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GI PATHOLOGY UPDATE
E-SCOPE TO M-SCOPE
Glossary of Terms for Colonic Dysplasia

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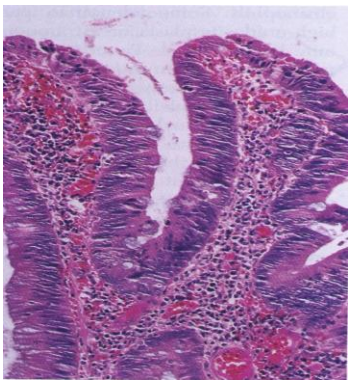

Figure 1

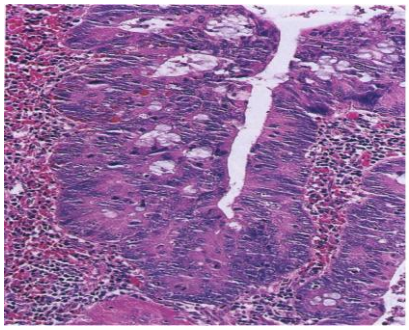

Figure 2

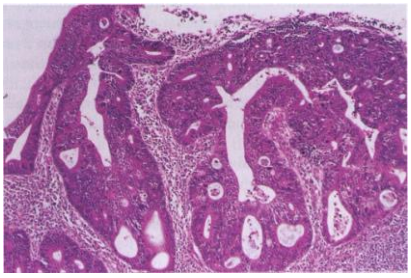

Figure 3

Our GI Pathology service is very proud of its close ties with our referring GI Endoscopy practices.

We consider clinicopathologic correlation and direct communication with the GI endoscopist a requisite to excel in our diagnostic service. Successful communication depends on a common "GI language" with shared terminology.

Therefore, we consider it appropriate to begin our GI Pathology Update with a glossary of terms for colonic dysplasia.

Colonic Dysplasia means a neoplastic alteration, microscopically evident by a combination of cytologic and architectural atypia.

Colonic Adenomas are, by definition, clonal proliferations of dysplastic/neoplastic colonic epithelium. The size of the adenoma is an independent predictor for either advanced adenomas or the presence of invasive carcinoma. Architecturally, they can present as tubular, tubulovillous or villous lesions.

Dysplasia in adenomas can be classified as either low grade or high grade based on its cytologic and architectural features.

High grade dysplasia includes severe dysplasia (Figure 1) and intraepithelial carcinoma (Figure 2)

Intramucosal adenocarcinoma is a diagnosis we reserve for adenomas with unequivocal evidence of lamina propria invasion or lesions with prominent expanding, and complex cribriform architecture highly suggestive of lamina propria invasion. (Figure 3)

Whenever we use the term intramucosal adenocarcinoma we emphasize the absence of an invasive component and indicate whether the lesion has been completely excised. To be able to adequately asses resection margins our specialized GI laboratory handles each polyp very carefully. The polyps resection margin is inked and its stalk, if present, is meticulously sectioned and embedded within the paraffin block

Familiarity with our diagnostic terms and specimen processing will enable the GI endoscopist to properly identify patients with advanced adenomas requiring different surveillance as recommended by the recently approved guidelines. (Gastroenterology 2006;130;1872-1885)

Figures 1-3 – Courtesy of Robert D. Odze MD, Chief, Gastrointestinal Pathology Service, Brigham and Women's Hospital, Harvard Medical School.