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## · 临床医学图像 ·

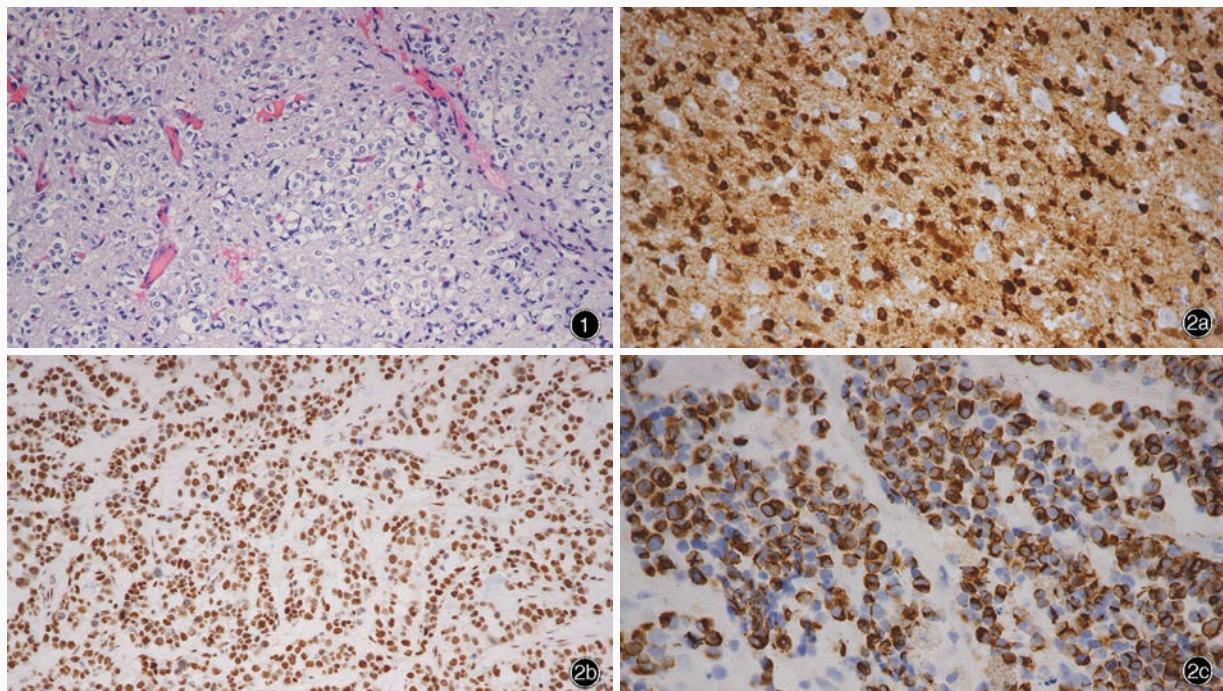
### 少突胶质细胞瘤, IDH-突变和1p/19q-共缺失

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#### Oligodendrogloma, IDH-mutant and 1p/19q-codeleted

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**图1** 光学显微镜观察显示,肿瘤细胞胞质透亮,胞膜明显 HE染色  $\times 200$  **图2** 光学显微镜观察所见 免疫组织化学染色(EnVision二步法) 2a 肿瘤细胞胞质强阳性表达R132H-突变的IDH1  $\times 200$  2b 肿瘤细胞核表达ATRX  $\times 200$  2c 小肥胖细胞胞质内、胞核周围表达GFAP  $\times 400$

**Figure 1** Optical microscopy findings The tumor cells showed clear cytoplasm and obvious membrane. HE staining  $\times 200$

**Figure 2** Optical microscopy findings Immunohistochemical staining (EnVision) The cytoplasm of tumor cells were strongly positive for R132H-mutant IDH1 (Panel 2a).  $\times 200$  The nuclei of tumor cells were positive for ATRX (Panel 2b).  $\times 200$  The perinuclear area and cytoplasm of minigemistocytes were positive for GFAP (Panel 2c).  $\times 400$

2016年世界卫生组织(WHO)中枢神经系统肿瘤分类将“少突胶质细胞瘤,异柠檬酸脱氢酶(IDH)-突变和1p/19q-共缺失”定义为弥漫性浸润、生长缓慢、IDH1/2-突变、染色体1p/19q-共缺失的胶质瘤。组织学形态,肿瘤组织由形态类似少突胶质细胞的肿瘤细胞组成,胞核圆形、大小较一致,胞质肿胀、透亮;典型病例常可见微钙化、分支状毛细血管,亦可见星形细胞瘤样成分(图1)。免疫组织化学染色,多数肿瘤细胞胞质强阳性表达R132H-突变的IDH1(图2a),较少细胞胞核表达P53,由于肿瘤缺乏ATRX突变,常可见胞核表达ATRX(图2b),小肥胖细胞和神经胶质纤维性少突胶质细胞胞质表达胶质纤维酸性蛋白(GFAP,图2c)。

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