

**ROLA I ZNACZENIE TREPANOBIOPSJI
W SZPICZAKU MNOGIM
DOŚWIADCZENIA WŁASNE**

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Dlaczego, po co trepanobiopsja?

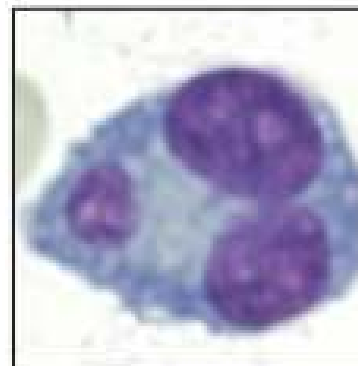
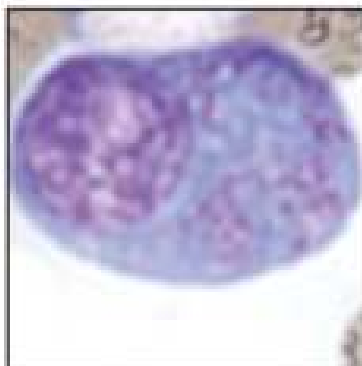
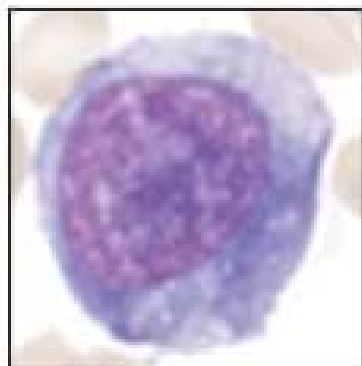
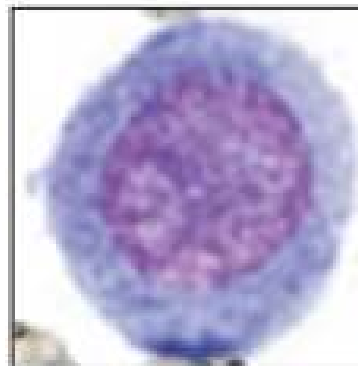
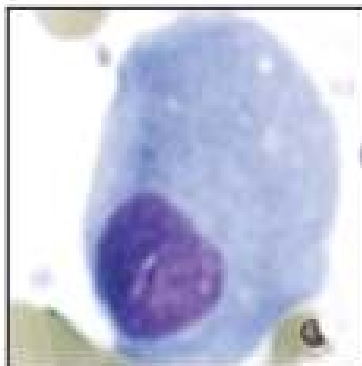
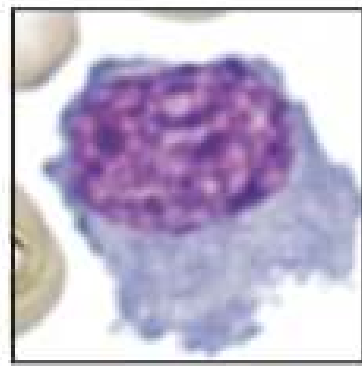
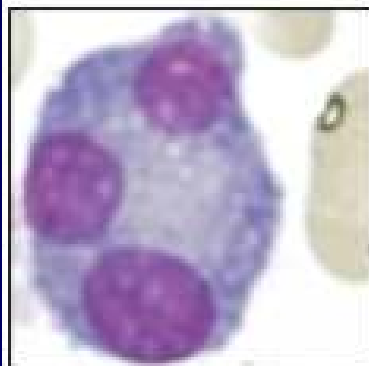
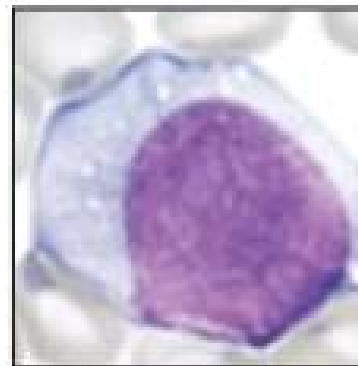
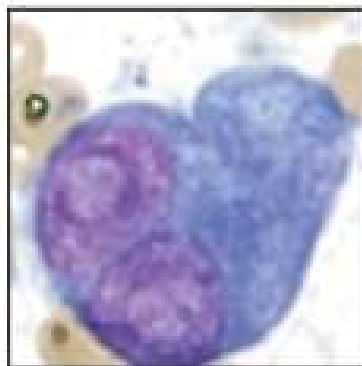
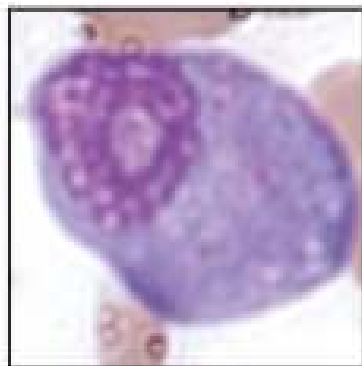
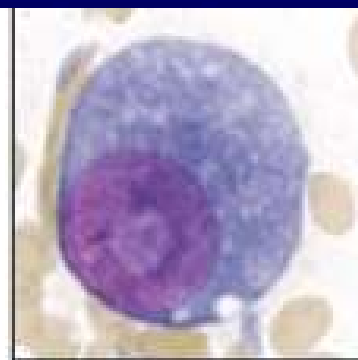
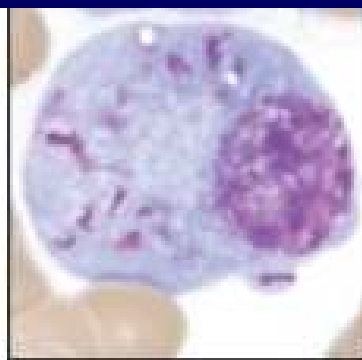
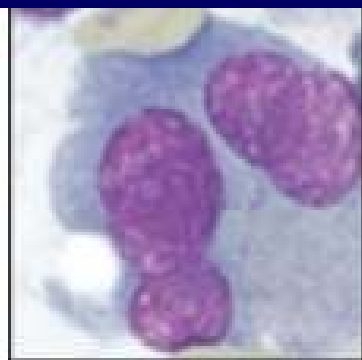
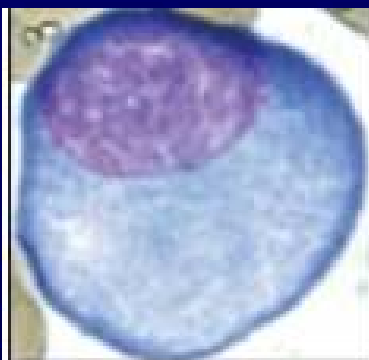
- Uzupełniająca do aspiratu
- Histologiczne kryterium ilościowe szpiczaka – >10% i jakościowe – rozmieszczenie, atypia
- Możliwość oceny monotypii
- Podstawowe – morfologia (HE) + CD138 + kappa, lambda
- Problem CR – histologiczne/cytologiczne kryterium <4-5% plazmocytów
- Depozyty białkowe
- Zmiany kostne (utrzymują się długo)

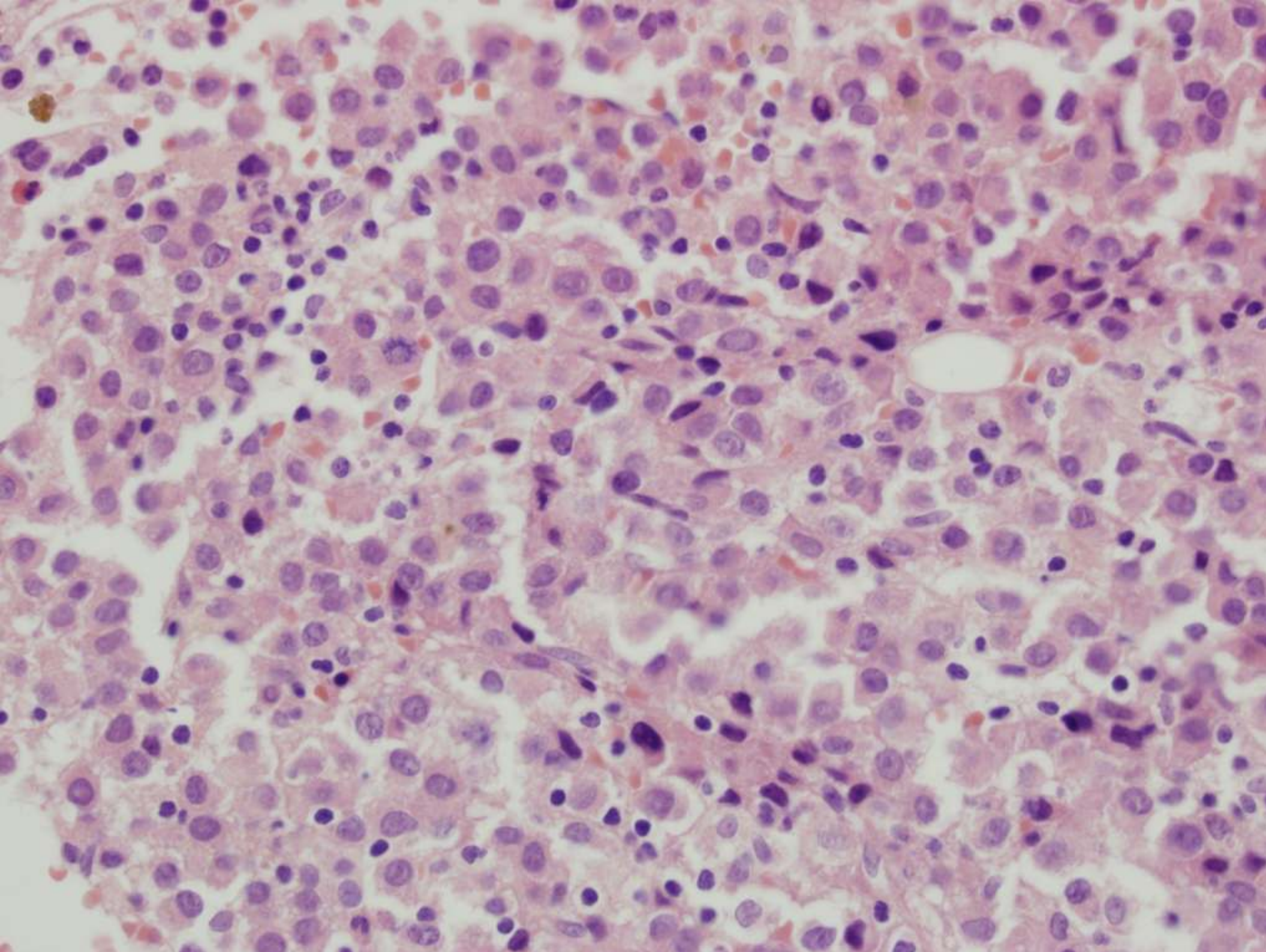
Typy nacieku (Bartl)

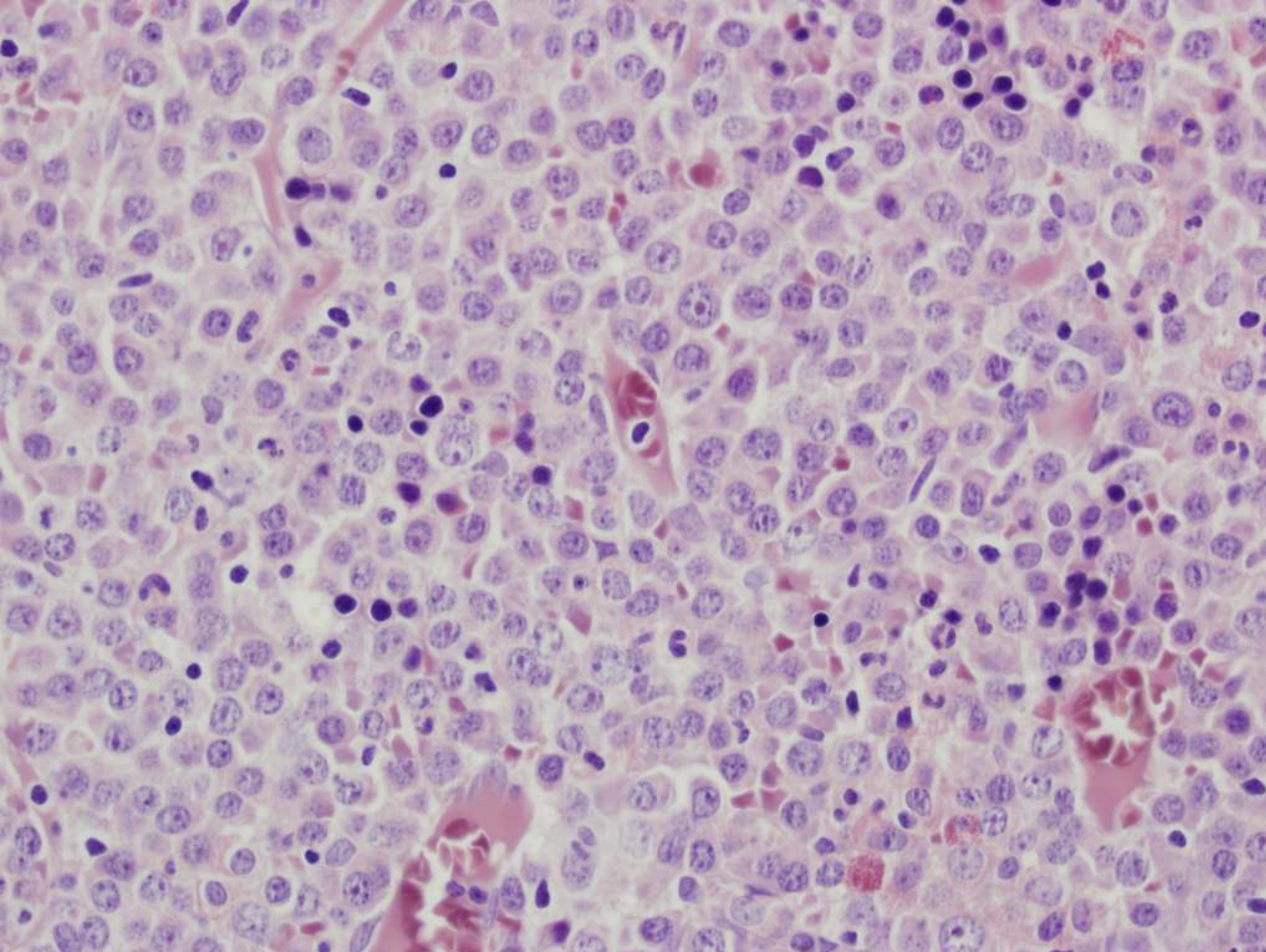
- Śródmiąższowy (interstitial) – najlepsze rokowanie
 - Ogniskowy (patchy) – ławicowe/guzkowe skupienia
 - Rozlany (a packed marrow) – najgorsze rokowanie
-
- Stopnie zaawansowania histologicznego (Bartl):
do 20%, 20-50%, powyżej 50% komórek szpiku

Morfologia/atypia plazmocytów

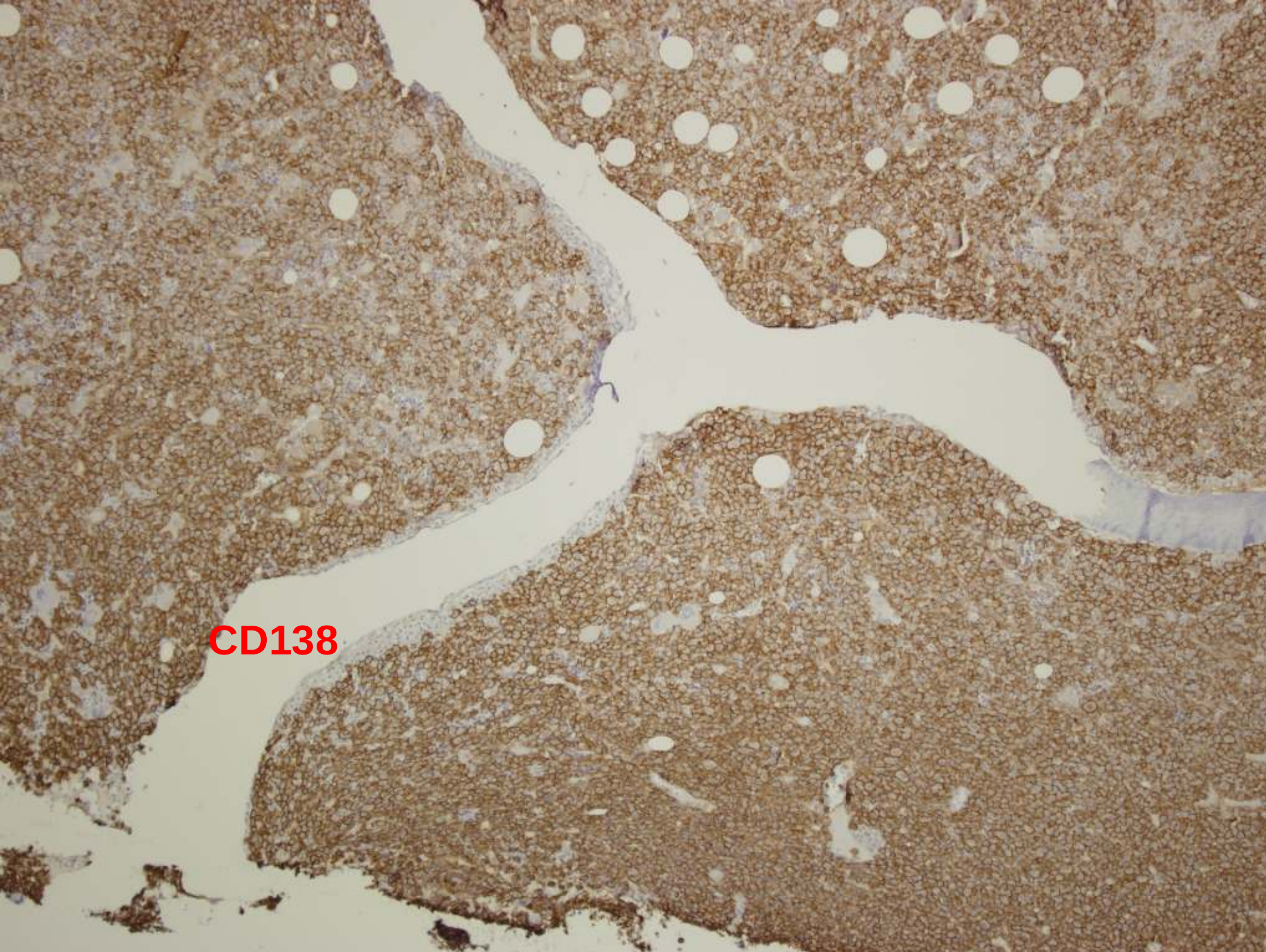
- Bartl i Frisch:
 - Trzy stopnie złośliwości histologicznej:
 - Niski
 - Pośredni
 - Wysoki
- Odpowiednio – średnie przeżycia 60, 32
10 miesięcy

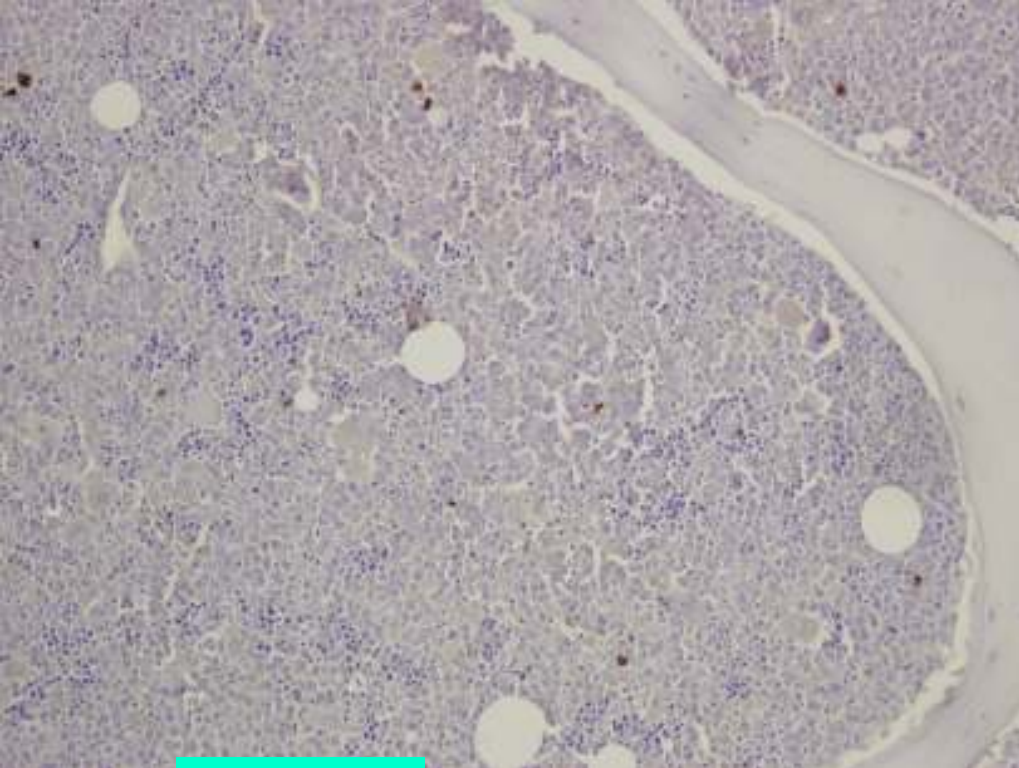




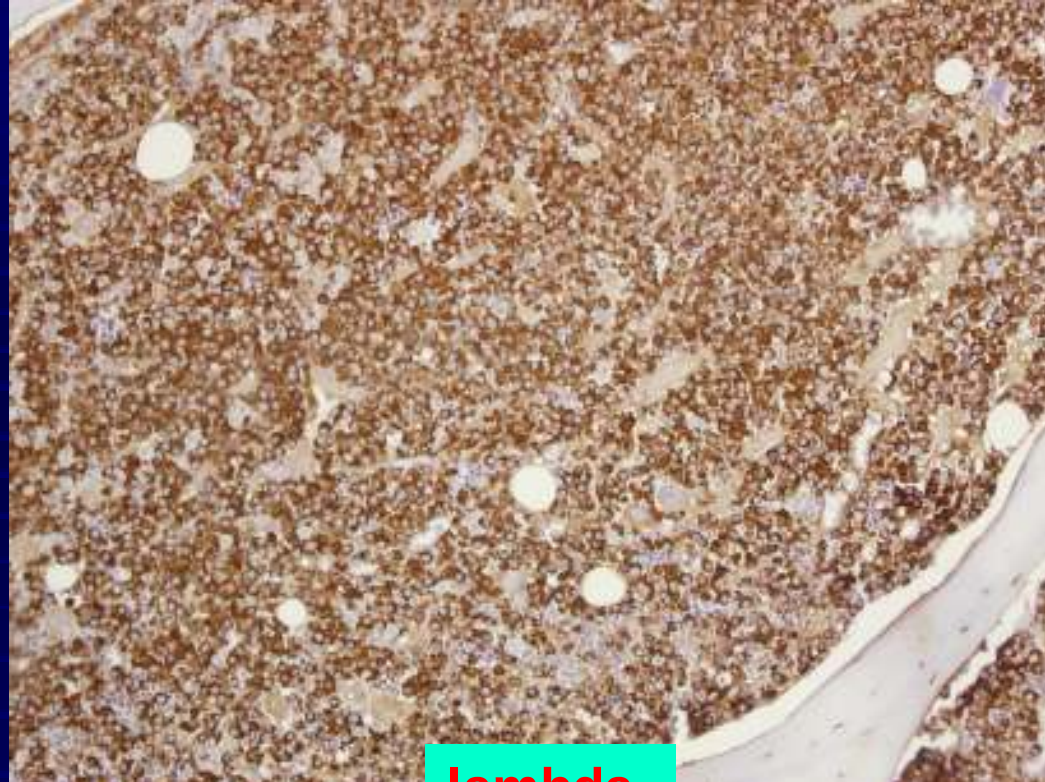


CD138

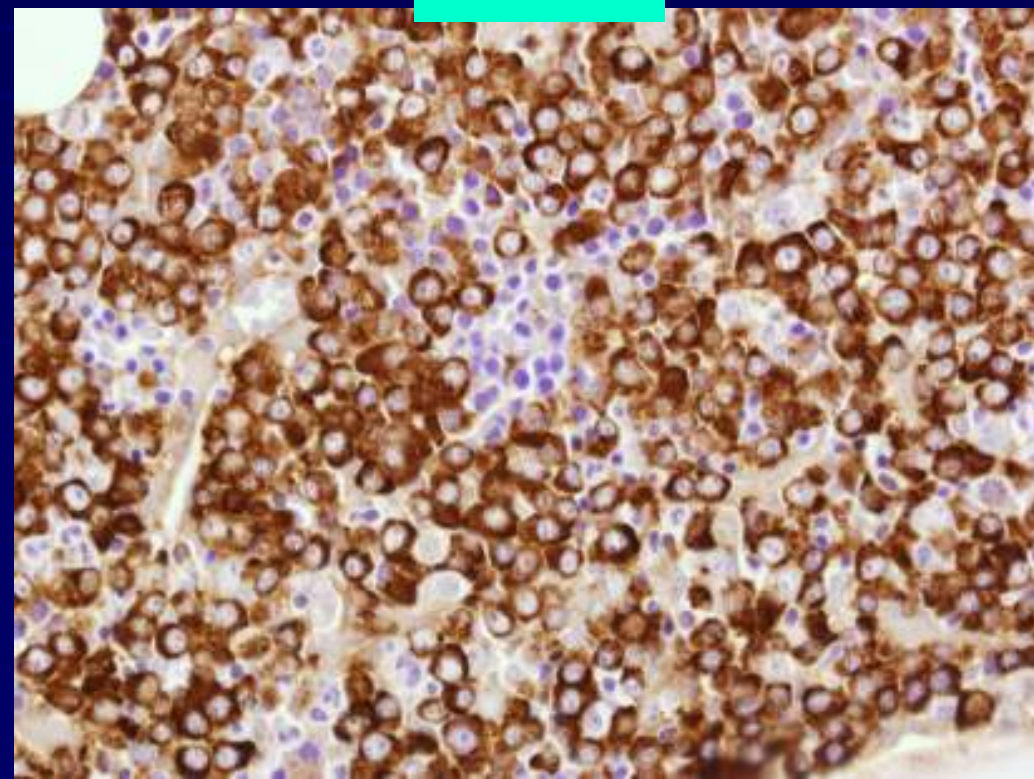
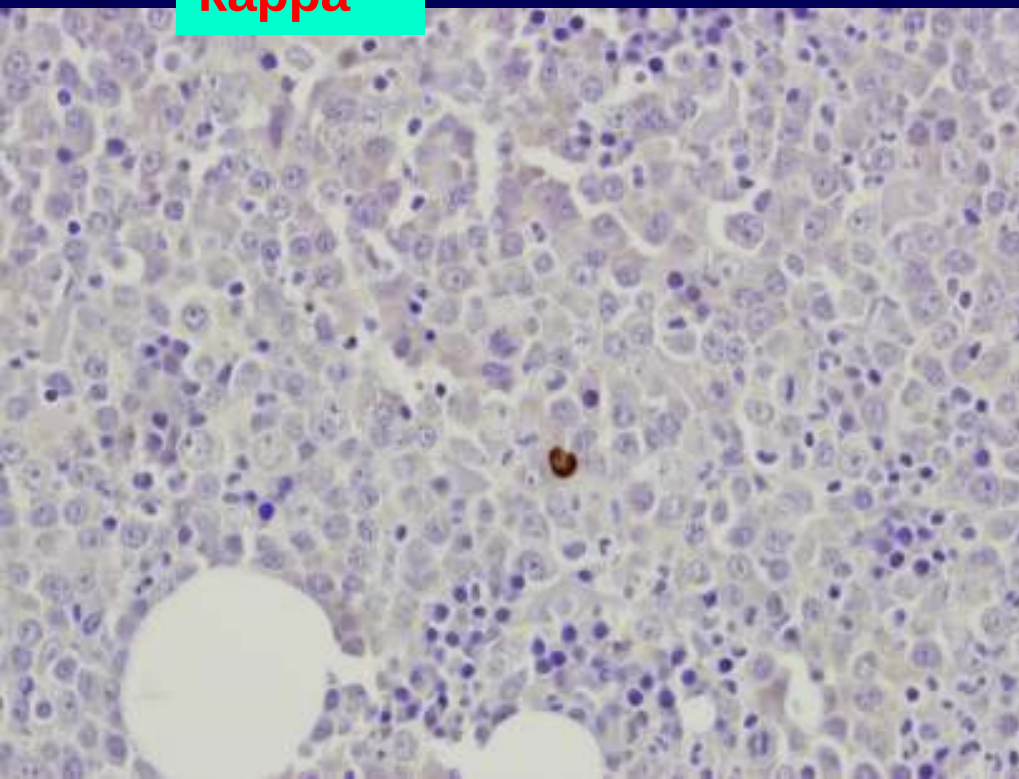


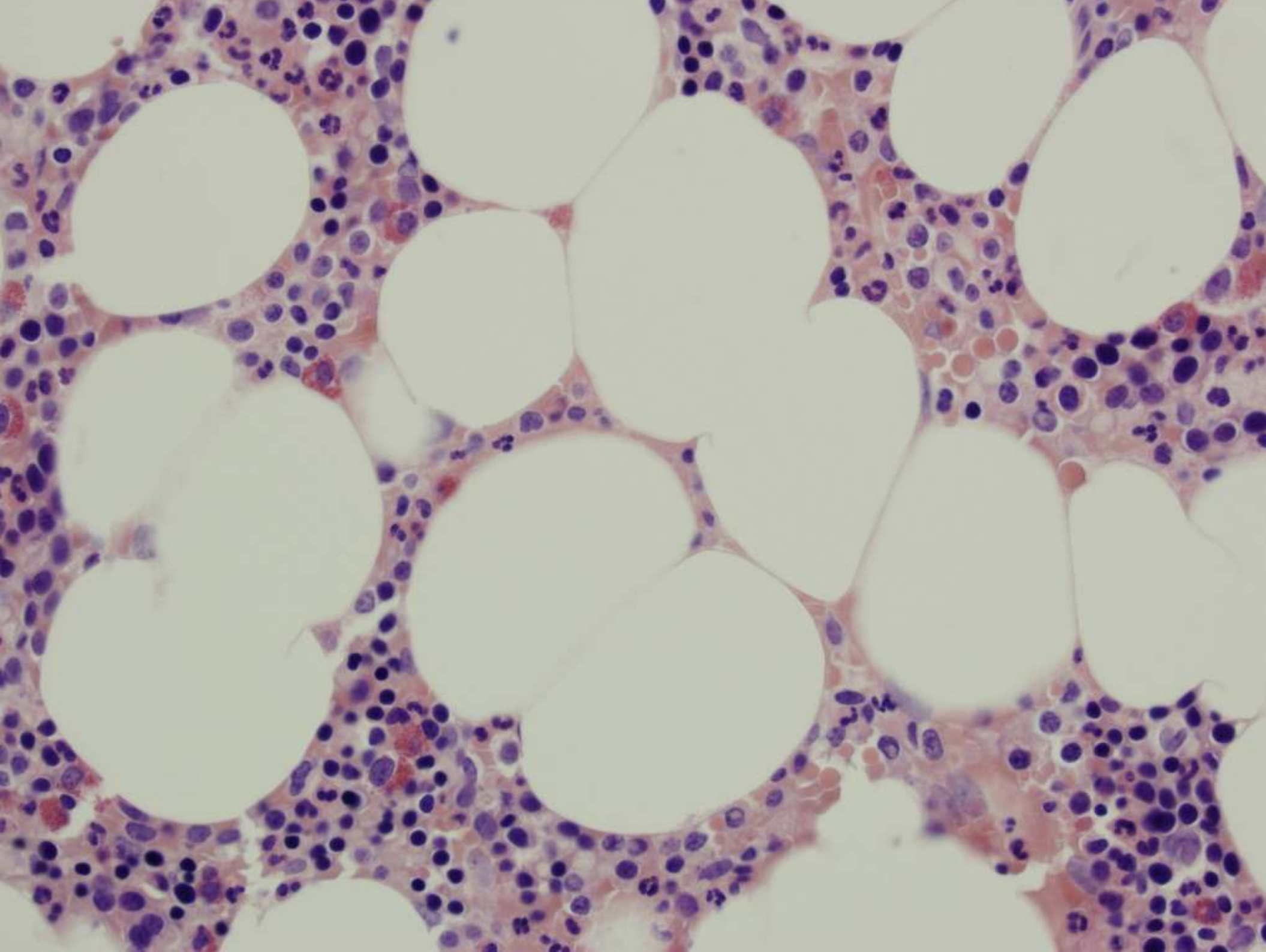


kappa



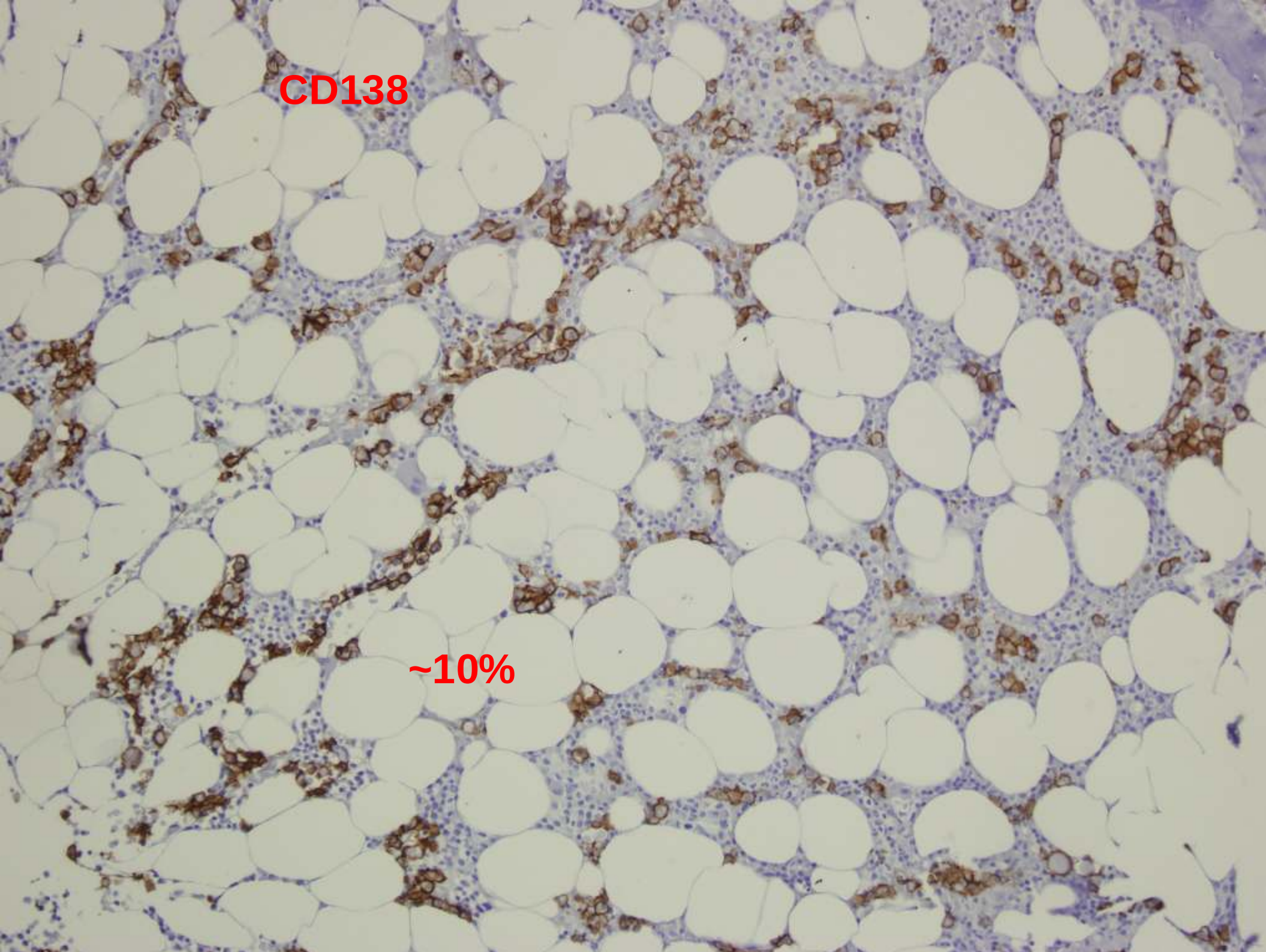
lambda

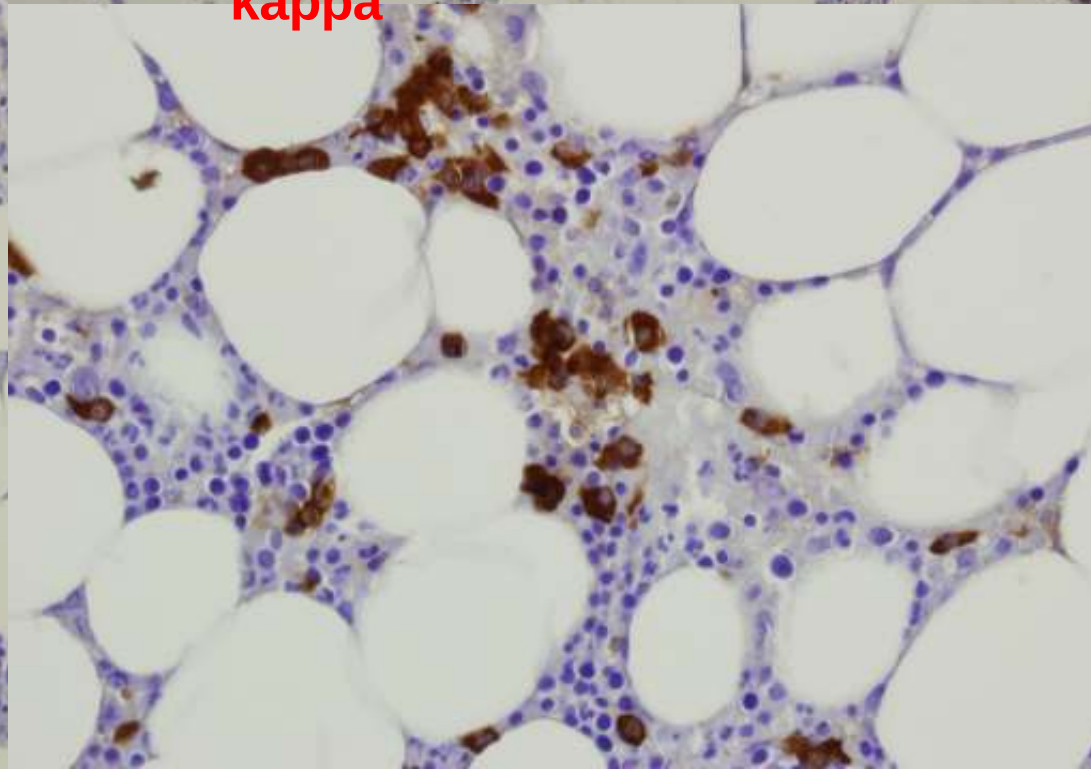
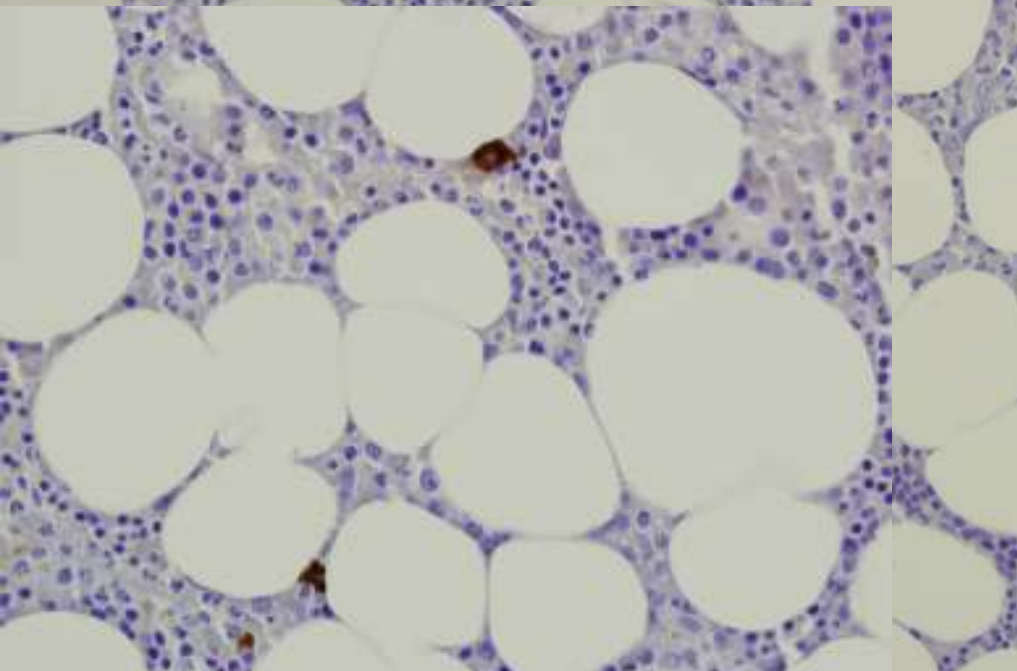
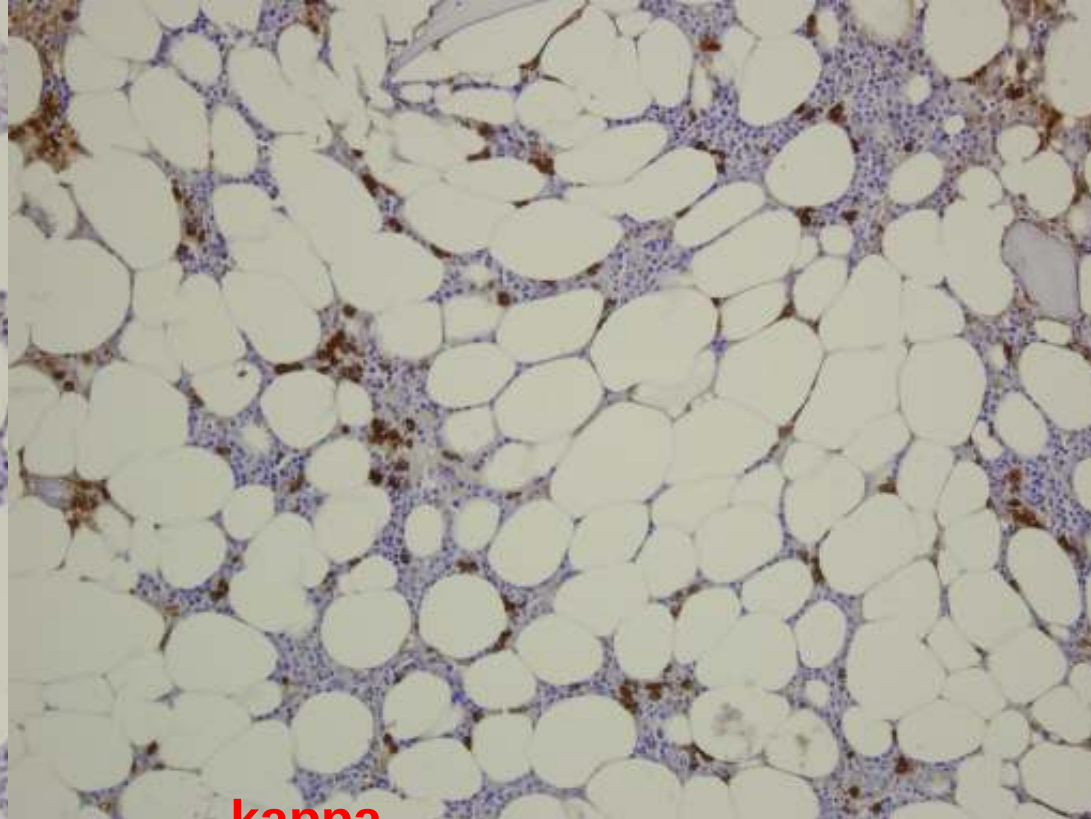
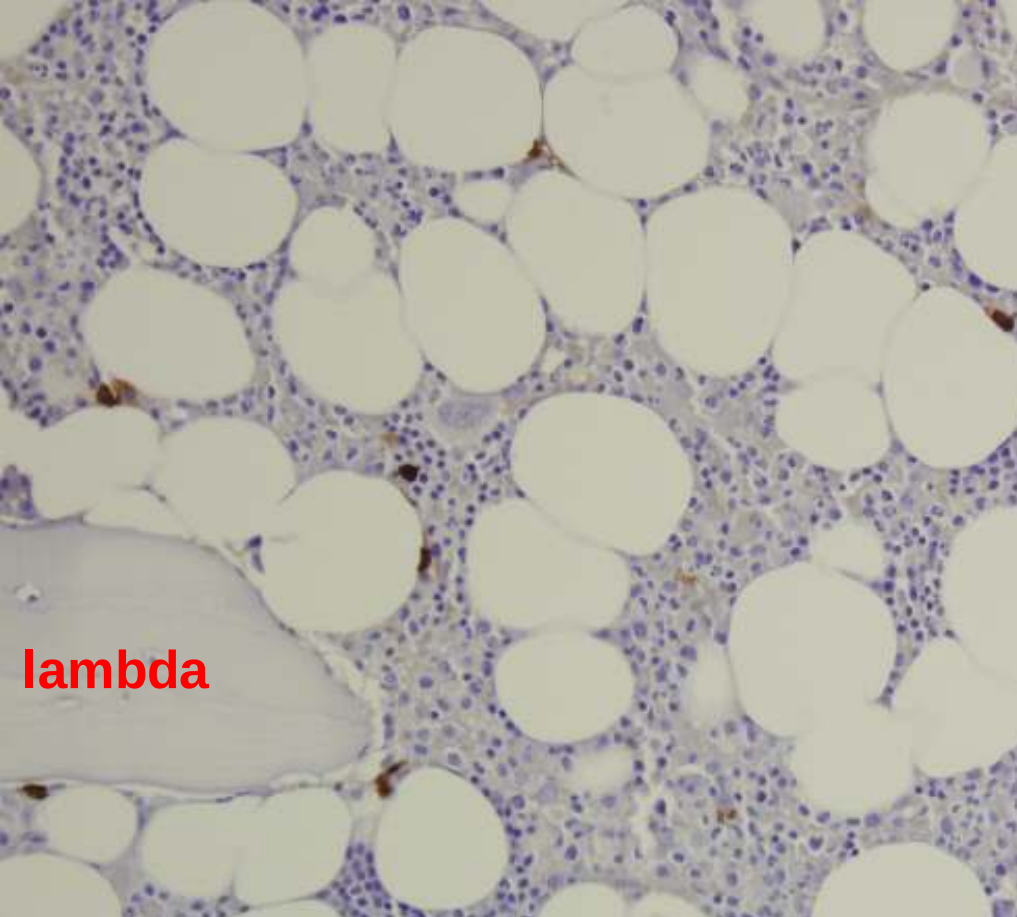


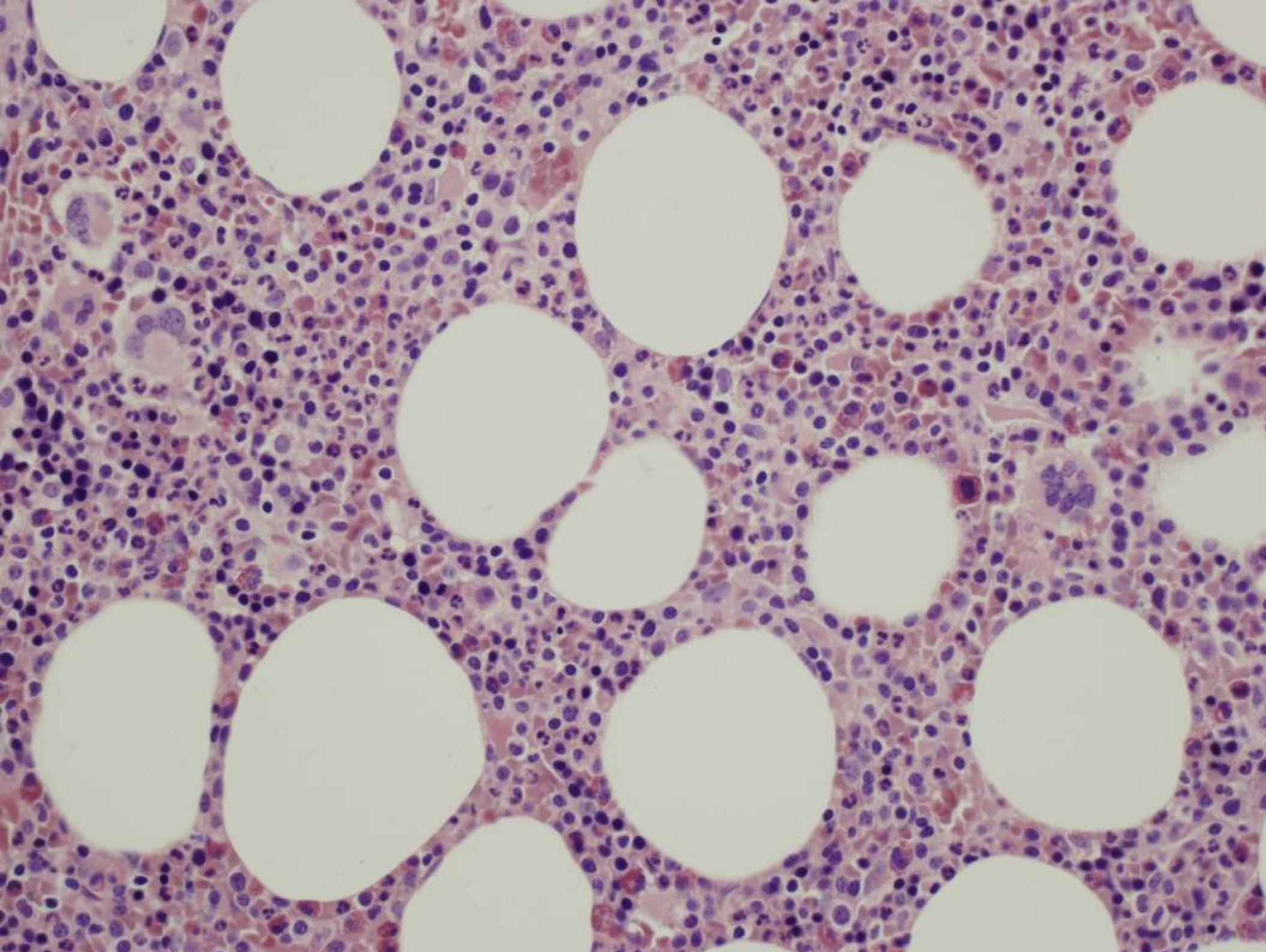


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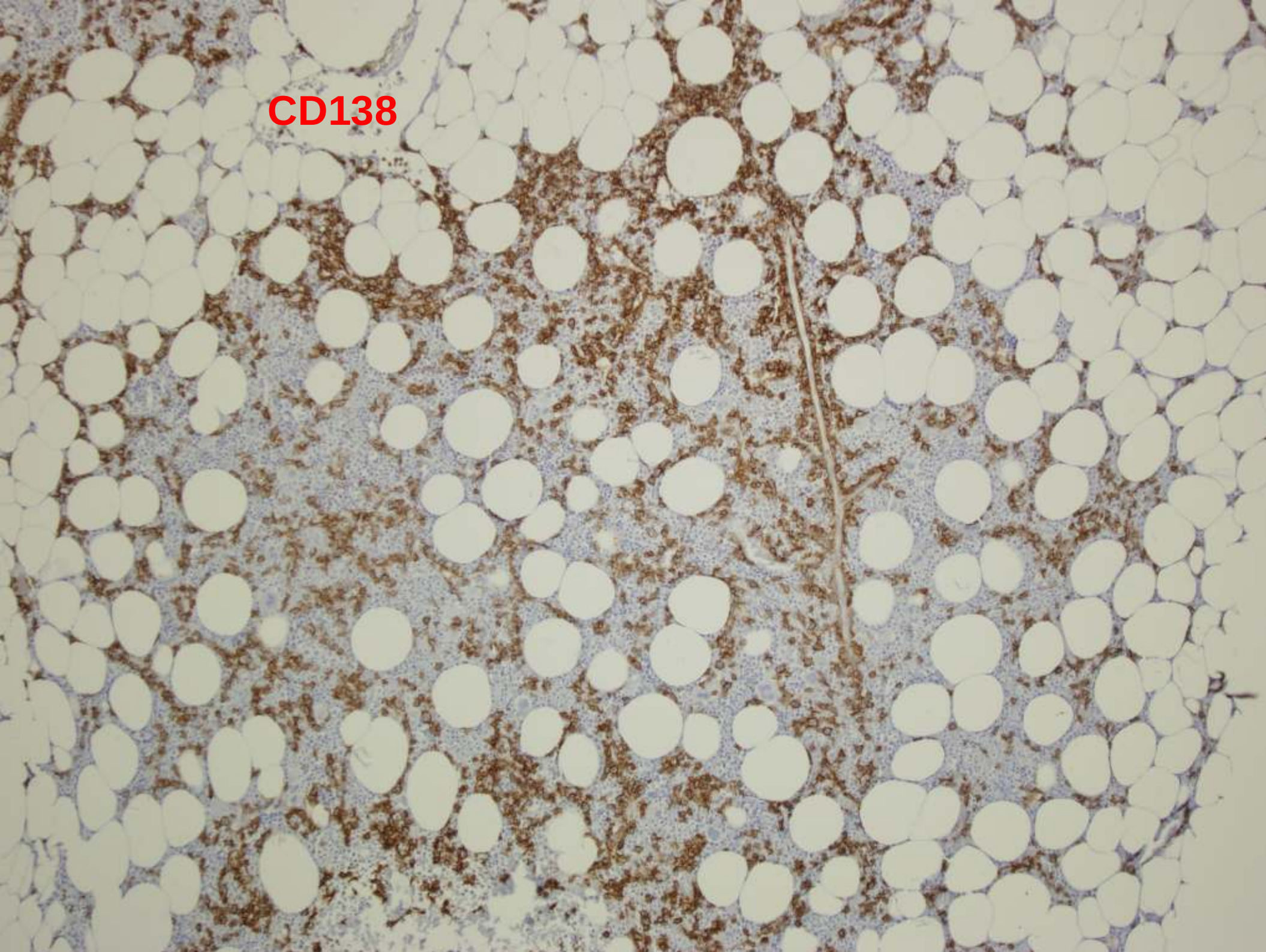
~10%

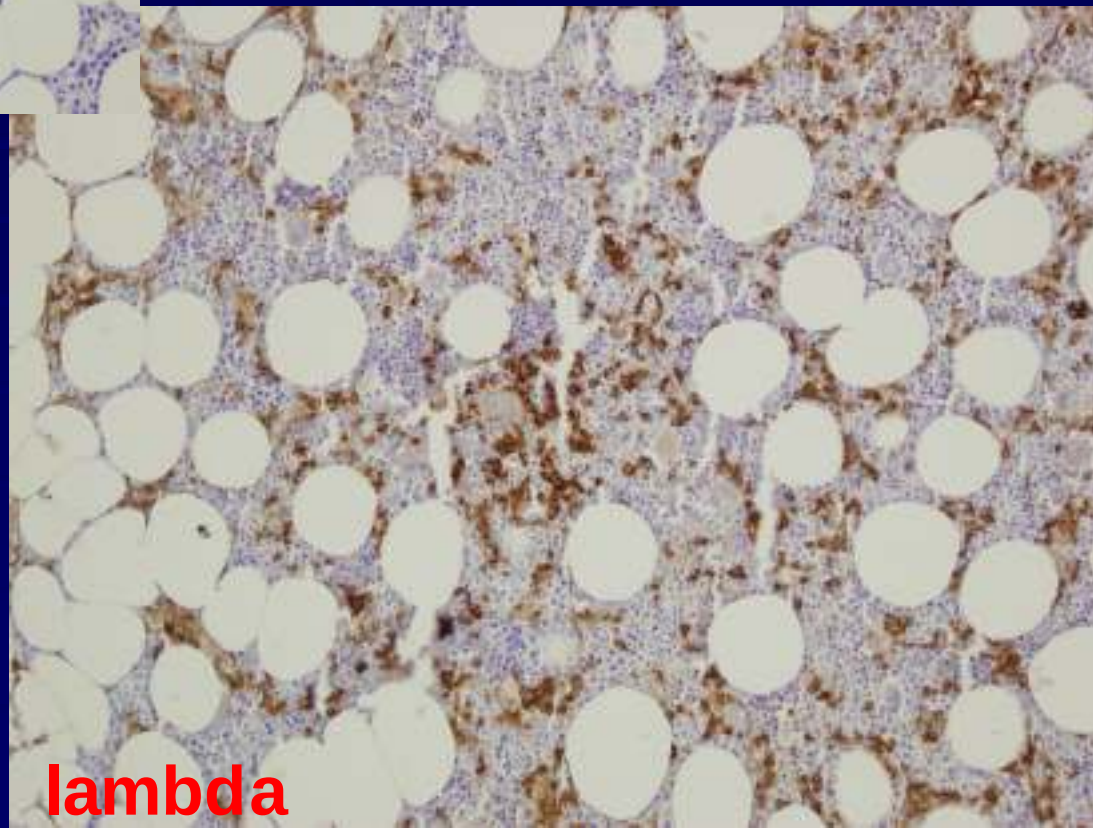
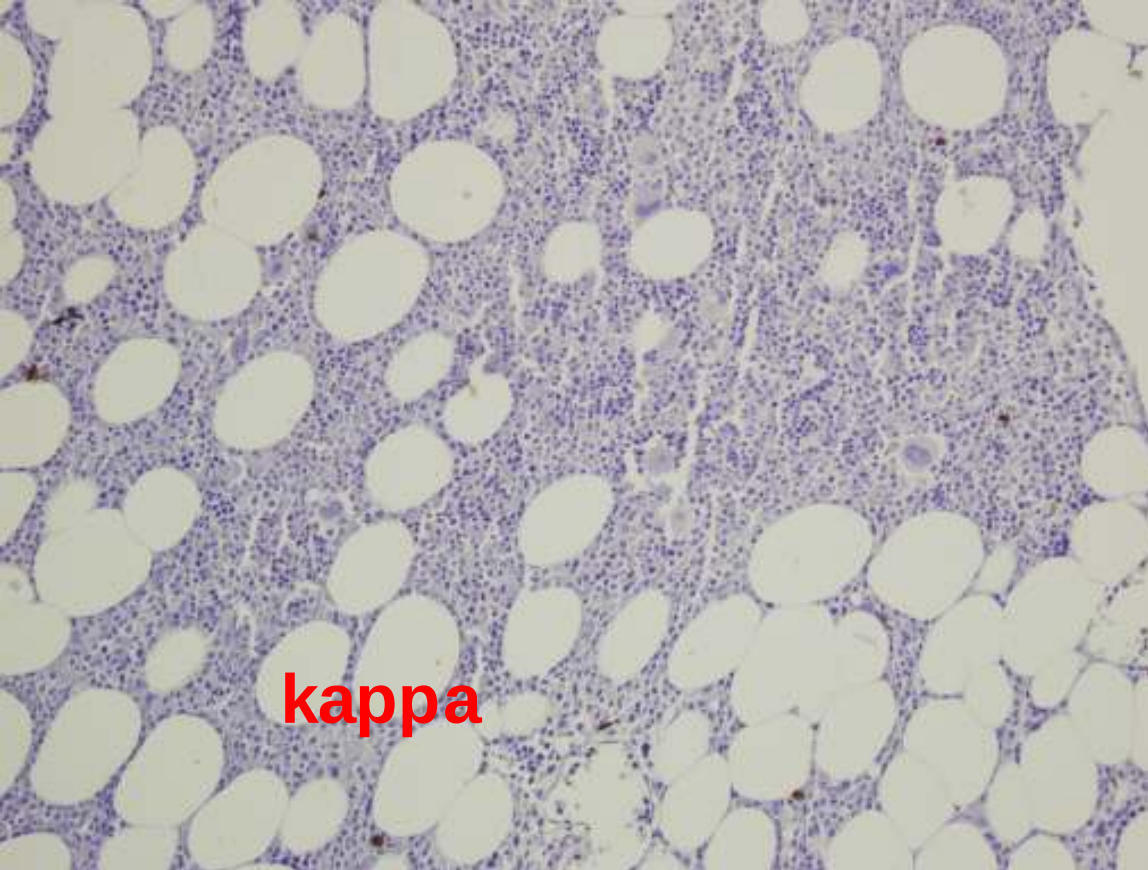




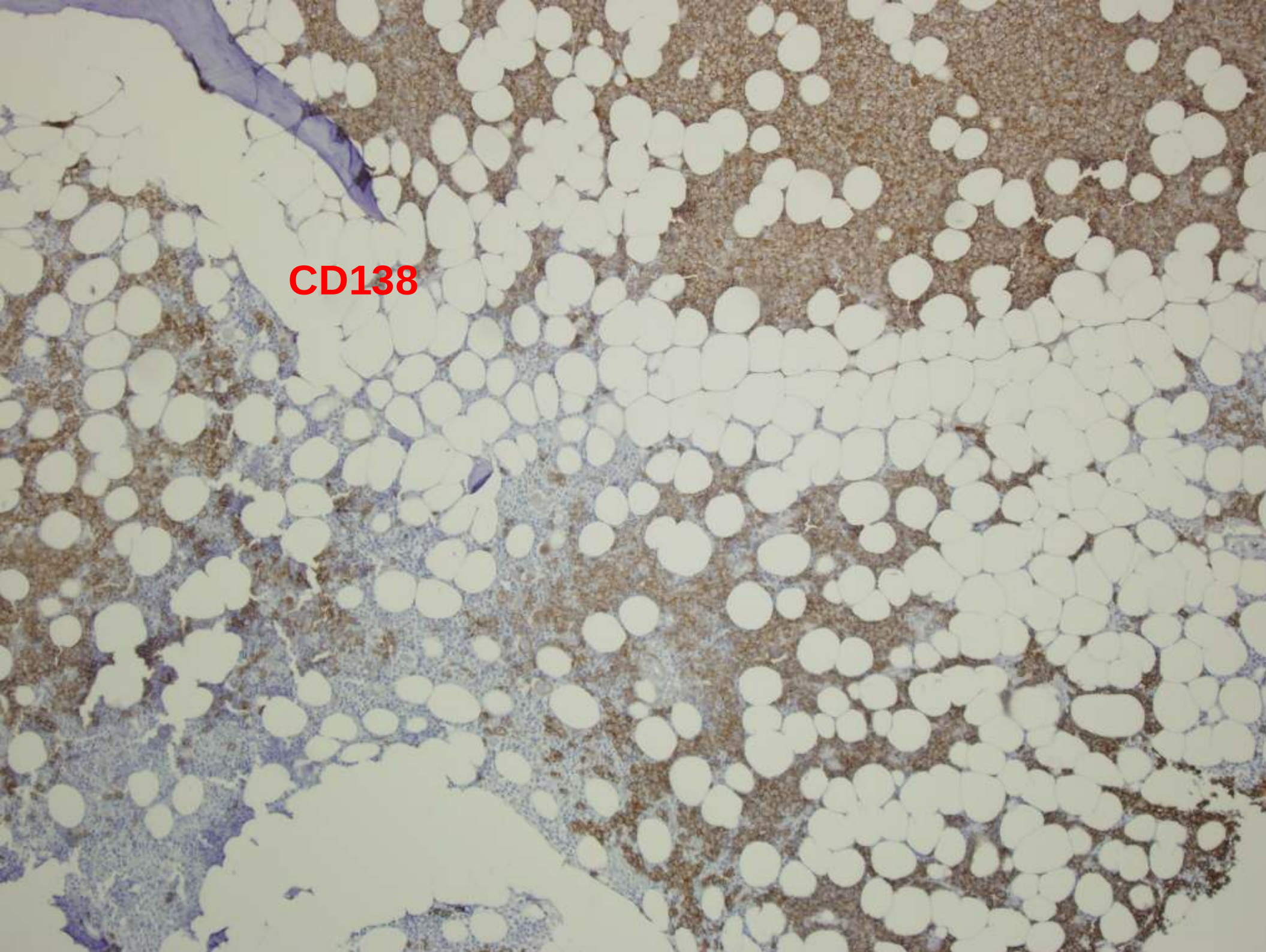


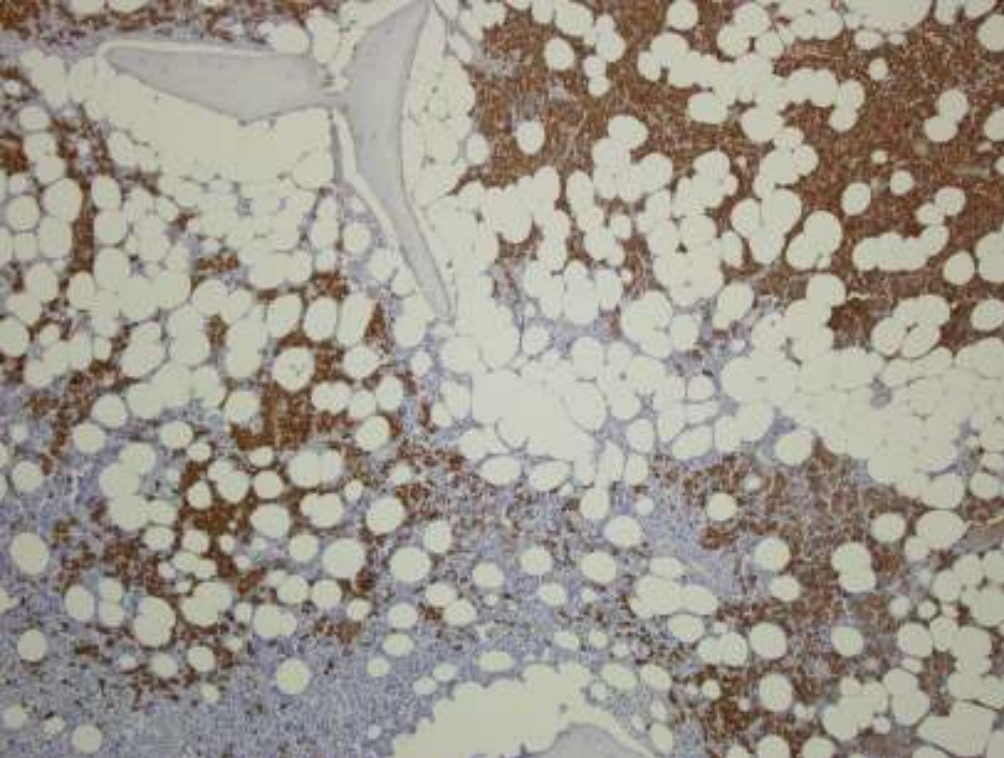
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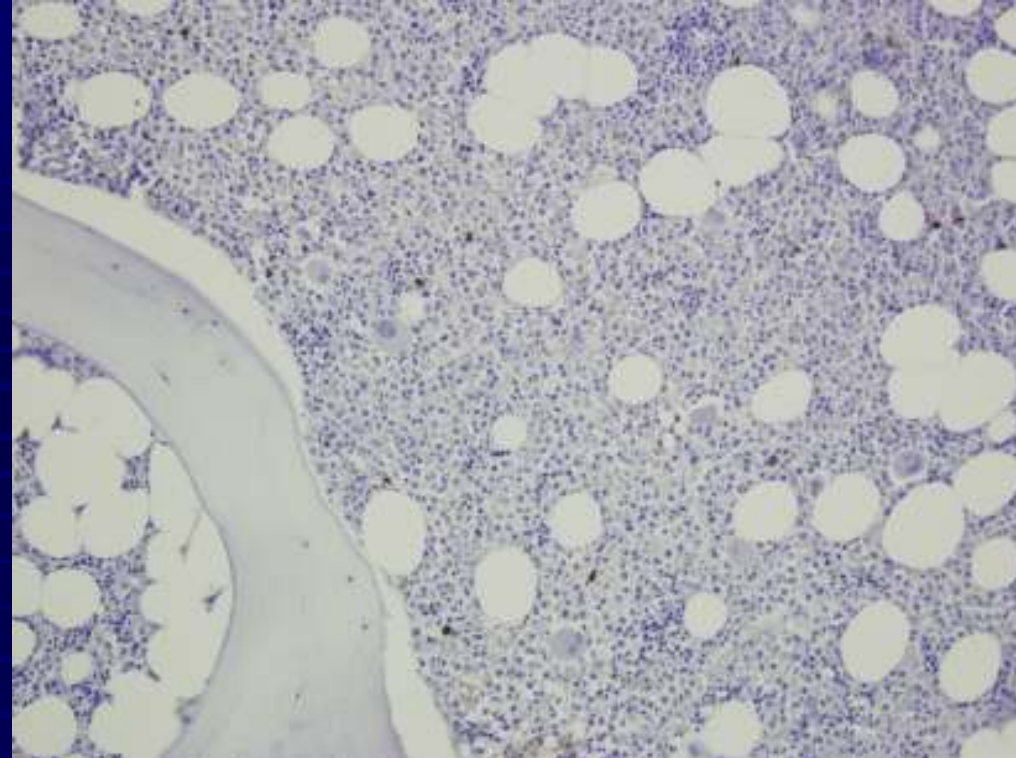


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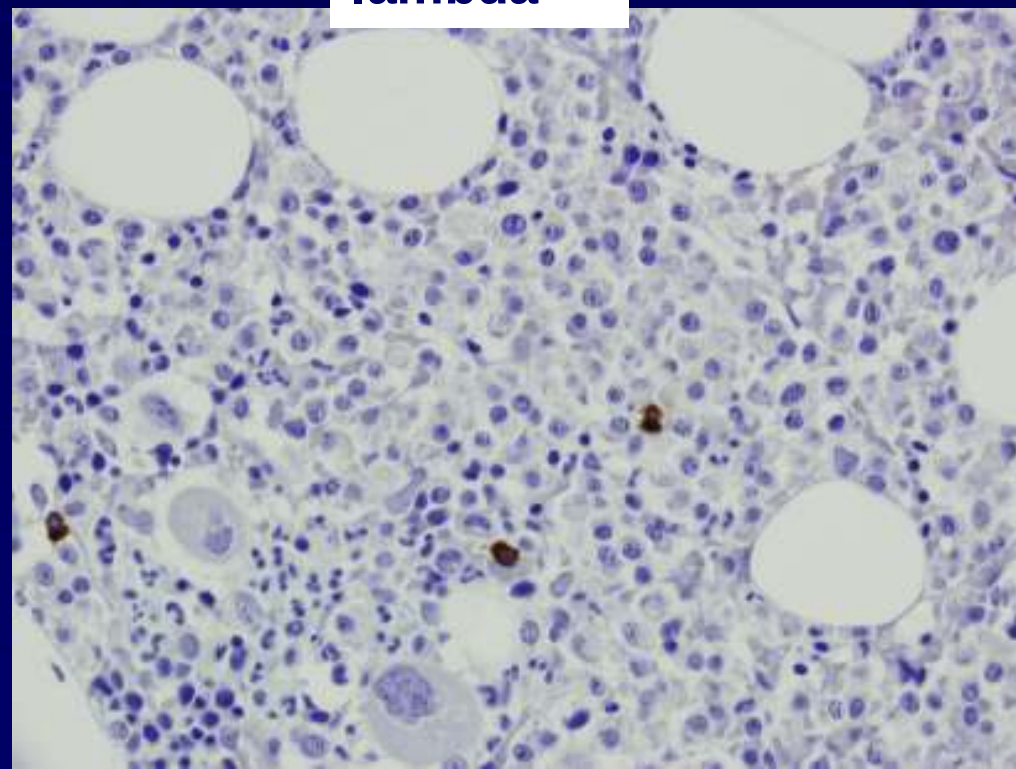
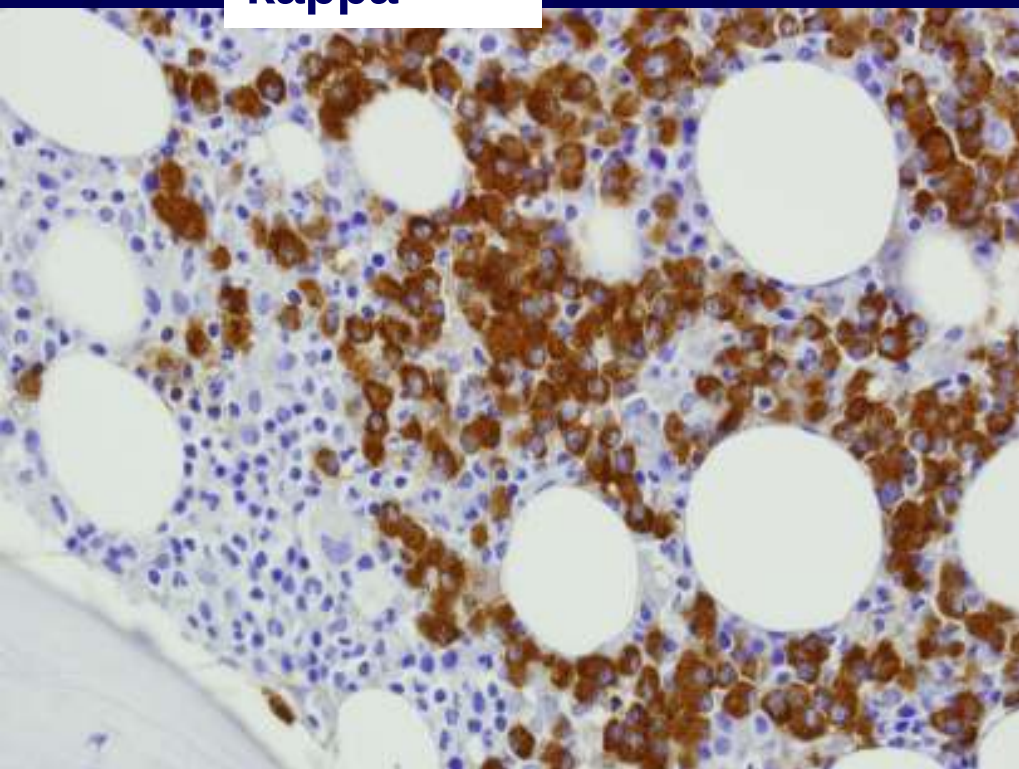


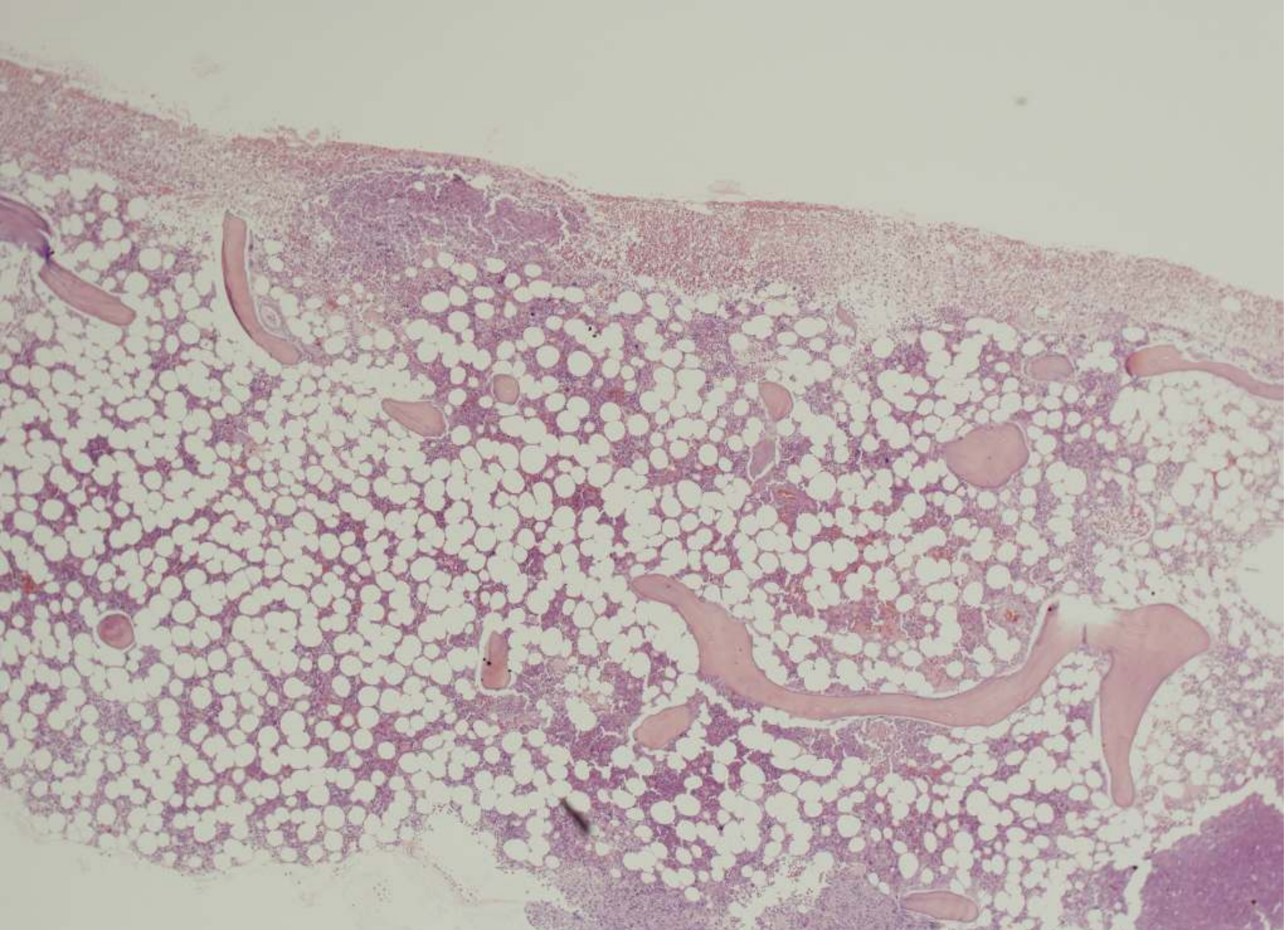


kappa

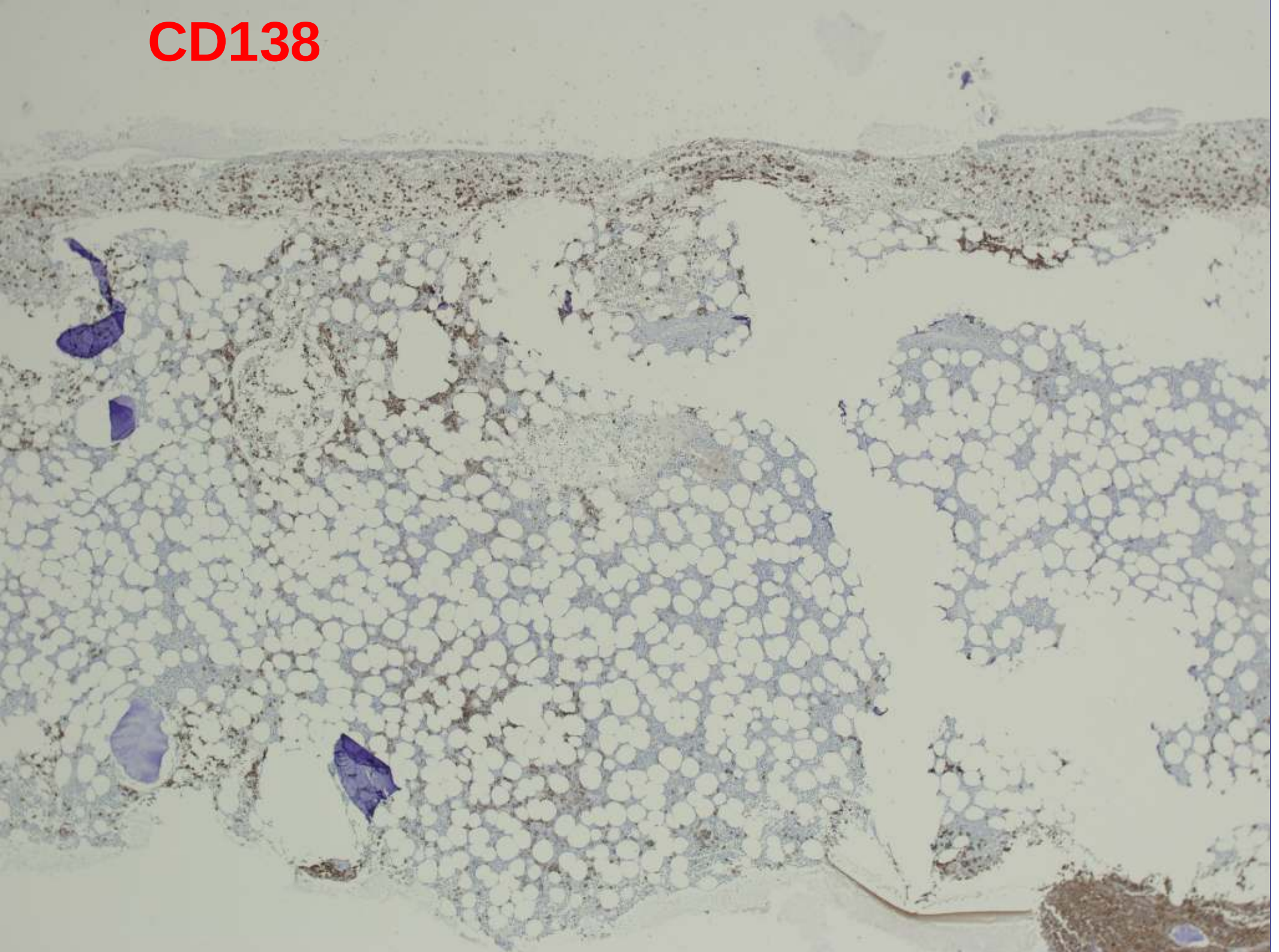


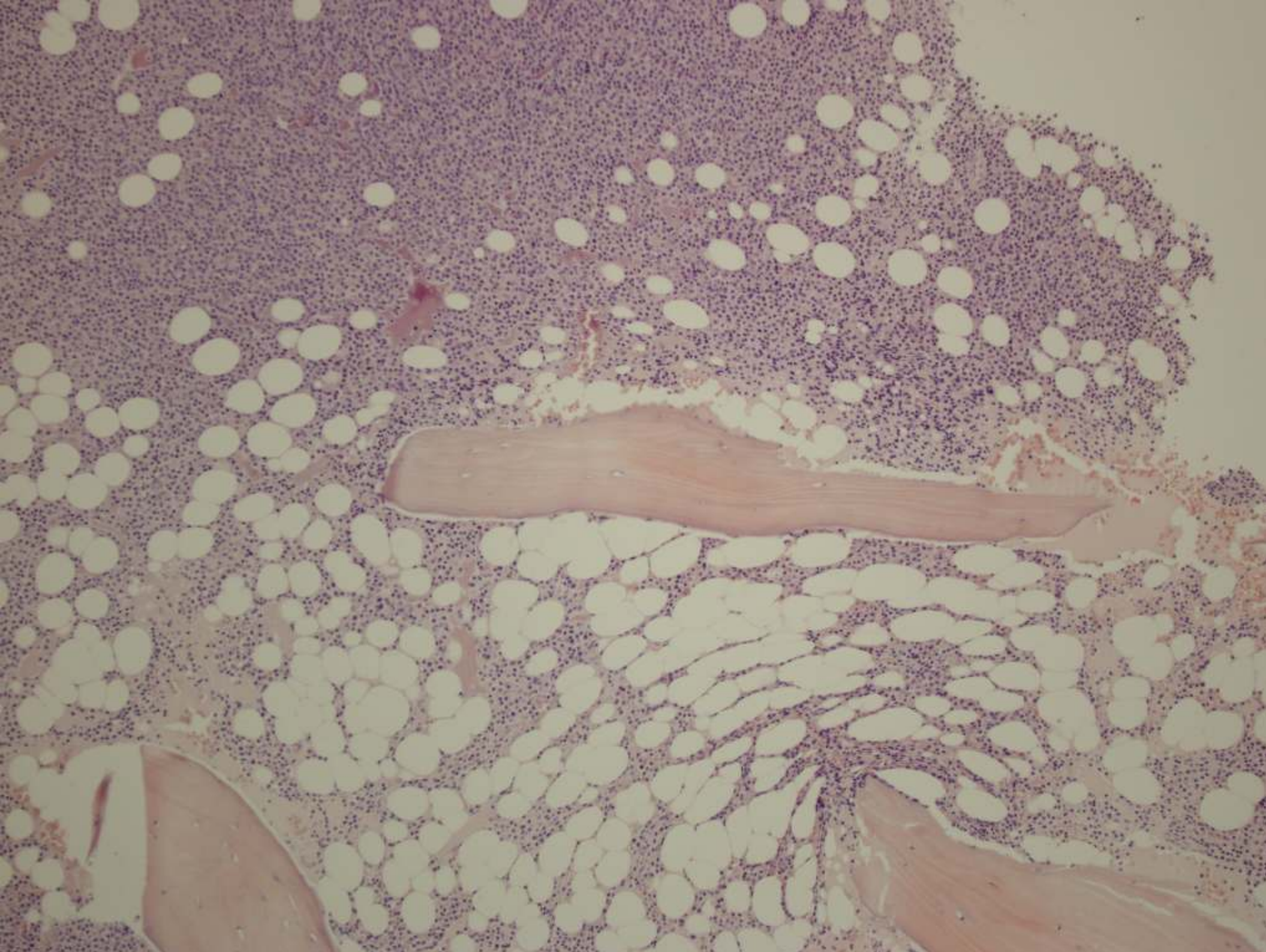
lambda

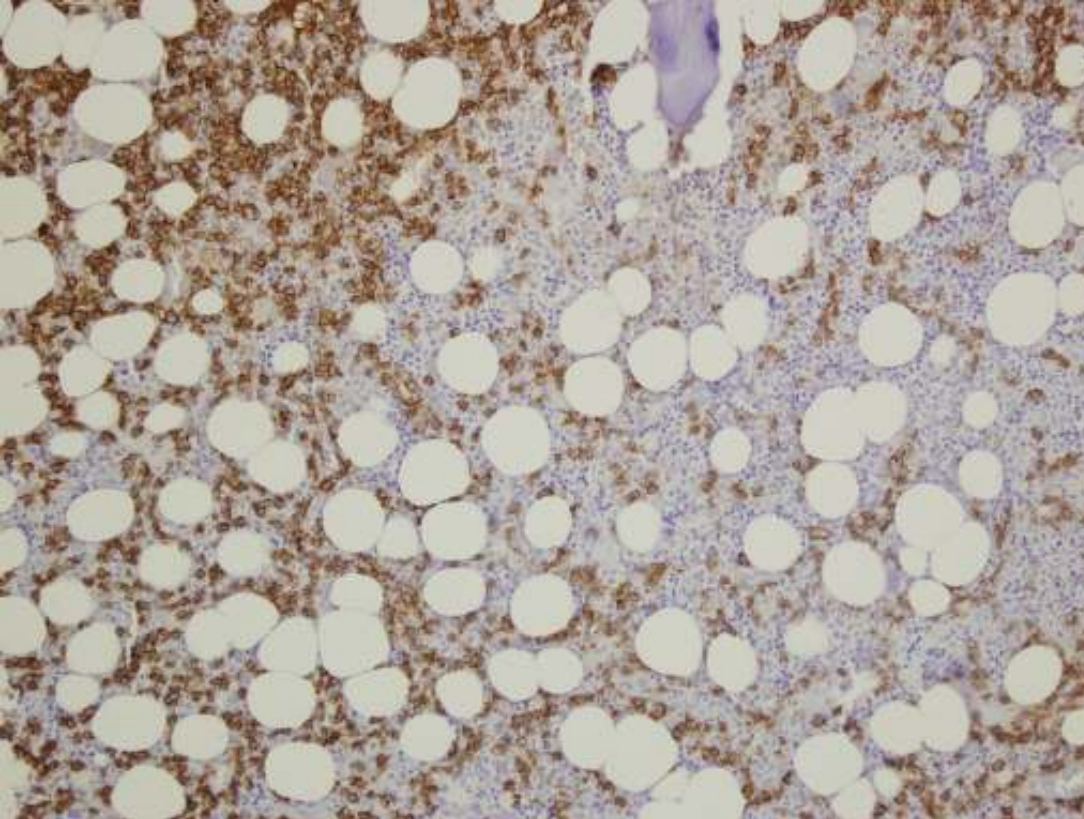




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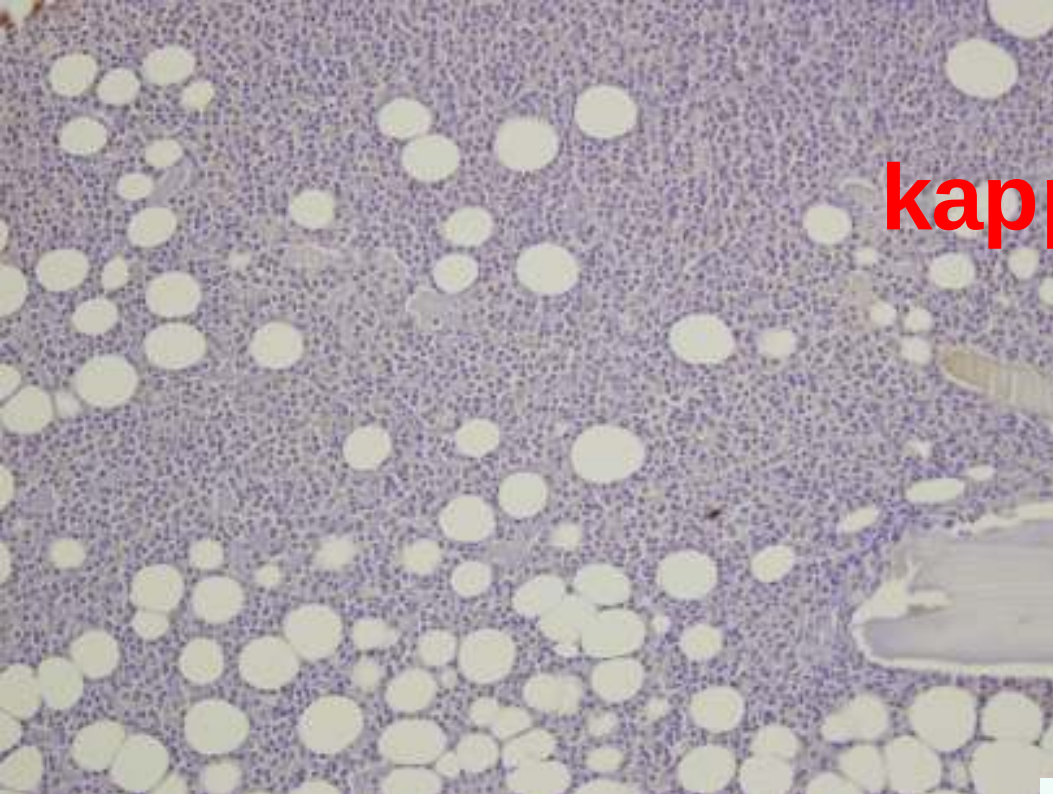




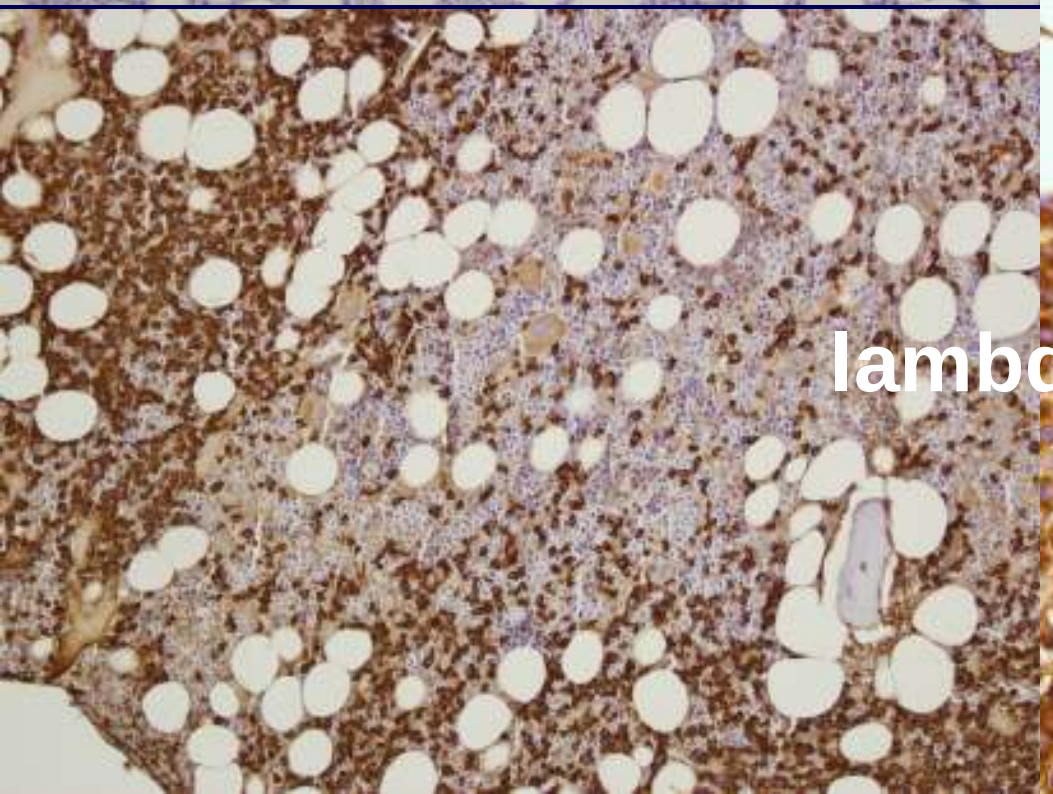
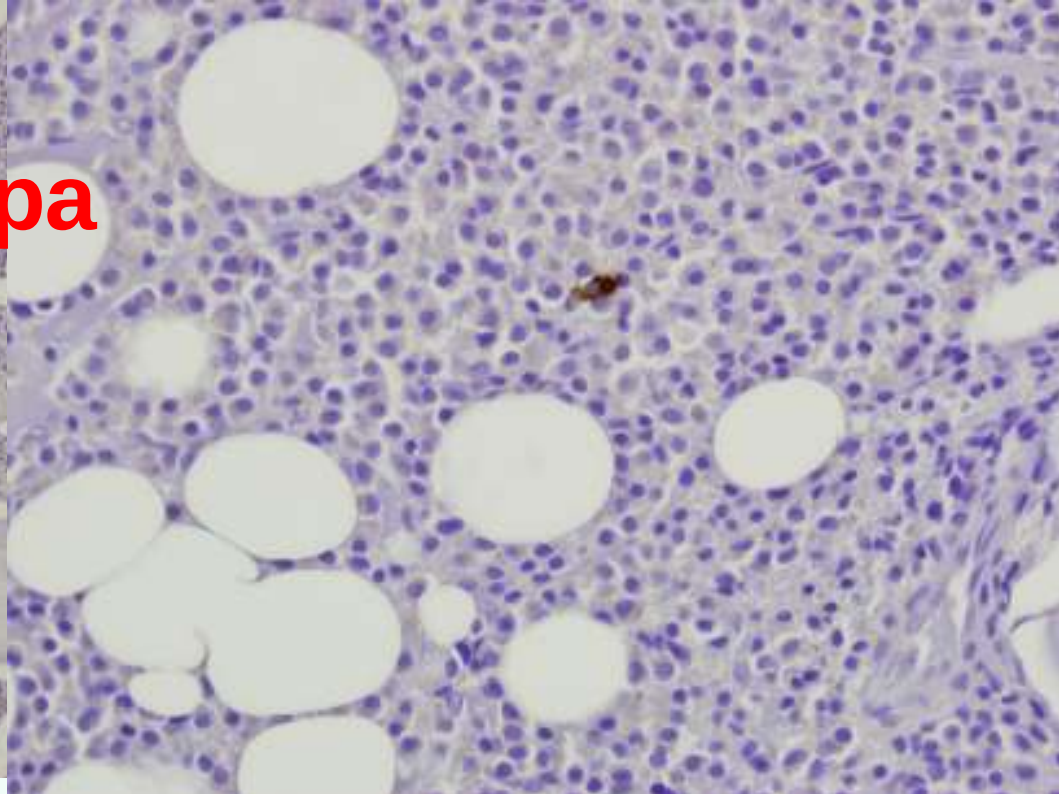


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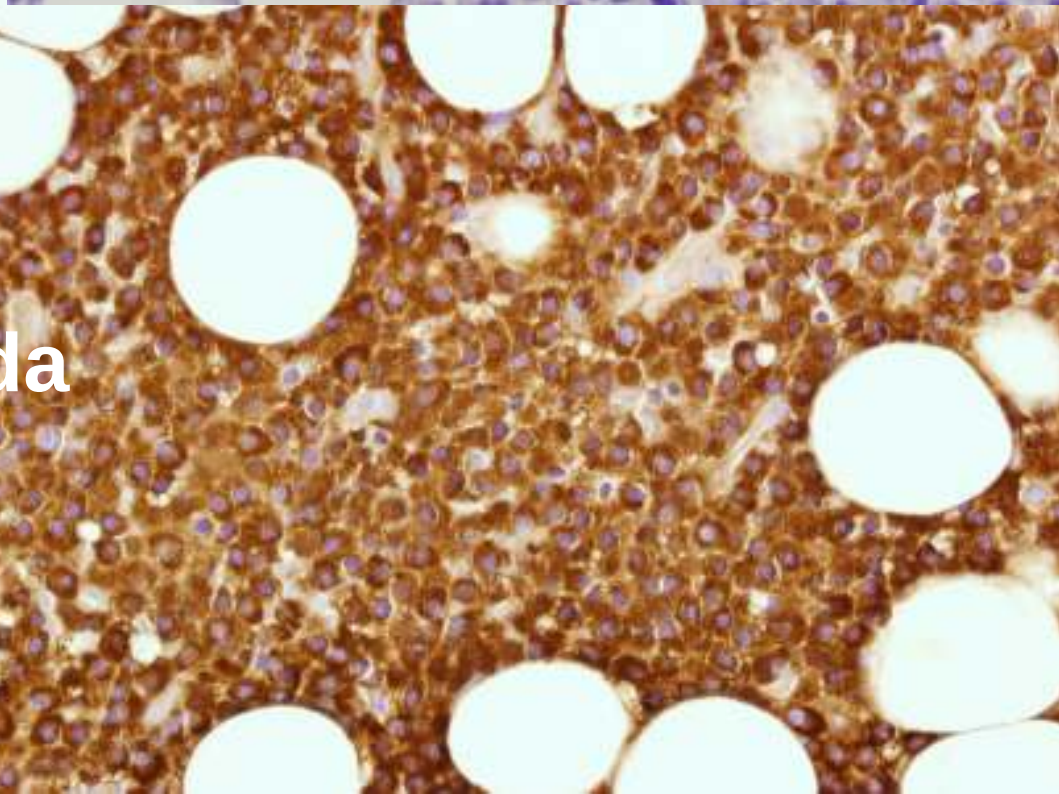


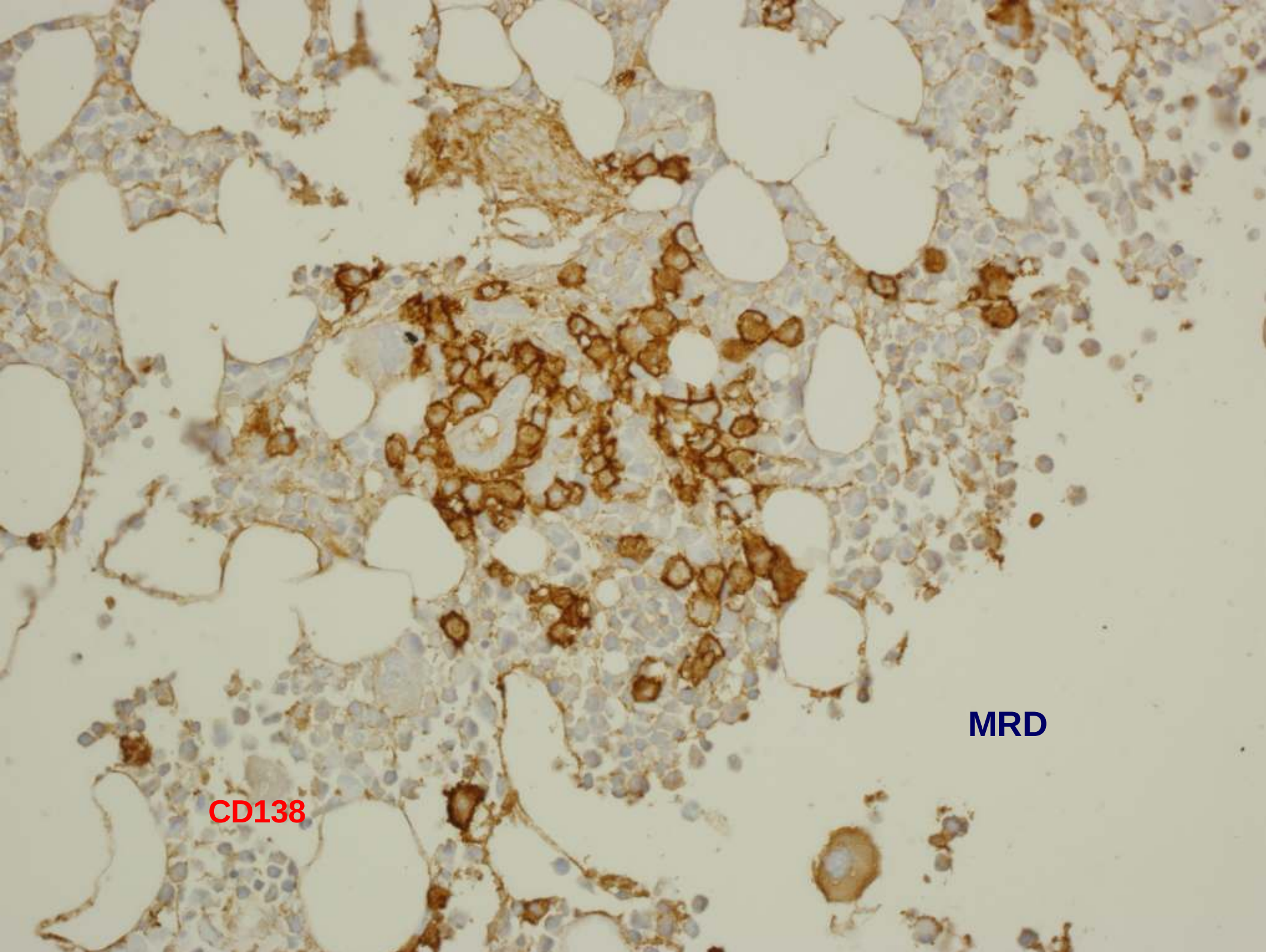


kappa



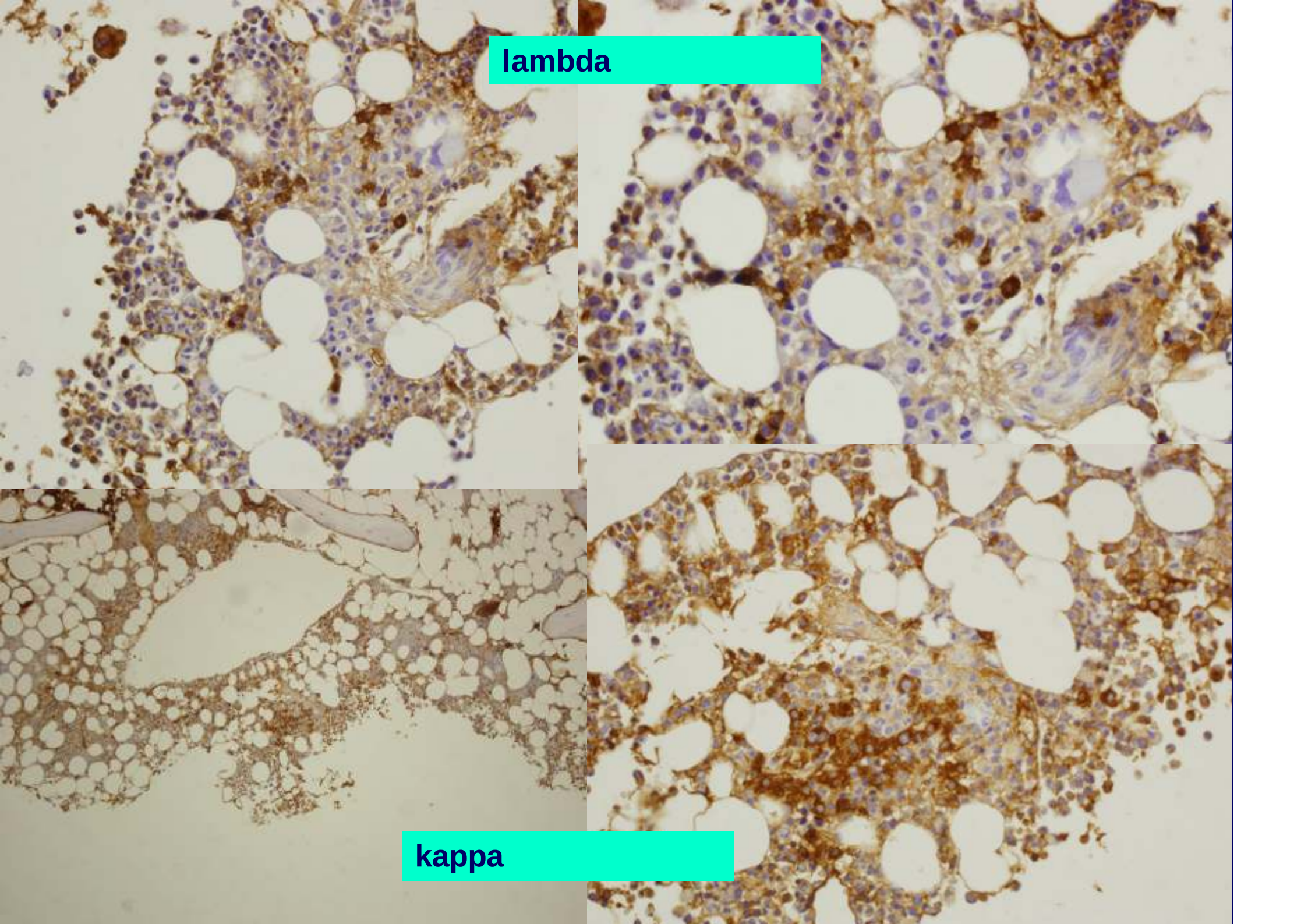
lambda





CD138

MRD

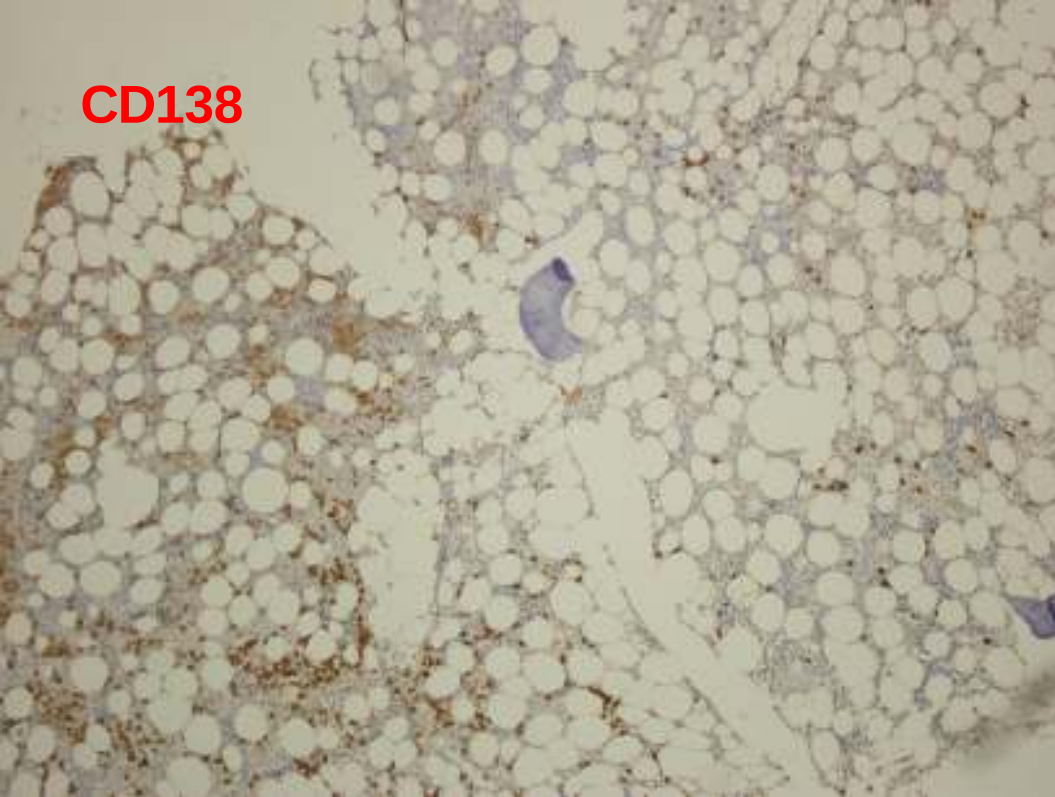


The image is a composite of four immunohistochemistry (IHC) micrographs showing tissue sections stained for lambda and kappa light chains. The top-left and top-right panels show lambda staining, with a red label 'lambda' at the top. The bottom-left and bottom-right panels show kappa staining, with a red label 'kappa' at the bottom. The tissue sections are stained with hematoxylin and eosin (H&E) to show cellular morphology. The lambda staining is localized to specific areas, while the kappa staining is more widespread. The tissue appears to be a lymphoid organ, possibly a spleen or lymph node, given the presence of numerous small, round cells and larger, more irregular structures.

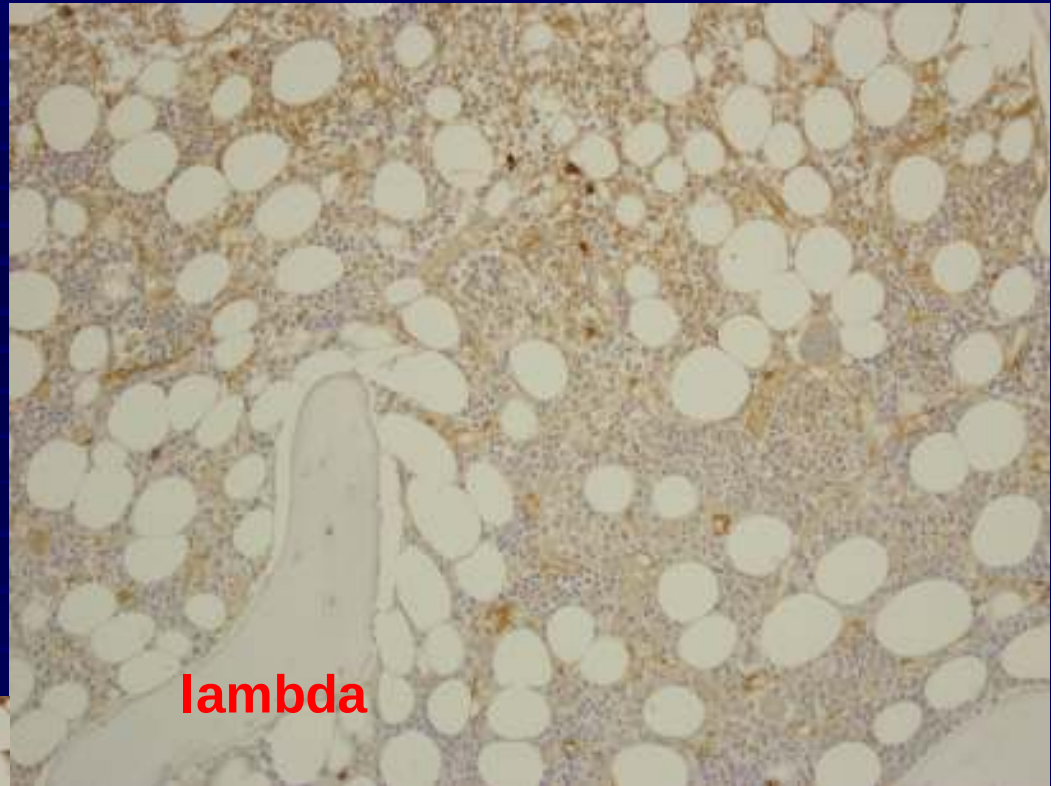
lambda

kappa

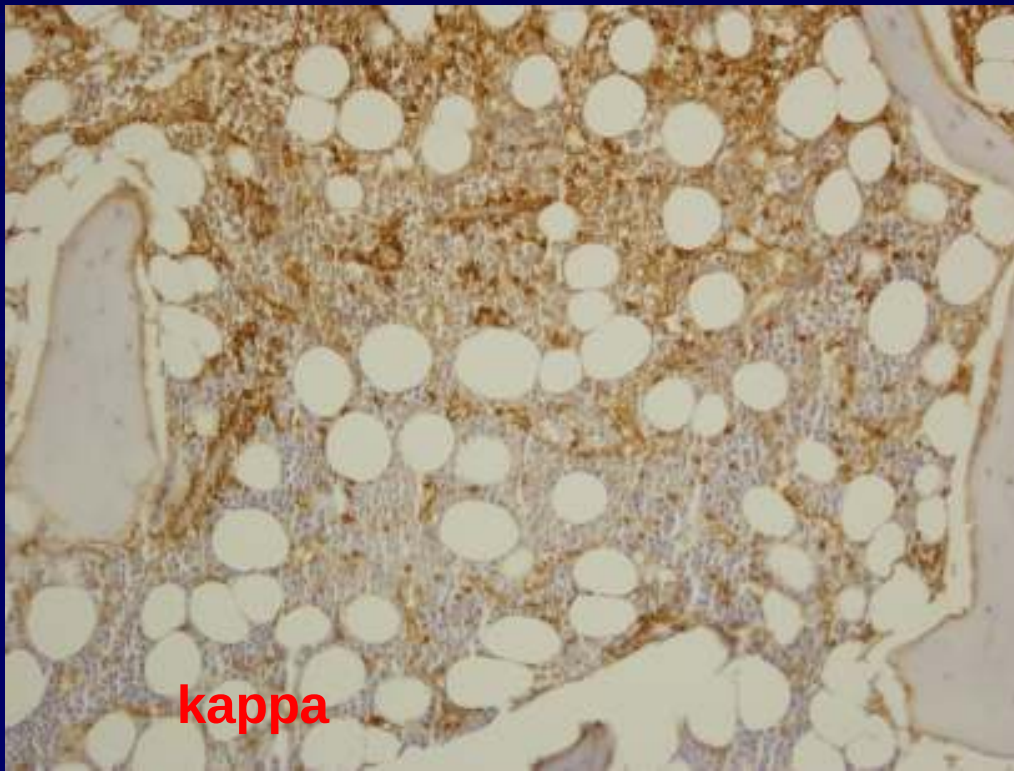
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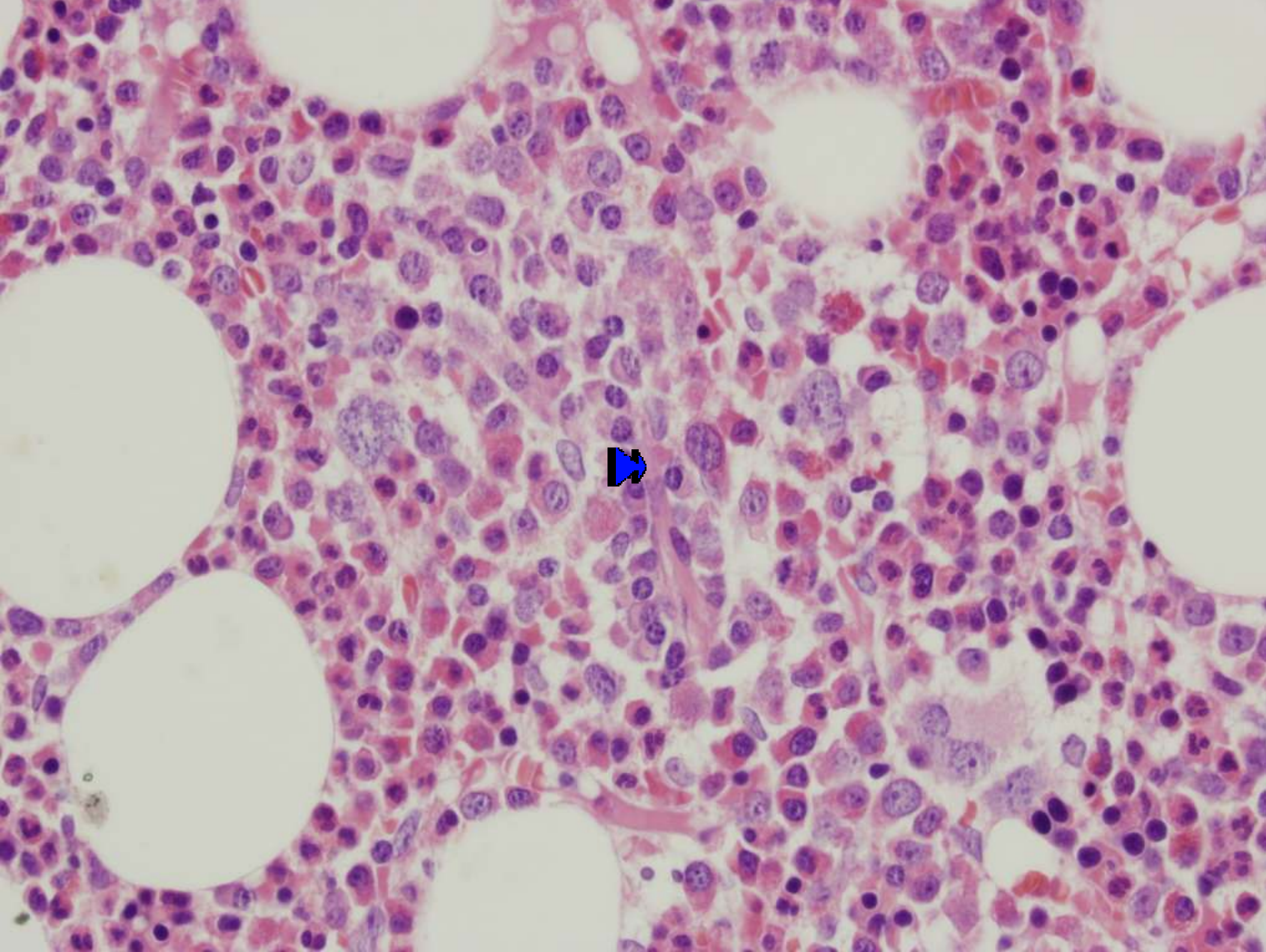


lambda

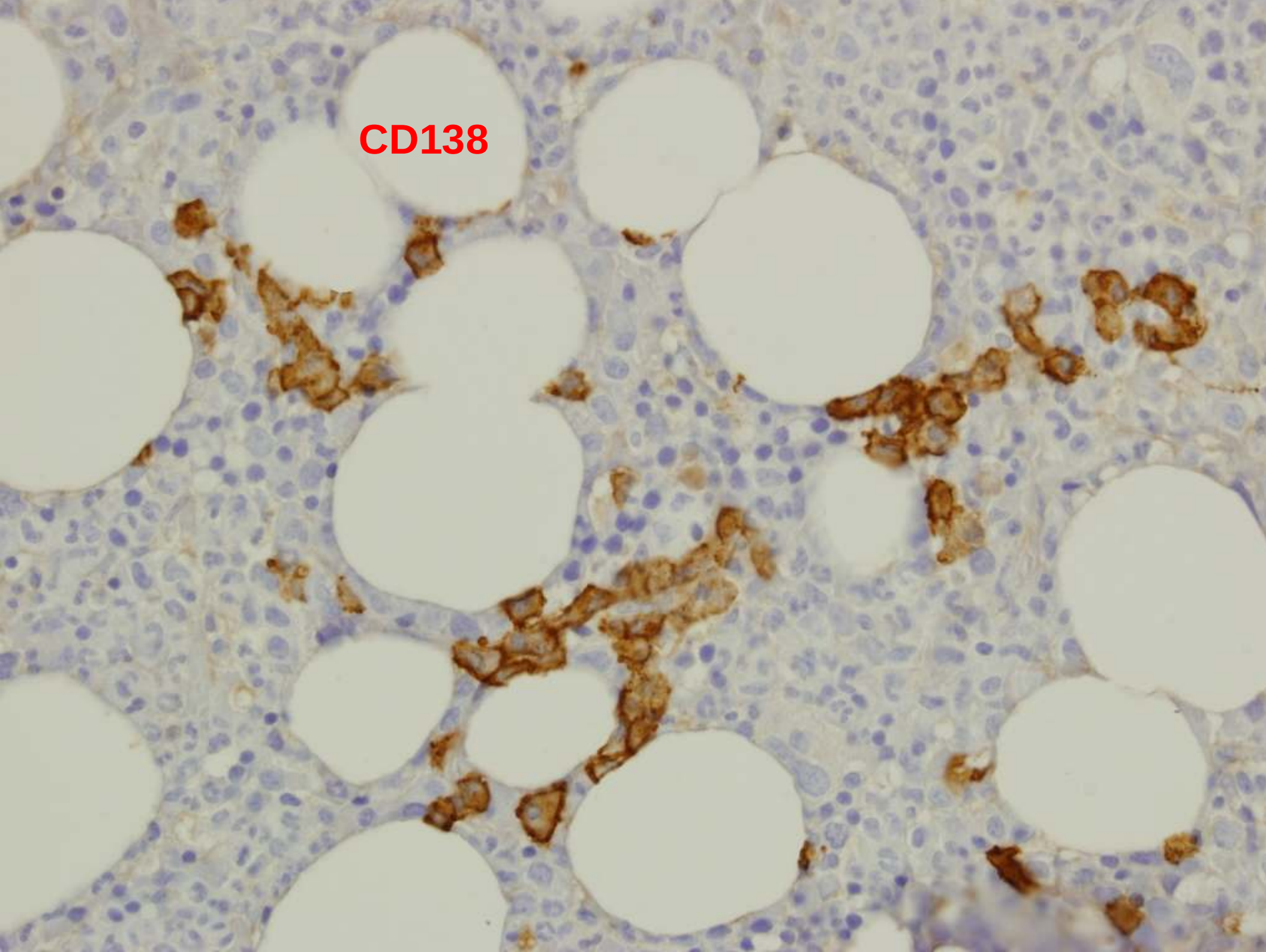


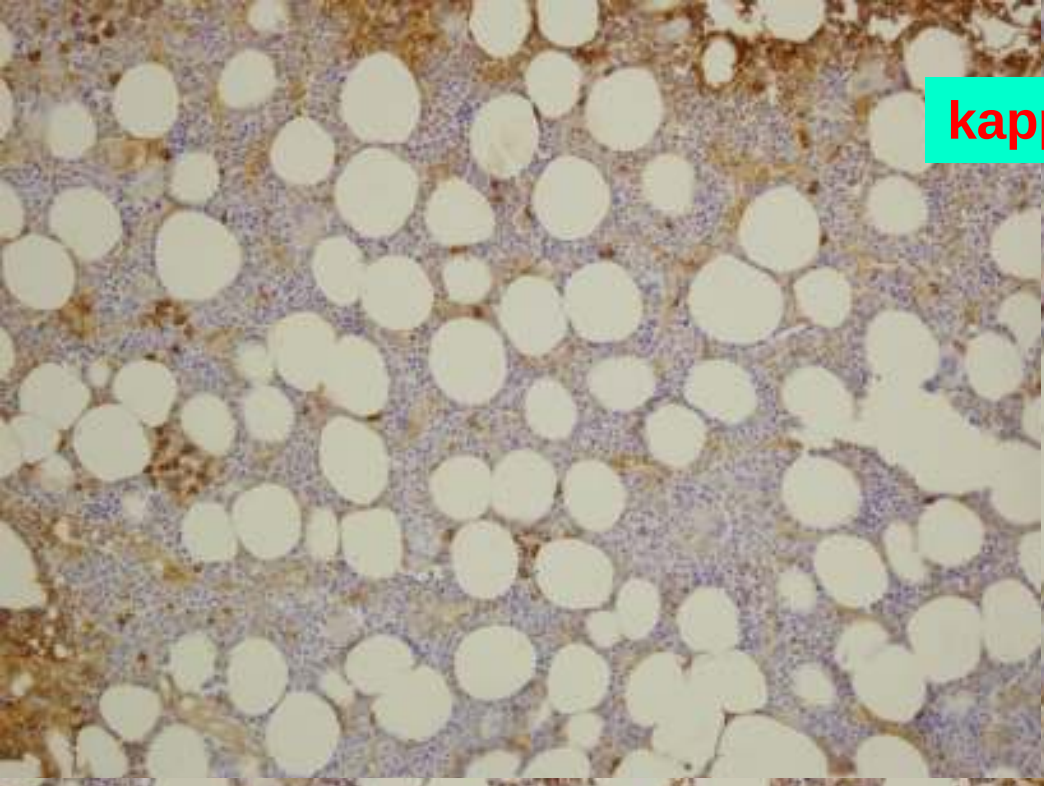
kappa





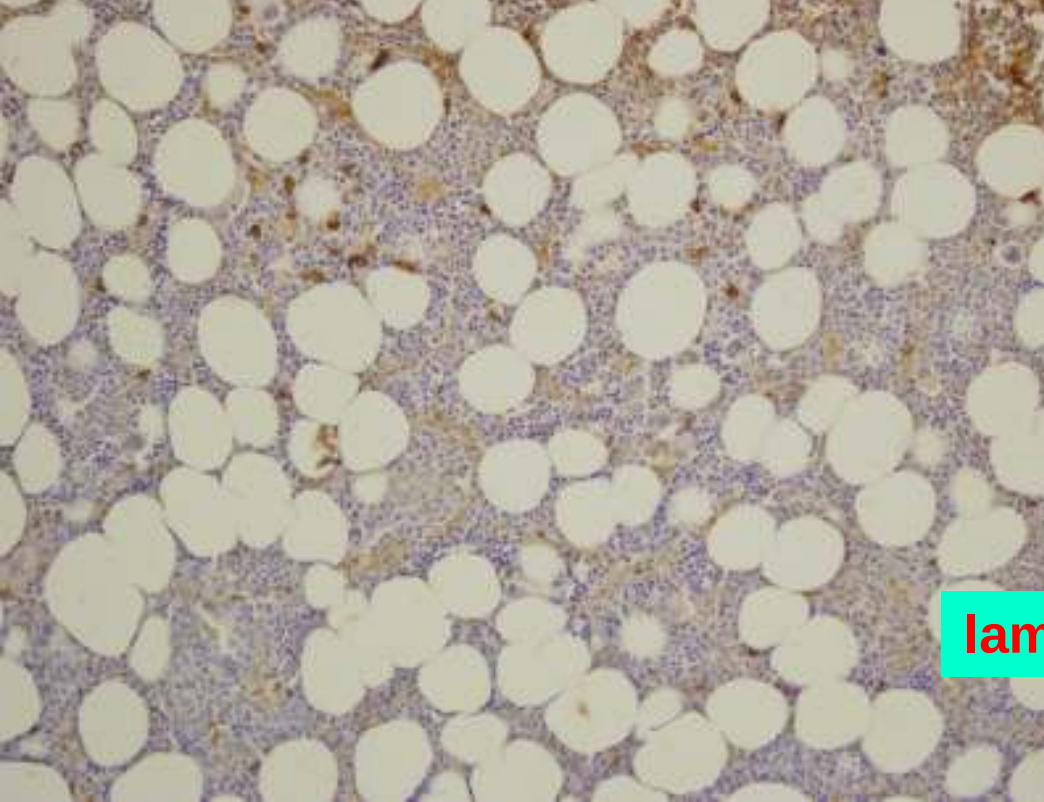
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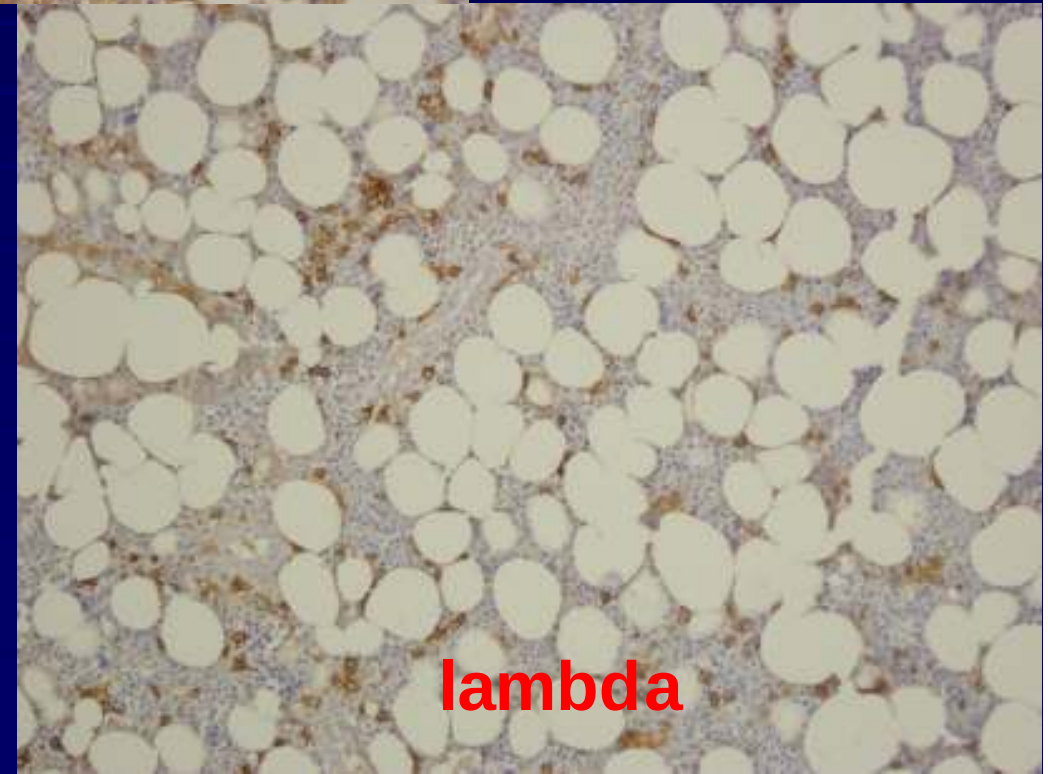
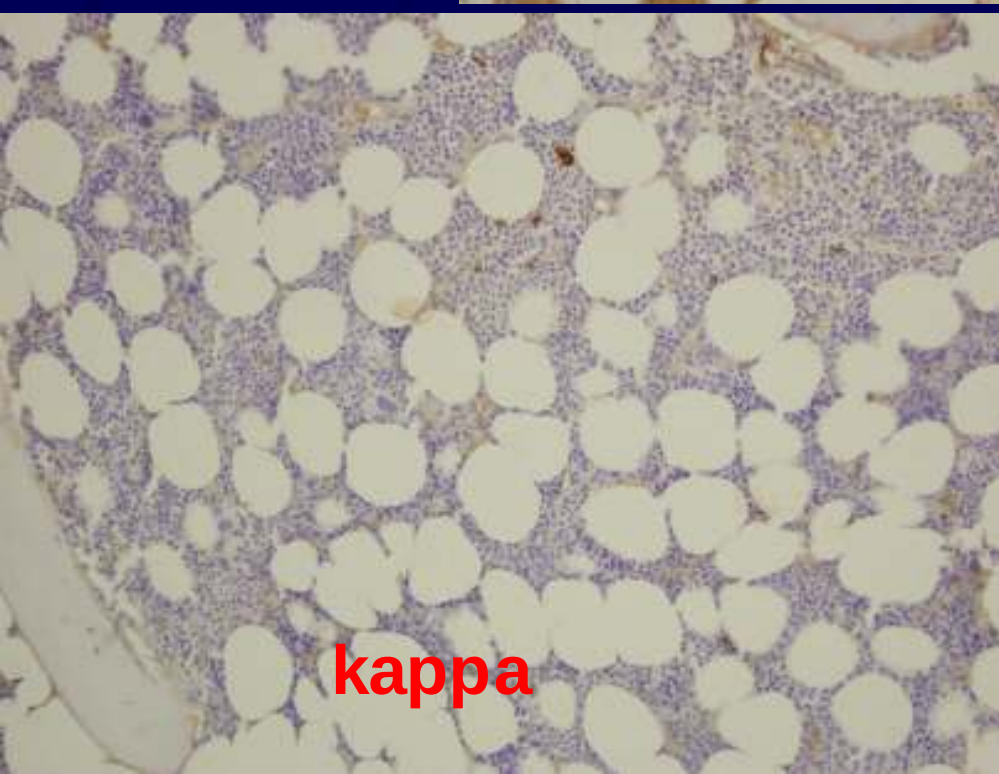
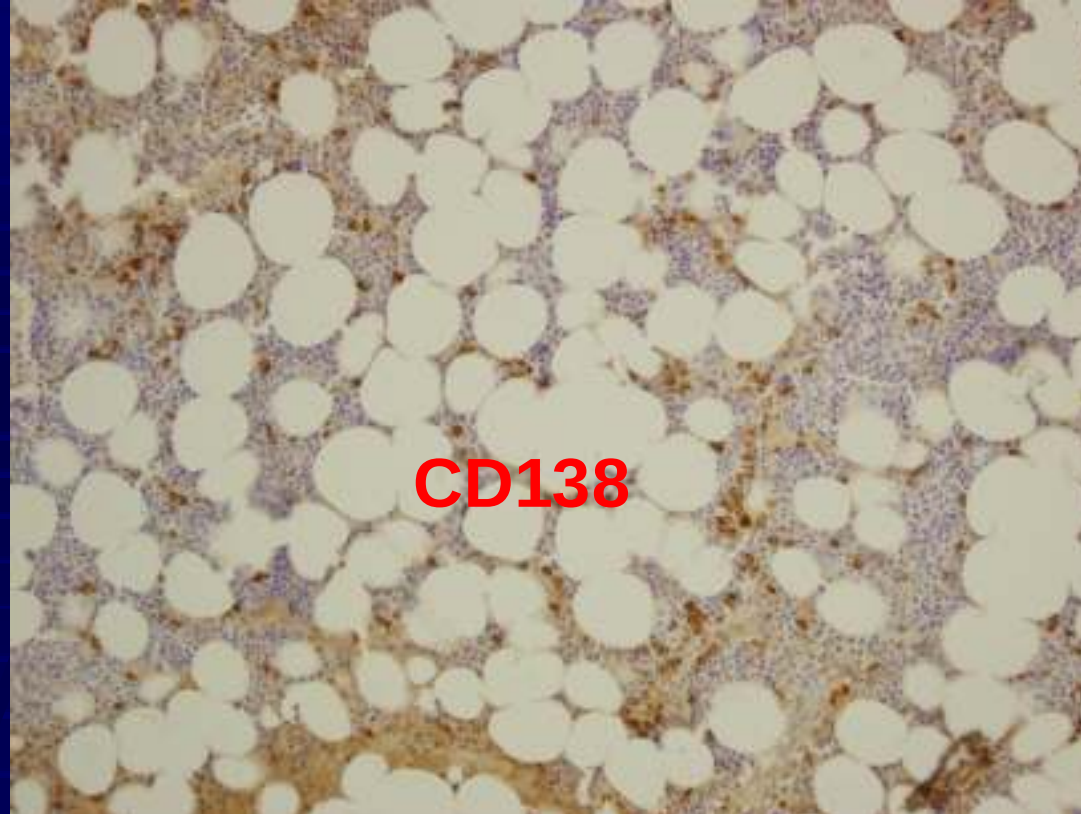
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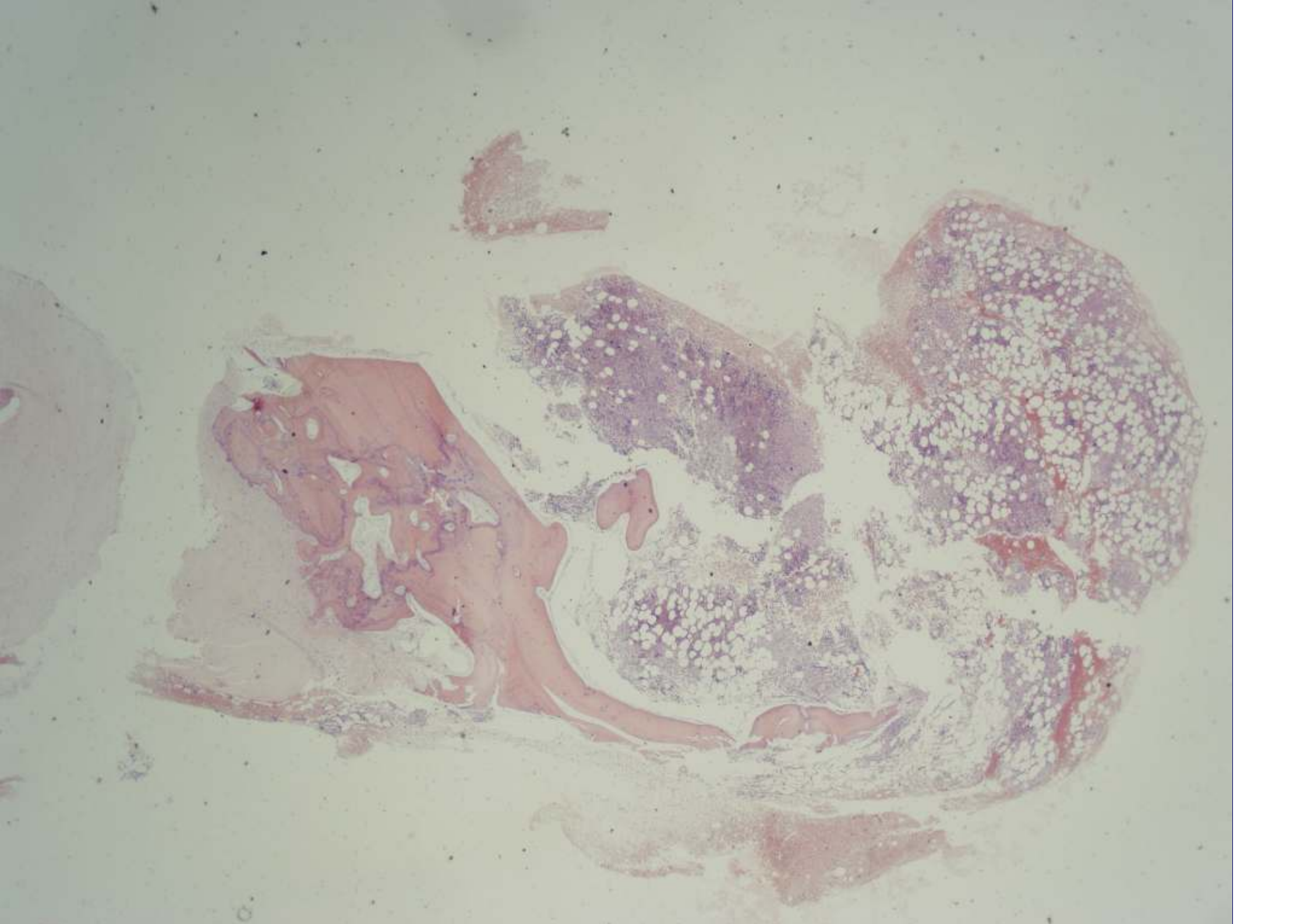
This panel shows a microscopic view of tissue with numerous pale, circular structures. The background is stained purple, and there are scattered brown-stained cells or structures. A cyan label with the word 'kappa' is positioned in the upper right corner.

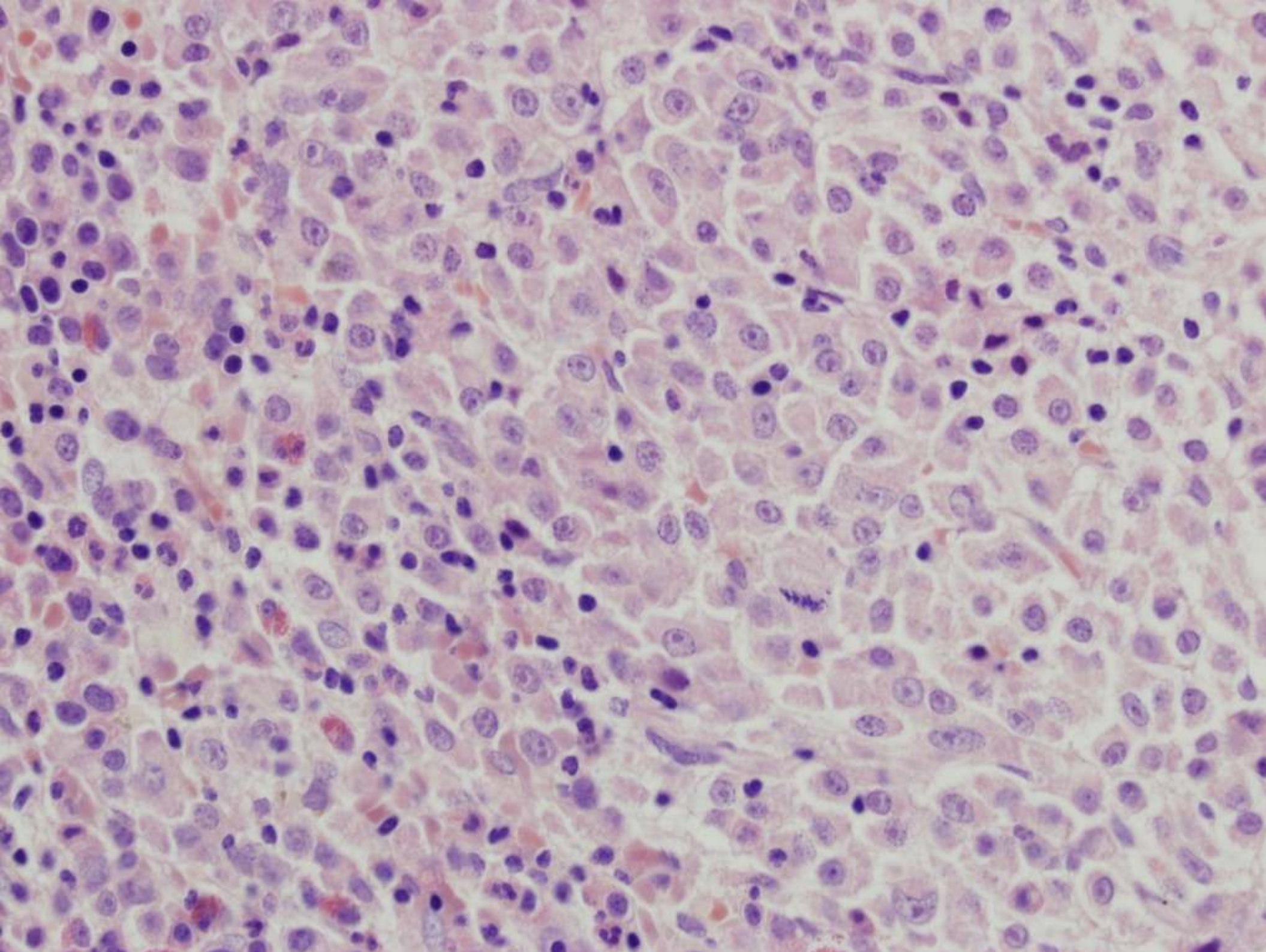


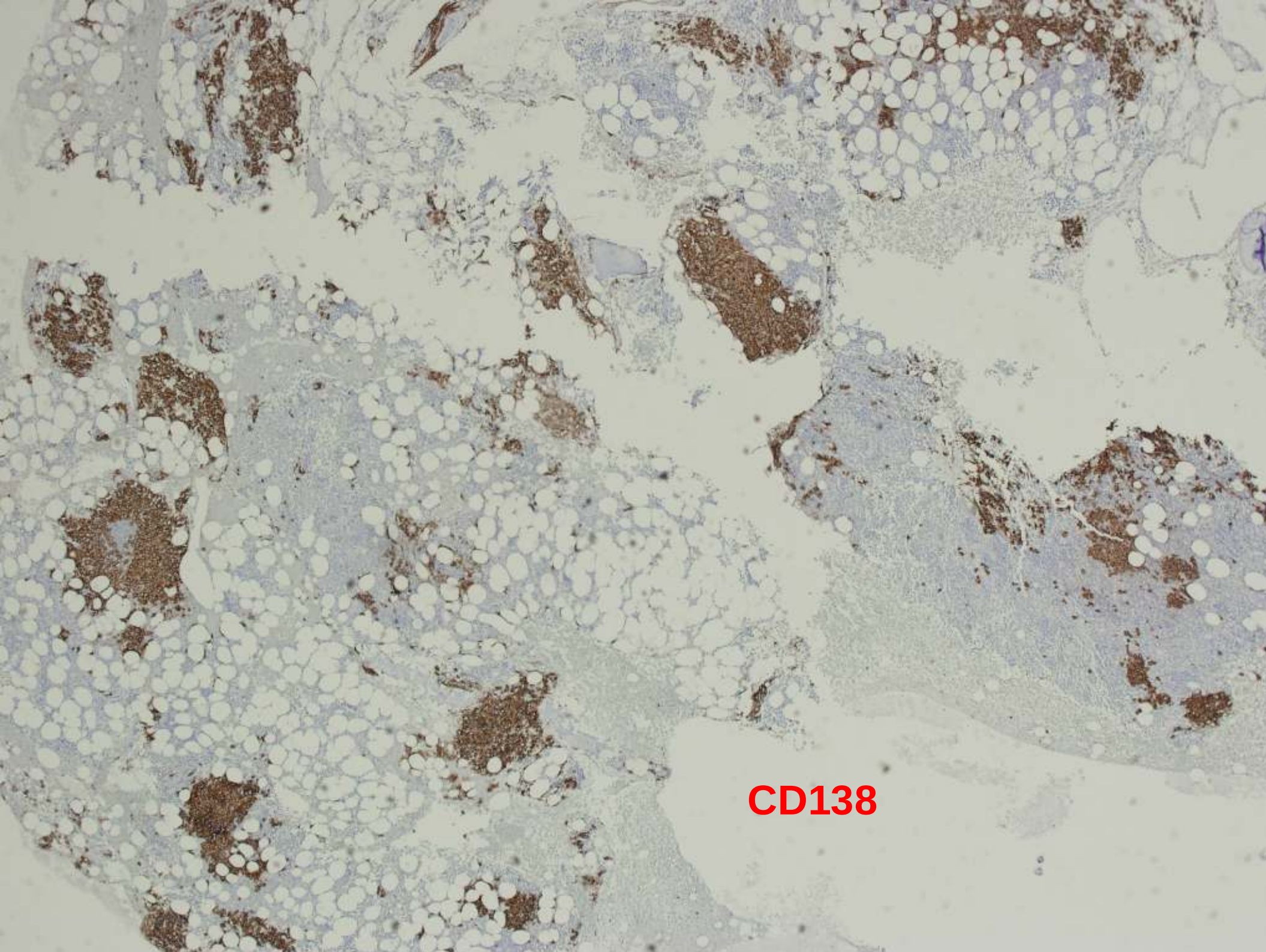
lambda

This panel shows a microscopic view of tissue with numerous pale, circular structures. The background is stained purple, and there are scattered brown-stained cells or structures. A cyan label with the word 'lambda' is positioned in the lower right corner.









CD138

Podsumowanie

- Przy śródmiąższowym, rozlanym typie nacieku – zwykle dobra korelacja między odsetkiem plazmocytów w aspiracie i trepano; przy ogniskowym (ławicowo-guzkowym) – mogą być duże dysproporcje
- Porównywanie intensywności nacieku w kolejnych trepano przy typie „patchy” – mało wiarygodne; masa nowotworu – interpretacja odsetka plazmocytów w łączności z komórkowością szpiku
- Mała atypia plazmocytów, przy niskim odsetku – istotne rozmieszczenie – tylko w trepano; klasyfikacja rozrostu (MGUS/PCM) – konieczna korelacja z danymi klinicznymi
- Ocena choroby resztkowej – mała wiarygodność w aspiracie; nie zawsze możliwe uchwycenie w trepano
- **WAŻNA – REPREZENTATYWNOŚĆ BIOPSJI** 

Spostrzeżenia niepotwierdzone

- Szpiczaki lambda+ są zwykle o niskiej złośliwości, albo (ale dużo rzadziej) – o wysokiej, najrzadsze – o pośrednim stopniu;
- Częściej niekompletne remisje, wyraźna MRD po leczeniu w lambda+
- Histologicznie CR - zróżnicowane – z obecnością MRD albo bez uchwytnej populacji nowotworowych plazmocytów - czy ma to znaczenie dla ryzyka wznowy/progresji

