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## Role of mucosal colonic biopsy in patients with chronic unexplained diarrhea

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**Objective**: There are controversies about the importance of biopsies of normal colonic mucosa in the investigation of patients with chronic diarrhea so the aim of our work to evaluate the significance of mapping biopsy and its yield in patients of apparent endoscopically normal colon who are investigated for chronic diarrhea and to discover the prevalence of hidden diseases.

**Methods**: Of 300 consecutive patients undergoing colonoscopy by one endoscopist during a five year period, biopsies were taken in 200 cases of unexplained diarrhea of at least 4-6 weeks and their colorectal mucosa appeared macroscopically normal. All biopsies were reviewed by one pathologist.

**Results**: Of the 200 patients enrolled, 36 (18%) cases were classified as no pathological diagnosis and 164 (82%) cases showed histopathological changes: 121 (73.78%) non-specific inflammation, 19 (11.58%) ulcerative colitis, 11 (6.7%) collagenous colitis, 7 (4.26%) lymphocytic colitis and 6 (3.65%) bilharzial colitis.

**Conclusion**: From the obtained results, we can conclude that the role of biopsies in chronic diarrhea patients with macroscopically normal colon at endoscopy is high as yielding a histological diagnosis in 26.21% of patients

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## Low tumor stroma ratio is a poor prognostic indicator in urothelial cancer

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Bladder cancer is the second most common malignancy of genitourinary tract in India. There is a need of prognostic markers to identify patients who are most likely to show recurrence and therefore can be kept on close follow up. Tumor Stroma Ratio (TSR) has recently been discovered to be a prognostic indicator in various carcinomas. However, literature review shows that high TSR is reported variously as either good or bad prognostic indicator in different cancers. The present study evaluates the role of TSR in urothelial cancer. Histopathology slides of 100 cases of urothelial carcinoma were scanned at 20x using digital slide scanning microscope and five randomly selected images were taken for morphometric analysis of the tumor and stromal areas for calculation of TSR. The study included 63% low grade and 37% high grade tumors. Among them, 86 were non-muscle invasive cases and 14 muscle invasive cases. Mean ($\pm$SD) TSR value was 0.77$\pm$0.1 in low grade and 0.70$\pm$0.2 in high grade tumors. While only 2 cases of low grade tumors (3.2%) had low TSR (<0.50), 6/37 high grade cases (16.2%) showed low TSR. There is significant inverse association (p=0.020) between TSR and tumor grade. Mean ($\pm$SD) TSR was 0.77 ($\pm$0.1) in non-muscle invasive tumors, while it was 0.62 ($\pm$0.2) for muscle invasive tumors. Low TSR value was found in 3.5% (3/86) of the noninvasive tumors and 35.7% (5/14) of invasive tumors. A highly significant inverse relation was found between TSR and bladder muscle invasion (p<0.001). Low TSR was found to be significantly associated with high grade tumors and muscle invasion, thus, making this a parameter of poor prognostic value.

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