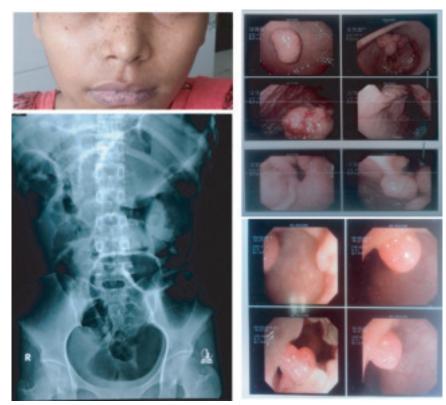
IMAGES IN CLINICAL MEDICINE PEUTZ-JEGHERS SYNDROME

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A 20-year-old woman presented with abdominal pain, progressively incrreasing generalised abdomoinal distension and constipation for 3 days. Abdominal pain wasperiumbilical,moderate to severe in intensity and colicky in nature.She also complained of non projectilevomiting ,vomitus contained undigested food material, sometimes of previous day's, non billious, not associated with haematemesis or malena. on query she gave history of recurrent similar episodes abdominal pain and vomiting over last three years and was managed mostly 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 pigmentations 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 hyper dynamic bowel sounds.

Her investigations revealed Hb 11.9 gm/dl, ESR 30 mm in1st hour, total RBC 4.69 million/mm³, WBC 13400/mm³, 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(PanelC), multiple polyps in rectum were found oncolonoscopy (Panel D).

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