

Image-enhanced endoscopic findings of *Aeromonas* enterocolitis

Rion Masaoka¹, Yasumi Katayama^{1,2,*}, Yuto Suzuki¹, Hitoshi Kino¹, Ryo Masaoka³ and Masaya Tamamo¹

¹Department of Gastroenterology, Dokkyo Medical University Saitama Medical Center, Koshigaya City, Japan

²Endoscopy Center, Dokkyo Medical University Saitama Medical Center, Koshigaya City, Japan

³Masaoka Clinic, Chiba City, Japan

*Correspondence address. Department of Gastroenterology, Dokkyo Medical University Saitama Medical Center, 2-1-50 Minamikoshigaya, Koshigaya City, Saitama Prefecture 343-8555, Japan. Tel: +81-48-965-1111; Fax: +81-48-965-1169; E-mail: yasumi@dokkyomed.ac.jp

A healthy 35-year-old woman bathed in the sea bathing in the East Japan area and then ate grilled chicken skewers. One week later, she visited the family clinic complaining of nausea and had bloody stools. At the time of examination, she had no fever, and no abdominal pain. She had no medical history and took no medications. The most prominent symptom was hematochezia. To confirm the diagnosis, colonoscopy was performed. The colonoscopy findings revealed that multiple white round flat elevations in the reddish intestinal mucosal surface extending longitudinally between the sigmoid colon and rectum, and a diffuse circular elevated lesion in the rectum (Fig. 1a). Image-enhanced endoscopic observations by blue laser emphasized the contours of the ridge edges of circular elevated lesion and the white color of the apex in the rectum (Fig. 1b). Pathological examination revealed mild inflammatory cell infiltration with lymphocyte proliferation into the mucosal stroma, but no specific inflammatory or malignant findings. These findings differ from those of ulcerative colitis. *Aeromonas hydrophila* was

detected in the culture test at the time of endoscopy, and the patient was diagnosed with *Aeromonas* enterocolitis. The patient complaints were relieved by symptomatic treatment alone.

Aeromonas is a gram-negative rod-shaped bacterium that is widely distributed in rivers, lakes and surrounding soils and seafood [1]. Most *Aeromonas* enterocolitis patients resolve their diarrhea spontaneously within a week and do not require antibiotics [2, 3]. This case was atypical, with only bloody stools and no abdominal pain or diarrhea.

Endoscopic images of *Aeromonas* enterocolitis provided in a previous study showed ischemic enterocolitis-like longitudinal ulcers in the sigmoid colon, redness, edema and mucosal roughening [4]. *Aeromonas* enteritis often resolves spontaneously [1, 5], although depending on the symptoms, fluoroquinolone antibiotics can be used [6]. We consider that the present case has high educational value because endoscopic photographs of *Aeromonas* enterocolitis are seldom published.

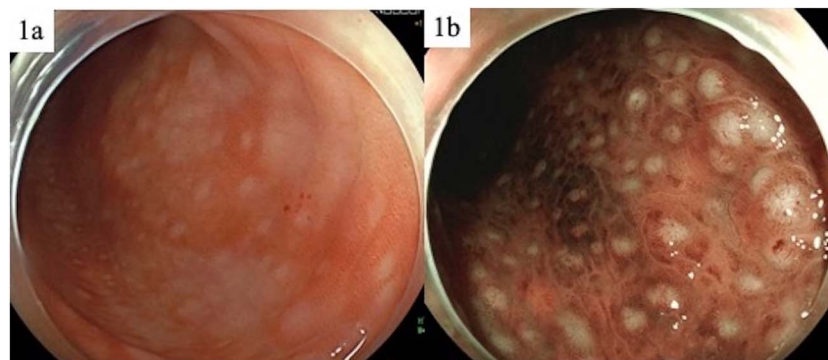


Figure 1. (a) There is a diffuse circular elevated lesion in the rectum. (b) Blue laser imaging emphasized the contours of the ridge edges and the white color of the apex.

Received: September 19, 2022. Revised: December 12, 2022. Accepted: January 31, 2023

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ACKNOWLEDGEMENTS

We thank for the staffs of our endoscopy center, who made important contributions to the success of this study.

CONFLICT OF INTEREST STATEMENT

None declared.

AUTHOR CONTRIBUTIONS

RM collected and analyzed the data, RM and YS treated the patient, YK and HK edited the manuscript and MT proofread the manuscript. All authors read and approved the final version of the manuscript for submission.

FUNDING

There has been no financial support for this work.

ETHICAL APPROVAL

The patients provided their written, informed consent for publication of this report.

CONSENT

The patient provided written, informed consent for publication of this report.

GUARANTOR

Yasumi Katayama MD, PhD.

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