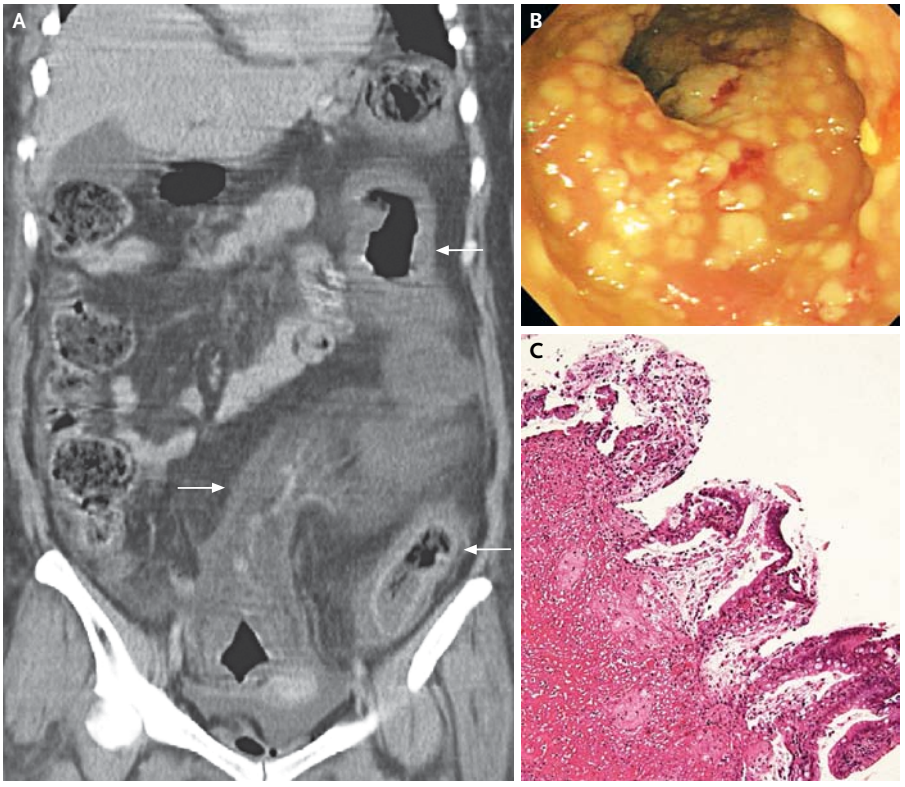
IMAGES IN CLINICAL MEDICINE

Pseudomembranous Colitis



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A 40-year-old woman presented to the hospital with crampy abdominal pain, nausea, vomiting, watery diarrhea, and leukocytosis (12,900 white cells per microliter). She was admitted with a presumptive diagnosis of infectious colitis and was treated with a 14-day course of ciprofloxacin, with a moderate response. Nine days after discharge, the patient returned to the emergency department with abdominal pain, vomiting, diarrhea, and hypotension. A contrast-enhanced computed tomographic scan of the abdomen showed marked bowel-wall thickening (Panel A, arrows) throughout the sigmoid colon and descending colon. Colonoscopy (Panel B) revealed multiple discrete, yellowish, polypoid lesions and a friable, hyperemic mucosa. Histopathological examination of the biopsy specimens revealed a neutrophilic infiltrate in the lamina propria and mucopurulent exudates erupting through the denuded surface epithelium, findings that confirmed a diagnosis of pseudomembranous colitis (Panel C, hematoxylin and eosin). Results of a test for *Clostridium difficile* toxin, performed 6 days after the second admission, were negative. The patient began treatment with antimicrobial agents and was discharged 117 days later, after complete resolution of the colitis.