70 yo female

- B-cell CLL (FD 2000) – multiple accelerations and chemotherapy cycles until 04/2015
- Breast cancer 2007, resection 07/2007, radiatio 09-11/07 60 Gy
- Chronic renal failure CKD Stage III

- Chronic diarrhea since 04/2015 with severe malnutrition (>20% BW in 6 months, >10 diarrhea/d )
Colonoscopy 10/2015

Normal findings
Gastroscopy 10/2015

Submucosal tumor Antrum
Gastroscopy 11/2015

Submucosal tumor Antrum, palpabel rough, non relocateable

Severe oesophagitis
Endosono 11/2015

Submucosal tumor Antrum, calcifications, hyperperfusion lam. musc. mucosae
Histology

Severe Oesophagitis

Neutrophil granulocytes
76y  female

- 2012: Chronic diarrhoea under lactose-free diet no symptoms until 09/2015
- Since 09/2015 pulpy faeces two times each morning
- Psychiatric Sx: Depression, sleep disturbances
- Improved under gluten-free diet but anti-gliadin and anti-transglutaminase antibodies –ve (19/Jan)
- Calprotectin = 50.5 mg/kg (25/Jan)

→ Colonoscopy on 28/Jan/2016
Colonoscopy 28/Jan/2016

- sigma divertikulosis,
- hyperplastic polyps in sigmoid colon and rectum,
- singular angiodyplasia in ascending colon

→ otherwise macroscopically normal colonoscopy
Histology

- microscopic colitis: lymphoytic subtype
  - overview: crypt architecture is not distorted
  - detail: intraepithelial lymphocytes (IEL) > 20 / 100 epithelial cells
Mr. PB, 44yo

Diagnoses:
- Cystic Fibrosis
- Liver cirrhosis Child A
- Bilateral Lung transplantation in 1998 under Prednison, Prograf, Cellcept
- Chronic pansinusitis and septal deviation
- Pancreas insufficiency
09/2015

- Control Gastroscopy for known reflux oesophagitis (pHmetry consistent) and coloscopy +/- polypectomy
- Gastroscopy: suspicion of Barett Oesophagus C0M1
09/2015

- Coloscopy: 2 sessil polyps in C. Ascendens, 1 Polyp in Sigma
09/15

- Biopsy from Oesophagus: ICH for HSV positiv
73 year old male

- Marfan syndrome
  - type A dissection 1991 → supracoronary ascending aortic replacement
  - Y-prosthesis aortic replacement 2001
  - aortic re-dissection 2009 → composite graft with biological valve, aortocoronary bypass

- coronary heart disease
- renal insufficiency
- COPD
73 year old male

- January 2016:
  - diarrhea, hematochezia, dehydration
  - norovirus, clost. diff., stool culture negative
  - ct scan 01/2016:
    - 1. colonic wall thickening of transversum, descendens & sigmoideum
    - 2. dilatation of thoracoabdominal aortic aneurysm, partial thrombosis
    - 3. inferior mesenteric artery not detectable
      → collateral circulation through superior mesenteric artery
Colonoscopy 01/2016

Erosions and ulcers in the sigmoid colon
Histology

Hyalinisation at Lamina propria
51yo female

Evaluation mucosal healing surveillance and control.

PMH:
- UC (ED 2007)
- in remission with TNF inhibitor (since 9/15) every 8 weeks
- AE: hair loss

- Lab: Hb 140g/l, Tc 280 G/l, INR 1.0, Lc <, CRP<3mg/L
- infliximab trough level 6.47yg/ml)
Colonoscopy 02/2016

Incidental finding
Polypoid lesion terminal ileum

Post snare resektion & clipping
Histological results

- Nodular spindle cell proliferation under the lamina propria
- Abundant presence of collagen-rich stroma
- No signs of increased mitosing activity
- Well-delineated submucosal tumor