

Klaikaew N

Case 1

A 55-year-old female with an underlying SLE who had been taking prednisolone 5 mg/day complained with abdominal pain and mucous bloody diarrhea. A colonoscopy was examination and found multiple flask

shape ulcers along entire colon. The biopsies were reported with section of inflamed colonic mucosa with slightly increased eosinophilic infiltration. There is large round organisms with hemophagocytosis and intermingled with fibrinonecrotic tissue.

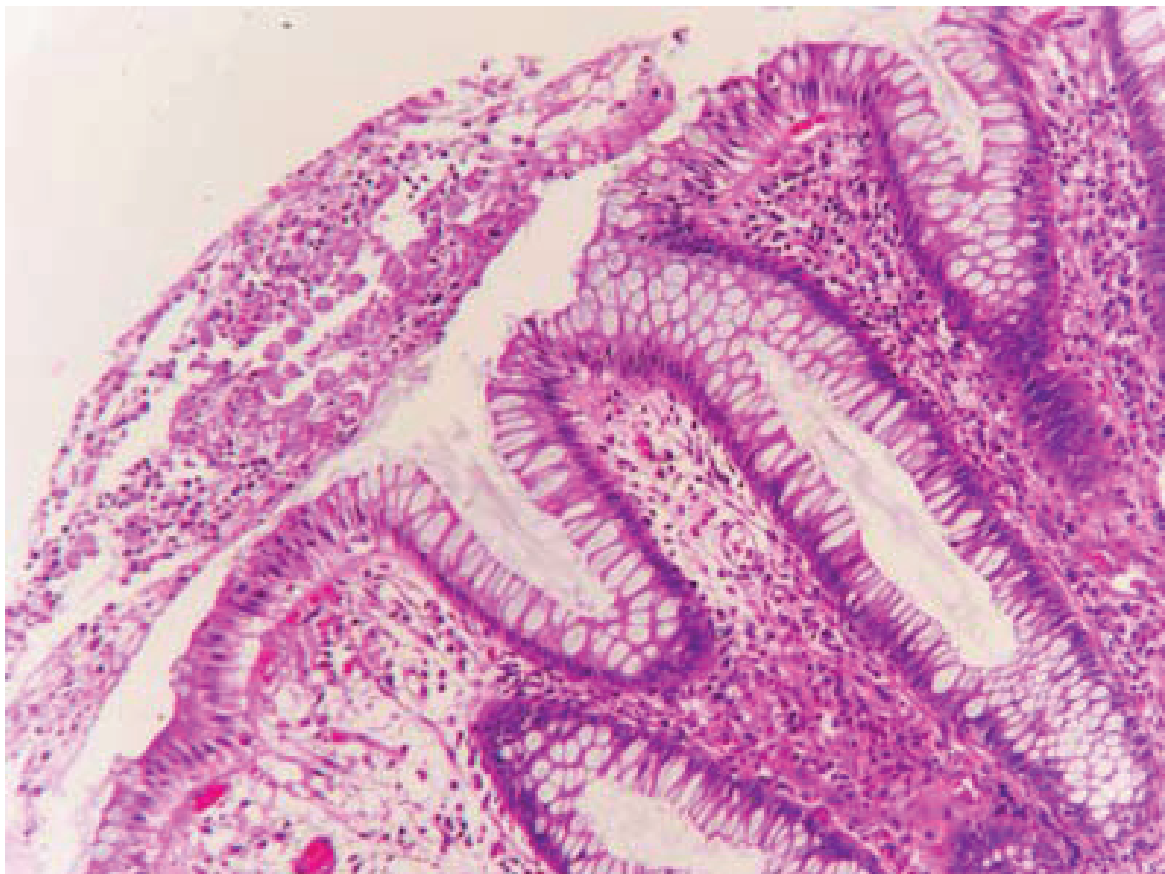


Figure 1.

What is the most likely diagnosis?

(Answer see page 179)

Case 2

A 38 year-old man presented with hematochezia for 3 days. He complained prolong fever and weight loss for several months. His serology for HIV was positive. Colonoscopy was done and showed multiple ulcers with tissue debris and friability at ileocecal valve

and terminal ileum. Biopsy was done and histologic finding revealed inflamed ileocolonic mucosa with widening of villi due to diffuse infiltration of foamy histiocytes (Figure 2). AFB stain yields numerous acid fast organisms in cytoplasm of histiocytes (Figure 3).

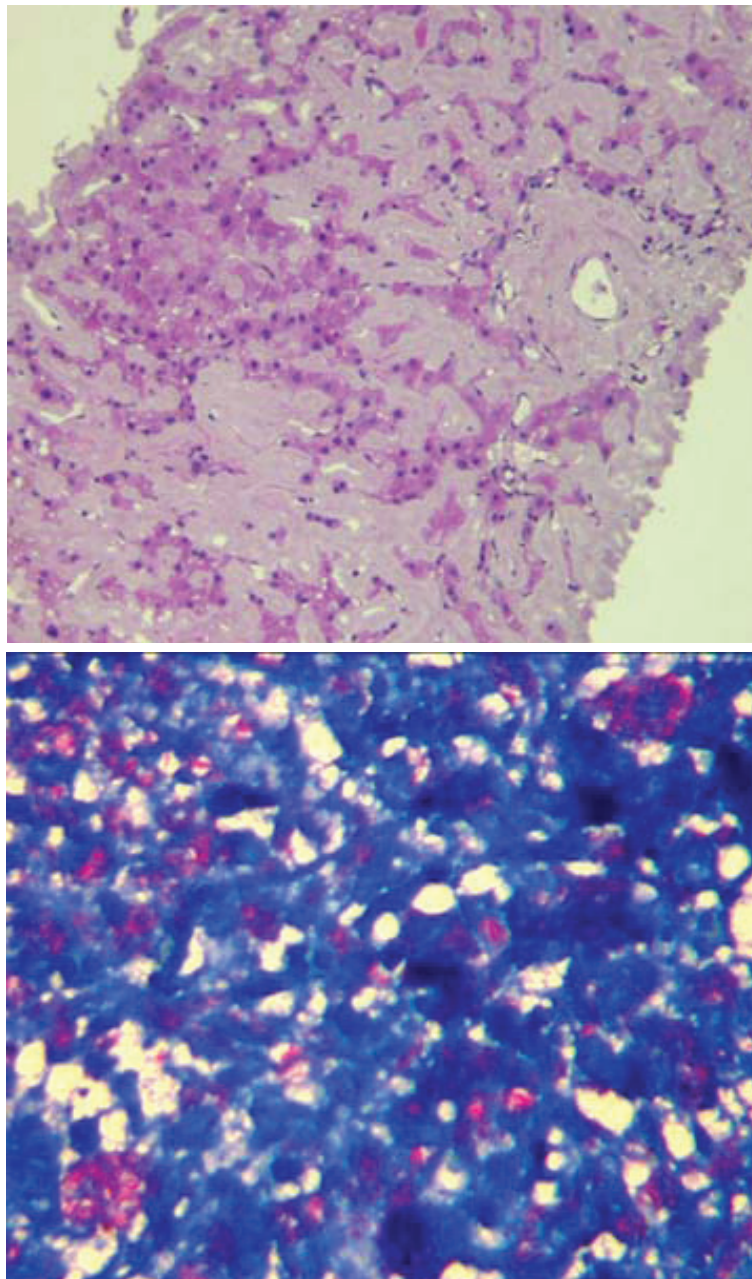


Figure 2-3.

What is the most likely diagnosis?

(Answer see page 179)

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Case 3

A 65 years old male presented with right upper quadrant discomfort. He denied fever, diarrhea, or history of alcohol taking. The profile for viral hepatitis B or C was negative. The imaging work up had shown

marked hepatomegaly. The liver biopsy was performed and pathology reported liver core tissue from enlarged liver. There is diffuse eosinophilic hyalinized material deposit along subendothelial area.

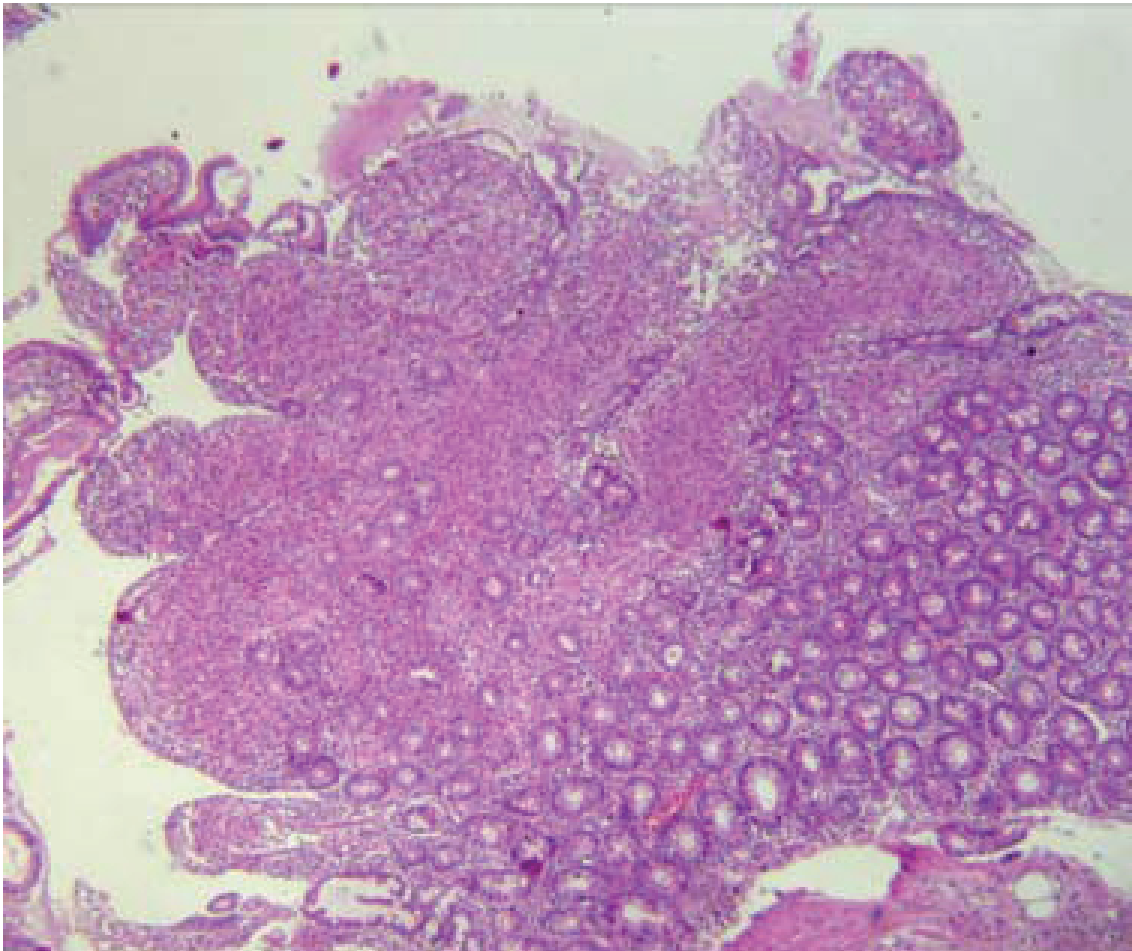


Figure 4.

What is the most likely diagnosis?

(Answer see page 179)

Answer for patho corner

Case 1 = Amoebiasis

Case 2 = *Mycobacterium avium intracellulare* infection

Case 3 = Amyloidosis of liver