

[PICTURES IN CLINICAL MEDICINE]

Colonic Cast after Disseminated Intravascular Coagulation

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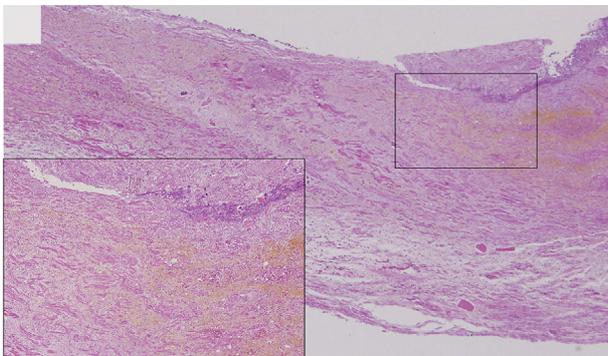
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Picture 1.



Picture 2.



Picture 3.



Picture 4.

A 47-year-old man on dialysis who was being administered intravenous ciprofloxacin to treat sepsis of *Klebsiella aerogenes* and disseminated intravascular coagulation excreted a tubular mucosa per anus (Picture 1). Contrast-enhanced computed tomography (Picture 2) showed mucosal hypoperfusion and the loss of haustra from the descending colon to the rectum (arrowheads) and the presence of a perirectal abscess (arrow). An anaerobic blood culture grew *Bacteroides fragilis*, and therefore the administration of intravenous metronidazole was started. A tubular mucosa was

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diagnosed as colonic cast because a histological examination and macroscopic findings revealed necrosis of the mucosal-like structures (Picture 3). Colonic casts are rare manifestations of ischemic colitis and they usually occur secondary to surgery for colorectal cancer or the repair of an abdominal aortic aneurysm (1); however, a previous case demonstrating mucosal infarction caused by urosepsis and disseminated intravascular coagulation with resultant diffuse microthrombi formation has been reported (2). After undergoing complete parenteral nutrition and being administered intravenous metronidazole, follow-up computed tomography showed the perirectal abscess to have disappeared, but the affected haustra did not improve (Picture 4). Finally, even though further examinations were planned for this case, unfortunately the patient died of pneumonia.

The authors state that they have no Conflict of Interest (COI).

References

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