

15th International Conference on **Surgical Pathology and Cancer Diagnosis**
&
4th International Conference on **General Practice & Primary Care**

April 15-16, 2019 Berlin, Germany

The role of SF1 in Stromal Tumors

Aslihan Alpaslan Duman
Ataturk University, Turkey

Sex-cord stromal tumors can be morphologically mixed with some metastatic and primer-over tumors. SF-1 sex cord is a new immunohistochemically staining marker for stromal tumors. The role of SF1 in the differential diagnosis of sex cord stromal tumors and morphologically confluent tumors was investigated.

In this study, 69 cases reported in Hacettepe University Faculty of Medicine Pathology Department between the years of 2004-2016 were included in the study. The cases include sex cord stromal tumors (Granulosa cell tumor, Sertoli-Leydig cell tumor, Steroid cell tumor, Sclerosan stromal tumor, Juvenile granulosa cell tumor, Undifferentiated sex cord stromal tumor, Pregnancy luteoma, Stromal luteoma, Tekoma with minor sex cord elements, (lobular carcinoma metastasis, ductal carcinoma metastasis, ductal + lobular carcinoma metastasis, Brenner tumor, endometrial stromal sarcoma, mesothelioma, hypercalcaemic type small cell carcinoma, ectopic adrenal tissue) were selected. The H & E sections of the existing cases were re-examined to confirm the diagnosis, and morphologically representative blocks were selected and SF-1 was applied immunohistochemically. Nuclear staining was considered positive in all cases. The prevalence of paint is less than 10%, 10-50%, 50-75%, 75% and over; The severity was evaluated as unstained, poorly stained, strong and severe staining.

The sex cord is a common and intense granulosa cell tumor and stromal luteoma with over 75% of the tumors, including Sertoli-Leydig cell tumor, syndrome and stromal tumor, pregnancy luteoma and minor sex cords, strong, sclerosing stromal tumor and high grade Sertoli-Leydig cell tumor. In the sex cord non-stromal group consisting of 46 cases with 10-50% diffuse and weak staining, no staining was observed in the tumors except ectopic adrenal tissue. We found weak staining with SF-1 in the over-stroma adjacent to the tumor in the tumors where the pigmentation was not observed.

In the literature, sex cord is the standard marker for stromal tumors, but sensitivity is low. It is important to have staining with SF-1 in neoplasms, which are usually negative with inhibin, such as sclerosing stromal tumors, and not staining with SF-1 in sex cord non-stromal tumors. It is also worthwhile to obtain positive staining in normal over-stroma.