Is there gold in everything that glitters?

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A 46-year-old man with past medical history of cystic fibrosis, submitted to pulmonary transplantation 8 years ago (under triple immunosupression), presented to our emergency department with a several days of profuse, watery diarrhoea (4-5 stools/daily), anorexia, abdominal pain and fever. There were no complaints of blood loss or mucus. Physical examination was unremarkable. Blood work revealed elevated C-reactive protein levels (192.7mg/dL). No changes were noted on abdominal ultrasound. On ileocolonoscopy, florid deep discrete ulcerations in the right colon and ileocecal valve were found. Terminal ileum showed marked erythema. (Figure 1 and 2). What is the diagnosis?

Answer **:** *Campylobacter* gastroenteritis

Campylobacter species are the leading cause of bacterial enteritis worldwide and the disease process is usually self-limiting over 5-7 days. Therapy consists of oral rehydration. In those with severe illness with fever, blood in stools and prolonged course of illness, or immunocompromised states, antibiotic therapy is indicated either with ciprofloxacin or a macrolide such as erythromycin or azithromycin. (1)

Colonoscopy findings are nonspecific and range from focal mucosal edema and hyperemia with patchy petechiae to diffuse or aphthoid ulceration, which may be difficult to distinguish from inflammatory bowel disease, neoplasia and infectious colitis from other agents. (2)

In the present case, stool cultures showed positivity to *Campylobacter jejuni*, and the patient was started on azithromycin with rapid resolution of symptoms.

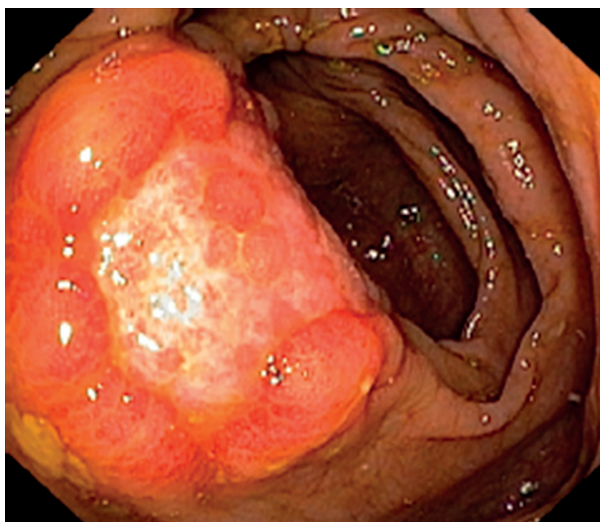

Fig. 1.

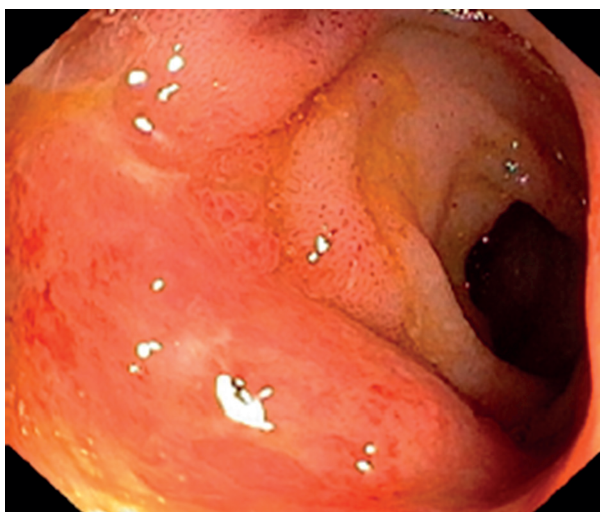

Fig. 2.

References

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