

***Blastocystis hominis* complicating ulcerative colitis**

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In recent years *Blastocystis hominis* has been found to be a clinically significant pathogen in patients with abdominal pain, diarrhoea, anorexia, malaise and tenesmus¹⁻⁴. We describe a patient with ulcerative colitis who had a heavy colonization of *Blastocystis hominis* on stool analysis and whose symptoms resolved on treatment with metronidazole and surgery was postponed^{5,6}.

Case history

A 31-year-old milkman was first seen in 1985 with influenza type symptoms, diarrhoea and tenesmus. He was investigated with sigmoidoscopy, barium enema and colonoscopy and a diagnosis of ulcerative colitis was made and confirmed histologically. Over the next 5 years he was treated with salazopyrine, oral steroids and colifoam enemas with symptomatic control of his disease. More recently his symptoms worsened, and his bowel action increased to 10-12/day with general debility necessitating a change in his job. He was eventually referred for a total colectomy and ileostomy in view of the extent of his disease and exacerbated symptoms on conservative management. On admission, fresh stool specimens showed heavy colonization with *Blastocystis hominis*.

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Successful treatment of neonatal purpura fulminans with epoprostenol

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Severe purpura occurring in the early neonatal period is a rare but serious condition which can result in substantial tissue loss. We report such a case in which the progression of lesions was initially halted and then reversed by an infusion of epoprostenol.

Case report

A female infant was born at 33 weeks gestation to a healthy, 29-year-old, primigravida mother. There was no family

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He was given a course of metronidazole with resolution of his symptoms. The frequency of bowel action reduced to 2-3/day and he went back to work. After 2 months of remission his symptoms have recurred with bowel actions up to 4-5 times per day. Repeated examinations of stool specimens were negative for *Blastocystis hominis* and he underwent a total colectomy with ileostomy.

Discussion

Blastocystis hominis, a protozoan and a strict anaerobe is well recognized as a pathogen although it can exist as a normal commensal. The major symptoms consist of abdominal pain, anorexia, diarrhoea and flatulence; occasionally reported symptoms are bloody stools, nausea, general malaise, and tenesmus⁷. Treatment consists of a course of metronidazole 2 g daily for 5 days.

The response of our patient to metronidazole therapy raises the possibility that other ulcerative colitis patients might benefit from this treatment and so postpone or avoid the need for major surgery. We would suggest the examination of stool specimens, looking specifically for this organism be performed routinely in ulcerative colitis patients with refractory symptoms.

References

- 1 Bariari MJ. *B Hominis* (sic). *Prensa Med Argent* 1924;II:854-8
- 2 Caderin CC. El *B Hominis* como parasito. *Rev Med Trop Parasitol* 1937;3:207-13
- 3 Russo AR, et al. Presumptive evidence of *B hominis* as cause of colitis. *Arch Intern Med* 1988;148:1064
- 4 Vannatta et al. *B hominis* infection presenting as recurrent diarrhoea. *Ann Intern Med* 1985;102:495-6
- 5 Ricci N, et al. *B hominis* a neglected cause of diarrhoea. *Lancet* 1984;i:966
- 6 Sheehan DJ, et al. Association of *Blastocystis hominis* with signs and symptoms of human disease. *J Clin Microbiol* 1986;24:548-50
- 7 Guglietti P, et al. Family outbreak of *B hominis* associated gastroenteritis. *Lancet* 1989;ii:1394

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history of vascular or autoimmune disease. The mother had been well throughout the pregnancy and there was no history of drug ingestion.

The mother was admitted 96 hours before delivery with spontaneous rupture of the membranes. A sample of amniotic fluid was taken for culture. At the onset of spontaneous labour she was commenced on intravenous



Figure 1. Both feet seen shortly after infusion of epoprostenol was commenced. There is an obvious demarcation line on the right foot and discoloration of the toes on the left

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