A 38-year-old man visited clinic because of intermittent lower abdominal pain and diarrhea for 4 months. At physical examination revealed mild tenderness on right lower abdomen.

**Laboratory data:**
1. CBC: Hb 15.6 gm%, WBC 6,800 /cmm, ESR 25 mm/hr
2. U/A: PH 5.0, protein (-), glucose (-), occult blood (+), RBC 0-1 /HPF, WBC 0-1 /HPF
3. SGOT 37 U/L, SGPT 38 U/L, GGT 14 U/L, cholesterol 178 mg%, total bilirubin 0.8 mg%, BUN 19.6 mg%

Ultrasonogram of the abdomen on right upper quadrant abdomen reveals wall hypertrophy of ascending colon and deviation of central strong echo of colon. Long axis sonogram of the colon shows thickened ascending colon wall and dilatation of proximal colon lumen. The barium enema shows eccentric narrowing of ascending colon. The mucosal destructions and shortening of ascending colon is seen.

**Impression:**
1) Colon cancer in ascending colon with colitis can be suggestive
2) But tuberculosis cannot be absolutely excluded

On Abdomen CT shows soft tissue density mass in ascending colon (3 cm in length). Perirectal fat invasion is seen. But no evidence of pelvic and adjacent organs invasion are seen. There is no evidence of abnormal lymph nodes enlargement. Liver, pancreas and both kidneys are unremarkable.

**Impression:** Colon cancer stage II can be suggestive
Colonoscopic findings
1) Anus: at anterior and posterior venous engorgement were noted.
2) Rectum to cecum: at cecum 1.0 cm sized irregular shaped superficial ulcer and scar changed mucosa at IC valve area with stenotic lumen were noted. At ascending colon (just below IC valve), about 4.0 cm length dirty based ulceration with variable sized polyp was noted.

**Impression:**
1) Colon cancer
2) Hemorrhoid

The patient underwent laparotomy under general anesthesia. A 10 * 7 cmsized mass without serosal invasion was noted at ascending colon. On frozen biopsy of mass revealed chronic granulomatous inflammation. Liver, stomach and other solid organs were intact and right hemicolectomy was done.

**Microscopic findings:**
Section of the colon shows granulomatous colitis. Many granulomas with or without caseation necrosis are scattered at mucosa, submucosa, muscle and pericolonic fat tissue. The mucosa and submucosa shows ulceration and pseudopolyps like mucosa without fissure and fistula formation. The other mucosa was relatively normal appearance. Differential diagnosis is needed between Thc colitis and Crohn’s disease. I think that Thc colitis is more favored than Crohn’s disease.

Note: AFB(-)

**Diagnosis:**
1) Large intestine, right hemicolectomy; chronic granulomatous inflammation with caseation necrosis.
2) Lymph node, regional; Non node (7), Chronic granulomatous inflammation with caseation necrosis (16)