A RARE CASE OF CLOSTRIDIUM DIFFICILE ENTERITIS IN A PATIENT WITH ILEORECTAL ANASTOMOSIS AND LOOP ILEOSTOMY

Nayaab Bakshi, DO[1]; Rewanth Katamreddy, MD[1]; Sarahi Herrera Gonzalez[1], MD, Talha Munir MD[1], Yatinder Bains[1]
[1]Saint Michael's Medical Center, Newark, NJ

Introduction

A subtotal colectomy with loop ileostomy is often performed in patients with colonic pathologies including IBD and colon cancer. Though Clostridium difficile colitis is prevalent and several cases of C. difficile enteritis have been reported, C. difficile enteritis after a subtotal colectomy with ileorectal anastomosis and loop ileostomy has never been reported and will be presented in the following case.

Case

A 72-year-old female with past medical history of subtotal colectomy, ileorectal anastomosis, and loop protecting ileostomy status post colonic perforation, dyslipidemia, end stage renal disease on hemodialysis, & diabetes mellitus presented to the hospital for hypotension during dialysis, dizziness, and lightheadedness causing her to fall.

The patient admitted to multiple episodes of dizziness and non-traumatic falls in the previous month. She repeatedly became hypotensive during her dialysis sessions, during which she frequently presented at or below her dry weight. Patient denied any headaches, fever, chills, nausea, abdominal pain, chest pain, palpitations, shortness of breath, and blurry vision.

Physical examination showed a right lower quadrant ileostomy bag. On admission, vitals were normal, except the blood pressure. The patient was hypotensive, which normalized after fluid resuscitation; however, throughout her hospital course, despite fluid resuscitation, the patient recurrently became hypotensive and was given midodrine.

After extensive work-up, cardiac and renal causes of hypotension were ruled out. Patient's WBC was normal throughout the admission and patient never met criteria for sepsis. The patient was found to have loose, high-output (approximately 2600 mL/day) from her ileostomy bag. C. difficile PCR returned positive.

After an oral vancomycin regimen was begun, the patient's blood pressure improved markedly. The patient's symptoms of dizziness and weakness resolved.

Risk Factors for C. Difficile Enteritis

Antibiotic Use
Proton Pump Inhibitor Use
ICU or prolonged hospital stay
Increasing age
Inflammatory Bowel Disease
Immunosuppression

Discussion

This case is important to emphasize the consideration of *C. difficile* infection in loop ileostomy patients presenting with hypotension.

Though the patient had noted chronic high-output from her ileostomy bag, the patient did not have a recent prior course of antibiotics and was on a diet inappropriate for an ileostomy.

Patient did not have a recent ICU admission, PPI use, inflammatory bowel disease, or recent antibiotic use. Patient did not have a fever during the hospitalization nor did the patient complain of abdominal pain.

Therefore, given the lack of risk factors, the limited cases of *C. difficile* enteritis, and no reported cases of *C. difficile* infection in ileorectal anastomosis and loop ileostomy, diagnosing the *C. difficile* infection causing hypotension in this patient was challenging. Further reporting of such cases will aid in guidelines, diagnosis, and treatment of C. *difficile* enteritis.