Blue-green endoscopy in canine digestive neoplastic conditions – two cases

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SUMMARY
Blue-green endoscopy in canine digestive neoplastic conditions – two cases
Two dogs - one presenting with soft stools for one year and the other vomiting for about a week - were examined at the University Veterinary Teaching Hospital, Camerino University. After clinical evaluations and laboratory tests, both dogs underwent firstly an abdominal ultrasonography, and subsequently a digestive endoscopy (colonoscopy and esophago-gastroscopy, respectively). In case 1, the ultrasonography revealed the presence of markedly enlarged mesenteric lymph nodes and an abnormal colon, presenting irregular mucosa, wall thickening, and in some points, loss of wall layering, while in case 2, a thickening of the gastric body wall and a loss of wall layering. Endoscopically (performed using an endoscope provided with a single blue + green (BG) filter, restraining wavelengths from 400 to 550 nm), in case 1 (using a white light endoscopy) the mucosa of the whole descending colon appeared irregular, in some tracts even nodular, and hyperemic; many diffusely interspersed erosions were also present; in case 2 (using a white light endoscopy), many ulcers were found at the level of the passage between the gastric body and the antrum. In both cases, with the BG endoscopy, lesions of the mucosa and bleeding areas were visible in dark blue and the lesions appeared to be more clearly defined from the remaining mucosa compared to when using a white light endoscopy. Histopathology revealed in case 1 (samples from lymphnodes and colon) a B associate high-grade lymphoma – large cells – B form (transmural type), while in case 2 (samples from the stomach) pathologic ulcers associated with a non-signet type, intestinal type, gastric adenocarcinoma.

To the author’s knowledge, information regarding this endoscopic technique in veterinary medicine literature is absent; nevertheless, even if in our cases the lesions appeared to be more clearly defined with a BG endoscopy, many further studies are needed in order to determine the clinical, endoscopic and pathological significance in canine colonic and gastric neoplastic infiltrates, of this technique.

KEY WORDS
Endoscopy, blue-green, digestive neoplasia, dog.

CASE 1
A ten-year-old male Lagotto Romagnolo dog presenting with soft stools, which it had had for one year, was examined at the University Veterinary Teaching Hospital, Camerino University. In this period the dog had undergone different therapeutic protocols with no long-term efficacy.
After preliminary clinical and laboratory evaluations, it was decided to perform an abdominal ultrasonography (Esaote MyLab™ Class C, Genoa, Italy; 3-9 MHz micro-convex multifrequency transducer), which revealed the presence of markedly enlarged mesenteric lymph nodes (Fig.A1); also the descending colon appeared abnormal, presenting an irregular mucosa, wall thickening and, in some points, loss of wall layering (Fig.A2).
Following a proper standard preparation of the patient and general anesthesia, a colonoscopy was performed using an endoscope (Flexible video endoscope, 160 cm length and 9.8 cm Ø, Mercury Produzione®, Foligno, Italy) provided with a single blue + green (BG) filter, restraining wavelengths from 400 to 550 nm. Subsequently, a trans abdominal ultrasound guided biopsy (BioPince™ Full Core Biopsy Instrument 15 cm length and 18 ga Ø, Angiotech, Medical Device Technologies Inc., Gainesville, USA) of the lymph nodes was also performed. Endoscopically, by means of a white light traditional endoscopy, the mucosa of the whole descending colon appeared irregular, in some tracts even nodular, and hyperemic; many diffusely interspersed erosions were also present (Fig.A3). Using a BG endoscopy, lesions of the mucosa were visible in dark blue and appeared to be more clearly defined from the remaining mucosa compared to a white light endoscopy (Figg. A4, A5). Unfortunately, even if the colon was prepared as routine, some fluid was present in the transverse and ascending portions of the bowel, preventing a complete evaluation of the mucosa. Furthermore, it is important to notice that, as shown in Figure A6, and partially in Figure A6, the presence of this fluid in the descending colon - even if in very small quantities - represented an obstacle to the BG endoscopy, because the areas of the mucosa, that were even only slightly covered by this brownish fluid, were observed with a blue color very similar to the blue of the erosive lesions. After ideally dividing the descending colon into four portions, biopsies were sampled from each of these areas. Histologically the colonic mucosa resulted thickened...
and almost uniformly infiltrated by lymphoid cells. These cells,
belonging to the expansion of some follicles constituting the
GALT follicular system, were enlarged, with a large nucleus
containing two or more medium to large size nucleoli (B
phenotype). Mitotic figures were frequently observed,
and sometimes atypical. The immunophenotyping of these infil-
trating lymphoid cells, performed by immunohistochemistry,
showed a large percentages of CD 79a positives cells, with
only a small fraction of these cells positives also for CD 21.
On the basis of these evidences, the diagnosis of B – large
cell GALT-derived lymphoma was performed.

CASE 2

A ten-year-old female Leonberger presenting with vomiting
for about a week and a worsening of its general condition
for some weeks, was examined at the University Veterinary
Teaching Hospital, Camerino University. Five months previously,
the dog had been diagnosed with a hypothyroidism, which had
been treated accordingly. Laboratory tests revealed a slight
hepatopathy and RBC (3.94 10^{12}/L) below reference ranges.
An abdominal ultrasonography (Esaote MyLab™ Class C,
Genoa, Italy; 3-9 MHz micro-convex multifrequency trans-
ducer) revealing a thickened portion (area of the gastric
body) of the gastric wall and a loss of wall layering was then
performed (Fig. B1). Considering the severely compromised
clinical conditions of the dog, it was decided to perform a
gastroscopy (Flexible video endoscope, 160 cm length and
9.8 cm Ø, Mercury Produzione®, Foligno, Italy) provided with
Fig. B1. Case 2. Ultrasonographic appearance of the thickened gastric body wall associated to the wall layering loss.

Fig. B2. Case 2. Close up view of mucosal ulcers and diseased areas.

Fig. B3. Case 2. Close up view of mucosal ulcers and diseased areas.

Fig. B4. Case 2. Close up view of mucosal ulcers and diseased areas. Especially in this figure, lesions appeared to be more clearly defined from the remaining mucosa compared to white light endoscopy.

A single blue + green (BG) filter, restraining wavelengths from 400 to 550 nm. Endoscopically, the stomach appeared partially filled with food, but at the level of the passage between the gastric body and the antrum many ulcers were found, some of which were bleeding (Figg. B2, B3, B4). A BG endoscopy showed up bleeding areas in dark blue and the lesions appeared to be more clearly defined from the remaining mucosa compared to the white light endoscopy (Figg. B2, B3, and especially B5). Biopsies, performed on diseased areas, revealed at histopathology a severe inflammation of the gastric mucosa that surrounded a deep ulcerative crater. The bottom of the ulcer consisted in a neoplastic tissue classified as gastric adenocarcinoma, intestinal type. Tumor cells described irregular tubular structures, with stratification, multiple lumens surrounded by a reduced stroma (“back to back” aspect). The tumor invaded the gastric wall, infiltrating the muscularis mucosae, the submucosa and thence the muscularis propria. Often it showed associated intestinal metaplasia in adjacent mucosa. On the basis of glandular architecture, cellular pleomorphism and mucosecretion, adenocarcinoma was graded as moderate differentiable.

DISCUSSION

Narrow Band Imaging (NBI, Olympus) is an endoscopic diagnostic technique, under certain aspects similar to the one used in this study, which allows a better mucosal architecture and superficial vascular pattern definition (12), particularly if associated with high-definition (13). This technique is based on the principle that shorter wavelengths penetrate only the superficial portion of the mucosa (12), accordingly, blue light (narrow bandwidth, 415 nm of central wavelength) and green light (narrow bandwidth, 540 nm of central wavelength) could better define such superficial structures (5,13). Moreover, these wavelengths are those corresponding to hemoglobin peaks of absorption (13,18).

Over the last years, many studies performed in human medicine have investigated the potential of NBI in colorectal diseases (10,11,15,17), evaluating particularly the neoplasm miss rate compared to white light endoscopy (7). This technique is considered useful in differentiating hyperplastic from adenomatous polyps, especially with high-definition instruments (5), while the capability of improving adenoma detection is not univocal (11-13,17). Nevertheless, especially if associated with high-definition, it appears to increase the visualization of flat adenomas (6), while magnifying NBI could be valuable in determining the invasion depth of early colorectal carcinoma (6). NBI with magnification is also considered useful in predicting histopathology and in selecting therapeutic strategies in colorectal tumors (5). Finally, NBI associated to specific classifications (e.g. NICE classification) could allow, for example, a real-time differentiation between superficial lesions and deeply invasive carcinoma with related therapeutic implications (11).

The potential of NBI in gastric diseases has been studied (2,9,14), suggesting that magnifying NBI could be useful in diagnosing early gastric carcinoma and in differentiating between small depressed carcinoma and small depressed non-neoplastic lesions (6); it could also be worthwhile in defining early gastric cancer margins, with the exception of those cases in which there is a subepithelial spread (11,12).

CONCLUSION

To the author’s knowledge, this is the first endoscopic report that uses a BG endoscopy in dogs presenting digestive neoplastic conditions. Information regarding this technique in veterinary medicine literature is absent, and even if, in our cases, the lesions appeared to be more clearly defined with the BG endoscopy, the clinical, endoscopic and pathological significance of this technique in canine colonic and gastric neoplastic infiltrates, is yet to be determined. Furthermore, as in human medicine using the NBI technique, in the present case, the presence of fecal material also represented a limitation for the technique (11,12).
REFERENCES