دانشگاه علوم پزشکی و خدمات بهداشتی درمانی اصفهان
دپارتمان گوارش گروه داخلی

انجمن متخصصان گوارش و کبد ایران
شاخه اصفهان

GI commission and grand round

۰۲/۰۲/۱۸

فهرست موارد ۱۸ فروردین ۱۴۰۲

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GI commission and grand round

۰۲/۰۱/۱۸

خانم ۵۴ ساله

- بیمار که بصورت اتفاقی در سونوگرافی شکم و لگن یه کیست کبدی به ابعاد ۶۵ میلمتر در لوب چپ کبدی یافت شده است که توصیه به سونوگرافی فالواپ شده است، در سونوگرافی بعدی بیمارکه به فاصله ۲سال انجام شده تعداد کیست ها افزایش یافته است و توصیه به سی تی اسکن شده
- سوال:ایا بیمار نیاز به اقدام تشخیصی درمانی دارد؟

Abdominal & Pelvis ultrasound :

Both kidnies show normal size, shape and position.
Rt kidney length is : 100 mm and Lt: 100 mm .
Cortical thickness and its echogenicity is normal.
Hydronephrosis , stone and sings of parenchymal disease are not seen.
Liver has normal size and parenchymal echogenicity.
Diameters of bile ducts, portal and hepatic veins are normal.
Gallbladder has normal wall thickness and biliary stone isnt seen.
There is a thin walled cyst (65 mm) containing a few thin septations in Lt lover lobe .
Spleen has normal size and echogenicity.
Visualized portions of pancreas and paraaortic regions are normal.
Ascities and mass lesion are not seen.

Uterine dimensions are 60 x 30 mm .
Myometrium is normal.
Endometrium is atrophic.
Ovaries couldnt be seen .
There isnt lesion in adnexes.
Bladder has normal wall thickness and there is no lesion in the pelvis.

Result :

- A thin walled cyst (65 mm) containing a few thin septations in Lt lover lobe

There are not any other lesions in abdomen and pelvis

PVR = 0

:Abdominopelvic M.D.C.T Scan with contrast

:Multisession / Multiplanar study reveal -

.Liver has normal size, shape & density with no biliary dilatation -

Multiple hepatic cysts with thin septa and without solid component in -
maximum size of 66*60 mm in left hepatic lobe and 26*23mm in right hepatic lobe
.are seen which compatible with simple cysts

.Spleen and pancreas are normal with no SOL -

.The kidneys are well opacified with normal nephrogram -

.Both adrenal glands are normal -

.No paraaortic adenopathy is present -

.Pelvic organs are normal -

.There is no abdominopelvic free fluid -

IMP: Hepatic simple cysts

Abdominal and pelvic ultrasound :

Both kidnies show normal size, shape and position.
Rt kidney length is: 100 mm and Lt: 100 mm.
Cortical thickness and its echogenicity is normal.
Hydronephrosis , stone and sings of parenchymal disease are not seen.
Liver has normal size and parenchymal echogenicity.
Diameters of bile ducts, portal and hepatic veins are normal.
Gallbladder has normal wall thickness (2 mm) and biliary stone isnt seen.
There are 5 thin walled anechoic cysts (65 , 32 , 22 , 12 and 10 mm) in liver .
Some cysts show thin septas .
Spleen has normal size and echogenicity.
Visualized portions of pancreas and paraaortic regions are normal.
Ascitis and mass lesion are not seen.
Uterine dimensions are 55 x 26 mm .
Myometrium is normal.
Endometrium is atrophic.
Ovaries couldnt be seen .
There isnt lesion in adnexes.
Bladder has normal wall thickness and there is no lesion in the pelvis.

Result :

- 5 thin walled anechoic cysts (65 , 32 , 22 , 12 and 10 mm) in liver .
Some cysts show thin septas

Hematology

CBC

Test	Result	Unit	Reference Value
.[WBC]	7.2	x10³/µL	4 - 11
.RBC	4.26	Mil/µl	4.1 - 5.1
.[Hb]	12.3	g/dl	12.0 - 15.5
.Hct	36.7	%	35.9 - 44.6
.MCV	86.2	FL	79 - 96
.MCH	28.9	pg	27 - 33
.MCHC	33.5	g/dl	32 - 36.5
.RDW	14.1	%	12 - 15
.[PLT]	195	x10³/µL	150 - 450
.MPV	11.3	FL	8.4 - 12.3
.%NEUT	**48.8 (L)**	%	**50 - 70**
.%LYMPH	**44.9 (H)**	%	**20 - 40**
.%Mix	6.3	%	1 - 14
.#NEUT	3.5	x10³/µL	1.9 - 8
.#LYMPH	3.2	x10³/µL	0.9 - 5.2
ESR 1hr	22	mm	0 - 30

Biochemistry

Test	Result	Unit	Reference Value
*B.U.N	13	mg/dl	9.8 - 20.0
Creatinine	1.0	mg/dl	0.7 - 1.3

Immunology

Test	Result	Unit	Reference Value
Hydatic Ab IgG	1.1	Ratio	Negative < 9
			Borderline: 9

Blood Biochemistry

Test	Result	Unit	Reference Interval
Fasting Blood Sugar	83	mg/dL	< 100 Normal 100 - 125 Impaired fasting glucose >126 Diabetic
Blood Urea Nitrogen	13.4	mg/dL	8 - 20
Creatinine	0.91	mg/dL	0.6 - 1.3
e.GFR	72	mL/min/1.73m2	eGFR using CKD -EPI
Triglycerides	90	mg/dL	Optimal : <150 Borderline high : 150-199 High: 200-499 Very High : >500
Cholesterol Total	200	mg/dL	Desirable : <200 Borderline high : 200-239 High : >240
HDL Cholesterol	68	mg/dL	High risk :<35 Low risk : >60
LDL Cholesterol	114.0	mg/dL	Optimal:<100 Near optimal/Above optimal ; 100-129 Borderline high :130-159 High :160-189 Very high: >190
VLDL Cholesterol	18.0	mg/dL	0 - 40
SGOT (AST)	10	U/L	Up to 32
SGPT (ALT)	8.0	U/L	Up to 31
Alkaline Phosphatase	180	IU/L	Female : 64 - 306 Male : 80 - 306

خانم ۳۶ ساله

- بیمار خانم ۳۶ ساله مورد بیماری کولیت اولسراتیو از حدود ۱۸ سال پیش که با توجه به سیر مقاوم به درمان بیماری (علی رغم مصرف منظم داروها از جمله مزالازین، ازارام و اینفلکسیماب) در سال ۱۳۹۵ تحت توتال کولکتومی قرار گرفته است.
- در سال ۱۳۹۷ با تشخیص کلانژیت اسکلروزان تحت درمان با اورسوفار قرار دارد، بیمار اکنون قصد بارداری دارد وجهت OK بارداری مراجعه کرده است.

Chief Complaint of the Patient History & Primary Diagnosis : شکایت اصلی بیمار و تشخیص اولیه:

Final Diagnosis: total colectomy تشخیص نهایی:

Medical & Surgical Procedures: Lab data: اقدامات درمانی و اعمال جراحی:

Results of Clinical Examination: آزمایشات پارا کلینیکی

Disease Progress (Cause of Death): سیر بیماری (درصورت فوت، علت مرگ):

Patient's Condition at the Time of Discharge: وضعیت بیمار هنگام ترخیص:

total colectomy

Recommendations After Discharge: توصیه های پس از ترخیص:

مرخص با شرح

Attending Physician's Name & Sign: نام و امضاء پزشک معالج

سونوگرافی کامل شکم رتروپریتوئن و لگن :

1. spanکبد در خط میدکلاویکولار نرمال است .اکوی پارانشیمال کبدی نرمال است .

تکسچر کبدی کمی courseاست. چک تستهای آزمایشات فانکشنال کبدی توصیه شد .

در پارانشیم کبد ضایعه فضاگیر مشهود نیست .

قطر ورید پورت نرمال میباشد.قطر CBD نرمال است .مجاری صفراوی کالیبر طبیعی دارد . کیسه صفرا به ابعاد 97*46mm محدوده حداکثر نرمال است و سنگ صفراوی دیده نشد.نمای سونوگرافی دال بر Cholecystitis وجود ندارد

2. طحال به ابعاد116*54mm نرمال فاقد sol وبا اکوی پارانشیمال نرمال دیده شد .
3. در حد حساسیت سونوگرافی در سر/گردن پانکراس و اثورت و پاراآئورت ضایعه ای دیده نشد
4. کلیه ها دارای حدود،شکل ،محل و ابعاد/ضخامت و اکوی کورتکس طبیعی هستند.

(RT.K= 108mm LT.K=110mm)

ضایعه فضاگیر solid دیده نشد .هیدرونفروز و یا علائم سنگ ادراری مشاهده نگردید .

ضخامت جداری مثانه نرمال است.در داخل مثانه سنگ و یا ضایعه فضاگیر مشاهده نگردید

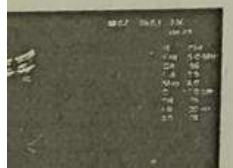
5. در بررسی حفره شکم و لگن مایع آزاد مشهود نیست .

در سونوگرافی رحم وضمائم :

- سایز رحم : 111*42*40mm محدوده حداکثر نرمال اکوژینسیتی : طبیعی
- میومتر : massمشاهده نشد .
- Endometrial thickening : 4mm در فاز : منسورال آندومتر : mass مشاهده نشد .
- تخمدان چپ به ابعاد 30*22mmحاوی فولیکول 13mm است .

تخمدان راست به ابعاد 35*24mm و هر دو تخمدان دارای استرومای اکوژن و فولیکولهای کوچک متعدد 5-10mm

د که می تواند مطرح کننده تغییرات PCOM (با مورفولوژی PCO)



نکسها ضایعه فضاگیر Cystic ویا Solid مشاهده نگردید .

MRCP & Abdomen

The study was performed in multiplannar views obtaining multiple pulse sequences.

Multiple on-off foci of narrowing and dilatations are seen in intrahepatic biliary ducts giving beaded appearance suggesting sclerosing cholangitis needs clinical and lab correlation. Common hepatic duct and choleduc are normal with no biliary stone and no neoplasia.

Gallbladder is also slightly dilated with no biliary stone and no evidence of acute cholecystitis.

No portal vein thrombosis is present.

Spleen and pancreas are normal with no S.O.L.

The kidneys are normal in size, shape and position with no hydronephrosis.

No paraaortic or paracaval adenopathy is present.

Conclusion:

Suggestive evidences of PSC as described above.

Blood Biochemistry

Test Name	Result	Unit	Reference Value	Me
Total Bilirubin	0.41	mg/dL	0.1-1.2	
Direct Bilirubin	0.26	IU/L	<0.3	
Indirect Bilirubin	0	U/L		
Indirect Bilirubin	0	mg/dL		
S.G.O.T. (AST)	17.7	U/l	Female:<31	
S.G.P.T. (ALT)	15.5	U/L	Female:<31	
Alkaline Phosphatase	131	U/L	64 - 306	
Fe (Iron)	50	µg/dL	23-134	
T.I.B.C.	358	µg/dL	230 - 440	
Ferritin	7.35	ng/ml	Male:16-220 Female:10-124 Newborn:22-220 1-2 Months:190-610 2-5 Months:50-220 6 Months-16 Y:10-160	

Hormone

Test Name	Result	Unit	Reference Value
TSH	3.13	µlU/ml	0.3-5

رنگ امیزی اختصاصی ،گروه ۲ رنگ امیزیها

EXE.Time 1398/03/05 09:52 Result.Time 1398/03/12 08:34 Print.time

Macroscopic رنگ امیزي اختصاصي ،گروه ۲

Received specimen consist six tubular soft tan pieces length 2-1-1-0.7-0.5-0.5 cm and 0.1cm in diameter.

Microscopic

Section show liver tissue contains 12 portal tracts with normal cytoarchitecture .Rare Inflammation of portal tracts was seen and Inflammation of parenchymas was not seen
On Masson Trichrome staining fibrous expansion of some portal tract was seen.

Diagnosis

Liver core needle biopsy:

-No steatosis
-No lobular inflammation
-Rare portal inflammation
-No bile duct injury
-Fibrous stage: 1/4

خانم ۶۱ ساله

- بیمار با سابقه کوله سیستیت (با علائم درد RUQوتندرس RUQوتب) و کوله سیستکتومی ۸سال قبل که در سال ۹۷ به دنبال بروز Abdominal pain در ناحیه RUQ و تب و ایکتر به بیمارستان مراجعه کرده که در سونوگرافی انجام شده:
- اکتازی مجاری صفراوی داخل کبدی
- CBD دیلاته با قطر ۱۲میلی متر
- سنگ دیستال CBD به قطر ۳میلی متر
- کبد دارای شکل و ابعاد و اکوژنیسیته ی نرمال
- کیسه صفرا در محل آناتومیک خود رویت نشد (کوله سیستکتومی قبلی)

- **در MRCP:**

- Mild intrahepatic bile ducts dilatation is seen.
- Mild dilatation of CBD is also noted (8mm)
- Small stone in CBD (4mm) is seen.
- Pancreatic duct is also mildly dilated without stone.

- **برای بیمار ERCP انجام شد:**

- Successful prophylactic plastic PD Stent placement was performed.
- Successful precut sphincterotomy was performed.
- Complete stone extraction (with balloon) was performed.

- مجددا در سال ۹۸ به دنبال بروز abdominal pain در ناحیه اپی گاستر و تب و ایکتر و تهوع و استفراغ بیمار بستری شده و در آزمایشات افزایش آمیلاز و لیپاز و ALT و AST وALKP داشته که با تشخیص Biliary pancreatitisتحتEUS قرار گرفته:

- Diagnosis : CBD sludge ball
- برای بیمار ERCPانجام شده:
- Excess amount of sludge was extracted. CBD washing by normal saline was done finally
- مجددا در تاریخ ۱۴۰۰/۸/۱۸ به دنبال بروز علائم کلانژیت برای بیمار MRCP انجام شده:
- Bilateral mild pleural effusion .
- Ascites
- Fluid in retroperitoneal space.
- Thing stone in CBD.
- Dilated pancreatic duct.
- Probably pancreatitis.

- در تاریخ ۱۴۰۰/۸/۲۰بیمار تحت EUSقرار گرفته:

- CBD stone.
- Surgically absent gallbladder.

- در تاریخ۱۴۰۰/۸/۲۴تحت ERCPقرار گرفته:

- Some sludge was extracted.

- مجددا در تاریخ ۱۴۰۰/۱۱/۱۰به علت بروز علائم مشابه اپیزودهای قبلی تحتERCPقرار گرفته که:

- IMP: successful removal CBD stone sludge.

- در سال ۱۴۰۱به دنبال بروزabdominal pain و ایکتر مجددا تحت ERCPقرار گرفته که:

- Sludge ball in CBD.
- Diagnostic &therapeutic operations: Complete stone extraction (with balloon)was performed.

- در تاریخ ۶/۲/۱۴۰۲به دنبال recurrent episodes of acute cholangitis مجددا تحت EUSقرار گرفته که:

- IMP:CBD sludge +Air artifact in CBD&PDD due to previous wide sphincterotomy
- ودر تاریخ ۹/۲/ ۱۴۰۲تحتERCPقرار گرفته که:
- Successful removal of small CBD stones & sludge.
- Possibility of choledocal cyst type I
- PMH :HTN, هایپوتیروئیدی و کوله سیستکتومی
- DH:Losartan, levothyroxine ,pantazole

علت طرح

- Hx of CBD & GB stones
- Hx of ERCP, Cholecystectomy
- Recurrent CBD stone & sludge
- R/o choledocal cyst type I

Reason for Examination
Abdominal pain of suspected biliary or pancretic origin, Cholestatic LFT Biological abnormalities, Jaundice,
CBD Stone(s) On Imaging.

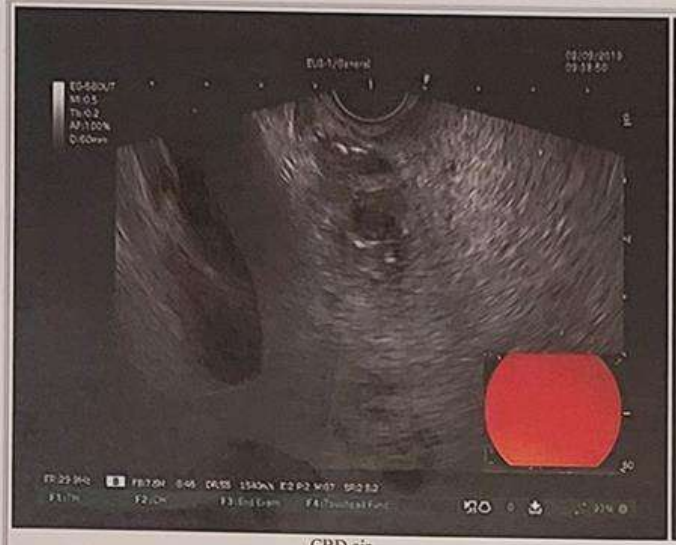
Premedication
Midazolam, Hyoscine, Xylocaine, Fentanyl, Propofol, / + Glucacone During procidure

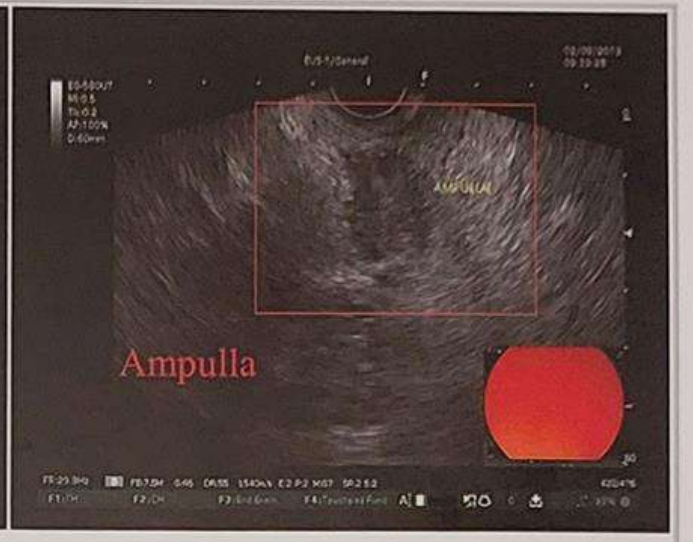
Description of procedure
cannulation of Bilary Duct using papillotome device after precut was done succssful and deep,
Opacification of bilary Duct was done successful and complete

Billiary System
Common Bile Duct, Common Hepatic Duct, Bifurcation, Left Hepatic Duct, Right Hepatic Duct and Intrahepatic duct Dilation were seen.

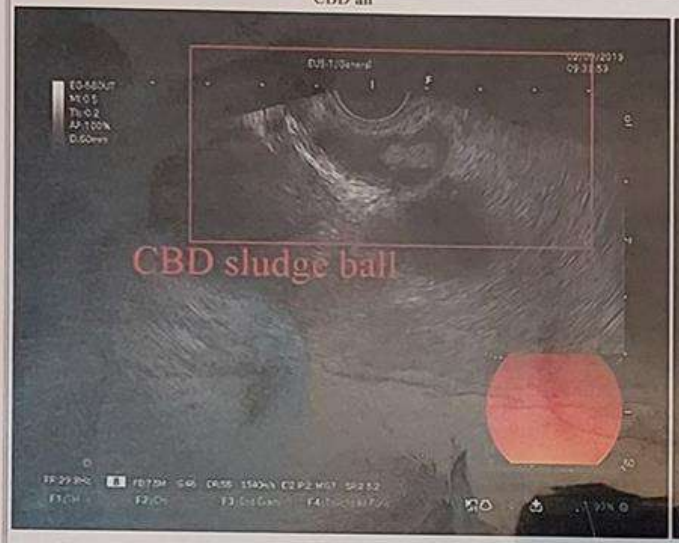
Gallbladder
No visualization (Cholecystectomy) was seen in Gallbladder.

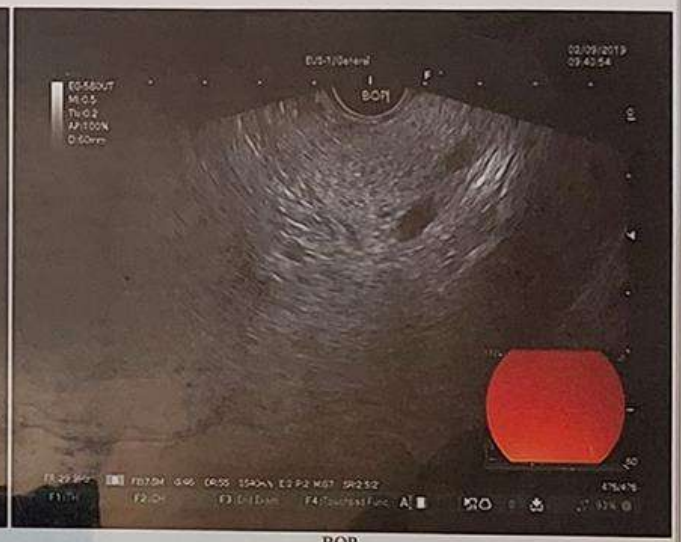
Diagnostic and therapeutic operations
Successfull Prophylactic plastic PD Stent placement was performed
Successful Pre Cut Sphincterotomy was performed,
Complete Stone extraction(with balloon) was performed,





CBD air





Reason for EUS : She has history of cholecystectomy and ERCP who is referred because of pancreatitis

Referring MD: Dr Mohammad Karami (With best regards)

...dation : By anesthesiologist

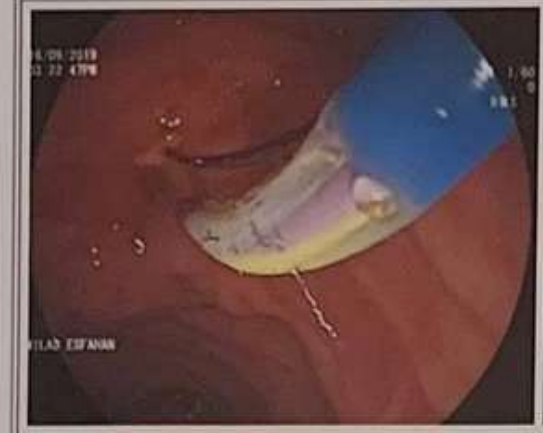
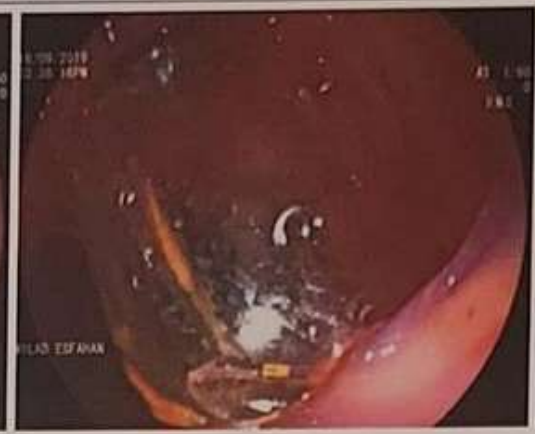
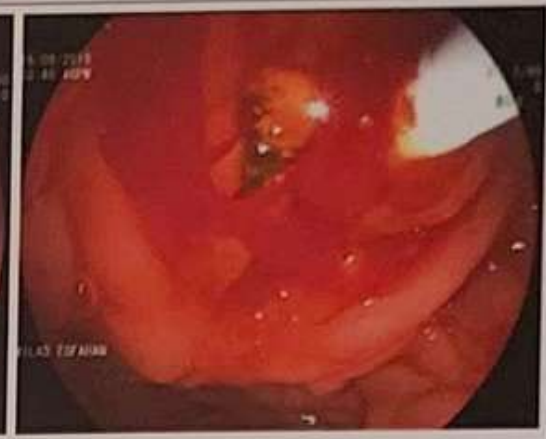
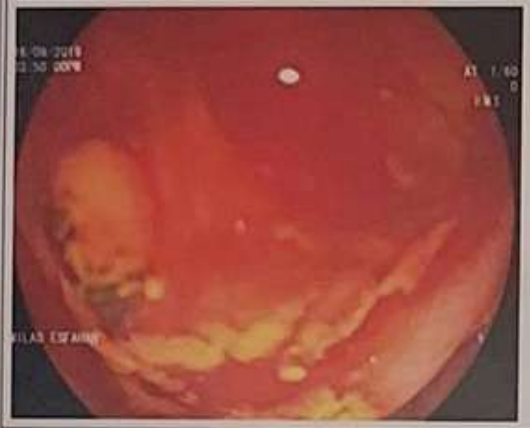
Pancr... ...ic echotexture was higher than renal cortex(fatty pancreas and changes due to recent pancreatitis)

CBD : CBD ...ured 9.3mm ... and co... three sludge balls

Gallbladder : Was not seen (surgi... bsent).

Diagnosis : - CBD sludge ball

Recommendation : - ERCP

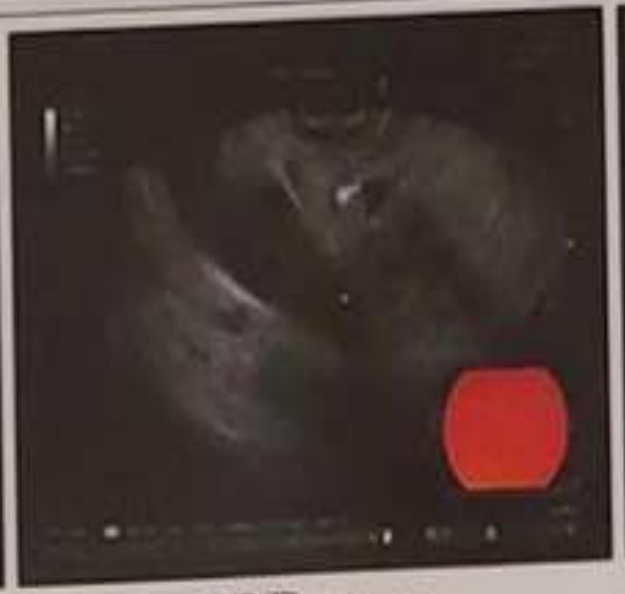
Reason for Endoscopy : Biliary pancreatitis + CBD sludge

Premedication : By anesthesiologist

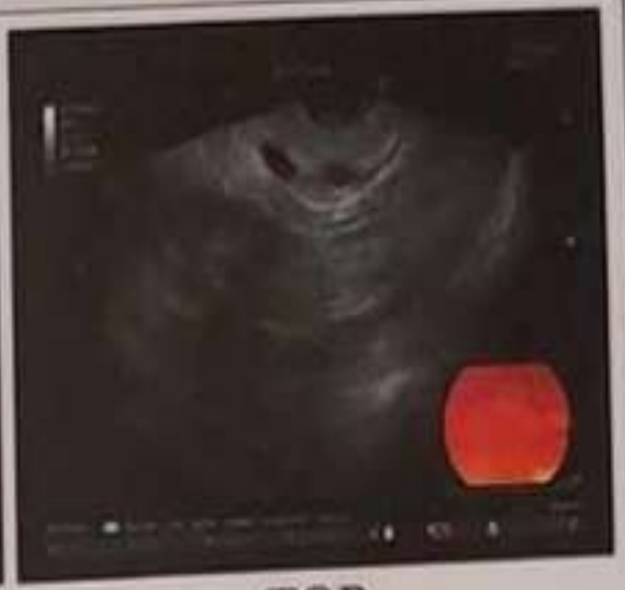
Description of procedure : After conscious sedation sideview scope was passed to D2. Normal looking papilla was seen. CBD cannulation was done. 20cc dye was injected. CBD was mildly dilated.. Standard sphincterotomy was done. The TTS balloon dilation with 8-9-10mm balloon performed. CBD was swept in three sessions. Excess amount of sludge was extracted. CBD washing by normal saline was done finally

cbd stone

BOP



CBD stone

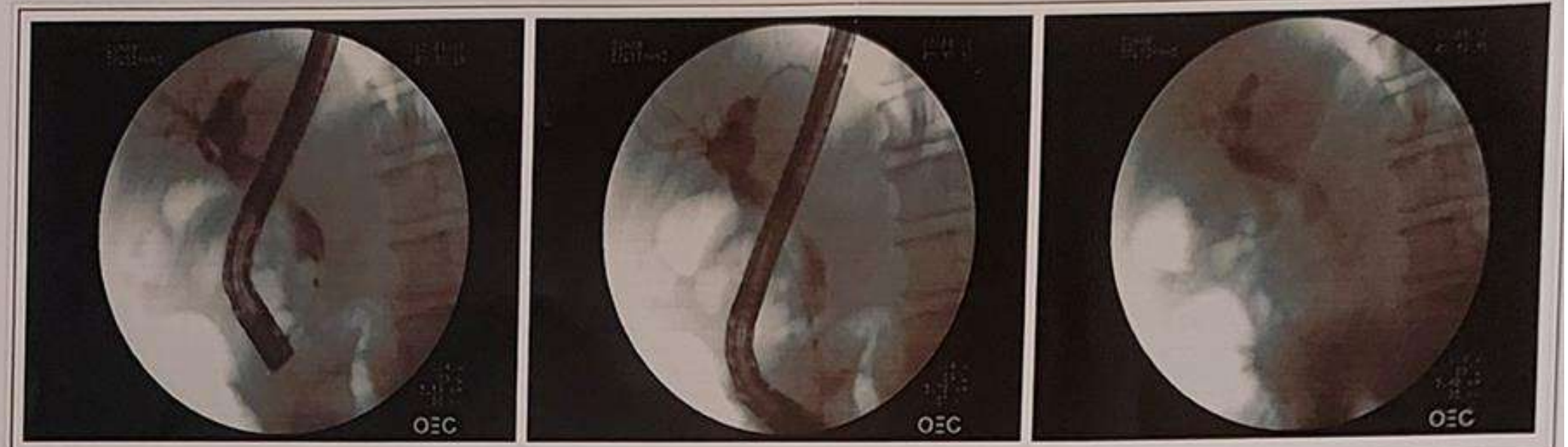


TOP

Biliary tract : CBD was normal .it measured up to 4 mm and contained small stone measuring up to 7 mm. gallbladder was surgically abscent

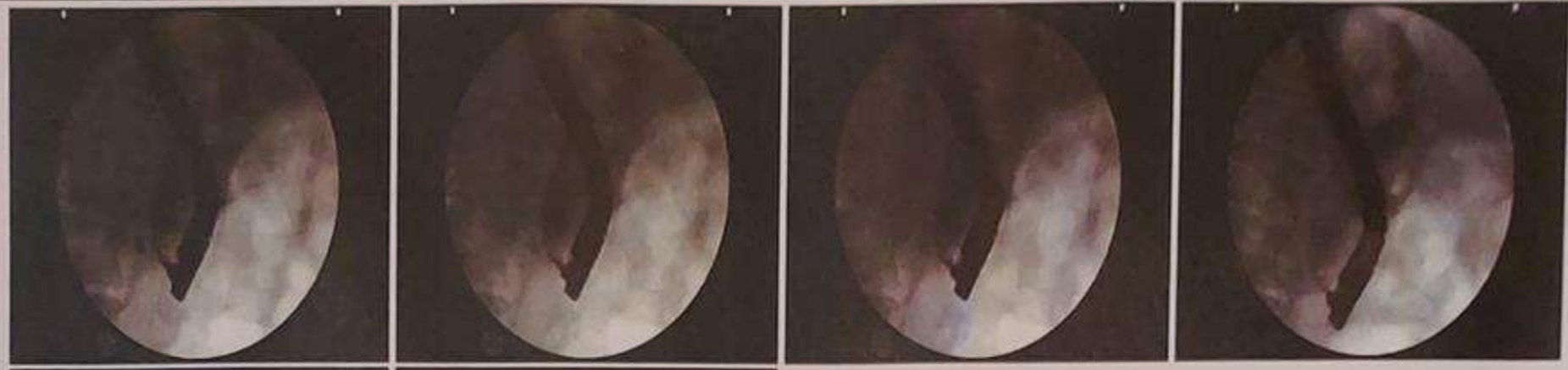
Pancreas : Pancreas was homogeneous PD was normal measuring up to 3 mm

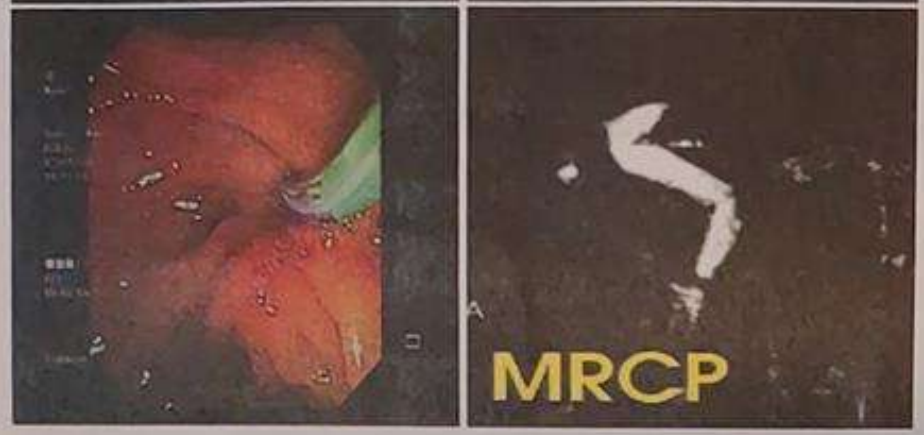
Diagnosis : CBD stone
surgically abscent gallblader



Discription of procedure : After conscious sedation ,scope introduced to mouth down to D2 ,papilla was normal with stigmata of previous sphincterotomy .after canulation and dye injection ,single small filling defect was seen , CBD was swept starting at bifurcation with balloon extractor .some sludge was extracted

Diagnosis : CBD sludge





Description of procedure

Informed consent was obtained. Both the patient and family were well informed (by physician) about the common complications and dangerous complications of the procedure (such as perforation, bleeding, pancreatitis and conscious sedation.

Papilla Major

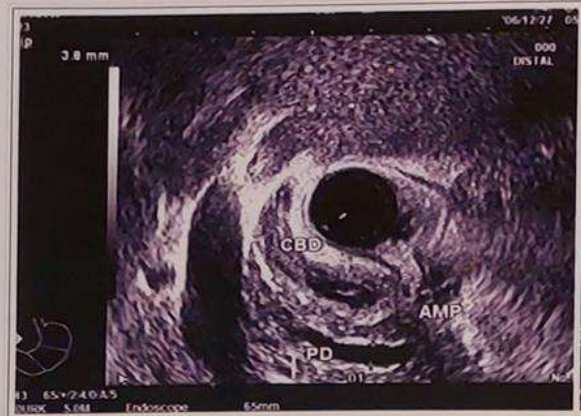
Evidence of previous Endoscopic Intervention with biliary Sphincterotomy type was seen in Papilla Major

Billiary System

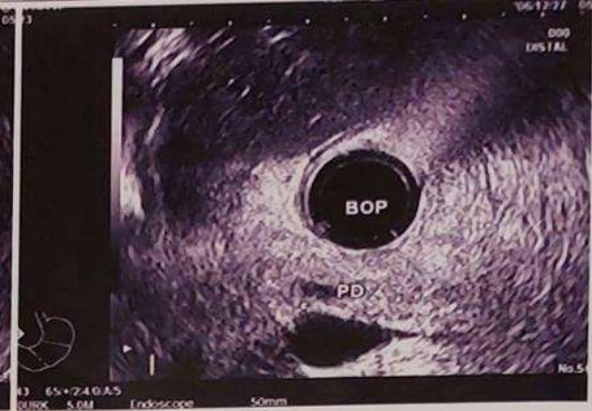
Common Bile Duct Dilation was seen,small Filling defect was seen in distal Common Bile Duct

Diagnostic and therapeutic operations

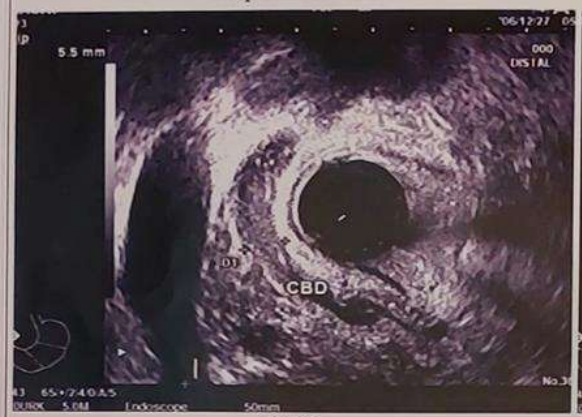
Complete Stone extraction(with balloon) was performed,



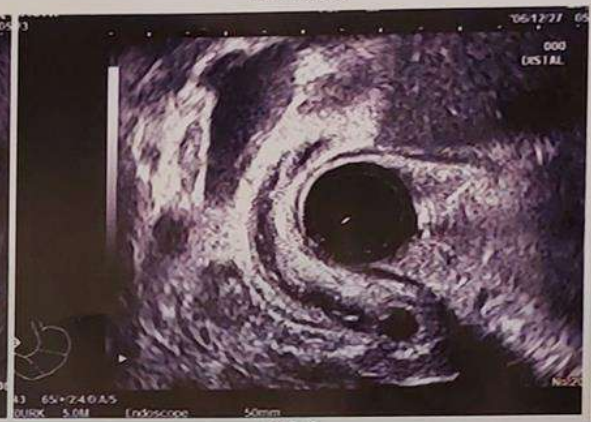
Ampulla of vater



Pancreas



CBD



CBD

Indication : Recurrent episodes of acute cholangitis , Hx of ERCP & sphincterotomy for CBD stone

Ampulla of Vater : Was Normal

Biliary Tract : CBD had normal diameter (5mm) & contained sludge & air artefacts (Due to previous wide sphincterotomy).

Gallbladder : Has been removed by surgery.

Pancreas : Pancreatic echotexture was Normal in uncinate, head, body and tail area .PD diameter was normal all the way from ampulla to the tail.(3.5mm inhead & 2mm in body &tail area). There was some air shadows within the PD too.

Great Vessels : No celiac LN

Mediastinum : No medistinal LN

آقای ۴۲ ساله

- بیمار بدون PMHکه از حدود ۲ماه پیش دچار رکتوراژی شده و بدون کاهش وزن و بدون درد شکم و بدون تغییر در اجابت مزاج
- ۱۴۰۱ /۱۲/۲۸کولونوسکوپی :

- Diagnostic &therapeutic operations:
- Colon polyposis recommendation : f/u pathology -genetic study
- پاتولوژی؛

- Descending colon biopsy:
- Tubular adenomatous with low grade dysplasia ,No evidence of stromal invasion
- Ascending colon biopsy: Tubular adenomas with low grade dysplasia, No evidence of stromal invasion
- Transvers & sigmoid colon &rectal biopsy: Tubular adenoma with low grade dysplasia, No evidence of stromal invasion

IHC

Results of immunohistochemical staining are as follow:

- MLH1: POS
- MSH2: POS
- MSH6: POS
- PMS2: POS
- Interpretation: No loss of nuclear expression of missmatch repair proteins (intact MMR)

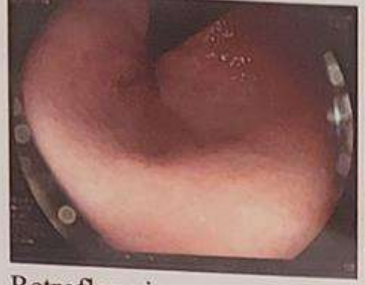
• مجددا در تاریخ ۱۲/۲/۱۴۰۲برای بیمار کولونوسکپی انجام شده که:

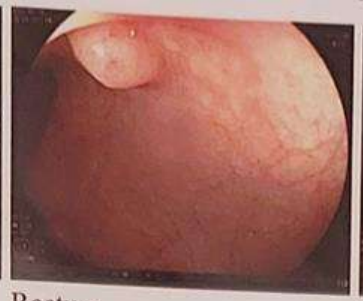
- Finding: There are lot of polyps >30 polyps in different size throughout the colon.
- A number of polyps in rectum, sigmoid, descending large semipedunculated (10mm) polyp of cecum
- Recommendation :pathology F/U, surgery consult

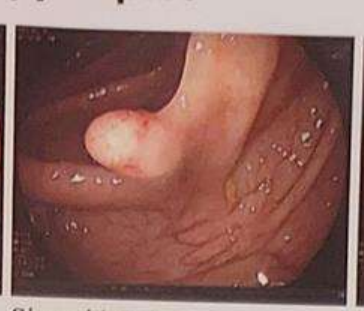
Hb:14/7	ALKP:169	Na:135
Mcv:82	Bili T:/8	K:4/2
Mch:29	Bili D:/2	LDH:314
Plt:168000	INR:1	AMY & Lipase: Nl
Alt:23	Ferritin:68	Calprotectin; Nl
Alt:19	Cr:1	S/E: Nl

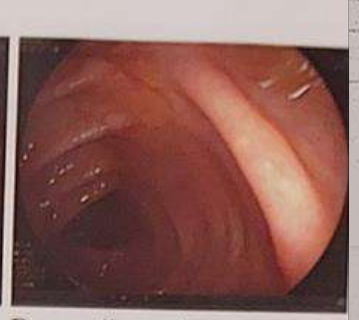
علت طرح

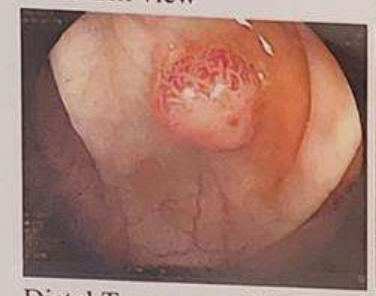
- بیمار مورد پولیپ های متعدد کولون و سابقه آدنوکارسینوم کولون با LAP ومتاستاز کبدی در خواهر بیمار و خواهر دیگر نیز پولیپ های متعدد کولون،
- با توجه به IHC، از نظر اندیکاسیون توتال کولکتومی یا جایگزینی کولونوسکوپی دوره ای و پولیپکتومی؟

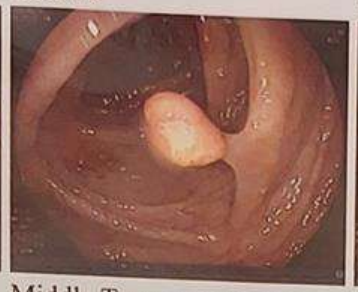

Retroflex view

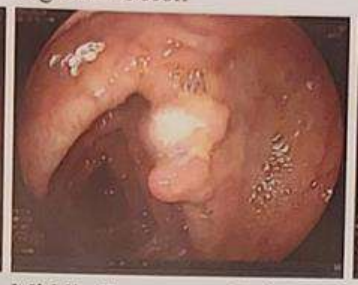

Rectum

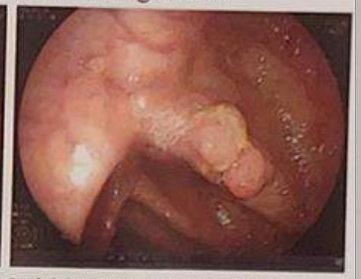

Sigmoid Colon

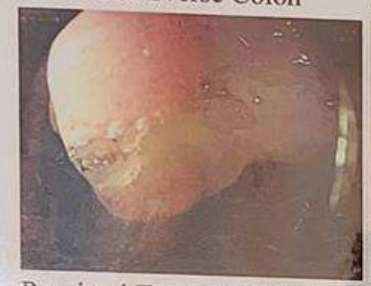

Descending colon

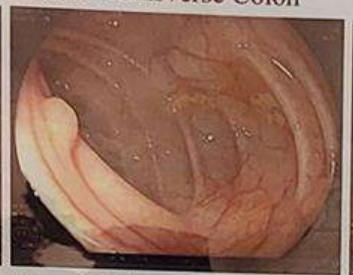

Distal Transverse Colon

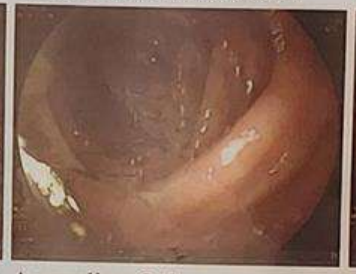

Middle Transverse Colon

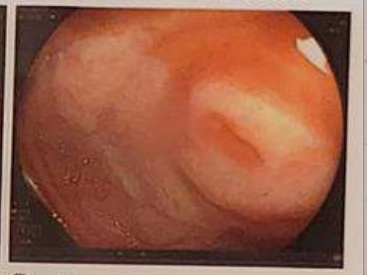

Middle Transverse Colon


Middle Transverse Colon


Proximal Transverse Colon


Hepatic Flexure


Ascending Colon


Cecum

Reason for co[illegible]: Rectal Bleeding/Hx of colon cancer in FDR
Premedication: Mida[illegible]olam 3mg
Description of procedure: Bowel prep was fair.The Scope was introduced up to the cecum.(BBPS R:2T;2L:2).There are mutiple colon polyps (>20) in different siz[illegible] throughout the colon.
Anus Retrovert: Internal hemorrhoid
Rectum: Multiple diminutive polyps were seen.removed with cold forceps
Sigmoid: See as above
Descending Colon: Multiple sesile polpys were seen. Some of them removed with cold forceps and cold snare
Transverse Colon: See as above
Ascending Colon: See as above
Cecum: NL

Specimen:

A: Descending colon biopsy (#1)
B: Descending colon biopsy (#2)
C: Ascending colon biopsy
D: Transverse colon biopsy (#1)
E: Transverse colon biopsy (#2)
F: Sigmoid polyps biopsy
G: Rectal polyps biopsy

Macroscopic: Received in seven containers of formalin were the following:
A: Labeled as "Descending colon", consisted of a fragment of tissue, measuring 5 mm.
B: Labeled as "Descending colon", consisted of 3 fragments of tissue, measuring 5 mm.
C: Labeled as "Descending colon", consisted of 3 fragment of tissue, measuring 5 mm.
D: Labeled as "Transverse colon", consisted of a fragment of tissue, measuring 5 mm.
E: Labeled as "Transverse colon", consisted of a fragment of tissue, measuring 5 mm.
F: Labeled as "Transverse colon", consisted of a fragment of tissue, measuring 5 mm.
G: Labeled as "Rectal polyp", consisted of a fragment of tissue, measuring 5 mm.

Diagnosis:

A,B: Descending colon biopsy (#1,2):
Tubular adenomas with low grade dysplasia, No evidence of stromal invasion

C: Ascending colon biopsy :
Tubular adenoma with low grade dysplasia, No evidence of stromal invasion

D,E: Transverse colon biopsy (#1,2):
Tubular adenomas with low grade dysplasia, No evidence of stromal invasion

F: Sigmoid polyp biopsy:
Tubular adenoma with low grade dysplasia, No evidence of stromal invasion

G: Rectal polyp biopsy:
Tubular adenoma with low grade dysplasia, No evidence of stromal invasion

Specimen: The sample submitted for IHC staining consists of one paraffin block labeled as 01-10262 which specified as "Transverse colon biopsy".

IHC MARKERS:

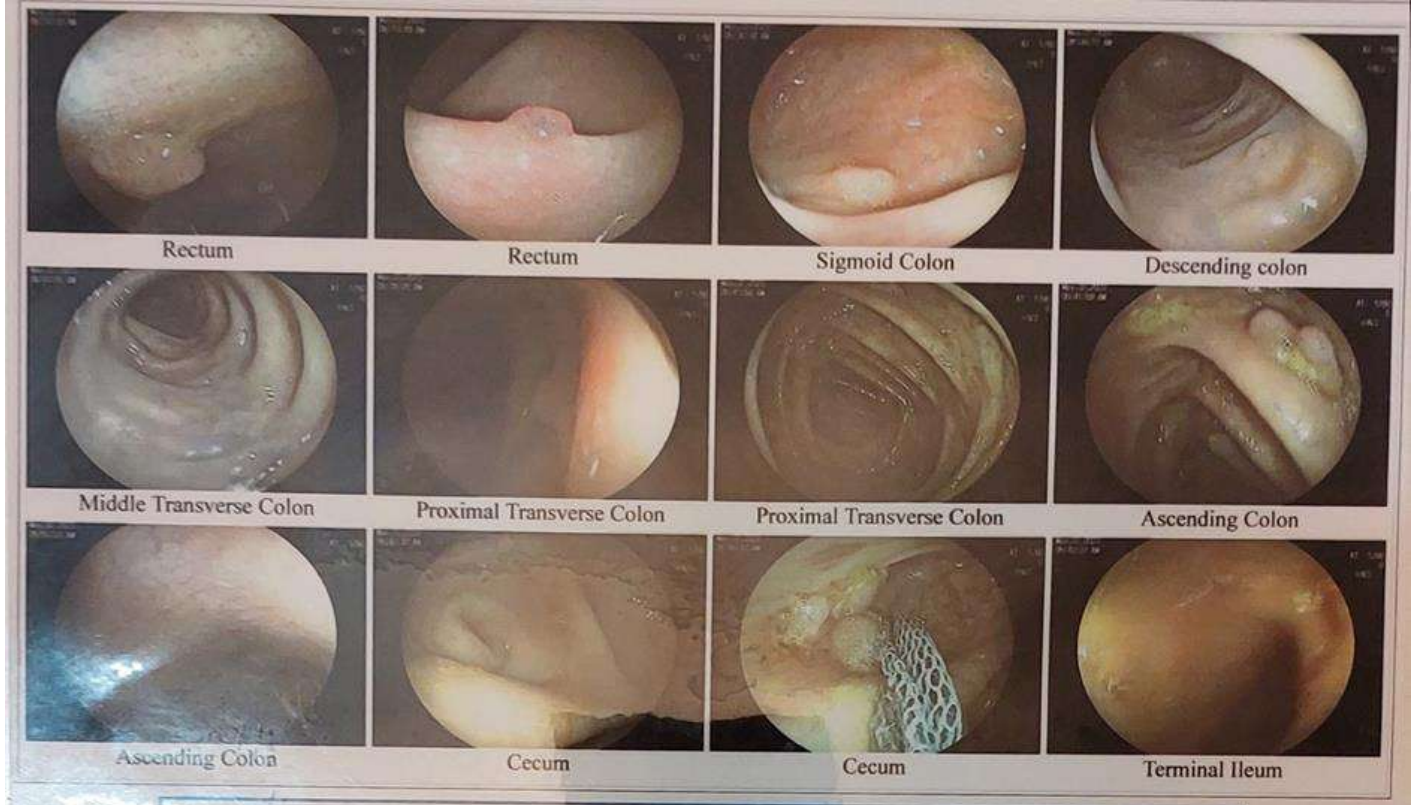
Results of Immunohistochemical staining are as follow:

MLH1: Positive
MSH2: Positive
MSH6: Positive
PMS2: Positive

Interpretation:

No loss of nuclear expression of mismatch repair proteins (intact MMR)

Comment: These results are in favor of low probability of MSI-H. However, about 5% of colorectal cancers with defective MMR (MSI-H tumors) show normal expression of MMR in IHC staining. Thus this pattern does not absolutely exclude the possibility of HNPCC.



Reason for Endoscopy : Polypectomy

Premedication : Midazolam 3mg

Description of procedure : Bowel preparation was optimal .The scope was introduced up to the Ileum terminalis.9BBPS R;2 t:2L:2)

Findings : There are lot of polyps >30 polysps in different size throughout the colon.A number of poolyps in rectum sigmoid descending and transveres , cecum were removed with cold snare and forceps.Also hot sanere polypectomy was performed for one the large semioedunculated(10 mm) polyp of cecum .

Retroflex View : Internal hemorrhoid

Rectum : See as above

Sigmoid : See as above

Descending Colon : See as above

Transverse Colon : See as above

Ascending Colon : See as above

Cecum : See as above

Terminal Ileum : Nl