

University of Iowa Resident Teaching Session Answers

1. CMV colitis, in the setting of IBD and steroids

Learning point: in treatment refractory IBD, always get a CMV stain to exclude infection

2. Enterohemorrhagic E. Coli (EHEC) (Escherichia coli O157:H7)

Learning point: All "ischemic pattern colitis" is not regular ischemia. Certain infections can cause ischemia, as well as other etiologies.

3. Eosinophilic gastroenteritis confined to the muscularis propria

*Learning points: 1) If a specimen is unusual (e.g., a full thickness gut biopsy), look at the history.
2) Not all GI disease is mucosal.*

4. Granular cell tumor of the esophagus

Learning point: Things pop up in unusual places. Be a good general pathologist and look at all of the tissue.

5. Composite Gangliocytoma/neuroma and Neuroendocrine tumor (formerly, Gangliocytic paraganglioma)

Learning point: Rare things are out there, if you've never heard of it, you can't diagnose it! 😊

6. Invasive colon adenocarcinoma, invading through ganglioneuromatosis

7. Well-differentiated neuroendocrine tumor (WD-NET), arising in a tailgut cyst (retrorectal cystic hamartoma)

Bonus Cases: (if we have time, for funsies)

Bonus Case 1. Well-differentiated Neuroendocrine tumor, clear cell type, with a Serous Cystadenoma (potential VHL case)

Bonus Case 2. Clonorchis sinensis (Liver fluke) in bile duct

Bonus Case 3. Strongyloidiasis in the duodenum

Bonus Case 4. Congenital Hepatic fibrosis/Ductal plate malformation

Bonus Case 5: "Pseudoinvasion" in an adenoma