BLOODY STOOLS IN AN IMMIGRANT CHILD: INFECTIOUS OR INFLAMMATORY COLITIS?

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BACKGROUND

Diarrhea and bloody stools can be manifestations of both infectious and noninfectious diseases, particularly infection caused by bacterial pathogens, inflammatory bowel disease or ischemic bowel.

CASE PRESENTATION

7-year-old boy. Previously healthy.

From São Tomé and Príncipe, living in Portugal since 6-year-old.

Bloody stools with mucous + intermittent diarrhea + abdominal pain for 12 months, with no other systemic symptoms.

Physical examination:

Good nutritional status, pale and a vague right iliac pain with palpation

Laboratory studies

- Microcytic and hypochromic anemia (7.4 g/dL) with ↓ ferritin (8ng/mL)
- Eosinophilia (1240/uL)
- ↑ fecal calprotectin levels (619 ug/g)
- Equivocal ASCA and negative ANCA
- Stool culture: sterile
- Parasite stool tests: negative
- *Strongyloides* and *schistosoma* serology: negative

Abdominal ultrasonography: parietal thickening of the cecum, ascending colon and distal ileum and moderate amount of intraperitoneal fluid.

Bloody stools + diarrhea + anemia + eosinophilia +
↑ Calprotectin + equivocal ASCA

Inflammatory colitis?

Infectious colitis?

Severe anemia → treated with endovenous iron

Colonoscopy

Mucosal nodularity in the terminal ileum and multiple ulcers and erosions throughout the entire colon

Colonic biopsies

Numerous parasites on the luminal surface with histological characteristics of amebiasis

ileum

cecum

colon

rectum

The diagnosis of amebic colitis was made and the condition was successfully treated with metronidazole (10 days) and paromomycin (7 days)

At this time, with 9 months follow-up, the child is asymptomatic

DISCUSSION

In our case the diagnosis of amebic colitis was made based on histological examination of biopsies from colonoscopy.

Pediatricians should be aware that foreign-born immigrant children have a higher incidence of some infectious diseases such as amebiasis and other parasitosis, that are rare in developed countries. Screening should be optimized and a high suspicious index is necessary so that this diagnosis is not missed.