



1ª Jornada Internacional de
CITOTECNOLOGIA

CITOTECNOLOGISTA: DA FORMAÇÃO À ATUAÇÃO NO CONTROLE DO CÂNCER

SITUAÇÕES QUE LEVAM AO ERRO DO RASTREAMENTO CITOLÓGICO



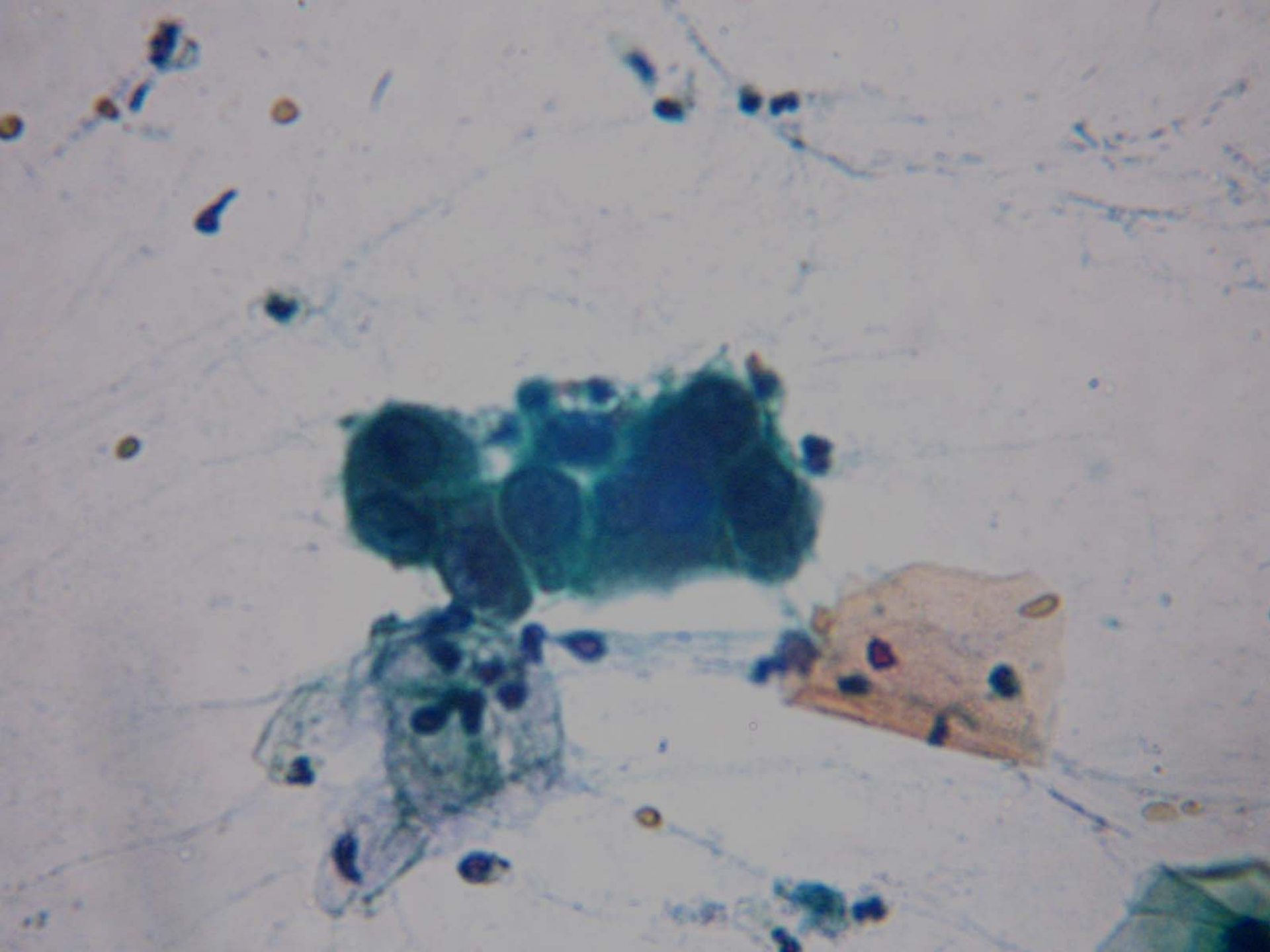
Profª Leda Küll
ledakiill@inca.gov.br

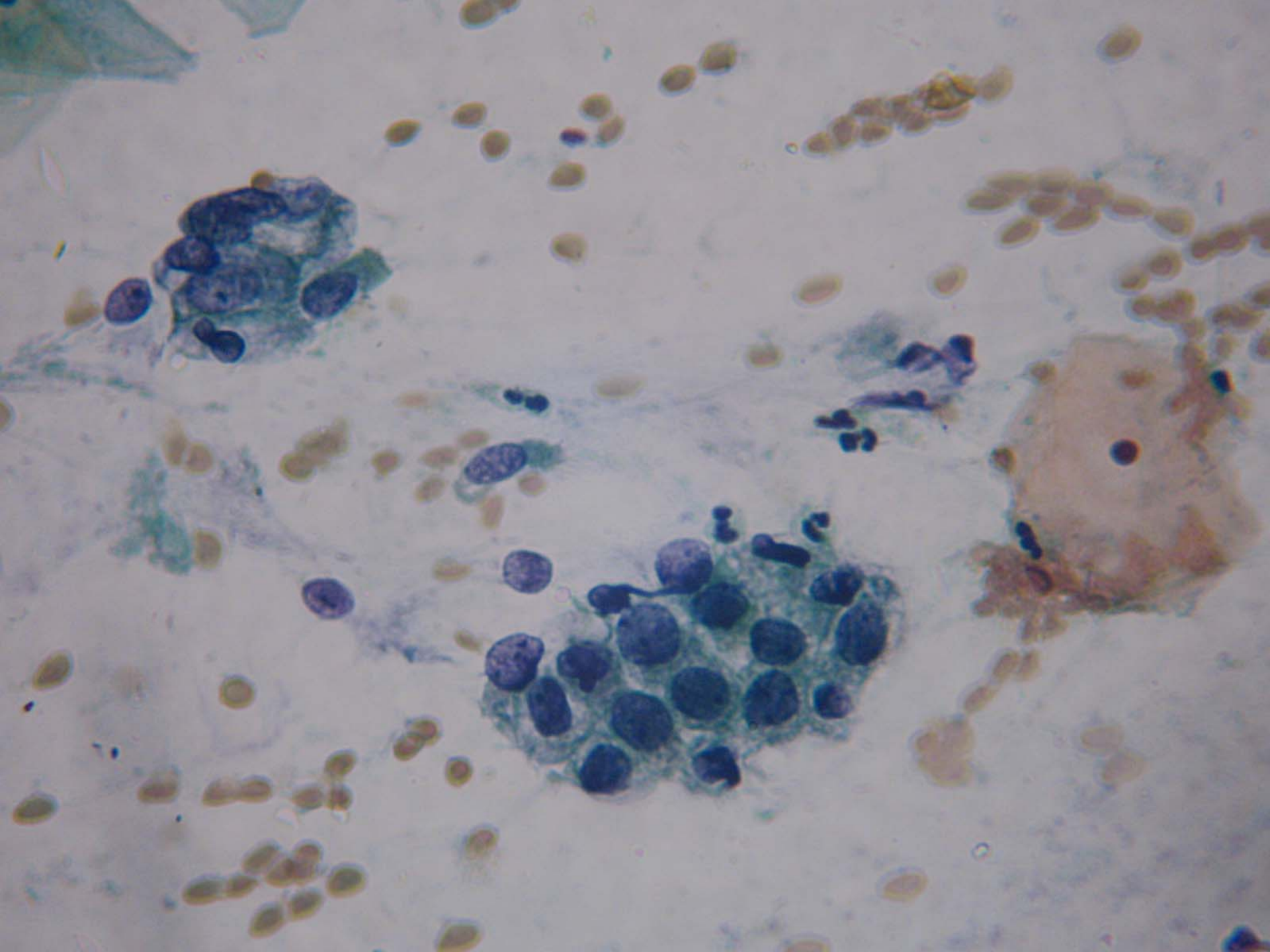
Rio de Janeiro
12 A 14 DE AGOSTO DE 2009

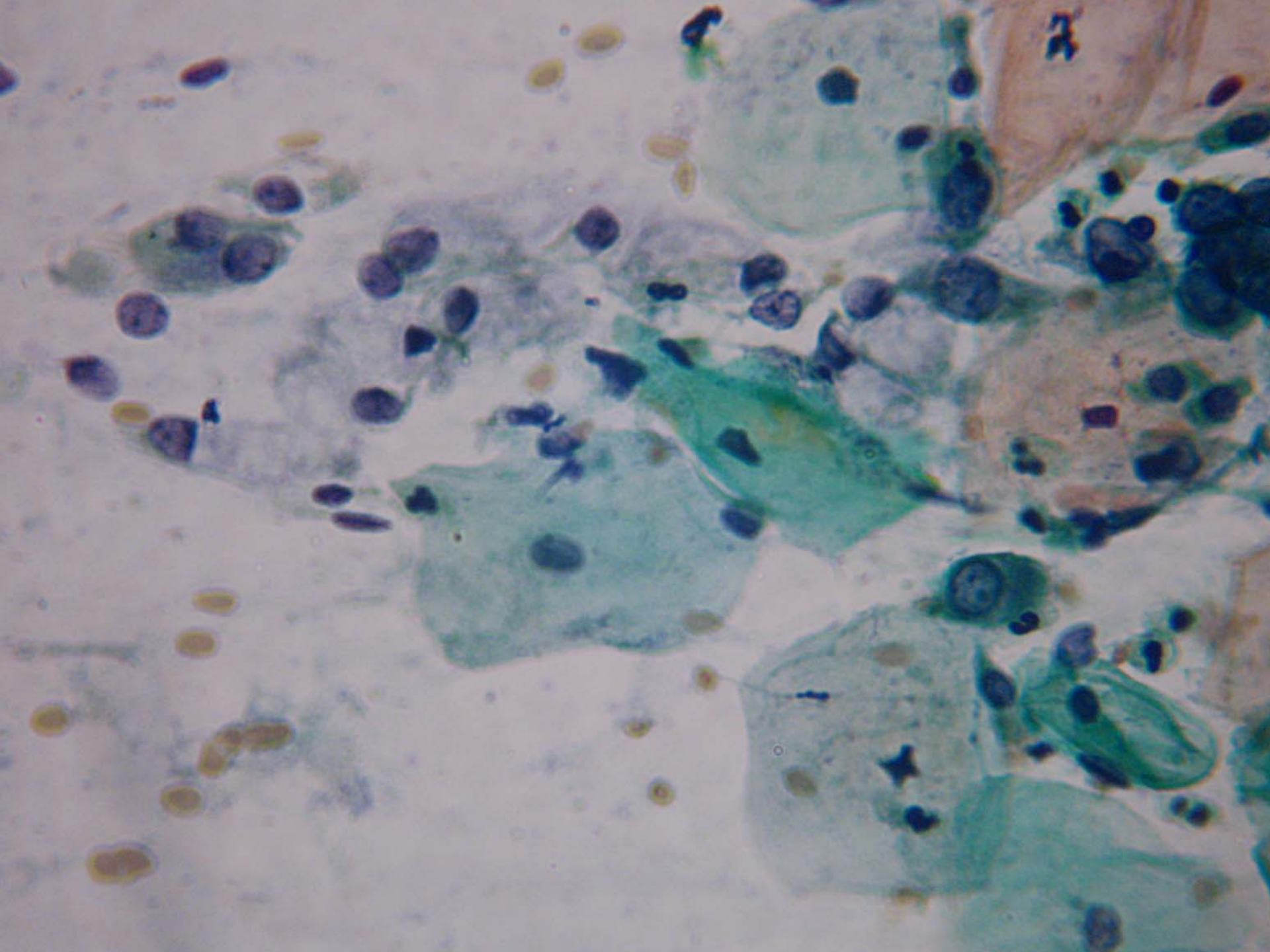
CASO 1

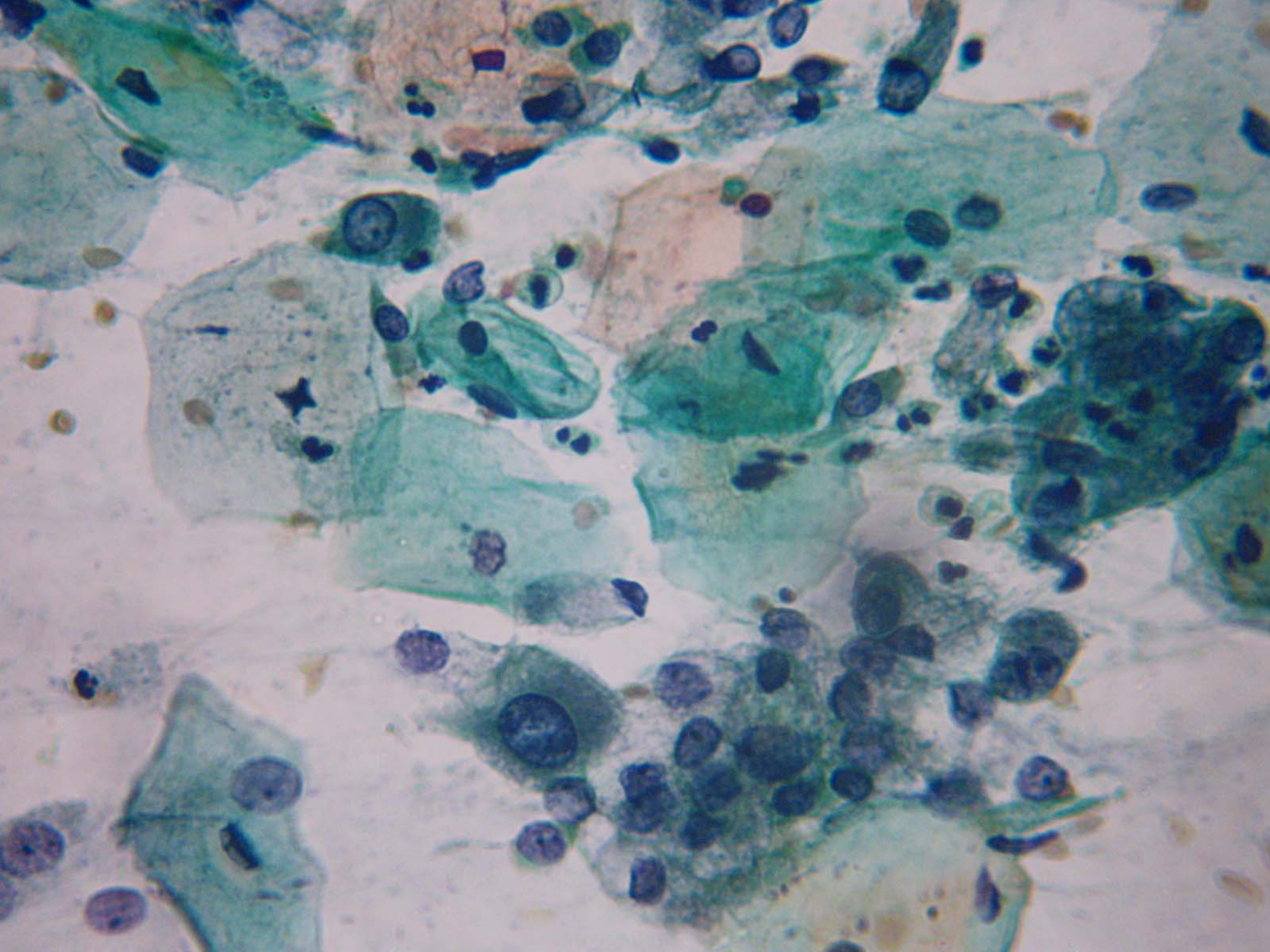


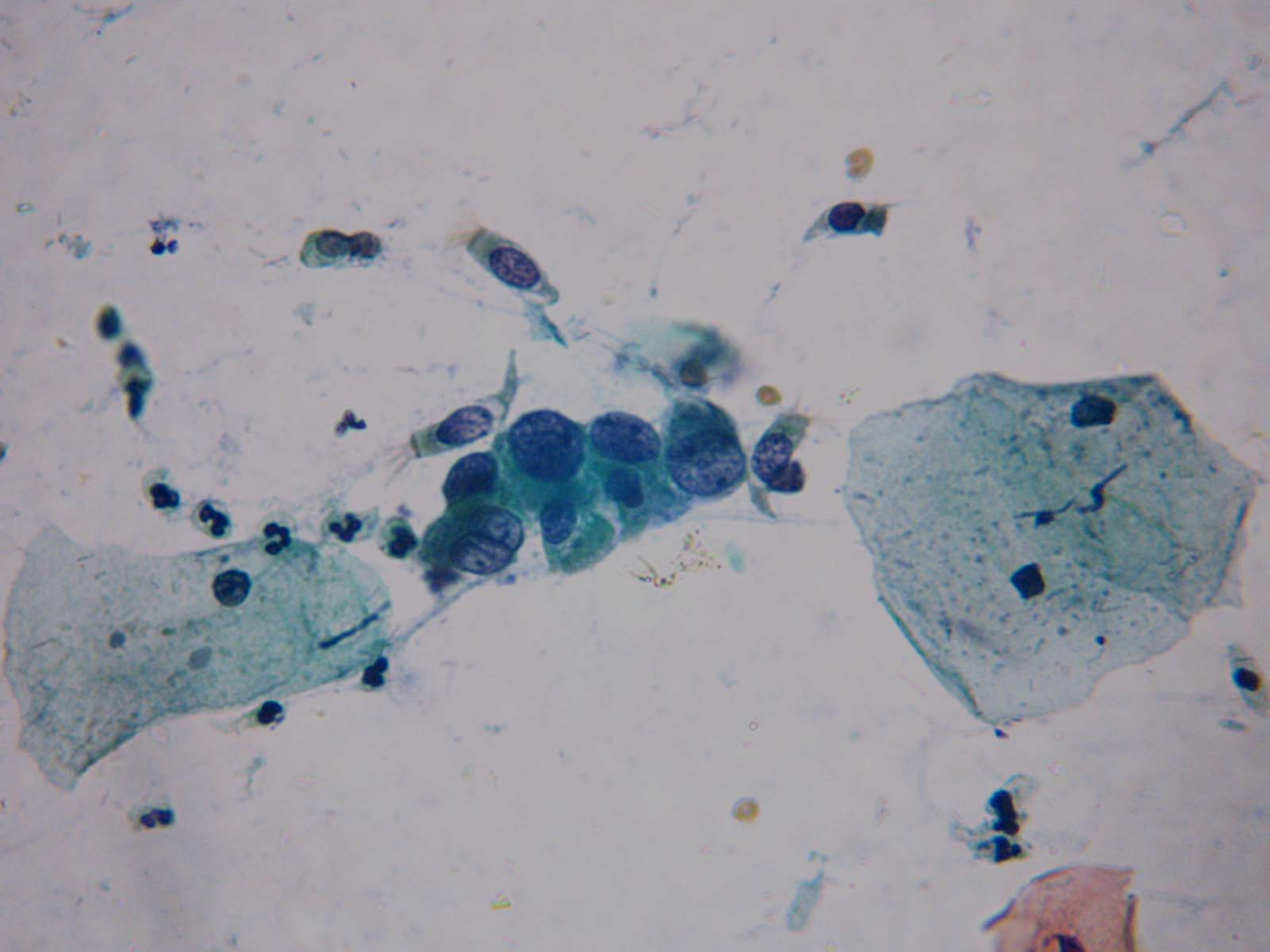
- **Citologia anterior – 2007 – Inflamatória**
- **Colo presente, sem tumor evidente**
- **31 anos**
- **Encaminhado como – Metaplasia Tubária, AGC?**

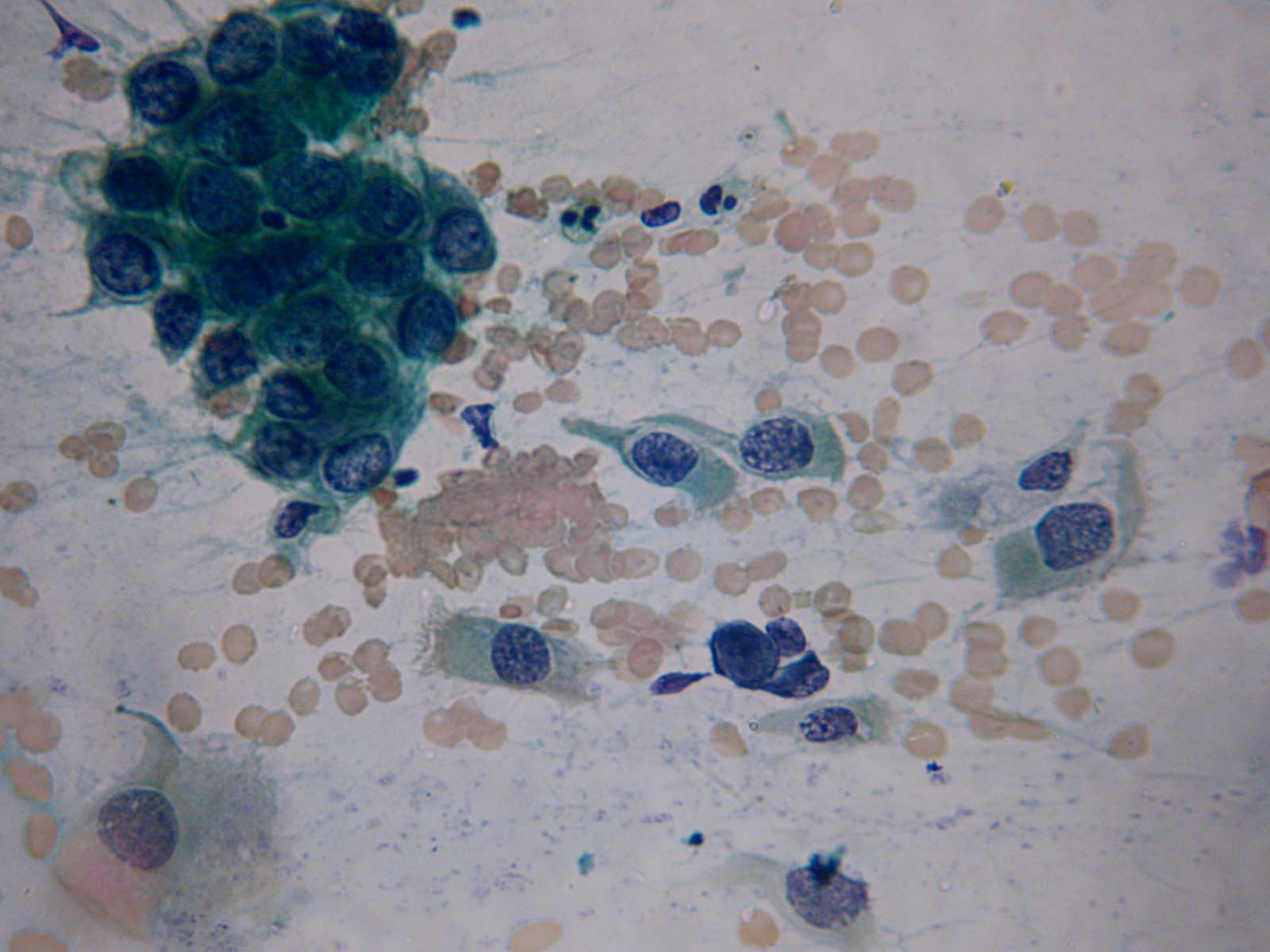


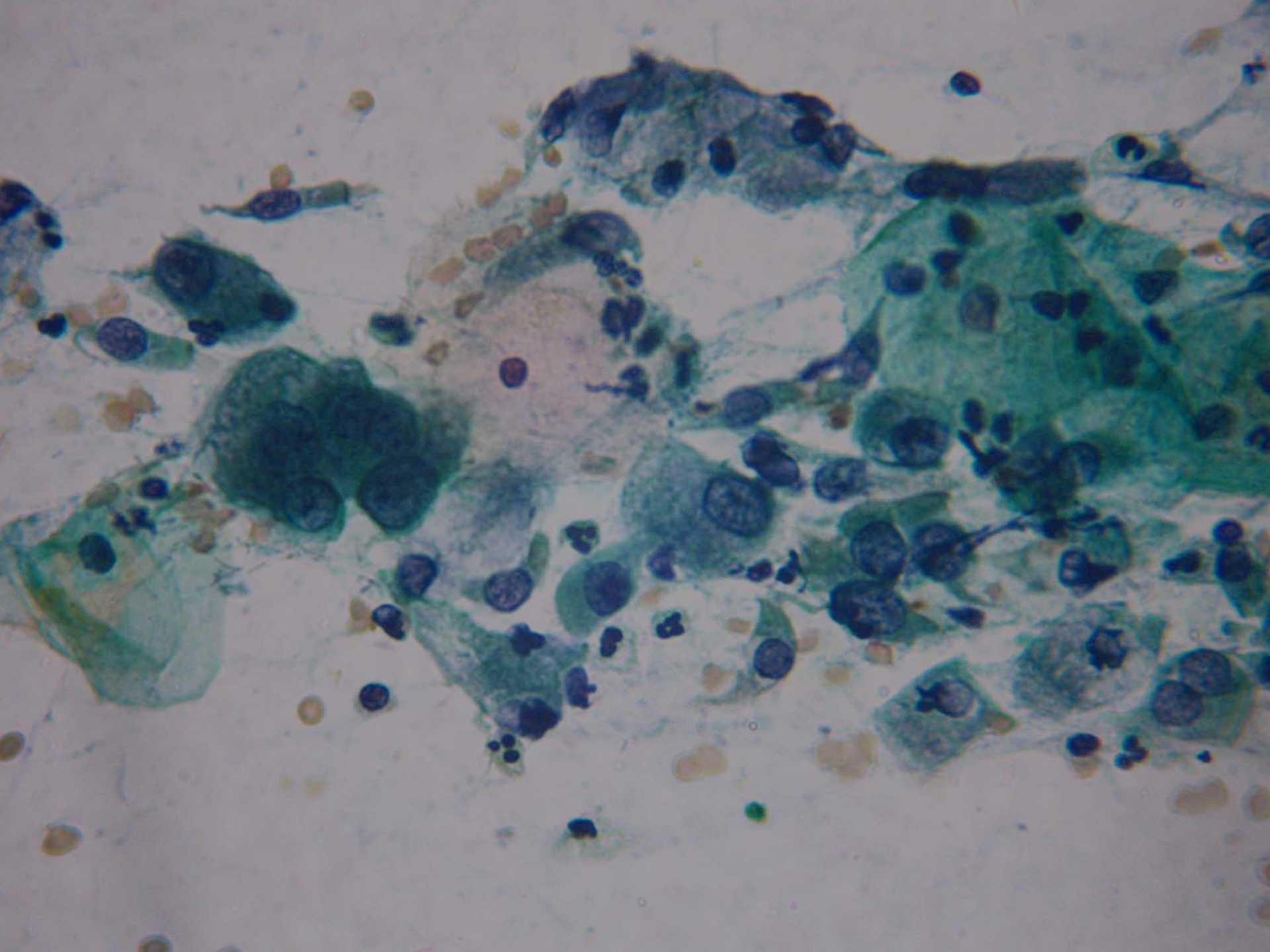


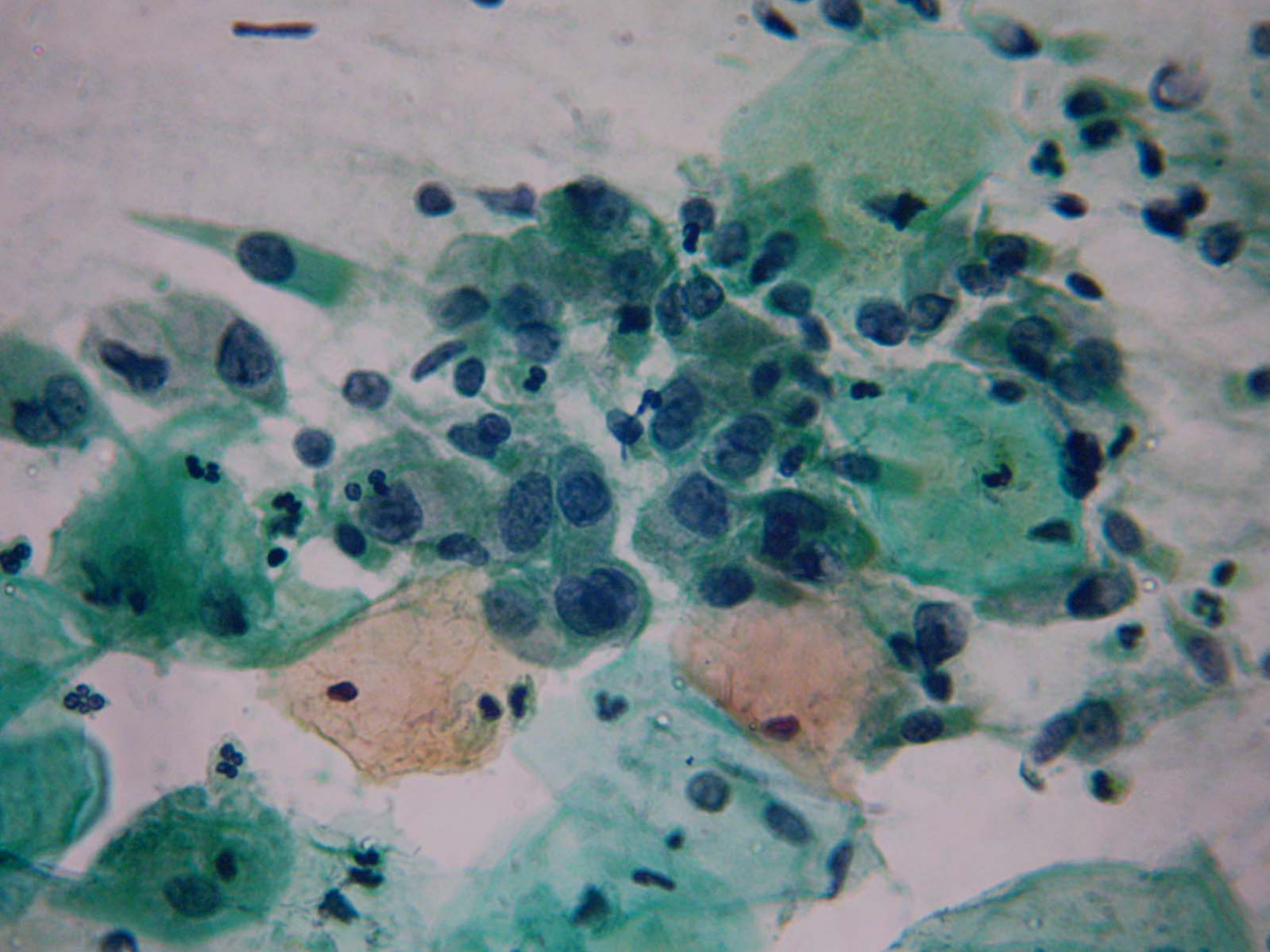


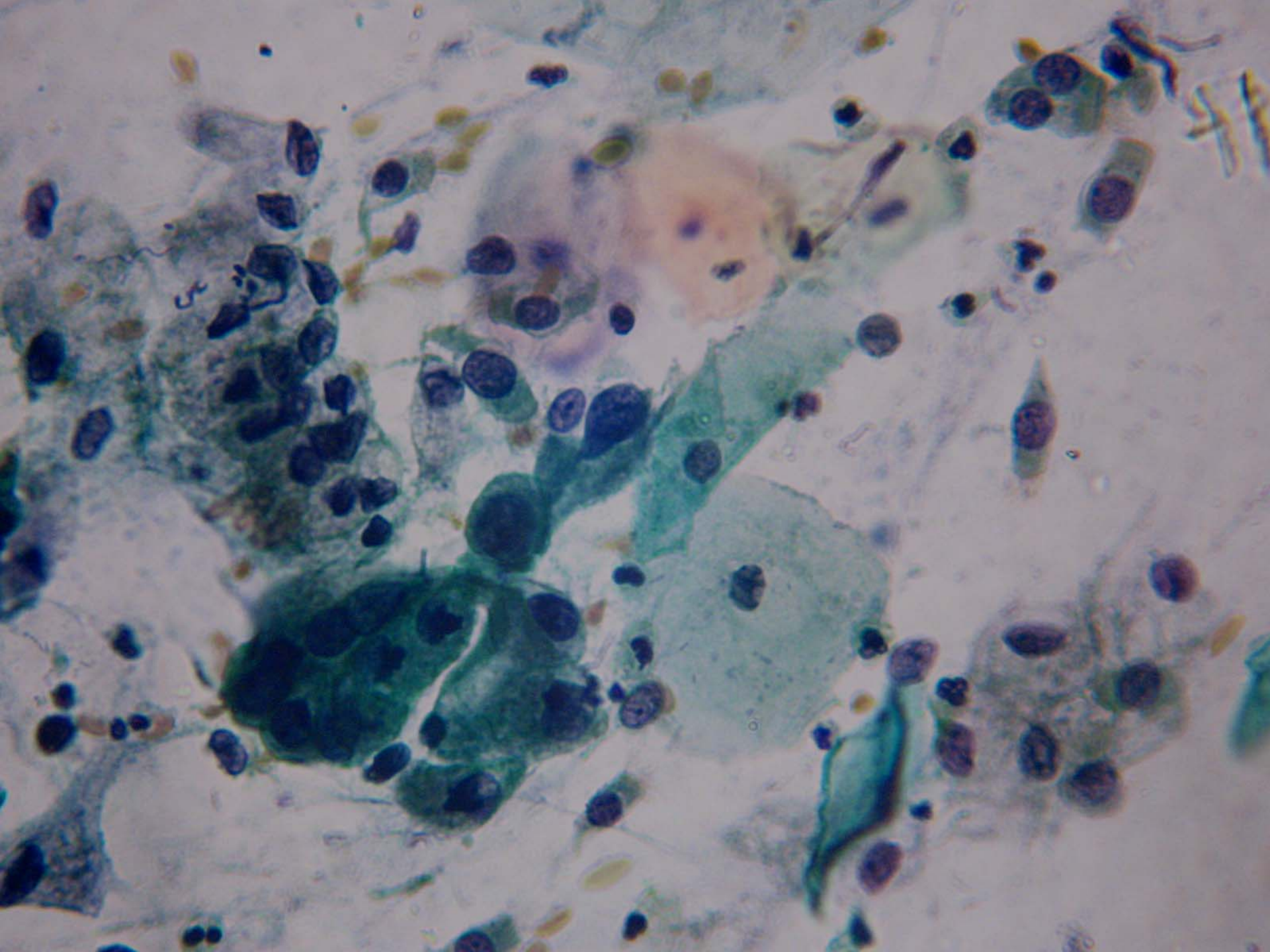












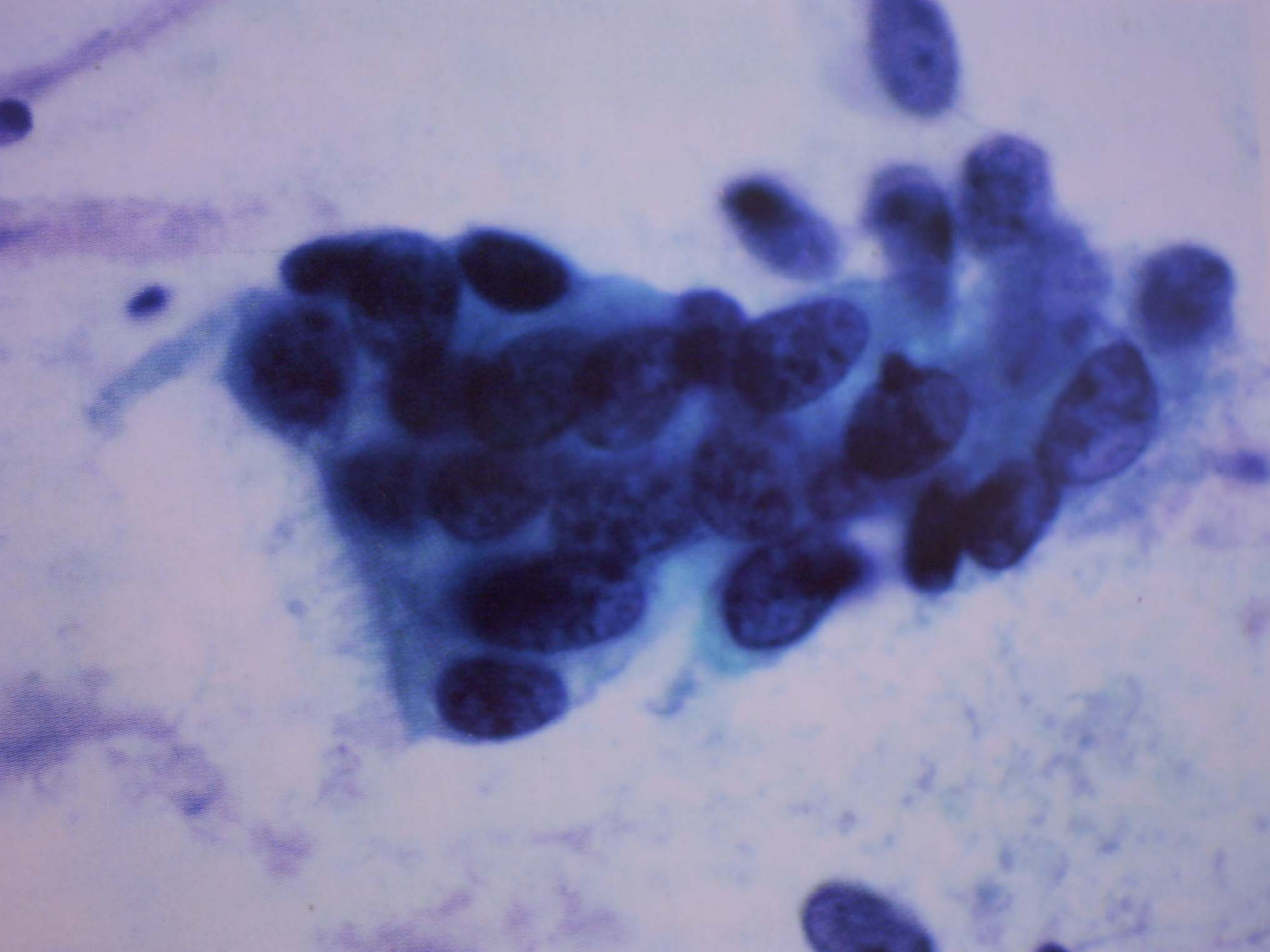
CASO 1

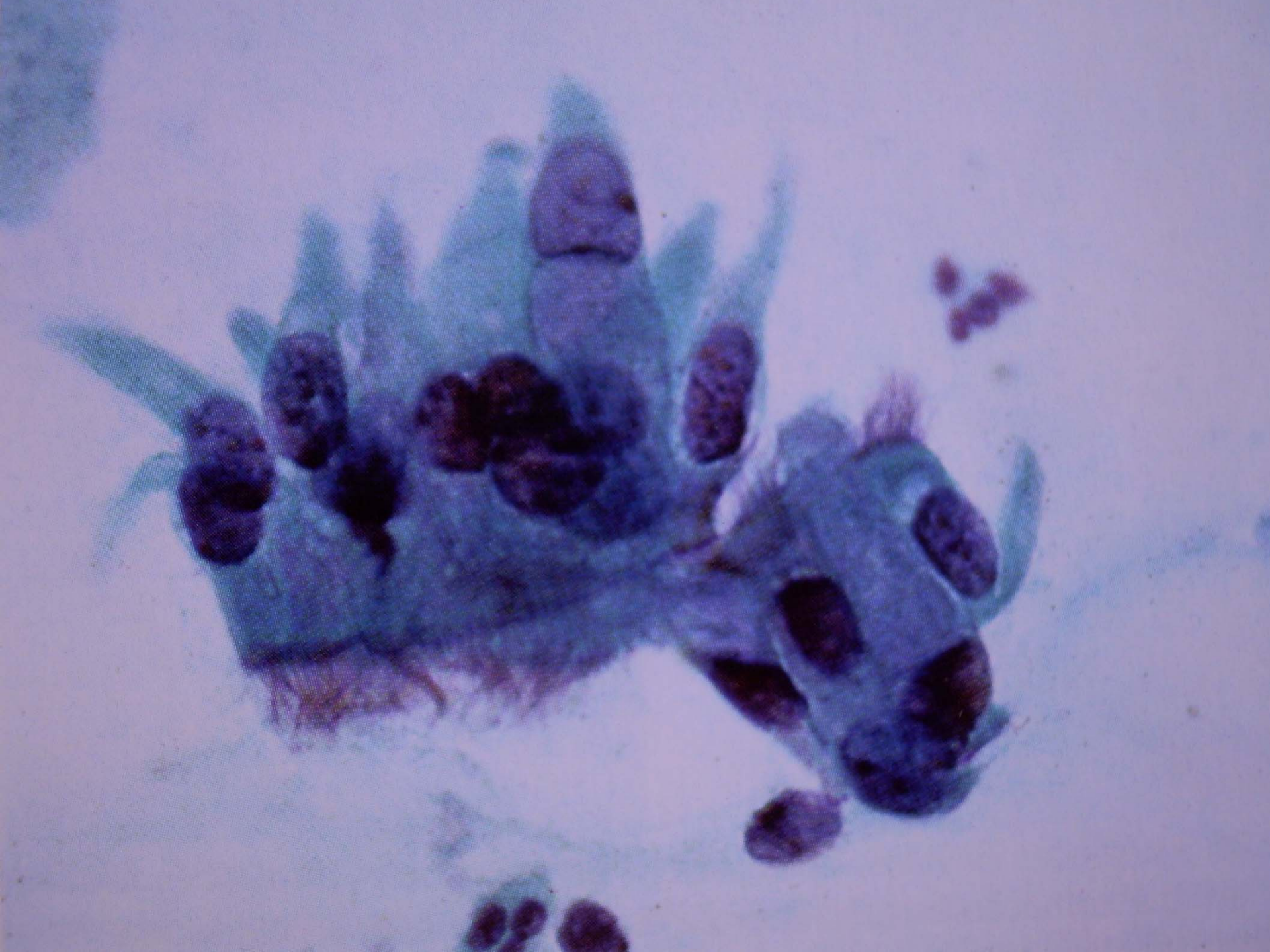
- **CONCLUSÃO – Inflamatório**
Obs:Metaplasia Tubária

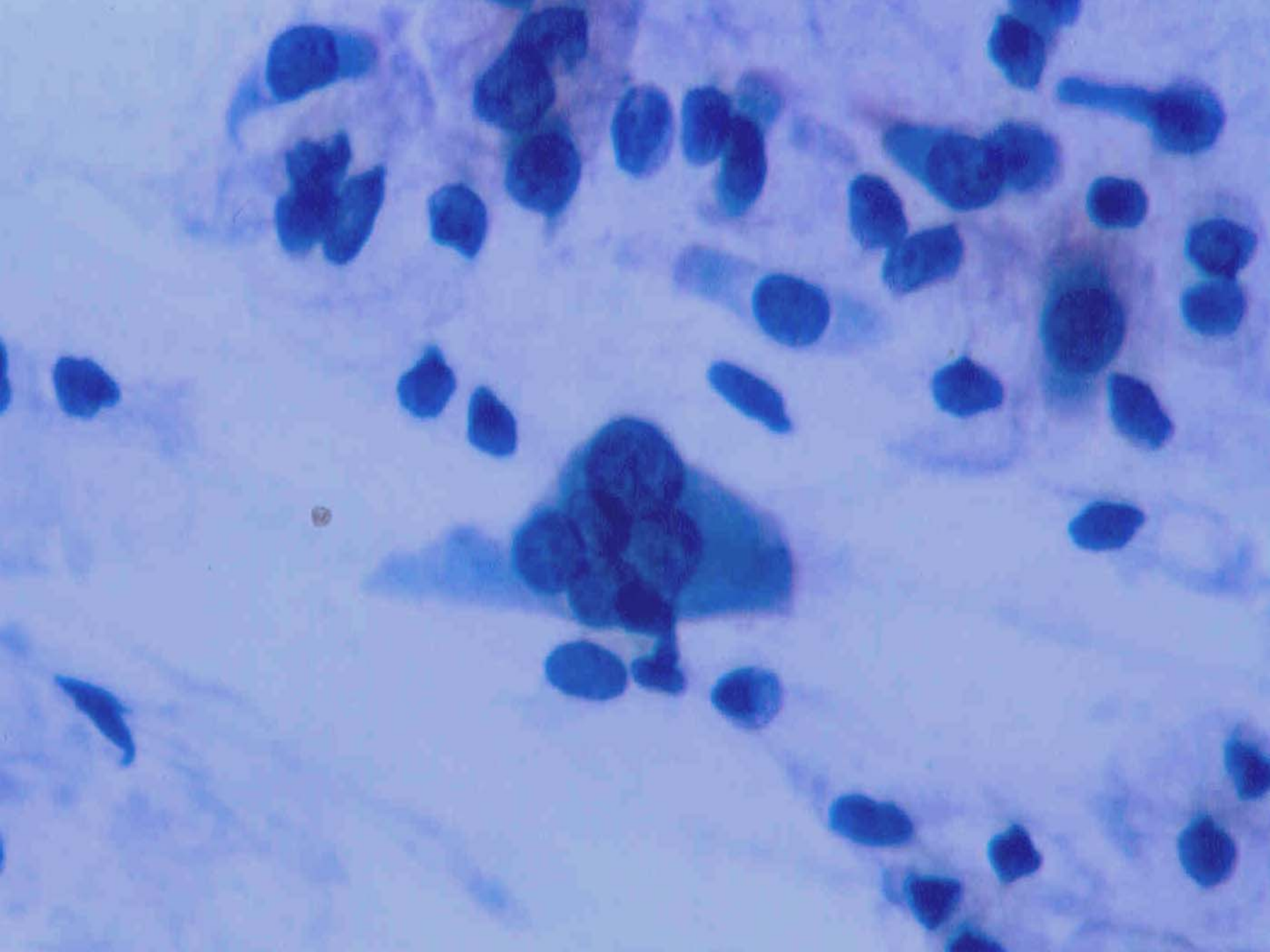
Metaplasia Tubária

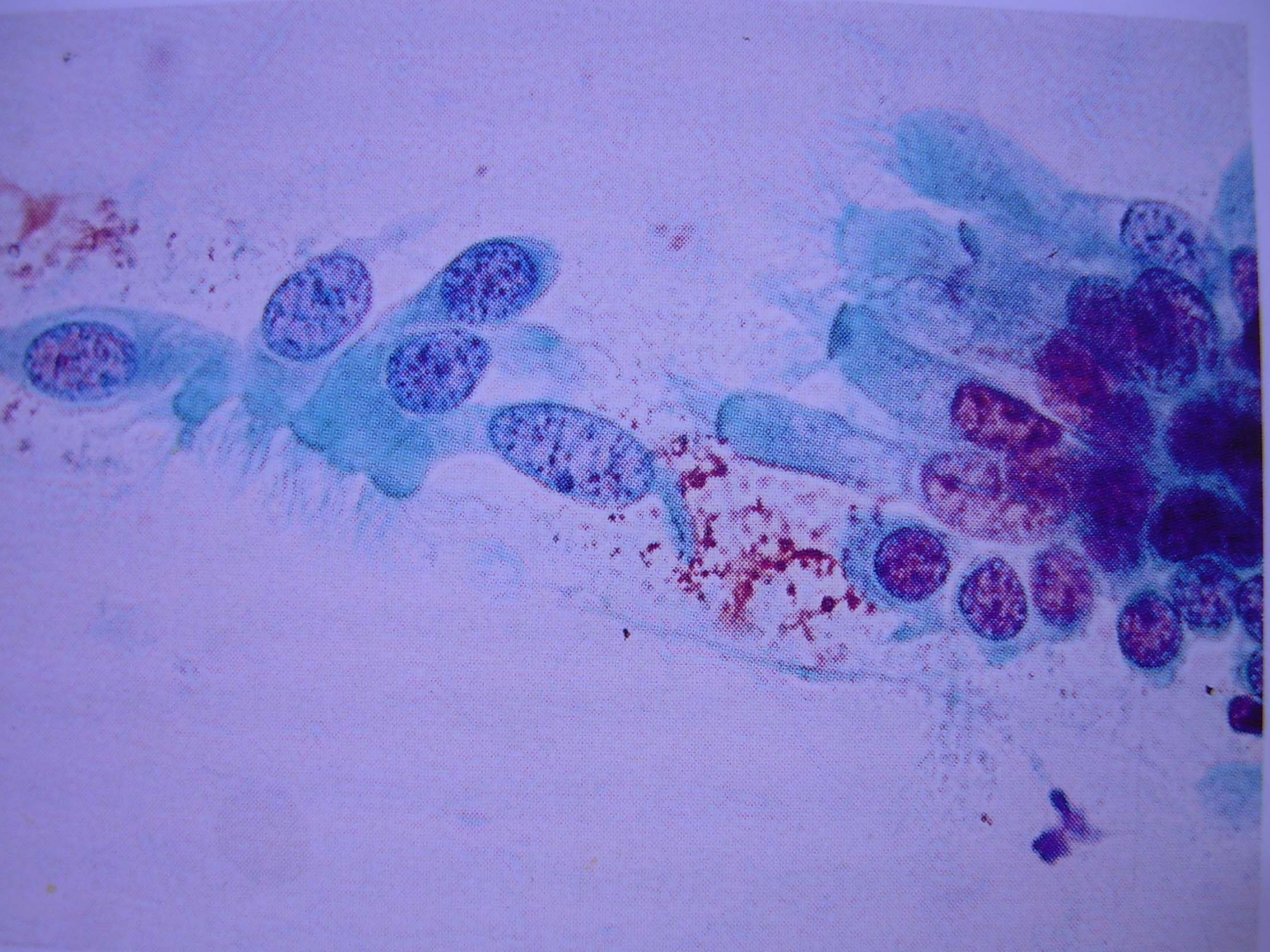


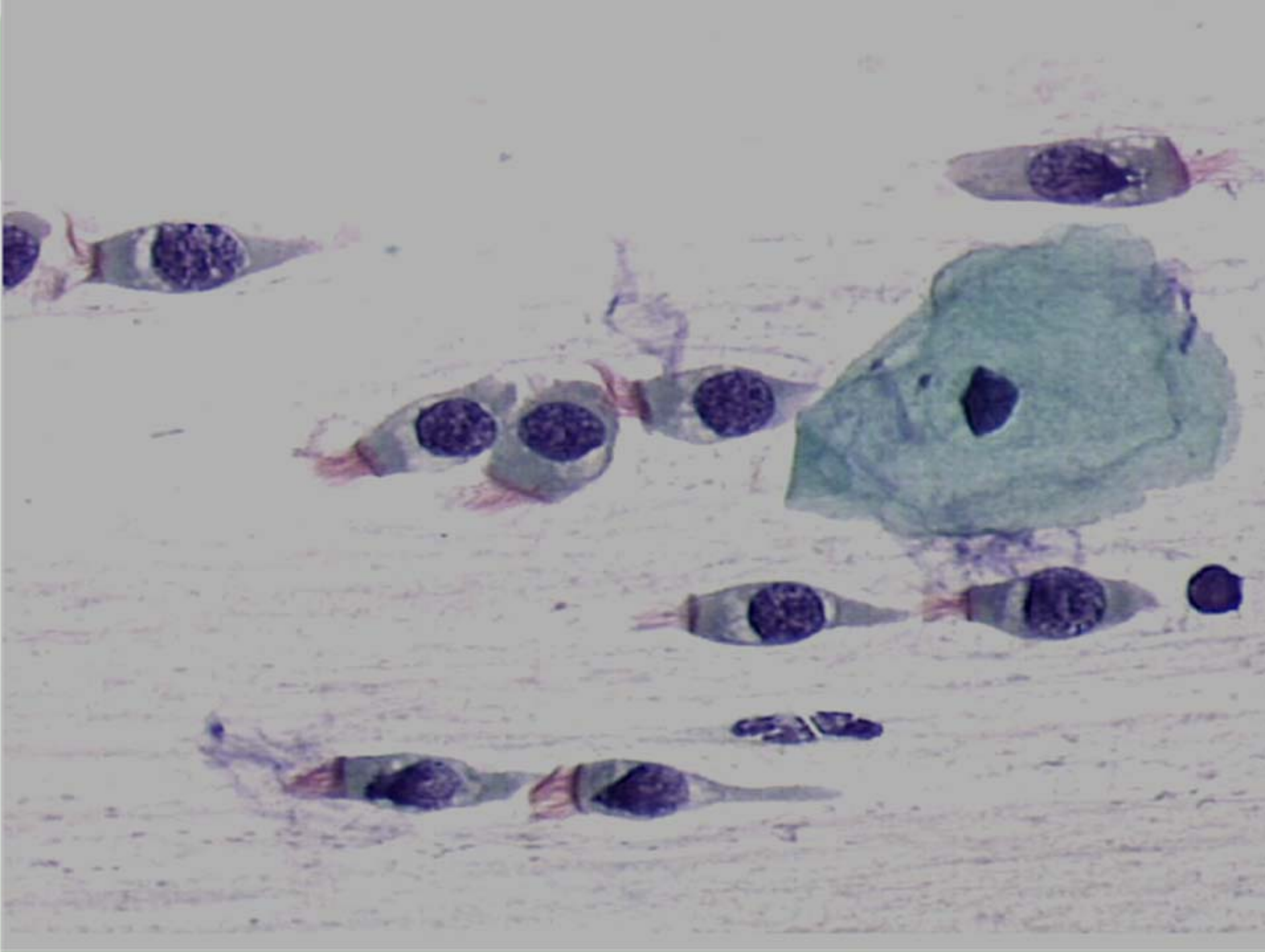
- Podem ocorrer em pequenos grupos ou em grupamentos pseudo-estratificados, frequentemente superpostos
- Núcleos redondos a ovais e podem estar aumentados, pleomórficos e frequentemente hipercromáticos
- Cromatina bem distribuída
- Proporção núcleo/citoplasma pode estar elevada
- Citoplasma pode mostrar vacúolos
- Pode haver presença de nucléolos
- Presença de barra terminal e cílios







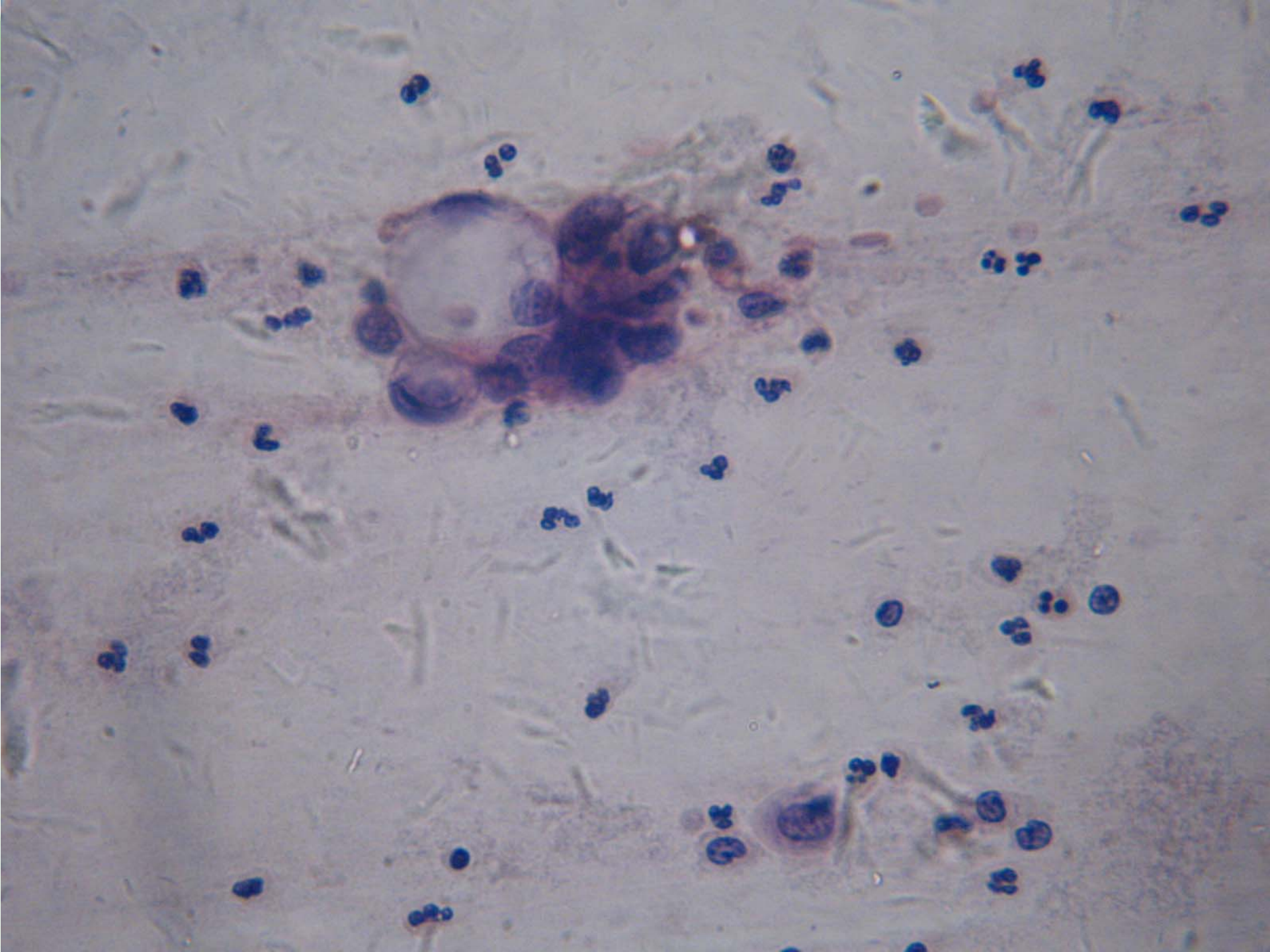


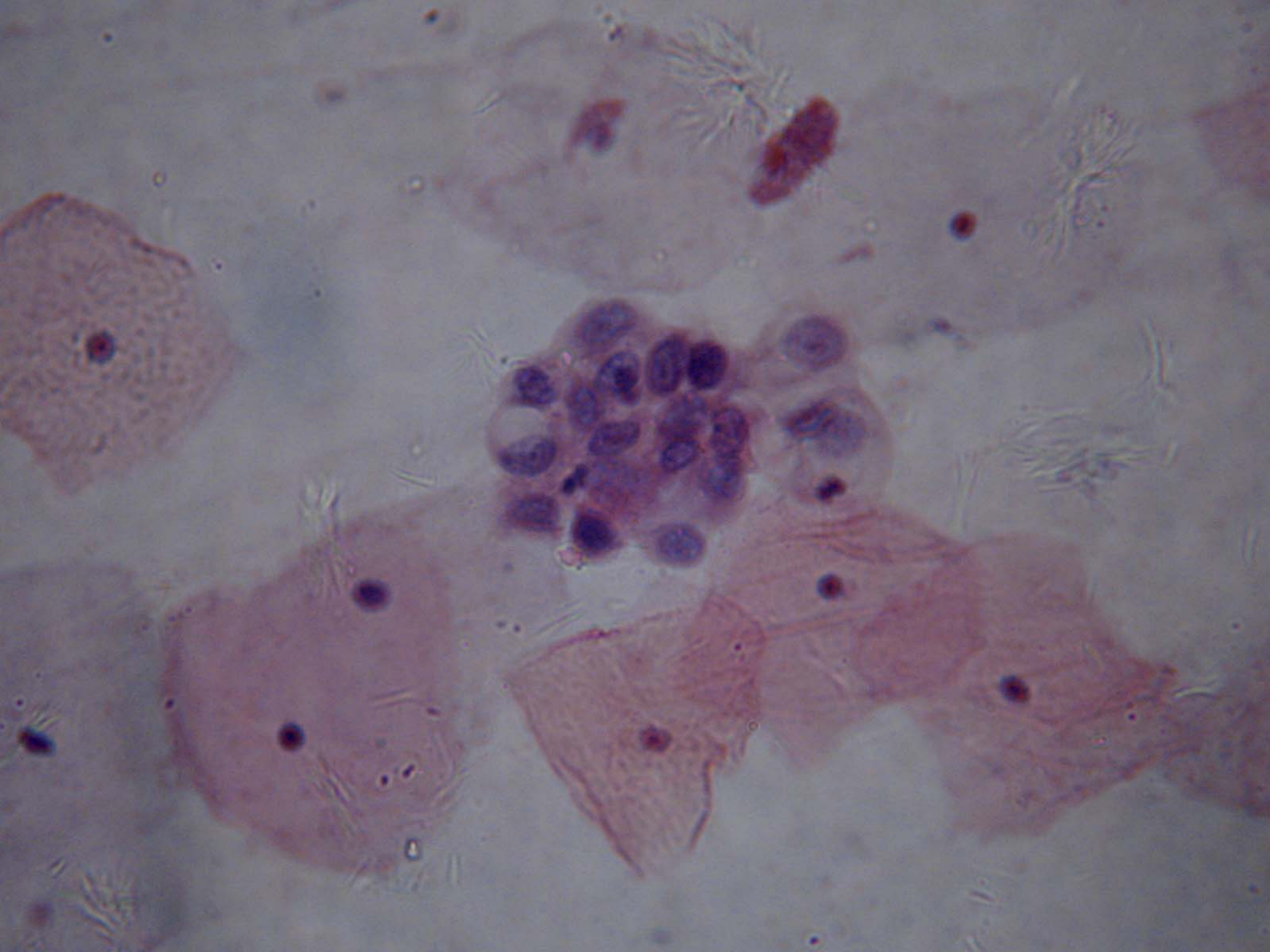


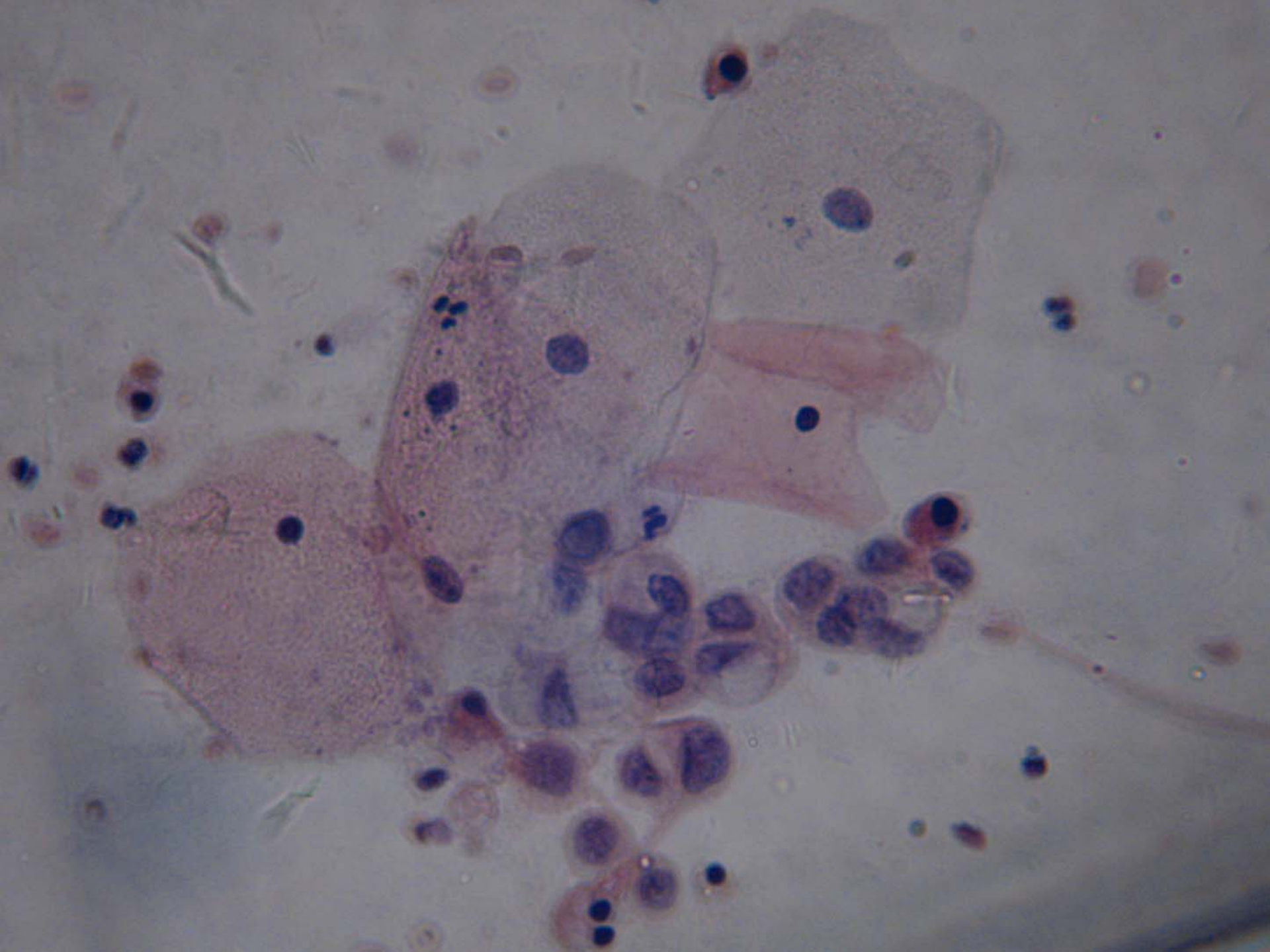
CASO 2

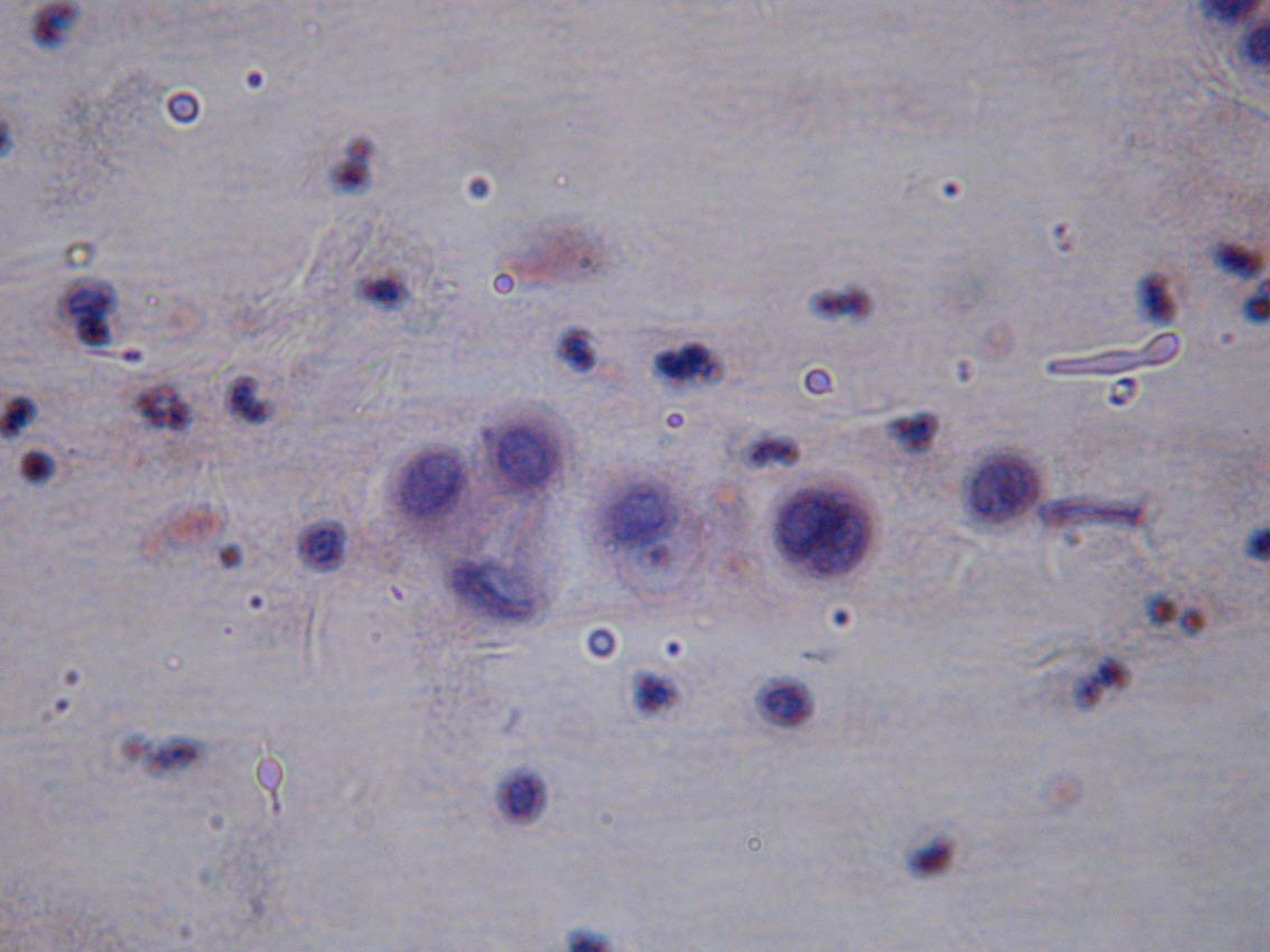


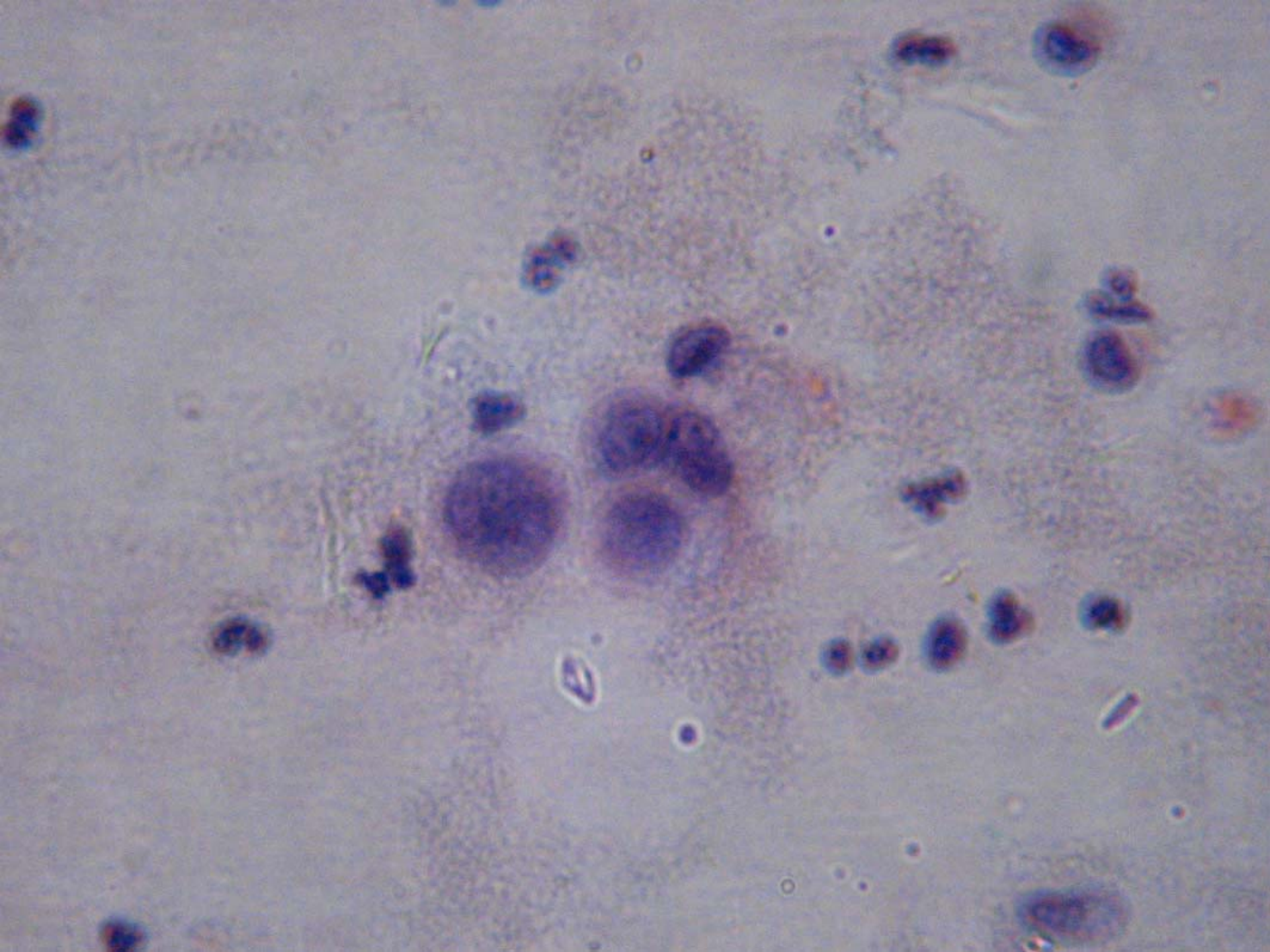
- **Citologias anteriores – de 1999 a 2006 - Inflamatória**
- **Colo presente, sem tumor evidente**
- **Usuária de DIU**
- **36 anos**
- **Encaminhado como – Diu cell – H-SIL?**

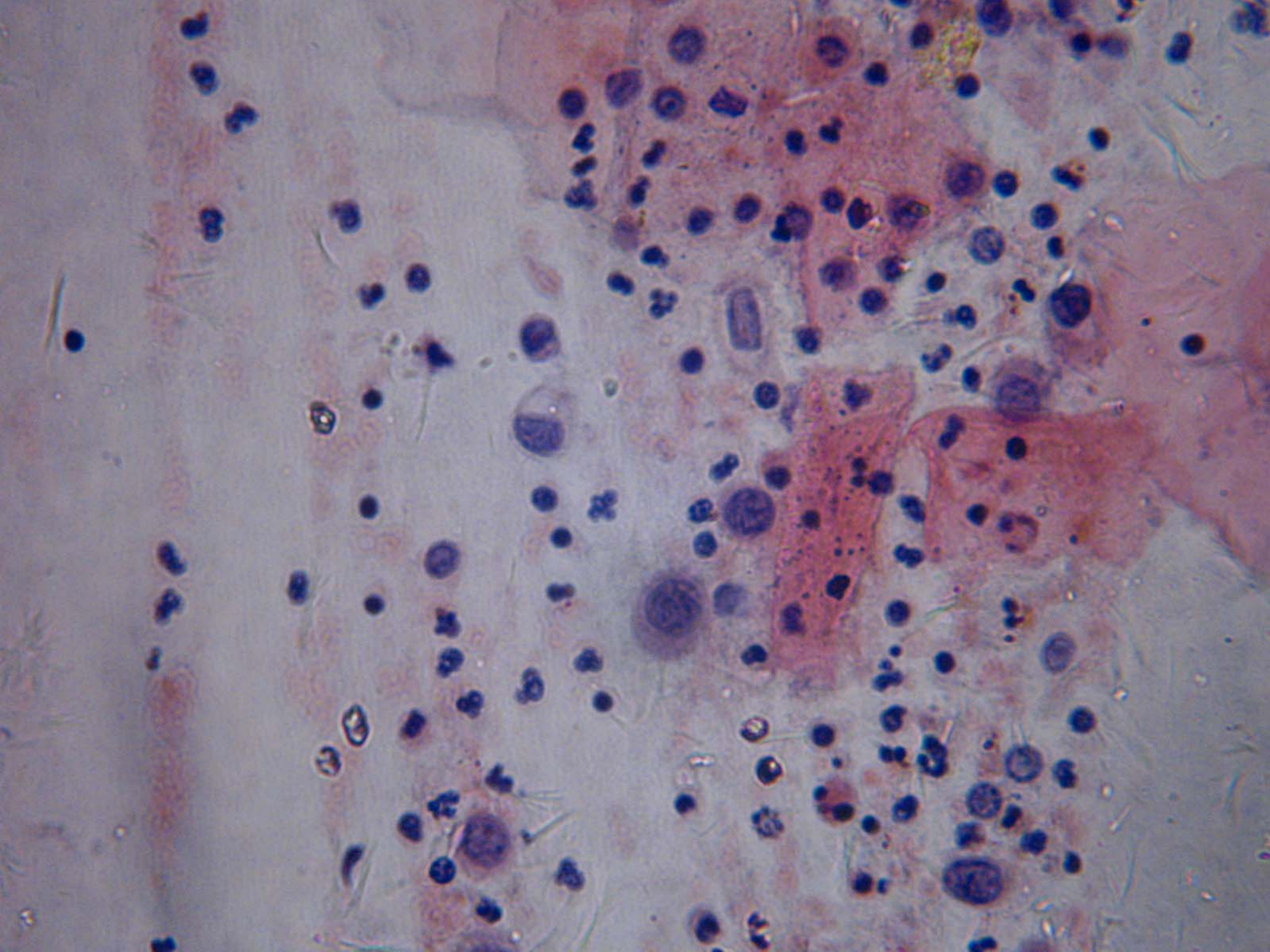


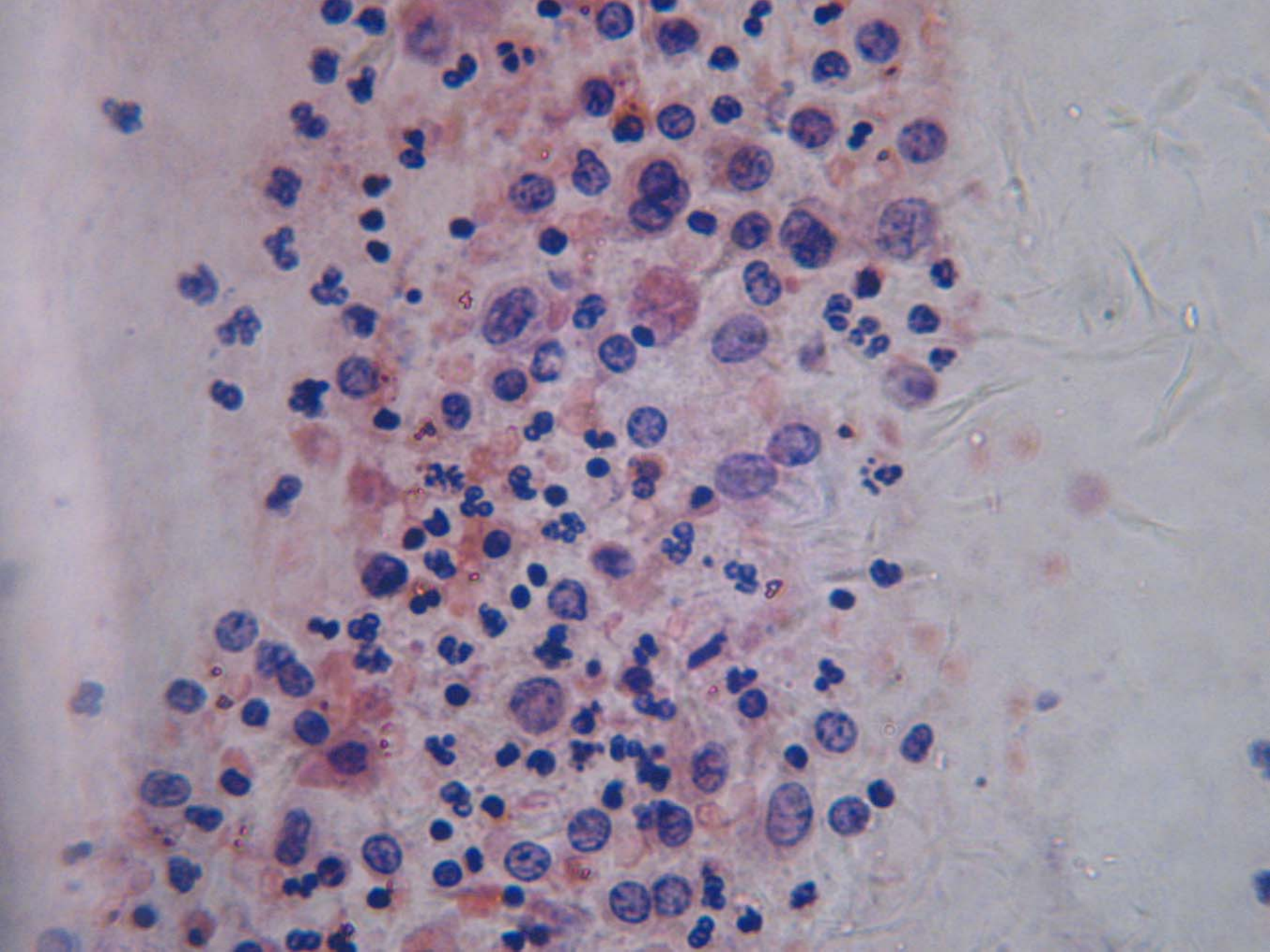


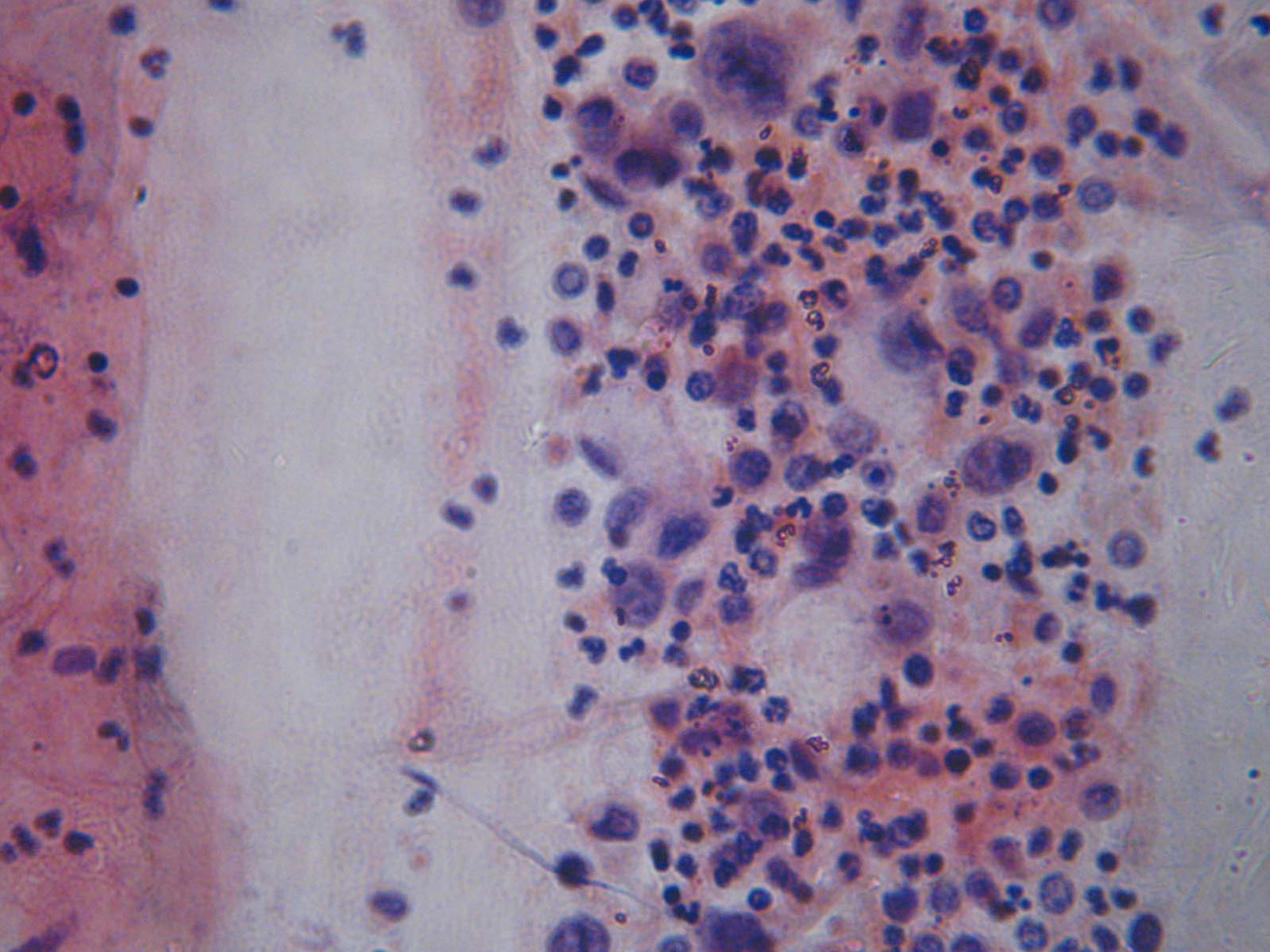


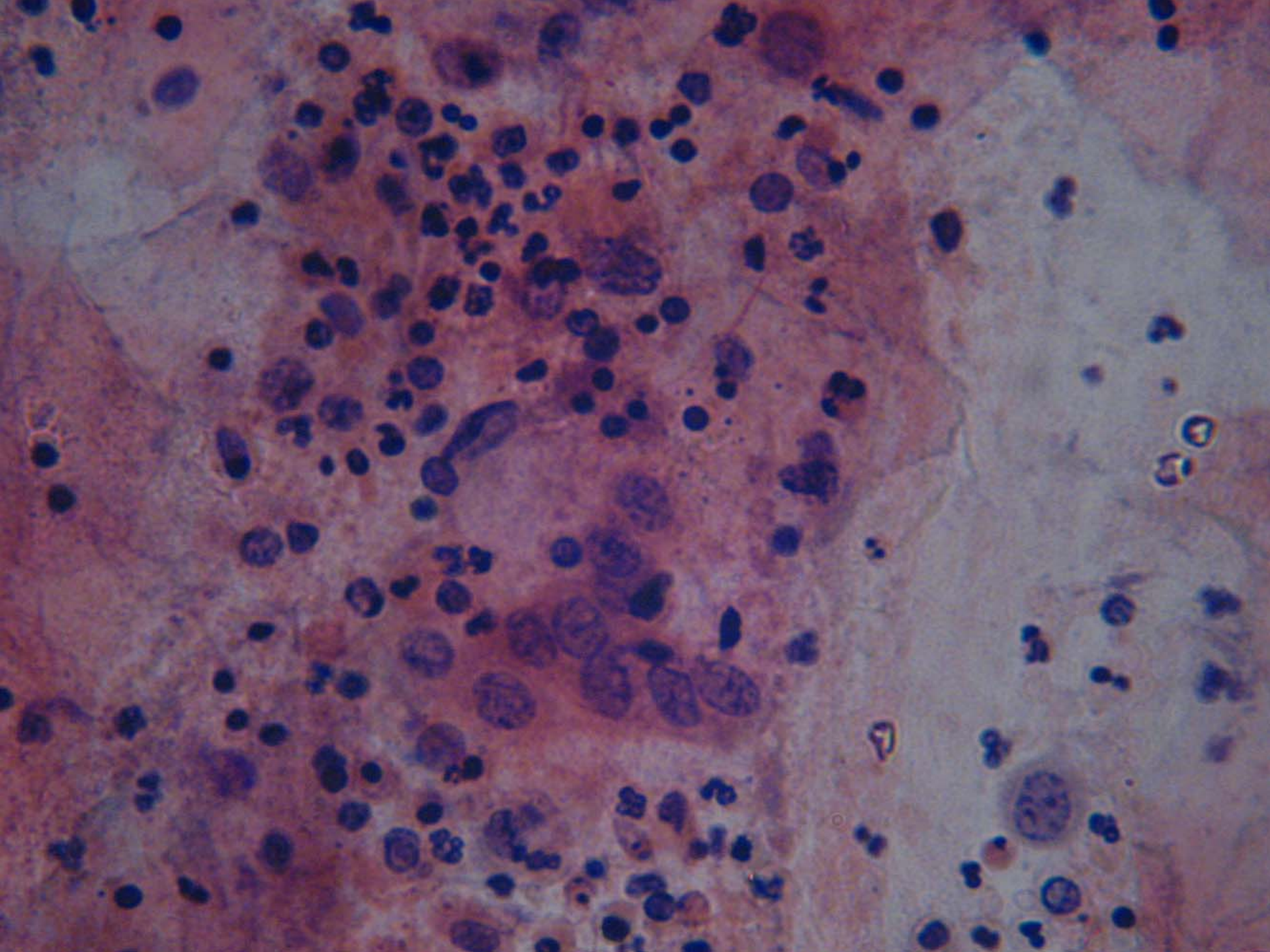












CASO 2

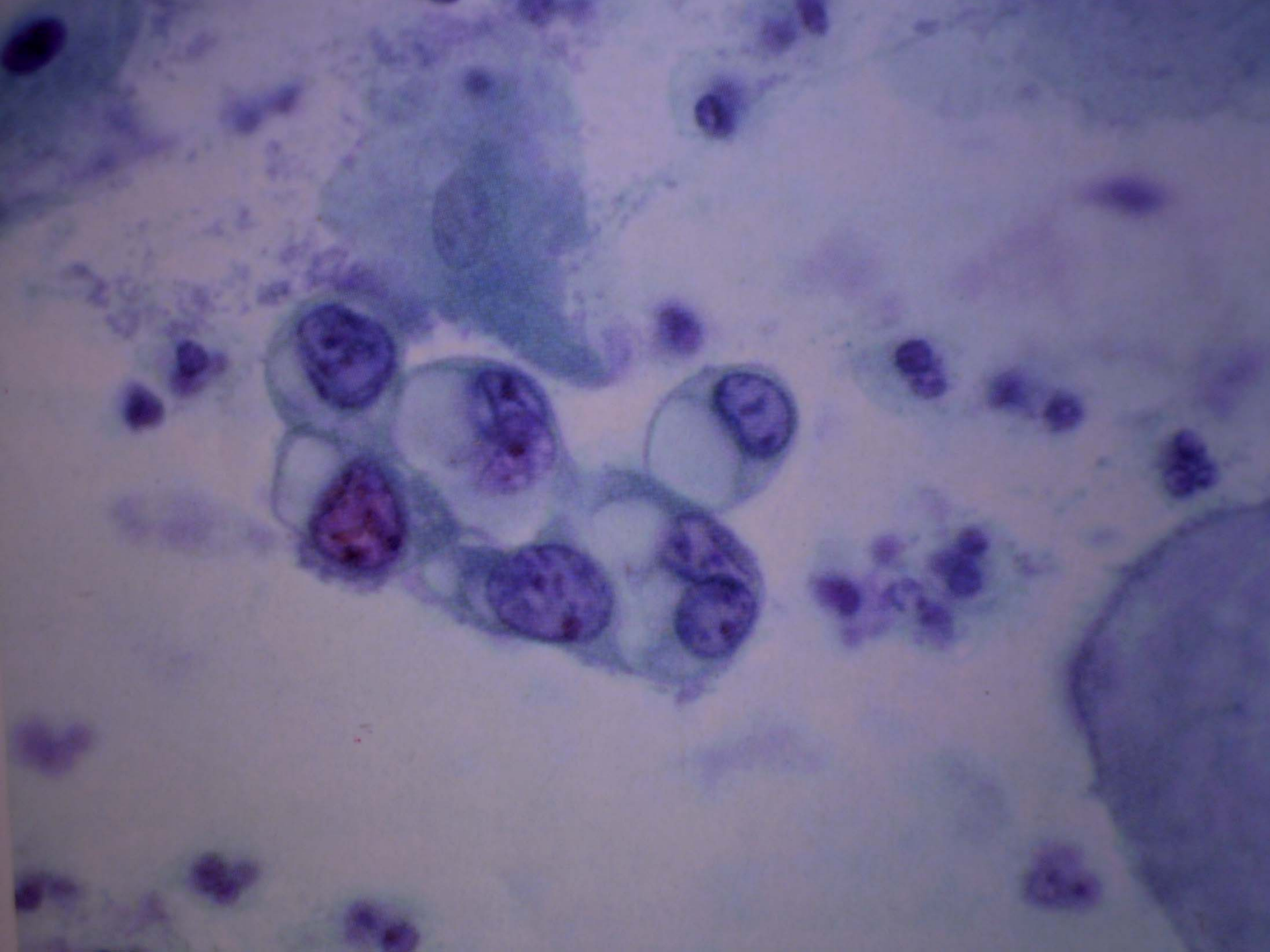


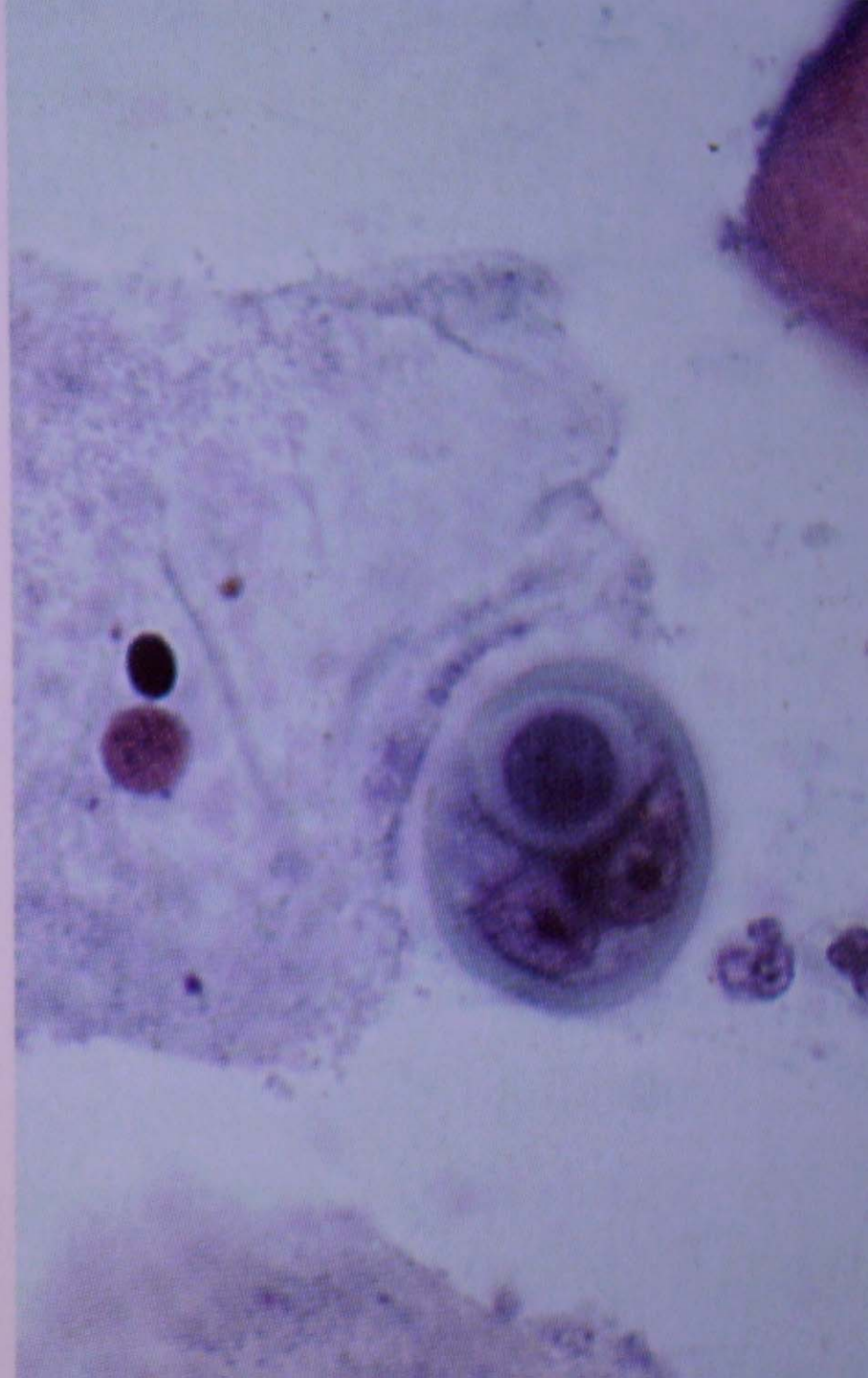
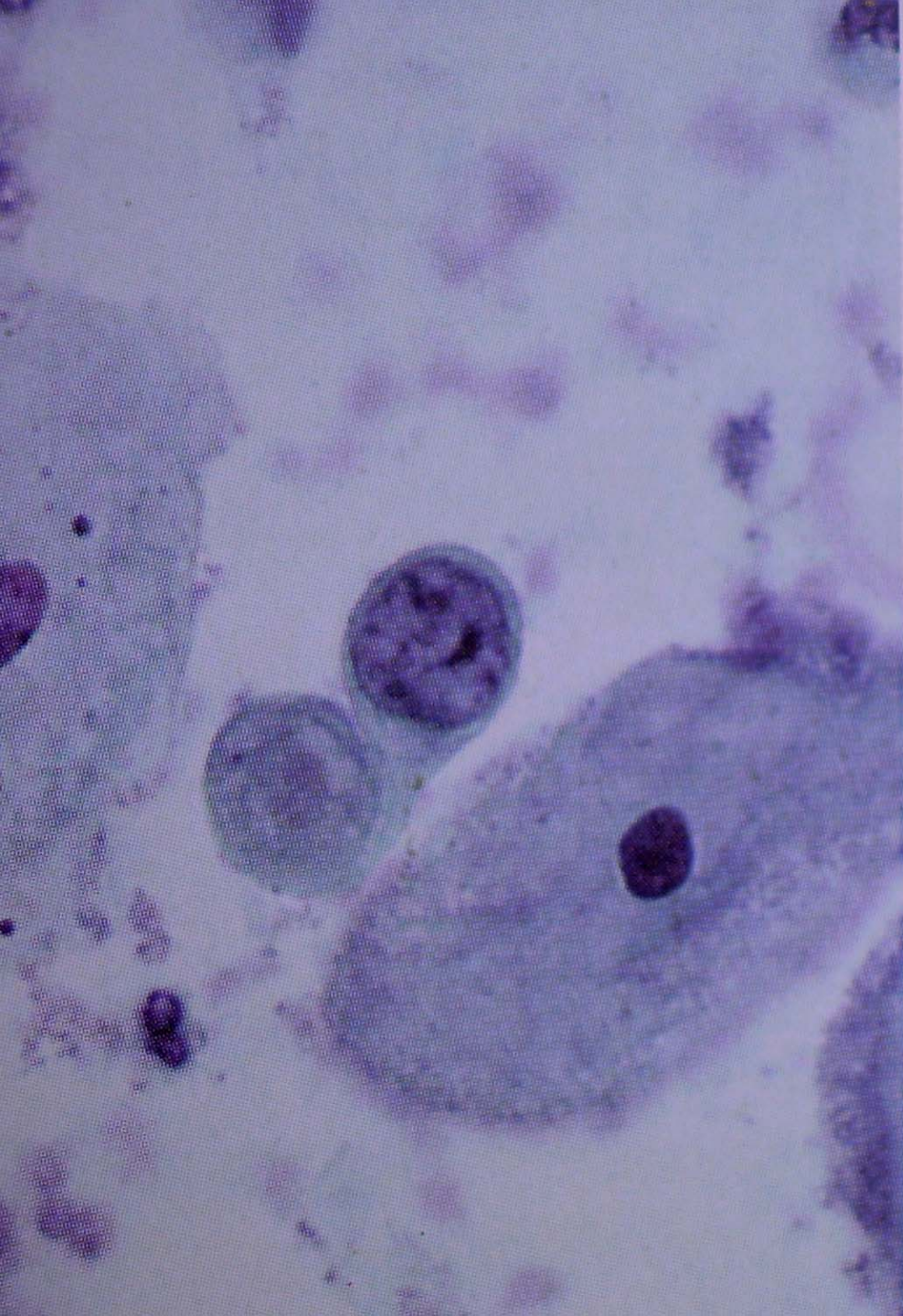
- **CONCLUSÃO** – Atipias de significado indeterminado de origem indefinida. Não se pode afastar lesão de alto grau
- **Obs:** Não podemos afastar lesão de alto grau e/ou células endometriais alteradas (atípicas) pela presença do Diu (Diu-ceels)

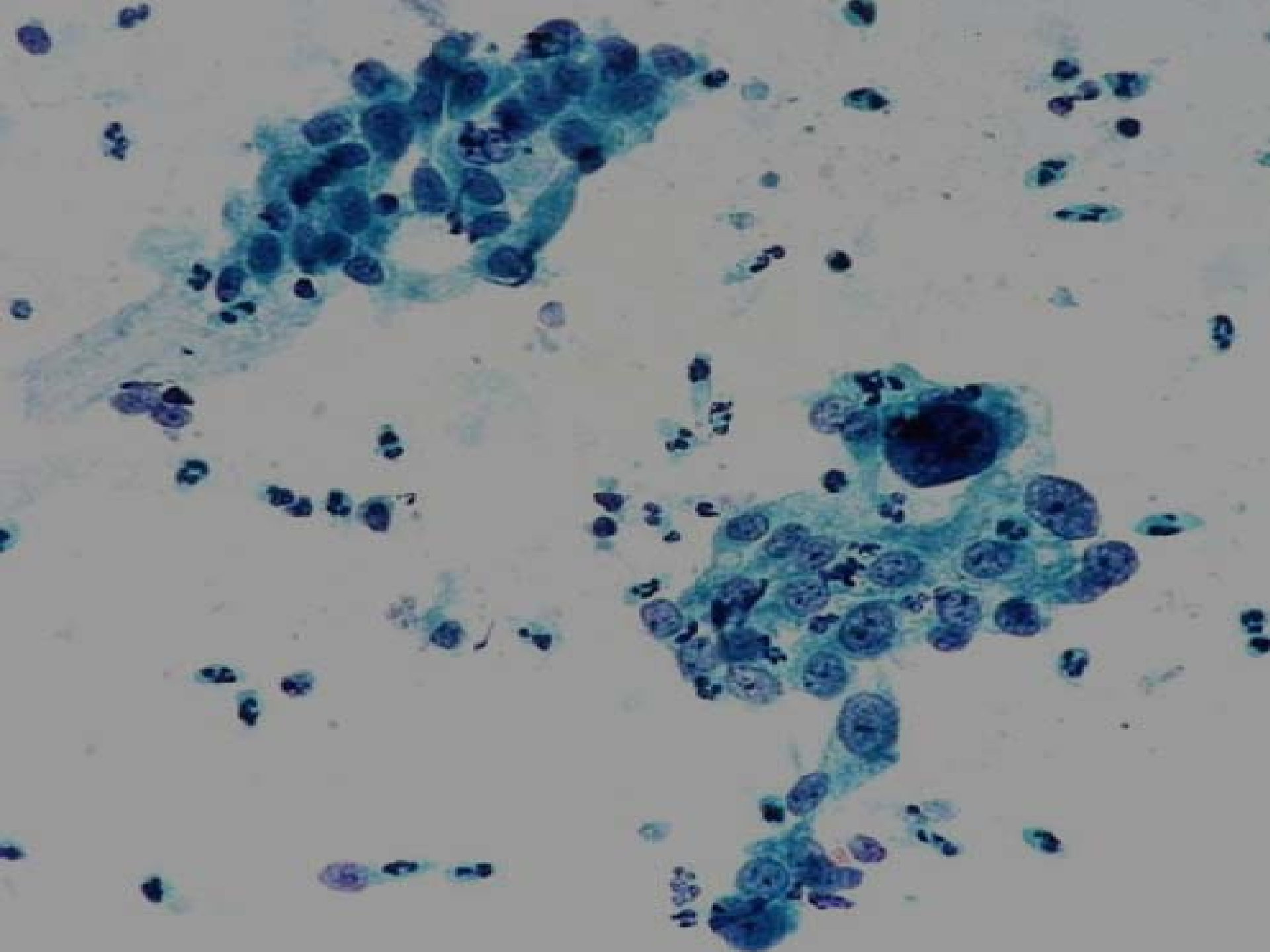
Alterações Celulares Reativas ao DIU (Diu-cell)

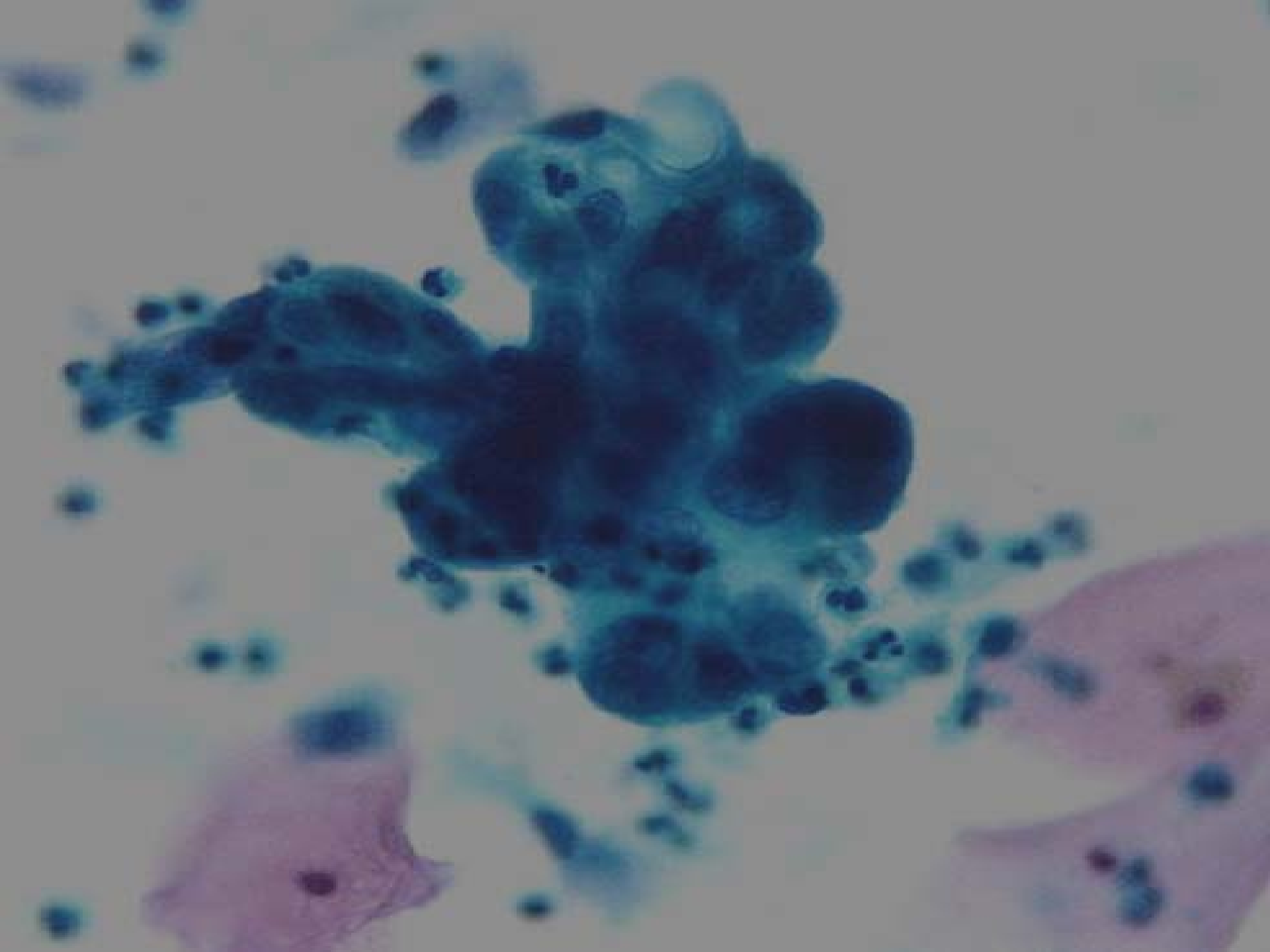


- Podem haver células isoladas ou em grupos
- Vacúolos citoplasmáticos que deslocam o núcleo
- Elevada proporção núcleo citoplasma
- Podem simular lesão intra-epitelial escamosa de alto grau (HSIL), no entanto o espectro morfológico de anormalidades em geral presente na lesão intra-epitelial escamosa está ausente
- Frequente degeneração nuclear
- Presença de nucléolo





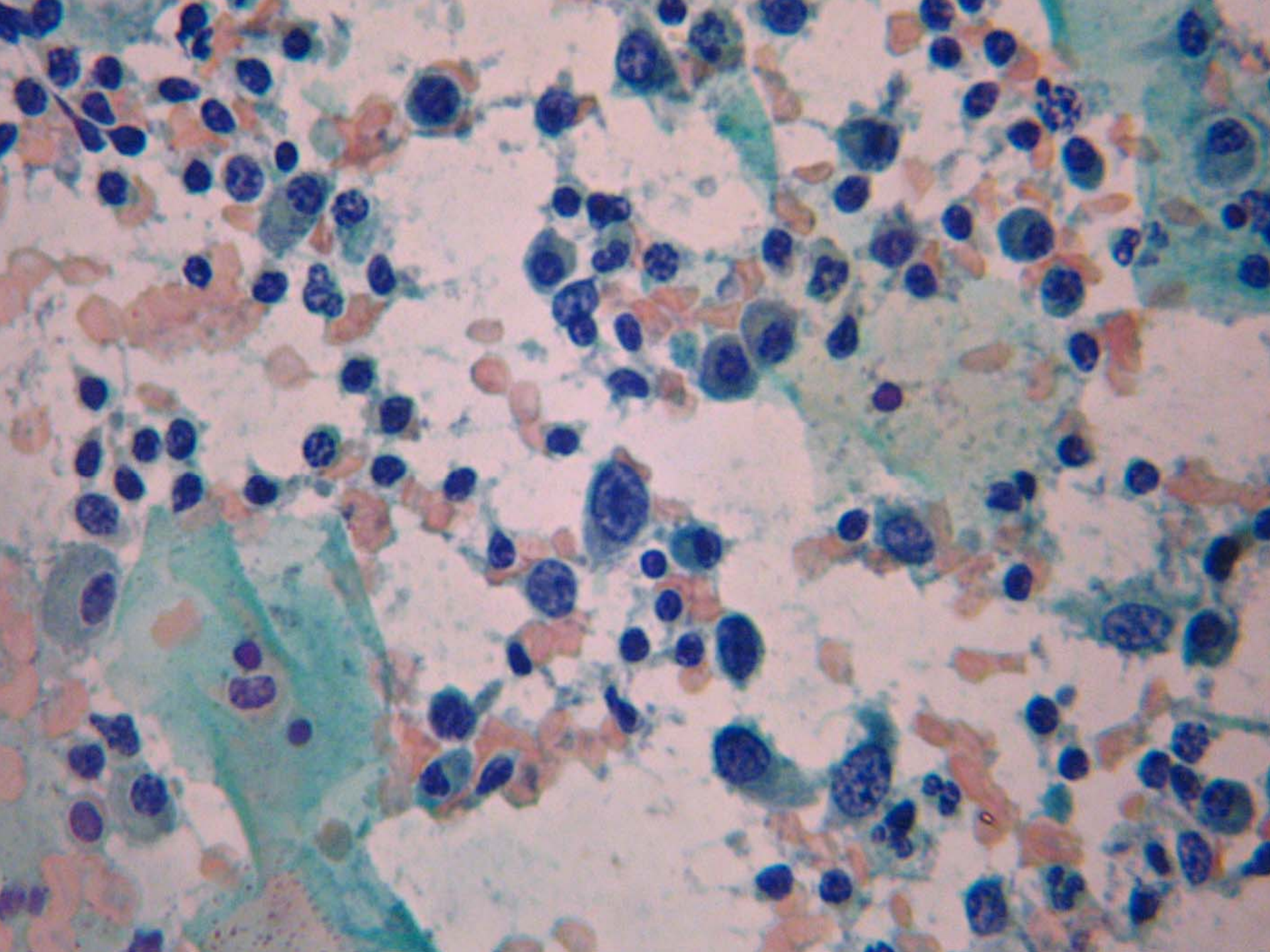


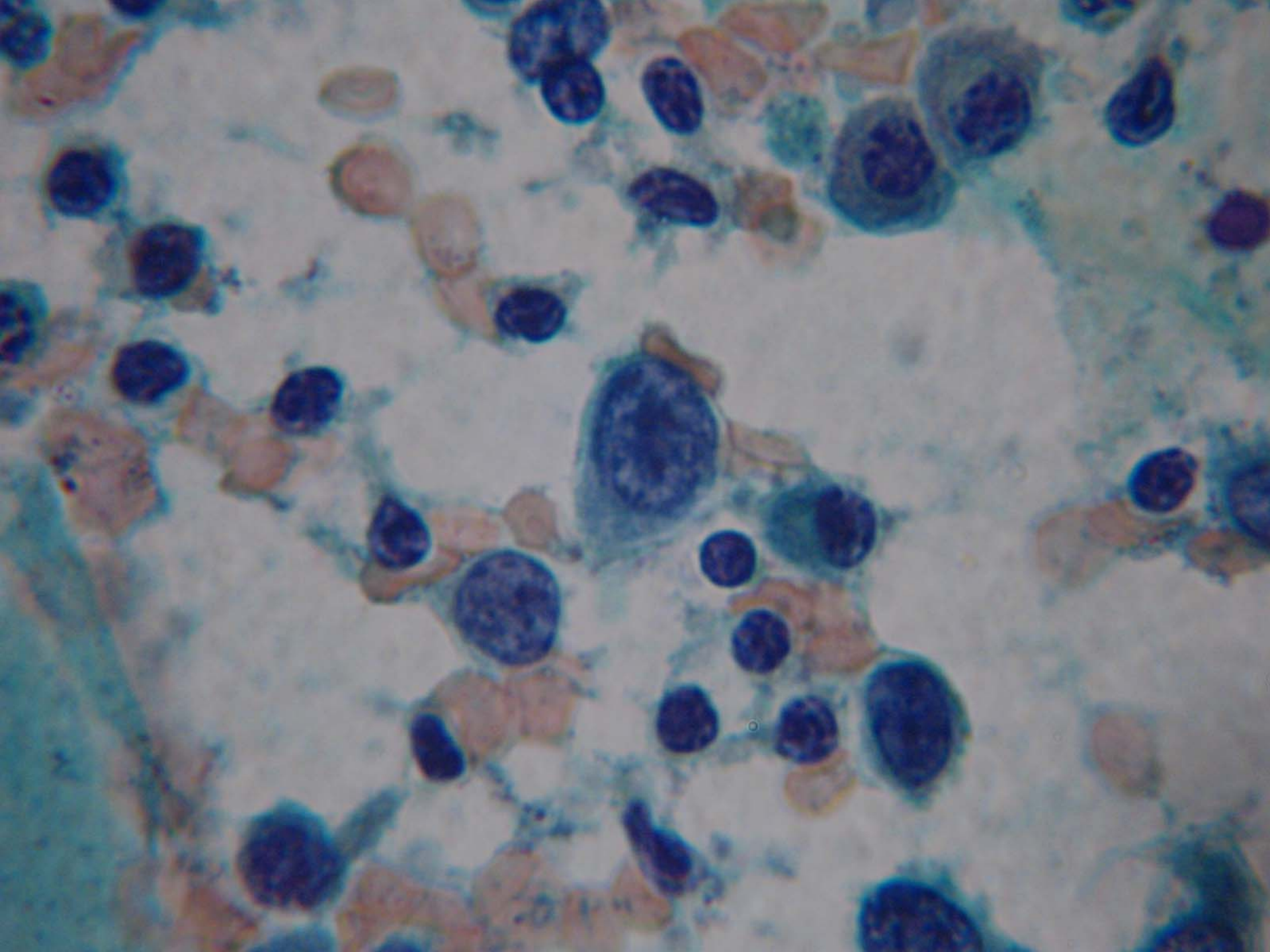


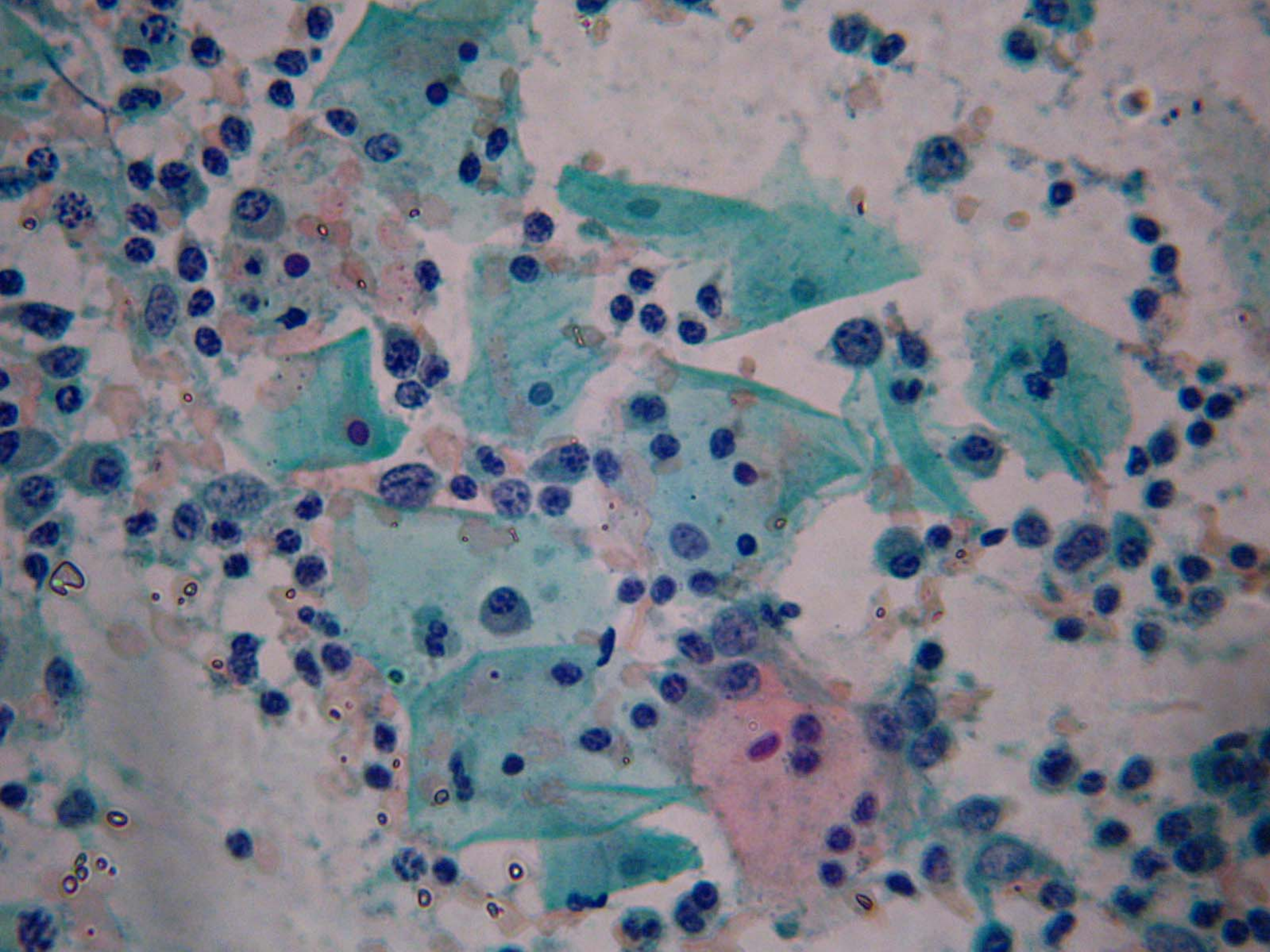
CASO 3

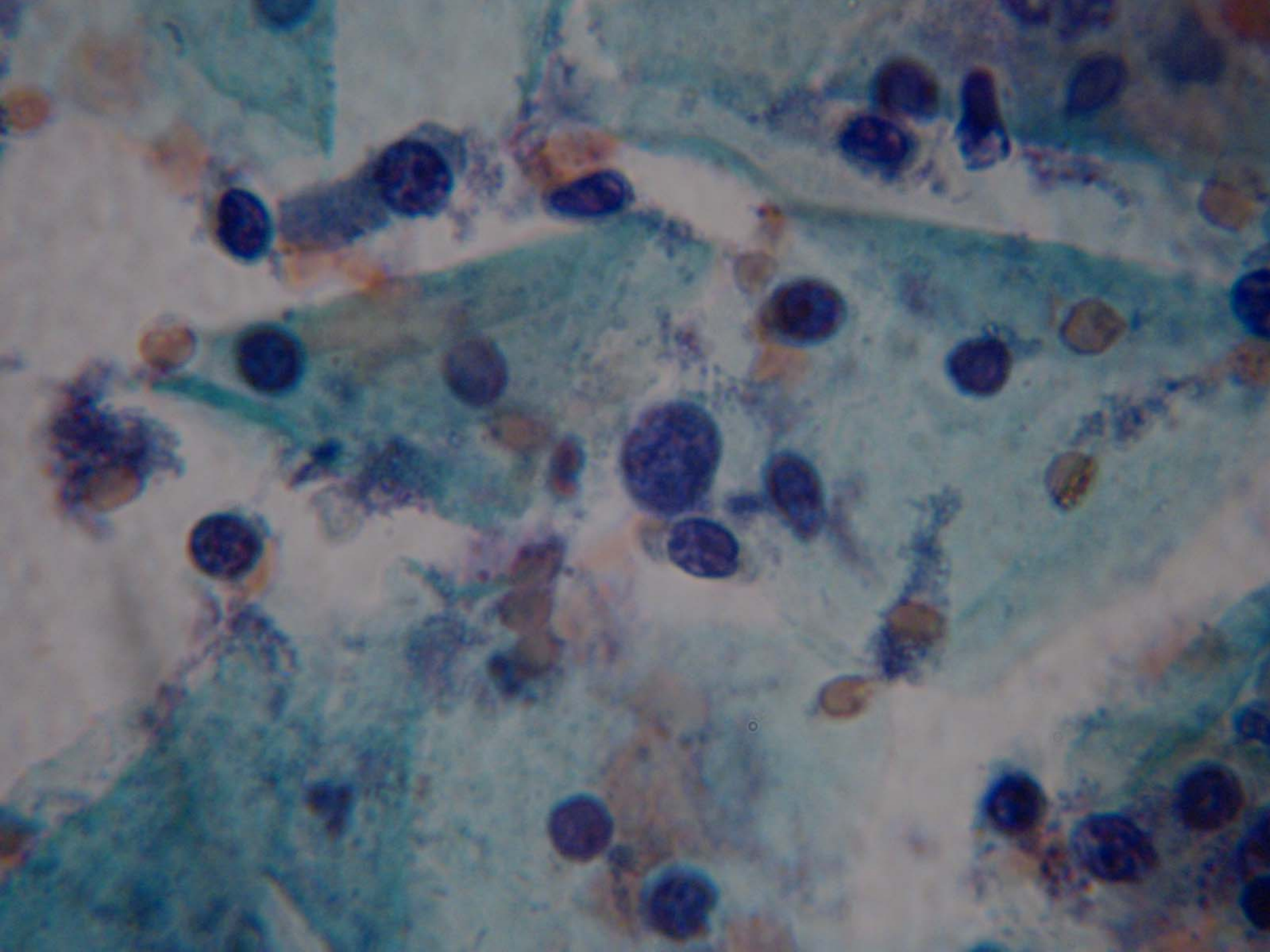


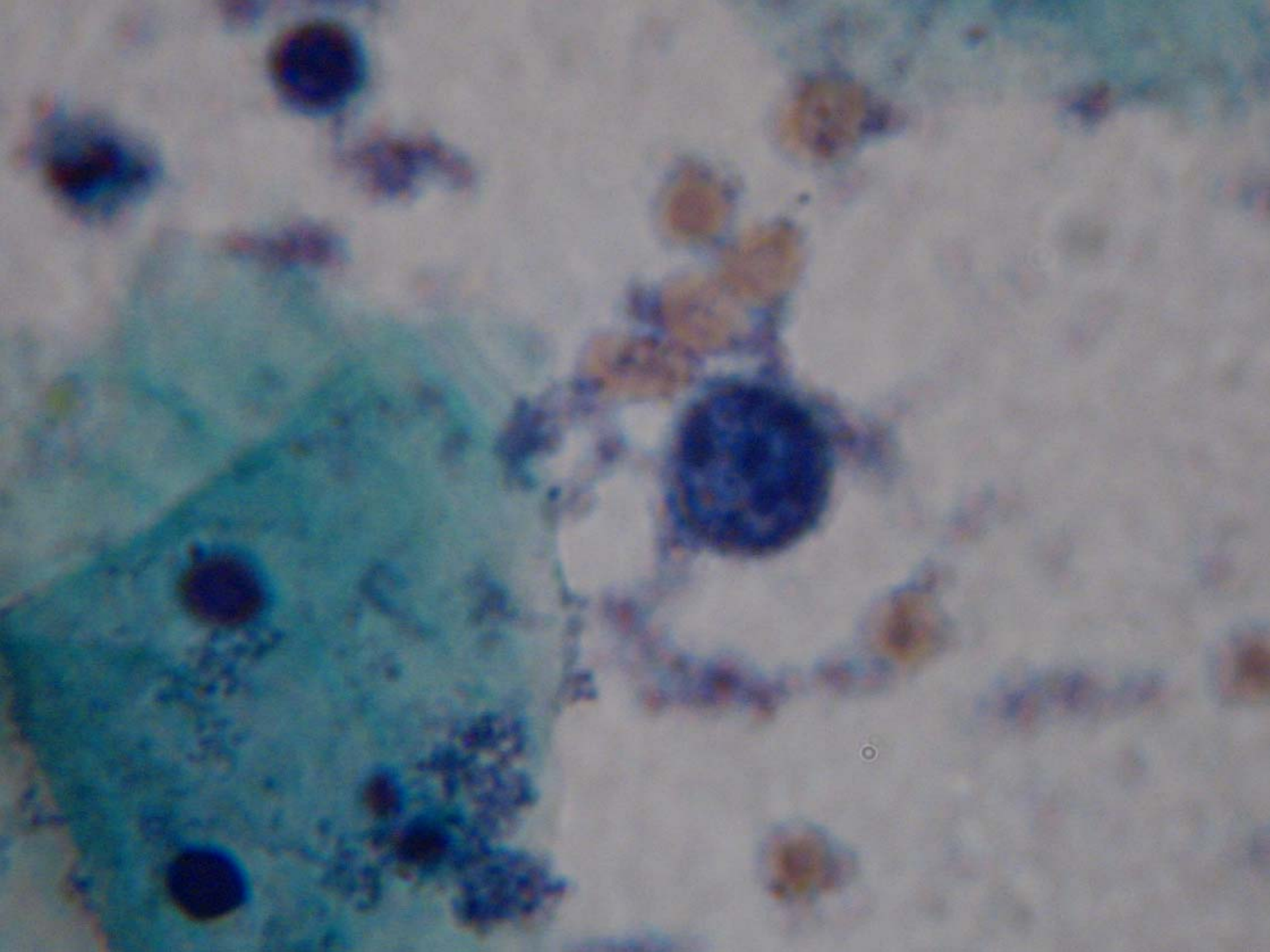
- **Citologias anteriores – Em 2001 e 2007 - Inflamatória**
- **Colo presente, sem tumor evidente**
- **34 anos**
- **Encaminhado como – ASC-H e AGC**

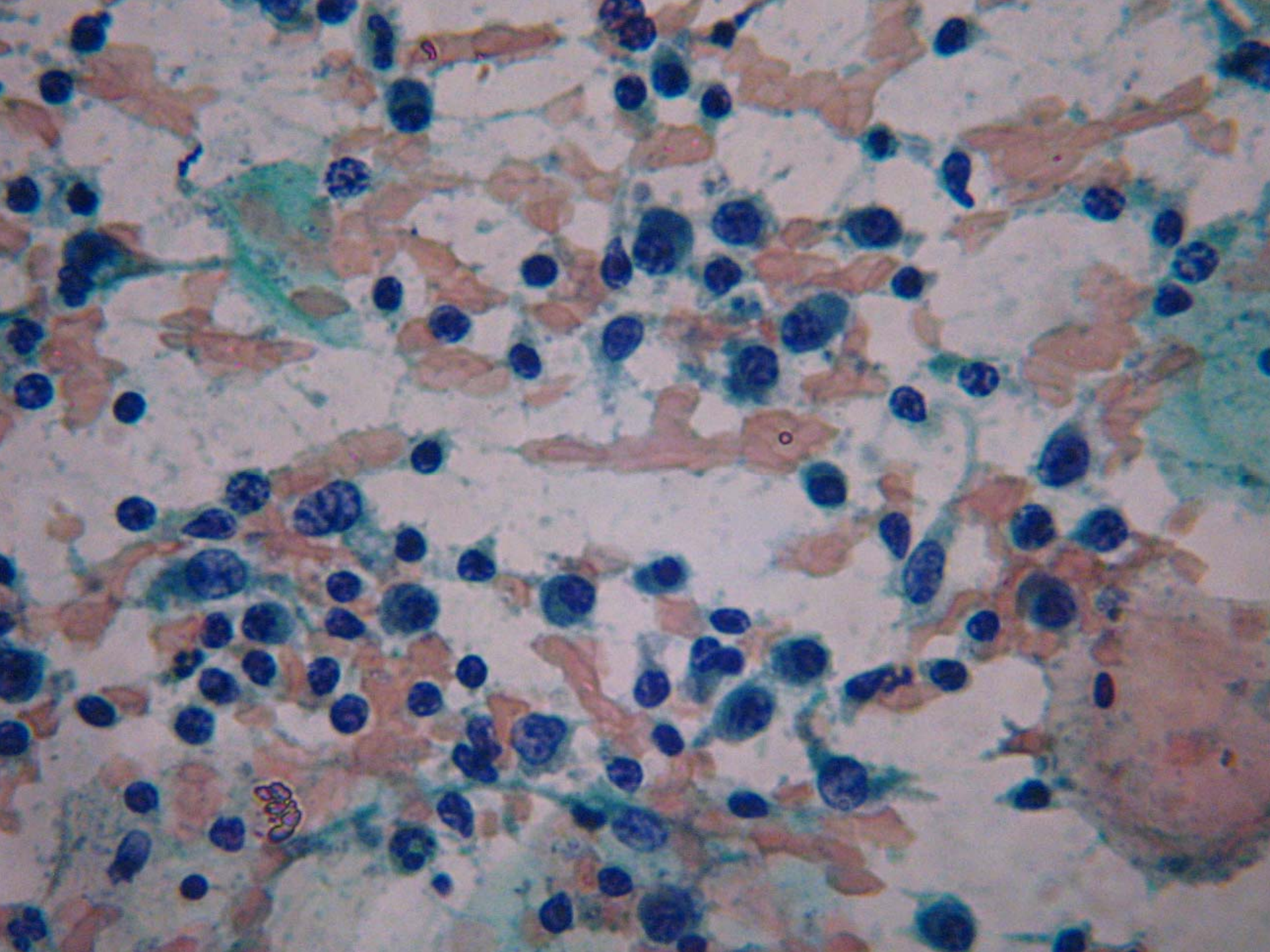


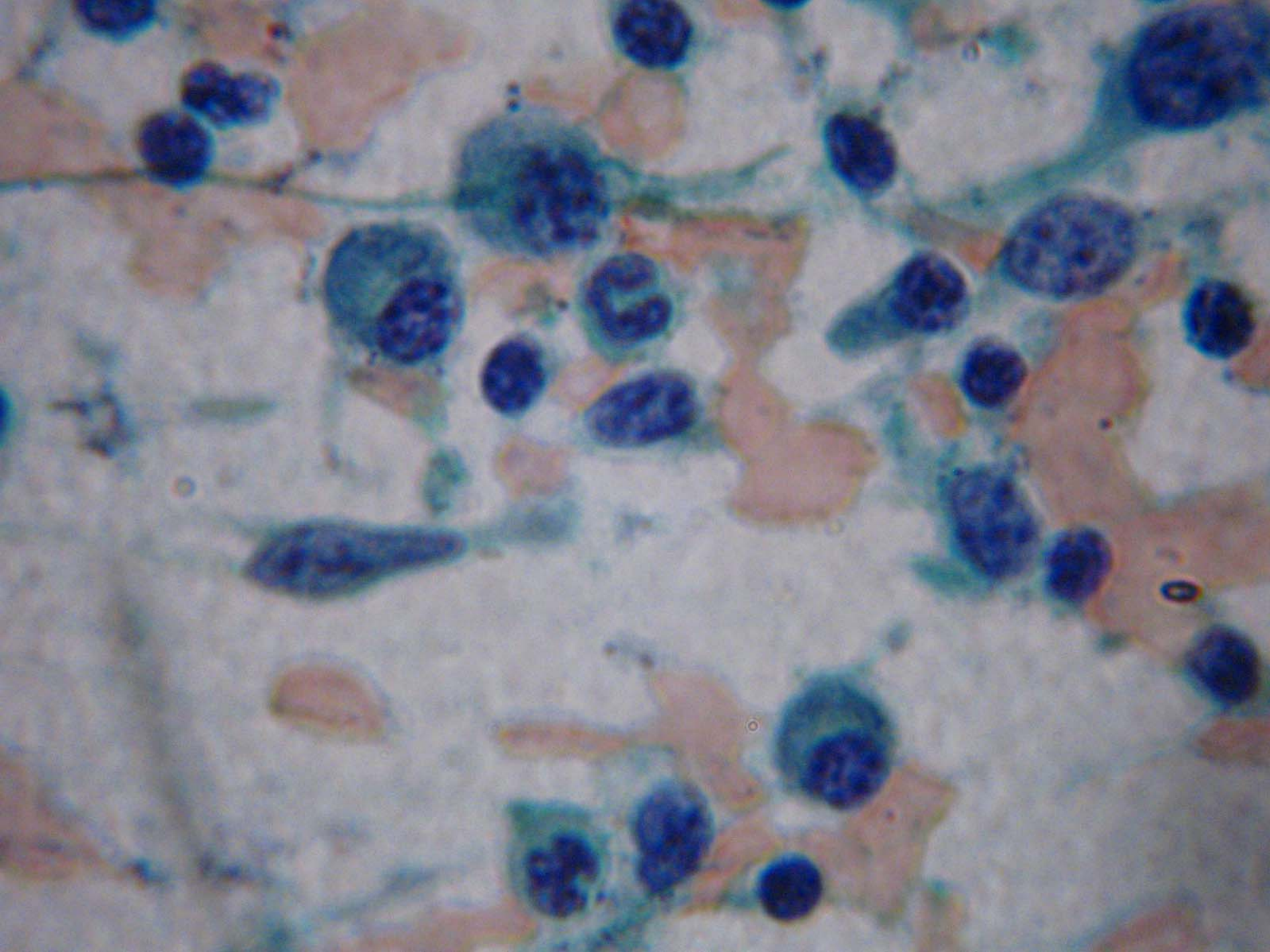


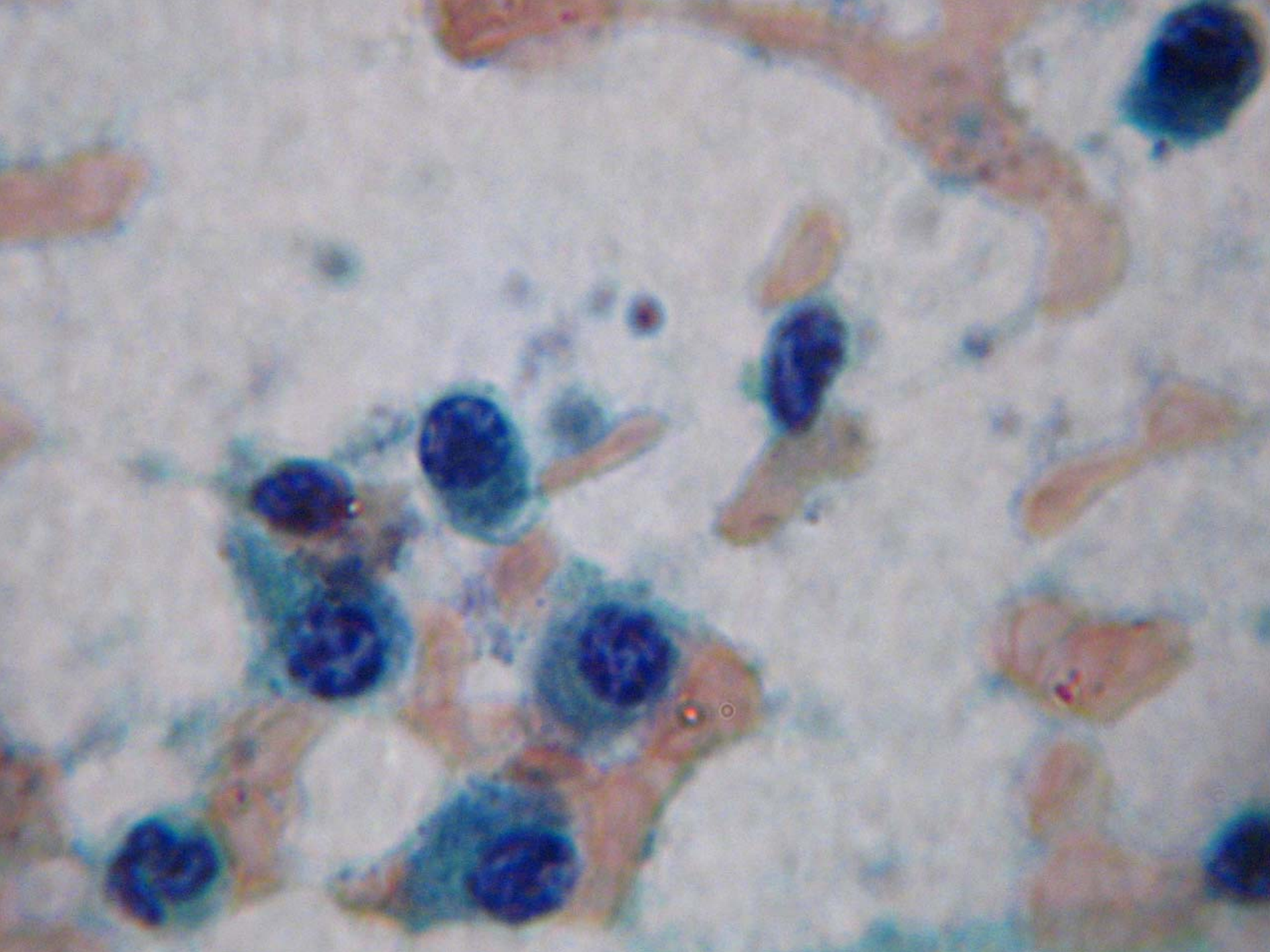


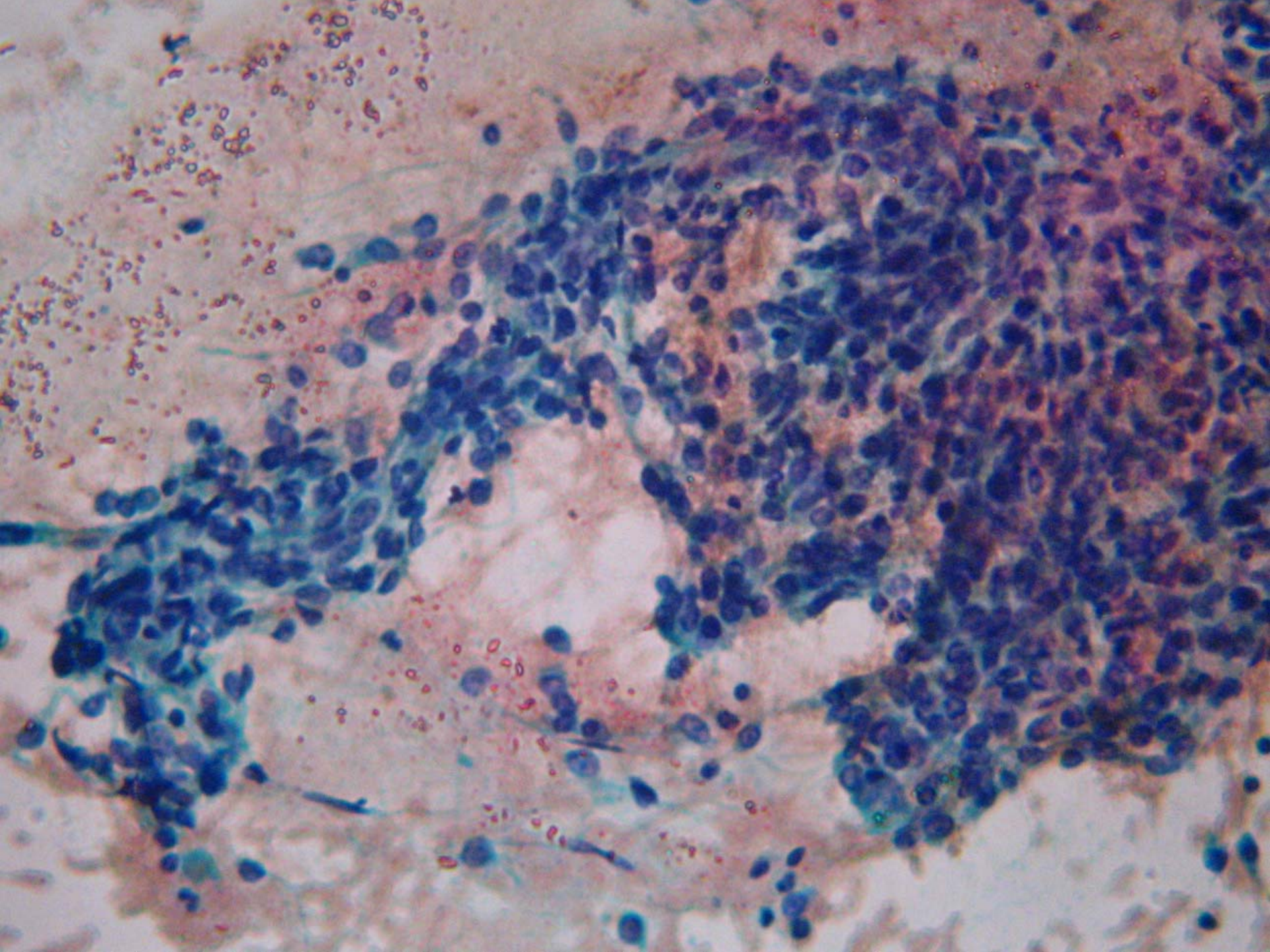


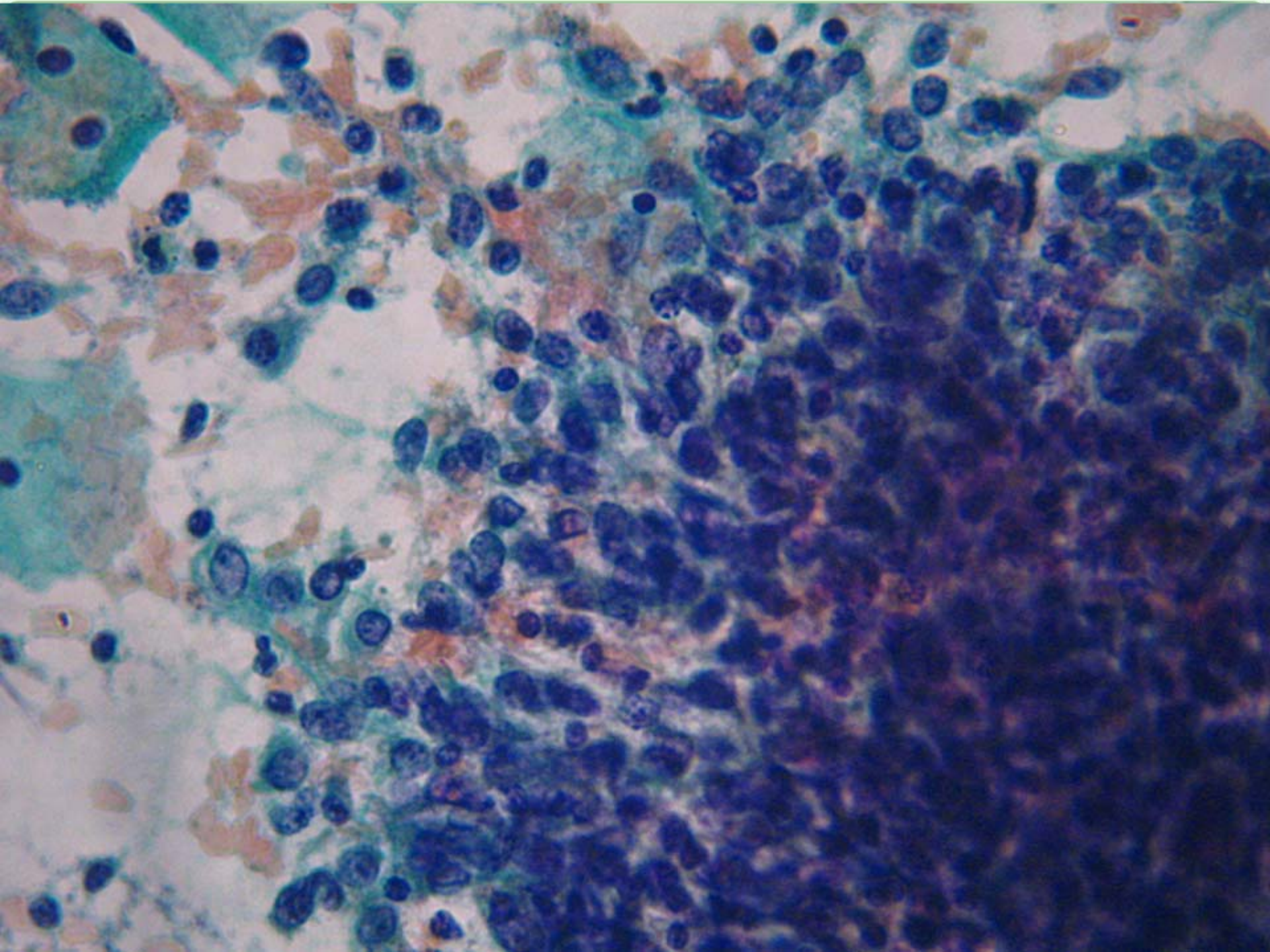


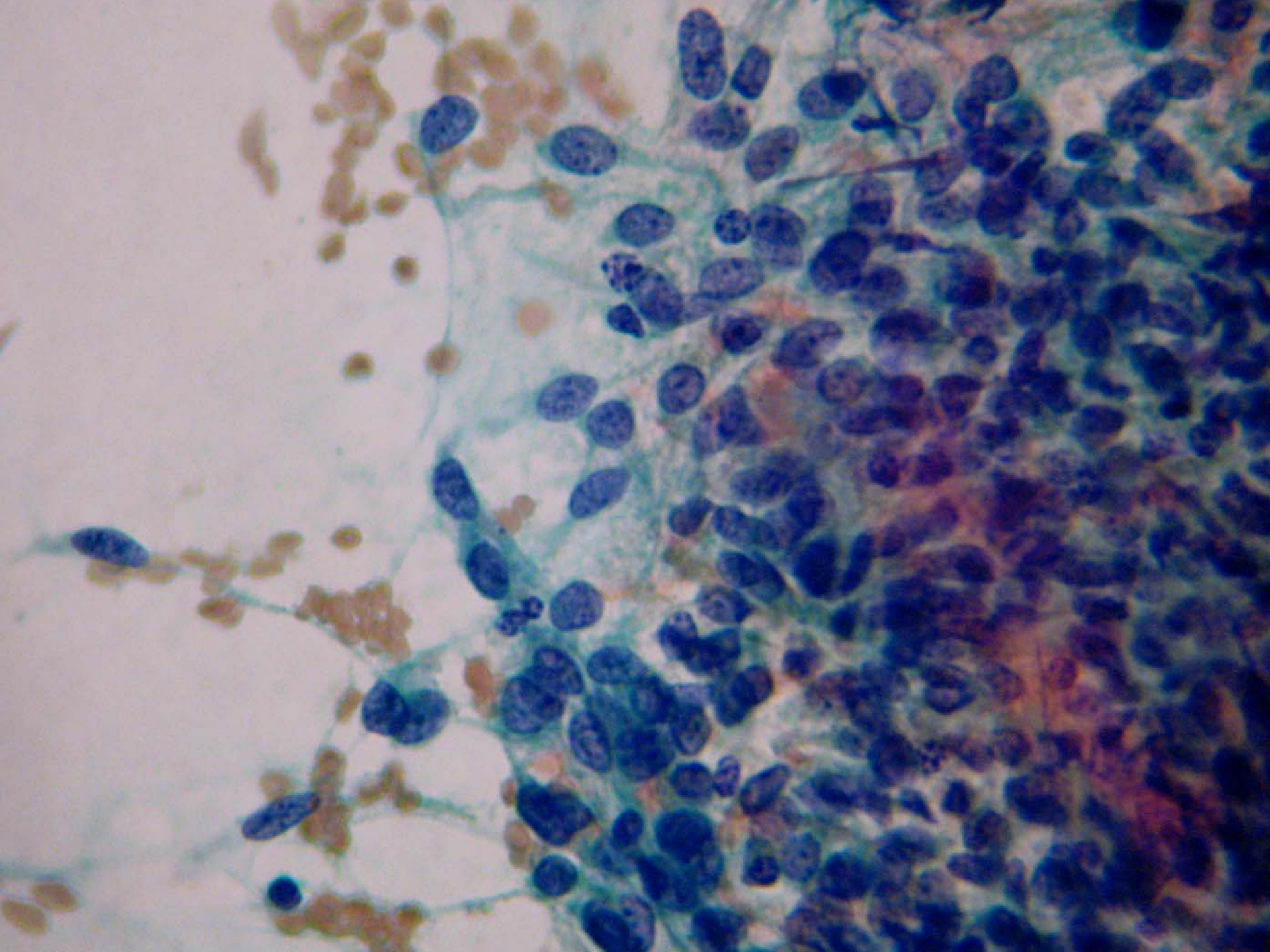


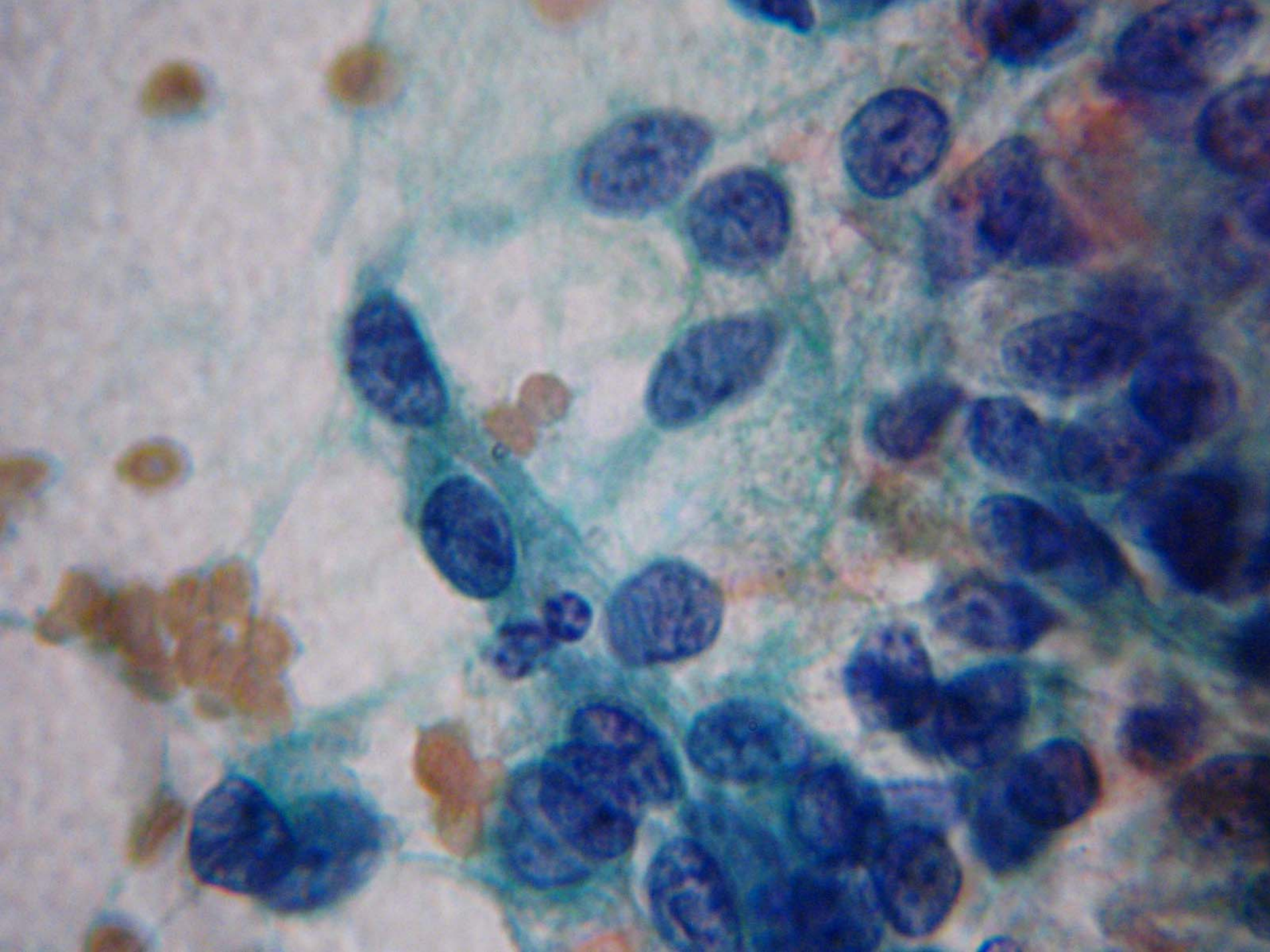












CASO 3

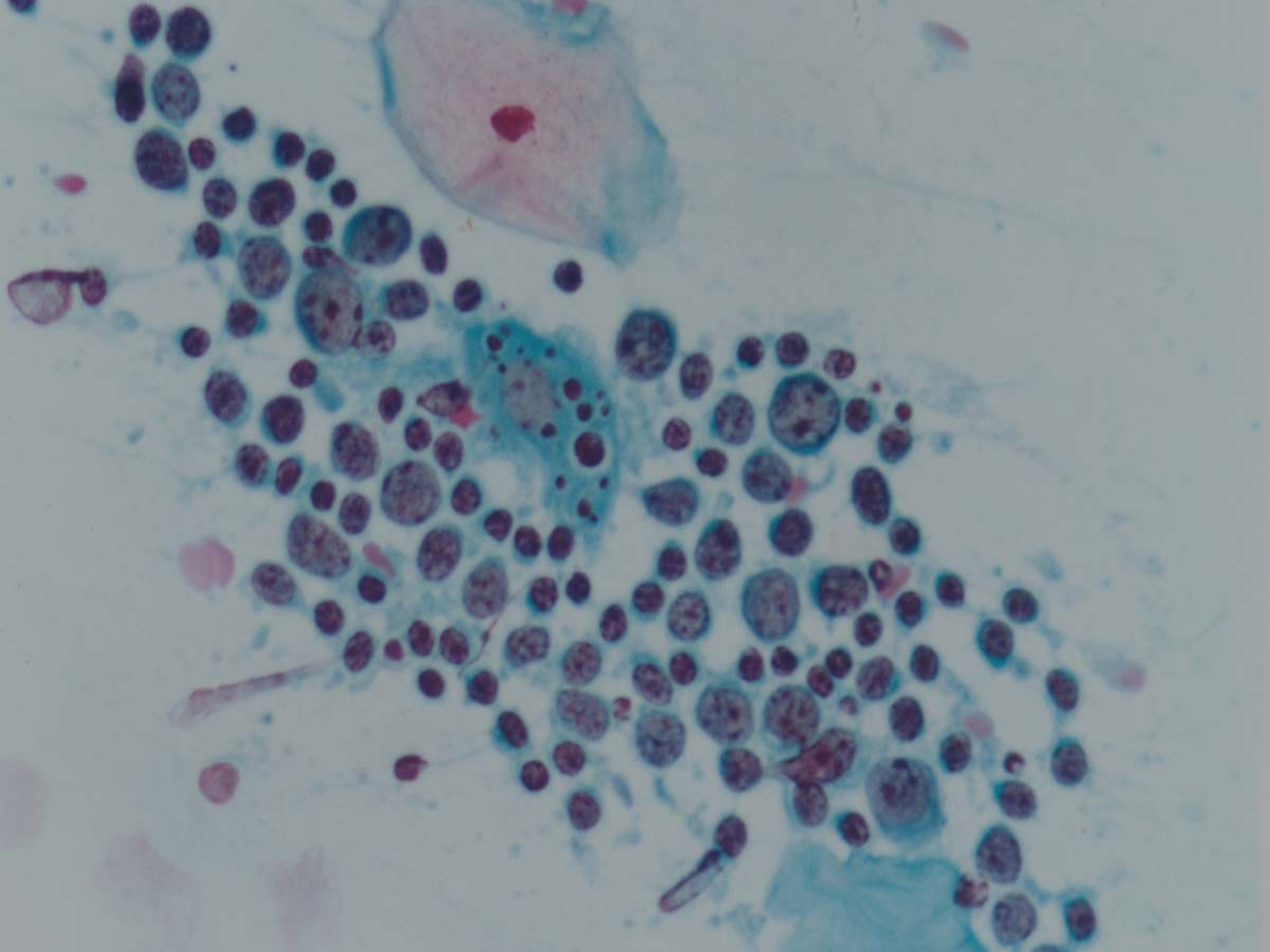


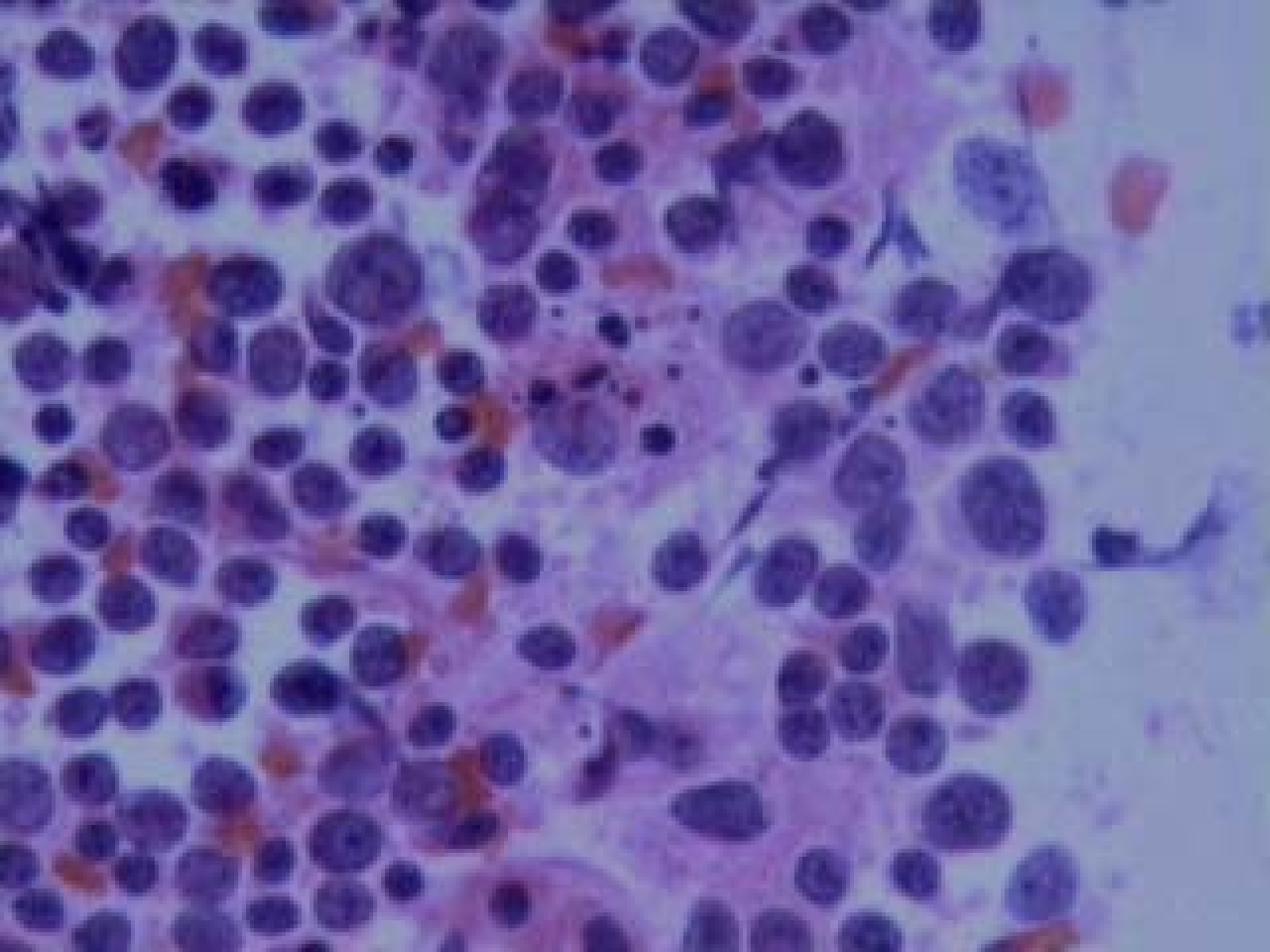
- **CONCLUSÃO – Inflamatório**
- **Obs: Cervicite linfocítica. Tratar e repetir**

Cervicite Linfocítica



- **Feixes de linfócitos polimórficos com ou sem macrófagos contendo corpos tingíveis**
- **Não é raro achar formas imaturas (imunoblastos). Apresentam tamanhos grandes, citoplasma reduzido e nucléolos aparentes**





Células estromais



- **Células do estroma são fusiformes com citoplasma escasso**
- **Núcleos de redondo a oval**
- **Obtidas através de uma raspagem do estroma endometrial**

