



Carcinoma mucinoso de mama

Un lobo con piel de cordero

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Objetivos



El propósito de este trabajo es estudiar las **características imagenológicas del carcinoma mucinoso de mama**, mediante la presentación de casos de nuestro centro con confirmación histológica





Revisión del tema

El cáncer de mama representa un grupo heterogéneo de neoplasias, entre ellas se encuentra el **carcinoma mucinoso o coloide** (CM), un tipo histológico poco frecuente que se distingue por su **gran producción de mucina**

Abarca entre el 2-5% de todos los cánceres de mama

Dependiendo del componente mucinoso se puede subdividir en dos tipos: **puro y mixto**, esta distinción tiene implicaciones importantes porque los cánceres mucinosos puros tienden a ser **menos agresivos** y tienen una frecuencia más baja de metástasis axilares y una mejor supervivencia general que los tumores mixtos

Revisión del tema



Con mayor frecuencia se presentan en mujeres perimenopáusicas o posmenopáusicas, la edad media al diagnóstico son 65.8 años

Esta neoplasia generalmente se presenta con **características clínicas, mamográficas y ecográficas de aspecto benigno**, lo que lleva a un diagnóstico tardío

La **resonancia magnética** cumple un rol crucial en el diagnóstico y caracterización de componentes ductales de los carcinomas mucinosos mixtos

Diagnóstico imagenológico



CM Puro

Mamografía → nódulo ovalado circunscrito con márgenes lobulados o asimetrías focales

Ecografía → nódulo circunscrito, isoecoico engañoso similar a la grasa circundante, con refuerzo acústico posterior

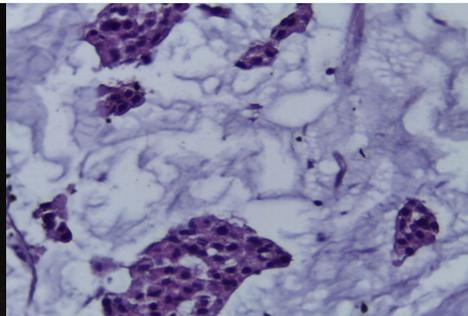
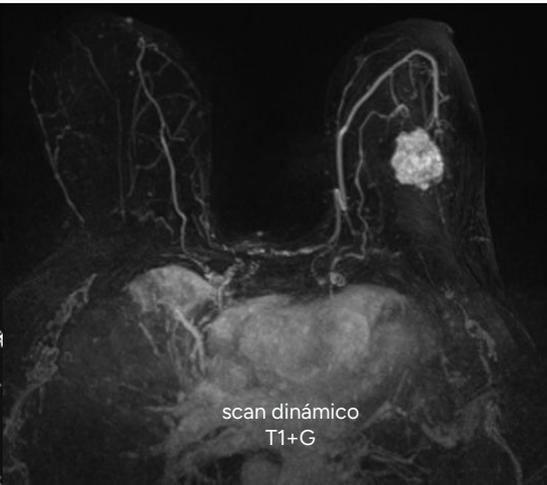
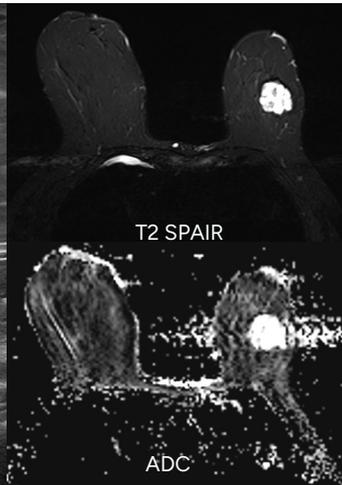
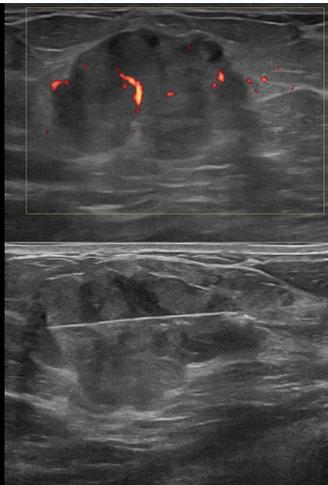
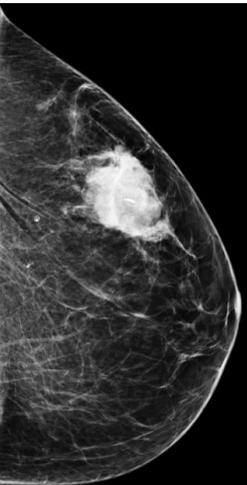
Resonancia → masa circunscrita **extremadamente hiperintensa en T2**, variable en T1, con realce homogéneo y **cinética típicamente benigna** (realce tardío con meseta), debido a la baja celularidad y al abundante mucílago, los tumores mucinosos no restringen la difusión (**señal alta en ADC**)

CM Mixto

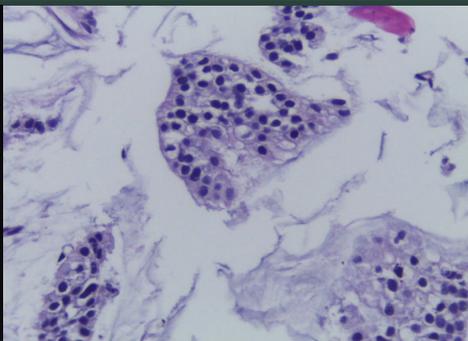
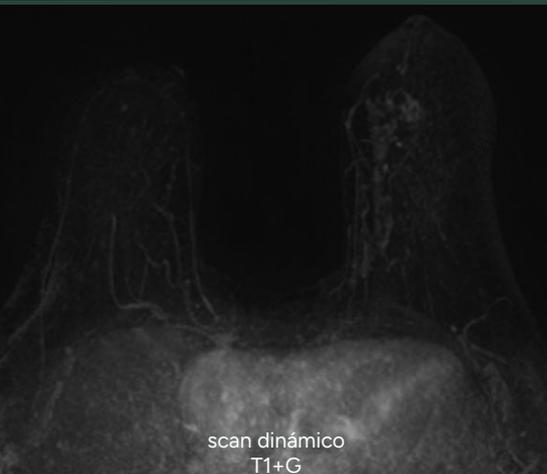
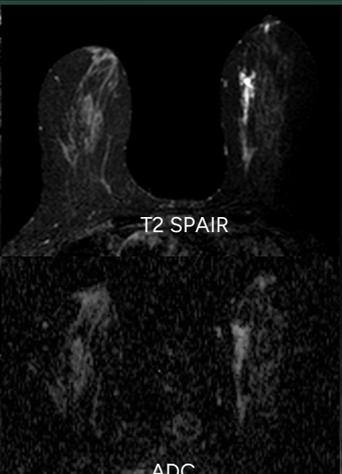
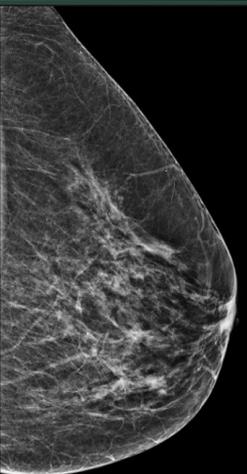
Mamografía → masas de márgenes irregulares u oscurecidos

Ecografía → masas de márgenes irregulares, microlobulados o angulares, pobre refuerzo acústico posterior

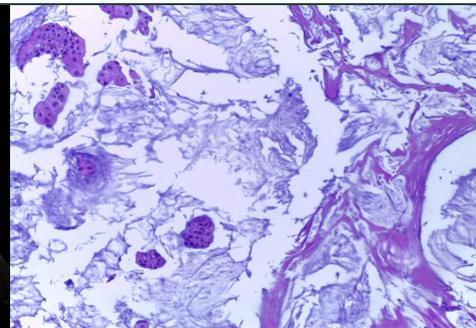
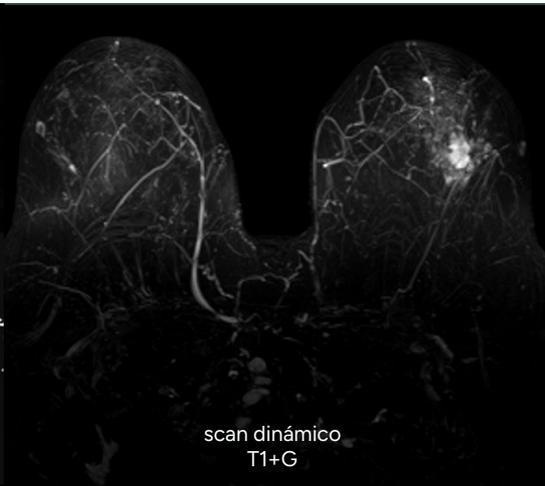
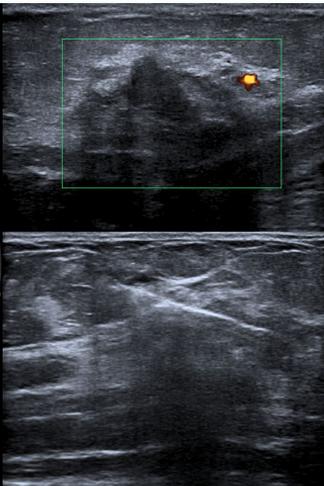
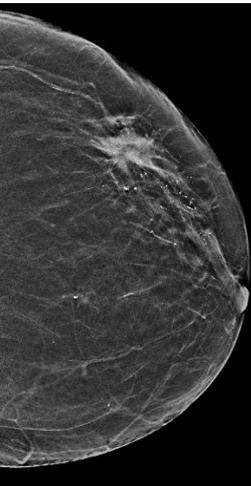
Resonancia → masa de márgenes irregulares **iso/hiperintensa en T2**, variable en T1, con realce interno heterogéneo y **cinética de características más sospechosas** (realce temprano con lavado), puede tener **valores de señal más bajos en ADC**



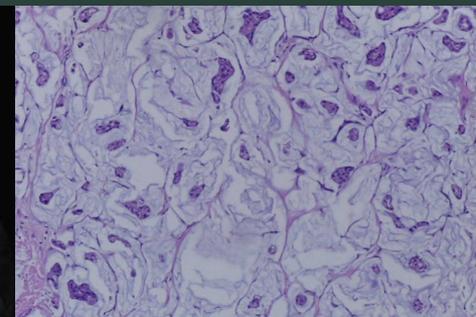
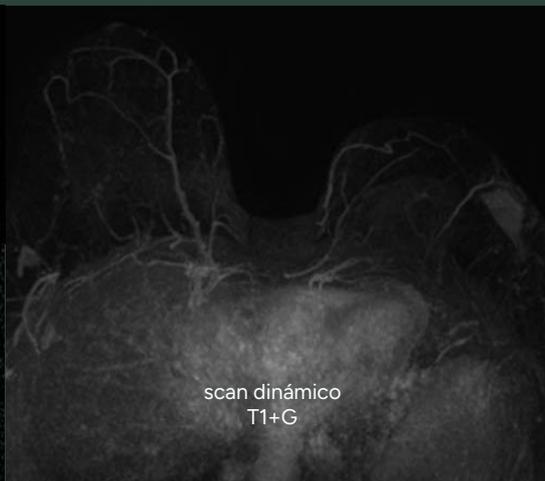
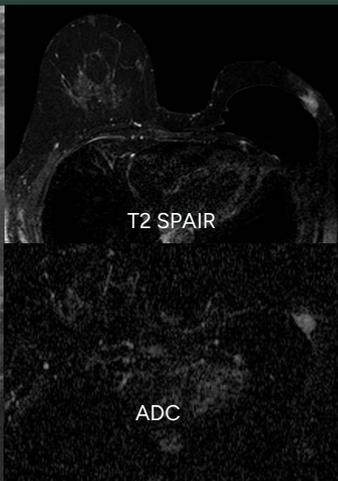
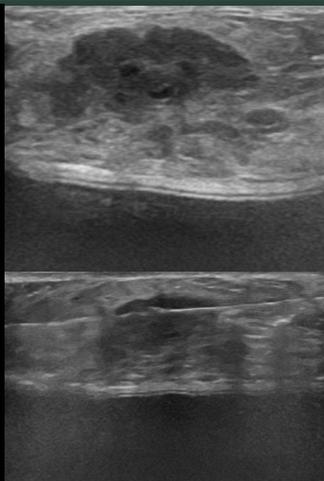
Carcinoma mucinoso invasor
IHQ
RE: POSITIVO RP: NEGATIVO
HER2: NEGATIVO KI 67: 2%



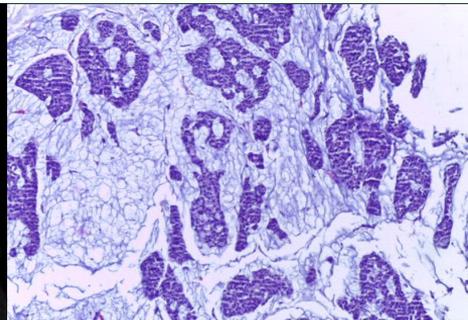
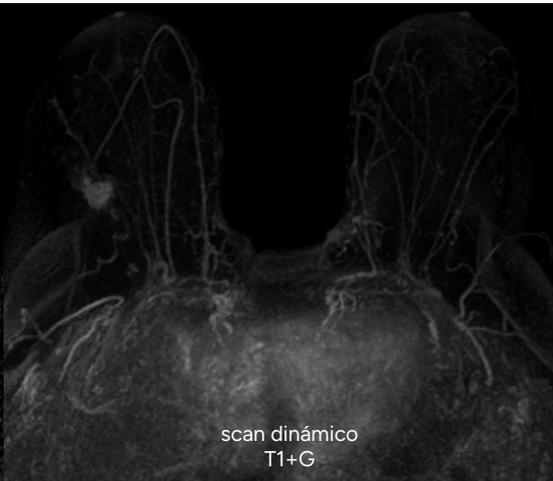
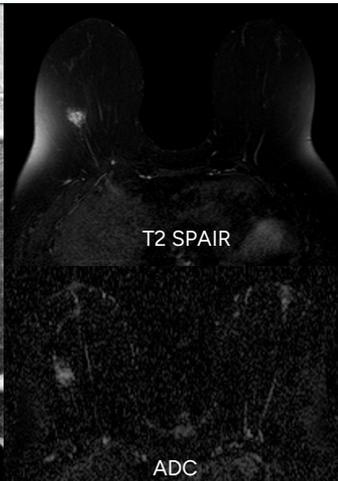
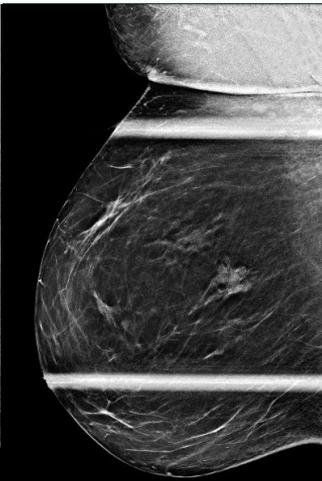
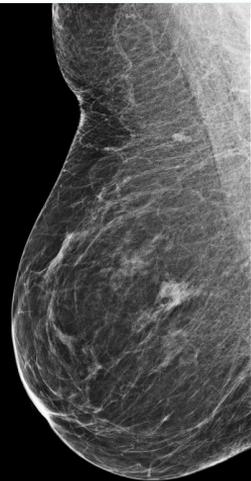
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IHQ
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HER2: NEGATIVO KI 67: 5%



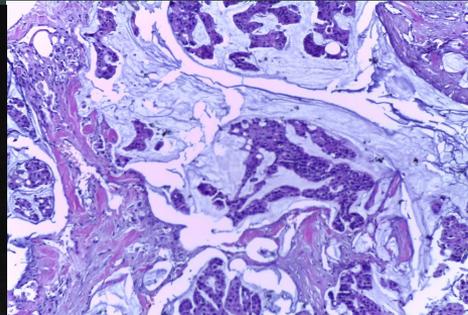
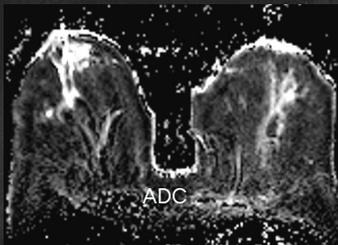
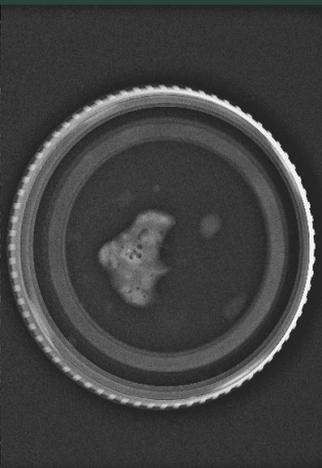
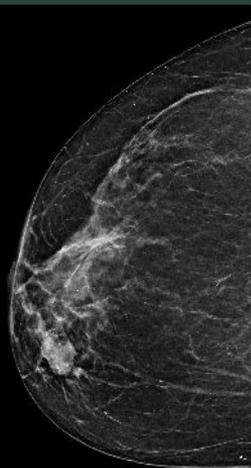
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IHQ
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HER2: EQUIVOCO KI 67: 10%



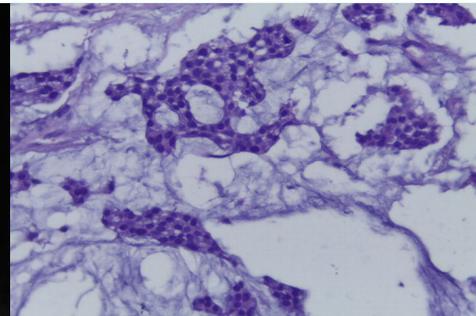
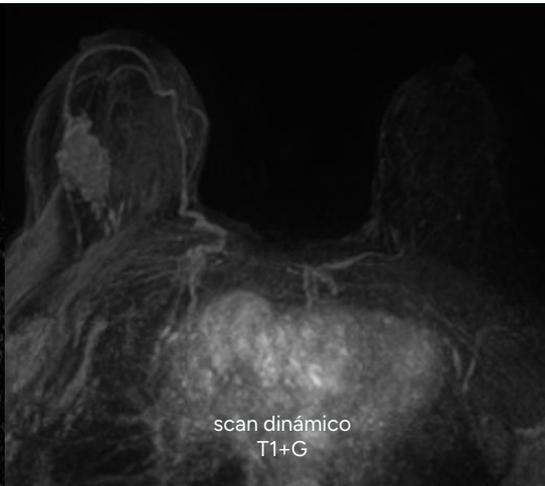
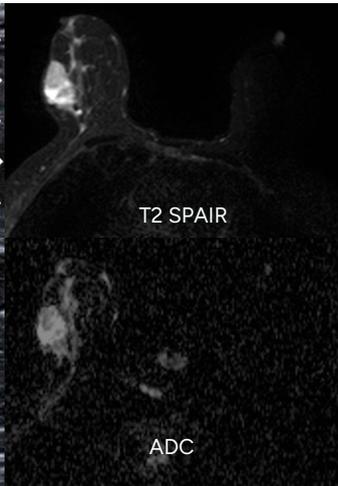
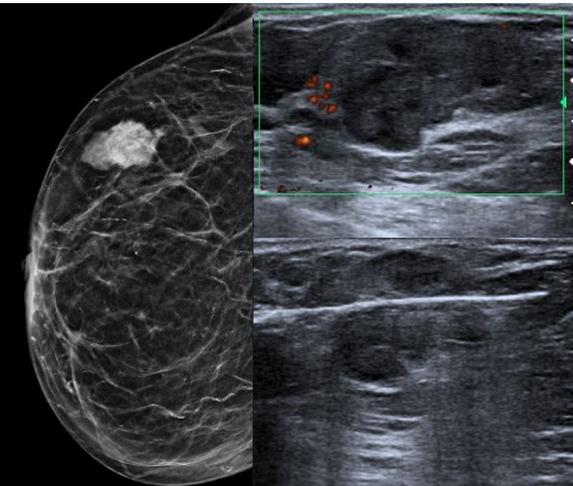
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HER2: NEGATIVO KI 67: 12%



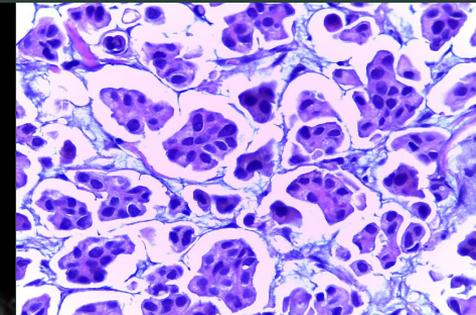
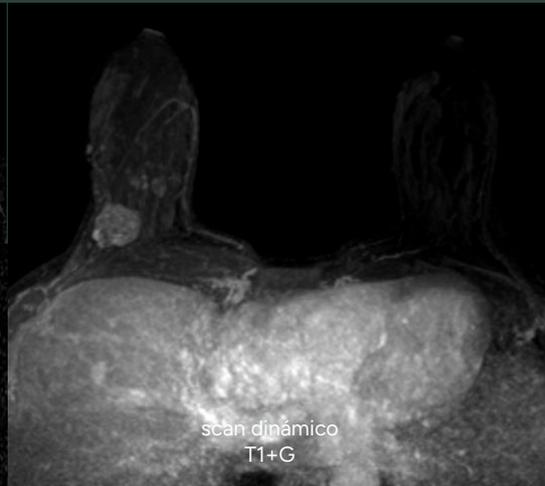
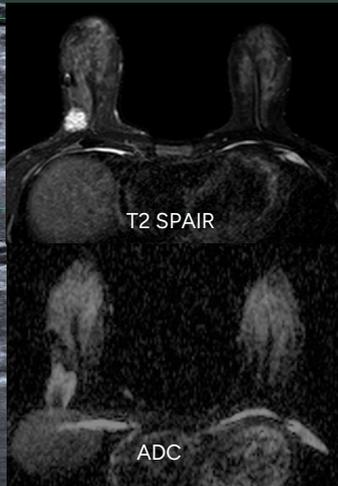
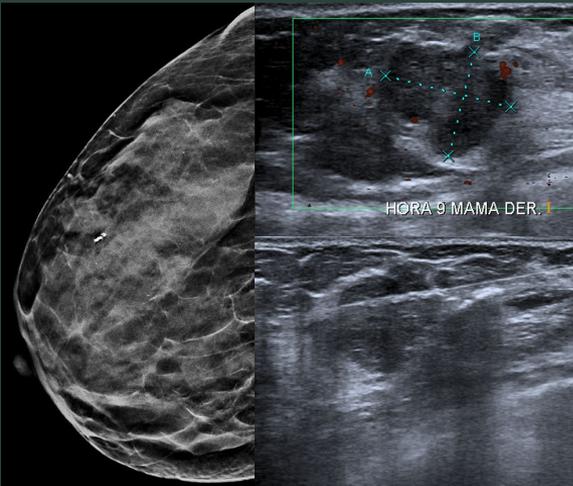
Carcinoma mucinoso invasor



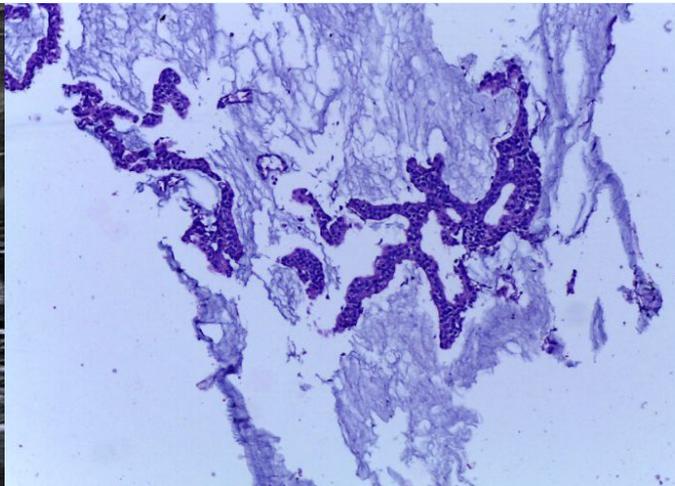
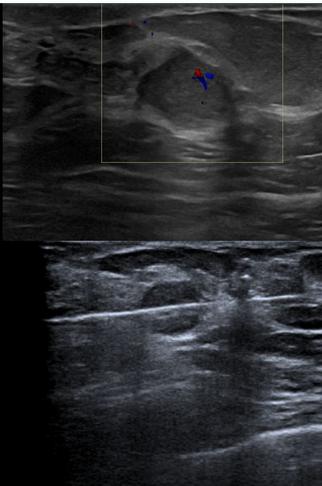
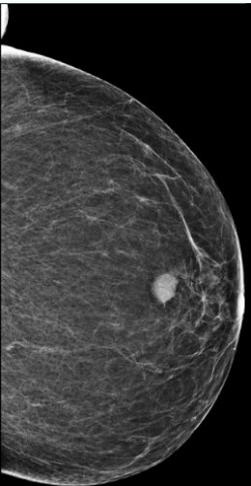
Carcinoma mucinoso invasor
IHC
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HER2: NEGATIVO KI 67: 10%



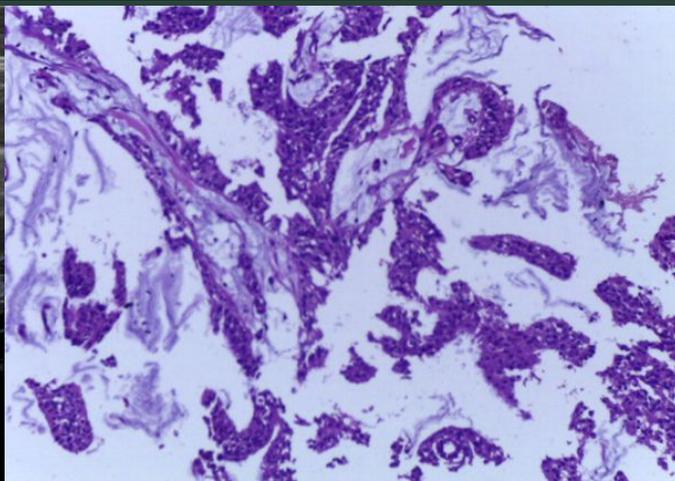
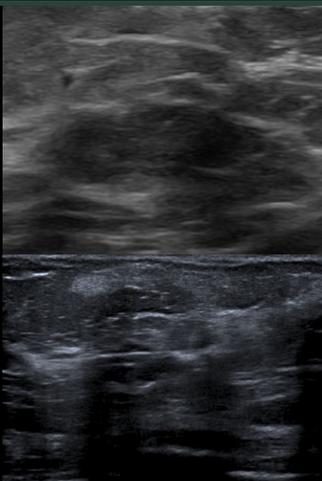
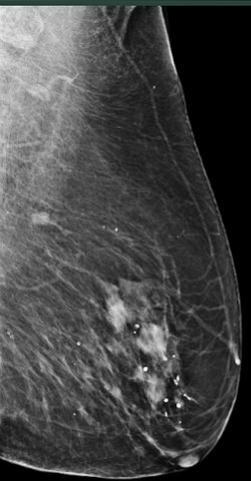
Carcinoma mucinoso con carcinoma ductal in situ patrón criboide
IHQ
RE: POSITIVO RP: NEGATIVO
HER2: NEGATIVO KI 67: 50%



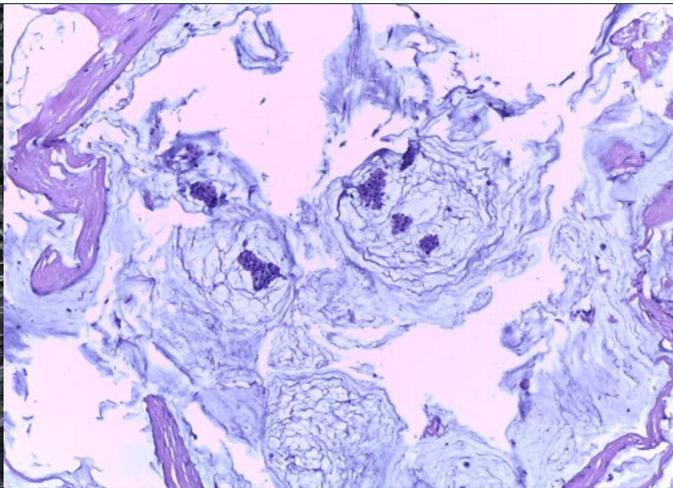
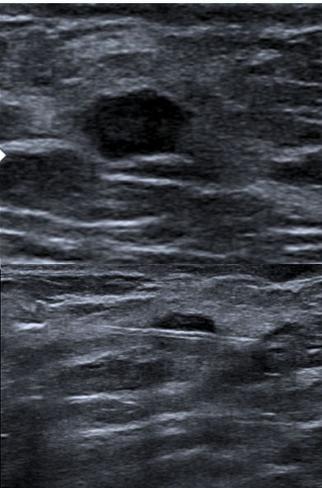
Carcinoma invasor (NST) con patrón micropapilar y áreas con Carcinoma mucoide
IHQ
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HER2: POSITIVO KI 67: 60%



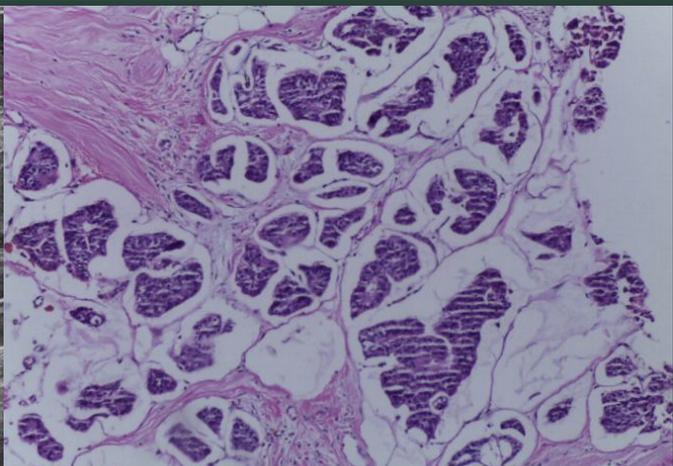
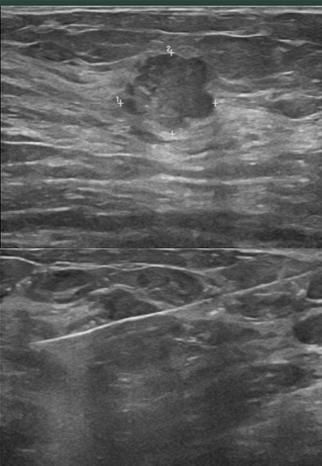
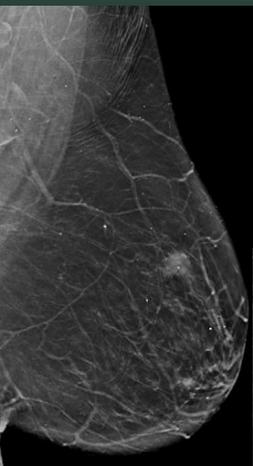
Carcinoma mucinoso invasor
IHQ
RE: POSITIVO RP: POSITIVO
HER2: NEGATIVO KI 67: 5%



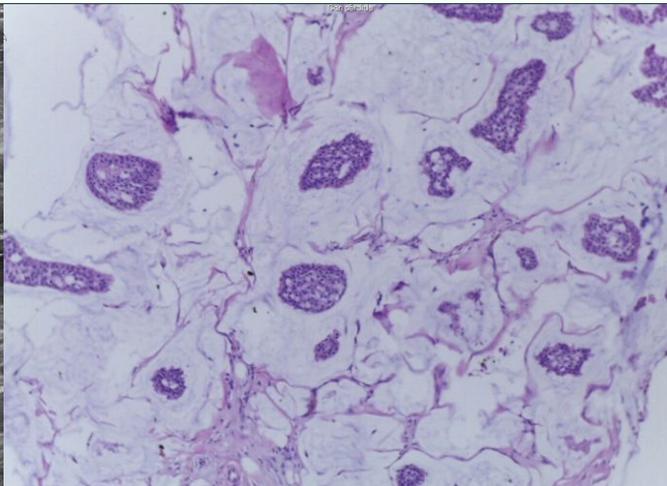
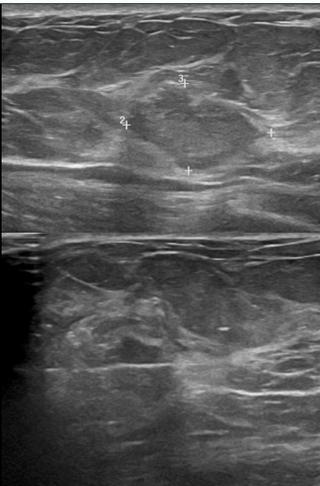
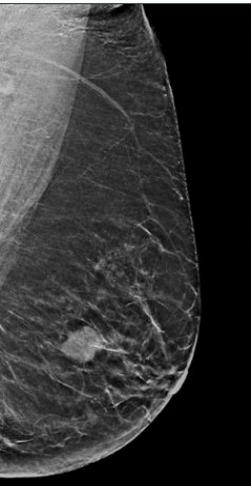
Carcinoma mucinoso invasor



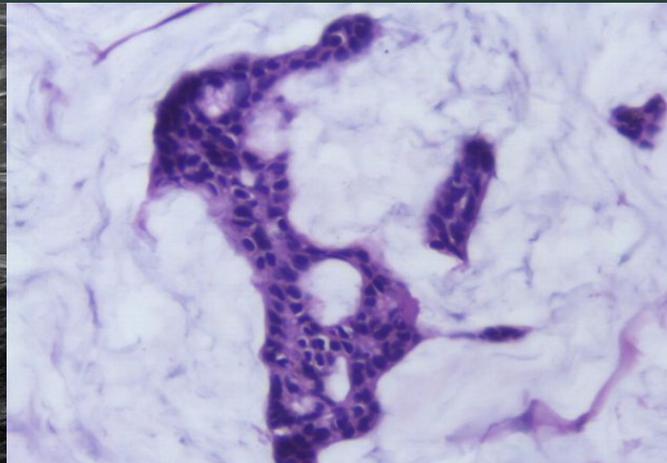
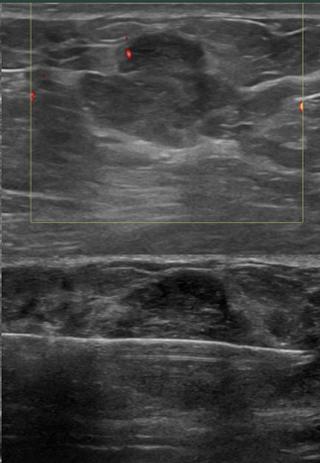
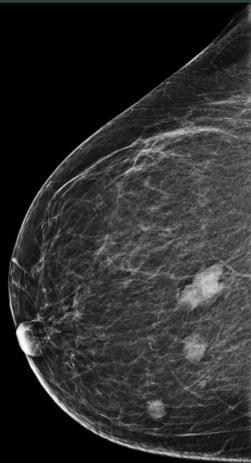
Carcinoma mucinoso invasor
IHQ
RE: POSITIVO RP: POSITIVO
HER2: NEGATIVO KI 67: 5%



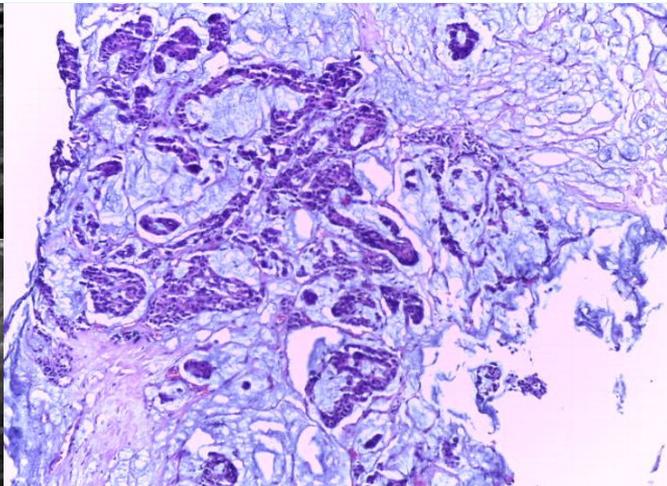
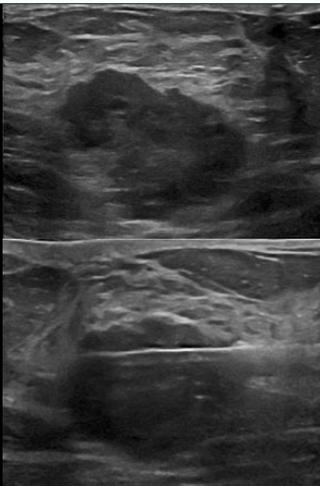
Carcinoma mucinoso invasor



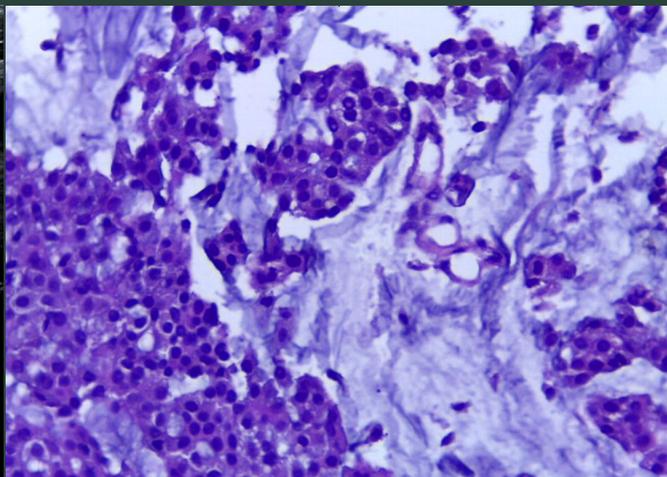
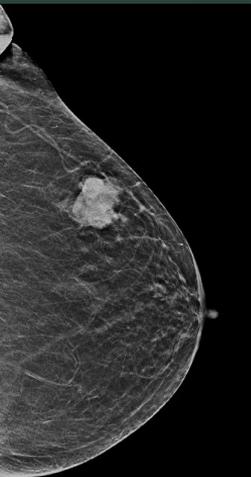
Carcinoma mucinoso invasor
IHQ
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HER2: NEGATIVO KI 67: 3%



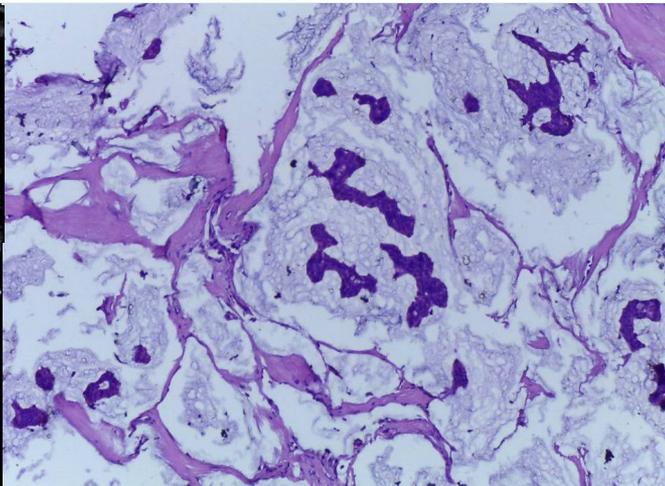
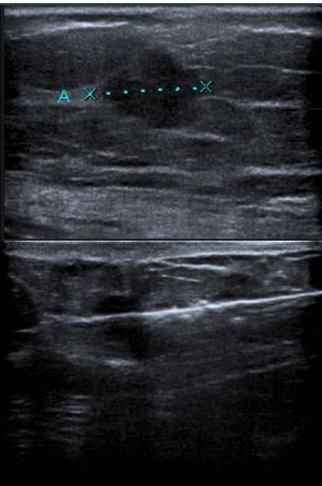
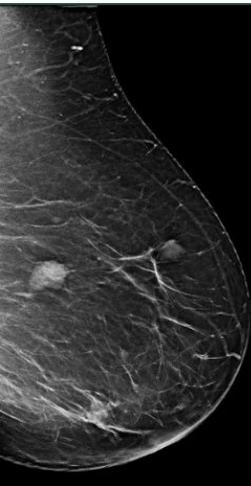
Carcinoma mucinoso invasor



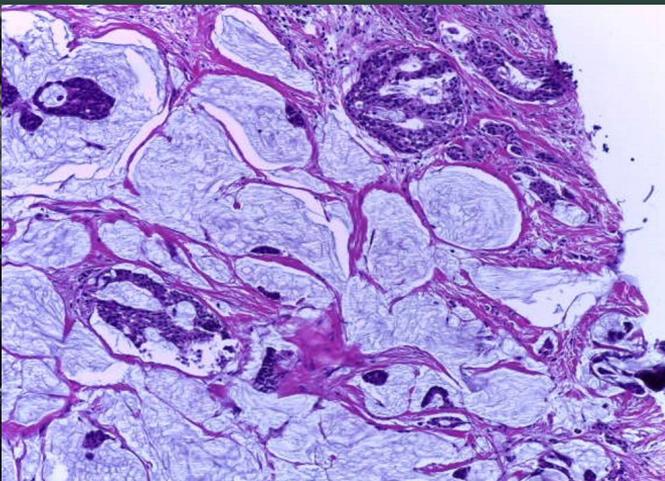
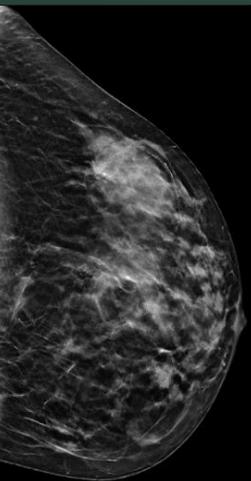
Carcinoma mucinoso invasor



Carcinoma mucinoso invasor



Carcinoma mucinoso invasor
IHQ
RE: POSITIVO RP: POSITIVO
HER2: NEGATIVO KI 67: 5%



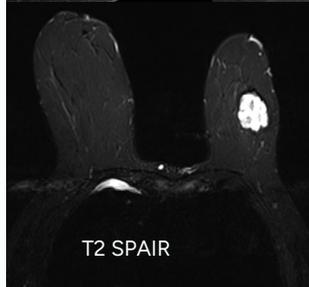
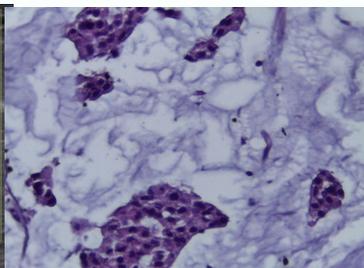
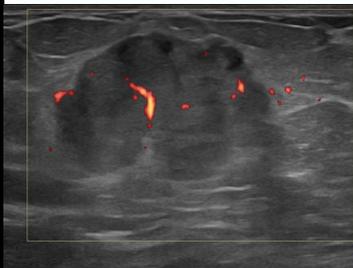
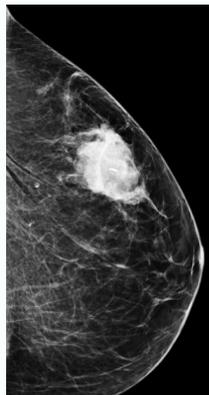
Carcinoma mucinoso invasor con
fragmentos de carcinoma invasor
NST tipo ductal

Diagnóstico imagenológico

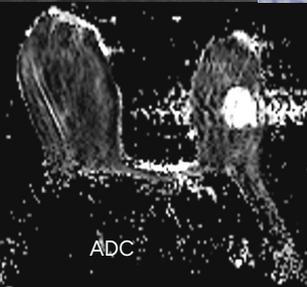


CM Puro

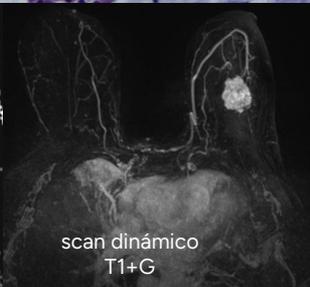
Carcinoma mucinoso invasor
RE: POSITIVO RP: NEGATIVO
HER2: NEGATIVO KI 67: 2%



T2 SPAIR



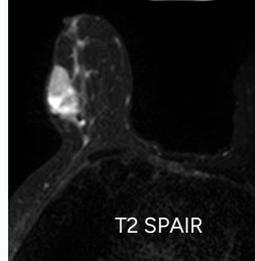
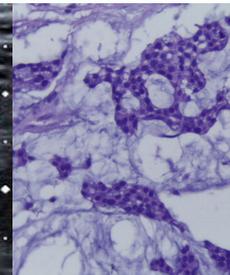
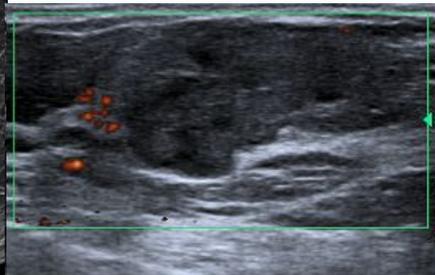
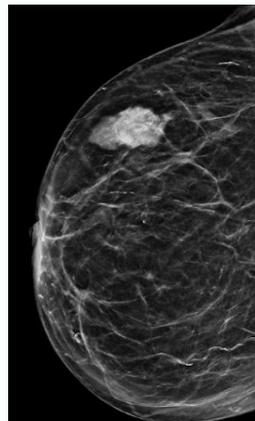
ADC



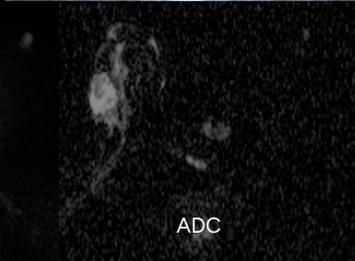
scan dinámico
T1+G

CM Mixto

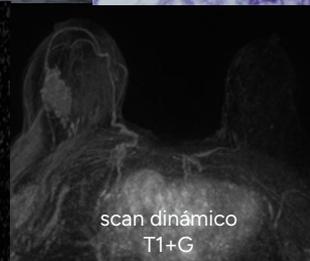
Carcinoma mucinoso con carcinoma ductal in situ patrón cribroide
RE: POSITIVO RP: NEGATIVO
HER2: NEGATIVO KI 67: 50%



T2 SPAIR



ADC



scan dinámico
T1+G





Conclusiones

Existe un alto porcentaje de carcinomas mucinosos que pasan inadvertidos, al ser lesiones tumorales pequeñas, con características benignas, por lo que **pueden ser consideradas erróneamente como lesiones sin relevancia patológica**

Es aquí el desafío diagnóstico que significan, y la importancia de conocer y sospechar esta entidad para no perder la oportunidad de diagnosticar una lesión maligna



Bibliografía



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