GASTRO INTESTINAL PATHOLOGY

Non-infectious causes of malabsorptn:-

1) Celiac sprue :- Acc'd gluten sensitive enteropathy. (present in cereals such wheat, rye barley, old rice)

Antibodies produced :- Antigliden
Anti endomysial Ab
Anti tissue trans glutaminase Ab

2) Investigatn of choice - Biopsy - flattening or loss of microvilli

Skin involvement :- Dermatitis herpetiformis ✱

Rx :- Avoid gluten containing foods
They can eat MAIZE
DOC for dermatitis herp.... ⇒ DAPSONE
⇒ Infliximab

2) INFLAMMATORY BOWEL DS :-

1) CROHN's DS :-

Any part of GIT can be affected. Mc site - Ileum

✱ Usually - rectum spared.

✱ Ulcers - longitudinal serpiginous ulcers

✱ Skip lesions non-caseating

Microscopy - granulomatous infectn

- Transmural inflammation
- Mucosa gives cobblestone appearance
- Ulcer → heal by fibrosis ↓ filling up of mesenteric fat into bowel (creeping fat)

Excessive fibrosis → stricture (narrowing)

Histology :- Granulomatous inflammatn

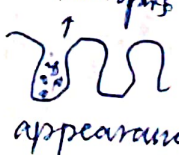
Radiology - String of Kantor ✱

Lab's - Ab - ASCA +ve
↳ saccharomyces cerevisiae

Hallmark features :- fistulas

ULCERATIVE COLITIS

- Colon affected → continuous retrograde manner (PANCOLITIS)
- Superficial inflammatn - only mucosa & submucosa
- Histology - Non-granulomatous inflammatn
- Formatn of pseudopolyps.
- Associatn PSC - Primary sclerosing cholangitis
- LABS - P-ANCA +ve
- Histology - Crypt abscess
- Radiological - Lead pipe appearance



Rx:- 5-aminosalicylic acid
Sulphasalazine

POLYPS

NON-NEOPLASTIC
- Inflammatory
- Hyperplastic
- Hamartomatous polyps

NEOPLASTIC
- Tubular adenoma
- Villous adenoma
- Tubulovillous adenoma
- Sessile serrated
- FAP

* Hyperplastic Polyp:-
→ Upper crypts are serrated.
→ 60 years ; m/c - rectum
→ Biopsy - m/s → serrated upper crypts
→ narrow uniform basal round crypts

Hamartomatous Sessile serrated adenoma
+ basal crypts are also serrated.
+ inv. T shape or boot shaped crypts

* Hamartomatous Polyps :-
A mass of mature but disorganised tissue native to the organ

1. Peutz Jeghers Syndrome
2. Juvenile polyposis
3. Cowden DS

] hamartomatous polyp.

Juvenile Polyposis - < 5 years.
→ Rectal polyp (m/c)
→ hamartomatous
→ non-cancerous
Cl/F - Hematochezia (fresh) Iron def. anemia
Mutation :- SMAD4 BMPR1A
Complications - ① Hereditary hemorrhagic Telangiectasia ② AV malformation ③ Digital clubbing
→ Colonic / extracolonic adenoca.
→ GIT cancers
* Histology - mucin filled cysts

Peutz Jeghers Syndrome.
• Mucocutaneous pigmentation
GIT hamartomatous polyp
⇒ STK11 gene mutation
• m/c site - jejunum
• multiple hamartomatous polyps
• family h/o - +ve
• histo - arborising network of lamina propria