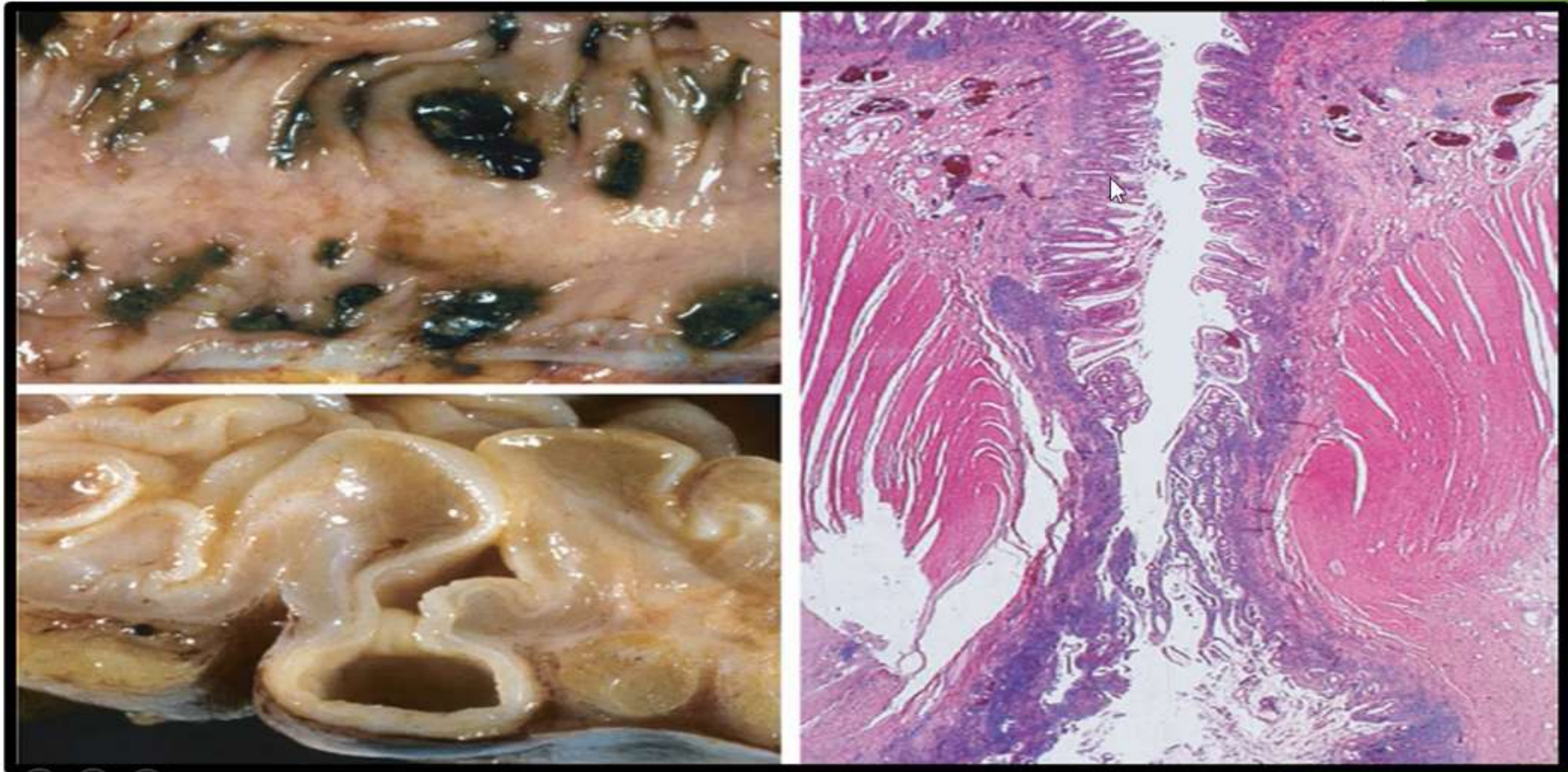


Diseases of the intestine Lab

Sura al Rawabdeh MD

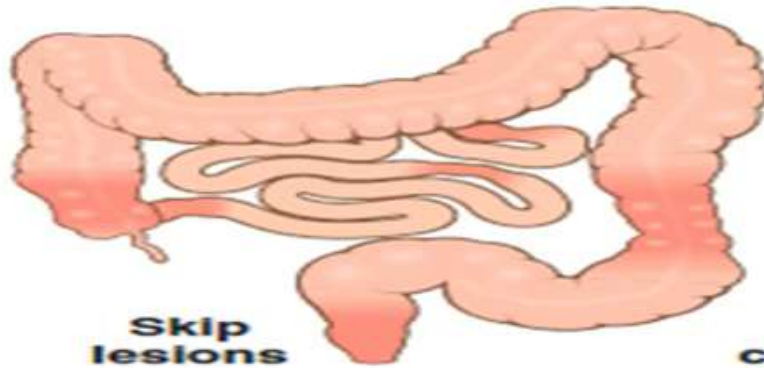
April 2022

Sigmoid Diverticulitis



Inflammatory Bowel Disease

CROHN DISEASE



ULCERATIVE COLITIS

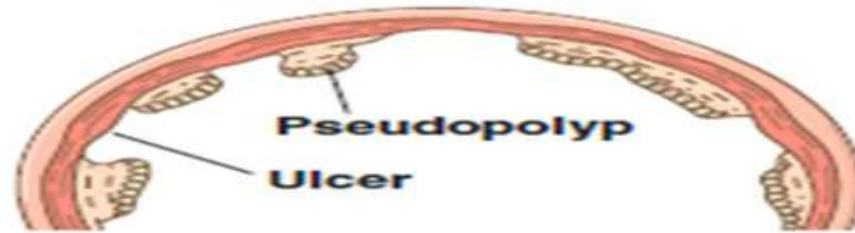
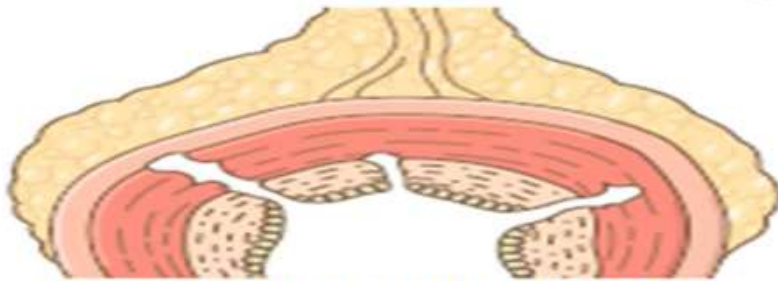
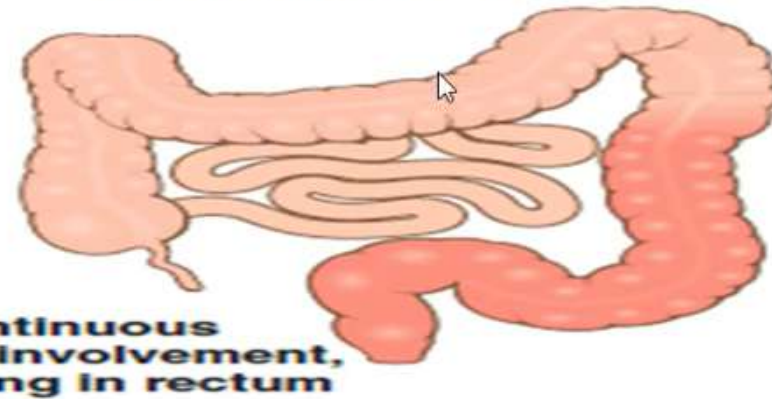
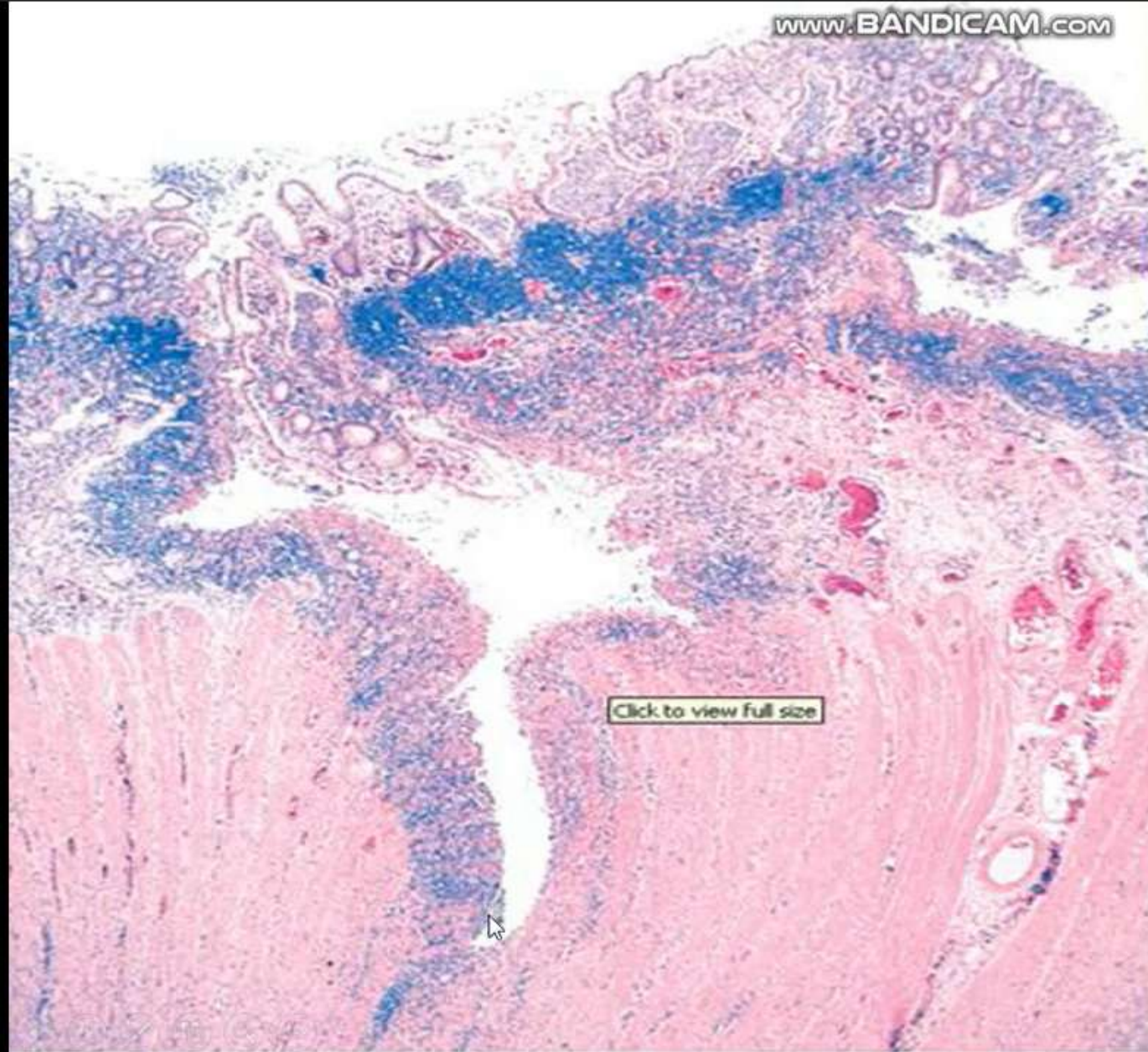


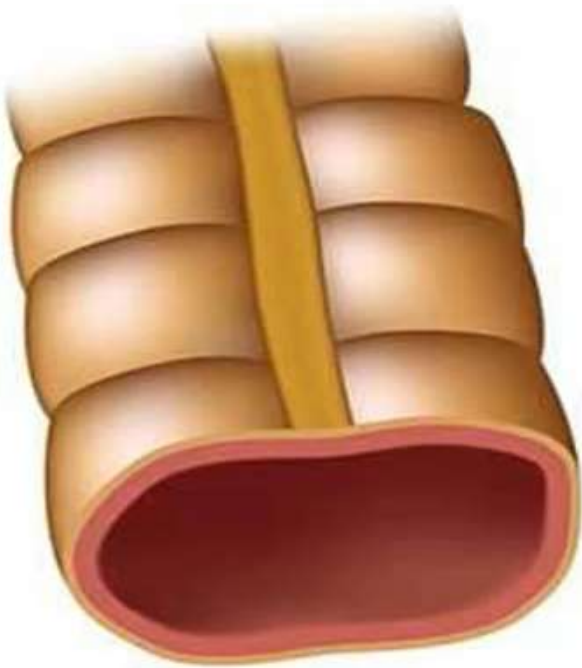
Figure 14-26 Distribution of lesions in inflammatory bowel disease. The distinction between Crohn disease and ulcerative colitis is based primarily on morphology.



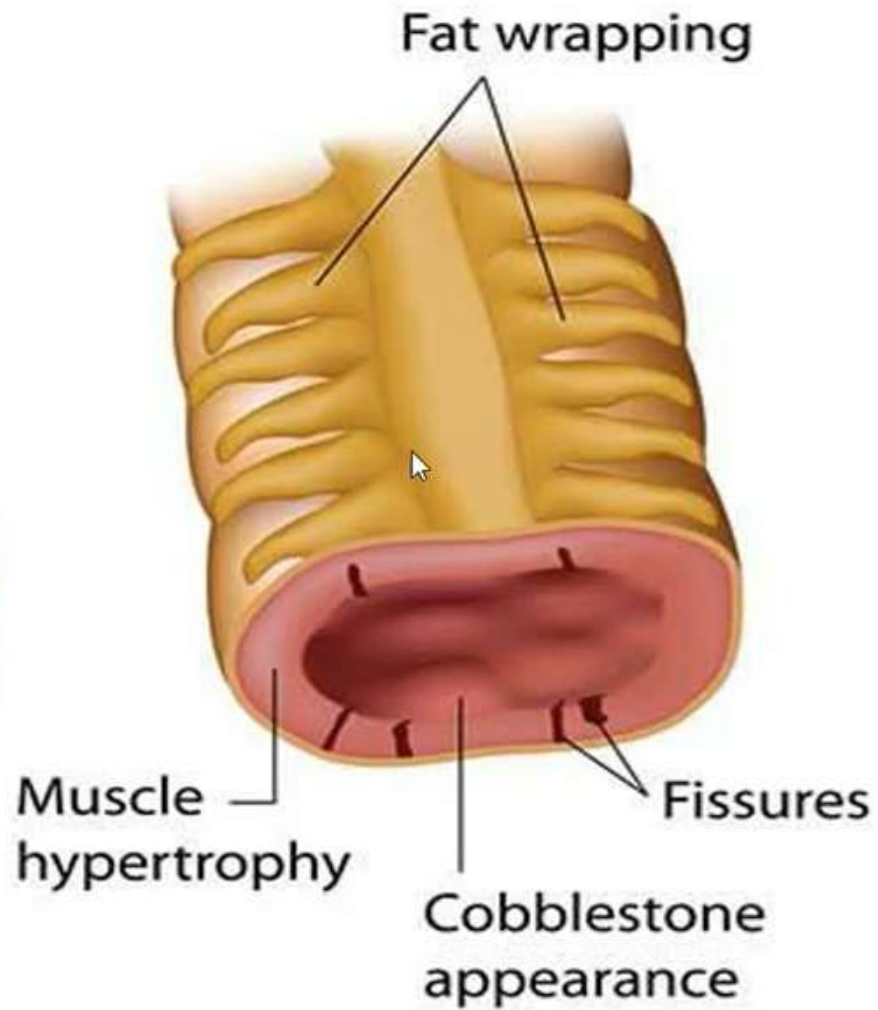
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Crohn disease of the colon showing a deep fissure extending into the muscle wall, a second, shallow ulcer (upper right), and relative preservation of the intervening mucosa. Abundant lymphocyte aggregates are present, evident as dense blue patches of cells at the interface between mucosa and submucosa

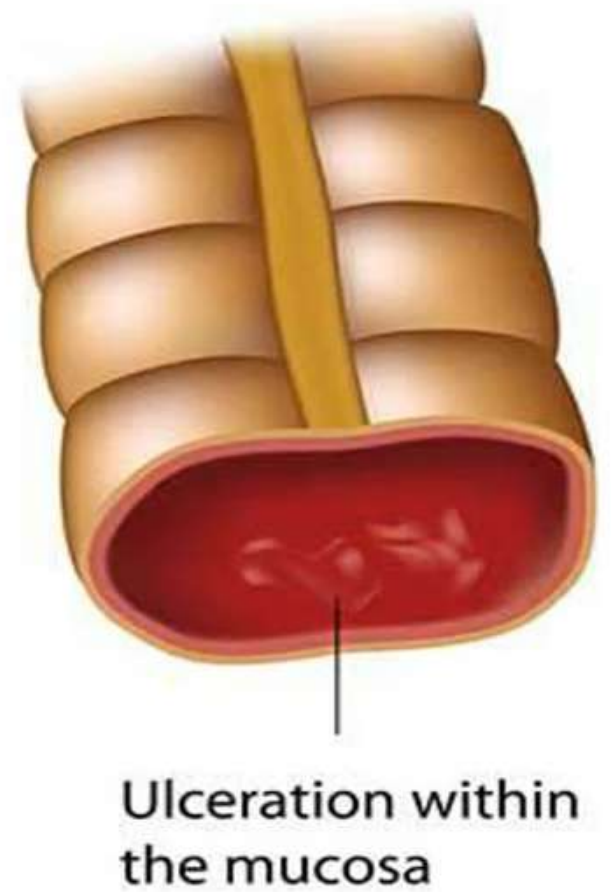
Healthy



Crohn's disease



Ulcerative colitis



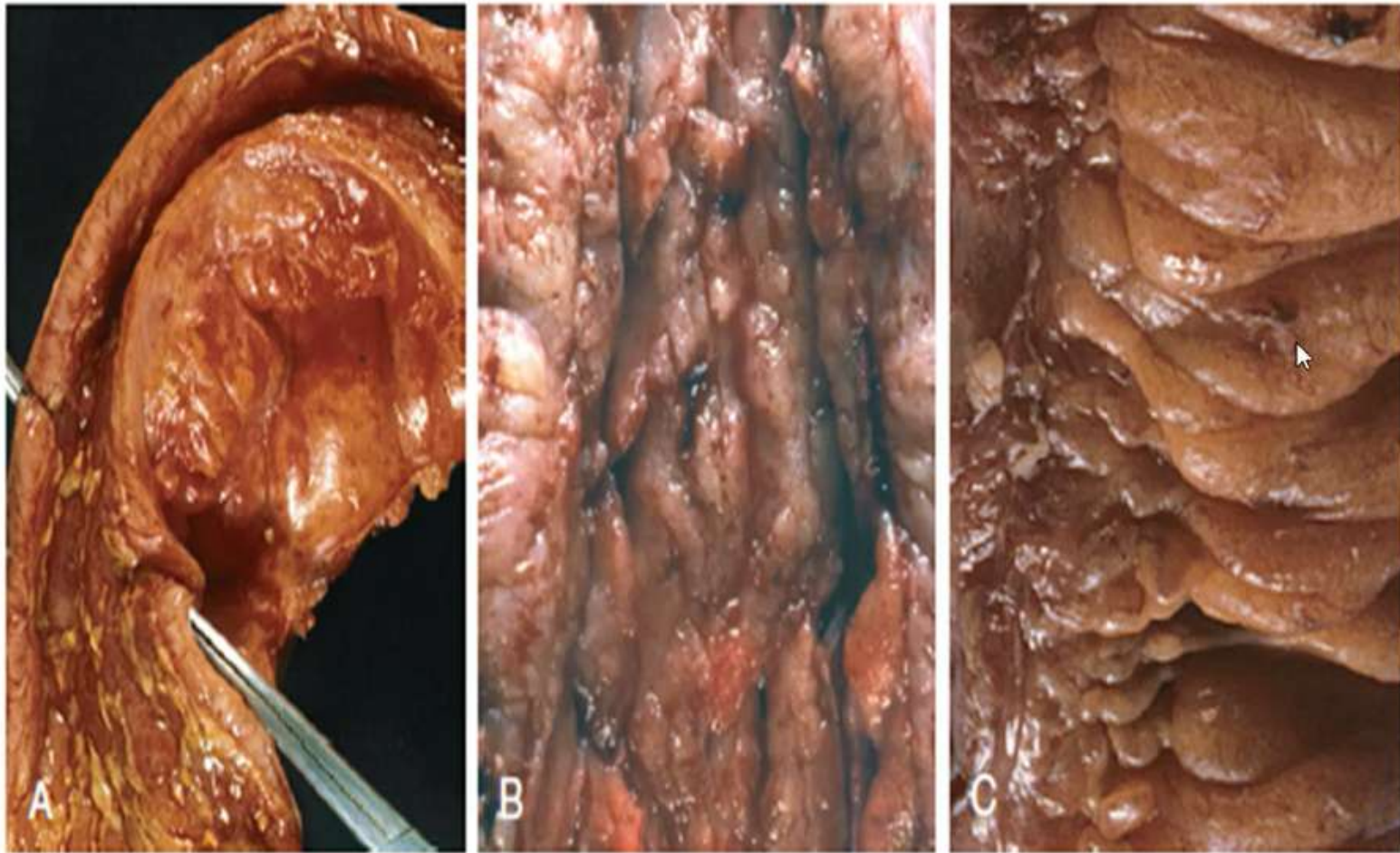


Figure 14-28 Gross pathology of Crohn disease. A, Small intestinal stricture. B, Linear mucosal ulcers and thickened intestinal wall. C, Creeping fat.

Ulcerative colitis

Pseudopolyp

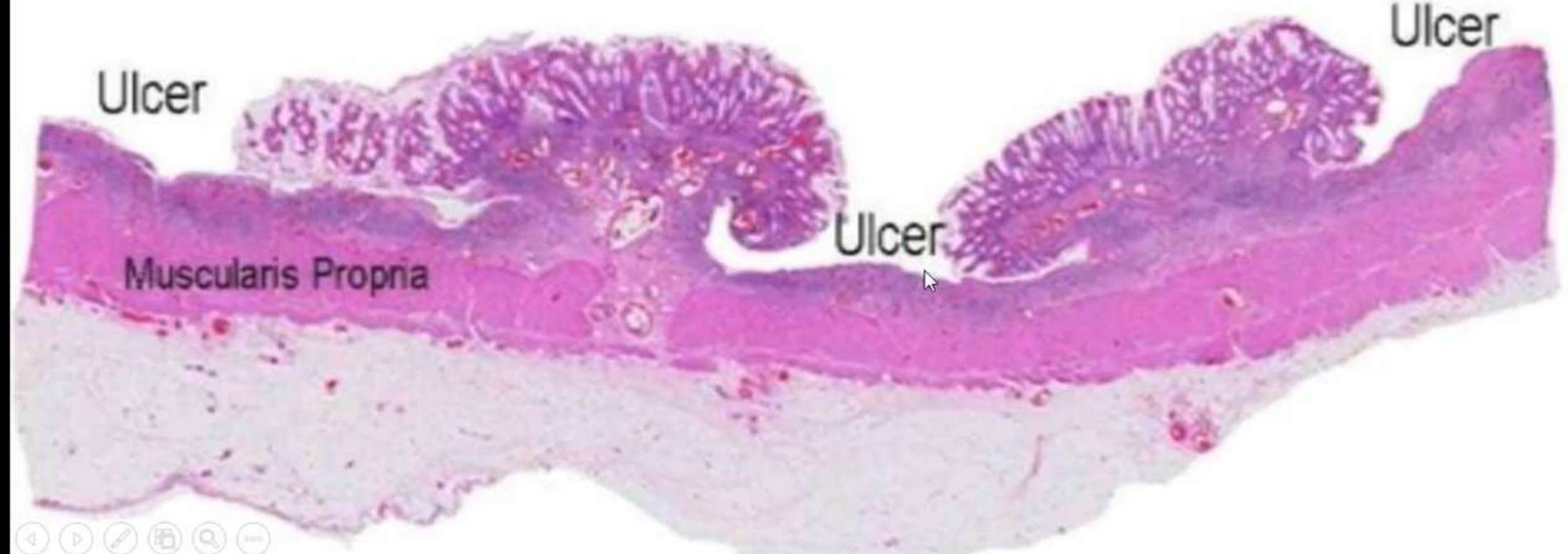
Pseudopolyp

Ulcer

Ulcer

Muscularis Propria

Ulcer



Ulcerative colitis

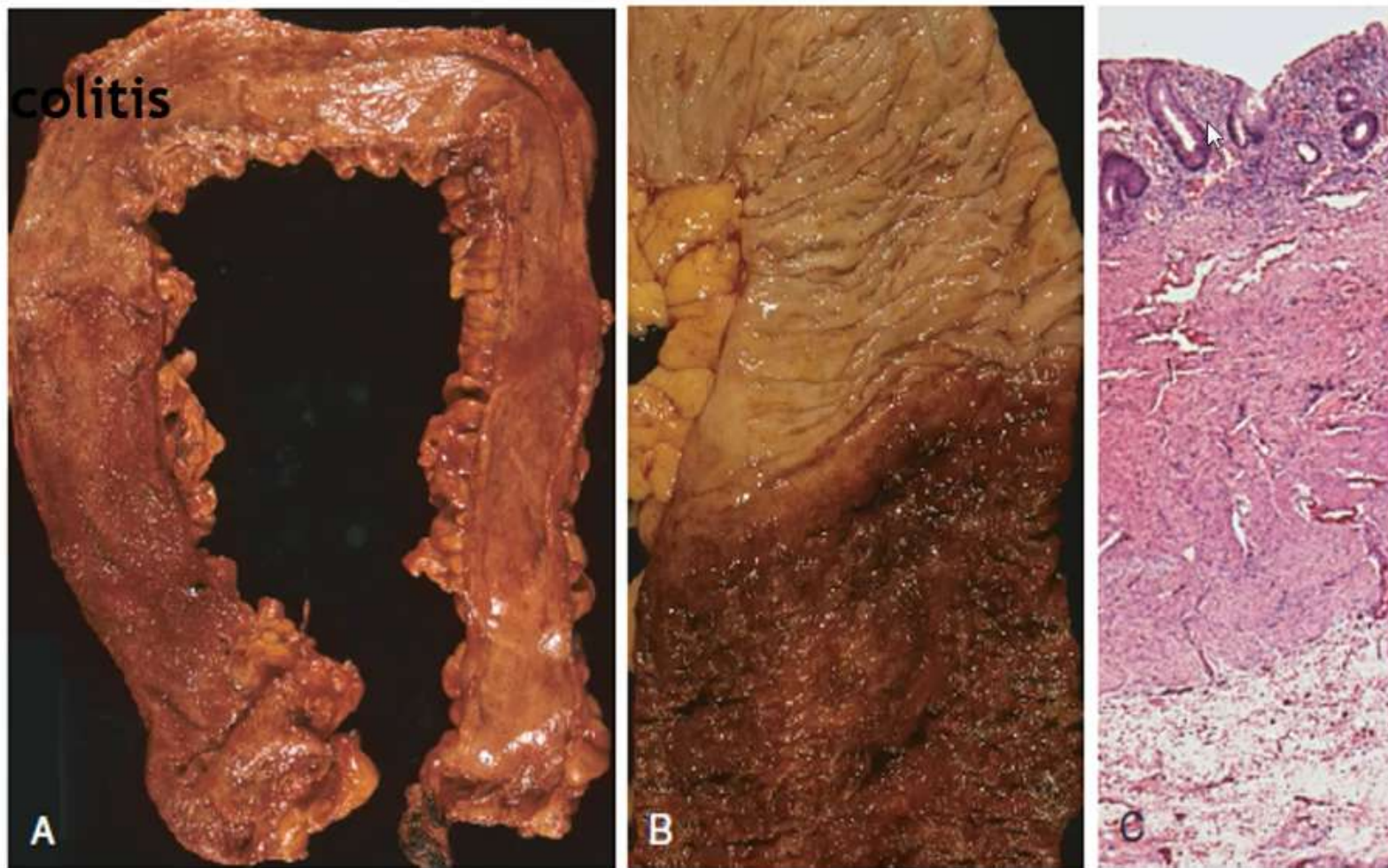
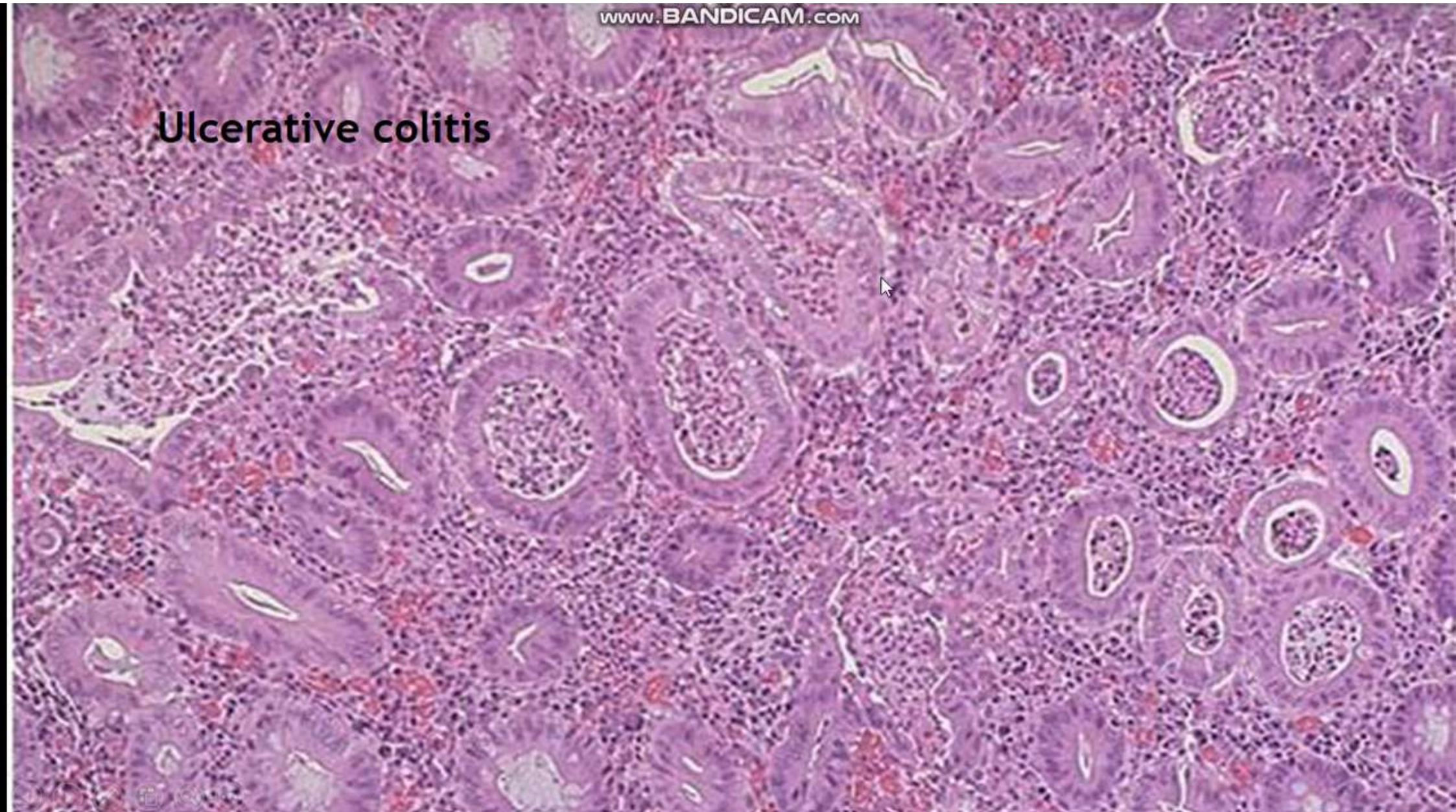


Figure 14-30 Pathology of ulcerative colitis. **A**, Total colectomy with pancolitis showing active disease, with red, granular mucosa in the cecum (*left*) and smooth, atrophic mucosa distally (*right*). **B**, Sharp demarcation between active ulcerative colitis (*bottom*) and normal (*top*). **C**, This full-thickness histologic section shows that disease is limited to the mucosa. Compare with Figure 14-28, C.

Ulcerative colitis



Intestinal obstruction

▶ Mechanical obstruction:

- ▶ Intussusception
- ▶ Hernias.
- ▶ Adhesions.
- ▶ Volvulus

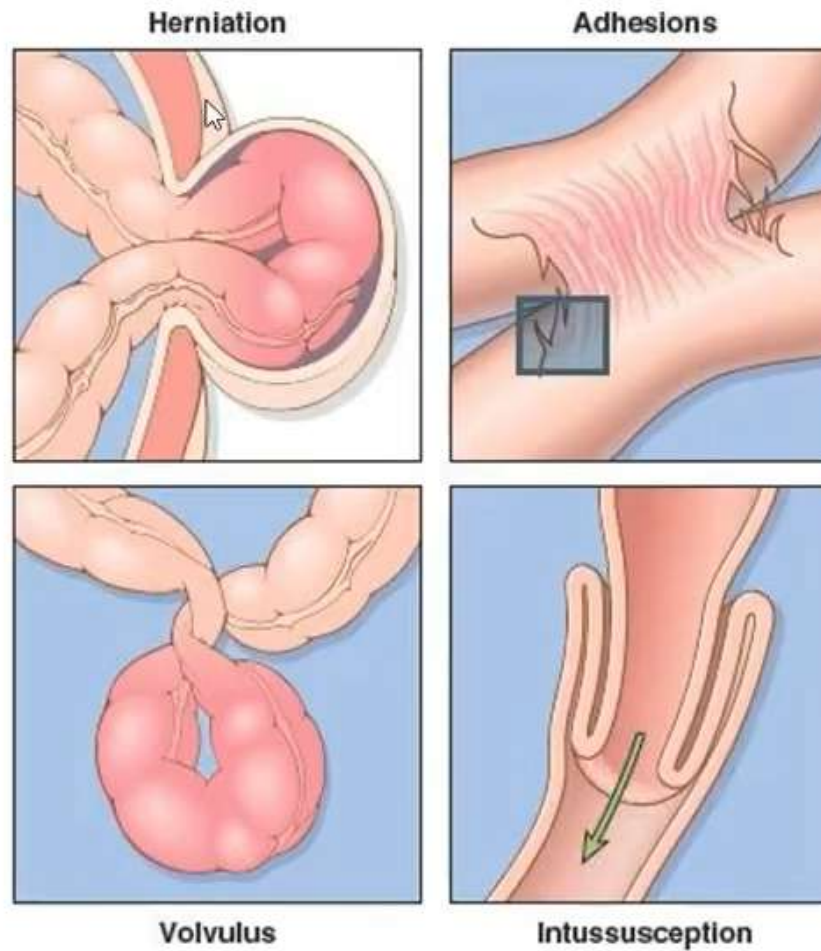
- ▶ Tumors.
- ▶ Diverticulitis
- ▶ Infarction

▶ Non-mechanical obstruction

- ▶ Hirschsprung disease
- ▶ Neurological disorders.
- ▶ Drugs....etc

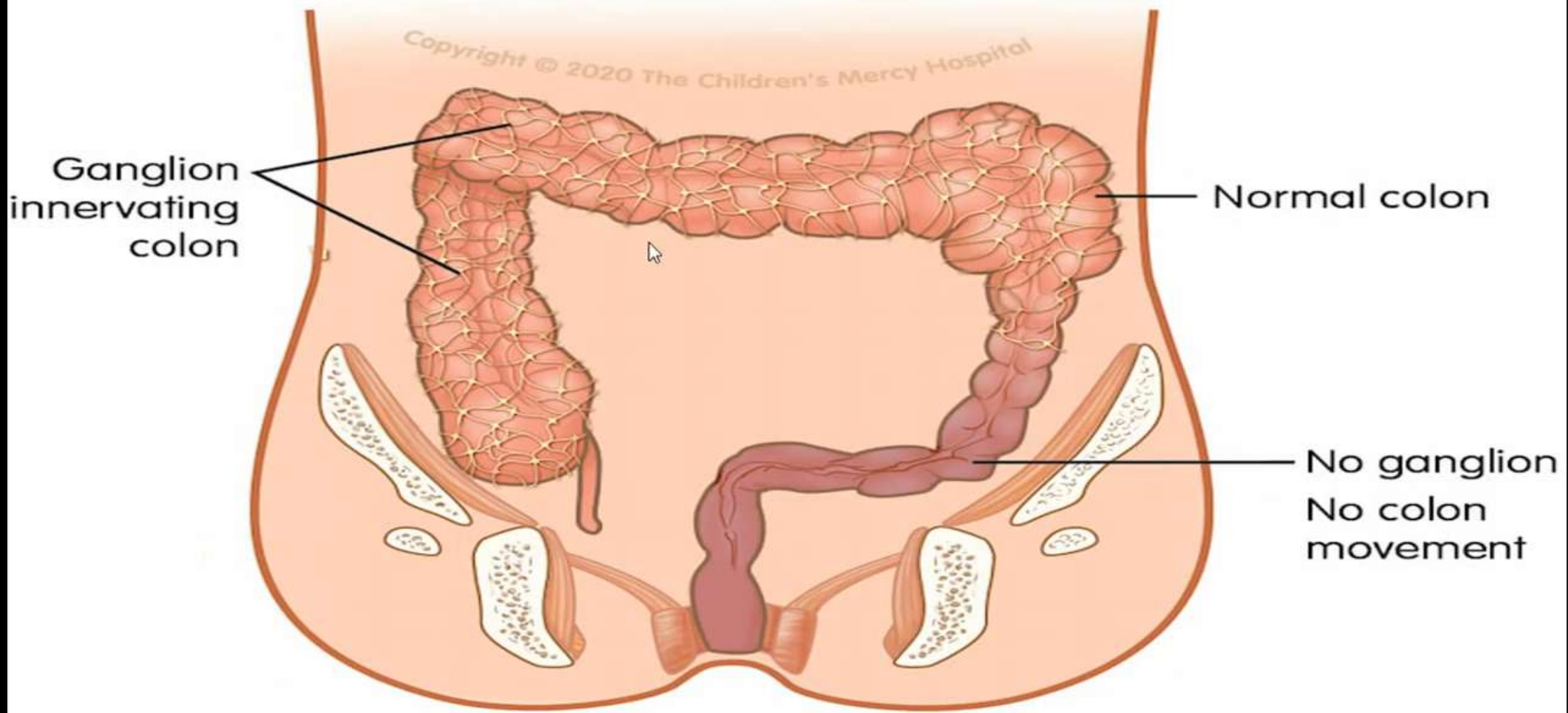


80% of mechanical obstructions



HIRSCHSPRUNG DISEASE

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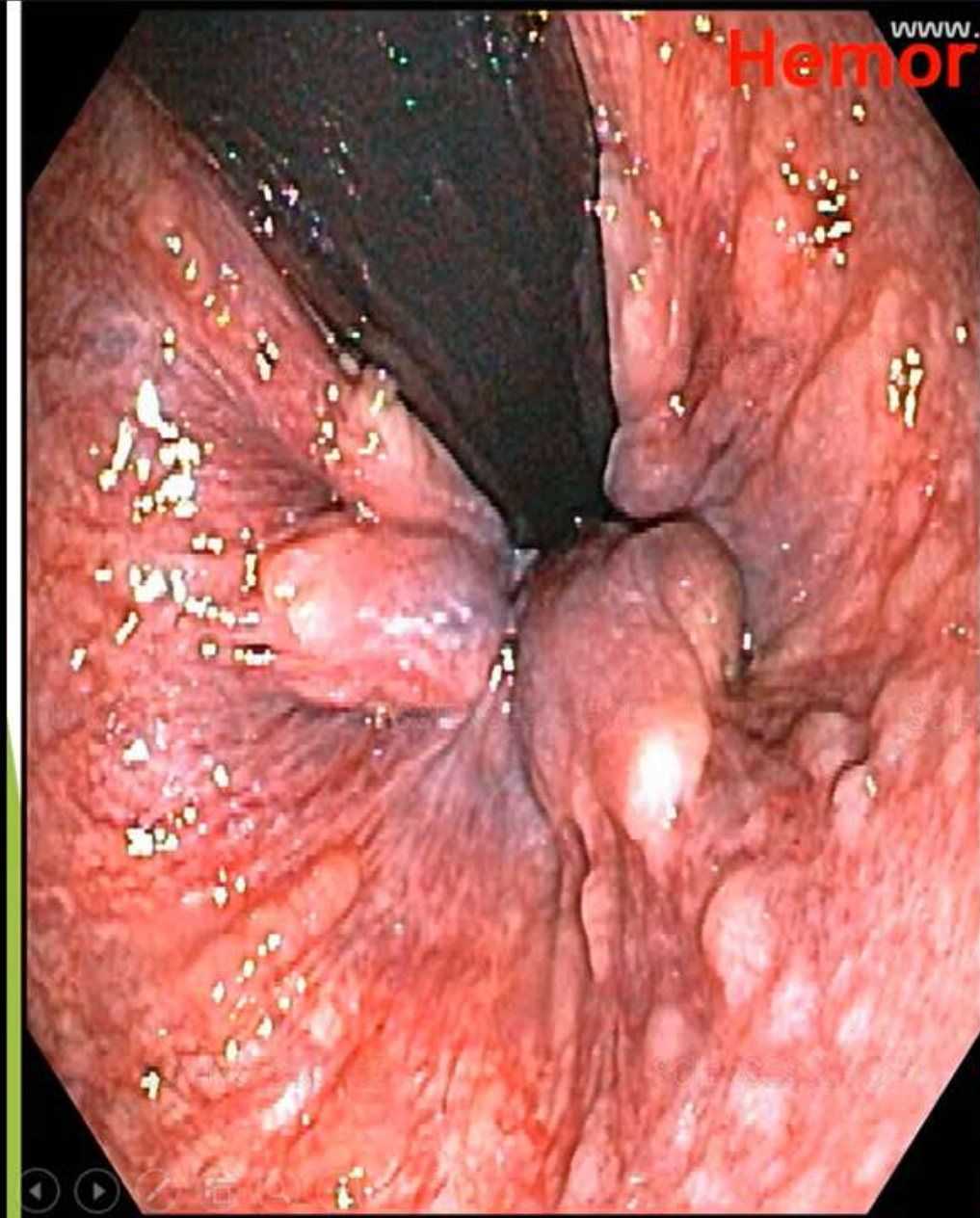
Hirschsprung Disease



Robbins Basic Pathology 10th edition

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Hemorrhoids

Qiao's Pathology



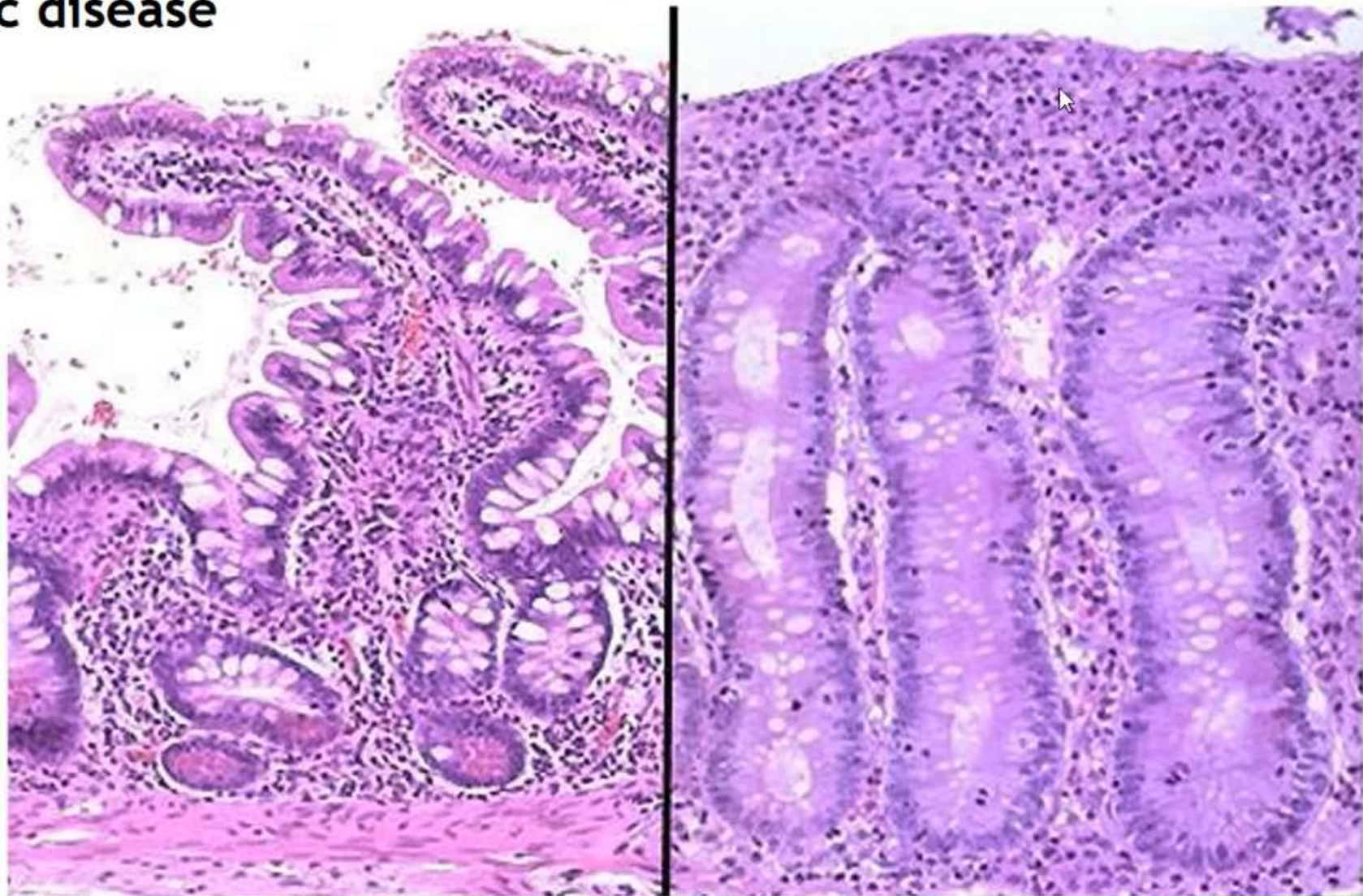
Celiac disease

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Celiac disease

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webpathology

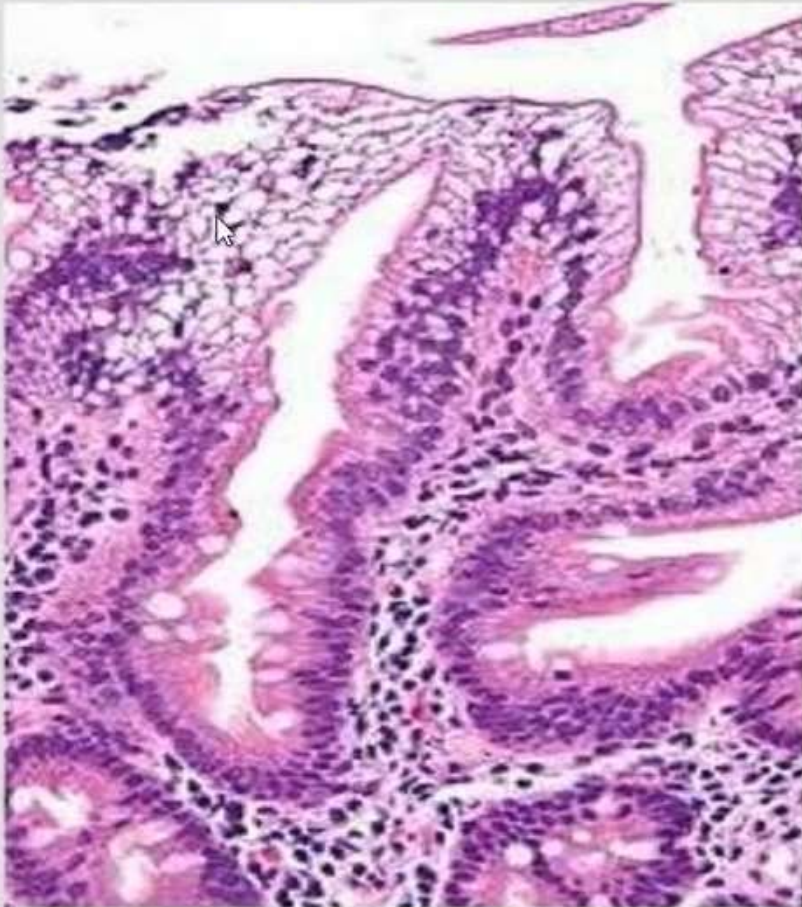


Serology: Celiac diseases

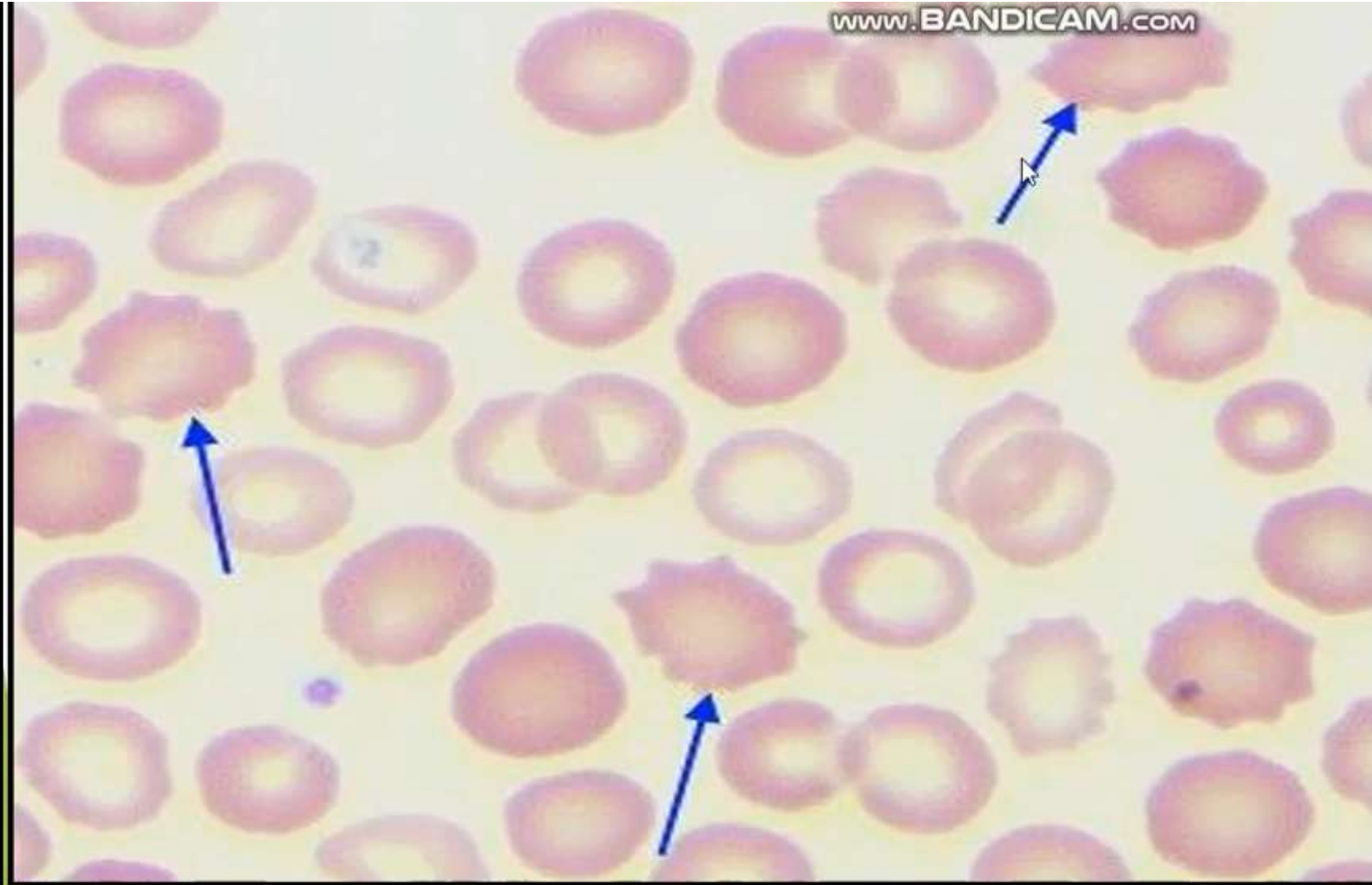
- ▶ Anti- tissue transglutaminase antibodies
- ▶ Anti-gliadin antibodies.
- ▶ Anti -endomysial antibodies



Abetalipoproteinemia



Micrograph showing enterocytes with a clear cytoplasm (due to lipid accumulation) characteristic of abetalipoproteinemia.



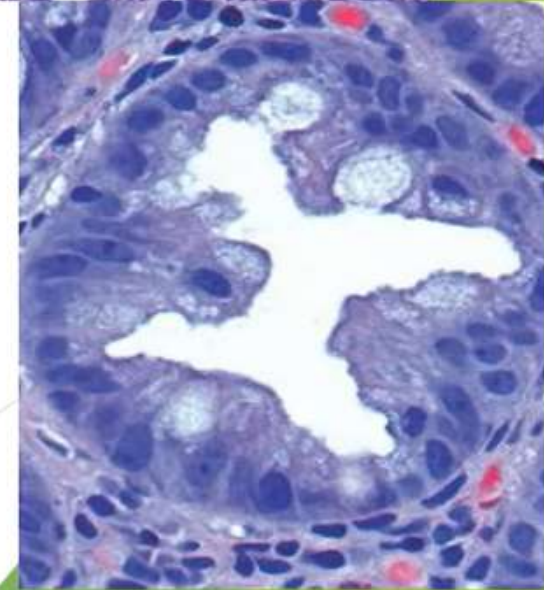
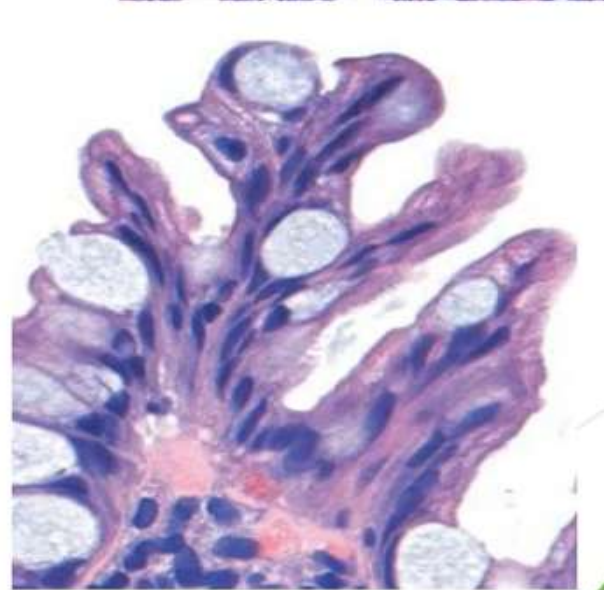
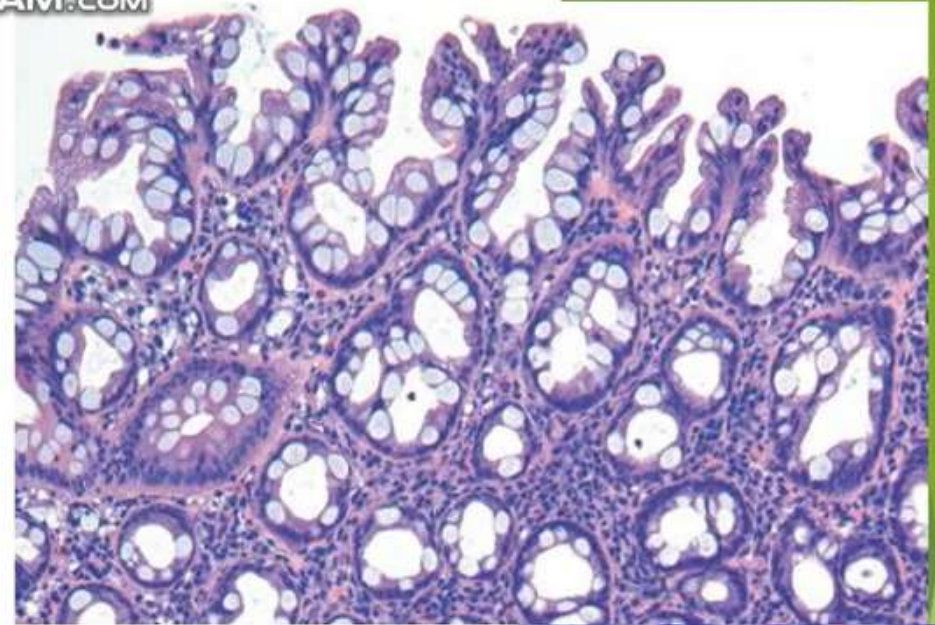
**Acanthocytosis is a hallmark feature of this disease.
(Abetalipoproteinemia)**

Acanthocytes are abnormally spiked RBCs due to the defective phospholipid cell membrane. They are also seen in liver dysfunction

Hyperplastic polyp

- ▶ Left colon
 - Rectosigmoid.
 - Small < 5 mm
 - Multiple

- Crowding of goblet & absorptive cells.
- Serrated surface: hallmark of these lesions



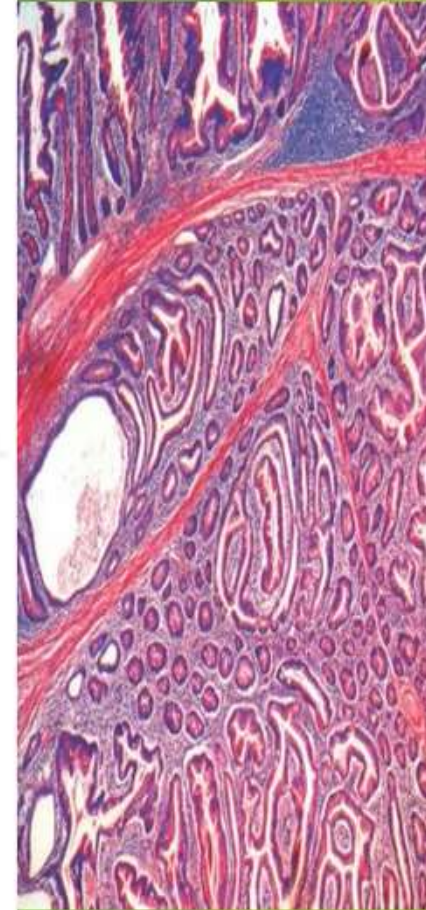
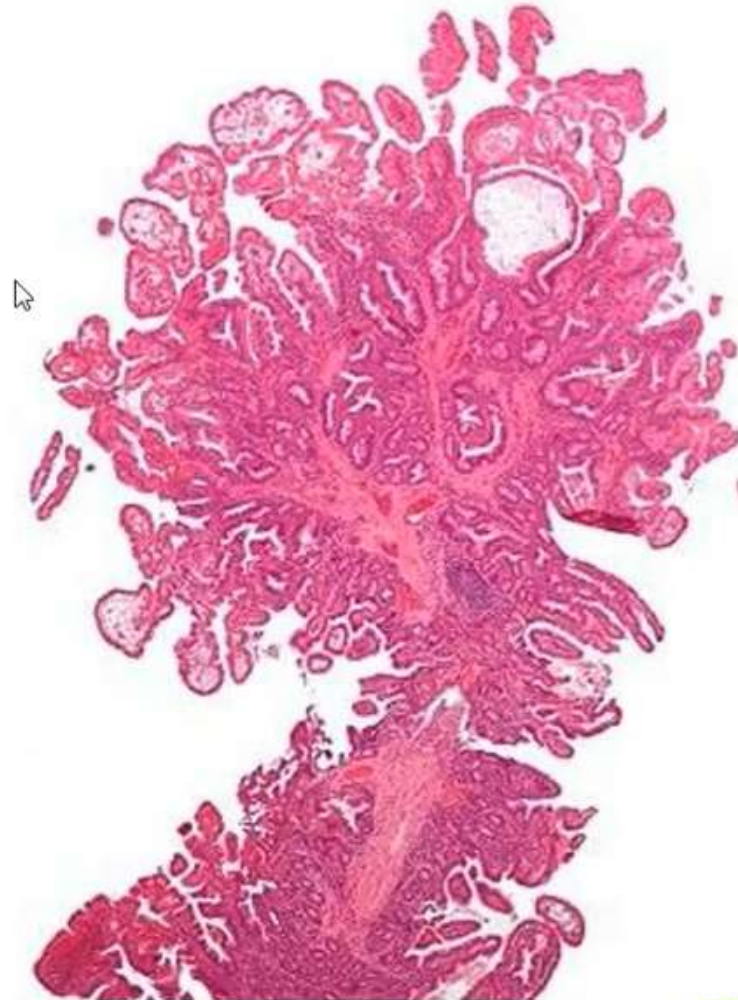
Juvenile Polyps

- ▶ **Pedunculated**
- ❑ **Reddish lesions**
- ❑ **Cystic spaces on cut sections**
- ❑ **Dilated glands filled with mucin and inflammatory debris.**
- ❑ **Granulation tissue on surface.**



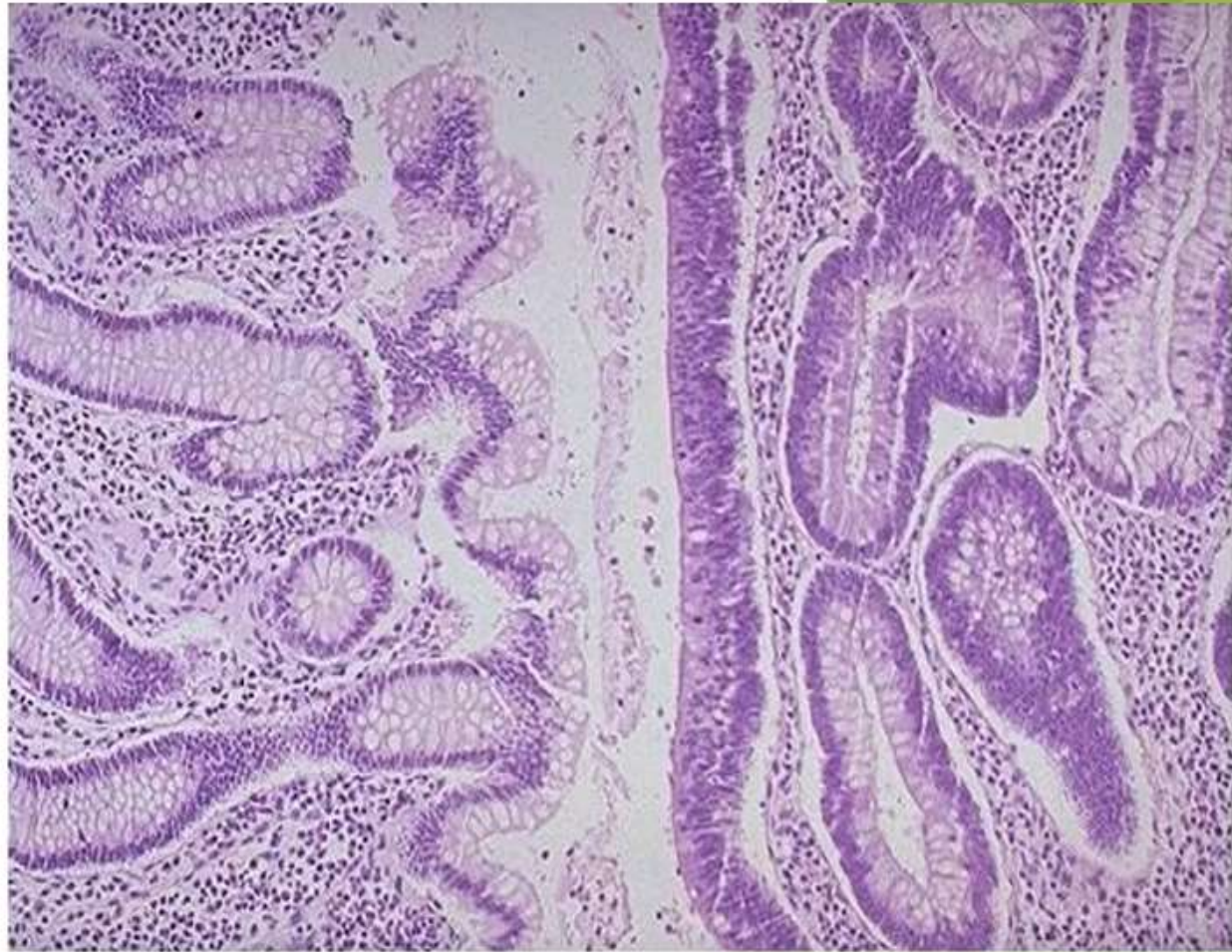
Peutz-Jeghers polyp

- ▶ Large.
- Arborizing network of connective tissue, smooth muscle, lamina propria
- Glands lined by normal-appearing intestinal epithelium
- Christmas tree pattern.



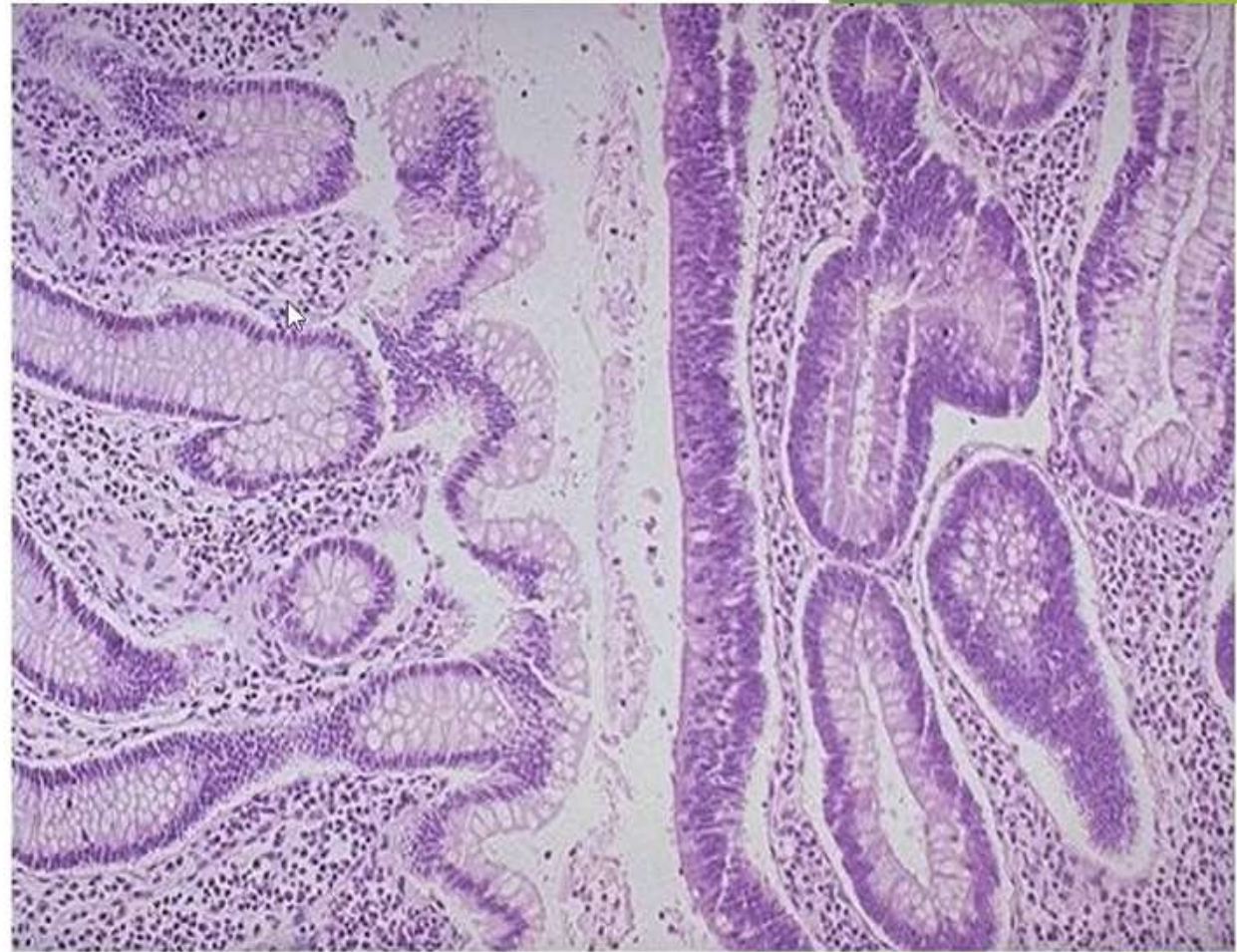
Colon adenoma

- ▶ **Hallmark: epithelial dysplasia**
- **Dysplasia: nuclear hyperchromasia, elongation, stratification, high N/C ratio.**
- **Size : most important correlate with risk for malignancy**
- **High-grade dysplasia is the second factor**

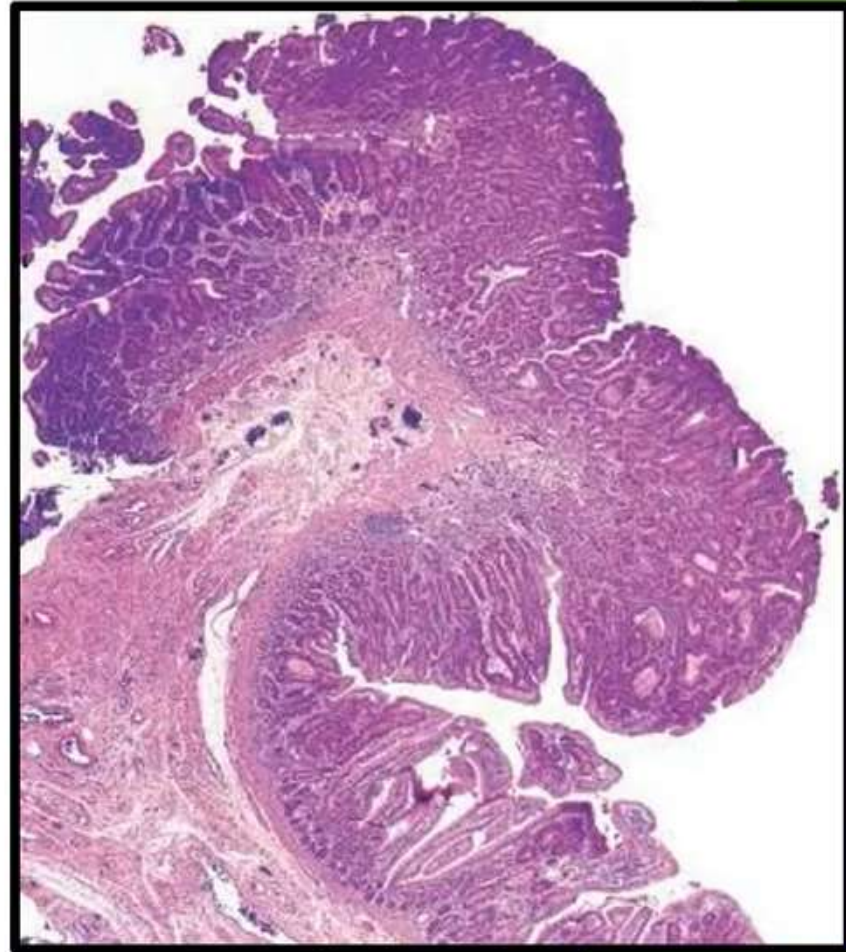
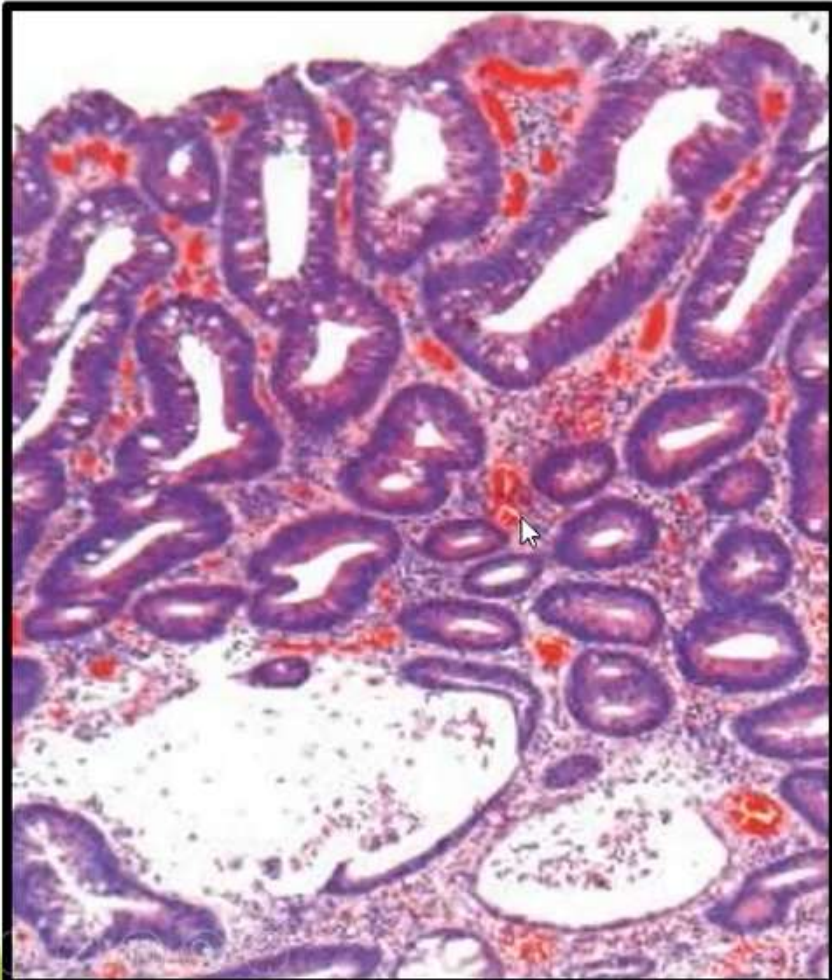


Colon adenoma

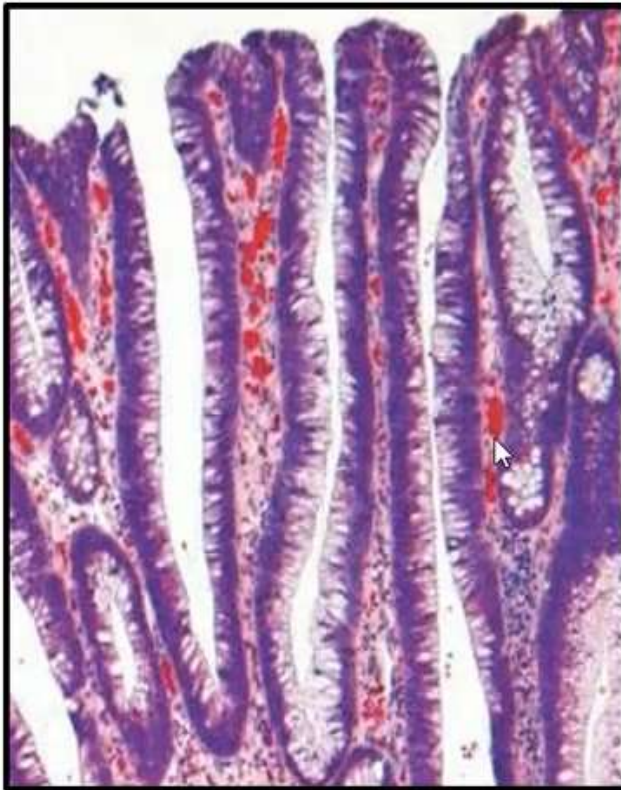
- ▶ **Hallmark: epithelial dysplasia**
- **Dysplasia: nuclear hyperchromasia, elongation, stratification, high N/C ratio.**
- **Size : most important correlate with risk for malignancy**
- **High-grade dysplasia is the second factor**



Tubular adenoma



Villous adenoma.



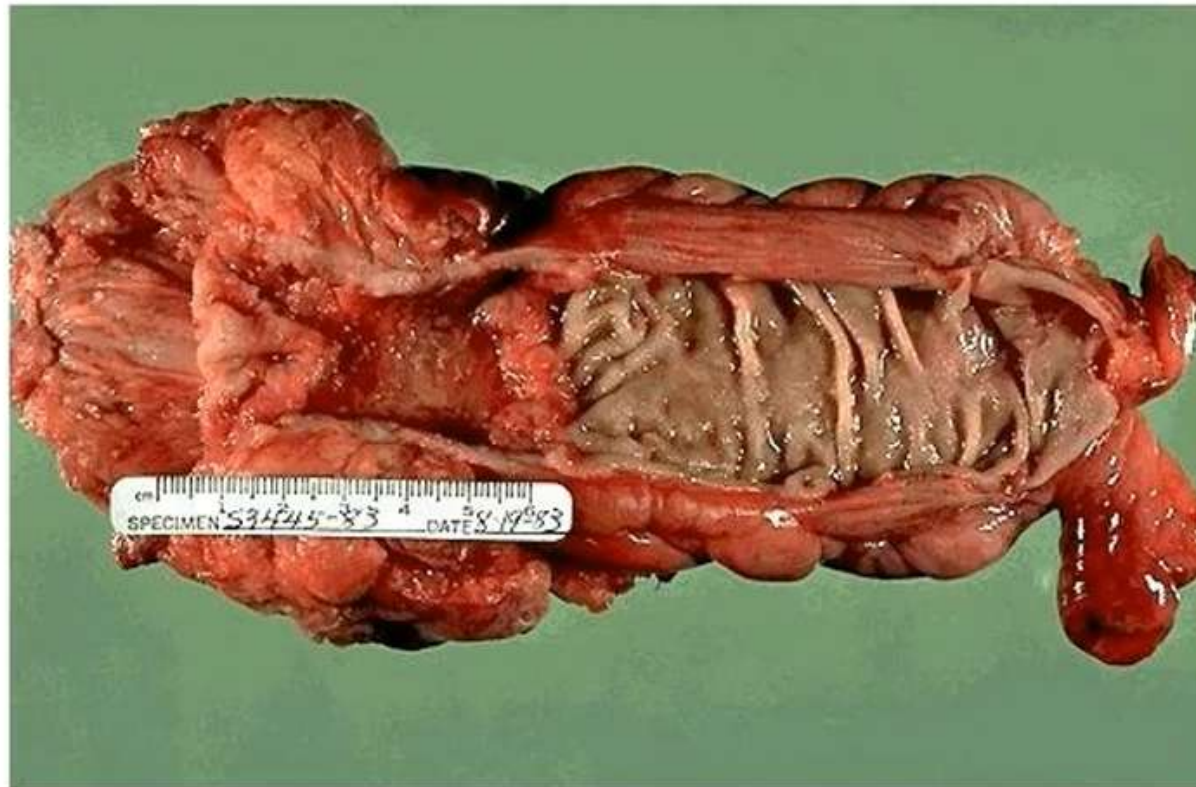
- ▶ Long slender villi.
- More frequent invasive foci

- ▶ Architecture:
- ▶ Tubular.
- ▶ Tubulovillous.
- Villous.

FAP



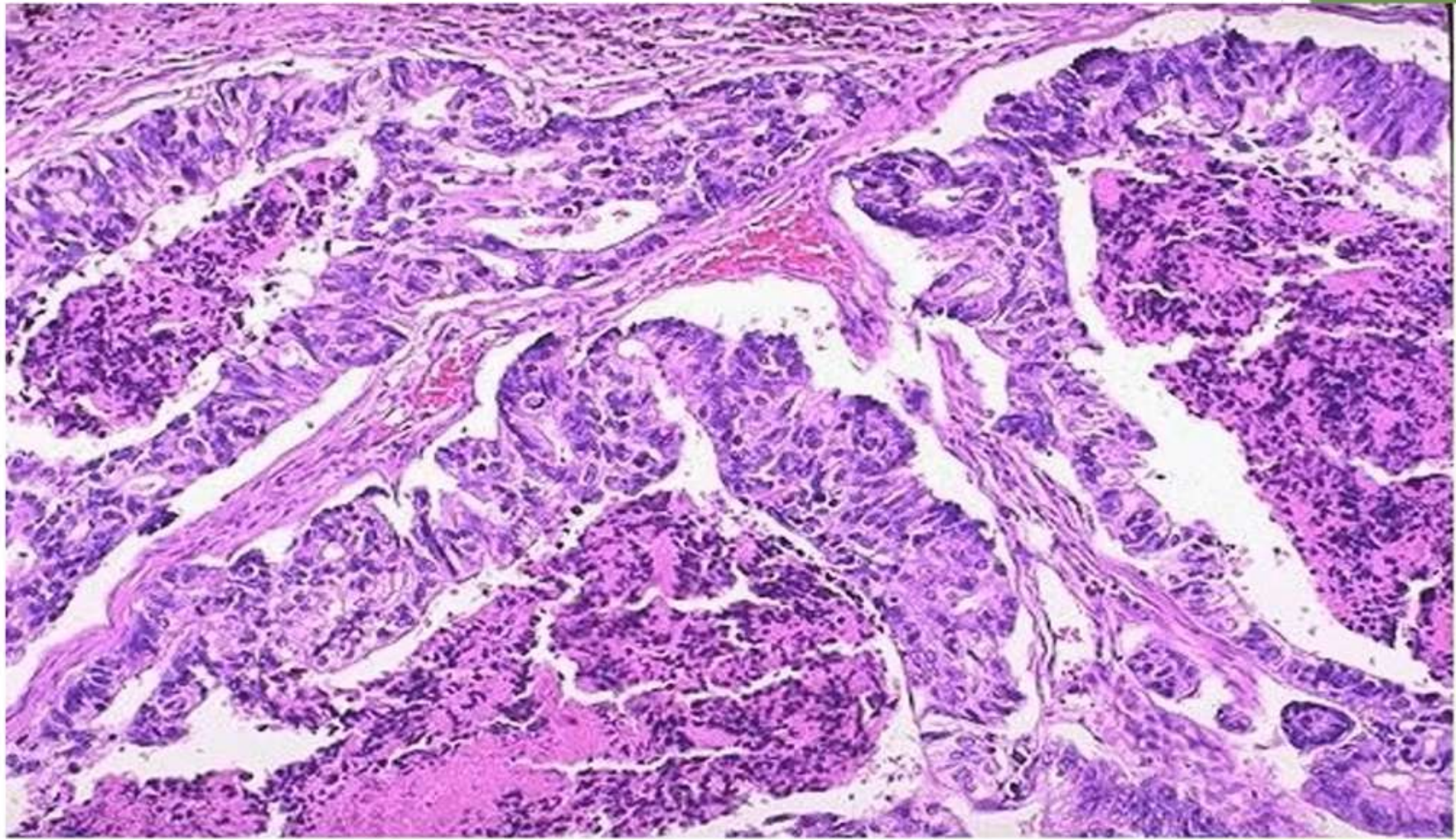
Rectosigmoid adenocarcinoma, napkin ring

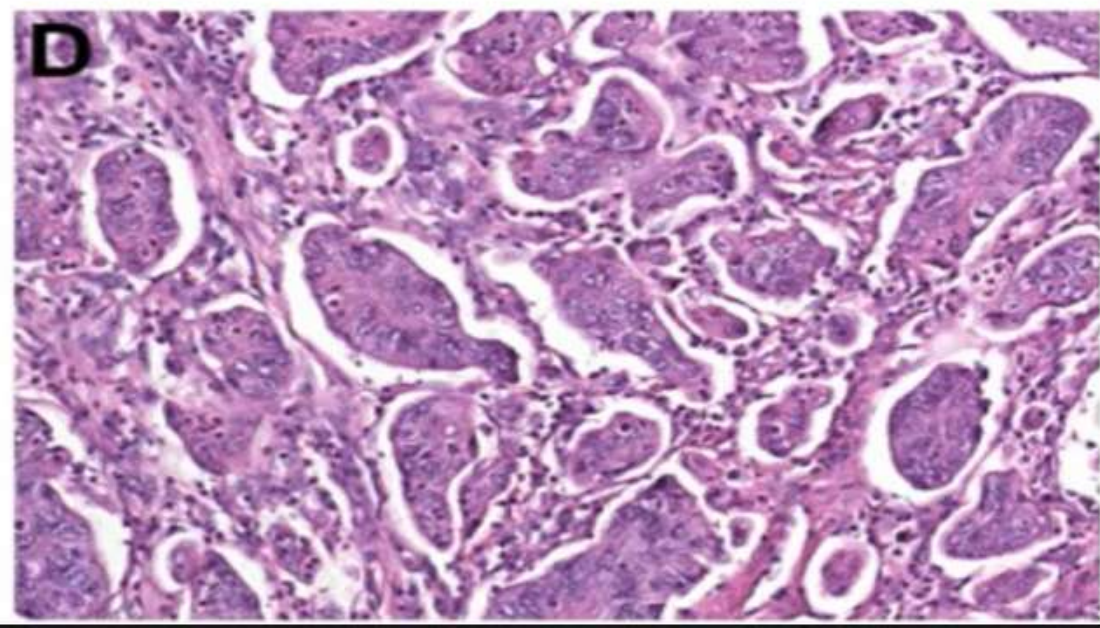
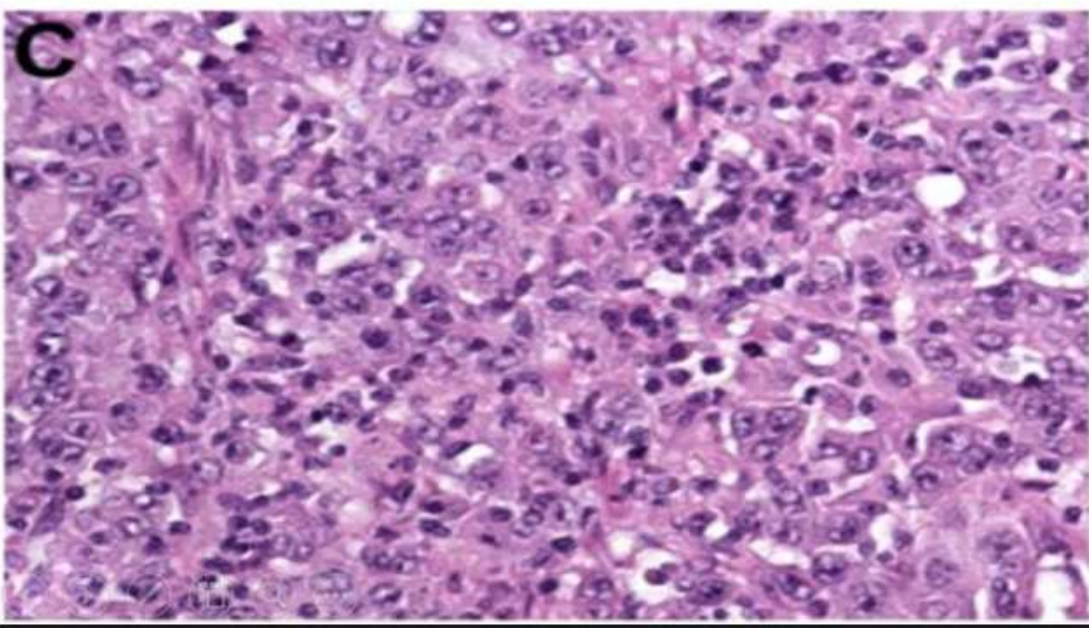
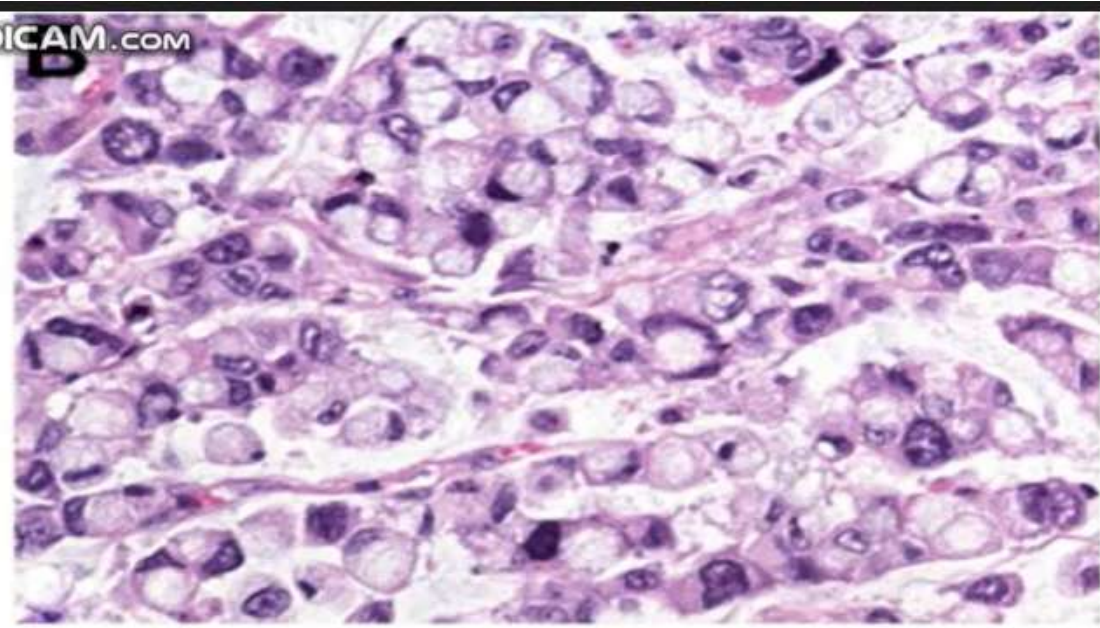
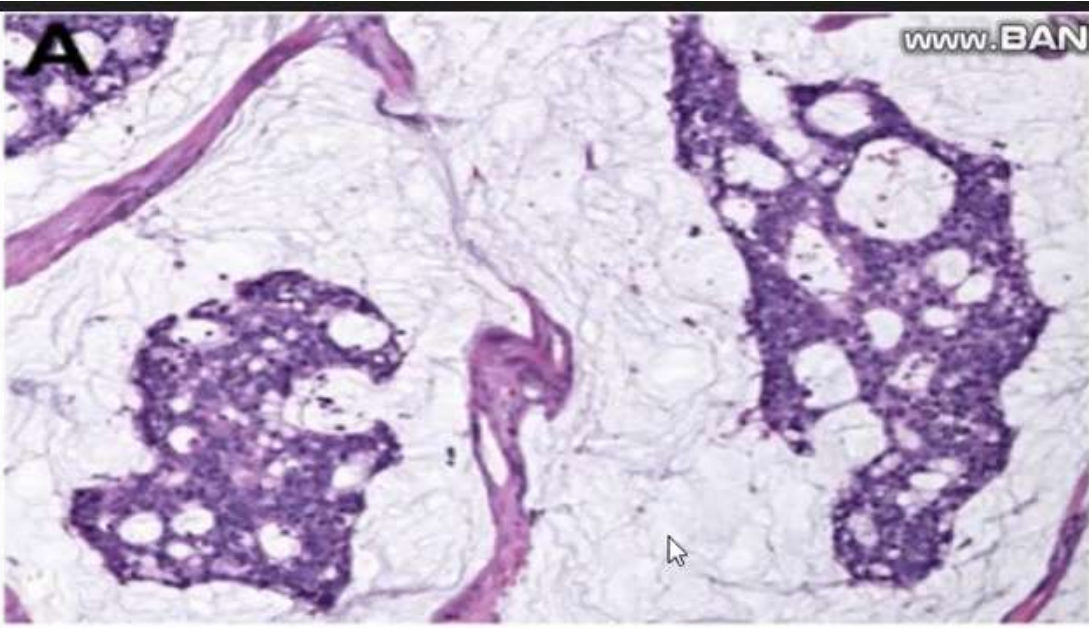


Exophytic adenocarcinoma



Adenocarcinoma with necrosis





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Appendicitis



HÔPITAL
SAINTE-JUSTINE



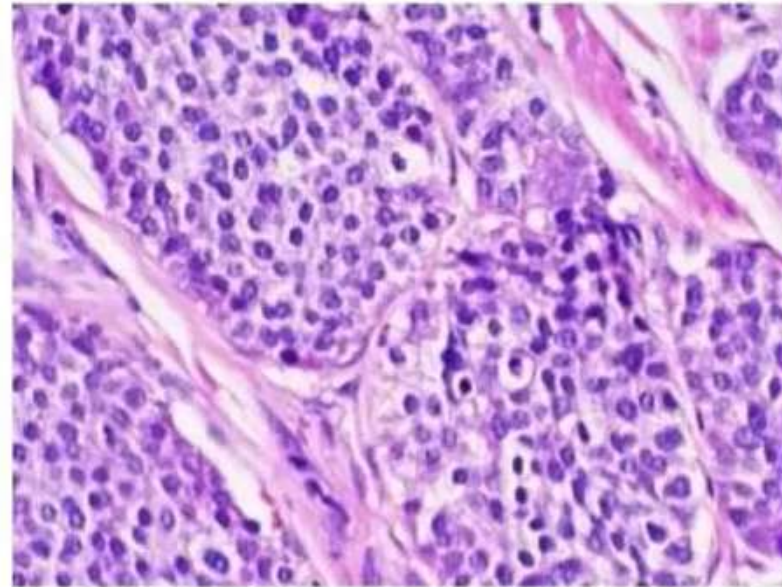
1 cm



Carcinoid tumor



Gross



Microscopic