Hi! You did a great pob.

Description Exercise 1:

mucosal breaks

not confluent

Case 1: There are multiple linear ulceration in continuity with each other, extending from EGJ to distal esophagus, about 2cm in length and involve about 50% of the esophageal circumference. The ulcer base is covered with slough, edges are regular with erythematous margin.

Diagnosis: Esophagitis LA Grade C.

Case 2: There is a fungating mass at the mid-esophagus (**Posterior wall) measuring about 3x4cm with central ulceration. The ulcer base is covered with necrotic tissue, edges are regular & rolled up and the margin is well defined. The esophageal lumen is still patent.

Diagnosis: Mid-esophageal cancer.

Case 3: There are multiple, pale, elevated nodules at the antrum with surrounding erythema. The nodules are diffuse and extend from incisura to pylorus.

Diagnosis: Metaplastic gastritis.

Case 4: There is an ulcer at the gastric angle, measuring about 2cm in diameter. The ulcer base is flat & covered with slough, the edges are regular with erythematous & edematous margin. No stigmata of bleeding.

Diagnosis: Benign gastric ulcer

Case 5: There is depressed lesion at the gastric antrum along the lesser curvature, measuring about 1cm in diameter. The base is flat and covered with slough, the edges are irregular ad the margin is erythematous & edematous. There is rapid tapering and traction of folds.

Diagnosis: Early gastric cancer type 0-llc.

Case 6: There is a large fungating tumour at the antrum involving the angle, measuring about 4cm in diameter. The base is nodular, covered with exudate and friable with contact bleeding. The edges are irregular and rolled up. The margins are well defined and erythematous.

Diagnosis: Gastric cancer Borrmann type 2.

advanced

Case 7: There are multiple superficial ulcerations at the duodenal bulb (?lateral wall), largst measuring about 0.5cm in diameter. Base is flat and covered with slough, edges are regular and margin is well defined. Surrounding mucosa appeared erythematous.

Diagnosis: Duodenitis.

This is the center of the lesion. It is only ulcor scar without alcor creter.

Multiple convergine folds are seen.

Simp) Duodenal ulcor scar (se)

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