

Clinical Case Presentation

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Initial presentation – 74 year old man

- Watery **bloodless diarrhea** for 3 days, at least 16 times a day
- Abdominal **pain in the left lower quadrant**
- **Fever**

Personal History

- Resection of the distal small intestine (140 cm) due to mesenterial infarction 2013 (atrial fibrillation)
- Exocrine pancreatic insufficiency caused by chronic biliary pancreatitis
- Resection of a part of the colon ascendens (adenoma)
- Bicytopenia of unknown origin (low platelets, anaemia) 2013

Clinical Examination

- Vital signs: temp: **39.8 °C**, bp: 100/64 mmHg, hr: **102 /min**,
- Abdominal **tenderness and resistance in the left lower quadrant**, increased bowelsounds
- Dry mucous membranes

Differential Diagnosis?

Laboratory Findings

- Complete blood count
 - Hb: 140 g/l (140 – 180)
 - Leukocytes: $8.3 \times 10^9/L$ (3.5 – 10)
 - Platelets: **$127 \times 10^9/L$** (150 – 450)
- Chemistry
 - C-reactive Protein: **172 mg/l** (<10)
 - Creatinine: **$594 \mu\text{mol/l}$** (49 – 97), GFR 7 ml/min/1.7
 - Pancreatic amylase: 12 U/l (13 – 53)
 - pH: **7.096** (7.38 – 7.43)
 - Lactat: 1.5 mmol/l (0.5 – 2.2)

Key points: fever, diarrhea, tenderness in the left lower quadrant, uraemia

- Next diagnostic steps?

Next diagnostic steps

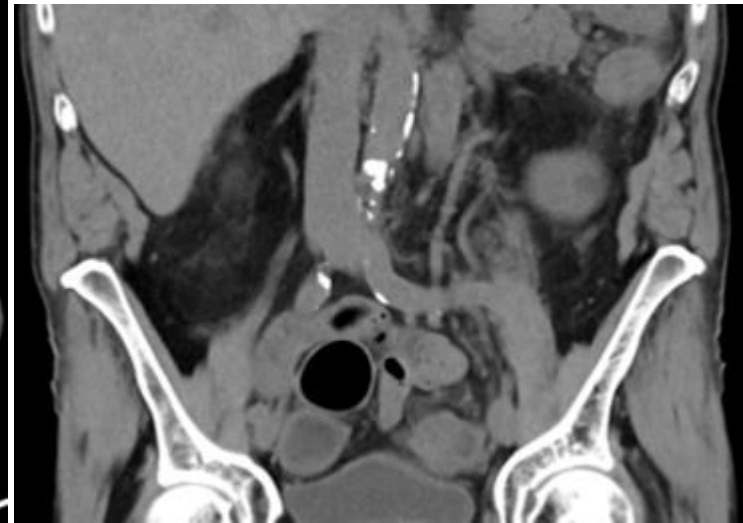
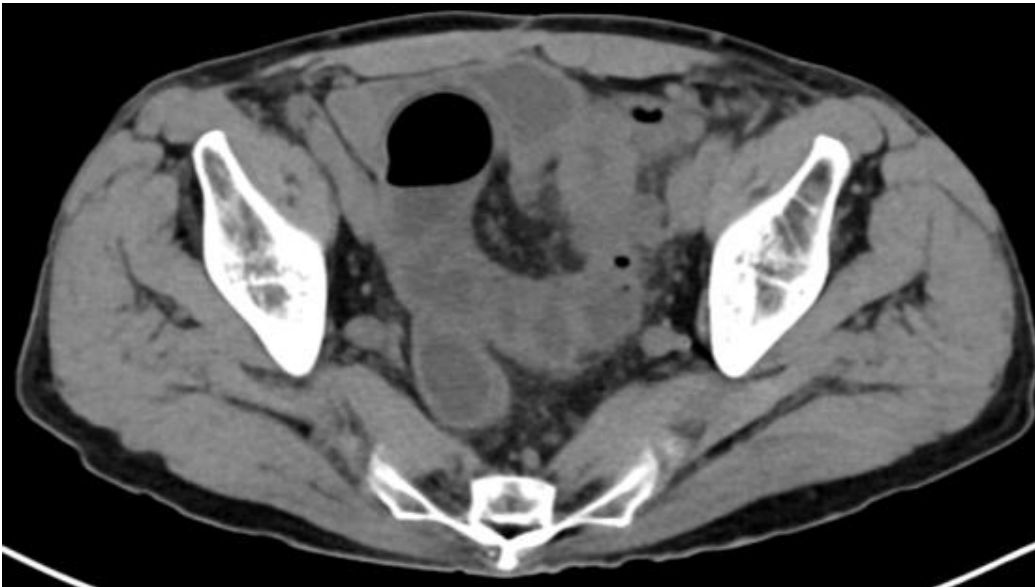
- Blood cultures, stool cultures, start with antibiotics?
- Abdominal ultrasound
 - Atypical appendicitis?
 - Incomplete hemolytic uremic syndrome?
- CT abdomen – diverticulitis?
- Calprotectin – chronic inflammatory bowel disease
 - prednison-trial?

Diagnostic work-up

- Blood cultures, stool cultures incl Enterohaemorrhagic Escherichia coli (EHEC)
- Abdominal ultrasound: normal kidneys, colonic wall thickening (sigma)
- CT abdomen...

Diagnostic work-up

- CT Abdomen: pancolitis, possible diverticulitis in the descendo-sigmoidal passage



Therapy

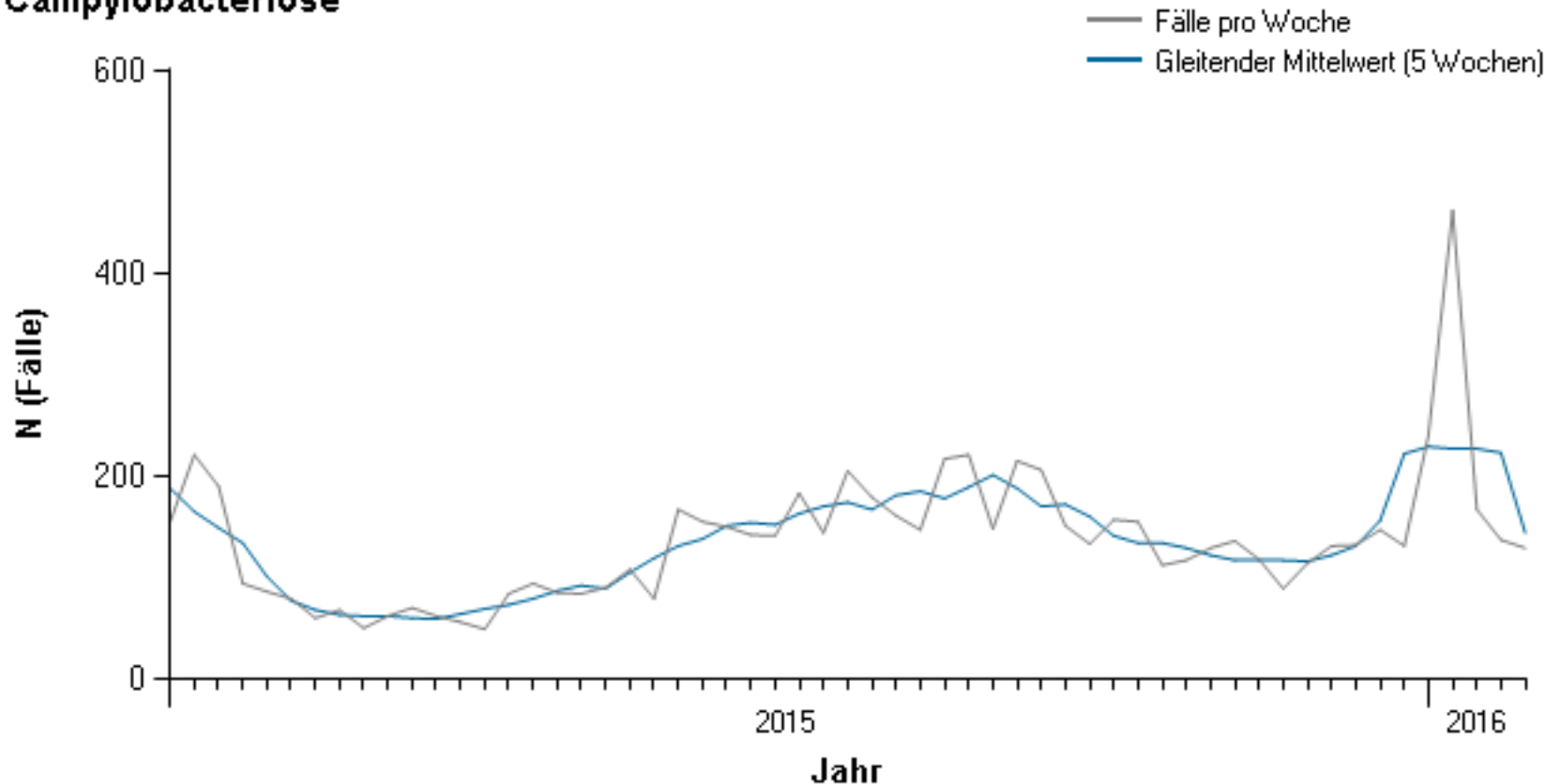
- Empiric therapy with amoxicillin and clavulanate because of the clinic diagnosis of diverticulitis

- Finally: *Campylobacter jejuni* in the stool culture

A tradition and an epidemic: determinants of the campylobacteriosis winter peak in Switzerland*

*European Journal of Epidemiology, DOI: 10.1007/s10654-014-9917-0, 2014

Campylobacteriose



A tradition and an epidemic: determinants of the campylobacteriosis winter peak in Switzerland*

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Campylobacteriosis is the **most frequently reported food borne infection in Switzerland**. We investigated determinants of infections and illness experience in wintertime. A case–control study was conducted in Switzerland between December 2012 and February 2013. Cases were recruited among laboratory-confirmed campylobacteriosis patients. Population-based controls were matched according to age group, sex and canton of residence. We determined risk factors associated with campylobacteriosis, and help seeking behaviour and illness perception. The multivariable analysis identified two factors associated with an increased risk for campylobacteriosis: **consumption of meat fondue** (matched odds ratio [mOR] 4.0, 95 % confidence interval [CI] 2.3–7.1) and **travelling abroad** (mOR 2.7, 95 % CI 1.1–6.4). Univariable analysis among meat fondue consumers revealed chicken as the type of meat with the highest risk of disease (mOR 3.8, 95 % CI 1.1–13.5). Most frequently reported signs and symptoms among patients were diarrhoea (98 %), abdominal pain (81 %), fever (66 %), nausea (44 %) and vomiting (34 %). The median **perceived disease severity was 8 on a 1-to-10 rating scale**. Patients reported a median duration of illness of 7 days and **14 % were hospitalised**. Meat fondues, mostly **“Fondue chinoise”**, traditionally consumed during the **festive season in Switzerland**, are the major driver of the epidemic campylobacteriosis **peak in wintertime**. At these meals, individual handling and consumption of chicken meat may play an important role in disease transmission. Laboratory-confirmed patients are severely ill and hospitalisation rate is considerable. Public health measures such as decontamination of chicken meat and improved food handling behaviour at the individual level are urgently needed.

Fondue chinoise (meat fondue)



Learning points

- Not every colitis in the left lower abdomen is a diverticulitis
- Think of „seasonal“ disease
- Boil the poultry, and everything else in contact with it, long enough 😊

Thank you for your attention!

