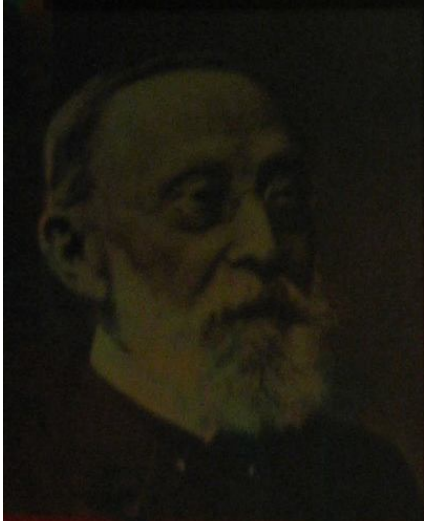


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Abstracts



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1.14±0.3 cm (Range: 0.5–1.7 cm). Identifiable common histological variations were marked foveolar hyperplasia (33.3 %), thick and irregular muscularis mucosa (23.8 %), prominent eosinophilic infiltration (38.0 %), intraepithelial lymphocytes (47.6 %), mild to severe stromal edema and congestion in all cases.

Conclusion: There exist a certain type of “unclassified/distal antral polyp” the most distinctive features of which are antral gland hyperplasia and hypertrophy of muscularis mucosa. The cases were discussed in respect to nomenclature and differential diagnosis from other benign polyps.

PS-01-011

Gastric Dieulafoy's lesion or caliber-persistent artery:

Report of two cases

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Objective: To present a vascular malformation of the gastrointestinal tract, incidentally diagnosed under microscope

Method: Two patients were hospitalized with hematemesis. Case 1 was a 62-year-old-male endoscopically diagnosed with chronic gastric ulcer for that laparoscopic suture was performed. Due to recurrent bleeding total gastrectomy was the treatment of choice but the patient died due to septic shock. Case 2 was a 75-year-old-male that underwent a Billroth-II gastric reconstruction for a peptic ulcer 38 years ago. At the present hospitalization, a stump gastric cancer was endoscopically diagnosed and total removal of the gastric remnant was performed, with favorable evolution

Results: In both cases 1 and 2, corresponding to the ulcerated lesion (case1), respectively near to the tumor, that was an early cancer (case 2), the histological examination revealed abnormally thick-walled enlarged vessels in the submucosa and muscularis propria, some of them being thrombotic. Focally, these oversized tortuous vessels protruded through the muscularis mucosae in the mucosal layer, some of them being eroded. Based on these characteristics and the hematemesis, the final diagnoses were fatal hemorrhage due to Dieulafoy's lesion (case 1) respectively early gastric stump carcinoma associated with Dieulafoy's lesion (case 2)

Conclusion: Dieulafoy's lesion is a vascular malformation that still remains largely undiagnosed

PS-01-012

Melatonin reduces intensity of morphogenetic signs of hyperacid gastritis, experimented on animals

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Objective: Study microscopic features of a mucous coat of stomach of the rabbits staying in the conditions of continuous lighting within 5-months and estimate the effect of melatonin injections course on intensity of morphogenetic symptoms of hyperacid gastritis.

Method: For 5 months rabbits were under constant illumination. Then eight of them received 10 injections of melatonin 2.5 mg/kg. 5 animals received 10 injections of saline. 5 rabbits of the same age were intact. Their gastric mucosa microslides were stained by galloxyanine (by Einarsson) for total nucleic acids. Parietal cells and their nuclei sizes, as well as the optical density of the main cell cytoplasm (Axiostar-plus-Zeiss) were determined.

Results: Experiment led to formation of chronic atrophic-hypertrophic gastritis with erosions, parietal cells hyperplasia. Course of melatonin injections resulted in a significant decrease in the number of parietal cells. There were the signs of decreasing morphofunctional activity and enhanced apoptosis of parietal cells. A major cell cytoplasm contains an increased amount of RNA (0,406±0,015 and 0,474±0,018 conditional units of optical density, $p \leq 0,05$).

Conclusion: Long permanent lighting leads to the development of chronic atrophic-hypertrophic gastritis in animals. The course of injections of night hormone melatonin causes improvement of morphofunctional pattern of mucous coat of stomach.

PS-01-014

H. pylori and chronic gastritis: A histopathologic study

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Objective: The aim of this study was to determine the level in the application of the Sydney Classification and to find out whether this grading system is reproducible in routine histopathological practice.

Method: Hematoxylen and Eosin, Alcian blue pH 2.5, PAS and Giemsa stained sections of 210 gastric biopsy specimens were evaluated. These were mucosa of antral biopsy, diagnosed as chronic gastritis during routine histopathological examination within April- May 2012. Each observer graded chronic inflammation, neutrophil leucocyte, atrophy, intestinal metaplasia and *Helicobacter pylori* density in the antrum on a scale 0–3. The measurement of on the histopathological grades was examined by “measures of agreement” and statistics respectively.

Results: It was found out that the proportion of overall agreement was on 19 % for atrophy, 17 % for lymphoid follicles, 67 % for neutrophil leucocyte, 15 % for intestinal metaplasia in the antrum.

Conclusion: In this study, it was found out that there was a suitable relationship between lymphocyte inflammation, neutrophil leucocyte and Hp. There was no relationship between Hp and glandular atrophy, intestinal metaplasia and lymphoid follicular formation. It was concluded that the results are in accordance with the reference generally. In conclusion, we are in the opinion that Sydney System is useful in diagnosing gastritis.

PS-01-015

Interobserver agreement of gastritis staging by OLGA and OLGIM system between general pathologists

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Objective: The aim of our study was to compare interobserver agreement in the staging of gastritis by OLGA and OLGIM system between the general pathologists.

Method: 839 patients undergoing upper endoscopy were enrolled in the study. Three general pathologists graded biopsy specimens according to the Sydney classification, OLGA and OLGIM staging system. Interobserver agreement was analyzed by kappa statistics.

Results: Overall, 280 (33.4 %) and 167 (19.9 %) patients were classified as stage I–IV according to OLGA and OLGIM, respectively. Interobserver agreement for atrophic gastritis was moderate in antrum and incisura angularis (respectively, kappa=0.53 and 0.57, $p < 0.0001$), but fair for atrophic gastritis assessment in corpus (kappa=0.38). However, interobserver agreement was almost perfect for intestinal metaplasia assessment both in antrum, incisura angularis and corpus (respectively, kappa=0.82, 0.80 and 0.81, $p < 0.0001$). The interobserver agreement for dysplasia was moderate (kappa=0.58, $p < 0.0001$).

Conclusion: Gastritis staging systems (both OLGA and OLGIM) convey prognostically important information on the gastritis-associated cancer risk. However, OLGIM staging system characterized with a highest interobserver agreement. Supported by ERDF Nr.2010/0302/2DP/2.1.1.1.0/10/APIA/VIAA/158.

PS-01-016

What summons eosinophils to gastric mucosa?

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Objective: The factors affecting eosinophil trafficking to Gastrointestinal tract, which shows a higher eosinophil density (ED) than many tissues, is not fully uncovered. We searched the relationship between ED and gastritis.