



An Unusual Case of Diarrhea in an Immunosuppressed Patient

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ABSTRACT

Infectious colitis are common forms of colitis and lead to deaths related to complications.

E. histolytica is one of the infectious agents causing colitis and has a good prognosis provided timely diagnosis and appropriate management approaches are done to eliminate the trophozoite as well as the cysts.

The risk factors need to be keenly evaluated during the history like the poor hygienic conditions, immigrant population as well as traveller and those on immunosuppression.

Colonoscopy is not recommended and should be avoided as the chances of perforation increases in the setting of ulcers in these cases. Overall prognosis and management is not intense but early diagnosis and treatment is important.

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INTRODUCTION

- Amoebic Colitis, a frequent clinical manifestation of invasive intestinal infection due to *Entamoeba histolytica*, is a **common cause of diarrhea worldwide**.
- It disproportionately affects individuals from low-income countries due to higher transmission rates in **unsanitary conditions**.
- Although 90% of the cases may be asymptomatic carriers, one of the most common clinical manifestations include dysentery.
- It carries an **excellent prognosis** if diagnosed promptly and treated.
- However, establishing a **diagnosis of Amoebic Colitis** is often **challenging**.

We highlight a unique case of Amoebic Colitis in a 73-year-old female in a setting of immunosuppression.

CASE PRESENTATION

- A 73-year-old female from Qatar was admitted for abdominal pain, bloody diarrhea, and on and off a fever for 3 months.
- She was on immunosuppressive medications for her renal transplant.
- Diffuse tenderness was noted all over the abdomen and vitals were normal.
- CT scan showed colitis and colonoscopy showed congested rectal, rectosigmoid, and sigmoid colon mucosa with multiple ulcers in descending, transverse, and ascending colon and rectum.
- Biopsy results showed active colitis with an ulcer. Steroids were started and she developed a deterioration of health.
- A repeat CT scan showed an increase in the involvement of the right colon and antibiotics were started.
- Repeat colonoscopy showed a vascular pattern in mucosa diffusely decreased and nonbleeding ulcerated mucosa.

CASE PRESENTATION (cont.)

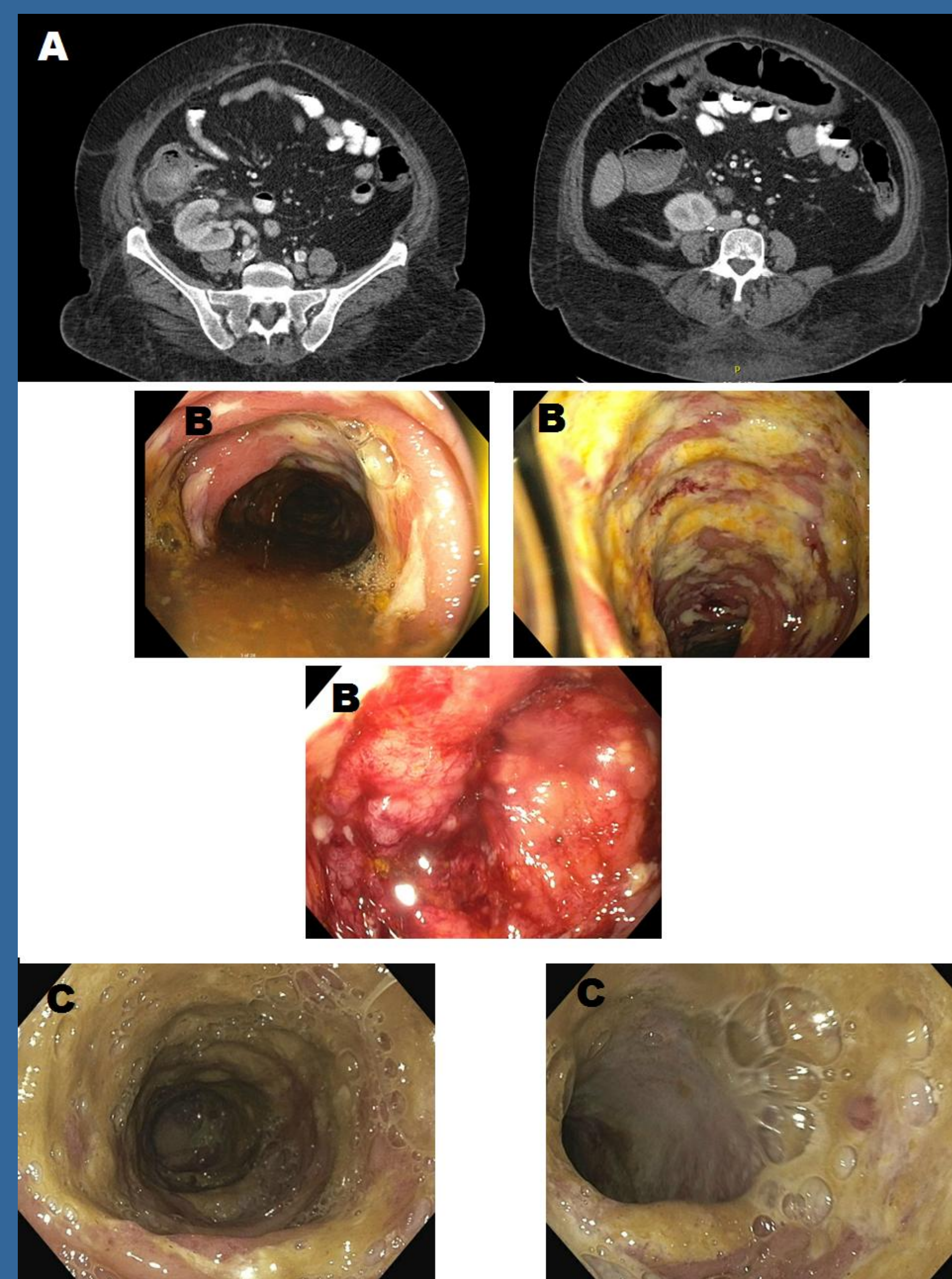


Image1 :

A- Ascending and transverse colonic wall thickening consistent with colitis
B - Congested, friable, and ulcerated mucosa
C- The mucosa vascular pattern in the descending colon was diffusely decreased after treatment

CASE PRESENTATION (cont.)

- Meanwhile, the *E. histolytica* antibody was positive. Antibiotics switched to Flagyl PO. Pathology showed chronic active colitis with ulcer and increase apoptotic crypt epithelial cells.
- The clinical condition continued to improve and she was discharged home on steroid taper with a plan to repeat the scope in 3 months. She is doing well and on regular follow-up.

DISCUSSION

- Approximately 90% of cases are **asymptomatic and self limiting**.
- Amoebic colitis is endemic in India, Southeast Asia, Egypt, and Mexico. **Developed countries like the US face the challenges** of diagnosing amoebic colitis due to low incidence.
- Treatment** with metronidazole, tinidazole, paromomycin, diiodohydroxyquin, or diloxanide furoate is often highly safe and effective.
- Diagnostic tools** include: serology testing, fecal microscopy, fecal polymerase chain reaction (PCR), fecal and/or serum antigen detection, and histologic examination of colonic biopsy
- In some case series, a diagnosis was made on **histology**, and only one diagnosis was by noninvasive means.
- Few published series have noticed the diagnostic challenges associated with amoebic colitis; which are from developing countries.
- Amoebic Colitis should be a **differential diagnosis** for individuals from eastern countries where the prevalence of *Entamoeba histolytica* continues to be high as a delay in diagnosis may lead to adverse outcomes.

CONCLUSION

This case highlights the **challenges in diagnosing amoebic colitis** and the potentially life-threatening consequences due to delayed treatment and misdiagnosis.