

[PICTURES IN CLINICAL MEDICINE]

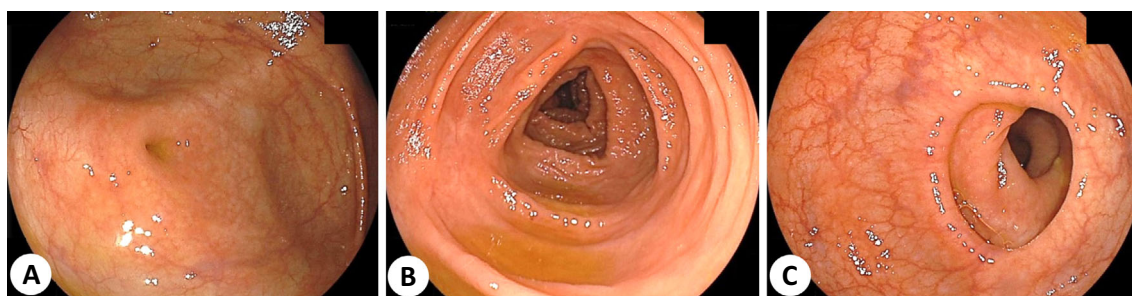
Ulcerative Duodenitis

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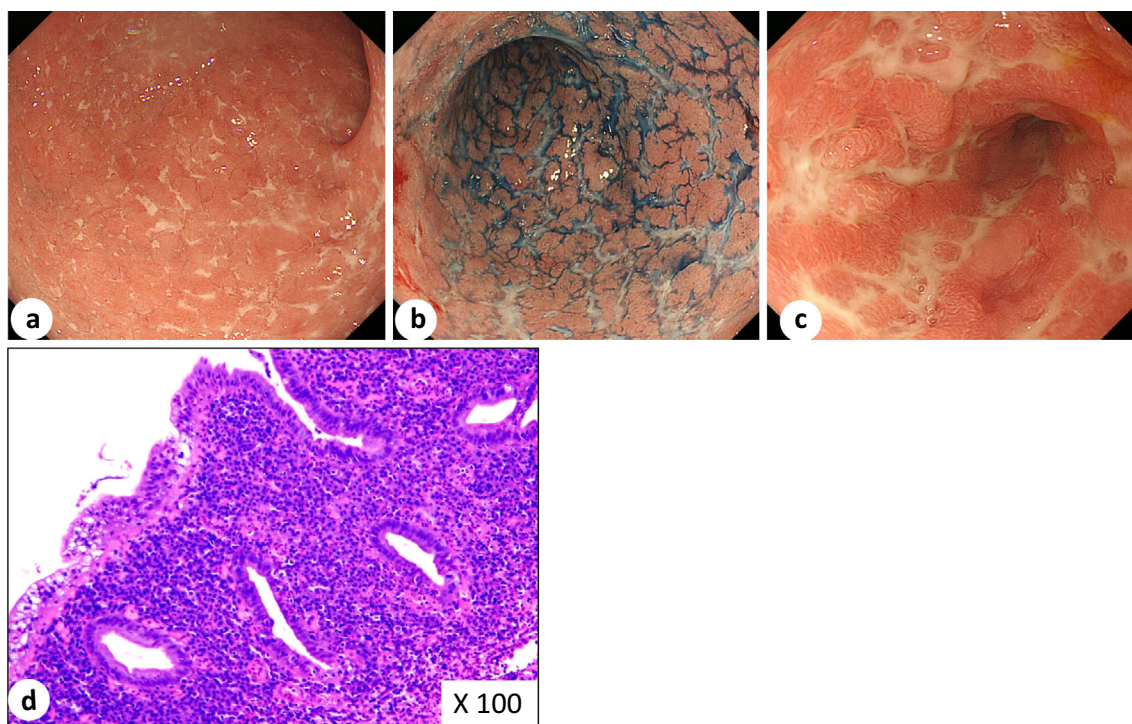
Key words: ulcerative colitis, ulcerative duodenitis, Crohn's disease

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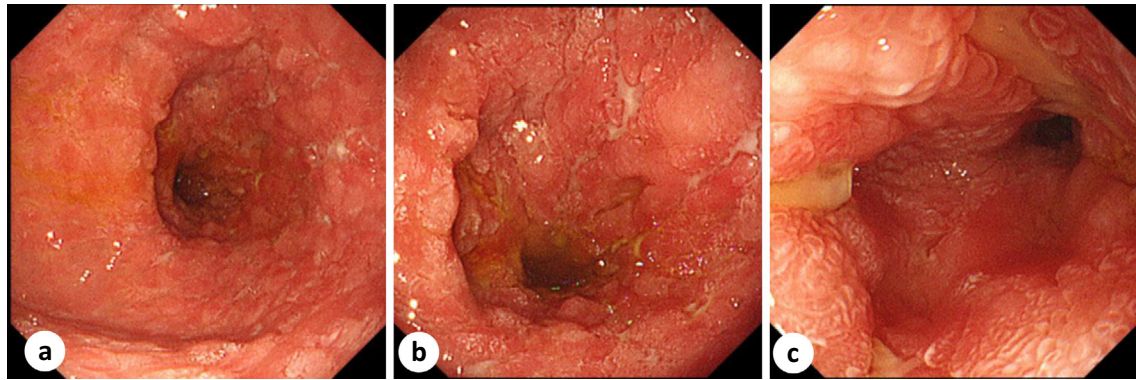


Picture 1.



Picture 2.

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Picture 3.

A 69-year-old man with a 40-year history of ulcerative colitis (UC) (pancolitis type) had maintained clinical and endoscopic remission (ER) through treatment with oral sulfasalazine (SASP) for two and half of years (Picture 1A: cecum, B: ascending colon, C: sigmoid colon). Despite no complaints of upper gastrointestinal (GI) symptoms, esophagogastroduodenoscopy revealed mucosal edema and multiple small erosions at the duodenal bulb (Picture 2a), longitudinal ulcerative lesions at the second portion (Picture 2b), and mild stenosis with ulcerative lesions at the inferior duodenal angle (Picture 2c), which mimicked the appearance of a UC lesion. A histological examination revealed active duodenitis composed of plasma cells in the lamina propria (Picture 2d). A urea breath test showed *Helicobacter pylori*-negative findings. Cytomegalovirus infection, duodenal lymphoma, and Crohn's disease were histologically excluded. He was ultimately diagnosed with ulcerative duodenitis (UD). During the clinical course, he developed stenotic symptoms. Ustekinumab following additional mesalamine granules and corticosteroid treatment improved his symptoms but did not contribute to ER (Picture 3a: duodenal bulb, b: second portion, c: inferior duode-

nal angle). The frequency of upper GI involvement in UC ranges from 3% to 7.6%. A large study reported that UD patients had extensively severe disease or a history of pan-proctocolectomy (1). The present case is interesting because the patient had UD despite the achievement of ER of UC.

Author's disclosure of potential Conflicts of Interest (COI).

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Reference

1. Hori K, Ikeuchi H, Nakano H, et al. Gastroduodenitis associated with ulcerative colitis. *J Gastroenterol* **43**: 193-201, 2008.

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