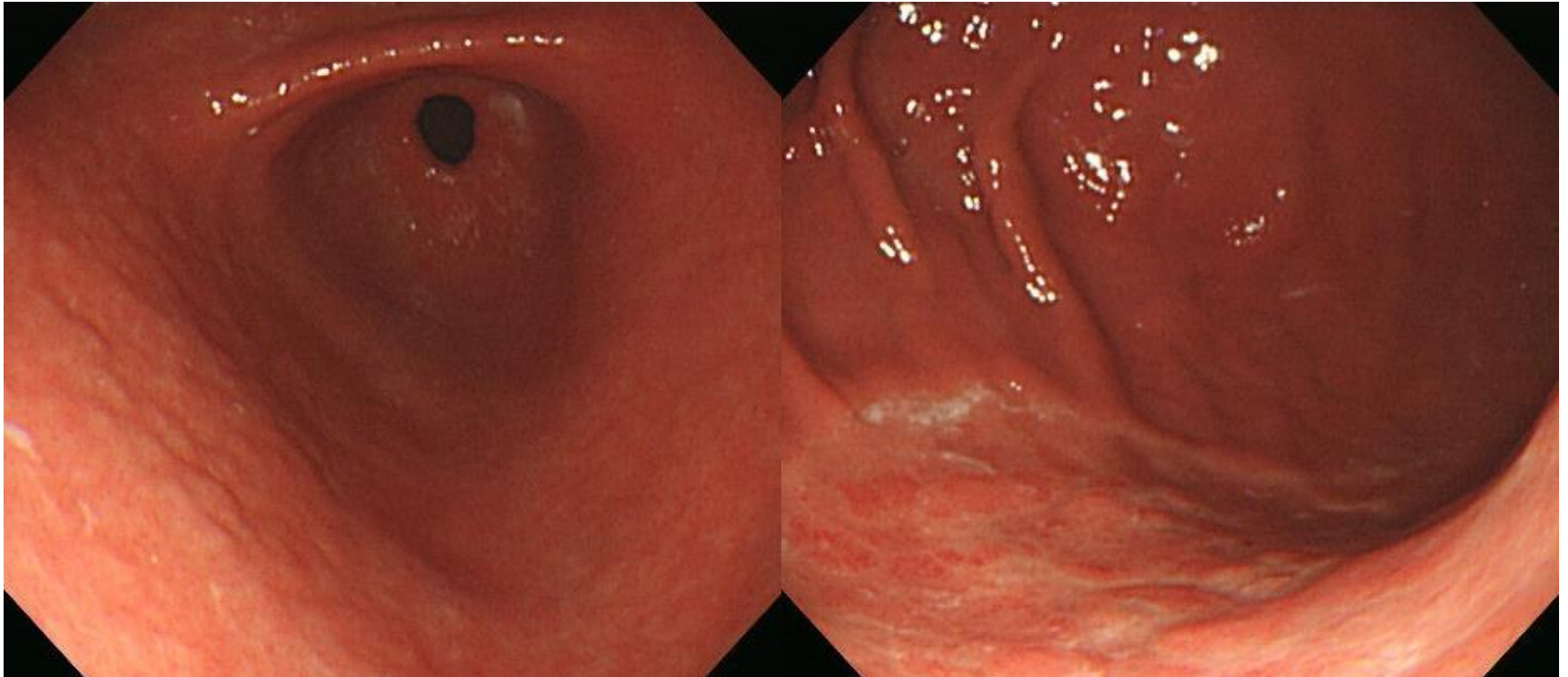


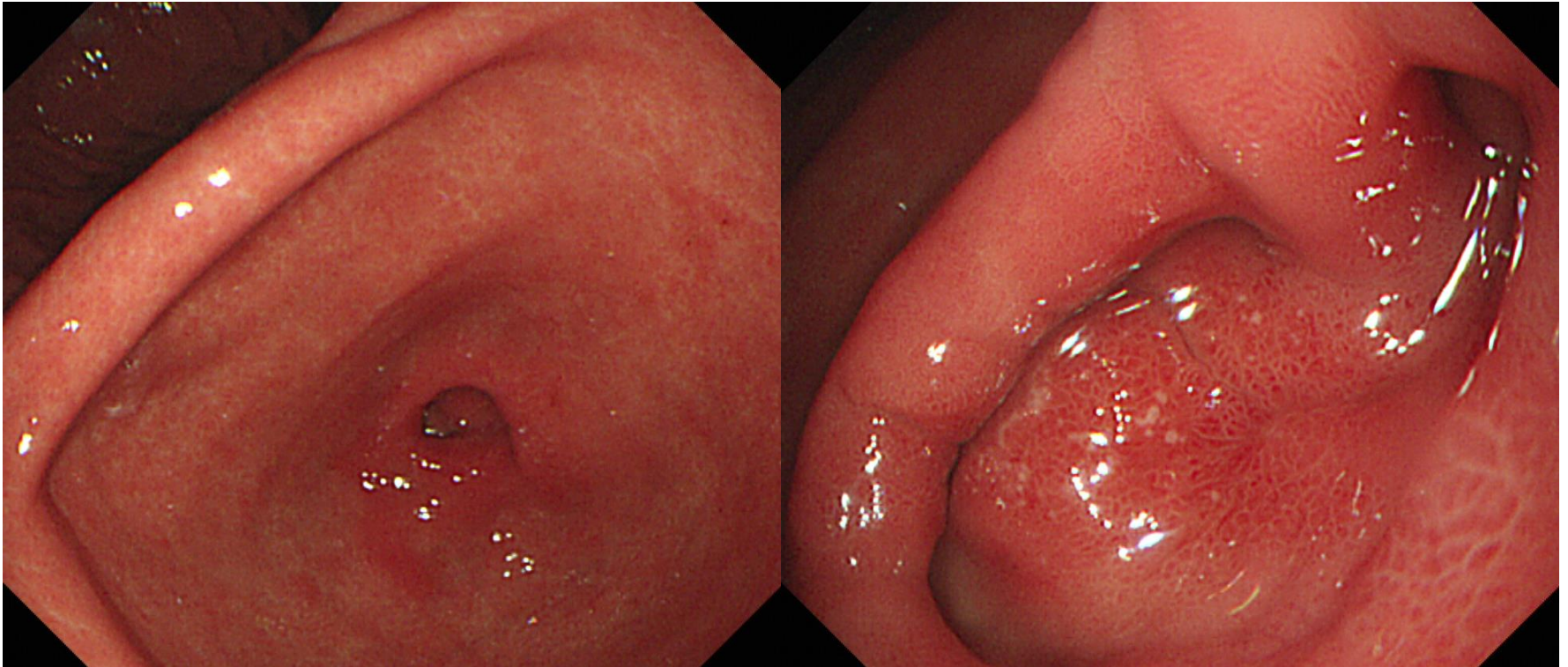
# SMC 내시경 퀴즈 74회

성균관대학교 의과대학 내과 이준행

# Q74-1. 소견과 진단은?

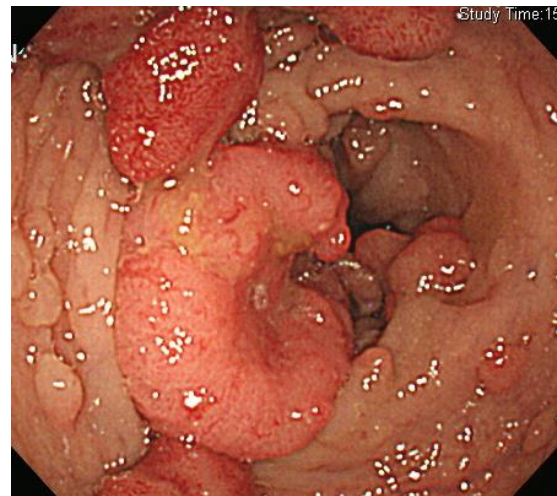
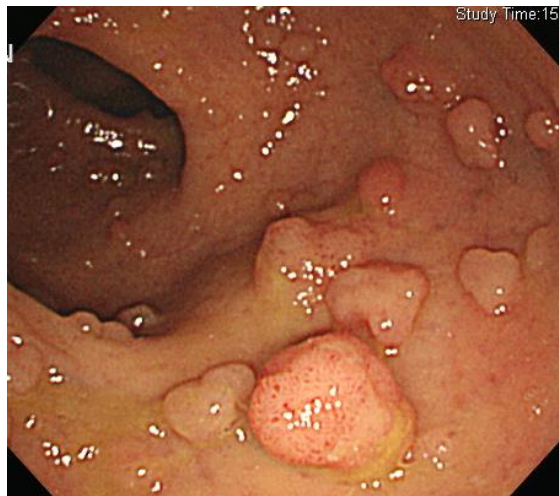
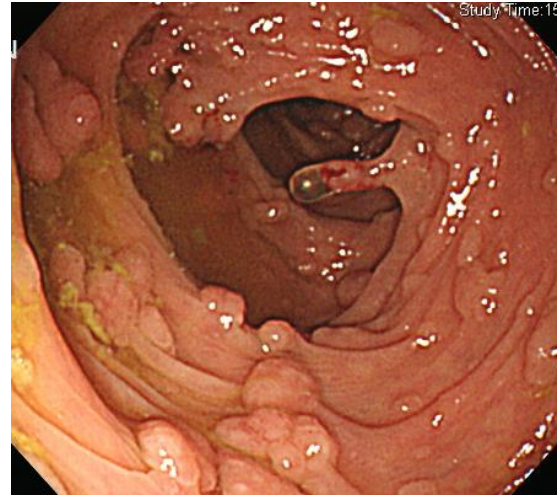
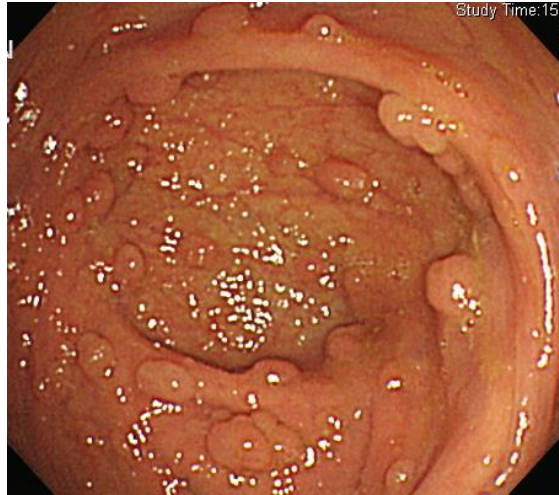


## Q74-2. 소견과 진단은?

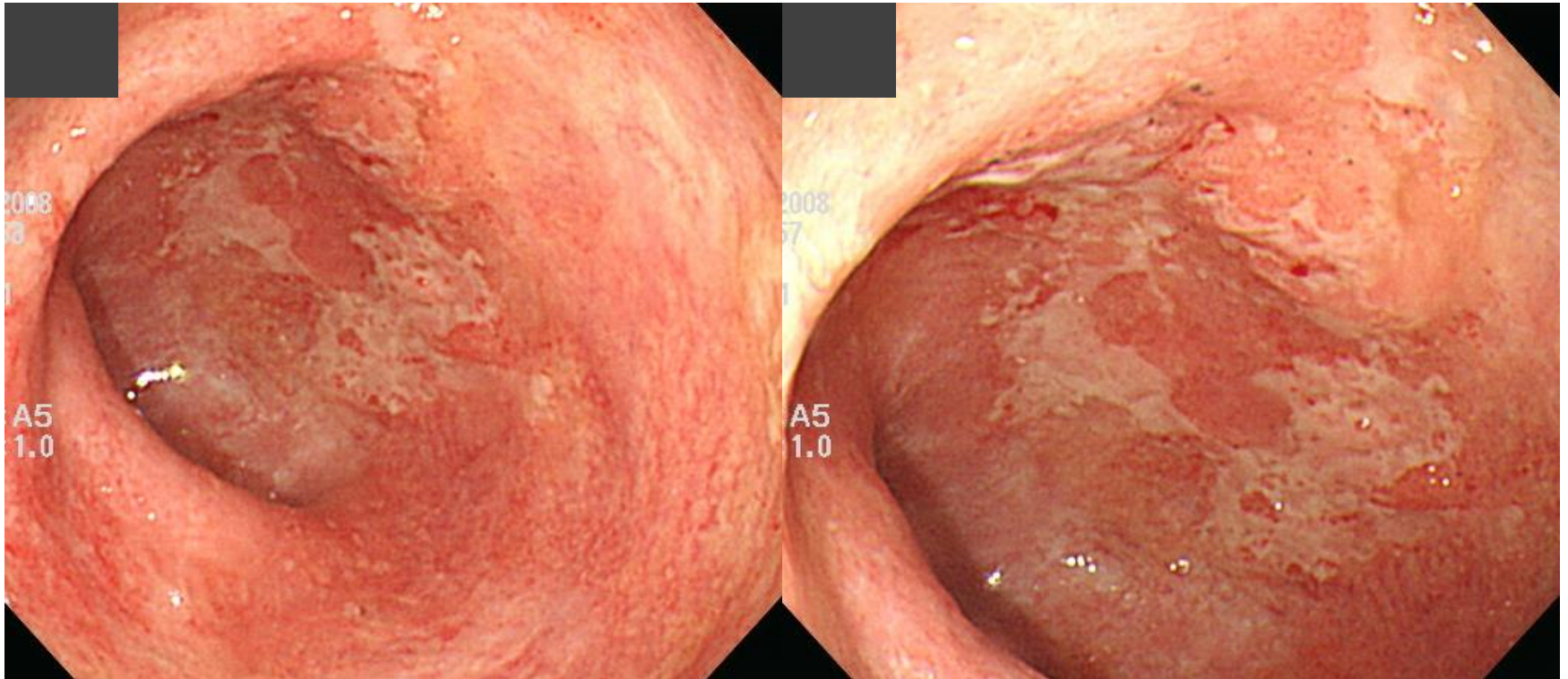




# Q74-3. 대장내시경입니다. 소견과 진단은?



**Q74-4. 궤양성 대장염으로 치료받던 환자의 직장입니다. 소견과 진단은?**





# Q74-5. 소견과 진단은?

## CLINICAL CHALLENGES AND IMAGES

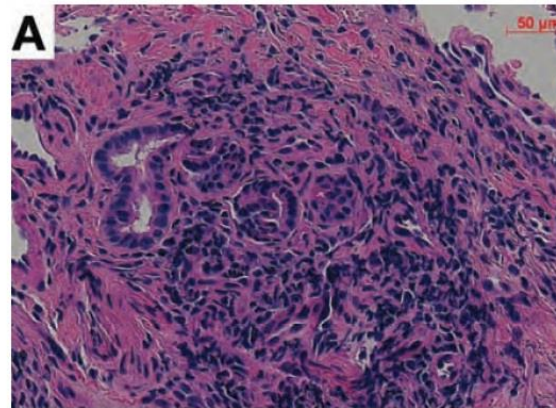
### What's your diagnosis?

By Dr. Brian Huang, Dr. Gil Y. Melmed, AGAF, and Dr. David Q. Shih. Published previously in *Gastroenterology* 2012;142:1071, 1258.

**A** 55-year-old woman with longstanding ileocolonic Crohn's disease presented with a facial lesion. She had previously undergone a total proctocolectomy and end-ileostomy for disease that was refractory to prednisone, 6-mercaptopurine, infliximab, and

adalimumab. In 2010, she developed an ulcerating lesion on her face, between the left naris and left upper lip. A biopsy showed dermal neutrophilic infiltration (Figure A), and wound cultures did not demonstrate infection.

The lesion worsened despite treatment with certolizumab pegol, topical tacrolimus, and intralesional steroids. The patient was admitted for severe facial pain associated with worsening of




the ulcerating lesion. She had no gastrointestinal symptoms. On physical examination, there was a 2 × 2-cm ulcer superior to the



left upper lip with a full-thickness defect, through which a tooth could be seen (Figure B). The borders of the ulcer had a raised, viola-

ceous edge overhanging the ulcer bed.

*The diagnosis appears on page 23.*



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각자 소견과 진단(first impression 하나만)을 A4 용지에 작성하여  
다음 주 월요일 오후까지 acting 선생님께 전달해 주세요.  
Acting 선생님은 목요일 집담회때 발표해 주세요.