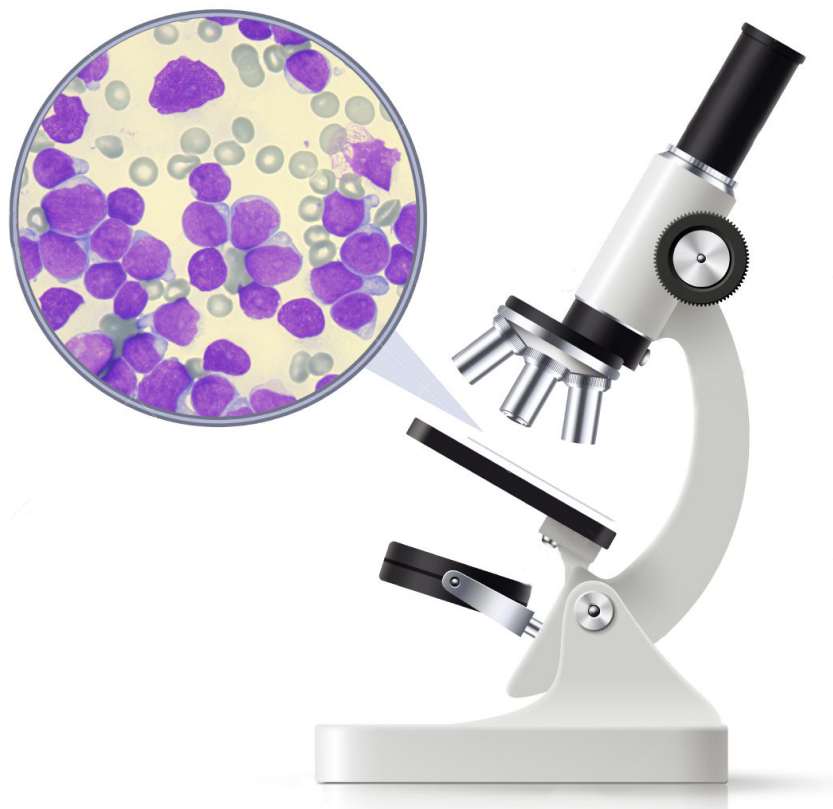


Deventer
ziekenhuis



1 Komt een vrouw bij de dokter

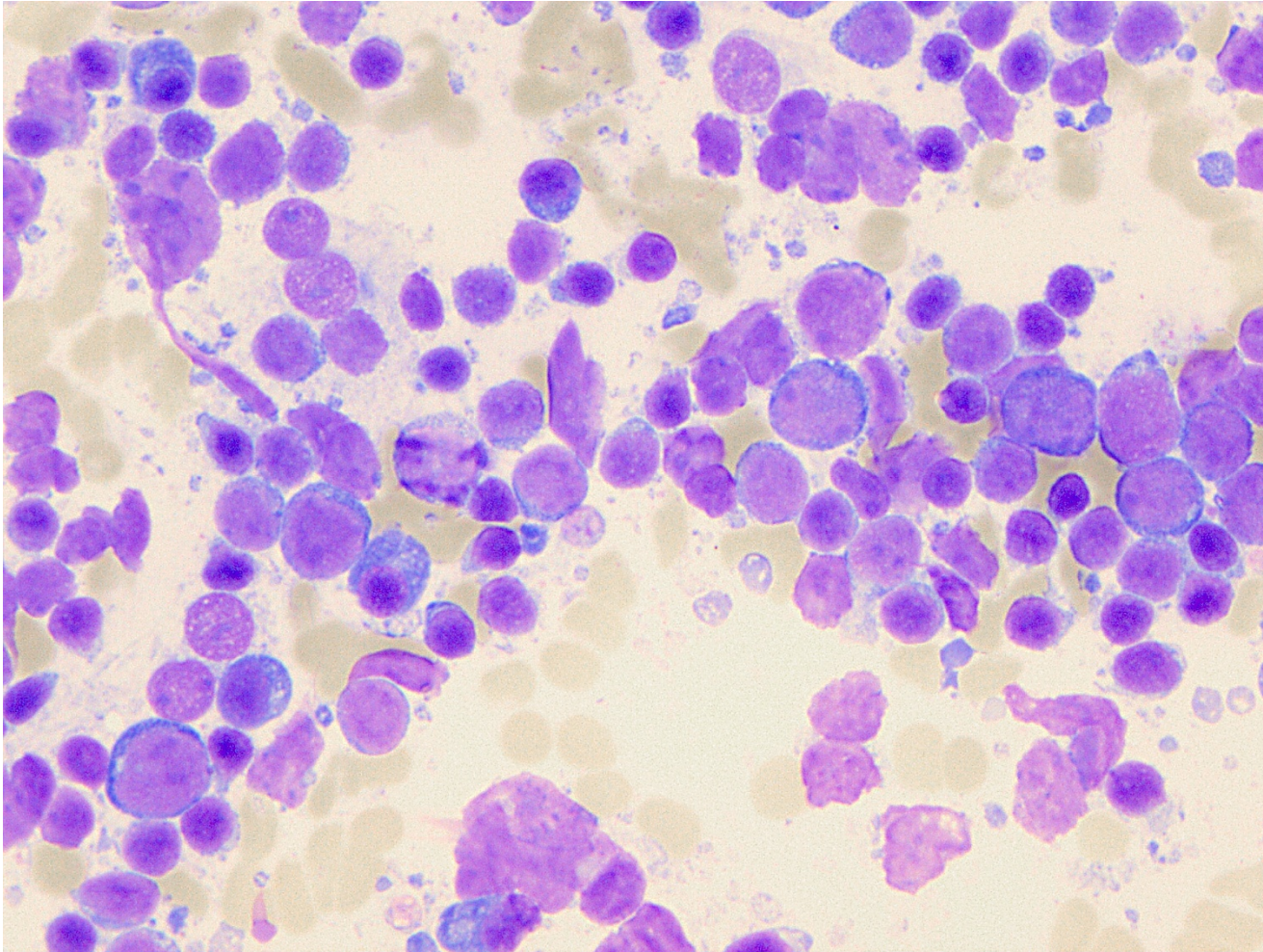
Kliniek: 35 jaar.
sinds 3 weken zwelling in de lies voelbaar.
LO: geen andere lymfeklieren voelbaar.



kat in huis, maar die krabt niet, zegt ze.

geen afvallen, geen nachtzweeten.

Cytologische punctie:



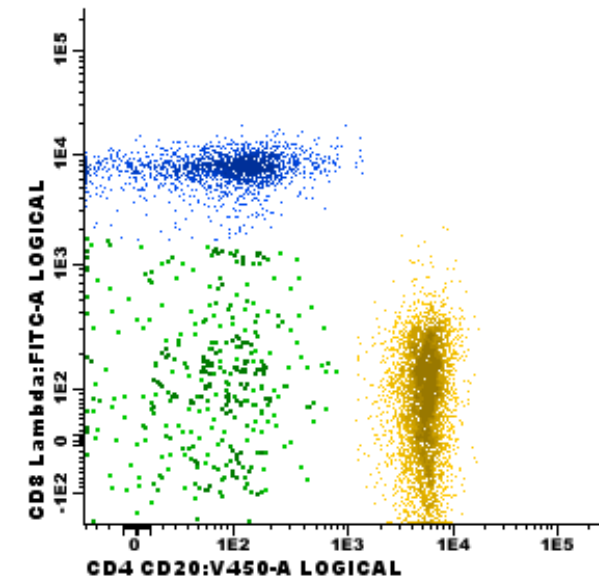
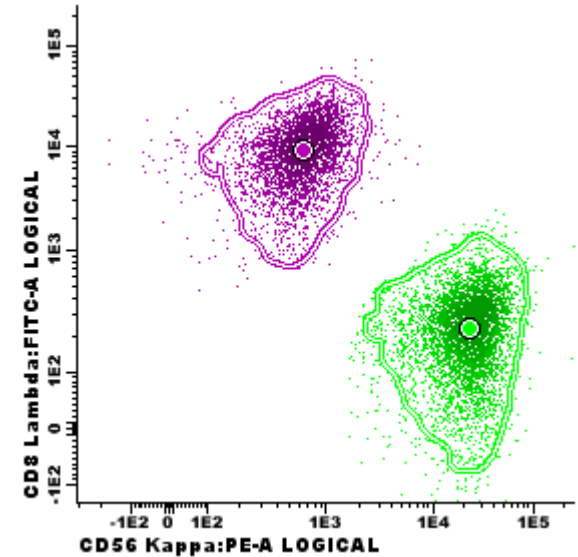
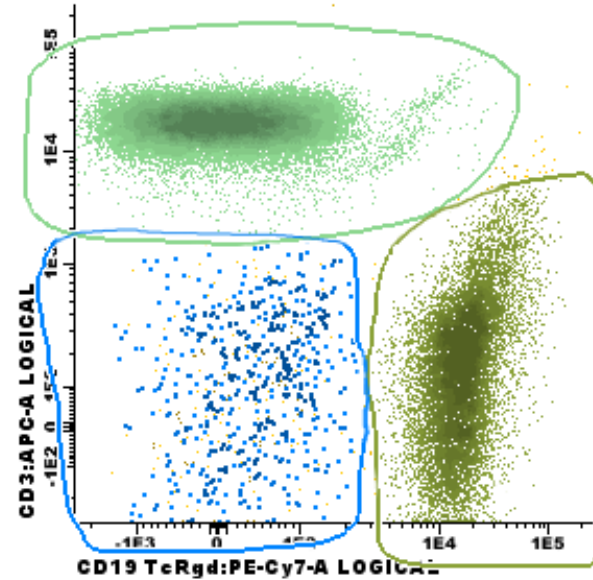
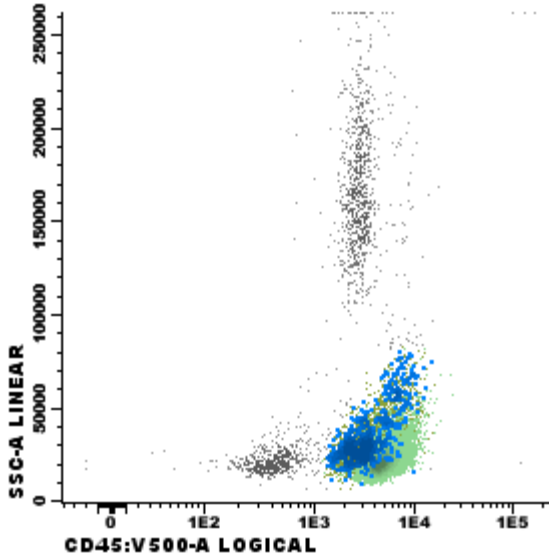
Morfologie: een bonte lymfoïde celpopulatie met verspreid enkele plasmacellen.
Geen atypische lymfoïde cellen

Immuunfenotypering:

Inzet:

LST tube euroflow

20+4 – 45 – L+8 – K+56 – 5 – 19+TcRγδ – 3 – 38



Geen afwijkende lymfatische populatie aantoonbaar

Eindconclusie Pathologie:

Beeld kan passen bij reactieve lymfeklier.

Geen aanwijzingen voor maligniteit.



2

Kliniek: man, 20 jaar.

eet minder dan voorheen, is 6 kg afgevallen.

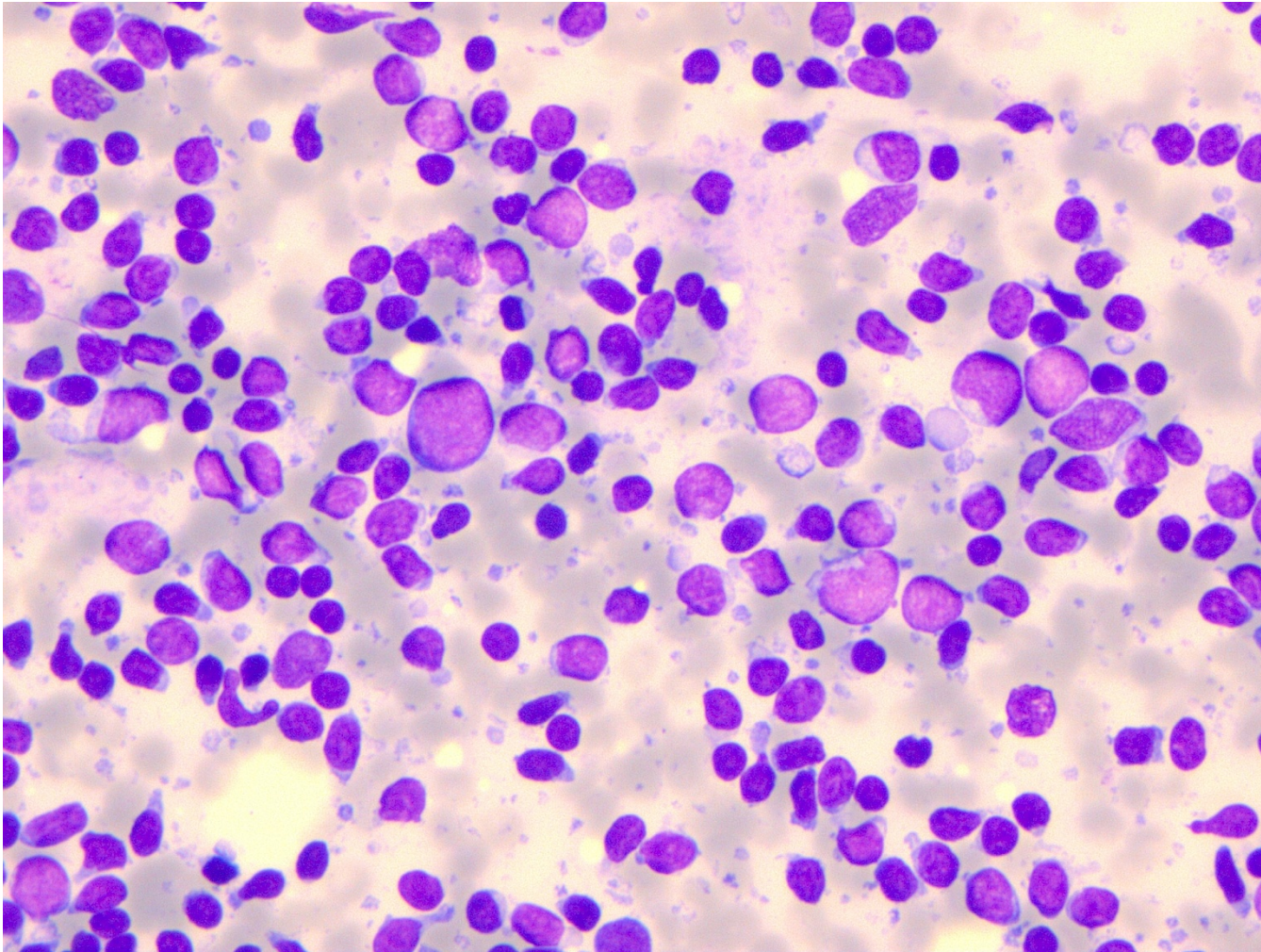
geen nachtzweeten, geen koorts.

- ½ jaar kliertje in hals Ø 5 cm, spontaan afgenomen.

nu kliertje oksel Ø 2 cm.



Echo geleide cytologische punctie lymfeklier.



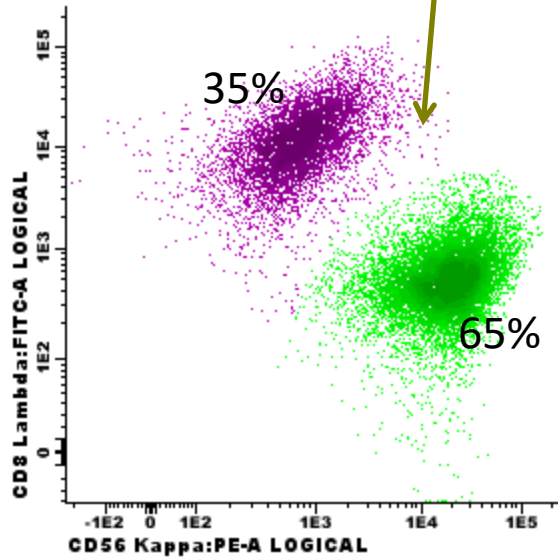
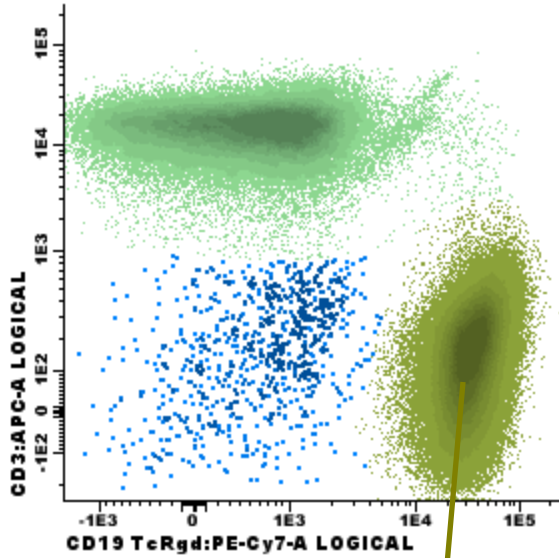
Morfologie: Celrijke preparaten met in een achtergrond van bloed, lymfoglandulair bodies en een bonte lymfoïde populatie.
Reactief beeld.

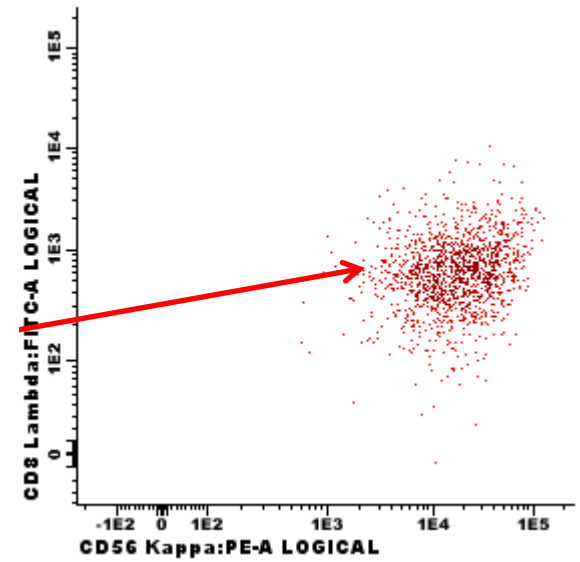
Immuunfenotypering:

Inzet:

LST tube euroflow

20+4 – 45 – L+8 – K+56 – 5 – 19+TcRγδ – 3 – 38





3 % van de lymfatische cellen

Tweede buis:

20 – 45 – 23 – 10 – 7 AAD – 19 – 200 - 43

Conclusie immuunfenotypering:

Aanwezigheid 3% monoklonale
B-cel lymfatische populatie met
CD20 +(sterk)

CD10 +

CD5 -

CD23 -

CD38 +(dim)

CD43 -

CD200 -

Kappa +

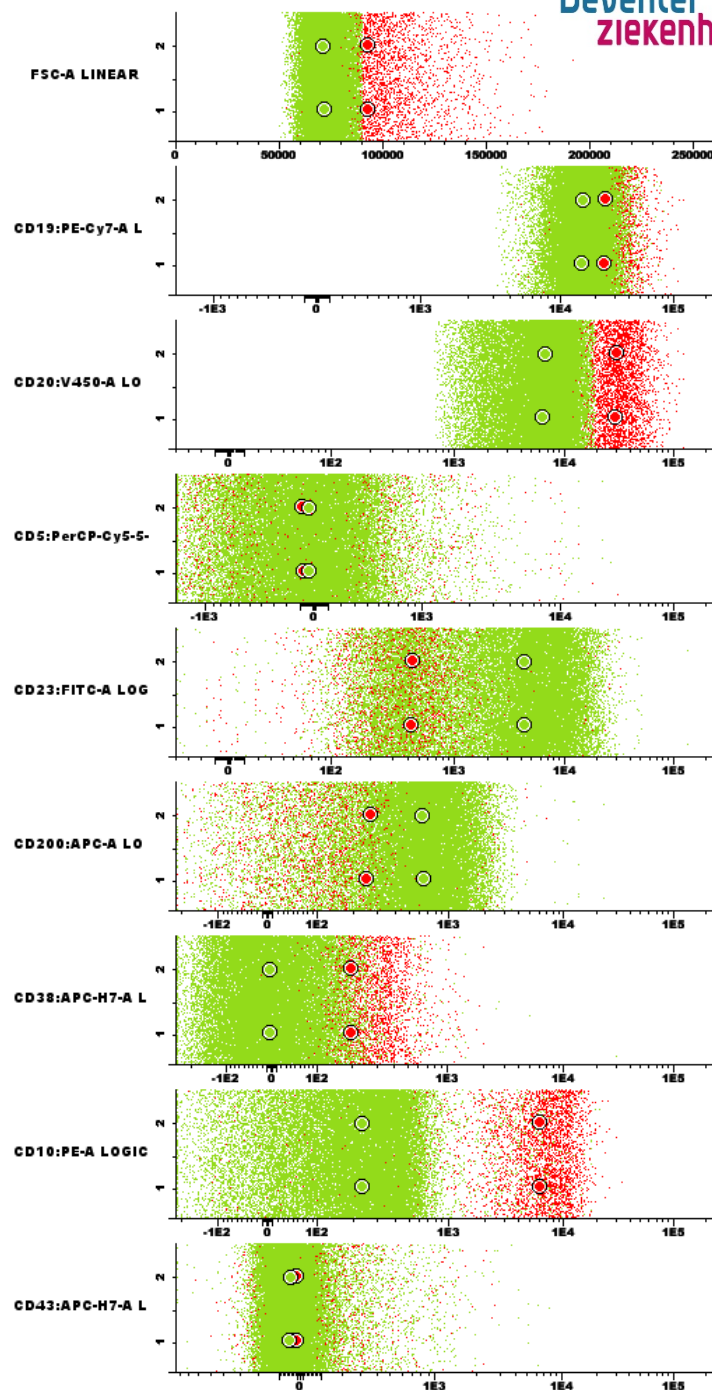
Eindconclusie Pathologie:

Lymfeklier met reactief beeld, bij
immuunfenotypering aanwezigheid

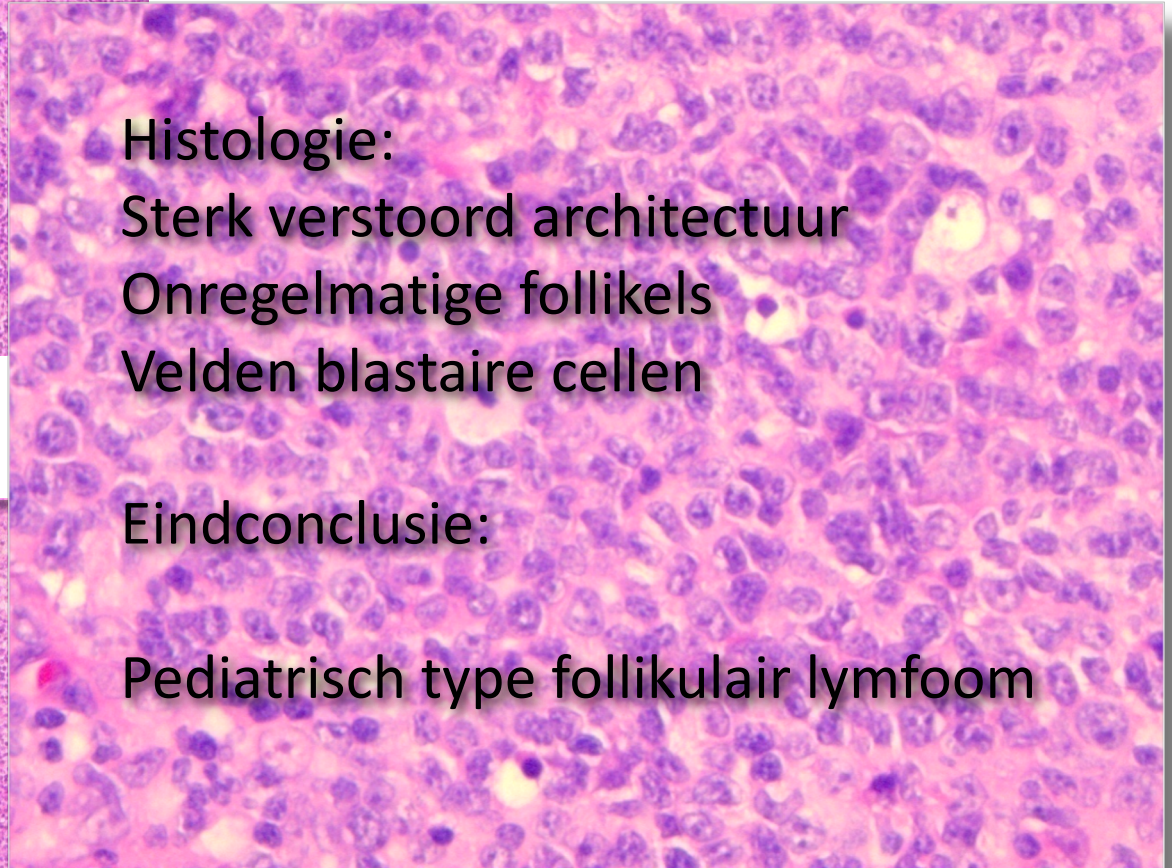
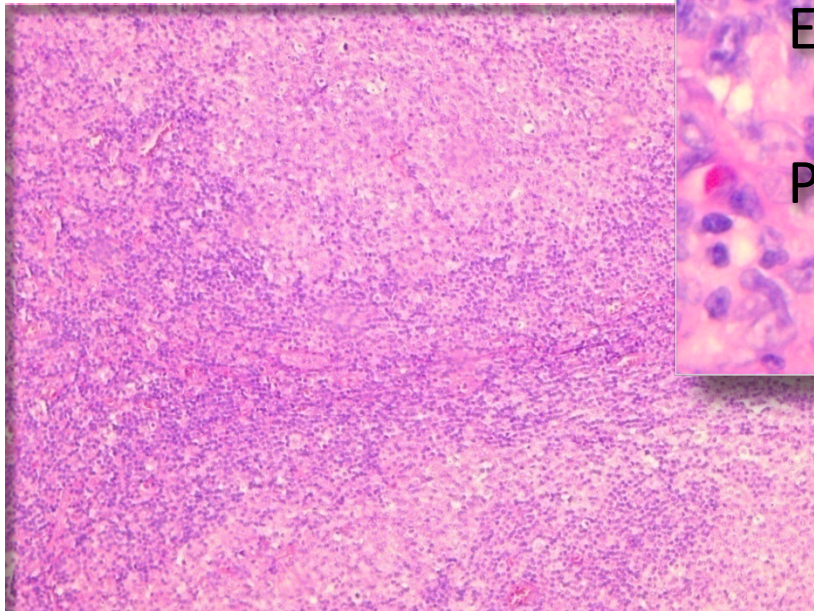
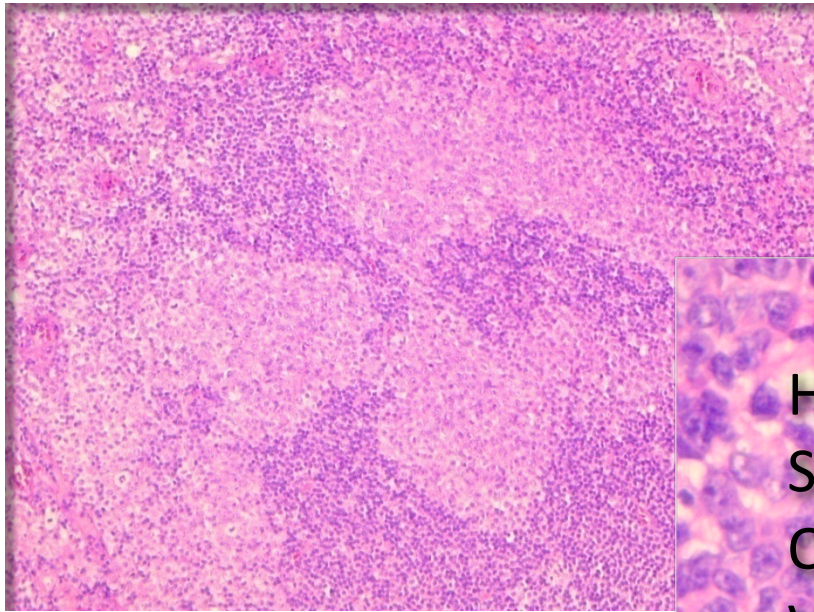
3% monoklonale B-cel lymfatische populatie,

Derhalve extirpatie lymfeklier vlgs

Lymfeklierprotocol geïndiceerd.



PA histologie:



Histologie:

Sterk verstoord architectuur

Onregelmatige follikels

Velden blastaire cellen

Eindconclusie:

Pediatriesch type follikulair lymfoom

punctaten

Aantal: 132

immuunfenotypering	cytologie	%
reactief	reactief	62
Maligne	maligne	19
Maligne	reactief	5
reactief	maligne	1
maligne	onzeker	7
reactief	onzeker	6

18 %

+

Logistiek:

- 1 Aanvrager punctie : → cytologie
&
immuunfenotypering
- 2 Indicatie/vraag PAlab: → immuunfenotypering
(bij lastige morfologie in
eerste blik tijdens de punctie)

Aanbieden van materiaal voor flowen ALTIJD via de afd. pathologie !!

Werkwijze:

2 buizen standaard:

20+4 – 45 – λ+8 – κ+56 – 5 – 19+TcRγδ – 3 – 38

20 – 45 – 23 – 10 – 7 AAD – 19 – 200 – 43

Eventueel nog aangevuld met

20 – 45 – 23 – 10 – 79b – 19 – κ – λ

20 – 45 – 103 – 25 – 79b – 19 – 11c – x

Alleen bij afwijkende T-cel populatie extra buizen T-cel analyse

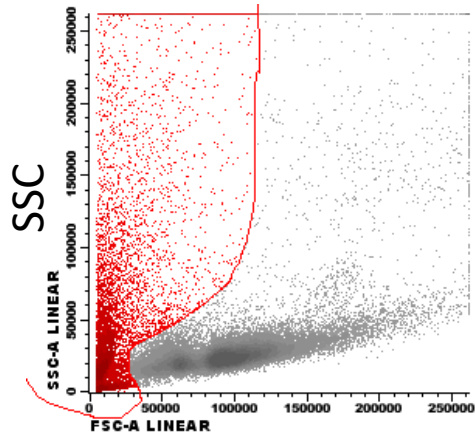
4 – 45 – 7 – 26 – s3 – 2 – 28 – 8

16 – 45 – 57 – 25 – s3 – 56 – 11c – 19

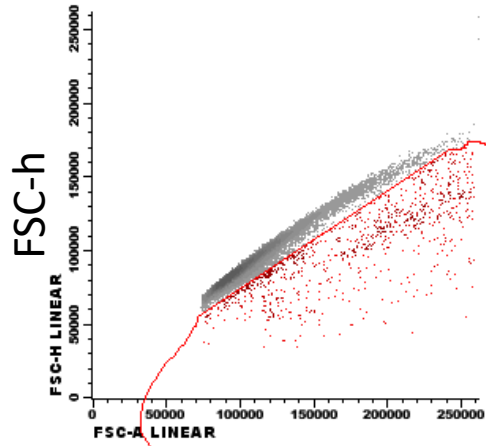
Uitslag verwerking:

- Rapportage immuunfenotypering terug naar patholoog
- Verwerking morfologie en immuunfenotypering samen in 1 verslag door PAlab

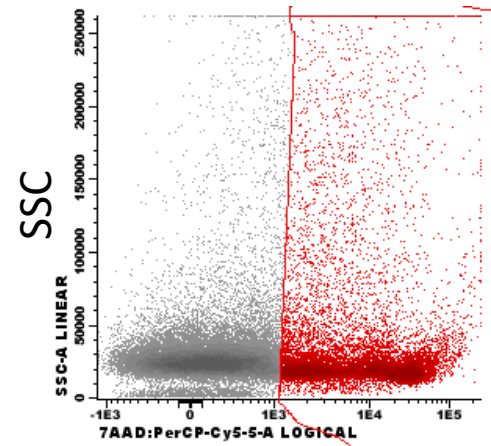
“normale” reactieve lymfeklier



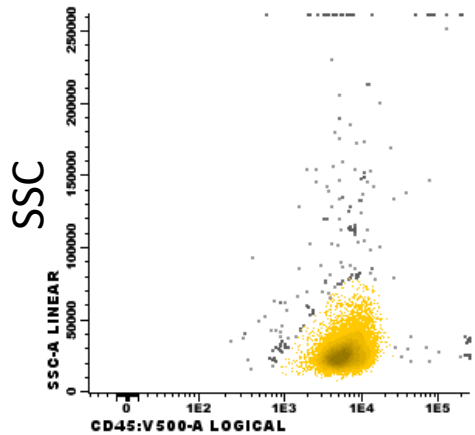
FSC-a



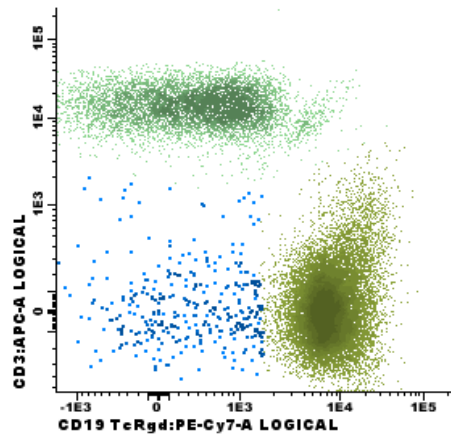
FSC-a



7-AAD



CD45

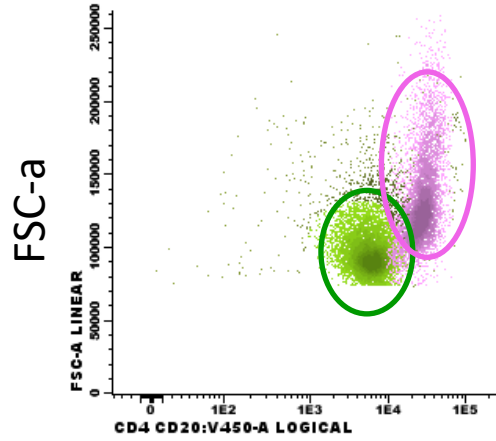


CD19+TcRγδ

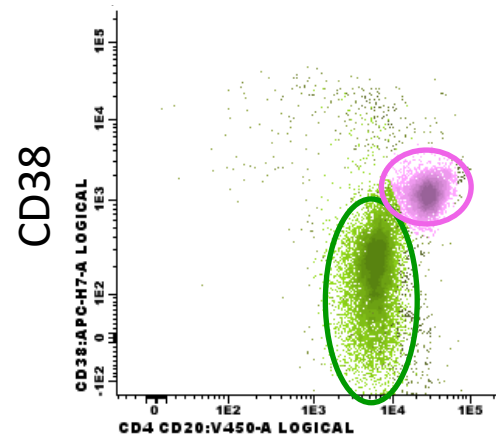
“normale” reactieve lymfeklier

Follikelcellen:

- CD20 ↑
- CD38 ↓
- FSC ↑

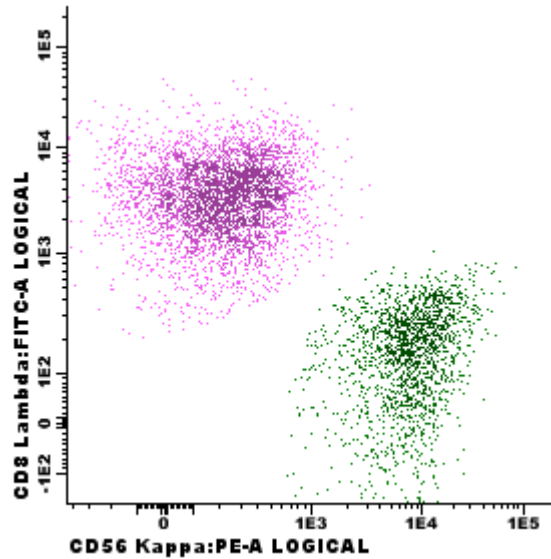


CD20+CD4

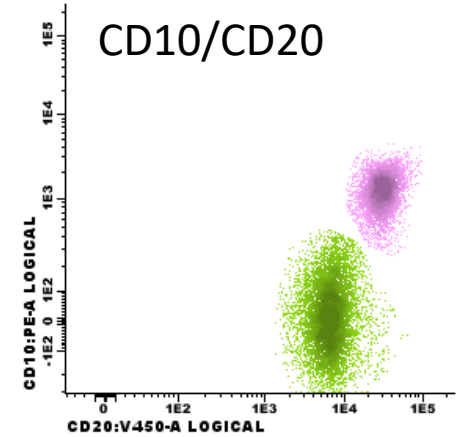


CD20+CD4

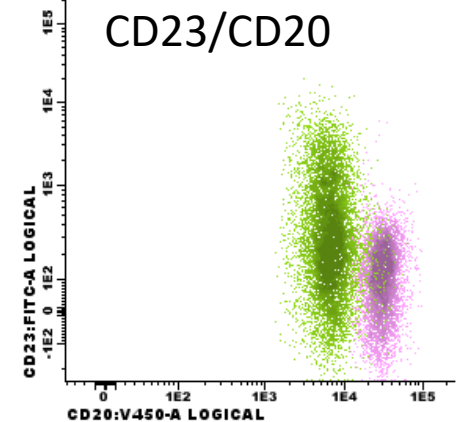
Lambda



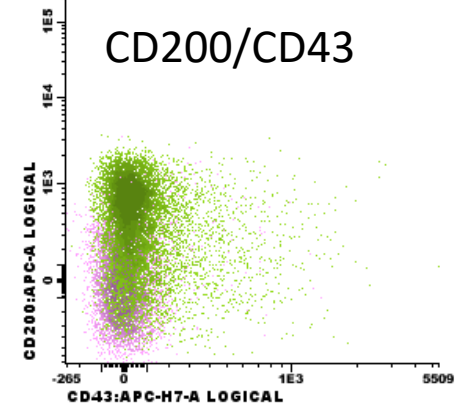
Kappa



CD10/CD20

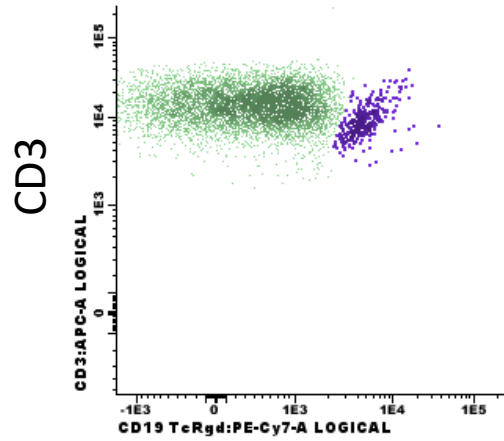


CD23/CD20

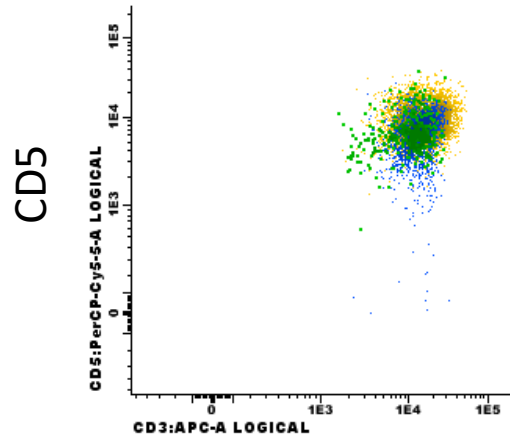


CD200/CD43

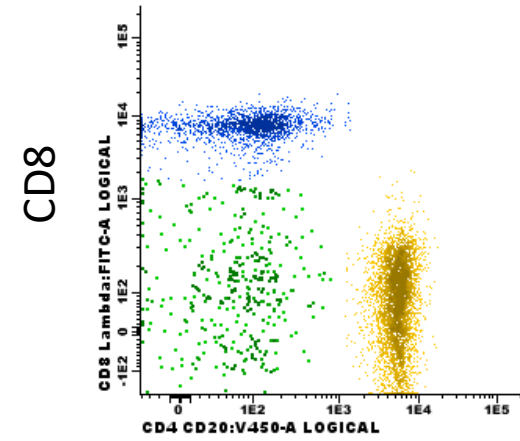
“normale” reactieve lymfeklier



CD19+TcR $\gamma\delta$



CD3



CD4

klonaliteit

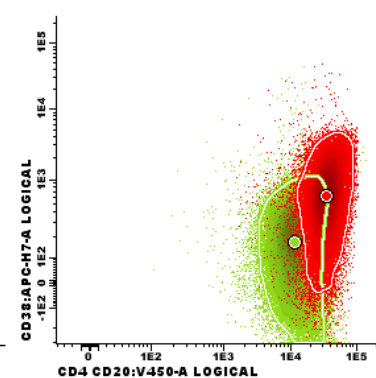
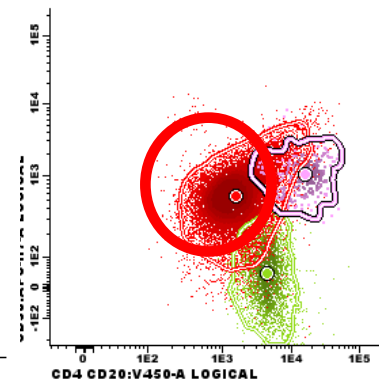
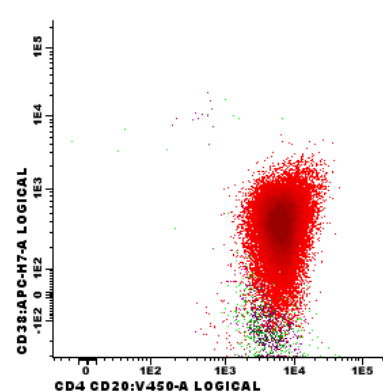
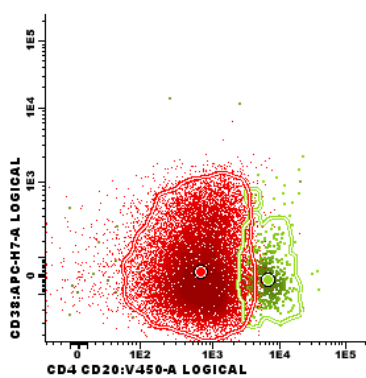
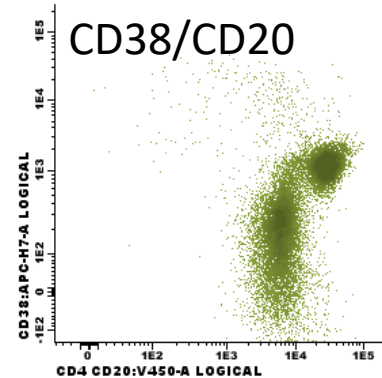
SLL

MCL

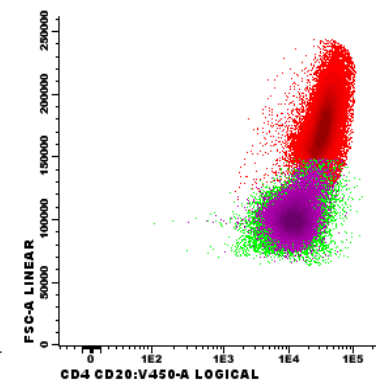
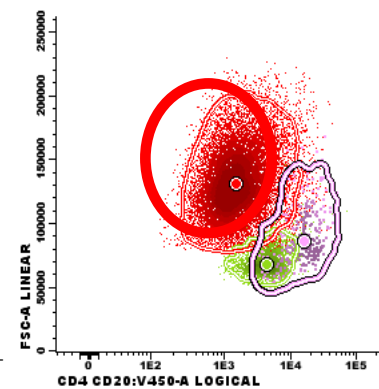
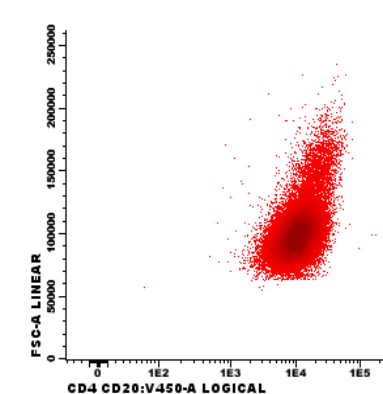
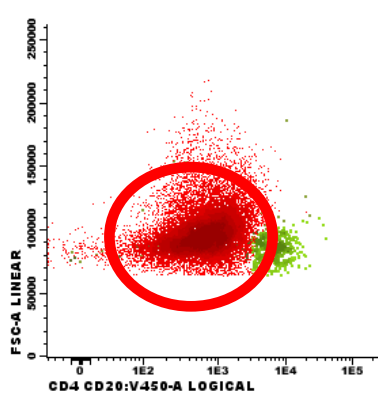
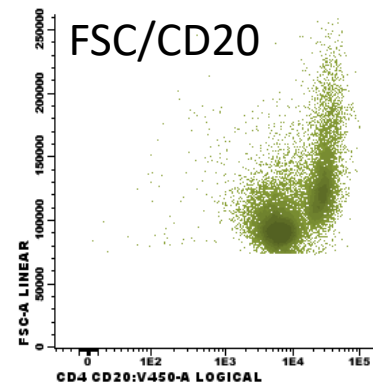
DLBCL

FCL

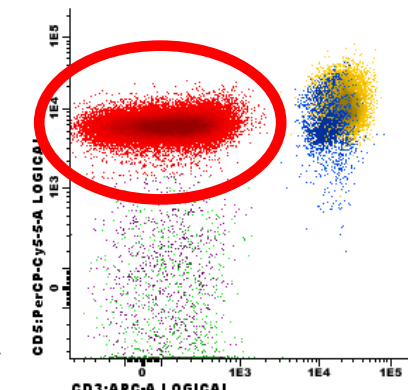
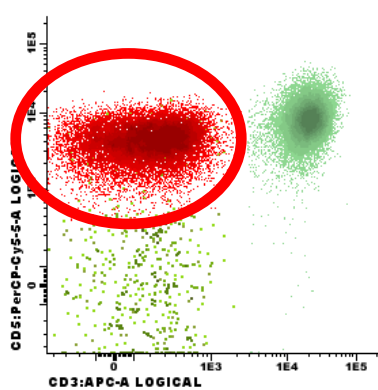
CD38/CD20



FSC/CD20



CD5/CD3



klonaliteit

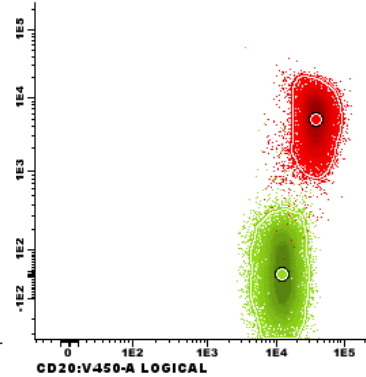
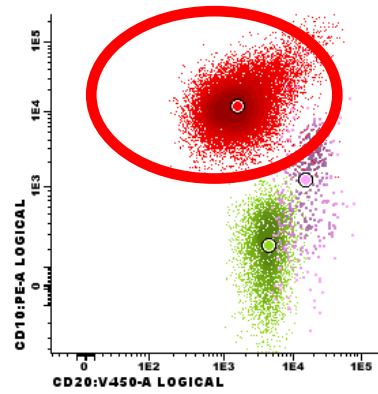
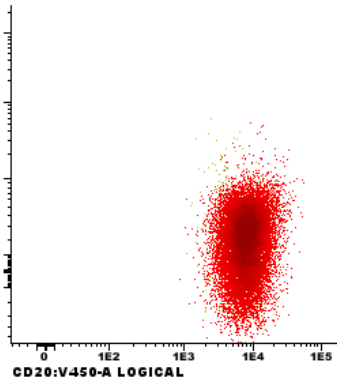
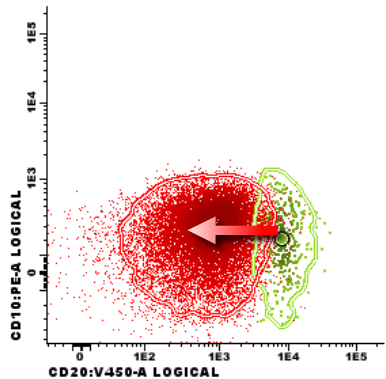
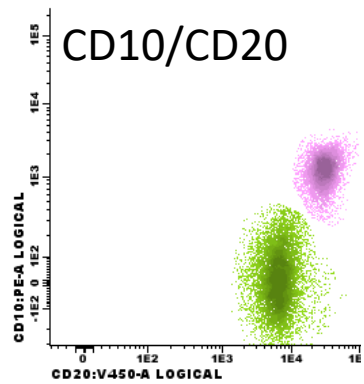
SLL

MCL

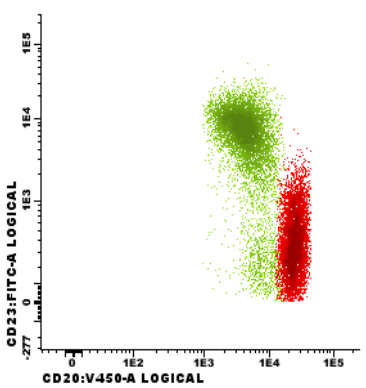
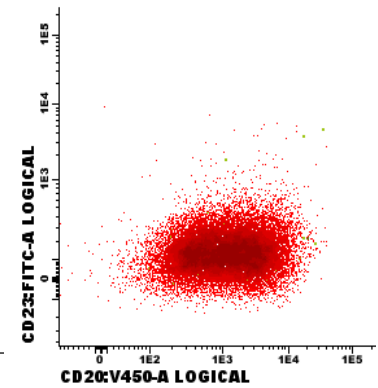
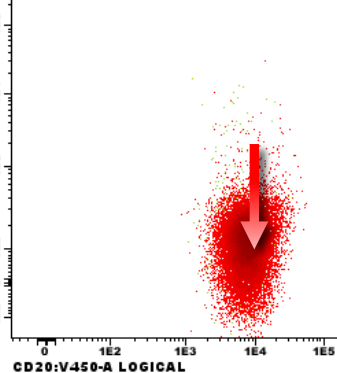
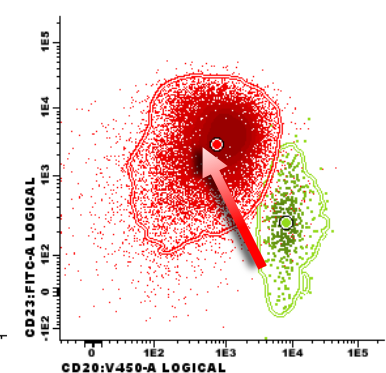
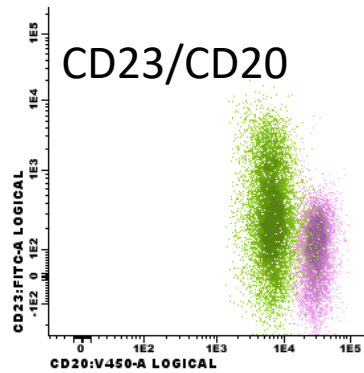
DLBCL

FCL

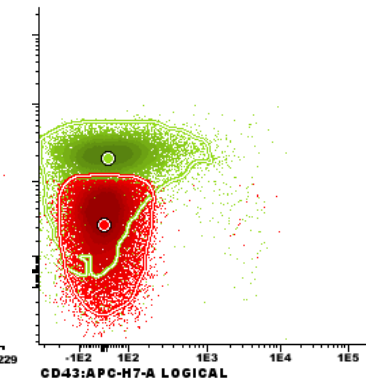
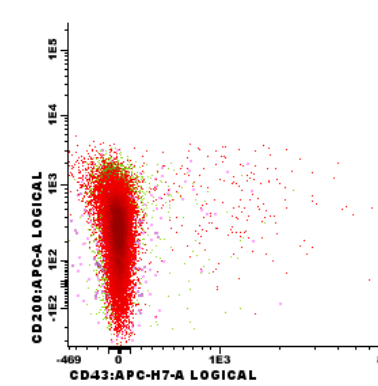
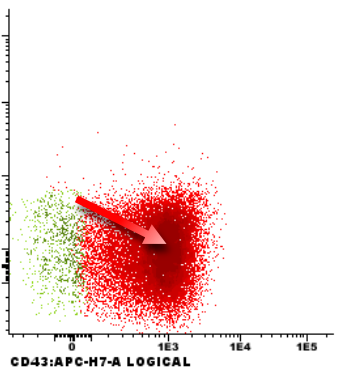
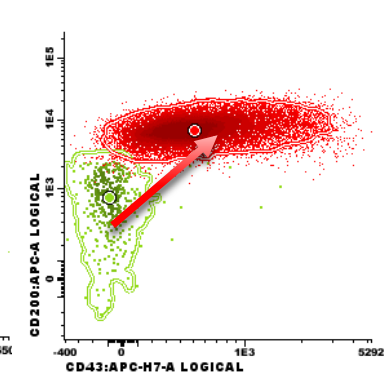
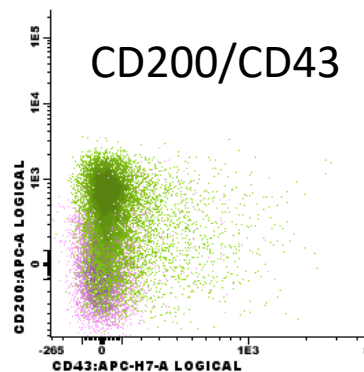
CD10/CD20



CD23/CD20



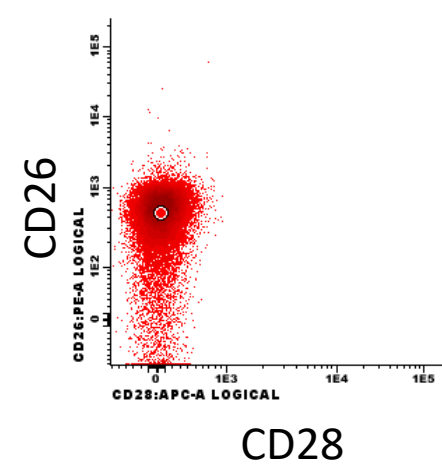
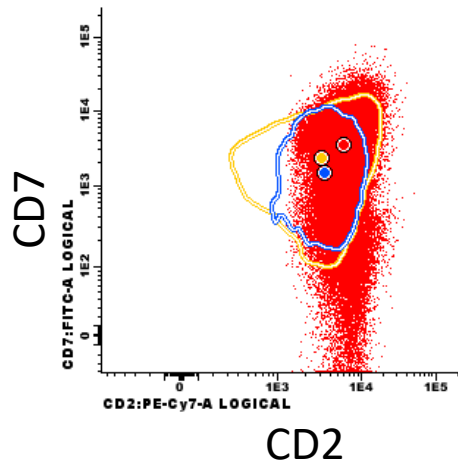
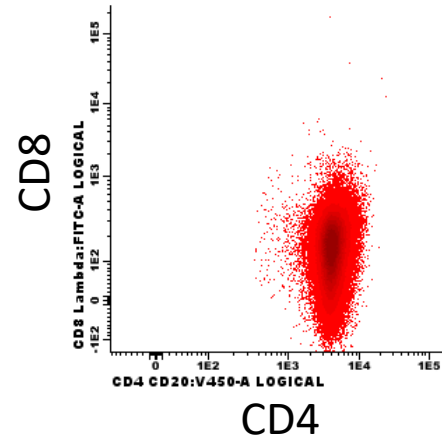
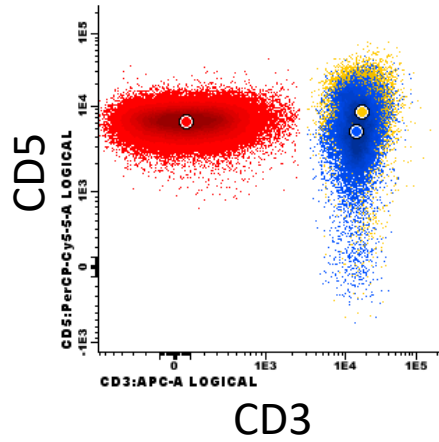
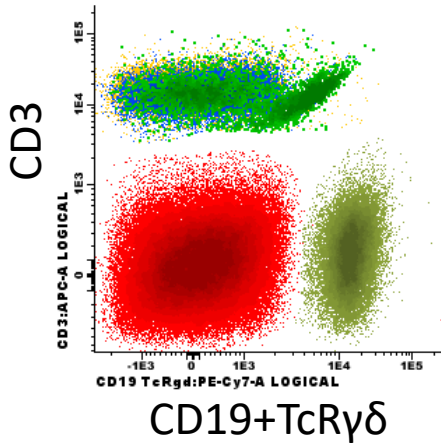
CD200/CD43



Afwijkende populatie's



Afwijkende populatie's

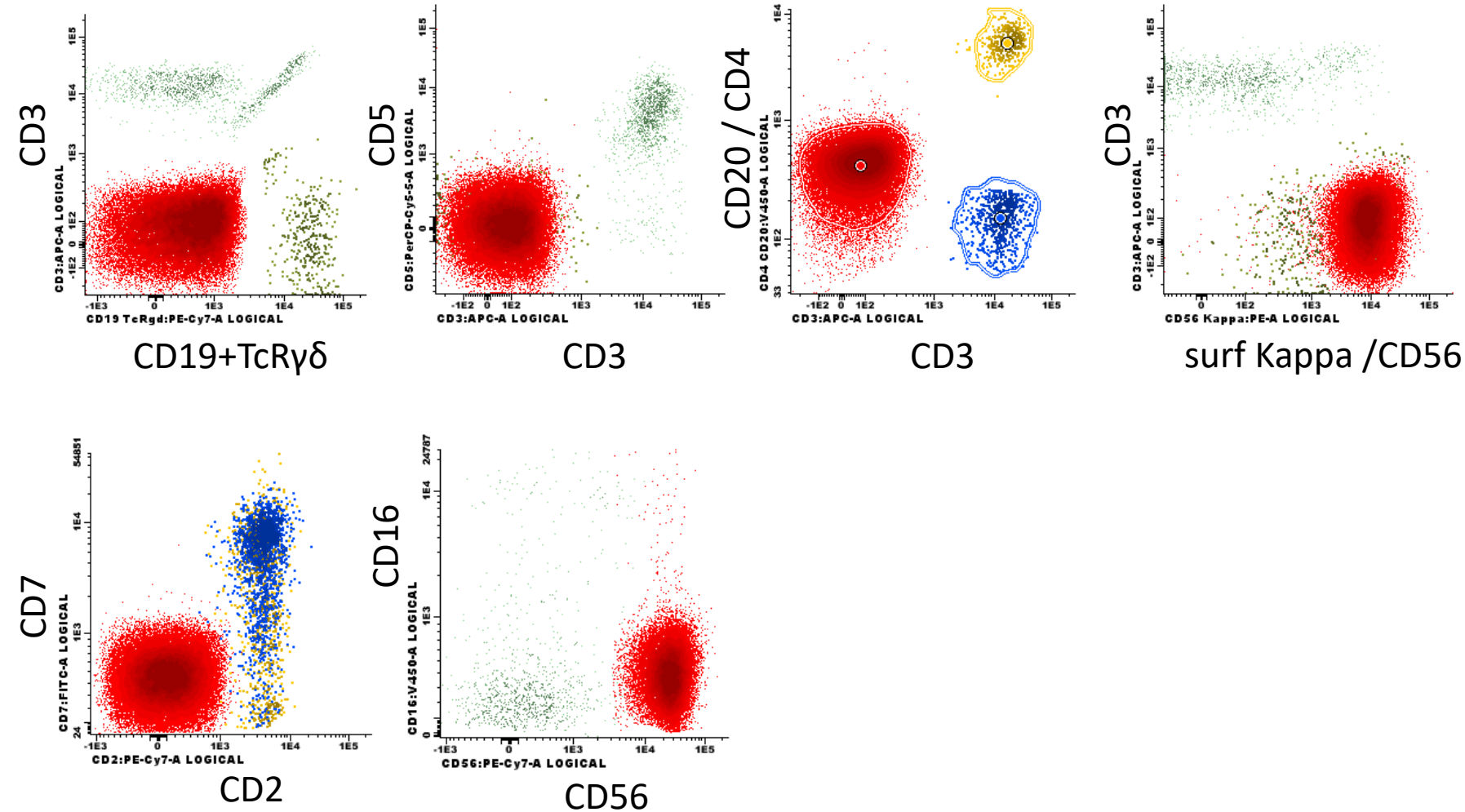


20+4 – 45 – λ +8 – κ +56 – 5 – 19+TcR $\gamma\delta$ – 3 – 38

4 – 45 – 7 – 26 – s3 – 2 – 28 – 8

Afwijkende populatie's

Binnen lymfogate:

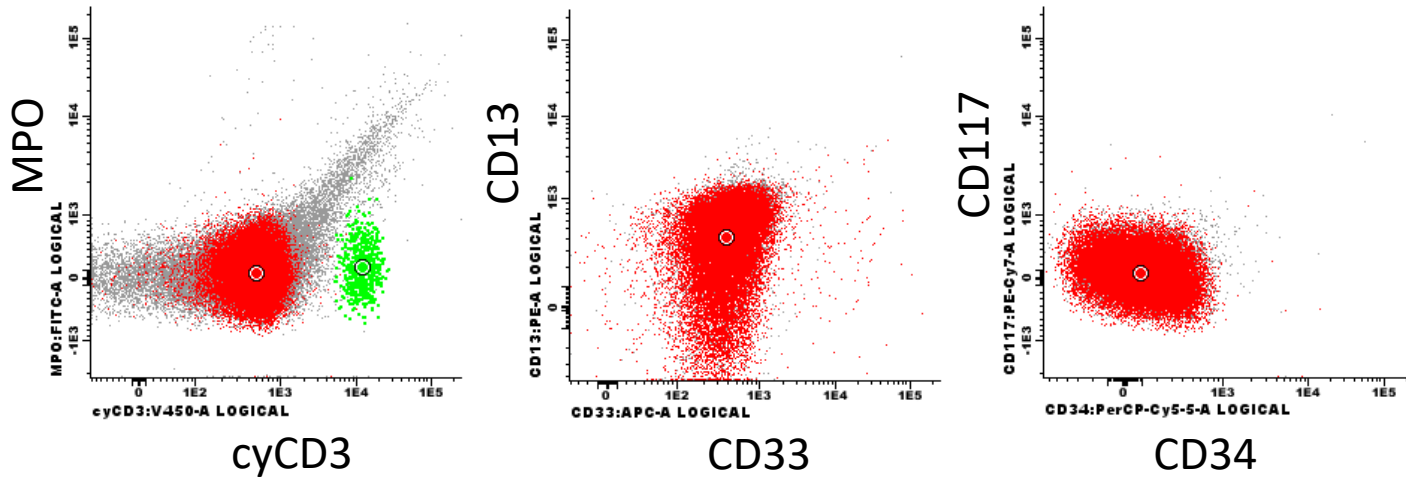


20+4 – 45 – λ+8 – κ+56 – 5 – 19+TcRγδ – 3 – 38

4 – 45 – 7 – 26 – s3 – 2 – 28 – 8

16 – 45 – 57 – 25 – s3 – 56 – 11c – 19

Extra buizen met MPO, CD13, CD33, CD34 en CD117



CD45+

CD2-

cy & surf CD3-

CD5-

CD7-

CD4+ ↓

CD56+

CD16-

CD57-

CD13-

CD33-

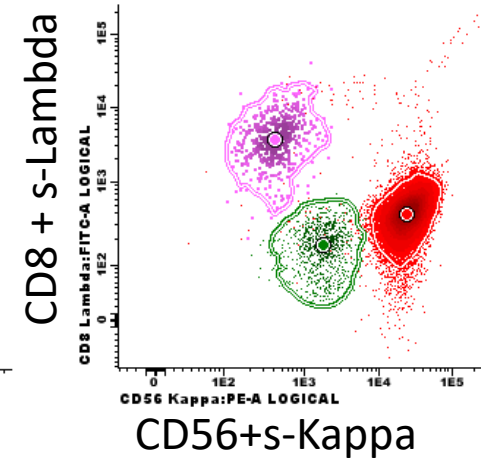
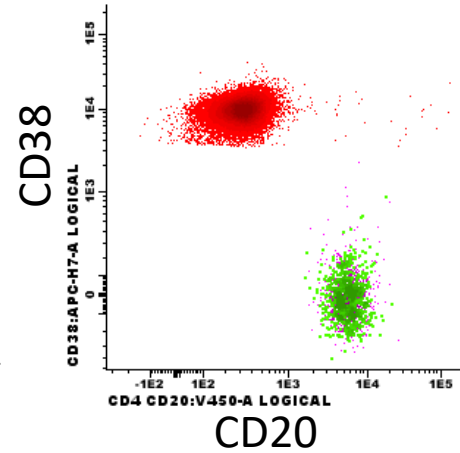
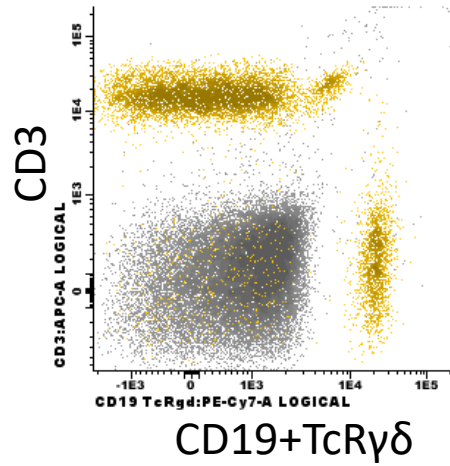
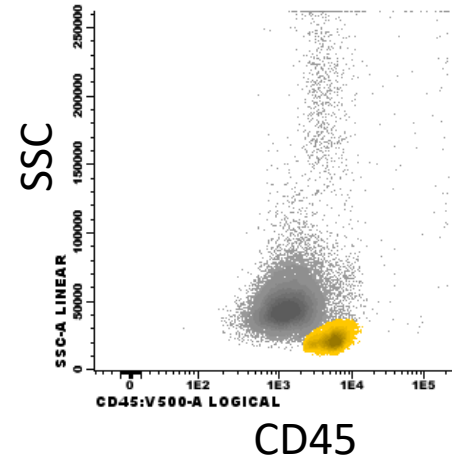
MPO-

CD117-

CD34-

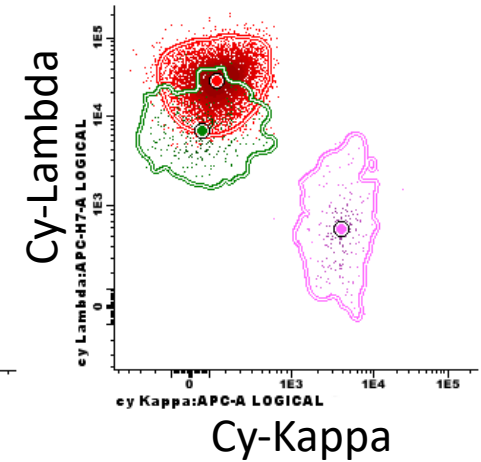
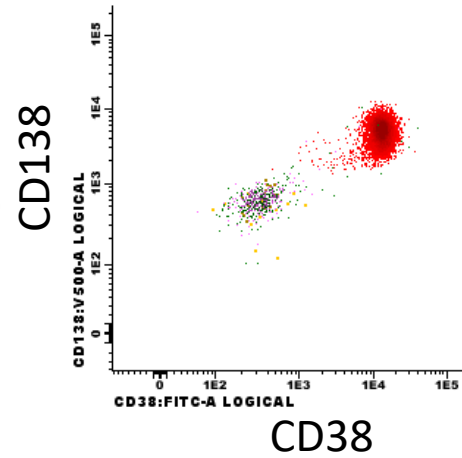
(blastair) NK-cel lymfoom

Afwijkende populatie's



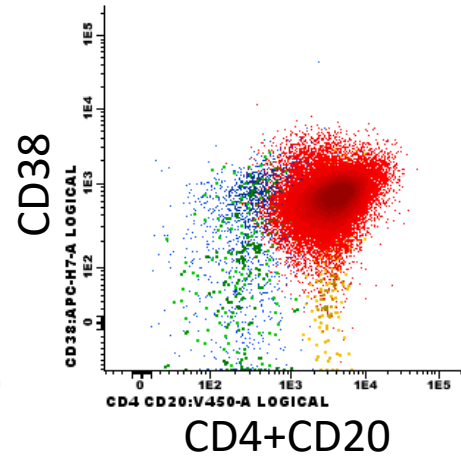
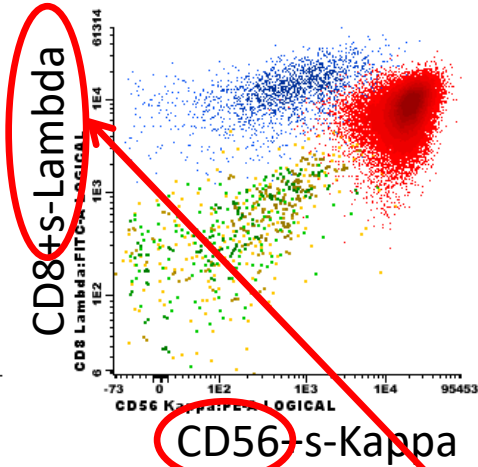
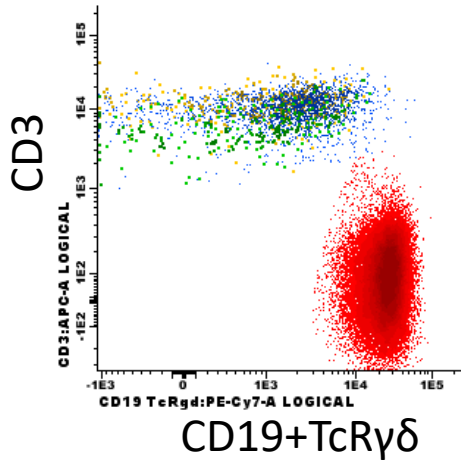
45 – 138 – 38 – 56 – β 2MG – 19 – K - λ

CD45+ ↓
 CD19-
 CD38++
 CD138+
 CD56+
 Lambda +



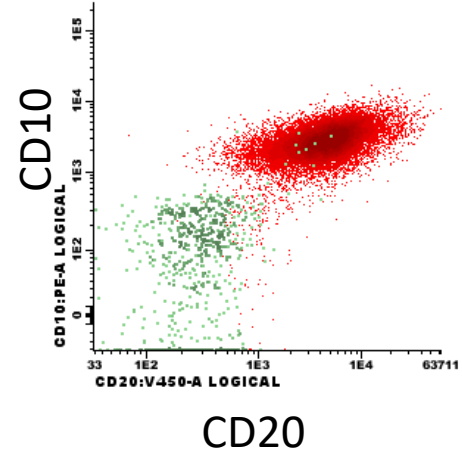
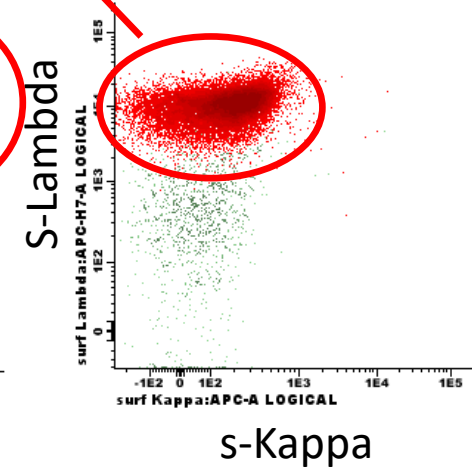
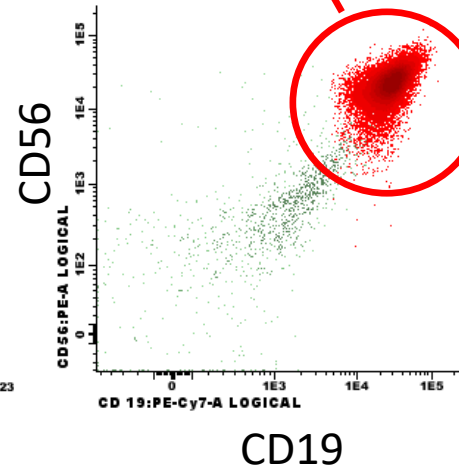
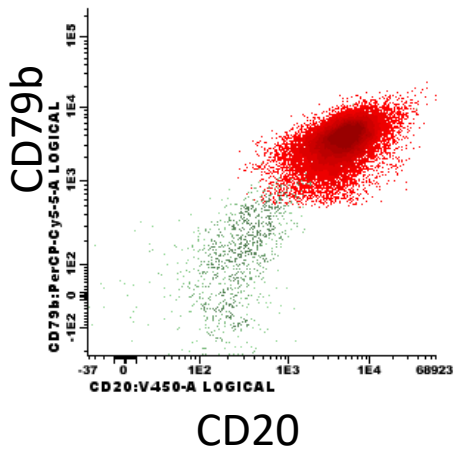
plasmacytoom

Afwijkende populatie's



CD79b+
CD20+
CD19+
CD38+ ↓
CD10+
CD56+
Lambda+
DLBCL

20+4 - 45 - λ+8 - κ+56 - 5 - 19+TcRγδ - 3 - 38



20 - 45 - 23 - 56 - 79b - 19 - κ - λ

20 - 45 - 23 - 10 - 7 AAD - 19 - 200 - 43

Samenvattend

Vooraf bij lymfeklierpunctaten veel toegevoegde waarde immuunfenotypering.

Altijd alert zijn op **kleine populaties (veel events meten !)**
en **aberrante expressiepatronen**

Goede samenwerking KCL – PA belangrijk.

Rapportage via pathologie, samen met morfologie gecombineerd in **1** verslag
voor duidelijke rapportage naar kliniek.

Klinische Chemie:

Jacques de Kok
Marcel Broeders
Liessette Bekkers – Rolink
Lex Scholten

Pathologie:

Rita Smits
Hebste Shirango
Alinda Guitink

