

## Letters to the Editor

### Segmental intestinal necrosis in a young patient

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*Key words:* Intestinal necrosis. Colonic segmental necrosis. Segmental ischemia.

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*Dear Editor,*

Segmental colon ischemia is an unusual disease that is mainly caused by cocaine abuse as described by Fernandes (1).

A 46 year old man with a previous history of secondary hemoventricle due to arteriovenous malformation and residual focal seizures under treatment with carbamazepine, levetiracetam, lamotrigine and zonisamide presented to the emergency department due to intensive abdominal pain during the last 12 hours. On physical examination, stable blood pressure and diffuse abdominal pain with signs of peritonitis was observed. The blood analysis showed 19,990 leukocytes/ $\mu$ L with neutrophilia. An abdominal CT scan showed a slimming right colon wall and mesenteric inflammatory signs. Afterwards, the patient had a severe hypotension and emergency surgery was required. A segmental necrosis of the right and transversal colon was found but the terminal ileum and its mesentery were normal. An extended right colectomy with a terminal ileostomy was performed. The patient had a satisfactory recovery. The angioMRI showed that the abdominal aorta and its branches were normal. An echocardiogram showed no evidence of thromboembolism. HIV, HCV and HBV antibodies were negative. Blood and urine tests for drugs were negative. Hypercoagulability blood tests were negative and the stool culture was also negative. The patient had

intense abdominal pain, hypotension and increased inflammatory markers on the fifth postoperative day. Surgery was performed and a 40 cm region of the terminal ileum with segmental necrosis was found. An intestinal resection and a new ileostomy were performed. The postoperative outcome was uneventful. Pathological analysis showed ischemic colitis without vasculitis or signs of embolization (Fig. 1).

### Discussion

Segmental ischemic colitis in young patients is an uncommon disease and the main cause is cocaine abuse (2). However, there are other less frequent causes such as intestinal inflammatory disease, autoimmune vasculitis, myointimal hyperplasia of mesenteric vein, infectious colitis and neuroleptic drugs (1,3). This patient was under treatment with four antiepileptic drugs although; intestinal ischemia is not one of its side effects. We consider this a rare case as the etiology was not found even after

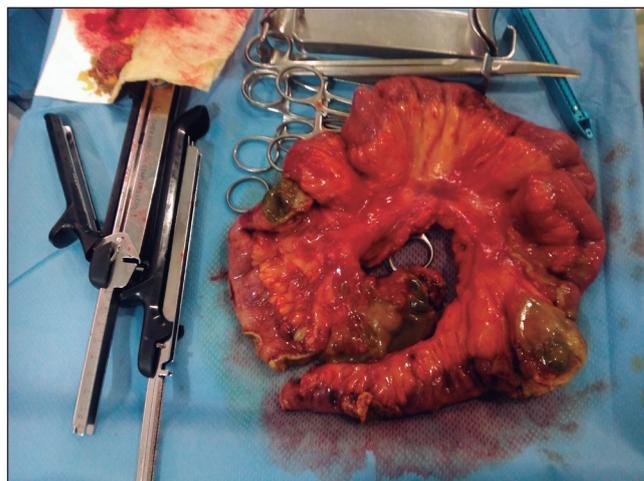


Fig. 1. Intestinal resection where the segmental necrosis is observed.

a complete diagnostic study and the patient had a second attack during hospital admission.

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