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SGD GIT

DR. Sahar

Taimoor Asghar F16-072

AZRA NAHEED MEDICAL COLLEGE, LAHORE

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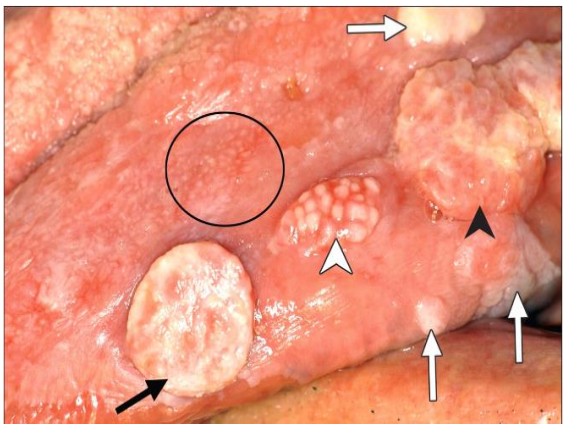
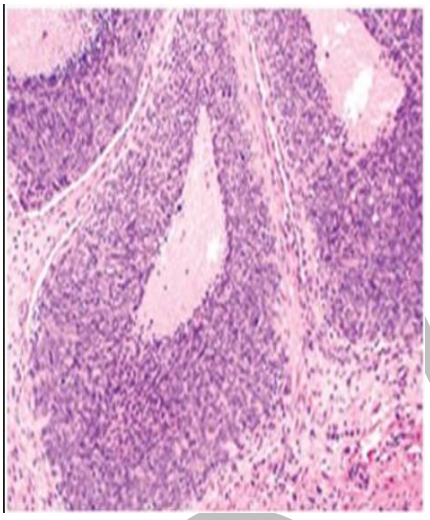
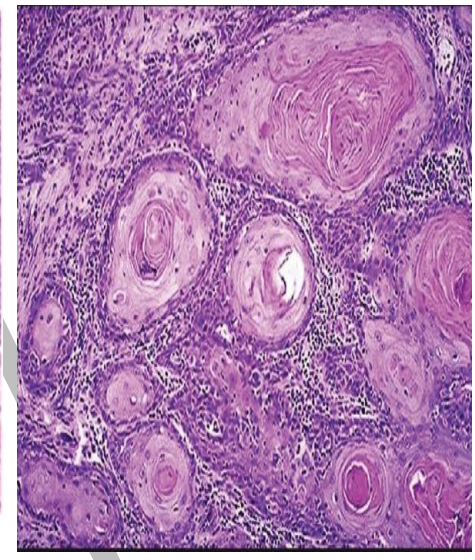
1st quiz oral cavity







- **Identify the lesion in above seen picture.**

    a. Squamous cell Carcinoma due to HPV → Keratinizing
    b. SCC due to smoking, Gutka → Non-keratinizing

- **What do u understand by field cancerization?**

    The presence of one or more areas consisting of epithelial cells that have genetic alternation. A field lesion has monoclonal origin and does not show invasive growth and metastasis behavior the hallmark criteria of cancer.

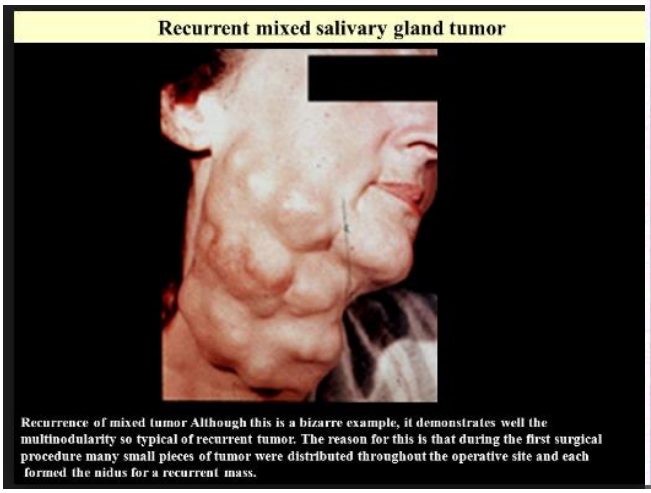
    Theories:

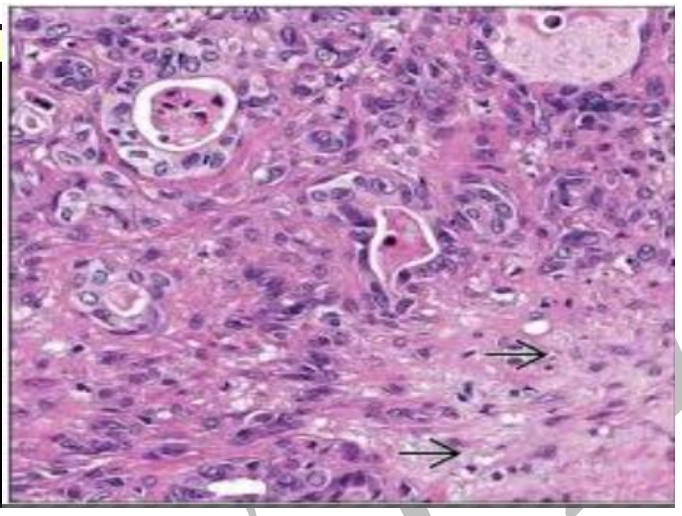
    - Multiple genetic abnormalities in whole tissue region
    - Multiple lesions due to widespread migration of transformed cells.

- **In which tumors Field cancerization can be seen?**

    Squamous cell carcinoma us most common malignancy develop in oral cavity

2nd quiz Salivary Gland





- **Identify the pathology.**
  - PLEOMORPHIC ADENOMA

- **Describe its microscopic appearance.**
  - DIVERSE MICROSCOPIC PATTEN
  - ISLANDS OF CUBOIDAL CELLS
  - LOOSE CHONDROMYXOID STROMA ENCAPSULATED LESION

- **What is its nature or prognosis?**
  - SHOW GROWING PATTERN >PRONE TO RECURRENCE >PAROTIDECTOMY>BECAUSE TUMOR IS RADIORESISTANT

3rd quiz Salivary gland

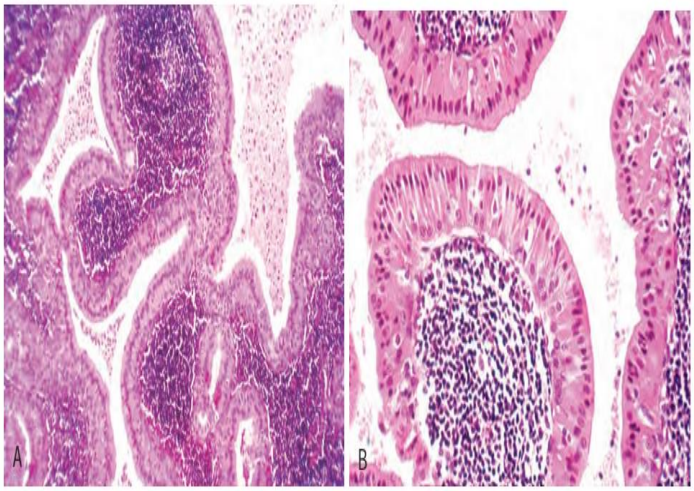


Figure 16-17 Warthin tumor. **A,** Low-power view showing epithelial and lymphoid elements. Note the follicular germinal center beneath the epithelium. **B,** Cystic spaces separate lobules of neoplastic epithelium consisting of a double layer of eosinophilic epithelial cells based on a reactive lymphoid stroma.

⇨ **Identify the pathology.**

- Warthin tumor

⇨ **Describe its microscopic appearance.**

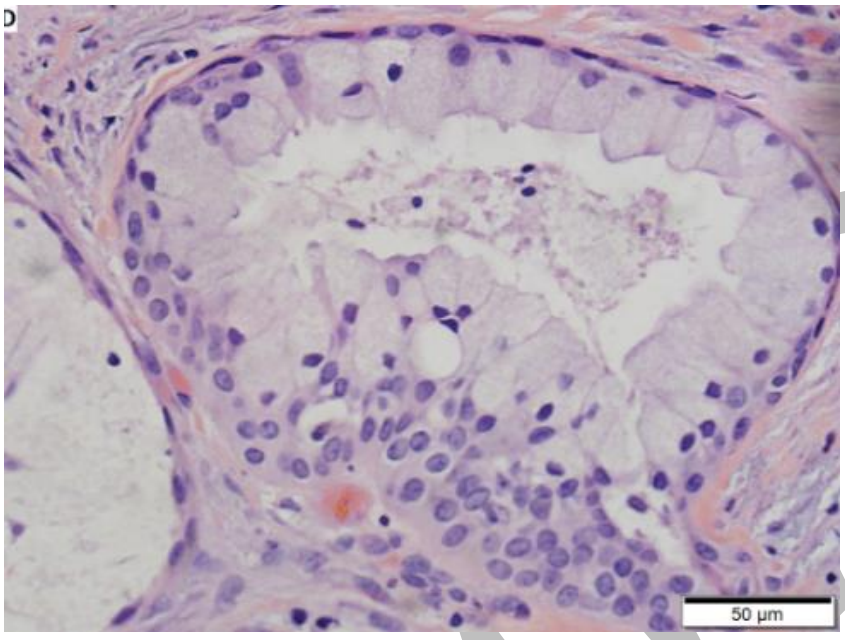
MICROSCOPIC FEATURES:

- Papillary projections into cystic spaces surrounded by lymphoid stroma
- Epithelium double layer
  - ⇨ Luminal cells
  - ⇨ Basal cells
- Stroma-mature lymphoid follicles with germinal center

⇨ **What is its nature or prognosis?**

- It has good prognosis

4th quiz salivary gland



⇨ **Identify the pathology.**

- Mucoepidermoid carcinoma

⇨ **Describe its microscopic appearance. (What are the cells pointed?)**

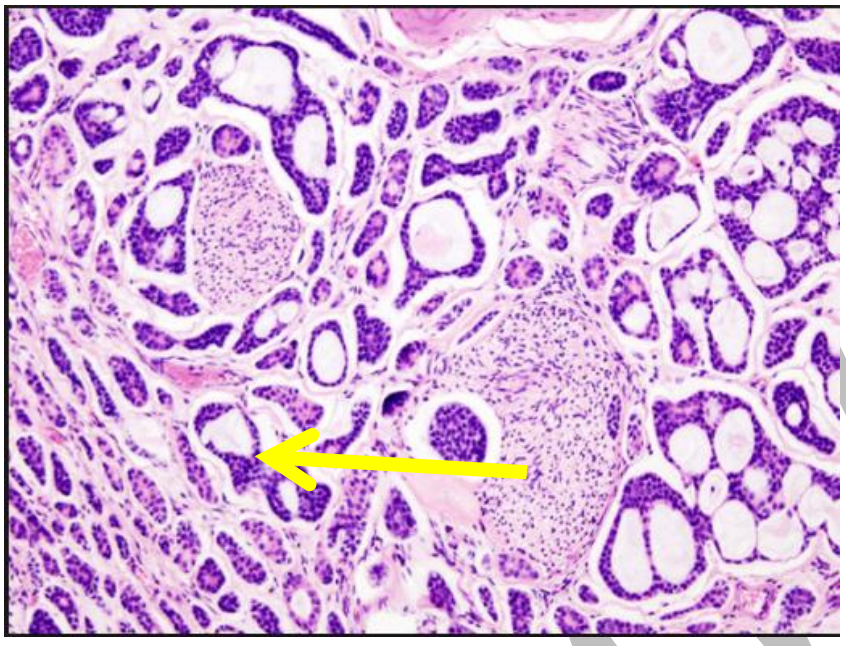
⇨ Mucous cells (abundant cytoplasm)

⇨ Epidermoid cells (polygonal shape with intracellular bridges)

⇨ **In which salivary gland it is most common?**

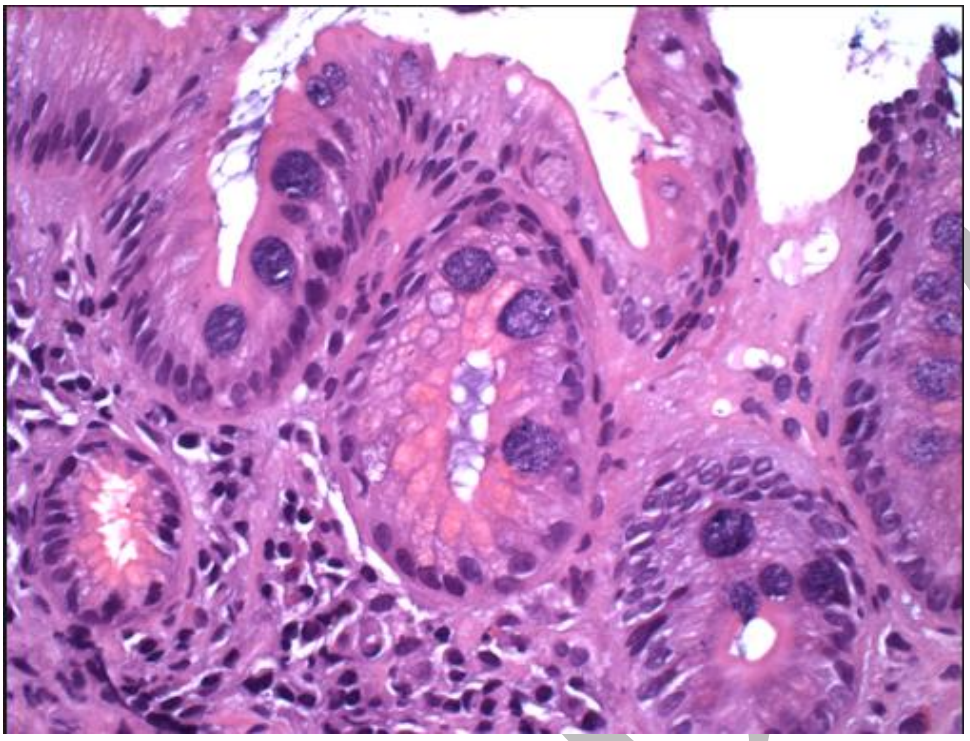
- Parotid gland is commonly involved in this lesion

5th quiz salivary gland



- **Identify the pathology.**
  - Adenoid cystic carcinoma
- **Describe its microscopic appearance. (What diagnostic feature can you seen in above picture?)**
  - Basaloid tumor cells
  - Prominent globules arranged in cribriform Pattern
  - Small cells having dark compact nucleus with scanty cytoplasm
- **What is its nature or prognosis?**
  - Survival time varies widely
  - Depends on
    - Age and sex
    - Grade and stage
    - Histologic type
    - Type of treatment
  - 5 year survival rate i.e. 62%

6th quiz Esophagus



- **Identify the pathology.**
  - BARRET ESOPHAGUS

- **What is its nature or prognosis?**
  - The long term prognosis is generally good

- **What cells can you see & the diagnostic hall mark of this lesion?**
  - Showing mixed gastric and intestinal type columnar epithelial cells with goblet cells

7th quiz Esophagus

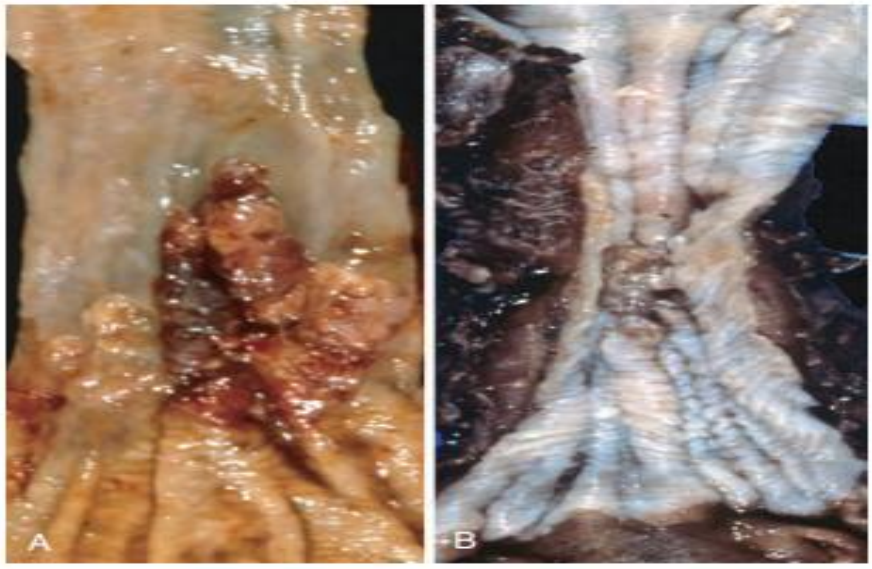


Figure 17-9 Esophageal cancer. **A,** Adenocarcinoma usually occurs distally and, as in this case, often involves the gastric cardia. **B,** Squamous cell carcinoma is most frequently found in the mid-esophagus, where it commonly causes strictures.

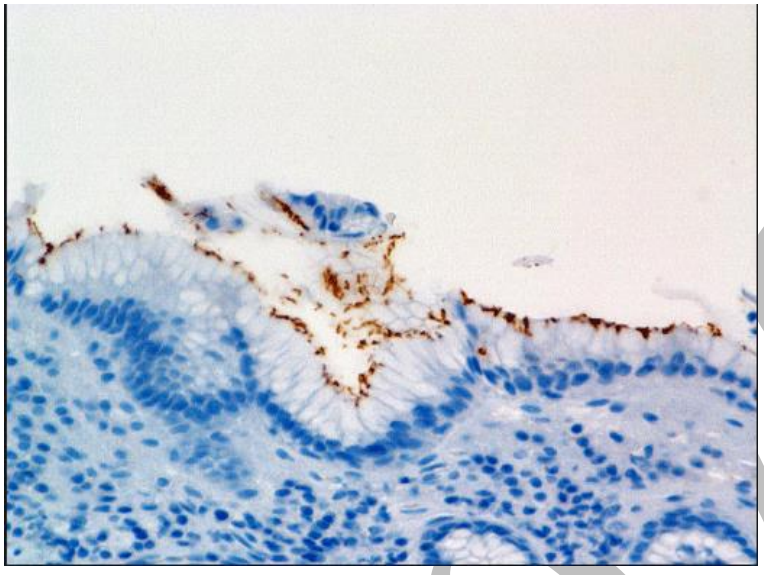
⇨ **Identify the pathology.**

- **Figure A:** ESOPHAGEAL CANCER
- **Figure B:** SQUAMOUS CELL CARCINOMA

⇨ **Enlist differences between these two?**

Esophageal cancer	**Squamous cell carcinoma**
⇨ Occur distally ⇨ Involve gastric cardia.	⇨ Most frequently found in mid esophagus ⇨ It causes strictures
⇨ They are organized in back to back glands	⇨ Composed of nests of malignant cells

8th quiz Stomach



⇨ **Identify the microorganism.**

- Helicobacter pylori

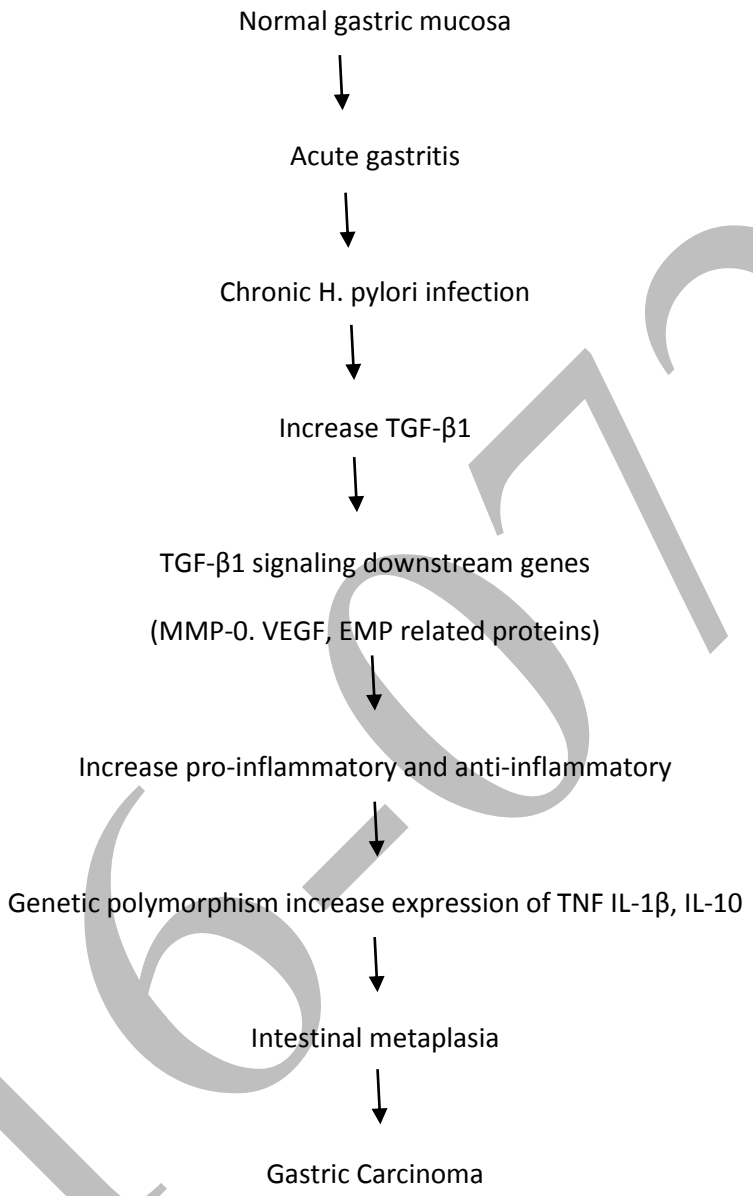
⇨ **Enumerate the stains used to highlight this?**

- Immunohistochemistry stain →Helicobacter pylori
- Warthin starry silver stain

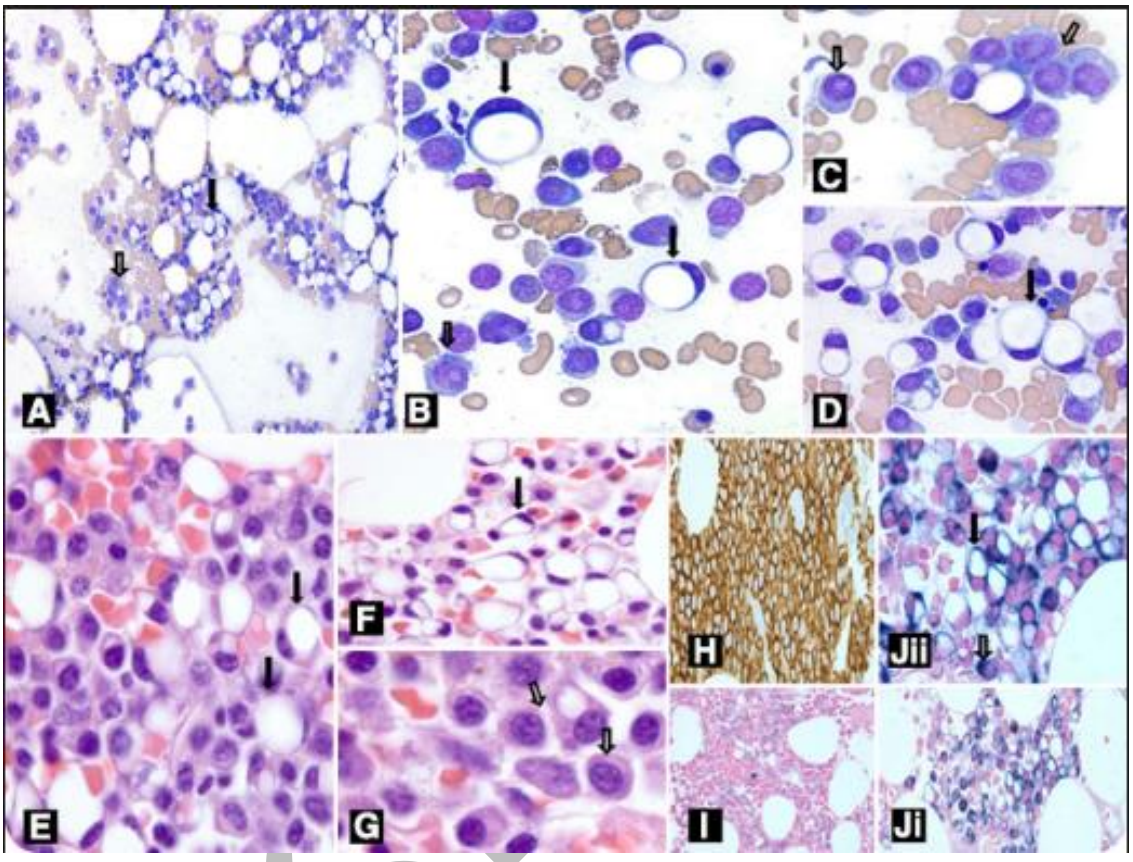
⇨ **Differences between H pylori & autoimmune gastritis.**

Features	Helicobacter pylori	Autoimmune Gastritis
Location	Antrum	Body
Inflammatory infiltrate	Neutrophils, subepithelial plasma cells	Lymphocytes, macrophages
Acid production	Increased to slightly decreased	Decreased
Gastrin	Normal to decreased	Increased
Other lesions	Hyperplastic/inflammatory polyps	Neuroendocrine hyperplasia
Serology	Antibodies to H. pylori	Antibodies to parietal cells (H,K-ATPase, intrinsic factor)
Sequelae	Peptic ulcer, adenocarcinoma, MALToma	Atrophy, pernicious anemia, adenocarcinoma, carcinoid tumor
Associations	Low socioeconomic status, poverty, residence in rural areas	Autoimmune disease; thyroiditis, diabetes mellitus, Graves disease

⇨ **Discuss its pathogenesis of Helicobacter pylori**



9th quiz Stomach



- ⇨ **Identify the pathology.**
    - Gastric adenocarcinoma
- ⇨ **What are the name of these cells?**
    - Signet ring cells
    - Exo-phytic cells
- ⇨ **Which stains are used to highlight these cells.**
    - PAS
    - CD-10
    - CD-X2
- ⇨ **What do you know about its prognosis?**
    - It depends upon 2 factors
        - ⇨ Depth of invasion
        - ⇨ Extent of nodal and distant metastasis
    - 5 year survival rate

10th quiz Gastric

- **Identify the pathology of above two.**

  FIG 1) SISTER MARY JOSPEH NODULE

  FIG 2) KRUKENBERG TUMOR

- **These two conditions are associated with which tumor?**

  GASTRIC CARCINOMA