Atlas de Patología IV Año Medicina Vol 4

Curso de Anatomía Patológica
Facultad de Medicina
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- **Patología Endocrina**
- **Patología Infecciosa**

Patología del Sistema Nervioso Central

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  - Aneurismas
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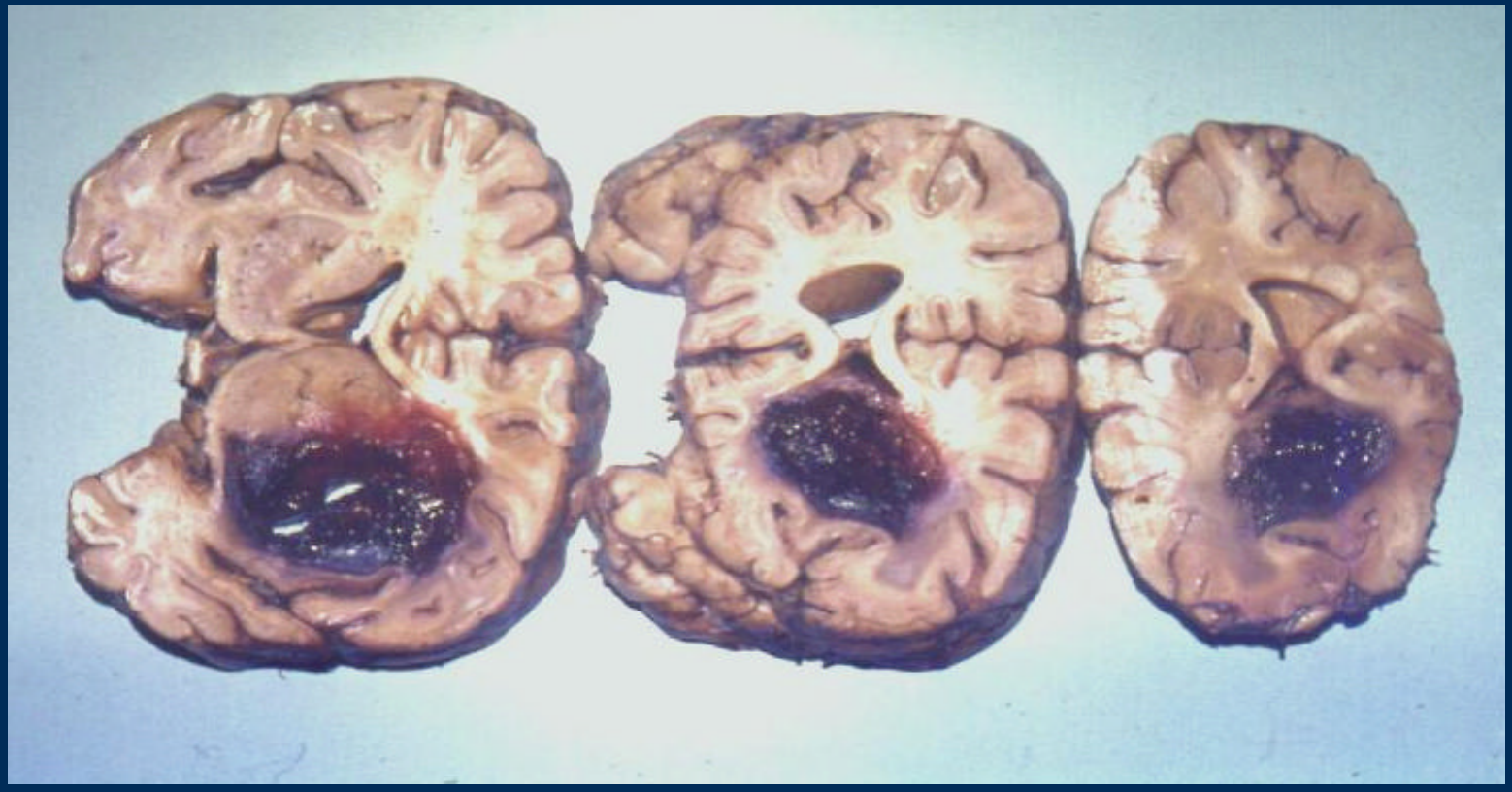
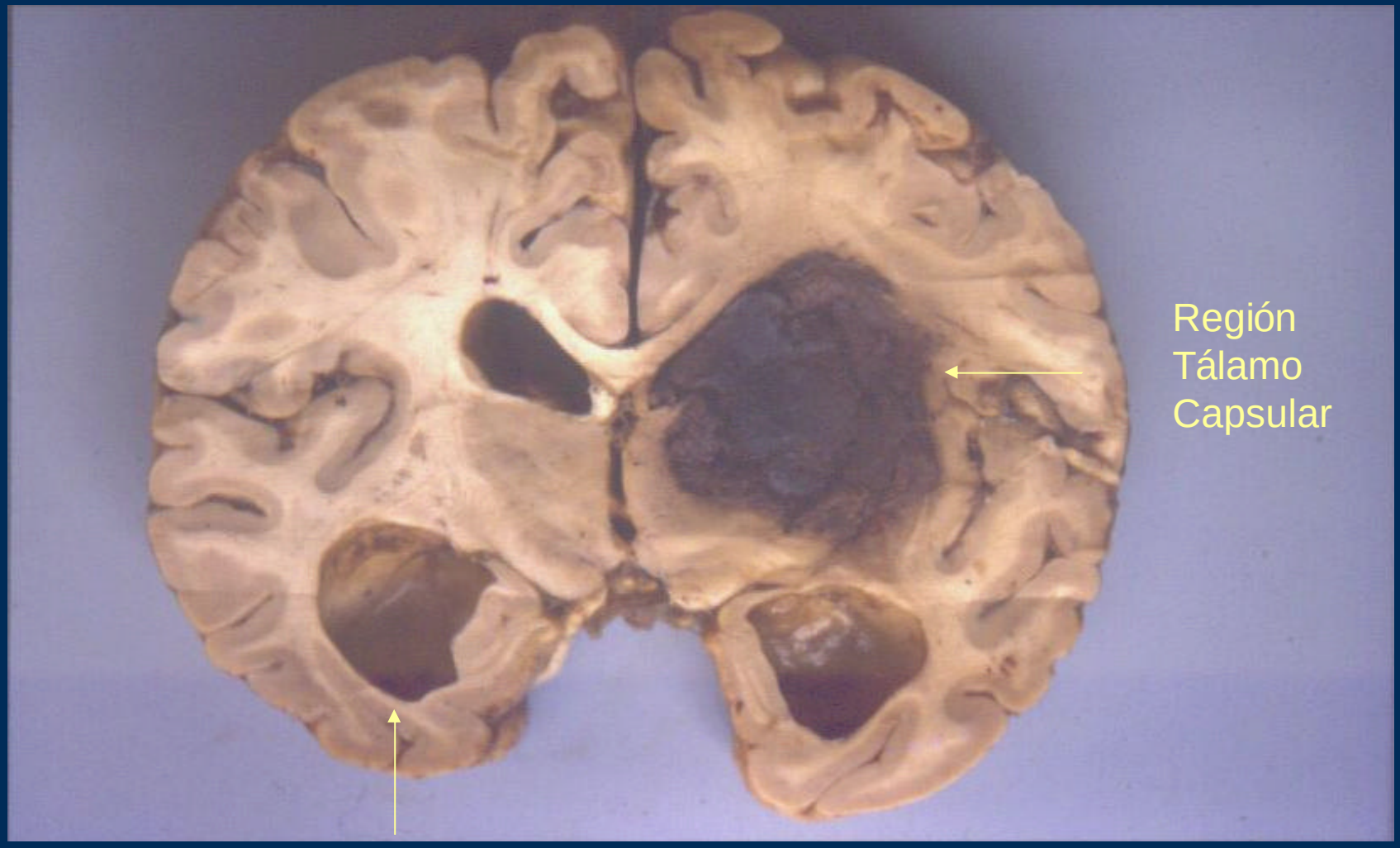
  - Glioma
  - Astrocitoma
  - Adenoma hipofisiario
- Inflamación
  - Meningitis
  - TBC
  - Cisticercosis

Patología Vascular

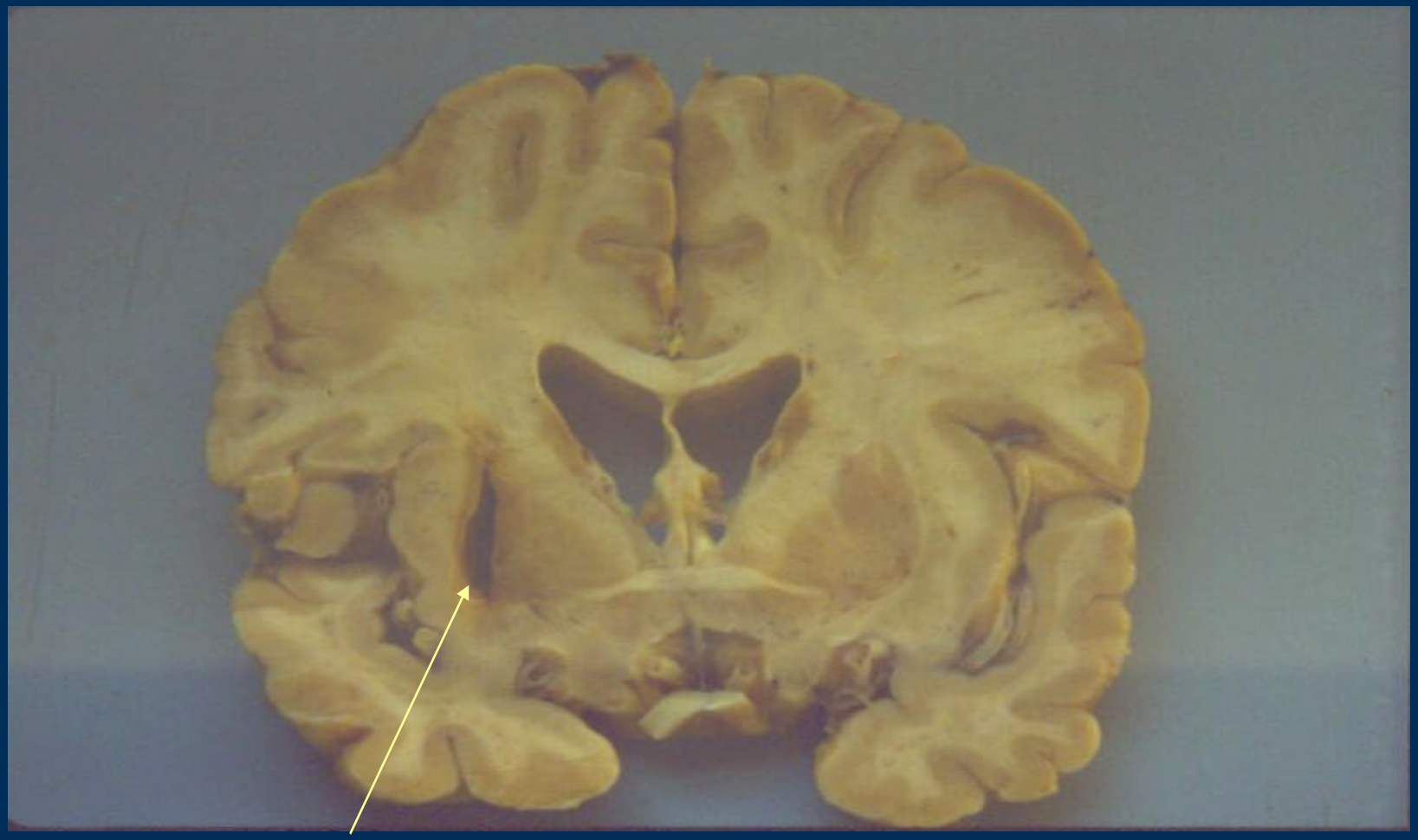
Hemorragia Cerebral Hipertensiva Reciente



Hematoma Hipertensivo



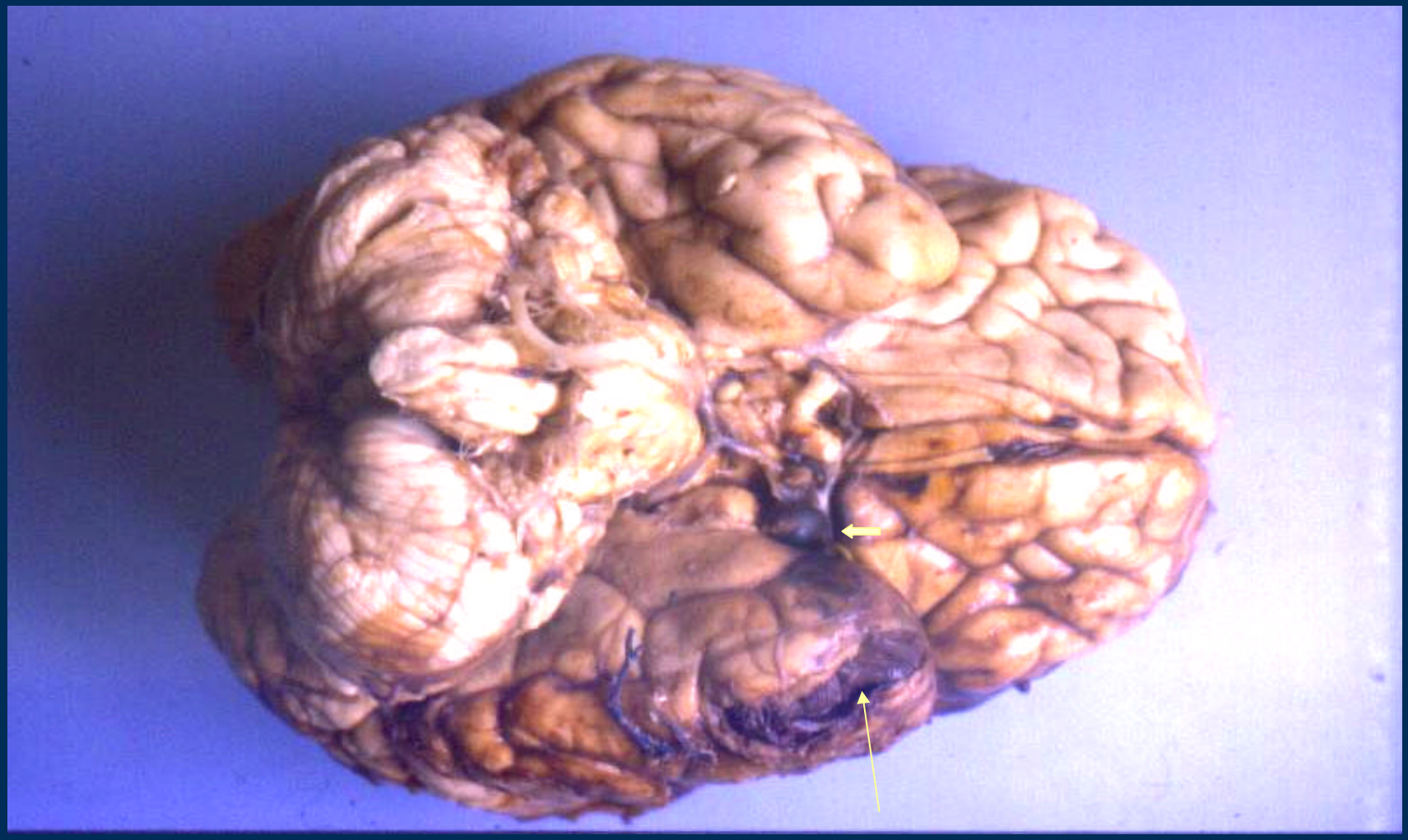
Hemorragia Hipertensiva Putaminal Antigua



Cavidad Quística Residual - Pared con depósito de hemosiderina

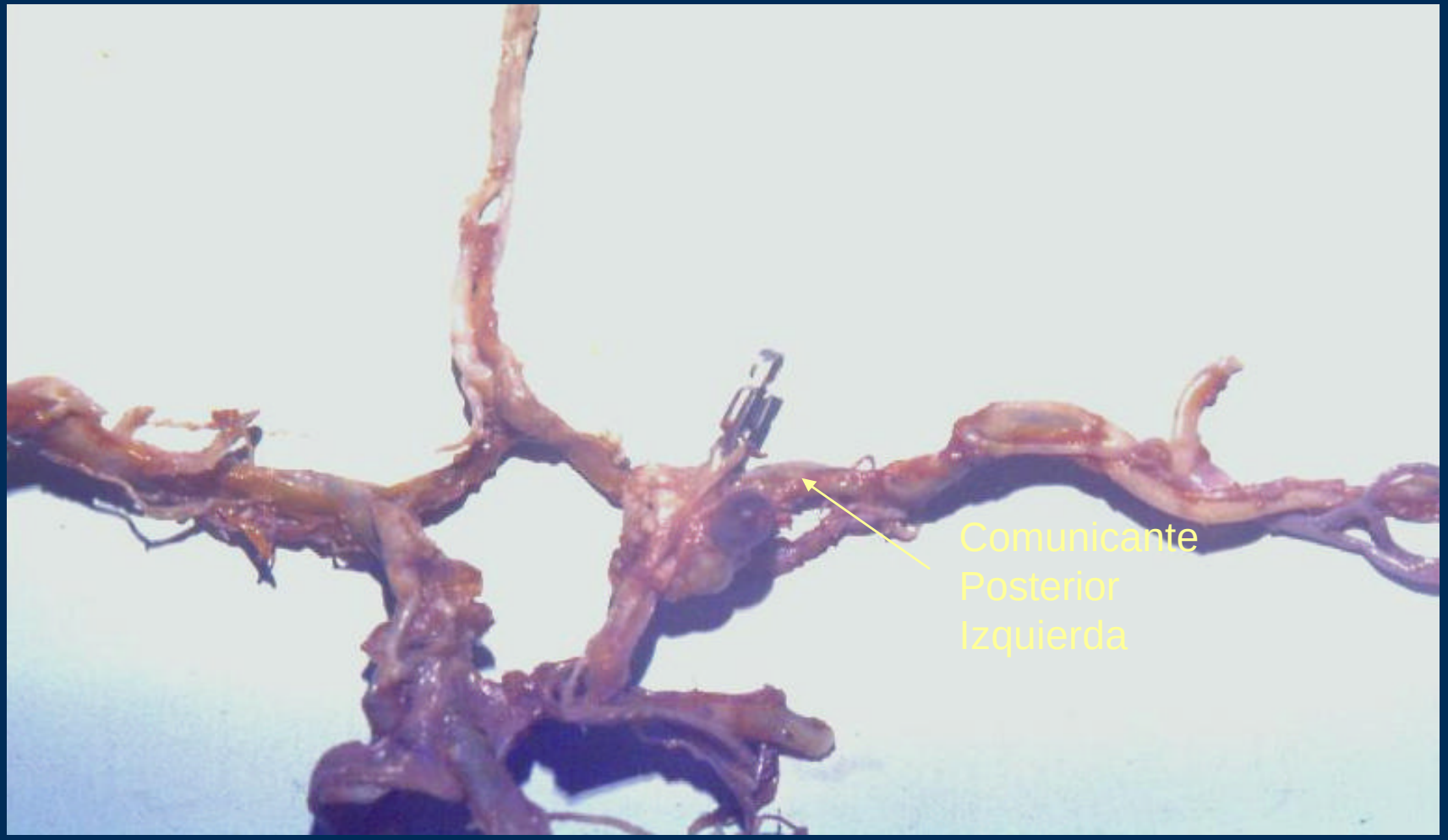
Aneurisma Sacciforme

Nacimiento Comunicante Posterior Izquierda

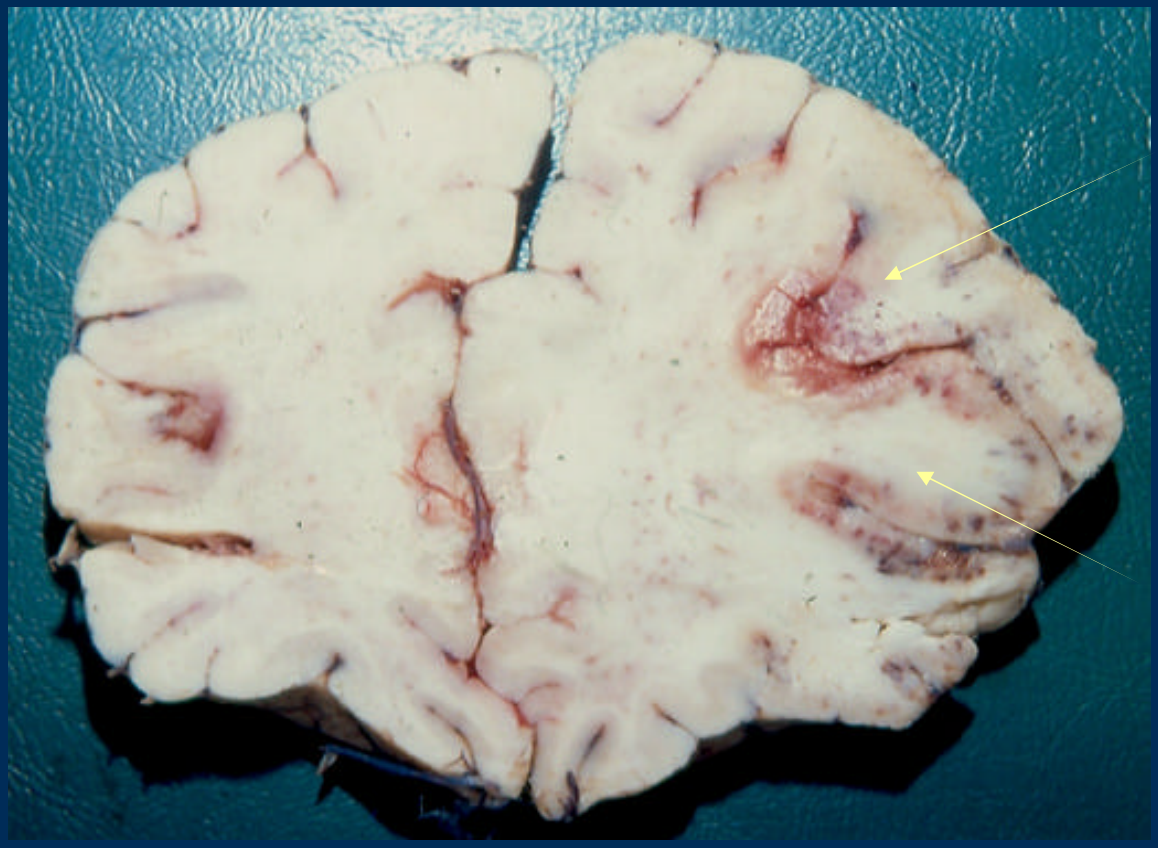


Hematoma Temporal Izquierdo Secundario

Polígono de Willis
Aneurisma Sacciforme



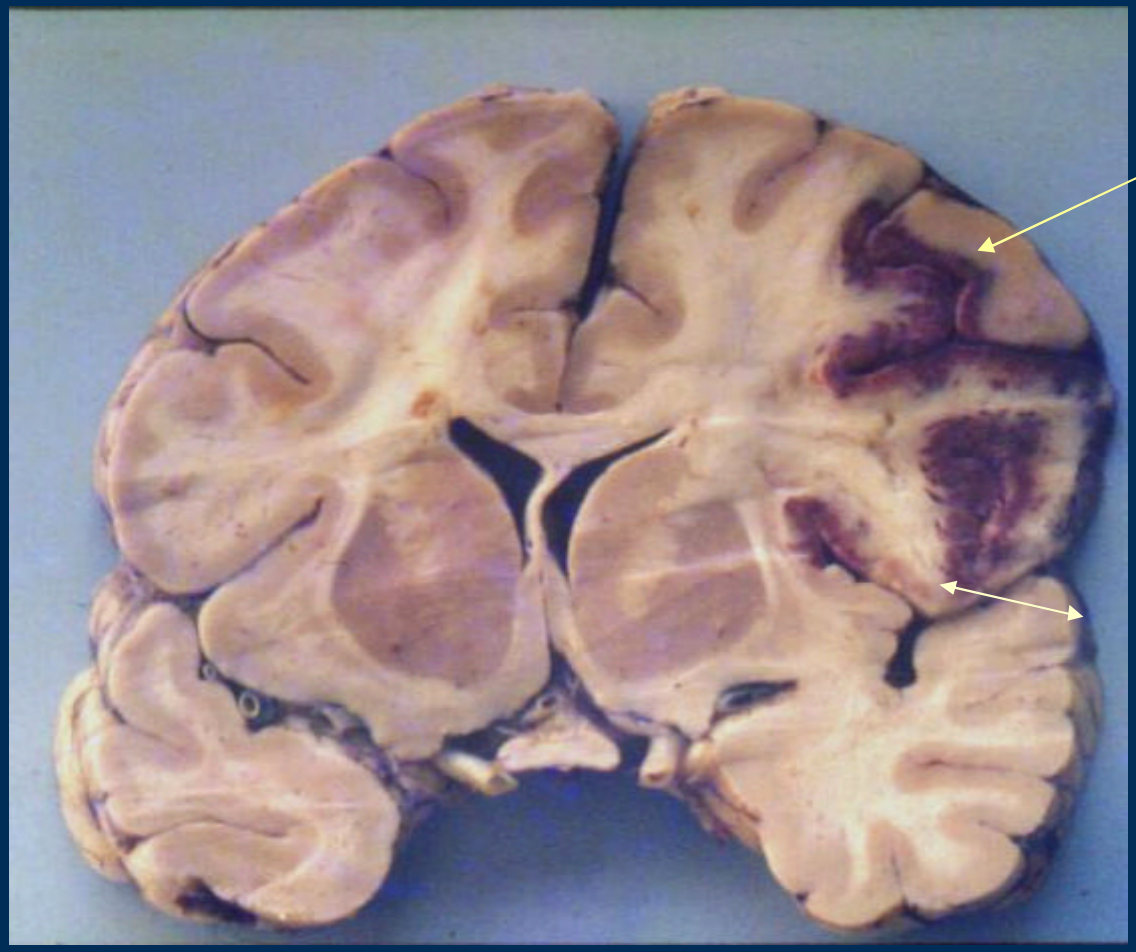
Infarto Reciente Territorio Cerebral Media



Congestión Vascular

Petequias Corticales

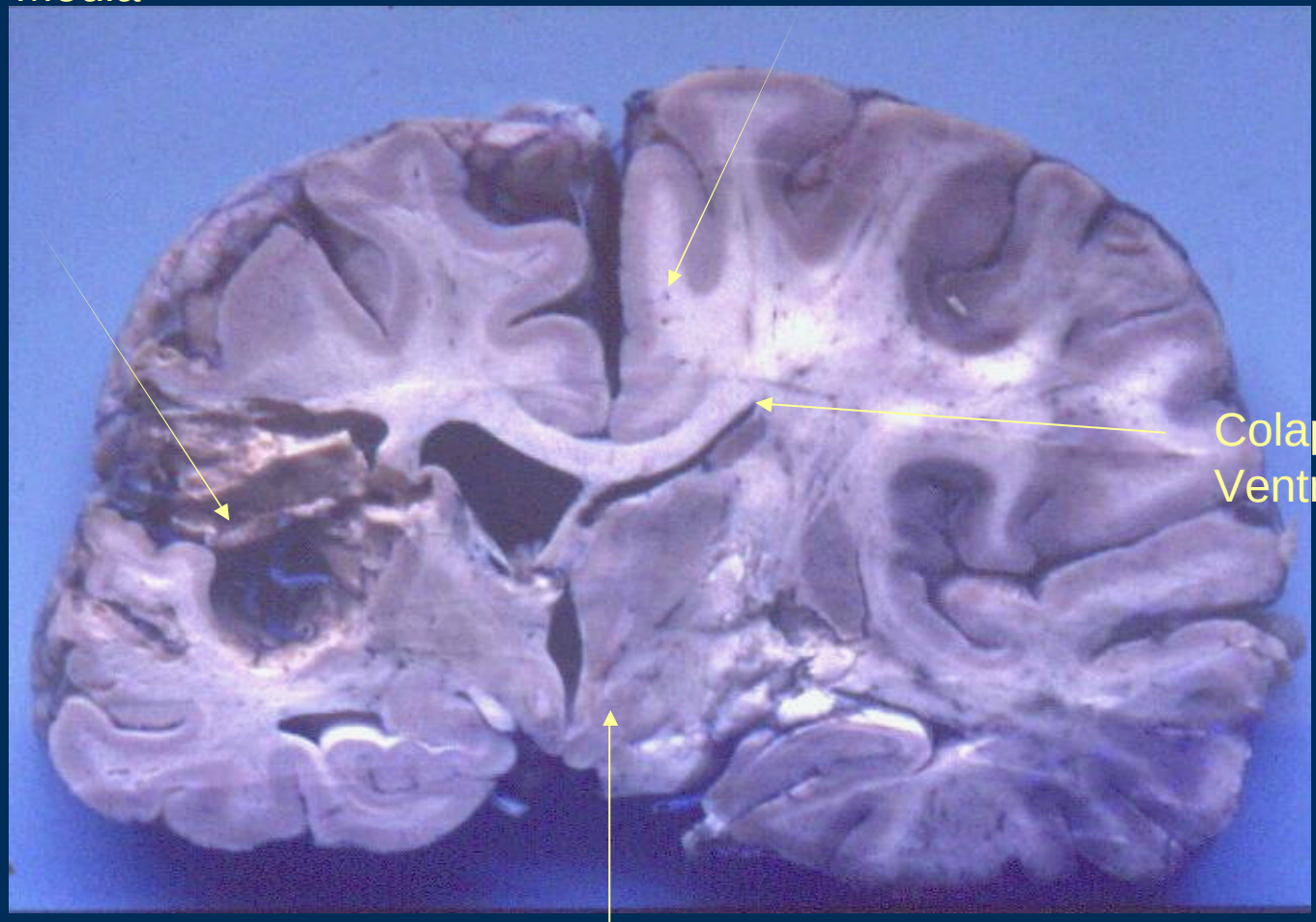
Infarto Embólico Reciente



Territorio Cerebral Media Superior Izquierda

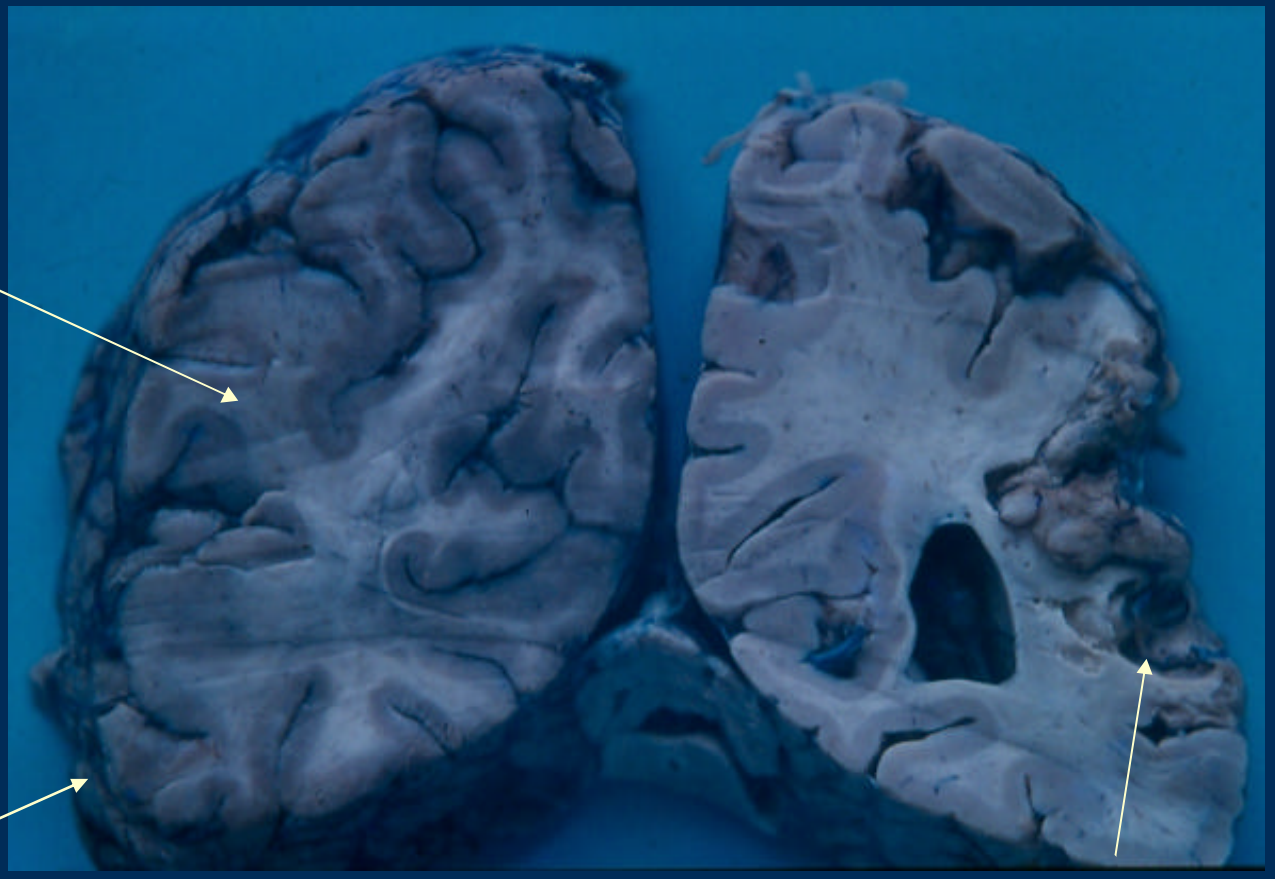
Obstrucción Embólica distal a la rama Temporal Anterior

Infarto Masivo Reciente (Fig.1)



Infarto Masivo Reciente (Fig. 2)

Encefalomalacia de los tres territorios



Congestión vascular cortical

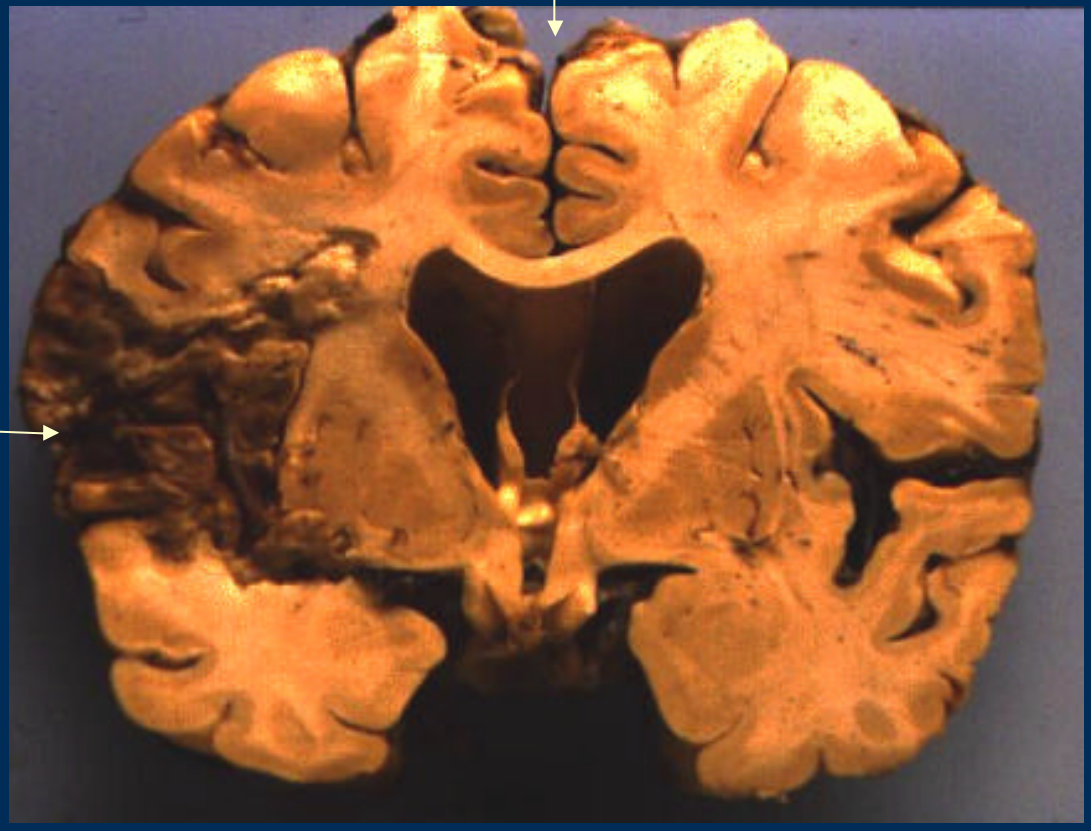
Borramiento del límite cortico subcortical

Infarto Antiguo Territorio Cerebral Media

Infarto por oclusión de la Arteria Cerebral Media

Sin desviación de línea media

Etapa de Licuefacción

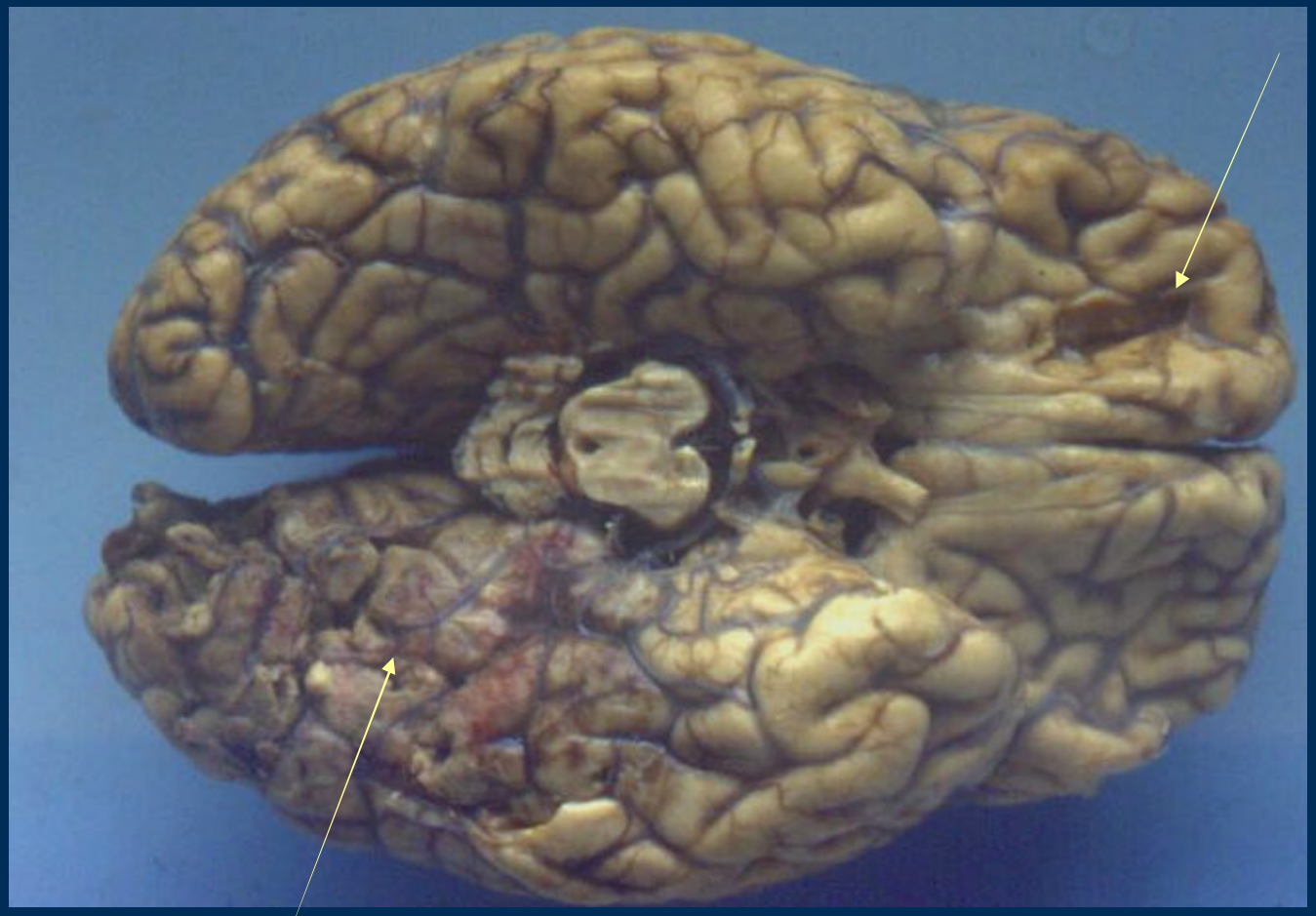


Cicatriz Infarto

Oclusión de Arteria Post Rolándica
(Rama Parietal Anterior de la Arteria Cerebral Media)

Infarto Reciente

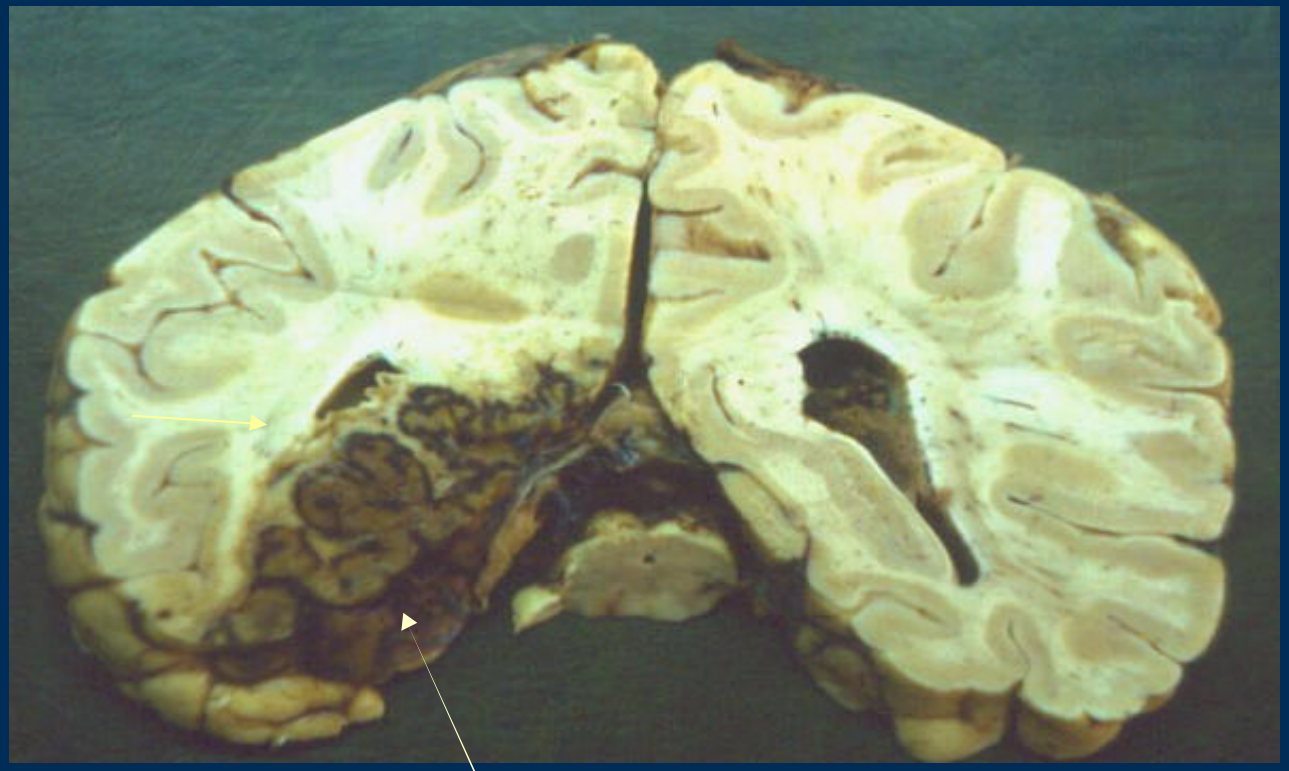
Contusión Fronto orbitaria antigua



Territorio Cerebral Posterior Izquierda

Infarto Embólico en Fase de Licuefacción

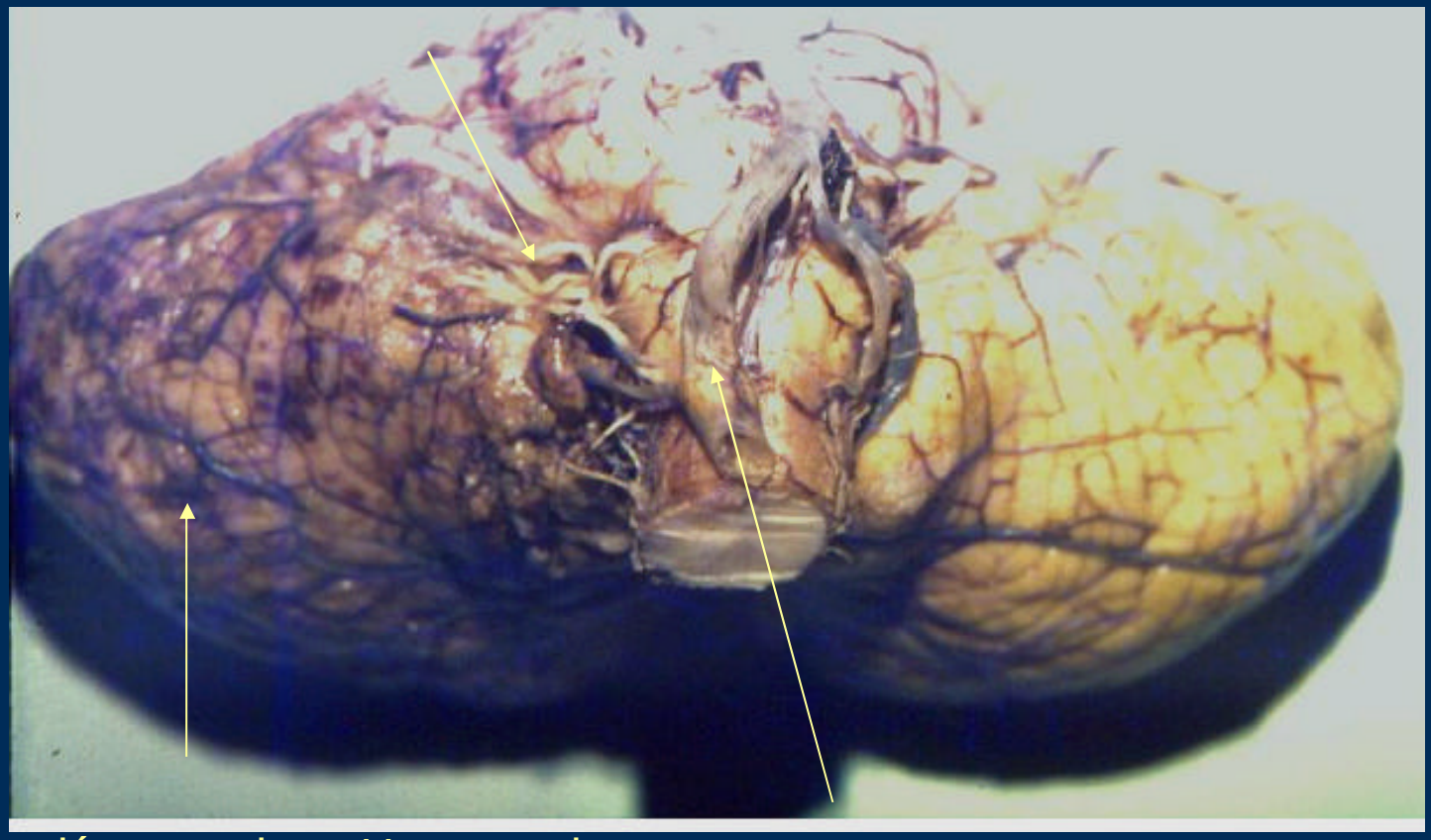
Hemorragias Corticales en reabsorción



Territorio Cerebral Posterior Derecha

Infarto Reciente Ateroesclerótico

Arteria Cerebelosa Antero Inferior Izquierda

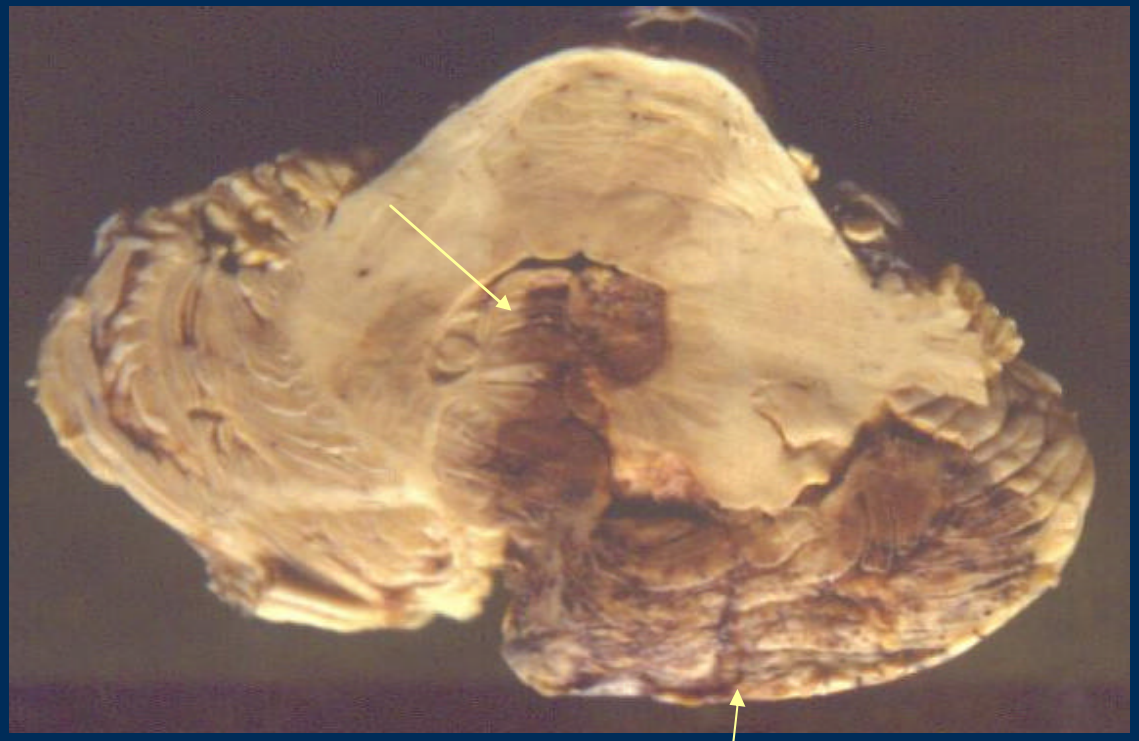


Congestión vascular y Hemorragias petequiales Corticomeníngeas

Placa de Ateroma Arteria Vertebral Izquierda

Infarto Cerebeloso Reciente

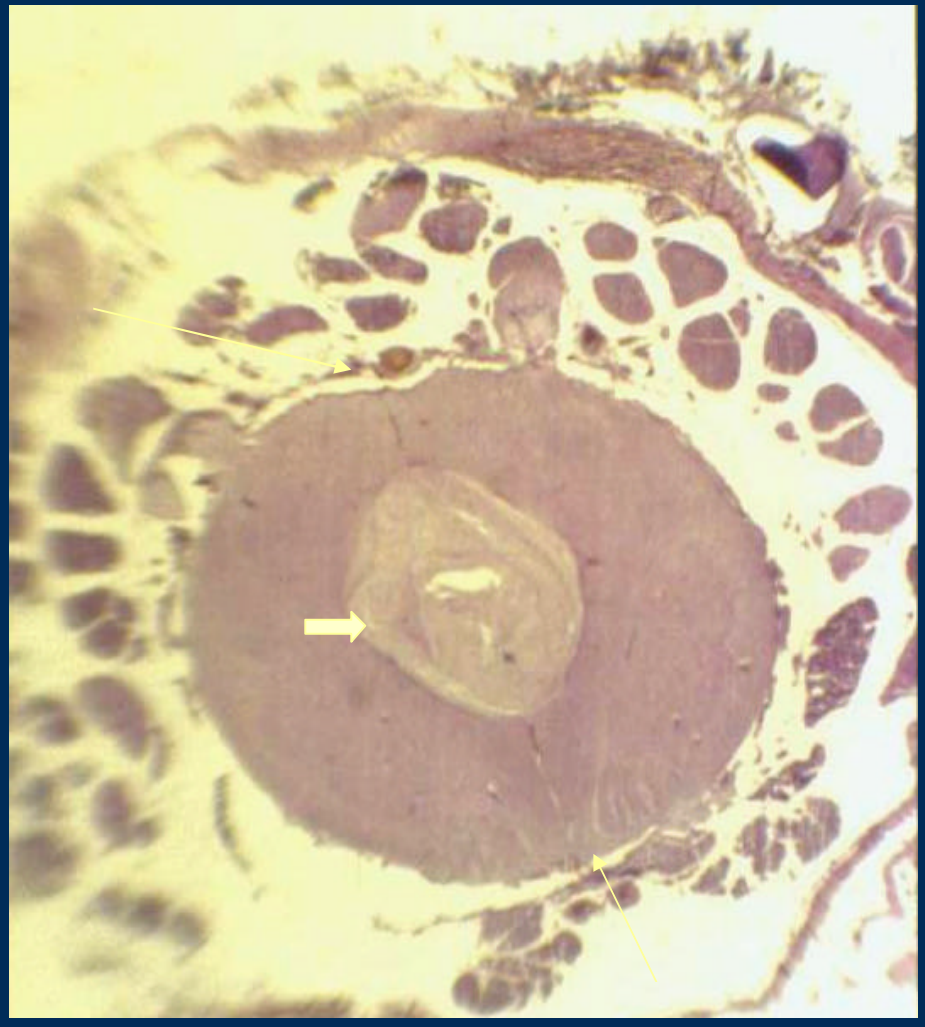
Territorio Cerebelosa Anterosuperior



Congestión Vascular y Petequias Corticomeníngeas

Infarto Médula Dorsal
“En Punta de Lápiz”

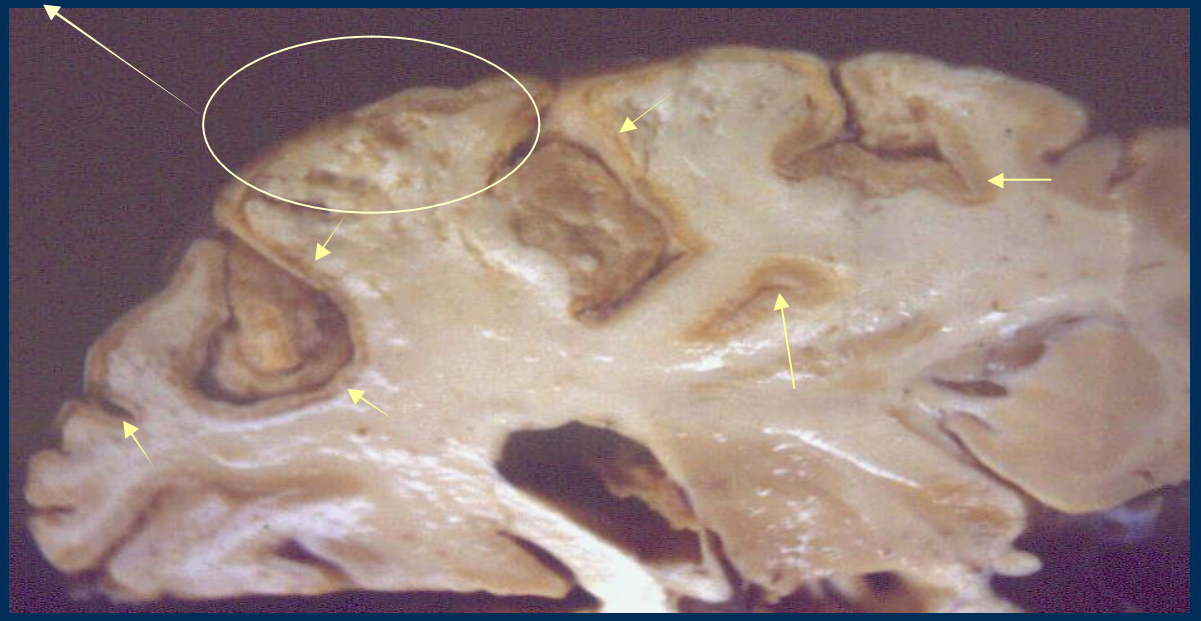
Surco Mediano Anterior



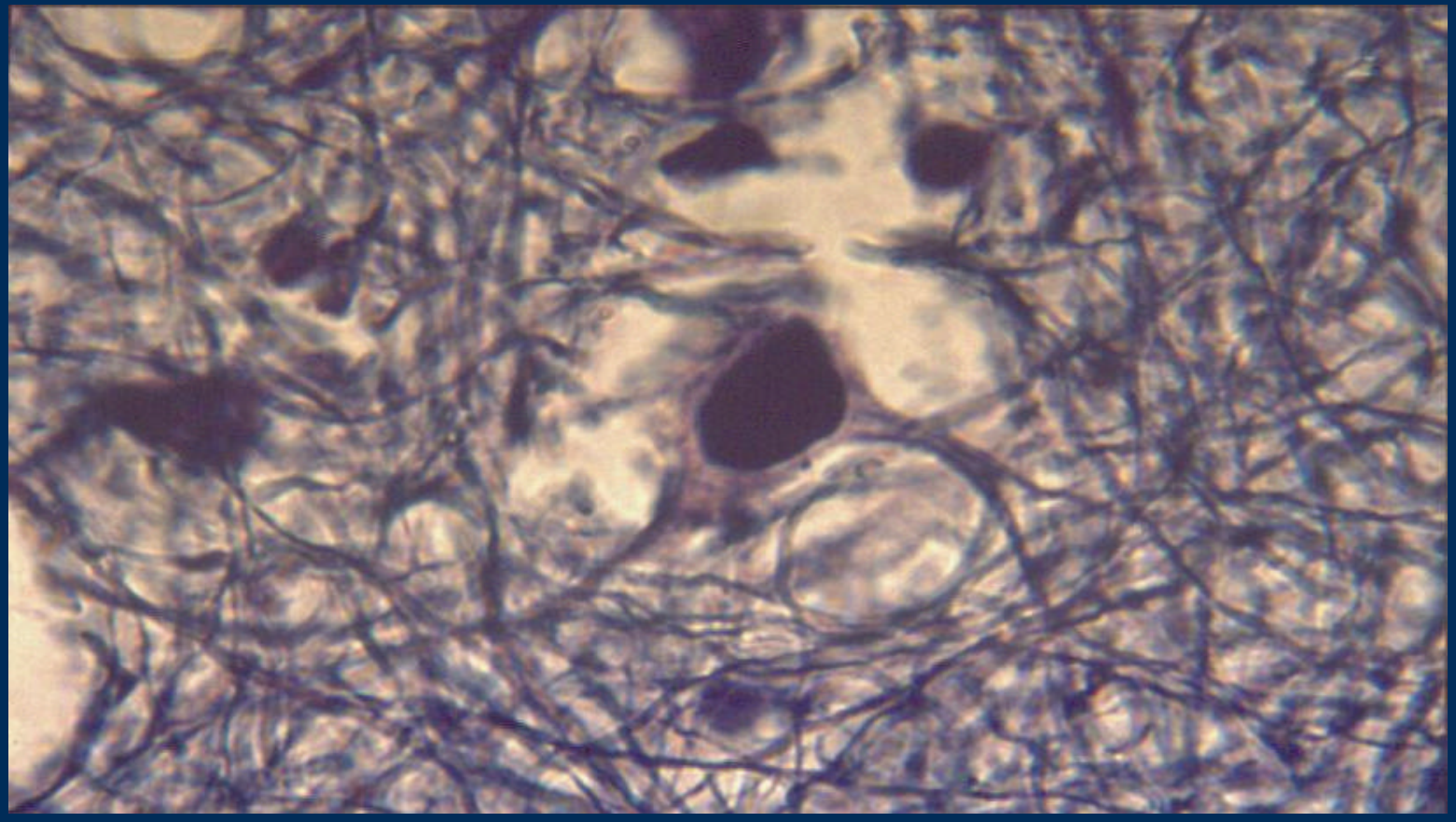
Surco Mediano Posterior

Necrosis Laminar Cortical Masiva (Encefalopatía Hipóxico Isquémica)

Infarto distal en Territorio parietal anterior

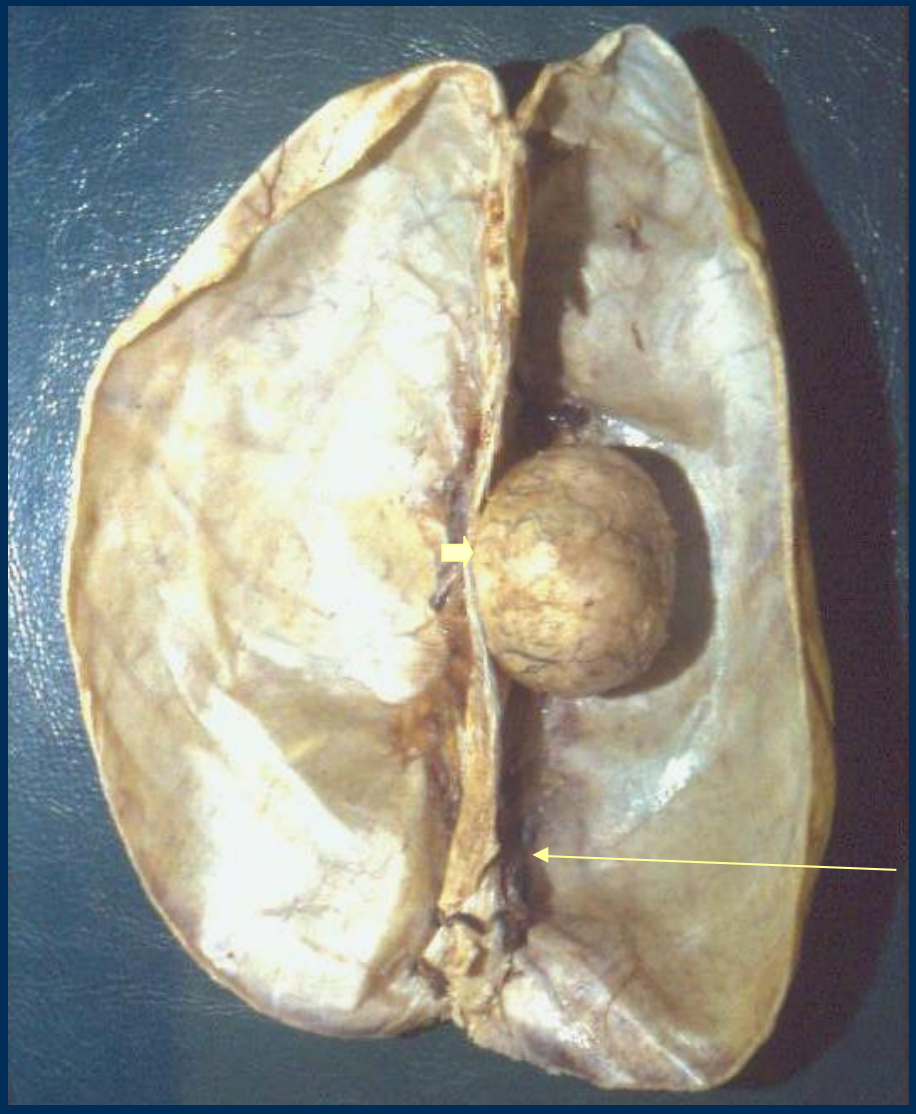


Patología Tumoral



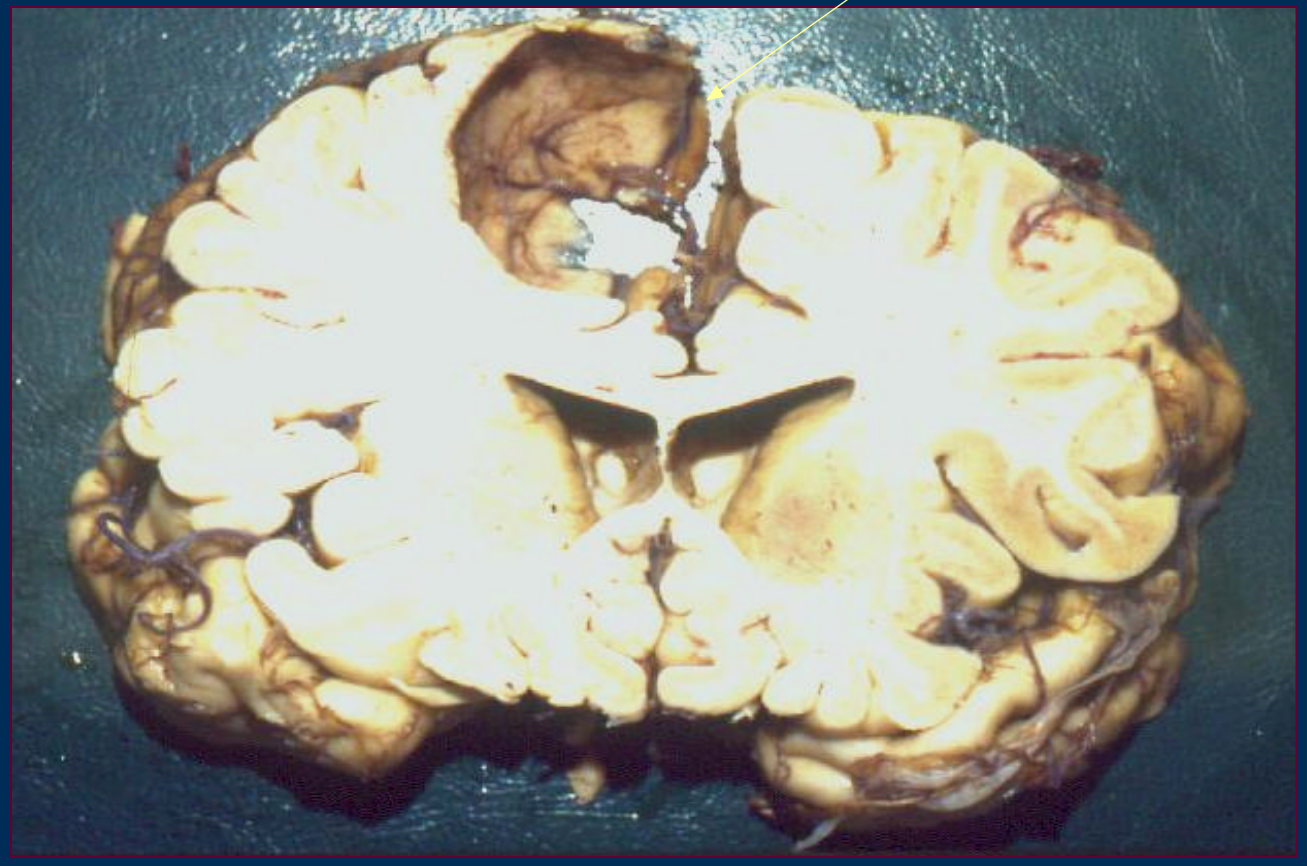
Neurofibrillas

Meningioma (Fig. 1)



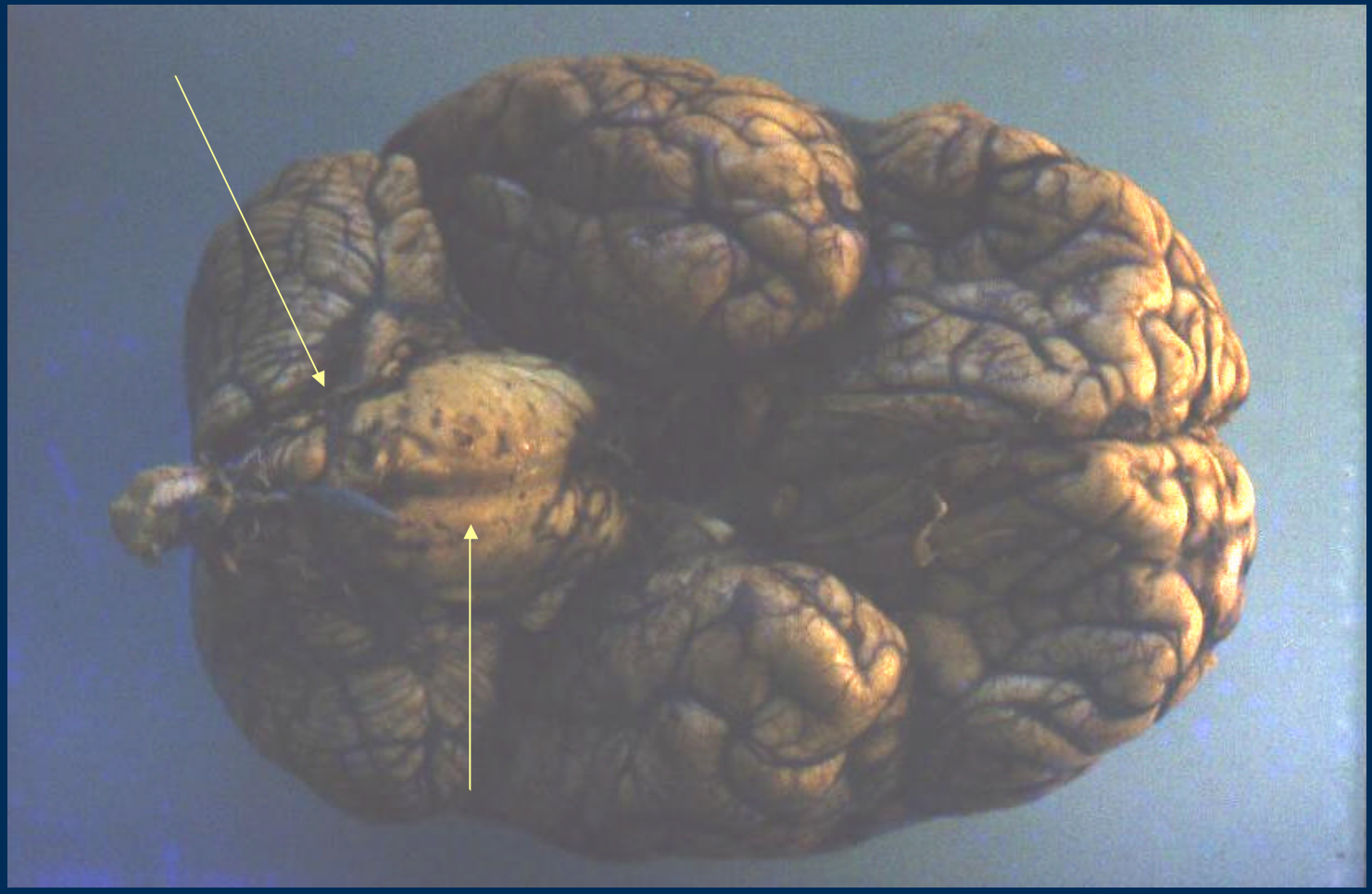
Meningioma (Fig. 2)

Compresión del Parénquima Cerebral por el tumor



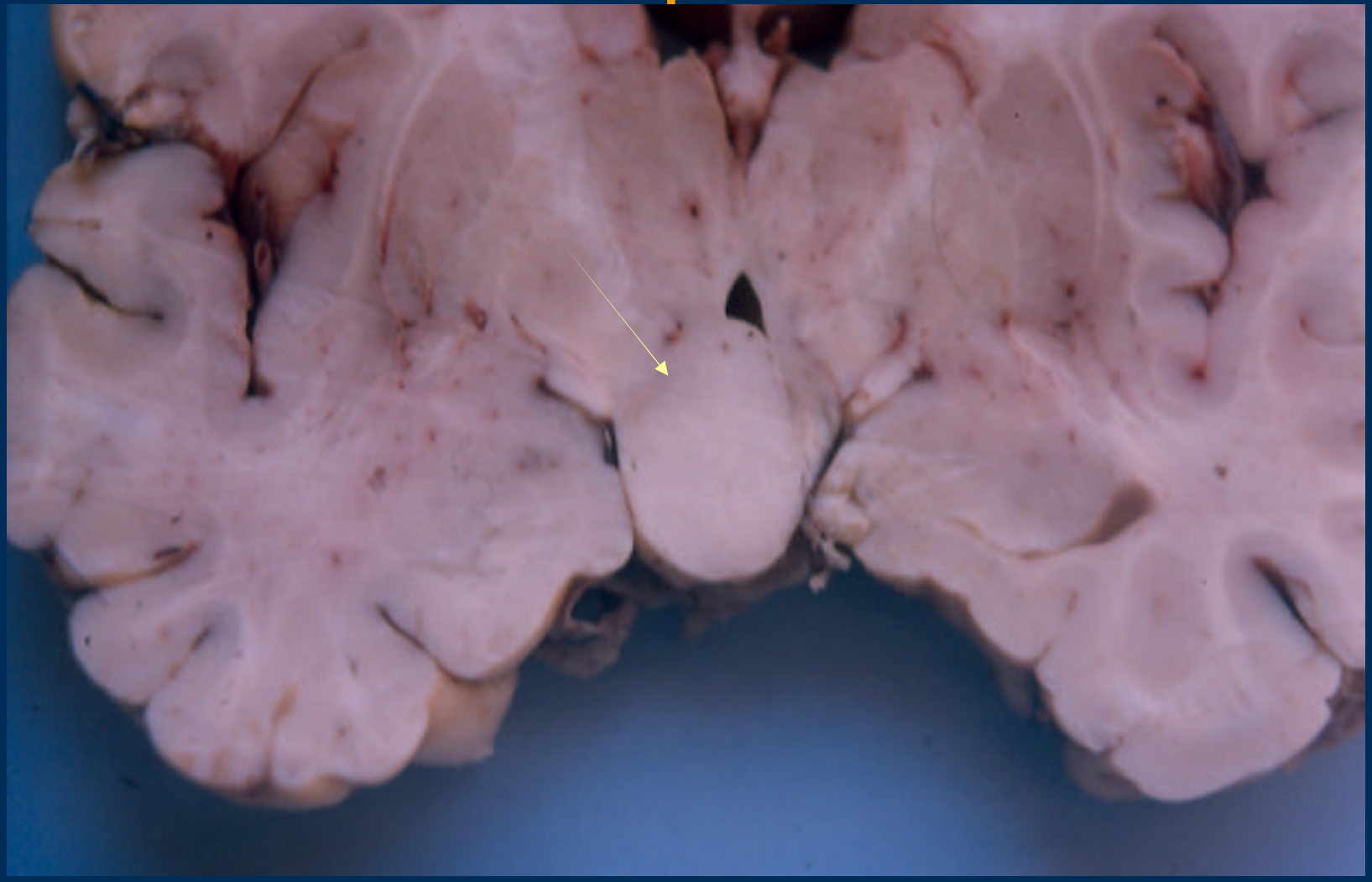
Glioma Bulboprotuberancial

Pérdida del Surco Bulboprotuberancial



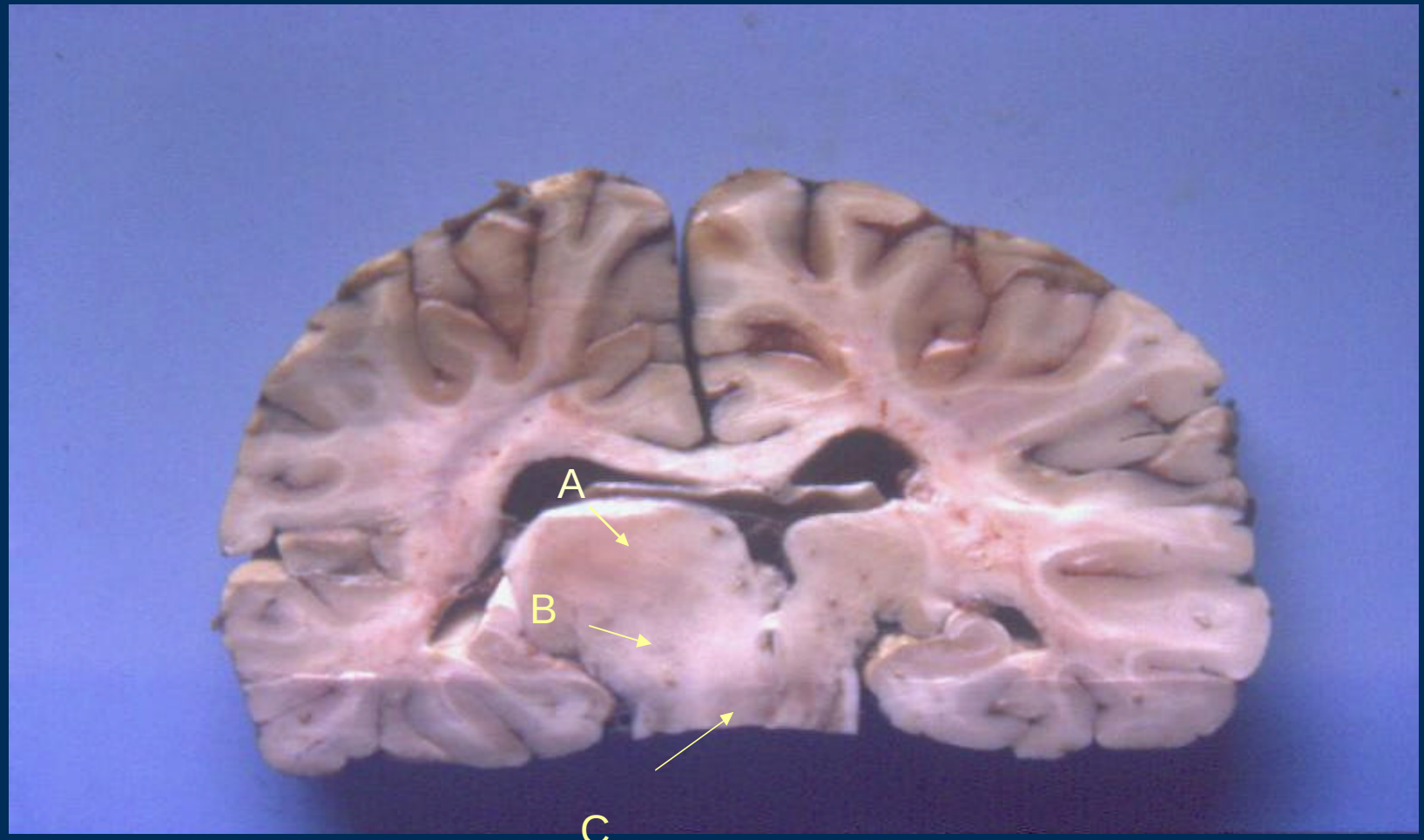
Profundización del Surco Basilar

Glioma Hipotalámico

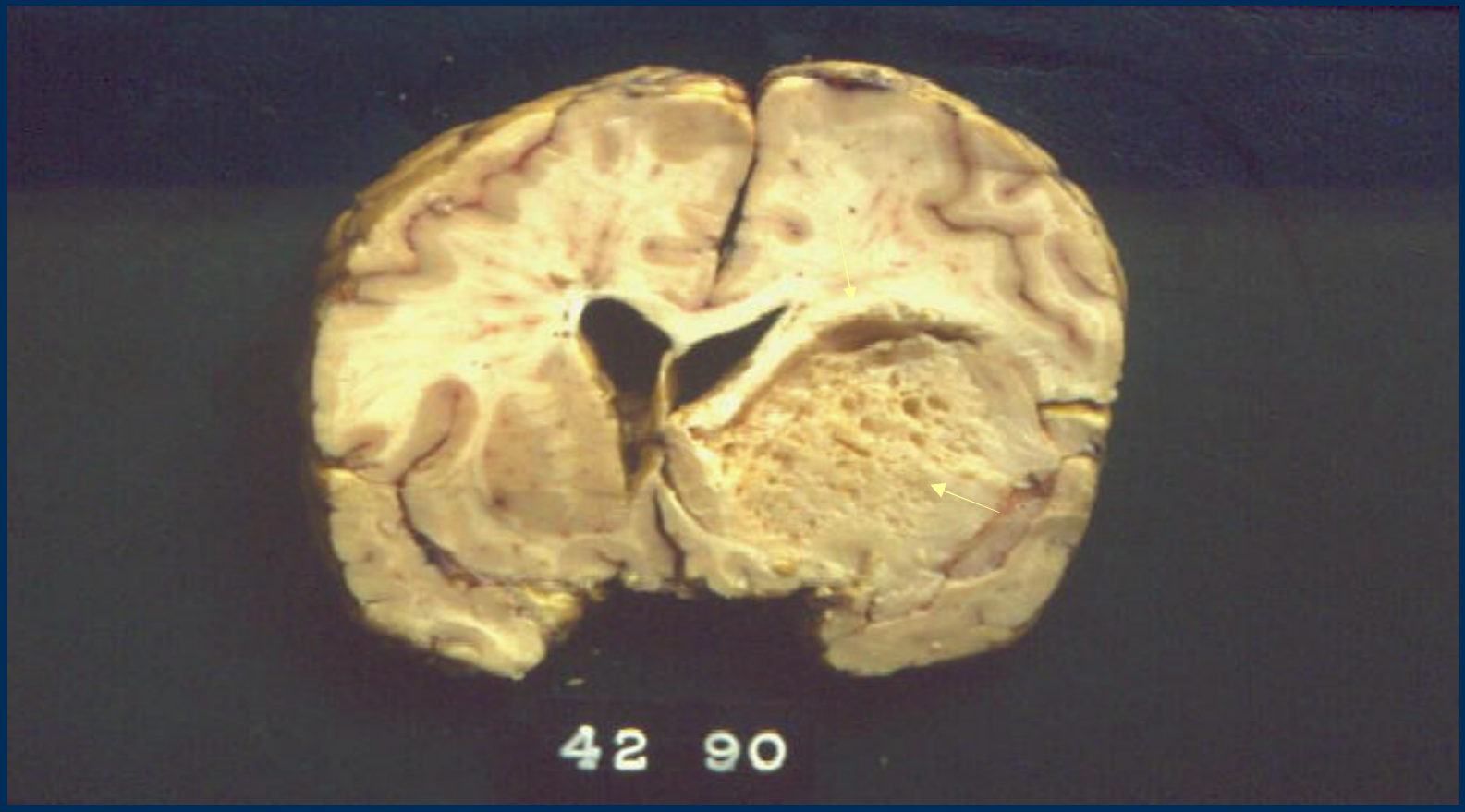


Astrocitoma Difuso (Fibrilar)

Tálamo (A), Región Subtalámica (B) y Mesencefálo derecho (C) inflitrados difusamente

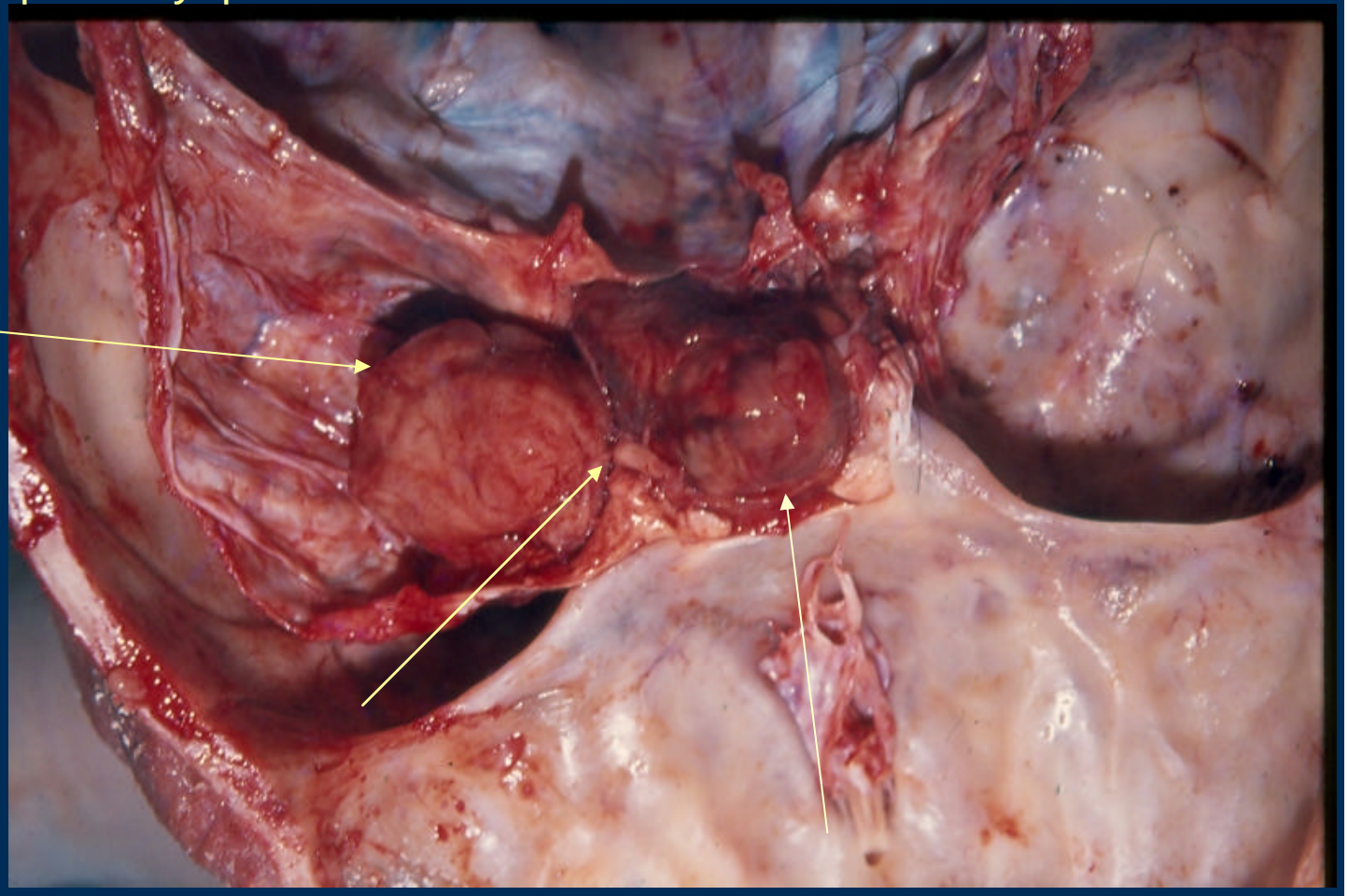


Astrocitoma Protoplasmático Quístico

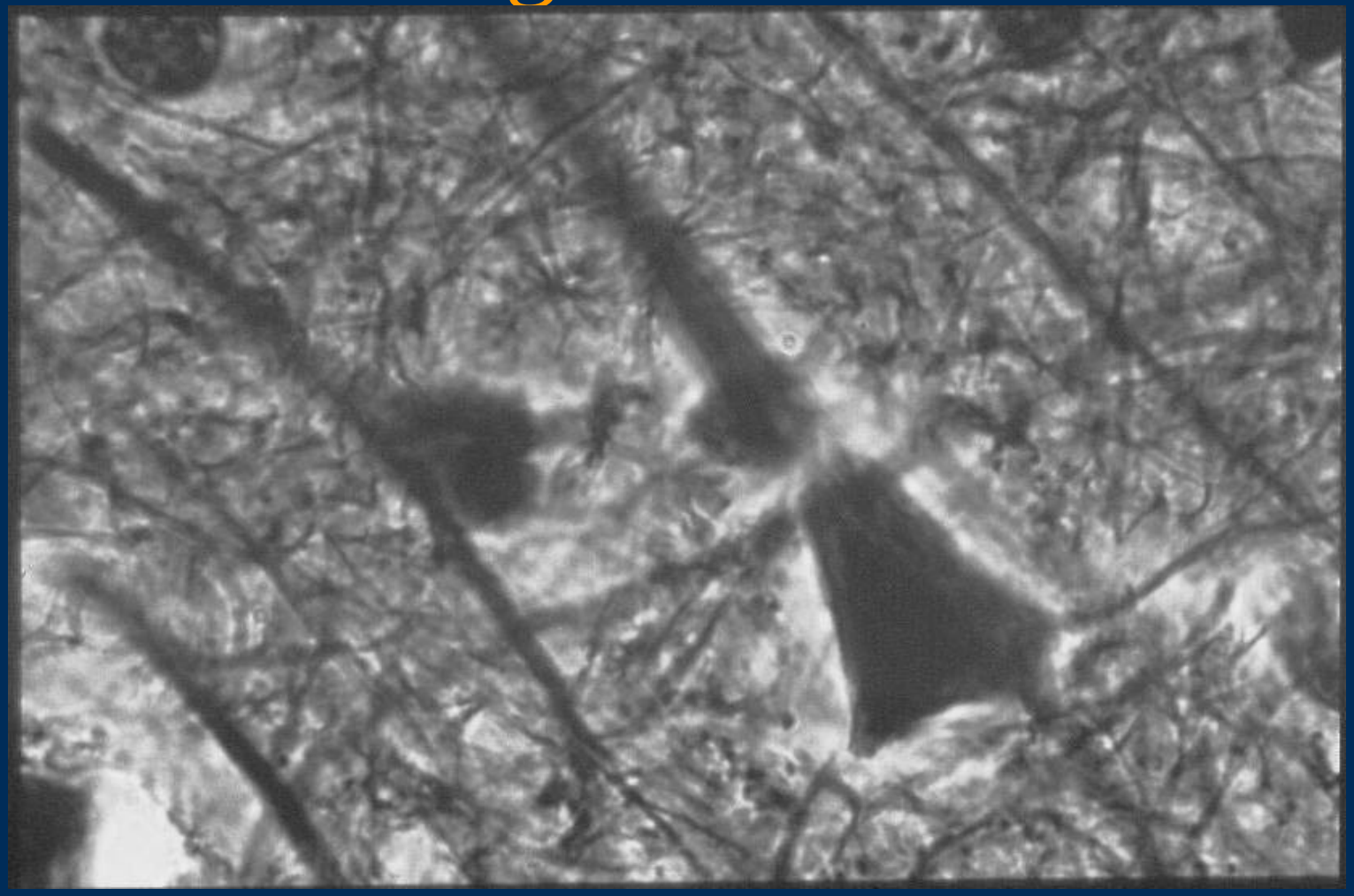


Adenoma Hipofisiario Hemorrágico Asociado a Meningioma del Ala menor del Esfenoides Izquierdo

Clínica: Exoftalmo pulsátil y quemosis

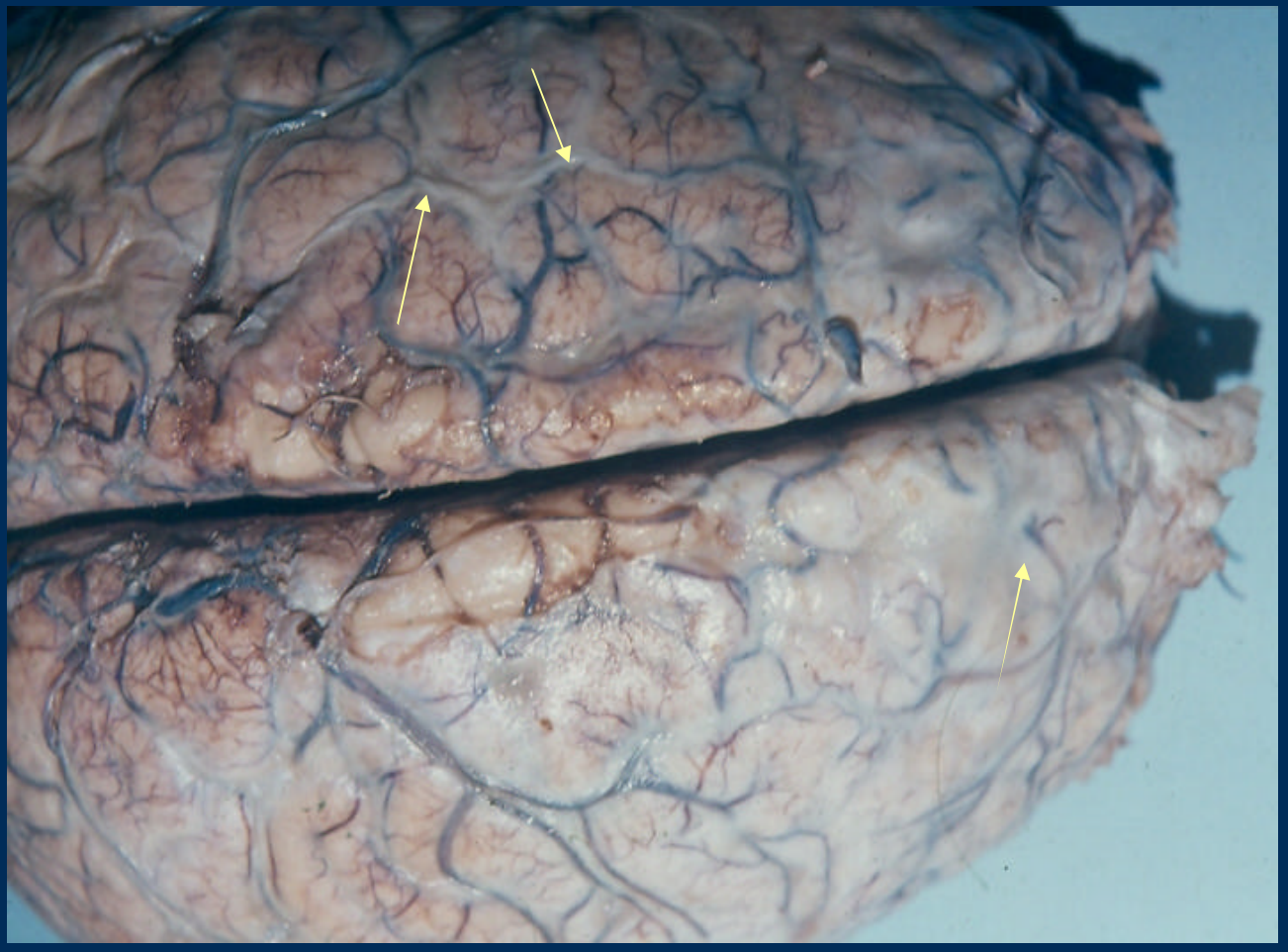


Patología Infecciosa



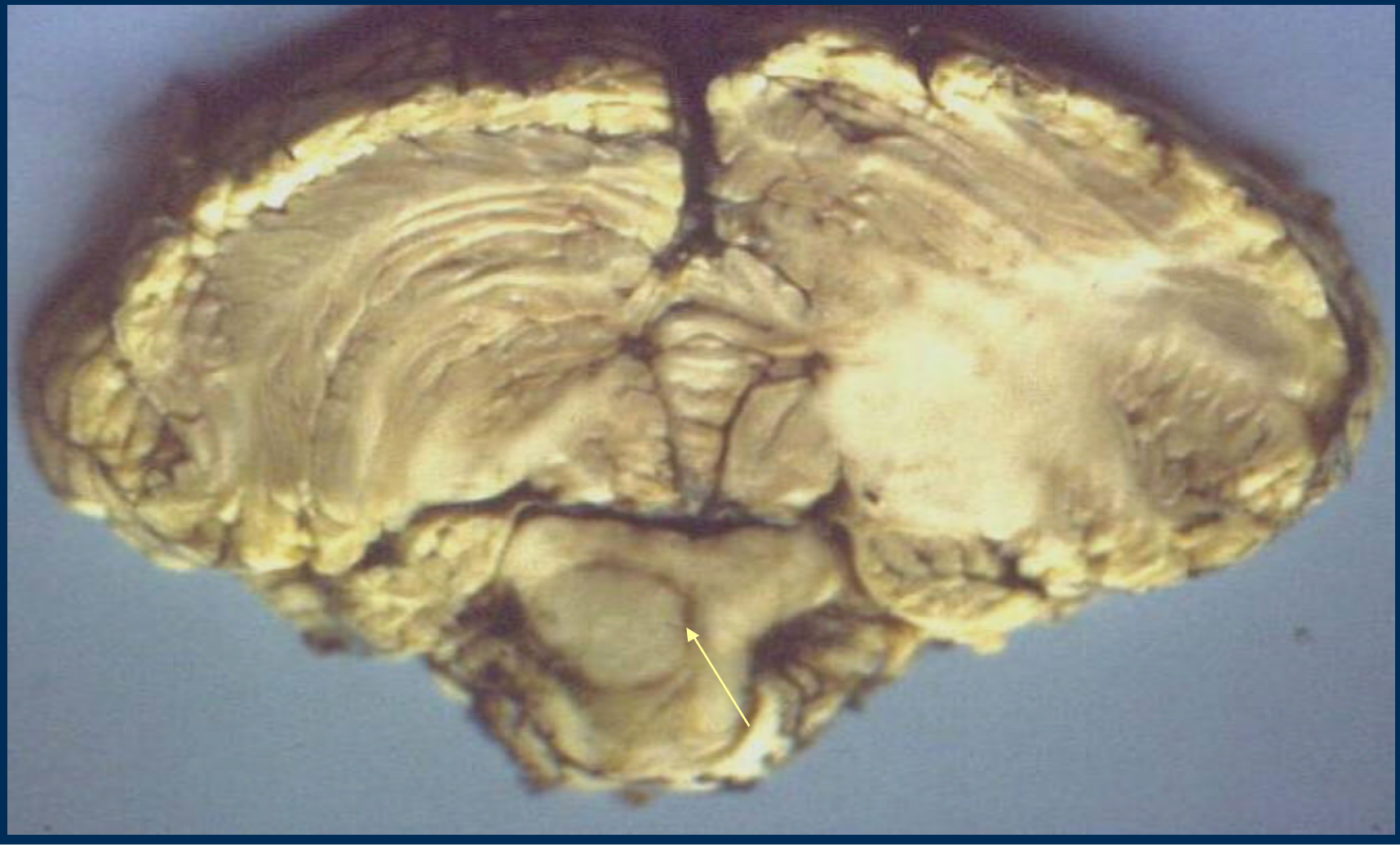
Neuronas Piramidales

Leptomeningitis Purulenta

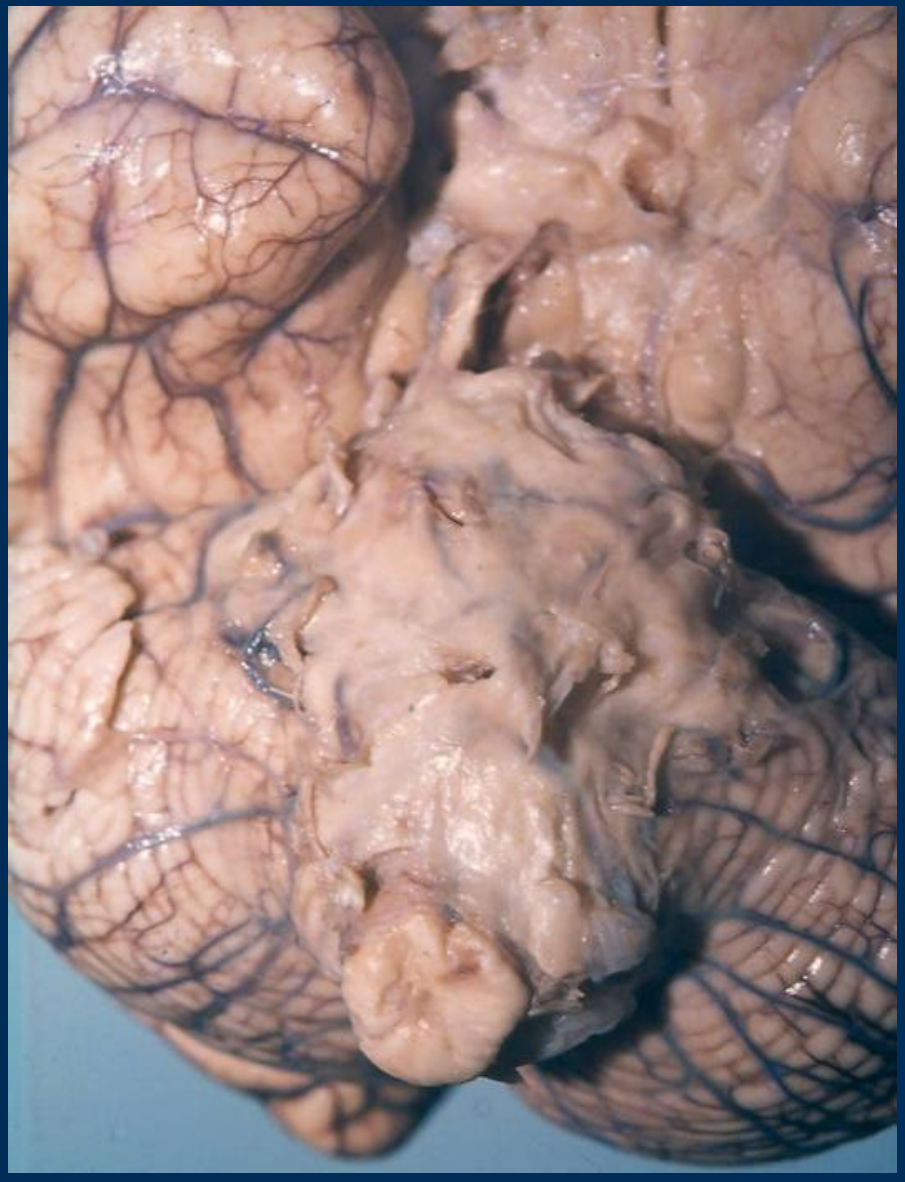


Exudado de distribución preferentemente perivenoso

Granuloma Tuberculoso en el Tegmento Bulbar

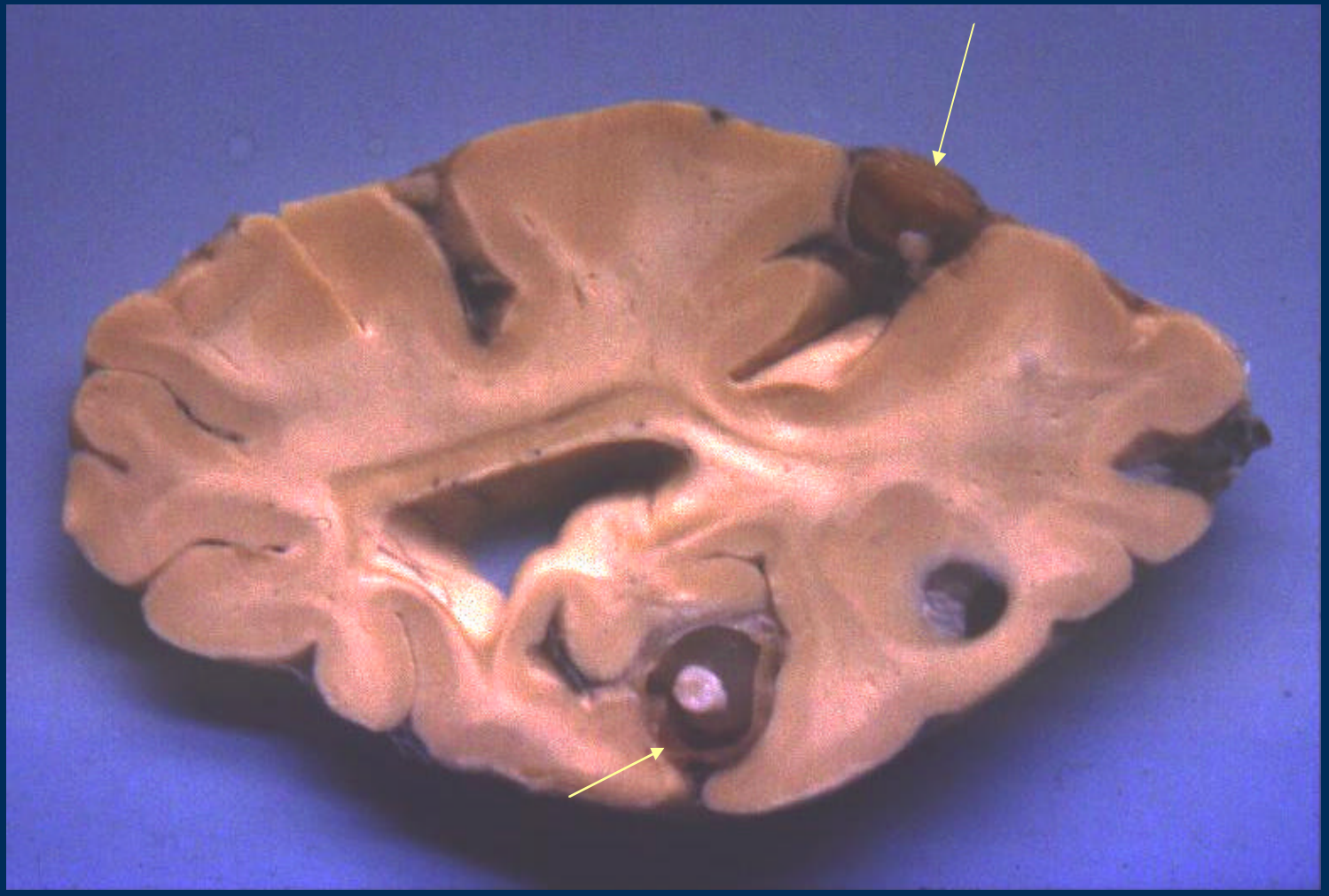


Meningitis Basal Cisticercótica



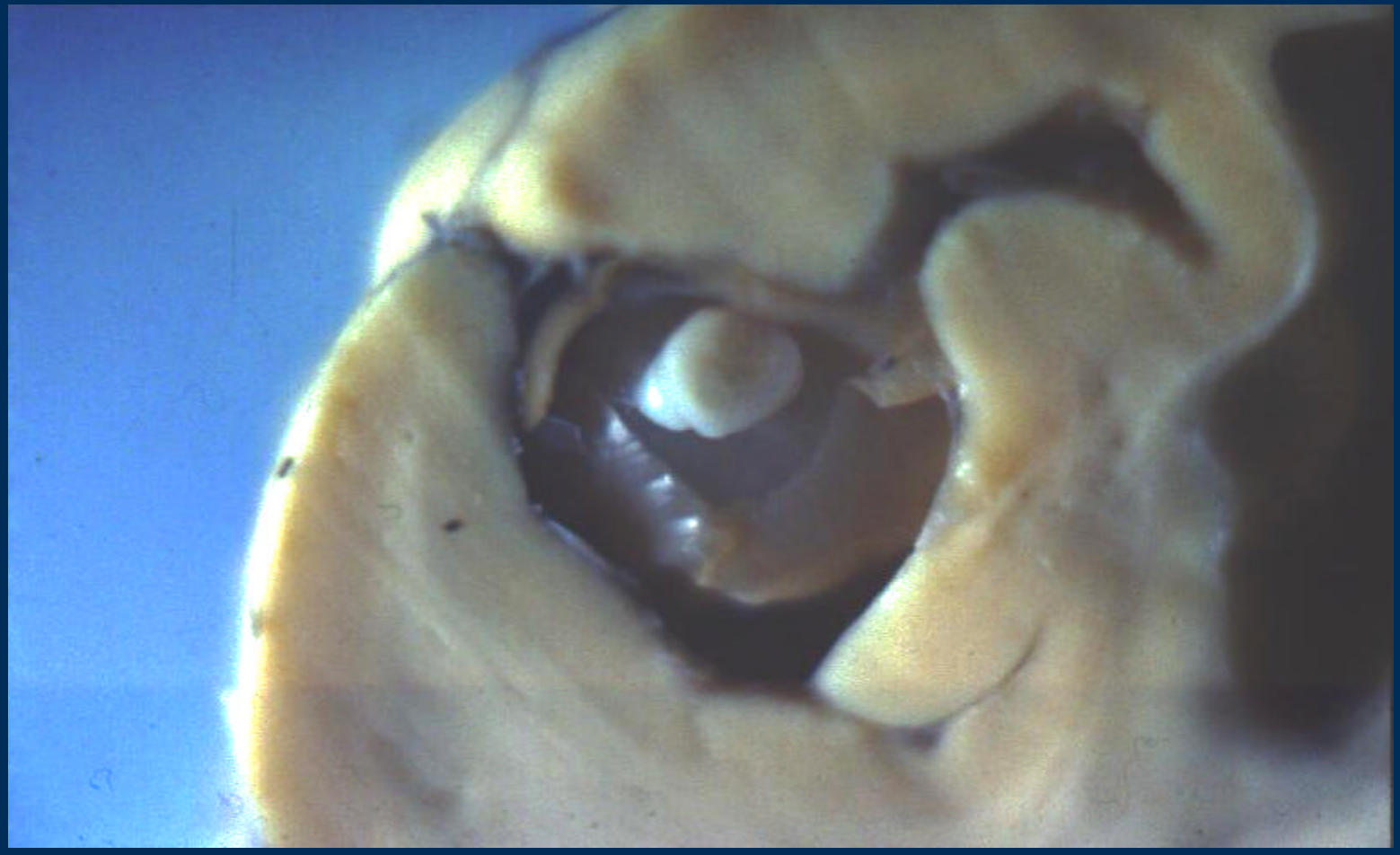
Cisticercosis Meníngea

Quiste en Reabsorción

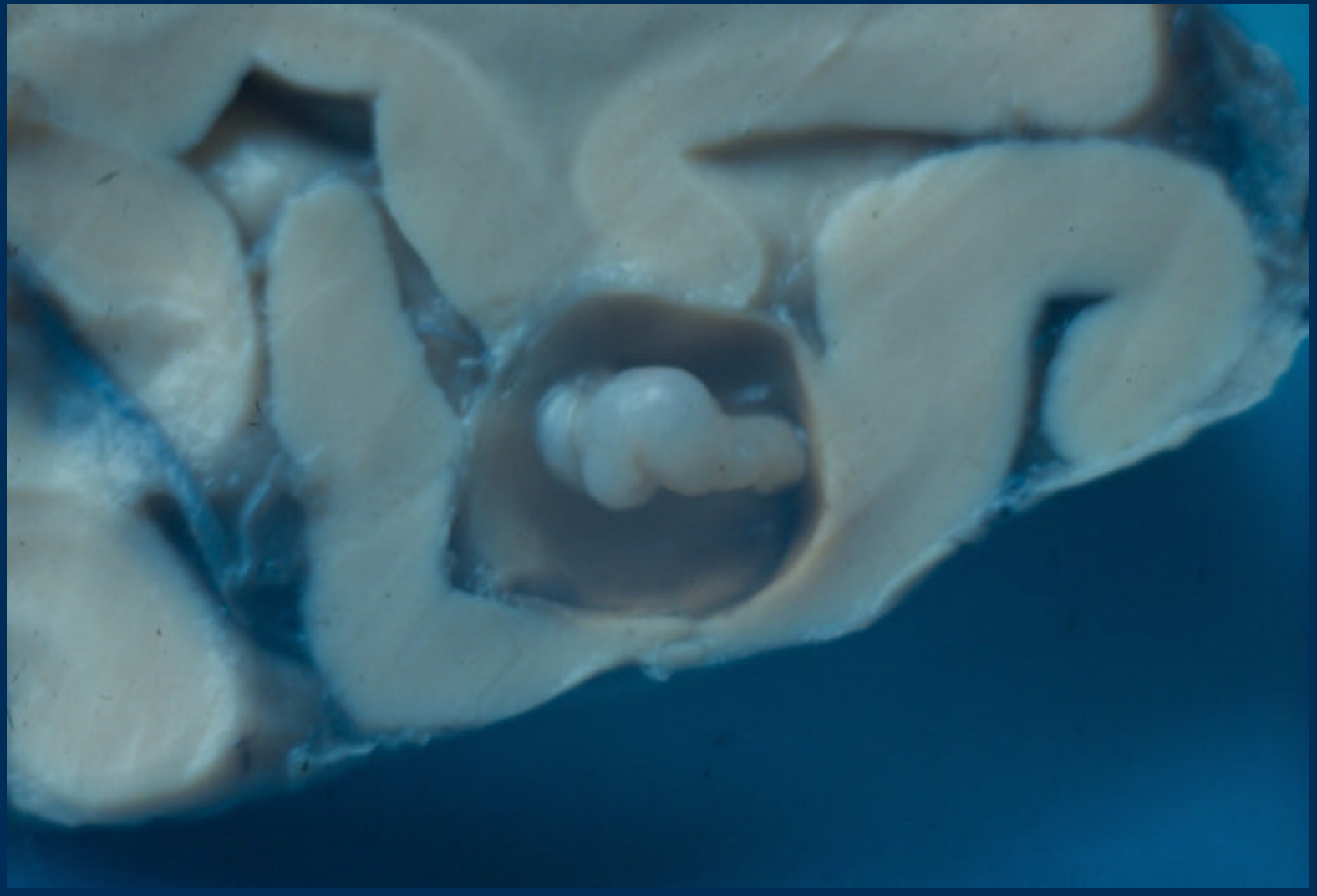


Quiste Vital

Neurocisticercosis

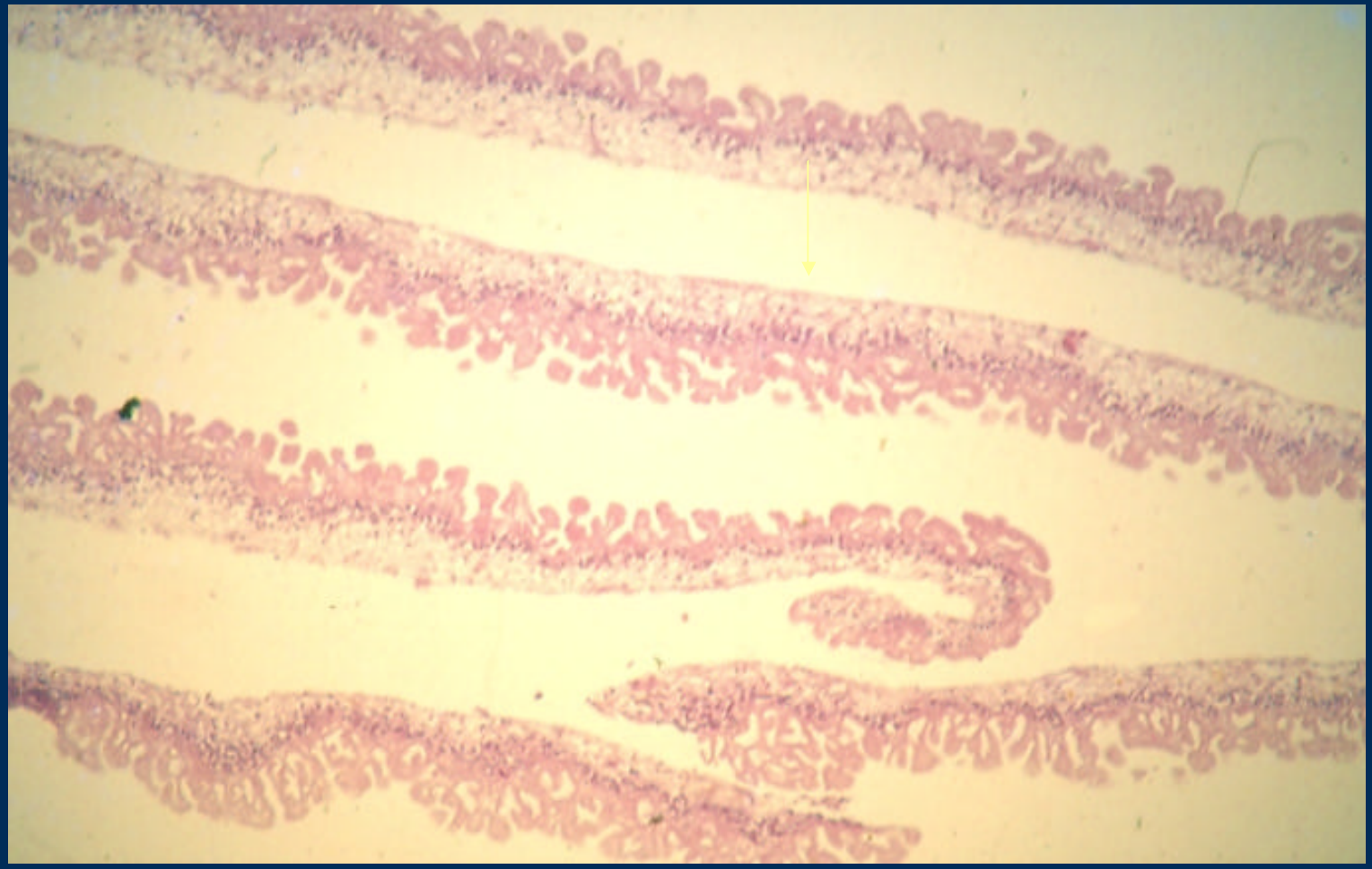


Neurocisticercosis



Cisticercosis

Membrana Trilaminar



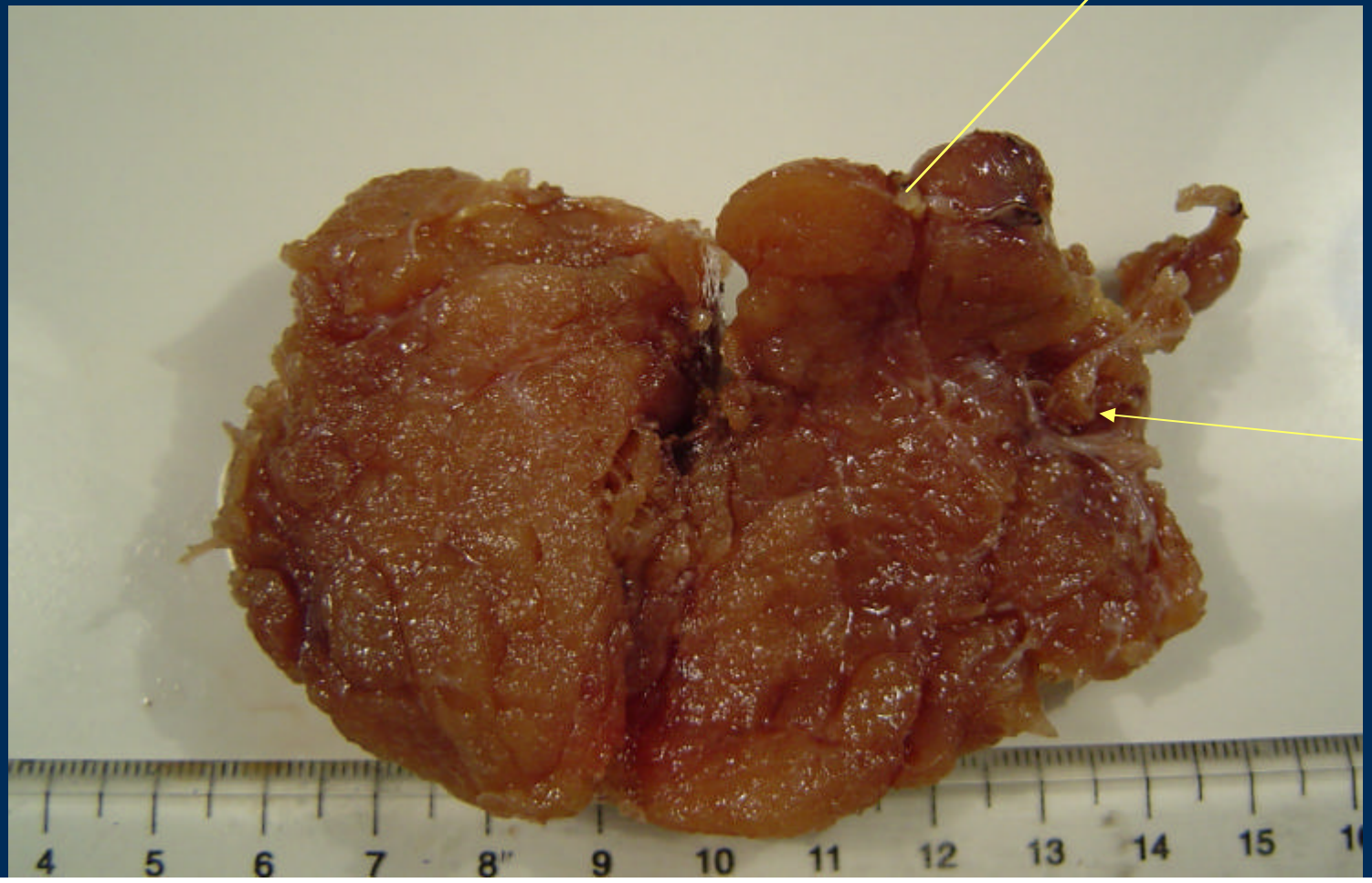
Endocrino

- **Hiperplasia nodular**
- **Tiroiditis crónica**
- **Carcinoma papilar**
- **Neoplasia folicular**
  - **Adenoma**
  - **Carcinoma**
- **Adenoma suprarrenal**
- **Feocromocitoma**
- **Tumores neuroendocrinos**

Hiperplasia Nodular

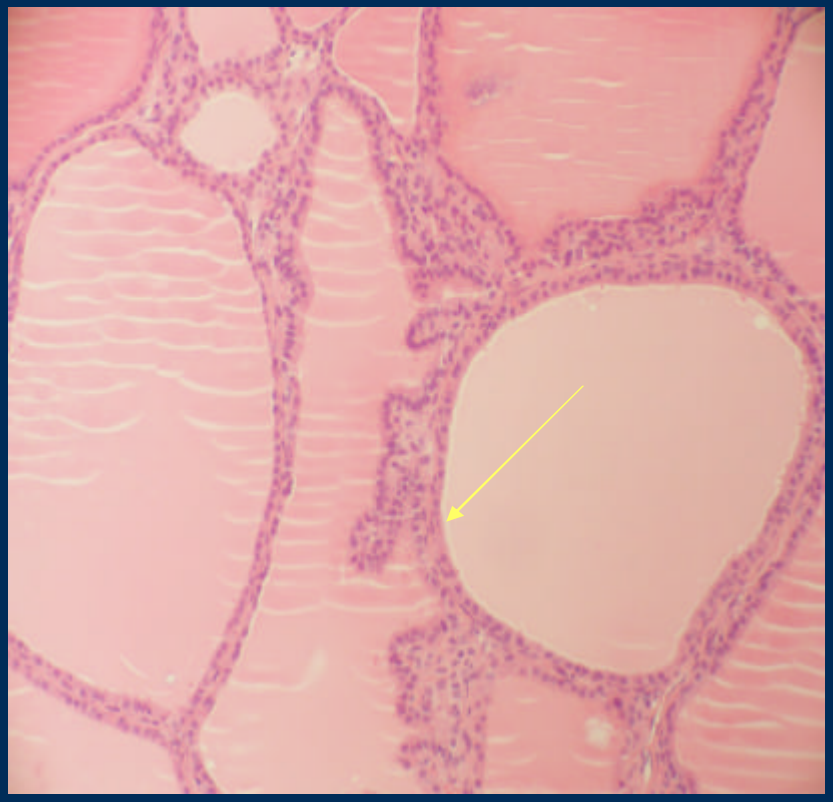
Abundante coloide

Nódulos coloideos

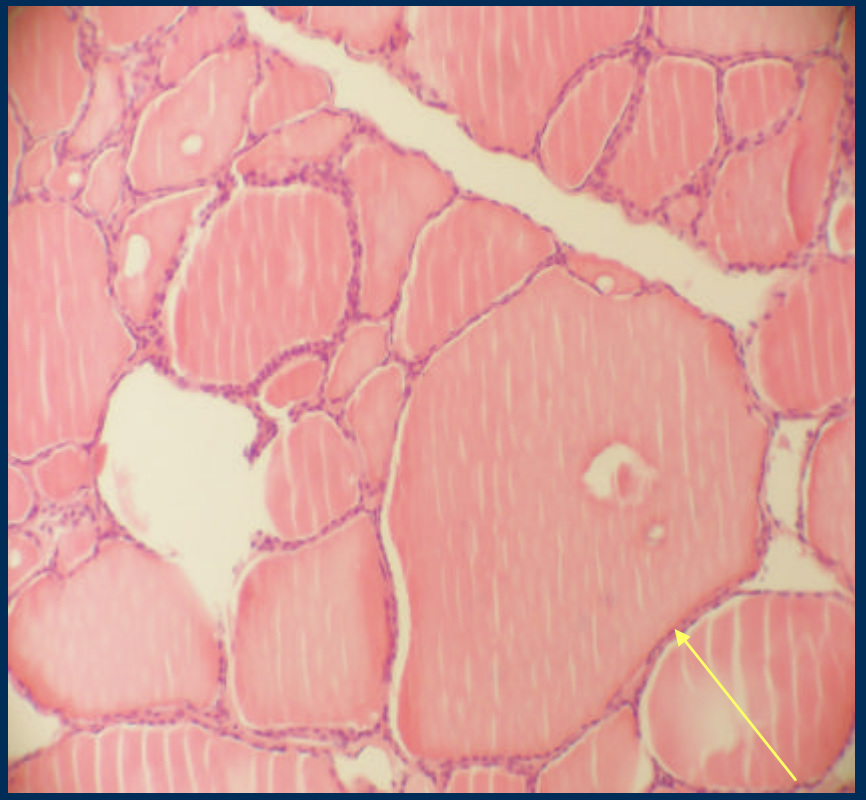


Areas de fibrosis

Hiperplasia nodular

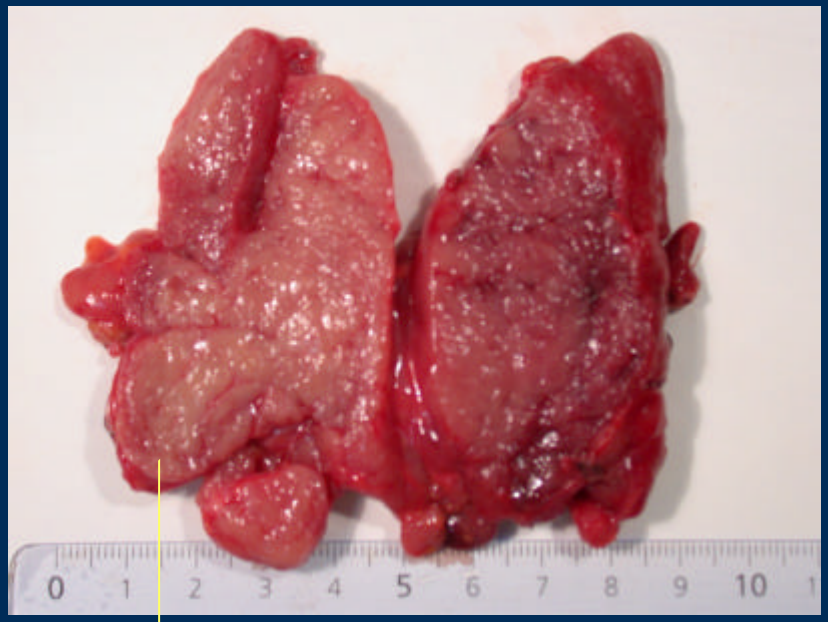


Hiperplasia pseudopapilar



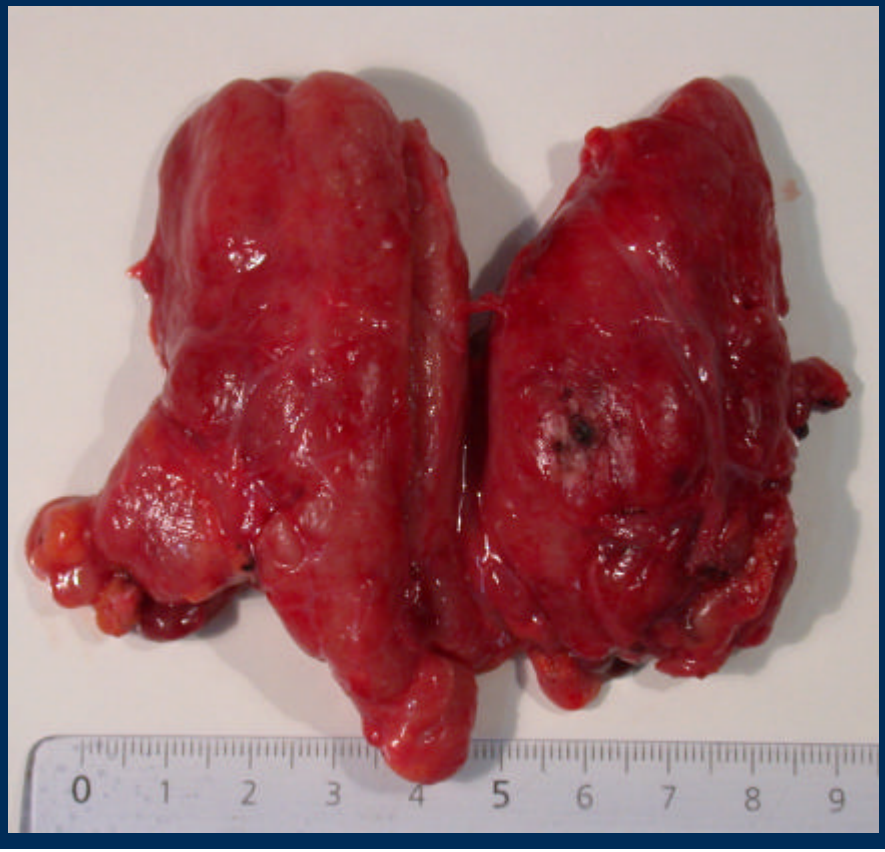
Macrofolículos

Tiroiditis de Hashimoto

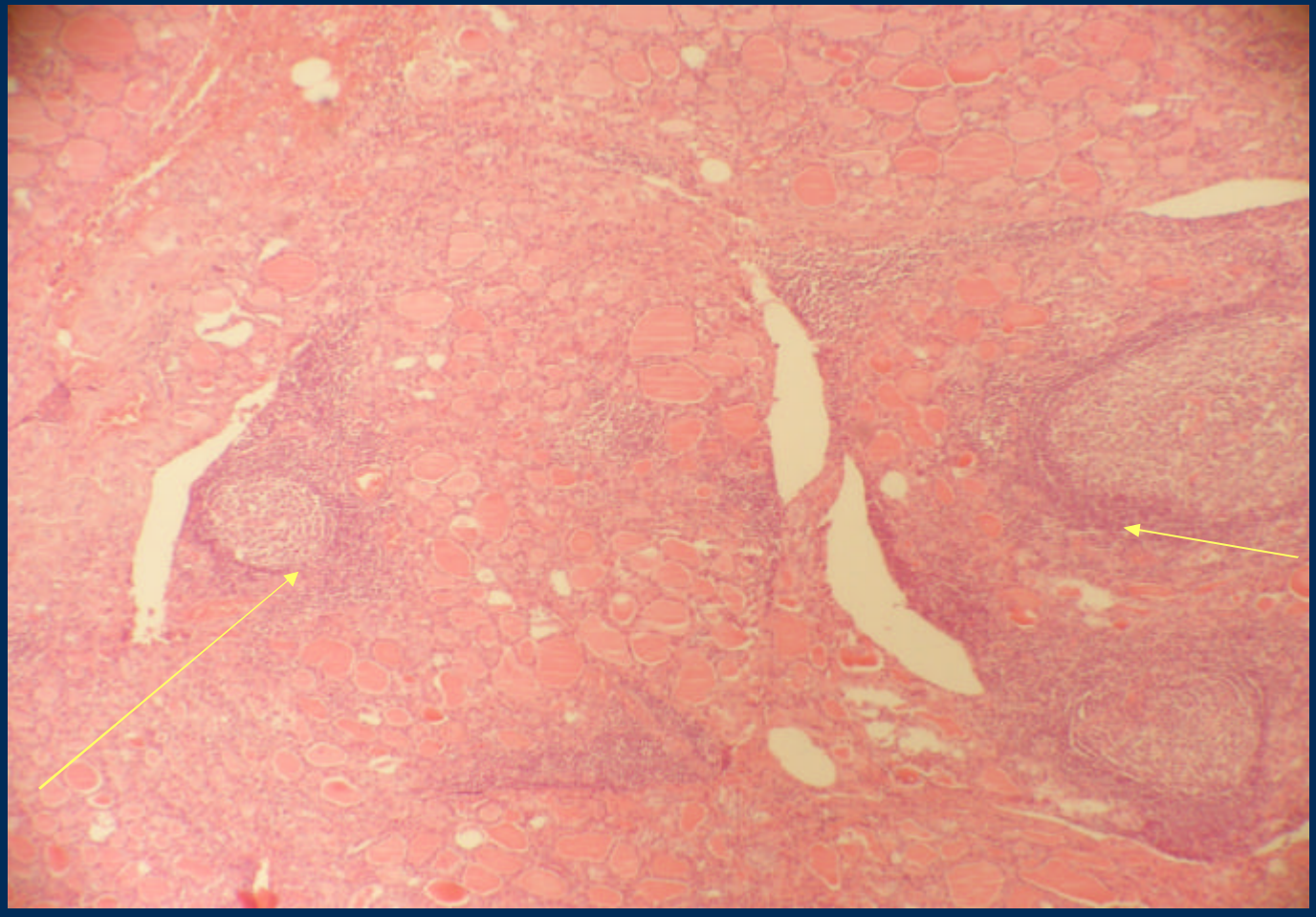


Homogénea, firme,
coloide no apreciable.

Aumento difuso de la
glándula

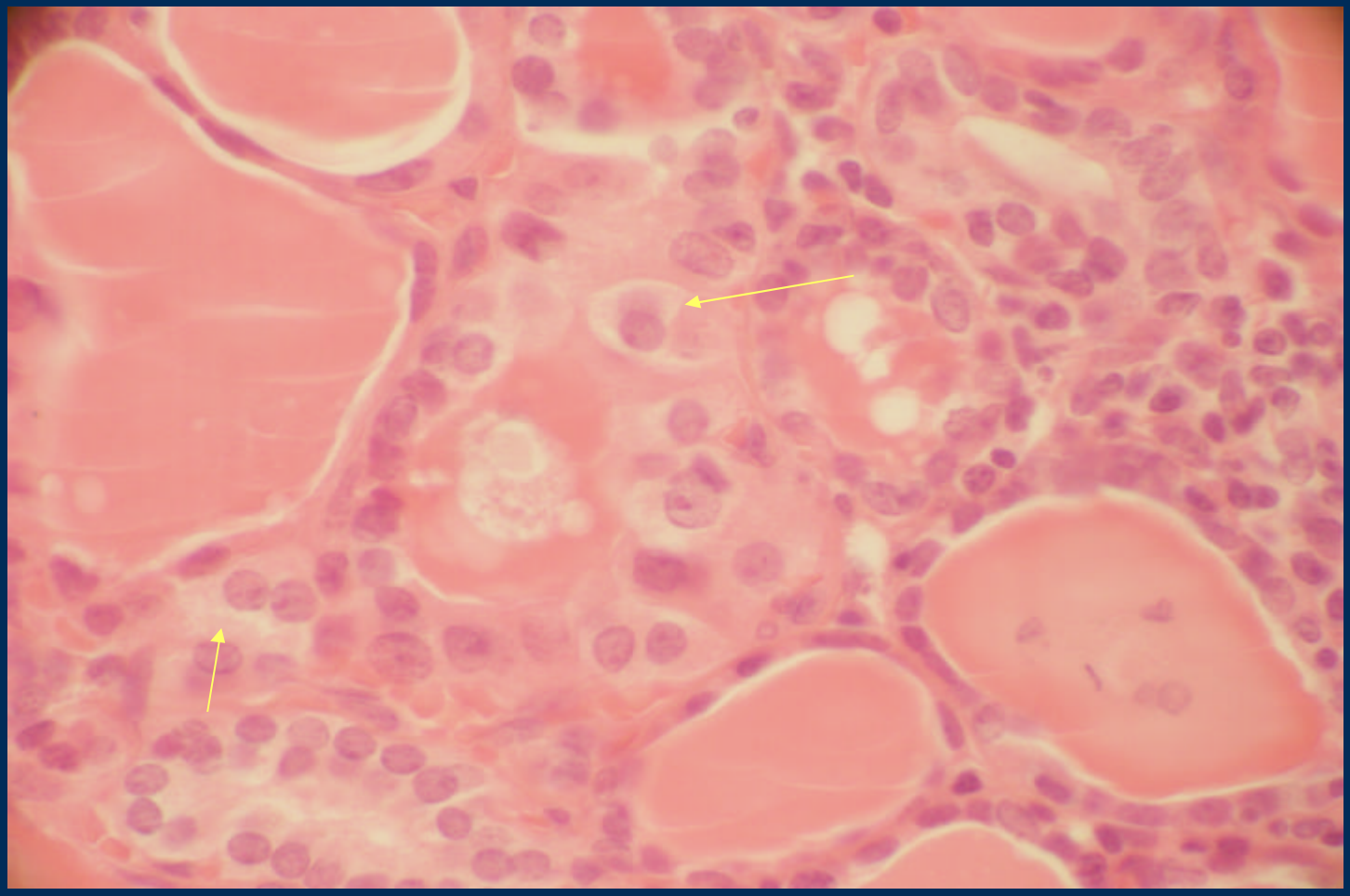


Tiroiditis de Hashimoto



Folículos linfoides con centros germinales

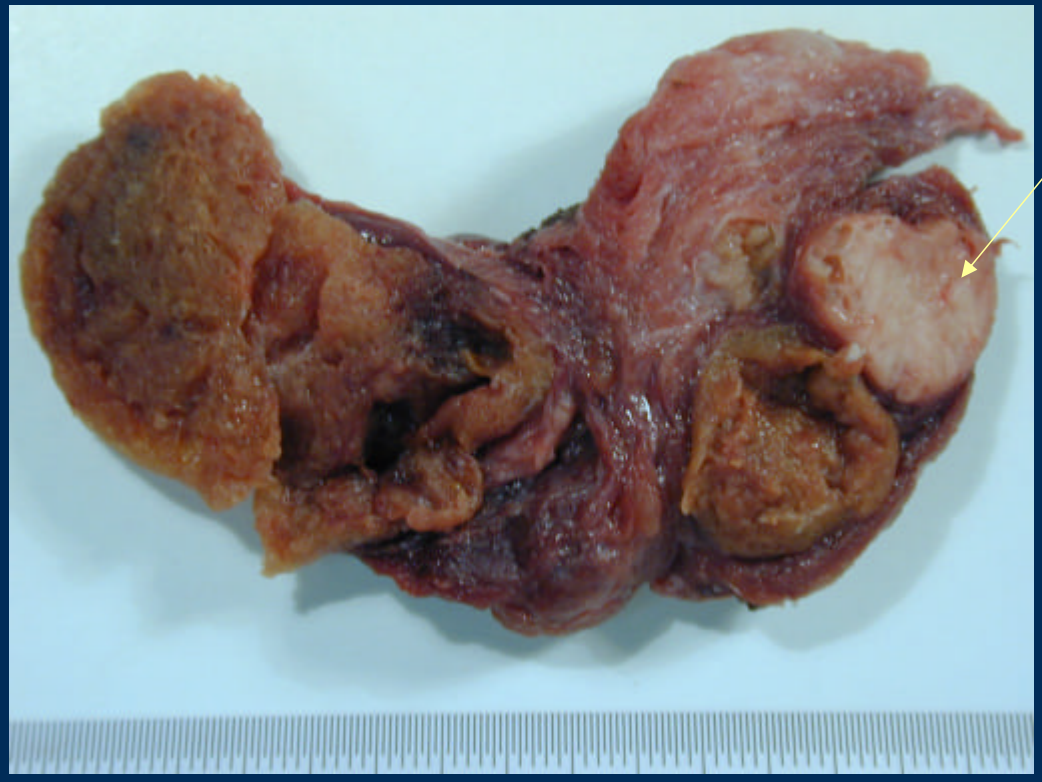
Tiroiditis hashimoto

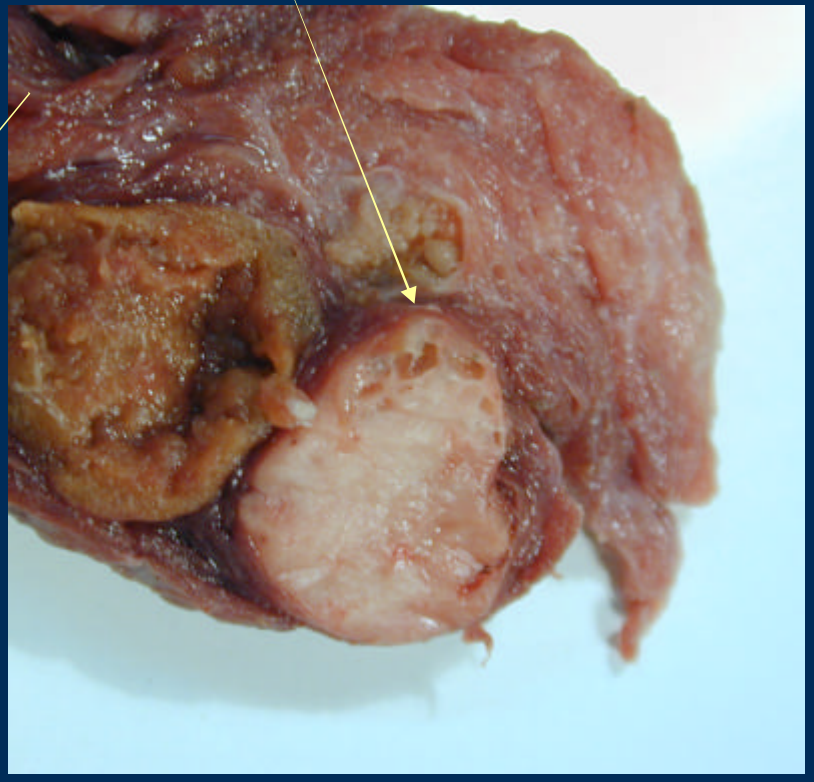


Células de Hurtle

Ca papilar

Nódulo mal delimitado,
blanquecinogrisáceo,granular

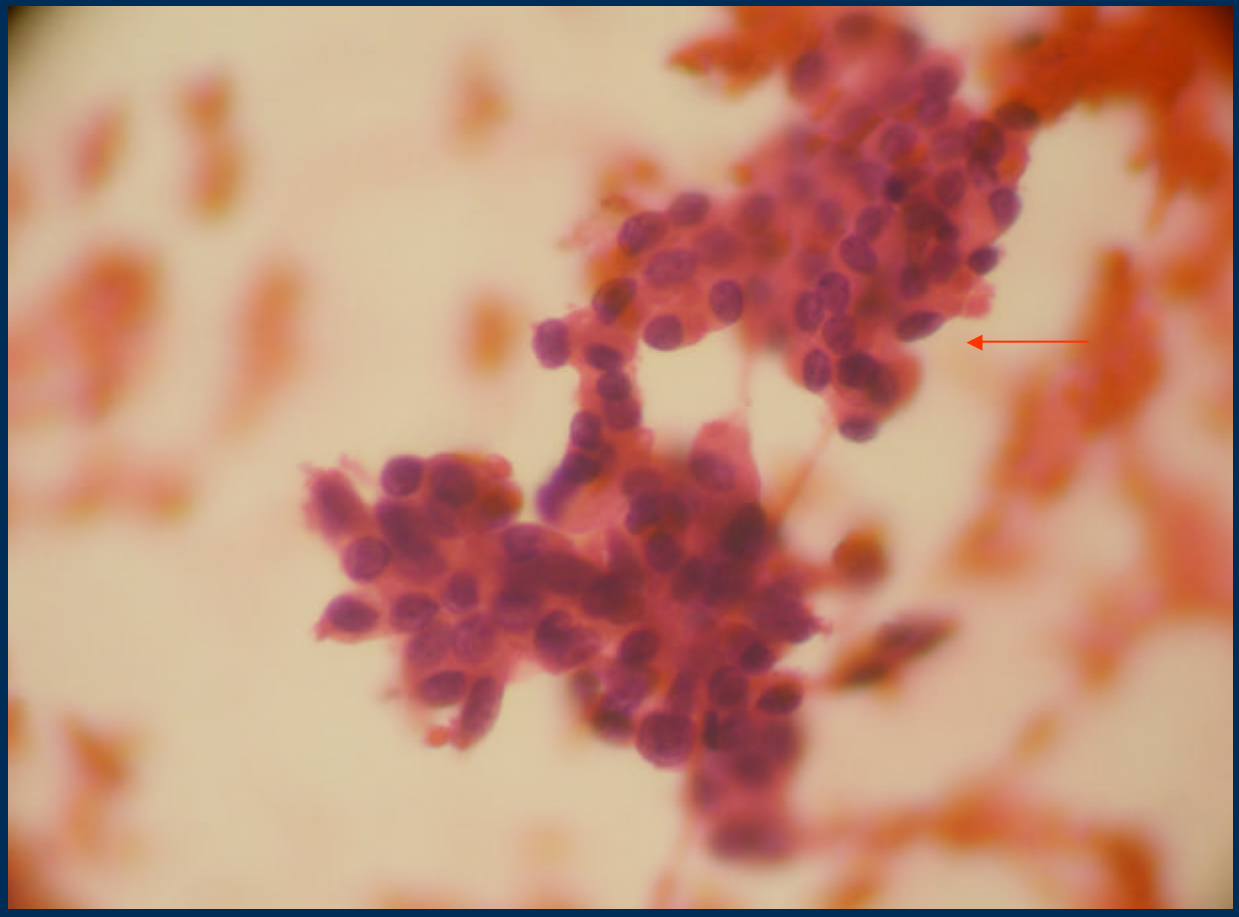




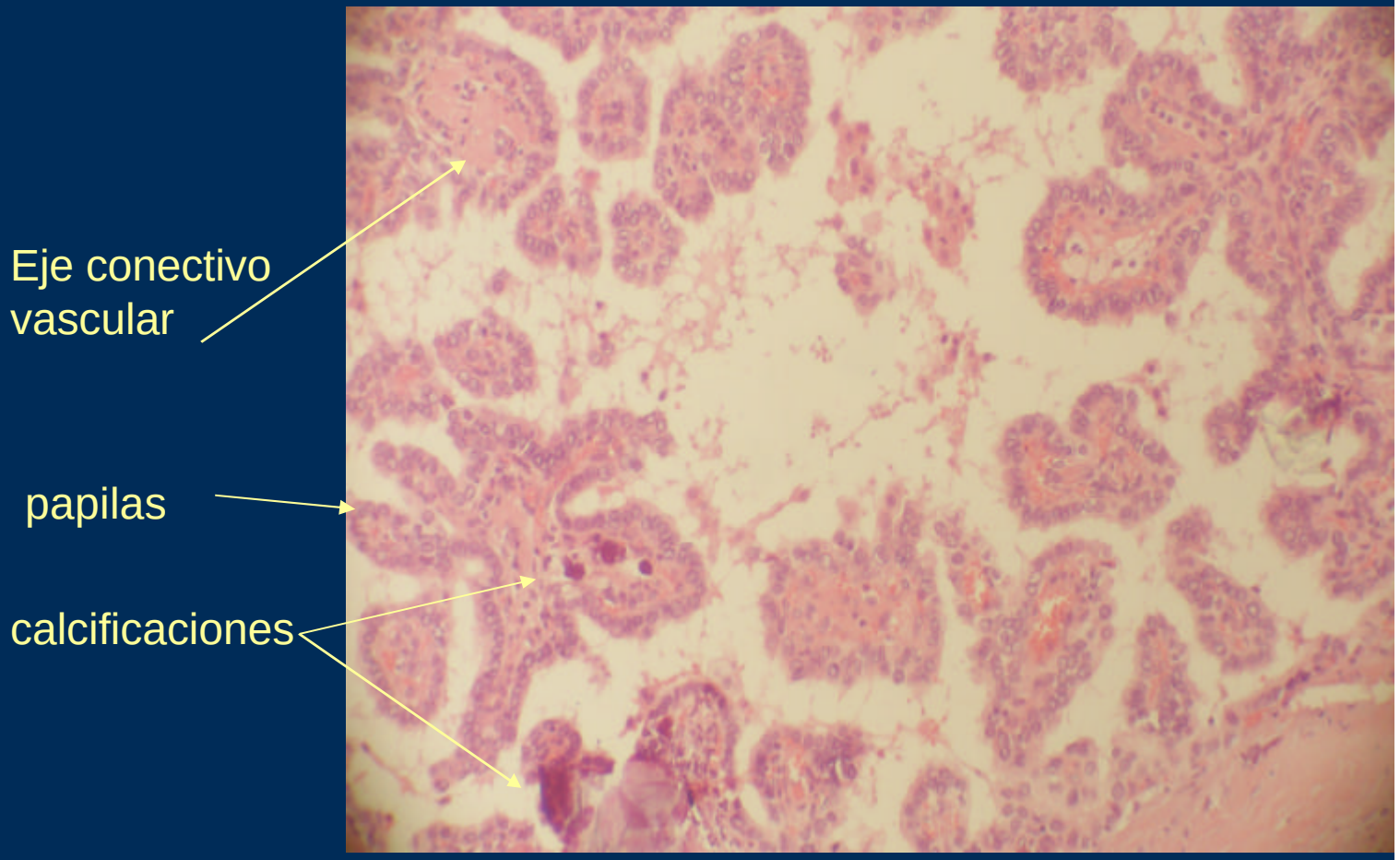
Carcinoma papilar (citología)

Disposición papilar de las células

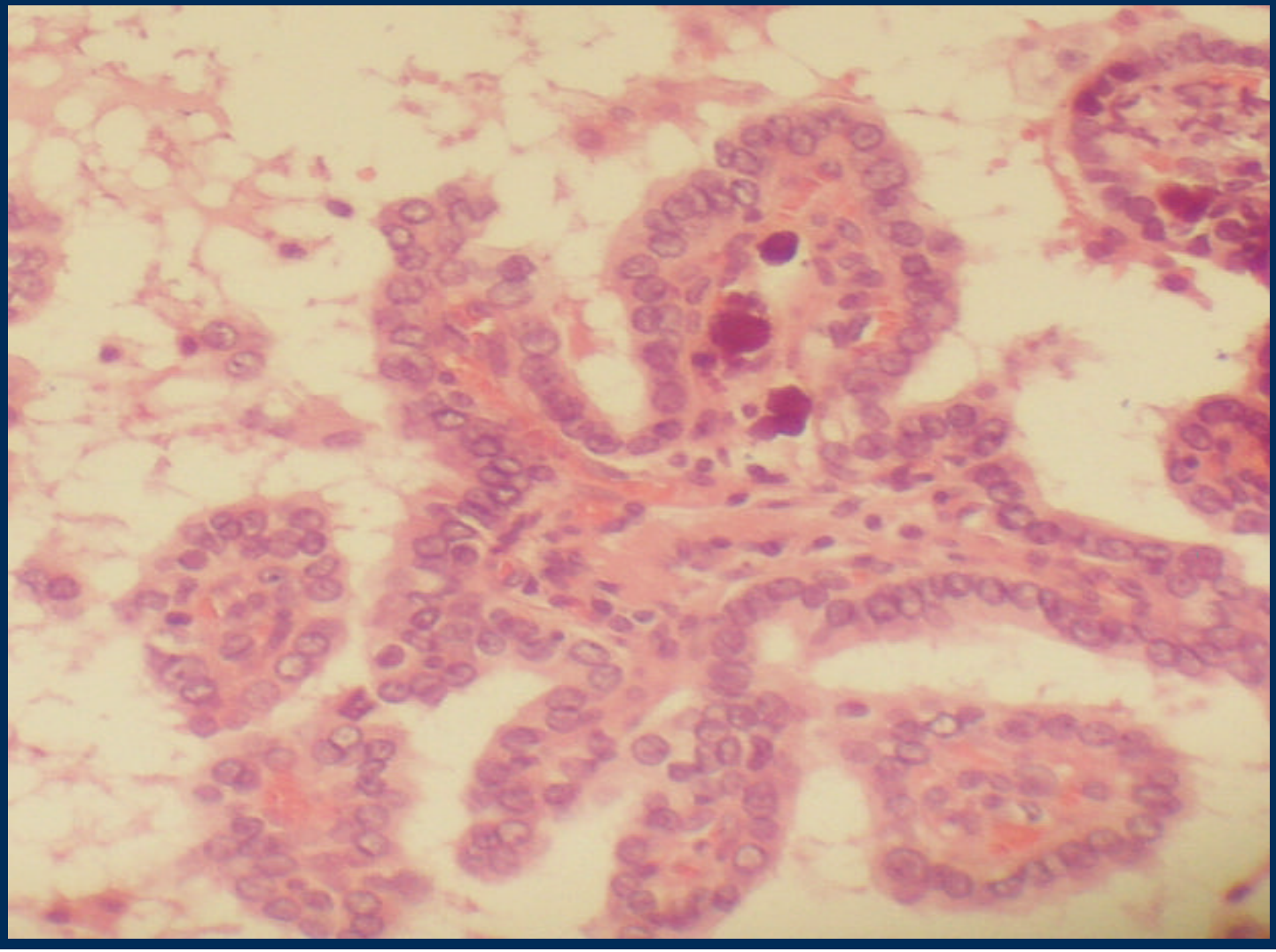
Núcleos dispuestos periféricamente



Carcinoma papilar

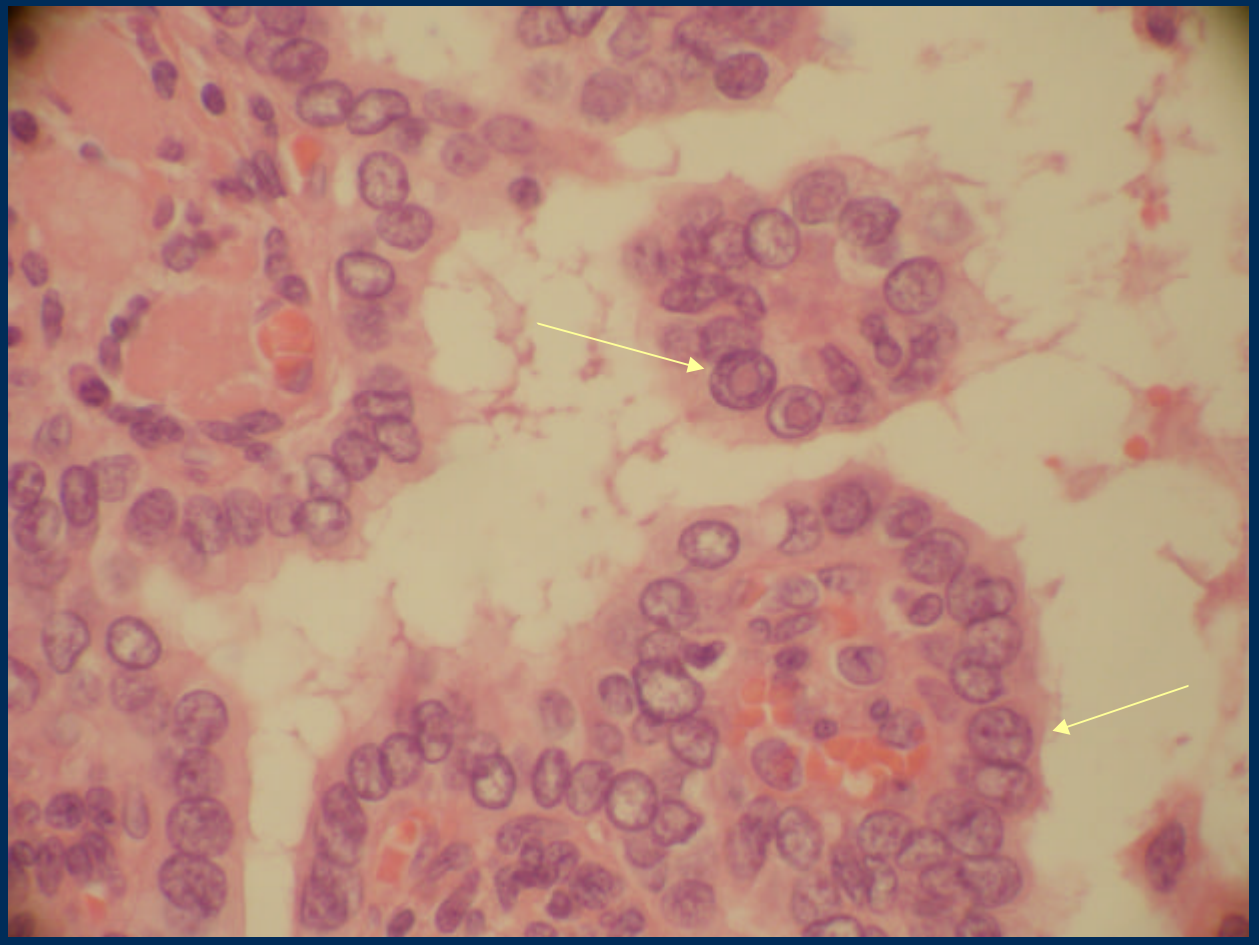


Carcinoma Papilar



Carcinoma papilar

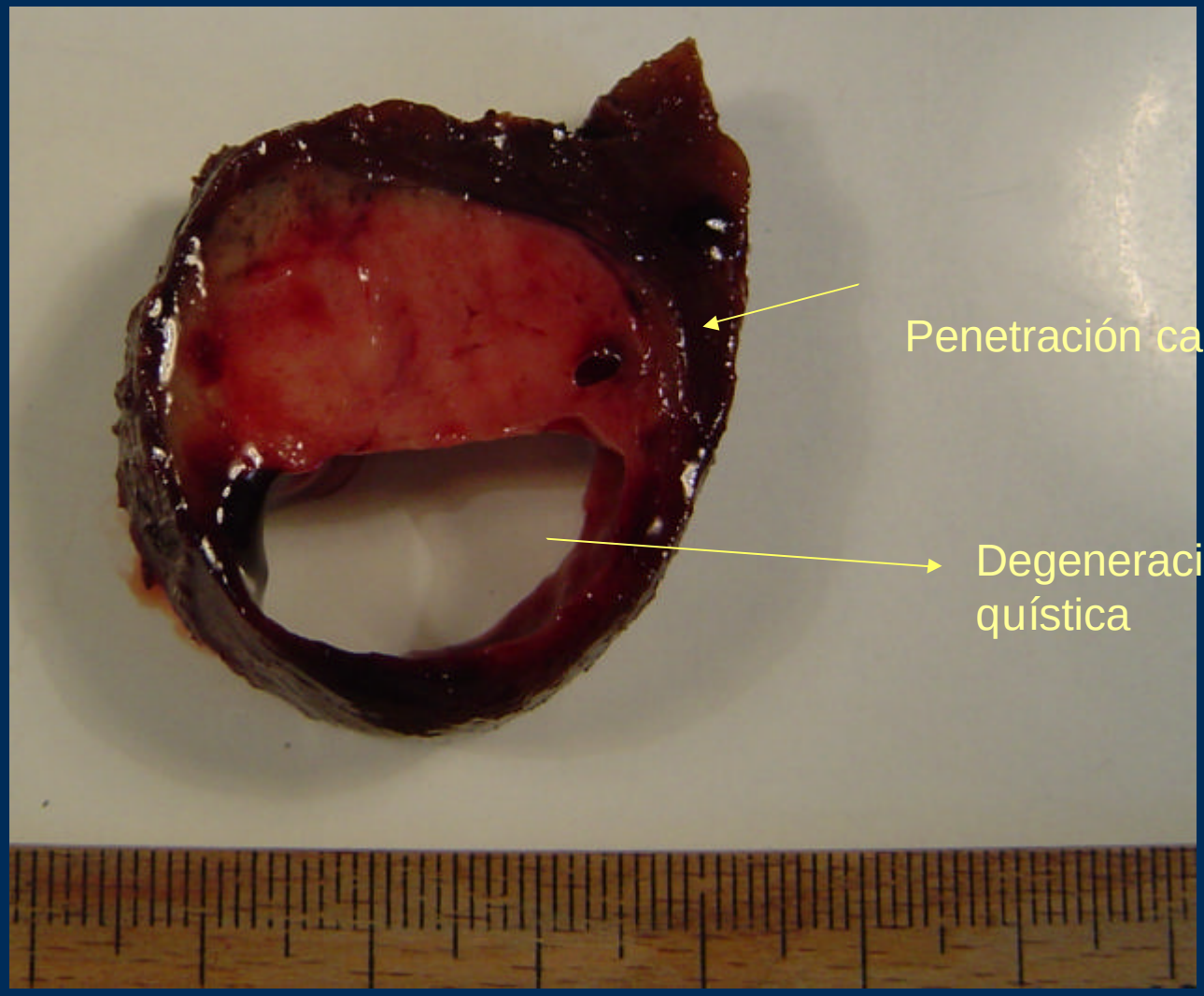
vacuolas



hendiduras

Núcleos sobrepuestos y claros

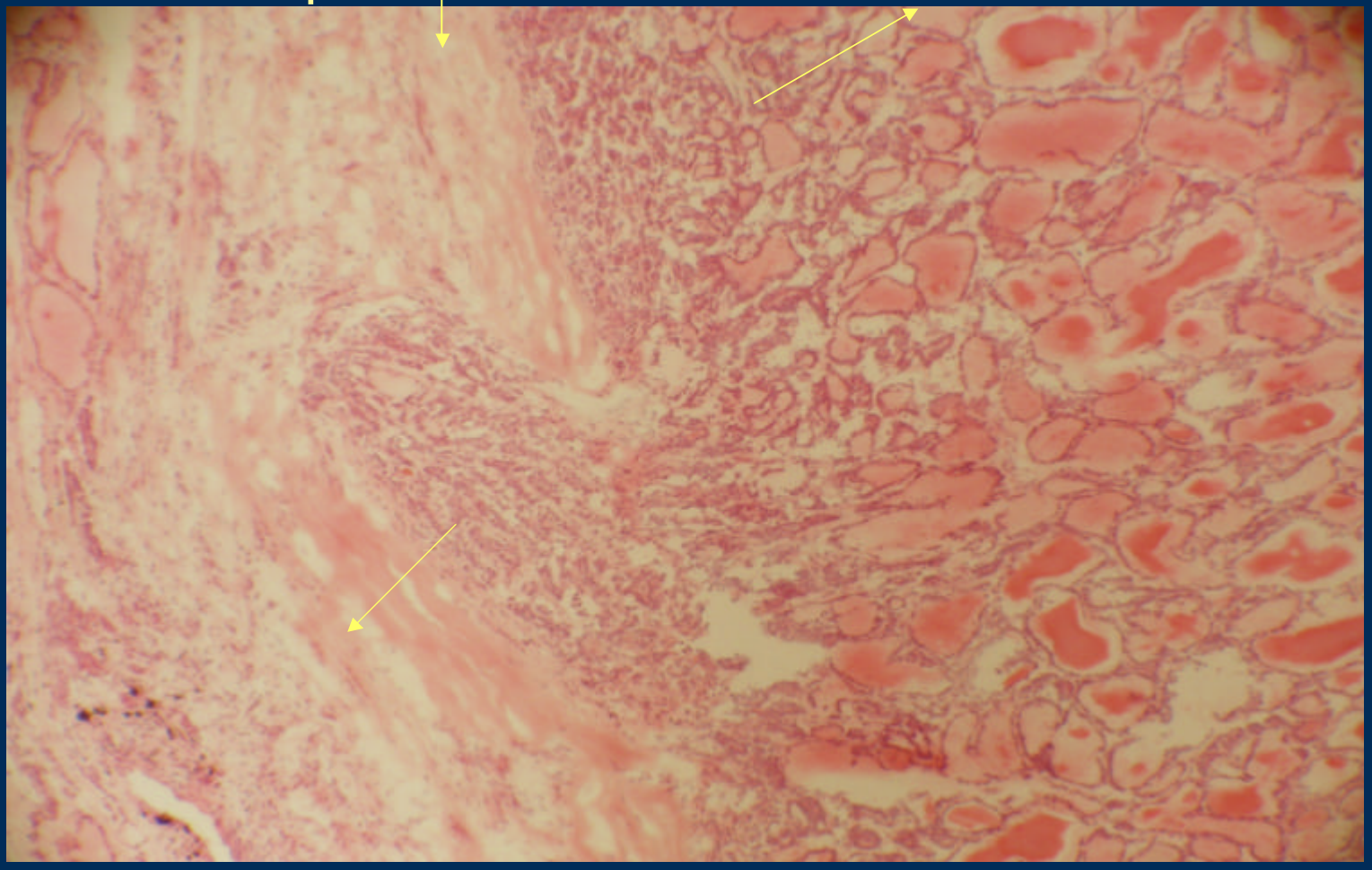
CARCINOMA FOLICULAR



Carcinoma Folicular

cápsula

microfolículos



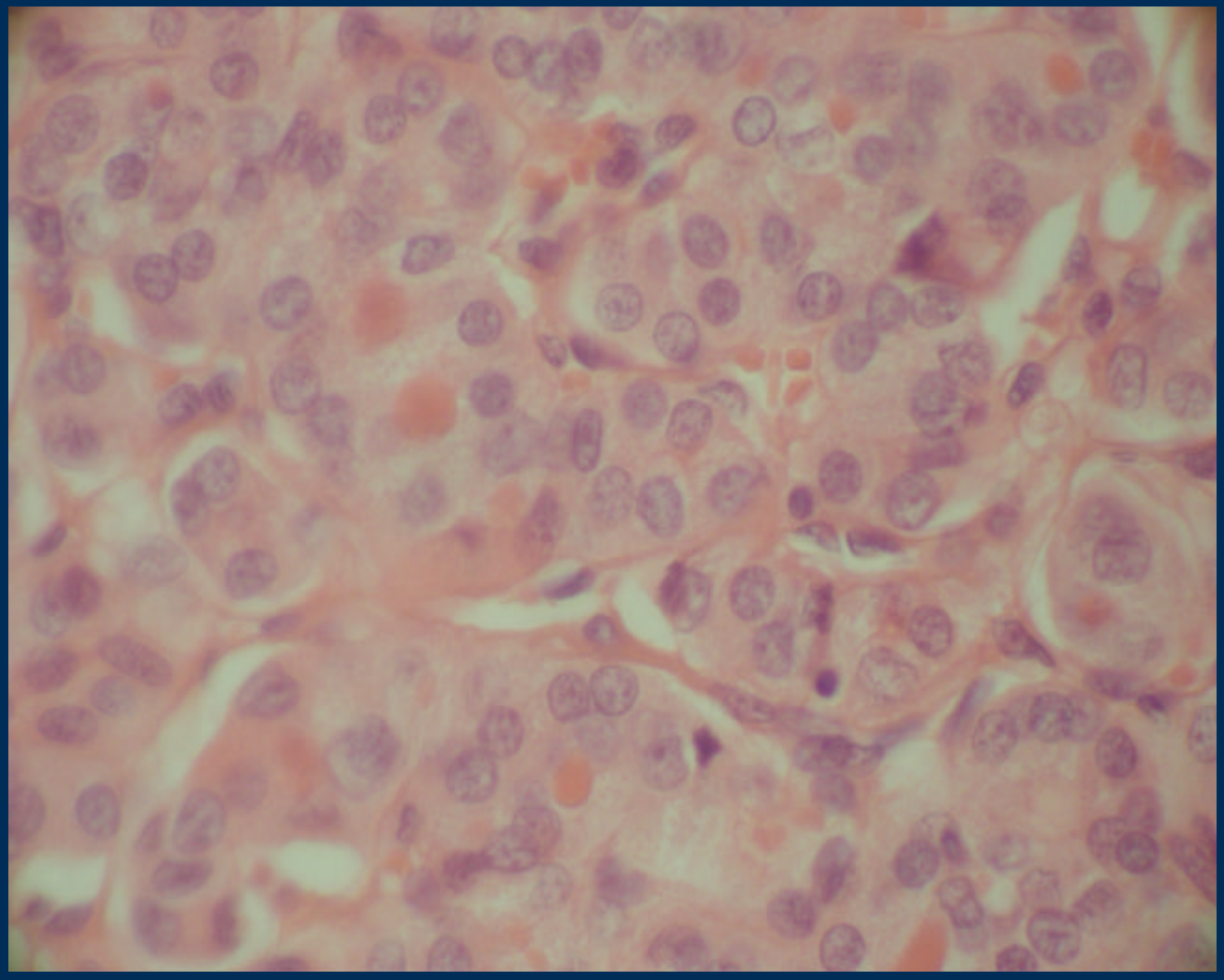
Penetración completa de la cápsula

Carcinoma folicular

Áreas sólidas

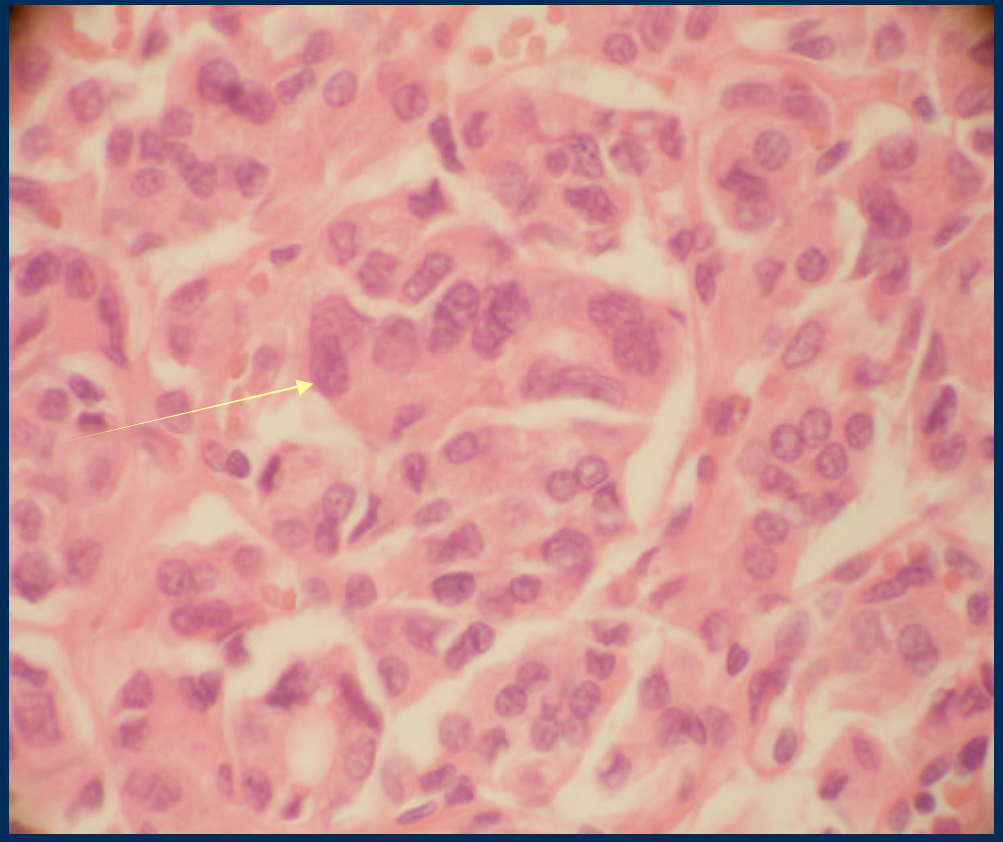
Microfolículos

Escaso coloide

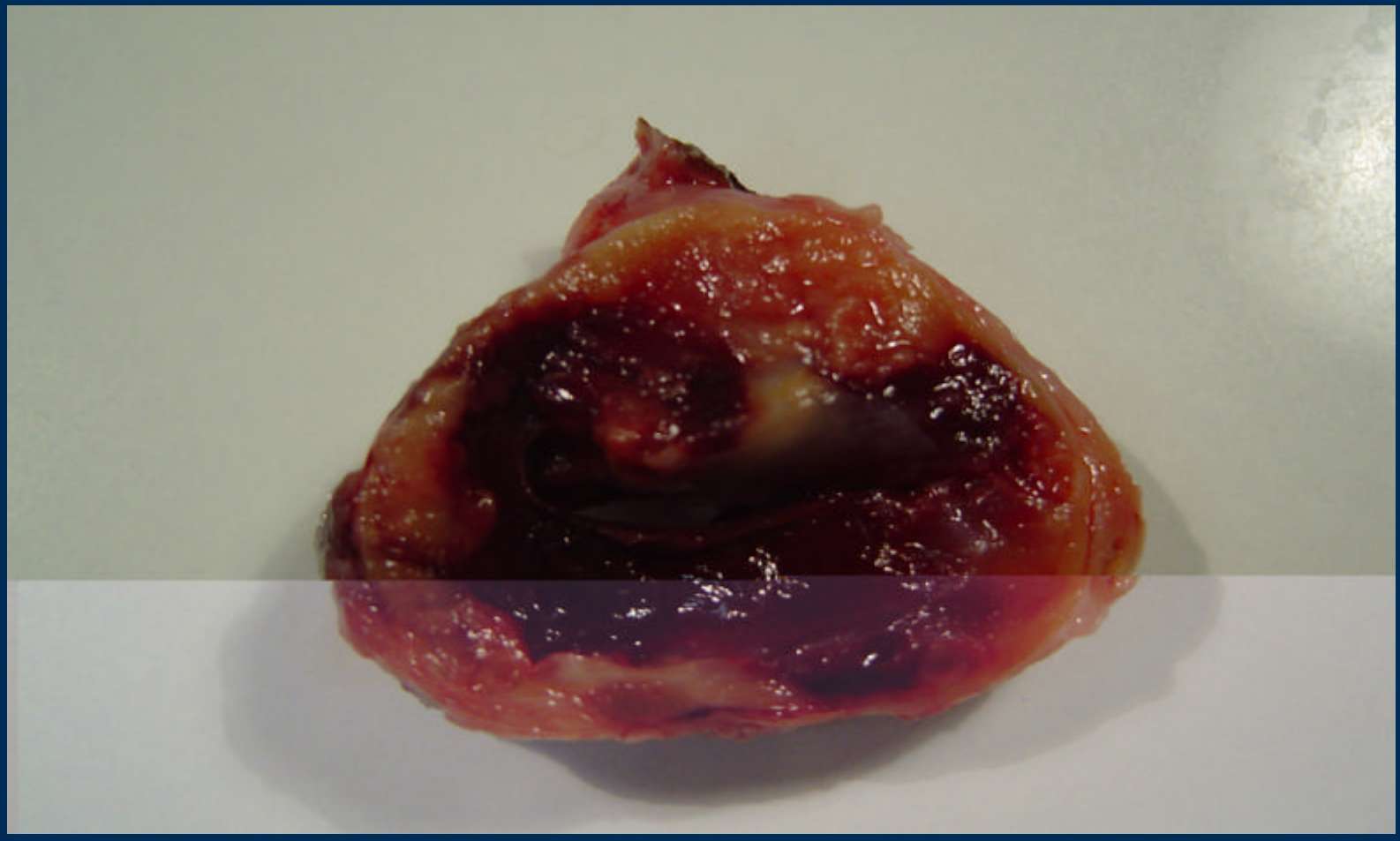


Carcinoma folicular

Pleomorfismo nuclear ocasional

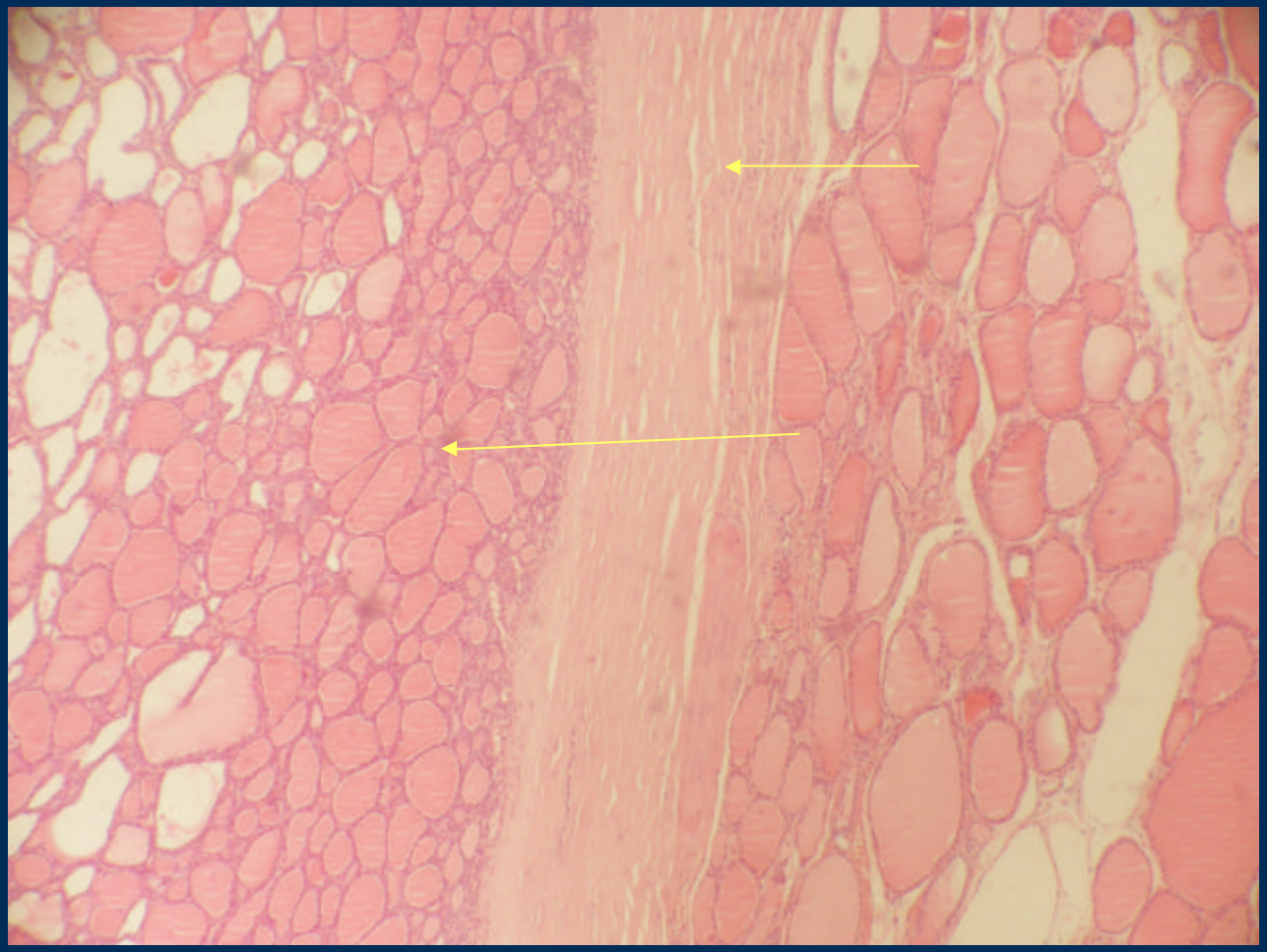


ADENOMA FOLICULAR



Nódulo encapsulado, bien delimitado, pardo claro a pardo oscuro

Adenoma folicular

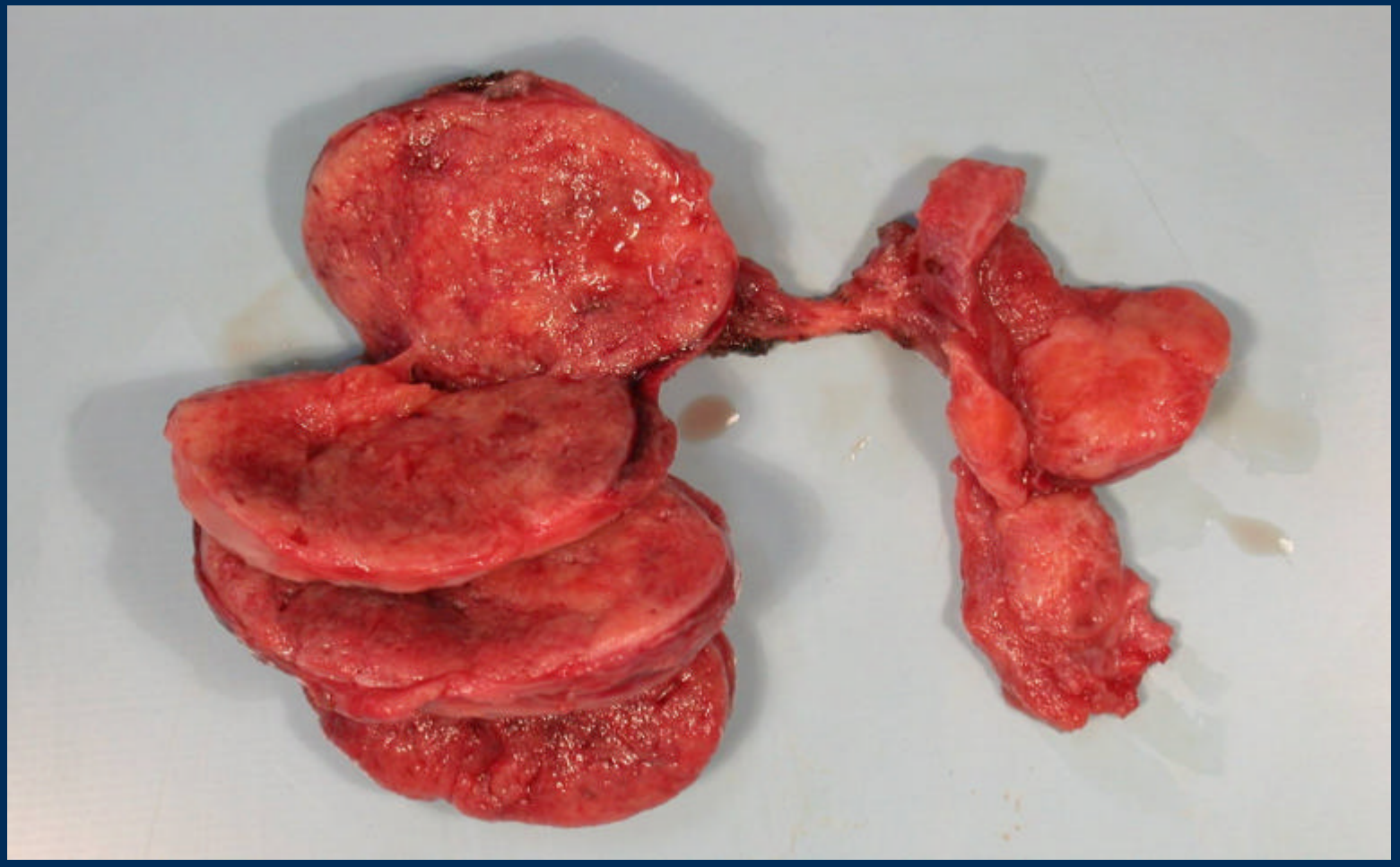


Cápsula gruesa, intacta

Macro y microfolículos

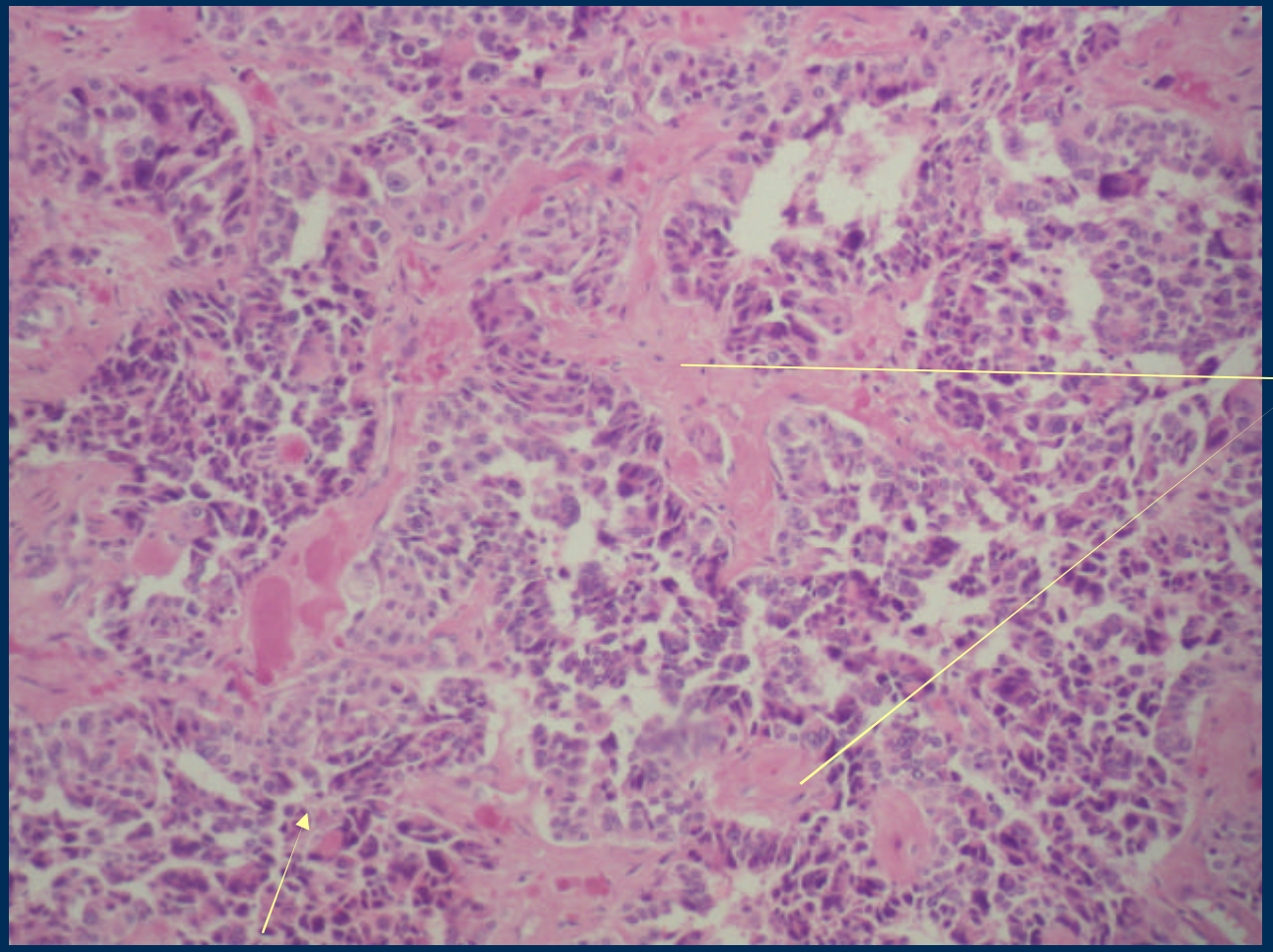
Tiroides vecino

CARCINOMA MEDULAR



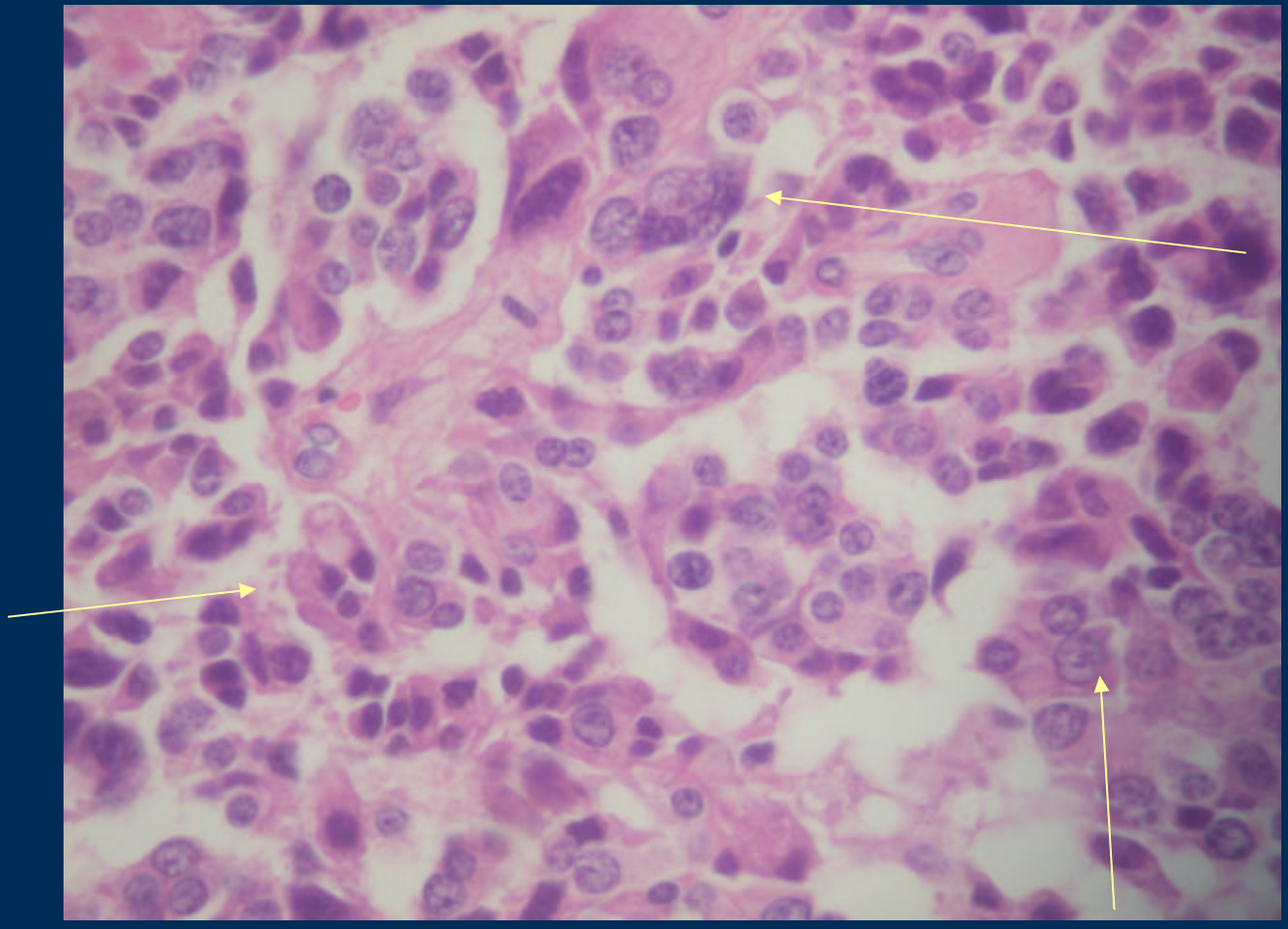
Nódulo sólido, firme, bien delimitado

Carcinoma medular



Nidos de células neoplásicas

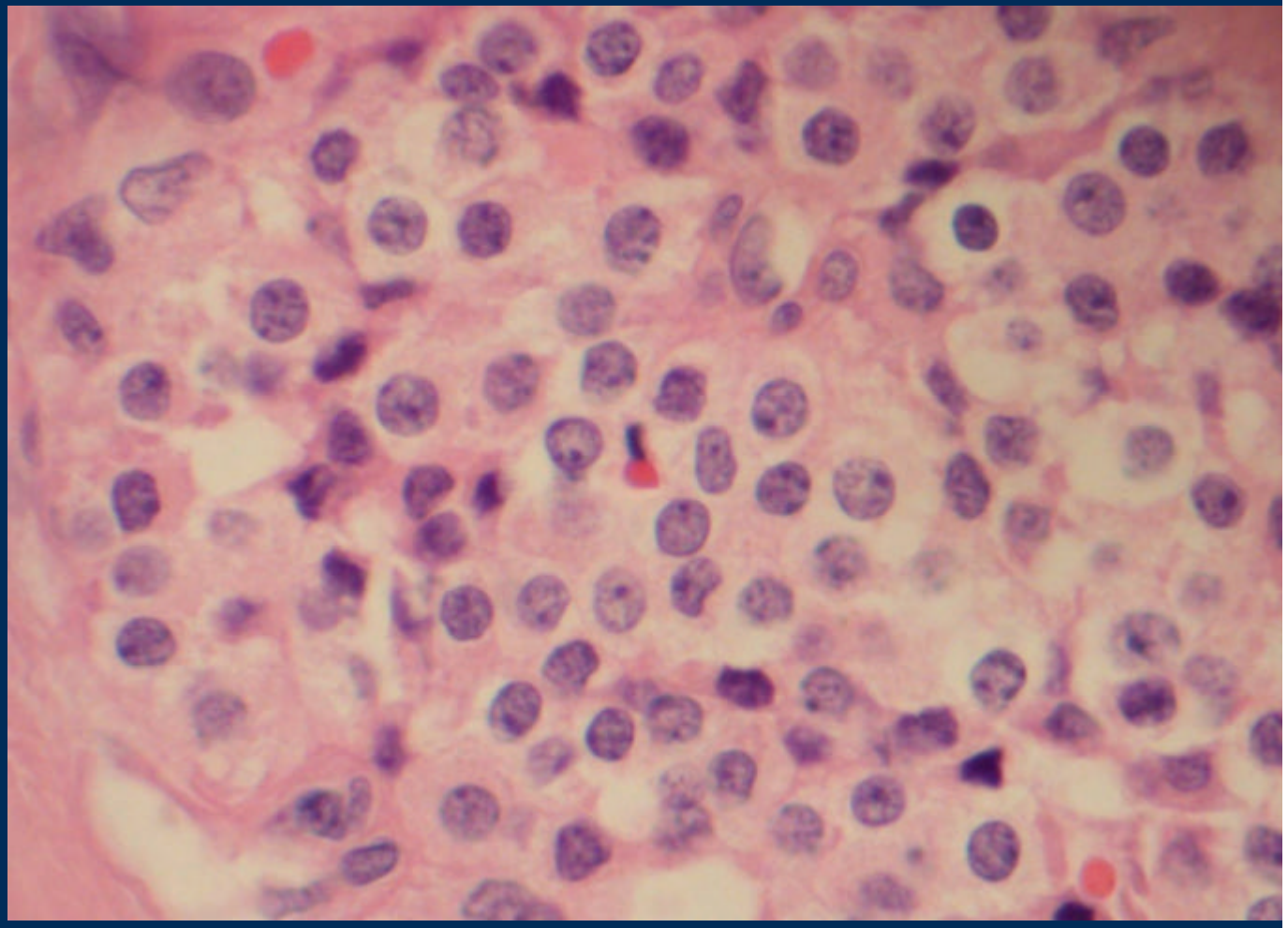
Carcinoma medular



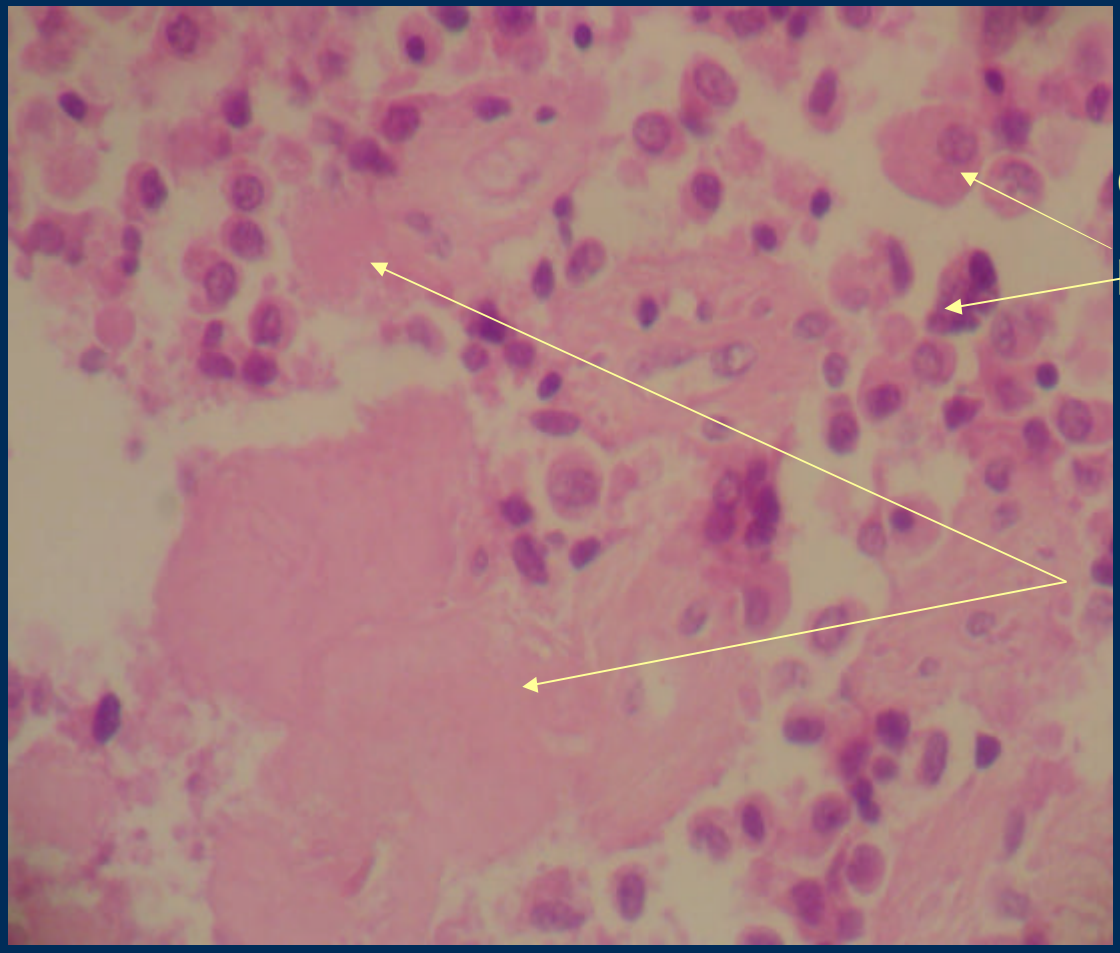
Células plasmacitoides Citoplasma anfófilo Cromatina en sal y pimienta

Carcinoma medular

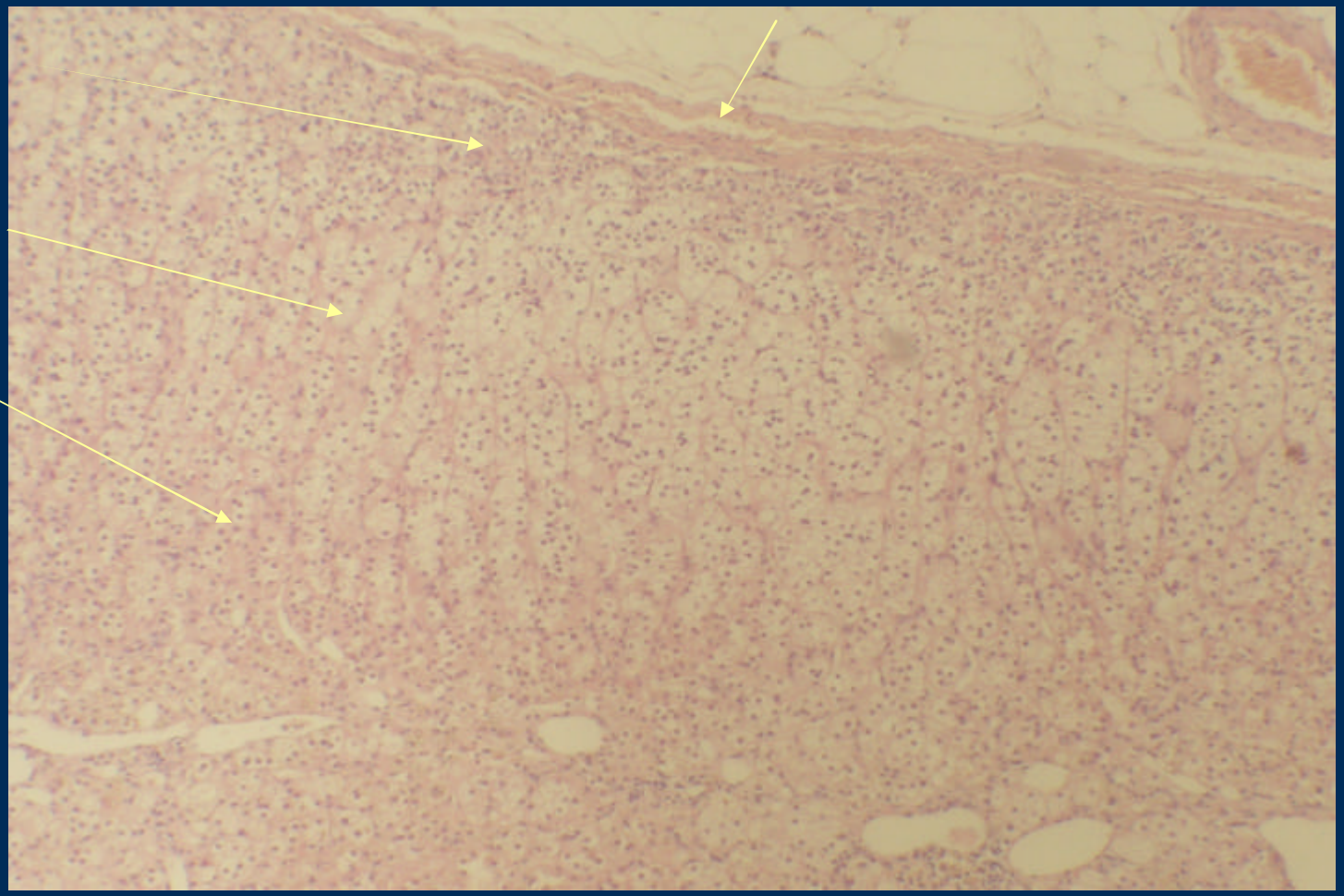
Nidos de células plasmocitoides



Carcinoma medular

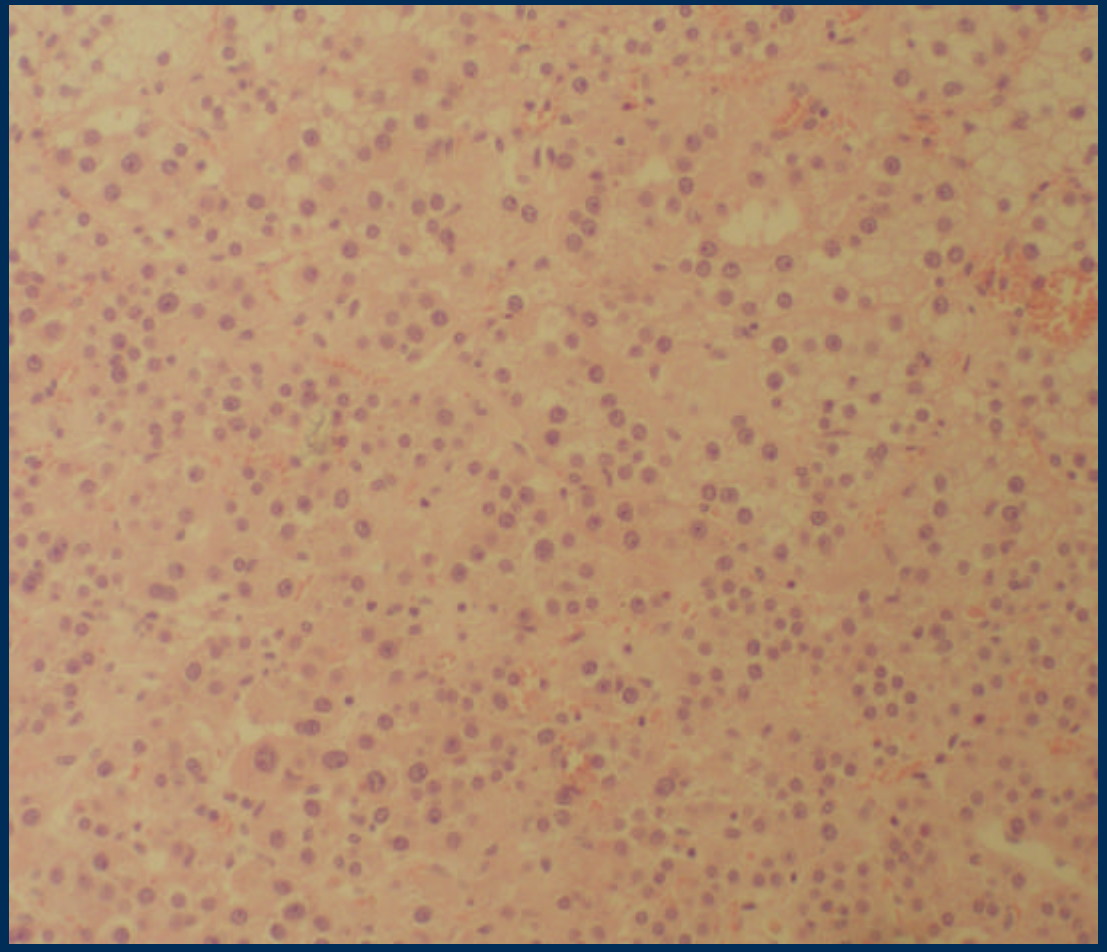


Glándula Suprarrenal Normal



Hiperplasia suprarrenal

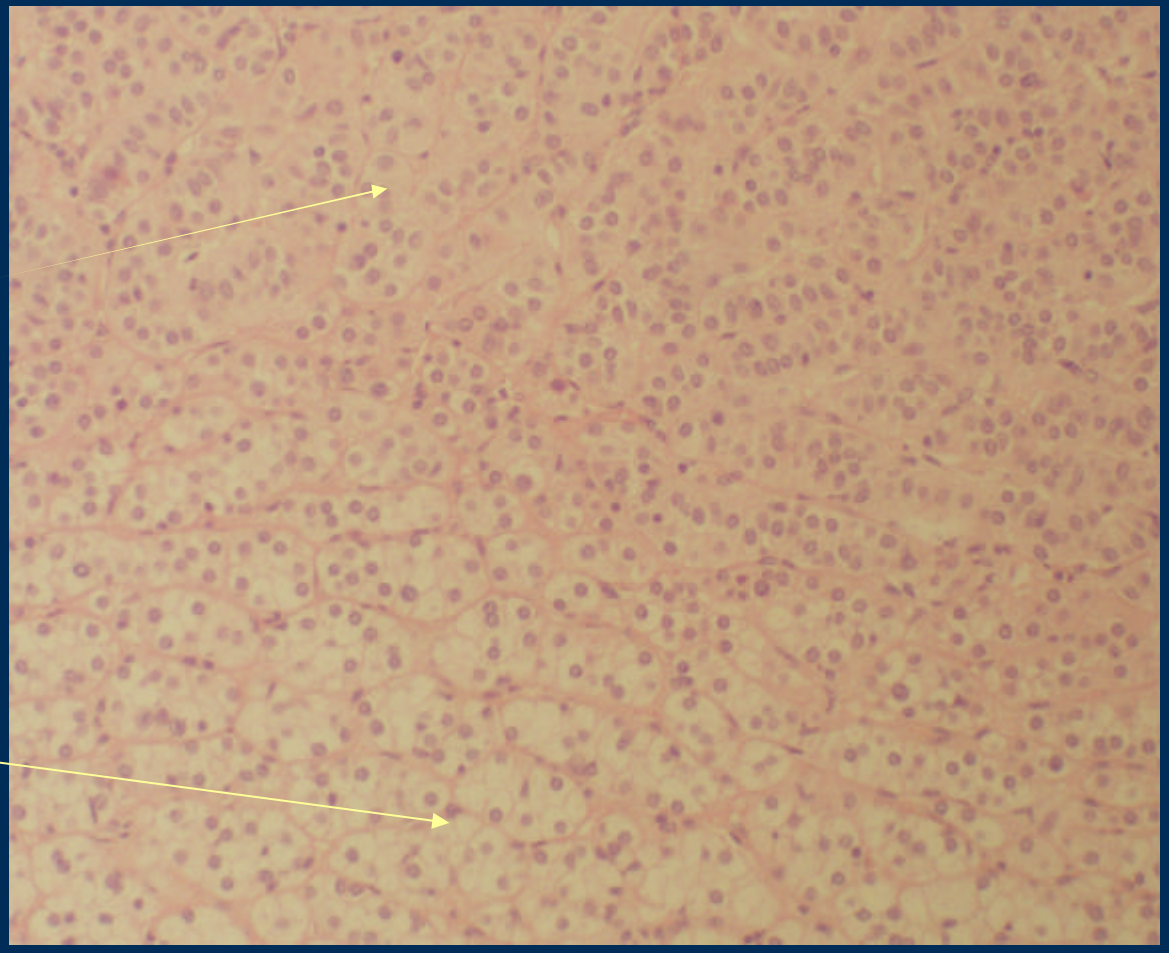
Aumento en el número de células de la capa fascicular



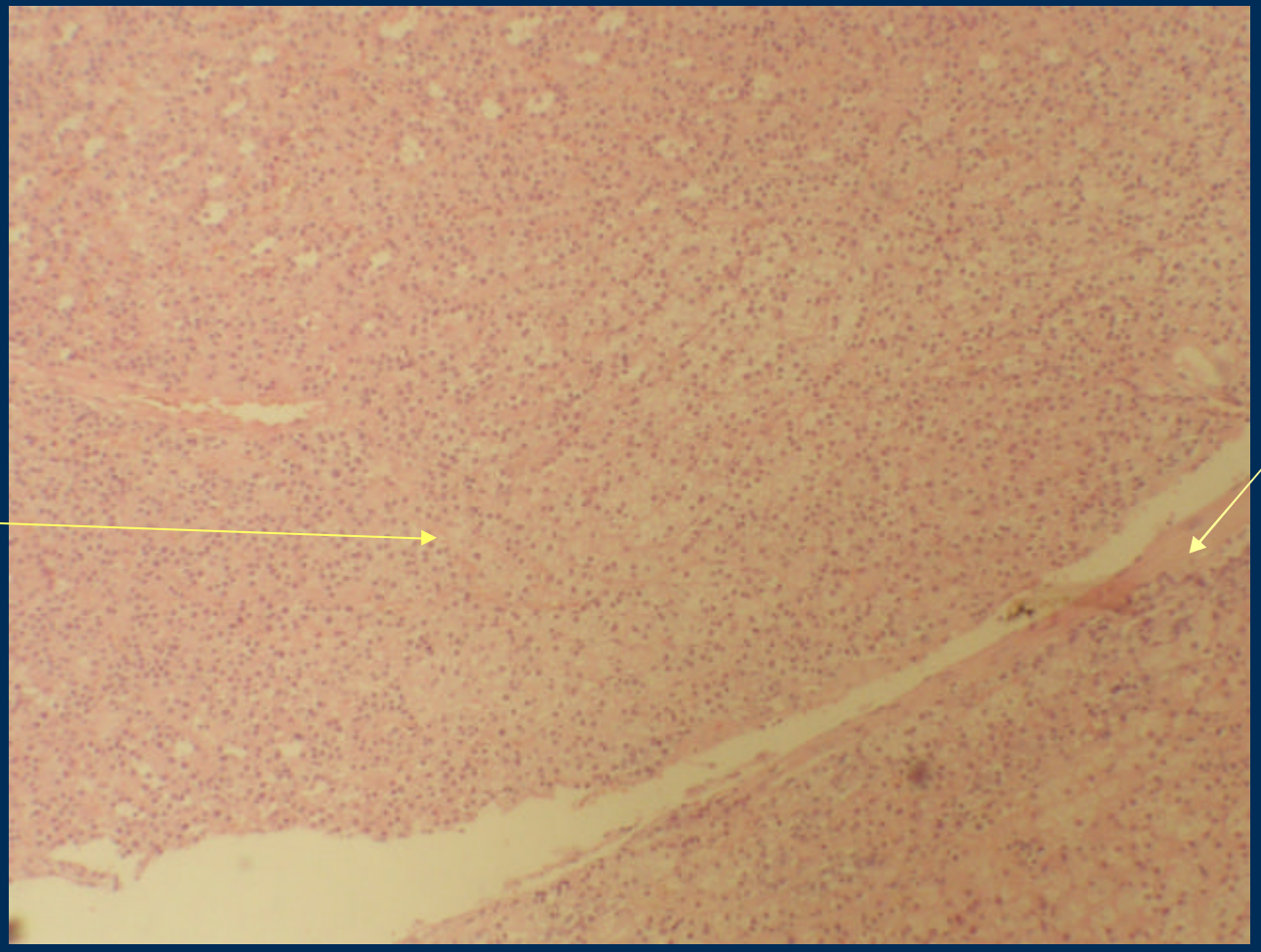
Hiperplasia suprarrenal

Aumento de la capa fascicular

Aumento de la capa reticular



Adenoma suprarrenal



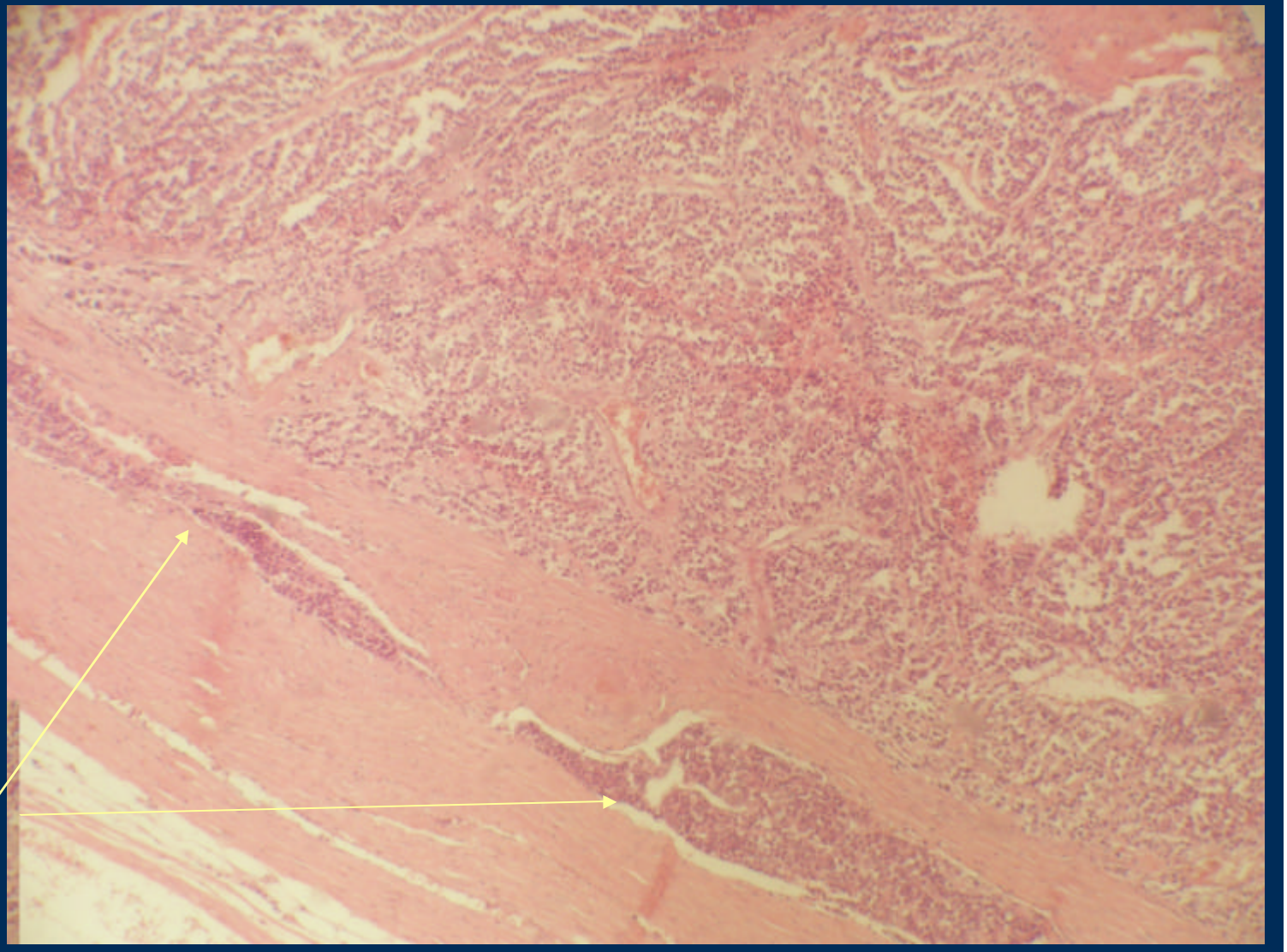
Células corticales

cápsula

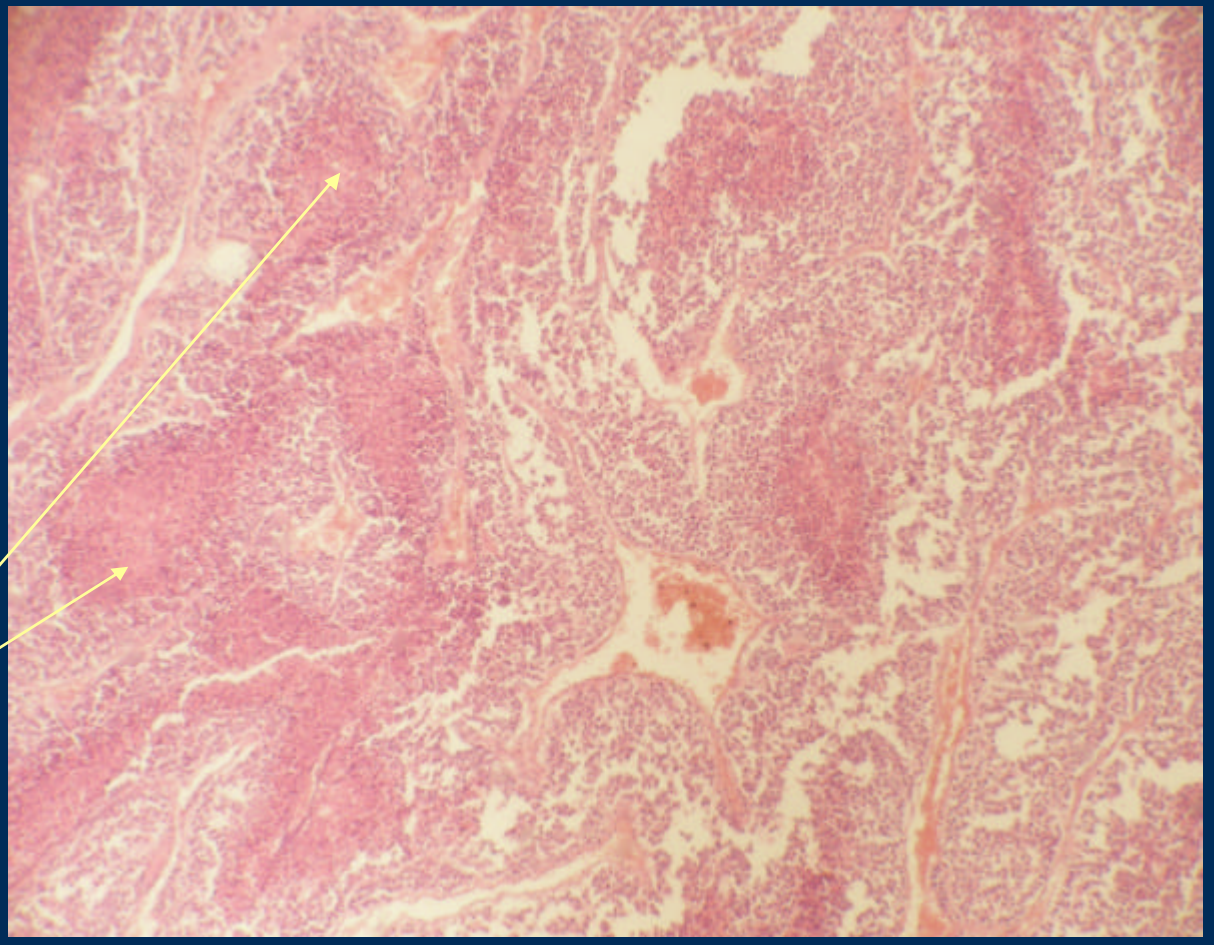
Nódulo bien delimitado

Carcinoma suprarrenal

Permeación vascular



Carcinoma suprarrenal

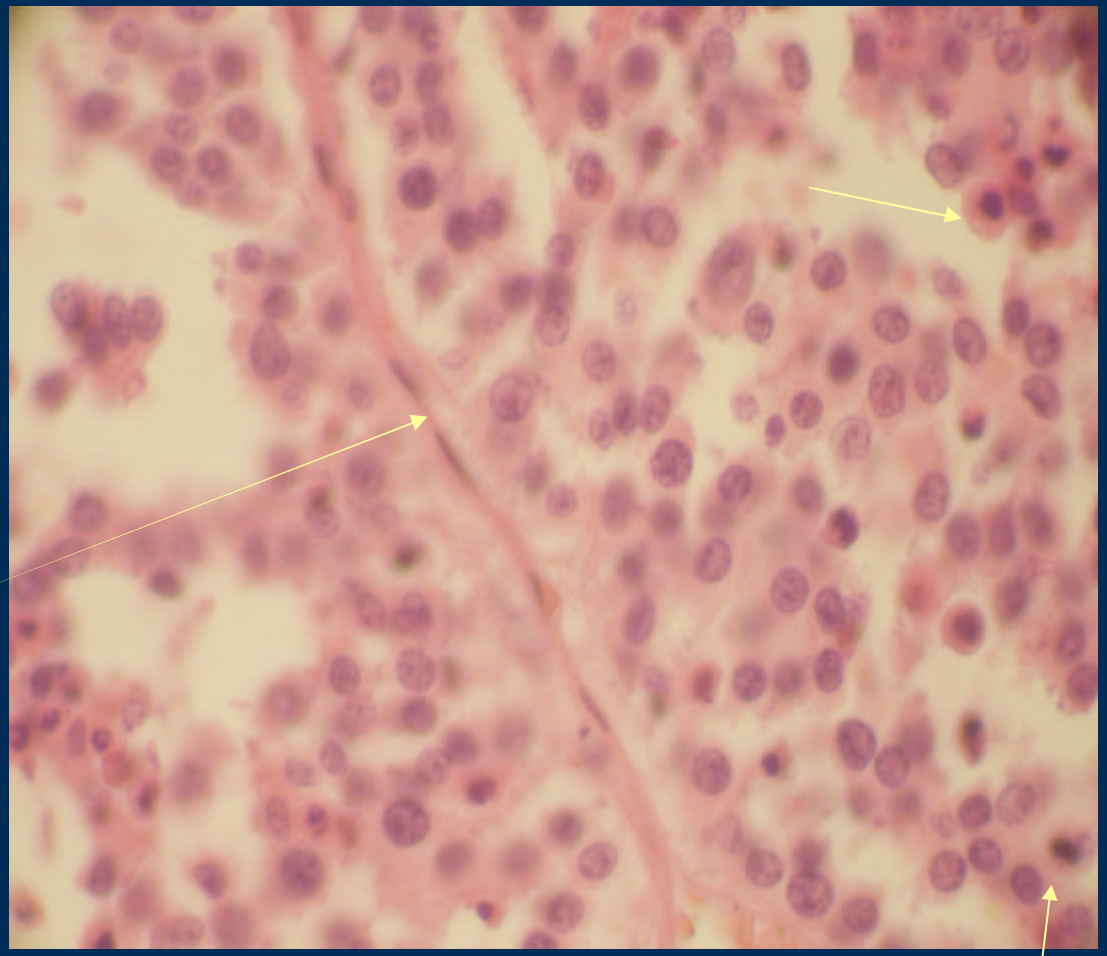


Carcinoma suprarrenal

apoptosis

pleomorfismo

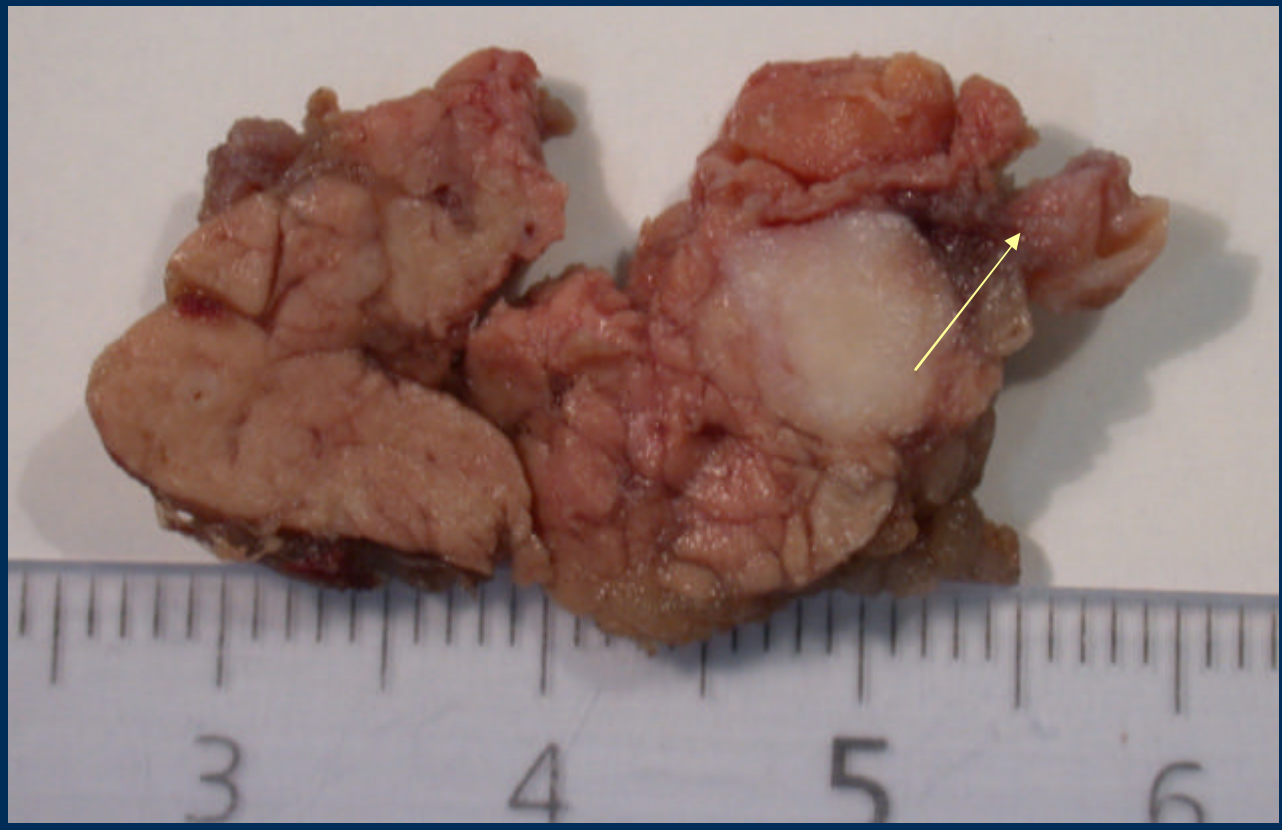
Trama vascular,
patrón organoide



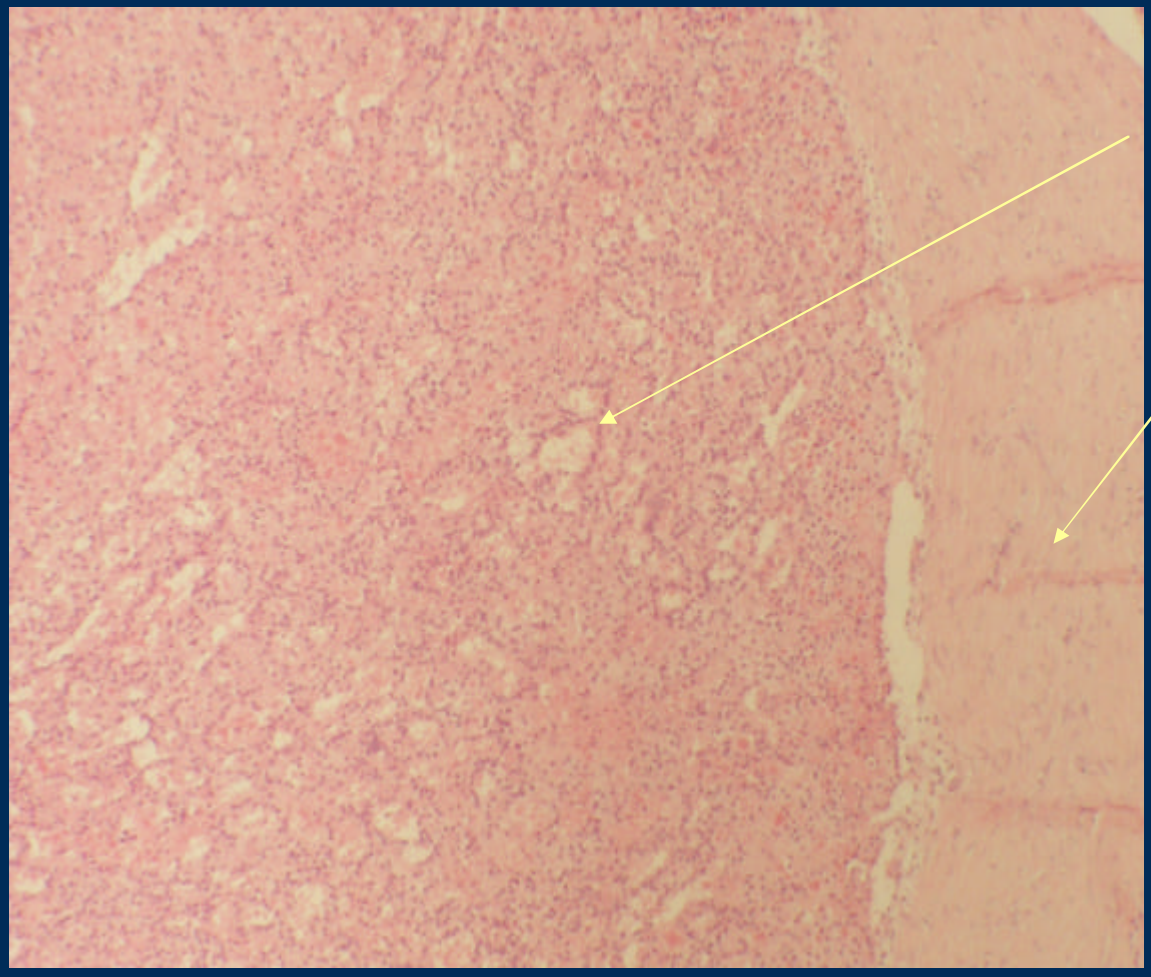
mitosis

Neoplasia endocrina del páncreas

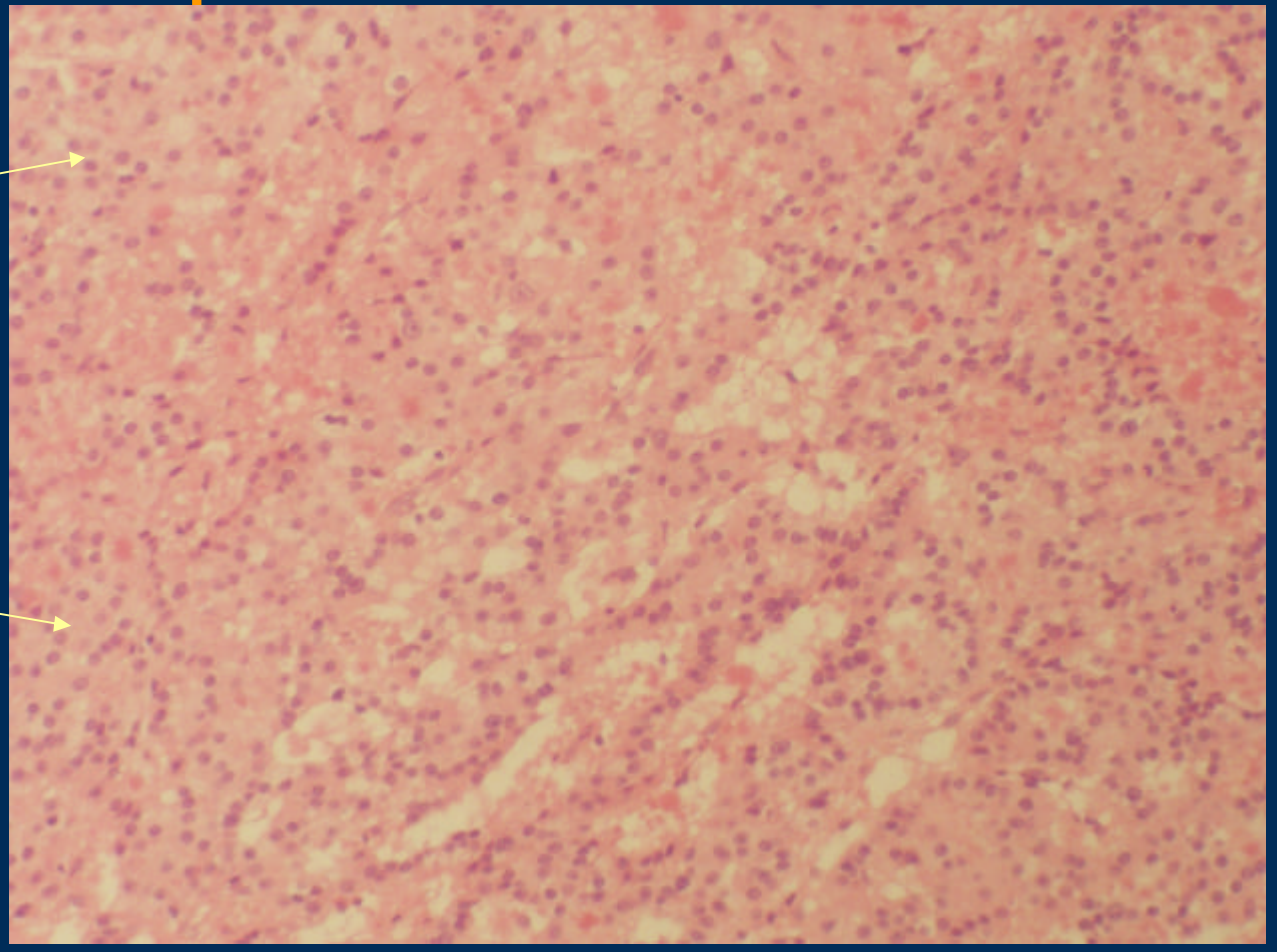
Tumor bien delimitado, encapsulado



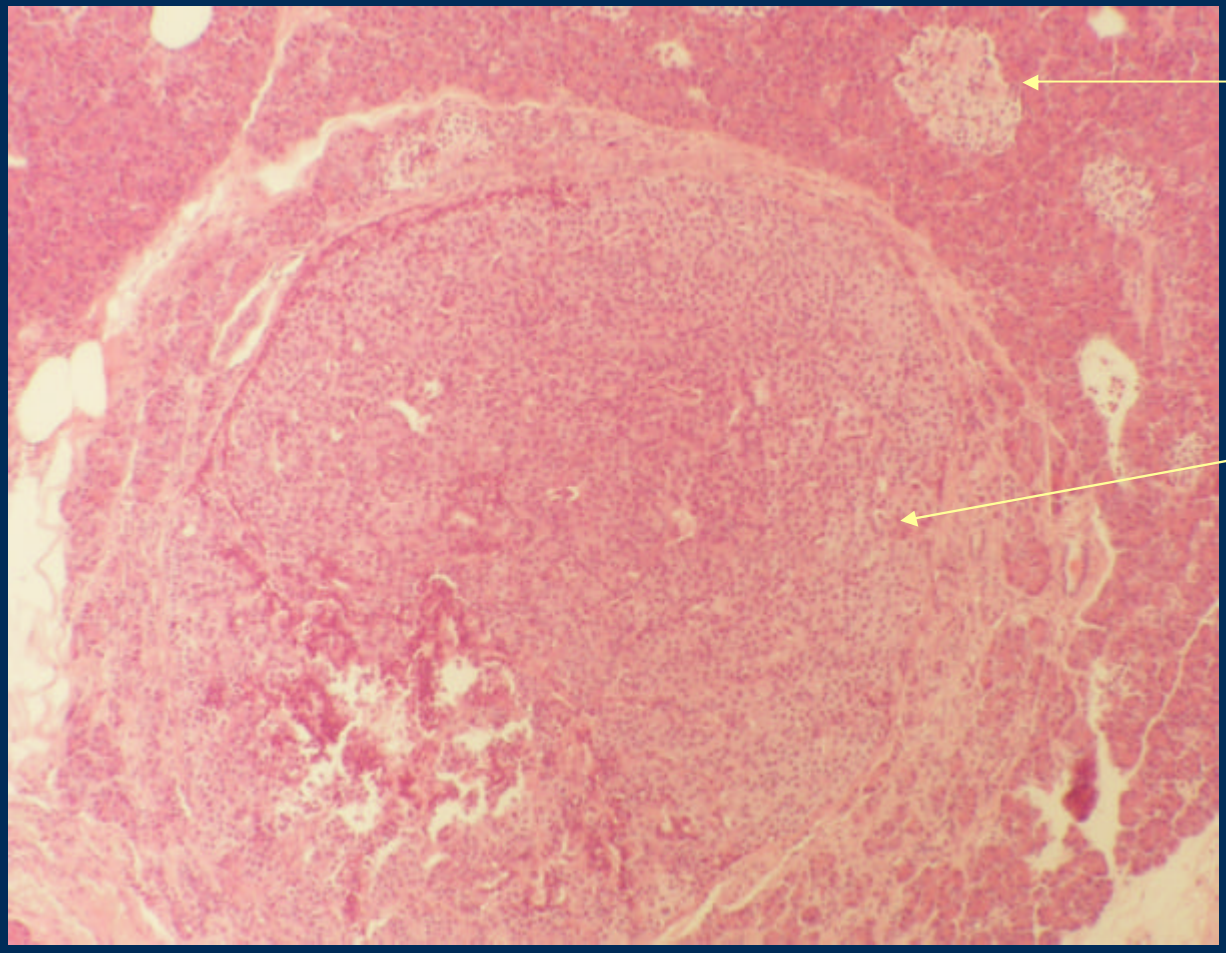
Neoplasia endocrina del páncreas



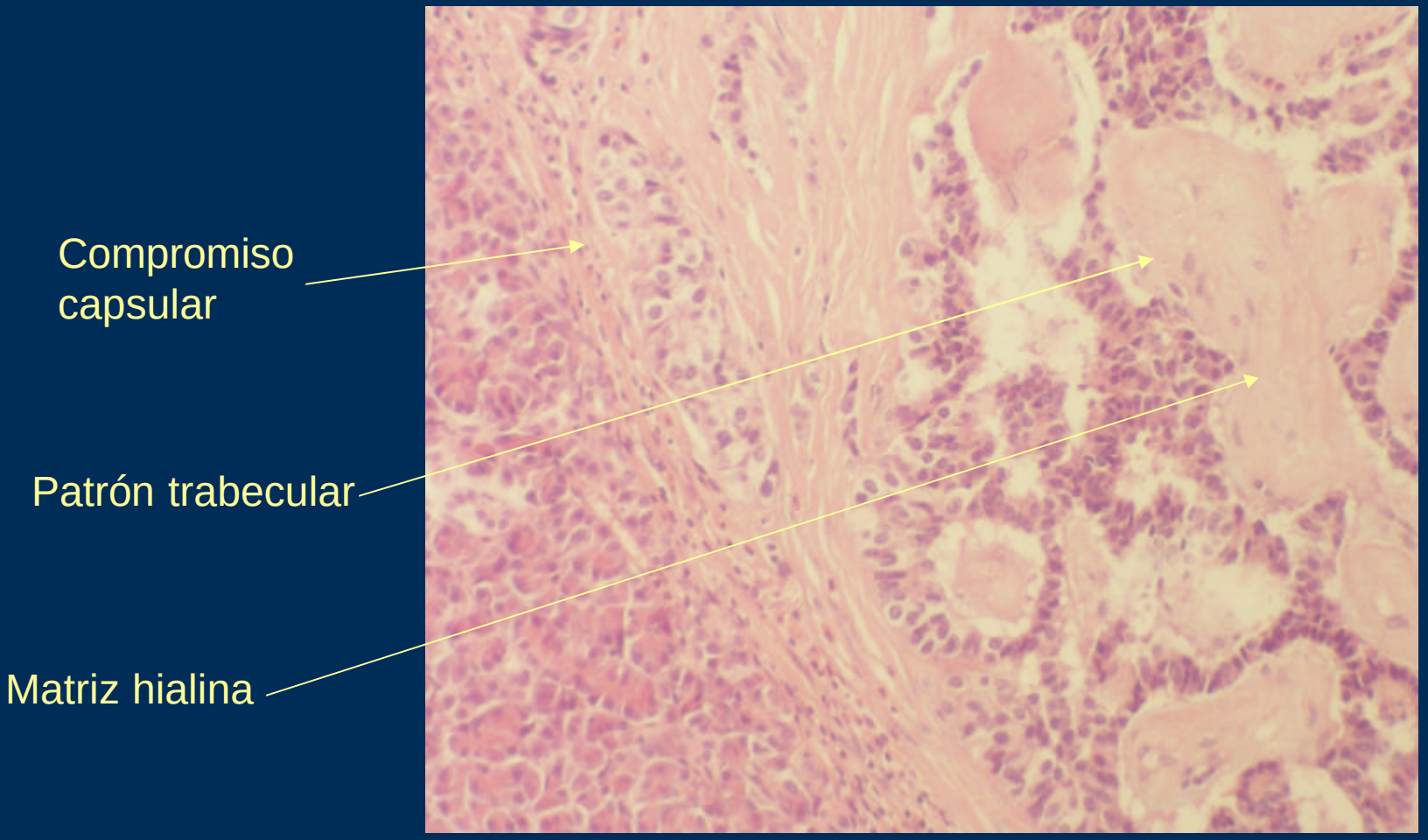
Neoplasia endocrina del páncreas



Neoplasia Endocrina del páncreas



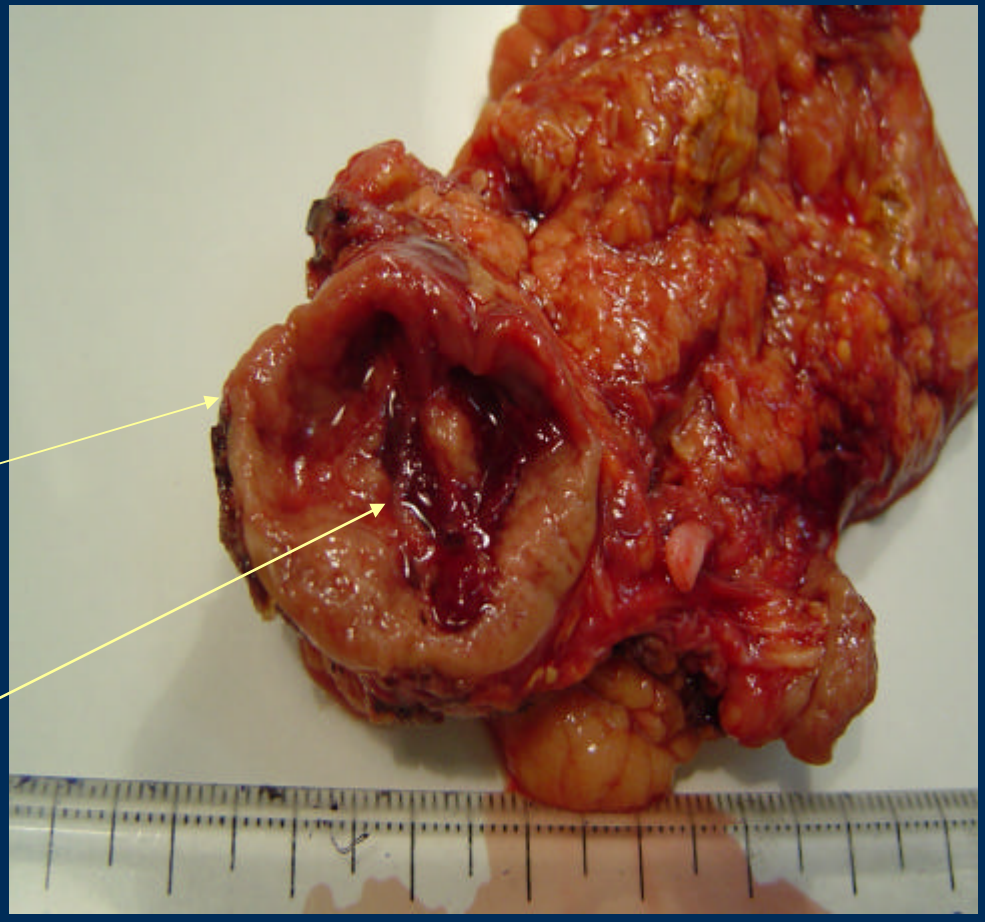
Neoplasia endocrina del páncreas



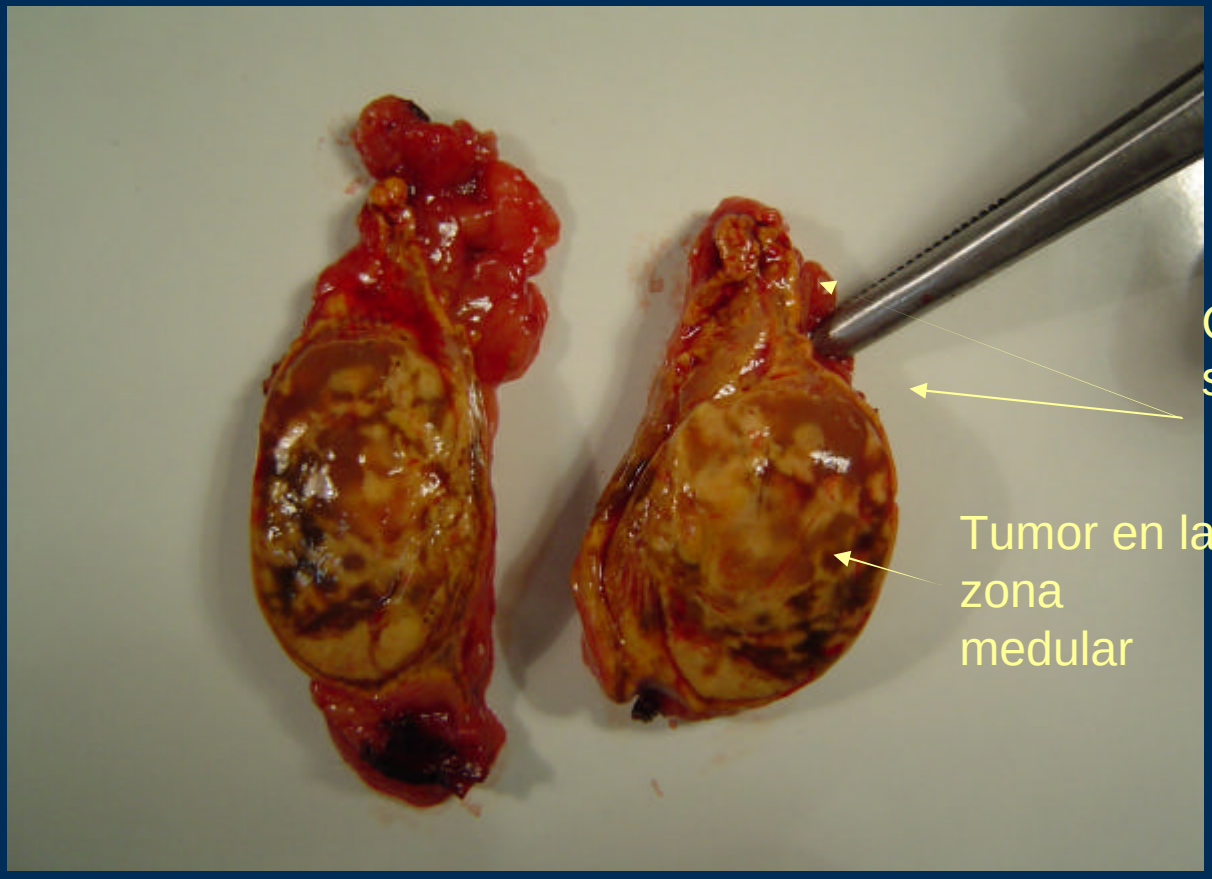
Feocromocitoma

Nódulo bien delimitado

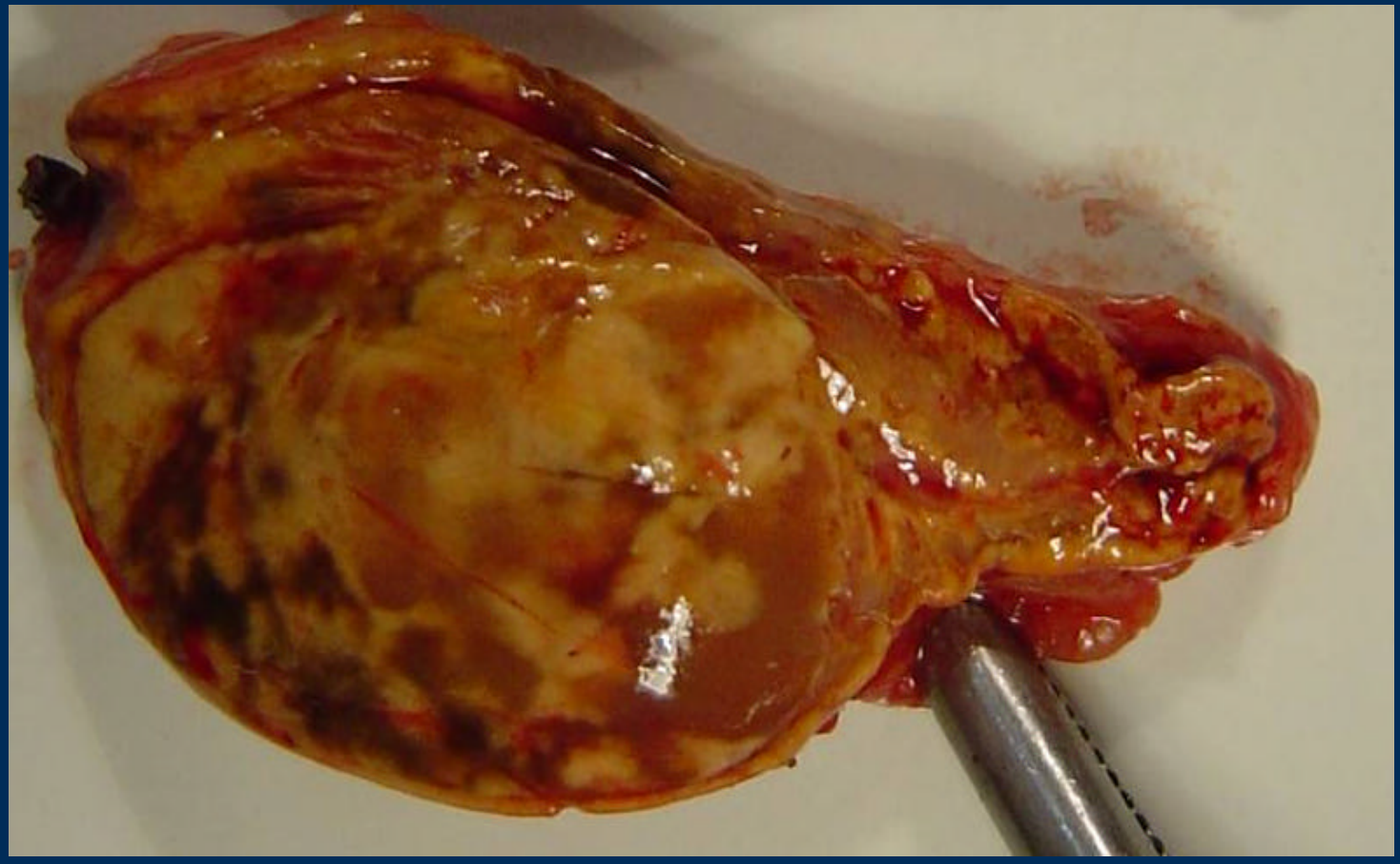
Degeneración quística



Feocromocitoma



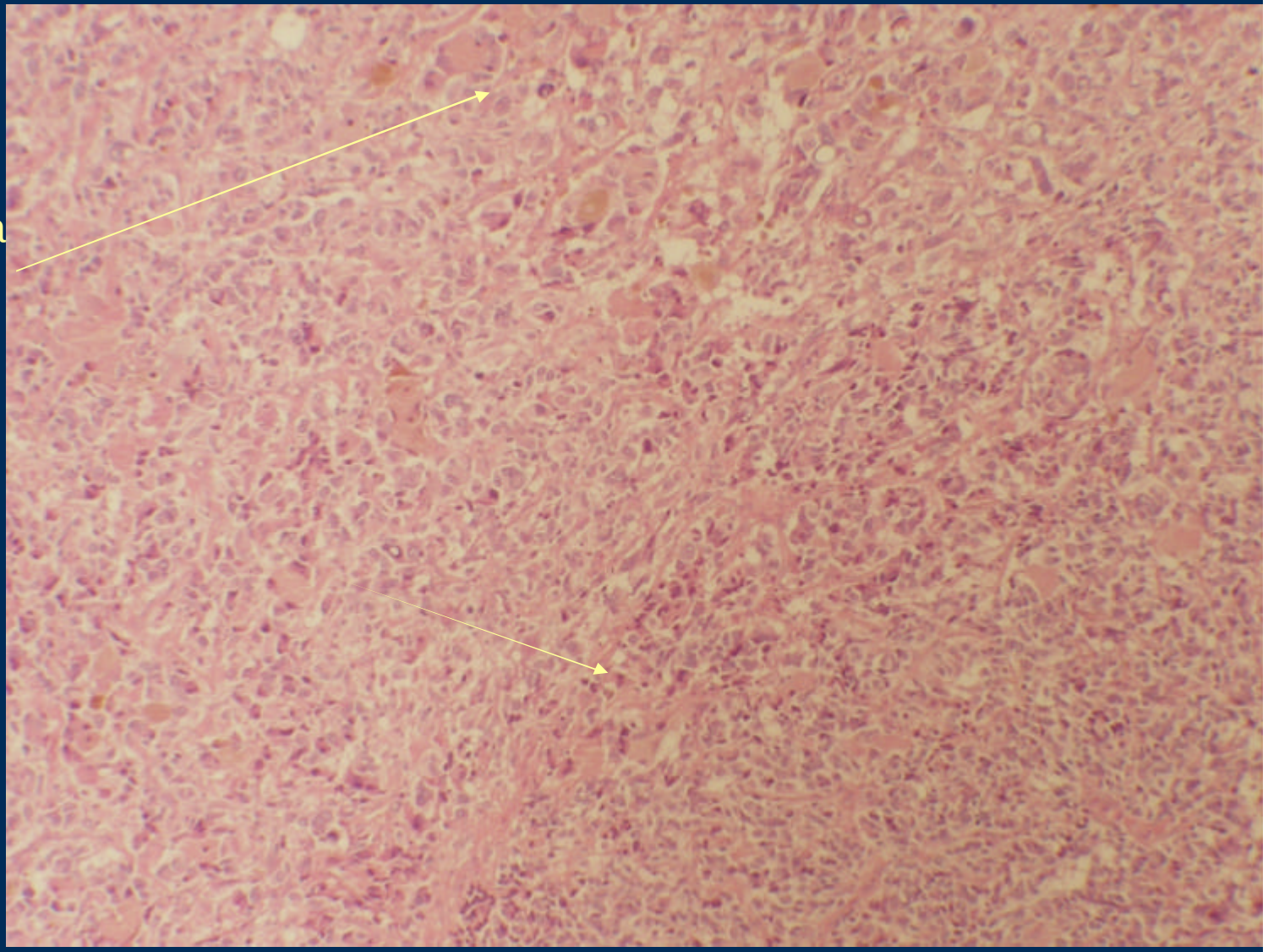
Feocromocitoma



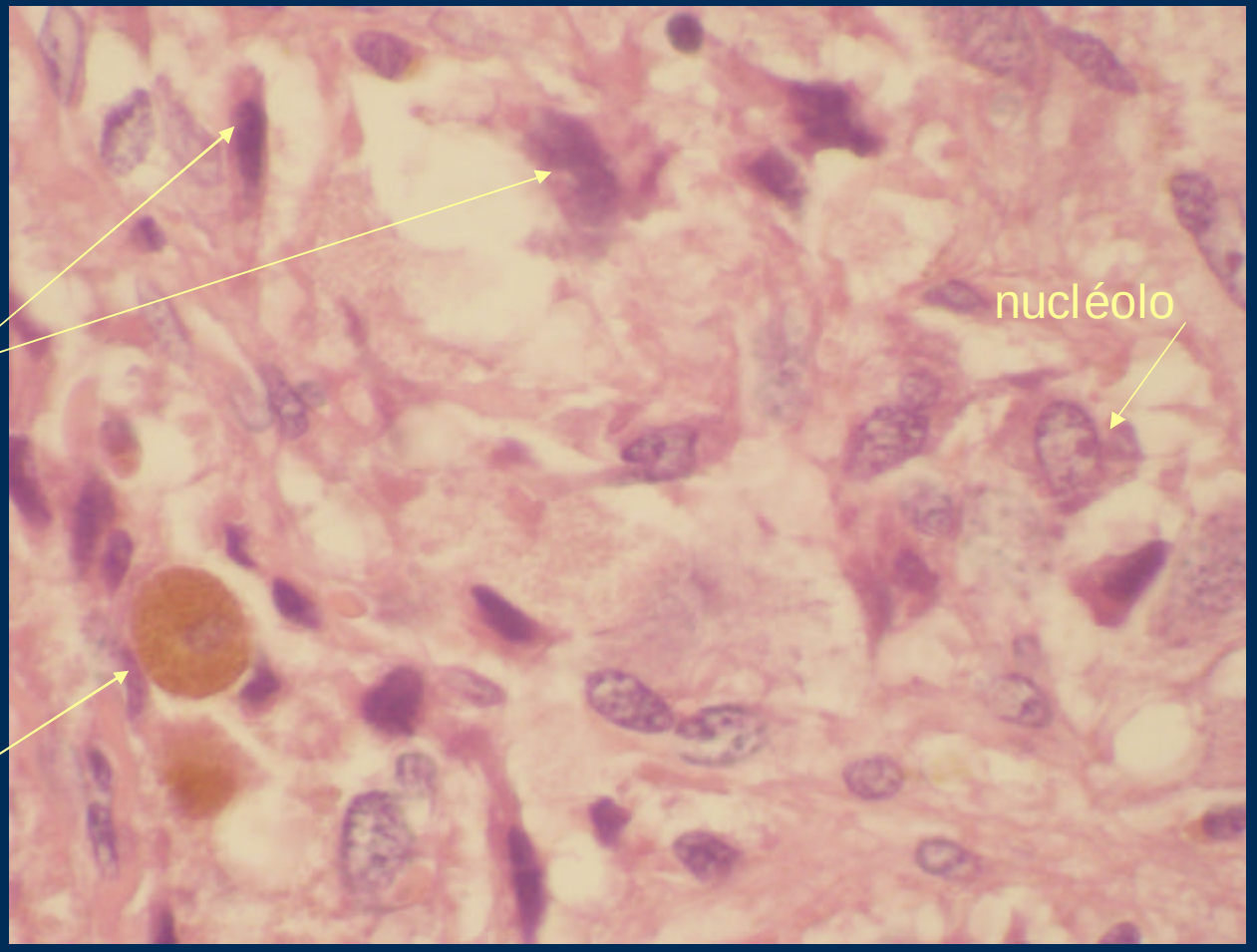
Feocromocitoma

Citoplasma anfófilo

Trama vascular abundante



Feocromocitoma



PATOLOGIA INFECCIOSA

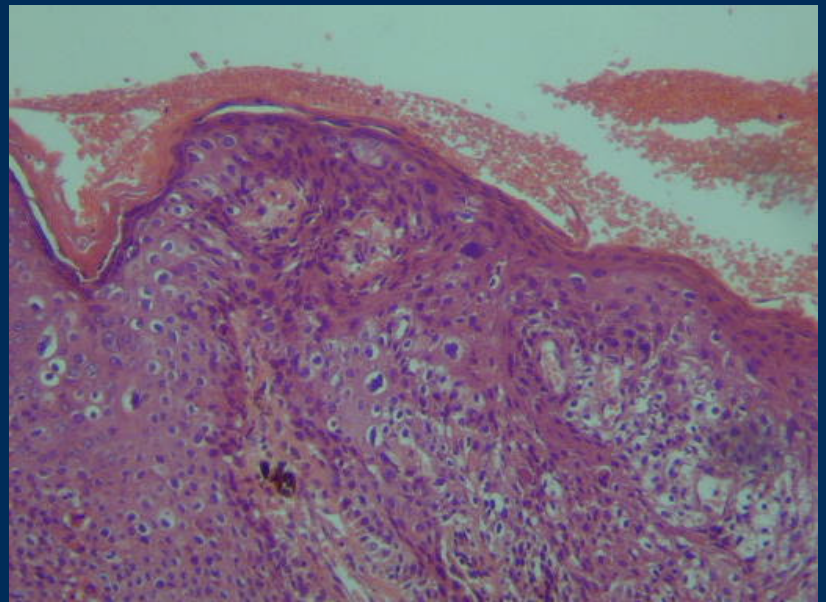
Indice

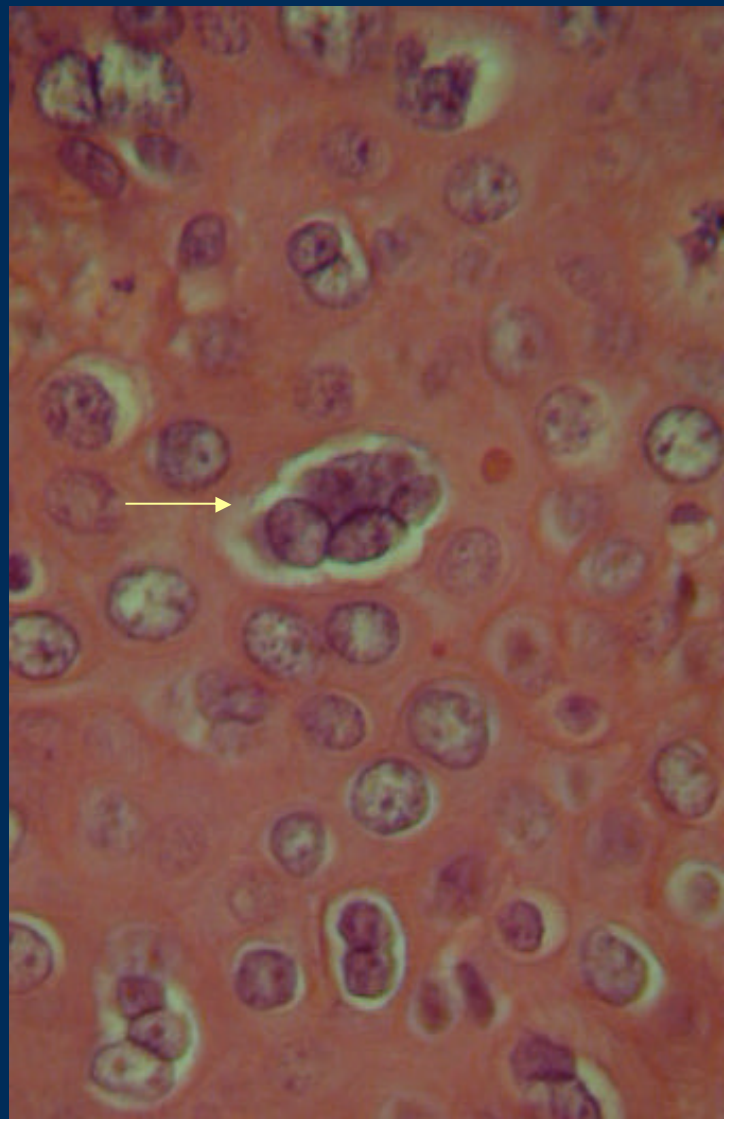
- Herpes simple, Verruga vulgar, CMV
- Infecciones bacterianas inespecíficas
- Actinomicosis
- Tuberculosis
- Espiroquetosis
- Criptosporidiosis
- Candidiasis, Pcarinii
- Aspergillosis , Mucormicosis
- Hidatidosis, Cisticercosis, Giardiasis, Triquinosos
- Helmintiasis
- Toxoplasmosis

INFECCIONES VIRALES
HERPES

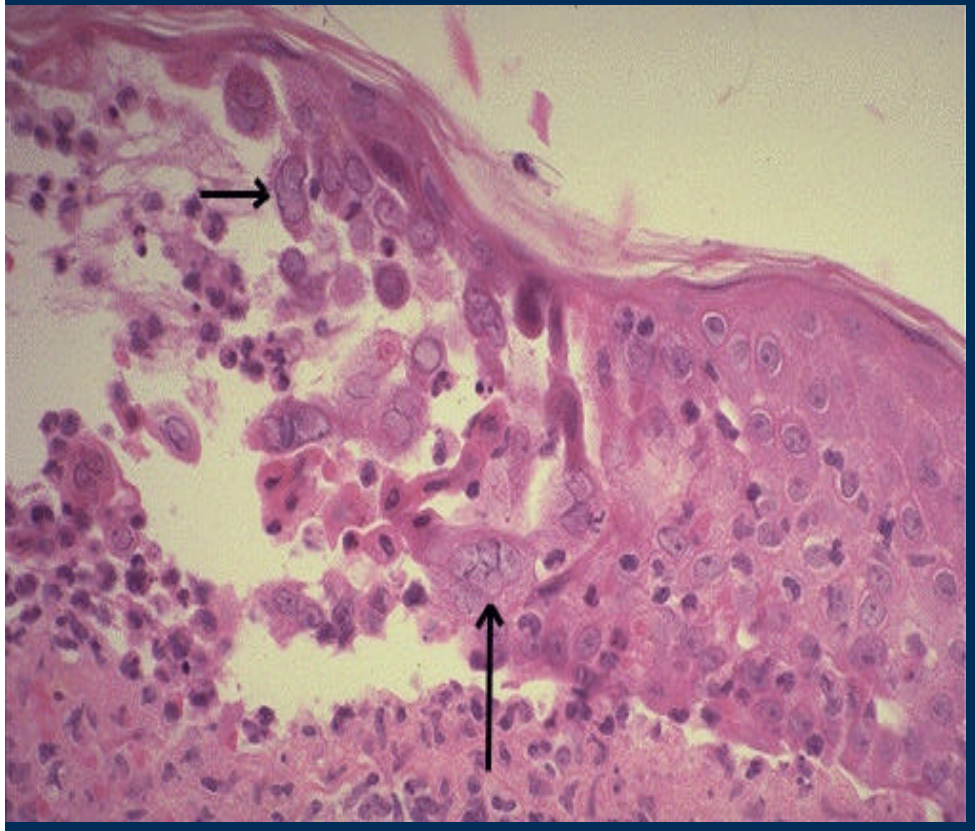
Efecto citopático viral
Multinucleación
Moldeamiento nuclear
Vidrio esmerilado nuclear

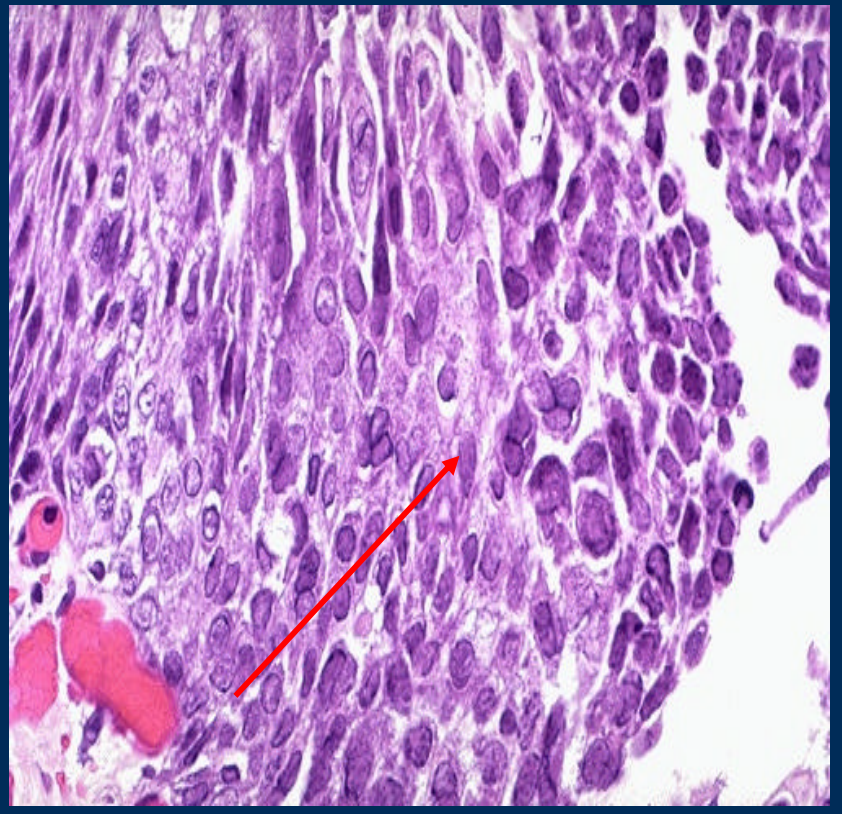
Piel



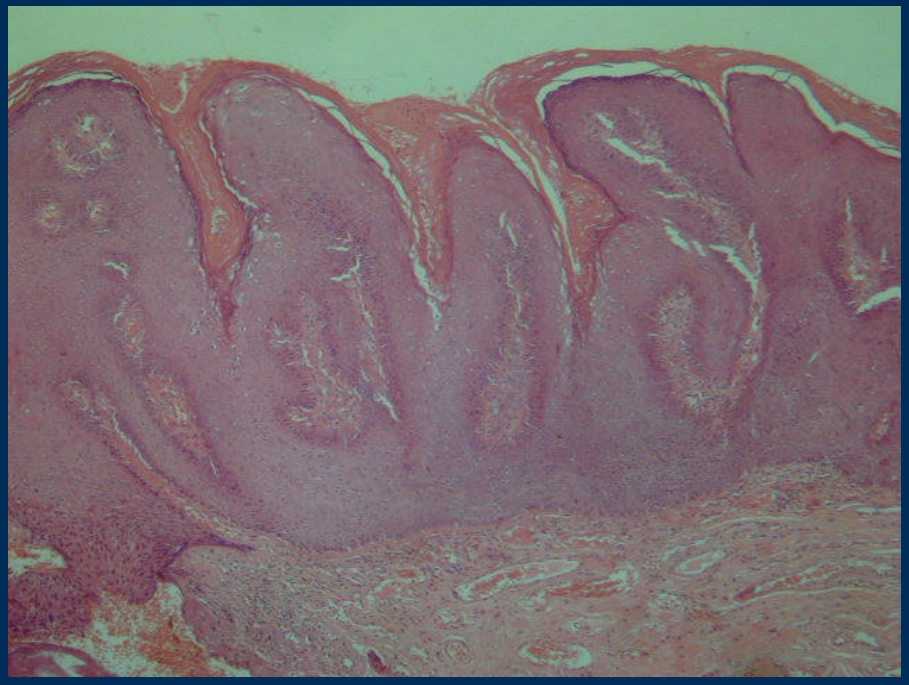


Herpes simple



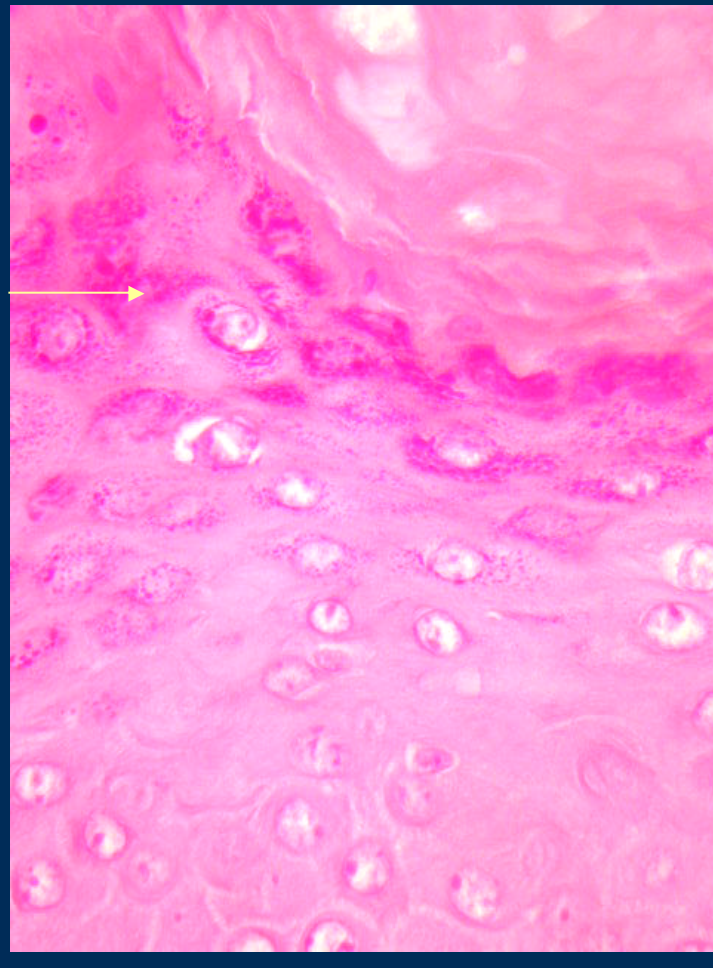


Verruga vulgar (viral)



Piel

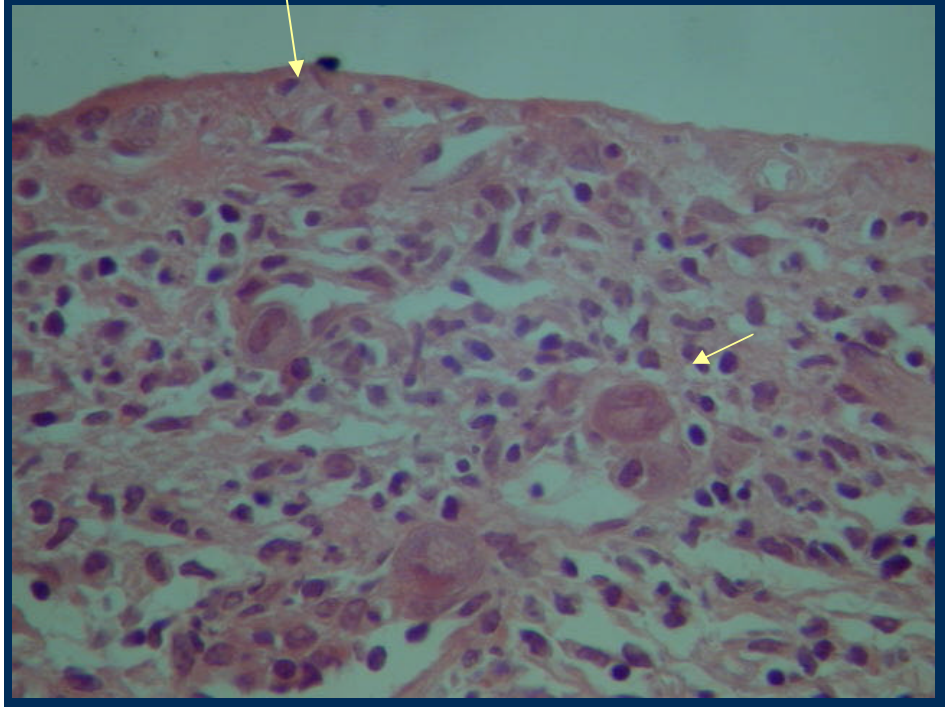
Hipergranulosis

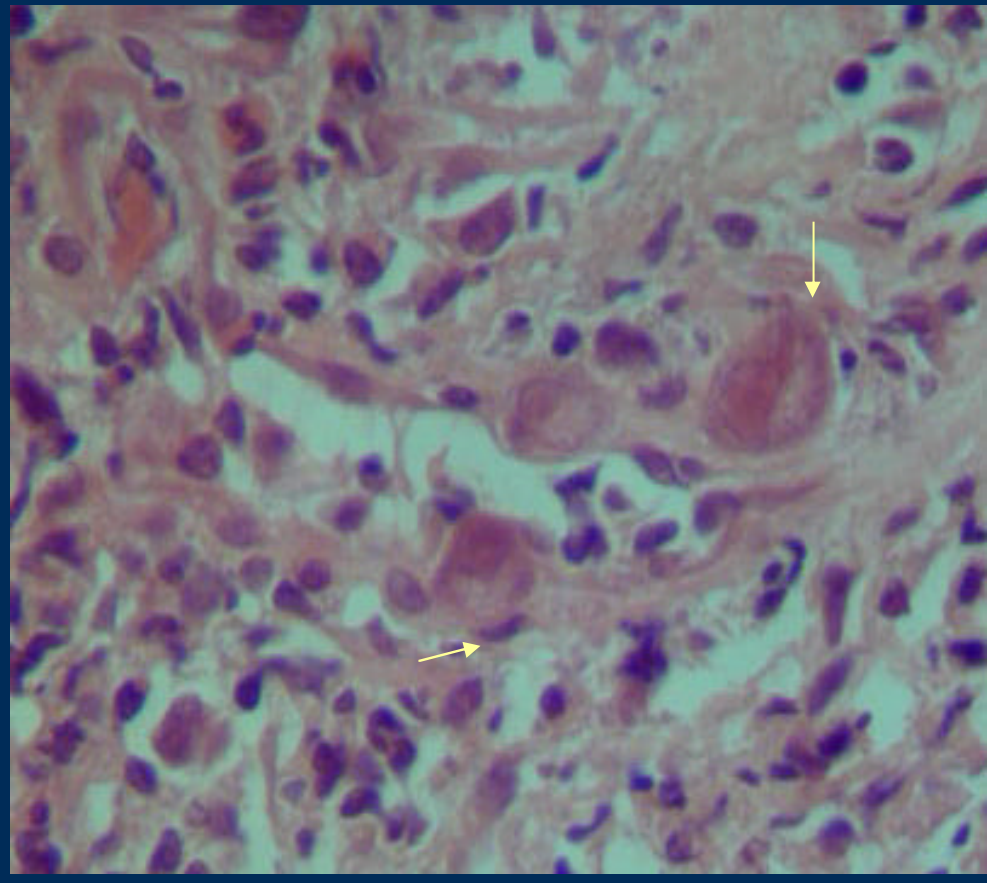


INFECCIONES VIRALES
CITOMEGALOVIRUS

Inclusiones virales en células endoteliales

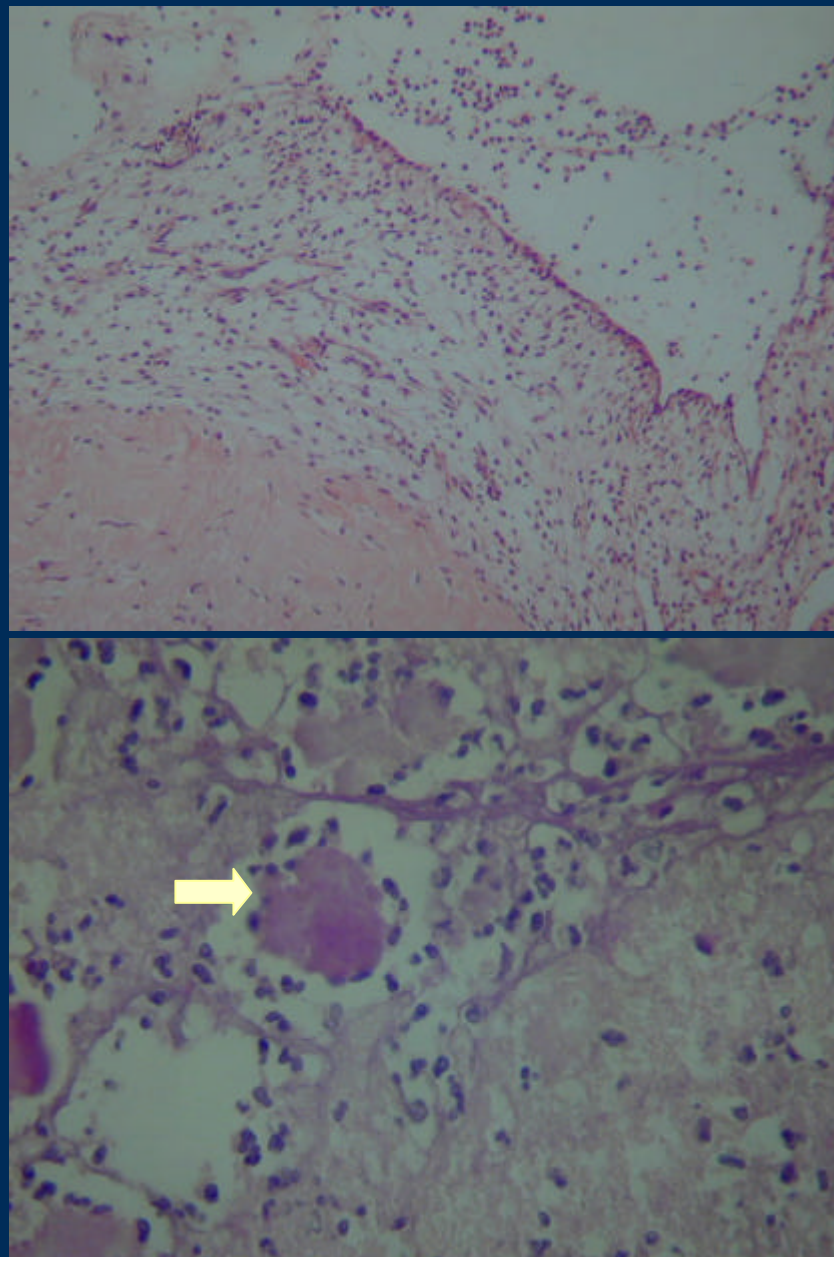
Mucosa esofágica





ENFERMEDADES BACTERIANAS

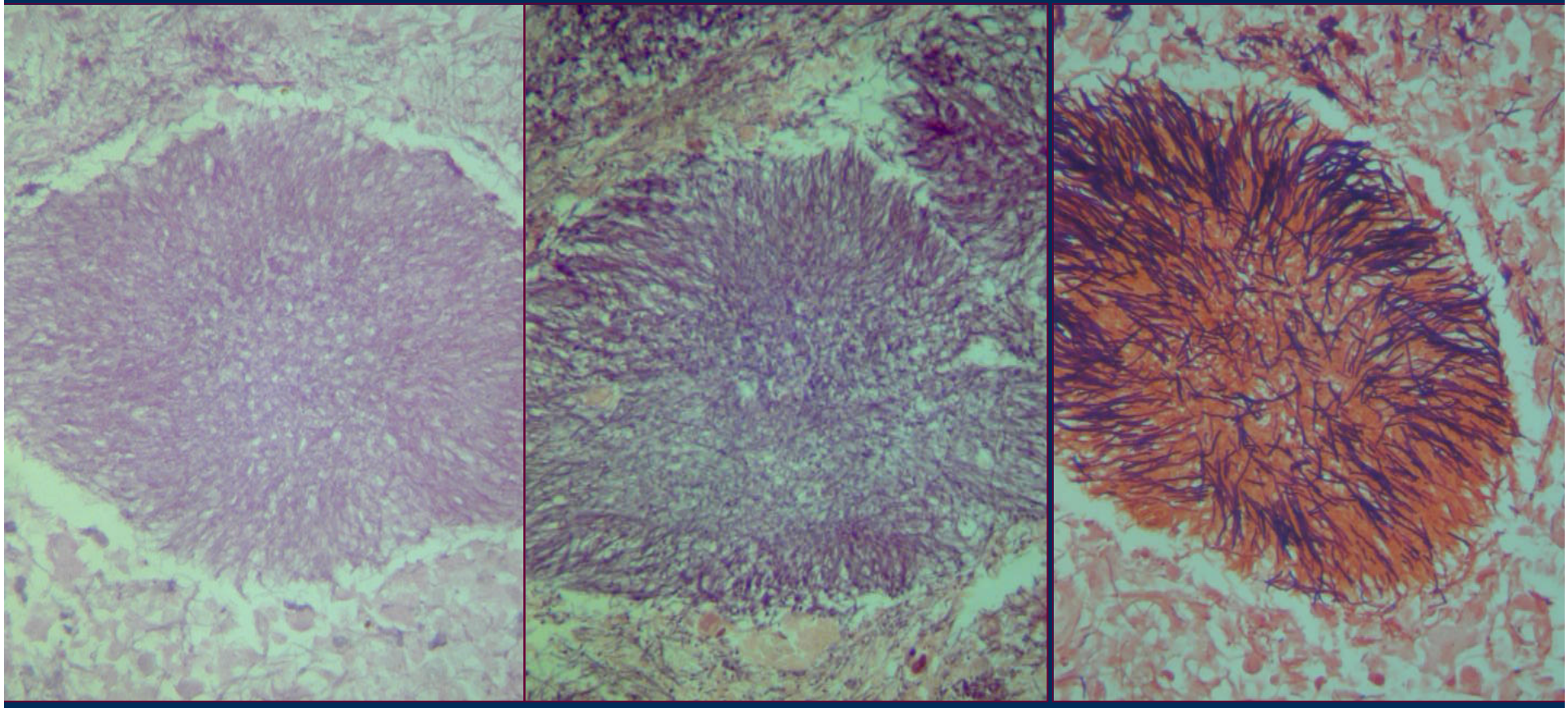
- En general inespecíficas
- Grados variables de infiltración PMN
- Exudado
- Enfermedades piógenas ricas en pus



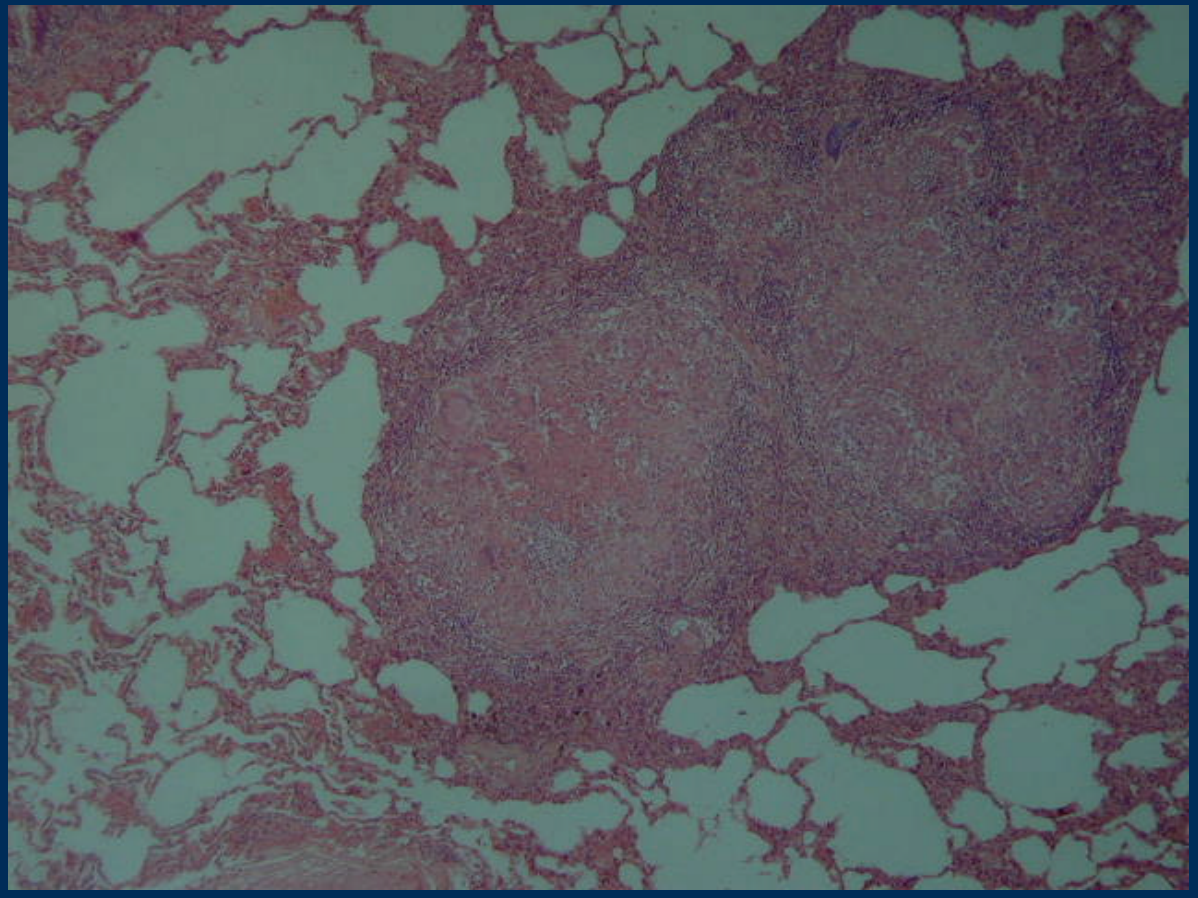
Endocardio
Colonias bacterianas

Actinomicosis (infección bacteriana)

HE PAS GRAM

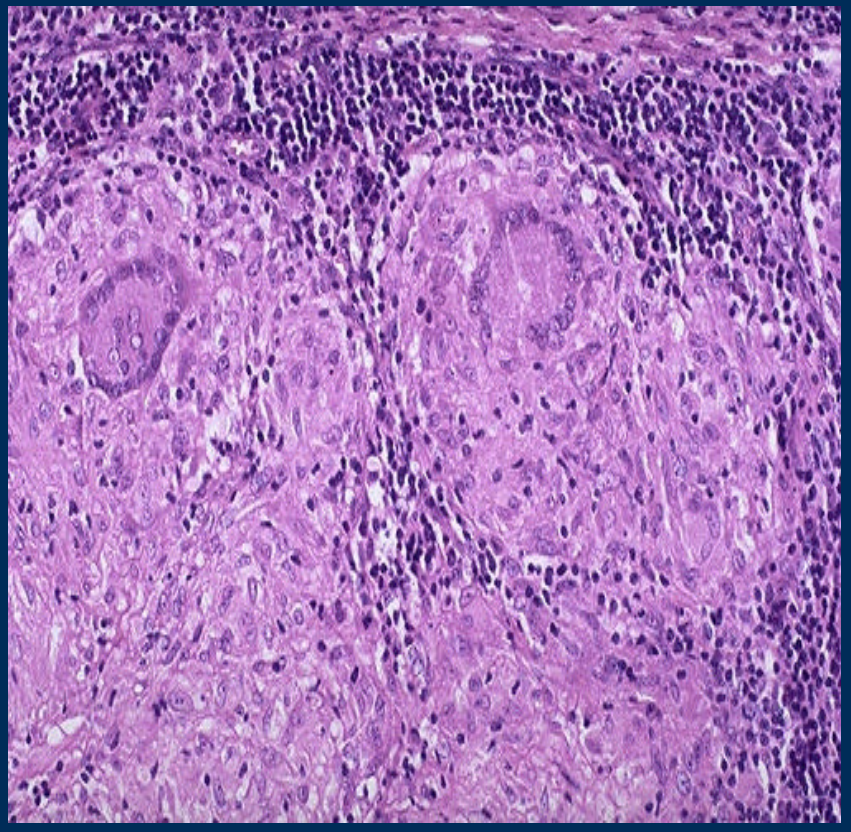


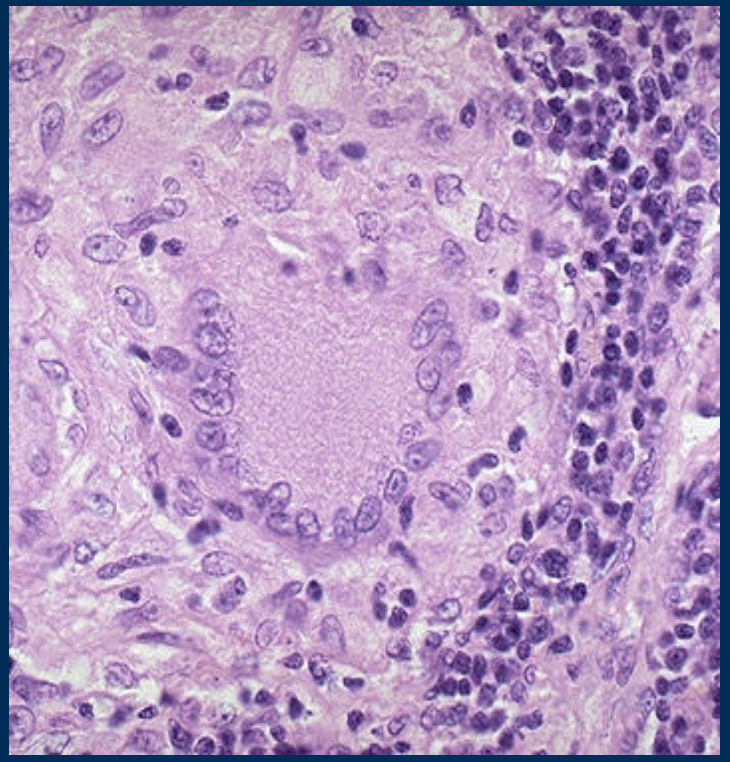
TUBERCULOSIS
Granuloma de Tipo tuberculoso



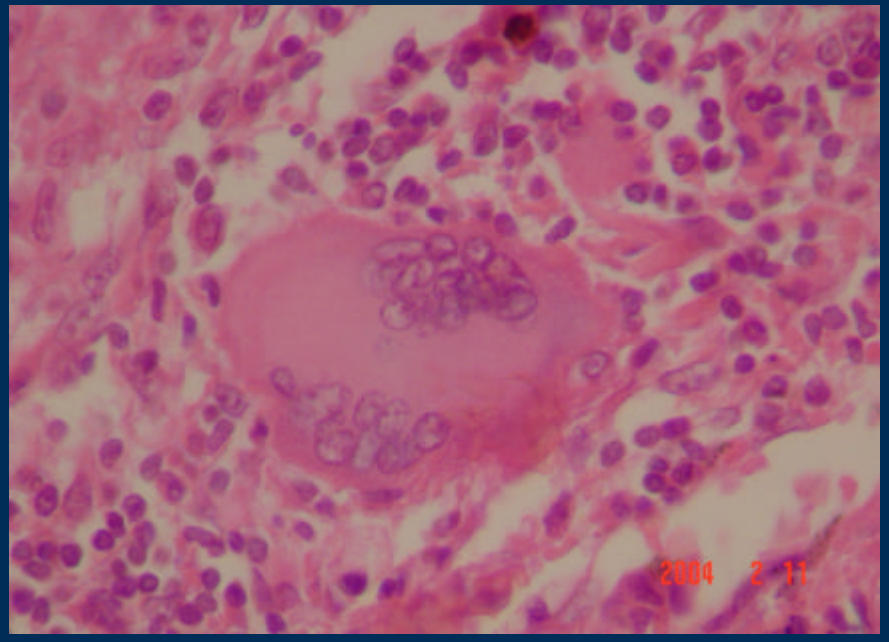
Acúmulo de células epiteloideas, necrosis caseosa central, corona linfoplasmocitaria, Células gigantes multinucleadas de tipo Langhans

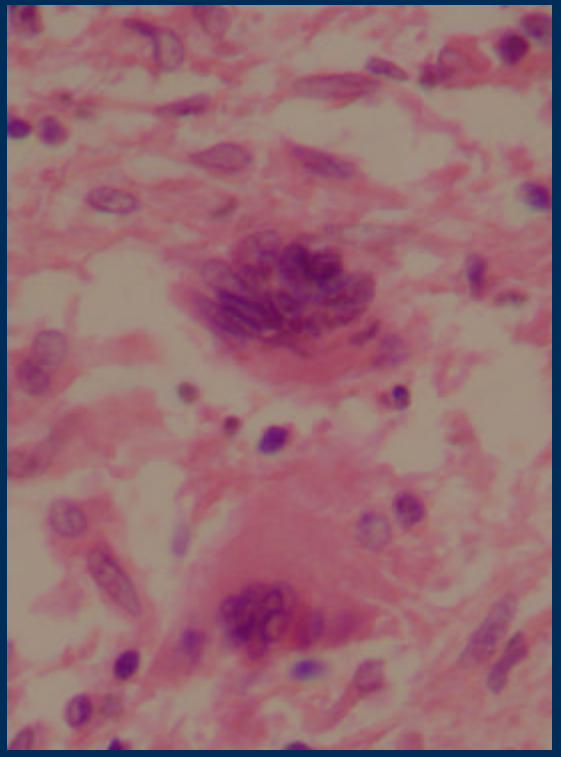
Celulas gigantes tipo Langhans



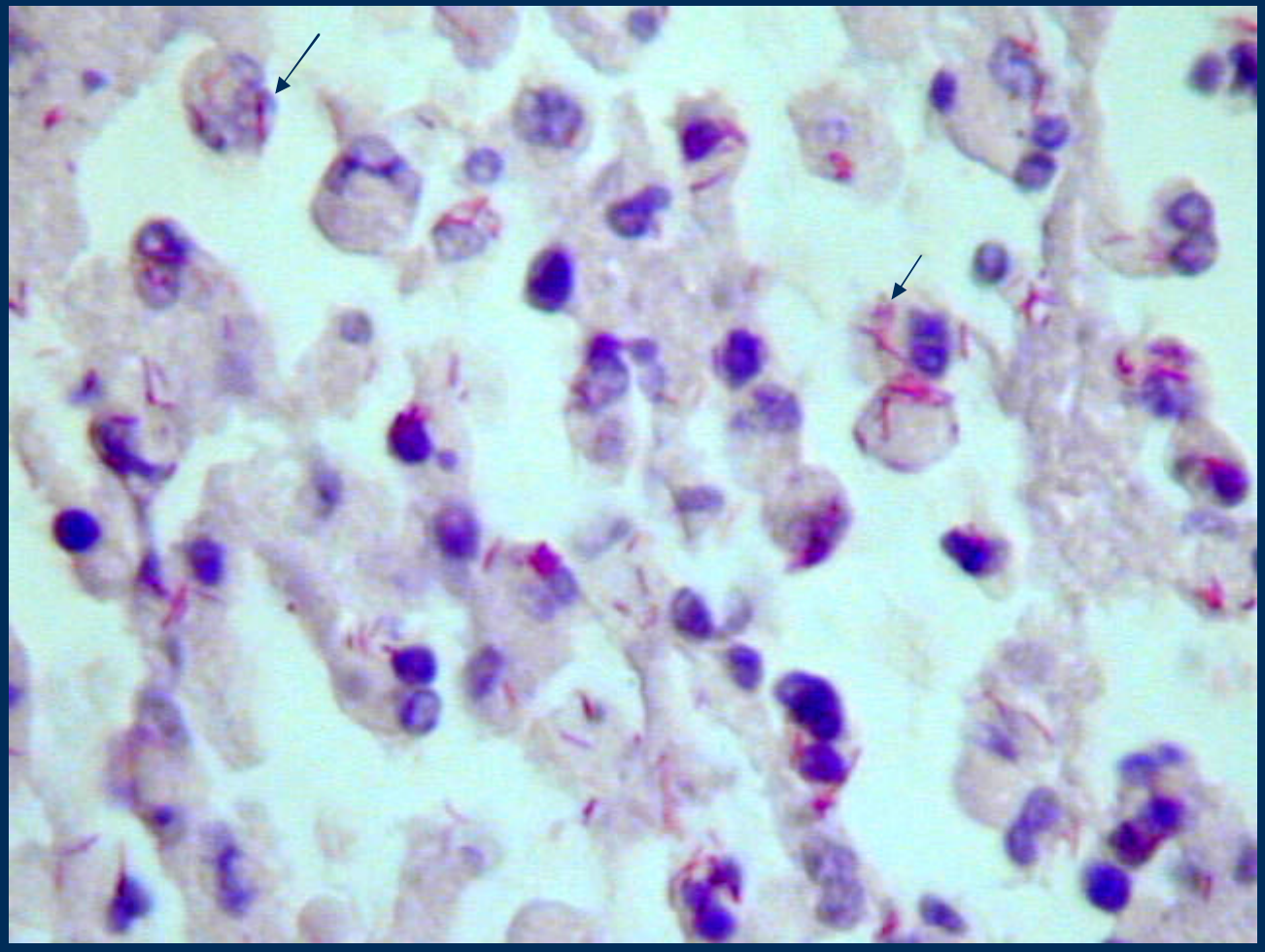


Celulas gigantes multinucleadas





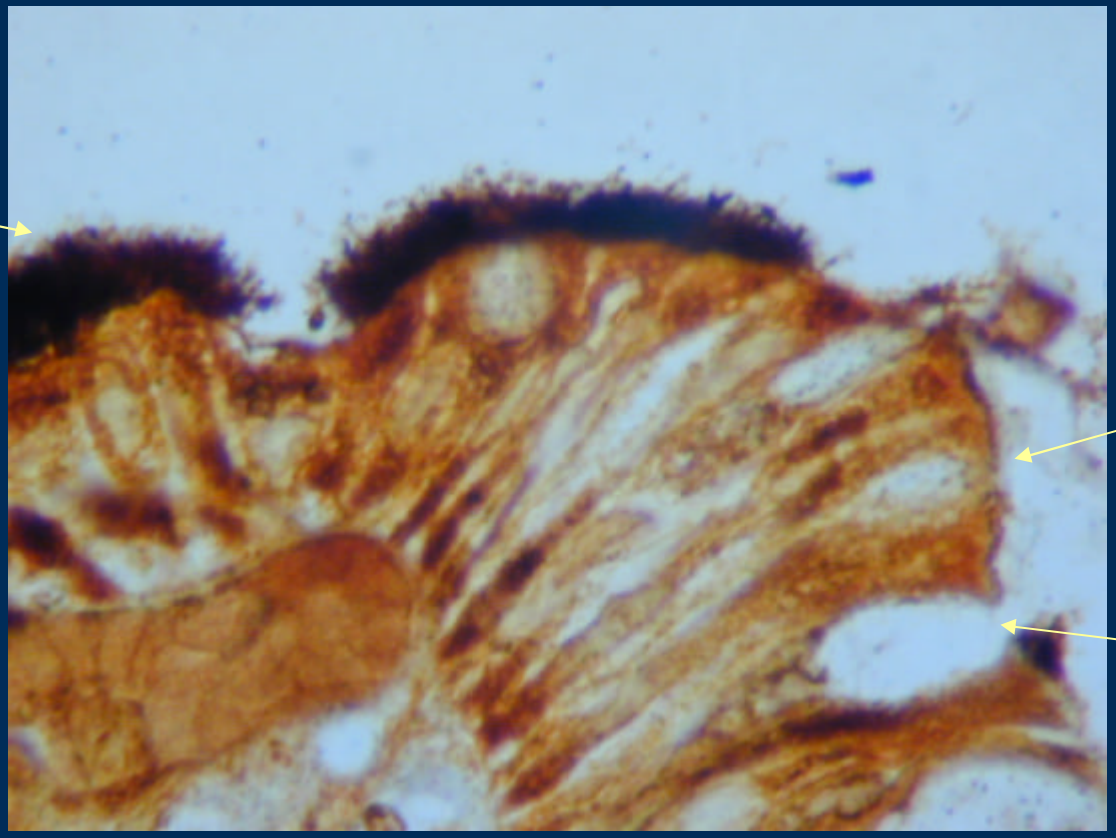
TUBERCULOSIS
BACILO DE KOCH



Bacilo ácido alcohol resistente. Ziehl-Nielsen positivo +++

Espiroquetosis

Espiroquetas
Tinción de plata
Wartin Starry

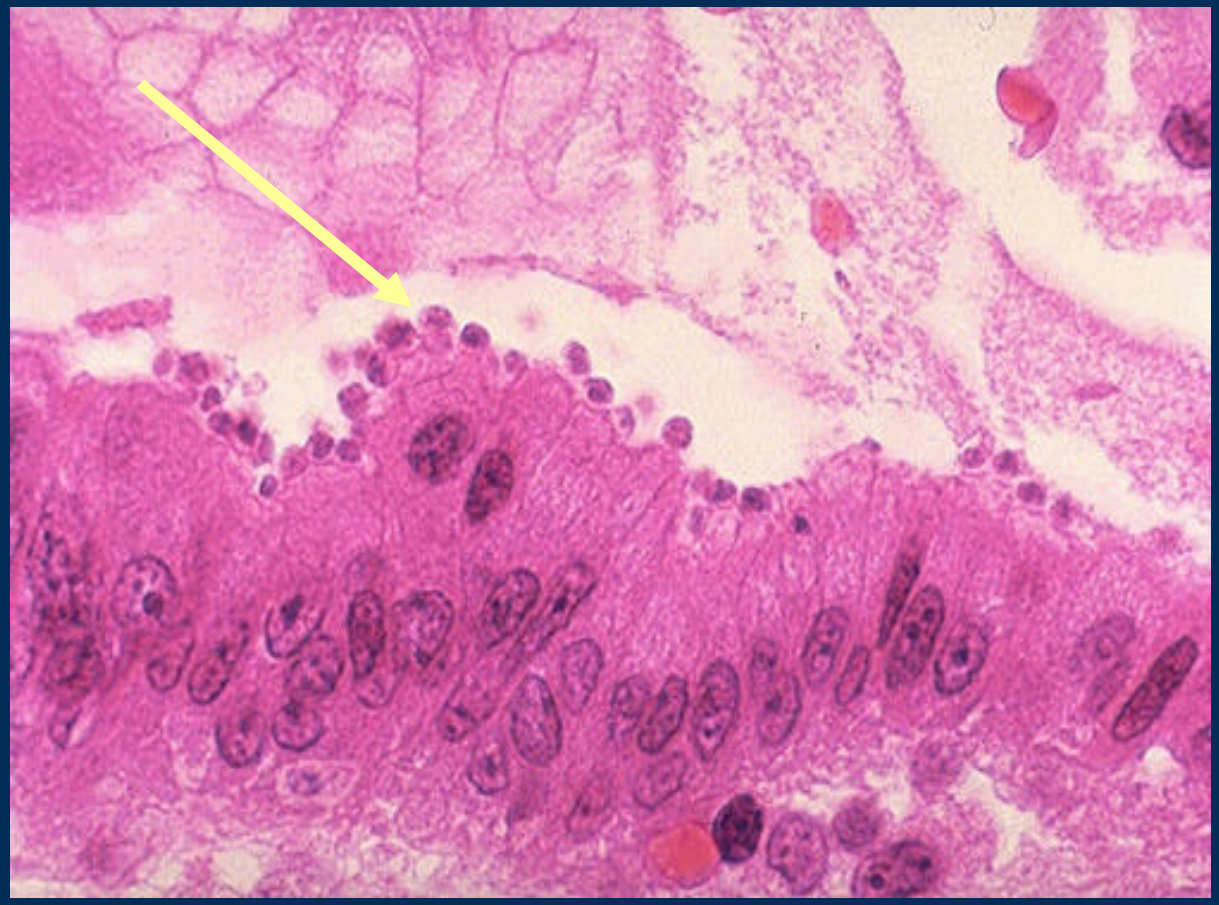


Ribete normal

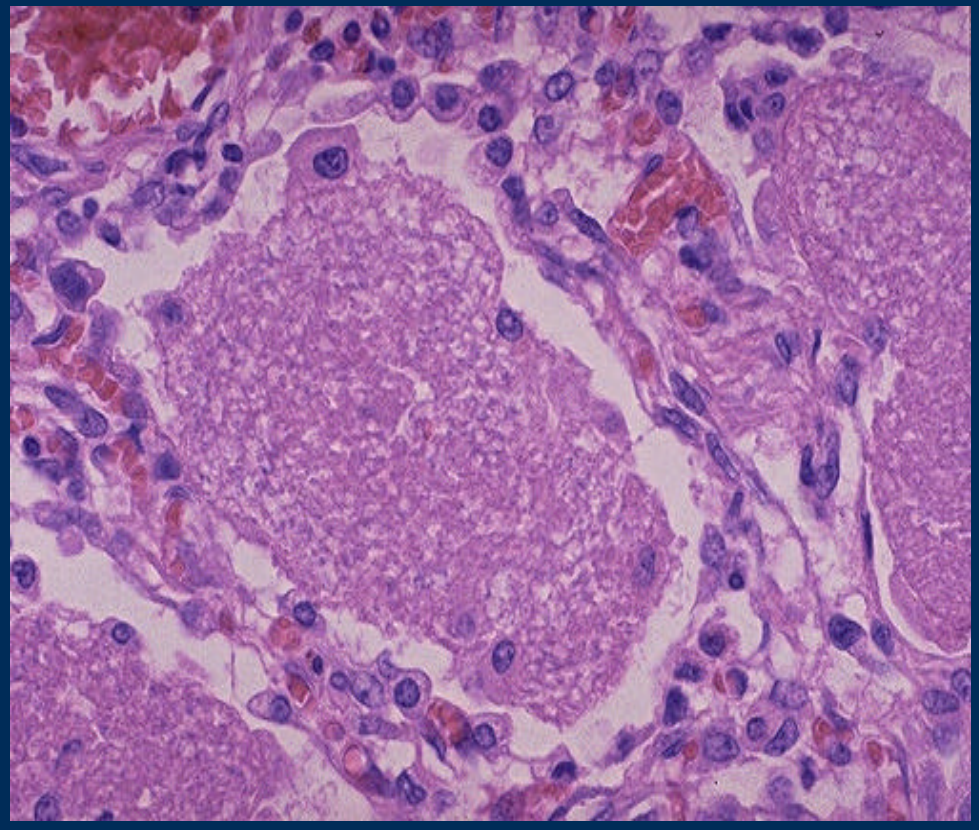
Célula caliciforme

Mucosa de intestino grueso con espiroquetas, gérmenes de 4 a 7 micrones
Filamentosos, oportunistas, pueden causar diarrea.

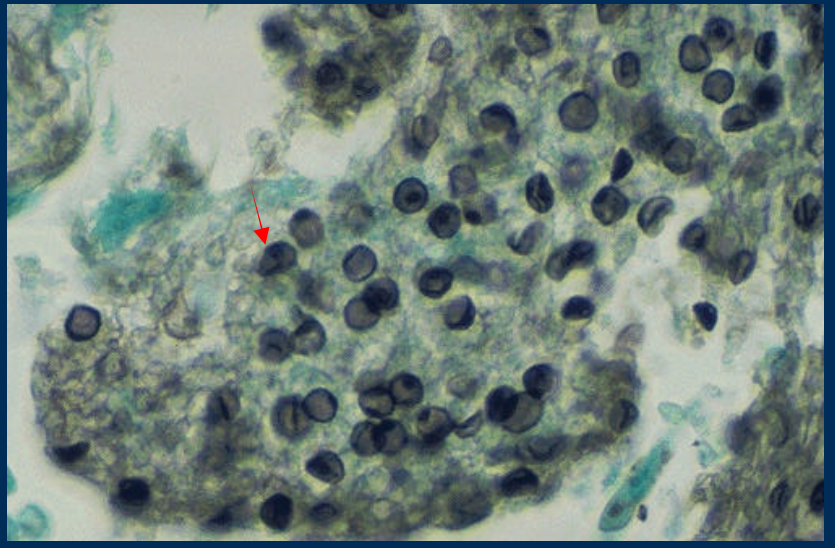
Criptosporidio intestinal



Pneumocystis carinii



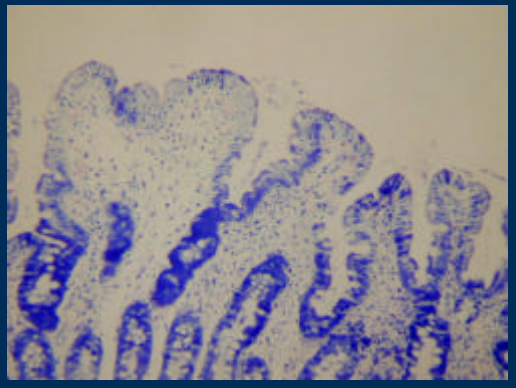
Alvéolo con exudado espumoso



Gomori Grocott
Tinción de plata

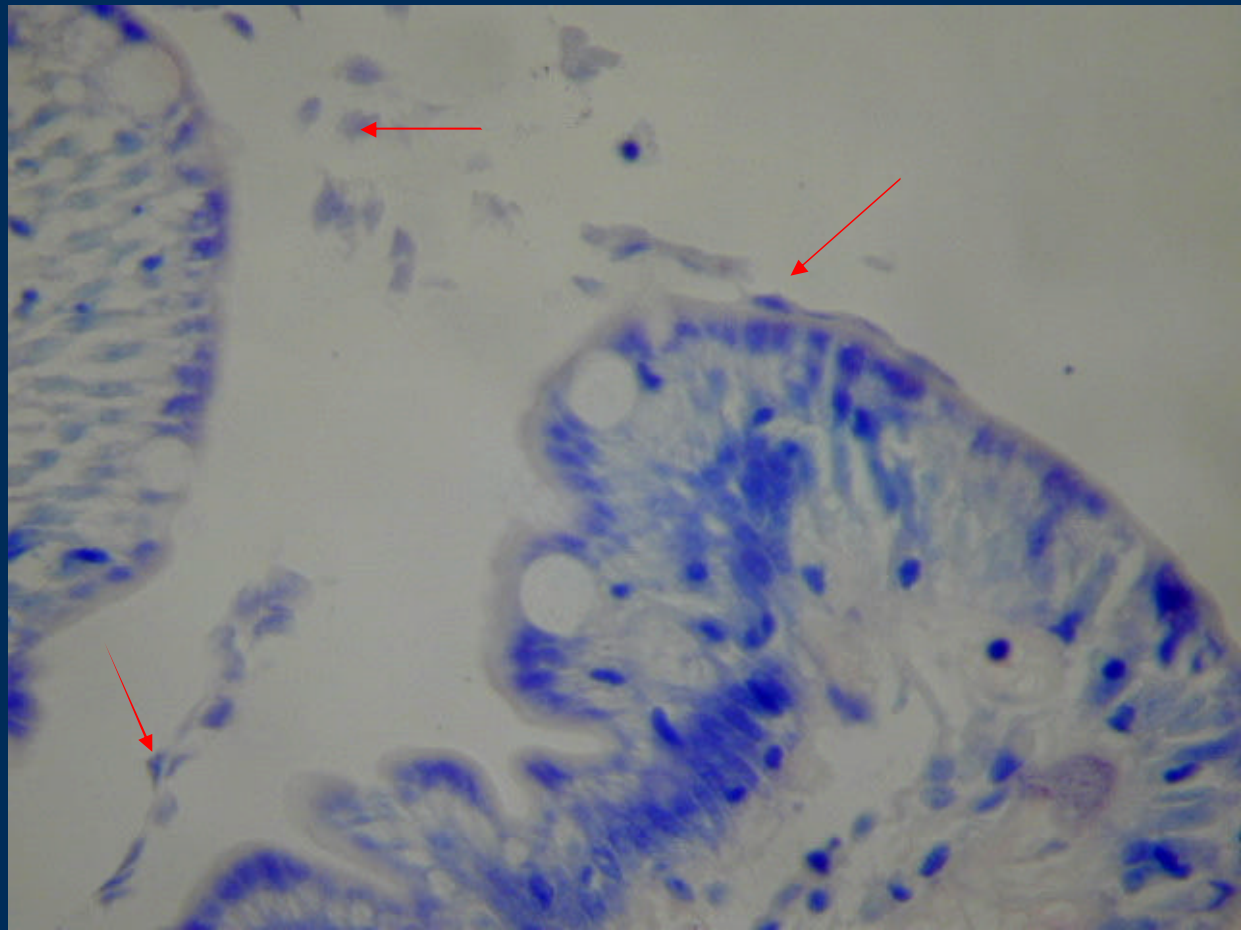
GIARDIASIS INTESTINAL

Mucosa intestinal

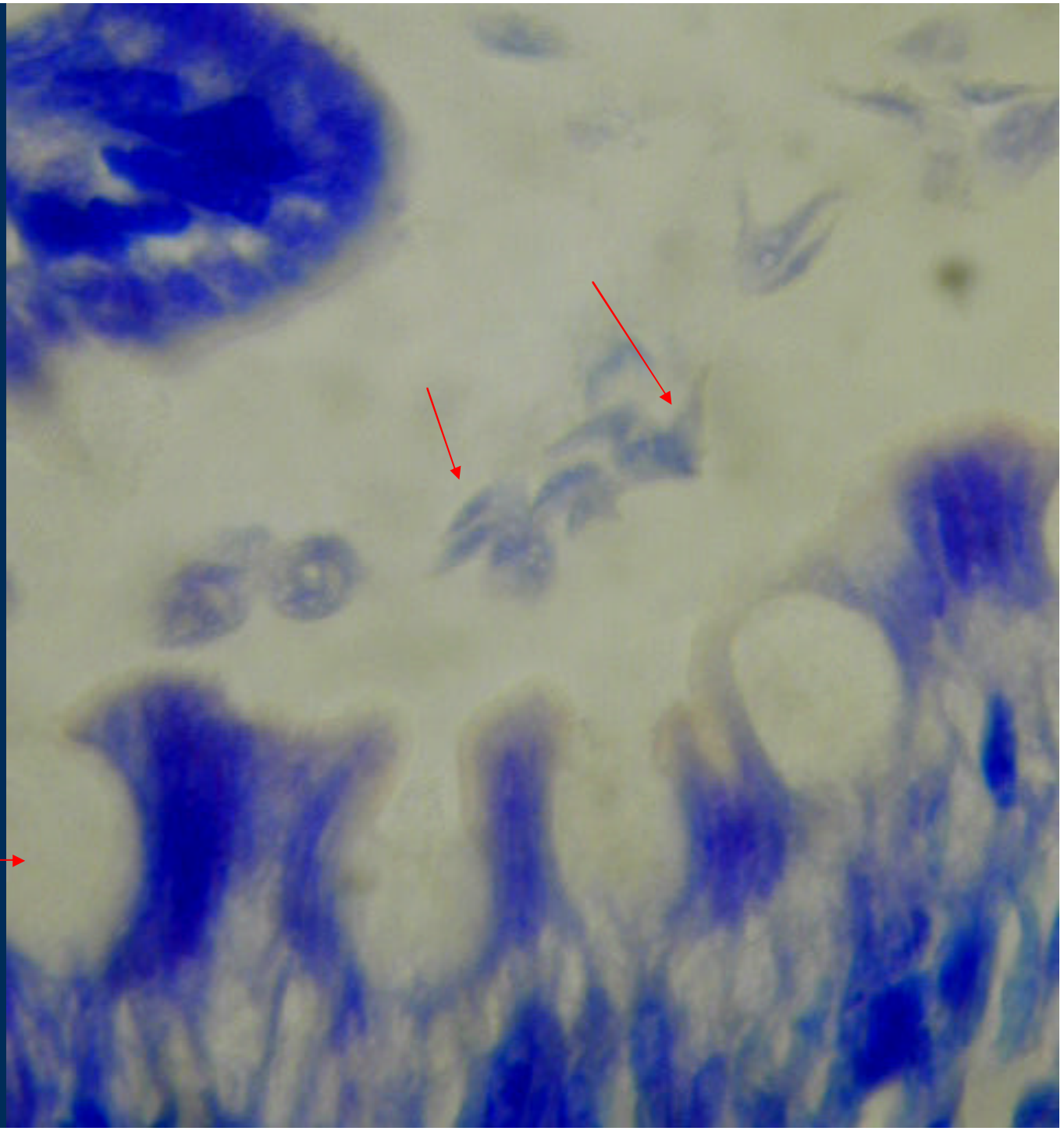


Se observa disminución de la secreción de mucina y aplanamiento vellositario.

Giemsa



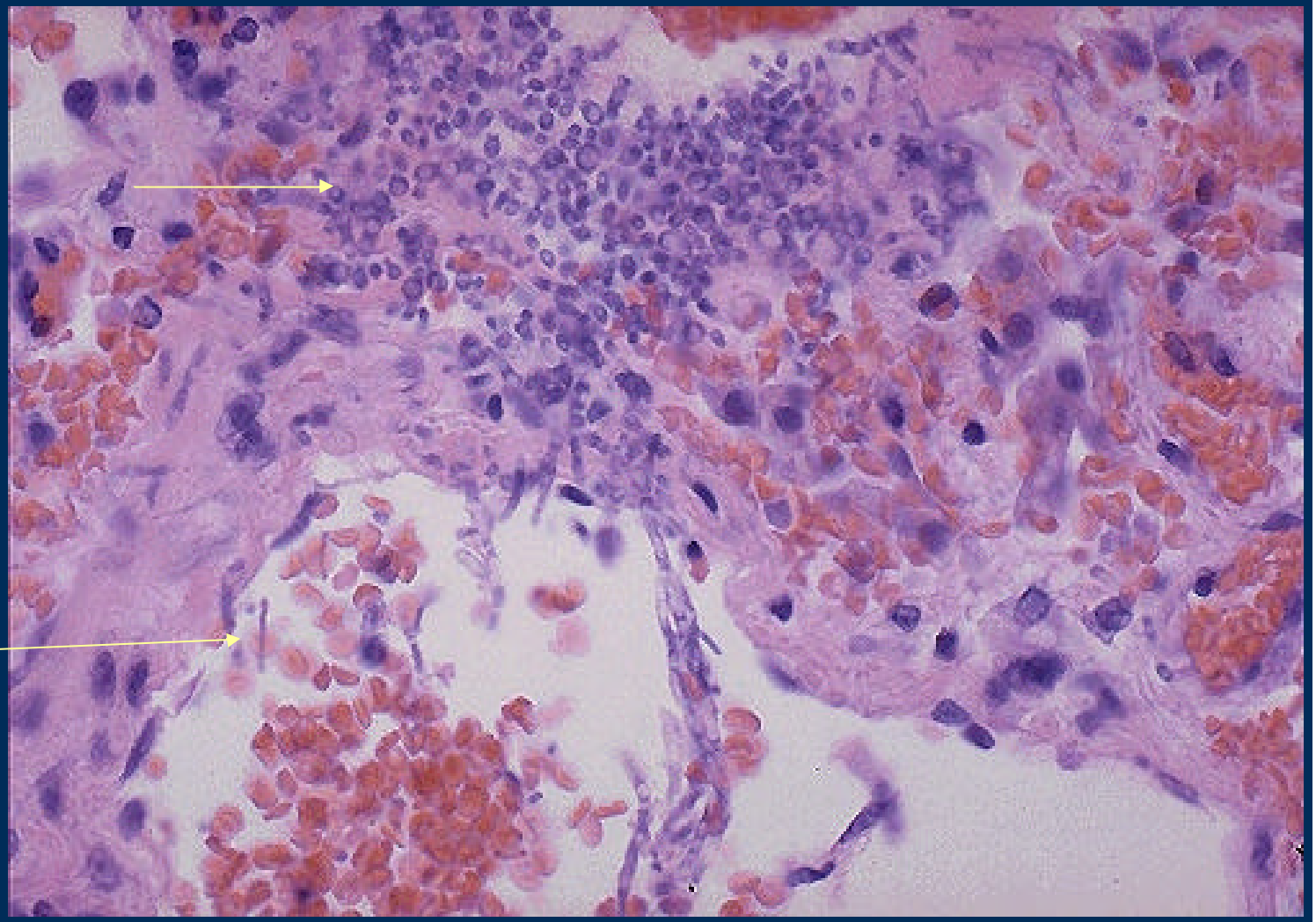
Giardiasis



ENFERMEDADES MICOTICAS
CANDIDIASIS

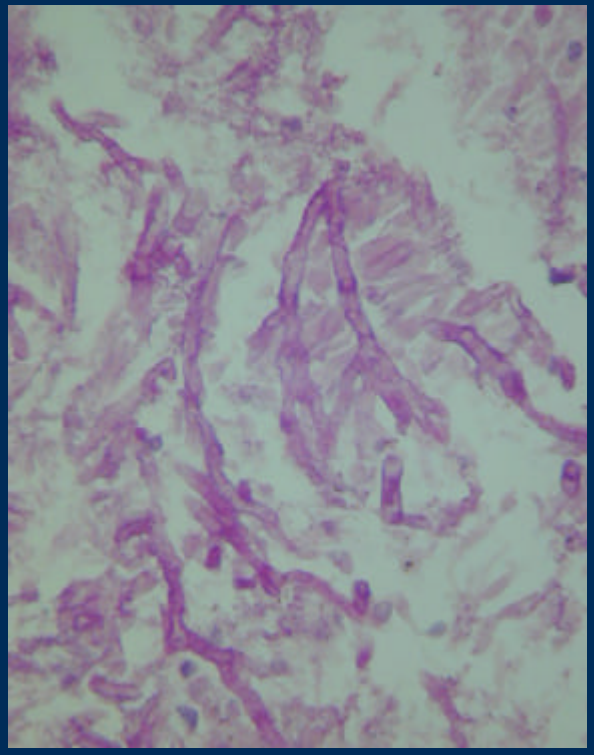
Esporas

Hifas

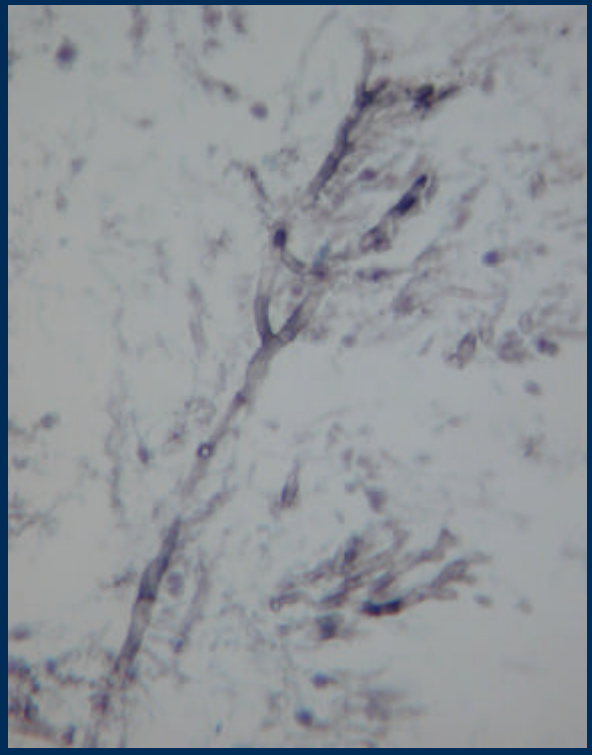


ENFERMEDADES MICOTICAS
HONGOS FILAMENTOSOS
ASPERGILLUS

PAS +



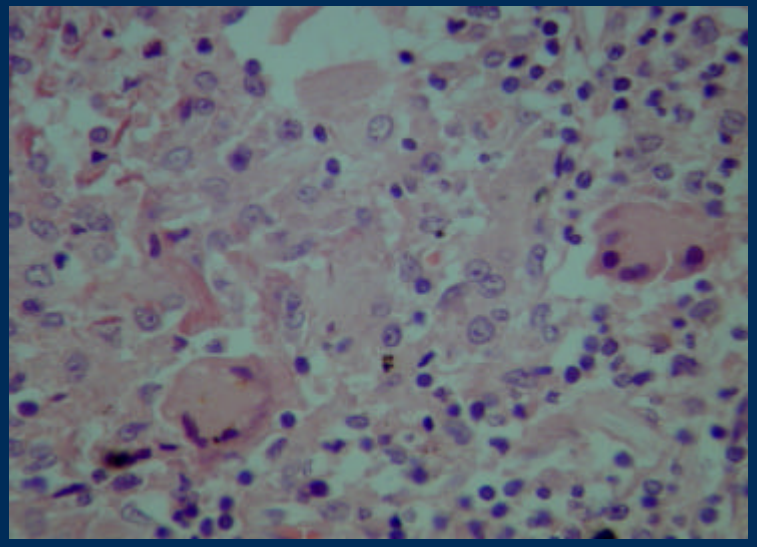
GROCOTT +



Hongos filamentosos, delgados, septados
con bifurcaciones en Angulo Agudo

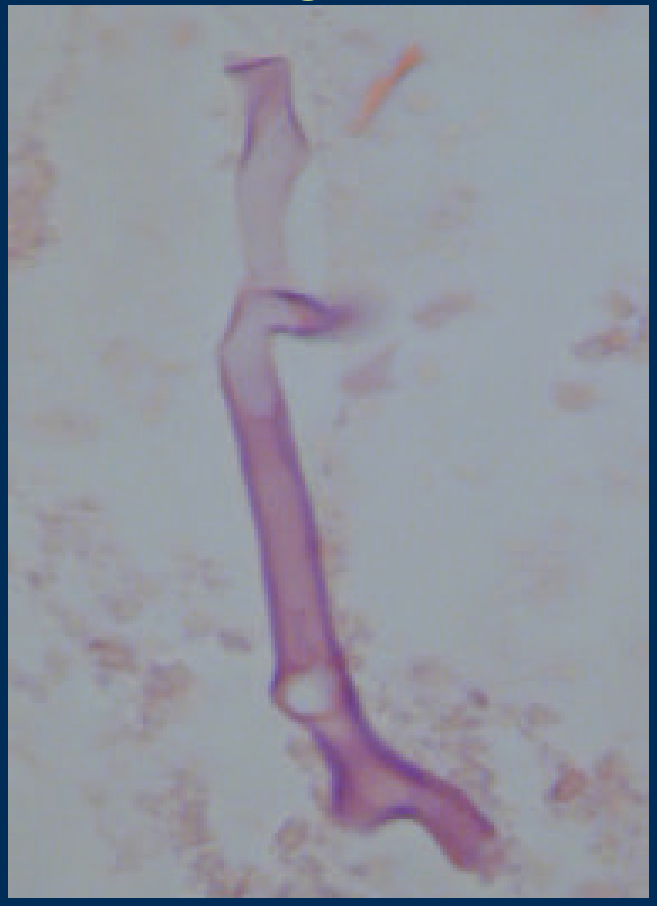
ENFERMEDADES MICOTICAS
HONGOS FILAMENTOSOS
MUCORMICOSIS

HE



Absceso pulmonar con reacción granulomatosa

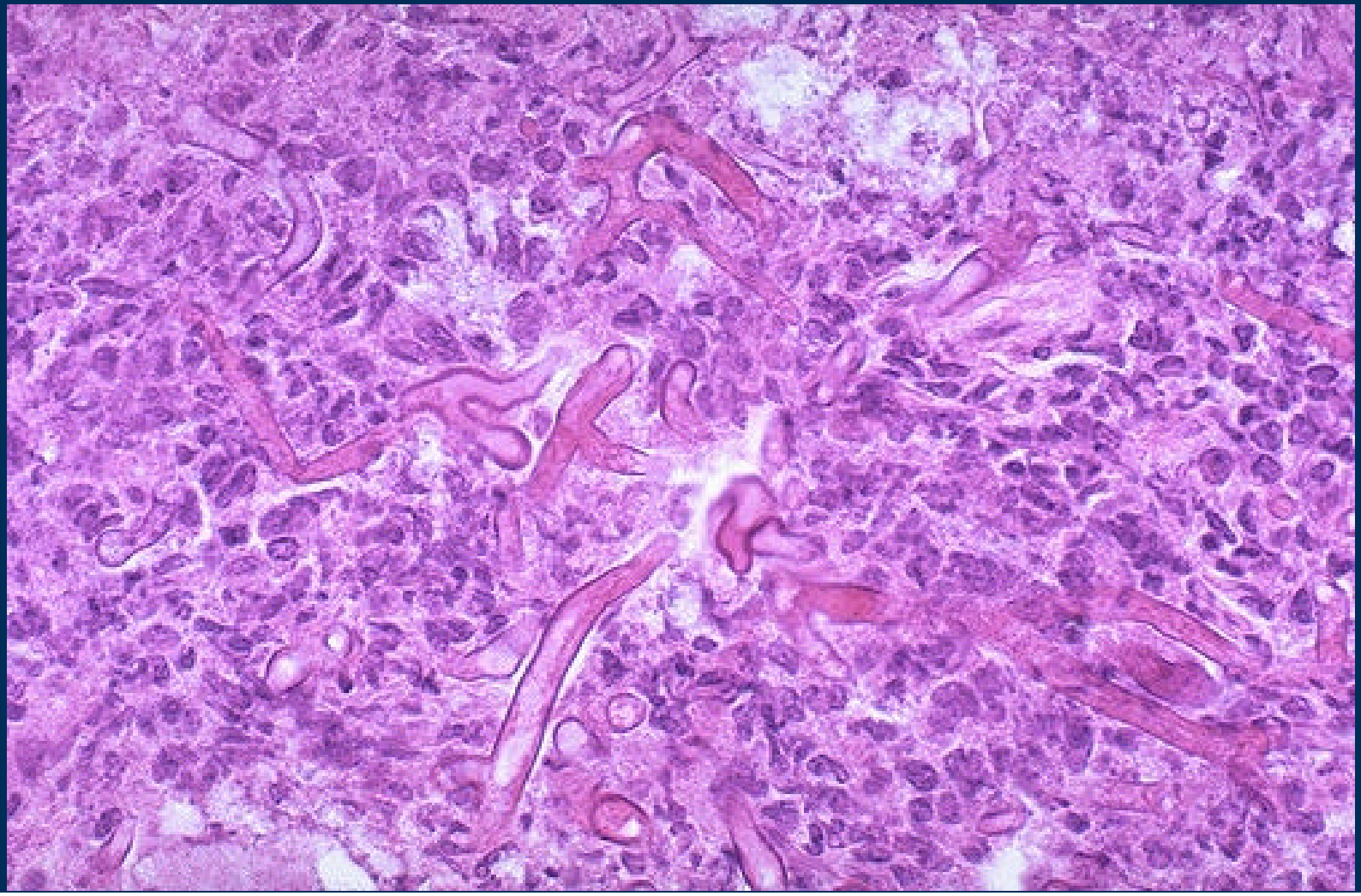
PAS



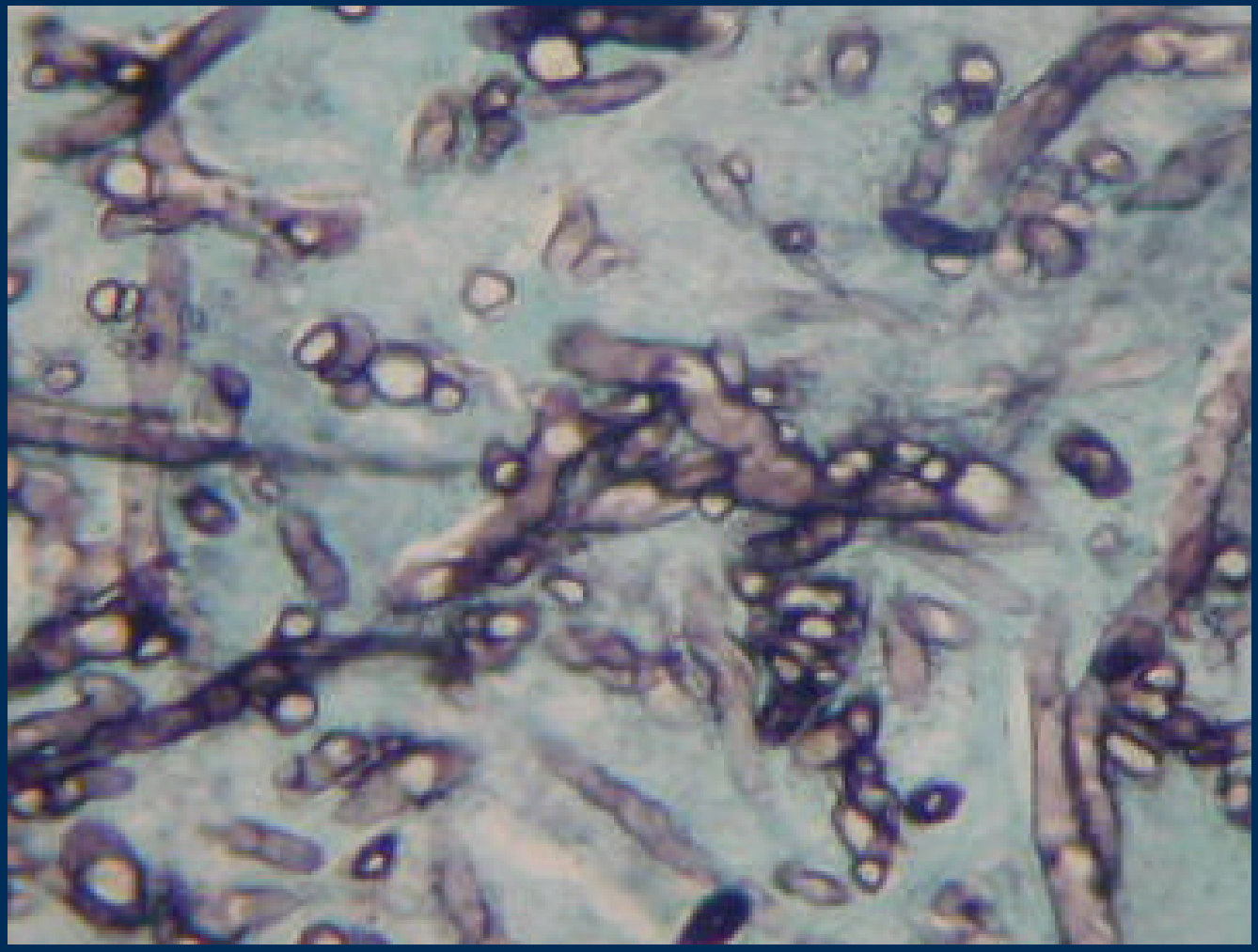
Hongos filamentosos, gruesos,
no septados, Bifurcaciones en ángulo recto

Mucormicosis

PAS

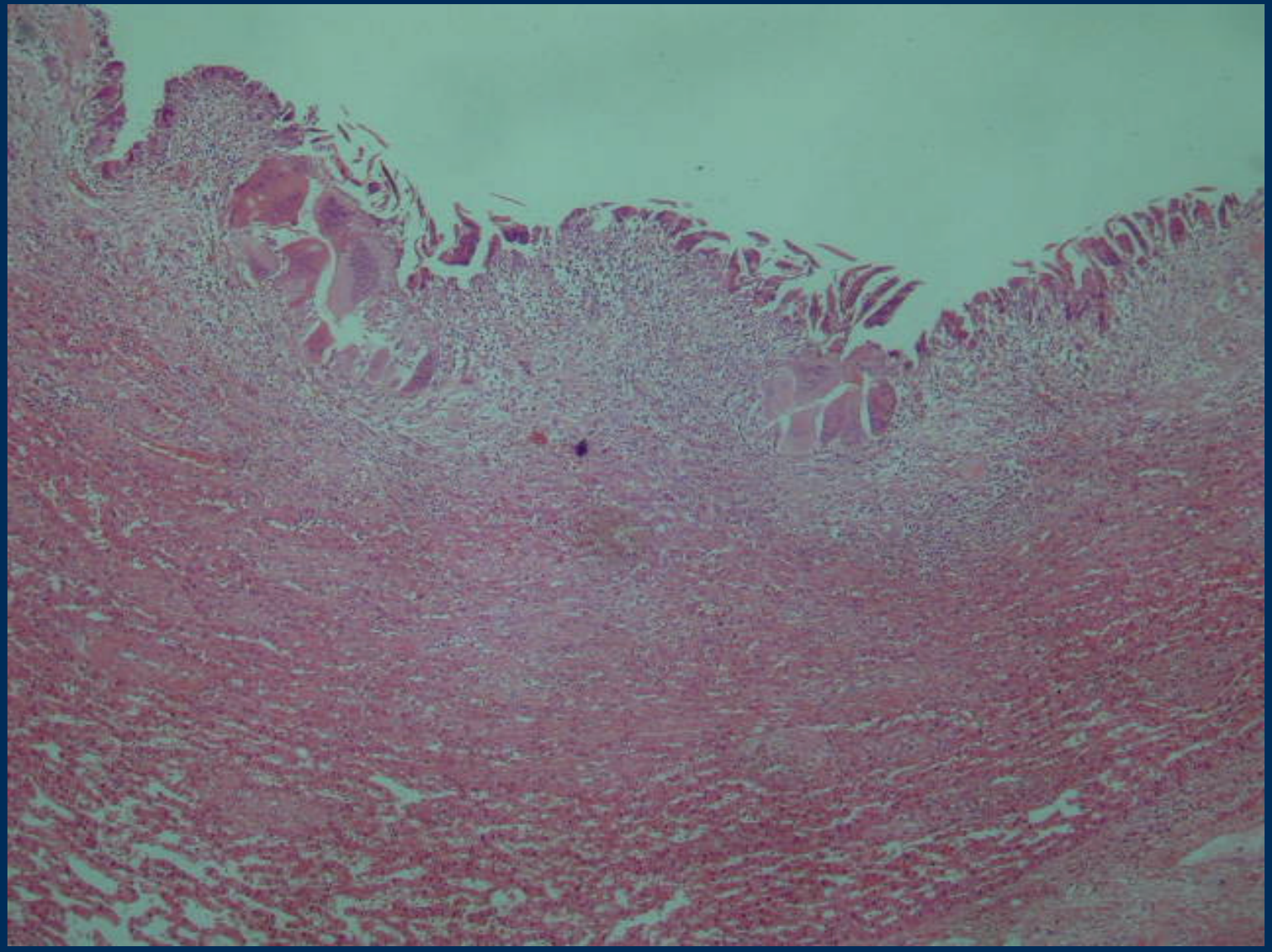


MUCORMICOSIS



GROCOTT

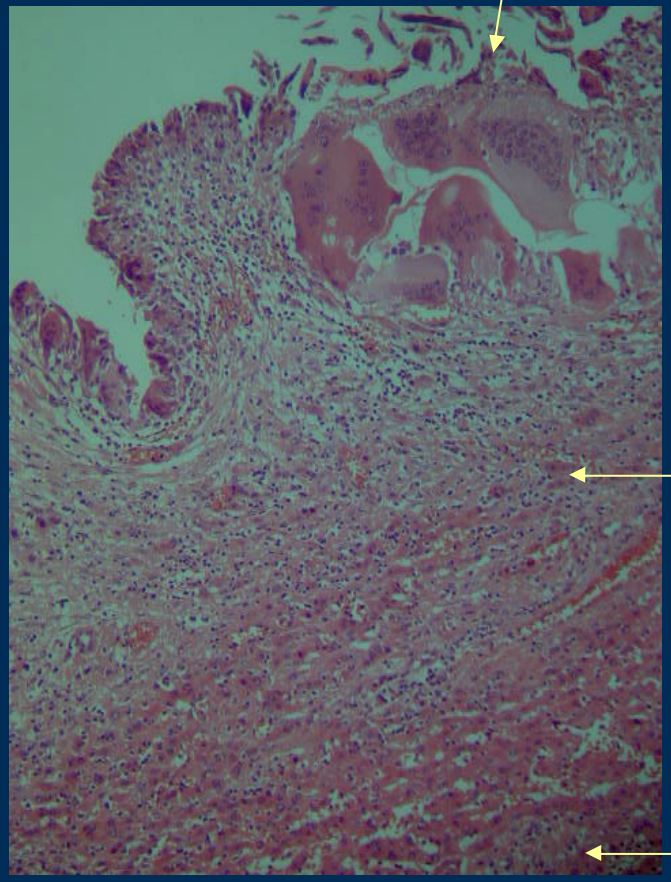
QUISTE HIDATIDICO



QUISTE HIDATIDICO

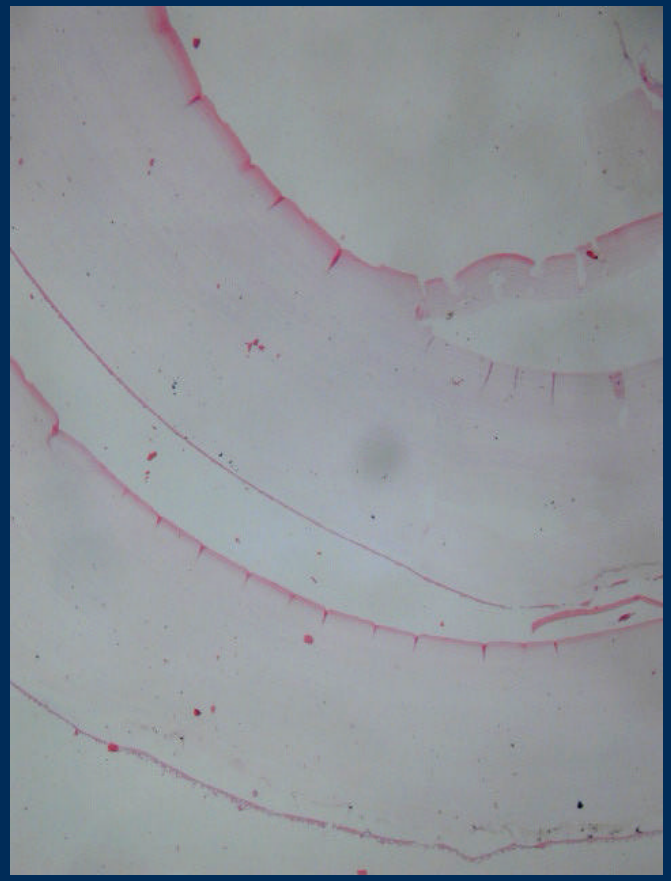
Quiste roto

Reacción de cuerpo extraño



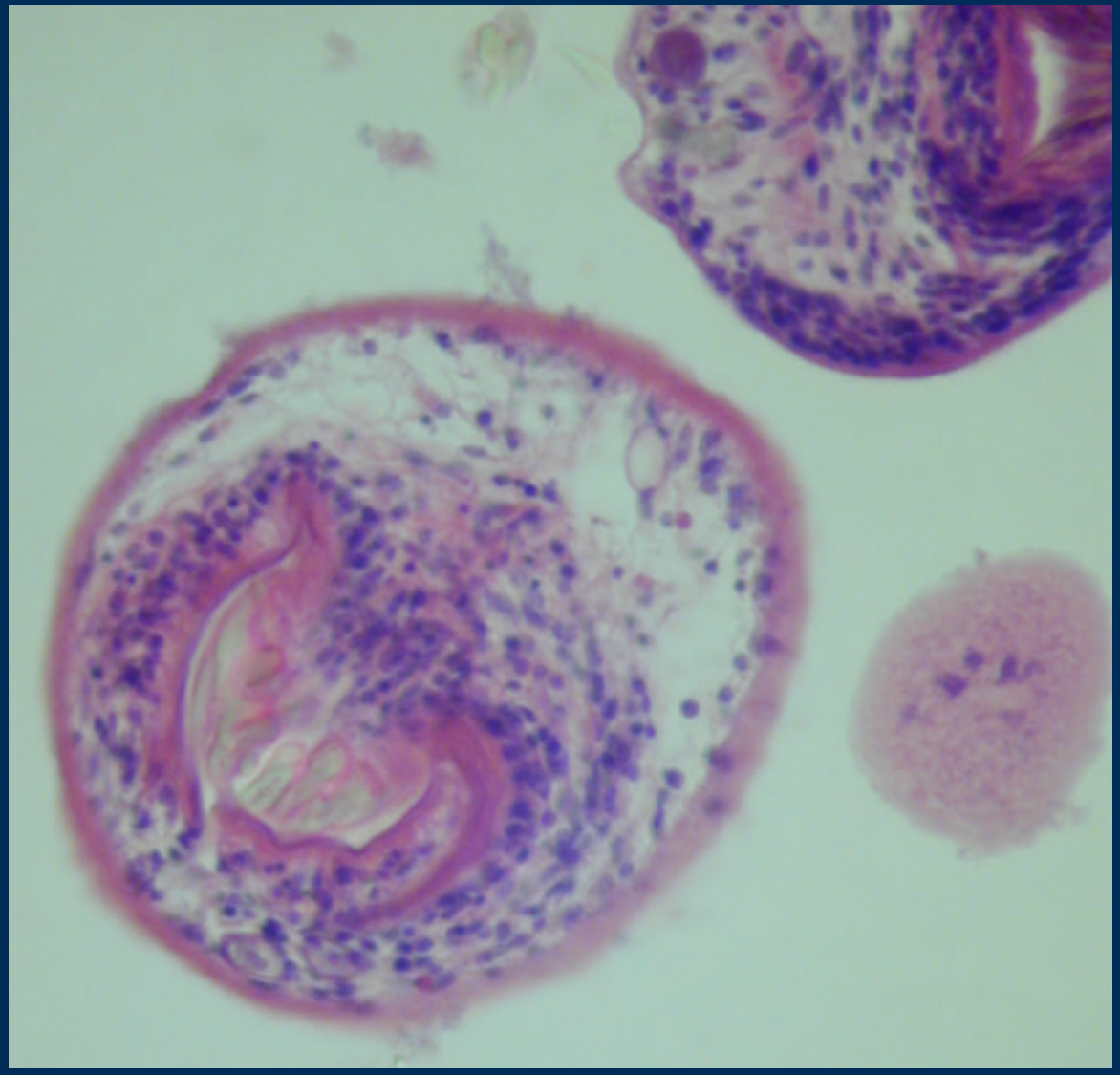
pared

Tejido hepático



Membrana prolígera

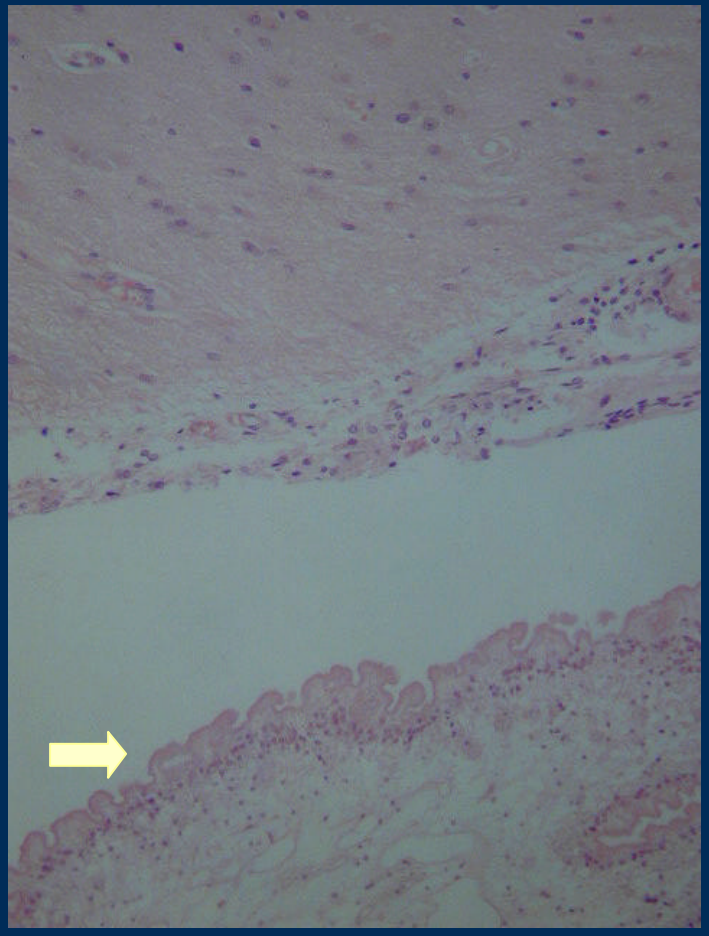
HIDATIDOSIS



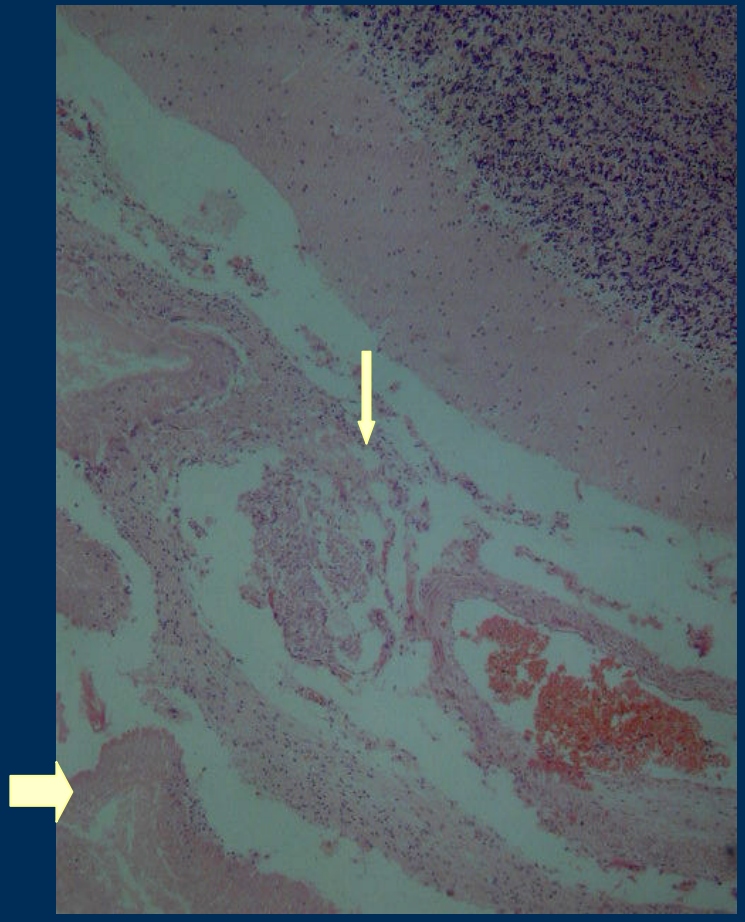
Equinococco granuloso

CISTICERCOSIS CEREBRAL

Corteza cerebral

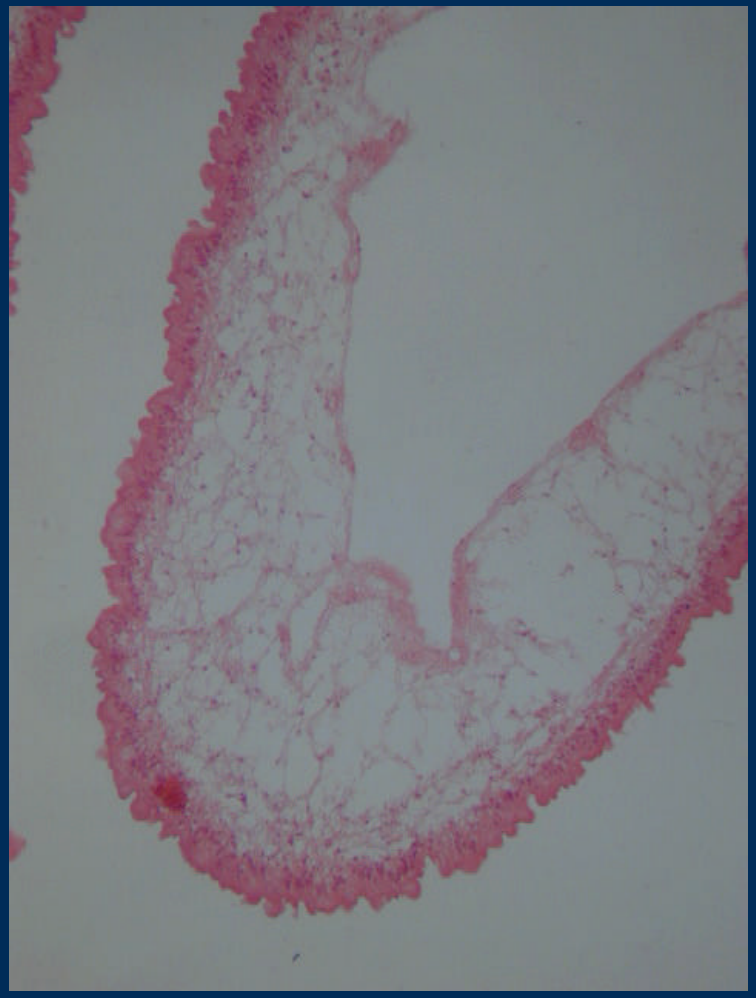


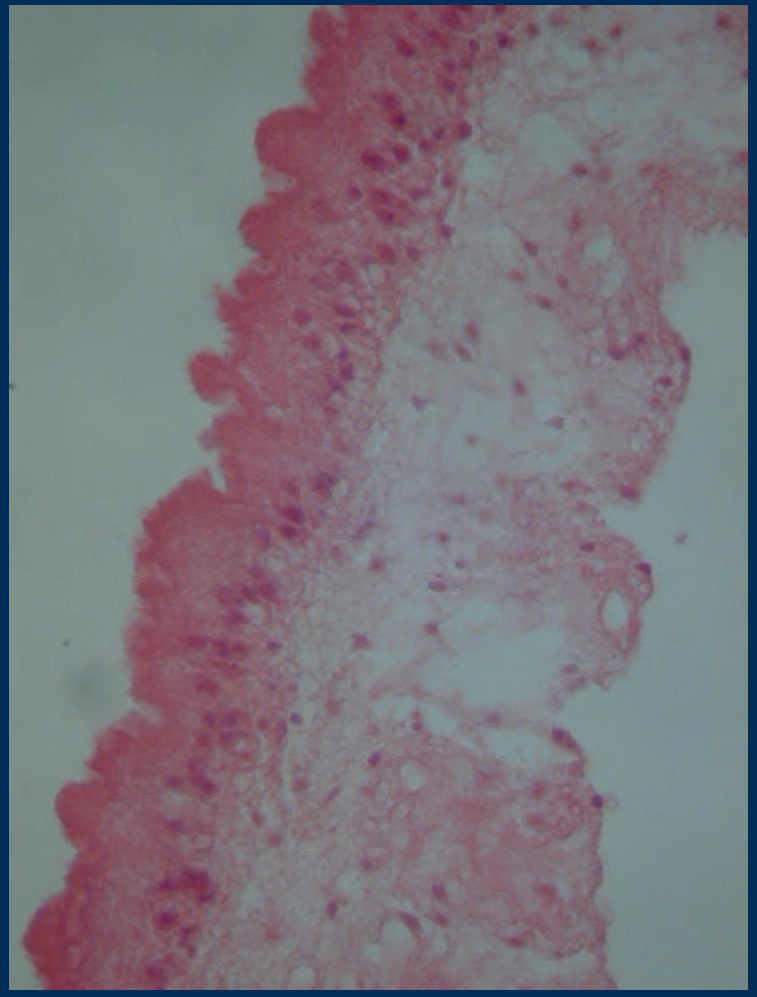
Cerebelo



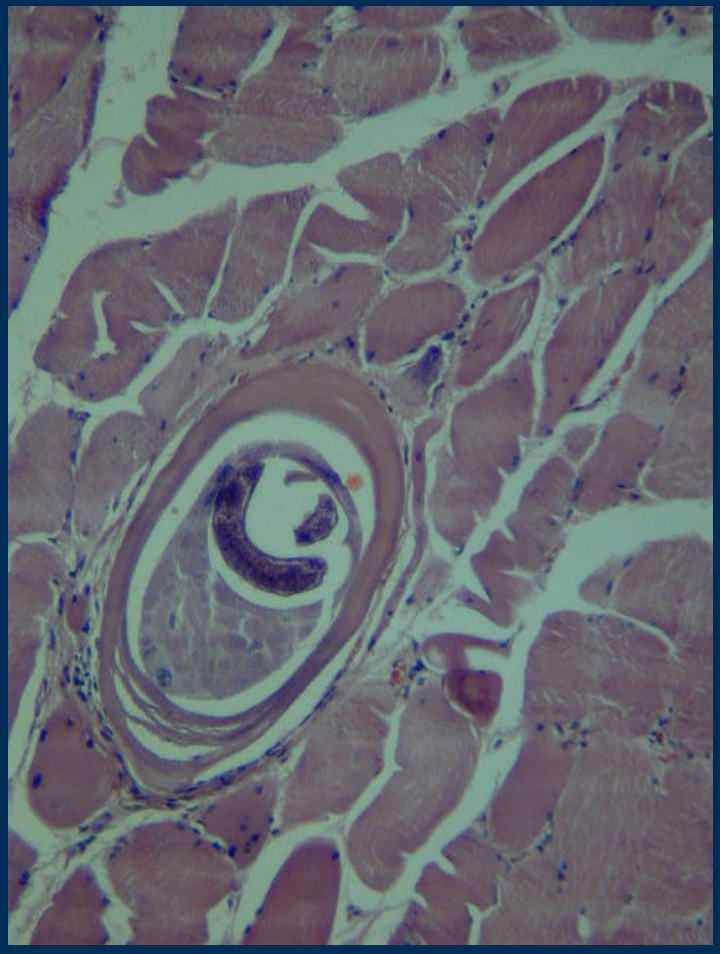
Cisticercos

Cisticerco

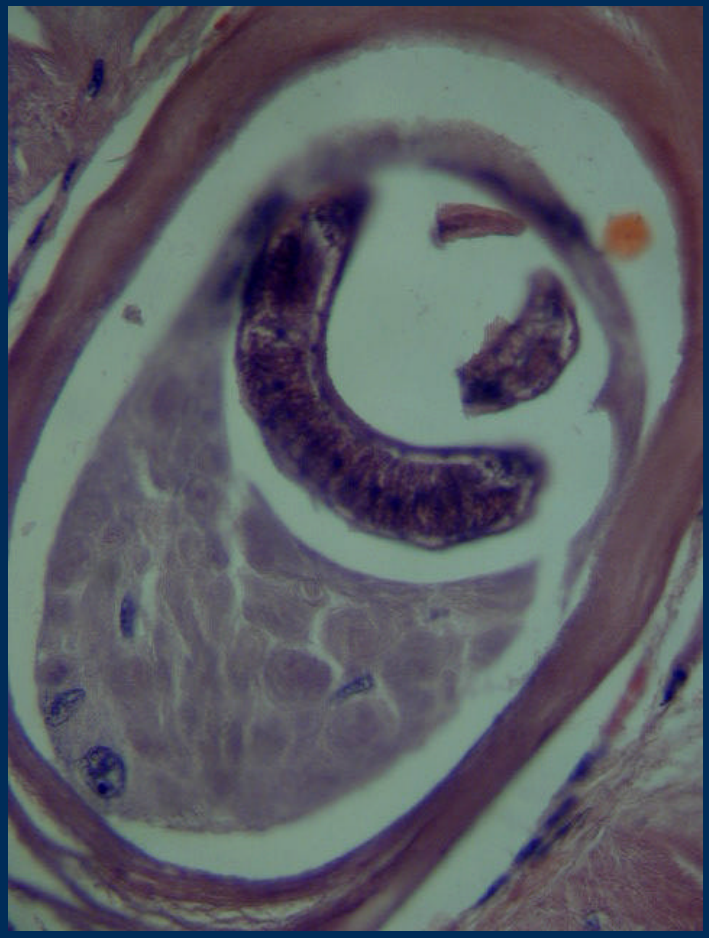




TRIQUINOSIS

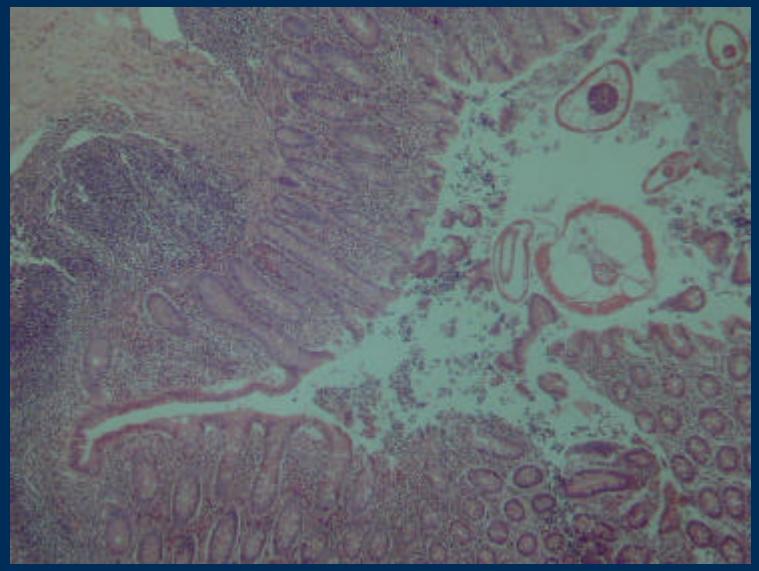


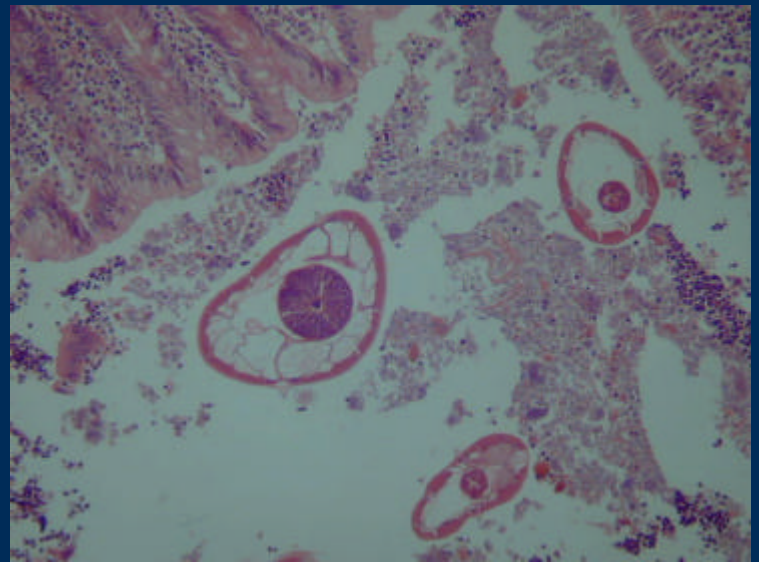
Músculo esquelético



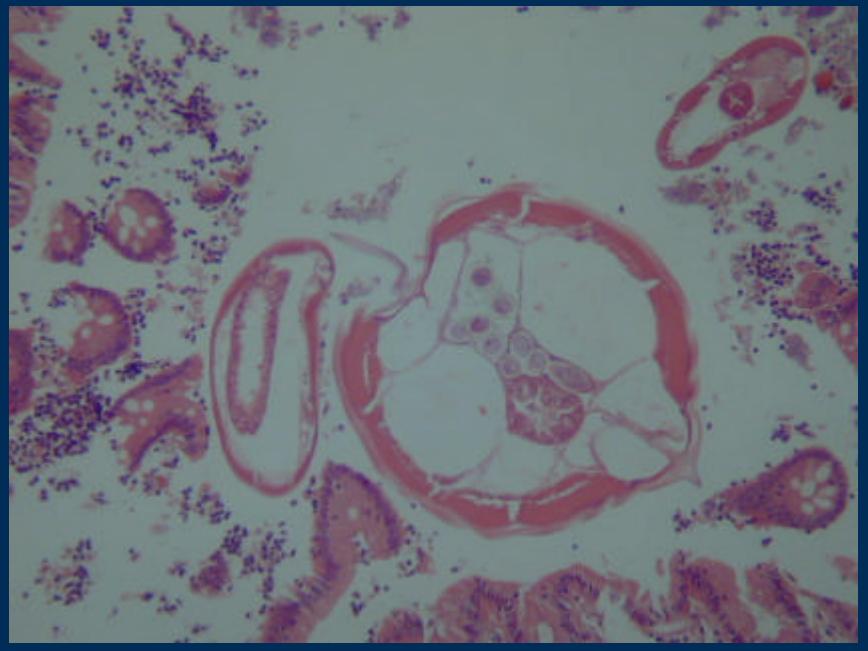
larvas

HELMINTIASIS OXIURIASIS

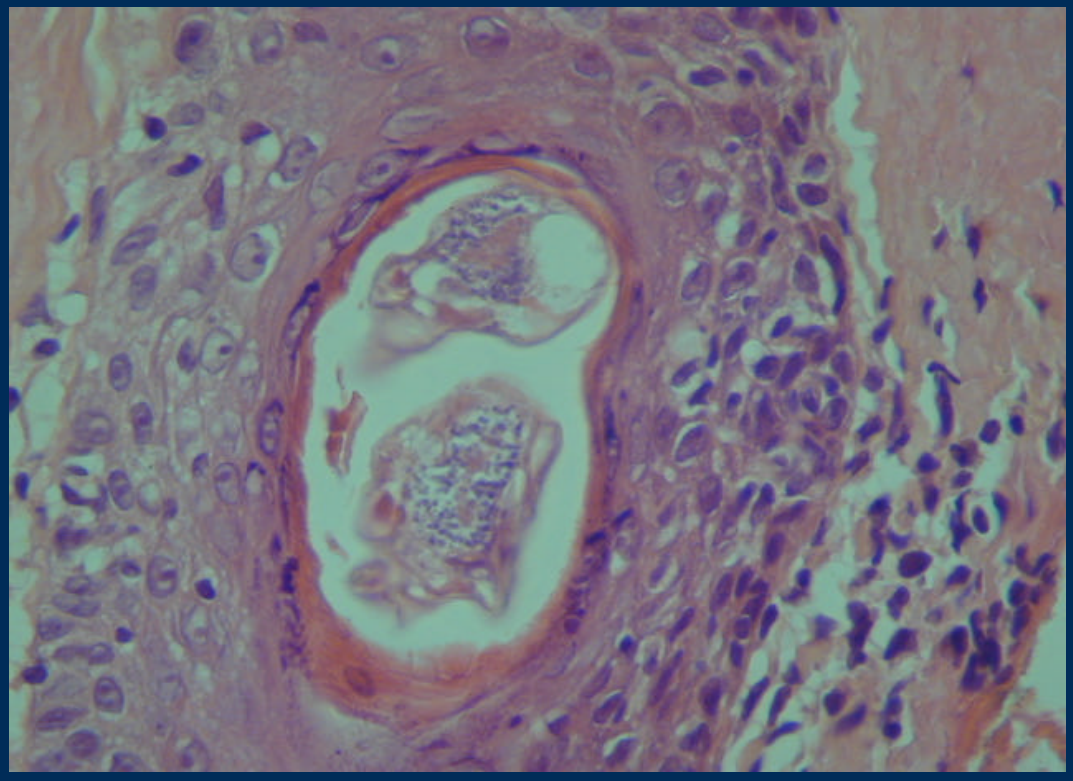




Apéndice cecal con parásitos intraluminales

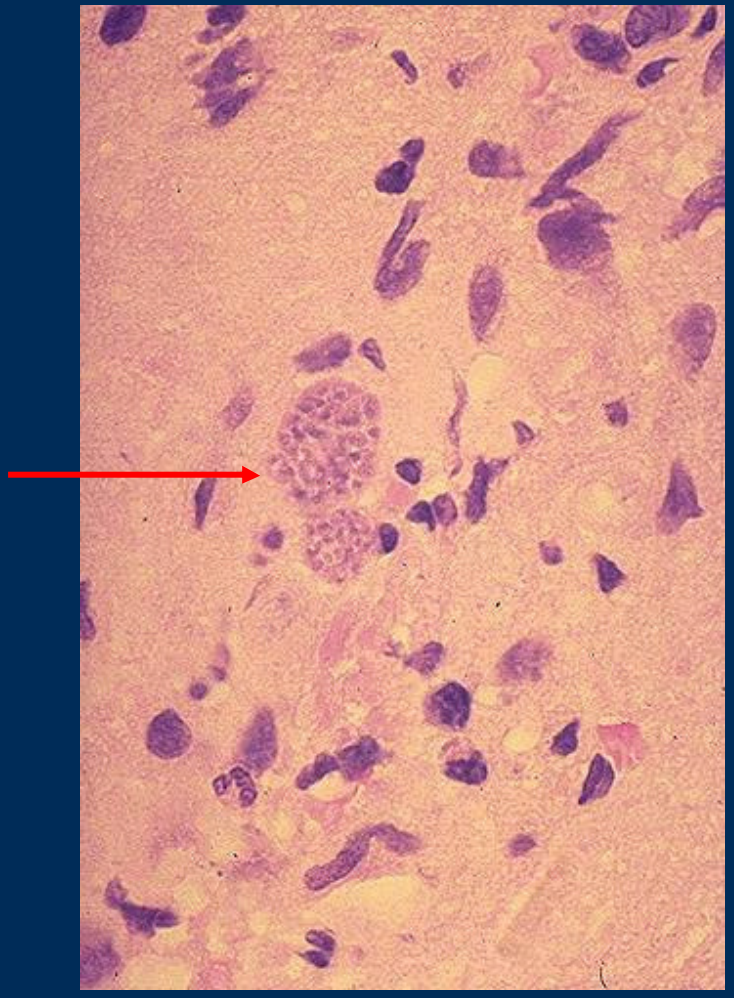


Demodex foliculorum

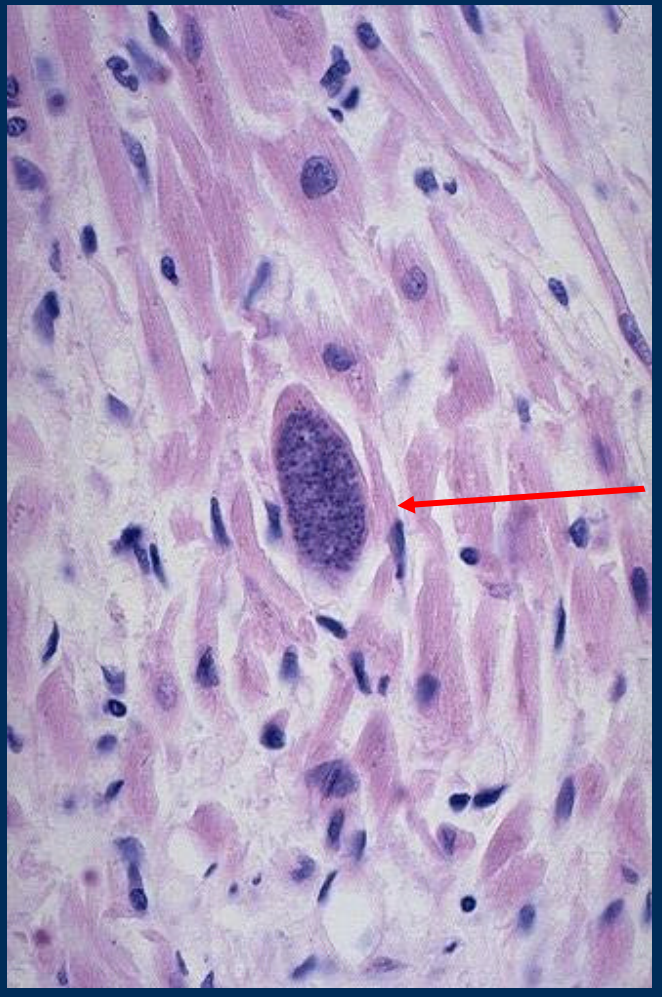


Folículo pilar con larvas de Demodex

Toxoplasmosis



Cerebro



Miocardio