Pseudomembranous Colitis Incidentally Detected on FDG PET/CT

Ali Emre Bardak¹, Alp Atasoy², Bilger Çavuş³, Aslı Çiftçibaşı Örmeci³

¹Department of Internal Medicine, Istanbul University, Istanbul Faculty of Medicine, Istanbul, Türkiye ²Department of Gastroenterology, VM Medical Park Florya Hospital, İstanbul, Türkiye ³Department of Gastroenterology, Istanbul University, Istanbul Faculty of Medicine, Istanbul, Türkiye

Cite this article as: Emre Bardak A, Atasoy A, Çavuş B, Çiftçibaşı Örmeci A. Pseudomembranous colitis incidentally detected on FDG PET/ CT. *J Enterocolitis*. 2023;2(1):17-18.

Corresponding author: Ali Emre Bardak, e-mail: bardakaliemre@gmail.com

Received: February 25, 2023 Accepted: March 24, 2023

DOI:10.14744/Jenterocolitis.2023.230241



Content of this journal is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.

A 54-year-old male patient with a history of autoimmune atrophic gastritis, well-differentiated gastric neuroendocrine tumor, decompensated cirrhosis, and total gastrectomy 3 months prior was admitted for the management of refractory ascites. Ascitic fluid analysis was initially found to be consistent with spontaneous bacterial peritonitis. The patient was treated with ceftriaxone for 14 days. Repeated peritoneal fluid analysis after the completion of the antibiotic therapy showed acellular, uninfected, high protein content. This was thought to be secondary to malignancy, whereat F-18 fludeoxyglucose (FDG) and Gallium-68 dotate (Ga-68) positron emission tomography (PET) scans were performed. The FDG PET scan did not reveal anything related to a possible malignancy. However, the enhancement detected on the first 15 cm of the rectum from the anal canal along with an increase in the diameter of the rectum was noteworthy and was evaluated as an inflammatory process. The maximum standardized uptake value (SUV_{max}) was 8.9. Although the patient denied any symptoms that might be associated with the enhancement on the PET scan, he had diarrhea and abdominal discomfort the day after. Colonoscopy demonstrated coalescing, elevated, yellowish lesions. The rectal mucosa was edematous and friable covered by pseudomembranes. Colonoscopic findings were consistent with the typical presentation of pseudomembranous colitis which is a condition firmly associated with *Clostridioides difficile* infection (CDI) (Figures 1 and 2). Biopsy specimens obtained at colonoscopy revealed dense, active inflammation, crypt loss, erosion, and pseudomembranes consisting of fibrin and cellular debris. The patient was treated with oral metronidazole and oral ciprofloxacin for 10 days against CDI.

In conclusion, pseudomembranous colitis should be considered in patients with a recent history of antibiotic use.



Q1 Figure 1. Colonoscopy image of the rectum. Elevated, yellowish lesions tend to coalesce. Pseudomembranes cover the edematous, friable mucosa.



Figure 2. Colonoscopy image of the rectum. Elevated, yellowish lesions tend to coalesce. Pseudomembranes cover the edematous, friable mucosa.

Informed Consent: Written informed consent was obtained from the patient who participated in this study.

Peer-review: Externally peer-reviewed.

Author Contributions: Supervision – B.Ç., A.Ç.Ö.; Materials – A.A.; Writing Manuscript – A.E.B.

Declaration of Interests: The authors declare that they have no competing interest.

Funding: The authors declare that this study received no financial support.