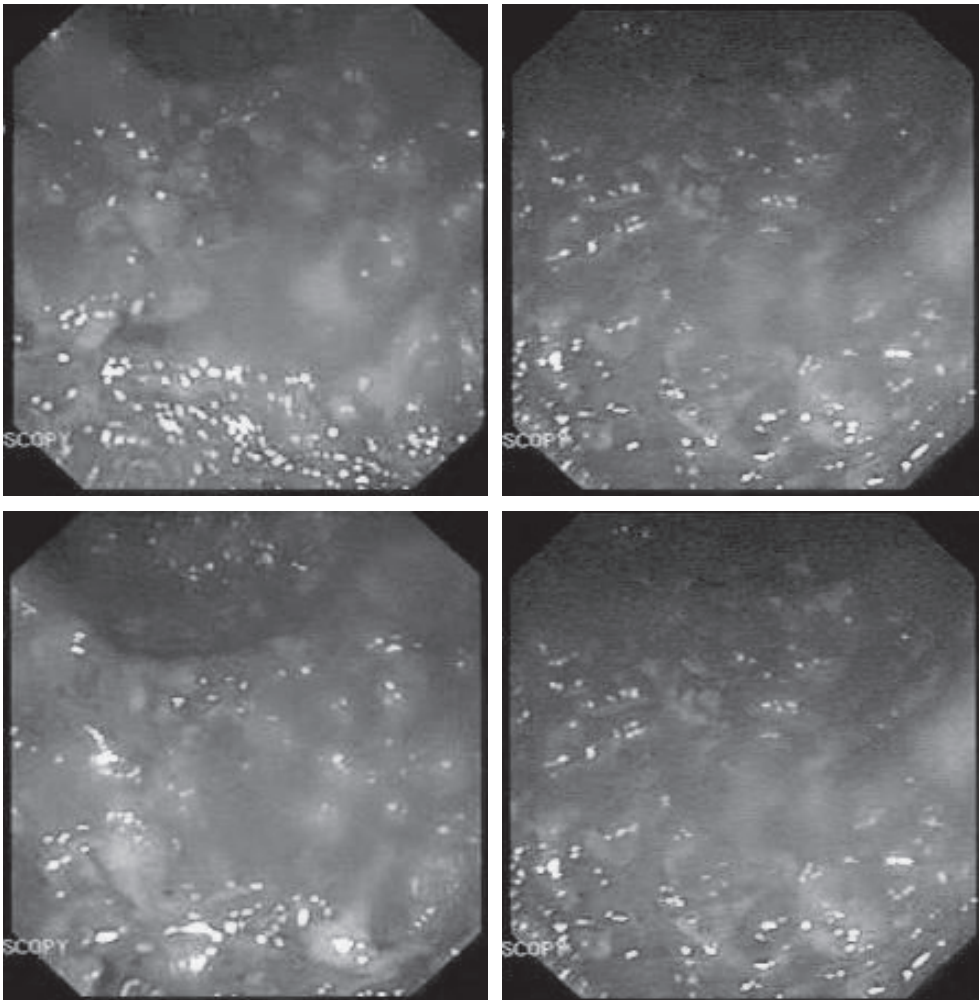


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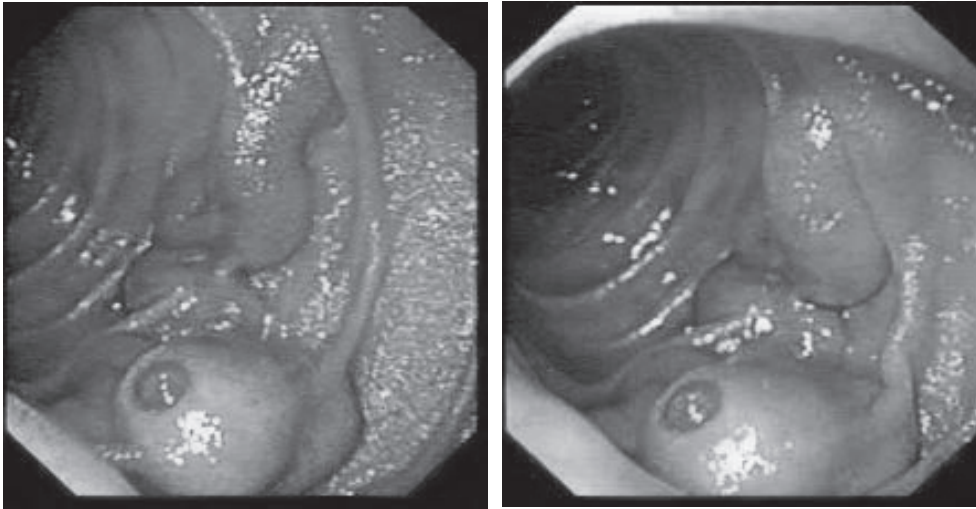
1. A 44-year old female, with a history of chronic diarrhea underwent colonoscopy.  
**What is the diagnosis ?**



The colonoscopy revealed multiple discrete aphthous ulcers (consisting of central white depression surrounded by slightly elevated erythematous rim). There were surrounding mucosal erythema, edema with granularity and skip areas of normal-appearing mucosa.

This lesion is also called “cobblestone appearance” which is typical for Crohn’s disease. This patient also has episcleritis and erythema nodosum which are frequently seen in women and correlated well with activity of the disease.

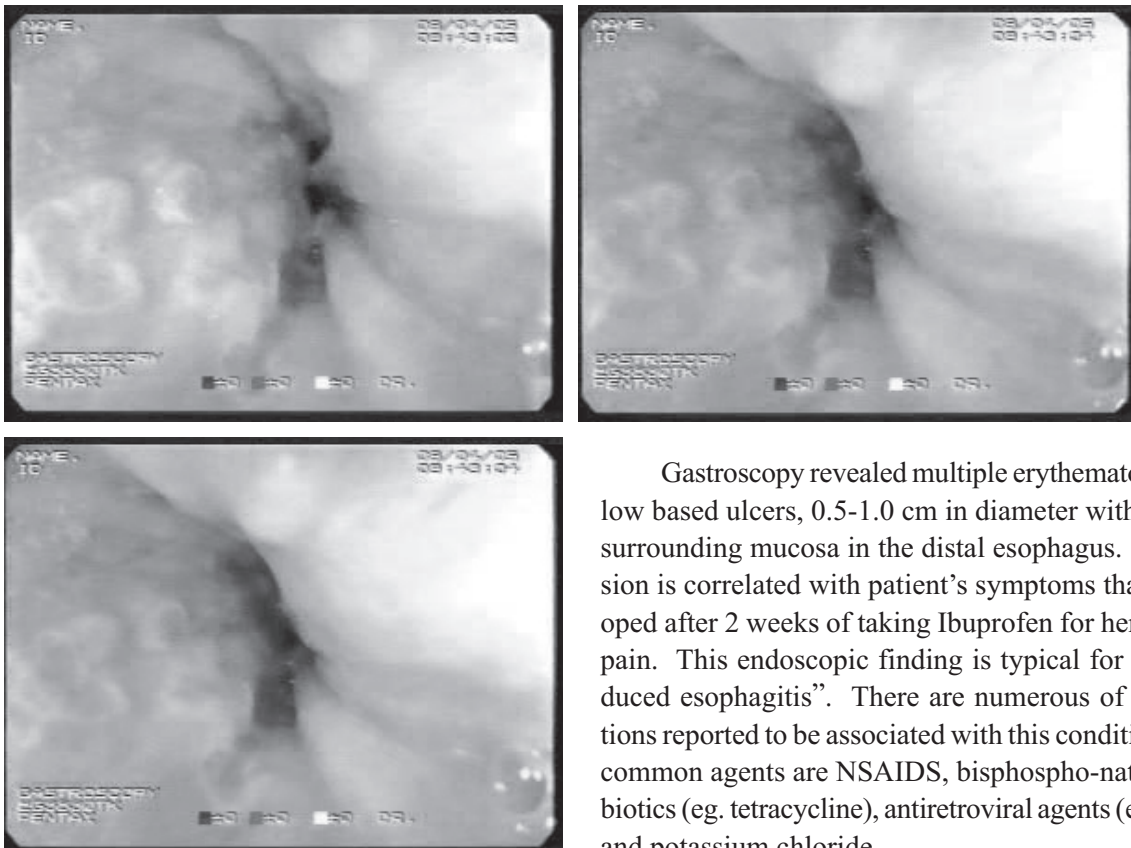
2. A 47-year old male patient, with a history of alcoholic cirrhosis presented with hematemesis. He underwent gastroscopy. **What is the diagnosis ?**



Gastroscopy revealed isolated serpentine venous channels with stigmata of recent bleeding (red nipple sign) in the second part of duodenum. This is compatible with duodenal varices. Cyanoacrylate was injected

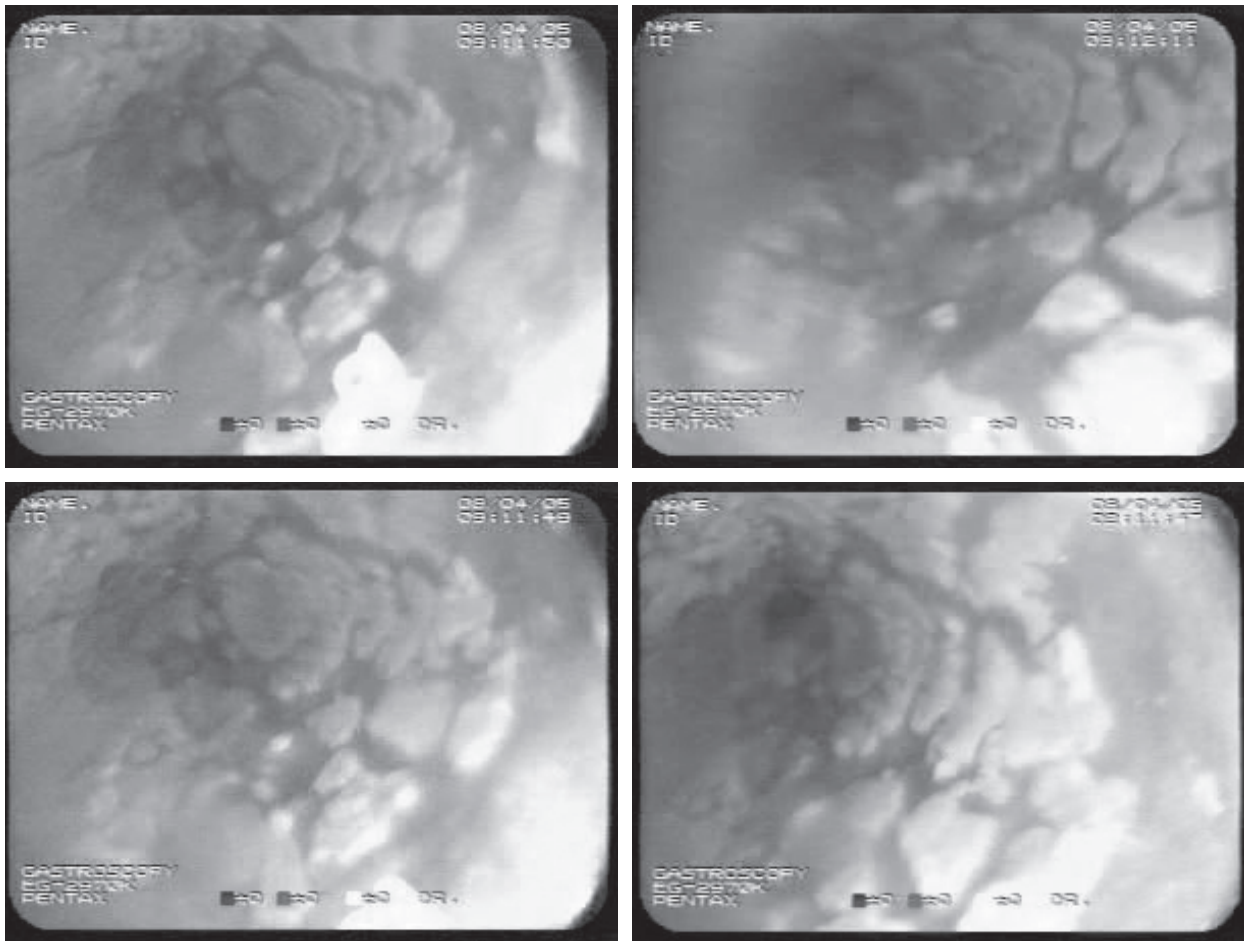
into varices with successfully stop bleeding but the patient was expired a few days later due to severe infection.

3. A 48-year old female, presenting with odynophagia and retrosternal pain 1 week prior to endoscopy. **What is the diagnosis ?**



Gastroscopy revealed multiple erythematous shallow based ulcers, 0.5-1.0 cm in diameter with normal surrounding mucosa in the distal esophagus. This lesion is correlated with patient's symptoms that developed after 2 weeks of taking Ibuprofen for her muscle pain. This endoscopic finding is typical for "Pill induced esophagitis". There are numerous of medications reported to be associated with this condition. The common agents are NSAIDs, bisphosphonates, antibiotics (eg. tetracycline), antiretroviral agents (eg. AZT) and potassium chloride.

4. A 24-year old male presenting with odynophagia 2 weeks. **What is the diagnosis ?**



The diagnosis is extensive esophageal monilia-  
sis. Gastroscopy revealed multiple raised, confluent  
yellow plaque-like (or curd-like) lesions arranged  
in linear configuration with normal intervening mu-  
cosa from middle to distal esophagus. The biopsy  
showed desquamated squamous epithelial cells ad-  
mixed with typical mycelial forms and masses of bud-

ding yeast consistent with “candida esophagitis”.

This is an HIV-infected patient, CD4 = 140 , pre-  
sented with odynophagia for 2 weeks in the absence of  
oral thrush. Generally, esophageal monilia-  
sis without oral involvement can be found in approxi-  
mately 25% of cases.