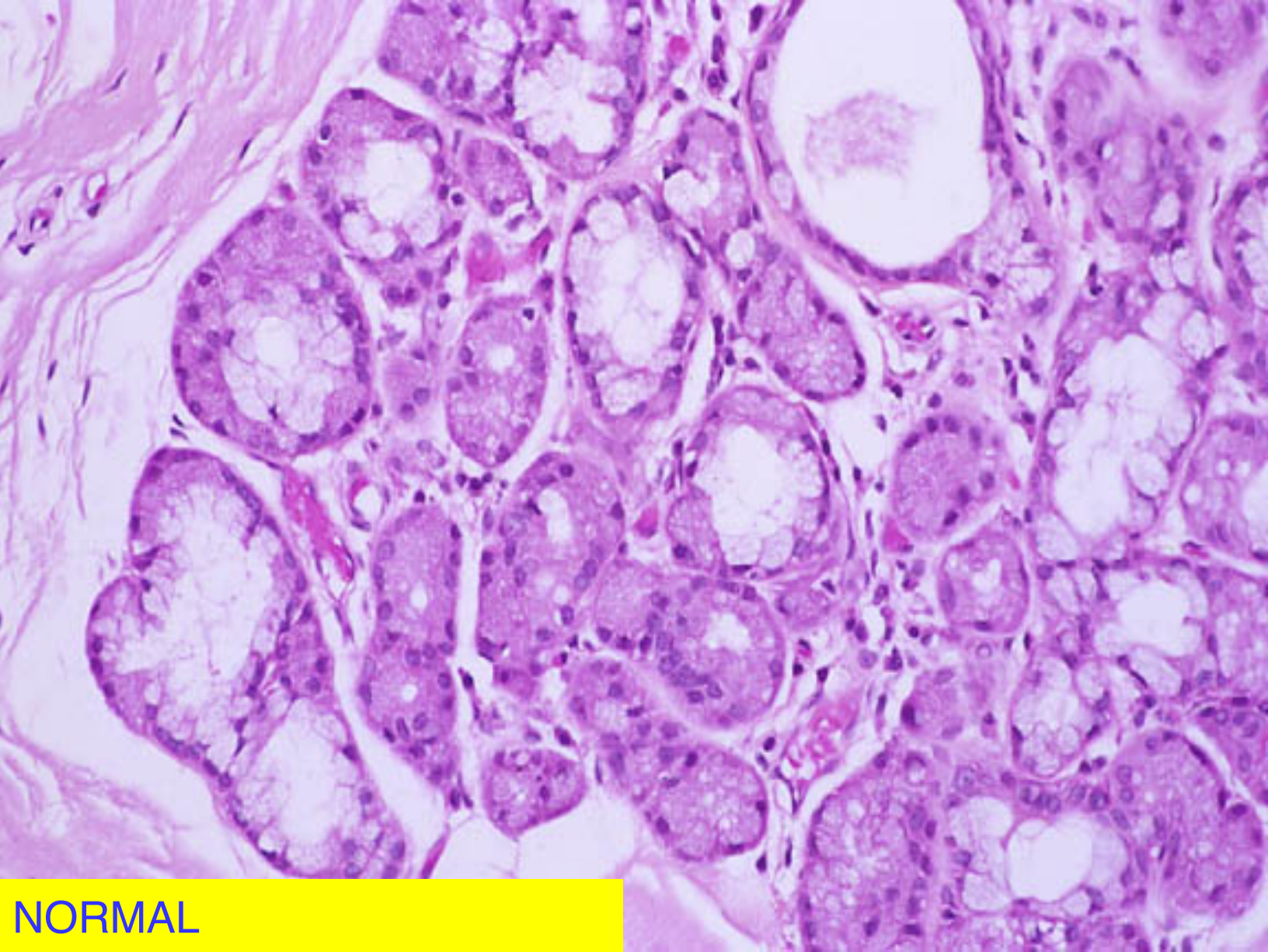


GNT Block
2018
Pathology Practical

Digestive system block- Practical 1

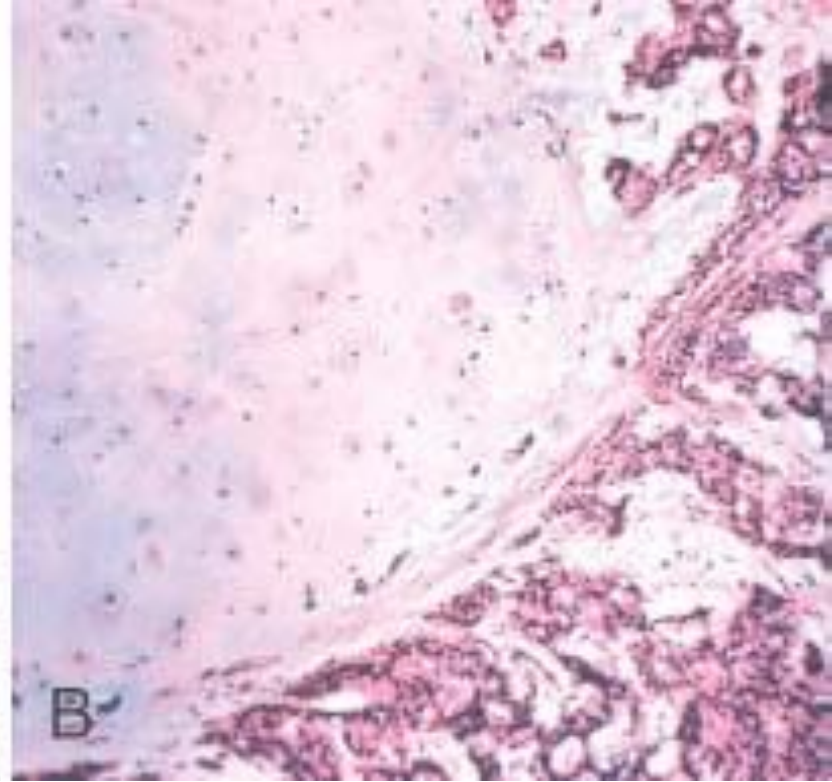
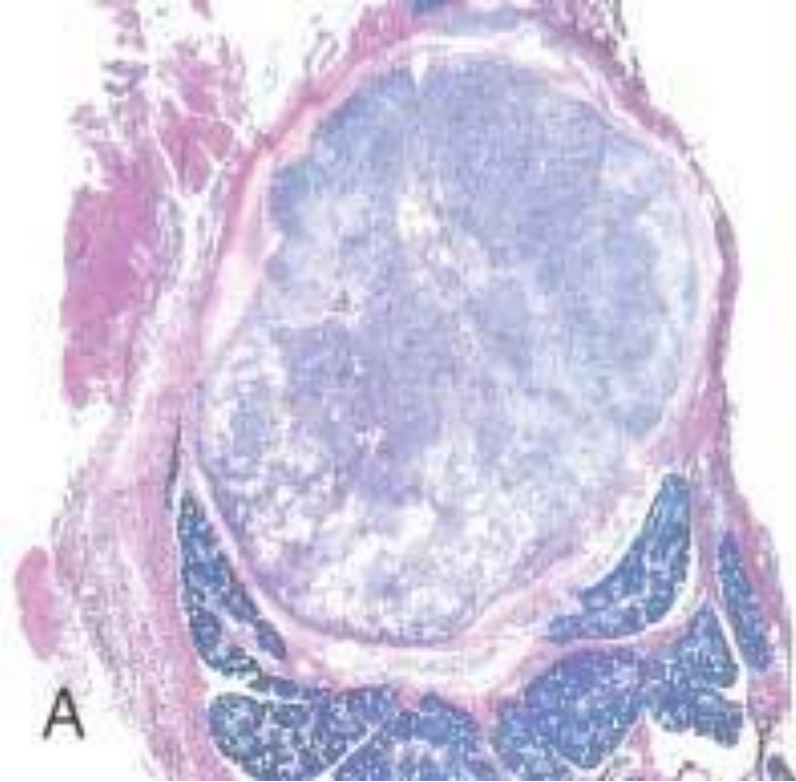
SALIVARY GLAND



NORMAL

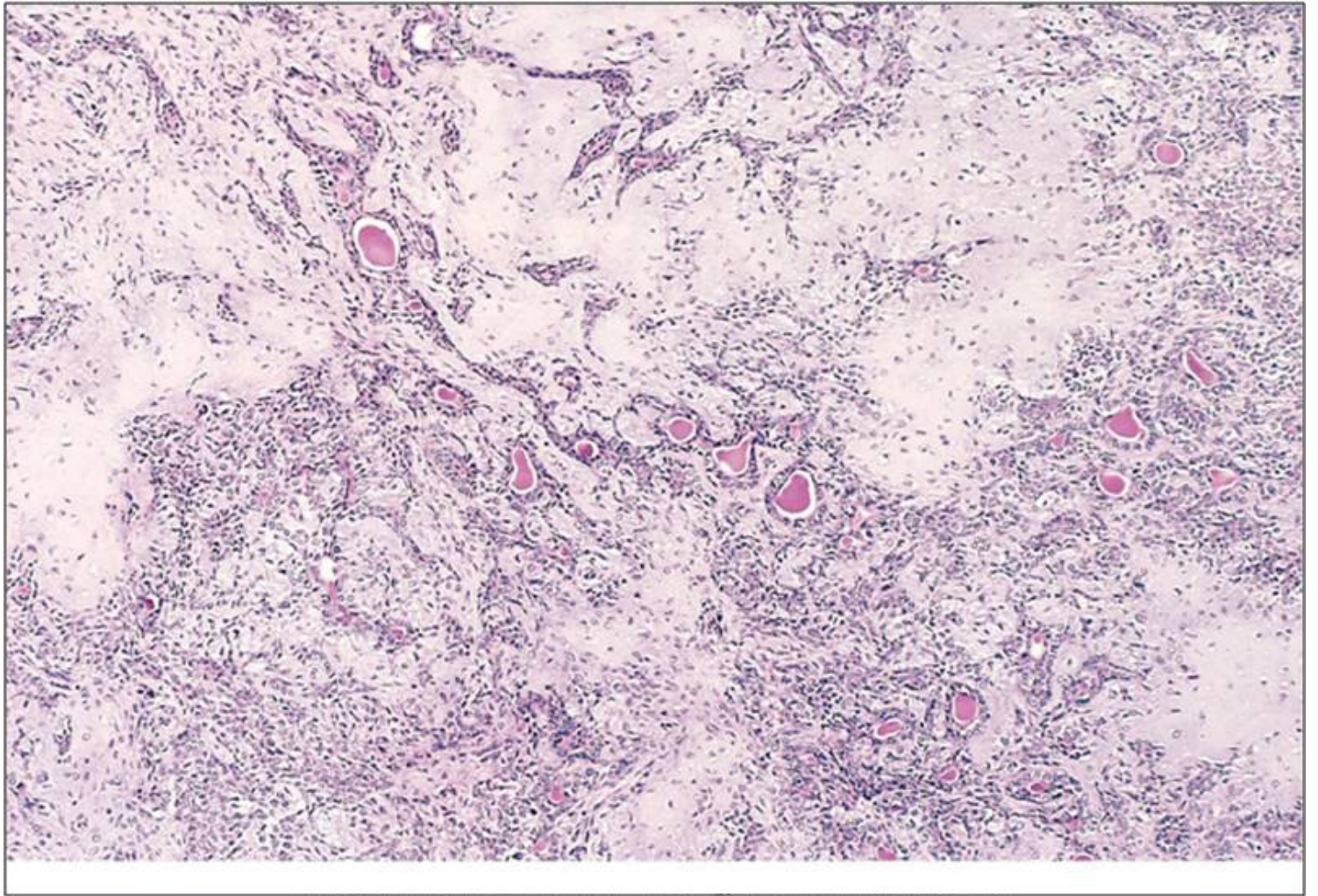


P
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R
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PLEOMORPHIC ADENOMA

i.e., MIXED TUMOR



Mixed tumor of the parotid gland contains epithelial cells forming ducts and myxoid stroma that resembles cartilage.

Pleomorphic adenoma of the salivary gland:
Section shows an incomplete fibrous capsule separating the tumour from normal salivary gland:

Tumour shows mixed cellular components like epithelial, myoepithelial, chondriod and myxoid elements.

Epithelial areas shows small ducts, acini and strands or sheets of cells.

Myxoid areas are formed of loose myxomatous tissue and chondriod areas consists of pale blue matrix.

Esophagus

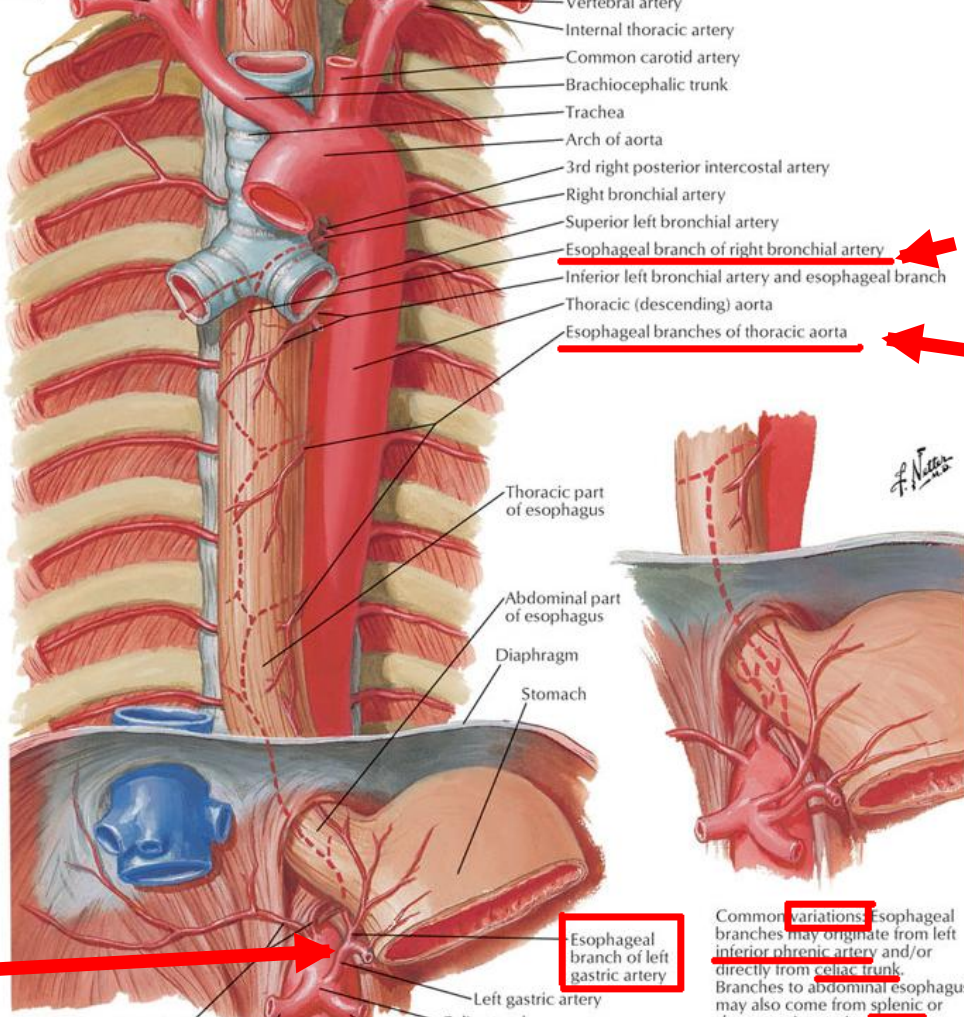
Review of normal anatomy and histology

Inf. Thyroid Arts.

Esophageal branch of inferior thyroid artery
 Common carotid artery
 Subclavian artery
 Esophageal branch of inferior thyroid artery
 Cervical part of esophagus
 Thyrocervical trunk
 Subclavian artery
 Vertebral artery
 Internal thoracic artery
 Common carotid artery
 Brachiocephalic trunk
 Trachea
 Arch of aorta
 3rd right posterior intercostal artery
 Right bronchial artery
 Superior left bronchial artery
 Esophageal branch of right bronchial artery
 Inferior left bronchial artery and esophageal branch
 Thoracic (descending) aorta
 Esophageal branches of thoracic aorta

R. Bronch. Art.

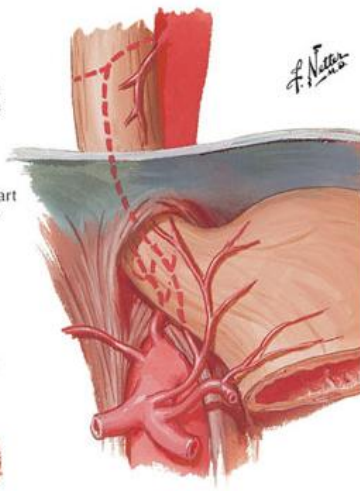
Thoracic. Aor.



Left Gastric Art.

Inferior phrenic arteries
 Common hepatic artery (cut)
 Left gastric artery
 Celiac trunk
 Splenic artery (cut)

Esophageal branch of left gastric artery



Common variations: Esophageal branches may originate from left inferior phrenic artery and/or directly from celiac trunk. Branches to abdominal esophagus may also come from splenic or short gastric arteries

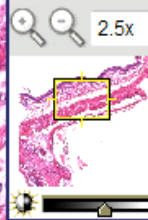
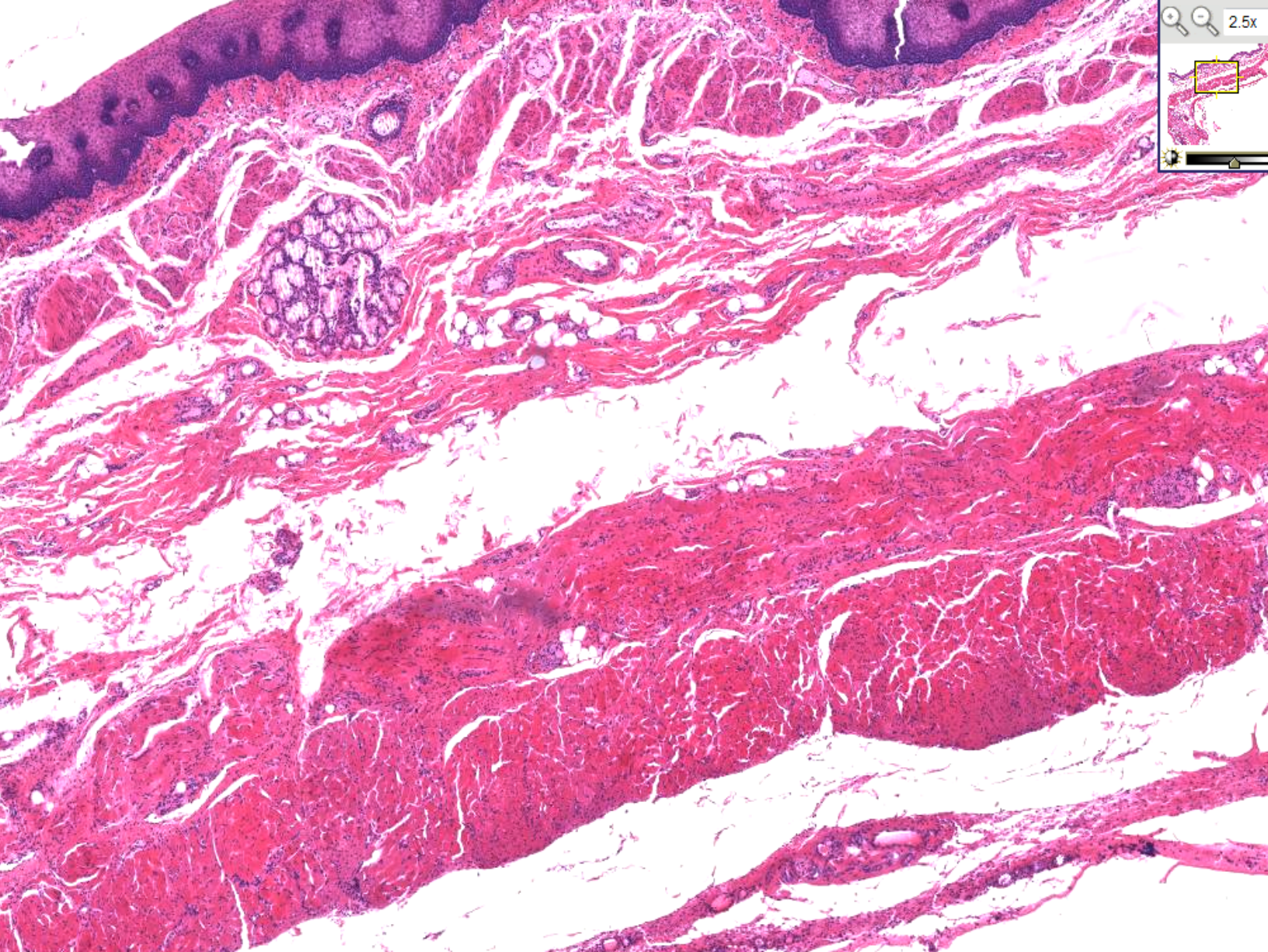
Variations:

Inf, Phrenic

Celiac

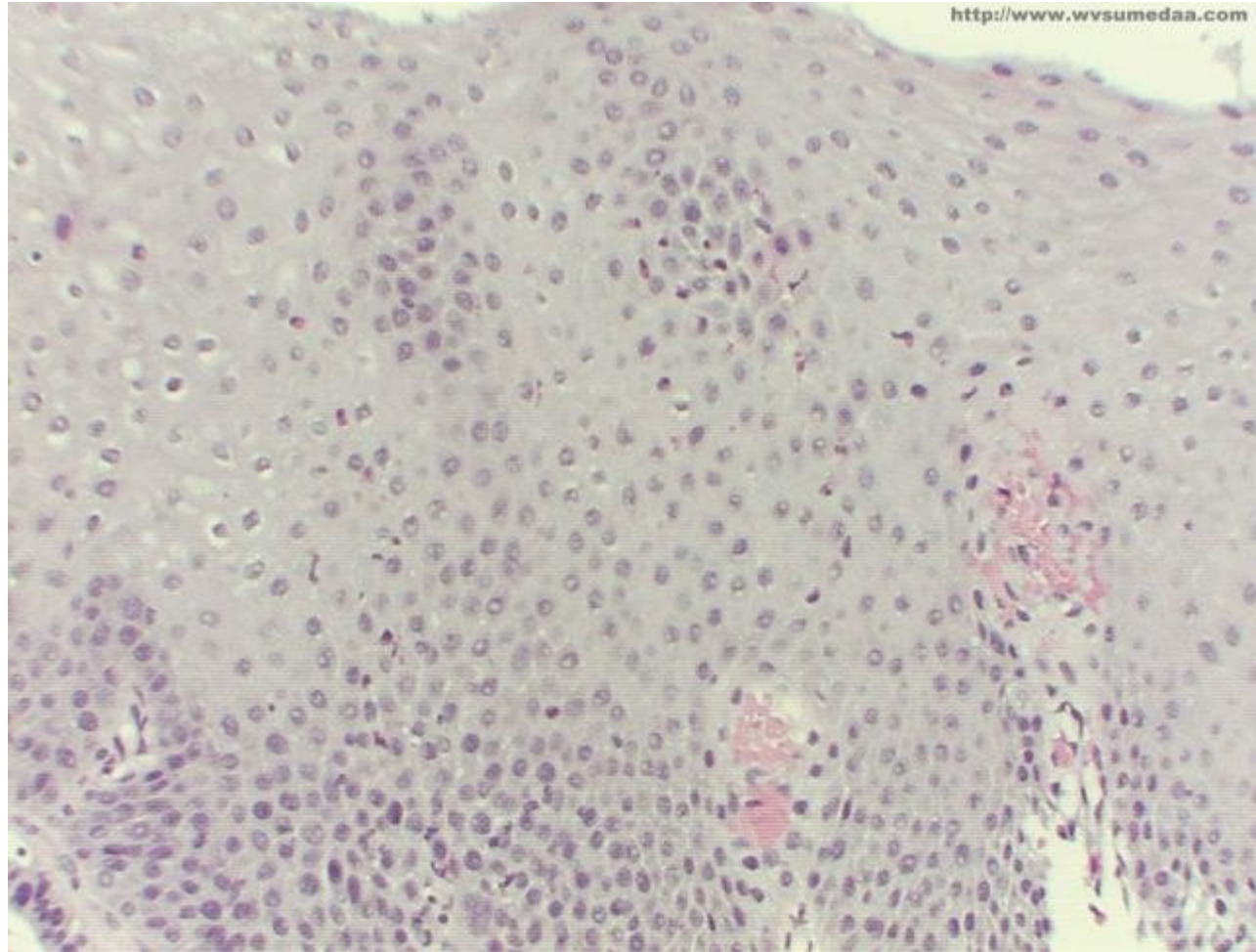
Splenic

Short Gast.



Gross and histopathology

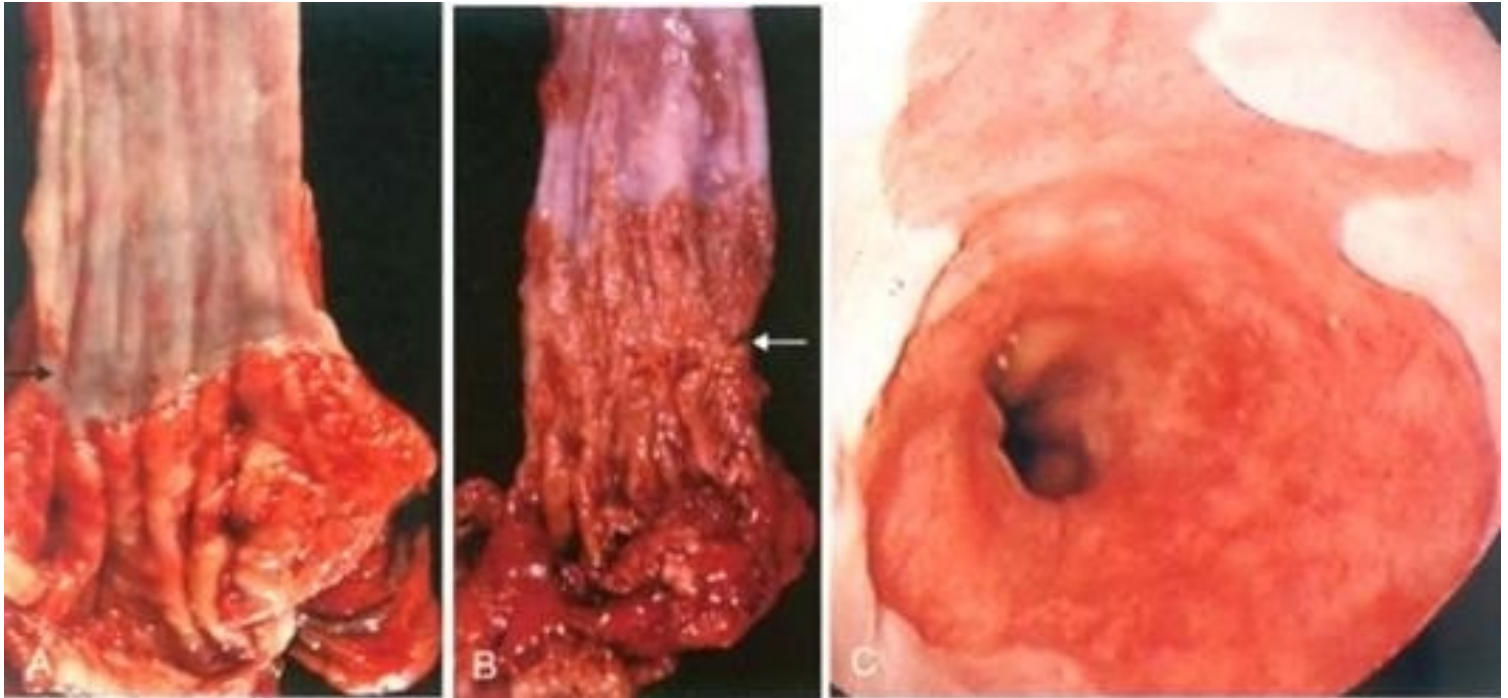
REFLUX/GERD

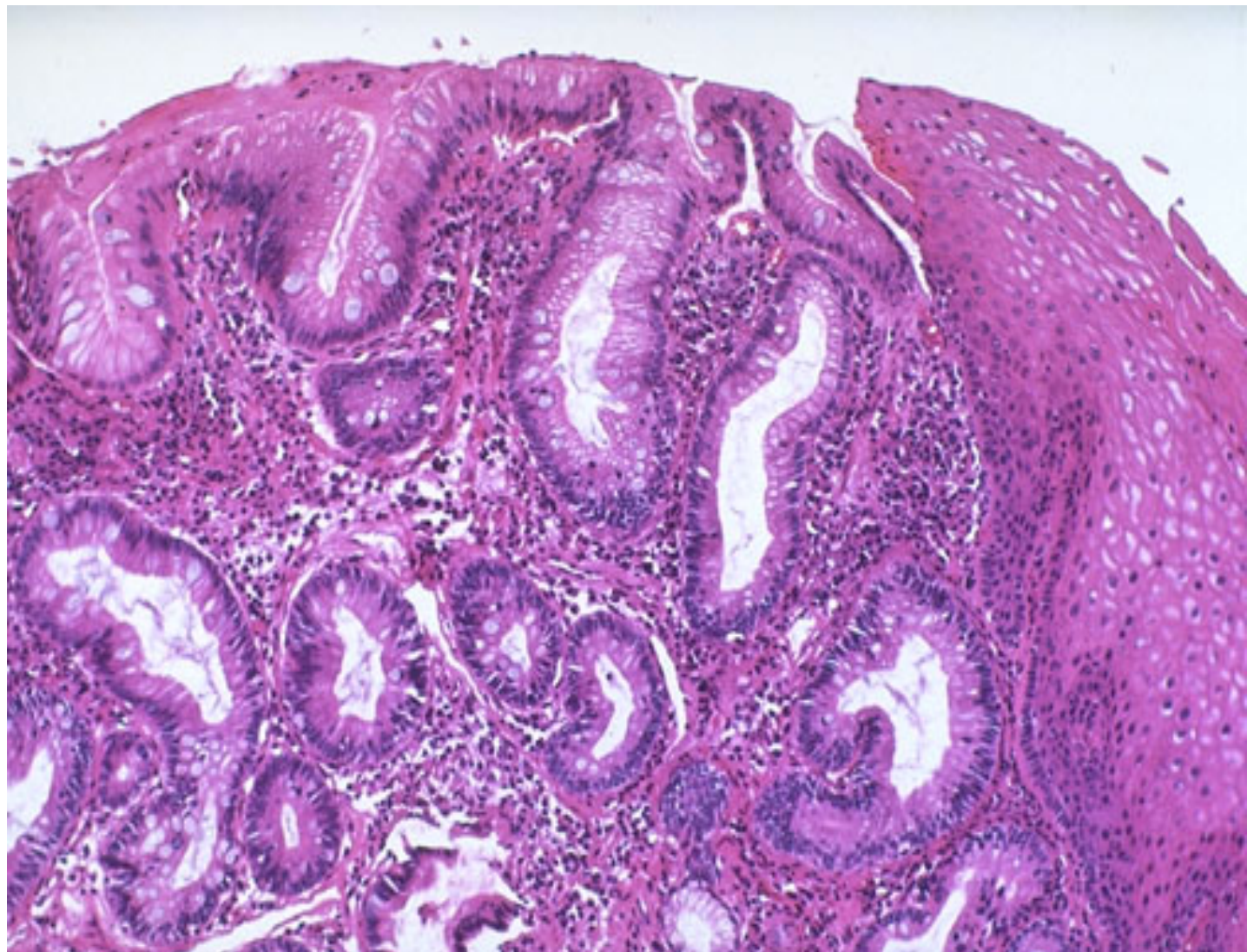


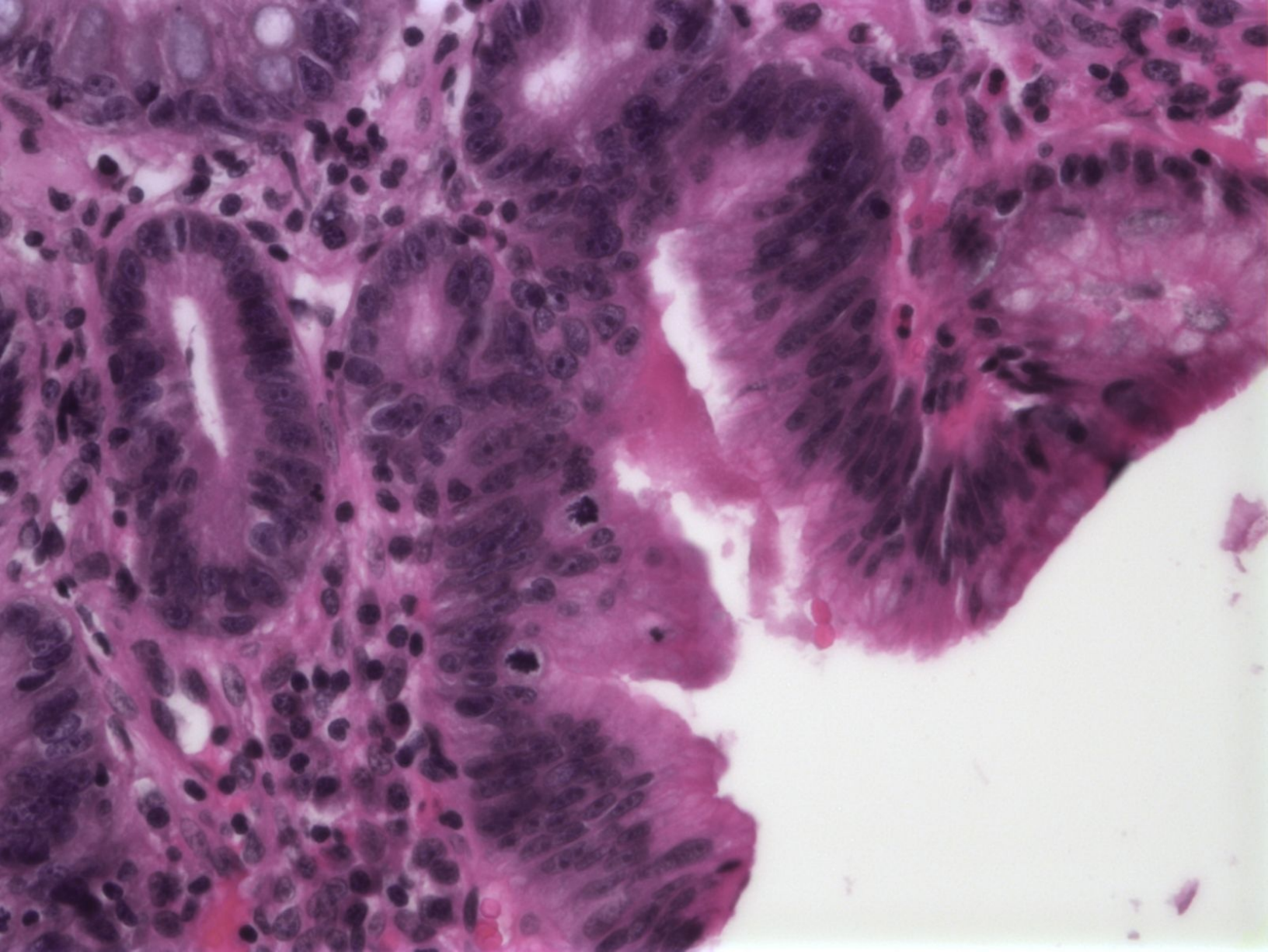
REFLUX/GERD

- Inflammatory Cells
 - Eosinophils
 - Neutrophils
 - Lymphocytes
- Basal zone hyperplasia
- Lamina Propria papillae elongated and congested

BARRETT'S ESOPHAGUS





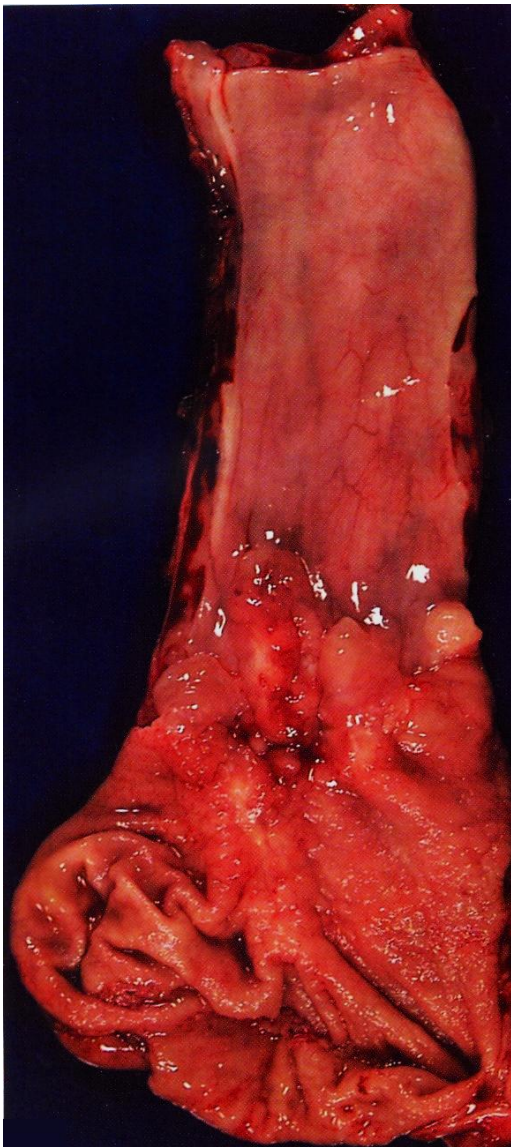


BARRETT'S ESOPHAGUS

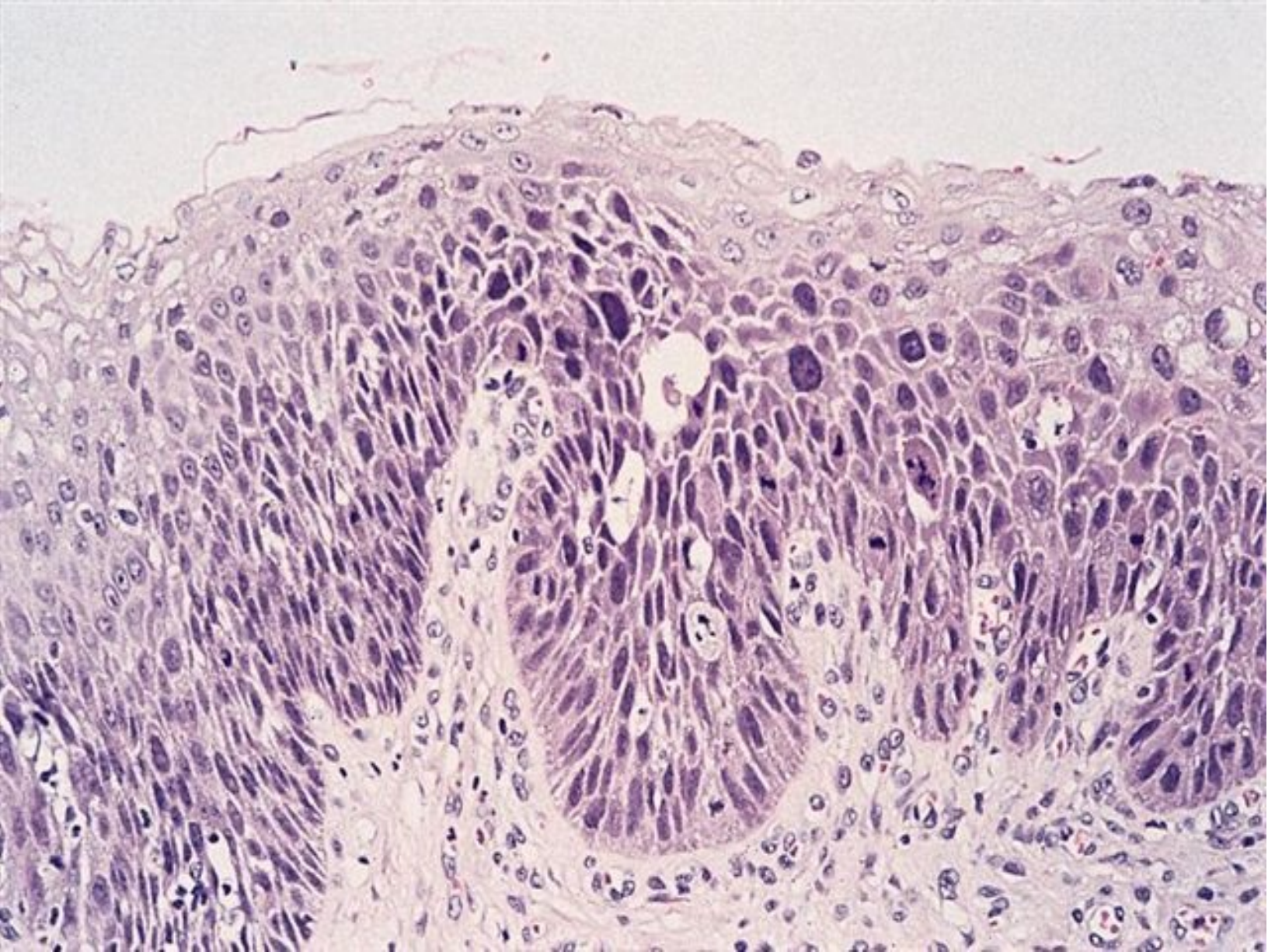
- **INTESTINALIZED (GASTRICIZED) mucosa is AT RISK** for glandular dysplasia.
- Searching for dysplasia when BARRETT's is present is of utmost importance
- **MOST/ALL** adenocarcinomas arising in the esophagus arise from previously existing BARRETT's

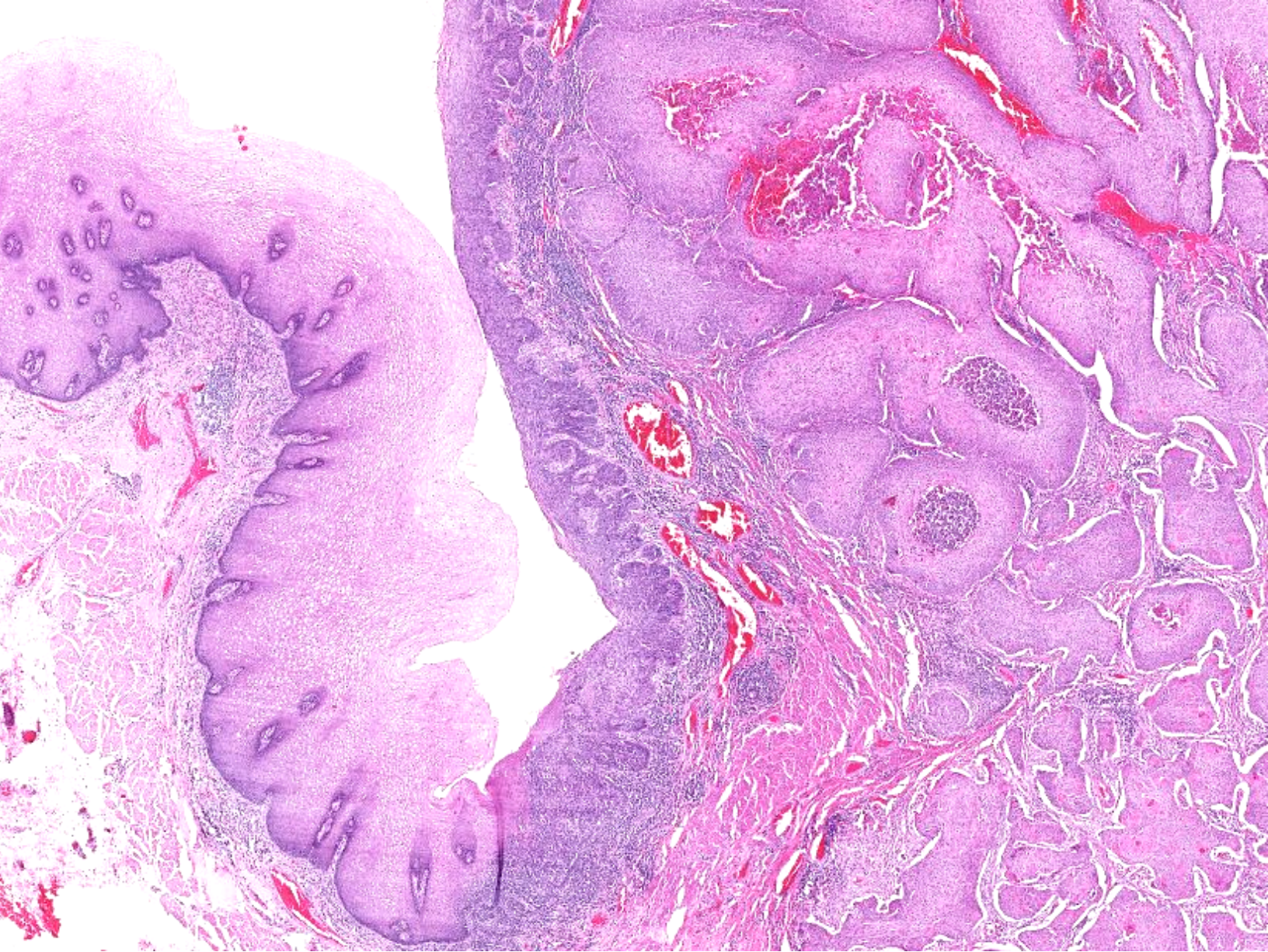
Carcinoma of the esophagus

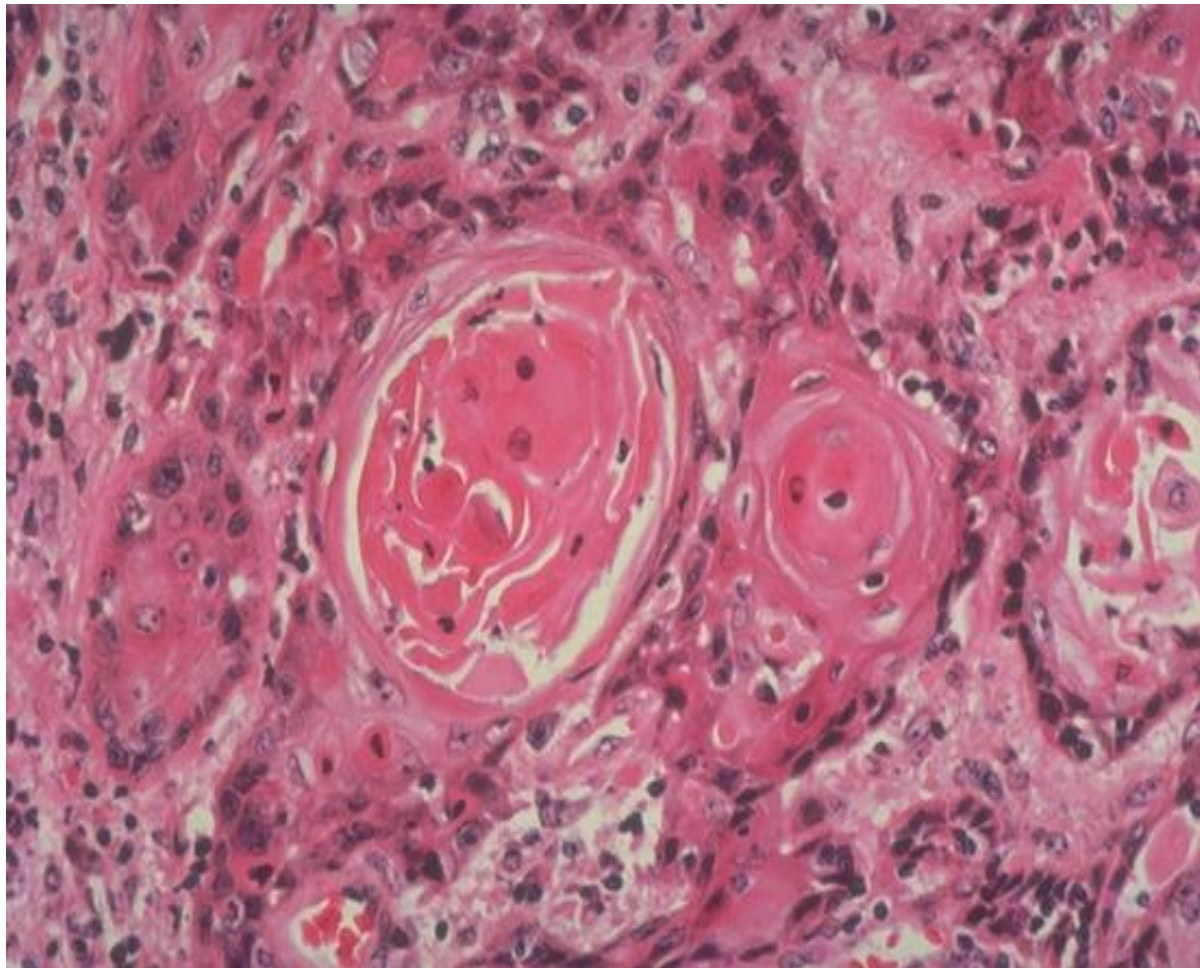




Esophageal squamous cell carcinoma is associated with alcohol and tobacco use, poverty, caustic esophageal injury, achalasia, tylosis, and Plummer-Vinson syndrome.

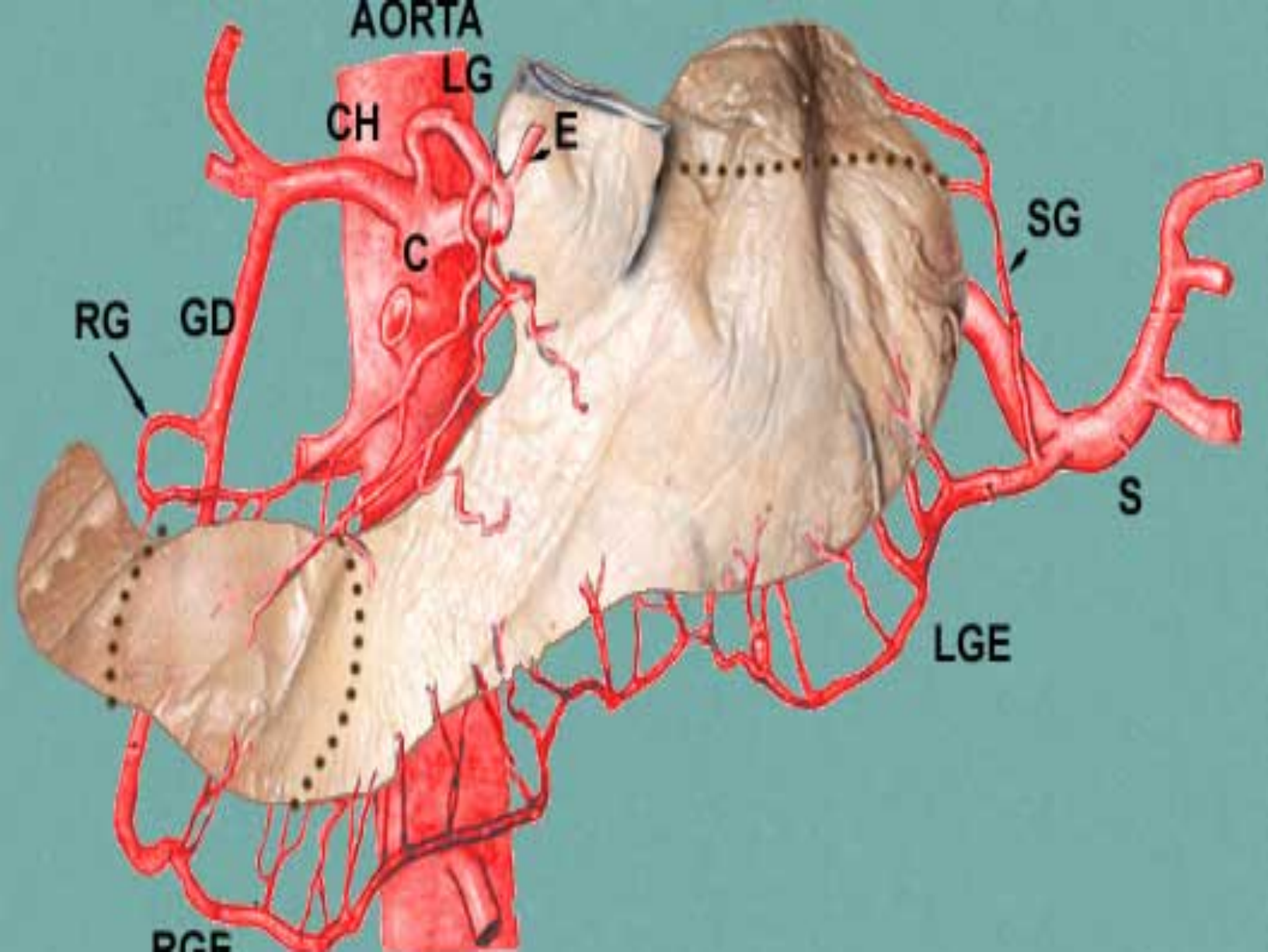


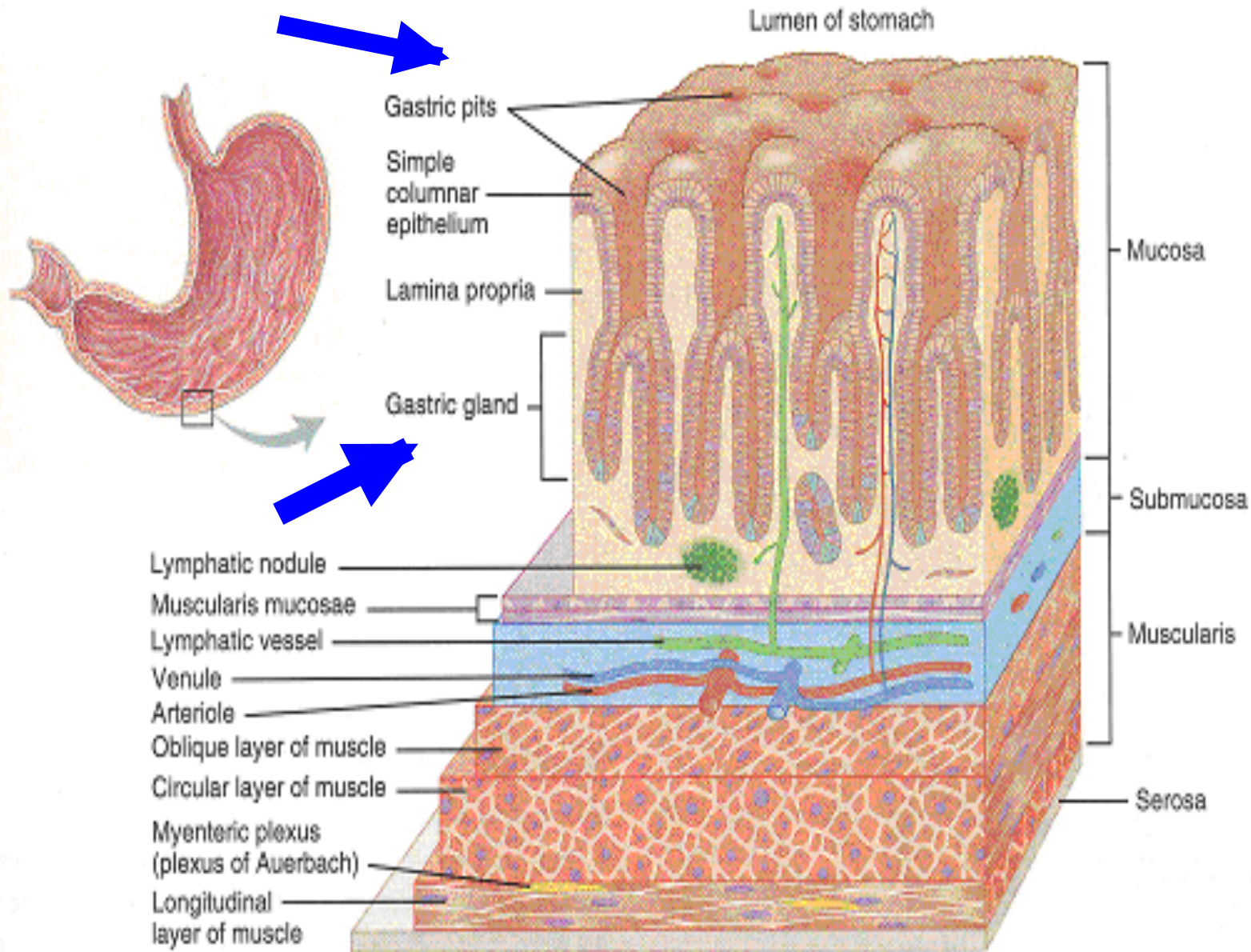


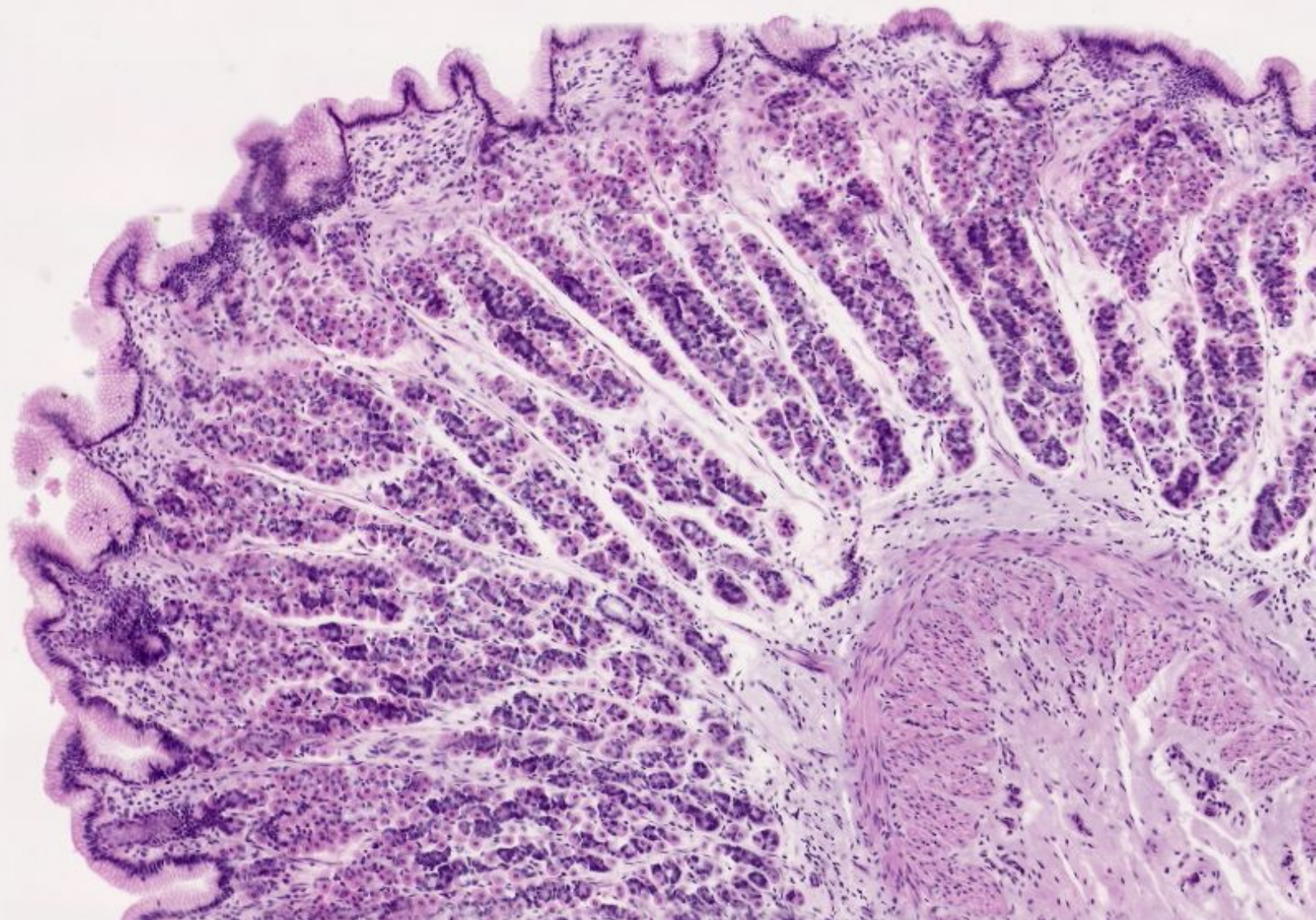


Stomach

Normal anatomy and histology





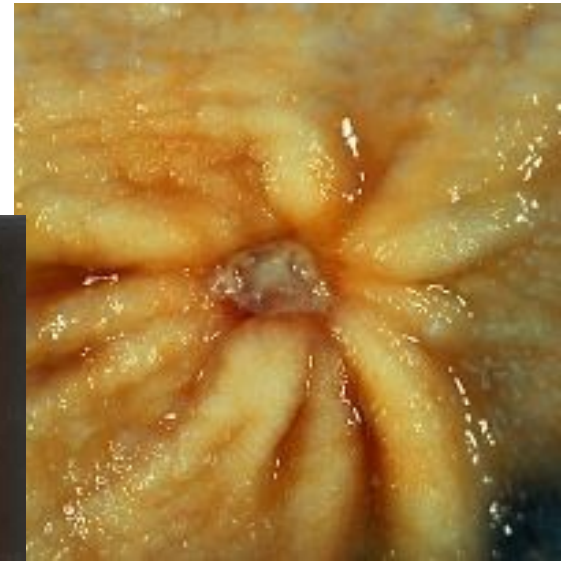


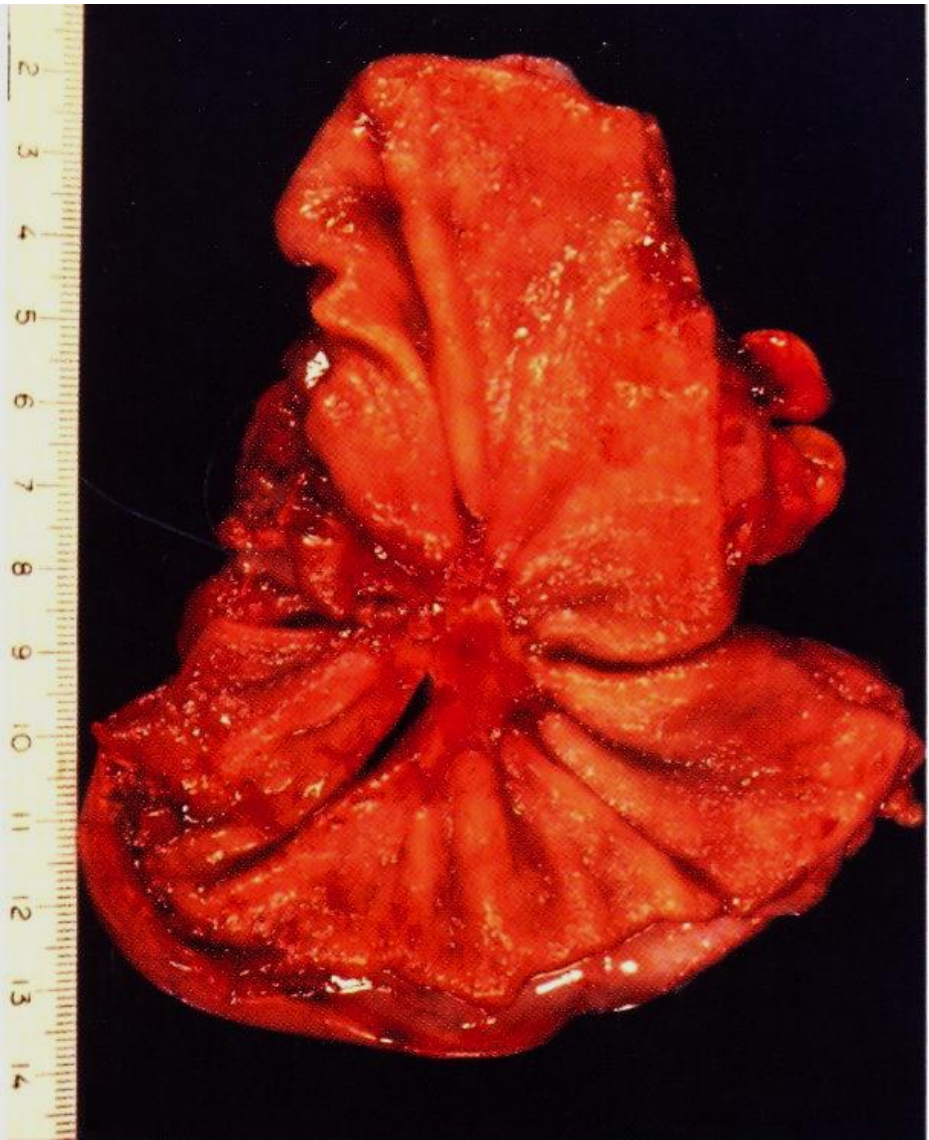
Gross and histopathology

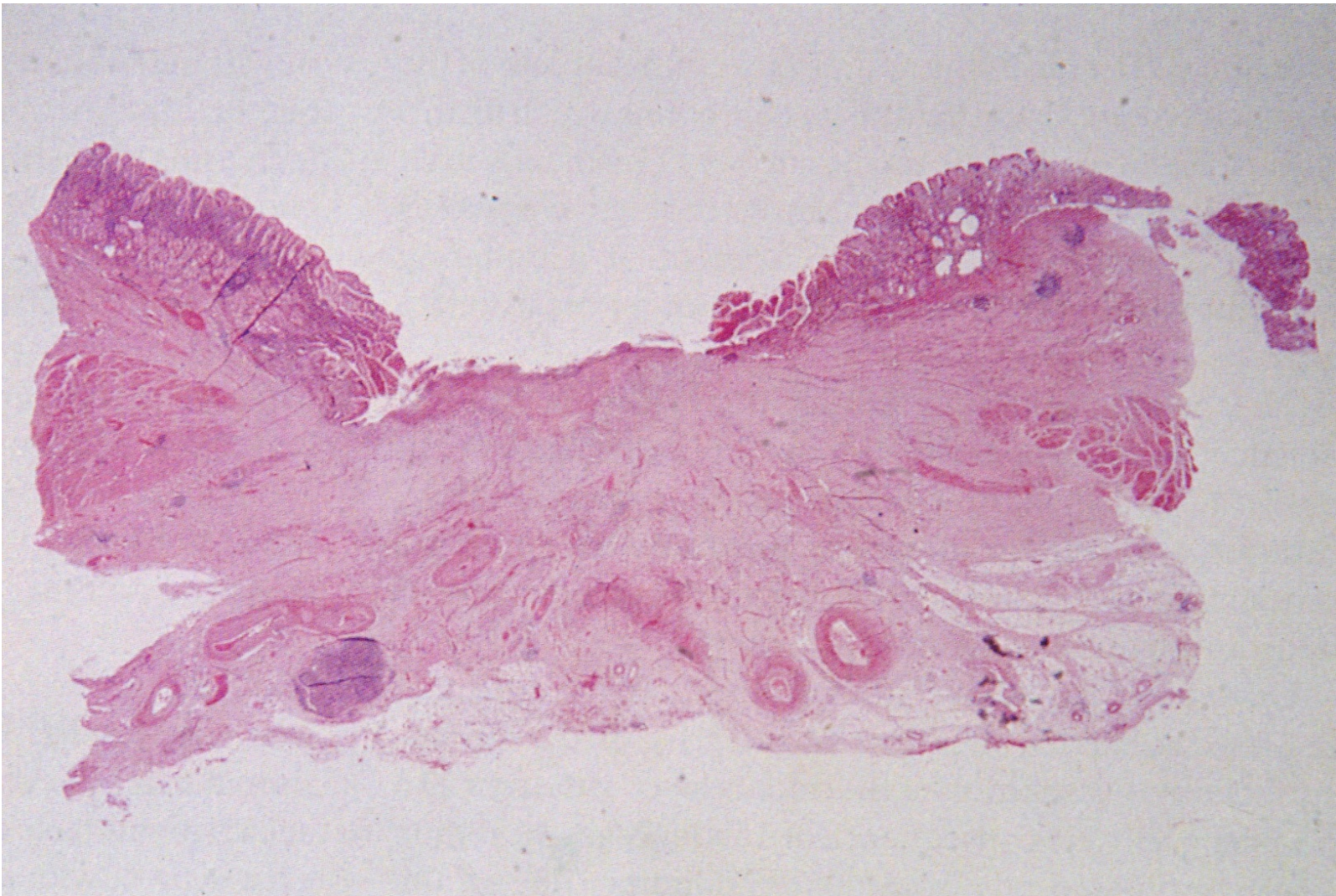
Chronic gastric ulcer

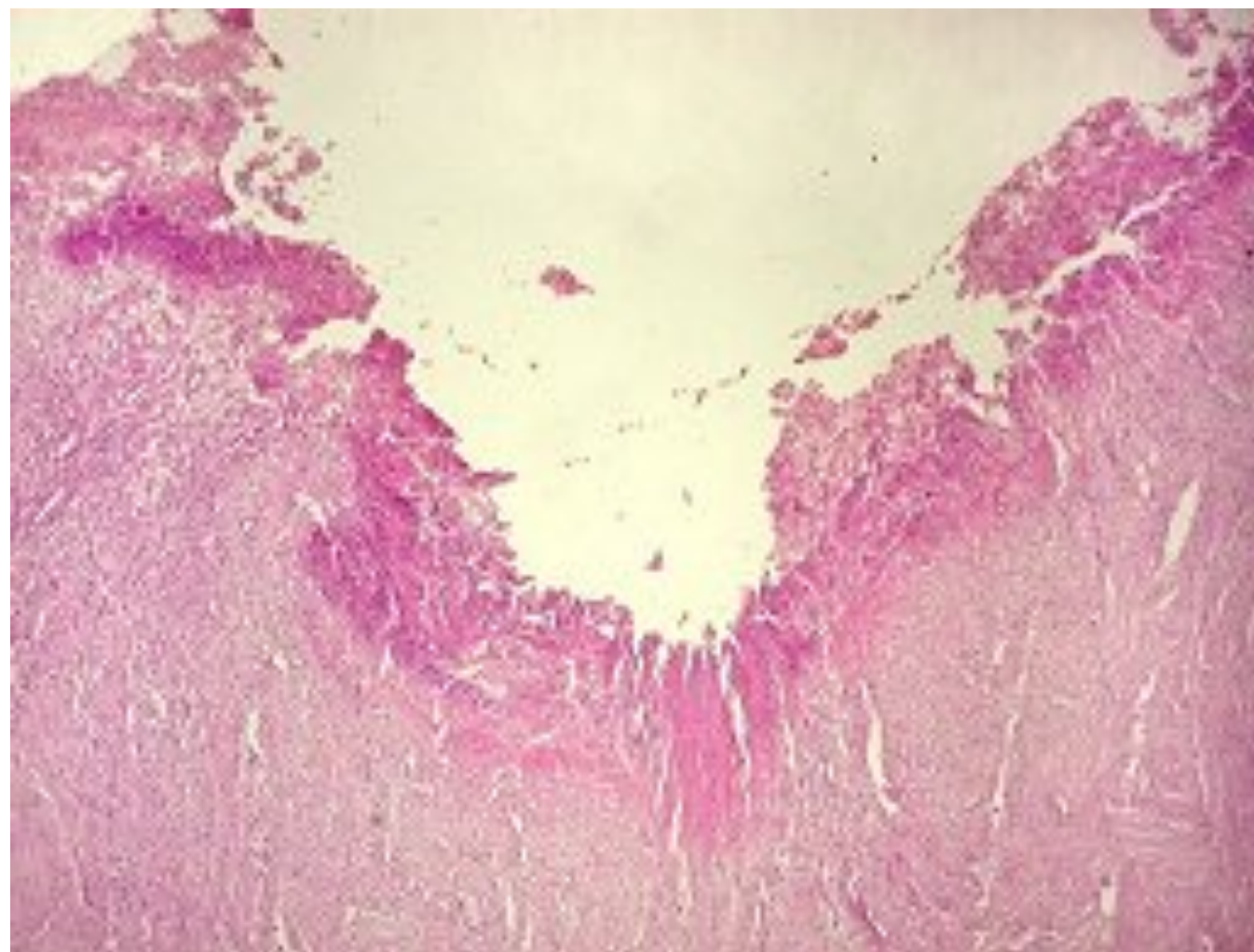
“PEPTIC” ULCERS

- “PEPTIC” implies acid cause/aggravation
- ULCER vs. EROSION (muscularis mucosa intact)
- MUC \square SUBMUC \square MUSCULARIS \square SEROSA
- Chronic, solitary (usually), adults
- 80% caused by H. pylori
- 100% caused by H. pylori in duodenum
- NSAIDS
- “STRESS”









The Base of a Non-perforated Chronic Peptic Ulcer

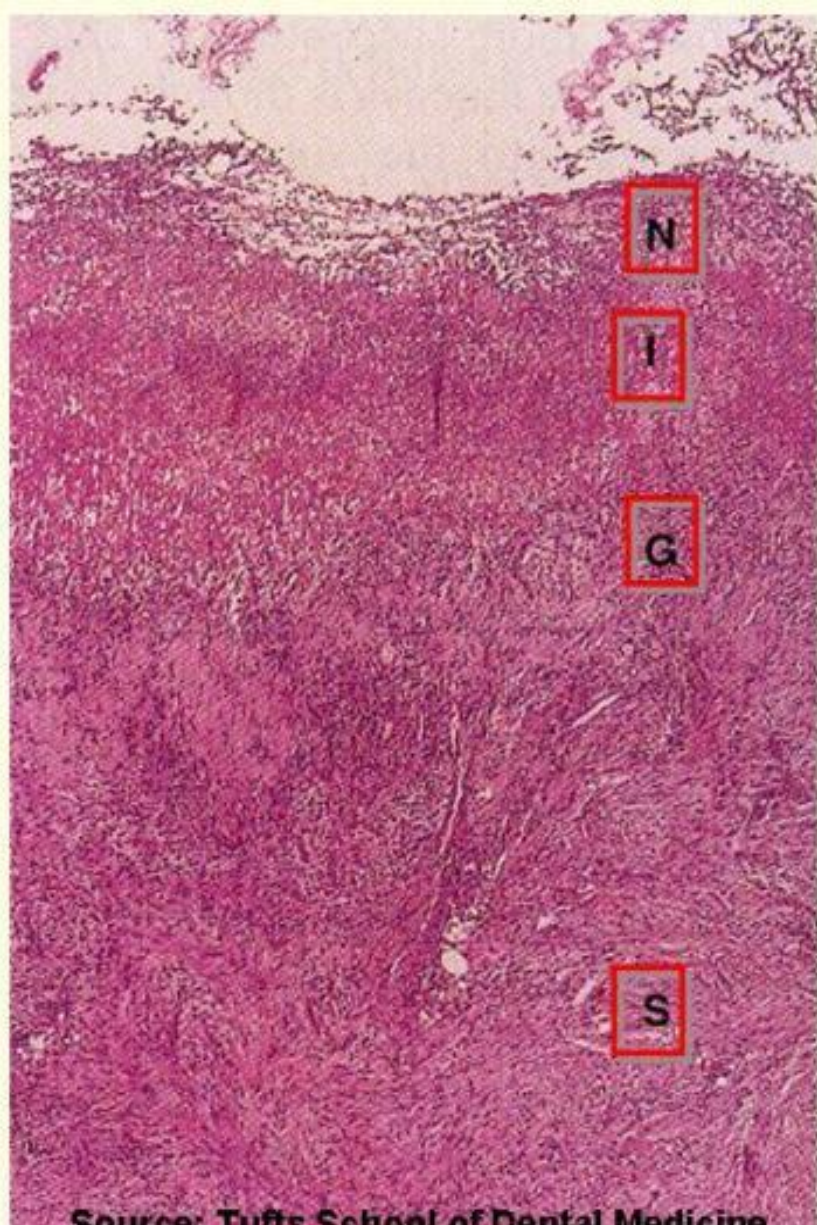
Necrosis (N)

Inflammation (I)

Granulation tissue (G)

Scar (S)

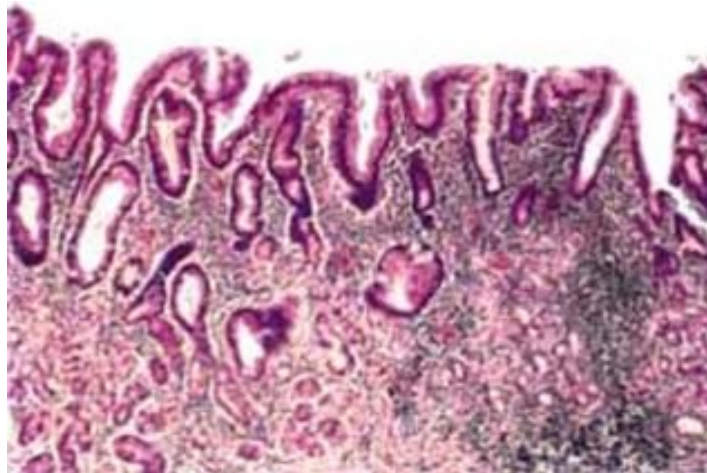
(Top - luminal surface,
Bottom - muscular wall)

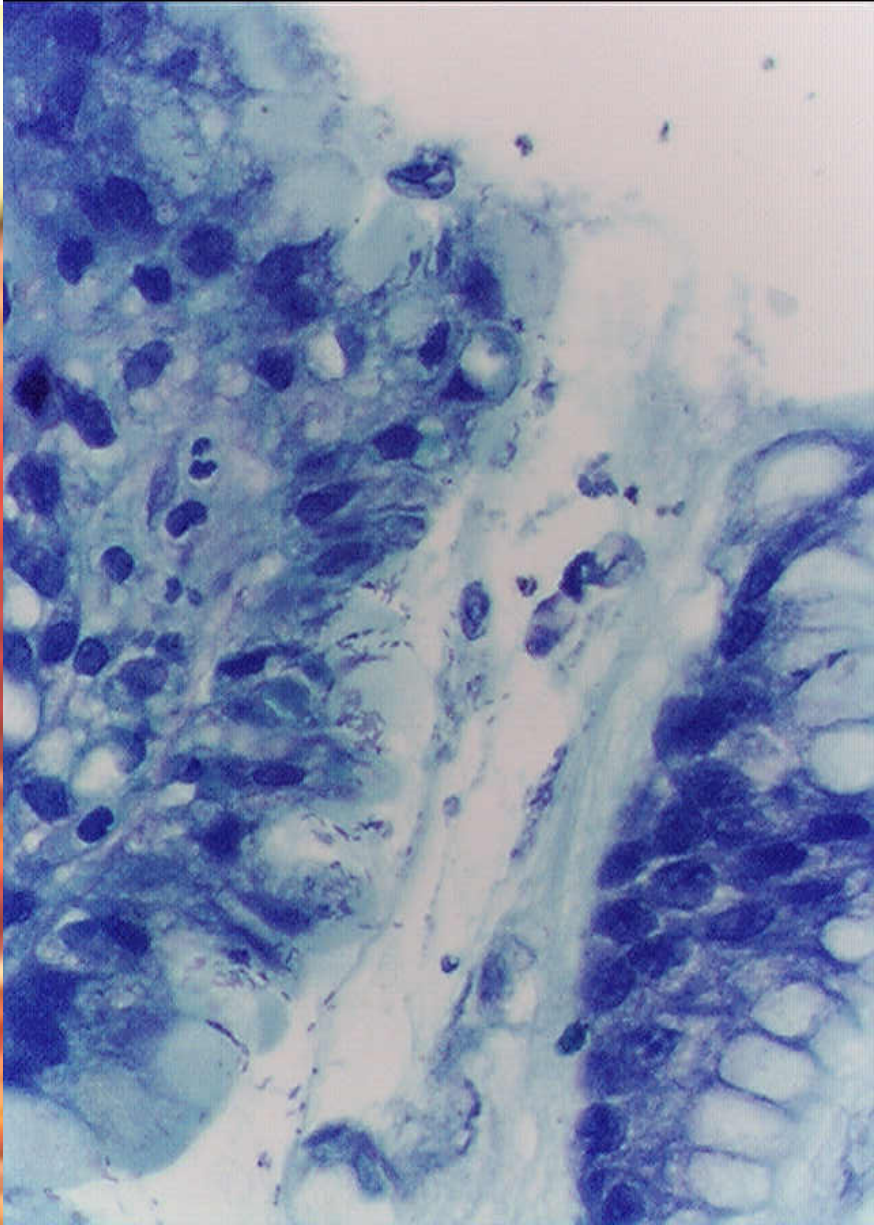


Gastritis Helicobacter induced

GASTRITIS

- CHRONIC, NO EROSIONS, NO HEMORRHAGE
- Perhaps some neutrophils
- Lymphocytes, lymphoid follicles
- REGENERATIVE CHANGES
 - METAPLASIA, intestinal
 - ATROPHY, mucosal hypoplasia, “thinning”
 - DYS-PLASIA

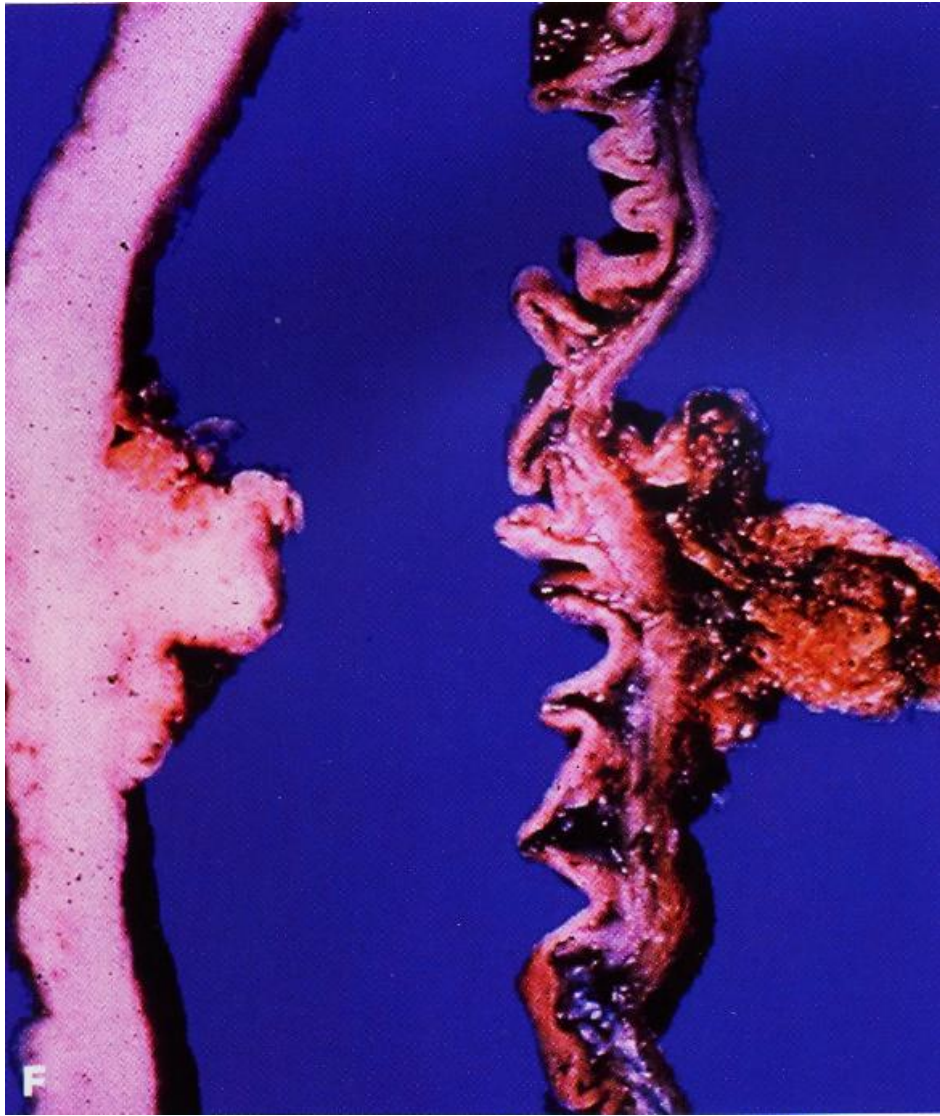




Carcinoma of the stomach

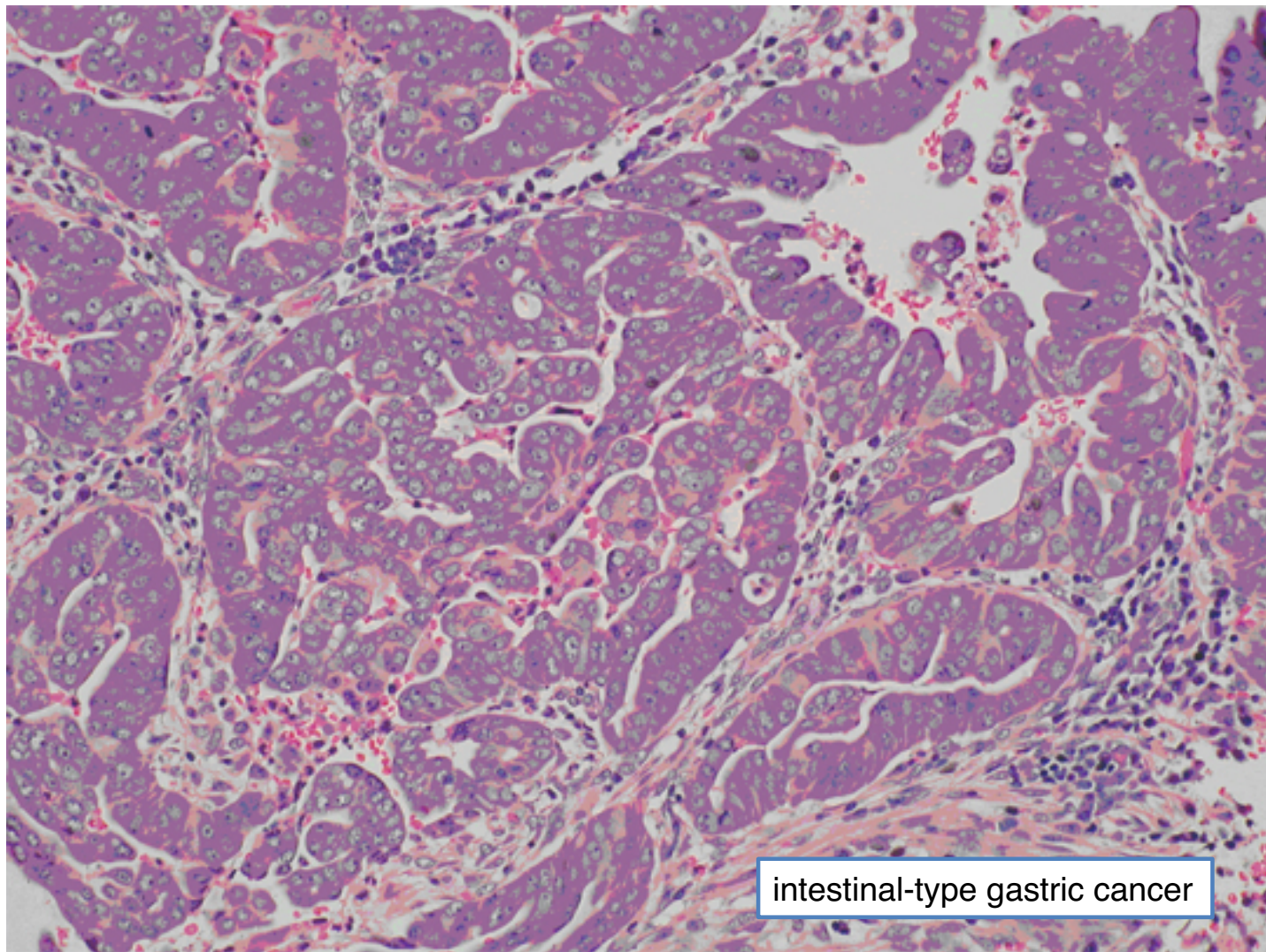






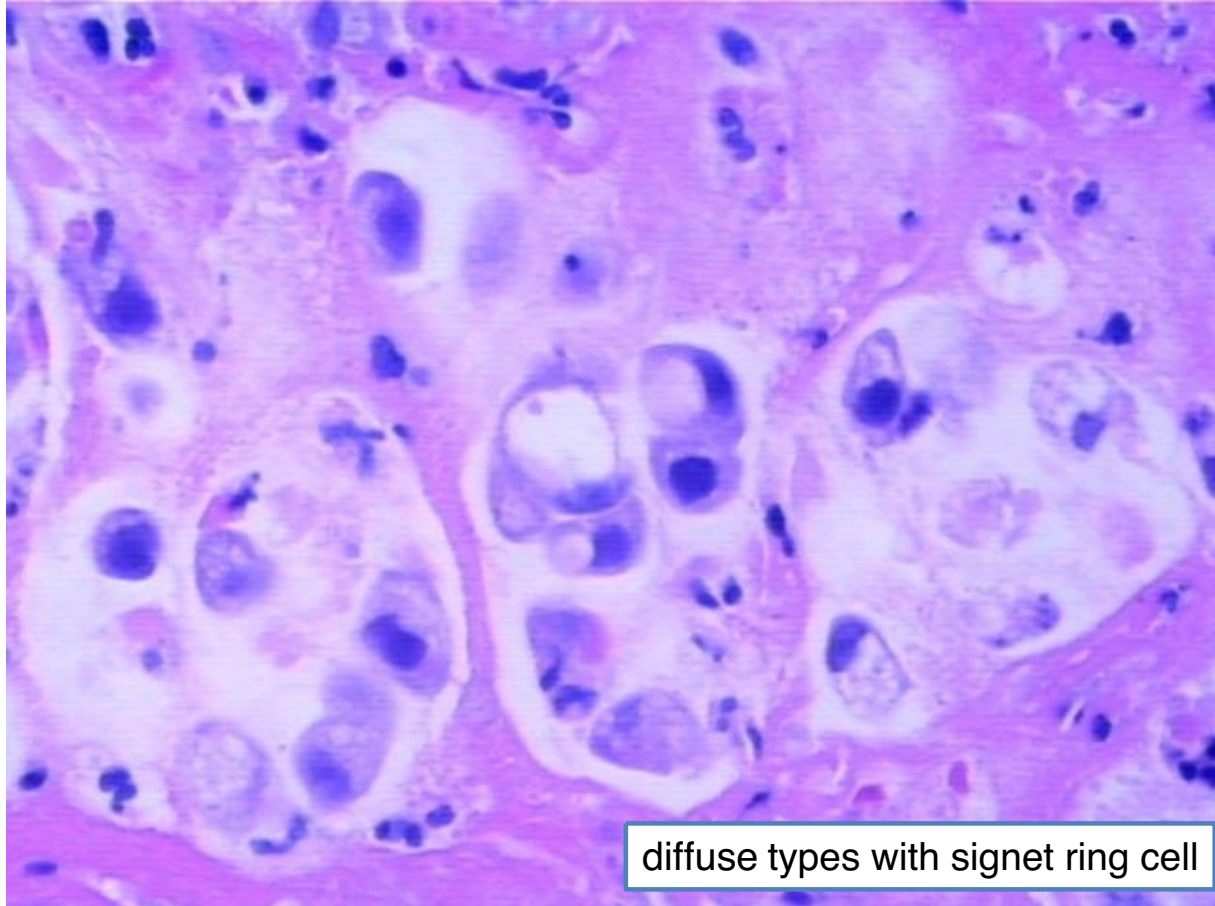
ADENOCARCINOMA GROWTH PATTERNS





intestinal-type gastric cancer

Gastric adenocarcinoma of the diffuse signet ring cell type

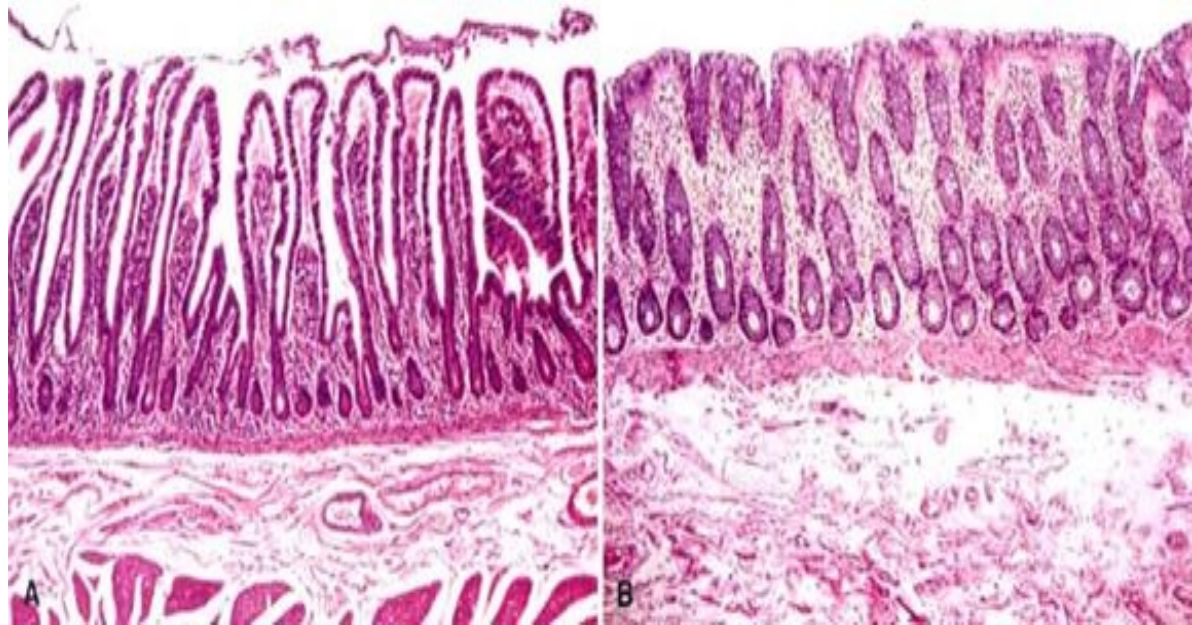


Small intestine

Normal histology

MUCOSA

- SI: ABSORPTIVE, MUCUS, PANETH (apical granules)
 - VILLI
- LI: MUCUS, ABSORPTIVE, ENTEROENDOCRINE (basal granules)
 - CRYPTS



Gross and histopathology

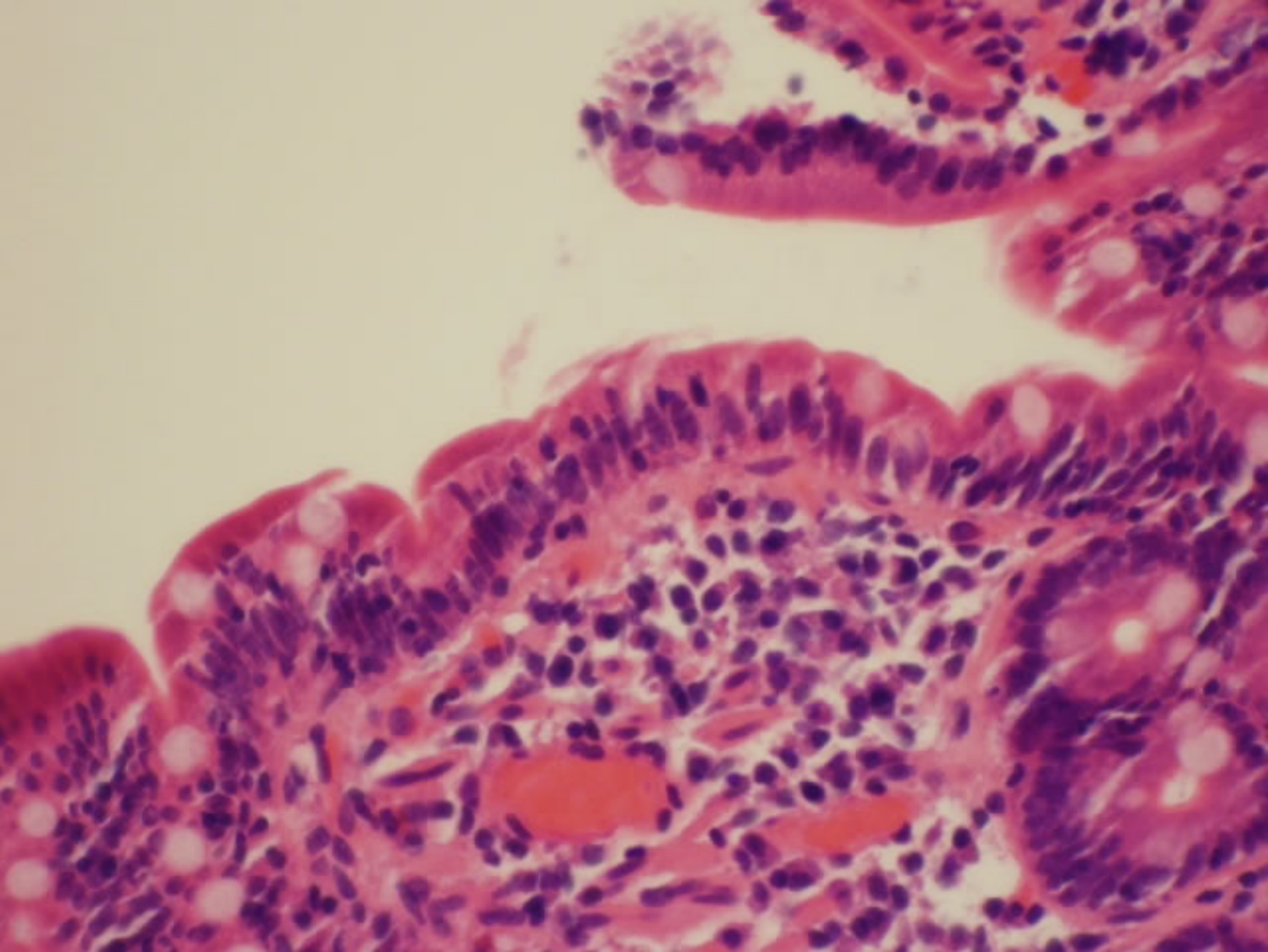
Chronic duodenal ulcer

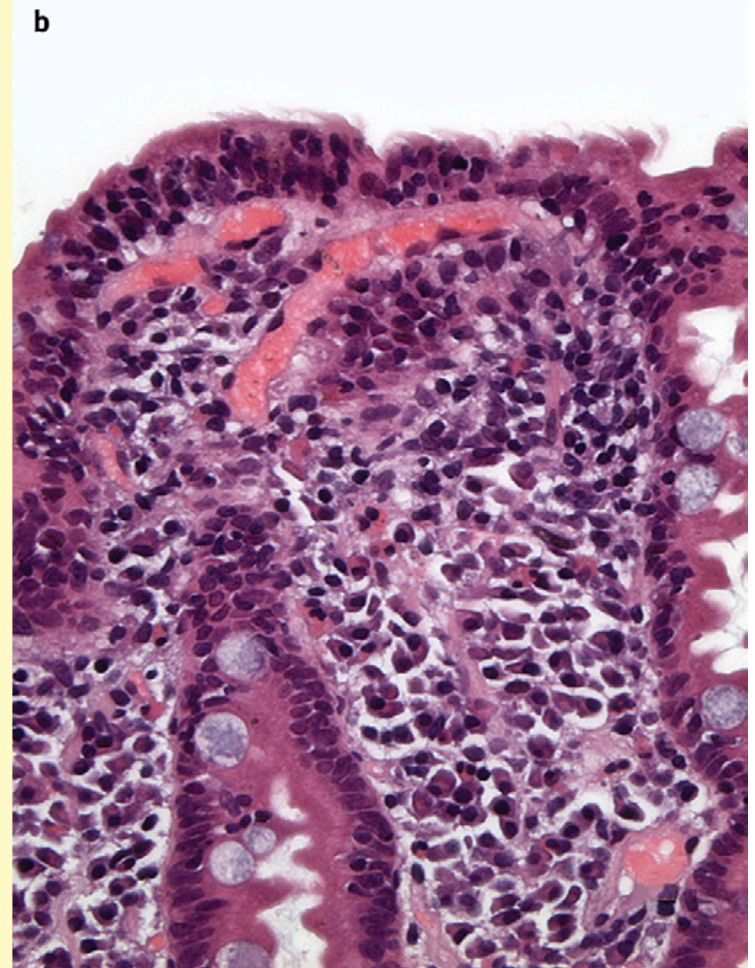
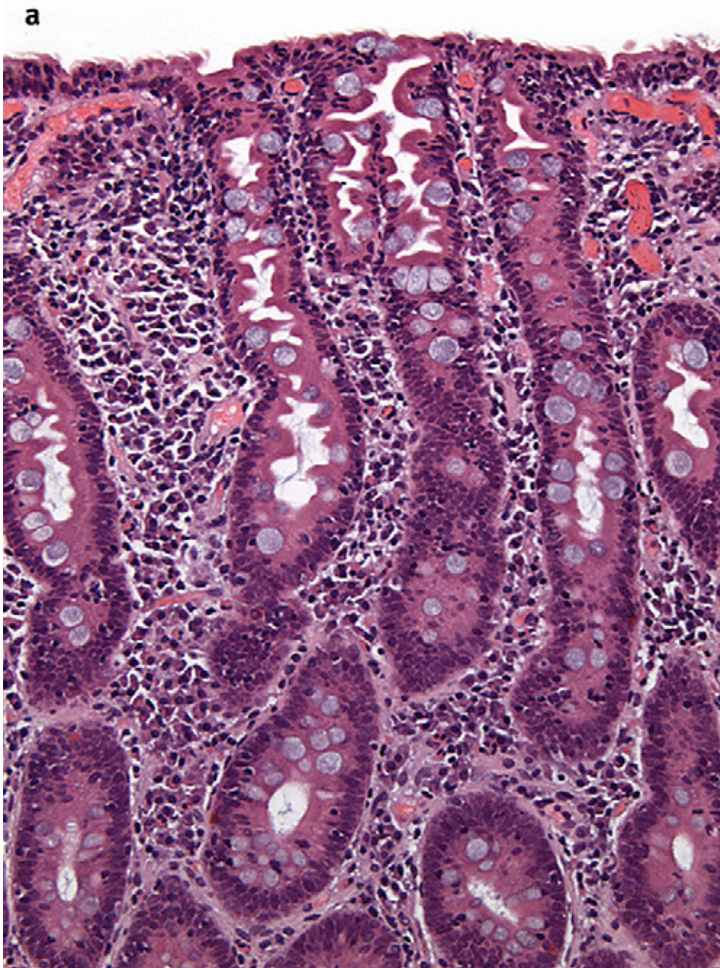


Celiac disease



Villous length to crypt length
3/1

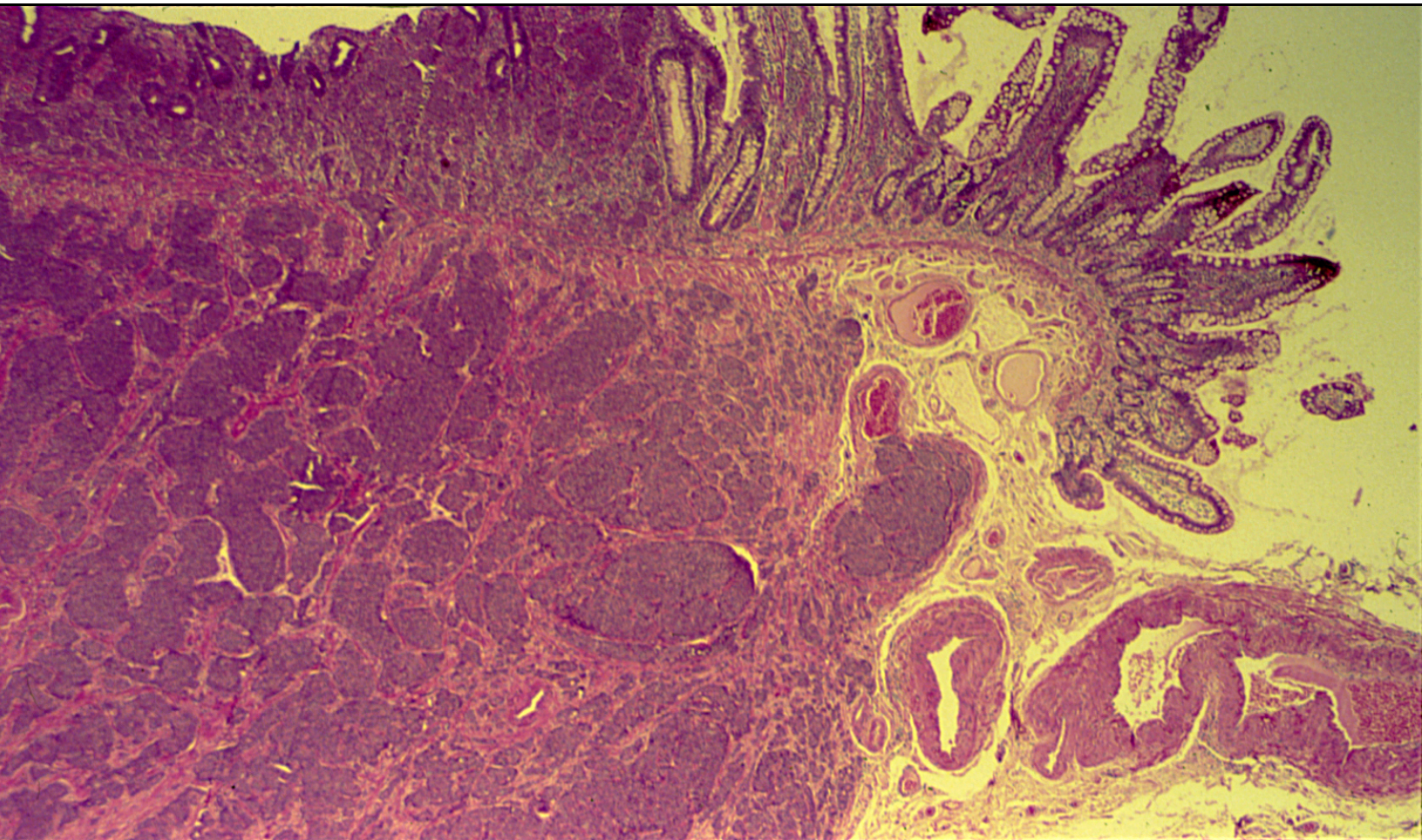




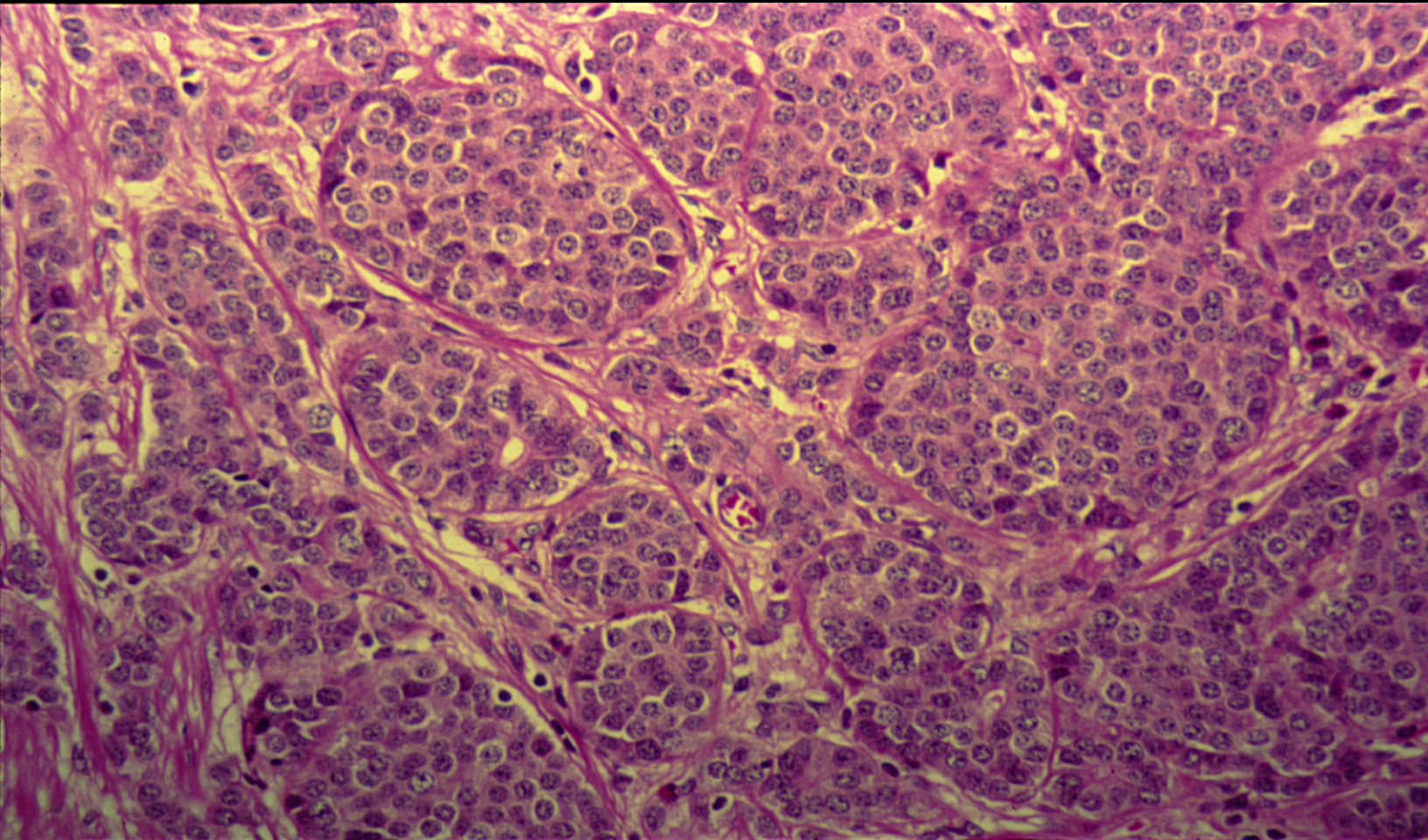
a Low-power view of fully developed sprue-type changes. Note the elongated crypts with complete lack of villi. b High-power view showing damaged surface epithelium with large numbers of intraepithelial lymphocytes.

Carcinoid tumour

CARCINOID OF SMALL INTESTINE



CARCINOID TUMOUR OF SMALL INTESTINE



Carcinoid of the small intestine:

Section of small intestine shows surface ulceration and an infiltrating tumour mass in mucosa and submucosa

Tumour consists of alveolar groups and clumps of small uniform polygonal cells having centrally placed round nuclei and abundant granular cytoplasm.