Differing minimum criteria, confusion over nomenclature and uncertainties over dysplasia assessment have led to suboptimal interobserver agreement in the diagnosis of these lesions.

Gill et al., 2013

The absence of an up to date category for SSLs within BCSS may potentially lead to heterogeneity in the recording of these lesions within the BCSP.
SSL & dysplasia

Â ‘Pure’ SSLs do not show ‘conventional’ dysplasia
Â ‘Conventional’ dysplasia can develop in SSLs
Â This is a worrisome feature
Â SSLs do show ‘dysmaturation’ that some believe is a form of dysplasia
SSL – dysmaturation
SSL & dysplasia
SSL & dysplasia

Southampton Cellular Pathology
Traditional serrated adenoma

- Particularly found in left colon
- Many features similar to tubulovillous adenoma
- Villosity often pronounced; may be filiform
- Look like ‘unusual adenomas’ in contrast to SSLs, which look like ‘unusual hyperplastic polyps’
TSA – diagnostic criteria

• Eosinophilic cytoplasm
• Pencillate nuclei
• Some cytoplasmic serration may be present
• Subtle dysplasia within these areas
• Areas with features of classic tubulovillous adenoma are invariably present

*Minimum criteria currently not well defined*
TSA – diagnostic criteria
TSA – diagnostic criteria

Southampton Cellular Pathology
Serrated adenocarcinoma

THREE MORPHOLOGICAL VARIANTS

Å Serrated
  ï Well-moderately differentiated glands with a serrated appearance; eosinophilic cytoplasm; basal nuclei; little or no dirty necrosis

Å Mucinous – co-exists with serrated areas
  ï Poorly differentiated cords of epithelial cells within mucus

Å Trabecular – co-exists with serrated areas
  ï Poorly differentiated clusters/cords of epithelial cells
Serrated adenocarcinoma