

1. A) Candida oesophagitis

White plaques in the esophagus on endoscopy are commonly due to candidiasis and should be suspected in patients presenting with odynophagia and having risk factors for candidiasis, such as bronchial asthma, diabetes, long term antibiotics and immune compromised conditions. If the oral cavity has no evidence of candidiasis, an upper GI Endoscopy should be performed to confirm the diagnosis.

2. C) Biliary ascariasis

This patient presented with features suspicious of cholangitis, although bilirubin was normal and only ALP was high. The dilated common bile duct (CBD) on ultrasound scan was further suggestive of a pathology in the distal CBD. Magnetic resonance cholangiopancreatography (MRCP) would have been the next investigation of choice, but due to unavailability of MRCP, an ERCP was done with a diagnostic and therapeutic intent. A long foreign body was seen within the CBD and on closer look an ascaris worm was seen, which was removed with ERCP accessories.

3. E) Blue rubber bleb naevus syndrome

Sequence of investigations for a GI cause for iron deficiency anaemia (IDA) is to carry out upper and lower GI endoscopy at the same time (unless patient is not fit for a lower GI endoscopy). There after a small bowel capsule endoscopy should be considered depending on the severity of the anemia and if it's a recurrent presentation. As small bowel capsules are expensive, it should be used judiciously only when the upper and lower GI endoscopy has not shown a definite cause for IDA. Two blue lesions suggestive of blue rubber bleb naevus syndrome is seen in this patient which can bleed leading to IDA.

4. B) Collagenous gastritis

Collagenous gastritis is a rare cause for IDA. This diagnosis should be considered if causative medicines like, PPIs, clopidogrel, SSRI, and statins are being used. Upper GI Endoscopy will show pale colored plaques, which when biopsied will show a typical collagen band in the H&E stains.

5. B) Acute oesophageal necrosis

This condition is not uncommon in debilitated patients and in ICU patients following hemodynamic compromise. Typically, a black colour necrosis of the esophagus is seen on endoscopy. There is no specific treatment and treatment of the underlying condition will eventually lead to normalization of the esophageal mucosa.