



Pseudomembranes on colostomy in a patient with recurrent *Clostridioides difficile* infection

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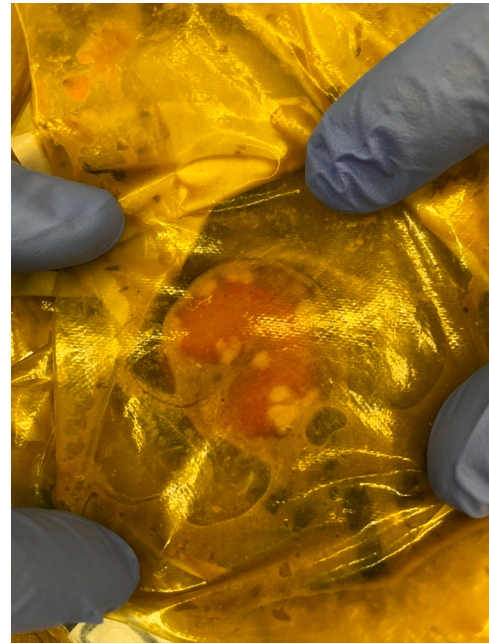
Pseudomembranes

Colostomy

Recurrent *Clostridioides difficile* infection

Case presentation

An 89-year-old Japanese woman with a past medical history of rectal cancer and colectomy presented to the emergency department (ED) with fever and hypotension. She was hospitalized with small-bowel obstruction a month ago and had *Clostridioides difficile* infection (CDI). She was successfully treated with vancomycin for 10 days and was discharged 2 weeks before the ED visit. On admission, physical examination revealed mild tenderness on the left abdomen and pseudomembranes on colostomy. Laboratory studies showed a white blood cell count increased and a positive result for CD toxin. Thus, she was diagnosed with recurrent CDI and treated with vancomycin and metronidazole. Within a week, the pseudomembranes disappeared. She was fully recovered and discharged after 20 days of antimicrobial treatment. Recurrent CDI is defined as another episode of symptom exacerbation within 2–8 weeks after treatment completion [1]. Despite symptom improvement, CD toxin may remain positive for up to 30 days [2]; thus, evaluating the clinical course is crucial for diagnosing recurrent CDI. In this case, pseudomembranes on colostomy became a key for diagnosing recurrent CDI. Therefore, physicians should consider CDI when a patient has pseudomembranes on colostomy.



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CRediT authorship contribution statement

Hideki Ueda: Writing – original draft, Patient care. **Ryota Hase:** Writing – review & editing, Supervision. **Akiyuki Sato:** Writing – review & editing. **Naoto Hosokawa:** Writing – review & editing. All authors approved the final manuscript.

Ethical approval

Ethics approval is not required.

Consent

Written informed consent was obtained from the patient's daughter for publication of this case report and accompanying images because the patient was dead.

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Conflict of interest

The authors declare no conflict of interest.

References

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