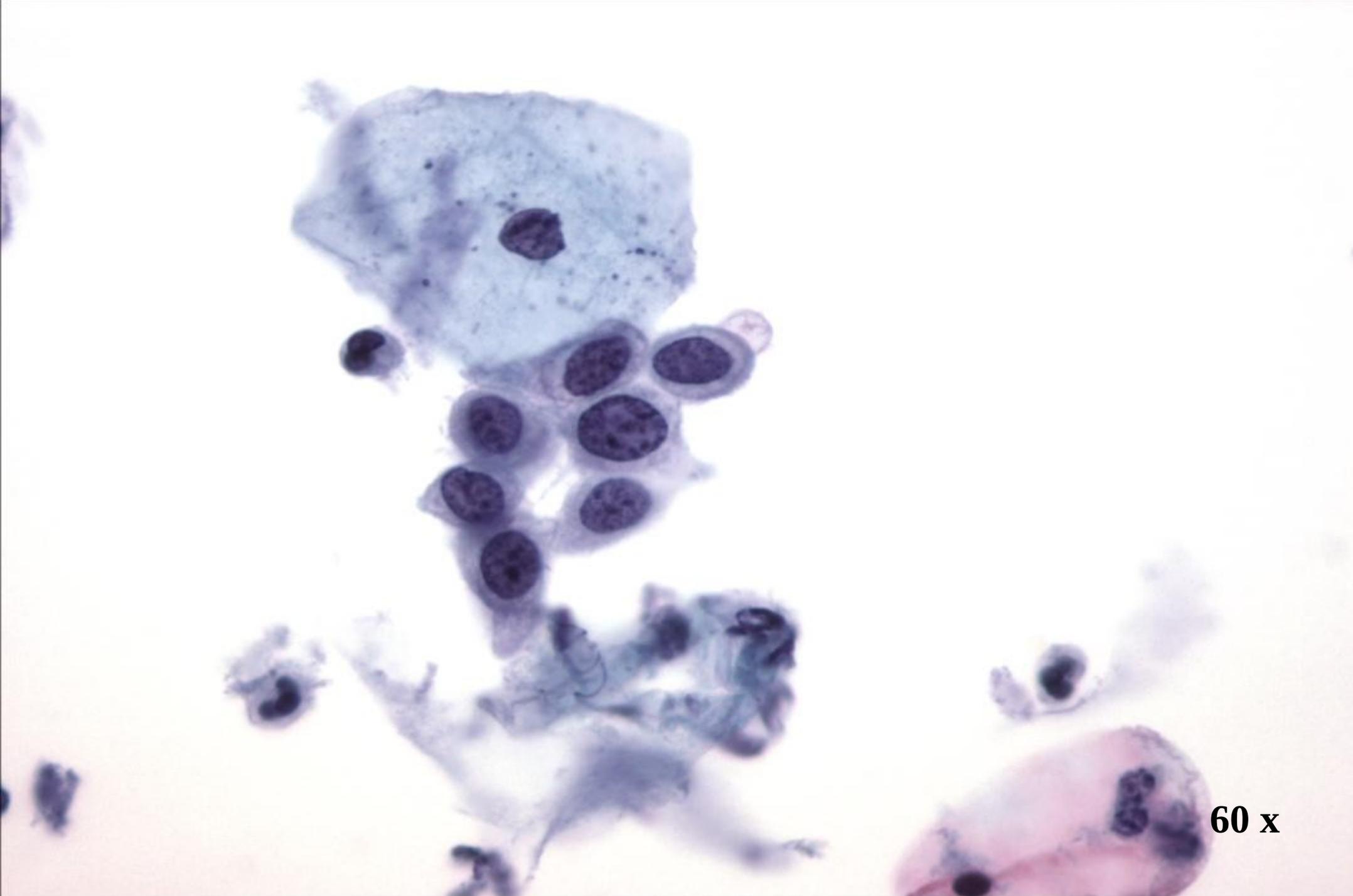
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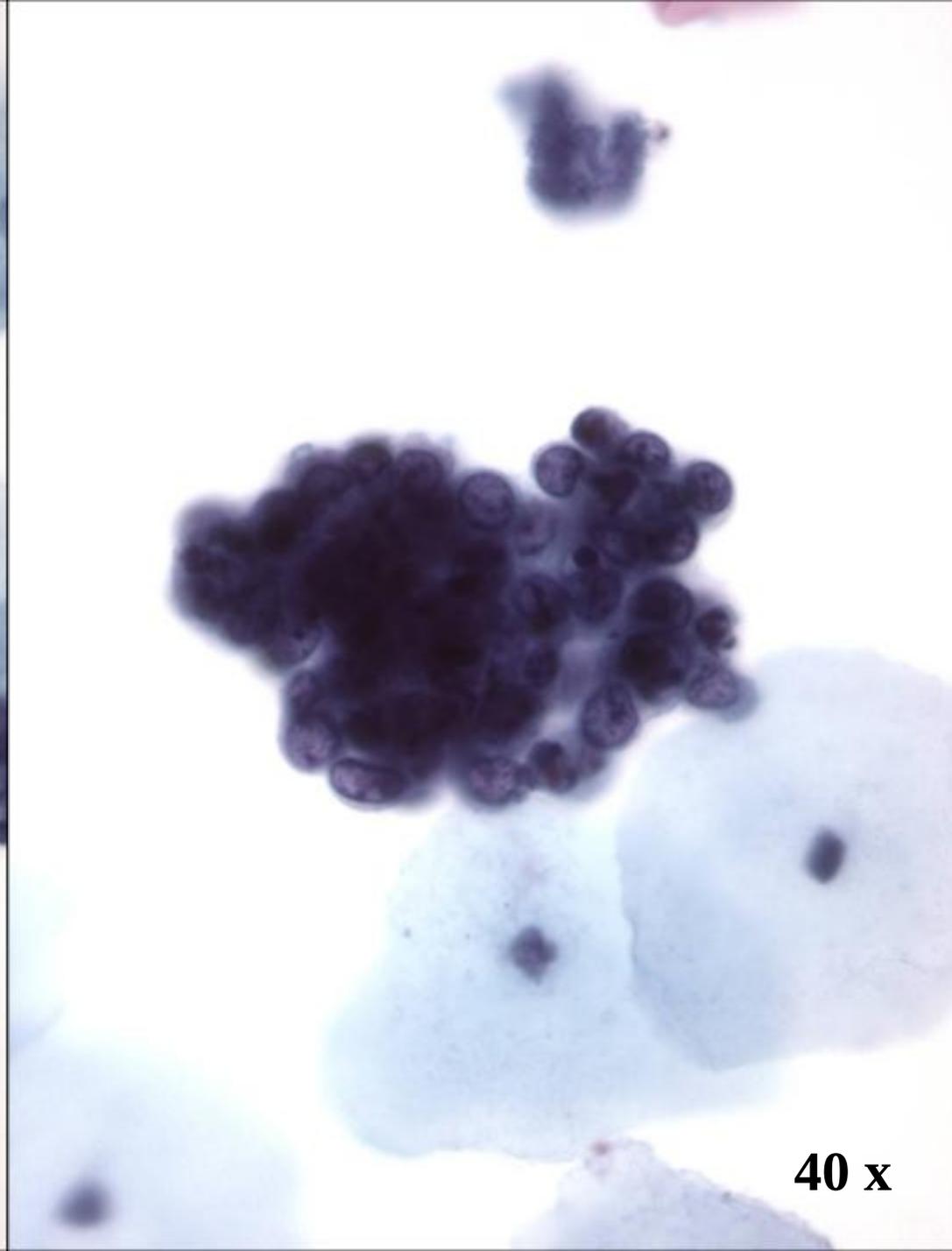
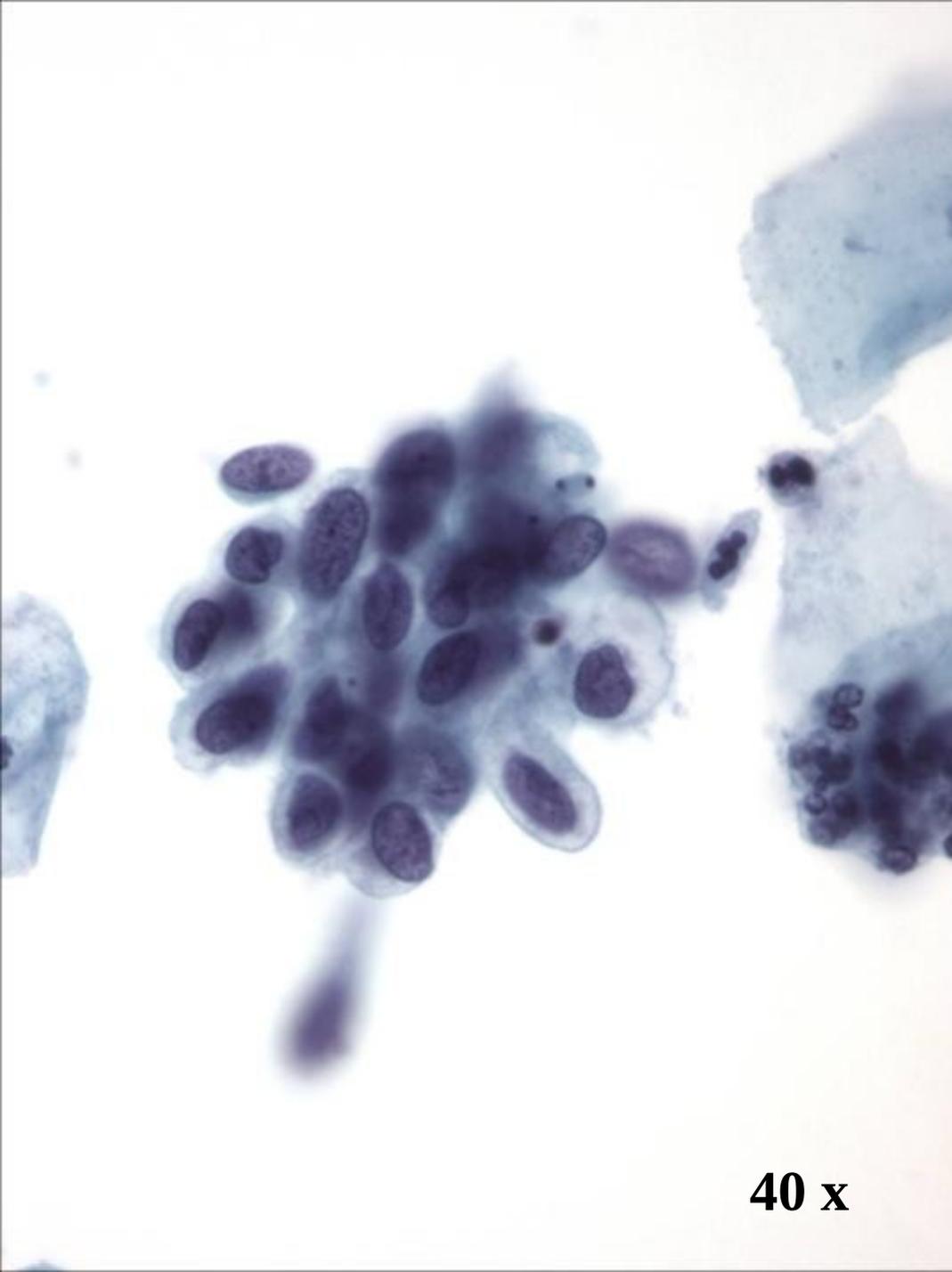
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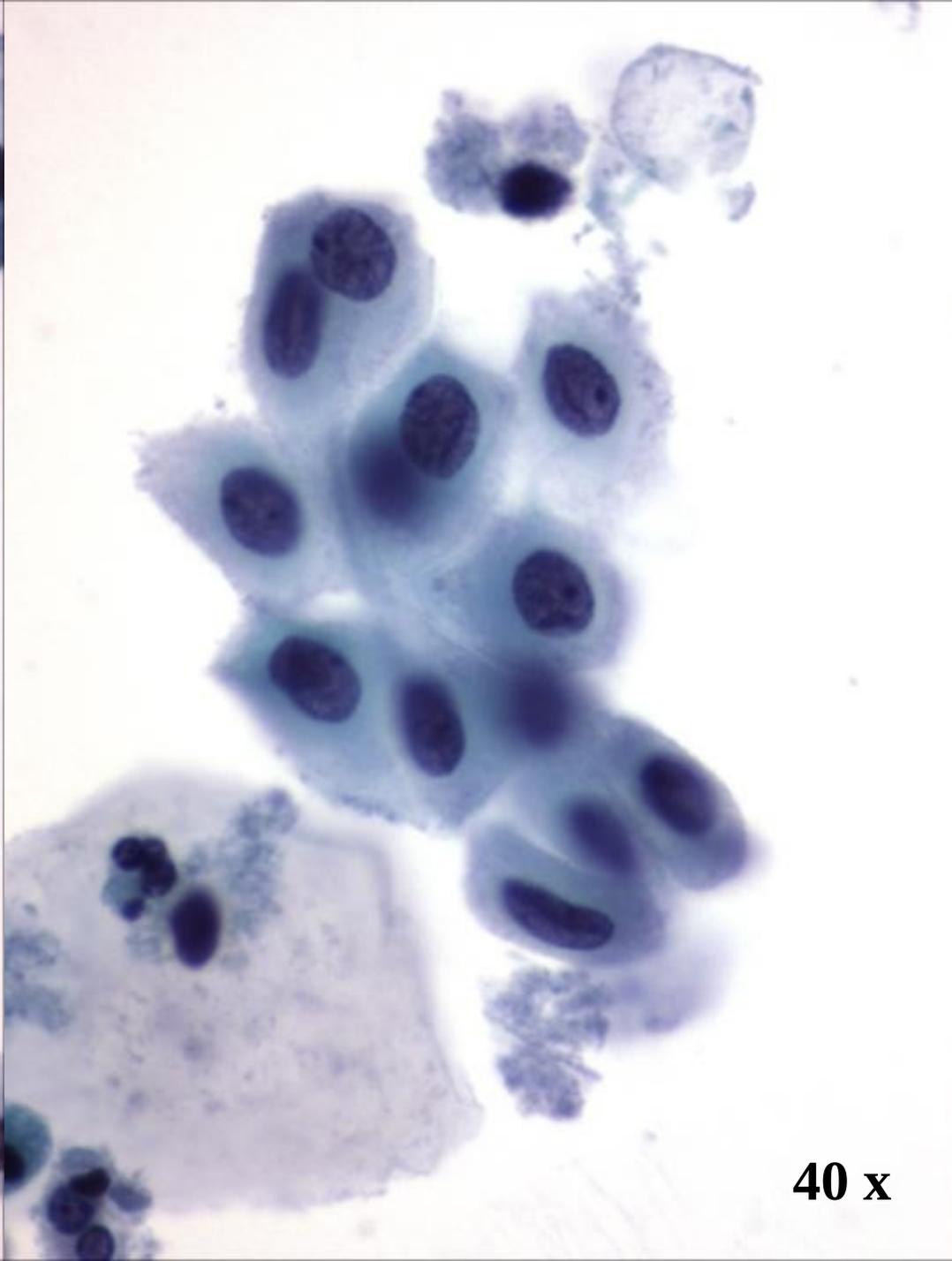
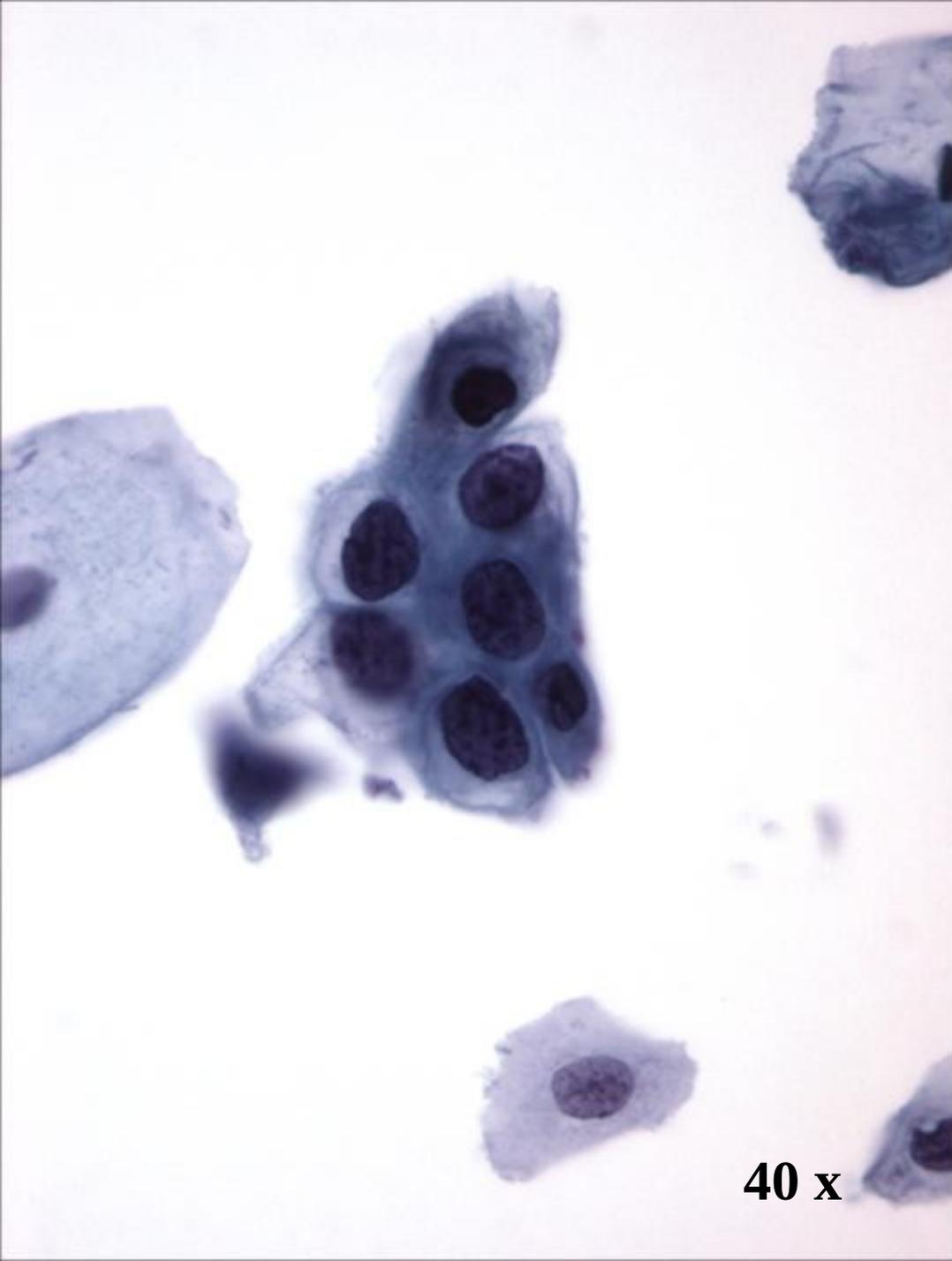


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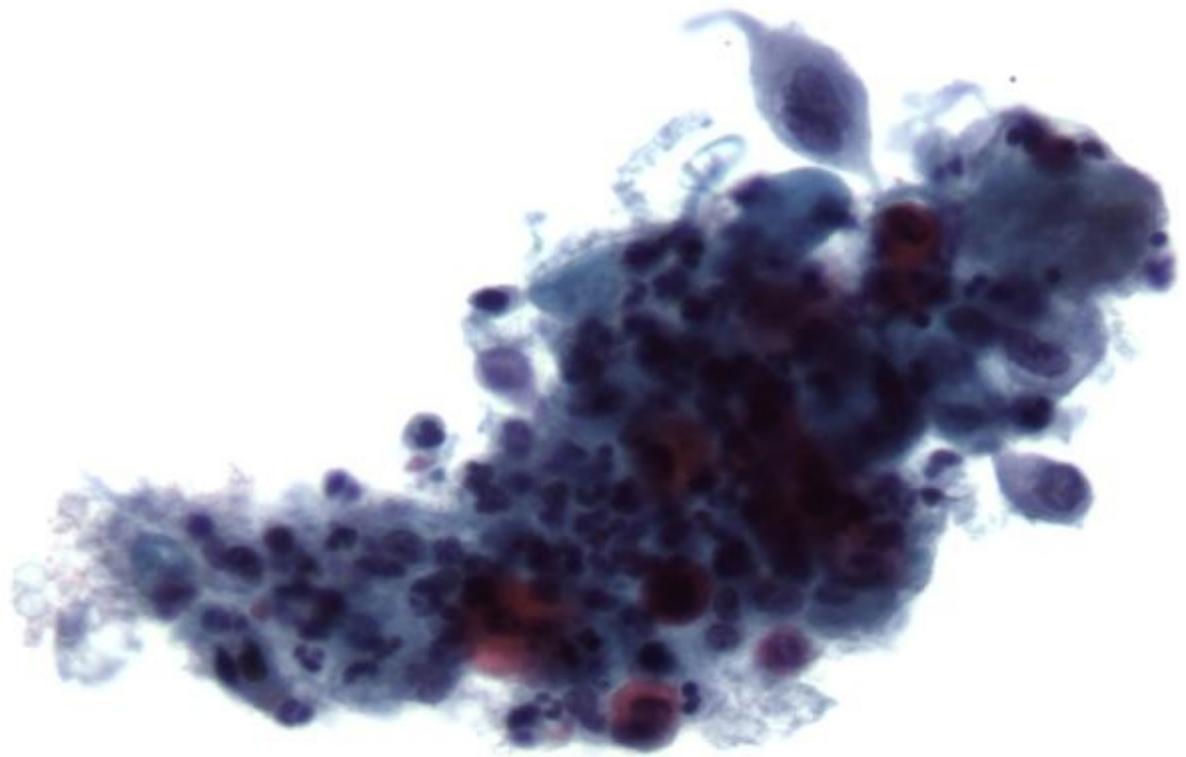




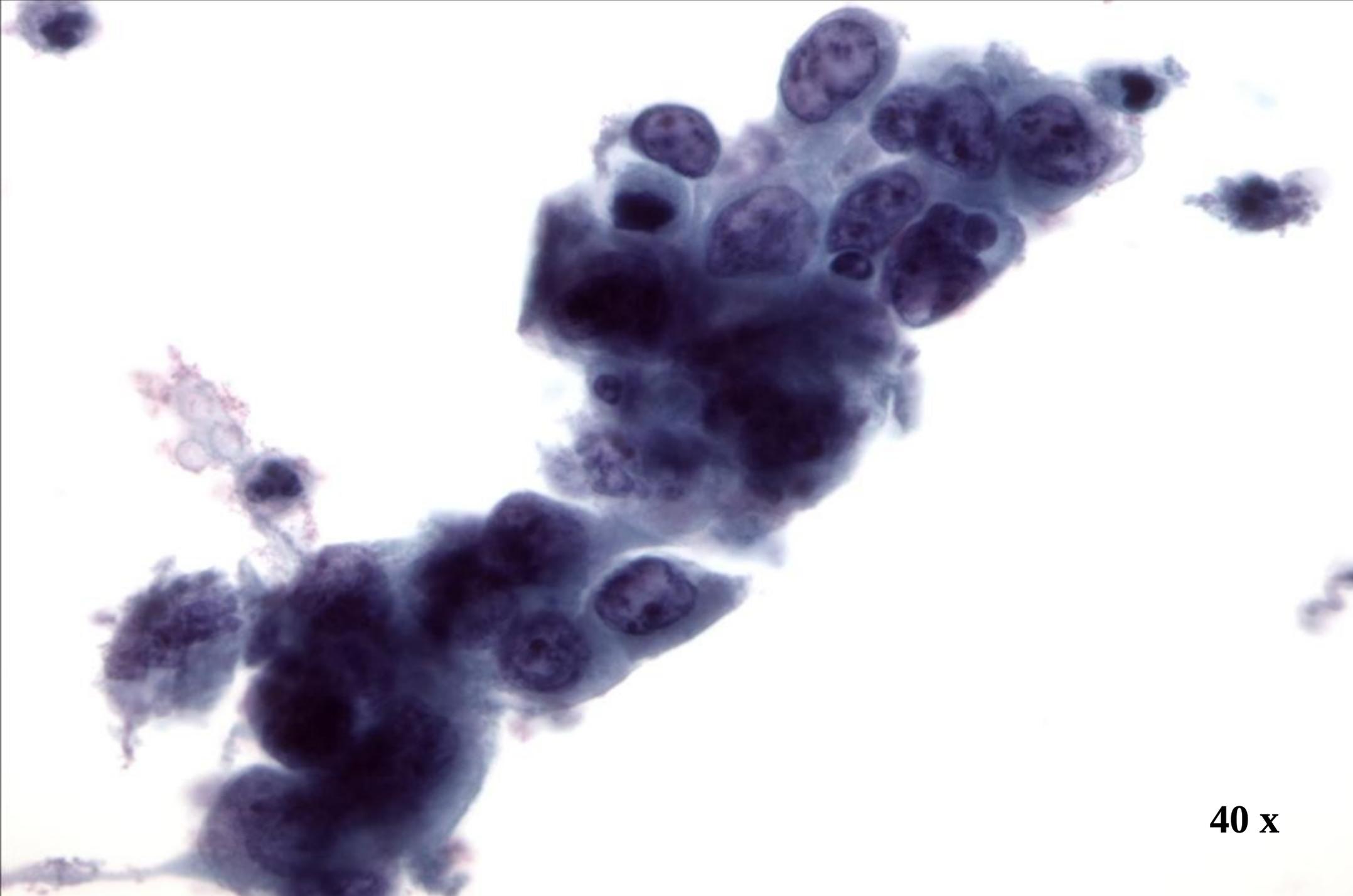
# Abnorme zytologische Befunde– Plattenepithel

## Plattenepithelkarzinom

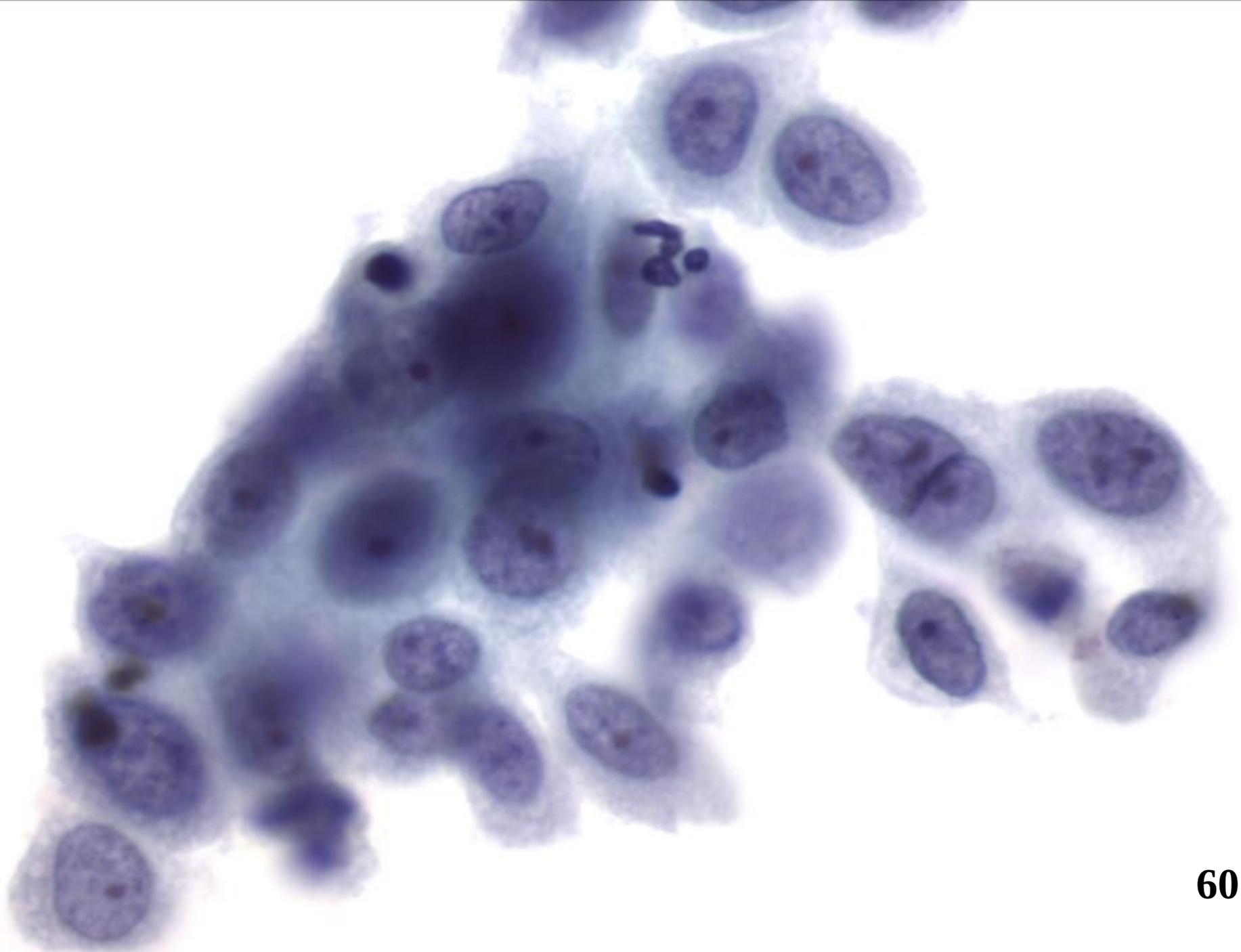
- Tumordiathese erhalten
- Ausgeprägtes nekrotisches Hintergrundmuster
- Größere Tiefenschärfe der Zellgruppen
- Deutliche Chromatin-Aufhellung durch ungleichmäßige Verteilung des Chromatins
- Nukleoli betonter



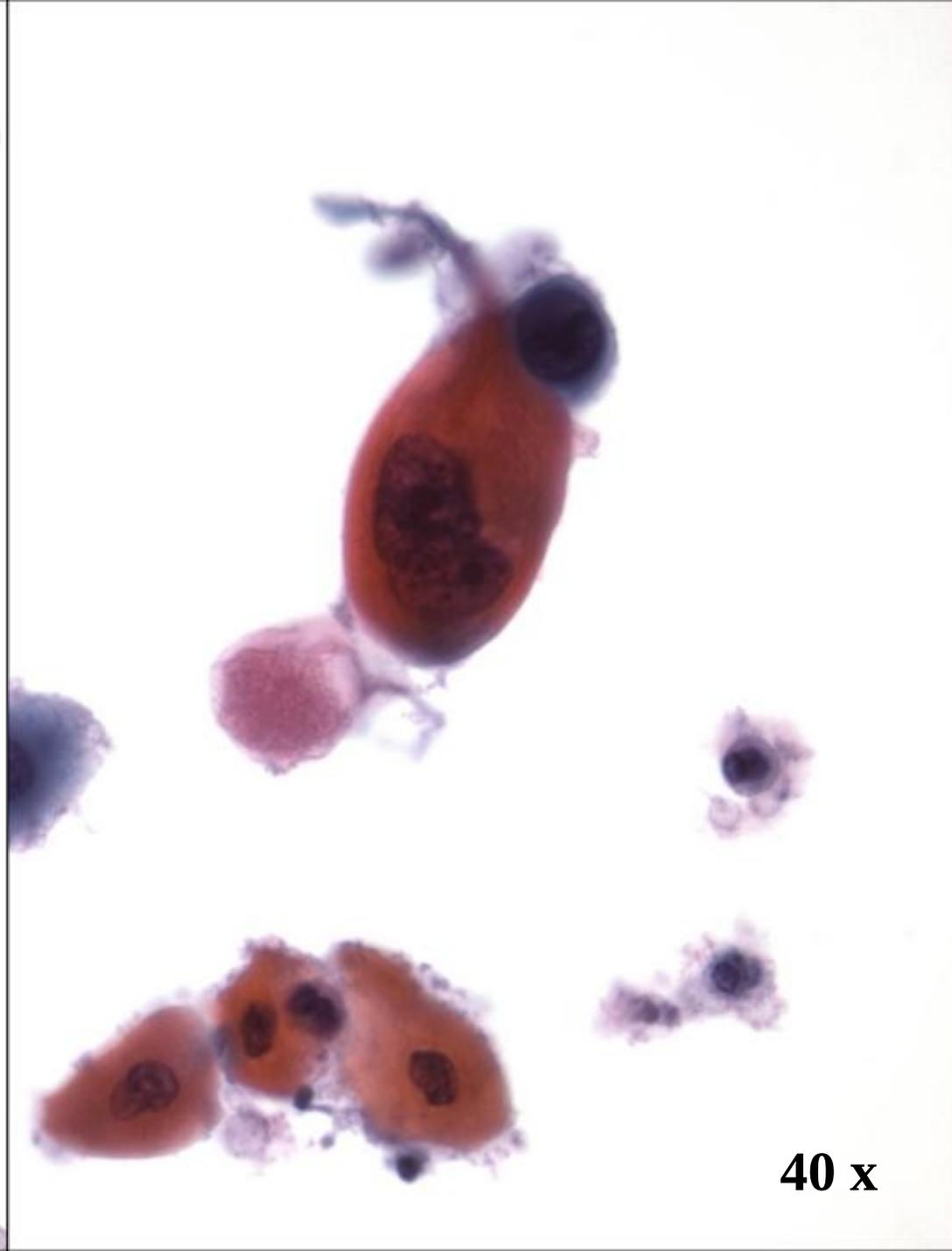
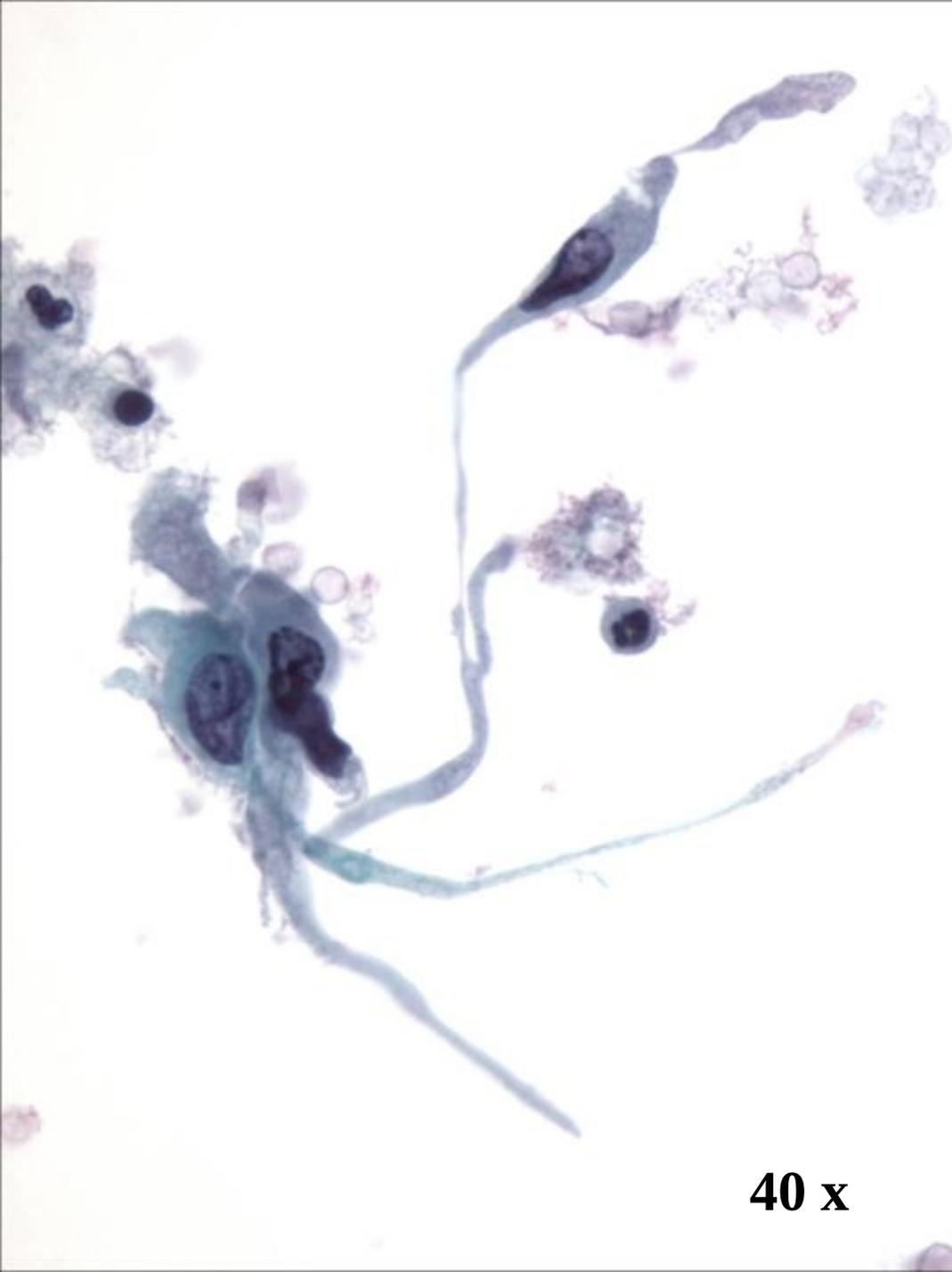
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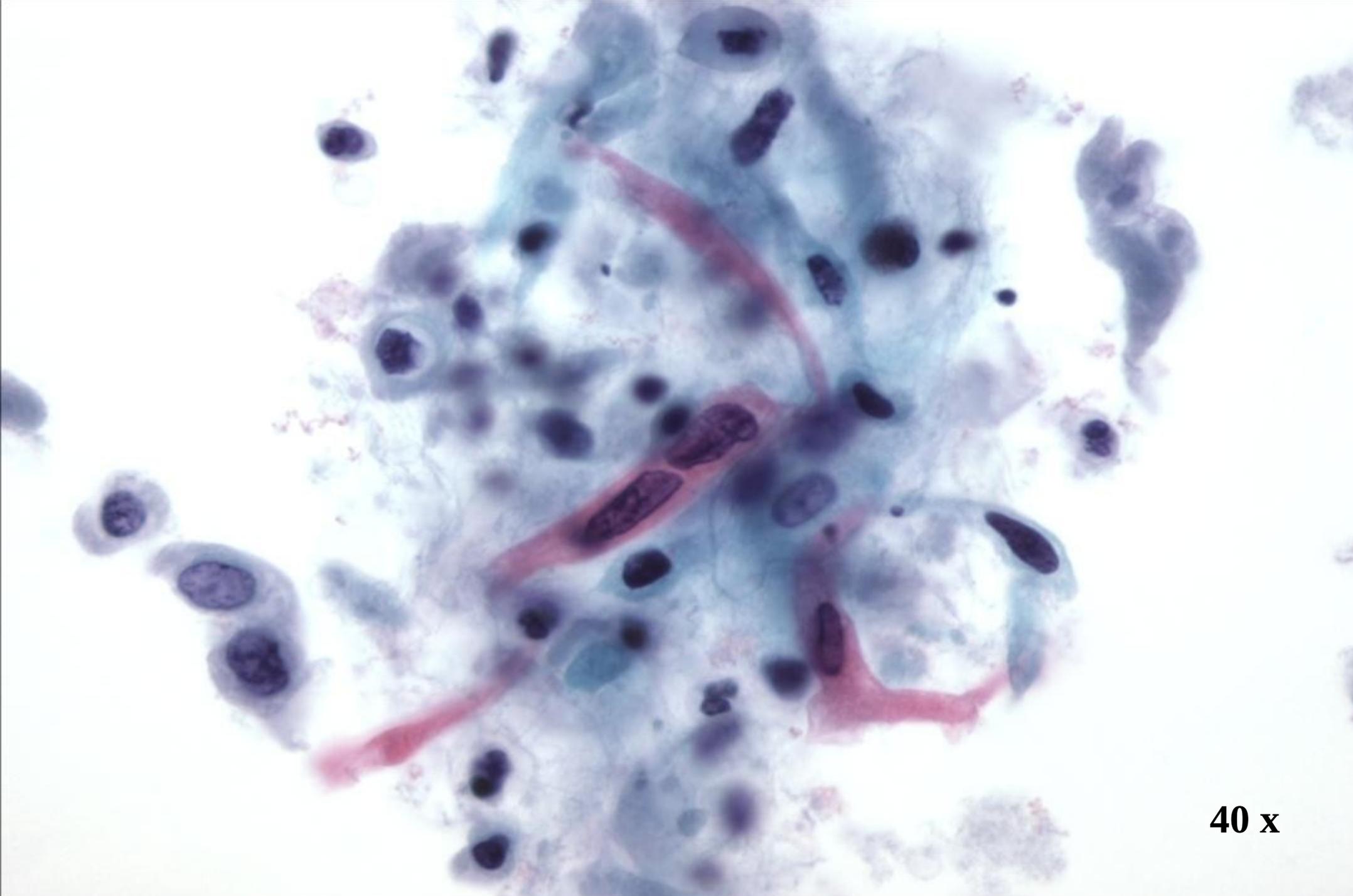


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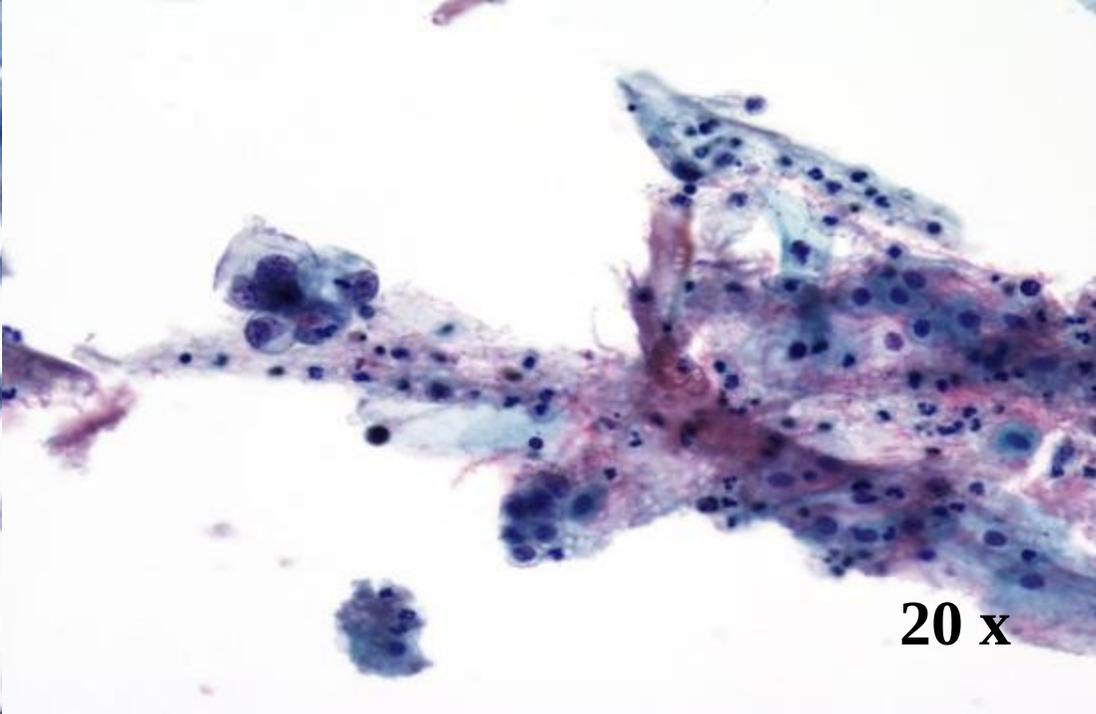
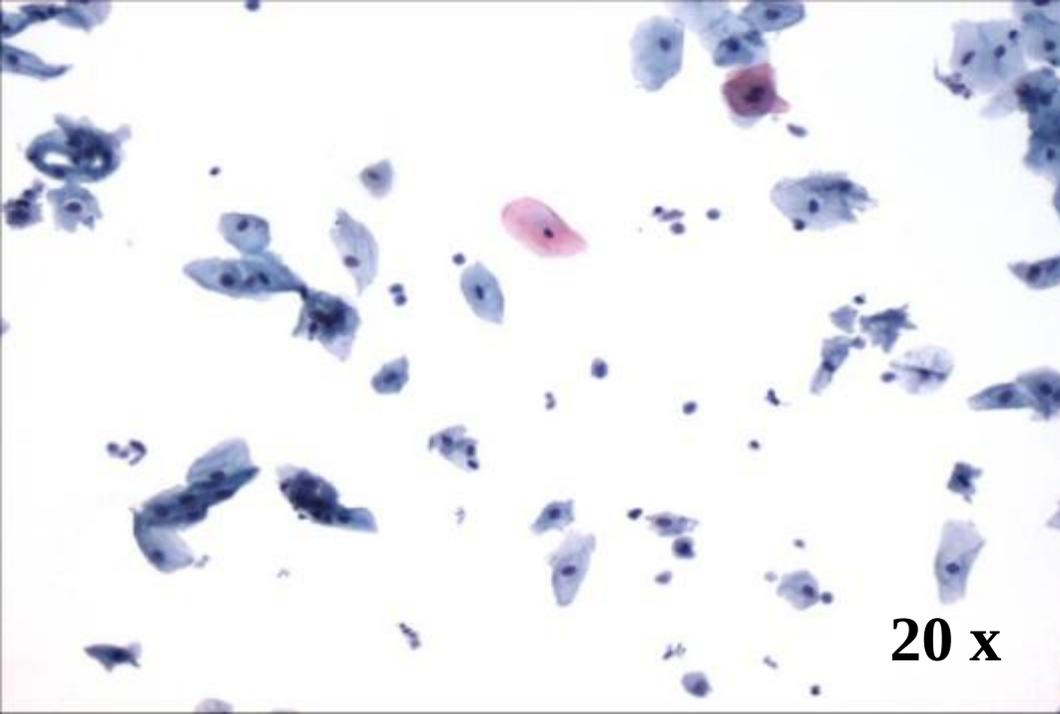
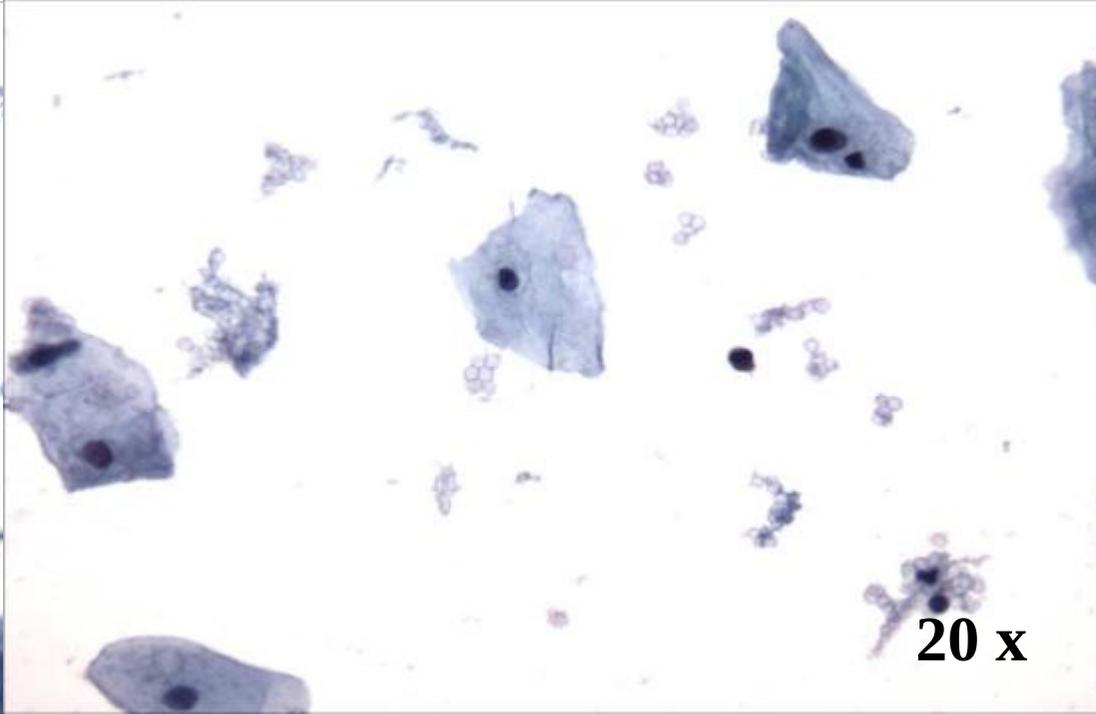
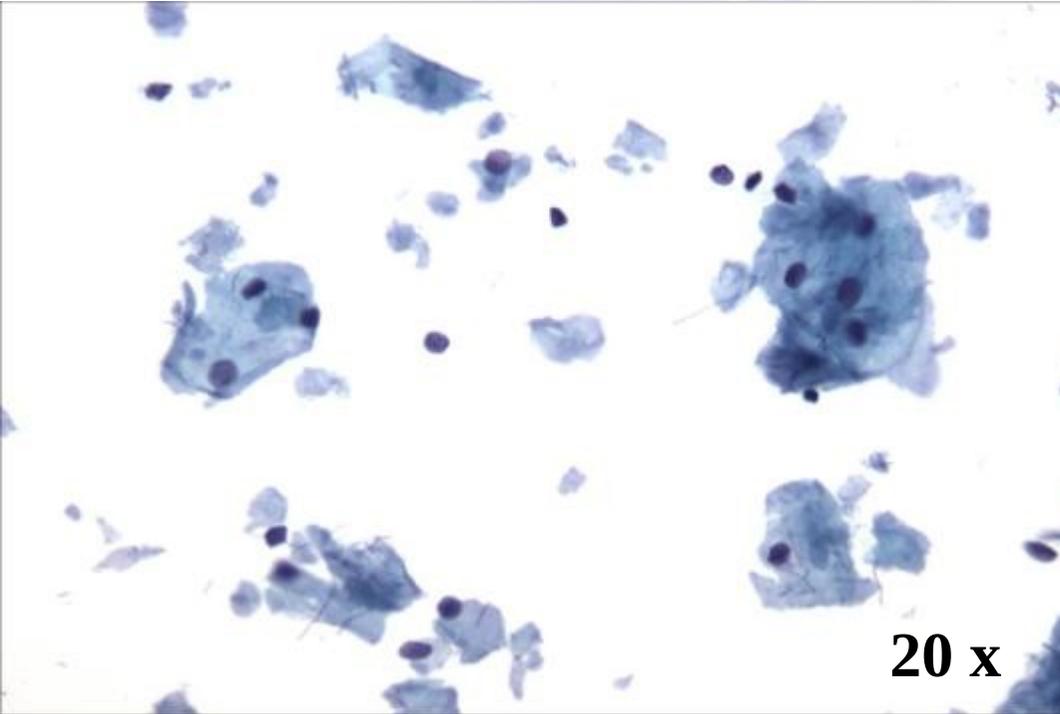


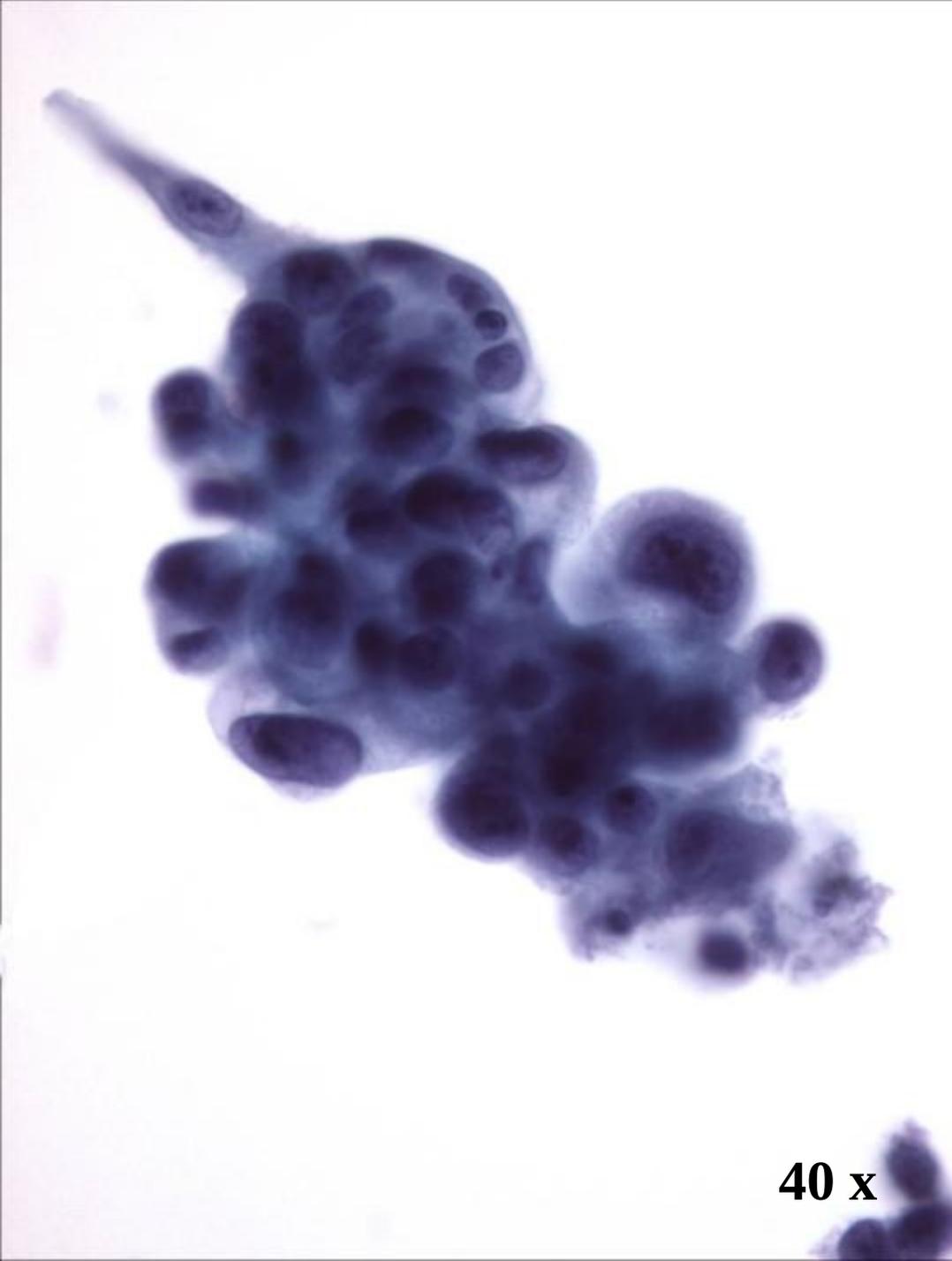
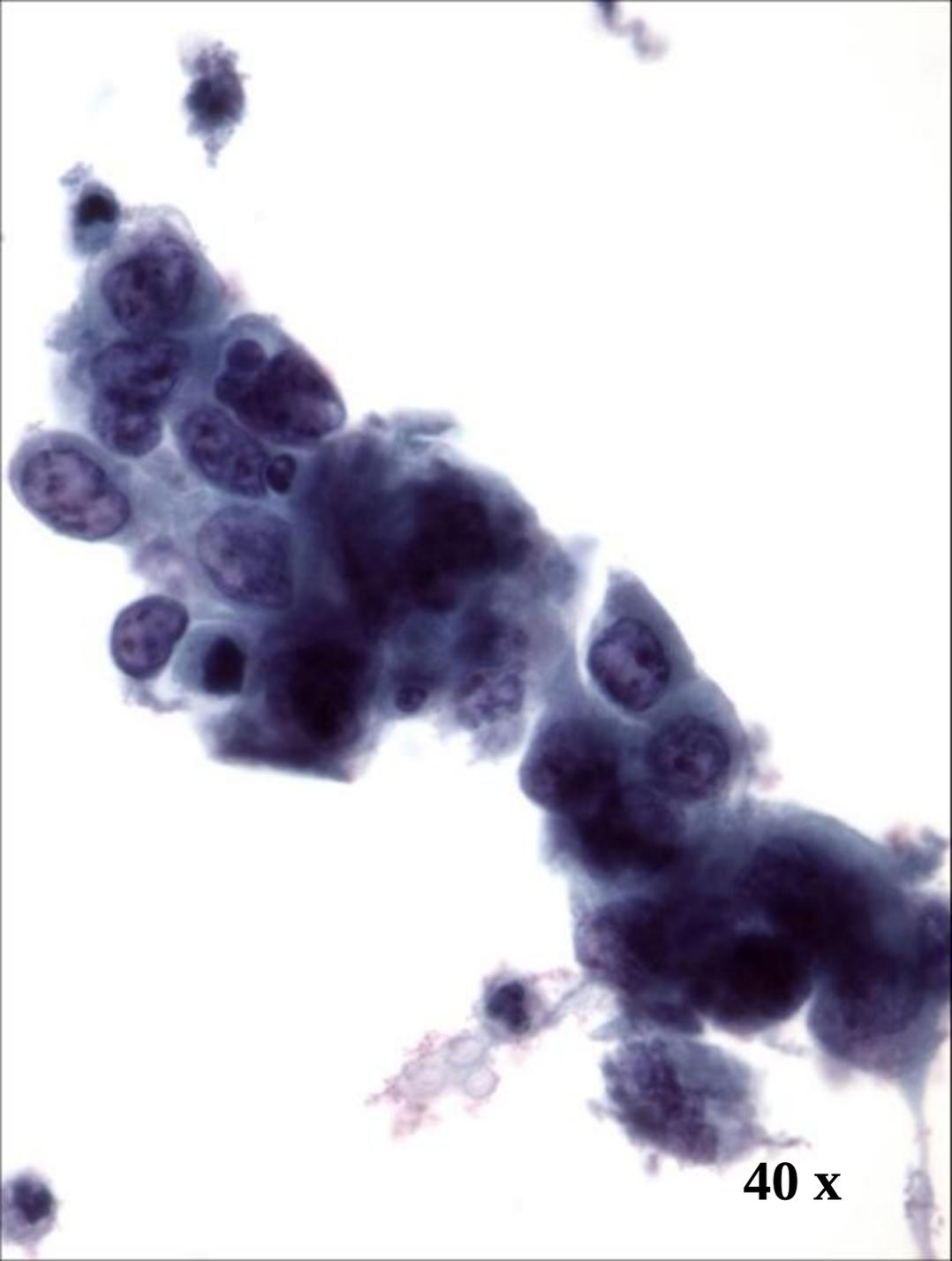
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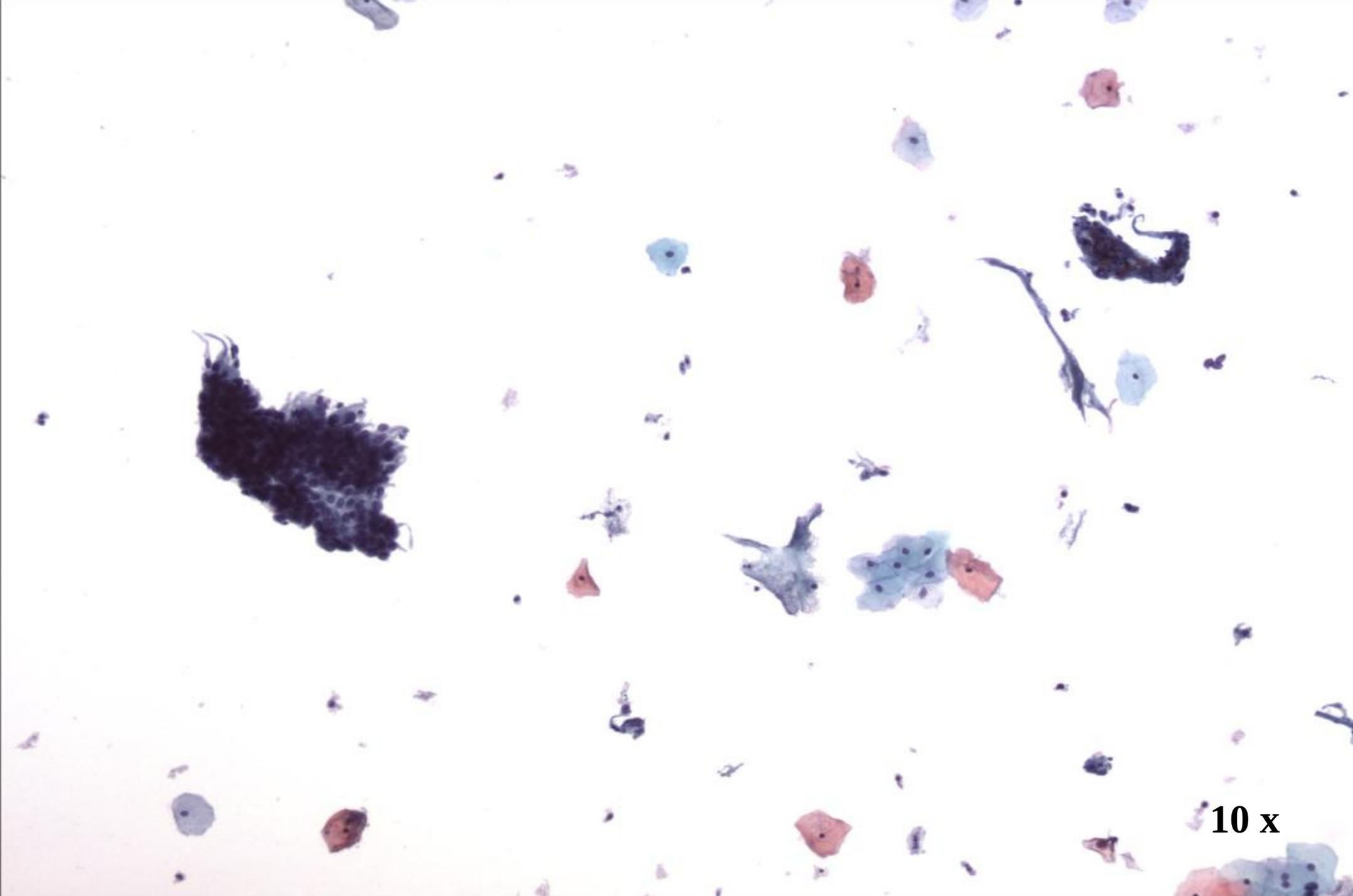
# Auffällige zytologische Befunde– Drüsenzellen (≈ Pap III)\_

- Auffällige
  - Endozervikalzellen (NOS)
  - Endometriumzellen (NOS)
  - Drüsenzellen (NOS)
- Auffällige
  - Endozervikalzellen, wahrscheinlich neoplastisch
  - Drüsenzellen, wahrscheinlich neoplastisch
- Endozervikales Adenocarcinoma in situ

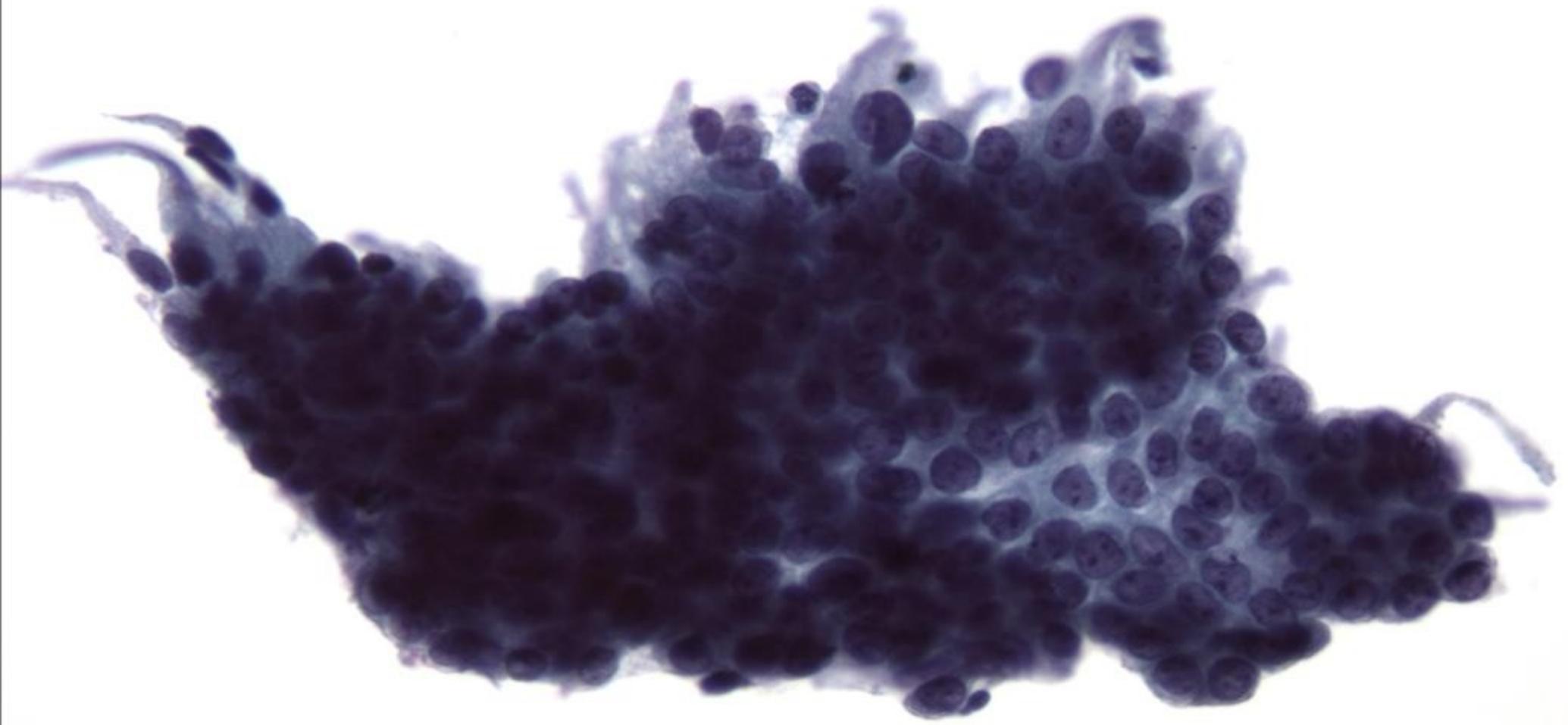
# Auffällige zytologische Befunde– Drüsenzellen ( $\approx$ Pap III)

## Endozervikales Adenocarcinoma in situ (AIS)

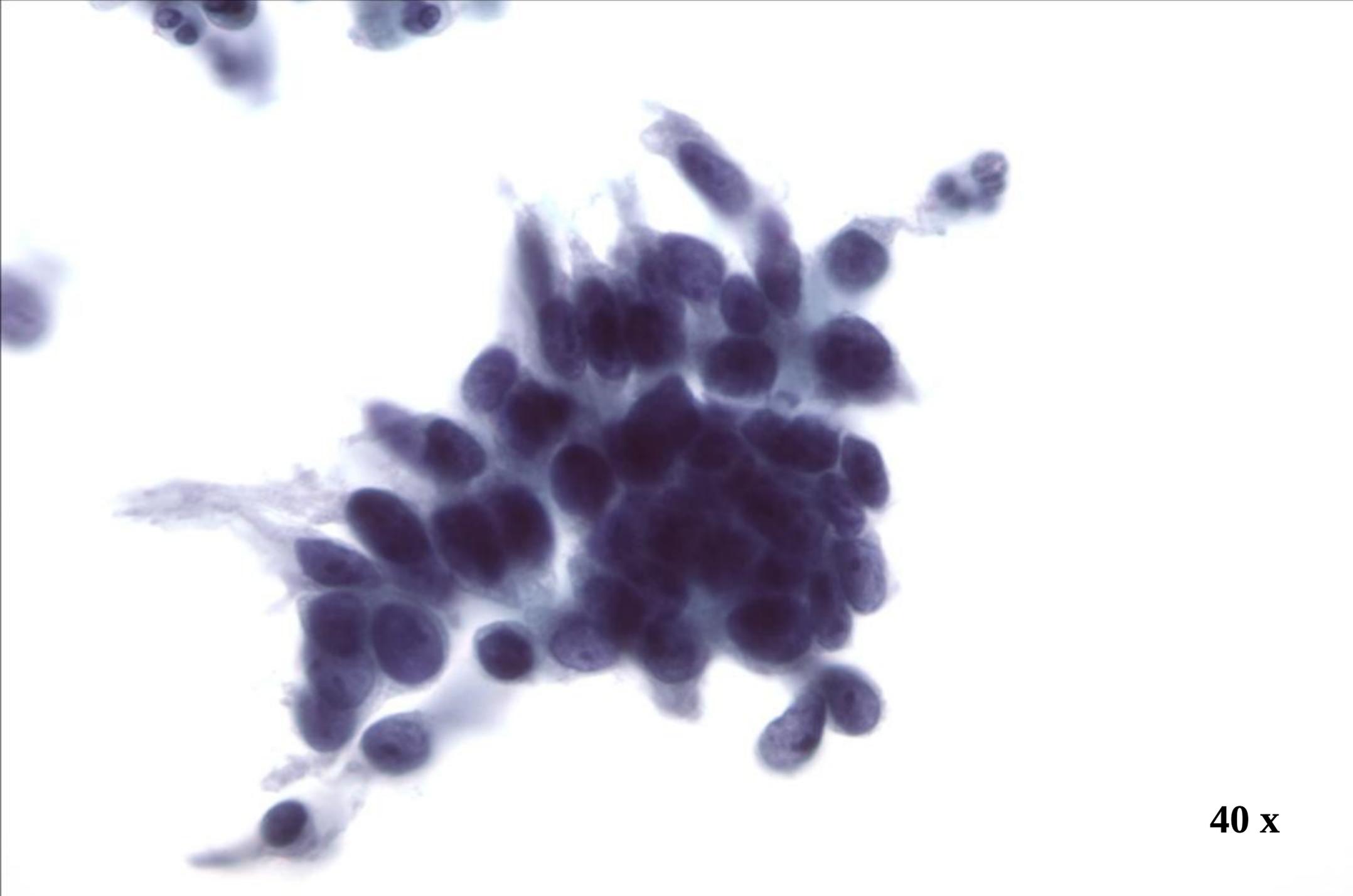
- Abnorme “Architektur” der Zellverbände erhalten
- Nukleäres “Crowding” mit Hyperchromasie
- Pseudostratifizierung, “Feathering”
- Rosetten & Streifen mit Pseudostratifizierung der Kerne
- Häufig Nukleoli



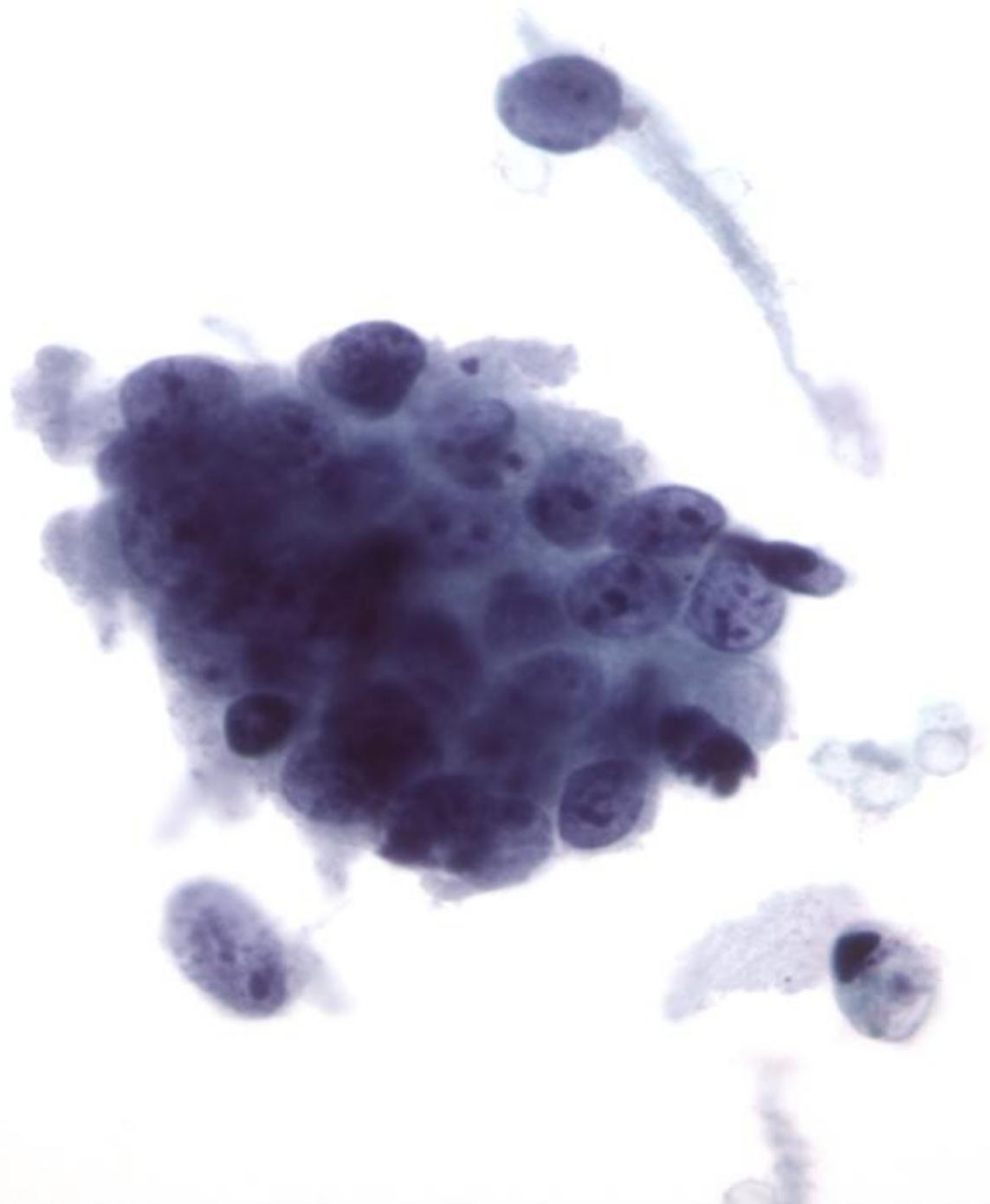
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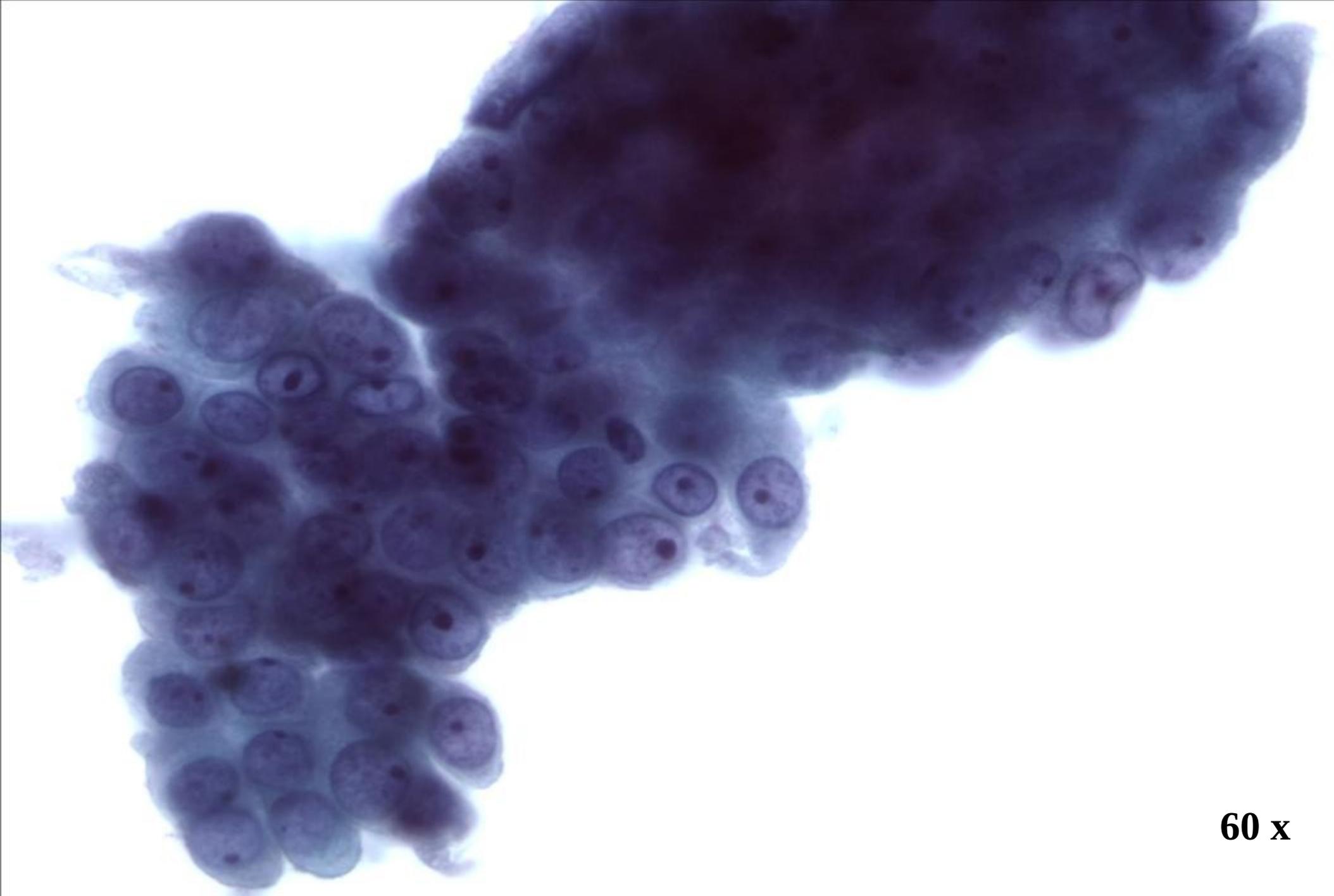
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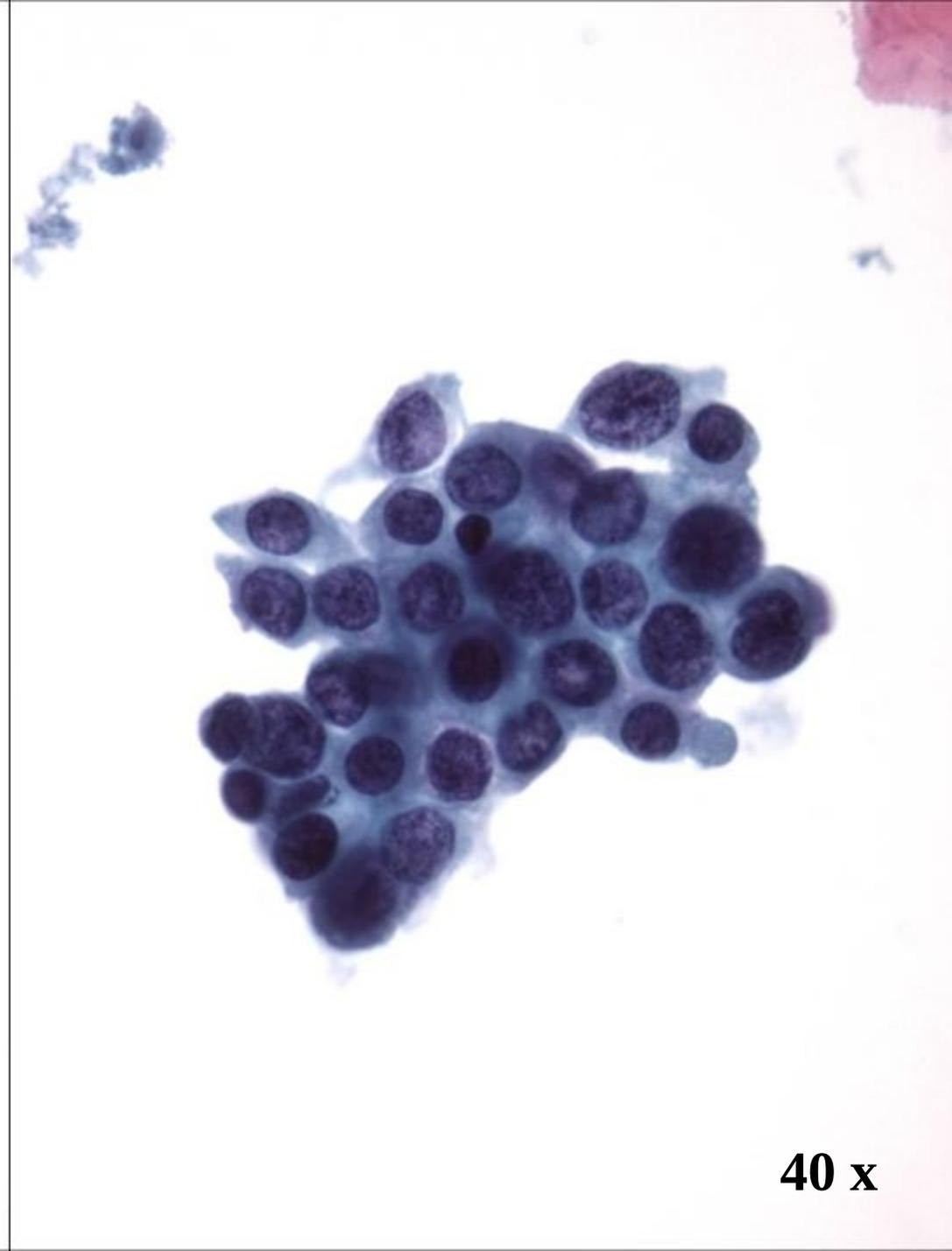
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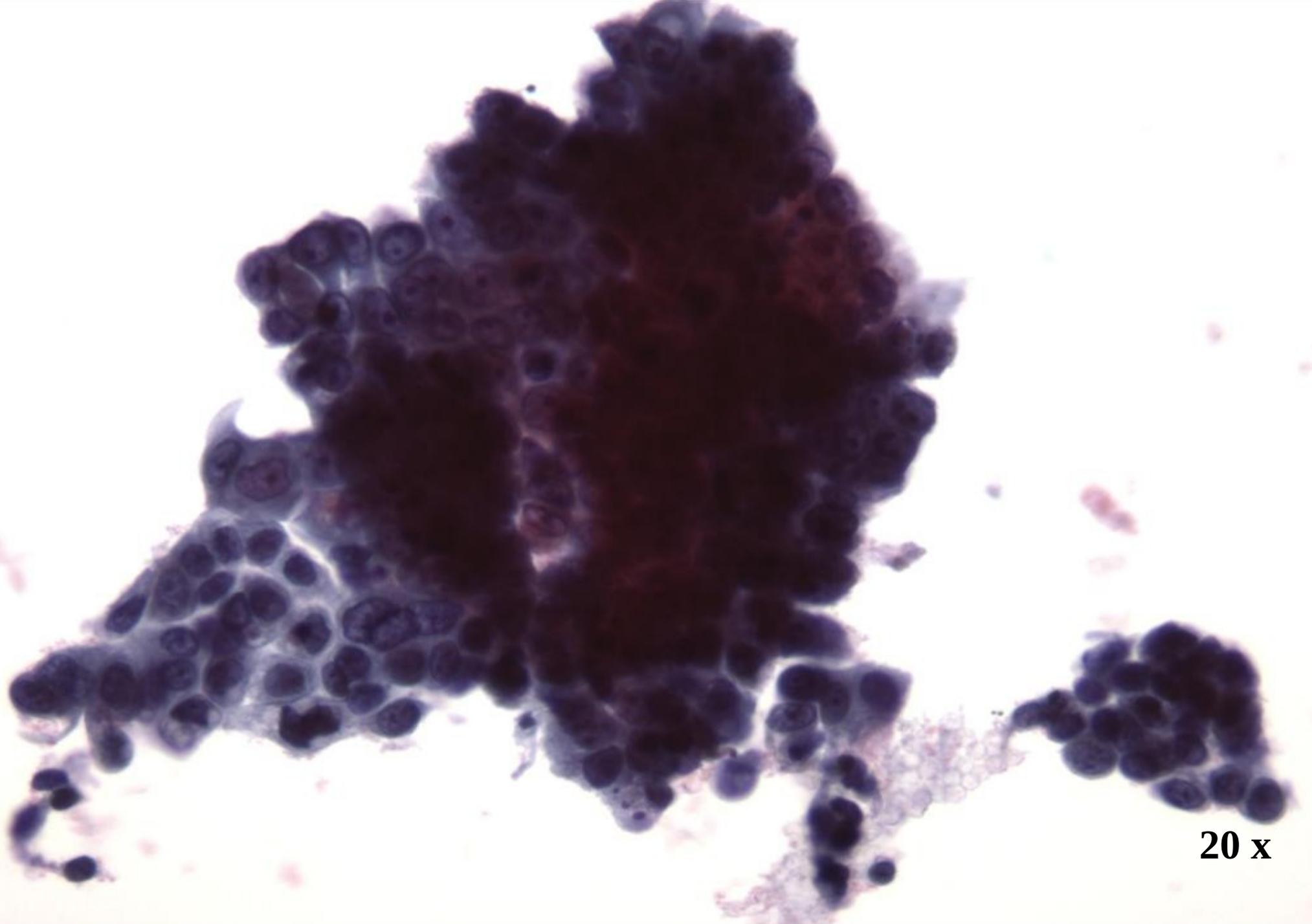
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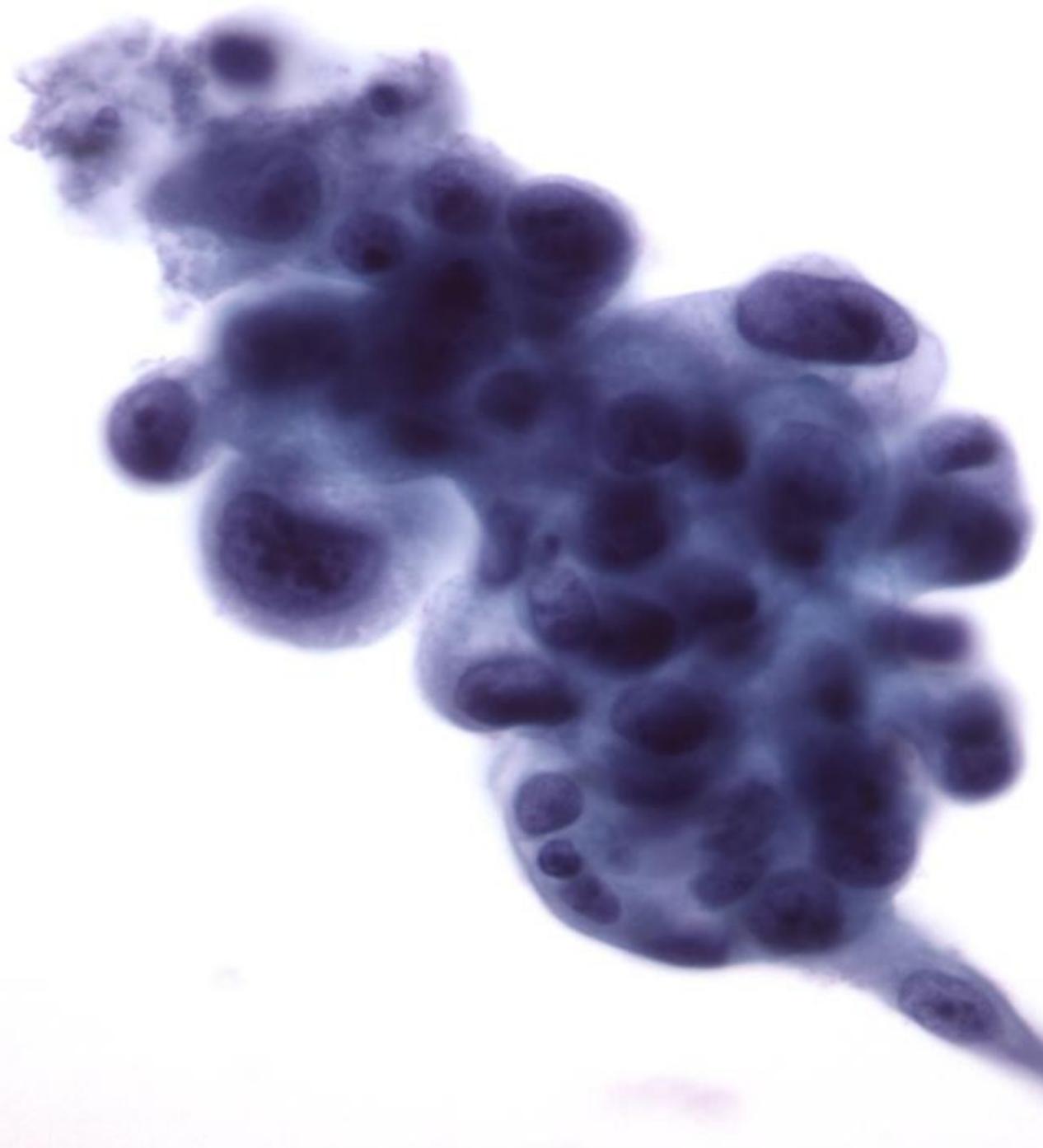
# Abnorme zytologische Befunde— Drüsenzellen

## Adenokarzinom

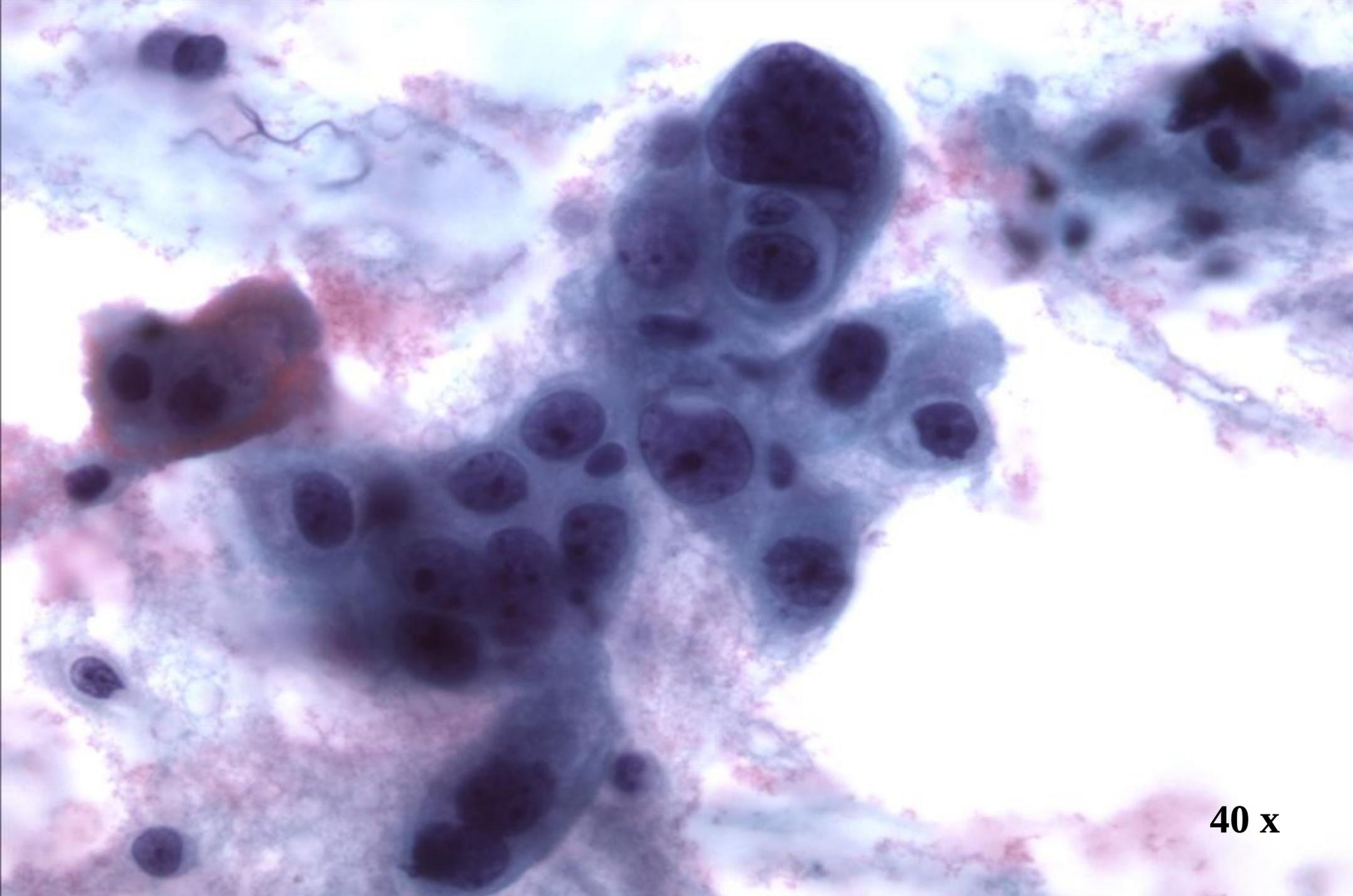
- Dreidimensionale Zellhaufen erhalten
- Gut erhaltene Kernmerkmale
- Tumordiathese kann vorhanden sein



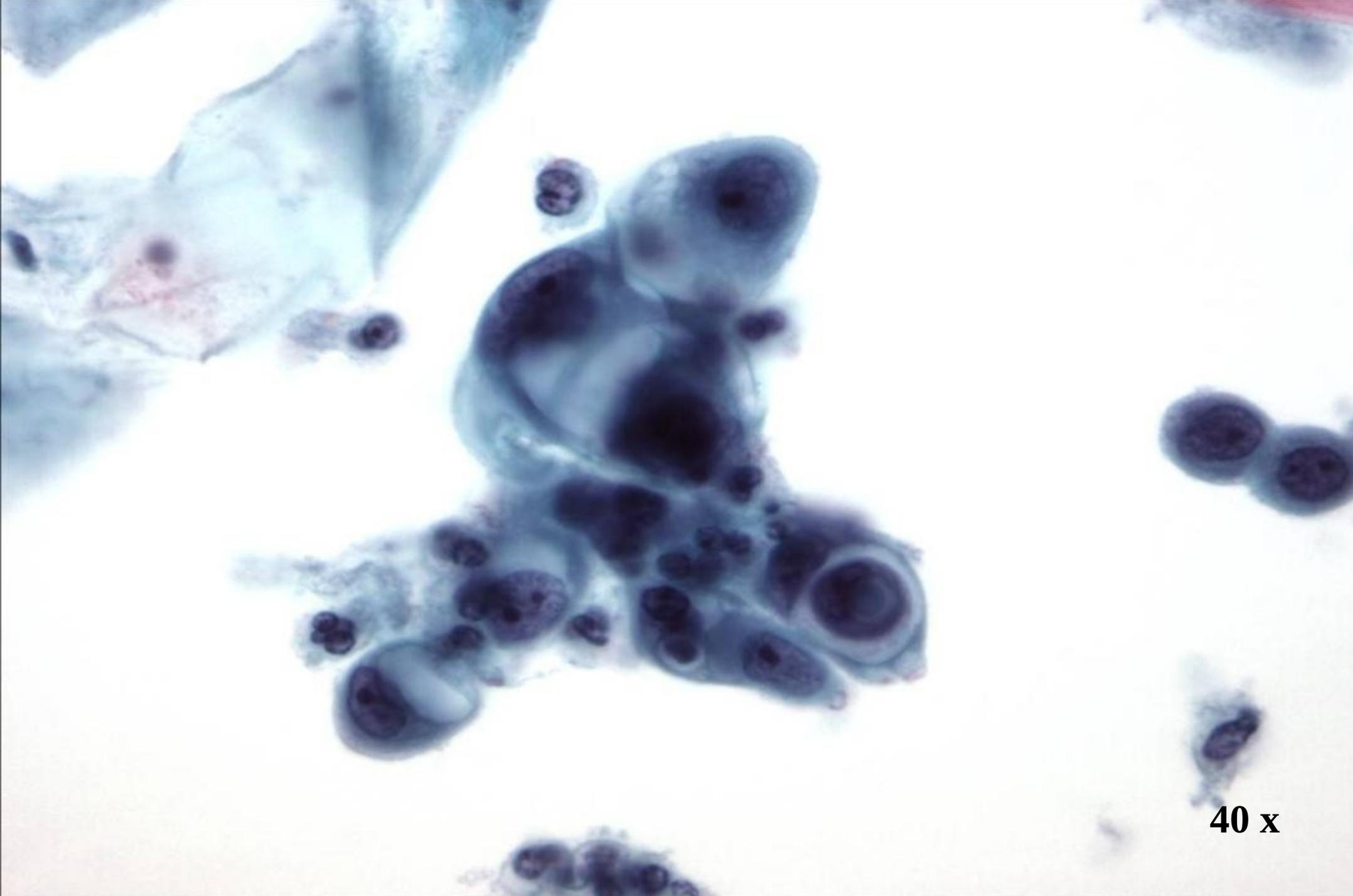
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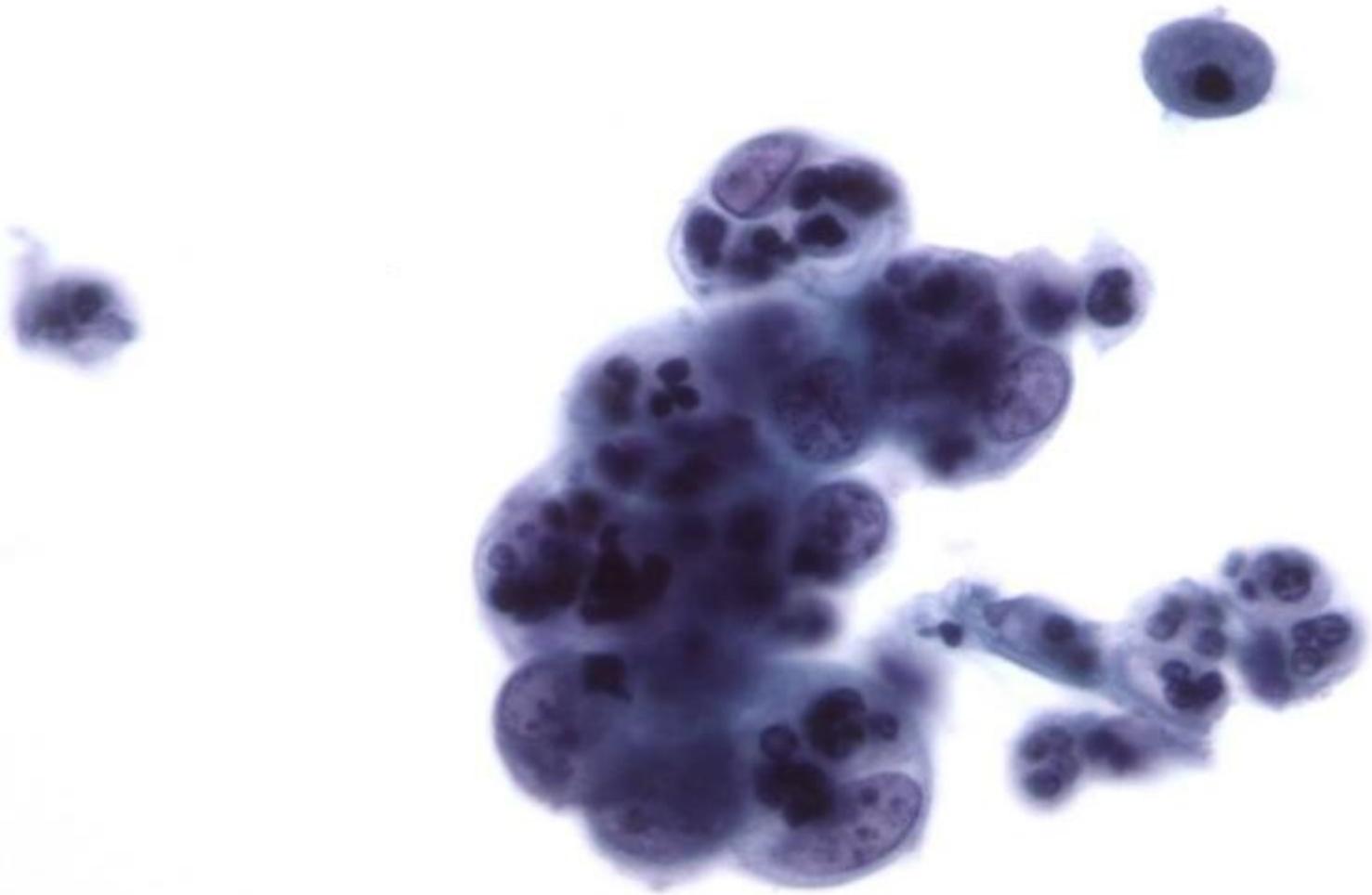
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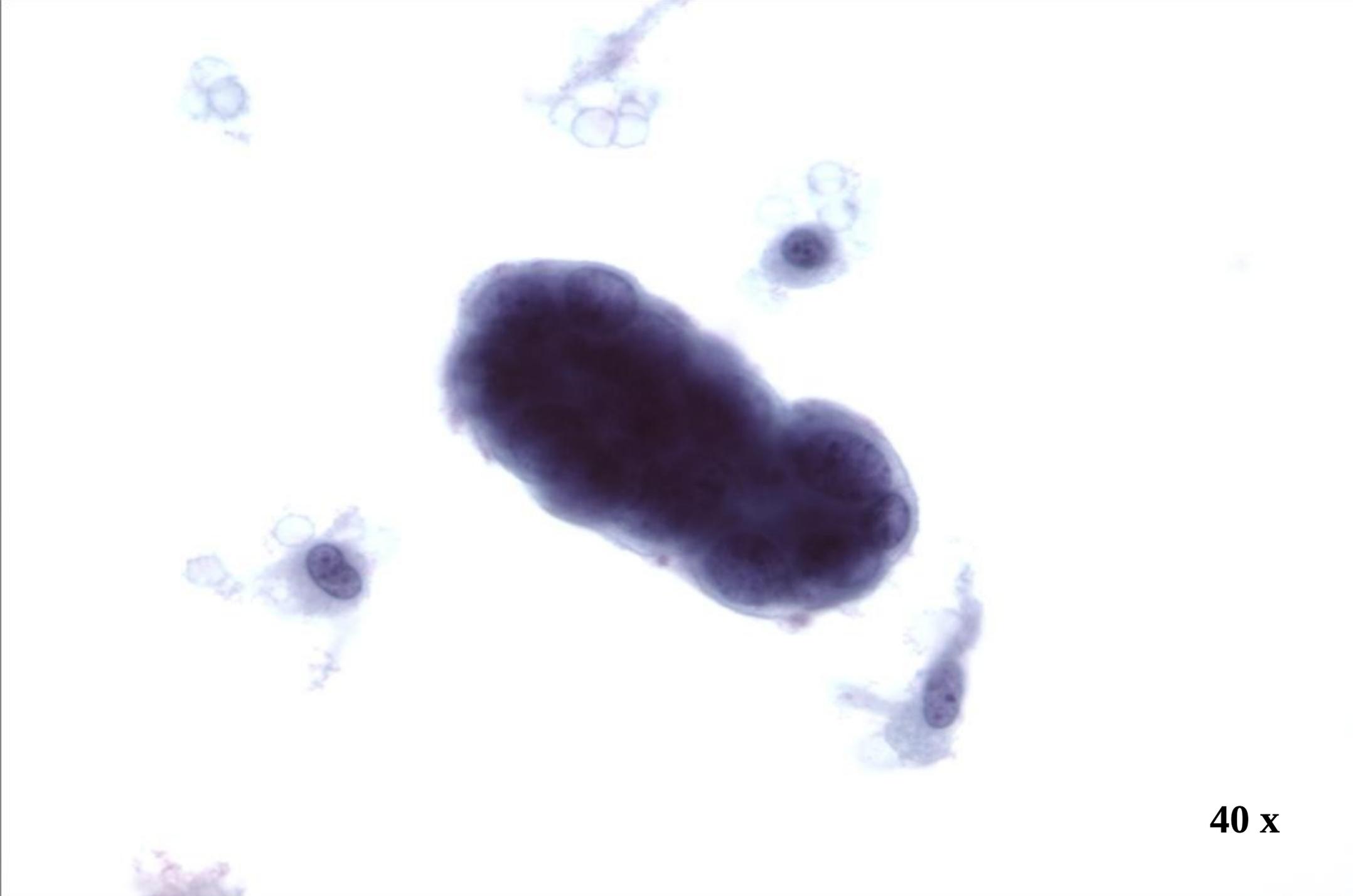
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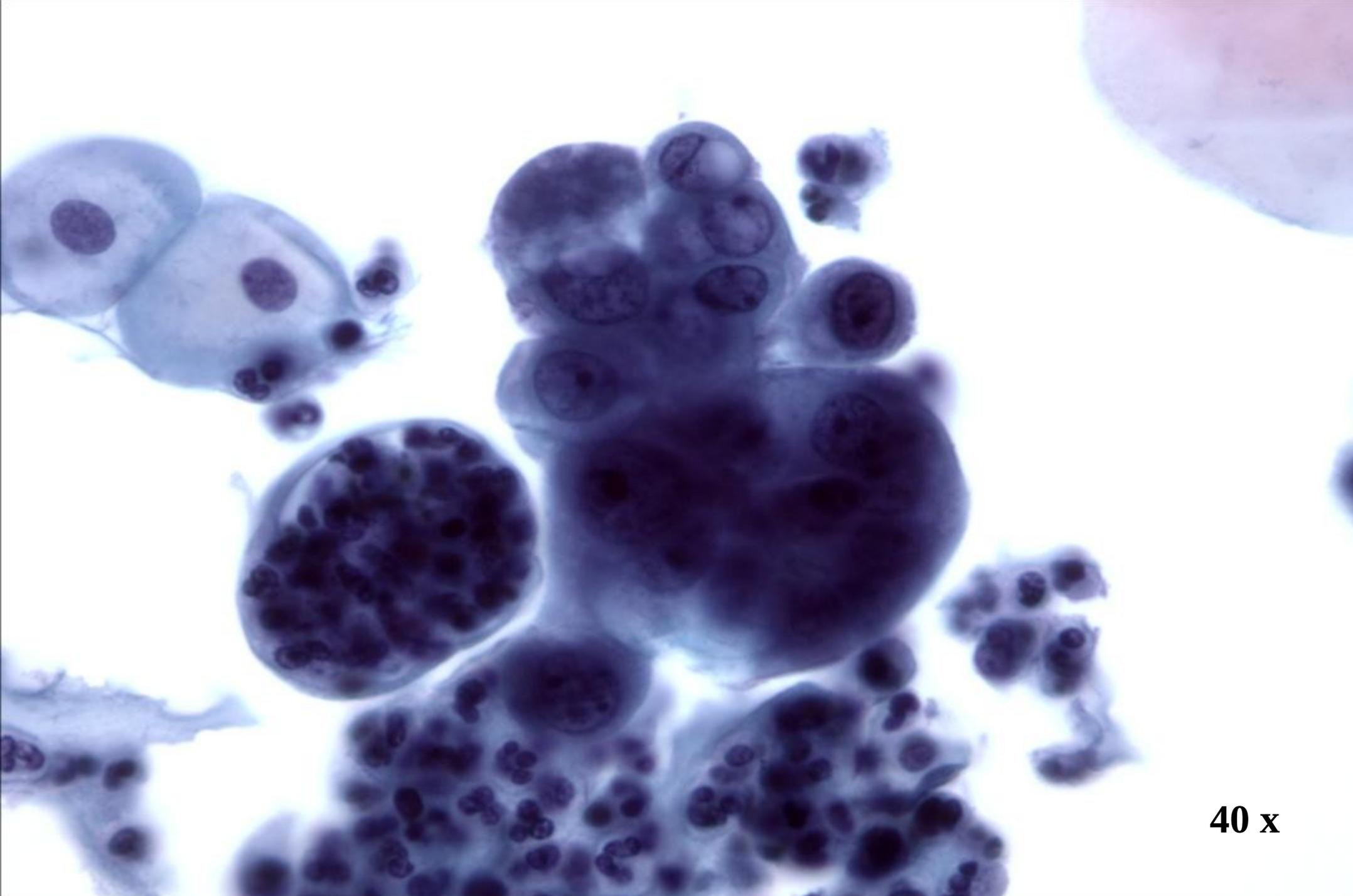
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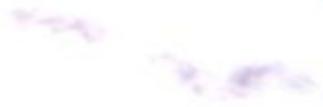
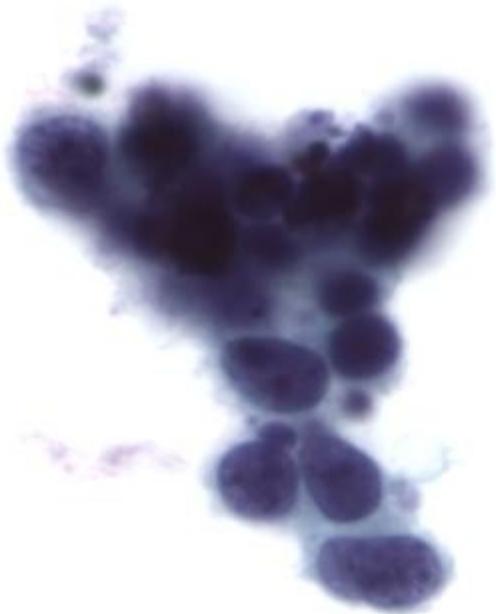
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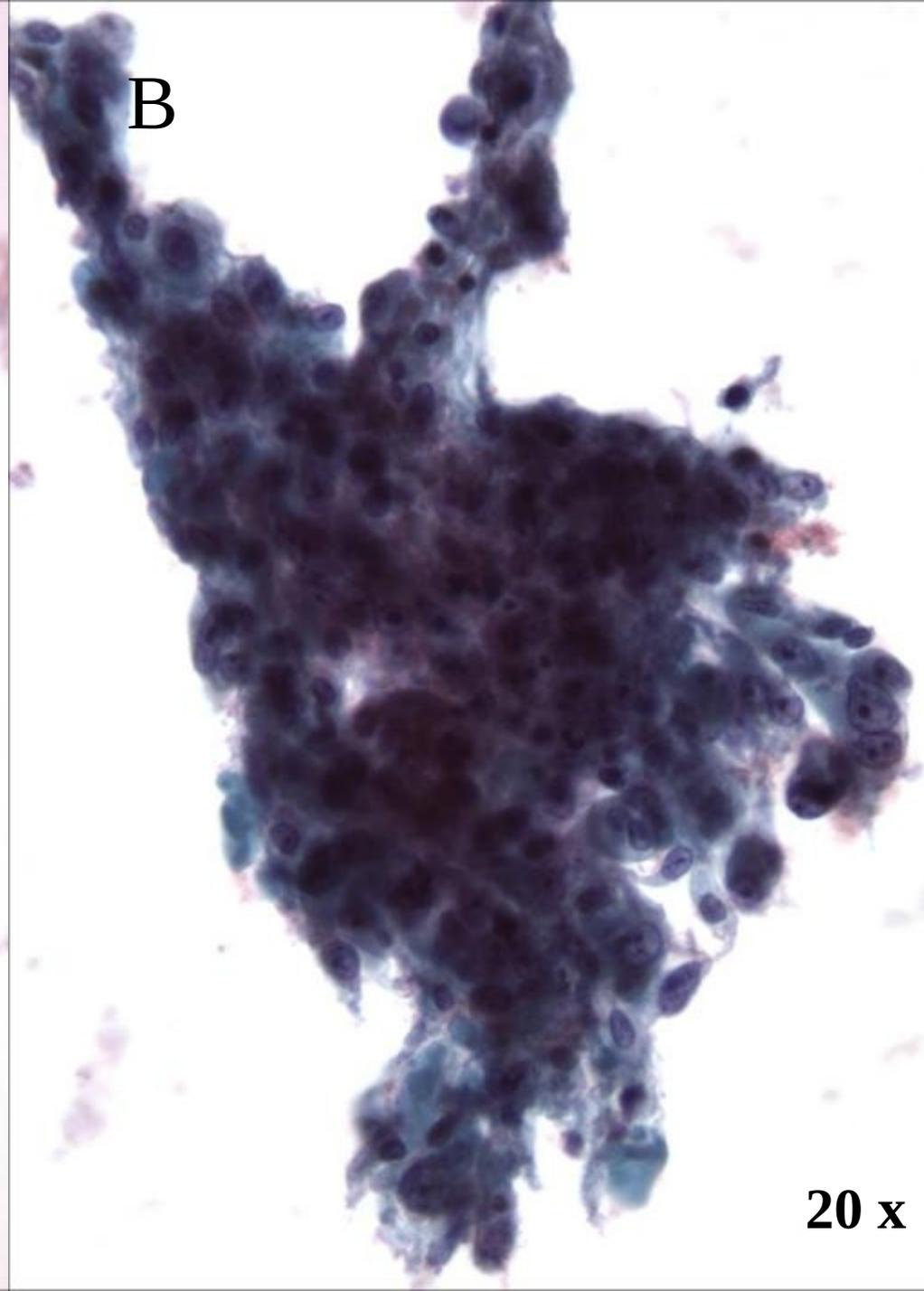
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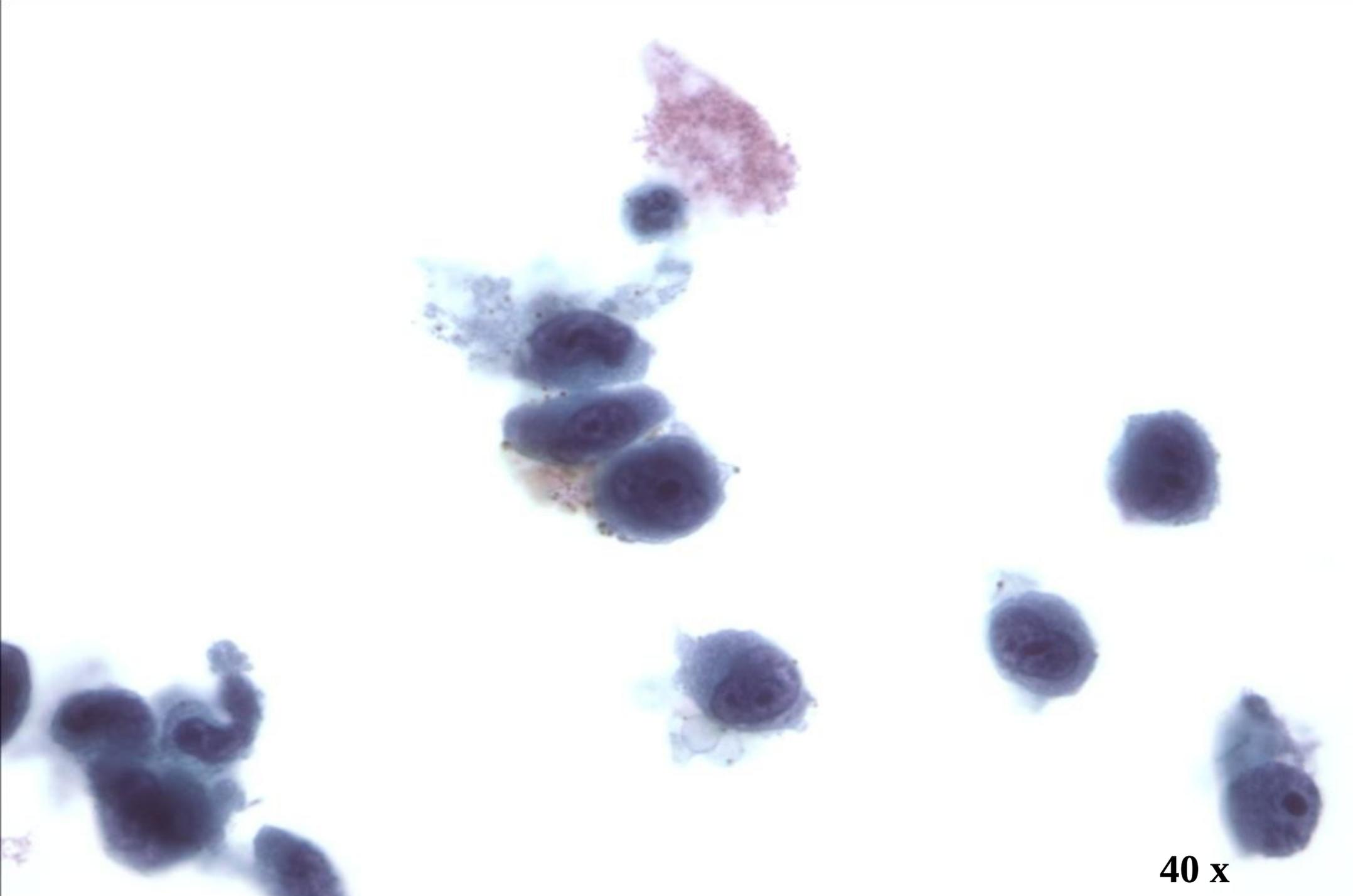


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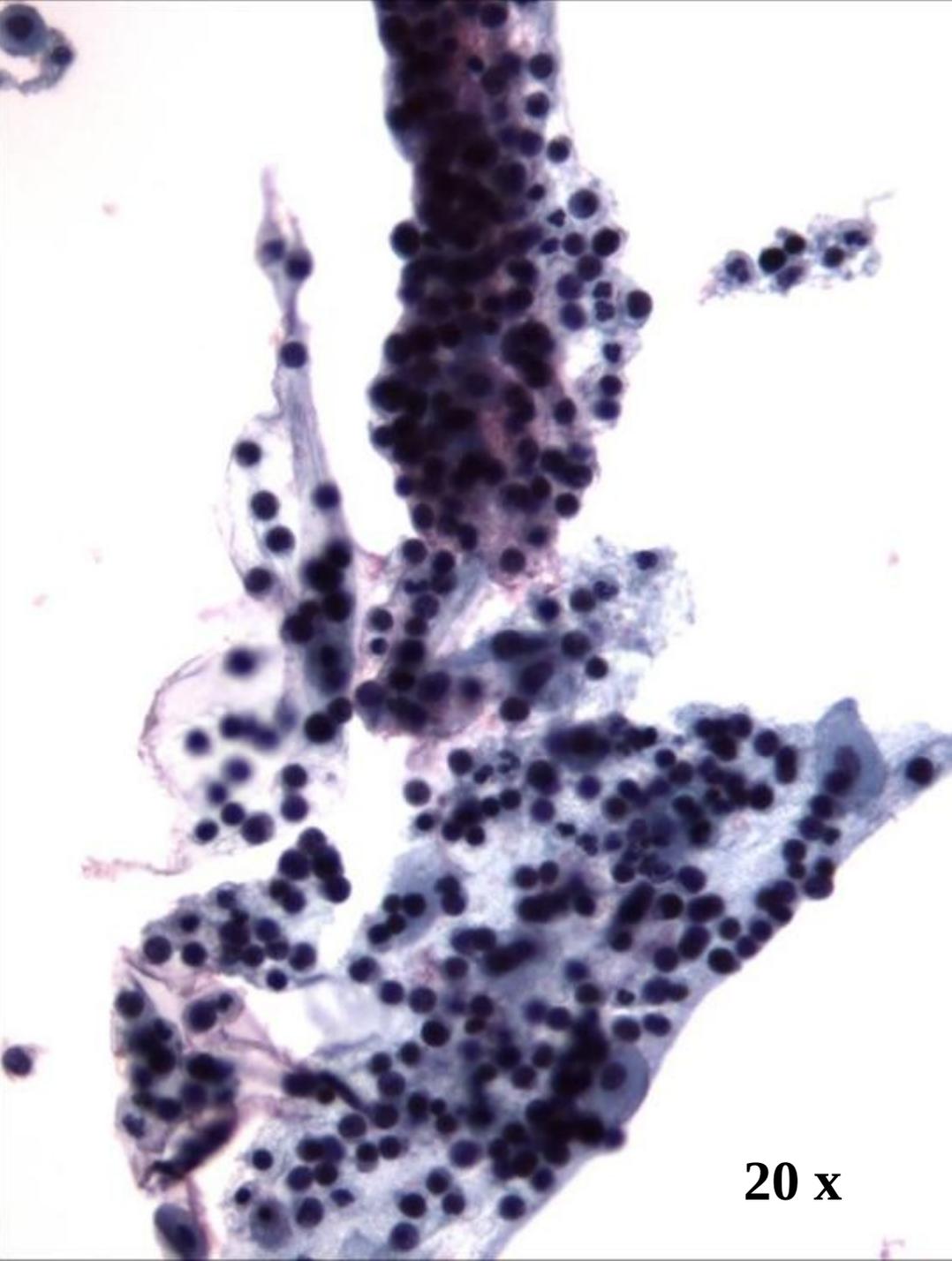
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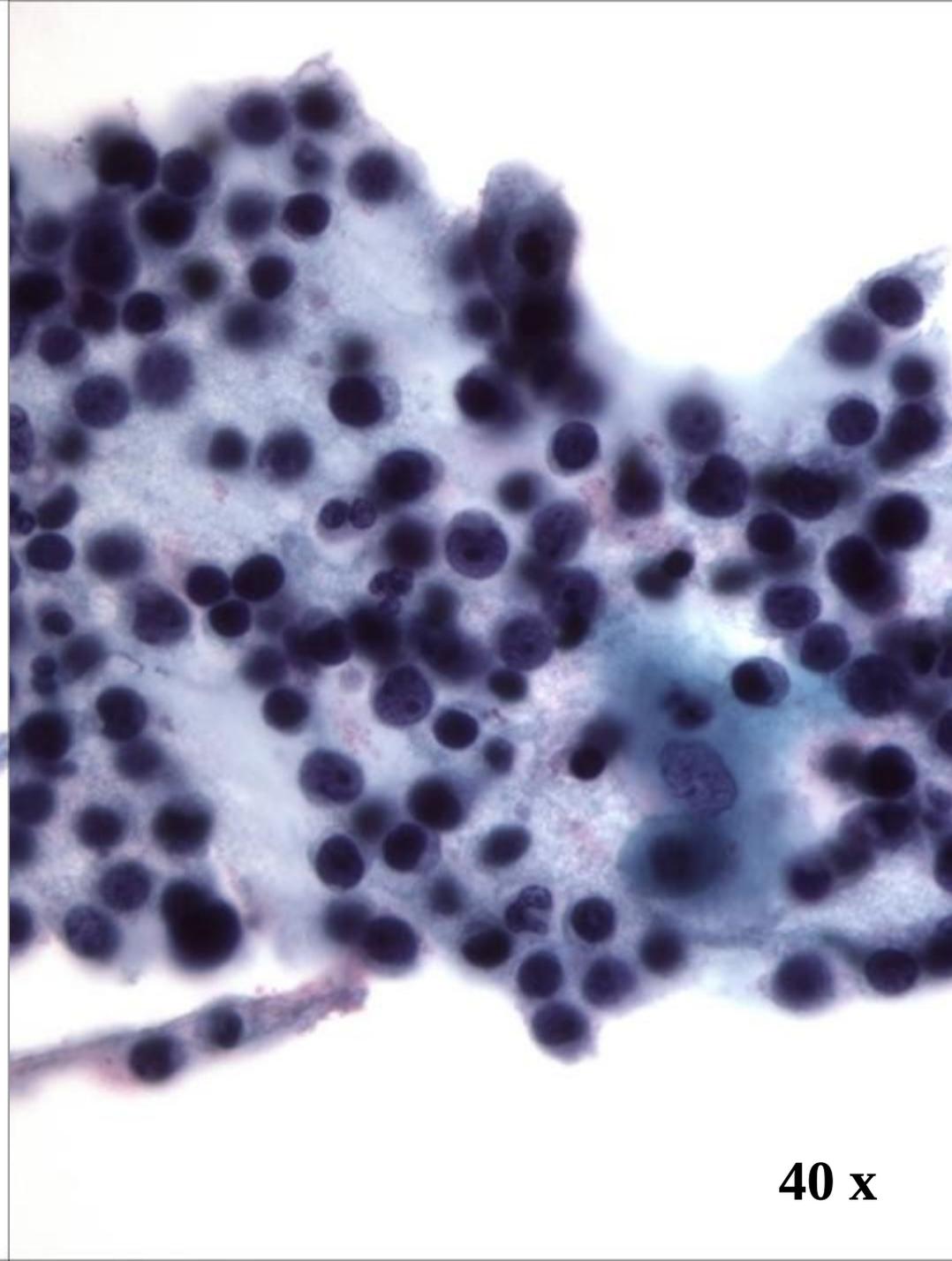
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# End-Auffällige zytologische Befunde

