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Clinical Image
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Persistent Diarrhea – An Uncommon Pathogen

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Clinical Image

A 72-year-old woman known with focal segmental glomerulosclerosis (FSGS) and treated with immunosuppressant therapy (cyclosporine) presented with persistent diarrhea, very watery and about 10 times a day without abdominal pain. These symptoms started about 3 weeks ago. Persistent anorexia and weight loss (-13 kg) were also noticed. Lab results showed an acute kidney injury with a creatinine of 1.39 mg/dl and a GFR of 38 ml/min/1.73 m^2 and a limited inflammation with a CRP of 45 mg/L with the rest of the lab results being normal. Colonoscopy showed a pattern of pseudomembranous colitis (Figure 1). The stool cultures however did not show growth of *Clostridium difficile*. The cultures did show growth of *Aeromonas* spp. *Aeromonasis* a genus of Gram-negative, facultative anaerobic, rod-shaped bacteria that can cause gastroenteritis which typically occurs after the ingestion of contaminated water or food. In this case however it caused a pseudomembranous colitis in our immunocompromised patient. We decided to treat with IV ciprofloxacin, given that *Aeromonas* was susceptible for this antibiotic. In the non- immunocompromised patient it does not need treatment. Low magnification micrograph of the colonic pseudomembranes showed polynuclear cells with signs of cryptitis, compatible with acute colitis and without sign of chronicity (Figure 2). This case highlights that the presence of pseudomembranes is not always synonymous with *C. difficile* colitis and that pseudomembranes may arise due to other infectious organism especially in immunocompromised patients, in this case *Aeromonas* spp.

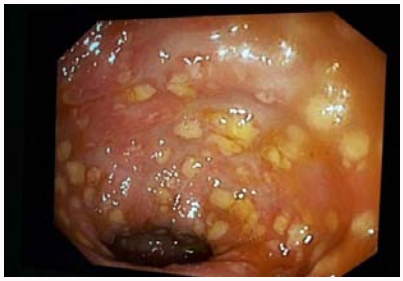

Figure 1: Colonoscopy showed a pseudomembranous colitis.

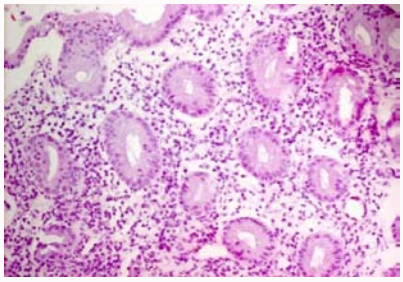

Figure 2: Polynuclear cells with signs of cryptitis, compatible with acute colitis.

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