

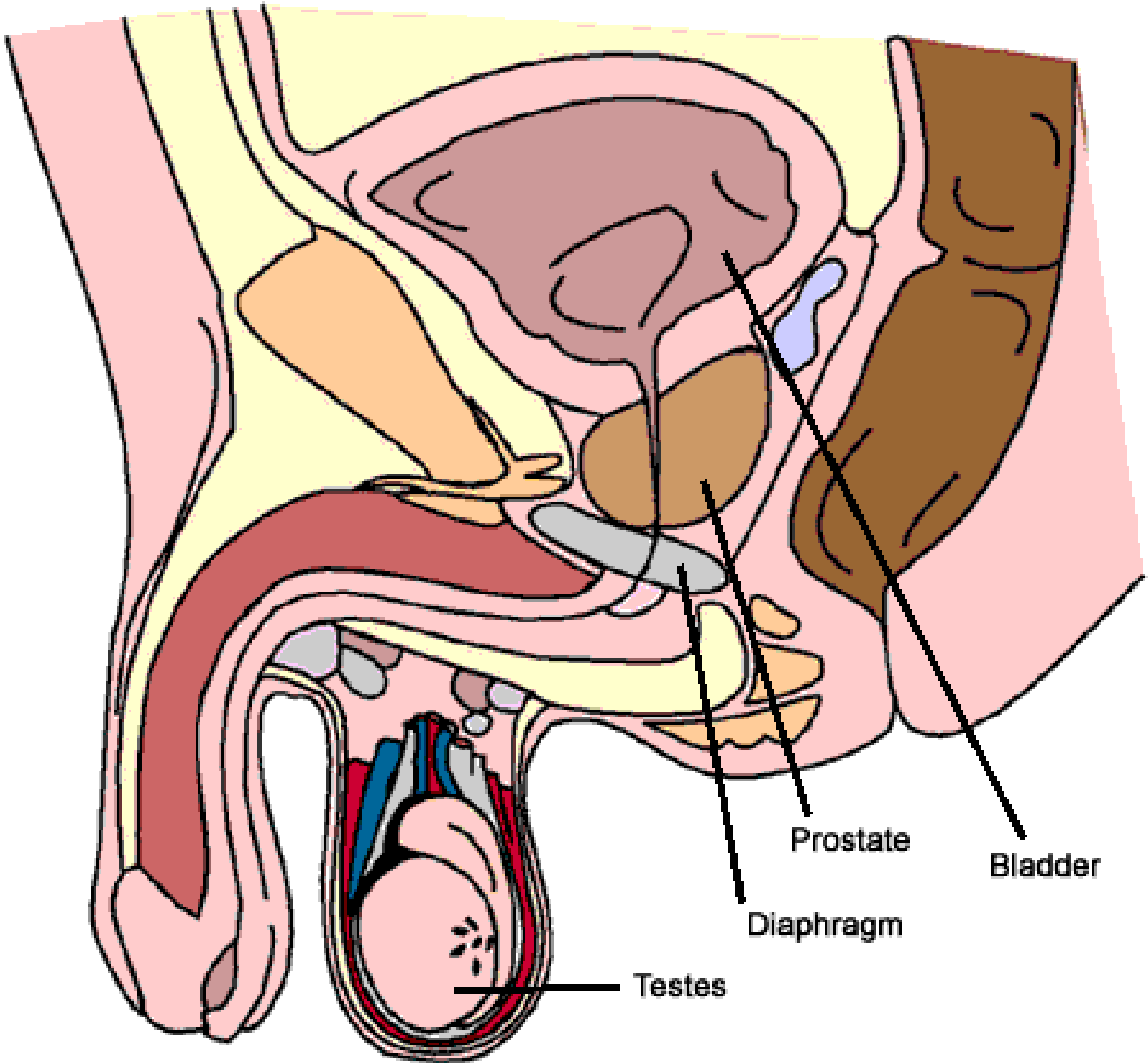
A prostata betegségei



Gyulladás

HyperPLASIA

Daganat

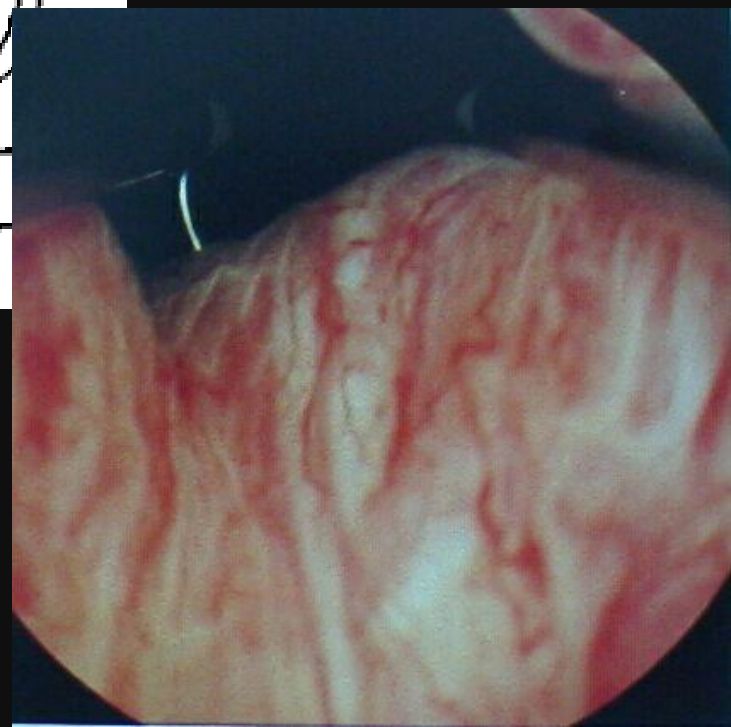
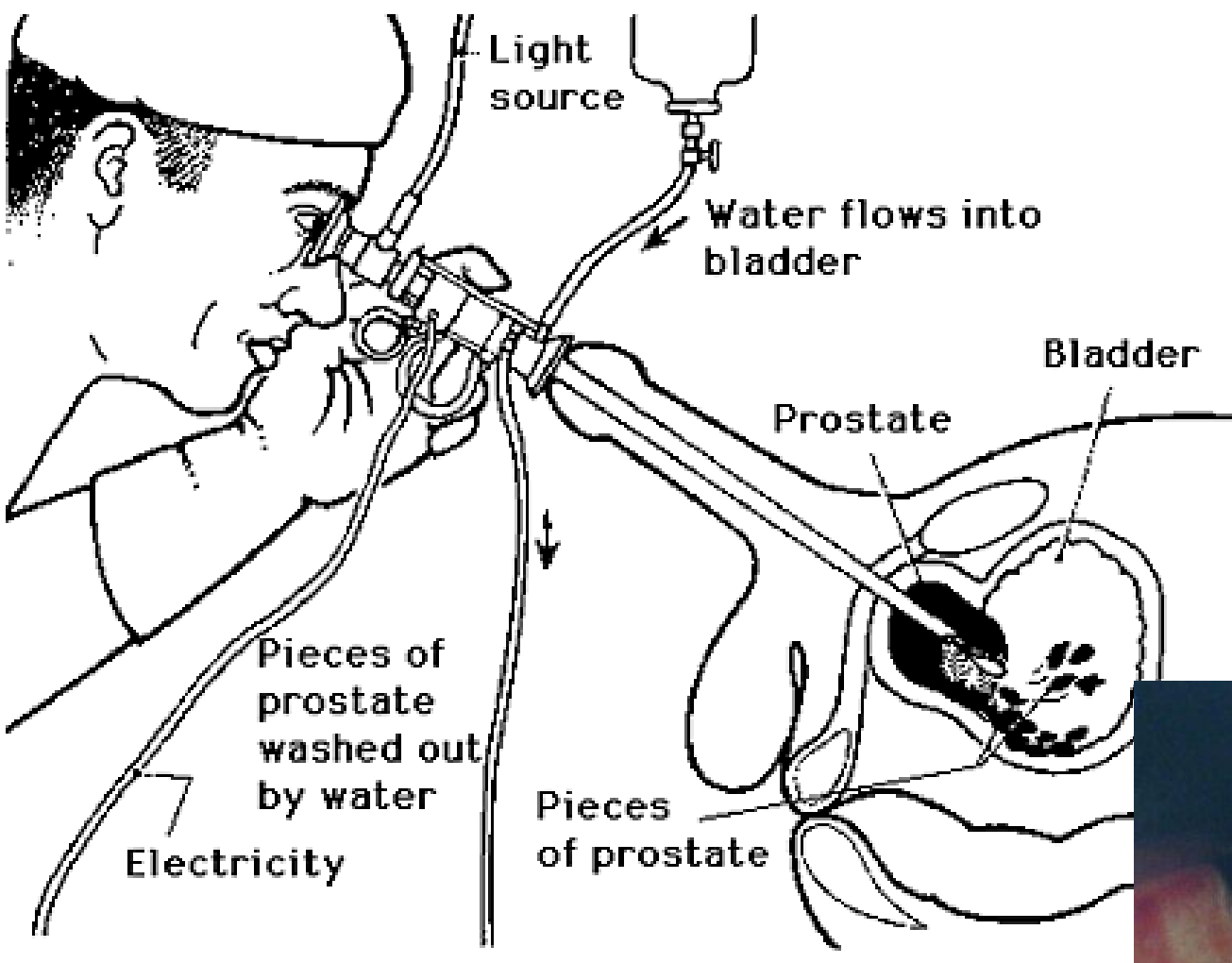


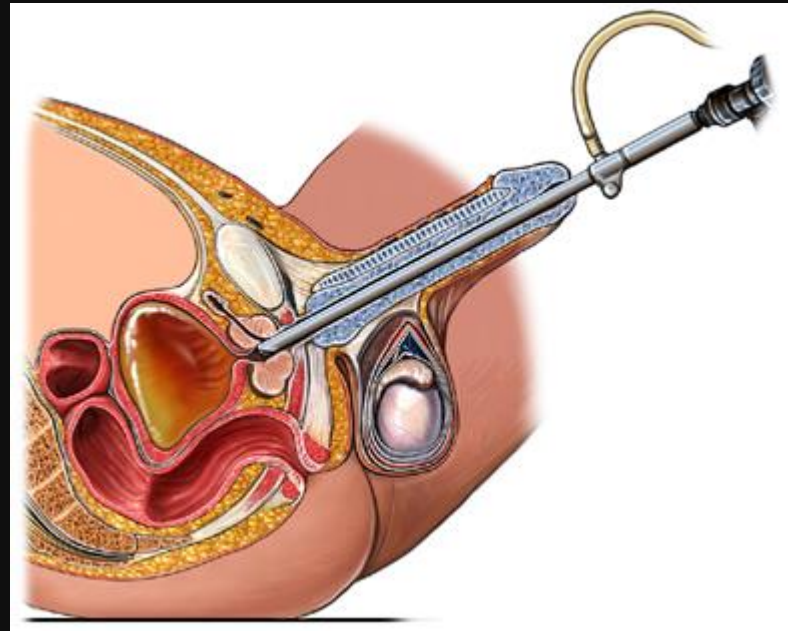
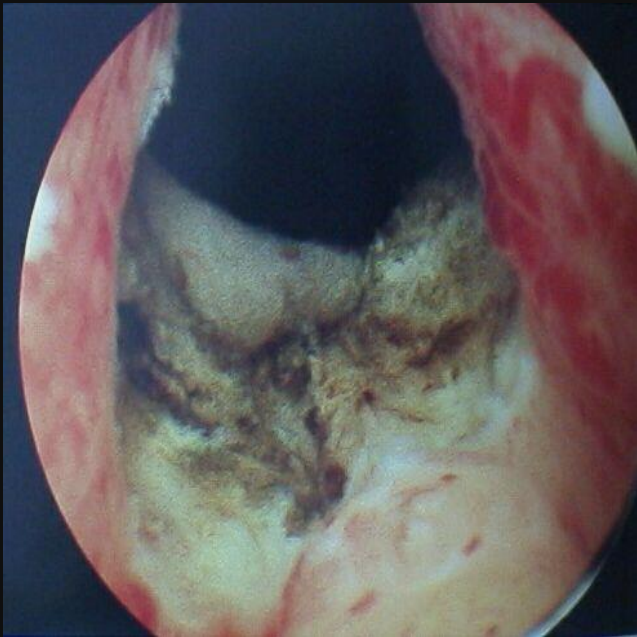
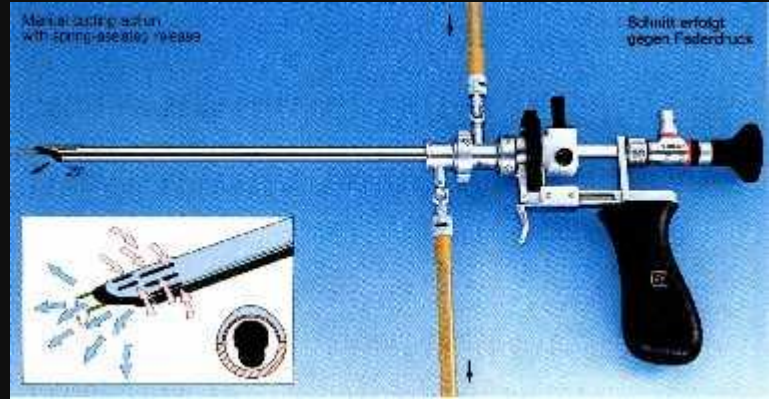
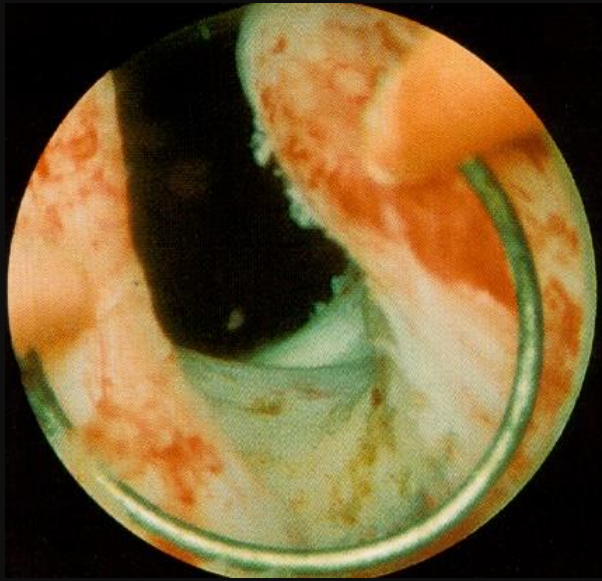
Prostate

Bladder

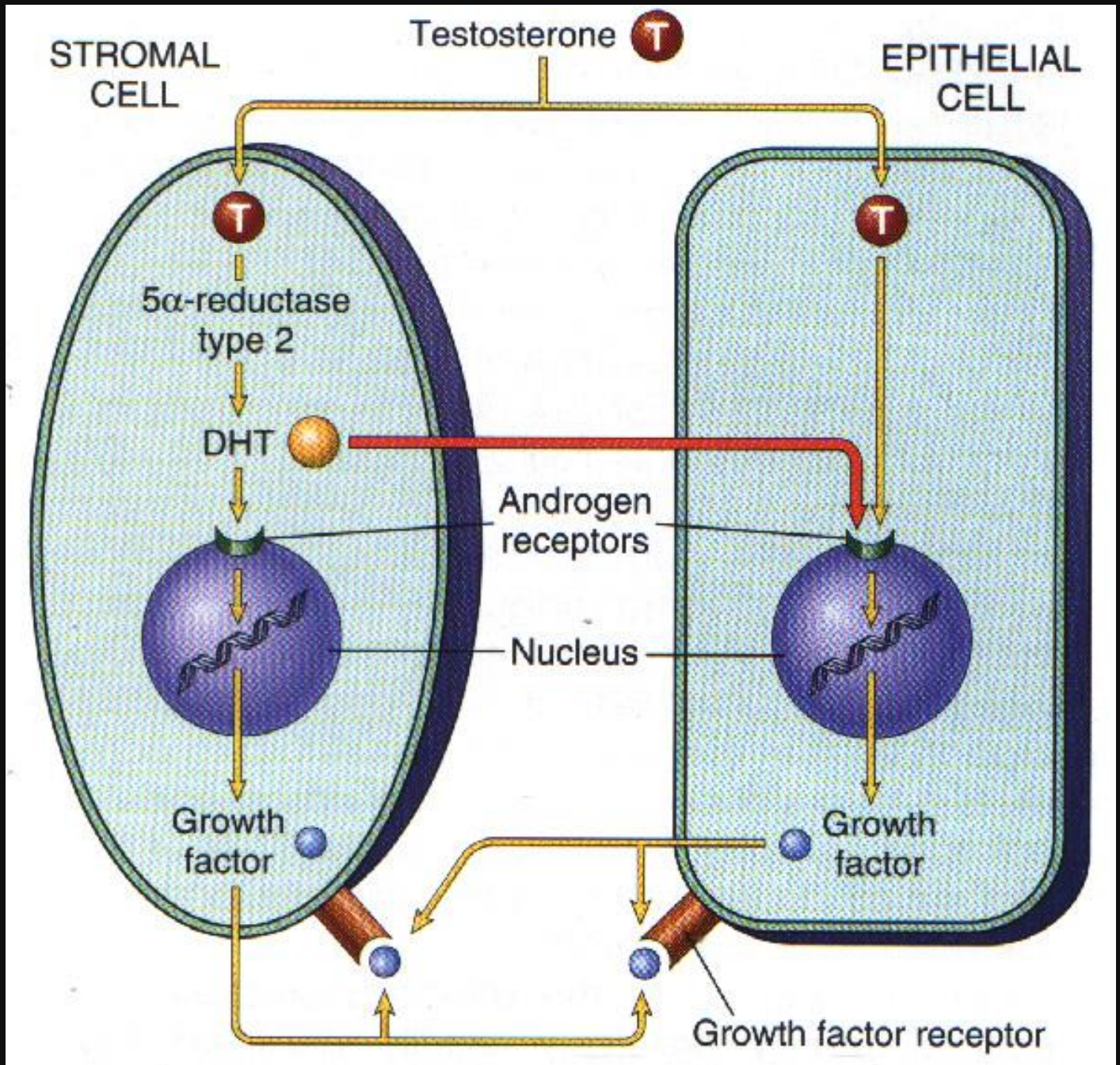
Diaphragm

Testes





Prosz-
ta-
ta
hy-
per-
pla-
sia



Prosztata hyperplasia

Tünetek

Nycturia

Gyakori vizelési inger

Vizeletsugár indítása, megállítása nehéz

Vizeletcsepegés

Dysuria

Következmények:

Fertőzések

Hólyagfal vastagodás

Diverticulum képződés

Th.: a reductase gátló,

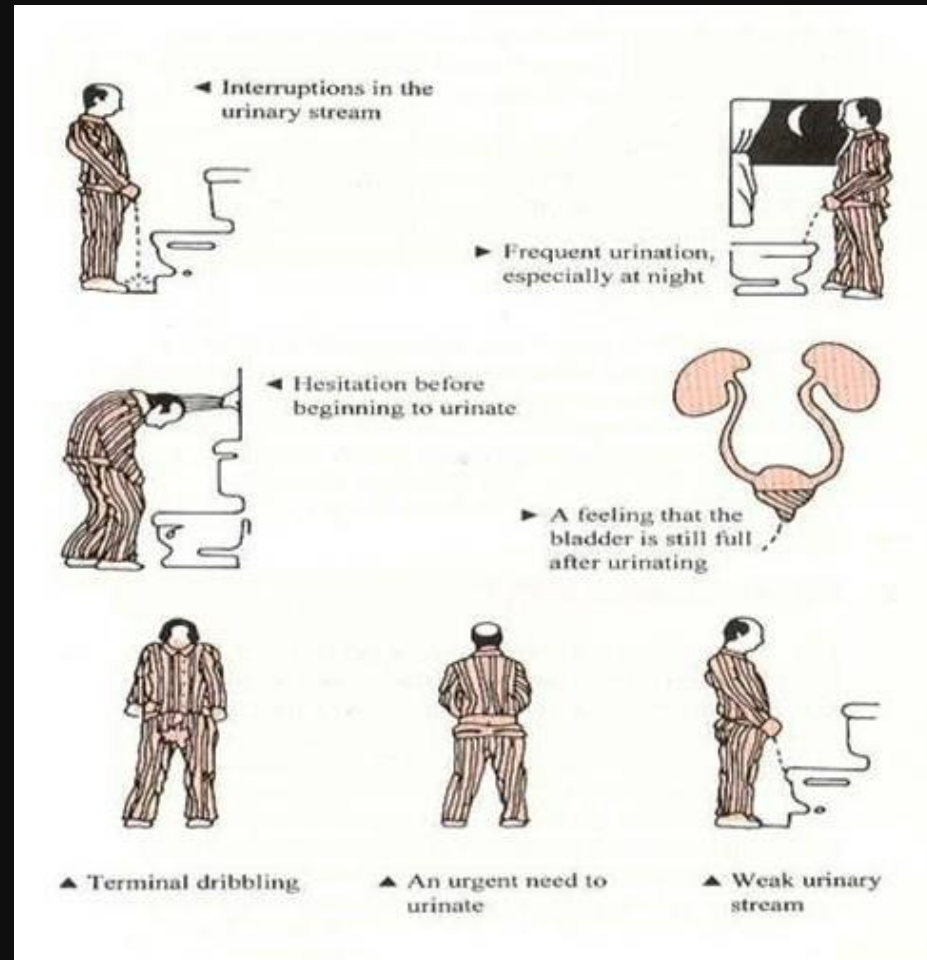
TUR

HIFU

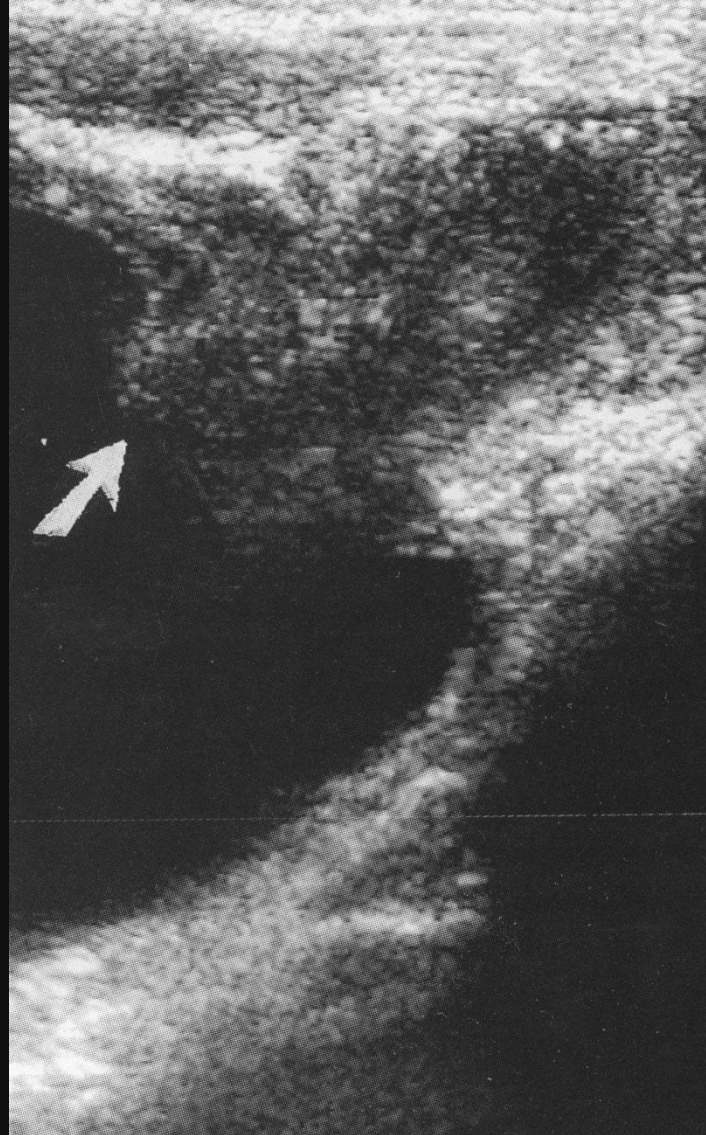
Lézer

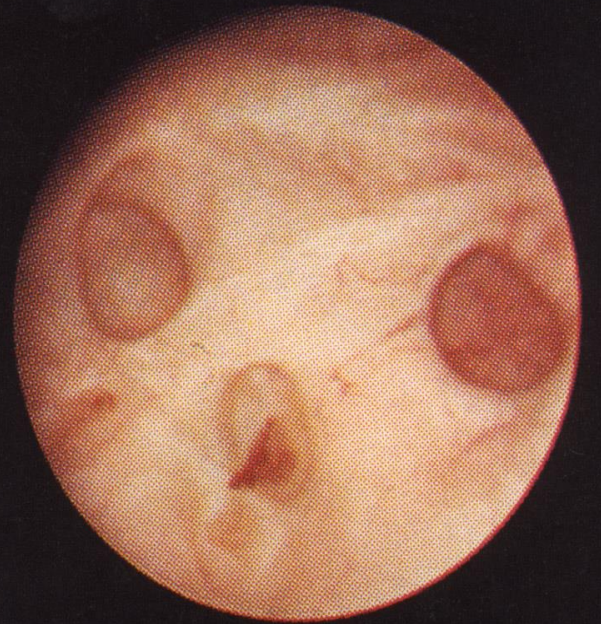
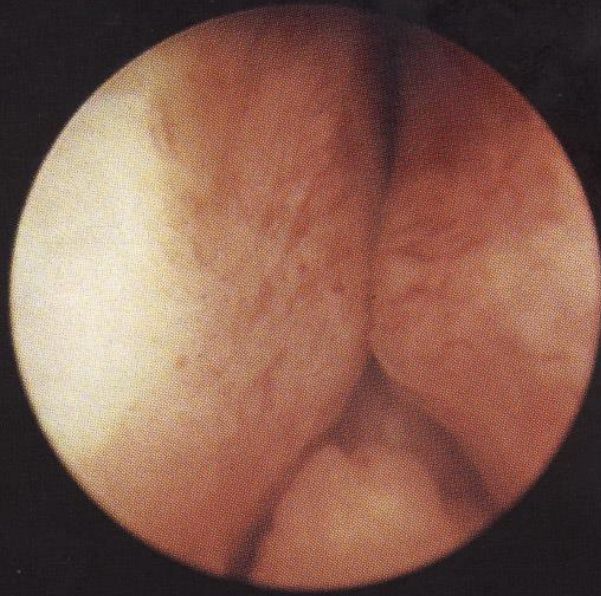
Hyperthermia

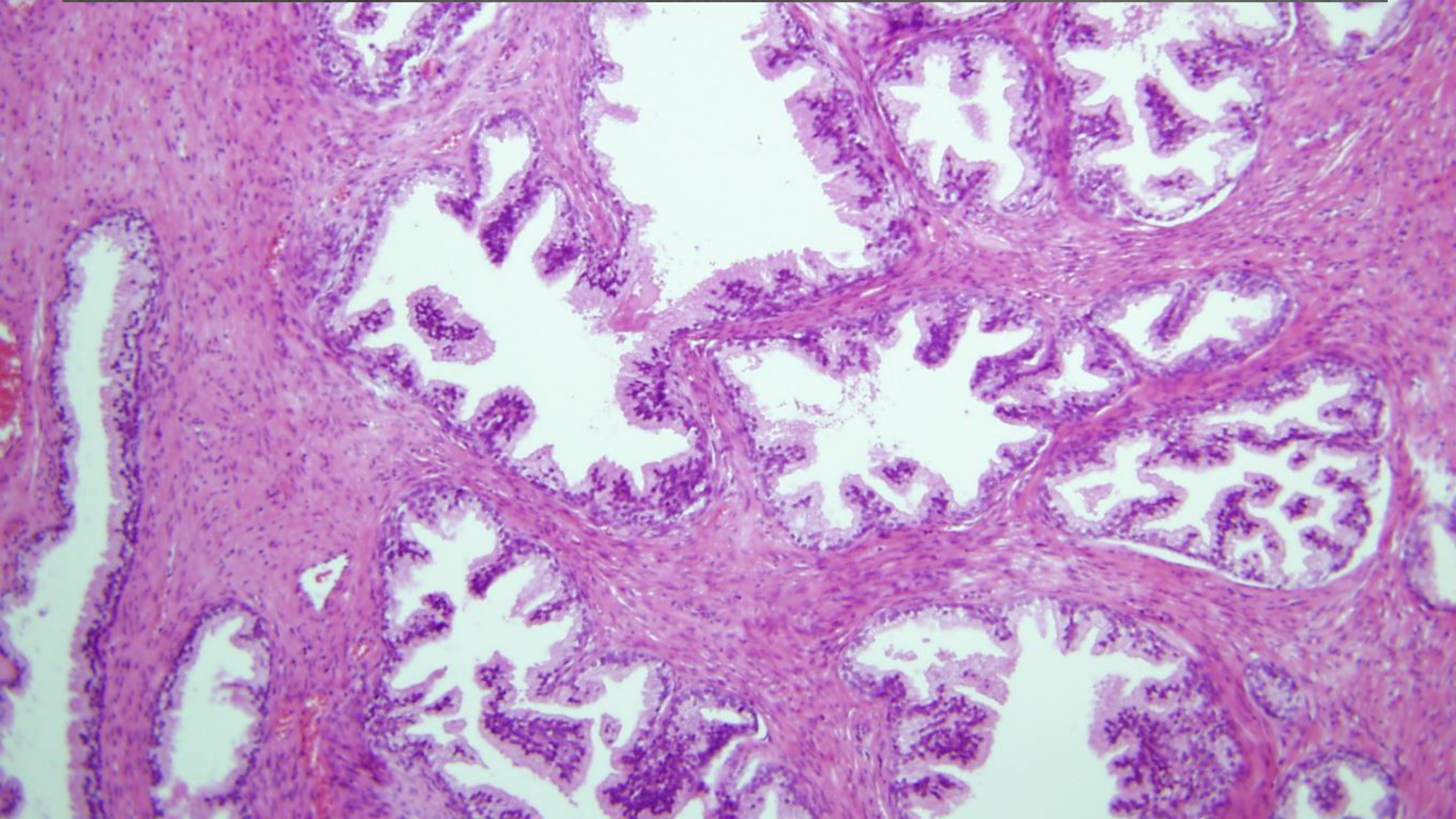
Radiofrekvenciás ablatio



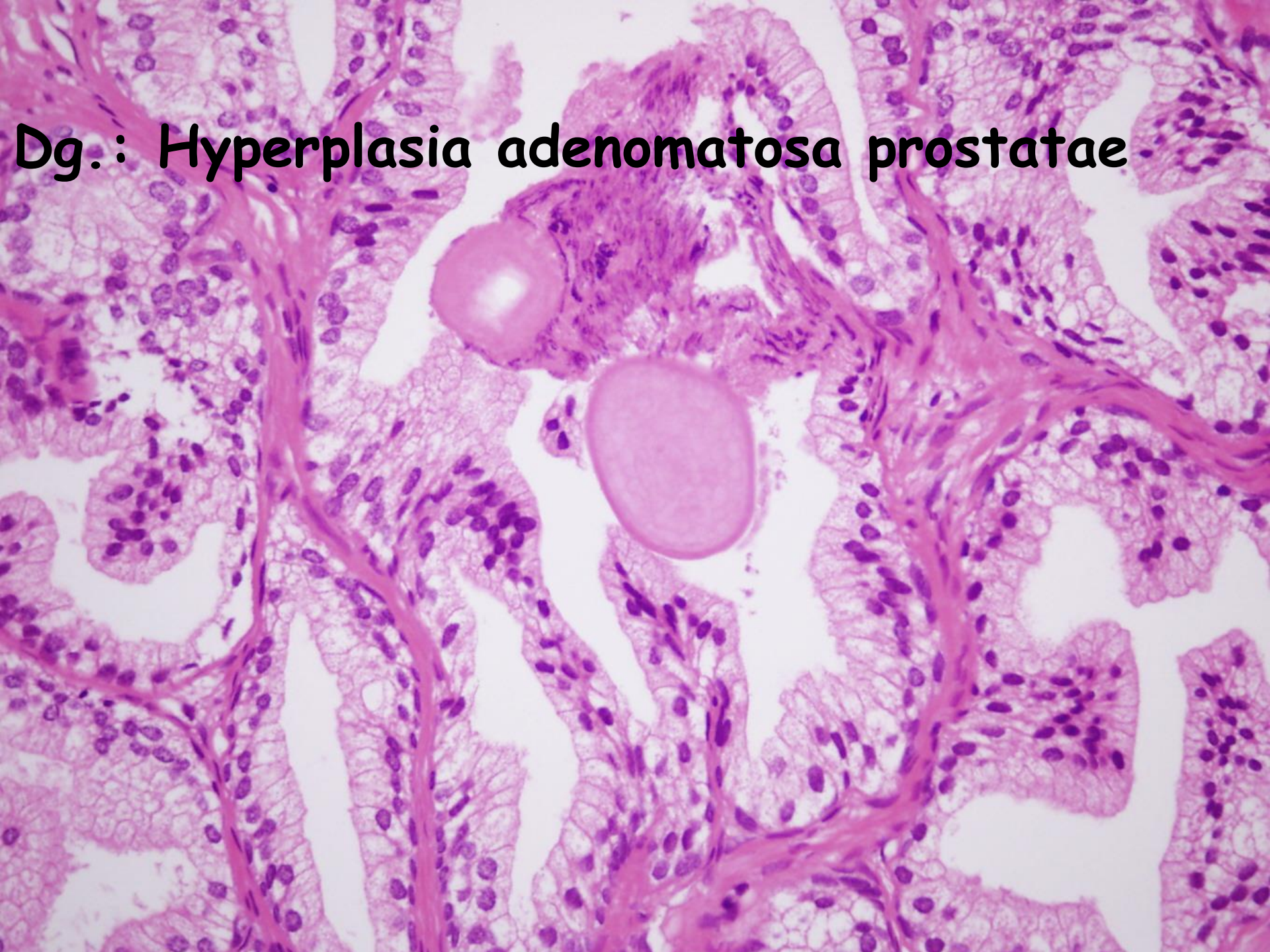
Prostata hyperplasia

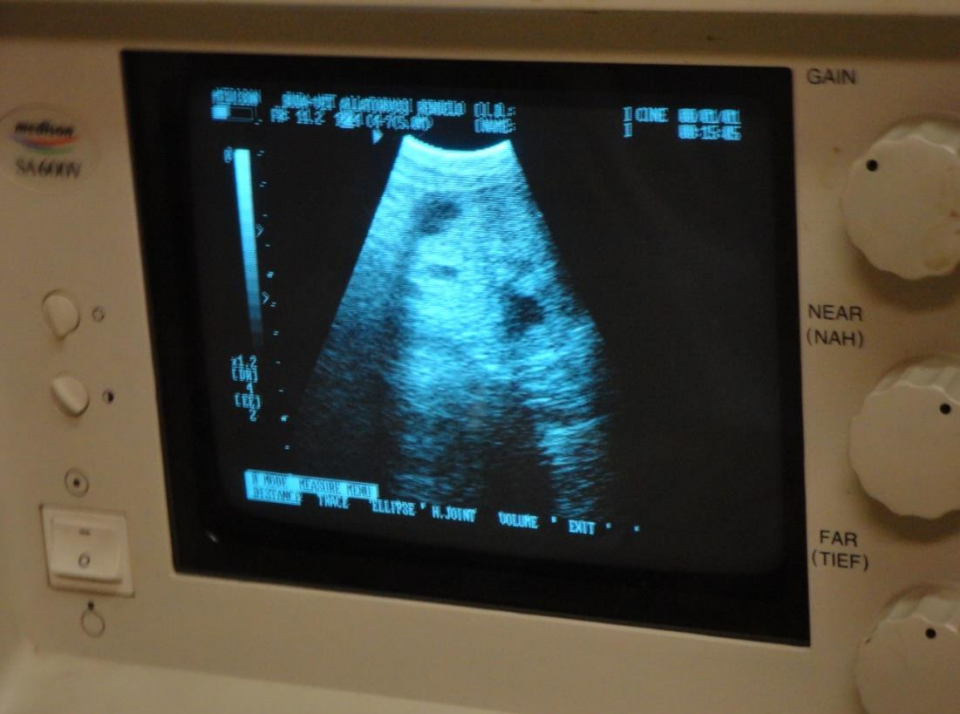




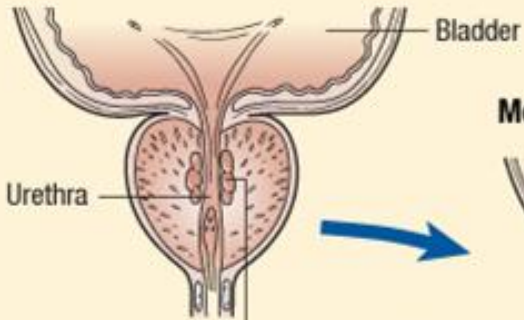


Dg.: Hyperplasia adenomatosa prostatae

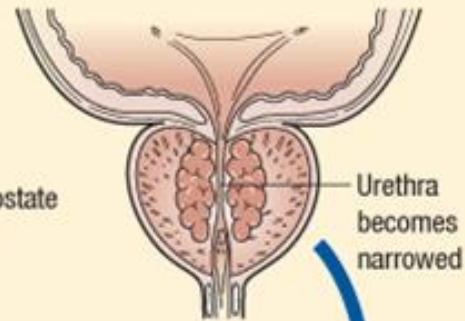




Early BPH

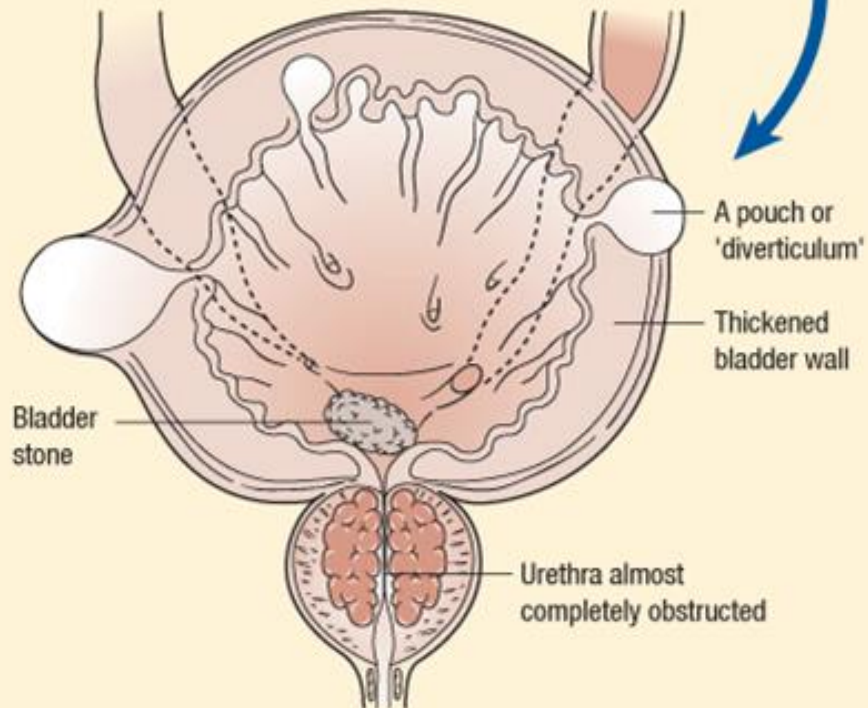


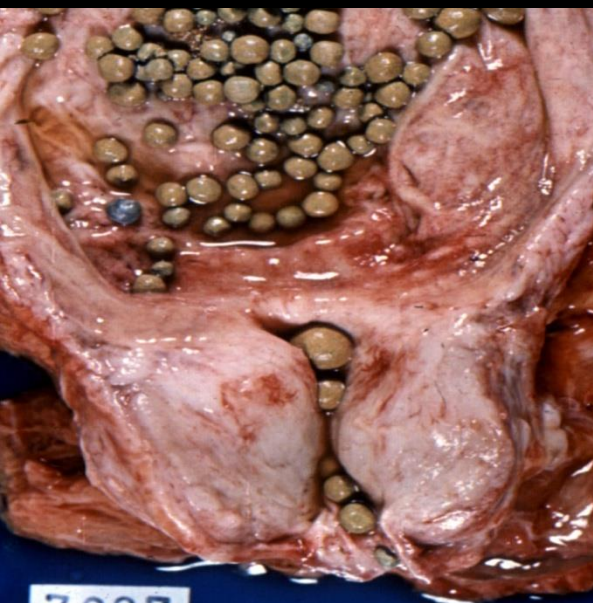
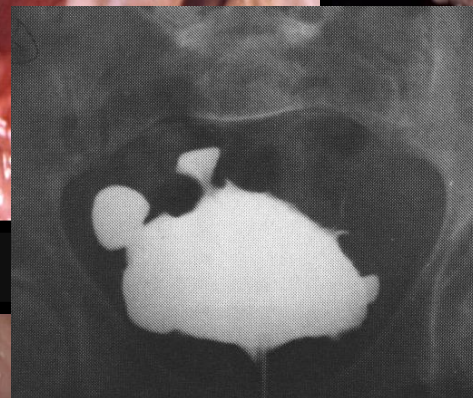
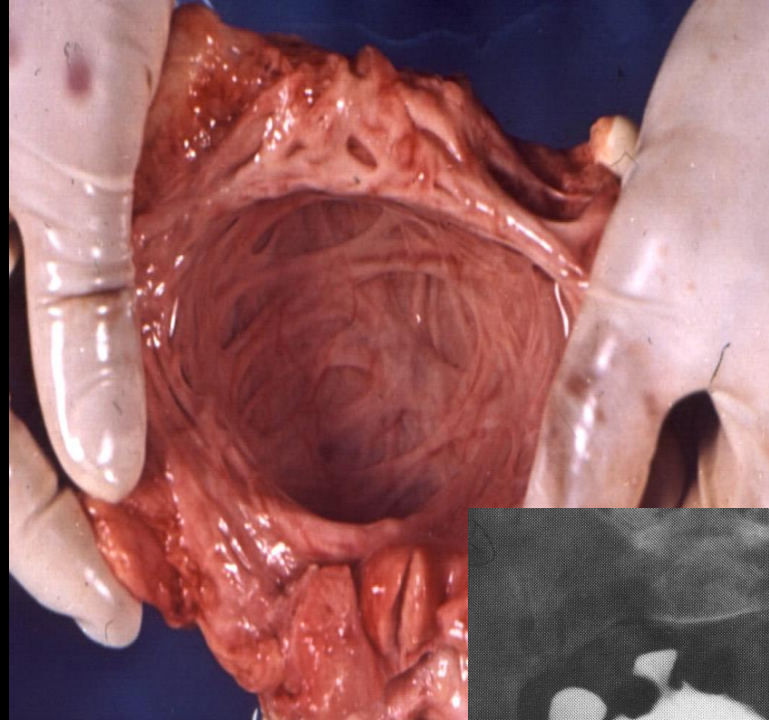
Moderate BPH



Enlargement of the prostate starts to press on and constrict the urethra

Advanced BPH

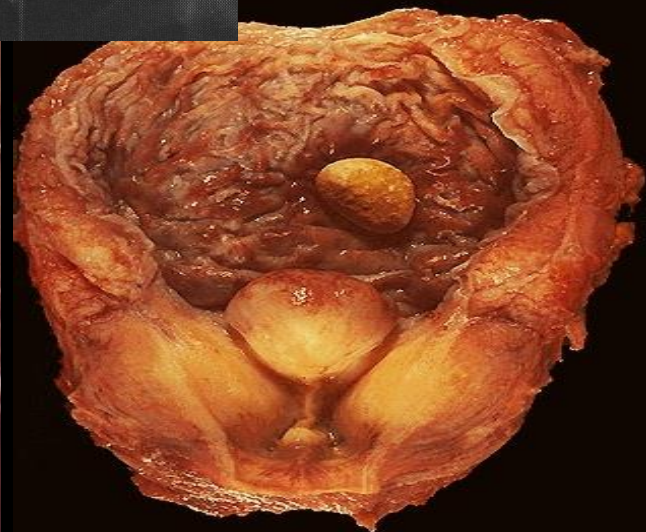




7867

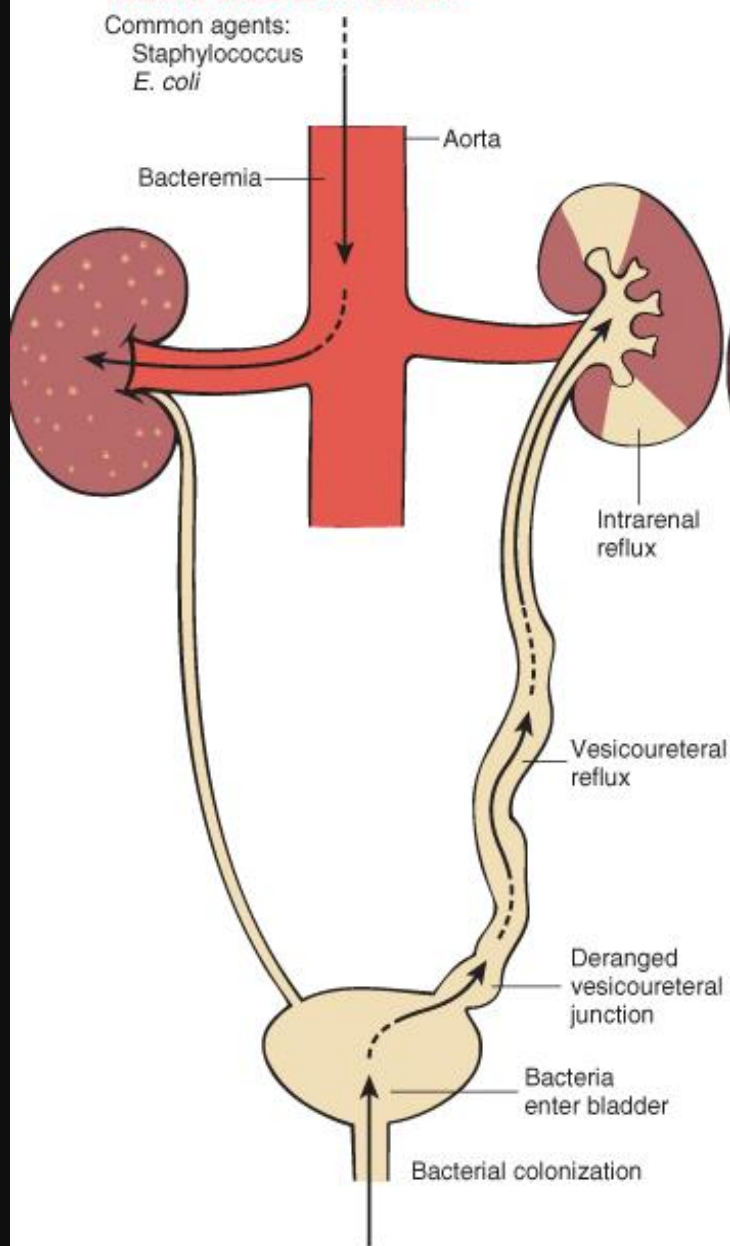


7160



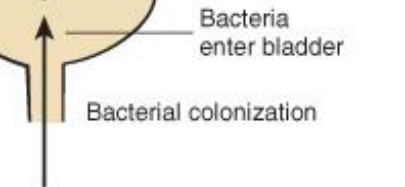
HEMATOGENOUS INFECTION

Common agents:
Staphylococcus
E. coli



ASCENDING INFECTION

Common agents:
E. coli
Proteus
Enterobacter



PELVIS
Calculi
Tumors
Ureteropelvic stricture

URETER-INTRINSIC
Calculi
Tumors
Clots
Sloughed papillae
Inflammation

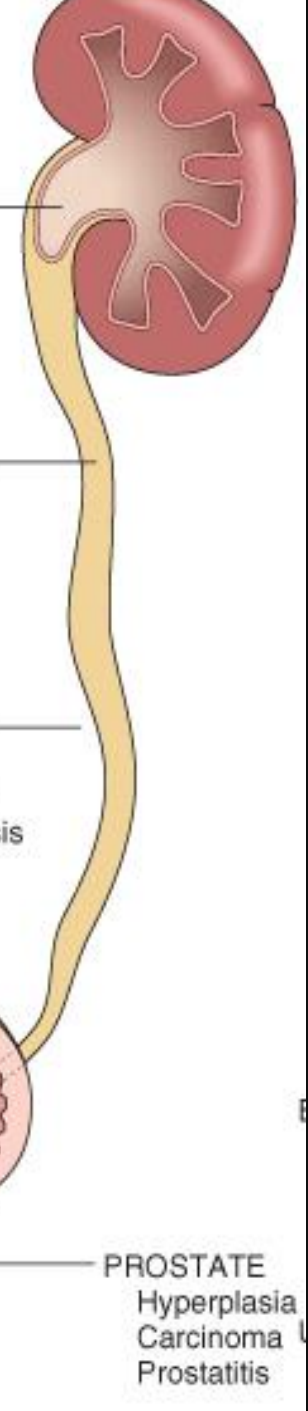
URETER-EXTRINSIC
Pregnancy
Tumors (e.g., cervix)
Retroperitoneal fibrosis

Vesicoureteral reflux

BLADDER
Calculi
Tumors
Functional (e.g., neurogenic)

URETHRA
Posterior valve stricture
Tumors (rare)

PROSTATE
Hyperplasia
Carcinoma
Prostatitis



Prostatitis

Tünetek

Hidegrázás

Magas láz

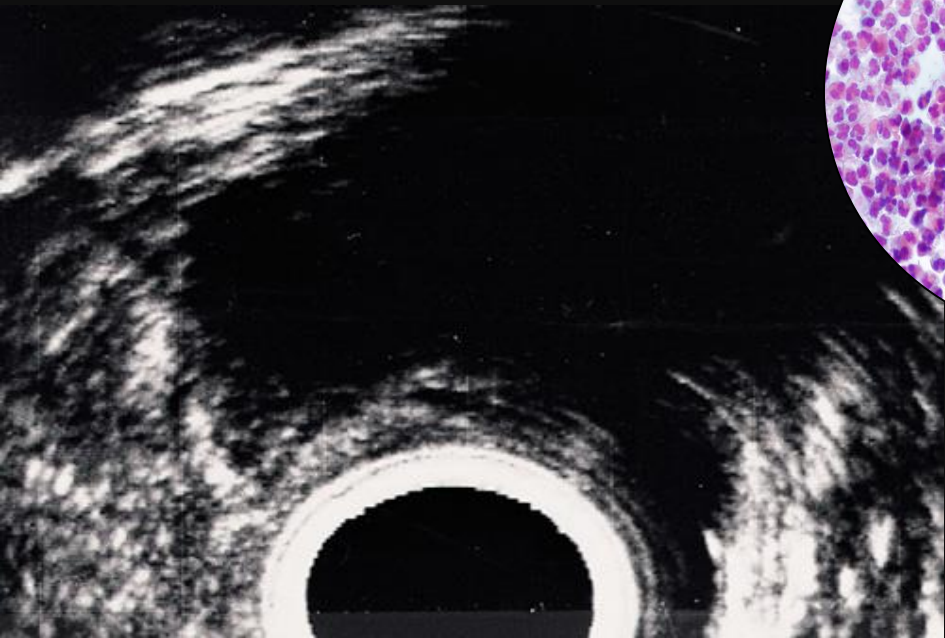
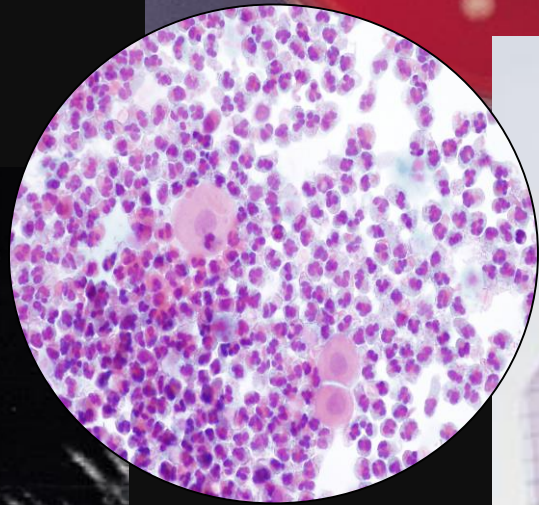
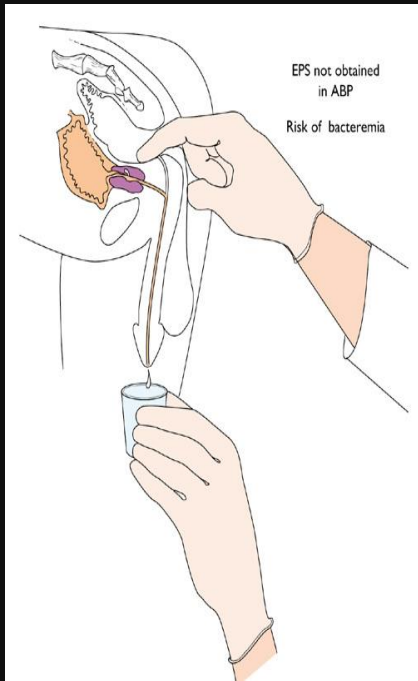
Gyakori vizelési inger

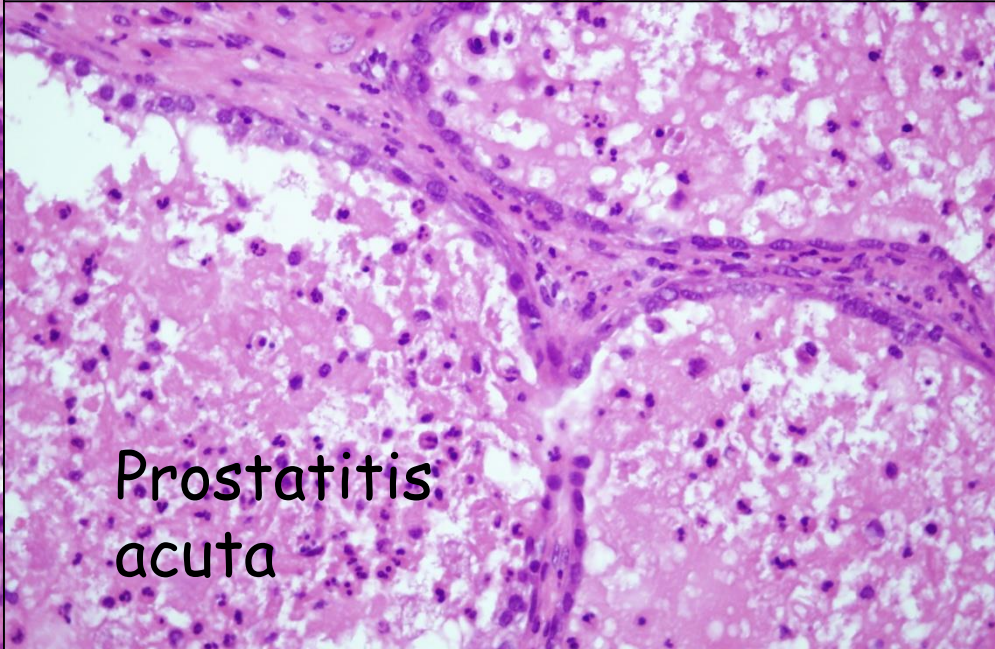
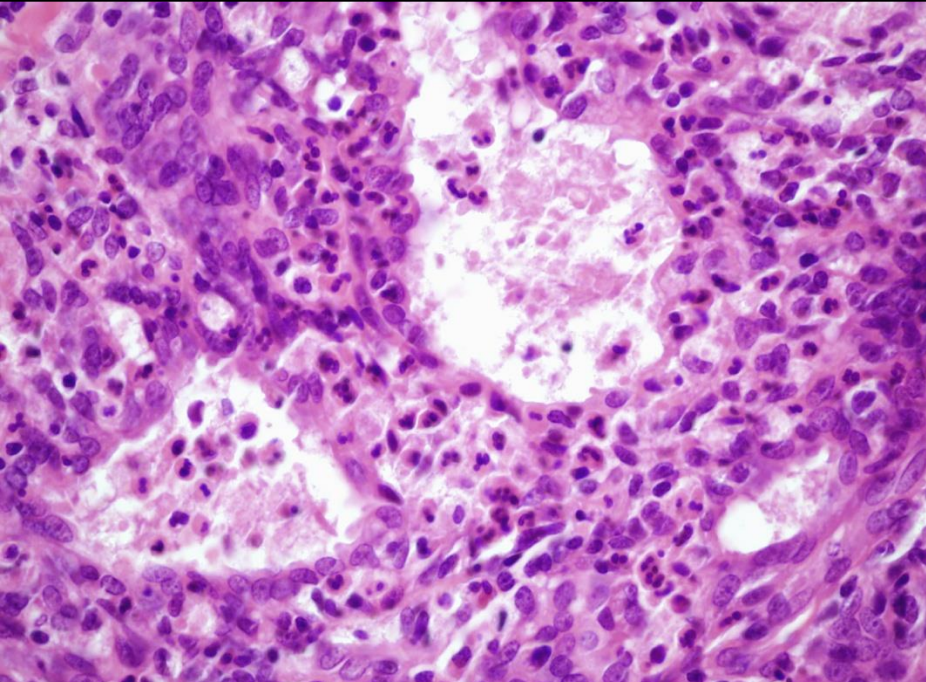
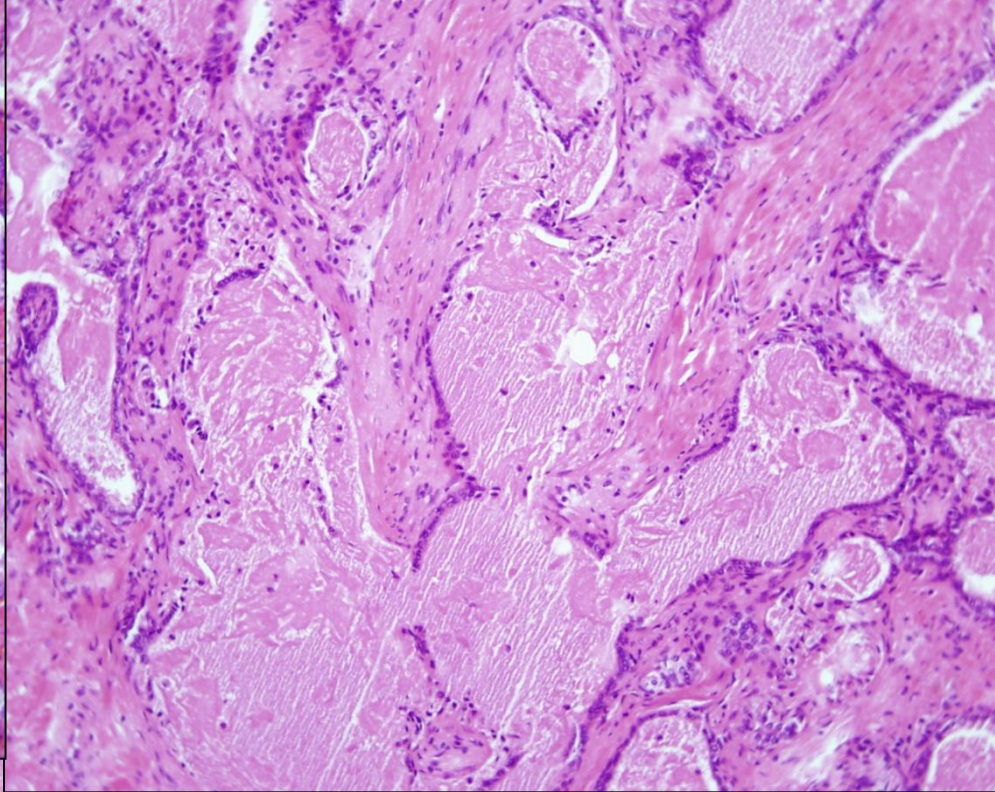
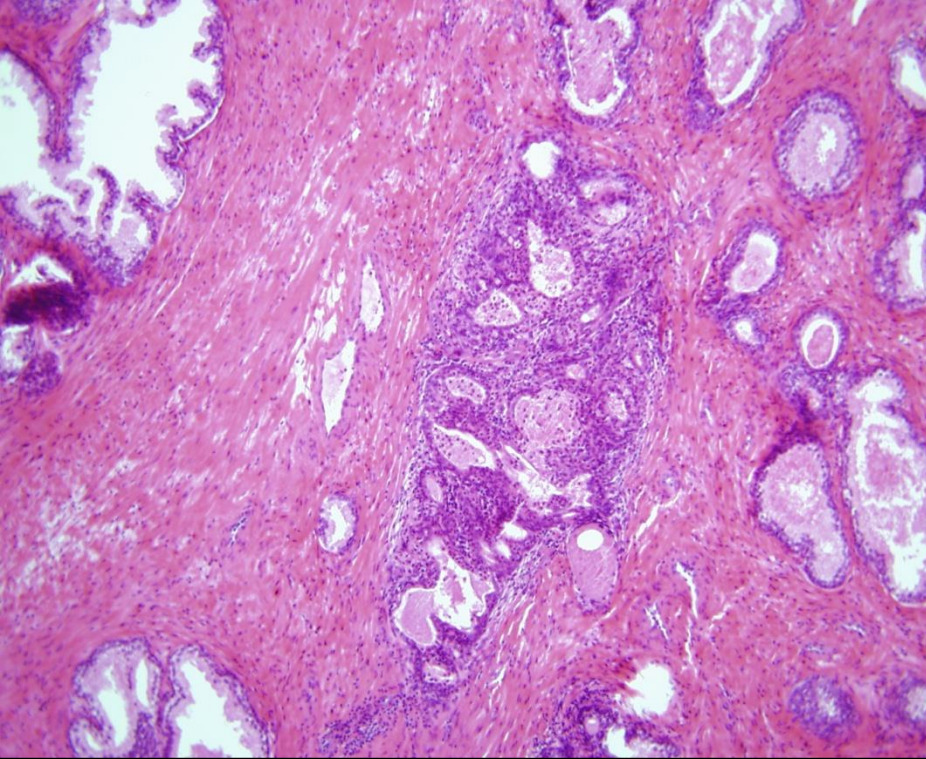
Dysuria

Pelvicus dyscomfort

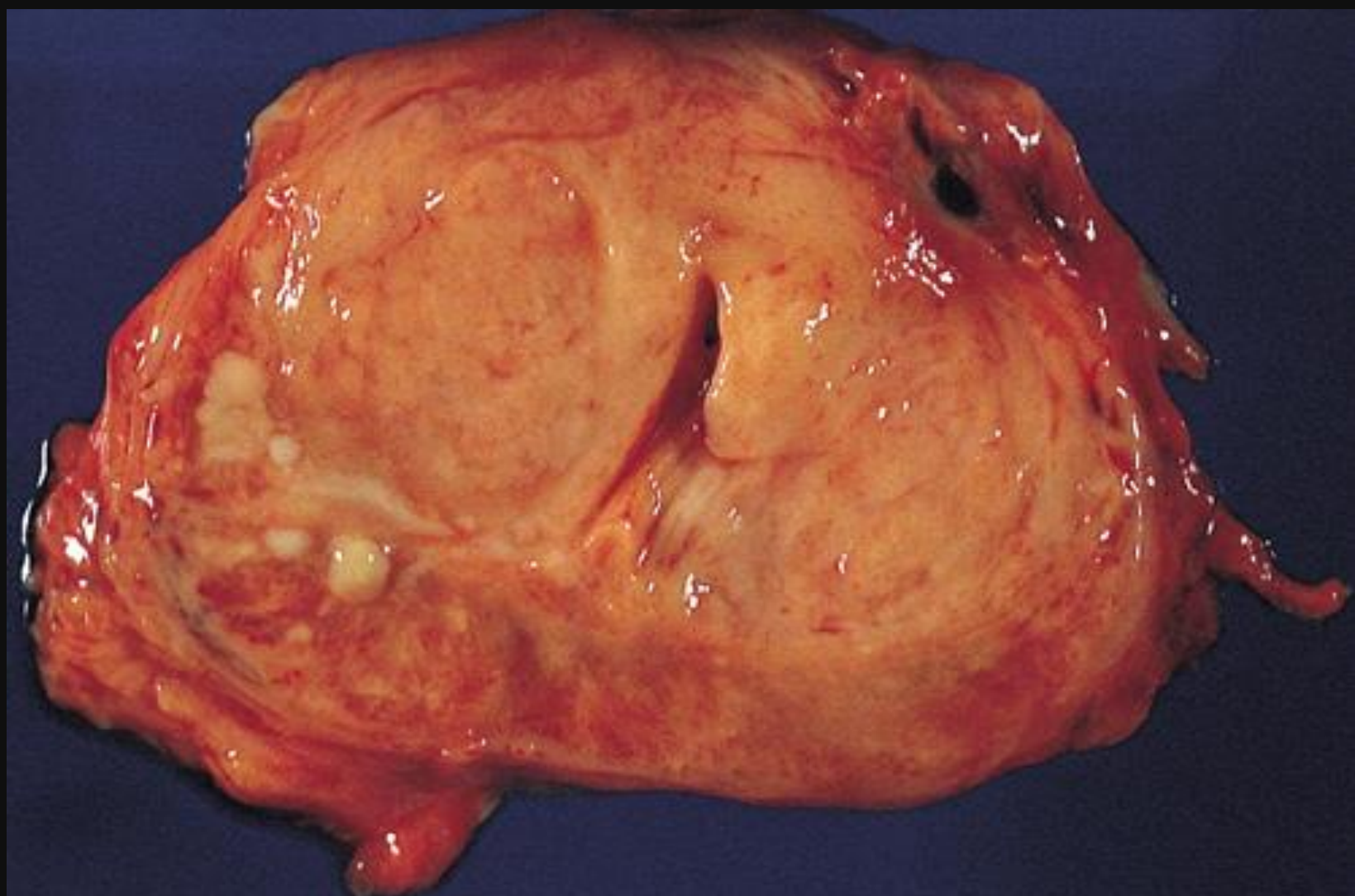
Rectalis fájdalom

Pyuria prostata massage után





Prostatitis
acuta



A prostata gyulladásai

Ascendáló fertőzés, vagy lymphohaematogén

Acut bacterialis

E. Coli

Gr. - pálcák

Enterococcus

Staphylococcus

Chronicus bacterialis

KÓROKOZÓK: Ld. Fent.

Recurráló húgyúti infectiót tart fenn

Chronicus abacterialis

tenyésztés negatív (Chlamydia?)

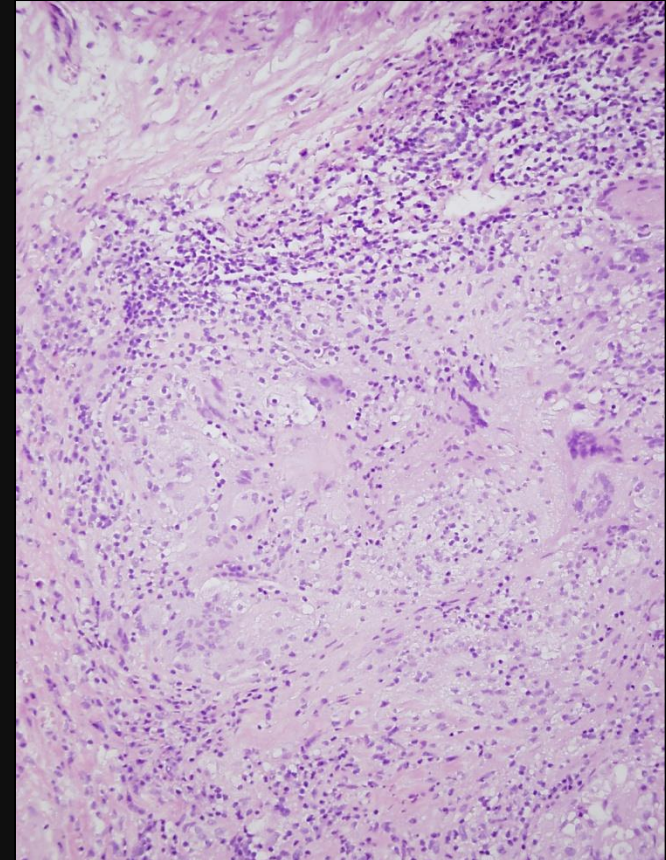
Chronicus granulomatosus

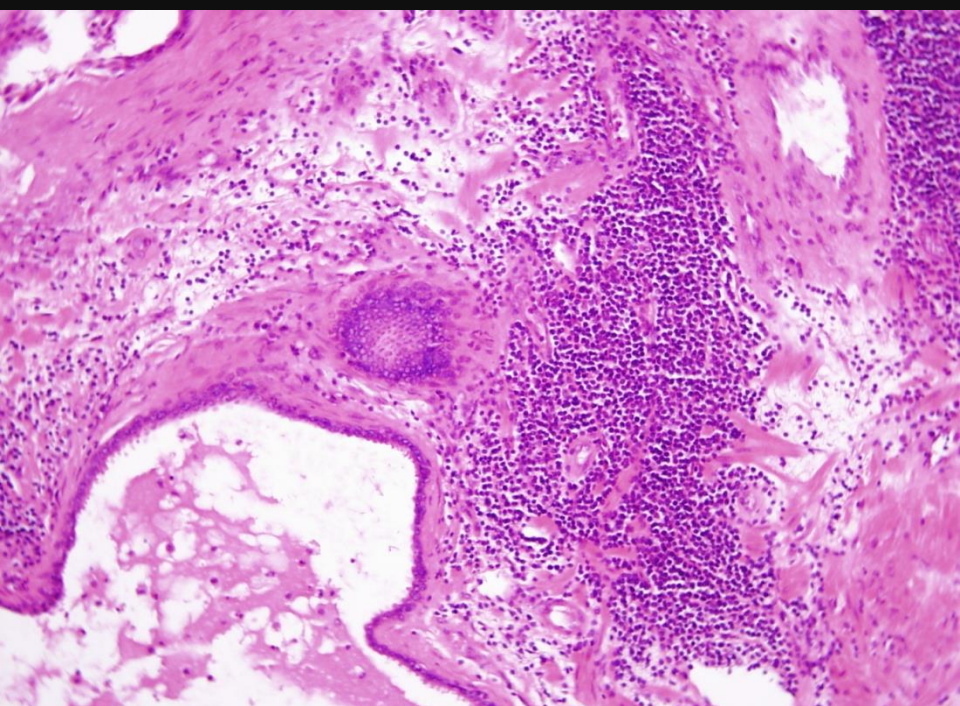
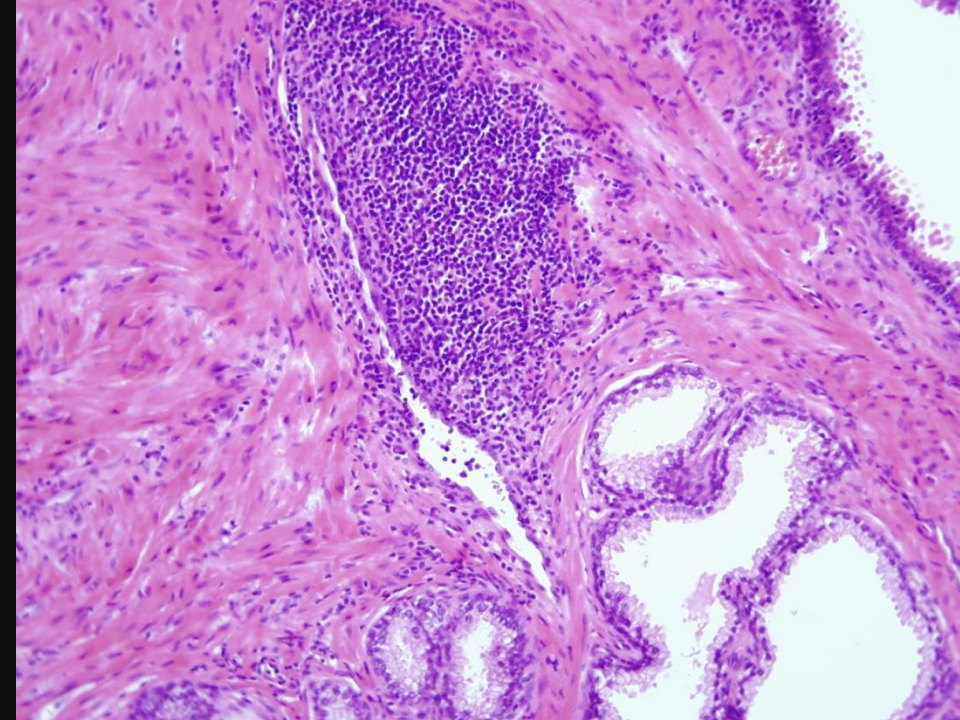
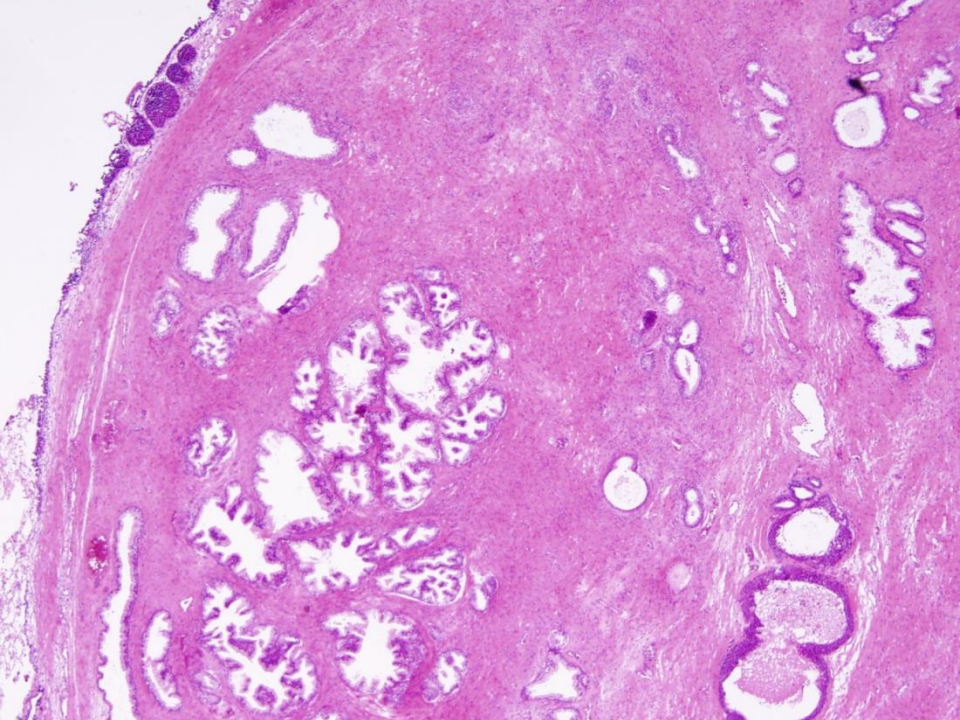
BCG terápia után

Valódi TBC fertőzés esetén

Immundeficiens állapotban gombafertőzésre

Fertőzések után, jatrogén hatásra ez EC térbe került secretumok hatására





Prostatitis chr.

Tapintás!!

PSA!!!

Prostata carcinoma

Incidencia

3-4 /100000 - Japán

1 /100000 - Hong Kong

50-60/100000 - USA Feketék!

Környezeti faktorok?

Genetikai adottság ? AR hossza...(rövid CAG, magasabb incidencia)

Susceptibility gén : 1q24-25

8p, 10q, 13q,16q

p53 mutáció csak metastaticus tumoroknál

E-cadherin, CD44 vesztés

her2 neu nem játszik

alfamethyl-acylCOA racemase ↑, EZH2 transcriptios factor ↑

gluthatione S-transferase (GSTP1) hypermetilatio, - functió vesztés (11q13)

Családi halmozódás

Preventív hatású szerek:

Lycopének (paradicsom)

A vitamin

E vitamin

Szója termékek

Prostata carcinoma

Diagnosztika:

PSA: (~4 ng/ml)

Szabad / total norm: > 0.15

Density: PSA / Proszтата volumen

2.5 ng/ml 40-49 év

3.5 ng/ml 50-59 év

4.5 ng/ml 60-69 év

6.5 ng/ml 70-79 év

Velocity: emelkedés / év 0.75 ng /ml / év

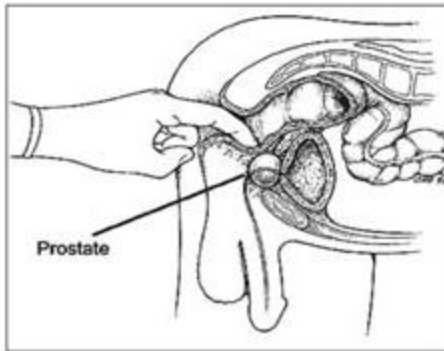
Prostata carcinoma

Tűbiopszia

UH

TUR

Staging: CT, MR



Attentive Digital Rectal Exam
(3 sweeps on each side of the prostate)



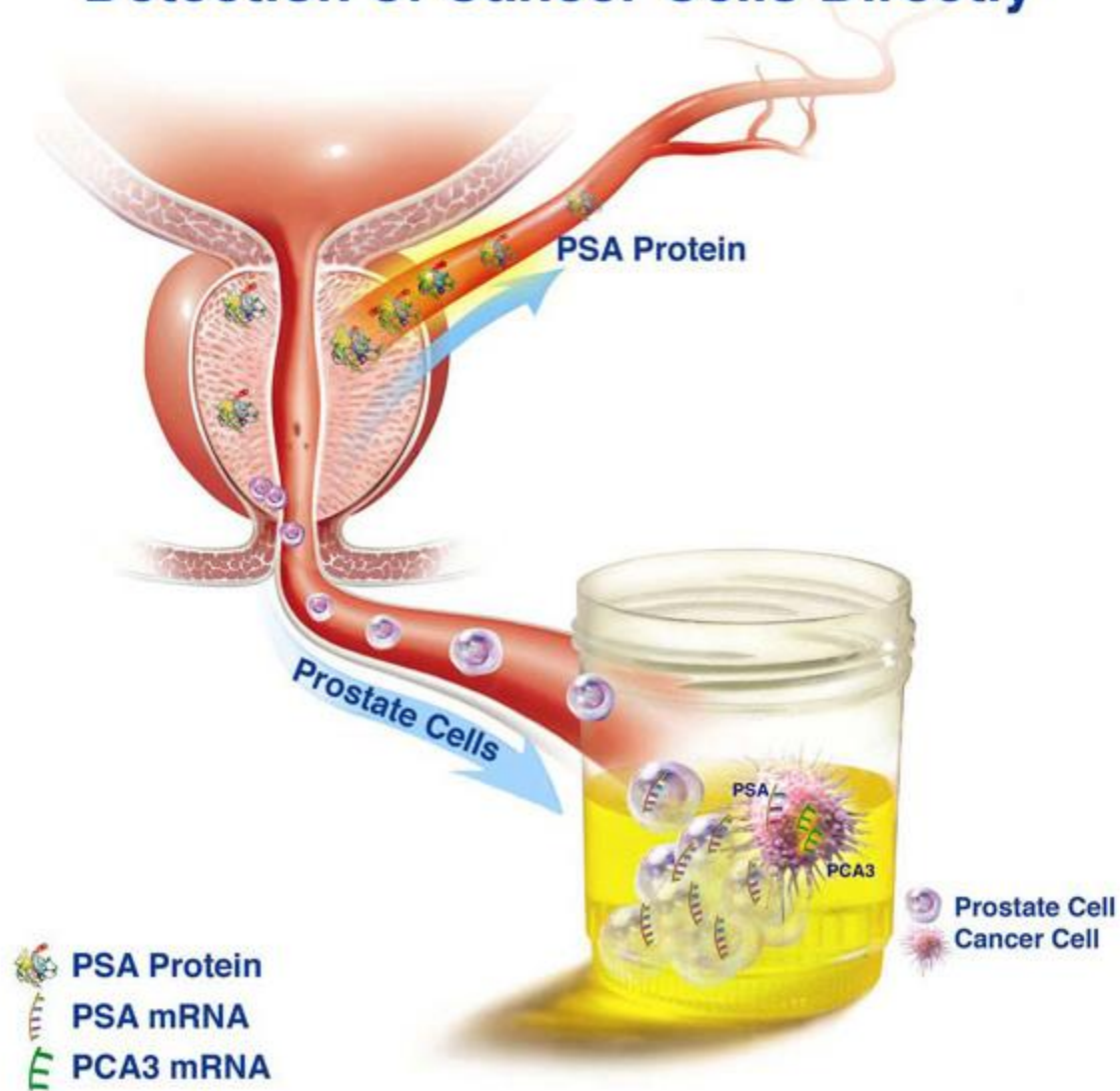
Urine Specimen



**Transport
Medium**

**Sent
Directly to
Laboratory**

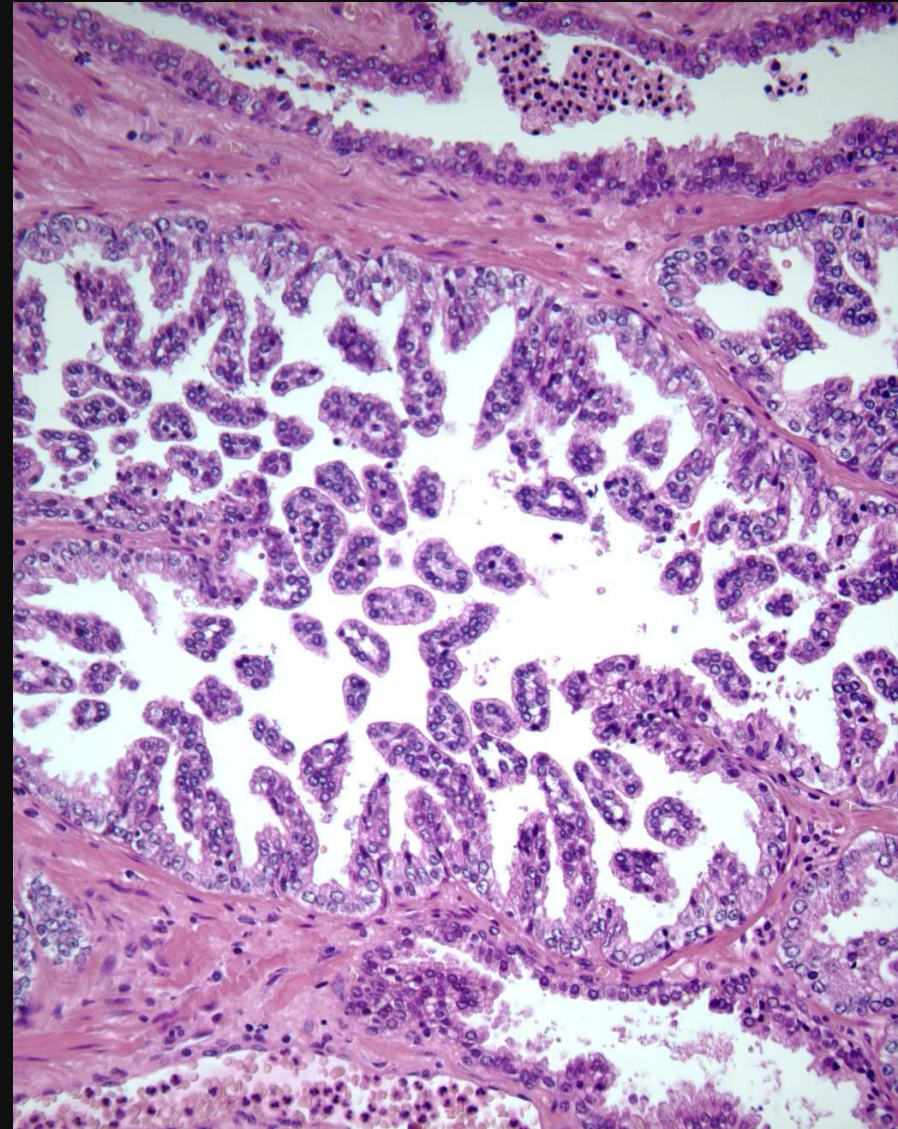
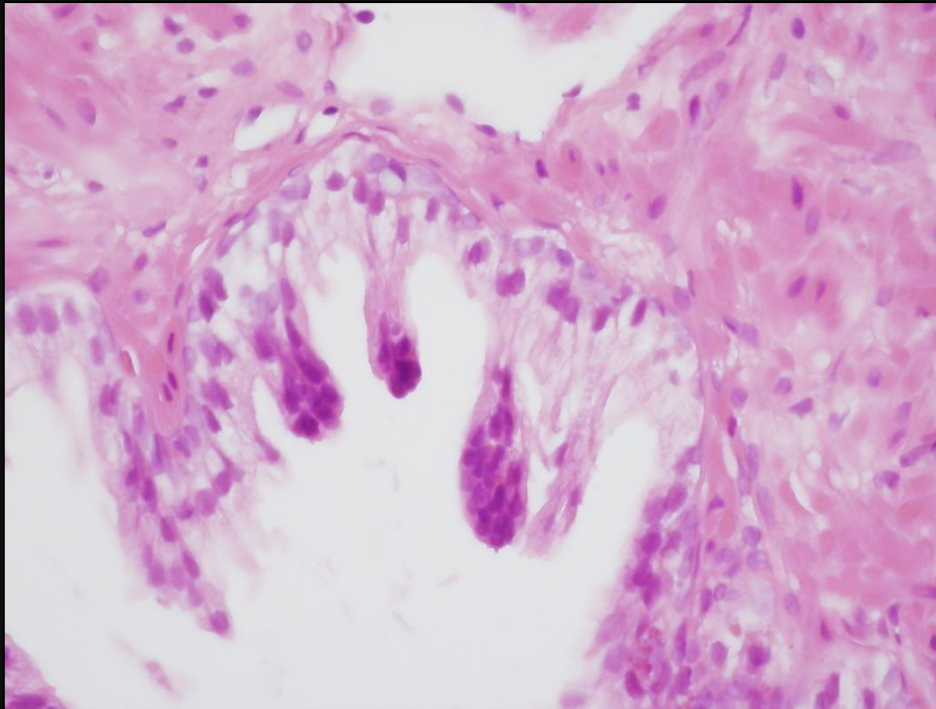
Detection of Cancer Cells Directly



PCA3 cutoff = 35 copies/copy of PSA mRNA

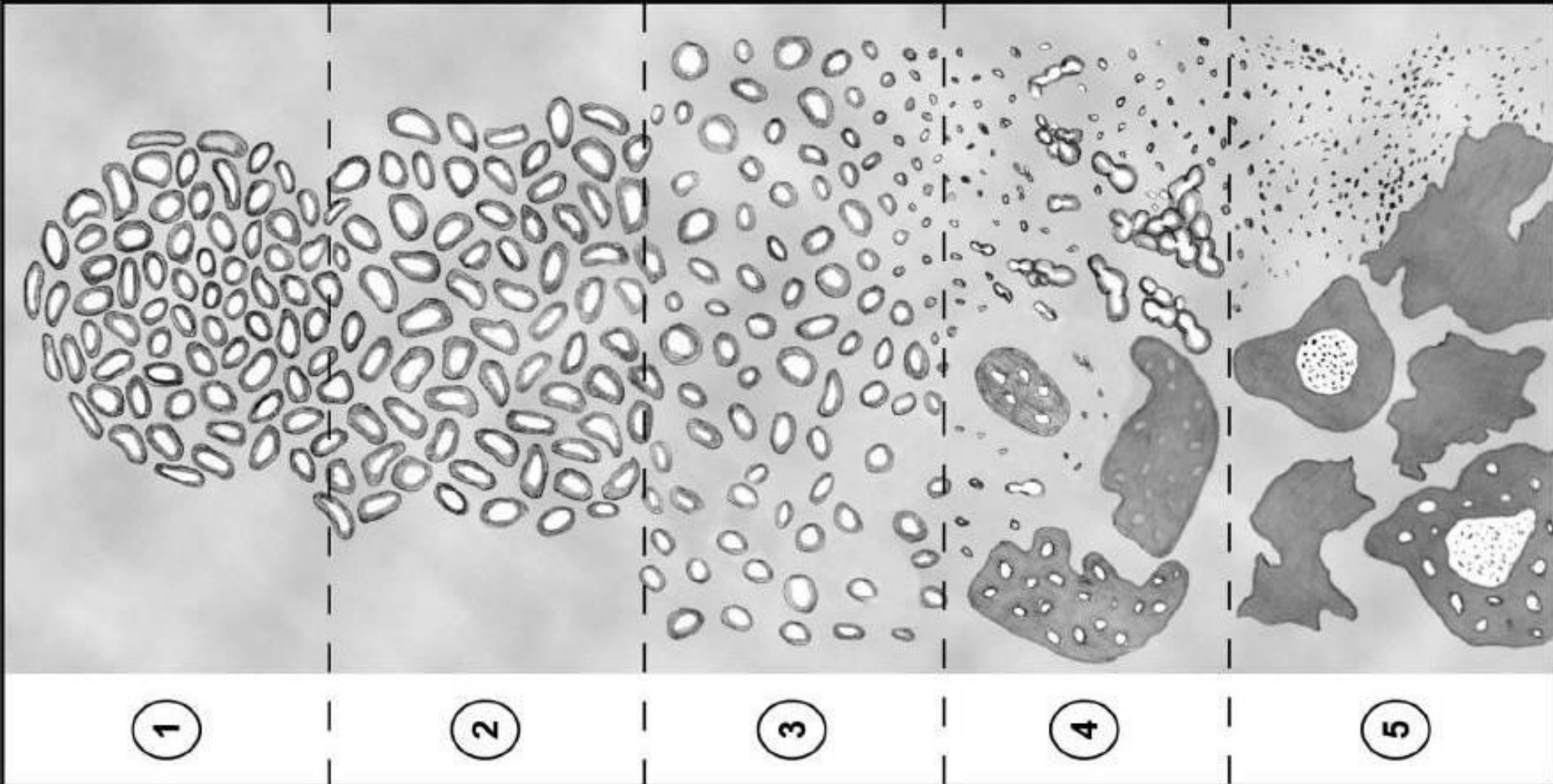
PIN fogalma

Cytológiailag
carcinoma, de a
bazalis sejtsor
megőrzött.
CC-k mellett...



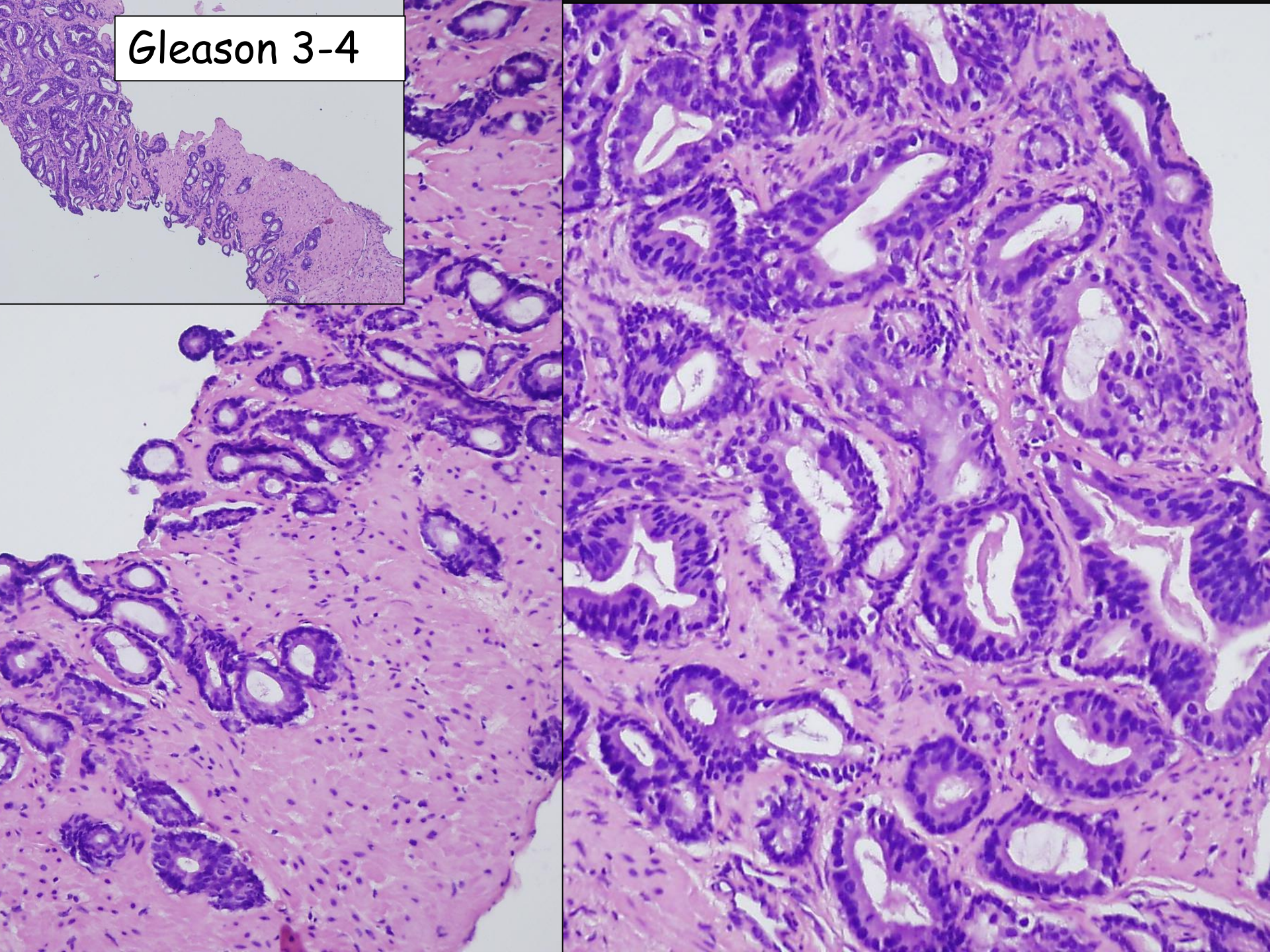
Prostata carcinoma

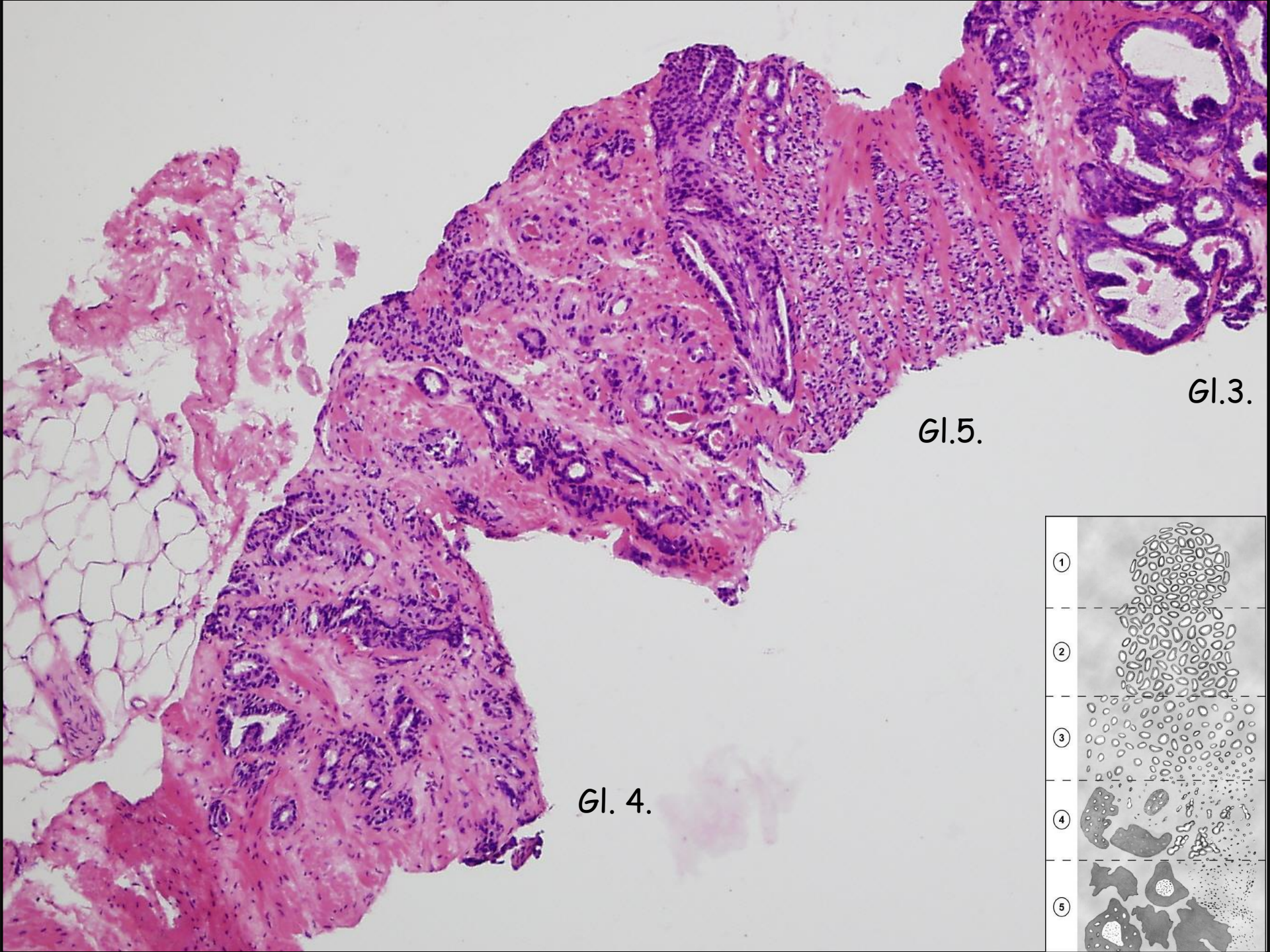
Latens (bonc), Occult, (met) Incidentális (hpl mellett)



Gleason grading

Gleason 3-4

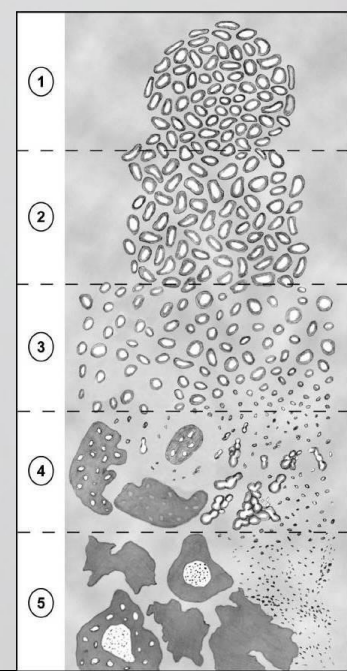


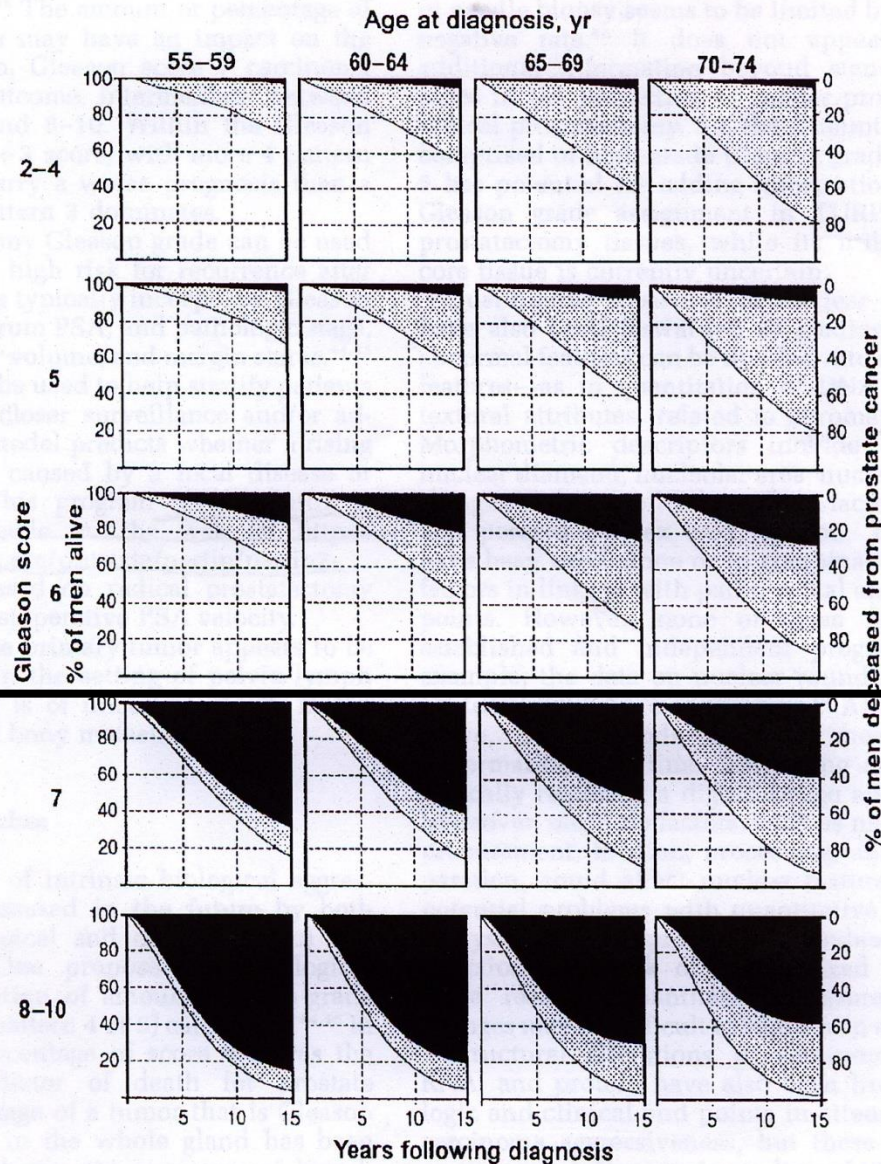


Gl. 3.

Gl. 5.

Gl. 4.





Gleason grading and prognostic factors in carcinoma of the prostate

Peter A Humphrey

Figure 11 Survival (white lower band) and cumulative mortality due to prostate cancer (black upper band) and to other causes (light gray middle band) from 0 to 15 years after diagnosis, stratified by age at diagnosis and Gleason score. The prostate cancer patients were managed conservatively, with either no treatment or treatment with hormonal therapy. (From reference Albertsen *et al.*¹⁹ : JAMA, 1998, vol. 280, page 978, with permission from American Medical Association. Copyright 1998, American Medical Association. All rights reserved.)

ISUP GRADE

$$3+3 = 1$$

$$3+4 = 2$$

$$4+3 = 3$$

$$4+4 = 4$$

$$4+5, 5+5 = 5$$

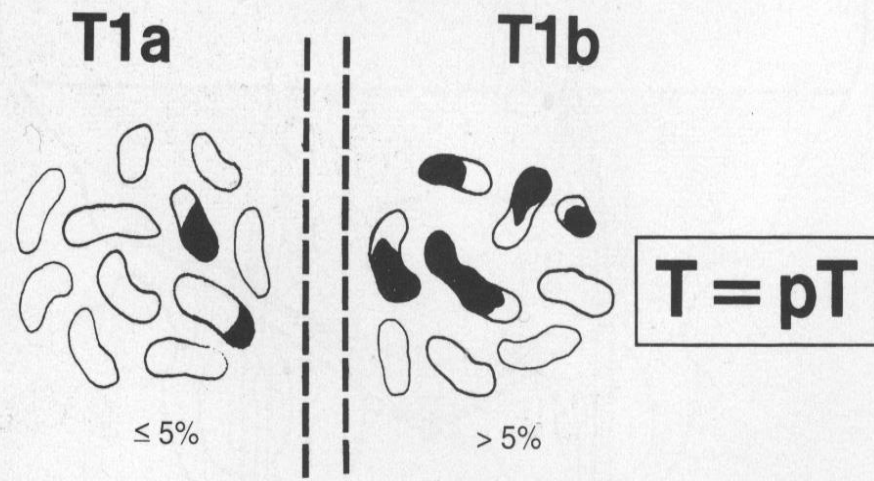


Fig. 348

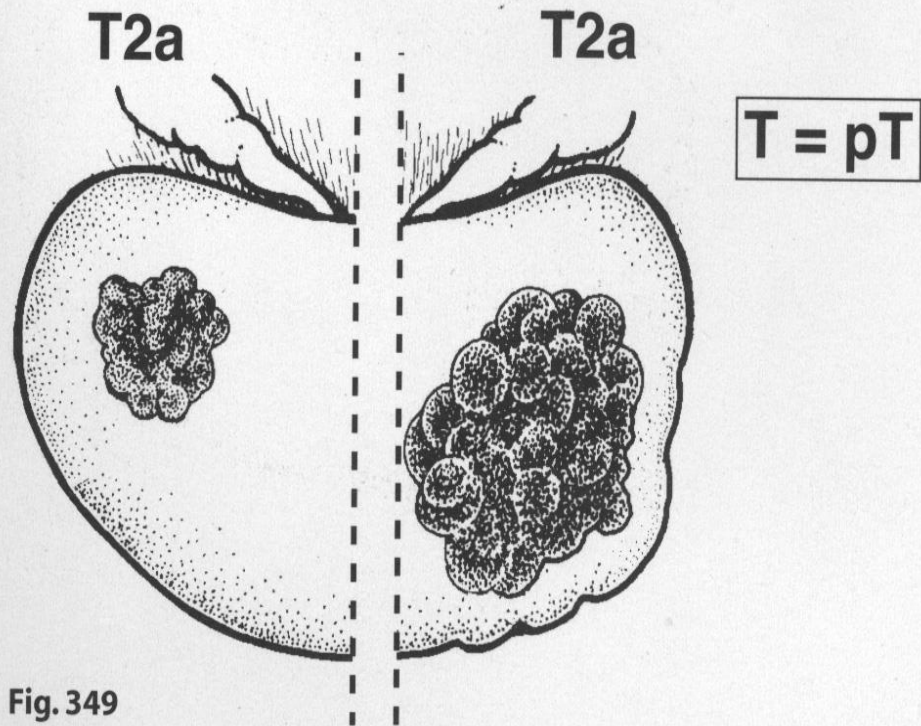
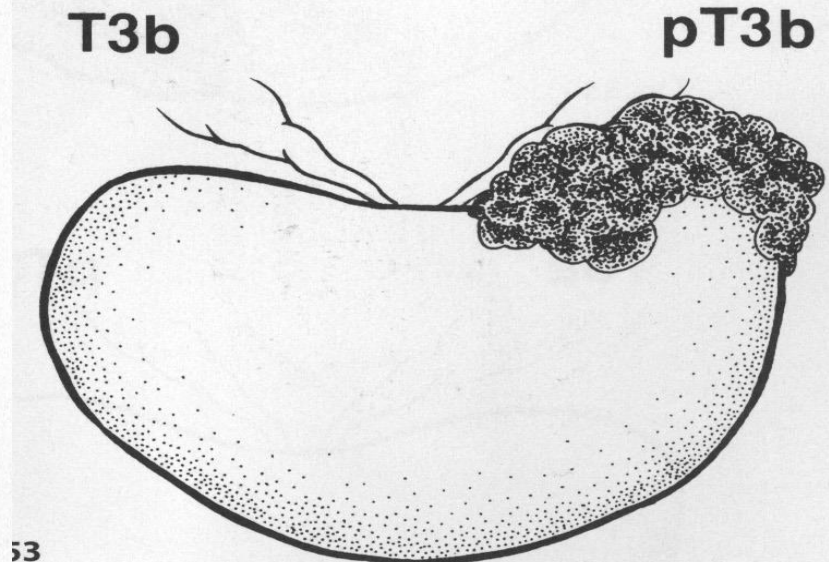
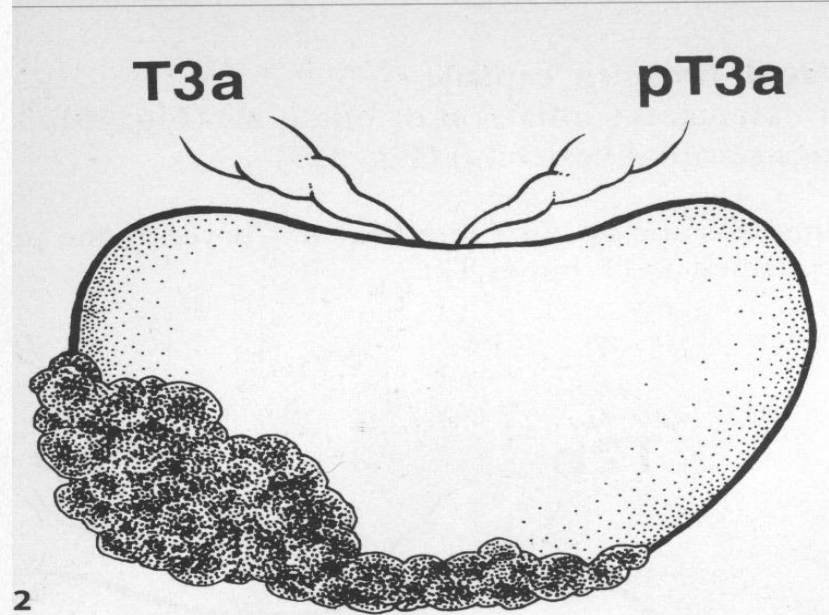


Fig. 349

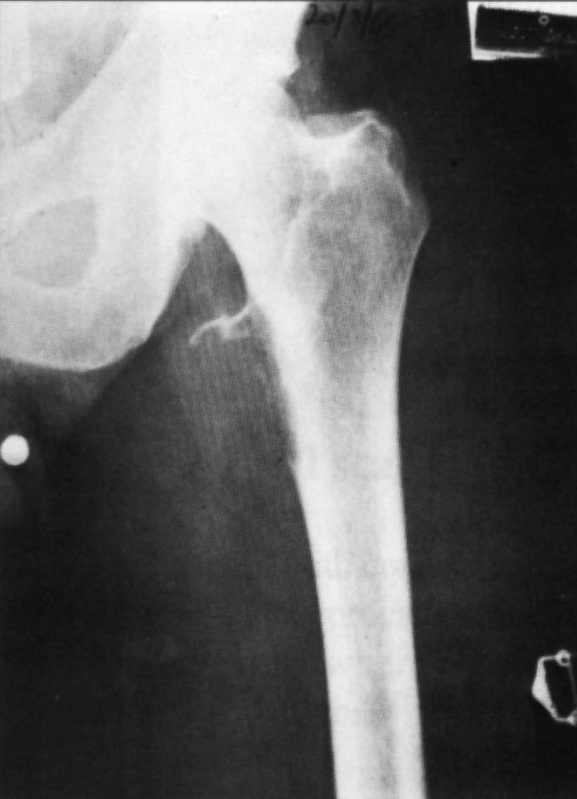
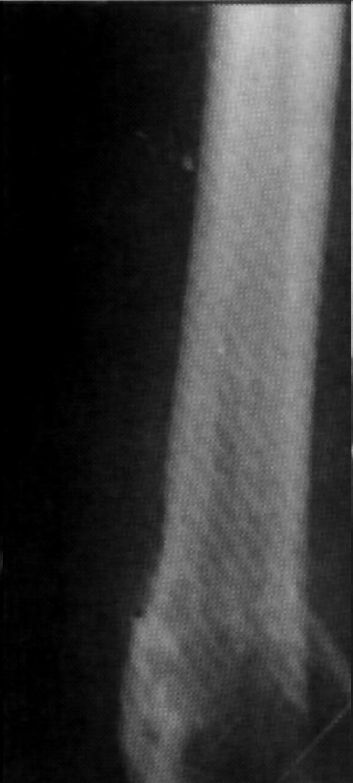


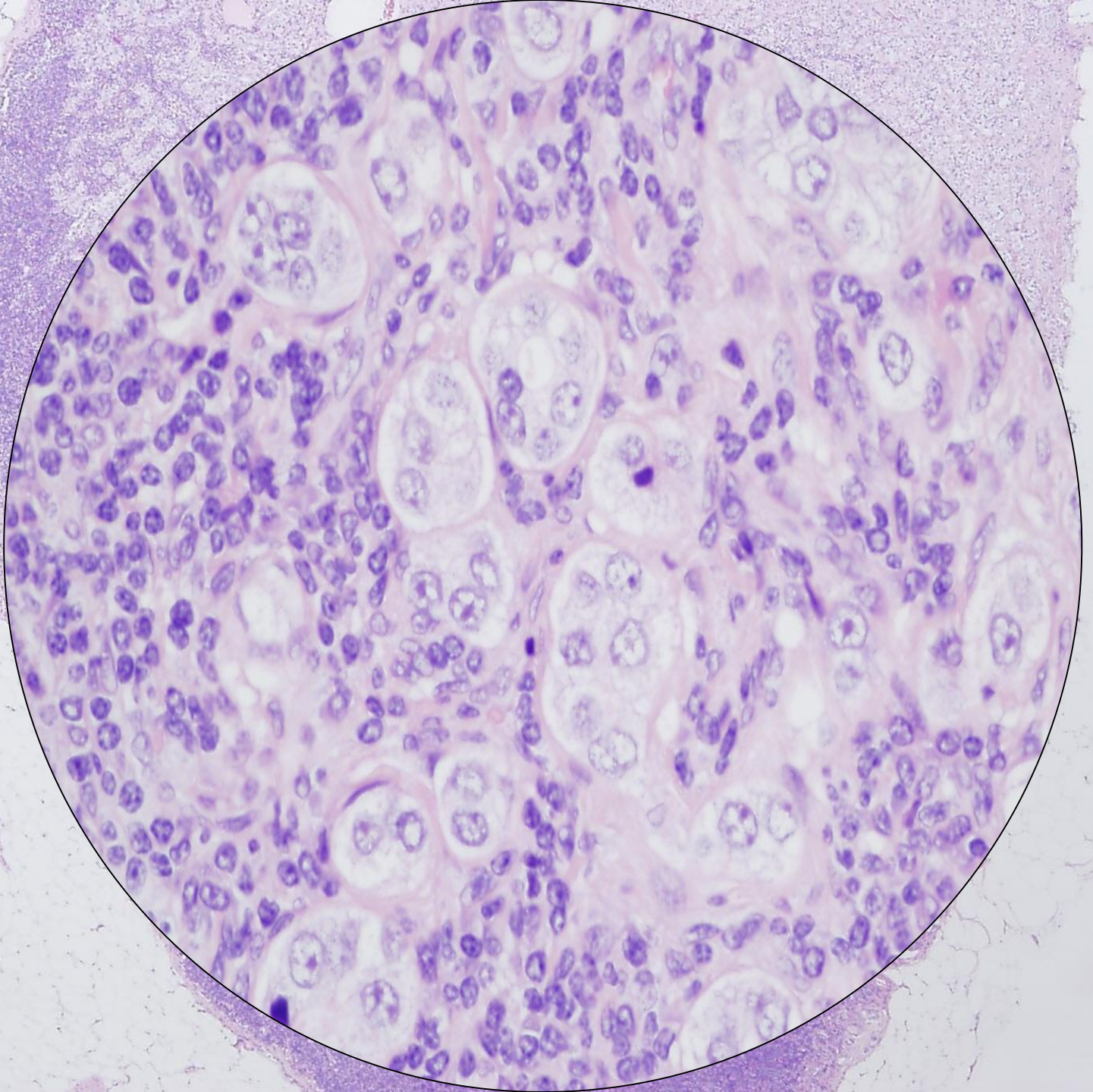
Prostata cc - terjedés

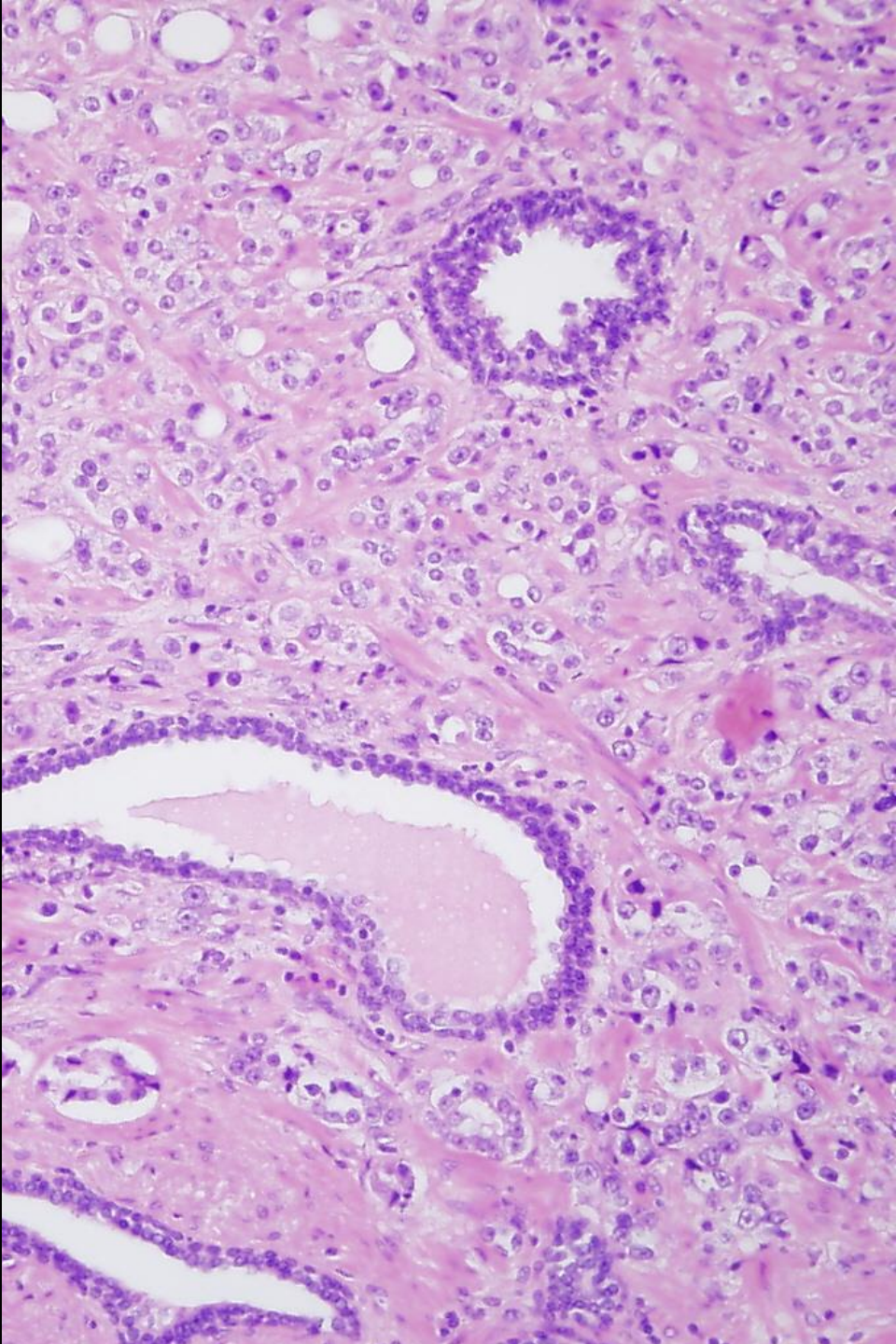
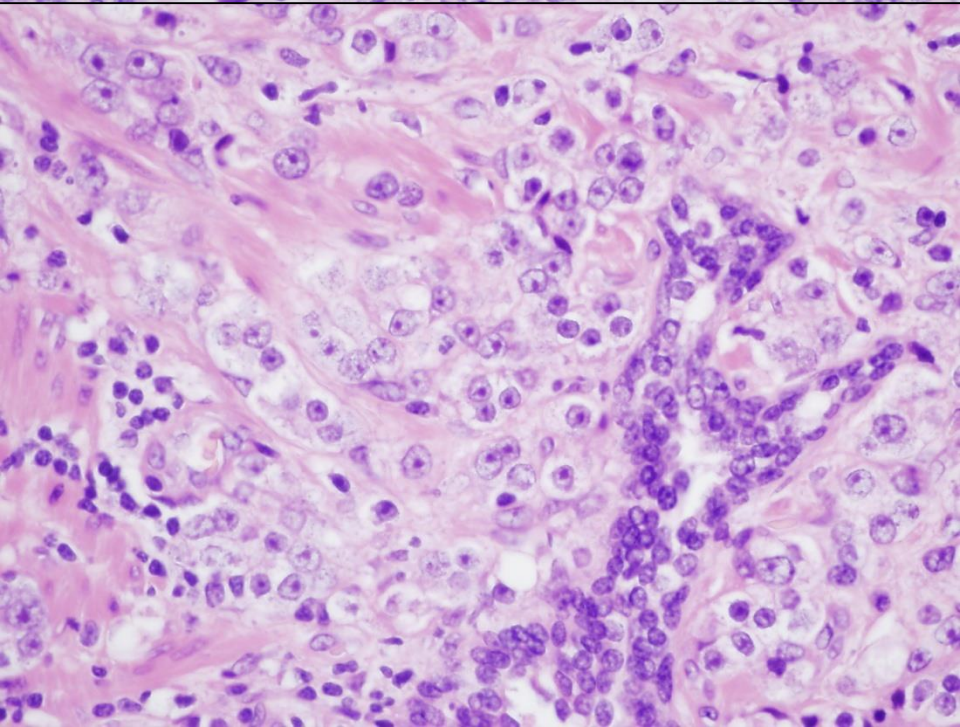
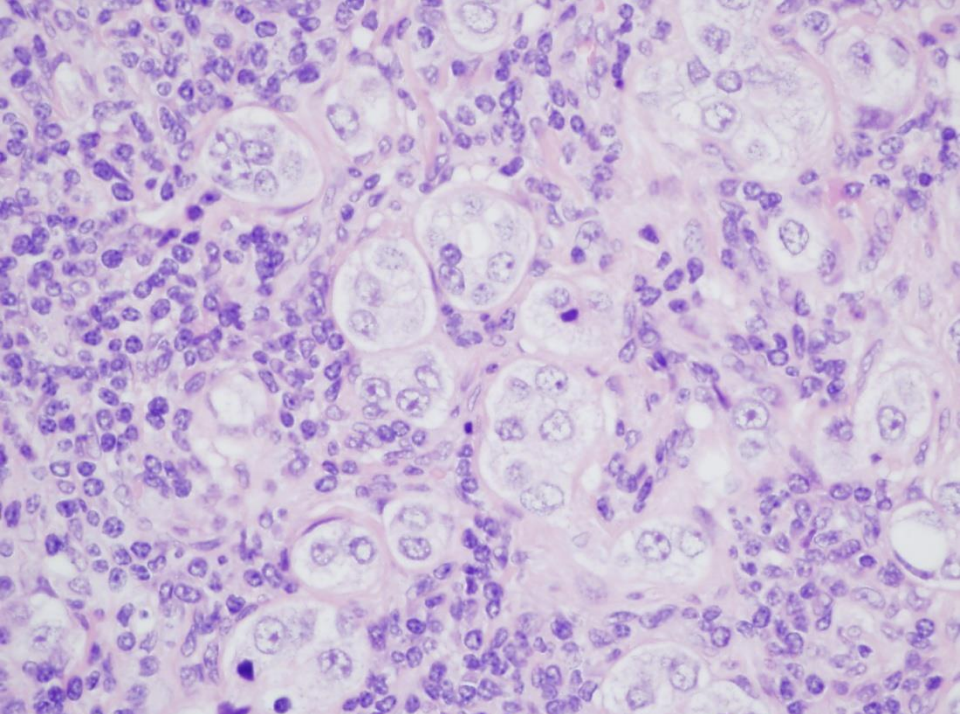
Localis - vesicula seminalis, rectum, hólyag felé

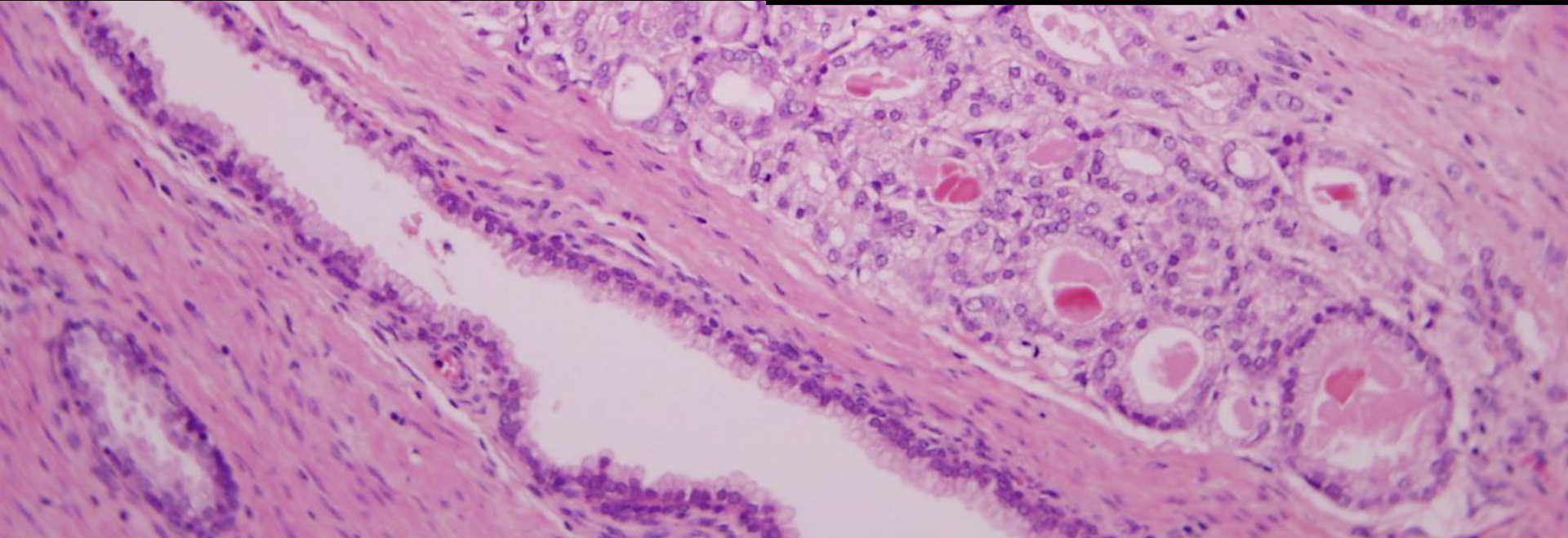
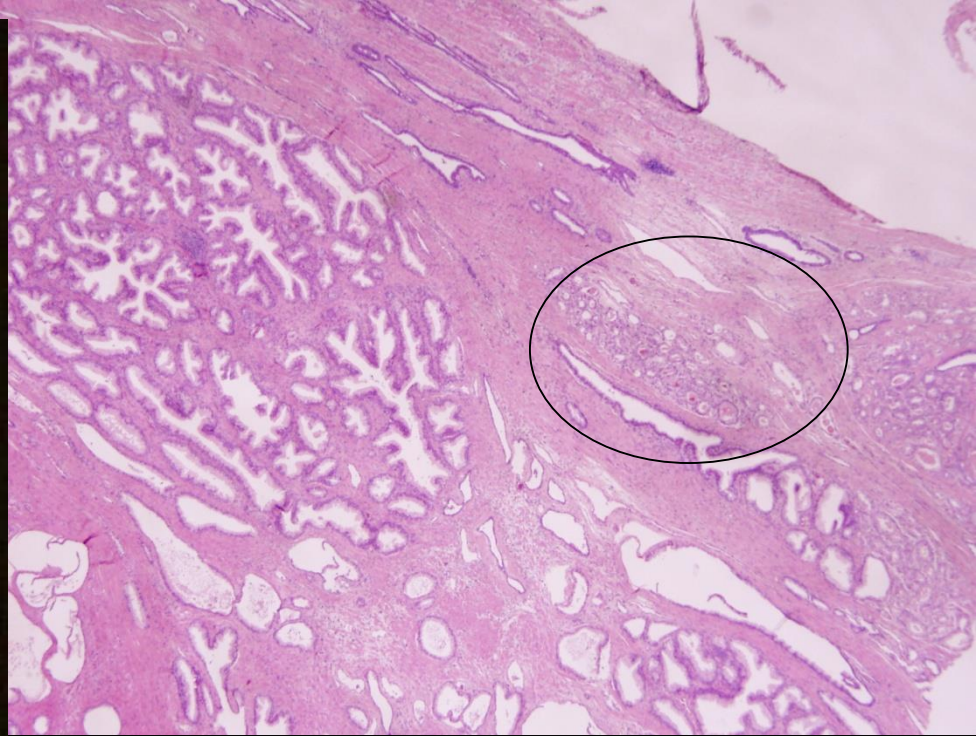
Haematogen - csontok (Batson véna) lumbalis csigolyák, femur, pelvis, thoracalis csigolyák, bordák, de koponyacsont, tüdő, agy

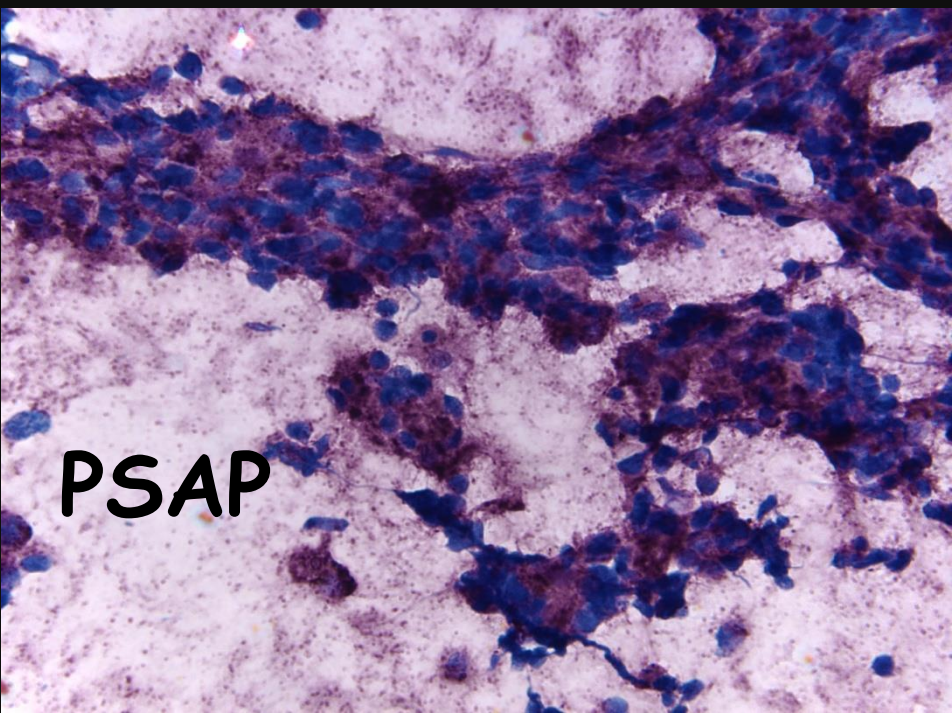
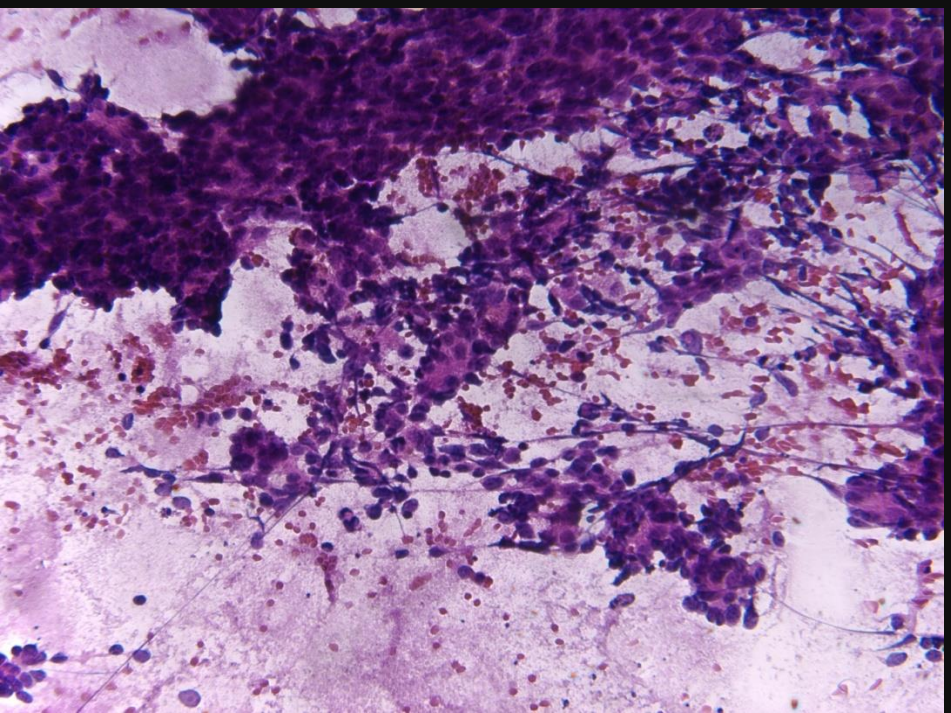
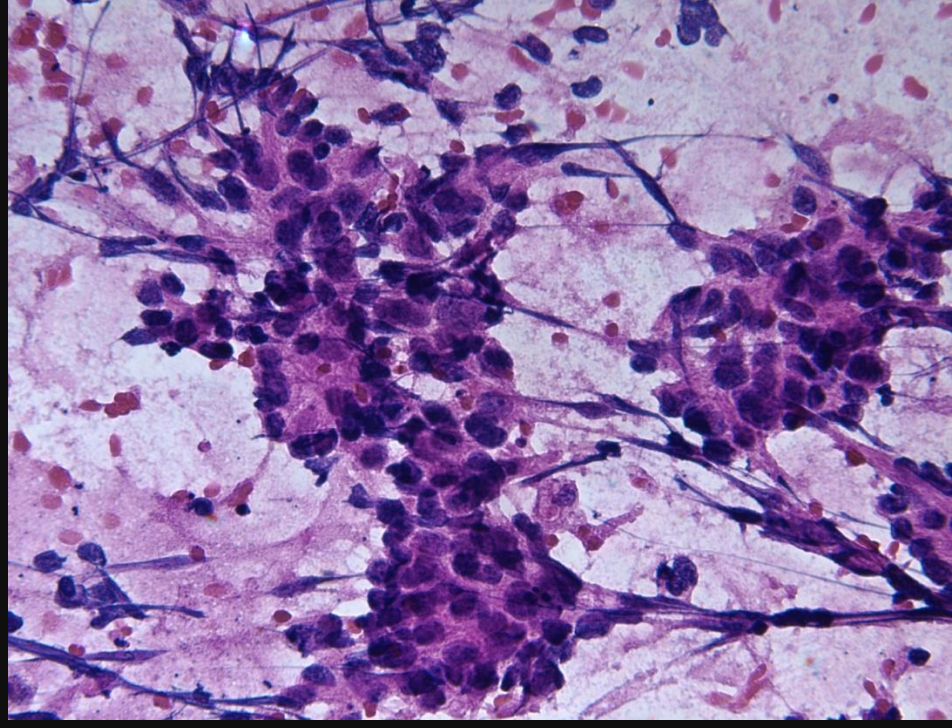
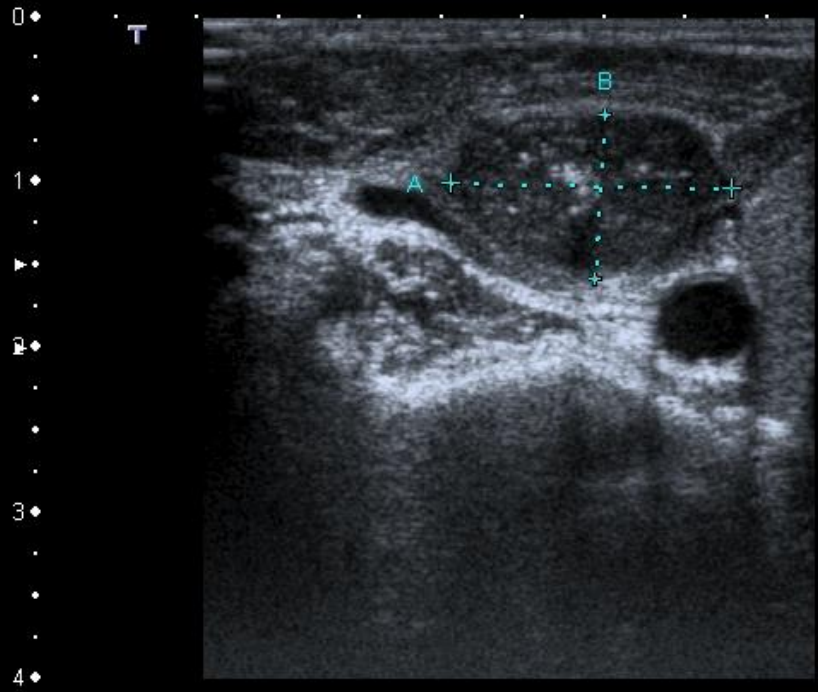
Lymphogén - obturator, perivesicalis, hypogastricus, iliacalis, presacralis, paraaorticus nycs-k



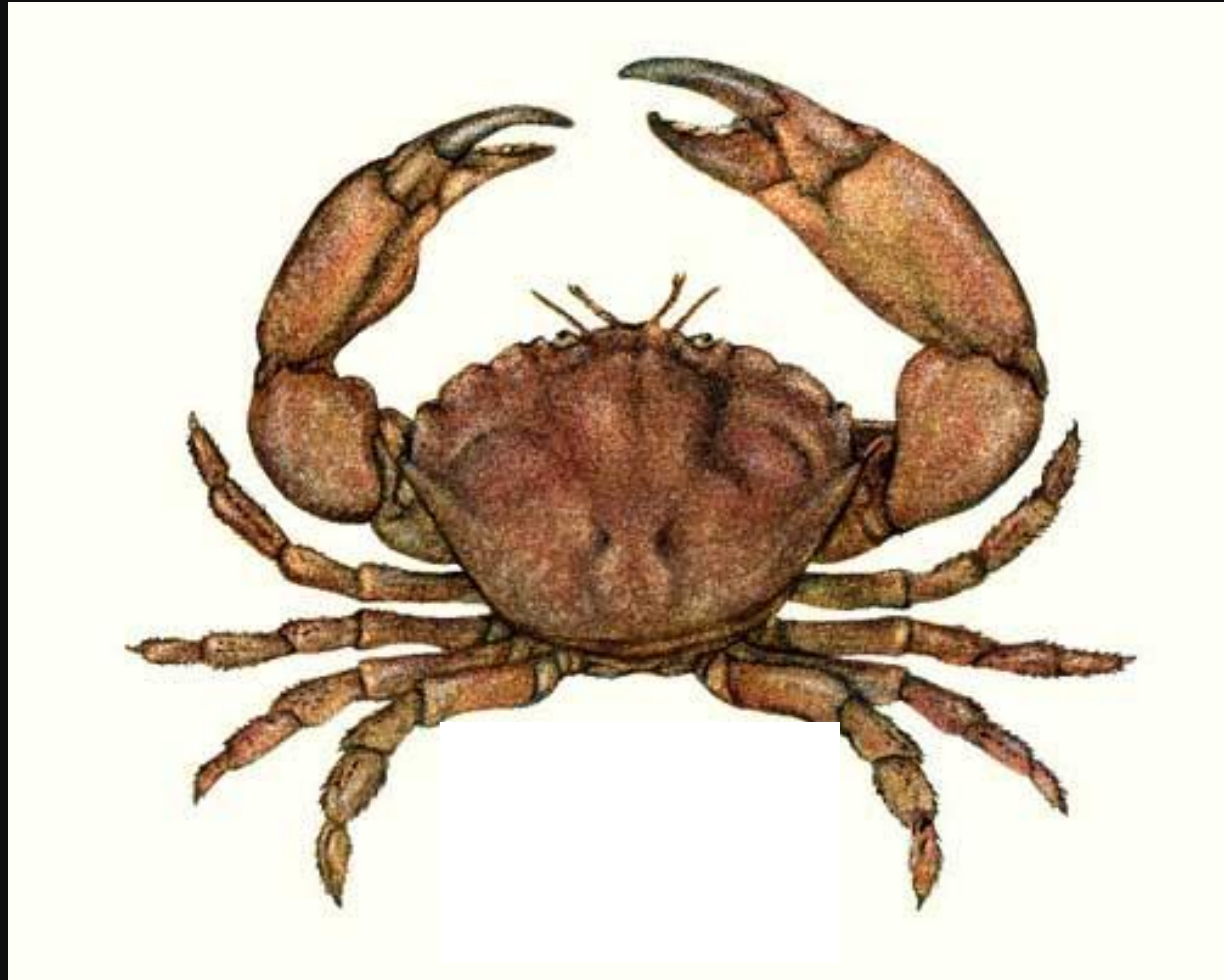








Diagnosztika jelentősége



19100105

11:35:38

7.5MHz

MI: 0.7
FR: 26
G: 46%
Prs: 1

A

UA1257

5.1



Jobb



0.0

UA1257



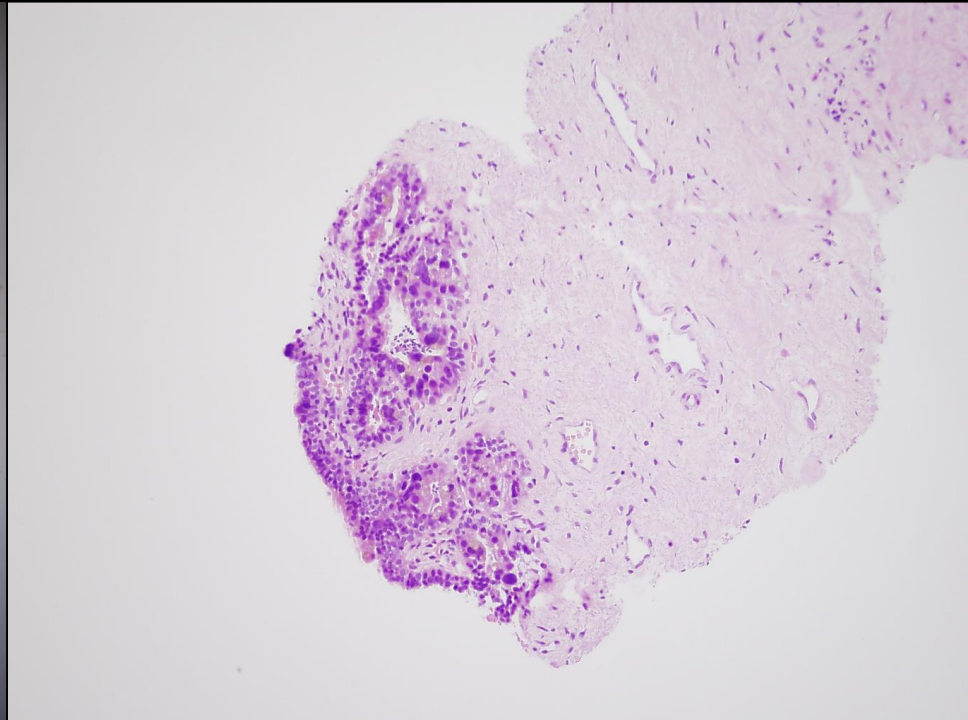
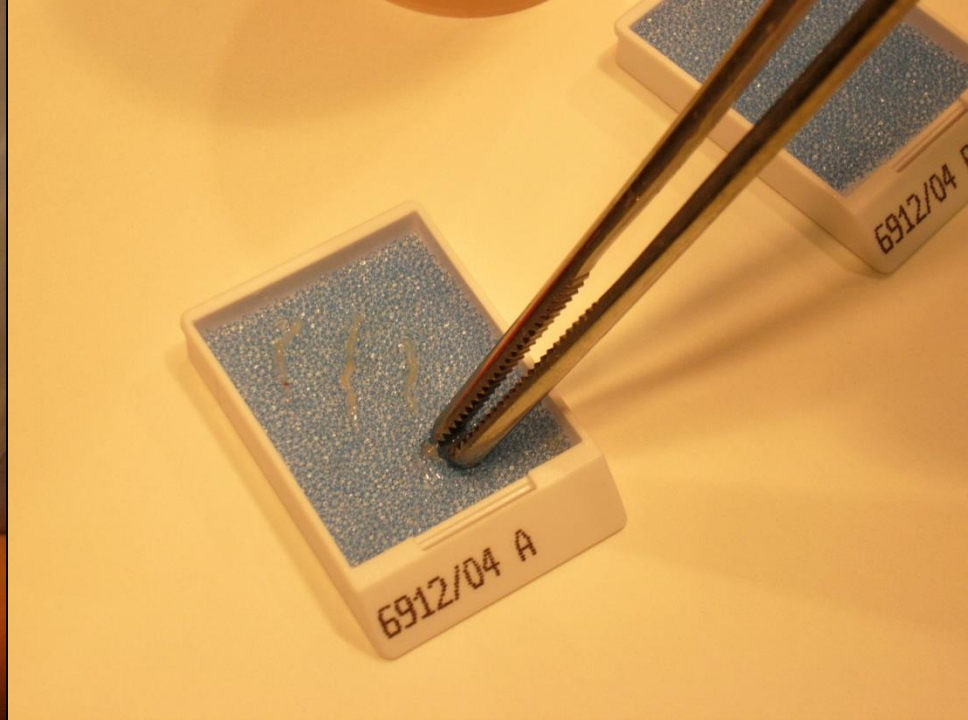
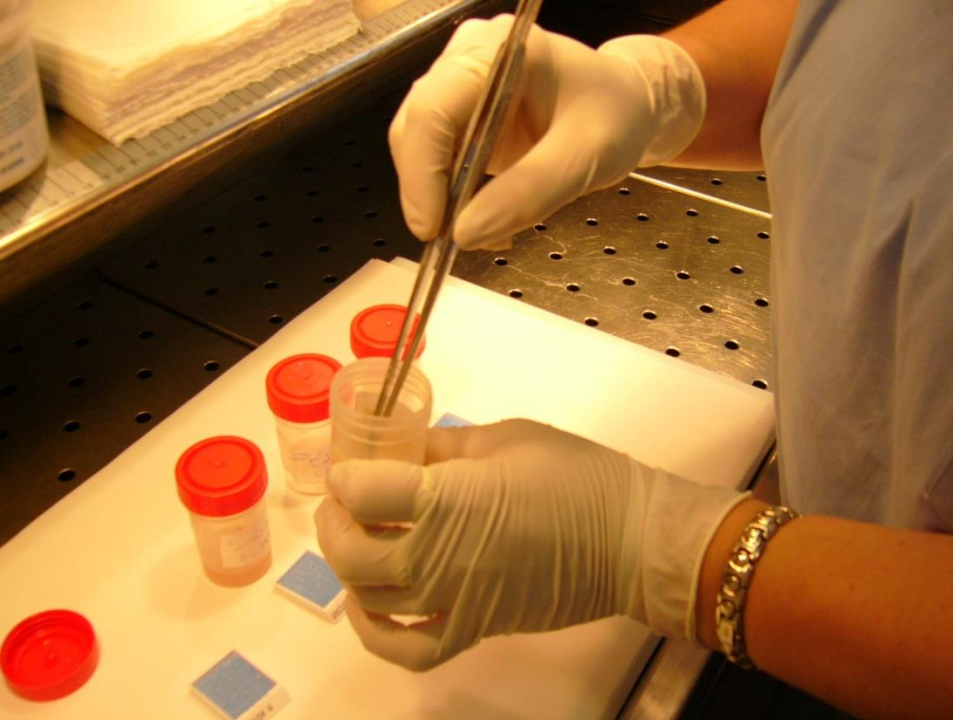
5.1

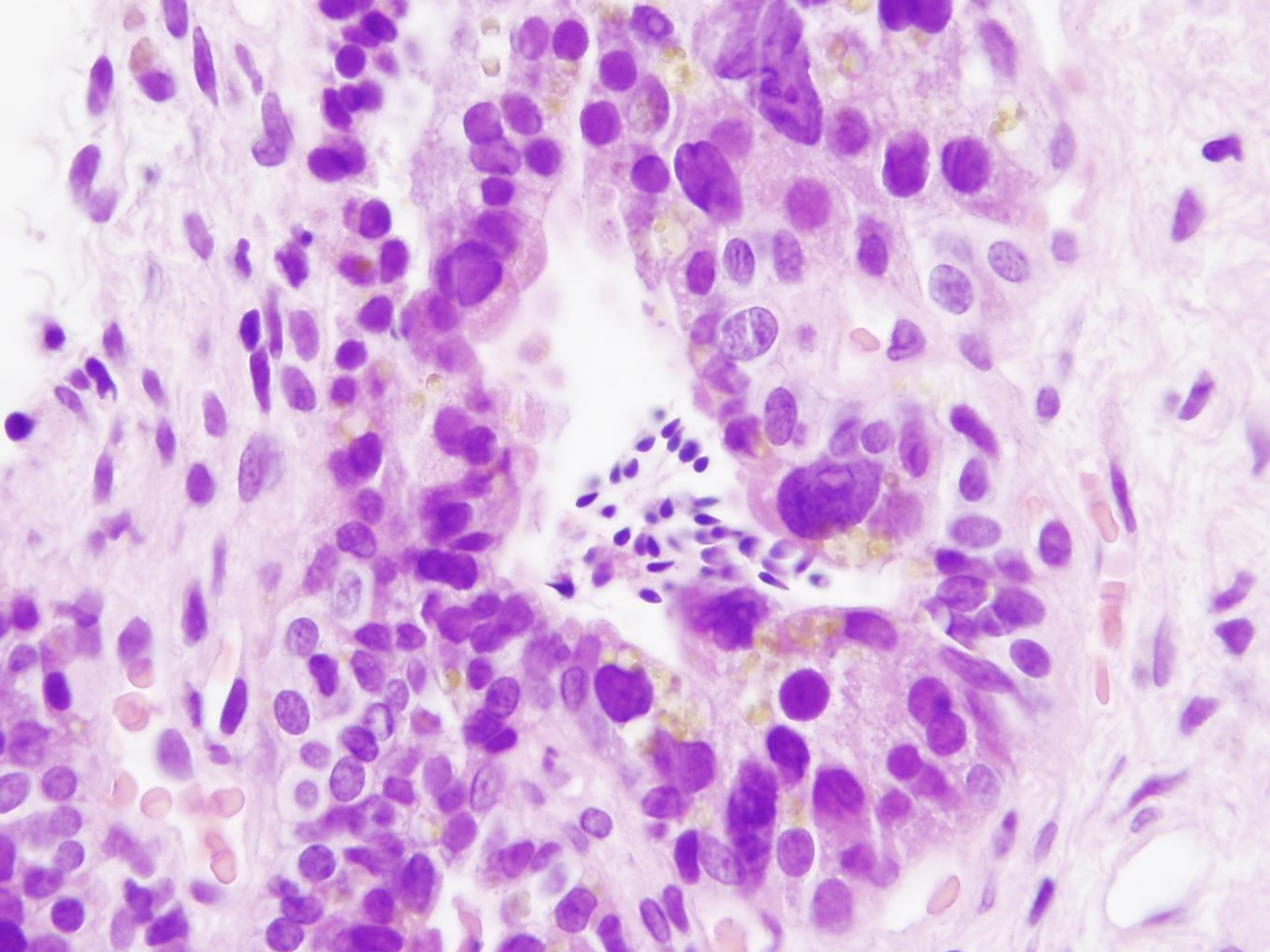


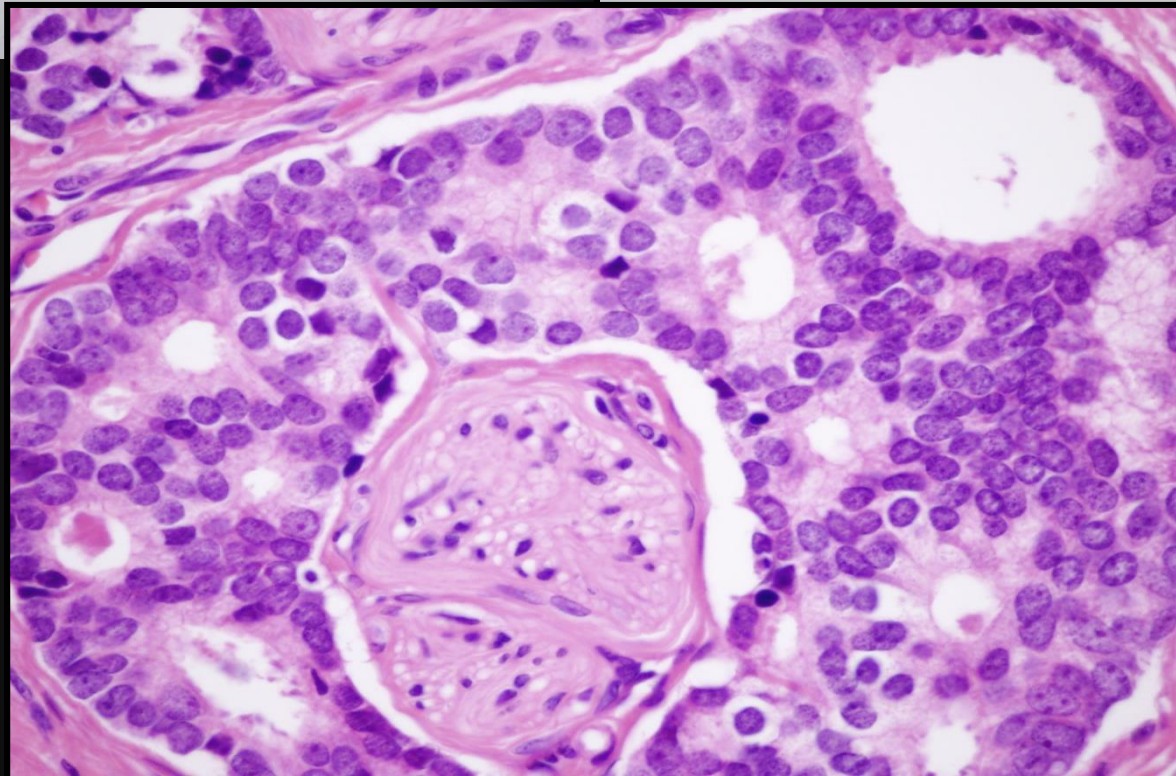
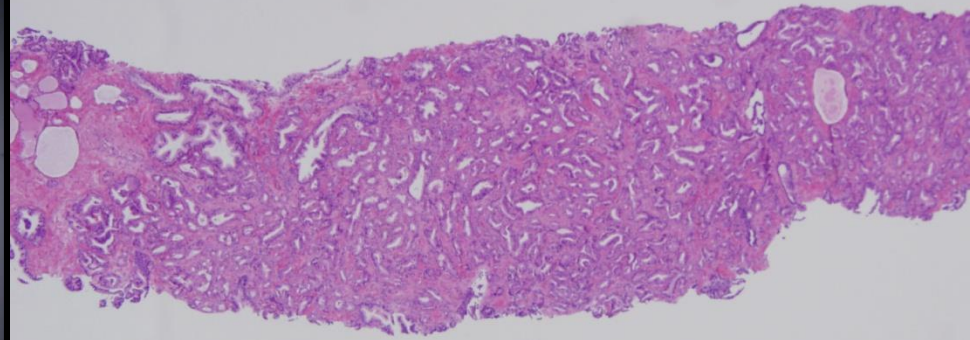
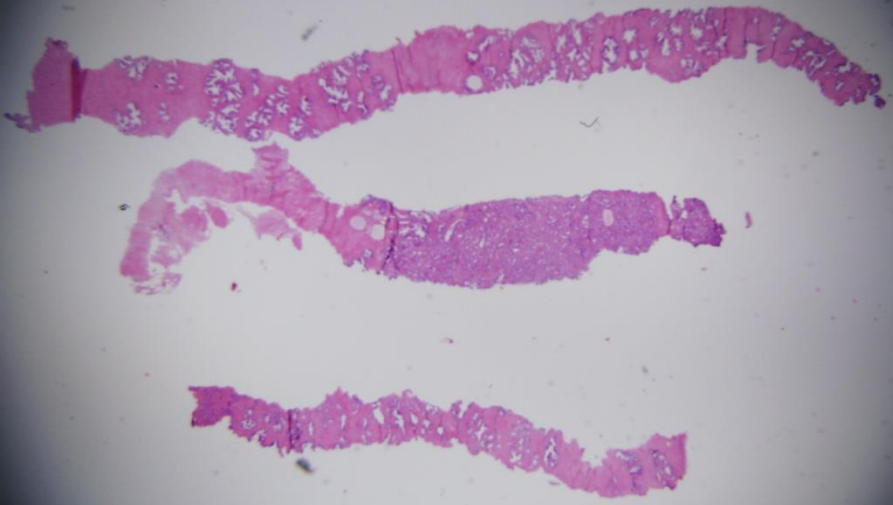
0.0



B-K Medical



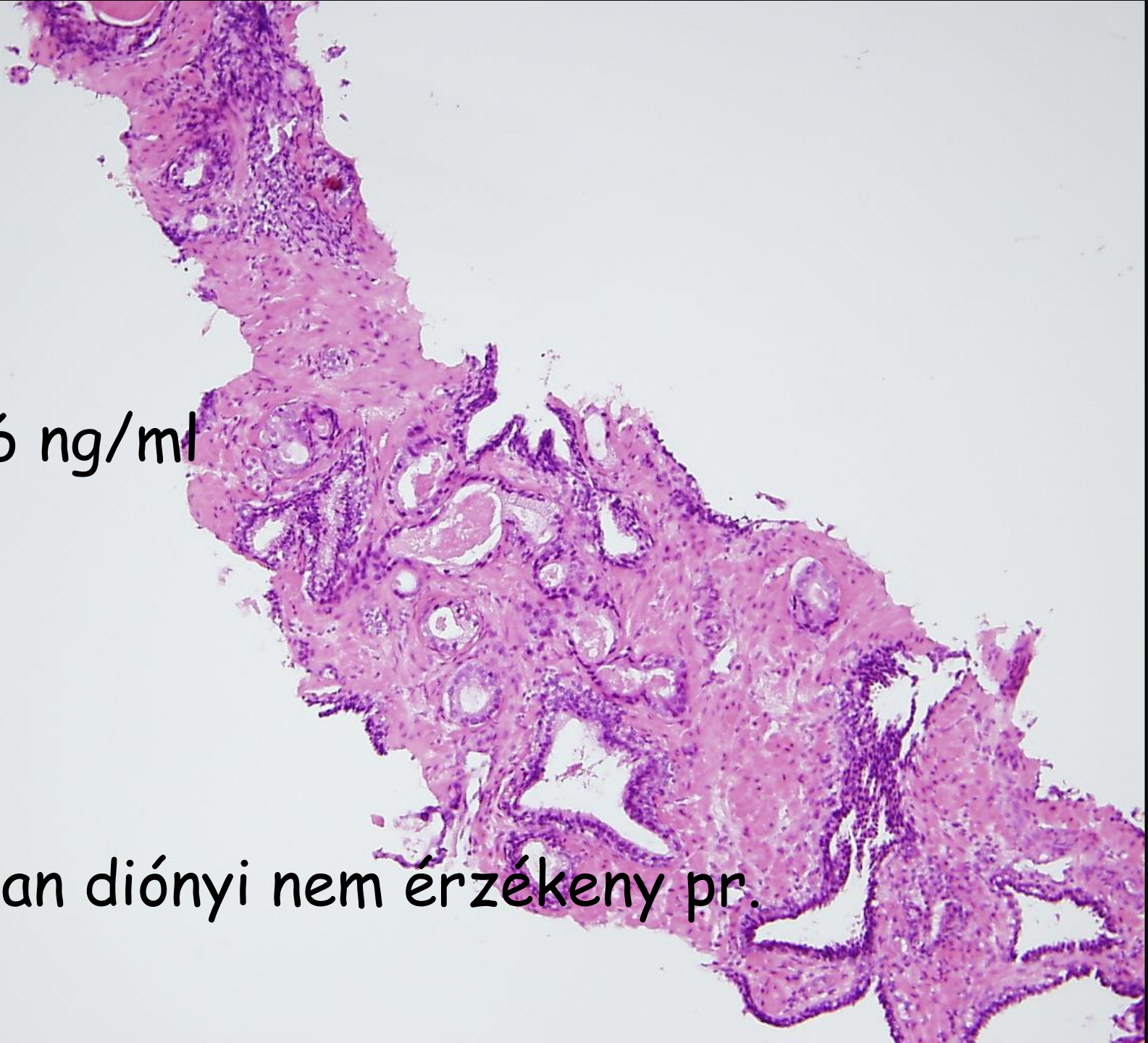


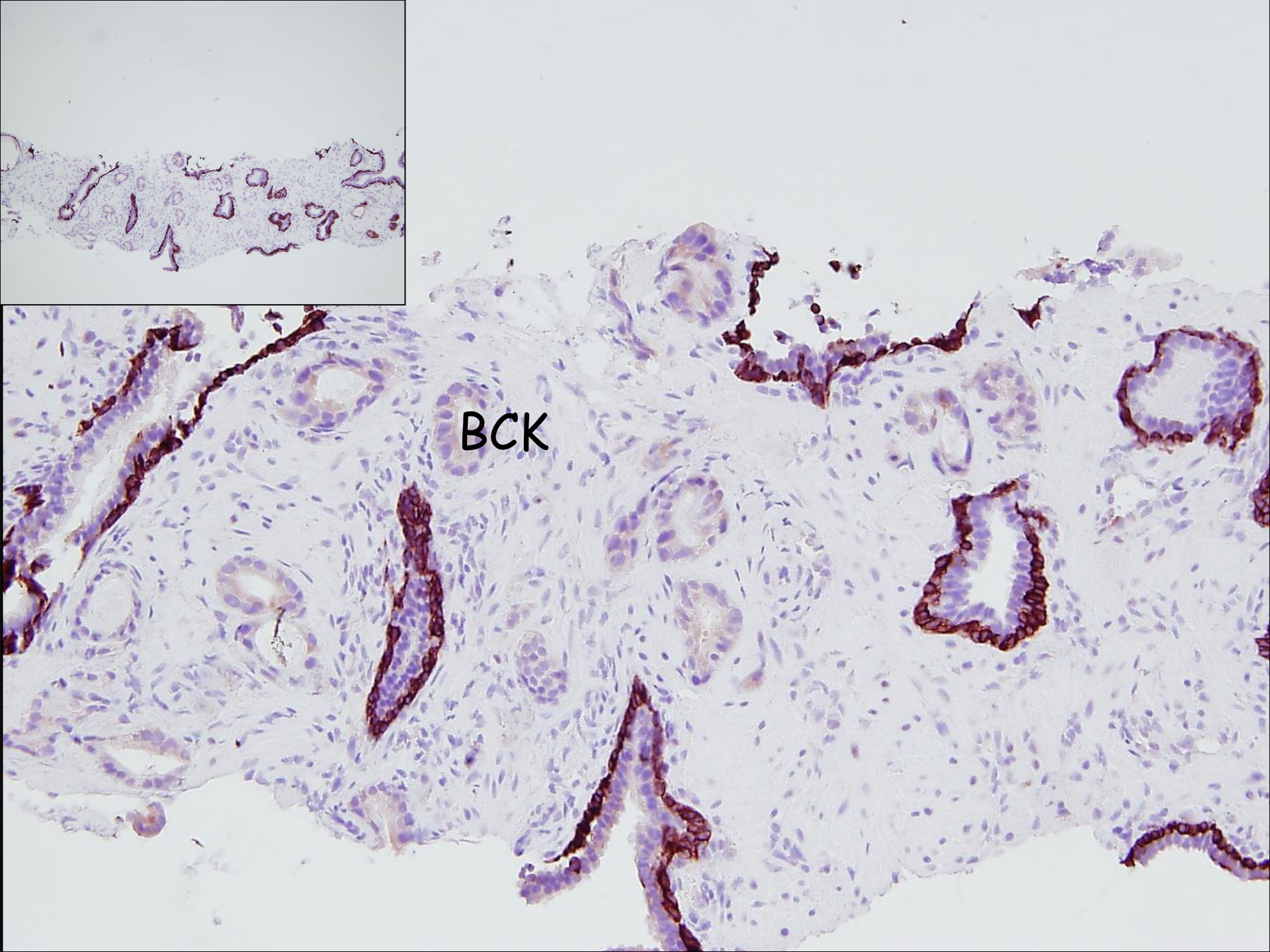


62 é.

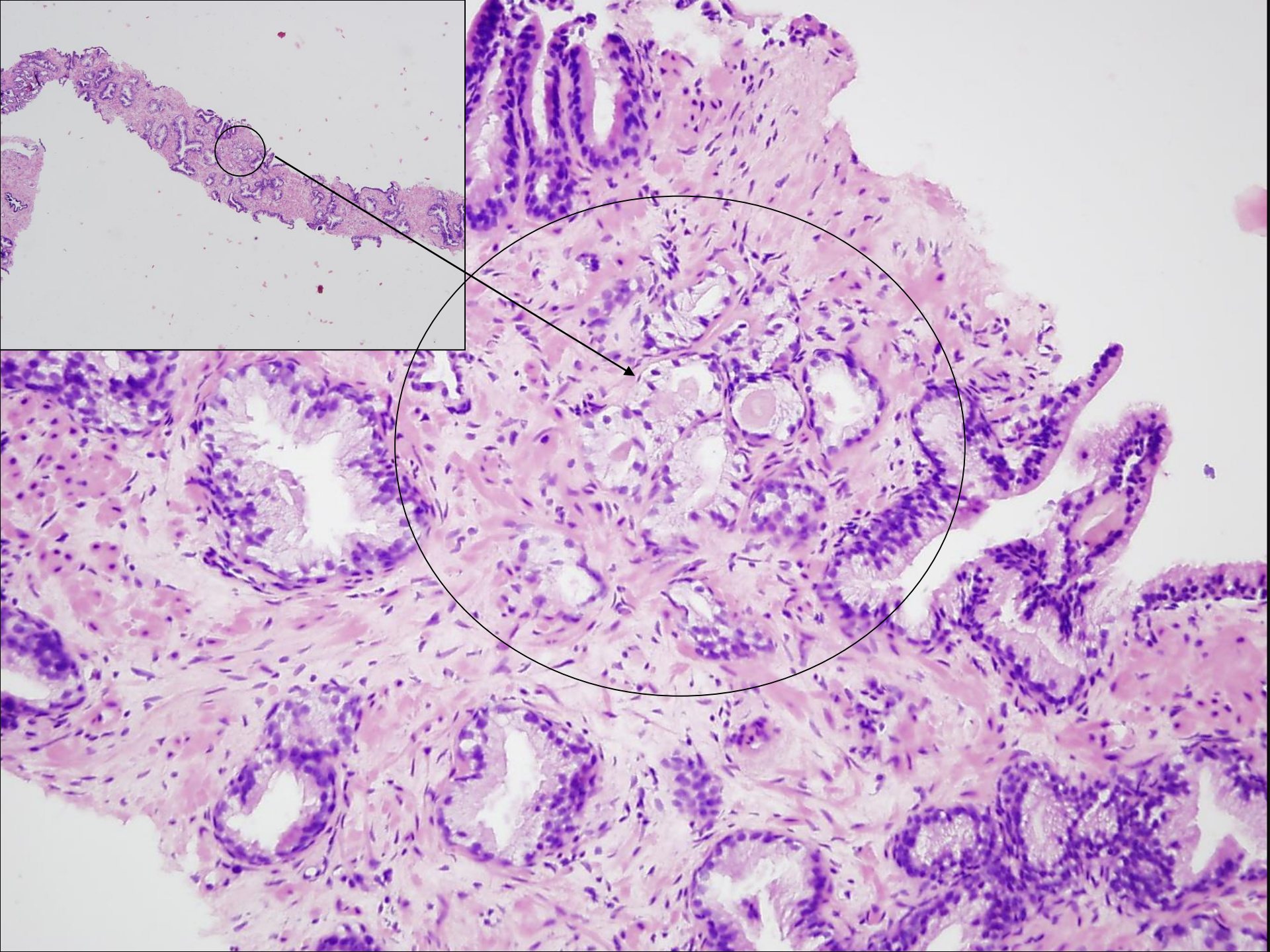
PSA: 6.6 ng/ml

Rectalisan diónyi nem érzékeny pr.



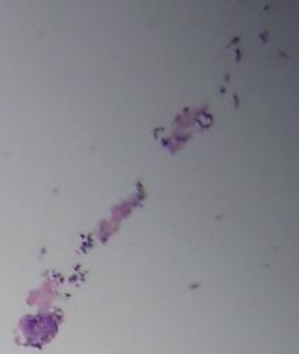
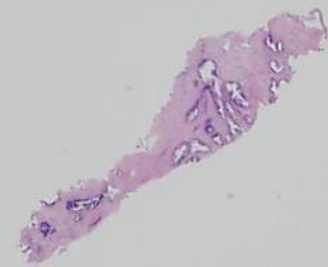


BCK



5417/05
SOY

TM
5417/05

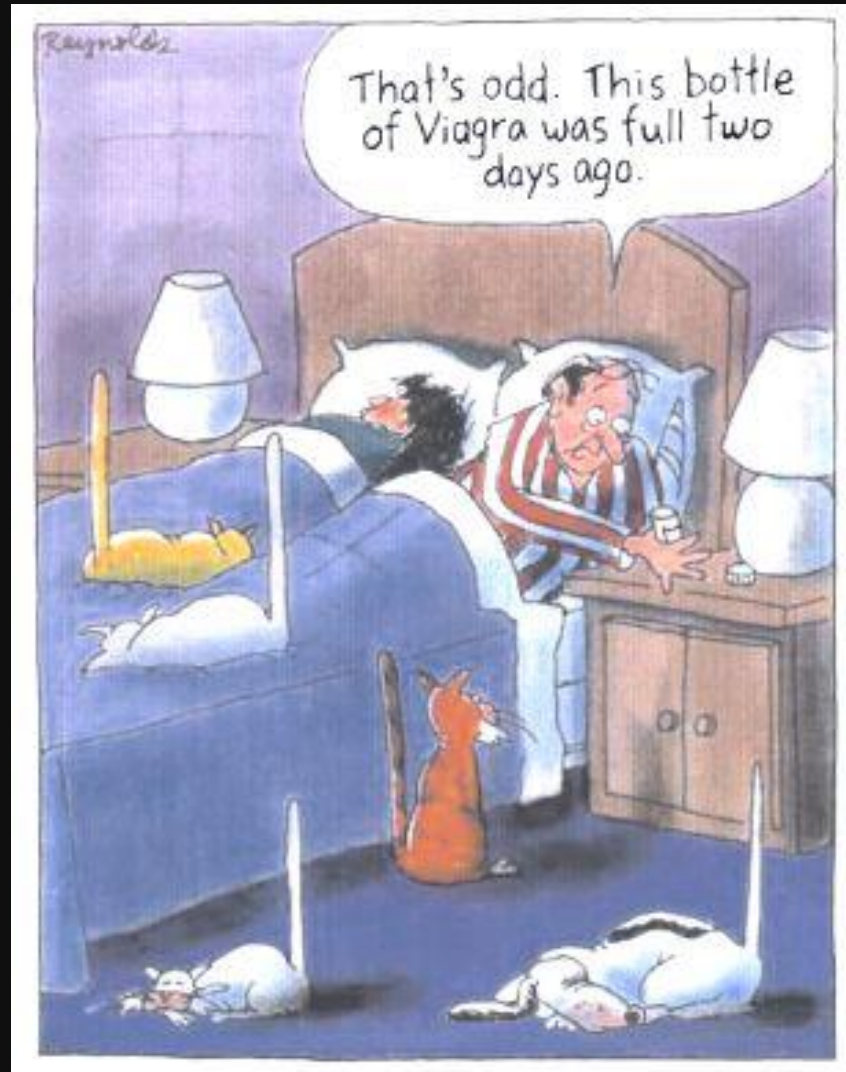


Terápiás lehetőségek

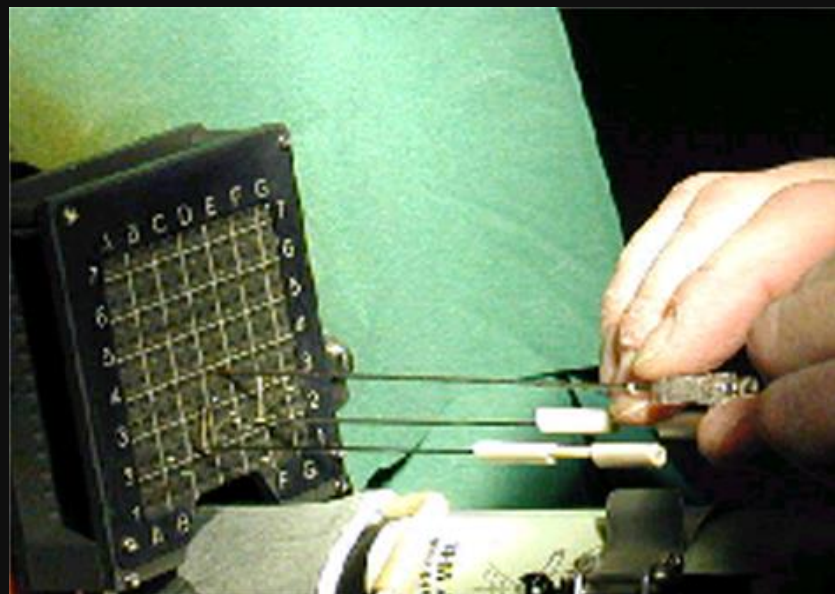
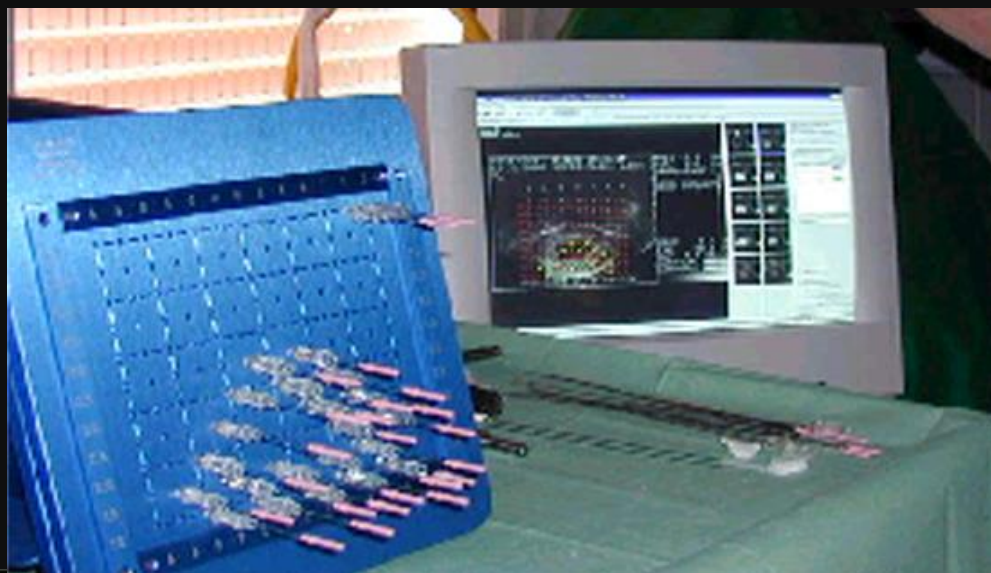
Sebészi

Hormon

Radio



Permanens „seed” brachyterápia technika



Specimen feldolgozás-végső diagnosis

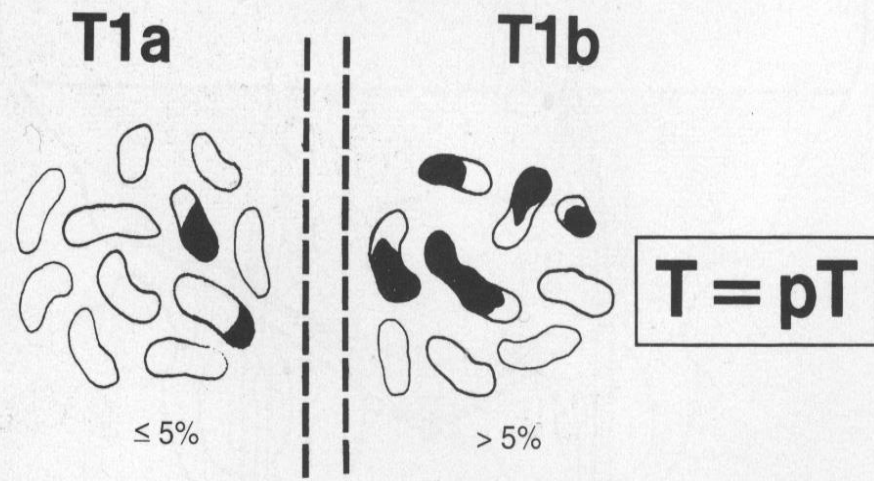


Fig. 348

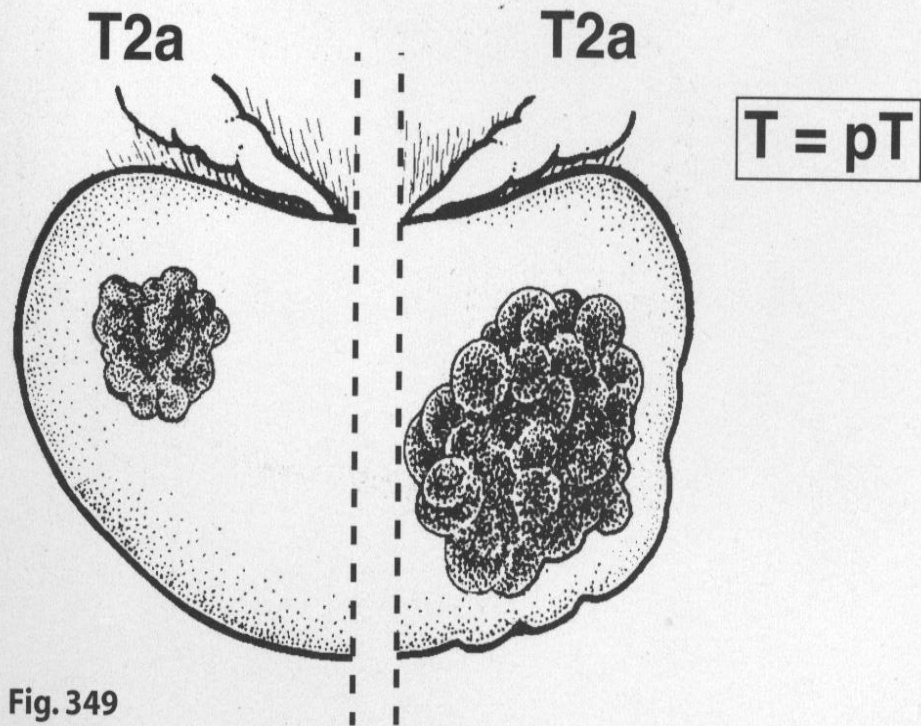
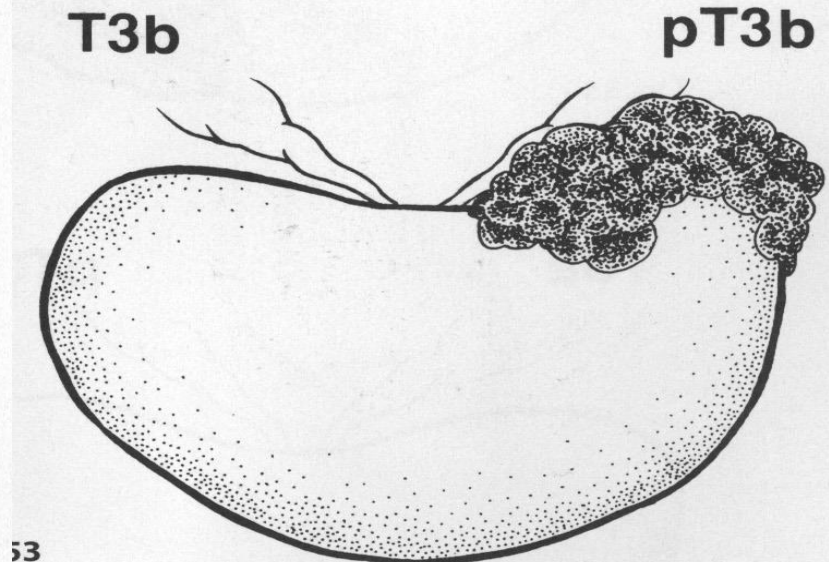
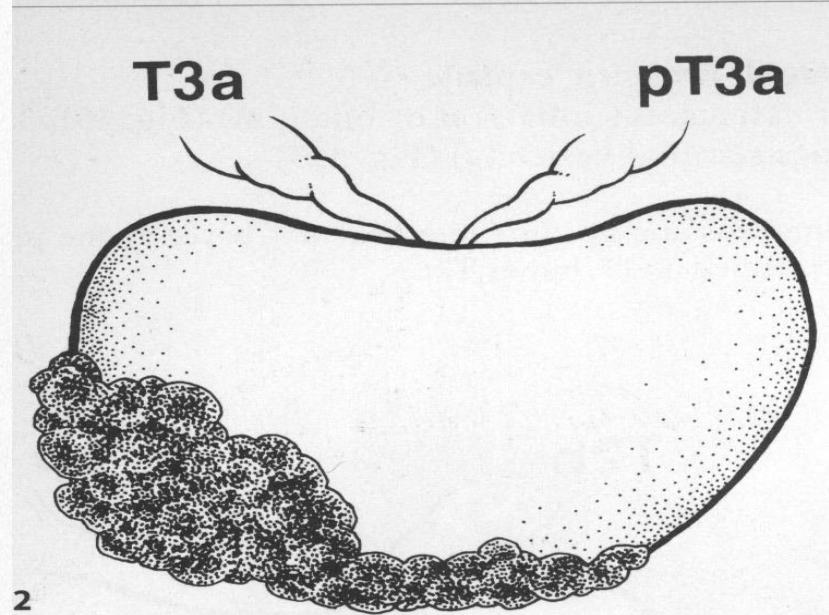
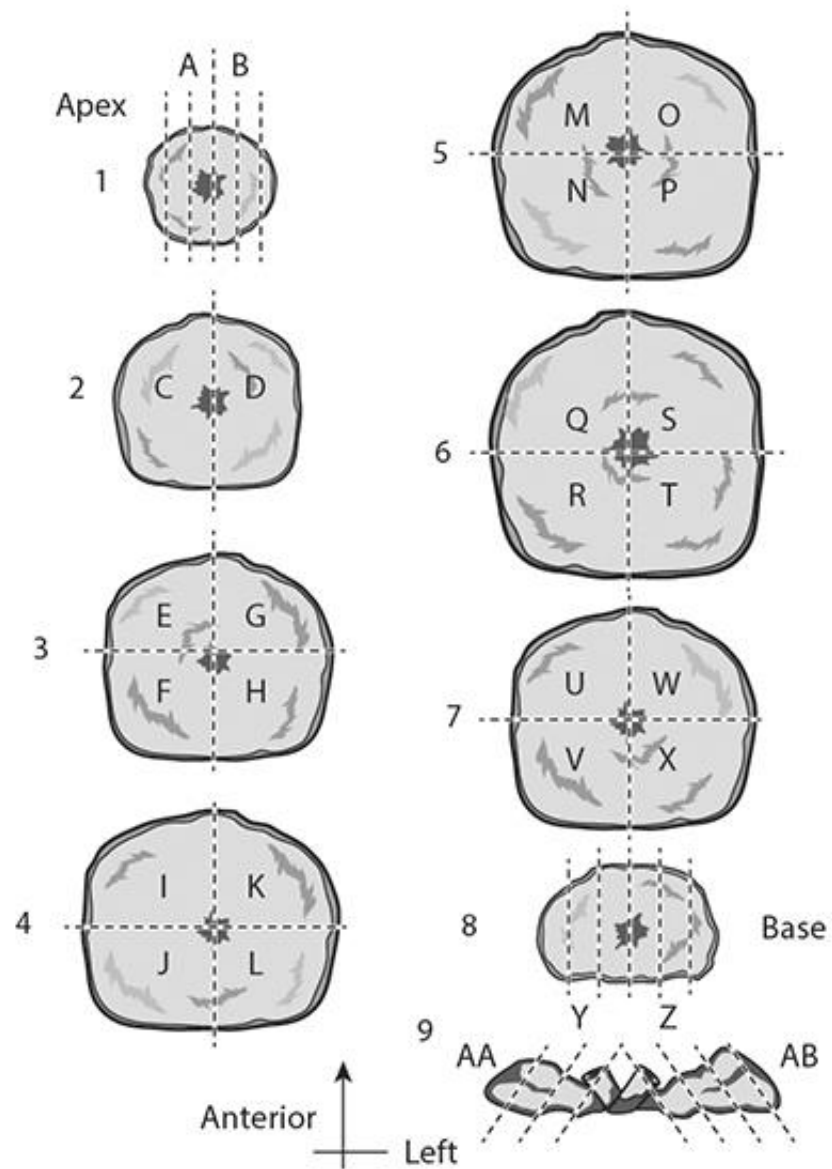
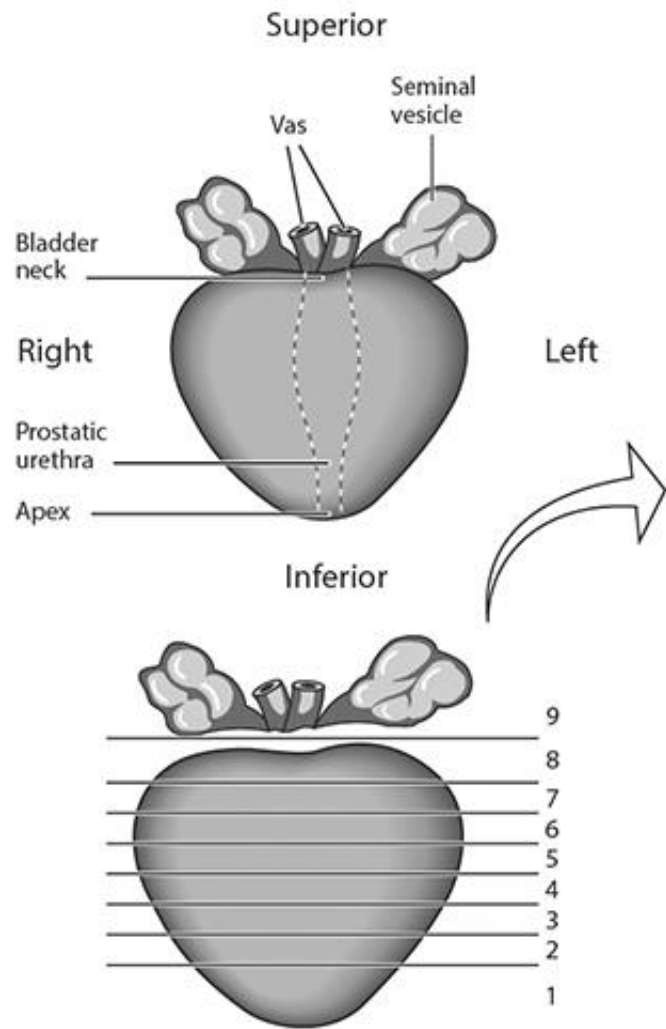


Fig. 349





Elülső
felszín



08441_III

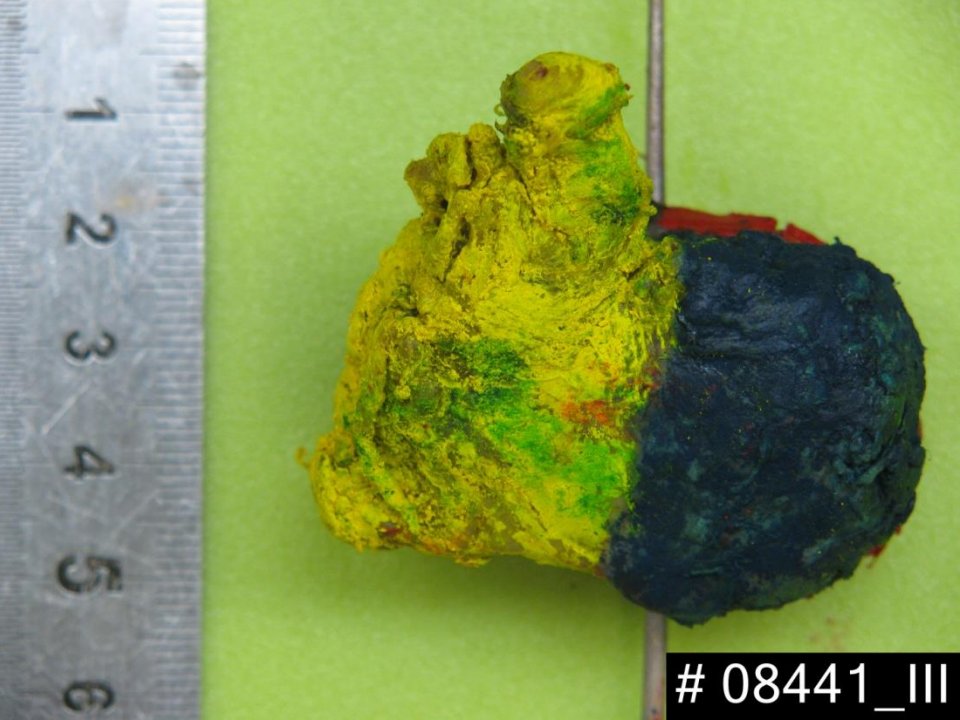
Íhátsó
felszín



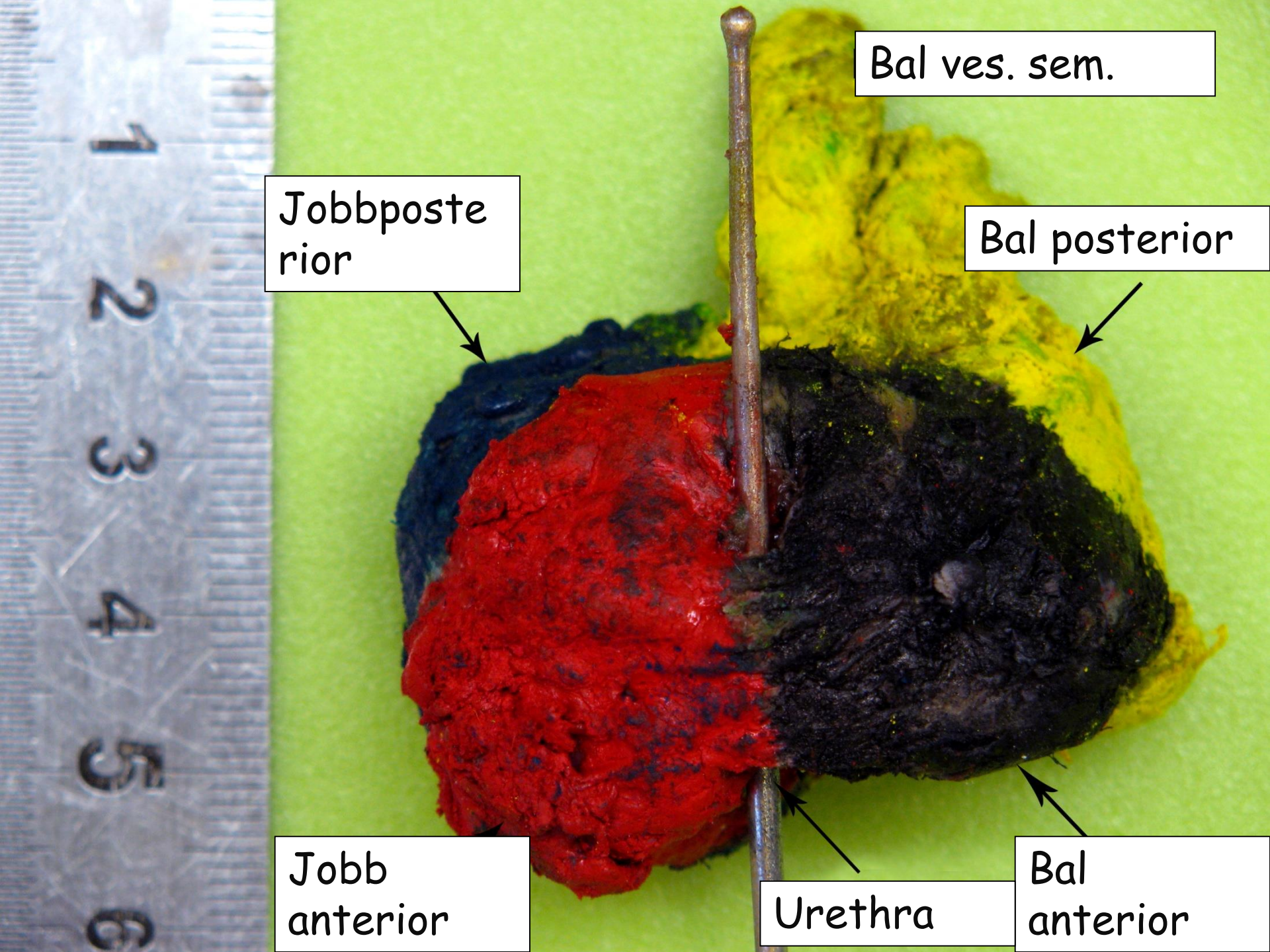
08441_III



08441_III



08441_III



Bal ves. sem.

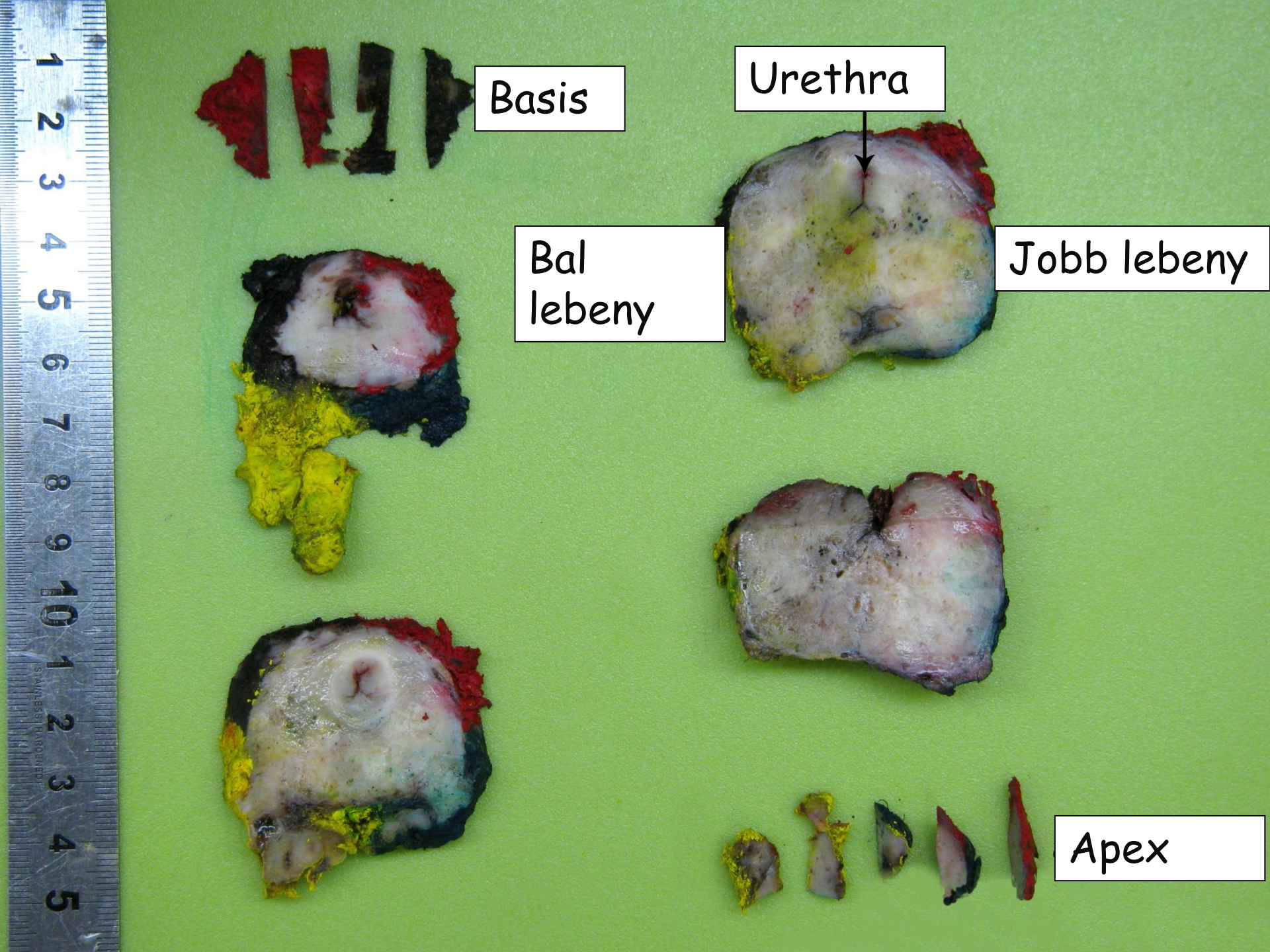
Jobb poste
rior

Bal posterior

Jobb
anterior

Urethra

Bal
anterior



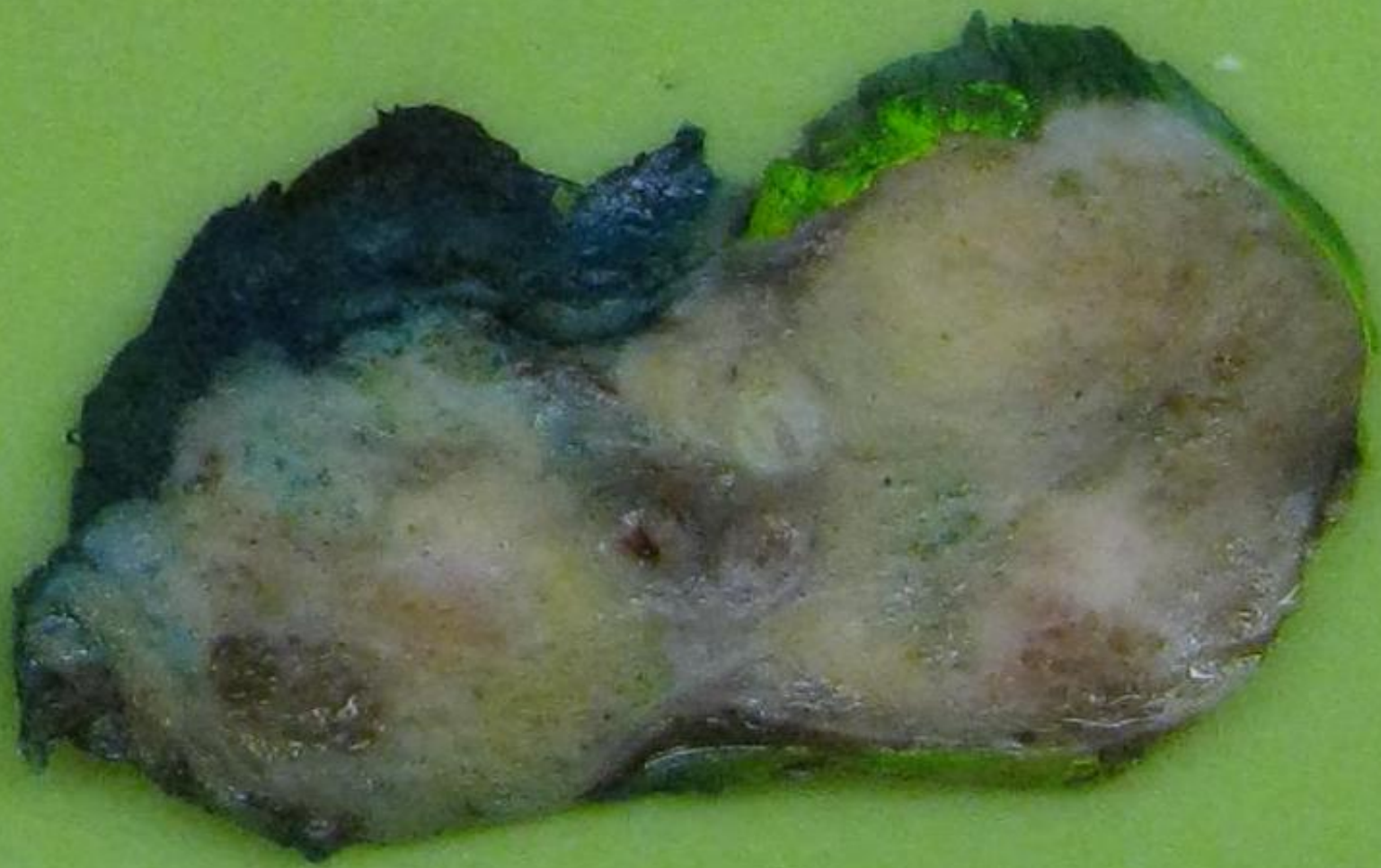
Basis

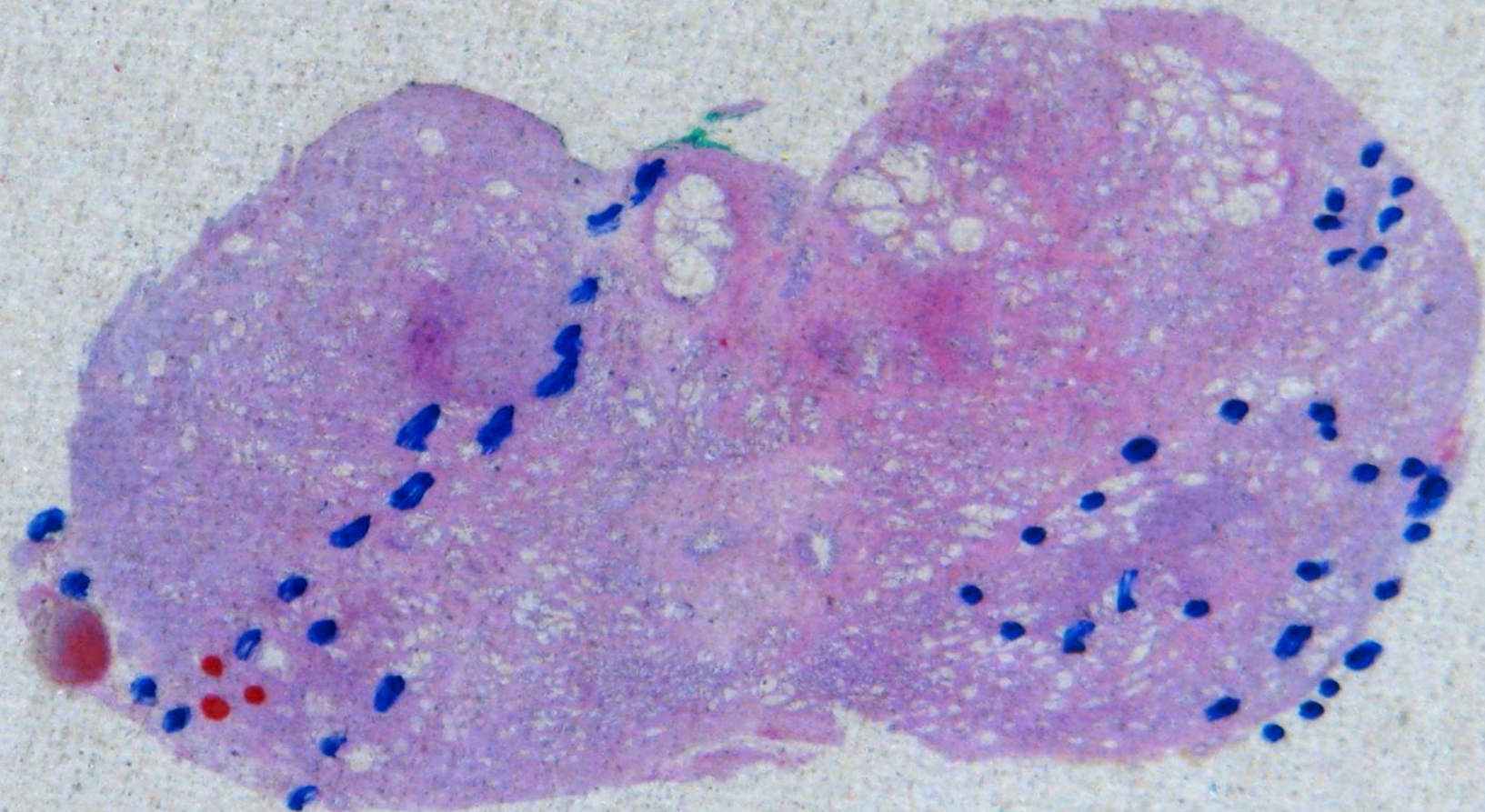
Urethra

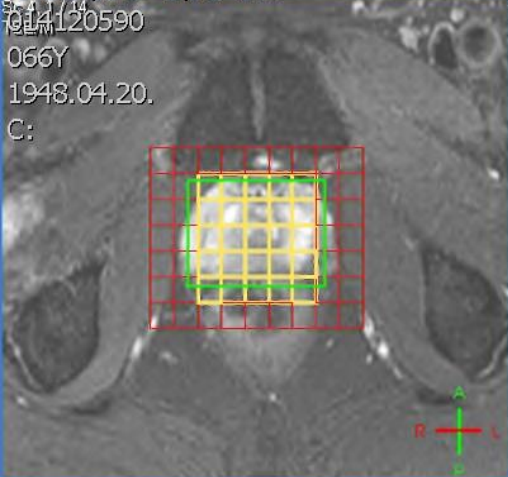
Bal lebeny

Jobb lebeny

Apex







Acquisition Script 20:07:43
 EX:452549262
 SE:7
 20:26:07
 IM:1
 thk/ sp
 LOC:

Script Parameters
 LongTeProstate_csi
 Long-TE Prostate (1H CSD)
 Data: CSI Nucleus: 1H
 Anatomy: Prostate TE: long
 Field: 1.5T

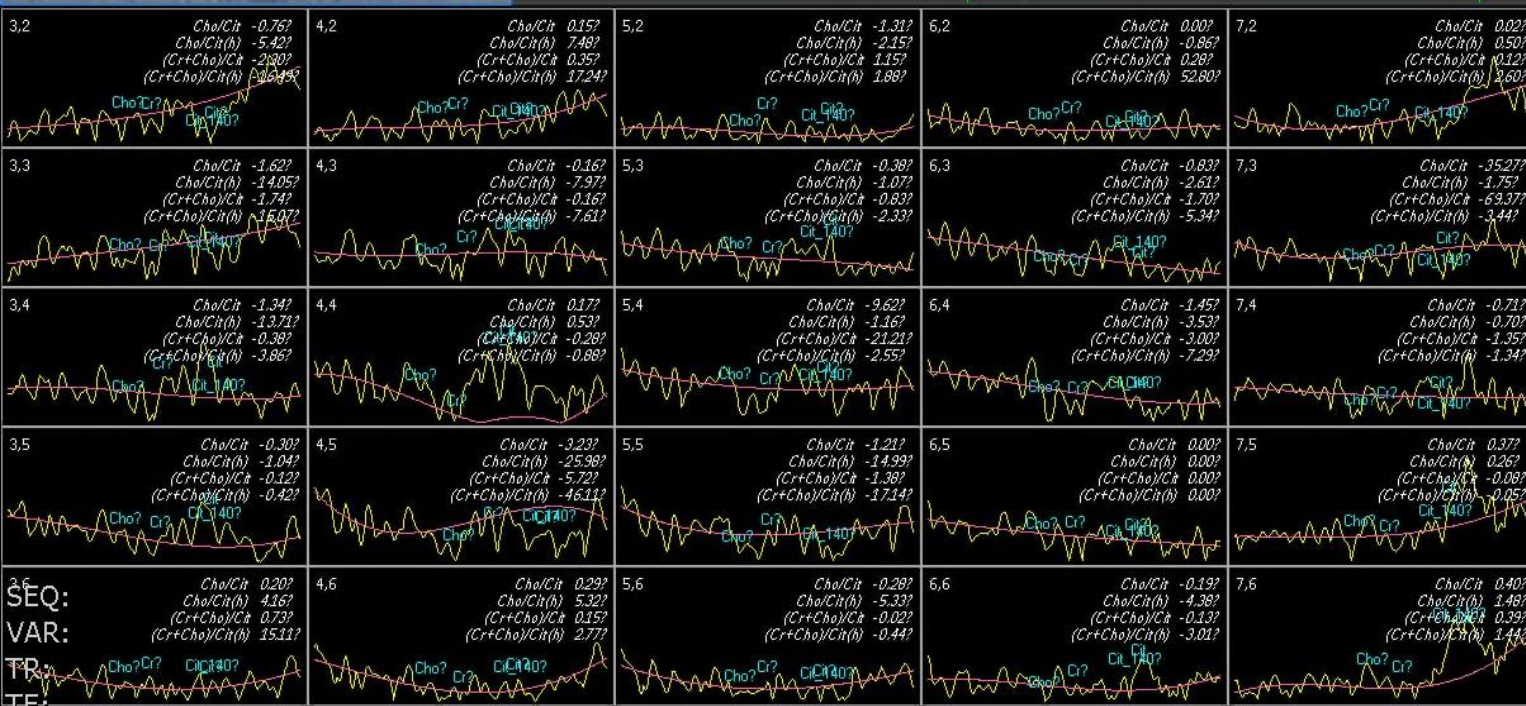
*Select Peaks
 Metabolites: Cr, Cho, Cit, Cit_140

*Peak Fitting
 Gaussian Character: 90
 Baseline terms: 4
 Peak fit phase: Modulus
 Lock relative frequencies: Yes
 Lock widths: No
 Analysis limits: 4 to 2 ppm
 Display limits: 4 to 2 ppm

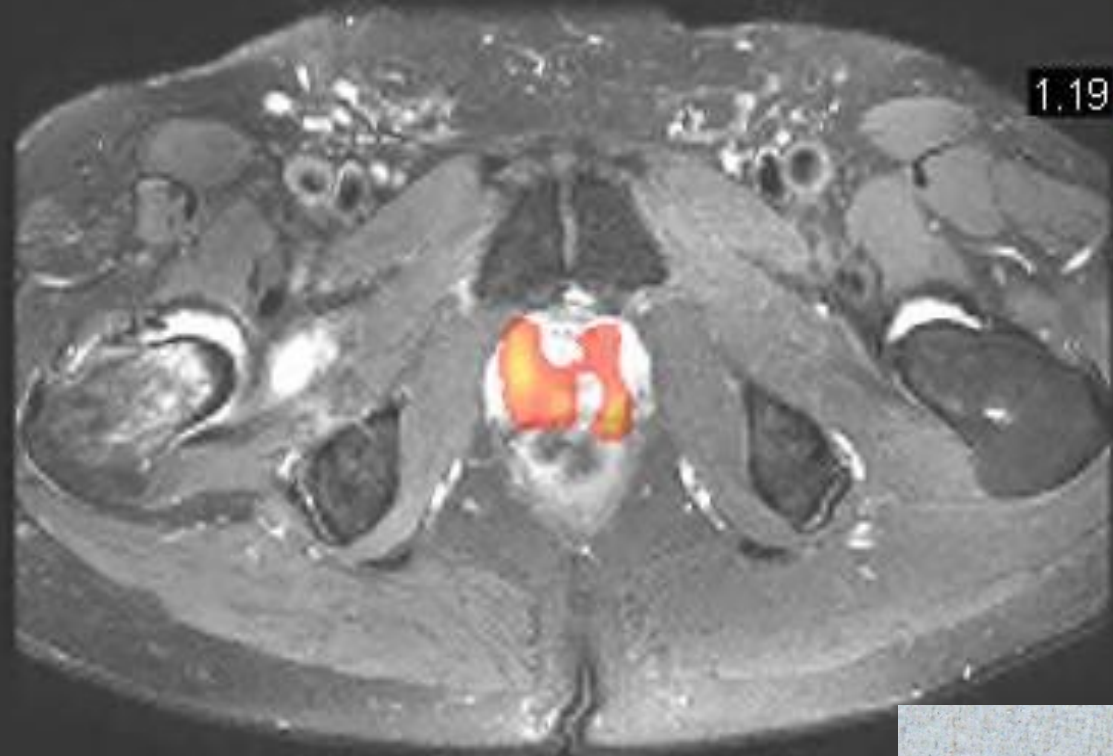
*Generate Maps
 Map: Cit area
 Map: Cho area
 Map: Cr+Cho area
 Ratio Map: Cho/Cit area
 Ratio Map: (Cr+Cho)/Cit area

*Results Table
 Ratio Denominator: Cr(3.03)

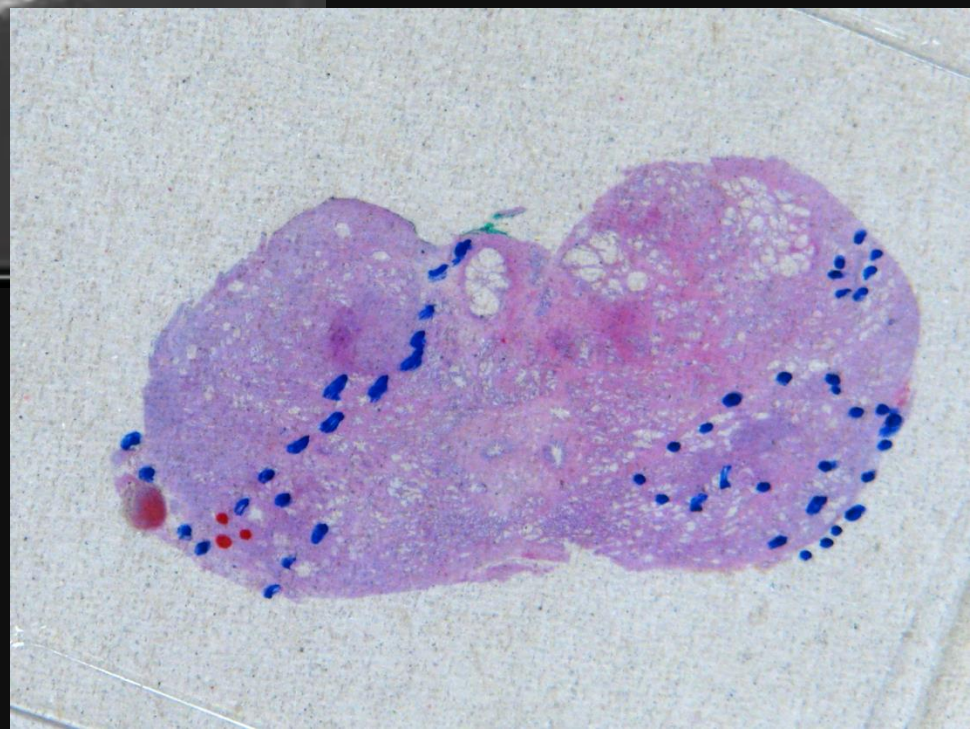
*Graph Display

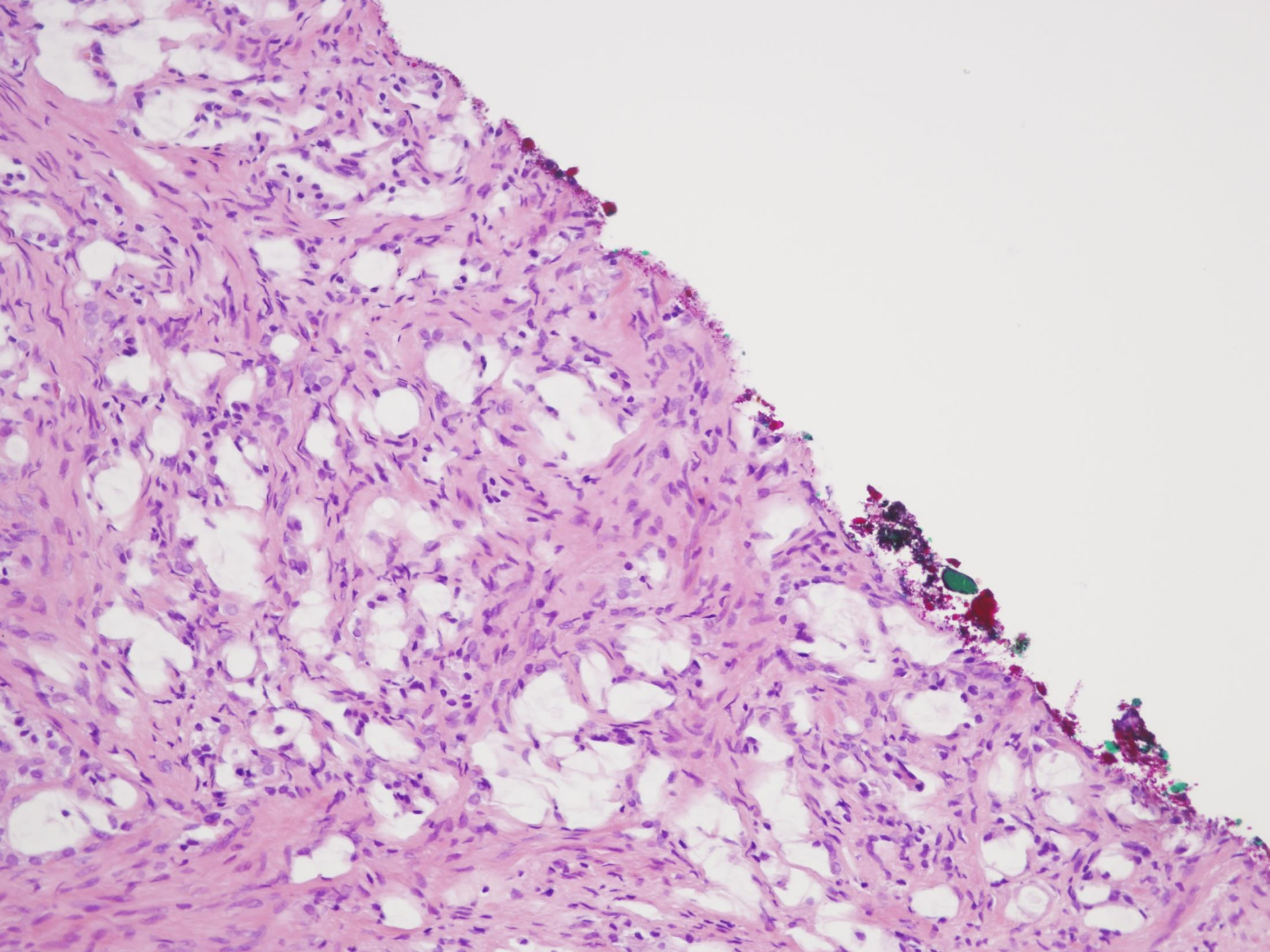


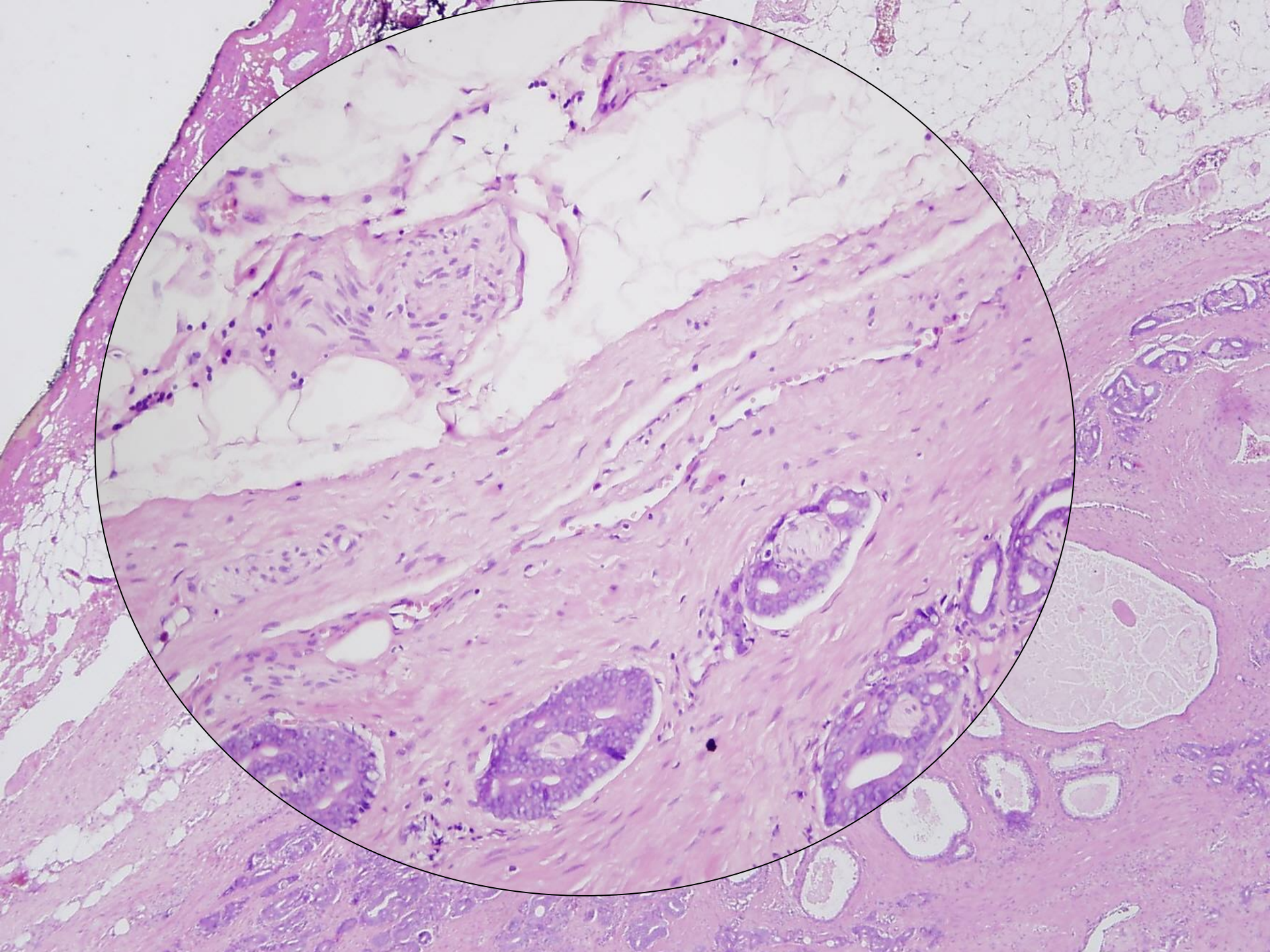
SEQ:
 VAR:
 TR:
 TE:
 FA:
 TI:
 ETL:

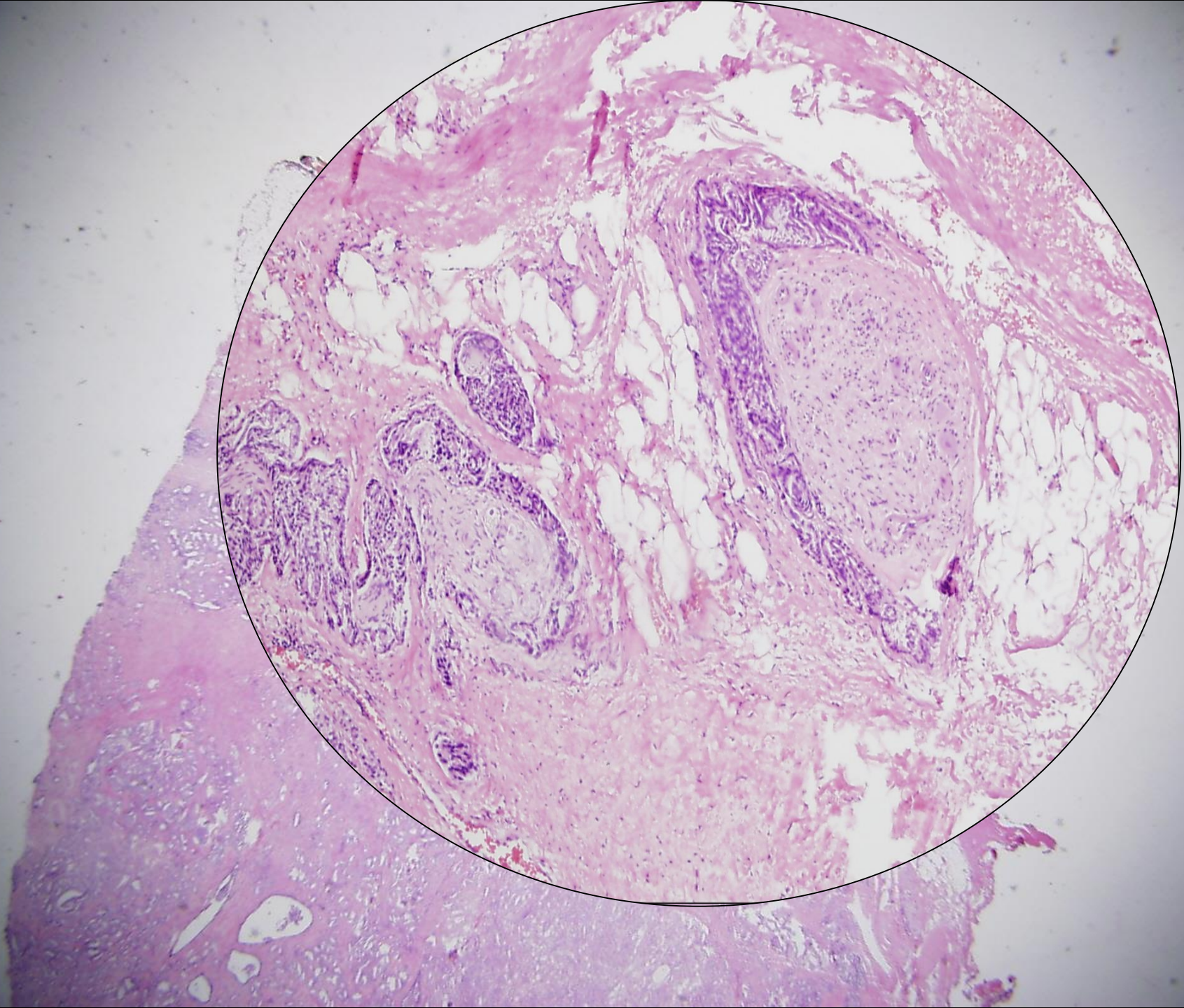


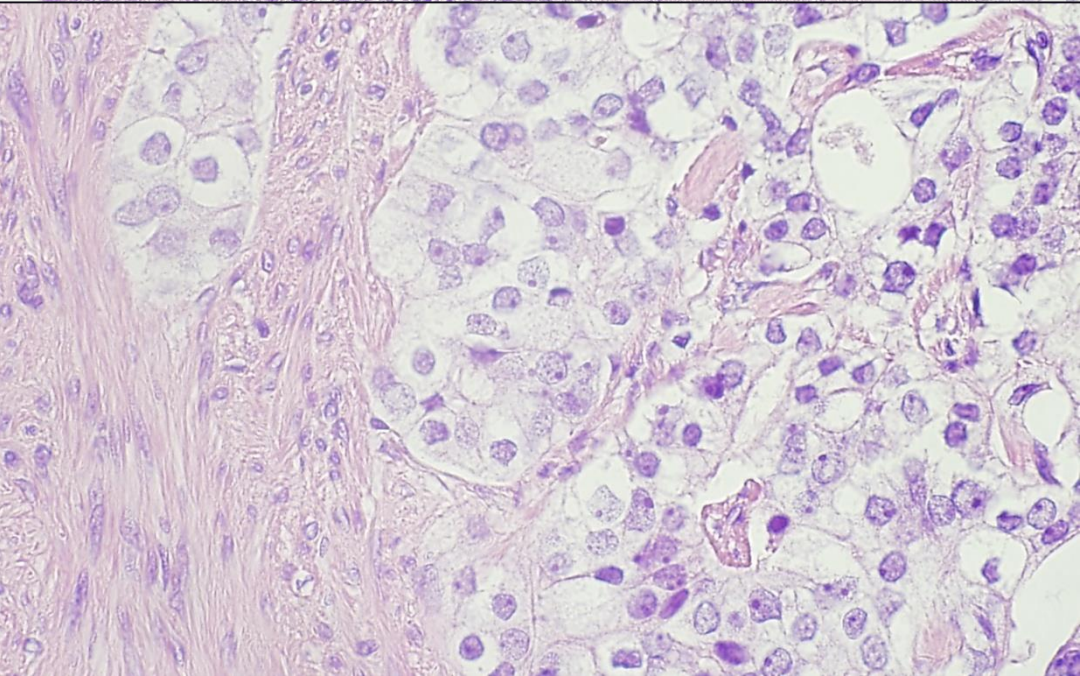
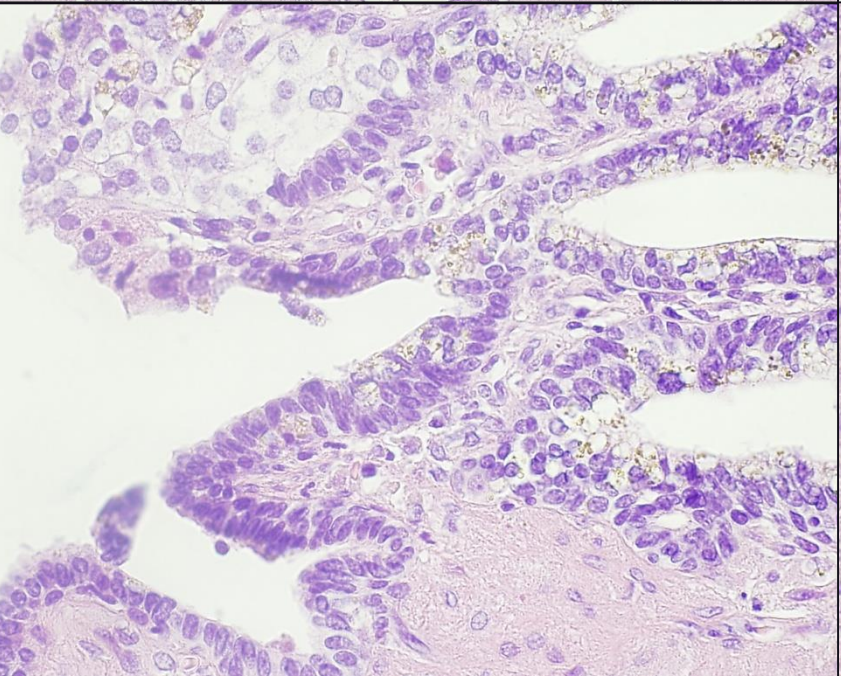
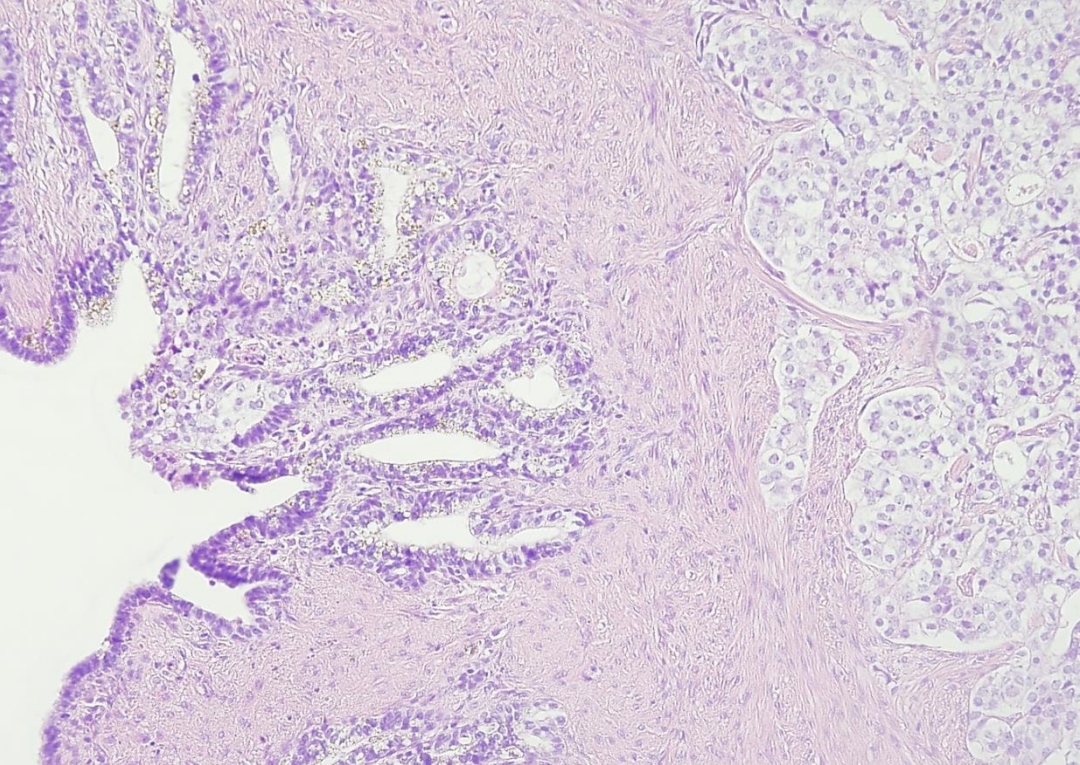
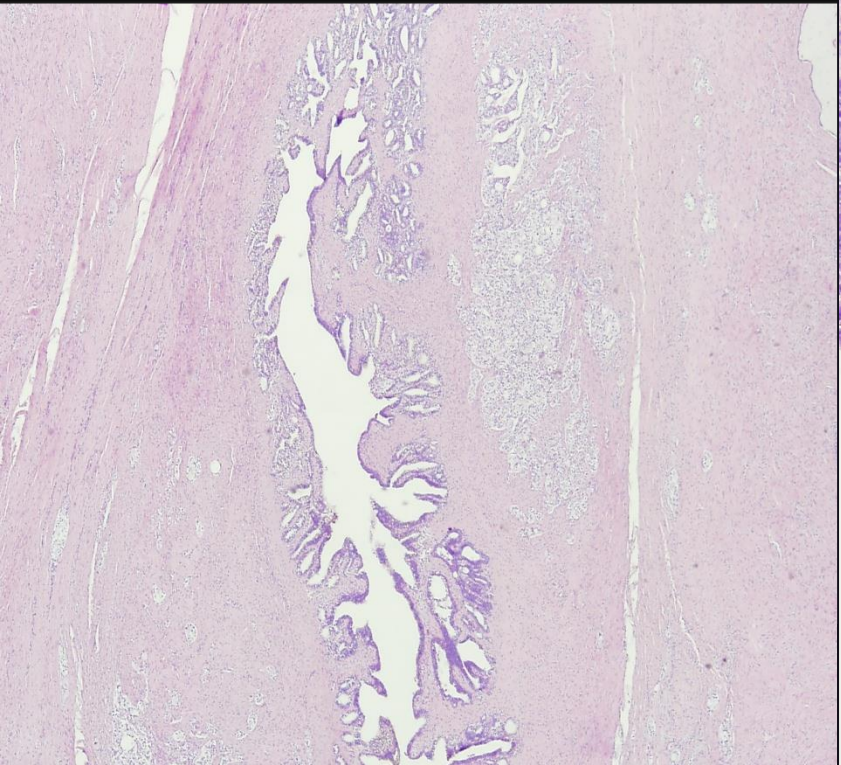
Cit area

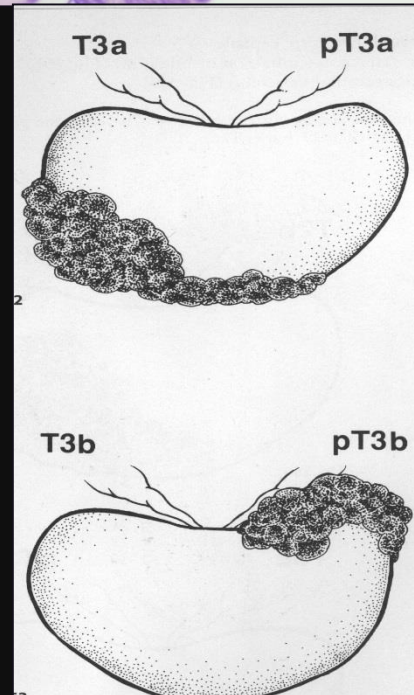
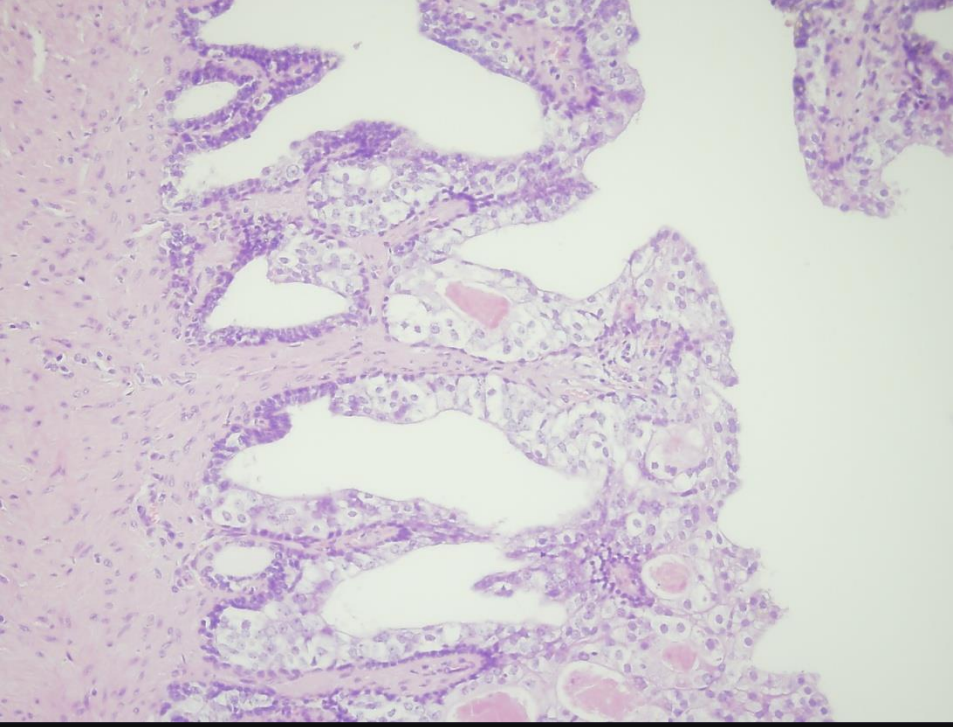
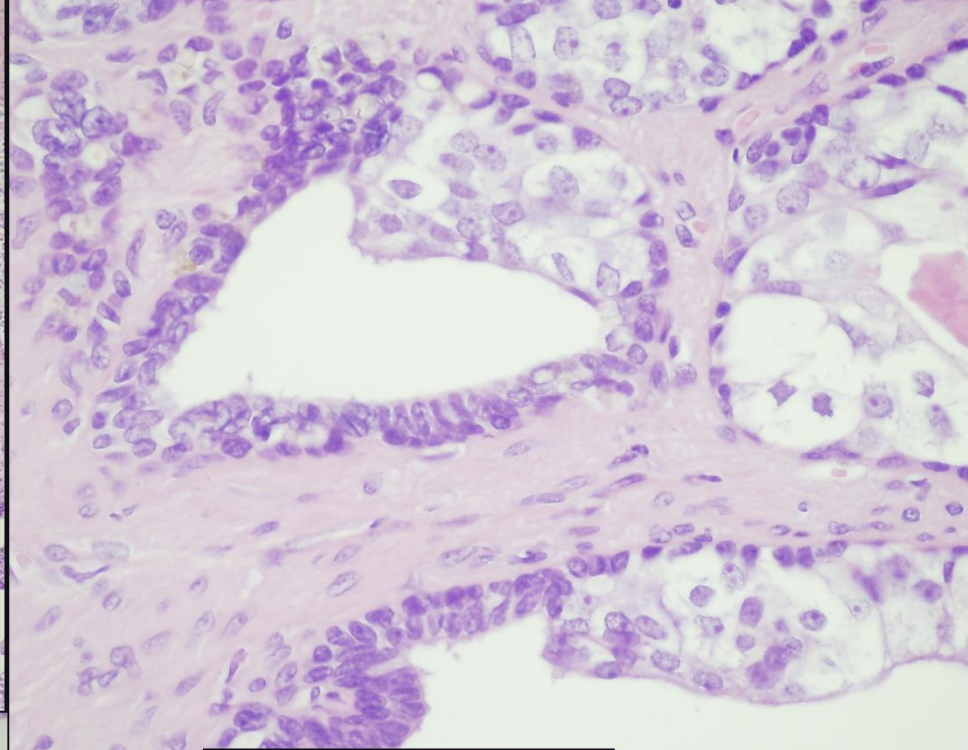
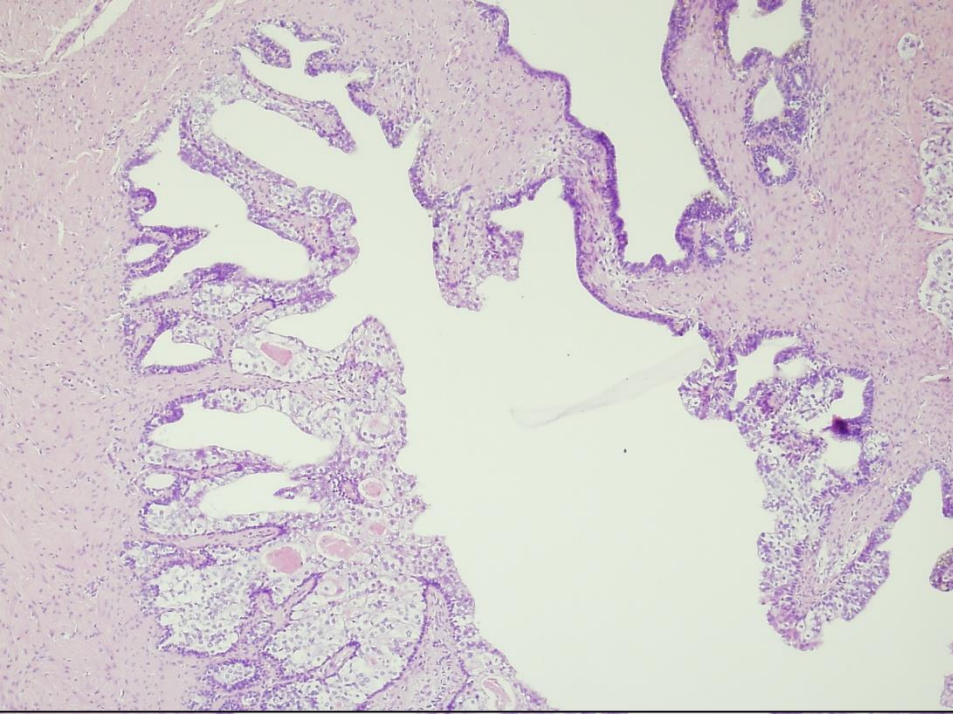










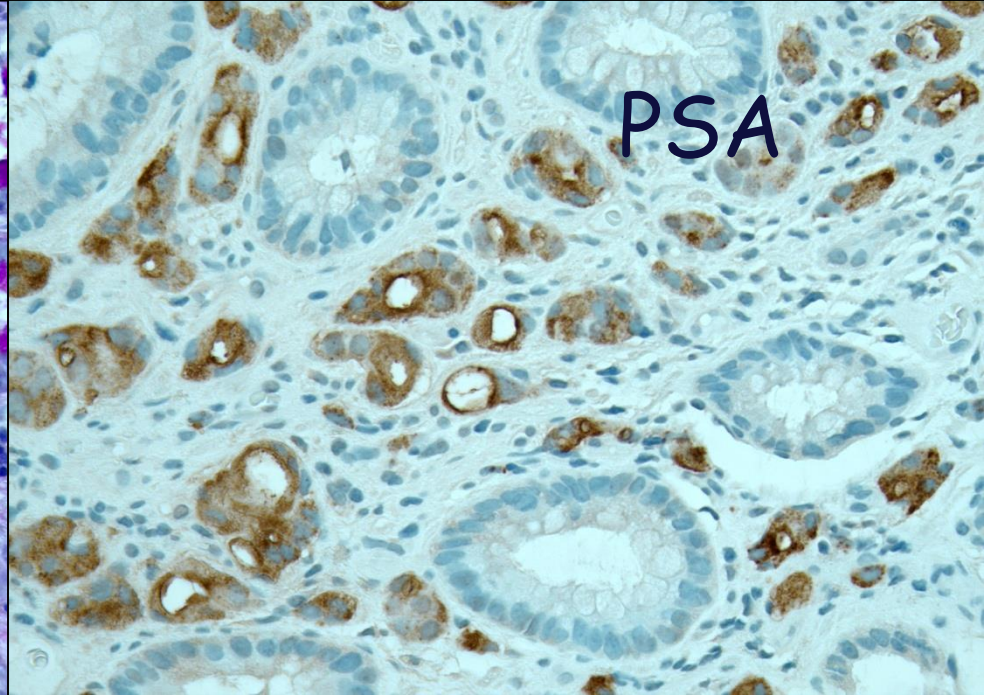
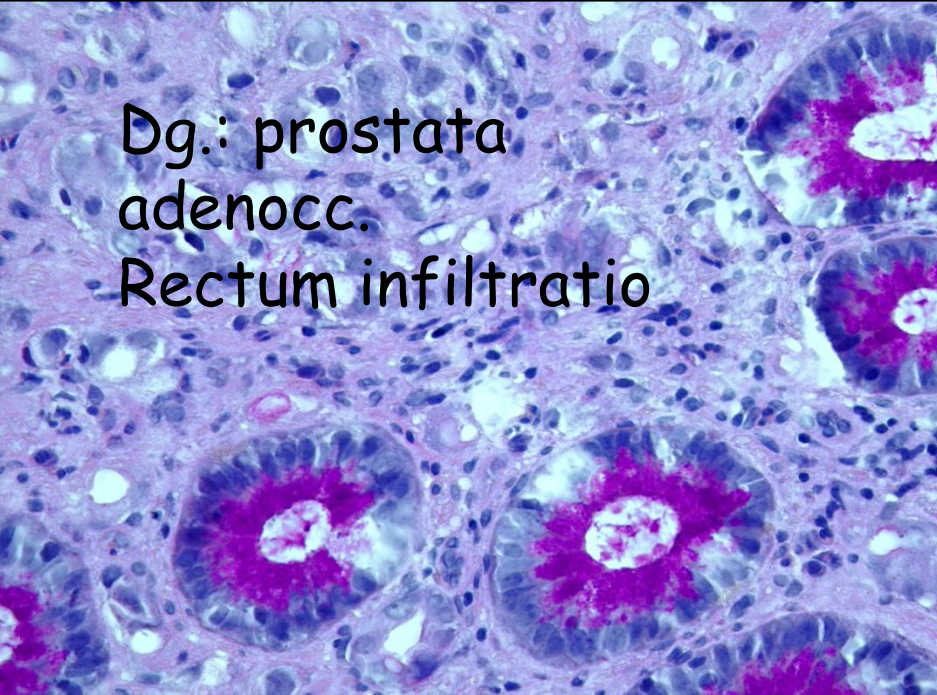
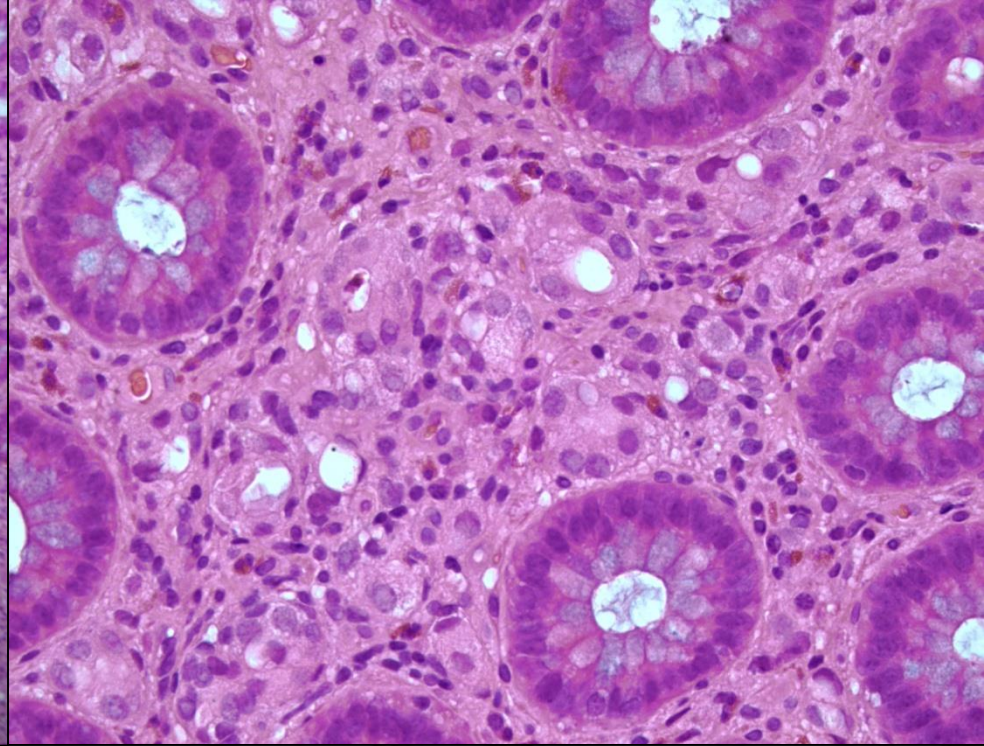
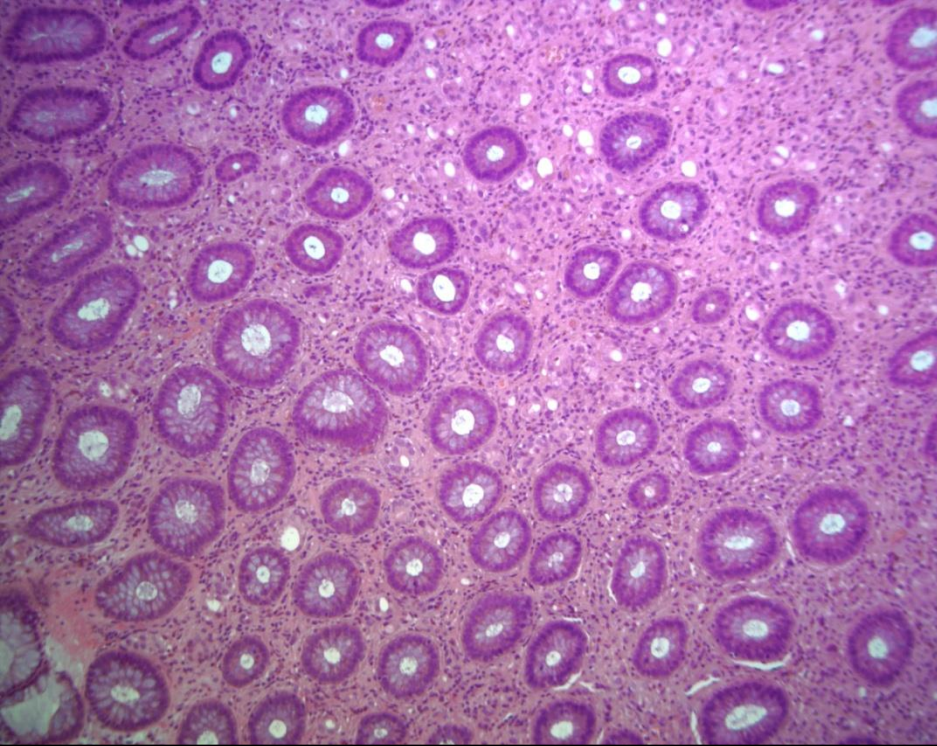


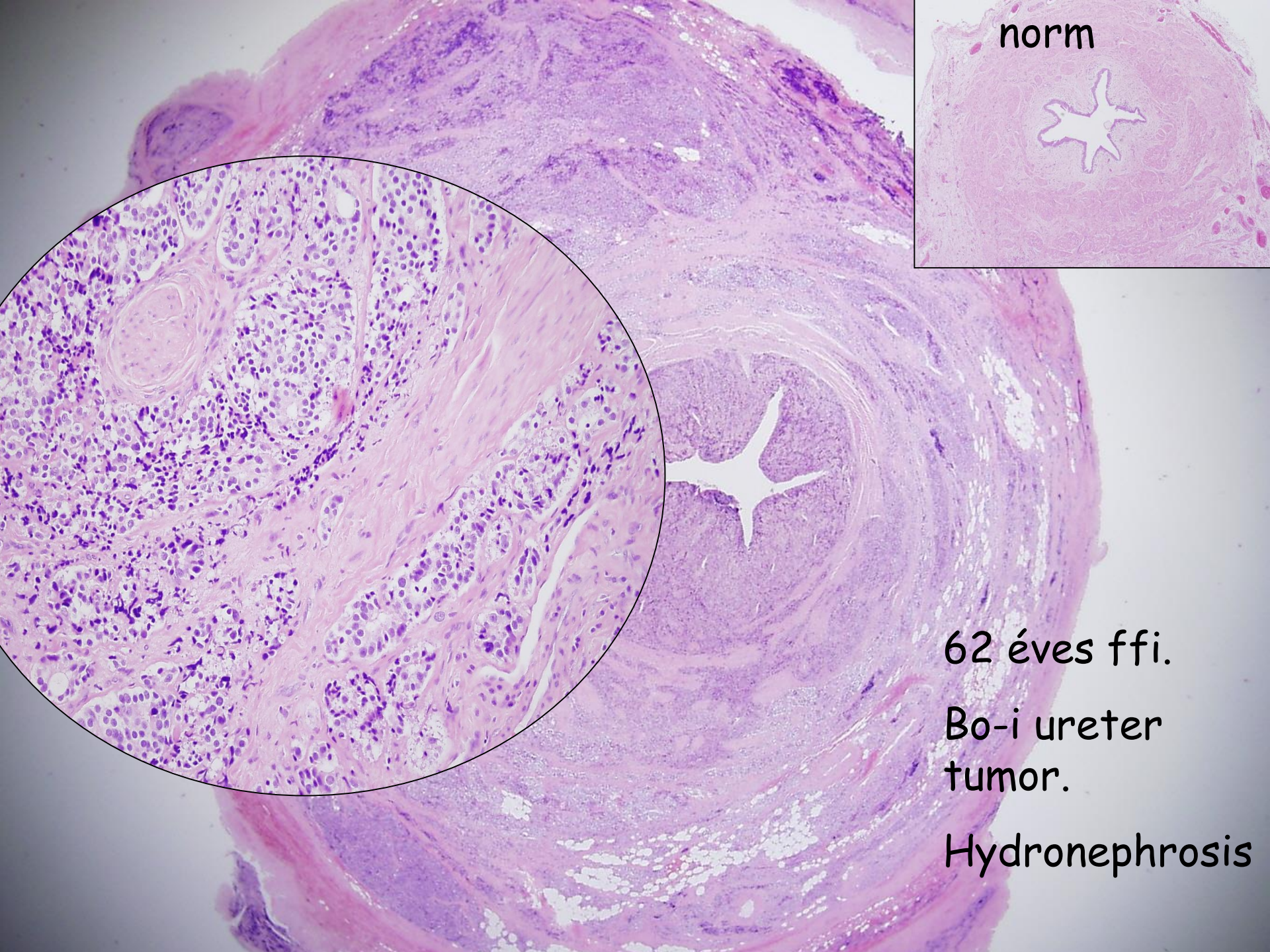
53 éves férfi

Széklethabitus változás

Rectoscopia: szűk lumen,
macroscoposan tumor nem látszik

Biopszia



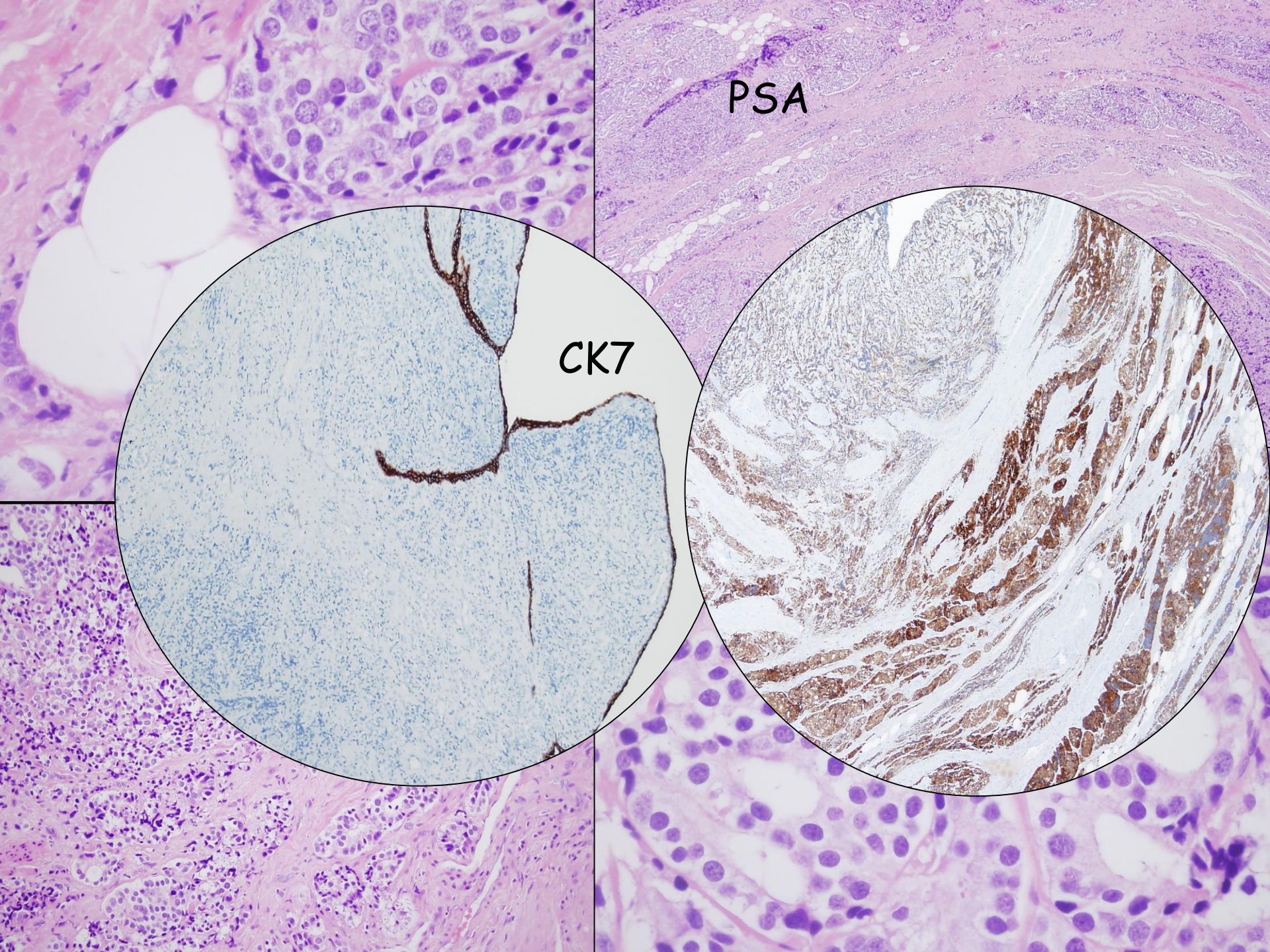


norm

62 éves ffi.

Bo-i ureter
tumor.

Hydronephrosis



PSA

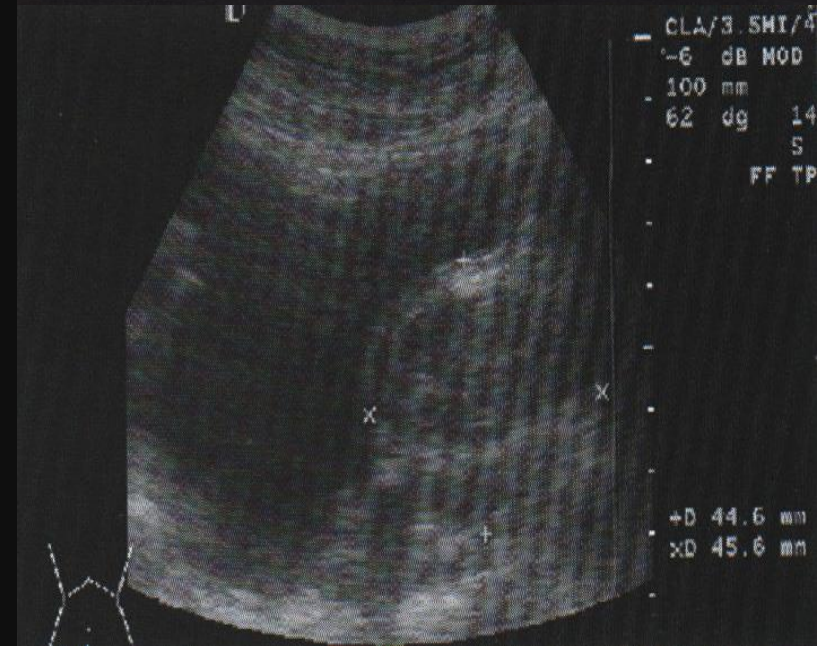
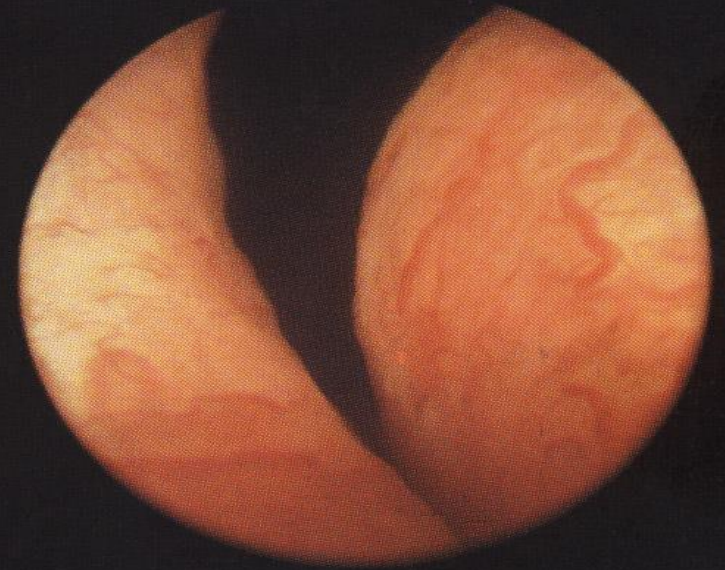
CK7

69 éves férfi

Vizelési zavarok

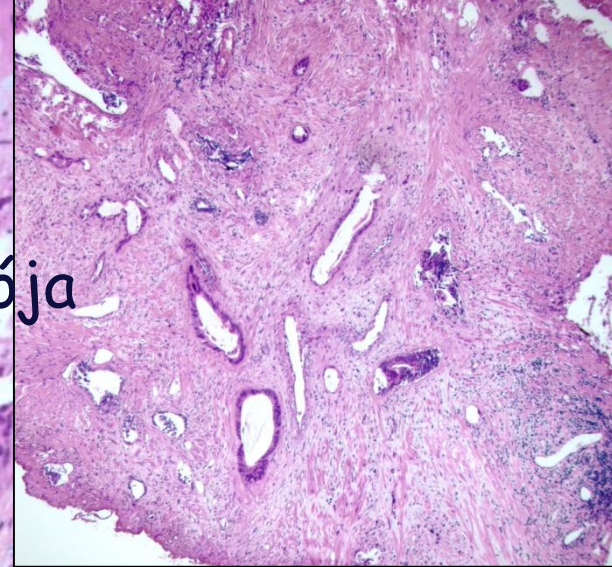
Nagy, göbös prosztata

TUR



Dg.: Adenocarcinoma prostata infiltrációja

A beteg 2 évvel korábban
sigmatumor miatti bélresection
esett át



51 éves férfi

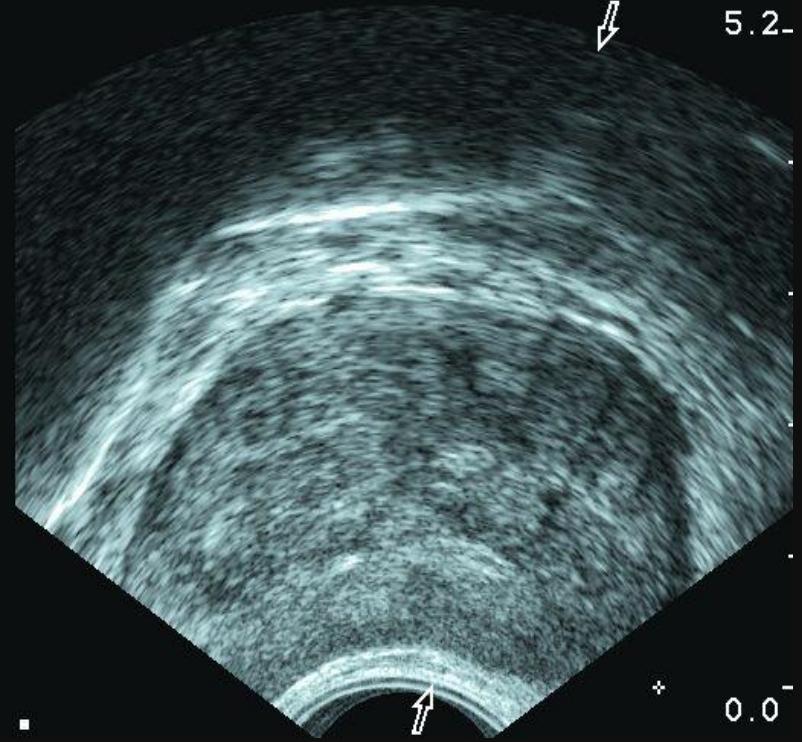
Vizeletretenció

Nagyobb,
rugalmasan
tömött, helyenként
felpuhult prostata

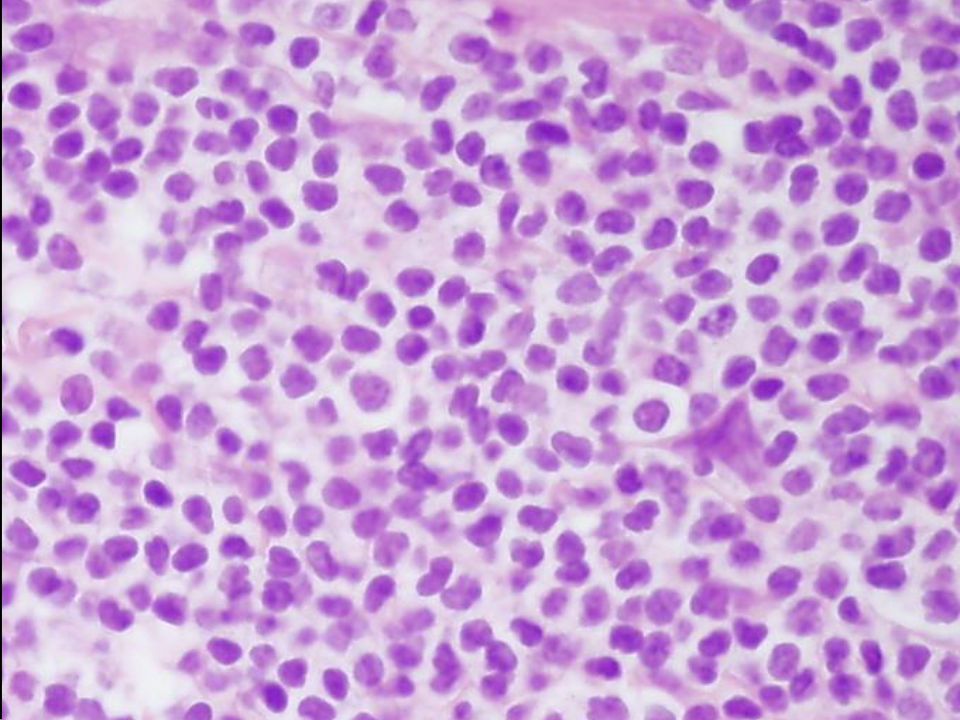
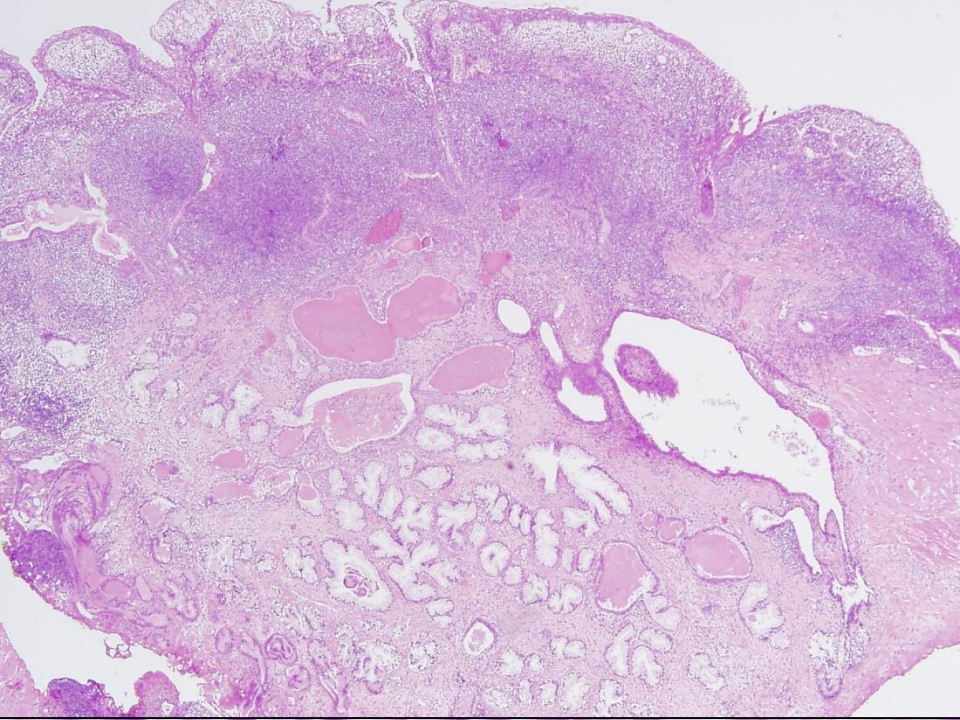
Hpl.? Gyull.? Tu.?

MI: 0.5
FR: 9
G: 45%
Prs: 1

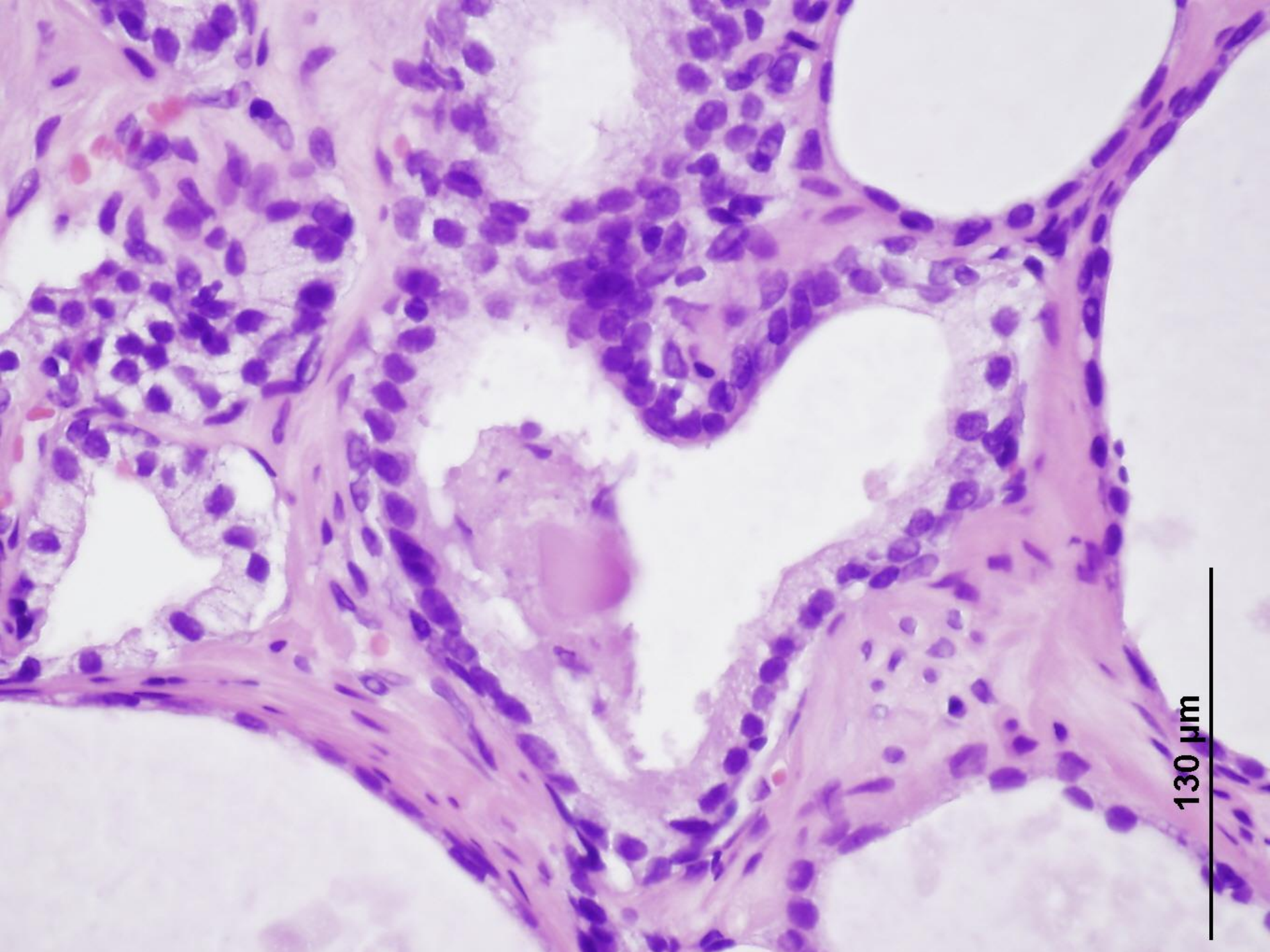
2000-04-25 8551/T *
□ 10:21:24 10.0MHz
5.2-



B-K Medical



Dg.: Lymphoma malignum infiltráció
prostatában



130 μm

A here betegségei



Agenesis

Intersex állapotok

Descensio zavarai

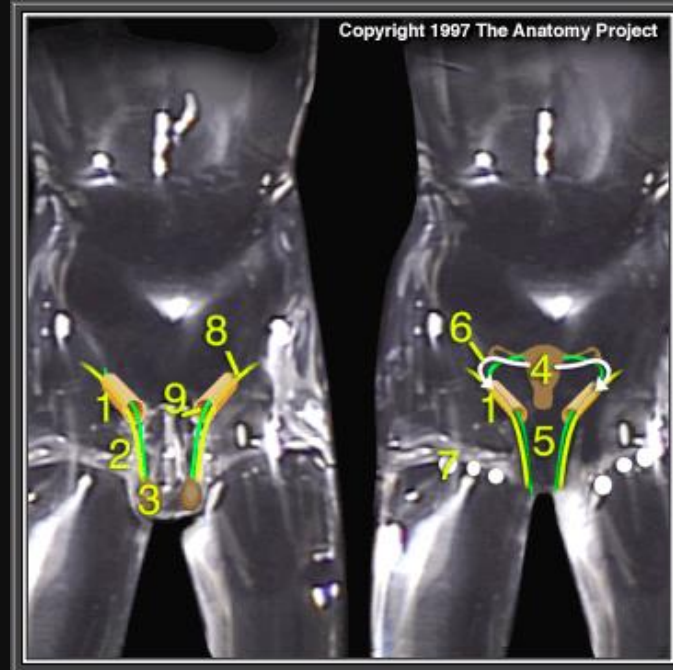
Hydrocele

Torsio

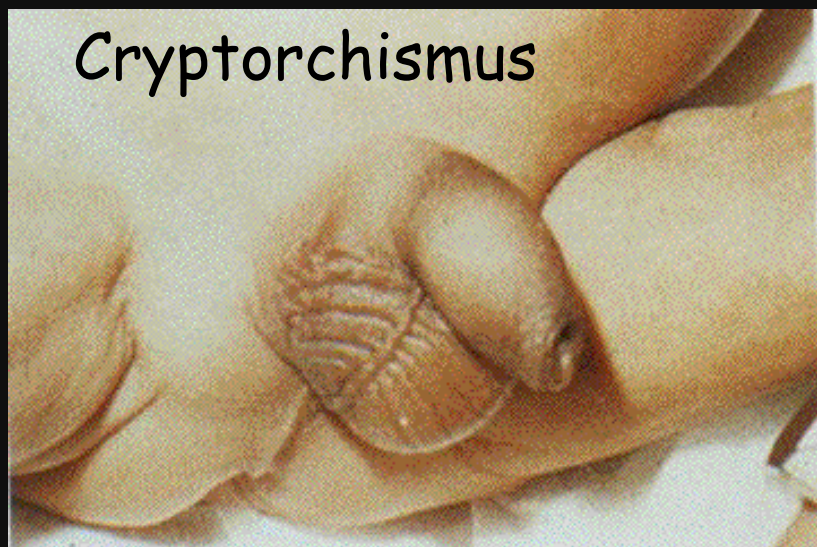
Gyulladás

Fertilitási zavarok

Tumor



Jelentősége!



A tunica vaginalis betegségei

Hydrocele

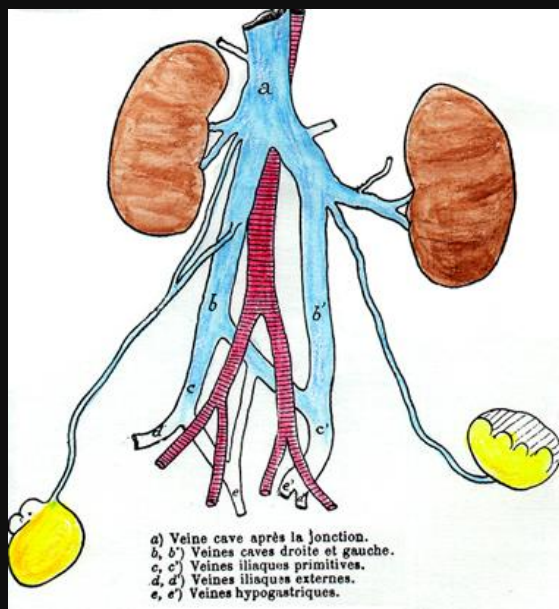
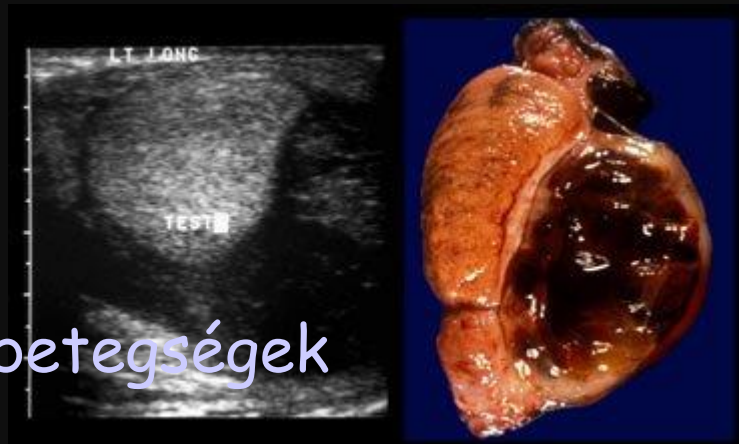
Haematocele

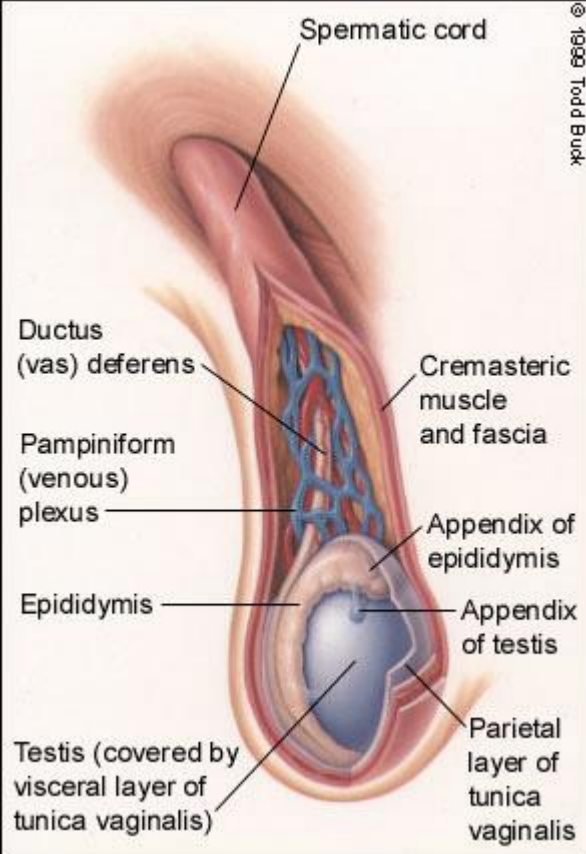
Trauma, torzió, haematológiai betegségek

Chylocele

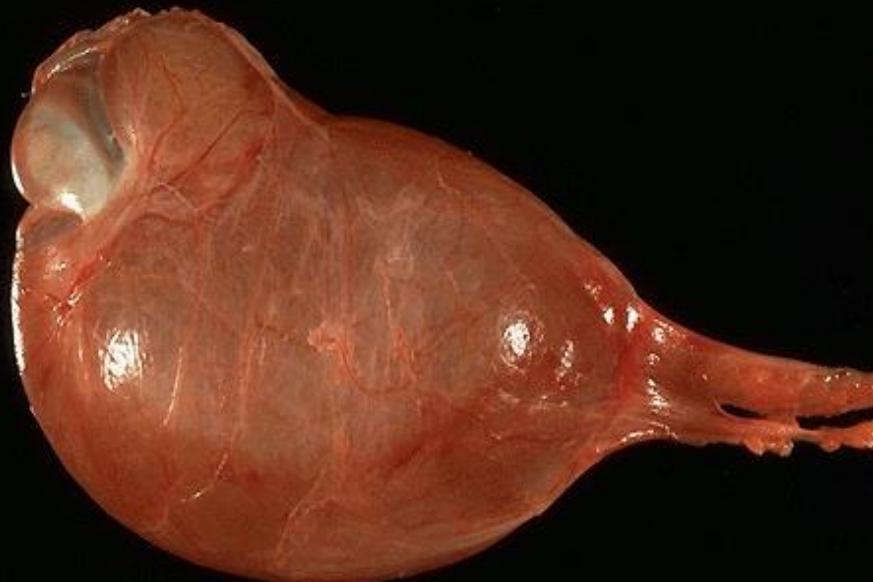
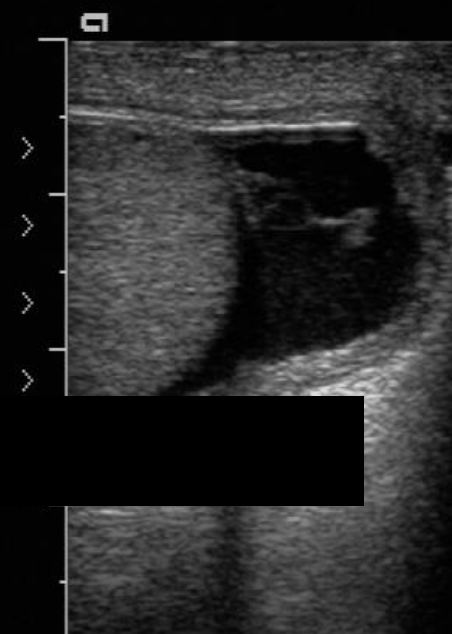
Elephantiasishoz társul

Varicocele





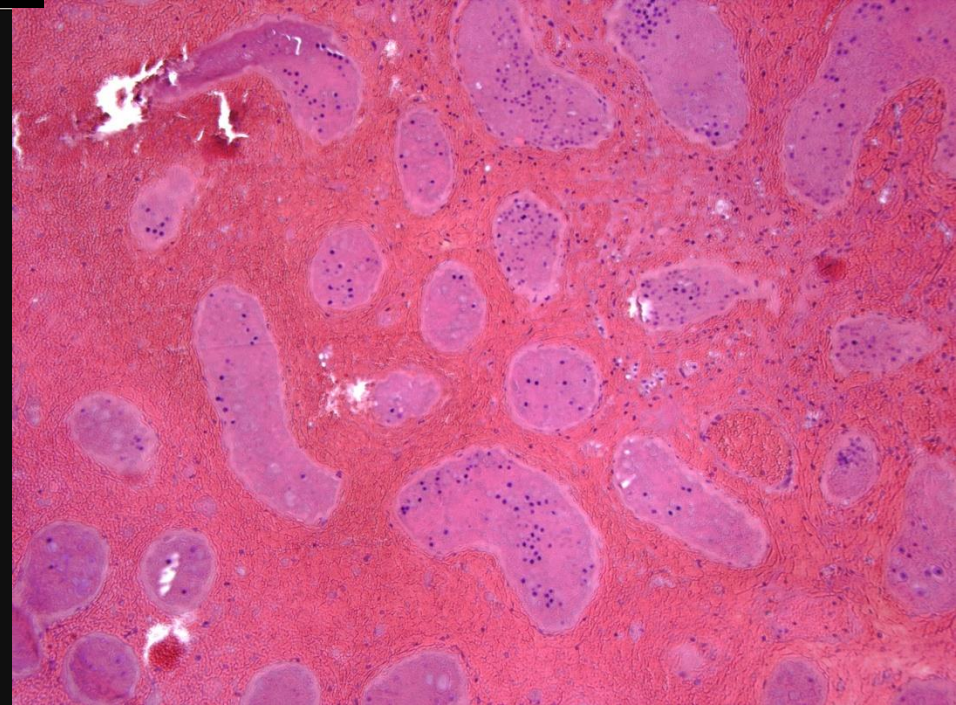
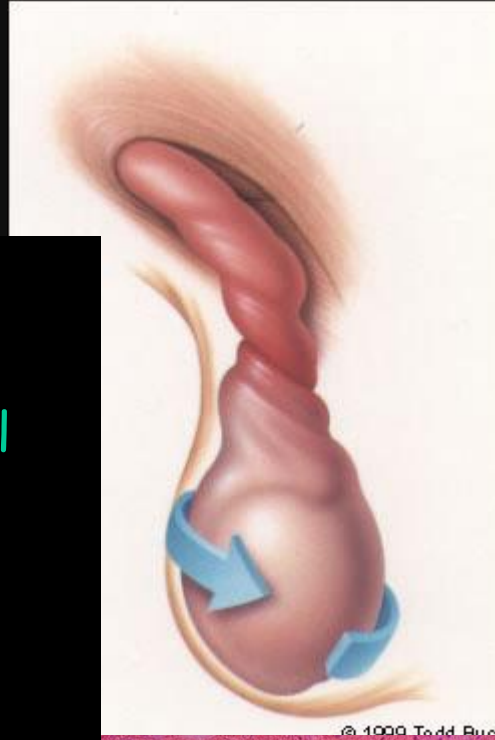
Hydrocele



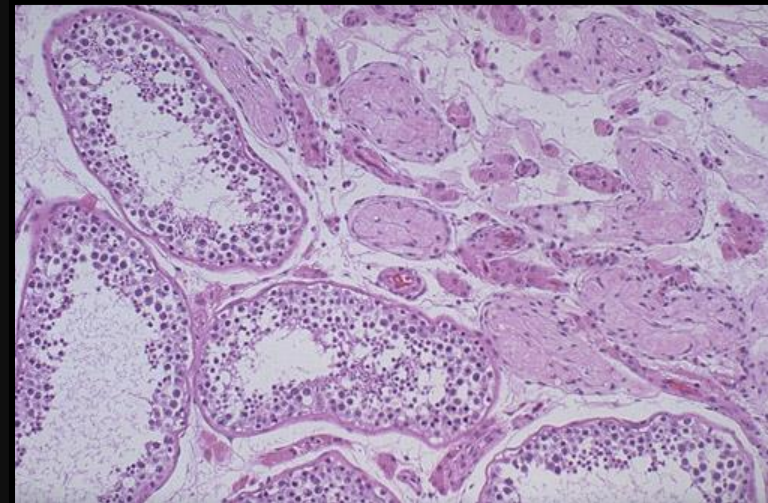
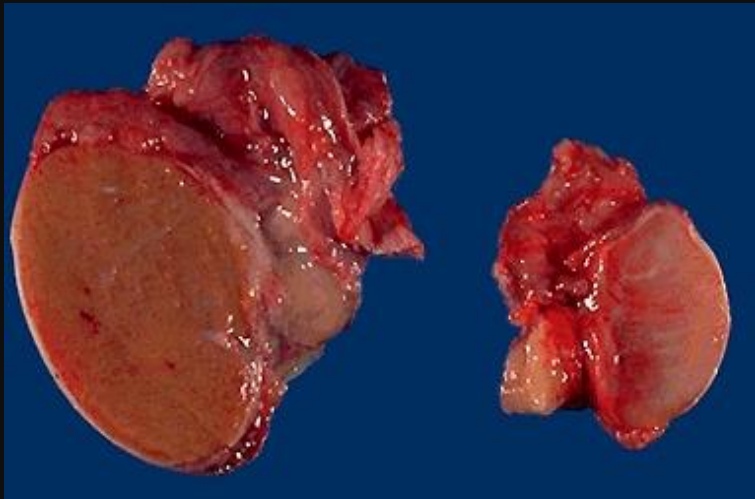
Torsio, infarctus

Újszülöttkori (nem társul
anatómiai eltéréssel)

Időskori (bell-clapper
abnormality)

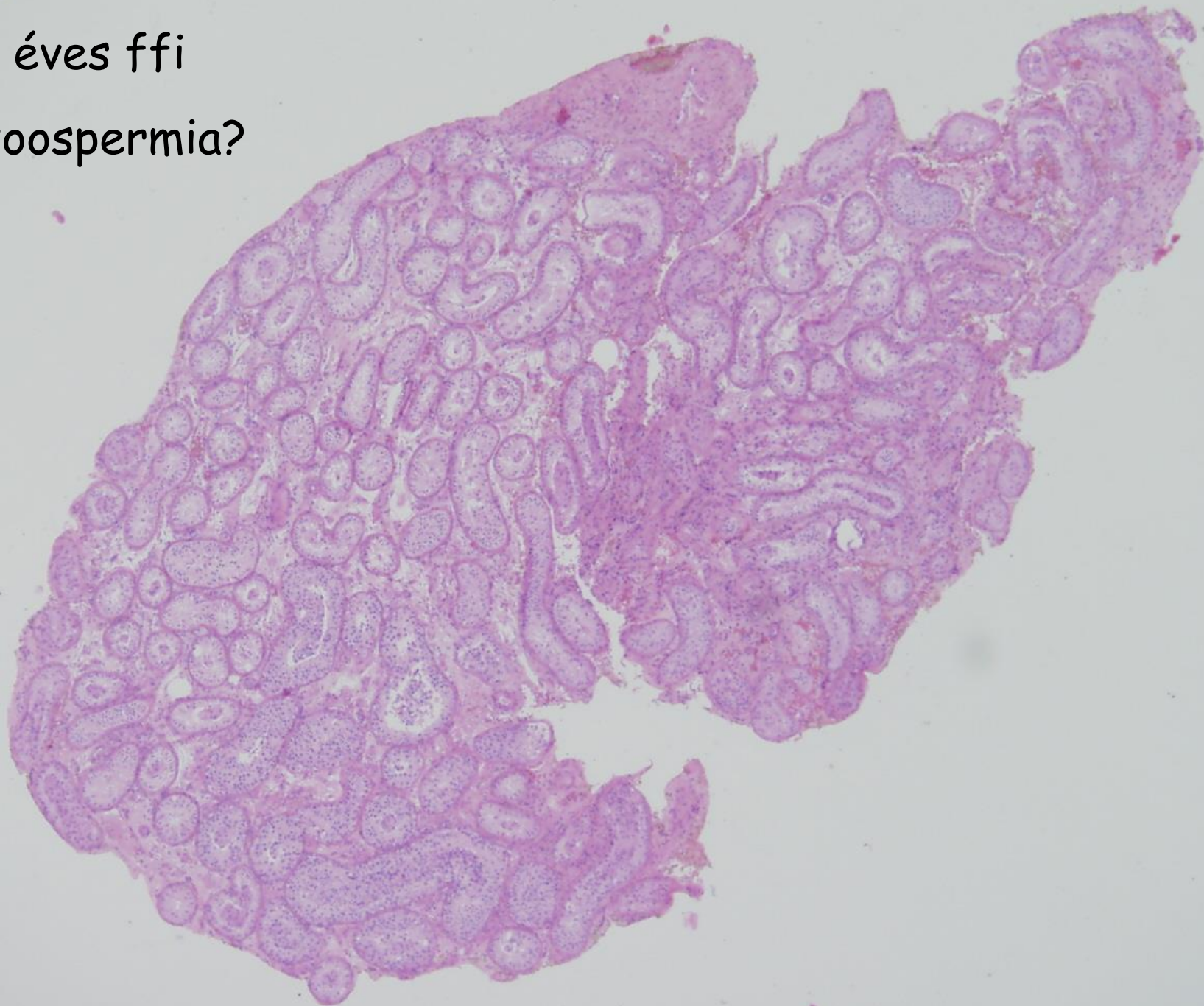


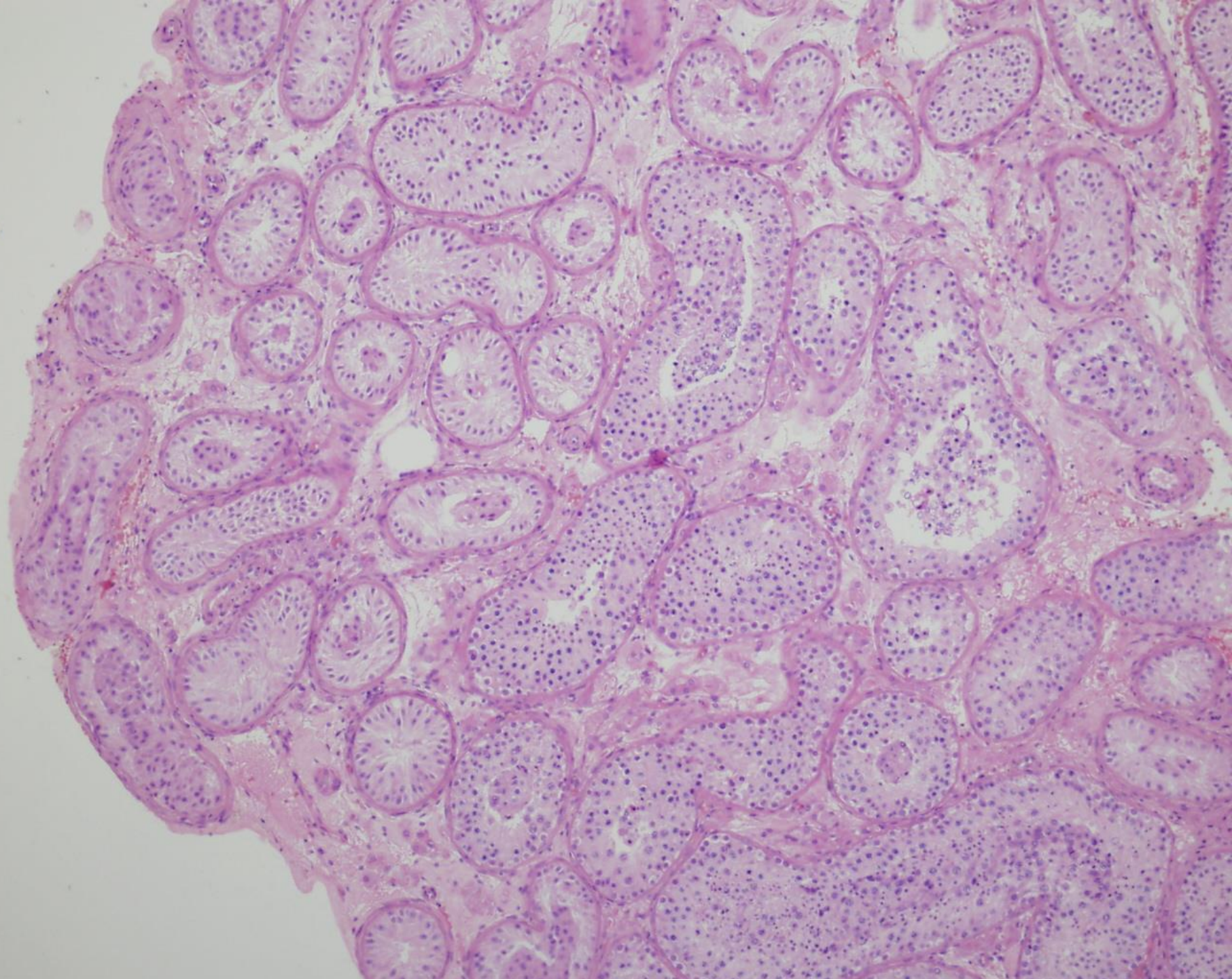
Atrófia

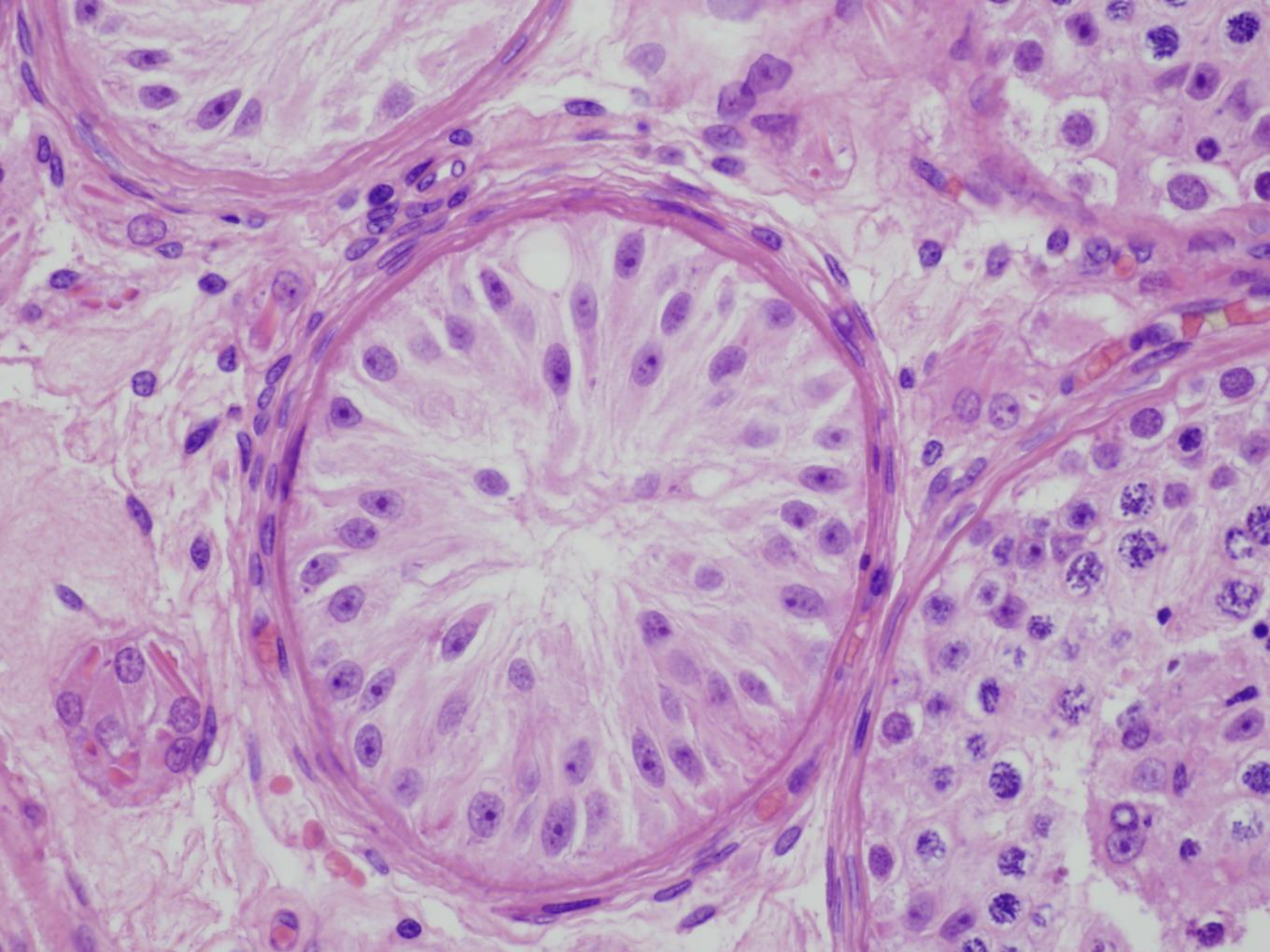


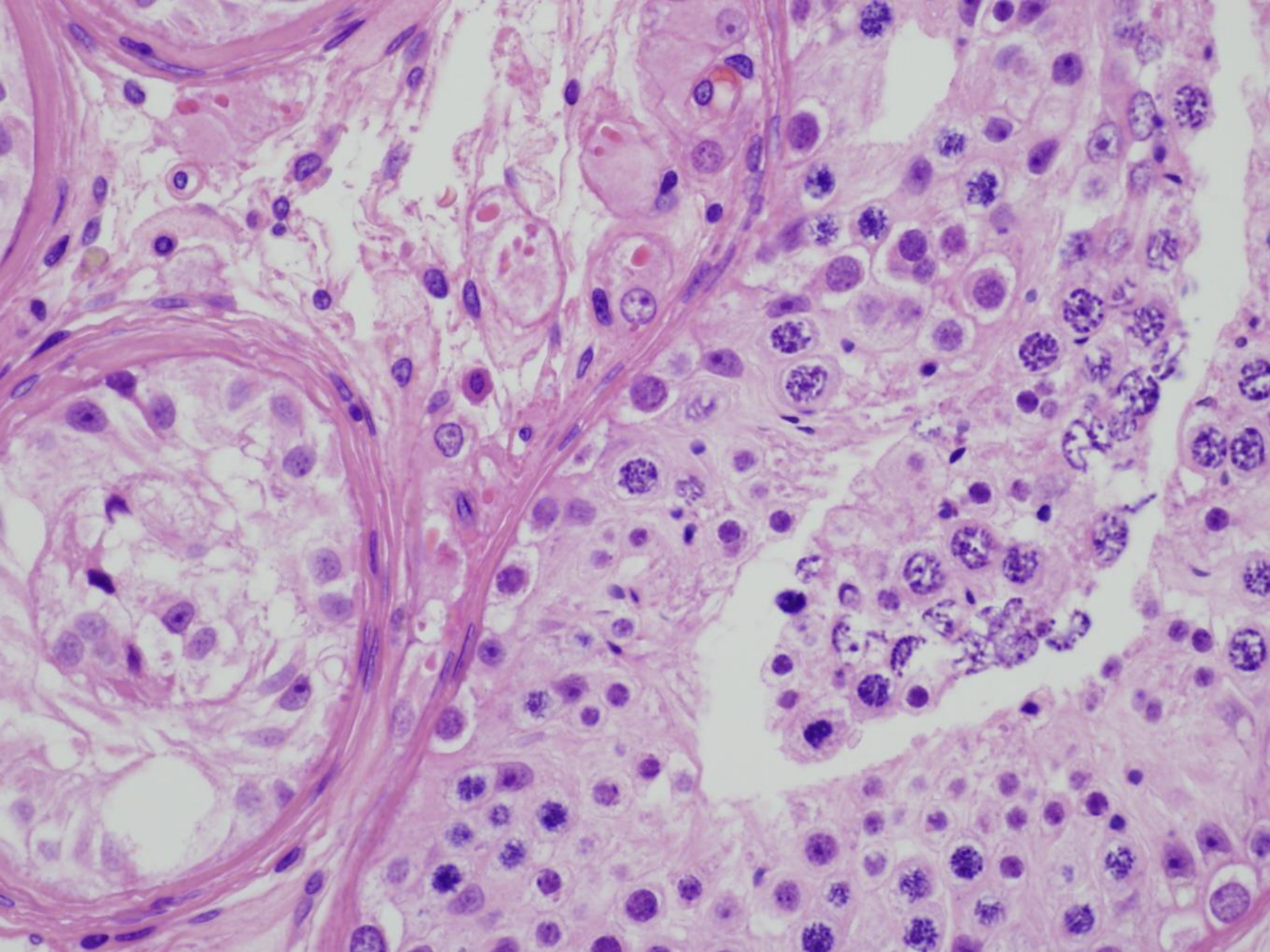
37 éves ffi

Azoospermia?









Orchitisek

Nem specifikus orchitis

Chlamydia, Neisseria Gonorrhoeae

E. Coli, Pseudomonas

Mumps

Granulomatosus

Csak a tubulusokban vannak granulomák, diffúz,
ok: autoimmun?? Diff.dg.: TBC

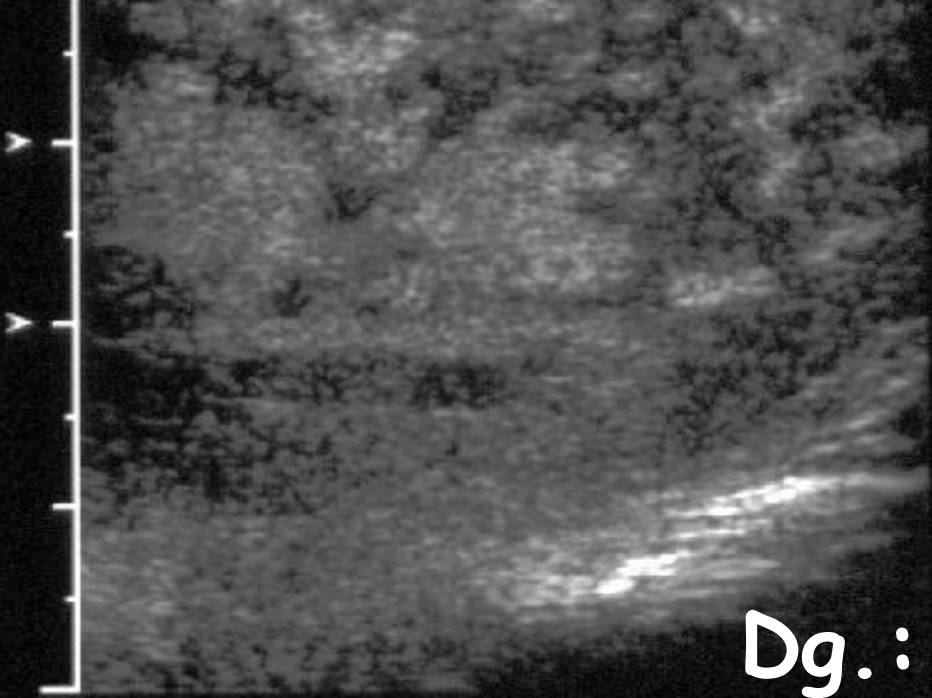
Specifikus

TBC mhere, > here

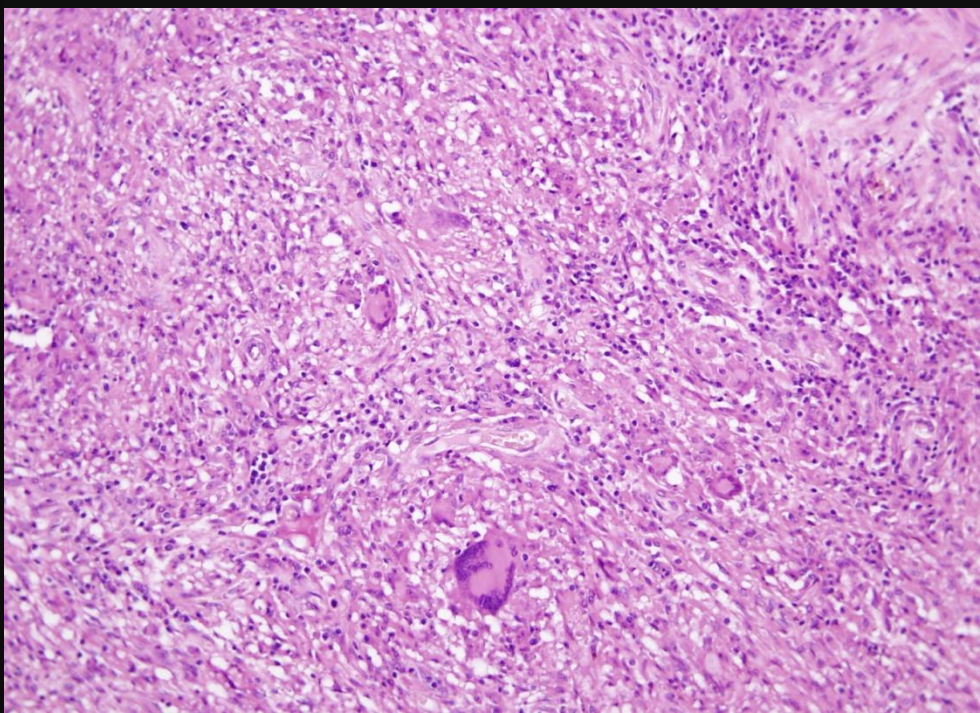
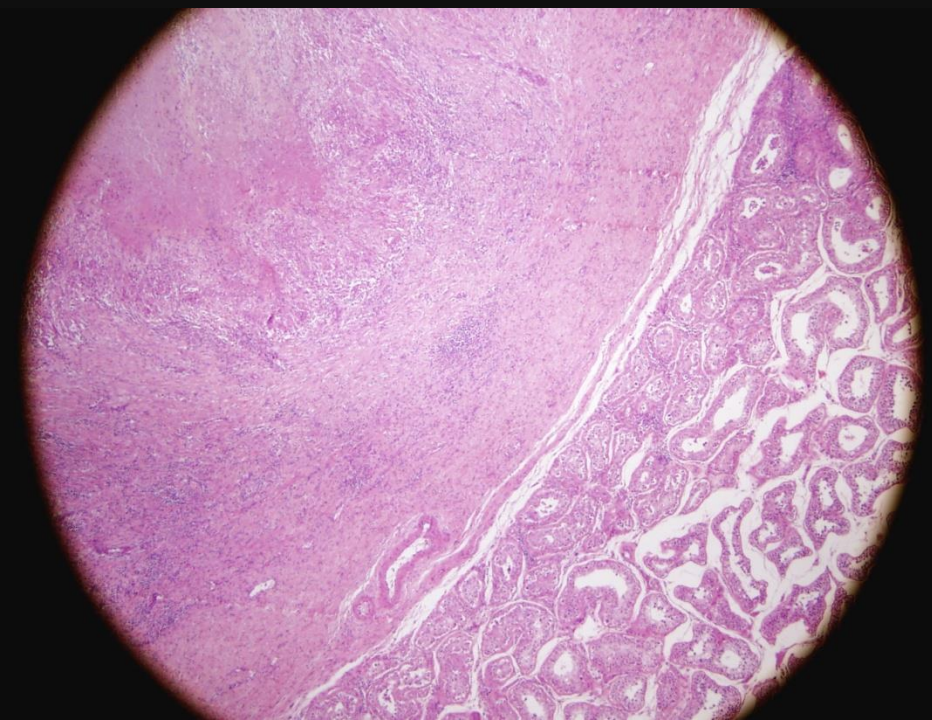
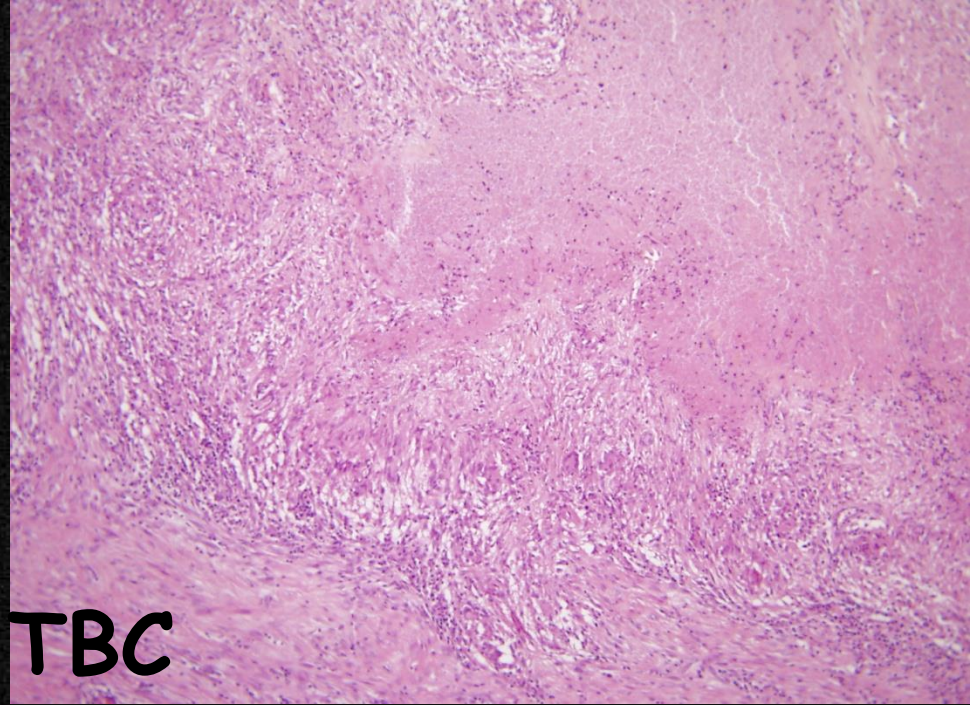
Syphilis

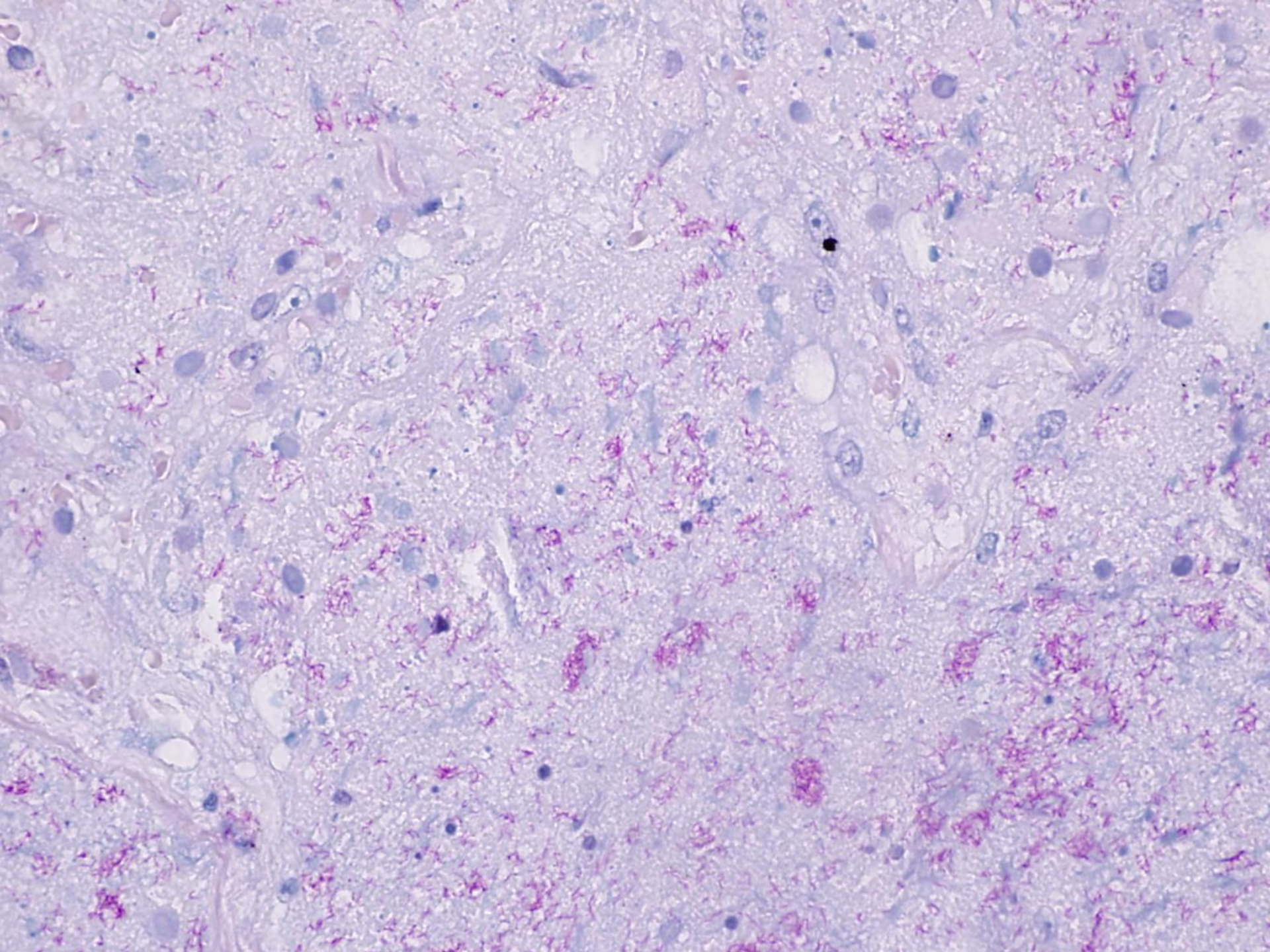
47 éves férfi

Nem gyógyuló, abscedáló orchitis
miatti orchiectomia



Dg. : TBC





Heredaganatok

Csírasejtes

Sex cord / Stroma (Sertoli / Leydig sejtes)

Egyéb

Heredaganatok (csírasejtes)

Előfordulás: bármely életkor, csúcs
15-35 év között

Hajlamosító tényezők:

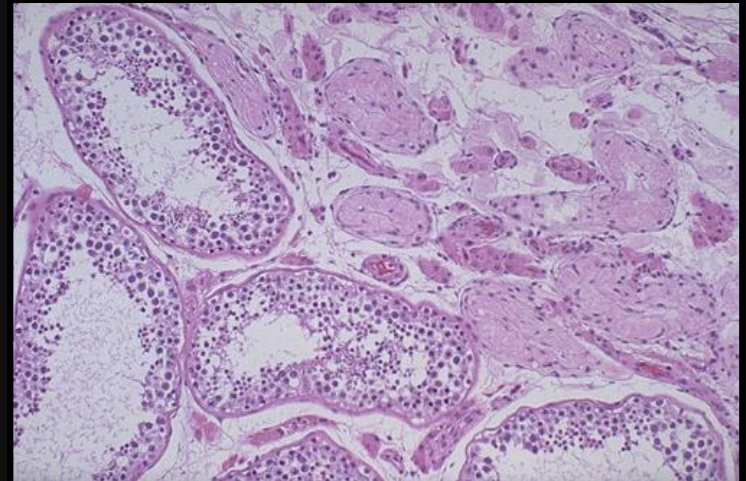
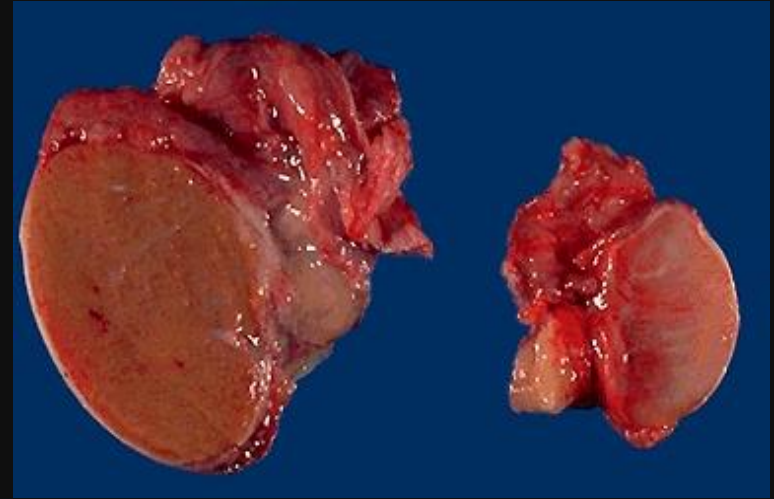
Genetika - családi halmozódás
(i12p)

DAD-R - apoptosis gátló

Testiculáris dysgenesis (Test.
fem., Klinefelter)

Cryptorchismus

Kezelés: tumortípus, stádiumfüggő
- chemotherápia



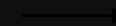
A gonádok csírasejtes tumorai

Totipotens csírasejt



Seminoma

Non-Seminoma



Embryonalis carcinoma

Extraembryonális
diff.

Intraembryonális
Diff.

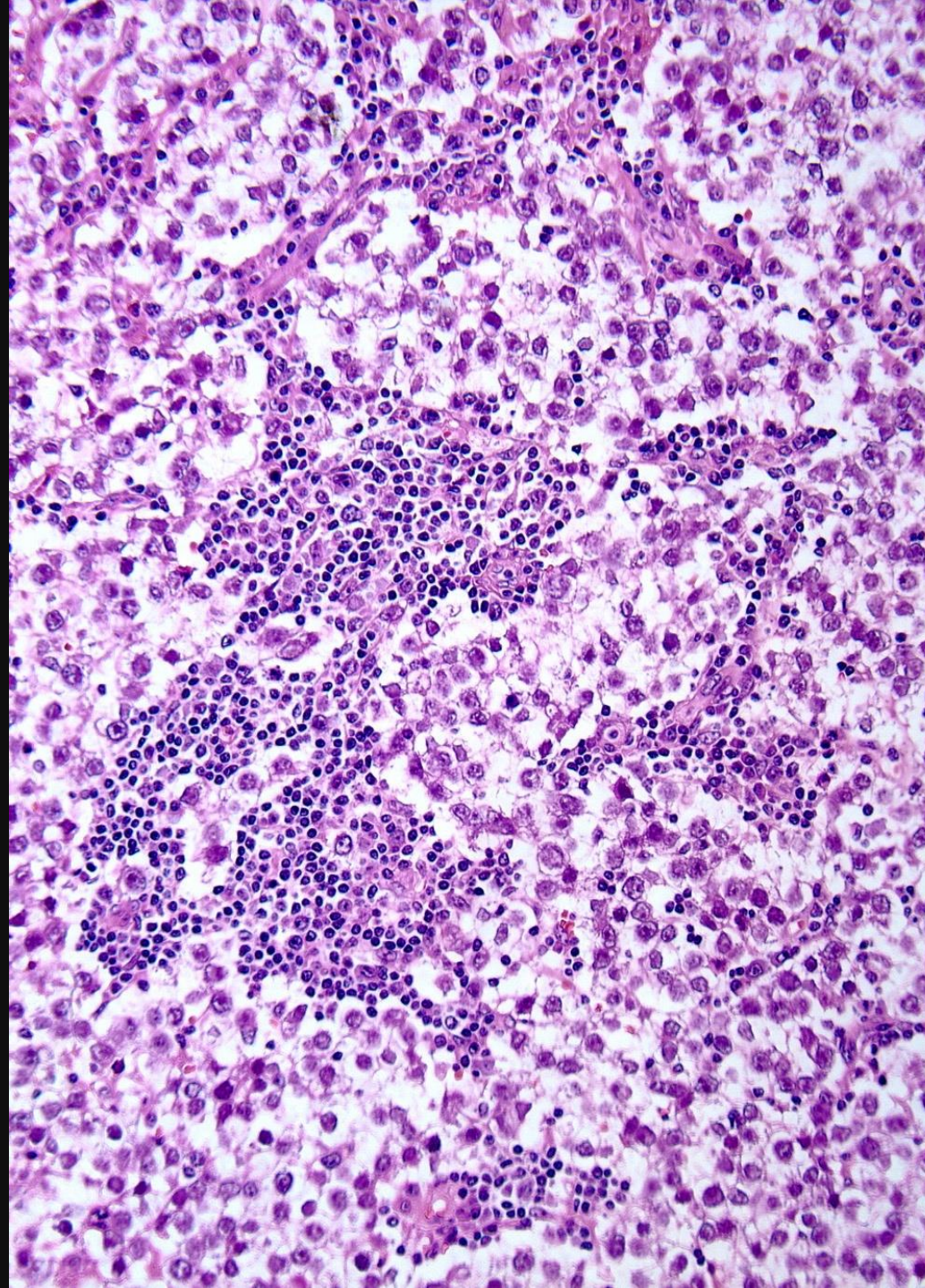
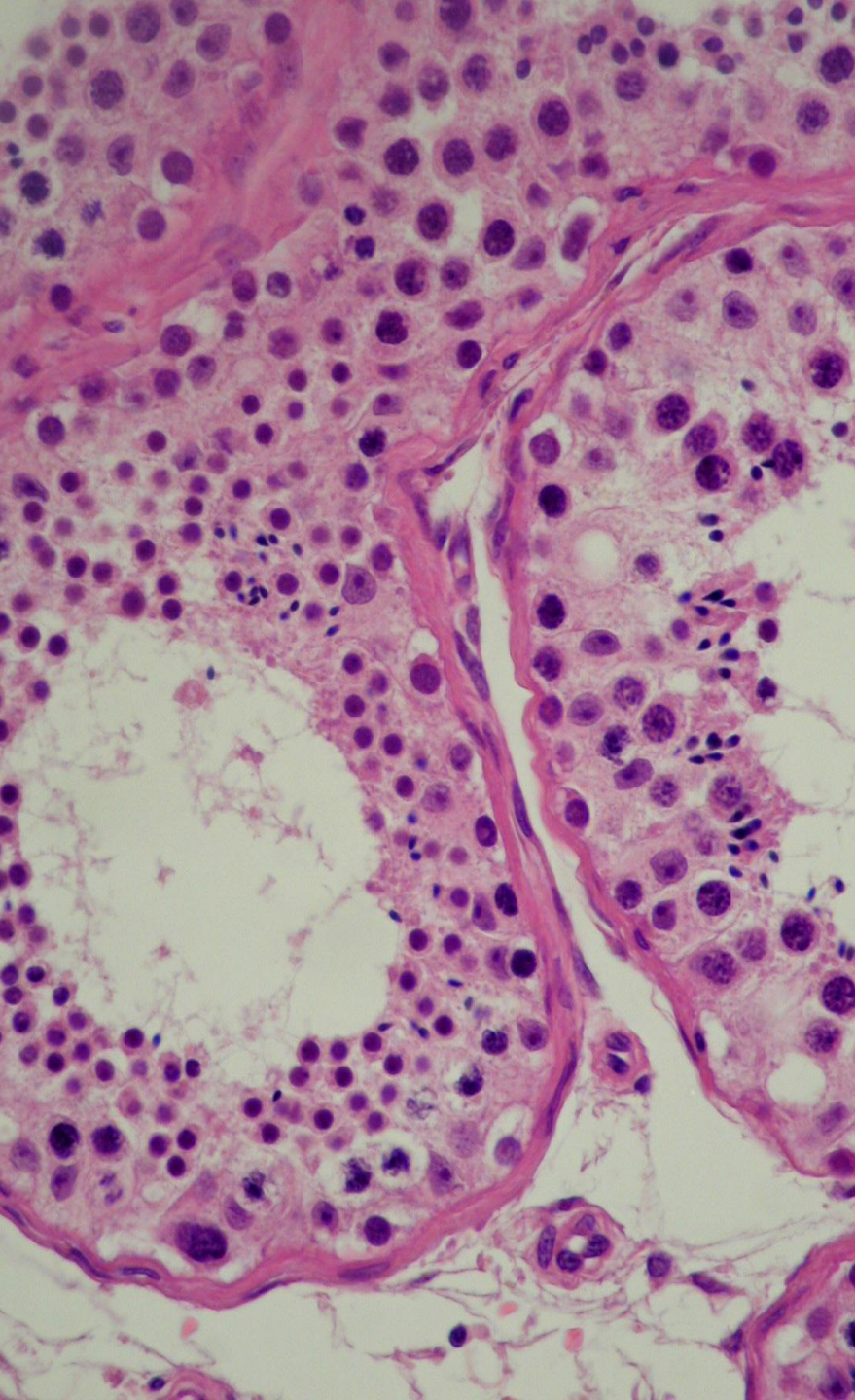
Choriocarcinoma

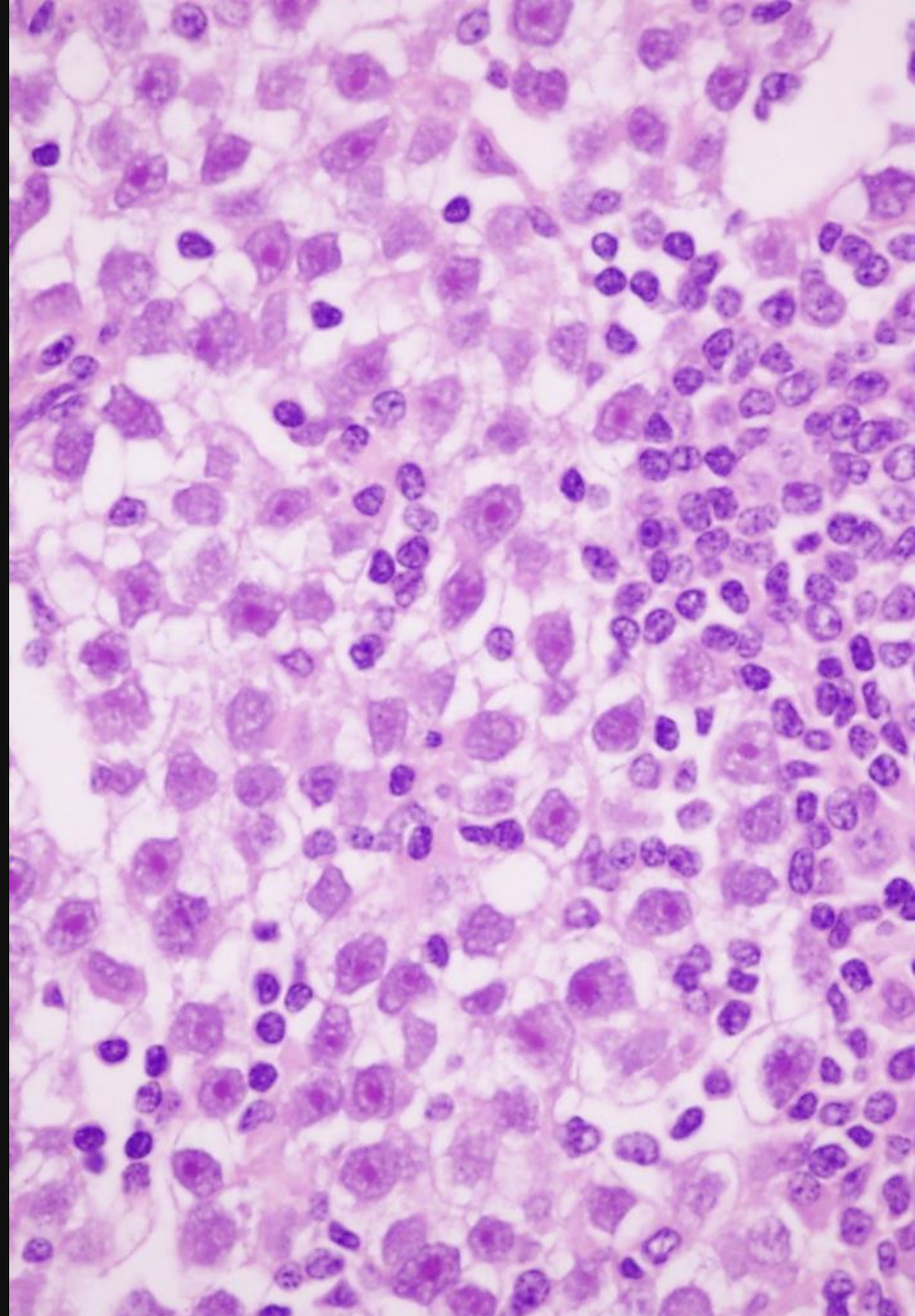
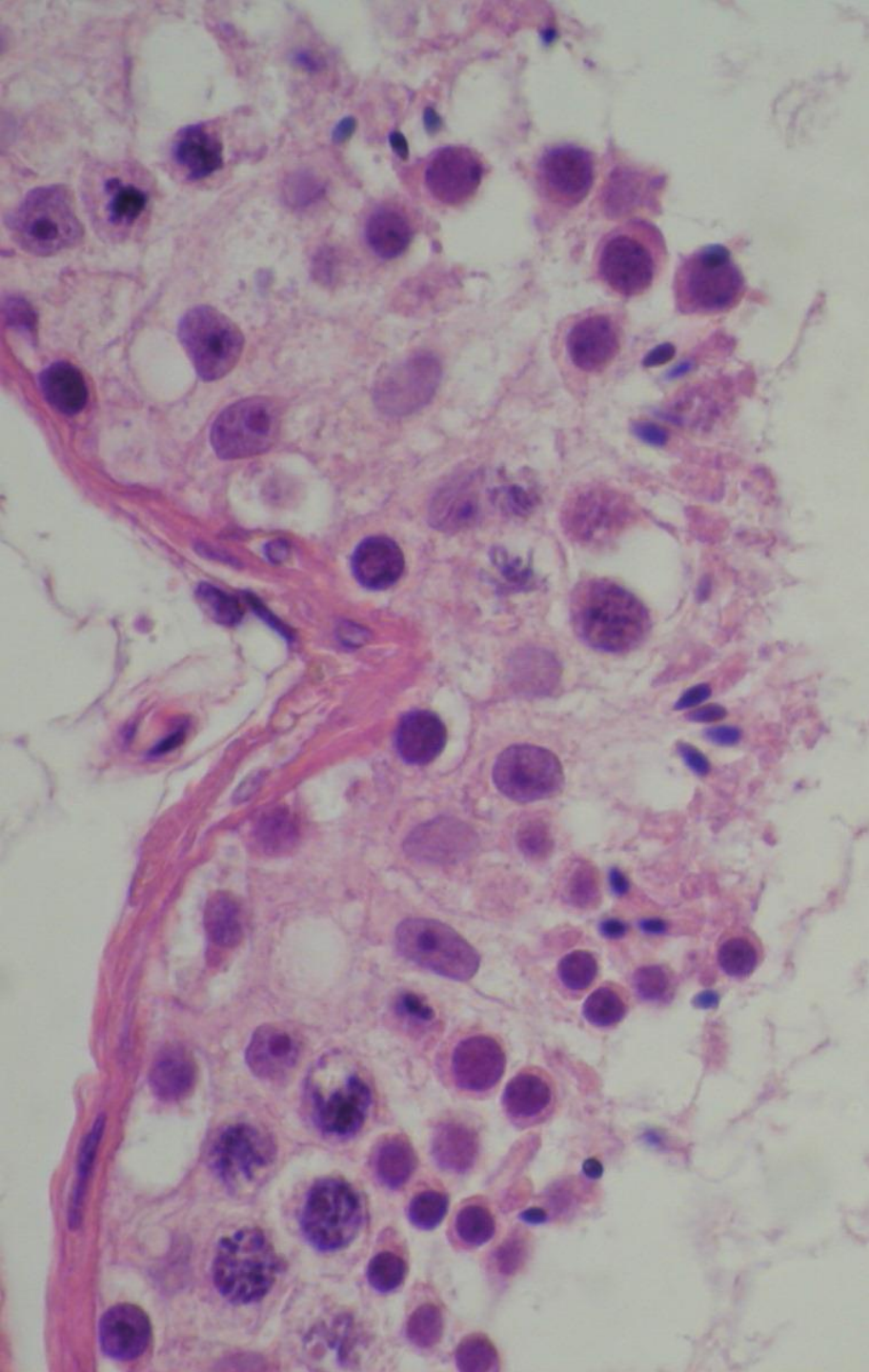
Yolk-sac tumor

Teratoma

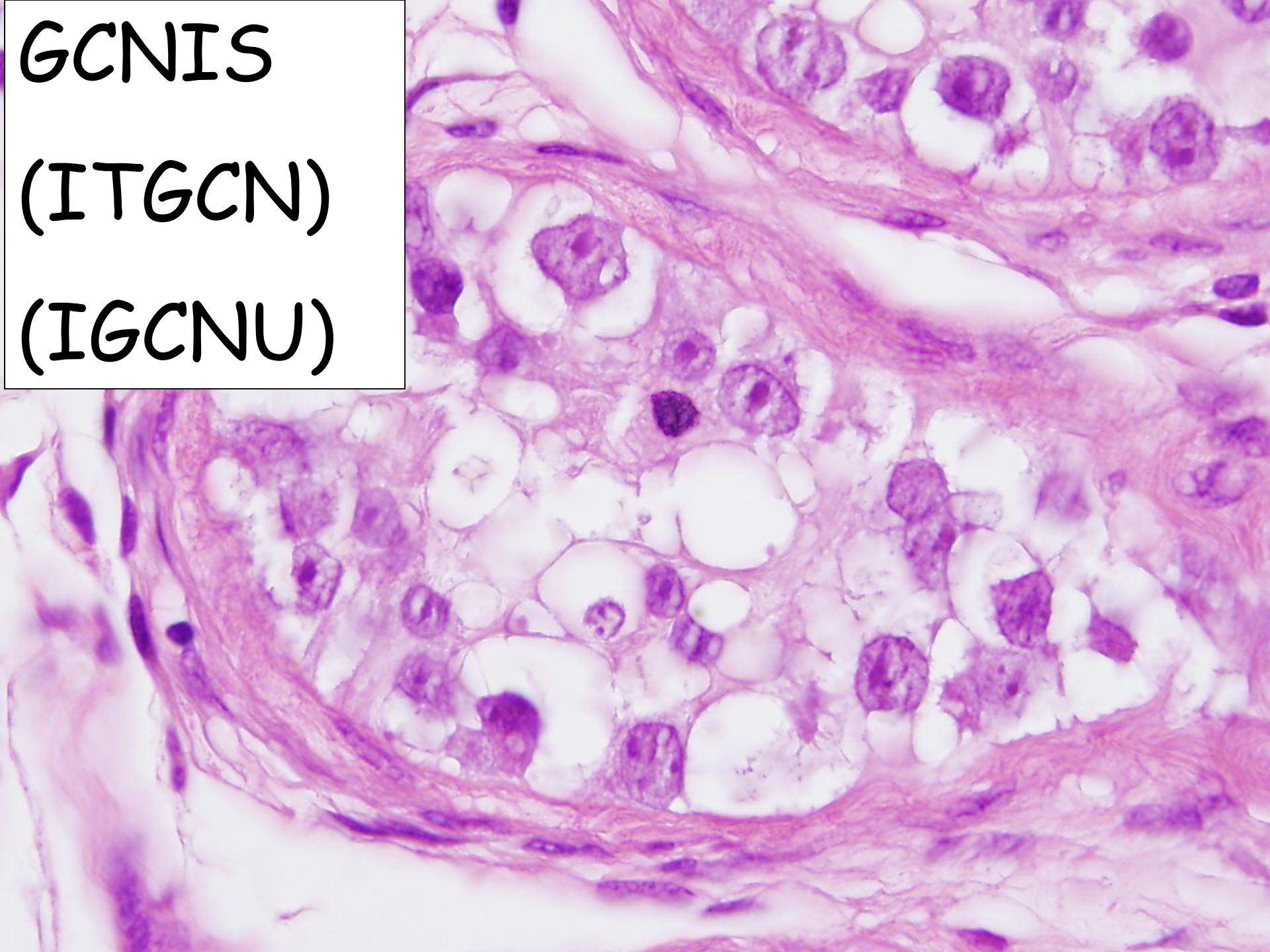
Érett

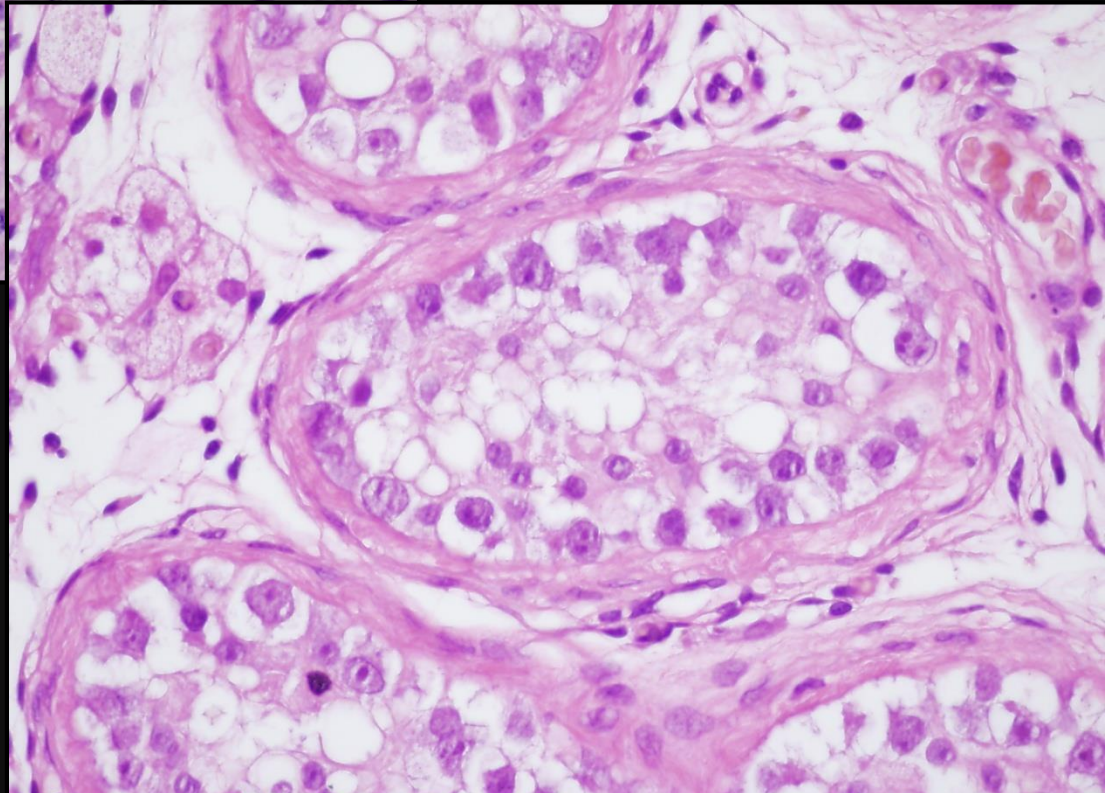
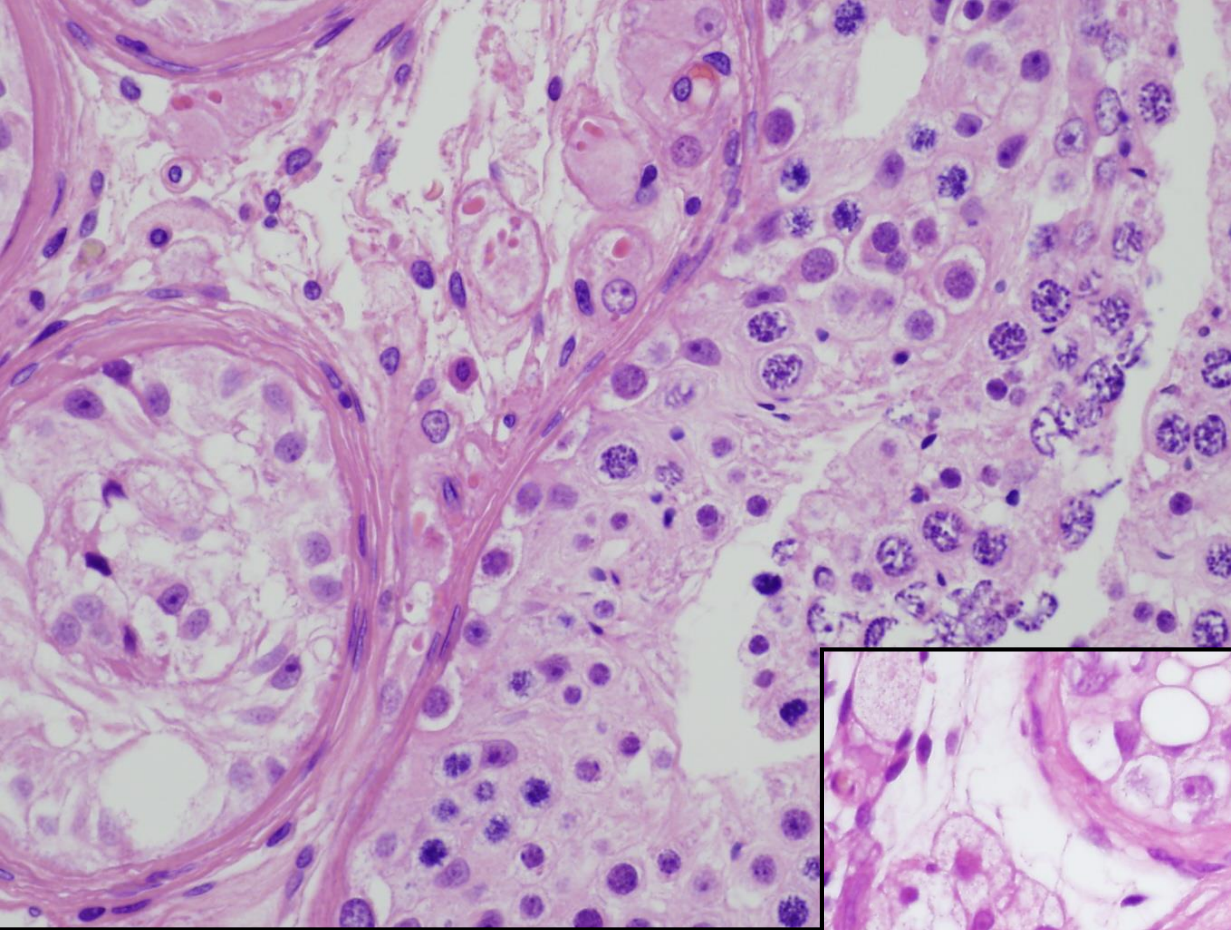
Éretlen



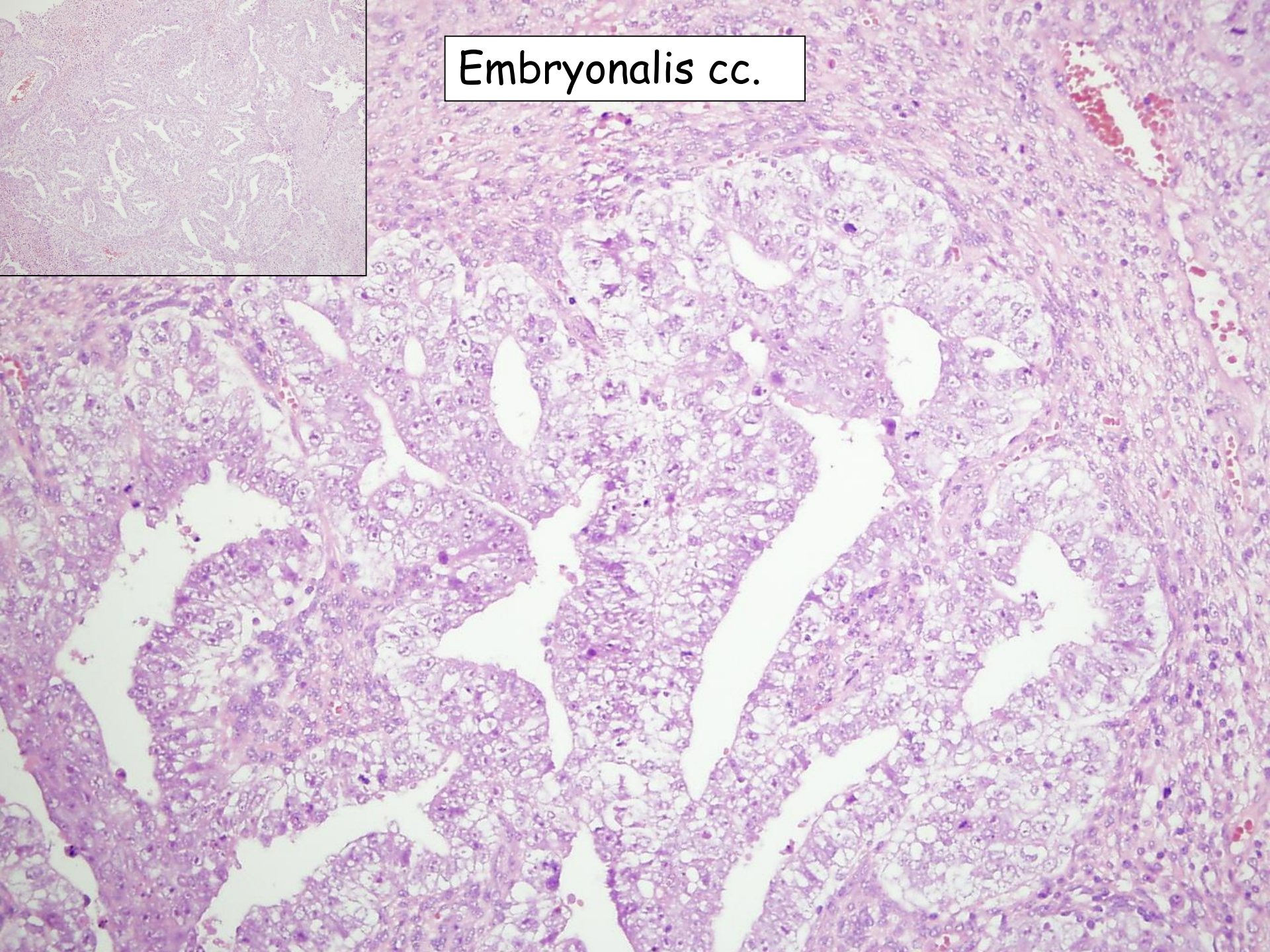


GCNIS
(ITGCN)
(IGCNU)

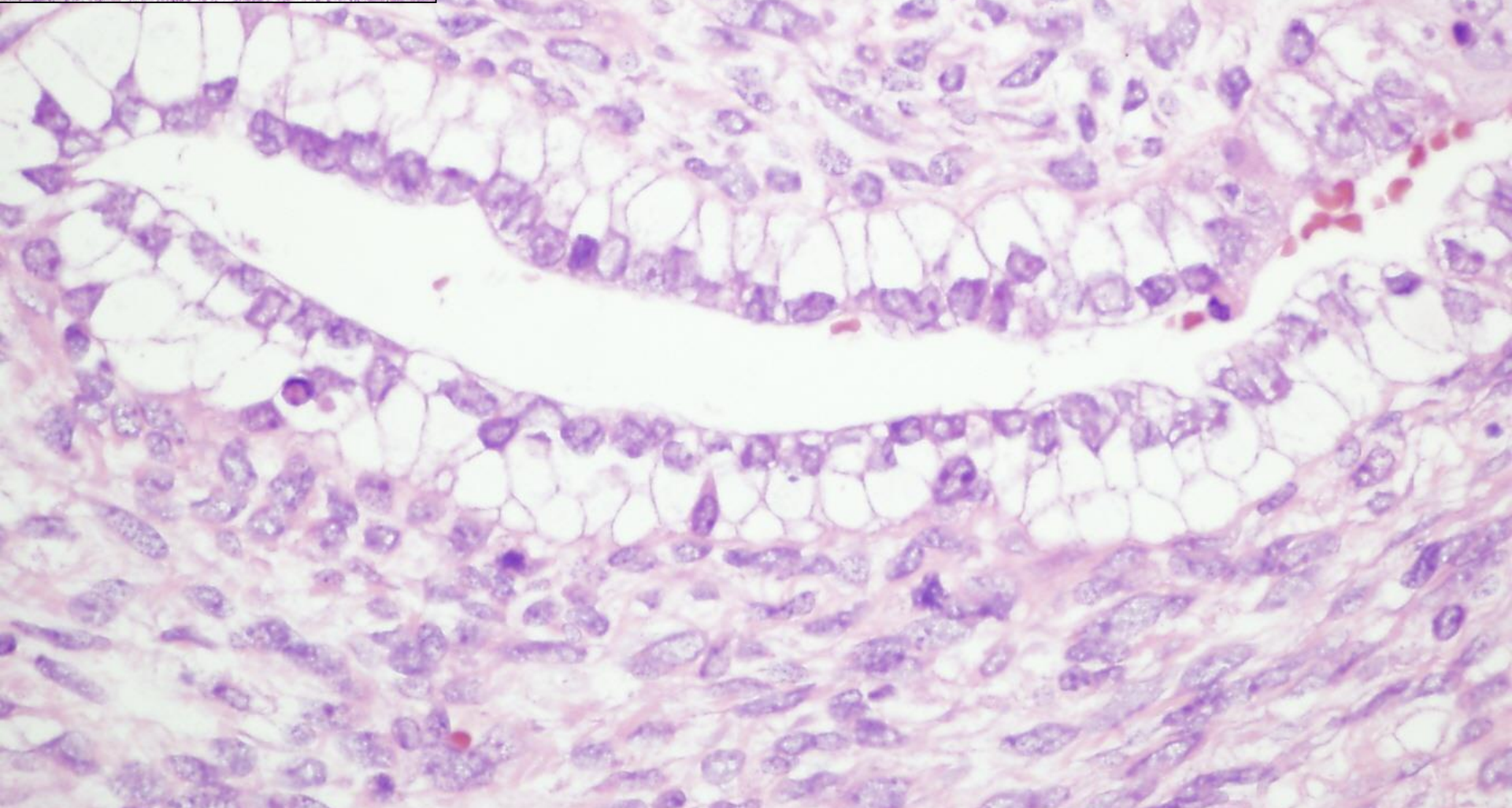
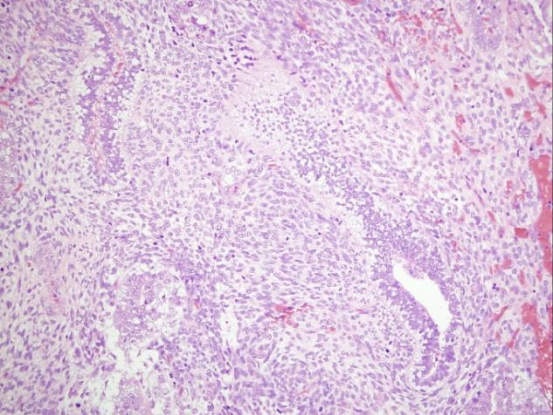




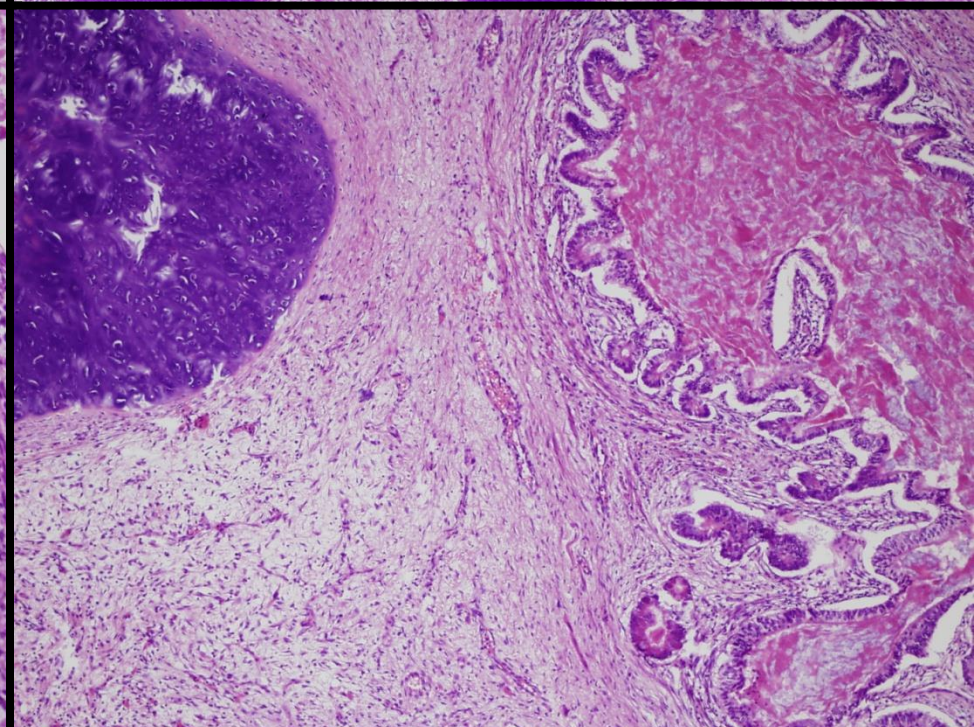
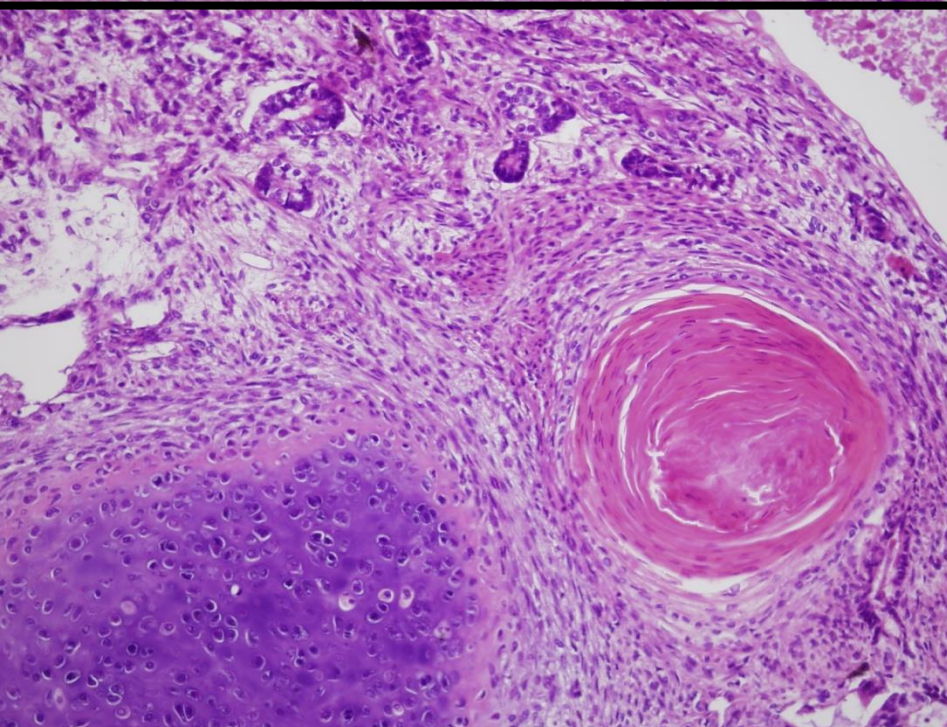
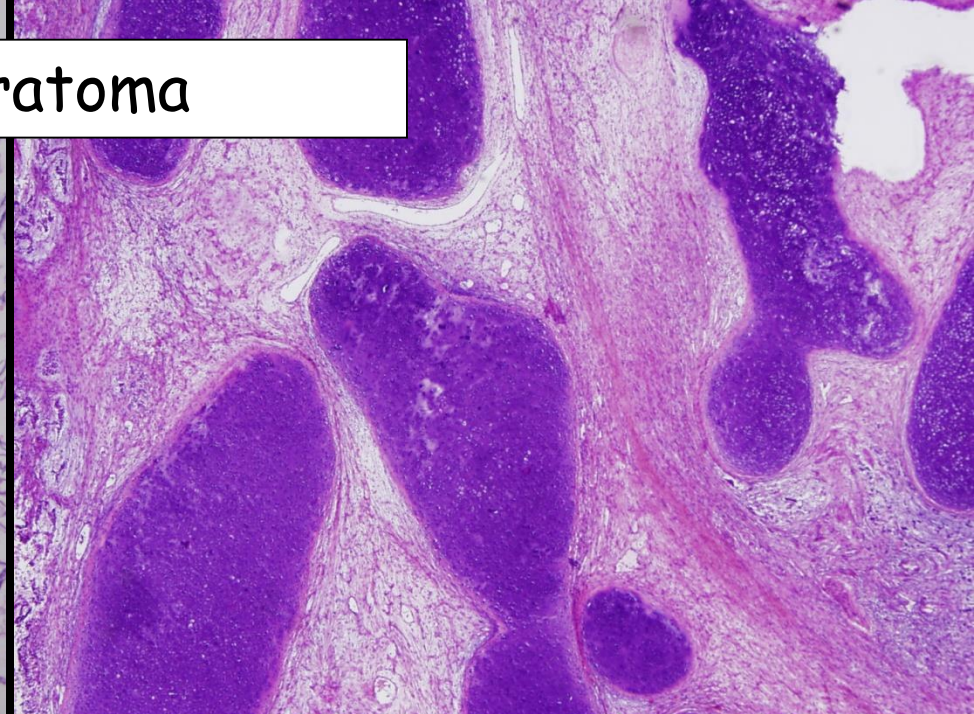
Embryonalis cc.

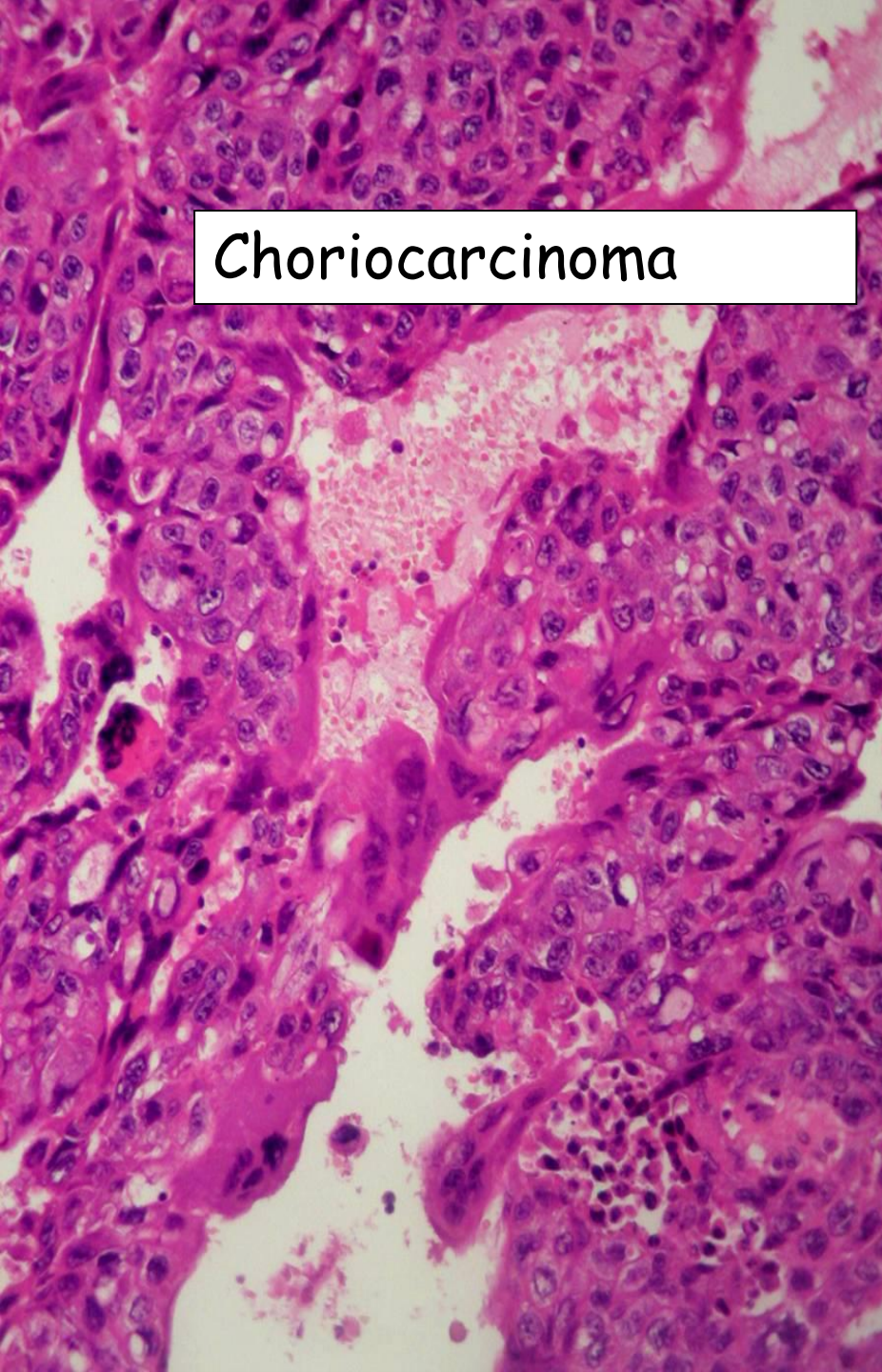


Éretlen teratoma

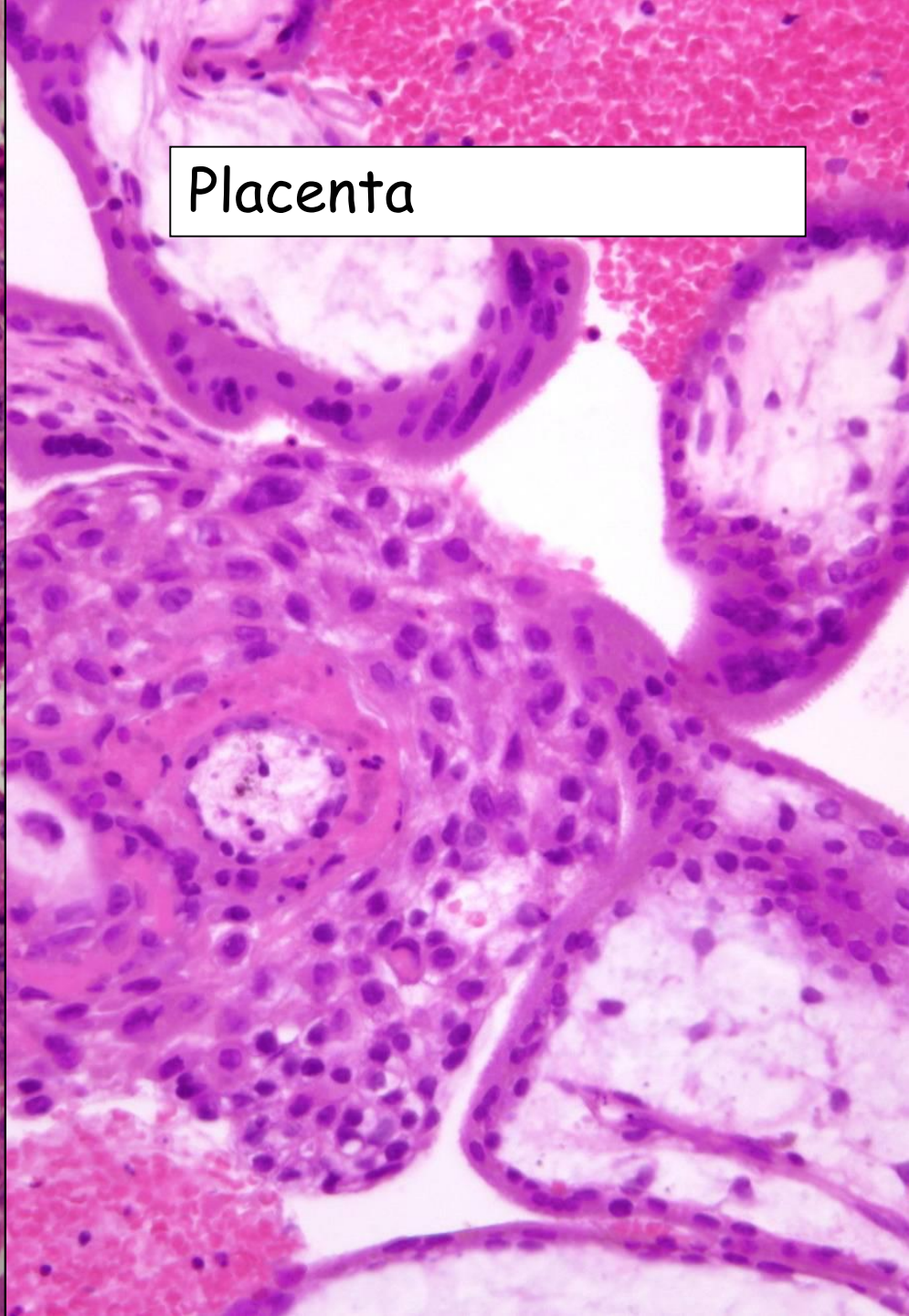


Érett teratoma





Choriocarcinoma



Placenta

Yolk sac tumor



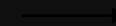
A gonádok csírasejtes tumorai

Totipotens csírasejt



Seminoma

Non-Seminoma



Embryonalis carcinoma

Extraembryonális
diff.

Intraembryonális
Diff.

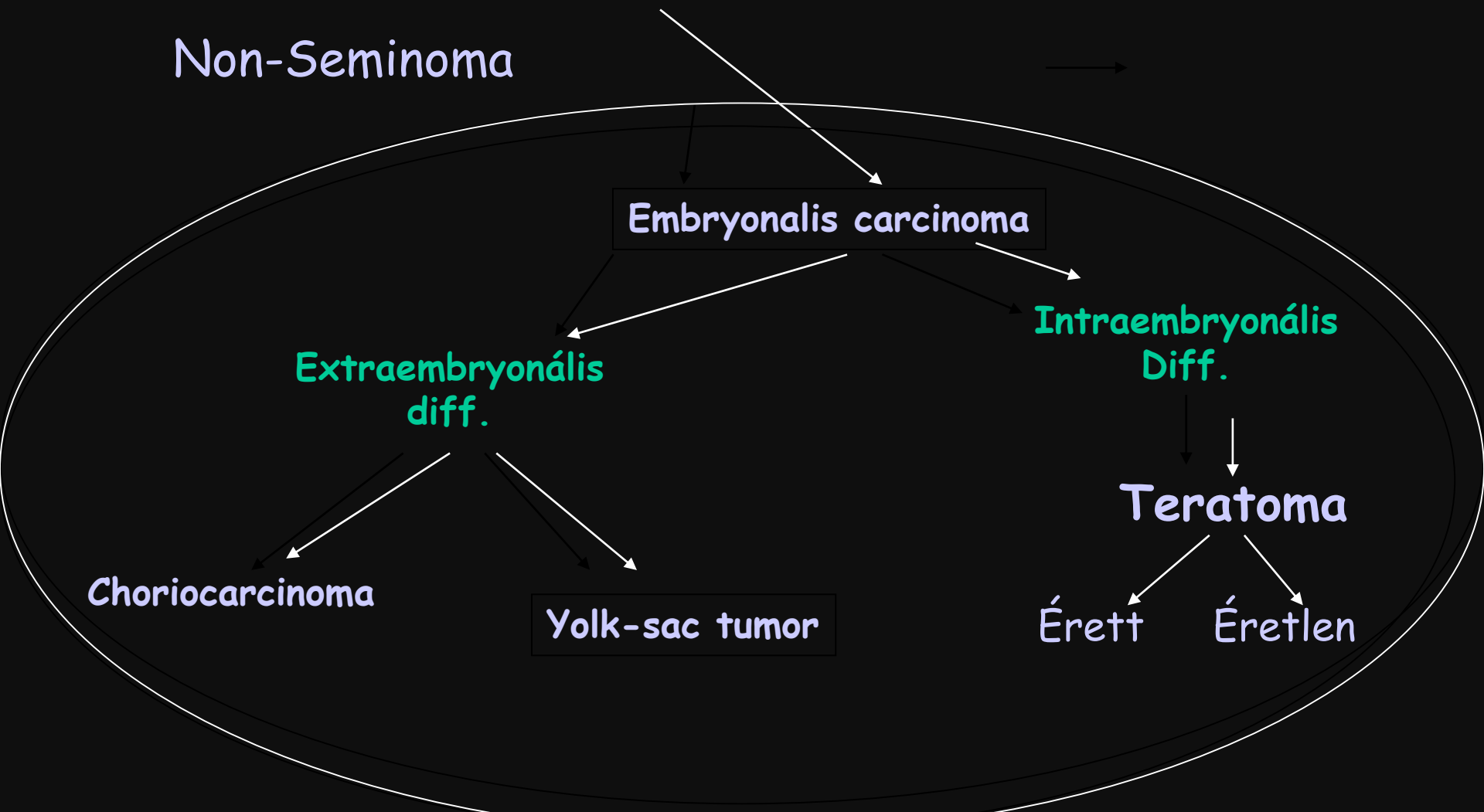
Choriocarcinoma

Yolk-sac tumor

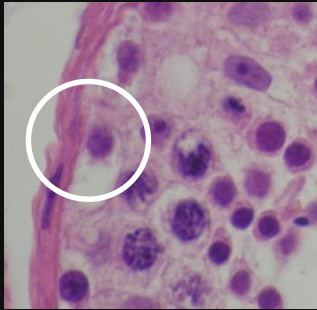
Teratoma

Érett

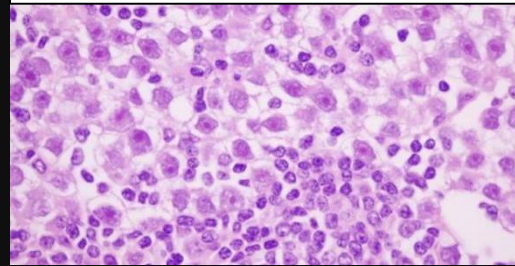
Éretlen



Totipotens csírasejt

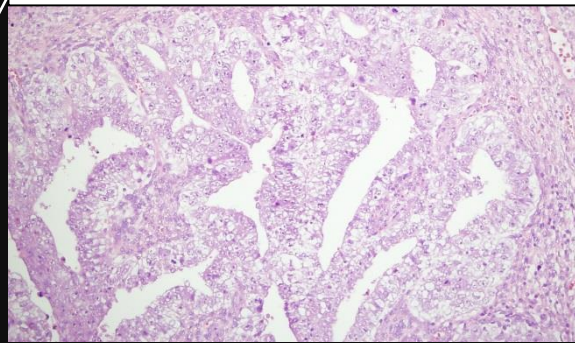


Seminoma

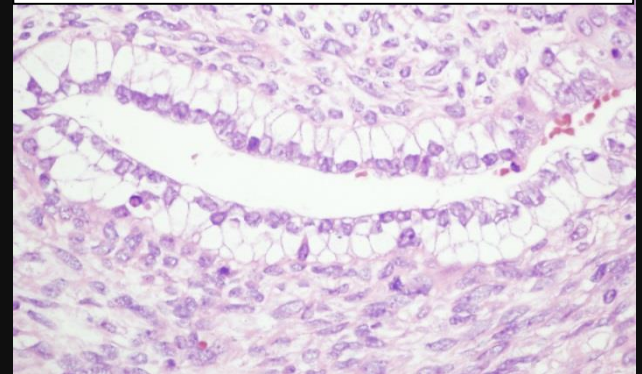


Embryonalis cc.

Intraembryonális Diff.



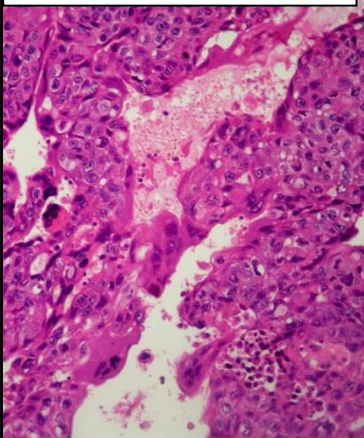
Éretlen teratoma



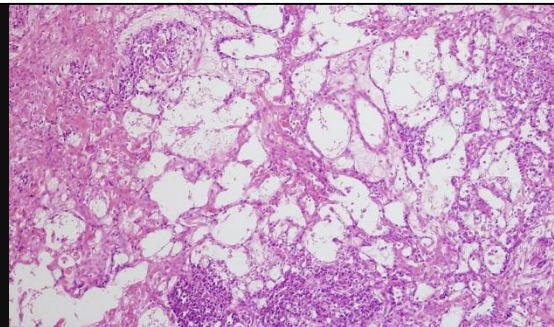
Non-Seminoma

Extraembryonális diff.

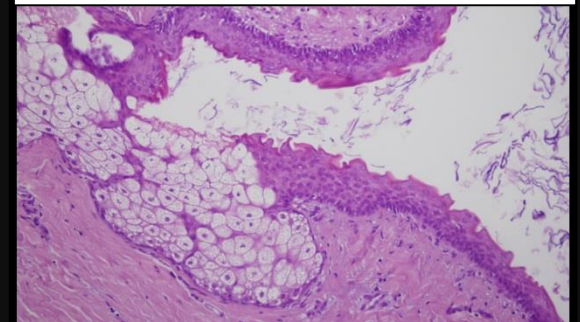
Chorioc



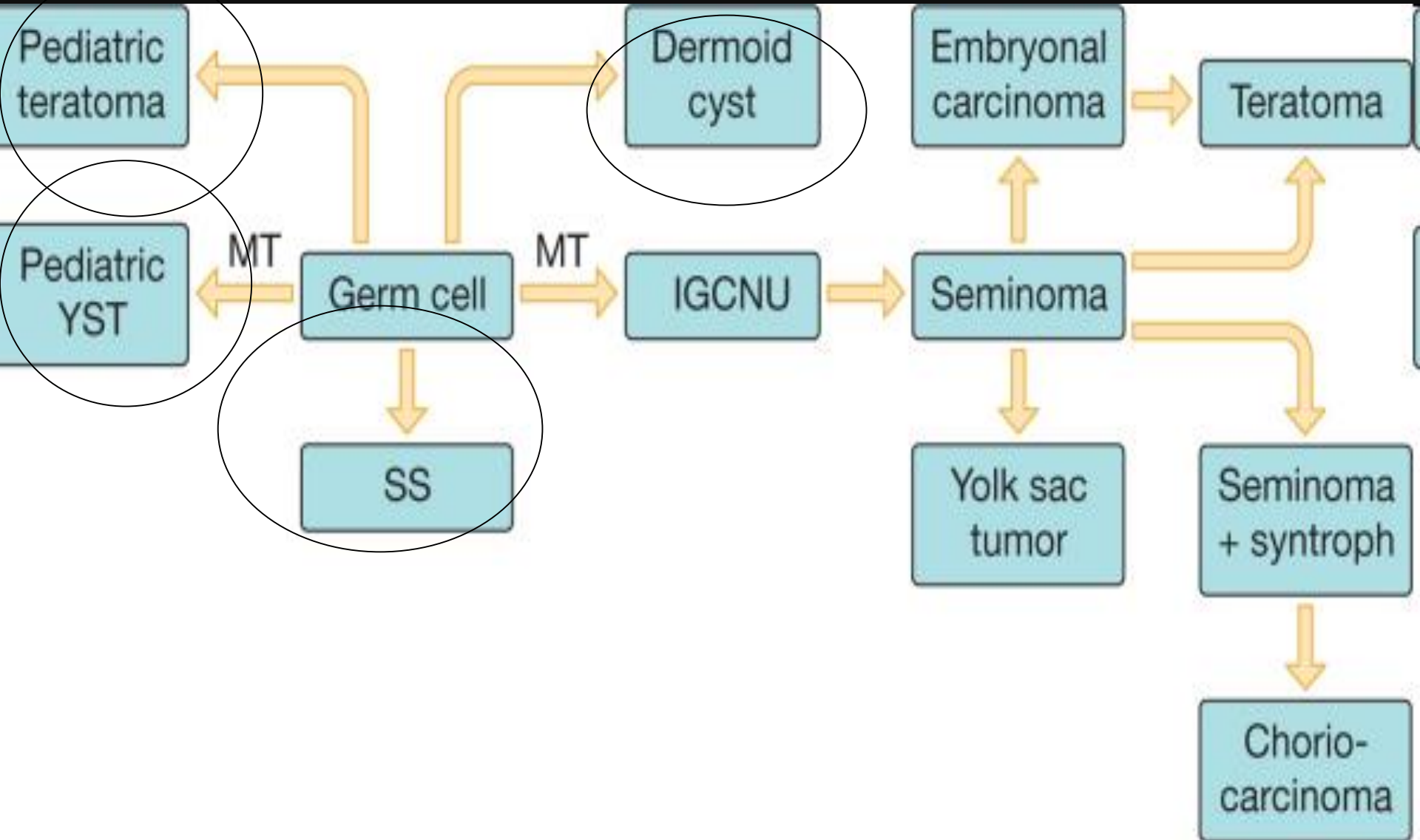
Yolc sac tumor



Érett teratoma



A gonádok csírasejtes tumorai Újabb koncepció!



Csírasejtes heredaganatok

40 % egy szövettani típus

60 % kevert

Metastasisok:

anterograd,

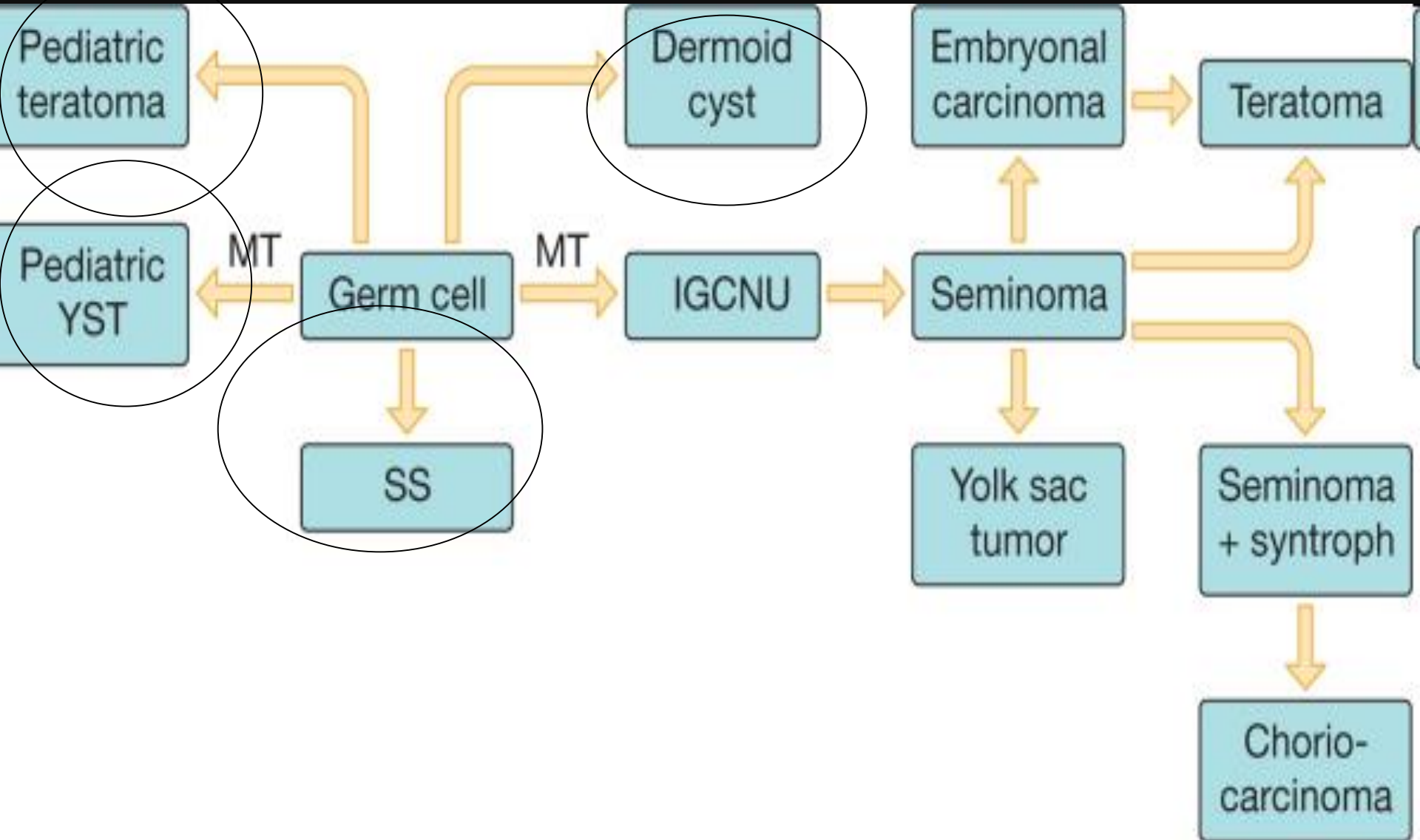
retrograd differenciálódás

Lymphogén - retroperitoneum, paraaorticus nycs-k

Haematogén - tüdő, máj, agy



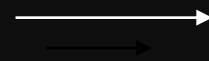
A gonádok csírasejtes tumorai Újabb koncepció!



A gonádok csírasedtes tumorai

Régi koncepció!

Totipotens csírasedjt



Seminoma

Non-Seminoma

Embryonalis carcinoma

Extraembryonális diff.

Intraembryonális Diff.

Choriocarcinoma

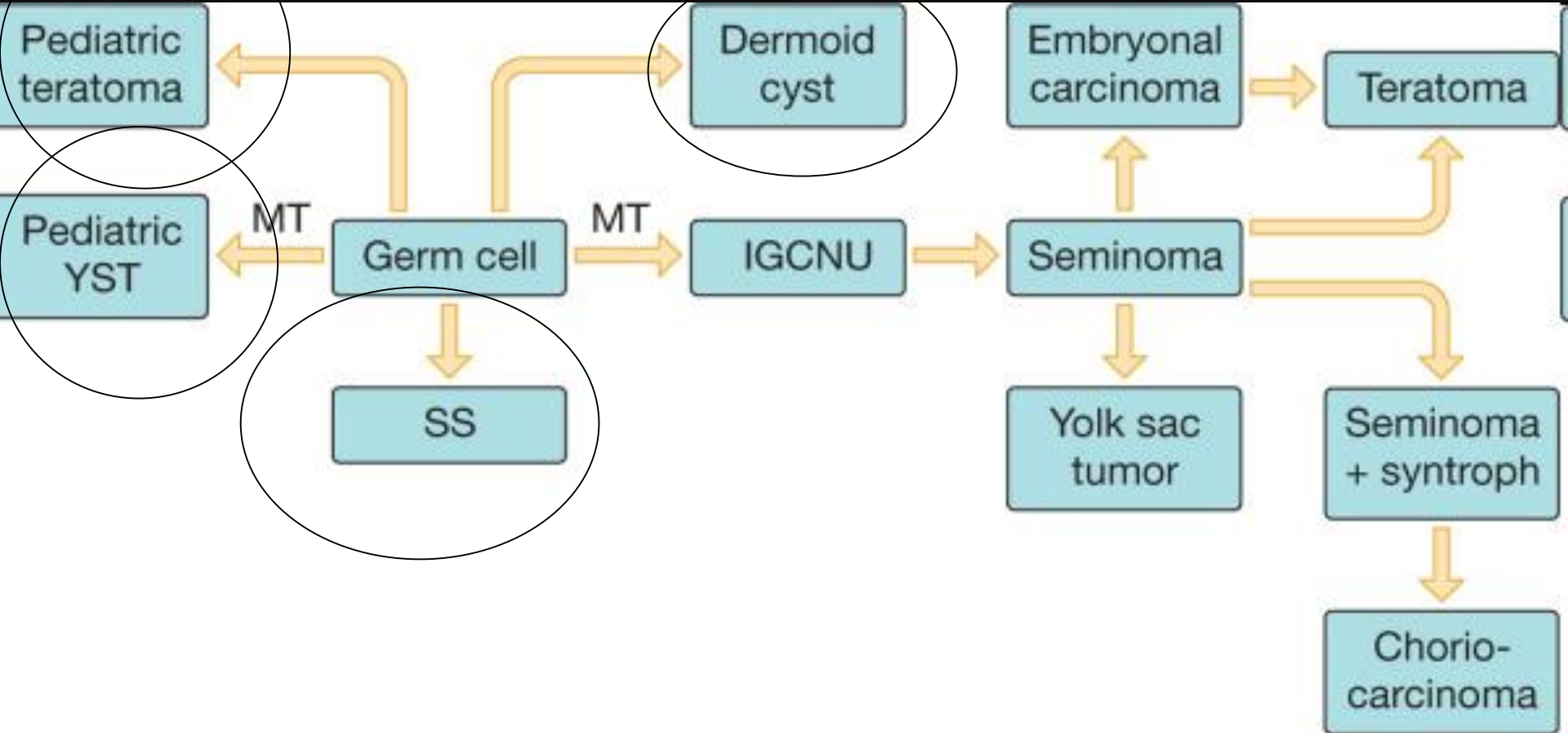
Yolk-sac tumor

Teratoma

Érett

Éretlen

A gonádok csírasejtes tumorai Újabb koncepció!



2016-os NOMENKLATURA

Csírasejtes tumorok - GCNIS-
eredetűek

Csírasejtes tumorok - nem GCNIS-
eredetűek

WHO classification of tumours of the testis

Germ cell tumours derived from germ cell neoplasia in situ	
<i>Non-invasive germ cell neoplasia</i>	
Germ cell neoplasia in situ	9064/2
Specific forms of intratubular germ cell neoplasia	
<i>Tumours of a single histological type (pure forms)</i>	
Seminoma	9061/3
Seminoma with syncytiotrophoblast cells	
<i>Non-seminomatous germ cell tumours</i>	
Embryonal carcinoma	9070/3
Yolk sac tumour, postpubertal-type	9071/3
Trophoblastic tumours	
Choriocarcinoma	9100/3
Non-choriocarcinomatous trophoblastic tumours	
Placental site trophoblastic tumour	9104/1
Epithelioid trophoblastic tumour	9105/3
Cystic trophoblastic tumour	
Teratoma, postpubertal-type	9080/3
Teratoma with somatic-type malignancy	9084/3
<i>Non-seminomatous germ cell tumours of more than one histological type</i>	
Mixed germ cell tumours	9085/3
<i>Germ cell tumours of unknown type</i>	
Regressed germ cell tumours	9080/1
Germ cell tumours unrelated to germ cell neoplasia in situ	
Spermatocytic tumour	9063/3
Teratoma, prepubertal-type	9084/0
Dermoid cyst	
Epidermoid cyst	
Well-differentiated neuroendocrine tumour (monodermal teratoma)	8240/3
Mixed teratoma and yolk sac tumour, prepubertal-type	9085/3
Yolk sac tumour, prepubertal-type	9071/3
Sex cord–stromal tumours	
<i>Pure tumours</i>	
Leydig cell tumour	8650/1
Malignant Leydig cell tumour	8650/3
Sertoli cell tumour	8640/1
Malignant Sertoli cell tumour	8640/3
Large cell calcifying Sertoli cell tumour	8642/1
Intratubular large cell hyalinizing Sertoli cell neoplasia	8643/1*

Granulosa cell tumour	
Adult granulosa cell tumour	8620/1
Juvenile granulosa cell tumour	8622/1*
Tumours in the fibroma–thecoma group	
Mixed and unclassified sex cord–stromal tumours	8600/0
Mixed sex cord–stromal tumour	8592/1
Unclassified sex cord–stromal tumour	8591/1
Tumour containing both germ cell and sex cord–stromal elements	
Gonadoblastoma	9073/1
Miscellaneous tumours of the testis	
Ovarian epithelial–type tumours	
Serous cystadenoma	8441/0
Serous tumour of borderline malignancy	8442/1
Serous cystadenocarcinoma	8441/3
Mucinous cystadenoma	8470/0
Mucinous borderline tumour	8472/1
Mucinous cystadenocarcinoma	8470/3
Endometrioid adenocarcinoma	8380/3
Clear cell adenocarcinoma	8310/3
Brenner tumour	9000/0
Juvenile xanthogranuloma	
Haemangioma	9120/0
Haematolymphoid tumours	
Diffuse large B-cell lymphoma	9680/3
Follicular lymphoma, NOS	9690/3
Extranodal NK/T-cell lymphoma, nasal-type	9719/3
Plasmacytoma	9734/3
Myeloid sarcoma	9930/3
Rosai–Dorfman disease	
Tumours of collecting duct and rete testis	
Adenoma	8140/0
Adenocarcinoma	8140/3

The morphology codes are from the International Classification of Diseases for Oncology (ICD-O) (917A). Behaviour is coded /0 for benign tumours; /1 for unspecified, borderline, or uncertain behaviour; /2 for carcinoma in situ and grade III intraepithelial neoplasia; and /3 for malignant tumours. The classification is modified from the previous WHO classification (756A), taking into account changes in our understanding of these lesions.

*New code approved by the IARC/WHO Committee for ICD-O.

WHO classification of tumours of the testis

Germ cell tumours derived from germ cell neoplasia in situ

Non-invasive germ cell neoplasia

Germ cell neoplasia in situ 9064/2

Specific forms of intratubular germ cell neoplasia

Tumours of a single histological type (pure forms)

Seminoma 9061/3

Seminoma with syncytiotrophoblast cells

Non-seminomatous germ cell tumours

Embryonal carcinoma 9070/3

Yolk sac tumour, postpubertal-type 9071/3

Trophoblastic tumours

Choriocarcinoma 9100/3

Non-choriocarcinomatous

trophoblastic tumours

Placental site trophoblastic tumour 9104/1

Epithelioid trophoblastic tumour 9105/3

Cystic trophoblastic tumour

Teratoma, postpubertal-type 9080/3

Teratoma with somatic-type malignancy 9084/3

Non-seminomatous germ cell tumours of more than one histological type

Mixed germ cell tumours 9085/3

Germ cell tumours of unknown type

Regressed germ cell tumours 9080/1

Germ cell tumours unrelated to germ cell

Granulosa cell tumour

Adult granulosa cell tumour

Juvenile granulosa cell tumour

Tumours in the fibroma–thecoma group

Mixed and unclassified sex cord–stromal

Mixed sex cord–stromal tumour

Unclassified sex cord–stromal tumour

Tumour containing both germ cell and sex cord–stromal elements

Gonadoblastoma

Miscellaneous tumours of the testis

Ovarian epithelial–type tumours

Serous cystadenoma

Serous tumour of borderline malignancy

Serous cystadenocarcinoma

Mucinous cystadenoma

Mucinous borderline tumour

Mucinous cystadenocarcinoma

Endometrioid adenocarcinoma

Clear cell adenocarcinoma

Brenner tumour

Juvenile xanthogranuloma

Haemangioma

Haematolymphoid tumours

Diffuse large B-cell lymphoma

<i>than one histological type</i>	
Mixed germ cell tumours	9085/3
<i>Germ cell tumours of unknown type</i>	
Regressed germ cell tumours	9080/1
Germ cell tumours unrelated to germ cell neoplasia in situ	
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Teratoma, prepubertal-type	9084/0
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Epidermoid cyst	
Well-differentiated neuroendocrine tumour (monodermal teratoma)	8240/3
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Sertoli cell tumour	8640/1
Malignant Sertoli cell tumour	8640/3
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Intratubular large cell hyalinizing Sertoli cell neoplasia	8643/1*

Brenner tumour
Juvenile xanthogranuloma
Haemangioma
Haematolymphoid tumours
Diffuse large B-cell lymphoma
Follicular lymphoma, NOS
Extranodal NK/T-cell lymphoma, nasal type
Plasmacytoma
Myeloid sarcoma
Rosai–Dorfman disease
Tumours of collecting duct and rete
Adenoma
Adenocarcinoma

The morphology codes are from the International Classification of Diseases for Oncology (ICD-O) [917A]. Behaviour is coded as 0 for in situ, 1 for unspecified, borderline, or uncertain behaviour, 2 for invasive, 3 for in situ and grade III intraepithelial neoplasia; and /3 for metastatic. The classification is modified from the previous WHO classification, taking into account changes in our understanding of the biology of these tumours. *New code approved by the IARC/WHO Committee on the Classification of Tumours.

Chemo

- Csírasejtek érzékenyek a DNS károsodásra; apoptózis következik be,
- ez magyarázza a chemo, irradiatio hatékonyságát a nem-teratomákban
- Teratomákban DNS repair meggátolja az apoptósist

Csírasejtes tumorok - új felosztás

- I. Típus Nincs kimutatható precursor -
gyerekkori teratoma / yst
- II. Típus Van precursor (GCNIS) -
Seminoma/Nonseminoma
- III. Nincs kimutatható precursor -
Spermatocytás ~~seminoma~~ tumor

Csírasejtes heredaganatok

Serum markerek:

AFP

β HCG

LDH

Serum markerek jelentősége:

Hereduzzanat esetén

Orchiectomia esetén stádium meghatározásra

(CT nyacs neg, se markerek ^^^.....)

Tumor burden

Terápiás válasz megítélése

Th:

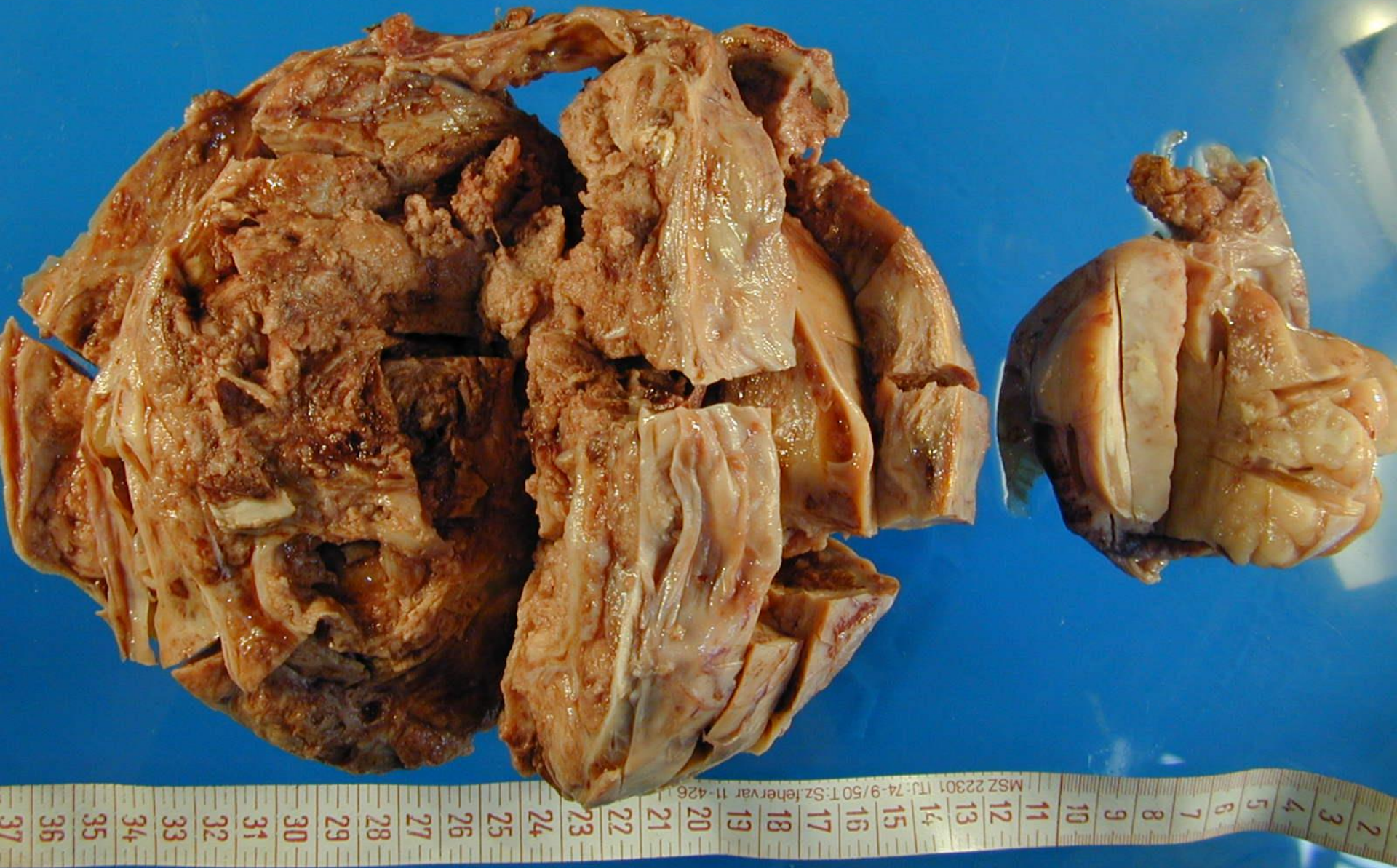
Sebészi

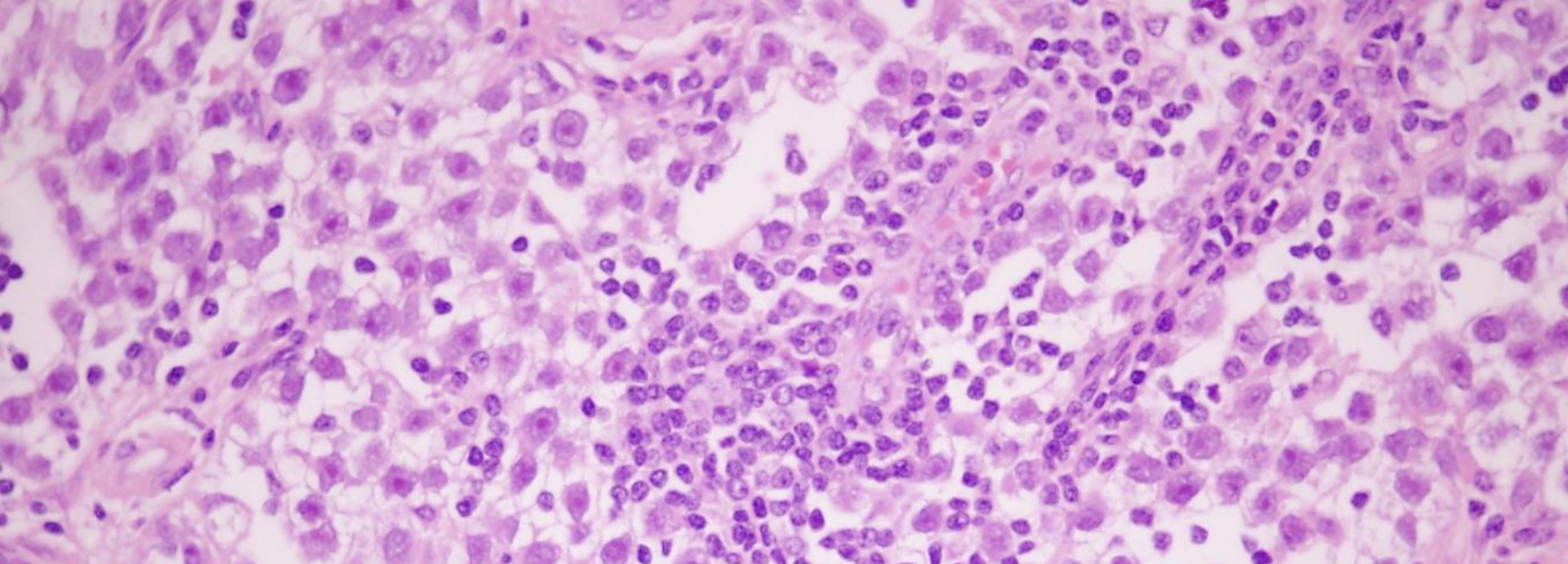
Chemo

Irrad (?!)

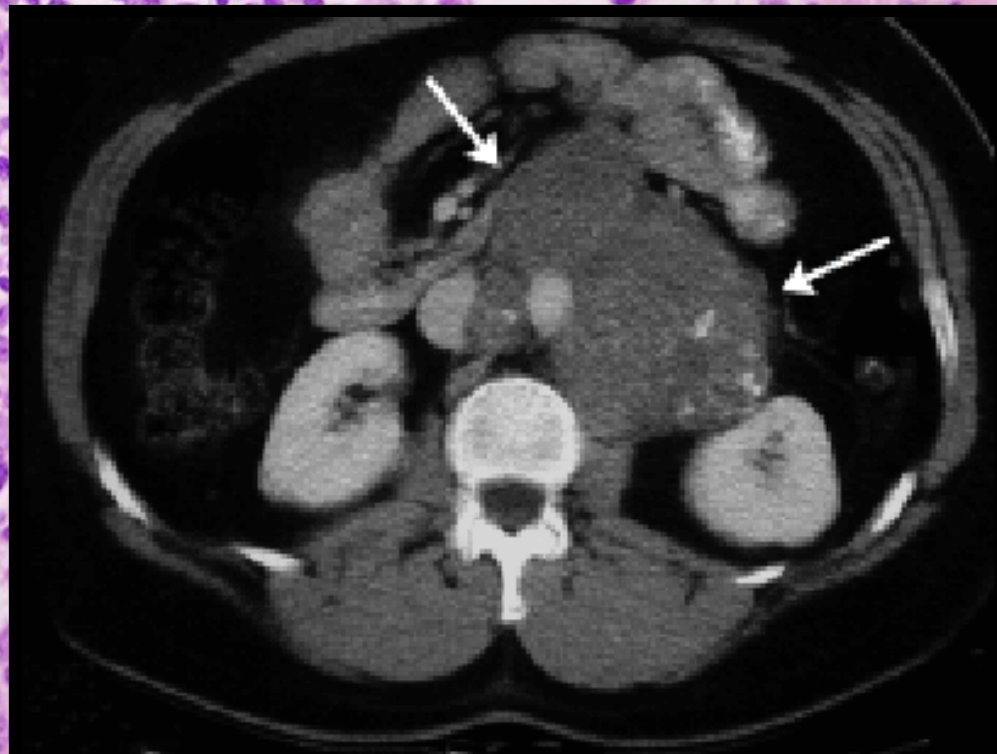
53 éves férfi (tanár)

3 éve (!!!!!) növekvő, kétoldali testicularis tumor

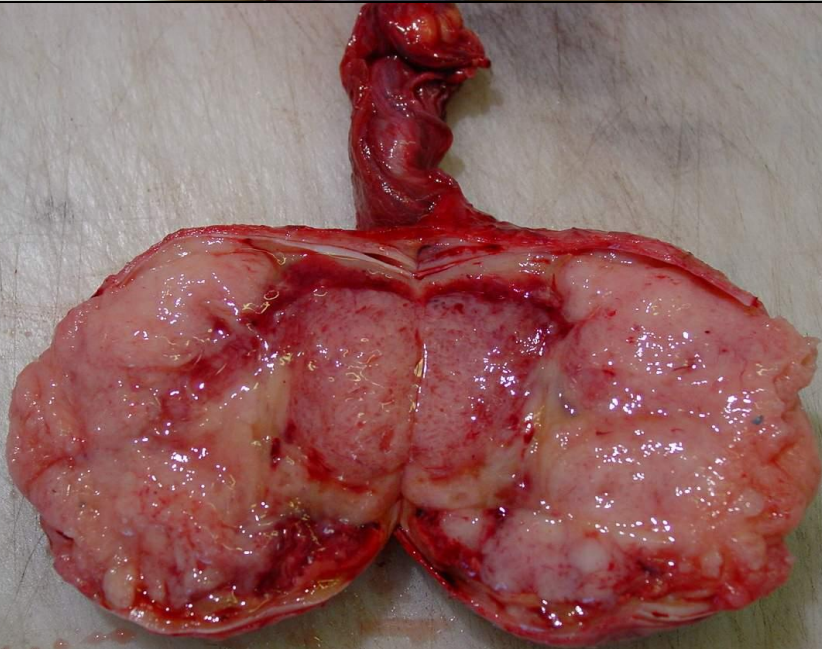
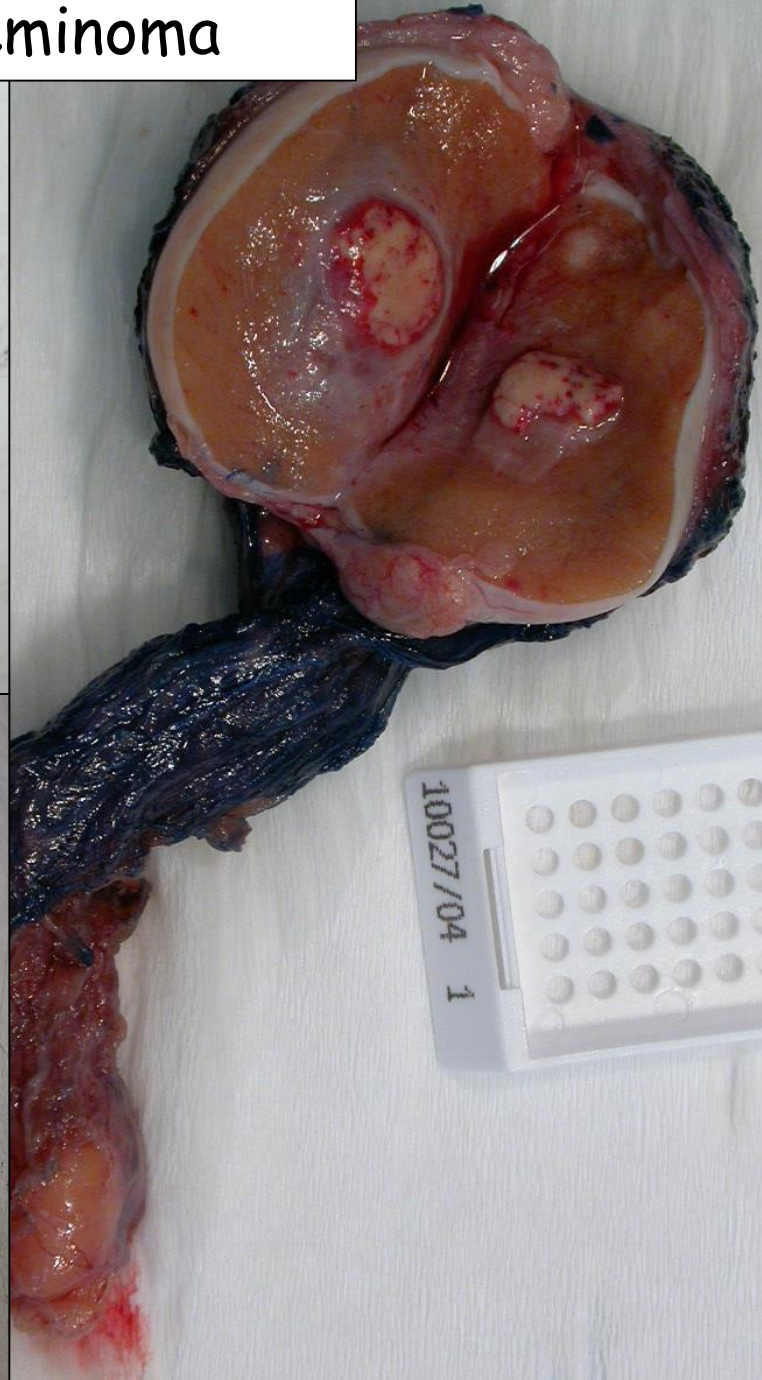




Dg.: Seminoma

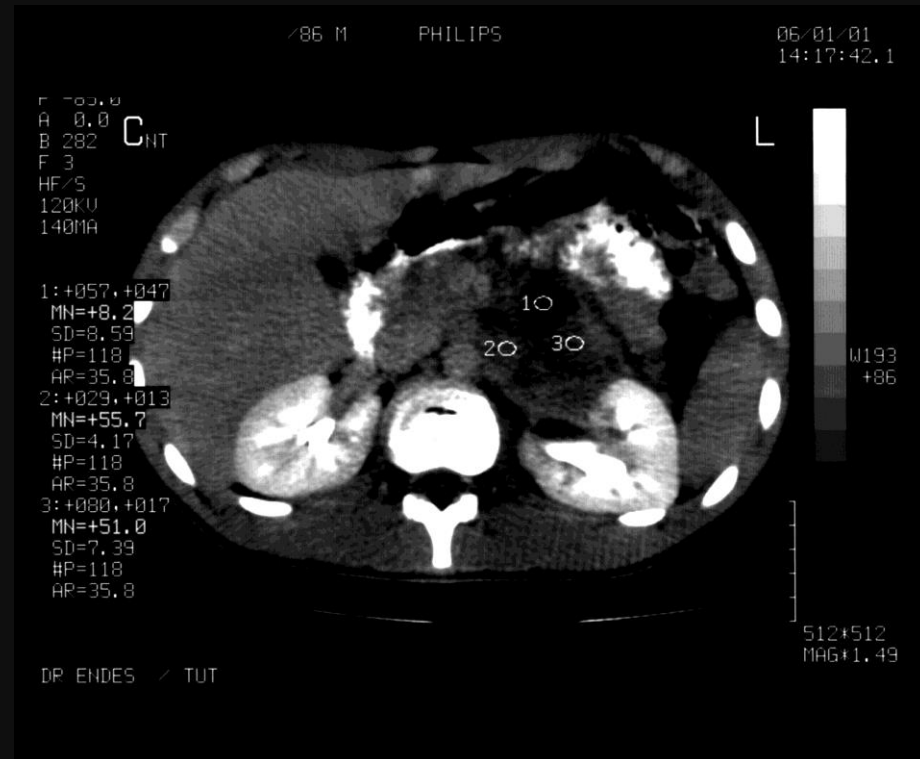


seminoma



14 éves fiú

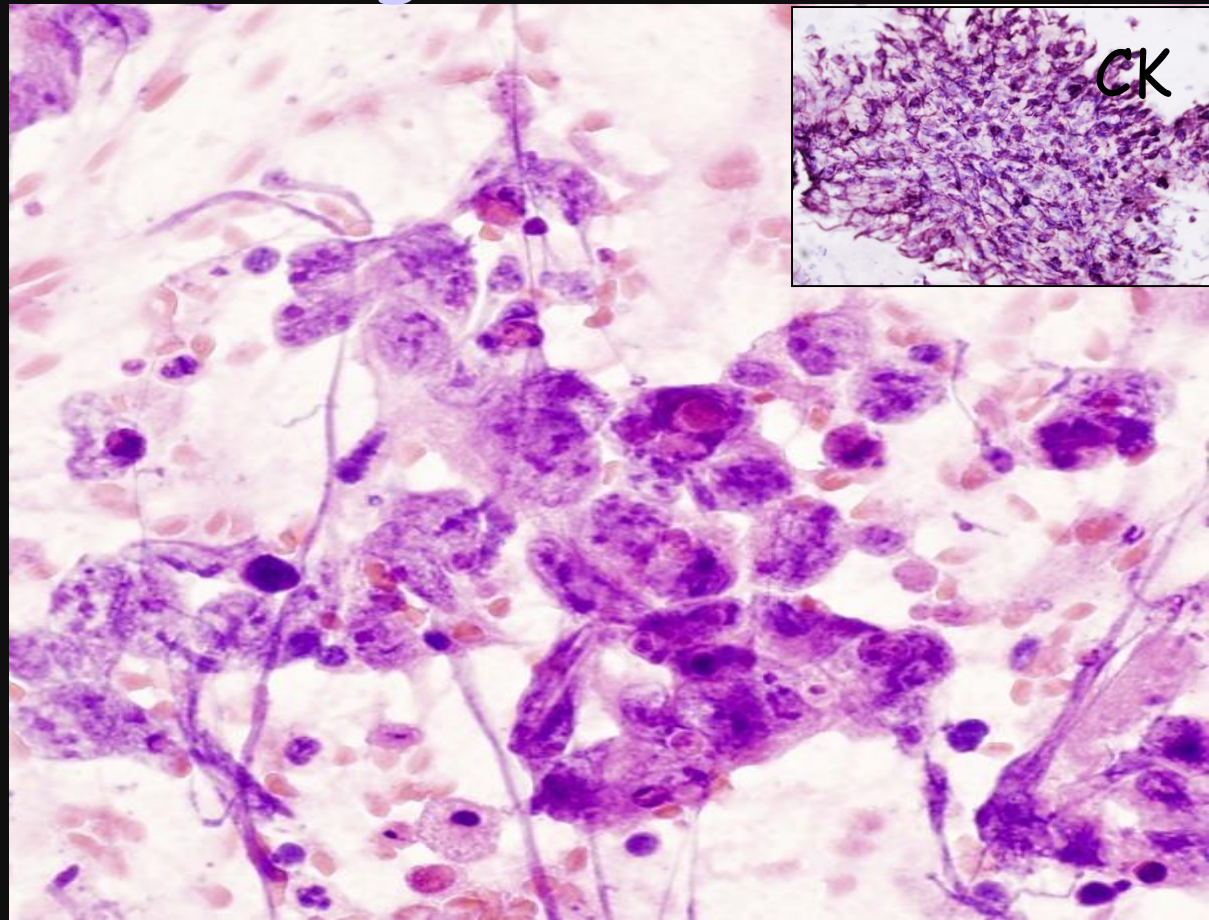
Retroperitoneális tumor, mely a pancreassal v.s. összefügg.

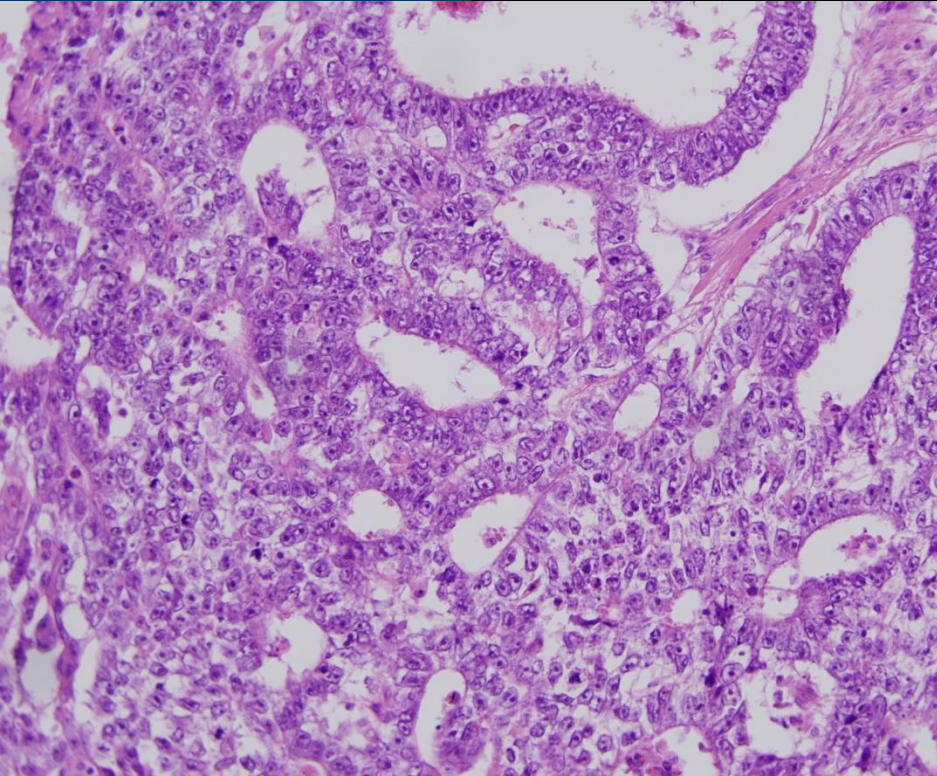
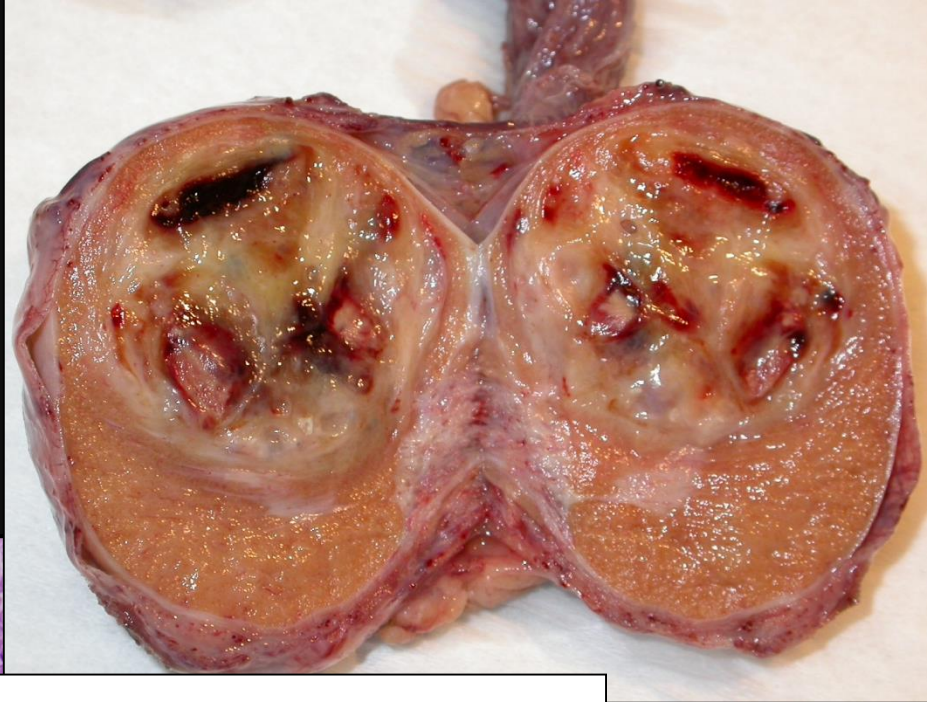
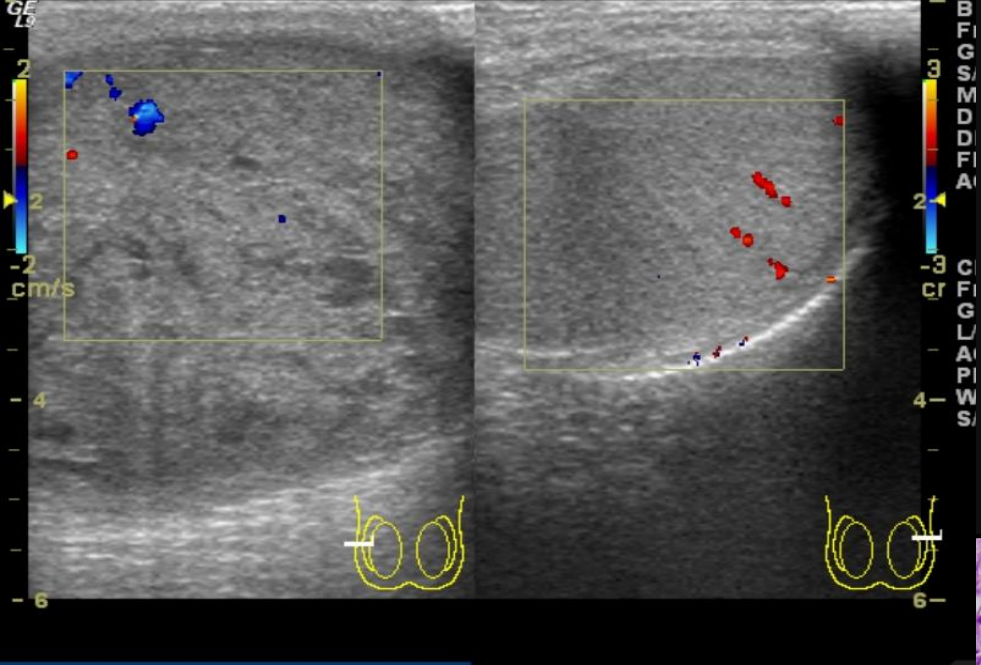


Dg.: Csírasejtes
tumor

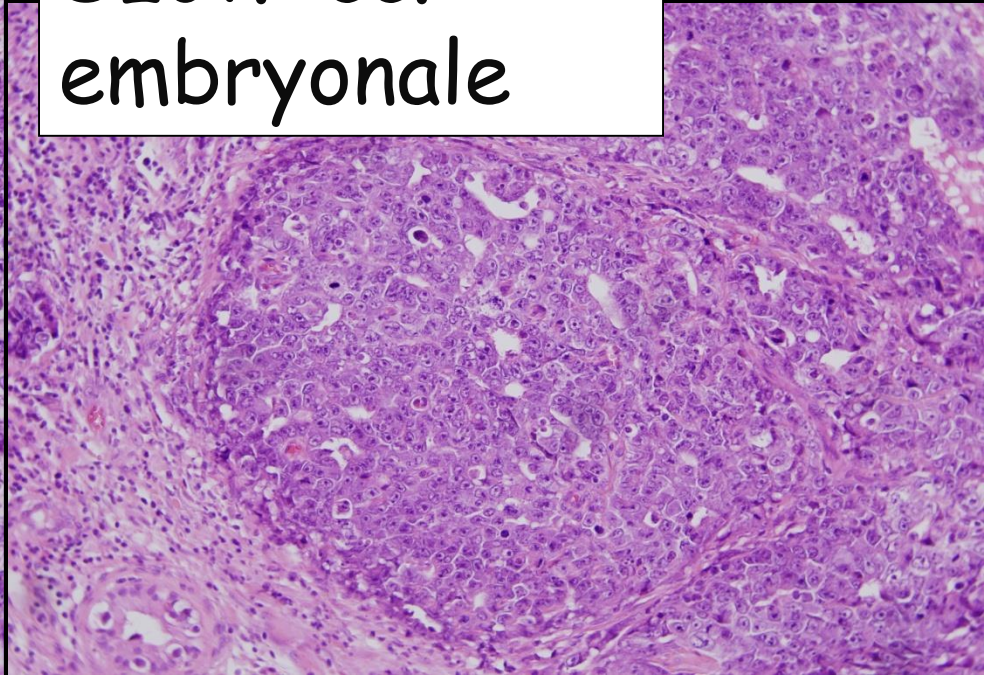
Herék vizsgálata
szükséges!

Ha neg.,
retroperito-
-nealis
csírasejtes
tumor





Szöv.: cc.
embryonale



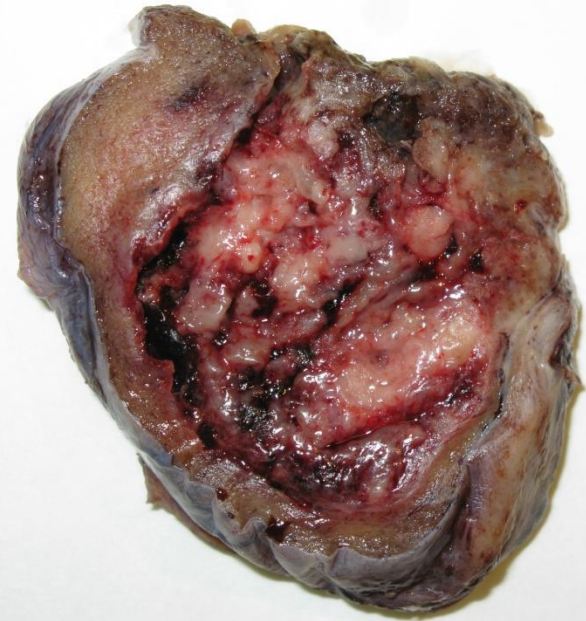


CT fél évvel a műtét, chemoth után



4454/09 I/1

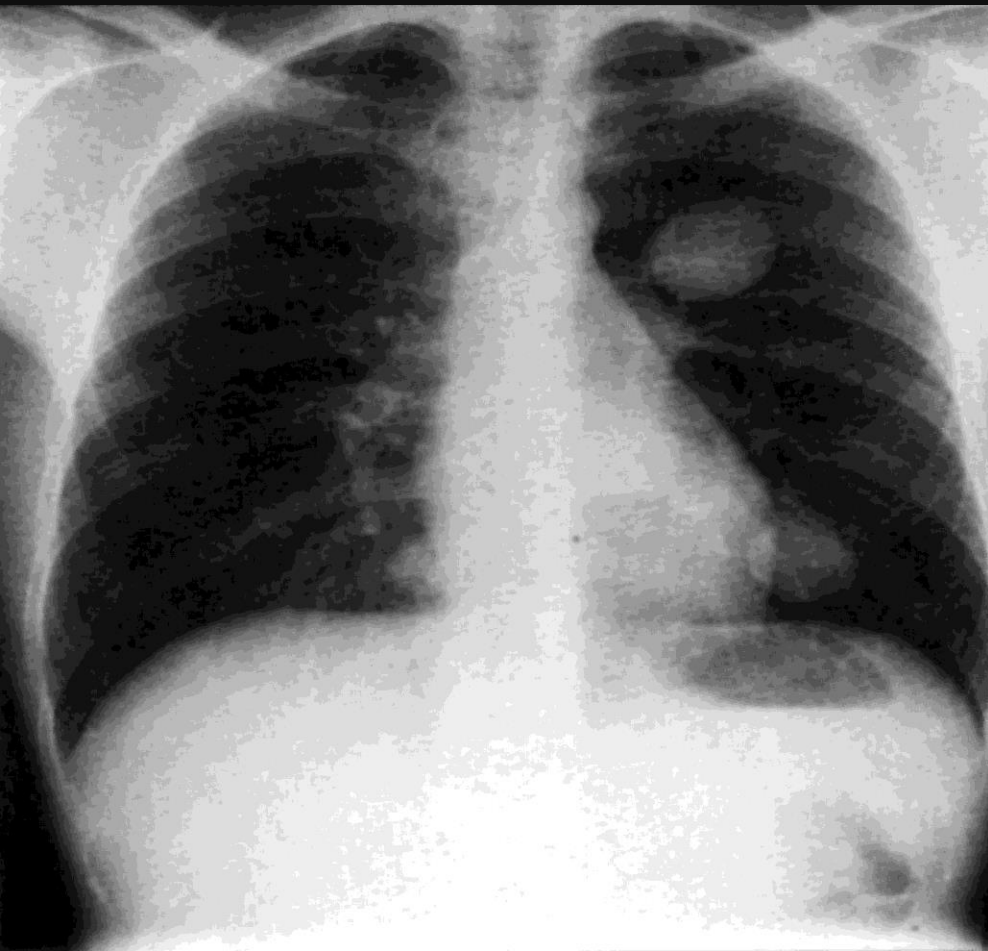
4454/09 I/1



Herék vizsgálata

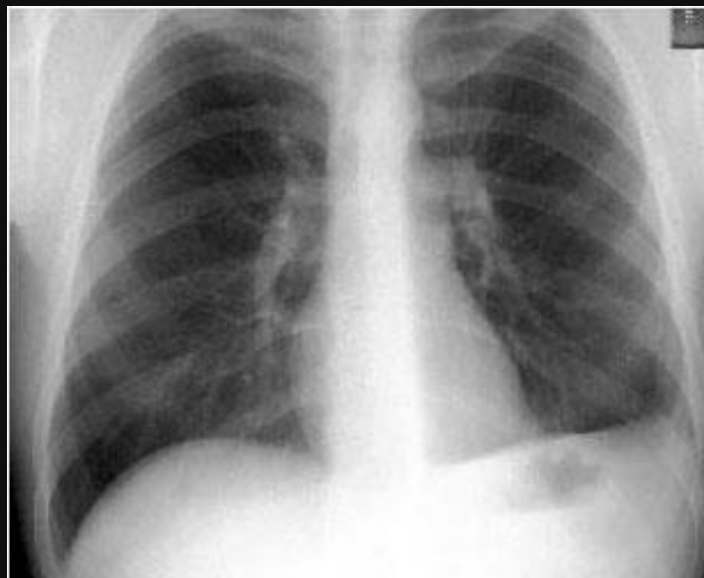
Herék Önvizsgálata - „népnevelés”

Tanösvény-here



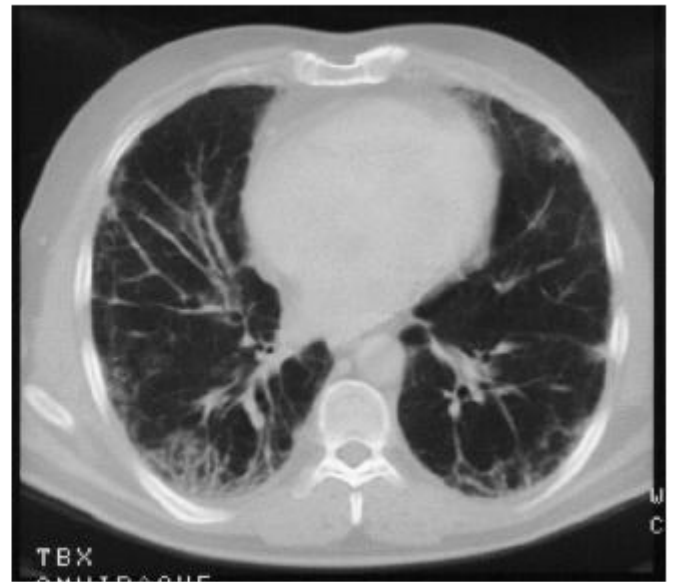


A chemo-
therápia
eredménye:





A chemo-
therápia
eredménye:



Sex - cord stroma tumorok

Leydig
Sertoli

Hormont termelhetnek

(gynecomastia, pubertas precox)

10 % malignus

Gonadoblastomák

kevert csíra sejtes- sex cord

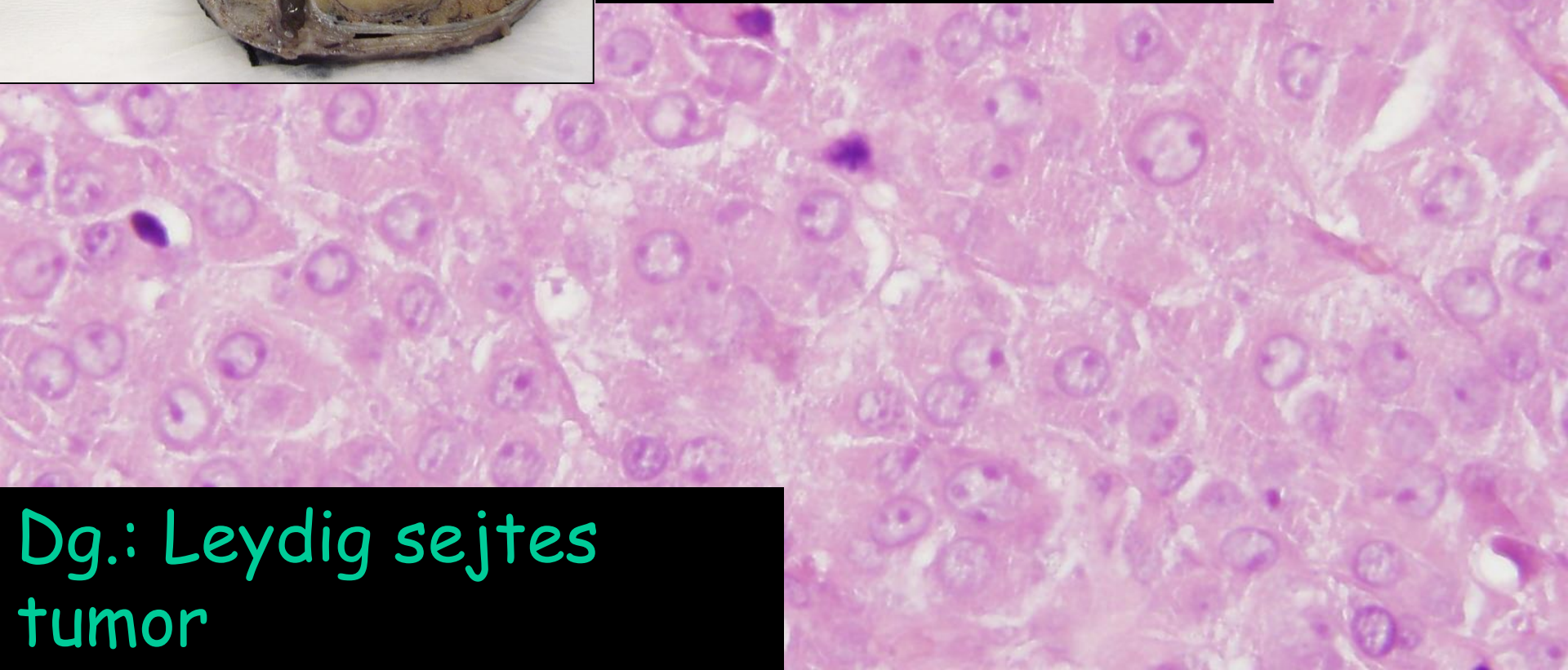
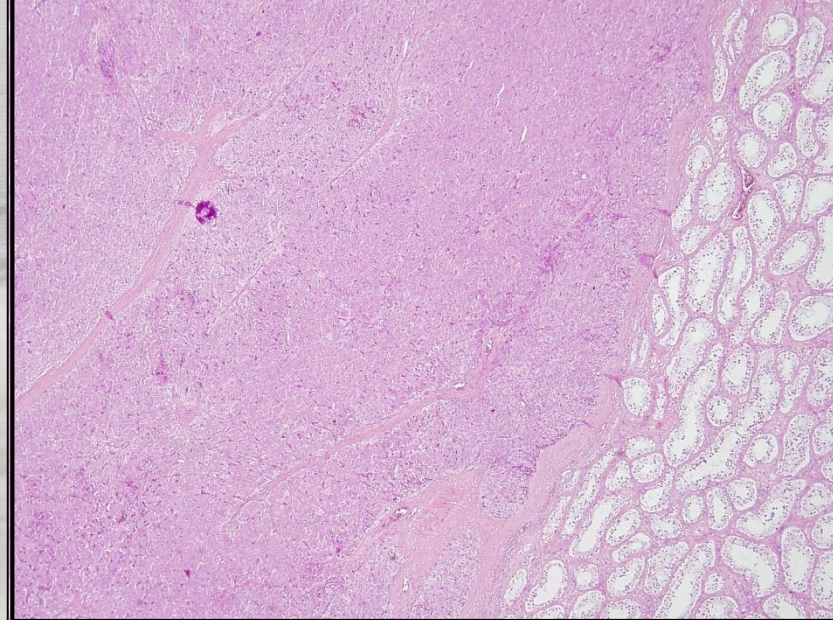
szinte kizárolag gonadalis dysgenesis esetén

63 éves férfi

Gynecomastia

UH vizsgálattal
vegyes
echoszerkezetű
tumor





Dg.: Leydig sejtes tumor

Egyéb, herében előforduló tumorok

Lymphoma,

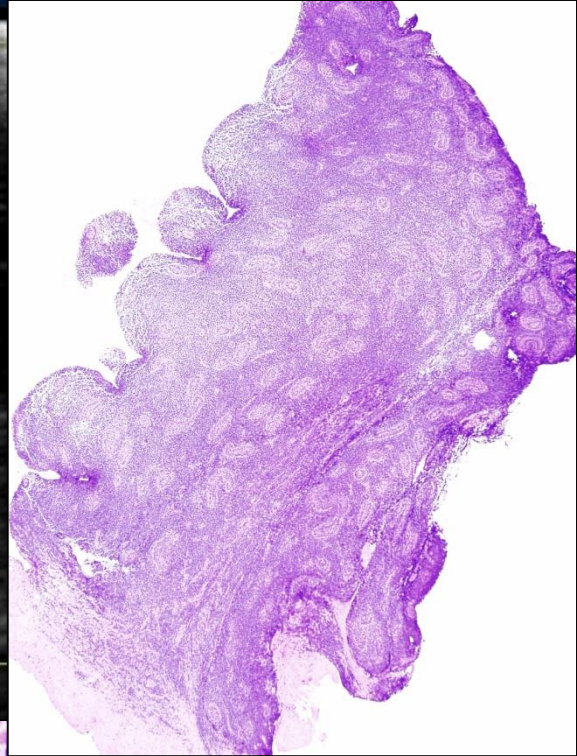
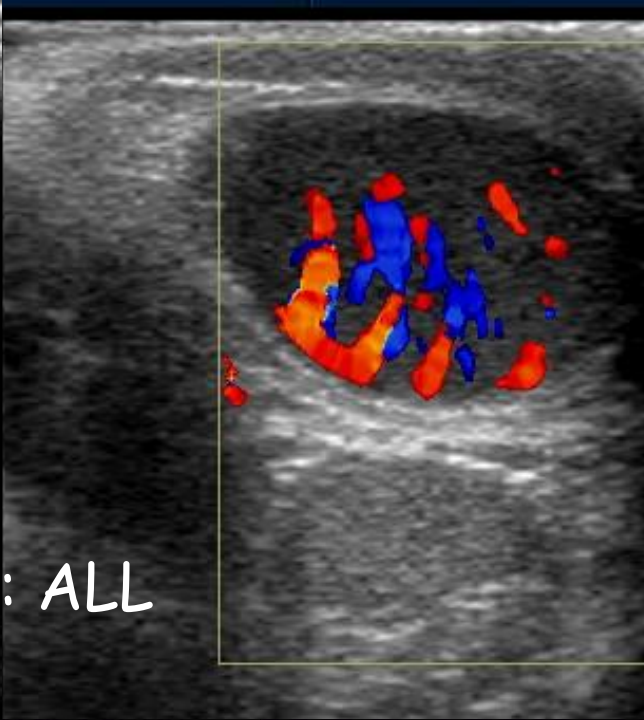
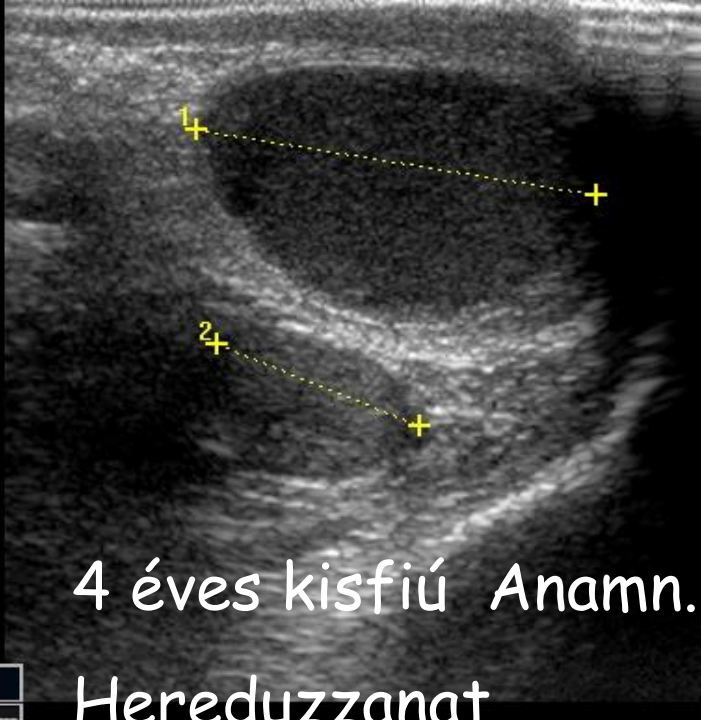
Leukaemia

Mesenchymalis daganatok

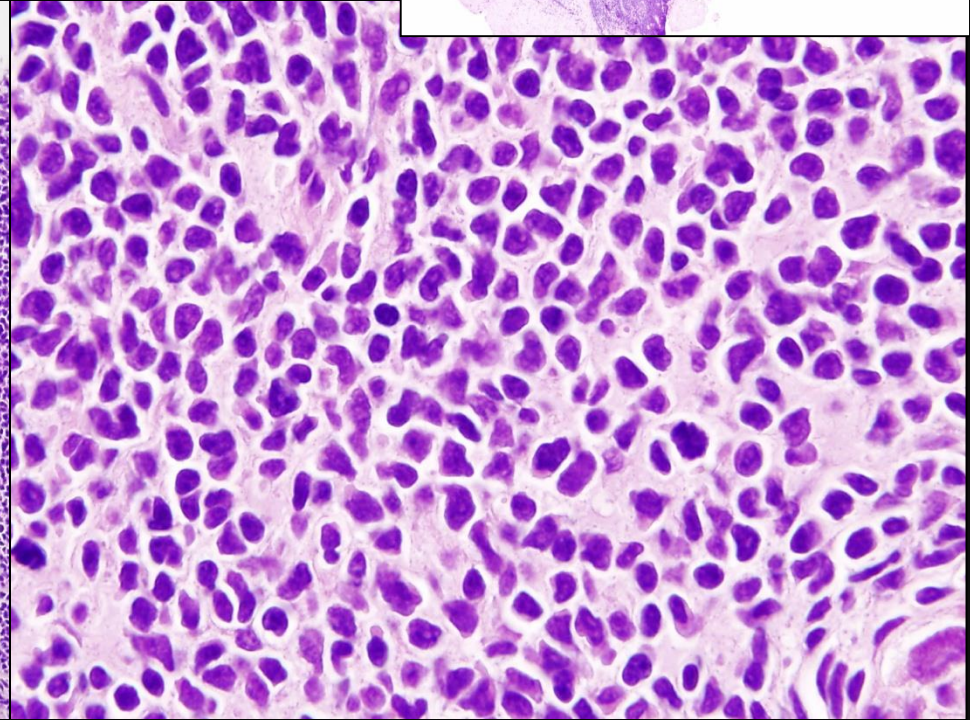
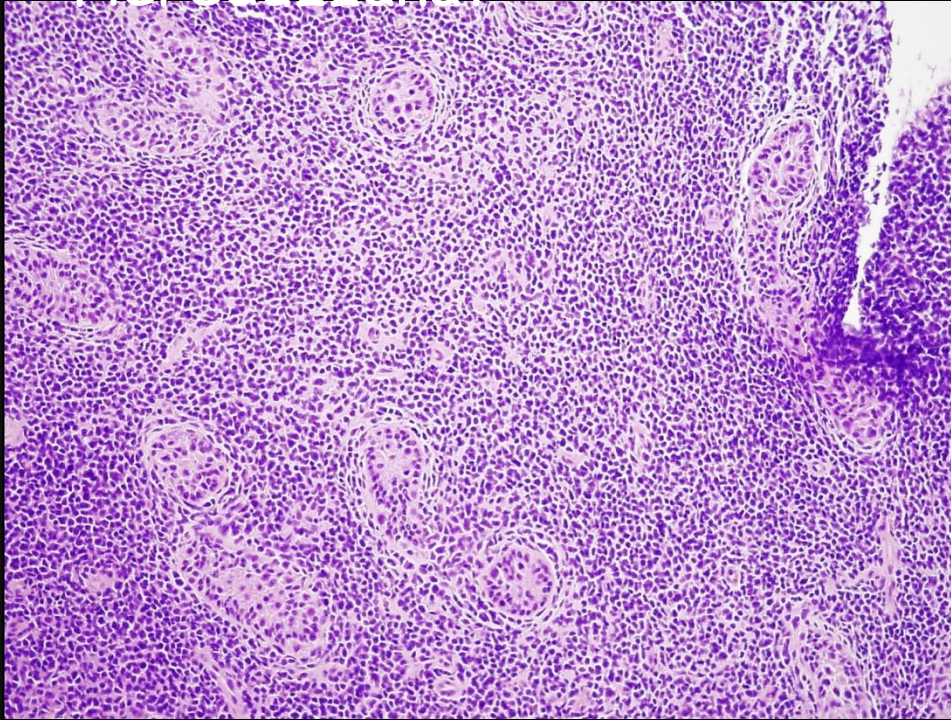
Metastasisok

Mellékhere

Adenomatoid tumor



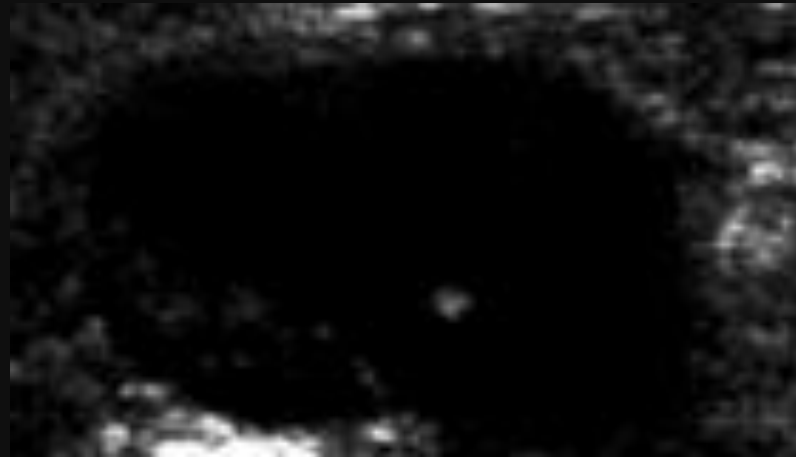
4 éves kisfiú Anamn.: ALL
Hereduzzanat



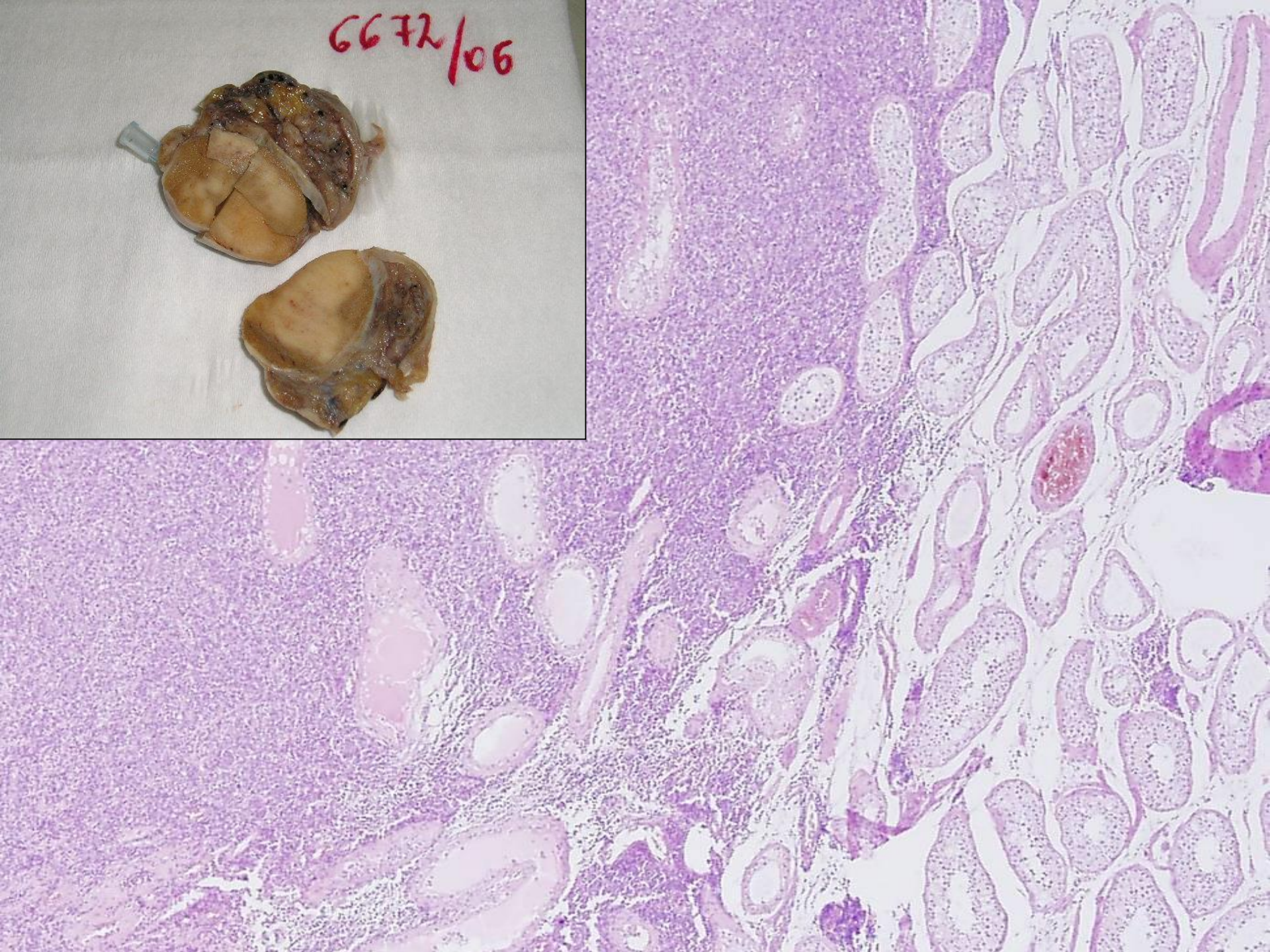
63 éves férfi

Fájdalmatlan hereduzzanat

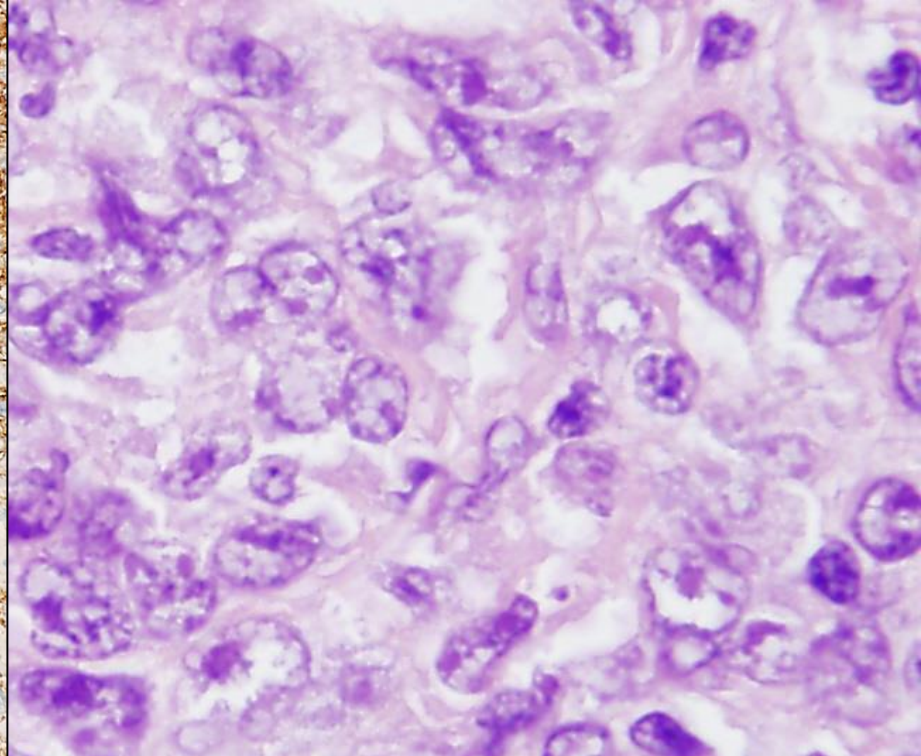
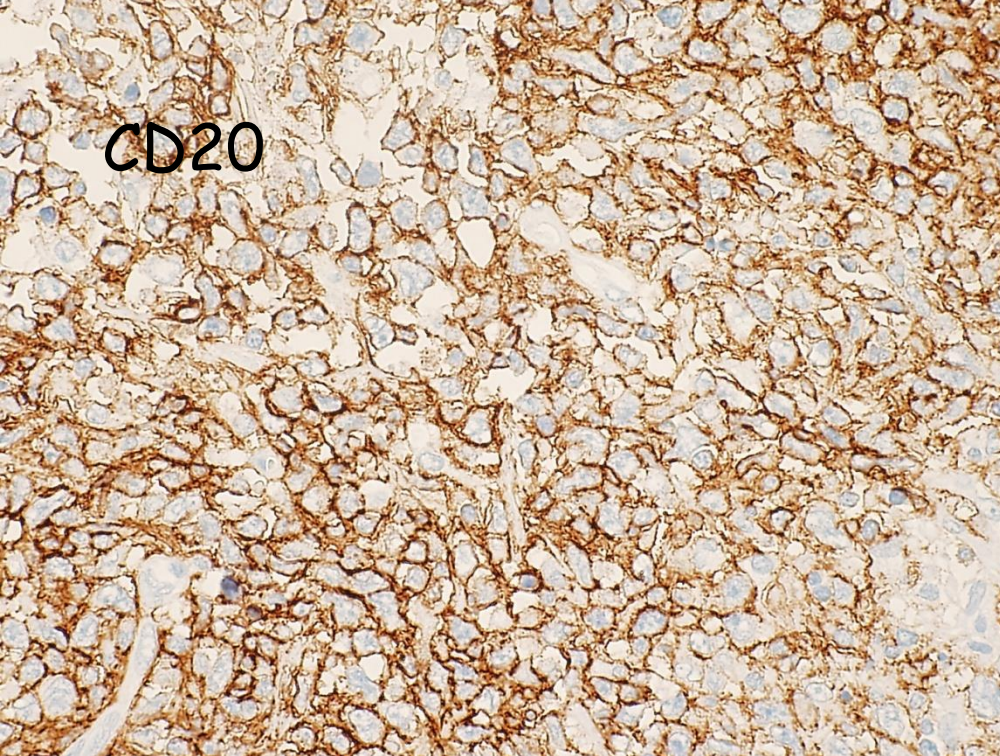
Mal?



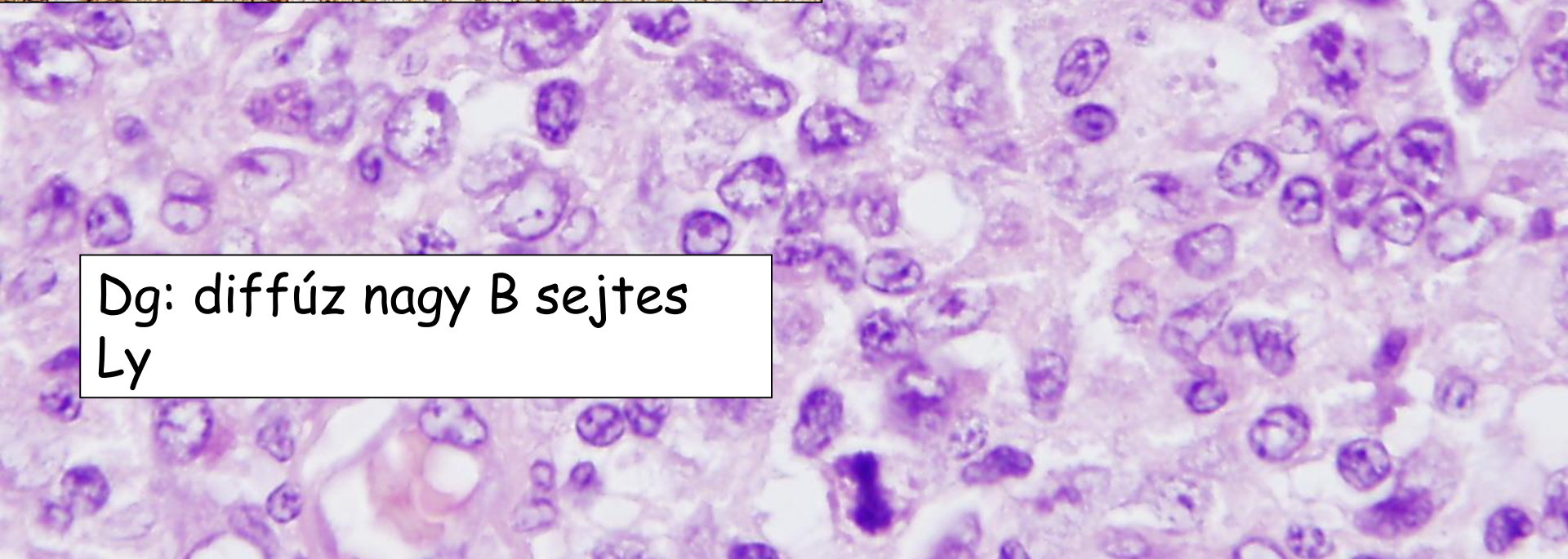
6672/06



CD20



Dg: diffúz nagy B sejtés
Ly

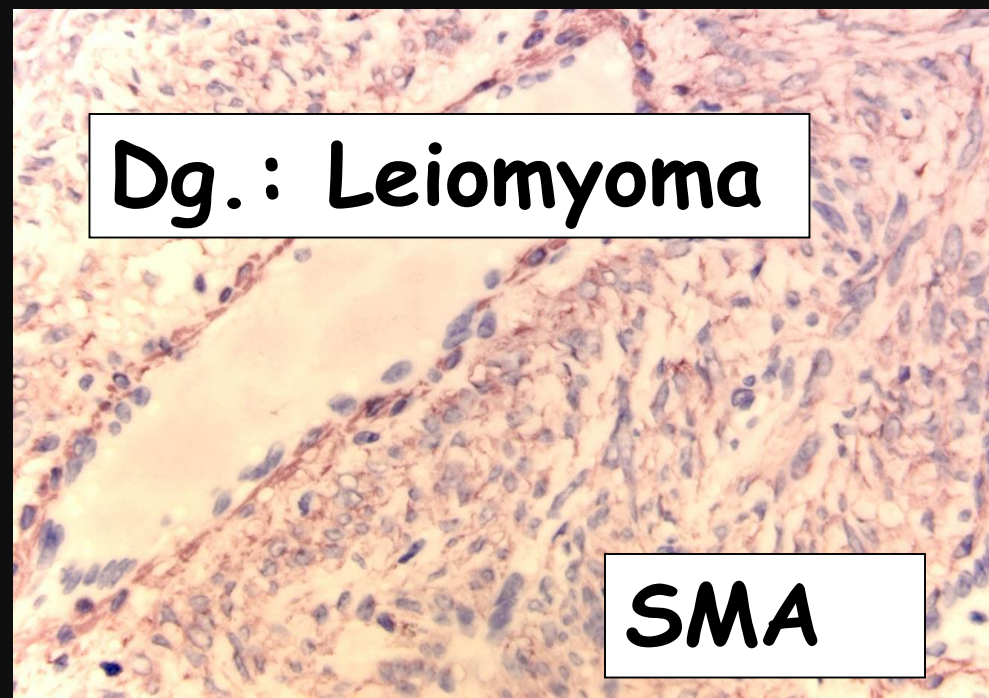
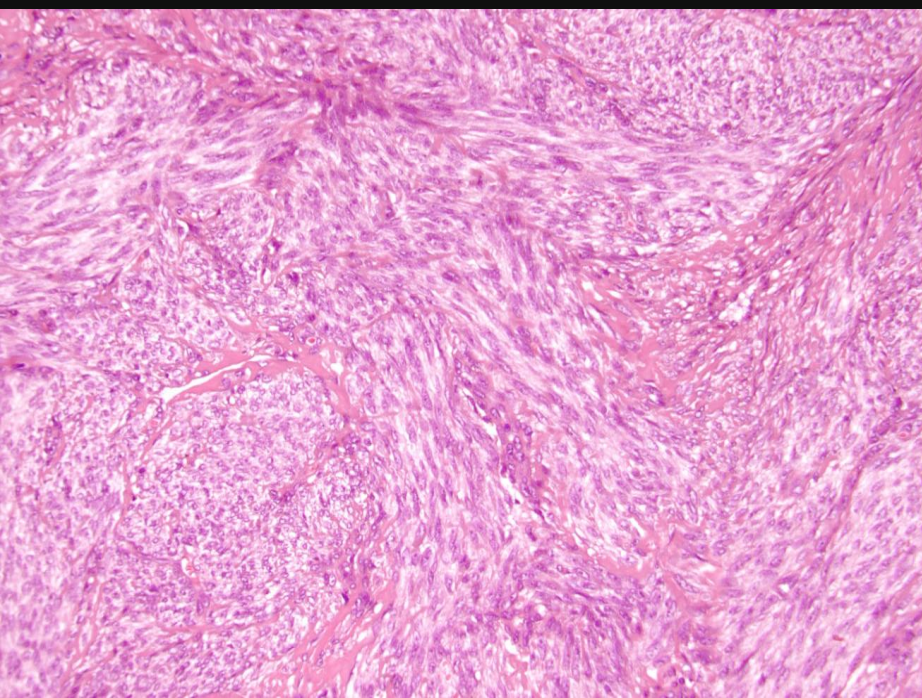
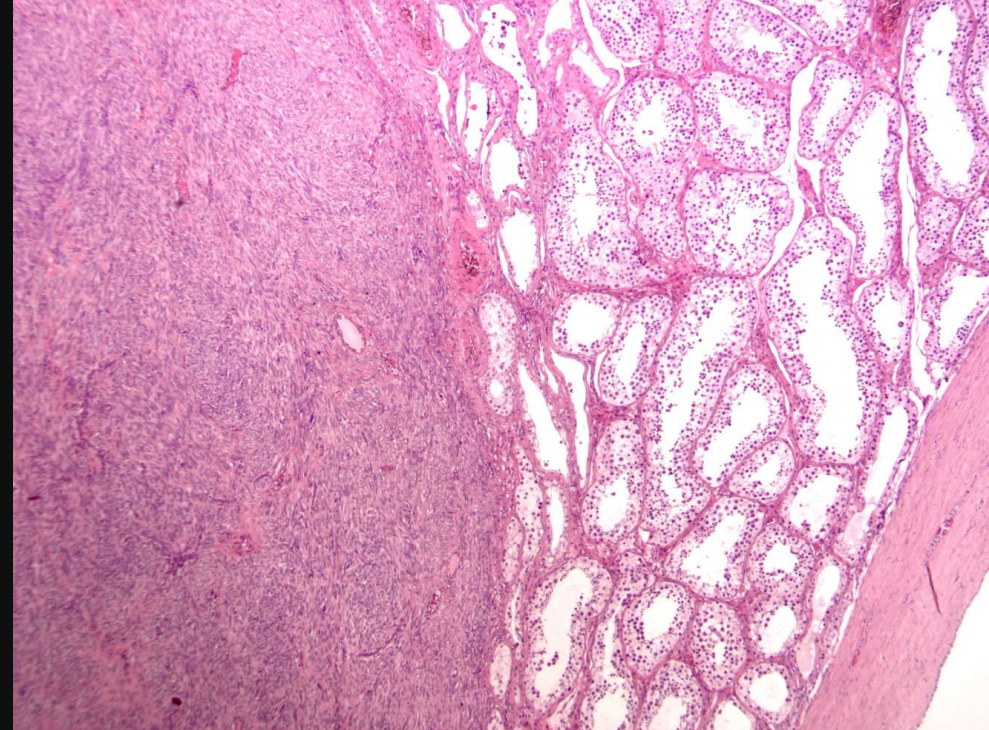
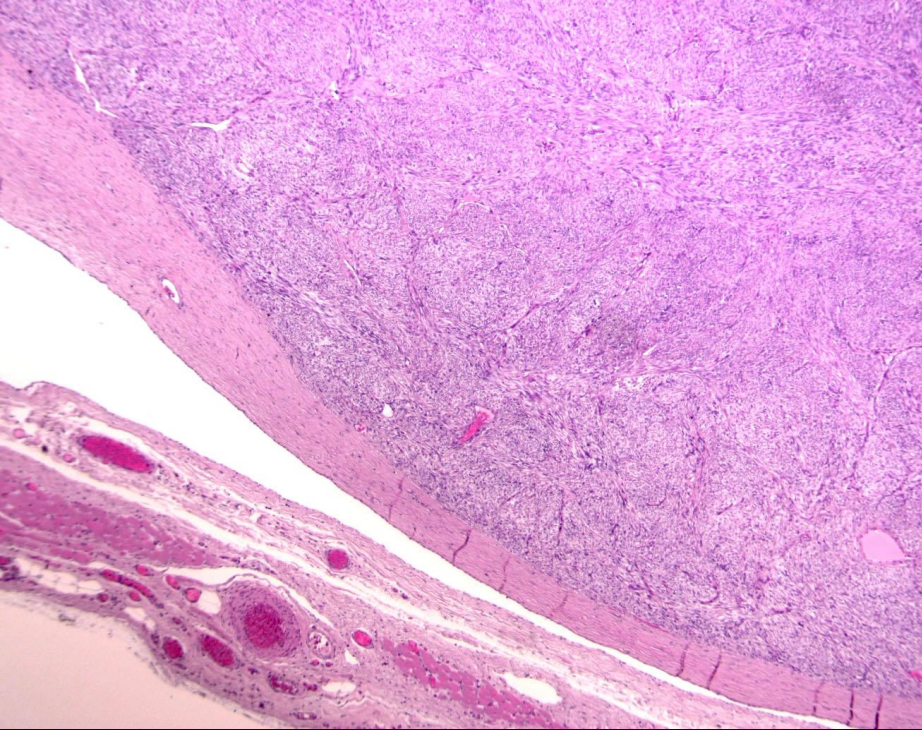


51 éves férfi

Kis tömött csomó a herében

Mal.?



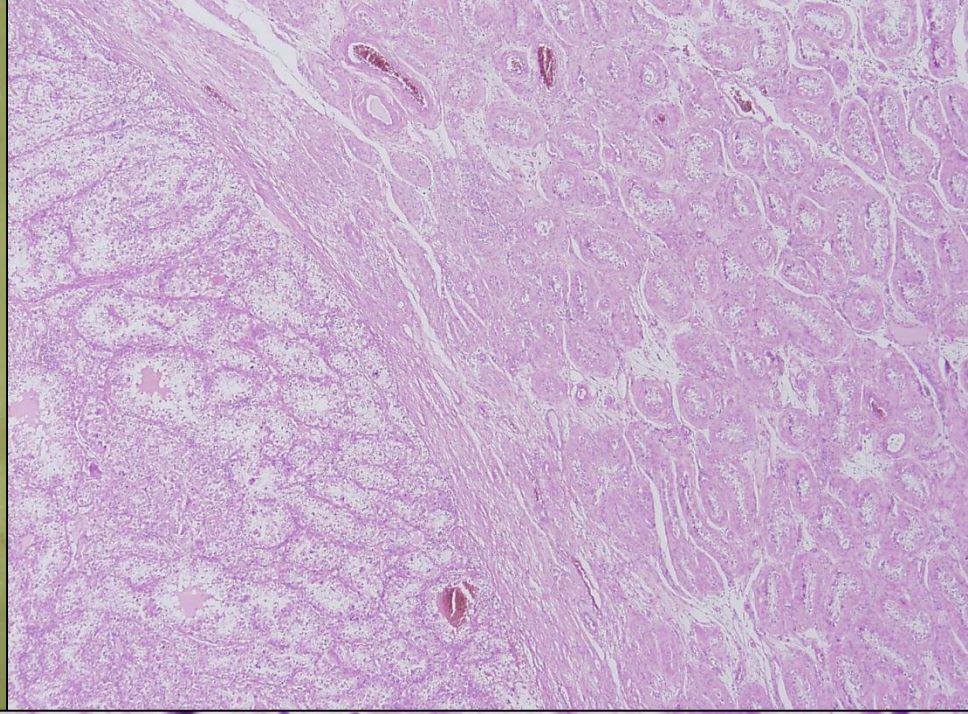


Dg. : Leiomyoma

SMA

Kb. 60
éves ffi.

Here-
duzzanat



Két évvel korábban
nephrectomia RCC
miatt

