

TUMORES DEL SNC

DRA. MONICA CARRERA

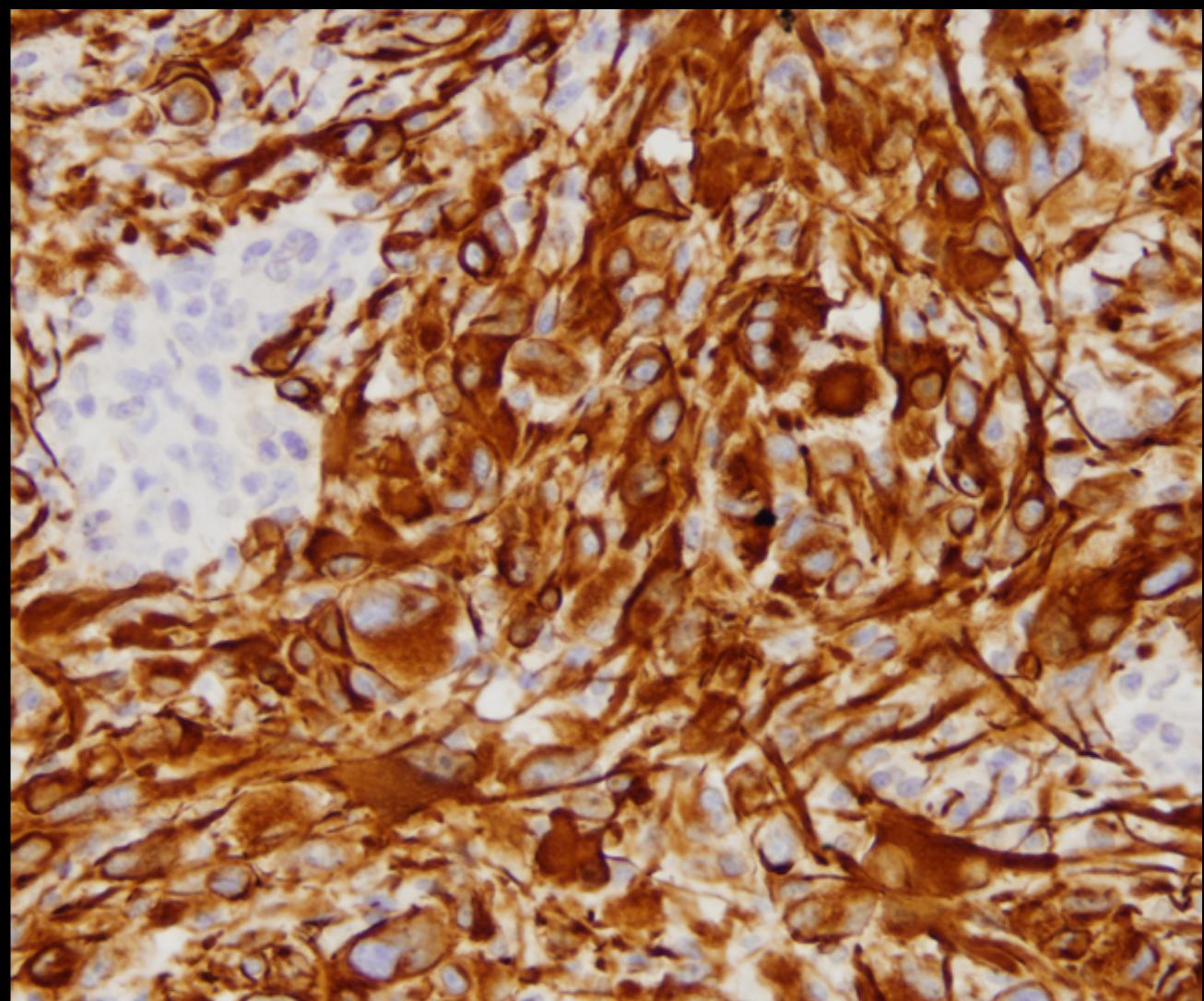
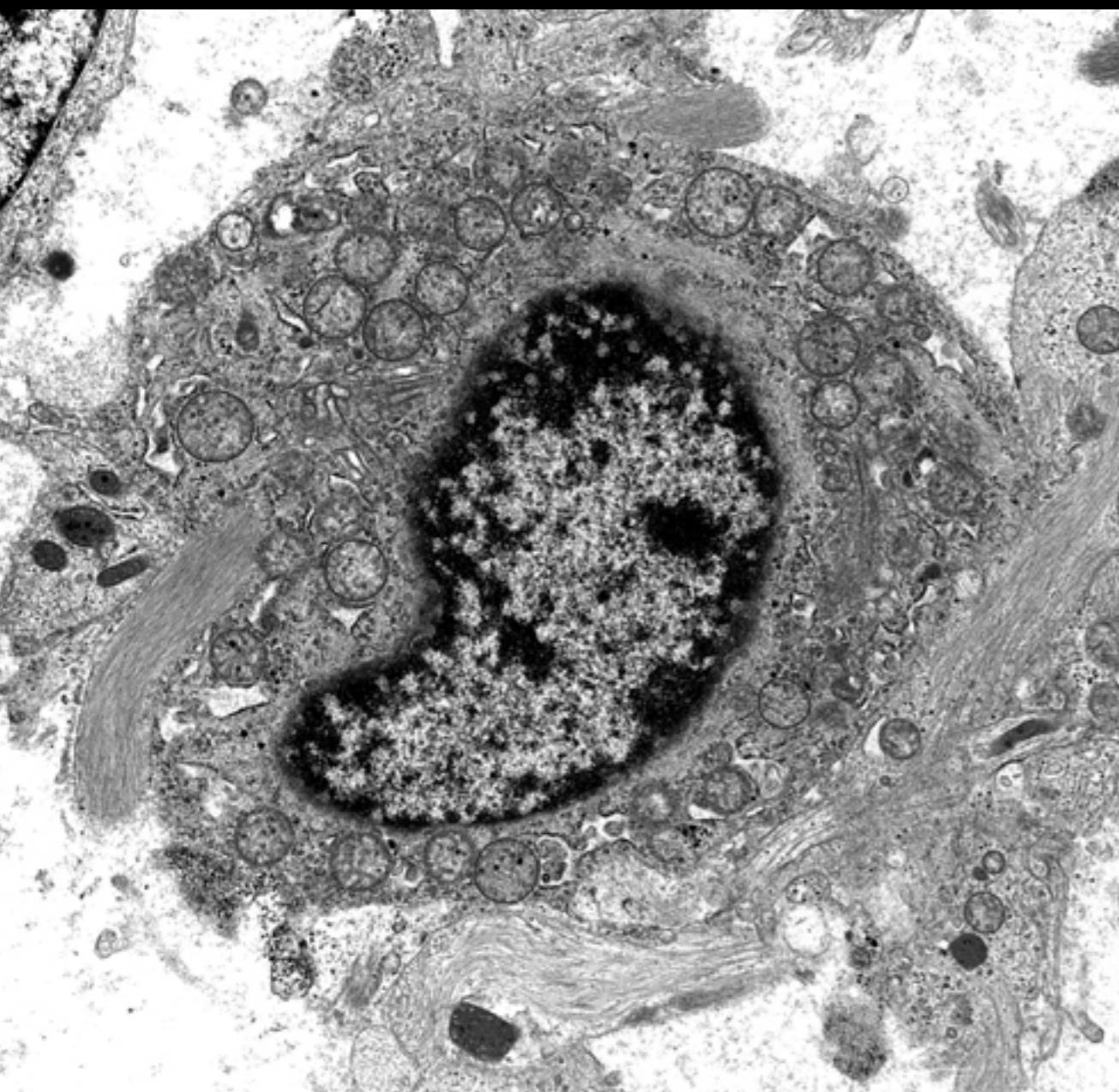
TUMORES DE CEL NEUROGLIALES	CELULAS GLIALES	CEL EPENDIMARIAS	PLEXOS COROIDES	T. NEURONALES
TUMORES EMBRIONARIOS	MEDULOBLASTOMA	T. TERATOIDE		
TUMORES CRANEALES Y NERVIOS ESPINALES	SCHWANNOMA	NEUROFIBROMA	TMVNP	
TUMORES MENINGEOS	MENINGIOMA			
TUMORS MESENQUIMATOSO	HEMANGIOBLASTOMA	T. FIBROSO SOLITARIO	SARCOMA	
TUMORES DE CEL GERMINALES	GERMINOMA	DA EMBRIONARIO	SEÑOS ENDODERMICOS	TERATOMA
TUMORES METASTÁSICOS	PULMON	MAMA	MELANOMA	RENAL
T. REGION SELLAR	CRANEOFARINGIOMA			
LINFOMAS	CÉLULAS GRANDES B INMUNOCOMPETENTES			

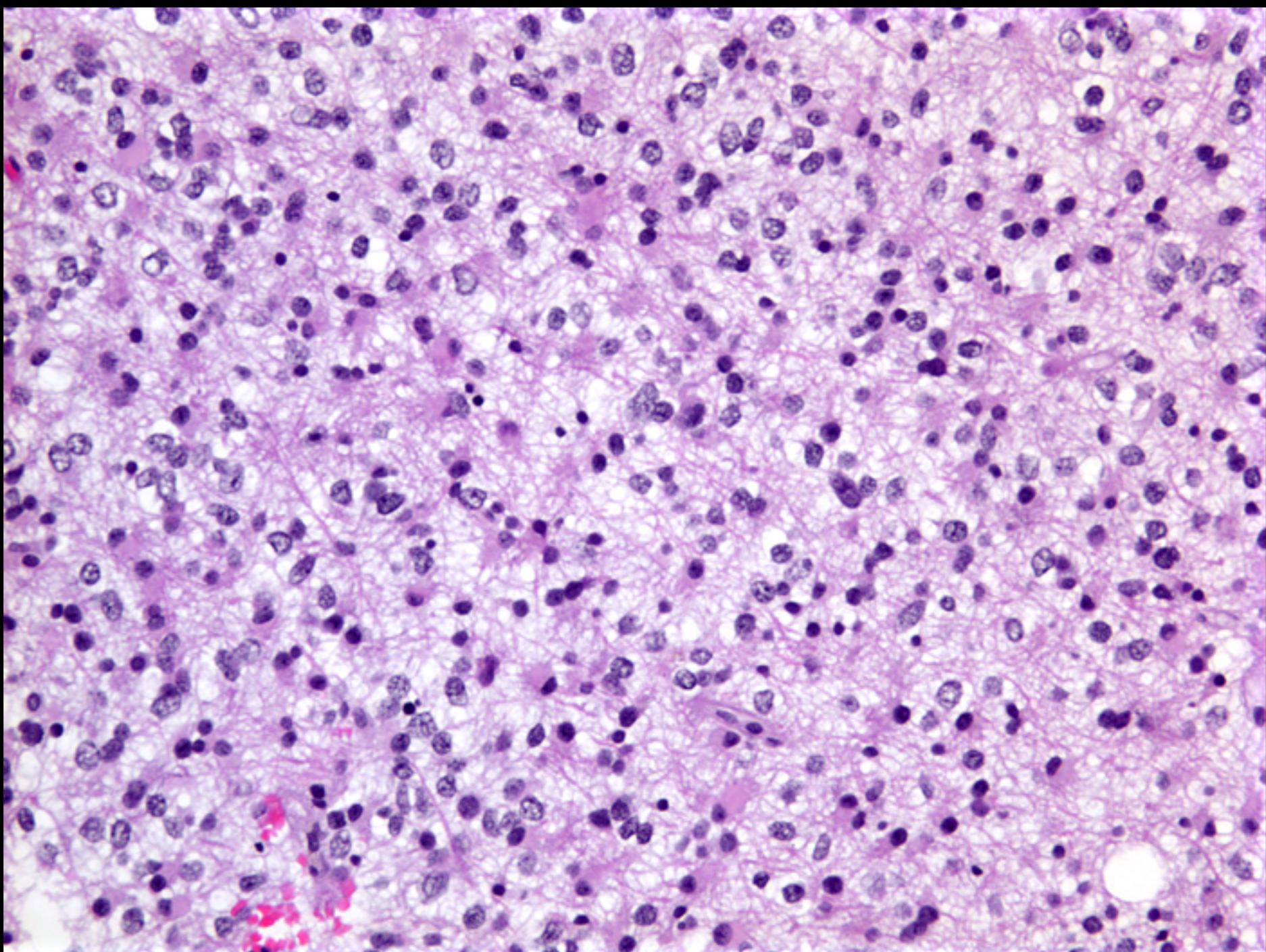


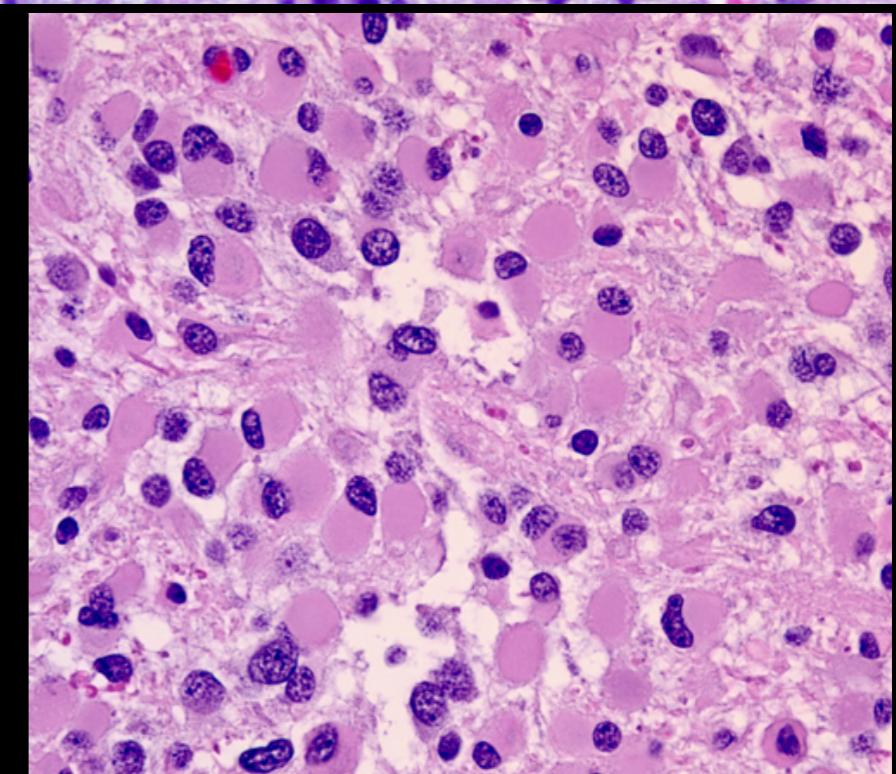
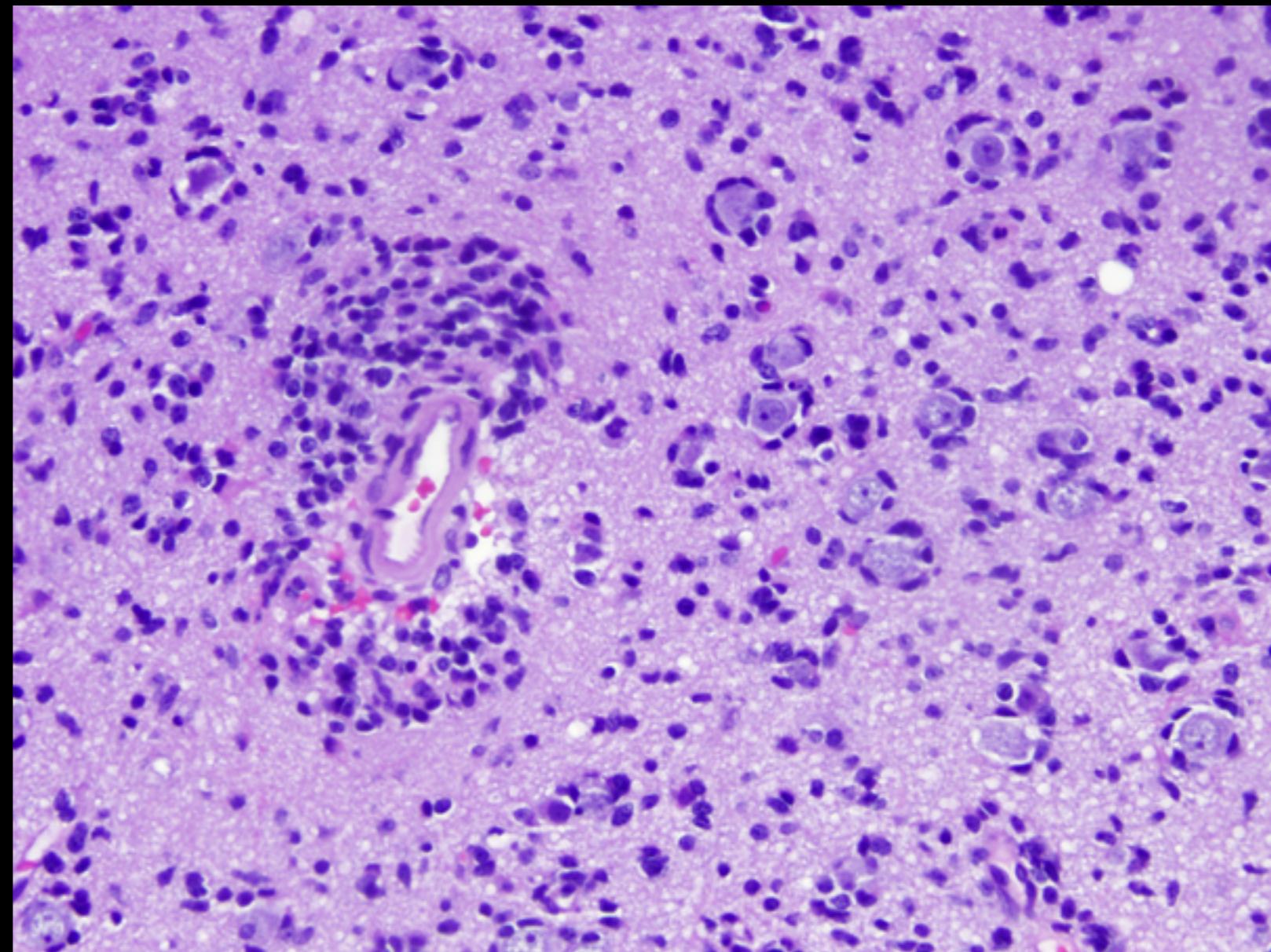
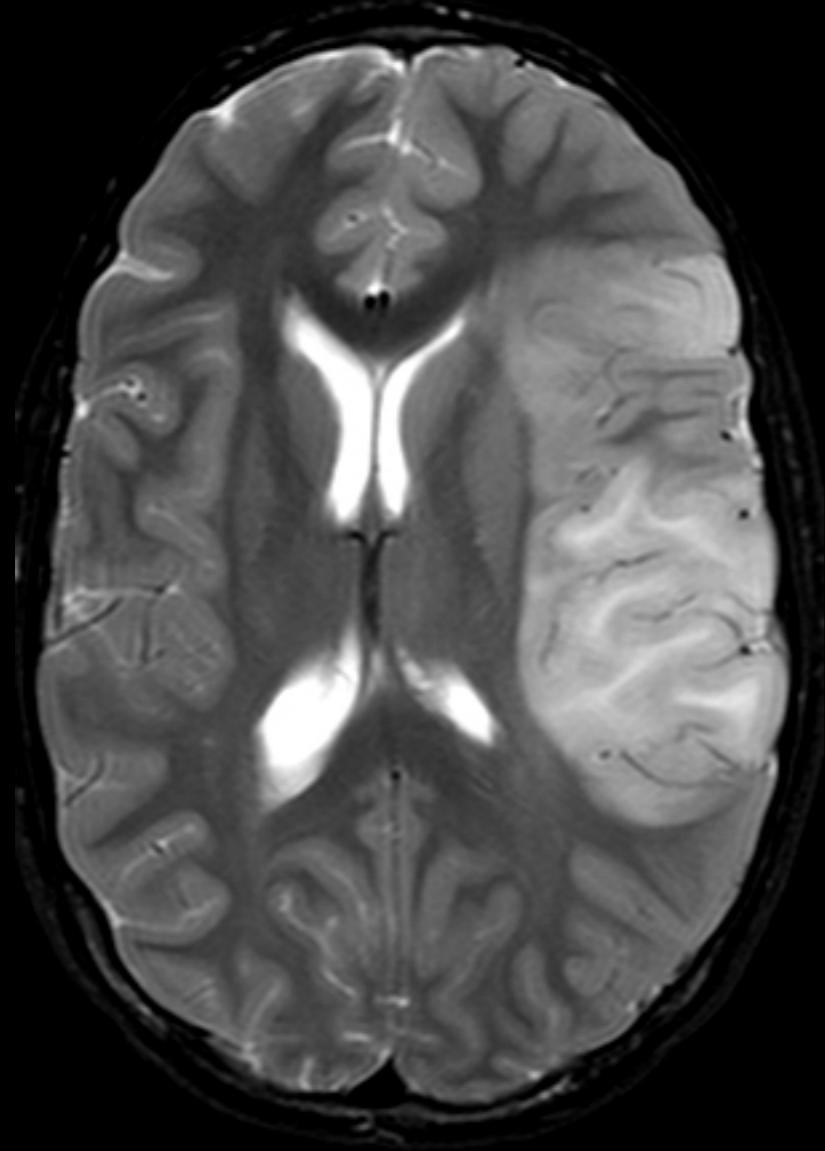
SYNDROME	GENE/LOCUS	NS TUMORS	OTHER TUMORS
NF1	<i>NF1</i> /17q	Plexiform neurofibroma, MPNST, optic and other gliomas	Pheochromocytoma, GIST
NF2	<i>NF2</i> /22q	Vestibular and PN schwannoma, meningioma, other brain tumors	NA
TS	<i>TSC1</i> /9q, <i>TSC2</i> /16p	SEGA	Renal AMLs, lung LAM, cardiac rhabdomyoma
VHL	<i>VHL</i> /3p	Hemangioblastoma	Renal cell carcinoma, pheochromocytoma
Li-Fraumeni	<i>TP53</i> /17p	Astrocytoma	Breast carcinoma, bone and soft tissue sarcoma
Turcot	<i>FAP</i> /5q	Medulloblastoma, GBM	GI polyps, colorectal cancer
Gorlin	<i>PTCH</i> /9q	Desmoplastic medulloblastoma	Nevoid basal cell carcinoma, Odontogenic keratocysts

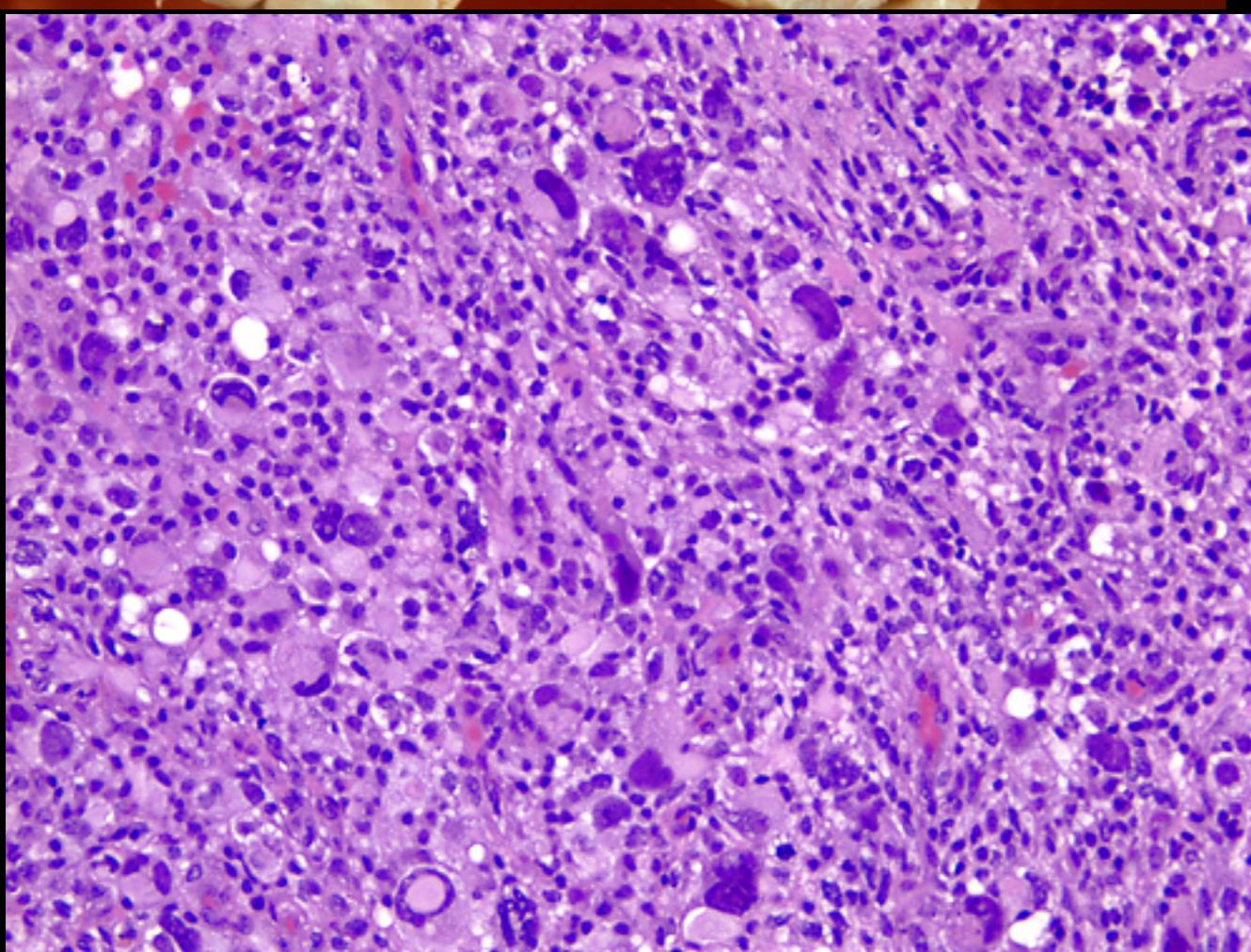
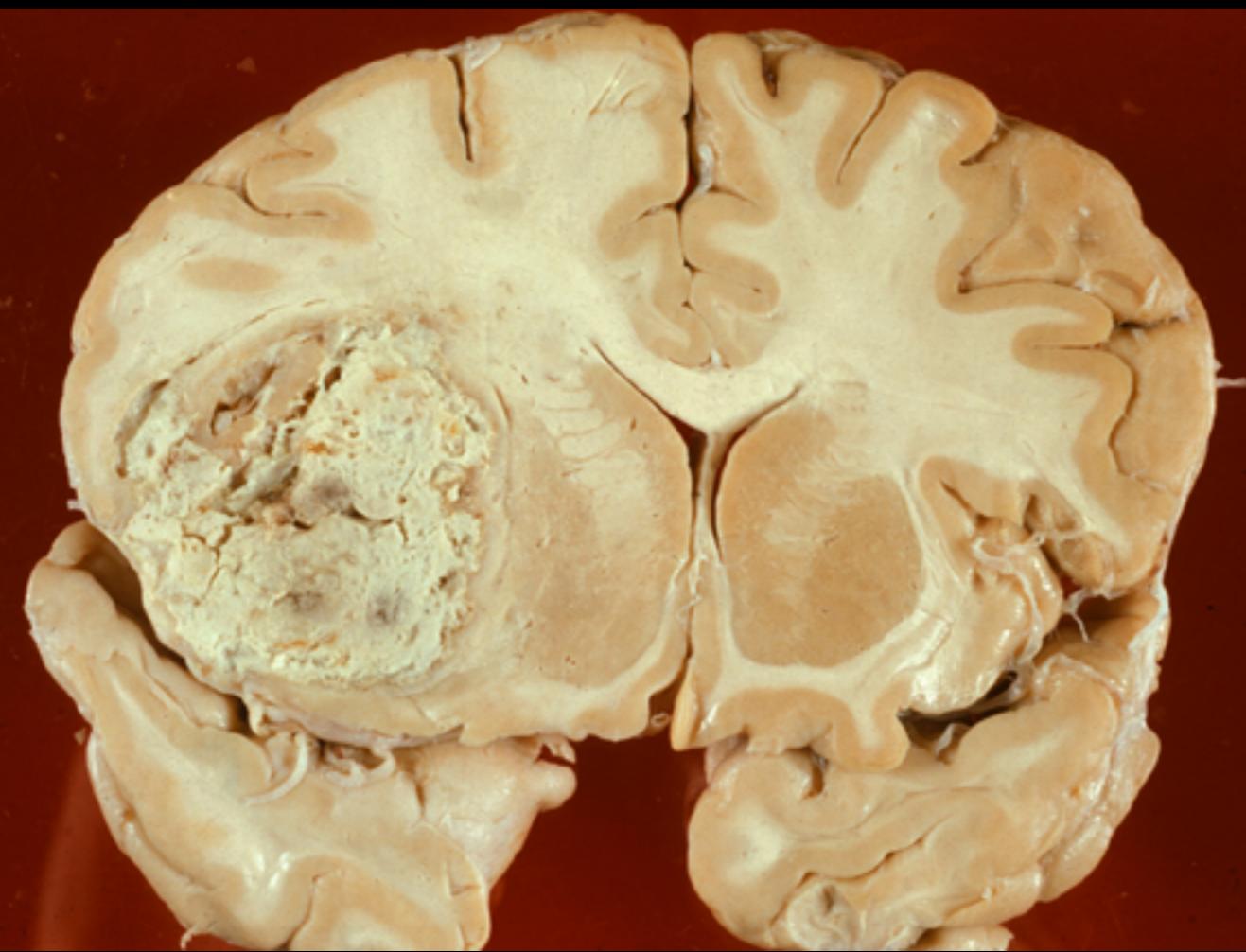
WHO GRADING SYSTEM

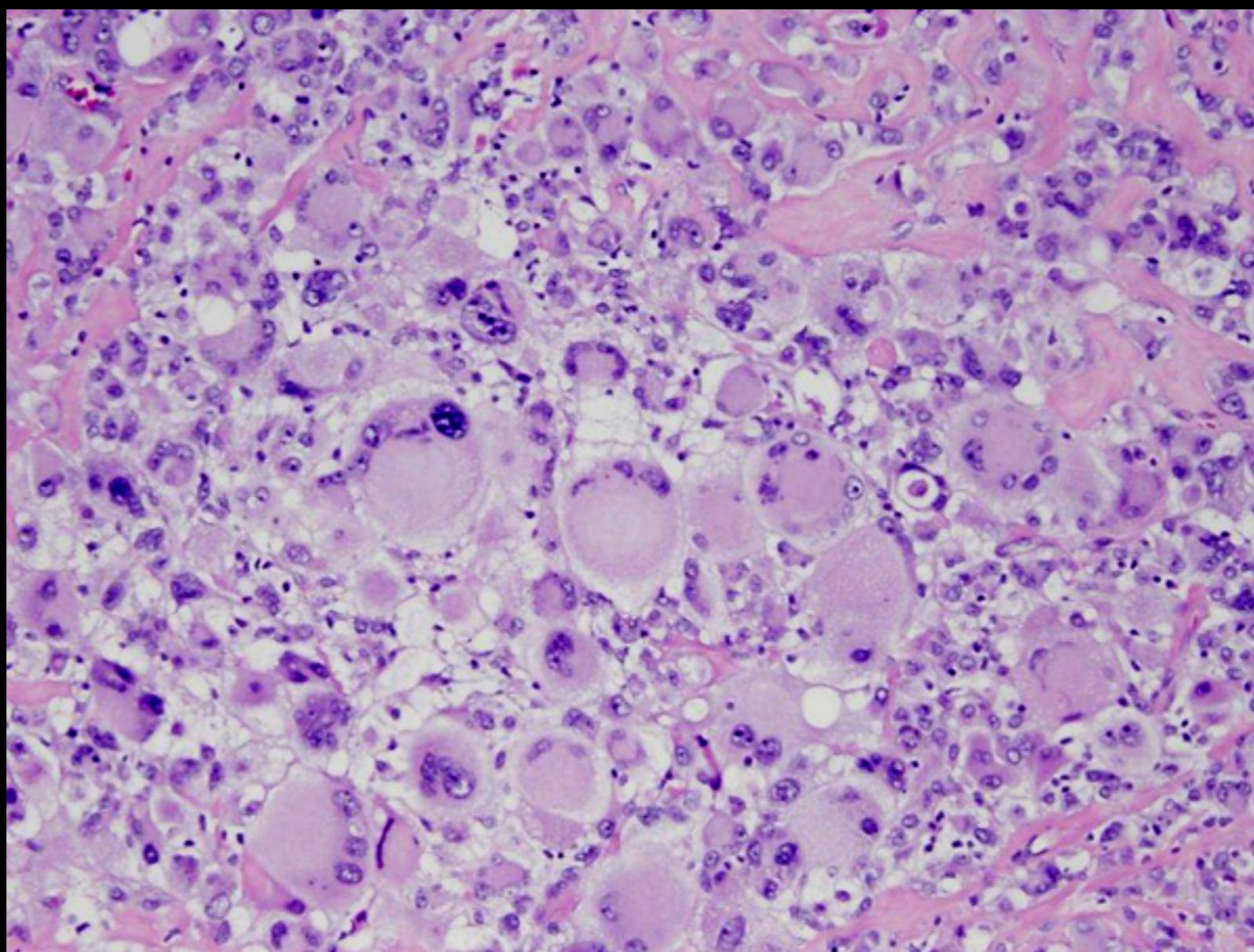
Grade I-Pilocytic astrocytoma	Benign cytological features-see below
Grade II-Diffuse astrocytoma	Moderate cellularity-no anaplasia or mitotic activity
Grade III- Anaplastic astrocytoma	Cellularity, anaplasia, mitoses
Grade IV-Glioblastoma	Same as Grade III plus microvascular proliferation and necrosis

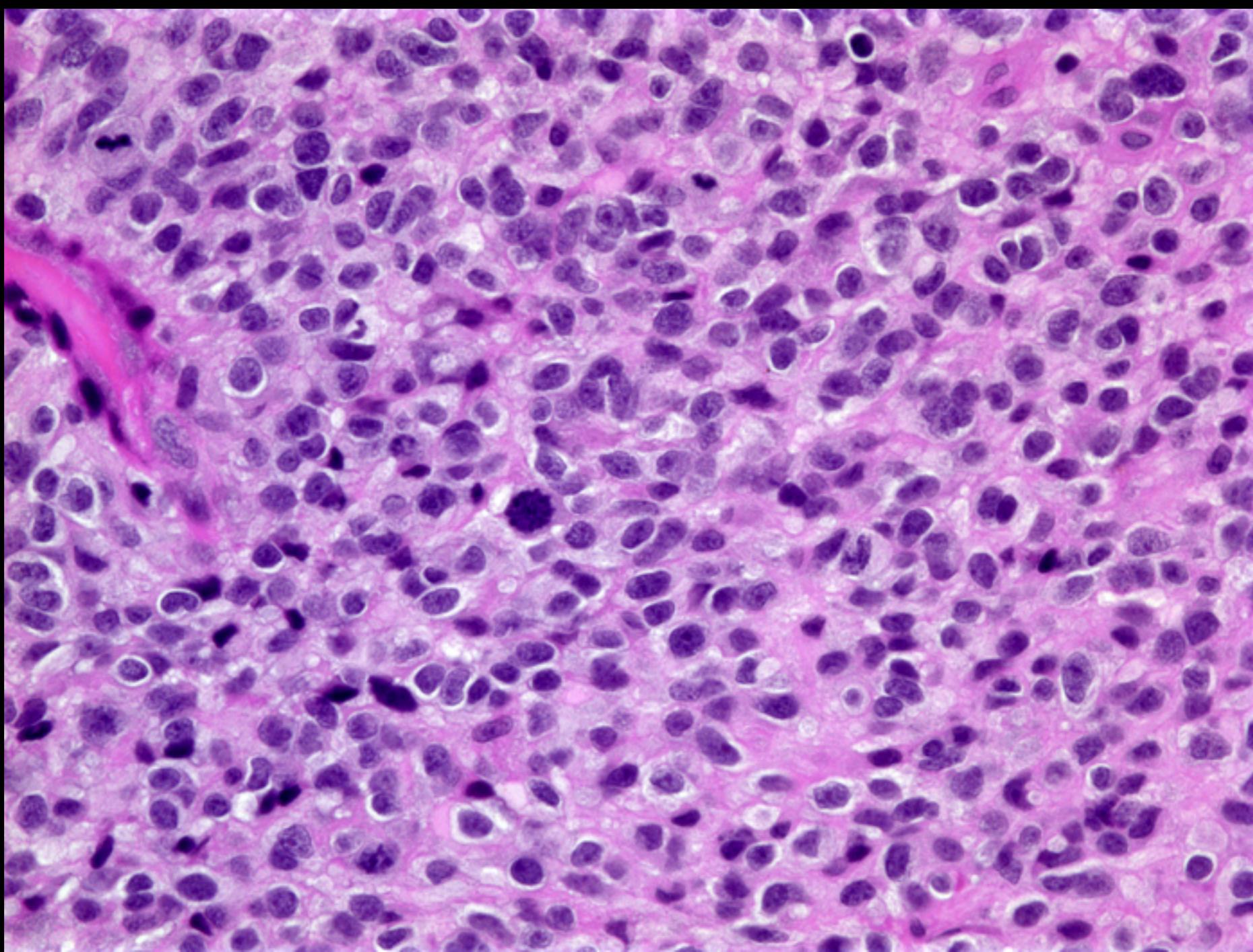


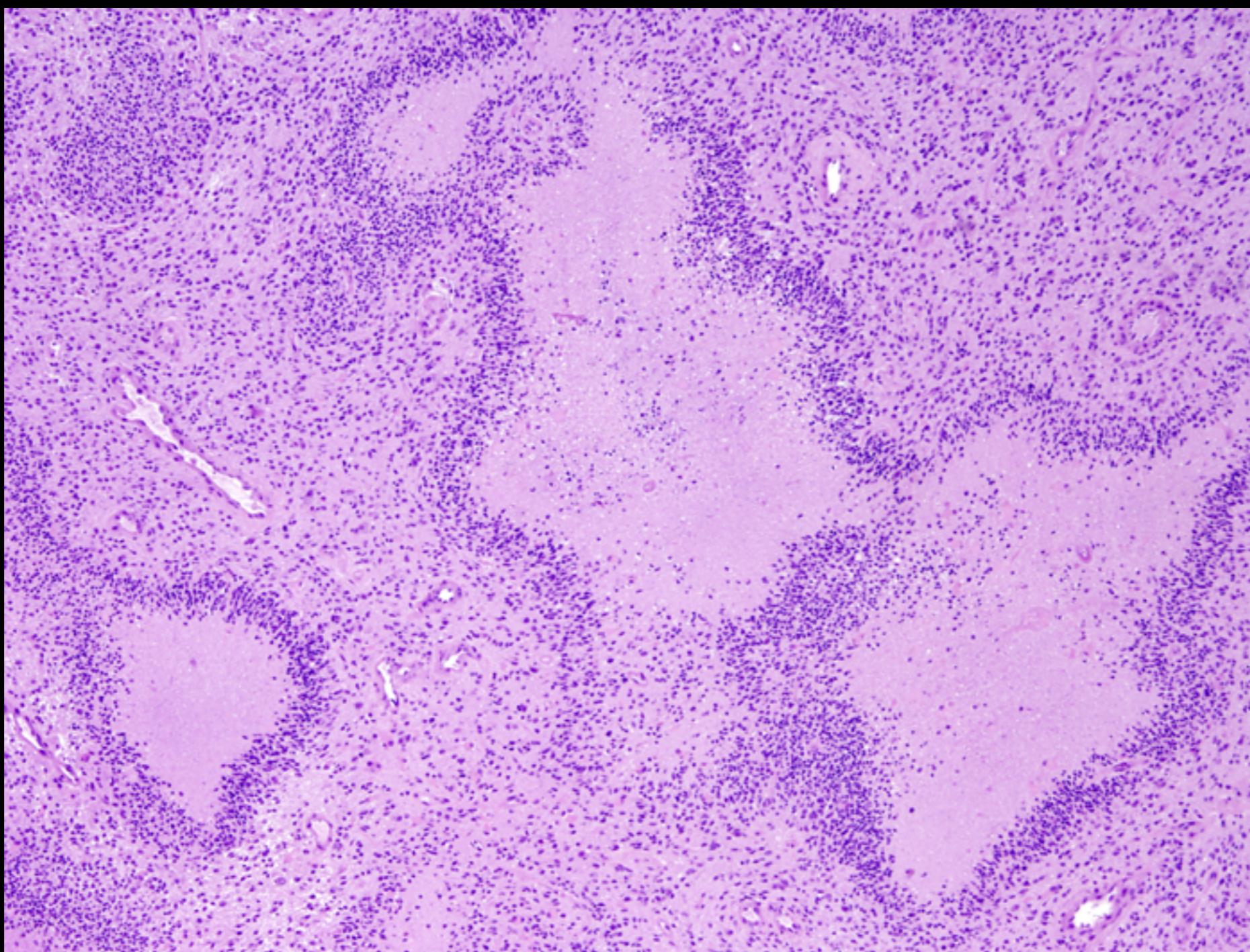


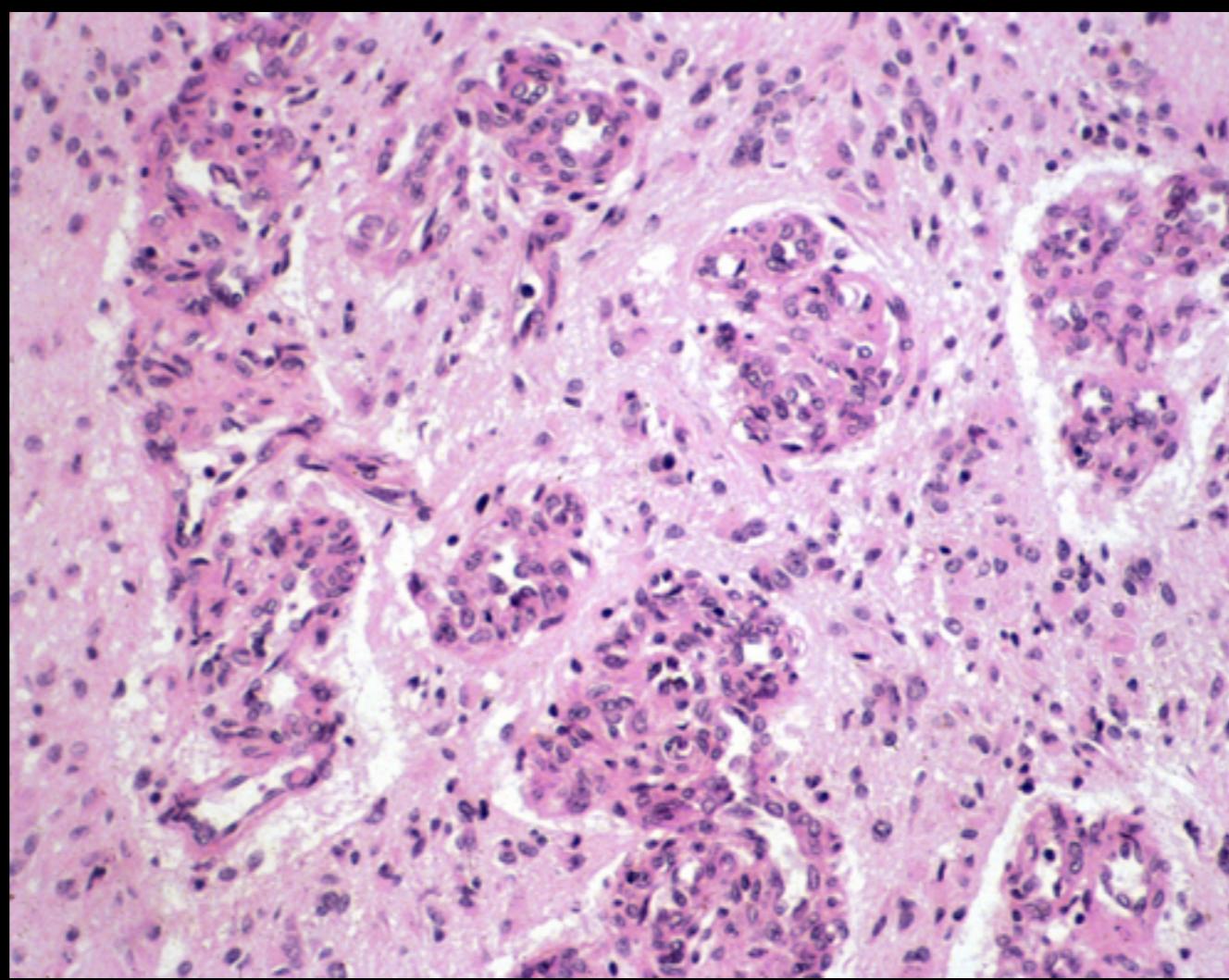


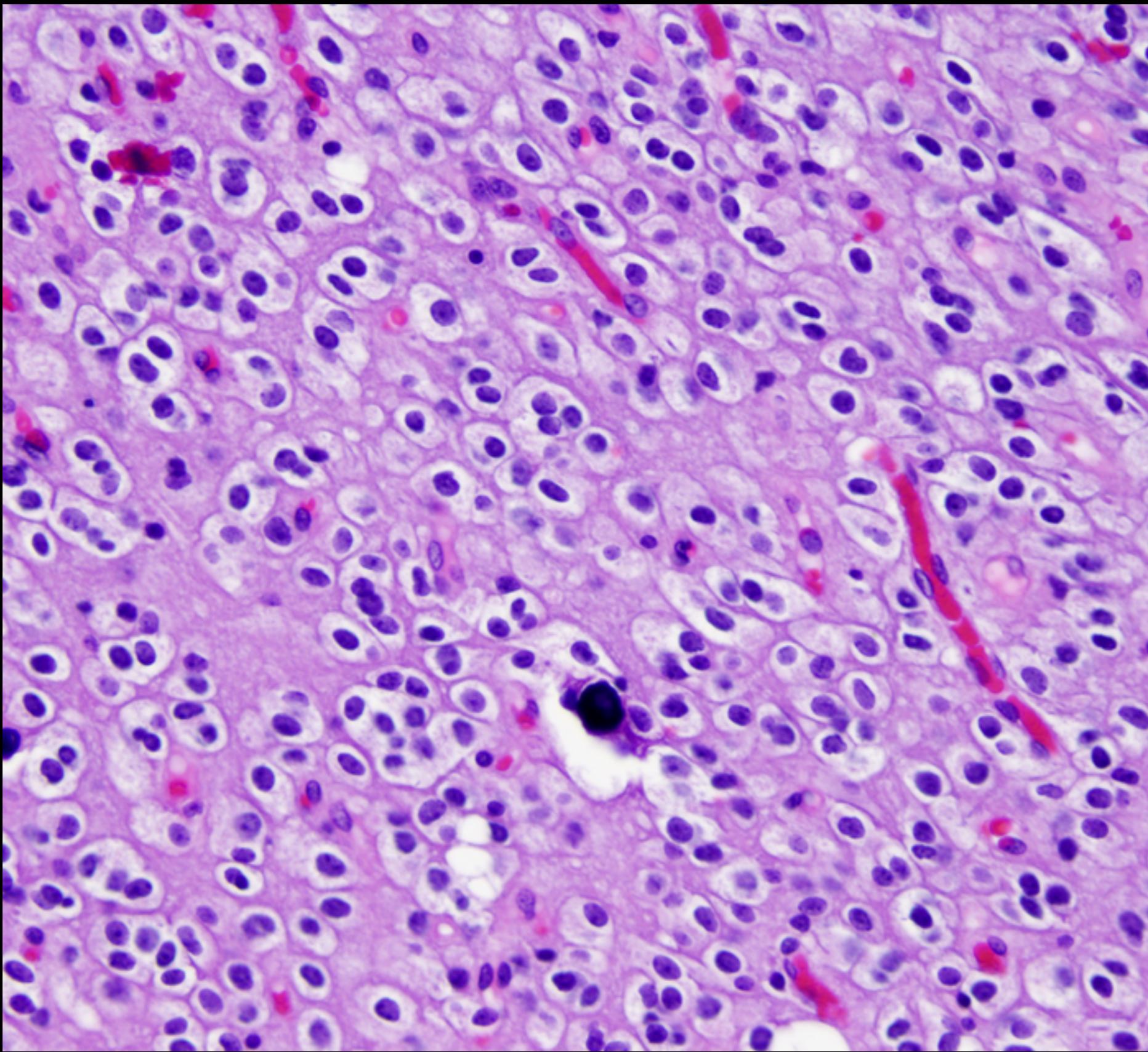


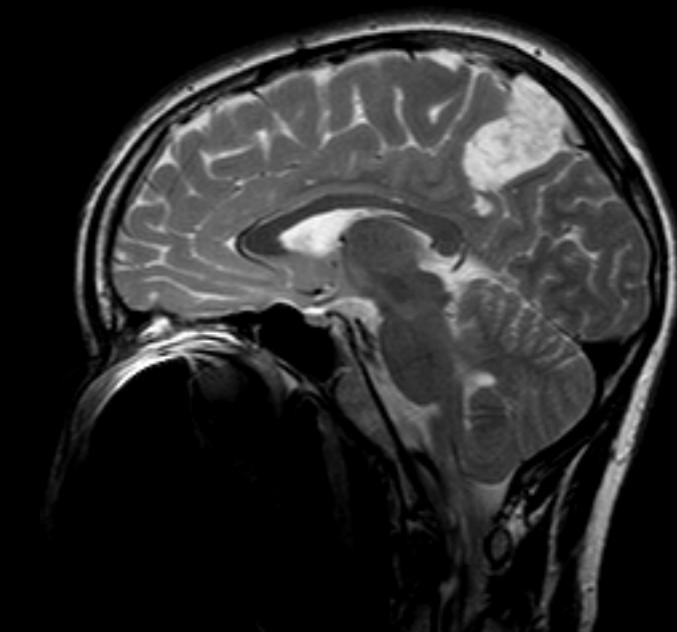
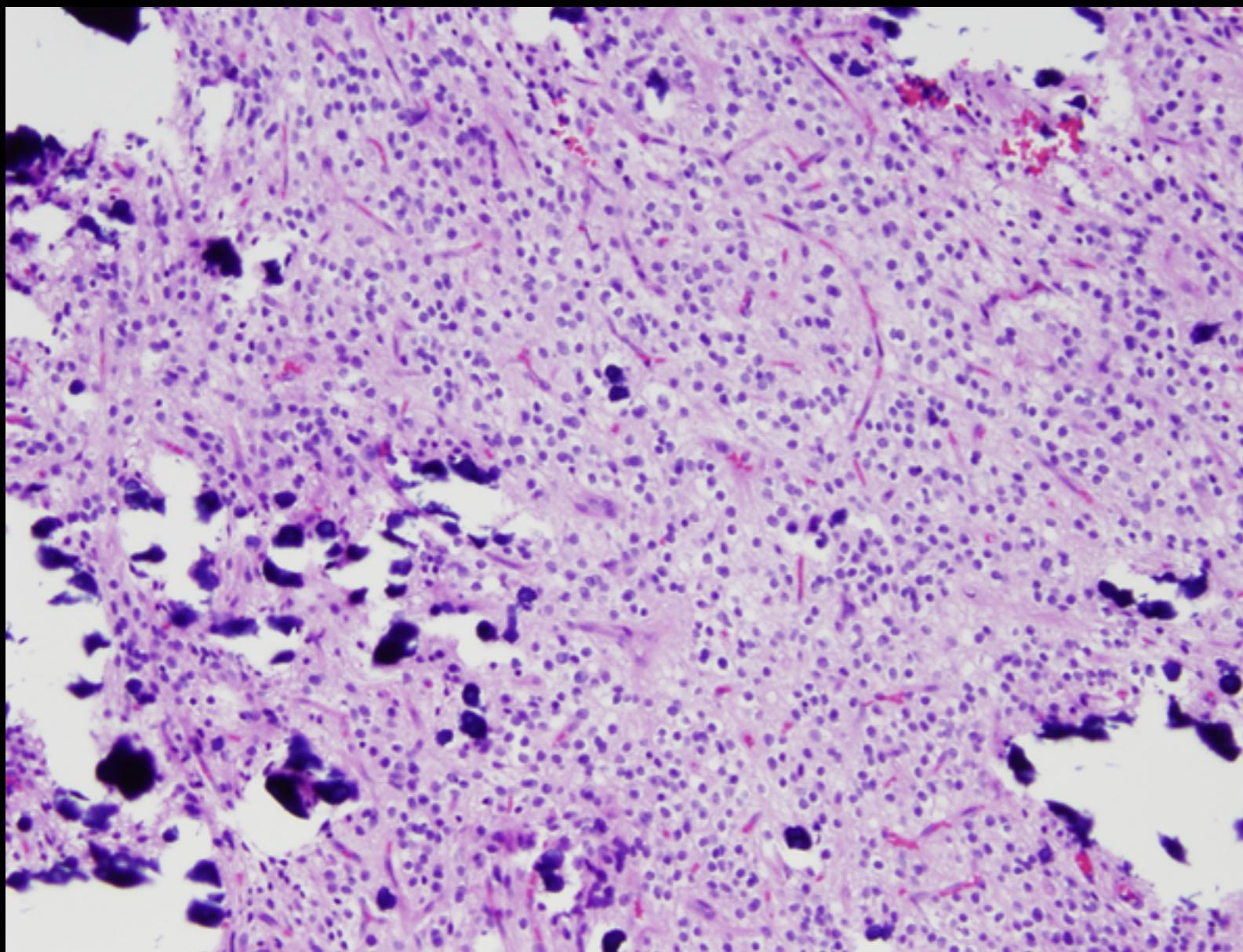


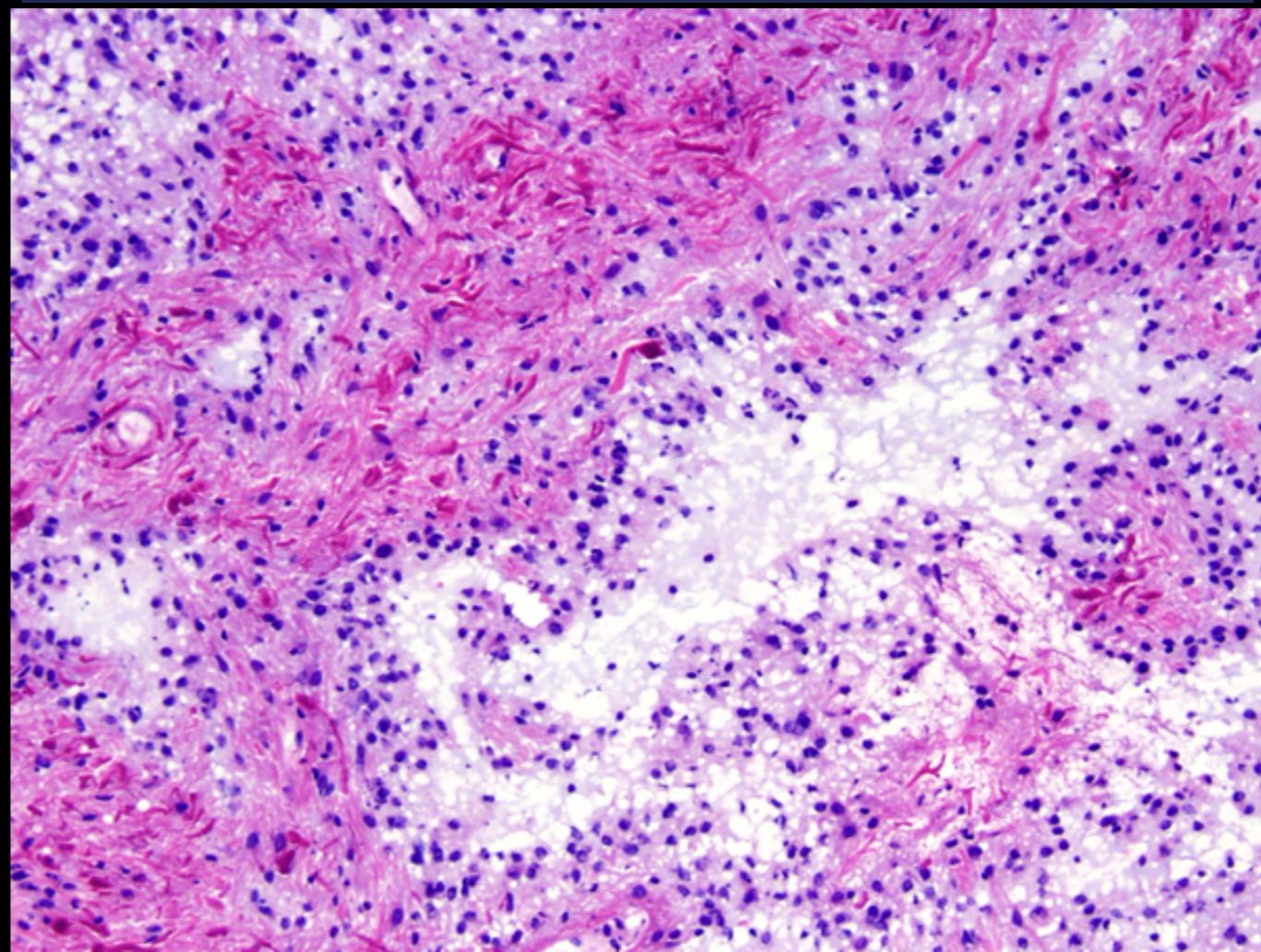
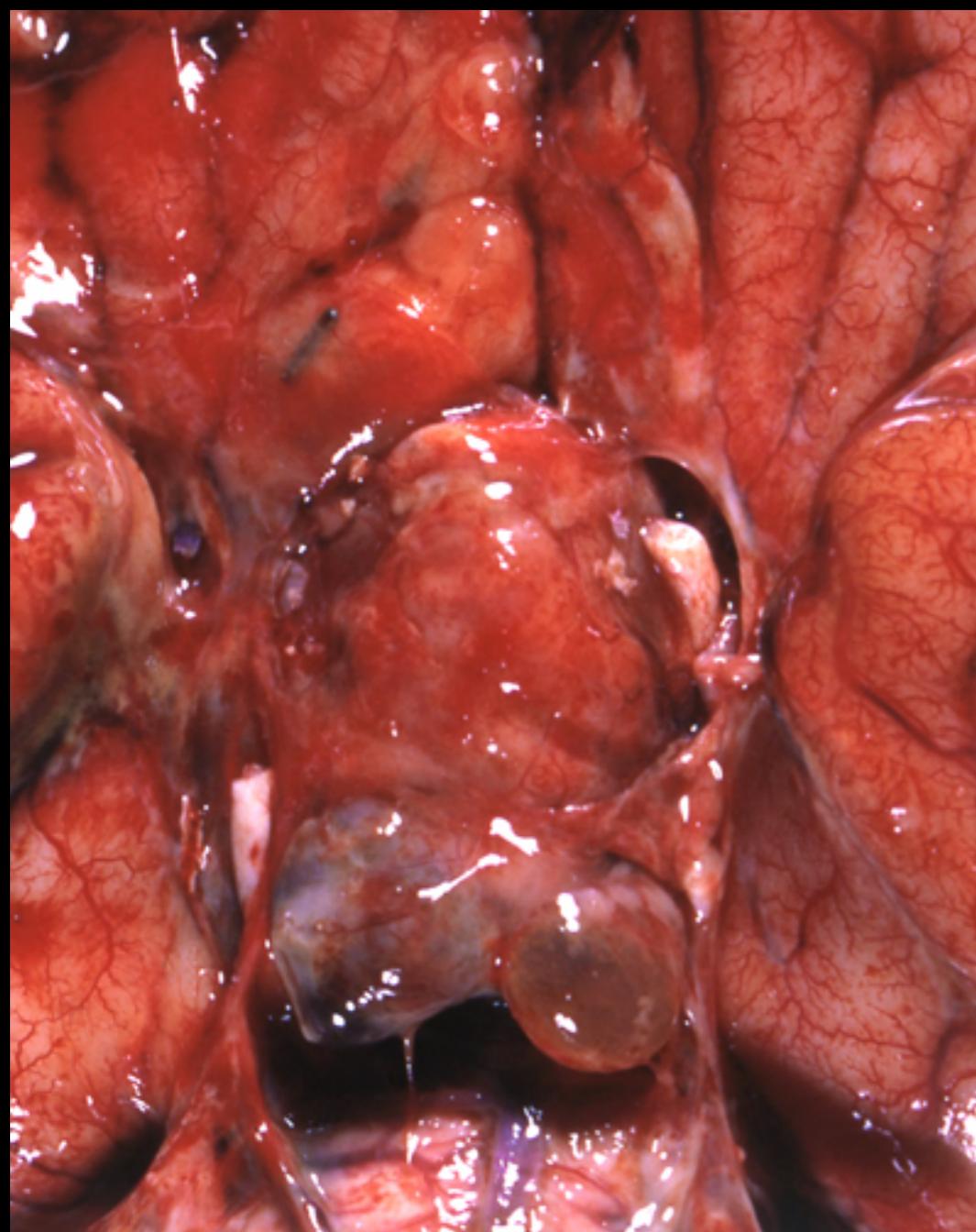
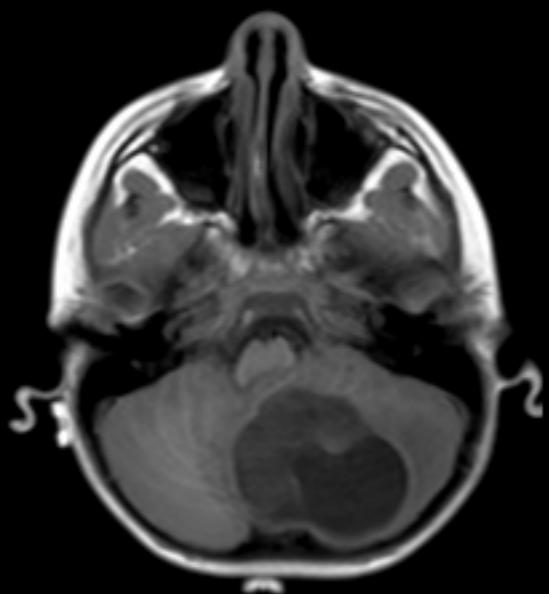


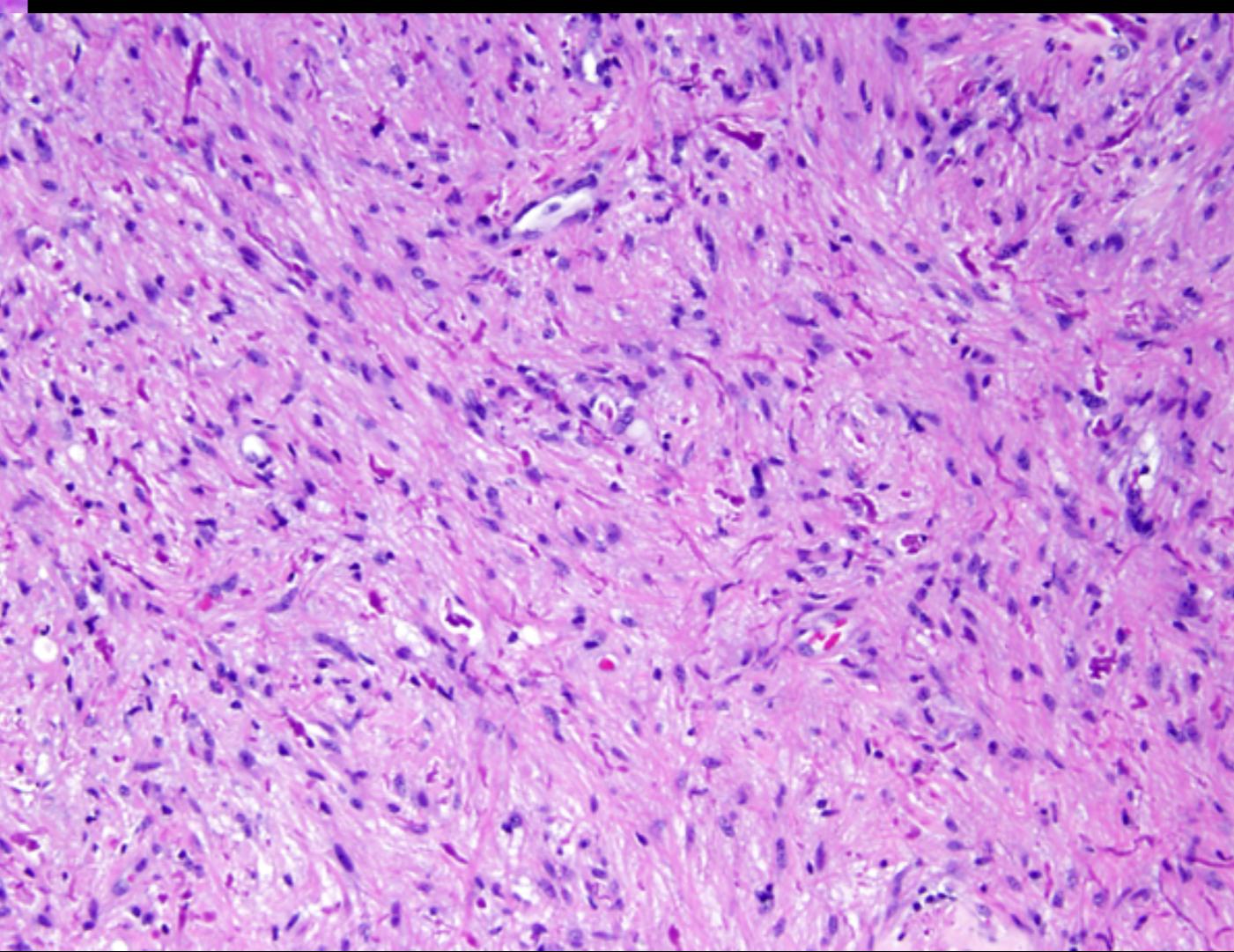
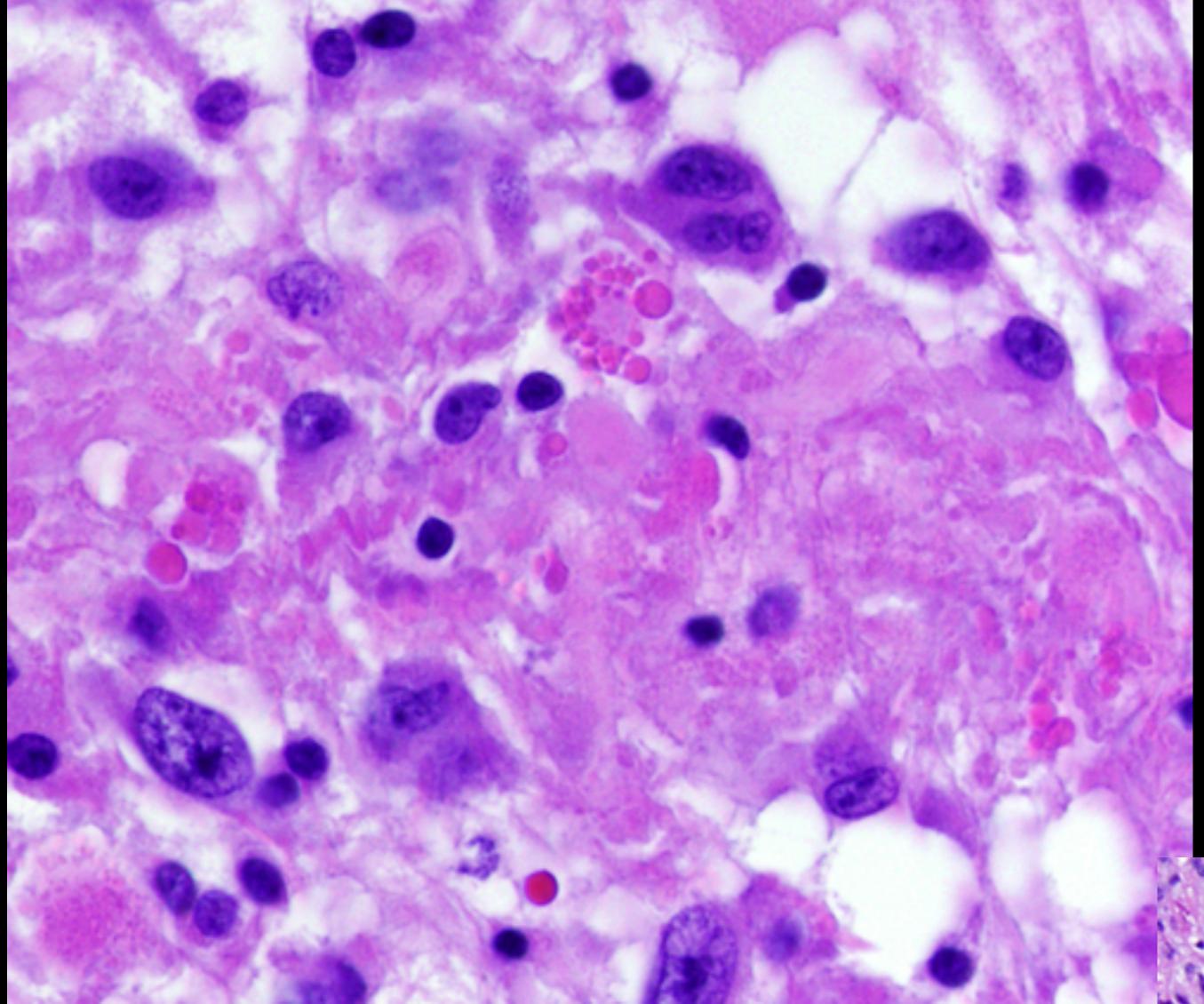


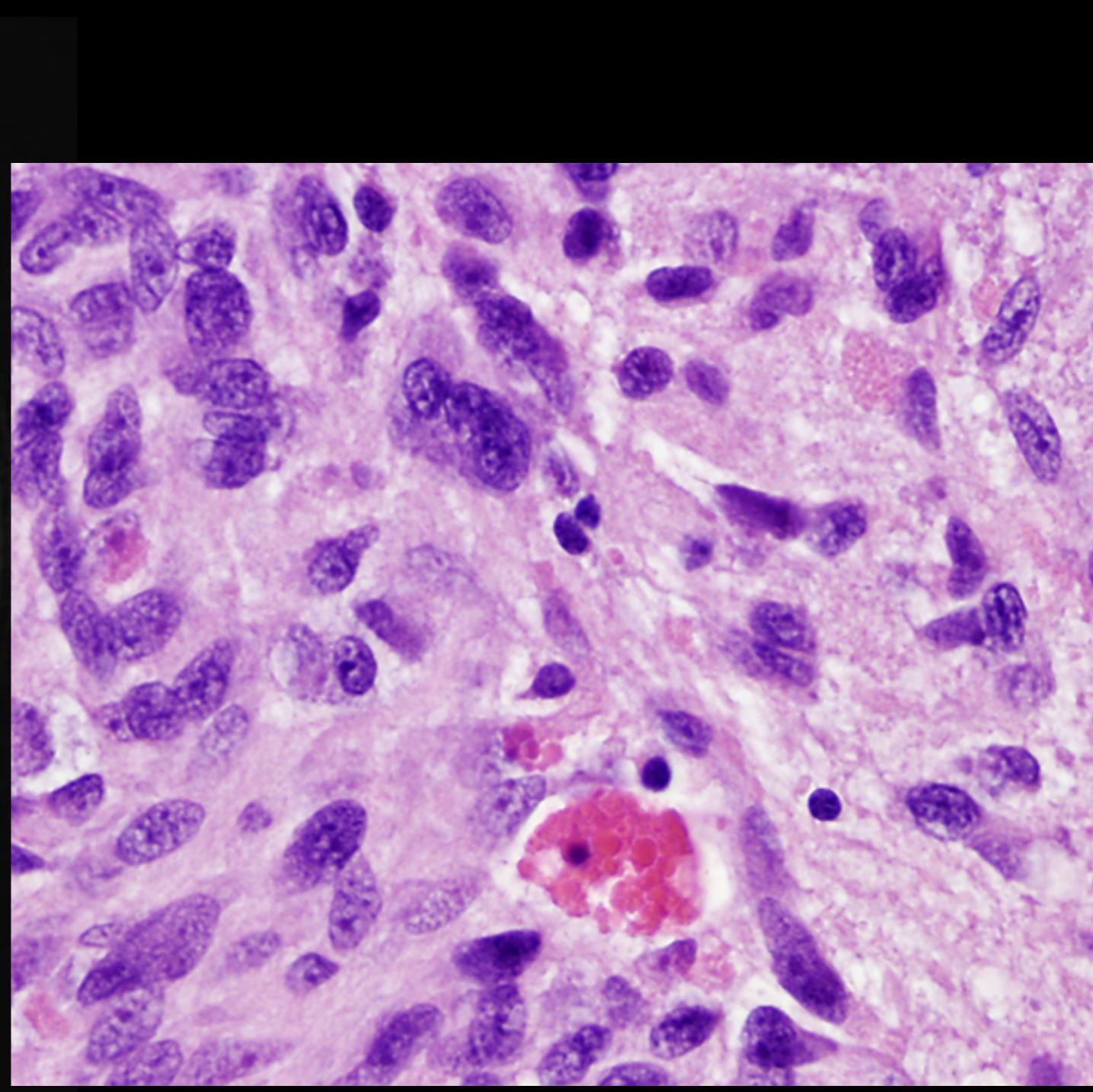
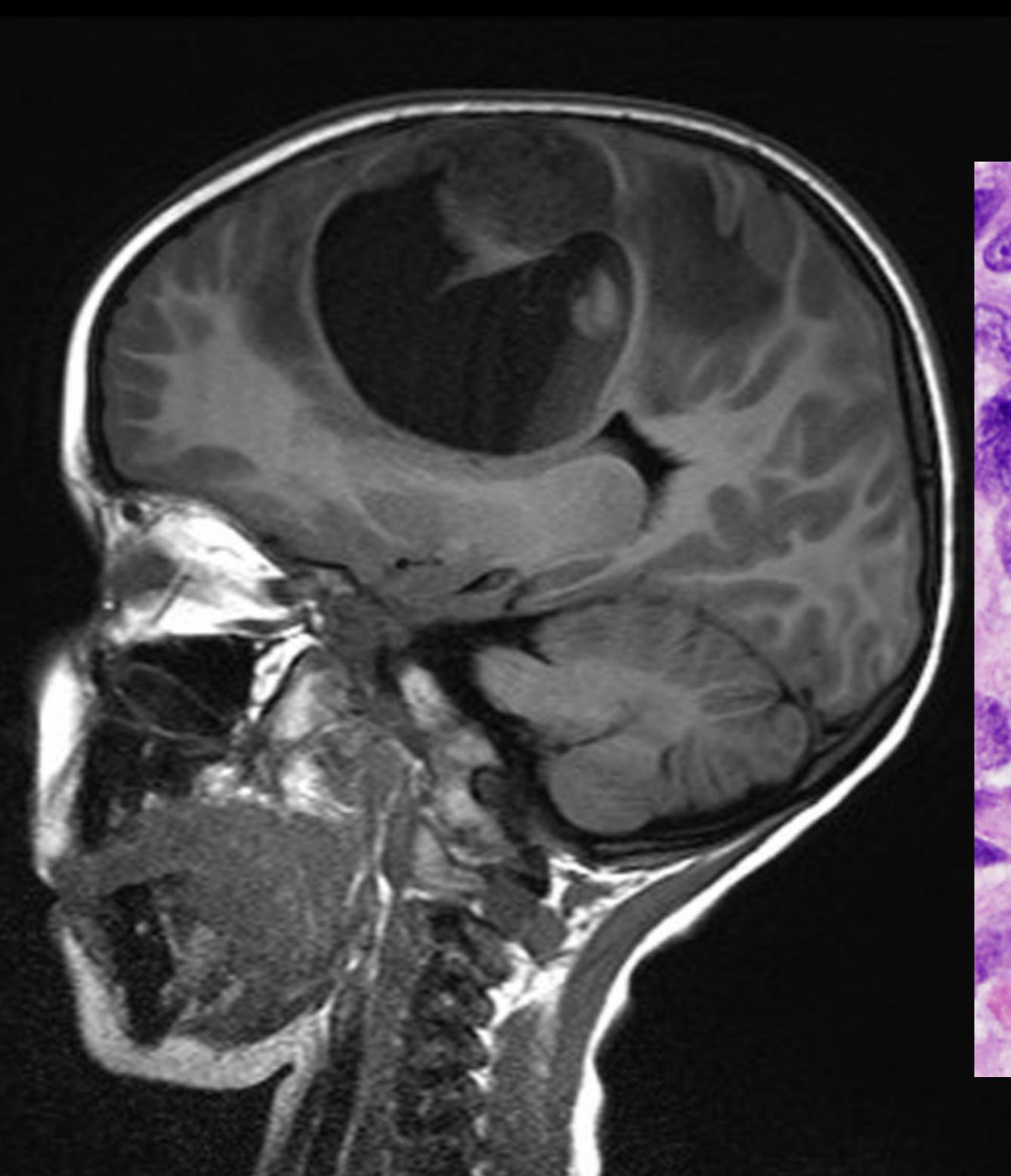


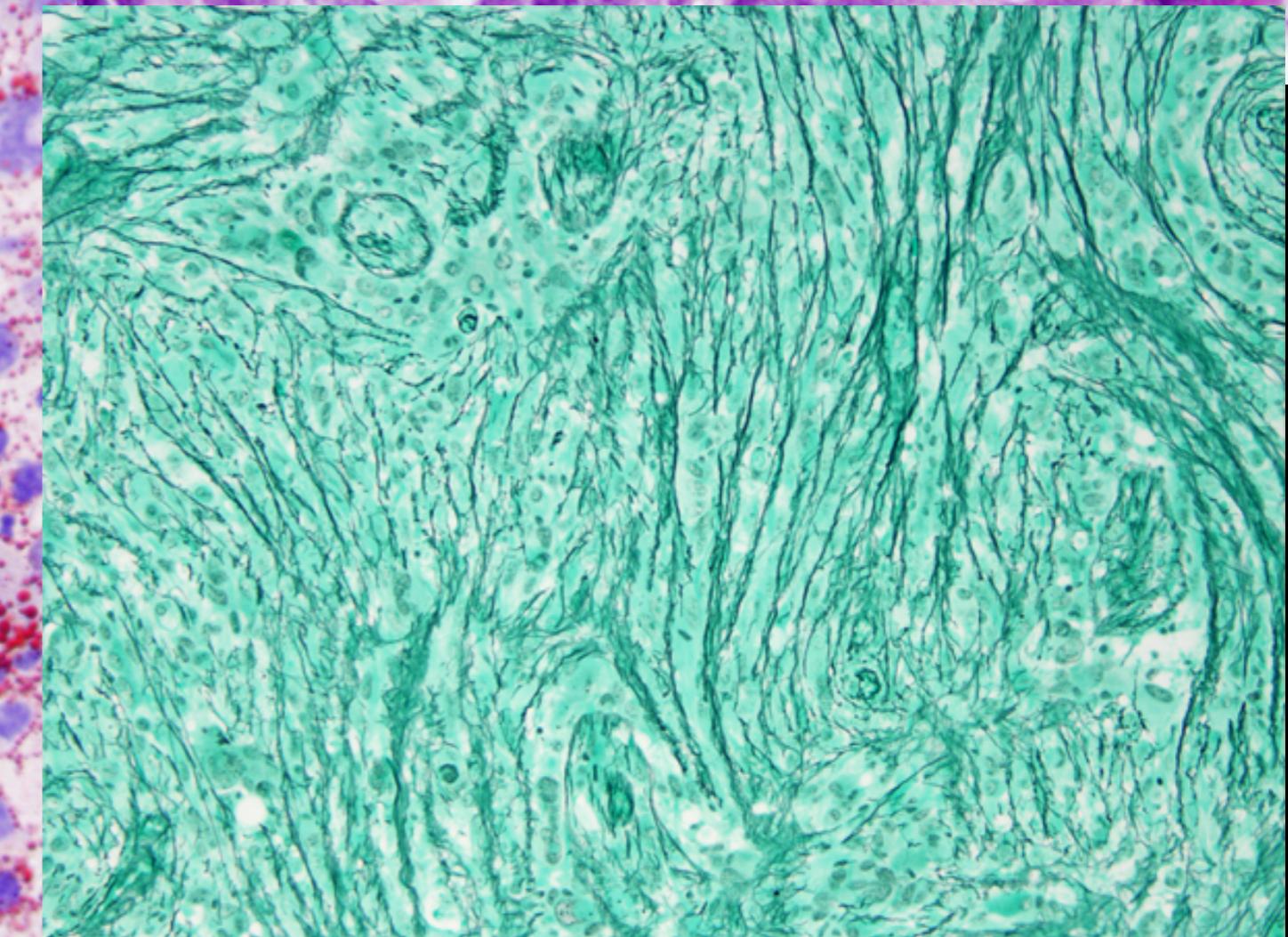
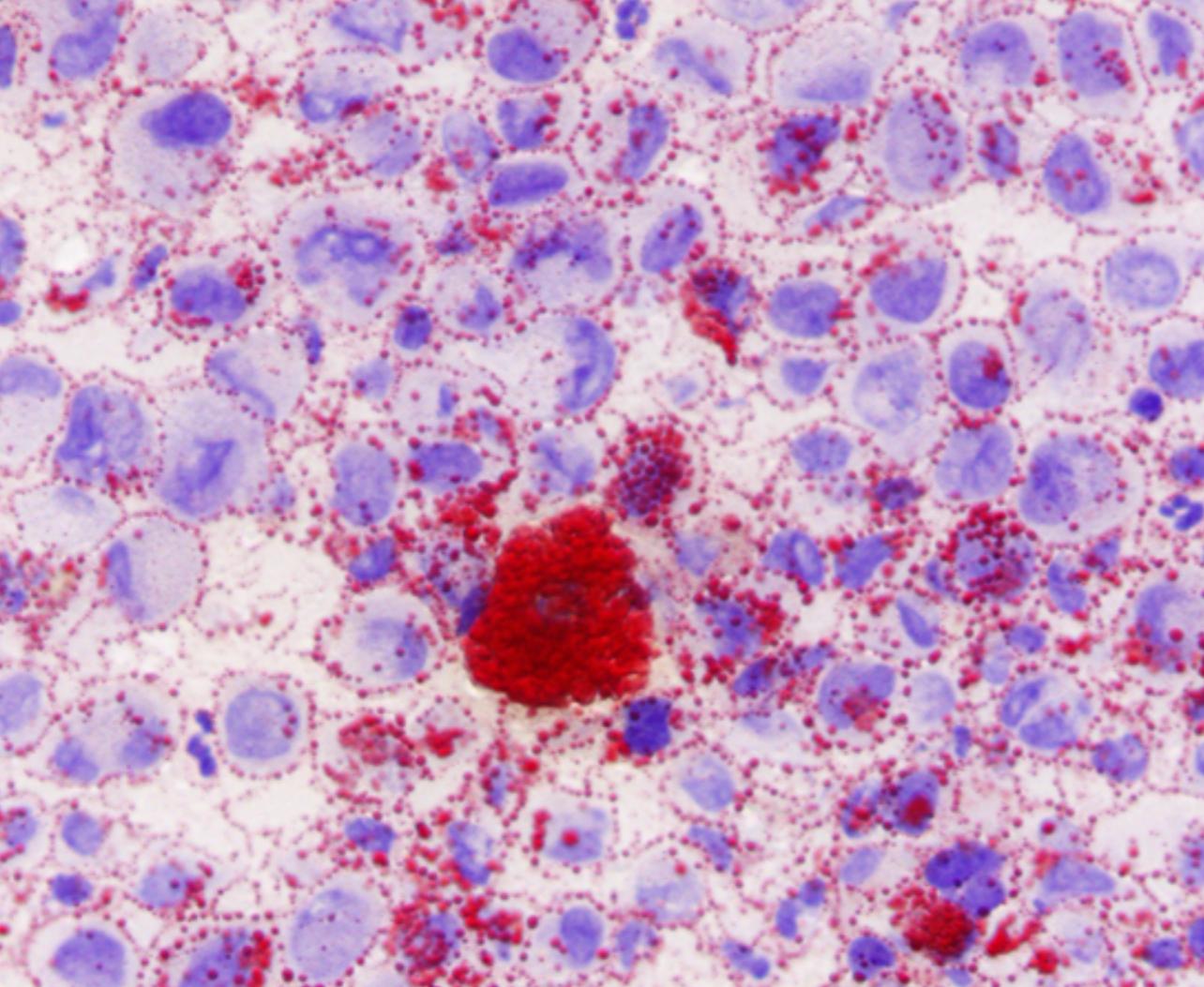
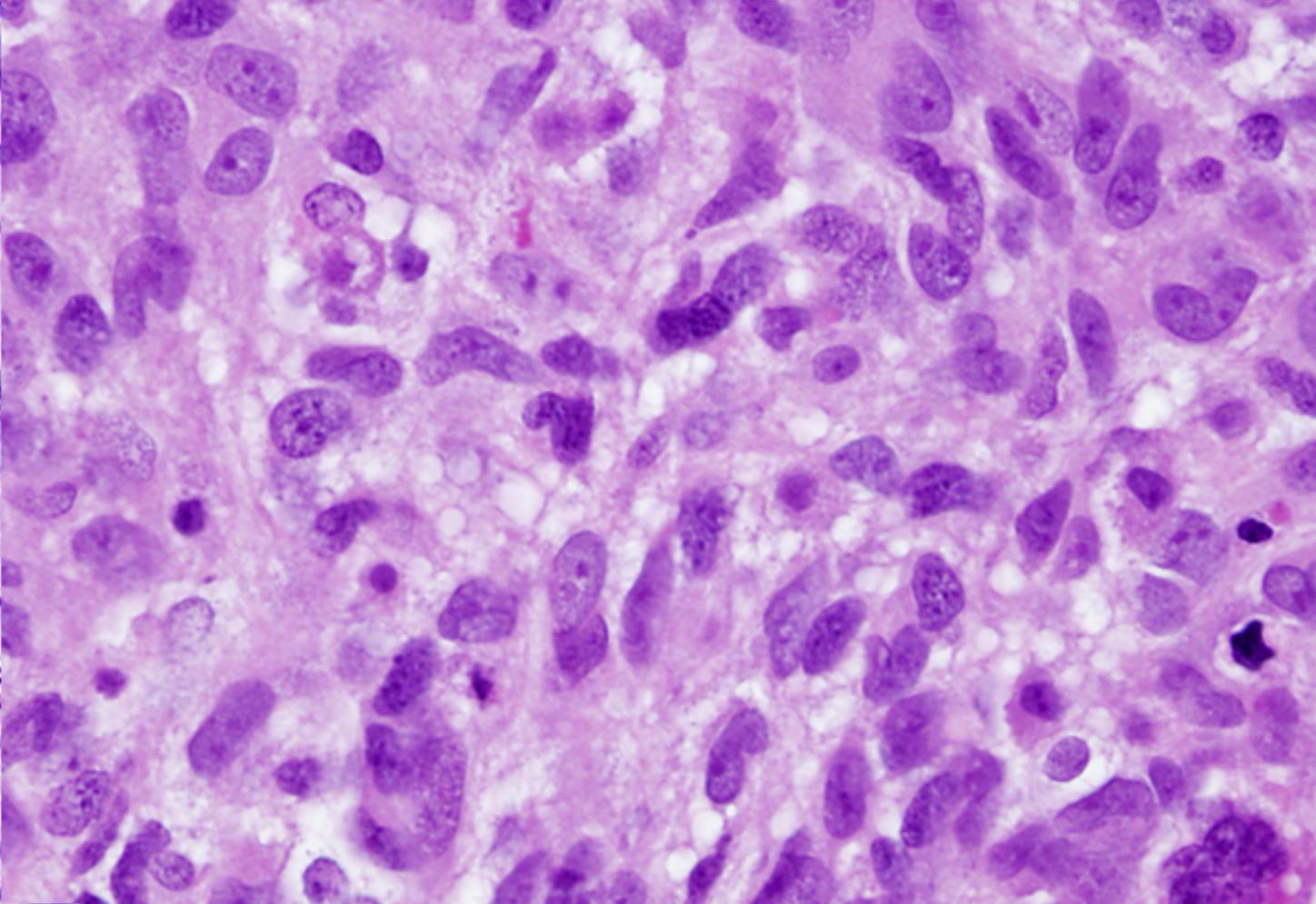
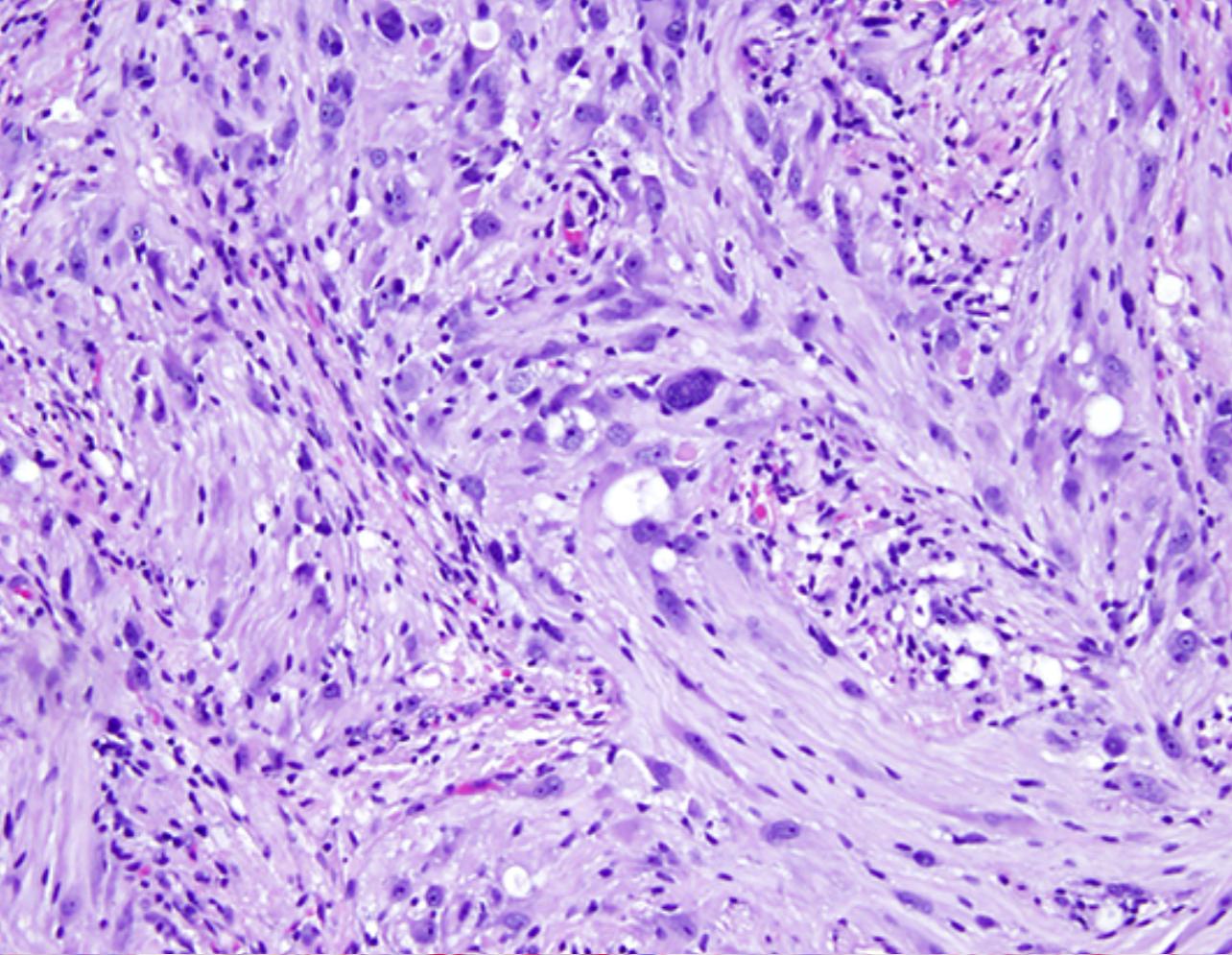




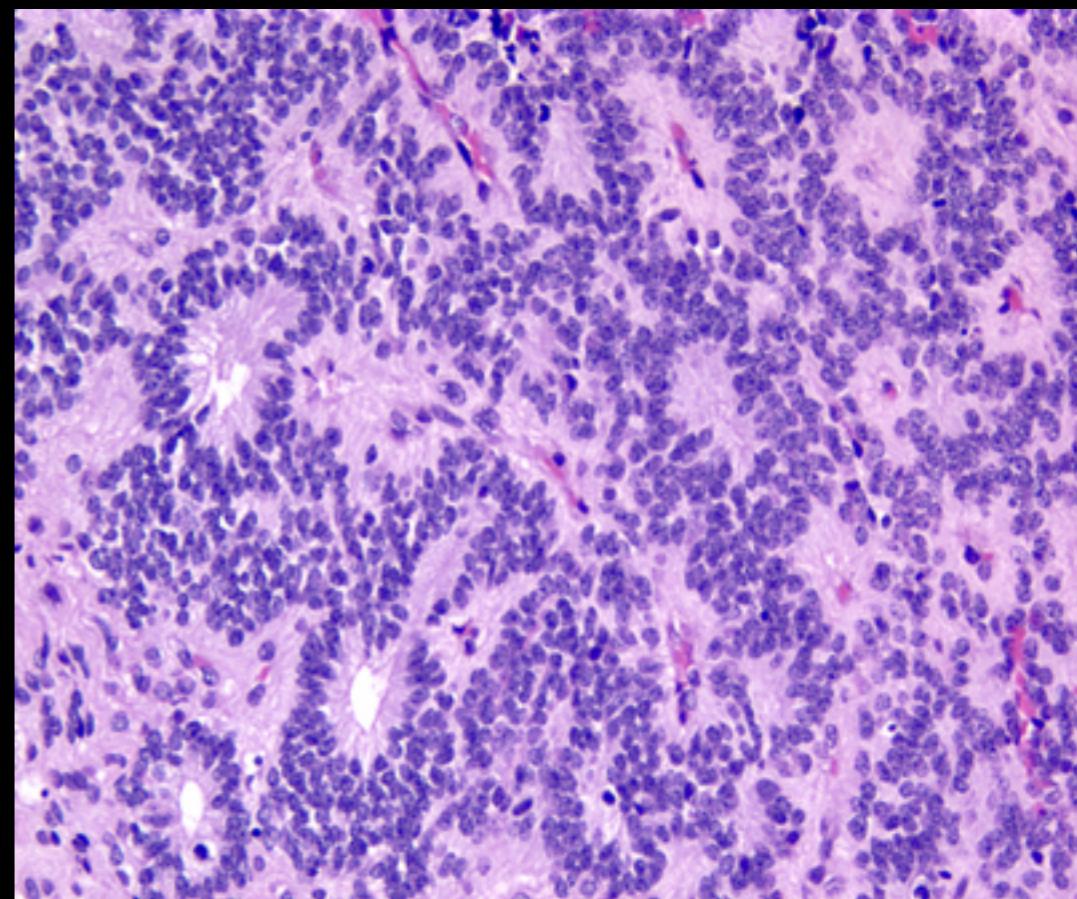
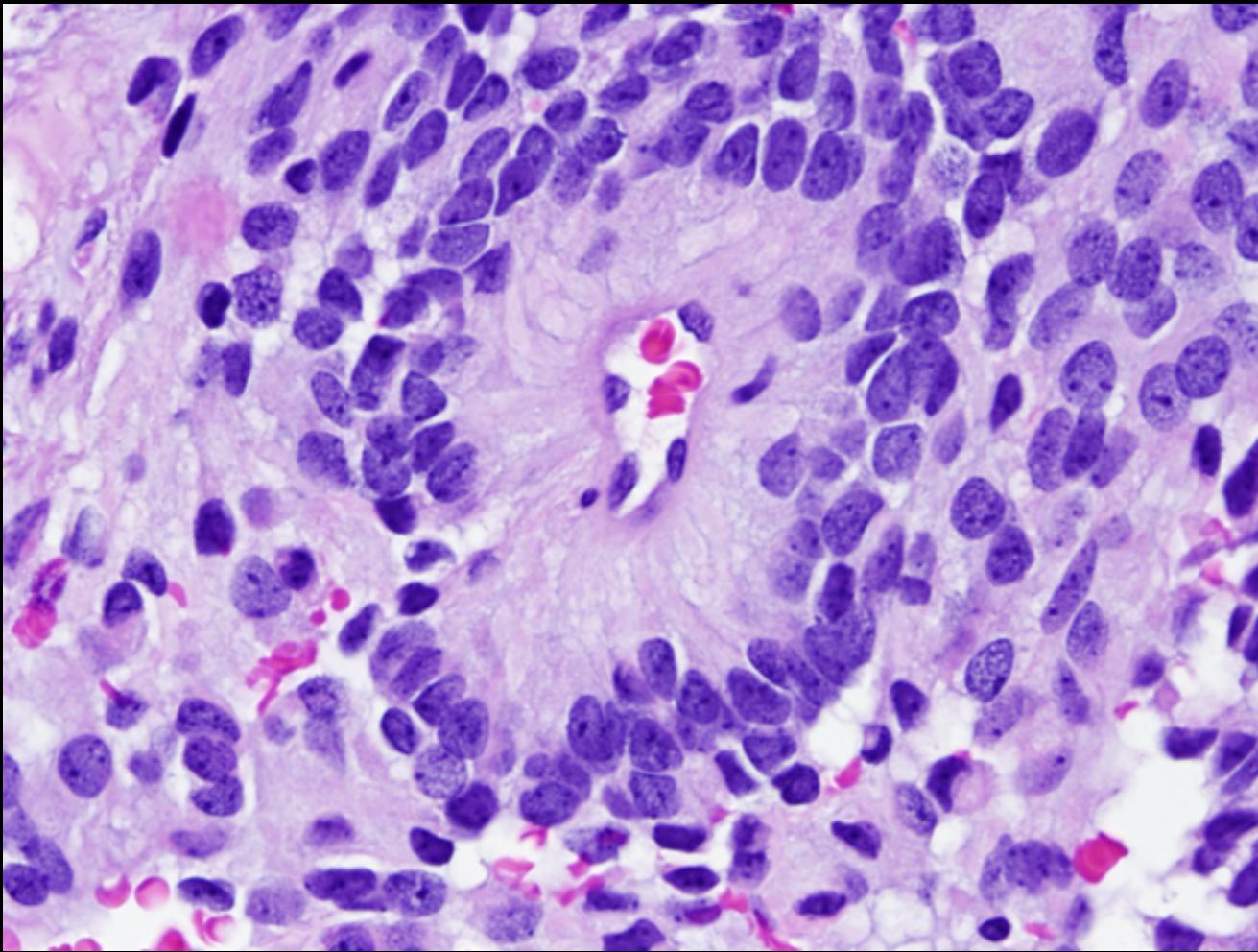
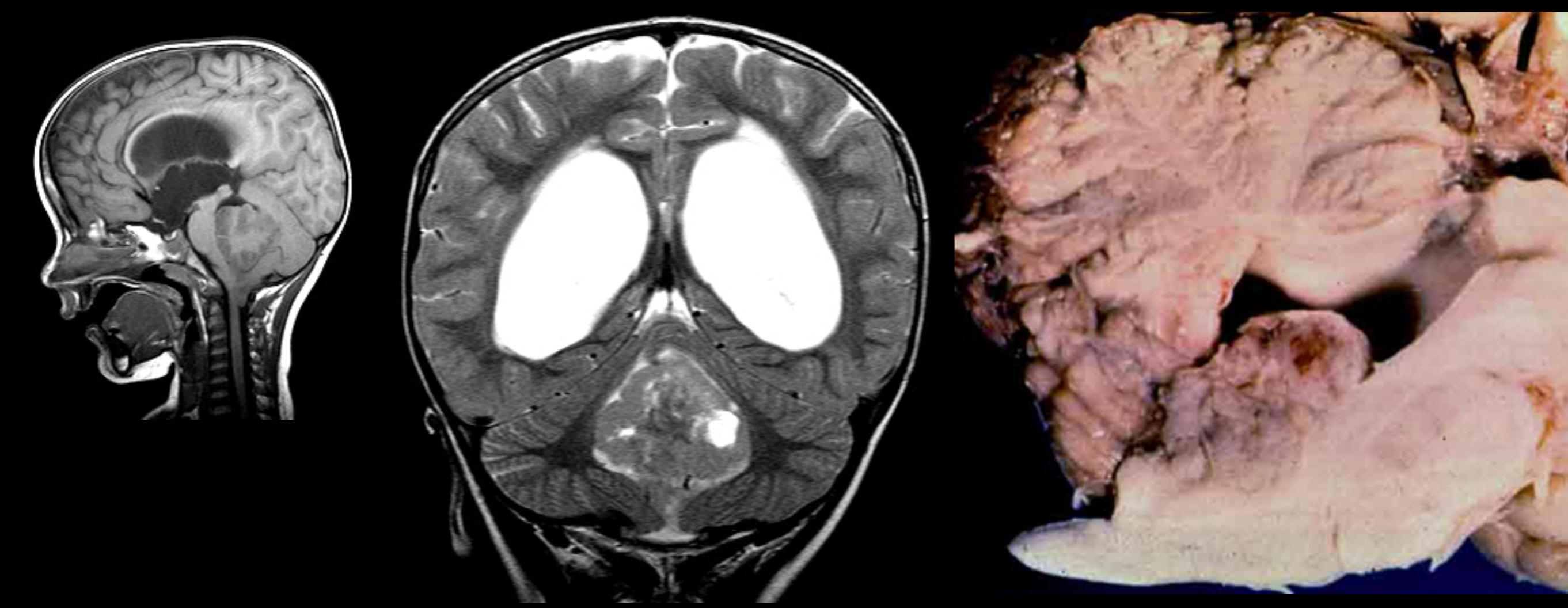


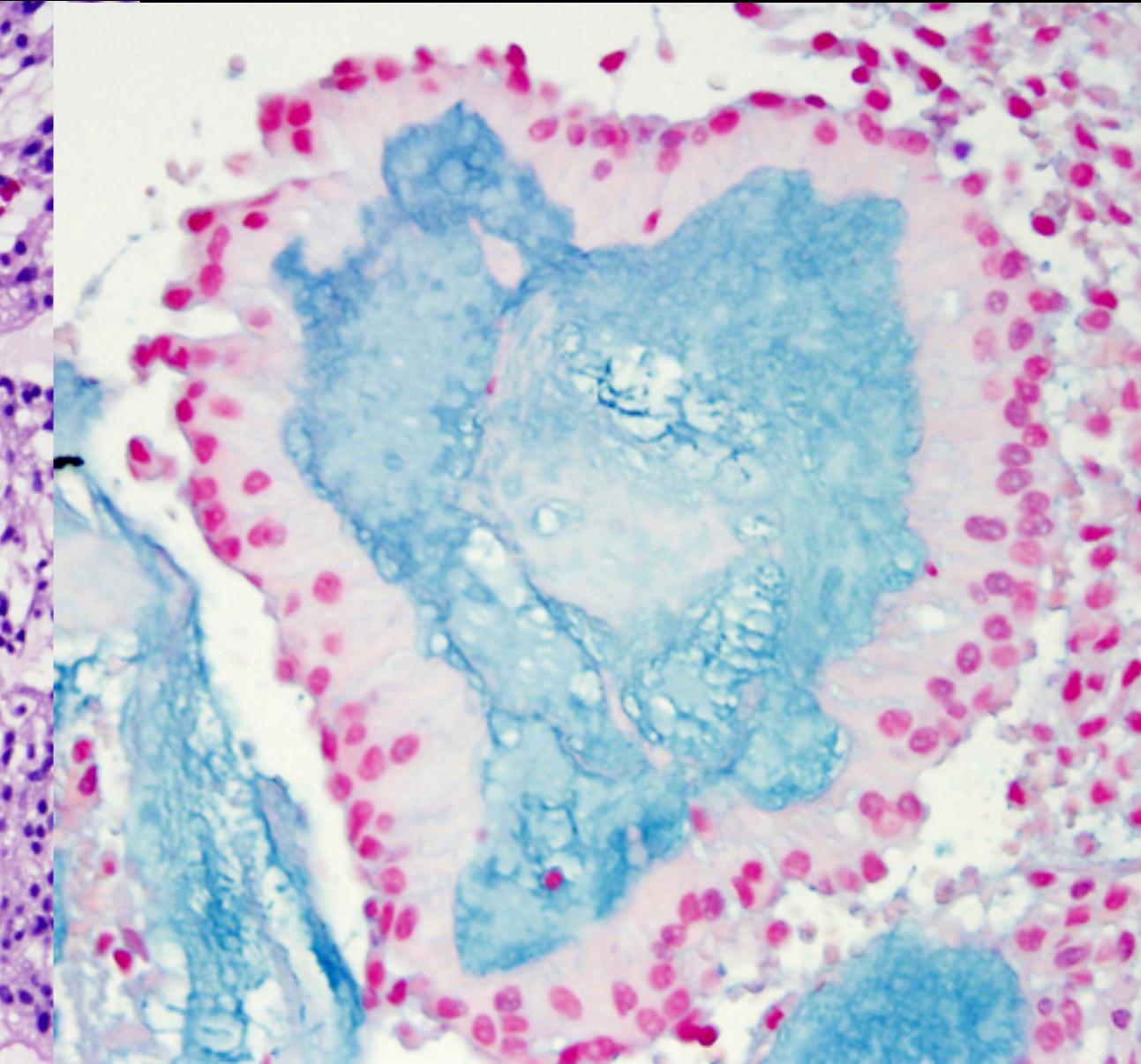
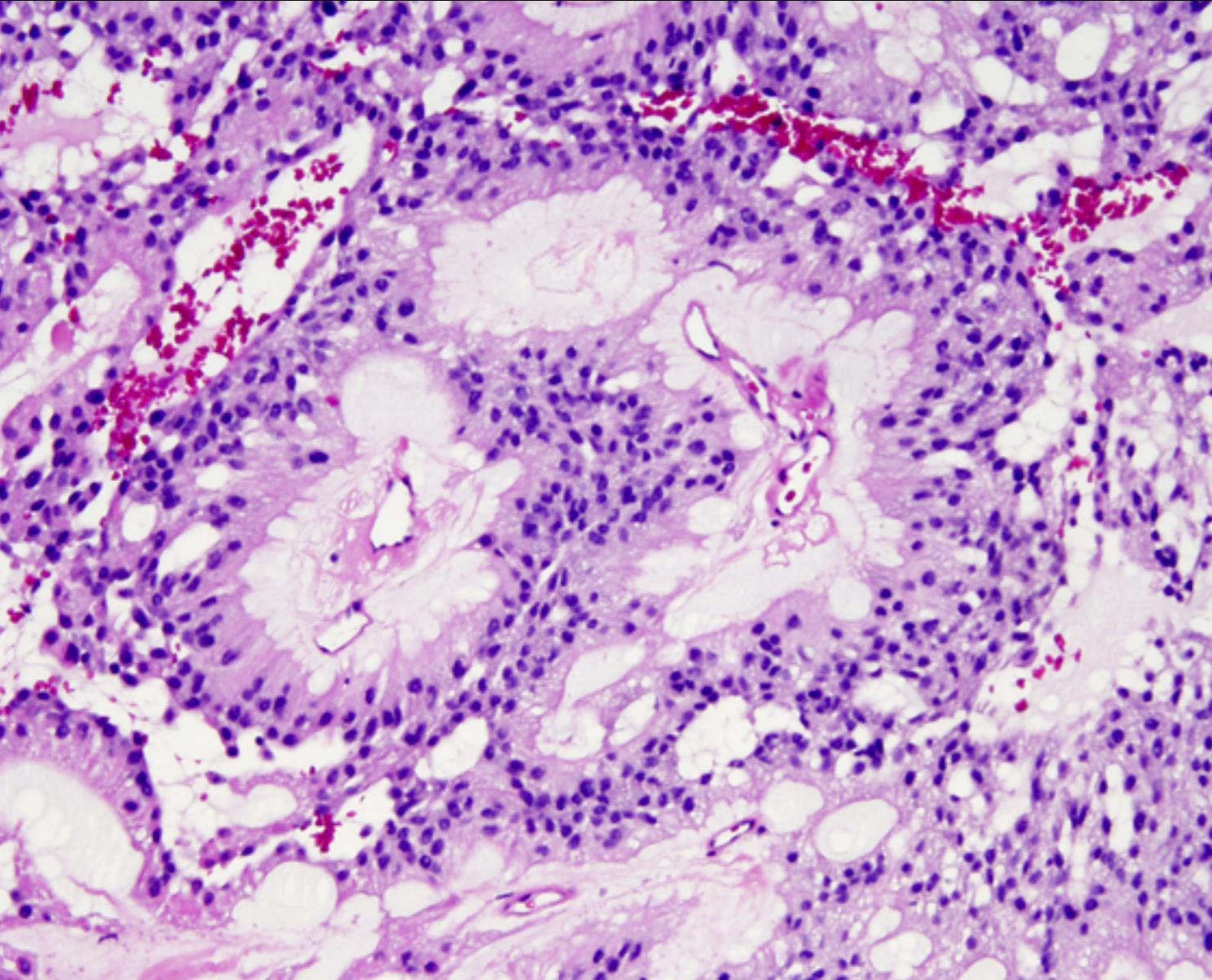


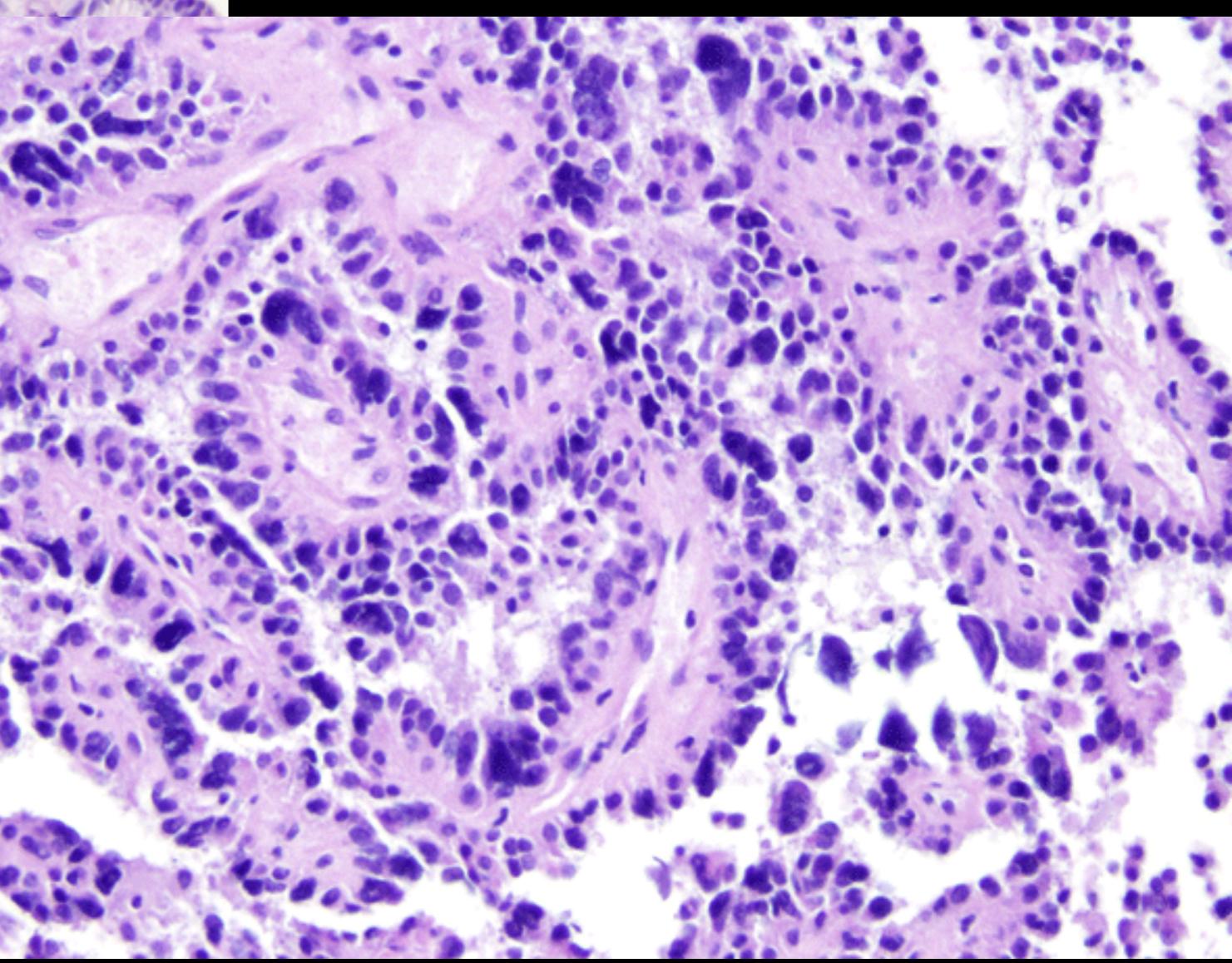
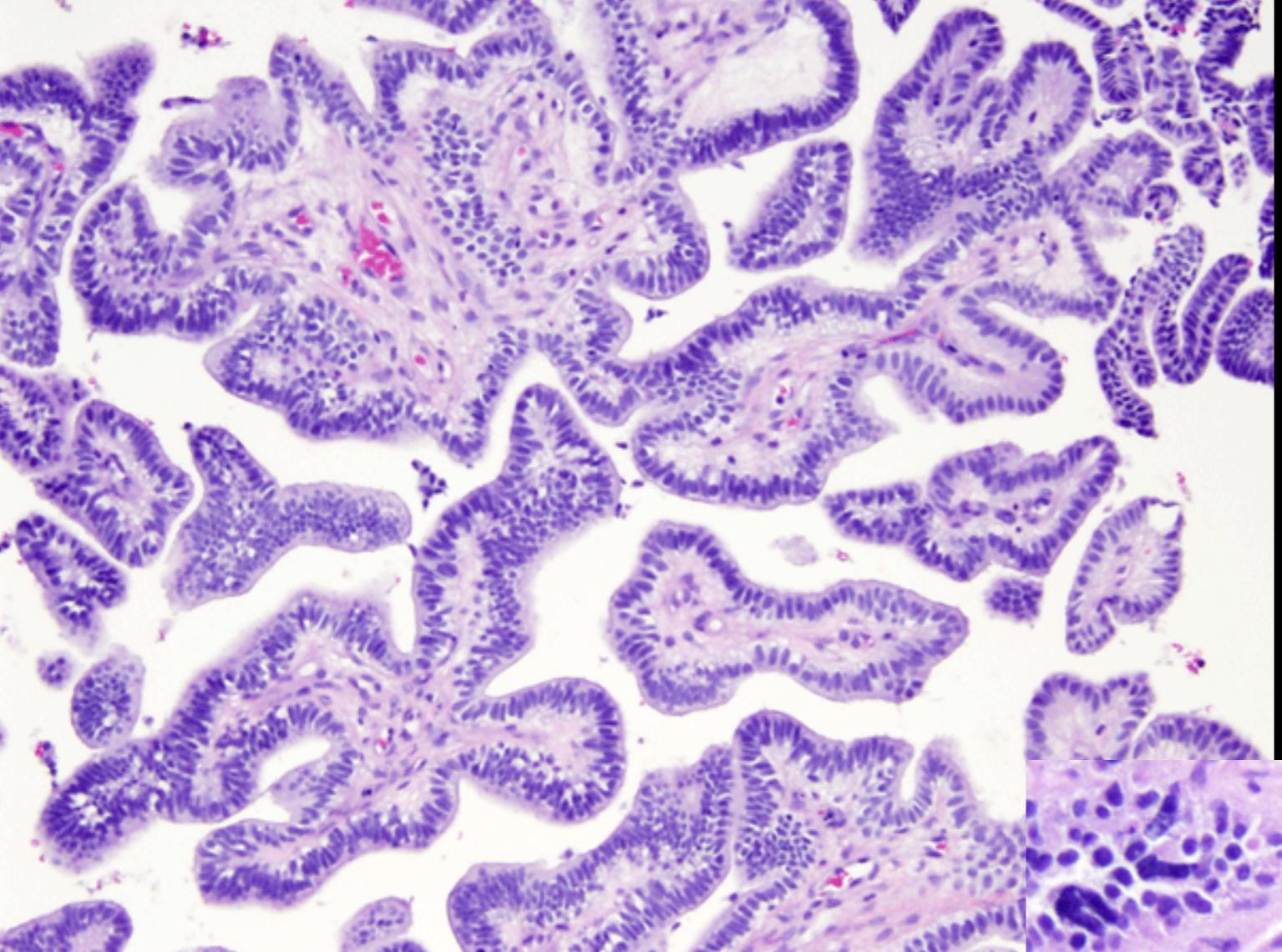


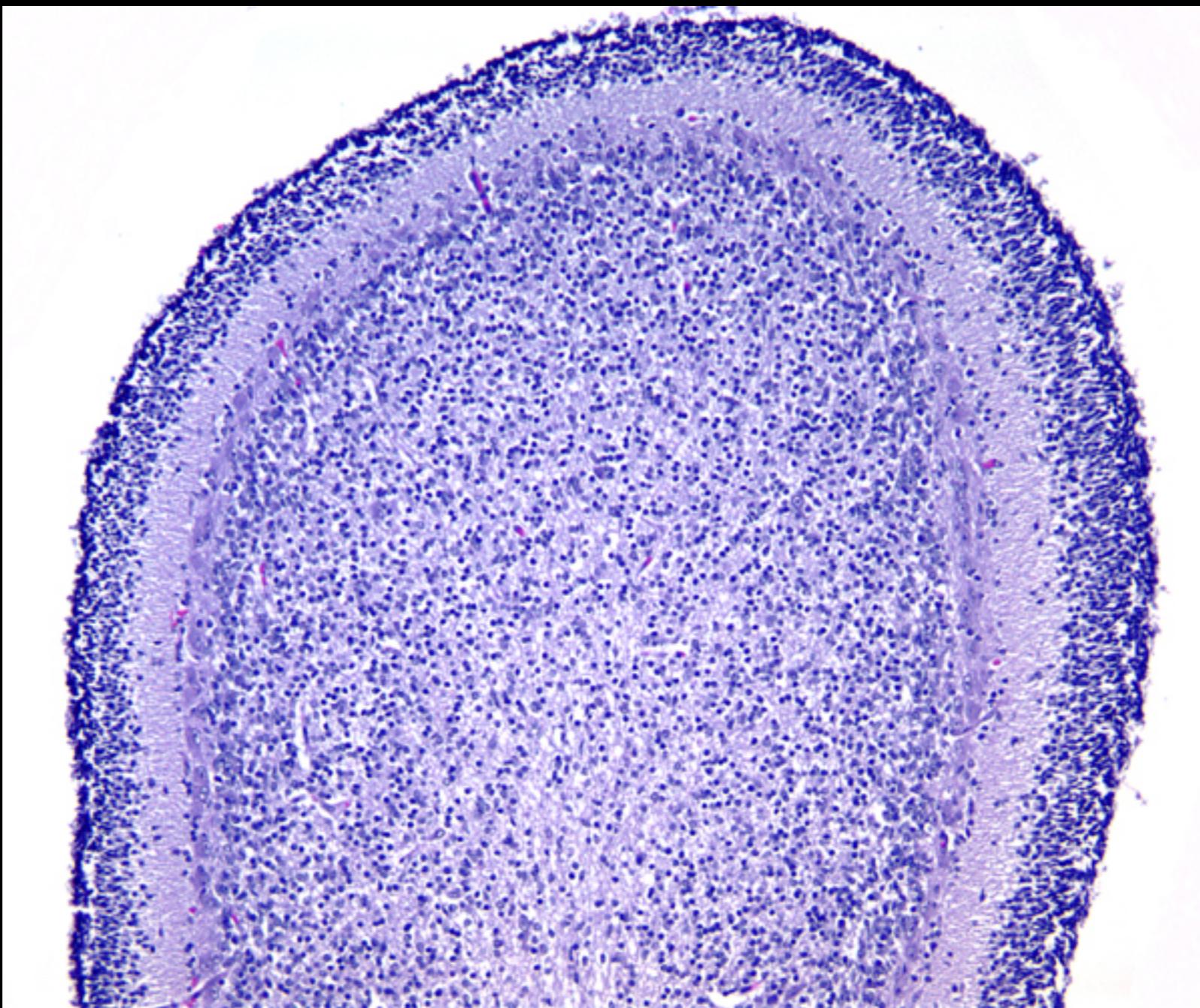


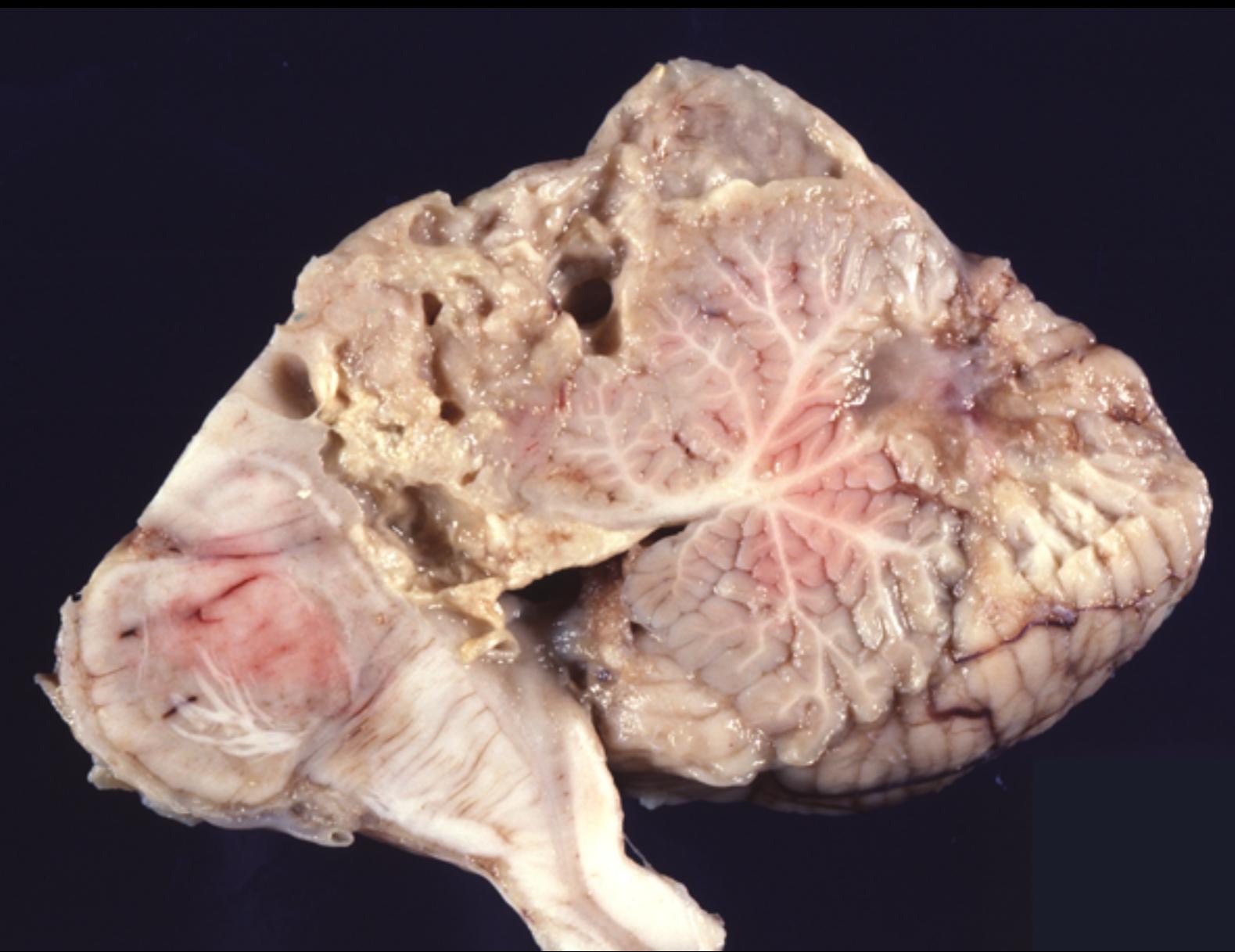
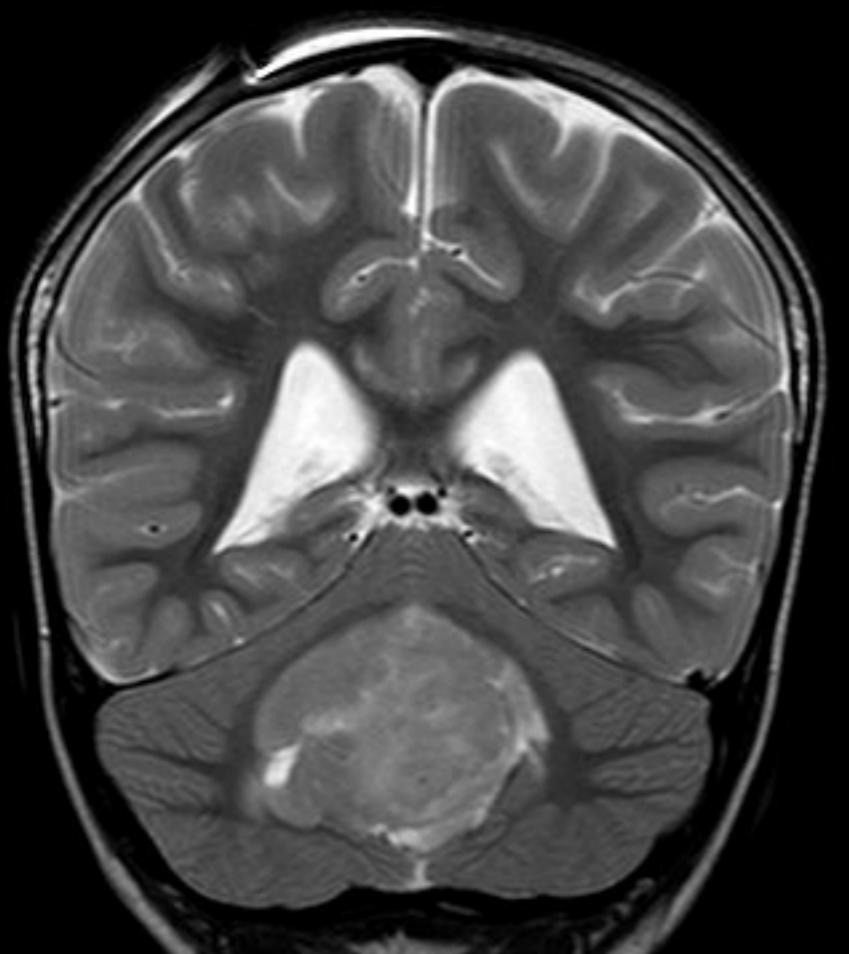
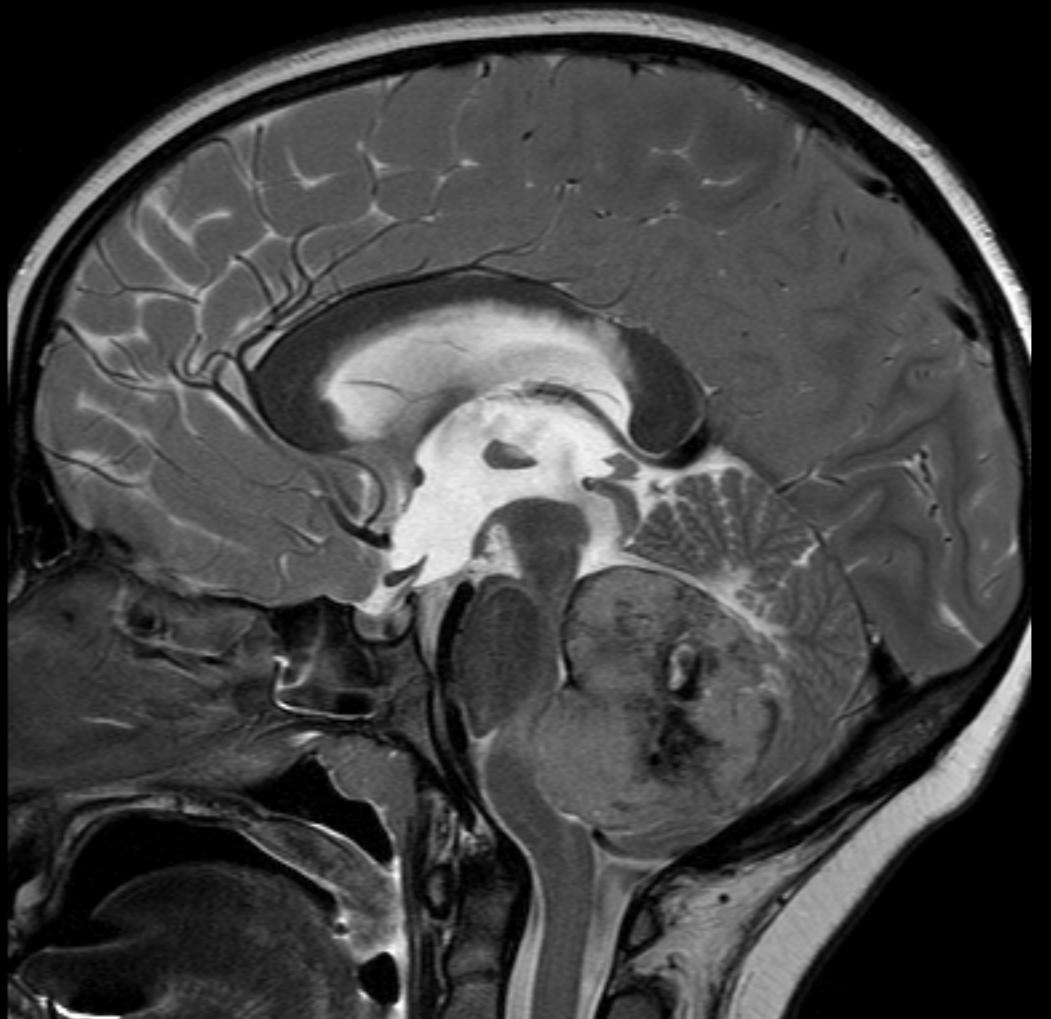


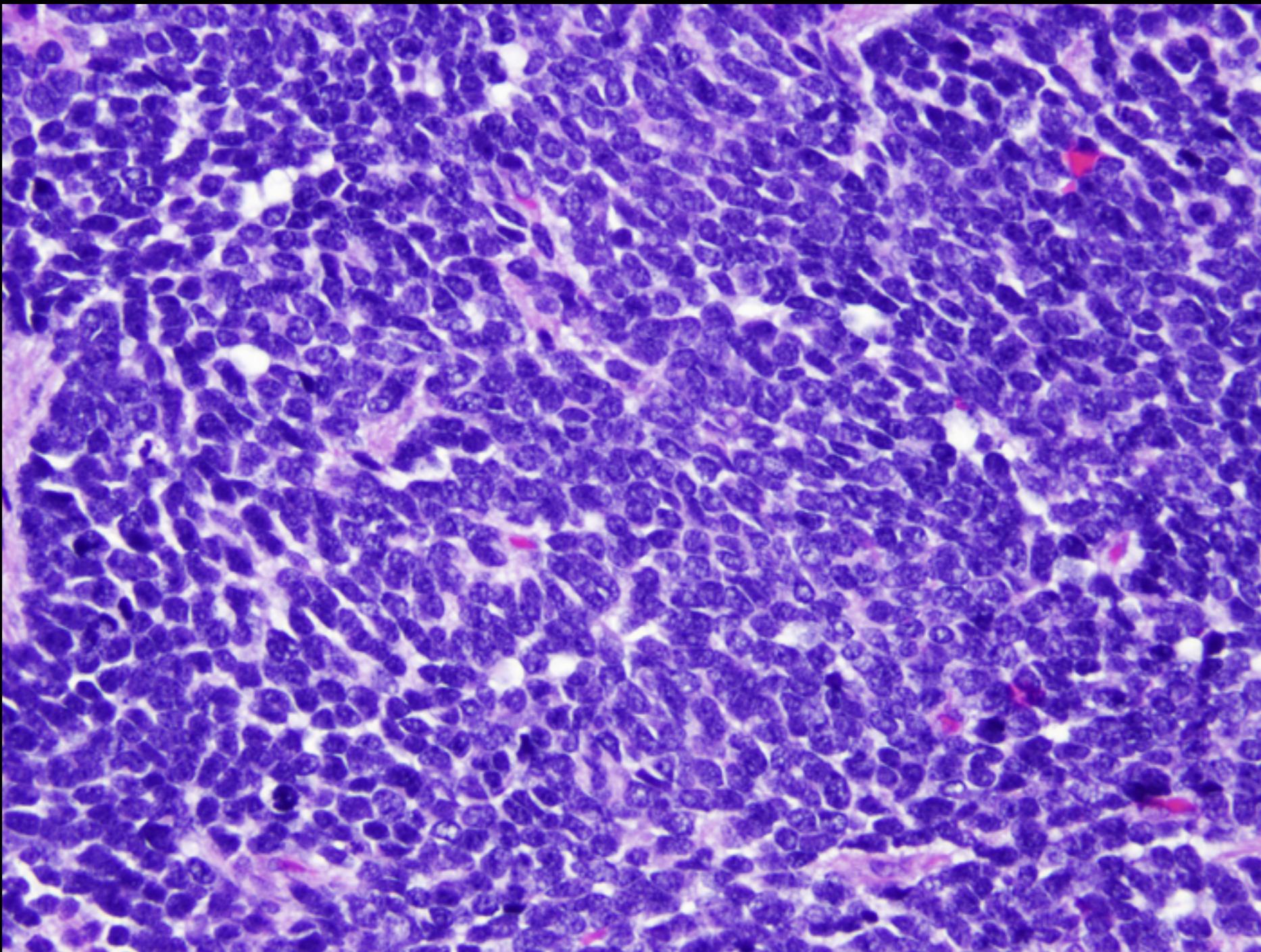


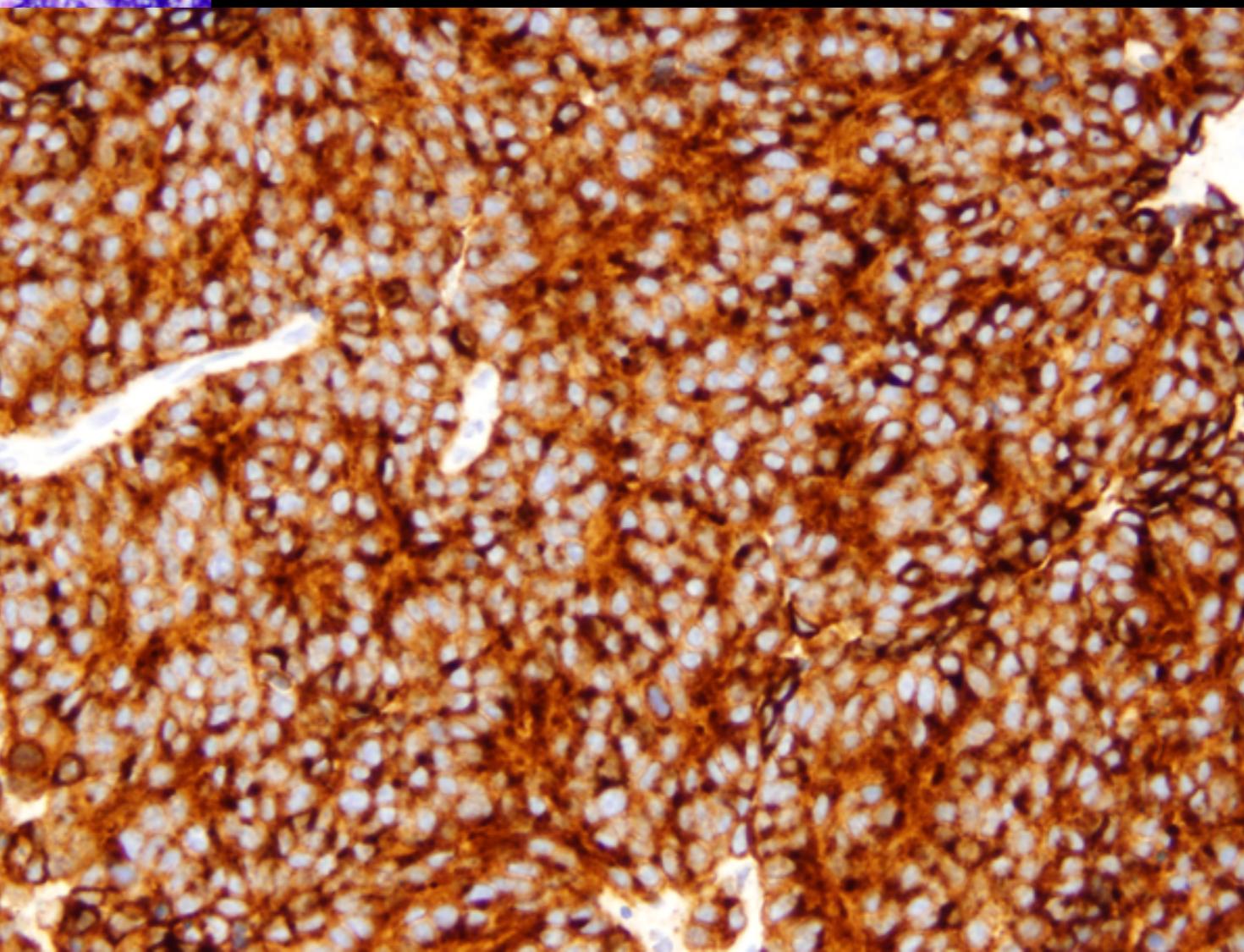
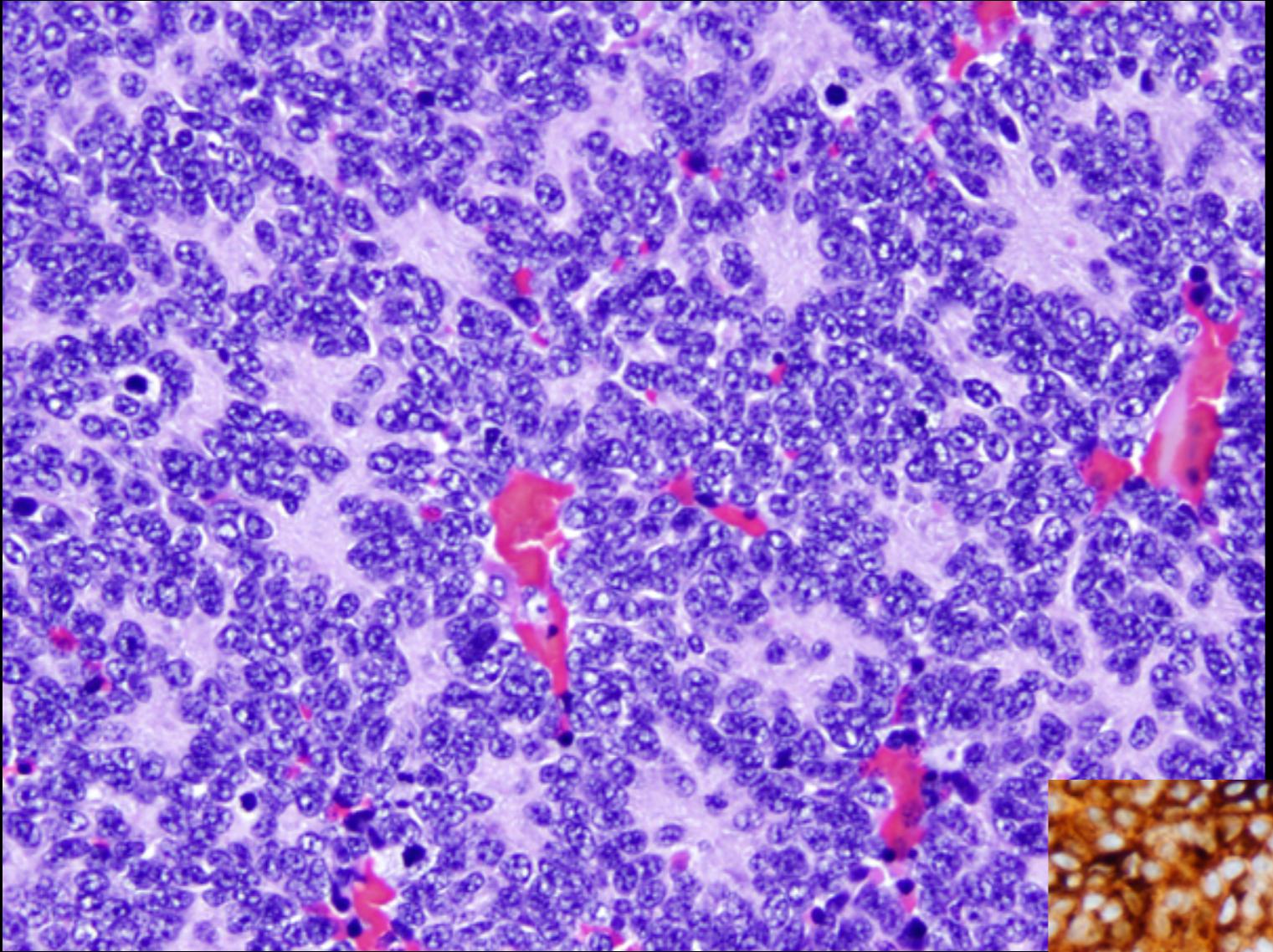


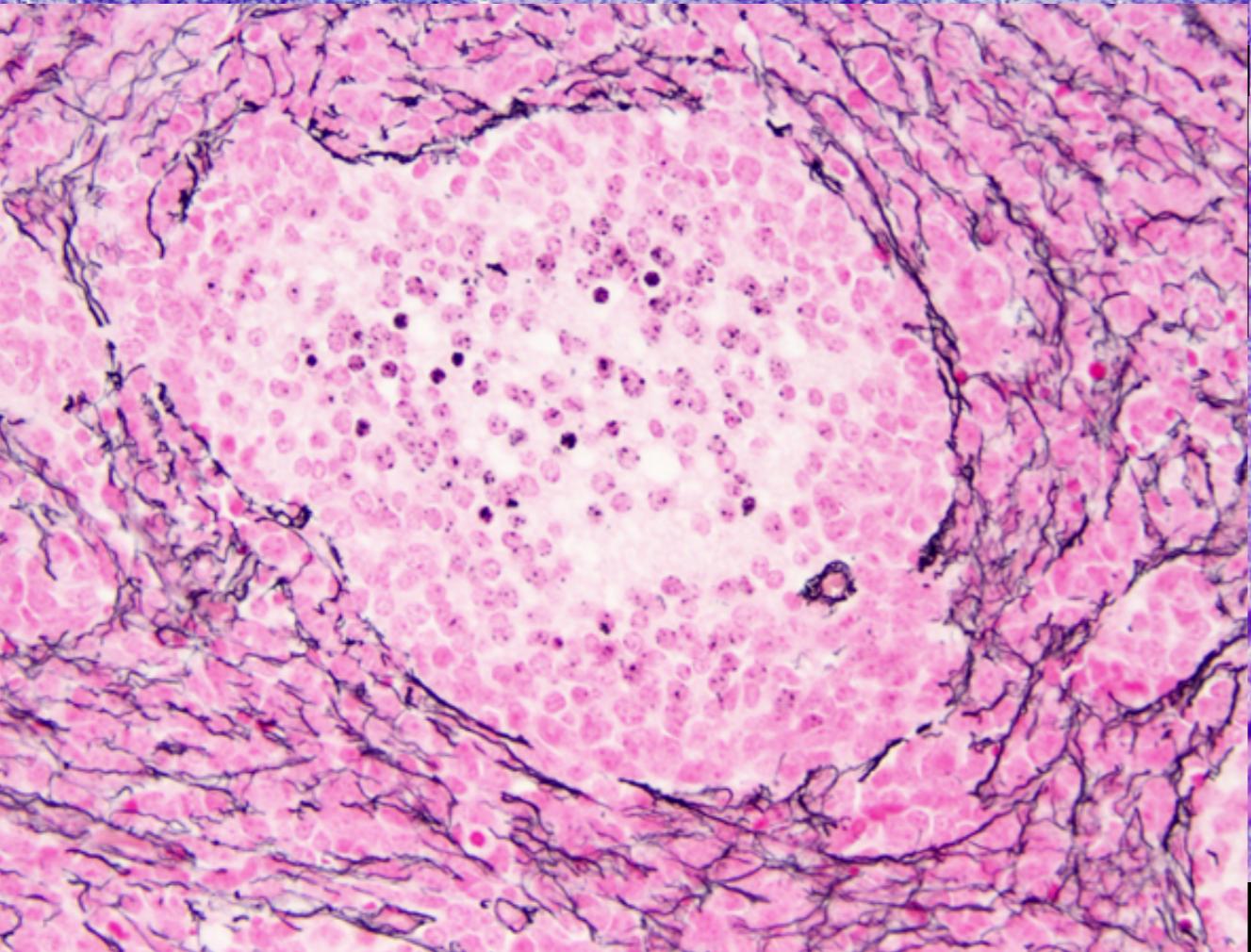
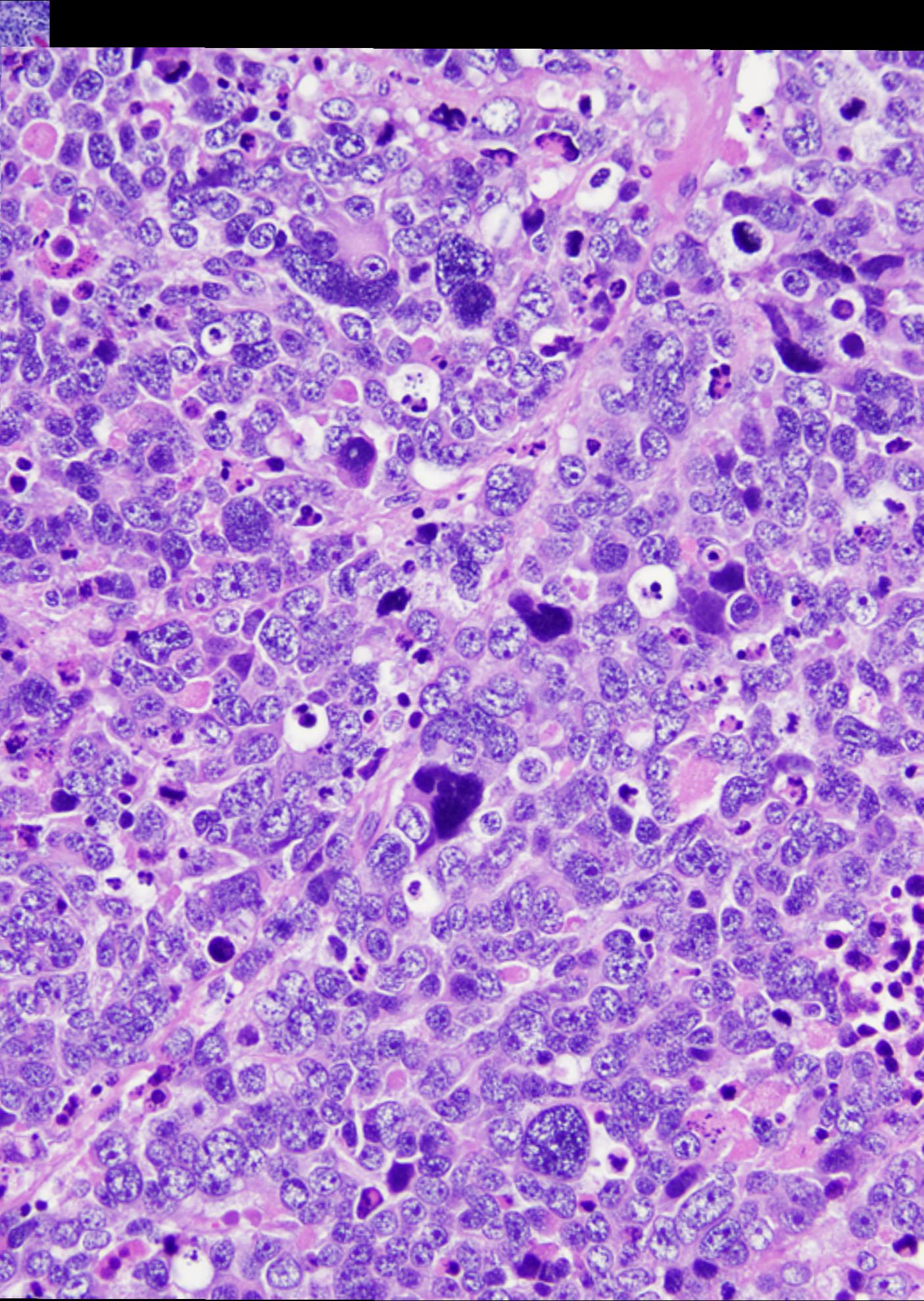
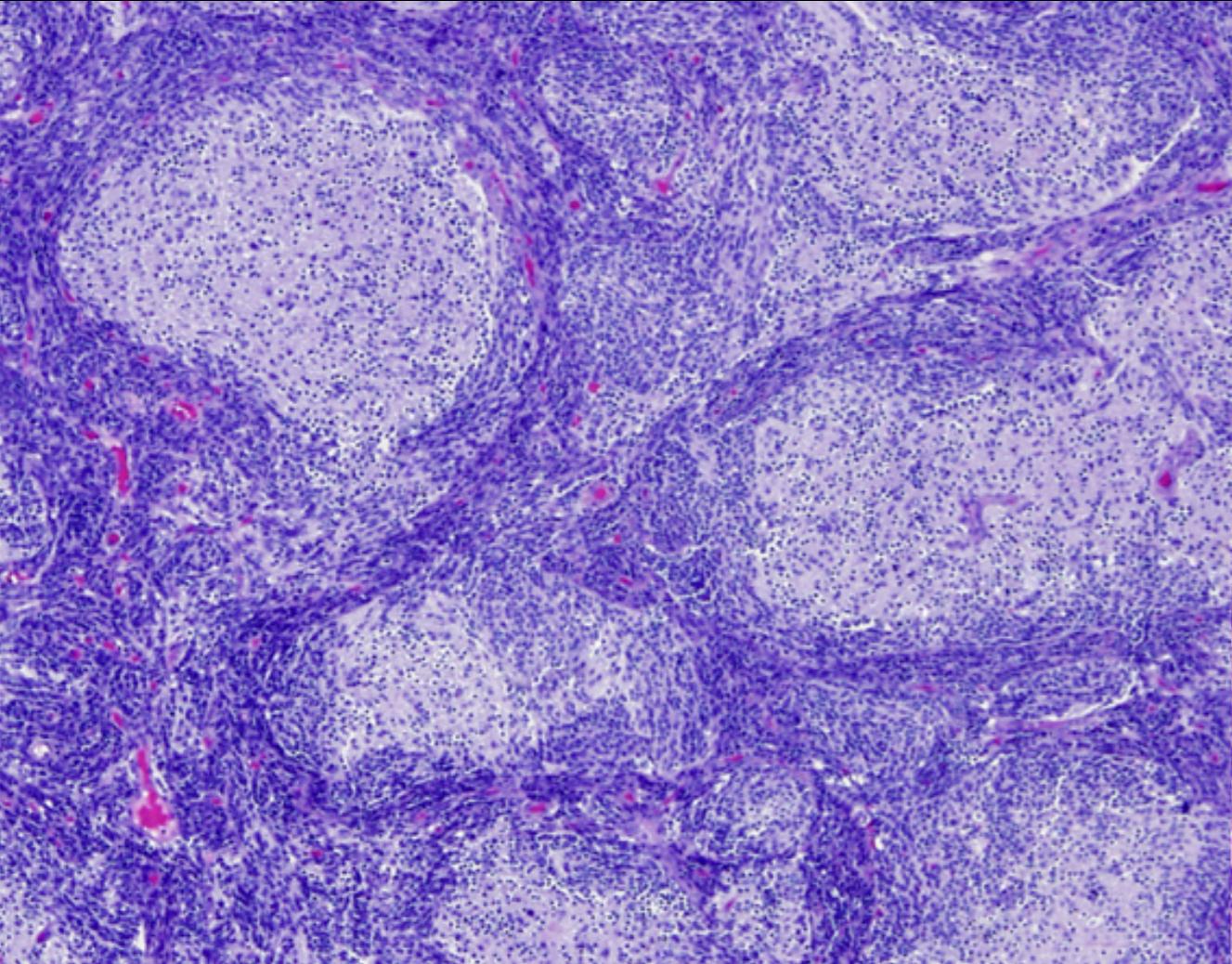


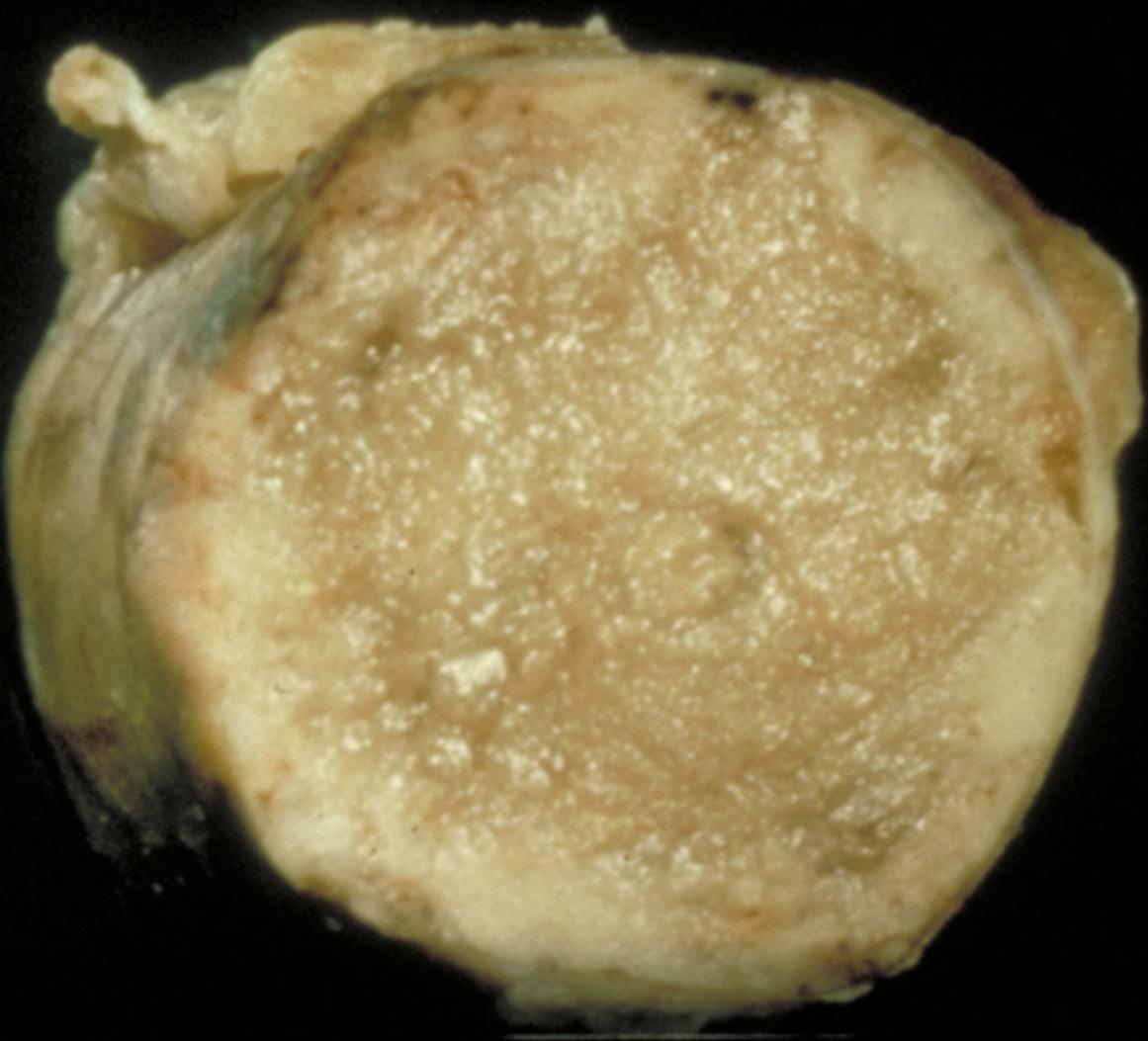
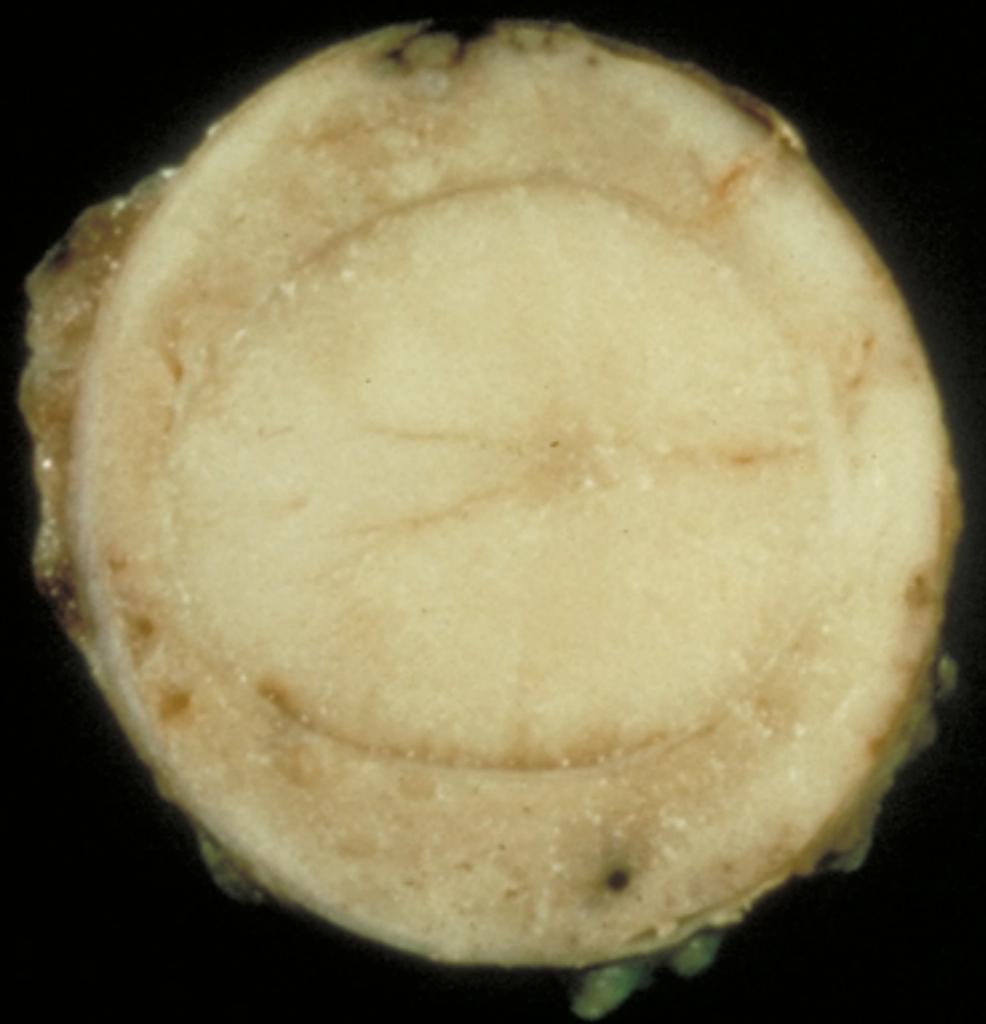


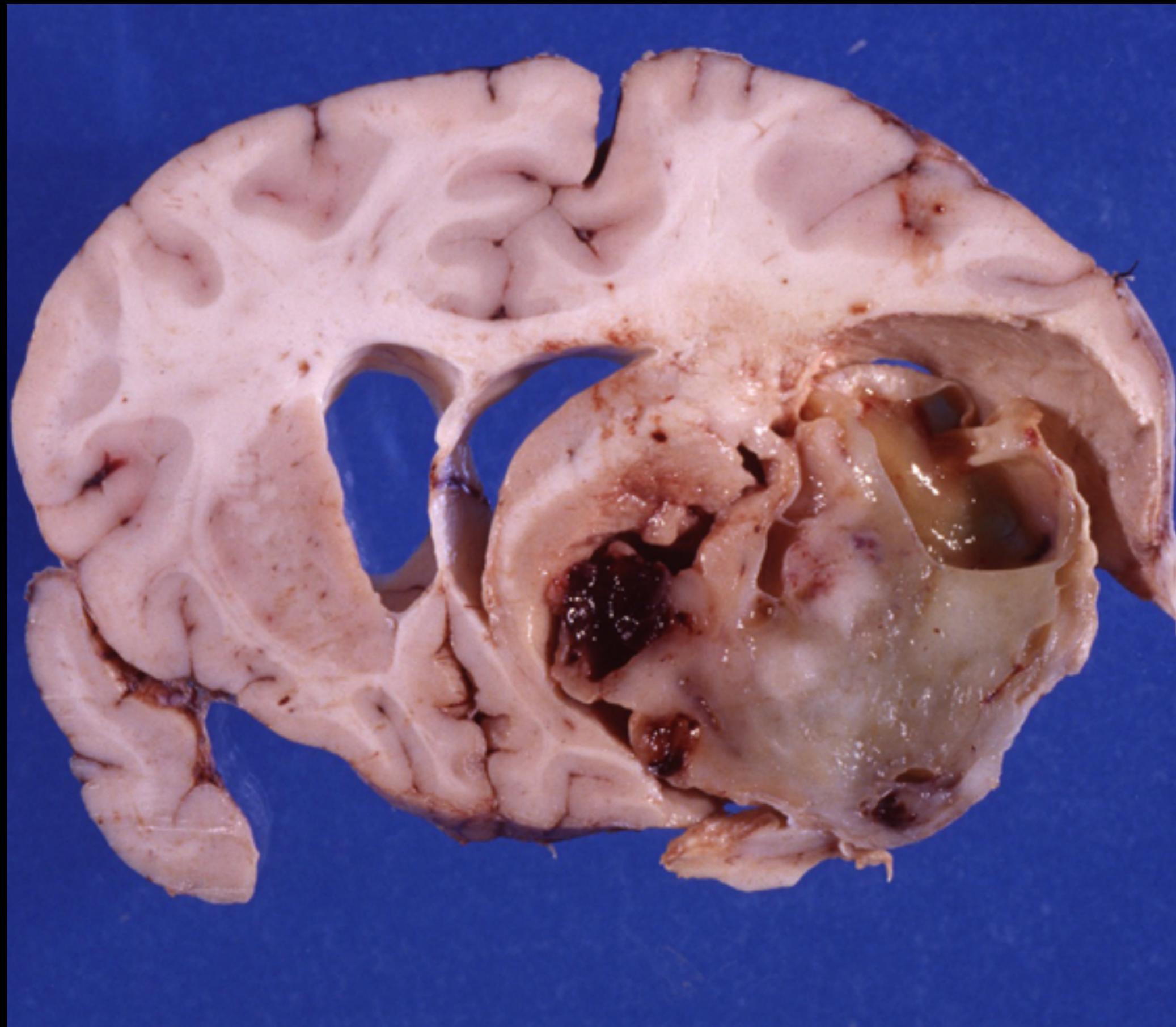


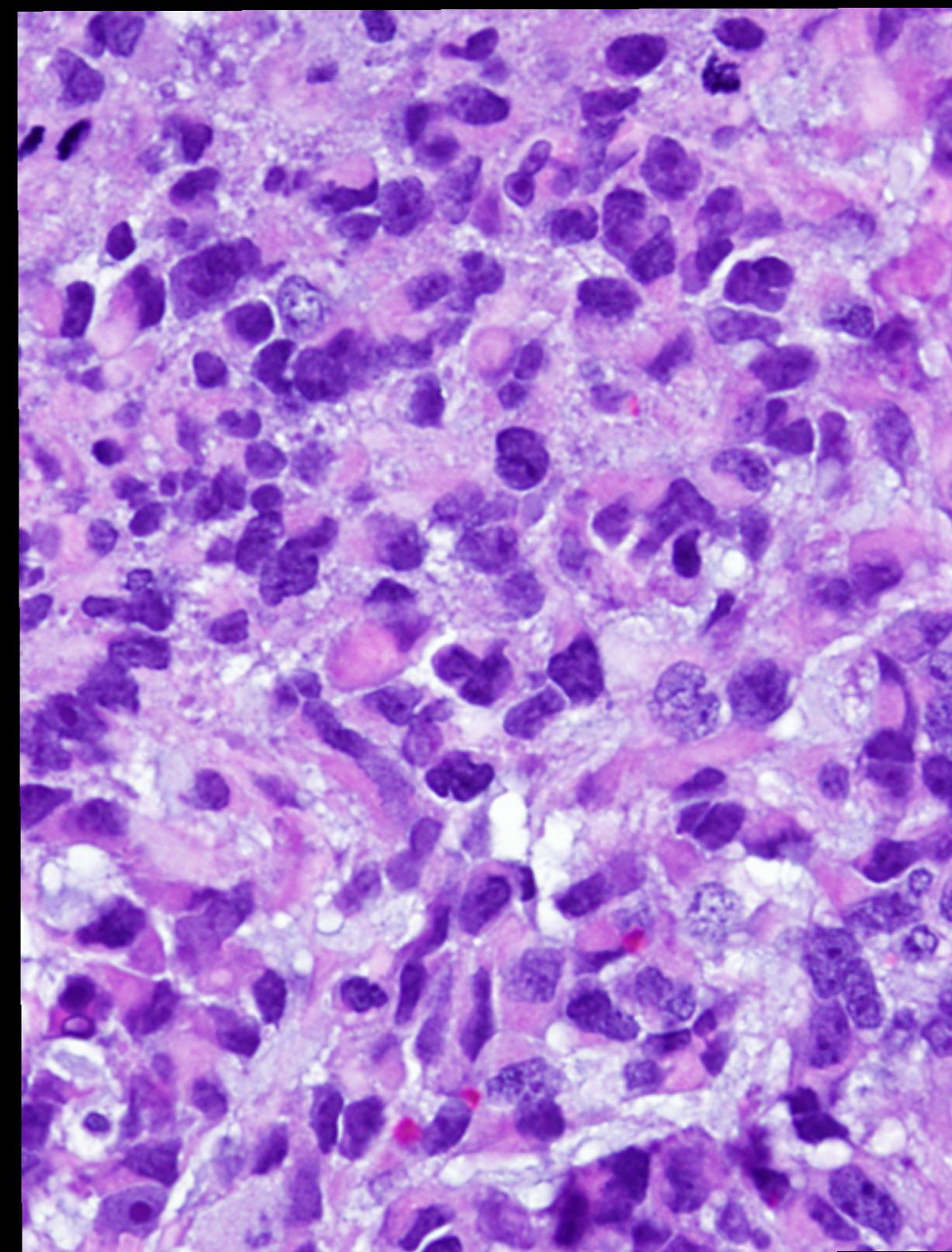


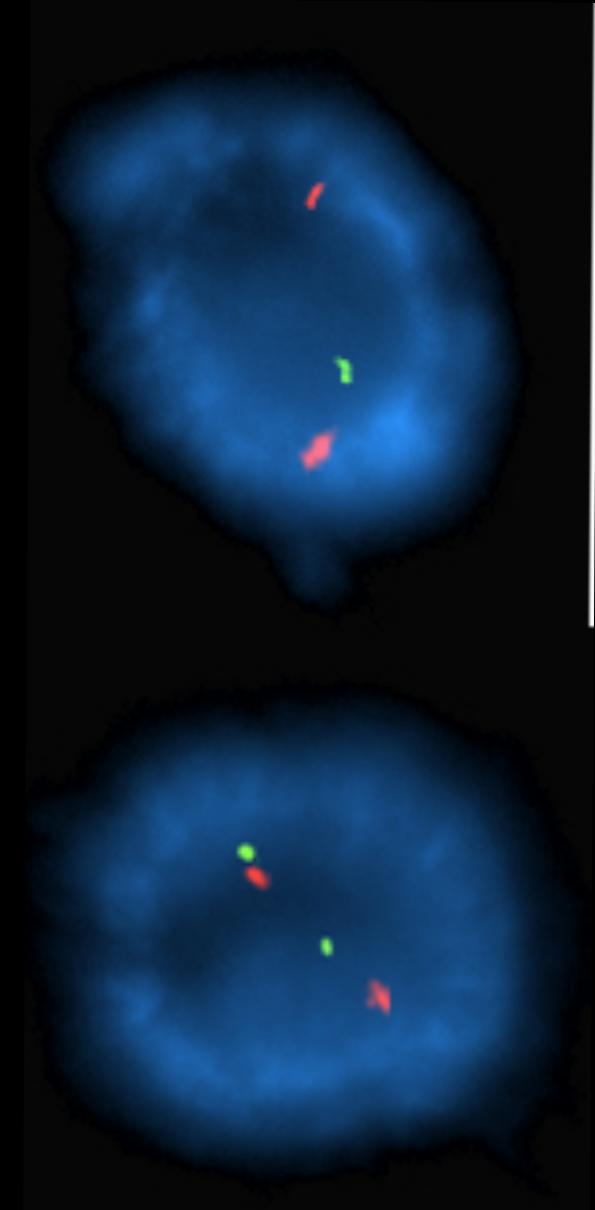
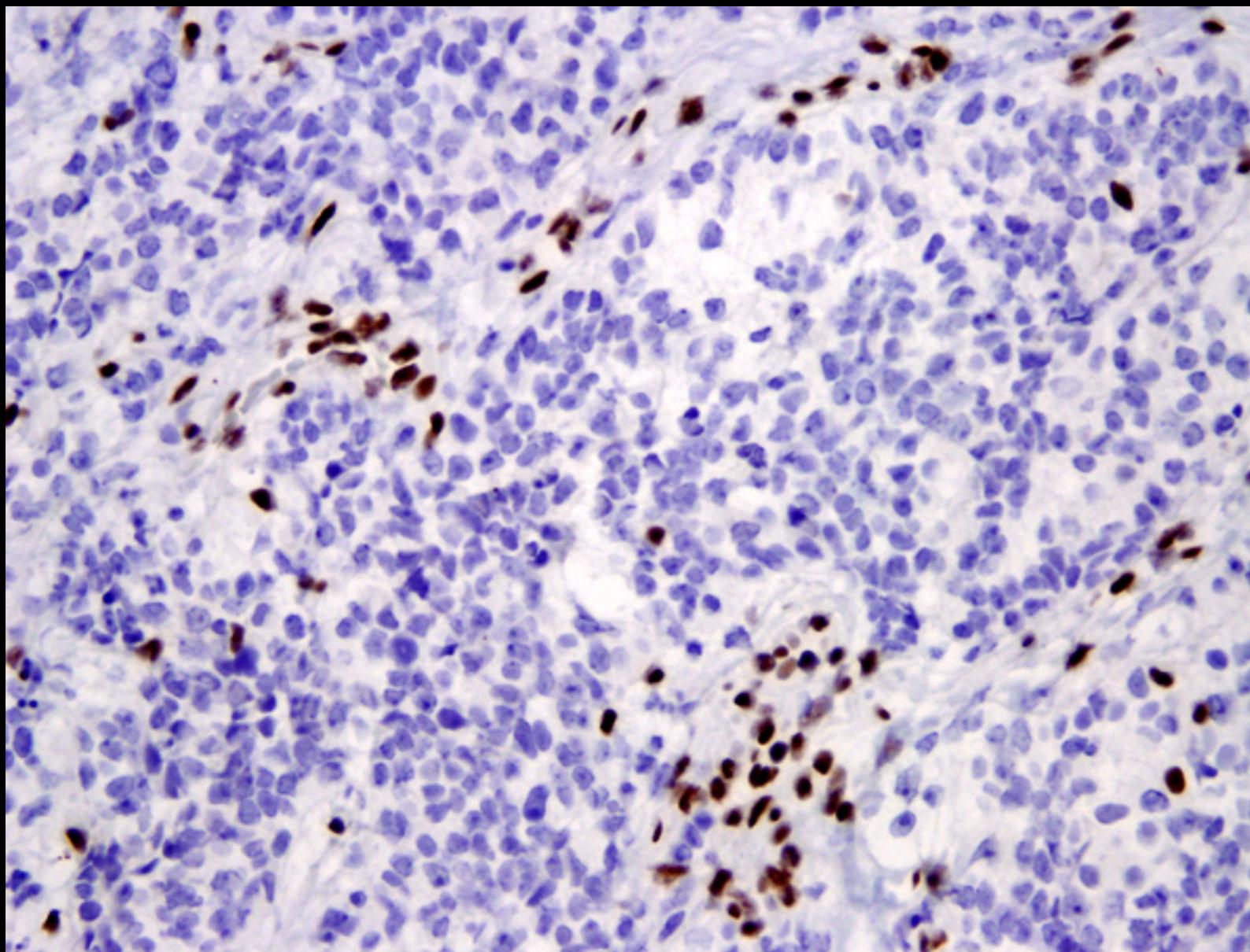




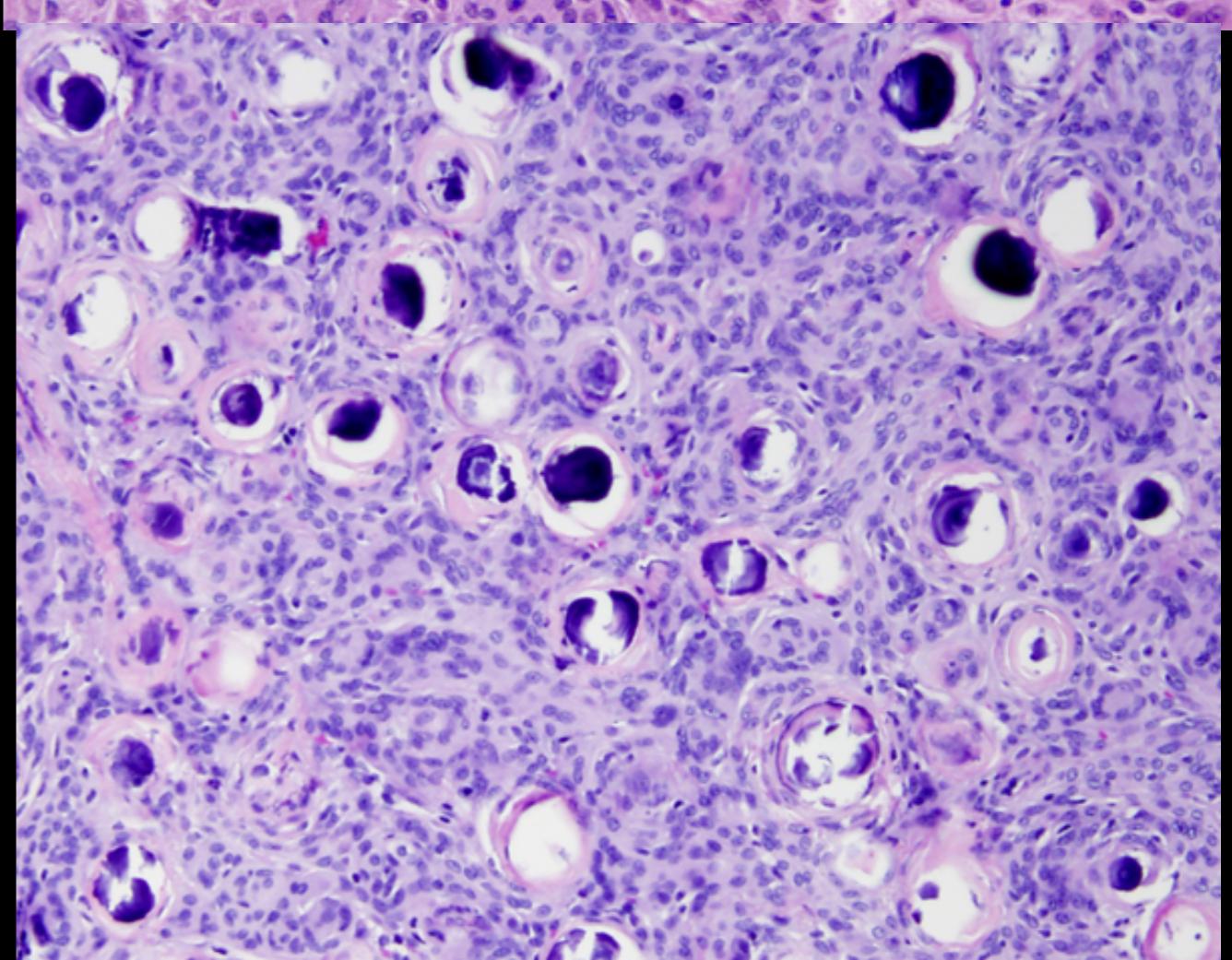
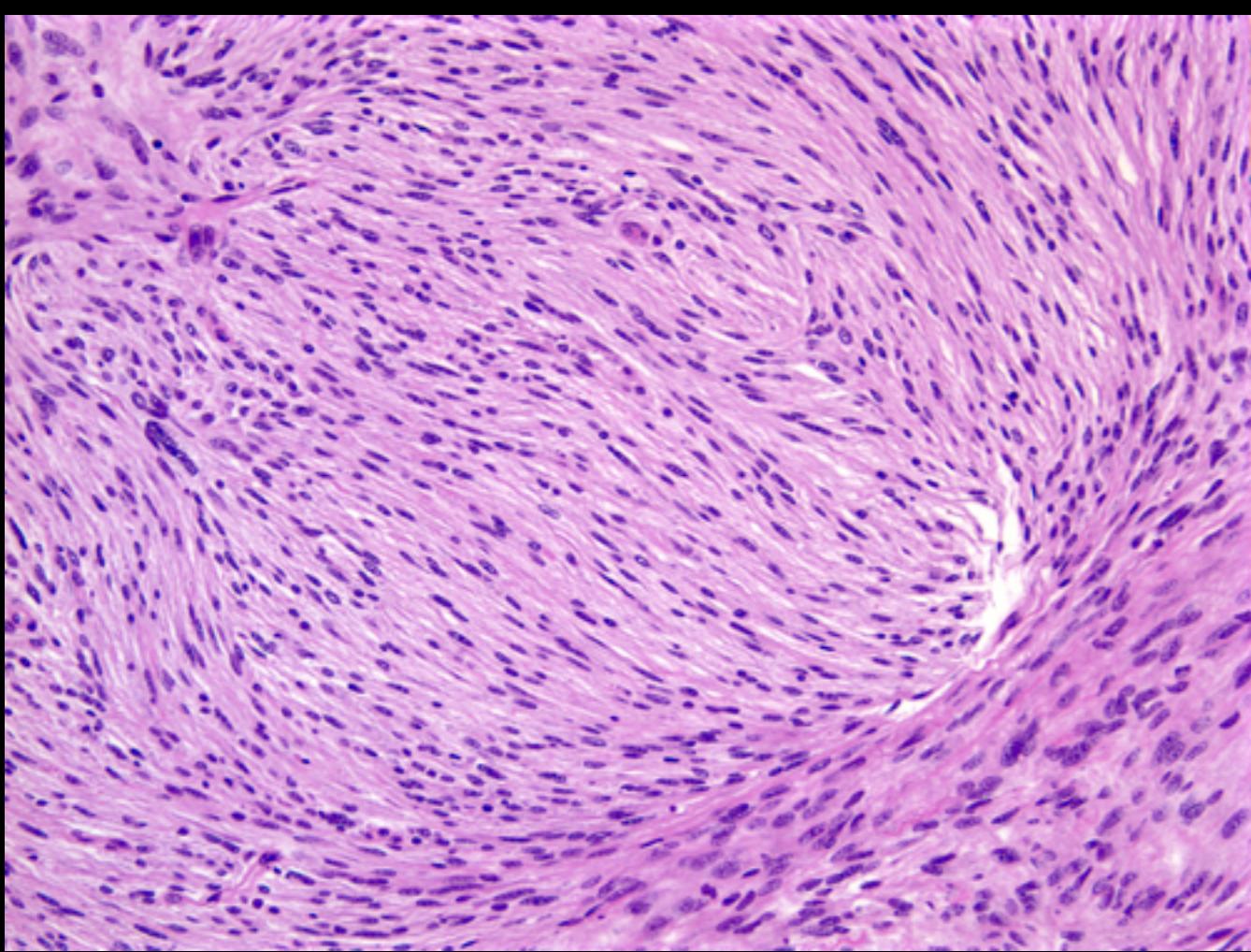
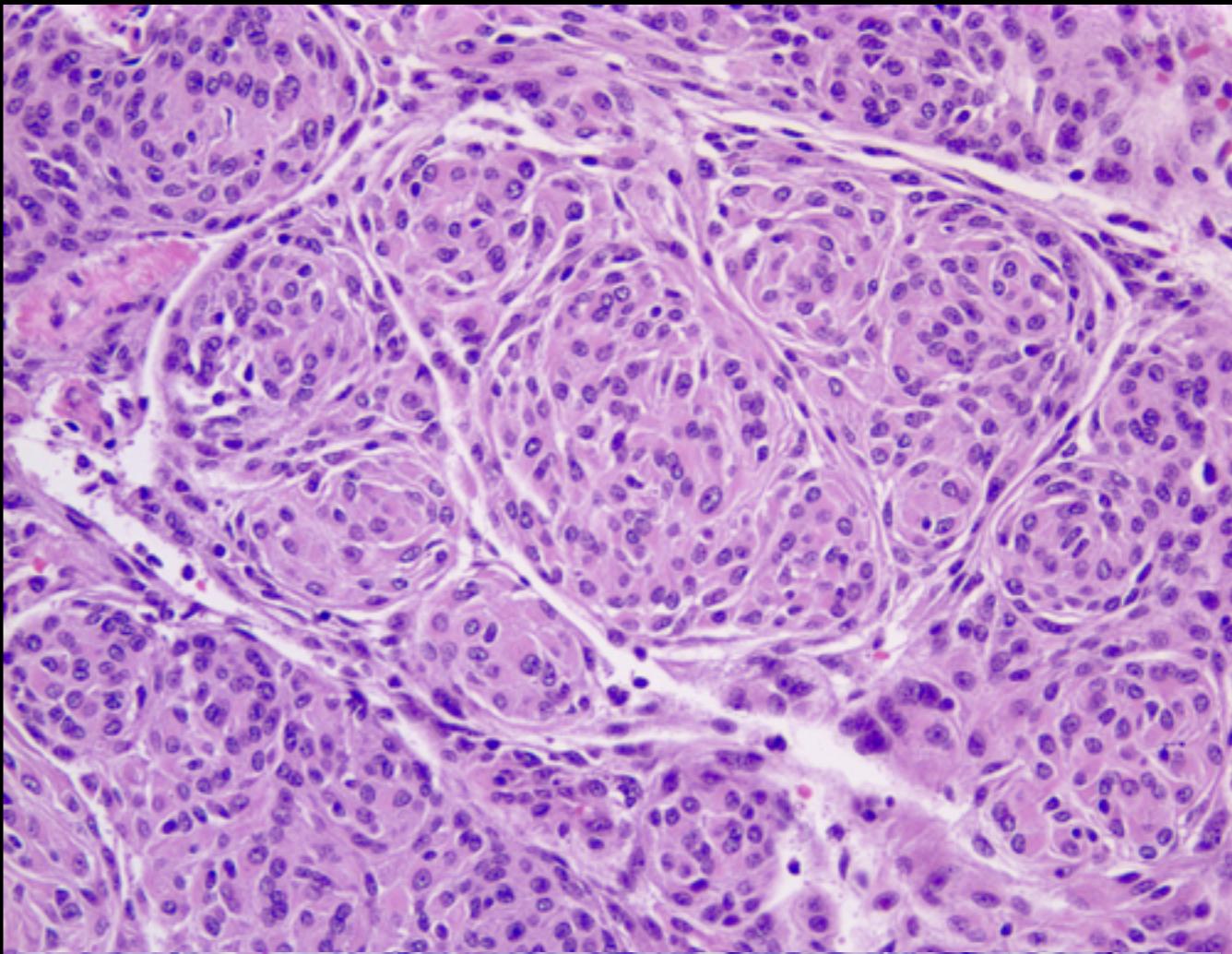


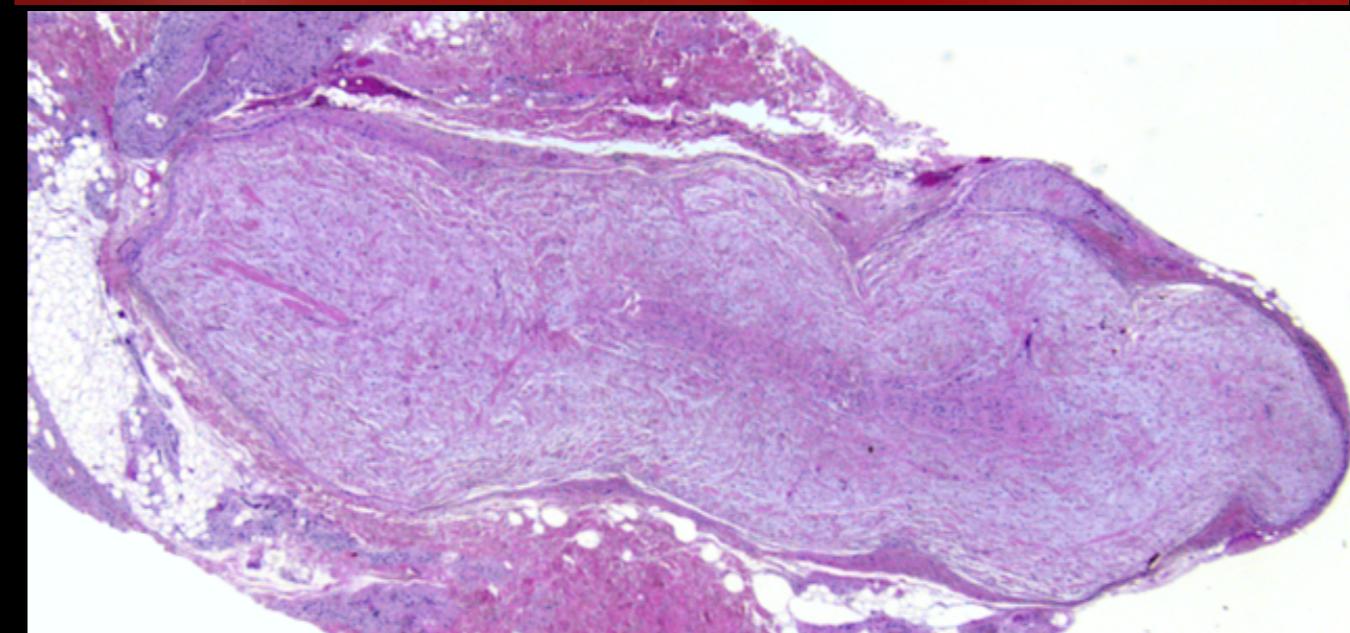
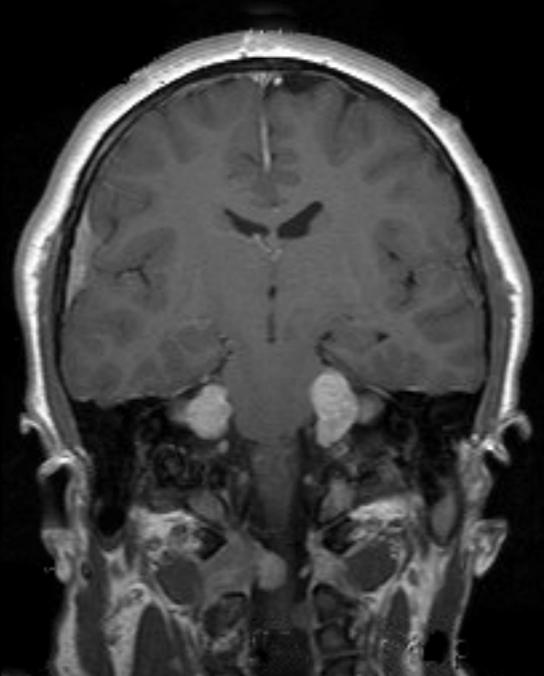
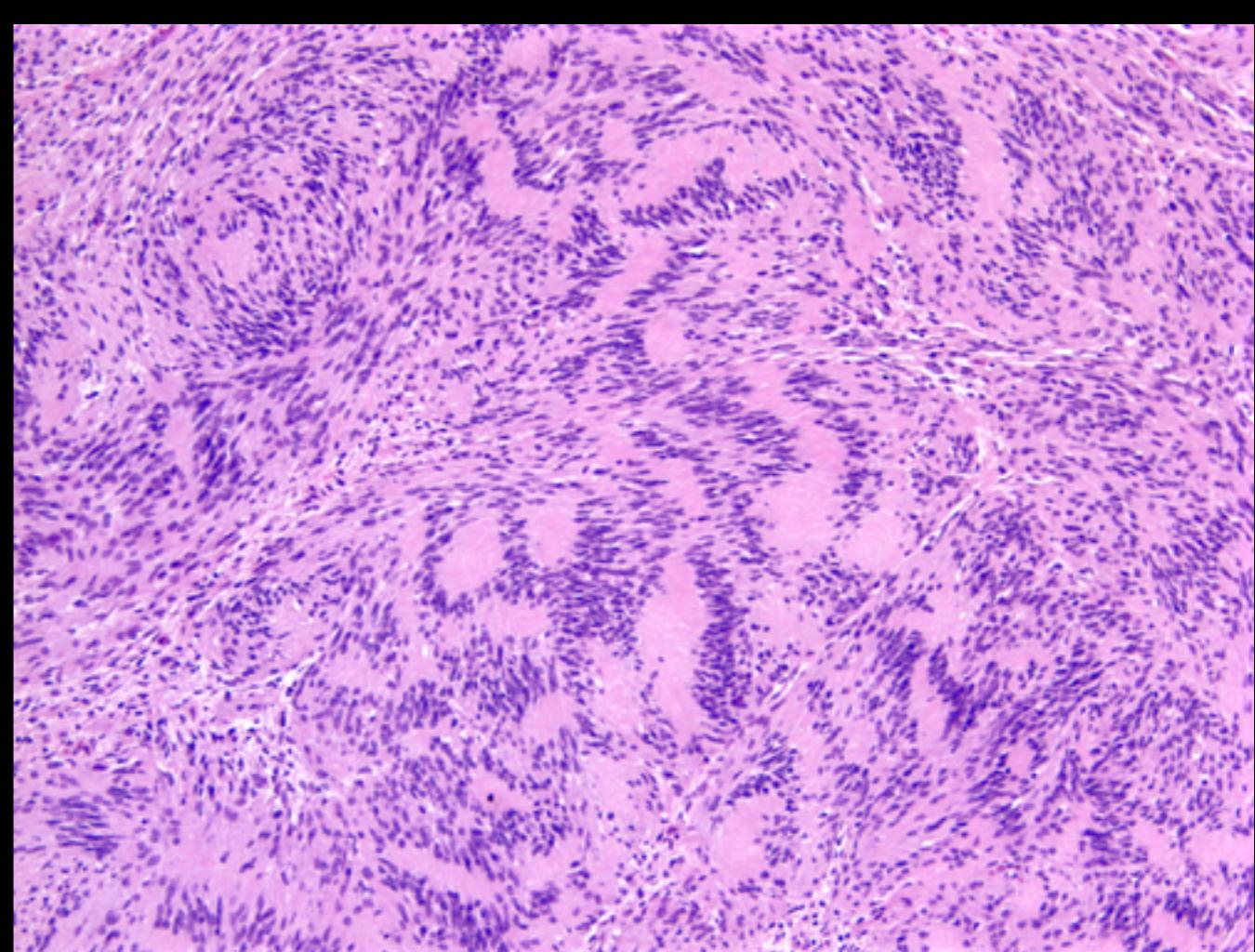
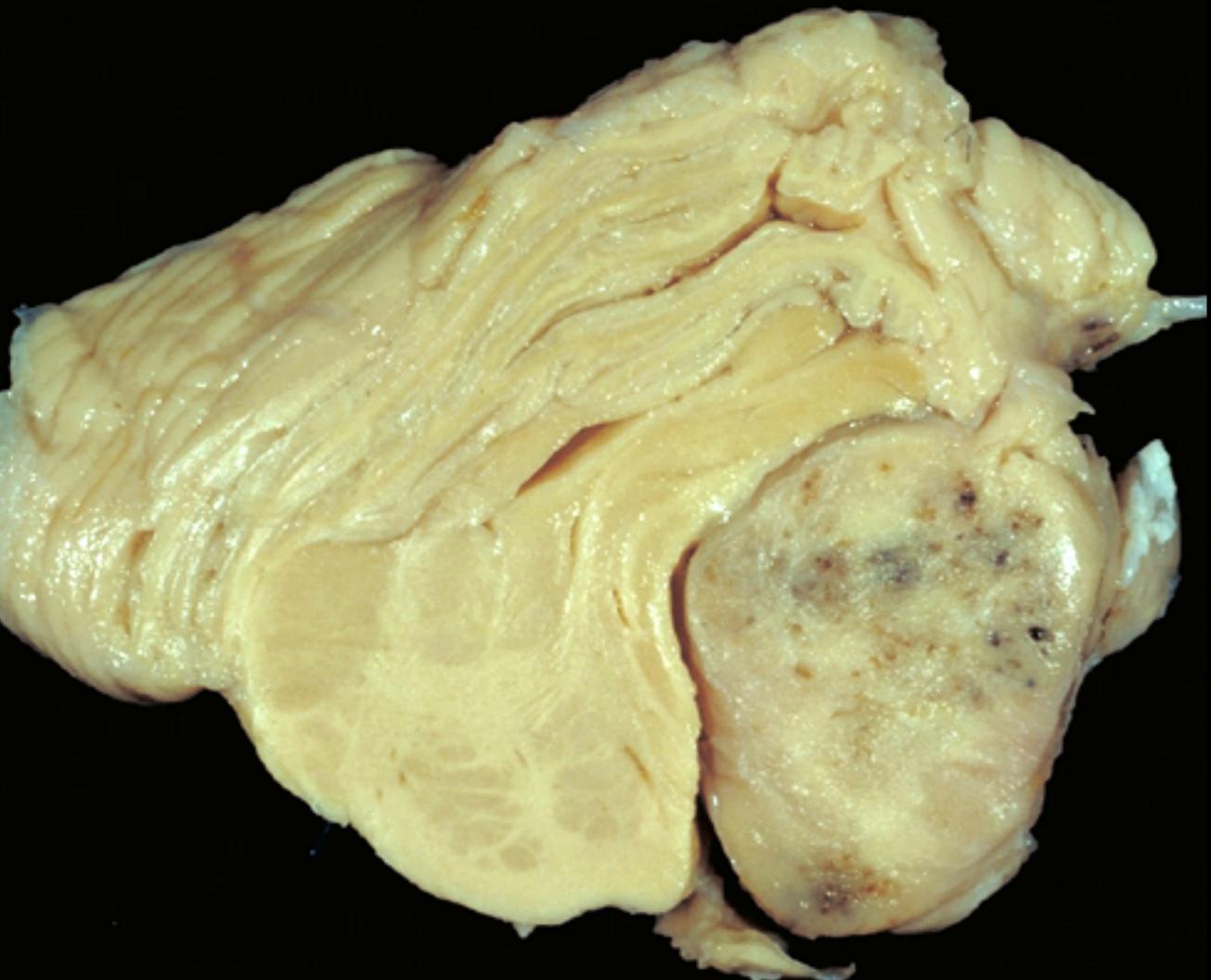


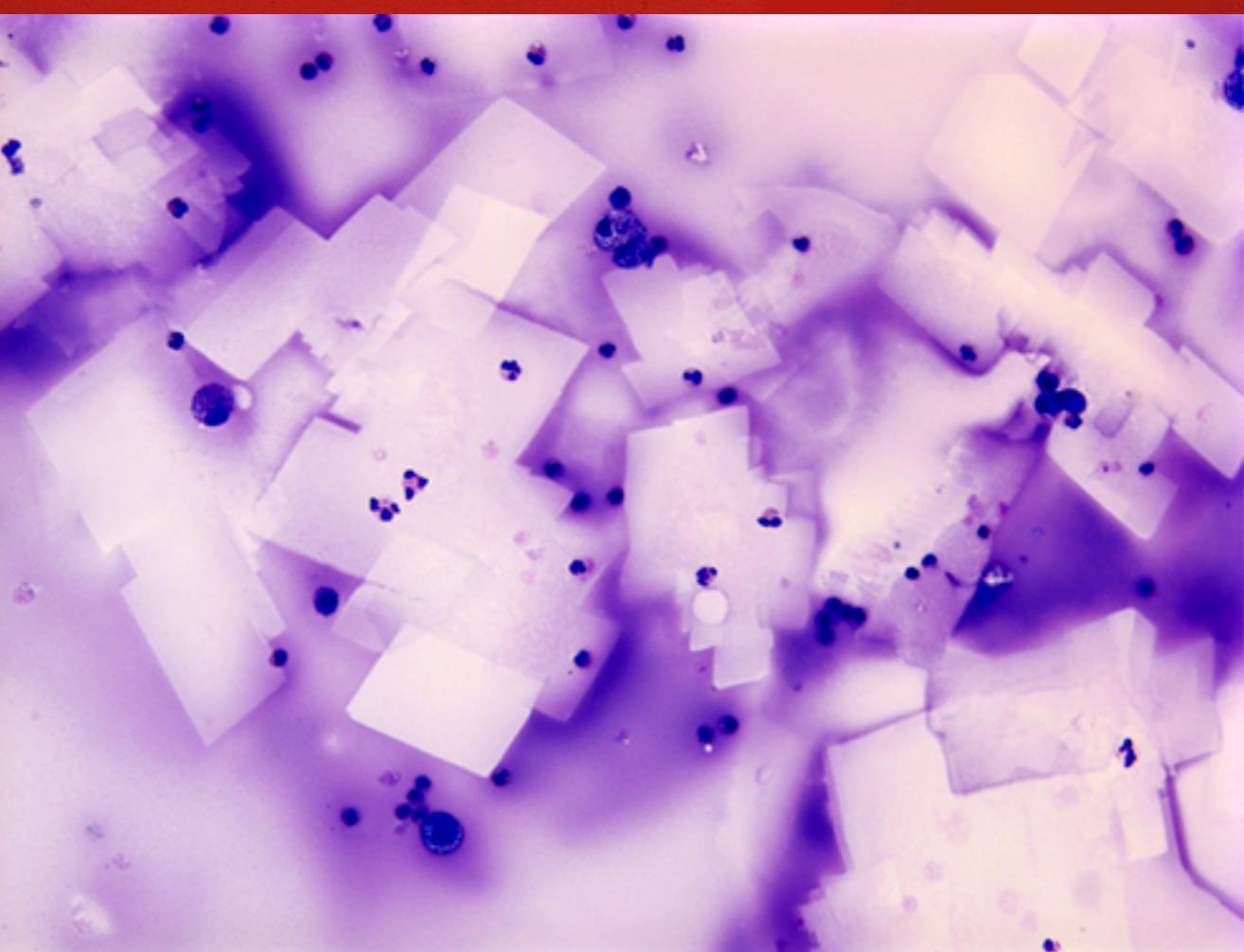
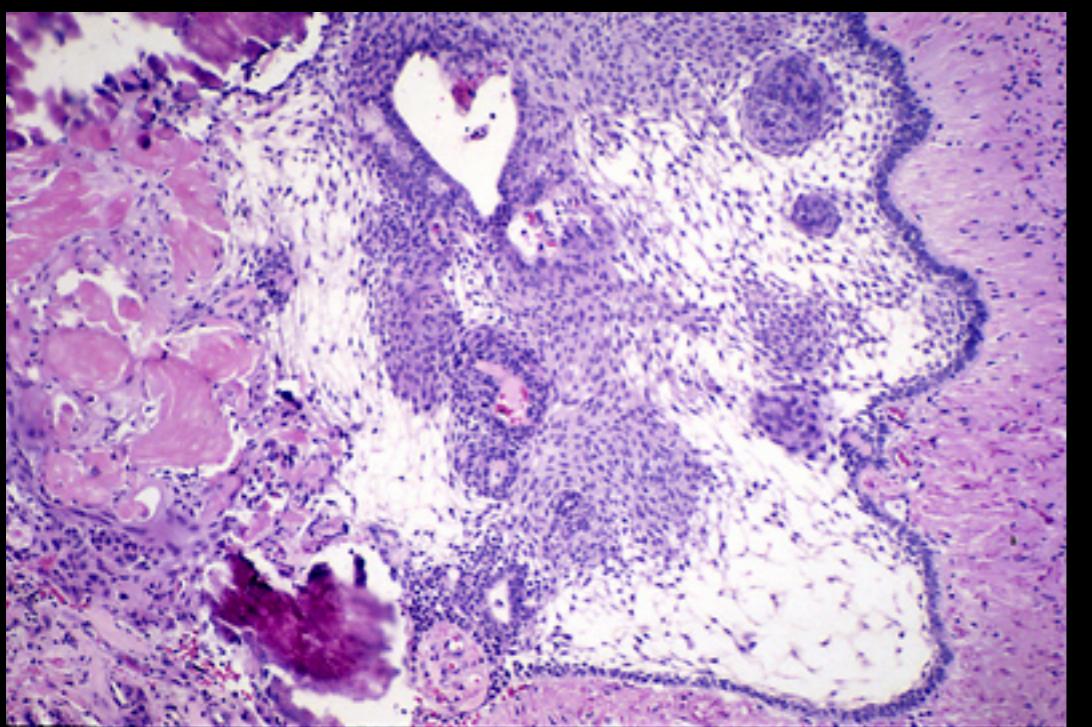
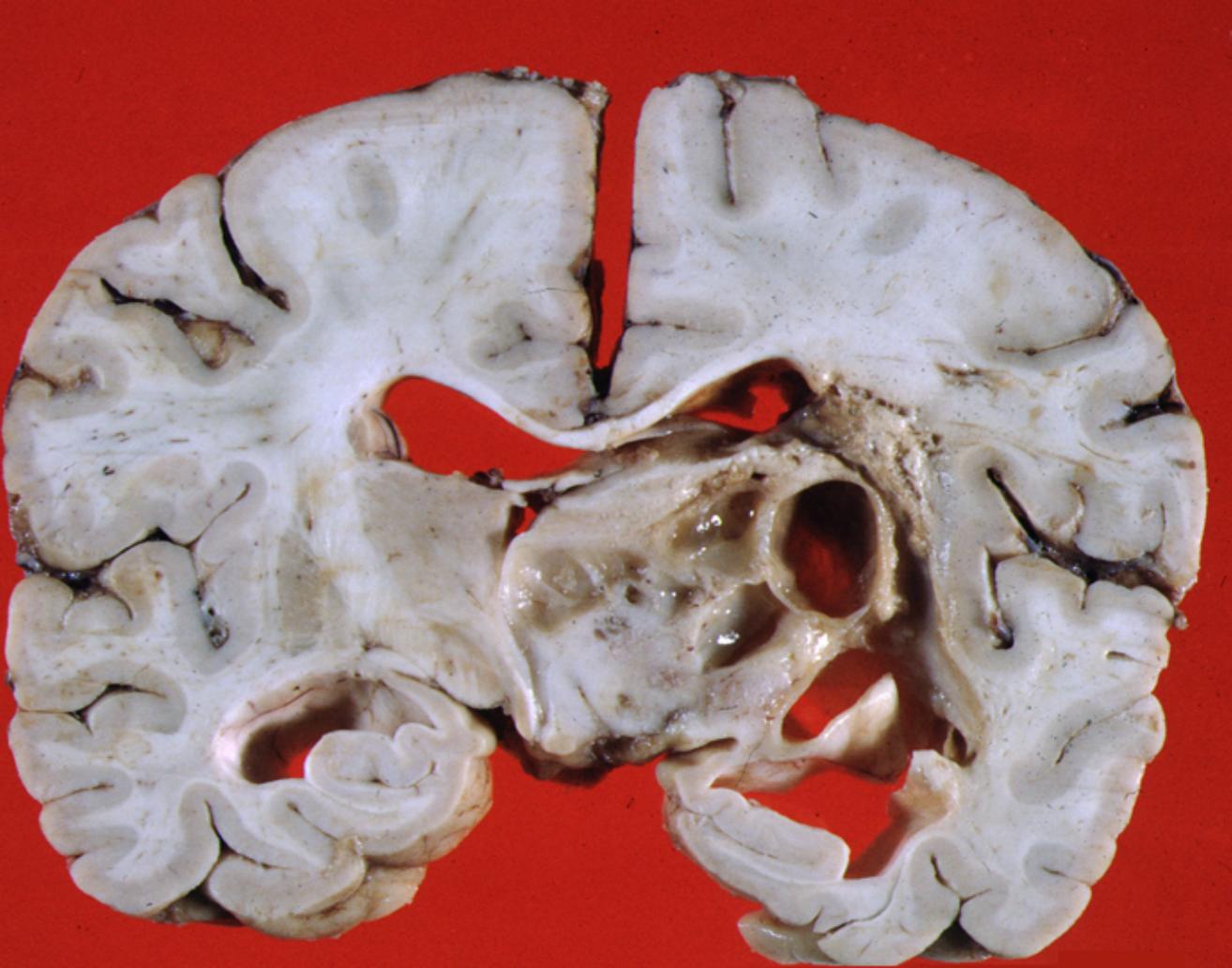
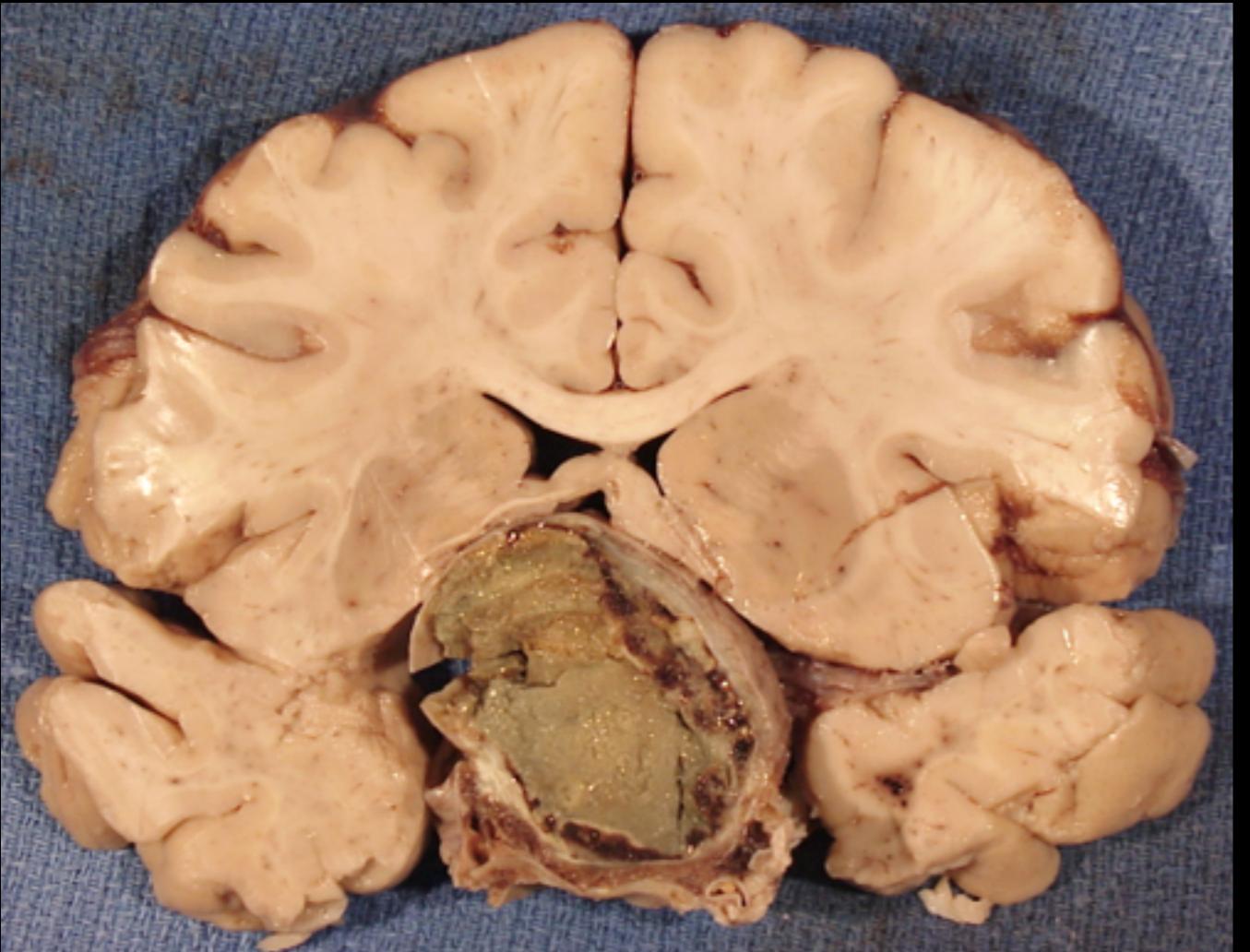


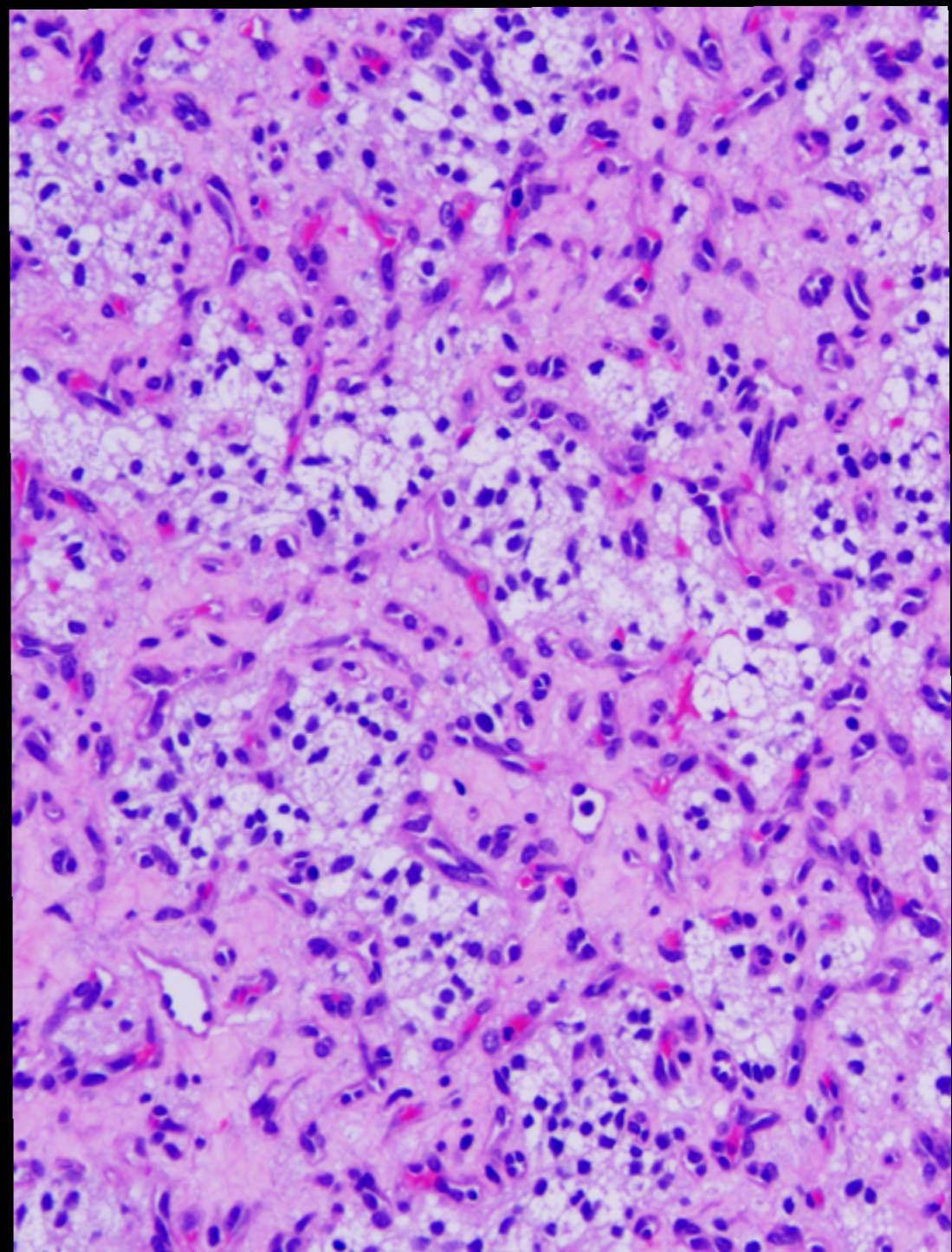
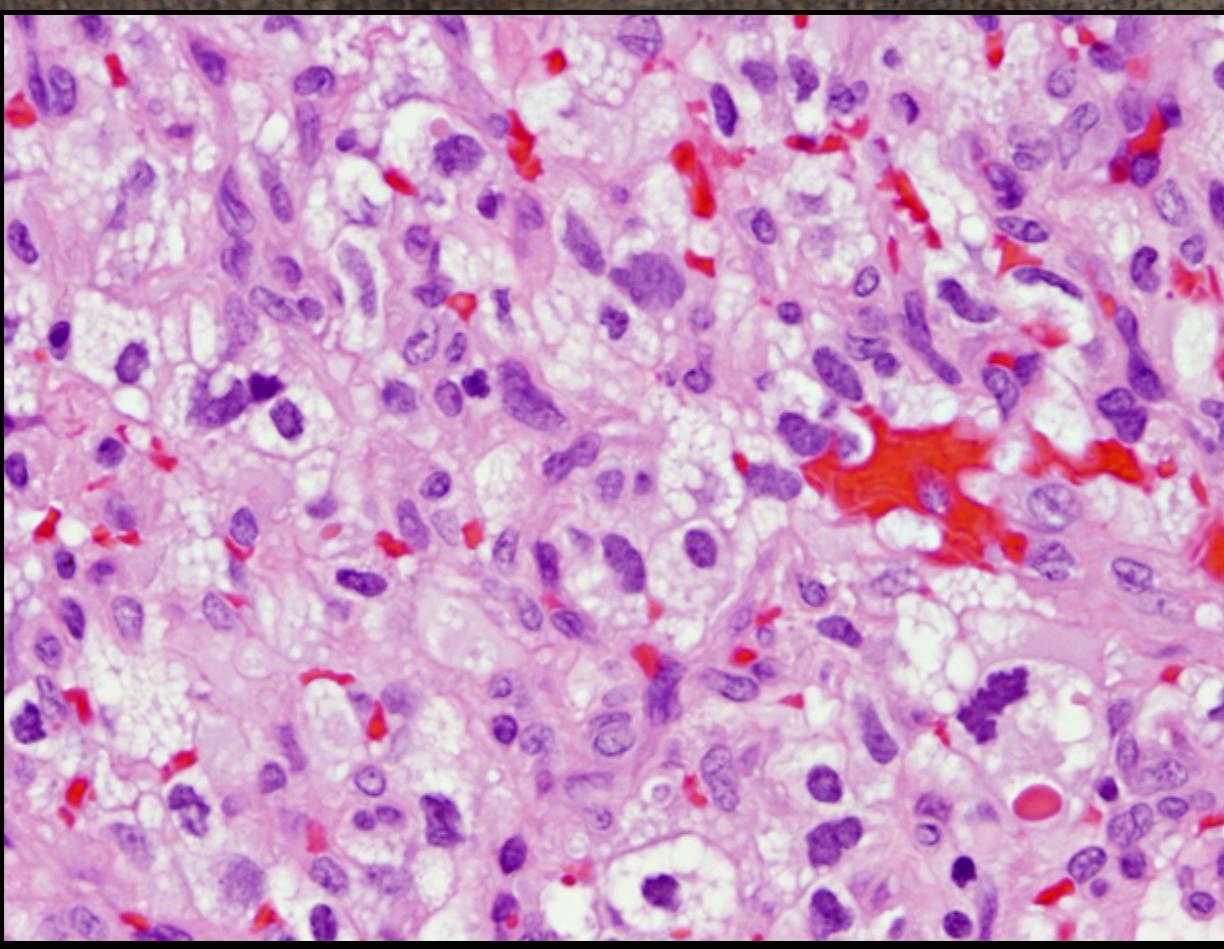
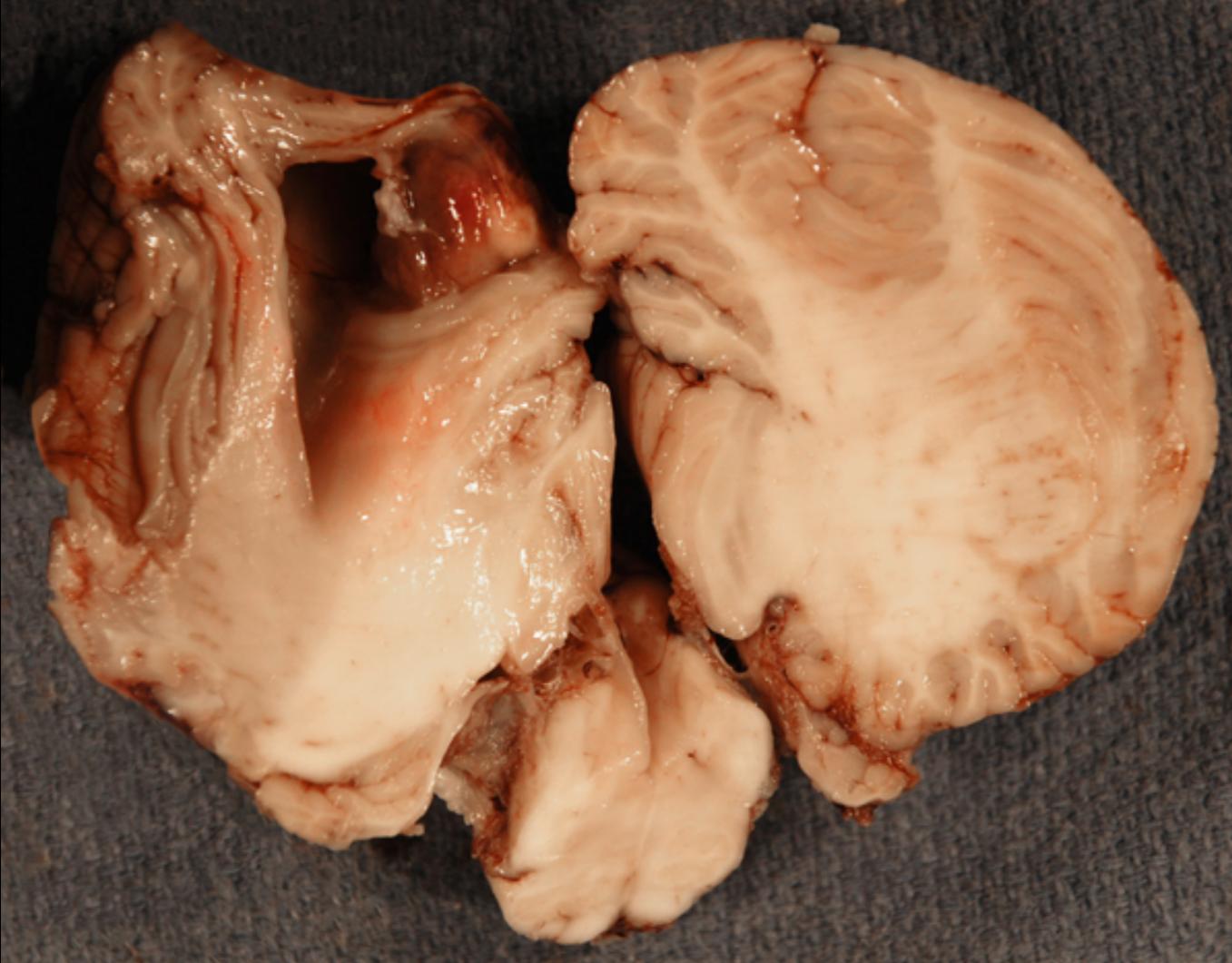


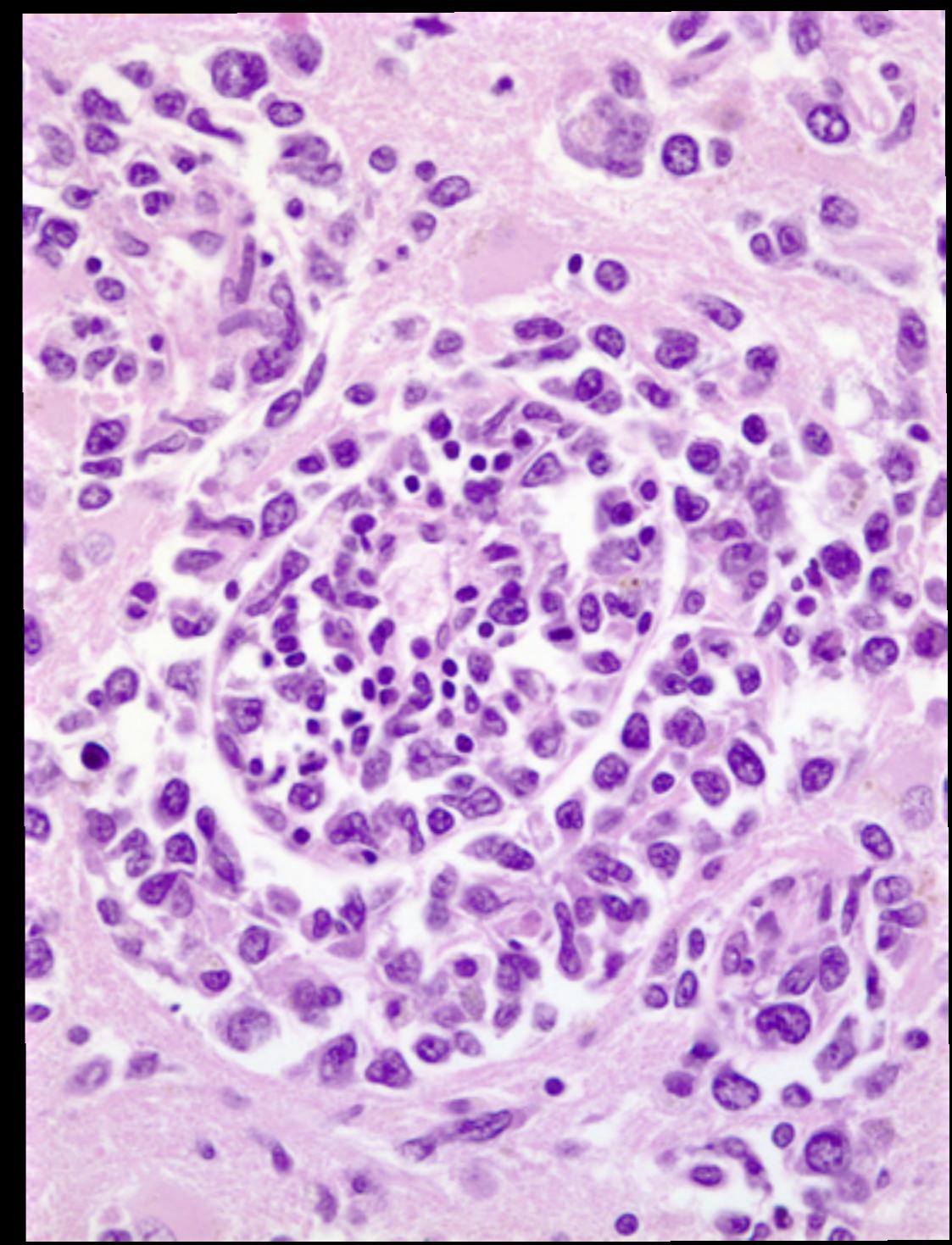
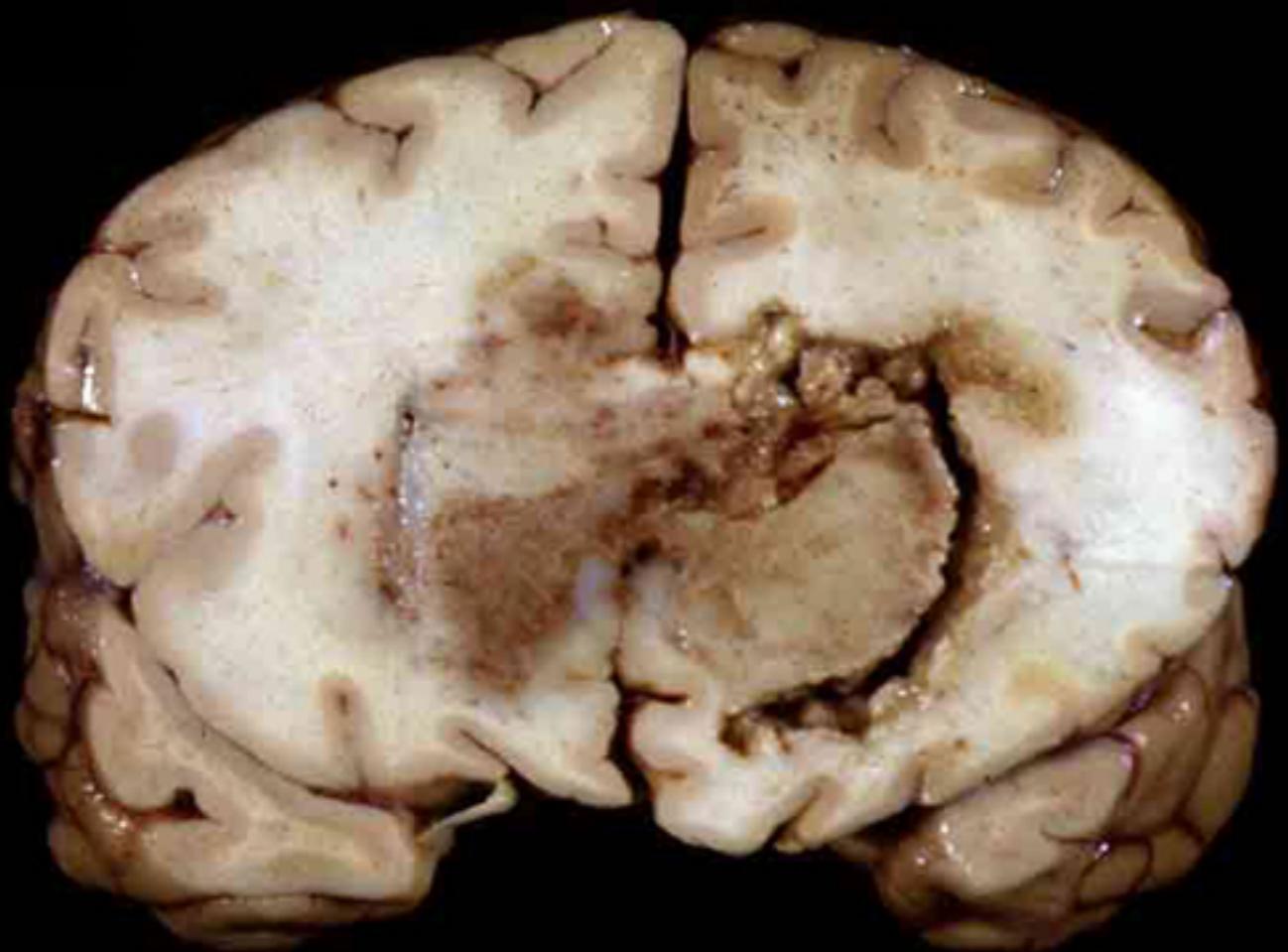


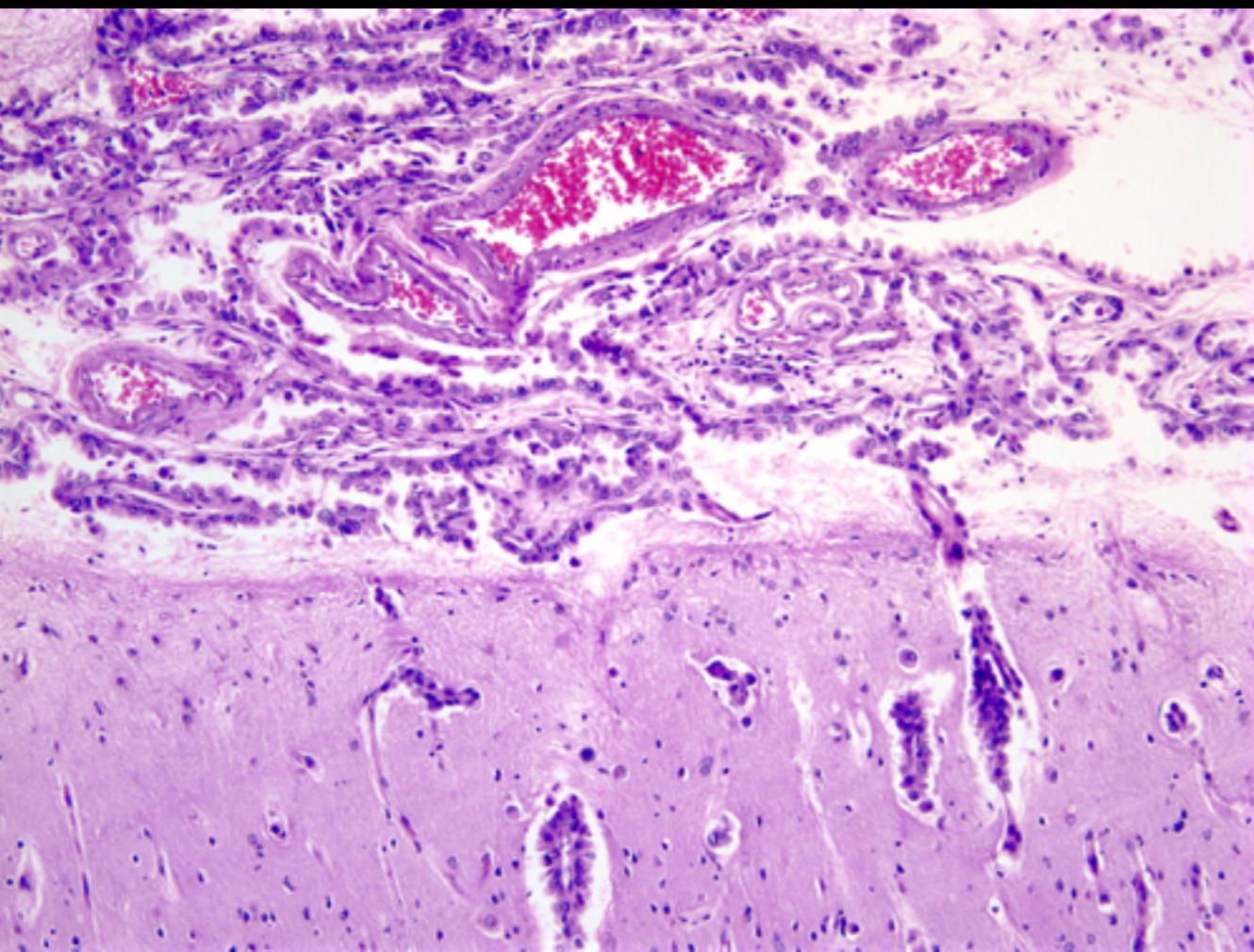












Tumor infantil a veces congénito
Sólo afecta al cerebelo
Maligno, aunque con supervivencias del 80% a los 5 años
Macro: en línea media
 Bien delimitado
 Color gris y consistencia blanda
Micro: células redondas que forman rosetas

La mayoría benignos
Originados en la aracnoides
Macro: masas redondeadas y duras con tendencia a adherirse al hueso
Micro: células fusiformes (**fibroblástico**), que forman sincitios (**sincitial**), con células que recuerdan el epitelio de transición (**transicional**), con cuerpos de psammoma (**psammomatoso**), con vacuolas PAS+ (secretor)
Hay meningiomas anaplásicos de conducta muy agresiva, capaces de metastatizar

2% de los linfomas extranodales
Frecuentes en pacientes inmunodeficientes
Generalmente linfomas de células grandes B

Localizados en la línea media, especialmente en la glándula pineal
Los mismos tumores que aparecen en el testículo
Teratoma, seminoma, carcinoma embrionario...

Principalmente carcinomas de pulmón, mama, melanoma, riñón y tracto gastrointestinal

