



1ª Jornada Internacional de CITOTECNOLOGIA

EXPOSIÇÃO : CASOS CLÍNICOS

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UFPR - FEPAR

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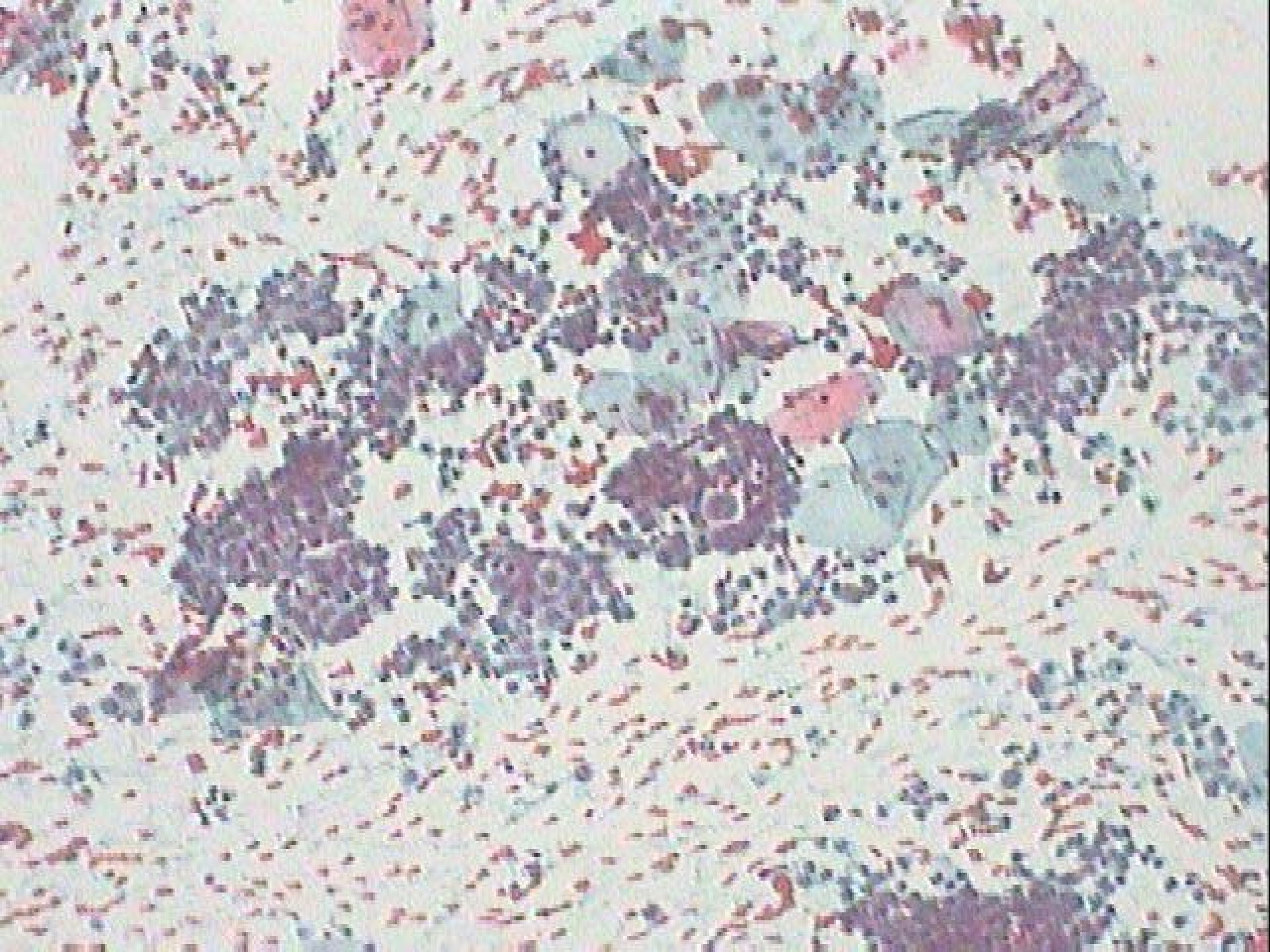
**CITOTECNOLOGISTA: DA FORMAÇÃO
A ATUAÇÃO NO CONTROLE DO CÂNCER**

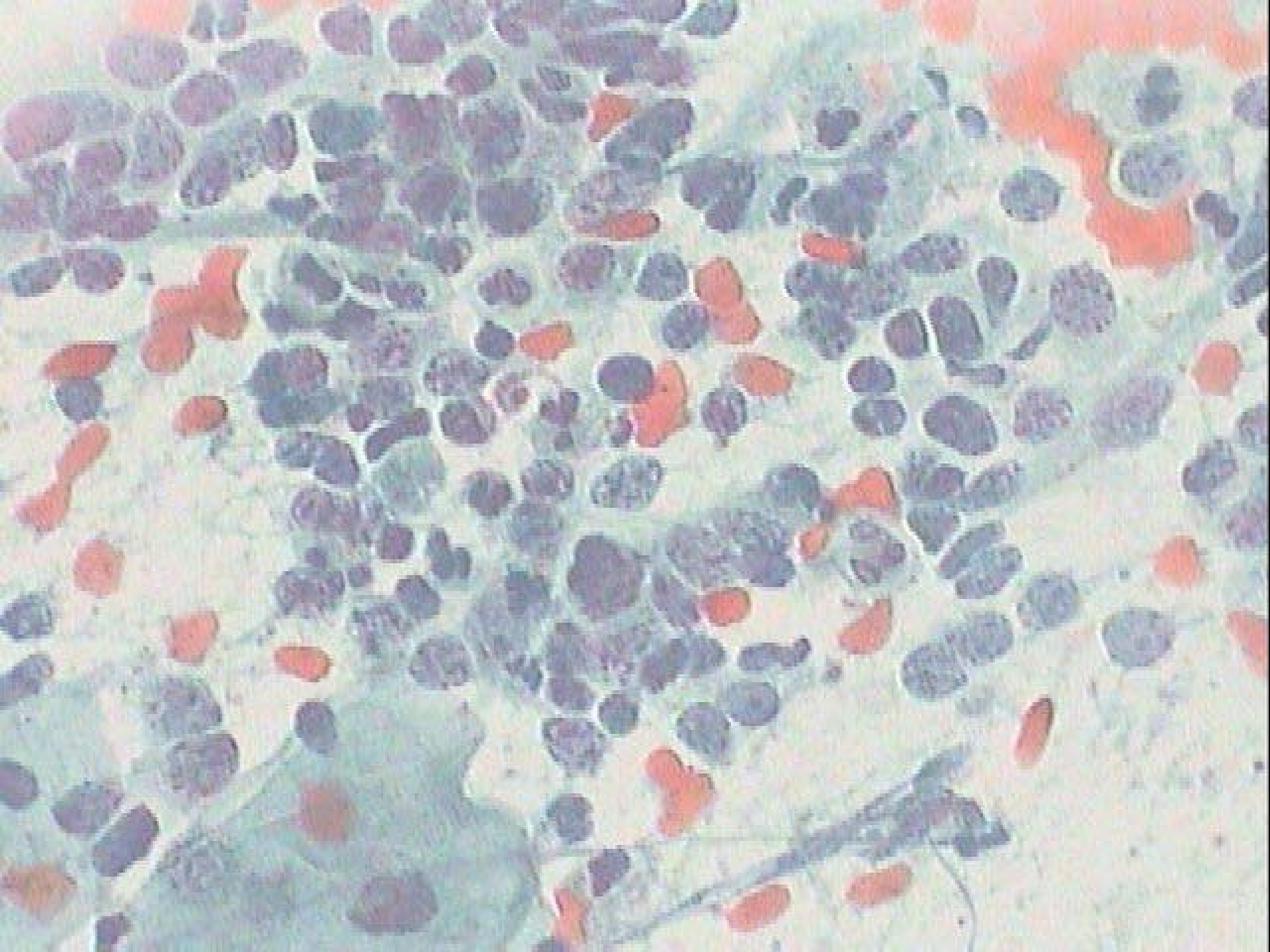
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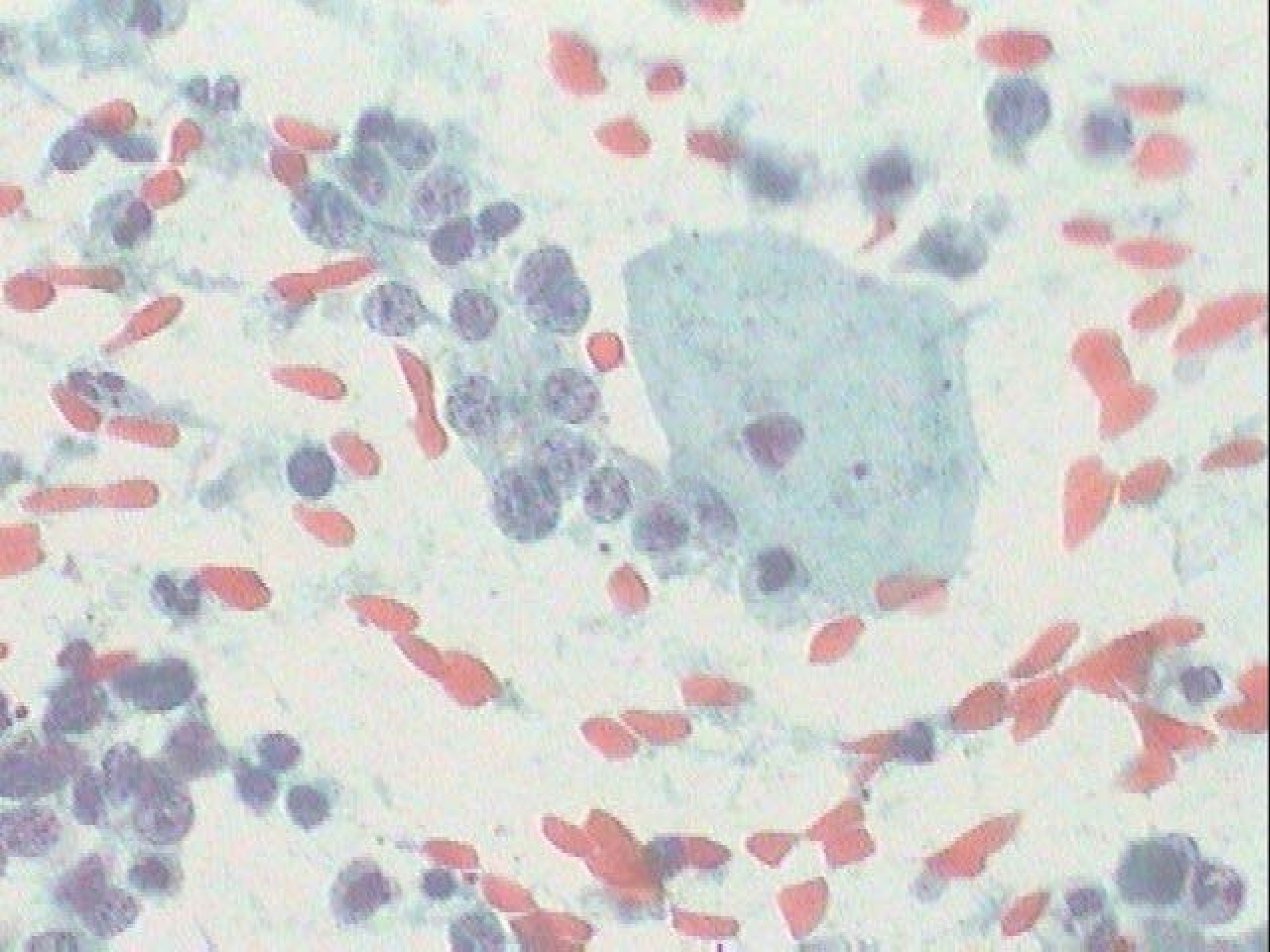
Local: Instituto Nacional de Câncer,
Praça da Cruz Vermelha, 23 - Centro, RJ Brasil

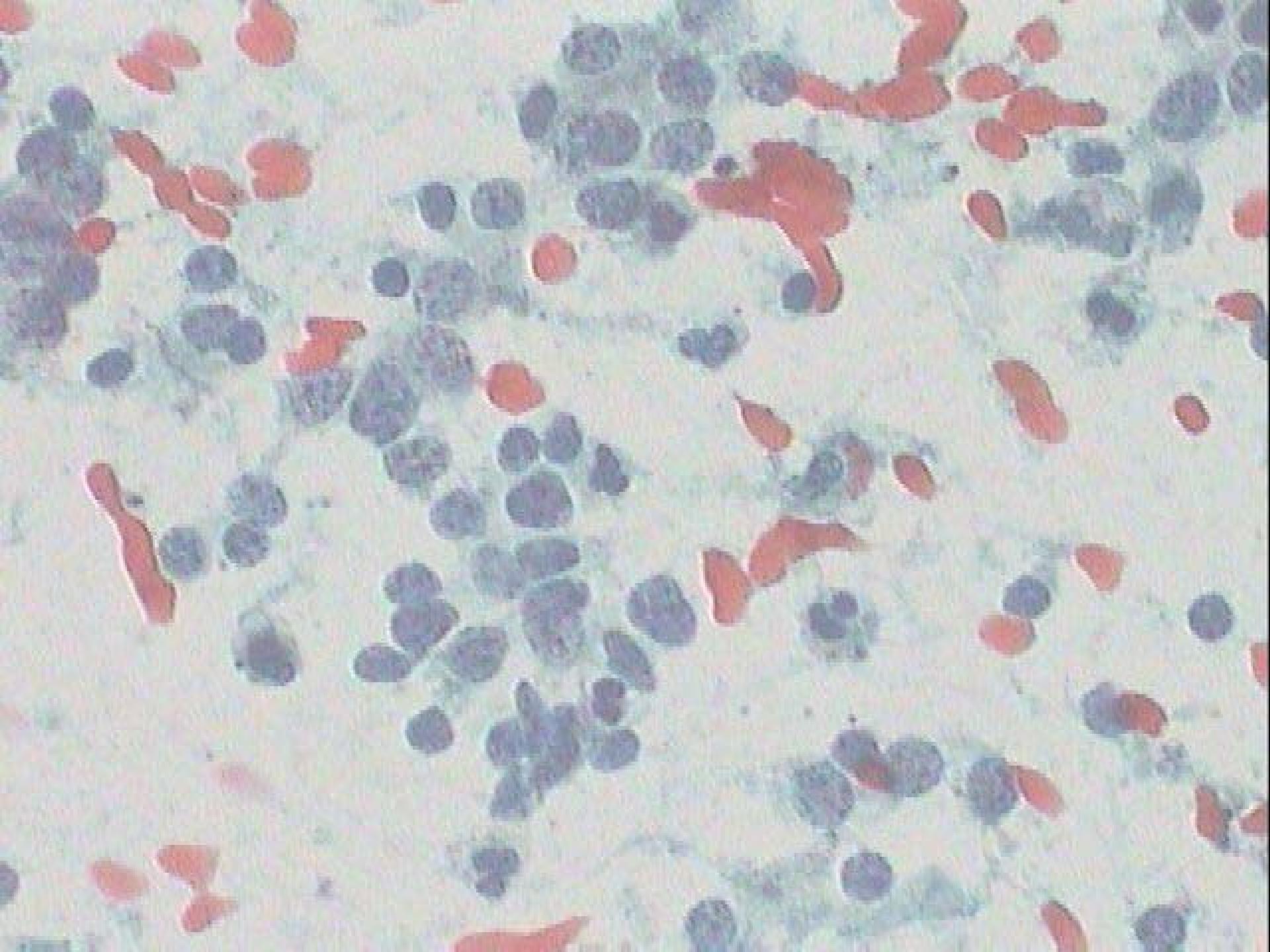
Dados Clínicos

- Paciente de 28 anos com nódulo em colo uterino.
- Citologia convencional
- Coloração Papanicolaou





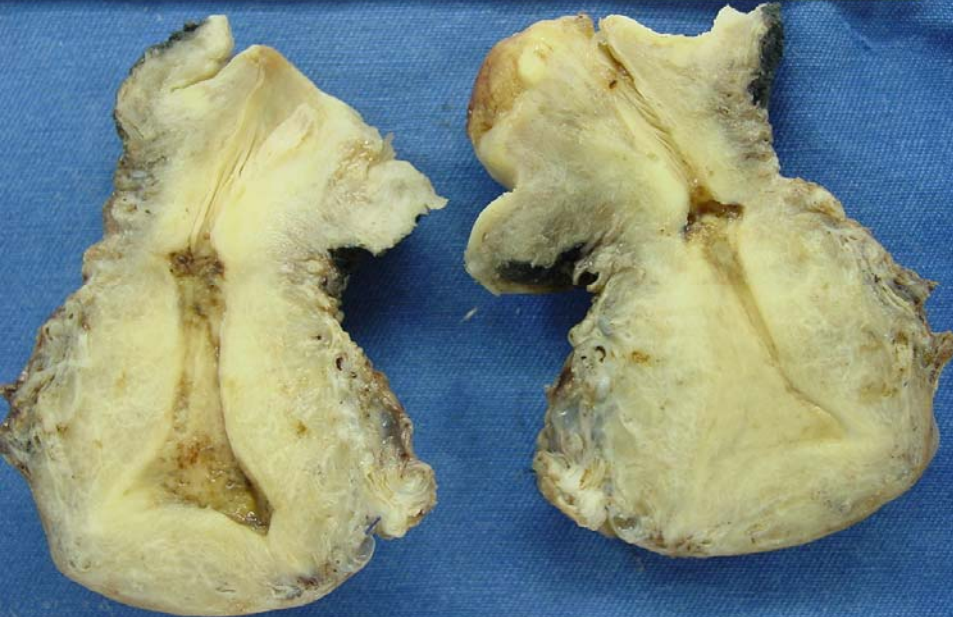


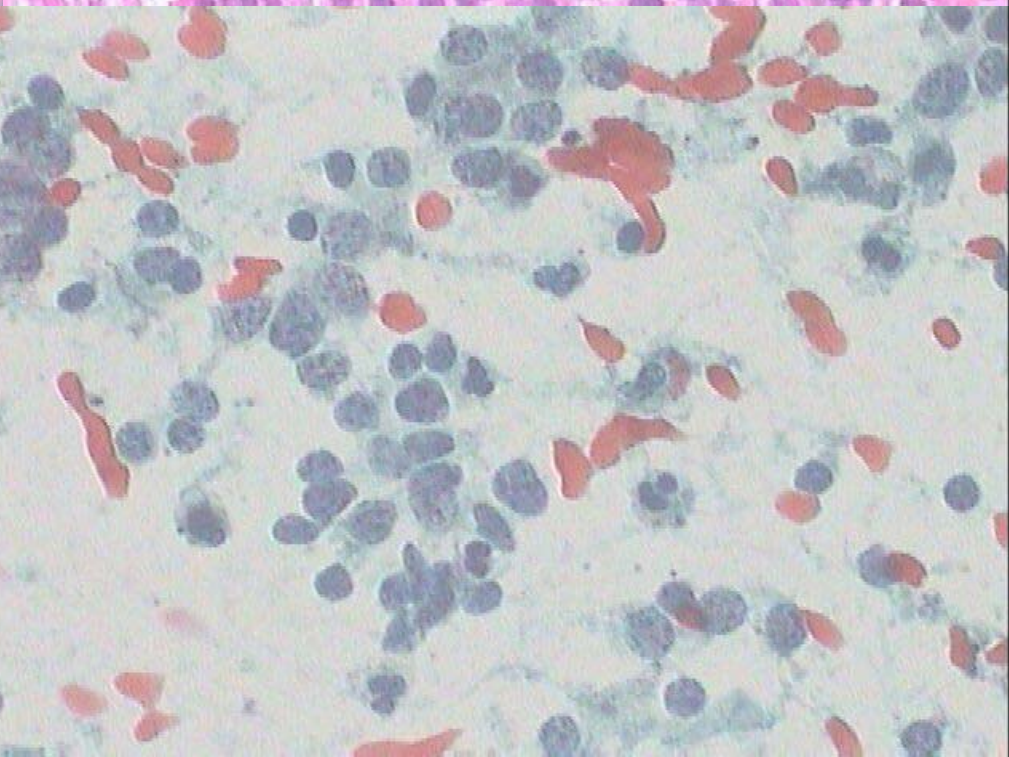
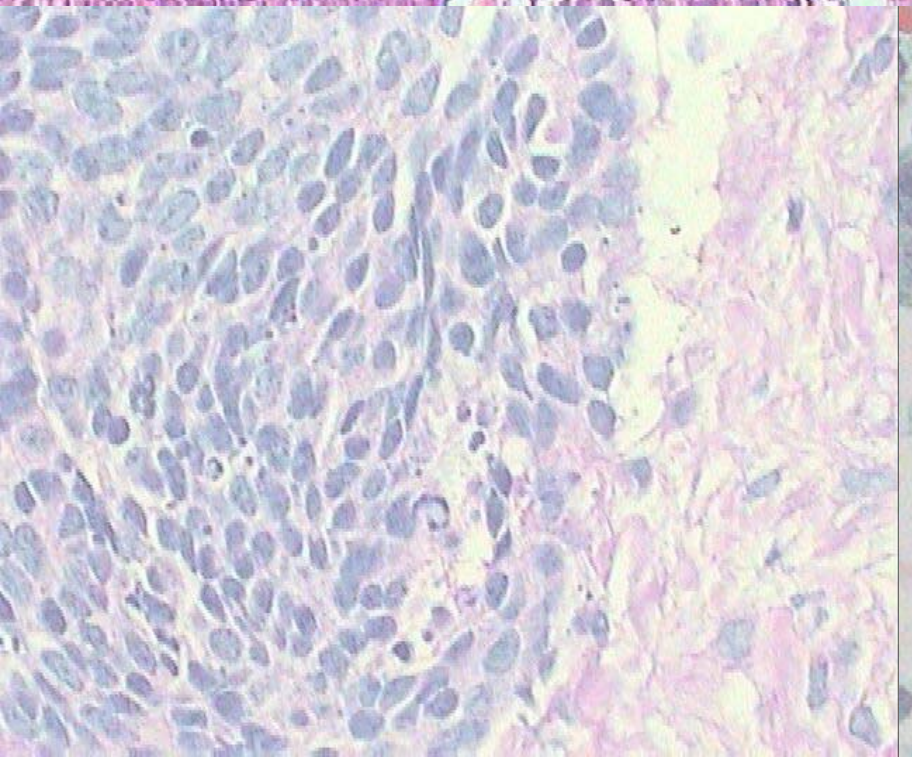
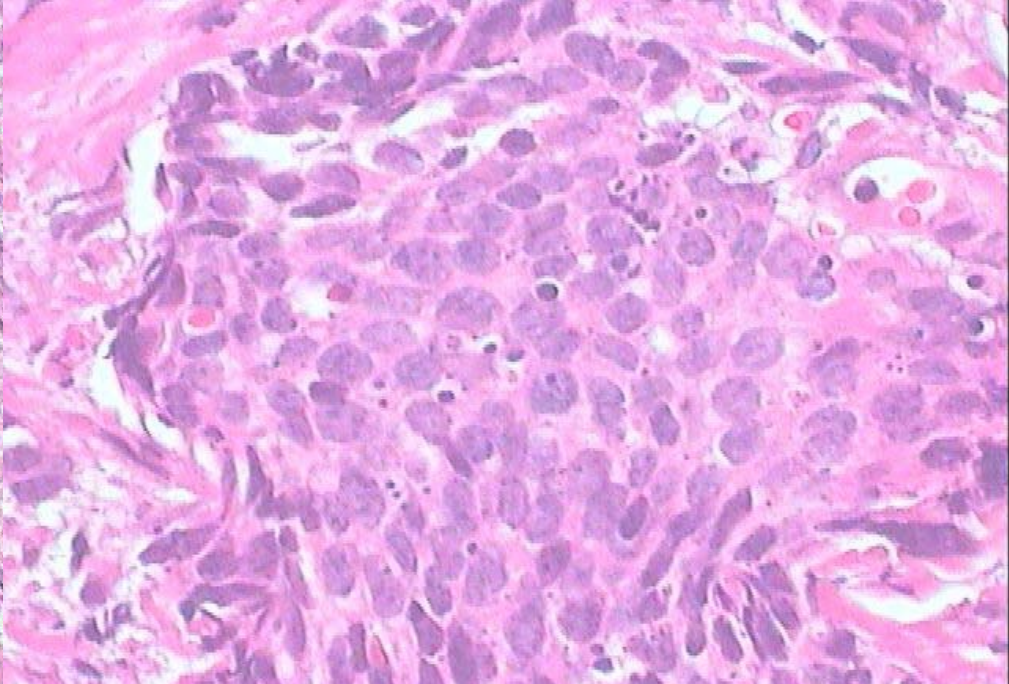
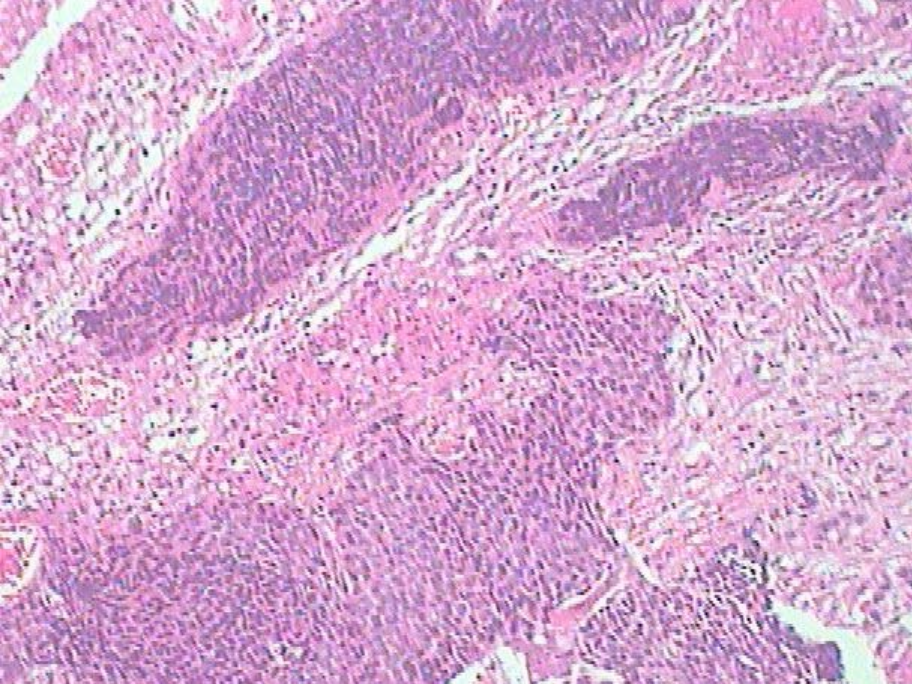


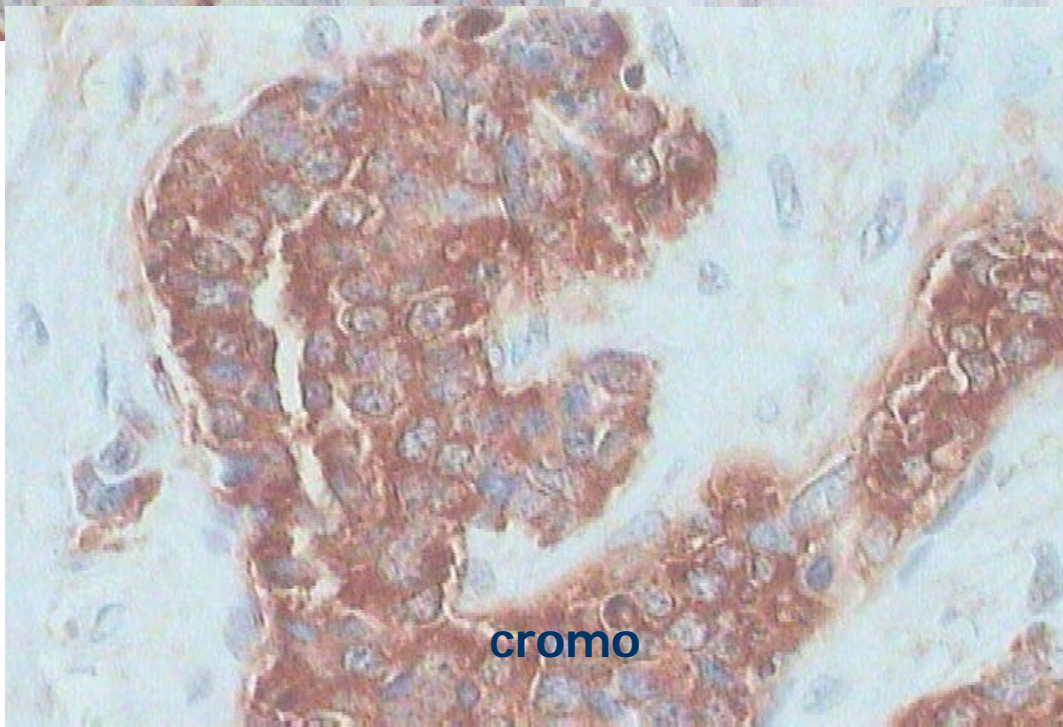
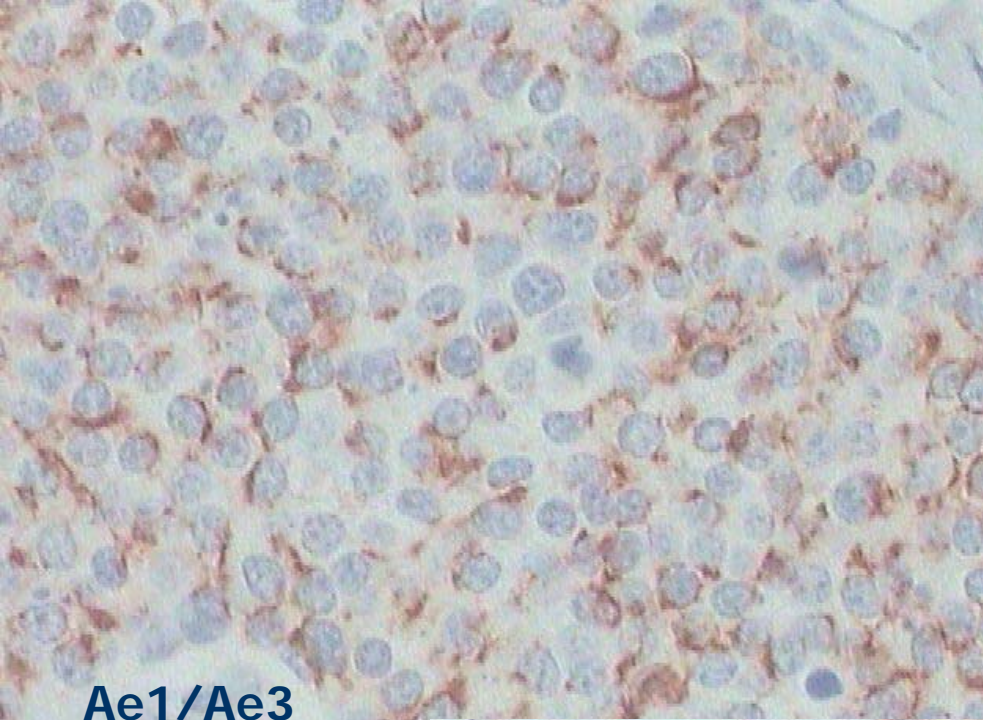
Qual o diagnóstico ?

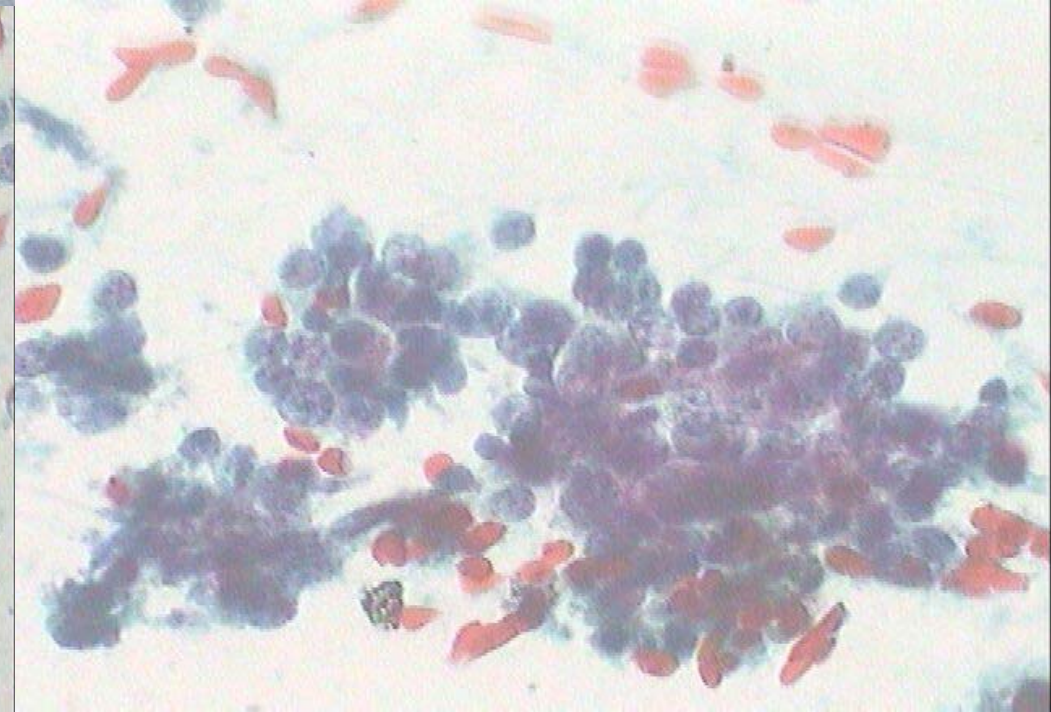
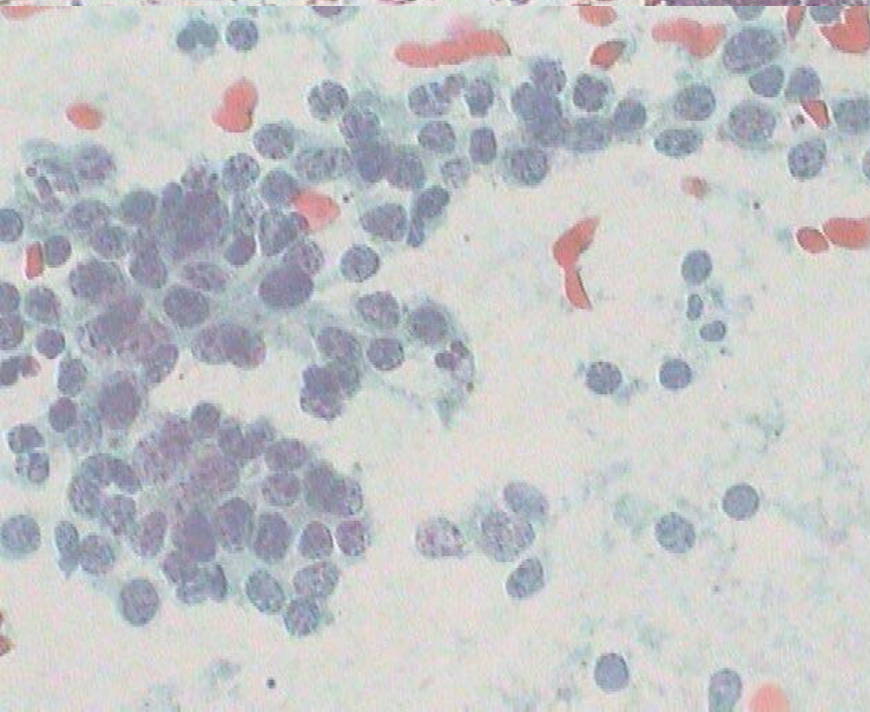
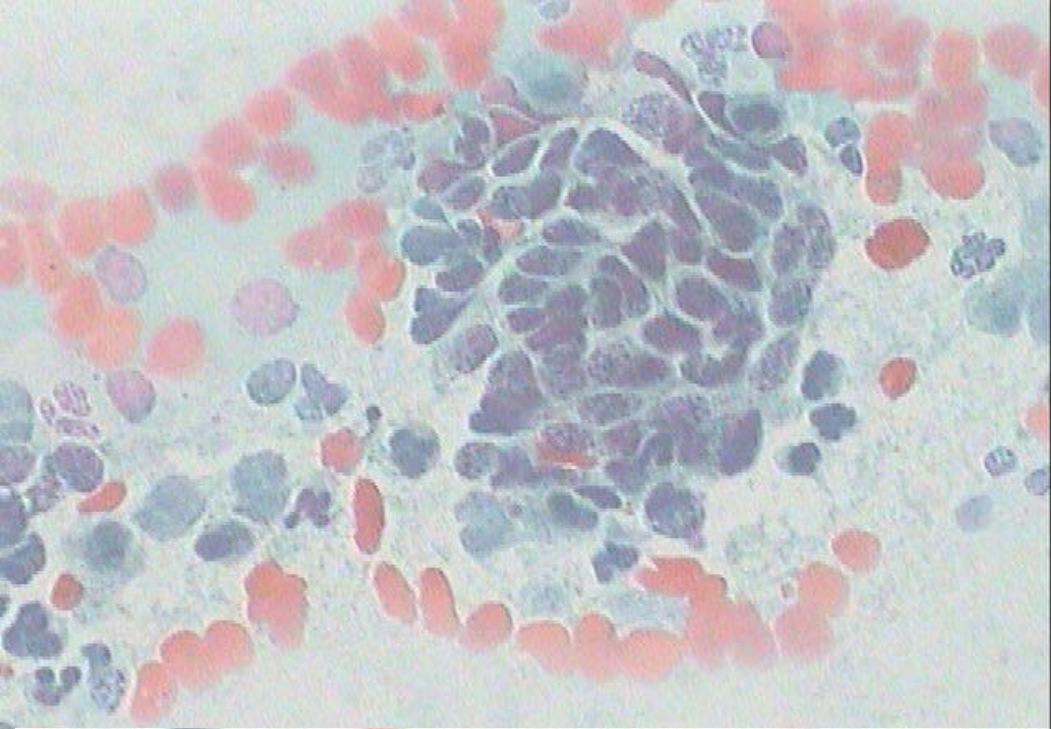
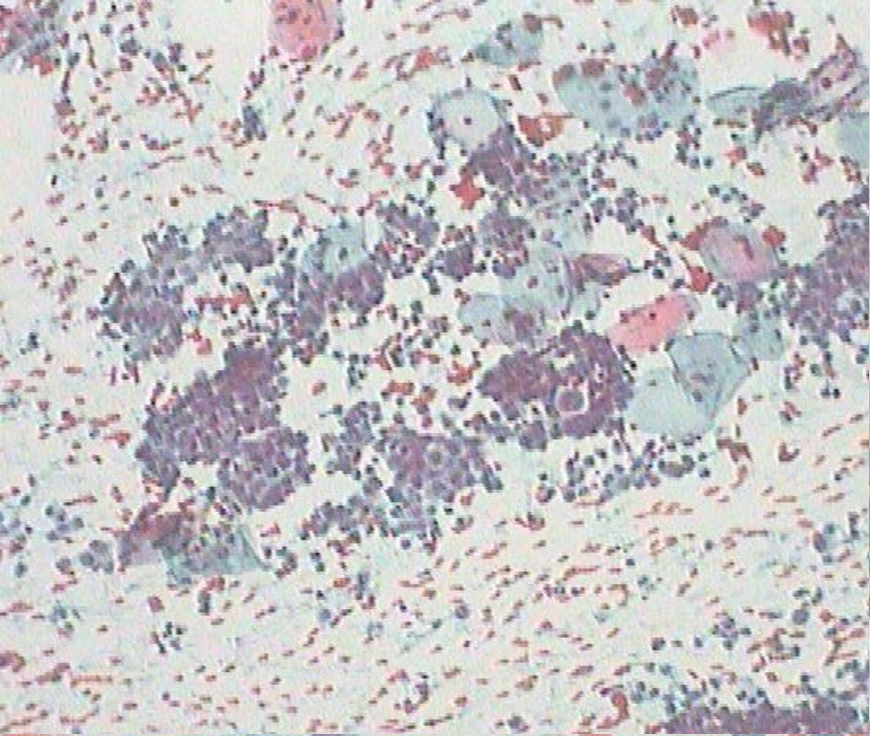


- A) CERVICITE FOLICULAR
- B) LINFOMA
- C) CARCINOMA INDIFERENCIADO DE PEQUENAS CÉLULAS
- D) CARCINOMA DE CÉLULAS ESCAMOSAS POUCO DIFERENCIADO







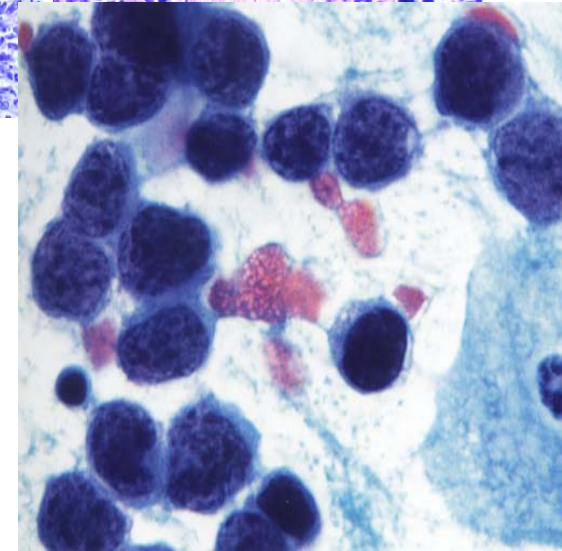
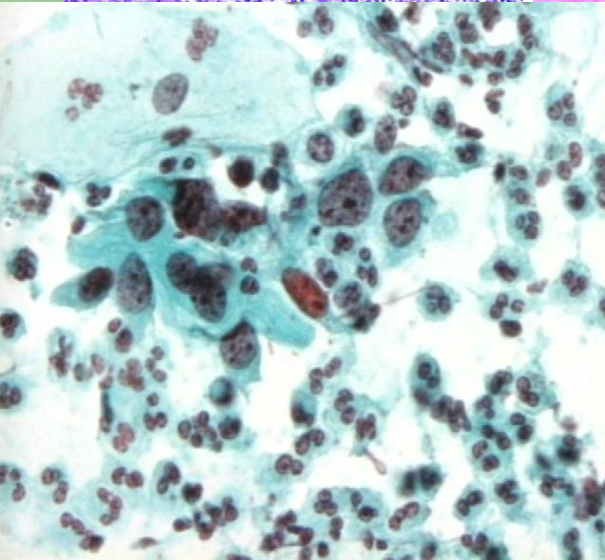
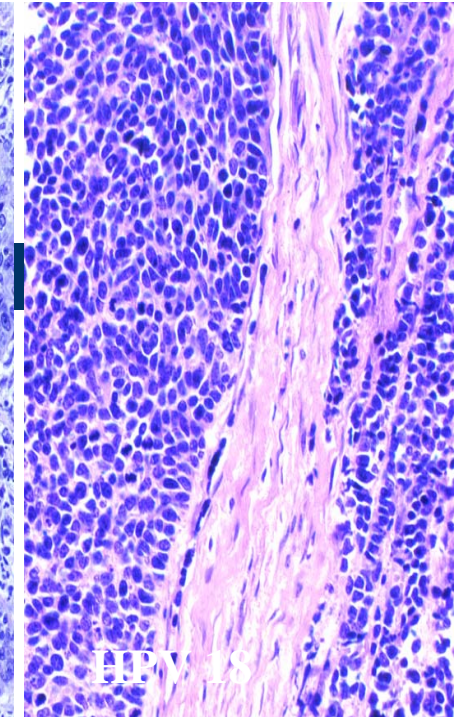
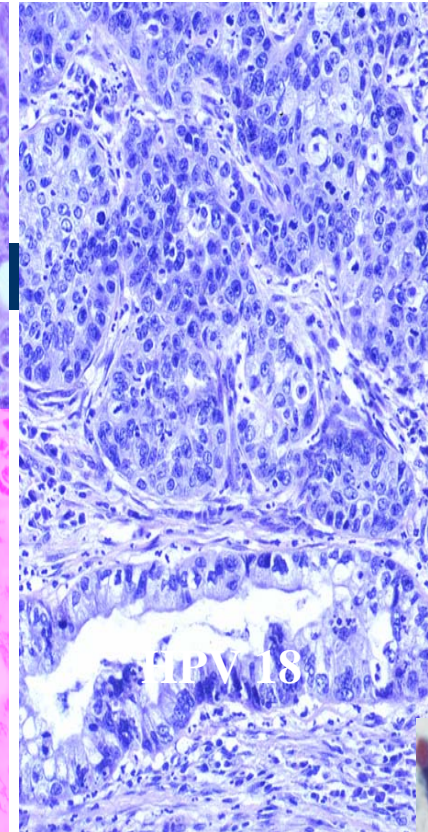
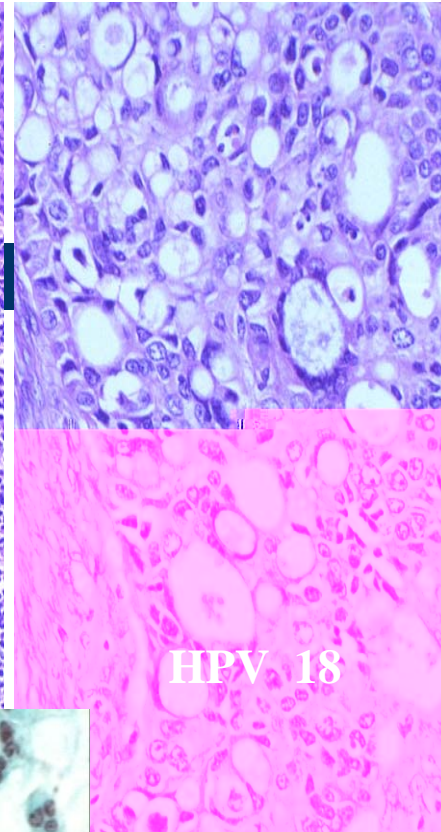
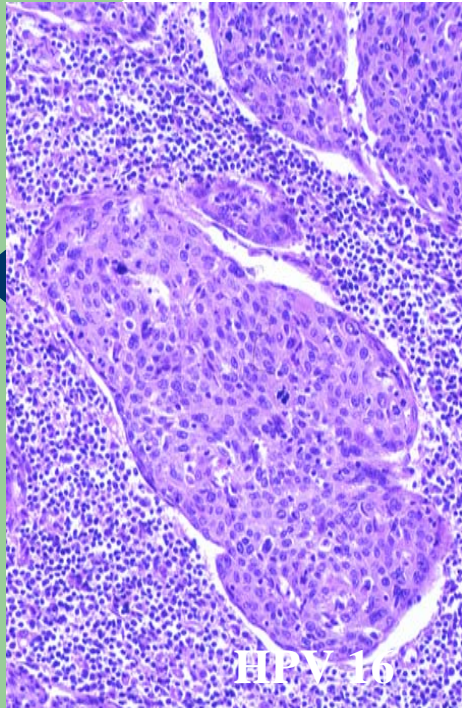


Ca escamoso

AdenoCa

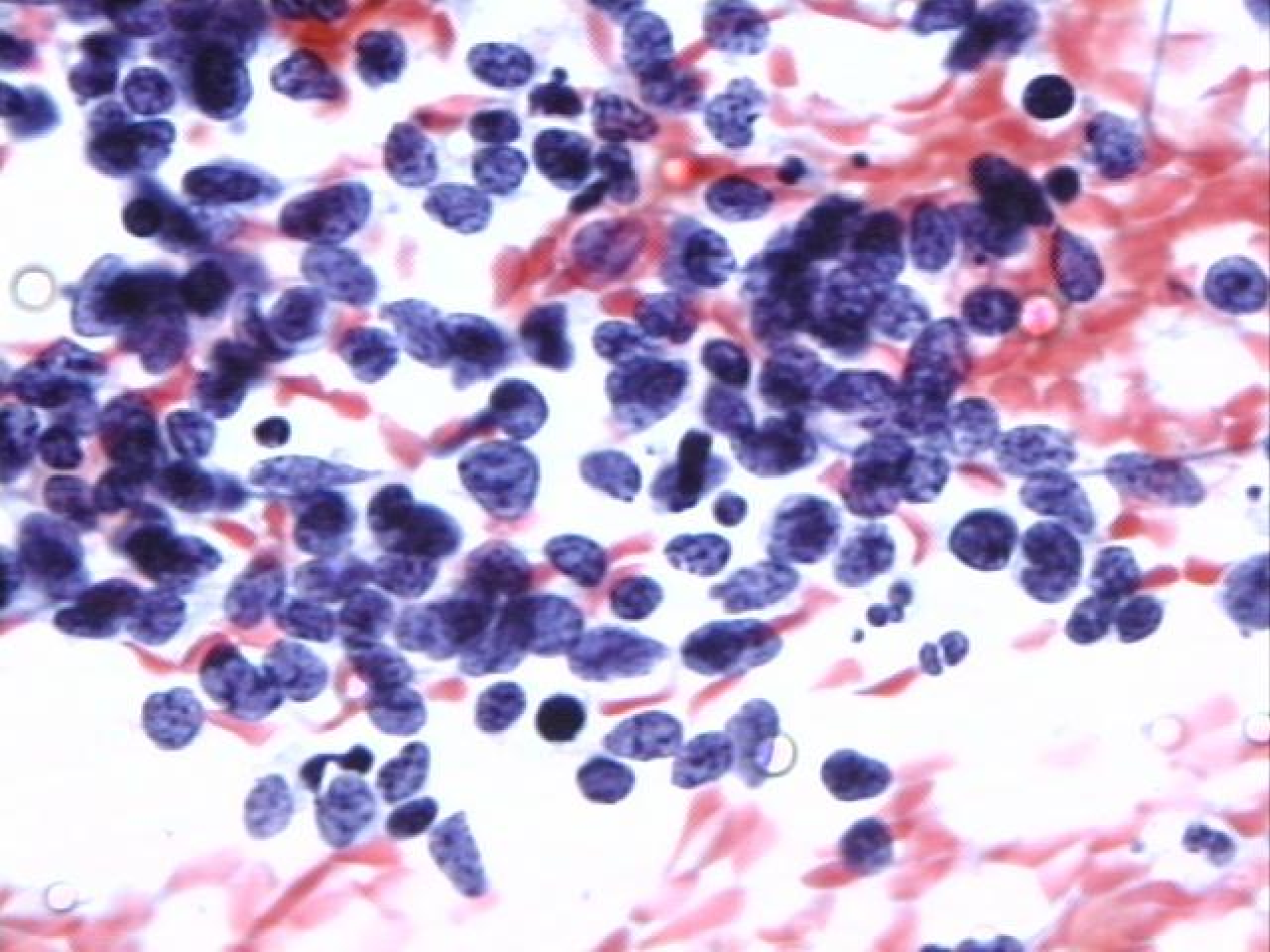
Adenoescam

Neuroendocrino



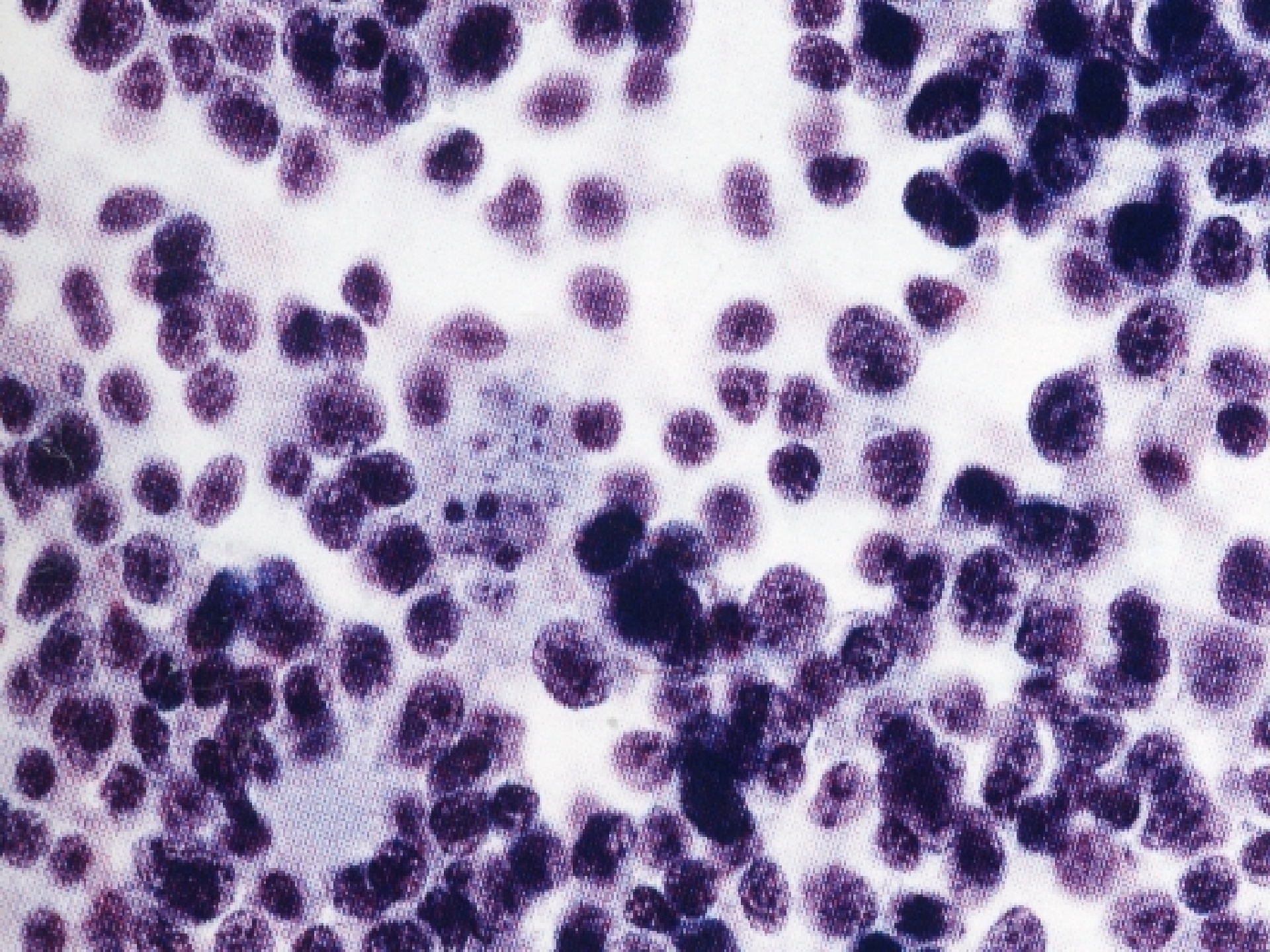
Carcinoma de Pequenas Células

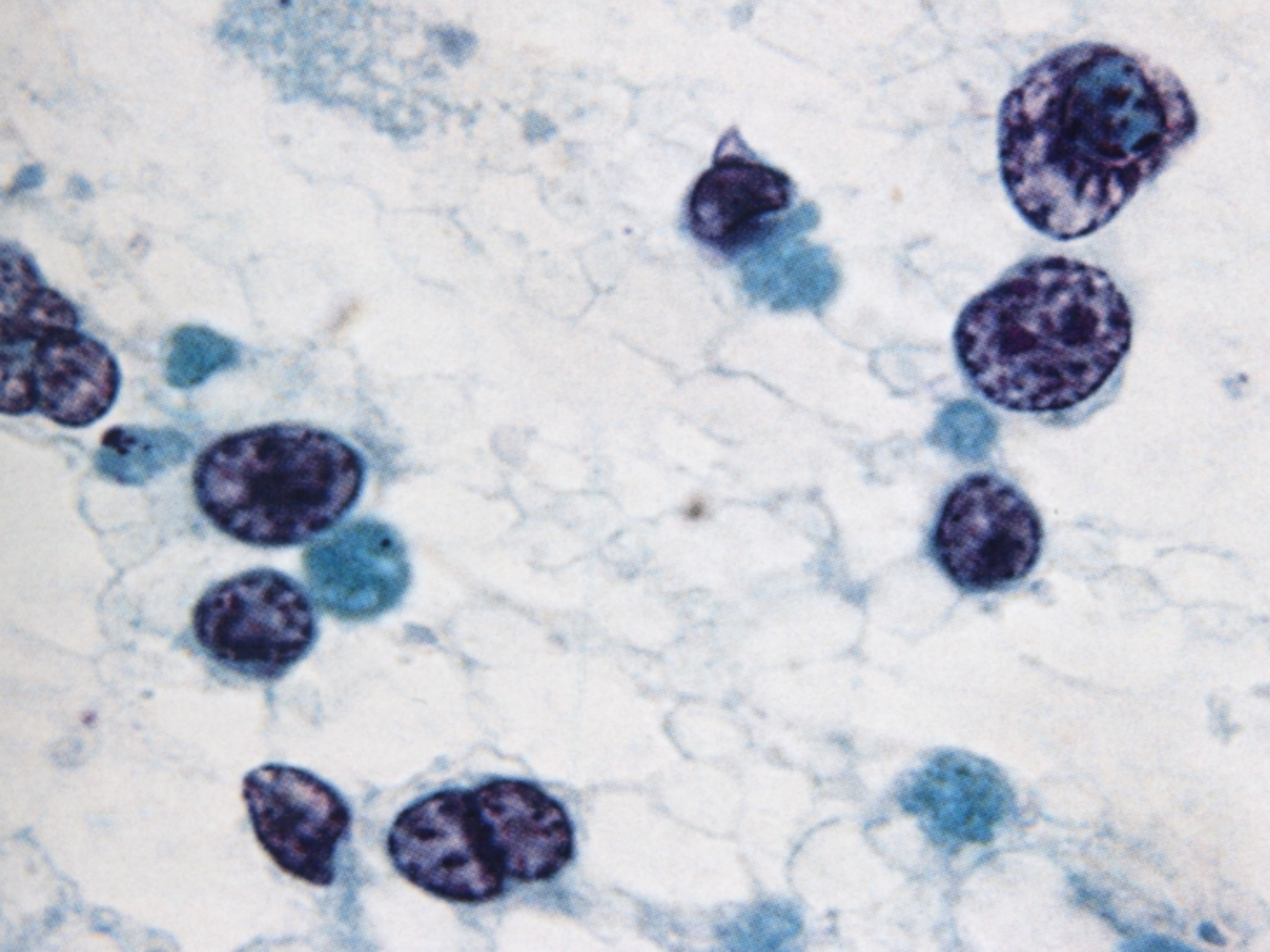
- Células pequenas
- Agrupadas ou dispersas
- Amoldamento nuclear
- Núcleos redondos ou ovóides
- Cromatina salpicada
- Nucléolo não perceptível

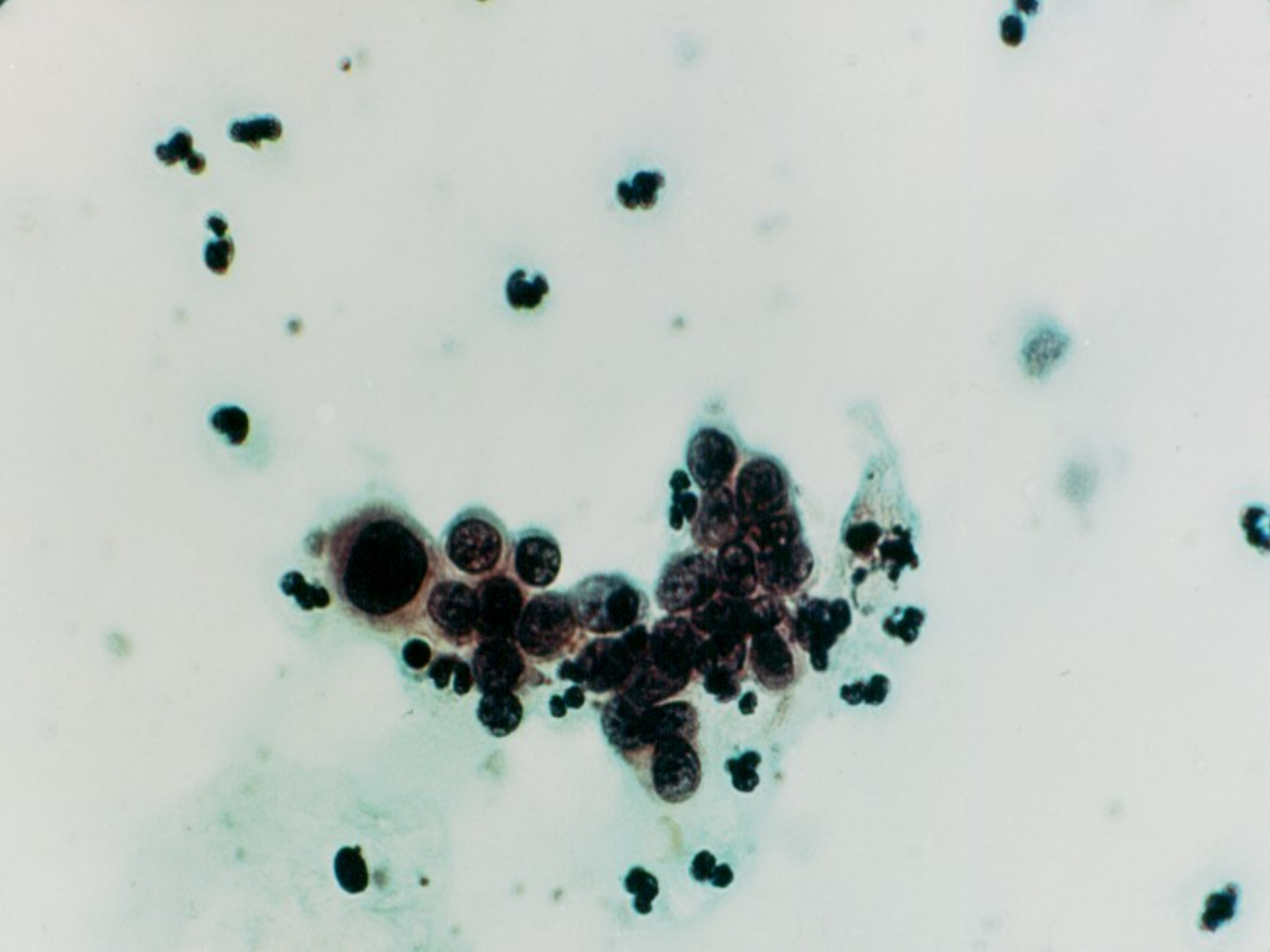


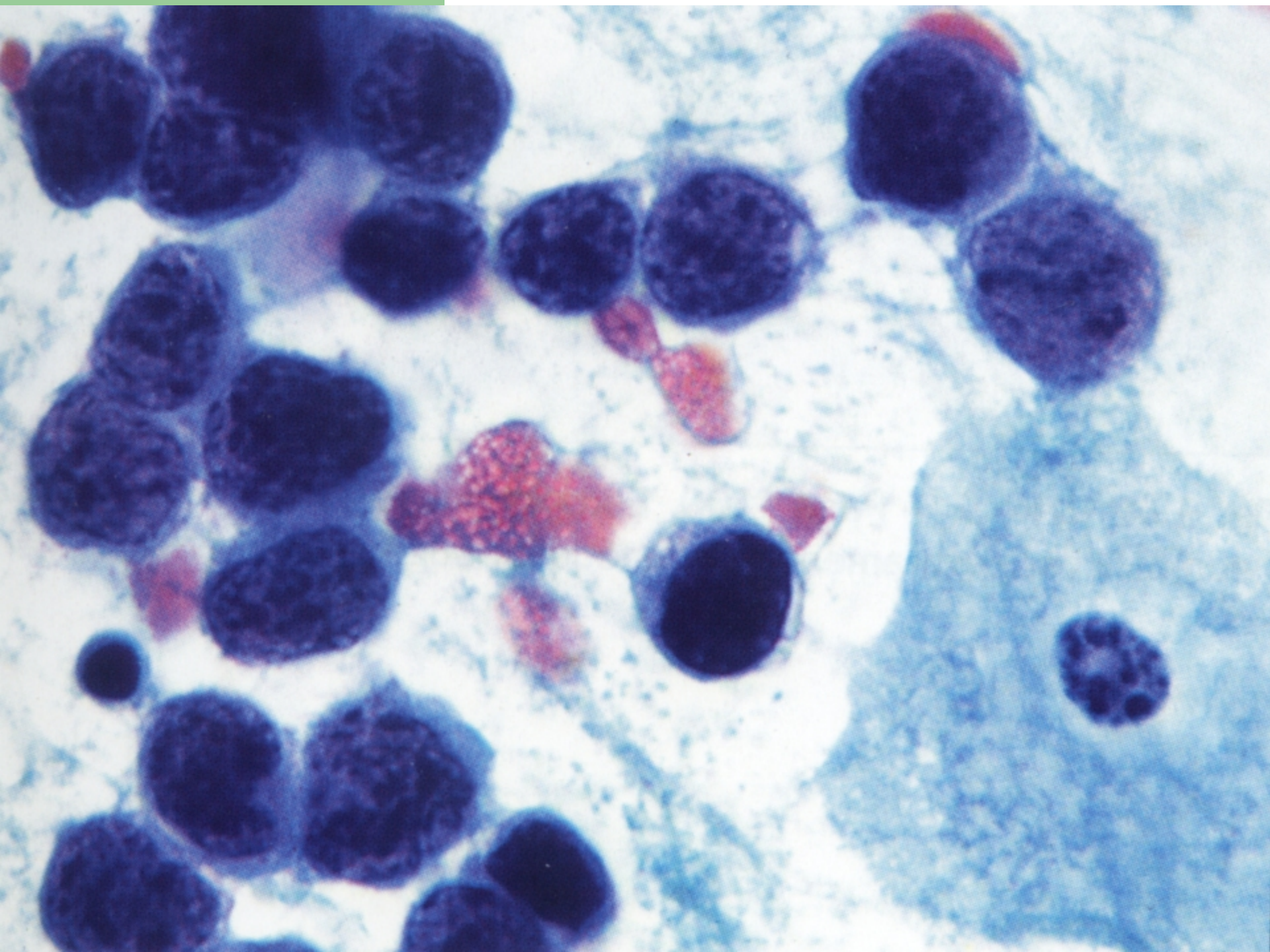
Diagnósticos Diferenciais

- Cervicite Folicular
- Linfomas
- Carcinoma de células escamosas pouco diferenciado
- Adenocarcinoma pouco diferenciado









Carcinoma Indiferenciado de Pequenas Células

- 1-6% dos carcinomas do colo uterino
- 13-40% sobrevivida em 5 anos
- Espectro de neoplasias neuroendócrinas - carcinóide, carcinóide atípico, ca neuroendócrino de pequenas células, ca neuroendócrino de grandes células



OBIGADO !



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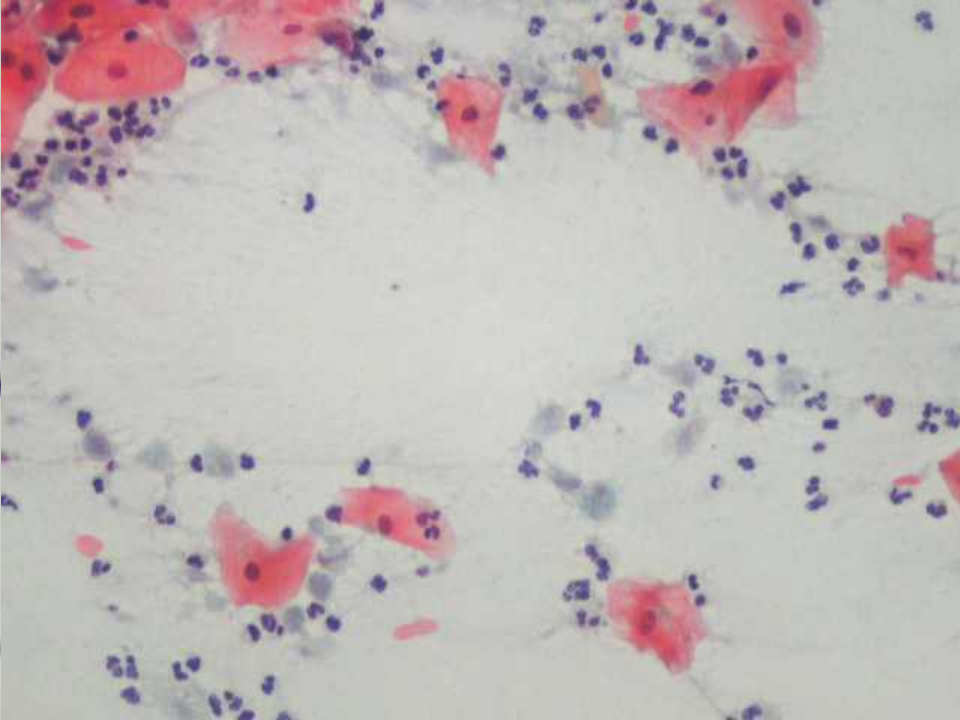
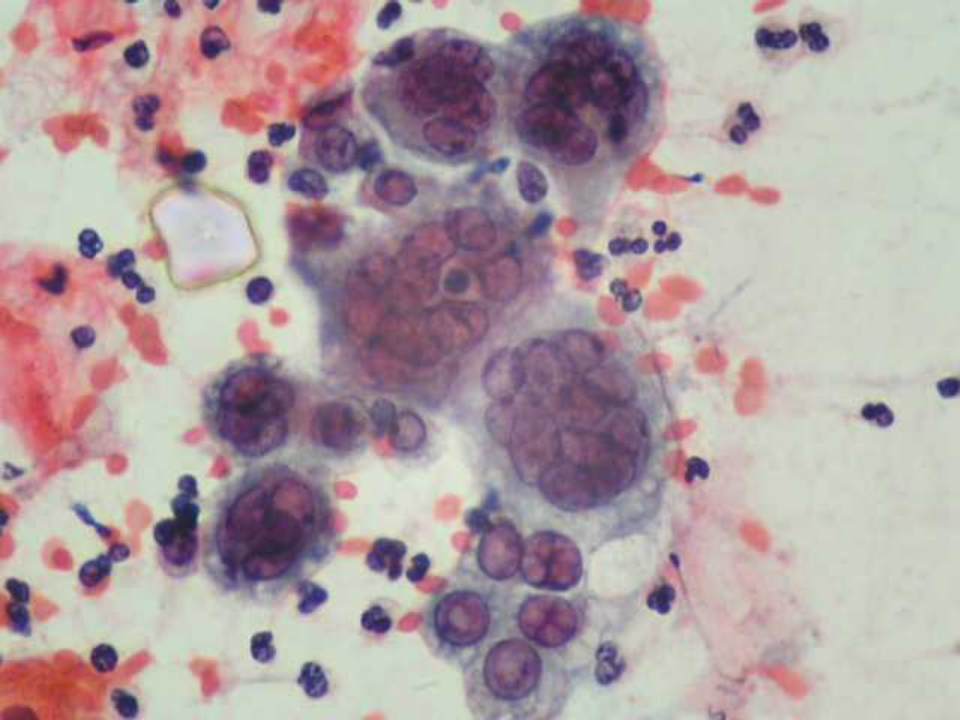
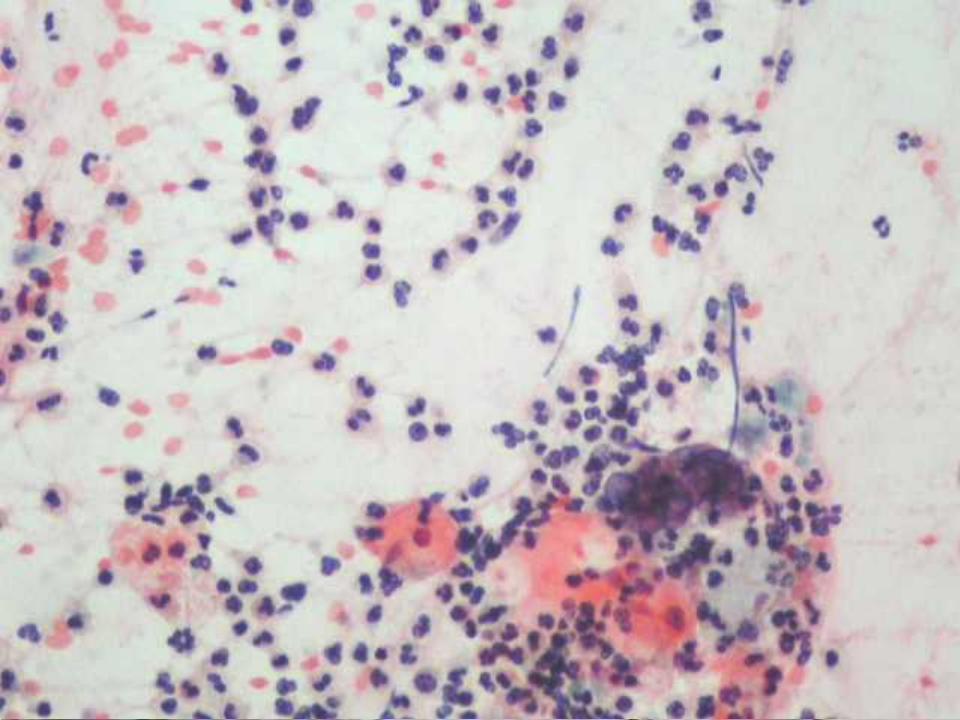
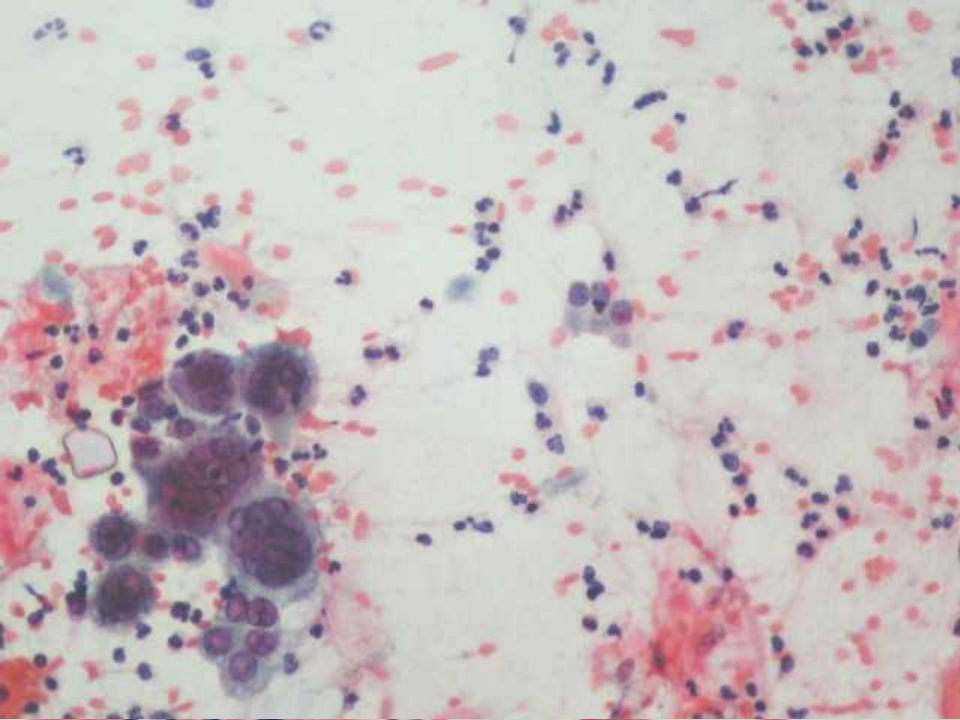
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QUESTÃO 1

Histórico: Paciente de 44 anos. DUM há 4 meses

QUESTÃO 1

- A) Negativo
- B) Lesão de baixo grau
- C) carcinoma escamoso invasor
- D) adenocarcinoma in situ



DIAGNÓSTICO

Efeito citopático grupo

Herpes

+

Trichomonas vaginalis

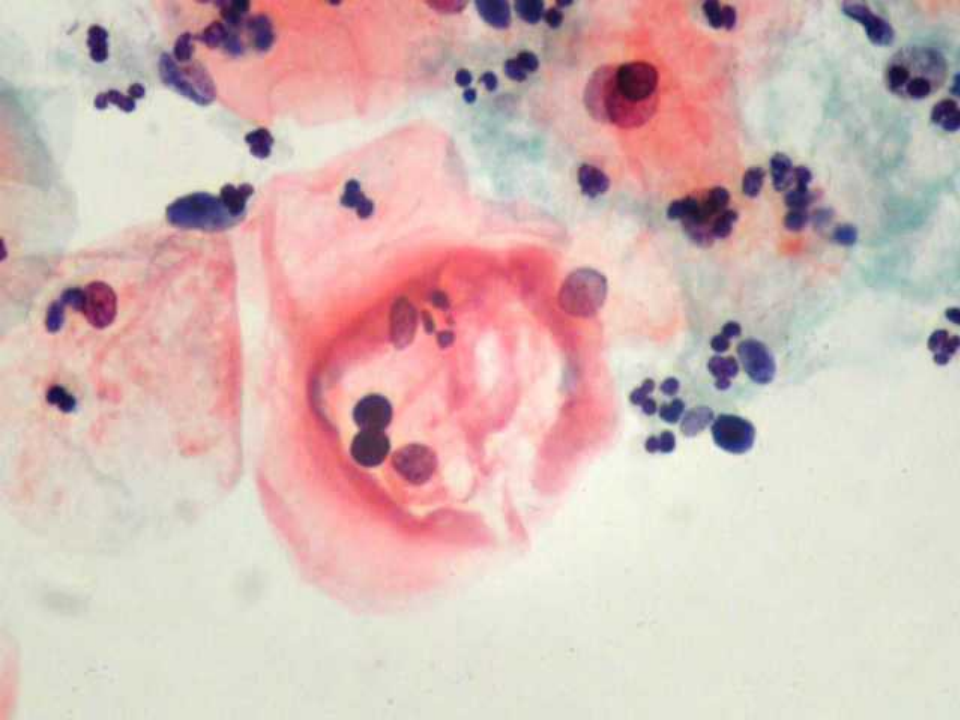
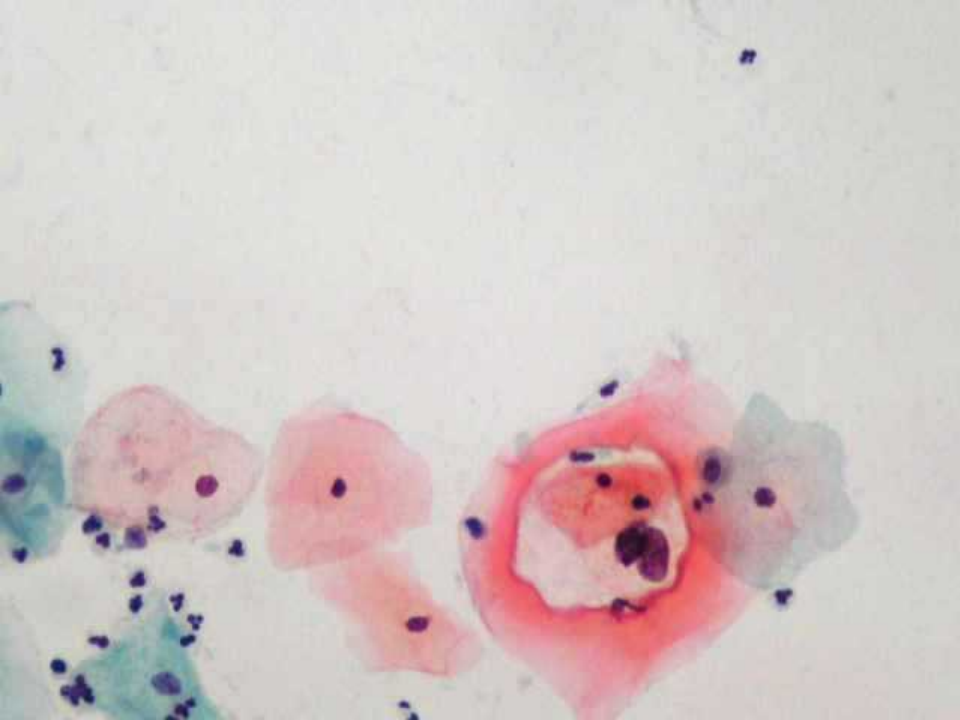
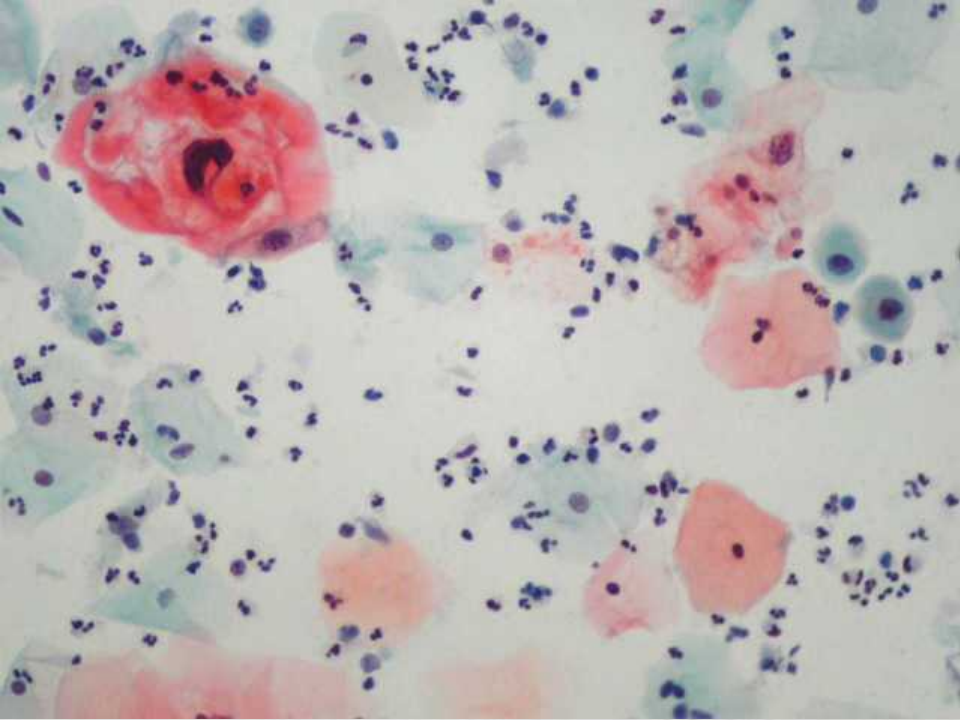


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QUESTÃO 2

**Histórico: Paciente de 38 anos.
Colpocitologia em meio
líquido. Exame anterior há 7
meses com diagnóstico de
Lesão Intraepitelial de Baixo
Grau**



QUESTÃO 2

- A) negativo
- B) lesão de baixo grau
- C) lesão de alto grau
- D) ASC- H



DIAGNÓSTICO

LESÃO INTRA-
EPITELIAL
DE
BAIXO GRAU



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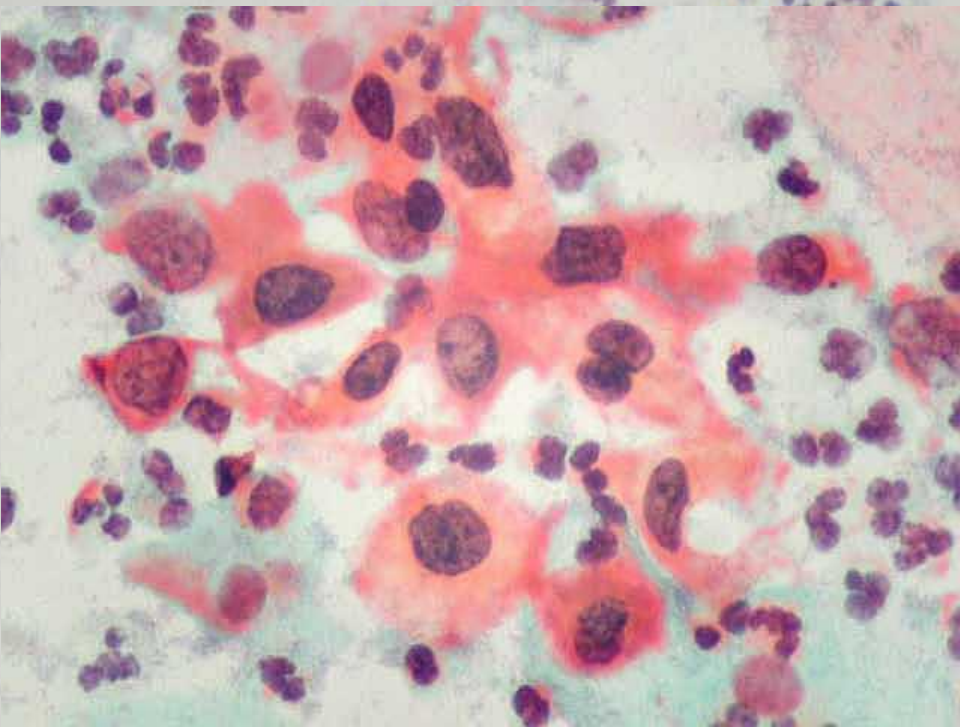
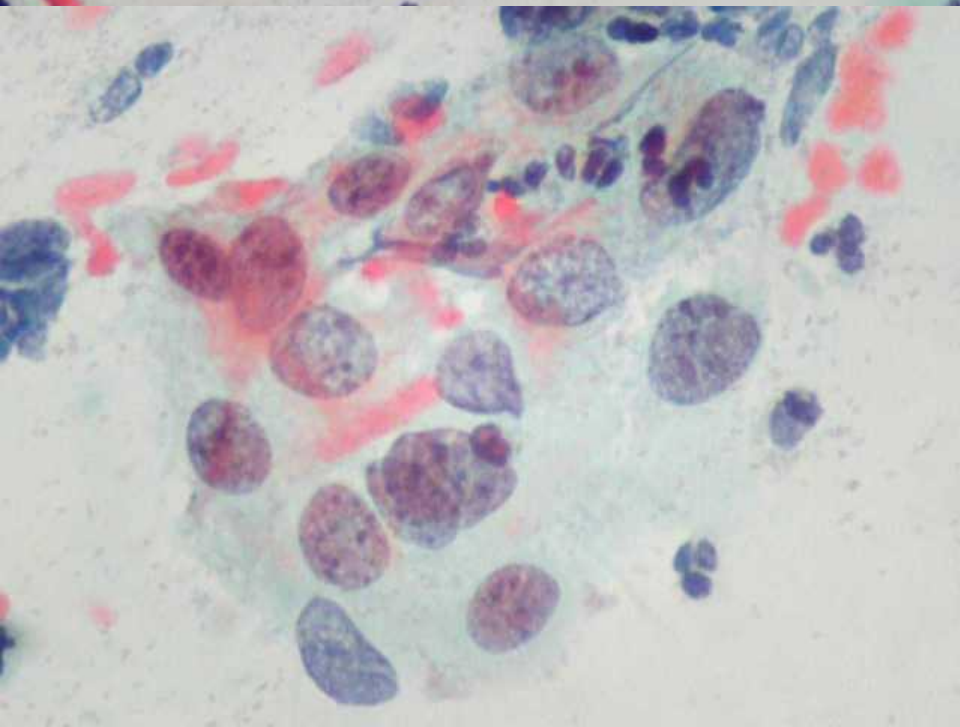
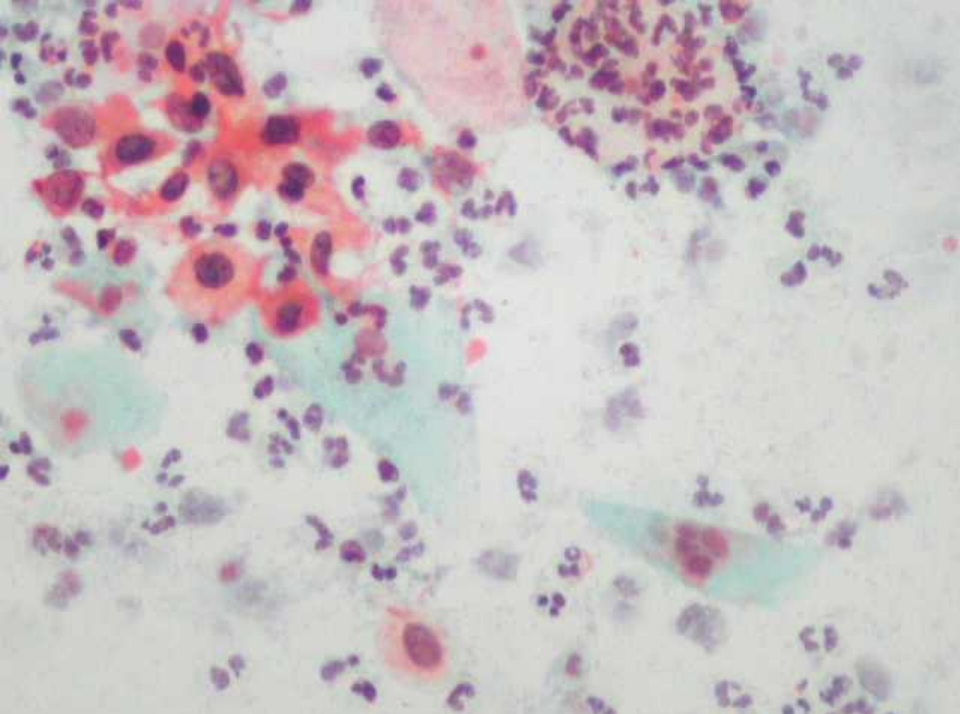
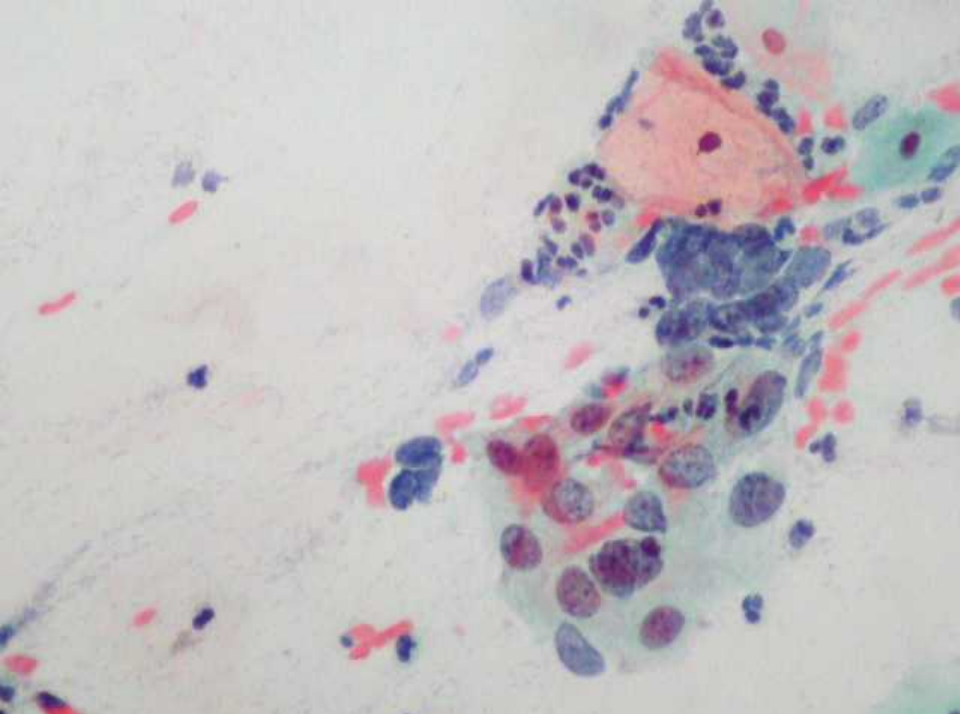
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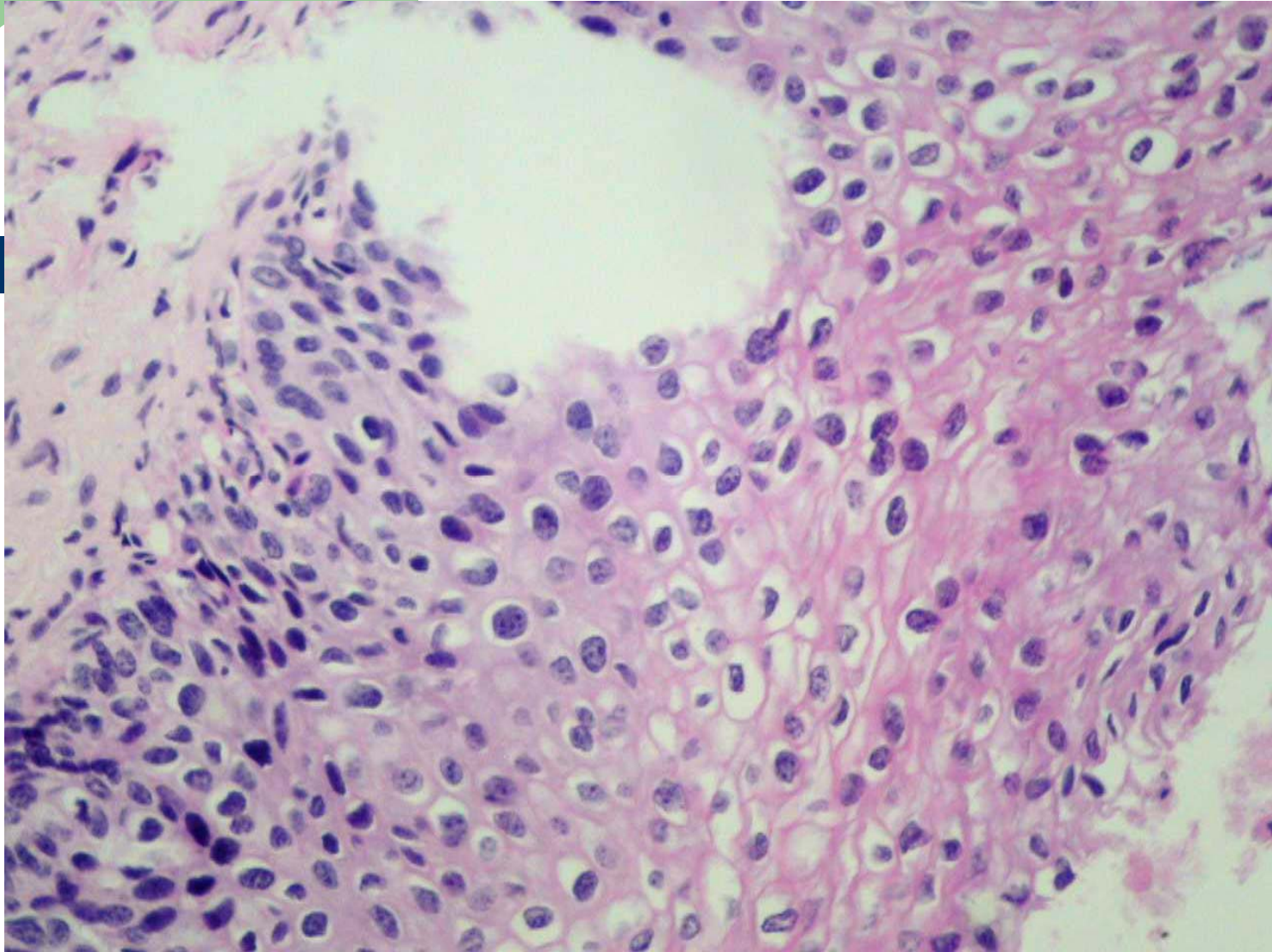
QUESTÃO 3

Histórico: Paciente de 33 anos. DUM há 11 dias. Três gestações com 3 partos, sendo o último em 2005. Faz uso de hormônio anticoncepcional

QUESTÃO 3

- A) Negativo
- B) LIBG
- C) carcinoma escamoso invasor
- D) LIAG





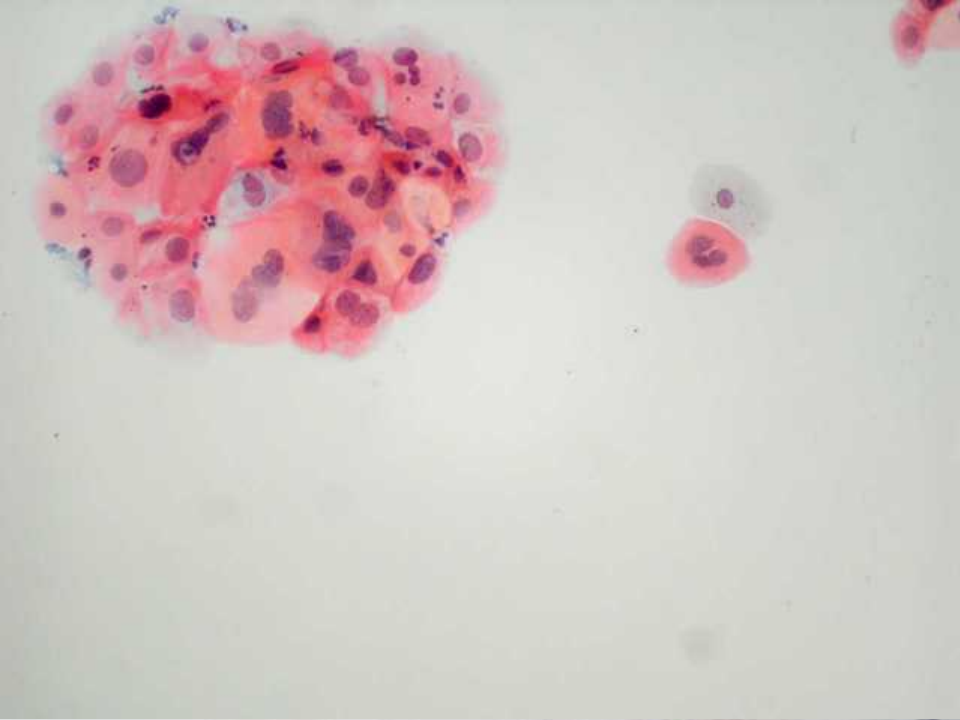
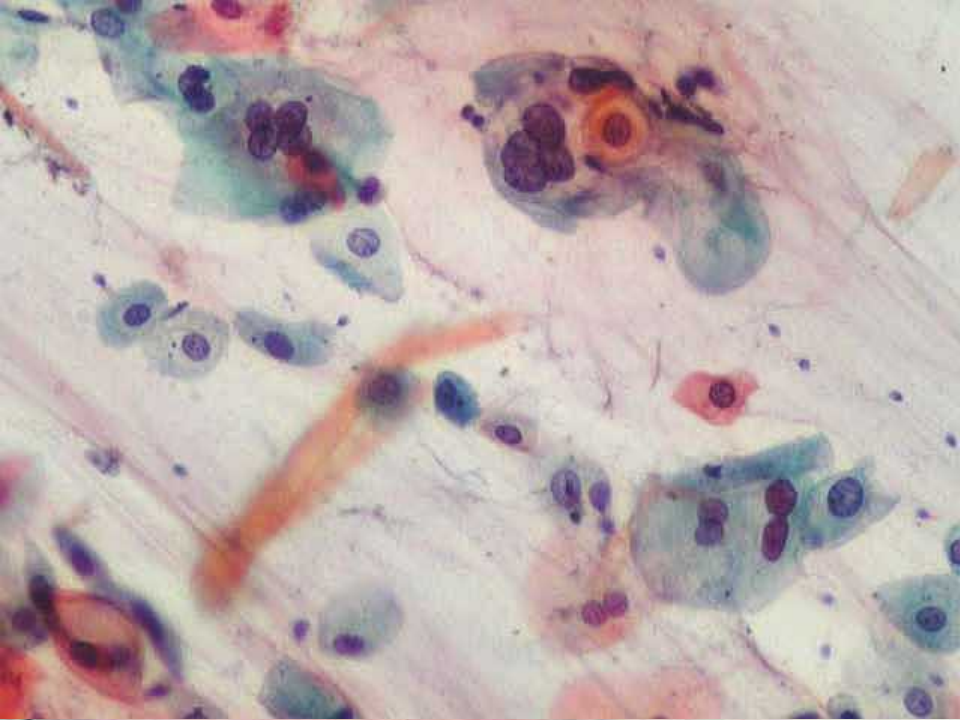
LESÃO INTRA – EPITELIAL DE ALTO GRAU



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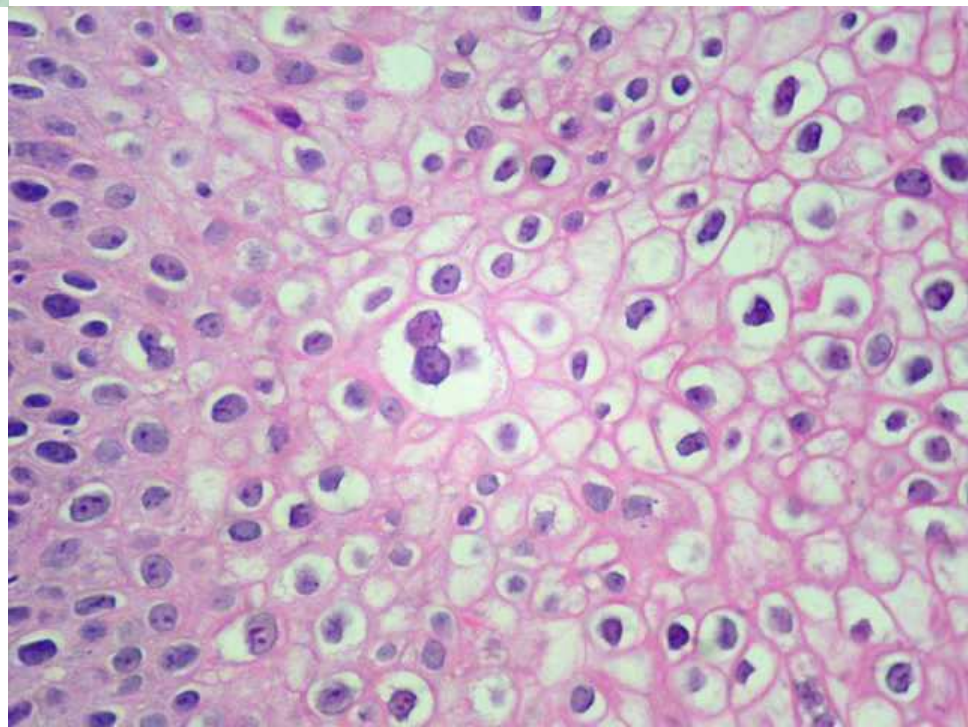
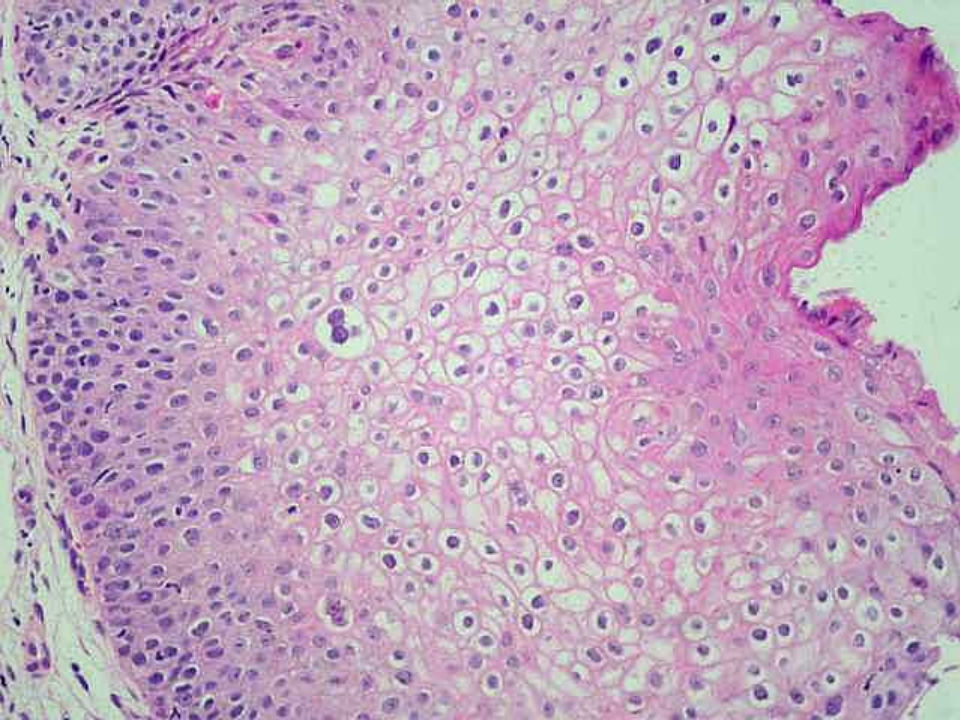
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QUESTÃO 4
Histórico: Paciente de 20 anos. DUM por volta de uma semana atrás. Histórico de normalidade



QUESTÃO 4

- A) Negativo
- B) LIBG
- C) carcinoma escamoso invasor
- D) LIAG



DIAGNÓSTICO

LESÃO INTRA-
EPITELIAL
DE BAIXO GRAU



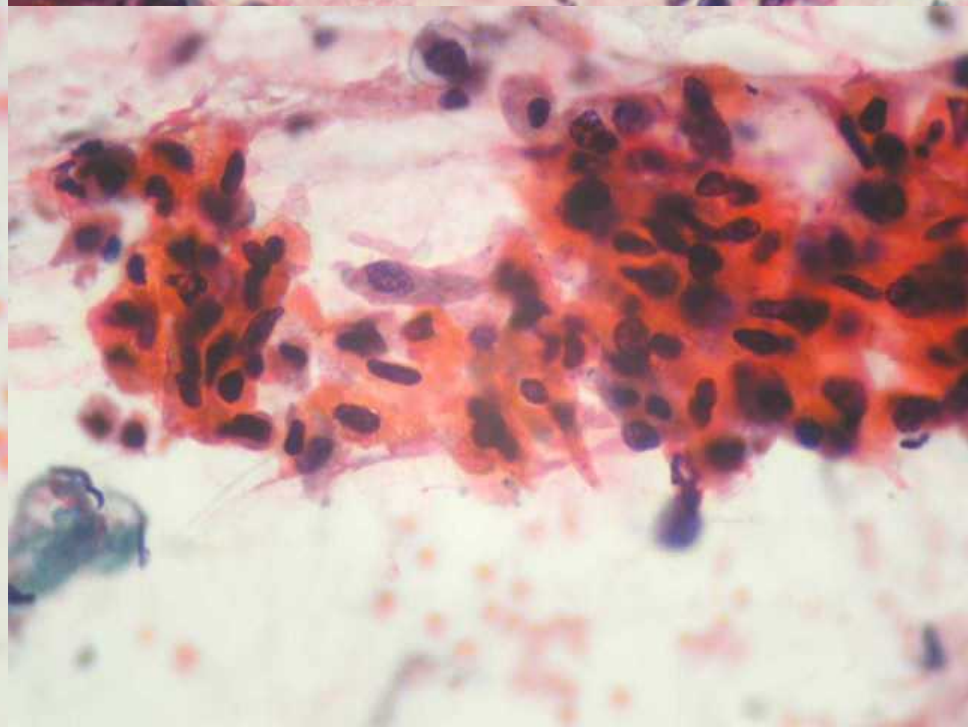
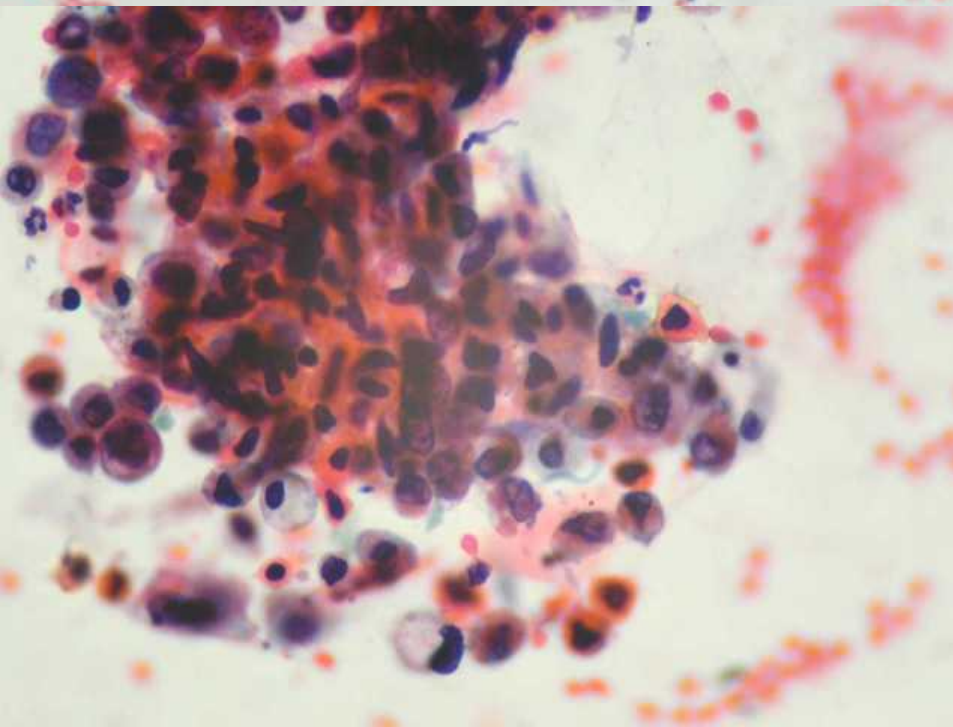
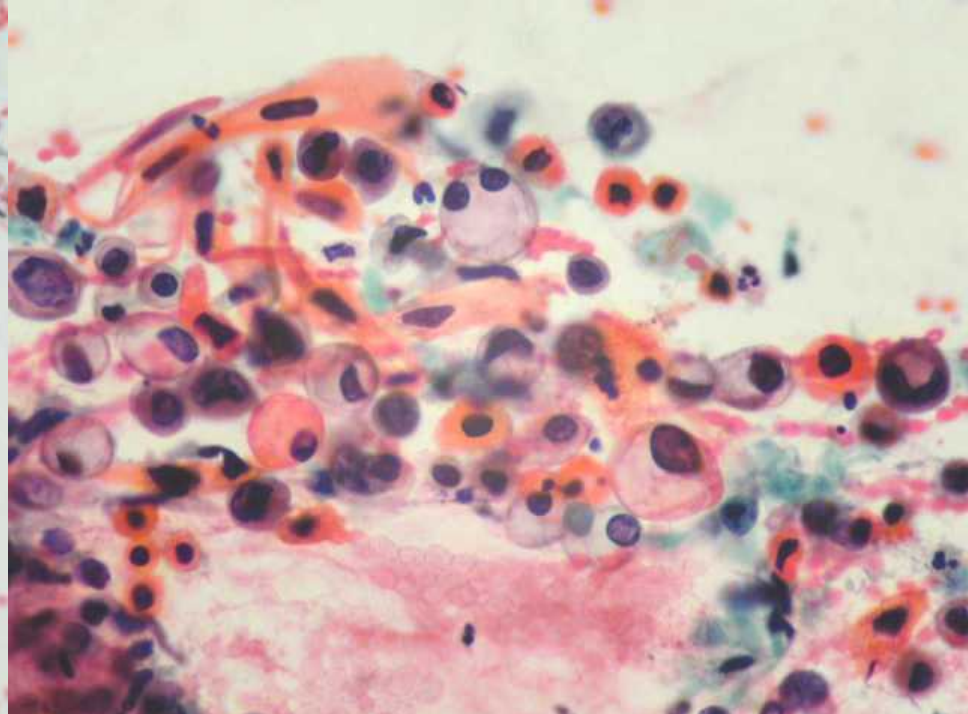
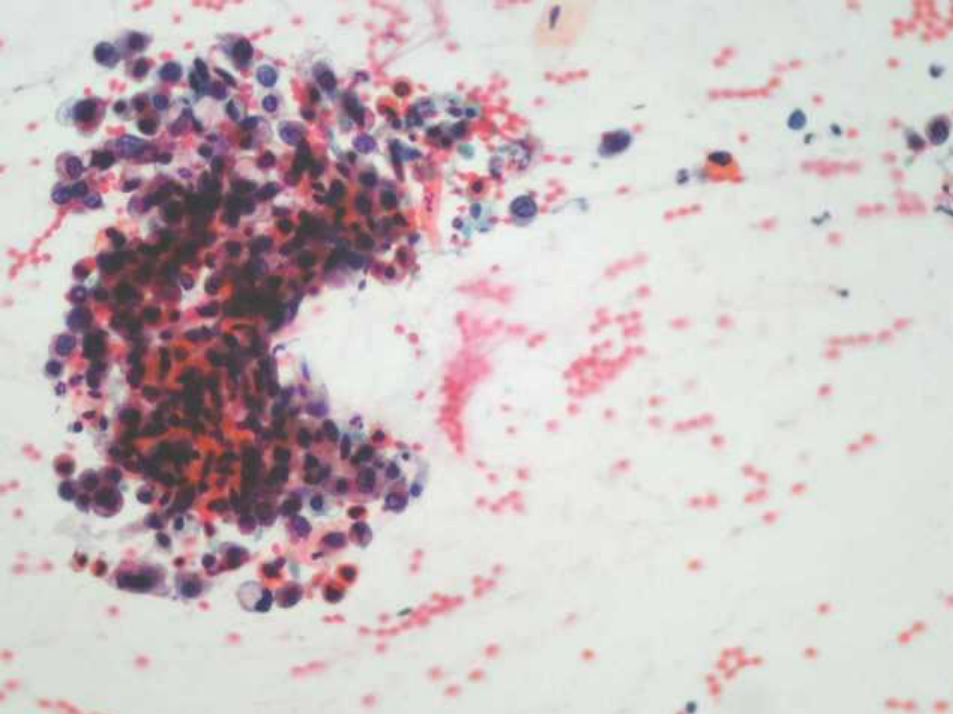


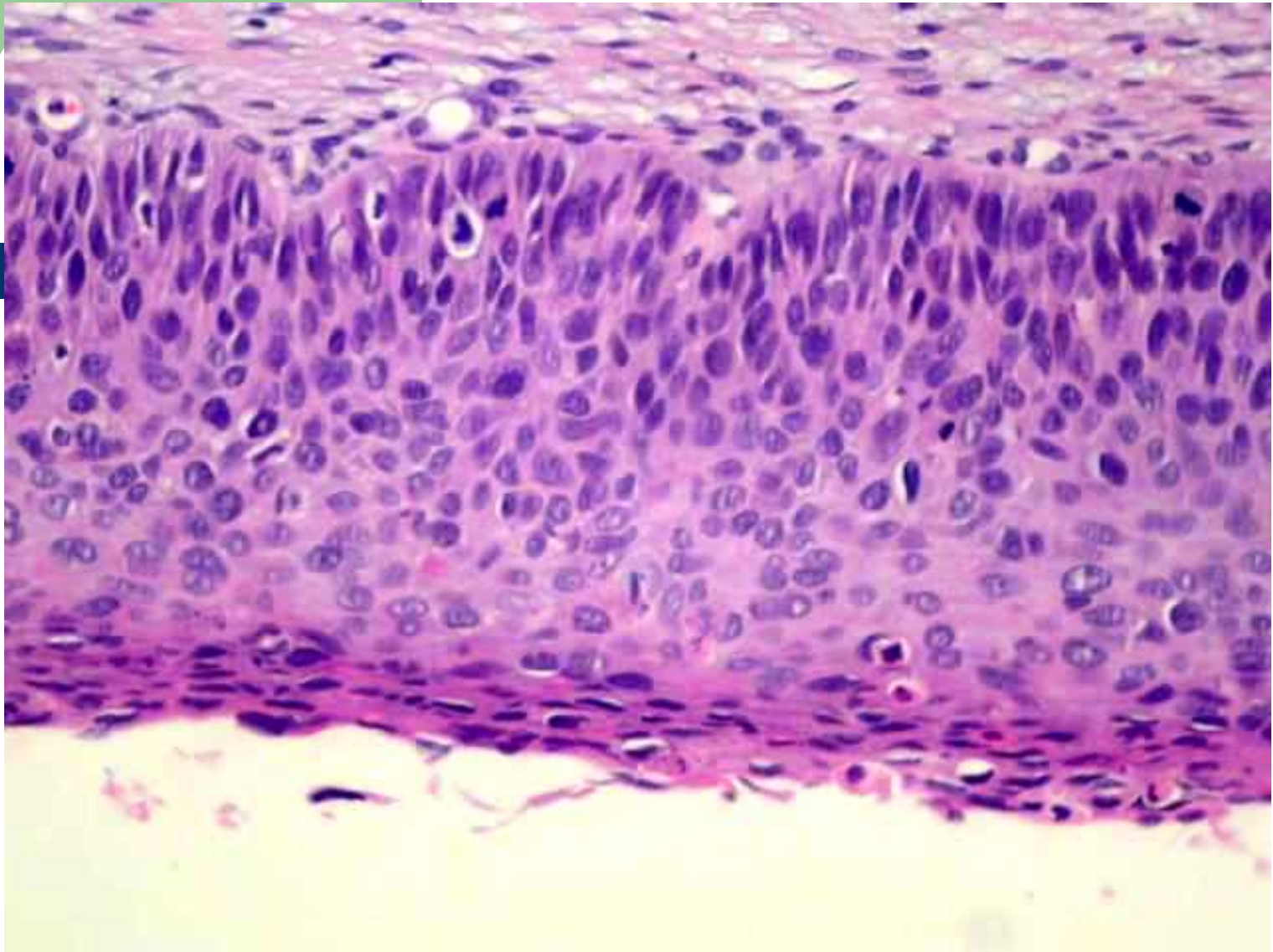
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QUESTÃO 5

Histórico: Paciente de 42 anos. DUM há 7 dias. Exame anterior há 1 ano com diagnóstico de Lesão Intraepitelial Escamosa de Alto Grau.





LESÃO INTRA EPITELIAL DE ALTO GRAU

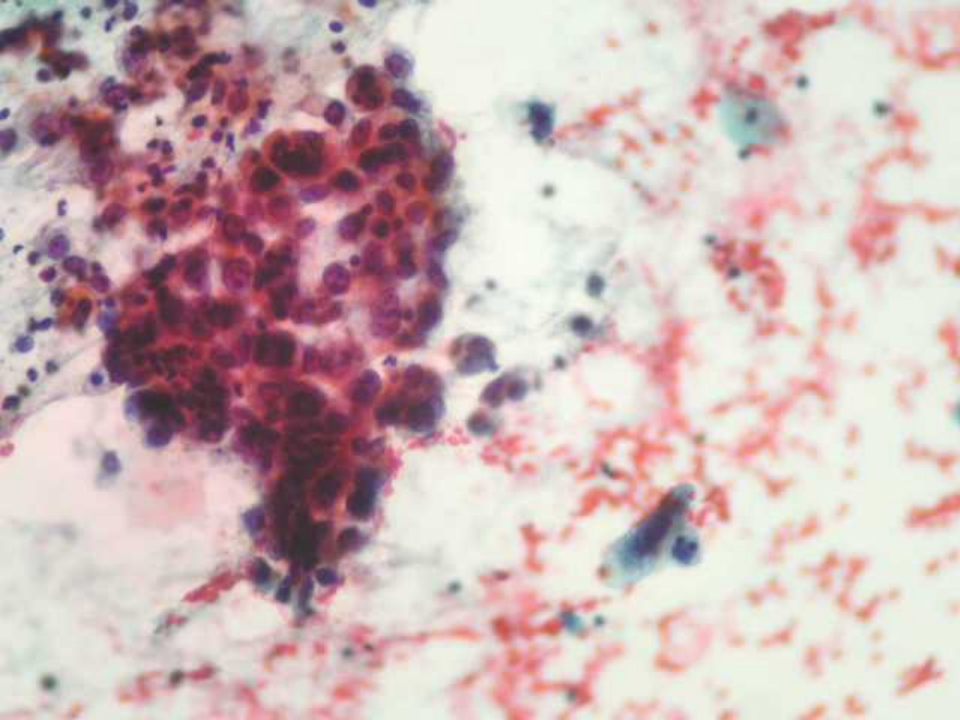
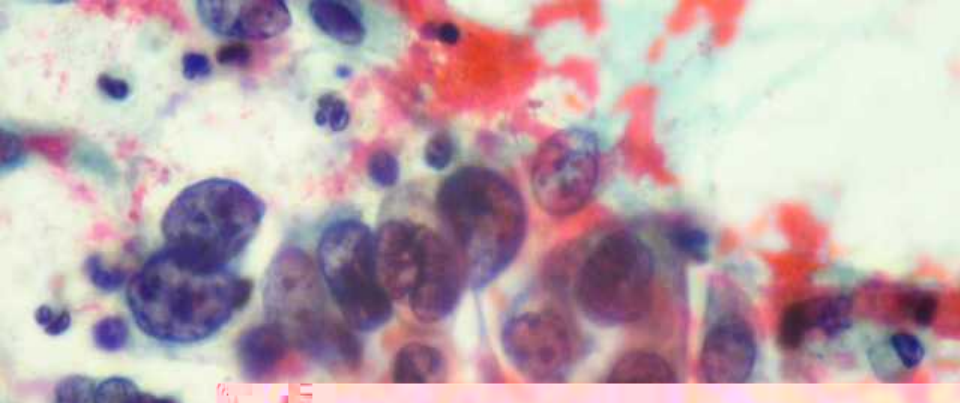
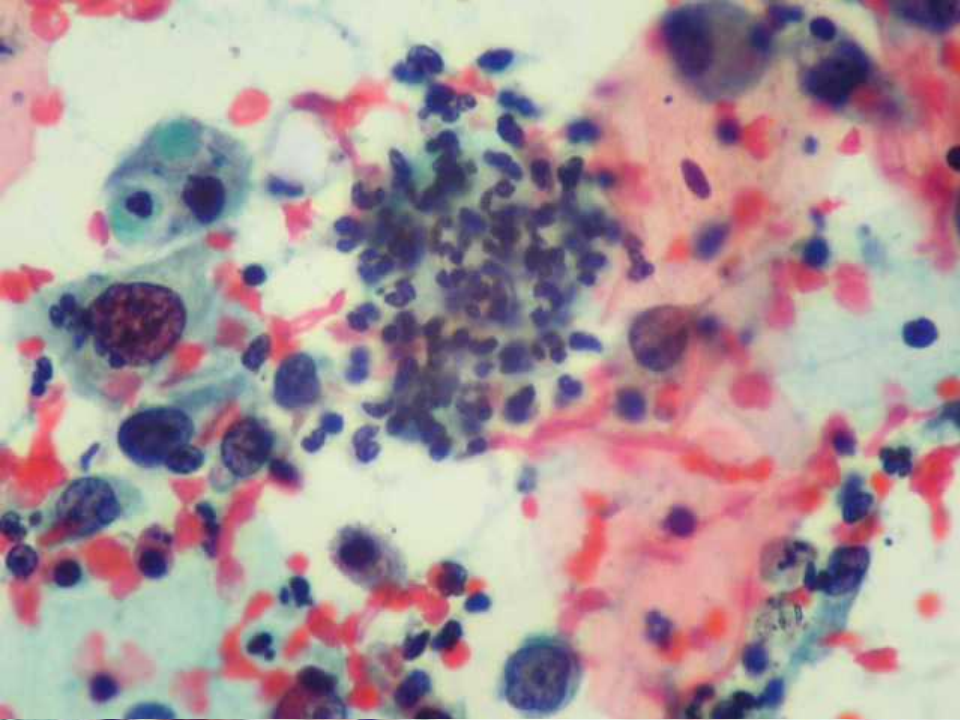
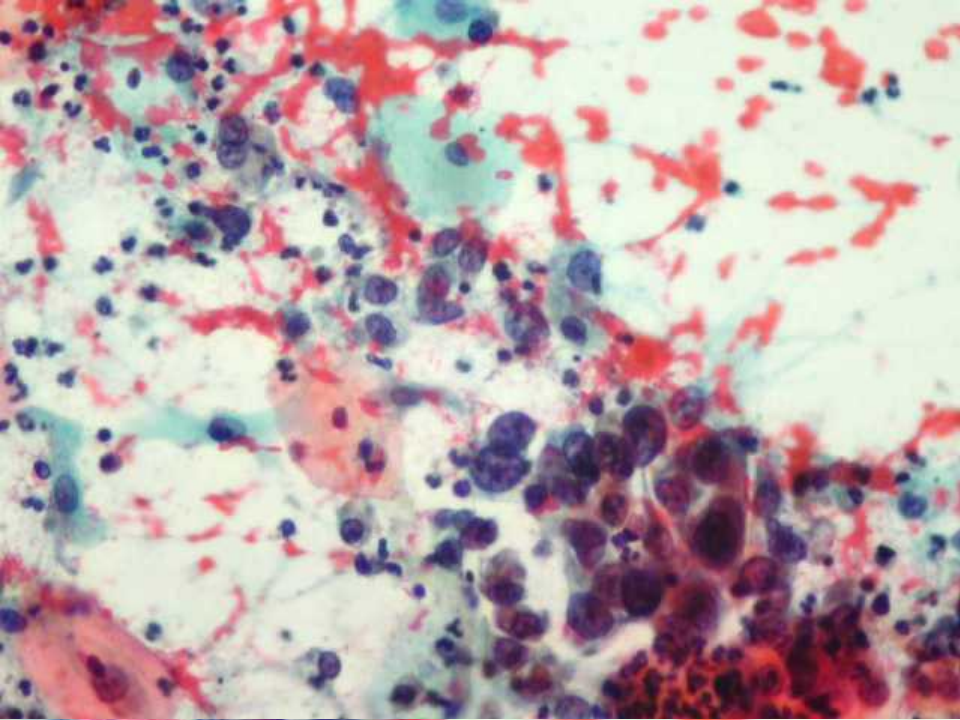


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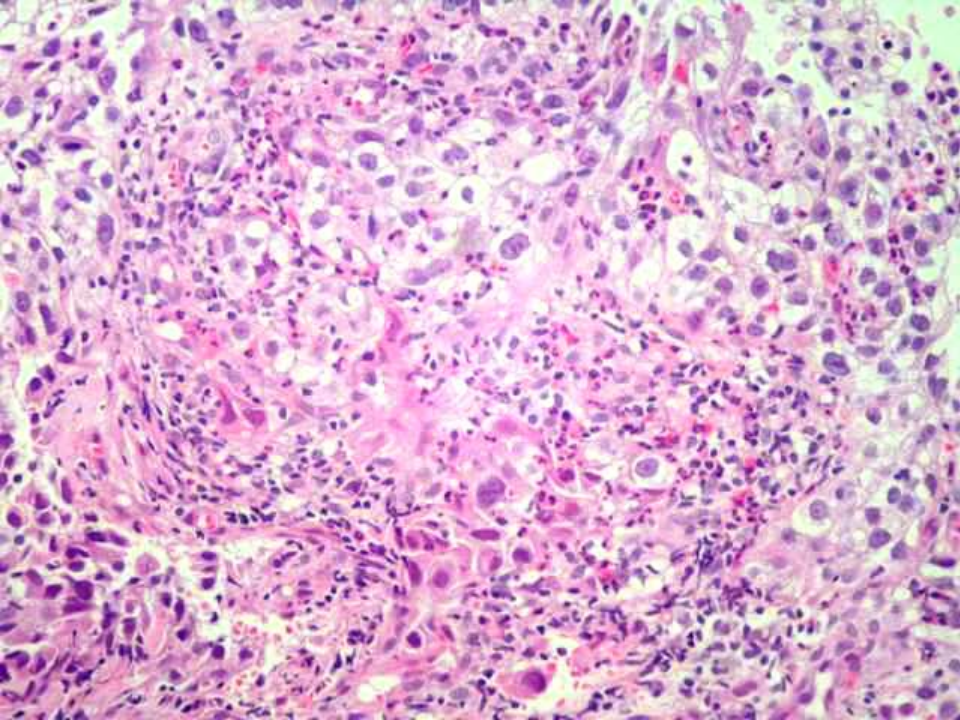
QUESTÃO 6

Historico: Paciente de 40 anos. DUM há 9 dias. Apresenta colo alterado e sangramento após relação sexual

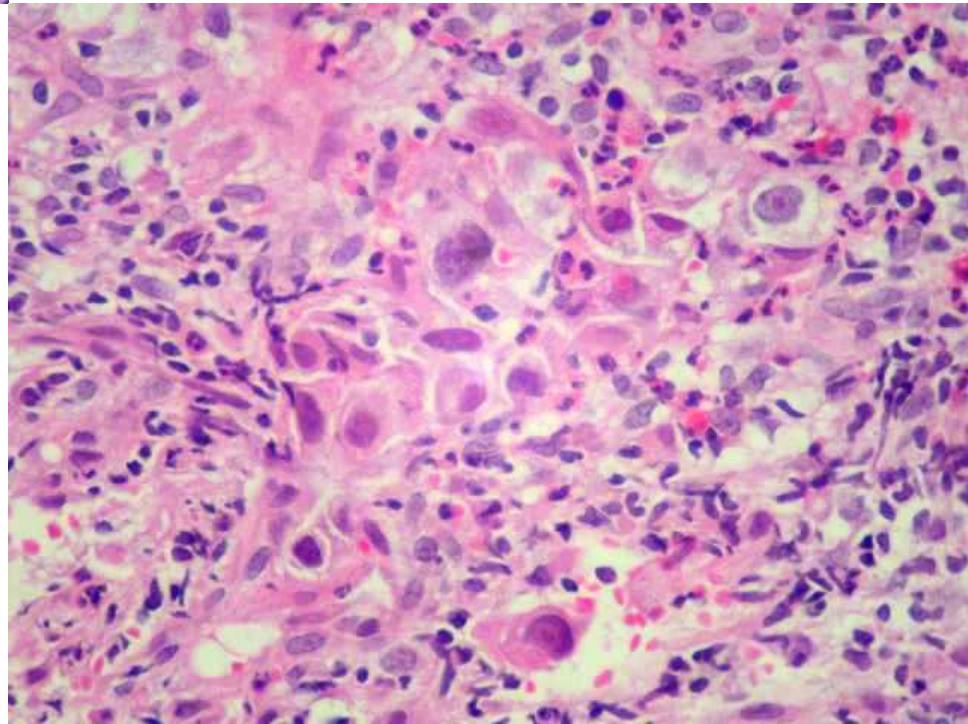


QUESTÃO 6

- A) Negativo
- B) LIBG
- C) carcinoma escamoso invasor
- D) LIAG



**CARCINOMA DE CÉLULAS
ESCAMOSAS INVASOR**



QUESTÃO 7

- Qual a carga recomendável de trabalho na área de citopatologia
 - a) 100 lâminas em 5 horas
 - b) 50 lâminas em 24 horas
 - c) 100 lâminas em 24 horas
 - d) 80 lâminas em 8 horas

QUESTÃO 8

- Corresponde a alteração histopatológica de lesão de baixo grau:
- A) mitoses altas no epitélio
- B) atipia coilocitótica (AK)
- C) atipias na camada basal
- D) perda da polaridade em 2/3 da espessura do epitélio

Questão 9

- Nas atipias de significado indeterminado em células escamosas é correto afirmar:
- A) asc- us corresponde a 5% dos casos
- B) sempre que há reparo devemos fazer o diagnóstico de ASC
- C) nos diagnósticos a relação asc/lie deve ser de 2-3 : 1
- D) a taxa total de asc nos laboratorios deve ser em torno de 10%

QUESÃO 10

- O próximo congresso nacional de citopatologia será em:
- A) Recife
- B) Salvador
- C) Rio de Janeiro
- D) Fortaleza



OBIGADO !