

TUMORS OF THE SMALL AND LARGE INTESTINES



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Tumors of the small and large intestine

Classification

❖ *Non-neoplastic polyps*

- ❖
- ❖
- ❖
- ❖

❖ *Neoplastic (epithelial) polyps*

- ❖
- ❖
- ❖
- ❖
- ❖

❖ *Mesenchymal lesions*

- ❖
- ❖

❖ *Lymphoma*

- Diffuse large cell lymphoma

Intestinal Neoplasms

Small intestine= neoplasms are rare

Benign tumors

- **MC** (membranous cells) = **Adenoma**
- **MC site** - **ampulla of Vater** (the union of the pancreatic duct and the common bile duct)
- **Complaints**= occult blood loss/ rarely-obstruction or intussusceptions
- Associated with familial polyposis
- **Rx** =surgical excision difficult
- **Clinical Course**=premalignant

Malignant tumors

- **MC**= **Adenocarcinoma**
- **MC site** - Duodenum
- **clinical** -intestinal obstruction
- **occult blood loss** -only sign
- if involves **ampulla of Vater** -cause fluctuating obstructive jaundice
- **Risk factors**
 - Most tumors -no identifiable factor Crohn's celiac disease

SMALL INTESTINAL NEOPLASMS

- 3-6% of GIT neoplasm, slight preponderance to benign tumors.
- **BENIGN**
- Discovered incidentally, leiomyoma, adenoma and lipoma
- Large lesions may cause obstruction, bleeding, intussusception, volvulus.
- **ADENOMAS**
- Single or multiple polyps, most often in the duodenum and ileum.
- There is a risk of malignancy with larger adenomatous polyps.
- **MALIGNANT**
- In descending order of frequency: carcinoid, adenocarcinomas, lymphomas and leiomyosarcomas.
- Leiomyosarcomas have tyrosine kinase receptors, can be treated by STI-571(gleevec)

Adenoma in duodenum



INTESTINES – PATHOLOGY TUMORS

L I Tumors

Benign

Nonneoplastic Polyps

Adenomas

Familial Polyps

Malignant

Colorectal Carcinoma

Carcinoid Tumor

GI Lymphoma

Miscellaneous Tumors

Anal Canal Tumors

Intestinal Neoplasms

Large intestine= neoplasms are common

Benign tumors

MC = Adenoma= Polyp

MC site of GI Polyps= Colon

Types

- *Non-neoplastic* (**Hyperplastic**, inflammatory, hamartomatous)
- *Neoplastic* or adenomatous(**Tubular**, Villous, Tubulo-villous)

Malignant risk of adenomatous polyps correlates with:

1) polyp size (> 4cm)

2) degree of dysplasia

3) extent of villous component (More villous= more cancerous)

Feature	Non-neoplastic	Neoplastic
Frequency & Age	MC (90%) young people Mostly Hyperplastic,	Only 10%, elderly people Mostly Tubular
Dysplasia	without dysplasia	With dysplasia
Mechanism	excess production of epithelial cells than their loss	Mutations in genes
Complication	No risk of malignancy	premalignant

Tumours of the small and large intestine

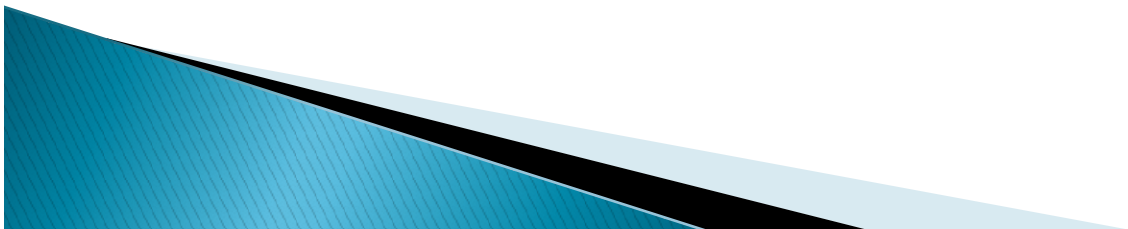
● **The most common:**

● **Epithelial tumours**

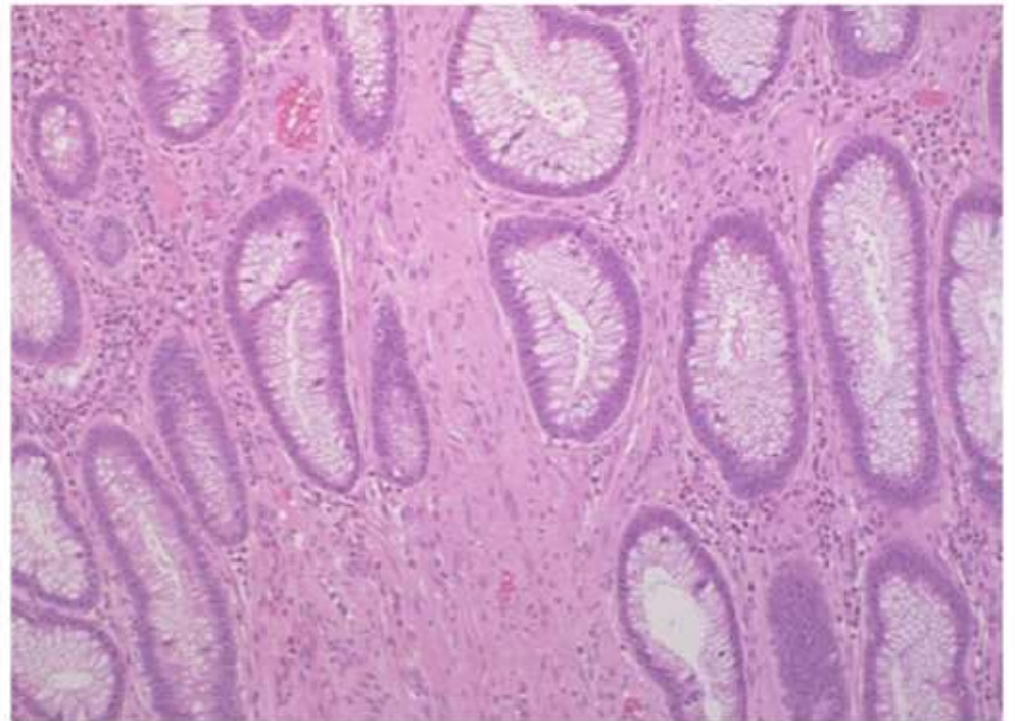
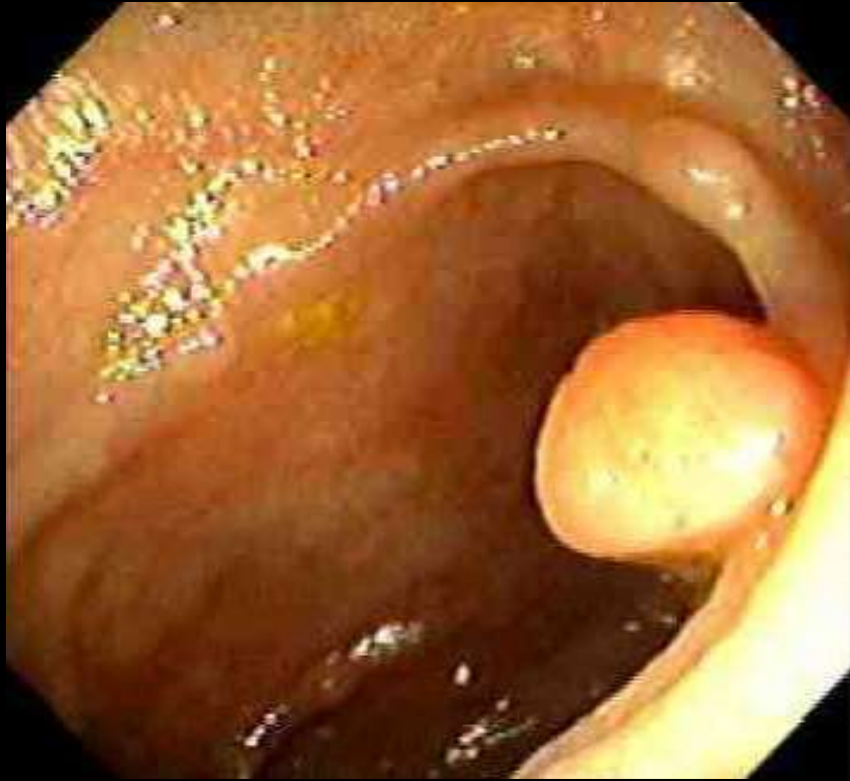
● **colorectal
primary tumors**

● **Adenocarcinoma
malignancy**

● **Benign tumors,**



Hamartomatous polyp



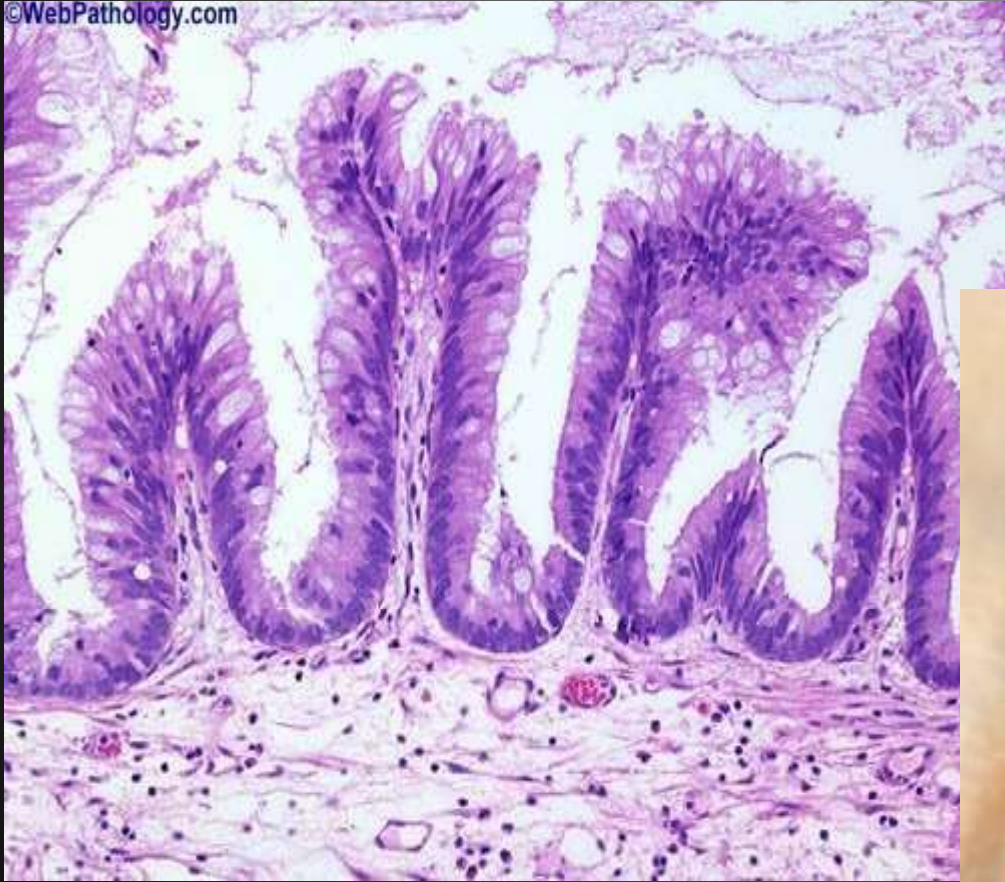


Tubular adenoma



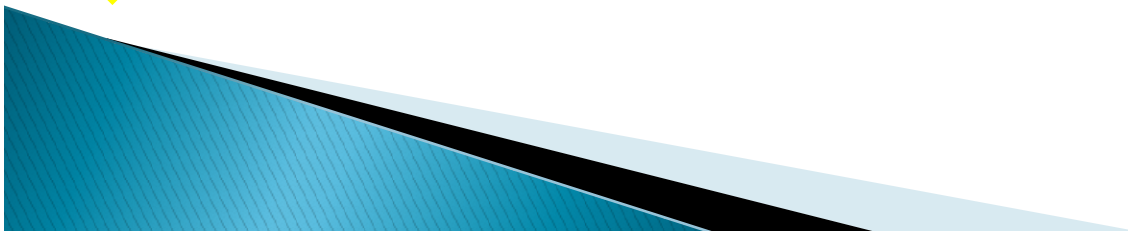
Villous Adenoma

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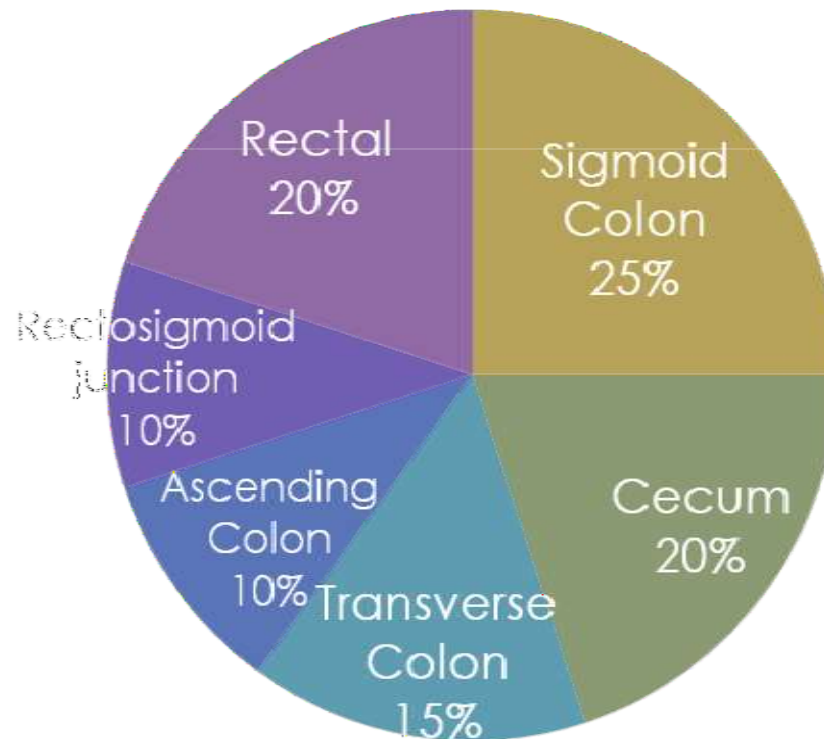


Malignant Tumors of Large Intestine

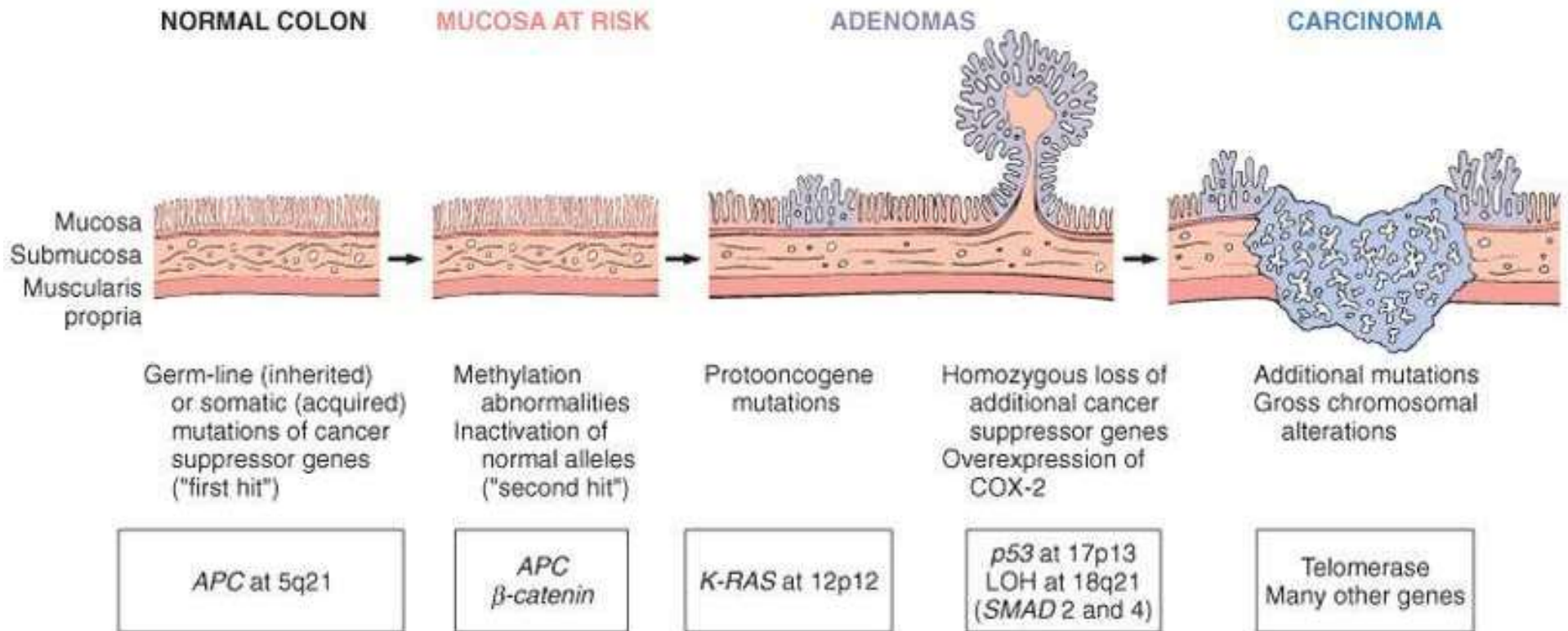
Adenocarcinoma



Anatomic Distribution



Carcinogenesis



Malignant Tumors of Large Intestine

Adenocarcinoma

Causes

➤ **Predisposing factors: IBD, polyposis syndrome**



exerts a

➤ Alcohol, Tobacco

Early carcinomas

-
-
-
-
-
-

Advanced carcinomas

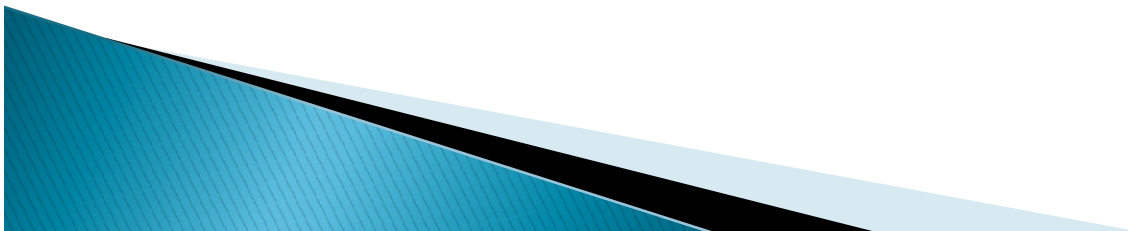
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- Ulcerated
- Diffusely infiltrating

Colorectal Carcinoma

Clinical Features

- ❖
- ❖ Abdominal pain and tenderness
- ❖ Blood in the stool
- ❖ Diarrhea
- ❖
- ❖ Weight loss
- ❖ Weakness, malaise unexplained anemia

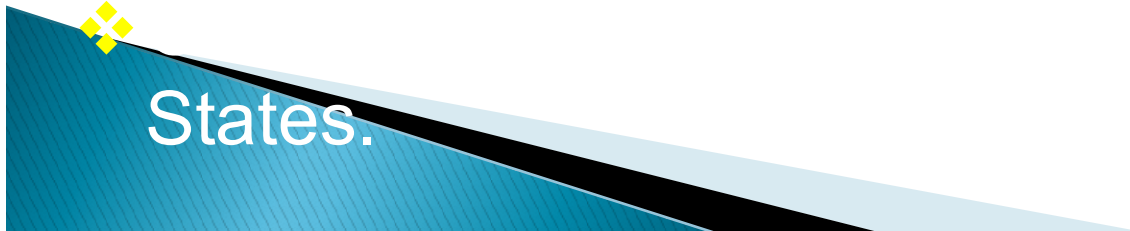


Colorectal Carcinoma

❖ Spread



States.

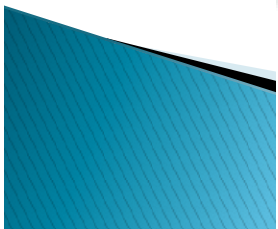
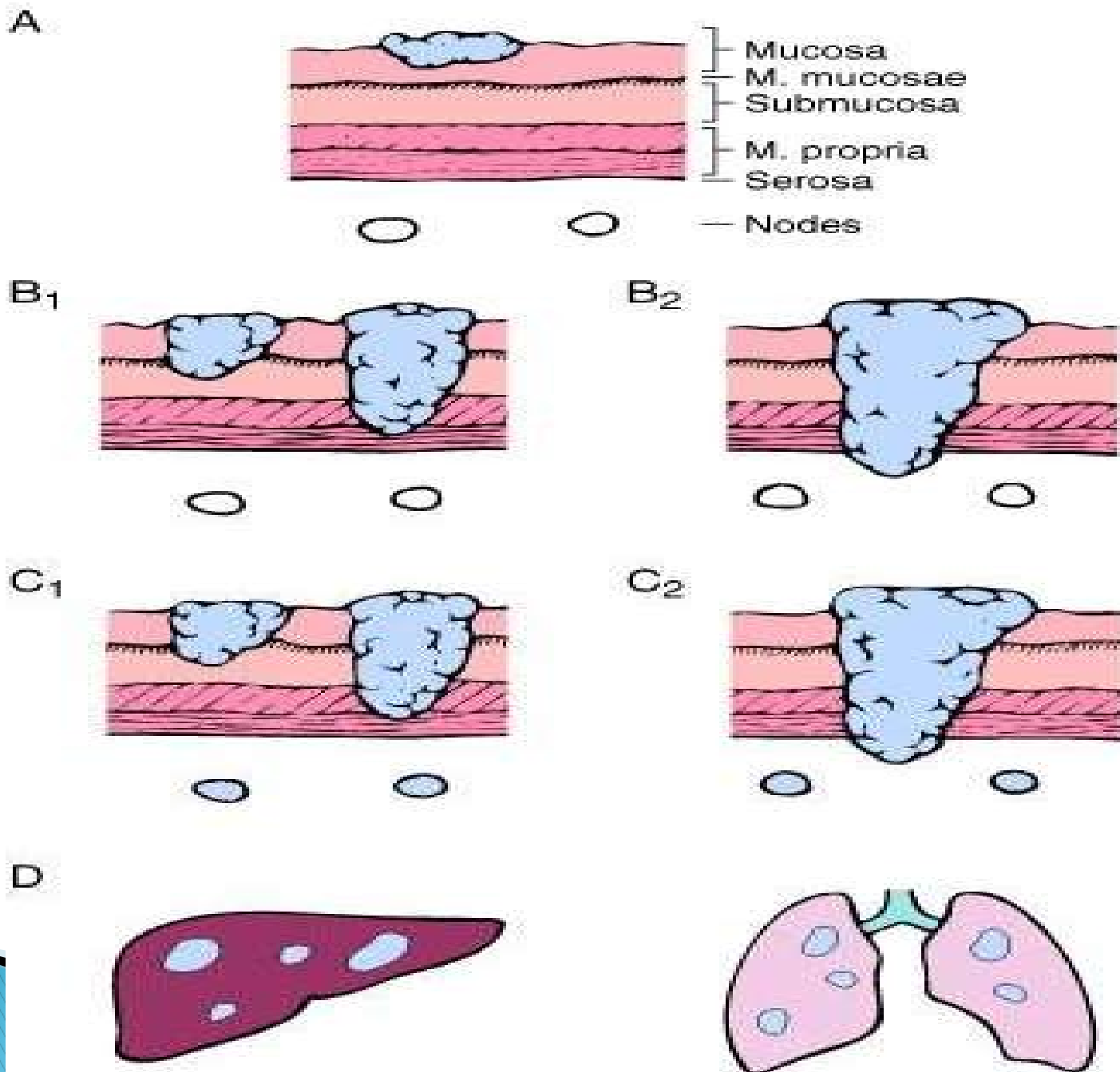


Staging

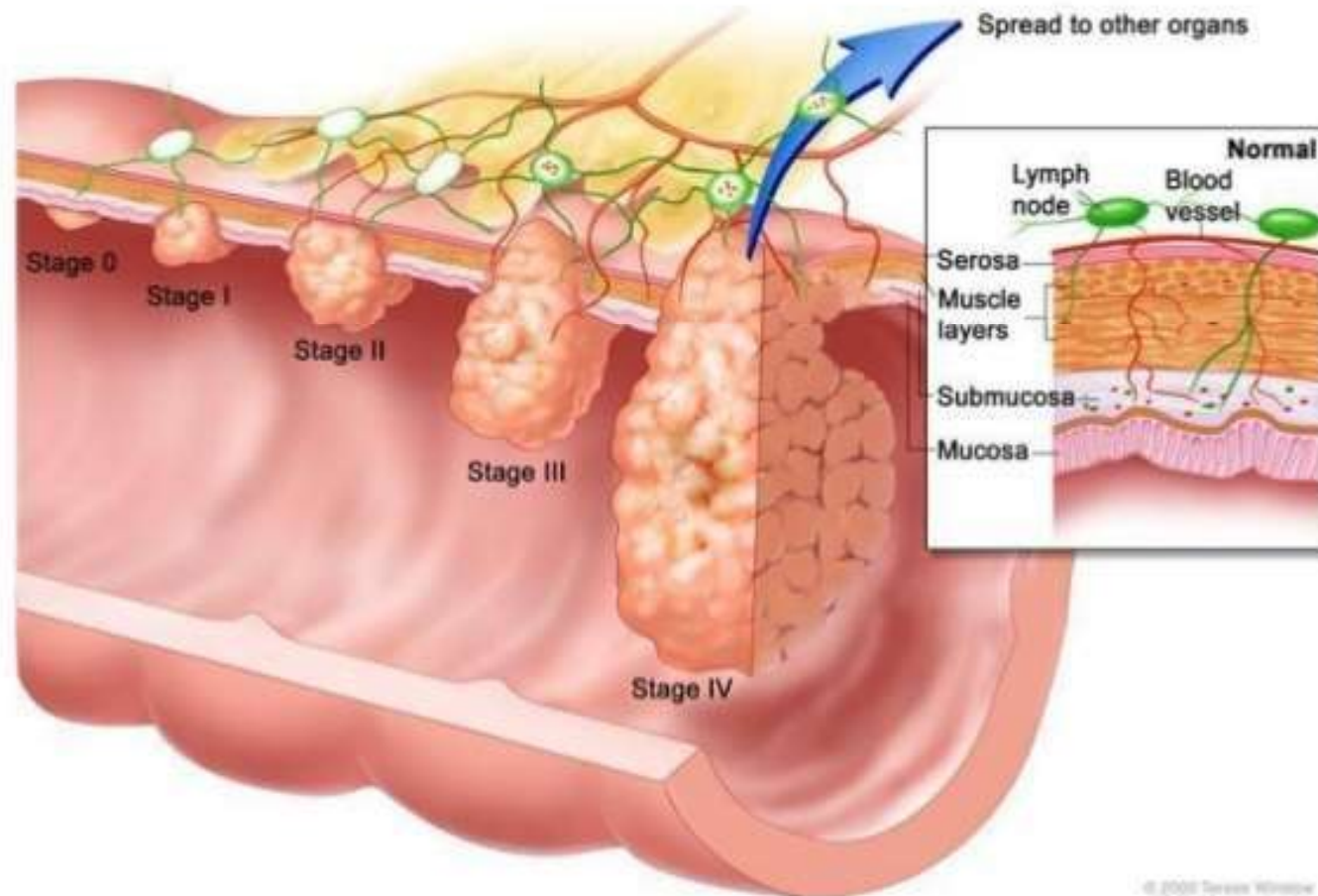
- Tx:
- Tis:
- T1:
- T2:
- T3:
- T4a:
- T4b:

is attached to cr





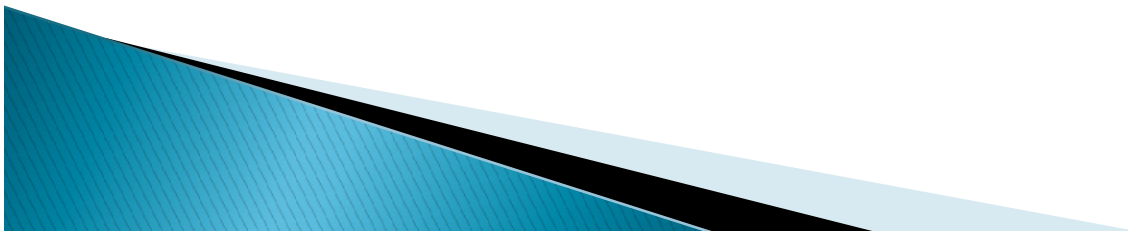
Stages of Colorectal Cancer



Colorectal Neoplasm

Other Tumors

- ❑ Malignant spindle cell (mesenchymal)
- ❑ Carcinoid tumors
- ❑ Squamous cell carcinomas
- ❑ Malignant melanoma



Small Intestinal Neoplasms

Carcinoid Tumors

- endocrine cells Kulchitsky
(enterochromaffin)

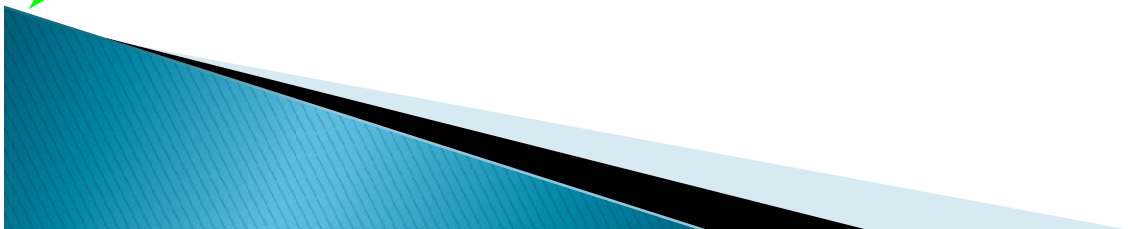


- *Other Location:*

- *Peak age:*



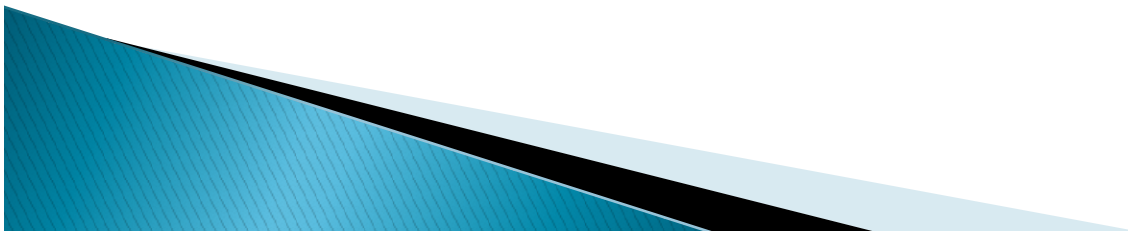
- *seldom metastasize.*



Carcinoid Tumors

Pathological Lesion

- ❖ **Round submucosal** **yellow or yellow-gray**
serosa.
- ❖ **frequently multiple**
- ❖ **trabecular, insular, glandular or**
undifferentiated
- ❖ **neurosecretory electron dense bodies in**

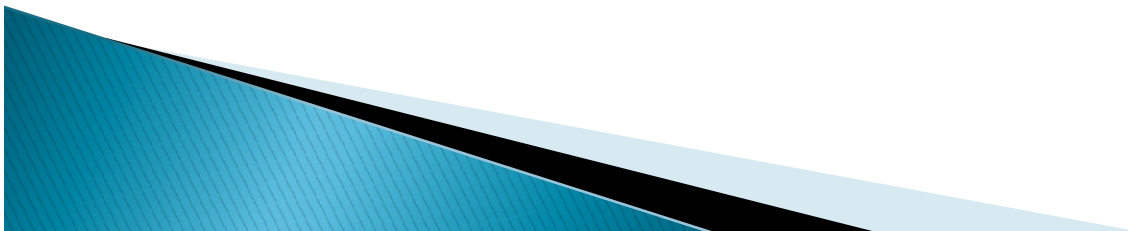


Small Intestinal Neoplasms

Carcinoid Tumor

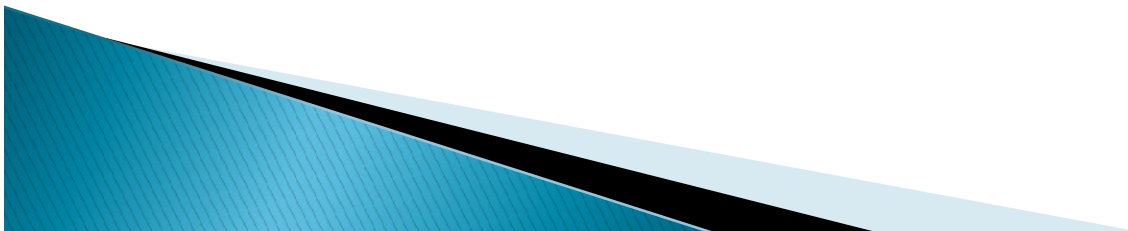
Clinical features

- ❖
- ❖
- ❖
- ❖
- ❖



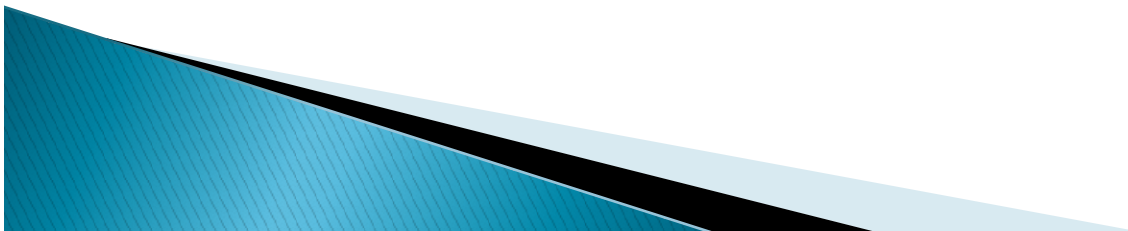
Small Intestinal Neoplasms

Lymphoma



Small Intestinal Neoplasms

Lymphoma

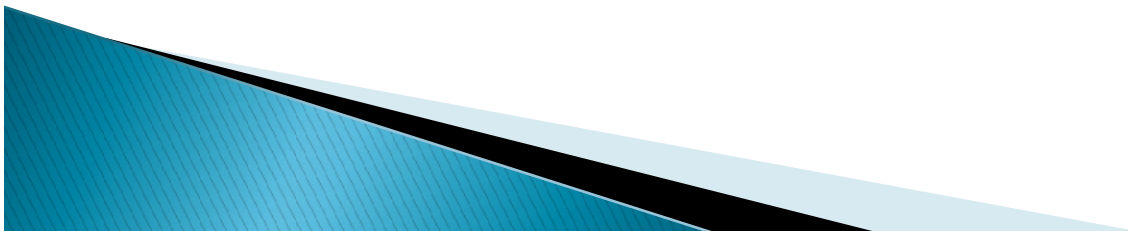


Small Intestinal Neoplasms

Lymphoma

Helicobacter associated chronic
gastritis.

Celiac disease

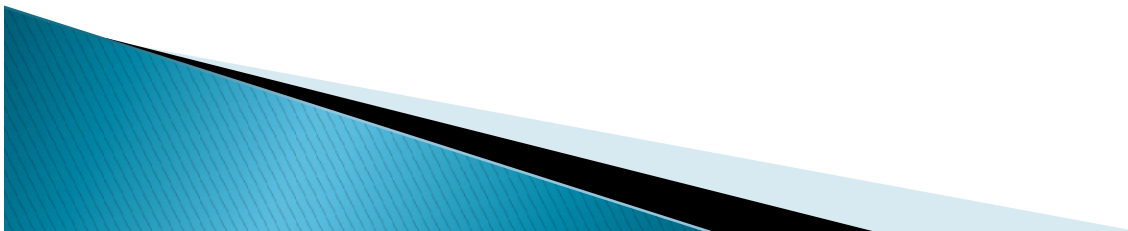


Small Intestinal Neoplasms

Lymphoma

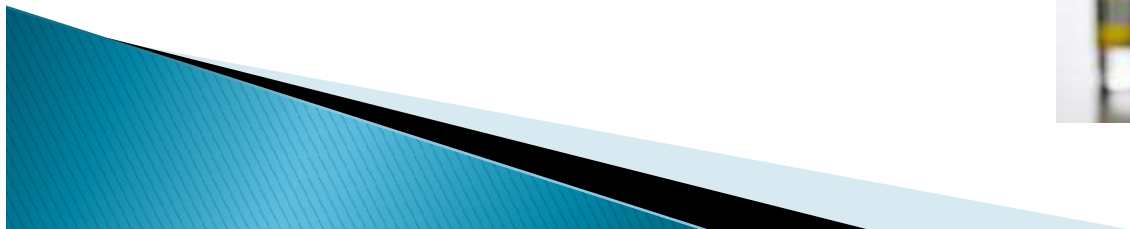


□ Treatment:



Therapy

- ← Chemotherapy
- ← Radiotherapy
- ← Photodynamic therap
- ← Radical surgery
- ← Gene therapy



THANK YOU