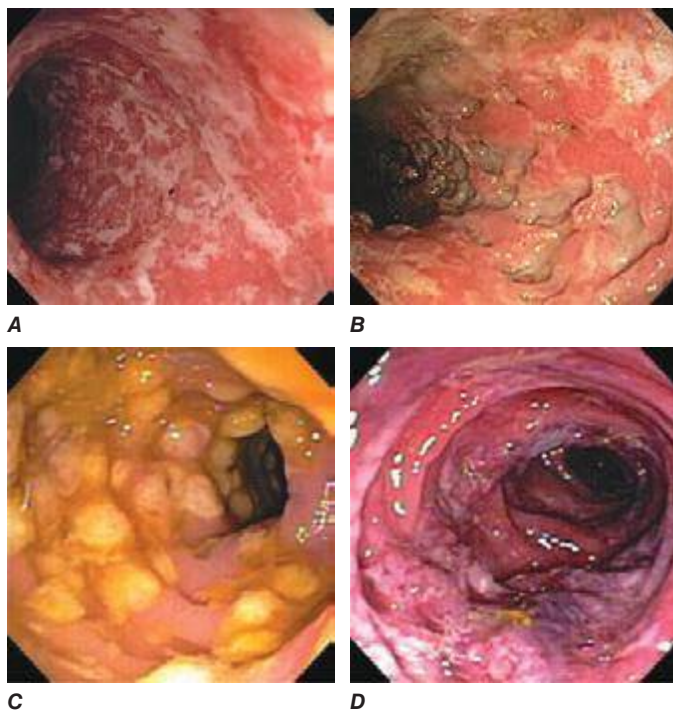
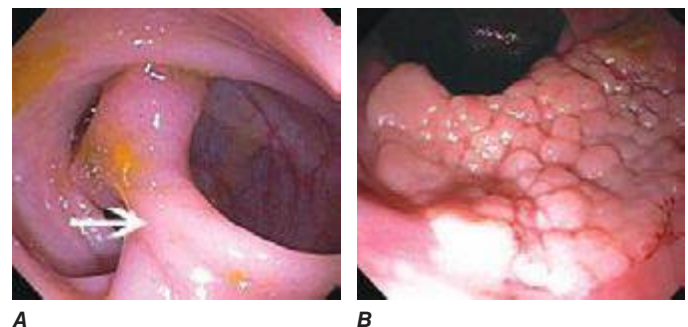


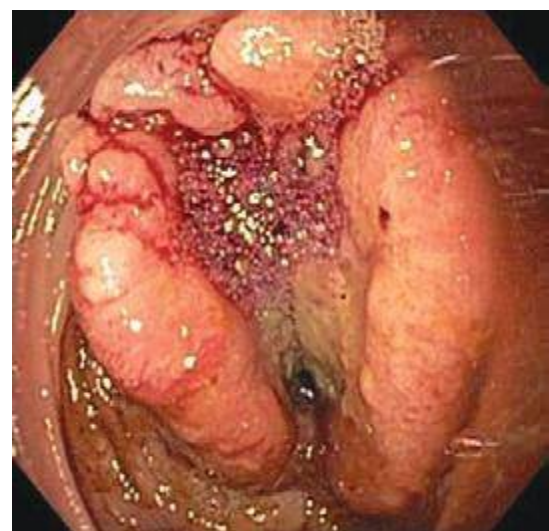
**FIGURE 345-3** Barrett's esophagus. **A.** Pink tongues of Barrett's mucosa extending proximally from the gastroesophageal junction. **B.** Barrett's esophagus with a suspicious nodule (*arrow*) identified during endoscopic surveillance. **C.** Histologic finding of intramucosal adenocarcinoma in the endoscopically resected nodule. Tumor extends into the esophageal submucosa (*arrow*). **D.** Barrett's esophagus with locally advanced adenocarcinoma.



**FIGURE 345-4** Causes of colitis. **A.** Chronic ulcerative colitis with diffuse ulcerations and exudates. **B.** Severe Crohn's colitis with deep ulcers. **C.** Pseudomembranous colitis with yellow, adherent pseudomembranes. **D.** Ischemic colitis with patchy mucosal edema, subepithelial hemorrhage, and cyanosis.



**FIGURE 345-5** Colonic polyps. **A.** Pedunculated colon polyp on a thick stalk covered with normal mucosa (*arrow*). **B.** Sessile rectal polyp.



**FIGURE 345-6** Colon adenocarcinoma growing into the lumen.