CLOSTRIDIUM DIFFICILE INFECTIONS WITH PSEUDOMEMBRANOUS COLITIS AND TOXIC MEGACOLON. VENOUS THROMBOSIS WITH NECROSIS OF SMALL INTESTINES. FIBRINOUS –SUPPURATIVE PERITONITIS. CASE REPORT.

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Abstract – This is a case of 65 year old woman who had taken Clindamycin on the occasion of odontogenic infection a week before the hospitalization. After her admission to the hospital she develops Clostridium difficile infection which despite the adequate therapy turns in pseudomembranous colitis and toxic megacolon, and subsequently venous thrombosis with necrosis of the small intestines with fibrinous-suppurative peritonitis. The case demonstrates a serious Clostridium difficile infection which leads to unfavourable result despite the adequate treatment.

Keywords: Clostridium difficile infection, pseudomembranous colitis, mesenteric vein thrombosis

Case presentation
A woman at the age of 65 years, admitted to the intensive ward on the occasion of hypertonic crisis. She was treated with Clindamycin ambulatorily for odontogenic infection. On the third day after the hospitalization diarrhea appeared with 7-8 watery defecations daily. She was examined for toxin A and B of C. difficile, the tests showed a positive result. Oral therapy with Metronidazol 4 x 500 mg/daily and total parenteral feeding started. Notwithstanding the therapy the diarrhea aggravated, dehydration, febrility, leucocytosis and presence of typical pseudomembranes along the whole large intestine at endoscopic examination appeared (Fig.1).

Fig.1 Pseudomembranous colitis observed at the endoscopic examination.

Vankomycin 4 x 500 mg/daily and rectally through enemas were started. On the 6th day after the initial symptoms of toxic megacolon and acute surgical abdomen developed. The control endoscopy showed fusion of the pseudomembranes (Fig.2).

Fig. 2 Fusion of the membranes of the pseudomembranous colitis at the control endoscopy.

The patient was operated for venous thrombosis with necrosis of ileum and 70% of jejunum and the engaged parts and 60 cm of jejunum were resected. Fibrinous-suppurative peritonitis was also found intraoperatively. On the tenth day the patient died with the symptoms of acute cardiac-vascular and respiratory failure.
DISCUSSION

The antibiotic associated diarrhoea (AAD) is defined as inexplicable diarrhoea in connection to the application of antibiotics. [3] It occurs in 5% to 39% of the patients depending on the type of the antibiotic. [8] C. difficile associated diarrhoea is connected to a quarter of all cases of AAD. [2] C. difficile produces an enterotoxin (toxin A) and a cytotoxin (toxin B). Toxin A has been shown to be the cause of diarrhea and pseudomembranous colitis. [4] After diagnosing the infection, the antibiotic should be stopped and specific antimicrobial therapy should be administered. For the initial infection the recommended antibiotics are peroral metronidazol and vankomycin. [6] C. difficile infection may take the course of fulminant colitis in about 3% of the patients and may lead to most serious complications including perforation, continuous ileus, toxic megacolon and exitus. [7] Mesenteric vein thrombosis almost always involves the distal small intestine (superior mesenteric venous drainage). [5] The anatomic site of involvement in acute mesenteric venous thrombosis is most often ileum (64 to 83 percent) or jejunum (50 to 81 percent), followed by colon (14 percent) and duodenum (4 to 8 percent). [9] Thirty-day mortality for mesenteric vein thrombosis is strongly associated with colonic involvement as well as „short-bowel” syndrome. [1]

The presented clinical case demonstrates a severe Clostridium difficile infection, which leads to adverse result despite the adequate therapy.

REFERENCES