

**CODE:** T6500 M5407/1

**ID NOS:** HX227738 39057

**DIAGNOSIS:** SMALL BOWEL - ISCHAEMIC ENTERITIS.

**CLINICAL HISTORY:** M/42. This surgical specimen is from a man on whom a gastroenterostomy had been performed seven years previously. He complained of severe abdominal pain and at laparotomy intussusception of the proximal portion of the jejunum though the gastroenterostomy stoma was found and reduced. He later bled profusely from a jejunal ulcer which was excised. The present specimen was the result of a further laparotomy six days later in which mesenteric venous occlusion was found together with ischaemic enteritis. Not unsurprisingly the patient now suffers from malabsorption syndrome.

**MACROSCOPIC:** The bowel mucosa of the length of intestine at the left and extending to the back is smooth and ulcerated, and can be compared with the normal pattern on the right (left image). A recent suture line is to be seen on the reverse side (right image).

**MICROSCOPIC:** Patchy ulceration is surrounded by regenerating epithelium. The bowel wall is oedematous and both the submucosa and subserosa are more vascular than usual (left image). The ulcer floor is infiltrated by inflammatory cells and is covered by exudate (right image).

