

Electronic Clinical Challenges and Images in GI

Rare Complication: What Kind of Colitis?

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Question: A 39-year-old Caucasian man, who had been working in Angola for 3 years, presented to a private hospital with a 5-week history of bloody diarrhea, anorexia, and weight loss. Colonoscopy showed several spreading ulcers in the right colon with nonspecific inflammation on histology. Abdominal computed tomography (CT) showed thickening of the right colon with no other change. The presumptive diagnosis of colonic Crohn's disease was made and oral corticosteroid therapy was started (0.75 mg/kg per day oral prednisone for 12 days).

He then presented to our emergency department with a 3-day history of right-sided abdominal pain and fever. Physical examination revealed a slight tenderness of the right abdomen. Hematologic and biochemical tests showed mild anemia (13 g/dL), leukocytosis (13900 U/ μ L), and a raised concentration of C-reactive protein (141 mg/L). CT (Figure A, B) and colonoscopy (Figure C) were performed.

What is the most likely diagnosis?

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Electronic Clinical Challenges and Images in GI, *continued*

Answer to the Clinical Challenges and Images in GI Question: Image 4: Amoebiasis

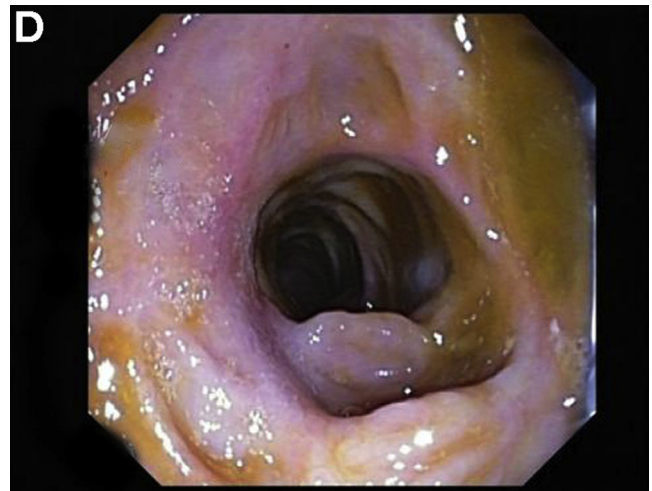
Abdominal CT showed 2 liver abscesses (<20 mm) and multiple splenic nodular lesions (<35 mm; Figure A, B). Colonoscopy revealed several superficial ulcers and the mucosa of the right colon and cecum was diffusely inflamed and edematous (Figure C). Stool analysis including parasitologic examination was negative. The patient tested positive for serum antiamebic antibody at a titer of 1/320. The diagnosis of intestinal and extraintestinal amoebiasis was established. He started metronidazole 750 mg/d for 2 weeks with clinical improvement. Abdominal CT was repeated 3 weeks later and showed no hepatosplenic lesions. A second colonoscopy was performed, showing multiple scars in the right colon causing an asymptomatic stenosis of the hepatic flexure (Figure D).

Amoebiasis is caused by the protozoan *Entamoeba histolytica*.

Infection with *E histolytica* can lead to amoebic colitis and extraintestinal complications.¹ In developed countries, most cases occur in immigrants or travelers from endemic areas. The standard of treatment is metronidazole followed by a second agent to eradicate colonization. Gross findings in colonoscopy can strongly resemble those seen in inflammatory bowel disease. Disease severity is increased in individuals with amoebic colitis who mistakenly received corticosteroid therapy.^{1,2}

References

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