Infectious Colitis: Diagnosis and Treatment

Marcellus Simadibrata

Division of Gastroenterology, Department of Internal Medicine, Faculty of Medicine
University of Indonesia/Dr. Cipto Mangunkusumo General National Hospital, Jakarta

Generally, the term infectious colitis is the same with the term infective colitis. Infective or infectious colitis can be defined as colon inflammation due to infections or infectious organism.[1,2] In Indonesia the most frequent cause of acute or chronic colitis is still infections. From researches, we know that the frequent cause of infective colitis were bacterias (pathogenic *Escherichia coli, Clostridium difficile, Salmonella, Shigella, Campylobacter,* etc), parasites (*Entamoeba histolytica*), helminth (*Trichuriasis, Strongiloides,* etc).[3,4] Most infections of these causes are food borne illnesses or food poisoning. The clinical manifestations of infective or infectious colitis are fever, abdominal pain, diarrhea or constipation, bloating etc. Diagnosis of infective colitis is made by history taking (anamnesis), physical examination, supporting laboratories (blood, stool), and colonoscopy/sigmoidoscopy examination. From the history we can have a history which the patient contacted the infected people, recent mountain camping or travel abroad, drinking unpurified water, eating raw meat, seafood, or unhygienic food preparation, recent uses of antibiotics. Bloody diarrhea, fever and tenesmus (pain on defecation) are the clue for inflammatory entero-colitis or systemic disease. Physical examination can find abnormalities such as dehydration, hyperactive bowel sounds, abdominal tenderness etc. The findings that showed dehydration are dry mucous membranes, sunken eyes, decreased skin tension (turgor), lethargy, increased heart rate, decreased blood pressure, etc. Supporting examination which can be performed is stool examination (macroscopic and microscopic examination) three times, stool's culture. The gold standard to diagnose infectious colitis is still by colonoscopy and histopathologic examination (biopsy).[5,6] The sensitivity and specificity of colonoscopy and histopathologic examination depends on the colonoscopist's skill and experience.

In this issue we can read one retrospective study with title "The discrepancy of colonoscopical and histopathological findings in infectious colitis: focus on amebic colitis". This study showed that there was a tendency to get more amebic colitis in patients with hematochezia than non-hematochezia. To diagnose amebic colitis, colonoscopy examination has a low sensitivity but high specificity. Some of the infectious colitis is self-limited and is treated by resting the intestines, enough fluid (oral/intravenously). Diet or nutrition is one of the important therapies for the colon and improved the recovery. Antibiotic is indicated for bacterial infections or parasitic infections. The recommendations for bacterial infections are quinolones (ciprofloxacine, norfloxacine) and cotrimoxaxole. The drug of choice for amebic colitis is still metronidazole. The drug of choice of pseudo-membran colitis which caused by *Clostridium difficile* infection is metronidazole or vancomycine. Antimycotic is indicated only for fungus infections Anti diarrheal drugs sometime useful for severe diarrhea.

Correspondence:
Marcellus Simadibrata
Division of Gastroenterology, Department of Internal Medicine
Dr. Cipto Mangunkusumo General National Hospital
Jl. Diponegoro No. 71 Jakarta 10430 Indonesia
Phone: +62-21-3153957 Fax: +62-21-3142454
E-mail: marcellus_sk@yahoo.com

REFERENCES

1. Infectious diarrhea [cited 2009 Nov 22]. Available from URL: http://www.nmihi.com/d/infectious-diarrhea.htm.
2. Infectious diarrhea or colitis [cited 2009 Nov 22]. Available from URL: http://www.enotes.tripod.com/colitis.htm.
3. Infectious colitis [cited 2009 Nov 22]. Available from URL: http://www.infectiouscolitis.com.
4. Wedro BC. Colitis [cited 2009 Nov 22]. Available from URL: http://www.medicinenet.com/colitis/article.htm#what.
5. Hecht G. Bacterial infections of the colon. In: Yamada T, Alpers DH, Kaplowitz N, Laine L, Owyang C, Powell DW, eds. Textbook of Gastroenterology. Vol 2. 4th ed. Lippincott Williams & Wilkins. Philadelphia 2003.p.1864-82.
6. Sartor RB, Murphy Me, Rydzak E. Miscellaneous inflammatory and structural disorders of the colon. In: Yamada T. Alpers DH, Kaplowitz N, Laine L, Owyang C, Powell DW, eds. Textbook of Gastroenterology. Vol 2. 4th ed. Lippincott Williams & Wilkins. Philadelphia 2003.p.1791-816.