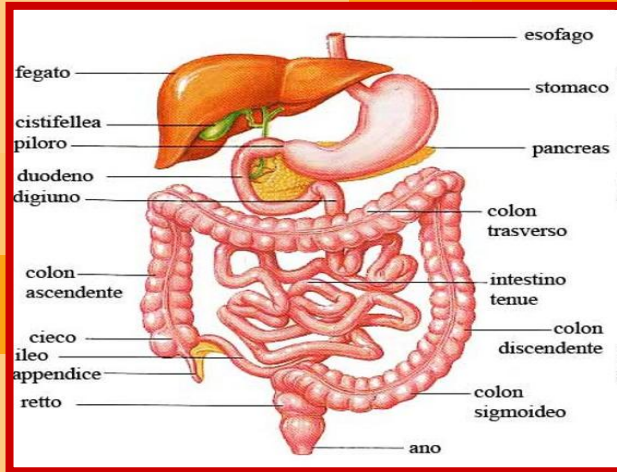


Università degli Studi di Ferrara

Corso di Laurea in Odontoiatria

Anno Accademico 2018-2019

Corso di Anatomia Patologica



Dr. Stefano Ferretti
Dipartimento di Morfologia, Chirurgia e Medicina sperimentale
Università di Ferrara

apparato gastroenterico
ileo-colon: lesioni reattive



ileo

ileo - anatomia



Ernie

- Inguinali
- Crurali
- Ombelicali
- Volvoli

Evoluzione

- Incarceramento
- Strozzamento
- Infarto
- Perforazione

Volvolo

Rotazione di un'ansa sul meso

Evoluzione

- Infarto
- Perforazione

Intususcezione

Invaginamento a telescopio di un'ansa intestinale favorita dalla peristalsi

Evoluzione

- Strozzamento
- Infarto
- Perforazione

Aderenze

Evoluzione

- erniazioni interne
- Ostruzione
- Strozzamento
- Infarto
- Perforazione

ostruzioni meccaniche

Patogenesi (≈ 80%)

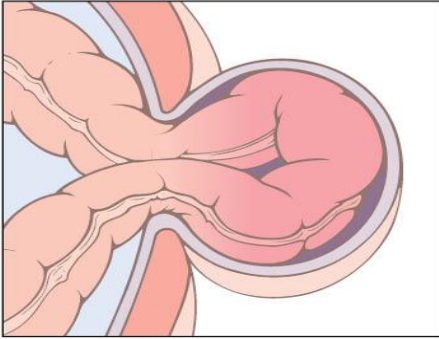
- Ernie
- Aderenze
- Intususcezioni
- Volvoli

Patogenesi (≈ 10-15%)

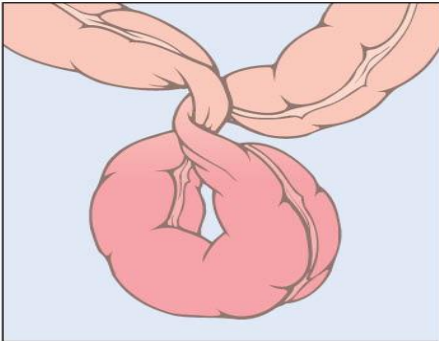
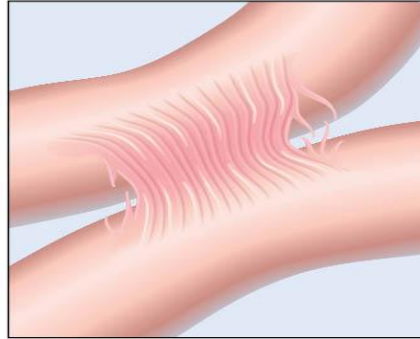
- Neoplasie
- Infarti

ostruzioni meccaniche

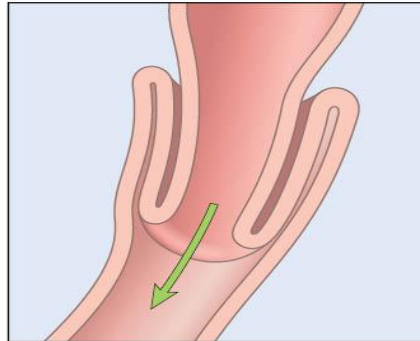
Herniation



Adhesions

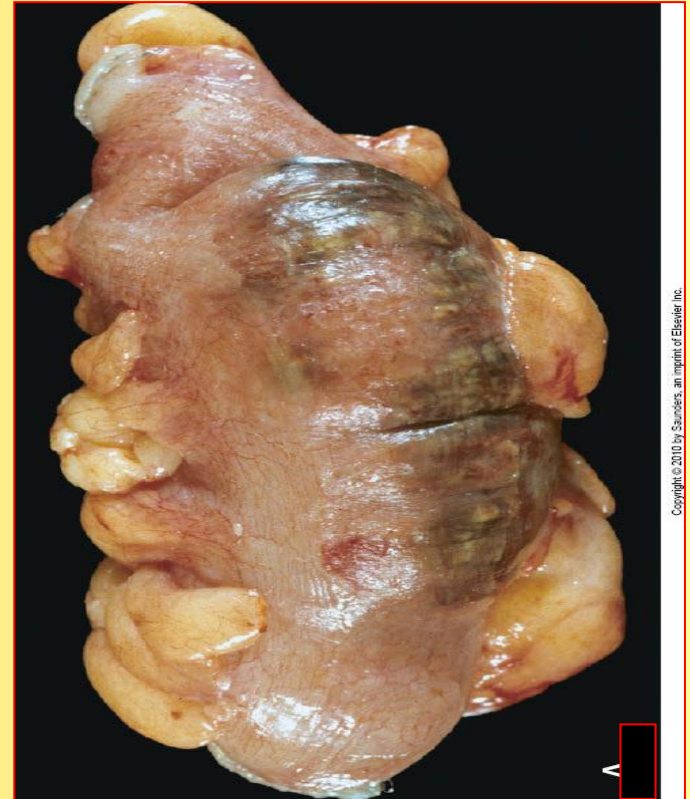


Volvulus



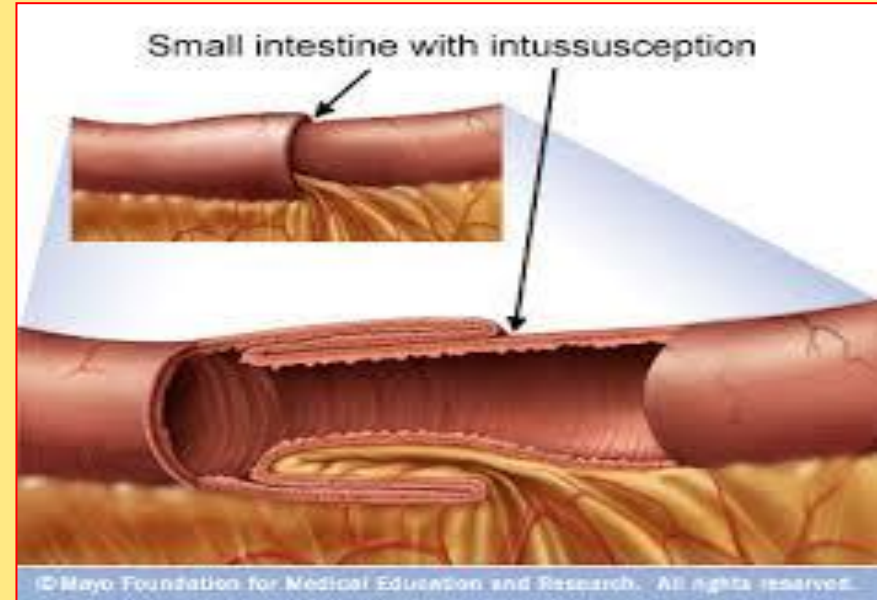
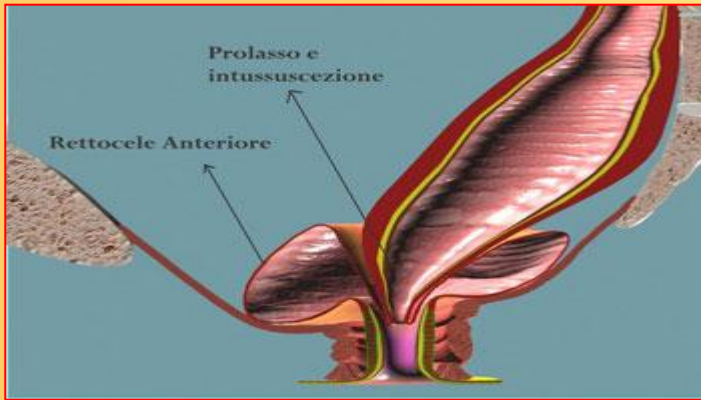
Intussusception

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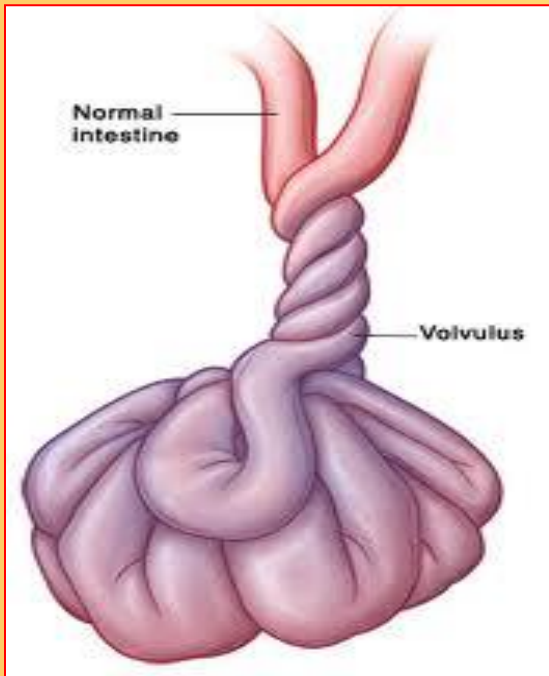


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intussuscezione



volvolo



infarto

- Murale
- Transmurale

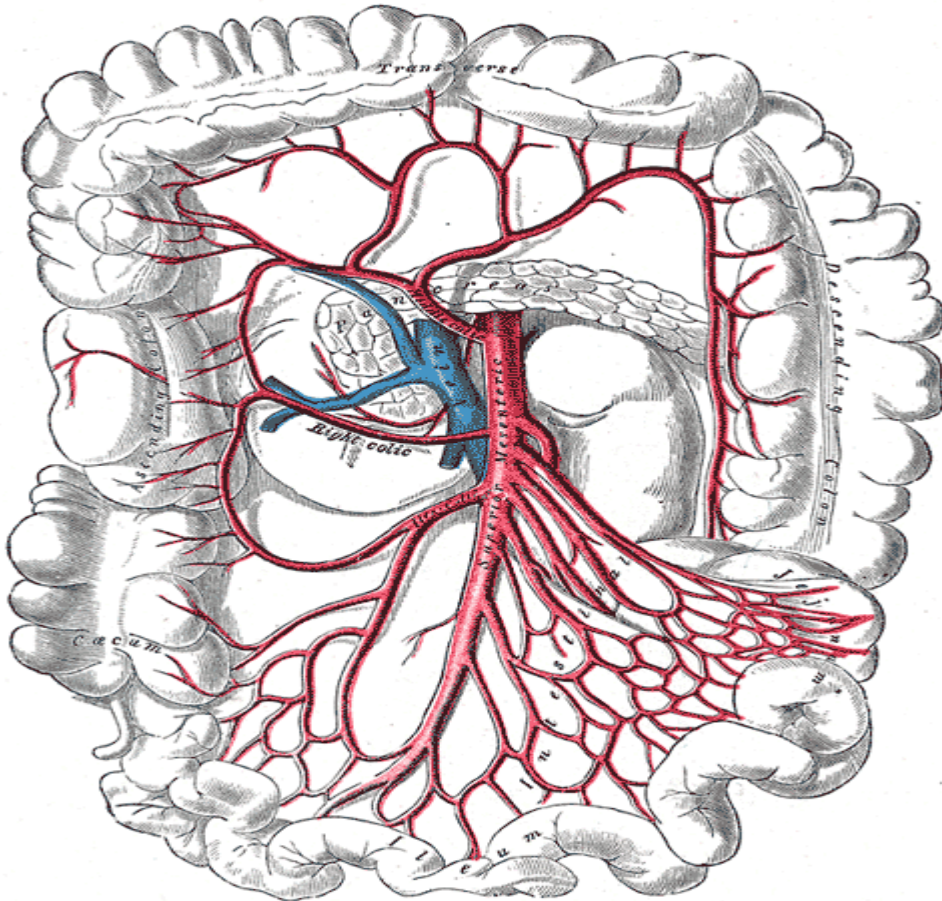




Fig 1a

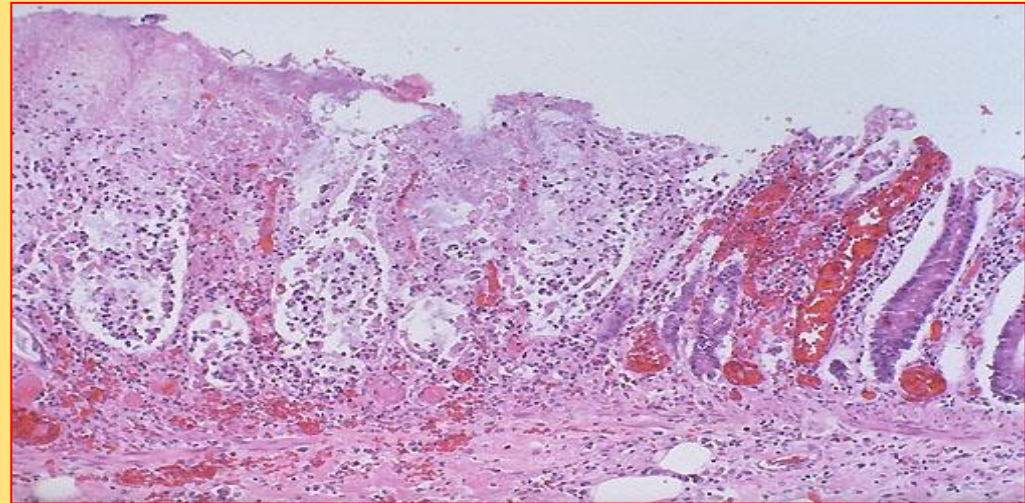


Fig 1b

Ischemico:

- ✓ Insufficienza flusso arterioso
 - ✓ Patogenesi ostruttiva
 - ✓ Patogenesi non ostruttiva
- ✓ Ischemia
- ✓ Necrosi (ischemica, gangrenosa)
- ✓ (perforazione...)

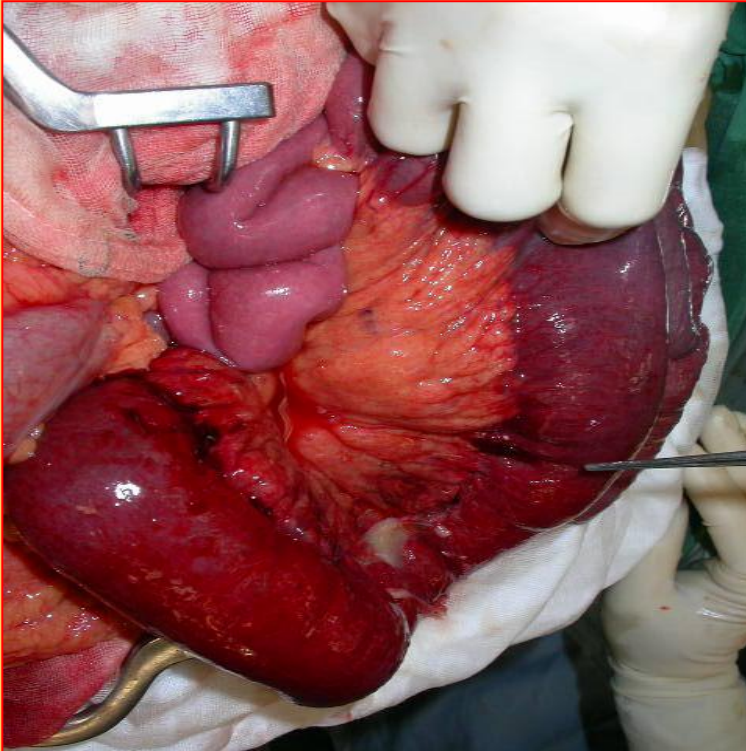
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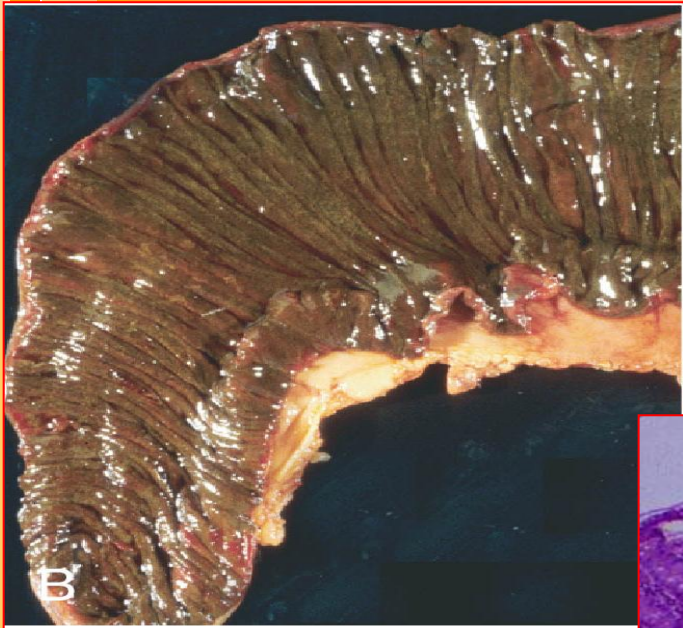
infarto

Da ostruzione venosa:

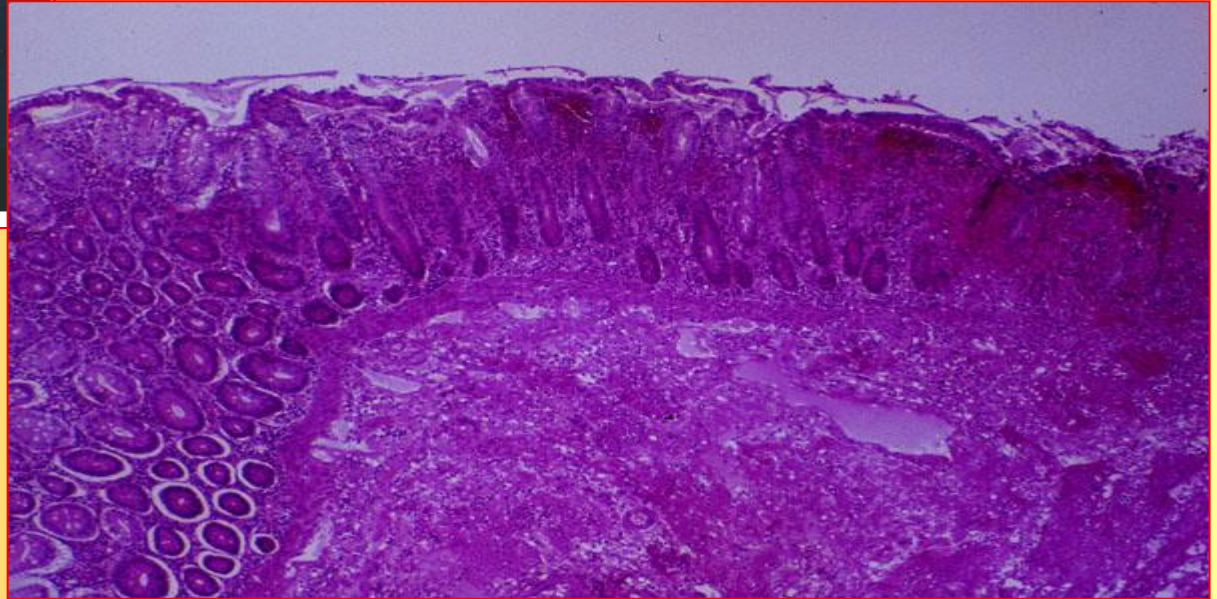
- ✓ Ostruzione venosa
- ✓ Blocco del flusso efferente
- ✓ Blocco del flusso afferente
- ✓ Infiltrazione emorragica parietale
- ✓ Necrosi (ischemica, gangrenosa)
- ✓ (perforazione...)



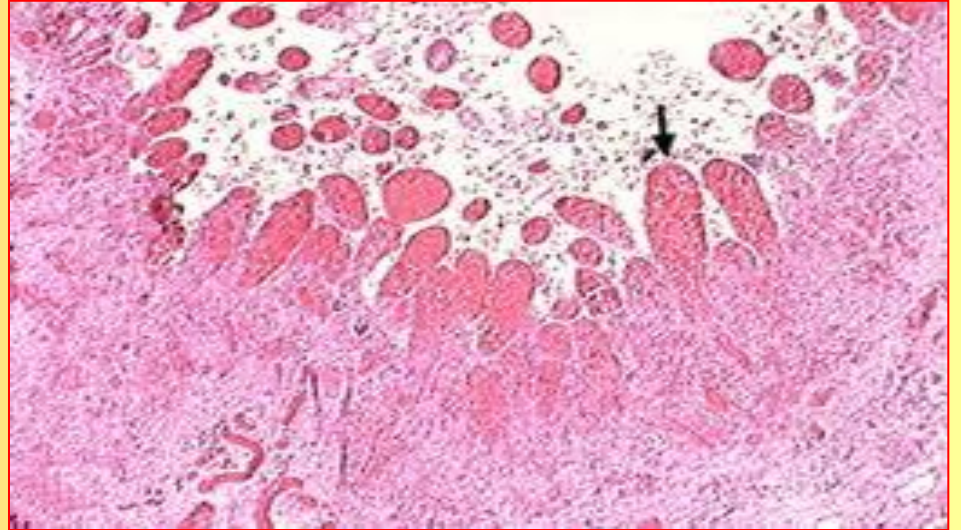
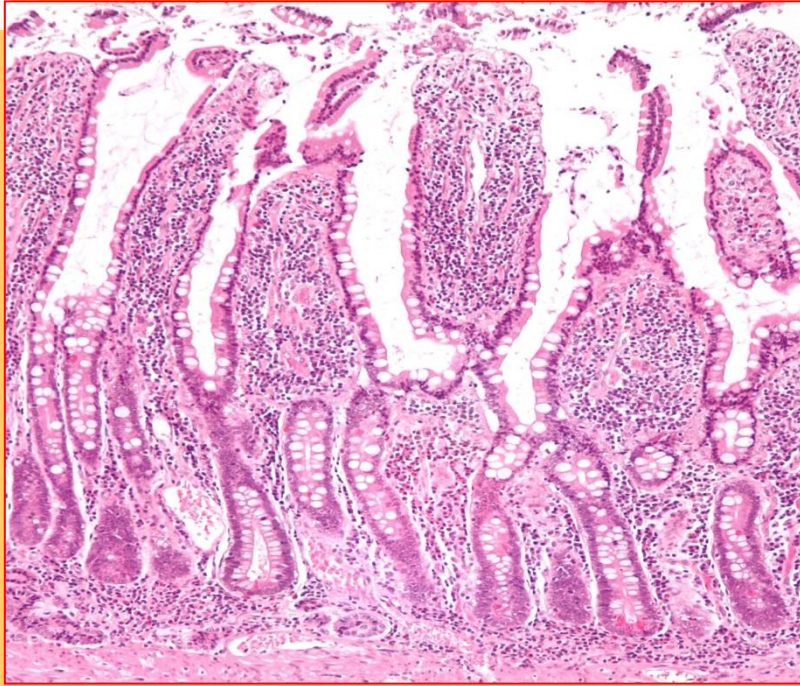
infarto



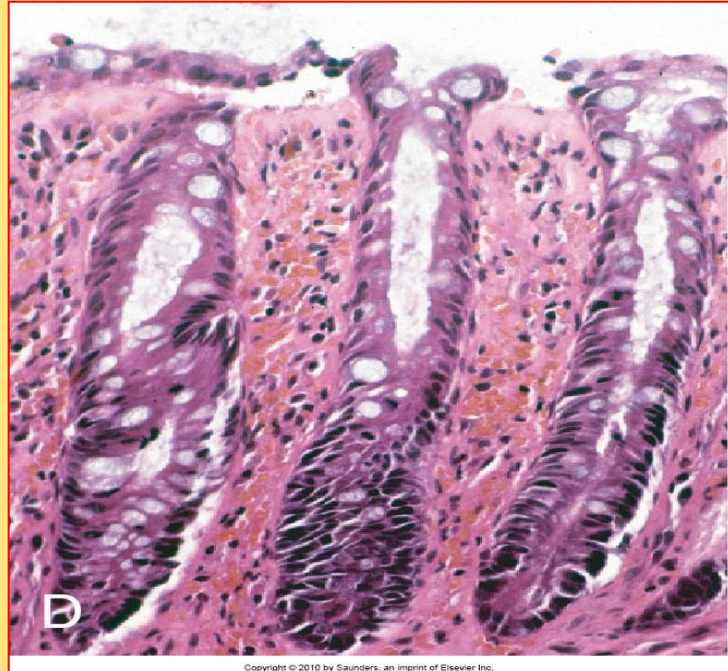
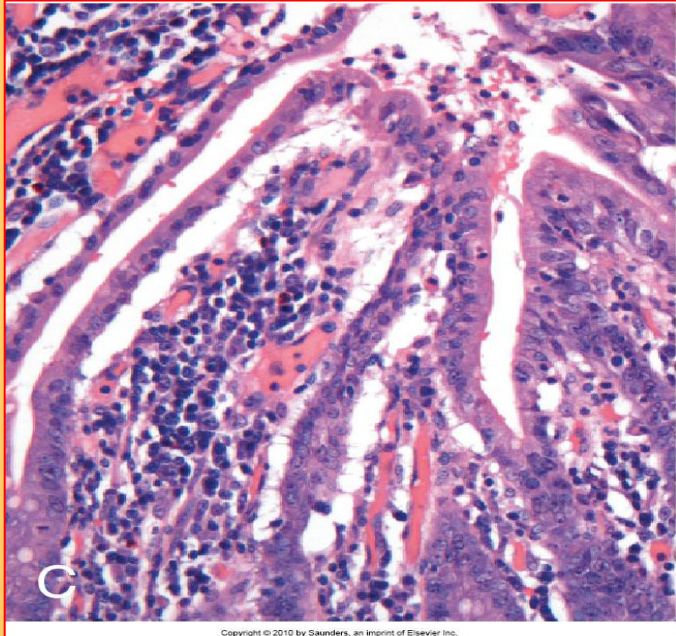
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infarto



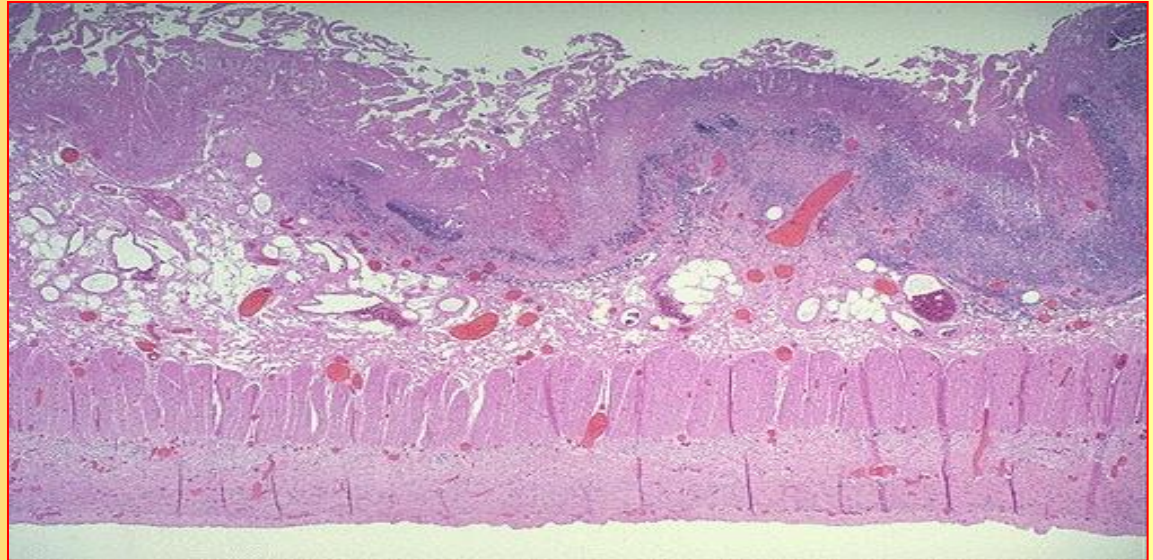
infarto



enterite ischemica

Patogenesi:

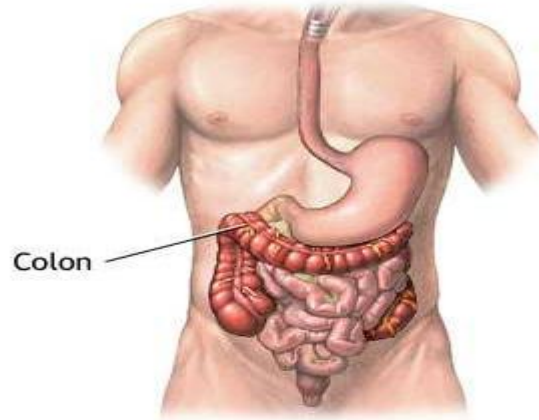
- ✓ Ipotensione-shock
- ✓ Ostruzione vascolare





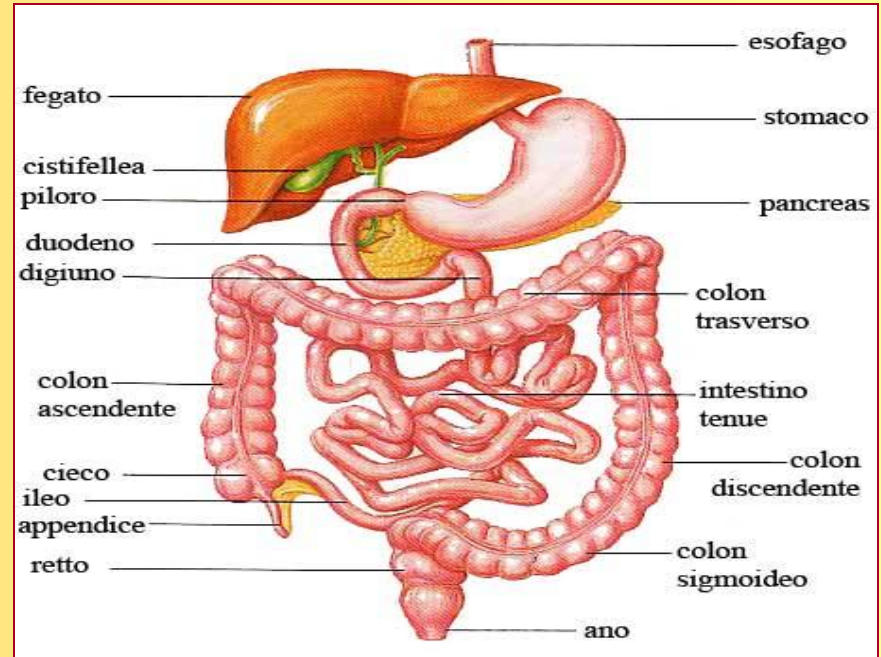
Colon-retto

colon-retto

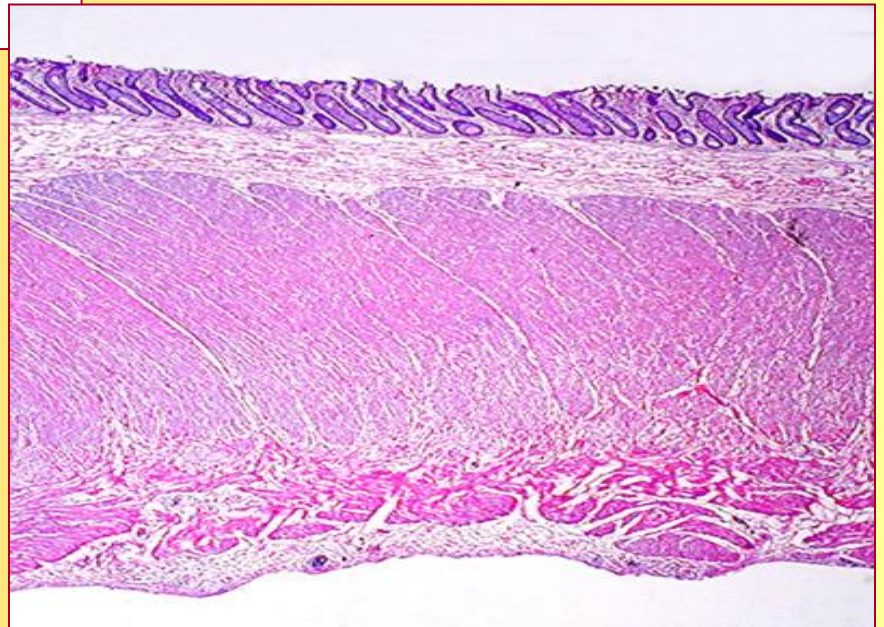
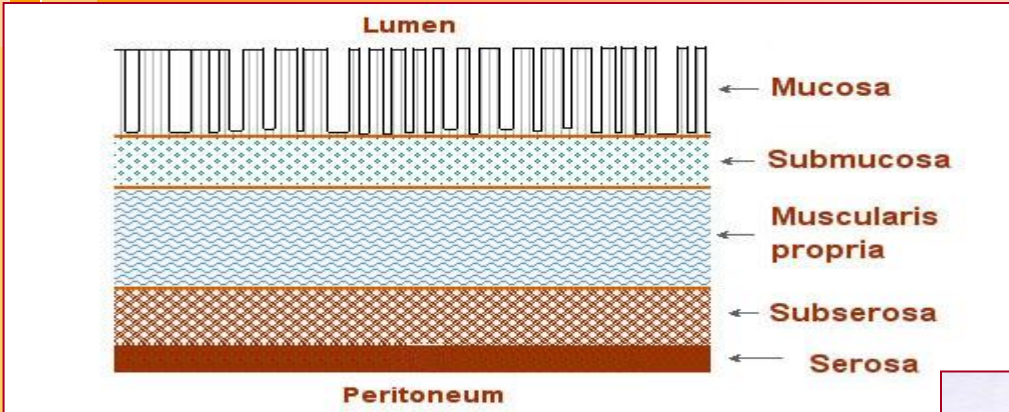


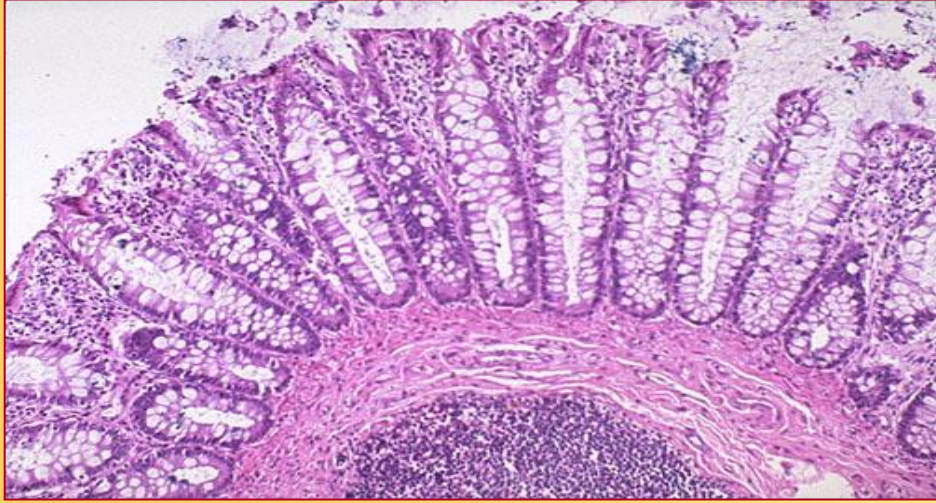
adam.com

Lunghezza:	m	1,8
capacità:	l	5,0
diametro	cm	7
transito:	gg.	4-7



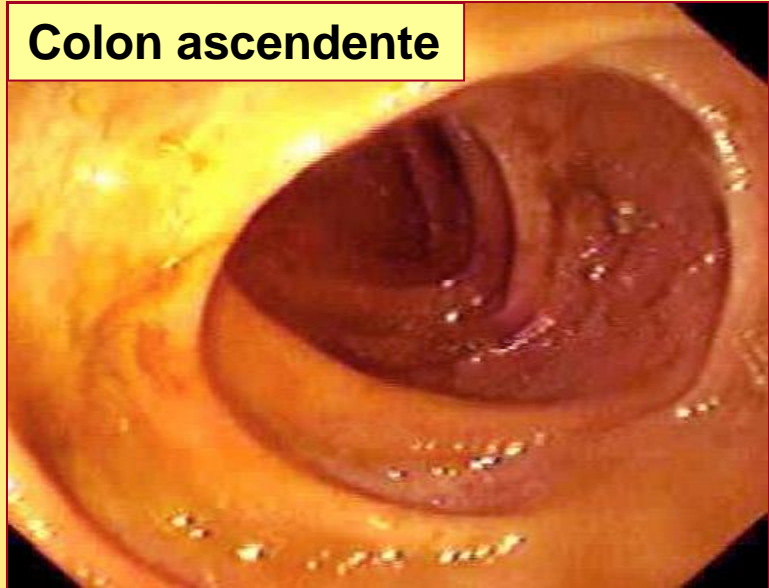
colon-retto



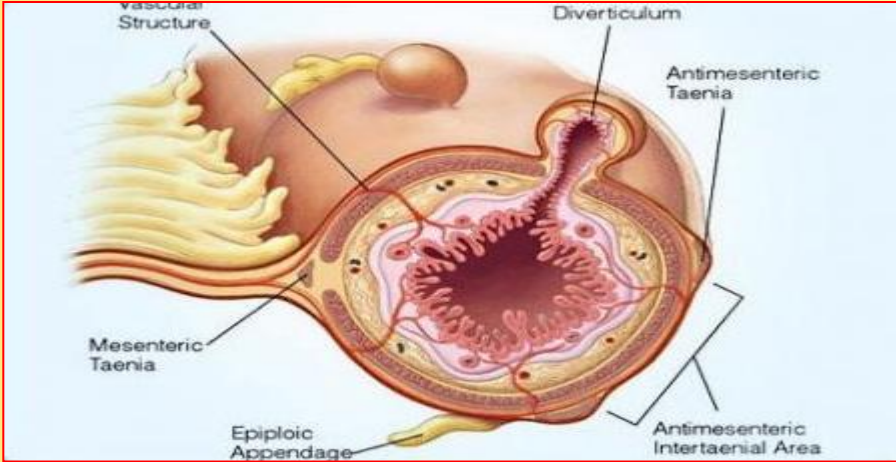
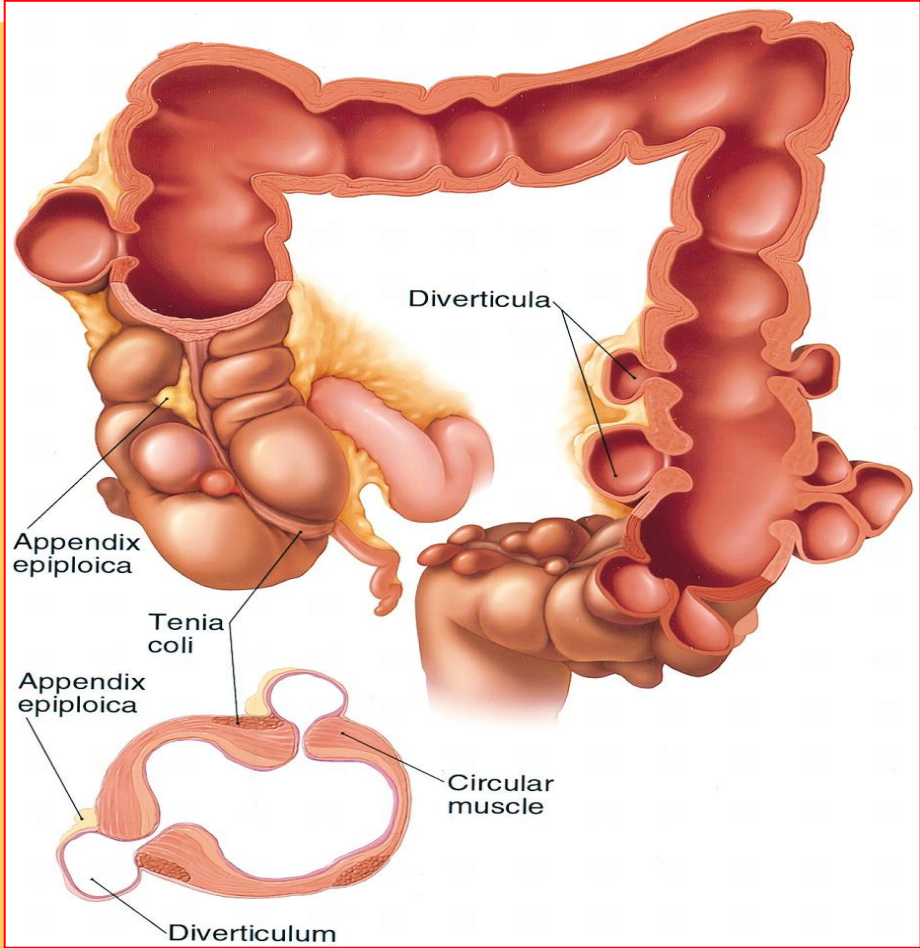


colon-retto

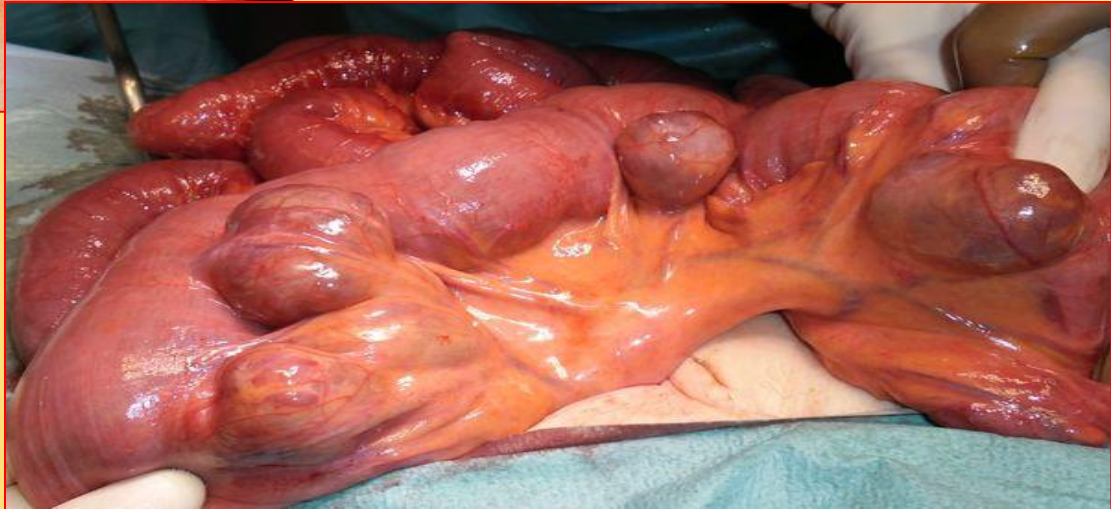
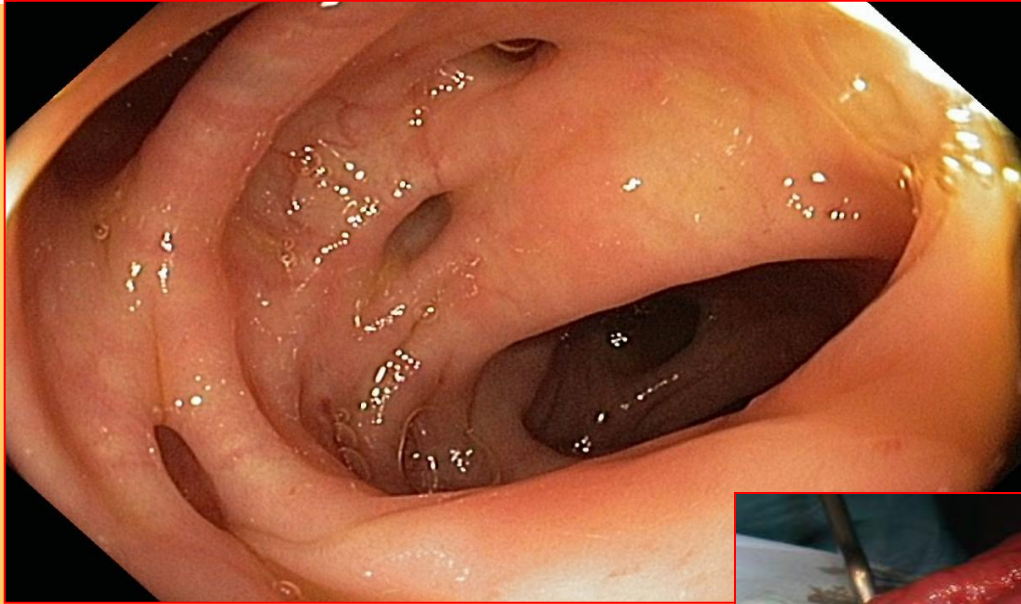
Colon ascendente



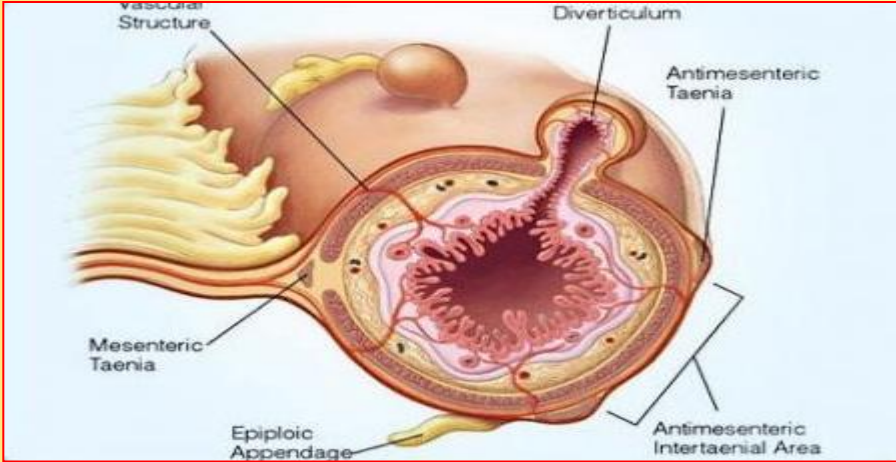
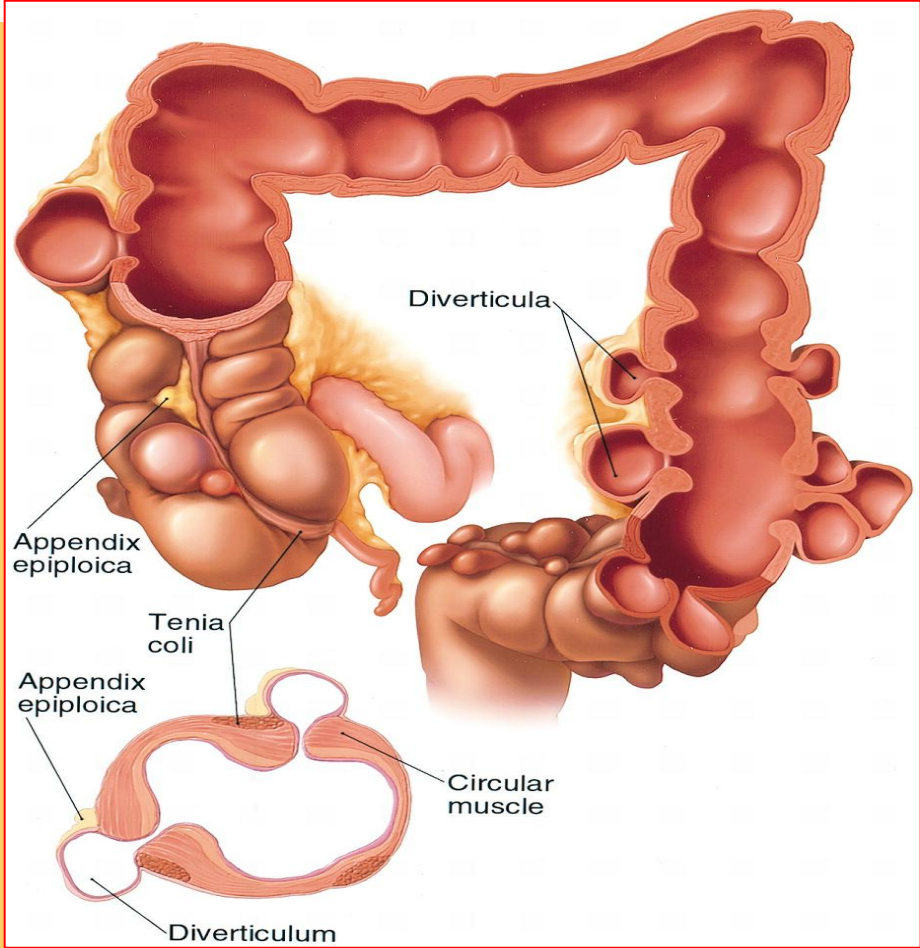
diverticolosi



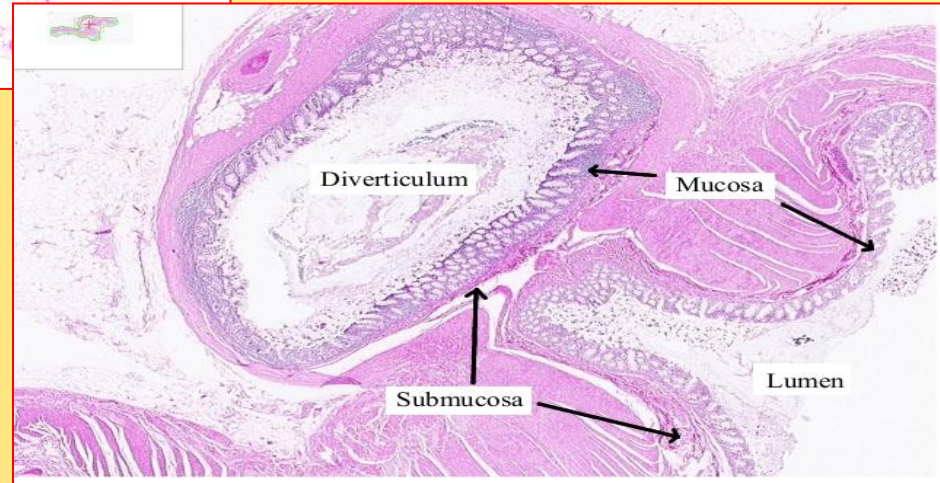
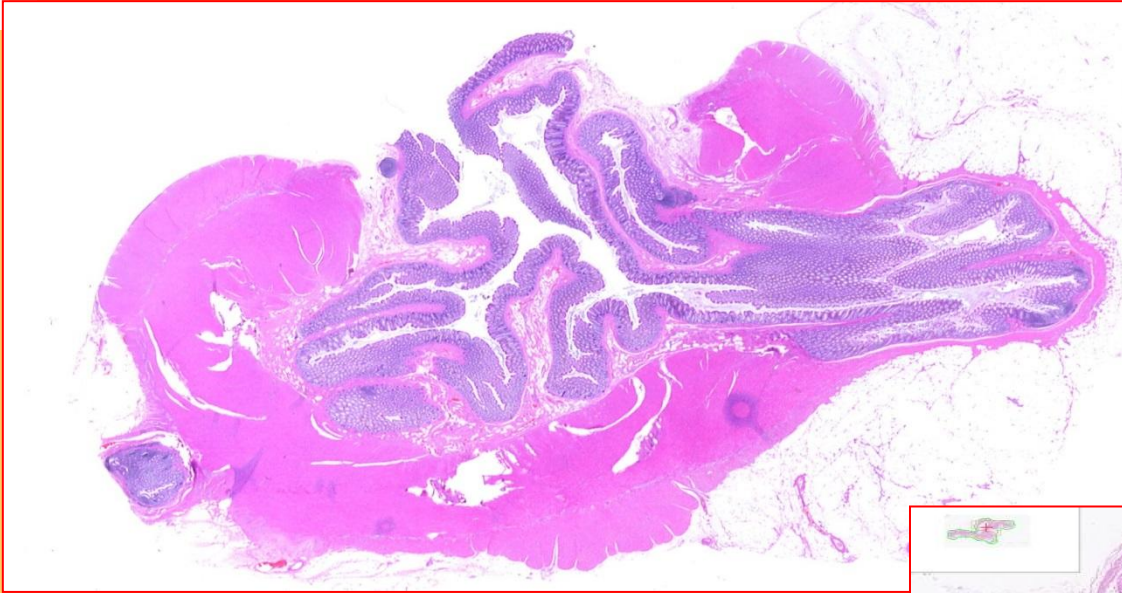
diverticolosi



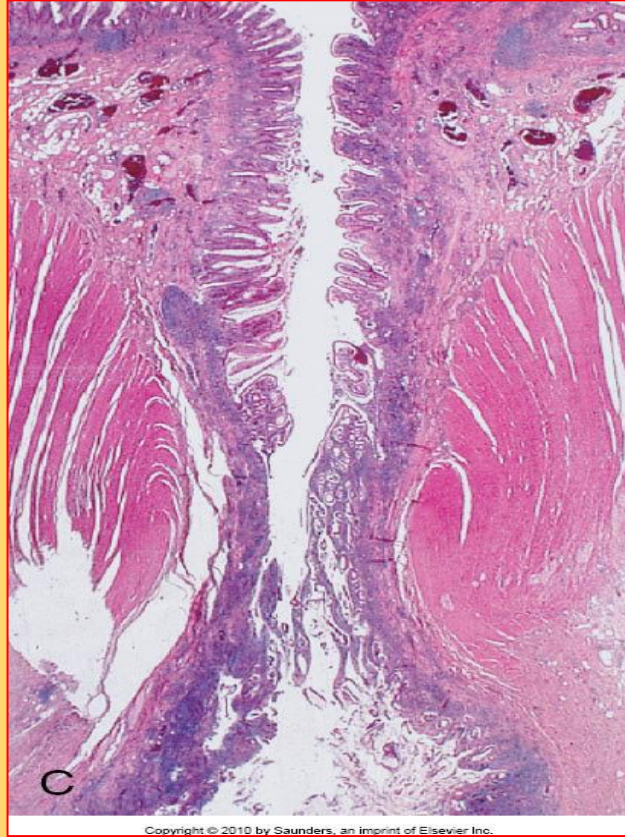
diverticolosi



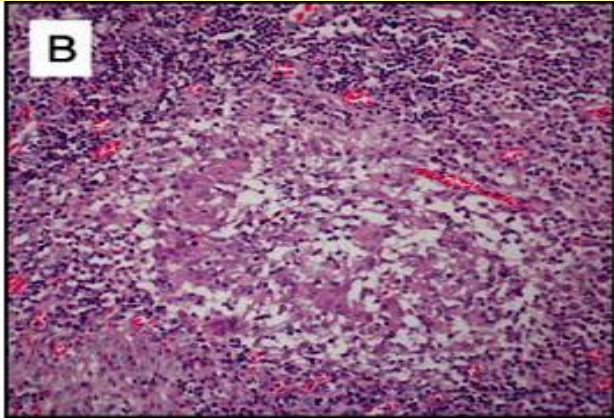
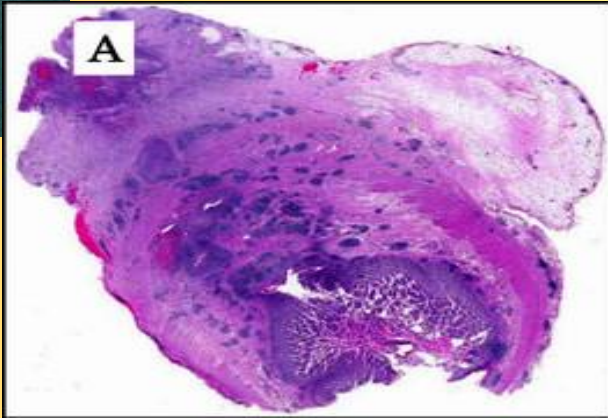
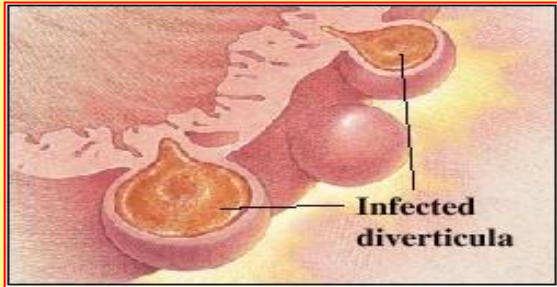
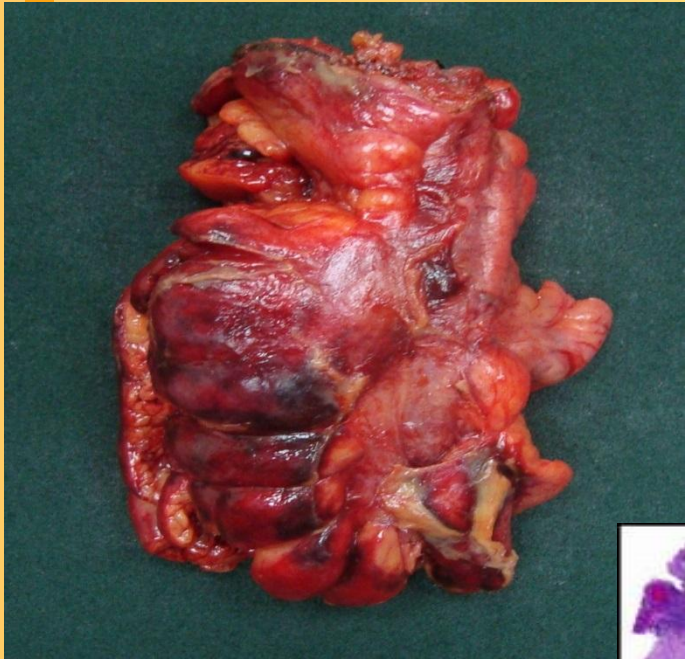
diverticolosi



diverticolosi(ite)



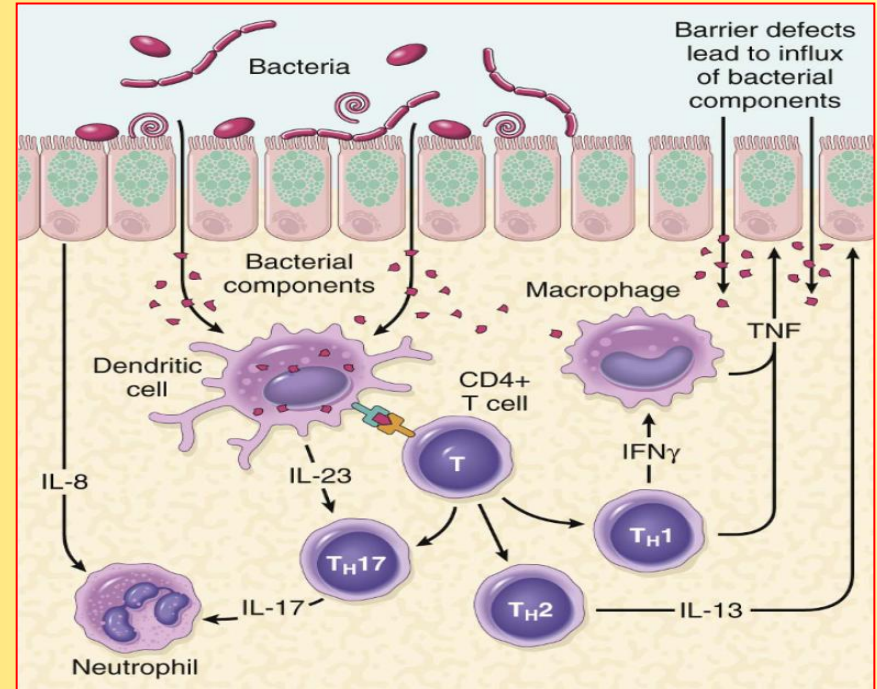
diverticulite



malattia infiammatoria intestinale

Eziopatogenesi

- ✓ Predisposizione genetica
 - ✓ Familiarità
 - ✓ 160 geni associati a IBD
 - ✓ NOD2 – risposta antigene-ospite
 - ✓ Associazione con risposta a TBC
- ✓ Risposta immune della mucosa
 - ✓ Via T_H17
- ✓ Alterazioni epiteliali
 - ✓ Tight junctions
 - ✓ Polimorfismo ECM1 (inib. metallopr.)
 - ✓ Riduzione della funzione di barriera
- ✓ Flora microbica
 - ✓ 10¹² organismi x mm (colon)
 - ✓ 50% massa fecale



risposte immuni

Th1

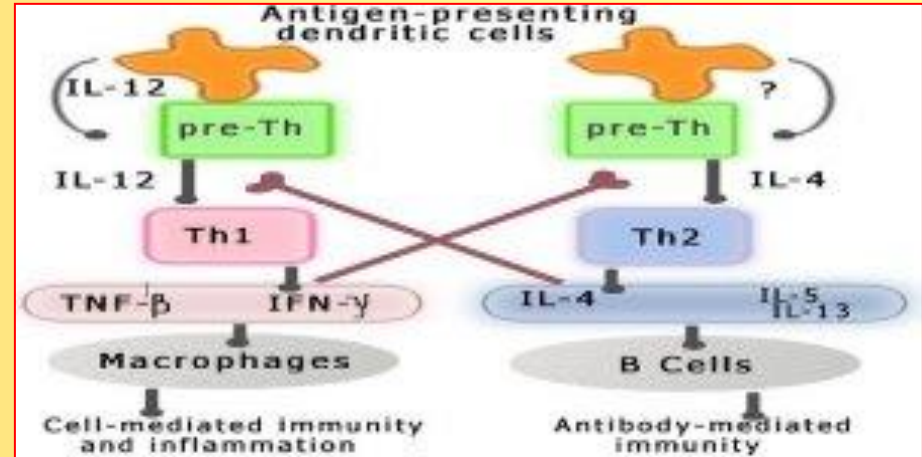
- Indotta da IL-12
- Produzione di IF γ e IL-12
- Induzione di radicali liberi
- Inibizione Th2
- Orientamento in senso citotossico
- Risposta a patogeni cellulari
- Induzione di ipersensibilità ritardata
- Promozione di flogosi cronica

Th2

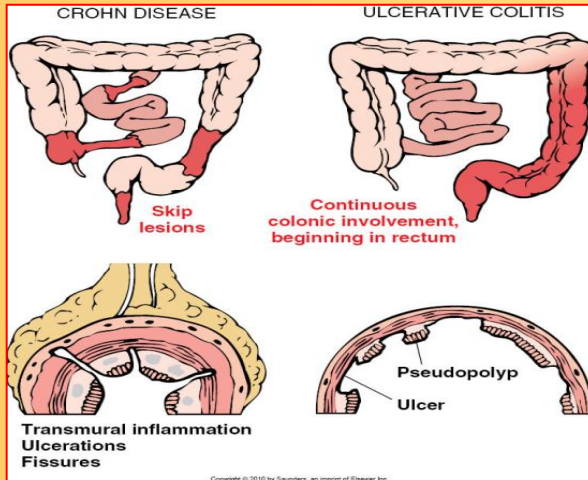
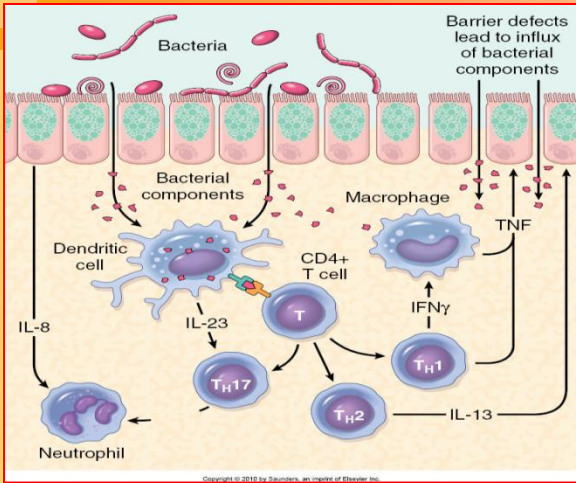
- Produzione di IL-4
- Inibizione IF γ
- Attivazione immunità umorale
- Risposte allergiche
- Reclutamento eosinofili (IL-5)
- Risposta IL-13, IL-10
- Risposta vs parassiti (IL-4/5/13 promozione di flogosi acuta)

Th17

- Indotta da IL-1
- IL17 A/B/C/D/E/F
- Difesa da patogeni extracellulari
- Autoimmunità
- Linea inibita da Th1-2
- Insensibilità vs Th1-2

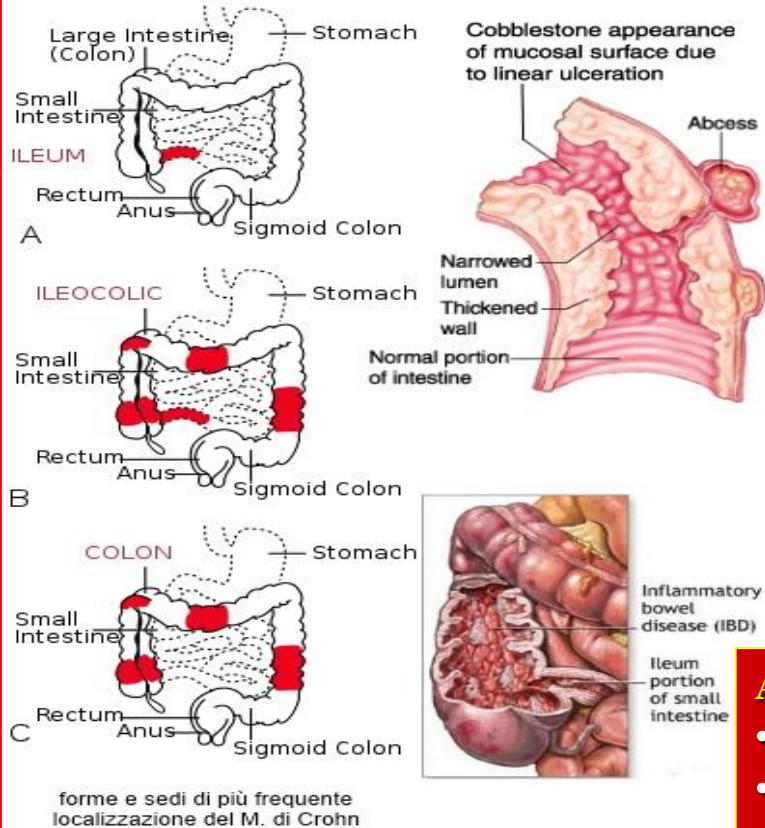


malattia infiammatoria intestinale



Caratteristiche	M. di Crohn	Rettocolite ulcerosa
MACROSCOPICHE		
Sede	Ileo-colon	A Colon
Distribuzione	A focolai	Diffusa
Stenosi	Presenti	Rara
Parete	Inspessita	Sottile
MICROSCOPICHE		
Infiammazione	Transmurale	Limitata alla mucosa
Pseudopolipi	Moderati	Marcati
Ulcere	Profonde	Superficiali
Reaz. Linfoide	Marcata	Moderata
Fibrosi	Marcata	Lieve/assente
Sierosite	Marcata	Lieve/assente
Granulomi	Presenti (35%) (TH ₁)	Assenti (TH ₂)
Fistole	Presenti	Assenti
CLINICHE		
Fistole perianali	Presenti	Assenti
Malassorbimento	Presente	Assenti
Potenziale maligno	Forme coliche	Presente
Recidiva post-interv.	Comune	No
Megacolon tossico	No	Si

m. di Crohn



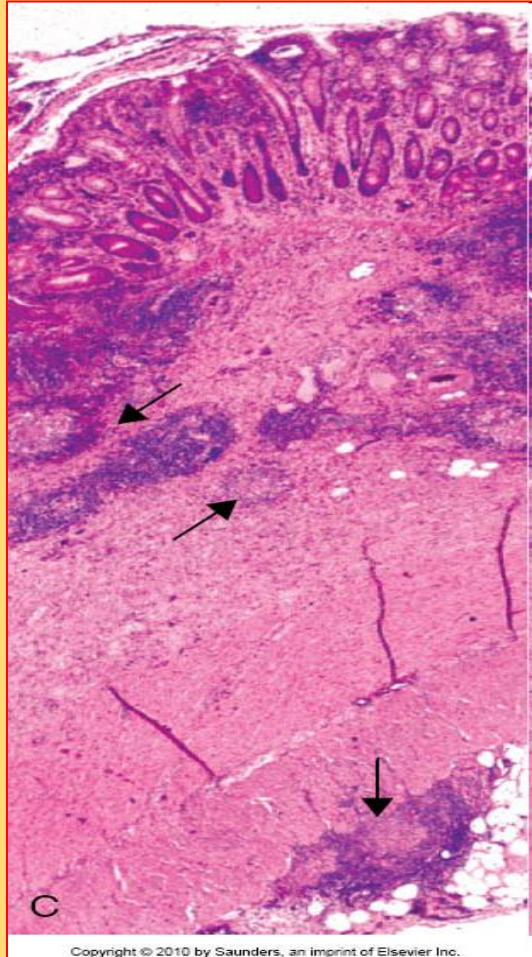
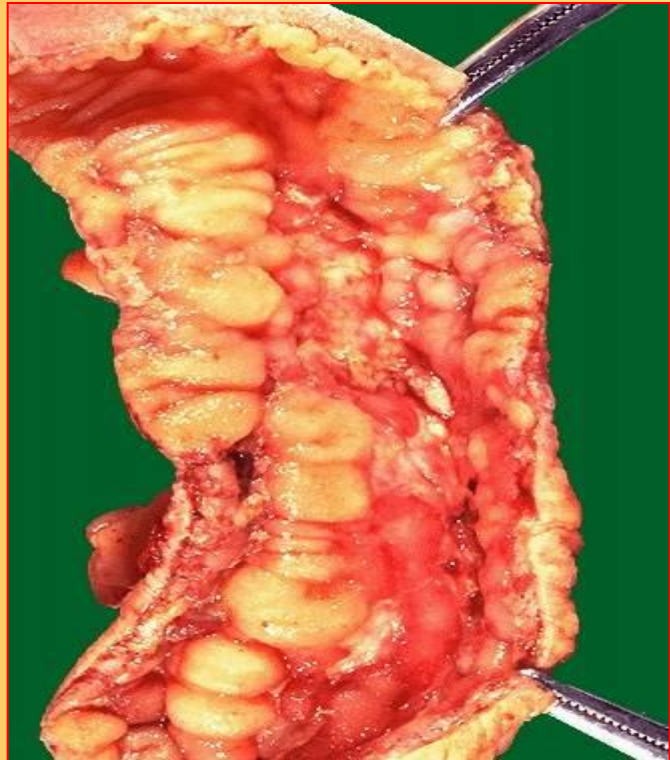
Clinica

- Insorgenza II-III decade
- Attacchi intermittenti
- F>M
- Comparsa a liv. ileo-colico
- Febbre, dolore, diarrea emorr.
- Malassorbimento
- Manifestazioni extraintestinali
- Rischio di ADK

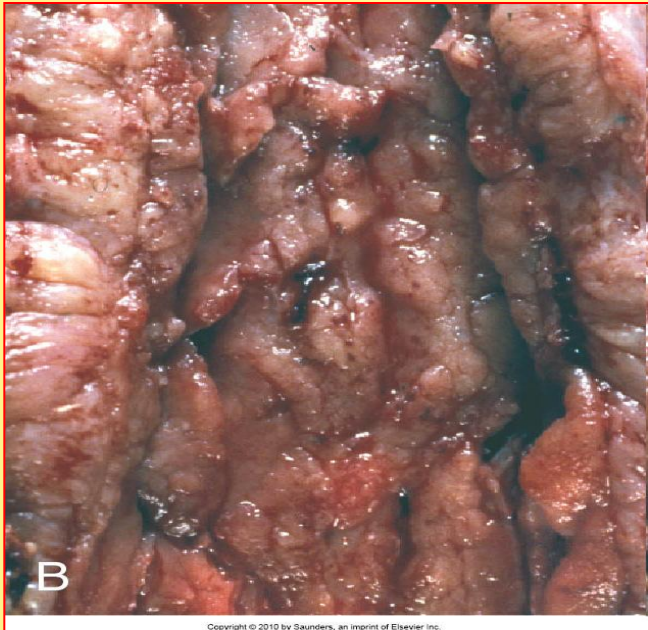
Anatomia Patologica

- Local. ileo-term/ceco
- Lesioni discontinue
- Presenza di ulcere aftose
- Fissurazioni (fistole)
- Aspetto “a ciottolato”
- Flogosi granulomatoso-suppurativa

m. di Crohn

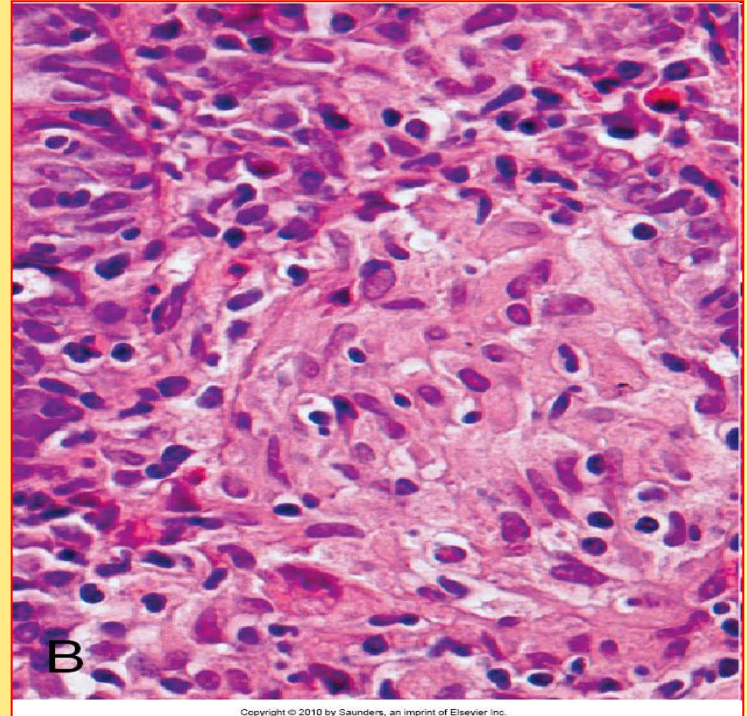
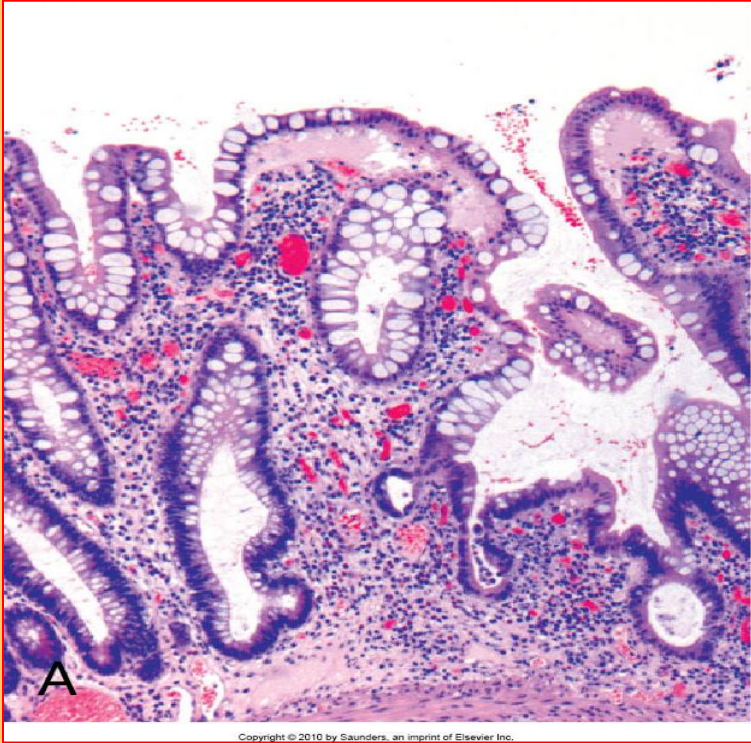


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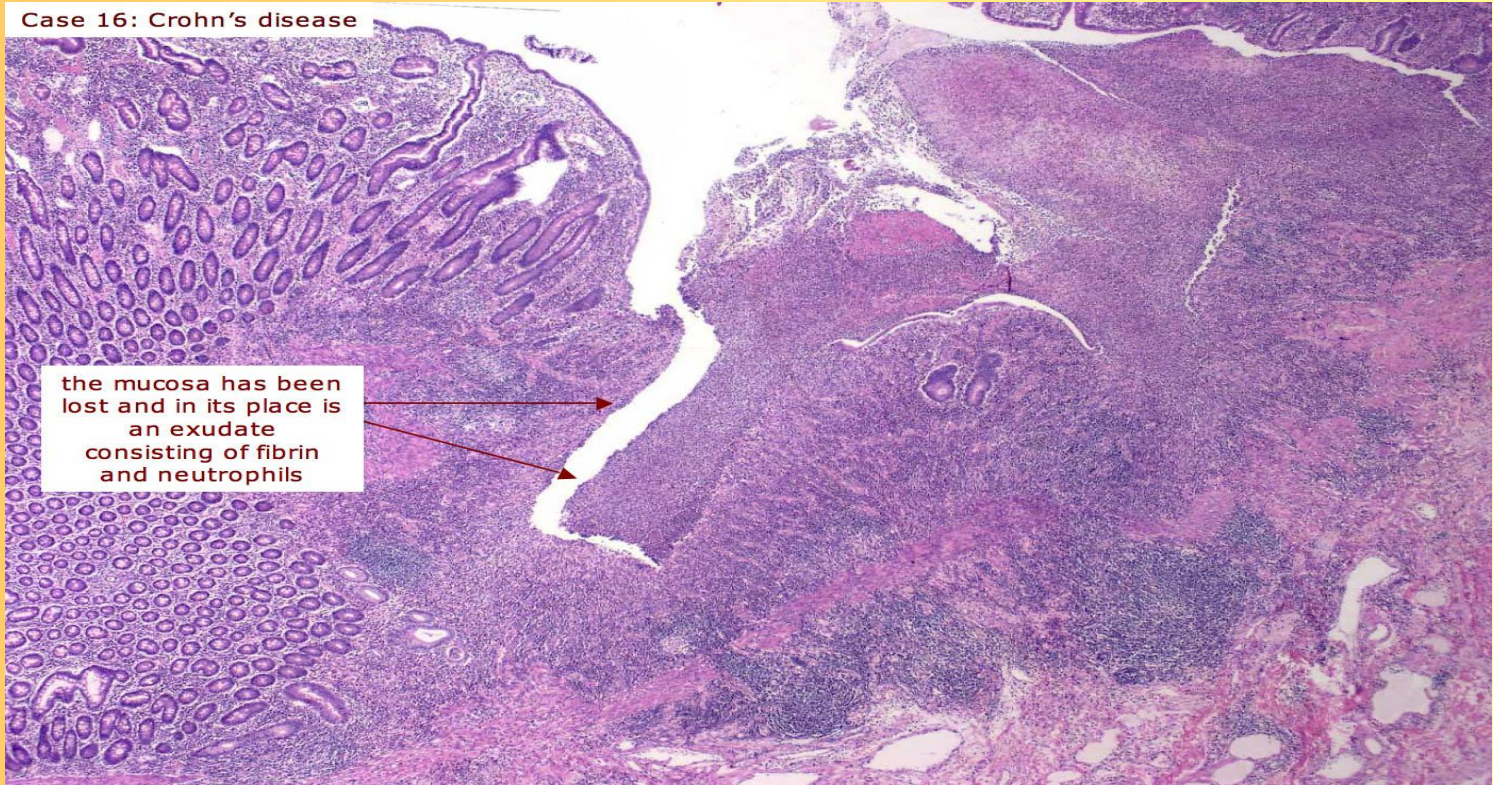


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m. di Crohn

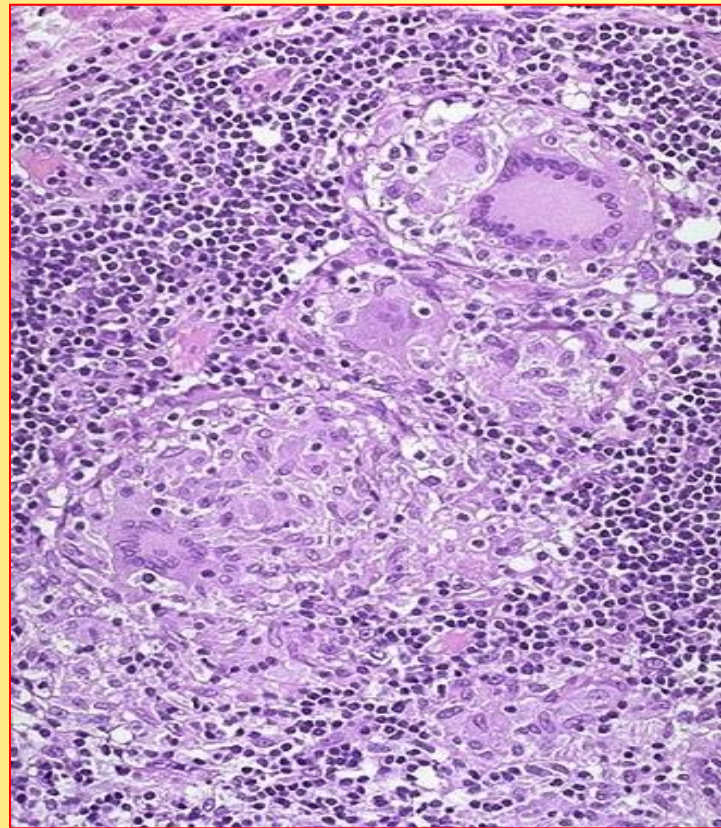
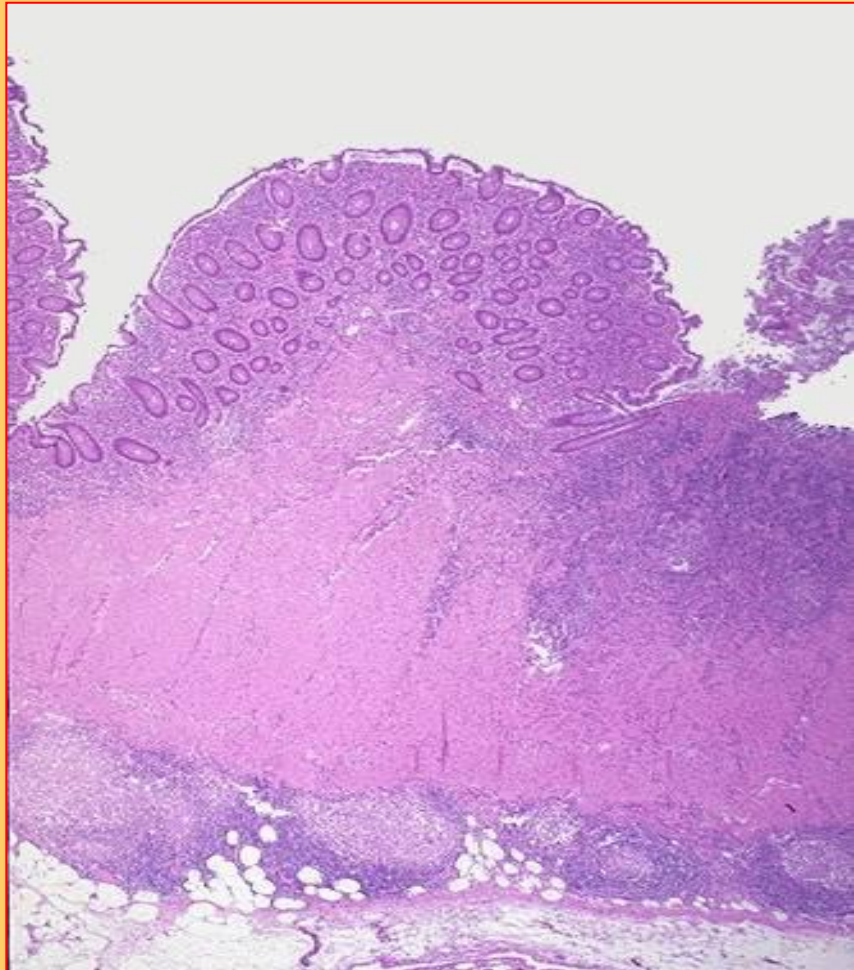


Case 16: Crohn's disease



the mucosa has been lost and in its place is an exudate consisting of fibrin and neutrophils

m. di Crohn



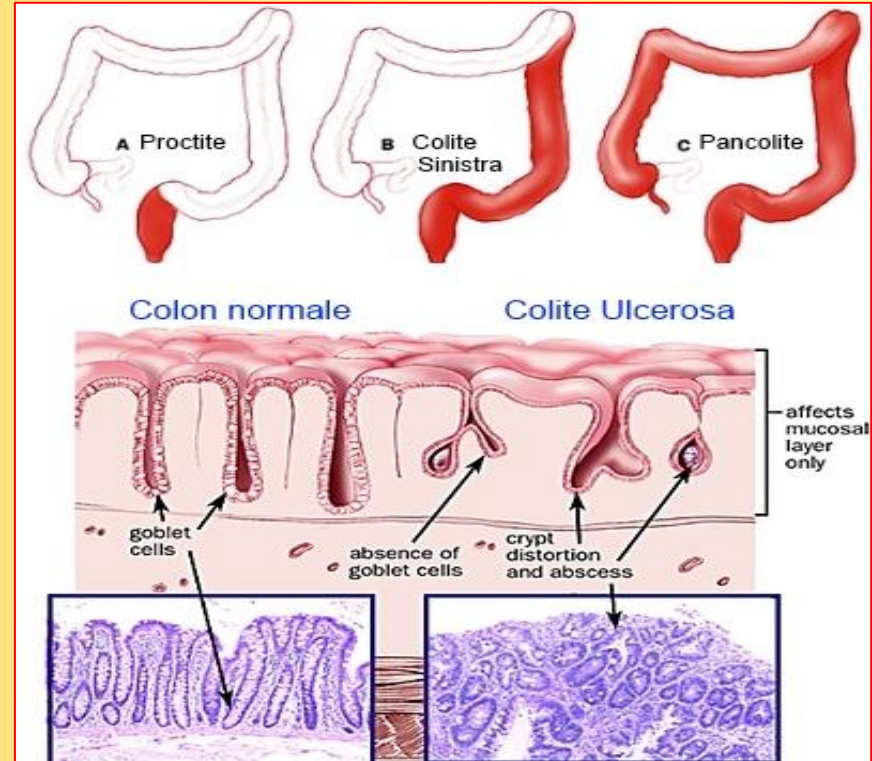
Clinica

- F>M
- Attacchi ricorrenti
- Fasi acuzie/quiescenza
- Diarrea muco-sanguinolenta
- Dolore
- Rischio di ADK

Anatomia Patologica

- Interessamento rettale
- Estensione prossimale
- Lesioni continue
- Infiltrato suppurativo superficiale
- Ulcere superficiali
- Criptiti/ascessi criptici
- Distorsione ghiandolare/atrofia
- Pseudopolipi infiammatorii
- Lesioni limitate al colon

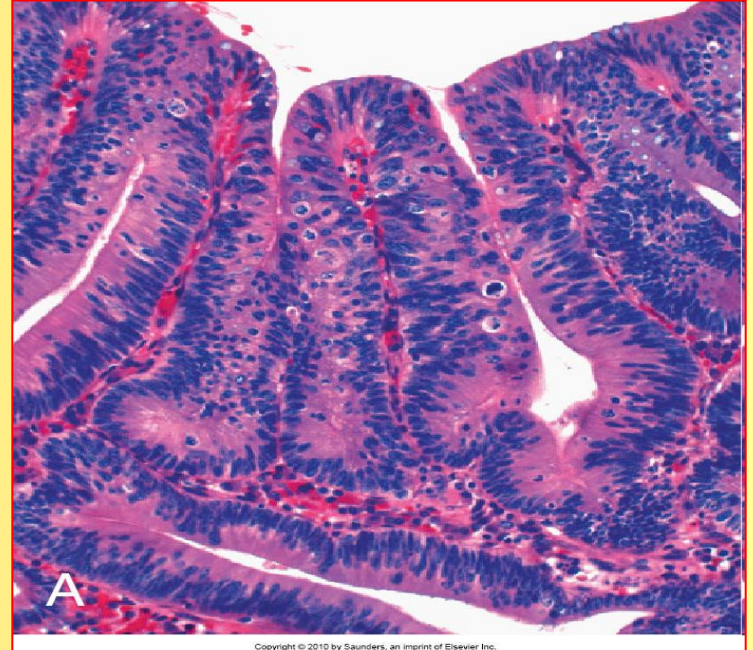
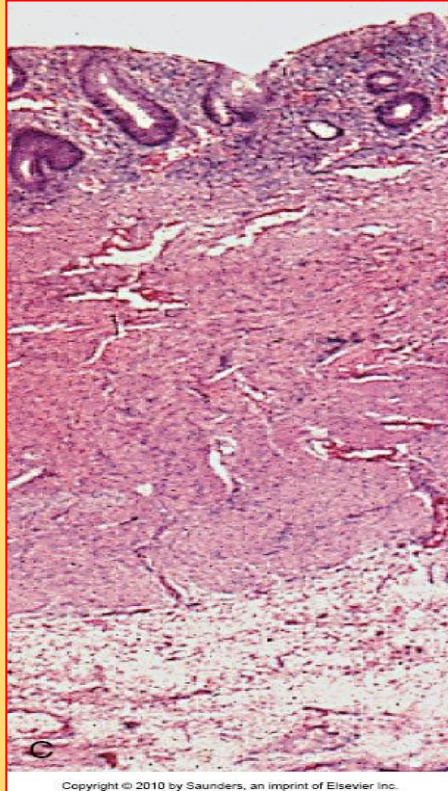
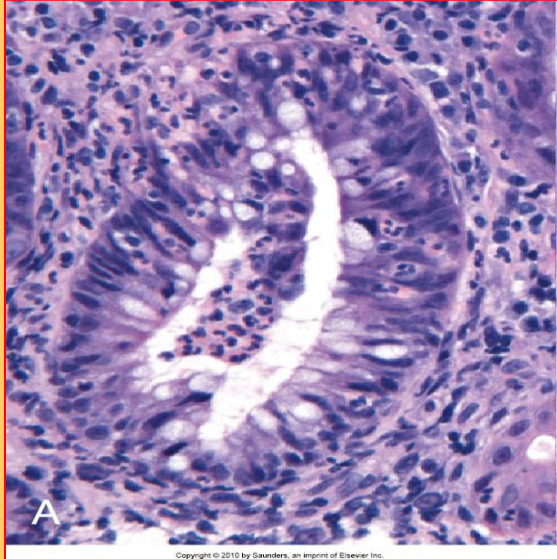
rettocolite ulcerosa



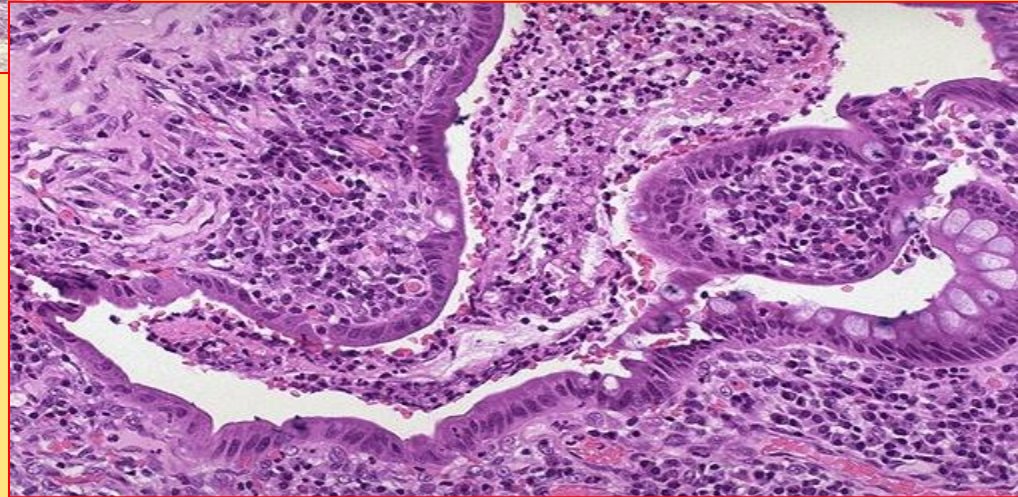
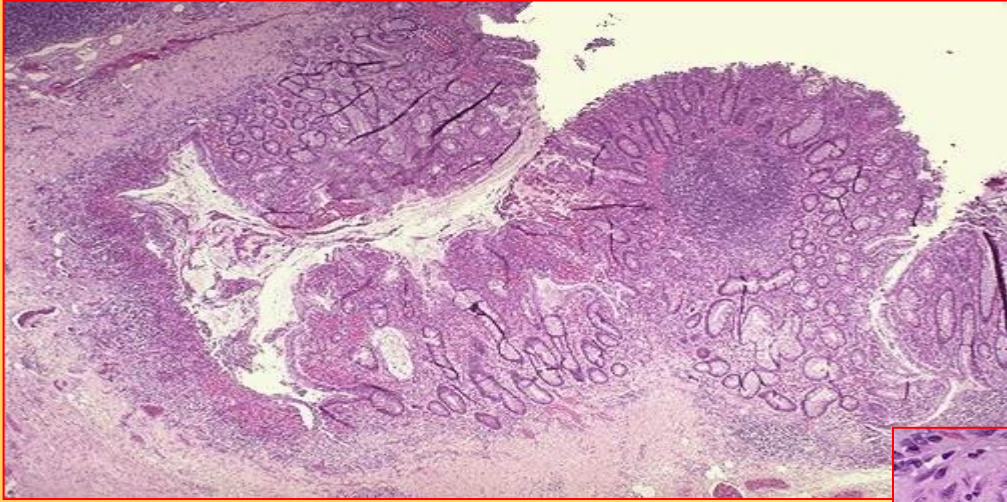
rettocolite ulcerosa



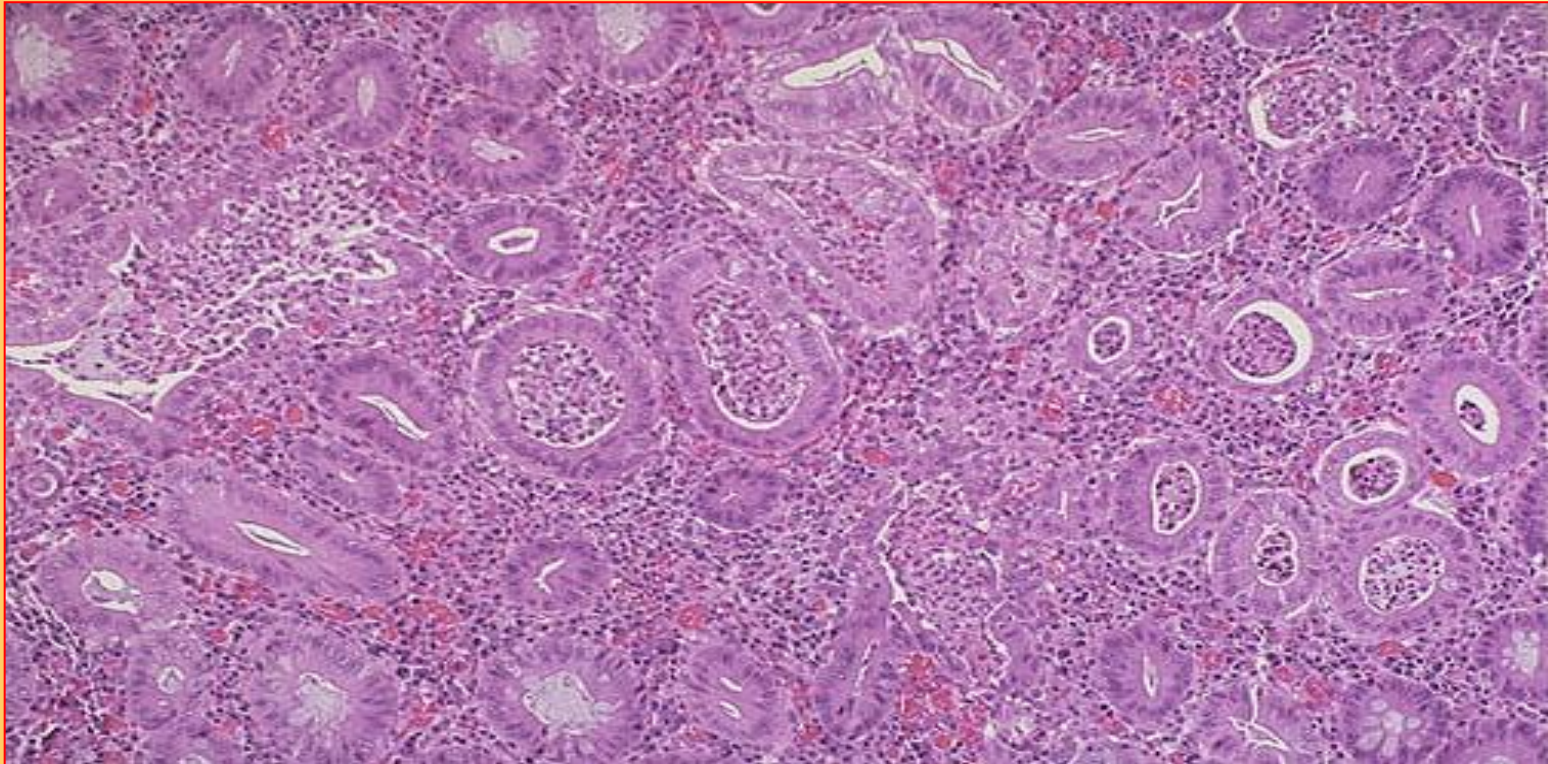
rettocolite ulcerosa



rettocolite ulcerosa



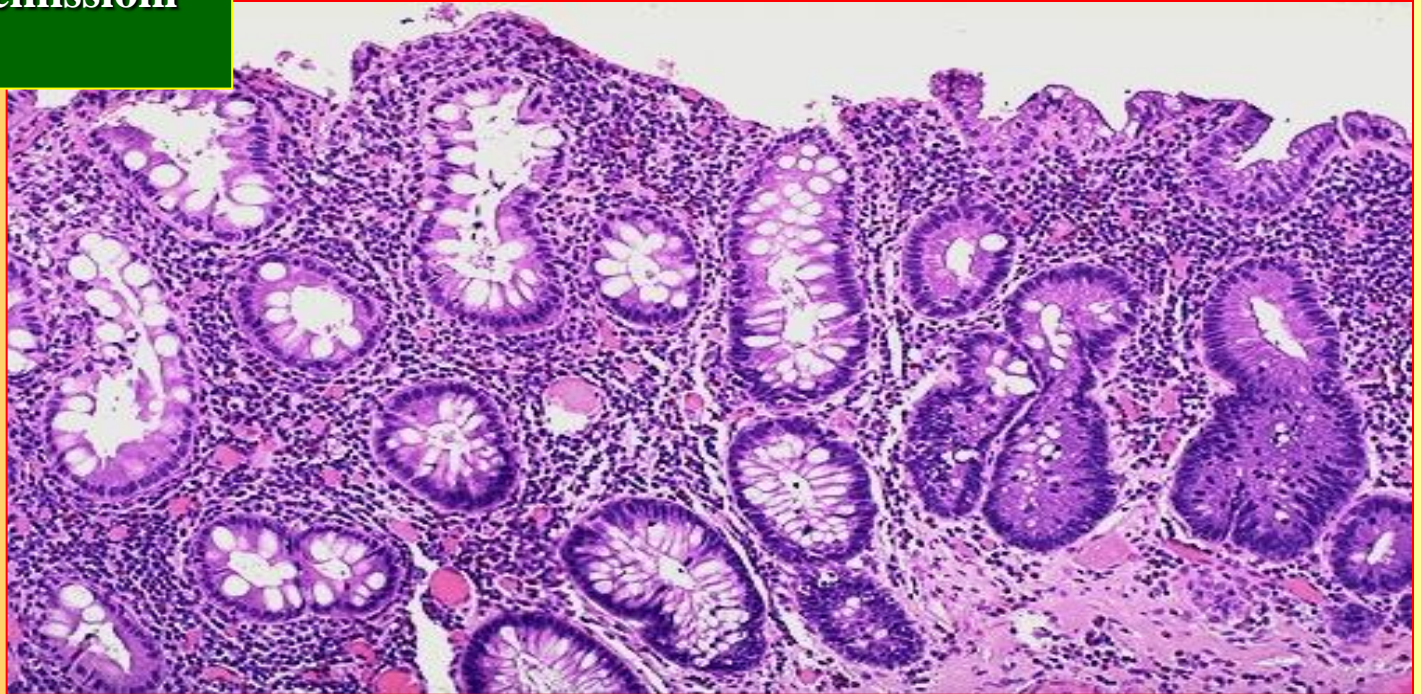
rettocolite ulcerosa



Fattori di rischio ADK

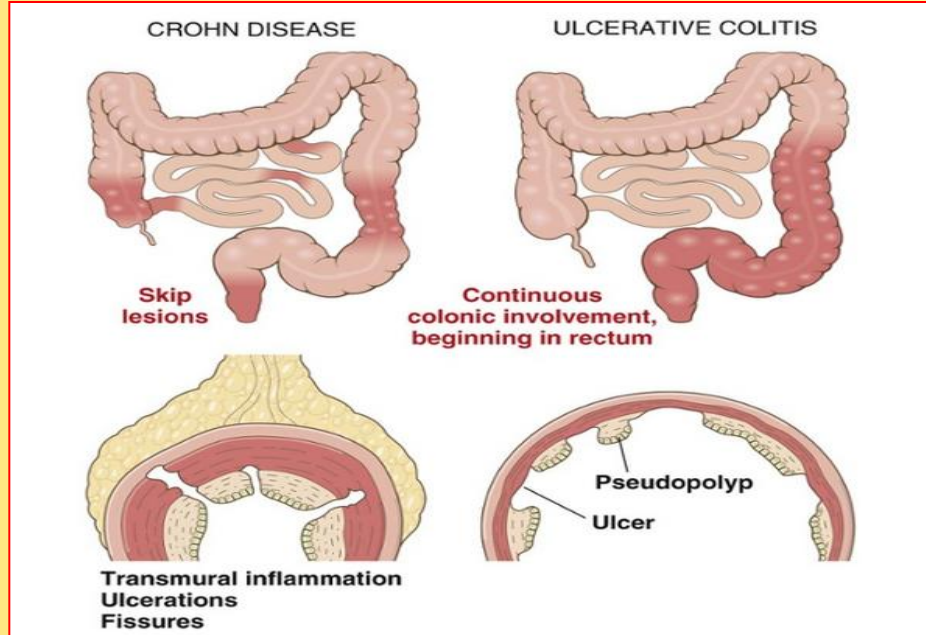
- Gravità attacchi
- Durata fase attiva
- Età inizio malattia
- N. acuzie-remissioni
- Estensione

rettocolite ulcerosa



Feature	Crohn Disease	Ulcerative Colitis
Macroscopic		
Bowel region	Ileum ± colon	Colon only
Distribution	Skip lesions	Diffuse
Stricture	Yes	Rare
Wall appearance	Thick	Thin
Microscopic		
Inflammation	Transmural	Limited to mucosa
Pseudopolyps	Moderate	Marked
Ulcers	Deep, knife-like	Superficial, broad-based
Lymphoid reaction	Marked	Moderate
Fibrosis	Marked	Mild to none
Serositis	Marked	Mild to none
Granulomas	Yes (~35%)	No
Fistulae/sinuses	Yes	No
Clinical		
Perianal fistula	Yes (in colonic disease)	No
Fat/vitamin malabsorption	Yes	No
Malignant potential	With colonic involvement	Yes
Recurrence after surgery	Common	No
Toxic megacolon	No	Yes

All features may not be present in a single case.





Continua...

