Ulcerative Colitis Masquerading as Clostridium Difficile

Lawrence Stawkowski DO; Rachel Patel DO; Caty Davenport MD; Mohammed Shah MD
Lehigh Valley Health Network, Allentown, PA

Introduction

- Inflammatory bowel disease(IBD) affects 0.01% of patients > 65 years.
- IBD is thought to be related to an immune mediated reaction.
- Diet, pollution, lack of sleep and stress are thought to contribute.

Case Presentation

- 86F PMH of recurrent Clostridium Difficile infection(CDI), recurrent cystitis, and hypothyroidism presented for her 3rd admission with 6 months of non-bloody, watery diarrhea occurring 2-3 times daily and acute abdominal pain.
- Previously diagnosed with active CDI 6 months ago, and then one month later, completing treatment for both.
- Original CT scan showed pancolitis, current CT showed persistent cecal wall thickening.
- On admit, she was hemodynamically stable with diffuse abdominal tenderness. Stool testing was consistent with clostridium difficile colonization.

Diagnosis and Management

- Gastroenterology and Infectious Disease consulted.
- Antibiotics were deferred and patient was recommended to undergo a colonoscopy.
- Colonoscopy initially delayed to allow for medical management.
- Later, colonoscopy, with biopsies revealed pancolitis, cryptitis, crypt abscess, lymphoid aggregate formation, focal ulceration, and reactive glandular atypia consistent with ulcerative colitis.
- She was started on budesonide, which improved her symptoms and later discharged to a SNF.

Clinical Photos

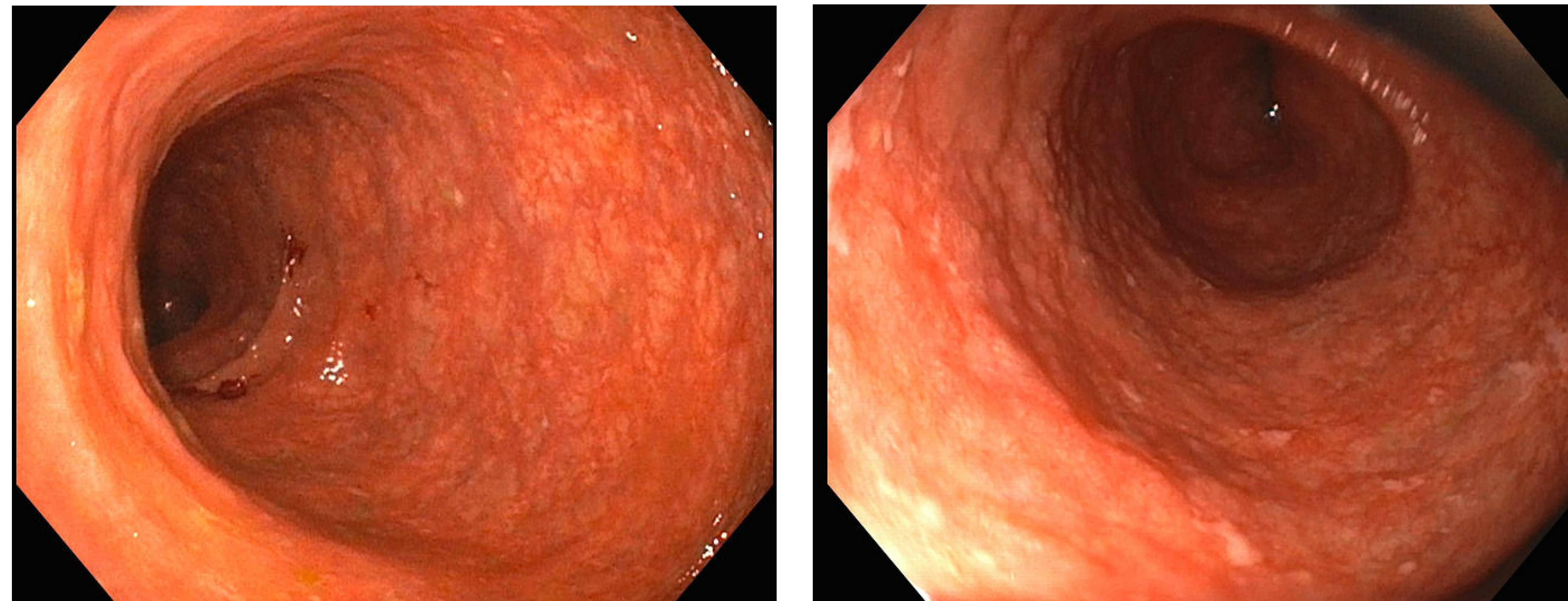

Figure 1: Pan-colitis from the rectum to the cecum with erythema, friability, loss of vascular pattern and erosions consistent with Mayo 2 Colitis.

Discussion

- Ulcerative colitis has a bimodal pattern of incidence. Onset peaks between 15 and 30 years, and a second, smaller peaks between 50 and 70 years.
- CDI may also exacerbate underlying IBD.
- Due to overlapping symptoms between CDI and UC, definitive diagnosis should be made with a tissue biopsy. Depending on the severity of disease, topical or systemic preparations can be tried to induce remission.
- Anchoring likely played a role in the case, as there was hesitancy initially for inpatient colonoscopy. The patient may have benefited sooner if she had undergone a colonoscopy earlier in her disease course.

Conclusions

- Future studies about CDI acting as a catalyst for ulcerative colitis could be undertaken to understand if there is truly a relationship.
- Recurrent CDI can confound the picture of generalized abdominal pain and diarrhea, and keeping a wide differential is essential for astute providers to best manage patients.

References

1. Nimmons D, Limdi JK. Elderly patients and inflammatory bowel disease. World J Gastrointest Pharmacol Ther. 2016 Feb 6;7(1):51-65. doi: 10.4292/wjgpt.v7.i1.51. PMID: 26855812; PMCID: PMC4734955.
2. Dalal RS, Allegretti JR. Diagnosis and management of Clostridioides difficile infection in patients with inflammatory bowel disease. Curr Opin Gastroenterol. 2021 Jul 1;37(4):336-343. doi: 10.1097/MOG.0000000000000739. PMID: 33654015; PMCID: PMC8169557. – ((https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8169557/))
3. Danese S, Banerjee R, Cummings JF, Dotan I, Kotze PG, Leong RWL, Paridaens K, Peyrin-Biroulet L, Scott G, Assche GV, Wehkamp J, Yamamoto-Furusho JK. Consensus recommendations for patient-centered therapy in mild-to-moderate ulcerative colitis: the i Support Therapy-Access to Rapid Treatment (iSTART) approach. Intest Res. 2018 Oct;16(4):522-528.

© Poster Template by Genigraphics® 1.800.790.4001 www.genigraphics.com