Case History B-1325945

• Female patient

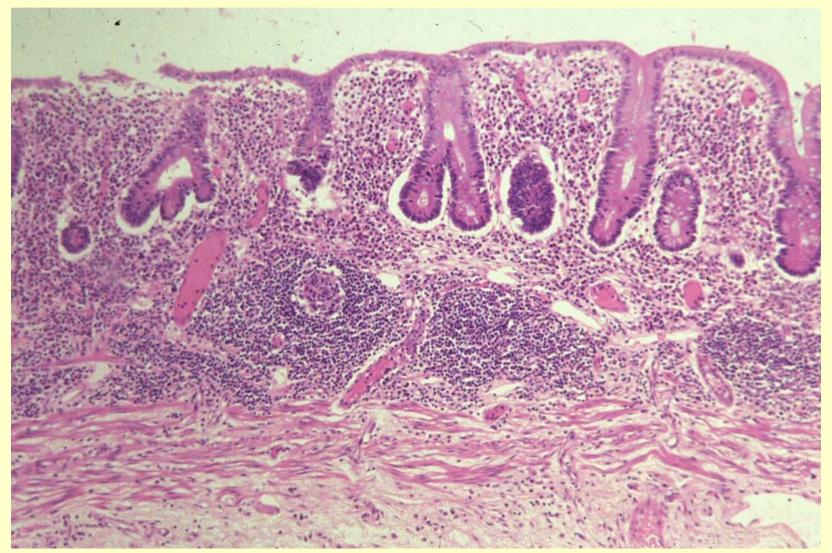
°1970

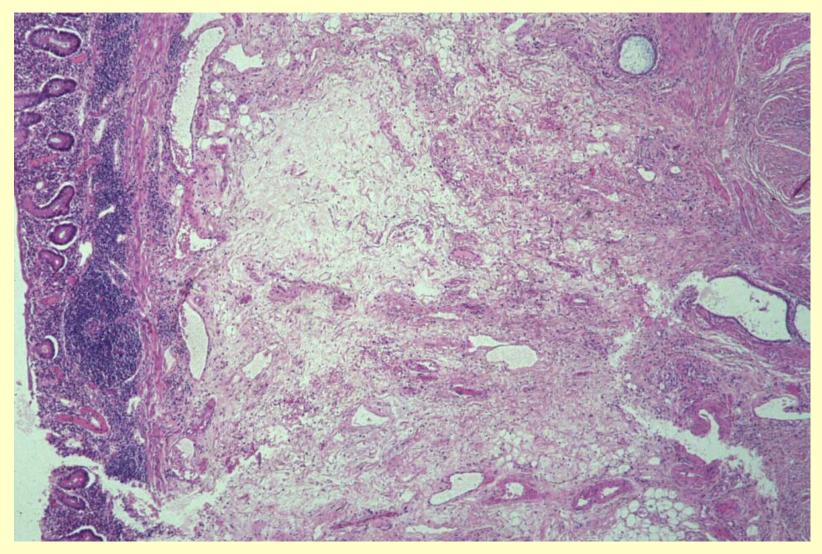
- Clinical History: crampy abdominal pain and episodes of bloody diarrhea
- Surgical treatment

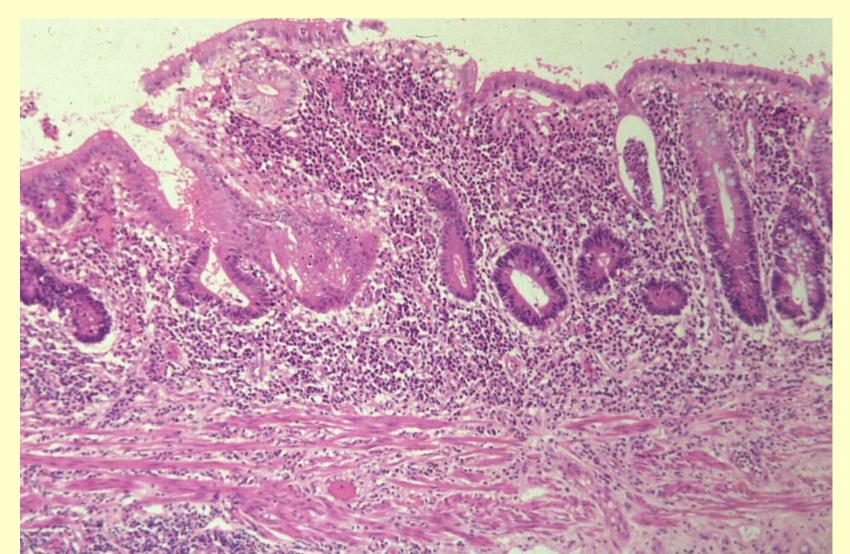
Case History B-1325945

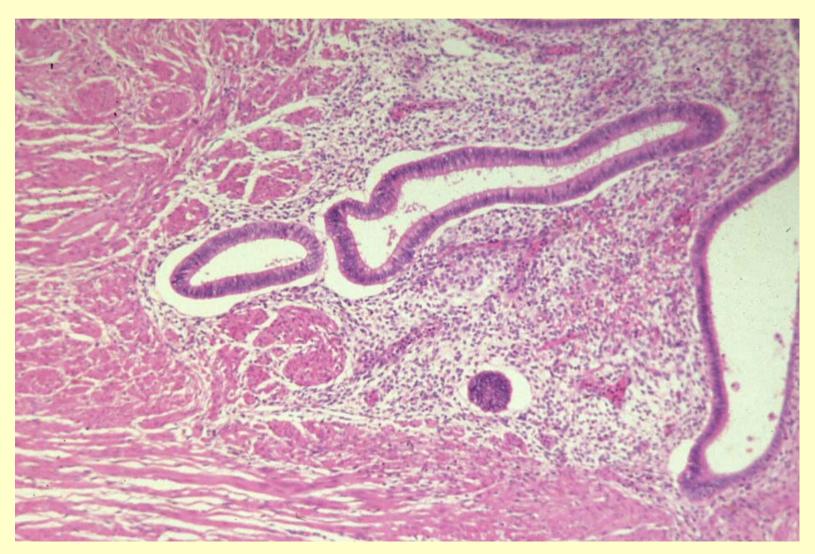
Pathology

- Submucosa & Muscularis
 - Endometriosis
- Mucosa:
 - extensive architectural abnormalities
 - Shortened crypts
 - Branching crypts
 - Paneth cell metaplasia
- Inflammation
 - Transmucosal inflammation
 - Crypt abscesses









Endometriosis and IBD

- Endometriosis of the large bowel is common (15-20% of cases)
- Symptoms
- Intestinal endometriosis may mimic Crohn's disease but can also be associated with Crohn's disease.
- The presence of endometriotic deposits in the bowel wall may lead to changes resembling inflammatory bowel disease

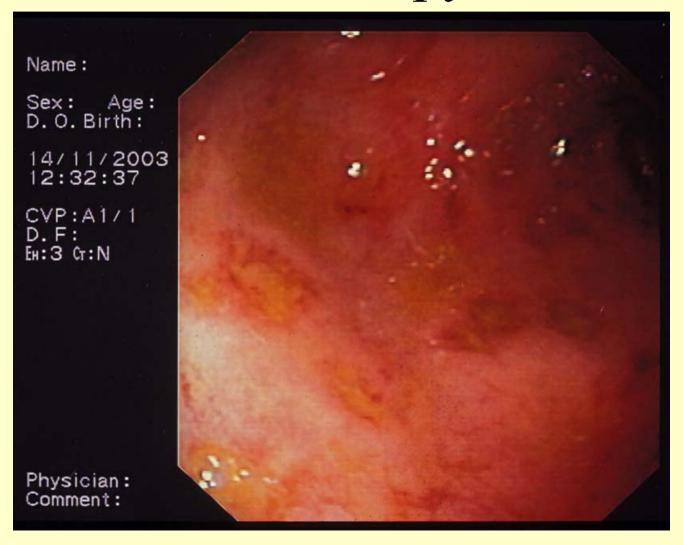
Endometriosis and IBD

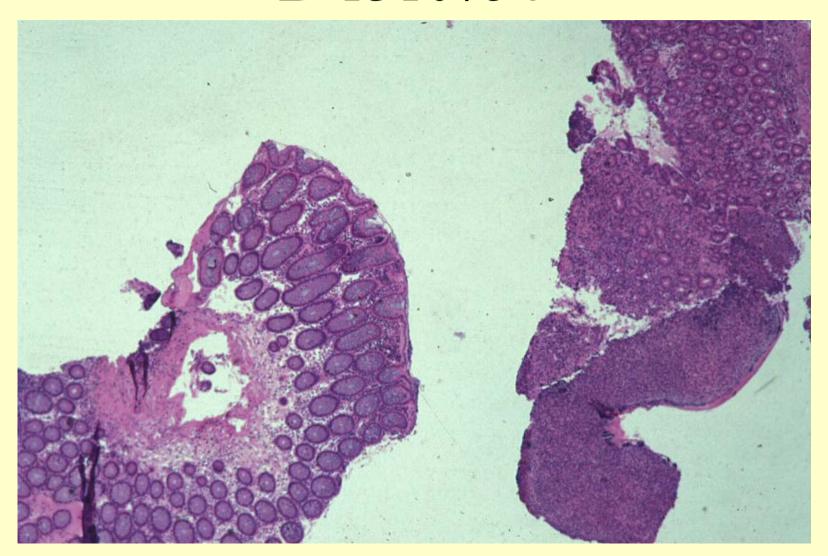
- Craninx M, D'Haens G, Cokelaere K, Baert F, Penninckx F, D'Hoore A, Ectors N, Rutgeerts P, Geboes K. Crohn's disease and intestinal endometriosis: an intriguing coexistence. Eur J Gastroenterol Hepatol, 2000; 12: 217-221.
- Cappell MS, Friedman D, Mikhail N. Endometriosis of the terminal ileum simulating the clinical, roentgenographic and surgical findings in Crohn's disease. Am J Gastroenterol, 1991; 86: 1057-1062.
- Langlois NEI, Park MKG, Keenan RA. Mucosal changes in the large bowel with endometriosis: a possible cause of misdiagnosis of colitis? Hum Pathol, 1994; 25: 1030-1034.

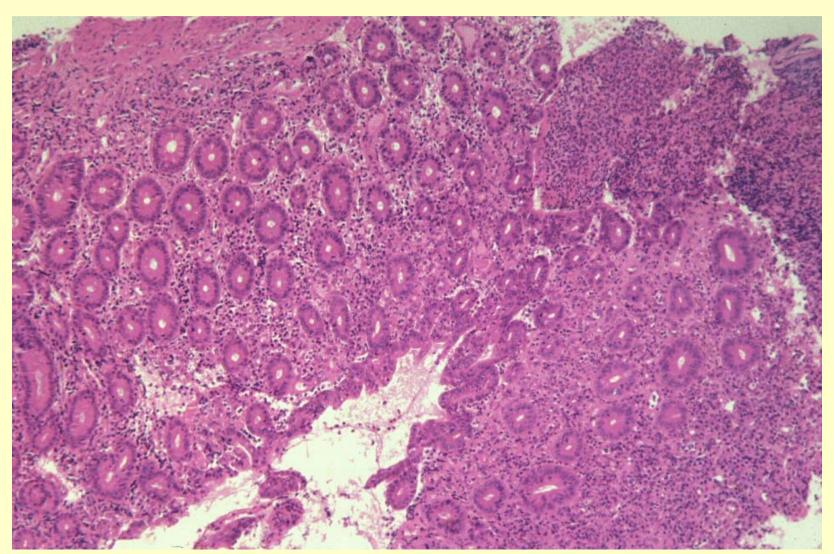
Case History B-1310754

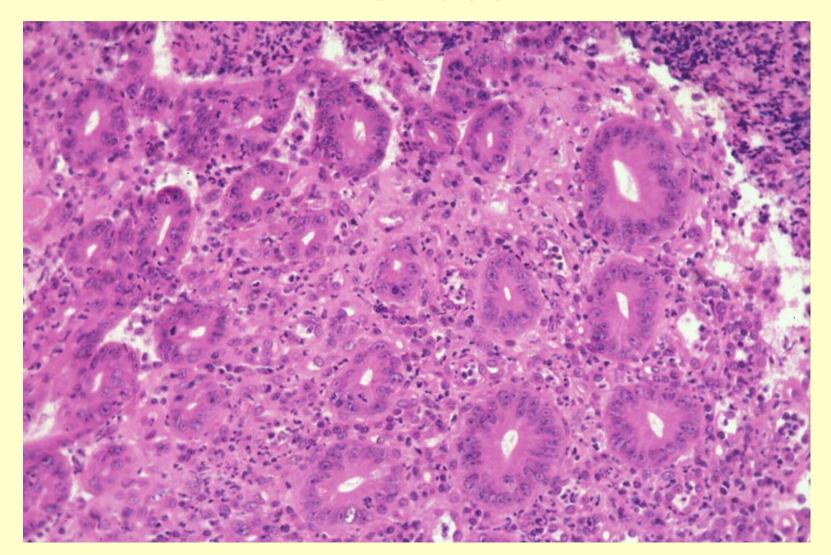
- Female patient °1967
- Clinical History: crampy abdominal pain and diarrhea
- Endoscopy: various small rounded erosive lesions normal intervening mucosa
- Infection or Crohn's disease

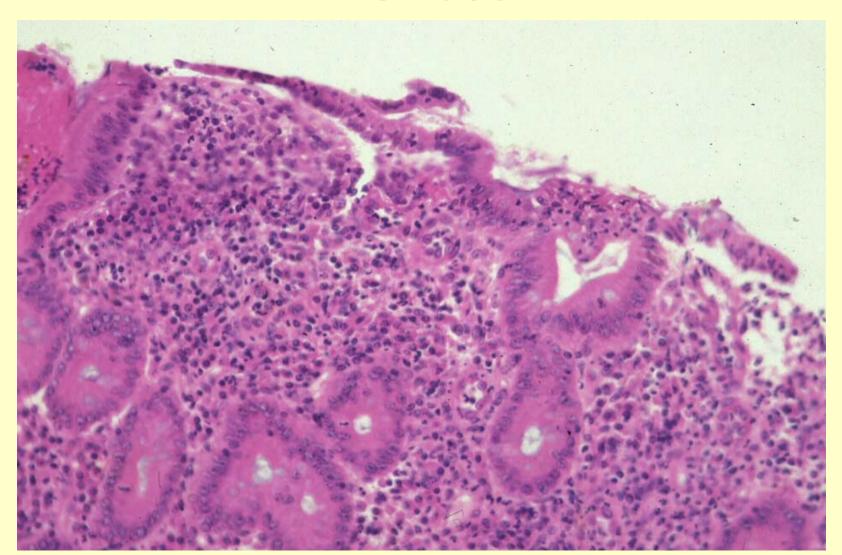
Endoscopy











Pathology B-1310754

- Three samples
 - One: necrotic material & granulation tissue
 - One: transmucosal, patchy inflammation
 - One: oedema; near normal crypt architecture

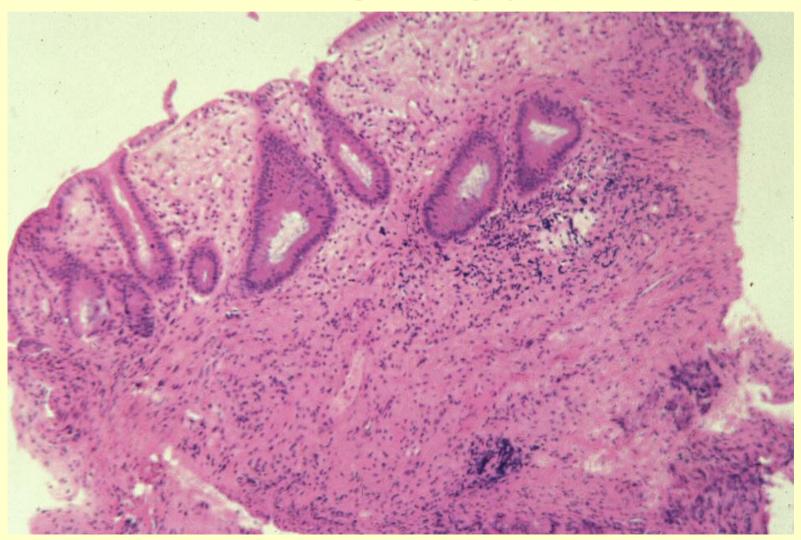
Infection (drug-related)
lack of architectural abnormalities
no positive arguments for Crohn's

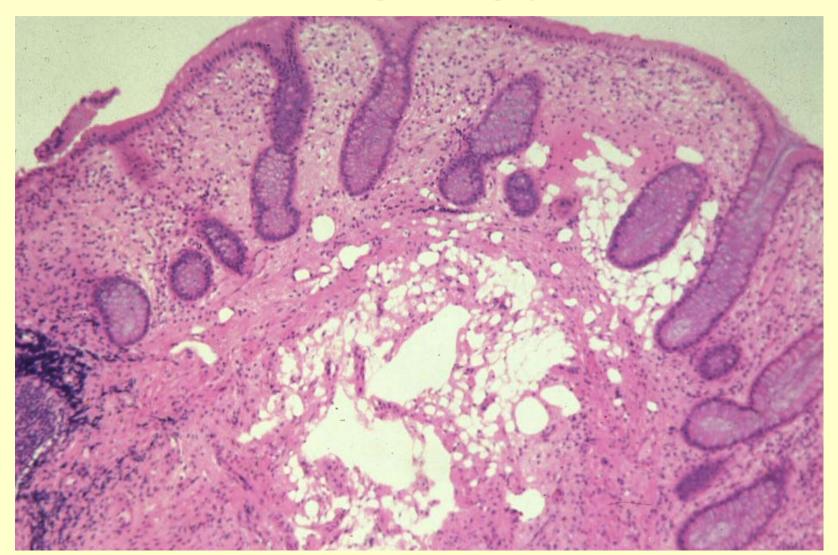
Case History B-1342130

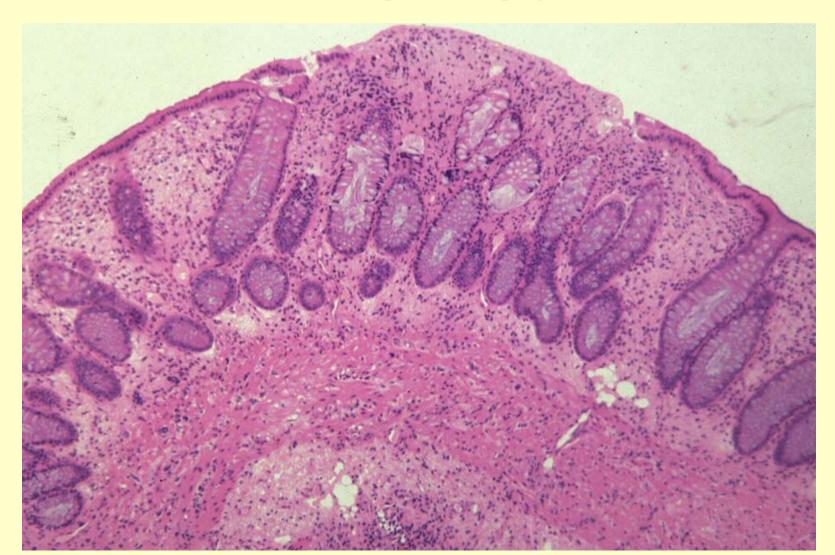
• Female patient

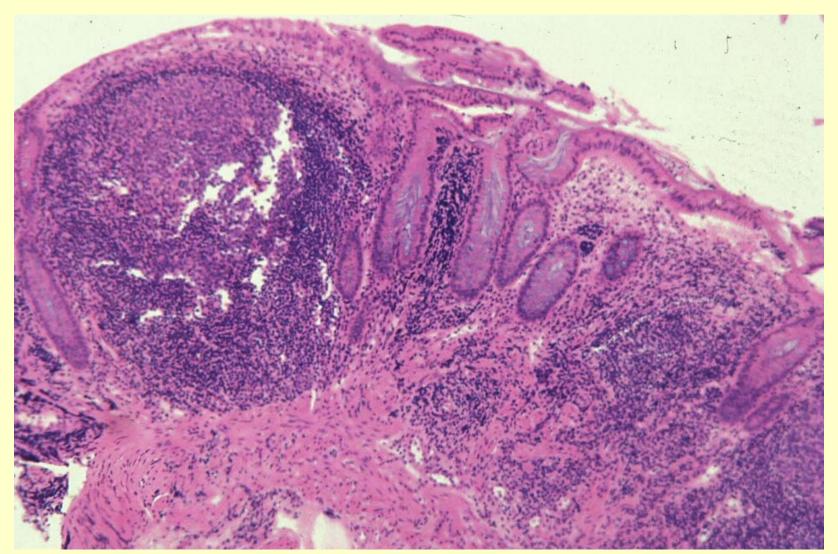
- °1974
- Clinical History: episodes of bloody diarrhea
- Endoscopy
 - Loss of haustrations
 - Mild erythema in the rectum











Pathology B-1342130

- Multiple biopsies variable aspect
 - Inflammation: minimal
 - Discontinuous crypt architectural abnormalities
 - Mildly irregular glands
 - Occasional branching
 - Thickening of muscularis mucosae
 - Lipomatosis

Diagnosis - B-1342130

Discontinuous abnormalities > IBD

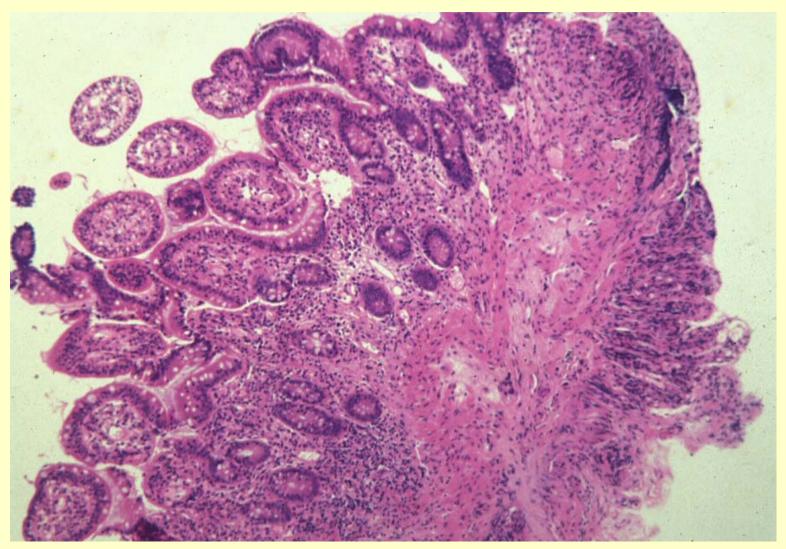
Ulcerative colitis – quiescent

Kleer CG, Appelman HD. Ulcerative colitis: patterns of involvment in colorectal biopsies and changes with time. Am J Surg Pathol, 1998; 22: 983-989.

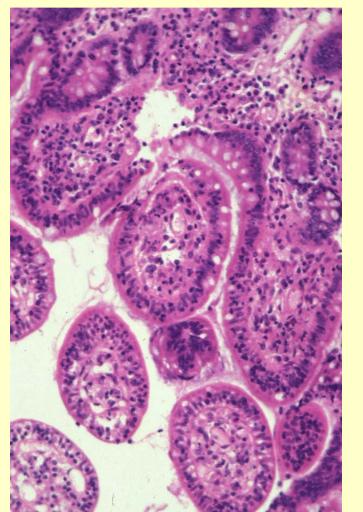
- Clinical history
 - Diagnosis of Ulcerative colitis established in 1988
 - Long term treatment with corticosteroids and 5 ASA
 - Control colonoscopy: surveillance

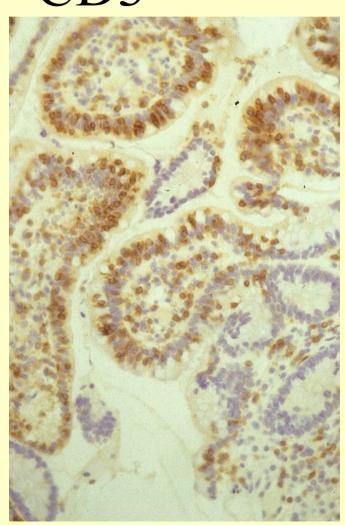
Case History B-1337916

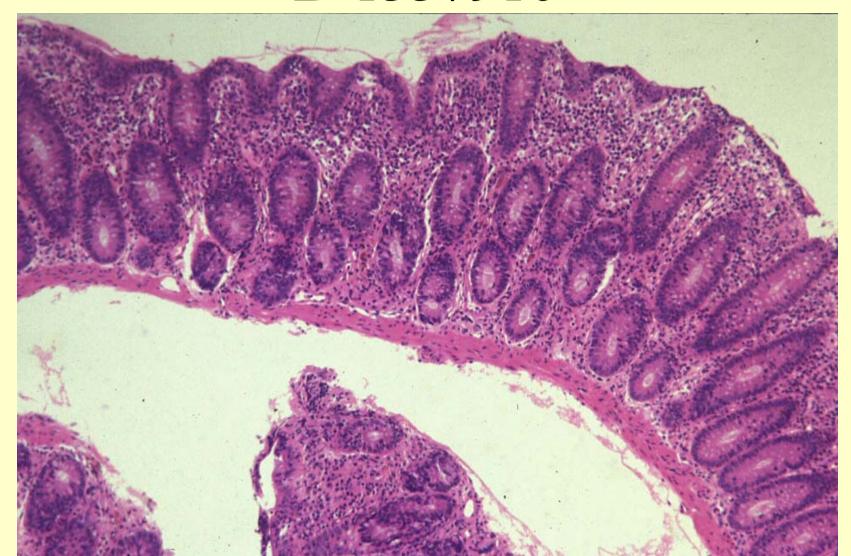
- Female patient °1944
- Clinical History
 - Stenosis of a renal artery and the celiac trunk
 - Arterial hypertension
 - Migraine
 - Treatment: Cafergot, omeprazole, tiberal, plavix (clodipogrel)
 - Current complaints: headache and diarrhea
- Endoscopy: Ischemia? > normal aspect



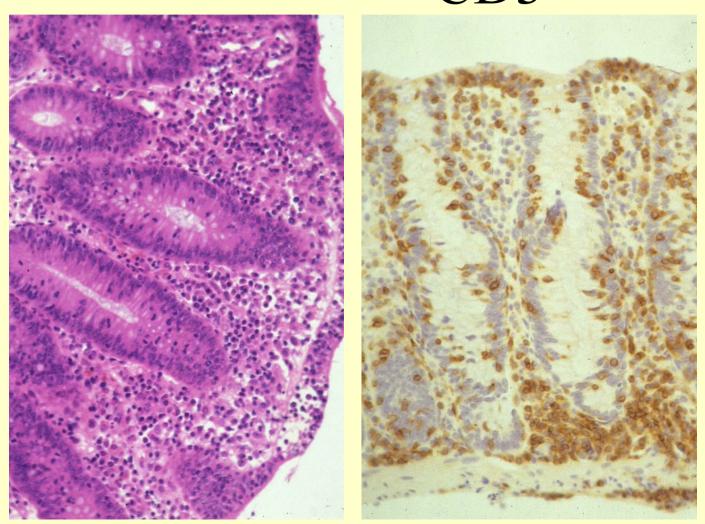
B-1337916 CD3







B-1337916 CD3



Diagnosis B-1337916

Microscopic – Lymphocytic ileocolitis

- Drug-related?
 - Clodipogrel (Plavix) belongs with ticlodipine to thienopyridines
 - -> 30 cases of lymphocytic colitis have been reported for ticlodipine

Diagnosis B-1337916

- Lymphocytic colitis
 - Etiology Unknown multifactorial
 - Drugs (at least 16 drugs have been associated with)
 - Ticlodipine, Cyclo 3 fort; lansoprazole, cimetine, NSAID
 - Infections
 - Gluten
 - Autoimmune (?) no antibody detected yet

Diagnosis B-1337916

- Lymphocytic colitis & the small intestine
 - The number of IEL is significantly increased in the terminal ileum in patients with LC and collagenous colitis
 - Case reports of patients with microscopic colitis and (primary) ileal villous atrophy
 - Duodenal abnormalities in 70% of patients with microscopic colitis (7% positive for antiendomysial antibodies)

Lymphocytic Colitis

- Sapp H, et al. The terminal ileum is affected in patients with lymphocytic or collagenous colitis. Am J Surg Pathol 2002; 26: 1484-92
- Padmanabhan V, et al. Histopathological features of the terminal ileum in lymphocytic and collagenous colitis: a study of 32 cases and review of the literature. Mod Pathol 2003; 16: 115-9
- Marteau P, et al. Primary ileal villous atrophy is often associated with microscopic colitis. Gut; 1997: 41: 561-

Case History B-1318690

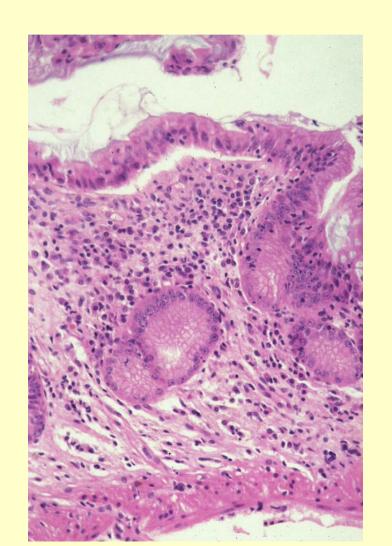
- Male patient °1933
- Clinical History: Renal transplant patient presenting with diarrhea
- Endoscopy: mild erythema and superficial erosions
 - Infectious colitis CMV
 - Ischemia

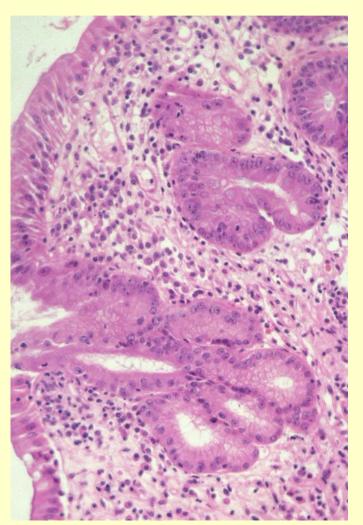
Pathology B-1318690

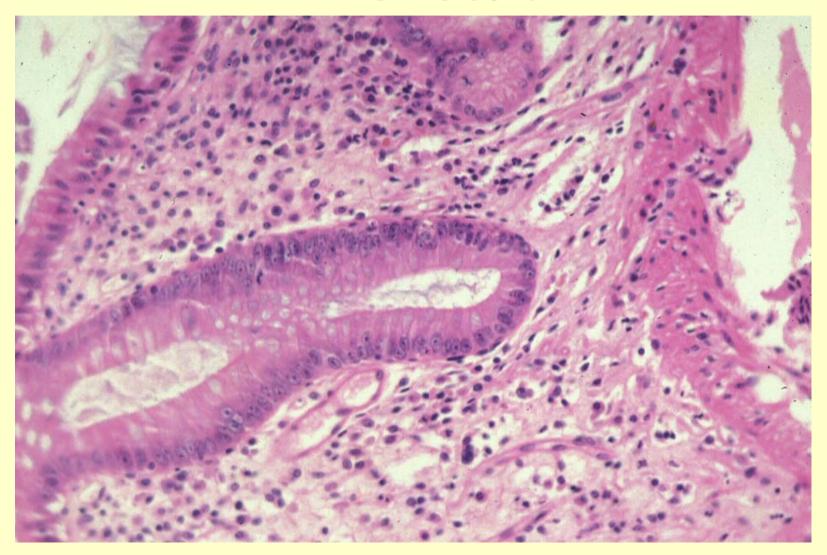
Pathology

- Seven or eight samples with variable aspect;
 some samples show diffuse architectural abnormalities shortening branching & discontinuous inflammation
- Discrete epithelial apoptosis
- Mild pseudopyloric metaplasia









Diagnosis B-1318690

Drug-related colitis – Mycophenolate – mofetil

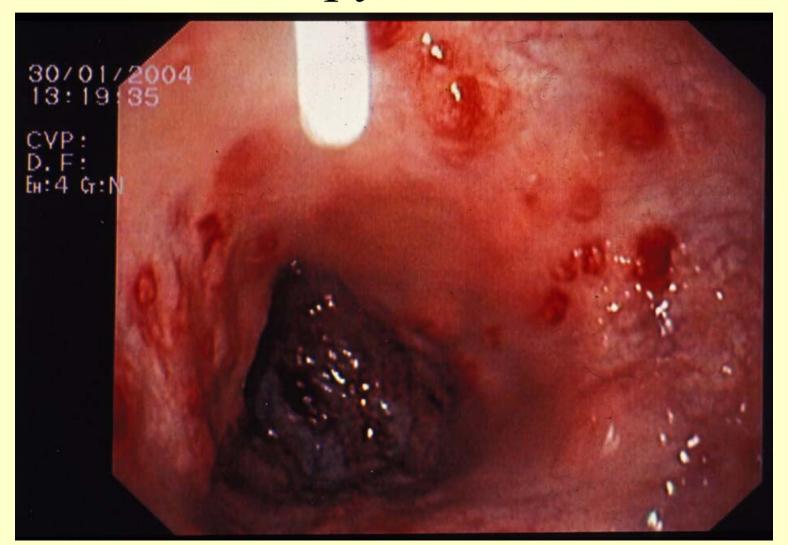
- Mycophenolate mofetil inhibits inositolmonophosphate dehydrogenase (IMPDH) which is needed for the guanine synthesis in B- and Tlymphocytes.
- Impairs colonic healing
- Crohn's-like pattern and Graft-versus-host disease like patterns have been described in renal transplant patients presenting with diarrhea

- Zeeh J, et al. Mycophenolate mofetil impairs healing of left-sided colon anastomosis. Transplantation 2001; 71: 1429-35
- Maes BD, et al. Erosive enterocolitis in mycophenolate mofetil treated renal transplant recipients with persistent afebrile diarrhea. Transplantation 2003; 15: 665-72
- Papadimitriou JC, et al. Graft-versus-host-disease-like features in mycophenolate mofetil-related colitis. Transplant Proc 2001; 33: 2237-

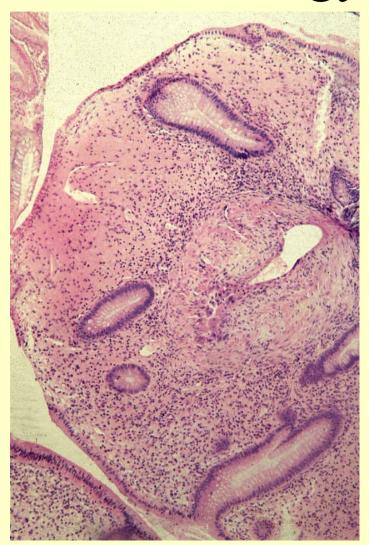
Case History B-1327885

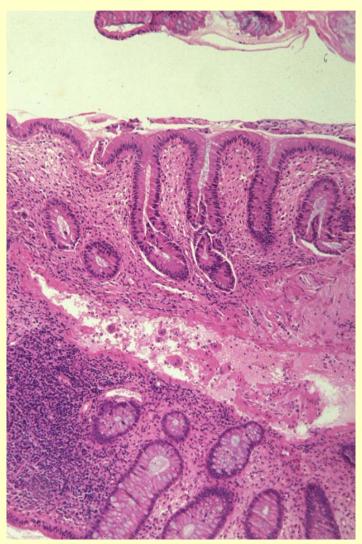
- Male patient °1939
- Clinical History
 - Prostatectomy 2000; low-grade PIN
 - Present complaints: difficult defecation; changes in bowel habits
- Endoscopy: from 15-35 cm nodular mucosa with oedema and erosions: colitis! Etiology?

Endoscopy B-1327885



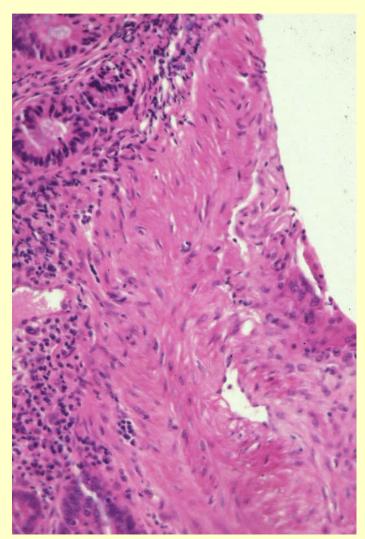
Pathology B-1327885





Pathology B-1327885





Diagnosis B-1327885

Pneumatosis coli

- Pneumatosis coli in ulcerative colitis?
 - Follow up : uneventfull
 - Mild architectural distortion of the overlying mucosa was seen in 11/13 and 10/10 cases in 2 studies involving adult patients

Suarez V, et al. Arch Pathol Lab Med 1989; 113:898 Pieterse AS, et al. Hum Pathol 1985; 16: 683

 Cryptitis, crypt abscesses, crypt dilatation and rupture have been reported.

B-1327885 — Pneumatosis Coli

(Pneumatosis intestinalis – interstitial emphysema)

- Uncommon condition characterized by submucosal and/or subserosal gas cysts
 - 10-36 % of cases : colon alone (in 70% of these cases mainly left-sided)
- In approximately 85% of cases it is a manifestation of an underlying systemic of GI disease

B-1327885 — Pneumatosis Coli

- Major Systemic conditions associated with
 - Chronic pulmonary disease
 - Chronic hearth disease
 - Sclerodermia
 - Leukemia
- GI conditions associated with
 - Pyloric stenosis
 - Cholelithiasis

B-1327885 — Pneumatosis Coli & IBD

Association with Crohn's disease: rare

- Ghahremani G, et al. Pneumatosis coli in Crohn's disease. Dig Dis 1974; 19: 315-23
- Rienhoff WF III, & Collins NP. Pneumatosis cystoides intestinalis and regional enteritis. Ann Surg 1959; 159: 593-9

Pneumatosis may mimic IBD

Pieterse AS, et al. The mucosal changes and pathogenesis of pneumatosis cystoides intestinalis.
 Hum Pathol 1985; 16: 683-8

Pneumatosis and ulcerative colitis

$B-1327885 \\ Pneumatosis coli-Mucosal abnormalities$



B-1327885 — Pneumatosis Coli & IBD

Pneumatosis and ulcerative colitis: rare — in adults in patients with severe disease and focally necrotic colon

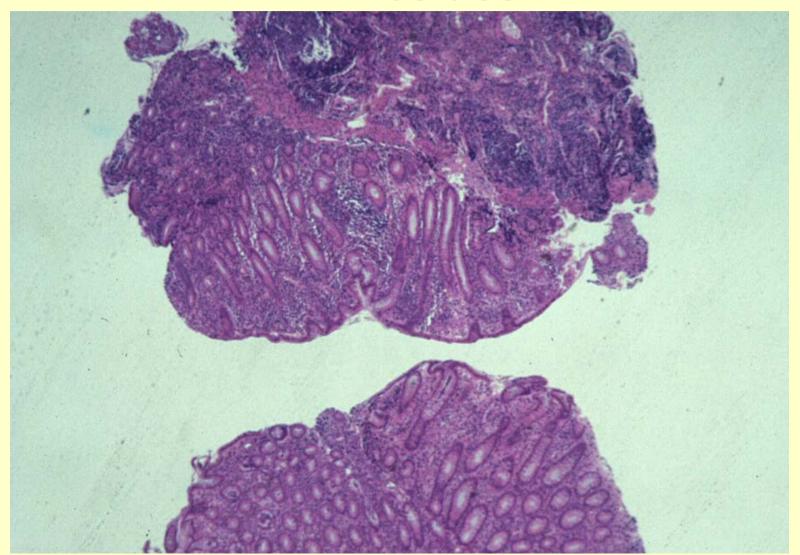
- Solomon A, et al. Computed tomography demonstration of intramural colonic air (pneumatosis coli) as a feature of severe ulcerative colitis. Gastrointest Radiol 1987; 12: 169-71
- David O, & Jakate S. Pneumatosis intestinalis in a 6-year-old girl with ulcerative colitis. Arch Pathol Lab Med 1999; 123: 354-7

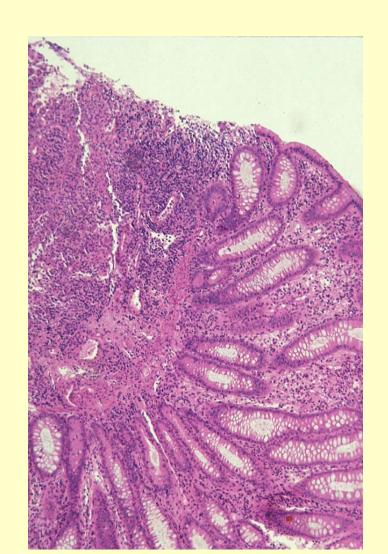
Case History B-1163083

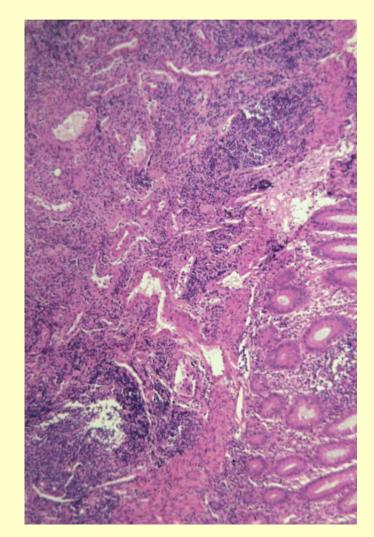
- Male patient °1973
- Clinical History: weight loss; anal fissure
- Endoscopy: several irregular ulcers in the left colon

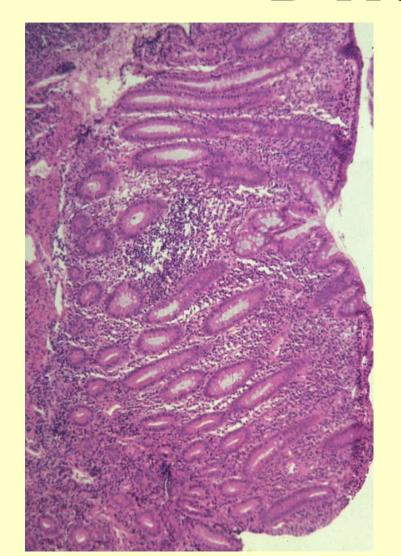
Case History B-1163083

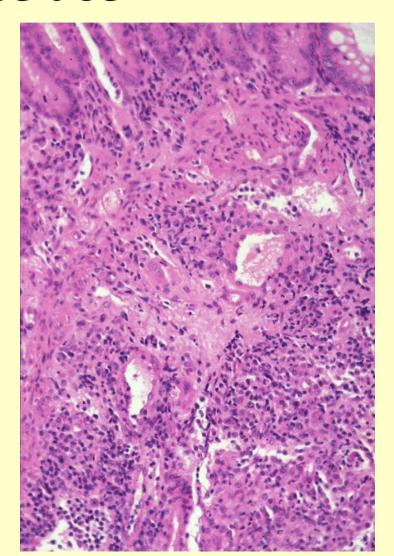
- Seven samples composed of mucosa with submucosa with mildly variable aspect
- Regular surface
- Mild focal crypt abnormalities?
- Well differentiated epithelial cells
- Increased intensity of lamina propria cellular infiltrate (mixed) with submucosal extension
- Ganglionitis?











Diagnosis - B-1163083

- Crohn's disease
 - Focal architectural abnormalities with mixed inflammation
 - ganglionitis