Correlation between Endoscopic and Histopathological Findings in Gastric Lesions.

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Citation

ABSTRACT

Background
Stomach is a common site for wide variety of lesions. The visualisation of the site with biopsy leads to the early detection of the pathologic process and appropriate therapy.

Objectives
The objective of this study is to correlate the histopathological pattern of endoscopic biopsies with distribution of gastric lesions according to age and sex.

Method
The retrospective study was carried out among 50 cases with endoscopic biopsies and histopathological assessment, received at Department of Pathology, Dhulikhel Hospital- Kathmandu University Hospital.

Result
Out of 50 cases majority of cases were of male gender with male: female ratio was 1.3:1. Our study showed a poor correlation between endoscopic and histopathological evidence of inflammation in the stomach. Two cases were diagnosed as intestinal metaplasia which were diagnosed as ulcer and erosion endoscopically. Out of 32% of cases diagnosed endoscopically as ulcer, only one case was confirmed histopathologically. Our study showed good correlation in the cases of carcinoma. Out of 17 cases diagnosed endoscopically as gastric carcinoma correlated histopathologically as gastric adenocarcinoma. Majority of carcinoma cases showed ulcerating fungating growth followed by ulcero-proliferative growth.

Conclusion
Endoscopy is incomplete without biopsy and histopathology is the gold standard for the diagnosis of endoscopically detected lesions. Endoscopic examination and histopathological examination of suspected gastric lesions should go parallel and neither should be a substitute of each other.

KEY WORDS
Carcinoma, endoscopy, helicobacterpylori, histopathology.
INTRODUCTION

Human gastrointestinal tract which is long and tortuous is an important site for wide variety of lesions which includes congenital, inflammatory and neoplastic conditions. To facilitate diagnosis of different lesions, endoscopic and histology are complementary.

Histopathological study of biopsy specimens are used to confirm endoscopic diagnosis in suspected malignancy or to rule out in the endoscopically benign appearing lesions and also are performed for monitoring the course, determining the extent of a disease as responses to therapy and for the early detection of complications. The aim of this study is to correlate the histopathological pattern of endoscopic biopsy with distribution of gastric lesions according to age and sex.

METHODS

The retrospective study was carried out among 50 cases with endoscopic biopsies and histopathological assessment, received from 1st January 2014 onward at Department of Pathology, Dhulikhel Hospital- Kathmandu University Hospital.

Endoscopy was done in all the patient clinically diagnosed with gastric lesions and lesions were diagnosed on gross visualization during endoscopy. Patient of both the gender all ages, inpatients, outpatients and those with diagnostic gastric endoscopies were included in the study. Each endoscopic biopsy kept in a labeled bottle containing 10% neutral formalin was received in the department of pathology, Dhulikhel hospital. Gross examination of specimen according to the gross technique was done and documented. Tissue processing was done by using automatic tissue processor. Specimens were processed and embedded in paraffin wax and were cut into sections of 5 micrometer thickness all the slides were stained with Haematoxylin & Eosin and with Giemsa stain whenever required. All the sections were reported by a pathologist and reviewed by another consultant pathologist. Data was collected and analyzed for frequency, percentages and results were presented through tables.

RESULTS

Among the 50 cases, 58% were male and 42% were females. The age and sex distribution of the study groups are shown in Table 1.

Out of five cases of erythematous patches diagnosed endoscopically, 40% were found to be normal, 20% as chronic gastritis and 40% were diagnosed Helicobacter pylori induced gastritis. Out of 16 cases which were diagnosed as gastric ulcer endoscopically, 25% were found to be normal, 31% cases were diagnosed as chronic gastritis, 25% cases were diagnosed as Helicobacter pylori induced gastritis and 6% of cases were diagnosed as ulcer, metaplasia and carcinoma respectively. Similarly, among 12 cases diagnosed as erosion endoscopically, 33% were normal, 33% showed Helicobacter pylori induced chronic gastritis, 25% shows chronic gastritis and 8% showed metaplasia.

DISCUSSION

The biopsy sampling of the gastric mucosa at diagnostic endoscopy provides useful information which helps in the diagnosis of various lesions. This study aimed toward finding a strong endoscopic and histological correlation of gastric lesions.

In our study majority of cases were of male. This gender ratio favoring males could be reflecting of the fact that males are exposed to more risk factors than females.
Our study showed good correlation in the cases of carcinoma. Out of 17 cases diagnosed endoscopically as gastric carcinoma correlated histopathologically as gastric adenocarcinoma. Similar findings were found in other studies also. These findings recommended endoscopy and biopsy as valuable diagnostic procedure among patients suspecting gastric carcinoma. Used together they can eliminate the necessity for diagnostic laparotomy. Majority of carcinoma cases showed ulcerating fungating growth followed by ulcero-proliferative growth. Study with similar findings have also been reported. In our study there was increase of incidence of carcinoma with increase of age.

Limitations of this study are the sampling errors and misinterpretation of endoscopic findings.

CONCLUSION

It was observed that endoscopic diagnosis of benign gastric lesions poorly correlated with those of histopathological diagnoses. Hence care should be taken for processing of the tissue and interpretation by the pathologist. Endoscopy is incomplete without biopsy and histopathology is the gold standard for the diagnosis of endoscopically detected lesions. Endoscopic examination and histopathological examination of suspected gastric lesions should go parallel and neither should be a substitute of each other.

REFERENCES


