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UNMASKING A HIDDEN CULPRIT: A CASE OF 'DIPHTHERITIC' COLITIS

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INTRODUCTION

Finney reported the first case of pseudomembranous colitis, which he termed "diphtheritic colitis," in the late 1800s. In the era of antibiotics, pseudomembranous colitis has evolved from a fatal disease caused by a postoperative complication to a common complication of antibiotic use that can cause severe morbidity. Here, we present the complex case of a patient with pseudomembranous colitis who was successfully treated with vancomycin without further relapse.

CASE DESCRIPTION

A 71-year-old woman diagnosed with colorectal carcinoma was scheduled for the 5th cycle of FOLFOX therapy. She presented with a history of having had loose stools more than 10 times in the past 2 weeks. At presentation, she was dehydrated, hypotensive with a blood pressure of 88/60 mmHg and a pulse rate of 130 beats per minute, which was irregular. She was treated for septic shock secondary to acute infectious gastroenteritis. Despite 7 days of intravenous ceftriaxone treatment, she showed no improvement in her condition. She underwent a colonoscopy. Her colonoscopy showed yellow, raised lesions surrounded by edematous and erythematous mucosa. Her glutamate dehydrogenase antigen (GDH) was positive, while toxins A and B were negative. She was treated for pseudomembranous colitis and received oral vancomycin for 10 days. A repeat colonoscopy revealed scattered ulcers throughout the colon. On further retrospective review, we found that she had received multiple antibiotics for her postoperative wound infection. This was in addition to the chemotherapeutic agents she had already received, which probably also contributed to her developing pseudomembranous colitis.

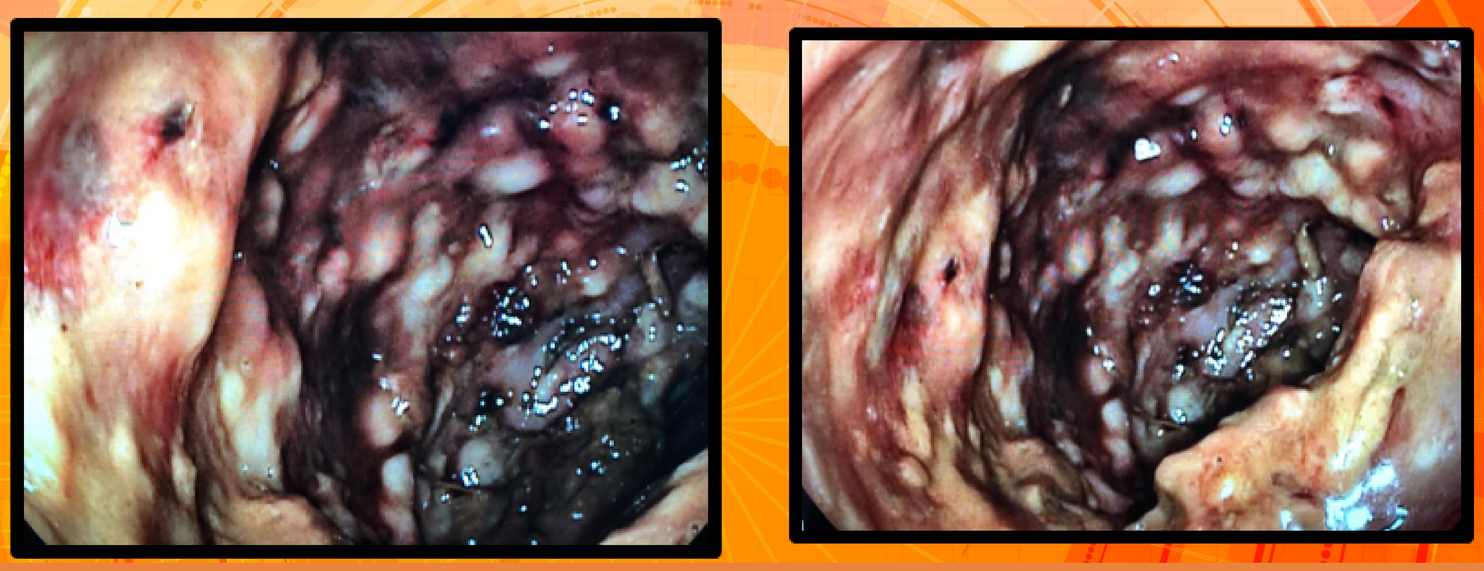

Figure 1. Colonoscopy findings showed elevated yellow lesions surrounded by edematous and erythematous mucosa.

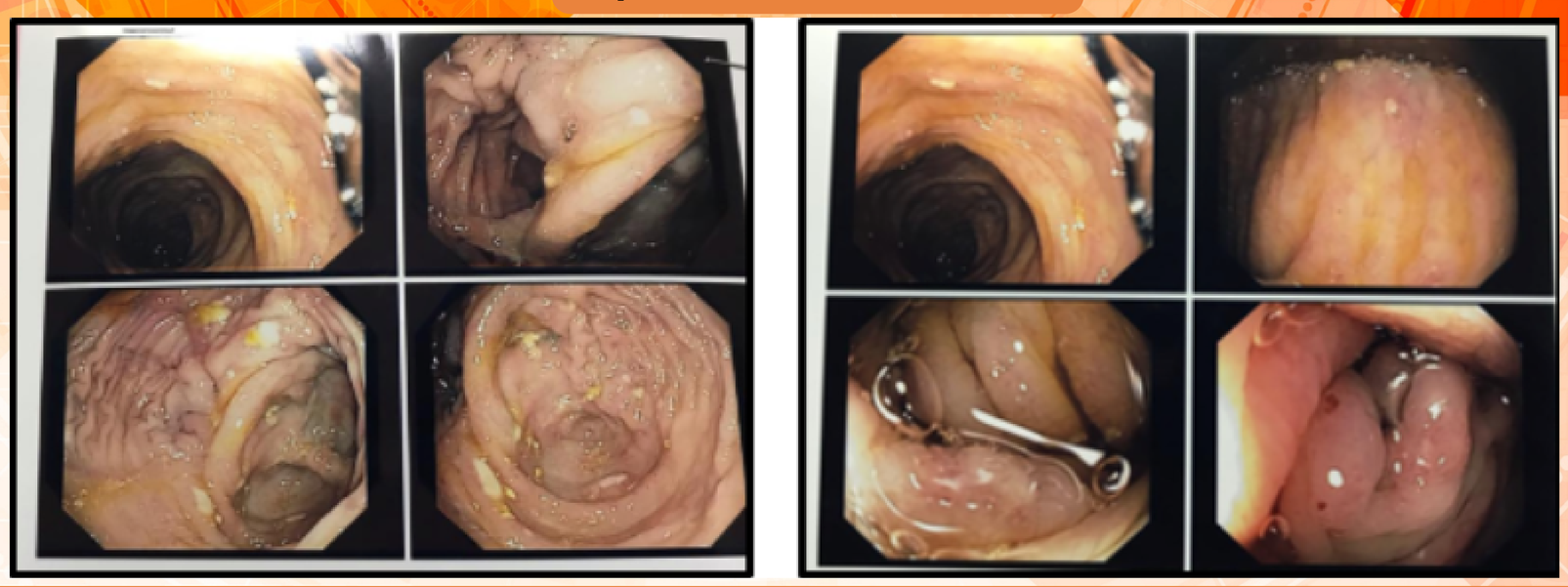

Figure 2: Repeated colonoscopy finding showed scattered ulcer throughout colon

CONCLUSION

Nosocomial diarrhea can be difficult to manage and necessitates a number of diagnostic tests to determine the best treatment. Clostridium difficile infection, an infectious disease typically manifesting itself after the administration of broad-spectrum antibiotics, can cause a variety of symptoms, pseudomembranous colitis being one of the more severe ones. Previous antibiotic therapy (2-4 weeks prior to the onset of symptoms), treatment with proton pump inhibitors, nonsteroidal anti-inflammatory drugs, corticosteroids, and chemotherapeutic agents are among the risk factors for the development of pseudomembranous colitis.