

*Morphologic Pathology
of the Alimentary Canal*

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Morphologic Pathology of the Alimentary Canal

Gross, Radiographic and Microscopic

ANTONIO M. VALDES-DAPENA, M.D.

Associate Professor of Pathology, Graduate
Division, School of Medicine; Director of
Pathologic Anatomy, Graduate Hospital,
University of Pennsylvania

GEORGE N. STEIN, B.A., M.D.

Professor of Clinical Radiology, Graduate
Division, School of Medicine; Associate
in Radiology, Graduate Hospital and
Presbyterian-University of Pennsylvania
Medical Center

W. B. Saunders Company: West Washington Square
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12 Dyott Street
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Foreword

To
Dr. Henry L. Bockus
and to the members of the
Bockus International Society of Gastroenterology,
who have created the atmosphere of
dedication and stimulation
in which this book has its roots.

The reader will be impressed with the excellence of the reproduction and with the lucid explanations that accompany them. It is likely that everyone interested in gastroenterology in any of its aspects will wish to review this excellent work.

more controversial areas.

Questions have suggested the need for additional avenues of study in the clarification of some of the more unusual cases. Other unanswered relating to a number of the diseases included, and this has resulted in people but difficult to satisfy. Both have formulated many questions in their routine work, the authors have proved to be down to earth had less experience because of youth or lack of material.

Viewing of the radiologic image and the morphologic material side by side is a most interesting and informative exercise, not only for pathologists and radiologists but for the clinician as well, be he internist or surgeon. This book should prove of unusual value to those who have

The radiologist, because of this wealth of clinical material dealing with alimentary tract disorders, has achieved an unusual interest and skill in their study. It is not often that an equally skilled radiologist and pathologist in a special field of medicine have collaborated in this way.

of experience in abdominal pathology has accumulated one of the most gross and most common and with a keen interest and high degree of pathological material.

Foreword

Having had the advantage of the availability of a wealth of gastroenterological case material over a period of many years, the authors have been able to reproduce in this volume comparative radiologic and pathologic images of all the important diseases of the alimentary tract.

Day after day for many years these investigators have participated in teaching conferences at which many of the cases illustrated here were freely discussed.

The pathologist, with a flair for photography of all pathologic material, gross and microscopic, and with a special interest and high degree of expertness in gastrointestinal pathology, has accumulated one of the finest contemporary collections of such lesions with which I am familiar. The radiologist, because of this wealth of clinical material dealing with alimentary tract disorders, has achieved an unusual interest and skill in their study. It is not often that an equally skilled radiologist and pathologist in a special field of medicine have collaborated in this way.

Viewing of the radiologic image and the morphologic material side by side is a most interesting and informative exercise, not only for pathologists and radiologists but for the clinician as well, be he internist or surgeon. This book should prove of unusual value to those who have had less experience because of youth or lack of material.

In their routine work, the authors have proved to be down-to-earth people but difficult to satisfy. Both have formulated many questions relating to a number of the diseases included, and this has resulted in the clarification of some of the more unusual cases. Other, unanswered questions have suggested the need for additional avenues of study in the more controversial areas.

The reader will be impressed with the excellence of the reproductions and with the lucid explanations that accompany them. It is likely that everyone interested in gastroenterology, in any of its aspects, will wish to review this excellent work.

H. L. BOCKUS

discrepancies are usually subject to a reasonable explanation but at other times are not understood at all. We have attempted to explain all those that fall within the scope of logic; the others we simply learn to sharpen our awareness of and accept.

The fervor with which we have photographed specimens over the years has resulted in a collection of thousands of specimens. With many pictures of specimens of each kind of lesion, we have chosen from among them those which followed on a technically good roentgenographic study. Few lesions are shown only as a radiographic image or only as a pathologic specimen; these few are clearly designated. Those aspects of gastrointestinal disease that are predominantly manifest in x-ray examinations are shown only as they appeared radiologically; conditions in which the pathologic aspects are of prime importance are treated at greater length (or sometimes exclusively) from the anatomic pathologic standpoint.

Study of the pathologic anatomy and histology of the alimentary canal is in itself an extensive, intricate and fascinating field. It would have been perhaps worthwhile simply to place on exhibit the many the Pathology and radiology represent two of the available approaches to the diagnosis of disease. Each has its advantages. Pathology, including microscopic visualization, has the advantage of presenting greater detail, which may well lead to greater specificity in diagnosis; radiology is applicable without the primary necessity for surgical intervention. In addition, the radiologist is able to study not only the changes in structure induced by disease but also changes in function, not the least of which in the gastrointestinal tract is the disturbed motility that occurs as a result of disease.

It is clear that these two modalities complement one another. In clinical practice radiology comes first in the order of use for the diagnosis of internal ailments. Certainly the area in the alimentary canal amenable to radiologic study is infinitely greater than that which is available for nonsurgical histologic diagnosis. Endoscopic examination, in itself a form of gross pathologic investigation, is adaptable to only the two extreme portions of the canal. Biopsies necessarily provide only a small sampling of a huge surface area. Radiology, therefore, becomes a most valuable diagnostic tool.

On the other hand, without the more precise knowledge of structural changes which the pathologist is able to study and report on, the radiologist would often be in a position of considerable difficulty in interpreting what he has seen on the screen and on films. It is only through the experience of comparing the radiographic images with the lesions as they later appear in the surgical specimen, and sometimes at the autopsy table, that the radiologist can learn to express his visual impression in terms of gross pathologic and sometimes microscopic entities.

One of the purposes of this book is to demonstrate the relationship between the radiographic image and the actual anatomic lesion. There are usually striking similarities but also occasionally surprising discrepancies between the apparent size or location of the lesion as seen in the x-ray film and its actual appearance in a pathologic specimen. These

discrepancies are usually subject to a reasonable explanation but at other times are not understood at all. We have attempted to explain all those that fall within the scope of logic; the others we simply learn to sharpen our awareness of and accept.

The fervor with which we have photographed specimens over the years has resulted in a collection of thousands of color transparencies. With many pictures of specimens of each kind of lesion, we were able to choose from among them those which followed on a technically good roentgenographic study. Few lesions are shown only as a radiographic image or only as a pathologic specimen; these few are clearly designated. Those aspects of gastrointestinal disease that are predominantly manifest in x-ray examinations are shown only as they appeared radiologically; conditions in which the pathologic aspects are of prime importance are treated at greater length (or sometimes exclusively) from the anatomic pathologic standpoint.

Study of the pathologic anatomy and histology of the alimentary canal is in itself an extensive, intricate and fascinating field. It would have been, perhaps, worthwhile simply to place on exhibit the many specimens that have come into our hands and to discuss them from the standpoint of structure and pathogenesis. However, in the treatment of diseases of the alimentary canal radiology is so often the avenue by which one determines the feasibility of surgical intervention that eventually yields an anatomic specimen that it seemed natural and only proper to link the two forms of morphologic diagnosis.

A. VALDES-DAPENA
GEORGE N. STEIN

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