Fellows’ Corner

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CASE PRESENTATION

A 52-year-old woman with no past medical history presented to the emergency room with complaints of acute crampy pain in the left side of the abdomen which woke her up from sleep and within few hours developed bloody diarrhea. No associated nausea, vomiting, fever or chills were present. The patient had no travel history, sick contacts or recent antibiotic use. In the Emergency room, the patient was afebrile with stable vital signs. Physical examination revealed mild tenderness over left upper and lower quadrant without rebound. Digital rectal exam showed dark brown stool with positive guiac test. The rest of the physical exam was unremarkable. Stool cultures, ova and parasite, and toxin for Clostridium difficile were all negative. The patient subsequently had an abdominal computer tomography (CT) which is shown in Figure 1.

Questions

1. What is the differential diagnosis?
2. What tests or procedures help establish the diagnosis?
3. What is the patient’s prognosis?

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Figure 1. CT-abdomen.

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DISCUSSION
CT abdomen showed extensive colitis from sigmoid to the hepatic flexure. The differential diagnoses include ischemic, infectious, and inflammatory colitis. Subsequent colonoscopy revealed multiple superficial, non-bleeding ulcers from the sigmoid to the hepatic flexure (Figure 2), which was consistent with ischemic colitis. Random biopsies of the colonic mucosa were taken and supported the diagnosis of ischemic colitis.

The patient was subsequently referred to cardiology to exclude a cardiac source for her ischemic colitis. Transthoracic echocardiogram revealed a large (~3.0 × 2.9 cm) mobile mass in the left atrium attached to the interatrial septum, which was most consistent with an atrial myxoma. The patient was subsequently evaluated by cardiothoracic surgery, followed by uneventful excision of the left atrial myxoma. The patient was followed up by gastroenterology and cardiology six months after the operation with no recurrent abdominal symptoms or recurrence of atrial myxoma on echocardiogram.

Ischemic colitis is inflammation of the colon caused by compromised blood flow to the colon due to vasoconstriction, hypotension and/or occlusion. It most commonly affects patients over 60-years of age. The incidence of ischemia colitis is not surprisingly underestimated due to its various clinical presentations and self-limited course of the disease. Diagnosis is commonly suspected clinically and confirmed with colonoscopy or sigmoidoscopy. Hepatic flexure and transverse colon are most vulnerable areas to ischemia because they have the least collateral circulation. Colonoscopic findings in acute ischemic colitis commonly include pale colonic mucosa, petechial hemorrhage, and ulcers with segmental distribution and rectal sparing. A single linear ulcer running along the longitudinal axis of the colon also indicates colonic ischemia (1).

Atrial myxoma, a rare but most common primary heart tumor, predisposes to systemic embolization. Myxoma related ischemia has been documented in brain (2), heart (3), retina (4), kidney (5), and extremities (6). Early detection of the myxoma could be difficult because of its non-specific presentations. The case report is to remind clinicians that ischemic colitis can be the initial presentation of an atrial myxoma.

References