

IMÁGENES EN PATOLOGÍA DIGESTIVA

Diarrhea in an immunocompromised patient: endoscopic findings

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CASE REPORT

A 56-year old man, HIV negative, submitted to heart transplantation six months previously, treated with everolimus, tacrolimus, mycophenolate and steroids was admitted because of diarrhea and deterioration of general condition in the last month. After an initial colonoscopy with nonspecific findings and suspecting a possible drug side effect, immunosuppressive therapy was changed without clinical improvement. An abdominal computer tomography scan showed data consis-

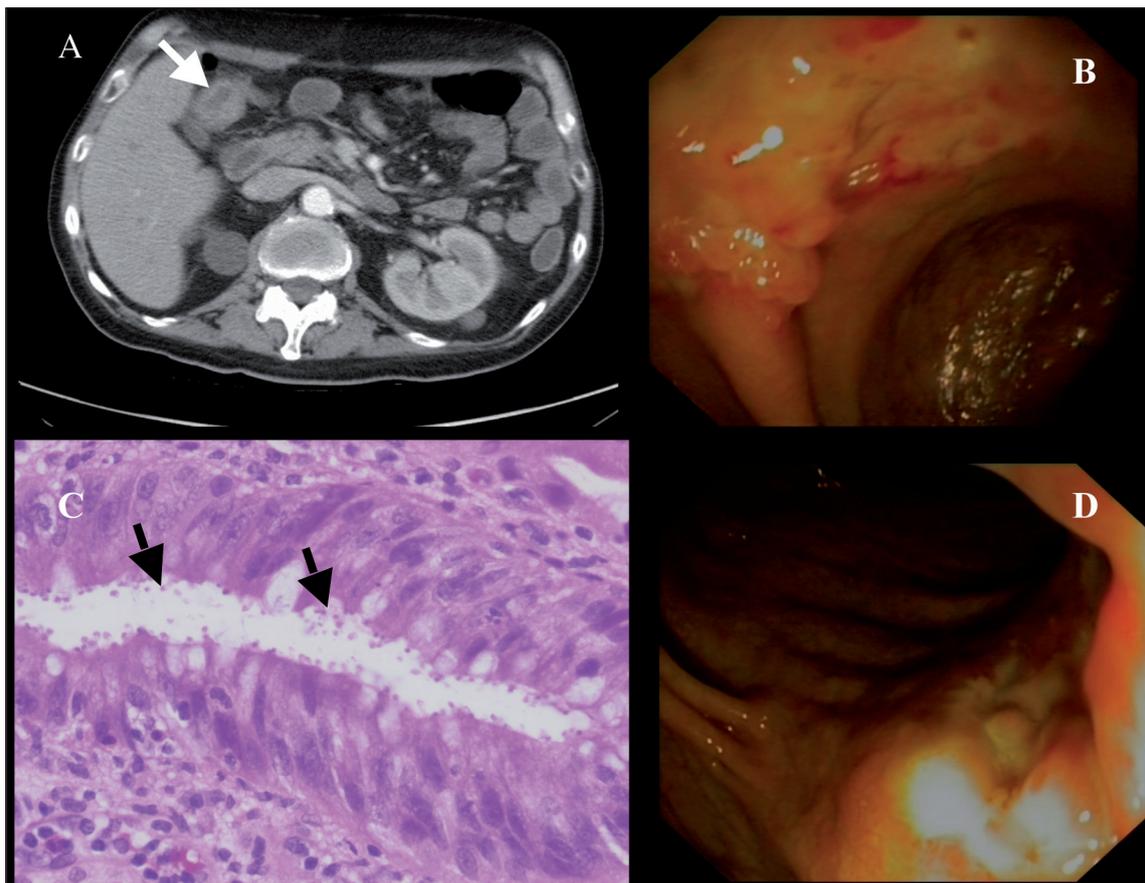


Fig. 1. Computed tomography scan showing data consistent with a tumoral lesion (A). Colonoscopy showing two ulcers in right and left colon of 3 and 2.5 cm (B and D). After a negative immunohistochemistry for CMV, we can see the presence of *Cryptosporidium* causing damage to the crypts (C).

tent with a tumoral lesion in the hepatic flexure (Figure 1A); therefore, a new colonoscopy was performed observing two ulcers in right and left colon of 3 and 2.5 cm each one (Figure 1B and D), in which the presence of *Cryptosporidium* was identified (Figure 1C).

DISCUSSION

Cryptosporidium is a protozoan of which there are over ten species, being *C. parvum* the primarily responsible for human disease (1). Today it represents an important cause of diarrhea, resulting in self-limited disease in immunocompetent hosts, diarrhea and malnutrition in children in developing countries or a life-threatening illness in immunocompromised patients. Diagnosis is made by identification of the oocysts in stool or tissue, as in our patient. Despite their limited efficacy, nitazoxanide and paromomycin can be a helpful therapy, besides antidiarrheal agents, enteral or parenteral nutrition (2). We think the case is interesting because it is unusual to find ulcerated lesions associated with Cryptosporidiosis.

REFERENCES

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