A Case of Acute Typhlitis Developed in a Myelodysplastic Syndrome

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Typhlitis is a neutropenic enterocolitis characterized by segmental ulceration and inflammation with necrosis of the cecum, ascending colon and terminal ileum, occurring primarily in immunosuppressed patients. Typhlitis is a commonly recognized complication of chemotherapy for malignant disease. Although most cases are associated with chemotherapy, the disease has been reported with immunosuppressive therapy in patients receiving transplants and patients with benign cyclic neutropenia, aplastic anemia, and myelodysplastic Synrome (MDS). The typical presentation is characterized by fever, nausea, vomiting, diarrhea, abdominal distension, and abdominal pain. A 38-year-old female was admitted for chemotherapy, who was diagnosed with myelodysplastic syndrome three weeks ago. She complained about abdominal pain on right lower quadrant area, but diarrhea, nausea, vomiting, and fever were not observed. Her hematological findings revealed Hb 5.6 g/dL, total WBC 1,400/mm³, 8% polymophonuclear cells, 85% lymphocytes, and 5% blasts on peripheral blood smear. Underwent bone marrow biopsy showed hypercellular marrow with dysmatopoeisis, refractory anemia with excess blasts-2. The computed tomography (CT) scans of abdomen and pelvis showed abnormally thickened ascending colon, cecum, and terminal ilium, surrounded by multiple small sized lymph nodes. The colonoscopy showed circular small ulcers and hyperemia at cecum. We performed endoscopic Biopsy, and the result showed chronic ulcer. The special stain was performed to exclude other disease and it showed normal findings. She was diagnosed typhlitis and was treated with antibiotics (tazobactam-piperacillin, ciprofloxacin) for 2 weeks. Her abdominal pain was improved and the abdominal CT, performed after treatment, showed improvement of thickening of colonic wall. We report a case of acute typhlitis developed in neutropenic patient who was diagnosed MDS but did not receive chemotherapy.