Hemolytic-Uremic Syndrome Associated with Pseudomembranous Colitis Caused by Clostridium difficile

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Dear Sir,

Hemolytic-uremic syndrome (HUS) has been associated with a variety of bacterial infections. In addition to Escherichia coli 0157:H7, the most common strain linked to HUS, cases implicating Shigella dysenteriae, Campylobacter jejuni, Salmonella typhi, Streptococcus pneumoniae, Yersinia pseudo-tuberculosis, and Bacteroides and Pseudo-monas species as possible pathogenetic organisms have been reported [1].

The association of pseudomembranous colitis (PMC) with HUS in the pediatric population was first observed in the late 70s [2]. Since the description of Clostridium difficile as the predominant etiologic organism of PMC [3], a pediatric case report suggested a direct link between C. difficile induced PMC and HUS [4]. We now report an adult case of HUS associated with PMC caused by C. difficile.

A 51-year-old white female was hospitalized after 3 days of abdominal pain and profuse diarrhea as well as new-onset confusion. Her past medical history included bipolar disorder, hypothyroidism, and a recent upper respiratory infection treated with a second-generation cephalosporin. She was taking aspirin, chlorpromazine, lithium carbonate, thyroid hormone, and trifluoperazine prior to hospitalization. Her initial physical examination demonstrated signs of an acute abdomen, and the patient was partially disoriented. Bowel perforation was ruled out by exploratory laparotomy. Laboratory tests revealed acute renal failure (serum creatinine 3.6 mg/dl), thrombocytopenia (platelet count 6,000/µl), and hemolytic anemia with numerous schistocytes and burr cells on the blood smear. Urinalysis showed microscopic hematuria with subnephrotic-range protein-uria. Fecal culture revealed C. difficile; rectal biopsy showed acute PMC. Stool culture was negative for E. coli 0157:H7, Yersinia, Salmonella, Shigella, or Campylobacter. A diagnosis of HUS associated with C. difficile colitis was made. With prolonged treatment using orally as well as rectally administered vancomycin, frequent fresh frozen plasma infusions, and supportive care in the intensive care unit, the patient recovered, and after a short stay in a rehabilitational facility, her physical and mental condition returned to baseline.

We believe that this is the first case report showing an association between C. difficile induced PMC and HUS in an adult patient. The pathogenetic mechanism whereby C. difficile infection may lead to HUS is unclear. A recent study [5] in rat mesenteric venules, however, demonstrated...
that C. difficile toxin A induces endothelial cell dysfunction, a hallmark feature of HUS [1]. This potential link between C. difficile infection and HUS deserves further investigation.

References


