

## Acute Haemorrhagic Colitis Related to Cefuroxime

The occurrence of acute haemorrhagic colitis without pseudomembrane formation in response to treatment with penicillin and its derivatives has been reported, and has received considerable attention (1–3). Despite the wide use of cephalosporins during the last decade, and their similarity in structure ( $\beta$ -lactam ring) to penicillin, acute haemorrhagic colitis related to cephalosporins has not been reported. This is the first reported case of acute haemorrhagic colitis induced by a cephalosporin (cefuroxime).

A 35-year-old man was prescribed cefuroxime (Zinadol) at a dose of 250 mg two times daily, for sinusitis. After seven days, this therapy was stopped, and 24 hours later the patient developed moderate abdominal pain and bloody diarrhoea (4–6 movements per day). The physical examination and laboratory results, apart from hematocrit 36%, were normal. Total colonoscopy revealed a diffuse involvement of the sigmoid and descending colon by numerous petechiae collected in longitudinal striae (Figure 1). Histological examination of several biopsies of the affected colon revealed only an acute nonspecific inflammation. When the diagnosis of antibiotic-associated haemorrhagic colitis was made, parenteral alimentation started. Remission of bloody diarrhoea was evident after 48 hours. A control colonoscopy was performed five days later, and showed that the colonic mucosa was quite normal. The patient was discharged, and two months later is in good health.

Our patient had no evidence of hypotension, and his young age made a diagnosis of ischaemic colitis unlikely (4). Similar findings have been reported in adult patients with Henoch-Schönlein purpura and colonic involvement (5), but they are usually associated with arthralgias, skin rash, and renal involvement. The endoscopic findings, the distribution of the lesions, and the transient nature of the colonic changes seen in our patient, were similar to the findings observed in other reported cases of haemorrhagic colitis related to penicillin and its derivatives (1–3). The mechanism underlying antibiotic-associated haemorrhagic colitis remains obscure. We believe that the presence of petechiae in the sigmoid and descending colon in our patient may be related to an allergic vasculitic reaction to cefuroxime restricted to the colon.

In conclusion, it should be emphasized that emergency colonoscopy should be carried out when bloody diarrhoea occurs during cephalosporin therapy.

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Figure 1: Endoscopic features of the sigmoid colon, showing petechiae collected in longitudinal striae.

## References

1. Toffler RB, Pingoud EG, Burrell MI. Acute colitis related to penicillin and penicillin derivatives. *Lancet* 1978; ii: 707–9.
2. Russo, A, Cirino G, Sanfilippo G, Grasso G, Giannone G. Ampicillin-associated colitis: case report. *Endoscopy* 1980; 12: 97–9.
3. Iida M, Matsui T, Fuchigami T, Iwashita A, Omae T. Radiographic and endoscopic findings in penicillin-related non-pseudomembranous colitis. *Endoscopy* 1985; 17: 64–8.
4. Watanabe M, Odawara M, Fujita K, et al. Clinical study of 12 cases of transient ischemic colitis. *Gastroenterol Endosc* 1980; 22: 1581–4.
5. Di Febo G, Gizzi G, Biasco G, Miglioli M. Colonic involvement in adult patients with Henoch-Schönlein purpura. *Endoscopy* 1984; 16: 36–9.

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