

## PEUTZ-JEGHERS SYNDROME

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A 20-year-old woman presented with abdominal pain, progressively increasing generalised abdominal distension and constipation for 3 days. Abdominal pain was periumbilical, moderate to severe in intensity and colicky in nature. She also complained of non-projectile vomiting, vomitus contained undigested food material, sometimes of previous day's, non-bilious, not associated with haematemesis or melaena. On query she gave history of recurrent similar episodes of abdominal pain and vomiting over last three years and was managed conservatively. She underwent laproscopic cholecystectomy for cholelithiasis and colonoscopic polypectomy in 2013 and 2014 respectively. She gave no history of similar illness amongst her family members.

On examination there were multiple pigmented spots on face, both sides of nose and lips (Panel A), she was mildly anemic and vitals were normal. Abdomen was distended, mildly tender and auscultation revealed hyperdynamic bowel sounds.

Her investigations revealed Hb 11.9 gm/dl, ESR 30 mm in 1st hour, total RBC 4.69 million/mm<sup>3</sup>, WBC 13400/mm<sup>3</sup>, MCV 77 fl, MCH 25 pg. Plain X-ray of abdomen showed distended bowel loops with gas (Panel B). Endoscopy of upper GIT revealed multiple polyps in body, antrum and prepyloric region of stomach (Panel C), multiple polyps in rectum were found on colonoscopy (Panel D).

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