



SUMMER ANATOMIC PATHOLOGY SEMINAR

Diseases of the Gut

Guest Consultant: Peter Isaacson, M.B.
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St. Paul-Ramsey Hospital and Medical Center
Thursday August 4, 1977
6:00 p.m.
Buffet will be served

- Case #1 This 48 year old man had a 5 year history of dyspepsia. He had a negative barium swallow followed by gastroscopy. A tiny antral "gastric ulcer" was seen in biopsy. This ulcer appeared benign to the gastroscopist. The patient was treated medically. Two further gastroscopies and biopsies were performed while the patient continued to improve with medical treatment. In view of biopsy reports, partial gastrectomy was subsequently performed.
SUPERFICIAL CARCINOMA Submitted by Peter Isaacson, M.B.
- Case #2 This 57 year old man was admitted to Midway Hospital with a chief complaint of several months of abdominal distress. Upper GI showed an "ulcer" of the cardia. A few small biopsies were obtained and a diagnosis was suggested. Following this there was a partial gastric resection and splenectomy. The tumor itself was exophytic and measured 9 cm. in greatest diameter. The surface of this multilobular lesion was ulcerated in three separate areas.
LEIOMYOSARCOMA Submitted by Jack Uecker, M.D.
- Case #3 This 47 year old woman had a 9 year history of malabsorption. Initially she responded to gluten withdrawal but later steroids were required to control the malabsorption. The malabsorption became extremely severe and unresponsive to all forms of therapy. Multiple perforating jejunal ulcers developed and led to a laparotomy. Sections are from the resected jejunum.
NAUCHANT MYRPHOMA Submitted by Peter Isaacson, M.B.
- Case #4 This 50 year old woman was first seen in 1973 complaining of dysphagia, severe constipation and loss of weight. She had Raynaud's phenomenon for several years. Examination showed tight and thickened skin of the face. Her constipation was so severe that extensive abdominal distention developed and a colectomy was performed.
SNEURODERMA Submitted by Peter Isaacson, M.B.
- Case #5 This 59 year old woman treated herself to a four week tour of the U.S. She returned to the United Kingdom by ship and, in common with her niece and many other passengers, she developed diarrhea and vomiting. While the other passengers recovered, her diarrhea persisted and she began to pass bright red blood. She was admitted to the hospital immediately upon disembarking and five days after the onset of her diarrhea. A barium enema showed a total colitis, mucosal edema, and ulceration. The radiologist favored the diagnosis of acute ulcerative colitis. A rectal biopsy was performed. In spite of vigorous medical treatment the patient continued to deteriorate and died sixteen days after the onset of her illness. The section is a post mortem section of the colon.
DISSEMINATED INTRA - VASCULAR COAGULATION Submitted by Peter Isaacson, M.B.
- Case #6 This 62 year old man was admitted because of an "ulcerating lesion" of the sigmoid colon. He had had carcinoma of the colon ten years prior to this admission and the question of recurrence was raised. He underwent a segmental resection of the affected area and an "ulcer" was found. The specimen consisted of an 11 cm. length of large bowel with attached mesentery within the approximate center of which was a 2 cm. in greatest diameter ulcer.
ISCHEMIC ULCER Submitted by Jack Uecker, M.D.

Case #7

This 30 year old markedly obese woman was admitted for bypass surgery. At the time of laparotomy a solitary "nodule" was noted on the undersurface of the liver. It measured 3 to 4 cm. in greatest diameter, was medium light brown in color and traversed by fibrous septa. The remainder of the surface of the liver was totally normal in appearance. There is no history of previous liver disease. The patient takes Ovril for birth control.

NODULAR HYPERPLASIA

Submitted by Jack Uecker, M.D.

Case #8

This 78 year old man was admitted because of disorientation, forgetfulness, and confusion. (He was not a Chief of a Department of Pathology.) His wife related that he would be confused in the morning, until after eating breakfast at which time he became more alert. He also had trouble with speech. Past medical history revealed that he had undergone extensive cardiac evaluation and cerebral arteriograms with a left carotid endarterectomy having been done without much change in the patient's status. Laboratory examination revealed a persistently low fasting blood glucose. Insulin levels were twenty times normal. An abdominal aortic angiogram showed an opaque mass in the midline overlying T-12. A subtotal pancreatectomy was performed and a 2.5 cm. mass was present within the pancreas. Following surgery his blood glucose returned to normal and the serum insulin levels ten days after surgery were slightly elevated.

ISLET CELL TUMOR

Submitted by Jerry Baldwin, M.D.

Case #9

This 63 year old man had a three week history of melana. Massive bleeding necessitated a subtotal colectomy.

CROHN'S DISEASE

Submitted by Peter Isaacson, M.B.

Case #10

This 34 year old man had a ten year history of recurrent bouts of bloody diarrhea associated with passage of mucus. The x-ray and biopsy had previously been reported as consistent with ulcerative colitis. His symptoms were well controlled with medical treatment. The findings of a small mobile mass in the right hypochondrium led to a further barium enema and a colectomy.

ULCERATIVE COLITIS
WITH ATYPIA

Submitted by Peter Isaacson, M.B.

Case #11

This 22 year old single (it is curious what some pathologists find important in the social history) payroll clerk had been in excellent health until late winter of 1976. At that time she developed post-prandial nausea with progression to abdominal distention and vomiting over a three day period. A diagnosis of small bowel obstruction was made and nasogastric suction was not helpful. Abdominal exploration was performed and multiple dense vascular small bowel adhesions were found which were lysed. One week after this surgery, she re-obstructed and underwent massive small bowel resection. Sections are from this procedure. This patient has no history of previous surgery or any type of diagnostic procedures prior to this episode.

SCLEROSYING PERITONITIS

Submitted by Don Kapps, M.D.