

## Image in medicine



### Endoscopic finding in severe acute ulcerative colitis



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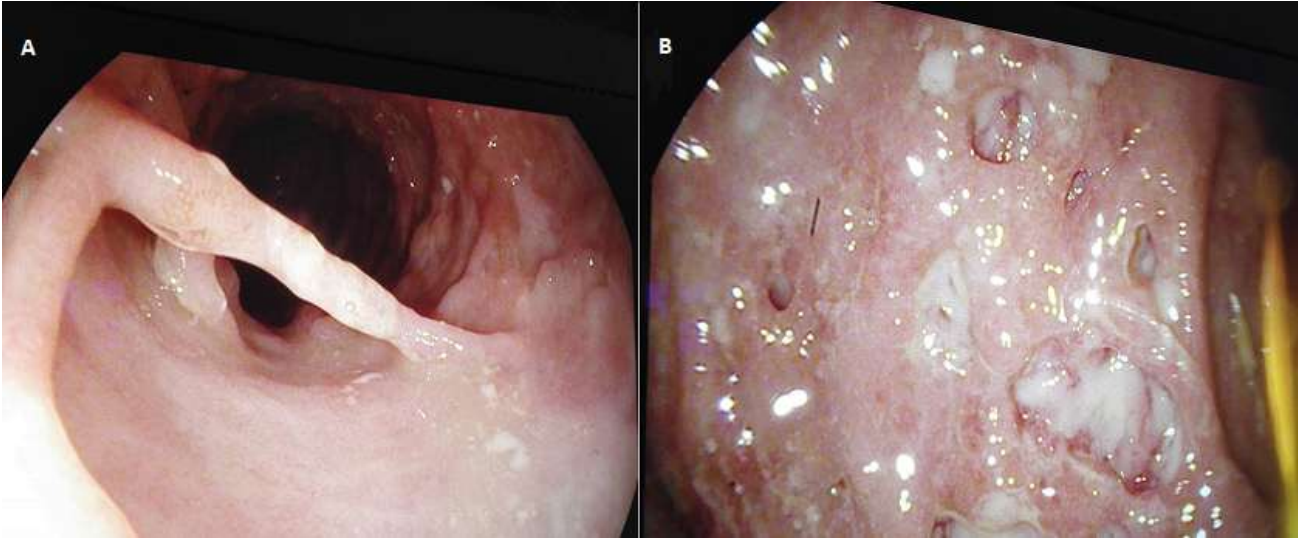
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A 39-year-old woman with ulcerative colitis in clinical remission under salicylate treatment, hospitalized for rectal bleeding and fever. On clinical examination, the patient was tachycardic with a fever of 39 and abdominal tenderness. The biological assessment showed anaemia with thrombocytosis and elevation of C-reactive protein with hypoalbuminemia. A careful colonoscopy was performed showing fragile erythematous mucosa with spontaneous bleeding and pseudopolypoid mucosal lesions (A) and endoscopic signs of severity consisting of deep ulcerations and of mucosal detachment (B). Pathological examination showed severe inflammation with deep ulcerations and cryptic abscess

suggestive of severe acute ulcerohemorrhagic colitis, stool examination was negative for pathogens and clostridium difficile toxin, serology and cytomegalovirus PCR (polymerase chain reaction) were negative. The diagnosis of severe acute colitis complicating the ulcerohemorrhagic colitis disease was retained, the patient was put on injectable corticosteroids, the evolution was favourable after 5 days with normalization of the C-reactive protein level and disappearance of the rectorrhages thus a relay by oral corticosteroids associated with azathioprine was indicated. After 2 years of follow-up, the patient remained asymptomatic with salicylate and azathioprine.



**Figure 1:** A) endoscopic view showing a pseudopolypoid mucosal lesion; B) endoscopic signs of severity consisting of deep ulcerations and of mucosal detachment