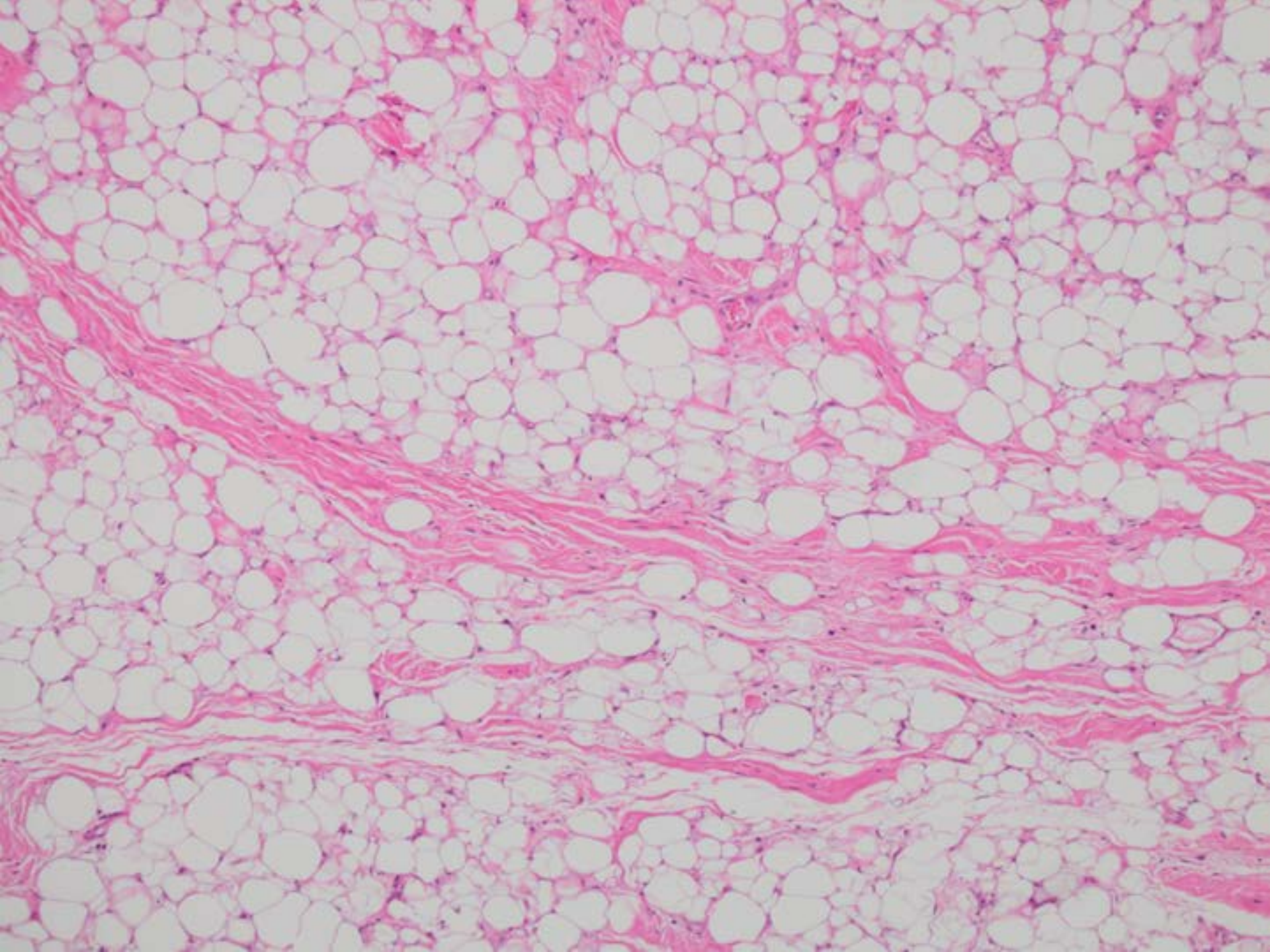
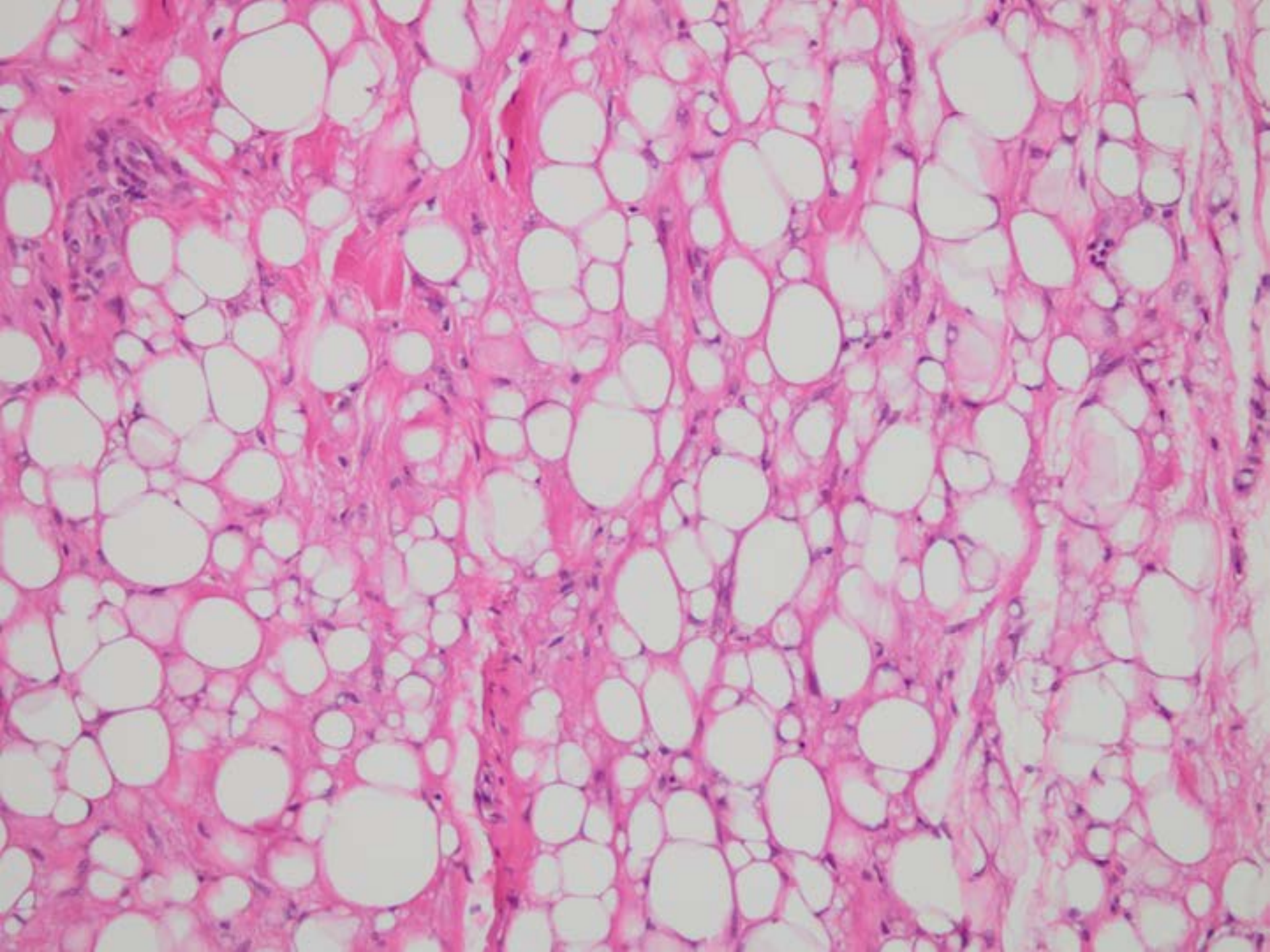


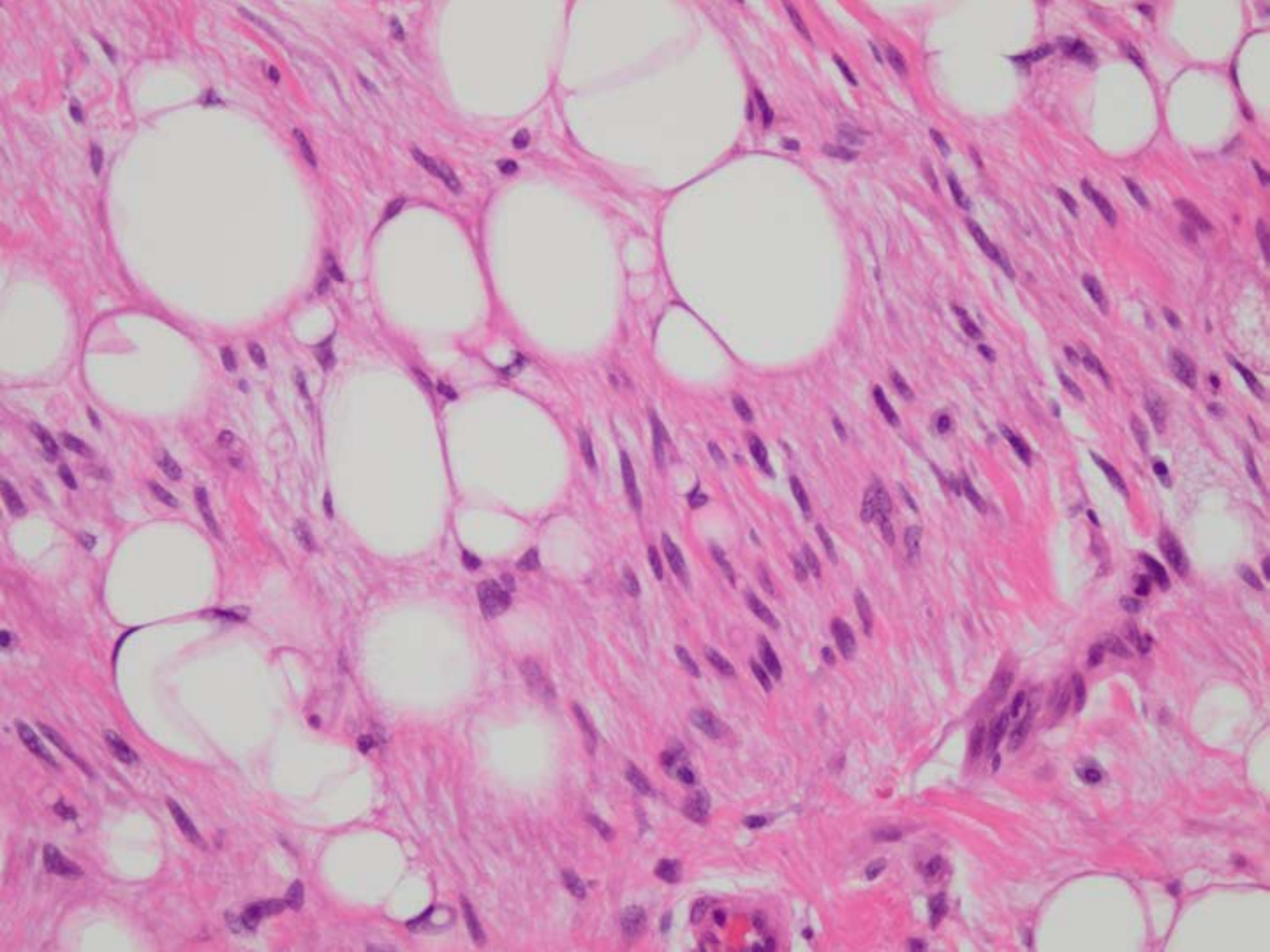
Caso 1

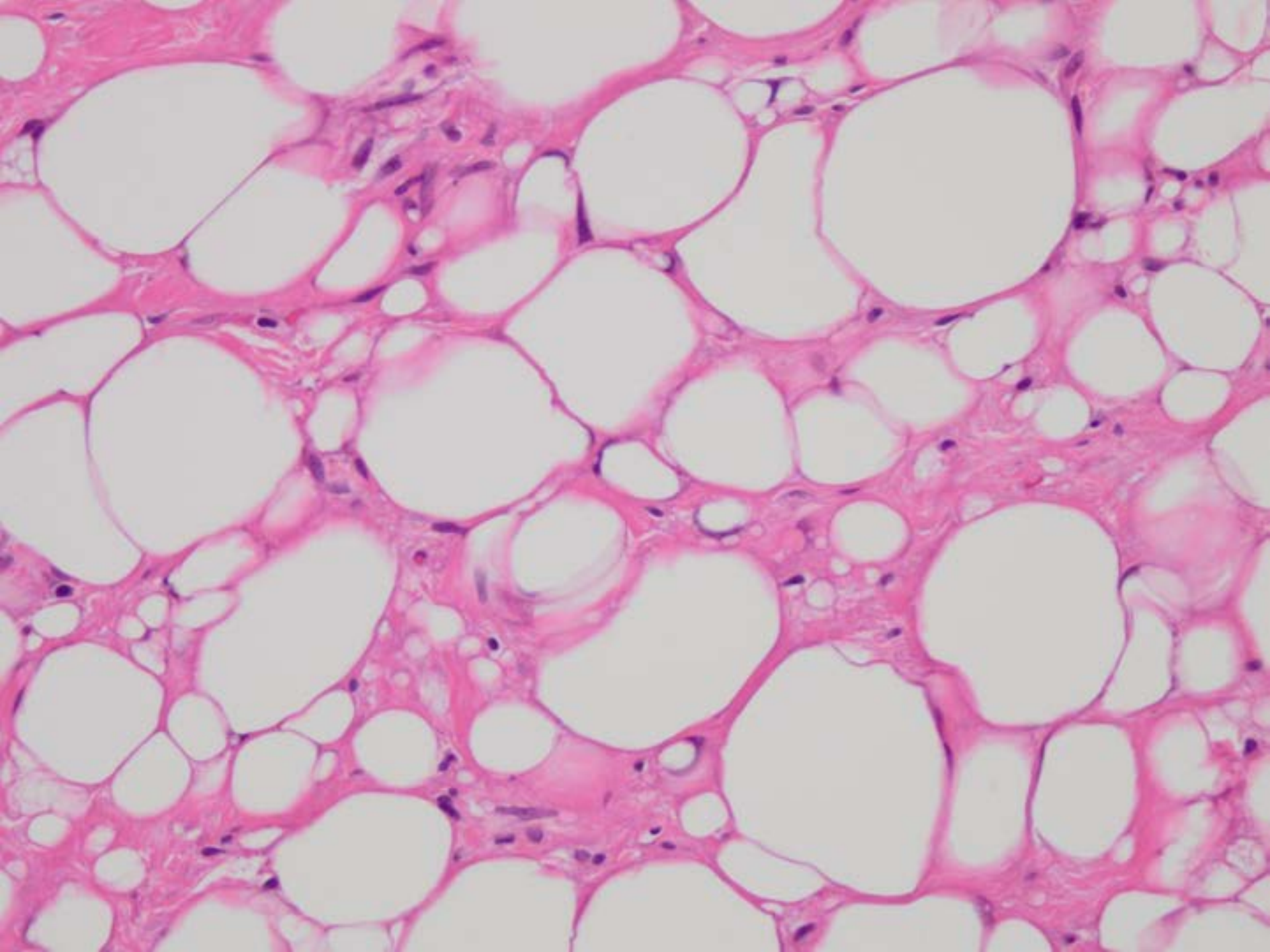
Paciente de sexo femenino,
52 años. Tumor subcutáneo de 6
cm de brazo izquierdo

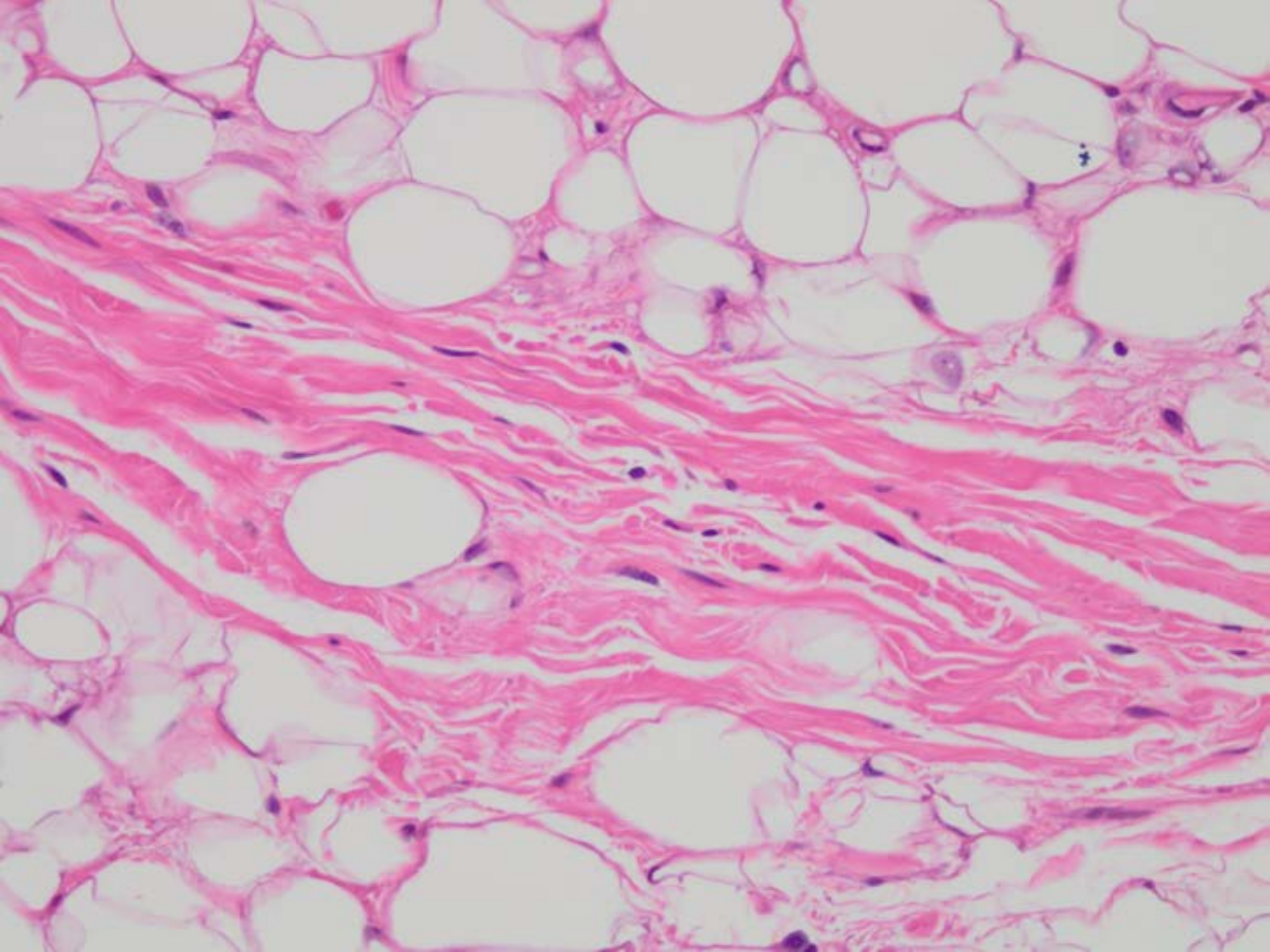


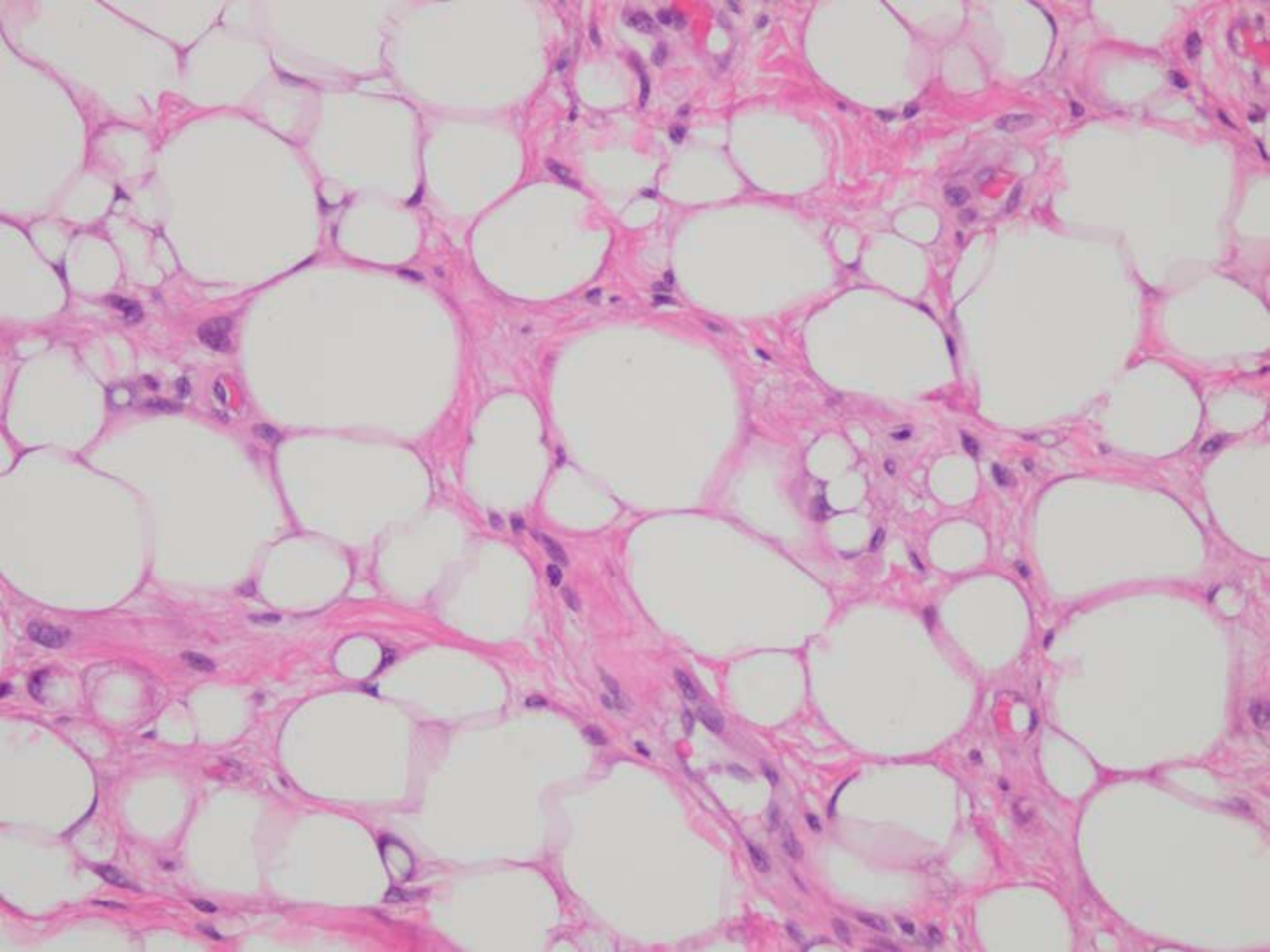


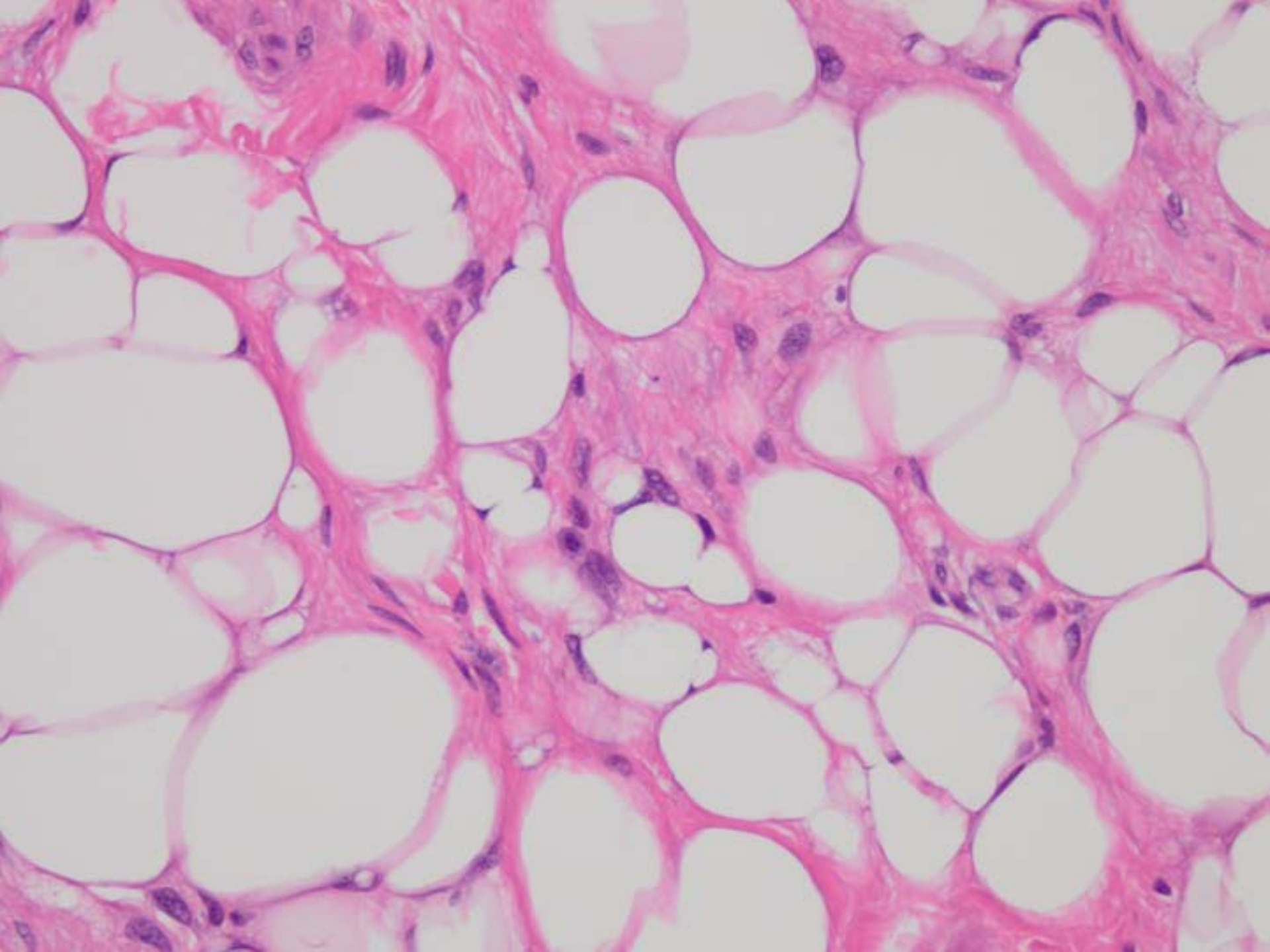










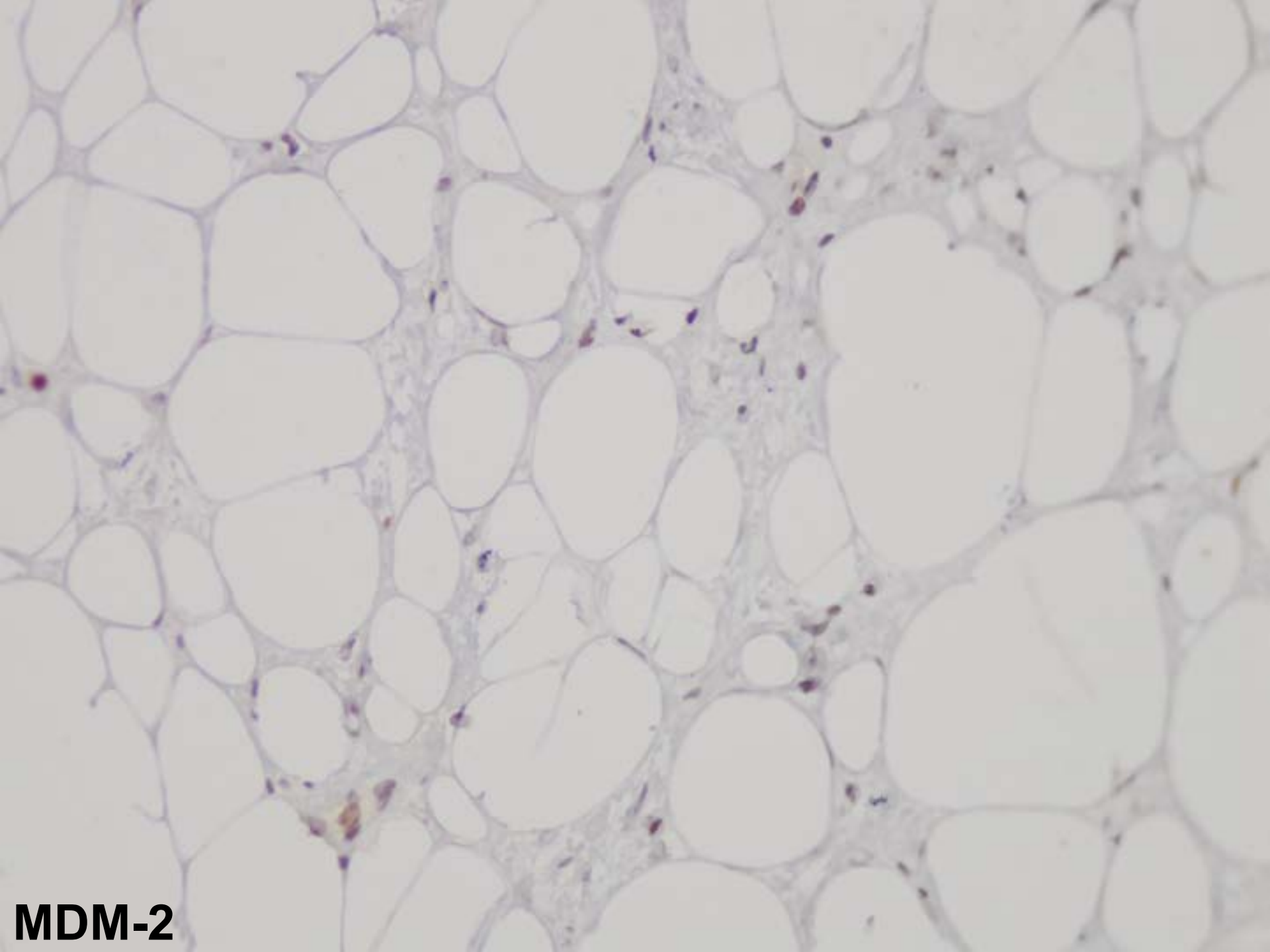


DIAGNOSTICO?

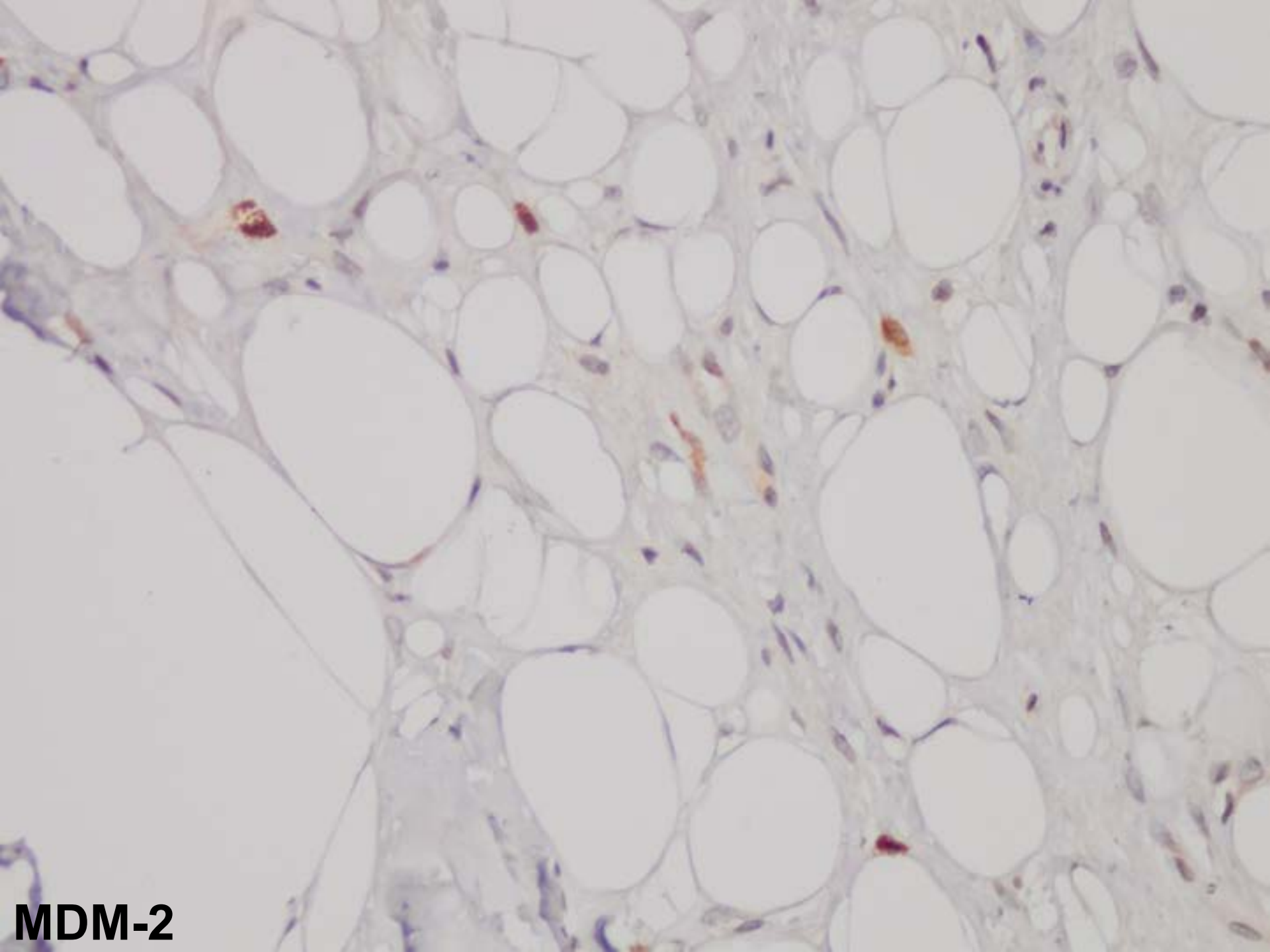
A. Tumor Lipomatoso Atípico de Células Fusadas

B. Liposarcoma Bien Diferenciado

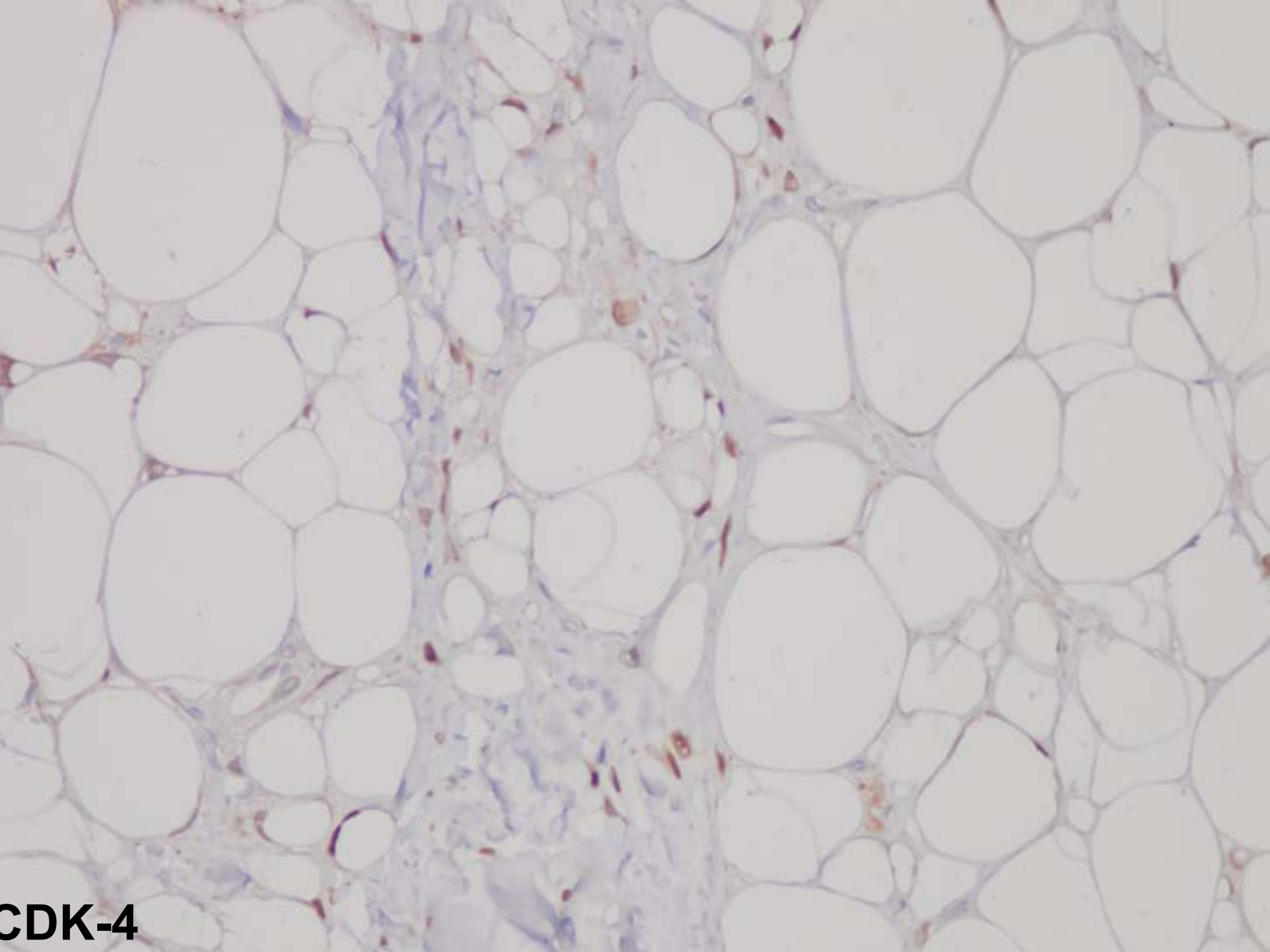
C. Tumor Lipomatoso Atípico



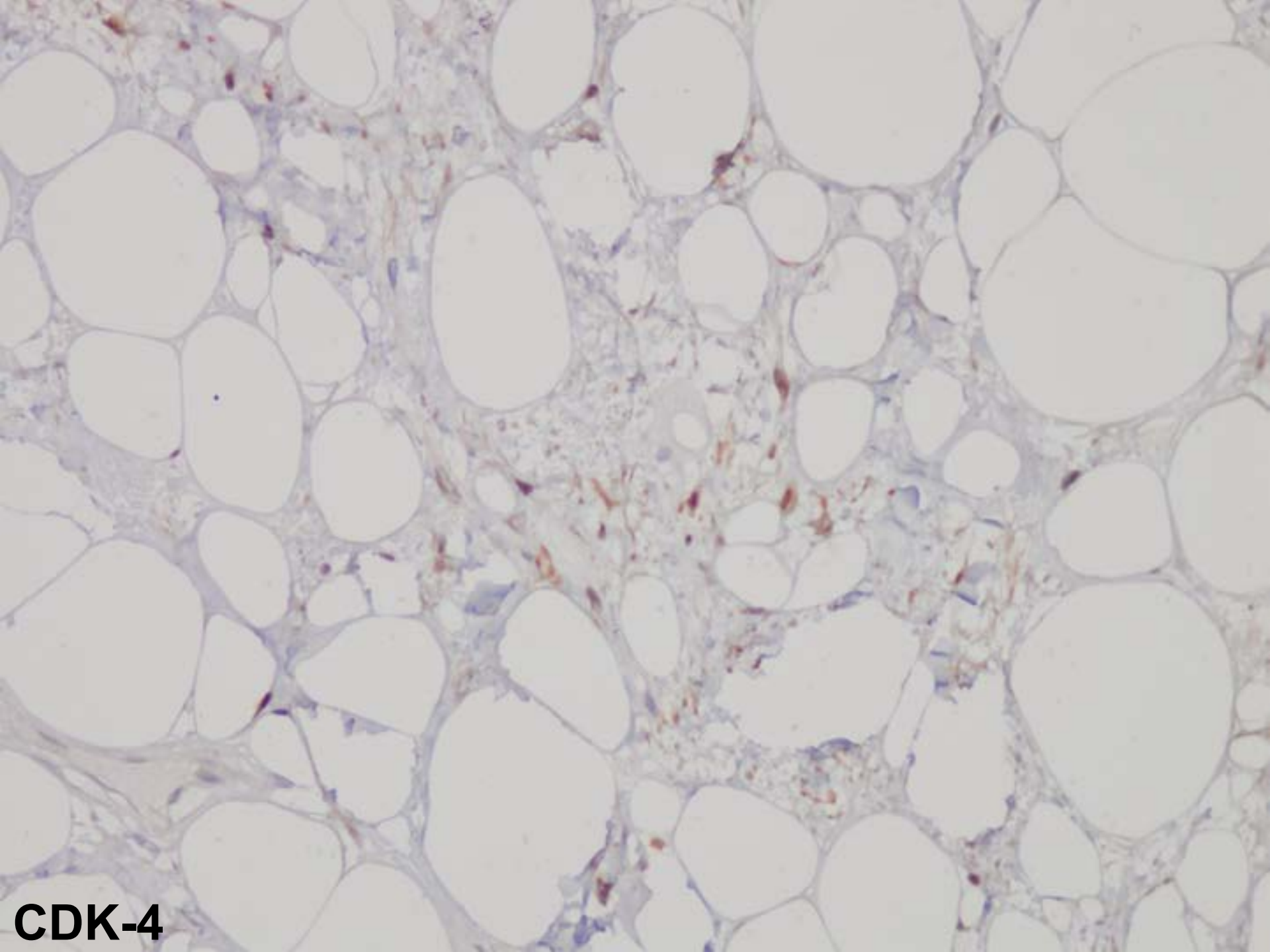
MDM-2



MDM-2



CDK-4



CDK-4

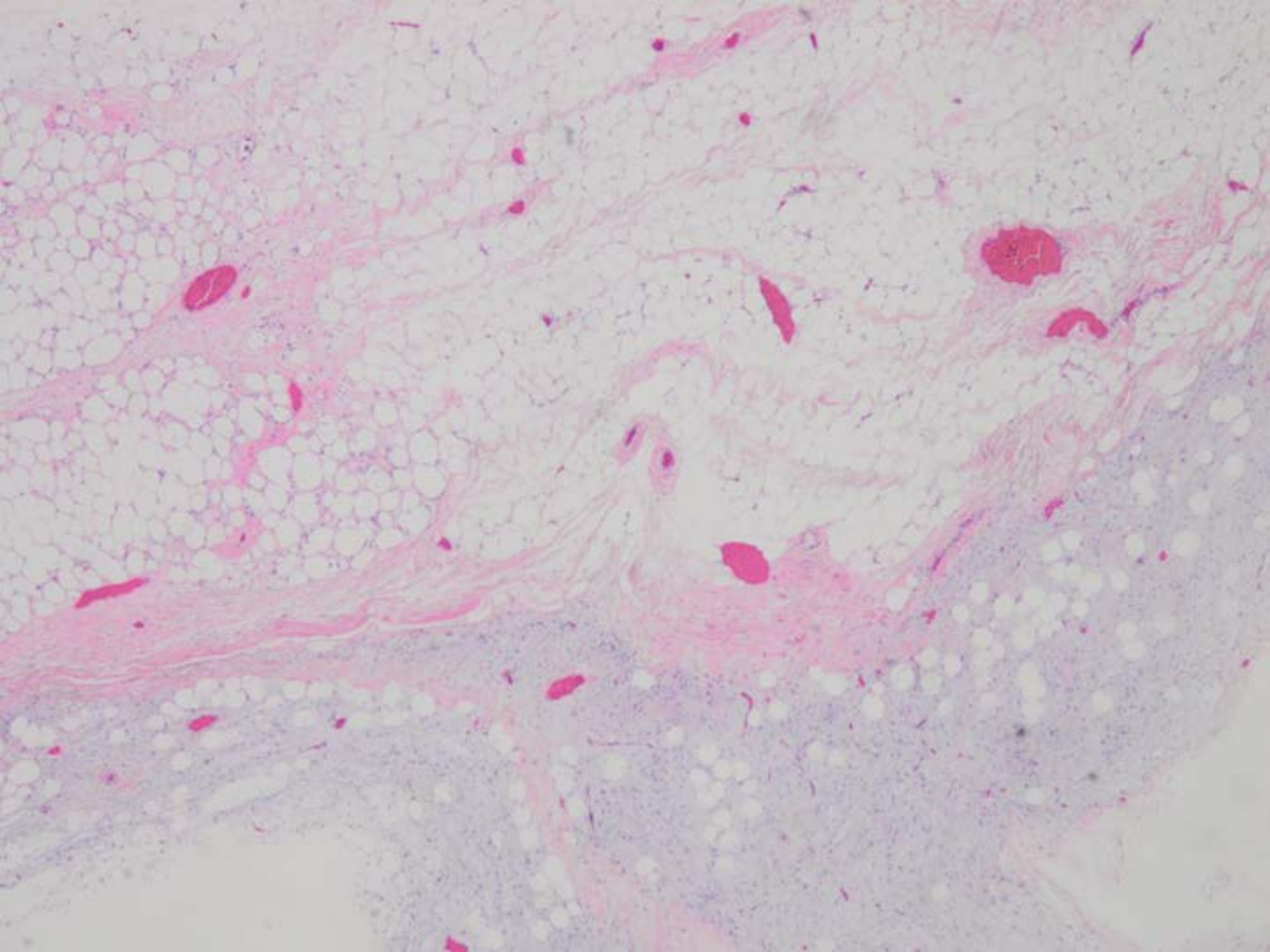
Caso 1 - Diagnóstico:

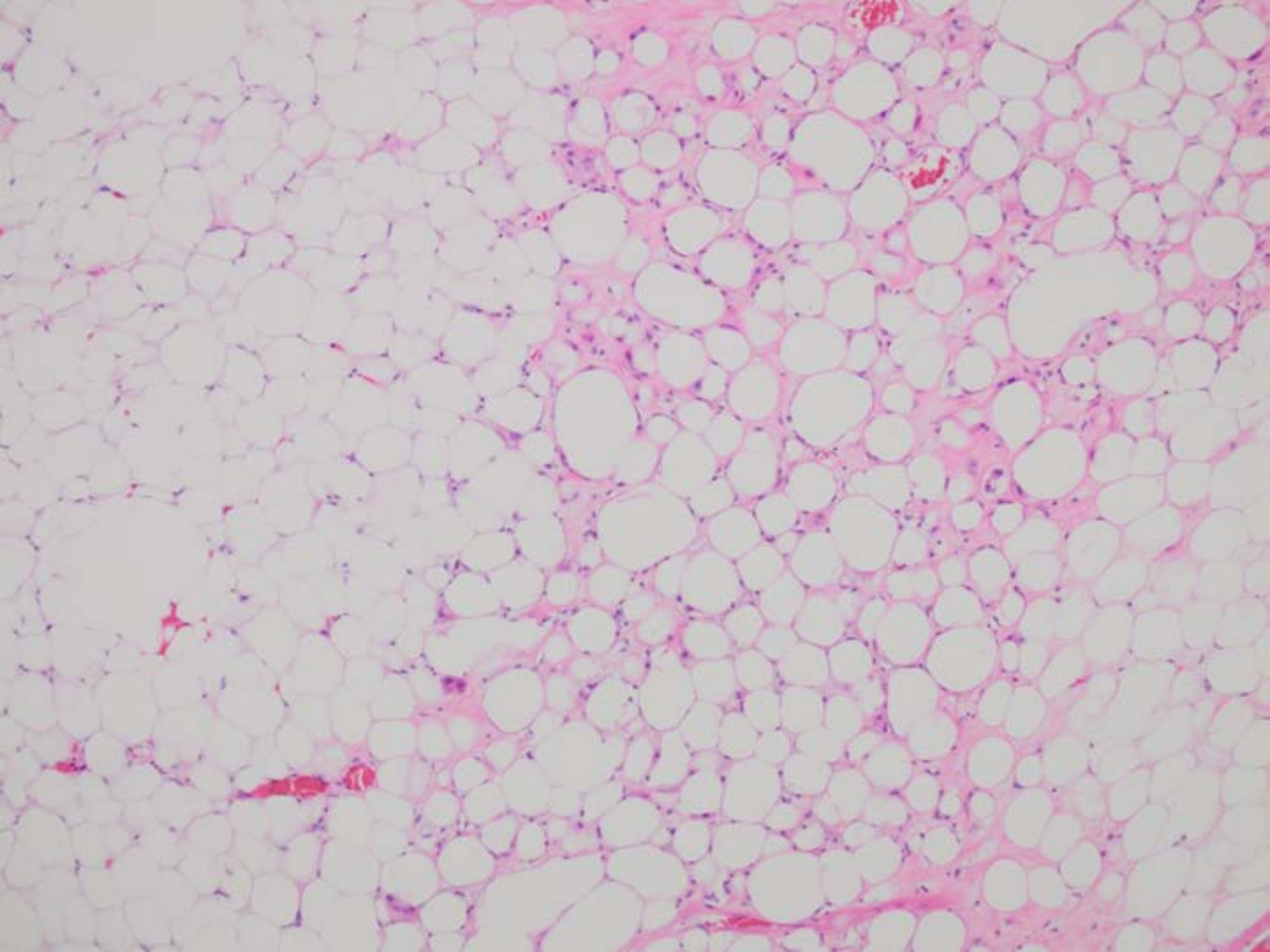
TUMOR LIPOMATOSO ATÍPICO

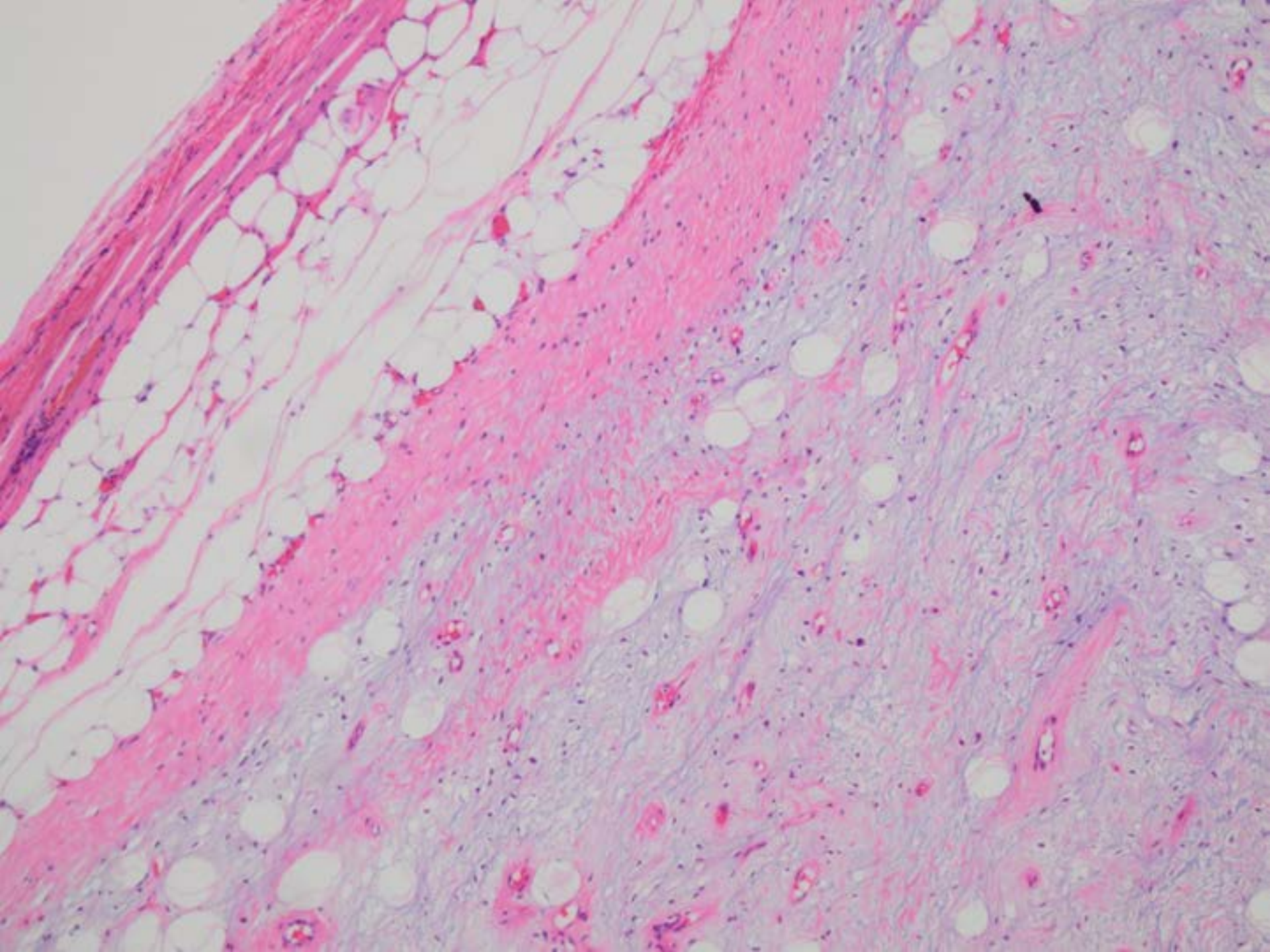
Caso 2:

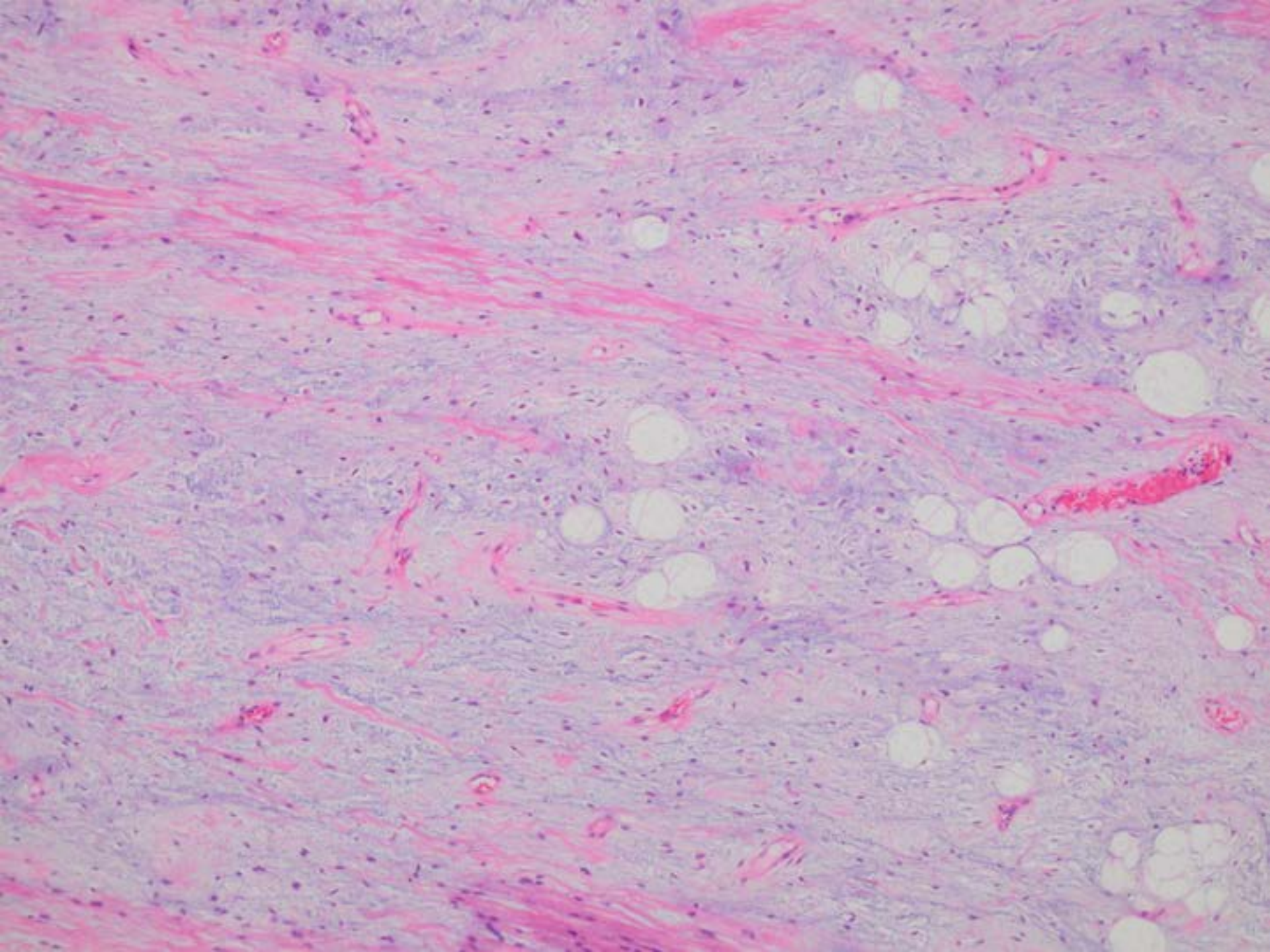
Paciente de sexo
masculino, 53 años.
Tumor mediastinal de
gran tamaño

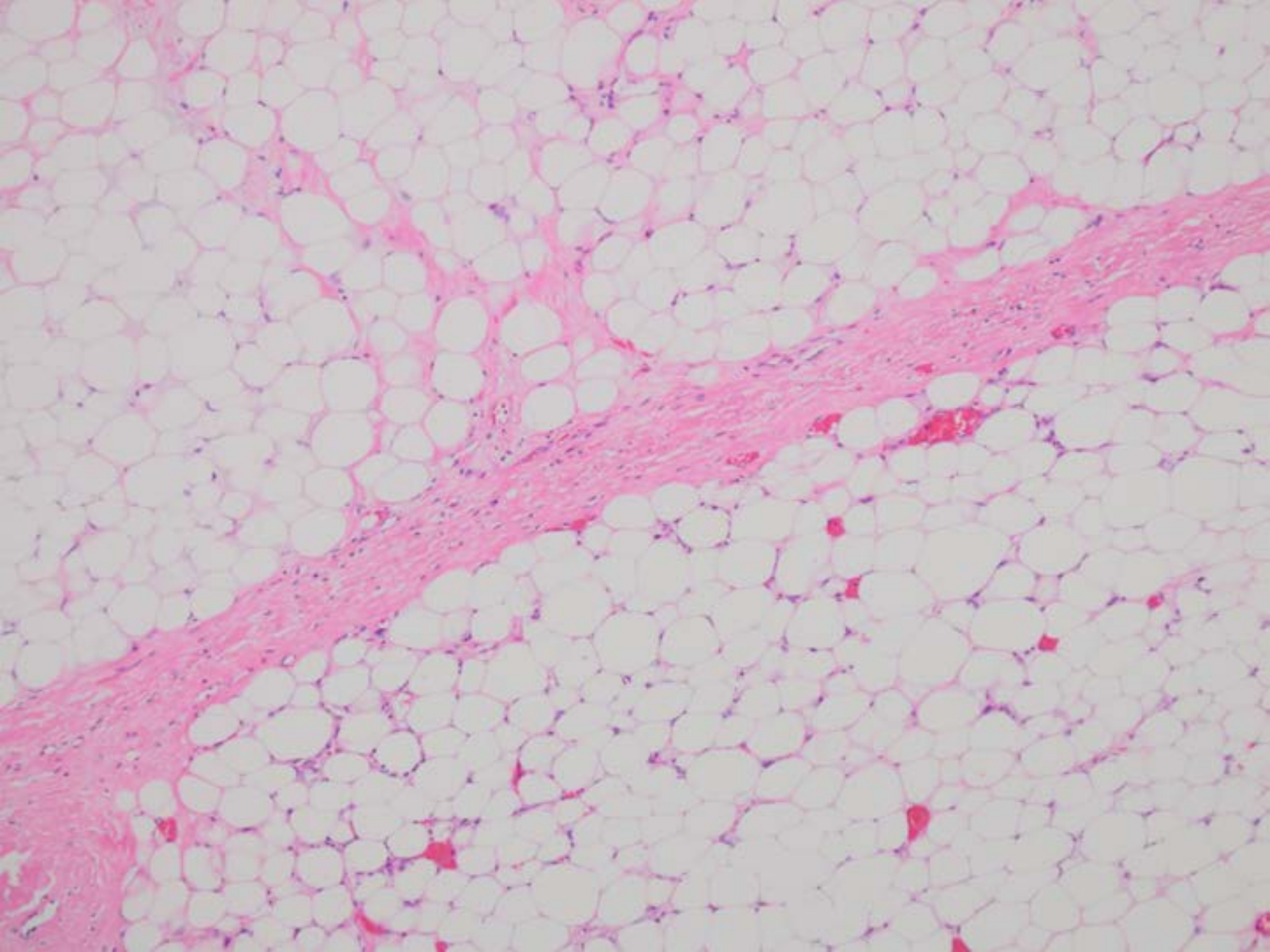


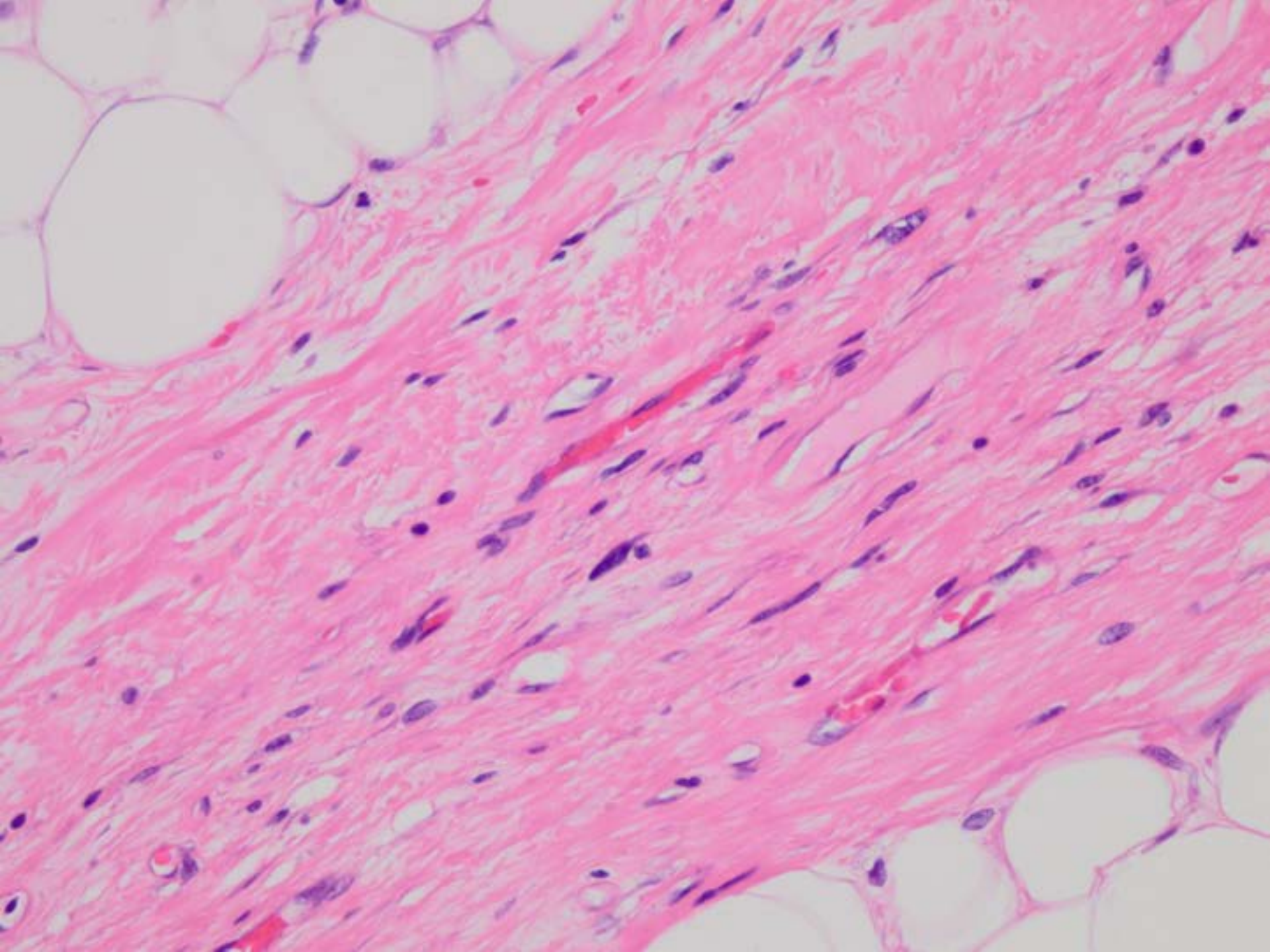


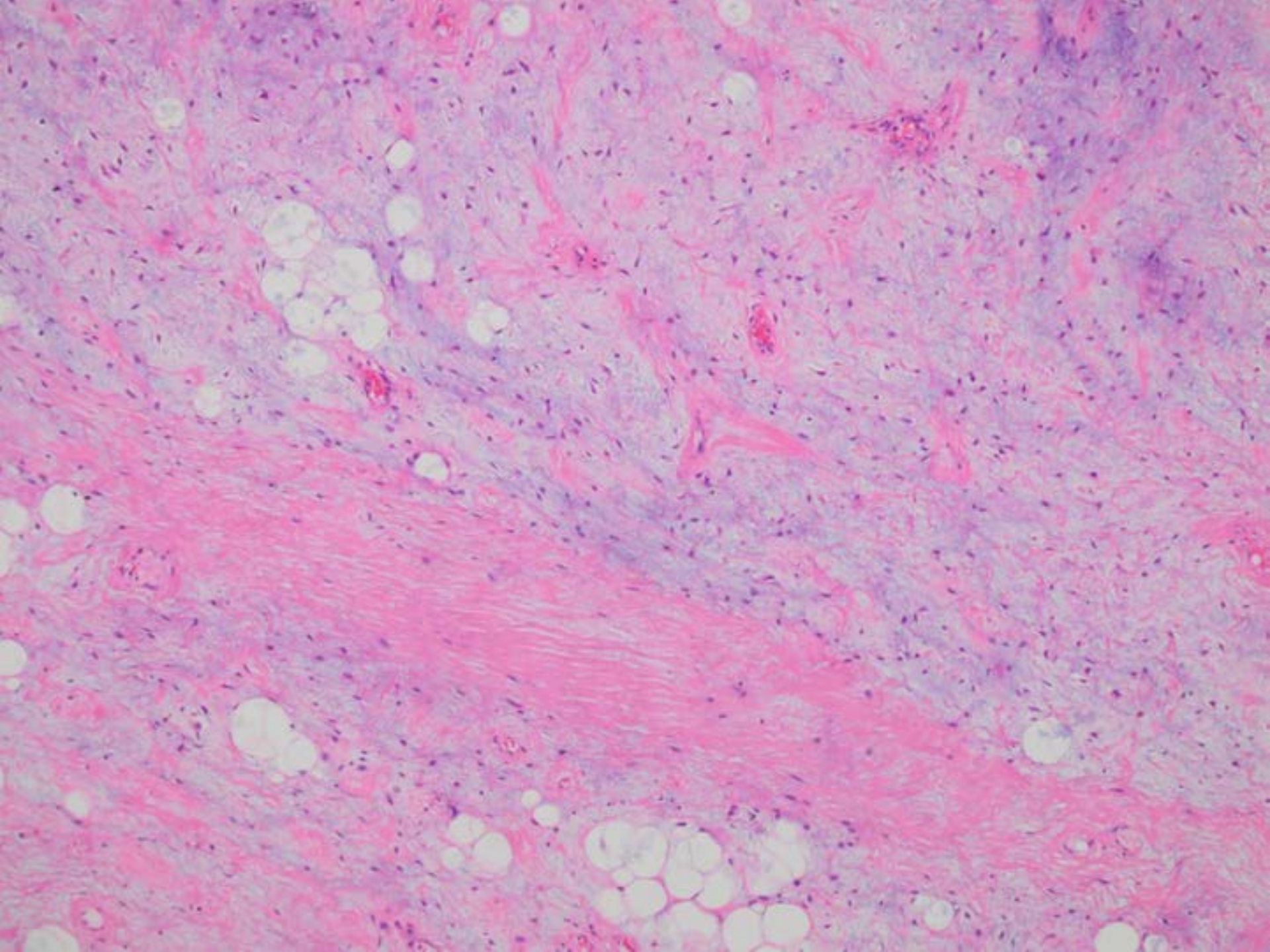


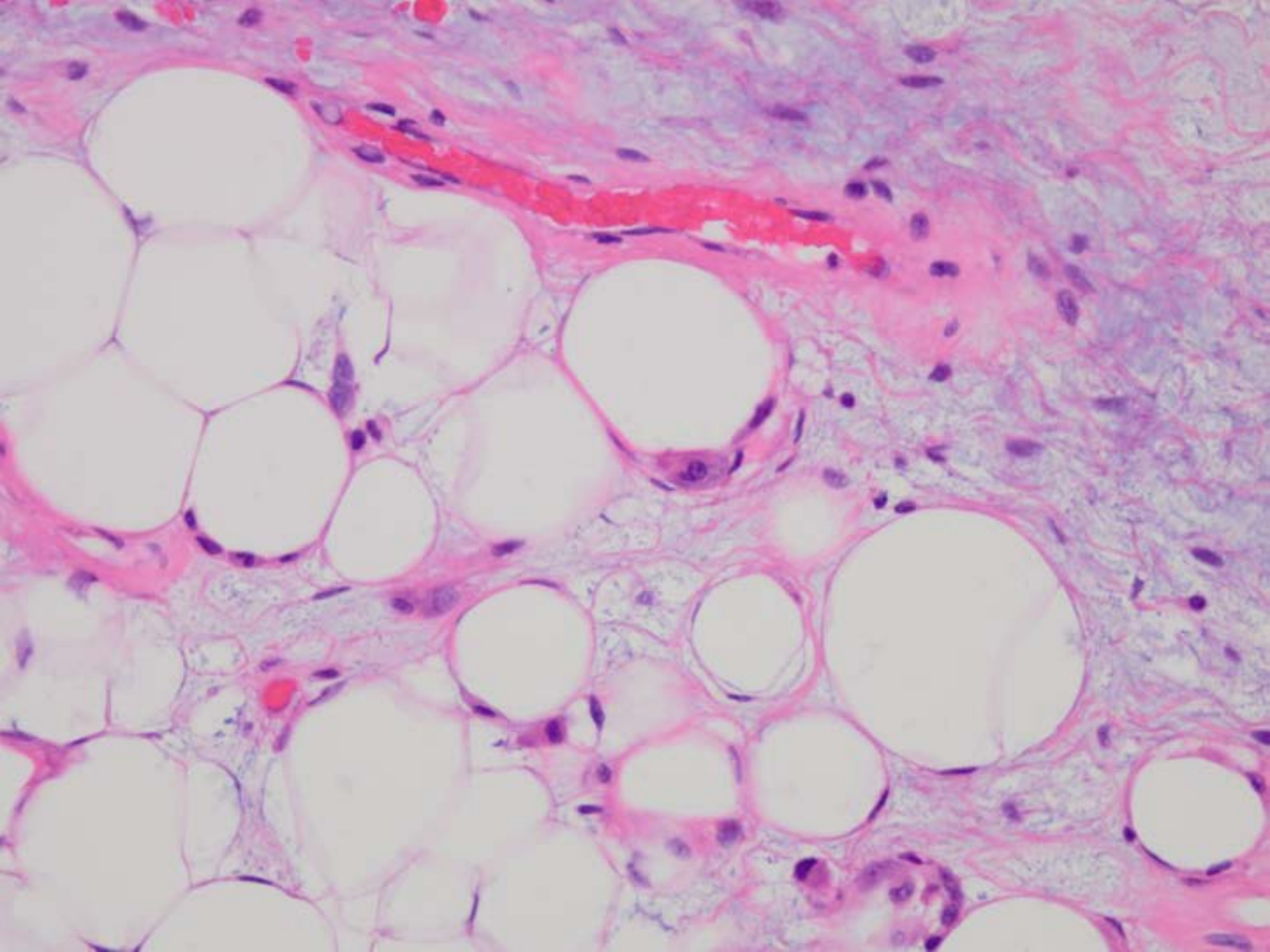


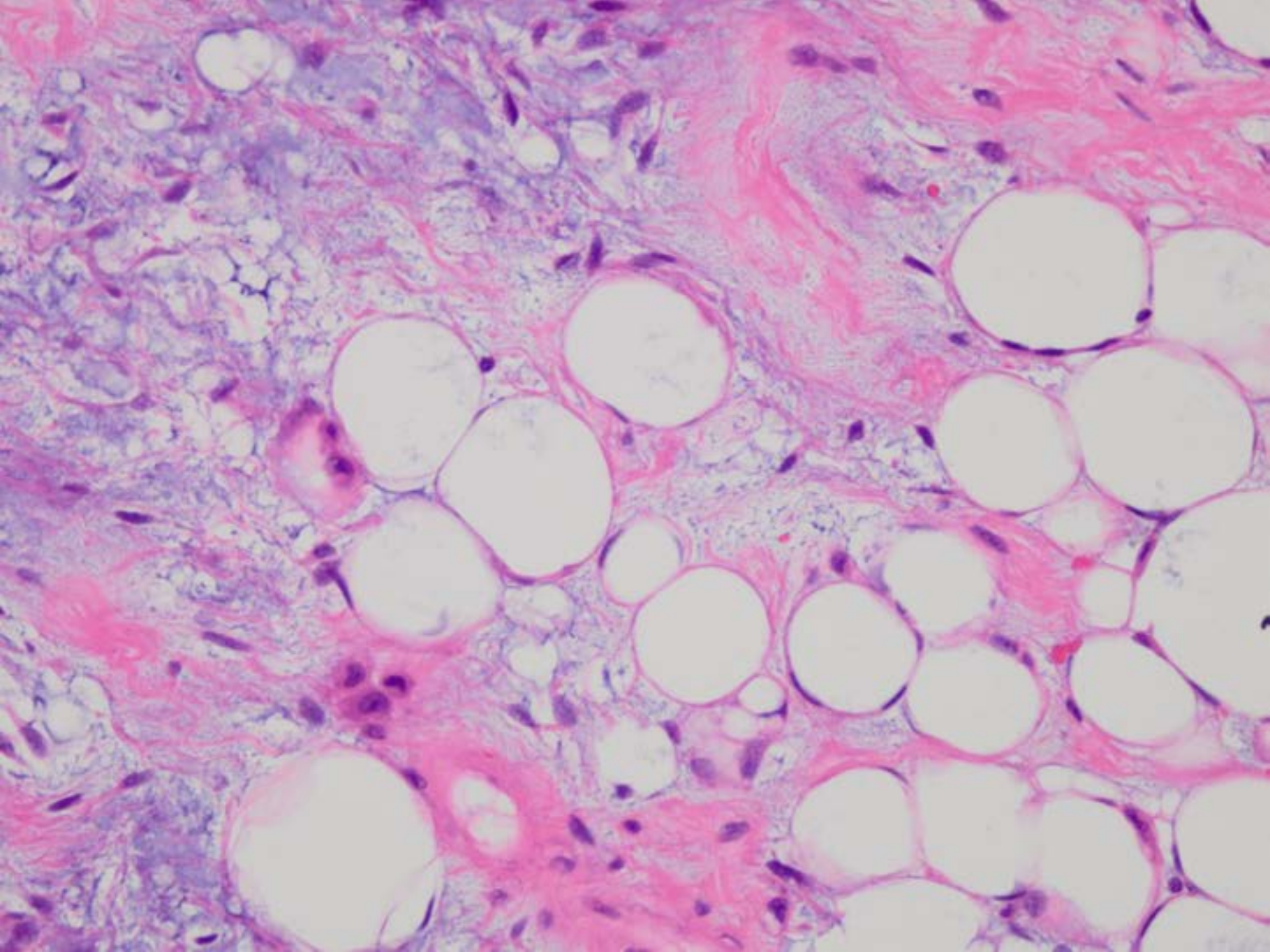












DIAGNOSTICO?

A. Tumor Lipomatoso Atípico

B. Liposarcoma Mixoide

C. Liposarcoma Bien Diferenciado

Caso 2 - Diagnostico:

**LIPOSARCOMA BIEN
DIFERENCIADO, CON CAMBIO
MIXOIDE.**

Specificity of *TLS-CHOP* Rearrangement for Classic Myxoid/Round Cell Liposarcoma

Absence in Predominantly Myxoid Well-Differentiated Liposarcomas

Cristina R. Antonescu,* Abul Elahi,[†]
Marcia Humphrey,* Man Yee Lui,*
John H. Healey,[‡] Murray F. Brennan,[‡]
James M. Woodruff,* Suresh C. Jhanwar,[†] and
Marc Ladanyi*[†]

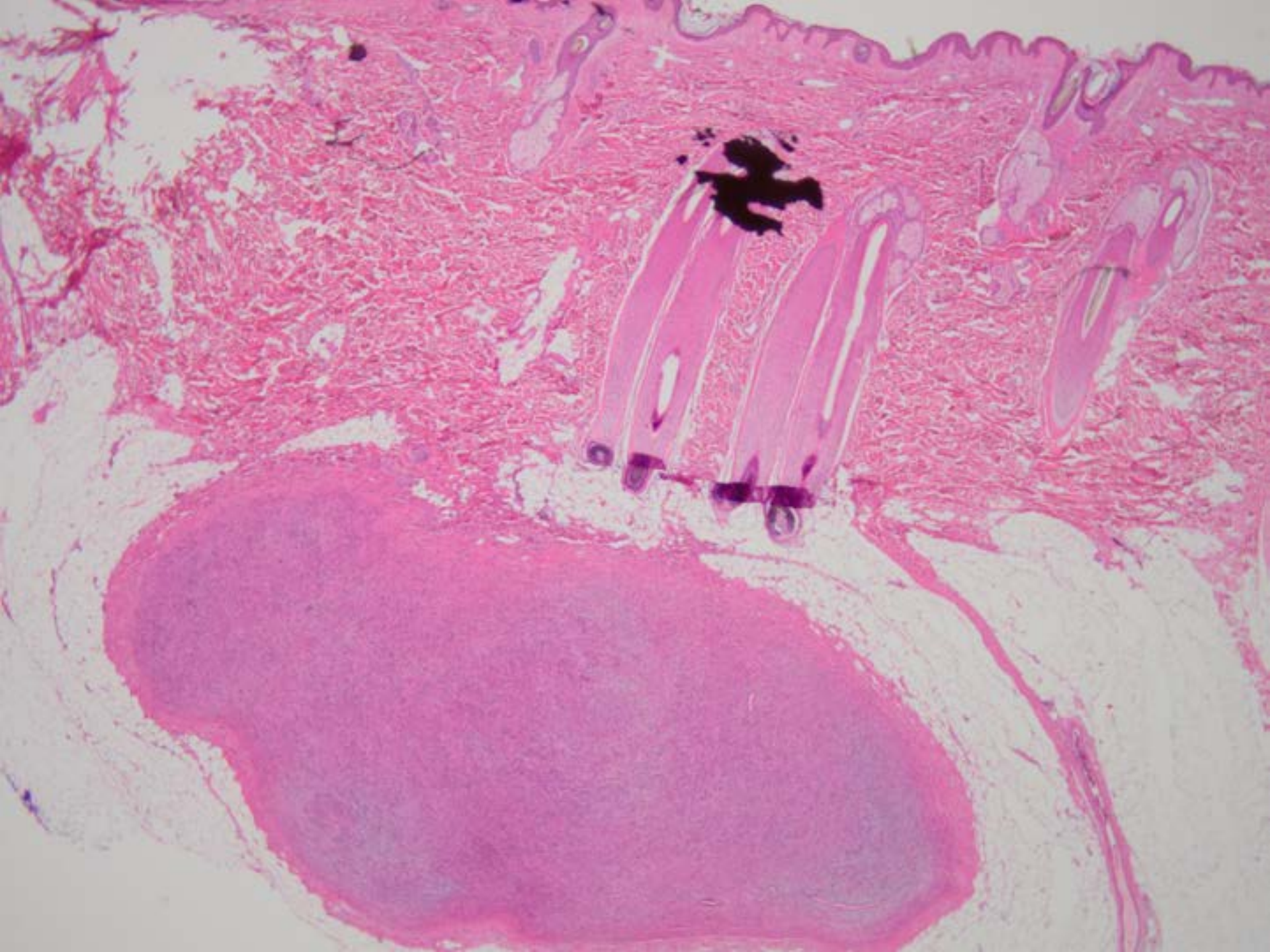
From the Departments of Pathology, Human Genetics,[†] and
Surgery,[‡] Memorial Sloan-Kettering Cancer Center, New York,
New York*

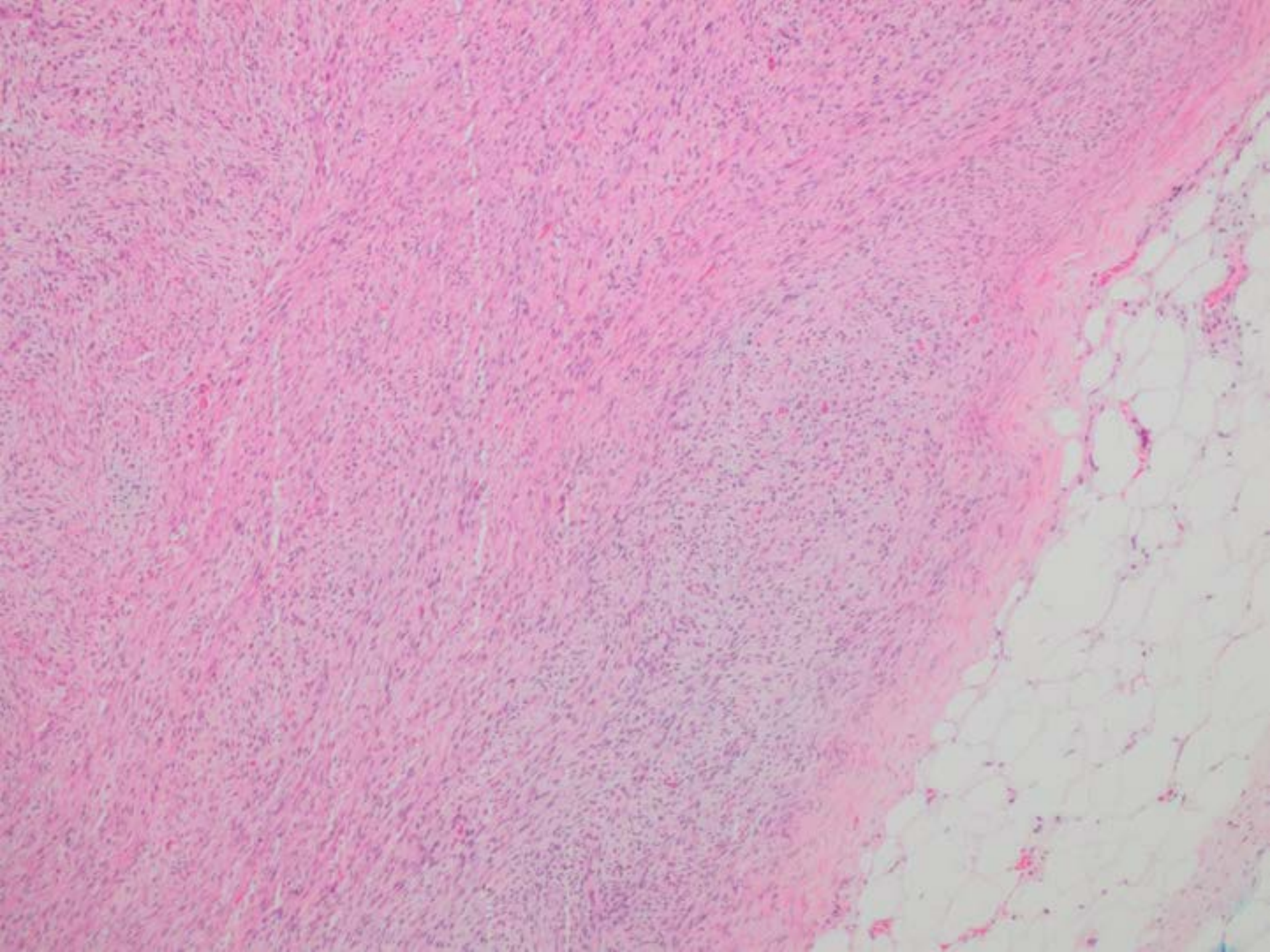
blotting and reverse transcriptase-polymerase chain reaction and in another case, reverse transcriptase-polymerase chain reaction detected a *TLS-CHOP* fusion transcript. None of the predominantly myxoid WDLS and none of the tumors included in the control group showed rearrangements with *CHOP* probe. In addition, 12 predominantly myxoid WDLS, 10 other LS, and 5 myxofibrosarcoma from the control group were also tested for *TLS* rearrangement; all were negative. The *TLS-CHOP* fusion is highly sensitive and specific for the entity of classic myxoid/round cell LS. Other types of LS, even with a predominant myxoid

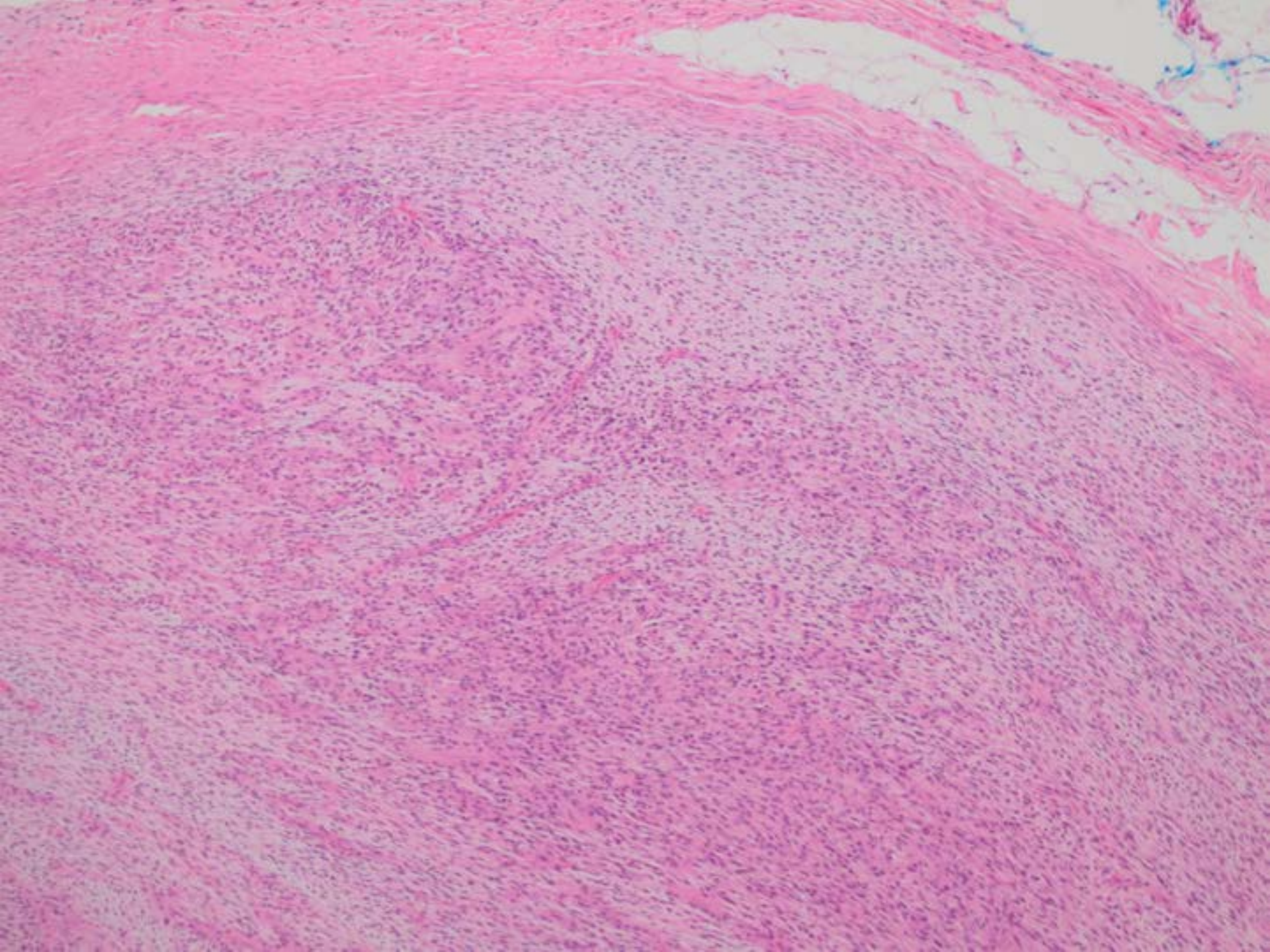
Caso 3:

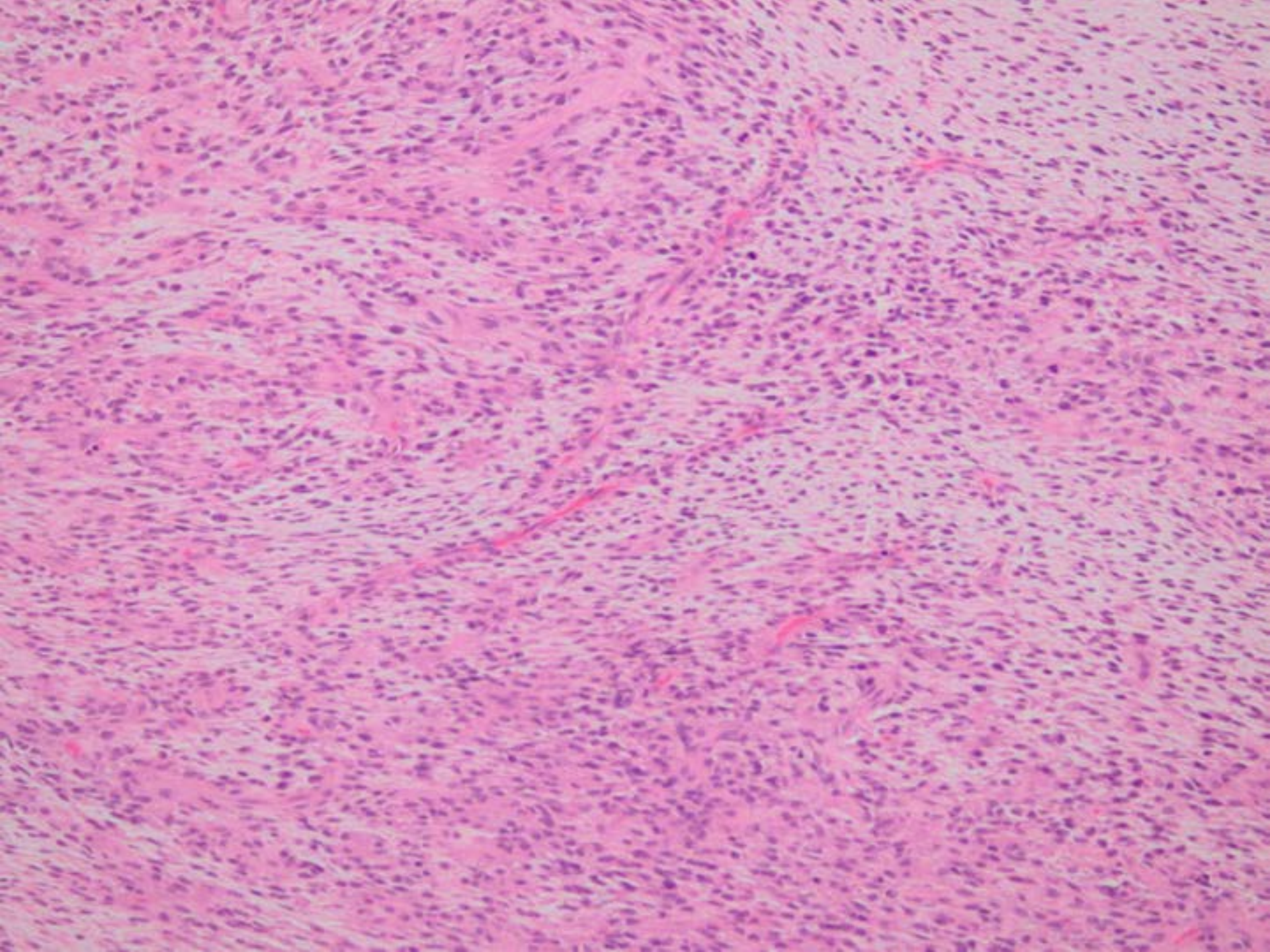
Paciente de sexo
femenino,
40 años. Tumor
subcutáneo de región
occipital.

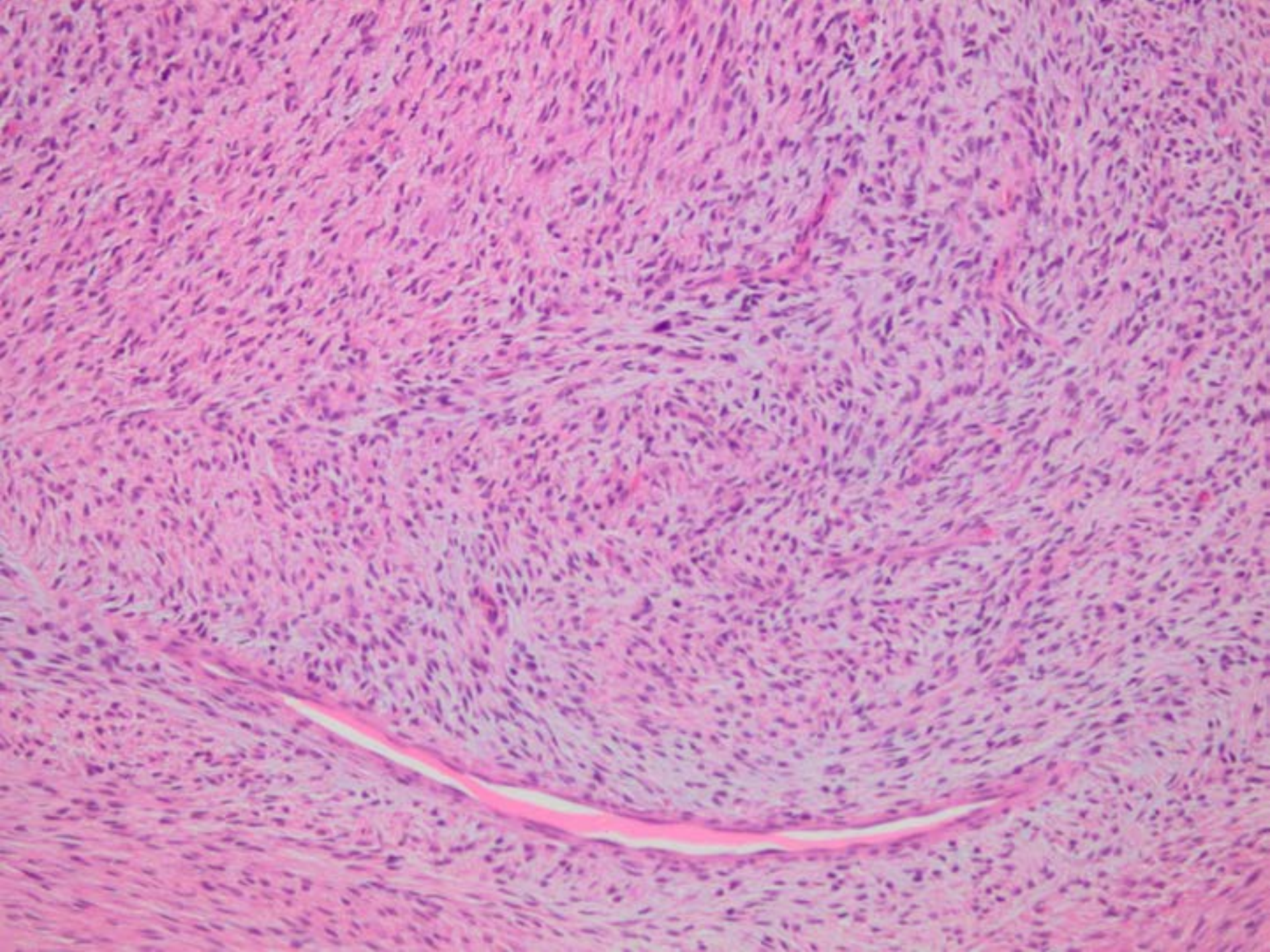


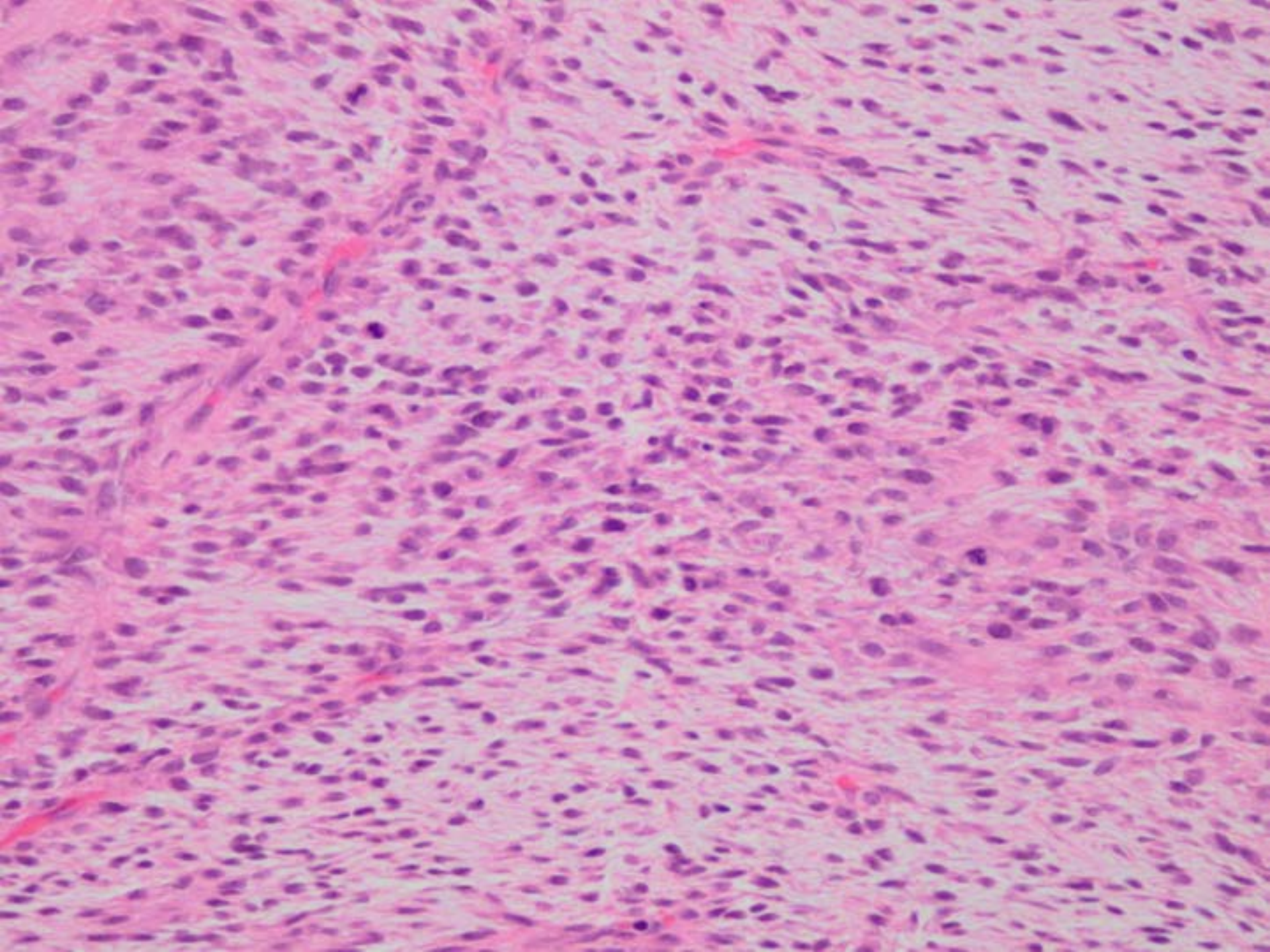


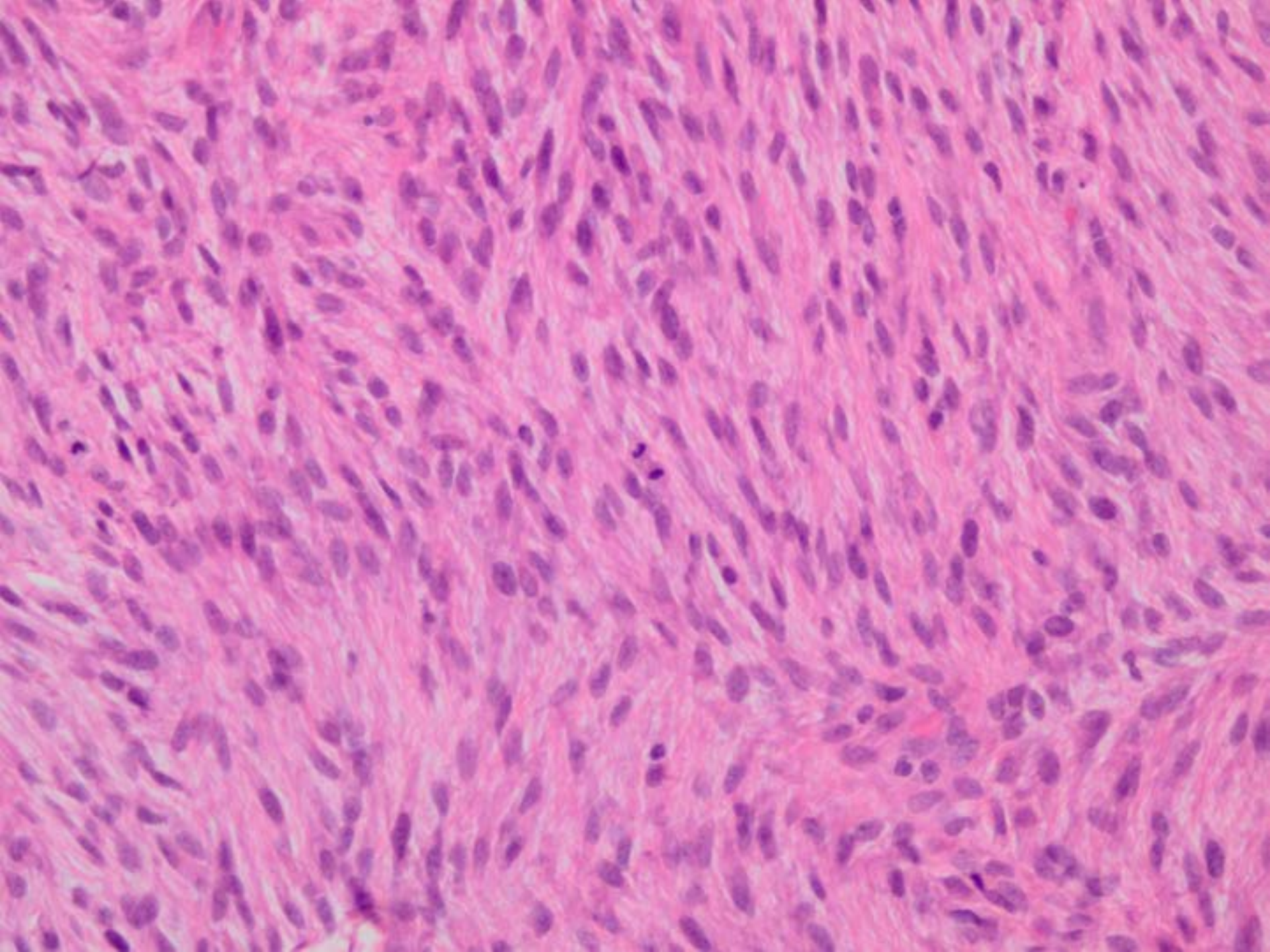












DIAGNOSTICO?

A. Dermatófibrosarcoma Protuberans

B. Sarcoma Fibromixóide de Bajo Grado

C. Liposarcoma Desdiferenciado

CD34



S100



MUC-4

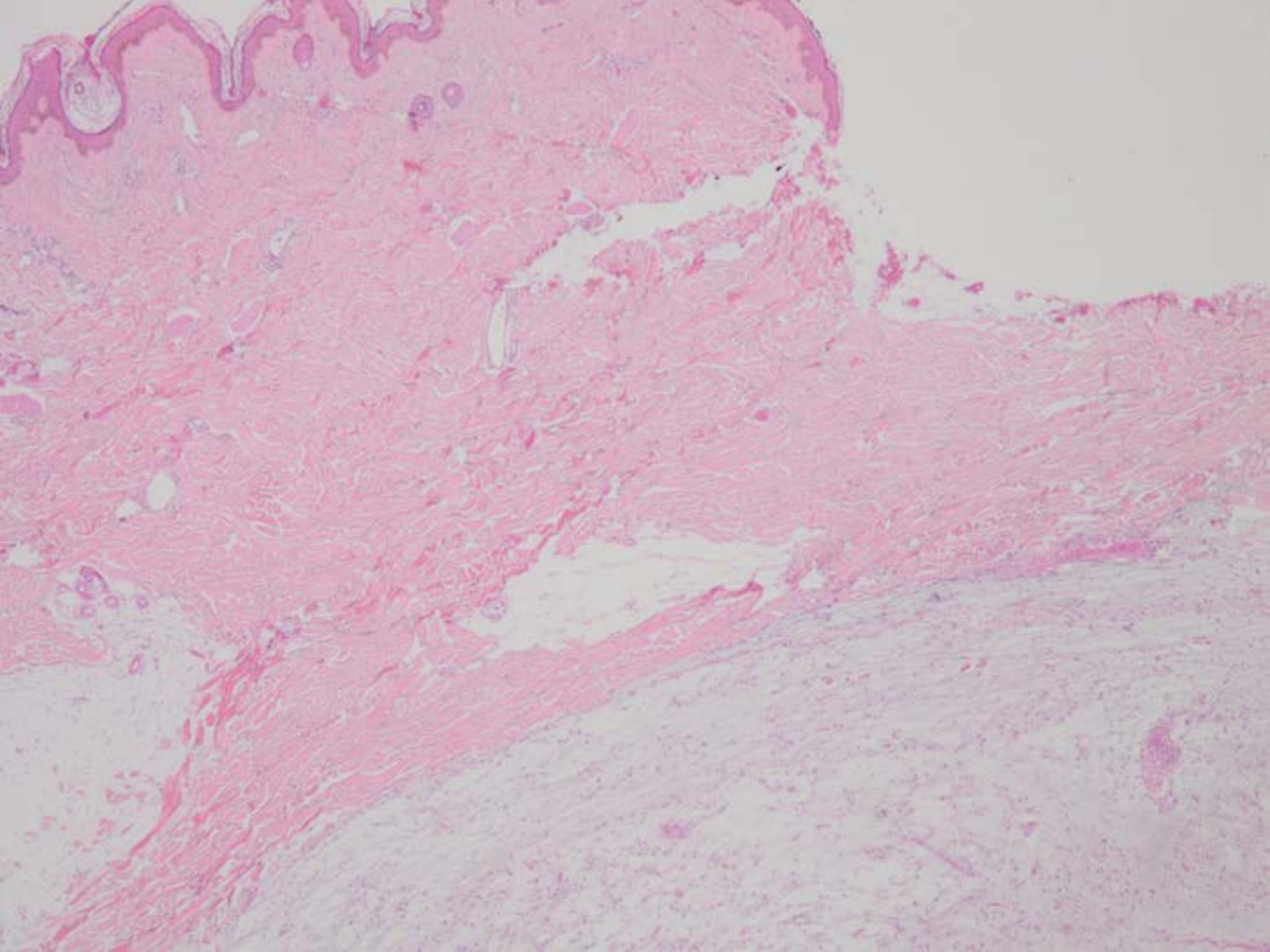
Caso 3 - Diagnóstico:

**SARCOMA FIBROMIXOIDE DE
BAJO GRADO.**

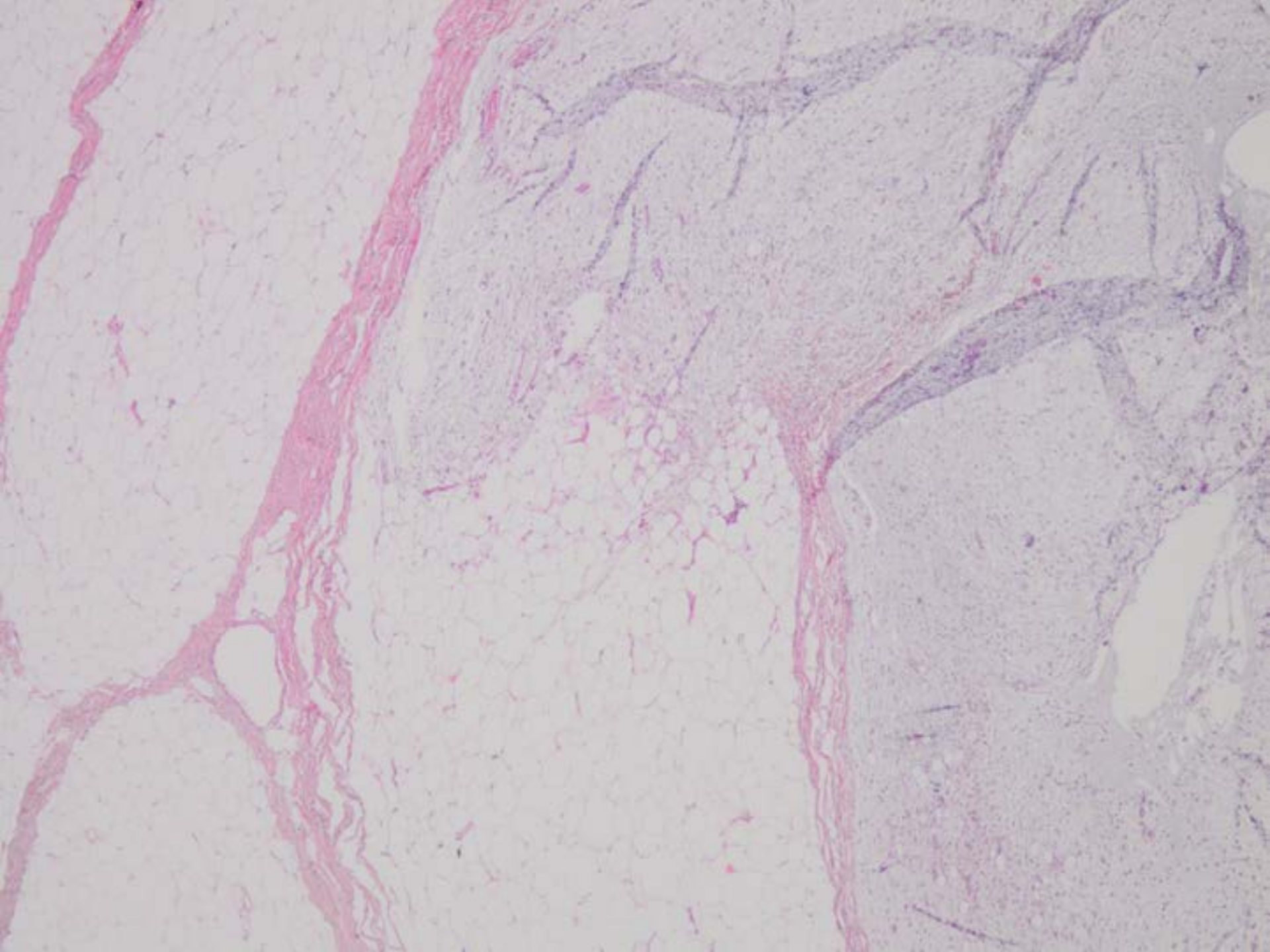
Caso 4:

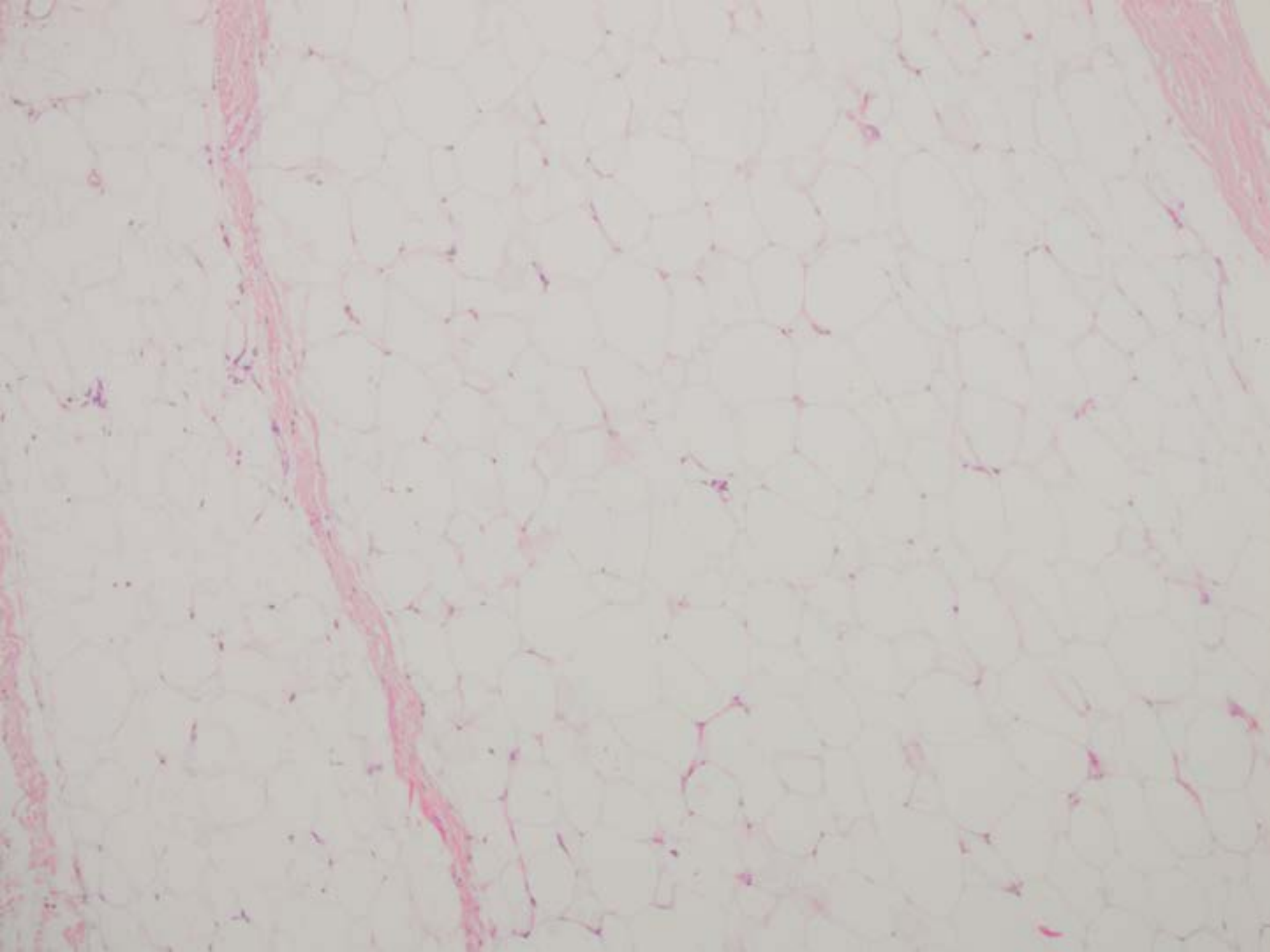
Paciente de sexo
masculino, 47 años.
Tumor de 4 cm en dorso
superior

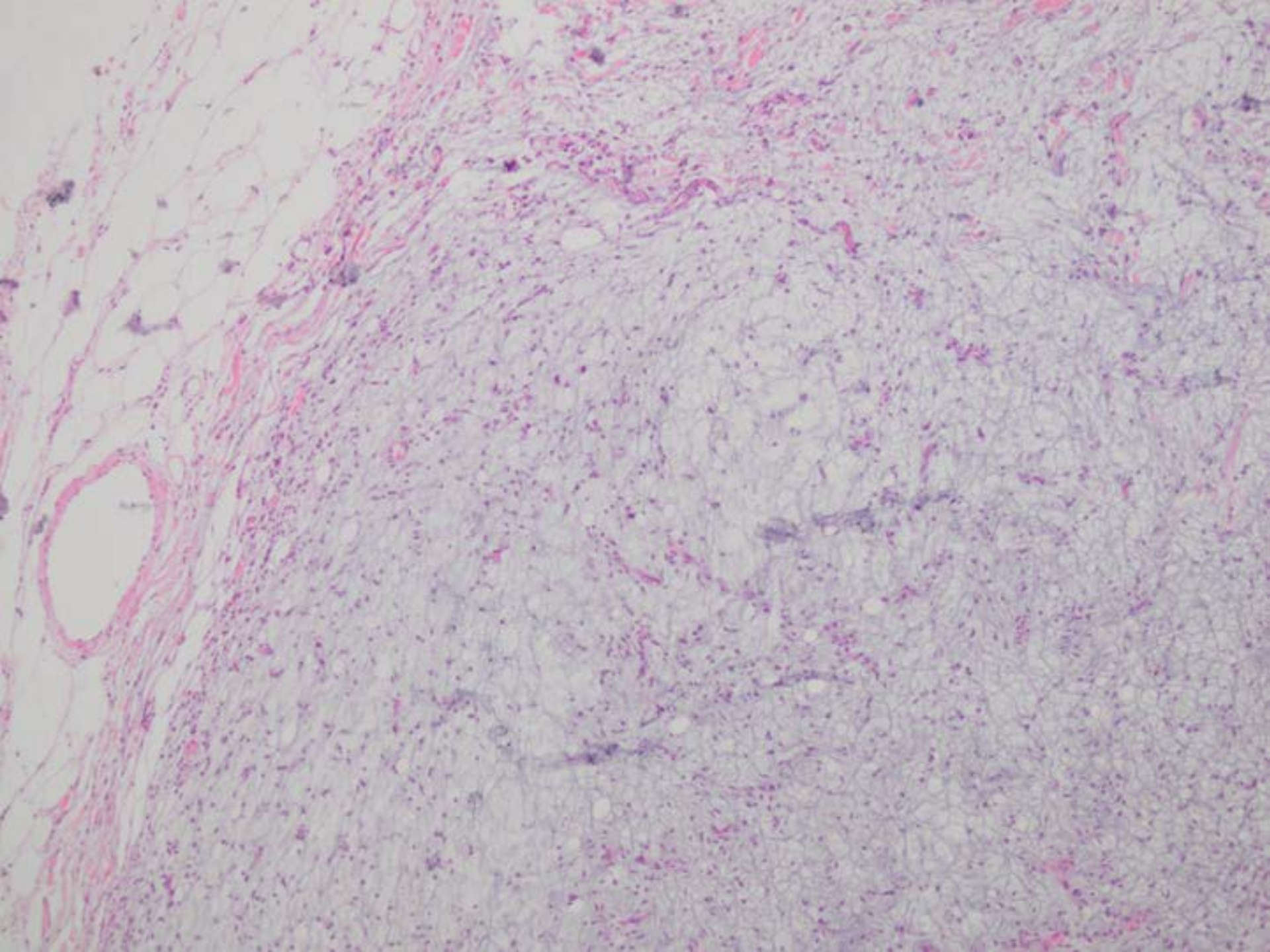


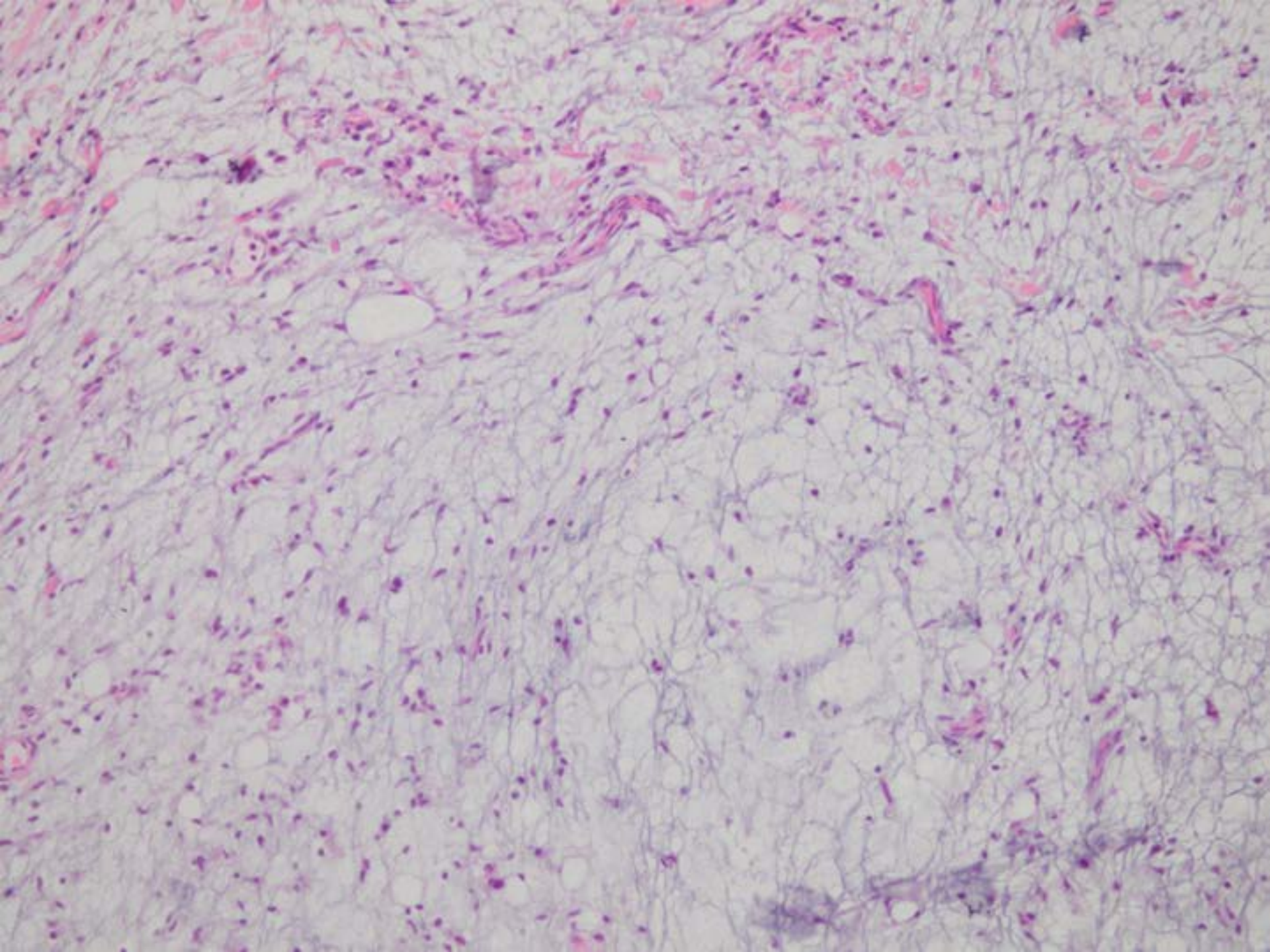


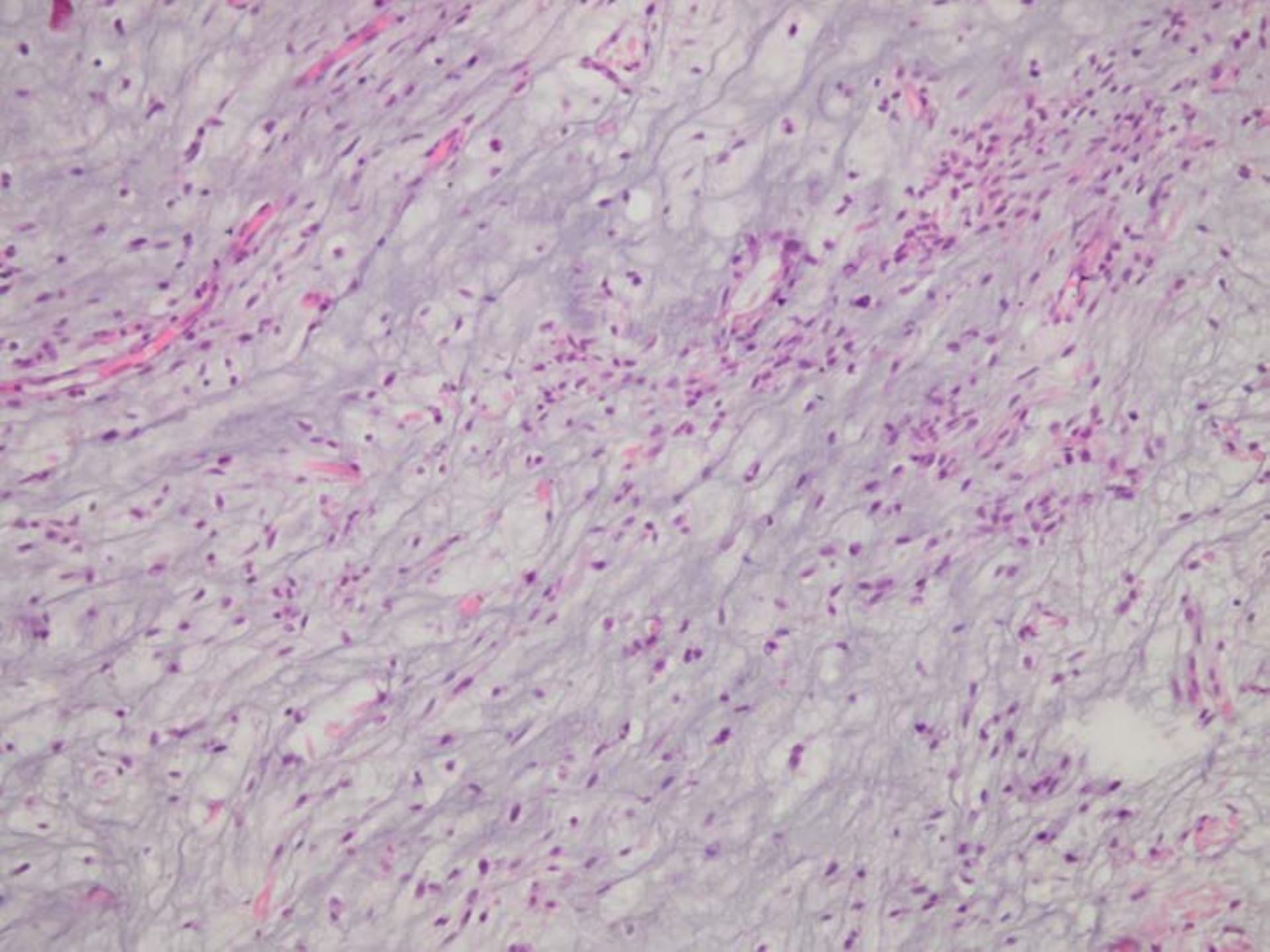


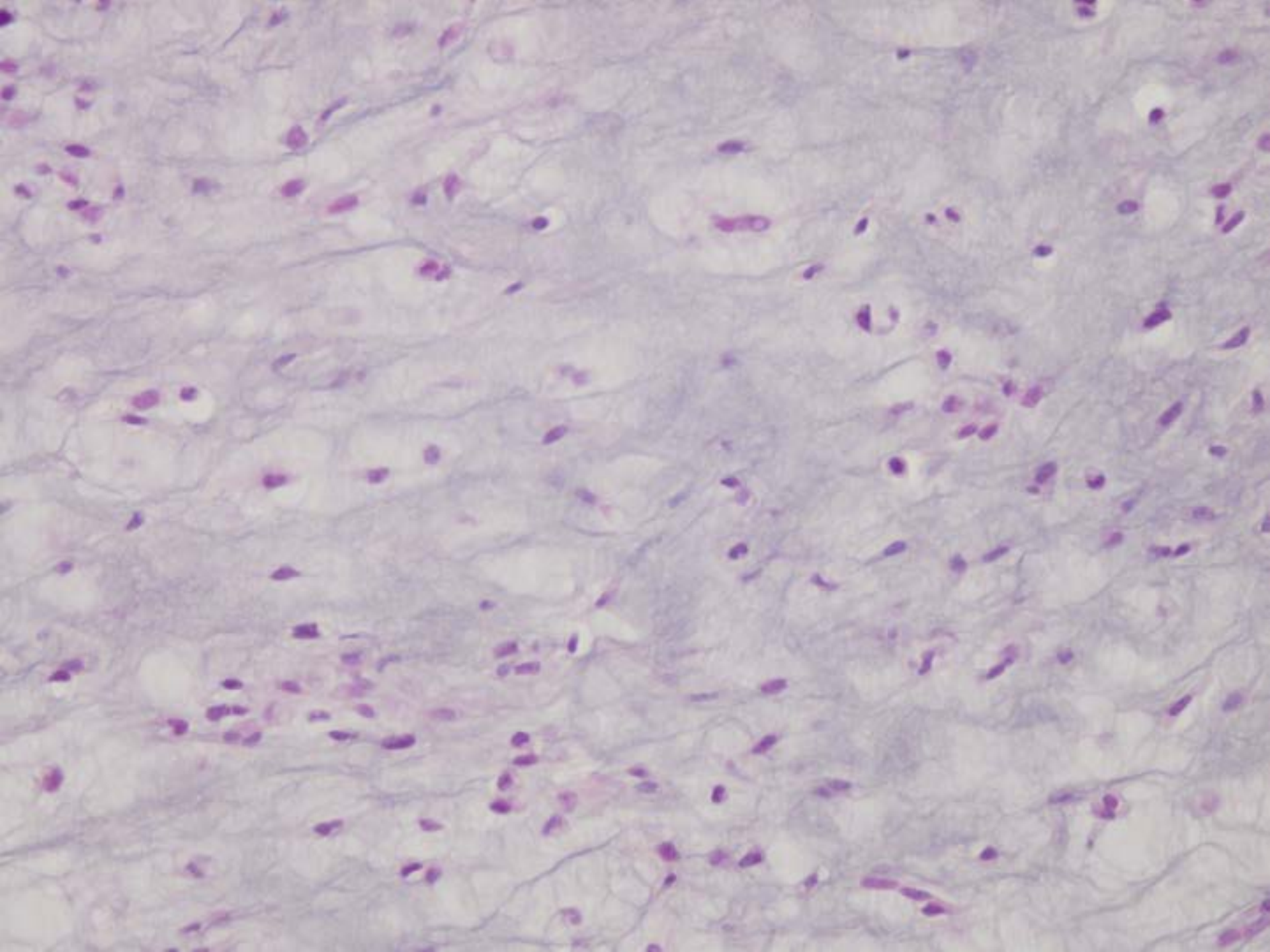










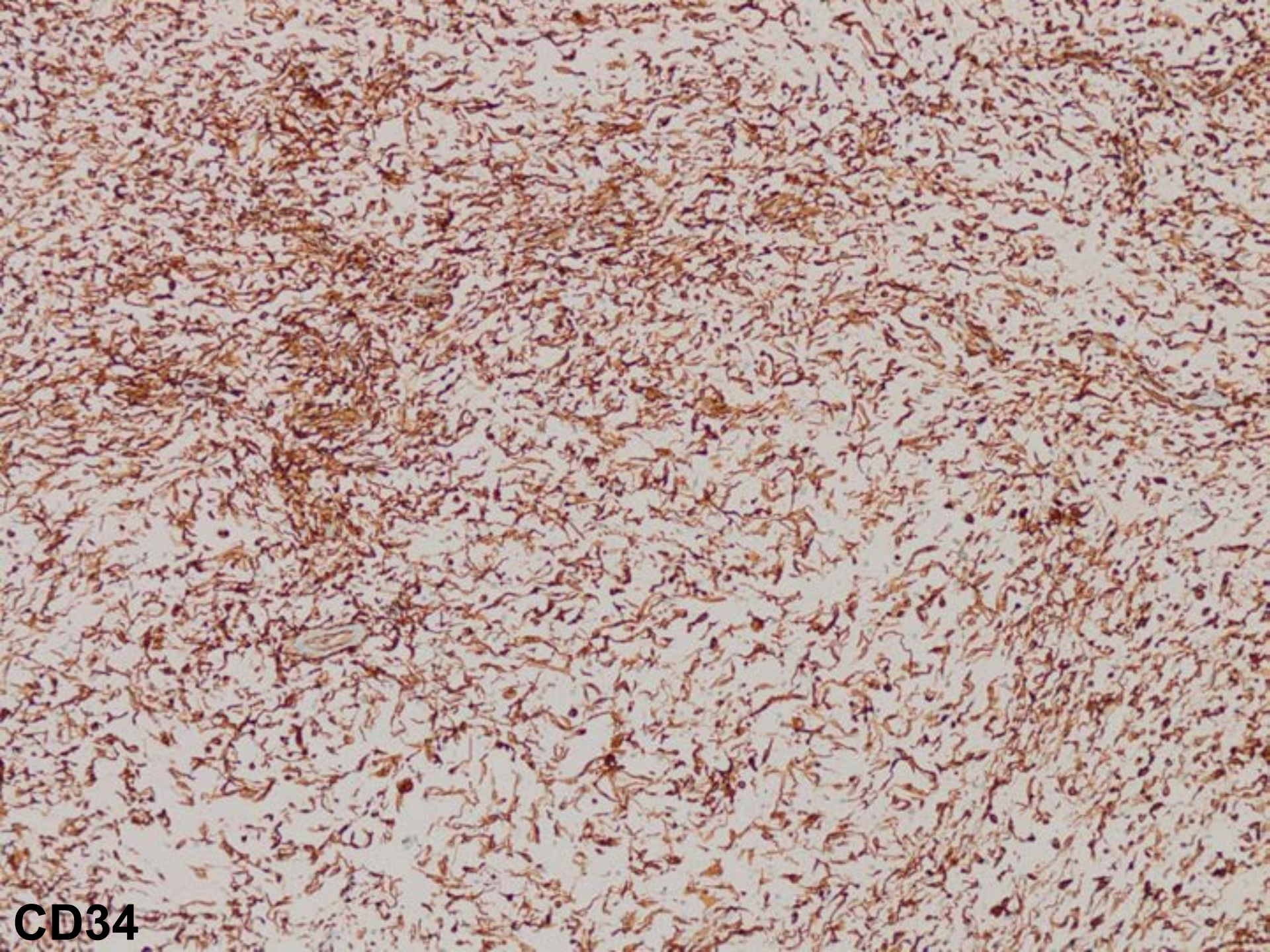


DIAGNOSTICO?

A. Lipoma de Células Fusadas con Cambio Mixoide

B. Liposarcoma Mixoide

C. Mixofibrosarcoma



CD34

Ki67



Caso 4 - Diagnóstico:

**LIPOMA DE CÉLULAS
FUSADAS CON CAMBIO
MIXOIDE**

Gan No Rinsho. 1985 Feb;31(2):217-21.

[A case report of spindle cell lipoma with a marked myxoid change].

Ito M, Tsuda N.

Abstract

Spindle cell lipoma is a specific variant of lipoma that displays several characteristic clinicopathologic features proposed by Enzinger and Harvey. A tumor located in the nuchal subcutis of a 45-year-old man showed a mixture of fat cells and spindle cells with marked myxoid change of the matrix. Its fine structure revealed prominent microfilaments in the spindle cells. Immunohistochemical study suggested that these filaments were probably vimentin. Accumulated filaments and myxoid matrix containing hyaluronic acid may be degenerative rather than synthetic. The cell origin of the tumor may be a mixture of two cell types differentiating toward fat cells and fibroblastic cells.

PMID: 3989991

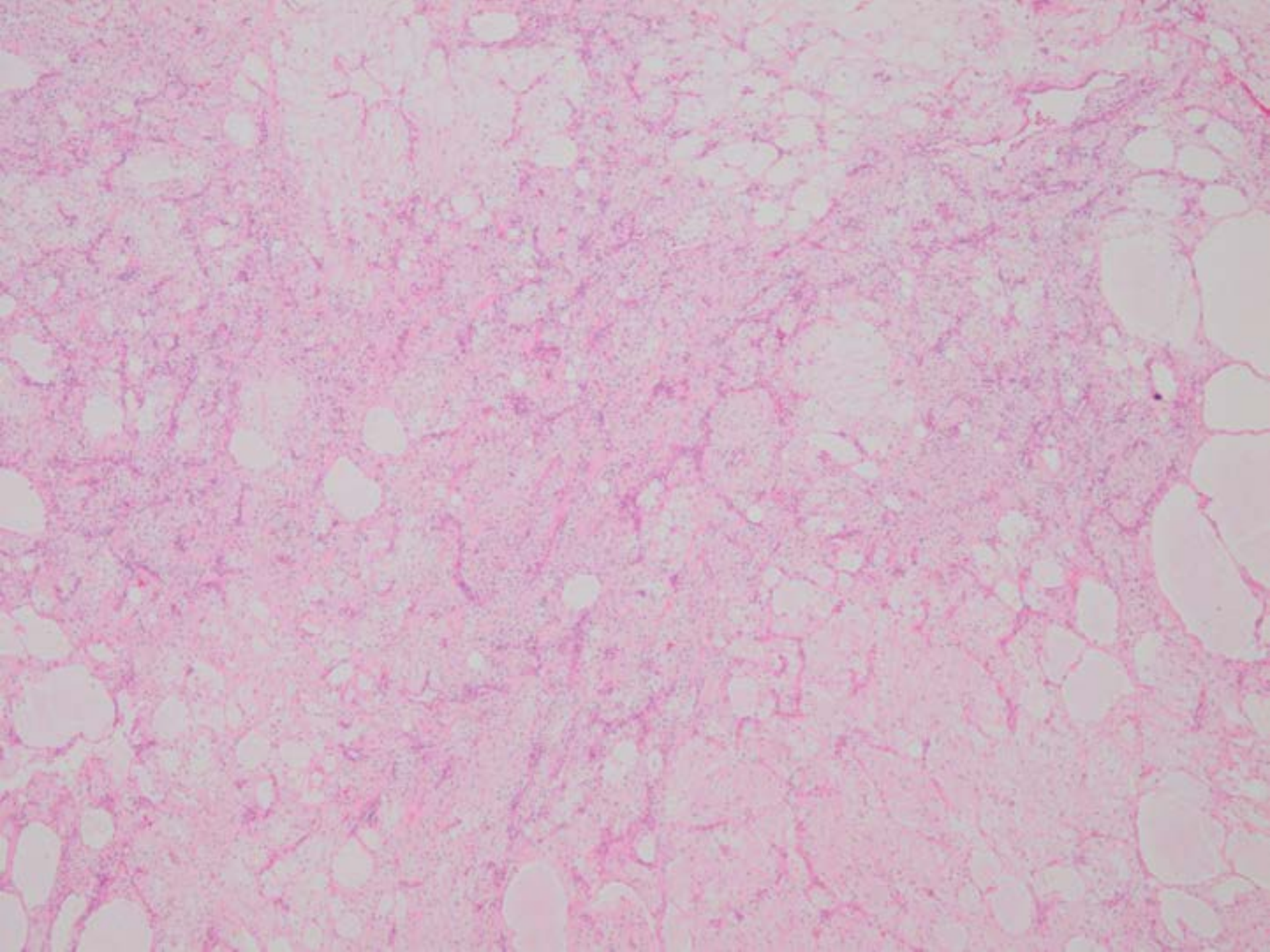


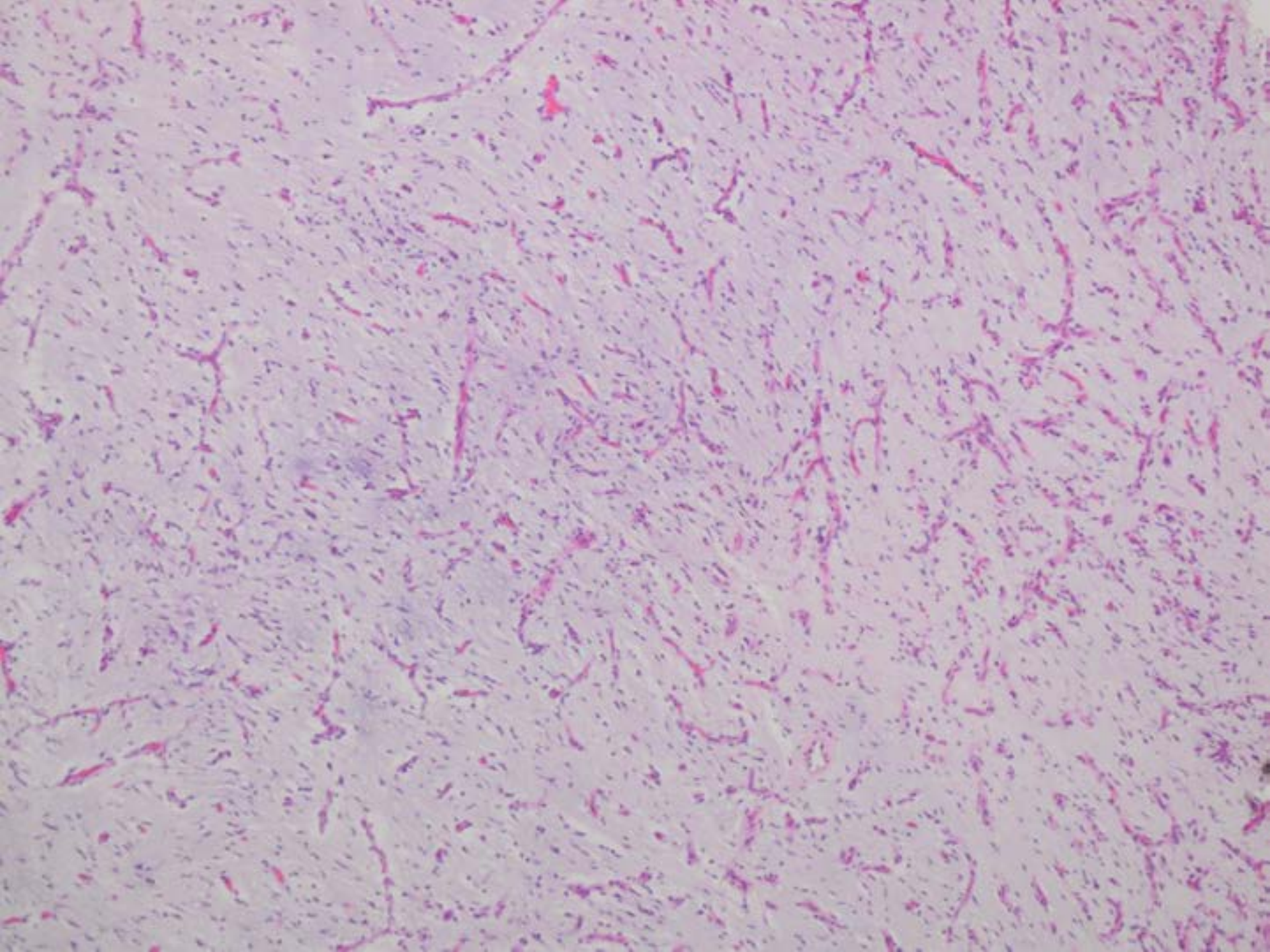
Caso 5:

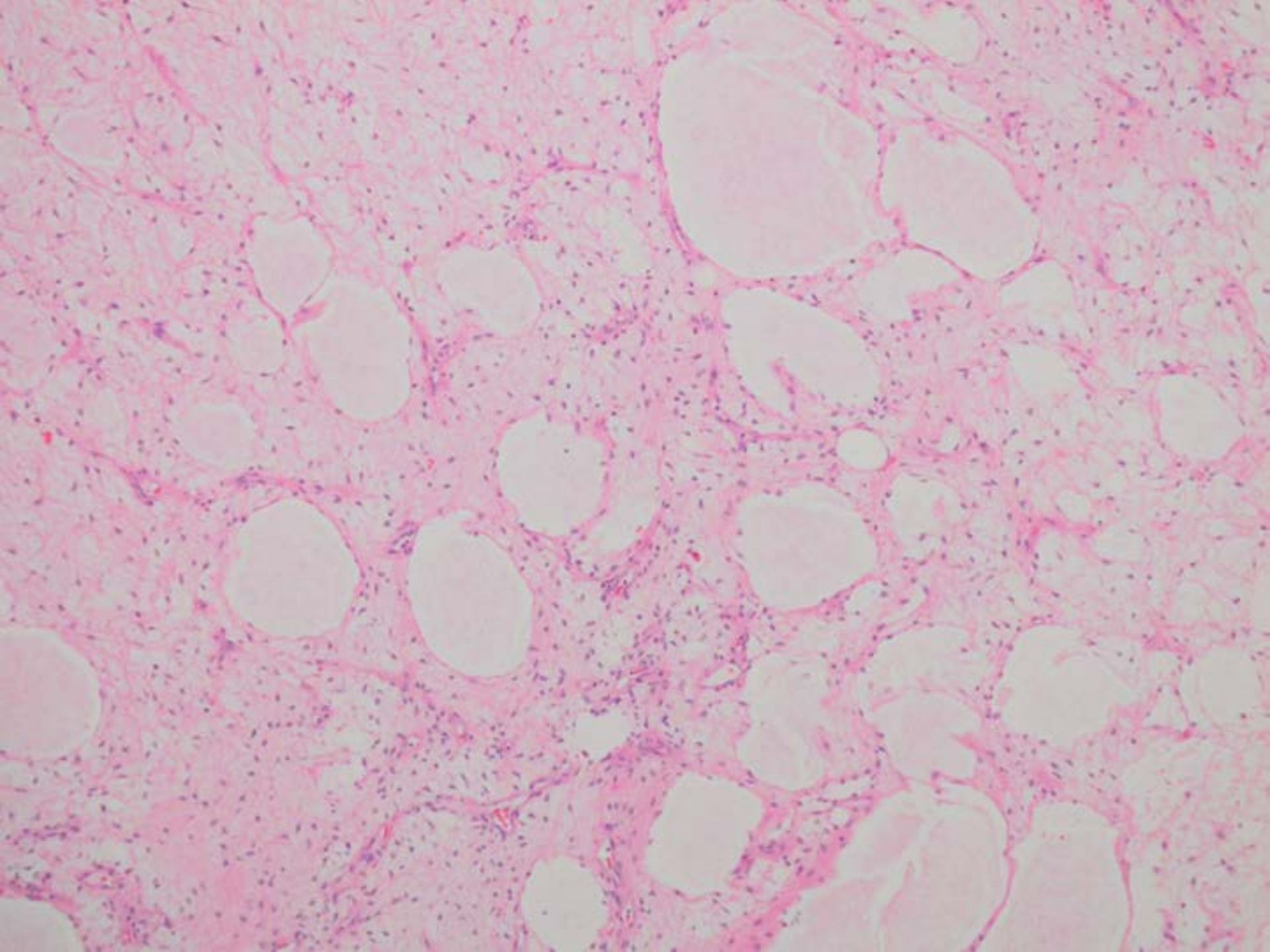
Paciente de sexo
femenino, 27 años.

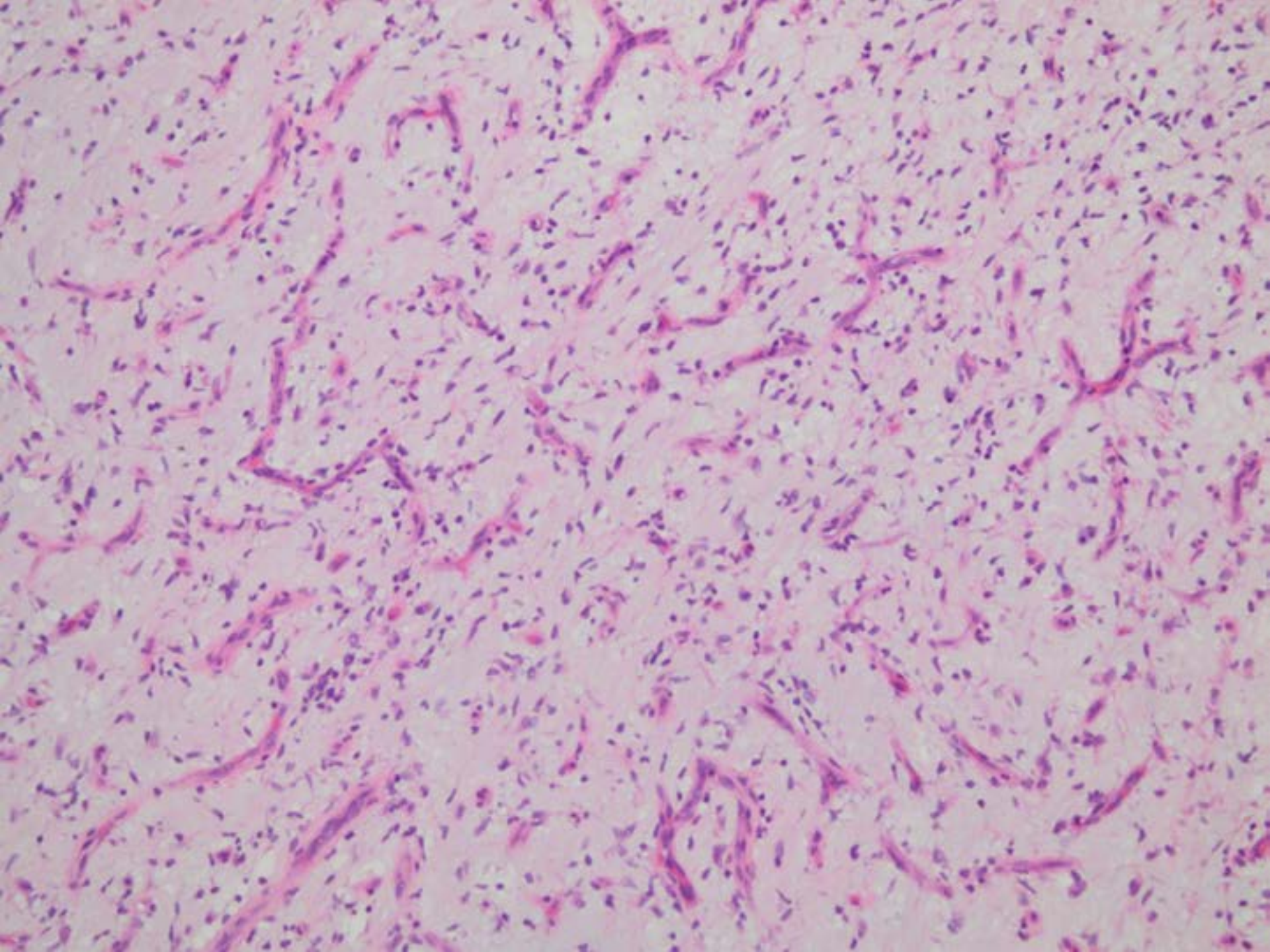
Tumor de 8 cm en partes
profundas muslo derecho.

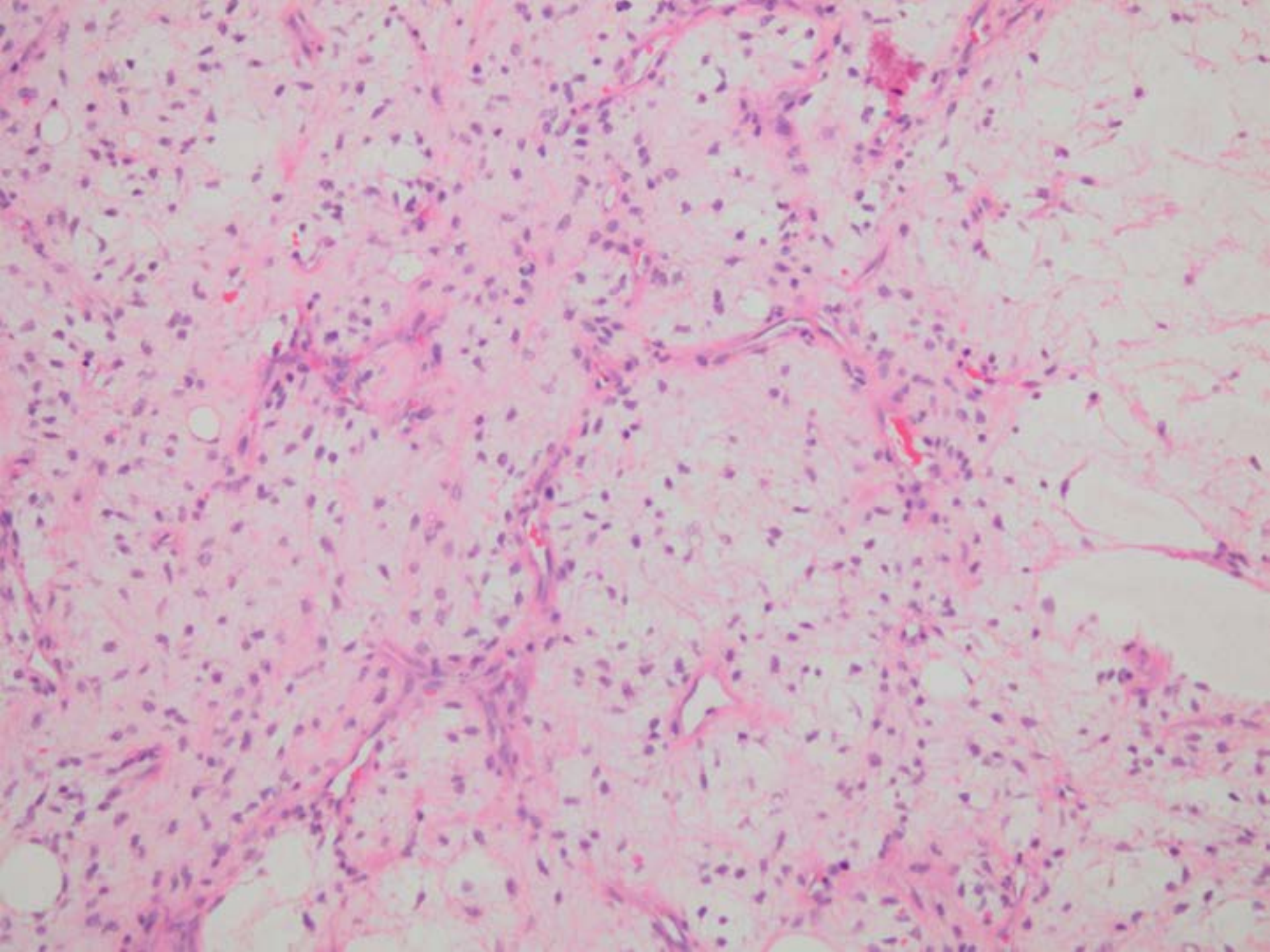


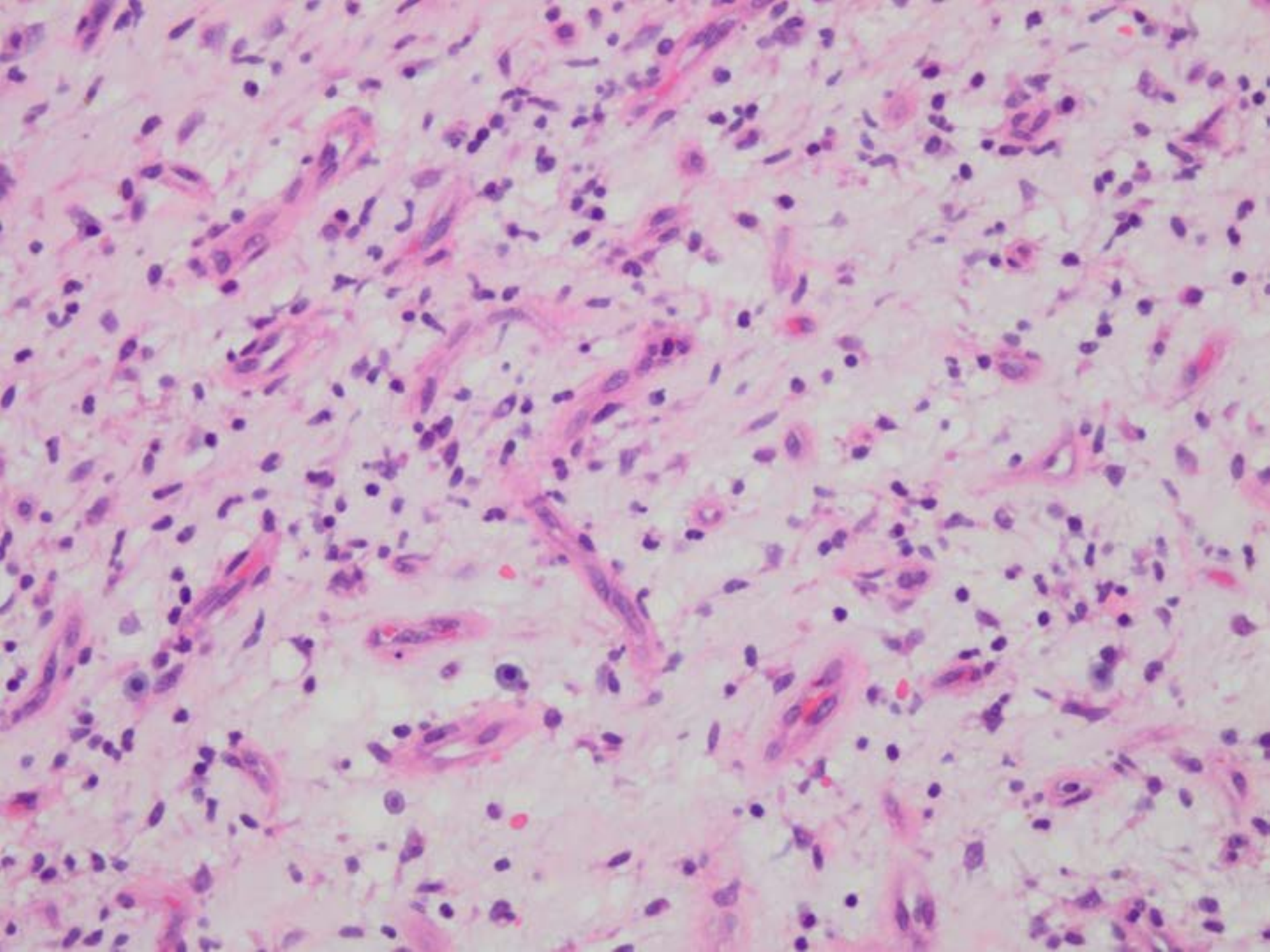


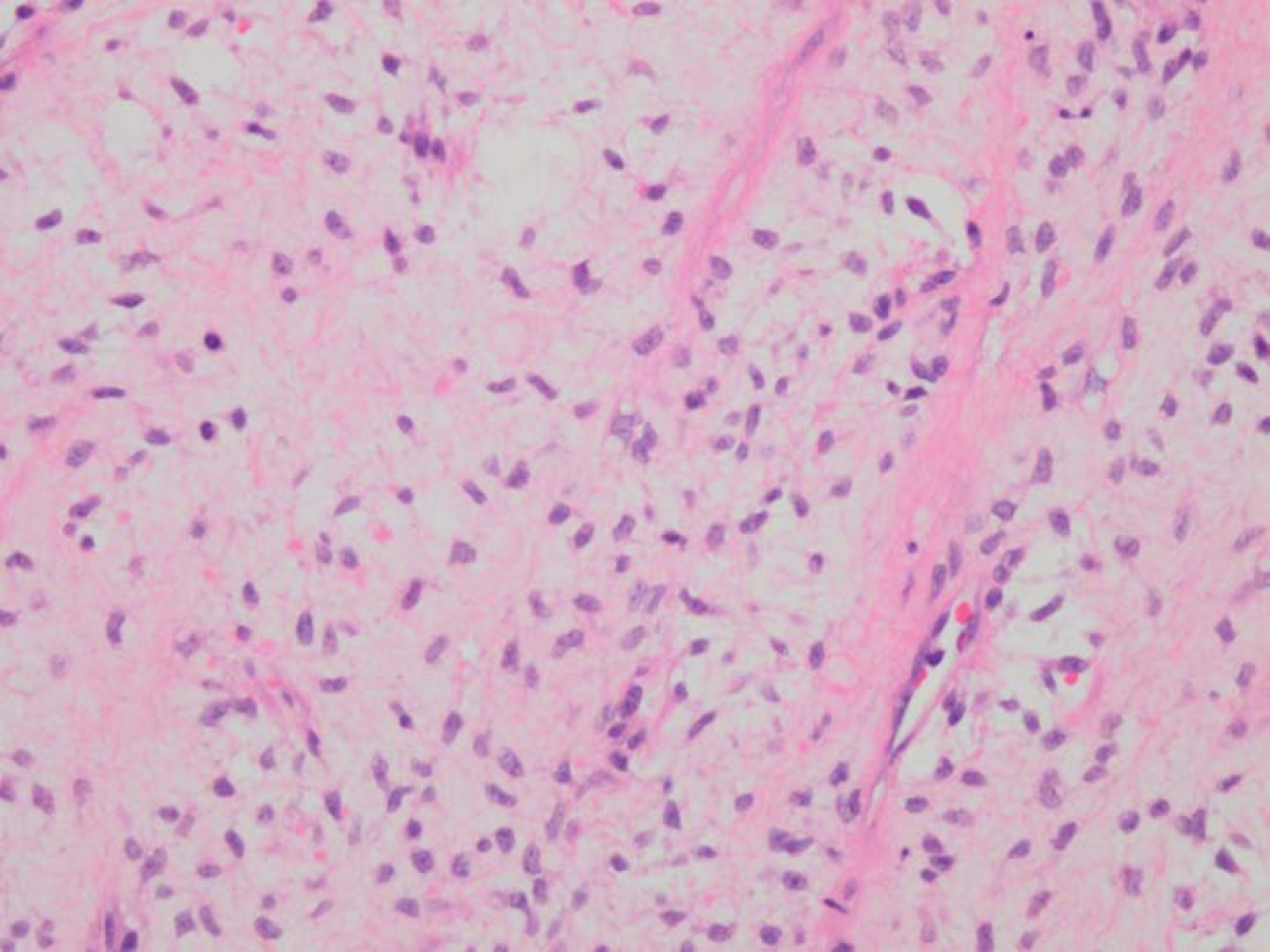


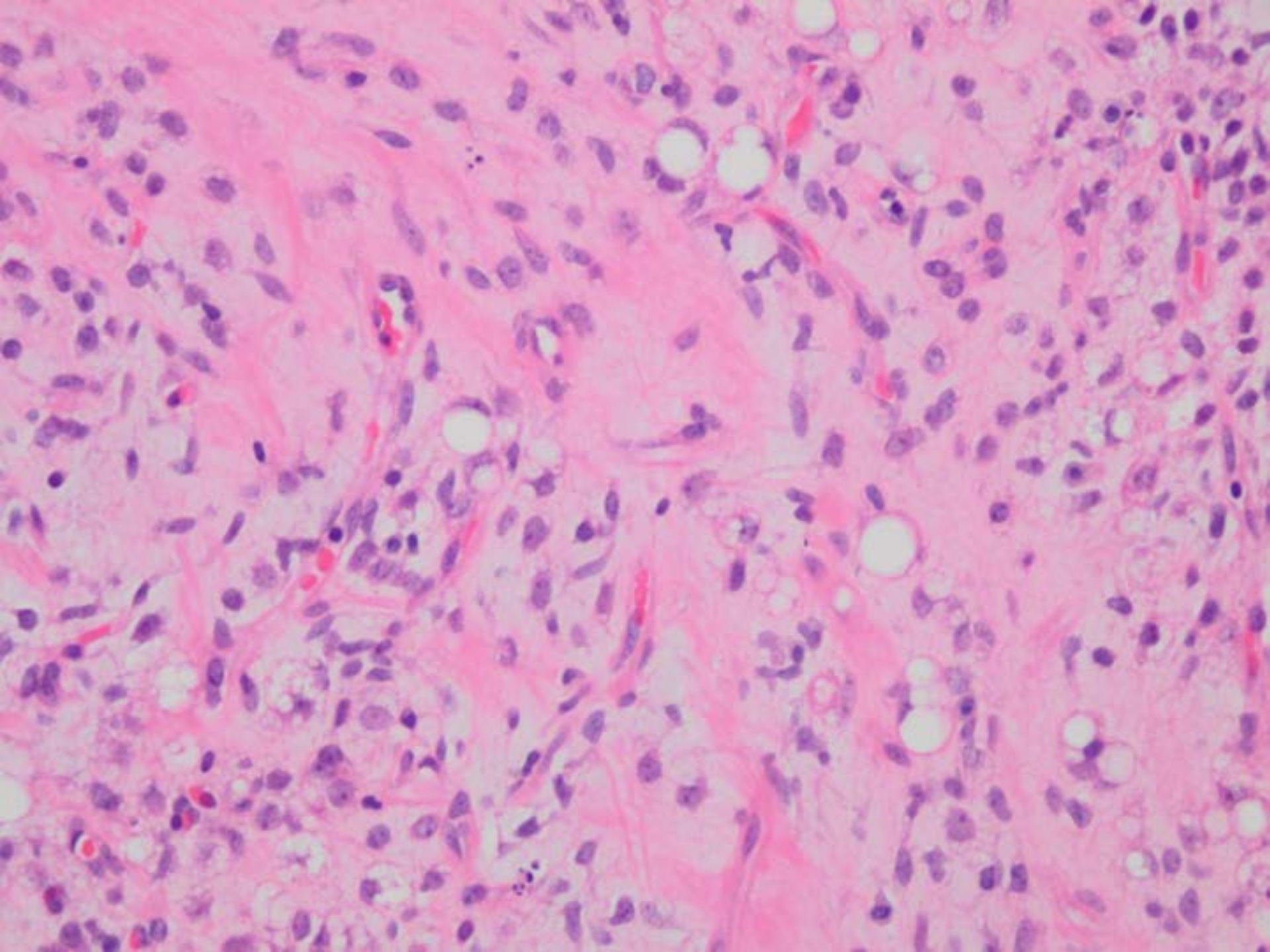












DIAGNOSTICO?

A. Mixoma de Partes Blandas

B. Mixofibrosarcoma

C. Liposarcoma Mixoide

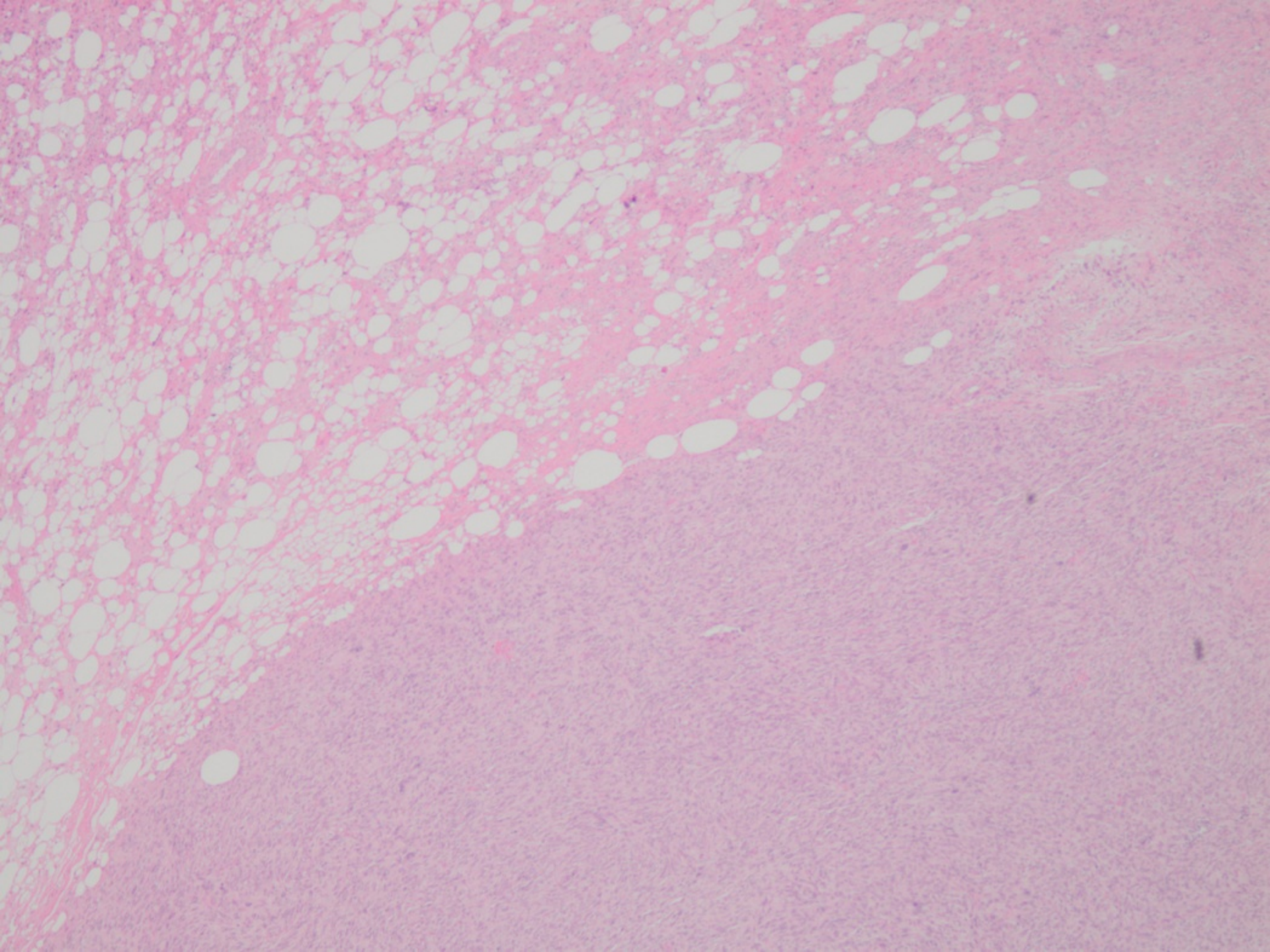
Caso 5 - Diagnóstico:

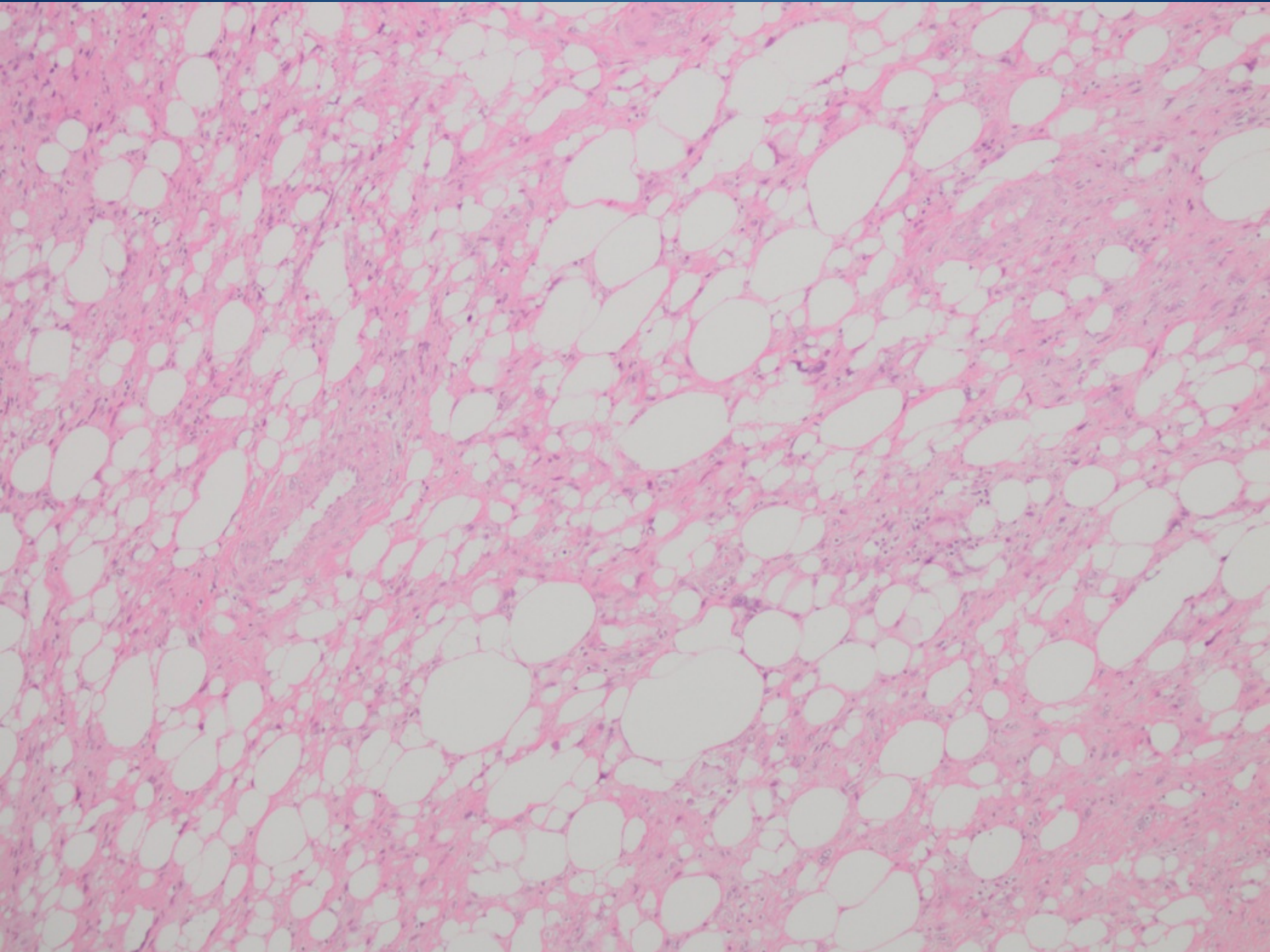
**LIPOSARCOMA
MIXOIDE**

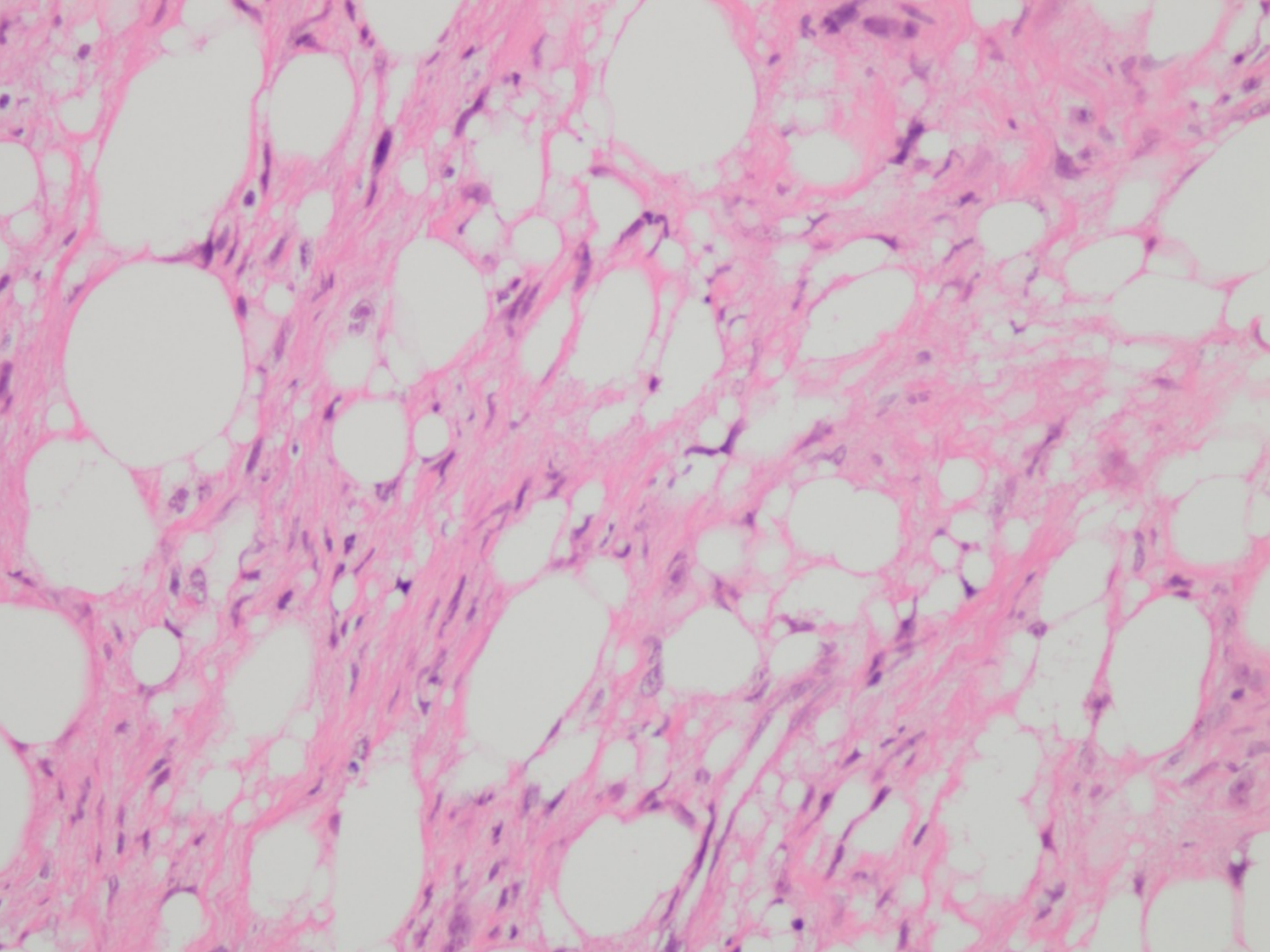
Caso 6:

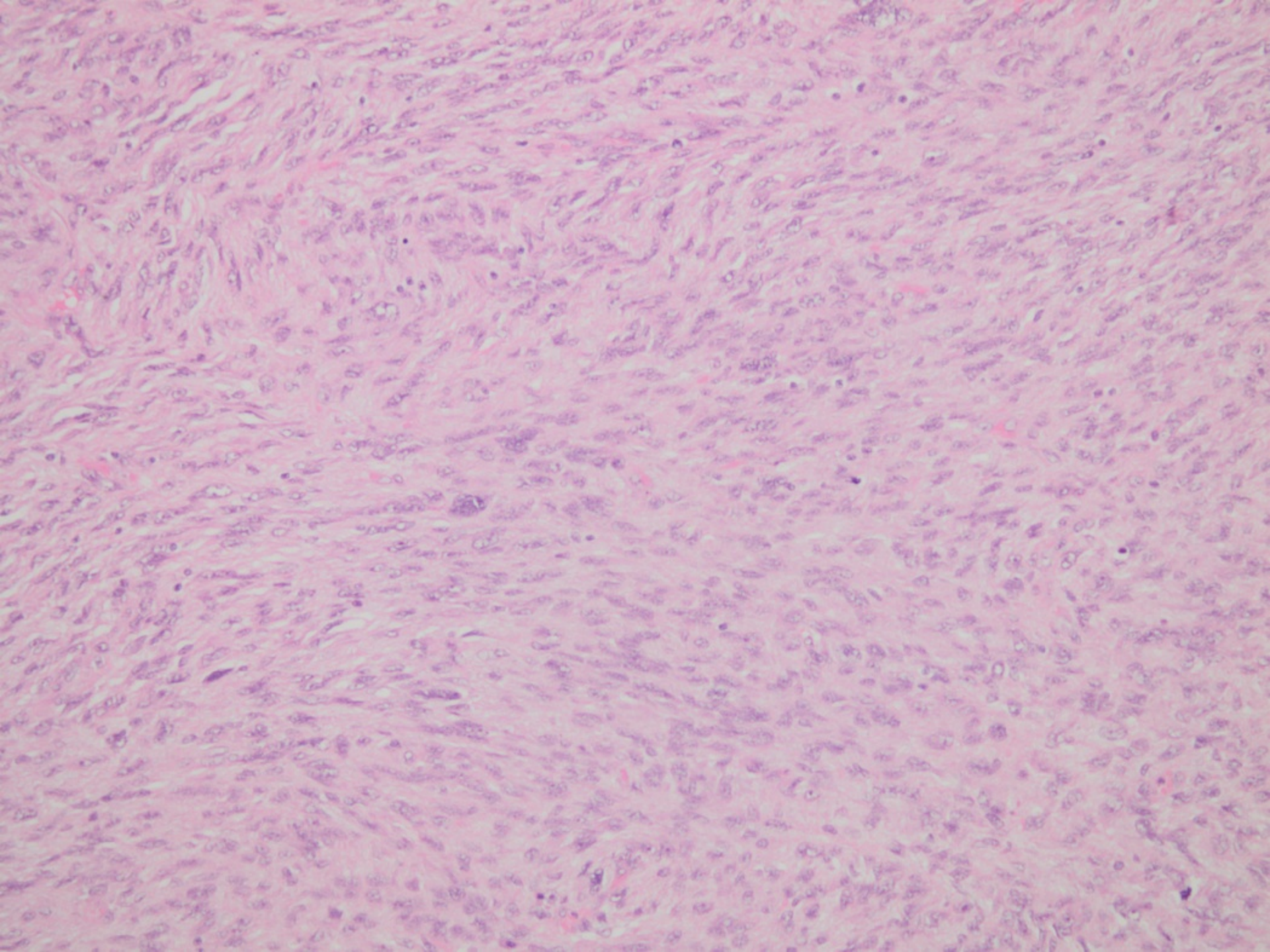
Paciente de sexo masculino, 67 años. Tumor de 25 cm en proximidad renal (retroperitoneo).

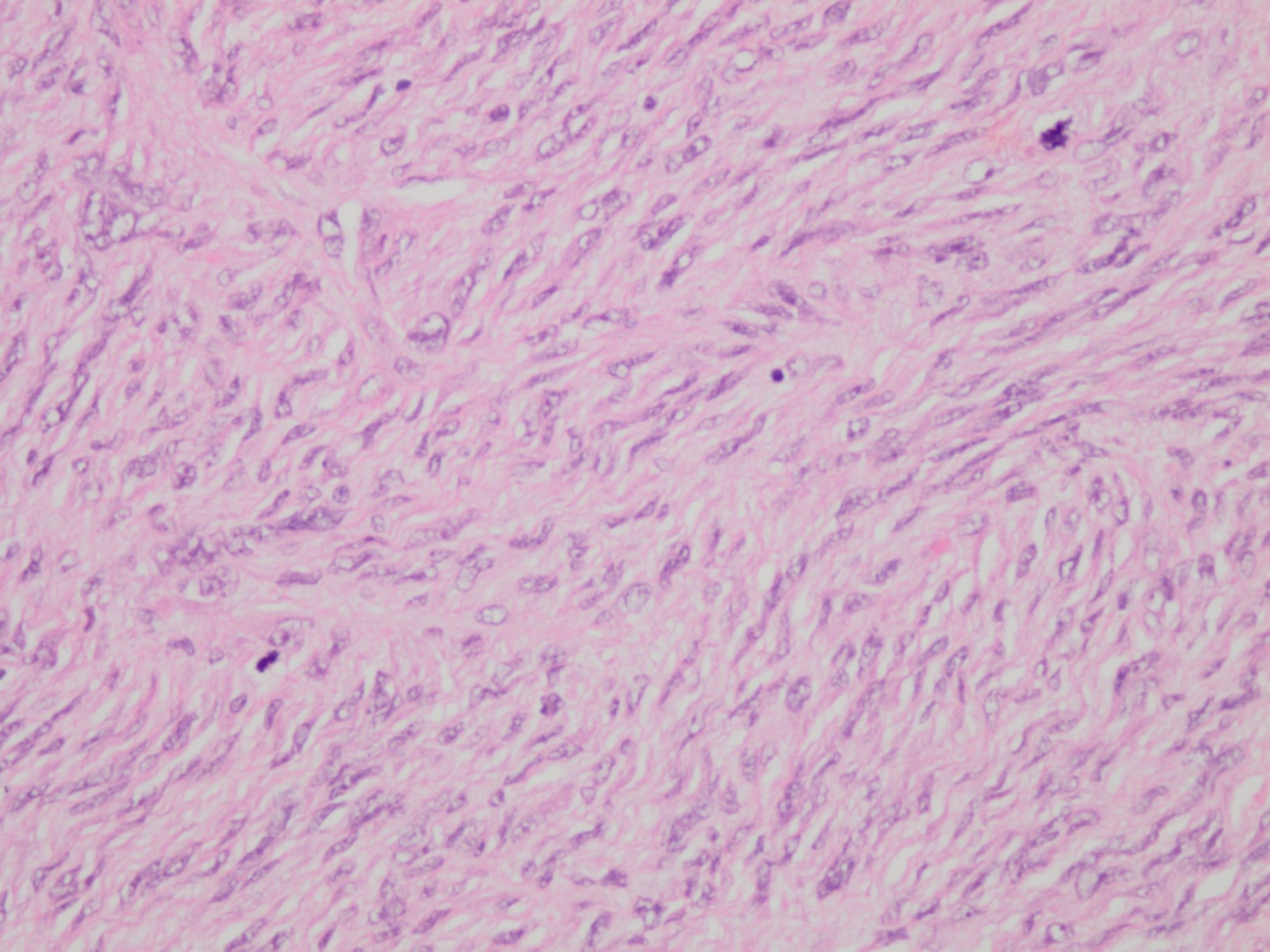


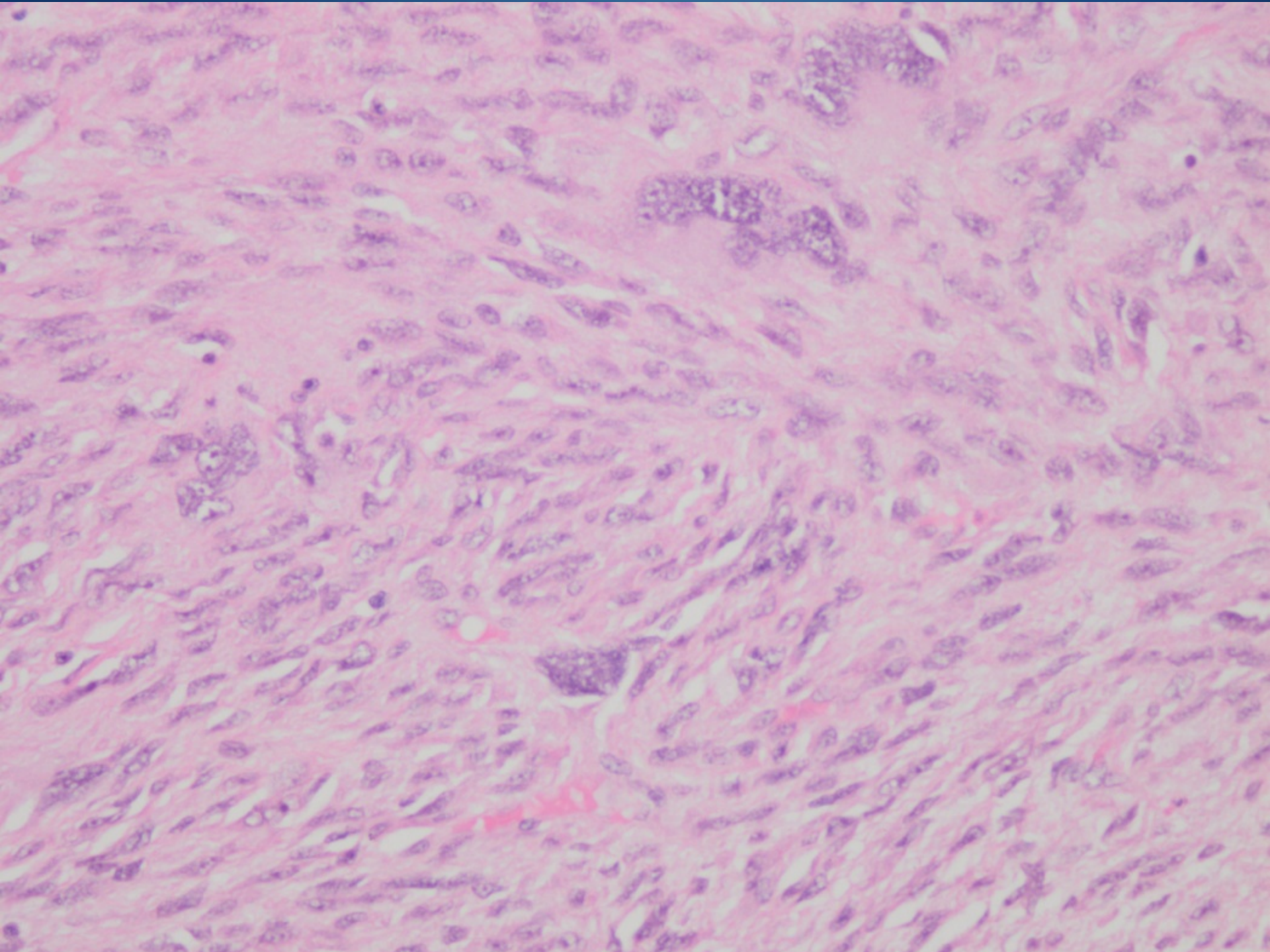


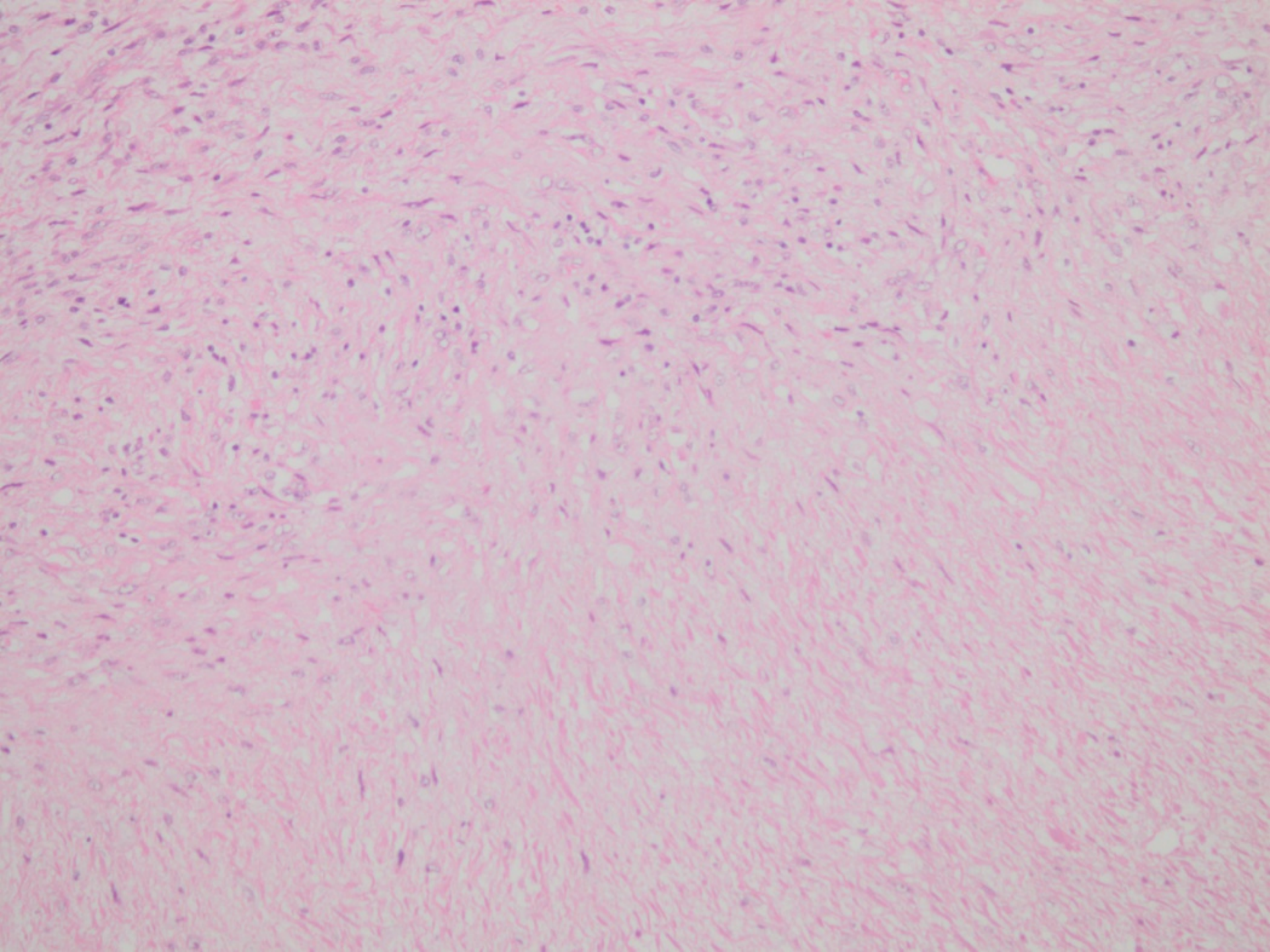












DIAGNOSTICO?

A. Tumor Lipomatoso Atípico de Células Fusadas

B. Liposarcoma Desdiferenciado

C. Angiomiolipoma Perirrenal

Caso 6 - Diagnóstico:

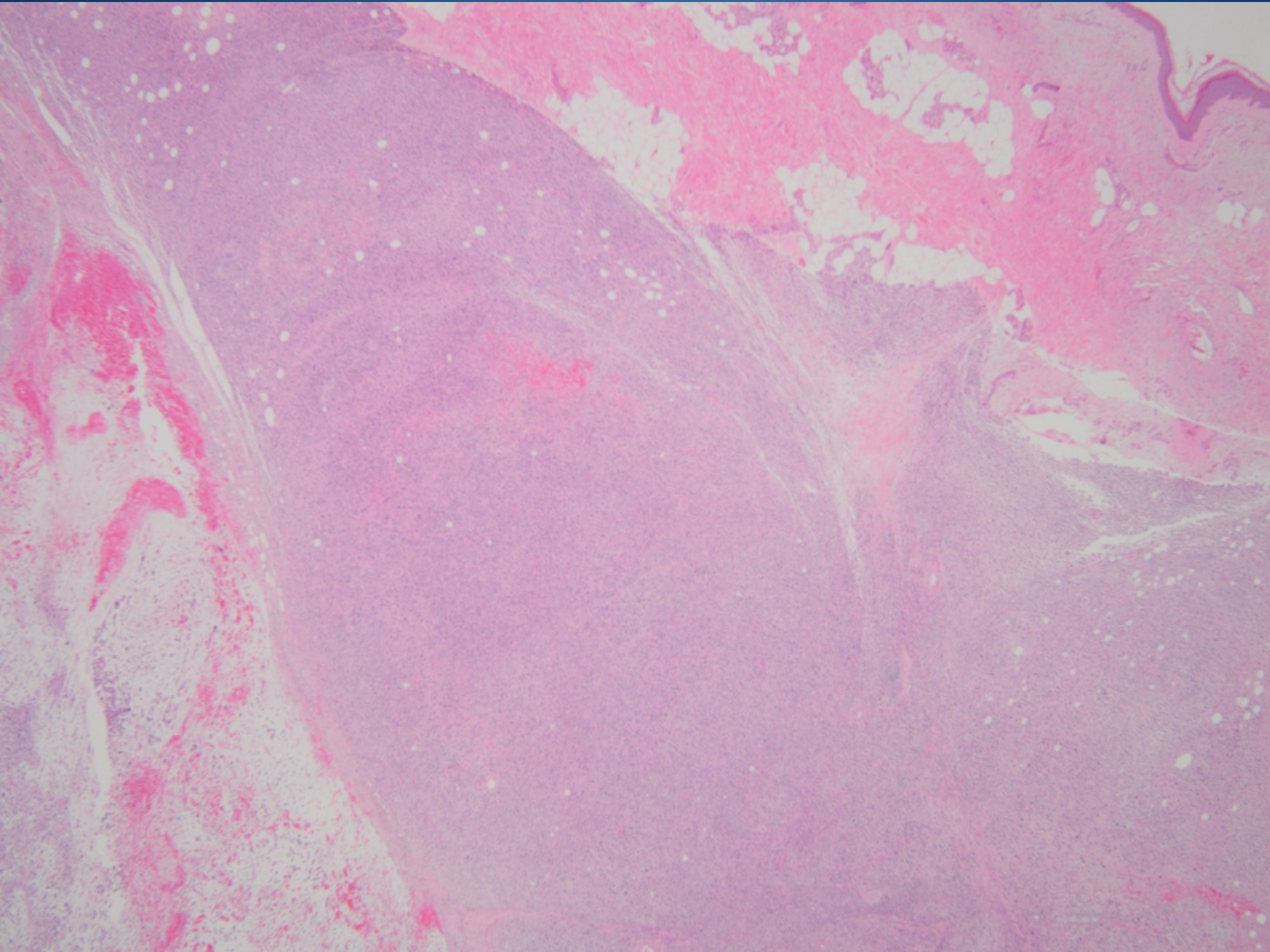
**LIPOSARCOMA
DESDIFERENCIADO**

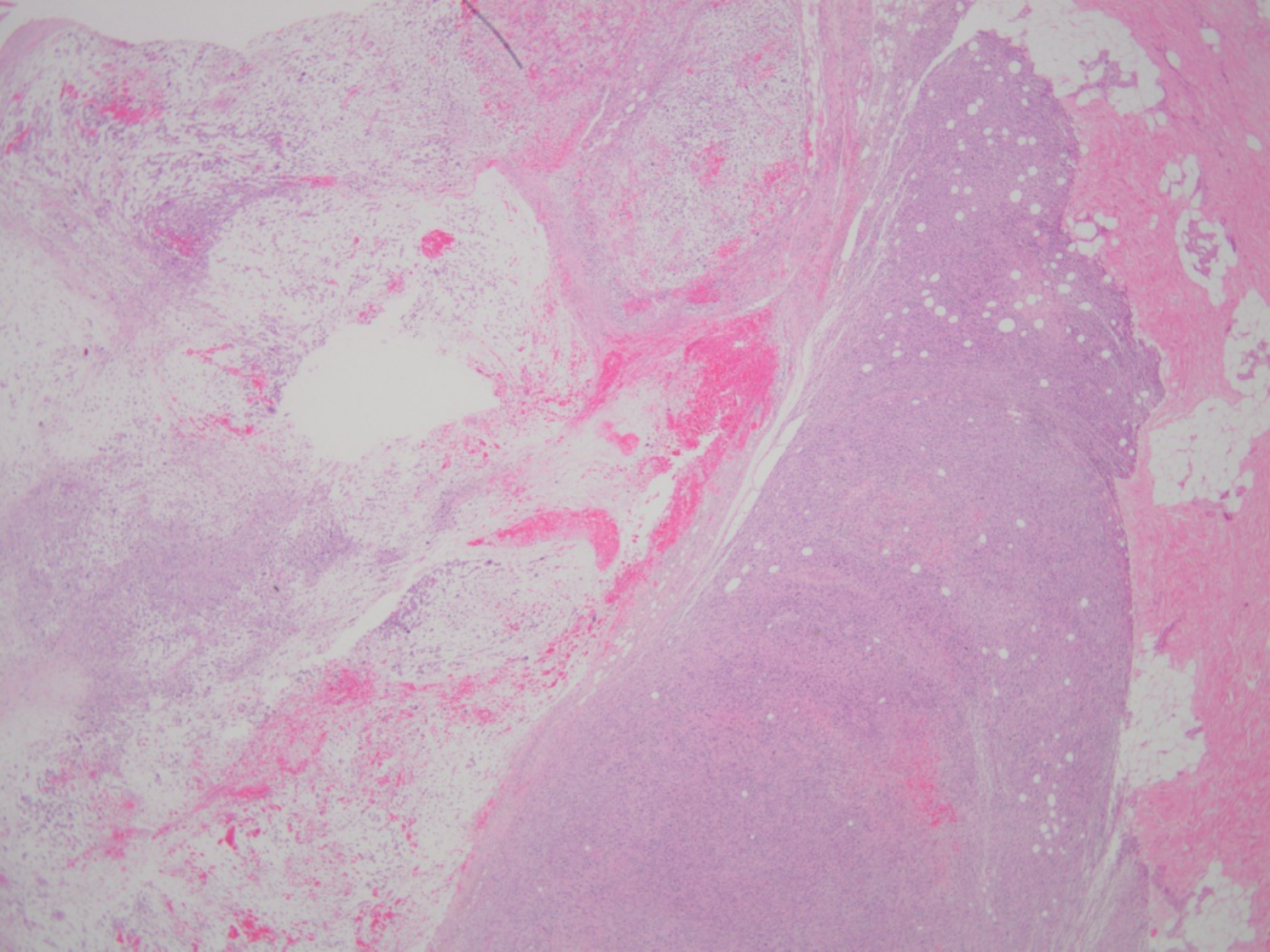
Caso 7:

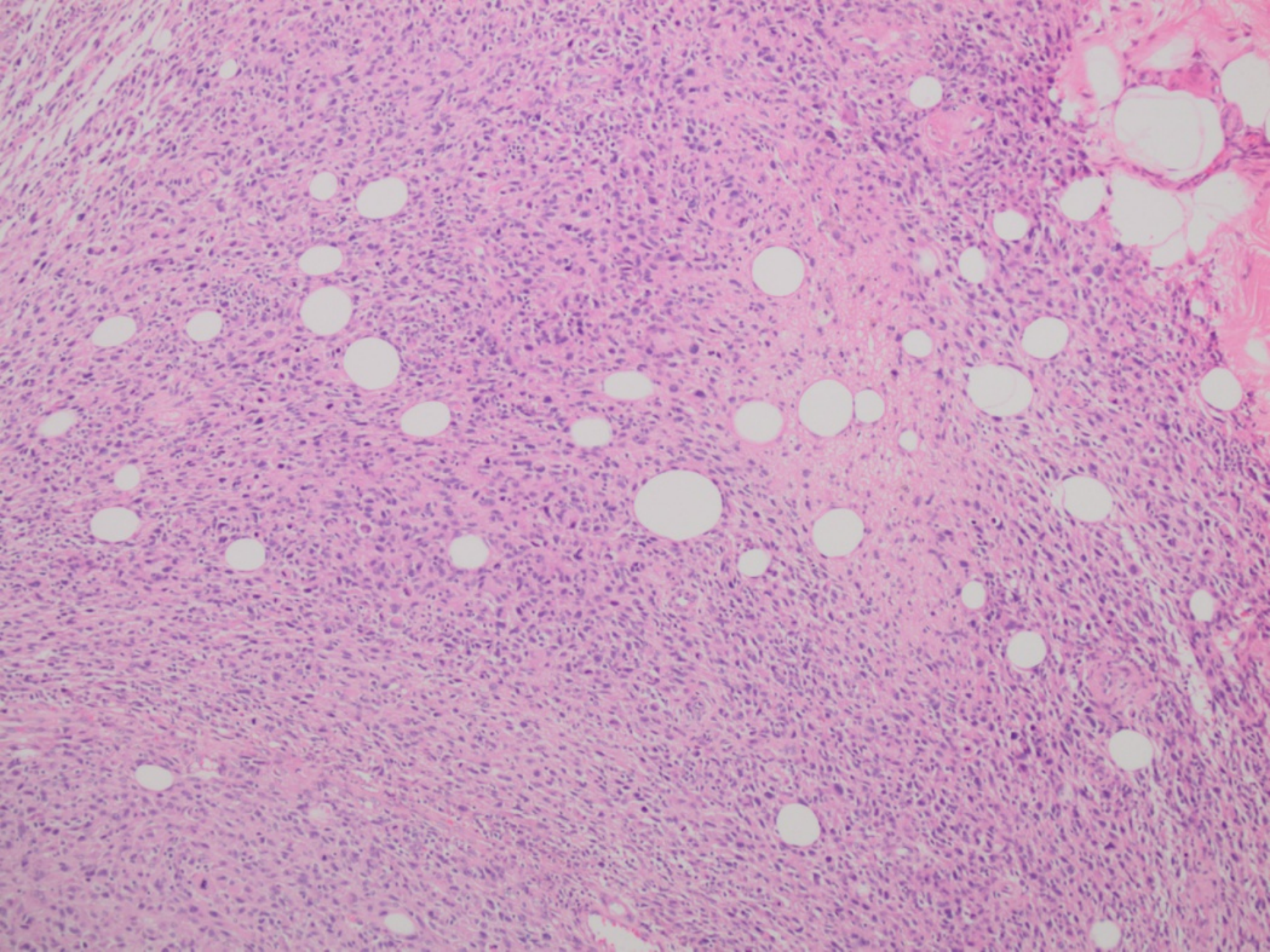
Paciente de sexo
femenino, 63 años.

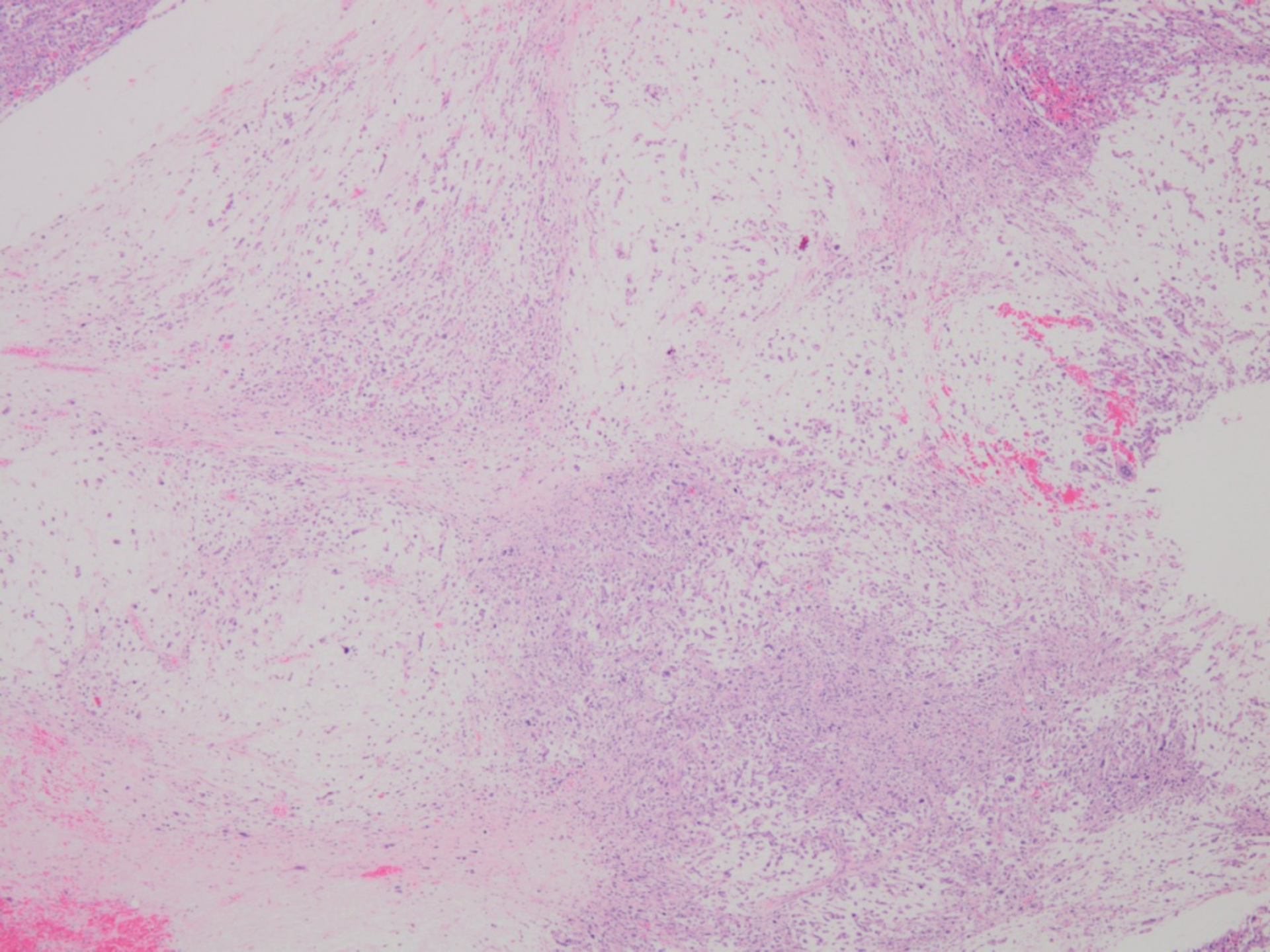
Tumor de 12 cm
subcutáneo en extremidad
inferior derecha.

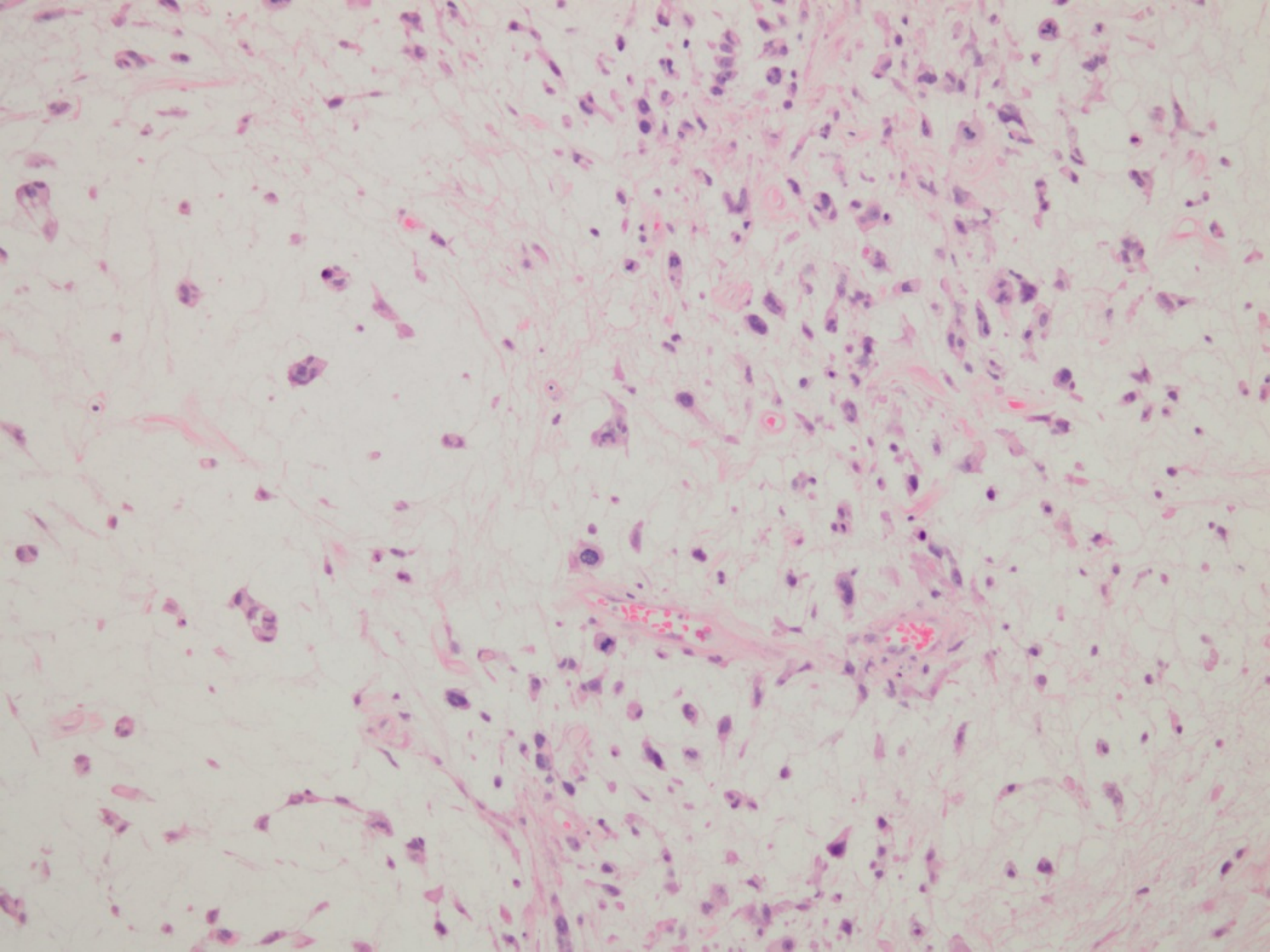


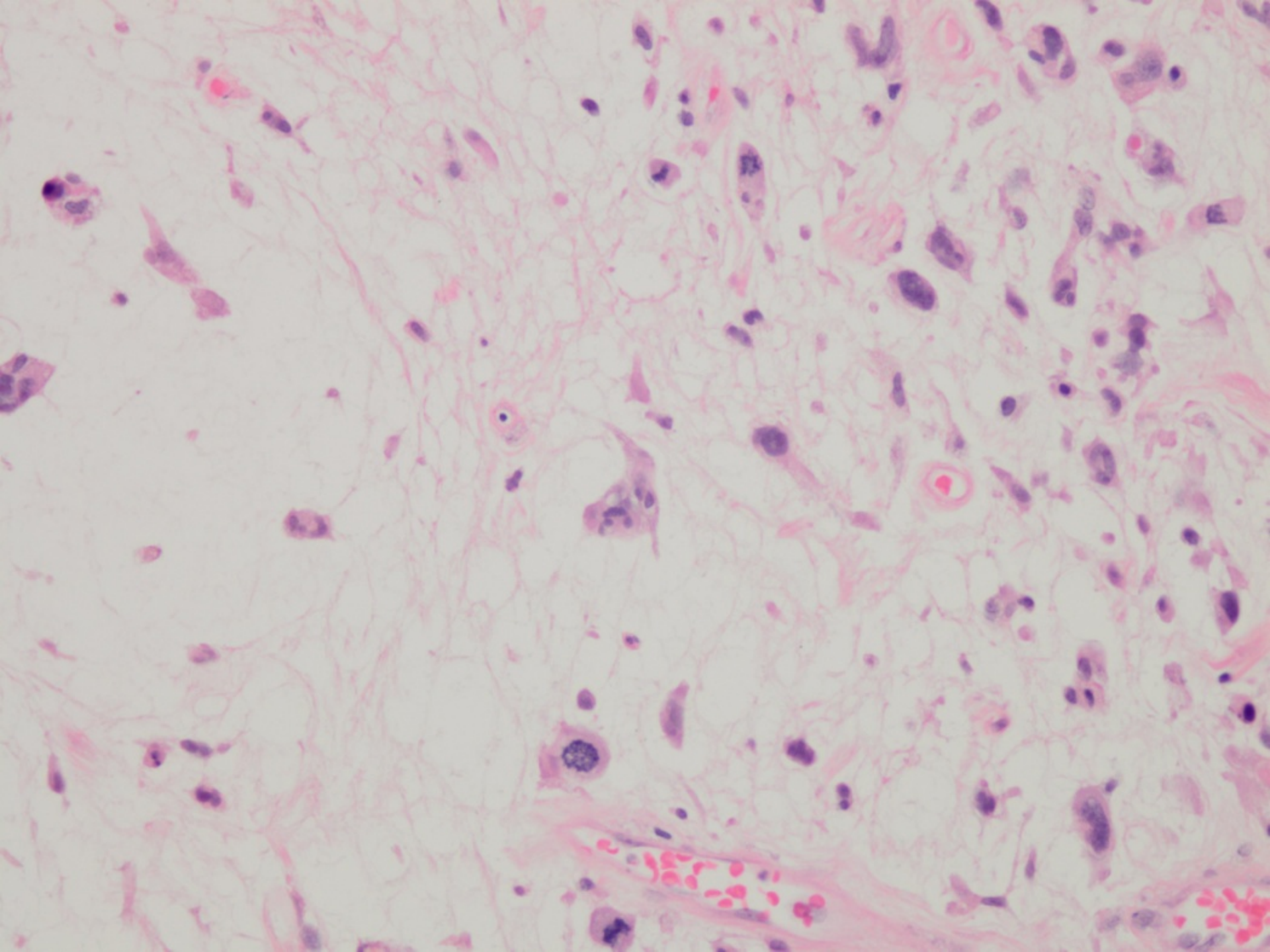


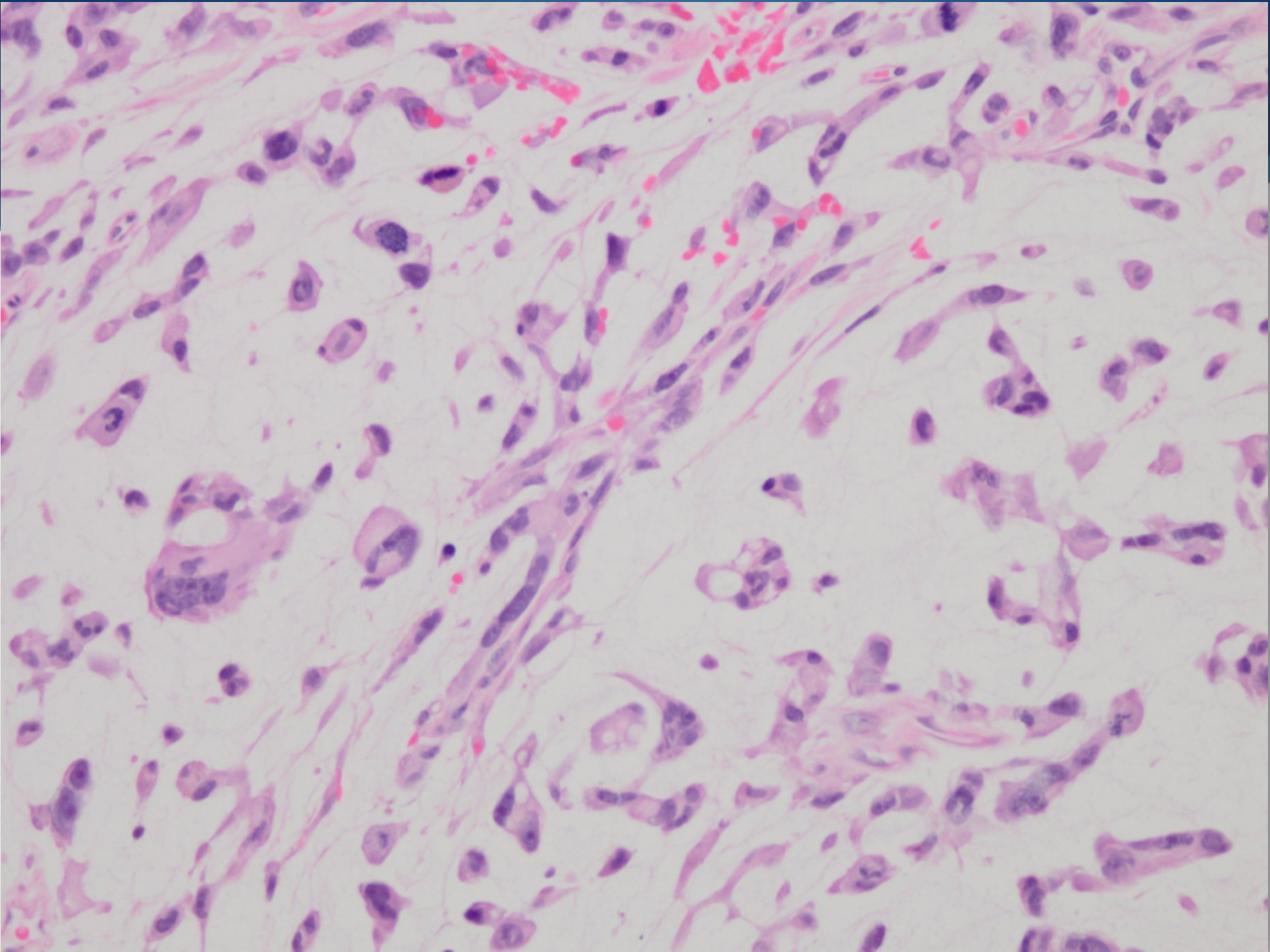


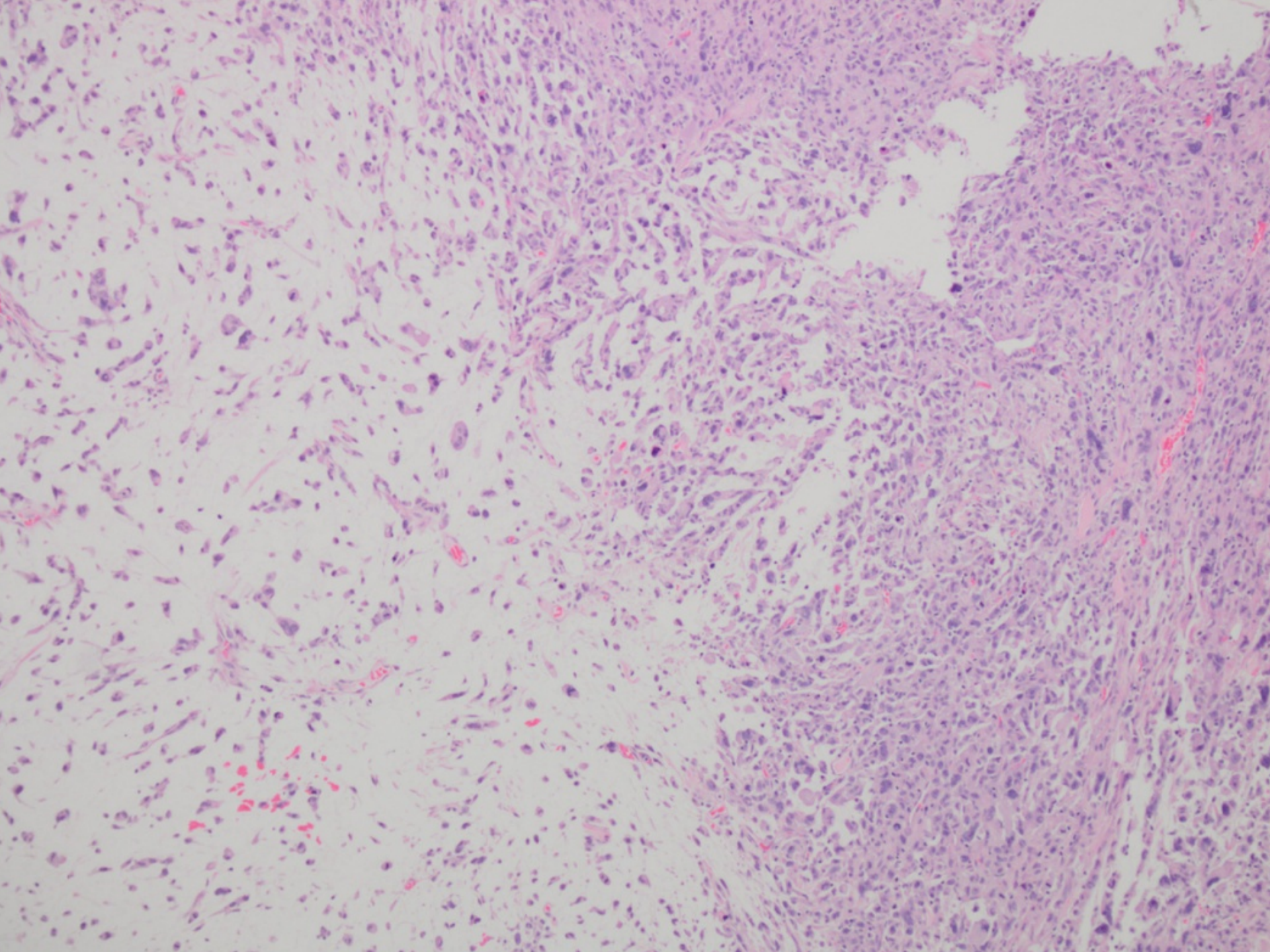


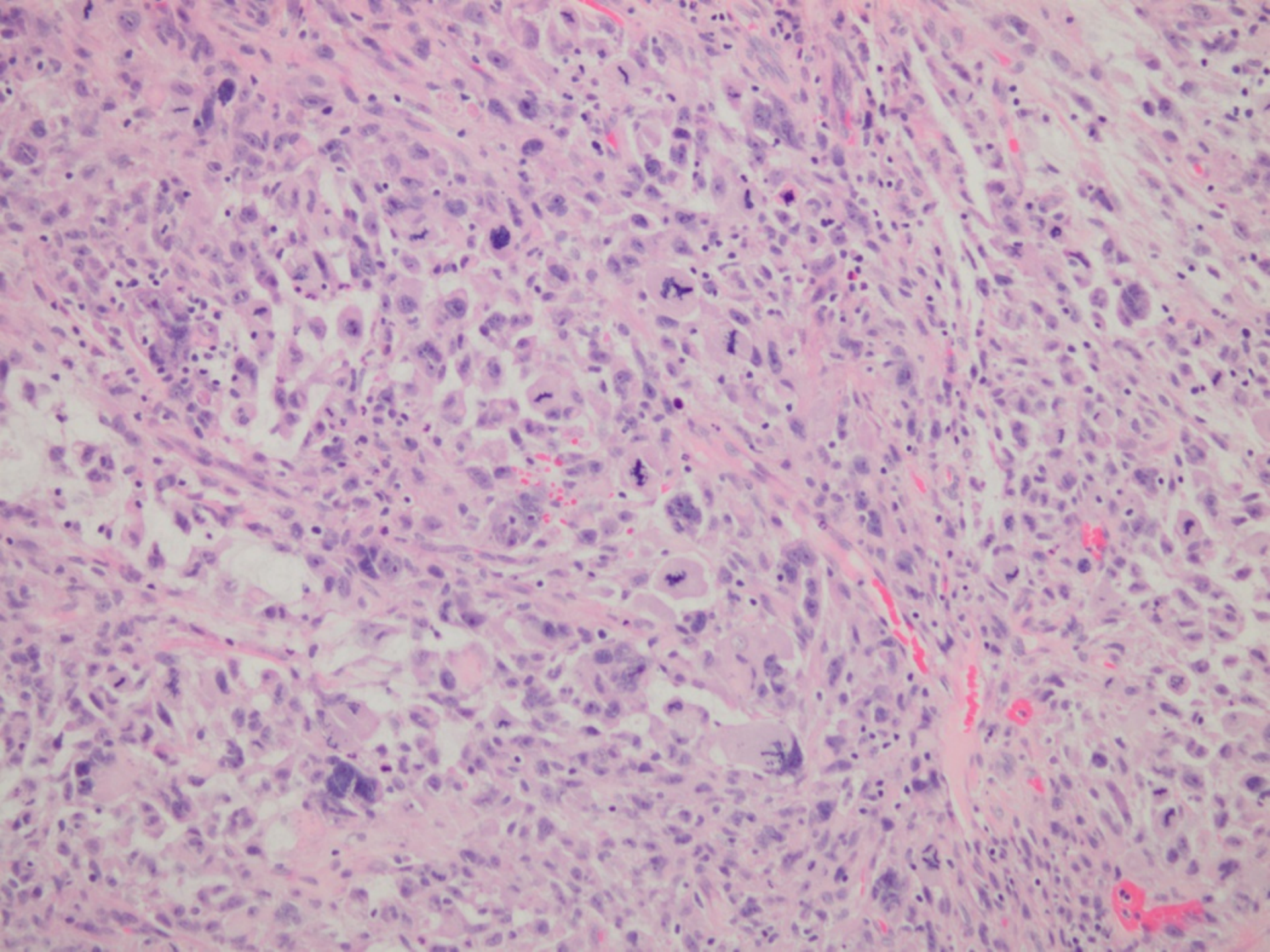


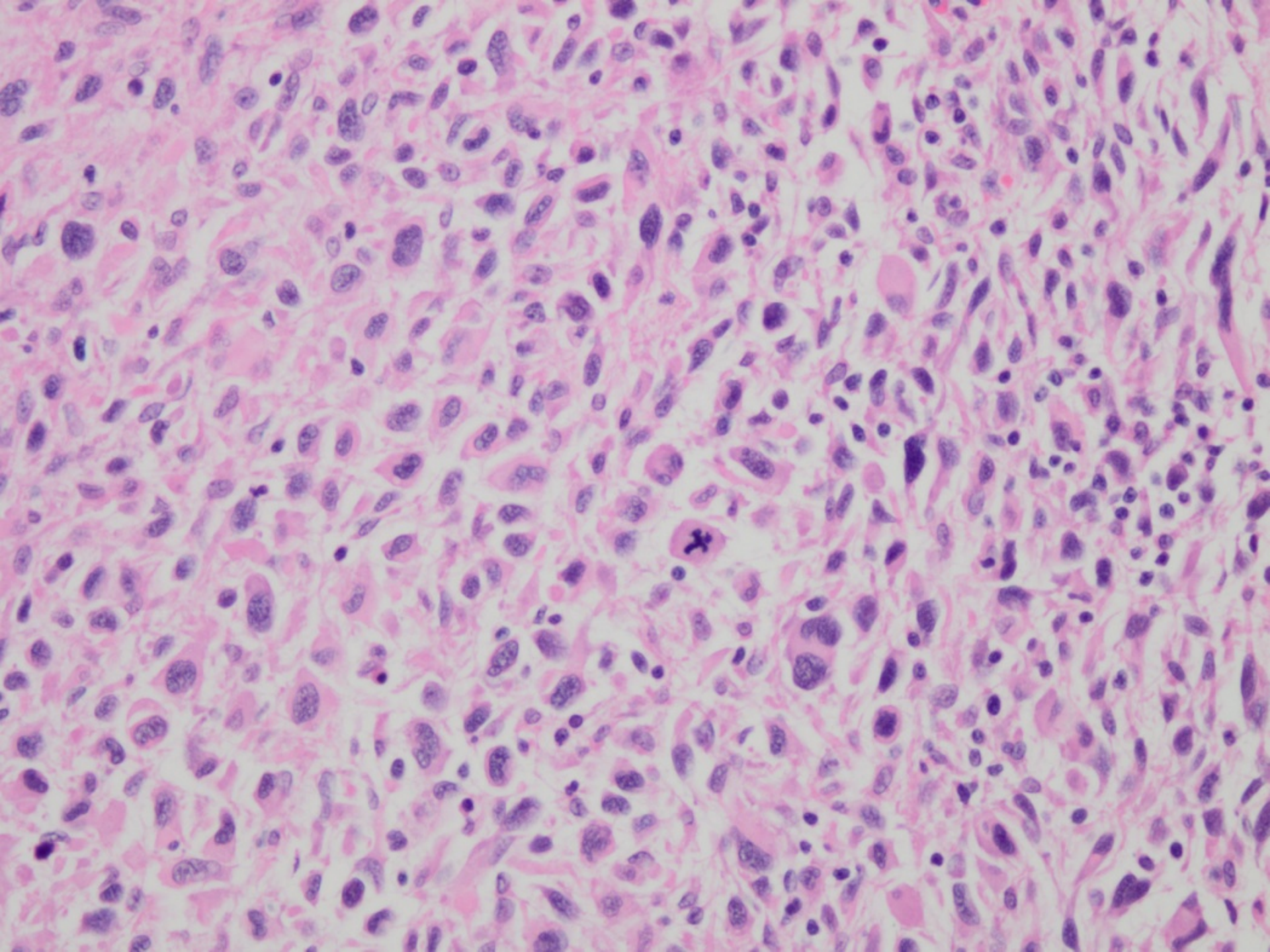












DIAGNOSTICO?

A. Liposarcoma Mixoide Pleomórfico

B. Fibrosarcoma Mixoide de Alto Grado

C. Mixofibrosarcoma

Caso 7 - Diagnóstico:

MIXOFIBROSARCOMA

MIXOFIBROSARCOMA

- ◆ Descrito por Weiss y Enzinger en 1977 bajo el nombre de Histiocitoma Fibroso Maligno variante Mixoide.
- ◆ Neoplasia de lento crecimiento en extremidades de pacientes mayores.
- ◆ Generalmente subcutáneo, compuesto de nódulos con estroma mixoide, con células fusadas atípicas en una matriz de ácido hialurónico. Escasos vasos largos, elongados. Puede tener componente de bajo y alto grado. Pseudolipoblastos son comunes.
- ◆ Genéticamente muestran aberraciones cromosómicas complejas. Tamaño >5 cm, necrosis y componente mixoide <75% se asocian con comportamiento agresivo.



Gracias!