Not Just Another Infection: Rare Case Abscess in Ulcerative Colitis



Jonathan Selzman, DO¹, Sanjay Prasad, MD¹, Mahesh Gajendran, MD², Nagasri Shankar, MD², Brenda Briones, MD², Patrick Snyder, MD², Dhruv Mehta, MD², Chandraprakash Umapathy, MD², Juan Echavarria, MD²



UT Health San Antonio Internal Medicine Dept.¹; UT Health San Antonio Gastroenterology and Hepatology Dept.²

INTRODUCTION

- Aseptic abscess syndrome (AAS) is a rare manifestation of inflammatory bowel disease (IBD) characterized by sterile neutrophilic infiltration of deep tissues
- Collections most often occur in the spleen, liver, skin, or lymph nodes
- Here is a case of a 40-year-old female diagnosed with AAS in the setting of IBD

CASE REPORT

- 40-year-old female with history of Ulcerative Colitis (off treatment for the past 2 years) presented with 2 weeks of bloody diarrhea, left sided abdominal pain, unintentional weight loss, fatigue
- Physical exam: tachycardic, normotensive with left lower quadrant abdominal tenderness
- Laboratory data: WBC 23.3 x 10⁹/L, elevated Creactive protein
- Imaging: CT Abdomen/Pelvis showed hepatic and splenic abscesses
- CSP: Mayo 2 colitis from rectum to distal transverse colon
- Micro: blood cultures (fungal, bacterial, mycobacterial) and parasitic serologies negative
- Fluid aspiration from splenic lesion drained purulent material with negative cultures

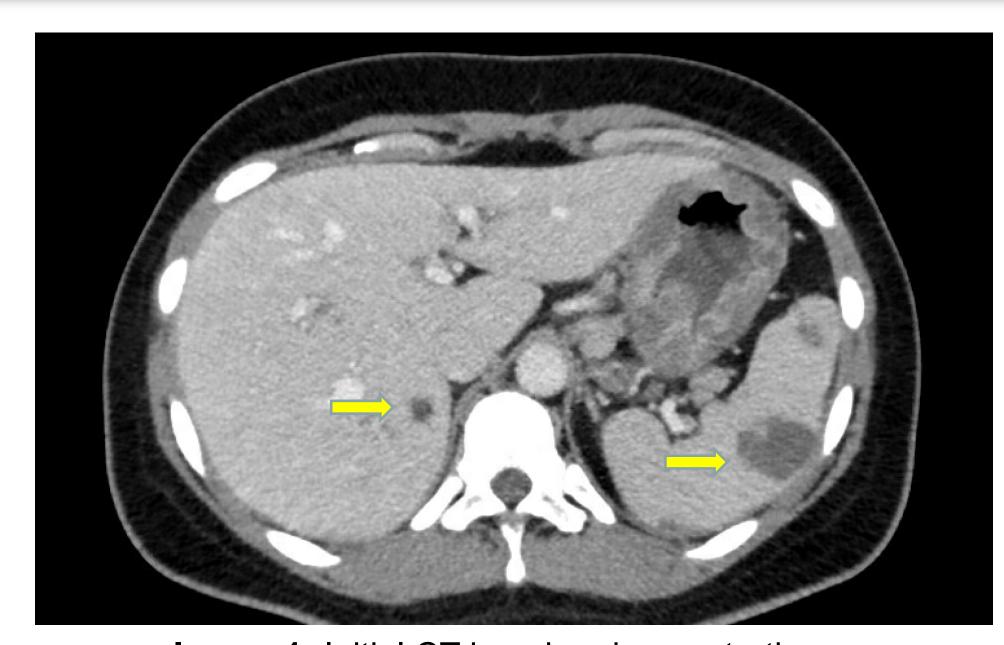


Image 1: Initial CT imaging demonstrating hepatic and splenic abscesses



Image 2: Repeat CT imaging demonstrating interval resolution in abscesses

CLINICAL COURSE

- Continued to remain febrile with persistent leukocytosis and gastrointestinal symptoms despite treatment with broad-spectrum antibiotics and antifungals
- Initiated systemic steroids with successful taper completed at discharge upon rule out of all infectious/neoplastic processes
- Patient had gradual improvement in symptoms and lab parameters
- Repeat CT imaging at 3 weeks after discharge demonstrated complete resolution of all abscess
- Started on Vedolizumab and remains in clinical remission

CONCLUSION

- AAS is a diagnosis of exclusion
- Should consider in IBD patients in the setting of:
 - 1. multiple disseminated abscesses with a negative infectious work-up
 - 2. a lack of clinical improvement with antimicrobial agents
- Specific pathophysiology is largely unknown
 - Similar neutrophilic infiltration can be seen in pyoderma gangrenosum
- Antibiotic therapy is universally ineffective for AAS
- 95% of patients respond to corticosteroids