When inflammatory colitis is not due to inflammation: An alternative diagnosis for inflammatory bowel disease

Dulcena Yen, Frederick H Koh, Fung-Joon Foo

CASE REPORT

A middle-aged gentleman presented with persistent hematochezia for two weeks. This was associated with diarrhea and colicky lower abdominal pain. He was afebrile and had no complaints of anorexia. The patient had a recent travel history to Philippines, a developing country, and also had recent contact with a family member who had similar presenting symptoms, but had spontaneously resolved. His physical examination and digital rectal examination were both unremarkable.

The patient underwent a colonoscopy (Figure 1) and biopsies were taken (Figure 2).

Colonoscopy (Figure 1) showed inflammation in the rectum and sigmoid. In addition, there is also an inflamed patch involving the cecum but the terminal ileum was normal in appearance. Macroscopic findings suggested ulcerative colitis and multiple biopsies of areas of inflammation were taken.

Histology was consistent with acute colitis of the rectum; however, there were also some focal necroinflammatory debris which contained detached aggregates of round-to-oval amoeba-like organism with ingested red blood cells. The diagnosis was amoebic colitis. The patient was then treated with 10 days of oral metronidazole.

DISCUSSION

Amoebic colitis is a type of intestinal protozoan disease and the second leading cause of death by parasitic infection in the world, and is more prevalent in the developing countries [1]. Endoscopic evaluation might not be readily available in these countries and endoscopic images taken in developed countries may not
lead the physician to the diagnosis of amoebic colitis [2]. Amoebiasis is a great mimic of other conditions, such as inflammatory bowel disease and colon cancer [3]. With the increase in air travel, citizens from affluent societies also have an increased risk of exposure to such parasitic infection. History of travel and histological diagnosis are therefore important in the management of intestinal amoebiasis.

**CONCLUSION**

Amoebic colitis remains rare in the developed countries; however, the ability to mimic other conditions such as inflammatory colitis may alter the management of the condition which may not treat the underlying cause. Therefore, endoscopic and histological diagnosis is important in the management of inflammatory colitis for the appropriate management of the disease.

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**Keywords:** Amoebiasis, Colitis, Colonoscopy, Inflammatory bowel disease

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**Author Contributions**

Dulcena Yen – Conception of the work, Design of the work, Acquisition of data, Analysis of data, Interpretation of data, Drafting the work, Revising the work critically for important intellectual content, Final approval of the version to be published, Agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved

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Written informed consent was obtained from the patient for publication of this article.

**Conflict of Interest**

Authors declare no conflict of interest.

**Data Availability**

All relevant data are within the paper and its Supporting Information files.

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