Case of Concomitant Cryptosporidiosis and Ulcerative Colitis

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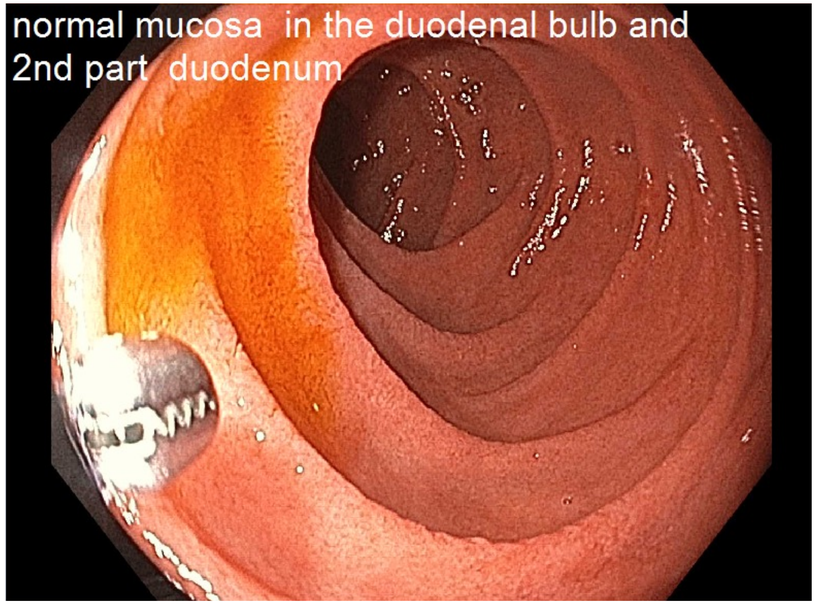
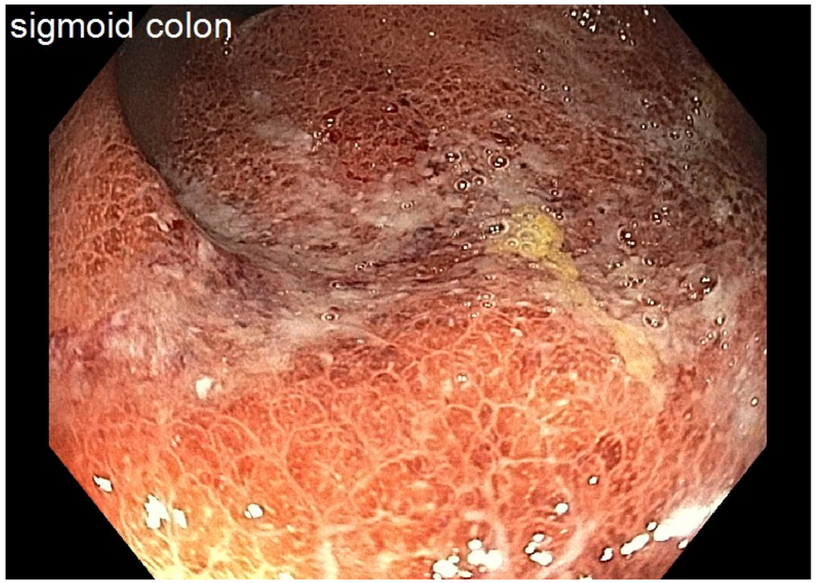
INTRODUCTION

- Cryptosporidiosis is a parasitic infection of gastrointestinal epithelia that presents primarily as acute watery diarrhea.
- In patients with inflammatory bowel disease (IBD), viral, bacterial, or parasitic infection can often precipitate or be mistaken for a flare.
- We present a case of an active-duty service member with positive *Cryptosporidium* PCR on workup of what appeared to be an ulcerative colitis (UC) flare.

CASE REPORT

- 43-year-old male with UC presented after 2 weeks of worsening diarrhea, rectal pressure, blood with wiping, and bloating.
- Upper endoscopy performed, revealing normal appearing mucosa of the entire examined duodenum,
- Biopsies of the duodenum performed with cold forceps.
- Testing for *Cryptosporidium* was negative by routine histology and Giemsa and GMS stains of duodenal biopsies but was positive on a stool PCR panel. Both calprotectin and CRP were elevated.
- Colonoscopy showed inflammation in the sigmoid to 30cm with friability, spontaneous hemorrhage, and ulceration.
- Treatment was begun with nitazoxanide for *Cryptosporidium* and oral mesalamine and prednisone taper for UC flare.
- The patient improved symptomatically, with less frequent cramping and bowel movements and more formed stools.





DISCUSSION

- This case resembles documented cases of cryptosporidiosis in IBD patients but is unique in that most other cases were in Crohn's patients[2-5, 7-9].
- Our patient's improvement on the three medications makes it difficult to definitively attribute his symptoms to either cryptosporidiosis or UC flare. Testing for *Cryptosporidium* in patients with presumed UC flare may not be practical in patients with low pre-test probability, unless the test is part of a panel.
- PCR is the gold standard for detecting *Cryptosporidium*, and tests like Giemsa and GMS staining may result in false negatives since they depend on fecal oocyst shedding[1, 6].
- Combination therapy caused no adverse effects [9]. However, it is possible that a trial of nitazoxanide alone would have been sufficient.
- We encourage clinicians to consider cryptosporidiosis and other infectious agents in cases of suspected IBD flare. This may enable providers to tailor treatment in cases of infectious etiologies and avoid unnecessary steroid usage.

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