CT images of enterohaemorrhagic *Escherichia coli* colitis

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**DESCRIPTION**

A 74-year-old woman who had undergone surgery for rectal cancer and also had lung metastases developed abdominal pain, diarrhoea and bloody stools 5 days after receiving her 22nd dose of S-1, oxaliplatin and bevacizumab therapy. She was admitted to the hospital with a suspected adverse reaction to chemotherapy and infectious enteritis. CT imaging revealed marked wall-thickening that formed a three-layer structure from the caecum to the transverse colon, increased intraperitoneal adipose tissue and ascites (figure 1). Blood tests revealed a mild inflammatory response, but the patient was not anaemic and her coagulation factors were normal. She did not have a history of inflammatory bowel disease. Moreover, she had not previously received radiotherapy, nor had she been given oral administration of non-steroidal anti-inflammatory drugs, steroids or antibiotics. She also had no history of overseas travel.

Verotoxin was detected in the stool culture, and the diagnosis was enterohaemorrhagic colitis due to enterohaemorrhagic *Escherichia coli* O157. To prevent infection, it is critical to suspect *E. coli* O157 early in the illness when the characteristic CT findings described above are present.

**Learning points**

▸ It is extremely important to consider enterohaemorrhagic colitis due to *Escherichia coli* O157 infection with the characteristic computed tomographic findings observed in this case.

▸ Early suspicion of *E. coli* O157 infection can help to prevent the spread or progress of infection.

**Competing interests** None declared.

**Patient consent** Obtained.

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**REFERENCES**


**Figure 1** CT imaging revealing marked wall-thickening forming a three-layer structure from the caecum to the transverse colon (A), increased intraperitoneal adipose tissue (B) and ascites (C).