

Infectious Pseudomembranous Colitis without Diarrhea

Smit Shah, DO; Pooja Shah, MD; Anish Vora, BS

Department of Internal Medicine, Reading Hospital – Tower Health, West Reading, PA

Introduction

- Pseudomembranous colitis is an inflammatory condition characterized by abdominal pain, diarrhea, fever, and leukocytosis.
- Clostridium difficile (C. diff) is the most common cause of pseudomembranous colitis. It causes antibiotic-associated colitis, that can progress to severe and fulminant colitis.
- C. diff colitis at any severity almost always manifests as watery loose stool and diarrhea as a cardinal feature.
- It is important to think of this disease even in the absence of common features including diarrhea.

Case Description

- 69-year-old female with past medical history of irritable bowel syndrome and recent urinary tract infection (UTI) treated with antibiotics, presented with complaints of four days of severe bilateral lower quadrant abdominal pain.. She denied fever, chills, hematochezia, melena or diarrhea.
- She was afebrile, tachycardic at 100 bpm, and otherwise hemodynamically stable. Abdominal examination was relevant for mild tenderness of bilateral lower quadrants without peritoneal signs.
- Labs: leukocytosis with white blood cell level (WBC) of 16.2 and lactic acid level elevated at 3.0. Urinalysis showed 804 WBC and negative nitrite.
- Stool cultures were negative for Escherichia coli/EHEC, Shigella, Salmonella, and Clostridium difficile. Blood cultures were negative.

Investigative Studies



Fig 1 – CTA chest/abd/pelvis with contrast (repeat): diffuse colitis, involving the entire colon and rectum. Arrow shows the descending colon with significant inflammation

Case Description

- CT abdomen and pelvis with contrast showed mild diffuse mural thickening in the descending colon suggesting colitis without abscess or evidence of colonic obstruction.
- Admitted for sepsis secondary to a UTI. Started on intravenous piperacillin and tazobactam.
- Abdominal pain worsened. WBC increased to 27.4.
- Repeat CT abdomen and pelvis with contrast showed progression of colitis, now diffuse and involving the entire colon and rectum.
- Sigmoidoscopy revealed multiple white plaques, consistent with severe pseudomembranous colitis. Biopsy was consistent with infectious pseudomembranous colitis.
- After starting oral vancomycin, leukocytosis resolved and patient symptomatically improved. Patient never developed diarrhea.

Discussion

- Infectious pseudomembranous colitis is a significant cause of morbidity and mortality, particularly amongst elderly patients.
- It is important to identify, diagnose and treat it early in the disease process as it can lead to fulminant disease with toxic megacolon. Our case demonstrates an unusual presentation of infectious pseudomembranous colitis - diffuse colitis in absence of diarrhea.
- Imperative for clinicians to be wary of uncommon presentations of colitis, to avoid lengthened hospital stays, ineffective treatment with inappropriate antibiotic administration and severe morbidity or mortality.