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Gastrointestinal Slide seminar: Strangers in the gut

Chairs of the Session

Andrew Ruszkiewicz

SA Pathology, Lyell McEwin Hospital, Adelaide, SA, Australia

Richard Standish

Dorvitch Pathology, Geelong, VIC, Australia

Dilini Gunawardena

PathWest, Fiona Stanley Hospital, Murdoch WA, Australia

Keynote Speaker

Iris Nagtegaal

Radboud University, Nijmegen, The Netherlands

Case: 1.

Clinical History: Female, 78 years, no history of disease. Colonoscopy: sessile lesion in the ascending colon (15 mm), cold snare removal.

Case: 2.

Clinical History: Female, 60 years, sigmoid resection with 16 negative nodes after polypectomy of pT1 CRC one year before. Now colonoscopy with two polyps, one in the ascending colon and this polyp in the rectosigmoid.

Case: 3.

Clinical History: Female, 62 years, presenting with ileus and ascites. Stenosis at hepatic flexure.

Case: 4.

Clinical History: Male, 45 years, polyp sigmoid (after several low grade tubular adenomas in the history).

Case 5.

Clinical History: Female, 66 years, status after EMR (rectum) for low grade TVA, now in the scar endoscopic recurrence.

Case: 6.

Clinical History: Male, 76 years. Long history of rectal tubulovillous adenoma.

Case: 7.

Clinical History: Male, 44 years. Small polyp in the sigmoid.

Case: 8.

Clinical History: Female, 71 years. Positive FIT with RIP in transverse colon.

Case: 9.

Clinical History: Female, 54 years, positive FIT. Sigmoid polyp.

Case: 10.

Clinical History: Female, 83 years old. History of CRC. Now presenting with an RIP of the transverse colon and liver metastases. On biopsy diagnosis of squamous cell carcinoma.

Now resection.

