Results: The number of EoG predicted with high specificity (92 %) the risk of early relapse and was very significantly correlated with the risk of poor outcome ($p < 0.0001$). Also, EoG persisted in mesenchimal micro-environment after neutrophil granulocytes disappearance, this persistence being correlated with relapse ($p = 0.0194$).
Conclusion: These data indicate that EoG are playing an important role in colonic chronic inflammation, being as well modulators and effectors in UC lesion. Therefore their number should be routinely evaluated in all colonic mucosa samples from UC patients and included in treatment and surveillance decisions.

PS-12-041
Sigmoidectomy in a patient with chronic intestinal pseudo-obstruction due to inflammatory neuropathy (enteric ganglionitis) with high titres of circulating anti-Hu autoantibodies
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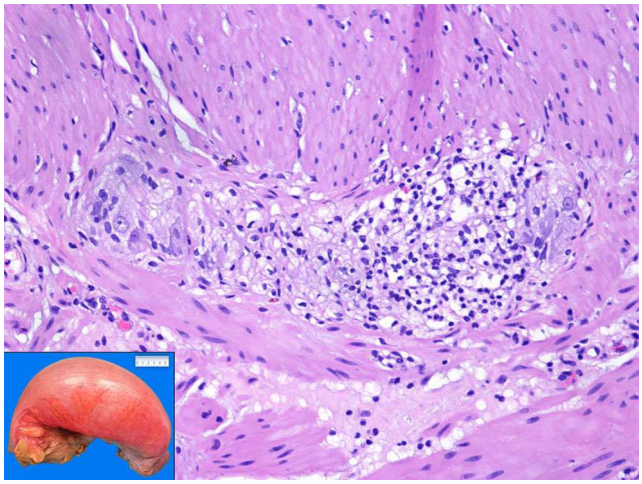
Objective: To report a case of inflammatory neuropathy with high titres of anti-Hu autoantibodies as cause of chronic intestinal pseudo-obstruction (CIPO).
Method: A 56 year old male presented with a 6-months history of severe sensory neuropathy, cerebellar involvement, stiff person syndrome, repeated episodes of intestinal obstruction and high titres of serum anti-Hu autoantibodies. Sigmoidectomy was performed with the suspicion of volvulus, not confirmed intraoperatively.
Results: The sigmoid specimen was markedly dilated. Microscopically, inflammatory infiltrates with lymphocytes and eosinophils were observed in the myenteric plexus, without hypoganglionosis. The muscular wall showed no fibrosis or vacuolization, and immunohistochemically retained its normal actin expression; CD-117 highlighted conserved interstitial cells of Cajal.
Conclusion: CIPO is characterized by failure of intestinal peristalsis in the absence of any mechanical obstruction. Three major forms exist with different pathologic finding: enteric visceral myopathies, neuropathies (inflammatory neuropathy and degenerative neuropathy) and mesenchymopathies (depletions/absence of interstitial of Cajal). Inflammatory neuropathy, which involves enteric ganglionitis, can be idiopathic or secondary to many different conditions, including circulating antineuronal antibodies (mainly anti-Hu) often as paraneoplastic syndrome. After 4 years of follow up and exhaustive study (CT,CT-PET, endoscopies,…) no tumour has been detected in our patient.

Macroscopically sigmoid specimen was markedly dilated. Detail of myenteric plexus with infiltrating lymphocytic, eosinophilic between the ganglion cells and neurons without obvious cellular destruction:



PS-12-042
Good's Syndrome and chronic diarrhea. A mimicker of Crohn's Disease with a challenging histopathological diagnosis
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Objective: Good's syndrome (GS) is the association of thymoma and hypogammaglobulinemia and is characterized by recurrent infections, diarrhea and other autoimmune manifestations. We report the gastrointestinal histopathological findings of a 54-year-old man with GS who developed chronic diarrhea.
Method: Gastrointestinal endoscopy studies showed pancolitis with ulcers intercalated with normal mucosa, and different histopathological lesions.
Results: The colon mucosa revealed chronic inflammation, ulcers, cryptitis, crypt abscesses and epithelioid granulomas, and the diagnosis of Crohn's disease was suggested. The ileocecal valve was positive for CMV and later became negative. In the subsequent biopsies the ileal mucosa showed blunt villi, intraepithelial lymphocytosis, frequent apoptotic bodies and absent plasma cells, resembling the changes of the Common Variable Immunodeficiency. In the sigmoid colon a pattern of Graft-versus-Host-type-colitis with striking apoptotic cells and atrophic glands with luminal debris, was observed. All findings were finally considered to be a gastrointestinal manifestation of the immunodeficiency.
Conclusion: The diarrhea in GS may be related to infectious pathogens, malabsorption, bacterial overgrowth or an autoimmune basis. Chronic inflammatory colitis similar to IBD has been described, but the association of IBD and GS is probably questionable. The histopathological findings can be quite variable in morphology, so the diagnosis may become a challenge, especially without clinical data.

PS-12-043
Superficial leiomyoma of the gastrointestinal tract with interstitial Cajal-like cells
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Objective: Some authors suggest common origin of all gastrointestinal stromal tumours from stem cells, which may show diverse differentiation. There are reports in which cells with a morphology of interstitial Cajal-like cells are found in deep leiomyomas. The aim of this study was to demonstrate CD117 positive cells in superficial gastrointestinal (GI) leiomyomas and to find other cells that would suggest diverse differentiation in histologically typical leiomyoma.
Method: We have analyzed 9 cases of superficial leiomyomas, received in our institutions as endoscopically or surgically obtained material. The tumour sections were immunohistochemicaly stained with CD117, CD34, NSE, S 100, α-S MA and desmin.
Results: There were one esophageal and 8 colonic superficial leiomyomas, 2 of which rectal. Histological analysis showed presence of stellate cells morphologically similar to the interstitial cells of Cajal. Immunohistochemical analysis showed that in addition to diffuse positivity for -SMA and desmin, all leiomyomas showed presence of CD117, CD34 and NSE positive cells between smooth muscle cells, while six of them showed presence of S-100 positive cells. The cells were found in different quantity, usually were scarce and diffusely scattered through the tumours without predilection site.
Conclusion: The presence of CD177, CD 34, S-100 and NSE positive cells in superficial leiomyomas may suggest a common origin of GI stromal tumours.