

Pseudomembranous colitis

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A 43-year-old man presented to the emergency department with a 3-day history of abdominal pain and diarrhea. One week before presentation, he had presented to the local community hospital with cough and fever and received the treatment of Cephalosporin. Except for paraplegia of the lower limbs, he had no documented medical history. The pulse was 74 beats per minute, and the blood pressure 123/84 mmHg. Physical examination revealed his abdomen was diffusely tender, with active bowel sounds. Laboratory tests of the blood confirmed a white-cell count of 13,300 per cubic millimeter (reference range, 4,000 to 10,000). Valuable clues were not found by computed tomography of the abdomen. On colonoscopic examination, pseudomembranous colitis (PMC) was characterized by elevated yellow-white plaques and nodules that form pseudomembranes on the mucosal surfaces of the colon (*Figure 1*). The diagnosis of PMC was made. PMC is a manifestation of severe colonic disease, commonly caused by *Clostridium difficile* infection, which is usually considered to be associated with prior antibiotic exposure and hospitalization (1-3). The clinical feature of PMC may range from a mild and non-specific diarrhea to severe colitis even with characteristics of toxic megacolon, perforation and death (4-7). Discontinuation of antibiotics and administration of oral metronidazole or vancomycin usually lead to resolution of this disease (8-10). Oral metronidazole (20 mg/kg/d) was administered for 2 weeks, and his abdominal pain and diarrhoea relieved within 1 week after treatment was initiated. No additional colonoscopy was performed after completion of the procedure. He was charged home with outpatient follow-up.

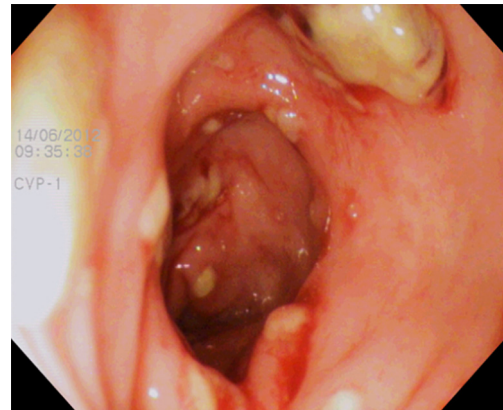


Figure 1 Pseudomembranous colitis. Colonoscopic image of yellow-white plaques and nodules forming pseudomembranes on the mucosal surfaces of the colon.

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Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Written informed consent was obtained from the patient for publication of this “Images in Clinical Medicine”.

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