

Incidental Finding of Intestinal Spirochetes in a Patient with Inflammatory Bowel Disease



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INTRODUCTION

- Intestinal spirochetes is commonly associated with HIV infection
- Recent studies include more risk factors, including IBD

CASE PRESENTATION

- **40 y/o female with PMH stricturing ileocolonic Crohns disease was seen in clinic for follow-up**
- **Office Visit**
 - 1-2 bowel movements/day
 - No significant sx of abdominal pain, nausea, rashes, sores, weight loss
- **IBD Hx**
 - Dx in 2018 with Crohns Disease
 - Treatments
 - Adalimumab (stopped 2/2 Ab formation)
 - Ustekinumab (current)
- **Social Hx**
 - Works as a veterinarian, has a dog at home
- **Colonoscopy**
 - Underwent for disease monitoring
 - Normal colon, ileal stricture, 1 small ileal erosion, no other signs of disease activity
 - Simple endoscopic score for Crohns disease: 4
 - Pathology with intestinal spirochetes infection

DIAGNOSTIC IMAGING

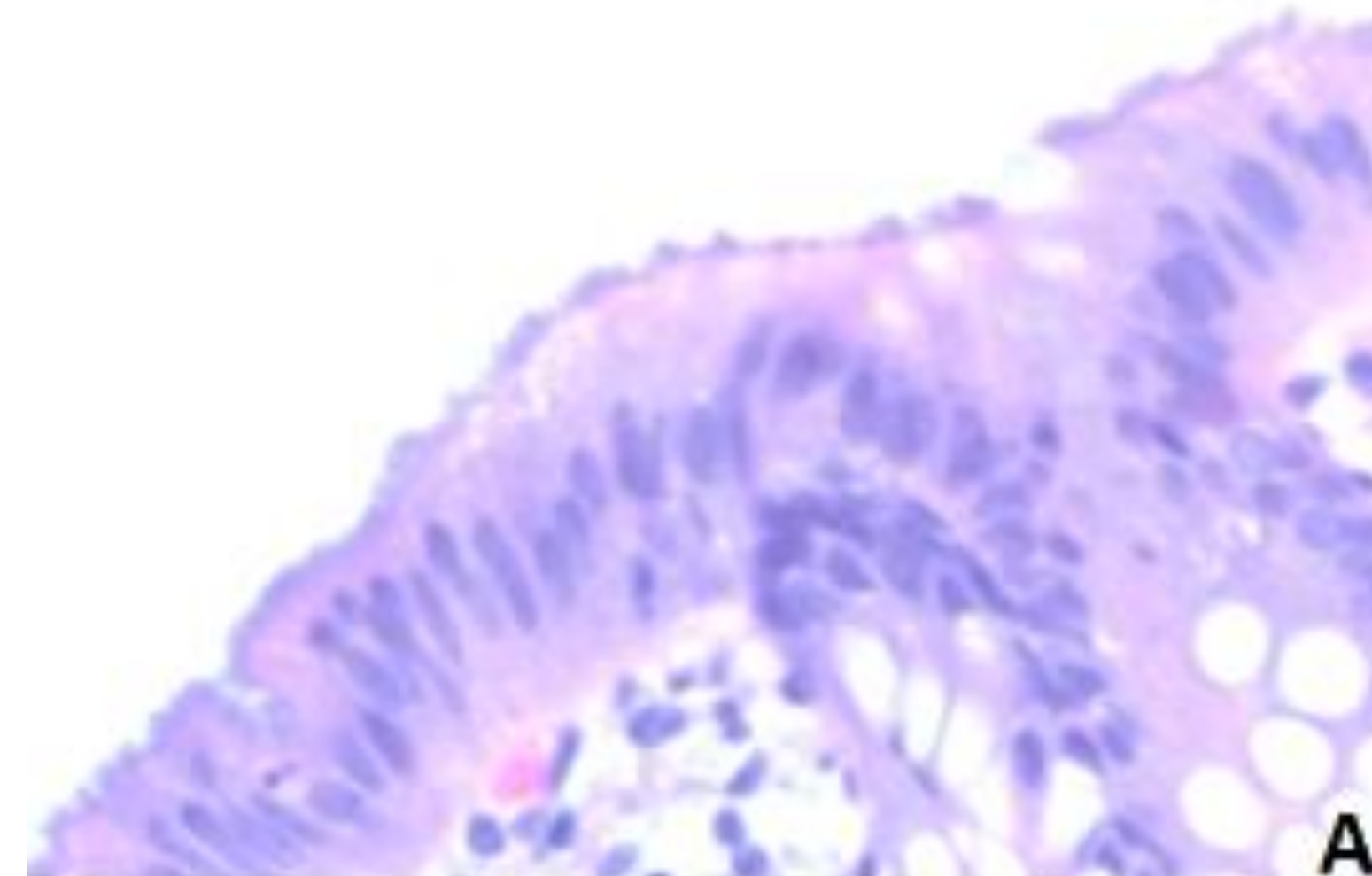


Image A: The luminal surface has fuzzy basophilic appearance (hematoxylin and eosin 40x)

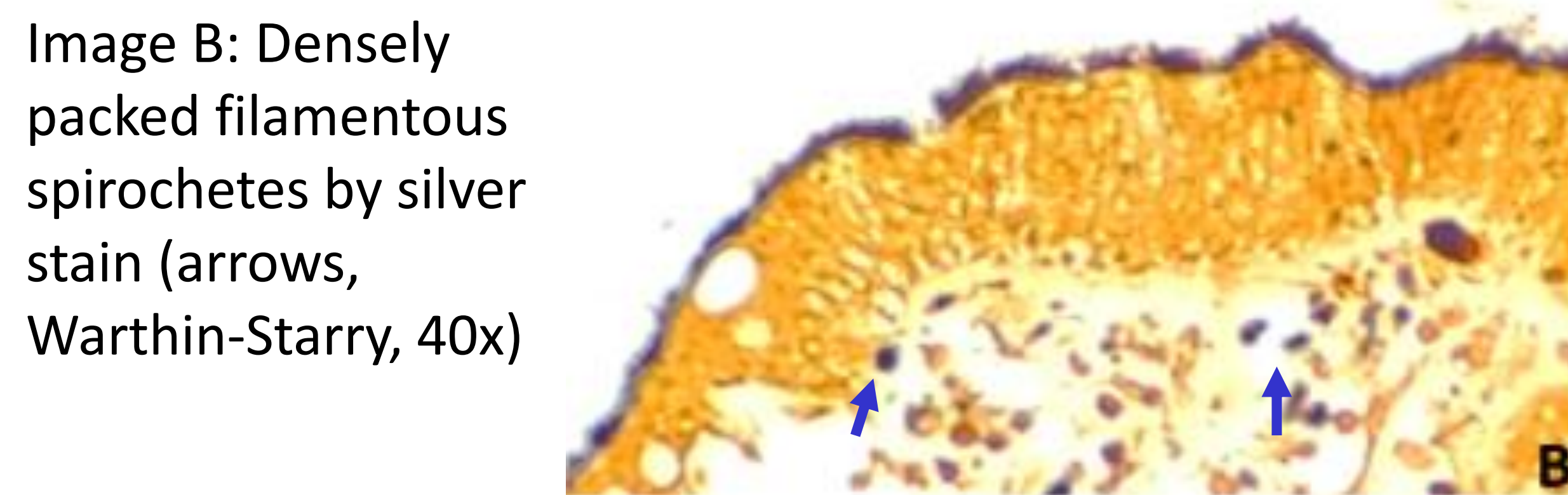


Image B: Densely packed filamentous spirochetes by silver stain (arrows, Warthin-Starry, 40x)



Image C: Terminal ileum stricture with erythema and ulceration

DISCUSSION

Epidemiology

- Low socioeconomic status
- Veterinary medicine
- HIV, homosexual males
- Immunocompromised- IBD

Diagnosis

- Histologically via silver stains, or immunostains
- “False brush border” formed by spirochete on epithelium
- Endo – polypoid and erythematous lesions

Clinical Presentation

- Chronic, watery diarrhea
- Vague abdominal pain

Management

- Asymptomatic – No treatment required
- Symptomatic: Metronidazole

In her case...

- Consider treatment of spirochetes infection for IBD patients with chronic diarrhea

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