

## Benign solitary cecal ulcer

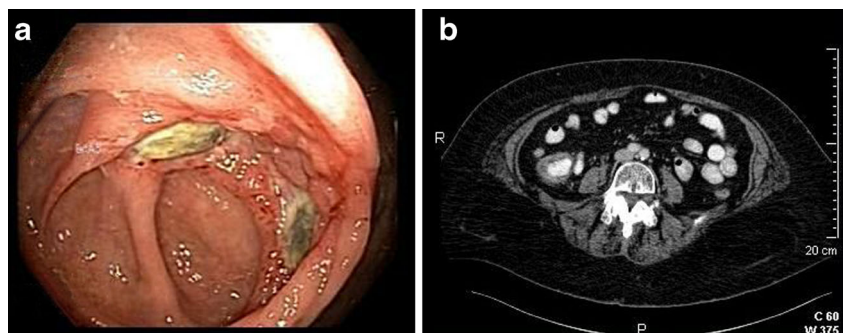
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Solitary ulcers in the large intestine rarely involve the cecum. Here, we present images from a 72-year-old woman who was admitted with 10 h of hematochezia with stable vital signs and hemoglobin of 11.5 g/dL. Colonoscopy after lavage revealed a flat ulcerated lesion in the cecum with yellowish exudate at the base and irregular margins opposite to the ileocecal valve (Fig. 1a). There was no active bleeding. Abdominal computed tomography scan revealed concentric wall thickening and luminal narrowing in the cecum suggesting neoplasm (Fig. 1b). Although biopsies were reported as gran-

ulation tissue in colonic mucosa, right hemicolectomy was performed. Intraoperative findings showed a 2.5 cm × 2.5 cm cecal mass infiltrating the subserosa with omental adhesion. The surgical specimen was reported as benign solitary ulcer of the cecum. Benign cecal ulcer is difficult to diagnose preoperatively, and colonoscopy with biopsy allows conservative management [1], but if there are complications (gastrointestinal bleeding) or suspicion of about neoplasm, then surgery is indicated to reach a definitive diagnosis [2].

**Fig. 1** **a** Solitary cecal ulcer on colonoscopy, **b** CT image showing the cecum



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