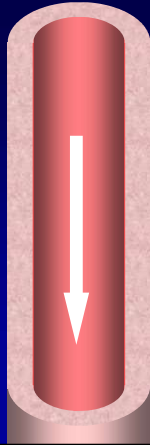


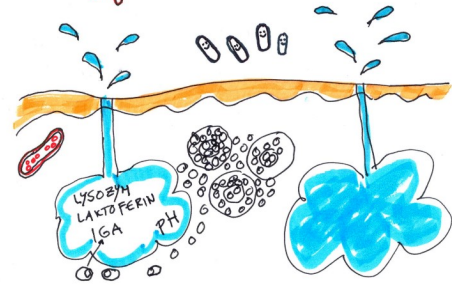
# GIT1

1. oral cavity
2. salivary glands
3. oesophagus
4. stomach



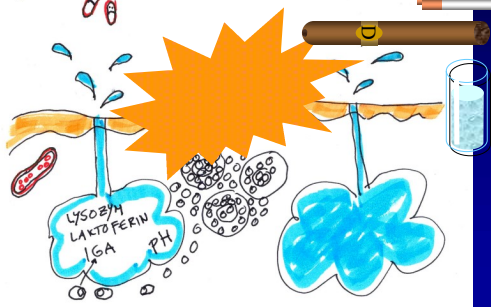
## INFL - stomatitis

- Weakened immunity
- Salivary disturbances



## Tumors

- carcinogens



## Herpes simplex



## oral candidosis

- lip x cavity
- white plaques
- removable



## tonsills inflam.:

**Angina:** acute non-spec.  
infl. of pharyngeal  
lymphoepithelial  
tissue

angere = squeez

**tonsillitis**  
**angina tonsillaris**

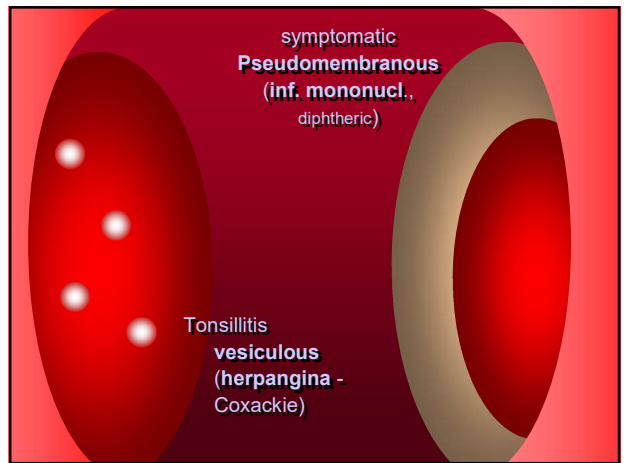
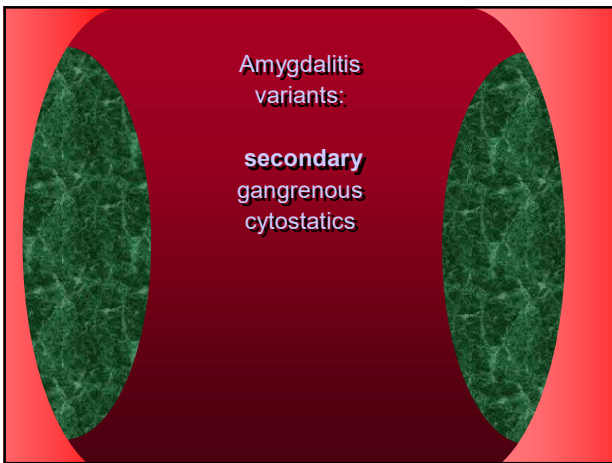
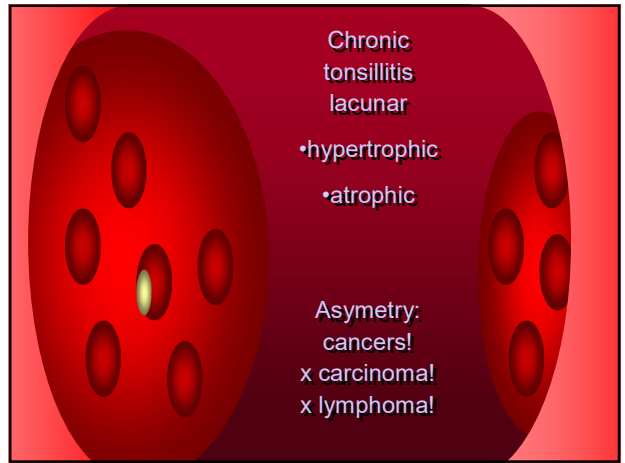
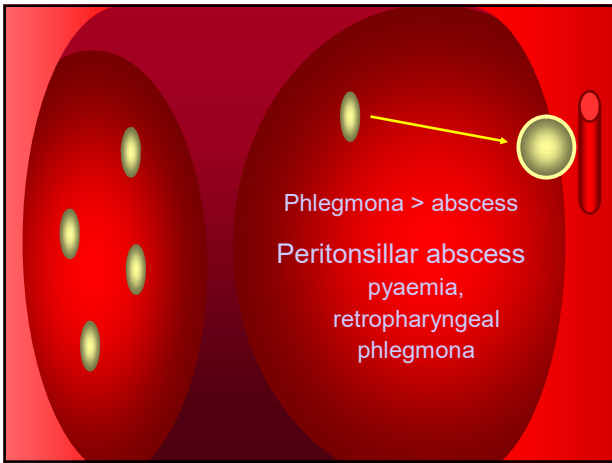
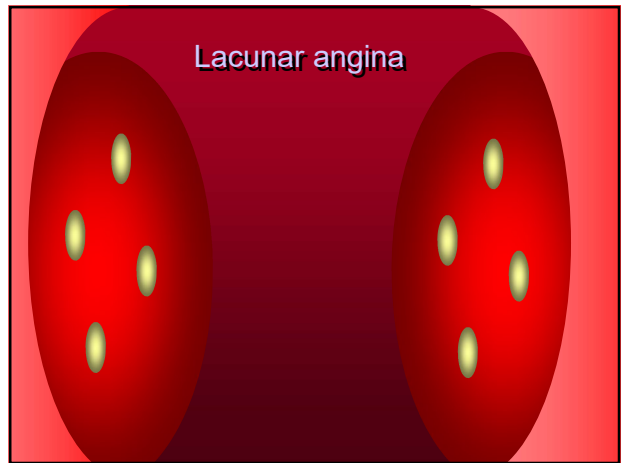
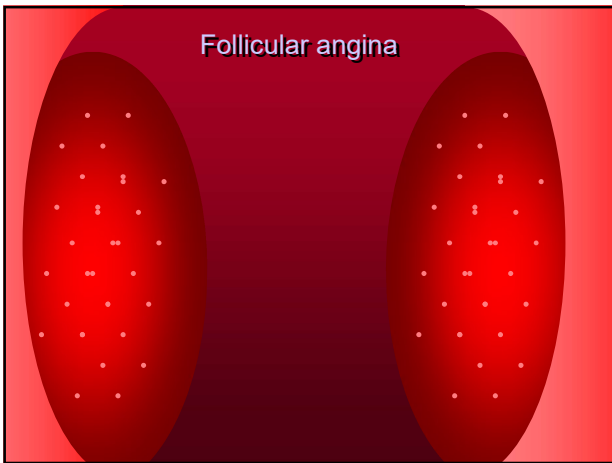
## Tonsillitis

acute

chronic  
(angina)

acute:

- catarrhal
- (follicular)
- lacunar

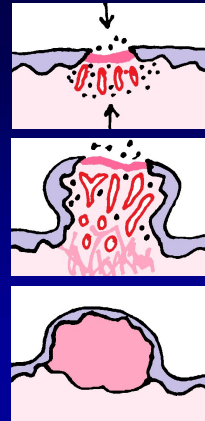


## Hyperplasia:

Focal:

- Pyogenic granuloma
- Epulis

Difuse hyperplasia - drugs



Irritation ulceration

Pyogenic granuloma

Irritation fibroma

**Epulis:** Epi-ulon „on the gum“

- **giant cell epulis /granuloma**
- Fibrotic epulis - pregnancy

**difuse  
hyperplasia**  
Epilepsy  
Hydantoin

### Benign tumors

- **Papilloma**

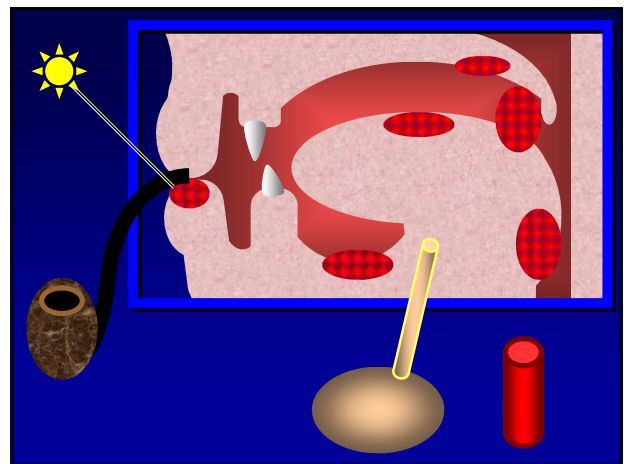
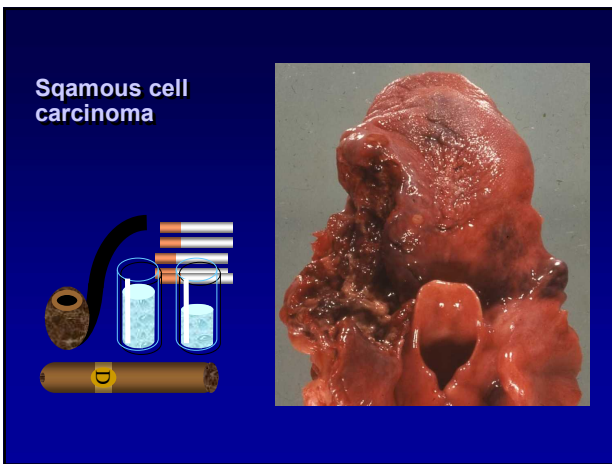
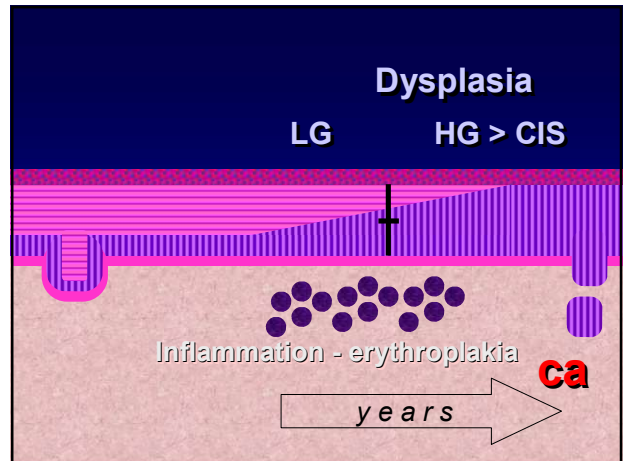
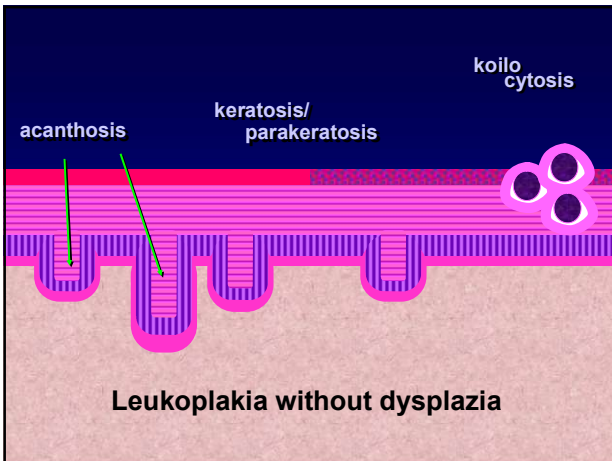
### Malignant tumors

- **CA**
- **lymphoma**
- **Melanoma**
- **Kaposhi sa**

precancerous laesions

### **Leukoplakia**

chronic  
non-removable  
Dysplasia +/-



**salivary glands**

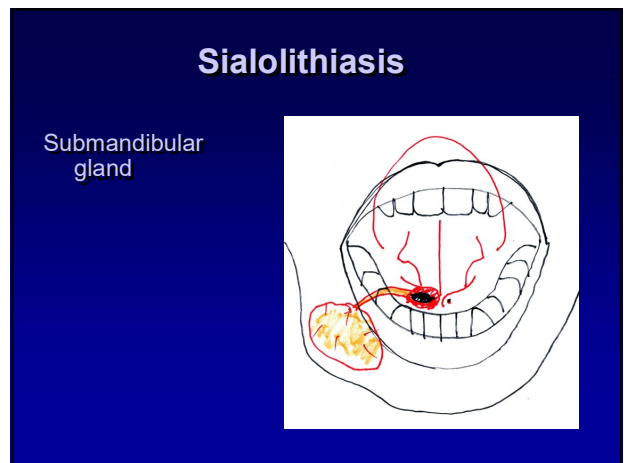
**lithiasis**

**Pseudotumors – cysts**

**inflamm:**

- Parotitis epidemica
- Bacterial
- Autoimmunne

**Tumors**



## sialoadenitis

### inflamm:

- Parotitis epidemica
- Bacterial
- Autoimmunne

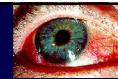
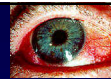
## Bacterial sialoadenitis

ascendent  
unilat  
dehydratation  
postoperative

Lithiasis

## Parotitis epidemica

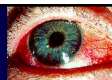
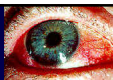
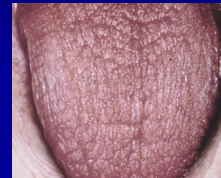
paramyxovirus  
70% bilat  
lymphocyt > neutrofil  
orchitis / oophoritis / pancreatitis  
/ myocarditis



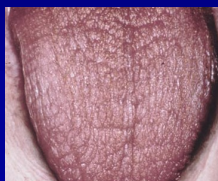
Keratokonjunktivitis sicca

## Sicca sy

Xerostomia



## Autoimmunne sialoadenitis Sjögren sy

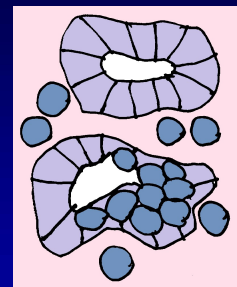


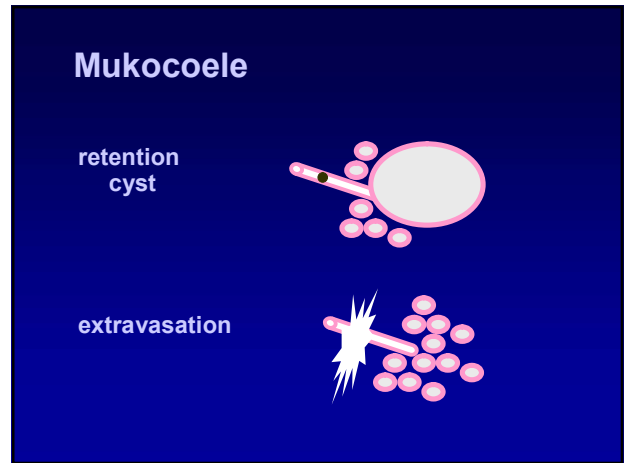
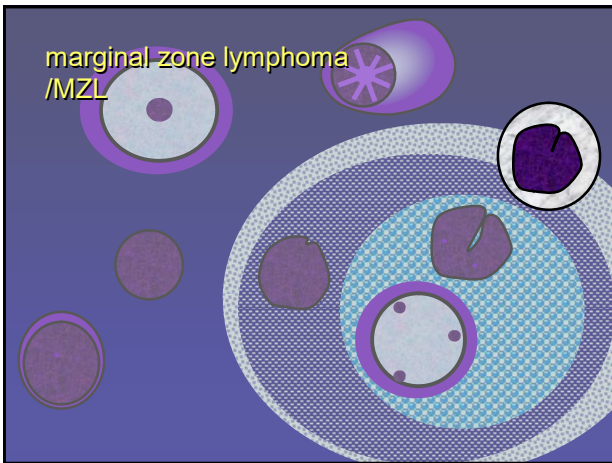
90% females 40-60 y

### morphology

tissue destruction  
scarring  
lymphocyt – MALT  
lymphoepithelial laesion

MALT lymphoma!





### tumors of salivary gl

Epithelial **benign**

- \* Pleomorphic adenoma (45%)
- \* Warthin's tumor

Epithelial **malignant** (carcinomas)

- \* Adenoid cystic
- \* Mucoepidermoid

Lymphoma: MALT lymphoma

### esophagus

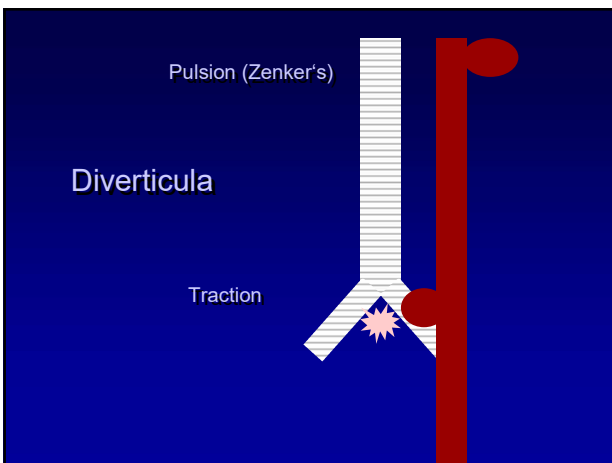
Non neoplastic

Reflux

Inflam

Tumors

clinic:  
Dysphagia  
Pain

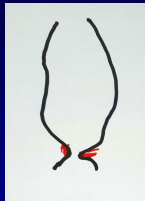


### varices

massiv haemorrhage

50% alcoholic cirrhosis exitus

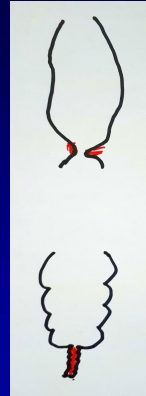
autopsy: poor findings



Megaesophagus

**Achalasia**

ganglion cells  
(degeneration)



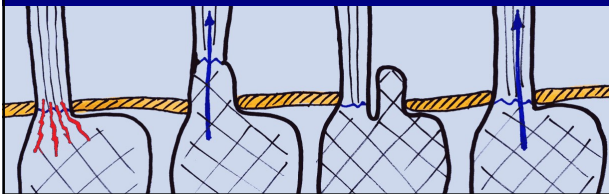
Megaesophagus  
x  
Megacolon  
(Hirschsprung d.)

### Esophagogastric junction

Mallory  
Weiss

Hiatal hernia

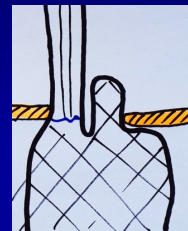
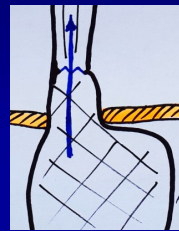
GE reflux



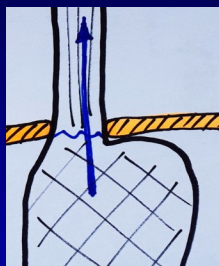
### Hiatal hernia

H. sliding  
(par glissement)  
95%

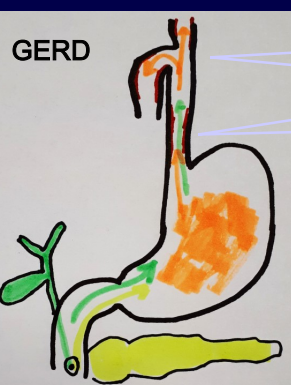
H. paraesophageal  
strangulation



### Gastroesophageal reflux (GERD)



esophageal sphincter  
HCl  
pepsin



extraesophageal  
reflux

reflux esophagitis

Barrett  
adenoCA

# Esophagitis

## physical

- reflux – ulcers
- corrosive
- hot drinks
- postradiation

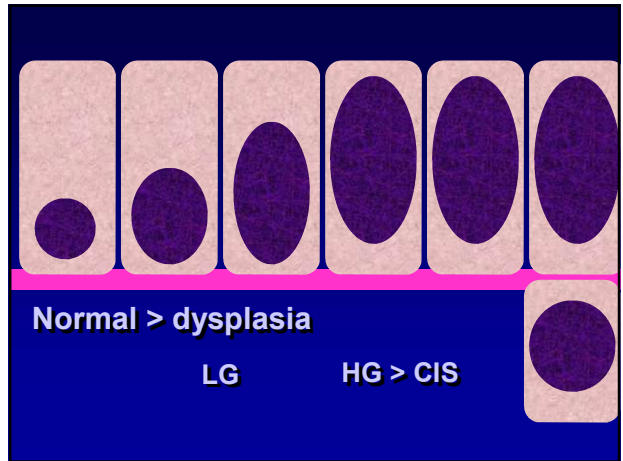
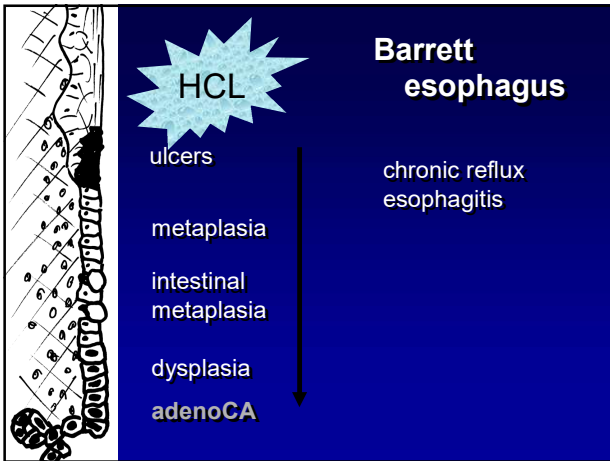
## non infective

- eosinophil /allergy, children
- Crohn d

## infective /immunodeficit

- Candida – pseudomemb
- herpes, HPV
- CMV ulcers

# Barrett esophagus



# Tumors of esophagus

## Benign

- papilloma
- lipoma
- leiomyoma

## Malignant

- squam. CA
- adenoca

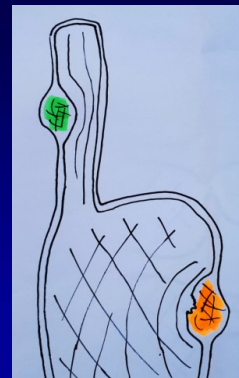
- melanoma
- lymphoma

/GIST

leiomyoma



GIST



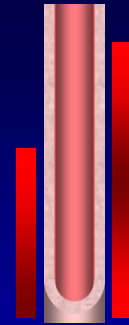


# Leiomyoma

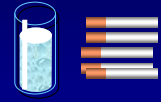


# adenoca

intestinal type



# squam ca

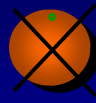


# Squamous cell ca

Males 50 yy

Europe: alcohol cigaretts, nutritional deficit in alcoholics

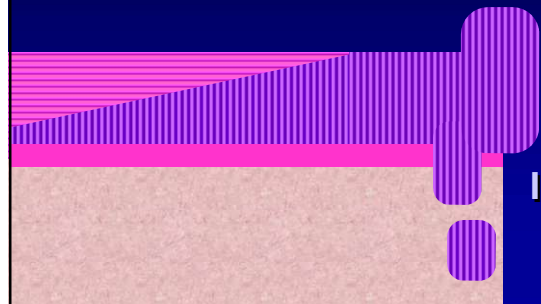
Other: mycosis, avitaminosis, malnutrition, conservative chemicals, hot drinks /tea?



# Dysplasia

LG

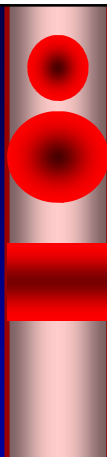
HG > CIS



# Circumscript growth

Stenosis

Cachexia

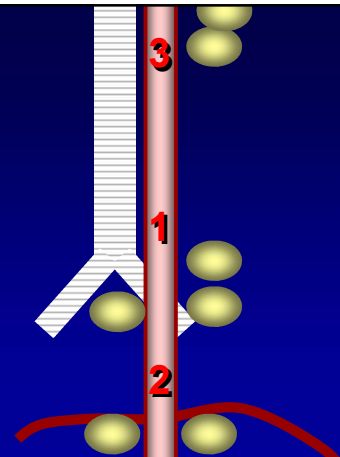


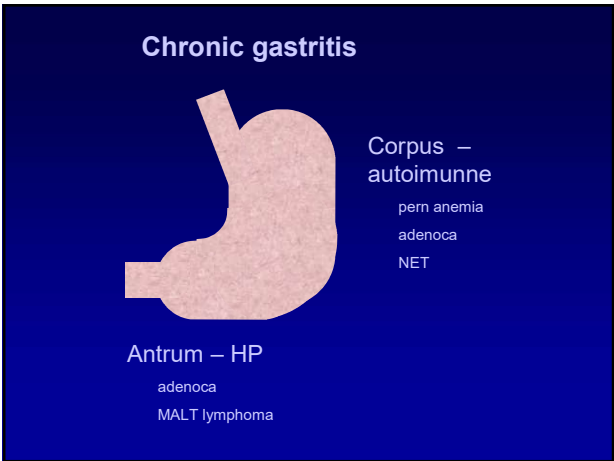
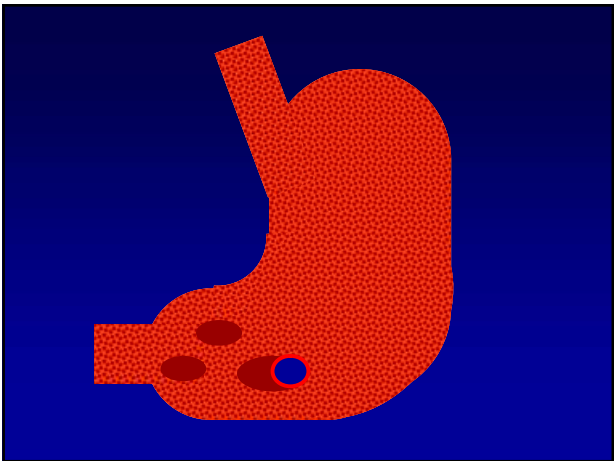
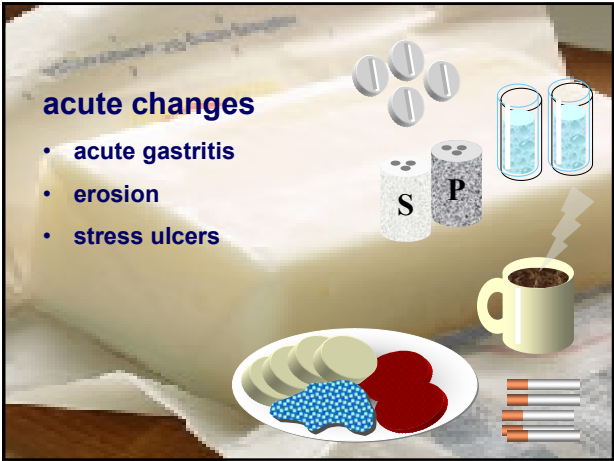
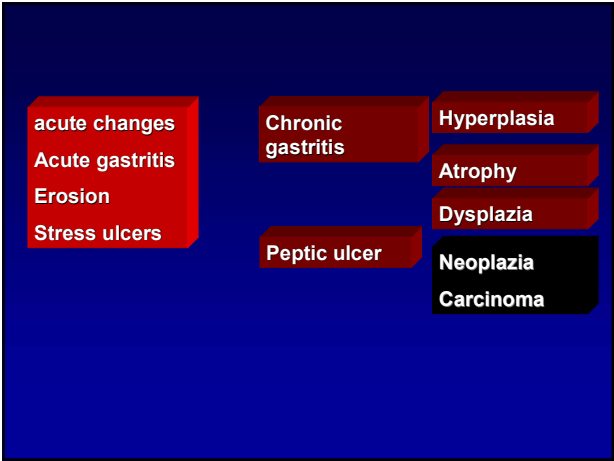
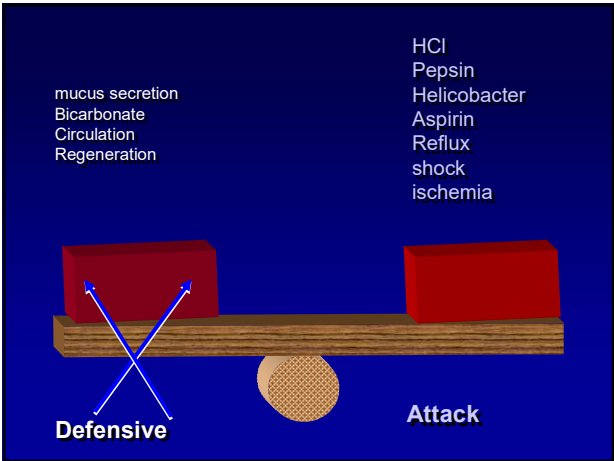
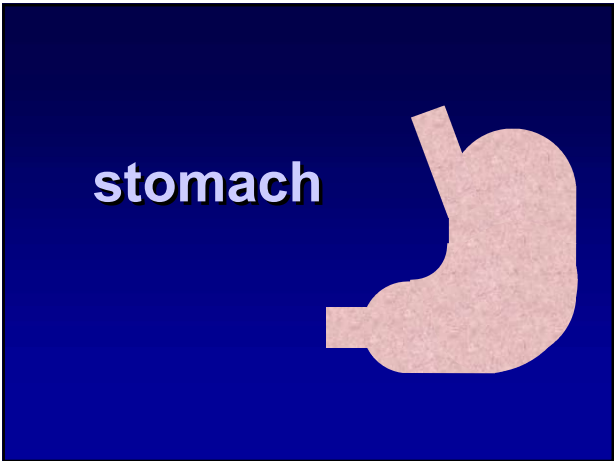
# spread

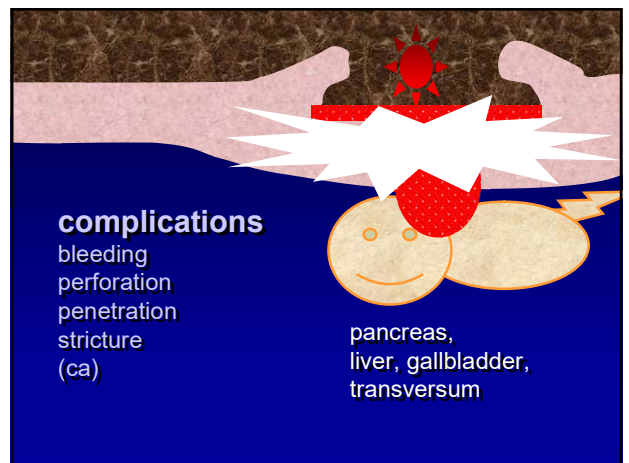
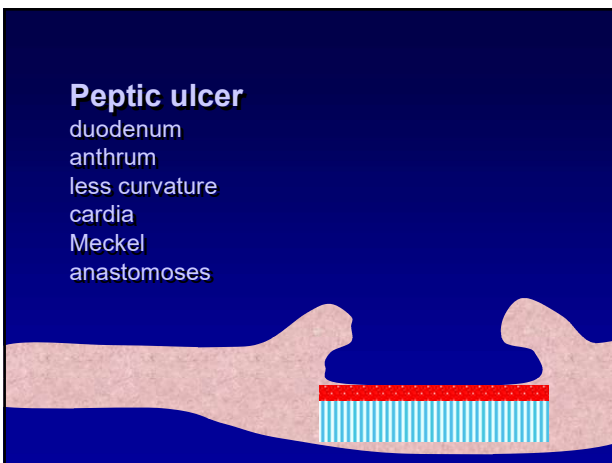
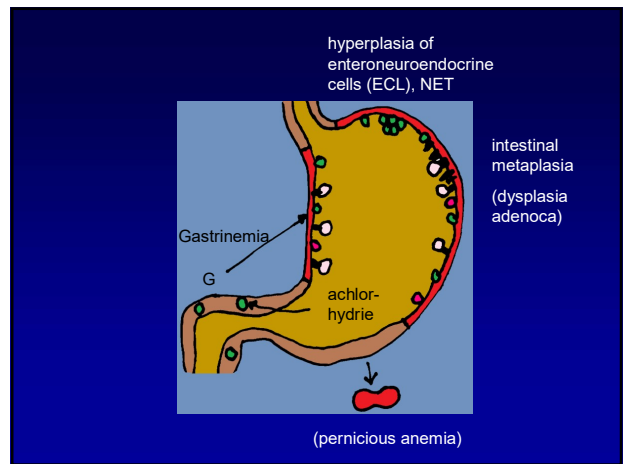
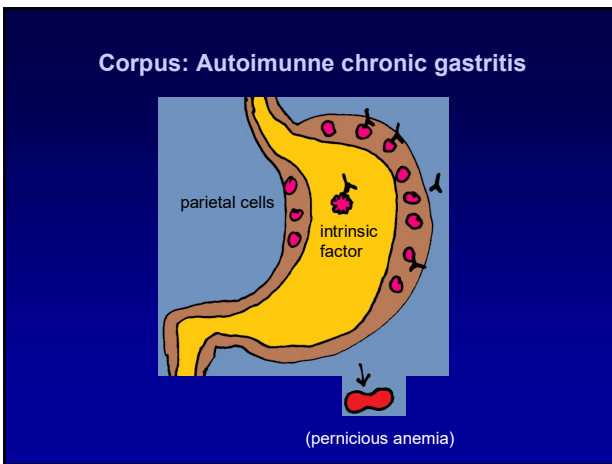
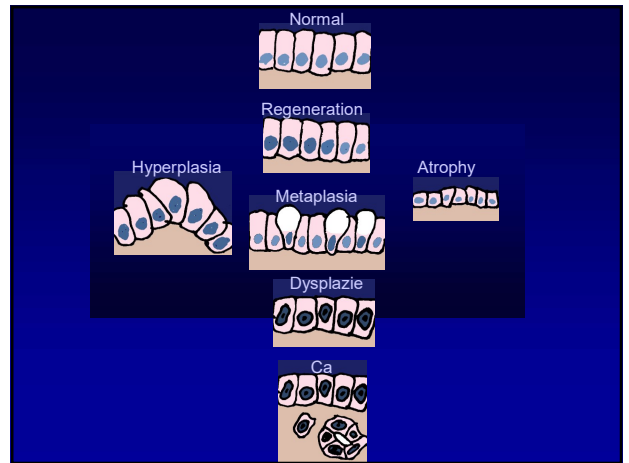
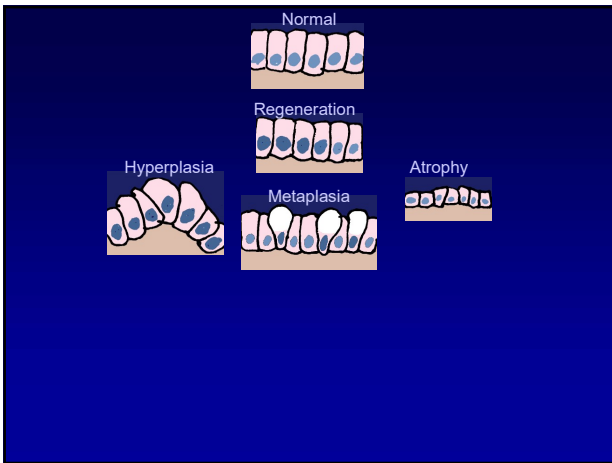
Lymphogenic

Hematogenic

Local invasion:  
trachea  
aorta





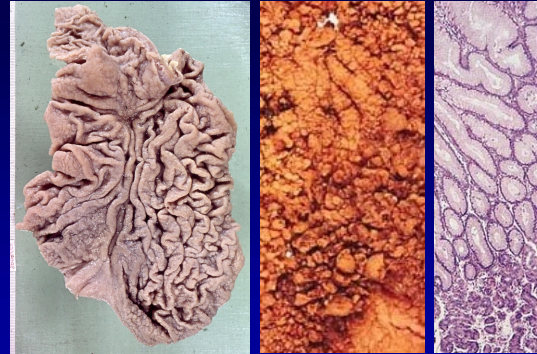
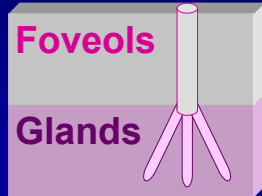


**Hyperplasia:**

- polyps
- diffuse:

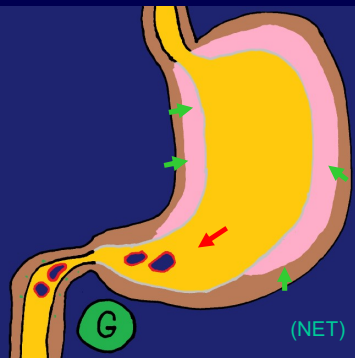
Ménétrier's d.

Zollinger-Ellison  
(gastrinom)



Zollinger-Ellison sy  
(gastrinoma)

peptic  
ulcers



**polyps**

Dysplasia  
Adenomas!



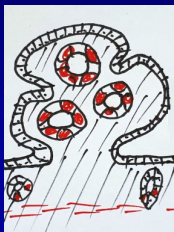
adeno  
Ca!

**polyps**

fundic glands

- hyperplastic
- retention
- hamartogenous

adenomas



**Tu stomach**

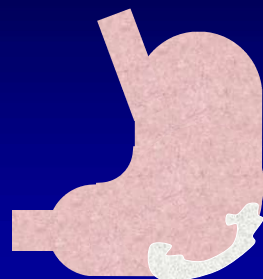
Epithelial:

Carcinoma

Lymphoma,

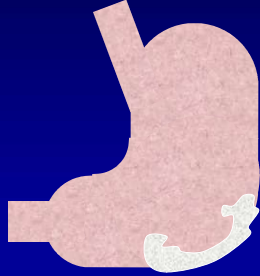
MALT lymphoma

GIST



## epithelial tu stomach

- Premalignant :
  - dysplasia
  - adenoma
- **AdenoCA**
- Neuroendocrine tumors
  - carcinoid NET
  - carcinoma NEC large cell/small
  - gastrinoma



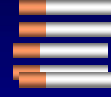
## Gastric ca

2m : 1f



**HP**

reflux

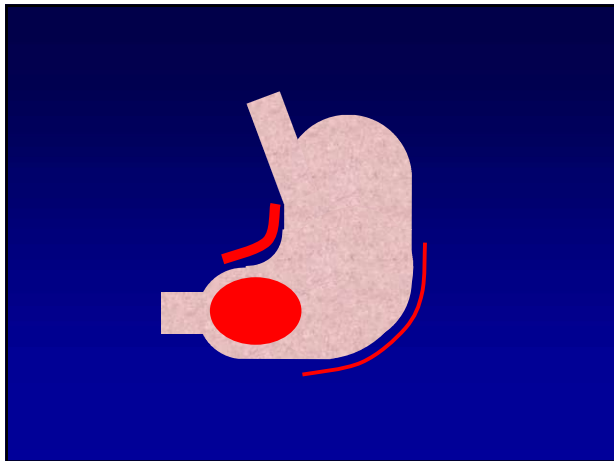


free radicals

nutritional deficit vitamins + trace elements



antioxidans

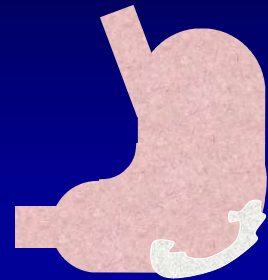


## classification:

Invasion

Growth /gross

Histologic structure



## Invasion

early

advanced



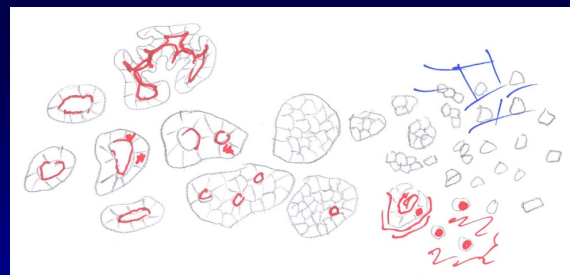
## Growth

Exophyt polypous

Flat

Infiltr exulcerated

difuse

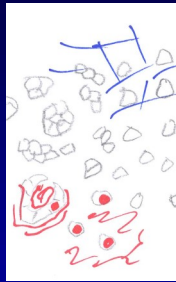


Intestinal type

Lauren



Difuse type



scirrhous

AdenoCA difuse =  
purely cohesive

mucinous



## spread

Lymphatics

Hematogenous: liver

Porogenous: carcinosis

## Virchow's lymph node



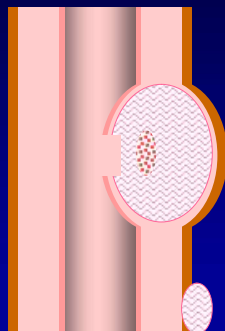
## Krukenberg's tu

Friedrich Ernst Krukenberg  
German gynaecologist and pathologist  
1871-1946 (1896)



## GIST gastrointestinal stromal tumors

- benign
- uncertain prognosis
- malignant



2% tu of stomach  
2/3 in stomach  
1/3 mal  
1m:1f

## PROGNOSIS:

Size /mitoses  
/localisation

