Vorbereitung Histopathologie 10: Pathologie des Magen-Darm-Traktes

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Pathologie des Magen-Darm-Traktes

- **Pankreaskarzinom**
- **Hepatitis**
- **Leberzirrhose**
- **Gastritis**
- **Magenkarzinom**

Pankreaskarzinom

- Tumoren des Exokrinen oder des endokrinen Pankreas
- Häufigster Typ: duktales Adenokarzinom
- Risikofaktoren sind v. a. Pankreatitis und Tabakrauch
- Wird häufig erst in fortgeschrittenen Stadien entdeckt (schlechte Prognose)

Pankreaskarzinominzidenz

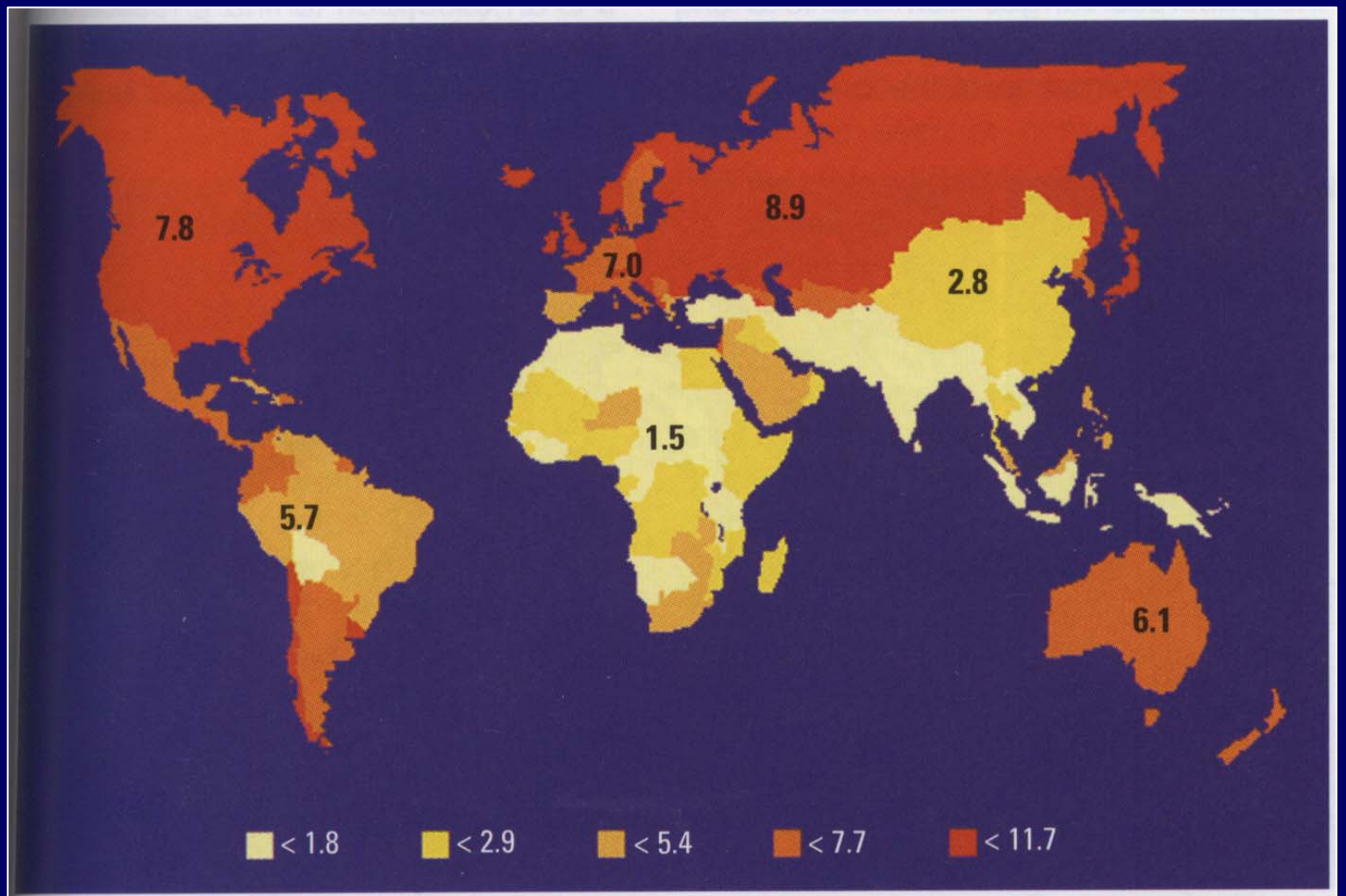
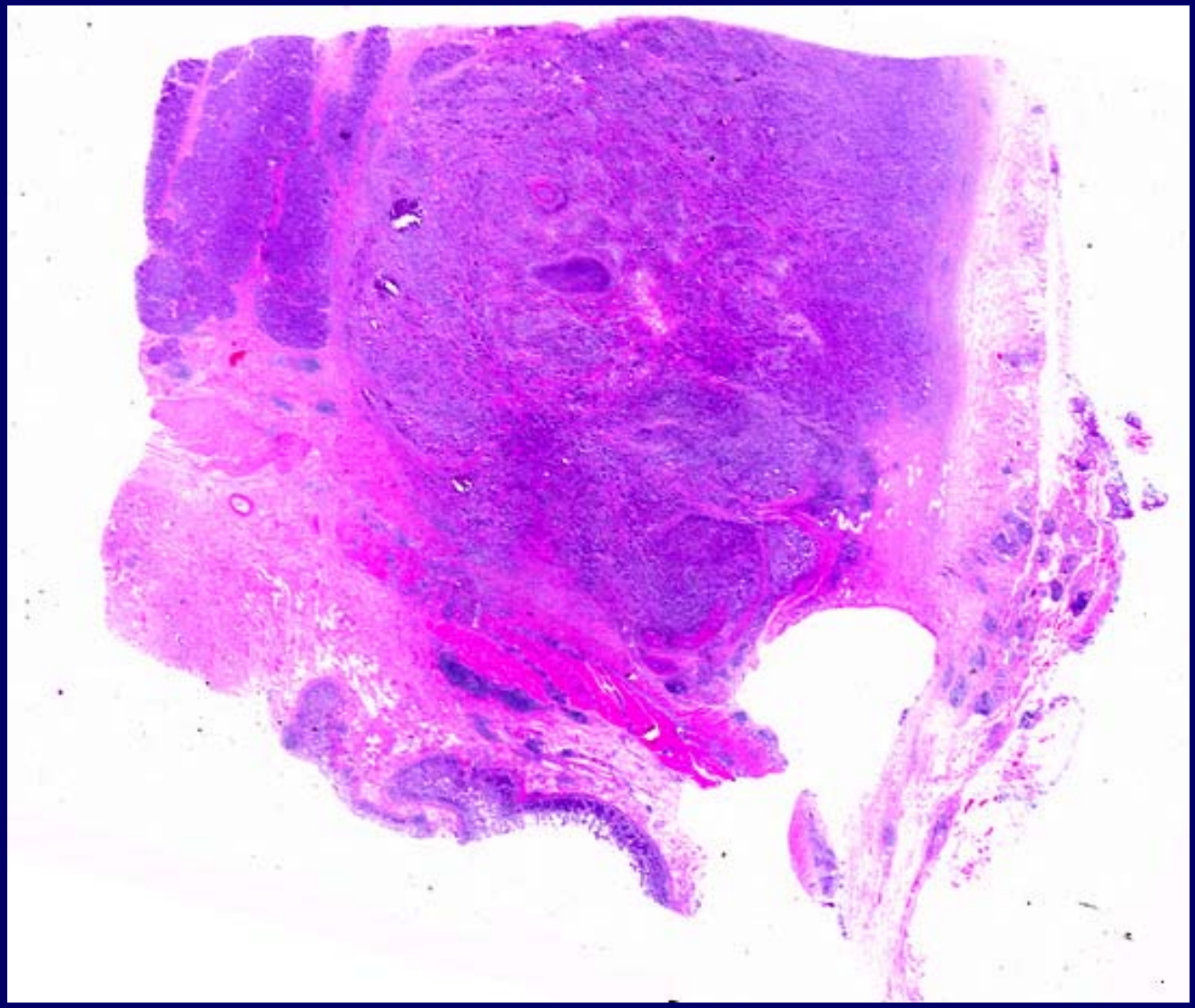


Fig. 10.01 Global distribution of pancreatic cancer (2000). Note the high incidence areas in North America, Europe, and the Russian Federation.

Präparat 46

Pankreaskarzinom



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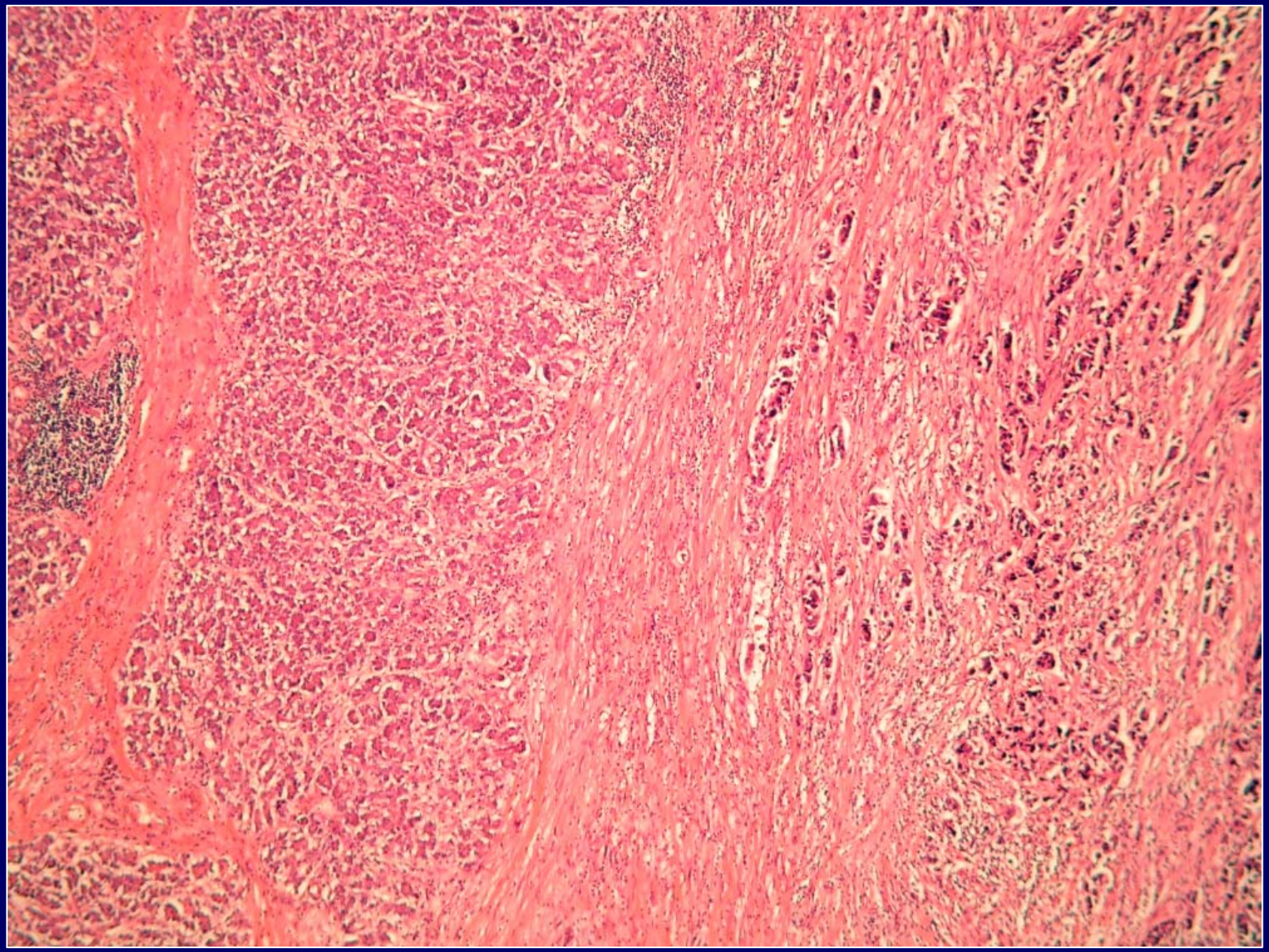
Pankreaskarzinom



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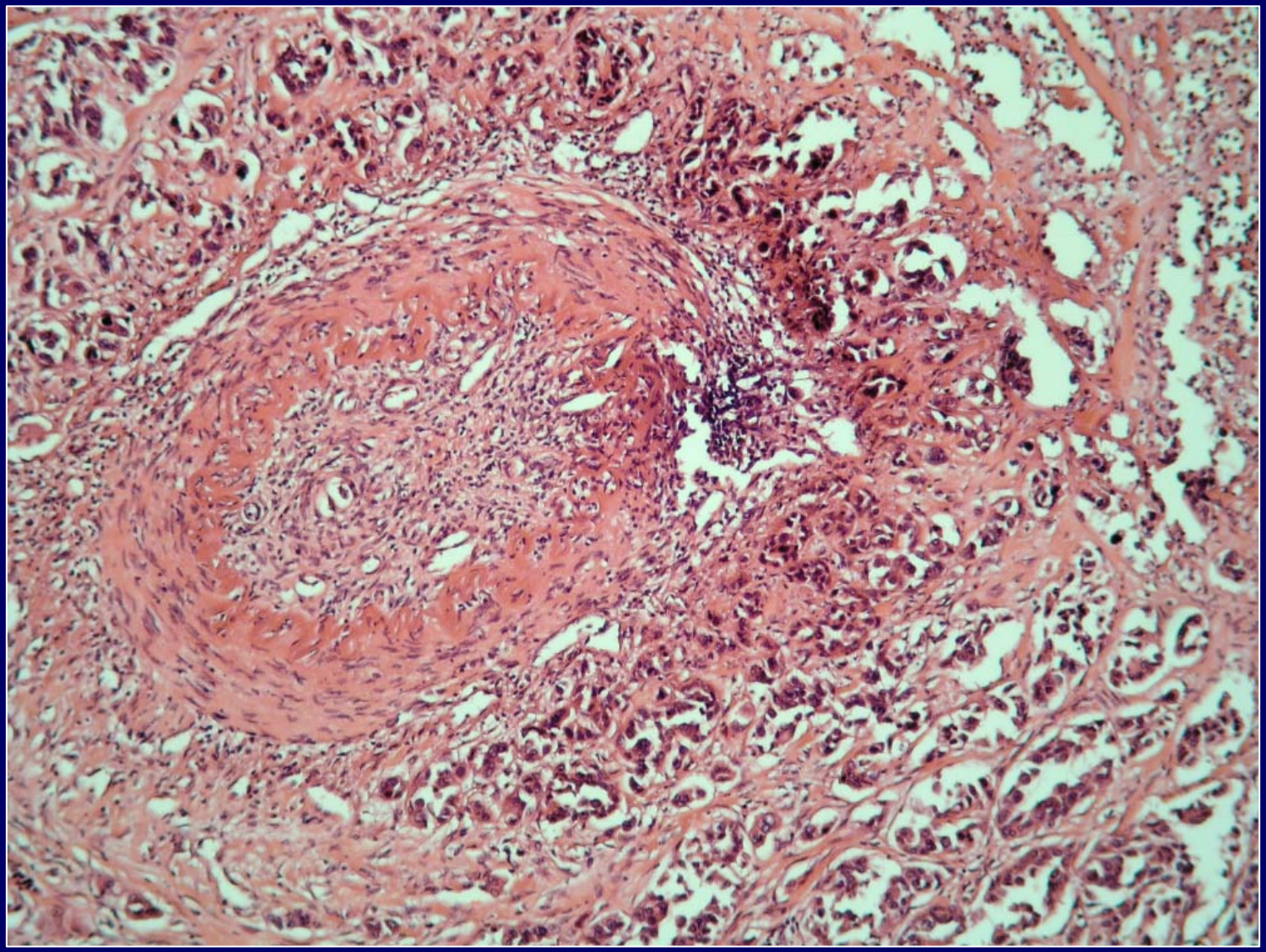

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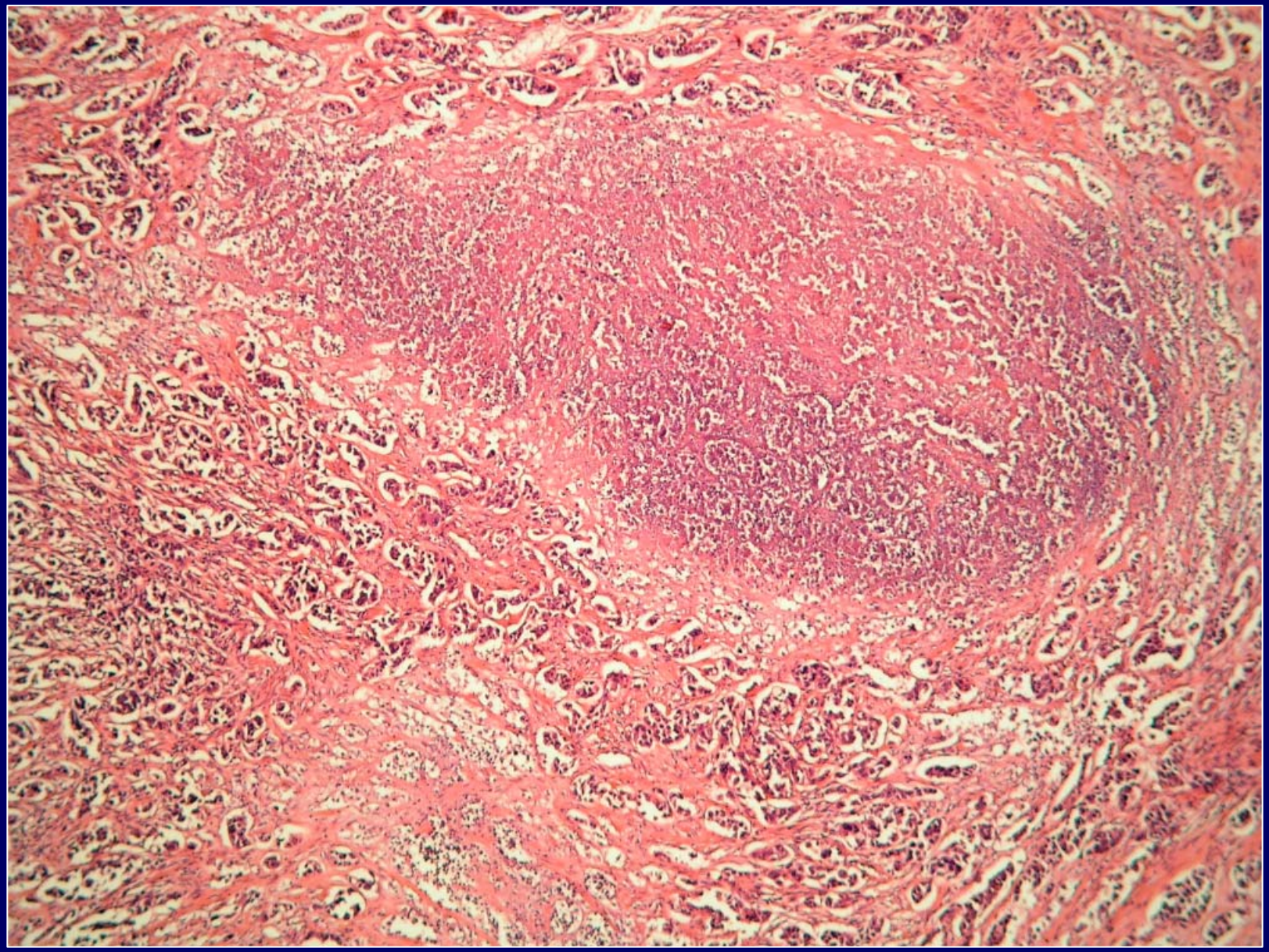

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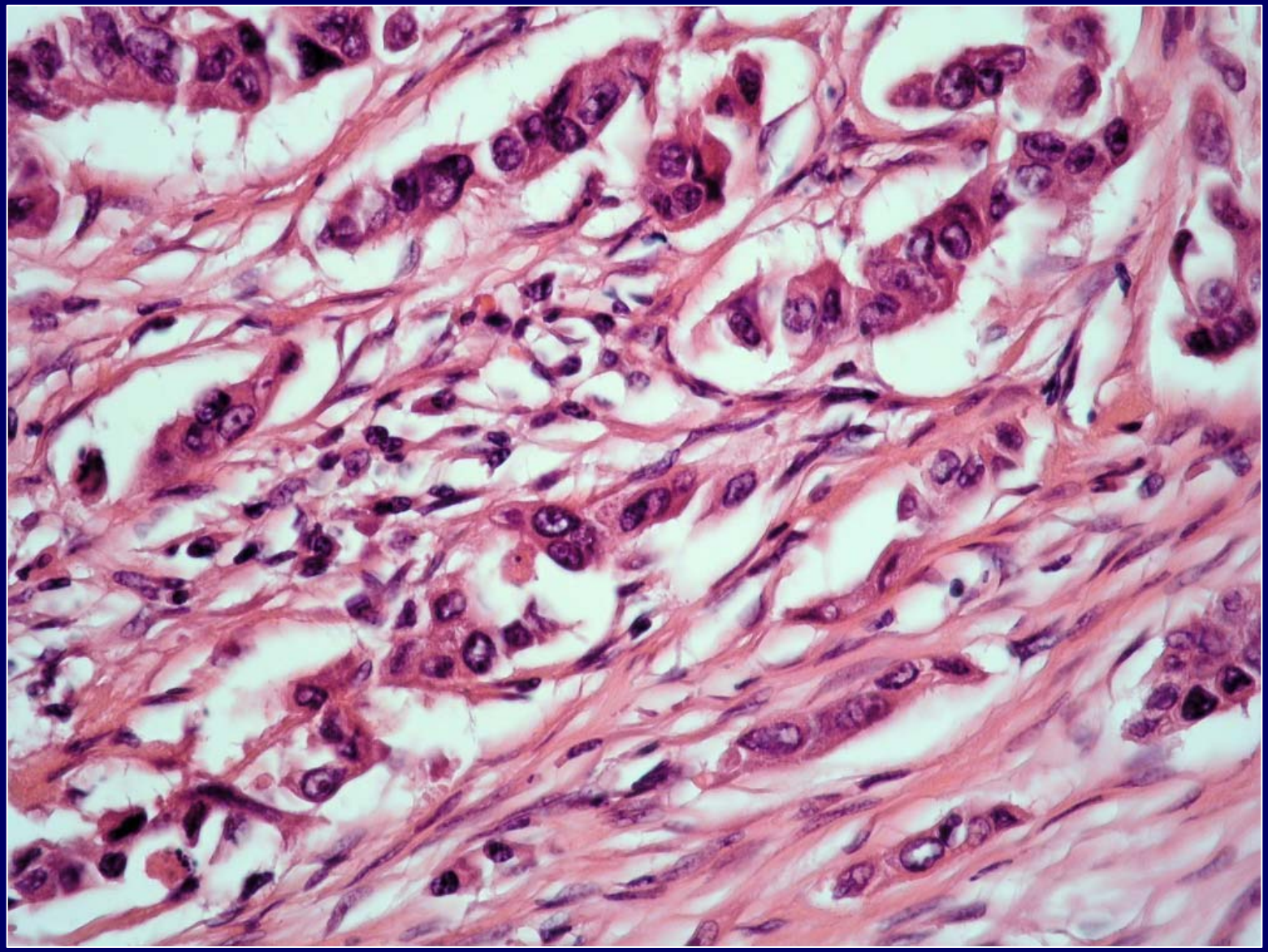

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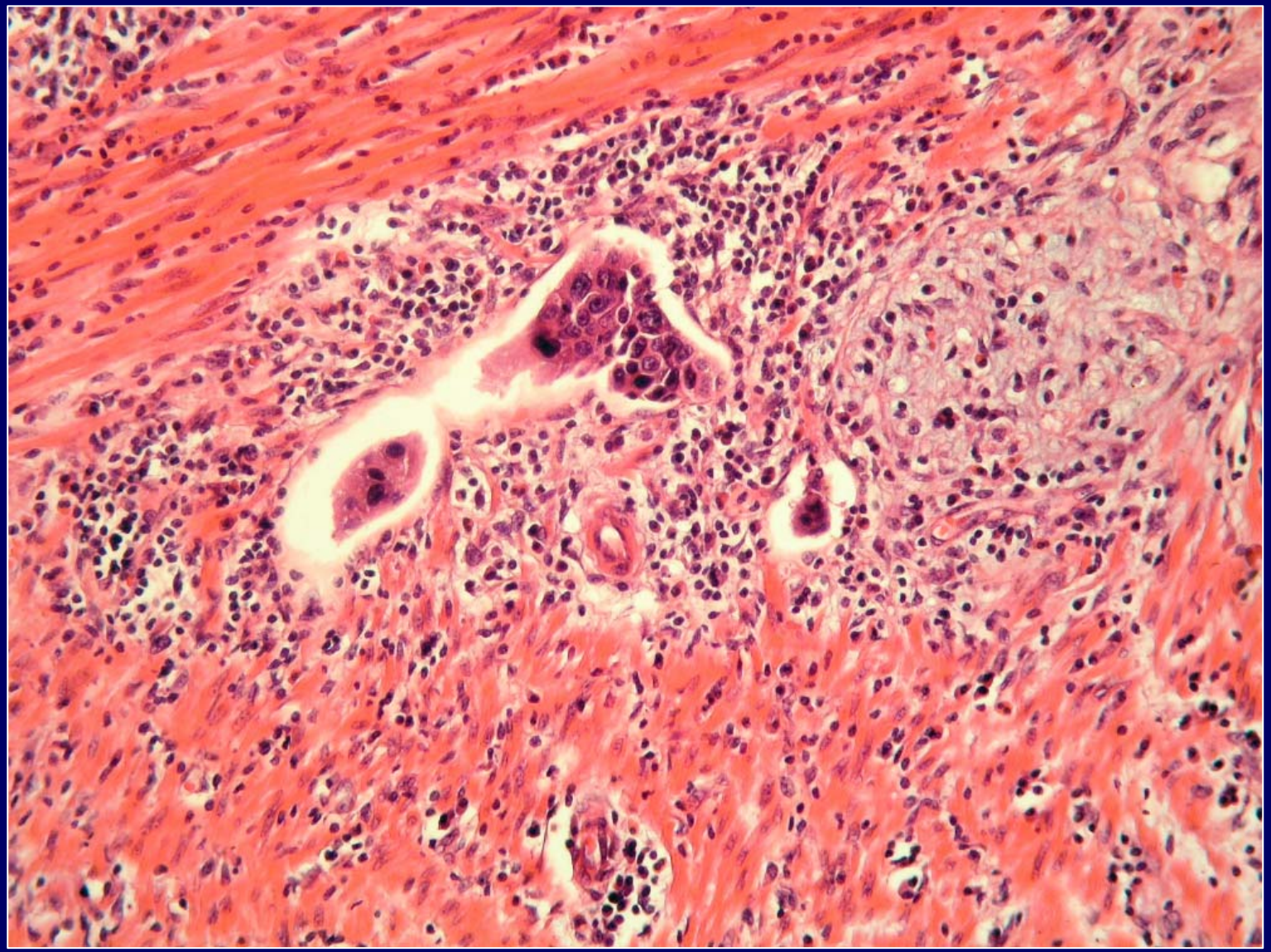
lymphangiosis carcinomatosa



Hepatitis

Hepatitis: entzündliche Schädigung des Lebergewebes mit laborchemischen Zeichen des Leberschadens (Transamiasenerhöhung) und gff. Zeichen der Leberfunktionsstörung.

Ausgelöst häufig durch Viren, besonders Hepatitisviren, aber auch andere (CMV, EBV, Herpes ..), oder durch toxische Einflüsse (Alkohol, Medikamente).

Virushepatitis

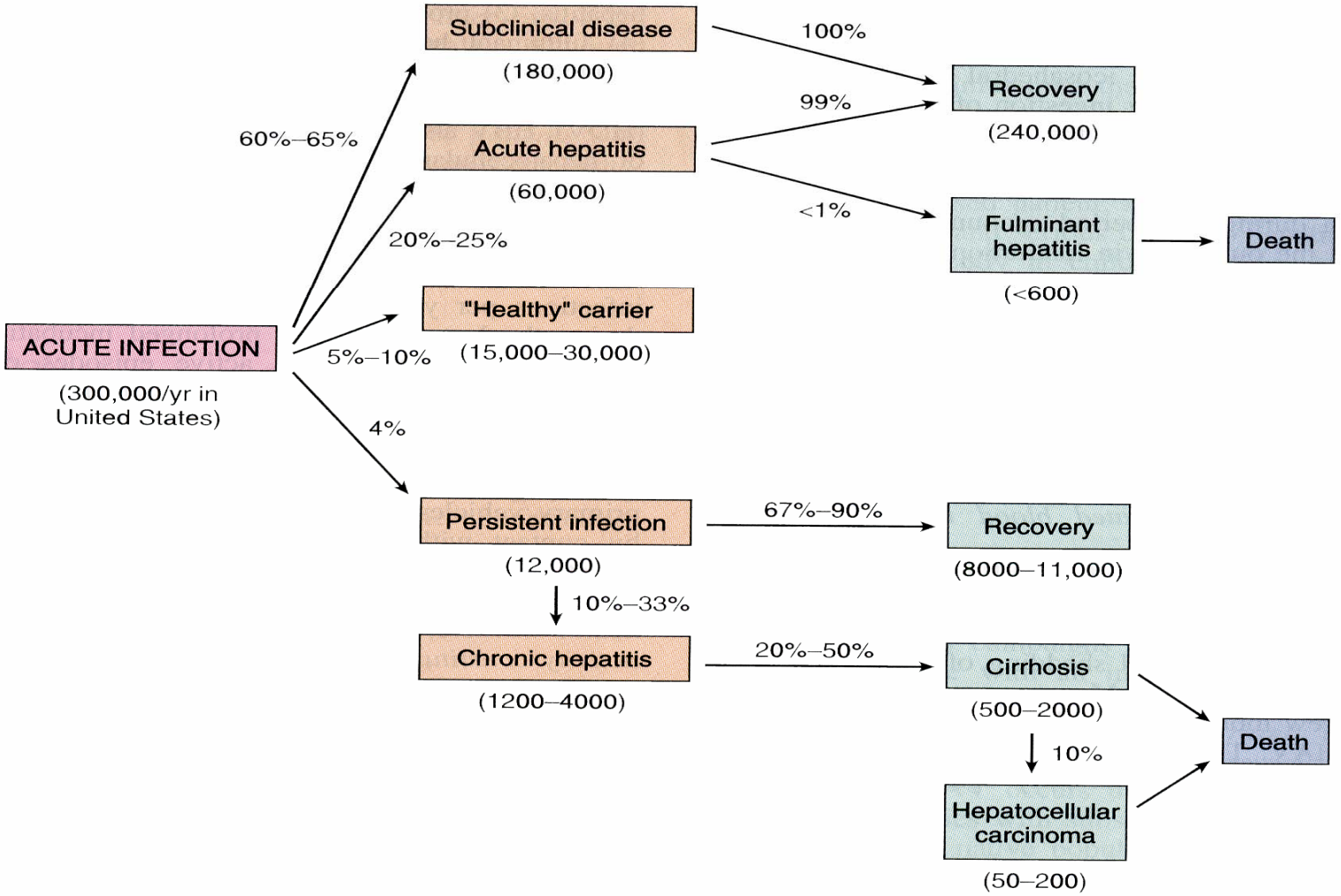


Figure 19–9

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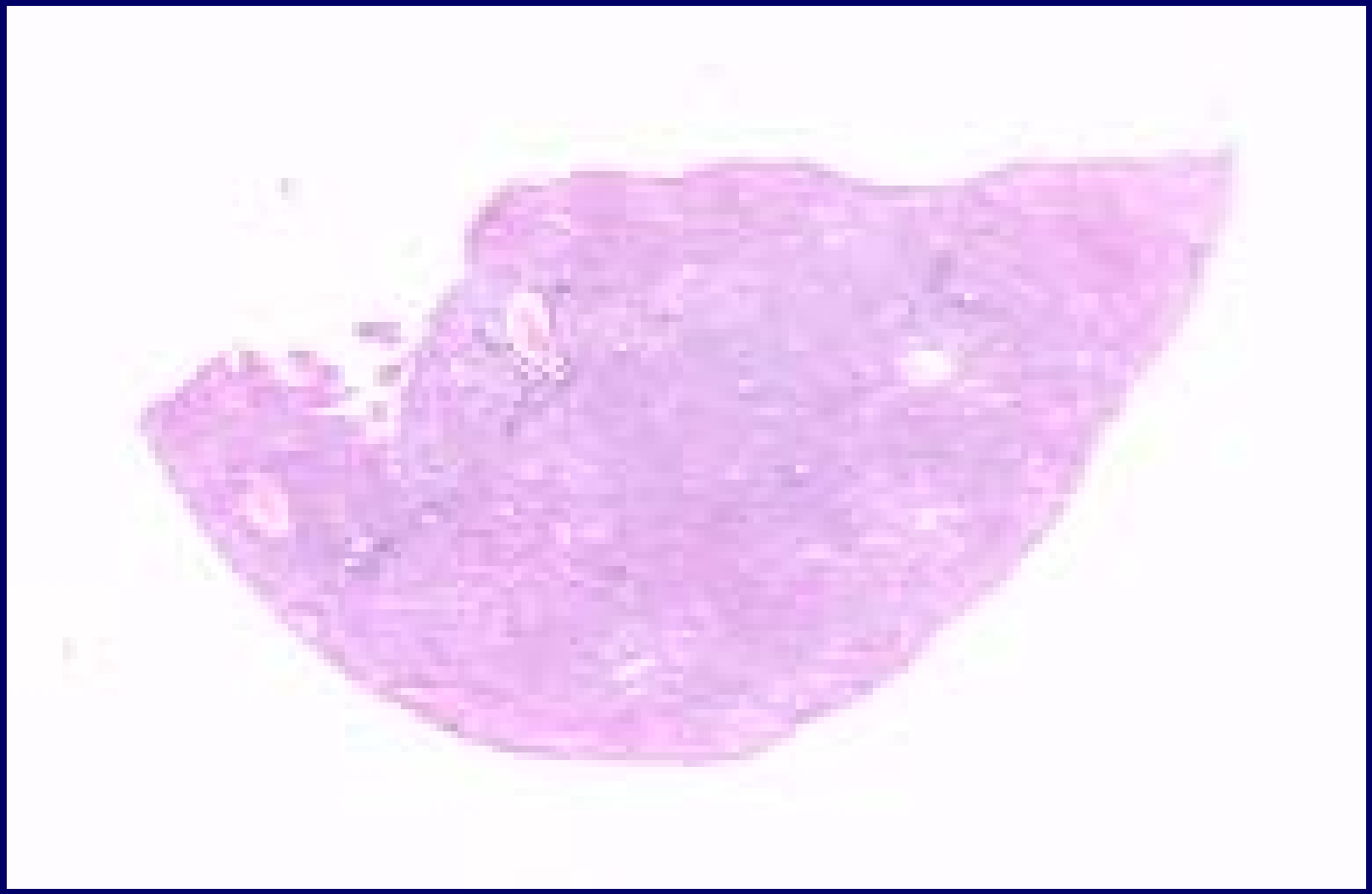
Virushepatitis



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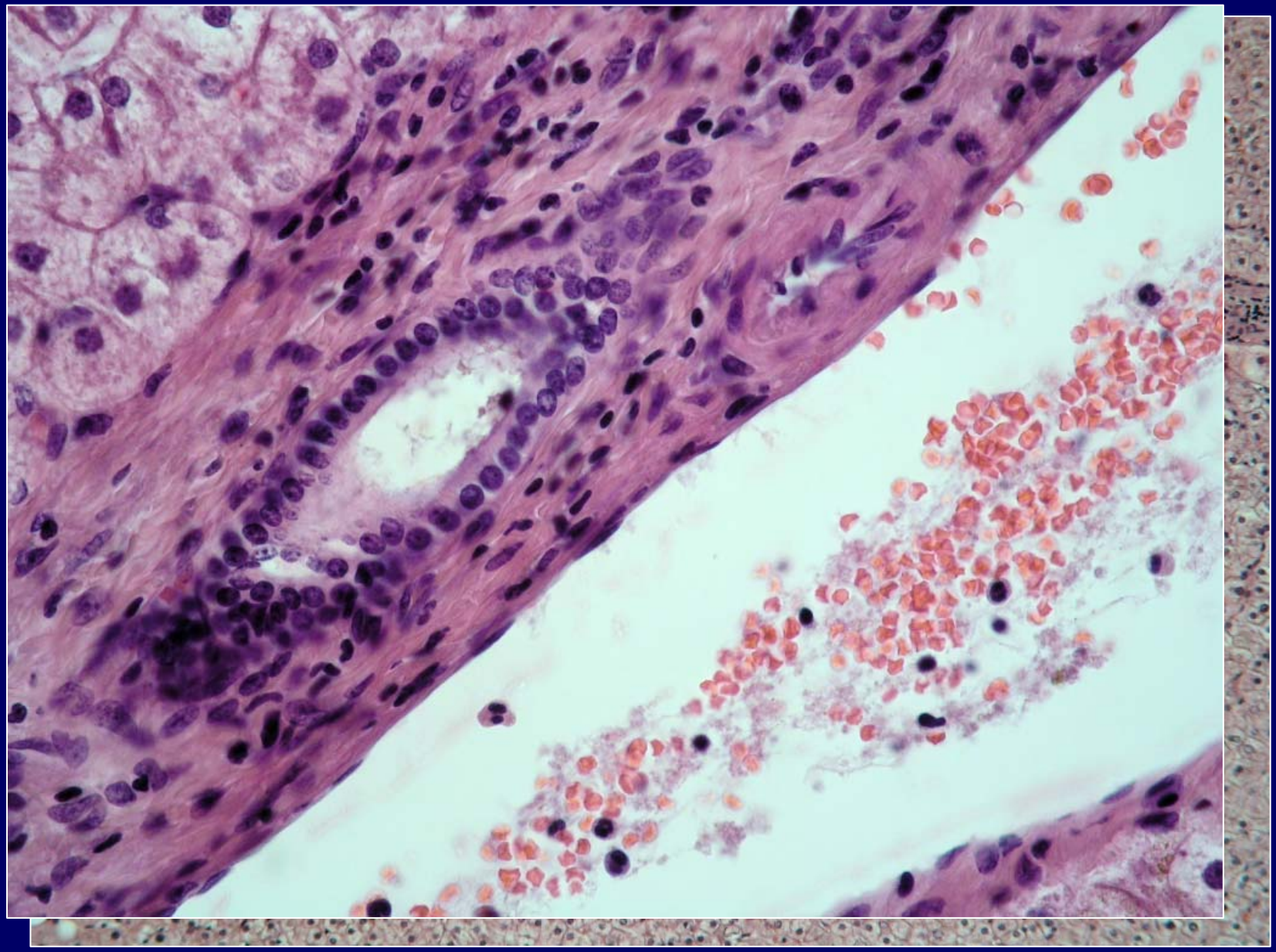
Virushepatitis



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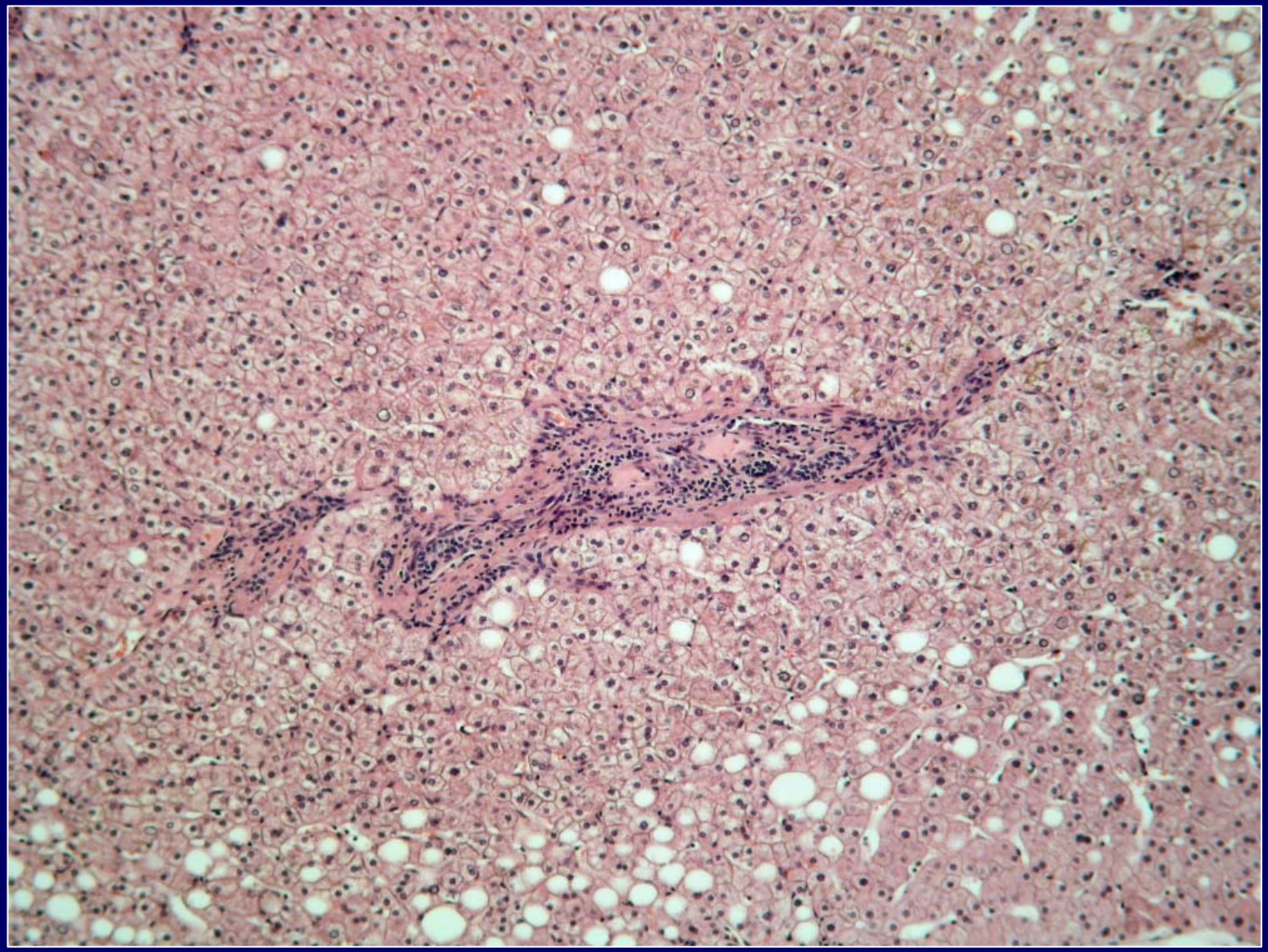
Virushepatitis



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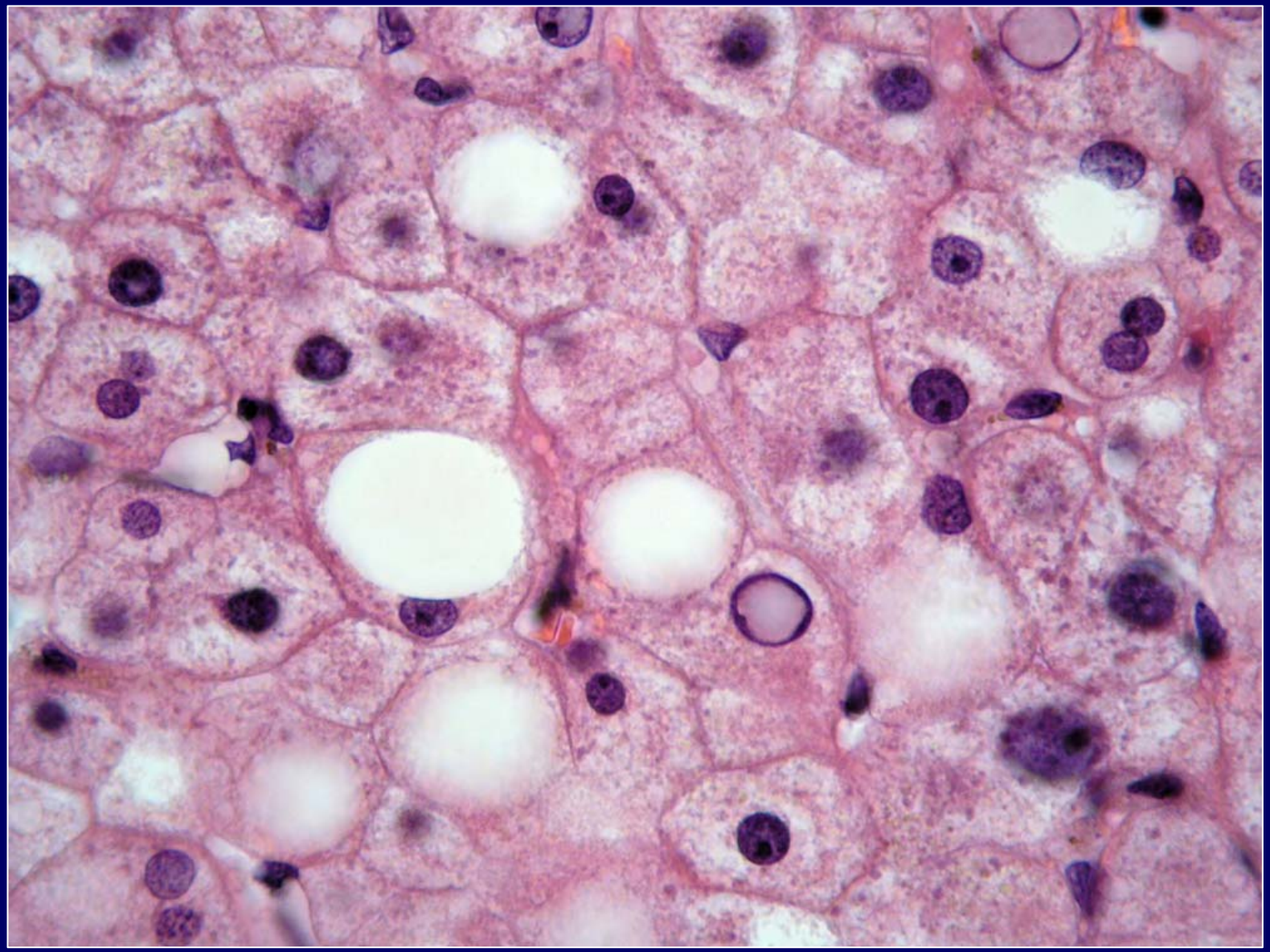
Virushepatitis



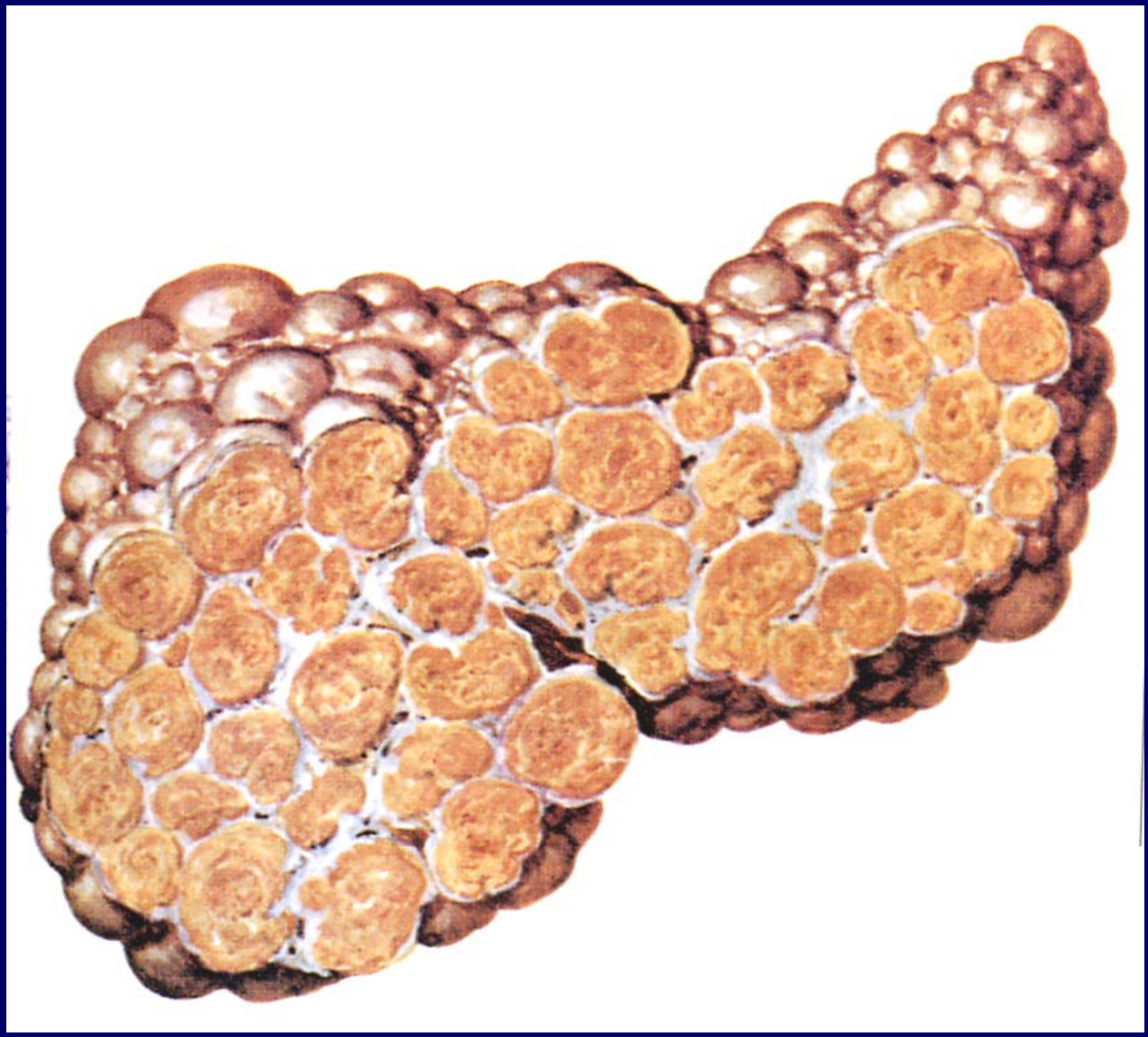
Leberzirrhose

Endzustand einer entzündlichen Lebererkrankung mit Faservermehrung und Abschnürung von Pseudolobuli.

Klinische Folgen sind meist:

- Gestörte Syntheseleistung der Leber
- Aszites
- Portale Hypertension
- Leberzellkarzinome

Leberzirrhose



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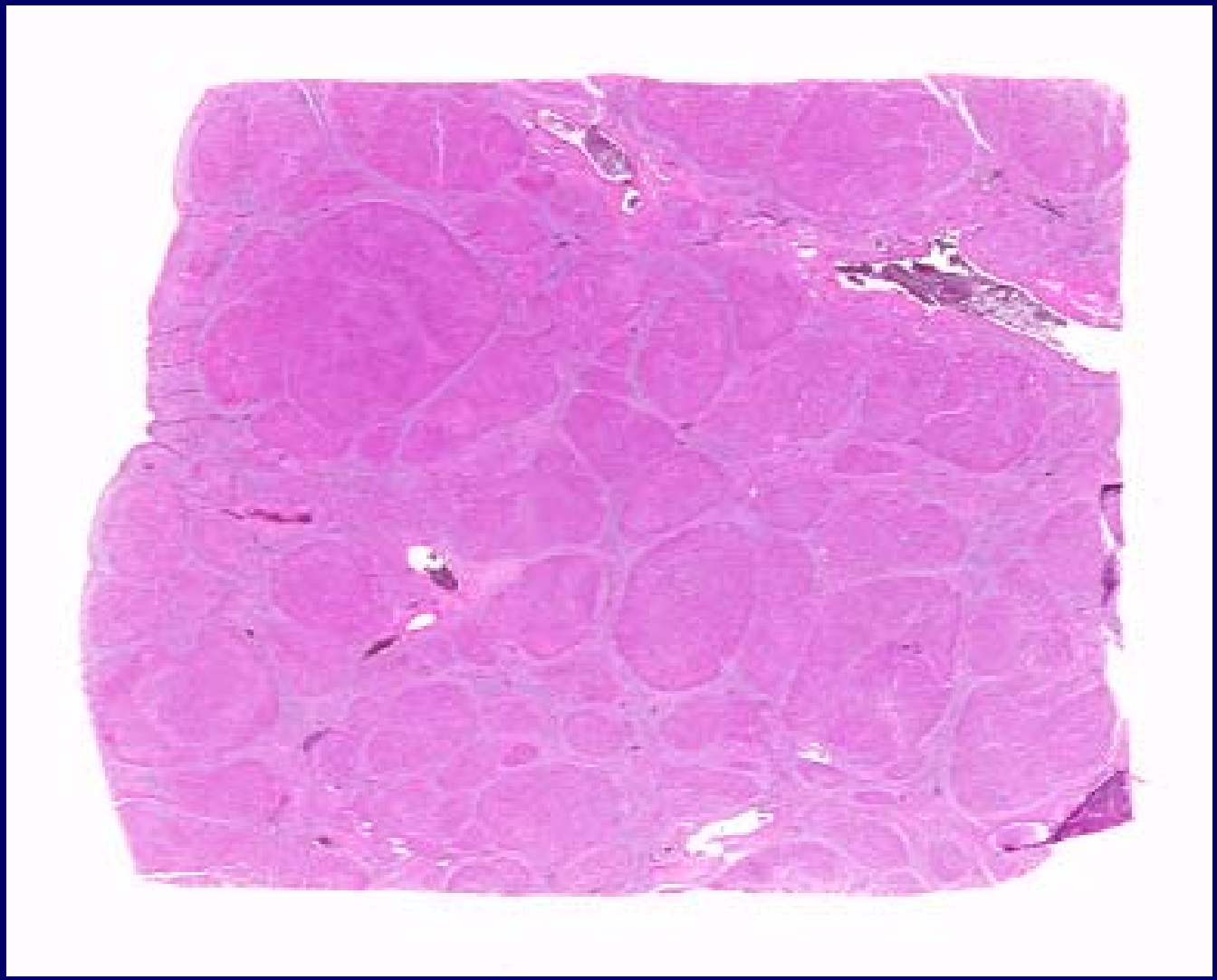
Leberzirrhose



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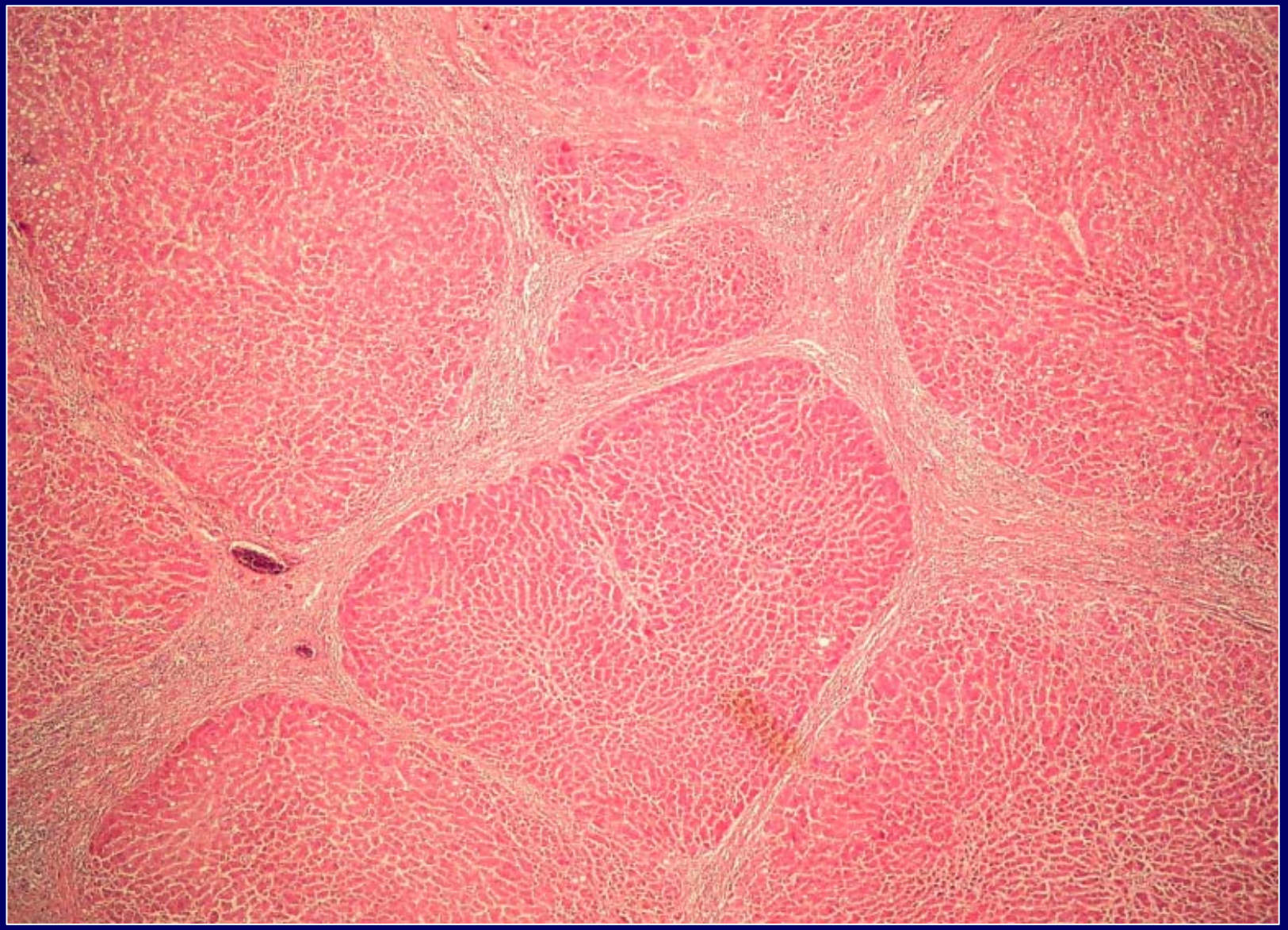
Leberzirrhose



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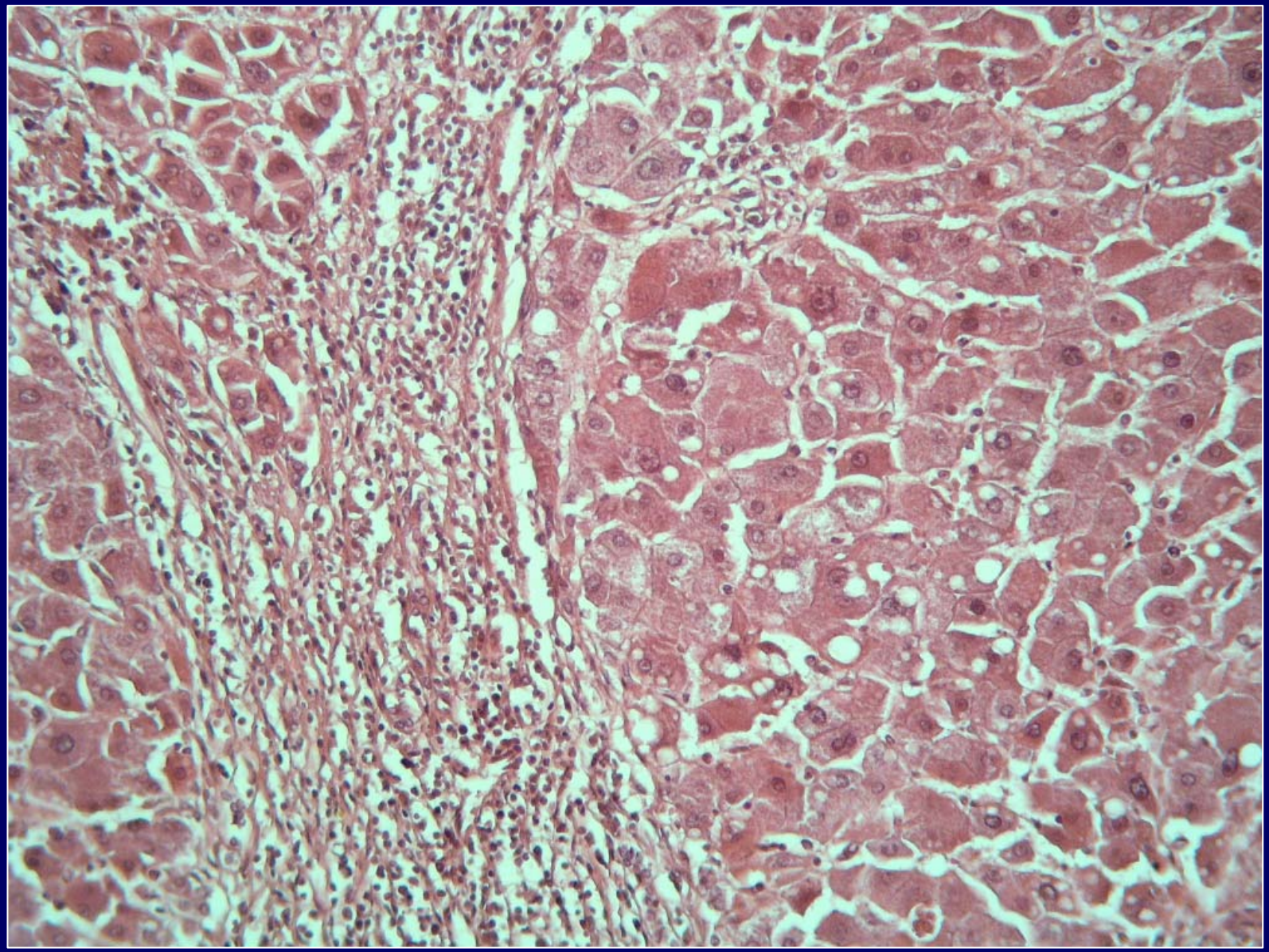
Leberzirrhose



Gastritis

3 klassische Typen:

A-Gastritis (Autoimmungastritis, chronisch atrophe Gastritis): Korpusgastritis mit Reduktion des Drüsenkörpers, Antikörper gegen Parietalzellen, Anazidität, perniziöse Anämie

B-Gastritis (Helikobaktergastritis): Antrumbetonte Gastritis durch bakterielle Infektion

C-Gastritis (chemisch bedingte Gastritis): meist durch Alkohol, Gallereflux oder Medikamente (NSAR)

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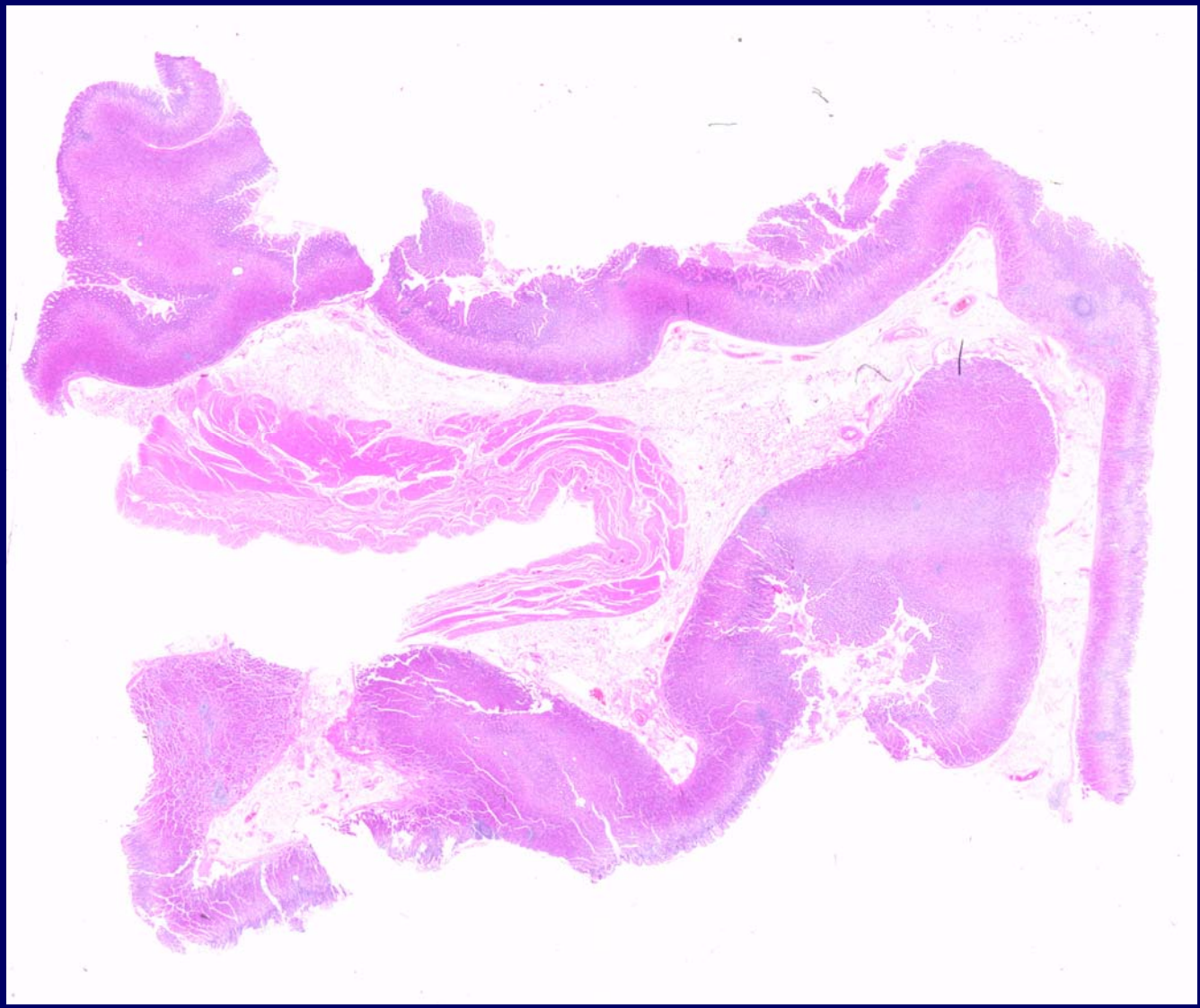
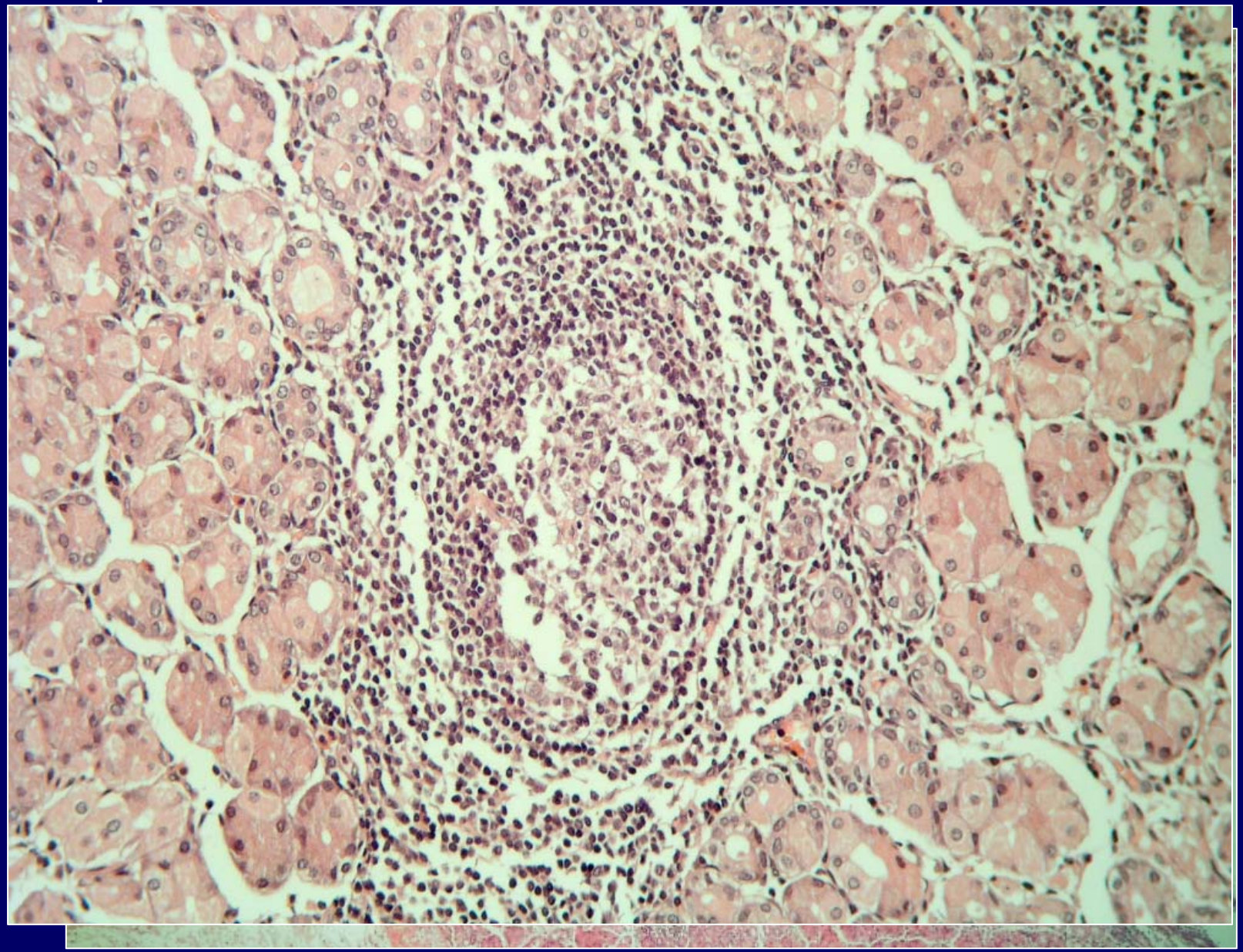
Gastritis



Präparat 49

Helikobakter Gastritis



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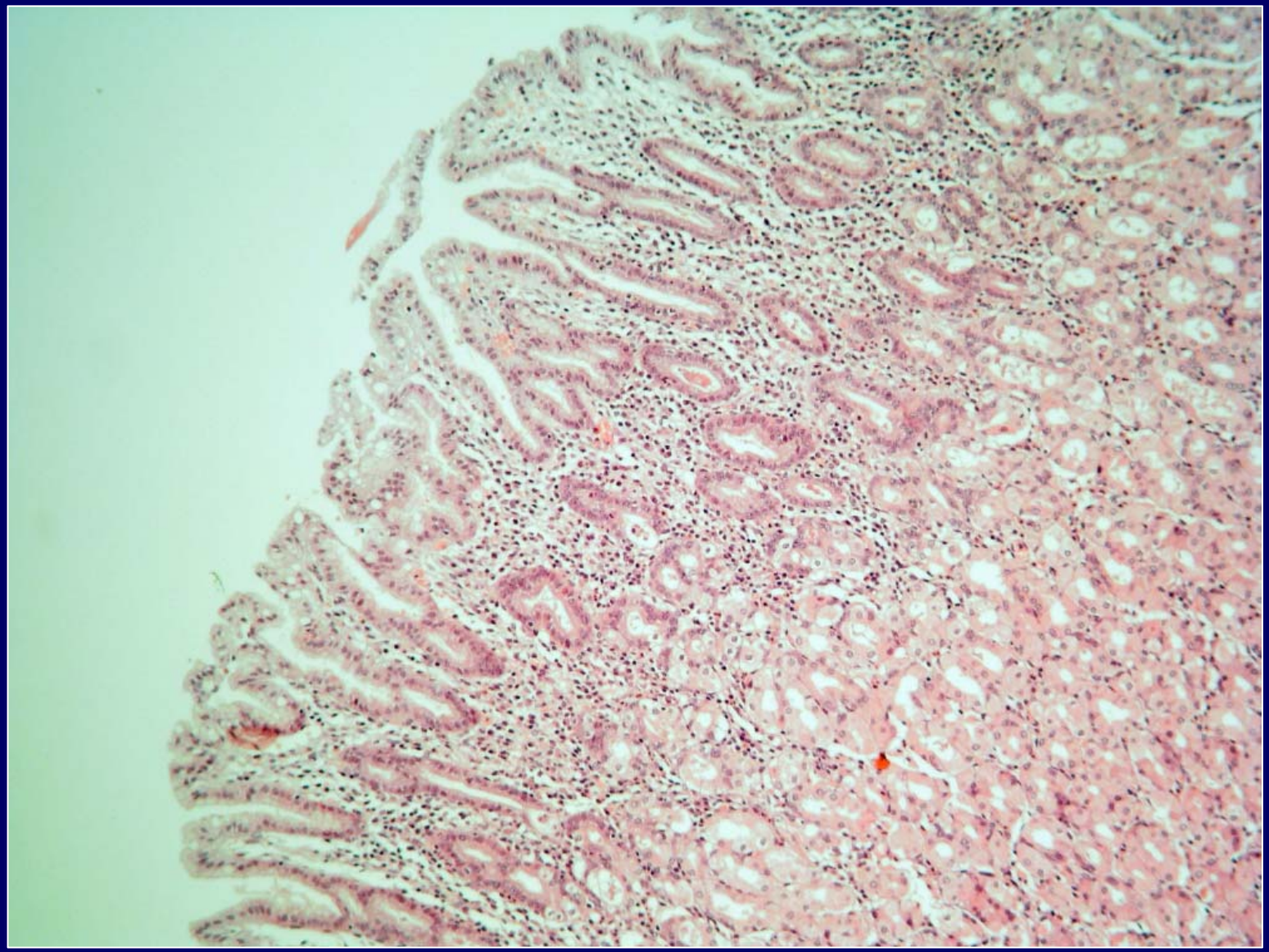
Helikobakter Gastritis



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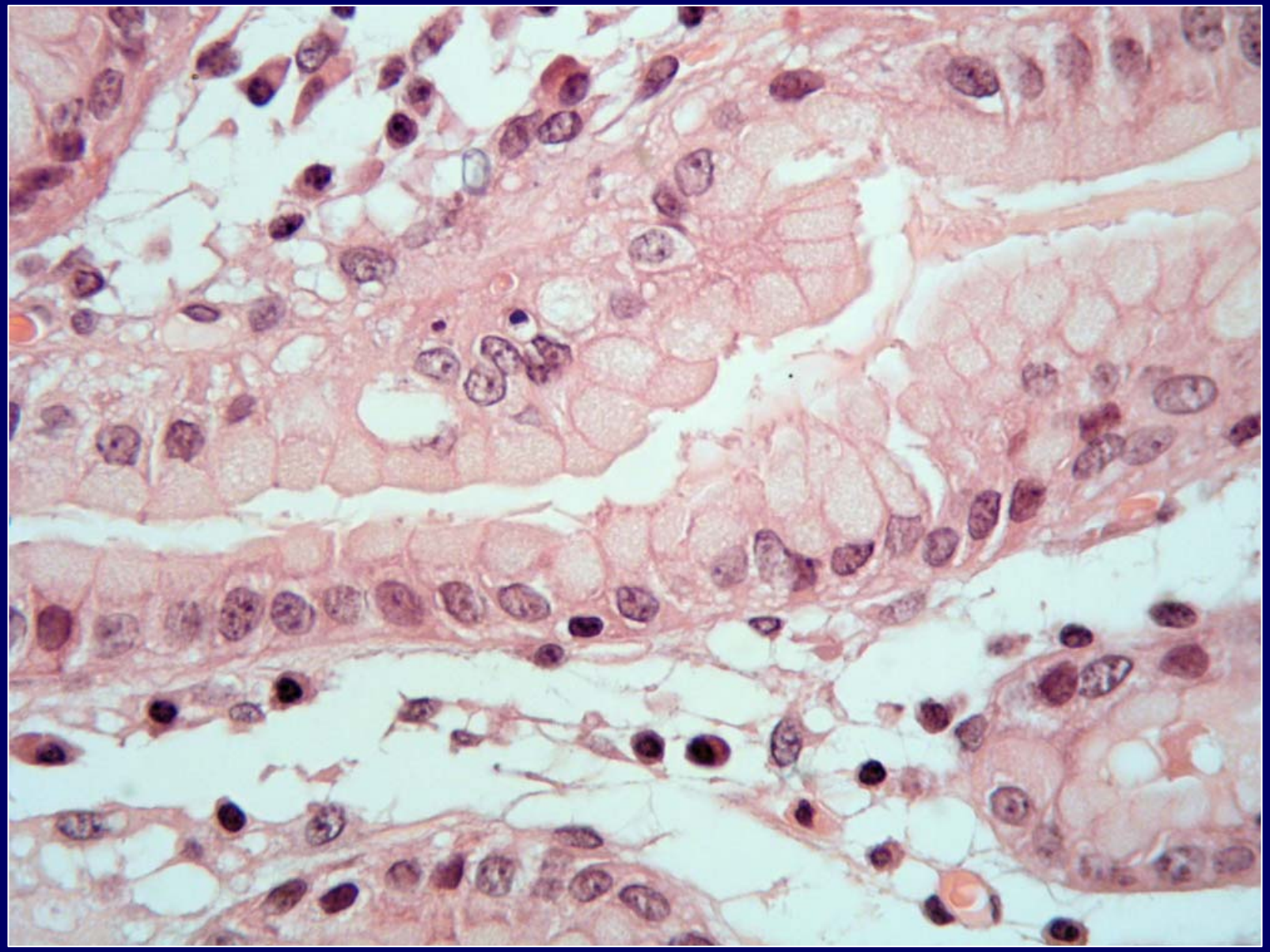
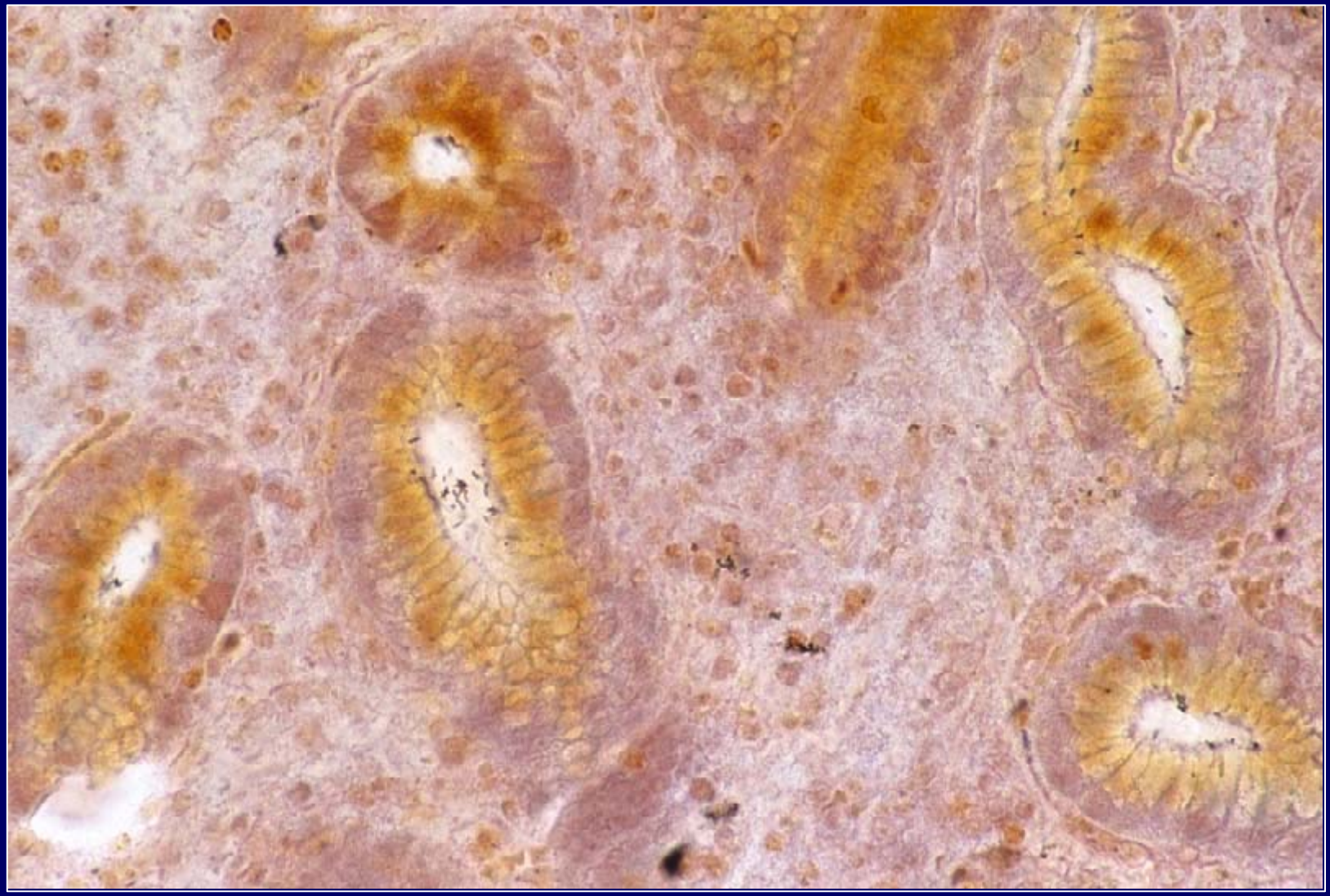
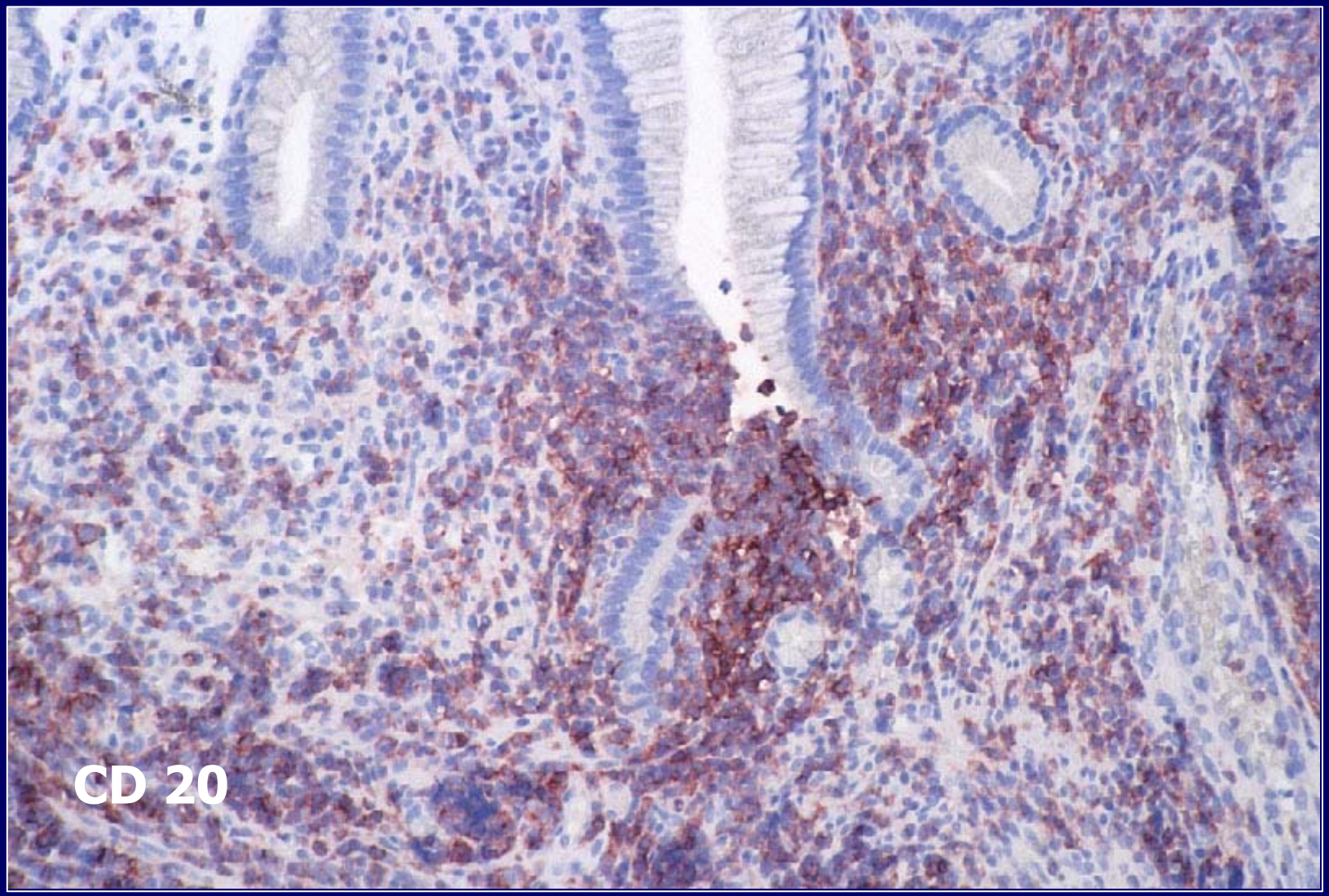
Helikobakter Gastritis



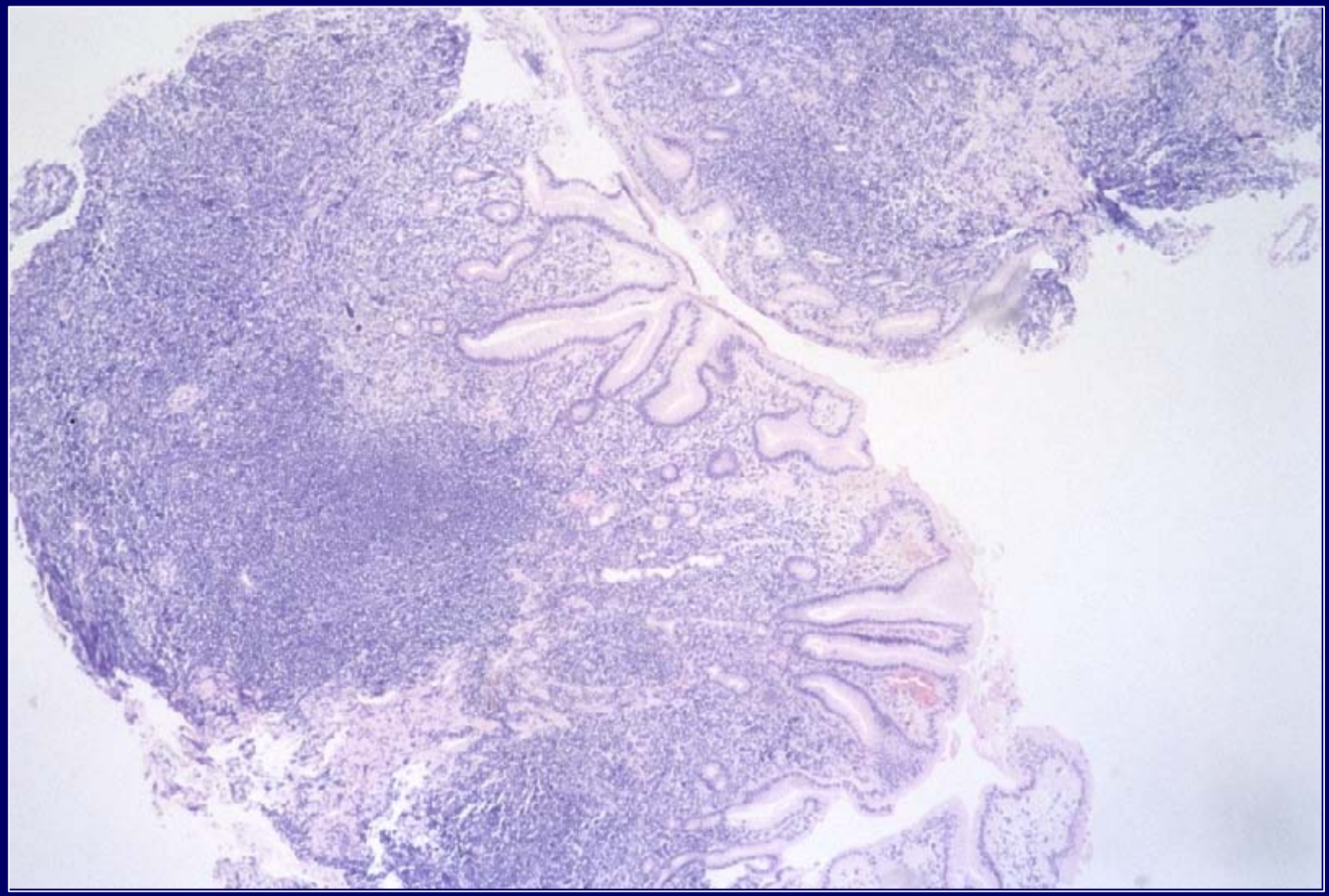
Helicobacter pylori



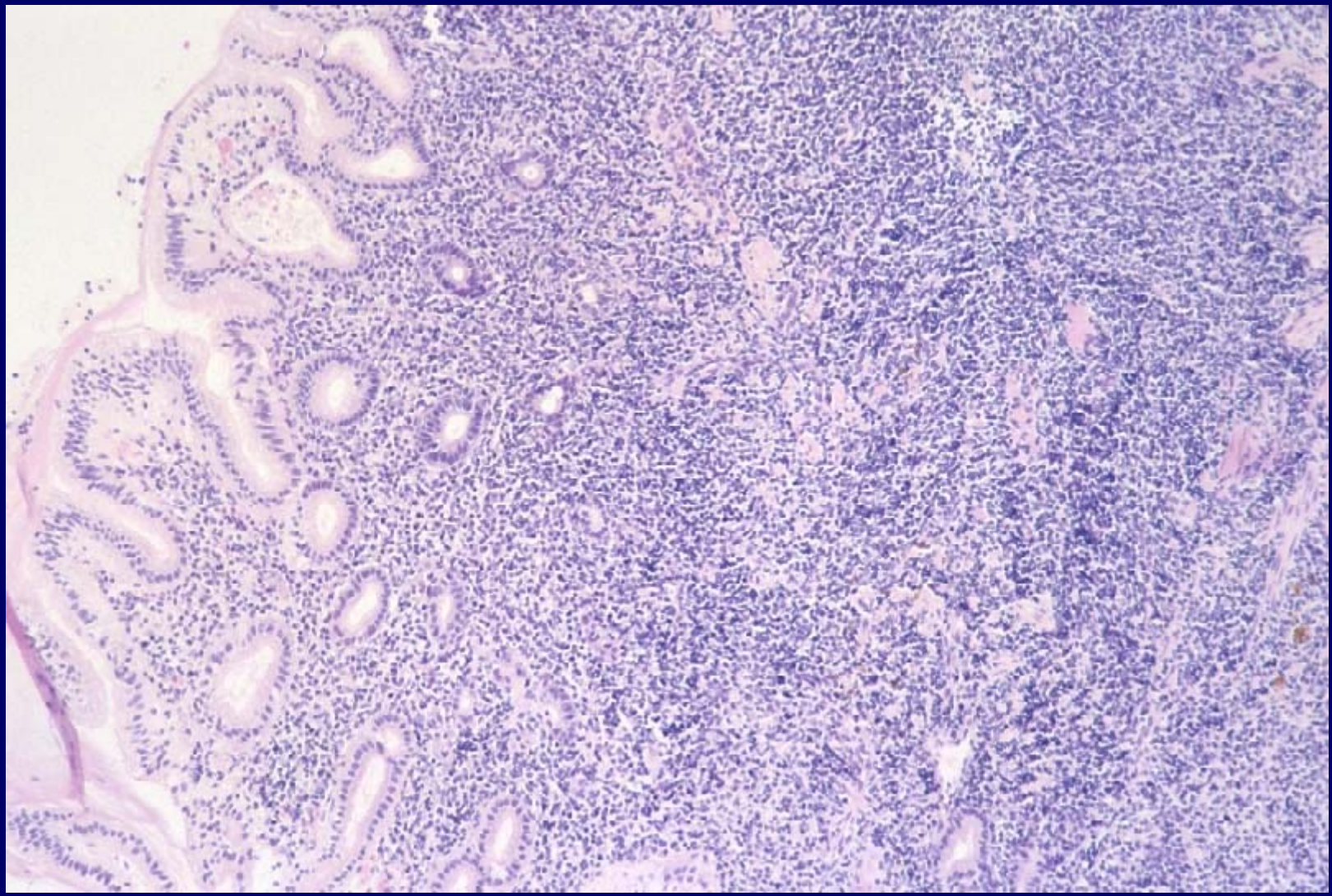
MALT-Lymphom (3)



MALT-Lymphom



MALT-Lymphom (2)



Margianlzonen-Lymphome vom MALT-Typ: Klinisches Bild

Treten häufig nach chronischer Entzündung auf

- Helicobacter Gastritis
- Sjögren Syndrom
- Hashimoto Thyreoiditis

Bei Diagnosestellung meist lokalisierter Befund, meherer Lokalisationen in 10 – 30 % der Patienten befallen

Relativ indolenter klinischer Verlauf

Magenkarzinom

- Histologisches Spektrum von drüsig differenzierten Tumoren bis hin zu Zellvereinzellungen und Siegelringzellen
- Risikofaktoren sind v. a. Gastritis, obst- und gemüsearme Ernährung, genetische Disposition

Magenkarzinominzidenz

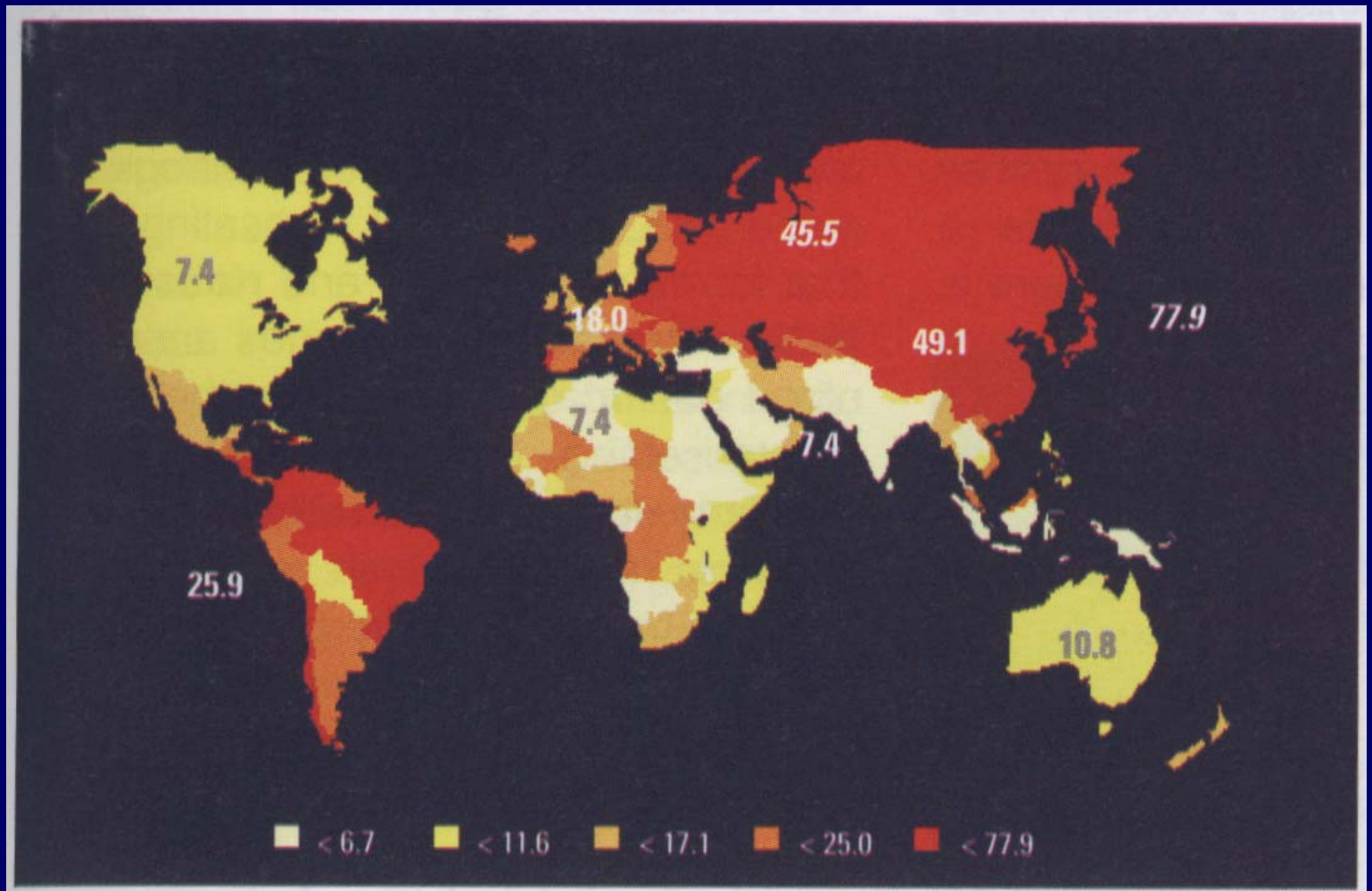


Fig. 3.01 Worldwide annual incidence (per 100,000) of stomach cancer in males. Numbers on the map indicate regional average values.

Magenkarzinom Überleben

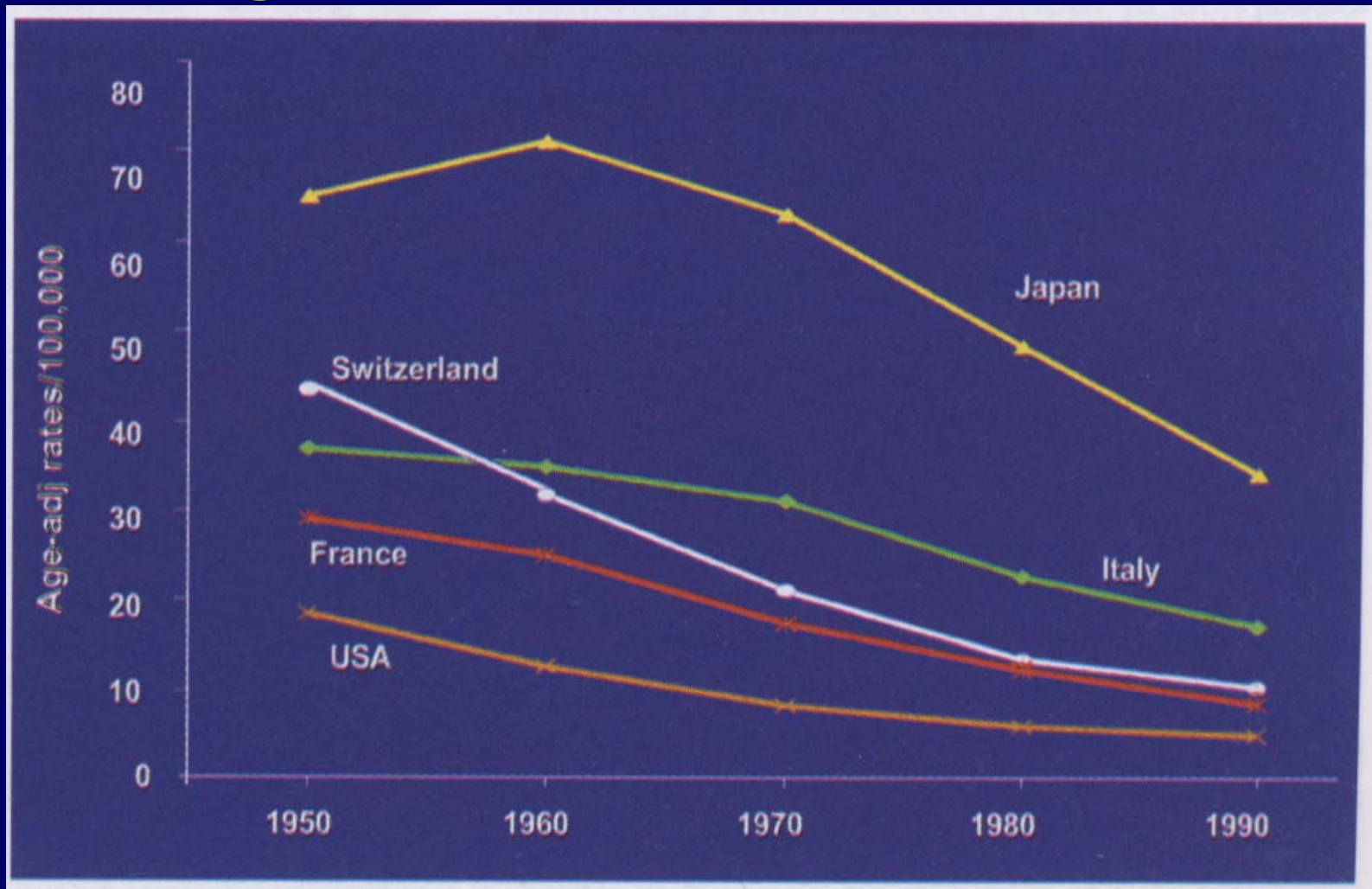
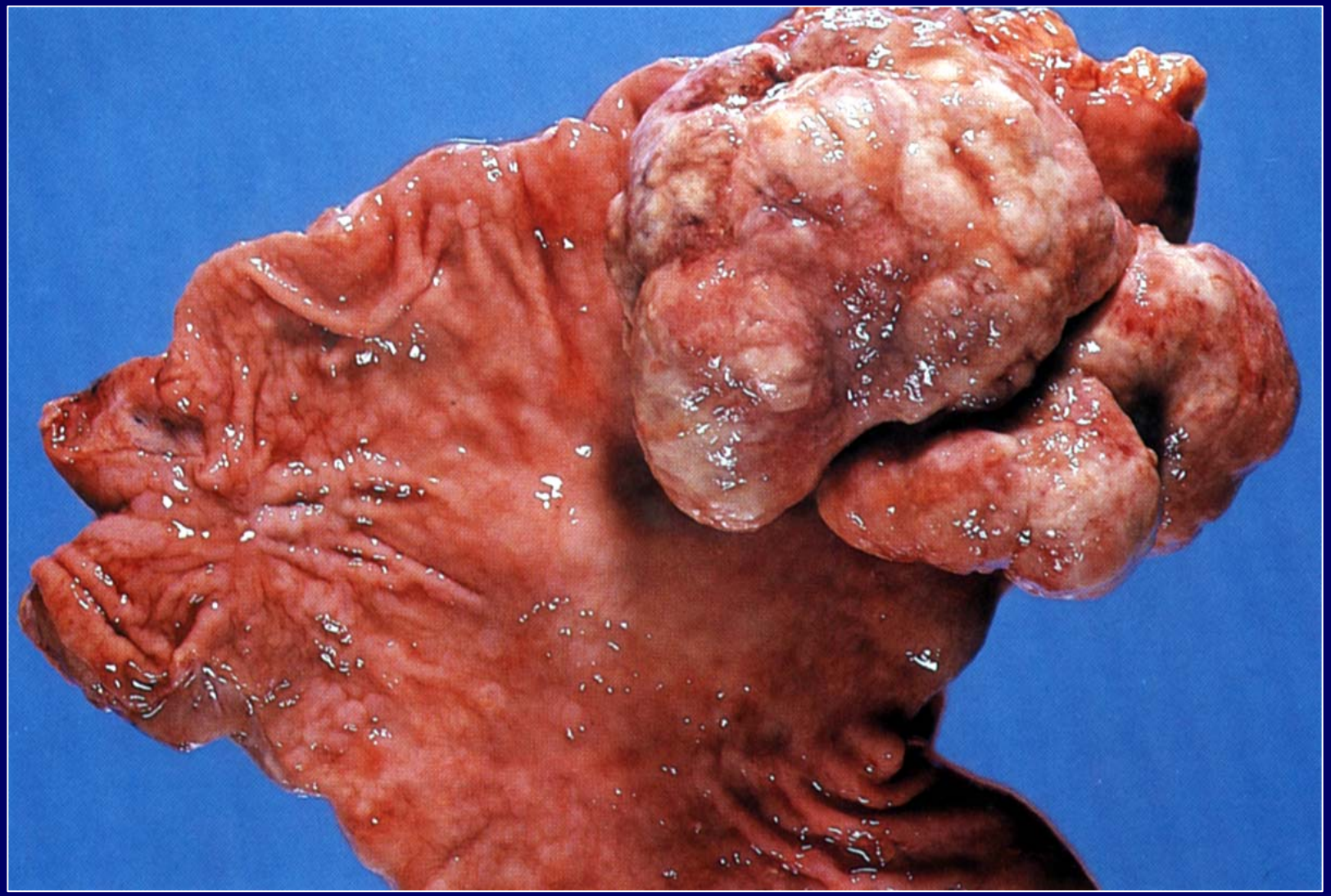


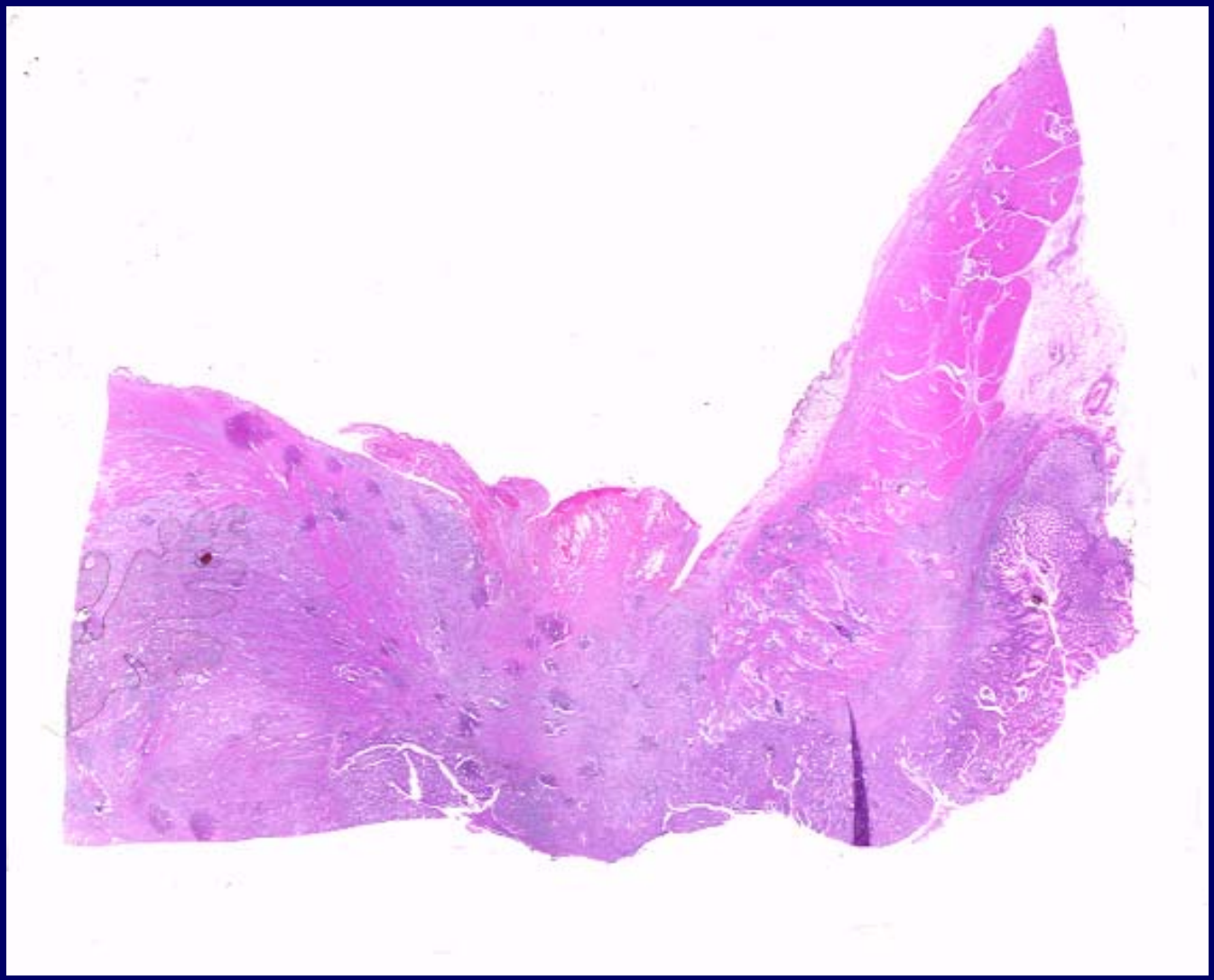
Fig. 3.02 The mortality of stomach cancer is decreasing worldwide, including countries with a high disease burden.

Magenkarzinom



Präparat 50

Magenkarzinom



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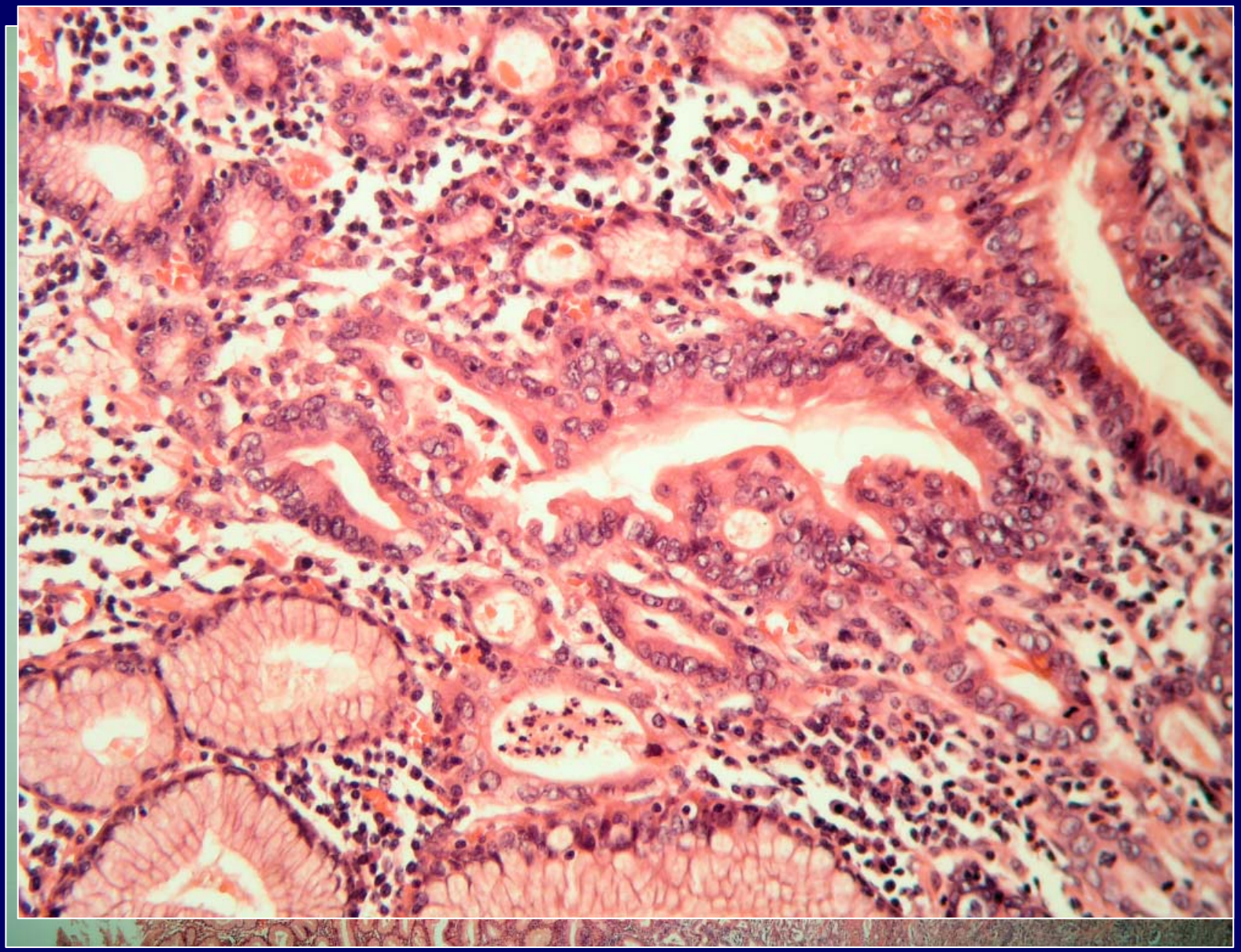

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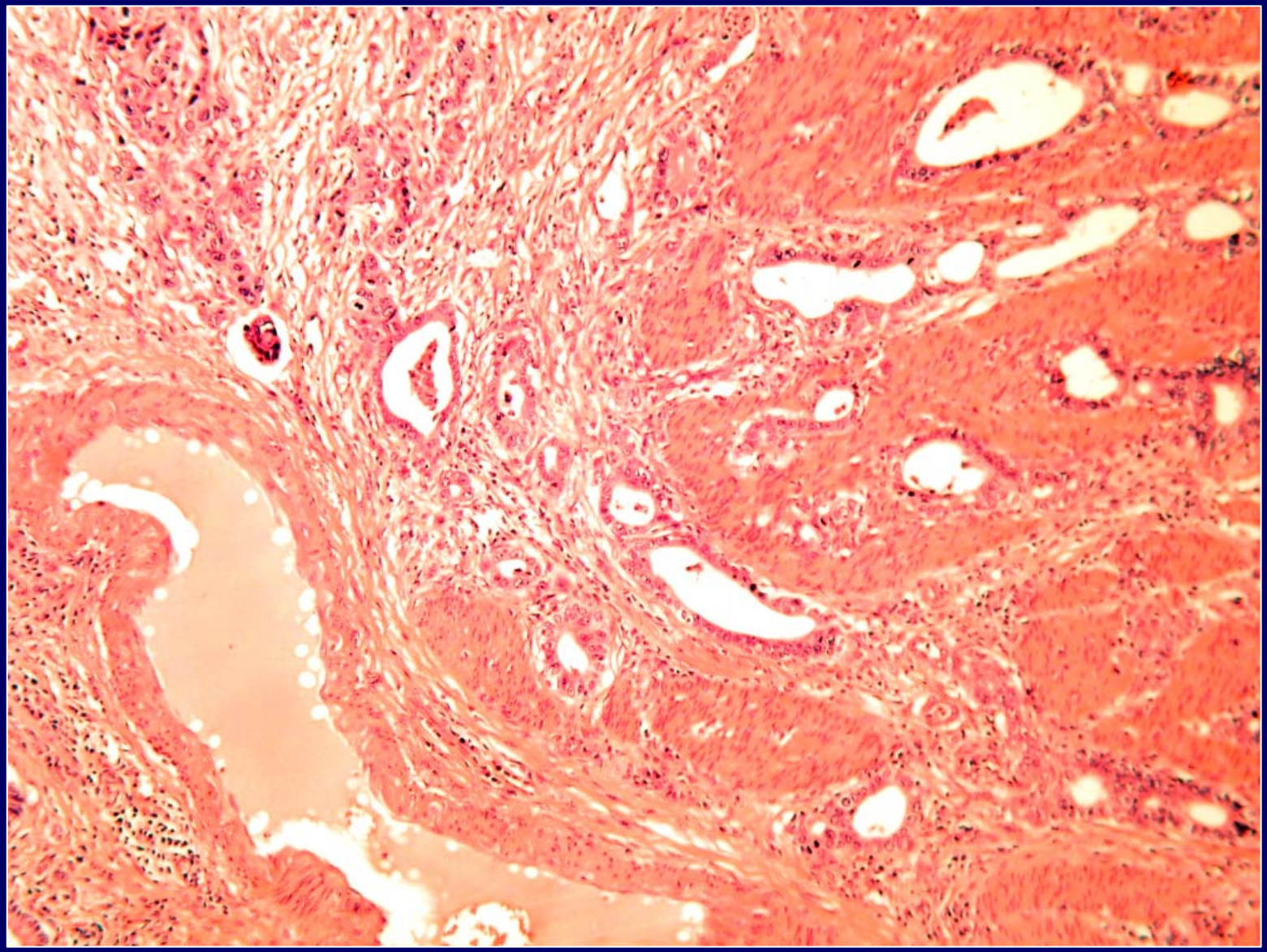

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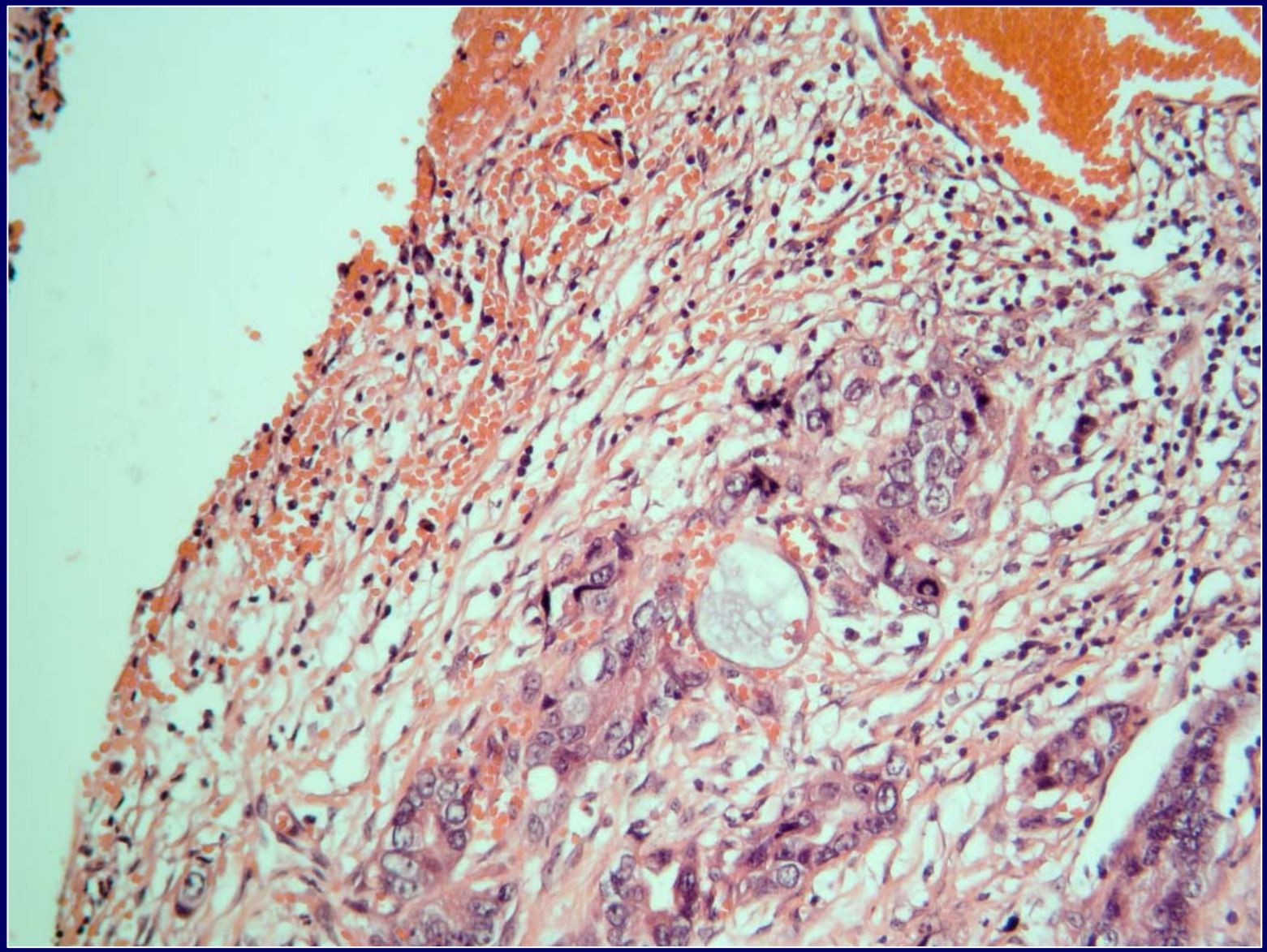

Vielen Dank
für Ihre Aufmerksamkeit!