

### Introduction

- ❖ *Campylobacter Jejuni* (*C. Jejuni*) is responsible for 3-6% of diarrheal illnesses in the United States.<sup>1</sup>
- ❖ Inoculation follows ingestion of a contaminated source such as poultry, unpasteurized milk, or drinking water.<sup>2 5</sup>
- ❖ *C. Jejuni* infection may radiographically and endoscopically mimic other pathologies such as colonic malignancy and inflammatory bowel disease (IBD).

### Case Presentation Continued

- ❖ The radiologist's interpretation emphasized concern for colonic malignancy with metastasis to the liver.
- ❖ Endoscopic evaluation revealed diffusely erythematous, granular, and ulcerated mucosa throughout the colon with concern for infectious vs inflammatory colitis.
- ❖ Histologic evaluation of the ascending colonic mucosal biopsy revealed moderately active chronic colitis with extensive cryptitis and crypt abscesses.
- ❖ Stool polymerase chain reaction was notable for *C. Jejuni* infection
- ❖ The patient achieved clinical and endoscopic remission without antimicrobial therapy.

### Discussion

- ❖ In patients with *C. Jejuni* enterocolitis, radiographic imaging may reveal signs of bowel wall edema or ulcerations.
- ❖ Findings may resemble colonic malignancy or IBD.<sup>6</sup>
- ❖ Endoscopic findings of *campylobacter* enterocolitis are non-specific, however, may reveal edematous, erythematous, and friable mucosa which may be associated with hemorrhage.<sup>1 3</sup>
- ❖ Inflamed mucosa can be either isolated or discontinuous.
- ❖ Colonic ulcers may present as either aphthoid or linear (resembling cobblestoning as seen in Crohn's Disease).<sup>6 7</sup>
- ❖ Histologic evaluation can reveal cryptitis and crypt abscesses similar to findings of ulcerative colitis.<sup>3</sup>

### Conclusion

- ❖ This case highlights the range of radiographic and endoscopic presentations of *C. Jejuni* Colitis.
- ❖ If infectious colitis is suspected, stool polymerase chain reaction (PCR) is the most sensitive modality used to make the diagnosis.
- ❖ Stool PCR is 40% more sensitive than stool cultures but provides no information regarding antimicrobial resistance.<sup>5</sup>
- ❖ Infectious colitis should remain on the differential in cases with radiographic evidence of colonic edema in the right clinical setting.

### Case Presentation

- ❖ A 66-year-old male with a past medical history of prostate cancer in remission presented to the emergency department with 6 episodes of watery diarrhea per day for 5 days, colicky abdominal pain, and bloating.
- ❖ He was hemodynamically stable with severe tenderness to palpation in the right lower quadrant.
- ❖ Computed tomography (CT) revealed severe, focal bowel wall thickening in the ascending colon and a 1.7cm hypodense lesion in the right hepatic lobe which were confirmed on magnetic resonance imaging (MRI) of the abdomen.



Figure 1a: CT Abdomen/Pelvis showing ascending colon wall thickening resembling mass

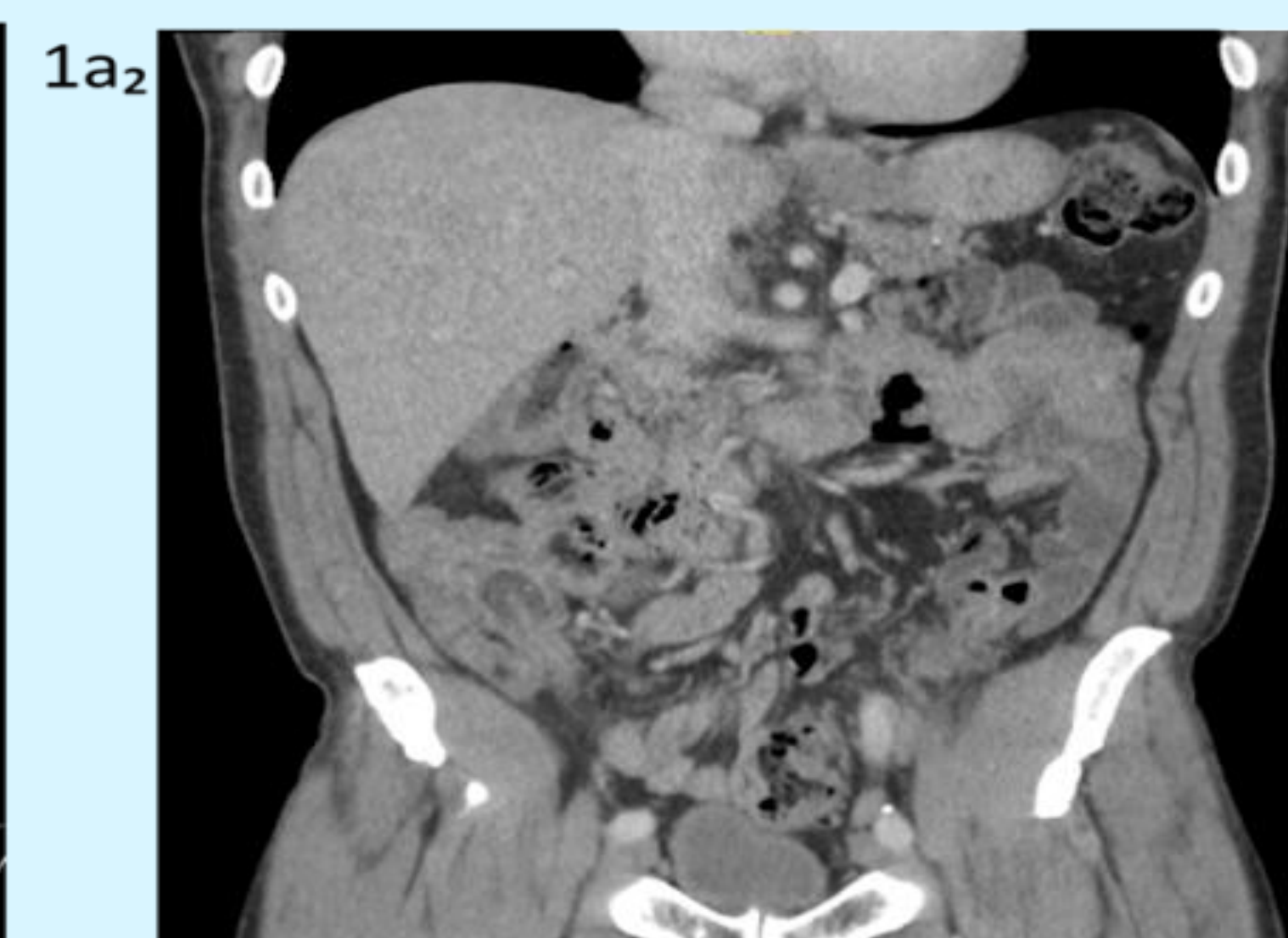


Figure 1b: CT of Hypochoic liver mass

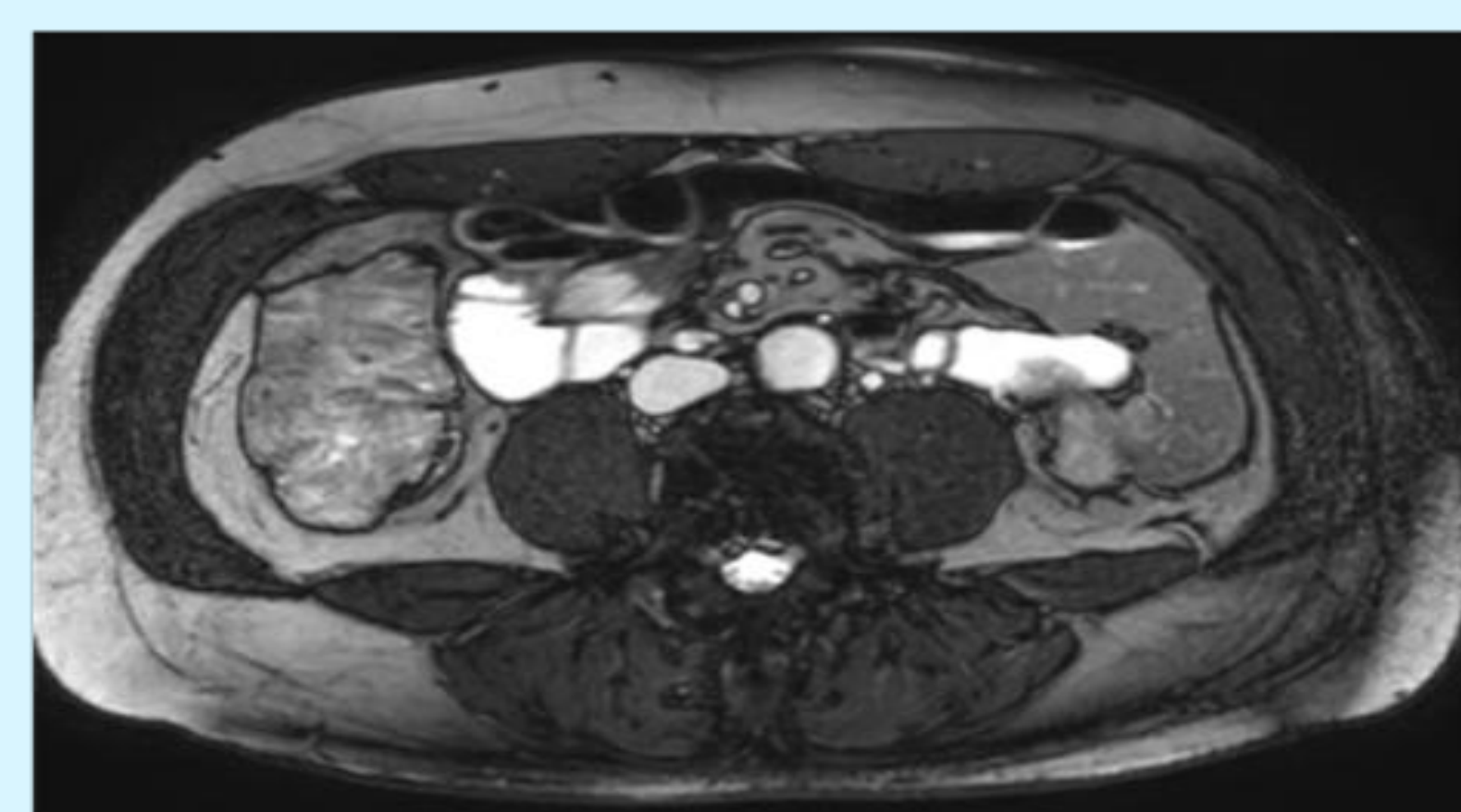


Figure 1c: T2-weighted MRI Abdomen of ascending colon wall thickening resembling a mass

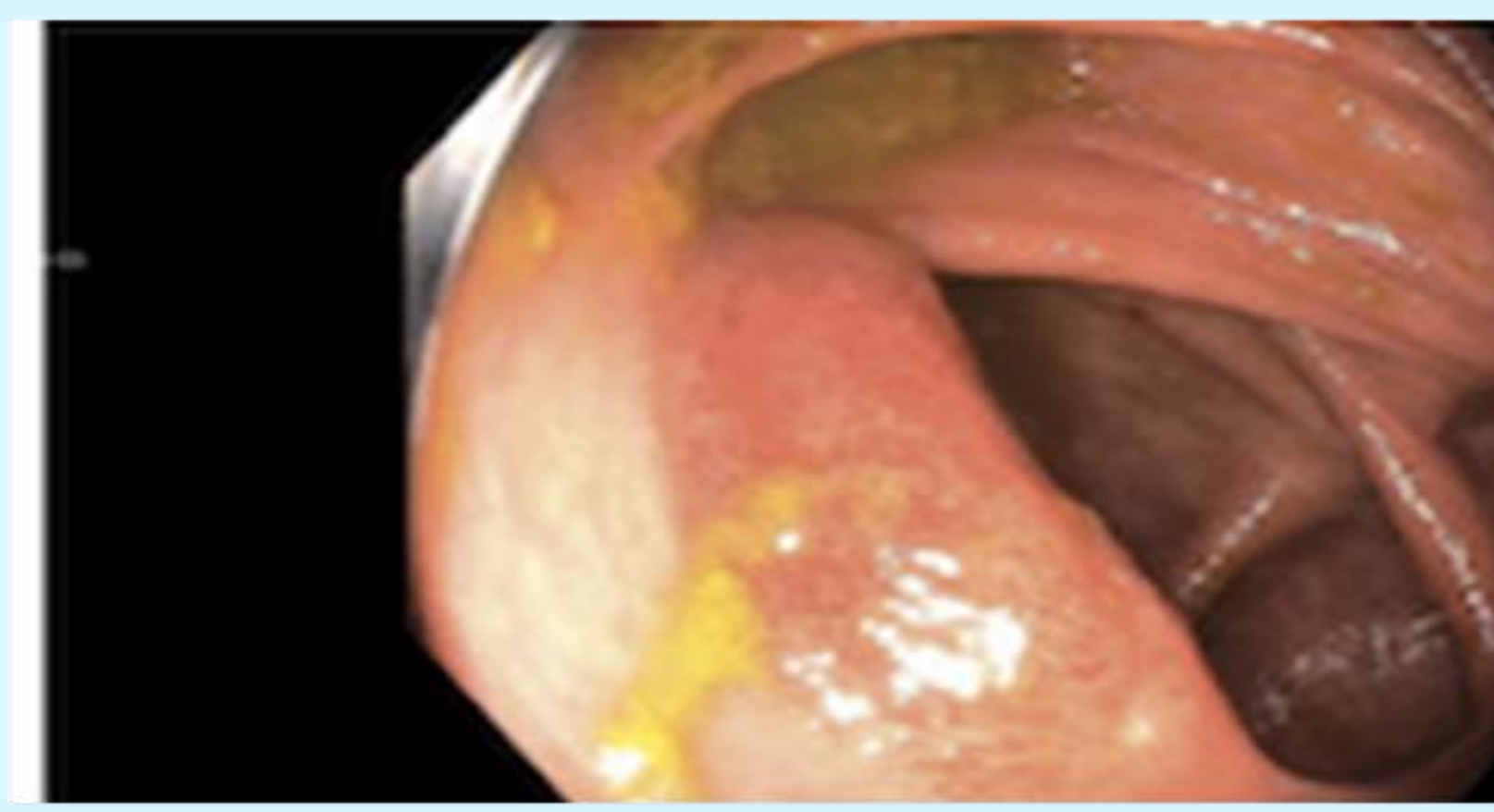


Figure 1d: Colonoscopy image revealing inflamed mucosa of ascending colon



Figure 1e: Ulcerated mucosa of the sigmoid colon

### Acknowledgements

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