

## DIAGNOSIS

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### **Dr. Anna Pulimood Slide Seminar**

- 1: Herpes simplex esophagitis
  - 2: Autoimmune gastritis
  - 3: Chronic duodenitis with total villous atrophy
  - 4: Chronic ischemic enteritis
  - 5: Mild chronic active colitis with cryptosporidiosis
  - 6: Crohn's ileocolitis
  - 7: Ulcerative colitis with fulminant colitis or toxic dilatation.
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### **Dr. Anita Borges Slide Seminar**

- 1: Multiple carcinoid tumors in the stomach on a background of chronic atrophic gastritis with intestinal metaplasia & ECL cell hyperplasia.
- 2: Poorly differentiated adenocarcinoma of the stomach
- 3: Poorly differentiated adenocarcinoma of the stomach arising in the setting of chronic gastritis with intestinal metaplasia.
  - Microdular enterochromaffin – like cell (ECL cell) hyperplasia of the mucosa of the stomach.
- 4: Well differentiated neuroendocrine tumor
  - uncertain behaviour in the pancreas
  - Well differentiated neuroendocrine tumor with glandular differentiation (adenocarcinoid) uncertain behaviour in the stomach
  - Hemangiomas or metastases in the liver
- 5: Metastatic renal cell carcinoma in the region of the pancreas
  - Clear cell endocrine tumor of the pancreas associated with VHL ruled out by non-expression of Chromogranin A & synaptophysin
- 6: SPEN – solid pseudopapillary epithelial neoplasm of the pancreas
- 7: Alveolar rhabdomyosarcoma – perianal
- 8: Melanoma of anal canal region
- 9: Signet ring cell carcinoma – rectum
  - 2<sup>nd</sup> case – plasmablastic lymphoma – anal canal
- 10: High grade adenocarcinoma of the ovary
  - Secondary involvement of the sigmoid colon
- 11: Poorly differentiated adenocarcinoma of the appendix presenting as an ovarian carcinoma
- 12: Metastatic high grade adenocarcinoma to the spleen and the stomach, probably of ovarian origin.

- The colonic carcinoma may also have been a secondary from the ovarian tumor. Hence the patient did not respond to colonic type chemotherapy, the CEA was normal & the CA 125 was high.
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**Dr. Rajiv Swamy**

**I Upper GI slide seminar -**

- 1a) & 1b) Columnar lined esophagus.
2. Pulmonary small cell carcinoma metastases to stomach
3. Small bowel – Kaposi’s sarcoma and esophagus – plasmablastic variant of lymphoma  
Associated with HIV
4. Hamartomatous polyp causing small bowel Intussusception
5. Inflammatory fibroid polyp (IFP) of stomach, vanek polyp
6. Small Intestinal tumor with skeinoid fibres (SISTSF) with no malignant potential
7. Malignant gastrointestinal stromal tumor with intra-abdominal tumor seedlings in Omentum
8. Siewert type 1 Junctional Adenocarcinoma with no significant tumor regression post chemotherapy
9. Siewert type 2 Adenocarcinoma of junction with no tumor regression (post CT)
10. Primary Spindle cell sarcoma, NOS of stomach with widespread dissemination

**II COLO-RECTAL slide seminar**

- 1a) & 1b) Traditional (TSA) and Sessile (SSA) Serrated Adenomas
2. Complicated diverticular disease of large bowel with perforation, inflammatory adhesions with pelvic structures – ovary and fallopian tube
3. Neutropenic Colitis
4. Microscopic colitis
5. Fleet (Sodium phosphate NAP) induced colitis
6. Diversion proctitis with mimicry of IBD
- 7a) & 7b) Goblet cell and incidental Conventional Carcinoids
- 8a) Mucosal prolapse
- 8b) Adenocarcinoma of anal glands
- 9 Polyp cancer
10. Neoadjuvant therapy and colorectal carcinoma