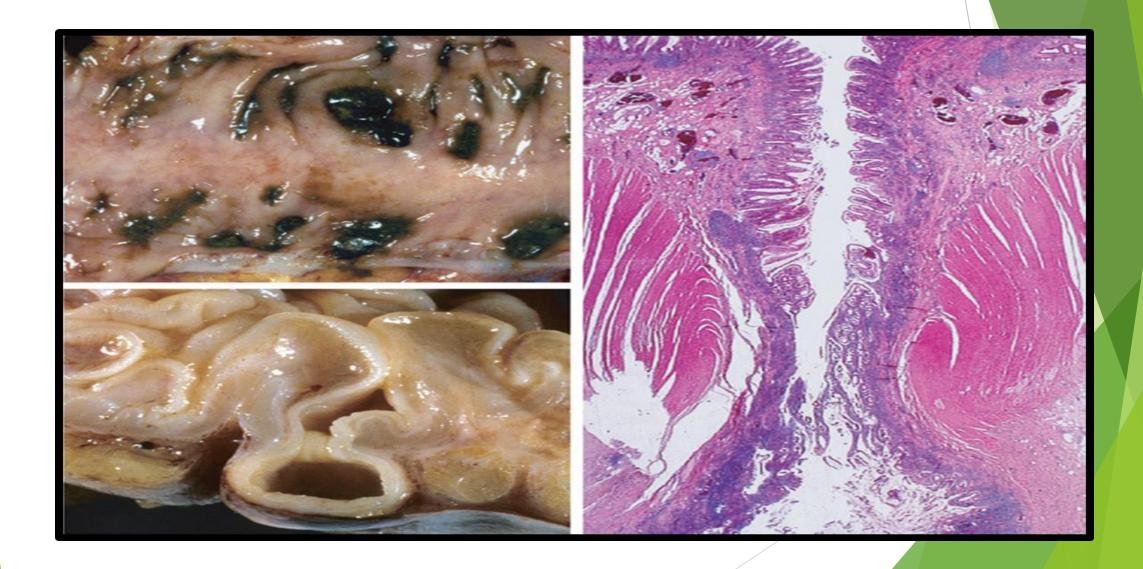
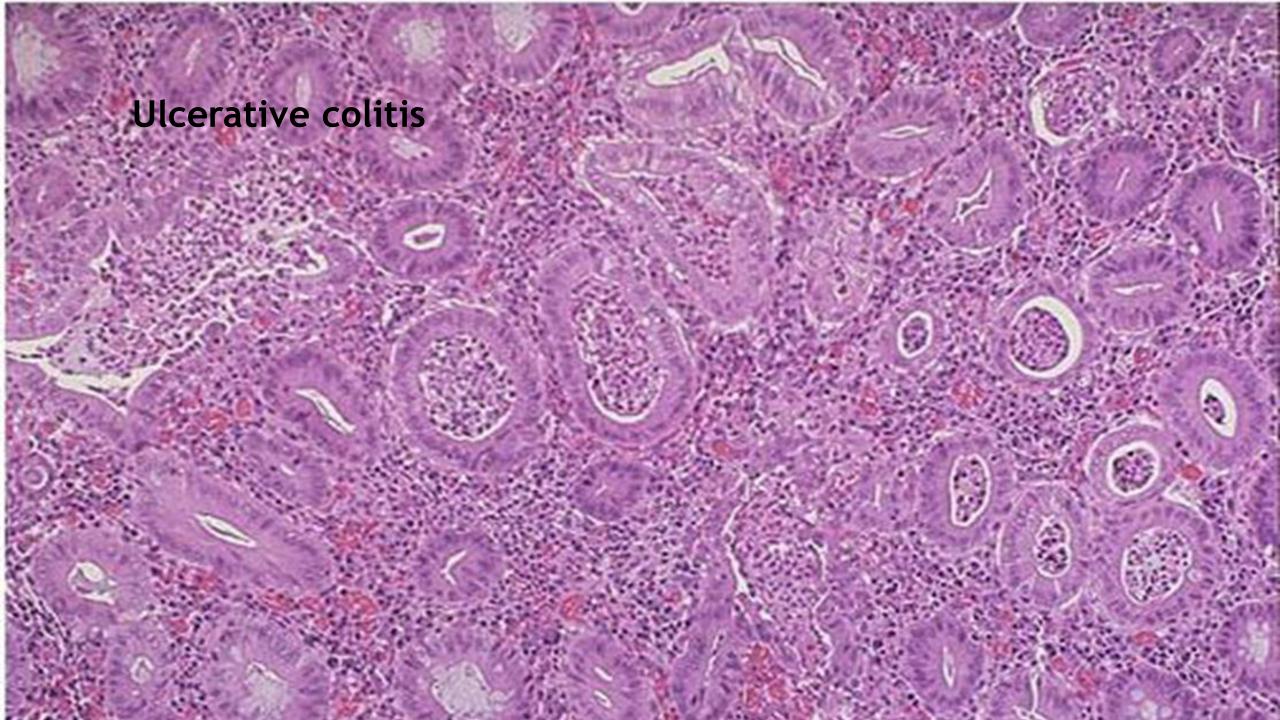
# Diseases of the intestine Lab

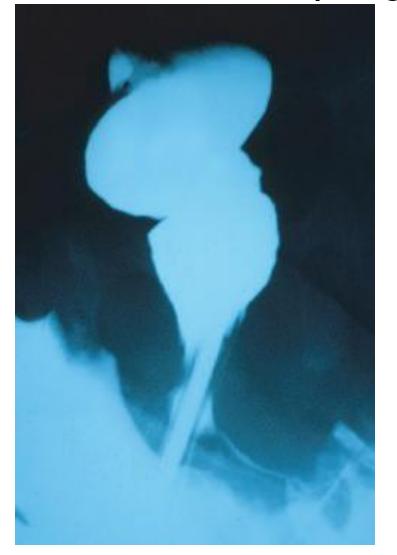
Sura al Rawabdeh MD April 2024

# Sigmoid Diverticulitis



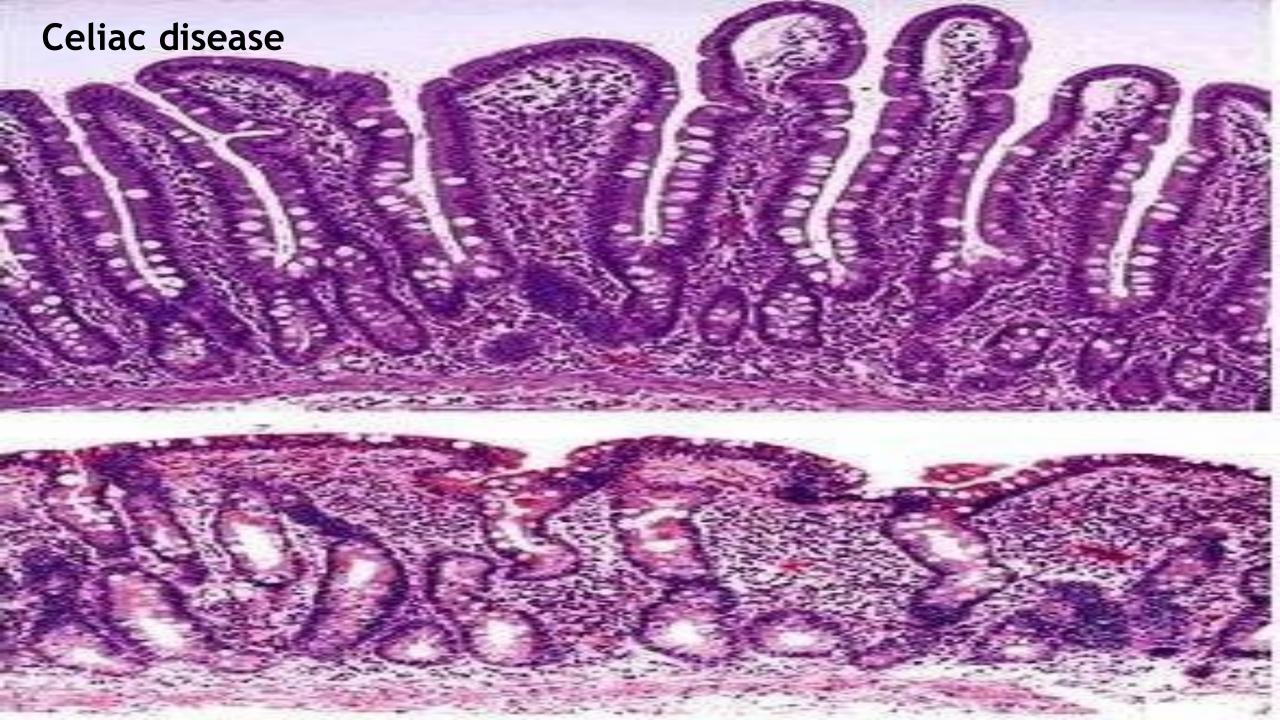


#### **Hirschsprung Disease**



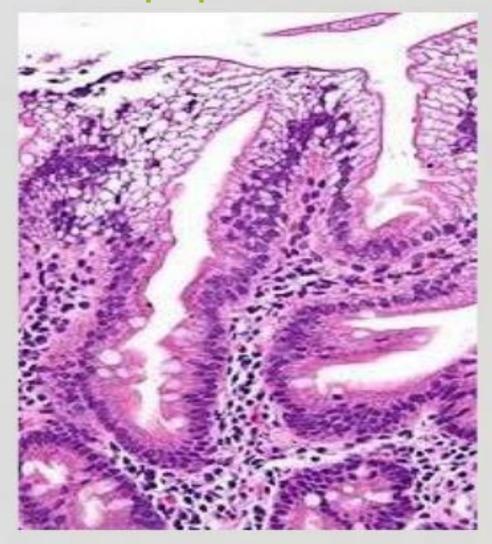


Robbins Basic Pathology 10th edition





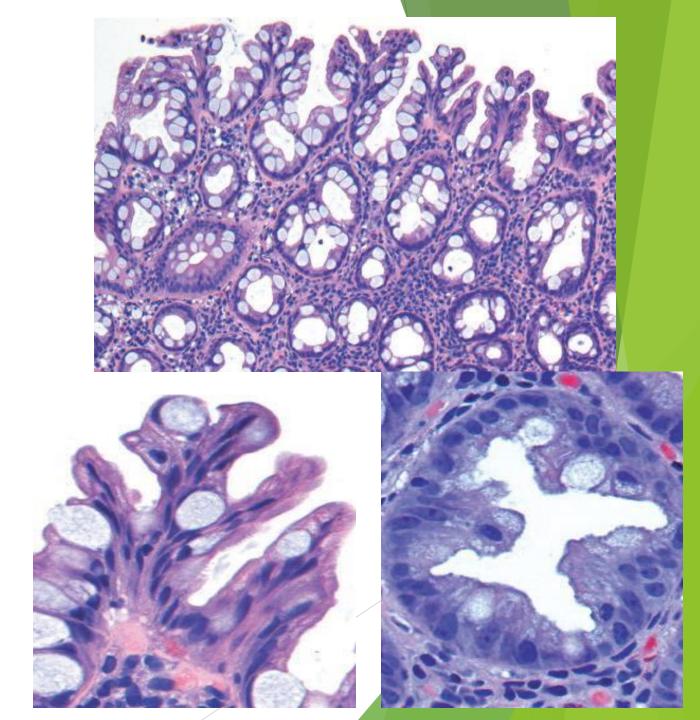
### Abetalipoproteinemia



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

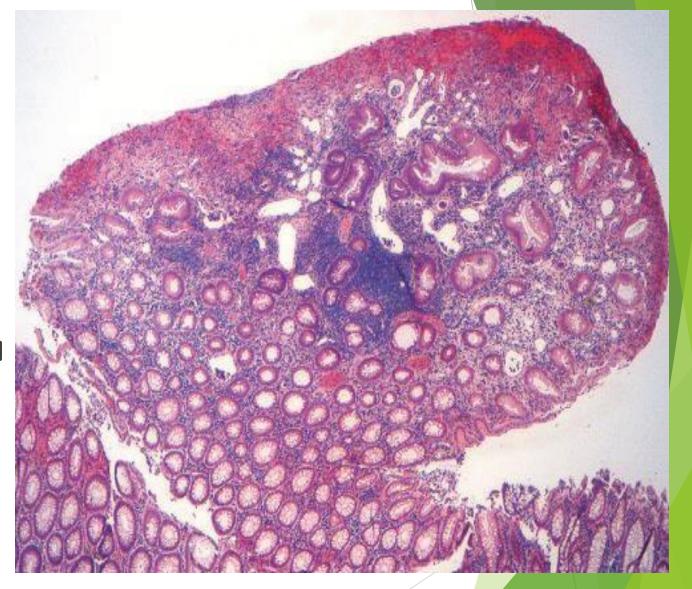
## Hyperplastic polyp

- Left colon
- Rectosigmoid.
- Multiple
- Crowding of goblet & absorptive cells.
- ☐ Serrated surface: hallmark of these lesions



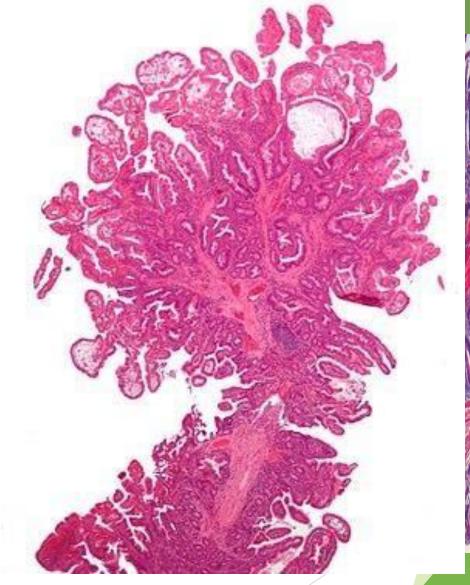
## Juvenile Polyps

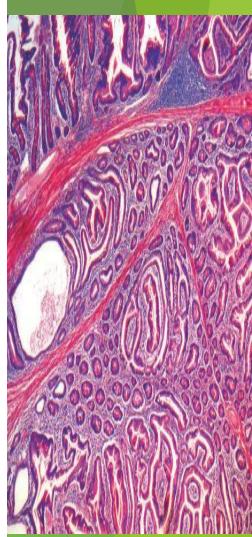
- Pedunculated
- Reddish lesions
- Cystic spaces on cut sections
- Dilated glands filled with mucin and inflammatory debris.
- ☐ Granulation tissue on surface.



## Peutz-Jeghers polyp

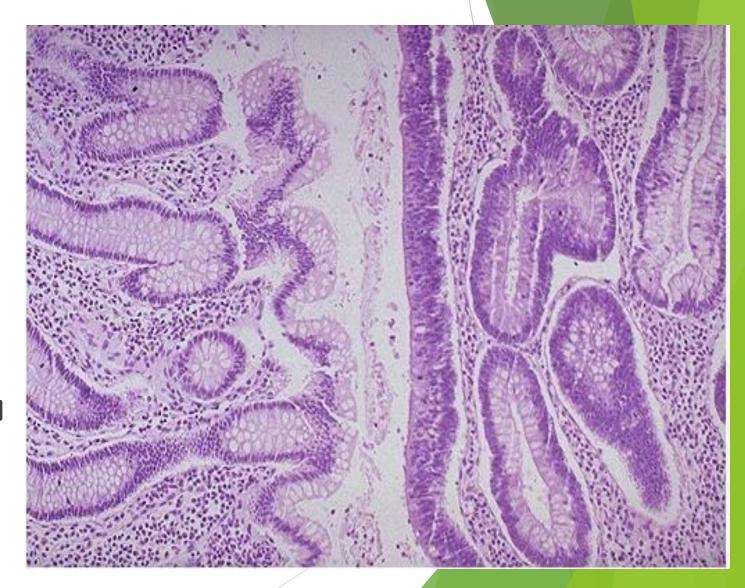
- Large.
- Arborizing network of connective tissue, smooth muscle, lamina propria
- ☐ Glands lined by normalappearing intestinal epithelium
- ☐ Christmas tree pattern.



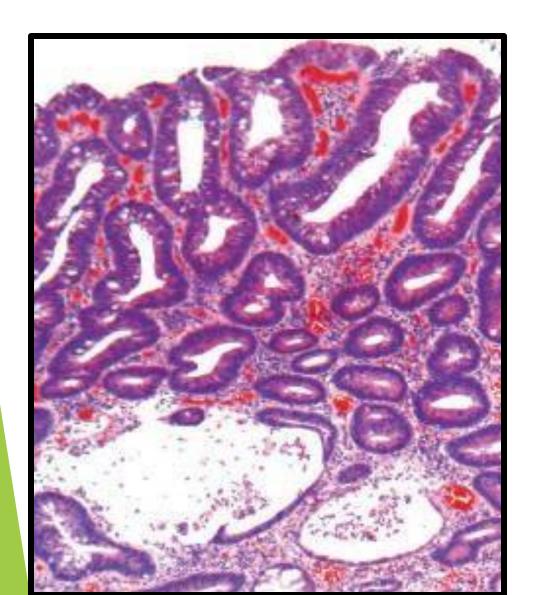


#### Colon adenoma

- ► 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



## Tubular adenoma



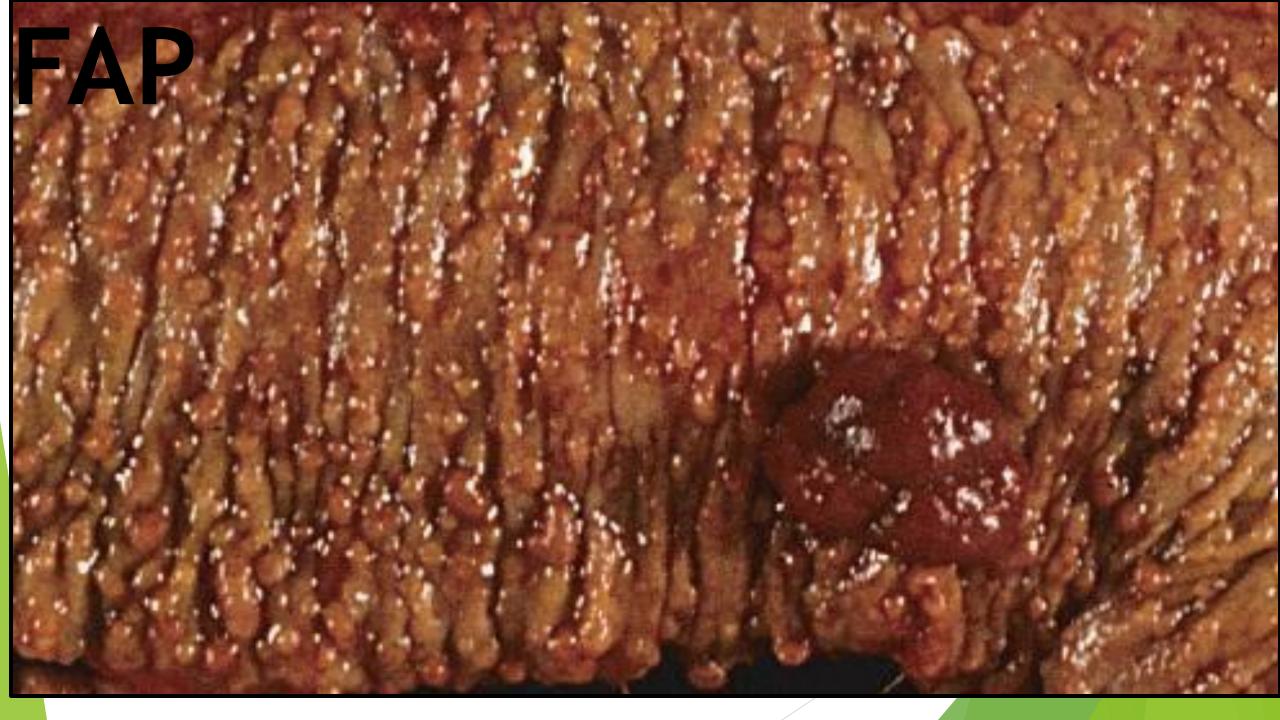


#### Villous adenoma.

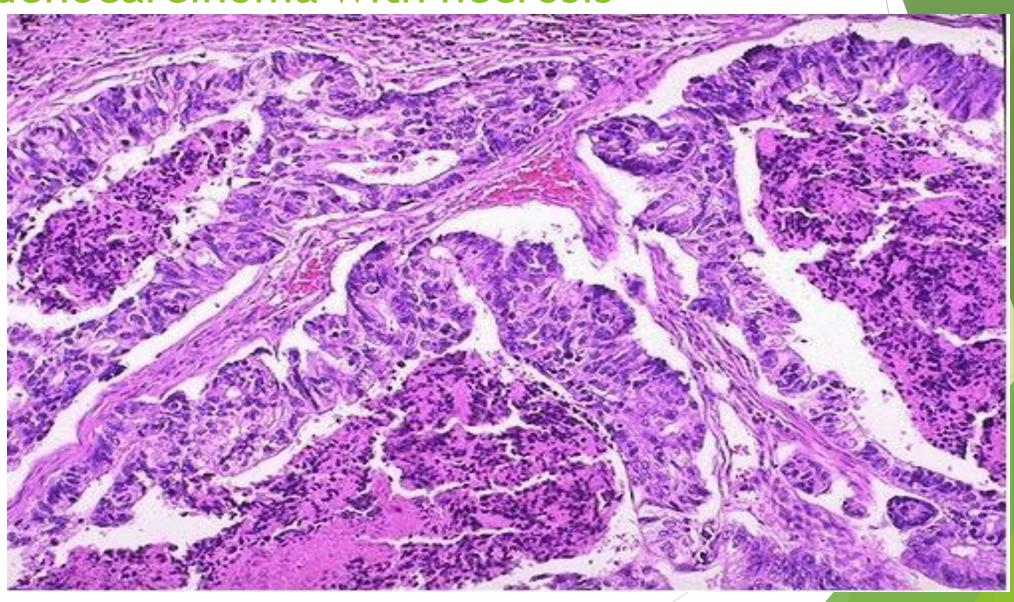


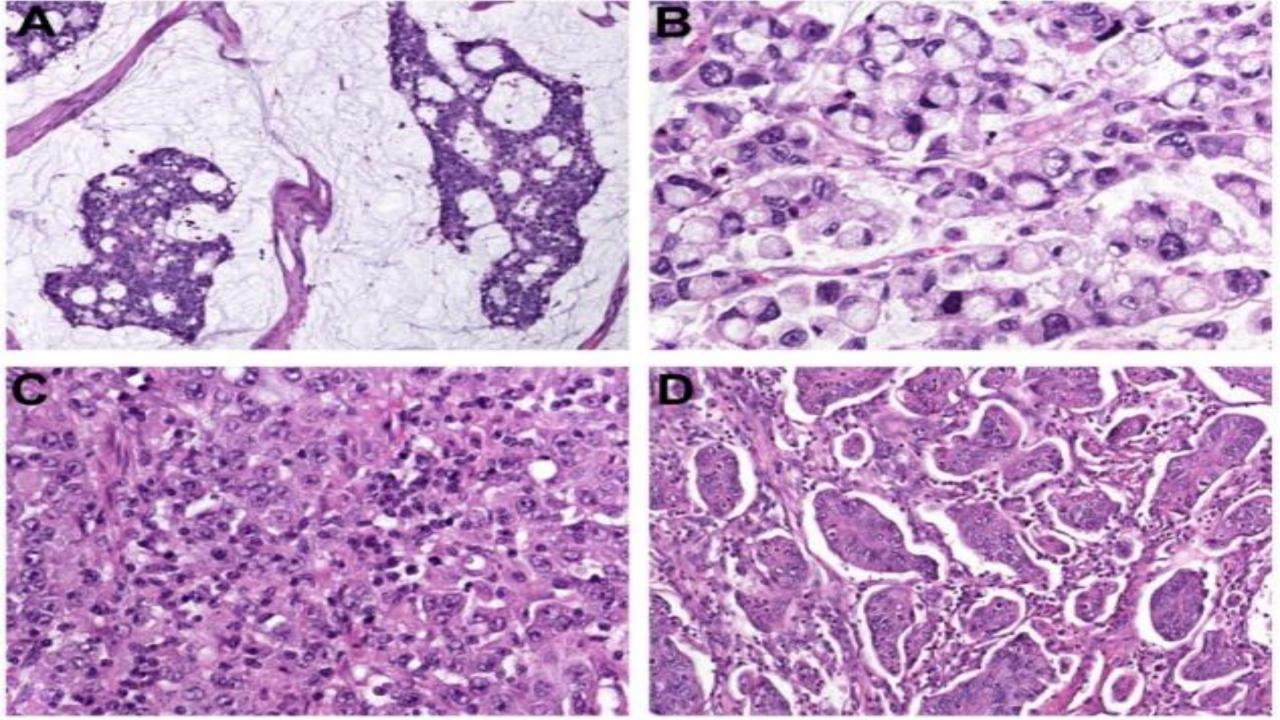
- Long slender villi.
- More frequent invasive foci

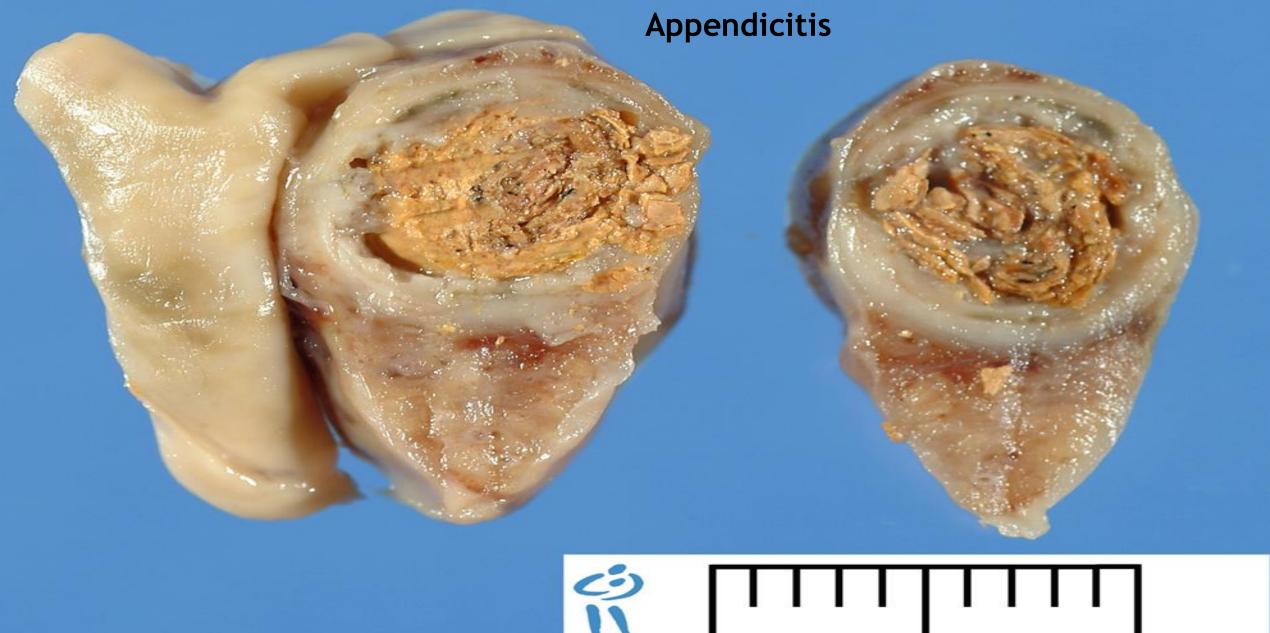
- Architecture:
- ► Tubular.
- ► Tubulovillous.
- ☐ Villous.



## Adenocarcinoma with necrosis





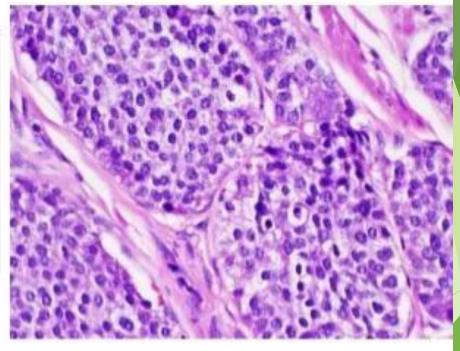




# **Carcinoid tumor**



Gross



Microscopic

# The end

Good luck