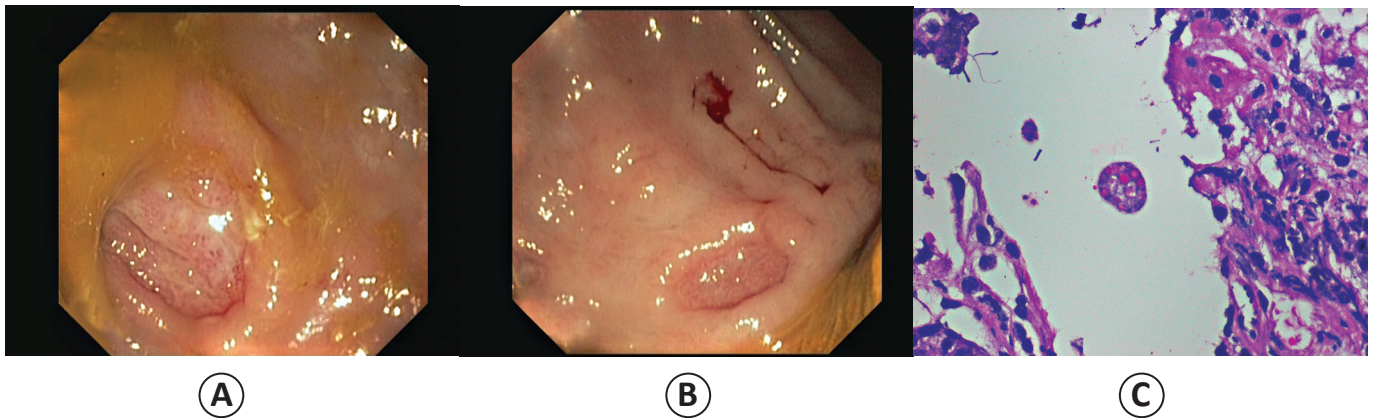


Differential diagnosis of ulcers throughout the colon

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A 61-year-old British woman, had history of visiting Far East for years, presented with abdominal cramping pain and bloody mucous diarrhea for 3 weeks. Examination of her stool showed that it contained white and red blood cells more than 100 cells/mm³ and that her stool culture was negative for enteropathogenic organisms. A colonoscopy was performed to exclude malignancy, ulcerative colitis, or infectious colitis. The colonoscopy revealed the presence of numerous well-circumscribed, oval shaped ulcers, size 0.2-1.0cm spanning the area from her cecum (**Figure A**) to her rectum (**Figure B**). Tissue pathology revealed the presence of amebic trophozoites containing digested red blood cells (**Figure C**). The patient was successfully treated with metronidazole. Diffuse colonic ulcers (**Figures A and B**) may result from several different causes, such as amebiasis, tuberculous colitis, ulcerative

colitis, or malignancy. These conditions can be differentiated by performing colonoscopic and pathological studies.

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Received 22 February 2014

Accepted 14 May 2014