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A Challenging Case of Colitis: Inflammatory, Infectious, or Both

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Abstract Form

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Abstract

Purpose of Study:

Indeterminate colitis (IC) is a form of Inflammatory Bowel Disease (IBD), when the diagnosis of Ulcerative colitis (UC) or Crohn's disease cannot be made due to mixture of findings. The incidence of Clostridioides difficile (C. diff) infection is 6-9% in patients with IBD, which can lead to increased risk for colectomy or death. Here we discuss a case of newly diagnosed IC with superimposed C. diff infection.

Methods Used: Retrospective chart review after IRB approval.

Summary of Results:

A 26-year-old male with no known medical history presented to our facility with progressive one month history of abdominal cramping pain and bloating. This was associated with watery hematochezia up to 15 episodes per day. Upon admission, he was found to have fever as high as 39.4C, WBC 7.5, CRP 23.8 mg/dL, ESR 68 mm/hr, Hgb 12.7 g/dL. His work up also showed stool Calprotectin 3520 mcg/g, positive stool Lactoferrin, and atypical P-ANCA titer of 1:160, commonly elevated in UC. Stool studies were also positive for C.diff toxin B PCR and GDH antigen, and oral vancomycin was started. Colonoscopy with biopsies showed mixture of findings for UC and CD with focal active colitis with focal ulcerations (consistent with UC), involvement of the crypts, lamina propria, and submucosa (consistent with CD). The diagnosis of IC was made and he was started on Methylprednisolone 60 mg TID and Mesalamine 1600 mg BID. Patient eventually improved with less frequency of hematochezia. Upon follow up in outpatient clinic his was down to only 5 episodes of diarrhea without hematochezia. Follow up colonoscopy when C.diff infection is resolved is planned for making a definitive diagnosis between UC and CD.

Conclusion:

Diagnosis of Ulcerative Colitis vs Crohn's Disease can be challenging in the setting of superimposed infection with Clostridioides difficile. Management of this coexistence is difficult, and duration of treatment is also not well studied. Further work up and repeat biopsy might be needed for definitive diagnosis.