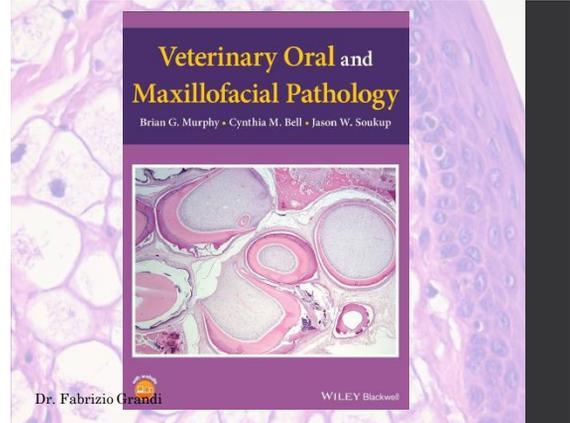




Patologia Aplicada à Odontologia Veterinária: pontos-chave e discussão de casos

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MÉTODOS DE COLETA PARA ANÁLISE PATOLÓGICA

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- Conceitos fundamentais
 - Citologia x histopatologia
 - Imuno-histoquímica
 - Análise de clonalidade

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Veterinary Clinical Pathology

An International Journal of Laboratory Medicine

Case Report

Cytologic features of a feline inductive odontogenic tumor

Ronaldo V. Leite-Filho, Nelson J. Tagliari, Fabrizio Grandi, Márcio J. M. Laisse, Daniel G. Gerardi, Saulo P. Pavarini

First published: 16 May 2017 | <https://doi.org/10.1111/vcp.12498>

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Nomenclatura padrão



AVDC Abbreviations for use in Case Logs Equine and Small Animal

This list of abbreviations has been recommended by the Nomenclature Committee and approved by the AVDC Board. The list is in alphabetical order.

Anatomical items are shown in **black font**.

Conditions and diagnostic procedures appropriate for use in the Diagnosis column of a case log entry are shown in **blue font**.

Treatment procedure and related items suitable for inclusion in the Procedure column in the case log entry are shown in **red font**.

Note: Use of other abbreviations in AVDC case logs is not permitted – write out the whole word if it must be included in a case log entry.

For further information on the use of particular definitions, visit the [Nomenclature](#) page on the AVDC web site.

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Nomenclatura padrão

Diagnostic and Non-Surgical Treatment Procedures

Biopsy (B): Removal of tissue from a living body for diagnostic purposes. The term has also been used to describe the tissue being submitted for evaluation

Guided biopsy: Using computed tomography or ultrasonography to guide an instrument to the selected area for tissue removal

Surface biopsy (B/S): Removal of tissue brushed, scraped or obtained by an impression smear from the intact or cut surface of a tissue in question

Needle aspiration (B/NA): Removal of tissue by application of suction through a hollow needle attached to a syringe

Needle biopsy (B/ND): Removal of tissue by puncture with a hollow needle

Core needle biopsy (B/CN): Removal of tissue with a large hollow needle that extracts a core of tissue

Bite biopsy (B/B): Removal of tissue by closing the opposing ends of an instrument

Punch biopsy (B/P): Removal of tissue by a punch-type instrument

Incisional biopsy (B/I) Removal of a selected portion of tissue by means of surgical cutting

Excisional biopsy (B/E): Removal of the entire tissue in question by means of surgical cutting Guided biopsy – Using computed tomography or ultrasonography to guide an instrument to the selected area for tissue removal

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Nomenclatura padrão

B		Biopsy
	B/B	Bite biopsy
	B/CN	Core needle biopsy
	B/E	Excisional biopsy
	B/I	Incisional biopsy
	B/NA	Needle aspiration
	B/ND	Needle biopsy
	B/P	Punch biopsy
	B/S	Surface biopsy

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Tamanho das amostras

- A probabilidade de um diagnóstico conclusivo é proporcional ao tamanho da amostra obtida para análise.



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Métodos de coleta (biópsia)



Figure 2.1 Fascial biopsy. The entire mass is removed by the biopsy. Margin evaluation can be performed.

Figure 2.2 Incisional biopsy. Only a portion of the mass is removed by the biopsy. Margin evaluation is not possible.

Fonte: Meuten, Pathology of Domestic Animals, 2017.

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Mais terminologia...

- Biópsia não diagnóstica é aquela na qual não foi possível chegar ao diagnóstico devido a artefatos (compressão excessiva, esmagamento, fixação inadequada, necrose, tamanho da amostra, orientação inadequada).



Figure 2.3 Cell-Tek® cassette containing endoscopic intestinal samples. Samples like these are difficult to orient. Tissues in FITO block may need to be rotated to obtain correct orientation.

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Processamento pré-fixação: Amostras grandes



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Processamento pré-fixação:
Marcação das margens

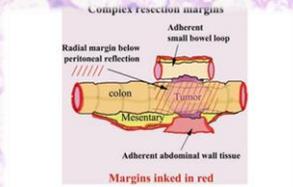


Fig. 2.1 Complex resection margins. The illustration depicts a distal colectomy specimen with a large tumor (gray) which has infiltrated through the colonic wall into adjacent tissues requiring the surgeon to resect a loop of small bowel and a portion of tissue from the abdominal wall. The resection margins of the specimen have been inked in red. An area of radial margin where the surface is circumferential is indicated by the diagonal red lines.

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Processamento pré-fixação:
Marcação das margens

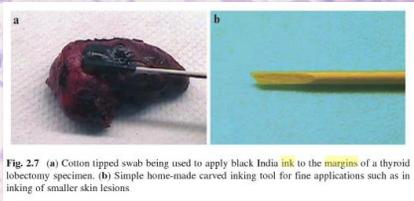


Fig. 2.7 (a) Cotton tipped swab being used to apply black India ink to the margins of a thyroid lobectomy specimen. (b) Simple home-made carved inking tool for fine applications such as in inking of smaller skin lesions

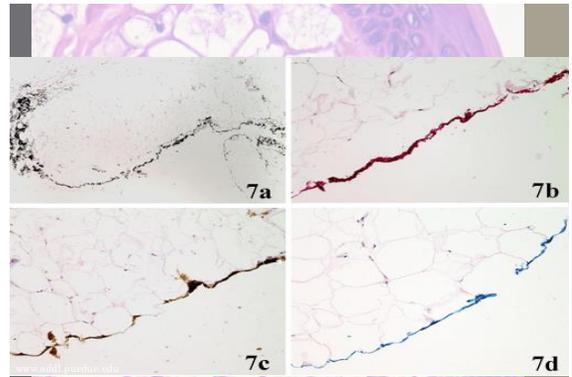
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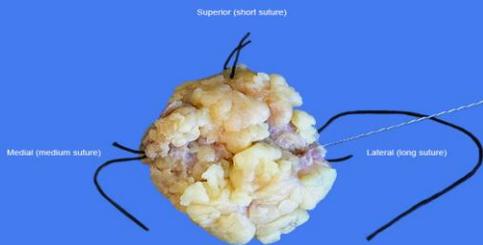
www.addl.purdue.edu

- Amarela
- Preta
- Roxa
- Azul
- Verde

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www.rcpa.edu.au

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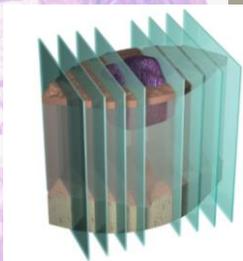
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Avaliação das margens

- Importância das margens
 - Relativa (adenoma sebáceo, fibroma, adenoma hepatóide, OSA, carcinoma urotelial)

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Método de clivagem x percentual analisado



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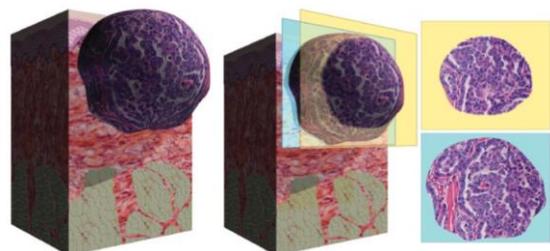
Figure 2.5 Perpendicular margin, pictogram. Serial sections or "bread/bologna dicing" of the entire mass. This technique will assess approximately 1-5% of the circumferential margin depending on the size of the tumor and the number of sections taken at specified intervals, none of which is standardized for animal tumors.

Terminologia

- Margem histológica livre do tumor (MHLT)
- É a distância entre o tumor e a margem histológica
- Mais usada na MV
- Recomendações – Tumores cutâneos (Meuten, 2017)
 - M1: margem infiltrada; focal ou difusa
 - M2: margem próxima, <2mm
 - M3: margem livre, 2-5mm
 - M4: Margem livre, >5mm

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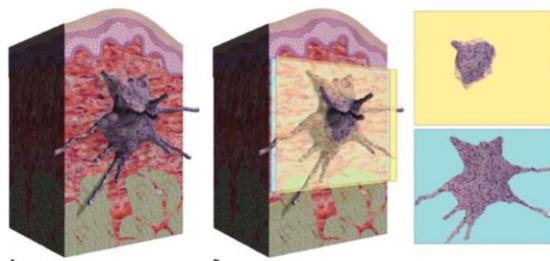
Epithelial tumor, pictogram



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Figure 2.8 (A) Epithelial tumor, pictogram. Benign types grow as a cohesive sphere of connected cells with even edges. Carcinomas may be infiltrative. The natural surface of both types can be compared to the "tip of an iceberg." (B) The margin is easily observed in perpendicular section but the HTFM may vary in different parts of an asymmetrical tumor or infiltrative carcinomas. The HTFM in the lower panel is narrower than the upper panel.

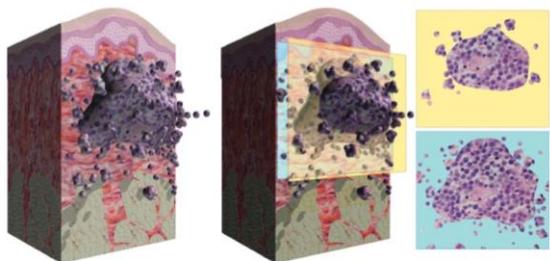
Soft tissue sarcoma, pictogram



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Figure 2.10 (A) Soft tissue sarcoma, pictogram. The sarcoma grows as an asymmetrical mass with highly irregular edges consisting of concentric lamination or finger-like extensions similar to a root ball of a tree. (B) The tumor appears completely excised in the upper panel but deeper in the block sections reveal tumor cells infiltrating the margin.

Round cell tumor, pictogram



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Figure 2.9 (A) Round cell tumor, pictogram. The tumor grows as a sphere of unconnected cells with an irregular edge. (B) The tumor appears completely excised in the upper panel but tumor cells infiltrate the margin in another section deeper in the block.

Fixação

- Conceito
- Tipos de fixadores e concentrações
- Proporção fixador: tecido
- Tempo total de fixação
- Processamento pós-fixação





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Armazenamento e submissão ao laboratório



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Requisição + amostra SEMPRE!




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Preenchimento da requisição



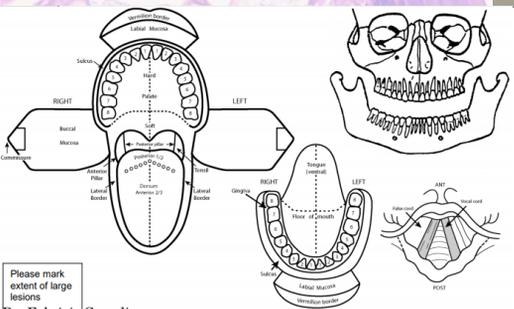
Viapath Analytics at Guy's and St Thomas' NHS Foundation Trust
HEAD AND NECK AND ORAL HISTOPATHOLOGY REQUEST FORM

Deliver to: Specimen Reception, Head & Neck/Oral Pathology, Floor 4, Tower Wing, Guy's Hospital

Please give patient details and/or fix label overleaf	Surname	Forename(s)	Ethnic origin (ring one): Asian Middle eastern European African/Caribbean Far East
	Unit No:	or NHS number:	Recent overseas travel to:
	Date of Birth	Sex M / F	Occupation: If retired state previous
Please give details of lesion	Differential diagnosis and clinical features:		
	Medical history and medications:		
	Smoking	type amount duration	Alcohol type amount duration
	Betel quid ?		
	Also enclosed (please ring) Radiographs Clinical Pictures or Images e-mailed to: h&np&th-dental@gstt.nhs.uk		

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Preenchimento da requisição



Please mark extent of large lesions

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Preenchimento da requisição

Please give site of specimens or draw on diagram	Site 1 ring one: incisional <input type="checkbox"/> excisional biopsy <input type="checkbox"/> curettage <input type="checkbox"/>	Site 2 ring one: incisional <input type="checkbox"/> excisional biopsy <input type="checkbox"/> curettage <input type="checkbox"/> smear	
	Site 3 ring one: incisional <input type="checkbox"/> excisional biopsy <input type="checkbox"/> curettage <input type="checkbox"/> smear	Site 4 ring one: incisional <input type="checkbox"/> excisional biopsy <input type="checkbox"/> curettage <input type="checkbox"/> smear	
Please give information for issuing report	Consultant's name	Operator's name sign AND print	Clinico/Dept
	Hospital		
	Patient type (ring one) In patient / outpatient	Patient type (ring one) NHS / Private	Date of biopsy
Residual sample is normally incinerated or used for quality assurance, NHS training, audit or research. Please tick box if patient has indicated that they do NOT wish surplus tissue to be used for research. <input type="checkbox"/>			

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Preenchimento da requisição

Accession #: _____ Date received: _____

University of Iowa Surgical Oral Pathology Laboratory
 S361 DSB Iowa City, IA 52242-1001
 Phone: (319)335-9656 Fax: (319) 353-5569
 www.dentistry.uiowa.edu/oprm/

THE UNIVERSITY OF IOWA
Surgical Oral Pathology Request form

Part B – Provider Information	Part A – Patient Information
Provider name _____	Patient Name Last _____ First _____ Initial _____
Office name _____	Address _____
Address _____	City _____ State _____ Zip _____
City _____ State _____ Zip _____	*** Date of Birth _____ Sex _____
Phone Number _____	Phone Number _____
Fax/Email report to: _____	Guarantor's Name: _____ Guarantor's DOB: _____

For all patients under age 18: Guarantor's Name: _____ Guarantor's DOB: _____

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Preenchimento da requisição

Part C – Clinical Data

Date of Biopsy: _____

Summary of Clinical Findings: _____

Radiographic Findings: _____

Clinical Impression: _____

Nature of Operation: _____

Fixative: 10% formalin Other _____

To submit images electronically: [click here](#)

Files uploaded: Clinical Photographs Radiographs CBCT

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Table 13-1 Nomenclature of Oral and Oropharyngeal Inflammation According to the American Veterinary Dental College

Location	Term	Definition
Gingiva	Gingivitis	Inflammation of gingiva
Periodontal ligament, alveolar bone, and cementum	Periodontitis	Inflammation of nongingival periodontal tissues
Bone and bone marrow	Osteomyelitis	Inflammation of the bone and bone marrow
Alveolar mucosa	Alveolar mucositis	Inflammation of alveolar mucosa (i.e., mucosa overlying the alveolar process and extending from the mucogingival junction without obvious demarcation to the vestibular sulcus and to the floor of the mouth)
Sublingual mucosa	Sublingual mucositis	Inflammation of mucosa on the floor of the mouth
Labial/buccal mucosa	Labial/buccal mucositis	Inflammation of the lip/cheek mucosa
Mucosa of the caudal oral cavity	Caudal mucositis	Inflammation of mucosa of the caudal oral cavity, bordered medially by the palatoglossal folds and foveae, dorsally by the hard and soft palate, and rostrally by alveolar and buccal mucosa
Palatal mucosa	Palatitis	Inflammation of mucosa covering the hard and/or soft palate
Lingual mucosa	Glossitis	Inflammation of mucosa of the dorsal, lateral, and/or ventral tongue surface
Lip	Cheilitis	Inflammation of the lip (including the mucocutaneous junction area and skin of the lip)
Mouth	Stomatitis	Inflammation of the mucous lining of any of the structures in the mouth; in clinical use, the term should be reserved to describe widespread oral inflammation (beyond gingivitis and periodontitis) that may also extend into submucosal tissues (e.g., marked caudal mucositis extending into submucosal tissues may be termed caudal stomatitis)
Palatine tonsil	Tonsillitis	Inflammation of the palatine tonsil
Pharynx	Pharyngitis	Inflammation of the pharynx

Data from AVDC Nomenclature Committee, American Veterinary Dental College. (2012, May 1). Retrieved July 1, 2015, from <http://www.avdc.org/nomenclature.html>

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Rostral	Towards the tip of the nose	Lingual	Facing the tongue
Caudal	Towards the tail	Palatal	Facing the hard palate
Ventral	Towards the lower jaw	Occlusal	Facing an opposing dental arch
Dorsal	Towards the top of the head or the muzzle	Coronal	Towards the tip of the crown
Mesial	Towards the midline along the dental arch	Apical	Towards the apex of a root
Distal	Away from the midline along the dental arch	Subgingival	Apical to the gingival margin
Labial	Facing the lip	Supragingival	Coronal to the gingival margin
Buccal	Facing the cheek		

Boyer & Sobott-Boyer, 2014. Applied feline (cat) anatomy and tooth extraction techniques.

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Table 1 Oral mucosal diseases categorized according to appearance

Ulcerative Conditions	Vesiculobullous Diseases	Inflamed Proliferative Lesions
Plaque-reactive mucositis	Mucous membrane pemphigus	Eosinophilic granuloma complex
Feline gingivostomatitis	Pemphigus vulgaris	Feline gingivostomatitis
Eosinophilic granuloma complex	Pemphigus foliaceus	Viral papillomas
Periodontal abscess	Bullous pemphigoid	Endodontic abscess with parulis
Feline calicivirus	Systemic lupus erythematosus	Foreign body reaction
Erythema multiforme	Erythema multiforme	Sublingual mucosal hyperplasia
Pemphigoid disorders		Extramucosal plasmacytoma
Systemic lupus erythematosus		Squamous cell carcinoma
Epidermolysis bullosa		Epitheliotropic lymphoma
Uremia		Acanthomatous ameloblastoma
Chemical exposure		Benign buccal exostoses
Electrical injury		

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Discussão de casos clínicos
 (parte da aula removida devido direitos autorais dos colaboradores)

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