

ABSTRACT

Clostridium Difficile(C diff) is an important cause of diarrhea in immunosuppressed patients, recent use of antibiotics and in patients presenting from nursing facility. We present a patient with HIV, recently treated with Augmentin and started on a new medication(Juluca) for HIV presenting with watery diarrhea and abdominal pain.

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Case Report

- 62 years old lady with HIV infection presented with diffuse abdominal pain and watery diarrhea for 2 days.
- She recently had ureteroscopy and was prescribed Augmentin which she completed about a week ago.
- She was started on Juluca (Dolutegravir/ Rilpivirine) for treatment of HIV one day before onset of symptoms.

Findings

Physical Examination

- She had diffuse tenderness on abdominal examination.

Labs

- She had leukocytosis (23.1k/mcl) with an absolute CD4 count of 568/mcl.
- She was found to have Clostridium antigen but without any toxin.

Radiology

- On CT scan abdomen she had pancolitis with free fluid.

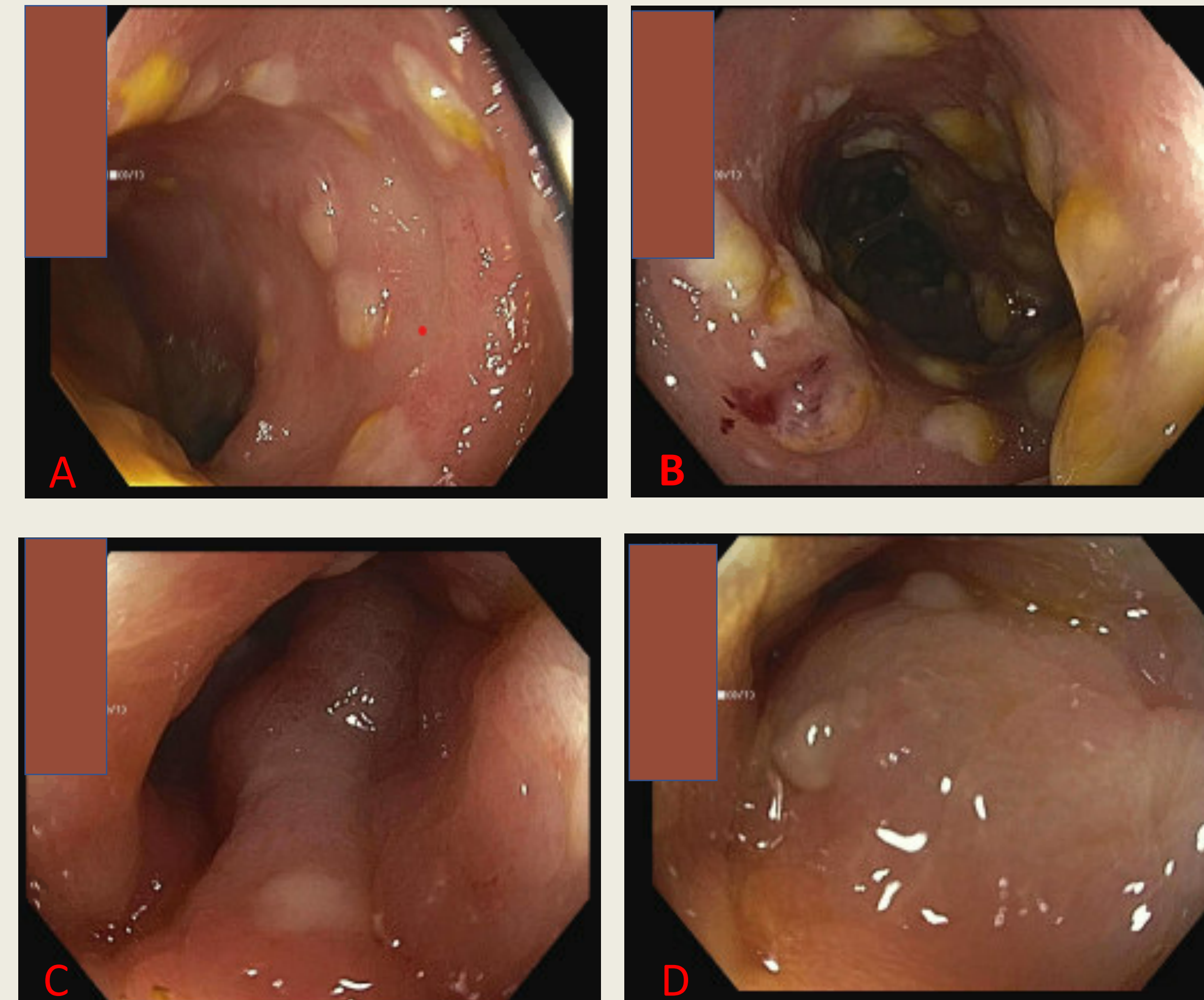
Endoscopy

- On flexible sigmoidoscopy she had lesions shown in figure 1-
- Erythematous, edematous mucosa and inflamed plaques were seen on ulcerated mucosa with narrowing of sigmoid colon.

Pathology and microbiology of specimen

- No pseudomembranes or cytological atypia was seen on histopathology.
- Specimen culture did not show C diff.

Figure 1



A,B- Images of recto-sigmoid showing pseudomembranes in an edematous, erythematous colon.

C,D - Marked narrowing of the sigmoid colon.

C. Difficile GDH Antigen	NEGATIVE	POSITIVE !
C. difficile toxin A and B	NEGATIVE	NEGATIVE

Campylobacter Group		NOT DETECTED
Salmonella Species		NOT DETECTED
Shigella Species		NOT DETECTED
Vibrio Group		NOT DETECTED
Yersinia Enterocol...		NOT DETECTED
Shiga Toxin 1		NOT DETECTED
Shiga Toxin 2		NOT DETECTED
Norovirus		NOT DETECTED
Rotavirus		NOT DETECTED

Clinical Course

- After the results of the pathology and microbiology became available, Juluca was discontinued.
- Patient's symptoms resolved in 2 days and she was discharged home.

Discussion

- There are multiple causes of inflammatory diarrhea in an immunocompromised host with HIV. Previous infection with C diff and recent use of antibiotics increase the risk of C diff diarrhea.
- As per the center of disease control, about half a million people are infected with C diff annually and one in six patients will get recurrent infection in two to eight weeks.
- Our patient presented with multiple risk factors including history of C diff, HIV and recent use of antibiotics.
- The images of sigmoidoscopy were suggestive of pseudomembranous colitis, though the specimen were without any pathological or microbiological evidence of clostridium.
- Dolutegravir/ rilpivirine are new class of medications(Integrase inhibitors). In a study by Curtis et al, less than 2% of cases had diarrhea but none were severe enough to warrant discontinuation of therapy.

Conclusions

Always consider non infectious causes of inflammatory diarrhea like medications, even if the patient has multiple risk factors for clostridium difficile infection.