241 XVII. Diseases of the Digestive System

Amoebic Dysentery III- 4, 3. 441							
A piece of large intestine:							
Mucosa:	 Is swollen (in parts) Soft (in parts) Shredded and necrotic Greenish-yellow (bile-stained) With blood-stained sloughs Ulcerated (in parts) 	Flask-shaped amoebic ulcers Surface new of storm Surface new of storm Wider storm have a position Wider storm have					
Mucosa in between ulcers:	Rather healthyNot inflamedNo exudate						
Ulcers:	 Numerous Small (some) Moderately-large (1 cm. in diameter; few) Rounded in shape (majority) Slightly irregular (few) Rather deep Well-spaced 						
Margins: Edges:	Are raisedUnderminedFlask-shaped						

N.B.I:

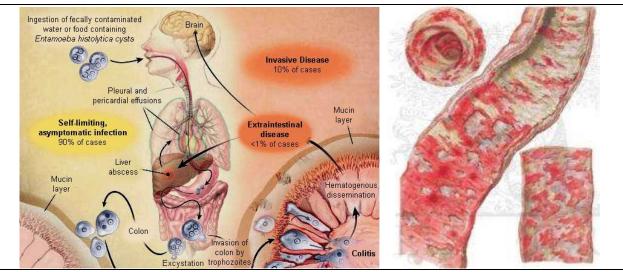
Sites of lesions in amoebic dysentery are mainly in the large intestine specially:

- 1. Caecum and ascending colon.
- 2. Sigmoid colon and rectum.

The main lesions:

- At first, there occurs a pre-ulcerative stage when the Entamoeba histolytica go deep into the mucosa and submucosa.
- There occur small areas of necrosis which, at the level of the muscularis mucosa, spread laterally (in the submucosa) to form a <u>narrow neck and a broad base</u> (collar-button ulcers will result from this undermining of overlying mucosa).
- The overlying surface-mucosa is deprived of its blood supply (ischaemic necrosis), undergoes sloughing and finally an ulcer is formed.

• <u>The ulceration, being the result of chemical digestion of the necrosed tissue</u> (by active proteolytic enzymes), shows no suppuration (except in very rare cases, when there is superadded secondary infection from the intestine).



N.B.2:

Many individuals harbor the parasites without developing the clinical disease; others
develop the disease and its anatomic lesions (insidious diarrhoea, painful cramps at
abdomen, and colitis).

Intestinal Amoebiasis III – 4, 3. 44la					
A piece of large intestine:	• <i>Peritoneal covering:</i> • Somewhat dull				
Shows areas of healthy mucosa:	No ulcers in them.				
	Other areas show ulceration				
Ulcers:	Numerous				
	Large				
	Irregular				
	Confluent				
	Necrotic				
	With shredded sloughing material				
	Reddish (blood-stained)				
	Greenish-yellow (bile-stained)				
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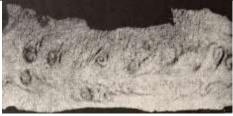
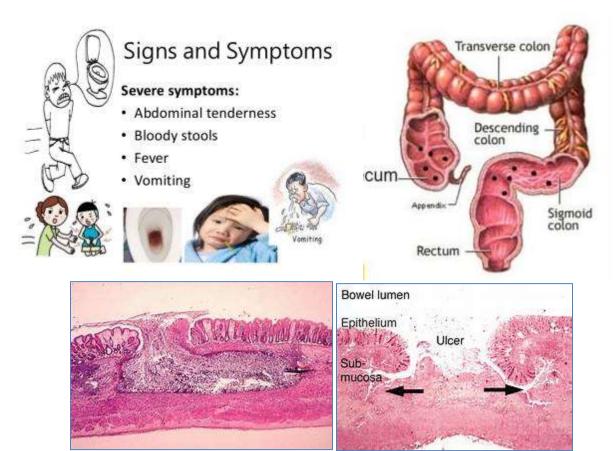
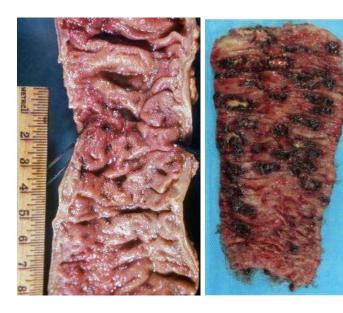


Figure 139
Nature Amoebic Dysentery (large intestine)

Specimen No.: III-4,3.441 Reference P. 241







This is the fulminating type of amoebic dysentery.

N.B.:

Complications:

- 1. Intestinal disturbances.
- 2. Occasional formation of a localized area of amoebic granulomatous reaction (amoeboma).'
- 3. Perforation (rare).
- 4. Erosion of portal venules and development of amoebic liver abscess → subphrenic abscess or empyema or/and lung abscess → abscess in the brain or other hematogenous amoebic abscesses.

Amoeboma						
A piece of colon at caecum:		 Is opened to show its interior Shows a mass (with no ulceration)				
	Lun	nen of caecum:	Is reduced	,		
The mass:	 Lies at the junction of caecum and colon Is moderately-large (about 5 x 6 x 7 cm.) Has filled the caecum and produced thickening of its wall Shows necrosis at its margins Has replaced the musculosa at this area Is firm-to-hard in consistence No affection of the adjoining portions of the ascending colon and ileum 					

N.B.:

- The condition was present in a male adult patient who complained, for several weeks, of irregular gastro-intestinal troubles.
- The presence of a **fixed palpable mass**, which was rather tender, in the right iliac fossa suggested the possibility of **appendicular abscess or malignancy**.
- After surgical removal, histologic examination proved the mass to be an amoeboma.