

*Apichart Suramethakul, M.D.**
*Rungsun Rerknimitr, M.D.**

Case 1

An elderly female presented with a history of chronic diarrhea for six months.

Her colonoscopic exam revealed multiple diverticuli through the colon with one diverticulum in sigmoid area, contained ulcer and erythematous mucosa. (Figure 1)

Diagnosis : acute sigmoid diverticulitis



Figure 1 The diagnosis is consistent with acute sigmoid diverticulitis.

Case 2

A 54 year-old female presented with a history of recurrent epigastric pain, jaundice with weight loss for two months. (Figure 2-4)

Diagnosis : ampullary carcinoma

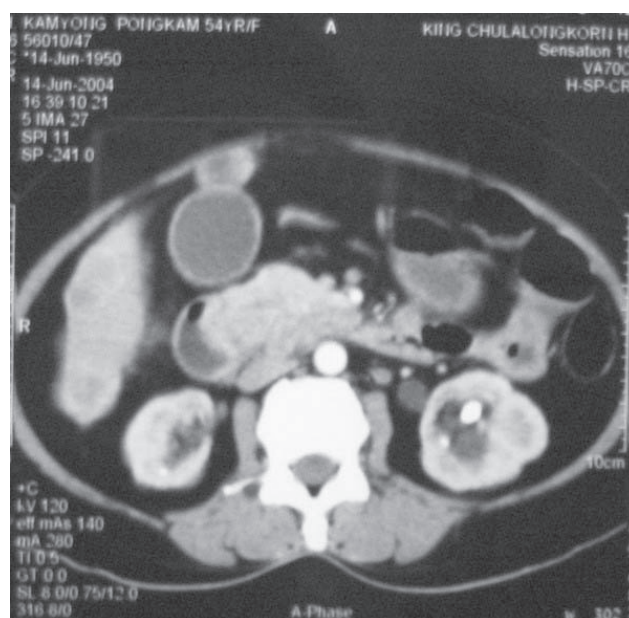
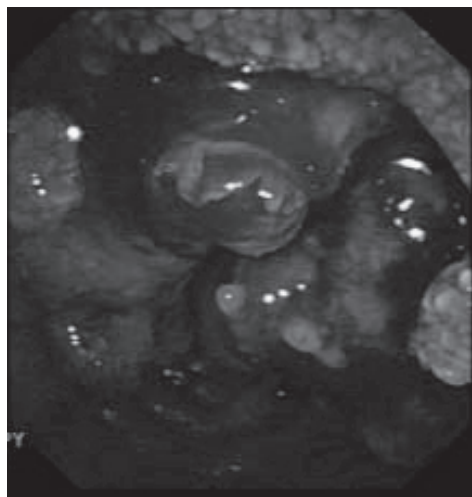


Figure 2 A CT scan of the abdomen demonstrated a 4.5 cm pancreatic head mass compressing the duodenum

Figure 3 An endoscopic exam revealed a contact bleeding fungating mass with intact papillary orifice. The biopsy yielded adenocarcinoma. Finally a covered wallstent 10 × 80 mm was inserted to drain obstructed bile duct.



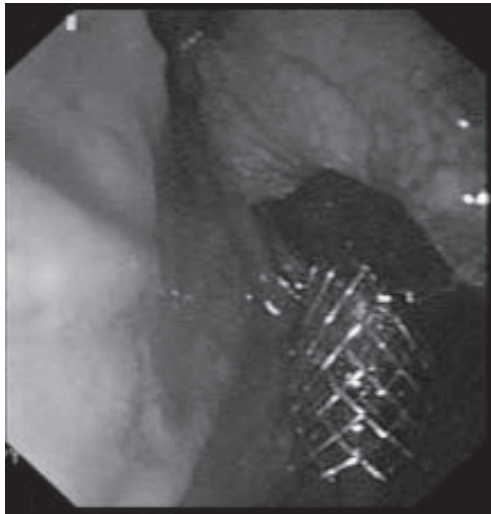


Figure 4

Case 3

An 80 year-old female, known case of cervical carcinoma with history of radiation therapy for one year, presented with history of hematochezia for six months.

Her colonoscopic exam revealed one rectal ulcer, 0.3 cm in diameter.

Mucosal features consistent with radiation injury including pallor with friability and telangiectasias at 3 cm above dentate line. The rest of colonoscopy was normal. (Figure 5)

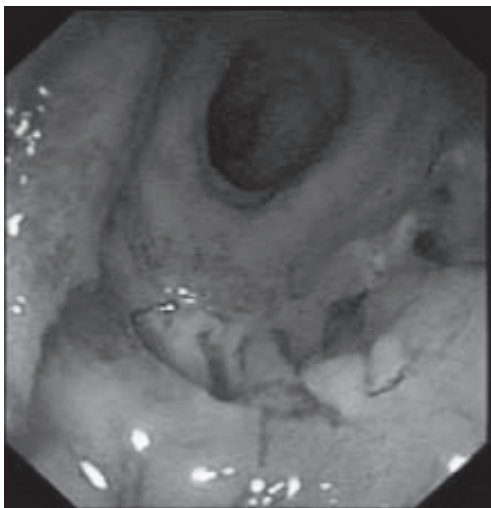


Figure 5

The latter pictures show hemorrhagic area in colon where argon plasma coagulation (APC) was performed. The final result showed many shallow ulcers from APC treatment. (Figure 6)

Diagnosis : radiation proctitis with ulcer

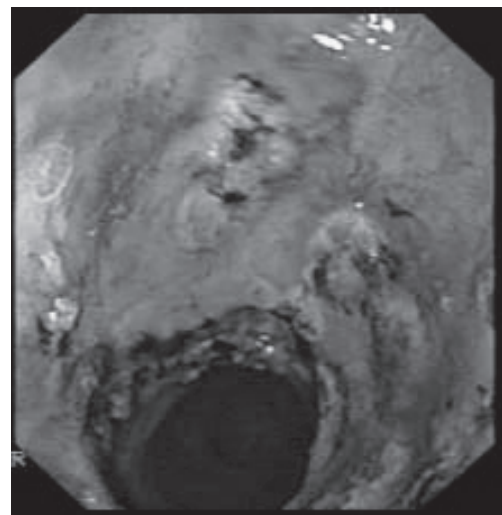
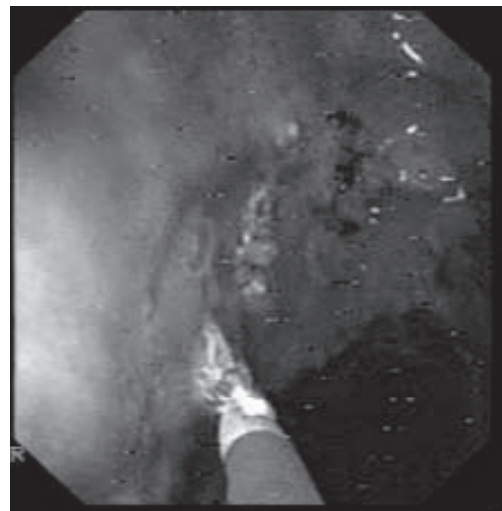
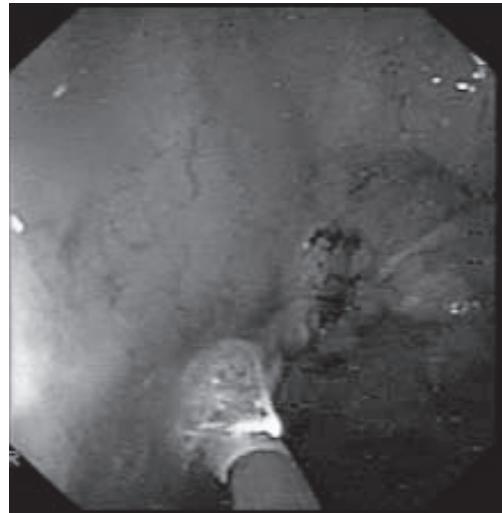


Figure 6