

ThinPrep®-Pap-test: diagnostische problemen en differentiaaldiagnoses

ThinPrep-kenmerken

- Natte fixatie
 - betere cytoplasma- en kerndetails
 - Variabiliteit in kleuring van de kern Hypo-chromasie en Hyper-chromasie
- Celgrootte
 - proportioneel kleiner
 - losse cellen zijn prominenter aanwezig
 - cellen kunnen in de oplossing rond worden, bijv. adenocarcinoom
- Uitstrijkpatroon
 - Celmateriaal wordt niet uit het slijm getrokken
 - Mechanische artefacten geëlimineerd
- Achtergrond van het specimen
 - Necrose verdwijnt niet, het kan er samengeklonterd uitzien

Differentiaaldiagnoses

- Endocervicaal adenocarcinoom vs slecht gedifferentieerd plaveiselcarcinoom (SCC)
- Endocervicaal adenocarcinoom vs endometriaal adenocarcinoom
- Endometriaal adenocarcinoom vs kleincellig plaveiselcarcinoom
- Adenocarcinoom-in-situ vs tubaire metaplasie
- HSIL vs losse endometriale cellen
- HSIL vs onrijpe squameuze metaplasie
- Slecht gedifferentieerd plaveiselcelcarcinoom vs herstel

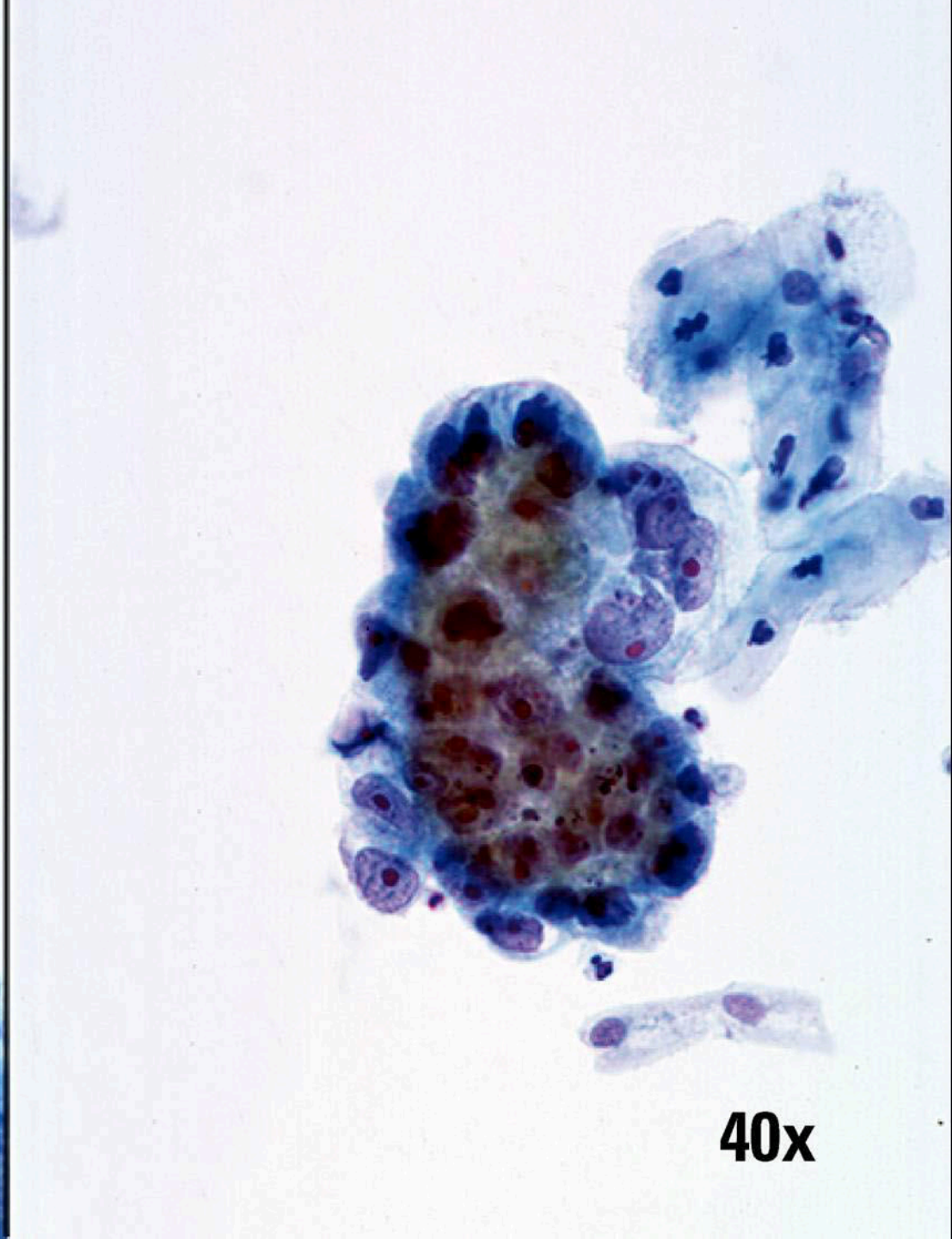
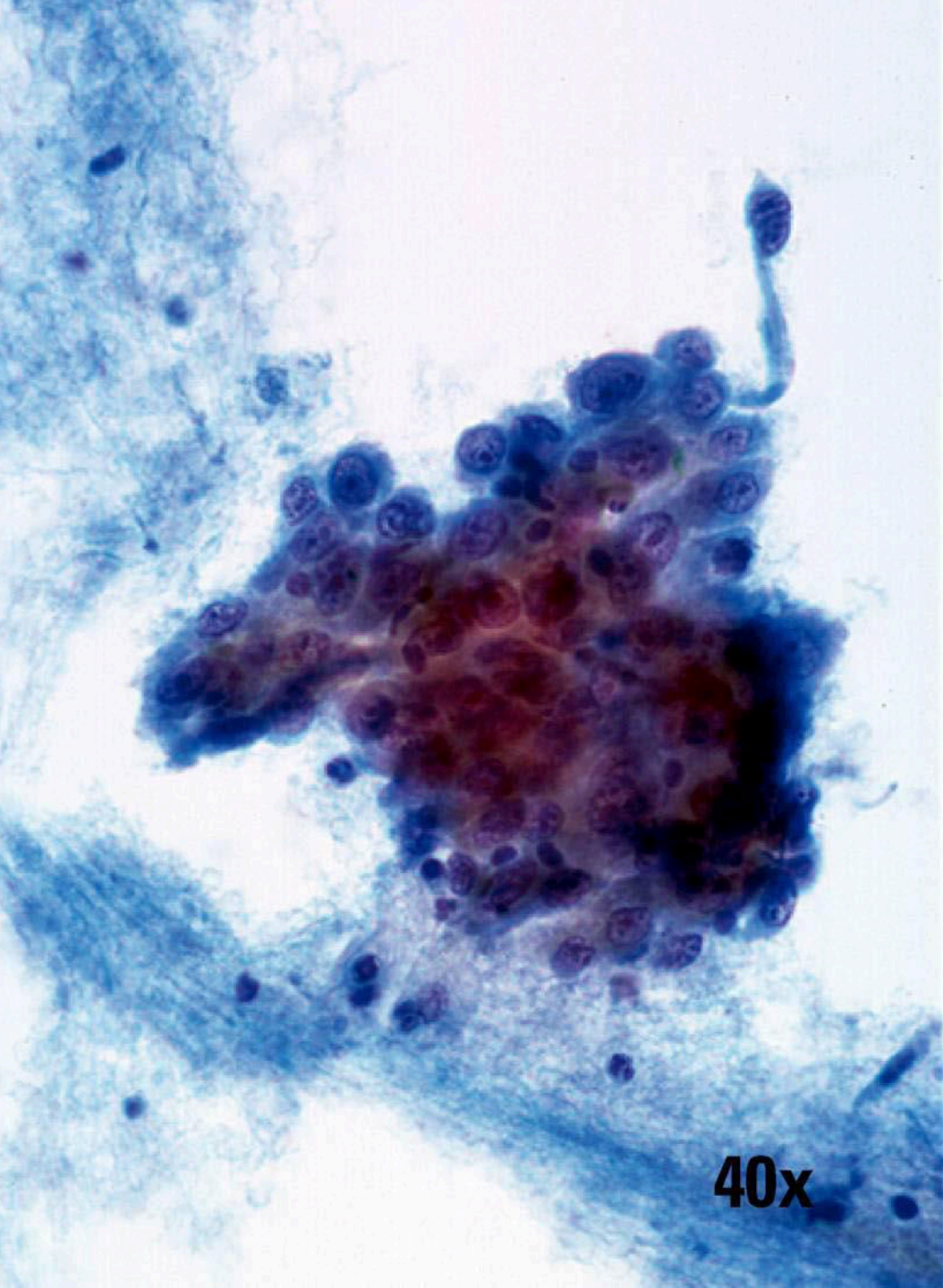
Slecht gedifferentieerd plaveiselcelcarcinoom vs endocervicaal adenocarcinoom

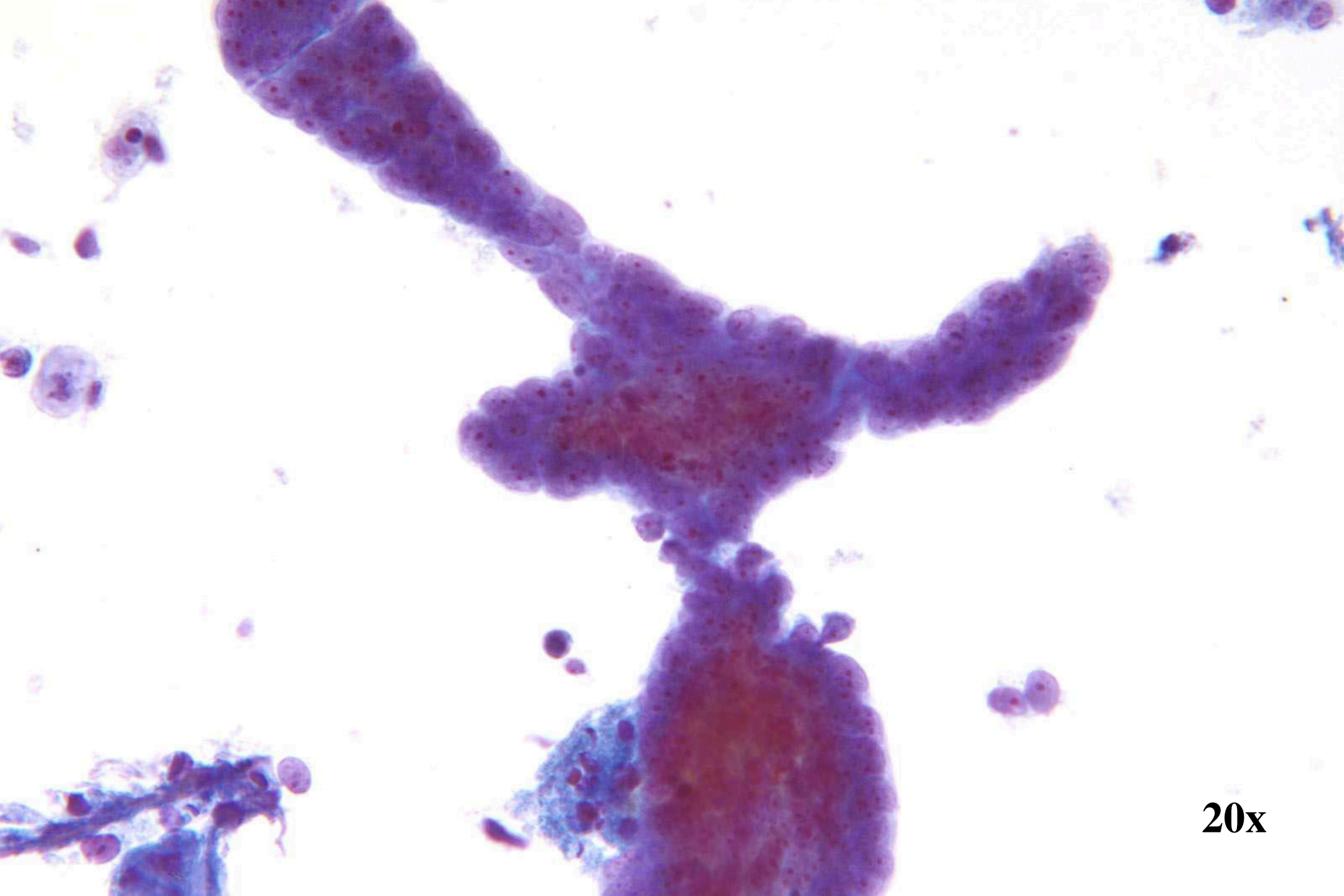
Slecht gedifferentieerd SCC

- 2D-lagen en losse cellen
- Gerafelde groepranden
- Compact, homogeen cytoplasma
- Pleiomorfisme, onregelmatige kernvormen en -grootten
- Onregelmatig klontering van chromatine
- Nucleoli variëren in vorm, grootte, aantal en positie

Endocervicaal adenocarcinoom

- 3D-celgroepen
- Gemeenschappelijke groepsgrenzen
- Delicaat, schuimachtig cytoplasma
- Vergrote kernen, gewoonlijk rond/ovaal
- Lege plekken in parachromatine
- Ronde, centrale, losse of meervoudige macronucleoli

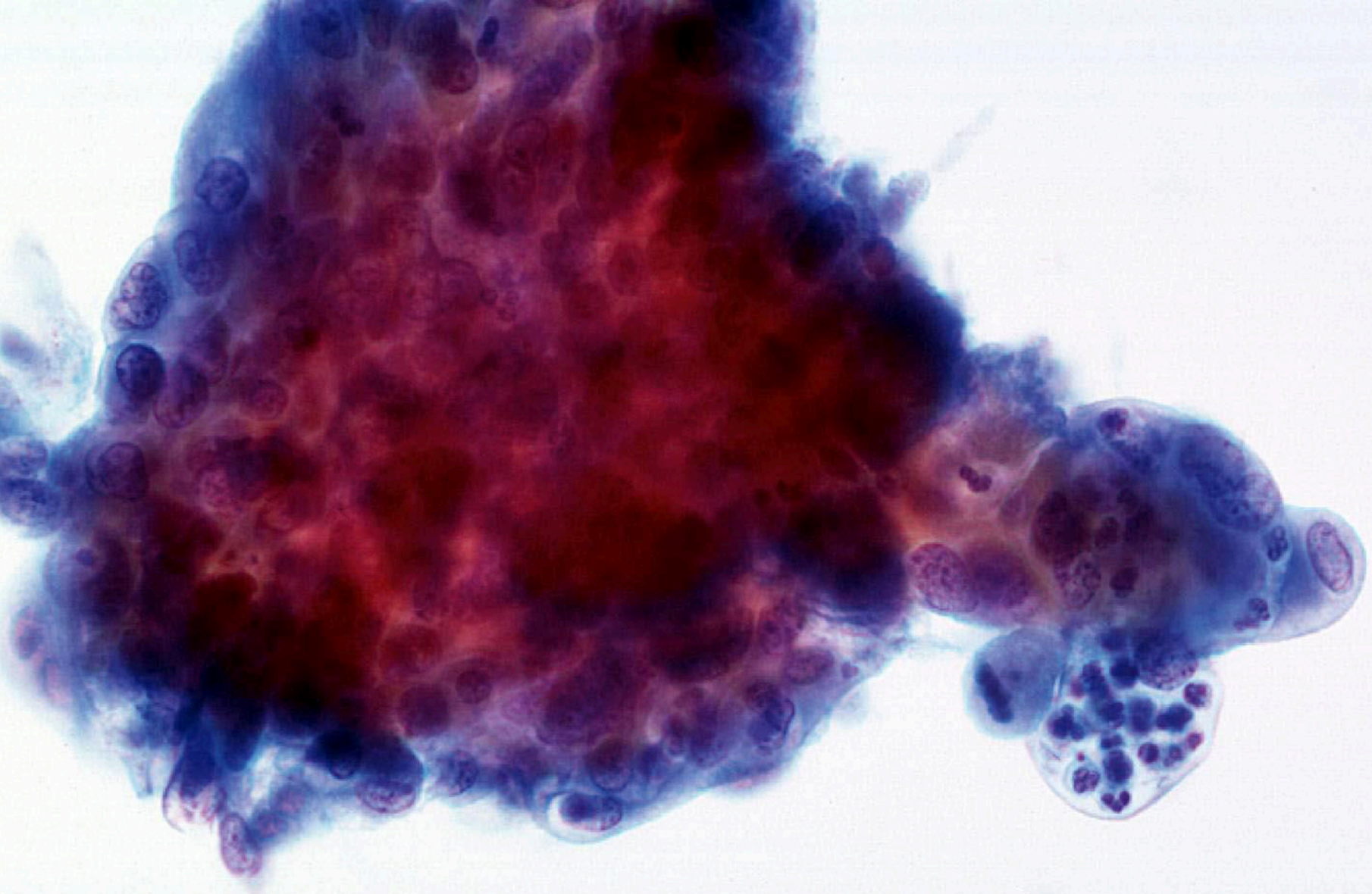




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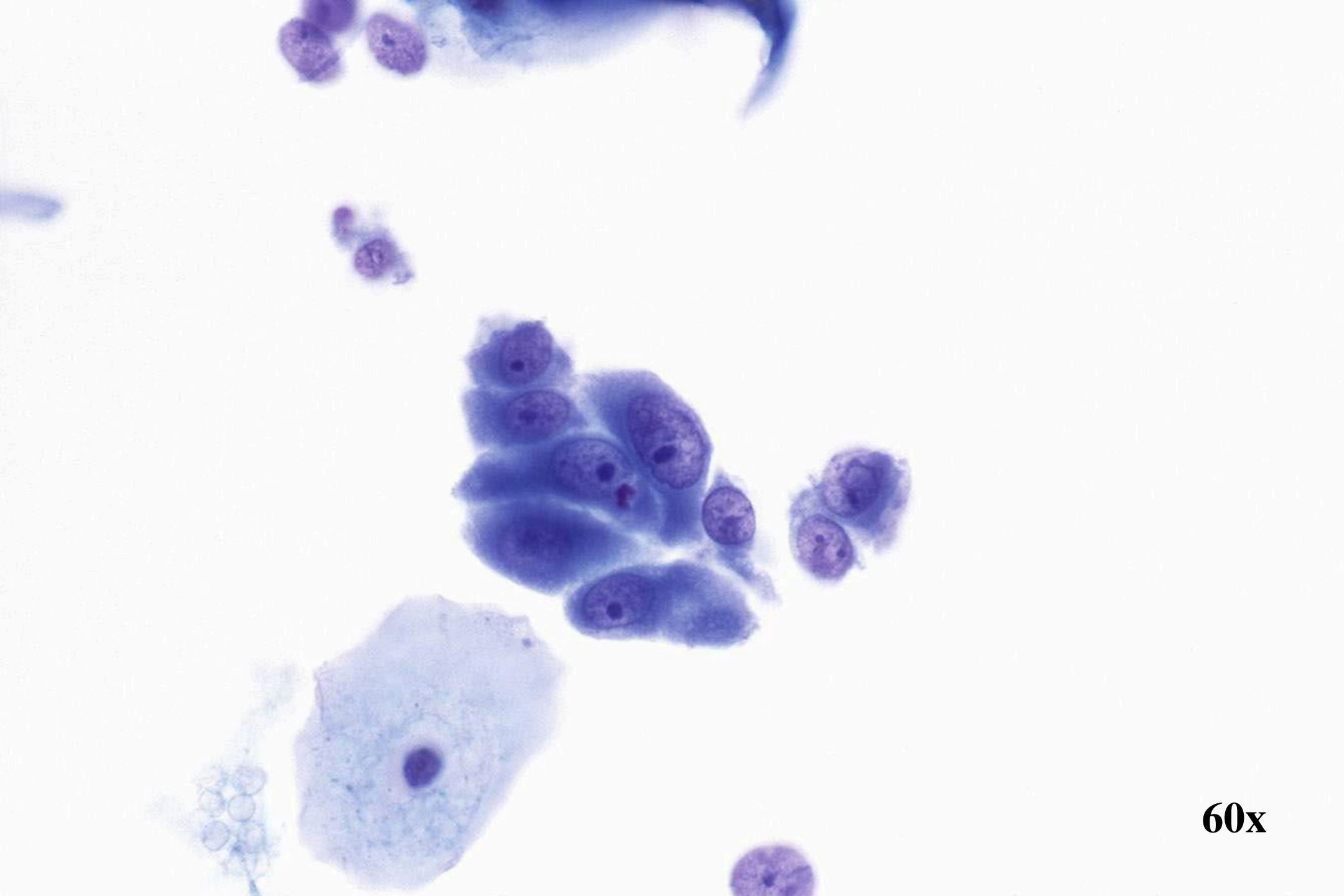
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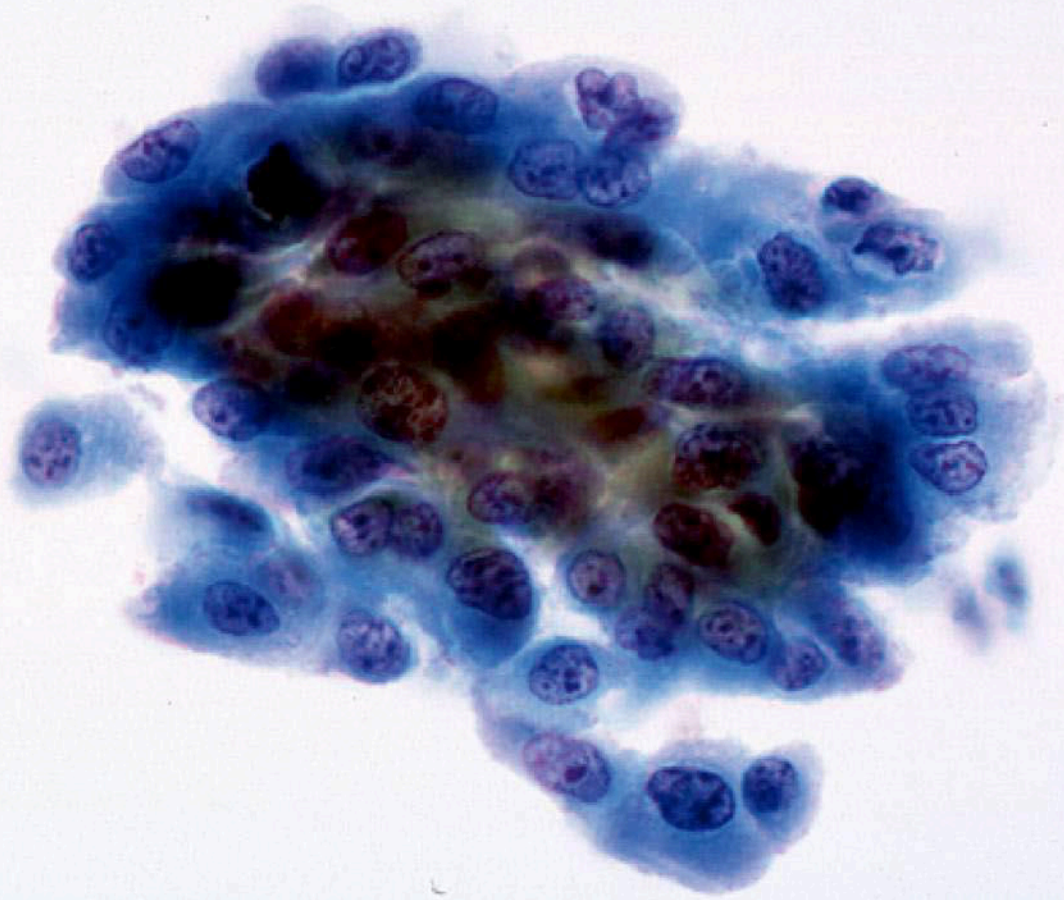
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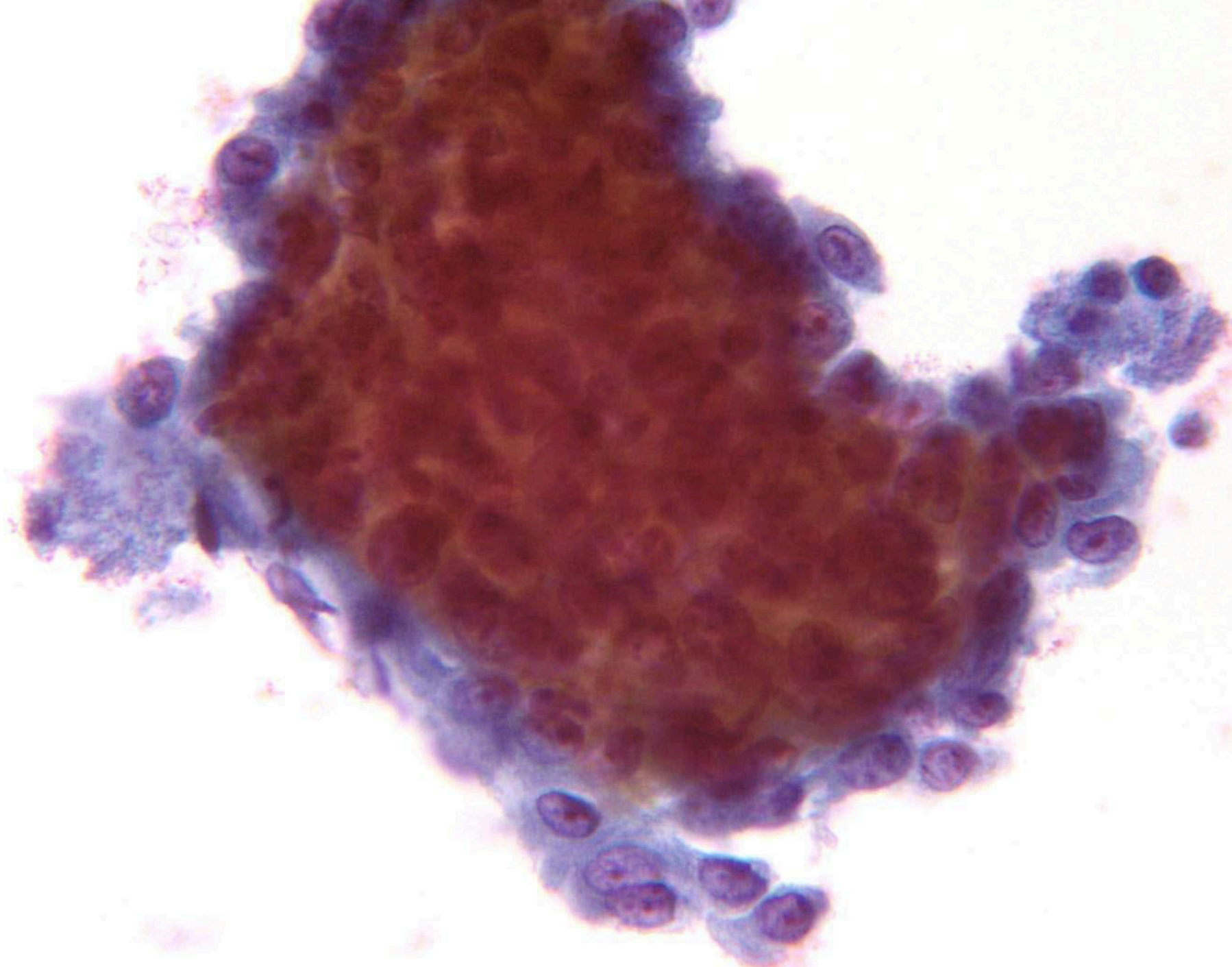
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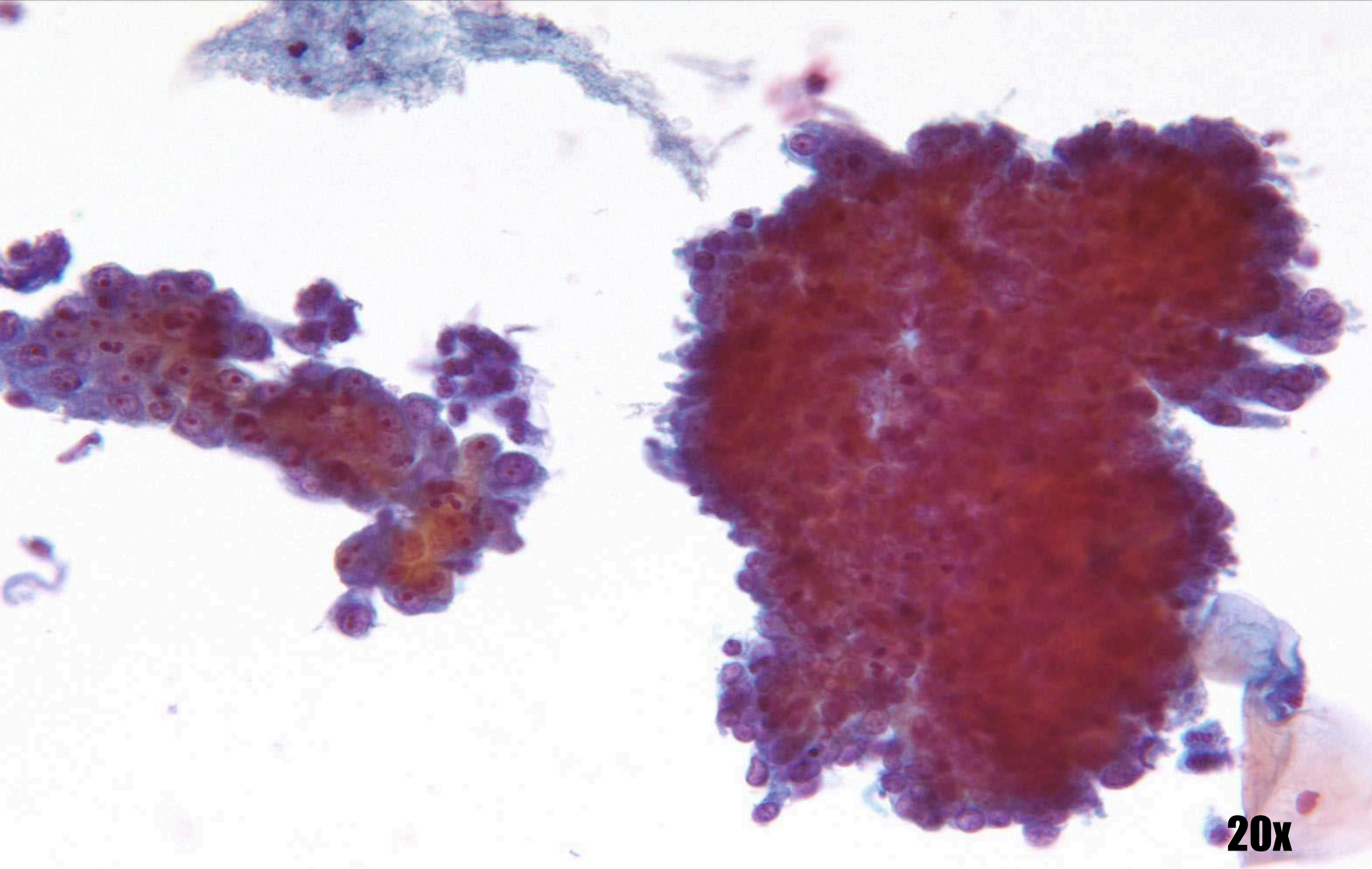
Endocervicaal adenocarcinoom vs endometriaal adenocarcinoom

Endocervicaal adenocarcinoom

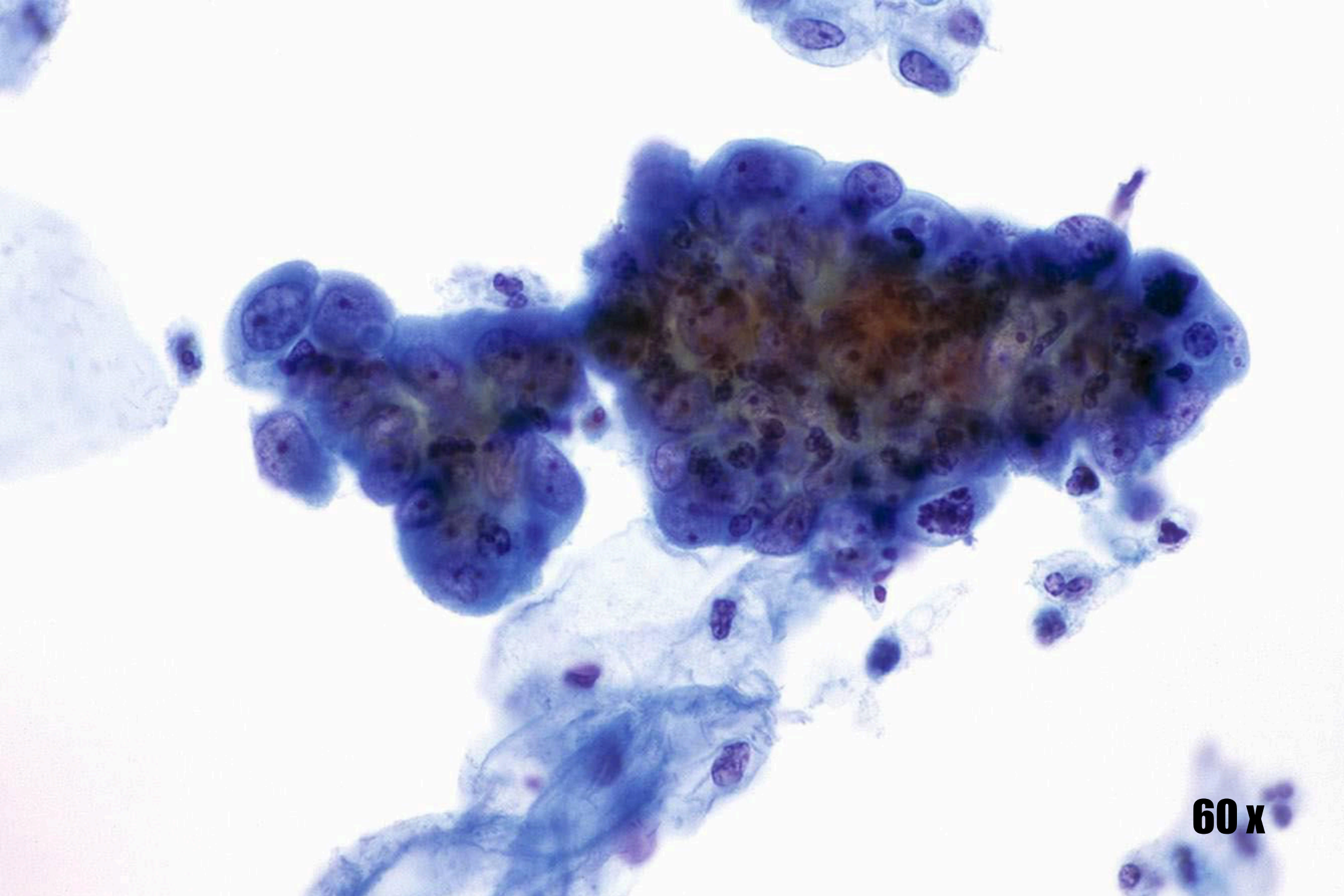
- Overvloedig abnormaal materiaal
 - rechtstreeks geschraapt
- Goed geconserveerd materiaal
- Cellen en celgroepen in het algemeen groter
- Overvloedig, schuimachtig cytoplasma, soms cilindrisch
- AIS-precursor met endocervicale structuur soms zichtbaar

Endometriaal adenocarcinoom

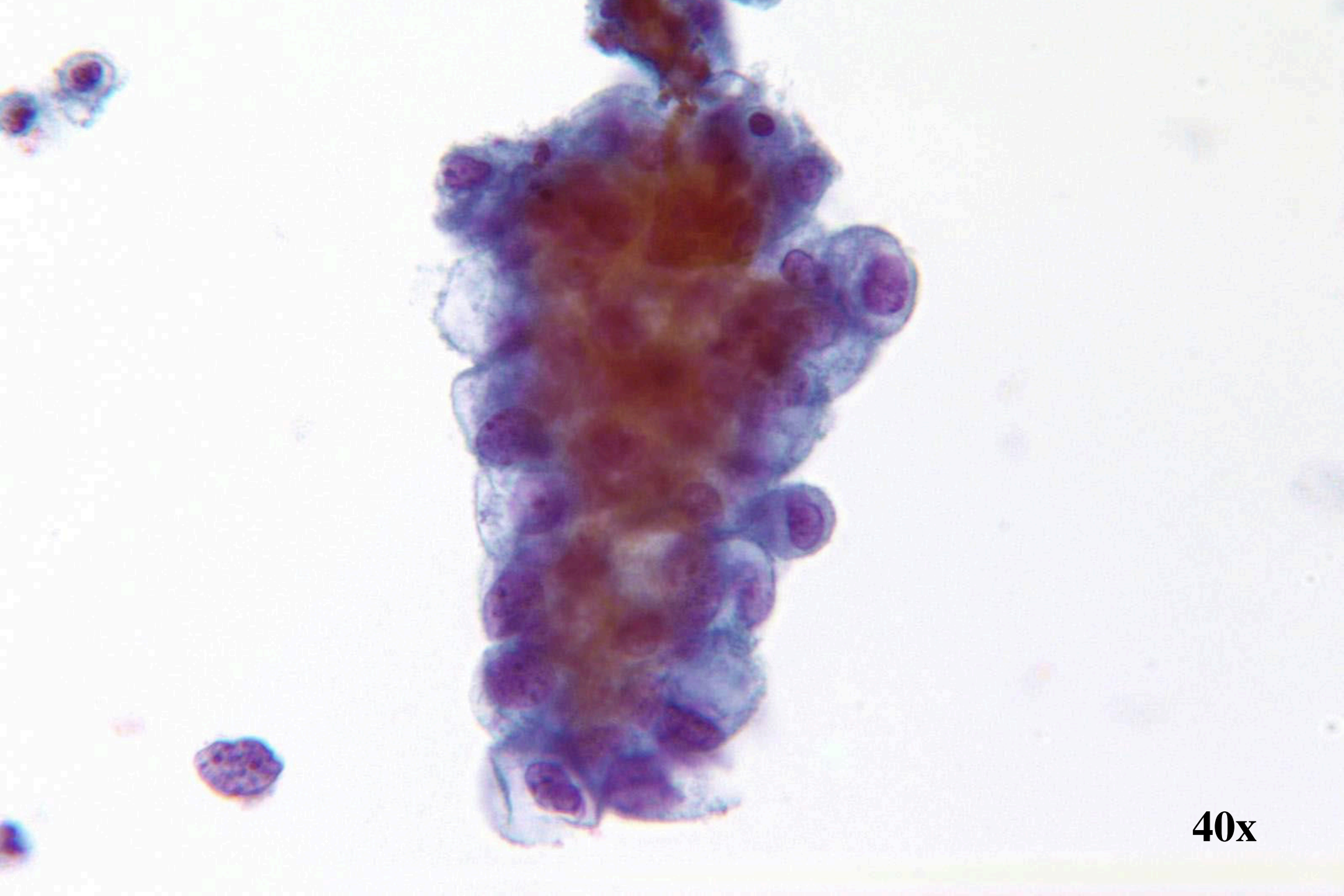
- Geïsoleerde abnormale groepen
 - afstoting van cellen
- Variabele conservatie van cellen
- Cellen en celgroepen zijn in het algemeen kleiner
- Weinig, cyanofiel cytoplasma met enkele opvallende vacuolen
- Rijp hormonaal patroon, waterig transsudaat soms zichtbaar



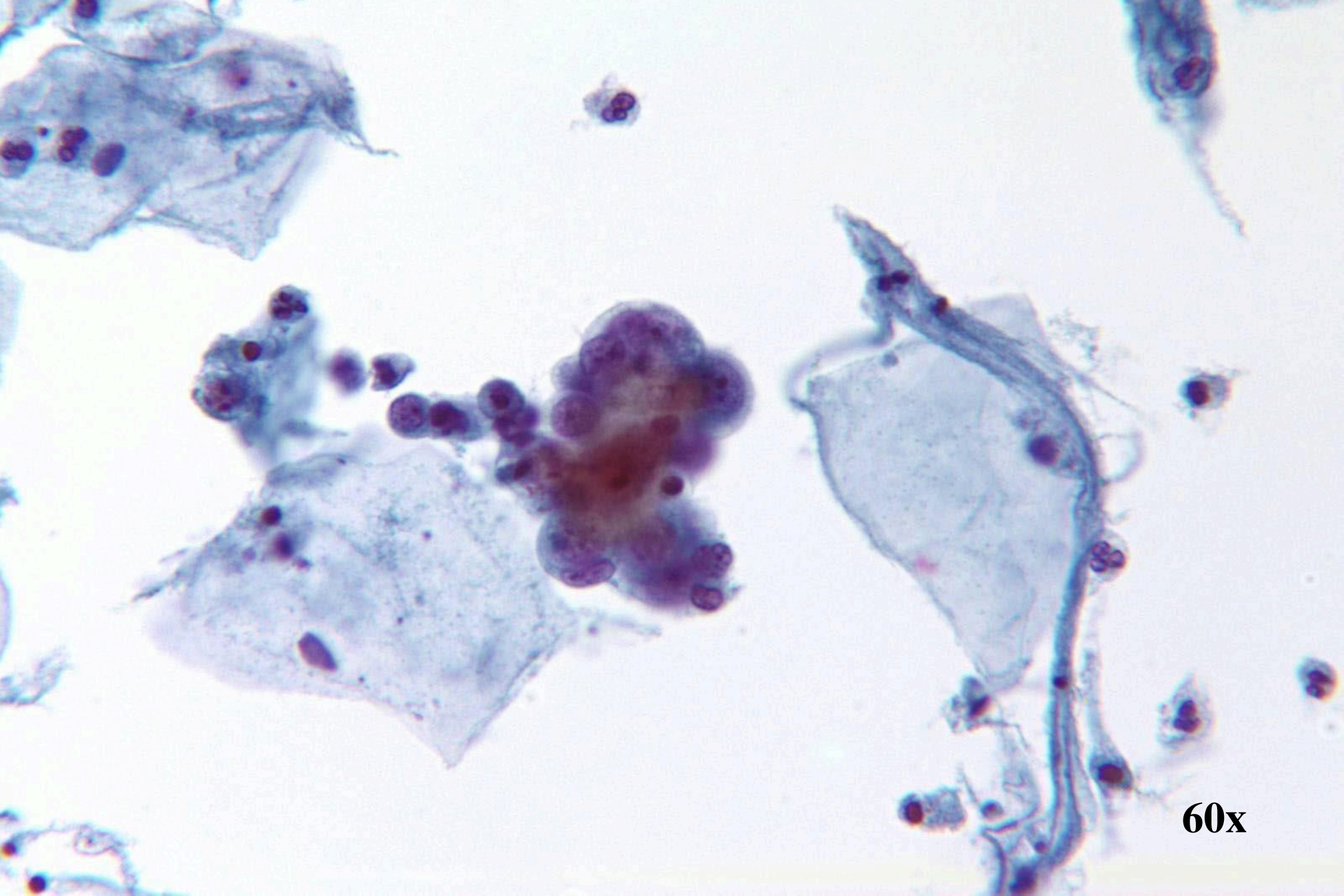
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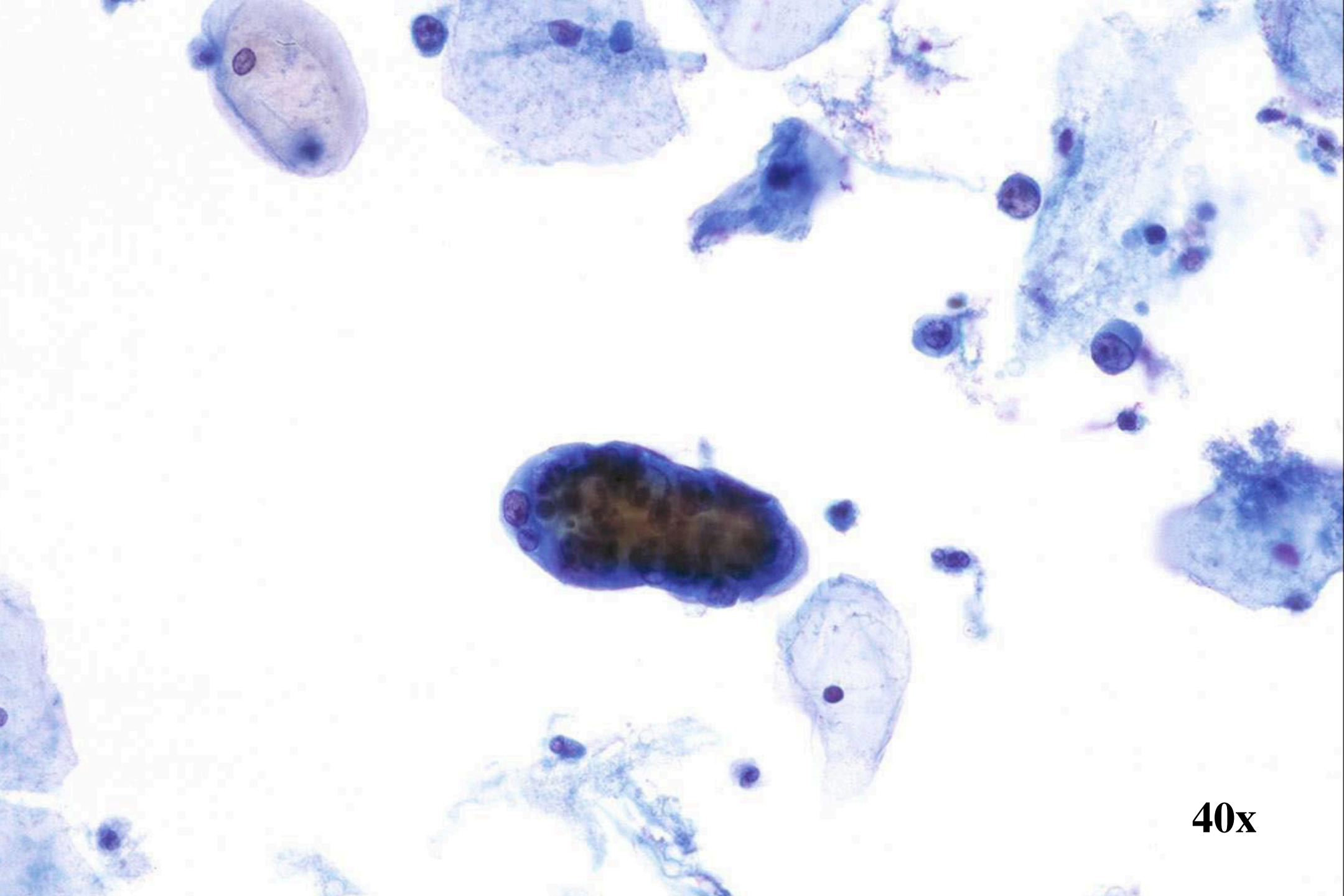
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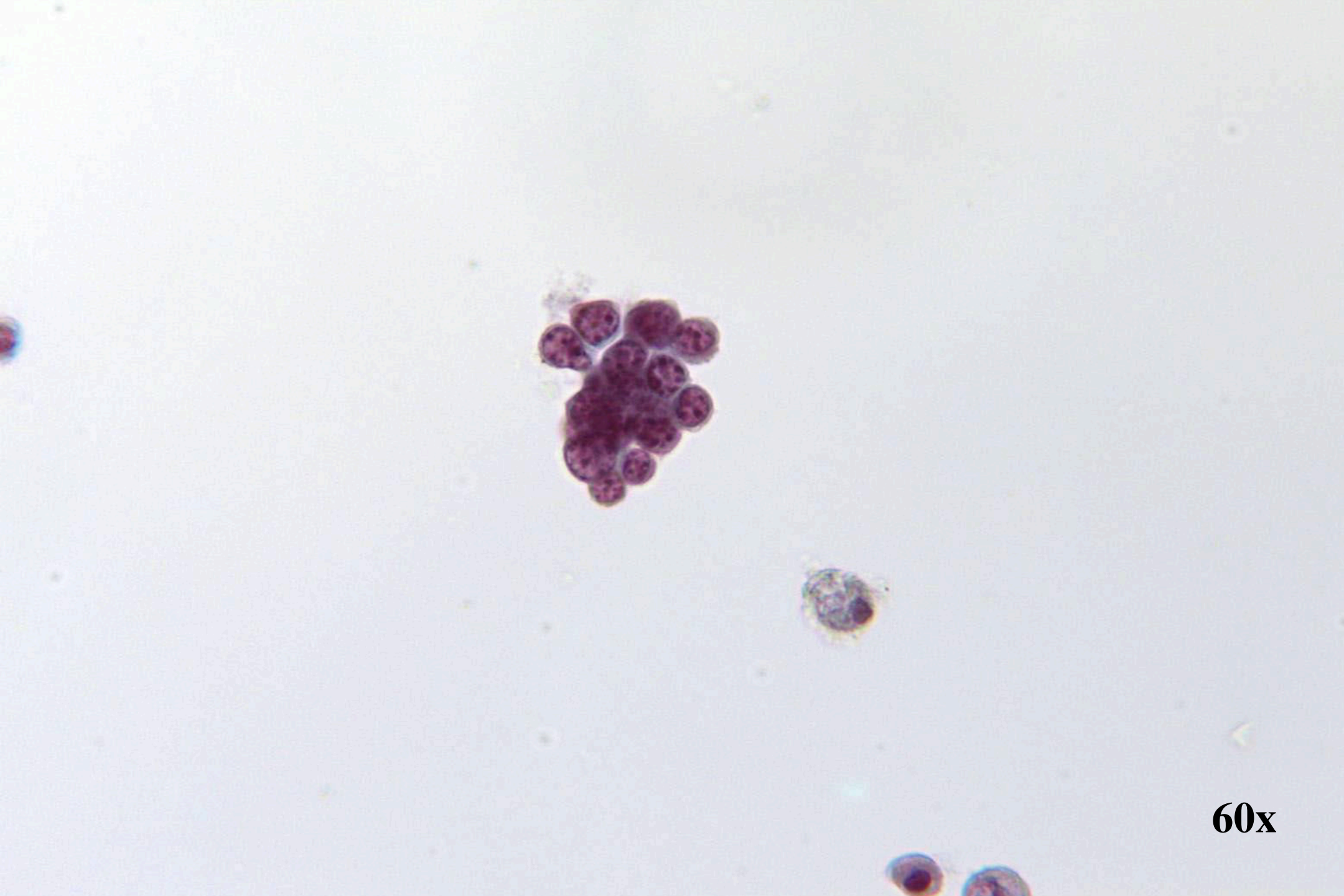
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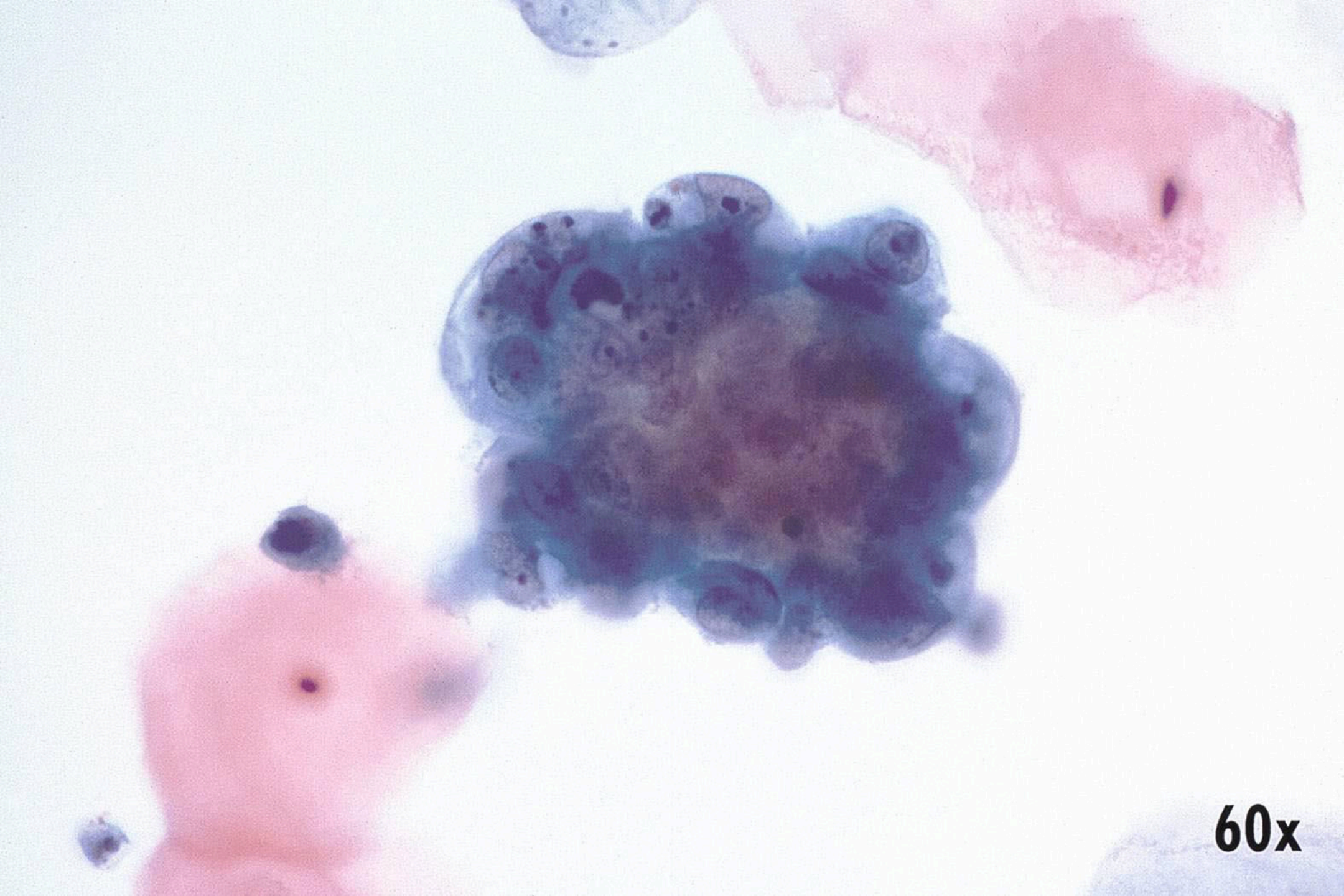
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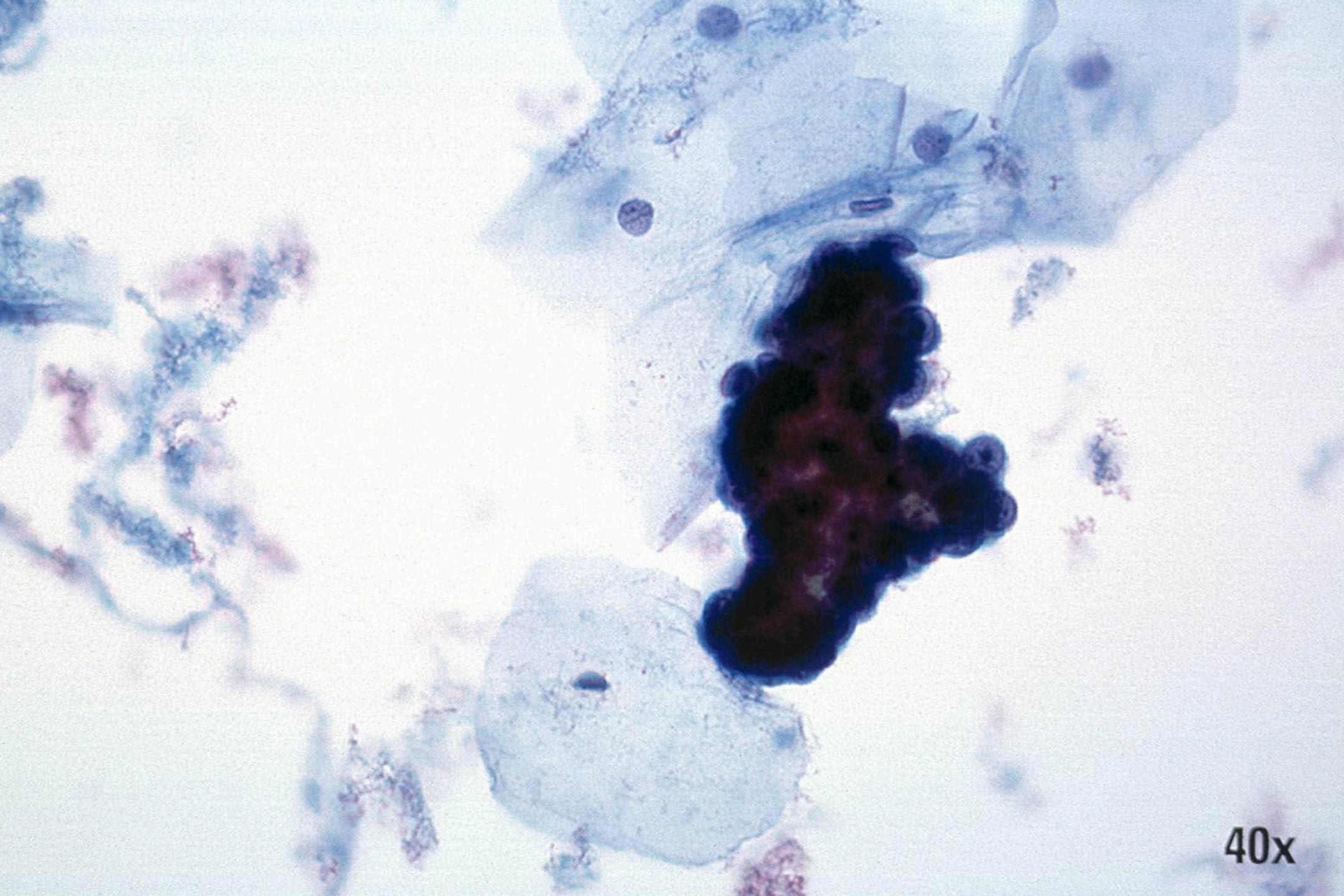
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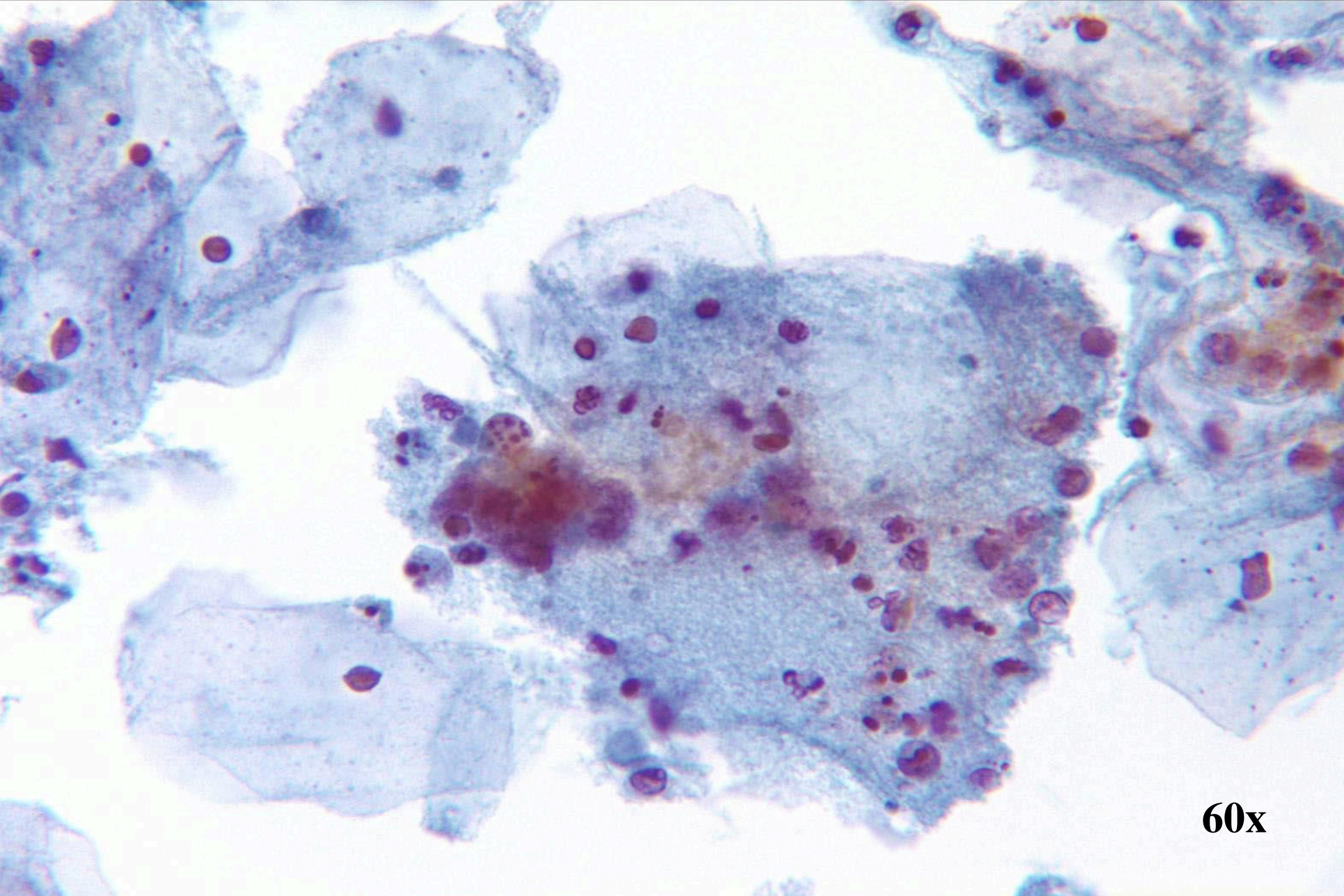
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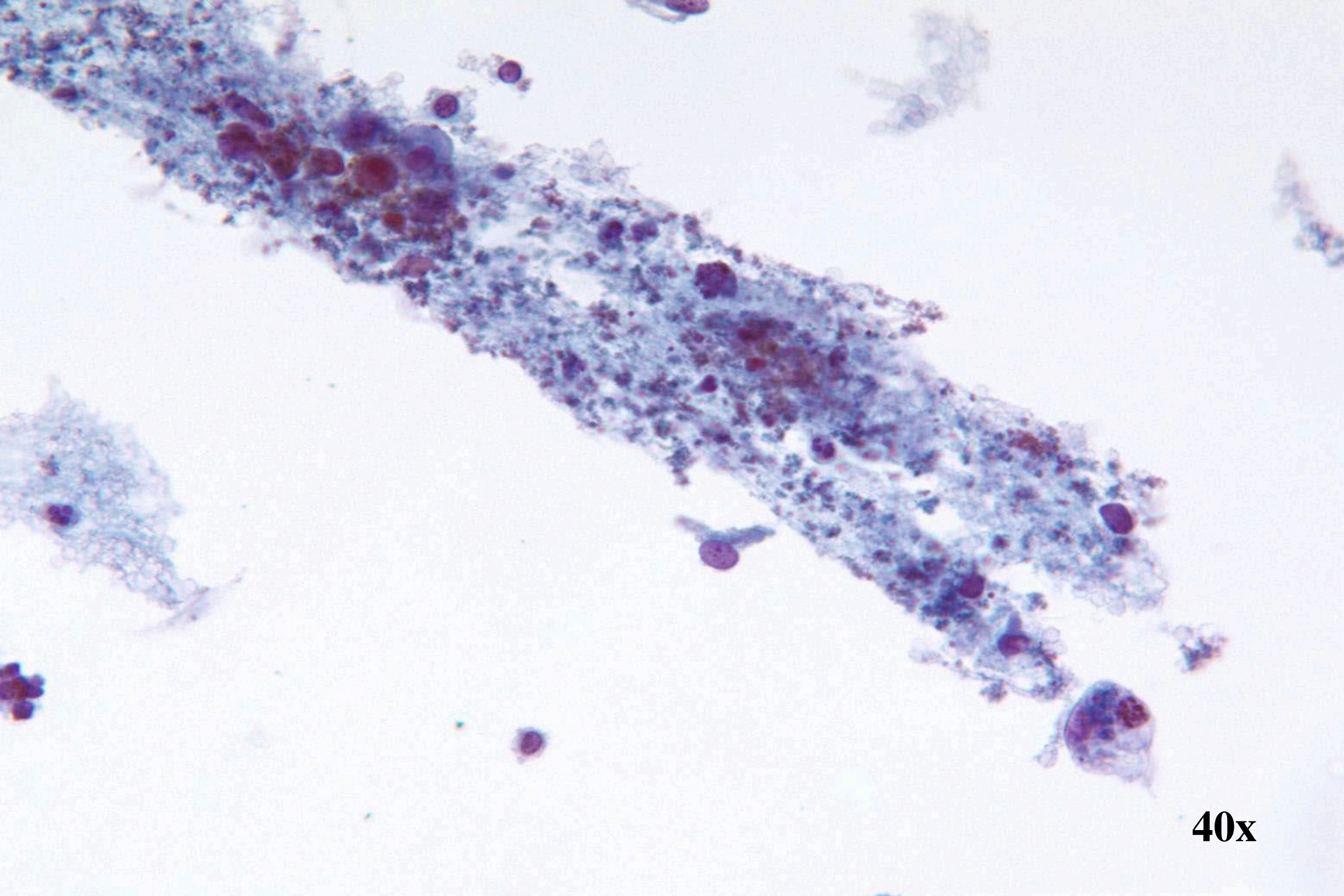
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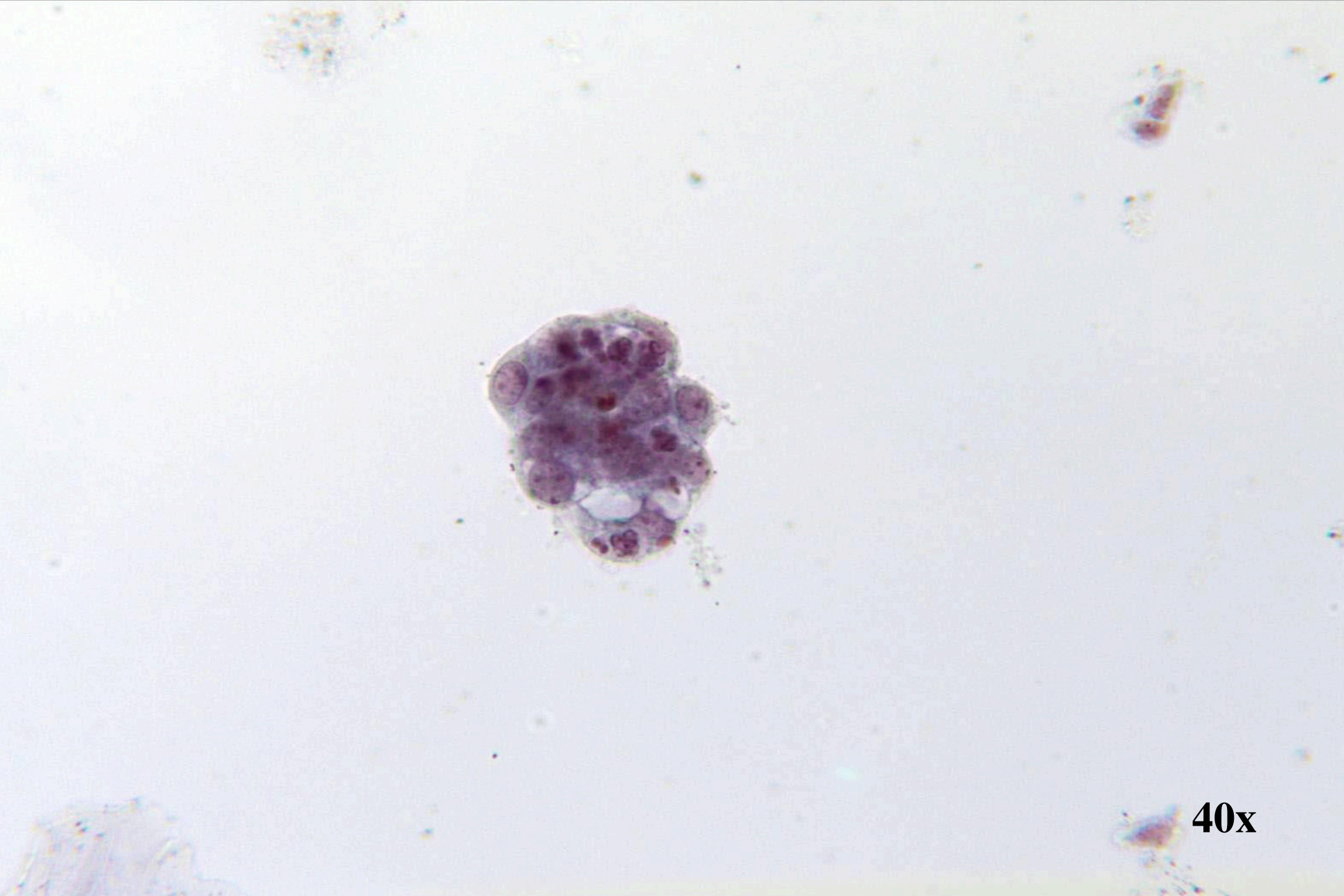
Endometriaal adenocarcinoom vs kleincellig SCC

Endometriaal adenocarcinoom

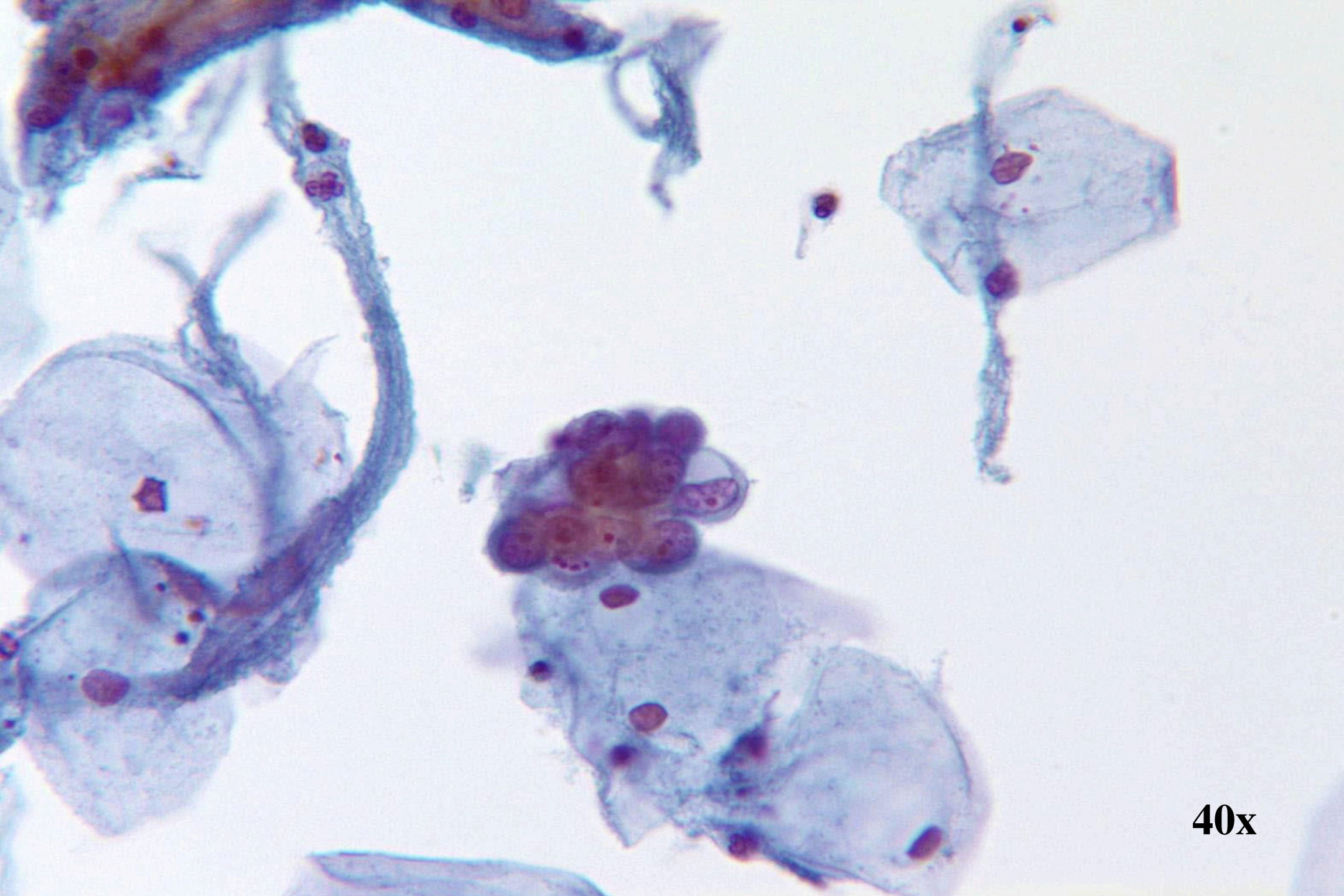
- Geïsoleerde abnormale groepen
- afstoting van cellen
- Enkele clusters, minder losse cellen
- Weinig en gevacuoliseerd cytoplasma
- Excentrisch gelegen kernen
- Lege plekken in parachromatine
- Ronde, centrale, losse of meervoudige macronucleoli

Kleincellig SCC

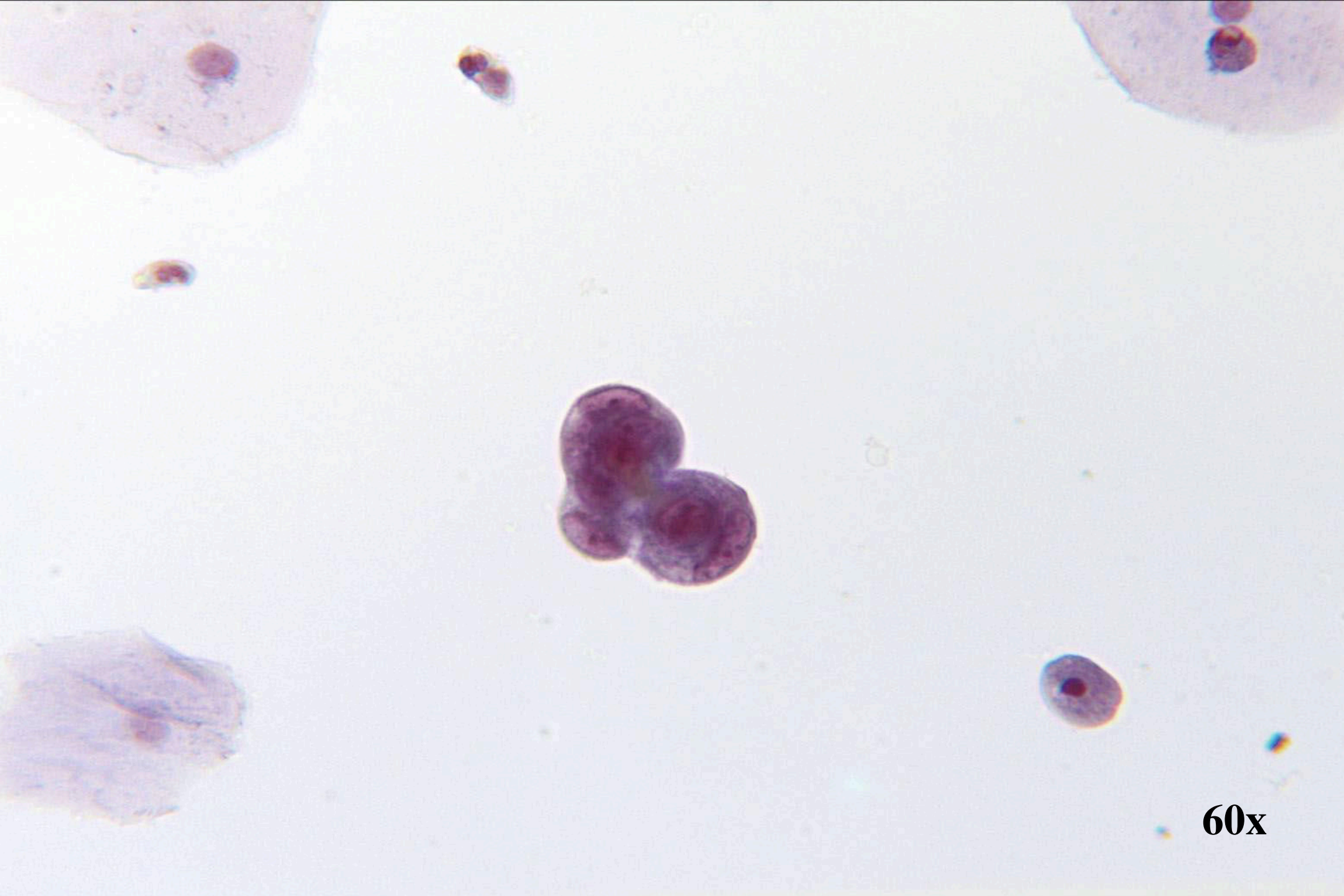
- Overvloedig abnormaal materiaal
- rechtstreeks geschraapt
- ++ Losse cellen, clusters
- Compact, homogeen cytoplasma
- Centraal gelegen kernen
- Onregelmatig klontering van chromatine
- Prominente, onregelmatige nucleoli



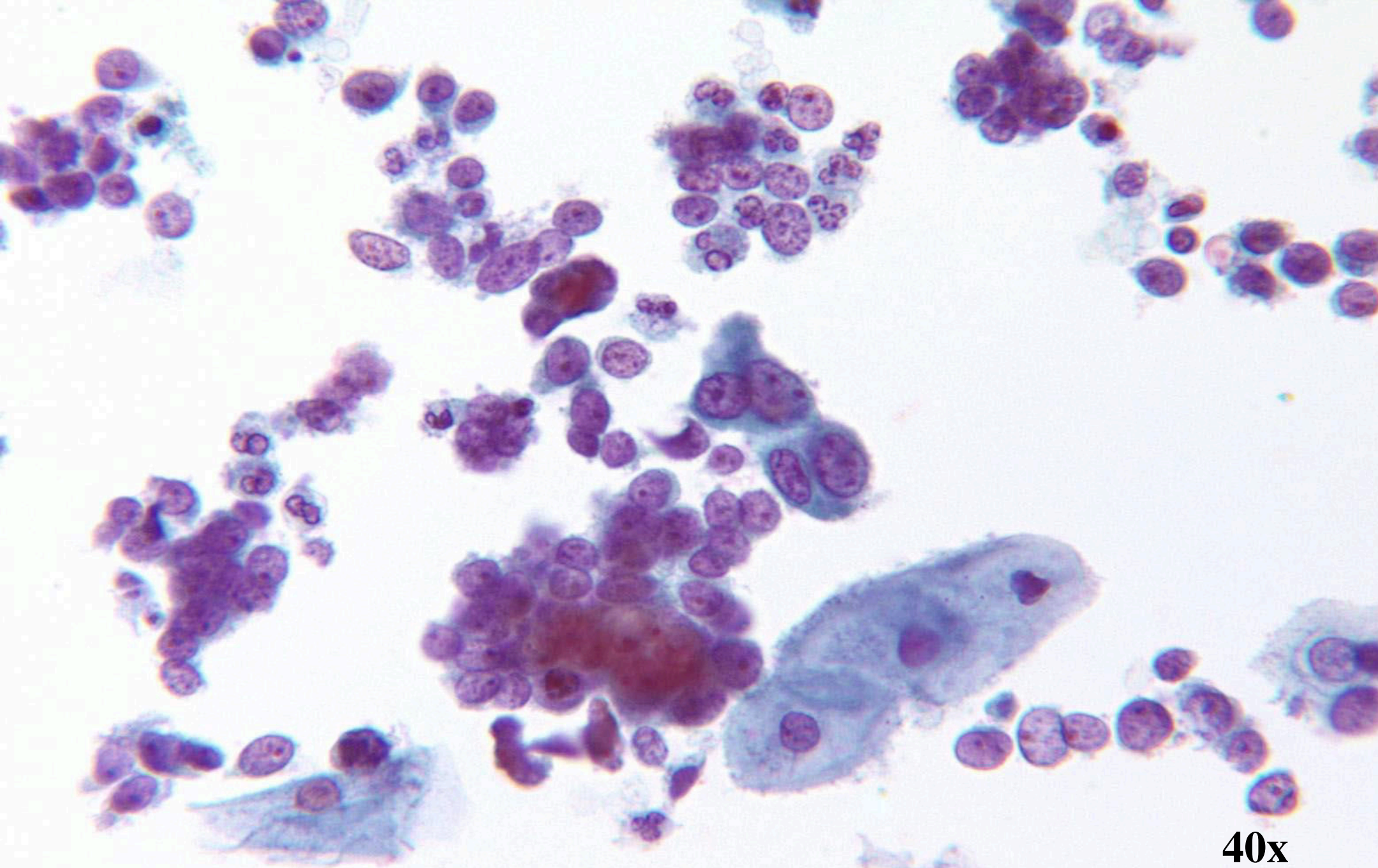
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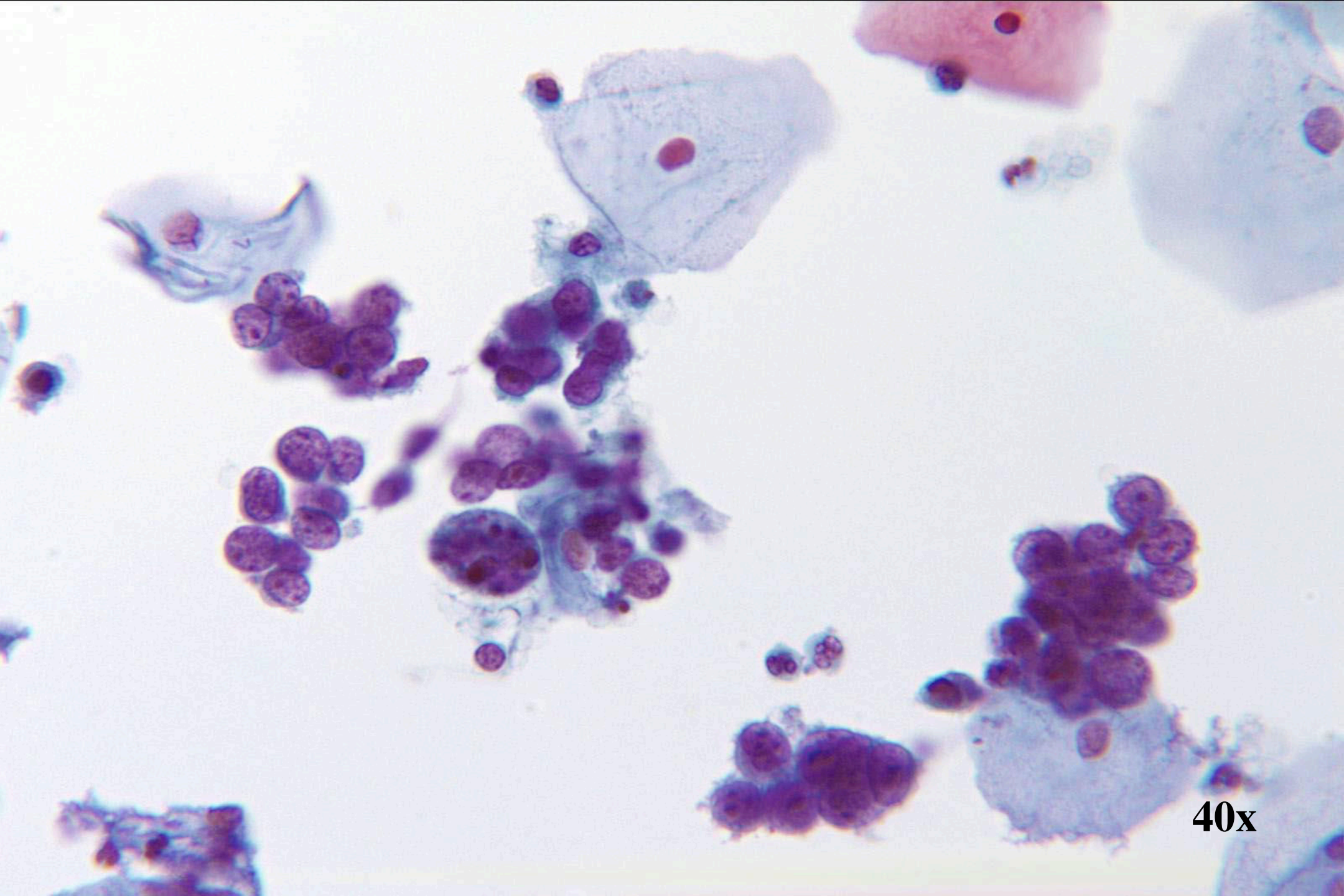
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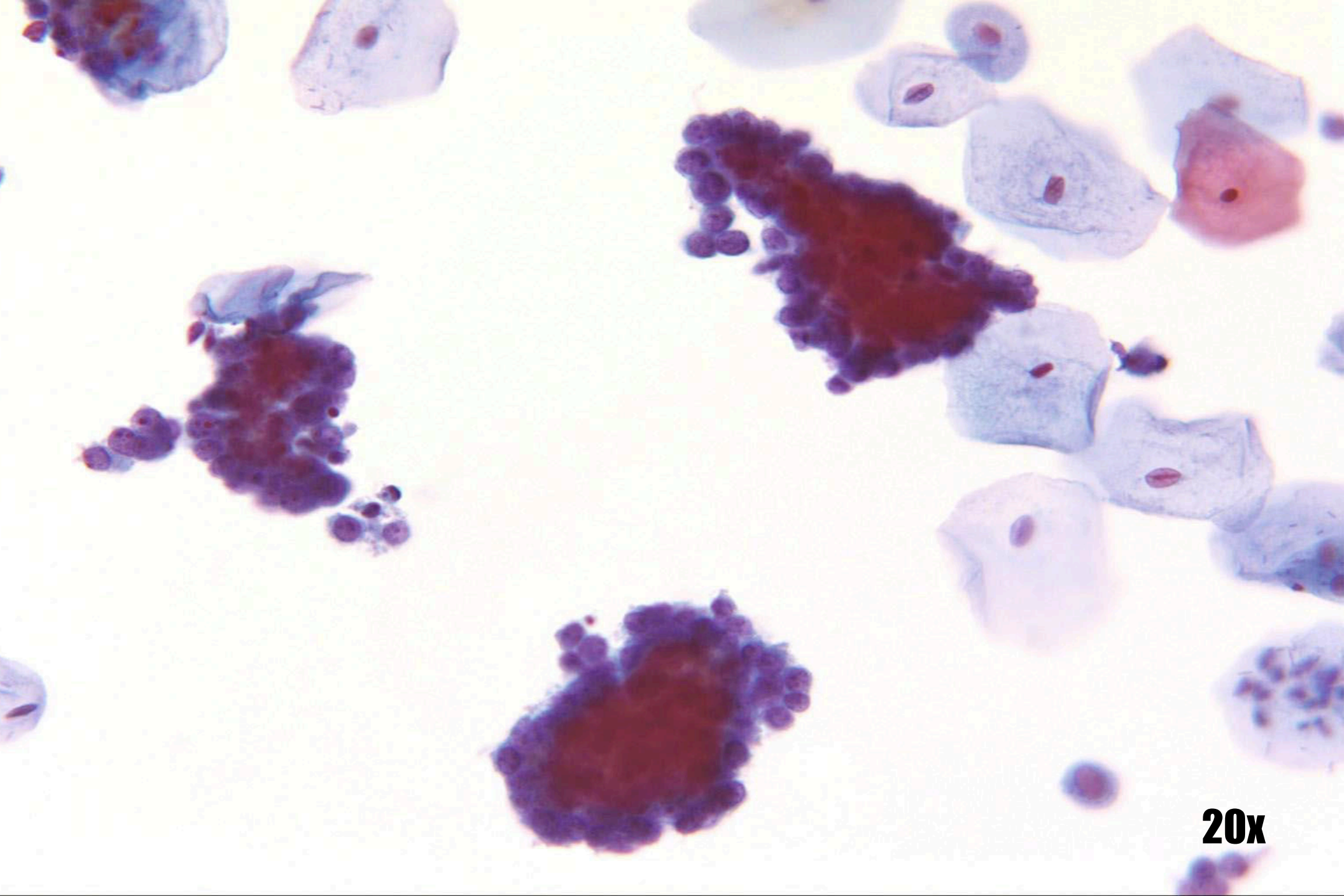
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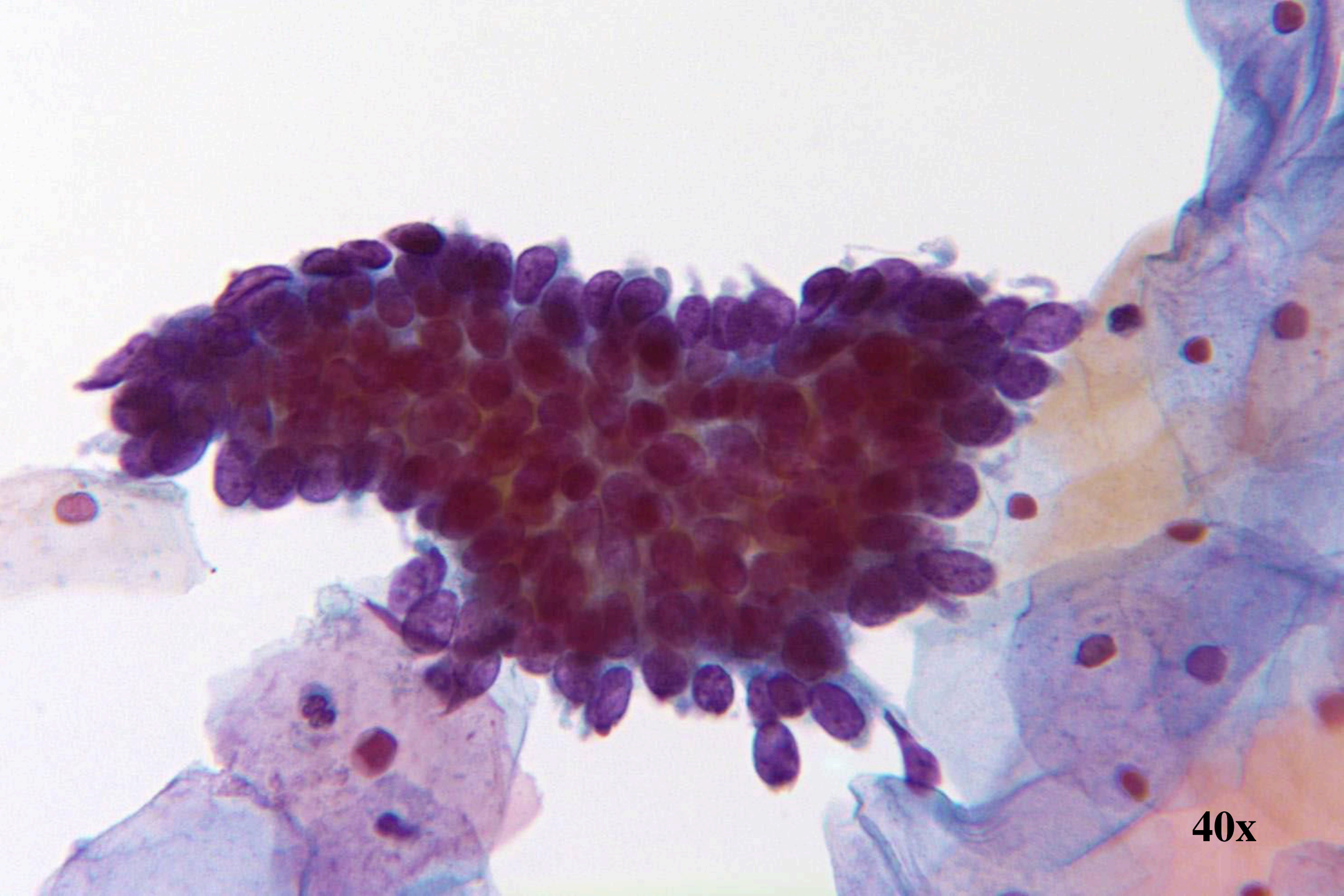
Adenocarcinoom-in-situ vs tubaire metaplasie

Adenocarcinoom In Situ

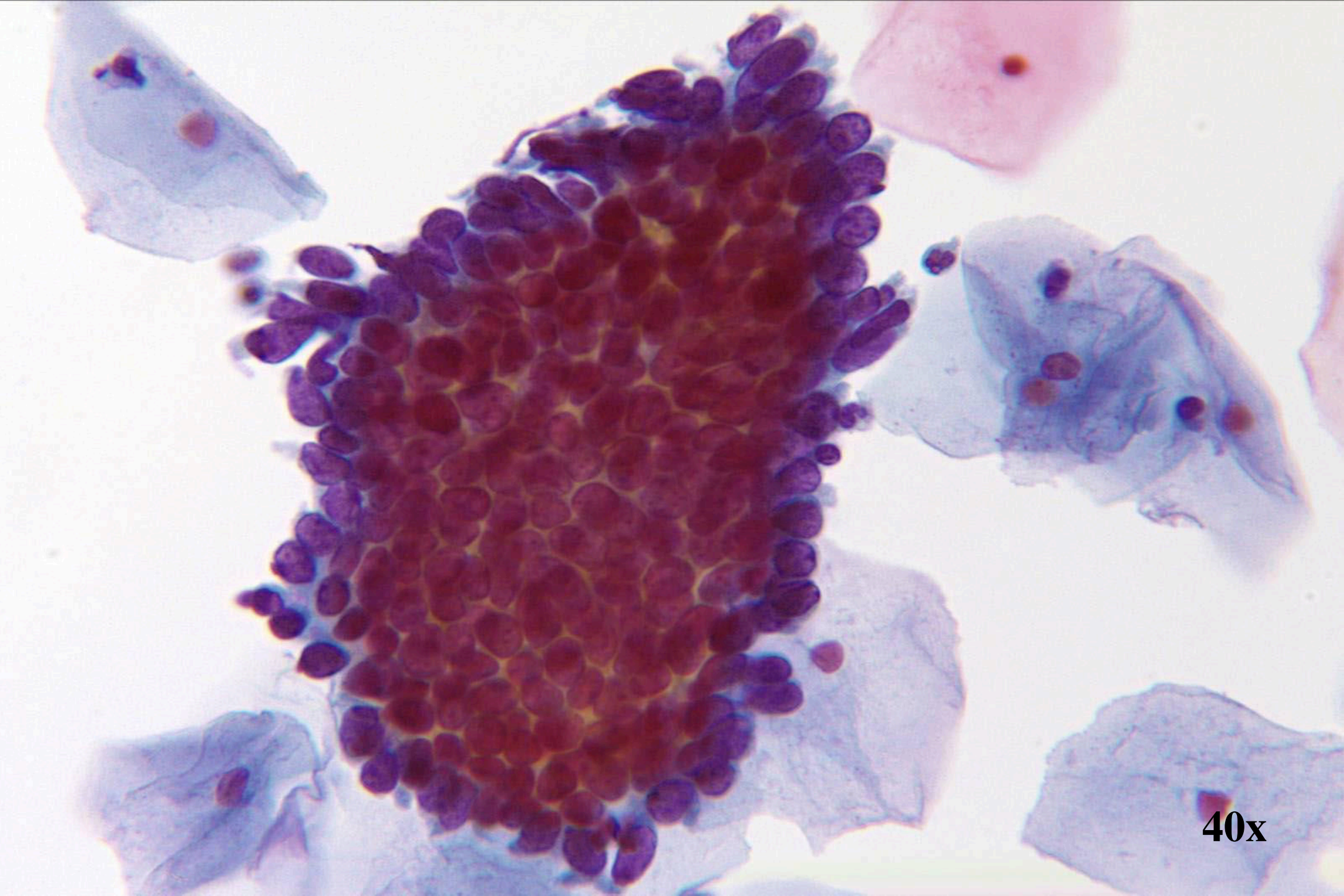
- Drukke lagen en stroken
- Veervormige structuur en pseudostratificatie
- Relatieve hyperchromasie
- Uniform gespikkeld chromatine
- Variatie in grootte en vorm van kernen
- Blokachtige nucleoli
- Mitosen en apoptotische lichaampjes

Tubaire metaplasie

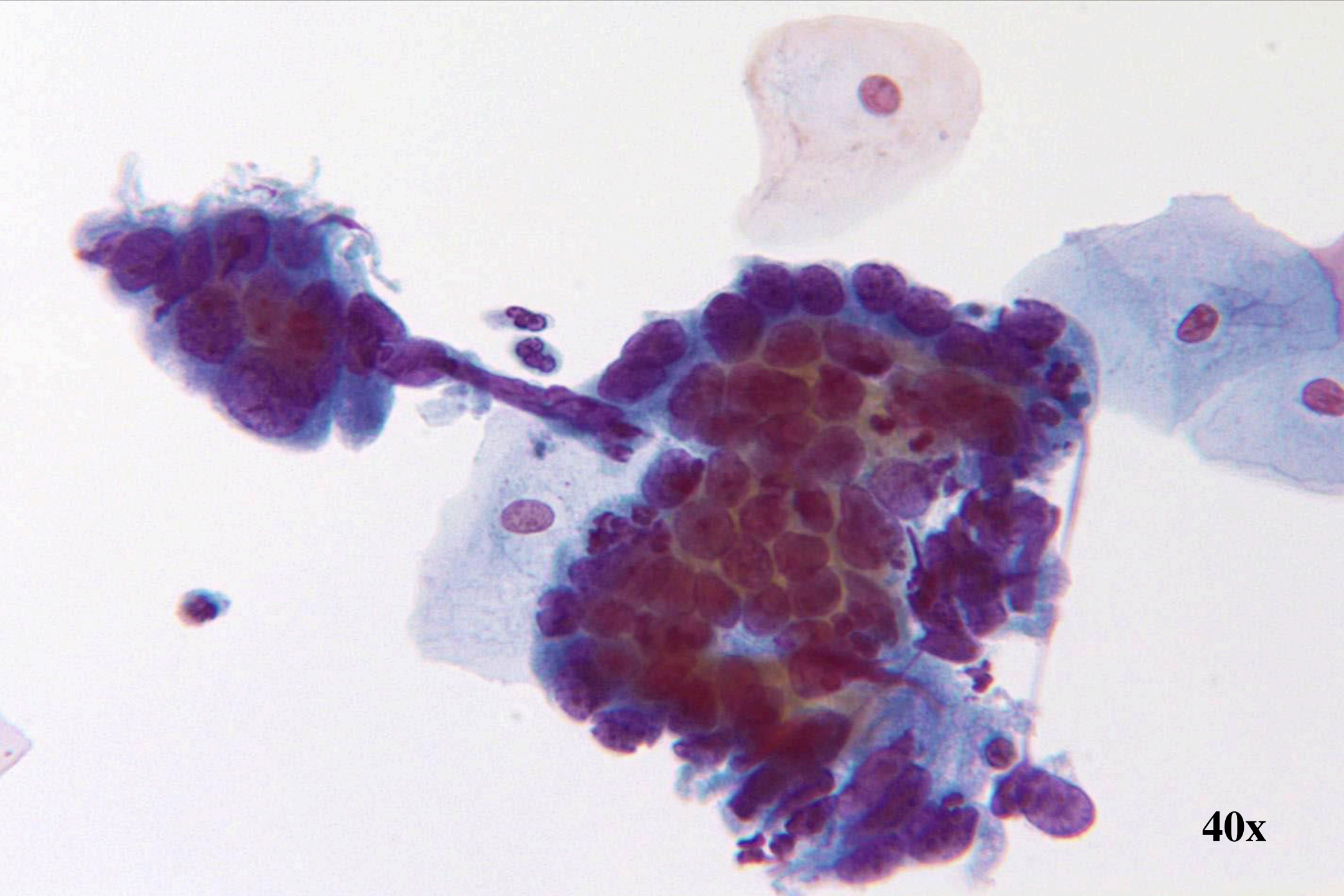
- Betrouwbare identificatie cilia en/of eindplaten
- Op elkaar gepakt zonder overlap, gebrek aan scherptediepte
- Gelijkmatic verdeeld chromatine
- Compact en kubusvormig cytoplasma
- Geen nucleoli
- Onregelmatig kernmembraan en geen verdikking
- Verspreid langwerpige nucleaire vormen



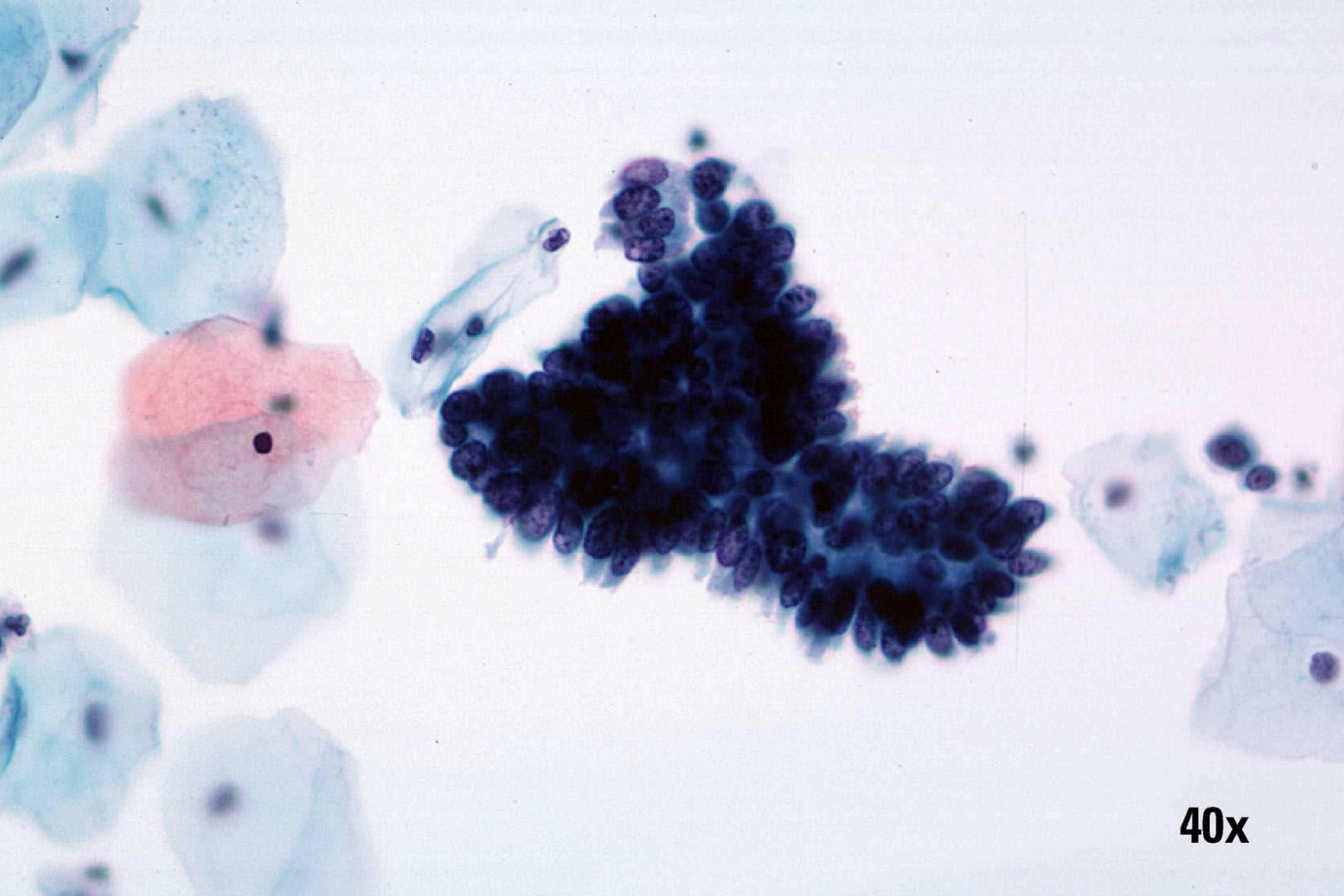
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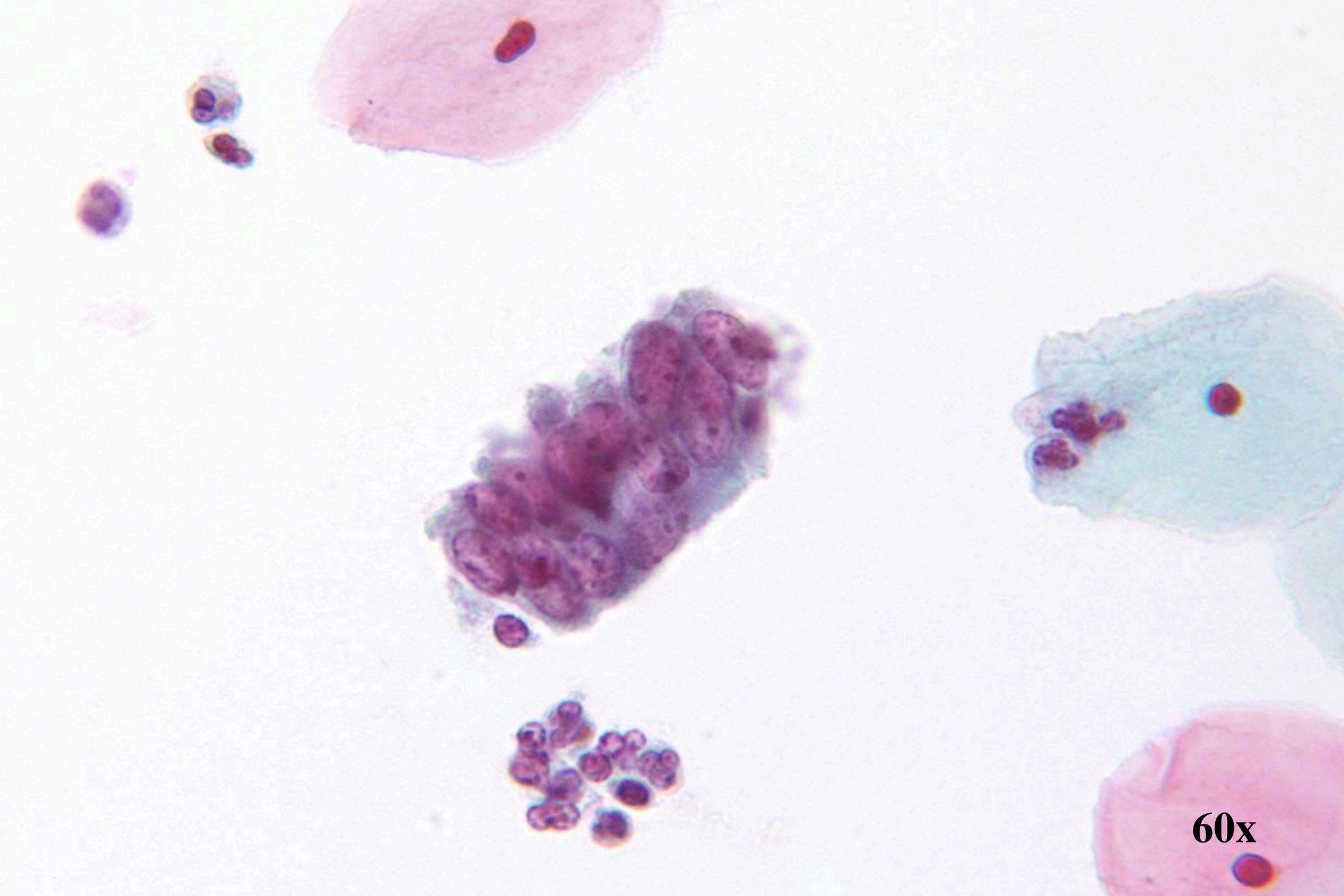
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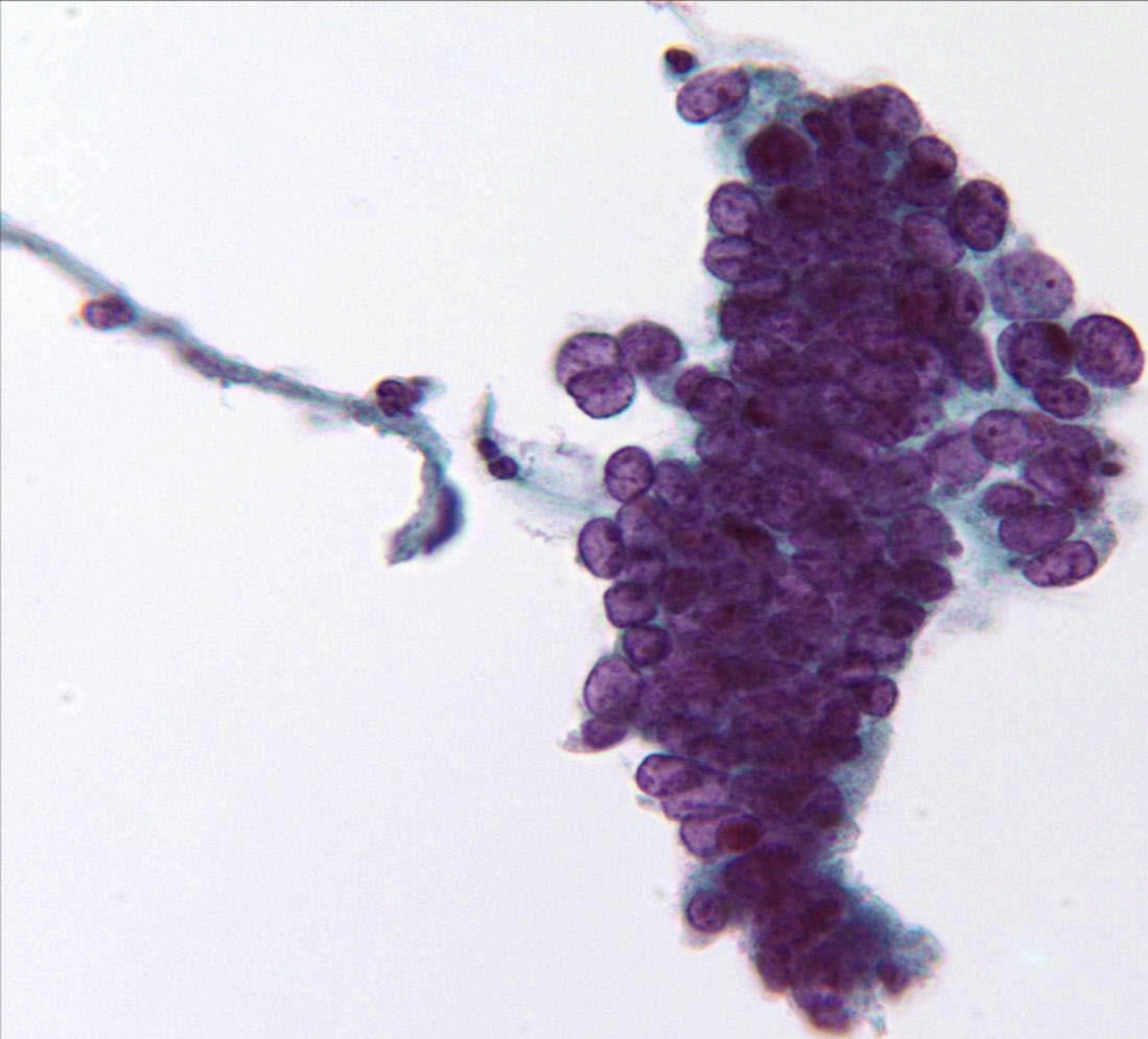
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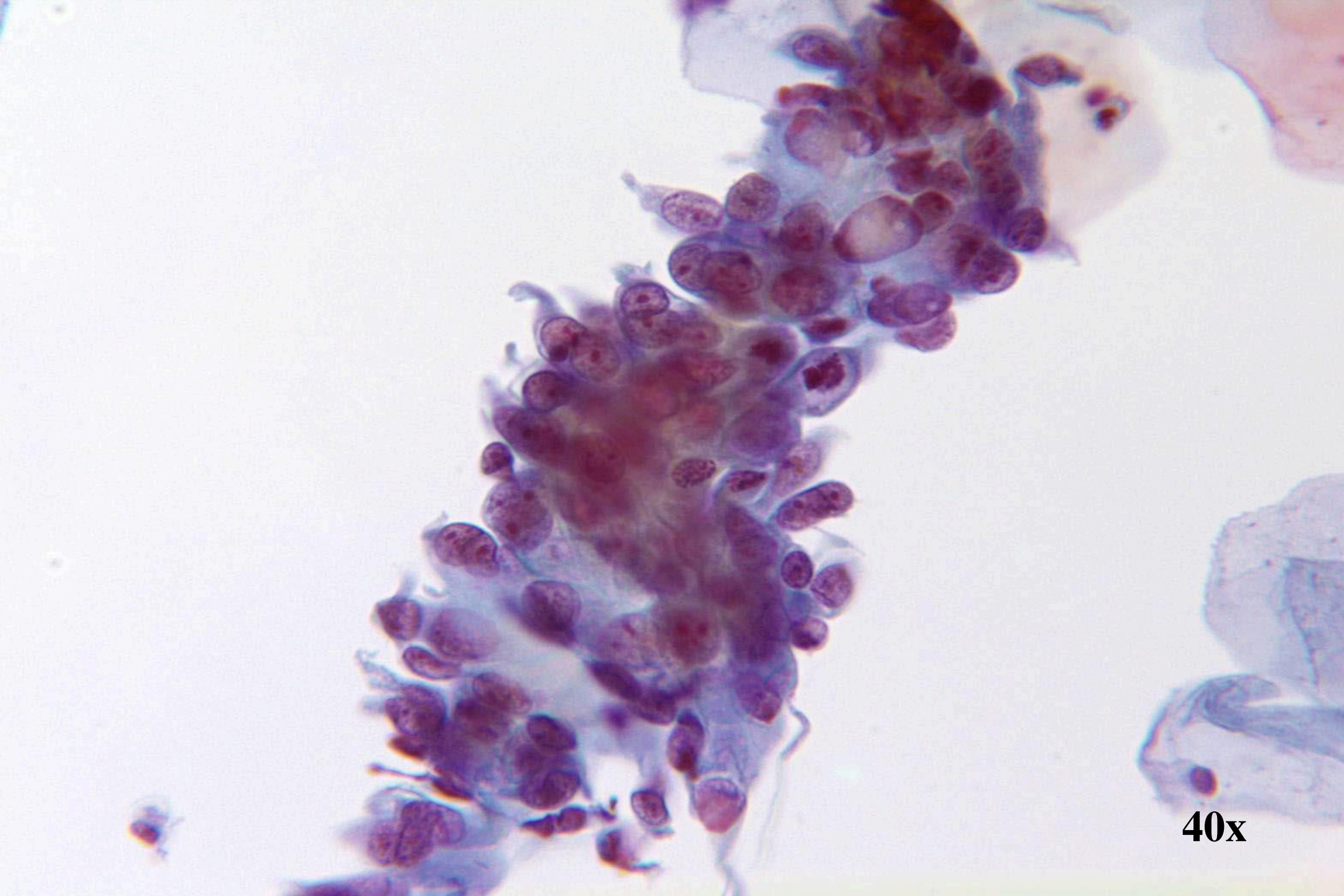
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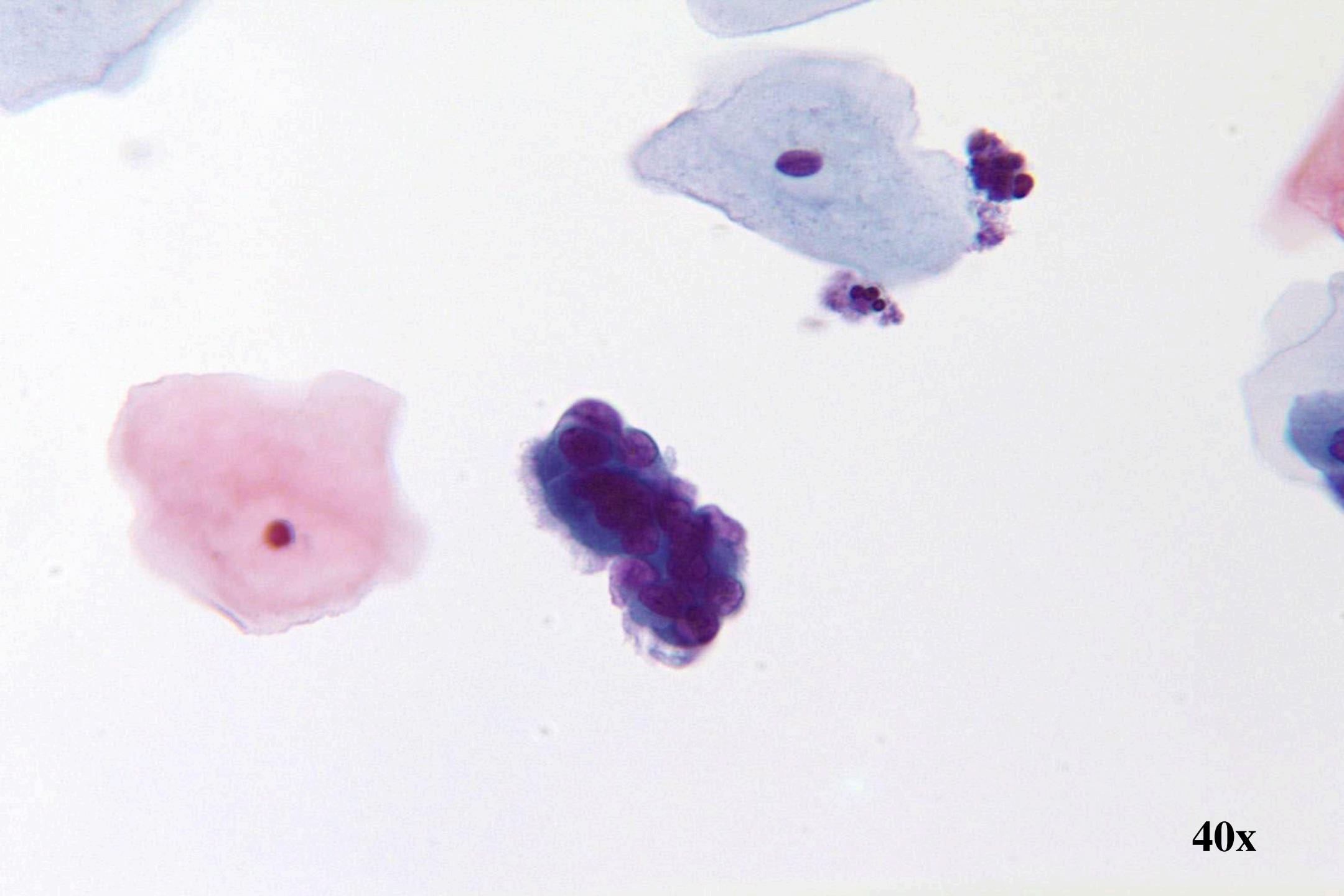
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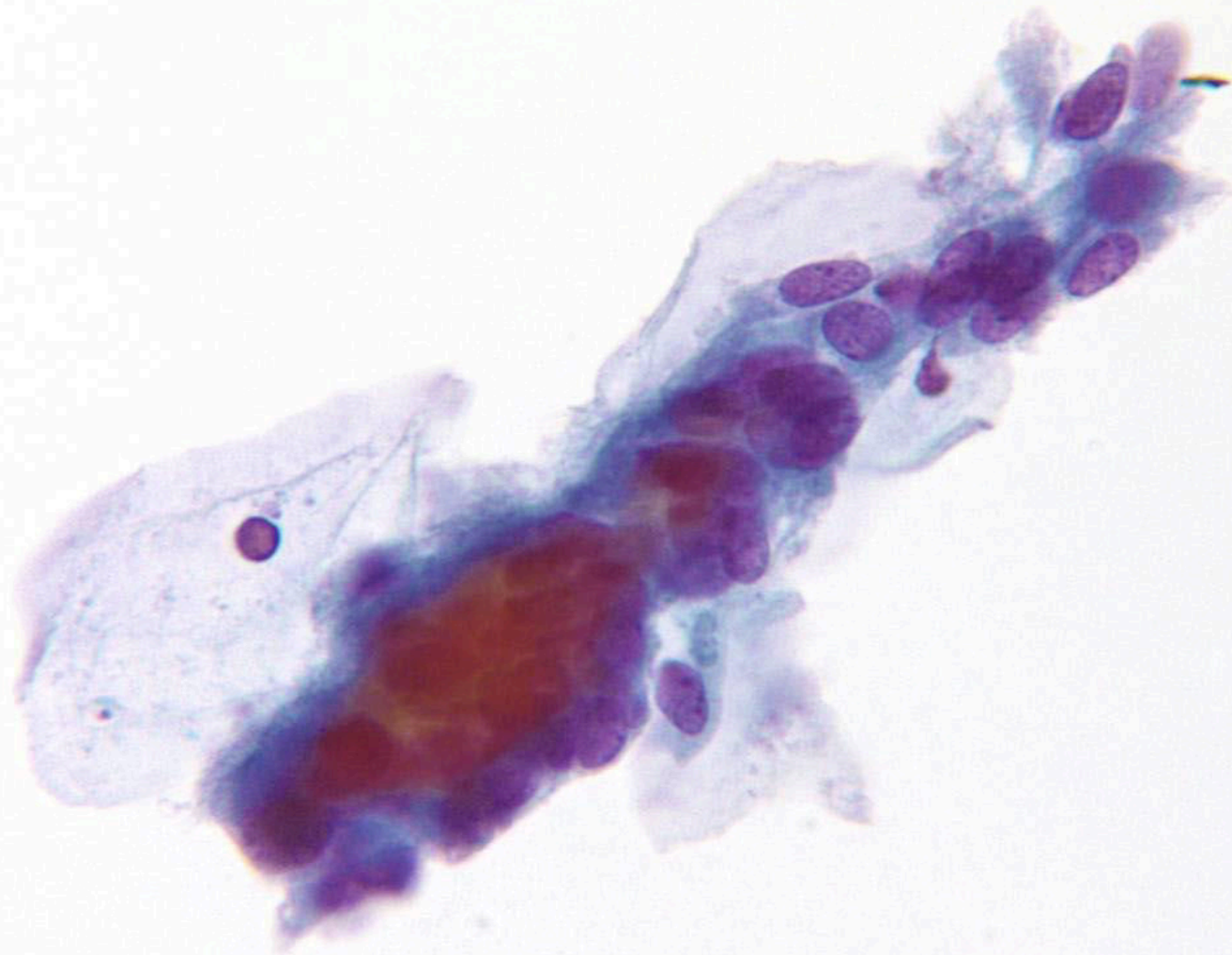
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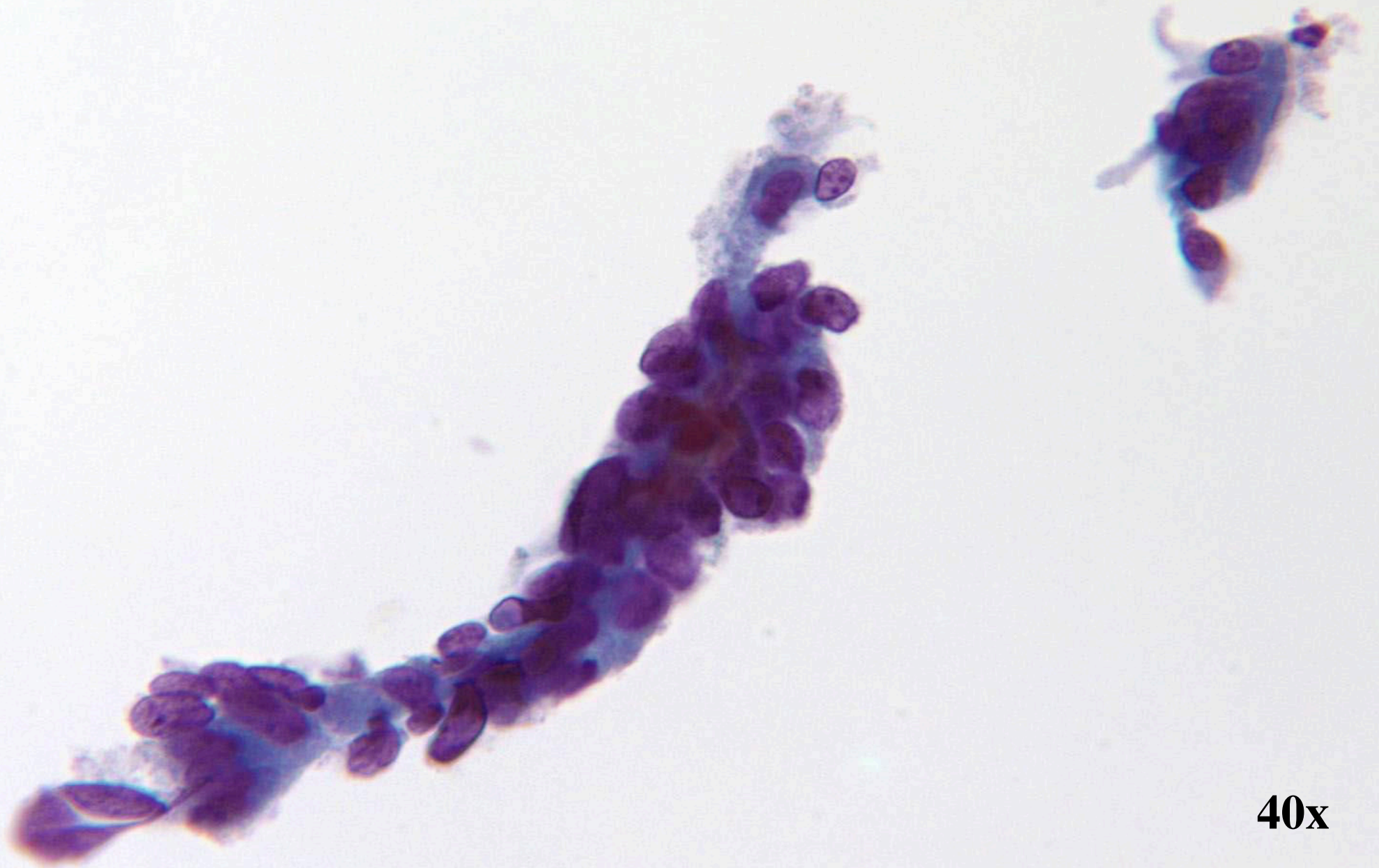
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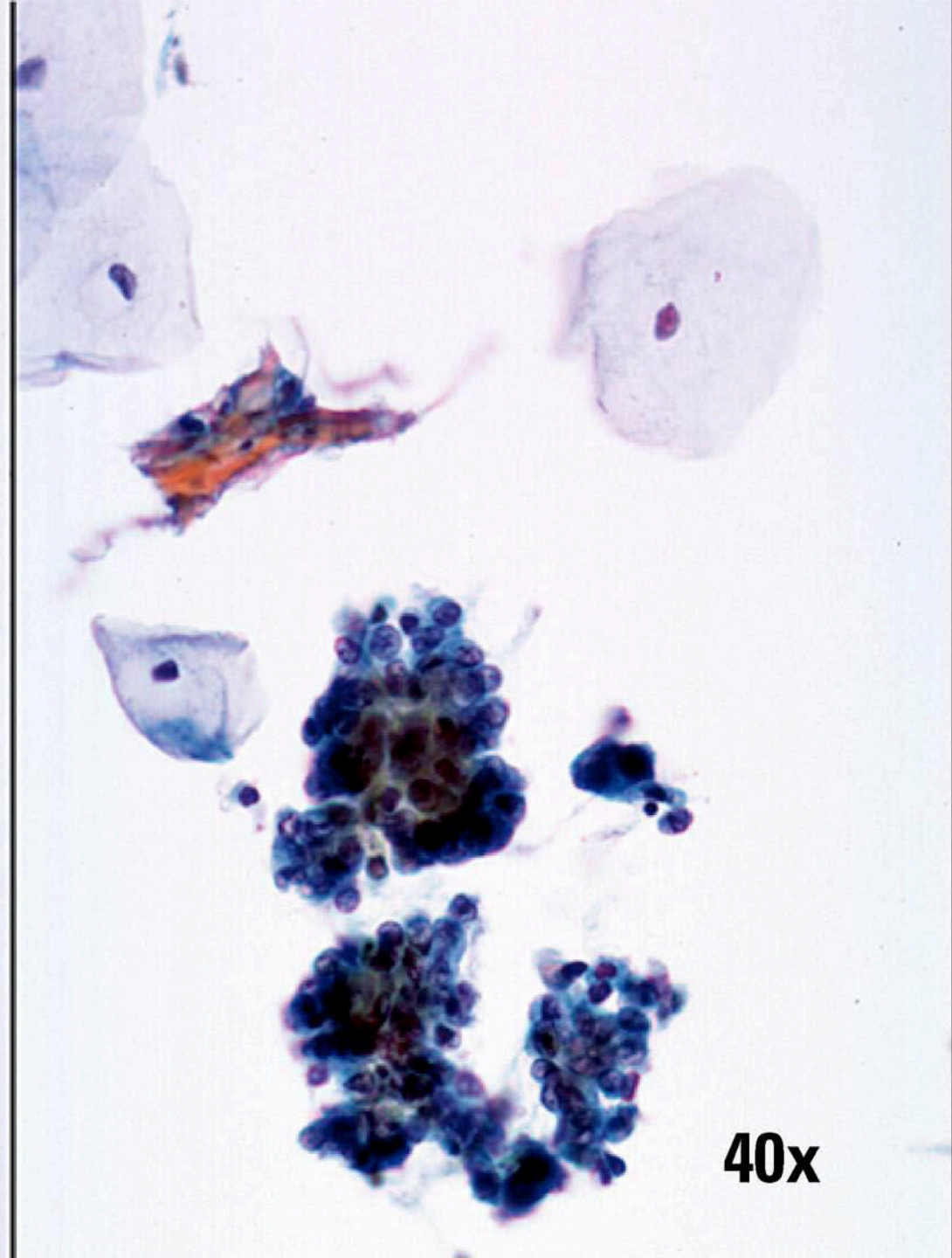
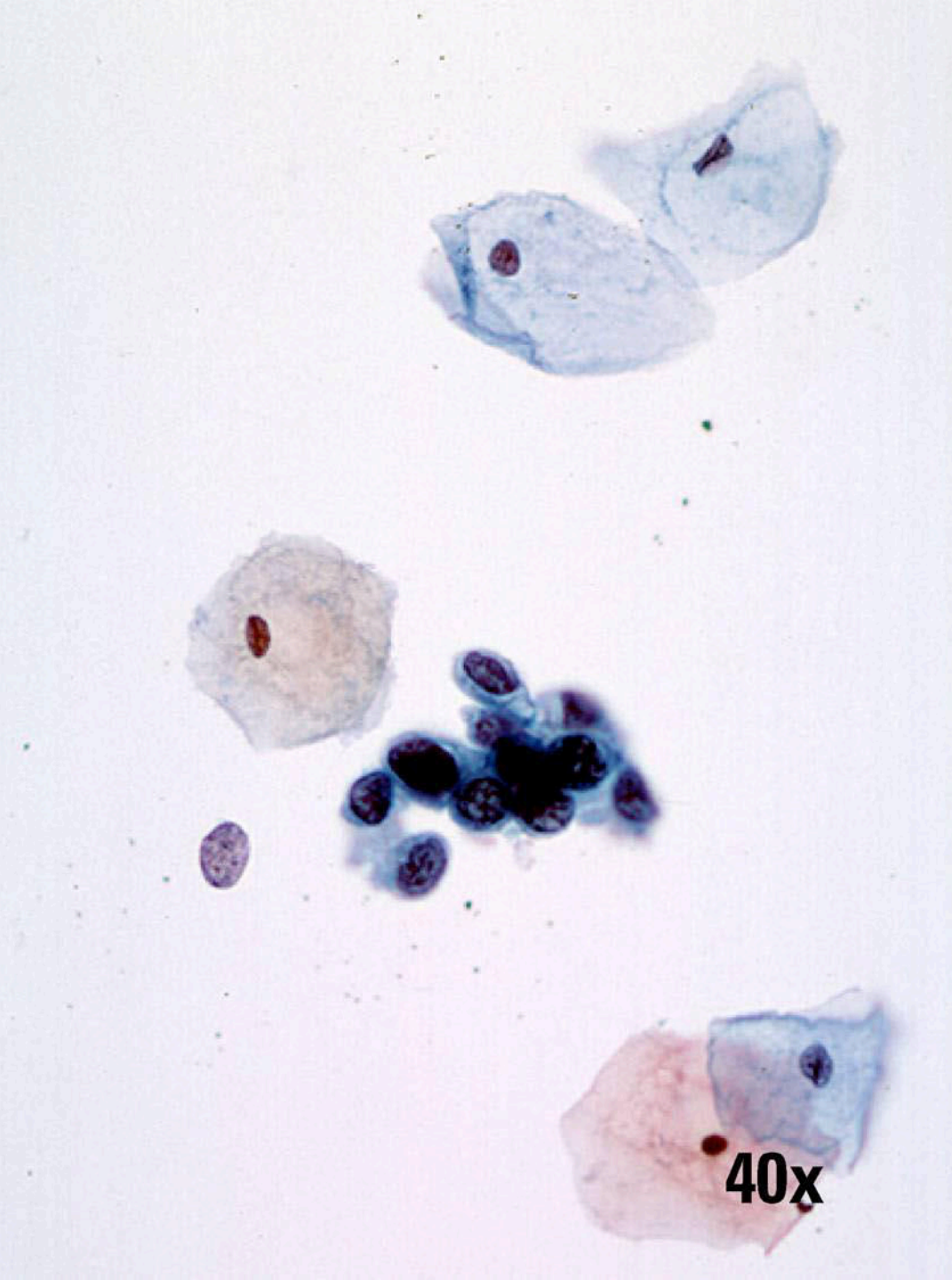
HSIL vs endometriale cellen

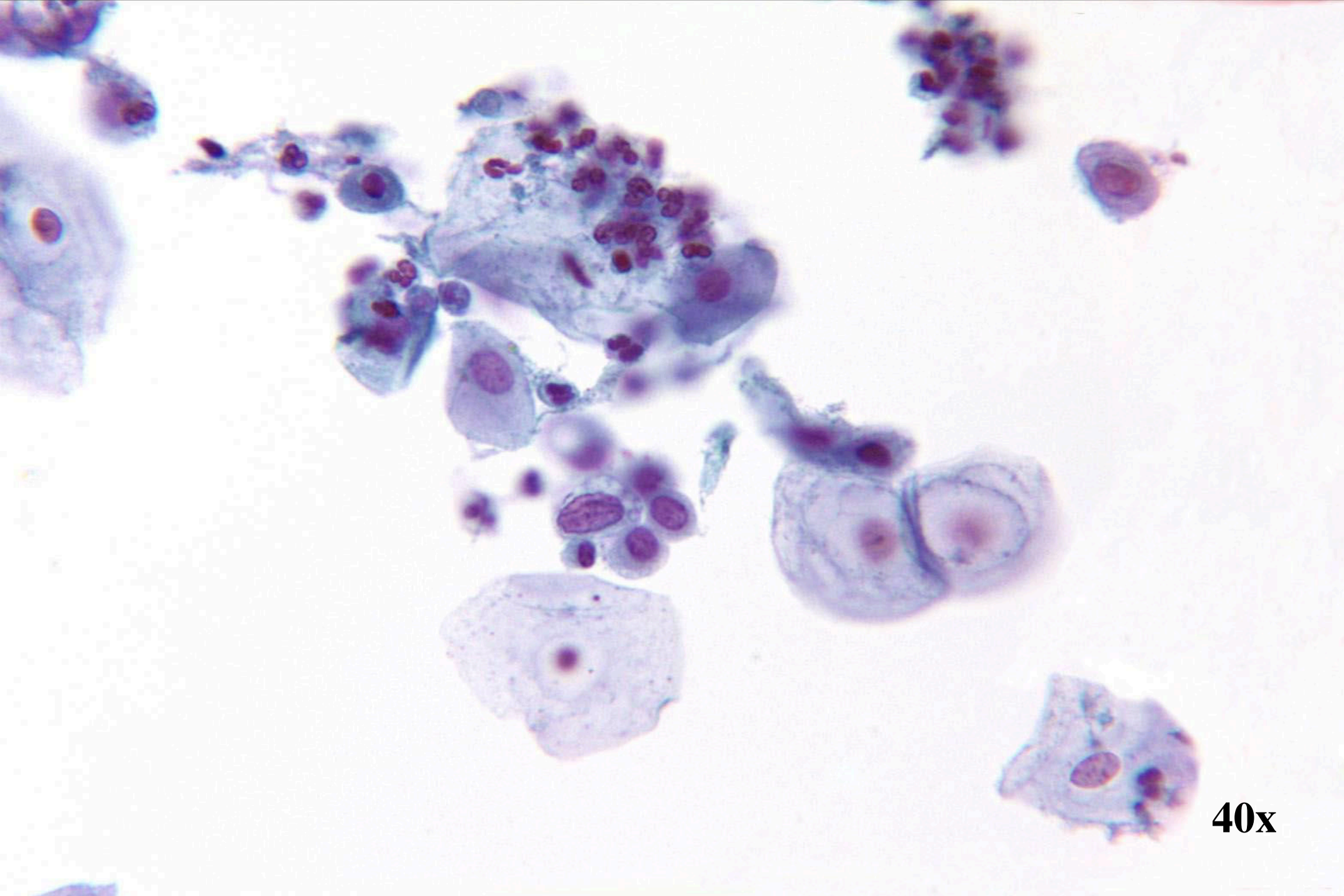
HSIL

- Lagen, syncytia, dikke plaques in plaats van 3D-balvormige clusters
- Hyperchromasie
- Onregelmatig kernmembranen
- Losse cellen hebben centraal gelegen kernen
- Compact, homogeen cytoplasma

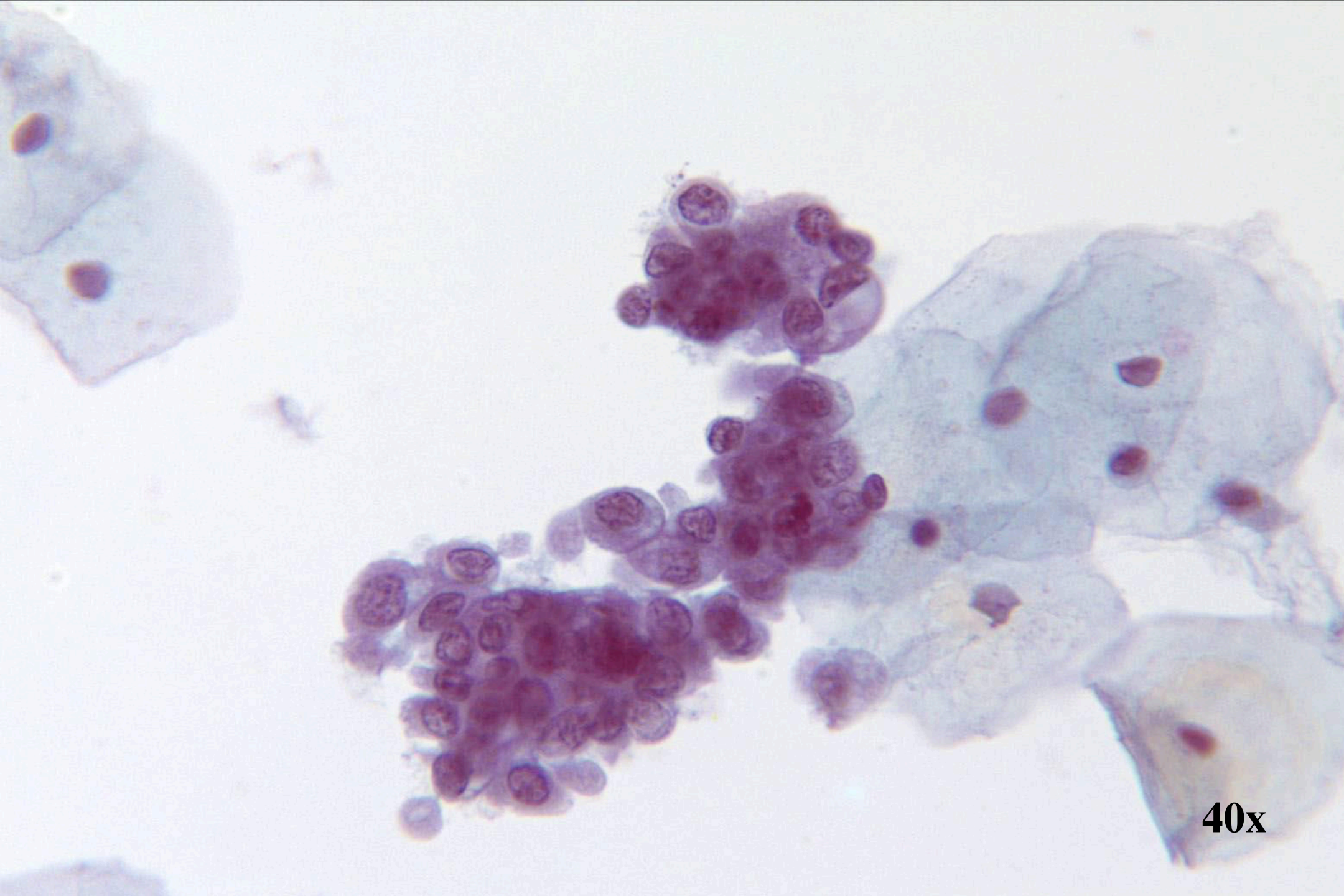
Endometriale cellen

- 3D-balvormige clusters en kleine, losse cellen
- Relatieve hyperchromasie
- Regelmatige kernmembranen
- Losse cellen met excentrisch gelegen kernen
- Weinig basofiel cytoplasma met cytoplasma 'bobbels'

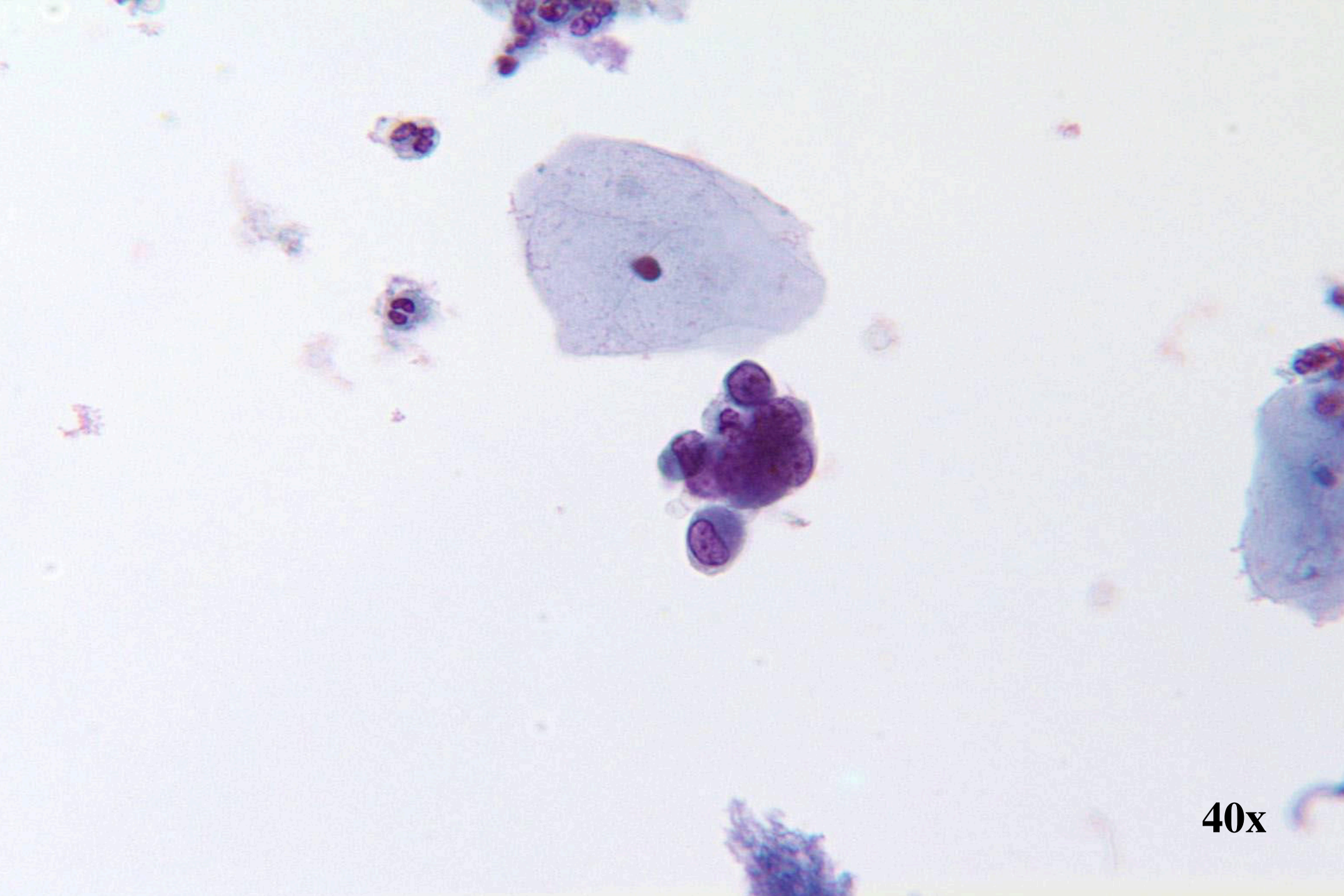




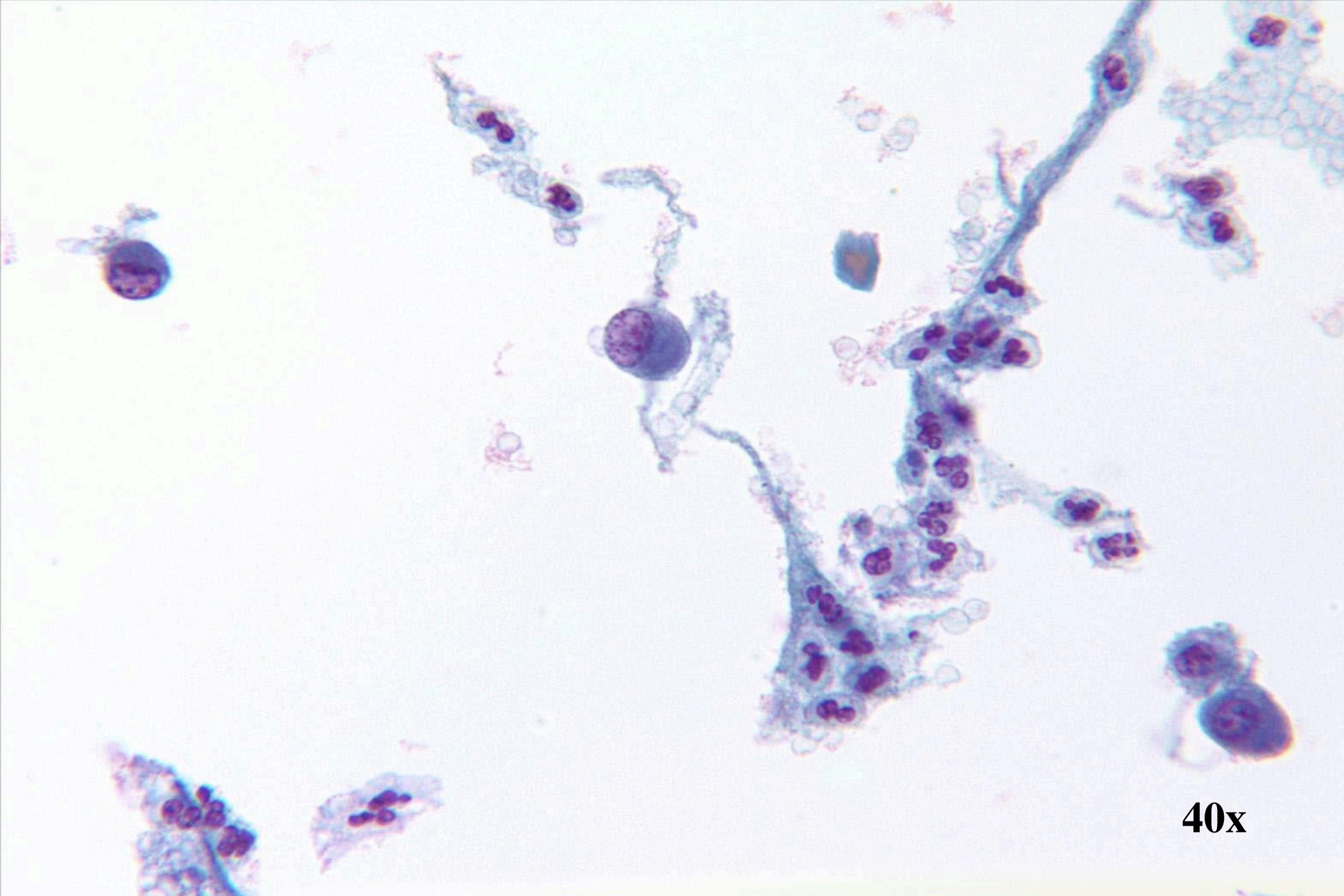
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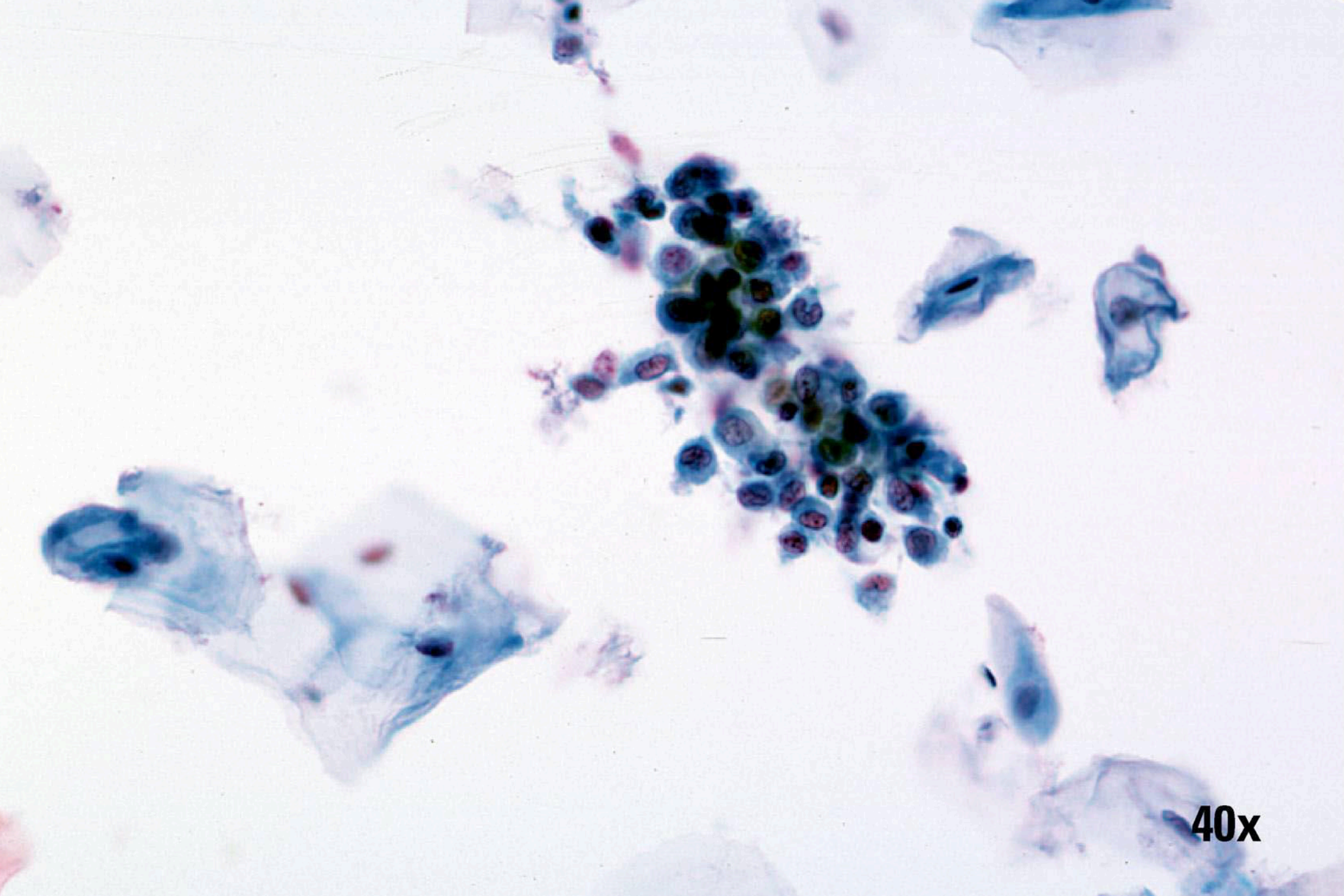
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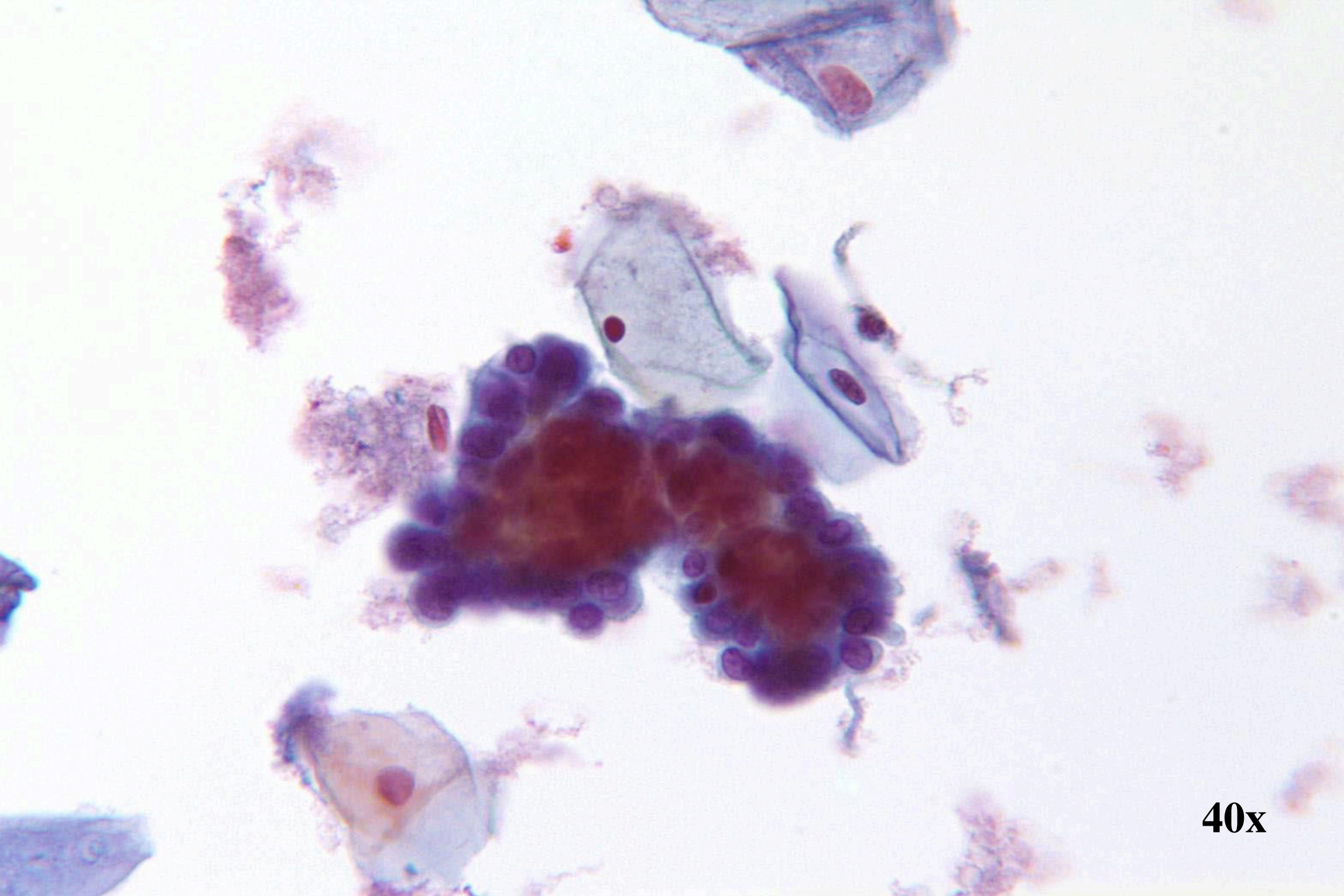
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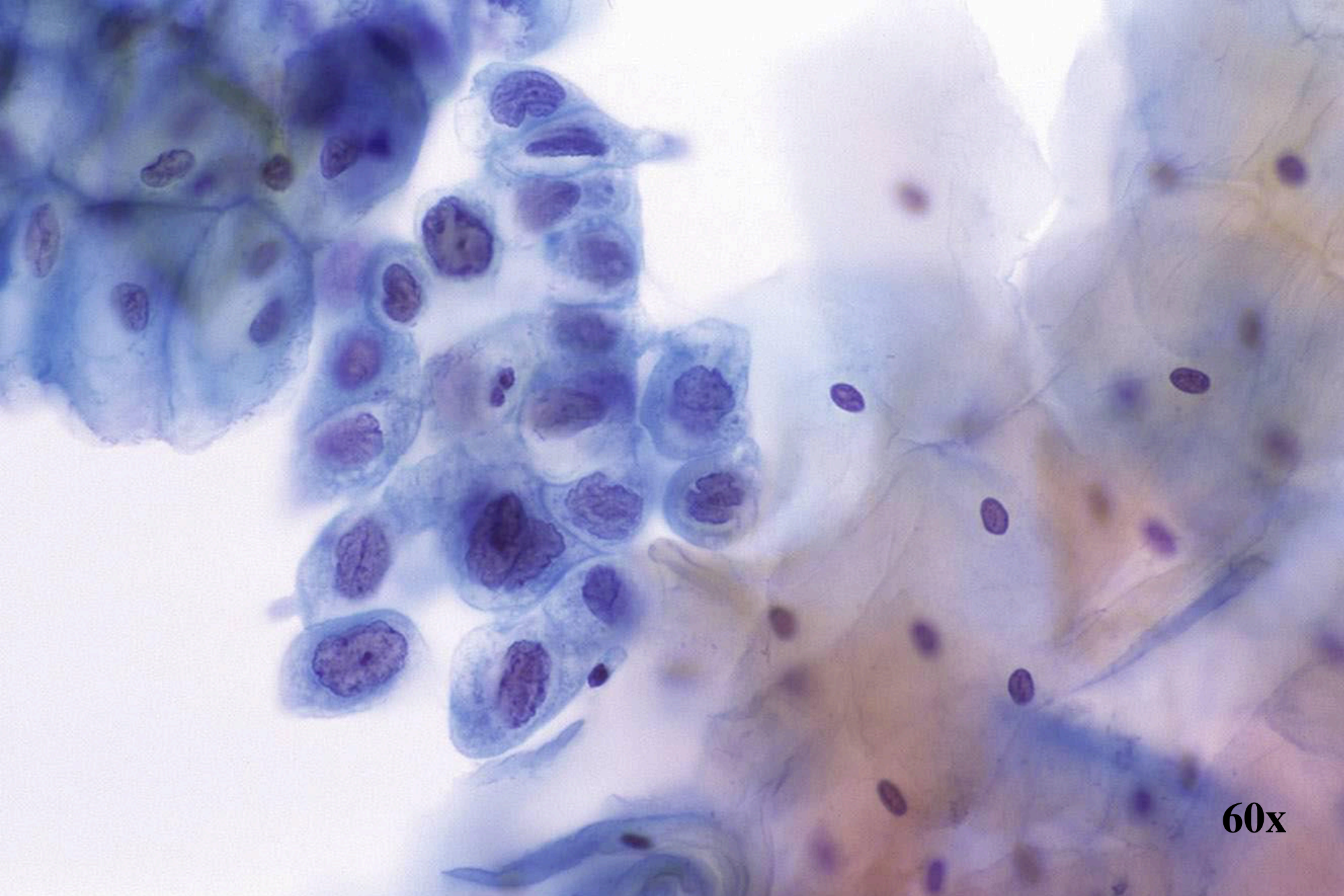
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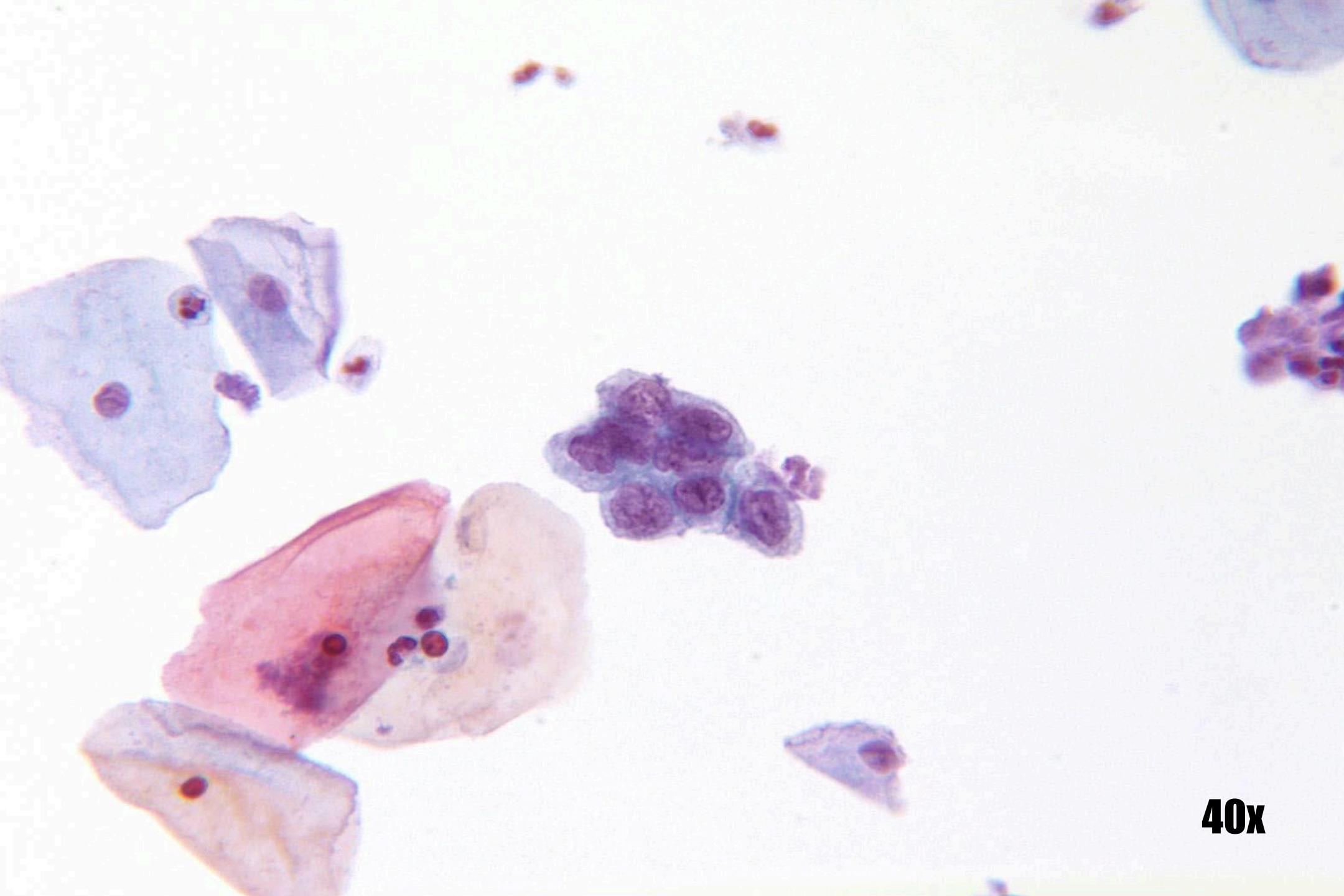
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HSIL vs onrijpe squameuze metaplasie

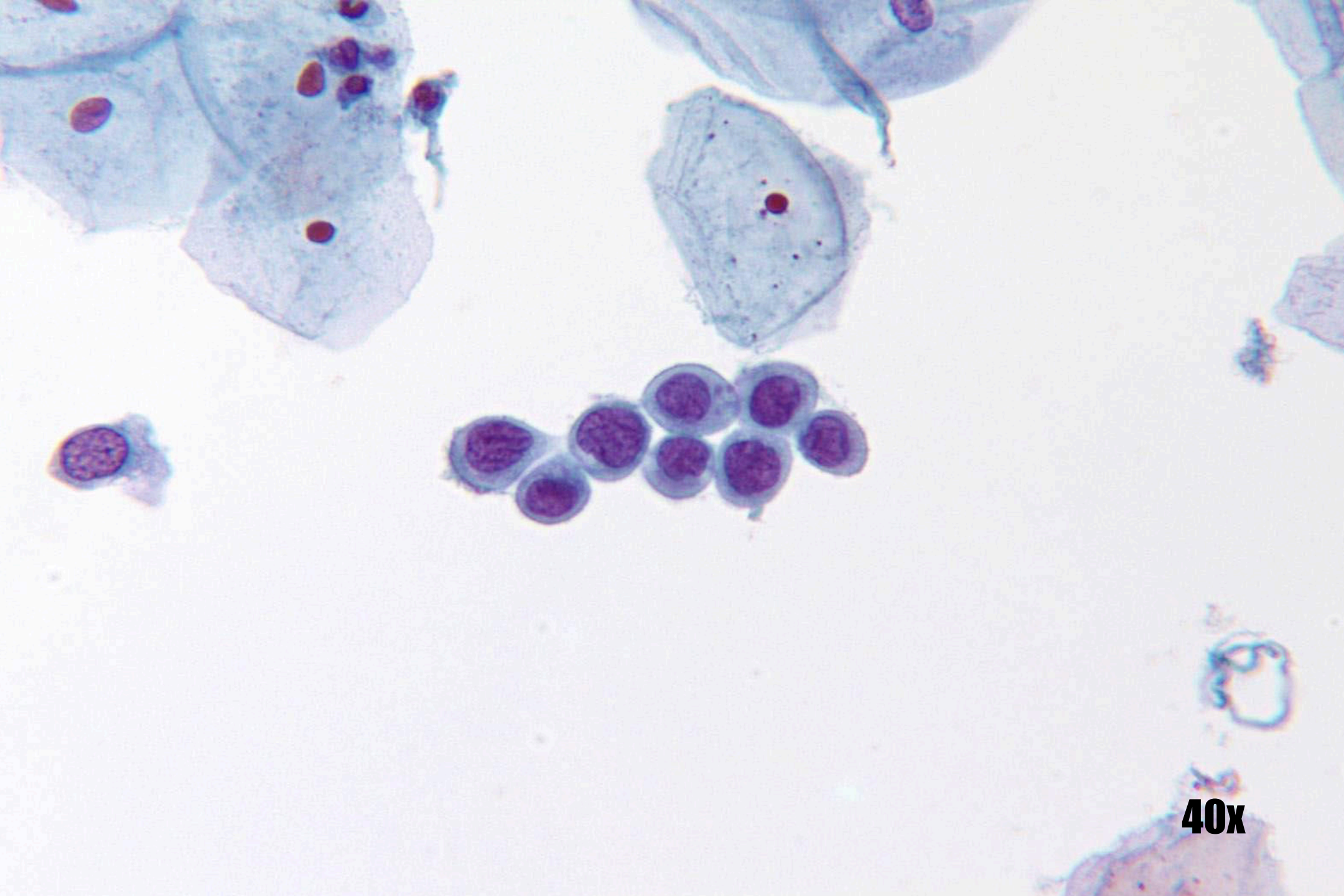
- HSIL
- Losse cellen, clusters en verdikte plaques
- Variabele hyperchromasie
- Onregelmatig kernmembranen
- Grof samengeklonterd chromatine
- Variatie in kerngrootte binnen een cluster
- Onrijpe squameuze metaplasie
- Losse cellen en lagen met kinderkopjesstructuur
- Normochromatisch
- Regelmatige kernmembranen
- Gelijkmatic verdelc chromatine met minuscule chromocentra
- Grootte en vorm van kernen is constant



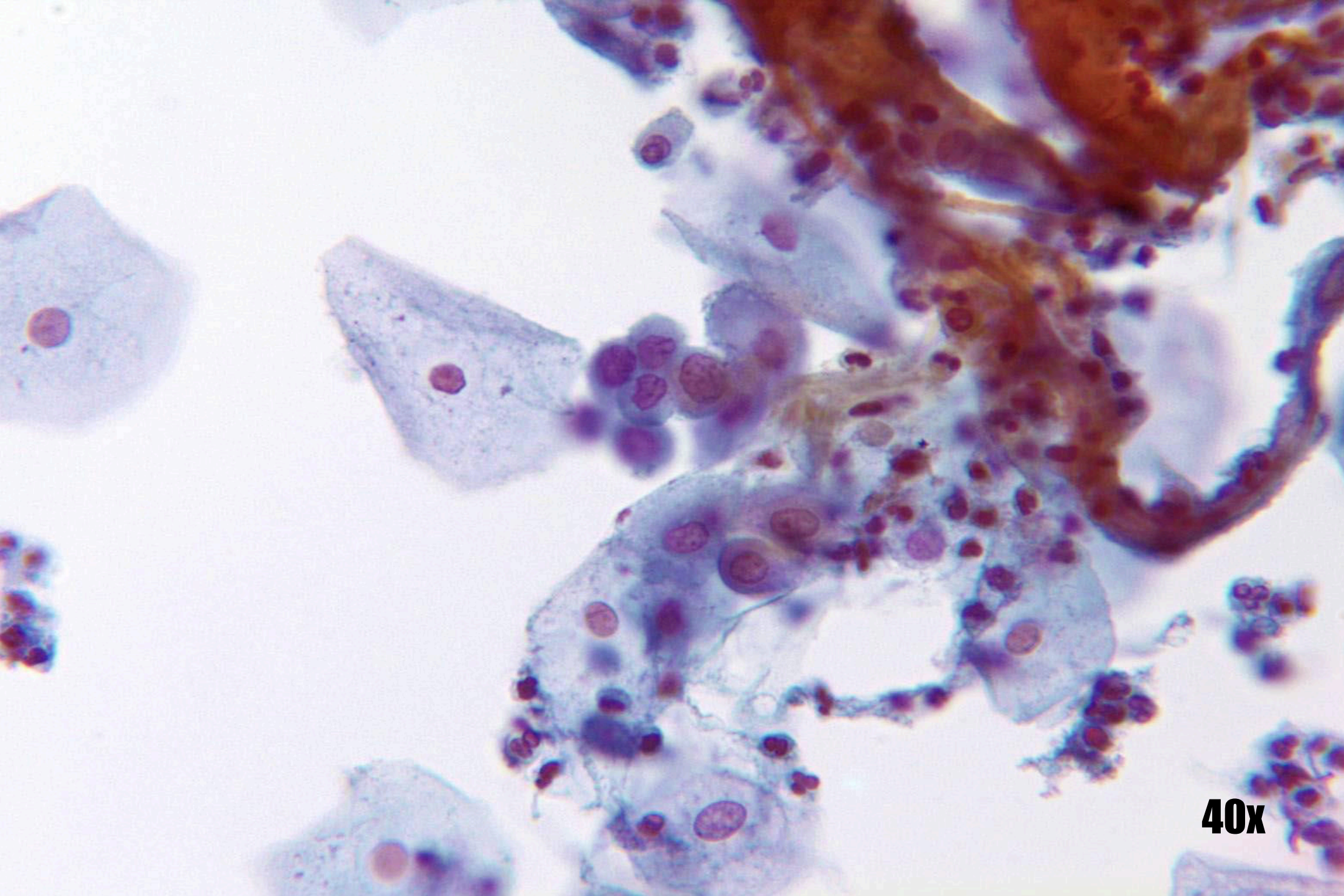
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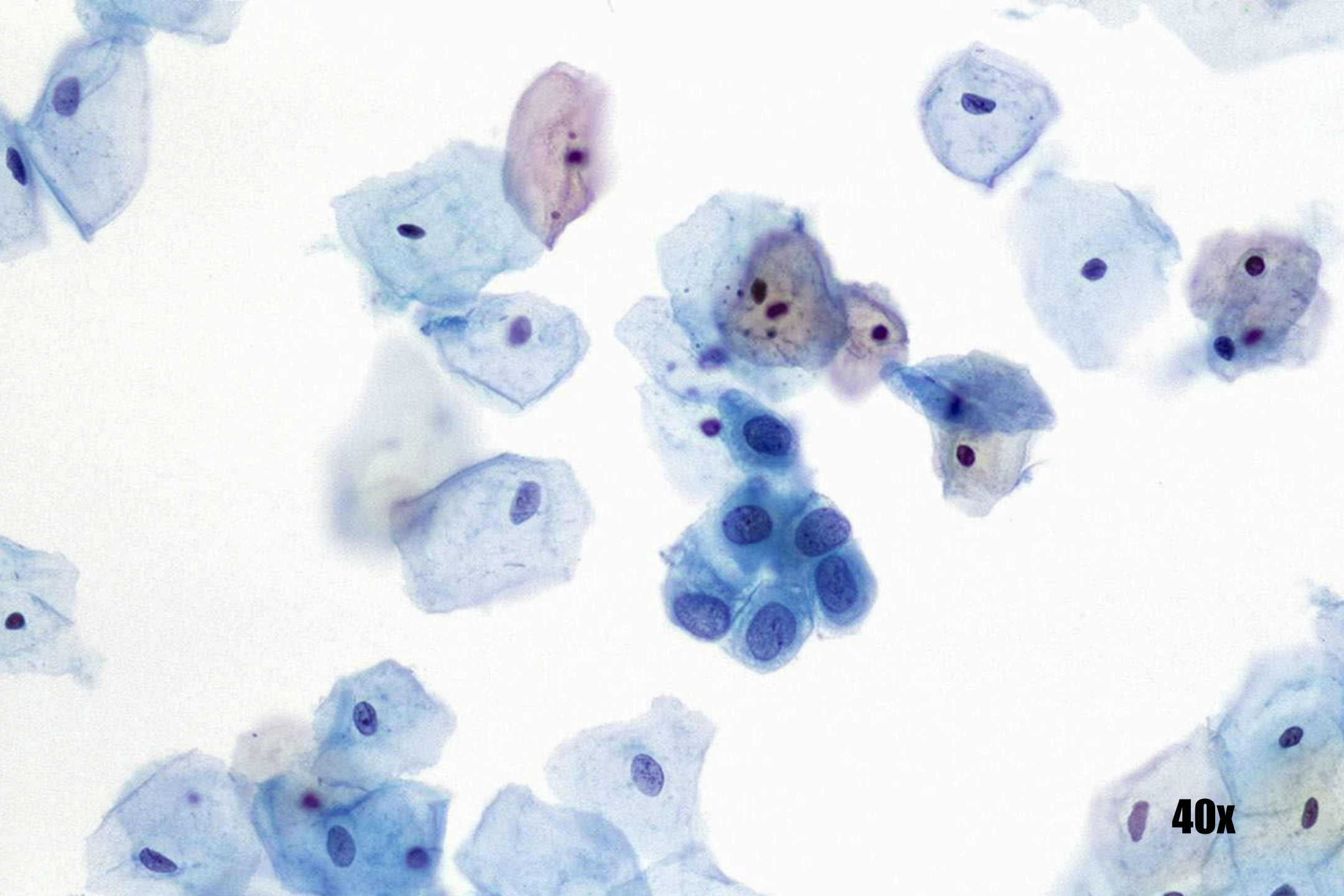
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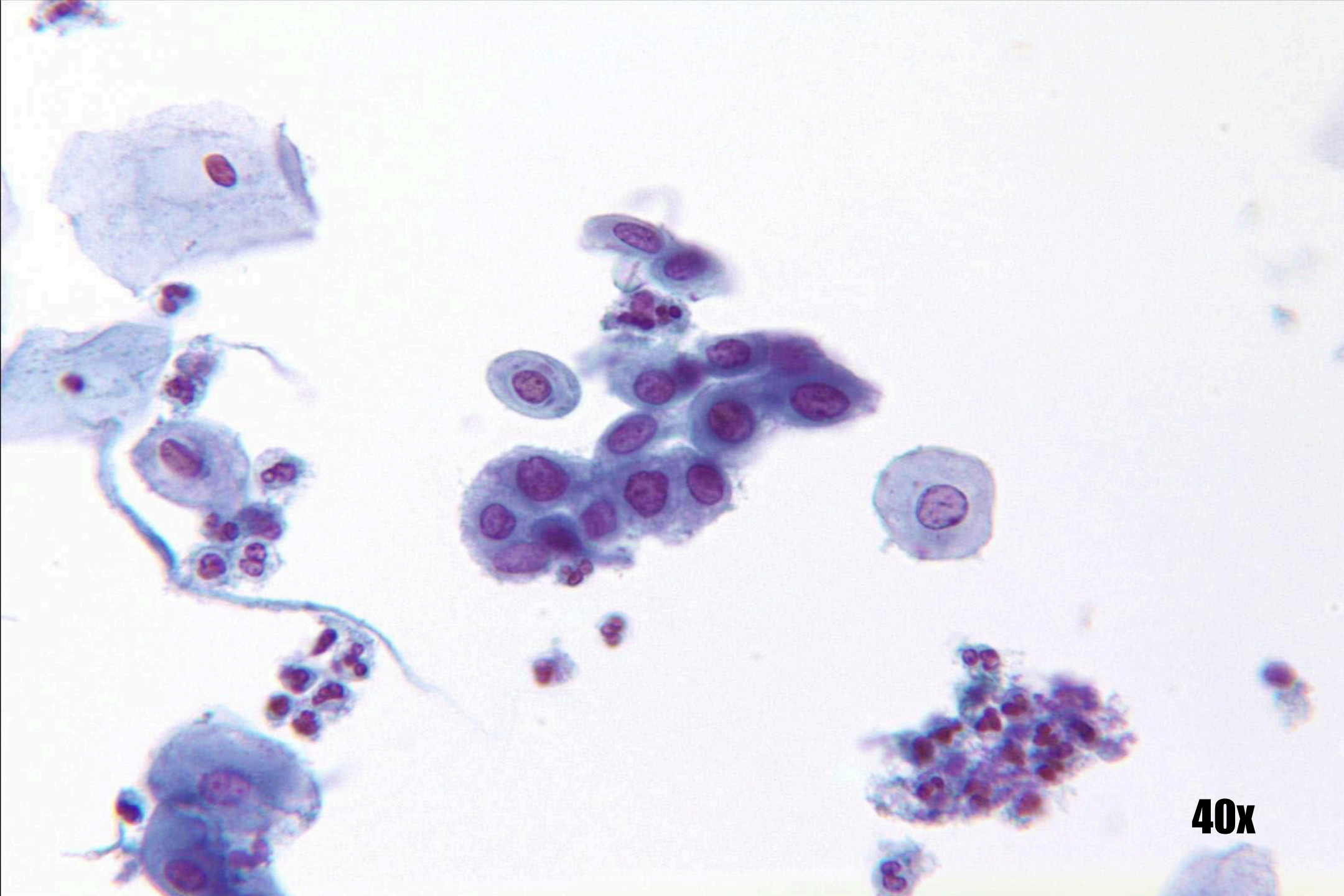
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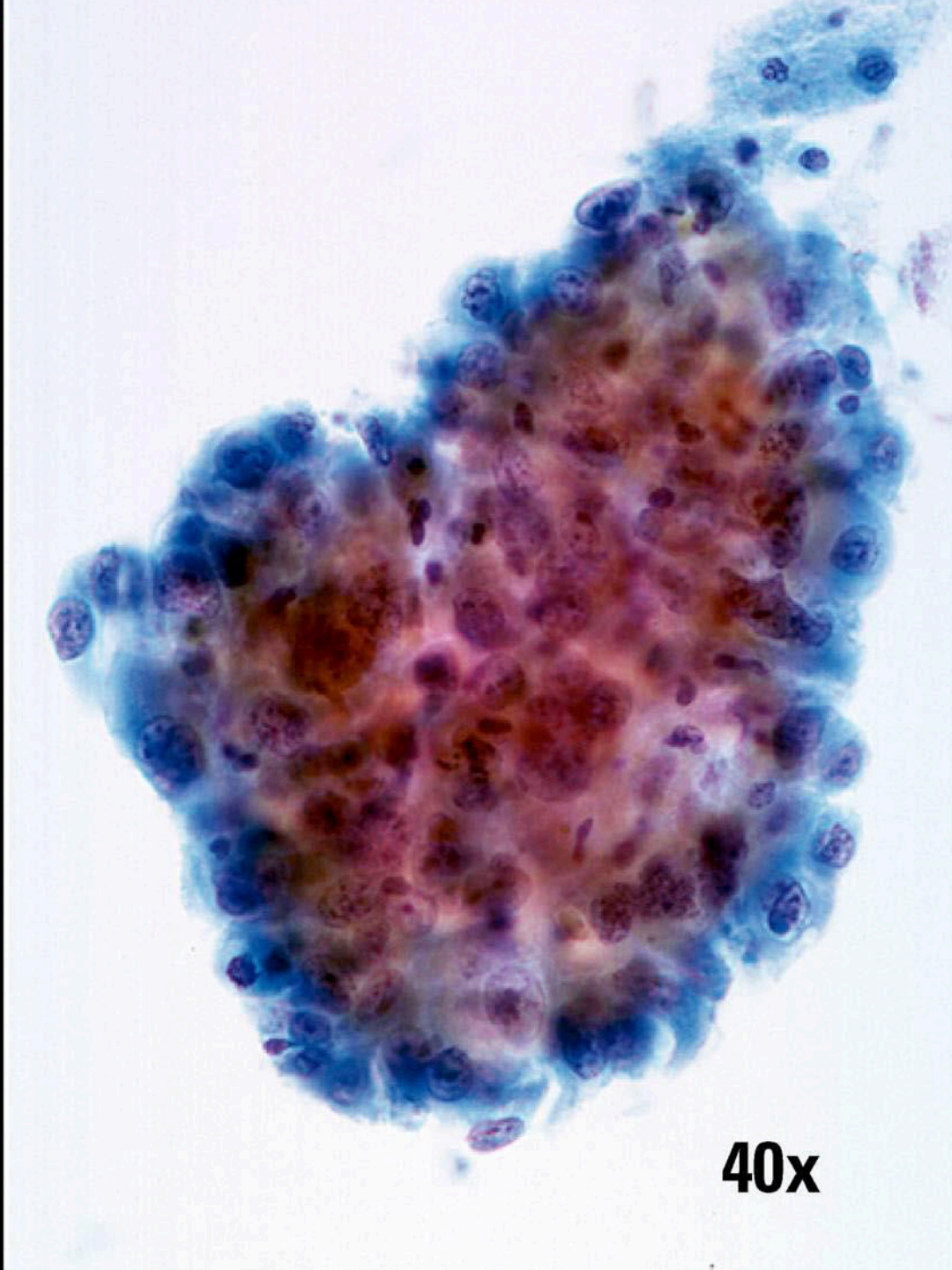
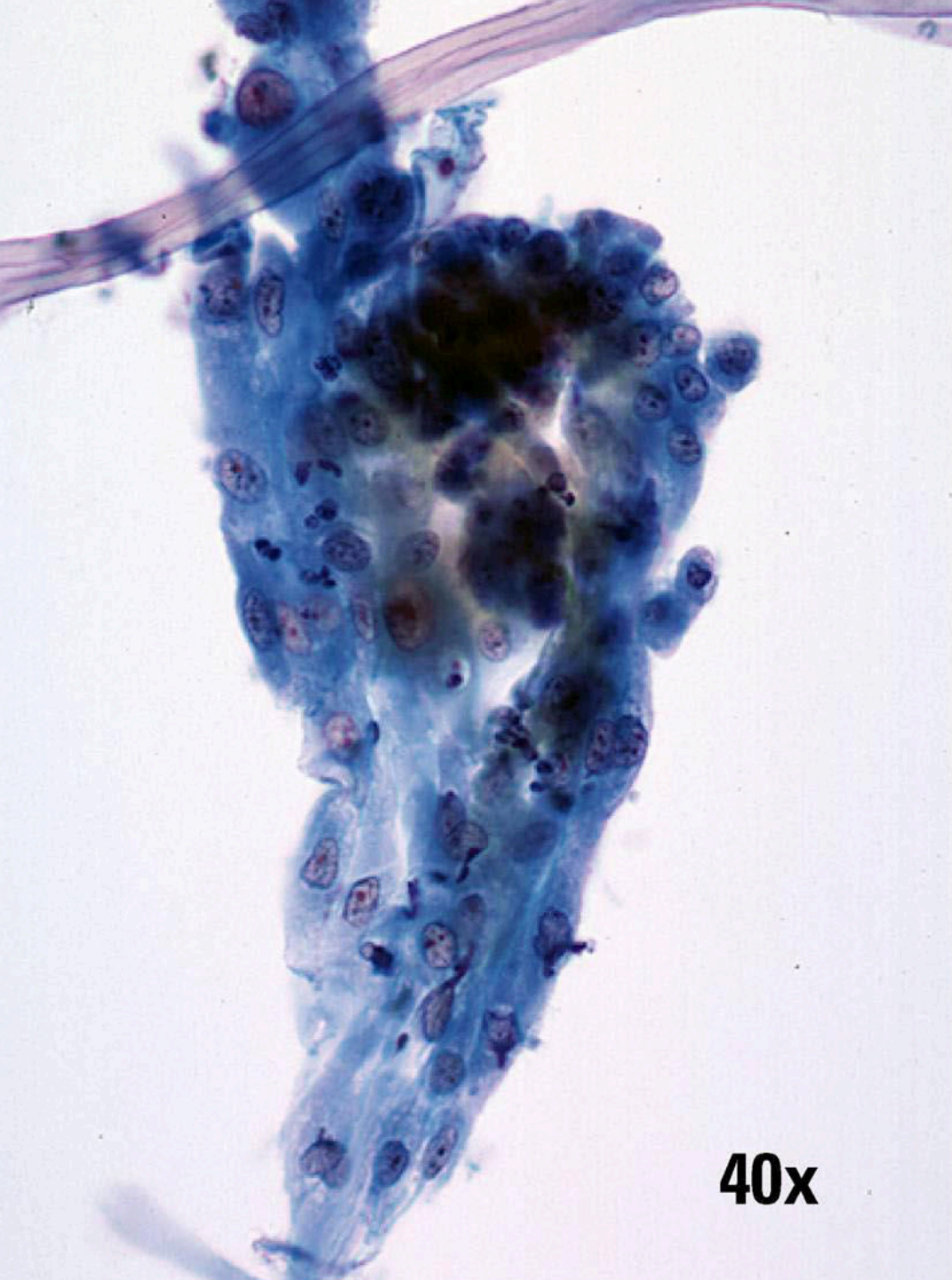
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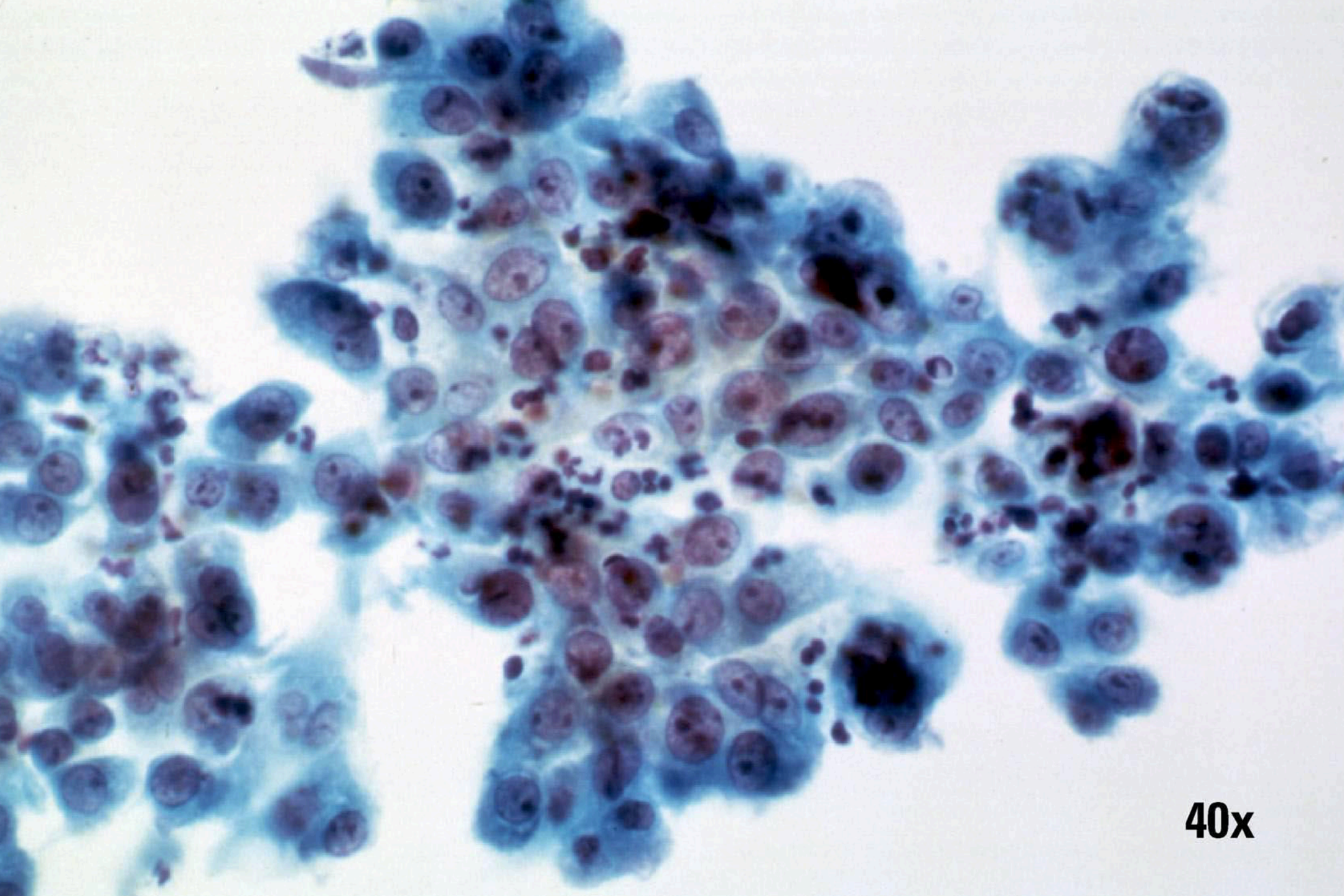


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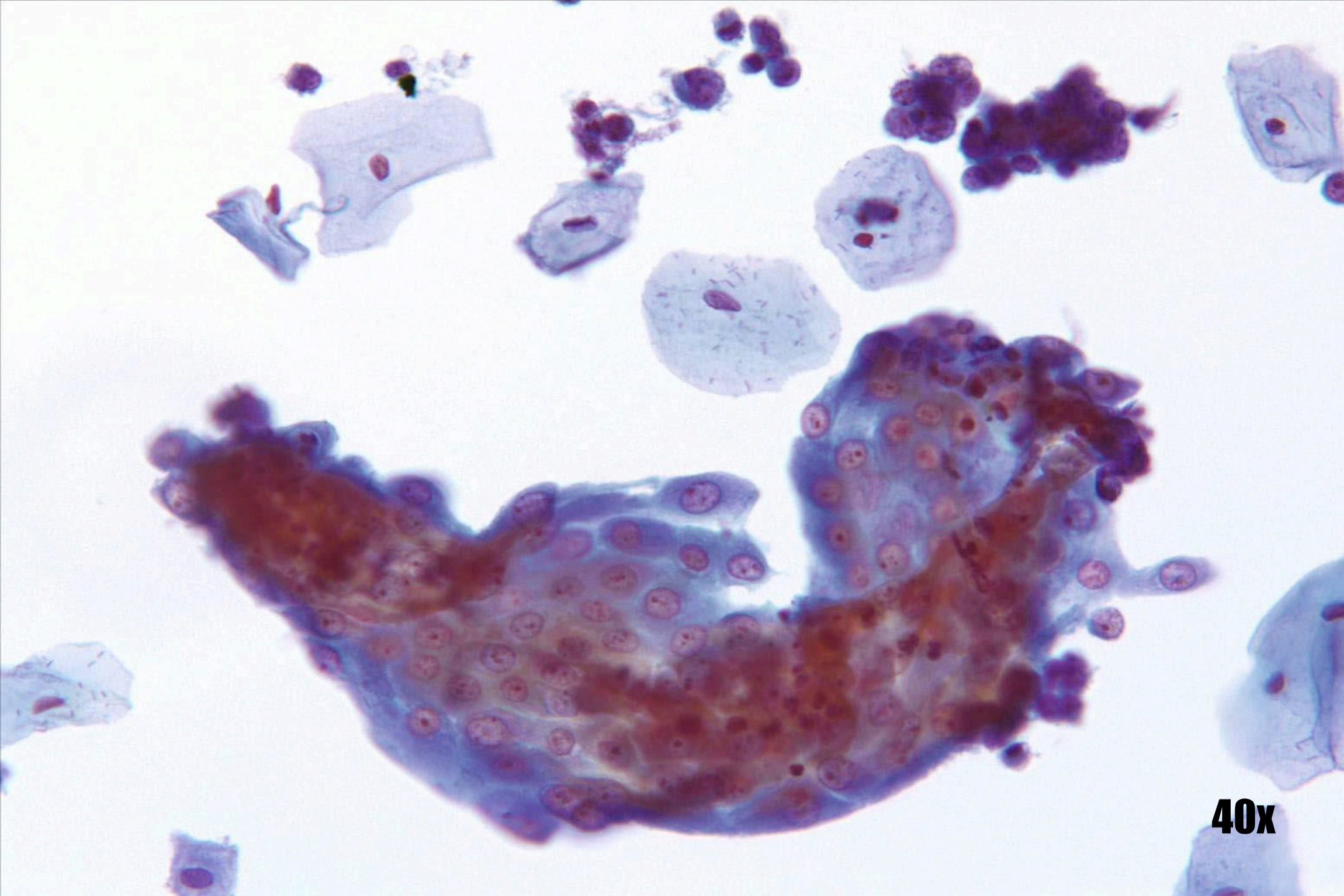
Herstel vs slecht gedifferentieerd SCC

- Herstel (typerend)
- Cohesieve lagen
- Significante variatie in kerngrootte, gewoonlijk rond/ ovaal van vorm
- Dunne, goed gedefinieerde kernmembranen
- Meer open chromatinepatroon met minimale variabiliteit
- Centraal gelegen macronucleoli met gladde, ronde contouren
- Bijna alle kernen hebben nucleoli
- Slecht gedifferentieerd SCC
- Slecht cohesieve lagen en losse cellen
- Onregelmatige nucleaire vormen en grootten
- Verdikte kernmembranen
- Onregelmatig klontering van chromatine
- Nucleoli variëren in vorm, grootte, aantal en positie
- Sommige kernen hebben nucleoli, andere niet

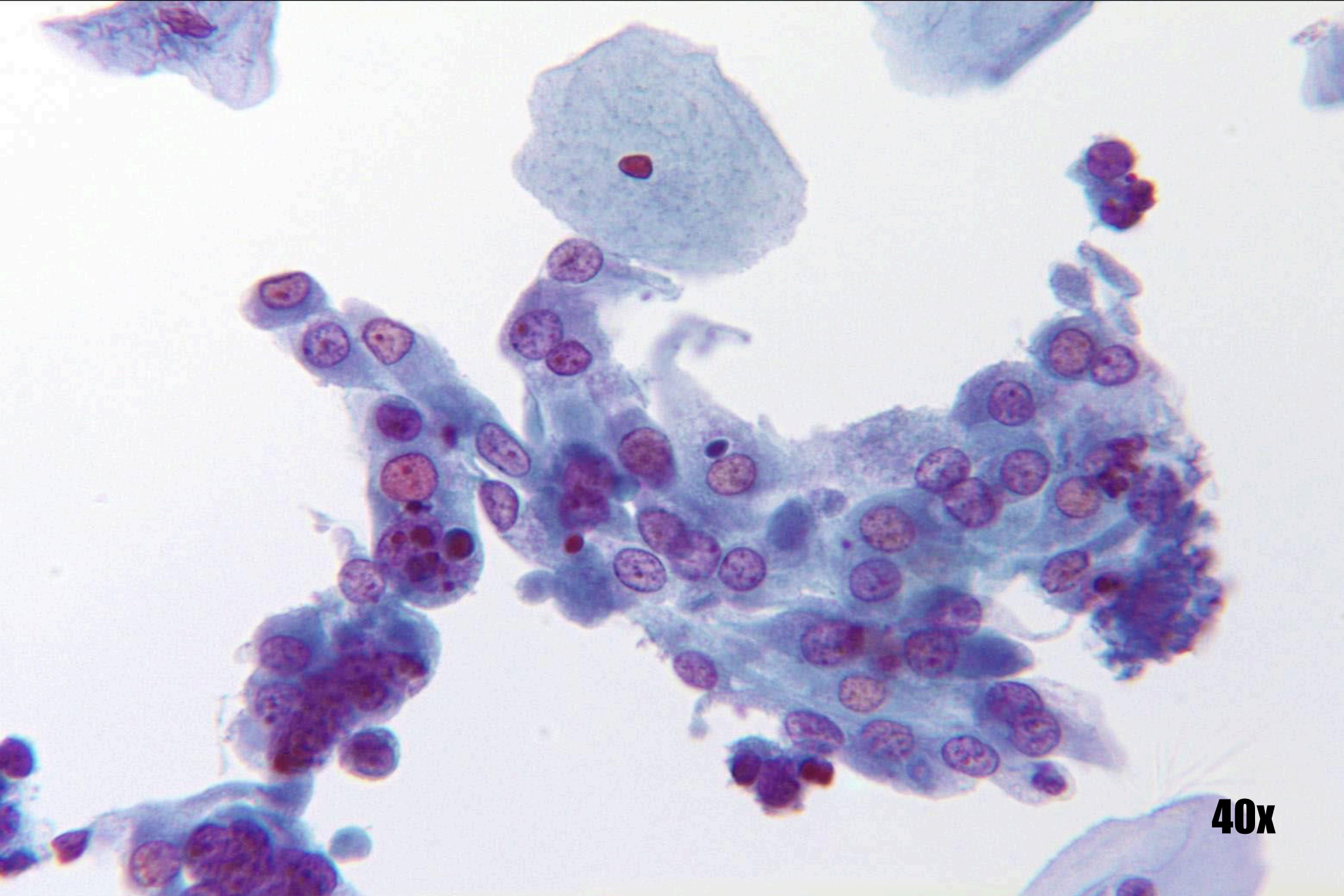




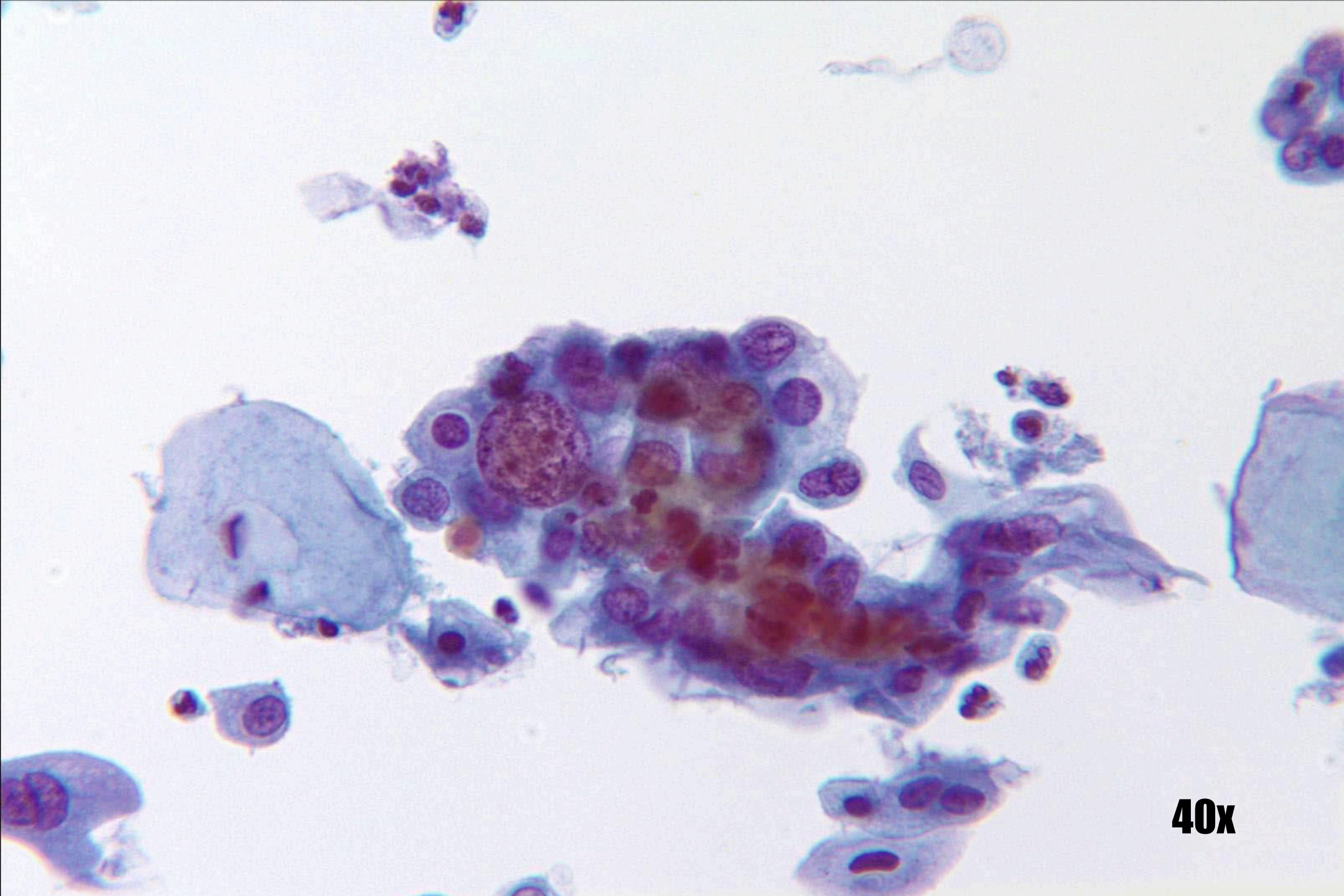
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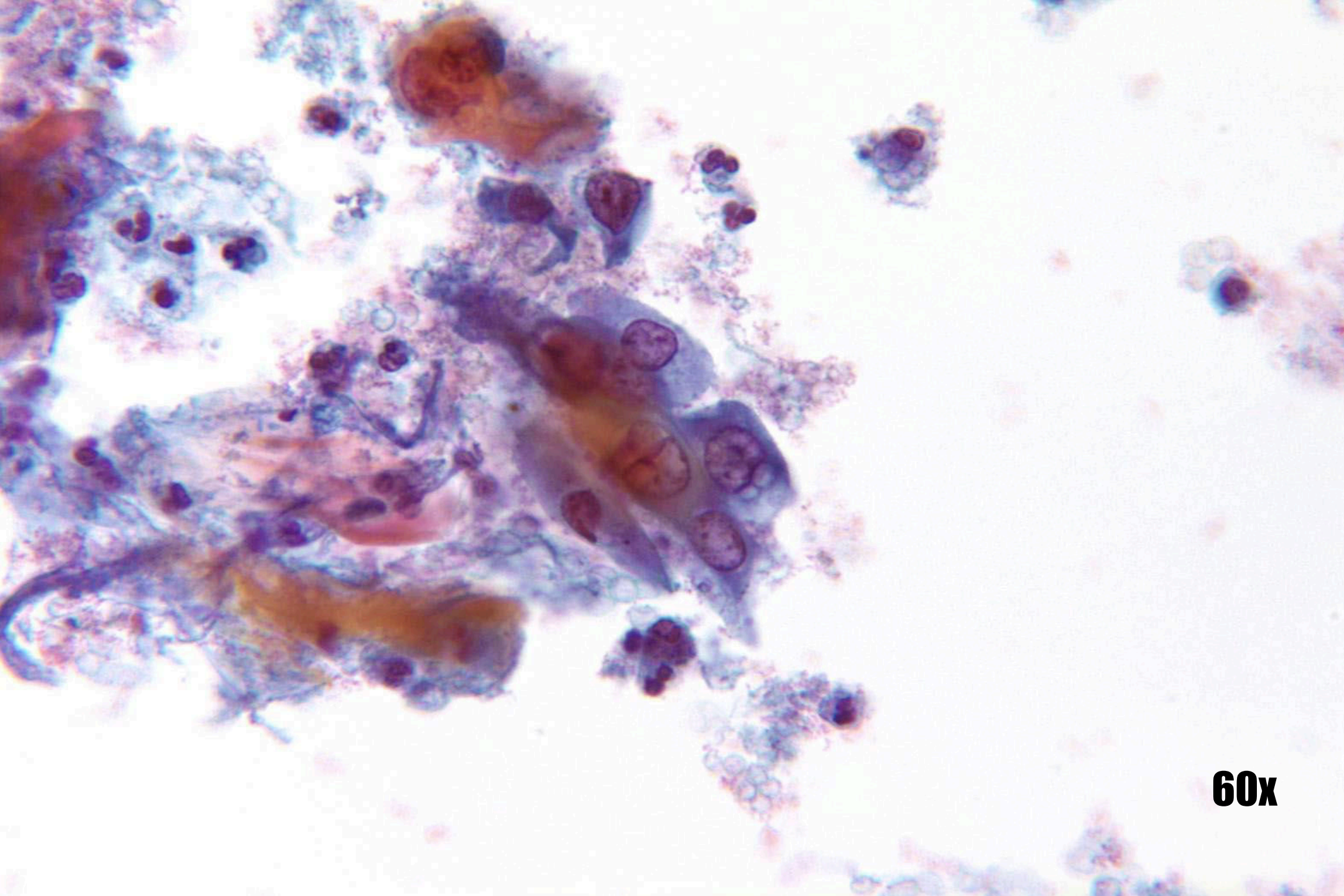
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Vragen?