PROCEEDINGS OF THE 14TH AUTUMNAL MEETING
Sept. 1972—Niigata
(Chairman Prof. Dr. Fumihiro Ichida)

Part II
Symposium (IV): Polypoid Lesions of the Intestine

(1) A CLINICAL STUDY OF PRO-TUBERANT DISEASES INCLUDING NEOPLASMAS OF THE SMALL BOWEL—AS COMPARED WITH THE CROHNS DISEASE——

Masayuki Iwasaki
Hideo Uchida
Dept. of Roent., Osaka Univ., Med. Sch.

The neoplastic diseases and the other protuberant diseases of the small bowel were studied comparing with the Crohns disease from the point of view as proteinlosing enteropathy or malabsorption syndrome. Nine patients were studied. Each diagnosis was as follows; adenocarcinoma of the jejunum, leiomyoma of the jejunum, leiomyo sarcoma of the jejunum, reticulum cell sarcoma of the ileum, nonspecific inflammatory tumor with ulcers of the cecum, omental tumor, Meckel's diverticulum with some portion inverted into the bowel, and nodular lymphoid hyperplasia of the terminal ileum. In comparison, two cases of Crohn's disease were also studied.

In the Crohn's disease, a characteristic string sign had been visualized by barium meal study. The 131I-PVP test had been abnormal, which indicated the disease to be proteinlosing enteropathy. The laparoscopic examination and the superior mesenteric angiogram had showed a feature of the disease and we could easily point to the site of lesions of the small bowel. Although the fractional catabolic rate of serum albumin had been elevated on the ground of enteric protein loss, hypoanabolism of albumin had been observed. It was thought to be due to stabant loop syndrome.

Protein loss into the gastrointestinal tract had not been demonstrated in most patients with protuberant disease of the small bowel by means of the 131I-PVP test.

Smooth muscle tumors extending from the outer contour of the bowel had been observed under laparoscopy. Angiographically, leiomyomatous neoplasmas had been well circumscribed masses and there had been evidence of increased blood flow and arteriovenous shunting.

In a case of carcinoma of the jejunum, there had been an obstructing lesion in the jejunum, and the jejunum proximal to the site of obstruction had been markedly dilated. No protein loss had been demonstrated. Angiographically, a few vessels of the jejunum had been slightly irregular. Differentiation between carcinoma and reticulum cell sarcoma could not be made by the tool of the barium meal and the angiography.

Hypercatabolism of serum albumin had
been demonstrated as a feature of a case of nodular lymphoid hyperplasia as well as a case of agammaglobulinemia.

Fecal excretion of fat had not increased in most patients.

In a case of the Meckel's diverticulum, each test had been normal though associated with positive occult blood.

(2) THE INCIDENCE AND DISTRIBUTION OF THE POLYPOID LESIONS OF THE INTESTINE IN AUTOPSIES AND CLINICAL CASES.

Shuji Tsuchiya, Takanori Matsumura and Kosuke Hara,
1st Dept. of Surg., Tokyo Univ. Hosp., Tokyo

The reported incidence of the polyoid lesion of the intestine is variable in many studies. The reason can be due to the differences deriving from materials and methods in every investigation. Feyrter (1936), Blatt (1961) and Chapman (1963) examined independently the large intestine from consecutive autopsies prospectively to determine the true incidence and distribution of polypi and obtained almost similar findings (30 to 50 %).

In Japan Hino (1942) reported in the same study 21% of the specimens had polyp. On the other hand the frequency and location of the colonic carcinoma in Japan derived from mortality statistics and clinical reports differ strikingly from those reported in American and European countries. The present study intended to clarify the true incidence and distribution of the polyoid lesions in the small and large intestine in Japanese and to compare them with the similar study by T. Matsumura in Aachen Germany and other foreign reports.

Material and methods: The small and large intestine except duodenum from 500 consecutive autopsies on the individuals died in Tokyo Municipal Home for the Aged during recent two years was examined and all discernible elevations were recorded, localized and microscopically studied. One of the authors (Matsumura) performed a same study on 121 consecutive autopsies in the pathology institute Aachen B.R.D. Three hundred surgical cases having had intestinal tumours treated in the surgical department University of Tokyo Hospital were also studied.

Results:

1) Autopsies, Japanese, age 57 to 90, mean 78.9. (Hara)
   i) small intestine; cases having small intestinal tumour 33 (8.3%), benign non epithelial tumours and aberrant tissue were predominant.

ii) large intestine;
   a) epithelial polypi; found in 152 specimens of total 500 cases. The incidence is 30.4% above age 60 without much difference according to ages.
   b) single polyp; 80 (53%), more than 10 in one individual; 7.

Histology; microscopically confirmed polypi 326,
I. hyperplastic polyp; 102 (32%), distribution; right hemicolon 63.7%, left hemicolon 23.5%, rectum 13%.
II. adenomatous polyp; 224 (68%), distribution; right hemicolon 58.9%, left hemicolon 37.1%, rectum 9%.
III. Size and histological findings; hyperplastic polypi were mostly less than 5 mm in diameter. 140 (62%) of adenomatous polypi were smaller than 5 in diameter.

Of 224 adenomatous polypi 203 showed low grade atypia, 18 moderate grade atypia and only 3 high grade atypia.

No villous adenoma was recorded, there were 7 papillary adenomas, (combination adenoma).

One polyp had carcinoma in situ. In 3 polypi there were sites of carcinomatous degeneration with invasive pattern.

All of the polypi with high grade atypia or carcinoma were larger than 10 mm in diameter,