

## Pathology Corner – Answers

**Diagnosis:** Coexistence of tuberculosis and Adenocarcinoma in the colon.

### Macroscopy:

Ileocolic resection showing a markedly stenosed colonic segment, the mucosa being ulcerated and atrophied. Note that the wall is greatly thickened towards the left end in **Figure 1** where the lumen is completely obliterated, the mucosal atrophy being due to proximal stagnation. The cut surface of the thickened area is white. The wall thickening is more evenly distributed in **Figure 2** which also shows a narrow lumen. Mucosa is mostly ulcerated and atrophic. The preserved mucosal folds are visible at the left end. There are focal hemorrhages (black appearance).

### Microscopy shows two different lesions:

**Figure 3:** Epithelioid Granuloma with central necrosis, as typically seen in tuberculosis.

**Figure 4:** Dysplastic tubuloglandular structures infiltrating the muscularis propria, denoting adenocarcinoma.

The gross appearance has features shared by Crohn disease (Marked wall thickening, stenosed lumen, ulceration, hemorrhage, adherent serosal fat) although the typical cobblestone appearance of mucosa is not seen. However, histologically Crohn's granulomas are small and non necrotic.

### Discussion:

Coexistence of tuberculosis and Adenocarcinoma in the colon is rare. There is paucity of literature stating the etiological relationship of tuberculosis and colon cancer.

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