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.¹ 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,² 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 findings² 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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- 2 Miller FH, Ma JJ, Scholz FJ. Imaging features of enterohemorrhagic *Escherichia coli* colitis. *AJR Am J Roentgenol* 2001;177:619–23.

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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).

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