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EDITOR'S QUIZ: GI SNAPSHOT

GI haemorrhage and an incomplete colonoscopy

Robert Spiller, *Editor*

Clinical presentation

A 74-year-old woman without any underlying disease was admitted to our institution due to intermittent right low abdominal pain for the past 2 weeks and an episode of tarry stool. The patient reported having had no recent usage of non-steroidal anti-inflammatory drugs. Blood biochemistry results, including liver, renal function and electrolytes, were all within normal limits. Complete blood cell counts and coagulation profiles were also within normal limits. An upper gastrointestinal endoscopy disclosed only superficial gastritis. Thus, a colonoscopy was performed to locate the bleeder.

During colonoscopy, a purplish mass with a light yellowish head obstructing the lumen was disclosed in the ascending colon (fig 1). An abdominal CT scan was performed to evaluate the nature of the tumour (fig 2).

Question

What is the colonoscopic diagnosis and differential diagnosis?

See page 496 for answer.

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Informed consent was obtained from the patient for publication of this material.

doi: 10.1136/gut.2006.096305

Figure 1 Colonoscopy disclosed a purplish mass in the ascending colon.

Figure 2 Abdominal CT of the ascending colon.