

定例会 症例発表

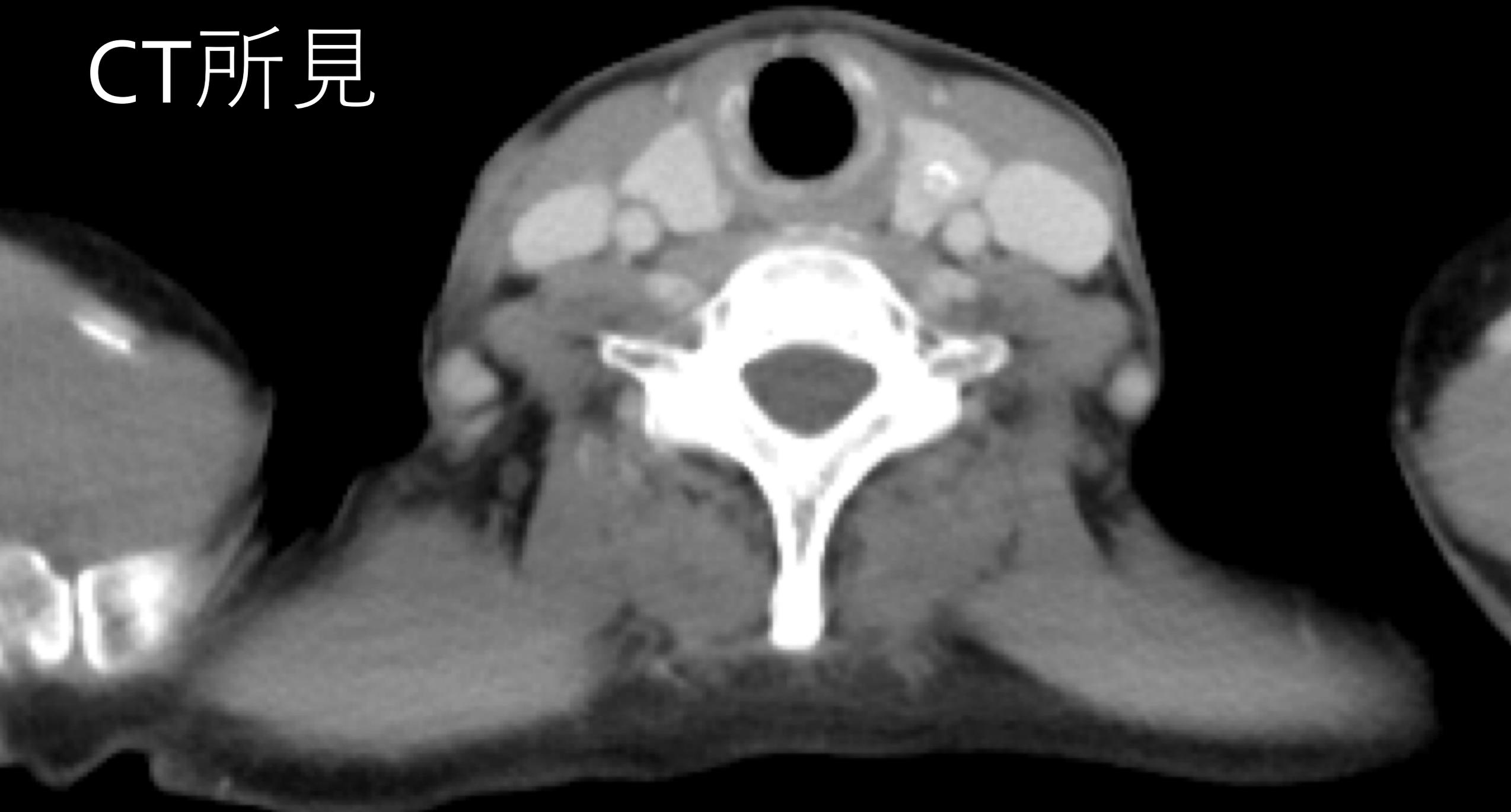
ハートライフ病院 臨床検査科/病理

症例：68歳女性 甲状腺

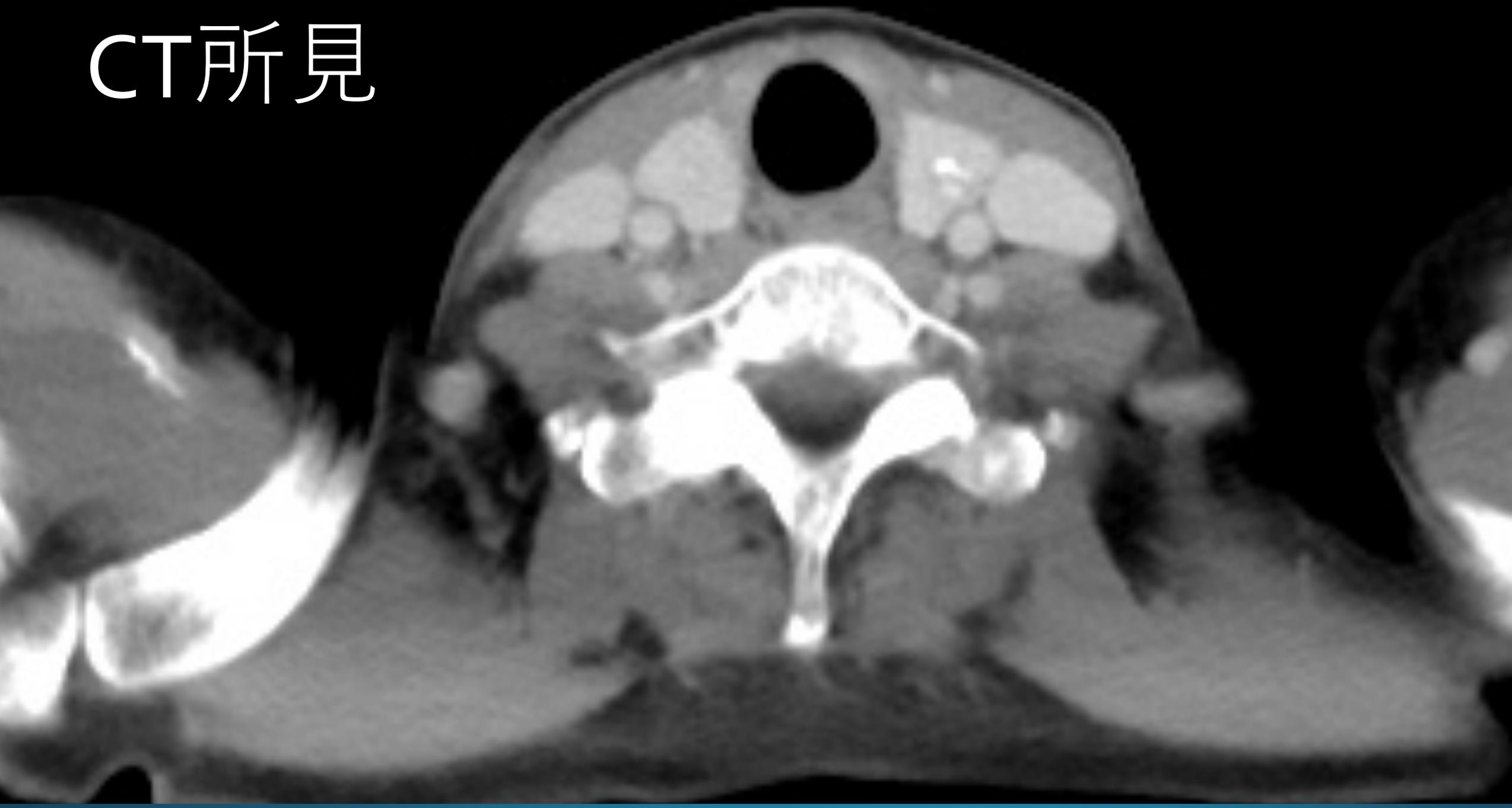
病歴：CT検査にて甲状腺両葉に低吸収結節を認め、USでも両側に腫瘍を指摘されたため、FNAによる精査。

標本：FNA（2回分）-pap

CT所見

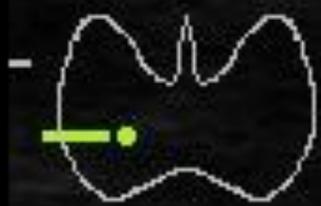


CT所見



43/116
32Hz 1

100/116
32Hz 2

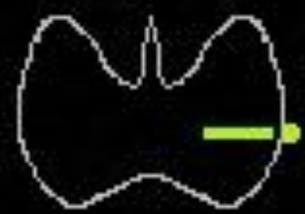
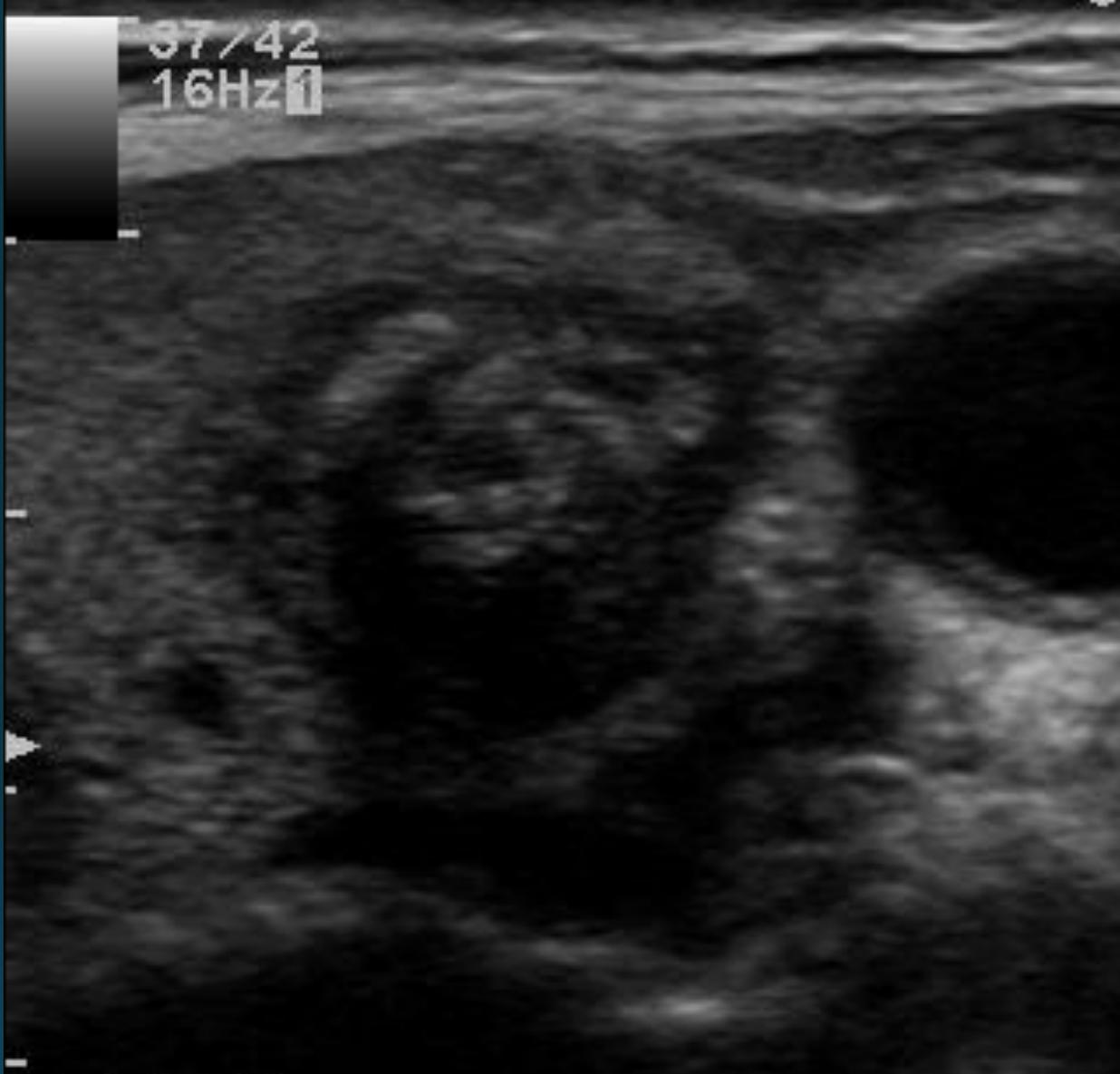


US 所見



37/42
16Hz 1

56/56
16Hz 2

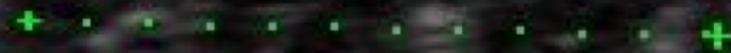
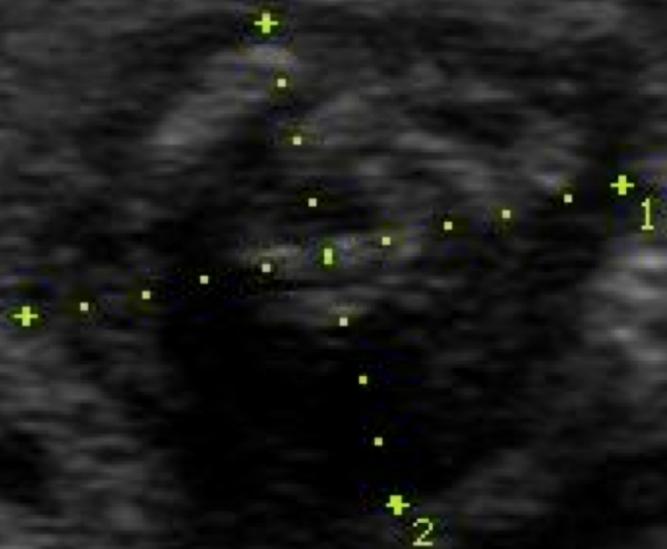


US 所見



37/42
16Hz

56/56
16Hz



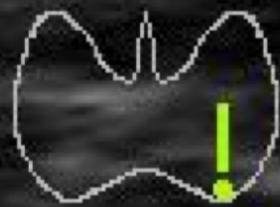
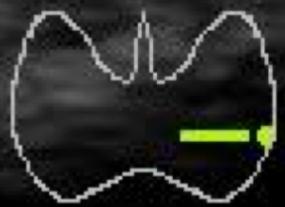
US 所見



56/56
16Hz 1

56/56
16Hz 2

US 所見



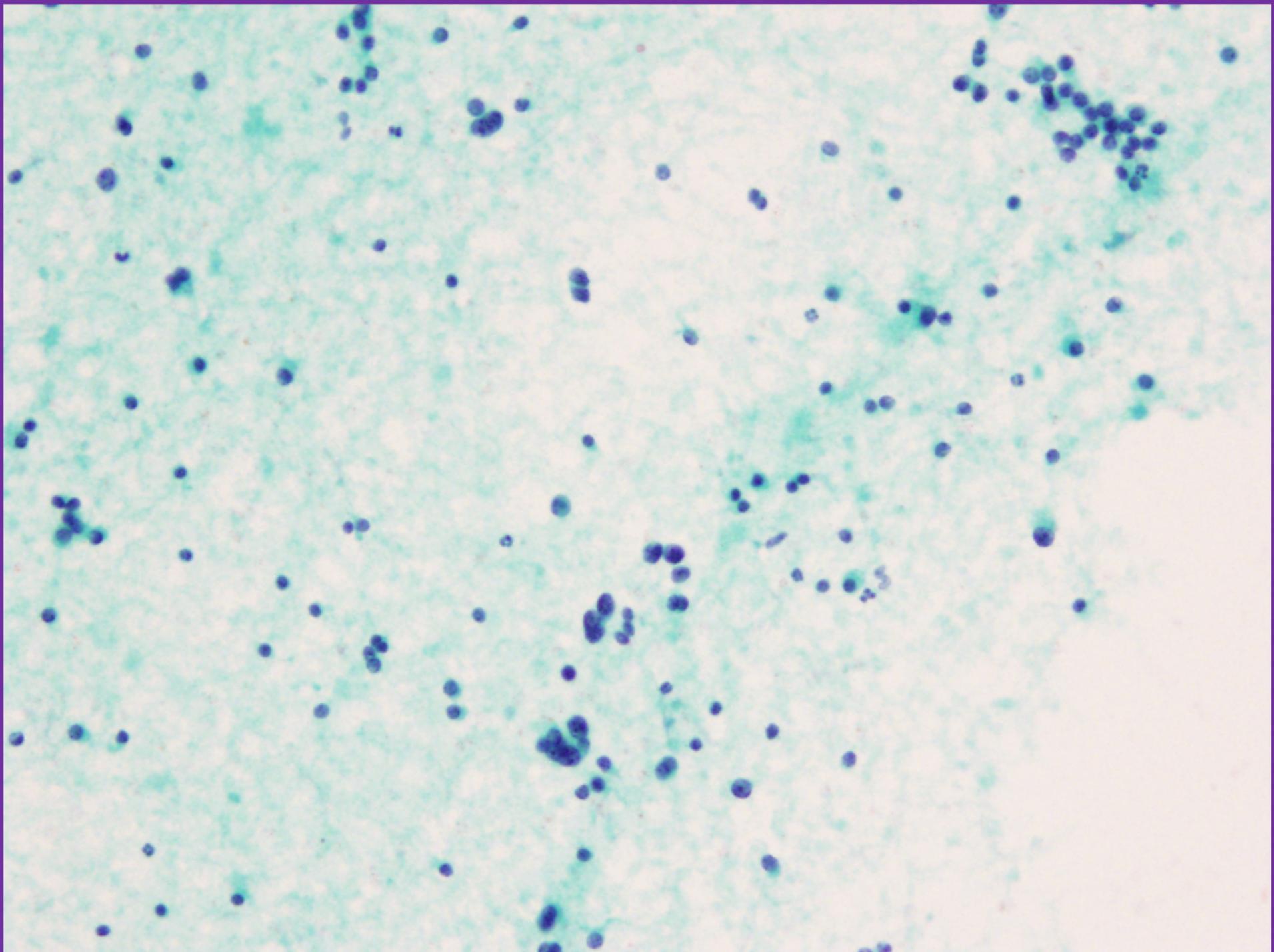
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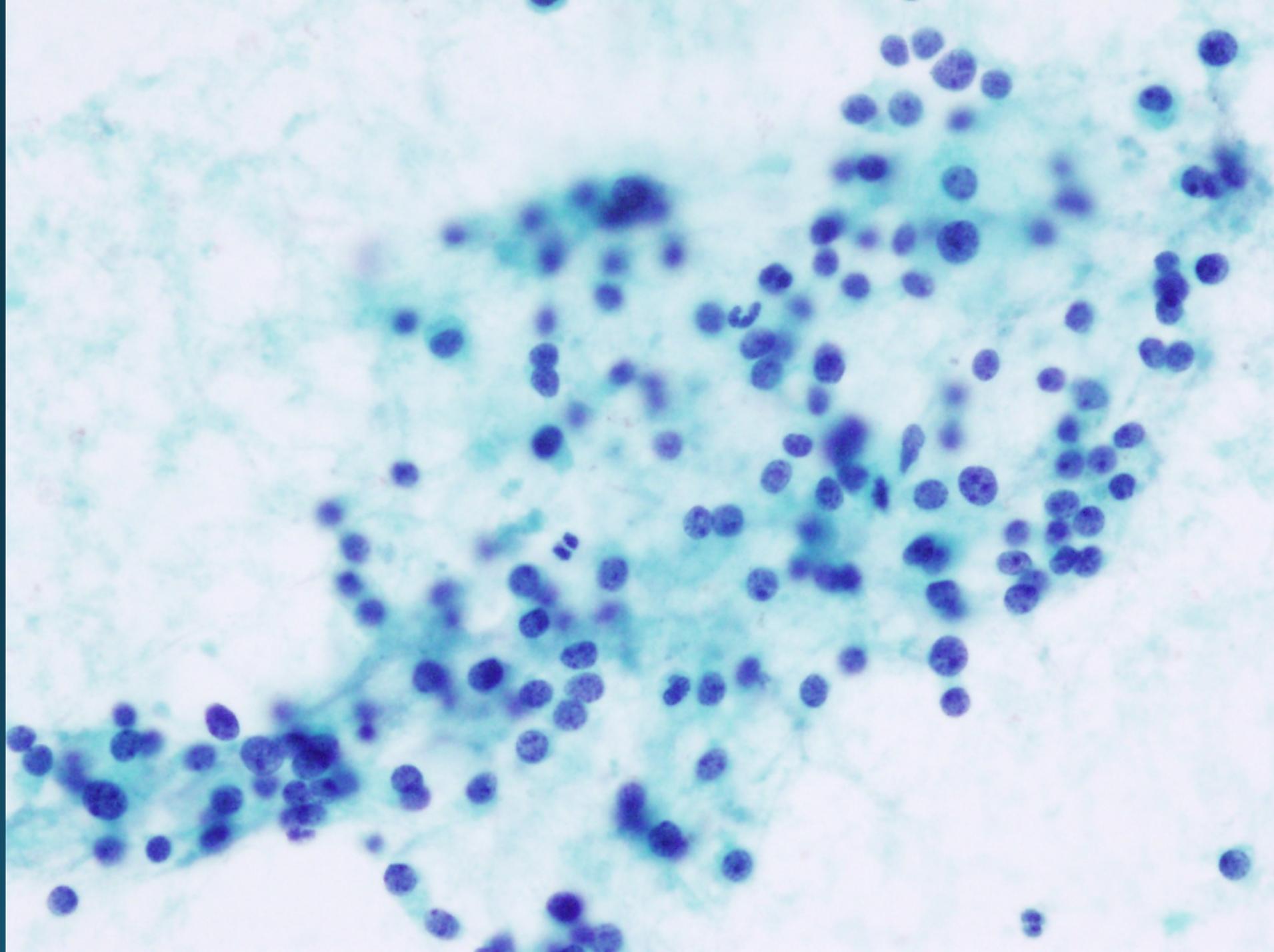
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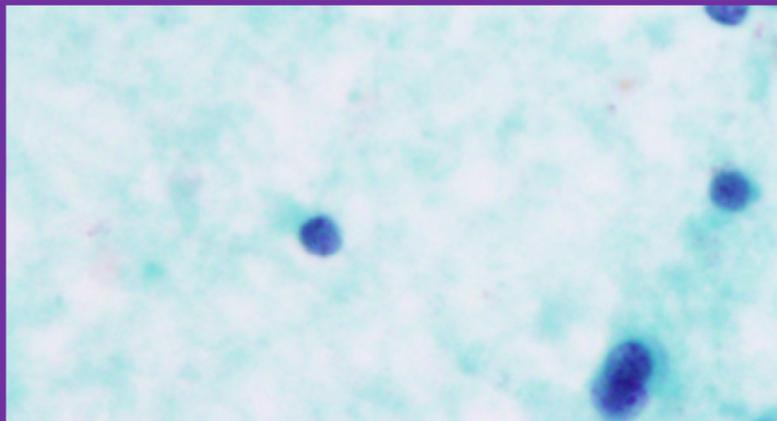
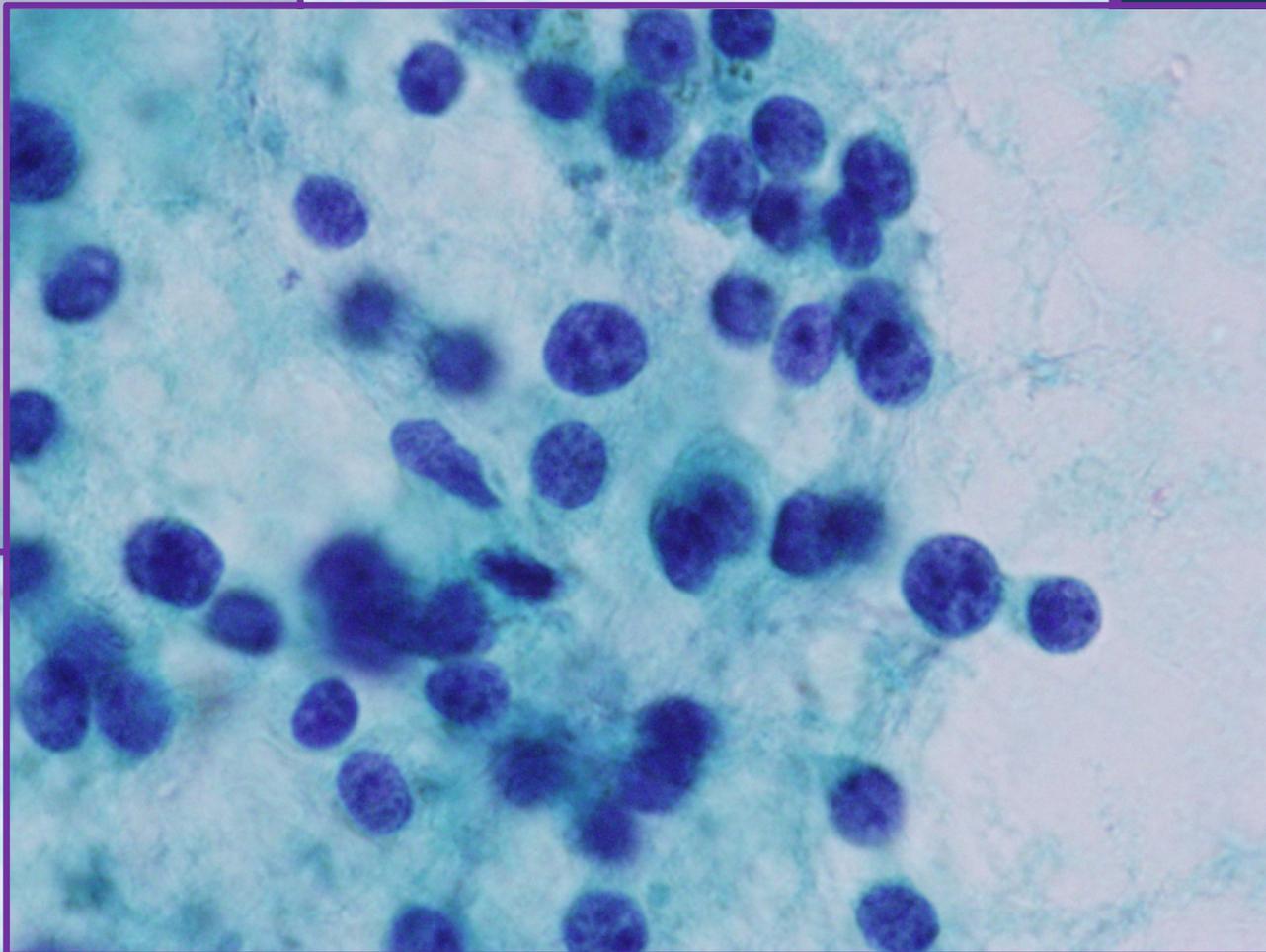
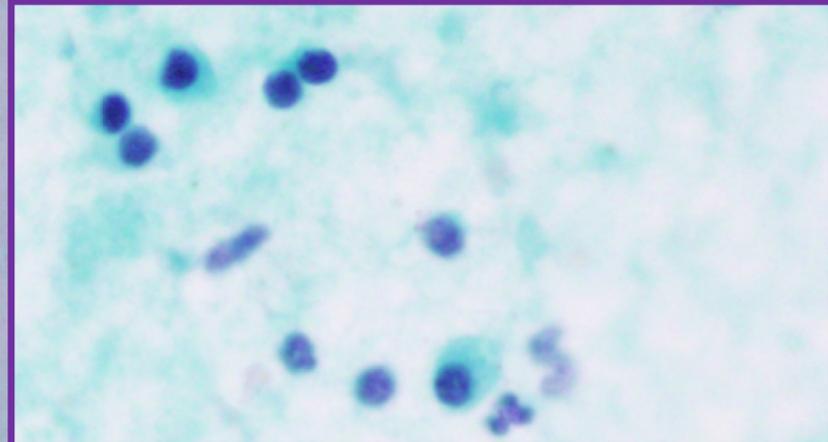
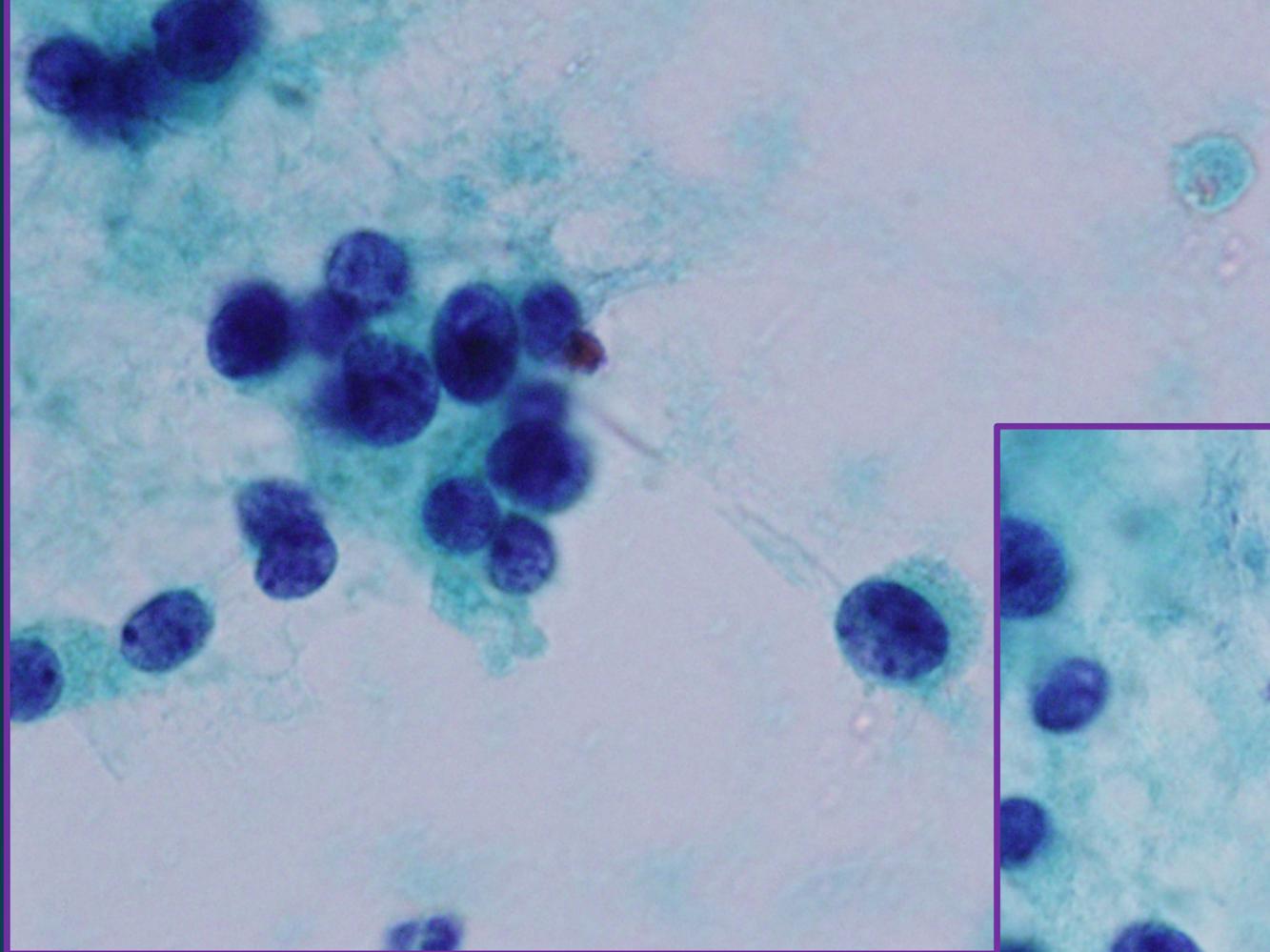
標本：FNA（2回分）-pap

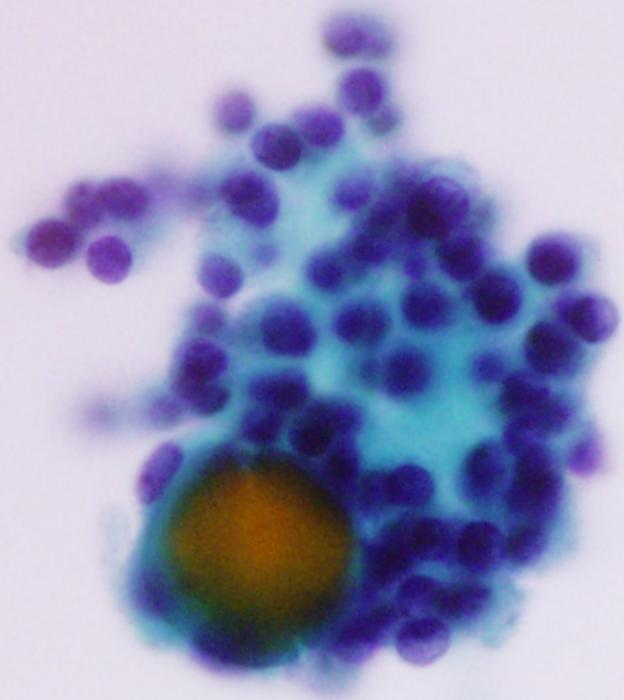
FNA 1 回目

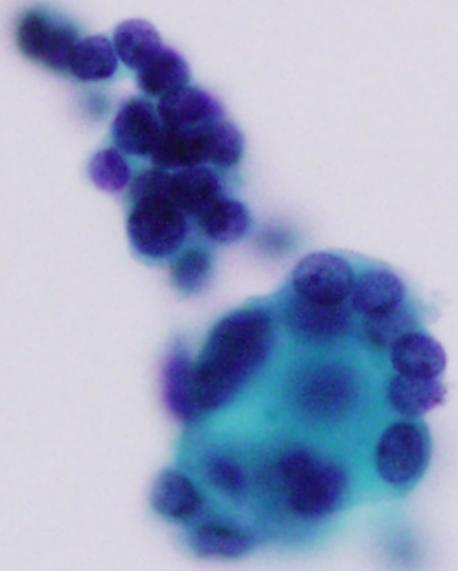
↳ 細胞像

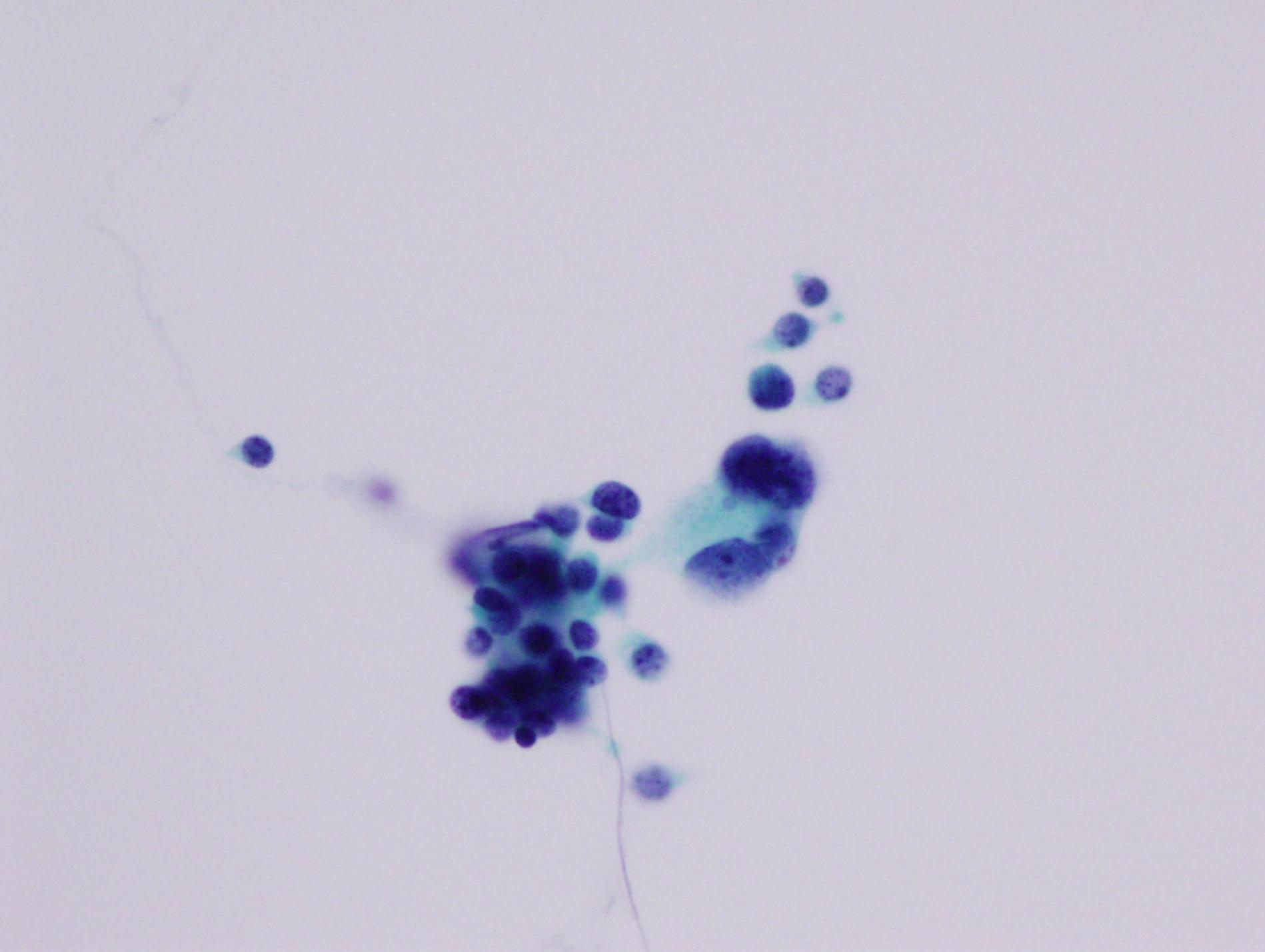


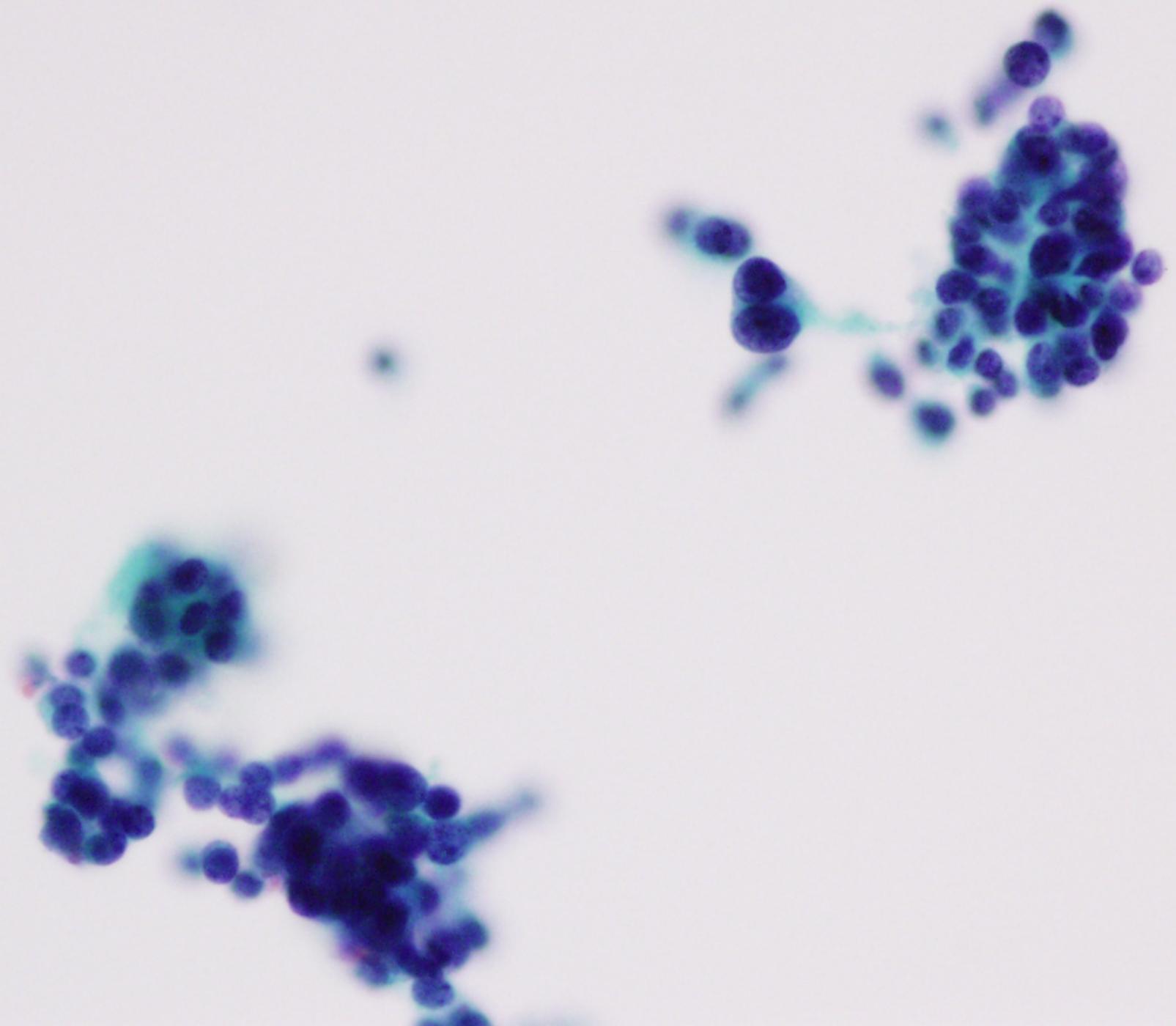


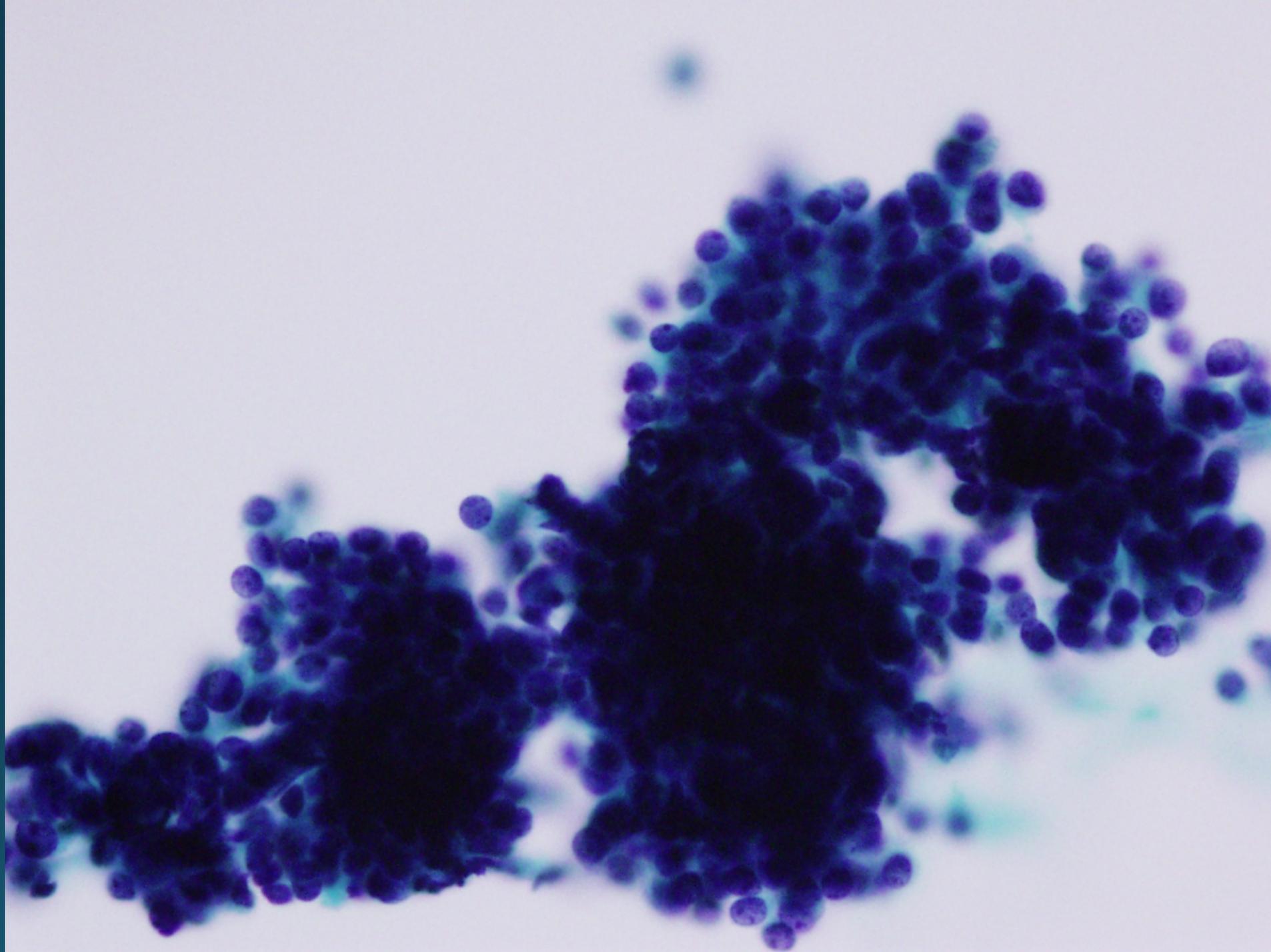


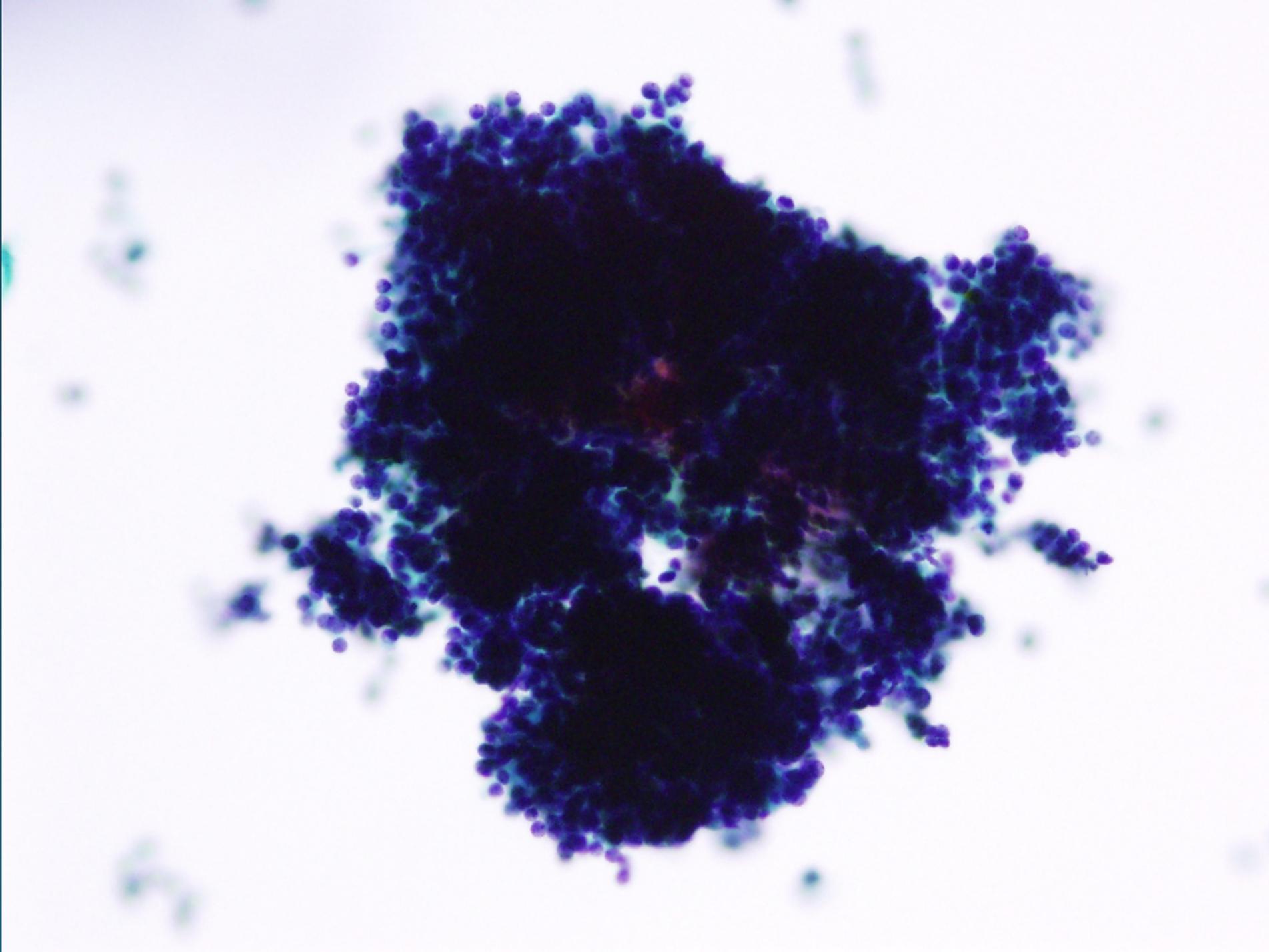












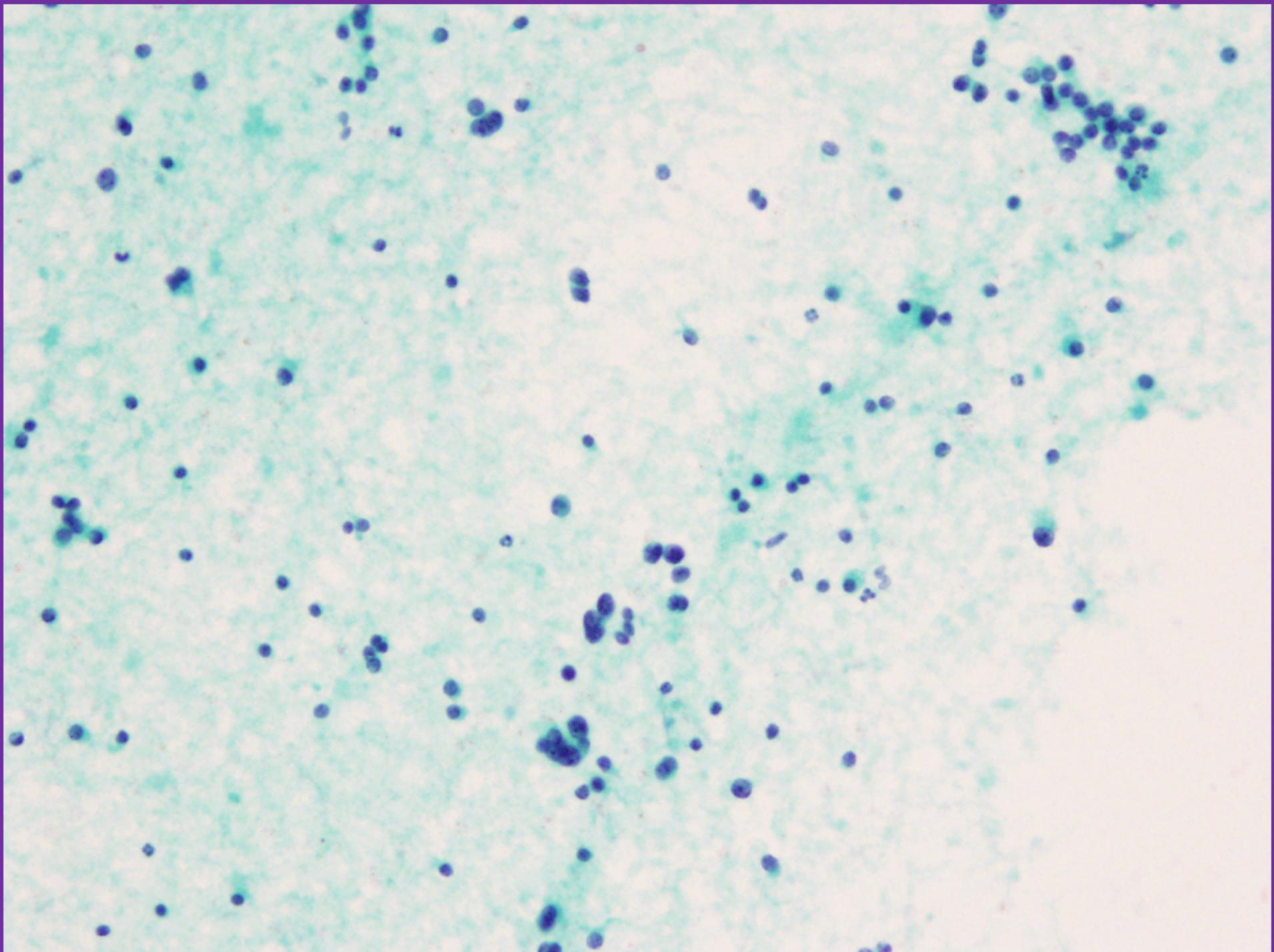
ここで少し質問です。

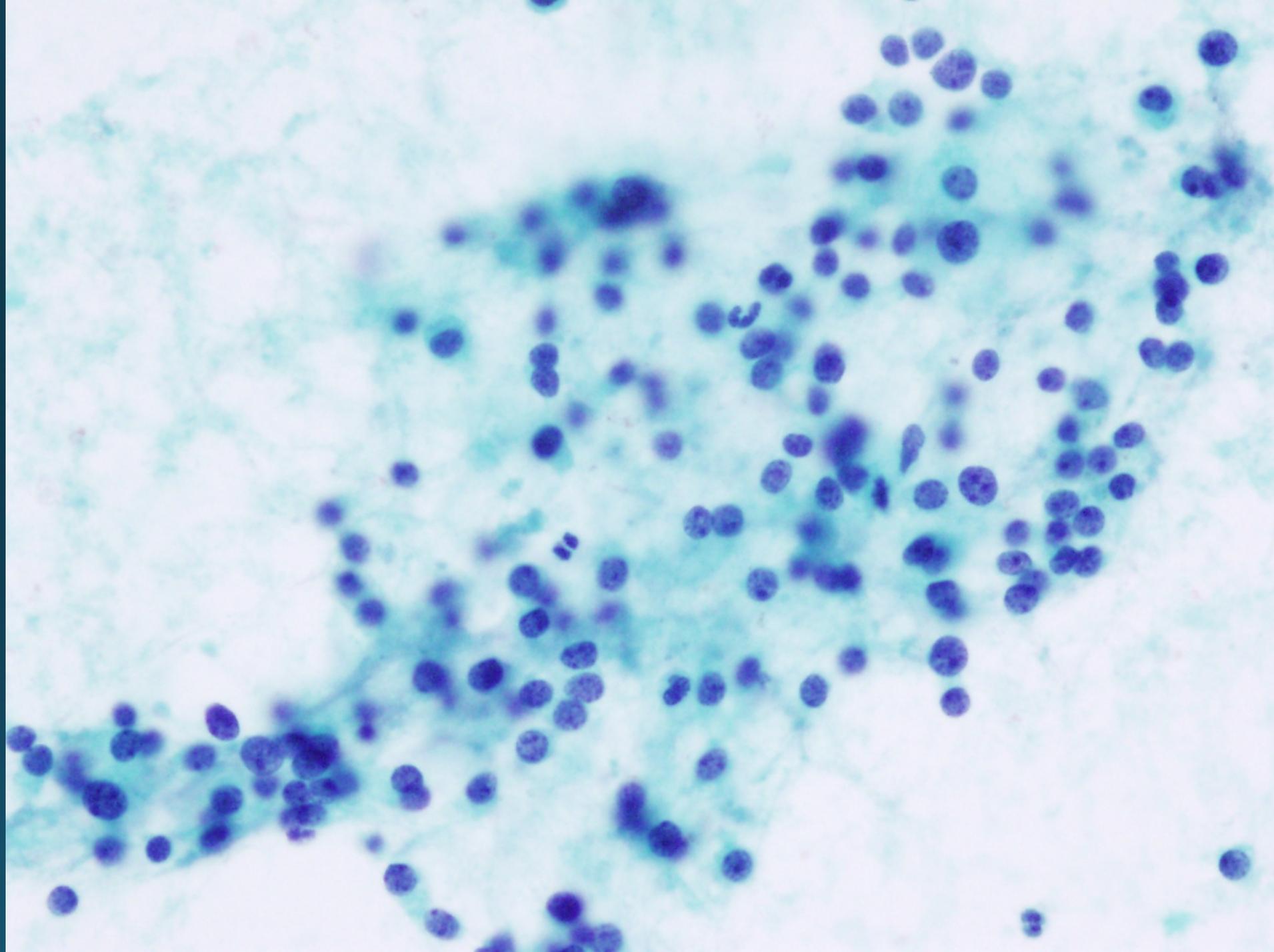
A

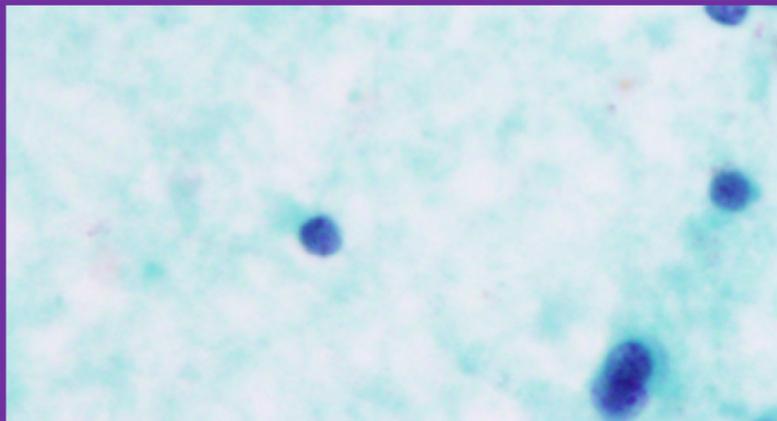
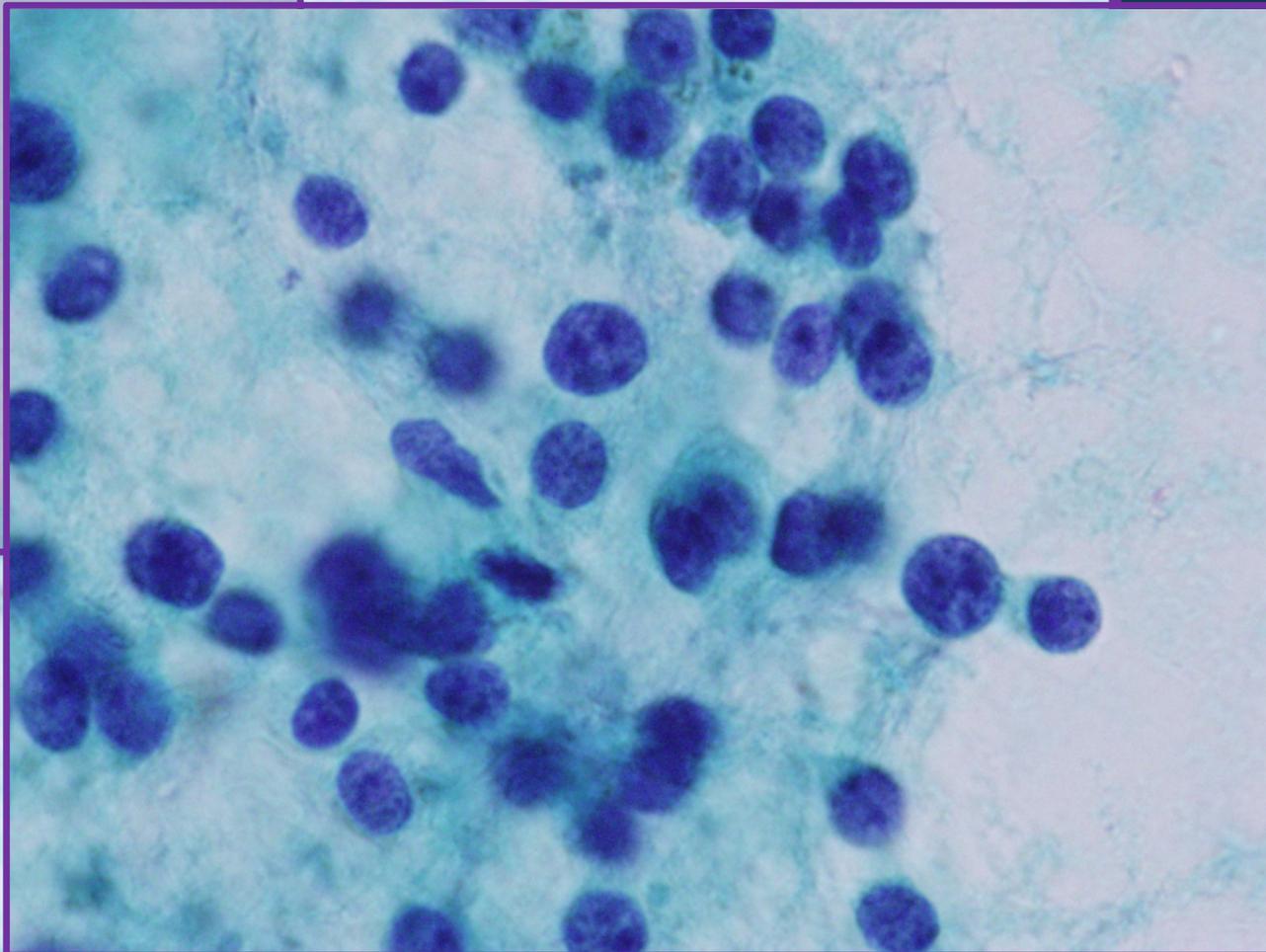
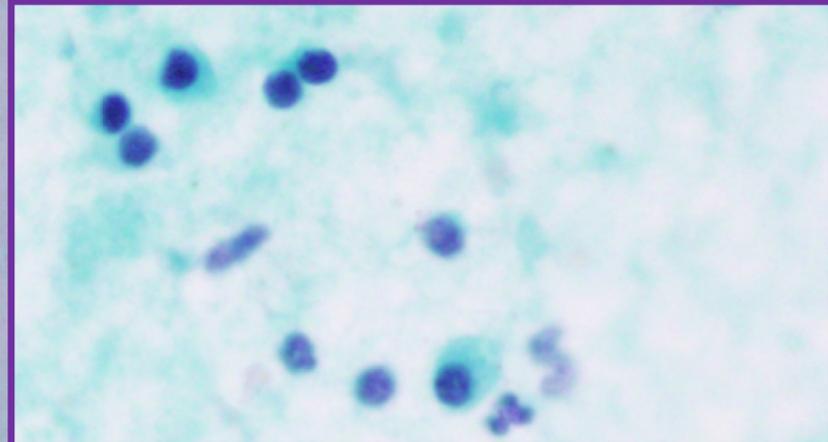
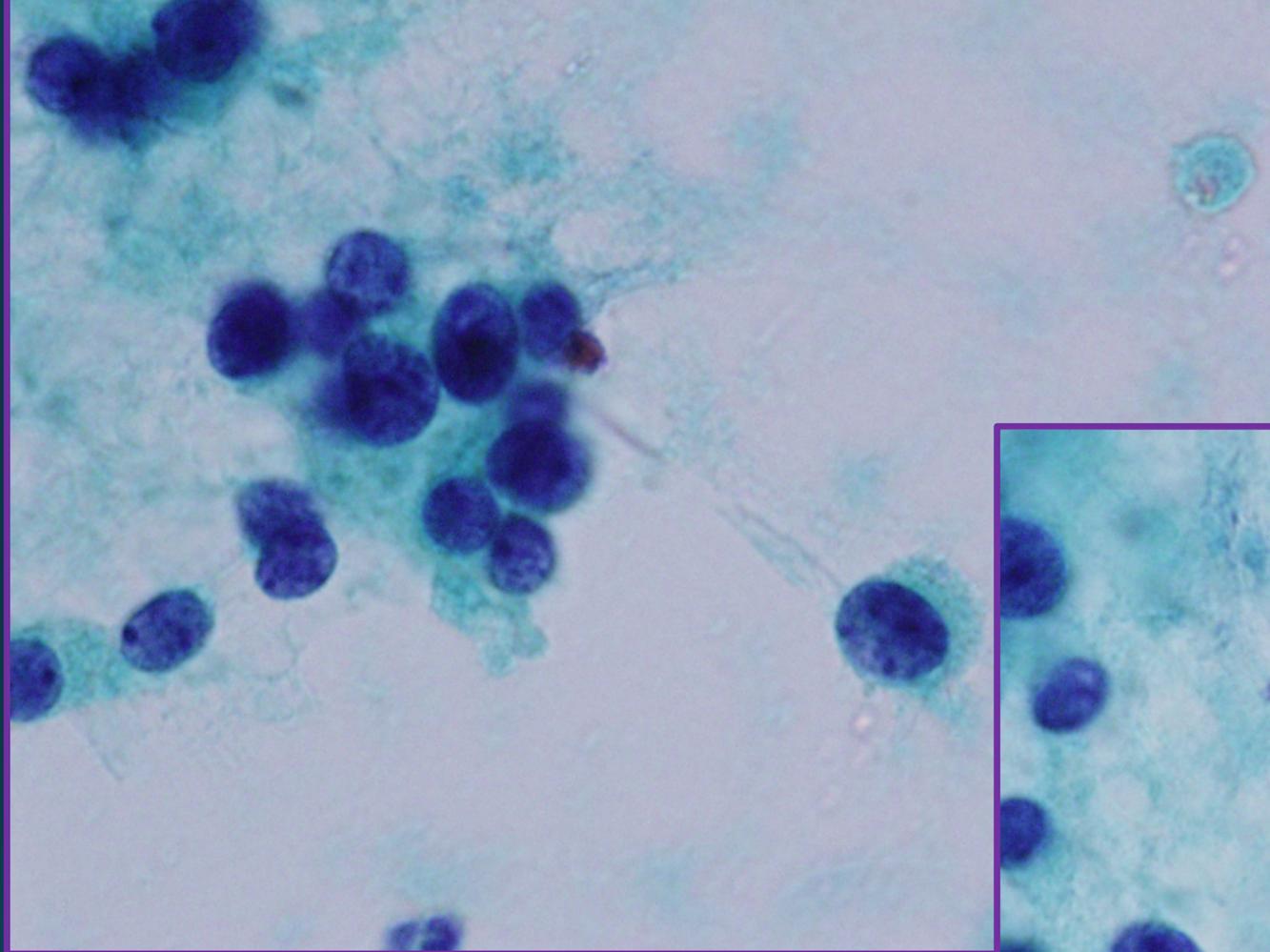
良性

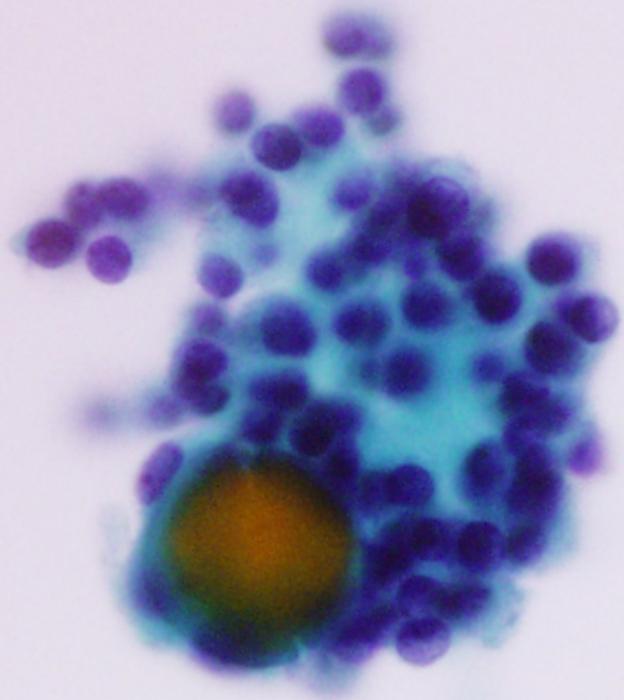
B

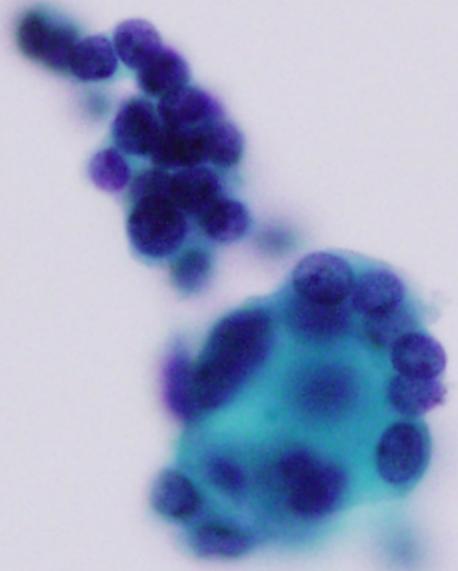
悪性

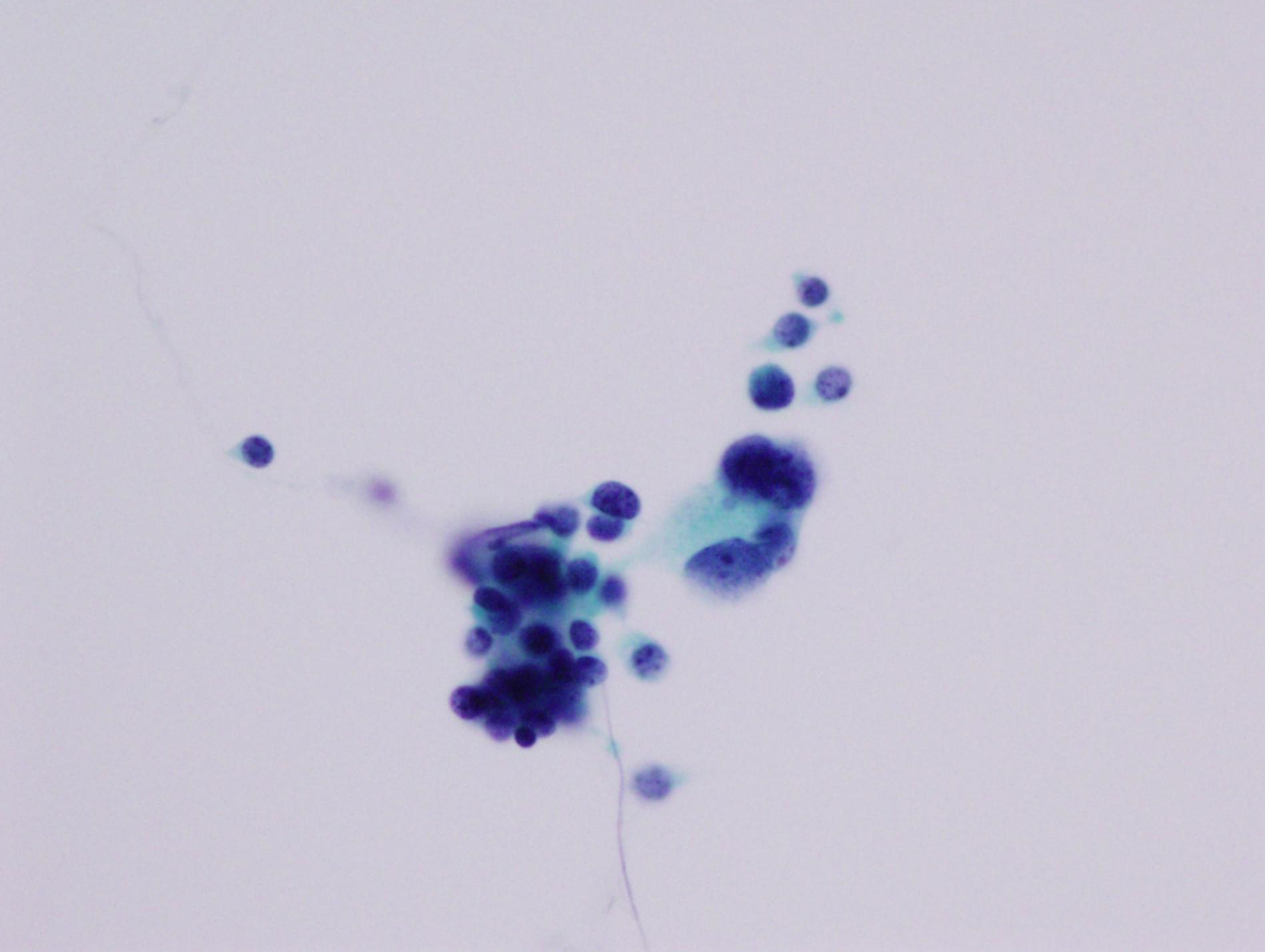


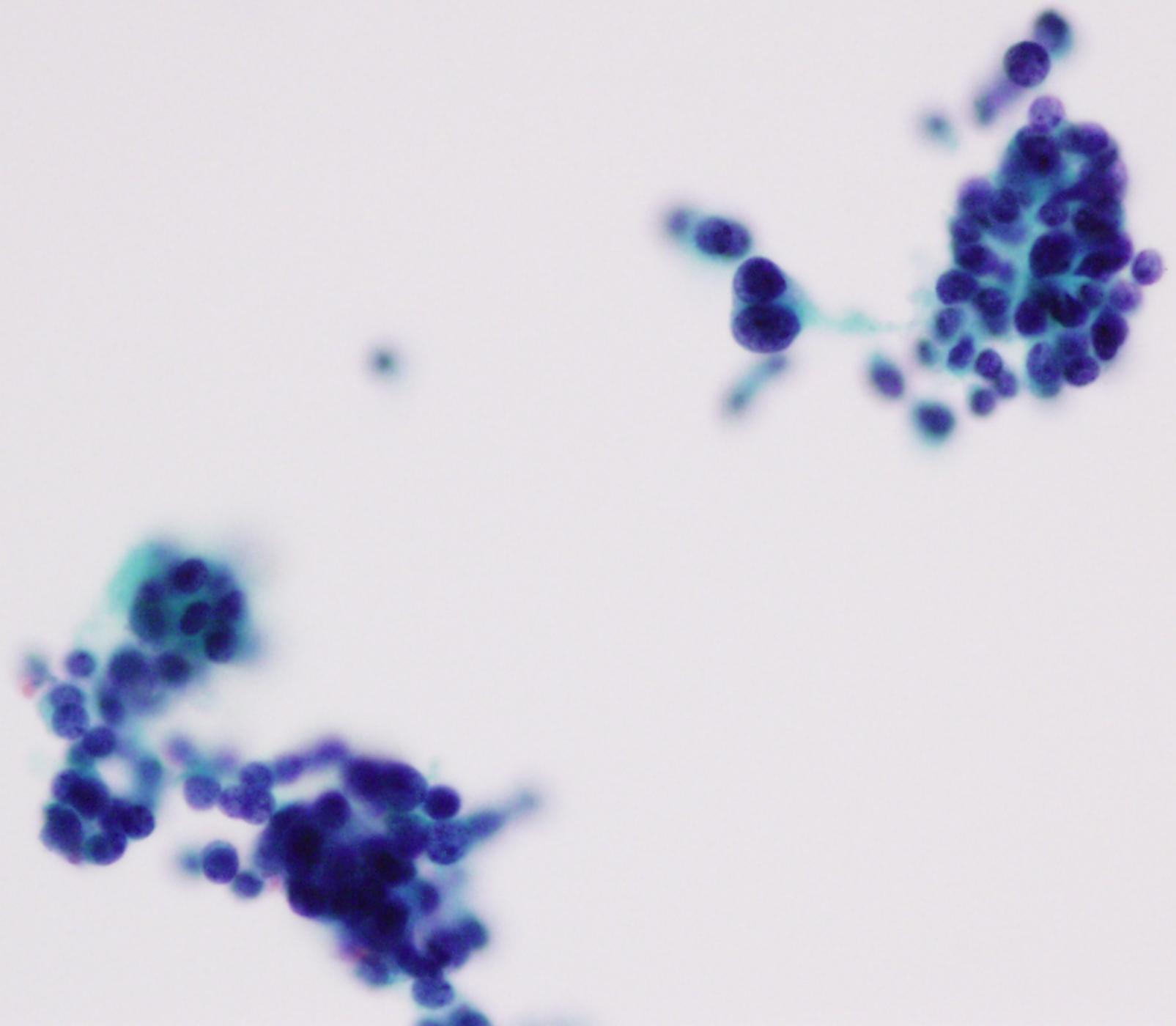


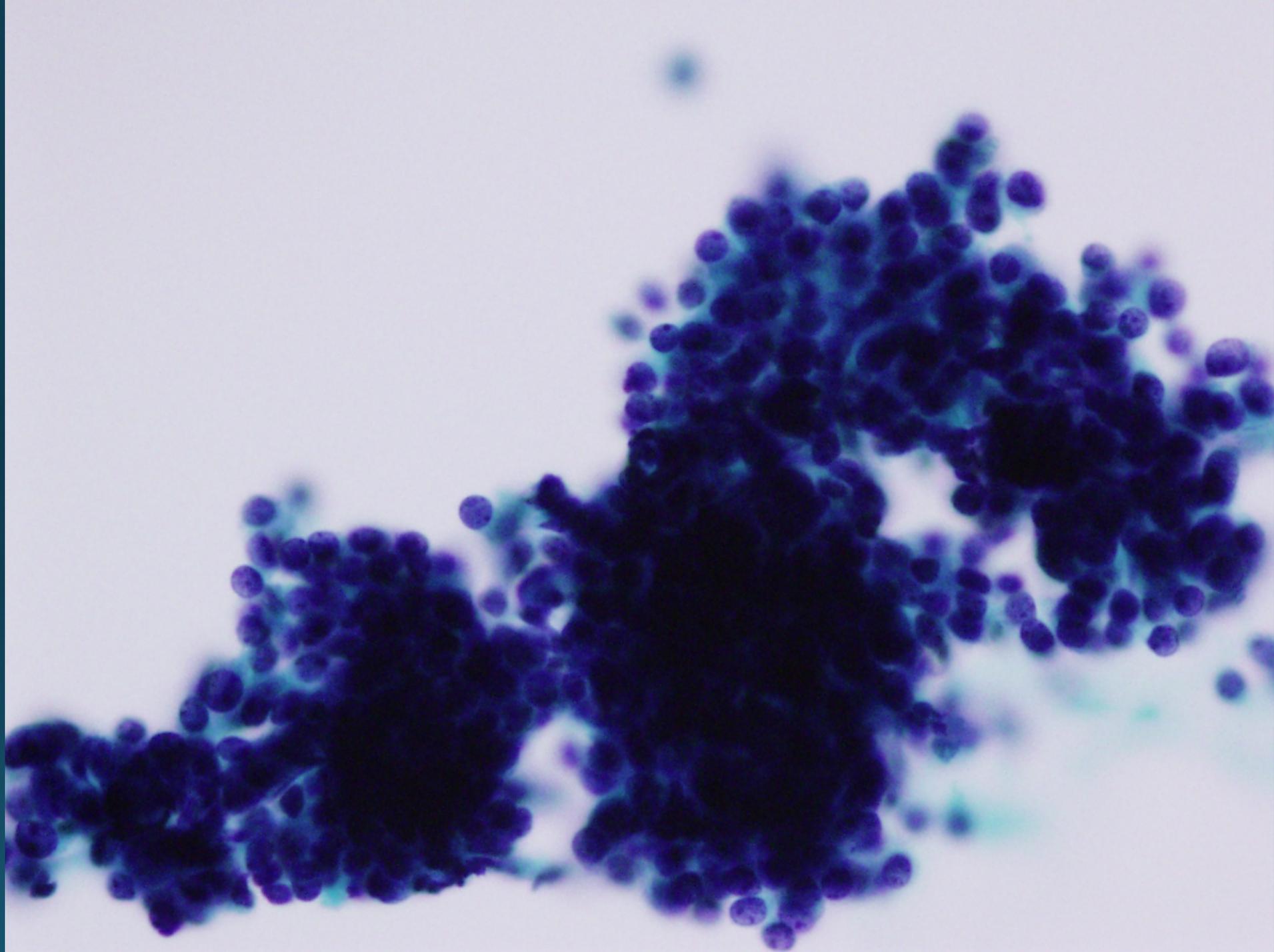


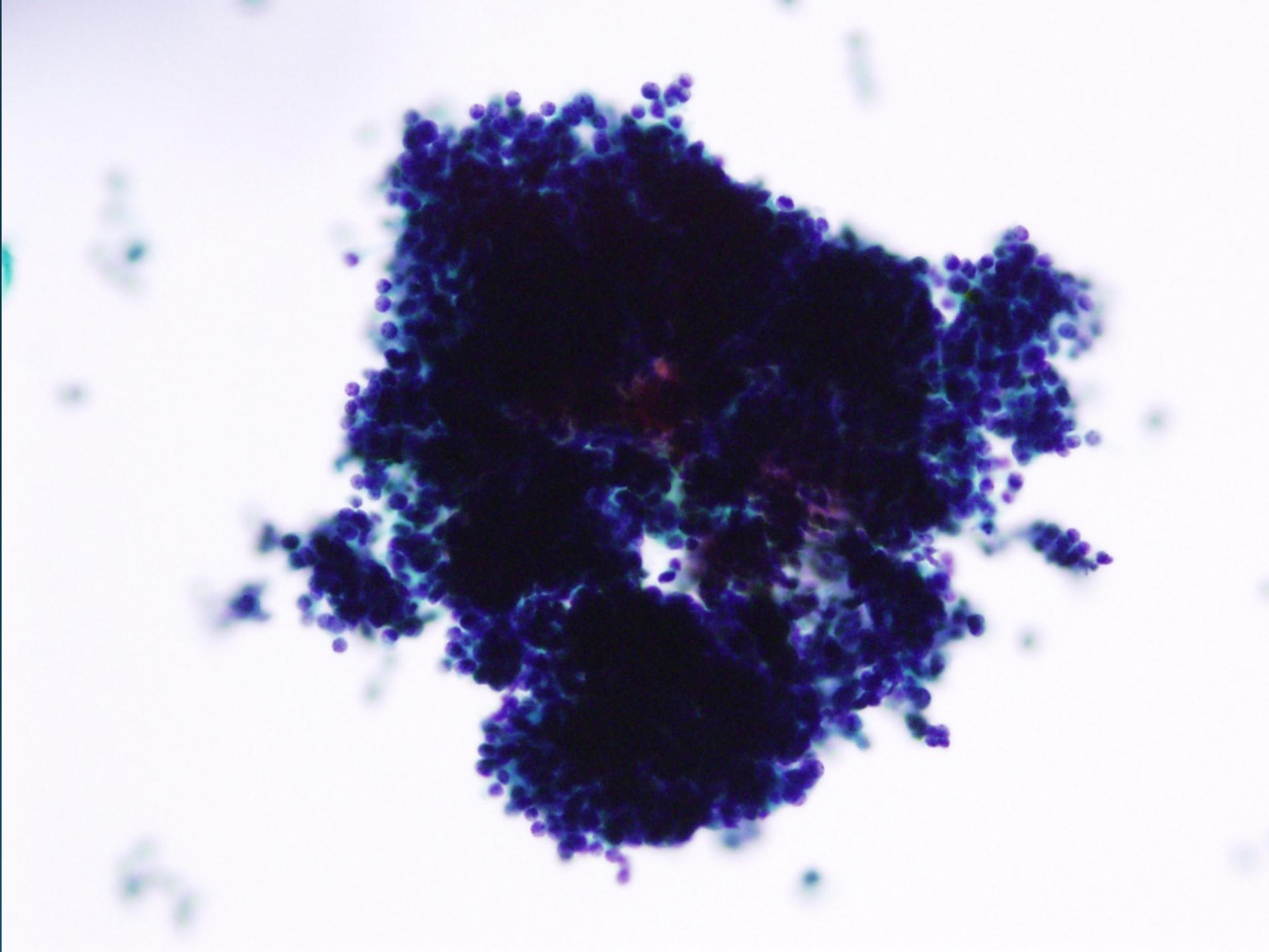












ここで少し質問です。

A

良性

B

悪性

もう1つ質問です。

A

乳頭癌

B

濾胞性腫瘍

C

その他

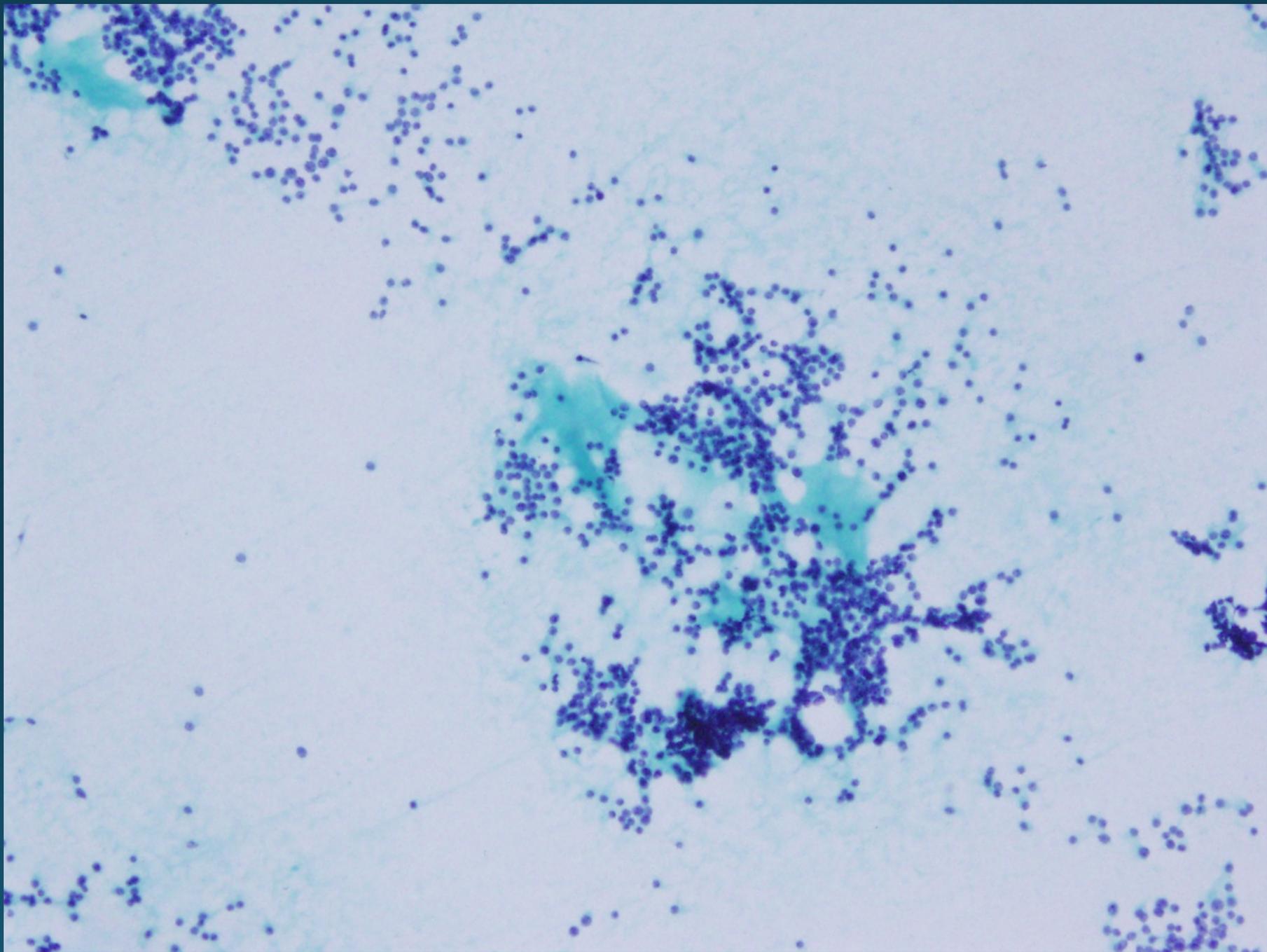
F N A 1 回 目

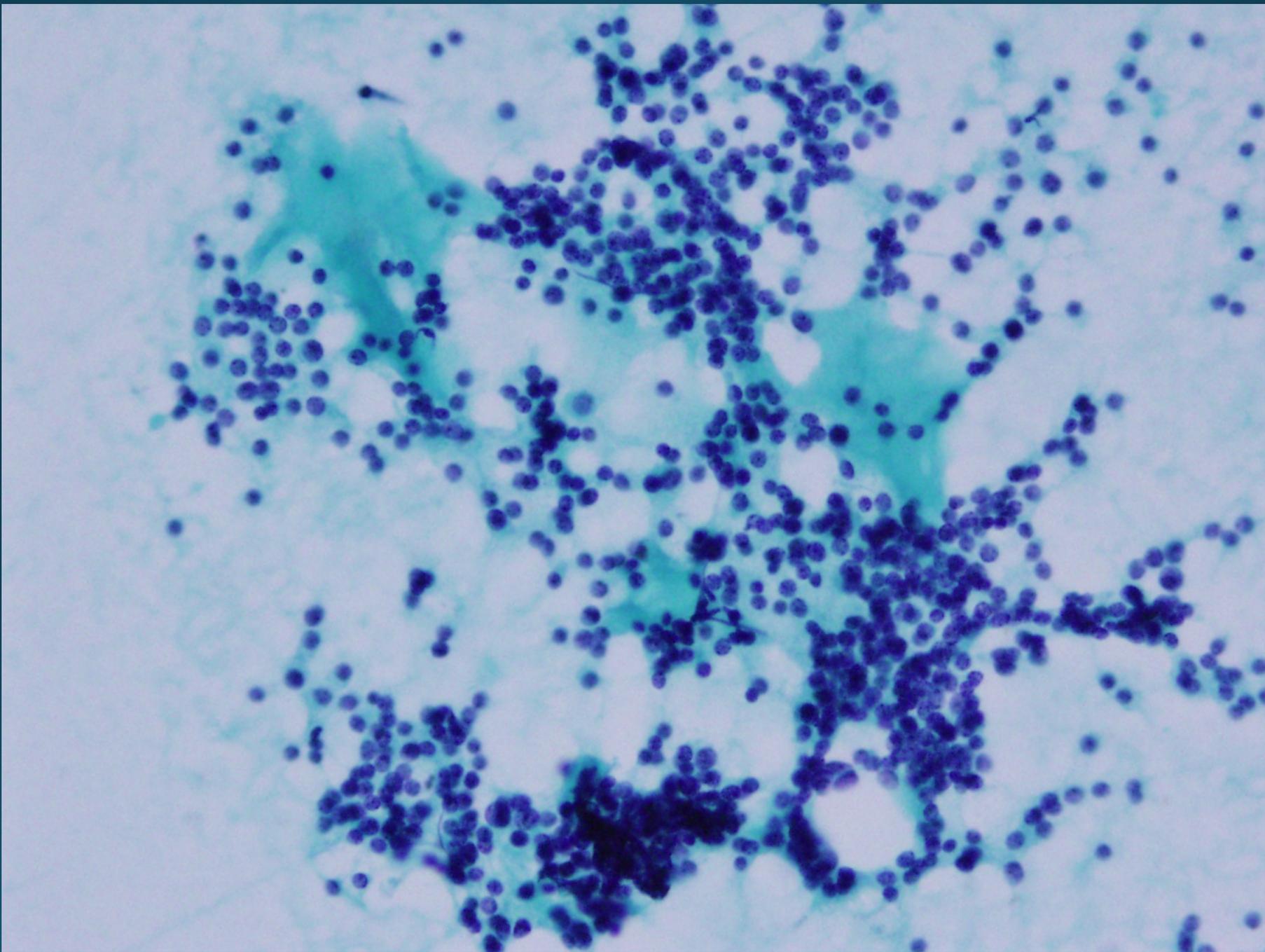
↳ 細胞像

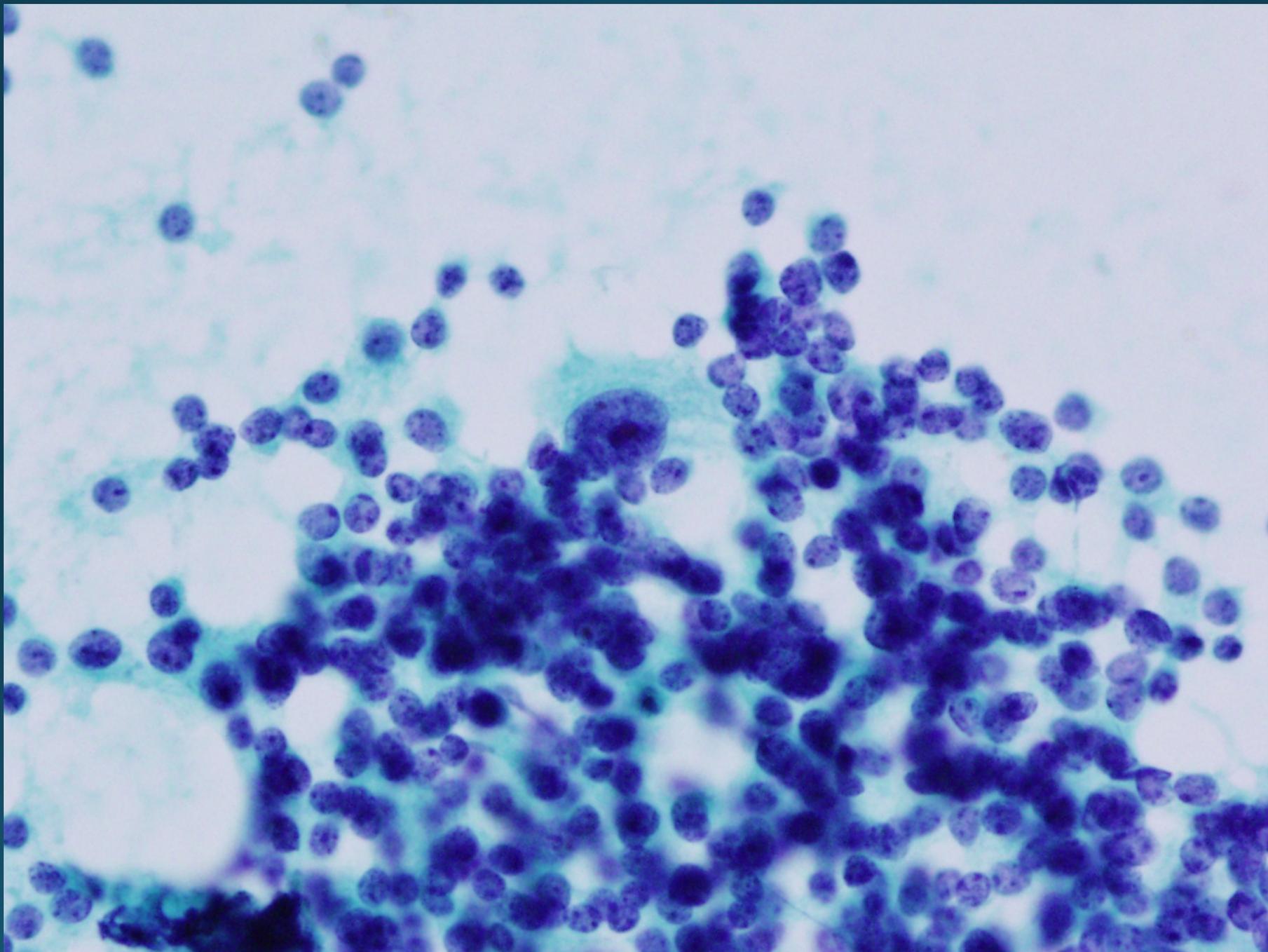
⇒ inderterminente

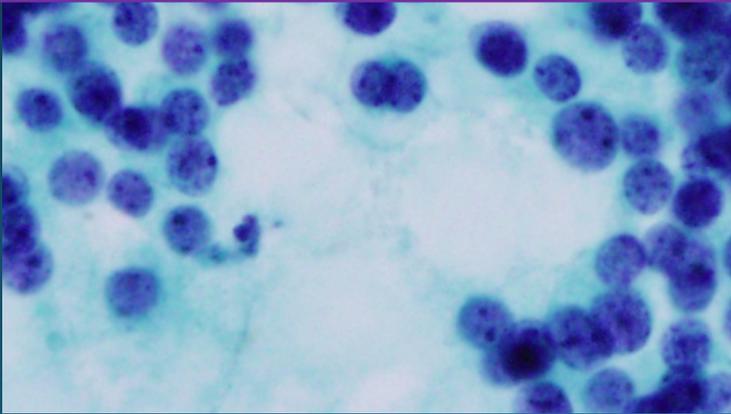
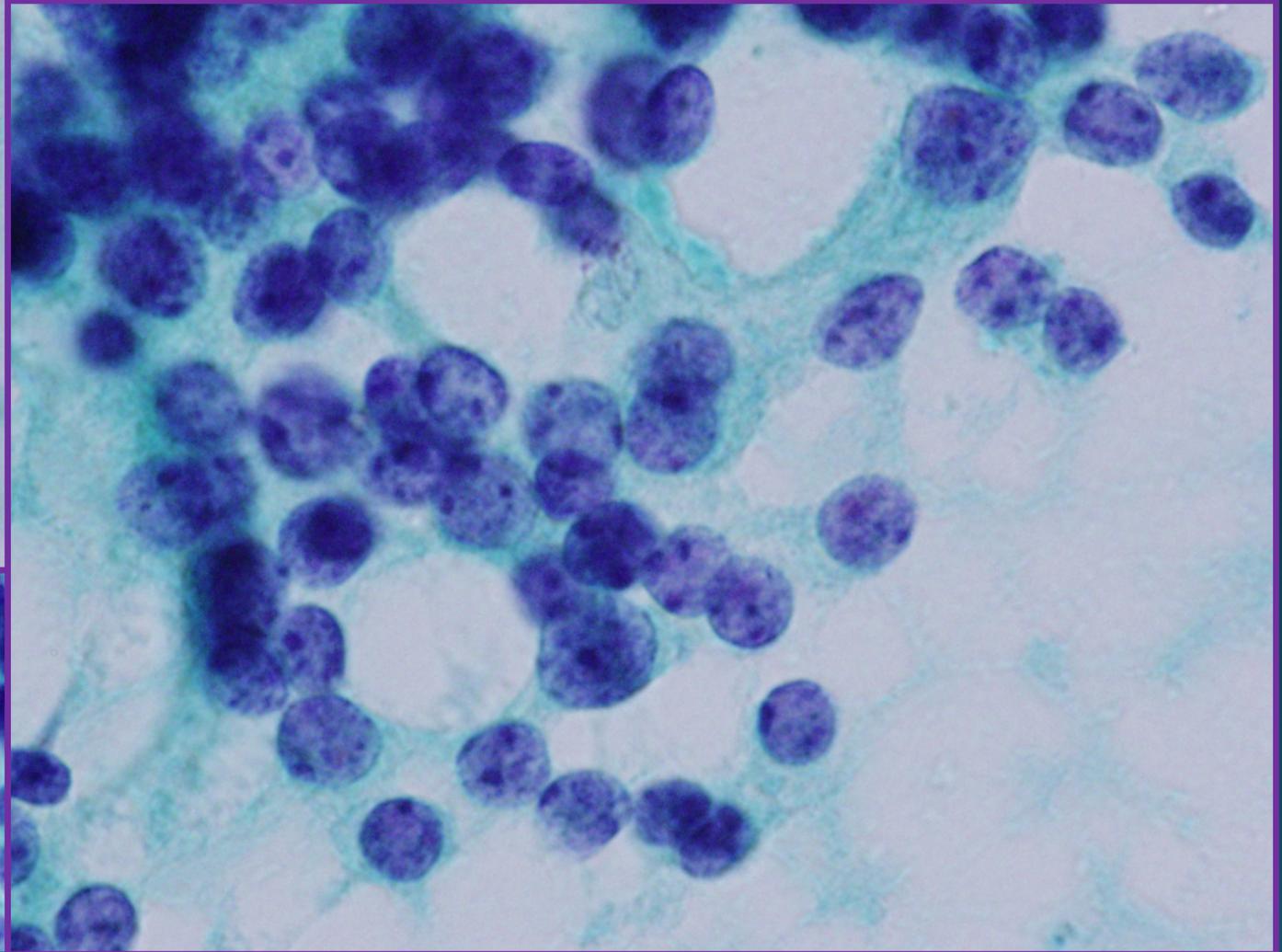
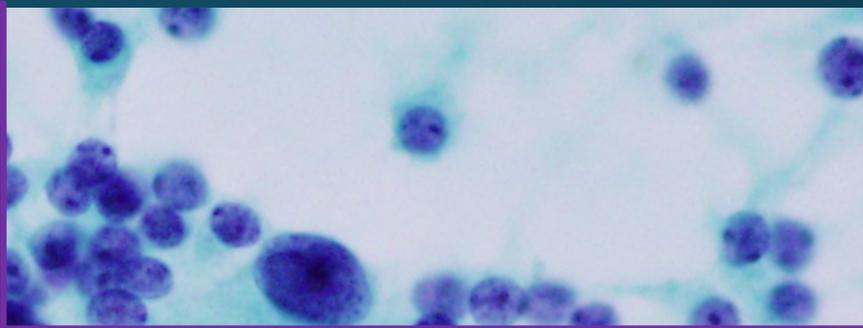
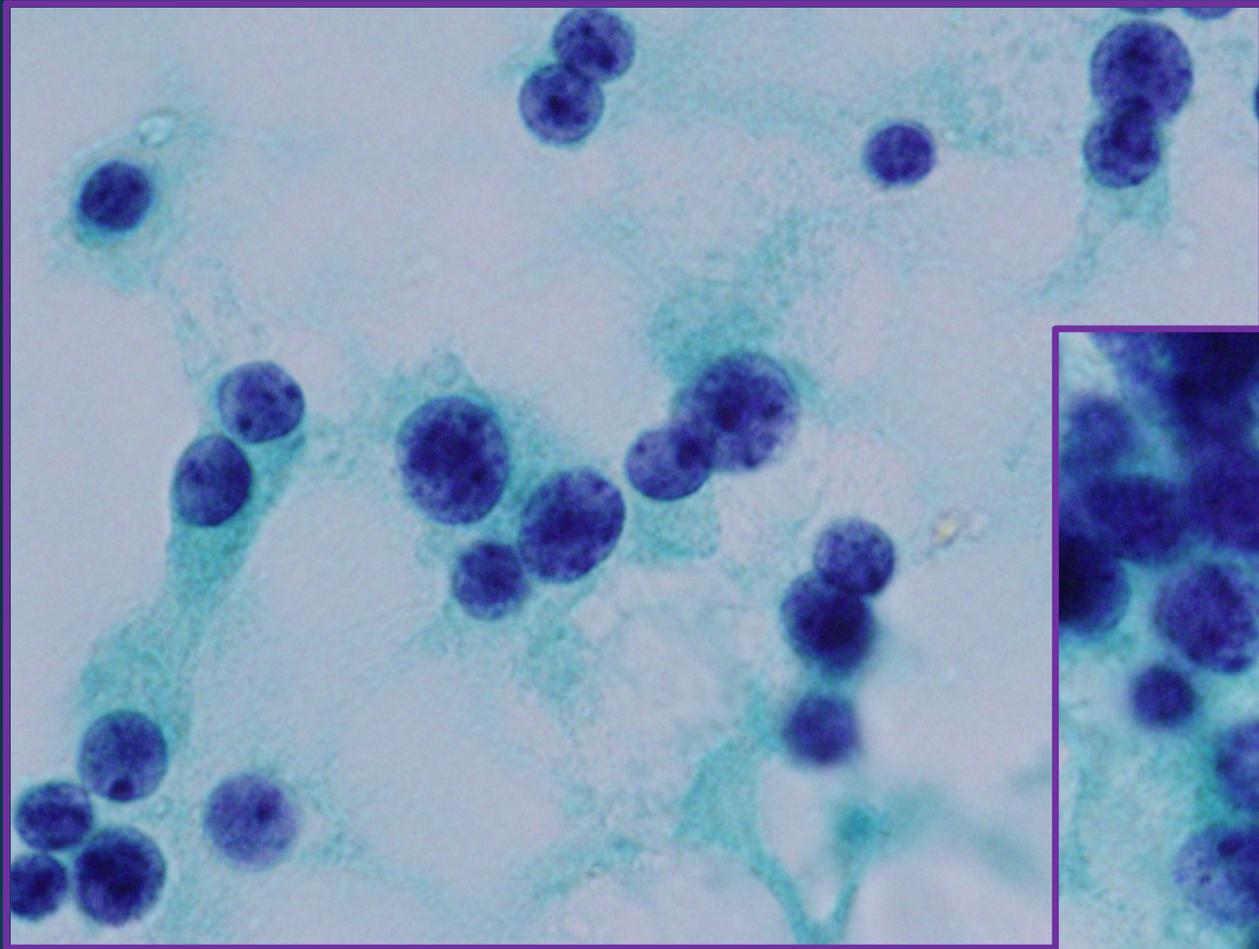
F N A 2回目

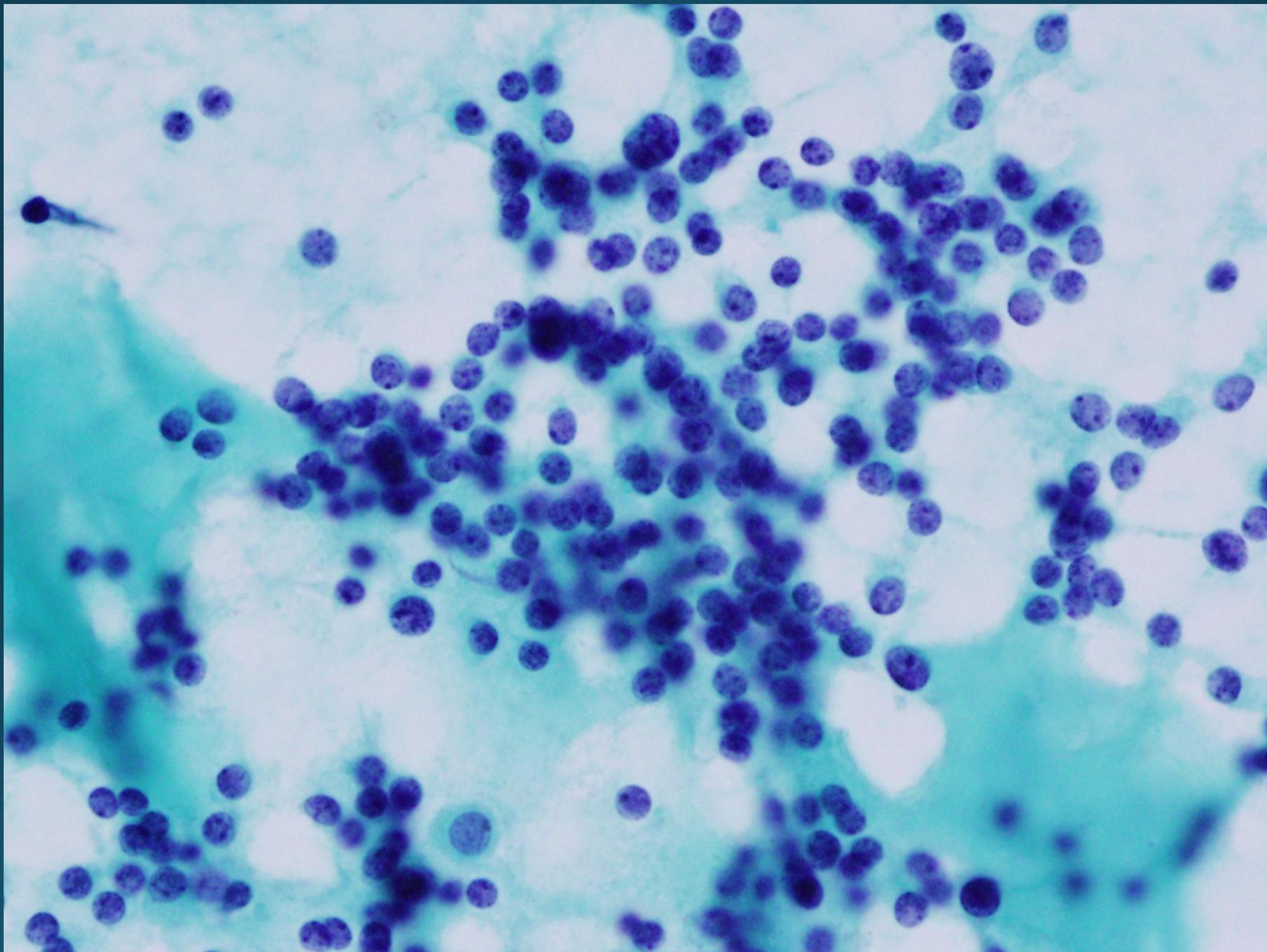
↳細胞像





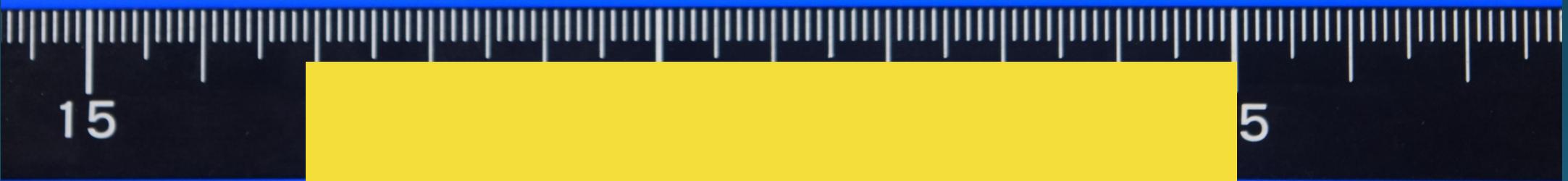


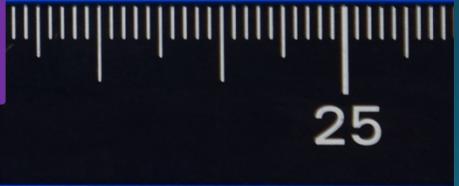
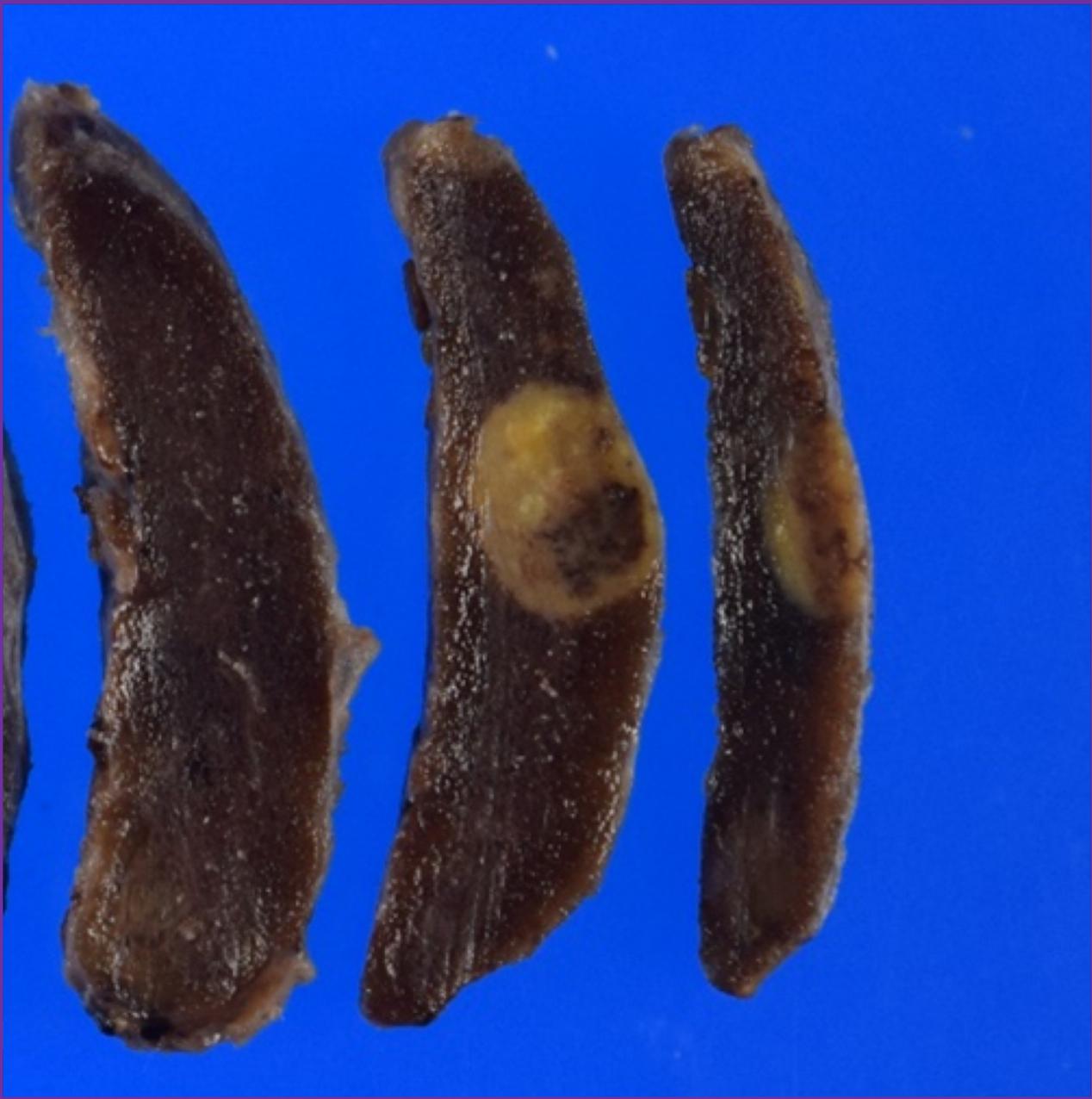




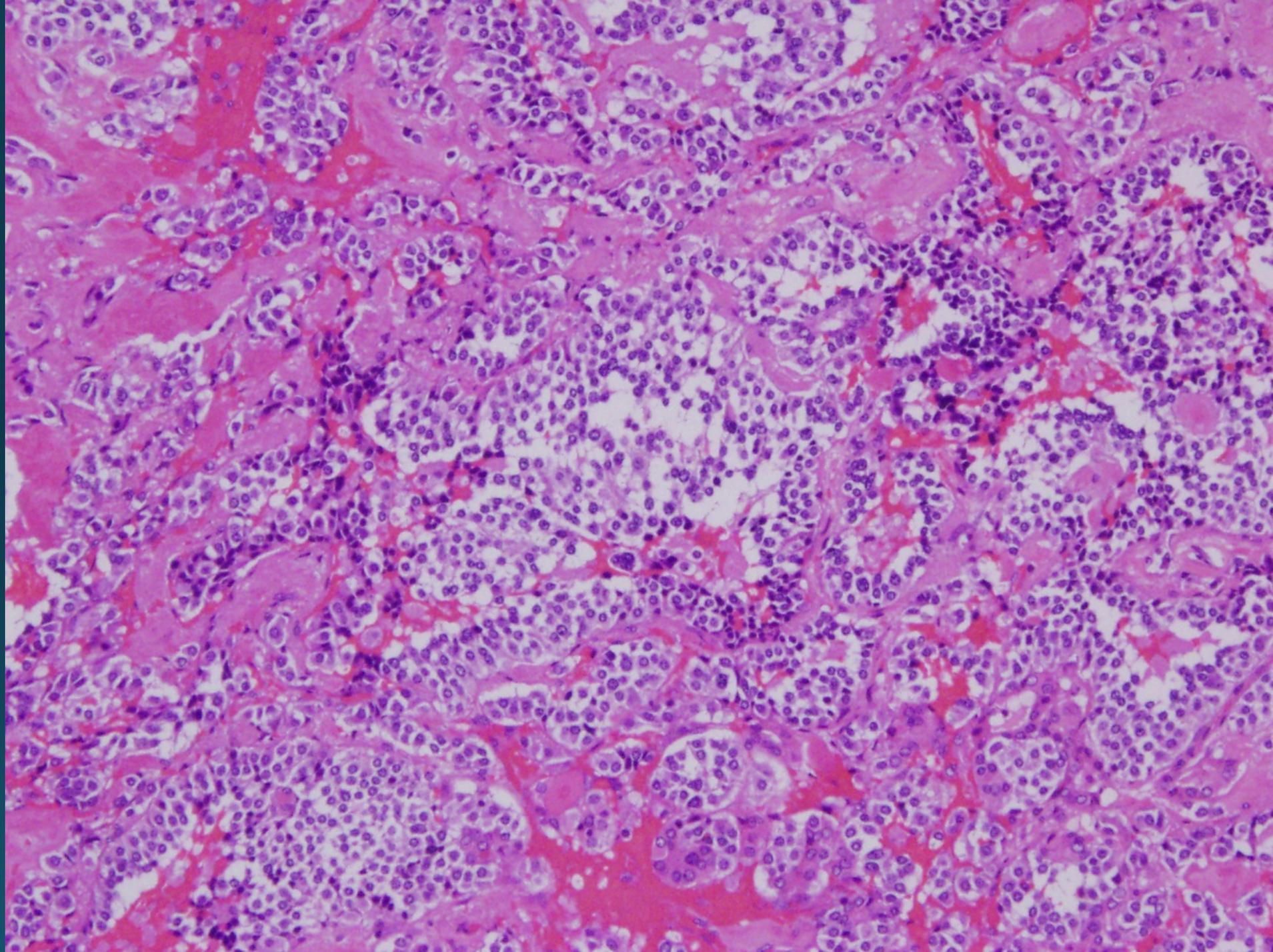
肉眼的所見

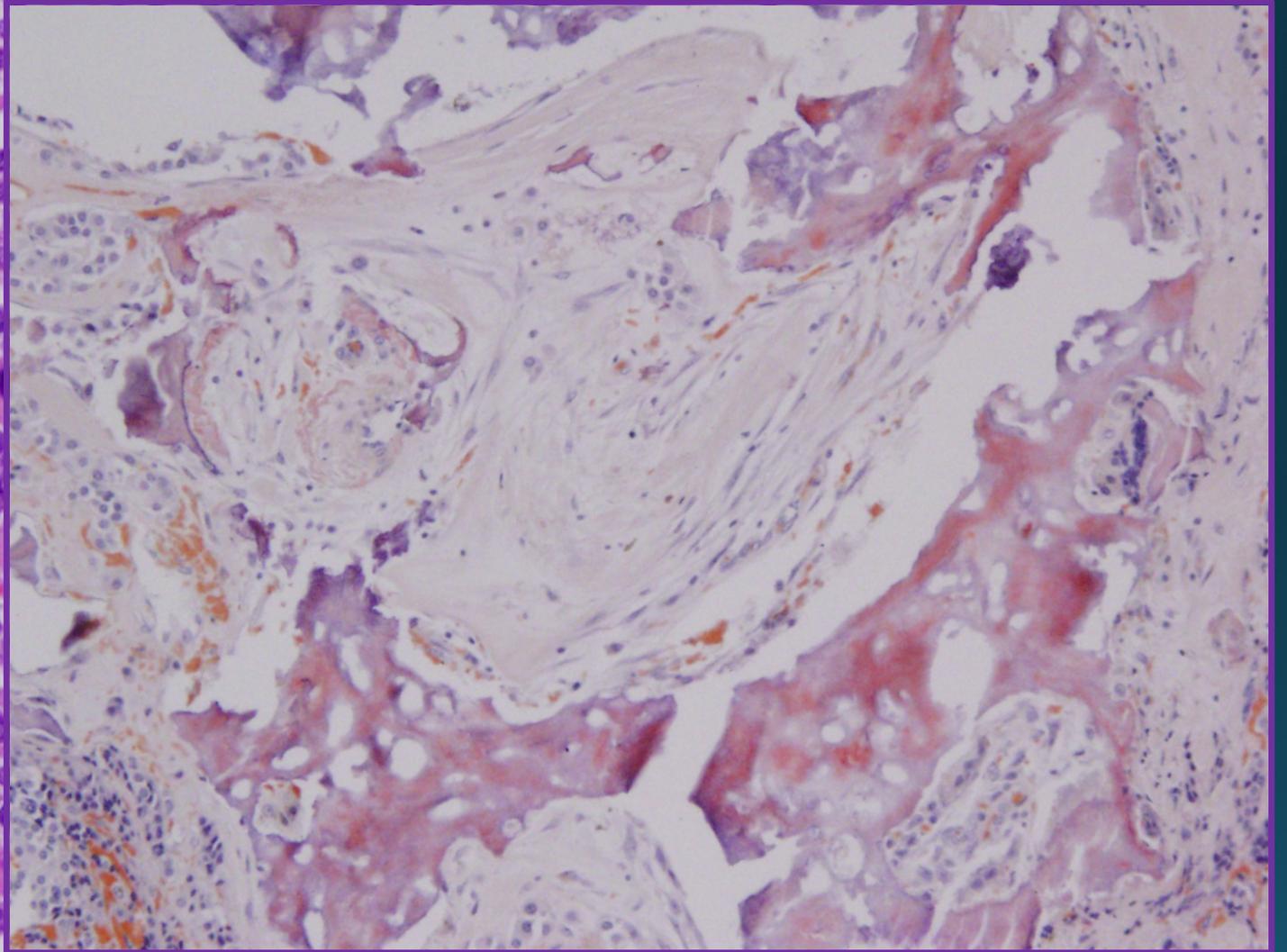
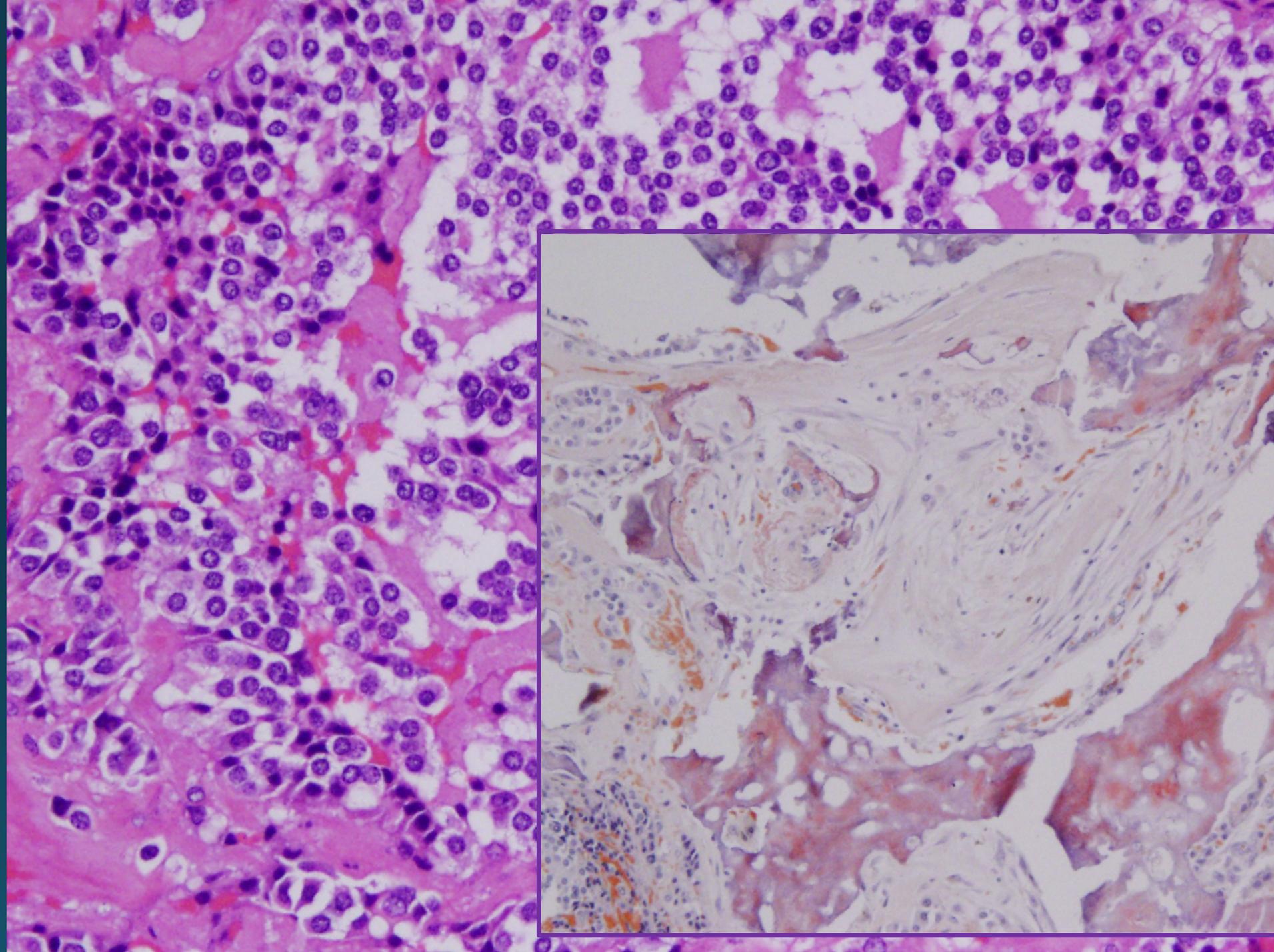


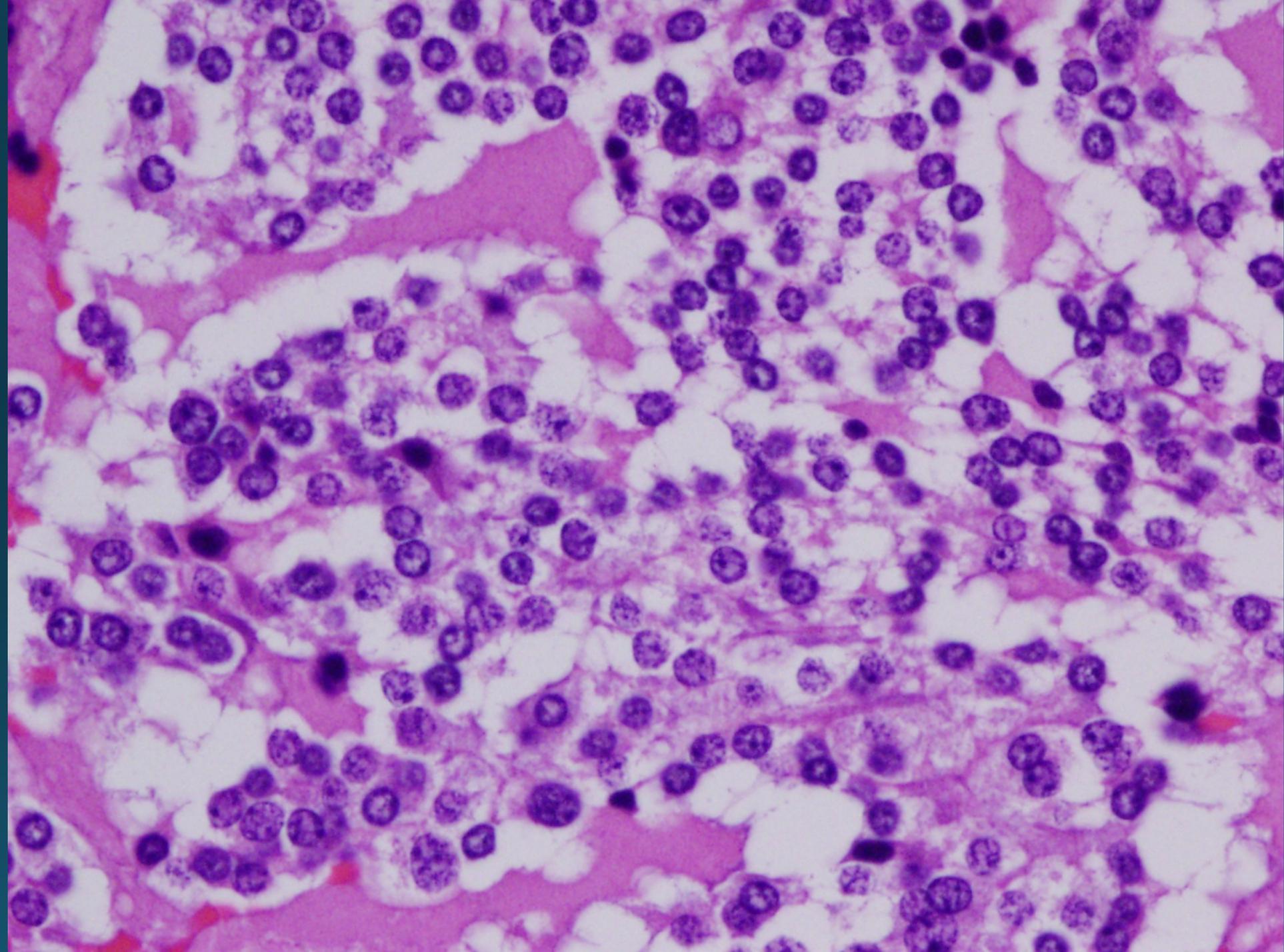




組織学的所見



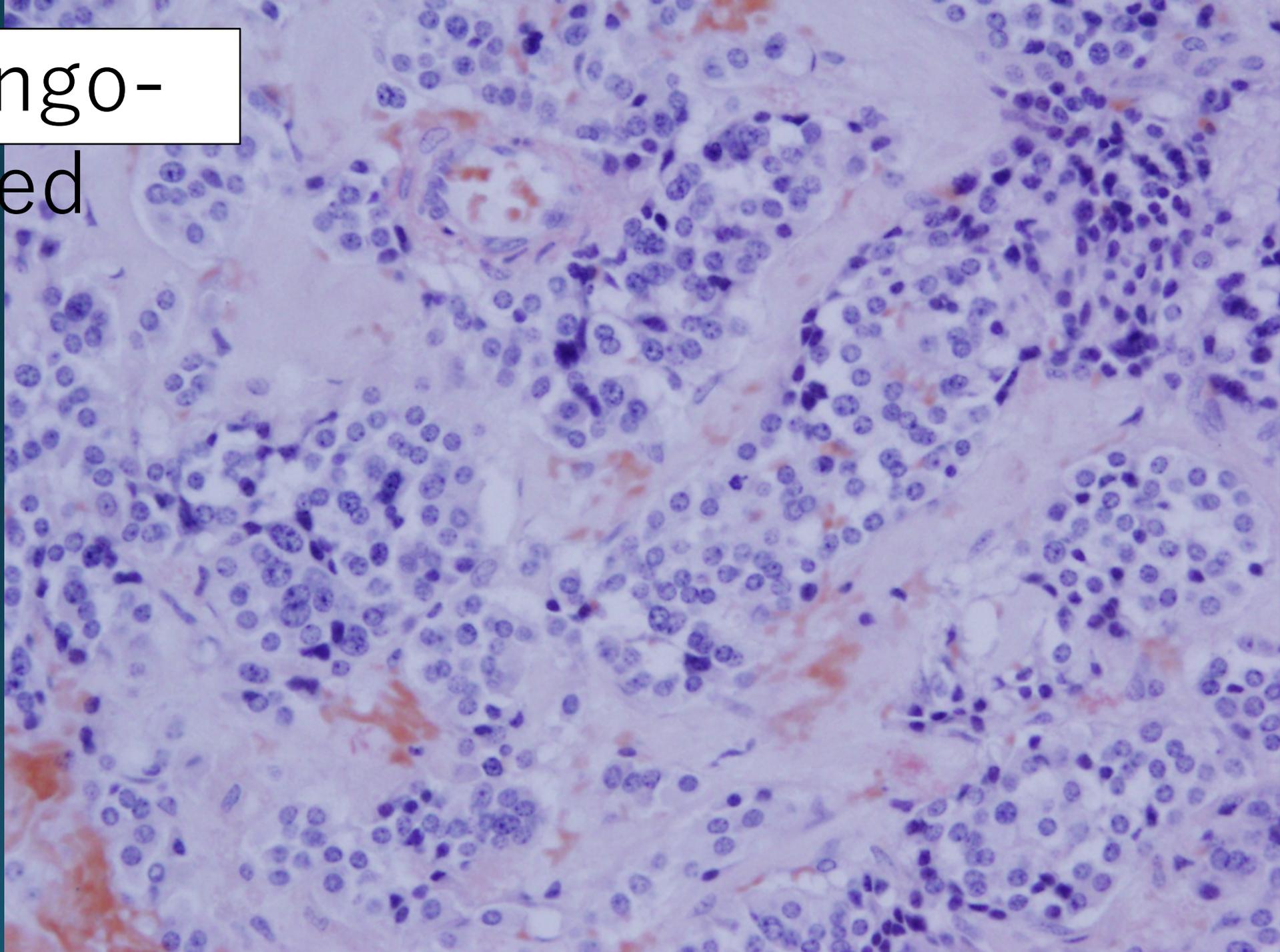




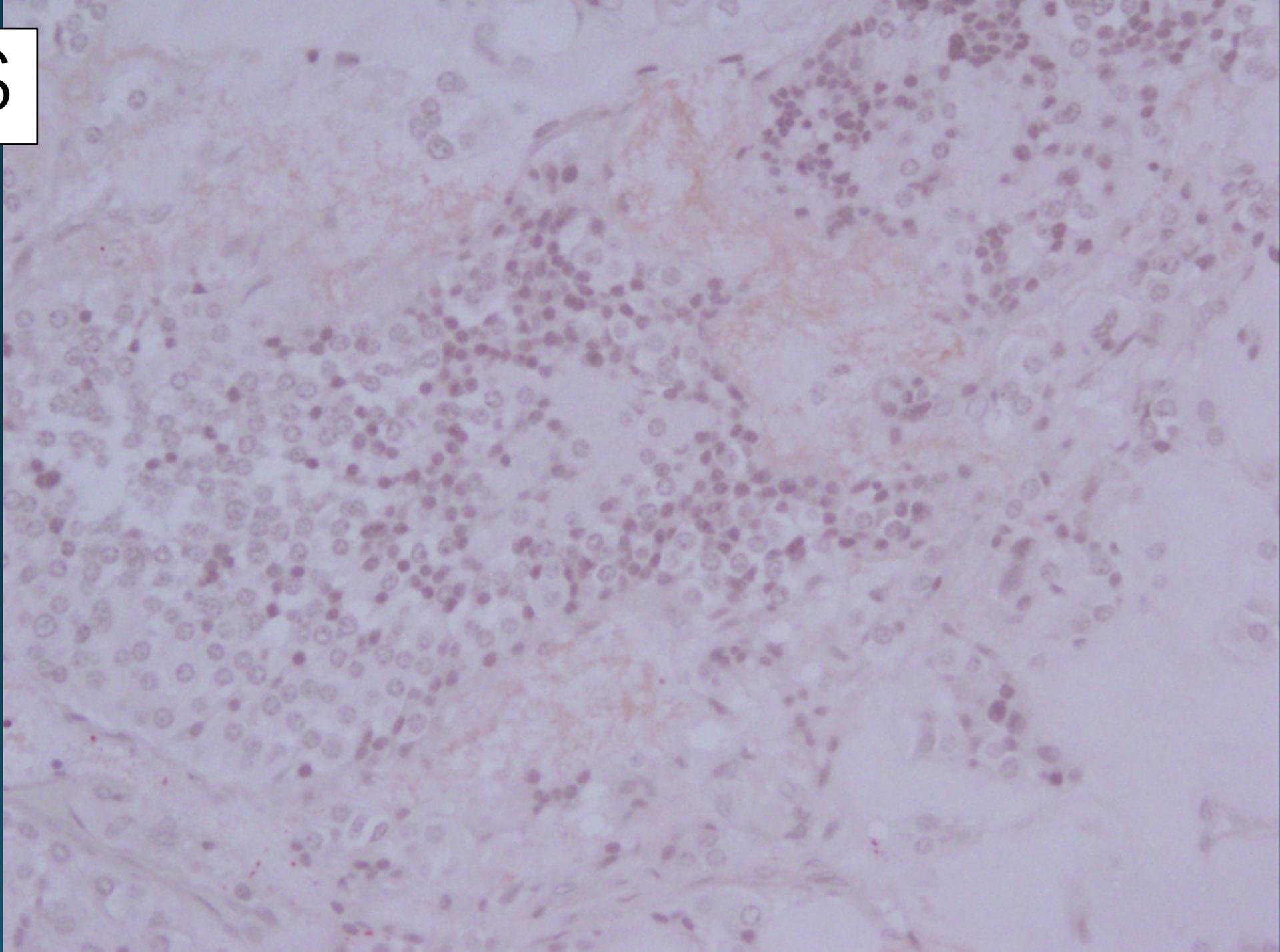
特殊染色

免疫組織化學染色

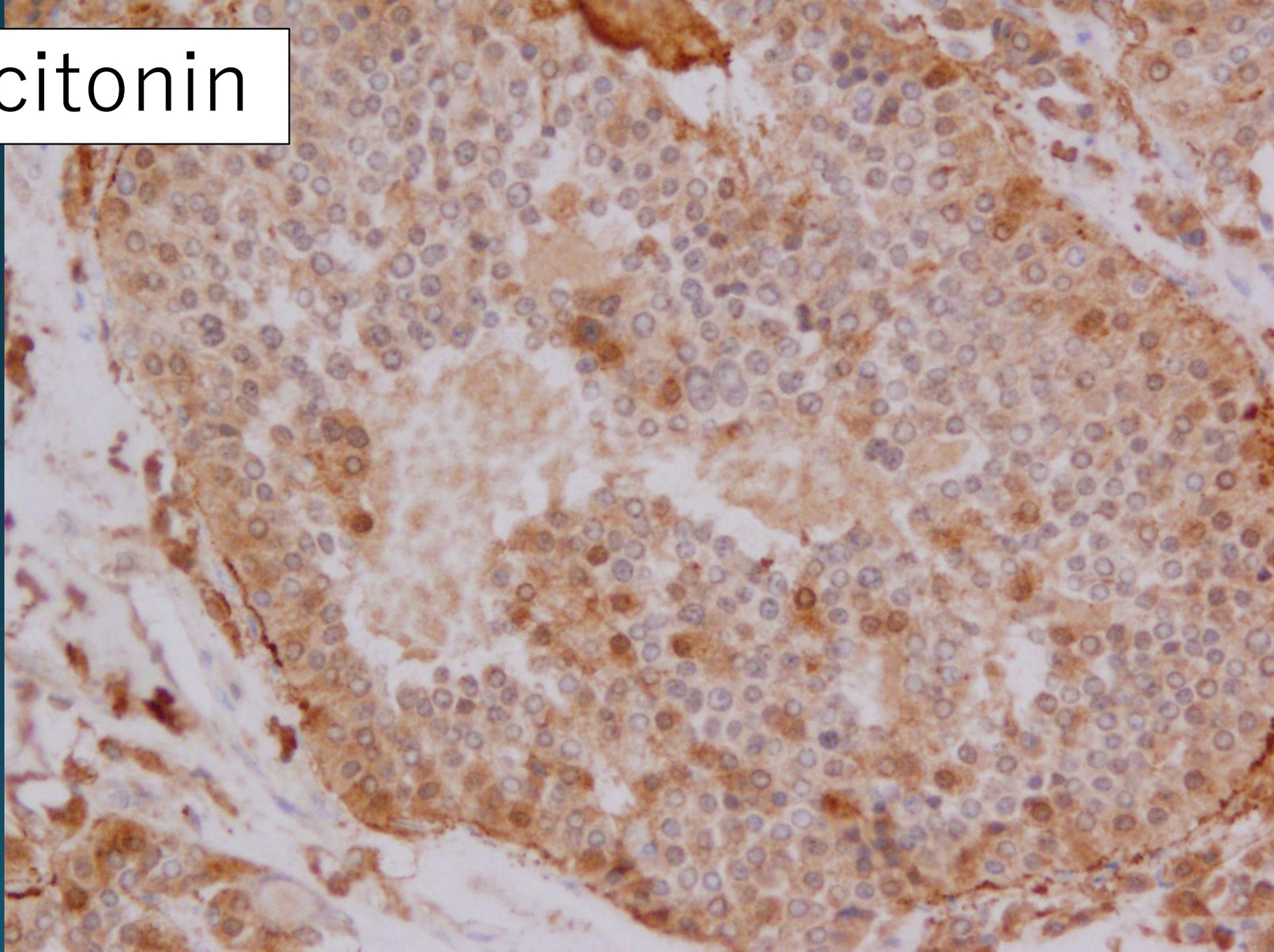
Congo-
red

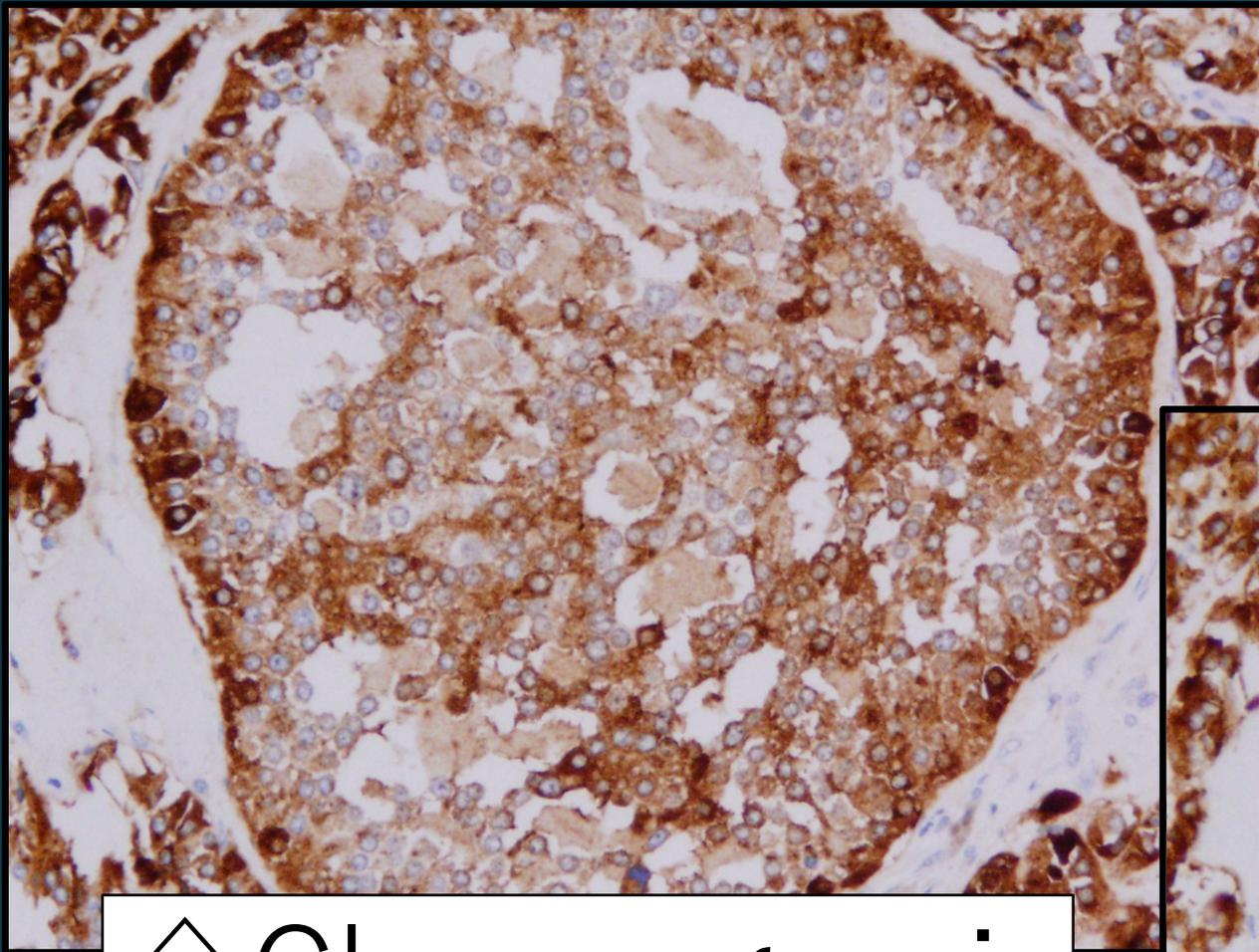


DFS



calcitonin

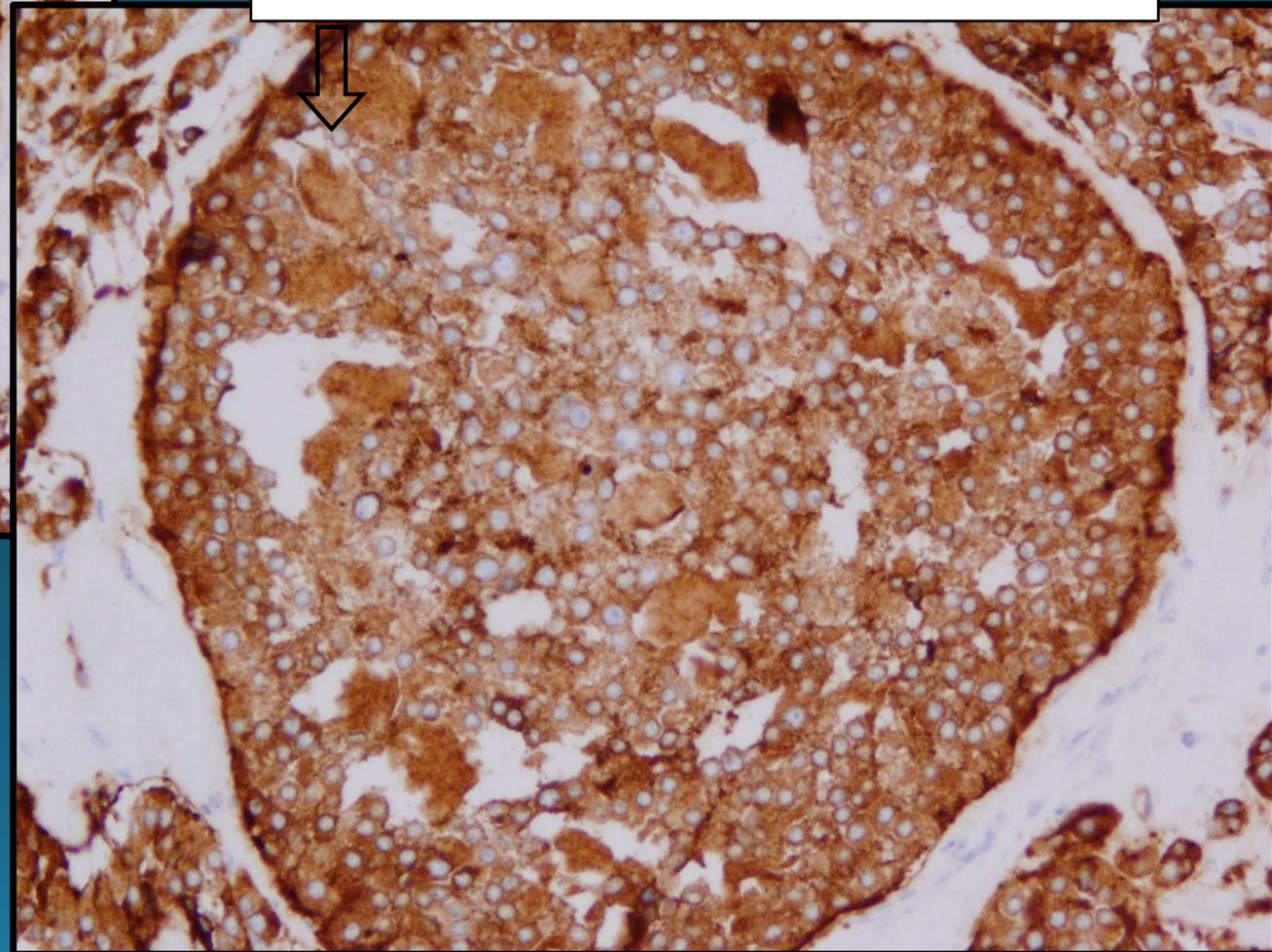




↑ Chromogranin A

nA

Synaptophysin



診断結果

免疫染色で腫瘍細胞はChromograninA(+)
Synaptophysin(+), Calcitonin(+)
であり Congo-red染色とDFS染色にて間質にア
ミロイドの沈着を認める。

Medullary carcinomaと診断。

補足

当院ドックにてCEA22.2pg/mlと高値を指摘
当院内科紹介受診、USは悪性疑い。

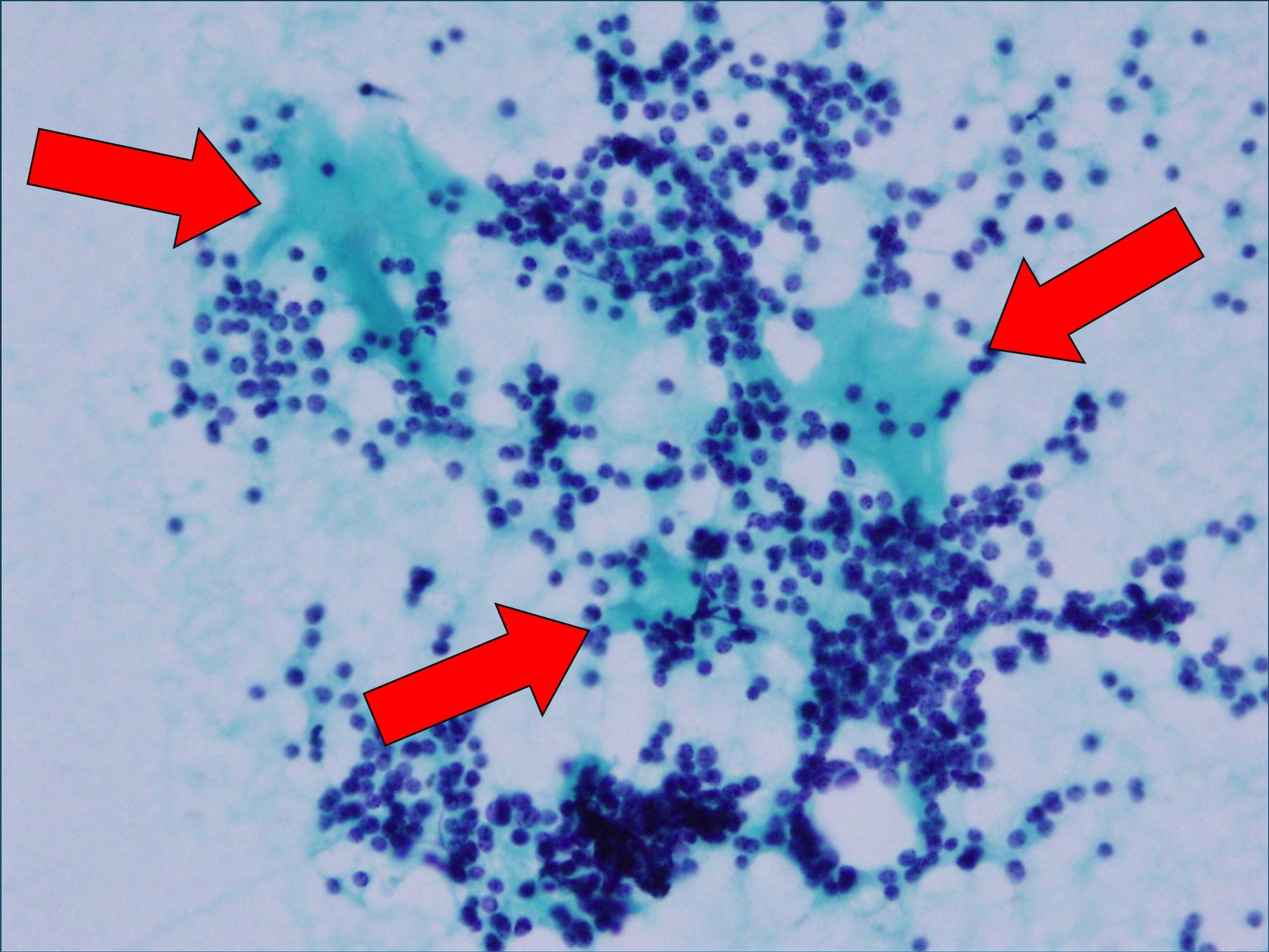
採血では、カルシトニン1150pg/mlと高値

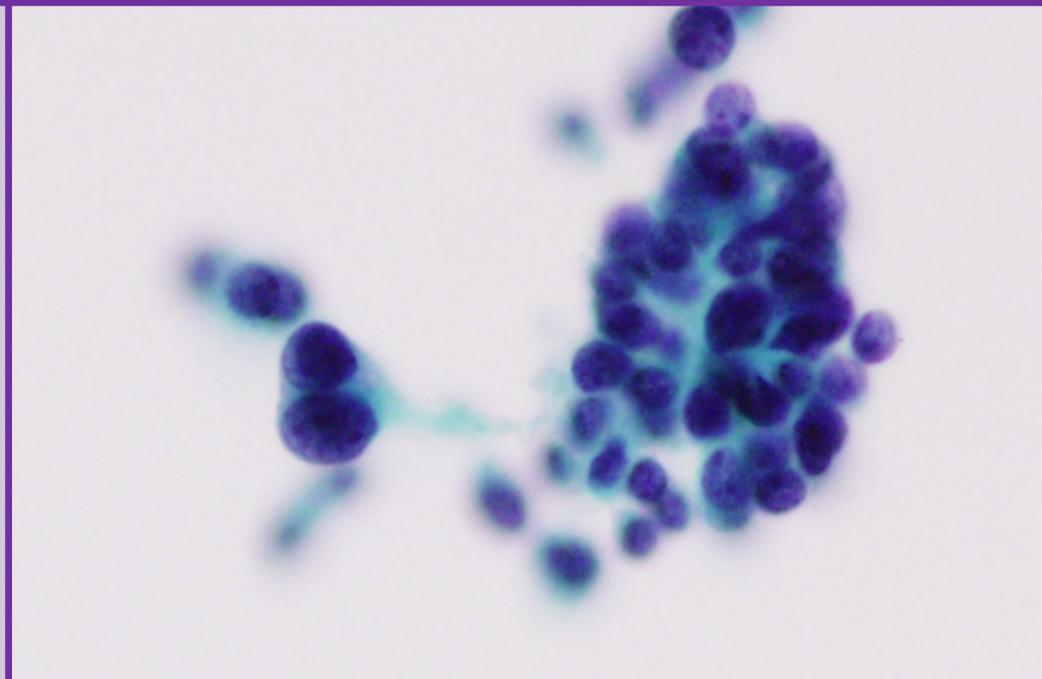
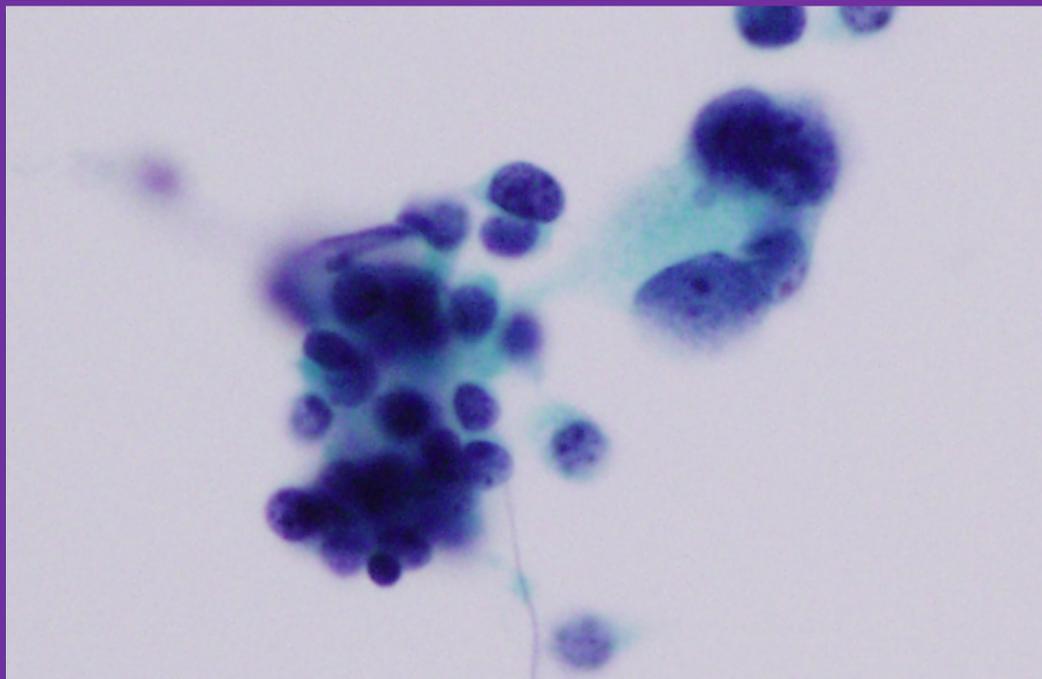
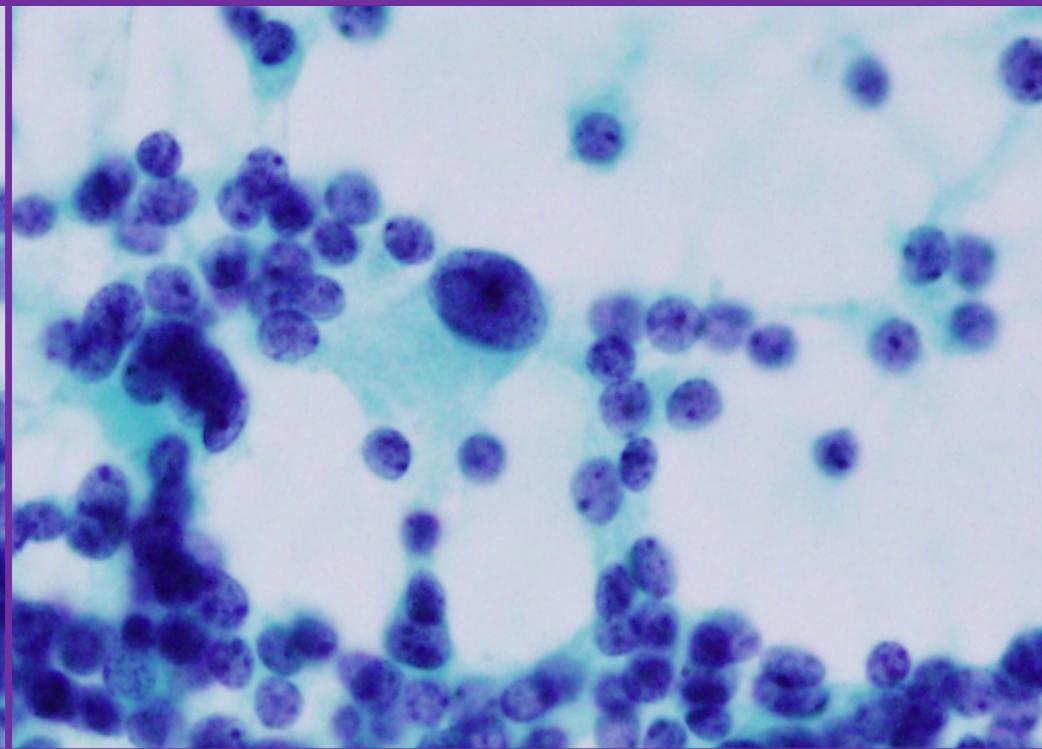
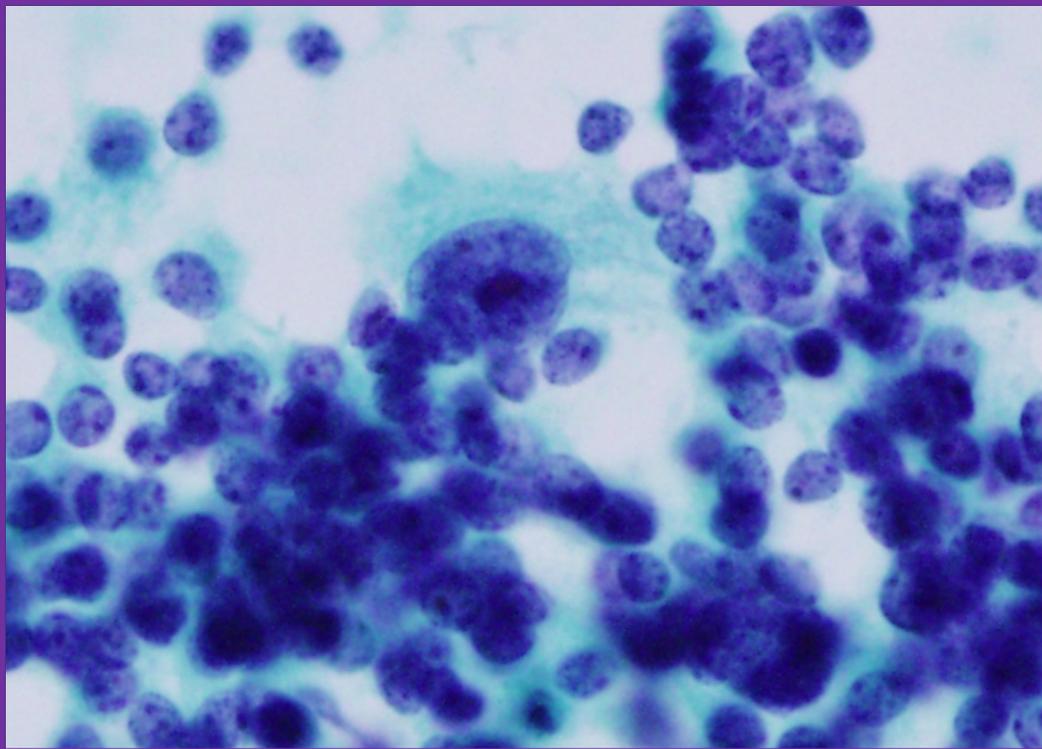
⇒ 一度目のFNA (**indeterminate**)

悪性の診断がつかなかった。

⇒ 二度目のFNA (**Suspicious**)

細胞からのアプローチ

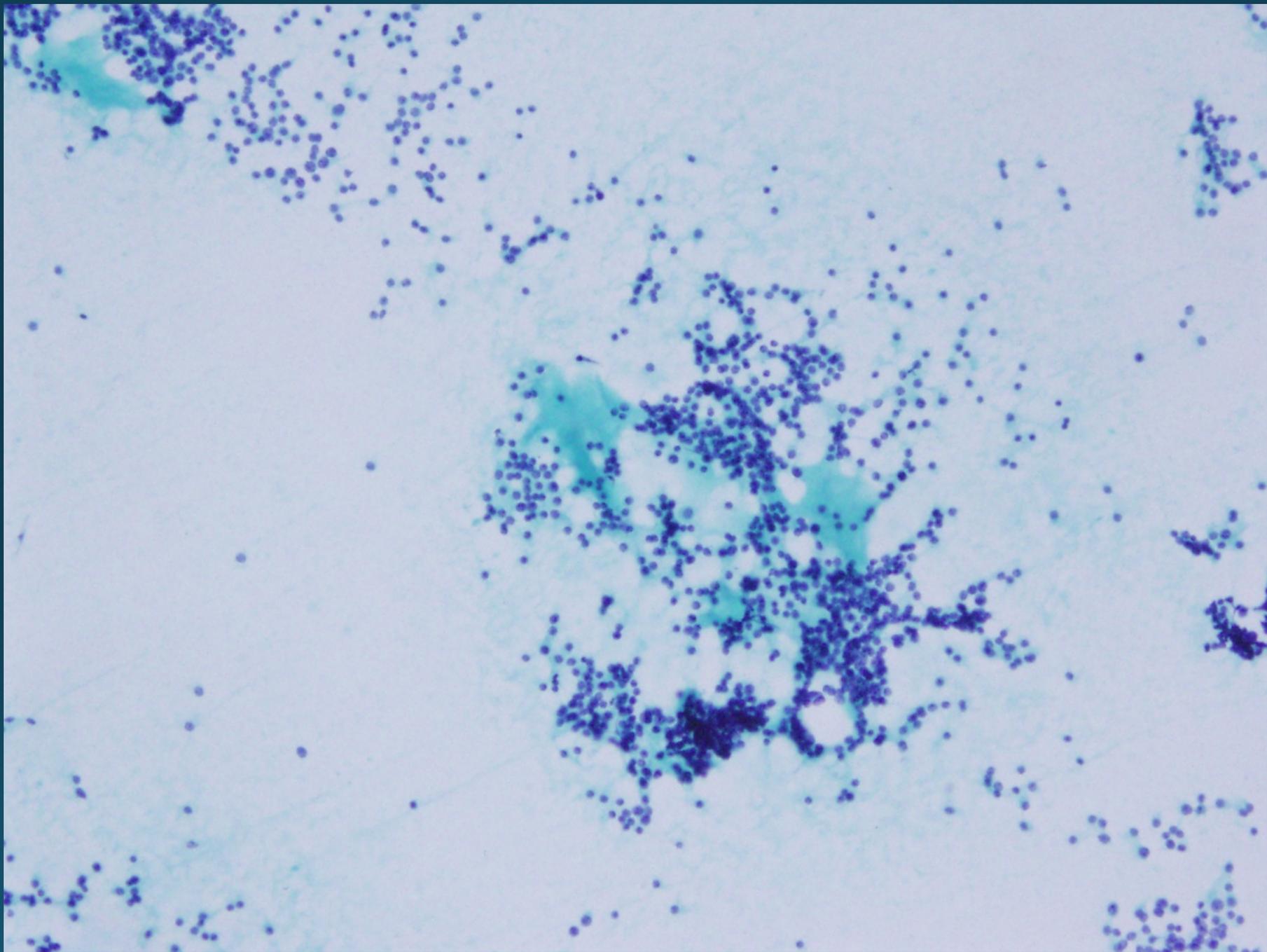


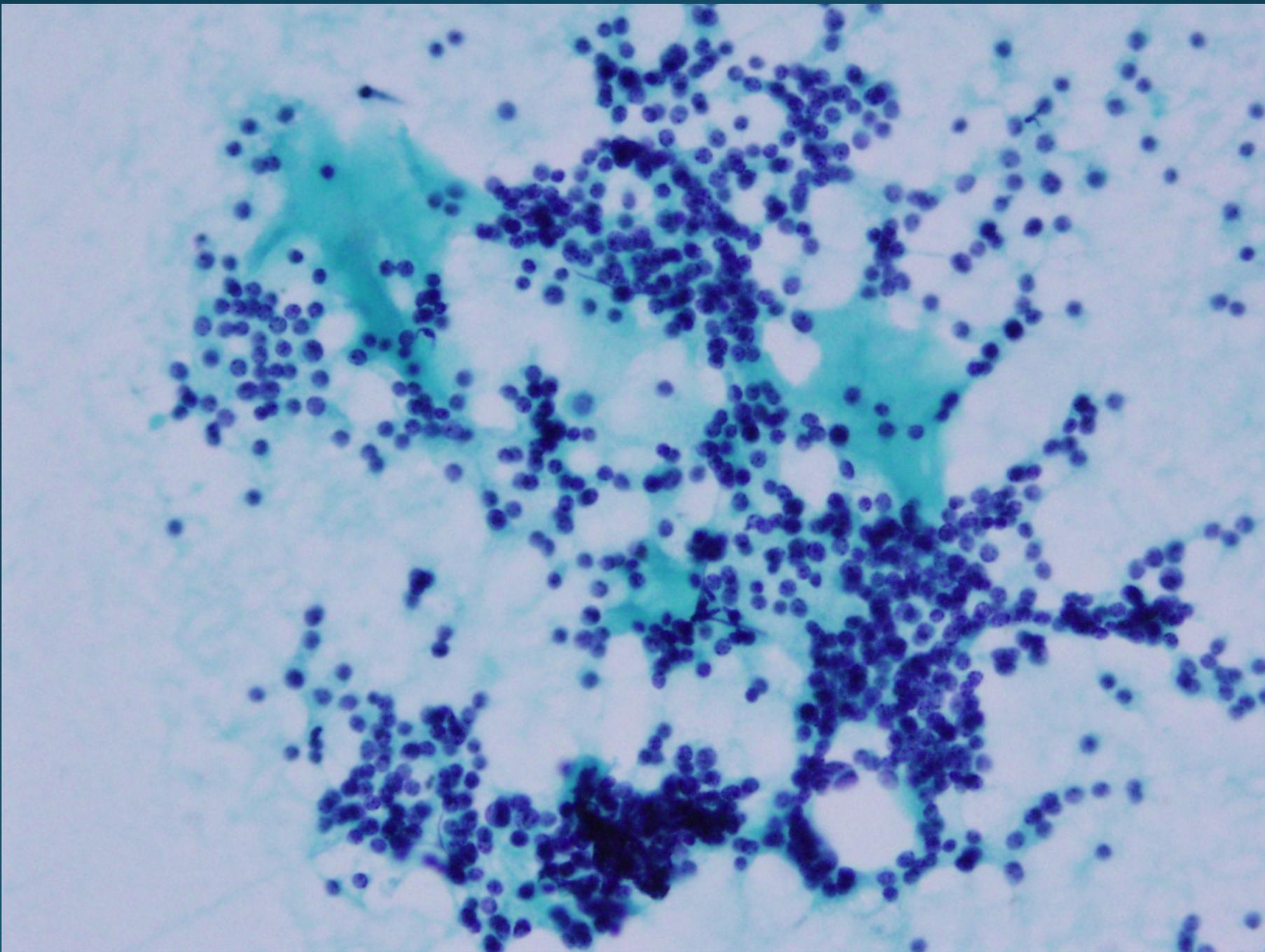


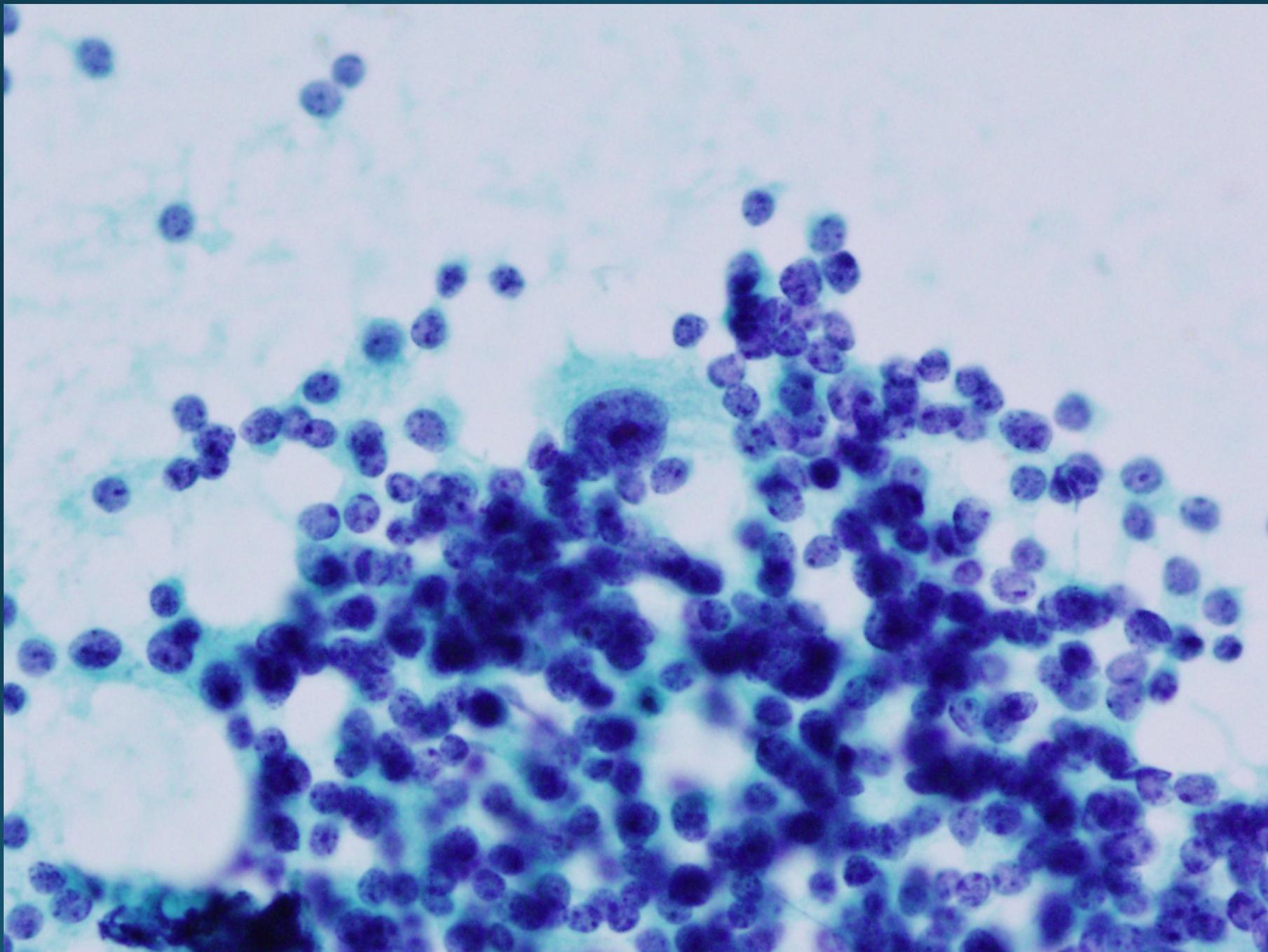
結語

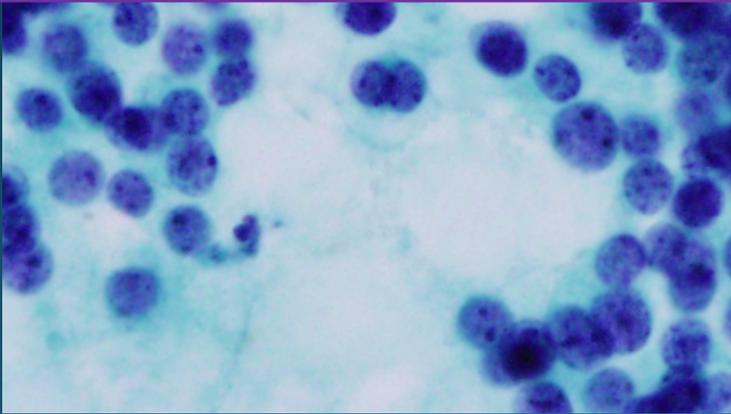
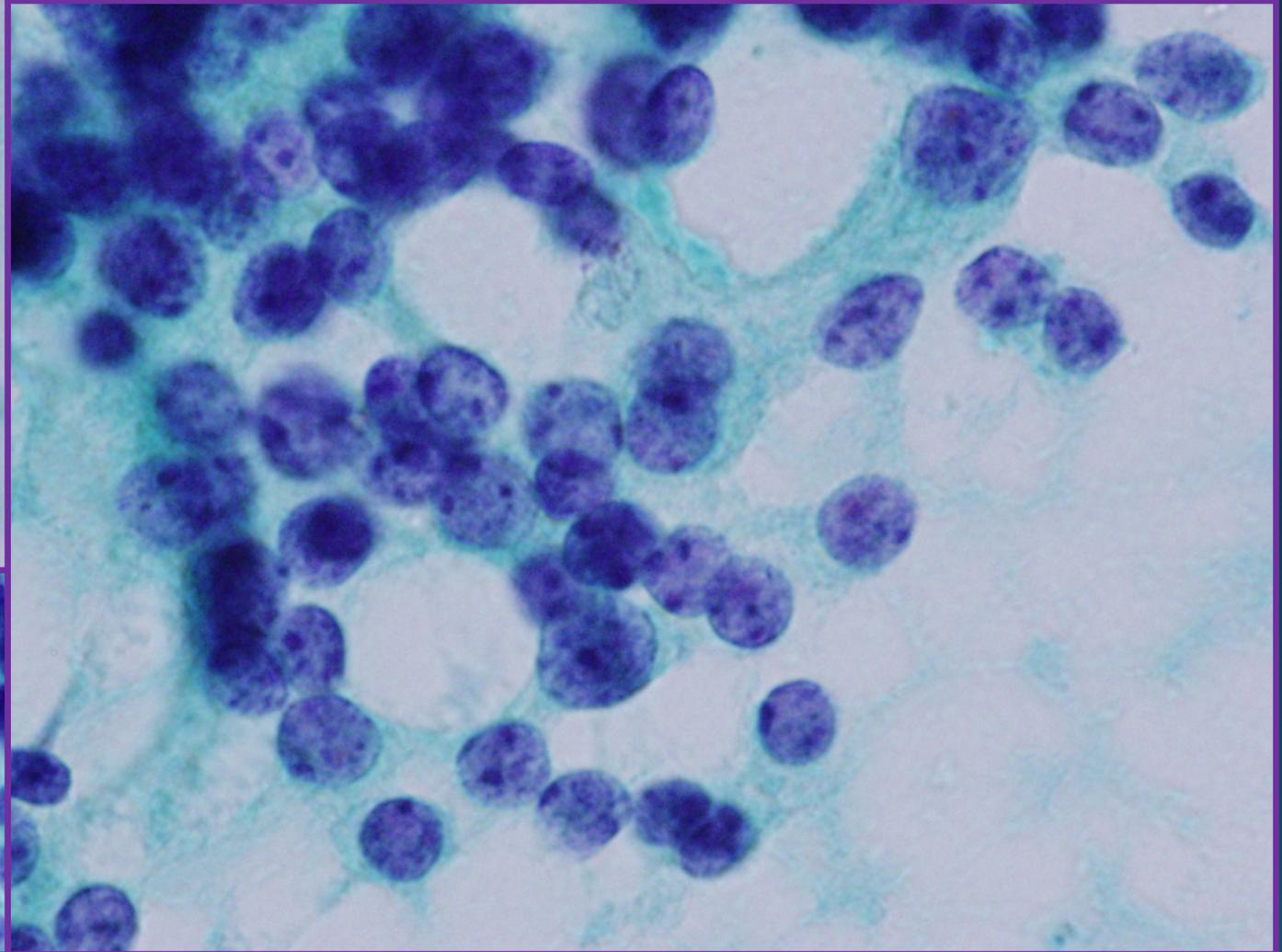
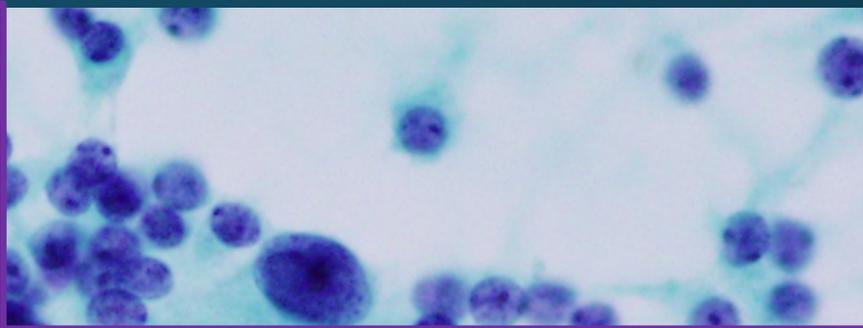
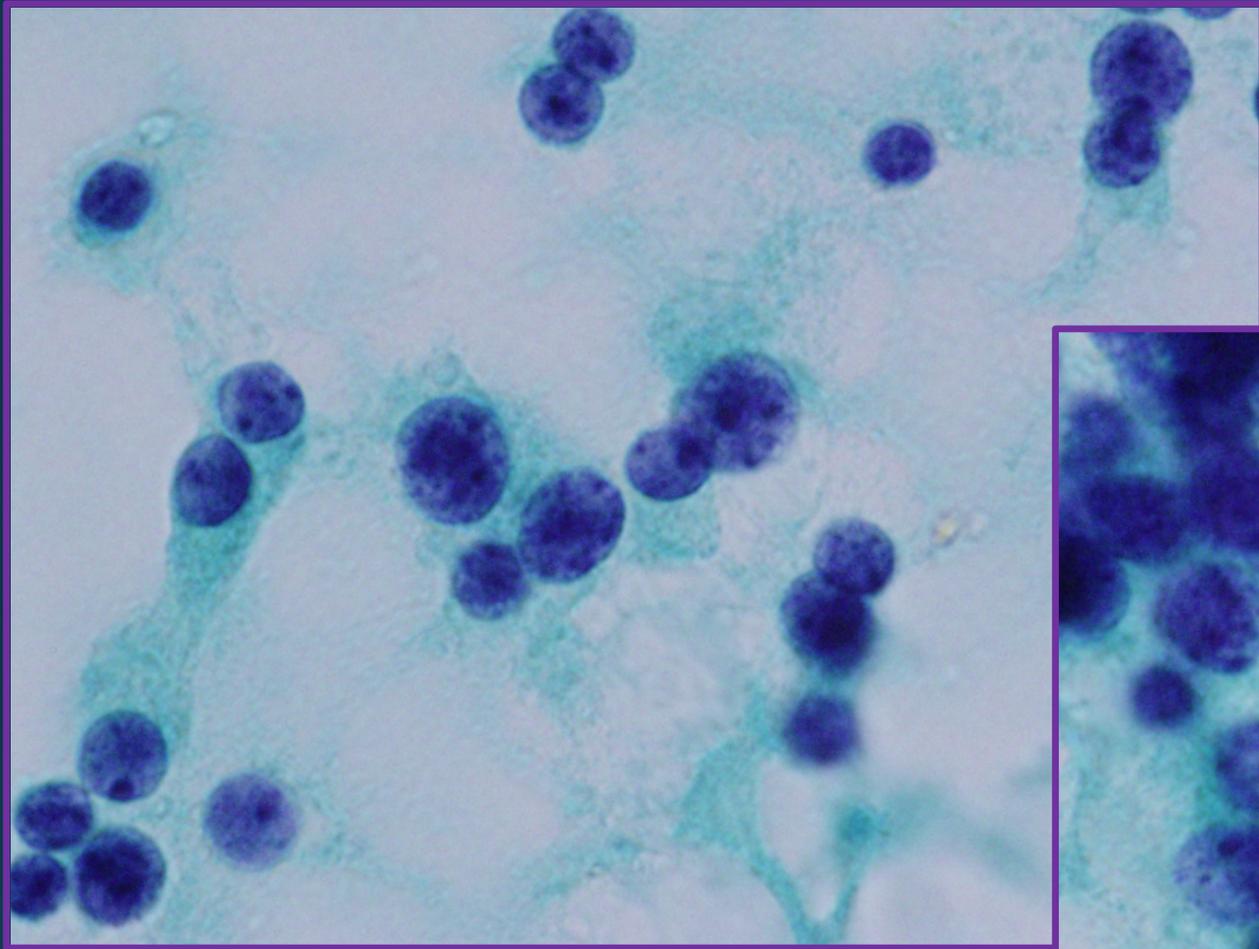
今回、当院で経験した甲状腺髄様癌の症例を報告した。比較的稀な癌であるが様々な情報の上で可能性を考慮することはできる。

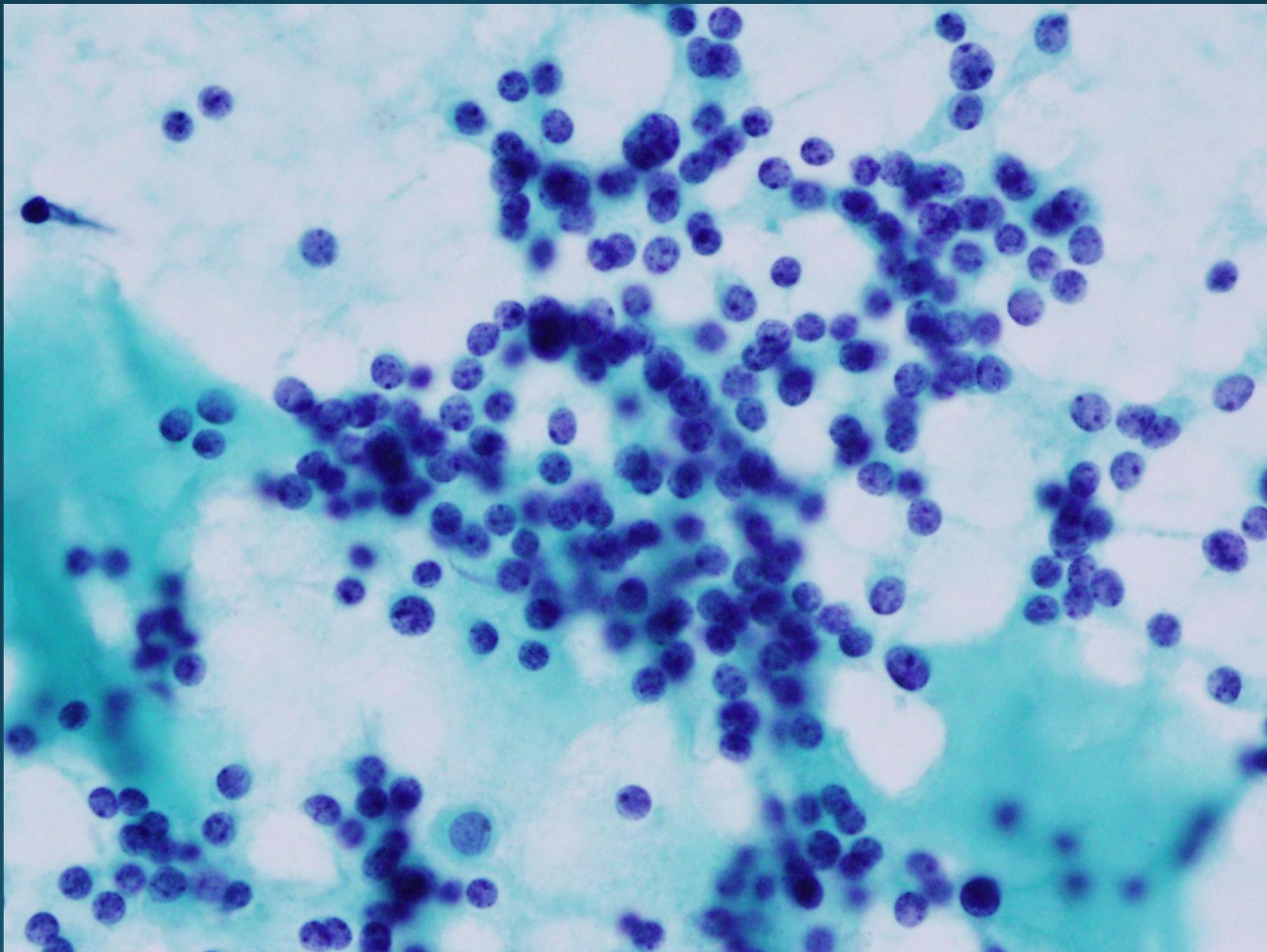
おわり

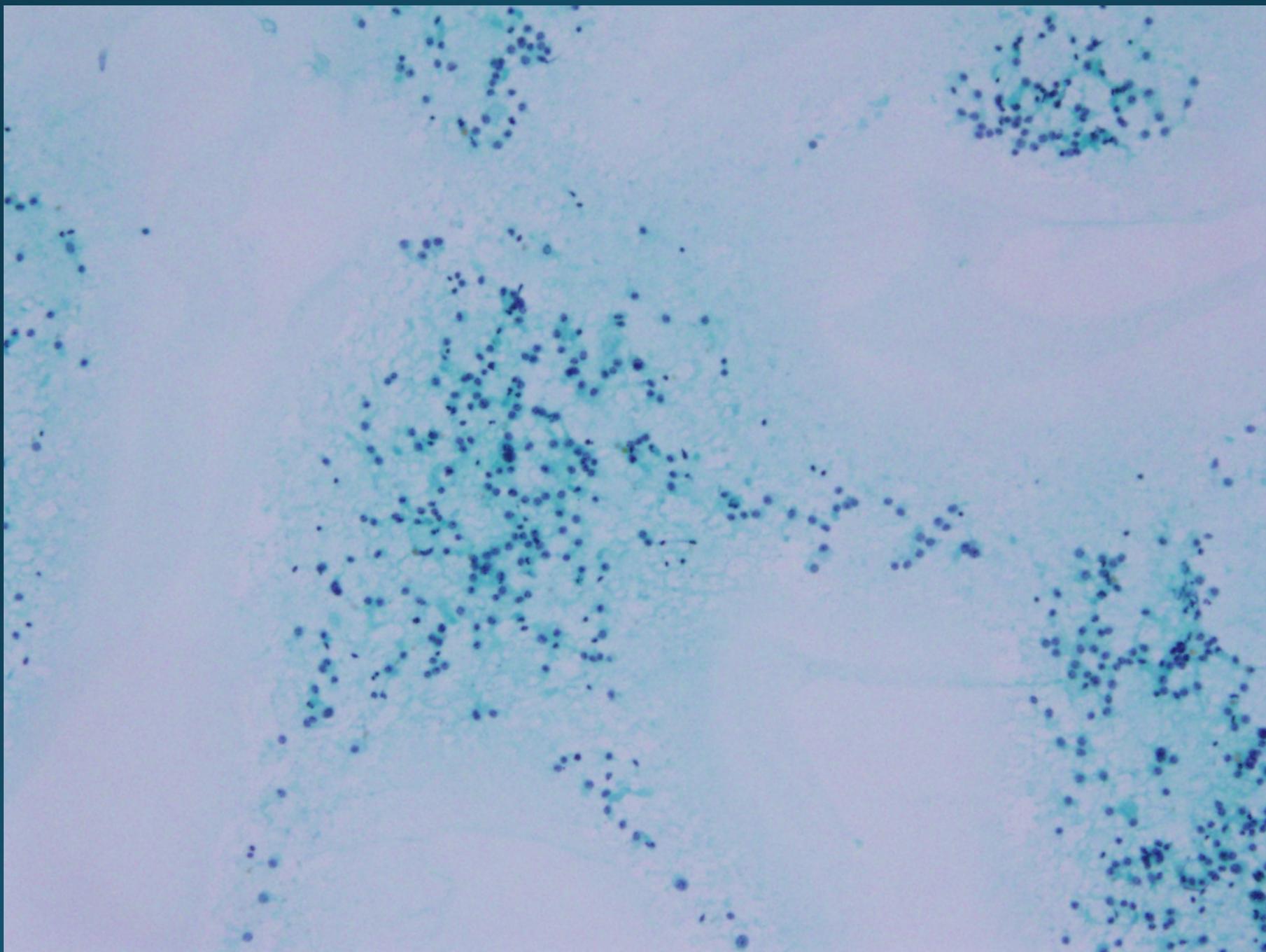


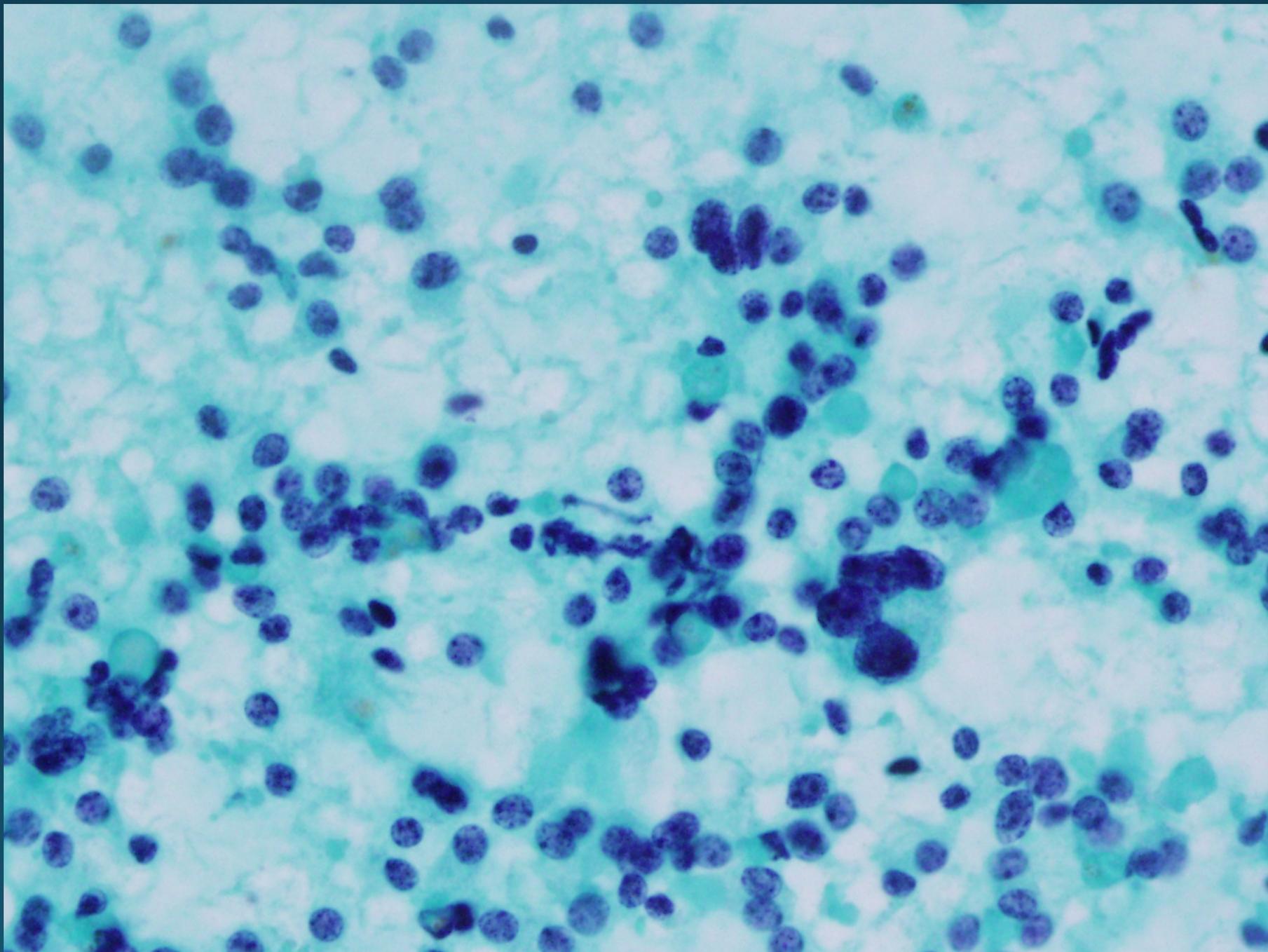












今回の概要、病歴①

2018年5月22日当院ドックにてCEA22.2(単位)と高値を指摘、CT検査にて甲状腺両葉に低吸収結節を認めた。USでも両側腺腫様甲状腺腫を指摘。

同年6月28日当院内科紹介受診、USは悪性疑い。

採血では、カルシトニン1150pg/mlと高値、FNAでは (indeterminate)、悪性の診断がつかなかった。

今回の概要、病歴②

再度、FNA施行。

その結果、甲状腺髄様癌の疑いとなった。

遺伝子検査も施行。

結果、遺伝性の髄様癌であった。

その後、甲状腺の摘出。

組織診により組織学的に髄様癌となった。