

PICTURES IN DIGESTIVE PATHOLOGY

Fatal *Campylobacter jejuni* ileocolitis

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Most *Campylobacter* infections are mild. We present a case that was fatal. A 78-year-old male was under study due to a three month evolution diarrhea and loss of 7 kg. The colonoscopy requested showed ileo-colonic affection. The ileal mucosa presented intense erythema with edema and large ulcers and necrosis areas. This was the most affected area, as can be seen in the figures, showing a severe and continuous affection (Figs. 1 and 2). The cecum showed loss of vascular pattern and superficial patchy ulcers; from the ascending colon the affection was less severe (Figs. 3 and 4). Multiple serial biopsies were taken. Hospitalization was required. Blood tests highlighted acute renal failure. He received fluid therapy and empirical antibiotics with ciprofloxacin and metronidazole. On the second day, the patient showed abdominal distention, peritonism and hypotension. An emergency CT showed ileitis complicated with intestinal pneumatosis. The patient was moved to ICU, where, after a multiple organ failure with metabolic acidosis, he died within a few hours. Subsequently, both stool cultures and histology revealed infectious active ileocolitis and isolation of macrolide-sensitive and quinolone-resistant *Campylobacter jejuni*.

Campylobacter infection usually starts in the jejunum and ileum and progresses distally. A differential diagnosis

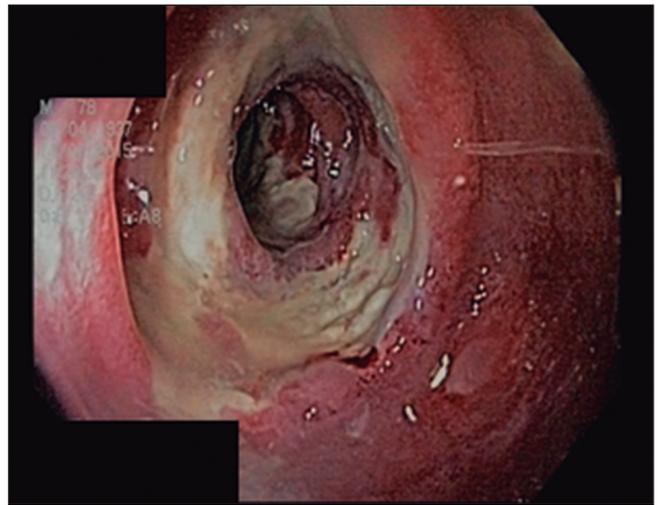


Fig. 2. The ileal mucosa presents intense erythema with edema and large ulcers and necrosis areas.

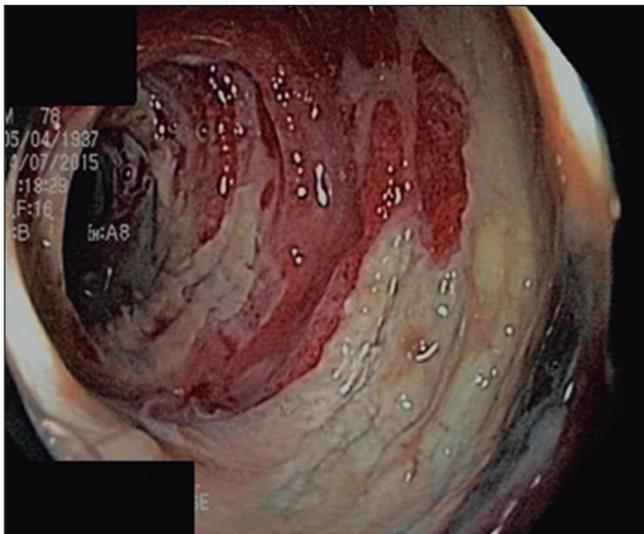


Fig. 1. Endoscopy: severe affection of terminal ileum; necrosis areas can be seen.

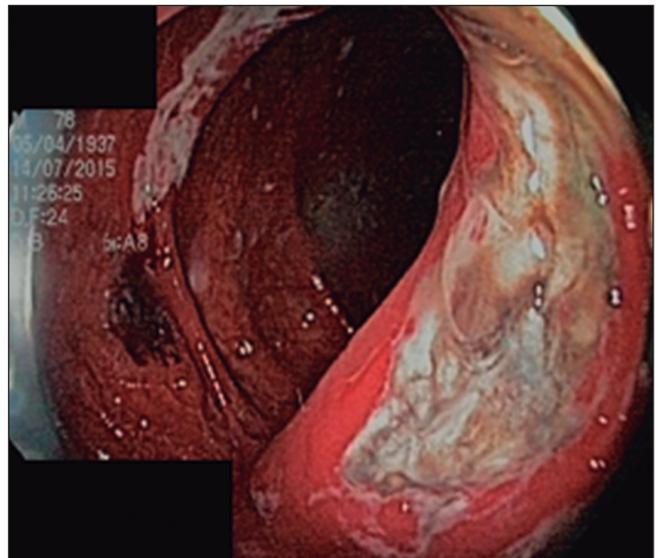


Fig. 3. Endoscopy: from the ascending colon the affection is less severe.

with other infectious colitis (*Yersinia*, tuberculosis, etc.), ischemic colitis and inflammatory disease should be made. The case fatality rate is low and most occur in elderly or

patients with comorbidity as in this case. The mortality rate is estimated at 0.024%.

The treatment is based on proper hydration. Antibiotics should be used in severe cases or in patients at risk (fever, intestinal manifestations, longer than a week infection, immunocompromised or elderly). The choices are macrolides and fluoroquinolones. However, in some countries quinolone resistance is increasing, as in Spain, where the percentage exceeds 50%. We should not forget this fact for the proper treatment approach and specifically in refractory cases.

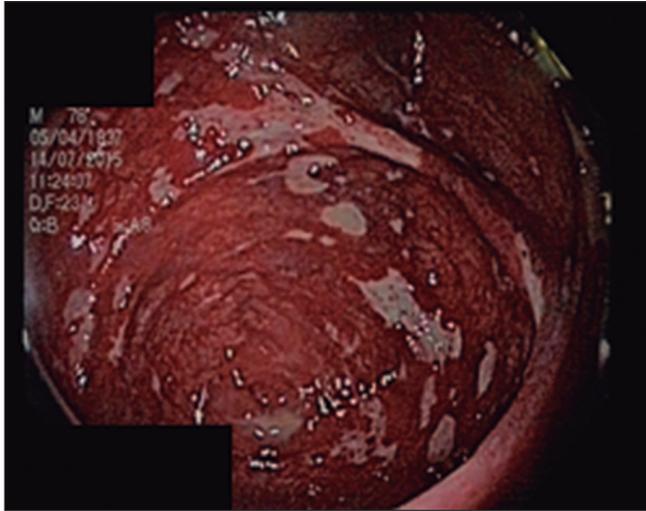


Fig. 4. The cecum shows loss of vascular pattern and superficial patchy ulcers.

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