

CLASSIFICATION HISTO-PATHOLOGIQUE

Les carcinomes sarcomatoïdes comportent cinq sous-types (**Tableau 1**) :

1/ les carcinomes pléiomorphes : il s'agit du sous-type le plus fréquent (>50%) associant une composante carcinomateuse (épidermoïde, adénocarcinome, adénosquameux, indifférencié à grandes cellules) et une composante sarcomatoïde d'au moins 10% avec des cellules fusiformes et / ou des cellules géantes. Certains carcinomes pléiomorphes ne sont composés exclusivement que de cellules fusiformes ou géantes sans composante épithéliale.

- Les carcinomes à cellules fusiformes exclusivement
- les carcinomes à cellules géantes exclusivement

2/ les carcinosarcomes

3/ les pneumoblastomes

Sous-type histo-pathologique	
Carcinome pléiomorphe, carcinome à cellules fusiformes et carcinome à cellules géantes	- Le carcinome pléiomorphe est biphasique avec un contingent sarcomateux d'au moins 10% et un contingent carcinomateux. - Le carcinome à cellules fusiformes et le carcinome à cellules géantes sont des tumeurs pseudo-sarcomateuses pures
Carcinosarcome	- Association d'un contingent sarcomateux hétérologue et un contingent carcinomateux (épidermoïde ou ADK)
Blastome pulmonaire	- Tumeur biphasique comportant un contingent d'adénocarcinome de type fœtal à un stroma mésenchymateux primitif.

Tableau 1 - Classification histo-pathologique des carcinomes sarcomatoïdes.

Les carcinomes sarcomatoïdes primitifs pulmonaires sont des tumeurs rares appartenant au groupe des carcinomes bronchiques non à petite cellule (CBNPC). Ils sont peu différenciés et peuvent être observés dans des localisations extra-pulmonaires. Ils sont définis en anatomopathologie selon la dernière classification OMS de 2015 (1).

Les carcinomes sarcomatoïdes représentent environ 1% des CBNPC. Parmi eux, les carcinosarcomes ne représentent environ que 4% des cas et ont la même épidémiologie. Les blastomes pulmonaires sont inférieurs à 0,1%, surviennent chez l'adulte et sont différents des pleuroblastomes pulmonaires kystiques de l'enfant.

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