

A Histopathological Study of the Small Intestinal Lesions

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ABSTRACT

INTRODUCTION: Frequently received specimens of small intestine are non-neoplastic diseases like non-specific enteritis, gangrenous bowel, Ischemic enteritis, tuberculosis, Irritable bowel disease and neoplastic diseases like adenomas and carcinomas. Clinical and radiological findings are non specific and histopathological study is required for the diagnosis.

AIM : To study histomorphology of small intestinal lesions and analyse with respect to age, sex, anatomical site of occurrence and relative frequency.

MATERIALS AND METHODS: This study of 74 cases was undertaken in our institute, between 2014 to 2019. In addition to H and E, special stains were done in required cases.

RESULTS: Total 74 cases of small intestinal lesions including periampullary lesions were studied. Of these, 63 cases (85.13%) were non-neoplastic lesions and 11 cases (14.86%) were neoplastic lesions. Common age group was 5th-6th decade. A male preponderance was observed. Amongst non-neoplastic lesions, 31 (41.89%) cases were non-specific enteritis, 9 (12.16%) cases were tuberculous enteritis, 8 (10.81%) cases were irritable bowel disease, 6 (8.108%) cases were gangrenous bowel, 3 (4.05%) cases were ileal perforation, 2 (2.74%) were Meckel's diverticulum, 2 (2.74%) cases were ileal perforation, 1 (1.35%) case of Whipple's disease, 1 (1.35%) case of Peutz-Jeghers polyp and in neoplastic lesions, 4 (5.40%) cases were gastrointestinal stromal tumors, 3 (4.05%) cases were periampullary carcinoma, 2 (2.74%) cases were adenocarcinoma, 2 (2.74%) cases were leiomyoma.

CONCLUSION: In present study non-neoplastic lesions are more common than neoplastic lesions. Early detection of lesions by biopsy with histopathological examination is helpful for early and better treatment. A greater awareness of various diseases affecting the small intestine and an understanding of the pathogenesis on the part of the pathologist is felt necessary for a better diagnosis. A detailed histopathological study of the small intestinal specimens should be done in constant correlation with the clinical and radiological findings for an accurate diagnosis.

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