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CLINICAL IMAGE IN GASTROENTEROLOGY

Fulminant amoebic colitis with cecal pneumatosis Colitis amibiana fulminante con neumatosis cecal



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A 67-year-old man had a history of type 2 diabetes mellitus. He sought medical attention for the 7-day progression of 6 to 7 diarrheic stools with mucus and blood per day, fever, nausea, and vomiting of stomach content. He presented with stabbing abdominal pain the last 3 days that began in the lower right quadrant and then became generalized. Physical examination revealed tachycardia, tachypnea, and hyperthermia of 38.7° C. He had acute abdomen with muscle resistance, a positive Blumberg's sign, and reduced peristalsis. Laboratory test results showed leukocytosis, neutrophilia, and bandemia. Plain abdominal x-rays in the standing and decubitus positions identified bowel segment distension and pneumatosis of the wall of the cecum (figs. 1 and 2). Laparotomy revealed areas of necrosis in the entire colon, with fibrinopurulent secretion and crepitation in the cecum. Subtotal colectomy was performed (fig. 3). Indirect hemagglutionation and PCR testing supported the diagnosis of invasive amoebiasis. The histopathology study reported hematophagous trophozoites of Entamoeba histolytica in the wall of the colon^{1,2} and lymphoplasmacytic infiltrate (fig. 4).

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Figure 1 Radiologic image showing bowel segment distension and pneumatosis in the cecum.

Ethical disclosures

Protection of human and animal subjects. The authors declare that no experiments were performed on humans or animals for this study.

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Figure 2 Radiologic image showing pneumatosis in the cecum in greater detail.



Figure 3 Surgical specimen from the subtotal colectomy.

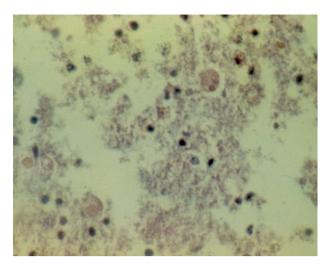


Figure 4 Entamoeba histolytica trophozoites in the wall of the colon, identified in the histopathology study of the patient.

Confidentiality of data. The authors declare that no patient data appear in this article.

Right to privacy and informed consent. The authors declare that no patient data appear in this article.

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Conflict of interest

The authors declare that there is no conflict of interest.

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