

Università degli Studi di Ferrara

Corso di Laurea in Odontoiatria

Corso di Laurea in Igiene Dentale

Anno Accademico 2018-2019

Corso di Anatomia Patologica

Dr. Stefano Ferretti

Dipartimento di Morfologia, Chirurgia e Medicina sperimentale

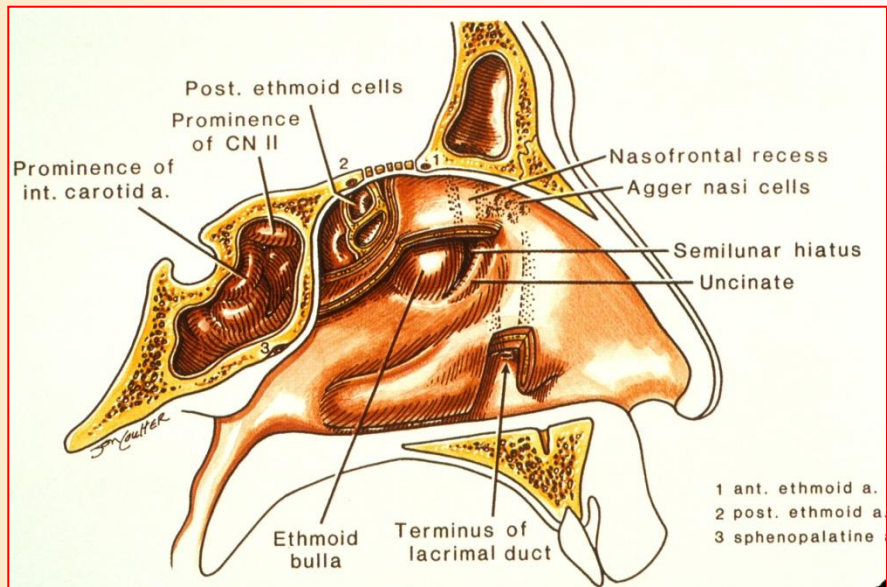
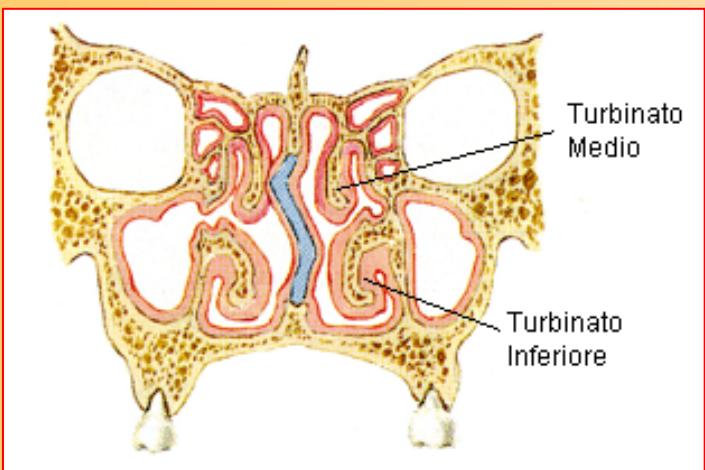
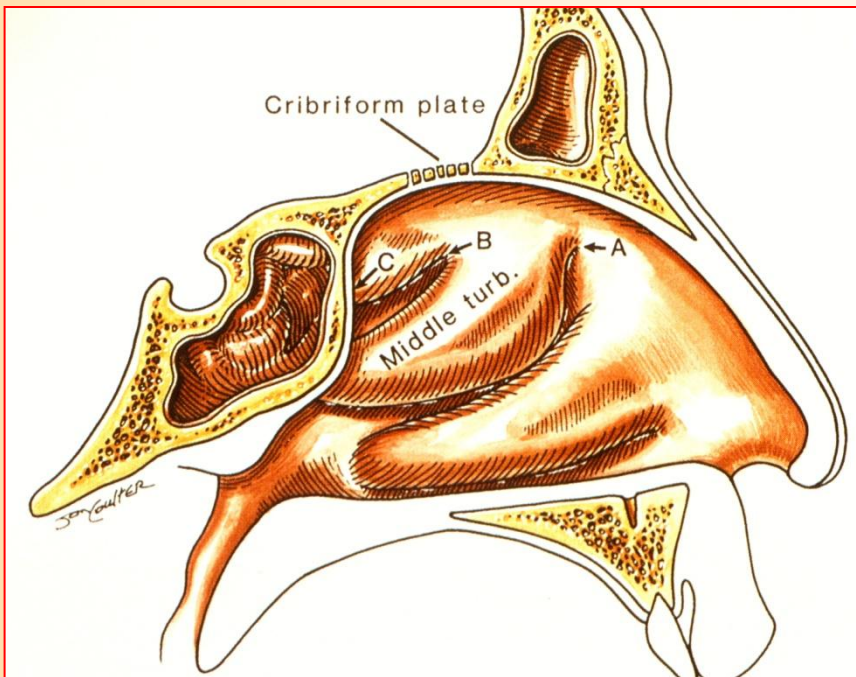
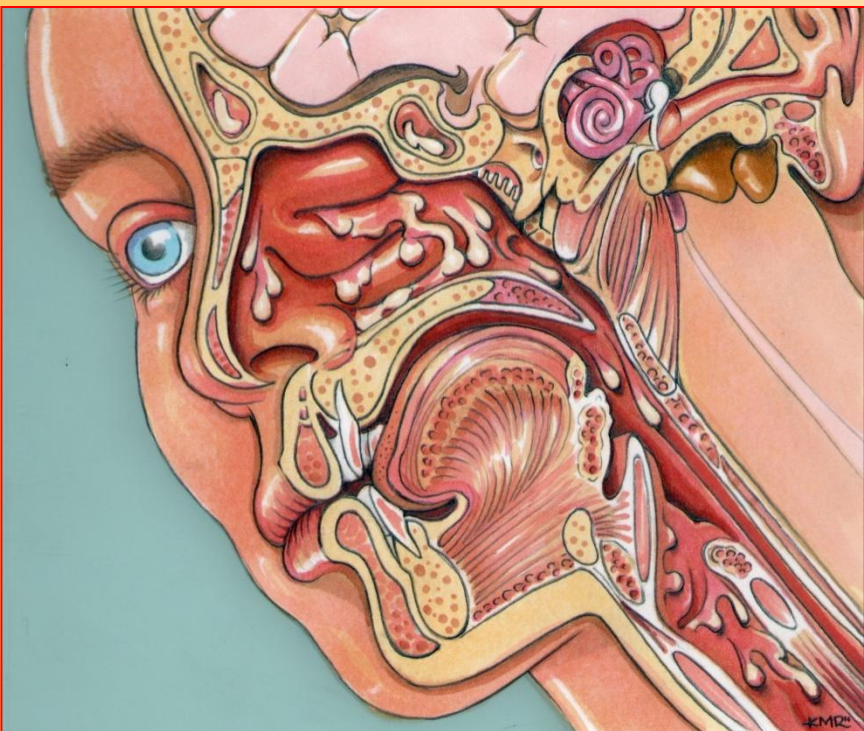
Università di Ferrara



vie aree superiori

naso, rinofaringe

Rinofaringe anatomia



Inflammazioni

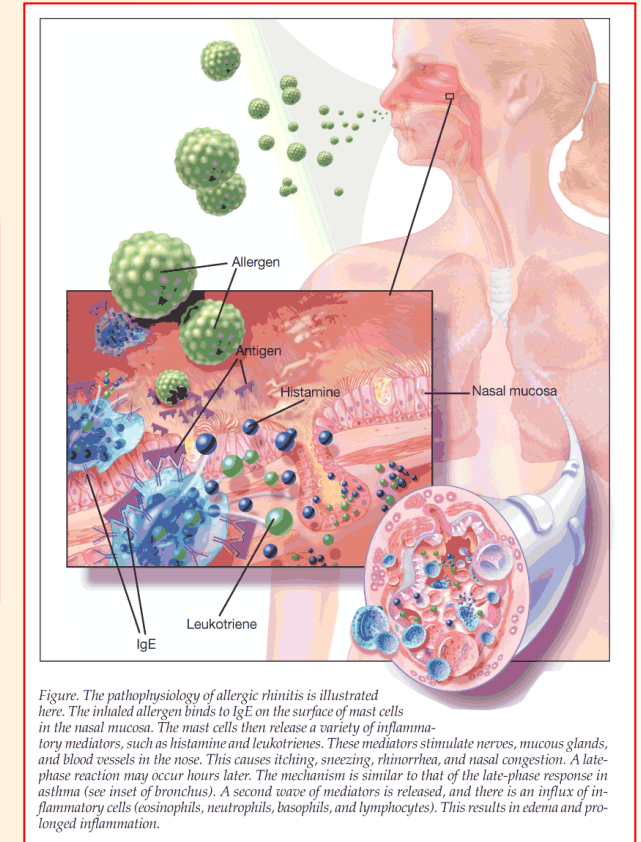
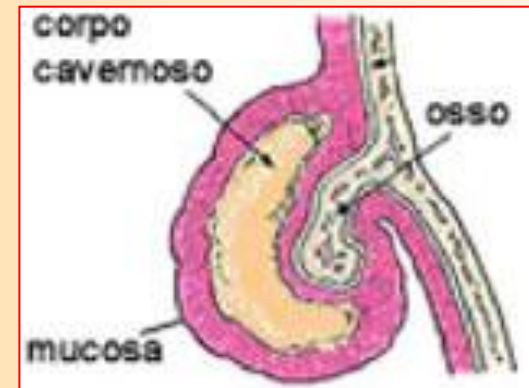
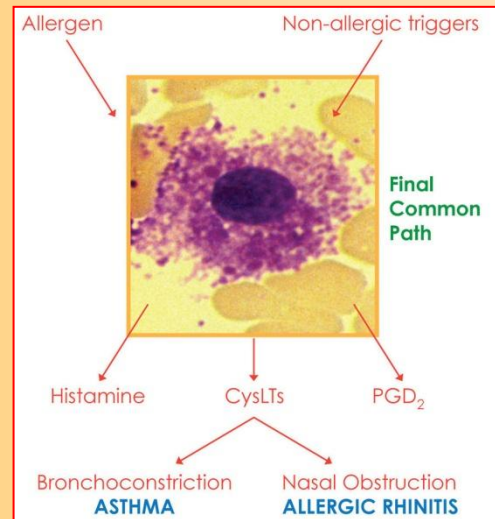
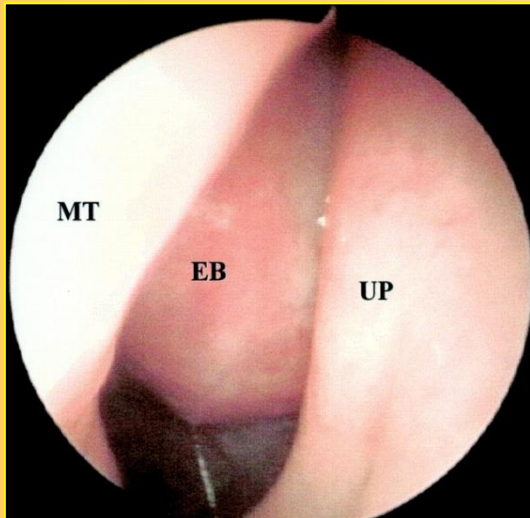
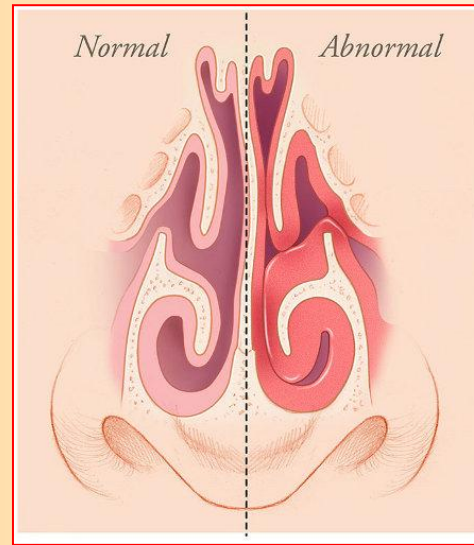
Riniti infettive

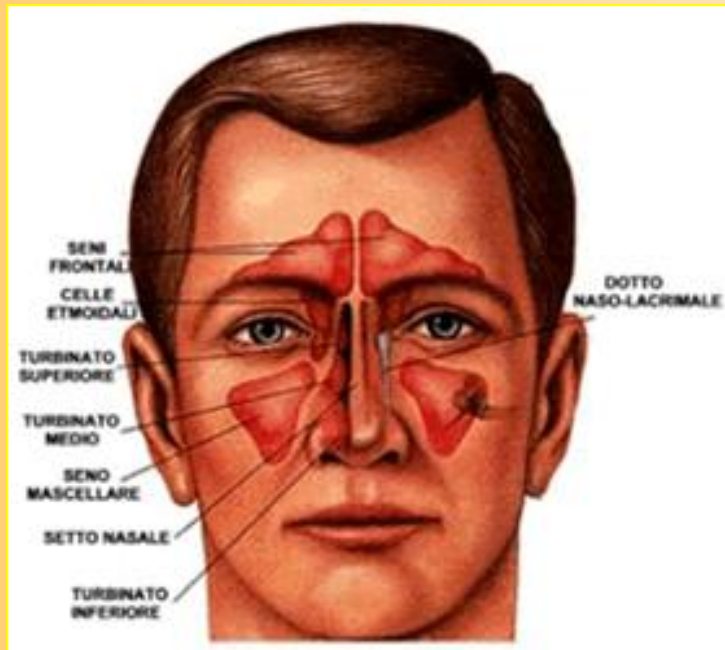
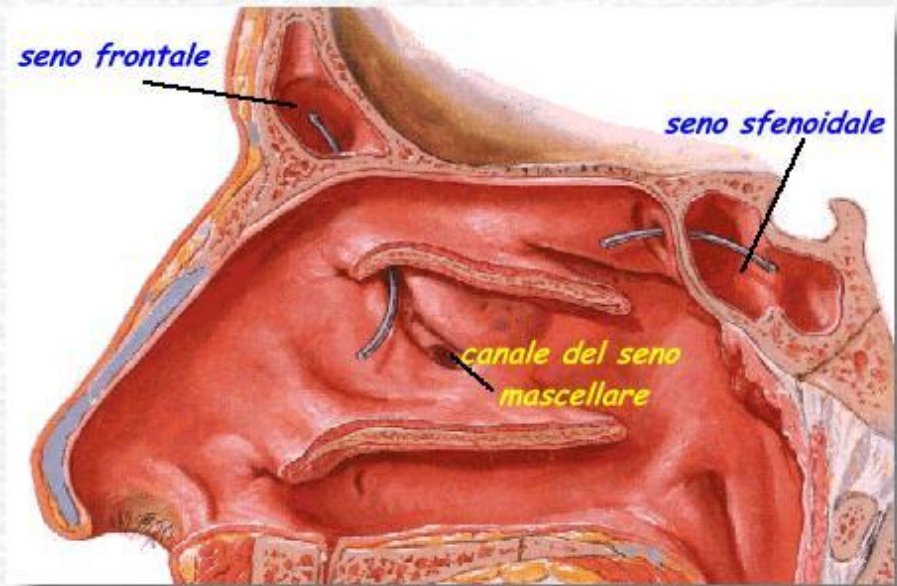
- Eziologia spesso virale
- Superinfezioni batteriche
- Quadro dominato da edema e iperemia
 - Aumento secrezione catarrale
 - Cavità nasali ristrette
 - Turbinati aumentati di volume

Riniti allergiche

- Eziologia da ipersensibilità (tipo I)
 - Immunoreazione IgE mediata
- Marcato edema e iperemia
 - Infiltrazione leucocitaria (eosinofila)

Rinofaringe riniti





Infiammazioni

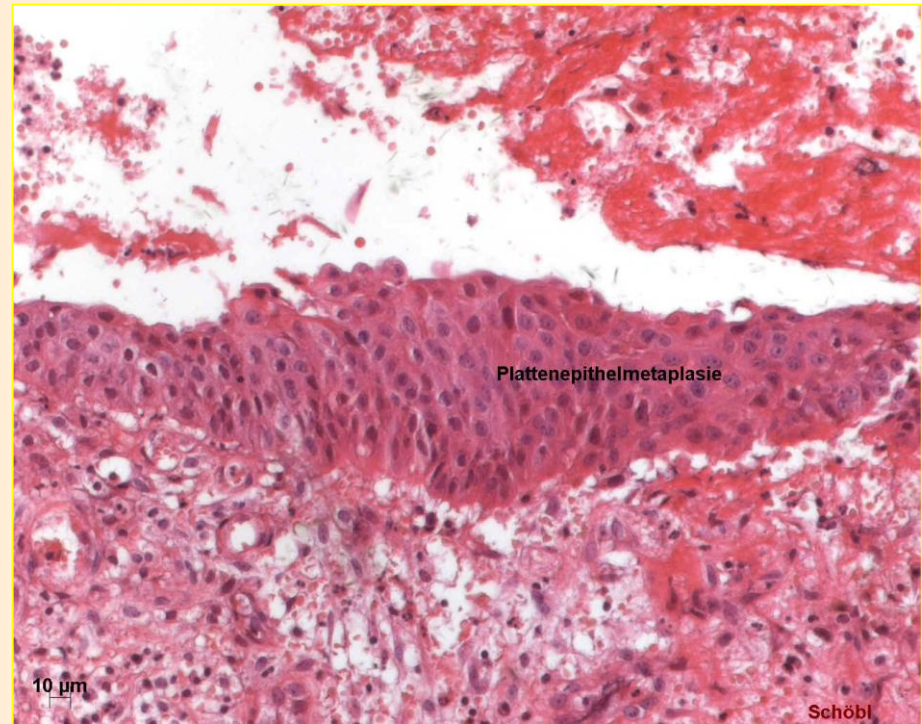
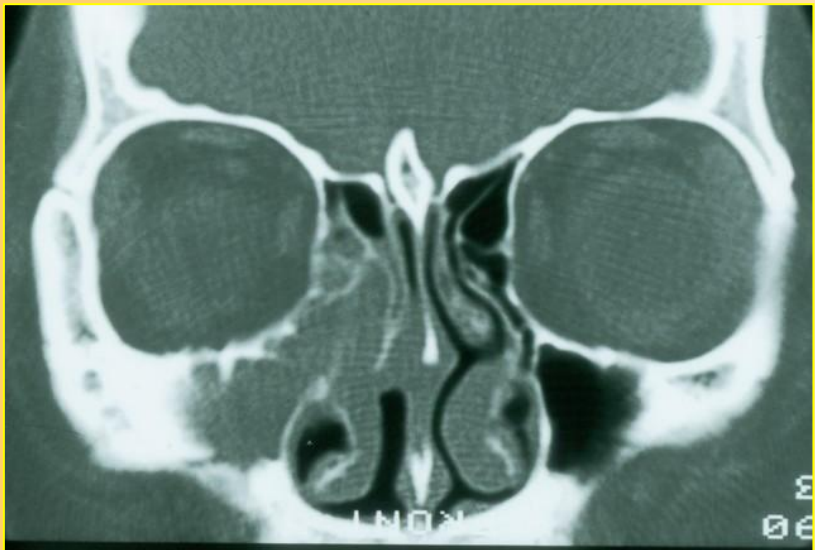
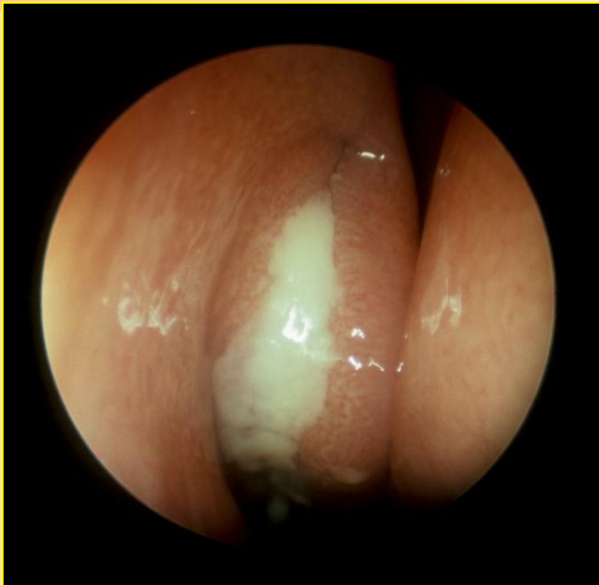
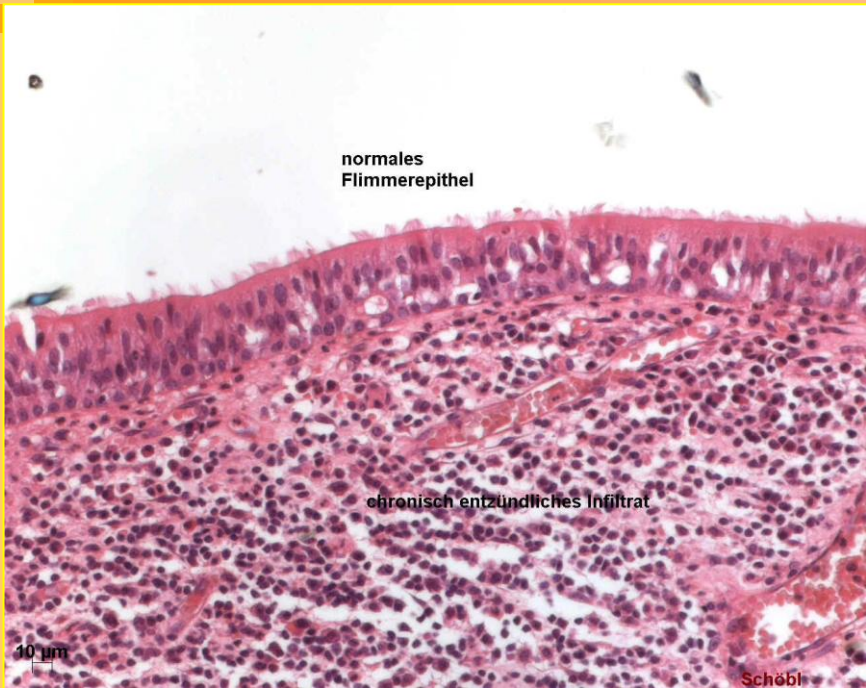
Riniti croniche

- Storia di riniti ricorrenti (infettive/allergiche)
- Desquamazione epitelio, ulcerazione
- Infiltrazione infiammatoria
 - Neutrofili, linfociti, plasmacellule

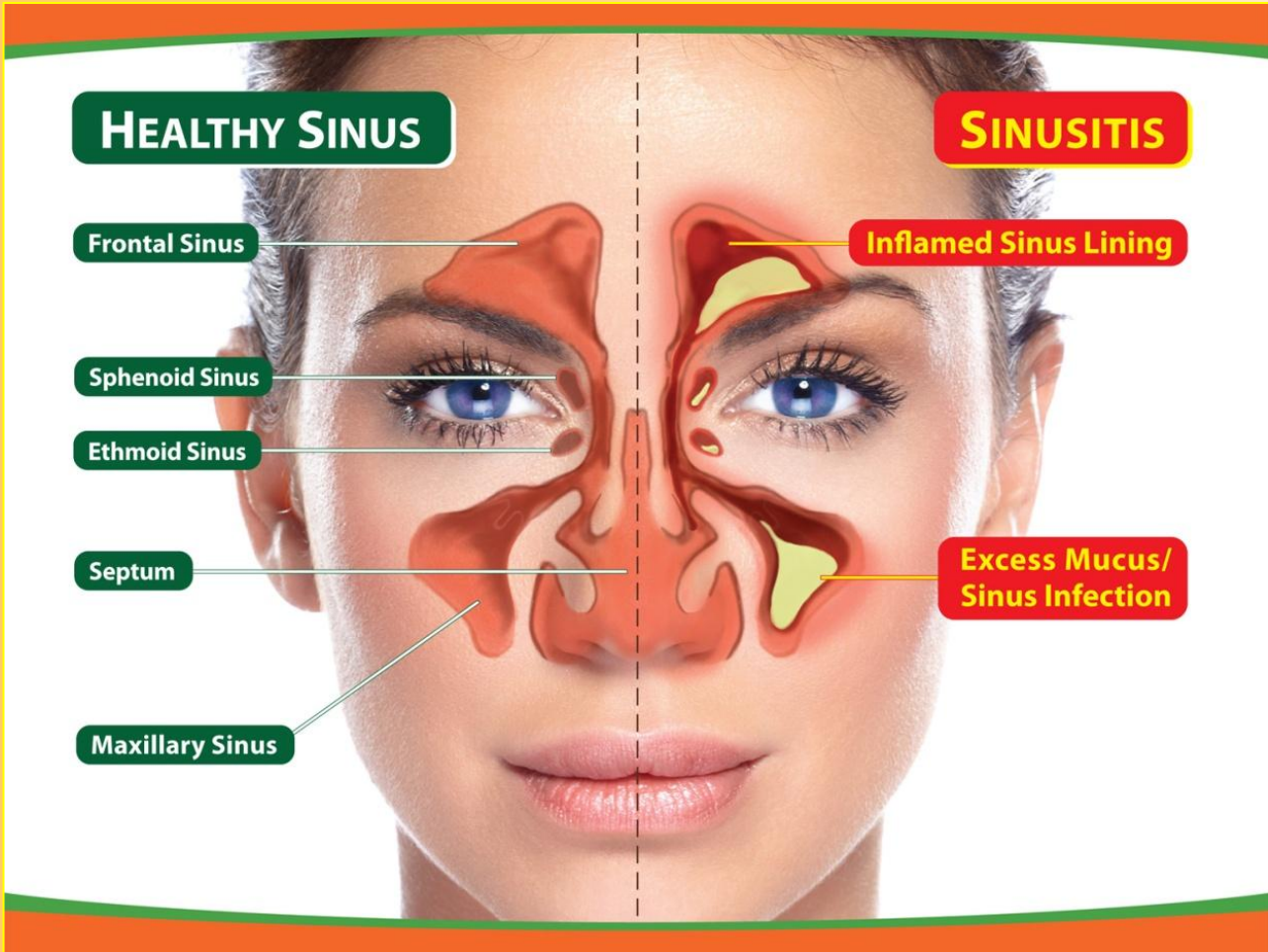
Sinusiti

- Storia di rinite acuta/cronica
- Estensione trans-ossea di infezione periapicale
- Infiammazione aspecifica
- Ostruzione al drenaggio
 - Mucocele, empiema
- Forme croniche
 - Complicanze microbiche (funghi)
 - Possibili infiltrazioni tessuti vicini
 - Orbita
 - Ossa (osteomieliti, tromboflebiti settiche)

Rinofaringe riniti croniche



**Rinofaringe
sinusiti**

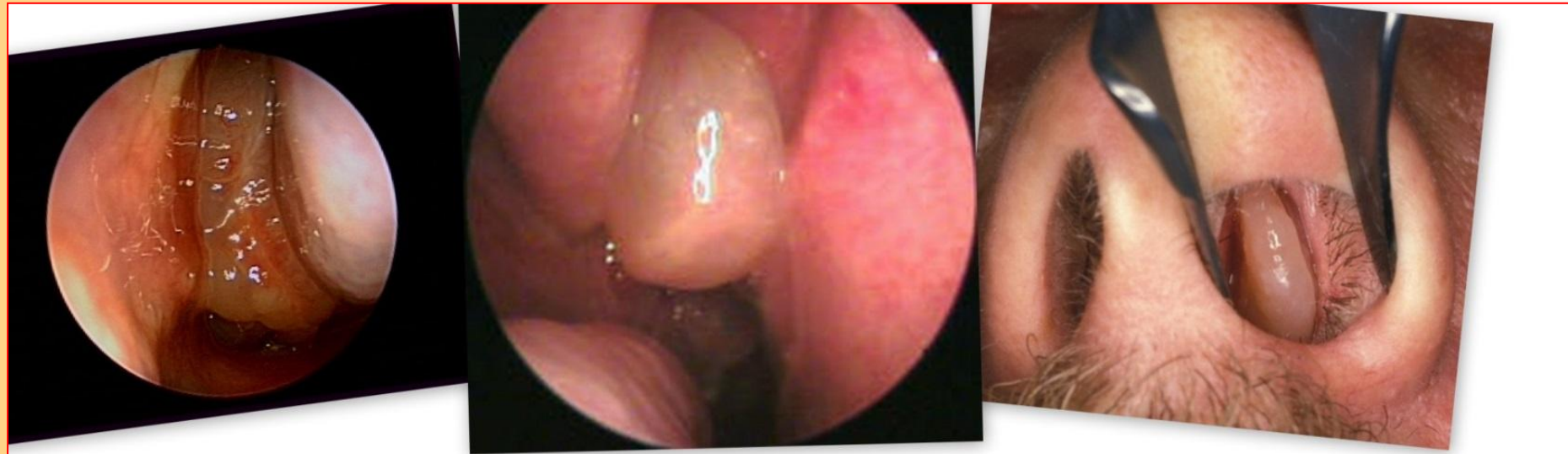


Inflammazioni

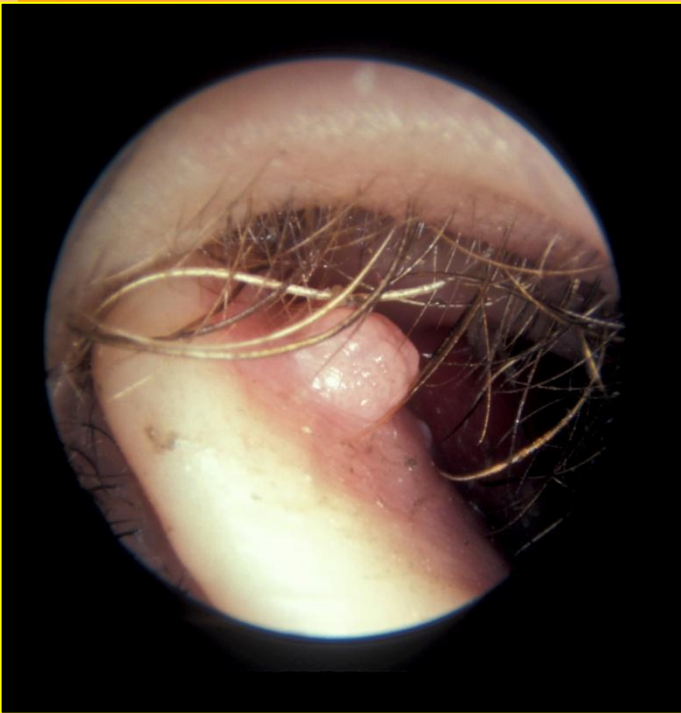
Polipi

- Storia di riniti ricorrenti
- Protrusione della mucosa
- Formazioni polipoidi (3-4 cm)
 - Mucosa edematosa con stroma lasso
 - Cisti ghiandolari, arborizzazioni
 - Infiltrazione eosinofili, neutrofili, plasmacellule, linfociti
- Possibili ulcerazioni
- Ostruzione coanale
- Blocco drenaggio sinusale
- Possibile associazione con riniti non allergiche

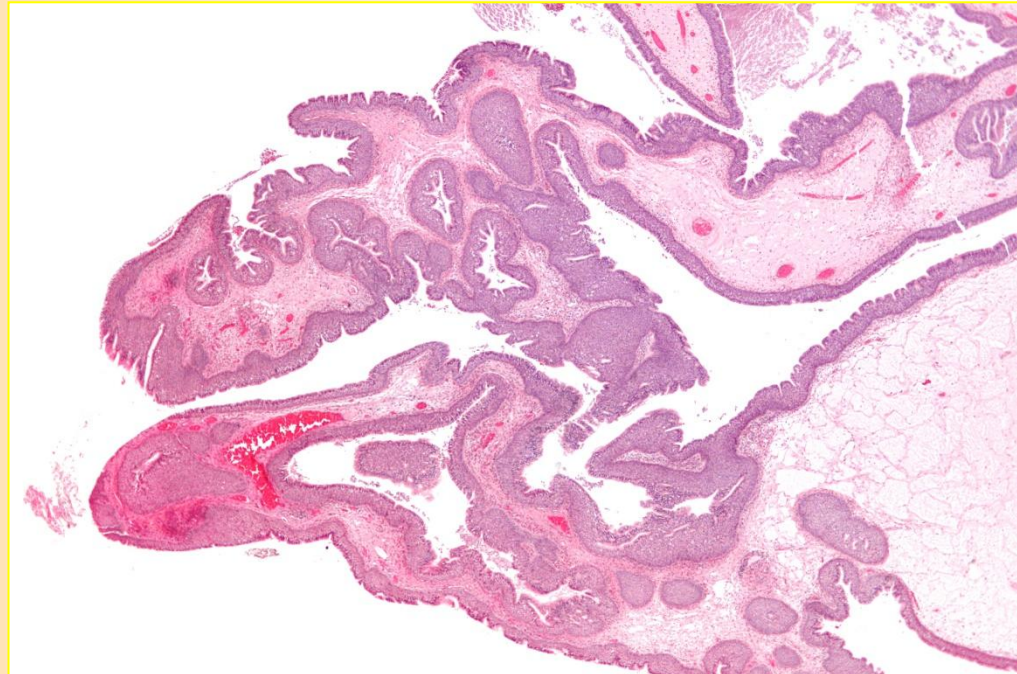
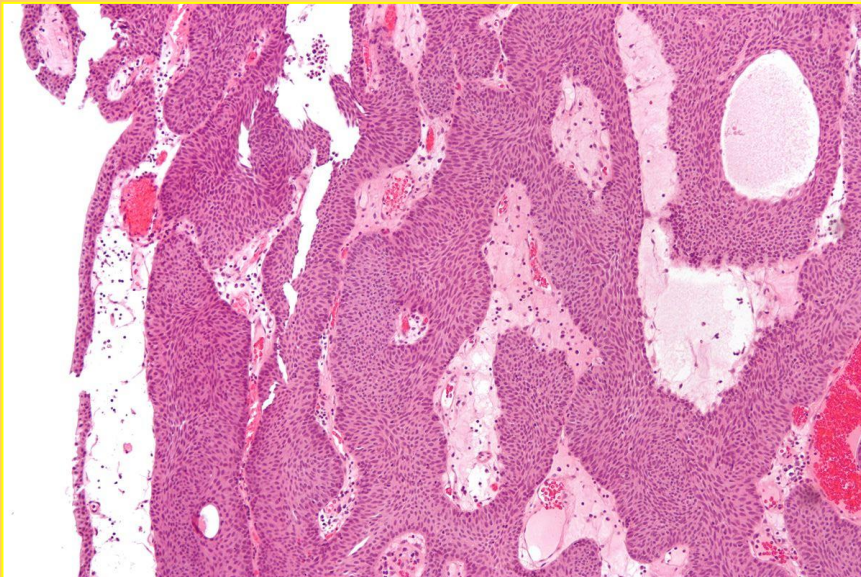
Rinofaringe lesioni reattive



Rinofaringe papilloma rinosinusale

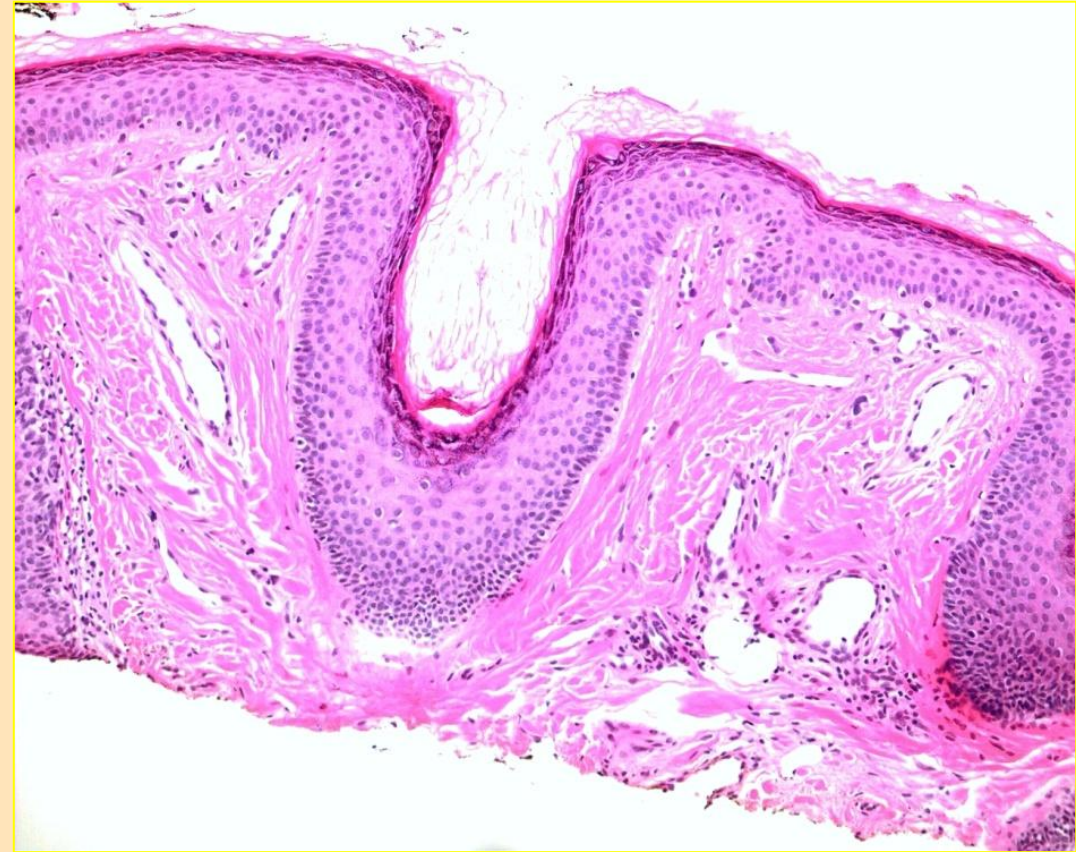
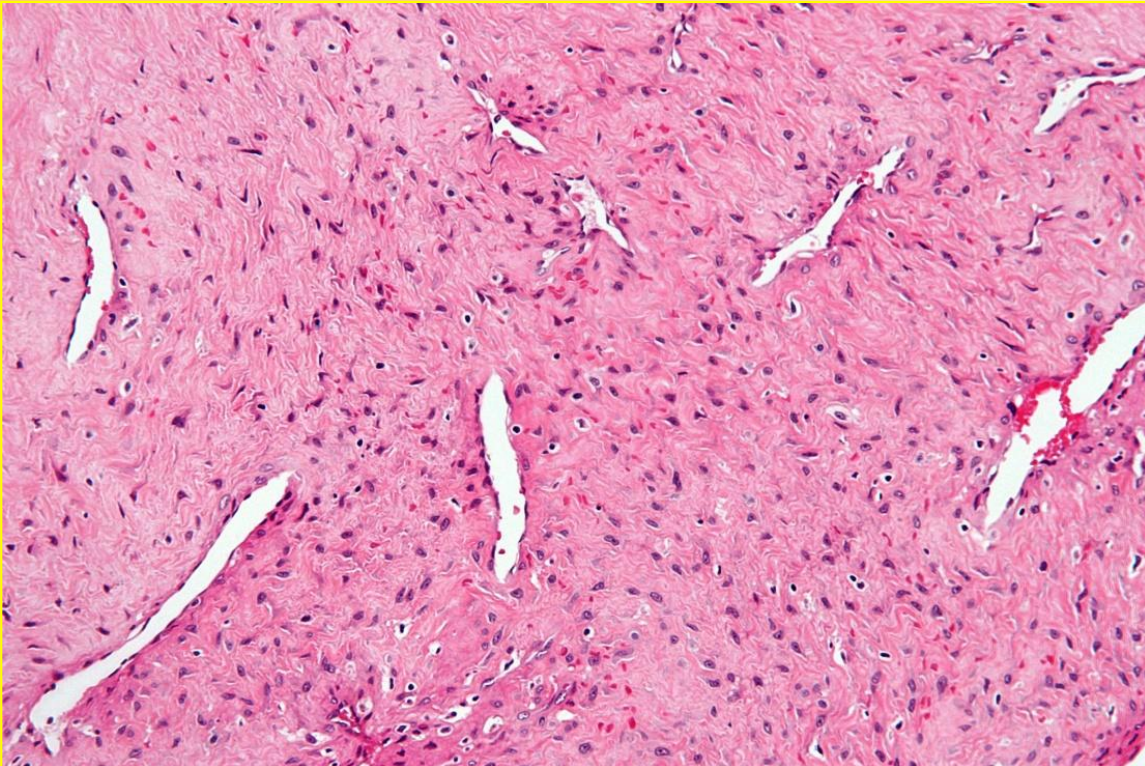


- Forma “benigna”
- Etiologia HPV (6,11)
- Forme:
 - Esofitica
 - Invertita (aggressiva)
 - Cilindrica



Rinofaringe angiofibroma naso-faringeo

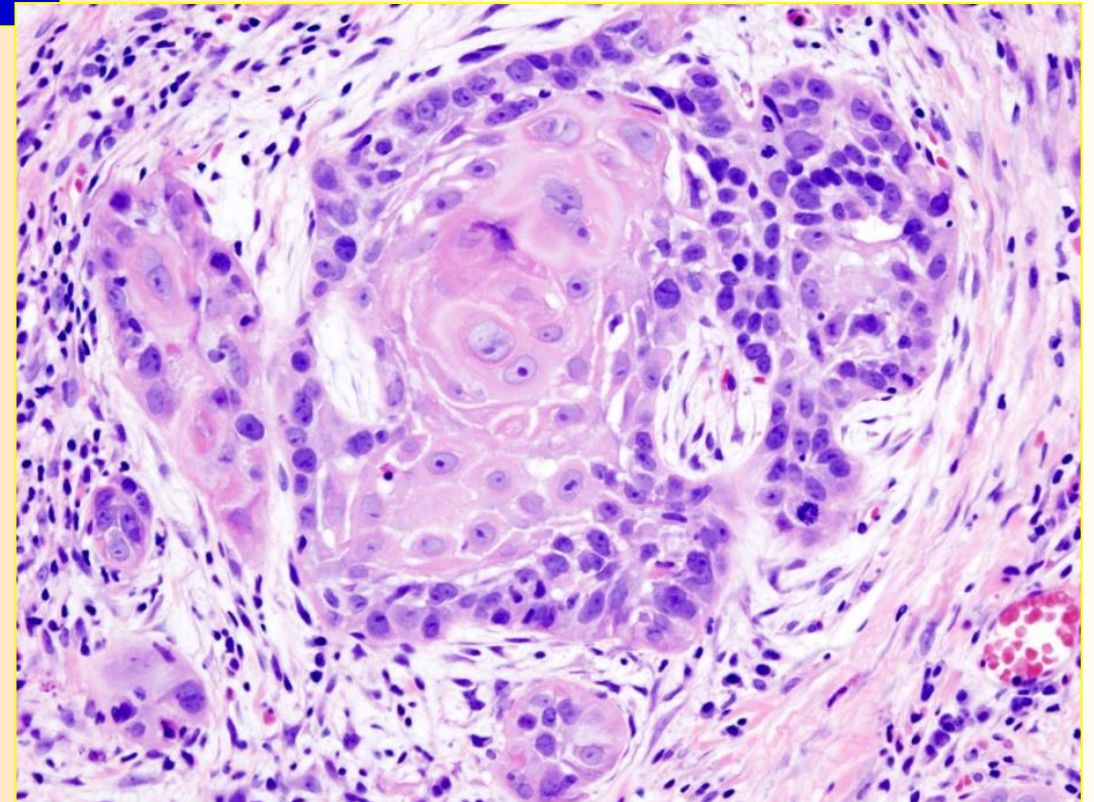
- Forma “benigna”
- Struttura vascolare
- Incidenza in giovani maschi
- Tendenza al sanguinamento



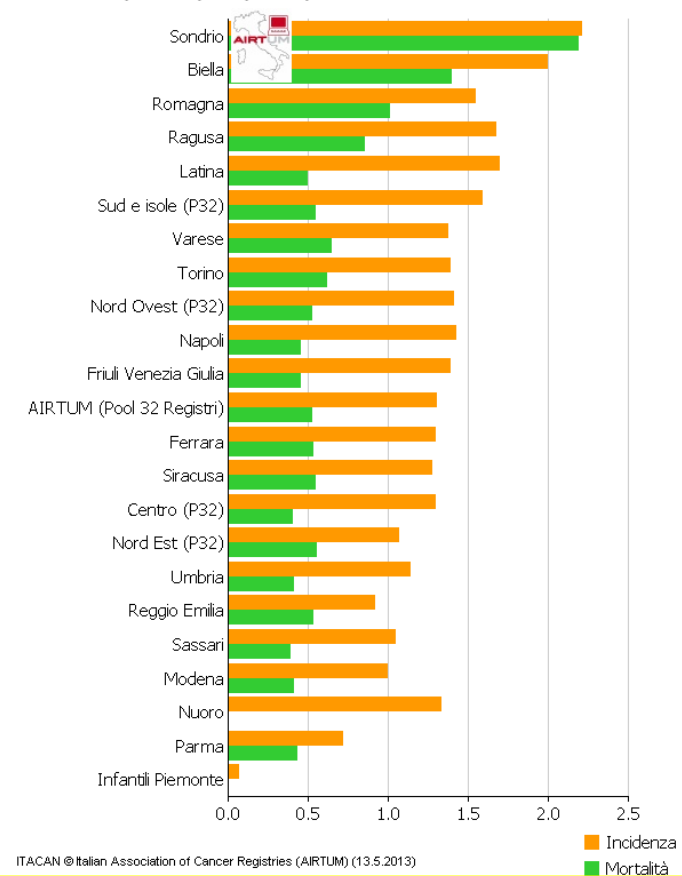
Rinofaringe
carcinoma rinofaringeo

- **Distribuzione geografica caratteristica (Africa, Cina)**
- **Etiologia EBV**
- **Imponente reazione linfocitaria**
- **Forme:**
 - **Cheratinizzante**
 - **Non cheratinizzante**
 - **Indifferenziata (c.d. *linfoepitelioma*)**
- **Condizioni di rischio: età, ereditarietà, HBV, nitrosamine**

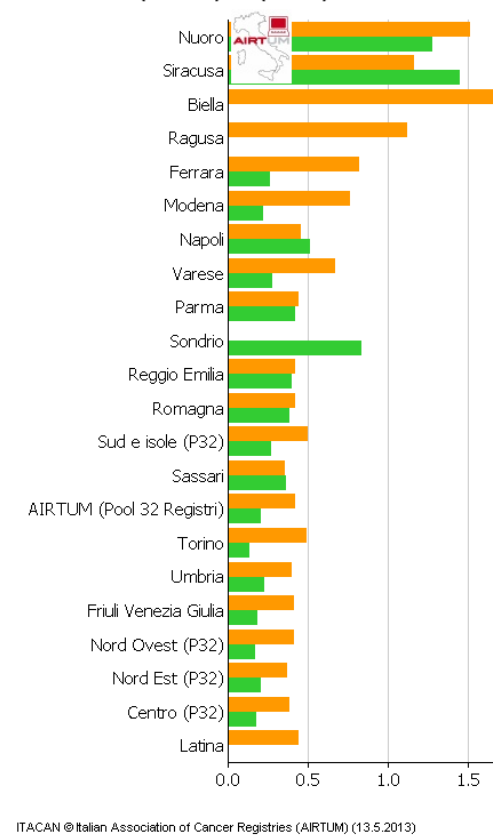
- **Clinicamente occulto per lungo tempo**
- **Metastasi LGH cervicali (70% pazienti)**
- **Radiosensibilità forme indiff.**
- **Prognosi severa**



Rinofaringe (2005-2007)
Maschi: TSE (Italiana) età (0-85+)



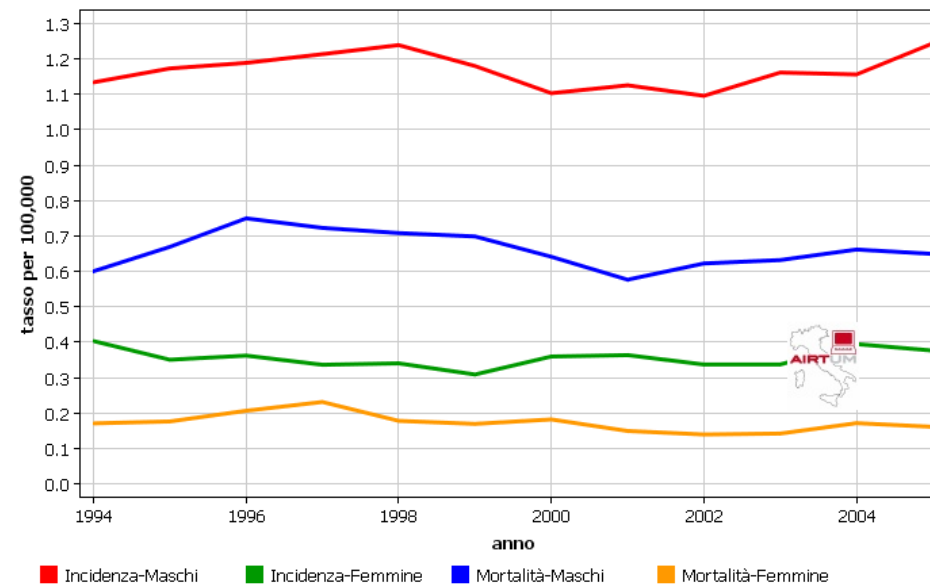
Rinofaringe (2005-2007)
Femmine: TSE (Italiana) età (0-85+)



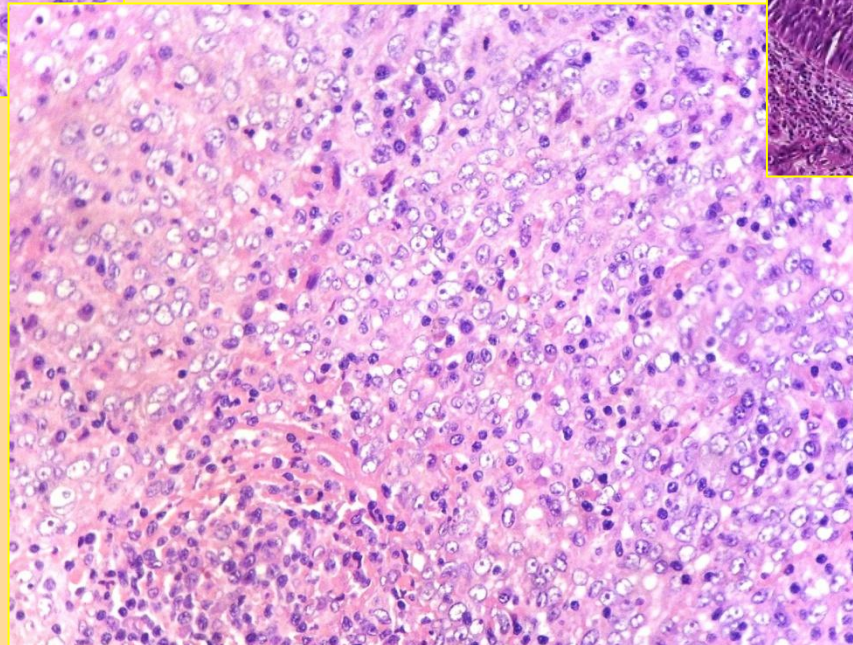
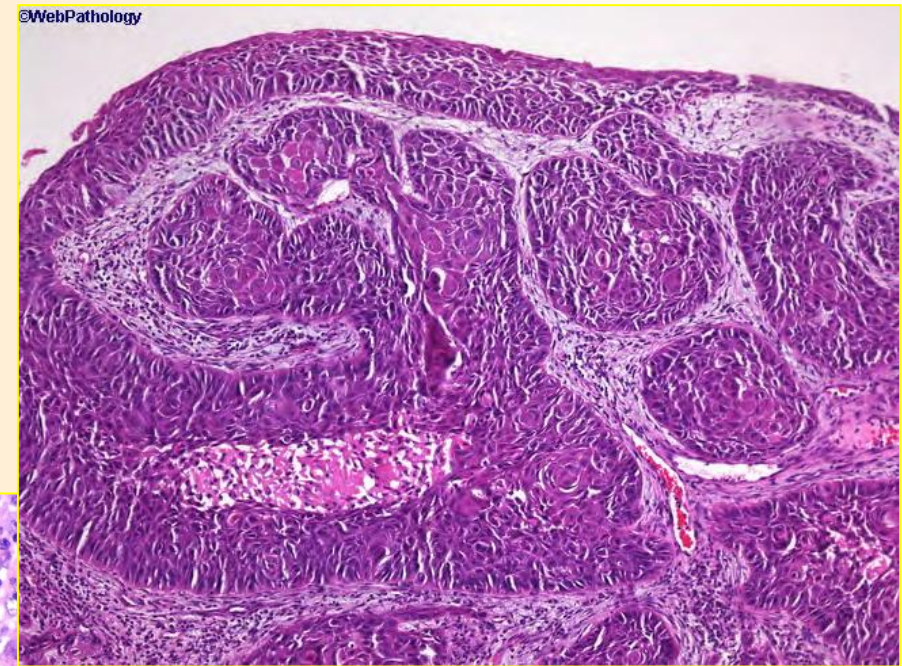
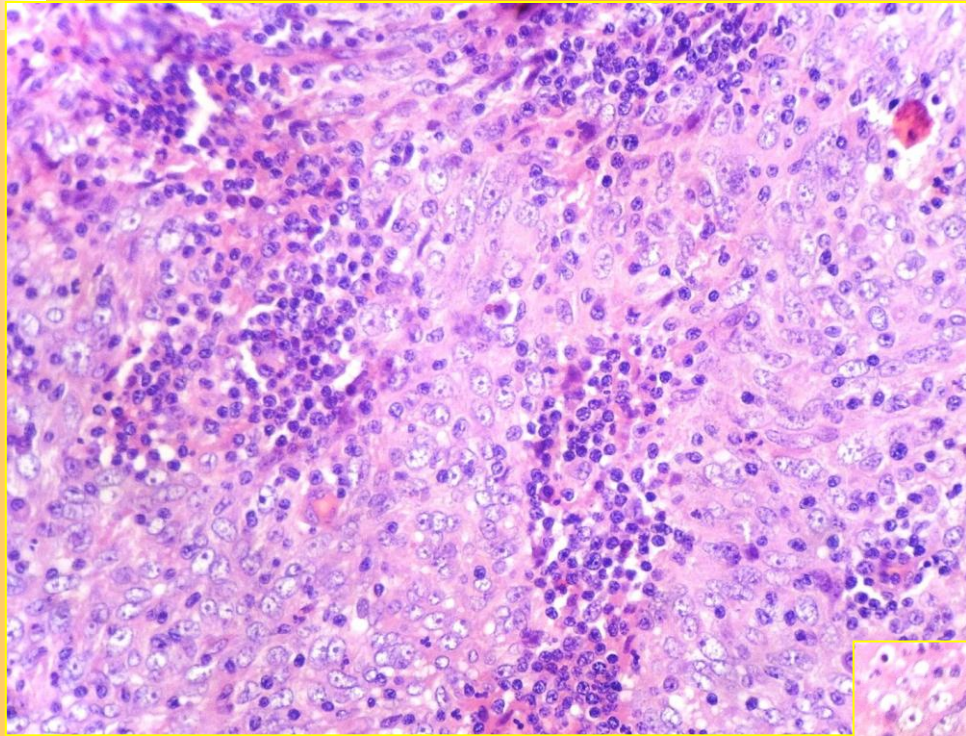
Rinofaringe
carcinoma rinofaringeo

incidenza

AIRTUM (Pool 9 Registri)
Rinofaringe
TSE (Italiana) età (0-85+)

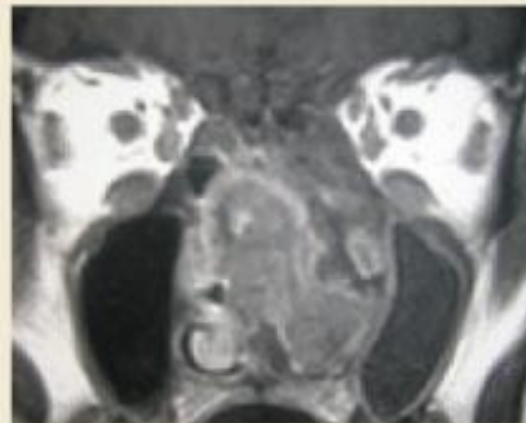


Rinofaringe
carcinoma rinofaringeo



Tumori maligni nasosinusalali

- < 3% di tutti i tumori testa-collo
- 0.2-0.8% dei tumori maligni
- Max incidenza 50-70aa
- M/F = 2/1
- Istotipo più frequente:
Ca. squamocellulare (75%)
- Maggiore incidenza negli esposti a nichel, cromo, idrocarburi volatili e polvere di legno



TUMORI EPITELIALI

Ca a cell. squamose

Tumori di origine ghiandolare:

-T. Delle ghiandole salivari minori

-Adenocarcinoma

TUMORI NON EPITELIALI

Osteosarcoma

Condrosarcoma

Sarcoma gigantomocellulare

Mieloma multiplo

Sarcoma di Ewing

Fibrosarcoma

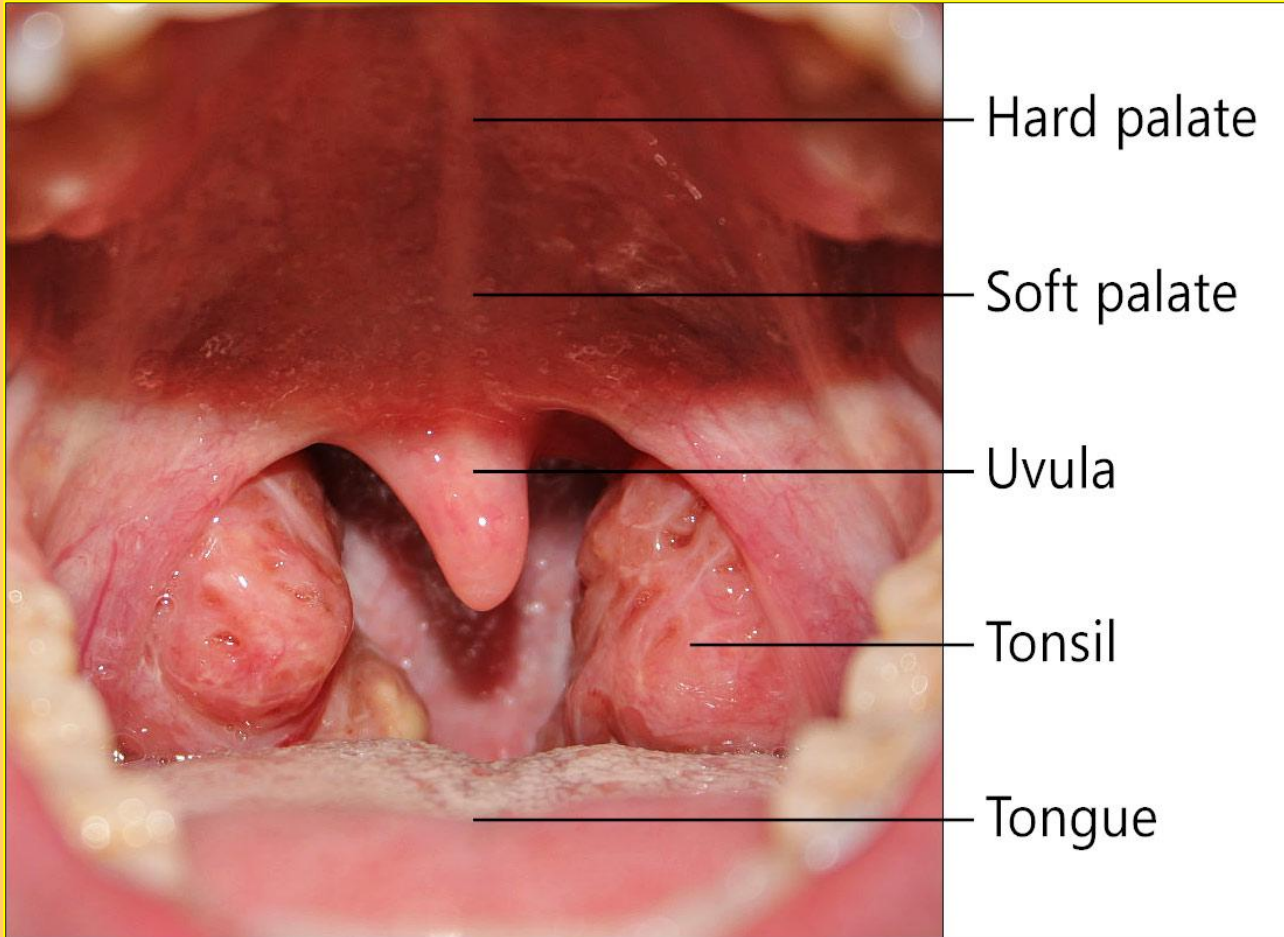
Linfoma

Melanoma

Estesioneuroblastoma

Rabdomiosarcoma

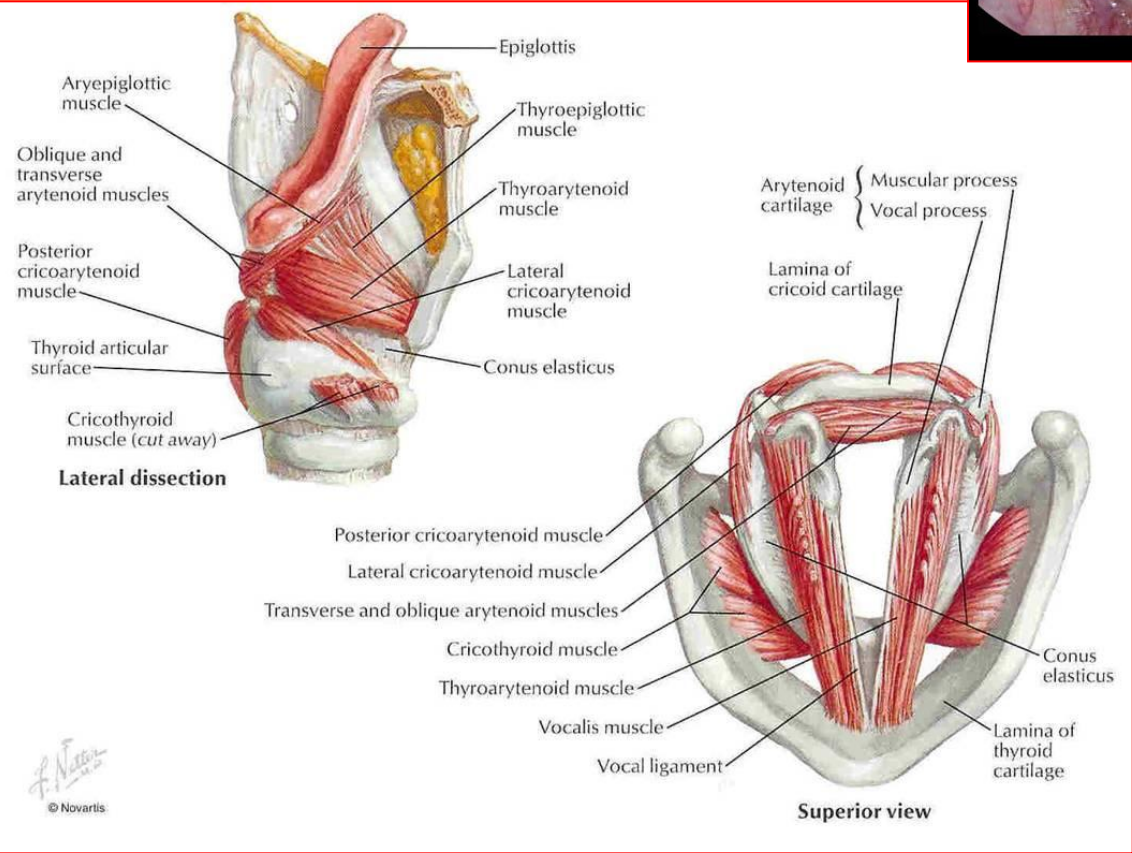
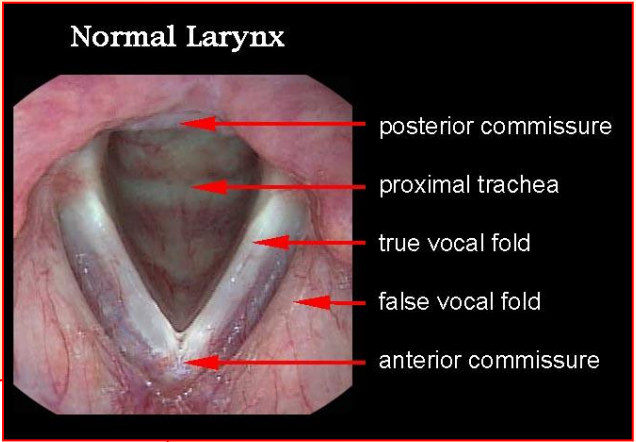
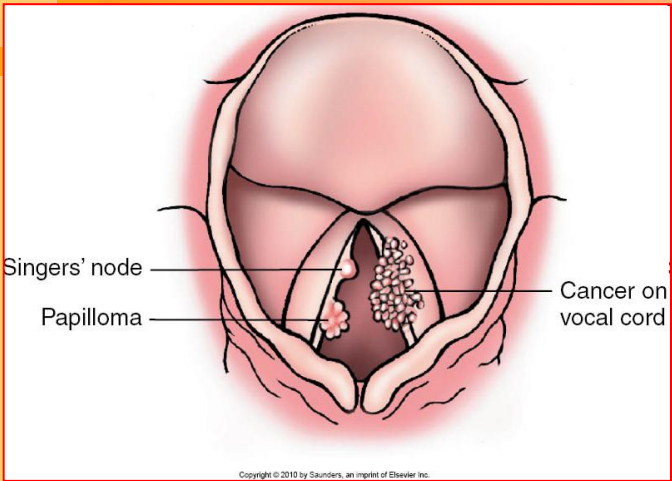
**Laringe, tonsille
flogosi**





laringe

**Laringe
lesioni**



**Inflammazioni
Noduli reattivi (“polipi”)
Papillomi
Carcinoma laringeo
Altre neoplasie**

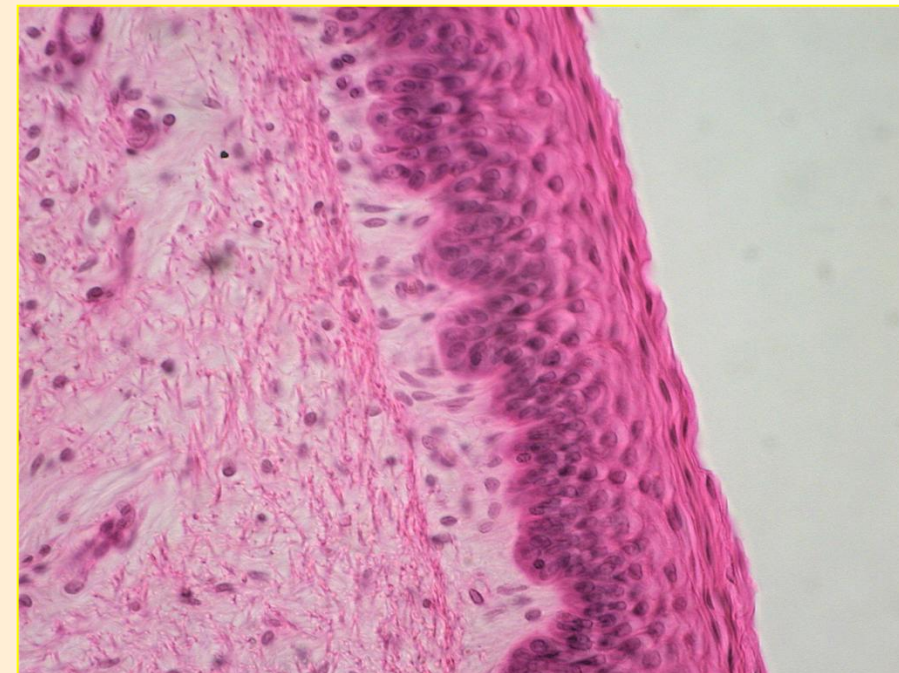
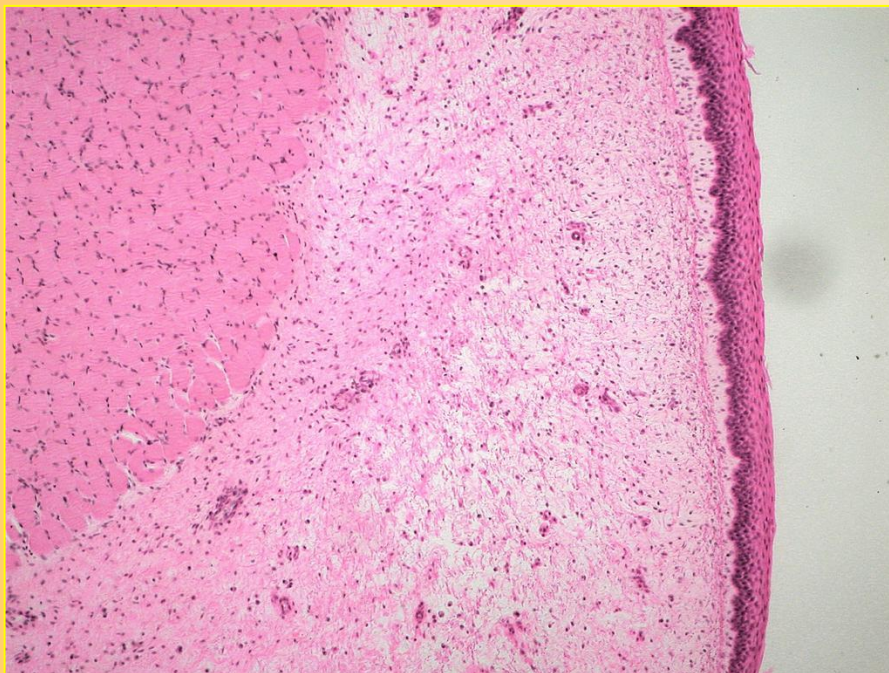
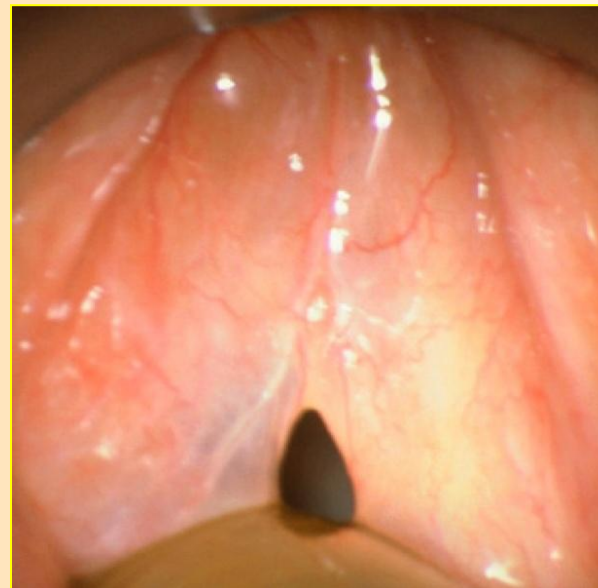
Etiopatogenesi

- Allergica
- Virale, batterica
- Irritazione chimica

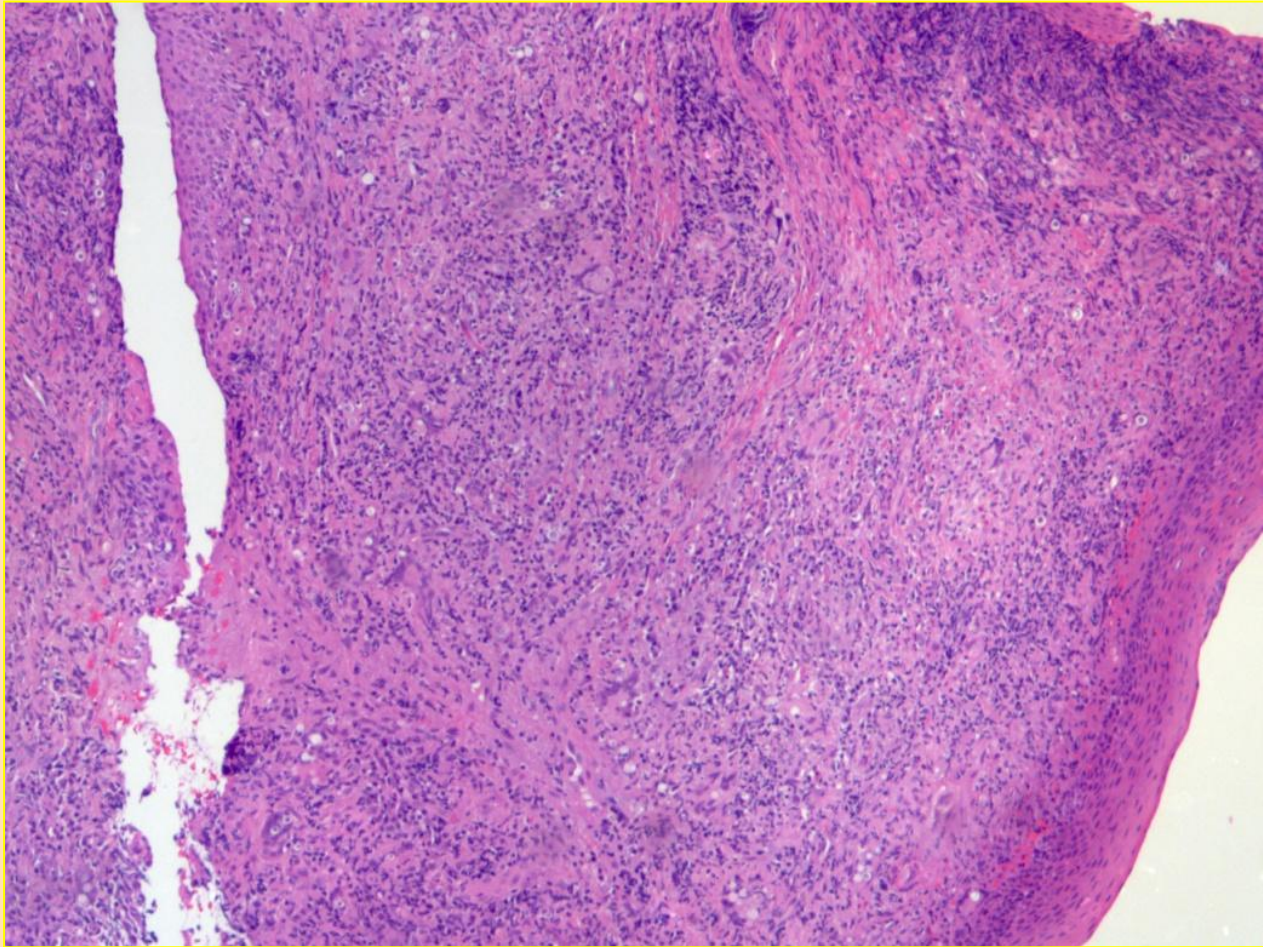
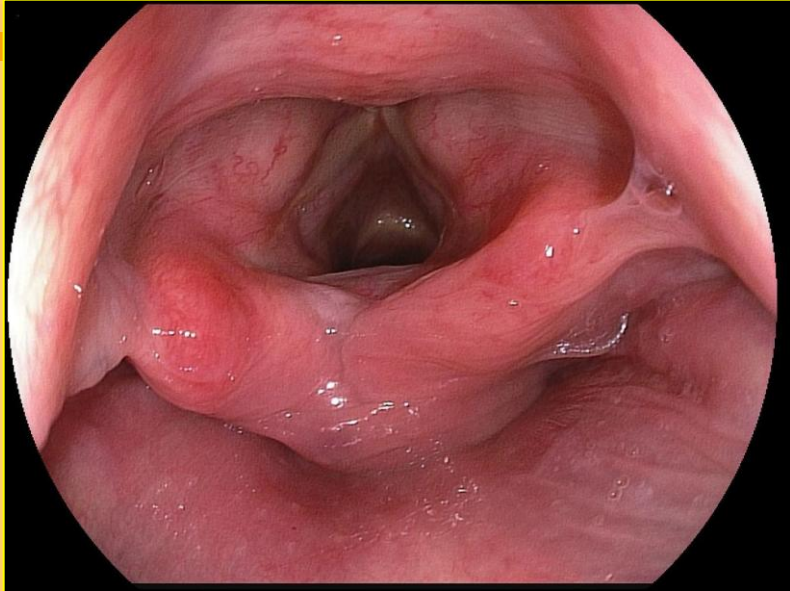
Anatomia Patologica

- Flogosi spazio Reinke
- Organizzazione
- Evoluzione

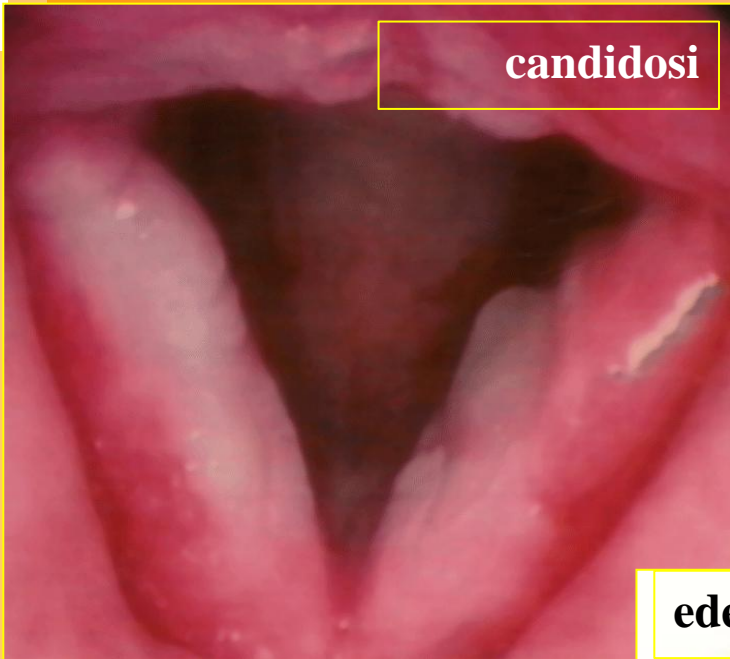
**Laringe
flogosi**



**Laringe
flogosi**



candidosi

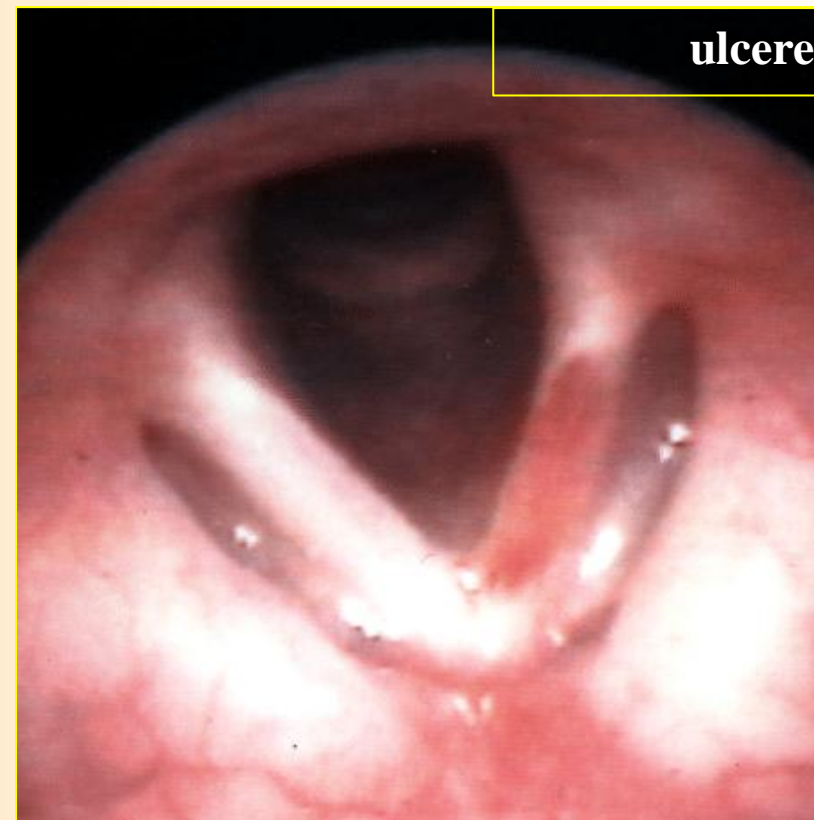


**Laringe
flogosi**

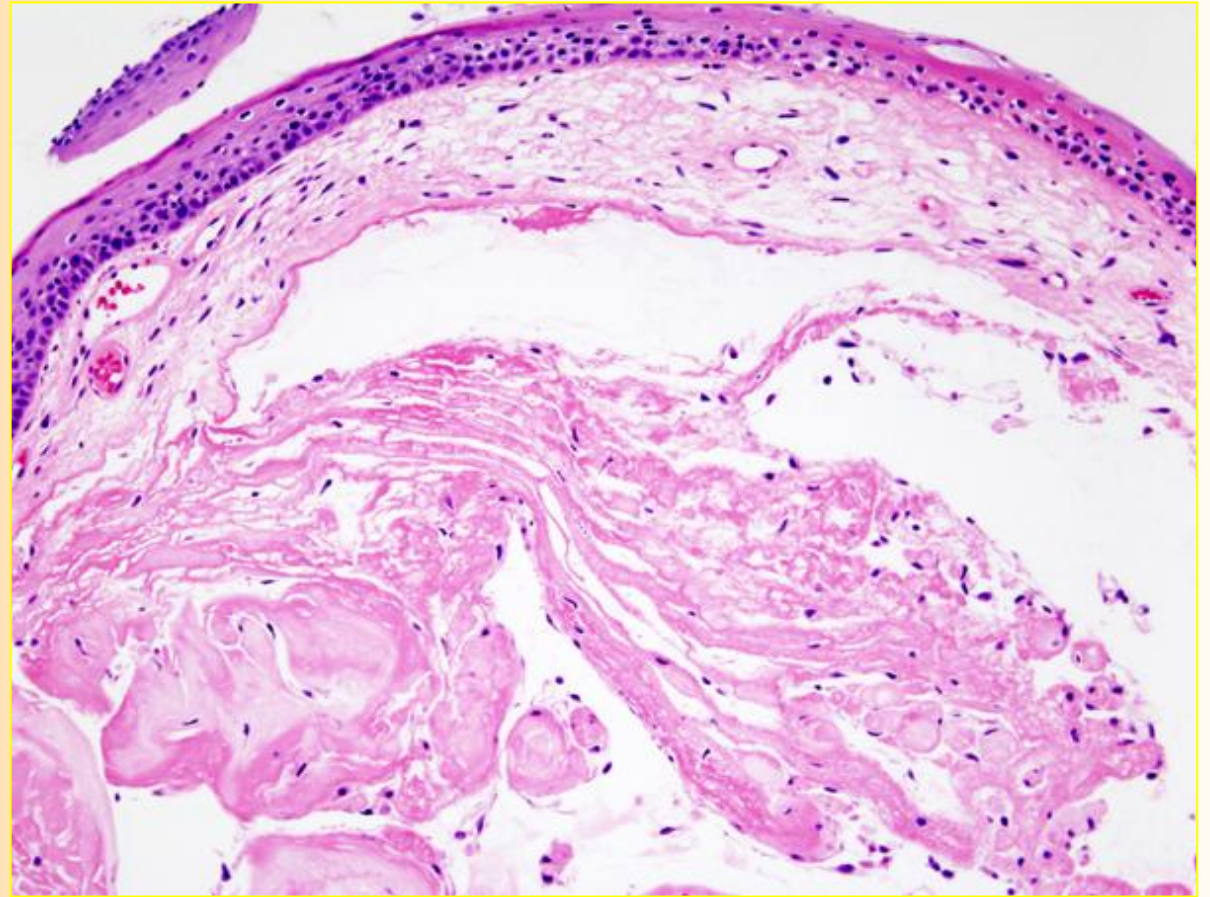
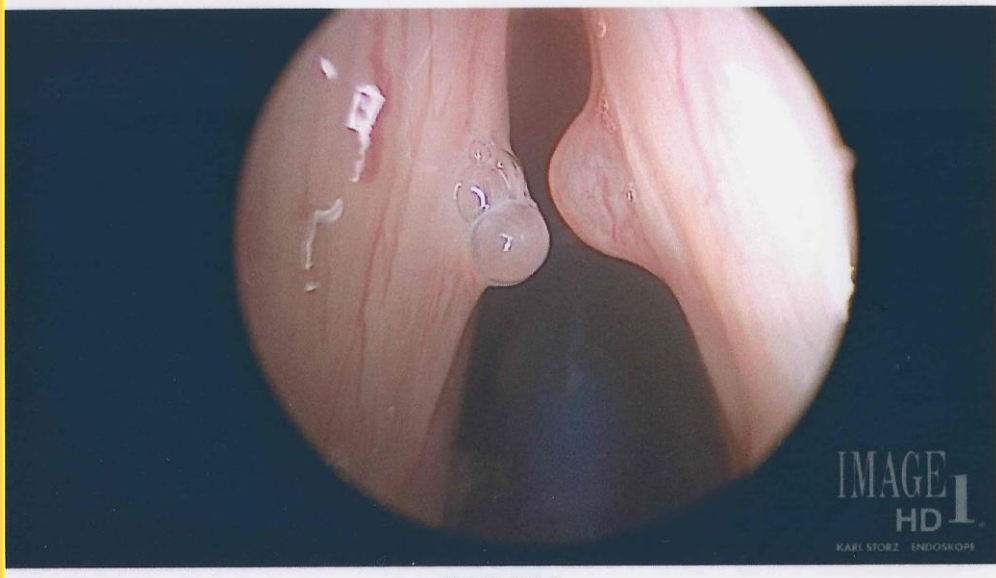
edema



ulcere

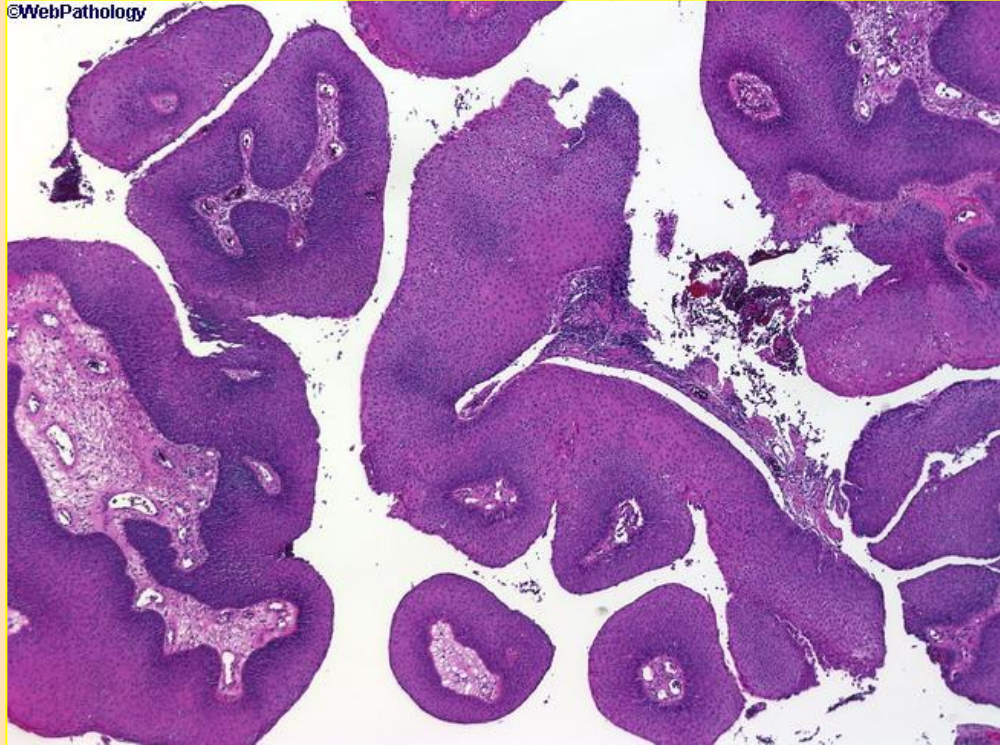
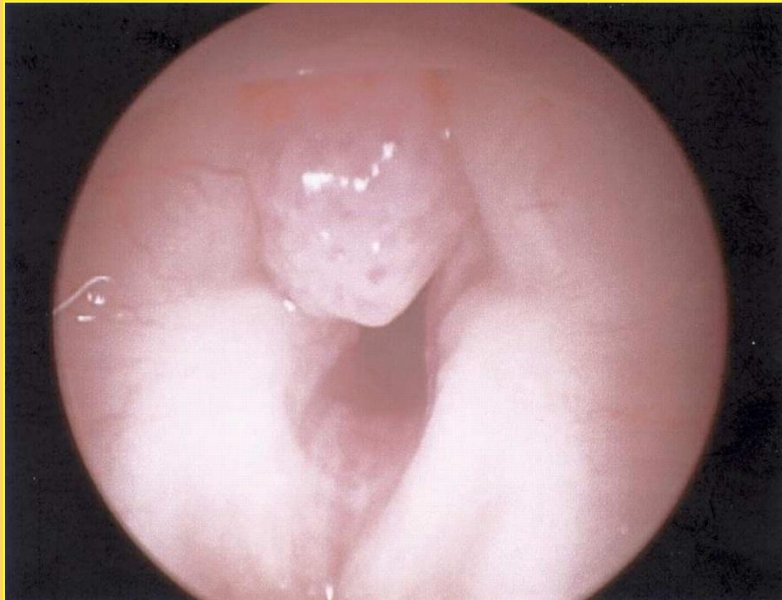
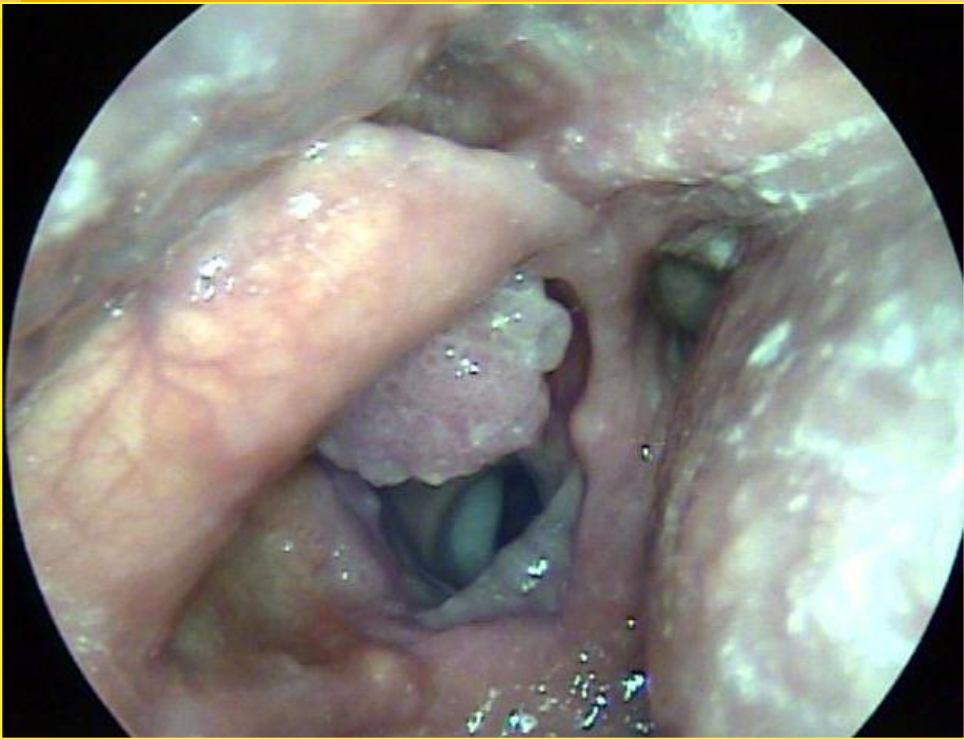


Noduli reattivi
“polipi”



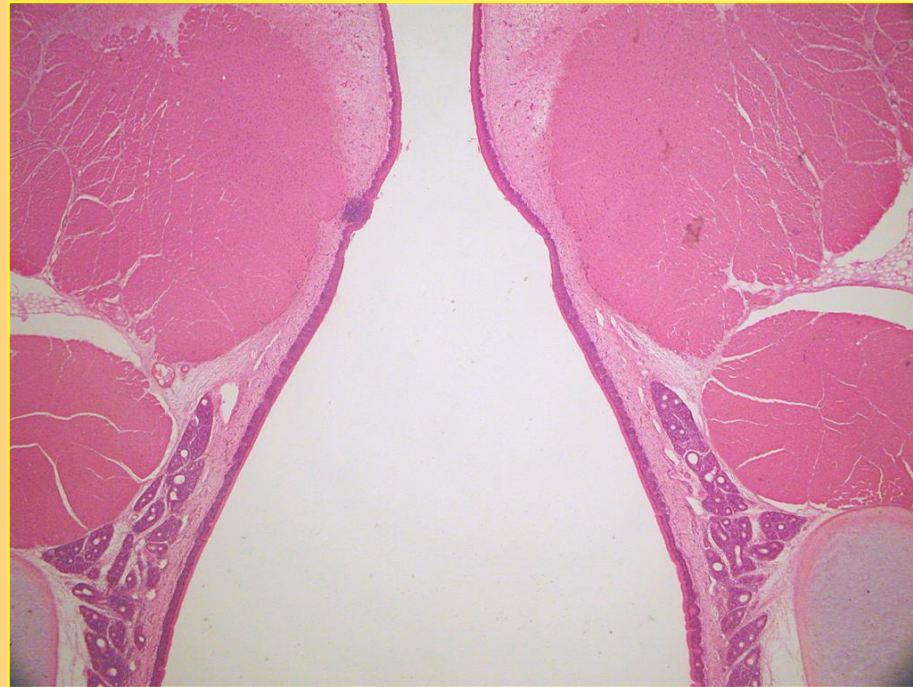
Laringe papillomi

Eziopatogenesi
• HPV 6,11



Etiopatogenesi

- Fumo, alcool
- Radiazioni
- HPV

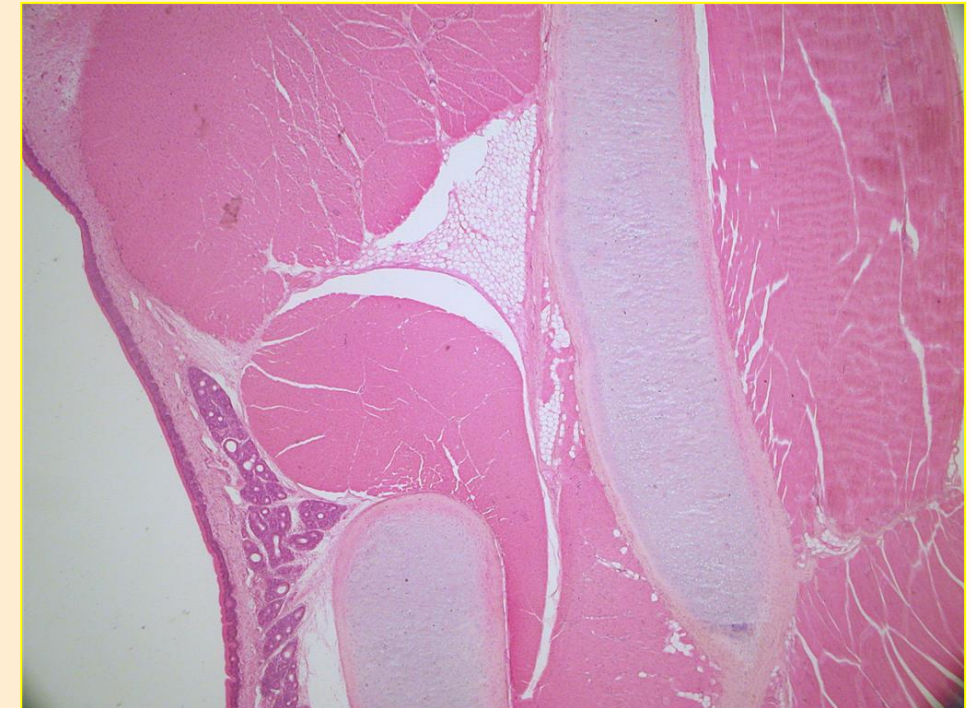


Clinica

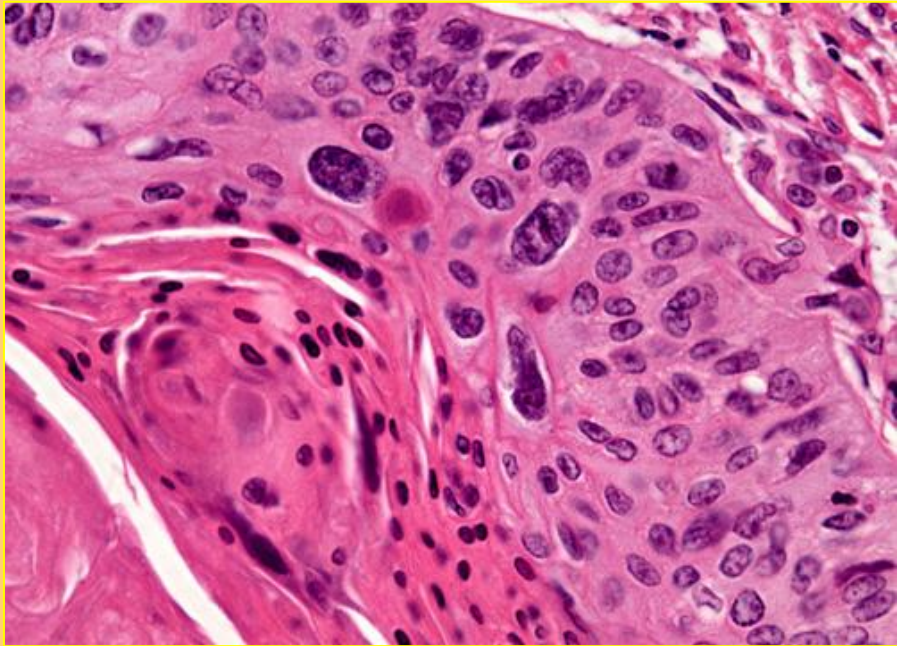
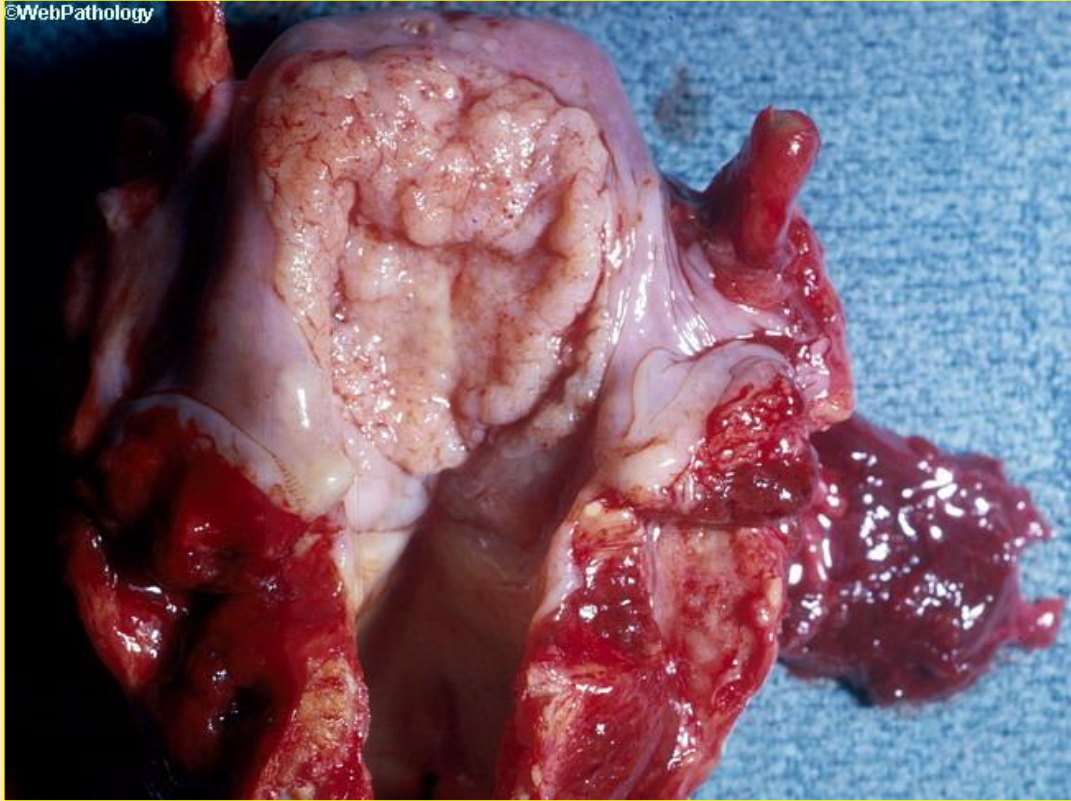
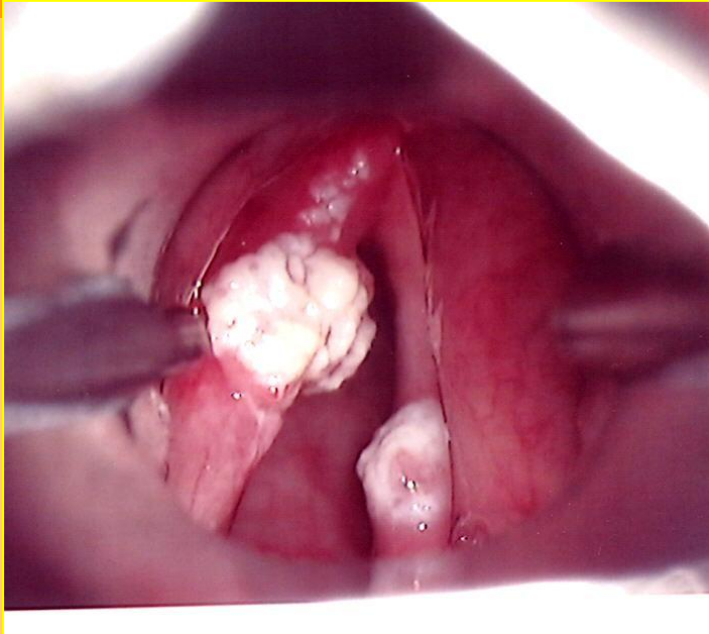
- Raucedine persistente (glottide, 60%)
- Dolore, disfagia, emottisi (tardive)
- Sovrainfezioni broncopolmonari
- Metastasi, cachessia

Anatomia Patologica

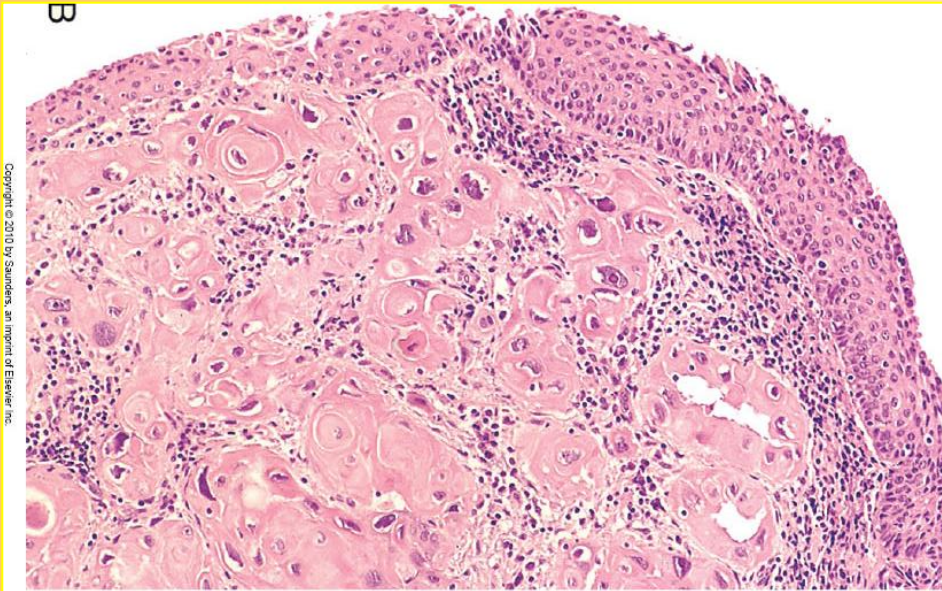
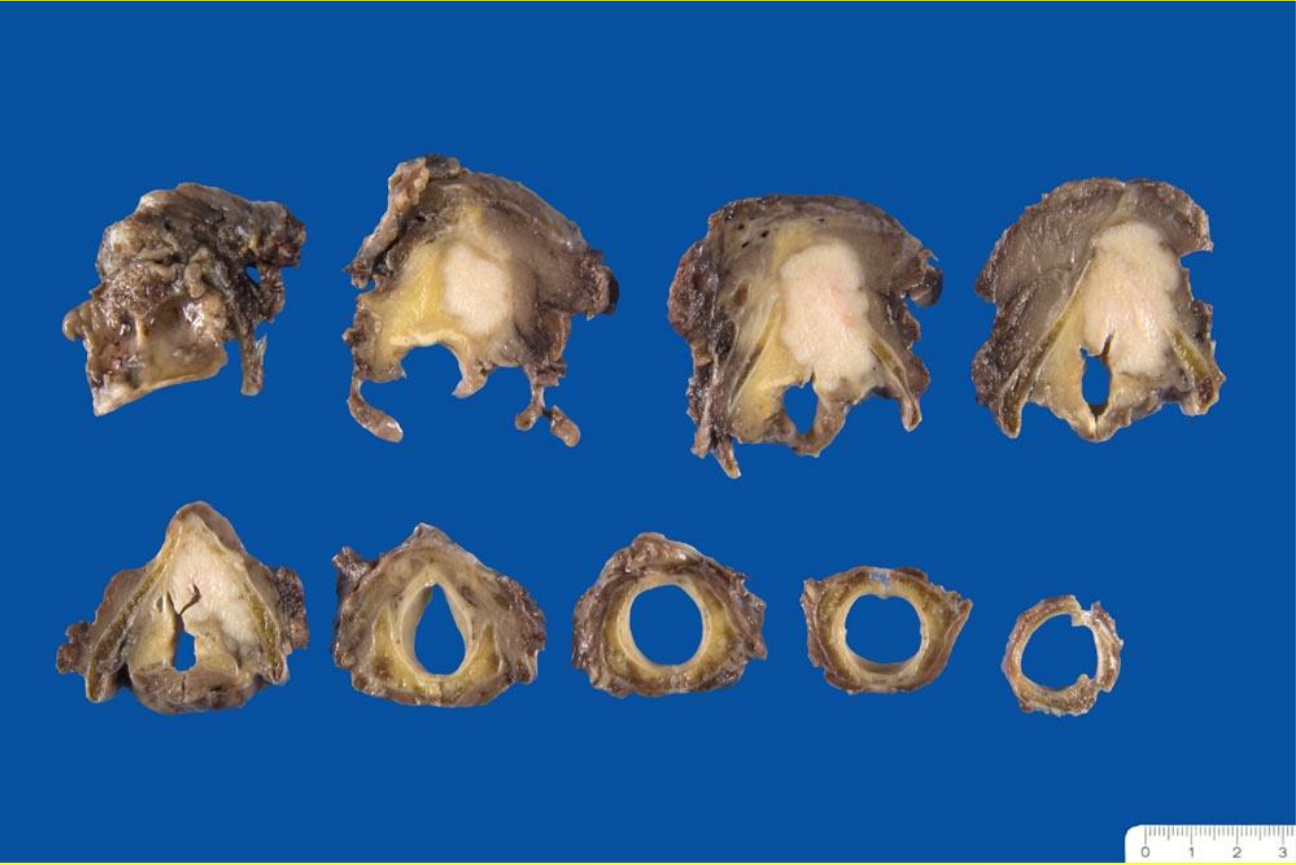
- Sequenza iperplasia/displasia/carcinoma
- 95% forme squamose
- Loc. sovraglottica, glottica, sottoglottica
- Prognosi variabile (differenziazione, sede)



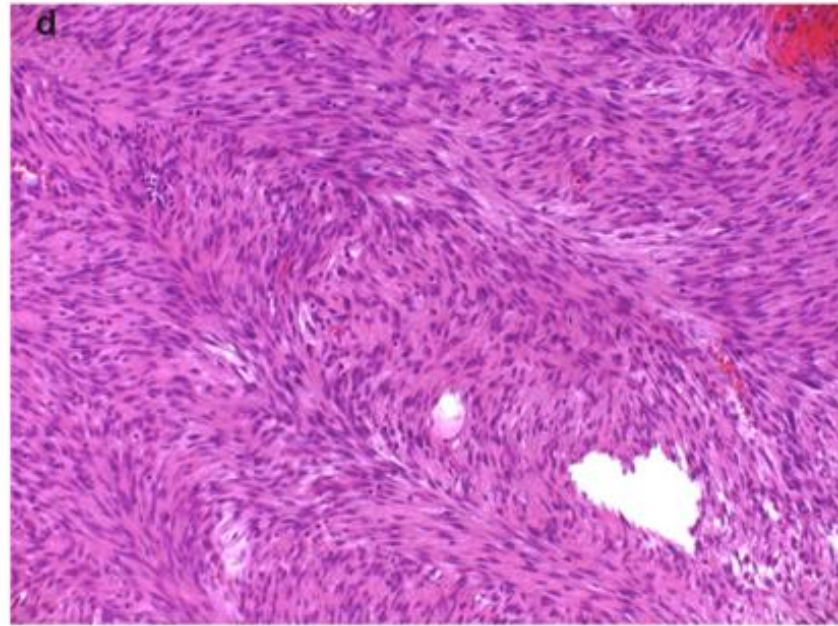
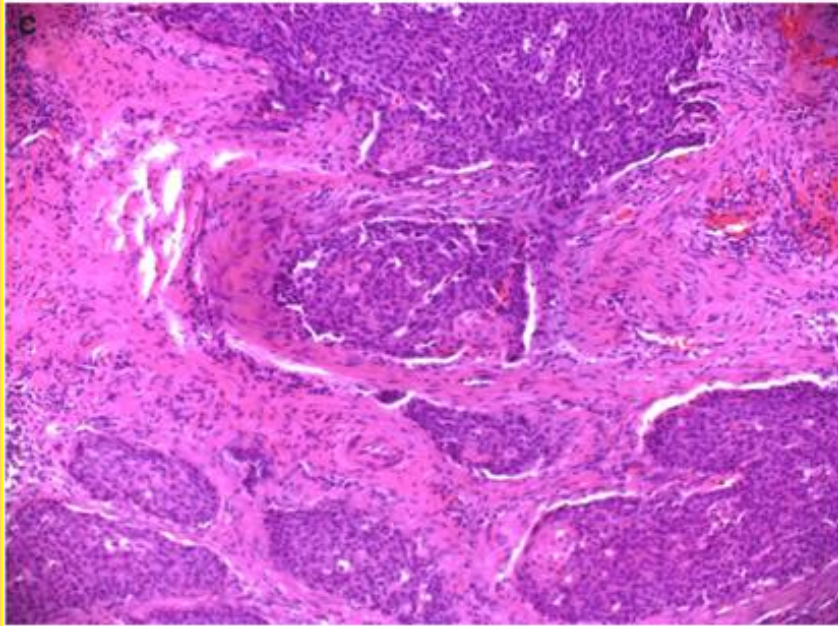
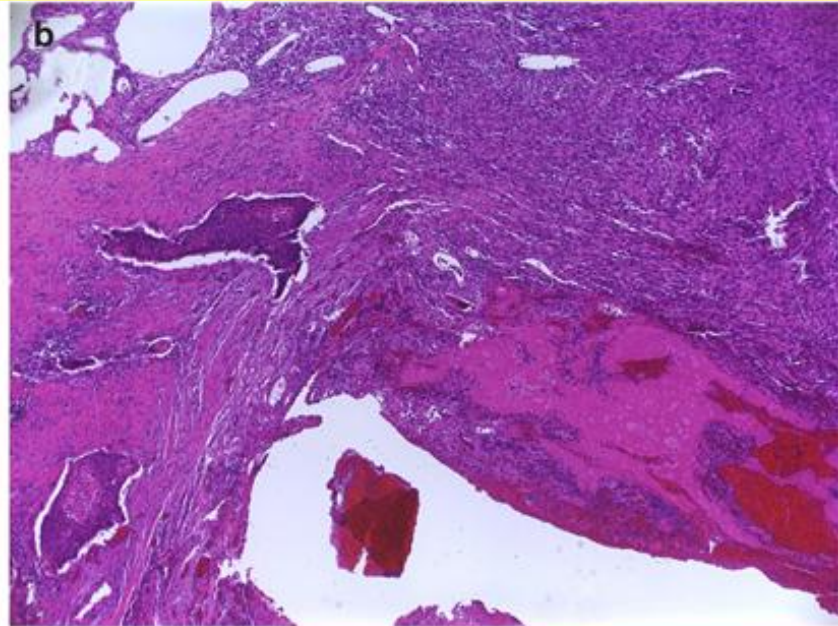
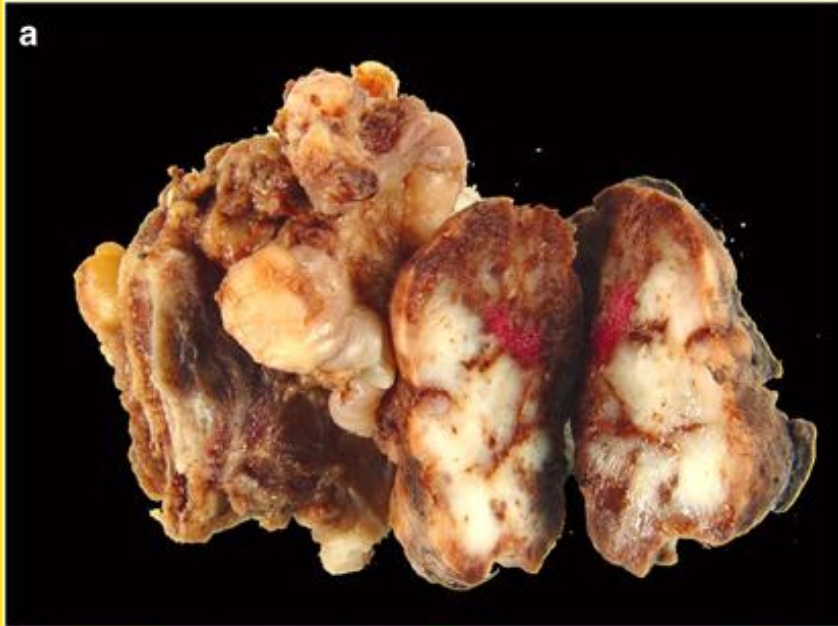
**Laringe
carcinoma**



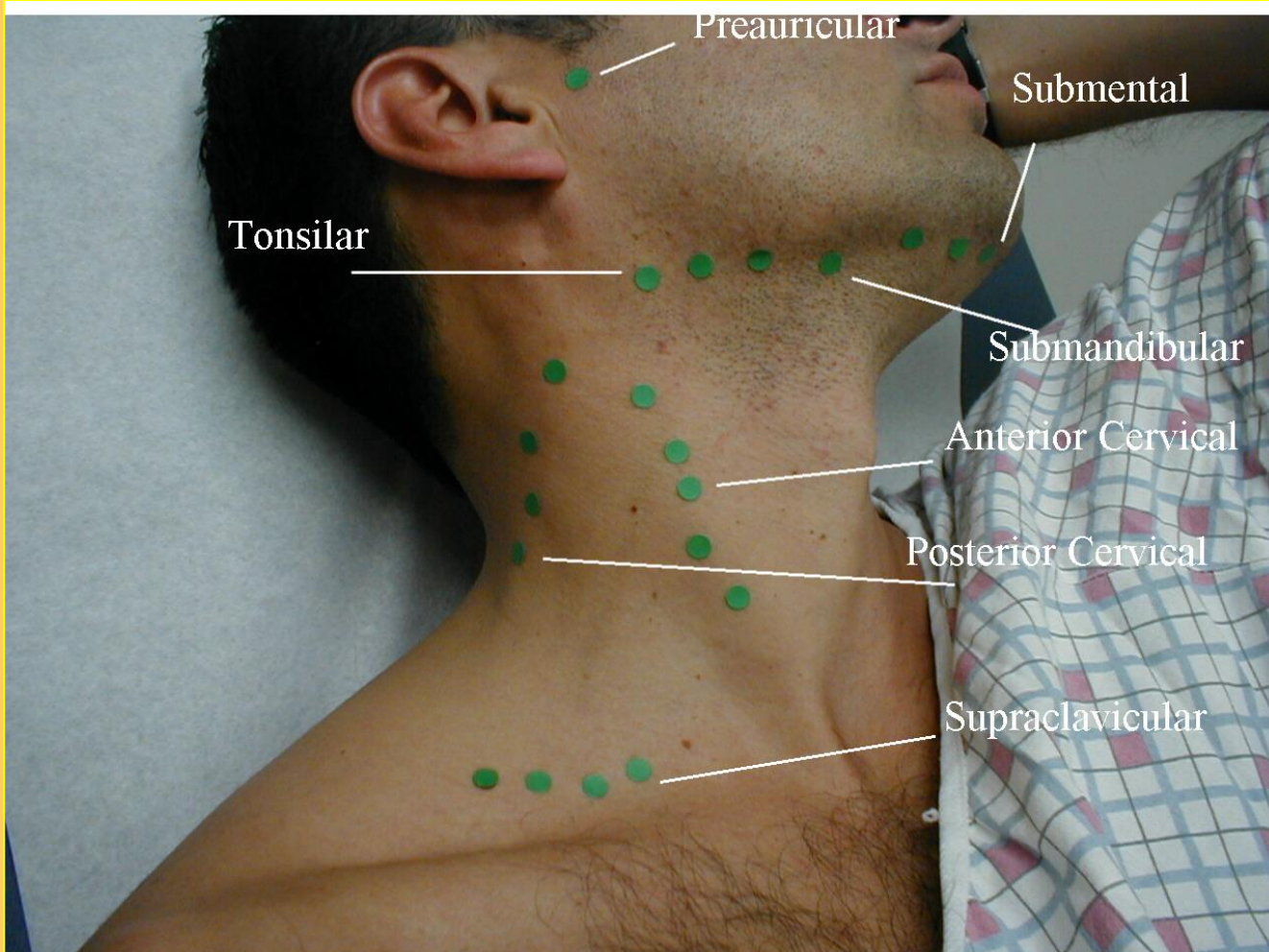
Larynge carcinoma



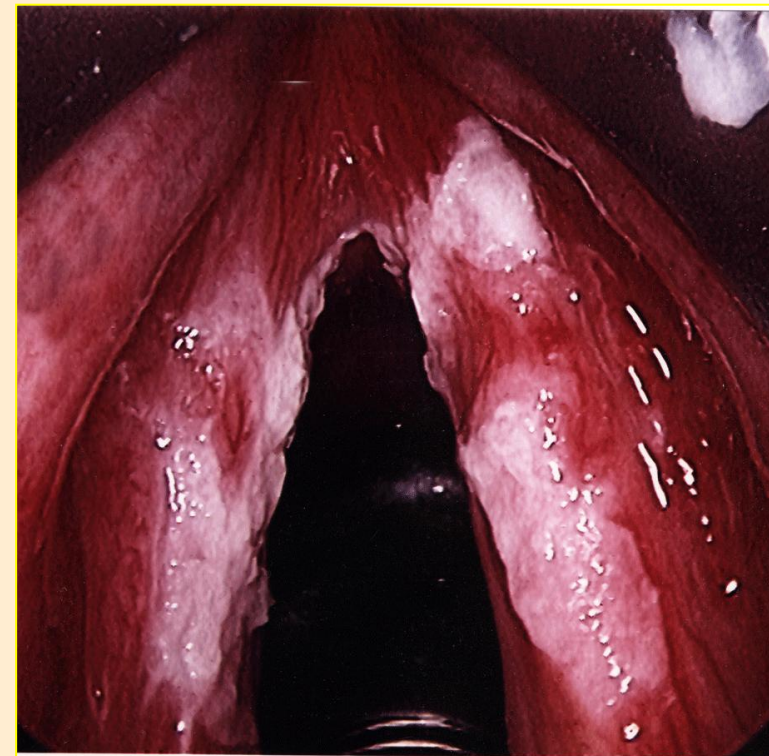
**Laringe
carcinoma**



Laringe carcinoma

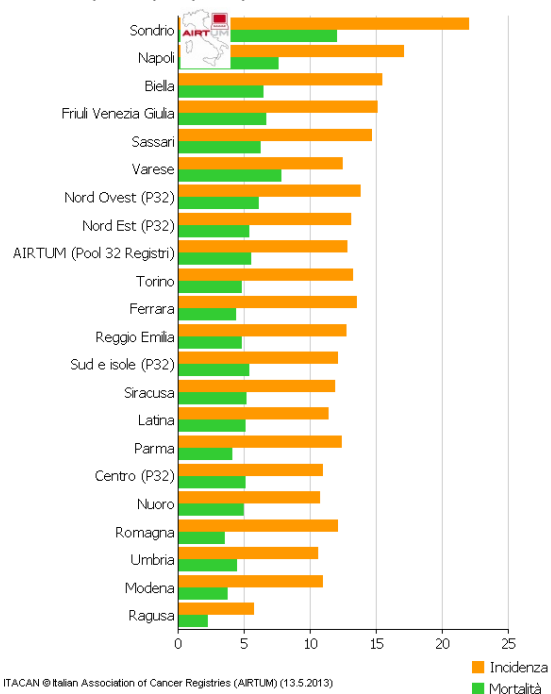


Anatomia Patologica
•Metastasi LGH laterocervicali omolaterali

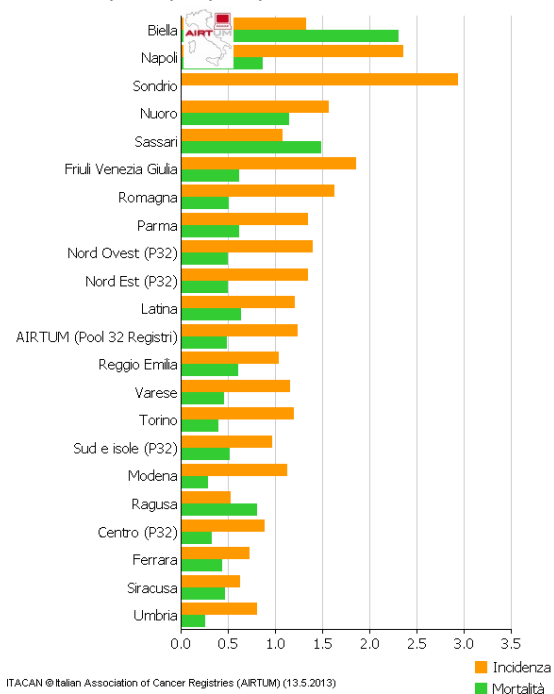


incidenza

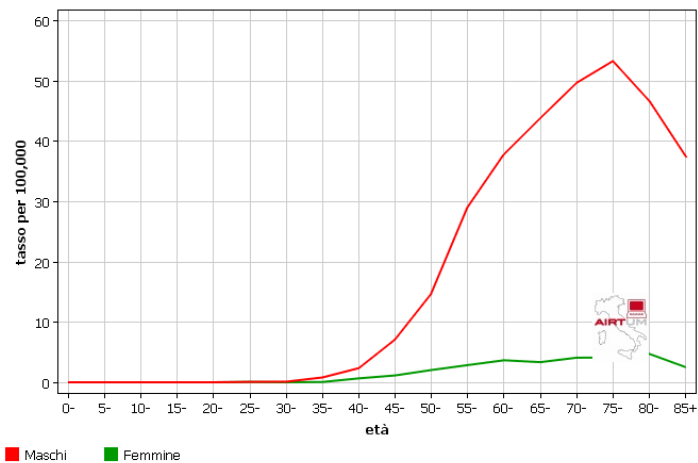
Laringe (2005-2007)
Maschi: TSE (Italiana) età (0-85+)



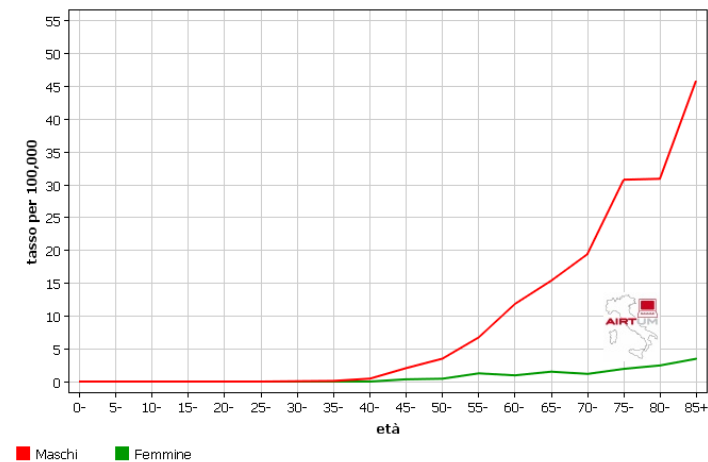
Laringe (2005-2007)
Femmine: TSE (Italiana) età (0-85+)



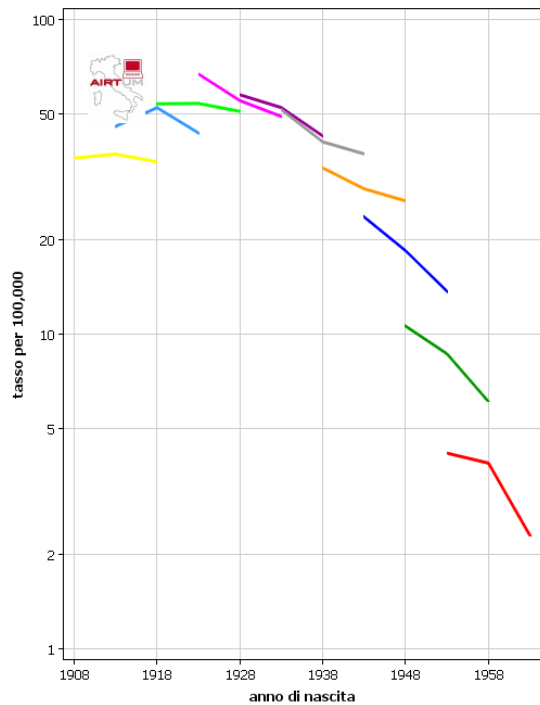
AIRTUM (Pool 32 Registri)-Incidenza (2005-2007)
Laringe



AIRTUM (Pool 32 Registri)-Mortalità (2005-2007)
Laringe



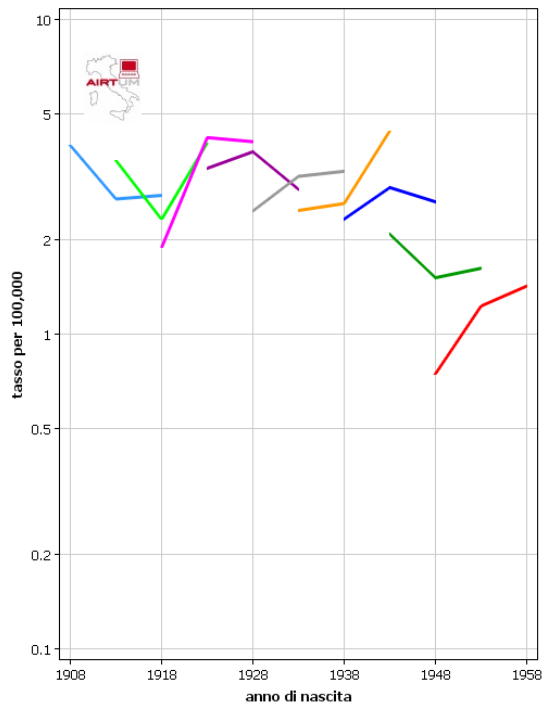
AIRTUM (Pool 9 Registri)-Incidenza
Laringe, Maschi



■ 40-44 ■ 45-49 ■ 50-54 ■ 55-59 ■ 60-64 ■ 65-69 ■ 70-74
■ 75-79 ■ 80-84 ■ 85+

ITACAN © Italian Association of Cancer Registries (AIRTUM) (13.5.2013)

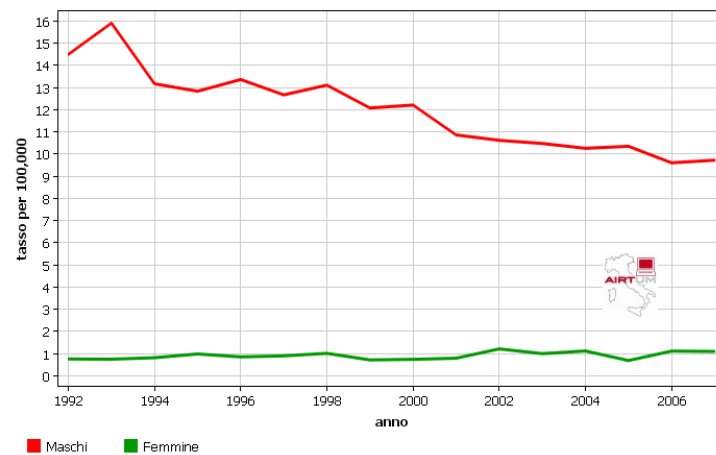
AIRTUM (Pool 9 Registri)-Incidenza
Laringe, Femmine



■ 45-49 ■ 50-54 ■ 55-59 ■ 60-64 ■ 65-69 ■ 70-74 ■ 75-79
■ 80-84 ■ 85+

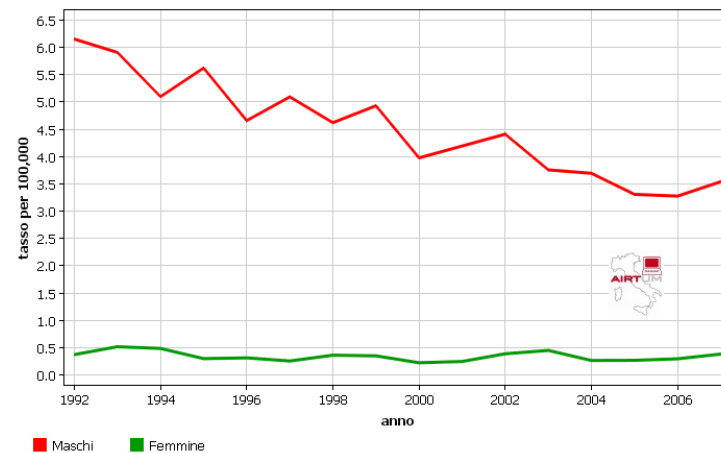
ITACAN © Italian Association of Cancer Registries (AIRTUM) (13.5.2013)

AIRTUM (Pool 9 Registri)
Laringe
Incidenza: TSE (Europea) età (0-85+)



ITACAN © Italian Association of Cancer Registries (AIRTUM) (13.5.2013)

AIRTUM (Pool 9 Registri)
Laringe
Mortalità: TSE (Europea) età (0-85+)



ITACAN © Italian Association of Cancer Registries (AIRTUM) (13.5.2013)

Laringe
carcinoma

incidenza

sopravvivenza

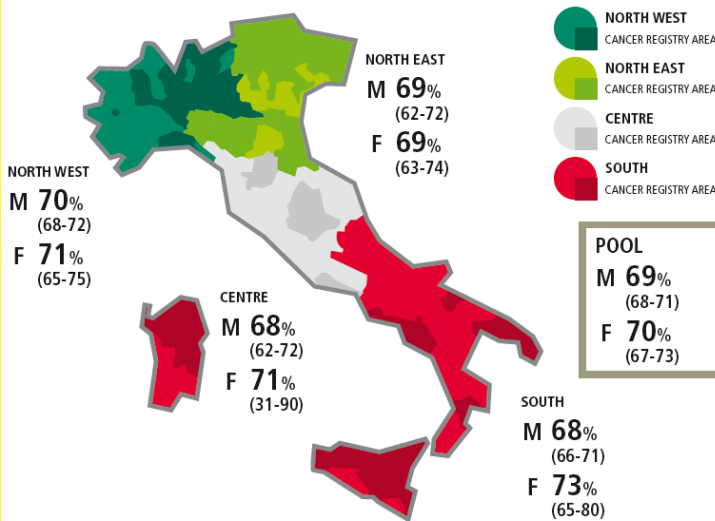
Laringe carcinoma

LARYNX CANCER

MALES & FEMALES

A 5-YEAR AGE-STANDARDIZED NET SURVIVAL (%) BY GEOGRAPHICAL AREA AND GENDER, 2005-2009

POOL OF 42 CANCER REGISTRIES (10412 OBSERVED CASES)

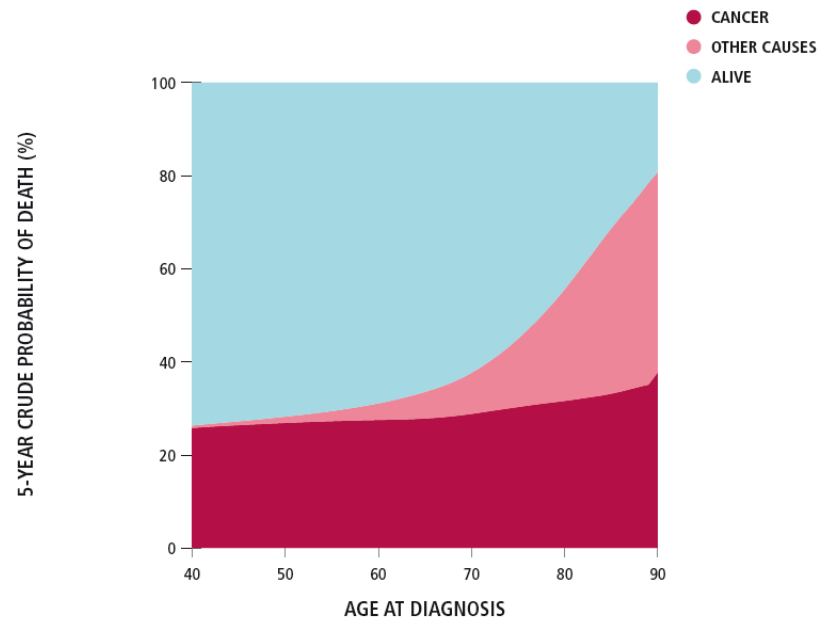


LARYNX CANCER

MALES & FEMALES

D CRUDE PROBABILITY OF DEATH (%), 2005-2009

POOL OF 42 CANCER REGISTRIES (10282 OBSERVED CASES)

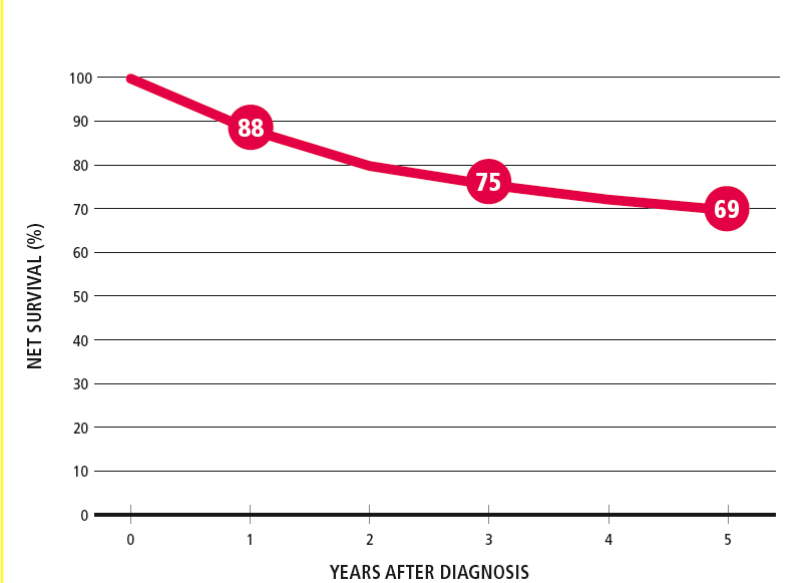


LARYNX CANCER

MALES & FEMALES

C AGE-STANDARDIZED NET SURVIVAL (%), 2005-2009

POOL OF 42 CANCER REGISTRIES (10412 OBSERVED CASES)



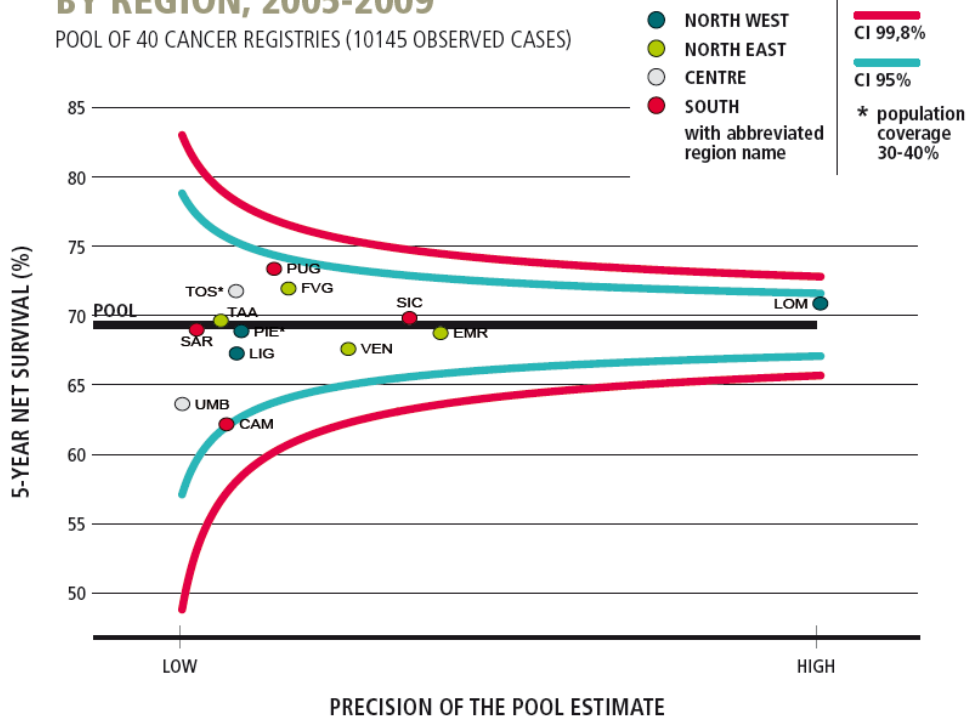
sopravvivenza

LARYNX CANCER

MALES & FEMALES

E 5-YEAR AGE-STANDARDIZED NET SURVIVAL (%) BY REGION, 2005-2009

POOL OF 40 CANCER REGISTRIES (10145 OBSERVED CASES)

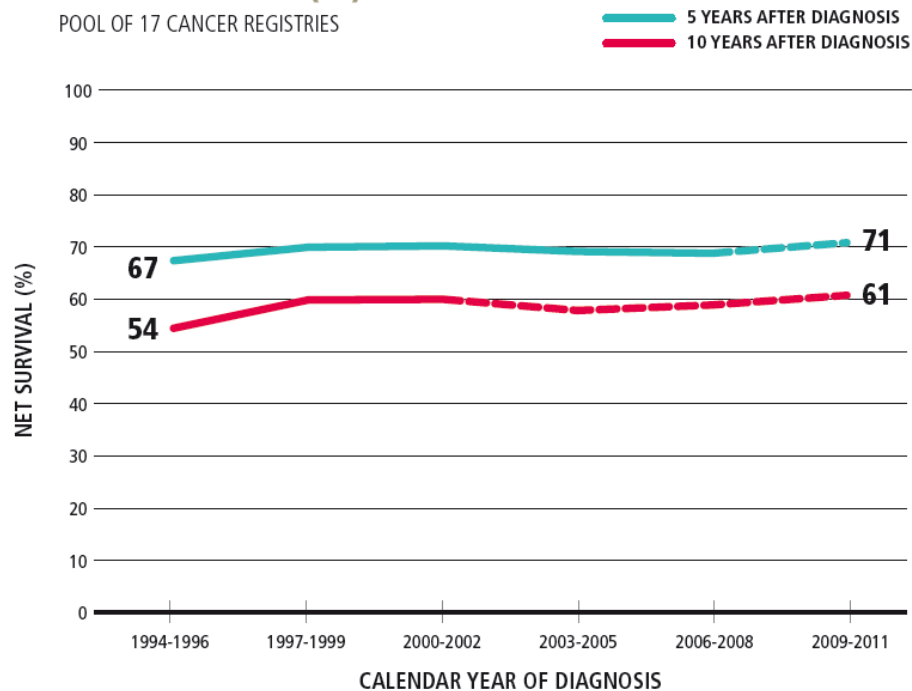


LARYNX CANCER

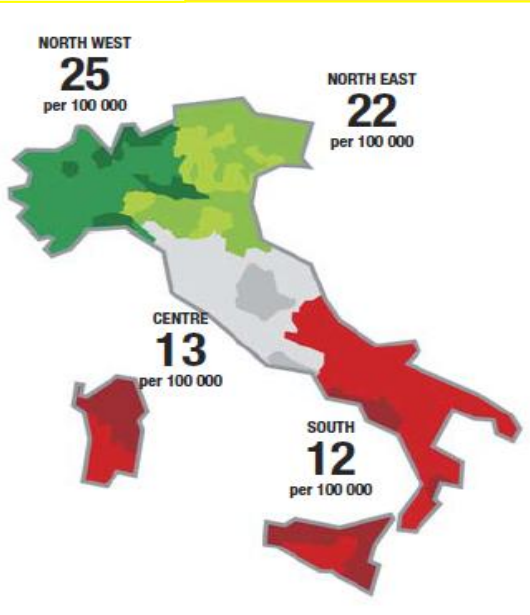
MALES & FEMALES

H TIME TREND OF 5-, 10-YEAR AGE-STANDARDIZED NET SURVIVAL (%)

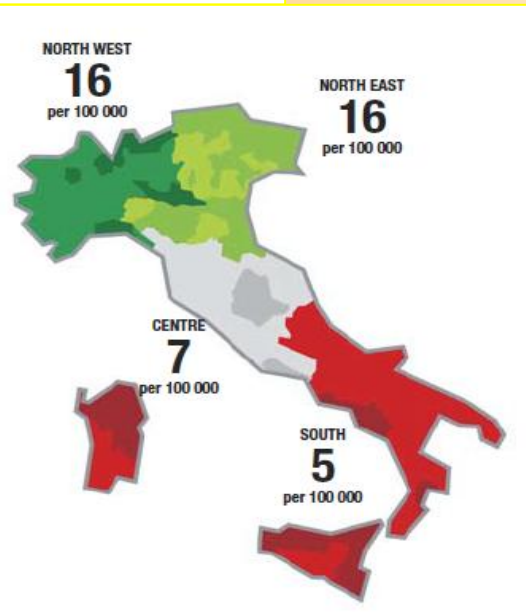
POOL OF 17 CANCER REGISTRIES



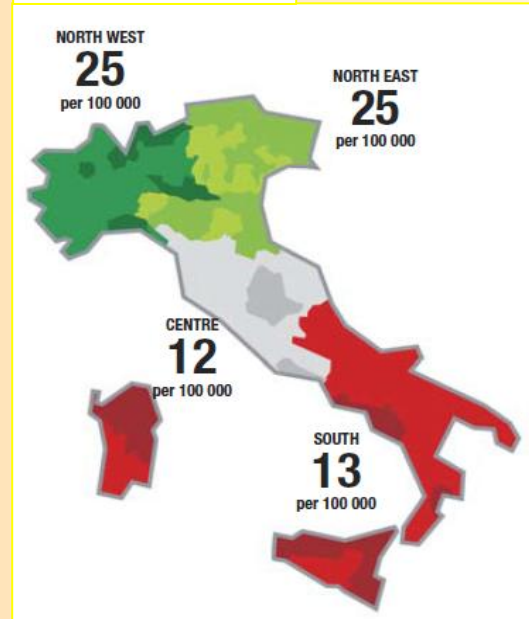
lingua



orofaringe



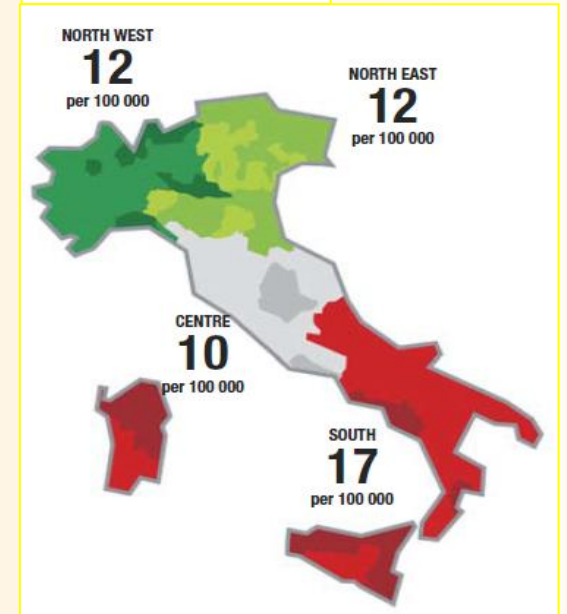
cavo orale



prevalenza

Laringe carcinoma

rinofaringe





Pool of Italian Cancer Registries - 1 January 2010

LARINGE
LARYNX
 (ICD-10 C32)

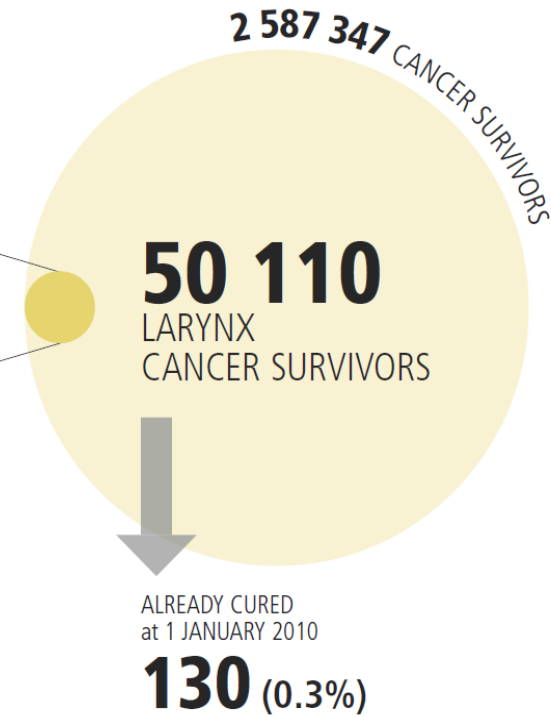
COMPLETE PREVALENCE BY YEARS SINCE DIAGNOSIS

YEARS →	≤ 2	(2 - 5]	(5 - 10]	(10 - 15]	(15 - 20]	> 20
No. →	7 140	8 193	11 742	8 299	5 600	9 136
% →	14%	16%	23%	17%	11%	18%
PROPORTION → PER 100 000	13	15	21	15	10	16



COMPLETE PREVALENCE BY SEX, MACRO-AREA, AND AGE
 (PROPORTION PER 100 000)

AGE CLASS →	0-44	45-59	60-74	75+	ALL AGES
MALE					
NORTH WEST	2	91	489	1 042	197





Continua...